

Accelerated Failure Time Models

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Introduction

- Last time, we introduced the Weibull distribution and saw that, on the log scale, it could be viewed, essentially, as a regular linear regression model, albeit with extreme value residual terms
- Today we will look at this modeling framework in more detail, discuss estimation and model fitting, and go through an example in which we fit the model to real data

Accelerated failure time models

- For a random time-to-event T , an *accelerated failure time* (AFT) model proposes the following relationship between covariates and $Y = \log T$:

$$Y_i = \mathbf{x}_i^T \boldsymbol{\beta} + W_i,$$

where $W_i \stackrel{\text{iid}}{\sim} f$ are the error, or residual, terms; such models are also sometimes referred to as *log-linear models*

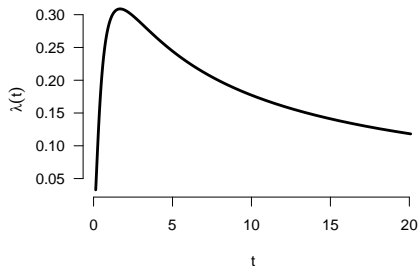
- The above framework describes a general class of models: depending on the distribution we specify for W , we will obtain a different model, but all will have the same general structure

The Lognormal AFT

- For example, an obvious possibility is to assume $W_i \stackrel{\text{iid}}{\sim} N(0, \sigma^2)$
- Assuming that Y follows a normal distribution is equivalent to assuming that T follows a lognormal distribution
- Thus, in the absence of censoring, we could simply use ordinary least squares regression techniques to fit the model, obtain confidence intervals, etc.

The Lognormal AFT (cont'd)

- Of course, we will almost always have some censoring, so we will have to extend ordinary linear model methods to handle censoring
- Furthermore, the lognormal distribution, while convenient, does not accurately describe most time-to-event distributions:



AFTs rescale time

- For any AFT, we have

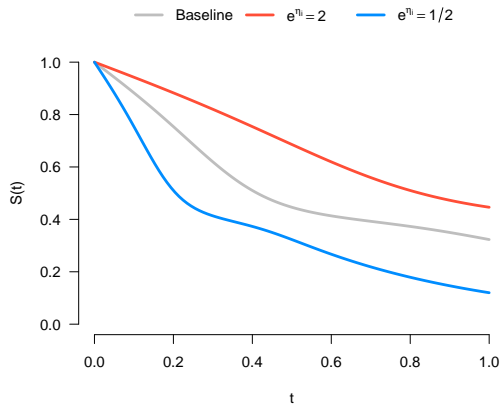
$$T = e^{\eta_i} T_0,$$

where $T_0 = e^W$ and $\eta_i = \mathbf{x}_i^T \boldsymbol{\beta}$

- In other words, whereas in a proportional hazards (PH) model, the covariates act multiplicatively on the hazard, in an AFT model the covariates act multiplicatively on time:
 - If $e^{\eta_i} = 1/2$, that subject effectively ages at twice normal speed
 - If $e^{\eta_i} = 2$, that subject effectively ages at only half of normal speed

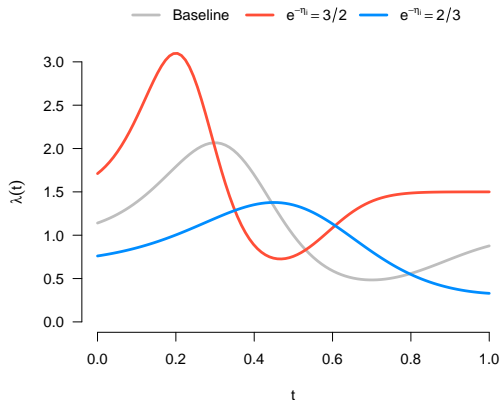
Survival

$$S_i(t) = S_0(e^{-\eta_i t})$$



Hazard

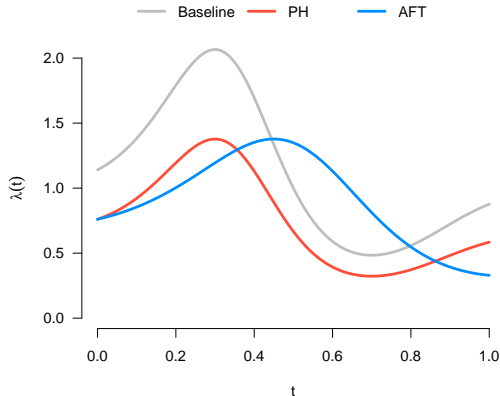
$$\lambda_i(t) = \lambda_0(e^{-\eta_i t})e^{-\eta_i}$$



AFT vs PH: Hazard ($e^{\eta_i} = 2/3$ for PH; $e^{\eta_i} = 3/2$ for AFT)

$$\text{PH} : \lambda_i(t) = \lambda_0(t)e^{\eta_i}$$

$$\text{AFT} : \lambda_i(t) = \lambda_0(e^{-\eta_i}t)e^{-\eta_i}$$

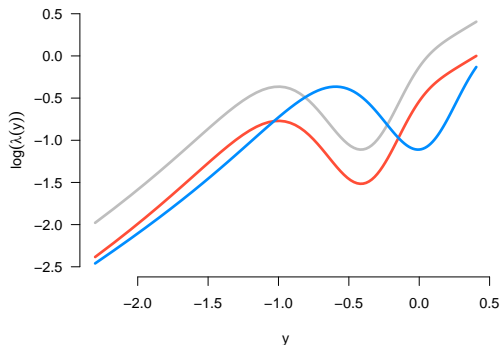


AFT vs PH: Log scale ($e^{\eta_i} = 2/3$ for PH, $3/2$ for AFT)

$$\text{PH} : \lambda_i(y) = \tilde{\lambda}_0(y)e^{\eta_i}$$

$$\text{AFT} : \lambda_i(y) = \tilde{\lambda}_0(y - \eta_i)$$

— Baseline — PH — AFT



Remarks

- As the final plot depicts, on the log-time vs. log-hazard scale, the effect of the PH assumption is to model the change in hazard as a vertical shift, while the effect of the AFT assumption is to model the change in hazard as a horizontal shift
- In general, the two assumptions cannot be reconciled – on the previous plot, there is no way to shift the gray line vertically and obtain the blue line, for example – and therefore, a model is typically either an AFT model or a PH model, but not both

Weibull regression satisfies both AFT and PH

- There is one exception, however: if the distribution is linear (on the log-time vs. log-hazard scale), then any vertical shift of the line will correspond to a horizontal shift
- Recall that the extreme value distribution, $\lambda(y) = e^y$, is linear on this scale, and that the Weibull distribution represents its location-scale family (i.e., all possible intercepts and slopes)
- Thus, the Weibull distribution is the unique distribution (along with its special cases, like the exponential distribution) that satisfies both the PH and AFT assumptions (see section 2.3.4 of our book for a more formal proof)

Interpretation of coefficients

- Finally, let us briefly consider the interpretation of the coefficients in an AFT model
- As we have seen, the effect of a δ_j -unit change in covariate j is to multiply the failure time by $\exp(\delta_j \beta_j)$
- For example, if x_j was a treatment indicator and $\beta_j = 0.4$, we could say that patients who received the treatment survived 50% longer than patients who did not receive the treatment

Maximum likelihood estimation: Setup

- Suppose that we can write our AFT model

$$Y_i = \mathbf{x}_i^T \boldsymbol{\beta} + \sigma W_i;$$

note, for example, that the Weibull and lognormal models can be written this way

- Then the likelihood is

$$\begin{aligned} L(\boldsymbol{\beta}, \sigma | \mathbf{y}, \mathbf{d}) &= \prod_i \{\sigma^{-1} f(w_i)\}^{d_i} \{S(w_i)\}^{1-d_i} \\ &= \prod_i \{\sigma^{-1} \lambda(w_i)\}^{d_i} S(w_i), \end{aligned}$$

where f , λ , and S represent the density, hazard, and survival functions for the error distribution, and $w_i = (y_i - \mathbf{x}_i^T \boldsymbol{\beta})/\sigma$

Score function(s)

- For the most part, estimation proceeds as it did in the exponential regression example we discussed previously, except that we now have to estimate a scale parameter σ as well
- So, for example,

$$\frac{\partial \ell}{\partial \boldsymbol{\beta}} = -\sigma^{-1} \mathbf{X}^T \mathbf{a}$$
$$\frac{\partial \ell}{\partial \sigma} = -\sigma^{-1} (d + \mathbf{w}^T \mathbf{a}),$$

where $d = \sum_i d_i$ and $a_i = \partial \ell_i / \partial w_i$

- For example, $a_i = d_i - e^{w_i}$ when W follows an extreme value distribution

Newton-Raphson algorithm

- Generally speaking, \mathbf{a} will be a nonlinear function of β and σ , meaning that to solve $\mathbf{u}(\beta, \sigma) = \mathbf{0}$ we again must use the Newton-Raphson approach we discussed previously
- One complication here is that it is possible to obtain unreasonable updates for σ (e.g., negative values)
- There are various ways to deal with this issue; one is to update σ more gradually by

$$\sigma_{m+1} = (1 - \tau)\sigma_m + \tau\tilde{\sigma},$$

where $\tilde{\sigma}$ is the Newton-Raphson update

Information matrix

- Again, the Wald approach is the most convenient, although not the most accurate, for inference
- To proceed, we need (the inverse of) the information matrix:

$$\mathbf{I}(\hat{\theta}) = - \begin{bmatrix} \frac{\partial^2 \ell}{\partial \beta^2} & \frac{\partial^2 \ell}{\partial \beta \partial \sigma} \\ \frac{\partial^2 \ell}{\partial \sigma \partial \beta} & \frac{\partial^2 \ell}{\partial \sigma^2} \end{bmatrix};$$

expressions for these quantities are given in the book

- It is worth noting that the Wald approach is typically more accurate if the likelihood is parameterized in terms of $\tau = \log \sigma$; this is the approach taken in the `survival` package

Accounting for uncertainty in σ

- As we remarked previously, it is important to note that

$$\left(\frac{\partial^2 \ell}{\partial \beta^2} \right)^{-1}$$

underestimates the uncertainty with respect to β

- Instead, we must consider the upper left $p \times p$ block of \mathbf{I}^{-1} , which takes into account the fact that uncertainty about σ increases standard errors for β (and vice versa)

Basic usage

- The `survival` package offers a function, `survreg`, for fitting parametric AFT models
- The syntax is similar to other regression modeling functions in R:

```
survreg(S ~ trt + stage + hepato + bili, pbc)
```

where `S` is a `Surv` object

- The default is to use a Weibull distribution, but exponential, lognormal, and other distributions are available using the `dist=` option

Exponential regression

- Thus, for example,

```
survreg(S ~ trt + stage + hepato + bili, pbc,  
        dist='exponential')
```

- Note that `coef(fit)` exactly matches our do-it-yourself regression results from last week, except that all the signs are reversed (increasing hazard means decreasing failure time)
- Furthermore, `vcov(fit)` exactly matches the inverse of our information matrix from last week

Weibull results

```
> fit <- survreg(S ~ trt + stage + hepato + bili, pbc)
> summary(fit)
```

	Value	Std. Error	z	p
(Intercept)	9.8086	0.34509	28.423	1.05e-177
trt	0.0960	0.11510	0.834	4.04e-01
stage	-0.4294	0.09045	-4.747	2.06e-06
hepato	-0.2363	0.14625	-1.616	1.06e-01
bili	-0.0915	0.00923	-9.916	3.53e-23
Log(scale)	-0.3760	0.06898	-5.451	5.00e-08

Scale= 0.687

Number of Newton-Raphson Iterations: 6

Remarks

- Broadly speaking, these results are similar to what we obtained with exponential regression (bilirubin and stage clearly significant, treatment and hepatomegaly not significant)
- The coefficients are somewhat different, of course, and have a different interpretation: a one-unit change in stage shortens survival time by 35% ($e^{-0.4294} = 0.65$)
- Also, note that the summary provides a test of whether $\log \sigma = 0$; in other words, for the adequacy of exponential regression, which is firmly rejected here despite the diagnostic plot looking OK

Weibull proportional hazards model

- The `survival` package does not offer a function for fitting (parametric) proportional hazards models
- Recall, however, that exponential and Weibull proportional hazards models can be reparameterized as AFT models
- Thus, we can obtain the PH coefficients by fitting the AFT model and using the transformation $\beta = -\beta^*/\sigma$, where β denotes the PH coefficients and β^* denotes the AFT coefficients:

```
b.ph <- -coef(fit.aft)/fit.aft$scale
```

Comparison of estimates

	AFT		PH	
	Exponential	Weibull	Exponential	Weibull
trt	0.14	0.10	-0.14	-0.14
stage	-0.56	-0.43	0.56	0.63
hepato	-0.34	-0.24	0.34	0.34
bili	-0.11	-0.09	0.11	0.13

Predictions: Stage 3

Predicted survival curves for a patient on the placebo arm, stage 3 cirrhosis, no hepatomegaly, and bili=1

