

# **Time-dependent confounders: Structural nested failure time models**

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# J.M. Robins: Structural nested failure time models

*Ex. 1    Alpha-tocopherol/beta-carotene study in Finland*

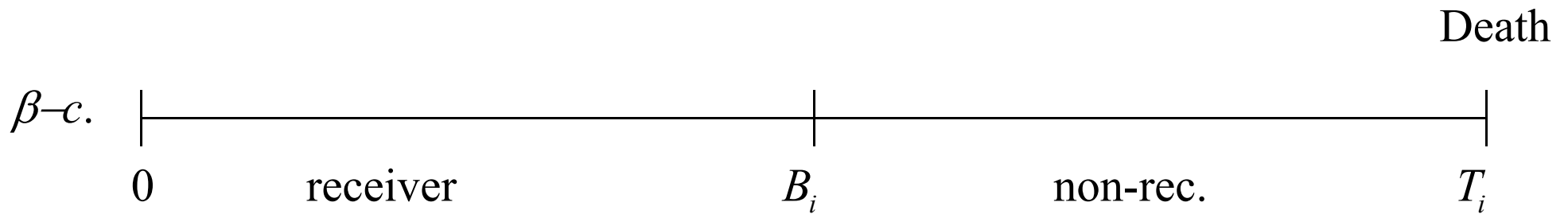
Main publication    N Engl J Med **330**, 1020-1035, 1994

$2 \times 2$     factorial design    AT no effect vs. placebo  
BC bad        vs. placebo

by        intention-to-treat

Reanalysis incorporating compliance:

P.A. Korhonen, N.M. Laird, J. Palmgren (1999). *Statist.Med.* **18**, 2879-2897.



$U_i$ : survival time of person  $i$  if no  $\beta - c.$

Model:

$$U_i = T_i \quad \text{in placebo group}$$

$$U_i = \int_0^{B_i} e^{\psi_0} ds + (T_i - B_i) \quad \text{in } \beta - c. \text{ group}$$

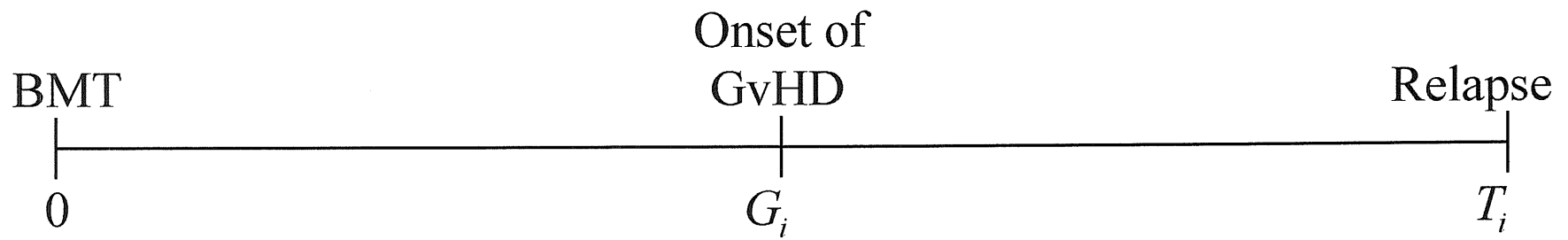
By randomisation, distribution of  $U_i$  should be the same in both groups: Note:  $U_i$  is counterfactual in the  $\beta - c.$  group.

Estimate  $\psi_0$  by requiring distr.  $U_i$  in plac. group = distr.  $U_i$  in  $\beta - c.$  group.

Several complications re competing risk, censoring.

*Ex. 2 Graft vs. Leukaemia Effect after Bone Marrow Transplantation  
using Structural Nested Failure Time Models*

Keiding, Filiberti, Esbjerg, Robins, Jacobsen (1999). *Biometrics* **55**, 23-28.



$T_{G-,i}$  time to relapse if no GvHD

$T_{G+,i}$  time to relapse if always GvHD

Model:

$$T_{G-,i}(\psi_0) = \begin{cases} T_i & T_i \leq G_i \\ G_i + (T_i - G_i)e^{\psi_0} & T_i > G_i \end{cases}$$

No randomisation!

Instead assume that we have measured all relevant (possibly time-dependent) confounders.

Conditional on these, nature does a sequential randomized experiment deciding whether or not to allocate GvHD.

$\Rightarrow$  estimate  $\psi_0$  by requiring

$$\lambda_G(t|\mathcal{H}_t) = \lambda_G(t|\mathcal{H}_t, T_{G-}(\psi_0))$$

# Details on Bone Marrow Transplantation example

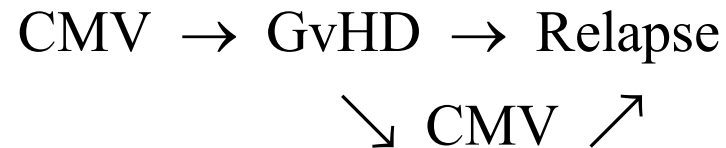
163 pts

DK, S, SF

AML = acute myeloid leukaemia

ALL = acute lymphoblastic leukaemia

CMU = cytomegalovirus infection



Basic question: does GvHD decrease Relapse risk?

## GvHD → Relapse

### Estimated regression coefficients in Cox regression model for development of relapse

Covariate	$\hat{\beta}$	s.d. ( $\hat{\beta}$ )	$\hat{\beta}/\text{s.d.}(\hat{\beta})$	$\exp(\hat{\beta})$
<b>Transplantation during</b>				
Relapse	0.9644	0.4756	2.0277	2.6232
Remission	0	-	-	-
<b>Donor CMV immunity at transplantation</b>				
Yes	-1.3241	0.4271	-3.1005	0.2660
No	0	-	-	-
<b>Transplantation during</b>				
After 1 <sup>o</sup> Remission	2.0683	0.4950	4.1786	7.9111
Otherwise	0	-	-	-
<b>Donor age</b>				
> 20	1.4014	0.4075	3.4386	4.0609
≤ 20	0	-	-	-
<b>GvHD (t)</b>				
Yes at t	-1.1033	0.4134	-2.6687	0.3318
No at t	0	-	-	-

It seems that GvHD reduces risk to 1/3.

But what is the role of CMV?

# CMV → GvHD

**Estimated regression coefficients in model for development of GvHD with CMV as time-dependent covariate**

Covariate	$\hat{\beta}$	s.d. ( $\hat{\beta}$ )	$\hat{\beta}/\text{s.d.}(\hat{\beta})$	$\exp(\hat{\beta})$
<b>Patient CMV immunity at transplantation</b>				
Yes	0.7808	0.2598	3.0049	2.1833
No	0	-	-	-
<b>Mismatch</b>				
Yes	0.7796	0.2788	2.7958	2.1805
No	0	-	-	-
<b>Transplantation during</b>				
Relapse	0.9778	0.3318	2.9468	2.6587
Remission	0	-	-	-
<b>CMV (t)</b>				
Yes at t	1.0225	0.3681	2.7778	2.7803
No at t	0	-	-	-

CMV is associated with *increased* risk of later development of GvHD (estimated rate ratio = 2.8).



# GvHD → Relapse

CMV ↗

**Estimated regression coefficients in model for development of relapse with CMV as time-dependent covariate**

Covariate	$\hat{\beta}$	s.d. ( $\hat{\beta}$ )	$\hat{\beta}/\text{s.d.}(\hat{\beta})$	$\exp(\hat{\beta})$
<b>Transplantation during</b>				
Relapse	0.9807	0.4780	2.0517	2.6664
Remission	0	-	-	-
<b>Donor CMV immunity at transplantation</b>				
Yes	-1.1989	0.4280	-2.8011	0.3015
No	0	-	-	-
<b>Transplantation</b>				
After 1 <sup>o</sup> Remission	2.1373	0.5014	4.2623	8.4765
Otherwise	0	-	-	-
<b>Donor age</b>				
> 20	1.9811	0.4914	4.0313	7.2509
≤ 20	0	-	-	-
<b>GvHD (t)</b>				
Yes at t	-1.1057	0.4184	-2.6429	0.3410
No at t	0	-	-	-
<b>CMV (t)</b>				
Yes at t	-1.0507	0.5437	-1.9326	0.3497
No at t	0	-	-	-

CMV decreases relapse risk (RR = 0.35)

# GvHD

↘ CMV

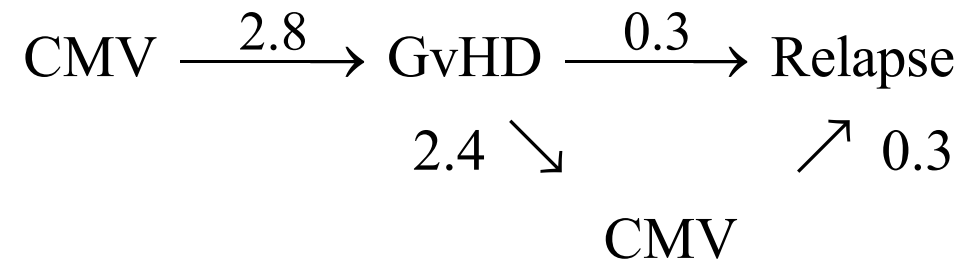
**Estimated regression coefficients in model for development of CMV with GvHD as time-dependent covariate**

Covariate	$\hat{\beta}$	s.d. ( $\hat{\beta}$ )	$\hat{\beta}/\text{s.d.}(\hat{\beta})$	$\exp(\hat{\beta})$
<b>CMV1 (t)</b>				
Yes at t	0.8757	0.2993	2.9258	2.4007
No at t	0	-	-	-

GvHD increases risk of transition to CMV

## Summary of effects

expressed as RR excluding time-fixed covariates



## G-estimation approach

$T_i$ : actual time to relapse for pt.  $i$  (could be censored due to death in remission or end of follow-up)

$T_{G-,i}$  counterfactual time to relapse for pt.  $i$   
if GvHD did not exist

$T_{G+,i}$  counterfactual time to relapse for pt.  $i$   
if  $i$  contracted GvHD immediately after transplantation

**Assumption of no unmeasured confounders:**

$$\text{Onset of GvHD} \perp\!\!\!\perp T_{G+,i}, T_{G-,i} \mid \mathcal{H}_t$$

(covariate history at  $t$ )

Sharp null hypothesis of no effect of GvHD:  $\forall i: T_i = T_{G+,i} = T_{G-,i}$

# Null hypothesis

Sharp:  $T_i = T_{G+,i} = T_{G-,i}$  pointwise

Ordinary:  $T_i = T_{G+,i} = T_{G-,i}$  in distribution

may be tested by testing

$$\lambda_G(t|H(t)) = \lambda_G(t|H(t), T)$$

: does intensity of GvHD depend also on relapse time  $T$

$\lambda_G(t|H(t))$ : intensity of onset of “treatment” GvHD

# Modelling of effect of GvHD: time-dependent accelerated failure time model

$G$ : time of GvHD     $T$ : relapse time

Assume acceleration parameter  $\psi$ :

$$T_{G-}(\psi) = \int_0^T e^{\psi I_{\{t>G\}}} dt = \begin{cases} T & \text{for } T \leq G \\ G + (T - G)e^{\psi} & \text{for } T > G \end{cases}$$

$\psi > 0$ :  $T_{G-} > T$     treatment harmful

$\psi < 0$ :  $T_{G-} < T$     treatment beneficial

$\psi = 0$ :  $T_{G-} = T$     treatment neutral

Note:  $T_{G+}$  corresponds to  $T$  for  $G = 0$

so under this model  $T_{G-}(\psi) = T_{G+}(\psi)e^{\psi}$

# Censoring problems

*End of follow-up:* Assume potential censoring time  $C$  known;  
reduce to  $T \wedge C$ , suitably accelerated for  $\psi \neq 0$ :

$$T \wedge C_t(\psi) \text{ where for } t \leq G \quad C_t(\psi) = C, \psi \geq 0 \quad C_t(\psi) = t + (C - t)e^{\psi}, \psi \leq 0.$$

*Death in remission* (competing risk)

$$\text{weight } W_i = \begin{cases} 0 & \text{if } i \text{ died in remission} \\ 1/P(\text{not dying in remission}) & \text{if not} \end{cases}$$

Inverse Probability of Censoring Weighted (IPCW) estimating equation  
~ Horvitz-Thompson estimator in sampling

$P$  (not dying in remission) estimated from Cox model with time-dependent covariates, allowing for some forms of dependent censoring.

## Estimation of $\psi$

Estimate  $\psi$  by requiring

$$\lambda_G(t|\mathcal{H}(t)) = \lambda_G(t|\mathcal{H}(t), T_{G^-}(\psi))$$

Point estimate: the  $\psi$  yielding the least significant test statistic

Confidence interval: all  $\psi$  yielding acceptance

Score test using some suitable score function, here we use

$$A_t(\psi) = I(T(\psi) < C_t(\psi))I(\text{not died in remission}) W$$



# Result

## Cox regression of occurrence of GvHD

Covariate	$\hat{\beta}$	s.d. ( $\hat{\beta}$ )	$\hat{\beta}/\text{s.d.}(\hat{\beta})$	exp ( $\hat{\beta}$ )
<b>Transplantation during</b>				
Relapse	1.015	0.345	2.942	2.759
Remission	0	-	-	-
$C_i$ (in days)	-0.000100	0.000215	-0.465	1.000
<b>Patient CMV immunity at transplantation</b>				
Yes	0.810	0.261	3.103	2.249
No	0	-	-	-
<b>Mismatch</b>				
Yes	0.882	0.280	3.150	2.416
No	0	-	-	-
<b>CMV(<math>t</math>)</b>				
Yes at $t$	0.630	0.350	1.800	1.877
No at $t$	0	-	-	-
$A_t(0)$	-0.00087	0.105	-0.0829	0.991

$$\hat{\psi}_0 = -0.80$$

95% conf. iv.

(-2.60, 0.90)

# Interpretation

$\hat{\psi}_0 = -0.80$       insignificant tendency that GvHD *decelerates* time to relapse.

Relative increase in lifetime by getting GvHD immediately versus never getting it:

$$\frac{T_{G+} - T_{G-}}{T_{G-}} = e^{-\psi_0} - 1 \approx 2.2 - 1 = 1.2$$

so that GvHD implies 120% increase in relapse-free time. This is in qualitative agreement with earlier analyses.