

# PARAMETRIC APPROACHES TO THE ANALYSIS OF TIME TO EVENT DATA:

WHY NOT?



## ACCELERATED FAILURE TIME AND THE WEIBULL

- **AFT analysis represents a powerful and versatile alternative to traditional Cox PH approach**

- **Let  $T$  represent log failure time, then an AFT model is simply**

$$t = \underline{\mu} + \underline{\beta}' \underline{x} + \epsilon$$

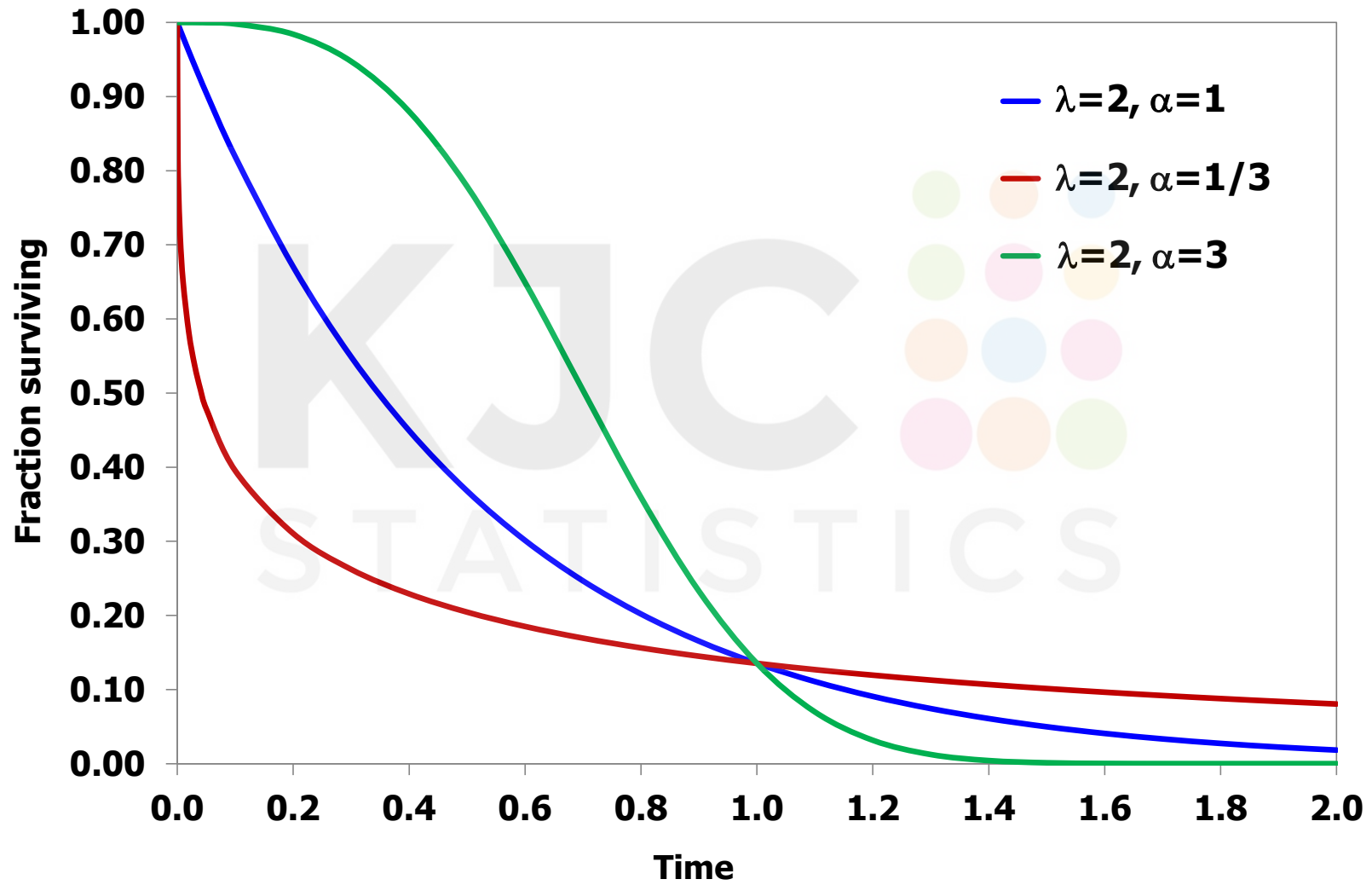
- **Examples include Exponential, Log Normal and Weibull**
- **Weibull is the only AFT member that is simultaneously proportional:**

- $f(t) = \alpha\lambda t^{\alpha-1} e^{-\lambda t^\alpha}$  with  $t > 0, \alpha > 0, \lambda > 0$

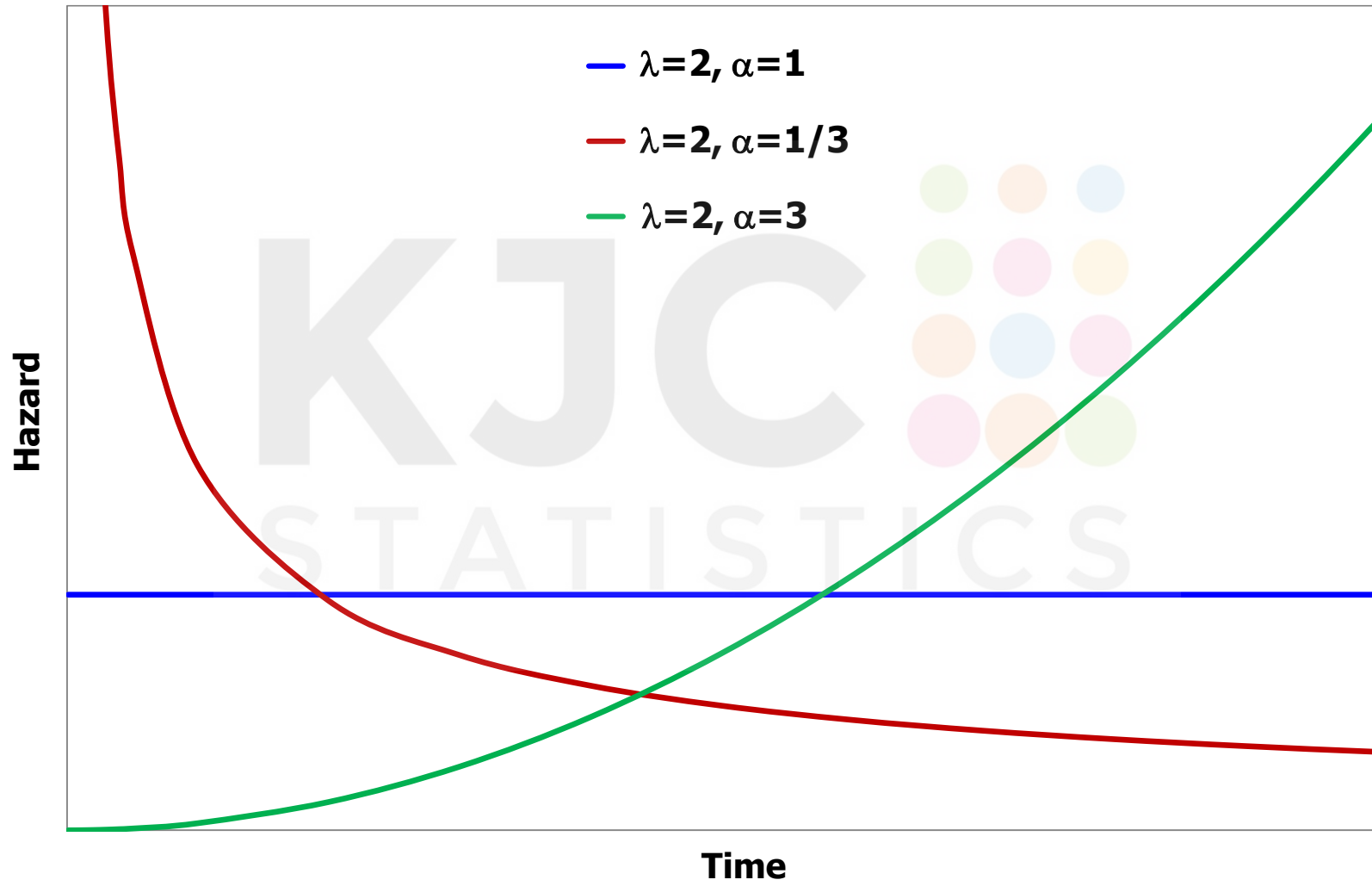
- $S(t) = e^{-\lambda t^\alpha}, h(t) = \alpha\lambda t^{\alpha-1}$

- $HR(t) = \frac{\alpha_E \lambda_E}{\alpha_C \lambda_C} t^{\alpha_E - \alpha_C}$  so that  $HR(t) = \frac{\lambda_E}{\lambda_C}$  if  $\alpha_E = \alpha_C$

# WEIBULL SURVIVOR FUNCTION



# WEIBULL HAZARD FUNCTION



## SOME PROPERTIES AND FEATURES OF THE WEIBULL

- **AFTs easily fit in SAS via PROC LIFEREG**

- Supports regular time to event and interval censored analysis

- $\alpha = 1/\sigma$  and  $\log(\lambda) = -(\mu + \underline{\beta}'\underline{x})/\sigma$

- If  $x = 0, 1$  denotes control and experimental,  $\log(HR) = -\beta/\sigma$  with

$$\text{variance } \widehat{\text{var}}[\log(\widehat{HR})] = (\hat{\beta}/\hat{\sigma})^2 \left( \hat{\beta}^{-2} \widehat{\text{var}}(\hat{\beta}) + \hat{\sigma}^{-2} \widehat{\text{var}}(\hat{\sigma}) - 2\hat{\beta}^{-1}\hat{\sigma}^{-1} \widehat{\text{cov}}(\hat{\beta}, \hat{\sigma}) \right)$$

- **Event Time Ratio**

- Percentile:  $t_p = \{\lambda^{-1} \log(p^{-1})\}^{\alpha^{-1}}$
- $t_{Ep}/t_{Cp} = HR^{-\alpha^{-1}}$
- Allows quantification of treatment effect in terms of added time

## SOME PROPERTIES AND FEATURES OF THE WEIBULL

- **Estimated survivor function**  $\hat{S}(t) = e^{-\hat{\lambda}t^{\hat{\alpha}}}$ 
  - $$\widehat{var} \left[ \log \left( -\log \hat{S}(t) \right) \right] = \frac{1}{\hat{\sigma}^2} \left( \widehat{var}(\hat{\mu}) + \widehat{var}(\hat{\beta}') \right) + \left\{ \frac{(\hat{\mu} + \hat{\beta}'x - \log(t))}{\hat{\sigma}^2} \right\}^2 \widehat{var}(\hat{\sigma})$$

$$+ \frac{2}{\hat{\sigma}^2} cov(\hat{\mu}, \hat{\beta}') - \frac{2}{\hat{\sigma}^3} (\hat{\mu} + \hat{\beta}'x - \log(t)) \left( cov(\hat{\mu}, \hat{\sigma}) + cov(\hat{\beta}', \hat{\sigma}) \right)$$
  - Allows CI envelope for  $\hat{S}(t)$  to be estimated
- **Direct test of proportionality**

$$\circ \frac{\{\log(\hat{\alpha}_E/\hat{\alpha}_C)\}^2}{\hat{\alpha}_E^{-2}\text{Var}(\hat{\alpha}_E)+\hat{\alpha}_C^{-2}\text{Var}(\hat{\alpha}_C)} \sim \chi_1^2$$

- **Asymptotically equally efficient to Cox regression**

- $\widehat{\text{var}}[\log(\widehat{HR}_{Cox})] \cong 1/d_E + 1/d_C$  (Sellke and Siegmund 1983)

- $\widehat{\text{var}}[\log(\widehat{HR}_{AFT})] \cong 1/d_E + 1/d_C$  (Carroll 2003)

### SOME PROPERTIES AND FEATURES OF THE WEIBULL

- **Average event rate over (0,T]**

- Integrated hazard over (0,T] =  $\lambda T^\alpha$  so the average hazard,  $H$ , =  $\lambda T^{\alpha-1}$

- $\widehat{\text{var}}[\log(\lambda T^{\alpha-1})]$  easily attained via delta method as for  $\widehat{\text{var}}[\log(-\log\hat{S}(t))]$

- $H_E/H_C$  = ratio of average hazards over (0,T] even if data non-proportional

- **Predicting data maturation**

- Assume an analysis has been performed with a mean follow-up time  $F$ , at which time  $d$  patients have died and  $c = n - d$  are censored.
- Consider the individual  $i$  with covariates  $\underline{x}_i$ , censored at time  $F$ . The probability that this individual survives to time  $F + S$  is  $e^{-\lambda_i\{(F+S)^\alpha + F^\alpha\}}$  so that  $F + S = (-\lambda_i^{-1} \ln(u) + F^\alpha)^{-\alpha}$  where  $u \sim U(0,1)$

### **SOME PROPERTIES AND FEATURES OF THE WEIBULL**

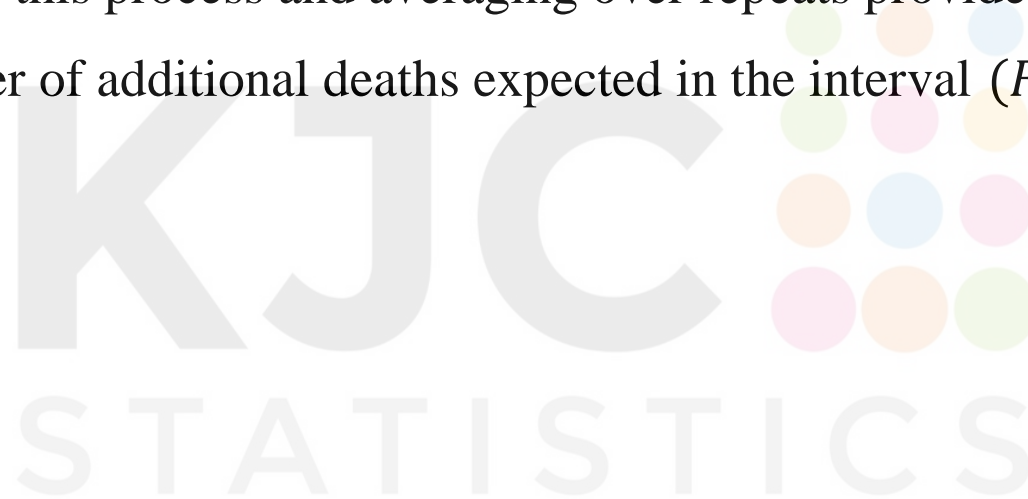
- **Predicting data maturation (contd.)**

- Survival times for the  $c$  censored individuals can be predicted if  $c$  deviates are randomly sampled from a  $U(0,1)$  distribution, and substituted into

$$(-\lambda_i^{-1} \ln(u) + F^\alpha)^{-\alpha}.$$



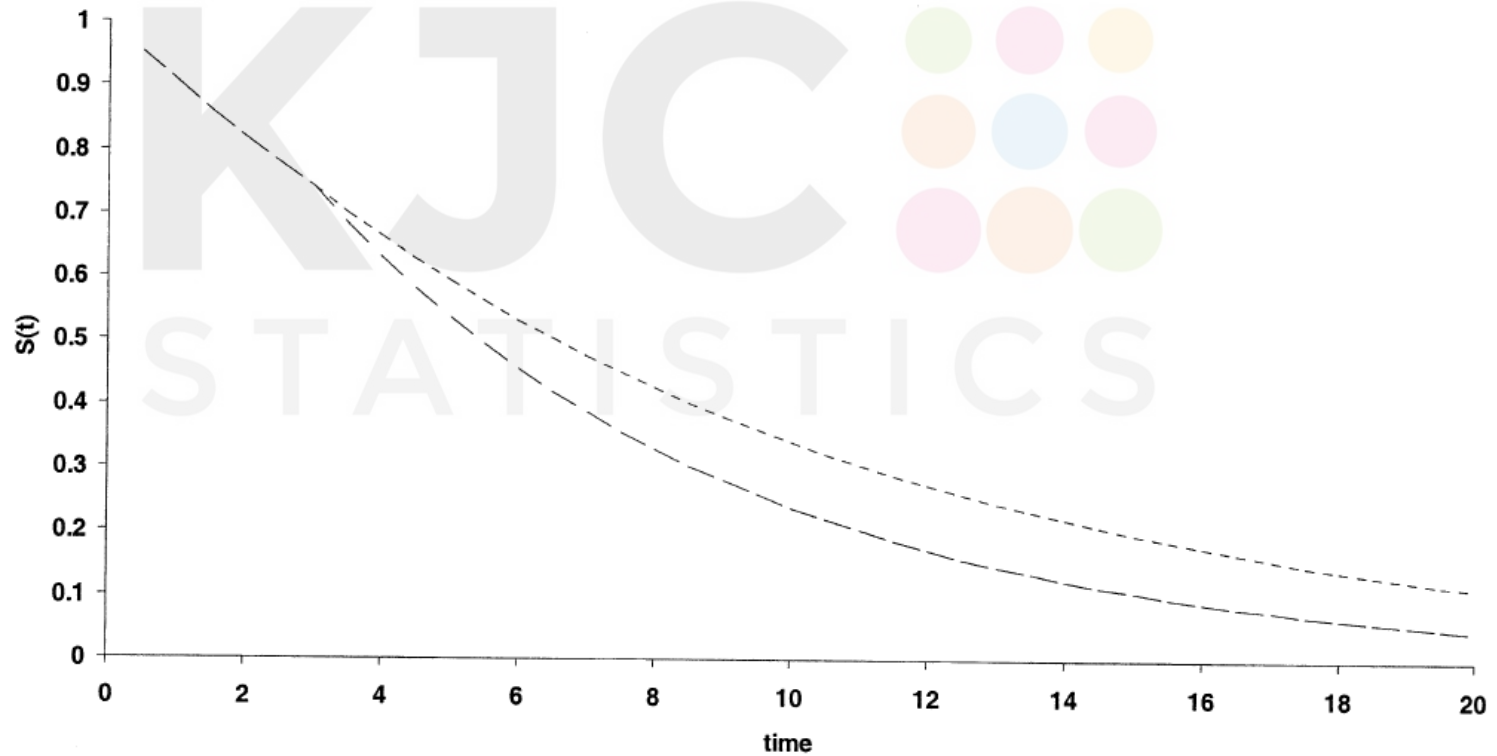
- If, for the  $i^{th}$  patient, predicted survival exceeds  $F + S$ , then the patient remains censored; otherwise the patient is predicted to have died in the interval  $(F, F + S]$ .
- Repeating this process and averaging over repeats provides an estimate of the number of additional deaths expected in the interval  $(F, F + S]$ .



## SOME PROPERTIES AND FEATURES OF THE WEIBULL

- **Impact of departures from the Weibull**

- Simulation studies show similar results via Cox and Weibull modelling irrespective of true underlying distribution of the time to event (Carroll 2003)



## SOME PROPERTIES AND FEATURES OF THE WEIBULL

- **Impact of departures from the Weibull**

Table 4. Simulation of piecewise exponential: analysis by Cox and by Weibull

| $\lambda_j^a$ | $\mu_A/\mu_B^b$ | $\tilde{\mu}_A/\tilde{\mu}_B^c$ | Cox analysis |                    |       | Weibull analysis |                |       |                  |                 |      |
|---------------|-----------------|---------------------------------|--------------|--------------------|-------|------------------|----------------|-------|------------------|-----------------|------|
|               |                 |                                 | $HR^d$       | $SE^e$<br>$\ln HR$ | $t$   | HR               | SE<br>$\ln HR$ | $t$   | ETR <sup>f</sup> | SE<br>$\ln ETR$ | $t$  |
| 0.01          | 1.25            | 1.13                            | 0.834        | 0.1199             | -1.51 | 0.826            | 0.1185         | -1.62 | 1.099            | 0.0585          | 1.62 |
| 0.01          | 1.50            | 1.26                            | 0.716        | 0.1270             | -2.64 | 0.702            | 0.1251         | -2.83 | 1.191            | 0.0612          | 2.86 |
| 0.10          | 1.25            | 1.10                            | 0.872        | 0.1142             | -1.19 | 0.874            | 0.1073         | -1.25 | 1.115            | 0.0868          | 1.25 |
| 0.10          | 1.50            | 1.21                            | 0.783        | 0.1195             | -2.05 | 0.784            | 0.1123         | -2.16 | 1.221            | 0.0920          | 2.17 |
| 1             | 1.25            | 1.00                            | 0.995        | 0.1096             | -0.05 | 0.982            | 0.1341         | -0.33 | 1.033            | 0.1568          | 0.14 |
| 1             | 1.50            | 1.00                            | 0.987        | 0.1127             | -0.12 | 0.967            | 0.1407         | -0.25 | 1.043            | 0.1658          | 0.25 |

<sup>a</sup> Common event rate over first 3 months.

<sup>b</sup> Ratio of mean times to event;  $\mu_A = 6$  months throughout.

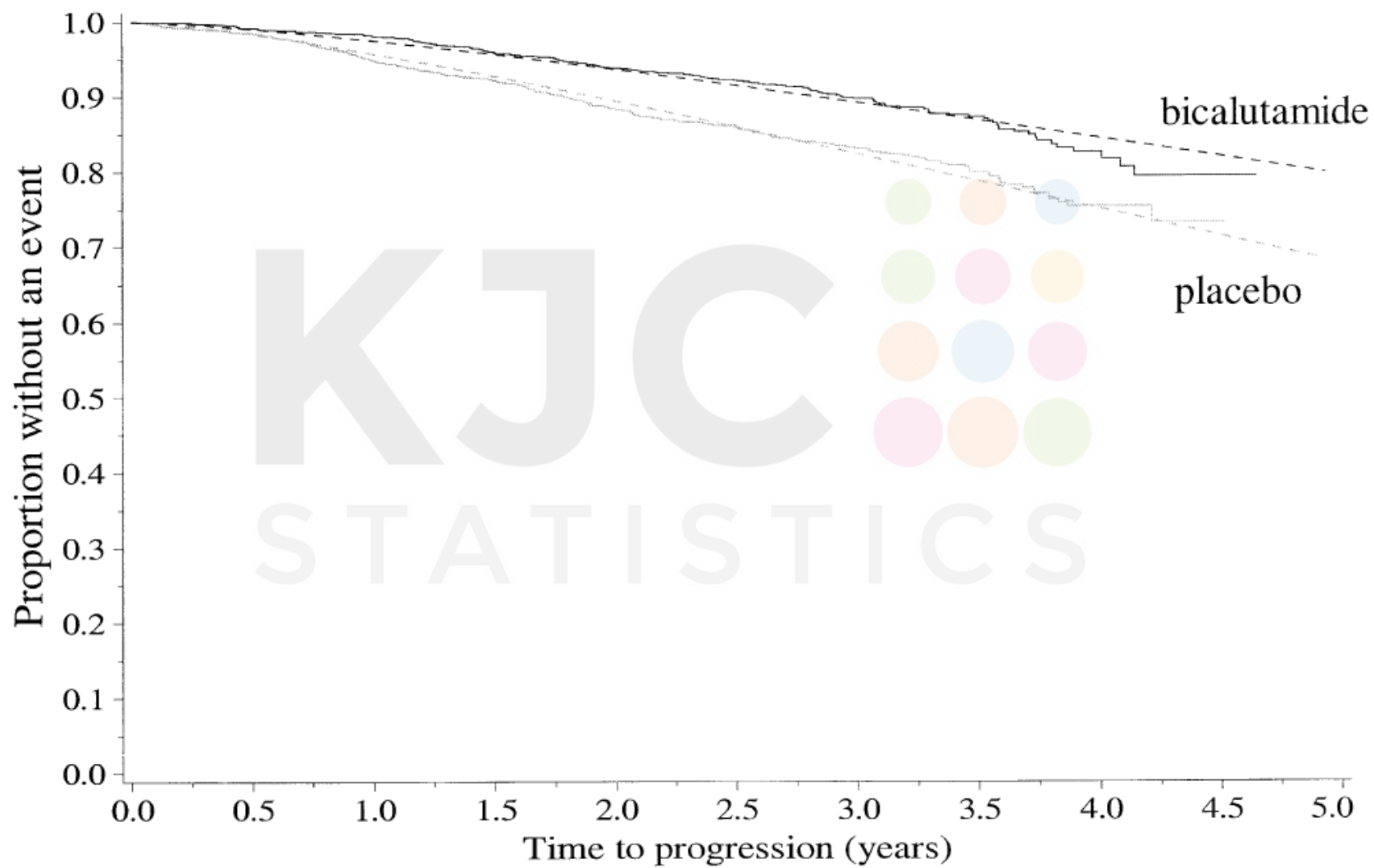
<sup>c</sup> Ratio of median times to event.

<sup>d</sup> Hazard ratio.

<sup>e</sup> Standard error.

<sup>f</sup> Event time ratio.

# EXAMPLE #1



## EXAMPLE #1

Table 3. Estimated hazard (HR) and event time ratios (ETR) for active relative to placebo

| Cox   |                 |                     | Weibull |        |              |       |        |              |
|-------|-----------------|---------------------|---------|--------|--------------|-------|--------|--------------|
| HR    | SE <sup>a</sup> | 95% CI <sup>b</sup> | HR      | SE     | 95% CI       | ETR   | SE     | 95% CI       |
| 0.574 | 0.0947          | 0.477, 0.692        | 0.575   | 0.0947 | 0.477, 0.693 | 1.495 | 0.0706 | 1.302, 1.717 |

<sup>a</sup> Standard error.

<sup>b</sup> Confidence interval.

**Additional  
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**1 year**

**2 years**

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**Expected  
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## EXAMPLE #2

- **PLATO trial: ticagrelor vs clopidogrel in acute coronary syndromes**
- **18,642 patients**
- **Primary endpoint time to first of non-fatal stroke, non-fatal myocardial infarction or CV death**
- **Highly significant interaction between treatment effect (HR) and aspirin dose ( $p < 0.00001$ )**
- **Aim : to describe and characterise the relationship between the HR and aspirin dose**



### EXAMPLE #3

- **Determination of sample size**

- $d$  events required for  $1 - \beta$  power, 1-sided  $\alpha$  level

- $n = d\tilde{\pi}^{-1}$  where  $\tilde{\pi} = 2/(\pi_E^{-1} + \pi_C^{-1})$  is the average probability of an event over the trial follow-up period  $R + F$ .

- If patient entry times  $r$ , over accrual period of length  $R$  has pdf  $f(r)$  then  $\pi =$

$$\int_{r=0}^R \int_{t=r}^{R+F} f(t|r)f(r)dt dr = 1 - E_r[e^{-\lambda(R+F-r)^\alpha}] \approx 1 - e^{-\lambda(R+F-E[r])^\alpha}$$

- If  $r \sim U(0, R)$ ,  $\pi \approx 1 - e^{-\lambda(R+F-R/2)^\alpha}$

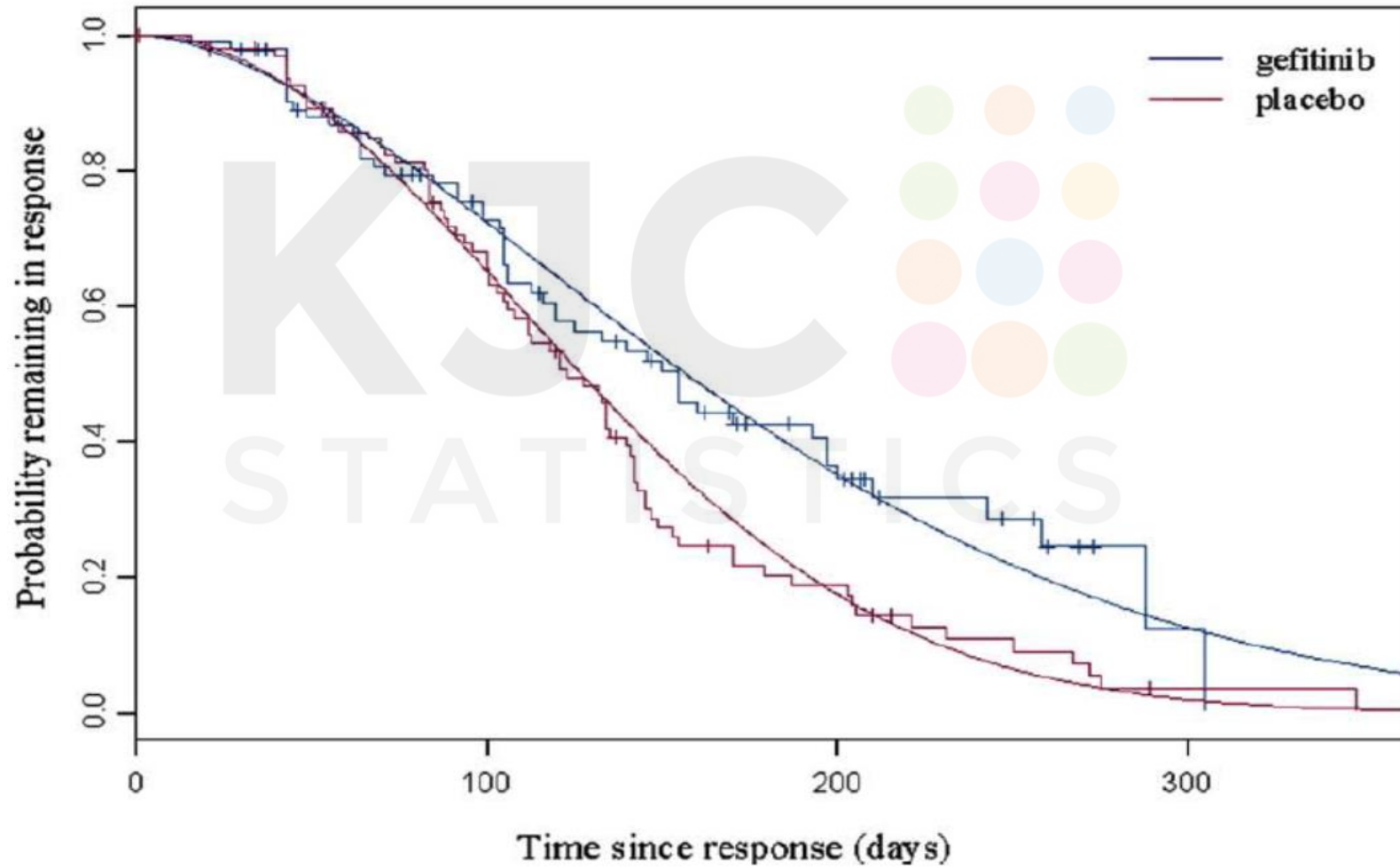
- E.g. 508 events to test hypothesis true HR is 0.75.

- $R=12, F=6, \alpha = 0.33, \lambda_C = 0.385$  then  $\pi_C = 0.586$  and  $\pi_E = 0.551$  so that

- $\tilde{\pi} = 0.568$ , hence  $n = 508/0.568 = 895$

## EXAMPLE #4

- Expected duration of response



## EXAMPLE #4

- **Expected duration of response**

Table 3

Gefitinib vs. placebo, INTACT 2. Comparison of treatments for Expected Duration of Response using exponential, Weibull and log Normal densities

|                                       | Exponential             |                       | Weibull                 |                       | Log Normal              |                       |
|---------------------------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|
|                                       | Gefitinib <i>N</i> =347 | Placebo <i>N</i> =345 | Gefitinib <i>N</i> =347 | Placebo <i>N</i> =345 | Gefitinib <i>N</i> =347 | Placebo <i>N</i> =345 |
| Response rate, % [1]                  | 30.6%                   | 29.9%                 | 30.6%                   | 29.9%                 | 30.6%                   | 29.9%                 |
| Mean DoR <sup>a</sup> [2]             | 221.6                   | 148.8                 | 173.7                   | 134.7                 | 202.6                   | 139.5                 |
| SE <sup>b</sup> DoR                   | 0.137                   | 0.115                 | 0.083                   | 0.057                 | 0.131                   | 0.074                 |
| EDoR <sup>c</sup> [1]x[2]             | 67.7                    | 44.4                  | 53.1                    | 40.2                  | 61.9                    | 41.7                  |
| Ratio of EDoR and 95% CI <sup>d</sup> | 1.524                   |                       | 1.320                   |                       | 1.486                   |                       |
|                                       | (1.003 to 2.313)        |                       | (0.977 to 1.783)        |                       | (1.025 to 2.155)        |                       |
|                                       | <i>P</i> =0.048         |                       | <i>P</i> =0.07          |                       | <i>P</i> =0.04          |                       |

<sup>a</sup>DoR = Duration of response in responding patients, days.

<sup>b</sup>SE = standard error.

<sup>c</sup>EDoR = Expected duration of response, days.

<sup>d</sup>CI = Confidence interval.