Decision trees for analyzing survival data with recurrent events

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- 2. Developing adequate decision trees
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Introducing survival data and recurrent events

What survival data are made of

In medical research, survival endpoints are composite:

- Binary information did the event occur?
- Continuous time when did it occur?
- E.g., overall survival, progression-free survival



- Usual machine learning algorithms have been extended to account for survival data
- But not to account for survival data <u>and</u> recurrent events.

The objective for today is to introduce a new approach to **model recurrent events using learning techniques**.

Developing adequate decision trees

Let $N_i = (t)$ the cumulative number of events for the individual i = 1, ..., n over the interval $[0, t], t \in [0, T]$ with T the longest follow-up time overall

- The mean cumulative function (MCF) writes $\mu(t) = \mathbb{E}[N_i(t)]$,
- The Nelson-Aalen MCF estimator writes $\hat{\mu}(t) = \sum_{i=1}^{n} \int_{0}^{t} \frac{dN_{i}(u)}{\delta(u)}$

with $\delta(t) = \sum_{i=1}^{n} \delta_i(t)$ and $\delta_i(t)$ indicates whether the individual *i* is at risk at time *t*.

Pseudo-score test from Cook, Lawless & Nadeau can be used to compare two MCFs. *H*₀ is no difference across MCFs. For two sub-samples *A* and *B*, the test statistic writes

$$U(t) = \int_0^t \frac{\delta_A(u)\delta_B(u)}{\delta_A(u) + \delta_B(u)} (d\hat{\mu}_A(u) - d\hat{\mu}_B(u)). \tag{1}$$



Note:- A is parent node of B and C.

Growing survival decision trees with recurrent events

The splitting rule

- At each node, $m \in \mathbb{N}$ predictors are randomly selected
- A greedy algorithm for optimal threshold research to **maximize** the pseudo-score test statistic

Estimates for terminal nodes

• The **MCF estimator** for individual *i* with *x_i* vector of predictors writes

$$\hat{\mu}(t|\mathbf{x}_i) = \hat{\mu}_h(t) \times \mathscr{W}_{\mathbf{x}_i \in h},\tag{2}$$

- $\hat{\mu}_h$ is the MCF estimator constructed at the terminal node h

Pruning

• Trees grow up until each terminal node contains at least $\xi \in \mathbb{N}$ individuals.

A simulation study

A few words on the simulation scheme

• Given the covariates z_i, the **intensity function** of time t is as follows

$$\lambda(t|z_i) = r_0(t) \times r(z_i, \beta) \tag{3}$$

with $r_0(t)$ the baseline hazard rate function of time t, $r(z_i, \beta)$ the relative risk function, and β the covariate coefficients

• **Homogeneous Poisson Process** (i.e., constant hazard rate over time) with the times between two successive events following exponential distribution

Today, we will go through **3 scenarii** with n = 100 stochastic processes and p = 10 predictors:

1.
$$\{\beta_1 = 0.5, \beta_{2:10} = 0\}$$

2. {
$$\beta_1 = 0.8, \beta_2 = 0.5, \beta_{3:10} = 0$$
}

3. {
$$\beta_1 = 0.8, \beta_2 = 0.5, \beta_3 = 0.5, \beta_{4:10} = 0$$
}

Some good performance observed!



k-fold cross-validation was performed to determine best $m = \{\sqrt{p}, p\}$ number of predictors selected at each node and ξ individuals at terminal node.

To what extent do "good" models use the right predictors?

Mean \pm sd	β_1	eta_2	β_3
Scenario 1	0.11 ± 0.26	0.00 ± 0.00	0.18 ± 0.34
Scenario 2	0.14 ± 0.27	0.00 ± 0.00	0.00 ± 0.00
Scenario 3	0.10 ± 0.09	0.07 ± 0.02	0.11 ± 0.02

Table 1: Variable importance using permutations

Discussion & Conclusion

• **Overfitting** - inherent from decision trees' structure



- Decision trees are **simple** and easily **accessible**
- Such an approach constitutes a solid baseline for many extensions

For this reason, the approach we propose is a **valuable contribution** for analysing recurrent events in medical research.

Thank you for your attention!

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