## The resurrection of time as a continuous concept in biostatistics, demography and epidemiology

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- 3. Stick to this world

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- Wrongly including persons' follow-up in the wrong state (namely the one reached some time in the future).
- Frequently caused by classification of persons instead of classification of follow-up time

#### Immortal time bias

Yang *et al.*:

Associations of hyperglycemia and insulin usage with the risk of cancer in type 2 diabetes: the Hong Kong diabetes registry, *Diabetes*, 2010 [3]

 $\ldots$  found that the RR of cancer associated with insulin use among diabetes patients were 0.22 — very small indeed.

This was challenged [4] because person-years enumeration was possible from the published tables.



5.8/9.7 = 0.60

10.2/8.5 = 1.20

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- ► The **real** unit of observation should be person-time



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- ► Allows **multiple** timescales, *e.g.* age and disease duration.

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... which is indeed **not** of this world.

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- Cox's approach profiles  $\lambda_0(t)$  out.

 One parameter per death time to describe the effect of time (i.e. the chosen timescale).

$$\log(\lambda(t, x_i)) = \log(\lambda_0(t)) + \beta_1 x_{1i} + \dots + \beta_p x_{pi} = \alpha_t + \eta_i$$

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  - Poisson model, time as spline

# Mayo Clinic lung cancer 60 year old woman



#### Example: Mayo Clinic lung cancer I











```
> CM <- cbind( 1, Ns( seq(10,1000,10)-5, knots=t.kn ), 60, 1 )
> lambda <- ci.exp( mLs.pois.sp, ctr.mat=CM )
> Lambda <- ci.cum( mLs.pois.sp, ctr.mat=CM, intl=10 )[,-4]
> survP <- exp(-rbind(0,Lambda))</pre>
```

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		16 539.4	28 600.3	22 653.9	27 715.4	46 732.7	36 718.3	50 724.2	49 675.5	61 660.8	64 721.1	51 701.5
	45	29 622.1	30 676.7	37 737.9	54 753.5	45 738.1	64 746.4	63 698.2	66 682.4	92 743.1	86 923.4	96 817.8
	45-	35 694.1	47 754.3	65 768.5	64 749.9	67 756.5	85 709.8	103 696.5	119 757.8	121 940.3	155 1023.7	126 754.5
Age		53 769.4	56 782.9	56 760.2	67 760.5	99 711.6	124 702.3	142 767.5	152 951.9	188 1035.7	209 948.6	199 763.9
		56 799.3	66 774.5	82 769.3	88 711.6	103 700.1	124 769.9	164 960.4	207 1045.3	209 955.0	258 957.1	251 821.2
	25–	55 790.5	62 781.8	63 723.0	82 698.6	87 764.8	103 962.7	153 1056.1	201 960.9	214 956.2	268 1031.6	194 835.7
		30 813.0	31 744.7	46 721.8	49 770.9	55 960.3	85 1053.8	110 967.5	140 953.0	151 1019.7	150 1017.3	112 760.9
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Testis cancer cases in Denmark.

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		35 694.1	47 754.3	65 768.5	64 749.9	67 756.5	85 709.8	103 696.5	119 757.8	121 940.3	155 1023.7	126 754.5
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Male person-years in Denmark.

Subdivision by year of birth (cohort).

## Tabulation by age, period and cohort



Gives triangular sets with differing mean age, period and cohort:

These correct midpoints for age, period and cohort must be used in modelling.

• One parameter per distinct value on each timescale.

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- Example: 4 age-classes and 4 periods would give 32 observations and 30 parameters

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• ... only 26 parameters identifiable.

## **Problem: Disconnected design!**

#### Log-likelihood contribution from one triangle:

$$D_{ap}\log(\lambda_{ap}) - \lambda_{ap} Y_{ap} = D_{ap}(\alpha_a + \beta_p + \gamma_c) - \exp(\alpha_a + \beta_p + \gamma_c) Y_{ap}$$

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No common parameters between terms — two separate models: One for upper triangles, one for lower.

## Illustration by Danish lung cancer data

. .

>	library( Epi )								
>	data( lungDK )								
>	lungDK[1:10,]								
	A5	P5	C5	up	Ax	Px	Cx	D	Y
1	40	1943	1898	1	43.33333	1944.667	1901.333	52	336233.8
2	40	1943	1903	0	41.66667	1946.333	1904.667	28	357812.7
З	40	1948	1903	1	43.33333	1949.667	1906.333	51	363783.7
4	40	1948	1908	0	41.66667	1951.333	1909.667	30	390985.8
5	40	1953	1908	1	43.33333	1954.667	1911.333	50	391925.3
6	40	1953	1913	0	41.66667	1956.333	1914.667	23	377515.3
7	40	1958	1913	1	43.33333	1959.667	1916.333	56	365575.5
8	40	1958	1918	0	41.66667	1961.333	1919.667	43	383689.0
9	40	1963	1918	1	43.33333	1964.667	1921.333	44	385878.5
10	40	1963	1923	0	41.66667	1966.333	1924.667	38	371361.5





#### Now, separately fit models for upper and lower triangles:

```
> mx.u <- glm( D \sim factor(Ax) - 1 +
                  factor(Cx) +
+
                  factor(Px) + offset( log( Y/10<sup>5</sup> ) ), family=poisson,
+
                  data=lungDK[lungDK$up==1,] )
+
> mx.l <- glm( D ~ factor(Ax) - 1 +
                  factor(Cx) +
+
                  factor(Px) + offset( log( Y/10<sup>5</sup> ) ), family=poisson,
+
                  data=lungDK[lungDK$up==0,] )
+
> mx$deviance
[1] 284.7269
> mx.l$deviance
[1] 134,4566
> mx.u$deviance
[1] 150.2703
> mx.l$deviance+mx.u$deviance
[1] 284.7269
```



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- Fixes the problem with non-equidistant age, period and cohort classes
- The practical problem is how to choose a reasonable parametrization of these functions, and how to get estimates, 33/62

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A decision on parametrization is needed. It must be **external to the model**.

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... and is alien to the chosen parametrization of the APC-effects

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- 2. The cohort function is 0 at a reference cohort  $c_0$ , interpretable as log-RR relative to cohort  $c_0$ .
- 3. The period function is 0 on average with 0 slope, interpretable as log-RR relative to the age-cohort prediction. (residual log-RR).

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4. Extracting trend requires an **inner product** to project colums of g(p) on the orthogonal of (1:p), in the literature implicitly assumed to be induced by the identity, — a bold assumption

# How to?

Implemented in apc.fit in the Epi package

Consult the help page for details.





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#### Joint occurrence of Diabetes and Cancer



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#### Women




#### Predicted rates — cross-sectional 1995–2010





## **Continuous rates**

1-month cumulative rates  $\rightarrow$  transition probabilities

$$(1 - \exp(-(\Lambda_1 + \Lambda_2 + \Lambda_3))) \times \Lambda_i/(\Lambda_1 + \Lambda_2 + \Lambda_3), i = 1, 2, 3$$

1-month transition probabilities  $(\times 10^4)$  at age 66 years:

to											
from	Well	DM	DM-Ca	Ca	Ca-DM	D-W	D-DM	D-Ca	D-DC	D-CD	$\mathtt{Sum}$
Well	9966	8		13		14					10000
DM		9943	16				41				10000
DM-Ca			9582						418		10000
Ca				9819	9			172			10000
Ca-DM					9866					134	10000
D-W						10000					10000
D-DM							10000				10000
D-Ca						•		10000		•	10000
D-DC		•				•	•	•	10000	•	10000
D-CD						•				10000	10000





# Lifetime risk



Trend in lifetime risk



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  - based on 1-year tabulation of data

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All simplified by a parametric form for rates as function of time













lacobelli & Carstensen: Multistate Models with Multiple Timescales, Stat Med 2013, [5]



other covariates: Age and date at Tx, sex, donor type, CML type



Model for mortality rates:

► *t* time since transplant

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- ... for representation and manipulation of follow-up data.

```
cmlT <- Lexis(entry = list(cal = cal.yr(dot),</pre>
                          age = cal.vr(dot)-cal.vr(dob),
                          tst = 0).
              exit = list(cal = cal.yr(dof)).
       exit.status = dead.
            states = c("Transplant", "Dead"),
              data = cml)
cmlL <- cutLexis( cmlT, cut = cal.yr(cmlT$dor),</pre>
                 new.state = "Relapse",
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> subset( cmlL, lex.id==151 )[.1:8]
id
      cal age tst tsr lex.dur lex.Cst lex.Xst covariates
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- ... unfortunately not a Markov model

#### Not Markov: the hard way

$$P \{ \mathsf{T} \text{ at } t \} = \exp \left( -\int_0^t \lambda(s) + \mu_T(s) \, \mathrm{d}s \right)$$

$$P\left\{\mathsf{D}(\mathsf{T}) \text{ at } t\right\} = \int_0^t \mu_T(s) \exp\left(-\int_0^s \lambda(u) + \mu_T(u) \,\mathrm{d}u\right) \mathrm{d}s$$

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$$\times P \{ \mathsf{Survive in Relapse from } s \text{ to } t \} \, \mathrm{d}s$$

$$= \int_0^t \lambda(s) \exp\left(-\int_0^s \lambda(u) + \mu_T(u) \,\mathrm{d}u\right)$$
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Dotted lines: Markov model, time since transplant Full lines: + time from Tx to Rel for the  $\mu_R$ 

Rel at: 2 mth, 1 y, 3 y

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# Thanks for your attention

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