A New Deep Learning Approach

for Predicting Survival Processes in the Presence of Semi-Competing Risks

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Motivation: Lung Cancer Prognosis



- Lung cancer remains one of the leading causes of cancer-related deaths to date, with a 5-year survival rate of approximately 1 in 5
- Prognosis varies greatly and depends on several individualized risk factors including smoking status, genetic variants, and other comorbid conditions
- Patients diagnosed with lung cancer may experience a disease progression, go into remission, or have a recurrence prior to death

Semi-Competing Risks



- Mortality is often studied without consideration of competing events, or composite endpoints such as progression-free survival are constructed, which measure the time to the first of multiple events
- When progression and death do not correlate well, particularly for cancers with long post-progression survival, the effects of certain risk factors may differ across 'states' of a patient's disease trajectory
- Many survival processes involve a non-terminal (e.g., disease progression) and a terminal (e.g., death) event, which form a semi-competing relationship [2]

Disease Prognostication



- Disease prognostication is a complex task, as it often relies on the unique risk factors and health events spanning a patient's entire clinical course to predict outcomes with any accuracy
- Deep learning has emerged as a powerful tool for survival prediction; however, limited work has been done to predict multi-state or competing risk outcomes, let alone semi-competing
- We propose a new deep learning framework for semi-competing outcomes based on a compartment-type model [3, 6, 5]

Semi-Competing Data and Notation



Let T_{i1} denote the time to the non-terminal event, T_{i2} the time to the terminal event, and C_i the censoring time for the *i*th individual. We observe:

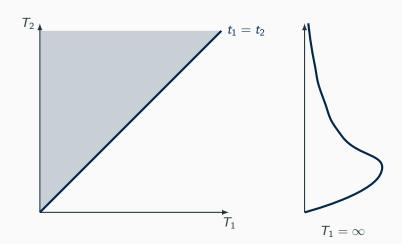
$$\mathcal{D} = \{ (Y_{i1}, \delta_{i1}, Y_{i2}, \delta_{i2}, x_i); i = 1, \dots, n \}$$

with $Y_{i2} = T_{i2} \wedge C_i$, $\delta_{i2} = I(T_{i2} \leq C_i)$, $Y_{i1} = T_{i1} \wedge Y_{i2}$, $\delta_{i1} = I(T_{i1} \leq Y_{i2})$, x_i is a p-vector of covariates, and $I(\cdot)$ denotes the indicator function

- Define $T_{i1}=\infty$ if the terminal event occurs before the non-terminal
- Let $f(t_1, t_2)$; $0 \le t_1 \le t_2$ denote the joint PDF of (T_1, T_2) , which assigns probability mass to the 'upper wedge' on which $T_1 < T_2$
- We attribute the balance of probability to the line $t_1=\infty$ with density $f_\infty(t_2);\ t_2>0$ [7, 4]



Figure 1: Graphical representation of the joint distribution of (T_1, T_2) based on the illness–death model

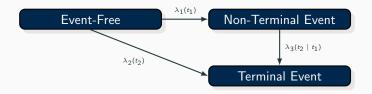


The Illness-Death Model



We formulate our approach based on the illness-death model, a compartmenttype model for the rates at which individuals transition between states:

Figure 2: Illness-Death Model Framework



$$\lambda_1(t_1 \mid \gamma_i, x_i) = \gamma_i \lambda_{01}(t_1) \exp\{h_1(x_i)\}; \quad t_1 > 0$$
 (1)

$$\lambda_2(t_2 \mid \gamma_i, x_i) = \gamma_i \lambda_{02}(t_2) \exp\{h_2(x_i)\}; \quad t_2 > 0$$
 (2)

$$\lambda_3(t_2 \mid t_1, \gamma_i, x_i) = \gamma_i \lambda_{03}(t_2 \mid t_1) \exp\{h_3(x_i)\}; \quad 0 < t_1 < t_2 \quad (3)$$



Integrating out the frailty term, γ_i , in the conditional likelihood based on (1) - (3), we derive the following objective function:

$$\mathcal{L}(\theta, h_{g}(\cdot) \mid \mathcal{D}) = \sum_{i=1}^{N} \delta_{i1} \{ \log \lambda_{01} (y_{i1}) + h_{1}(x_{i}) \}$$

$$+ \delta_{i2} (1 - \delta_{i1}) \{ \log \lambda_{02} (y_{i2}) + h_{2}(x_{i}) \}$$

$$+ \delta_{i1} \delta_{i2} \{ \log \lambda_{03} (y_{i2} - y_{i1}) + h_{3}(x_{i}) + \log(1 + \theta) \} - (\theta^{-1} + \delta_{i1} + \delta_{i2})$$

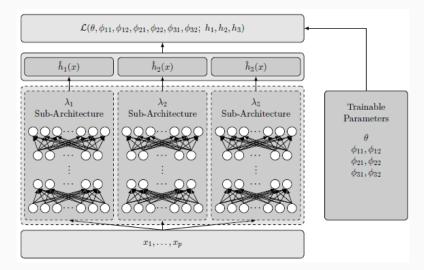
$$\times \log[1 + \theta \{ \Lambda_{01}(y_{i1}) e^{h_{1}(x_{i})} + \Lambda_{02}(y_{i1}) e^{h_{2}(x_{i})} + \Lambda_{03}(y_{i2} - y_{i1}) e^{h_{3}(x_{i})} \}]$$
(4)

We opt for a flexible, non-parametric definition of $\hat{h}_g(x_i)$; g=1,2,3 as outputs from three fully-connected, feed-forward sub-architectures

- We implement our approach using the TensorFlow deep learning library in R, with model building done using the Keras API
- Finite parameter training is done via the GradientTape API for automatic differentiation in a custom forward pass operation



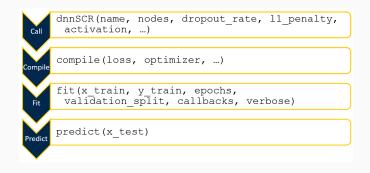
Figure 3: Deep Neural Network for Semi-Competing Risks Architecture



Implementation and Usage



- Taking advantage of Keras' progressive disclosures of complexity, we implement a custom model in a standard, user-friendly manner
- The user **instantiates** the DNN-SCR model with the custom model wrapper function, then proceed with the **typical workflow**



Simulation Study



We generated 50 independent datasets from (4) for each setting, fixing $\beta_g = [1, 1]^T$, g = 1, 2, 3, and $x_i \sim N_2(0, I_2)$, and varying:

- Sample Sizes (n): 1,000 and 10,000
- Frailty Variances (θ): 0.5 and 2
- Censoring Rates: 0%, 25%, and 50%
- Log-Risk Functions:
 - · Linear: $h_g(x_i) = x_i^T \beta_g$
 - · Non-Linear: $h_g(x_i) = \log(|x_i|^T \beta_g)$

Simulation Results



Figure 4: Difference in mean integrated squared errors (MISE) of $E||\hat{h_g} - h_g||_2^2$ g = 1, 2, 3 for Classical MLE - DNN-SCR



Bivariate Brier Score



As evaluating predictive performance under semi-competing risks has not yet been explored, we extend the Brier Score for right-censored data to the bivariate survival function:

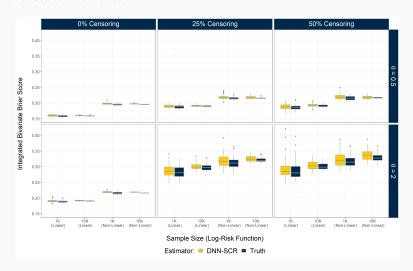
$$BBS_{c} = \frac{\pi_{i}(t)^{2} \cdot \mathbb{I}\left\{Y_{i1} \leq t, \ \delta_{i1} = 1, \ Y_{i1} \leq Y_{i2}\right\}}{G_{i}(Y_{i1})} + \frac{\pi_{i}(t)^{2} \cdot \mathbb{I}\left\{Y_{i1} \leq t, \ Y_{i2} \leq t, \ \delta_{i1} = 0, \ \delta_{i2} = 1, \ Y_{i1} \leq Y_{i2}\right\}}{G_{i}(Y_{i2})} + \frac{[1 - \pi_{i}(t)]^{2} \cdot \mathbb{I}\left\{Y_{i1} > t, \ Y_{i2} > t\right\}}{G_{i}(t)}$$

$$(5)$$

We calculate the integrated Bivariate Brier Score for 1-year survival over a sequence of 100 evenly spaced time points in simulation



Figure 5: Integrated Bivariate Brier Score for DNN-SCR versus the true bivariate survival function



Boston Lung Cancer Study Cohort



Our study includes 5,296 patients with non-small cell lung cancer, diagnosed between June 1983 and October 2021 [1]

We investigate time to disease progression and death, where progression might be censored by death or the study endpoint

Figure 6: BLCSC Study Outcomes

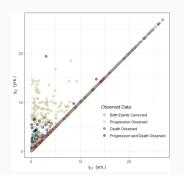


Table 1: Observed Outcomes in the BLCSC Study

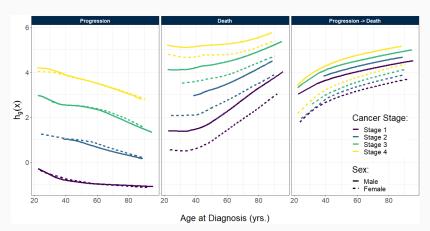
	Progression	Censored
Death	111 (2%)	1,916 (36%)
Censored	224 (4%)	3,045 (58%)

BLCSC Study Results



We estimate the frailty variance to be 3.55, suggesting that progression is highly correlated with death. iBBS for 5-year survival was 0.178

Figure 7: Hazard functions for the effect of age at diagnosis on each state transition, stratified by sex and initial cancer stage



Next Steps



- Our approach fits nicely in a Bayesian paradigm, which would facilitate formulating this as a Bayesian neural network, with individualized risk prediction intervals
- Other specifications of the objective function, particularly a fully non-parametric baseline hazard, may allow for even greater prediction accuracy
- Alternatively, we can consider treating this as a classification problem, predicting survival probabilities directly with a single, sigmoidal output

Conclusions



- We have proposed a novel deep learning approach in the presence of semi-competing risks, a currently unexplored area
- Our method can recover non-linear relationships and potentially higher order interactions between disease progression, survival, and high-dimensional risk factors
- Utilizing existing paradigms for machine learning in R, we implement our method in a user-friendly workflow

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Questions?

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