Measuring the Prediction Performance for Risk Scores in the Era of Clinical Preventive Care

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Outline

- Motivation
 - The clinical preventative care focuses on earlier intervention through *personalized* risk prediction
- Measures for evaluating prediction performance of risk scores
- Simulation study
- Data analysis example
- Summary and future work

Examples of Prevention and Early Detection in Clinical Practice

- Framingham risk score for CVD in general population
- CHA₂DS₂-Vasc scores for stroke risk in patients with atrial fibrillation
- Multiple risk score systems (n>40) for diabetes risk in general population
- BIRADS scores for breast cancer early detection

Risk Score as a Screening Tool

- Typical condition that risk scores are used/ developed for have the following characteristics
 - seriousness may result in a high risk of mortality or significantly affect the quality of life;
 - early detection/intervention can make a difference in disease prognosis;
 - the event rate is <u>low</u>

Motivating Data

- Late effects of cancer treatments in childhood cancer survivors – e.g. Congestive heart failure (Chow et al. JCO, 2015)
- Cumulative risk of CHF is ~3% by 35 years post diagnosis



Evaluating Model Performance for Predicting Rare Events

- Threshold Dependent Measure (predictor needs to be binary)
 - Misclassification rate
 - Sensitivity (TPF): P(test positive | diseased) = $P(\hat{Y} = 1 | Y = 1)$
 - Specificity (FPF): P(test negative | healthy) = $P(\hat{Y} = 0 | Y = 0)$
 - Positive Predictive value (PPV): $P(Y = 1 | \hat{Y} = 1)$
 - Negative Predictive Value (NPV): $P(Y = 0 | \hat{Y} = 0)$

How about when predictor is continuous or ordinal?



Probability density

Threshold Independent Measure

• Area Under the ROC* Curve (AUC, *aROC*)

 $AUC \equiv \int_0^1 TPF(s) dFPF(s)$

- Extension to event status to accommodate censoring and time to event data -- AUC_{to}
- Criticisms of AUC as a measure for risk prediction
 - Retrospective measure
 - Insensitive
 - Over-optimistic

Alternatives to AUC_{t_0} for Time-toevent Outcome

- Time-dependent $PPV PPV_{t_0}$
 - Needs binary predictor or equivalently a threshold for continuous / ordinal predictor
- Time-dependent Average Positive predictive value (AP_{t_0})

$$AP_{t_0} = \int_{\mathcal{R}} PPV_{t_0}(z) dTPF_{t_0}(z).$$

Note that AP_{t_0} is Threshold Independent

Nonparametric Estimator

Let (X, δ, Z) be the standard survival time notation, X: the censored event time, δ : the censoring indicator Z: the risk score

$$\widehat{AP}_{t_0} = \frac{\sum_{j=1}^n I(X_j \le t_0) \widehat{w}_{t_0,j} \widehat{PPV}_{t_0}(Z_j)}{\sum_{j=1}^n I(X_j \le t_0) \widehat{w}_{t_0,j}}.$$

where

$$\widehat{w}_{t_0,i} = \frac{I(X_i < t_0)\delta_i}{\widehat{\mathcal{G}}(X_i)} + \frac{I(X_i \ge t_0)}{\widehat{\mathcal{G}}(t_0)}$$

$$\widehat{PPV}_{t_0}(z) = \frac{\sum_{i=1}^n \widehat{w}_{t_0,i} I(Z_i \ge z) I(X_i < t_0)}{\sum_{i=1}^n I(Z_i \ge z)}$$

Simulation Study

 $\log(T_i) = 7.2 - 1.1U_{i1} - 2.5U_{i2} - 1.5log(U_{i1}^2) + \epsilon_T,$



FPF

TPF

Results (n=2000)

| t_0 | Event rate | | TRUE | BIAS | ESE | ASE^{b} | $ECOVP^{b}(\%)$ |
|-------|------------|--------|-------|--------|--------|-----------|-----------------|
| 0.5 | 0.0101 | AP_1 | 0.182 | 0.0365 | 0.0810 | 0.0795 | 92.3 |
| | | AP_2 | 0.124 | 0.0339 | 0.0689 | 0.0678 | 93.0 |
| | | rAP | 1.47 | 0.4890 | 1.5300 | 1.7600 | 95.1 |
| 8 | 0.0495 | AP_1 | 0.364 | 0.0096 | 0.0527 | 0.0516 | 92.5 |
| | | AP_2 | 0.266 | 0.0129 | 0.0452 | 0.0450 | 93.4 |
| | | rAP | 1.37 | 0.0140 | 0.3290 | 0.3320 | 95.7 |
| 36 | 0.0991 | AP_1 | 0.462 | 0.0098 | 0.0534 | 0.0558 | 95.9 |
| | | AP_2 | 0.375 | 0.0118 | 0.0493 | 0.0501 | 94.5 |
| | | rAP | 1.23 | 0.0135 | 0.2310 | 0.2420 | 94.9 |

where
$$rAP_{t_0} = \frac{AP_{u_1,t_0}}{AP_{u_2,t_0}}$$

Results (n=5000)

| t_0 | Event rate | | TRUE | BIAS | ESE | ASE^{b} | $ECOVP^b(\%)$ |
|-------|------------|--------|-------|--------|--------|-----------|---------------|
| 0.5 | 0.0101 | AP_1 | 0.182 | 0.0185 | 0.0500 | 0.0504 | 93.1 |
| | | AP_2 | 0.124 | 0.0155 | 0.0416 | 0.0417 | 94.8 |
| | | rAP | 1.47 | 0.1550 | 0.7060 | 0.7600 | 93.8 |
| 8 | 0.0495 | AP_1 | 0.364 | 0.0042 | 0.0337 | 0.0333 | 92.9 |
| | | AP_2 | 0.266 | 0.0049 | 0.0291 | 0.0288 | 93.7 |
| | | rAP | 1.37 | 0.0060 | 0.2160 | 0.2100 | 95.4 |
| 36 | 0.0991 | AP_1 | 0.462 | 0.0034 | 0.0354 | 0.0346 | 95.5 |
| | | AP_2 | 0.375 | 0.0037 | 0.0310 | 0.0313 | 94.1 |
| | | rAP | 1.23 | 0.0051 | 0.1490 | 0.1510 | 95.0 |

CCSS CHF risk prediction



 $\mathsf{PPV}_{t_0}^{\mathsf{CHF}}(z) = \Pr\{T < t_0, \Delta = 1 \mid Z \ge z\} \quad \text{and} \quad \mathsf{TPF}_{t_0}^{\mathsf{CHF}}(z) = \Pr\{Z \ge z \mid T < t_0, \Delta = 1\}.$

$$\widehat{\mathsf{PPV}}_{t_0}^{\mathsf{CHF}}(z) = \frac{\sum_{i=1}^n \widehat{w}_{t_0,i} I(Z_i \ge z) I(X_i < t_0) I(\Delta_i = 1)}{\sum_{i=1}^n I(Z_i \ge z)}$$

r

$$\widehat{\text{TPF}}_{t_0}^{\text{CHF}}(z) = \frac{\sum_{i=1}^n \widehat{w}_{t_0,i} I(Z_i \ge z) I(X_i < t_0) I(\Delta_i = 1)}{\sum_{i=1}^n \widehat{w}_{t_0,i} I(X_i < t_0) I(\Delta_i = 1)}$$

 $AP_{t_0} vs. t_0$

AP_CHF₆

 $AUC_{t_0}vs.t_0$



Time (year)

Time (year)

15/33

Comparison using *rAP* and Δ*AUC*



'AP_CHF

16/33

Summary

Contributions

- Nonparametric estimator of AP_{t_0} for censored event status and in the presence of competing risks
- Inference procedure to compare AP_{t_0} for two risk scores
- APtools: an R package for binary and survival time data

Discussion

- AP is a <u>single numerical measure</u>, in this respect it is similar to AUC.
- A summary measure of positive predictive value, better suited in comparing prospective prediction performance of competing risk scores
- More sensitive than AUC as illustrated by the data analysis
- Event rate dependent, AP should be estimated in a prospective cohort or population-based study

Future Work

- Incremental value of biomarkers in risk prediction model as evaluated by AP
- Evaluating the sensitivity of AP with simulated biomarkers that have moderate effect size and are considered clinically significant
- Partial AP

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