

Dokumentacija, praćenje, obrada podataka i rezultati liječenja onkoloških bolesnika (izborni kolegij, prof. dr. sc. Mišo Virag, KB Dubrava)

Obrada podataka o preživljjenju bolesnika

Prof. dr. sc. Mladen Petrovečki

2009./10.11.

## Analiza preživljjenja

1. temeljni pojmovi
2. izračun vjerojatnosti preživljjenja
  - a) tablice preživljjenja
  - b) Kaplan-Meierov postupak
3. rizik umiranja
4. programska potpora
5. usporedba podataka o preživljjenju
6. statističko zaključivanje
7. regresijska analiza cenzuriranih podataka

- analiza preživljjenja
- *survival analysis*
- ponekad
  - analiza tablica preživljjenja
  - analiza osiguravateljskih (aktuarskih) podataka
  - *actuarial analysis*

## Analiza preživljjenja

- Edmund Halley, 17. st
- engleski astronom, geofizičar, matematičar, meteorolog i fizičar
- [http://en.wikipedia.org/wiki/Edmond\\_Halley](http://en.wikipedia.org/wiki/Edmond_Halley)

komet, 1986.  
(sljedeći: 2061.)

- aktuar – stručnjak koji se bavi problemima financijske neizvjesnosti i rizika koristeći matematičke metode teorije vjerojatnosti, statistike i financijske matematike
- posao – analiza podataka iz prošlosti, procjenu postojećih rizika i razvoj modela za projekciju budućih događaja
- zaposlenje – osiguranje i mirovinsko osiguranje
- znanja – matematika, ekonomija, praksa i zakoni države u kojoj radi, demografska i financijska kretanja, vještina komunikacije

## Aktuarske tablice preživljjenja (tablice smrtnosti)

8 National Vital Statistics Reports, Vol. 54, No. 14, April 19, 2006

Table 1. Life table for the total population: United States, 2003

Age	Probability of dying between ages $x$ to $x+1$ $d_x$	Number surviving to age $x$ $l_x$	Number dying between ages $x$ to $x+1$ $d_{x+1}$	Person-years lived between ages $x$ to $x+1$ $T_x$	Total number of person-years lived above age $x$ $T_x$	Expectation of life at age $x$ $e_x$
					$d_x$	$l_x$
0-1	0.000865	100,000	687	69,394	7,748,865	77.5
1-2	0.000462	99,313	46	69,930	7,649,471	77.0
2-3	0.000221	99,267	33	69,251	7,550,191	76.1
3-4	0.000259	99,234	26	69,222	7,450,930	75.1
4-5	0.000198	99,209	20	69,169	7,351,709	74.1
5-6	0.000168	99,189	17	69,111	7,251,510	73.1
6-7	0.000151	99,172	15	69,165	7,153,329	72.1
7-8	0.000142	99,158	14	69,150	7,054,164	71.1
8-9	0.000139	99,145	14	69,136	6,955,012	70.2
9-10	0.000134	99,130	13	69,123	6,855,877	69.2
10-11	0.000165	99,116	16	69,108	6,756,754	68.2
11-12	0.000147	99,100	15	69,093	6,657,646	67.2
12-13	0.000178	99,085	17	69,077	6,558,533	66.2

[http://en.wikipedia.org/wiki/Actuarial\\_table](http://en.wikipedia.org/wiki/Actuarial_table)

## Analiza preživljjenja

- psihijatrija – 1%
- patologija – 1%
- kirurgija – 12%
- onkologija – 14%
- izvorni znanstveni radovi u *The New England Journal od Medicine* – 32%
- podaci 1986.-2001., Dawson Saunders & Trapp, Basic and Clinical Biostatistics

## Analiza preživljjenja

- analiza podataka vezanih uz vremensko praćenje događaja
- dvije točke praćenja:
  - početak (P) (*time origin*)
  - kraj (K) (*end point*)



## Početak praćenja

- rođenje
- pojava znaka bolesti
- postavljanje dijagnoze
- početak liječenja
- dan operativnog zahvata



## Kraj praćenja

- smrt od osnovne bolesti
- smrt (svi ostali mogući uzroci)
- ponovno javljanje bolesti
- postizanje učinka liječenja
- gubitak iz uzorka (ispitne skupine)



## Kraj praćenja

- smrt od osnovne bolesti
- smrt (svi ostali mogući uzroci)

uskladeno  
preživljene  
engl. *adjusted survival rate*

ukupno preživljene  
engl. *observed survival rate*

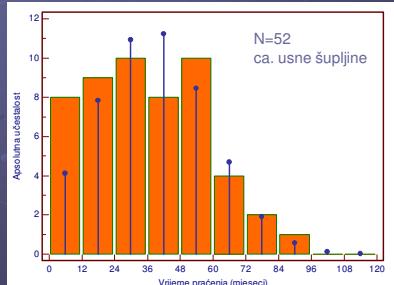
Manual for Staging of Cancer  
3rd ed., AJCC

## Vrijeme praćenja

- raspodjela u pravilu nije simetrična
- podaci su nepotpuni, praćenje je nepotpuno, "cenzurirano" (*censored data*)
- podaci za primjere:
  - istraživanje karcinoma usne šupljine
  - MFK KBD
  - dr. Ivica Lukšić
  - n = 52; 1. siječnja 2000. – 31. prosinca 2004.
  - reprezentativni probrani uzorak
    - dio populacije tog razdoblja
    - prva dg. karcinoma, bez regionalnih metastaza, itd.

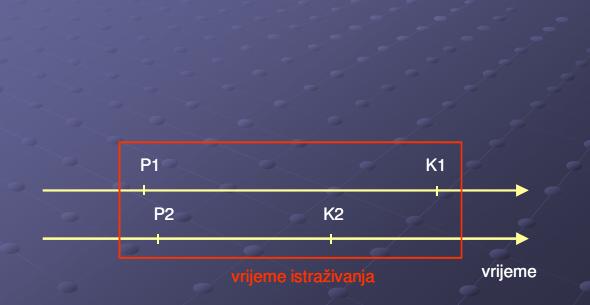
## Vrijeme praćenja (1)

- raspodjela u pravilu nije simetrična



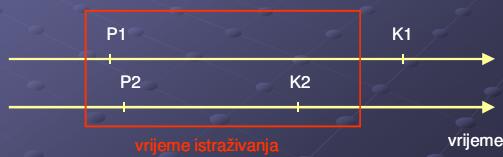
## Vrijeme praćenja (2)

- potpuni podaci (potpuno praćenje)



## Vrijeme praćenja (2)

- podaci su nepotpuni, praćenje je nepotpuno, "cenzurirano"
  - cenzurirano vrijeme praćenja = jedinka tijekom praćenja ne dostiže očekivani događaj



## Vrijeme praćenja (3)

- podaci su nepotpuni, praćenje je nepotpuno, "cenzurirano"
  - cenzurirano vrijeme praćenja = jedinka tijekom praćenja ne dostiže očekivani događaj



## Cenzuriranje

- događaj se ostvaruje = 1
- sve ostalo = 0 (cenzurirani podaci)
  - kraj istraživanja (*end of the study*)
  - gubitak iz praćenja (*lost to follow-up*)
  - ostali događaji

## "Izgubljen iz praćenja"

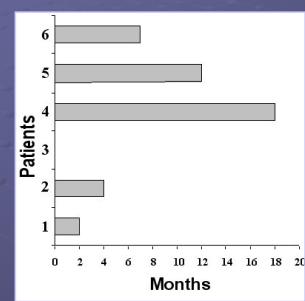
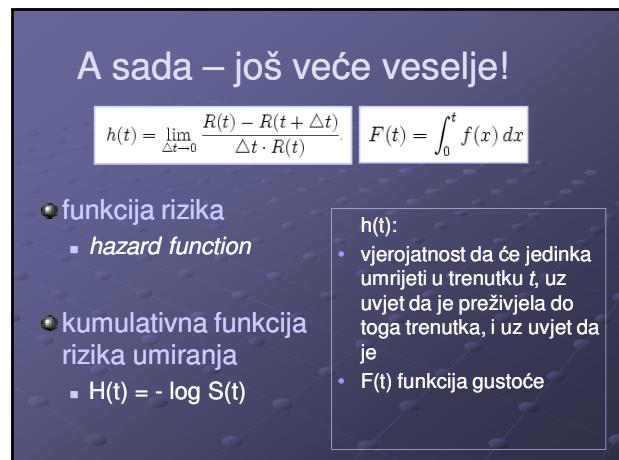
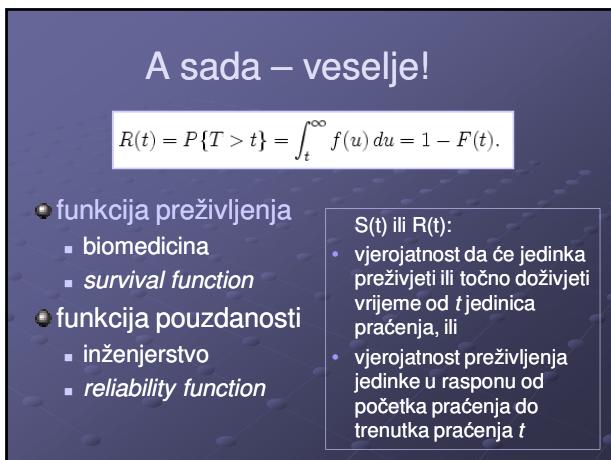
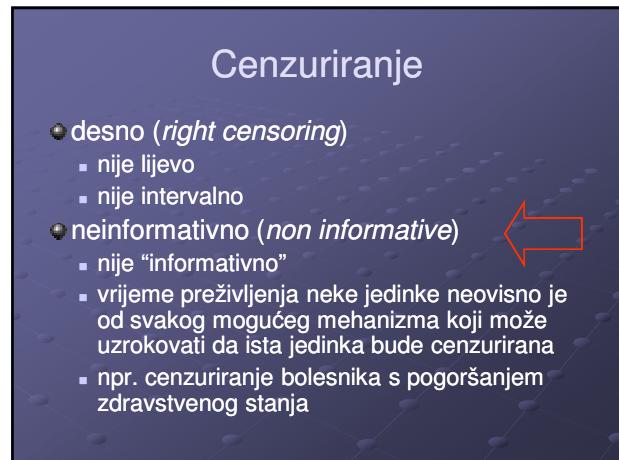
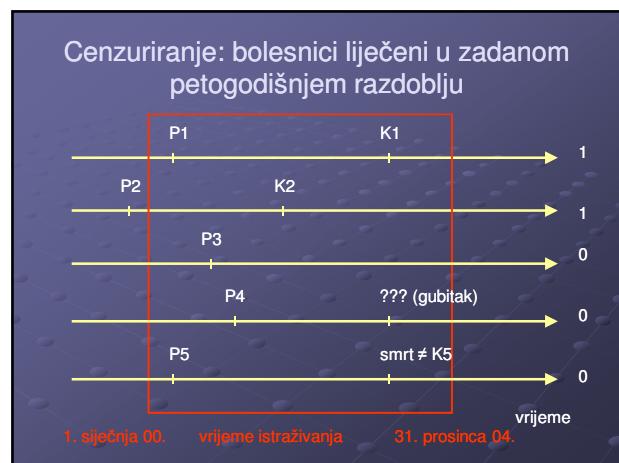
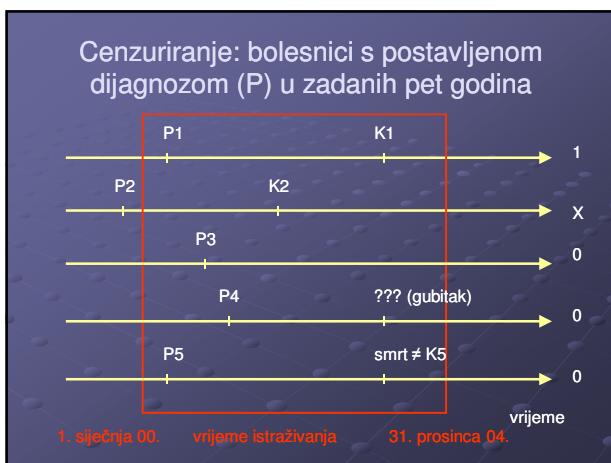


Figure 3. Outcome  
The mean length of survival for our patients was 7 months.  
Patient 3 was lost to follow up.



## Zaključak: podaci o preživljjenju

- vjerojatnost preživljjenja
  - $S(t)$
- rizik umiranja
  - $H(t) = -\log S(t)$

## Izračunavanje preživljjenja

- neparametrijski postupci
  - Cutler-Edererov postupak (tablice preživljjenja)
  - Kaplan-Meireov postupak
- parametrijski

## I. Tablice preživljjenja

- osiguravateljske tablice
- tablice smrtnosti

vrijeme praćenja	vjerojatnost smrti $q=d/(n-w)$	vjerojatnost preživljjenja $p=1-q$	kumulativna vjerojatnost preživljjenja $S(t)=T_p$
0-12 mј.	0,11	0,89	0,89
13-24 mј.	0,27	0,73	0,65
25-36 mј.	0	1	0,65
37-48 mј.	0,4	0,6	0,39
49-60 mј.	0	1	0,35

## Kako do preživljjenja?

1. upis podataka
2. preuređenje podataka
3. izračun podataka

## 1. Upis podataka, Excel®

	pacijent	datumop	datumkraj	cenzus	mjeseci
1	23456	23.6.2000	15.4.2007	0	81,8
2	24485	15.10.2003	8.11.2005	0	24,8
3	23080	25.7.2000	29.8.2004	0	49,2
4	23511	28.12.2001	15.2.2007	0	61,6
5	24188	20.2.2002	29.10.2004	0	32,3
6	22701	17.12.2003	8.6.2005	1	17,7
7	22441	17.7.2002	29.4.2007	0	57,4
8	23480	15.5.2003	20.8.2007	0	51,2
9	22823	5.10.2000	26.9.2002	1	23,7
10					

## 2. Preuređenje podataka

A	B	C	D	E
1 pacijent	datumop	datumkraj	cenzus	mjeseci
2 24485	15.10.2003	8.11.2005	0	24,8
3 23080	25.7.2000	29.8.2004	0	49,2
4 24188	20.2.2002	29.10.2004	0	32,3
5 22701	17.12.2003	8.6.2005	1	17,7
6 22441	27.4.2000	2.2.2004	1	45,2
7 24544	9.1.2002	29.9.2003	1	20,6
8 23859	10.10.2000	16.11.2003	0	37,2
9 22819	1.3.2001	6.2.2002	1	11,2
10 23321	26.4.2004	7.12.2004	0	7,4
11 23309	9.7.2004	18.7.2006	0	24,3

vrijeme praćenja	živi na početku intervala n	smrtni ishod u intervalu d	cenzurirani u intervalu w
0-12 mј.	10	1	1
13-24 mј.	8	2	1
25-36 mј.	5	0	2
37-48 mј.	3	1	1
49-60 mј.	1	0	1

### 3. Izračun podataka

vrijeme praćenja	vjerojatnost smrti $q=d/(n-w/2)$	vjerojatnost preživljjenja $p=1-q$	kumulativna vjerojatnost preživljjenja $S(t)=\prod p$
0-12 mj.	0,11	0,89	0,89
13-24 mj.	0,27	0,73	0,65
25-36 mj.	0	1	0,65
37-48 mj.	0,4	0,6	0,39
49-60 mj.	0	1	0,39

vrijeme praćenja	živi na početku intervala n	smrtni ishod u intervalu d	cenzurirani u intervalu w
0-12 mj.	10	1	1
13-24 mj.	8	2	1
25-36 mj.	5	0	2
37-48 mj.	3	1	1
49-60 mj.	1	0	1

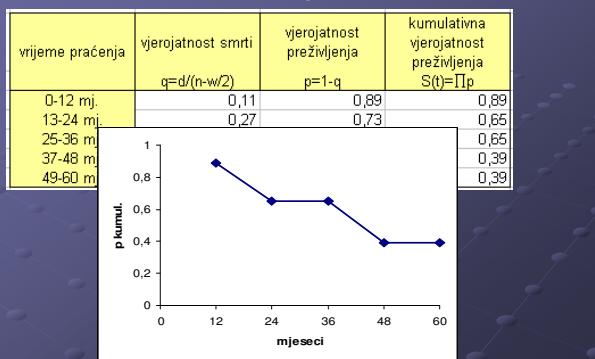
### 3. Izračun podataka

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0-12 mj.	0,11	0,89	0,89
13-24 mj.	0,27	0,73	0,65
25-36 mj.	0	1	0,65
37-48 mj.	0,4	0,6	0,39
49-60 mj.	0	1	0,39

$$q = \frac{d + \frac{1}{2}wq}{n}$$

d – smrtni ishod u intervalu  
n – živi na početku intervala  
w – izgubljeni u intervalu

### 3. Izračun podataka



### II. Kaplan-Meierov postupak

- nema zadane intervale praćenja
- vjerojatnost preživljjenja se izračunava za svakog bolesnika koji umre
- cenzurirani ispitanici nisu dio izračunavanja vjerojatnosti
- dugotrajno izračunavanje kod velikih skupina ispitanika

### KM podaci o preživljjenju

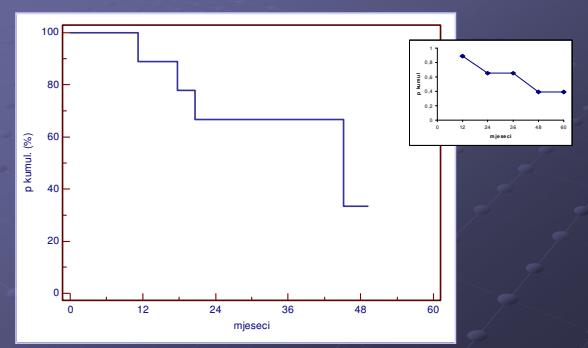
A	B	C	D	E
1 pacijent	daturnog	daturnog	cenzus	mjesecei
2	24095	15.10.2003	8.11.2006	0
	23080	25.7.2000	29.8.2004	49,2
	24188	20.2.2002	29.10.2004	0
	22701	17.12.2003	8.6.2005	17,7
	22701	20.12.2003	2.7.2005	1
	24544	9.1.2002	29.9.2003	46,9
	22859	10.10.2000	16.11.2003	1
	22819	10.3.2001	6.2.2002	11,2
	22921	26.4.2004	7.12.2004	0
	23039	9.7.2004	18.7.2006	0
				24,3

Survival time: mjeseci  
Endpoint: cenzus  
Sample size: 10  
Median survival: 45,2

Survival time	Survival Proportion	Standard Error
7,4	-	-
11,2	0,889	0,105
17,7	0,778	0,139
20,6	0,667	0,157
24,3	-	-
24,8	-	-
32,3	-	-
37,2	-	-
45,2	0,333	0,248
49,2	-	-

MedCalc® Version 9.3.0.0  
Windows 98/NT/Me/2000/XP/Note  
<http://www.medcalc.be>  
Copyright © 1993-2007  
Frank Schoemans  
This product is licensed to:  
Mladen Petković

### KM krivulja preživljjenja



# Kaplan, Meier

- Kaplan EL, Meier P. Nonparametric estimation from incomplete observations. *J Am Stat Assoc* 1958;53:457-81.



<b>NONPARAMETRIC ESTIMATION FROM INCOMPLETE SURVEY DATA</b> <b>L. L. RUBIN</b> <i>University of California, Berkeley</i> <b>PART ONE</b> <b>UNSTRUCTURED DATA</b> <p>In this section, statistical inference is based either on the assumption that the times of occurrence of the event of interest should be presented as a probability distribution or on the assumption that the times of occurrence of the event of interest are independent and identically distributed. The first approach leads to a likelihood function, while the second leads to a probability function. In both cases, the maximum likelihood estimate (MLE) or maximum probability estimate (MPE) (at least in principle) is the empirical distribution function (EDF). The EDF is the nonparametric estimator of the cumulative distribution function (CDF). The MLE is the nonparametric estimator of the probability density function (PDF). The MPE is the nonparametric estimator of the probability mass function (PMF).</p> <p>For random samples of size <math>n</math>, the MLE (PDF) estimate can be shown to be the same as the MPE (PMF) estimate. This is true whether or not the data are censored. It is also true whether or not the data are in order of increasing magnitude, as long as one does not make any assumptions about the underlying distribution of the data. The MLE (PDF) estimate is the maximum likelihood estimate (MLE) of the probability density function (PDF) over the entire time interval. This estimate is the distribution, unrestricted to <math>\mathbb{R}</math>, that maximizes the likelihood function.</p> <p>Other estimates that do not assume the actual outcome (which may be censored) is a realization from a particular distribution (e.g., gamma, Weibull, exponential) are called parametric (or semiparametric) estimators. These parametric estimators are often more efficient than the nonparametric (NP) estimators. However, if the underlying distribution is not correctly specified, the parametric estimators can be seriously biased. When the underlying distribution is correctly specified, the parametric estimators are unbiased and consistent, while the nonparametric estimators are unbiased and consistent only under very general conditions of smoothness.</p>	<b>CONTENTS</b> <hr/> <b>1. Introduction</b> <span style="float: right;">206</span> <b>1.1. Formulation</b> <span style="float: right;">206</span> <b>1.2. Examples</b> <span style="float: right;">207</span> <b>1.3. Examples of the MLE and MPE</b> <span style="float: right;">209</span> <hr/> <b>2. The Nonparametric Maximum Likelihood Estimate</b> <span style="float: right;">211</span> <b>2.1. Unstructured and ordered data</b> <span style="float: right;">211</span> <b>2.2. MLE for discrete distributions</b> <span style="float: right;">212</span> <b>2.3. MLE for continuous distributions</b> <span style="float: right;">213</span> <hr/> <b>3. Nonparametric Estimation on the <math>\mathbb{R}</math></b> <span style="float: right;">215</span> 
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# Kaplan, Meier

- među 5 najcitanijih radova u znanosti od trenutka objavljivanja (M. Zhou, Kentucky University; <http://www.ms.uky.edu/~mai/>)

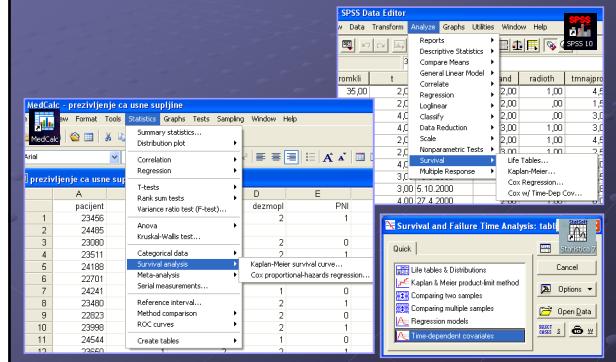
## • prikaz krivulje u zavisnosti od N

<http://www.ms.uky.edu/~mai/java/stat/KapMei.html>

## Rizik umiranja

- $H(t) = -\log S(t)$
  - snaga mortaliteta (epidemiologija)

## Programska potpora



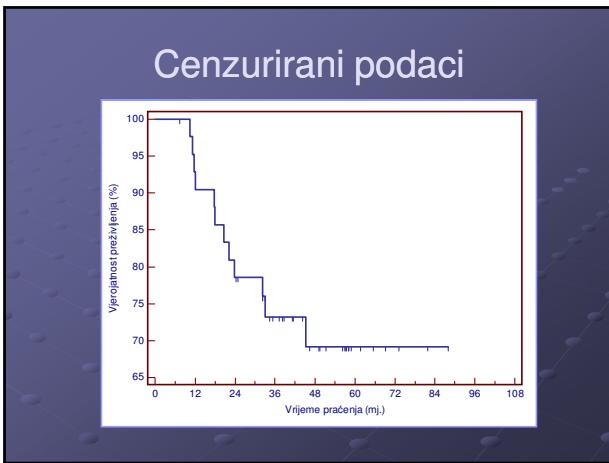
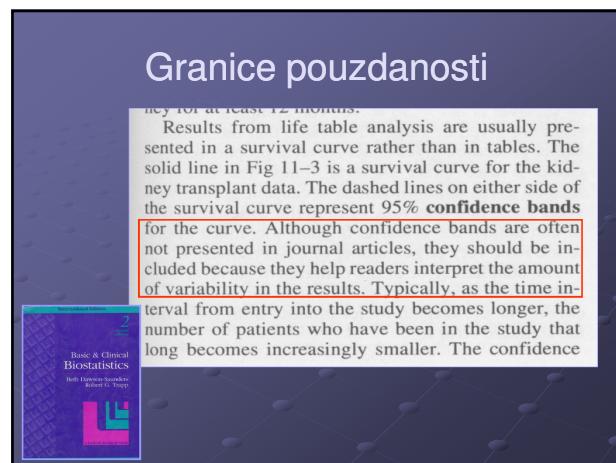
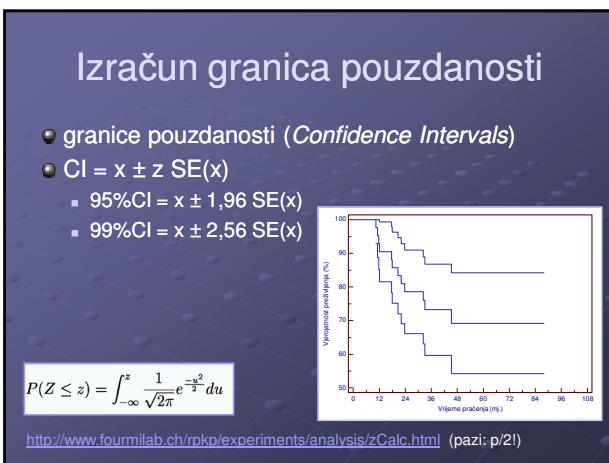
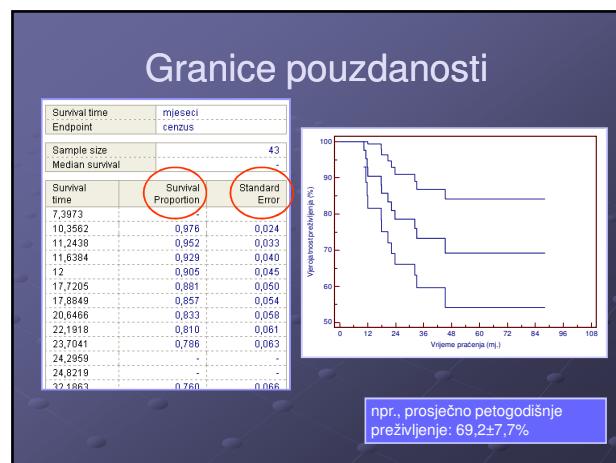
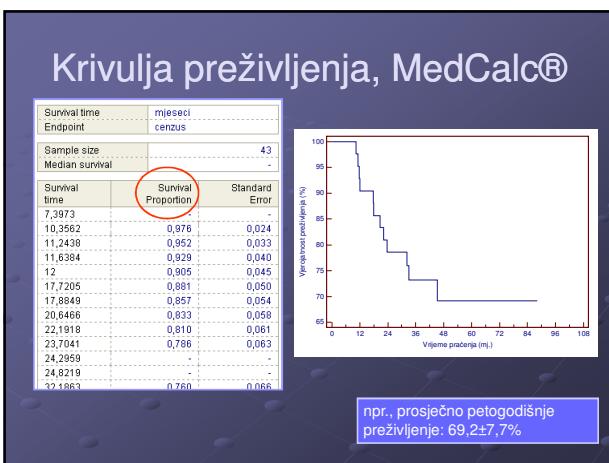
## Primjer...

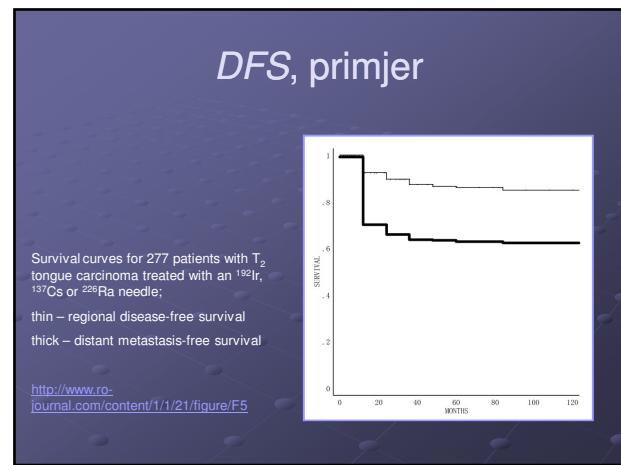
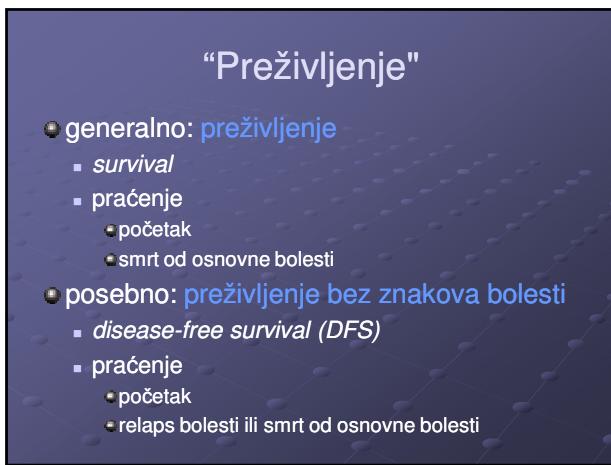
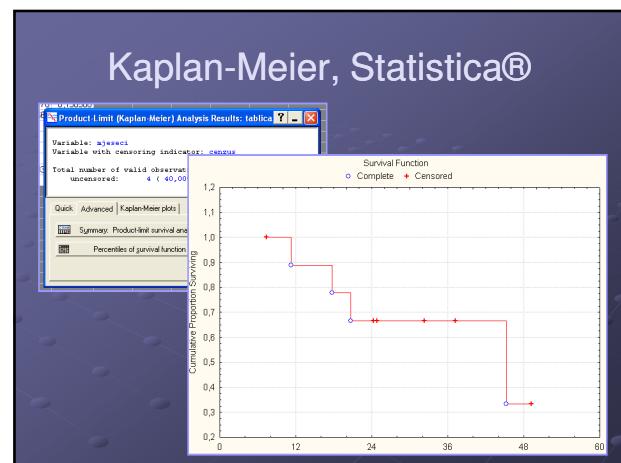
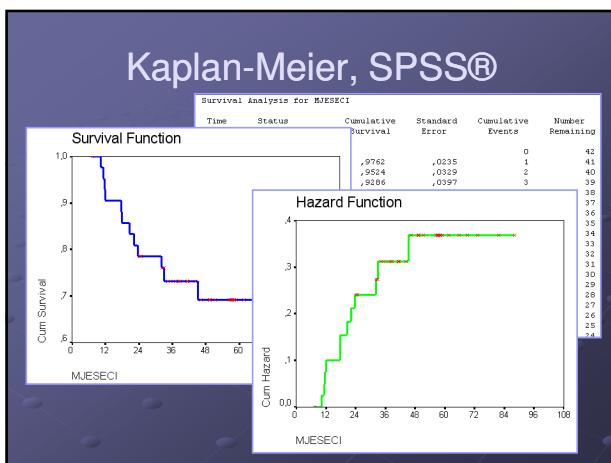
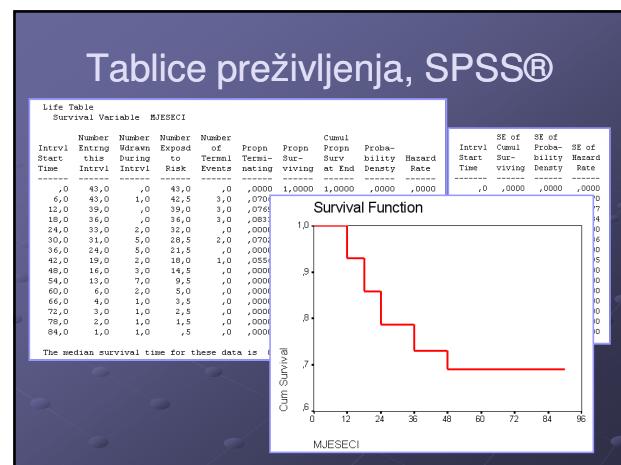
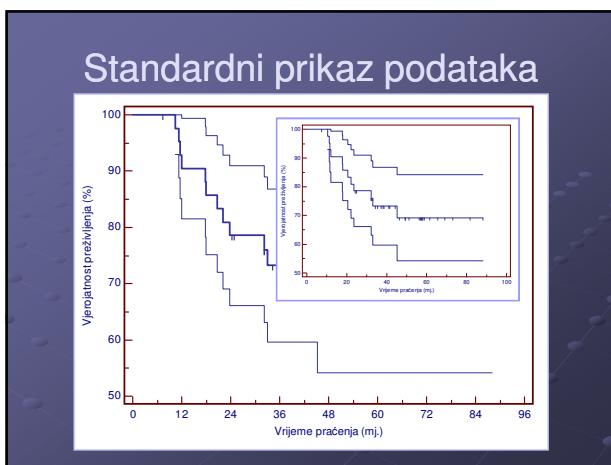
The figure displays two box plots side-by-side. The x-axis is labeled with the categories 'mjeseci' and 'census'. The y-axis ranges from 0 to 90. The left box plot (mjeseci, census = 0) has a median of approximately 45, with whiskers extending from about 30 to 90. The right box plot (mjeseci, census = 1) has a median of approximately 20, with whiskers extending from about 10 to 45.

Variable	Value
mjeseci	census = 0
mjeseci	census = 1

Preživljenje, MedCalc®

Survival time	mjeseci				
Endpoint	cenzus				
Sample size	43				
Median survival					
Survival time	Survival Proportion	Standard Error			
7,3973	0,976	0,024	45,2384	0,692	0,077
10,3562	0,976	0,024	46,3233	-	-
11,2438	0,952	0,033	49,1836	-	-
11,6384	0,929	0,040	49,4466	-	-
12	0,905	0,045	51,2219	-	-
17,7205	0,881	0,050	56,3507	-	-
17,8849	0,857	0,054	56,8096	-	-
20,6466	0,833	0,058	57,3041	-	-
22,1918	0,810	0,061	57,4356	-	-
23,7041	0,786	0,063	58,0274	-	-
24,2959	-	-	58,126	-	-
24,8219	-	-	58,9479	-	-
32,1863	0,760	0,066	61,6438	-	-
			65,6219	-	-
			69,074	-	-
			73,2164	npr., prosječno petogodišnje	
			81,7644	preživljenje: $69,2 \pm 7,7\%$	
			88,0438		





## Usporedba podataka o preživljjenju

### • usporedba dvije skupine podataka

- log-rank (*logrank*) test
  - Mantelov ili Mantel-Coxov test
- Wilcoxonov test
  - generalizirani Wilcoxonov test
  - Gehanov test
  - Gehan-Breslowijev test
  - opći Kruskal-Wallisov test za cenzurirane podatke
- Mantel-Haenszelov test
- Tarone-Wareov test

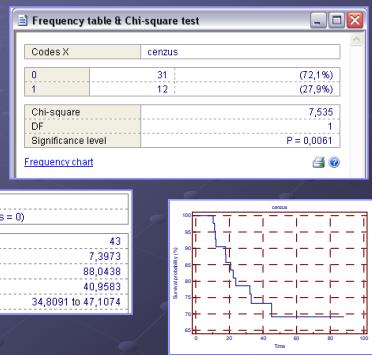
### • usporedba triju i više skupina

## Usporediti dvije skupine...

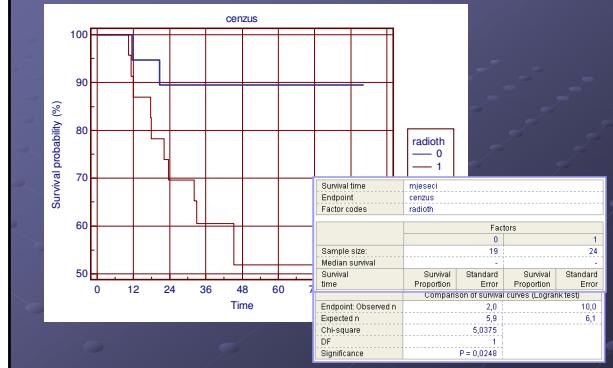
ceiving a kidney in 1984 is above the curve for patients receiving a kidney in 1978, indicating a higher proportion of patients retaining a functioning graft at any one point in time. However, variation in samples may be expected to occur simply by chance, and a reasonable question is whether the differences between the two patient cohorts is greater than expected by chance. To test this hypothesis, we need methods to compare survival distributions. If there are no censored observations, the **Wilcoxon rank-sum test** in-

## Primjer

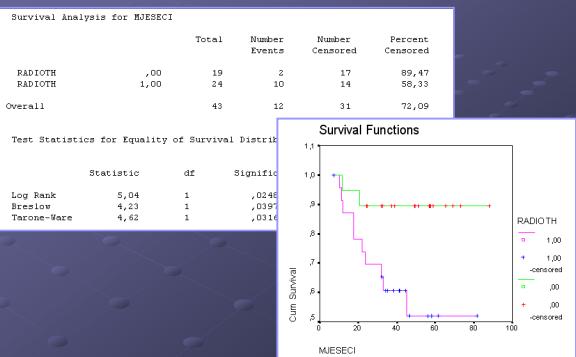
N = 43



## Dvije skupine, MedCalc®



## Dvije skupine, SPSS®



## Omjer izgleda

### • odds ratio, hazard ratio

