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A Summary Index of Prediction Accuracy for Censored Time to Event Data

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June 5, 2018 Montreal

Joint work with Michelle Zhou et al.

Outline

- Motivation
- Measures for evaluating prediction performance of risk scores
- Estimator and simulation
- Data analysis
- Summary and future work

Examples of Prevention and Early Detection in Clinical Practice

- The Prism risk tool (for re-hospitalization within a year)
- Risk charts for 182 countries to predict future risk of cardiovascular disease
- Multiple risk score systems ($n > 40$) for diabetes risk in general population
- Risk prediction models for acute kidney injury in critically ill patients (2018)

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 low

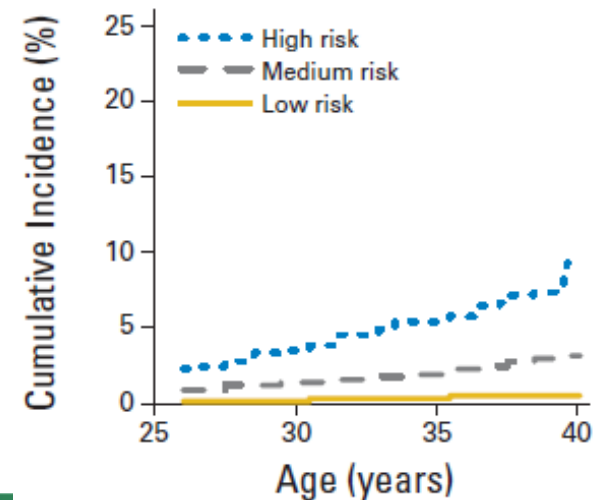
Motivating Data

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

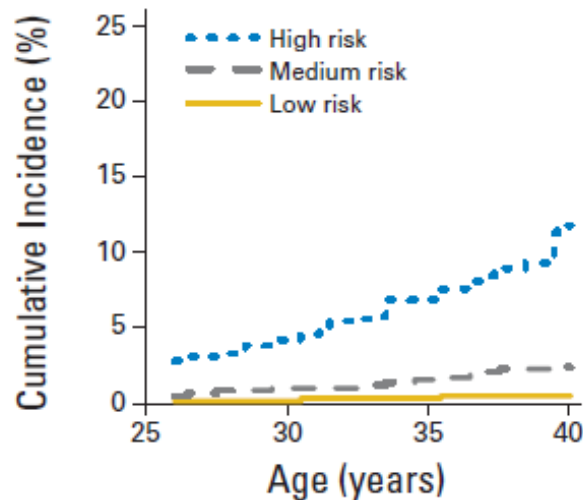
Simple Model

Standard Model

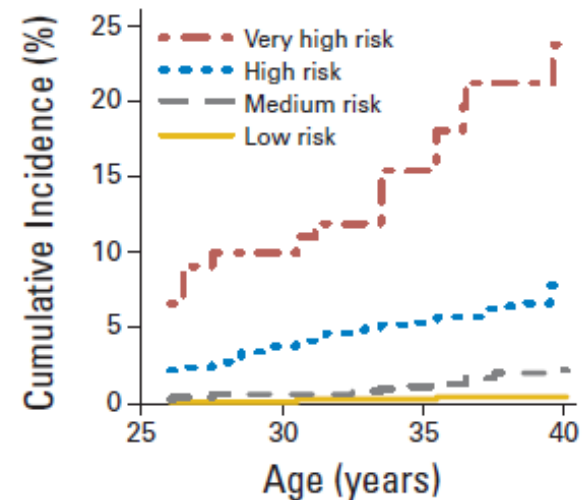
Standard + Heart Dose Model



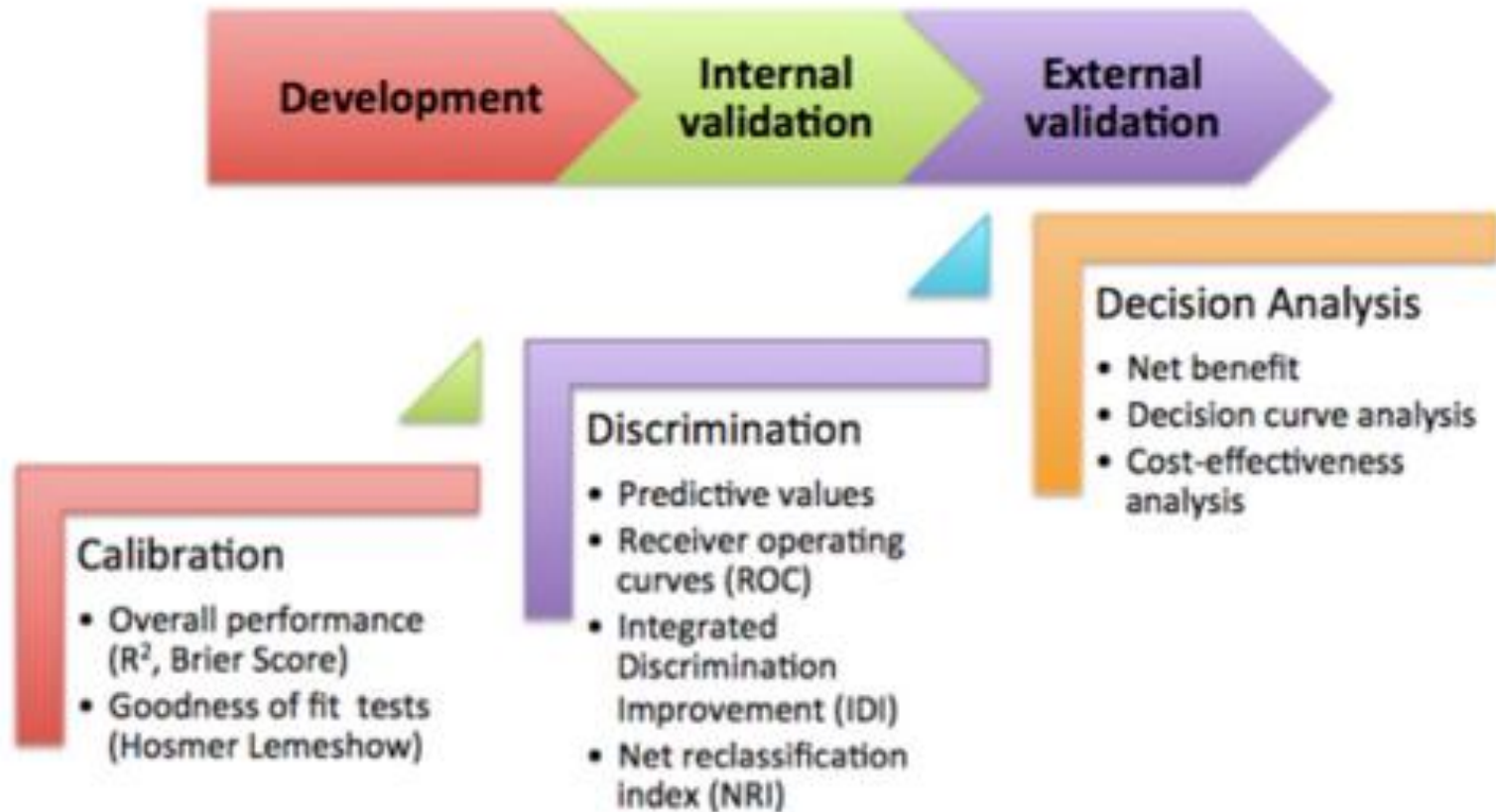
B



C



Prediction Performance Measure



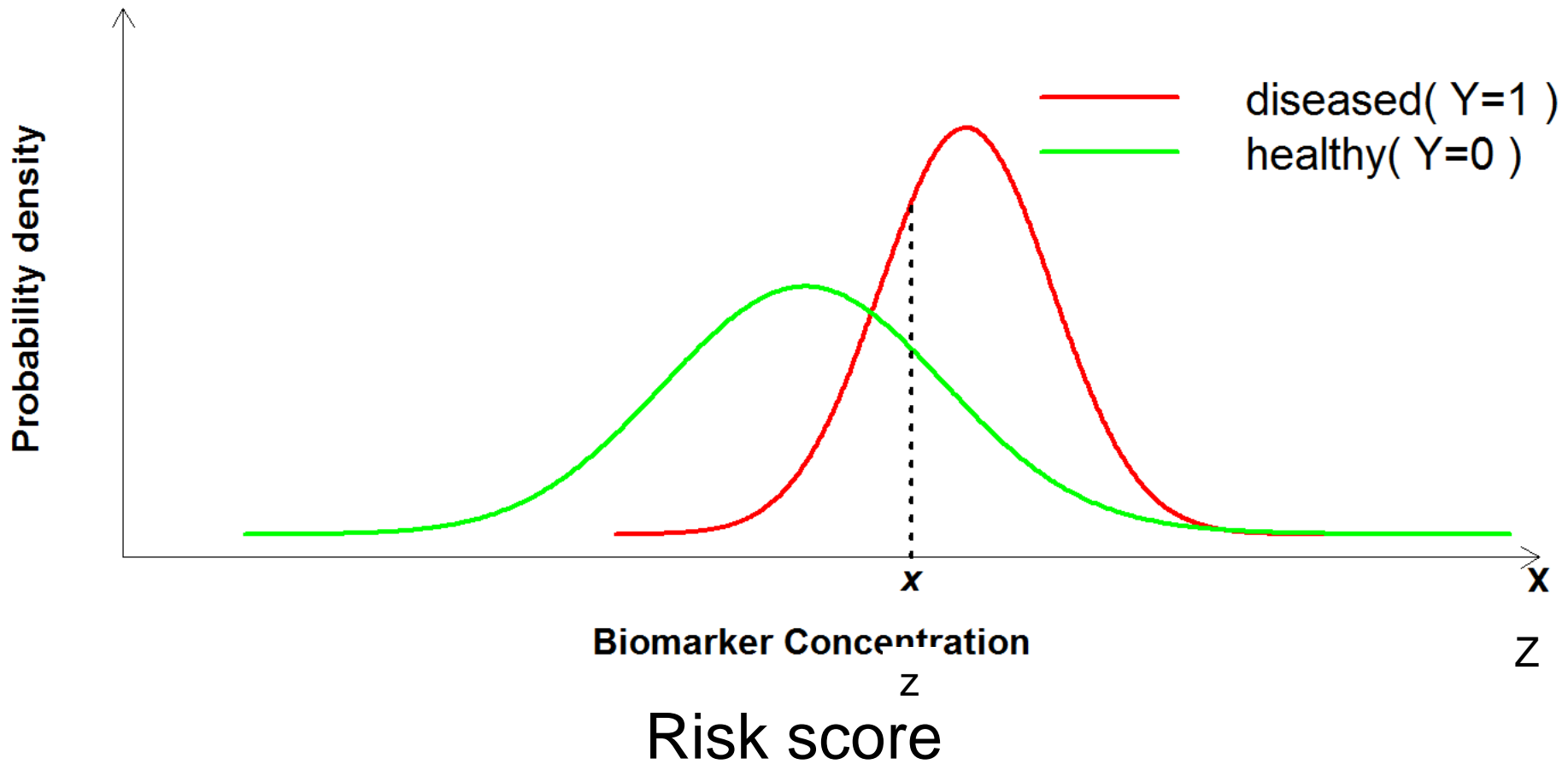
[Columbia University Mailman School of Public Health](http://www.columbia.edu/mailman/school_of_public_health/)



Evaluating Model Performance when Predicting Low Prevalence Events

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

When predictor is continuous or ordinal



Threshold-free Summary Measure

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

$$AUC \equiv \int_R TPF(z) dF_{PF}(z)$$

- Extension to event status to accommodate censoring and time to event data -- AUC_{t_0}
- Criticisms of AUC as a measure for risk prediction
 - Retrospective measure
 - Insensitive
 - Over-optimistic

A Threshold-free Alternative to AUC for Binary Outcome

- Average Positive predictive value (AP)

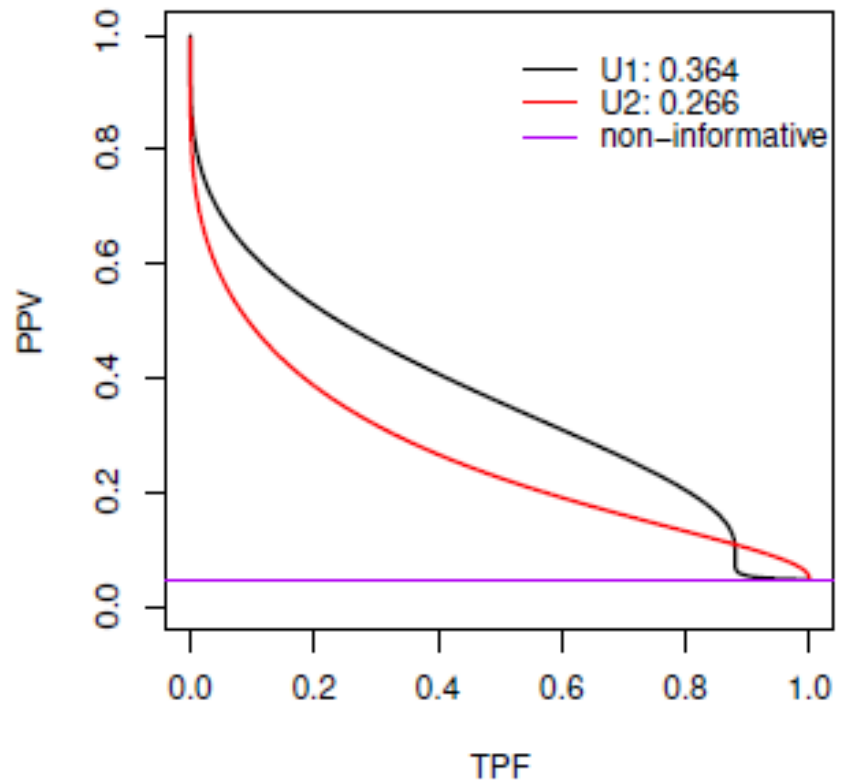
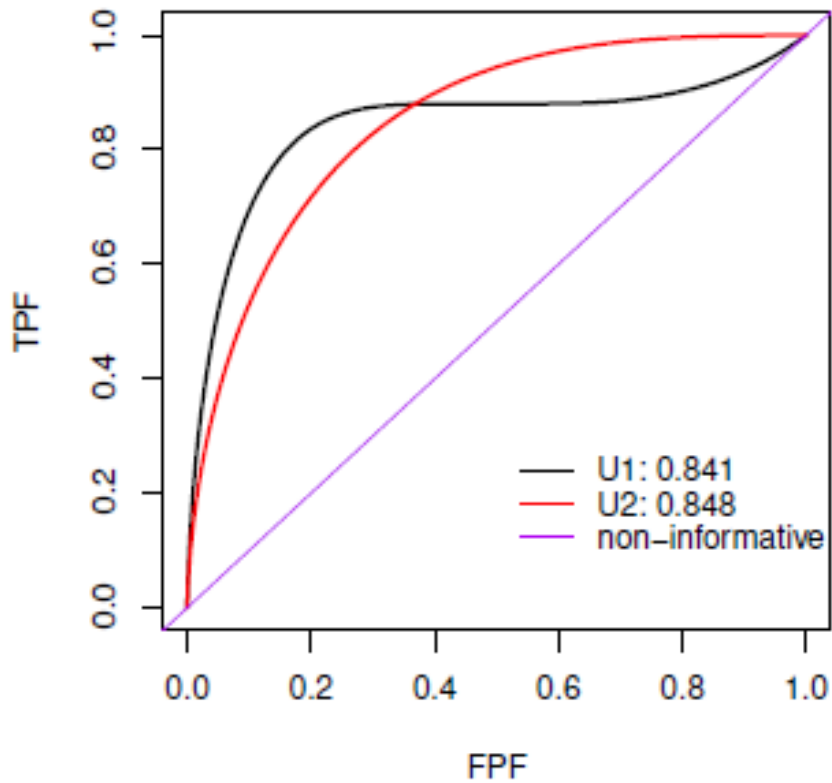
$$AP \equiv \int_R PPV(z) dTPF(z)$$

Remark:

- Range: $[\pi, 1]$ where π is the prevalence rate and corresponds to a random risk score

Yuan et al. (2015) Frontiers in Public Health 3:57.

ROC curve PvR curve



Relationship to AUC

- When two risk scores U_1 and U_2 are compared
 - If ROC curve of U_1 dominates that of U_2 everywhere, the $AUC_1 > AUC_2$ and $AP_1 > AP_2$
 - If ROC curves of U_1 and U_2 crosses, the ranking of U_1 and U_2 based on of AUC and AP can differ.

Su et al. (2015) Proceedings of the 2015 International Conference on Theory of Information Retrieval. pp.349-352.

An Alternative to AUC_{t_0} for Time-to-event Outcome

- Time-dependent Average Positive predictive value (AP_{t_0})

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

Nonparametric Estimator for Survival Status

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

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

where

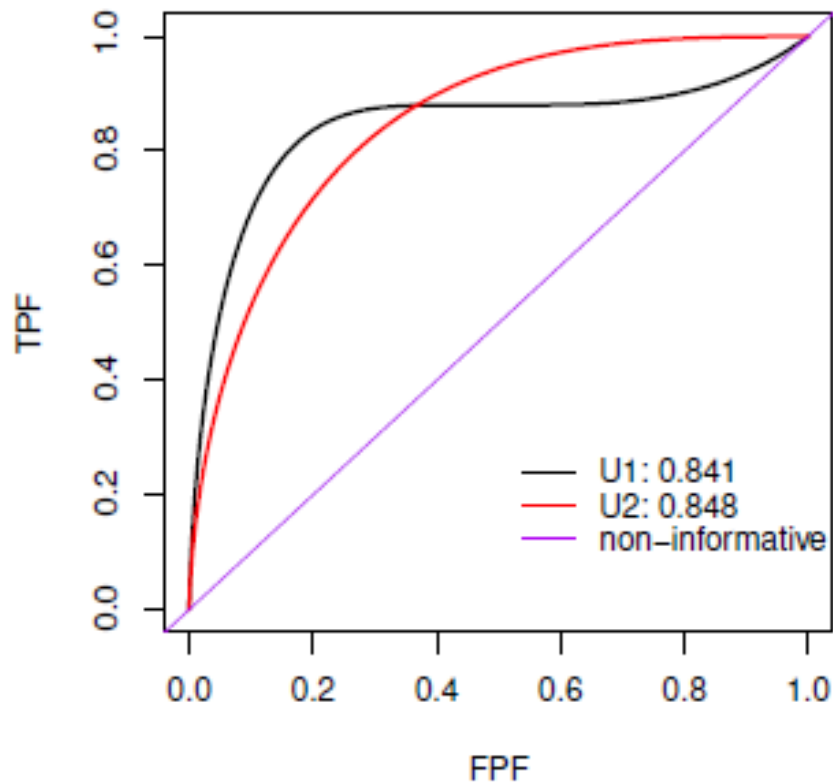
$$\widehat{w}_{t_0,i} = \frac{I(X_i < t_0) \delta_i}{\widehat{G}(X_i)} + \frac{I(X_i \geq t_0)}{\widehat{G}(t_0)}$$

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

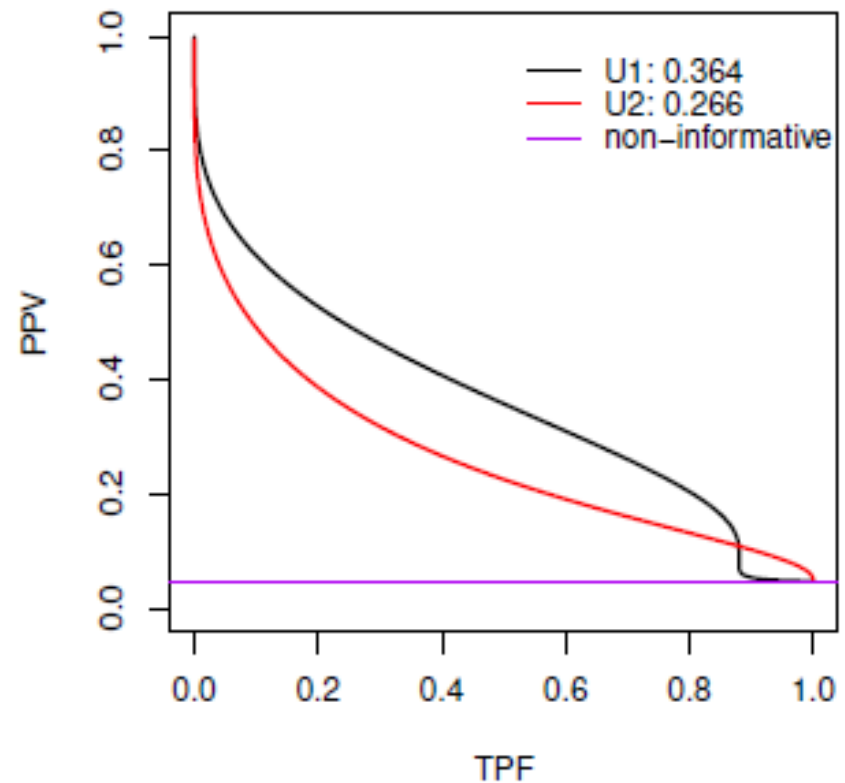
Simulation Study

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

$ROC_{t_0=8}$



$PR_{t_0=8}$



Results (n=2000)

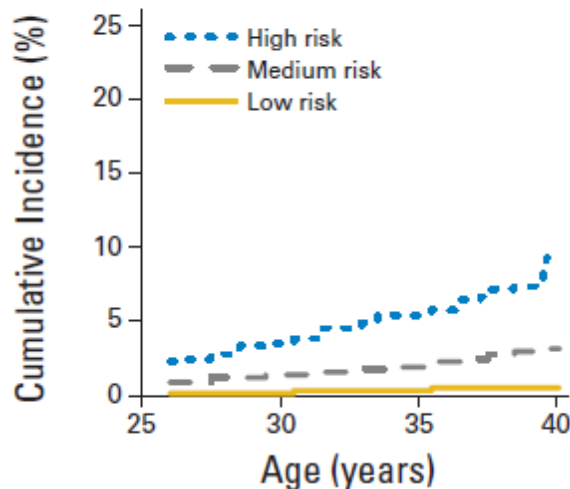
t_0	Event rate	Risk score	AP				$ECOVP^b(\%)$	AUC
			TRUE	BIAS	ESE	ASE^b		TRUE
0.5	0.0101	U_1	0.182	0.0361	0.0806	0.0794	92.2	0.920
		U_2	0.124	0.0339	0.0687	0.0679	94.1	0.904
		Δ	0.058	0.0251	0.102	0.116	96.1	0.016
		Ratio	1.47	0.4820	1.470	1.740	92.4	1.02
8	0.0495	U_1	0.364	0.0085	0.0508	0.0499	94.4	0.841
		U_2	0.266	0.0121	0.0435	0.0439	94.8	0.848
		Δ	0.098	-0.0028	0.0707	0.072	96.3	-0.007
		Ratio	1.37	0.0123	0.310	0.322	95.8	0.99
36	0.0991	U_1	0.462	0.0060	0.0416	0.0431	94.2	0.786
		U_2	0.375	0.0074	0.0387	0.0393	96.3	0.824
		Δ	0.087	-0.0045	0.0655	0.0633	95.7	-0.038
		Ratio	1.23	-0.0010	0.189	0.187	94.5	0.95

Results (n=5000)

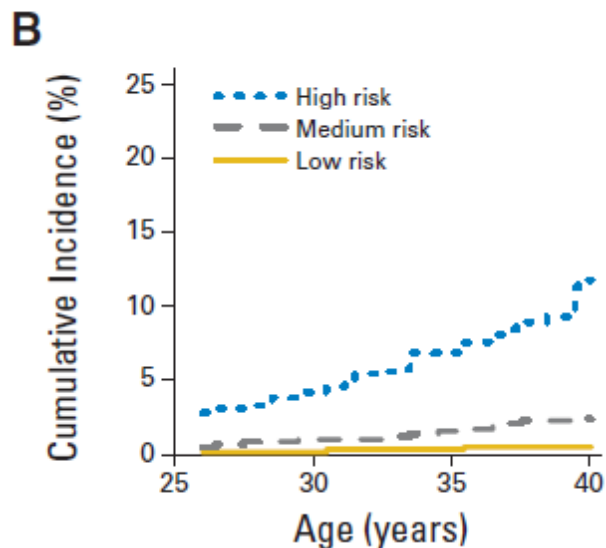
t_0	Event rate	Risk score	AP				$ECOV P^b(\%)$	AUC
			TRUE	BIAS	ESE	ASE^b		TRUE
0.5	0.0101	U_1	0.182	0.0185	0.0498	0.0503	93.6	0.920
		U_2	0.124	0.0154	0.0415	0.0415	93.6	0.904
		Δ	0.058	0.0056	0.0696	0.0712	94.2	0.016
		Ratio	1.47	0.1490	0.709	0.756	92.9	1.02
8	0.0495	U_1	0.364	0.0041	0.0327	0.0324	94.0	0.841
		U_2	0.266	0.0043	0.0285	0.0280	95.5	0.848
		Δ	0.098	-0.0005	0.0473	0.0460	96.3	-0.007
		Ratio	1.37	0.0099	0.209	0.204	94.5	0.99
36	0.0991	U_1	0.462	0.0023	0.0273	0.0275	95.0	0.786
		U_2	0.375	0.0015	0.0247	0.0251	95.5	0.824
		Δ	0.087	0.0003	0.0398	0.0402	95.1	-0.038
		Ratio	1.23	0.0058	0.117	0.120	95.0	0.95

Example: CCSS CHF Risk Prediction

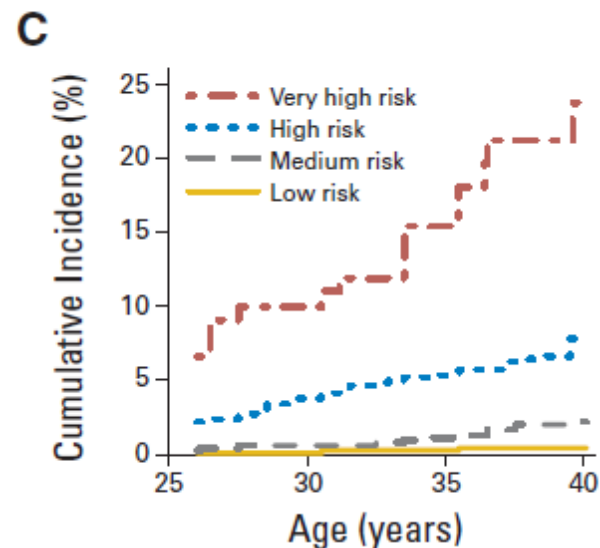
Simple Model



Standard Model



Standard + Heart Dose Model

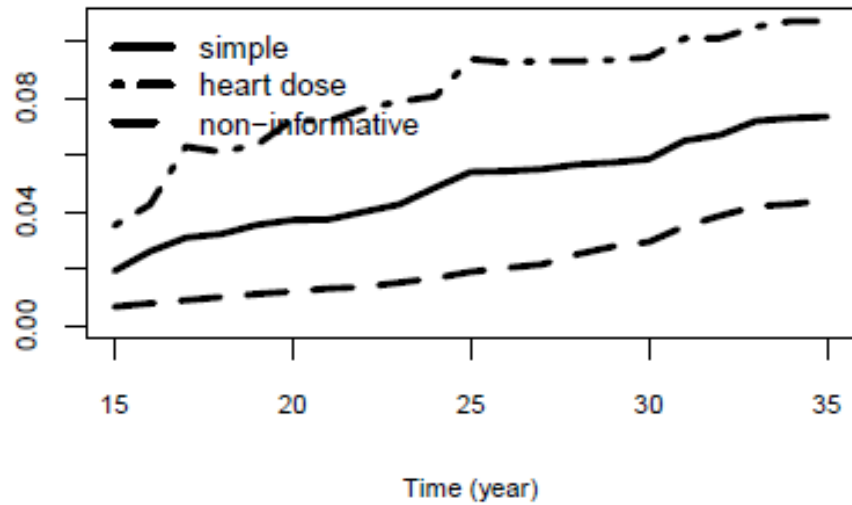


$$PPV_{t_0}^{CHF}(z) = Pr\{T < t_0, \Delta = 1 \mid Z \geq z\} \quad \text{and} \quad TPF_{t_0}^{CHF}(z) = Pr\{Z \geq z \mid T < t_0, \Delta = 1\}.$$

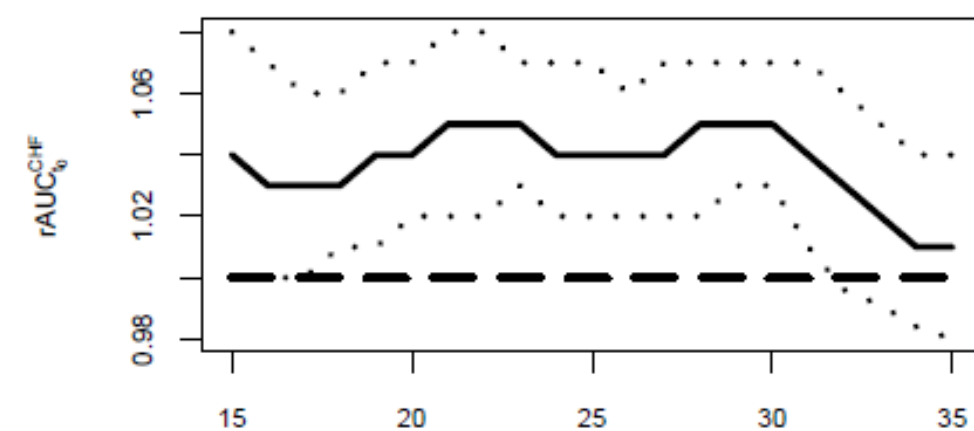
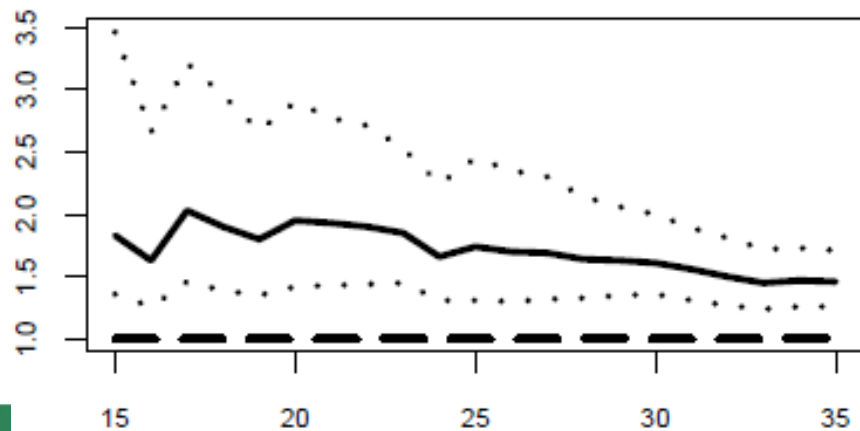
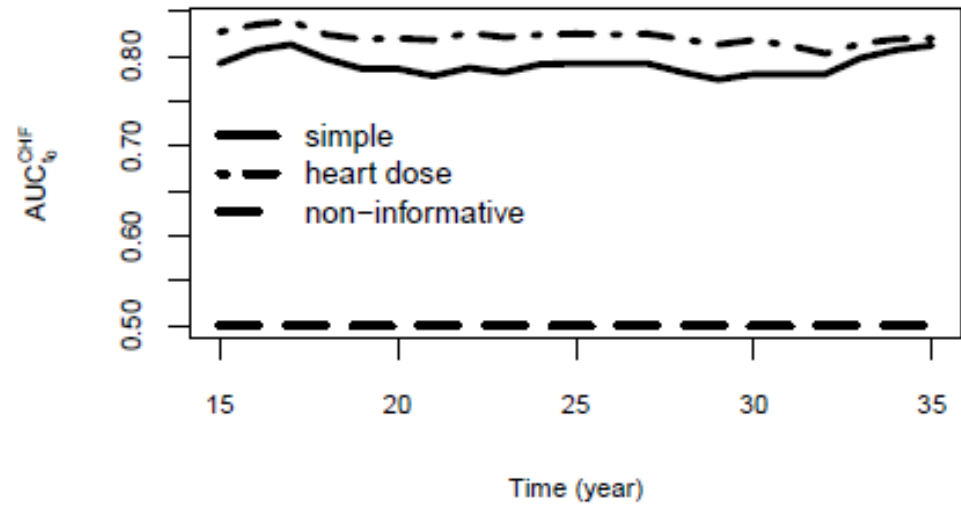
$$\widehat{PPV}_{t_0}^{CHF}(z) = \frac{\sum_{i=1}^n \hat{w}_{t_0,i} I(Z_i \geq z) I(X_i < t_0) I(\Delta_i = 1)}{\sum_{i=1}^n I(Z_i \geq z)}$$

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

AP_{t_0} vs. t_0



AUC_{t_0} vs. t_0



Comparison

t_0	Event rate	Risk score system	AP ^{CHF}	AUC ^{CHF}
20 years	0.0120	Simple	0.037 (0.028, 0.051)	0.786 (0.746, 0.824)
		Heart dose	0.072 (0.047, 0.120)	0.820 (0.780, 0.859)
		Δ	0.035 (0.015, 0.077)	0.035(0.013, 0.056)
		Ratio	1.95 (1.42, 2.90)	1.04 (1.02, 1.07)
35 years	0.0440	Simple	0.073 (0.062, 0.088)	0.812 (0.778, 0.846)
		Heart dose	0.107 (0.088, 0.135)	0.820 (0.784, 0.856)
		Δ	0.034(0.020, 0.055)	0.008 (-0.016, 0.029)
		Ratio	1.46 (1.26, 1.71)	1.01 (0.98, 1.04)



Summary

- Point and interval estimators of AP for binary outcome (ordinal risk score);
- Nonparametric estimator of AP_{t_0} for censored event status and in the presence of competing risks (continuous risk score);
- 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 single numerical measure, 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

- To evaluate how sensitive and robust the AP is as a measure of prediction accuracy
Partial AP
- To extend the AP for evaluation of multicategory outcomes
- Partial AP

Acknowledgement

Collaborators

- Dr. Qian Michelle Zhou
- Dr. Eric Chow
- Dr. Greg Armstrong

Students

- Doris Li
- Hengrui Cai

