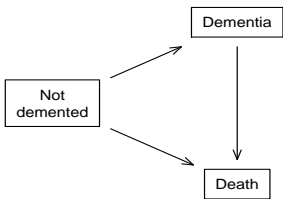
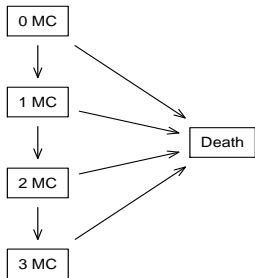
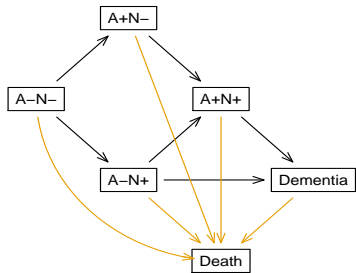


A multi-state model for dementia

Terry Therneau

May 2021



Overview

- ▶ Multi-state hazard models are very useful.
 - ▶ Easy to fit (R survival package)
- ▶ Box and arrow diagram
- ▶ Transition rates (arrows)
 - ▶ Each arrow is an individual Cox model
 - ▶ Additive, linear, proportional hazards
 - ▶ Non-informative censoring
 - ▶ Avoid immortal time bias

Overview

- ▶ Multi-state hazard models are very useful.
 - ▶ Easy to fit (R survival package)
- ▶ Box and arrow diagram
- ▶ Transition rates (arrows)
 - ▶ Each arrow is an individual Cox model
 - ▶ Additive, linear, proportional hazards
 - ▶ Non-informative censoring
 - ▶ Avoid immortal time bias
- ▶ Boxes (absolute risk)
 - ▶ Must be dealt with in toto
 - ▶ Probability in state s at time t
 - ▶ $E(\text{number of visits to state } s) = \text{lifetime risk}$
 - ▶ $E(\text{time in state } s)$

Overview

- ▶ Multi-state hazard models are very useful.
 - ▶ Easy to fit (R survival package)
- ▶ Box and arrow diagram
- ▶ Transition rates (arrows)
 - ▶ Each arrow is an individual Cox model
 - ▶ Additive, linear, proportional hazards
 - ▶ Non-informative censoring
 - ▶ Avoid immortal time bias
- ▶ Boxes (absolute risk)
 - ▶ Must be dealt with in toto
 - ▶ Probability in state s at time t
 - ▶ $E(\text{number of visits to state } s) = \text{lifetime risk}$
 - ▶ $E(\text{time in state } s)$
- ▶ 80% data, 40% tune individual fits, 20% overall fit

Mayo Clinic Study of Aging

- ▶ Population based study in Olmsted County, Minn
- ▶ Age and sex stratified random sample
- ▶ Scheduled visits every 15 months
- ▶ Active set of approx 3000

Mayo Clinic Study of Aging

- ▶ Population based study in Olmsted County, Minn
- ▶ Age and sex stratified random sample
- ▶ Scheduled visits every 15 months
- ▶ Active set of approx 3000
- ▶ Embedded in the Rochester Epidemiology Project
 - ▶ Started in the early 1970s
 - ▶ Record linkage involving all providers of care in Olmsted County

Dementia sub-study

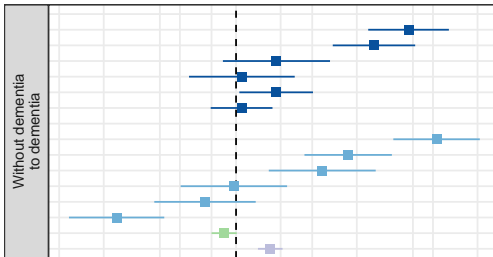
- ▶ Time to dementia and death, subset to age 60+
- ▶ 5080 subjects, 713 dementia, 1935 deaths
 - ▶ Over 1/2 of the endpoints occur after the cessation of active follow-up
- ▶ Primary goal is to understand the diagnostic importance of amyloid level.
- ▶ Covariates of amyloid burden, APOE, sex, education, CMC

Amyloid by APOE and sex

- M+ high
- M- high
- M+ moderate
- M- moderate
- M+ normal
- M- normal

- F+ high
- F- high
- F+ moderate
- F- moderate
- F+ normal
- F- normal

4y greater education
2 add'l CMC

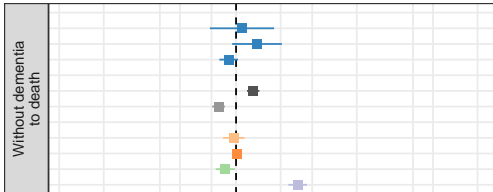


Amyloid
High
Moderate
Normal

Sex
Male
Female

APOE e4 genotype
Carrier
Non-carrier

4y greater education
2 add'l CMC

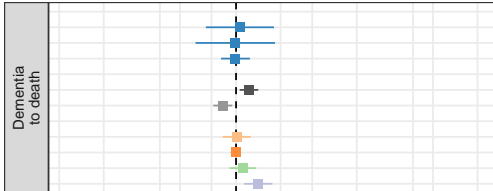


Amyloid
High
Moderate
Normal

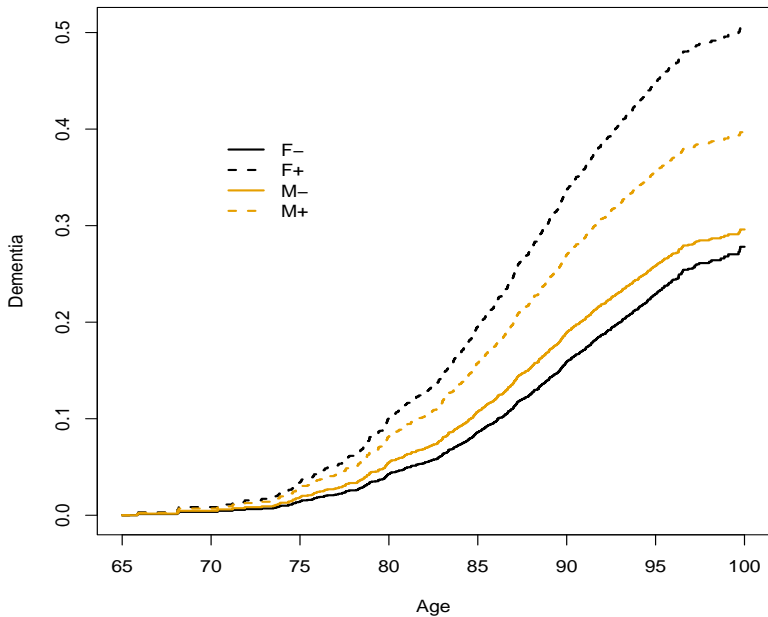
Sex
Male
Female

APOE e4 genotype
Carrier
Non-carrier

4y greater education
2 add'l CMC

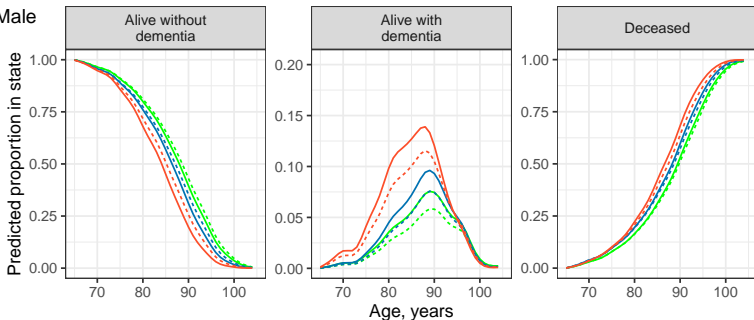


Hazard ratio (95% confidence interval)

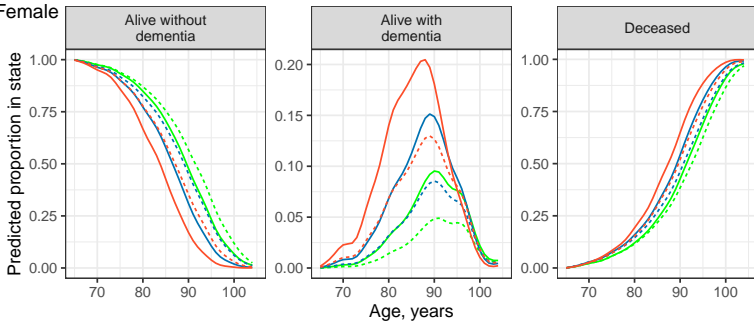


Amyloid — normal — moderate — high APOE — carrier — non-carrier

A. Male



B. Female



Results

- ▶ Fascinating sex/APOE/amyloid story (men *are* different)
- ▶ Death
 - ▶ Male death rate without dementia is 1.4 that of females
 - ▶ Male death rate with dementia is 1.3 that of females

Results

- ▶ Fascinating sex/APOE/amyloid story (men *are* different)
- ▶ Death
 - ▶ Male death rate without dementia is 1.4 that of females
 - ▶ Male death rate with dementia is 1.3 that of females
- ▶ This interplays with dementia: separate sex effects on hazard ratios, lifetime risk, probability in state and time in state

Methods

- ▶ Counting process data set
- ▶ Multi-state hazards model
- ▶ Age as the time scale
- ▶ R survival package (3.2-9)

Counting process data

- ▶ Each subject can have multiple rows
- ▶ Every row has an id, time interval, covariates, current state, and the transition (if any) at the end of the interval
- ▶ Key rule: every person describes a physically possible path:
 - ▶ No overlaps, e.g. (64, 75] (72, 81] (81, 84]
 - ▶ No gaps, e.g. (67, 69], (80, 83]
 - ▶ No zero length intervals
 - ▶ Consistent states

Valid hazard models

- ▶ Interactions? (additive)
- ▶ Linear?
- ▶ Proportional hazards?
- ▶ Informative censoring?
- ▶ Immortal time bias
 - ▶ Cannot peek into the future
 - ▶ Covariates (“ever demented”)
 - ▶ Inclusion (only those with at least 1 transition)
 - ▶ Outcome (two codes 90+ days apart)

Absolute risk

- ▶ Our sole focus on the HR is a bad idea
- ▶ With 1 arrow I can predict the absolute risk
With 2 arrows, I can sort of guess
With > 2 arrows, I have to draw the absolute risk curves
- ▶ HR hints at underlying biology, absolute risk = consequences of the biology

Absolute risk

- ▶ Our sole focus on the HR is a bad idea
- ▶ With 1 arrow I can predict the absolute risk
With 2 arrows, I can sort of guess
With > 2 arrows, I have to draw the absolute risk curves
- ▶ HR hints at underlying biology, absolute risk = consequences of the biology
- ▶ Causal
 - ▶ Predictions can be evaluated: $\Pr(\text{event in 3 years}) = 24\%$
 - ▶ Group estimate = average(per subject estimate)

Code

Aalen-Johansen

```
survfit(Surv(age1, age2, event) ~ apoepos + male,  
        id = ptnum, data = data2)
```

Multi-state hazards model

```
coxph(list( Surv(age1, age2, event) ~ apoepos + male + icmc,  
           1:2 ~ apoepos * male),  
       id = ptnum, data=data2)
```

Absolute risk

```
dummy <- data.frame(apoepos = c(0,0,1,1), male = c(0, 1, 0,  
                                                    icmc= 2)  
curves <- survfit(coxfit, newdata = dummy)  
plot(curves, ...)
```

Checks

```
survcheck( Surv(age1, age2, event) ~ 1, id = ptnum,  
          data = data2)
```

Open issues

- ▶ Coefficient explosion
- ▶ Time dependent covariates + absolute risk
- ▶ Interval censoring and irregular measurements
- ▶ Random effects

- ▶ Simple models +
- ▶ Simple tools
- ▶ Goes surprisingly far