



A Handbook of Statistical Analyses Using **R — 2nd Edition**

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Survival Analysis: Glioma Treatment and Breast Cancer Survival

11.1 Introduction

11.2 Survival Analysis

11.3 Analysis Using R

11.3.1 Glioma Radioimmunotherapy

Figure 11.1 leads to the impression that patients treated with the novel radioimmunotherapy survive longer, regardless of the tumour type. In order to assess if this informal finding is reliable, we may perform a log-rank test via

```
R> survdiff(Surv(time, event) ~ group, data = g3)
```

Call:

```
survdiff(formula = Surv(time, event) ~ group, data = g3)
```

	N	Observed	Expected	(O-E) ² /E	(O-E) ² /V
group=Control	6	4	1.49	4.23	6.06
group=RIT	11	2	4.51	1.40	6.06

Chisq= 6.1 on 1 degrees of freedom, p= 0.0138

which indicates that the survival times are indeed different in both groups. However, the number of patients is rather limited and so it might be dangerous to rely on asymptotic tests. As shown in Chapter 4, conditioning on the data and computing the distribution of the test statistics without additional assumptions are one alternative. The function `surv_test` from package **coin** (Hothorn et al., 2006, 2008) can be used to compute an exact conditional test answering the question whether the survival times differ for grade III patients. For all possible permutations of the groups on the censored response variable, the test statistic is computed and the fraction of whose being greater than the observed statistic defines the exact p -value:

```
R> library("coin")
R> surv_test(Surv(time, event) ~ group, data = g3,
+           distribution = "exact")
```

Exact Logrank Test

```

R> data("glioma", package = "coin")
R> library("survival")
R> layout(matrix(1:2, ncol = 2))
R> g3 <- subset(glioma, histology == "Grade3")
R> plot(survfit(Surv(time, event) ~ group, data = g3),
+       main = "Grade III Glioma", lty = c(2, 1),
+       ylab = "Probability", xlab = "Survival Time in Month",
+       legend.text = c("Control", "Treated"),
+       legend.bty = "n")
R> g4 <- subset(glioma, histology == "GBM")
R> plot(survfit(Surv(time, event) ~ group, data = g4),
+       main = "Grade IV Glioma", ylab = "Probability",
+       lty = c(2, 1), xlab = "Survival Time in Month",
+       xlim = c(0, max(glioma$time) * 1.05))

```

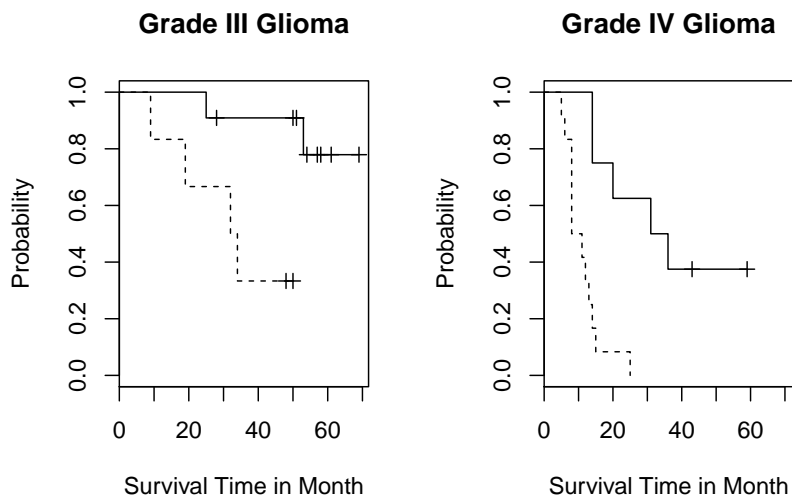


Figure 11.1 Survival times comparing treated and control patients.

```

data:  Surv(time, event) by group (Control, RIT)
Z = 2.17, p-value = 0.02877
alternative hypothesis: two.sided

```

which, in this case, confirms the above results. The same exercise can be performed for patients with grade IV glioma

```

R> surv_test(Surv(time, event) ~ group, data = g4,
+            distribution = "exact")

```

Exact Logrank Test

```
data:  Surv(time, event) by group (Control, RIT)
Z = 3.22, p-value = 0.0001588
alternative hypothesis: two.sided
```

which shows a difference as well. However, it might be more appropriate to answer the question whether the novel therapy is superior for both groups of tumours simultaneously. This can be implemented by *stratifying*, or *blocking*, with respect to tumour grading:

```
R> surv_test(Surv(time, event) ~ group | histology,
+           data = glioma, distribution = approximate(B = 10000))
           Approximative Logrank Test
```

```
data:  Surv(time, event) by
       group (Control, RIT)
       stratified by histology
Z = 3.67, p-value = 1e-04
alternative hypothesis: two.sided
```

Here, we need to approximate the exact conditional distribution since the exact distribution is hard to compute. The result supports the initial impression implied by Figure~11.1.

11.3.2 Breast Cancer Survival

Before fitting a Cox model to the GBSG2 data, we again derive a Kaplan-Meier estimate of the survival function of the data, here stratified with respect to whether a patient received a hormonal therapy or not (see Figure~11.2).

Fitting a Cox model follows roughly the same rules as shown for linear models in Chapter~6 with the exception that the response variable is again coded as a *Surv* object. For the GBSG2 data, the model is fitted via

```
R> GBSG2_coxph <- coxph(Surv(time, cens) ~ ., data = GBSG2)
```

and the results as given by the `summary` method are given in Figure~11.3. Since we are especially interested in the relative risk for patients who underwent a hormonal therapy, we can compute an estimate of the relative risk and a corresponding confidence interval via

```
R> ci <- confint(GBSG2_coxph)
R> exp(cbind(coef(GBSG2_coxph), ci))["horThyes",]

      2.5 % 97.5 %
0.707 0.549 0.911
```

This result implies that patients treated with a hormonal therapy had a lower risk and thus survived longer compared to women who were not treated this way.

Model checking and model selection for proportional hazards models are complicated by the fact that easy-to-use residuals, such as those discussed in

```

R> data("GBSG2", package = "ipred")
R> plot(survfit(Surv(time, cens) ~ horTh, data = GBSG2),
+       lty = 1:2, mark.time = FALSE, ylab = "Probability",
+       xlab = "Survival Time in Days")
R> legend(250, 0.2, legend = c("yes", "no"), lty = c(2, 1),
+       title = "Hormonal Therapy", bty = "n")

```

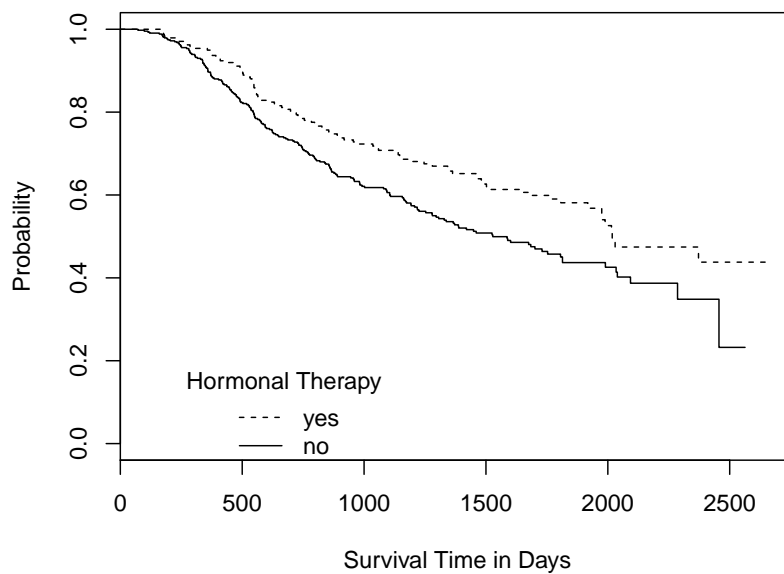


Figure 11.2 Kaplan-Meier estimates for breast cancer patients who either received a hormonal therapy or not.

Chapter 6 for linear regression models, are not available, but several possibilities do exist. A check of the proportional hazards assumption can be done by looking at the parameter estimates β_1, \dots, β_q over time. We can safely assume proportional hazards when the estimates don't vary much over time. The null hypothesis of constant regression coefficients can be tested, both globally as well as for each covariate, by using the `cox.zph` function

```

R> GBSG2_zph <- cox.zph(GBSG2_coxph)
R> GBSG2_zph

```

	<i>rho</i>	<i>chisq</i>	<i>p</i>
<i>horThyes</i>	-2.54e-02	1.96e-01	0.65778
<i>age</i>	9.40e-02	2.96e+00	0.08552
<i>menostatPost</i>	-1.19e-05	3.75e-08	0.99985

```
R> summary(GBSG2_coxph)
```

```
Call:
```

```
coxph(formula = Surv(time, cens) ~ ., data = GBSG2)
```

```
n= 686, number of events= 299
```

	coef	exp(coef)	se(coef)	z	Pr(> z)
horThyes	-0.346278	0.707316	0.129075	-2.68	0.00730
age	-0.009459	0.990585	0.009301	-1.02	0.30913
menostatPost	0.258445	1.294915	0.183476	1.41	0.15895
tsize	0.007796	1.007827	0.003939	1.98	0.04779
tgrade.L	0.551299	1.735506	0.189844	2.90	0.00368
tgrade.Q	-0.201091	0.817838	0.121965	-1.65	0.09920
pnodes	0.048789	1.049998	0.007447	6.55	5.7e-11
progrec	-0.002217	0.997785	0.000574	-3.87	0.00011
estrec	0.000197	1.000197	0.000450	0.44	0.66131

	exp(coef)	exp(-coef)	lower .95	upper .95
horThyes	0.707	1.414	0.549	0.911
age	0.991	1.010	0.973	1.009
menostatPost	1.295	0.772	0.904	1.855
tsize	1.008	0.992	1.000	1.016
tgrade.L	1.736	0.576	1.196	2.518
tgrade.Q	0.818	1.223	0.644	1.039
pnodes	1.050	0.952	1.035	1.065
progrec	0.998	1.002	0.997	0.999
estrec	1.000	1.000	0.999	1.001

```
Concordance= 0.692 (se = 0.018 )
```

```
Rsquare= 0.142 (max possible= 0.995 )
```

```
Likelihood ratio test= 105 on 9 df, p=0
```

```
Wald test = 115 on 9 df, p=0
```

```
Score (logrank) test = 121 on 9 df, p=0
```

Figure 11.3 R output of the `summary` method for `GBSG2_coxph`.

tsize	-2.50e-02	1.88e-01	0.66436
tgrade.L	-1.30e-01	4.85e+00	0.02772
tgrade.Q	3.22e-03	3.14e-03	0.95530
pnodes	5.84e-02	5.98e-01	0.43941
progrec	5.65e-02	1.20e+00	0.27351
estrec	5.46e-02	1.03e+00	0.30967
GLOBAL	NA	2.27e+01	0.00695

There seems to be some evidence of time-varying effects, especially for age and tumour grading. A graphical representation of the estimated regression coeffi-

```
R> plot(GBSG2_zph, var = "age")
```

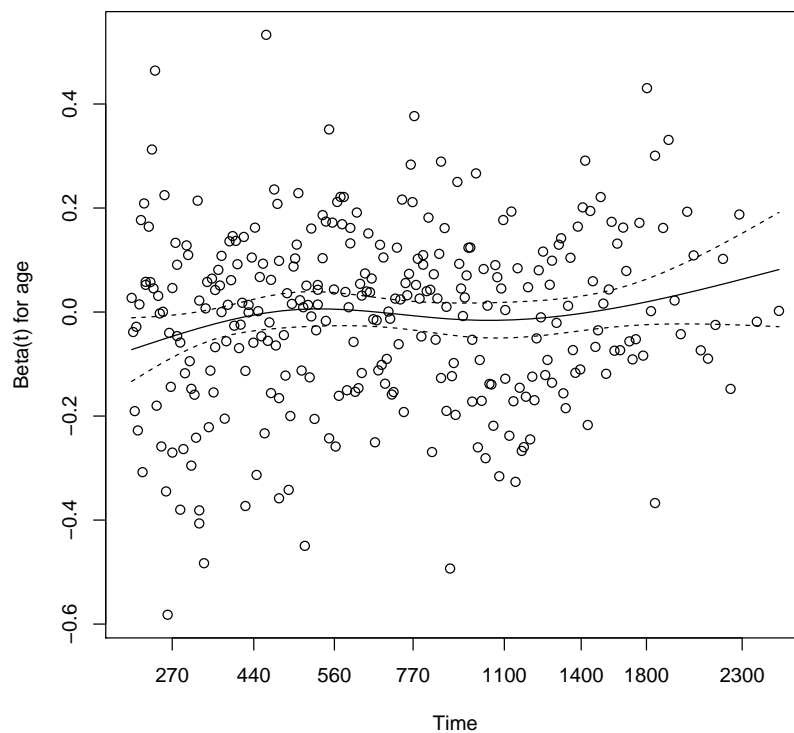


Figure 11.4 Estimated regression coefficient for **age** depending on time for the GBSG2 data.

cient over time is shown in Figure~11.4. We refer to Therneau and Grambsch (2000) for a detailed theoretical description of these topics.

The tree-structured regression models applied to continuous and binary responses in Chapter~9 are applicable to censored responses in survival analysis as well. Such a simple prognostic model with only a few terminal nodes might be helpful for relating the risk to certain subgroups of patients. Both **rpart** and the **ctree** function from package **party** can be applied to the GBSG2 data, where the conditional trees of the latter select cutpoints based on log-rank statistics

```
R> GBSG2_ctree <- ctree(Surv(time, cens) ~ ., data = GBSG2)
```

and the **plot** method applied to this tree produces the graphical representation in Figure~11.6. The number of positive lymph nodes (**pnodes**) is the most


```
R> layout(matrix(1:3, ncol = 3))
R> res <- residuals(GBSG2_coxph)
R> plot(res ~ age, data = GBSG2, ylim = c(-2.5, 1.5),
+       pch = ".", ylab = "Martingale Residuals")
R> abline(h = 0, lty = 3)
R> plot(res ~ pnodes, data = GBSG2, ylim = c(-2.5, 1.5),
+       pch = ".", ylab = "")
R> abline(h = 0, lty = 3)
R> plot(res ~ log(progre), data = GBSG2, ylim = c(-2.5, 1.5),
+       pch = ".", ylab = "")
R> abline(h = 0, lty = 3)
```

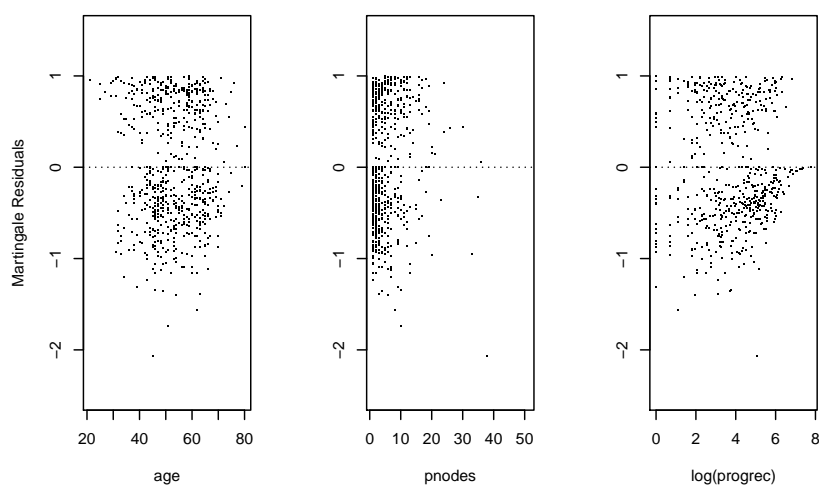


Figure 11.5 Martingale residuals for the GBSG2 data.

important variable in the tree, corresponding to the p -value associated with this variable in Cox's regression; see Figure 11.3. Women with not more than three positive lymph nodes who have undergone a hormonal therapy seem to have the best prognosis whereas a large number of positive lymph nodes and a small value of the progesterone receptor indicates a bad prognosis.

```
R> plot(GBSG2_ctree)
```

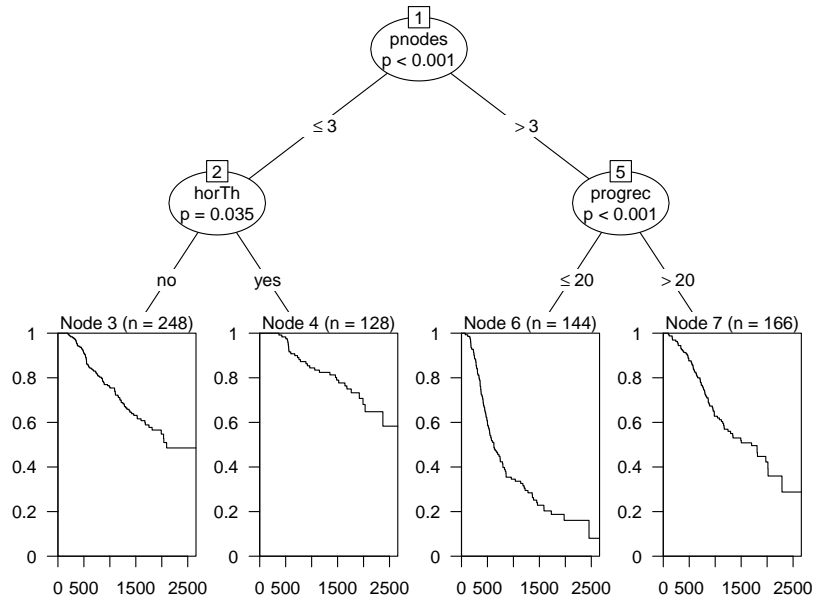


Figure 11.6 Conditional inference tree for the GBSG2 data with the survival function, estimated by Kaplan-Meier, shown for every subgroup of patients identified by the tree.

Bibliography

- Hothorn, T., Hornik, K., van de Wiel, M., and Zeileis, A. (2008), *coin: Conditional Inference Procedures in a Permutation Test Framework*, URL <http://CRAN.R-project.org/package=coin>, R package version 1.0-3.
- Hothorn, T., Hornik, K., van de Wiel, M. A., and Zeileis, A. (2006), “A Lego system for conditional inference,” *The American Statistician*, 60, 257–263.
- Therneau, T. M. and Grambsch, P. M. (2000), *Modeling Survival Data: Extending the Cox Model*, New York, USA: Springer-Verlag.