

# Interval Censoring

Background and a review of Zhan and Sun (2010)

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August 29, 2017

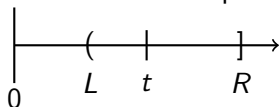
# Outline

- 1 What is interval censoring?
- 2 Problem with ignoring interval censoring
- 3 Methods for interval-censored data
- 4 Key assumption
- 5 Currently available software

# What is interval censoring?

## Type II (General)

Event is known to occur between two time points.



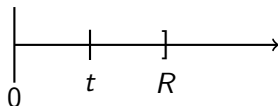
## Notation

- $t$  = event time (unobserved)
- $L$  = left side of interval
- $R$  = right side of interval

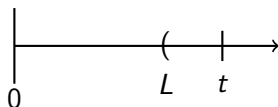
## Type I (Current status)

Event is known to occur before or after a single time point:

- Left censoring ( $L = 0$ )



- Right censoring ( $R = \infty$ )

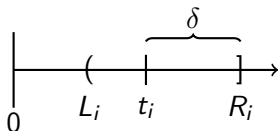


# What's the problem with ignoring interval censoring?

## Survival time is over-estimated

- Suppose time of event  $t_i \in (L_i, R_i]$  is interval censored
- Assuming  $t_i = R_i$  causes survival time to be over-estimated ( $R_i \geq t_i$ )

## Example for patient $i$



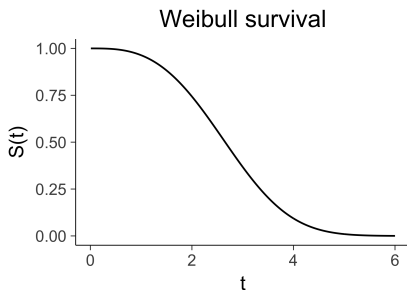
# How much does this bias survival estimates?

It depends

Let  $\delta = R_i - t_i$  be the common measurement error and suppose event times follow survival function  $S$ . Size of bias depends on:

- Size of measurement error  $\delta$
- Change in  $S$  between times  $t_i$  and  $R_i$

Example:  $S$  is Weibull with shape and scale of 3



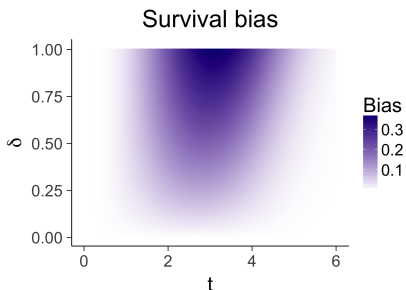
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Bias is a problem when

- $\delta$  is large
- Slope of  $S$  is large

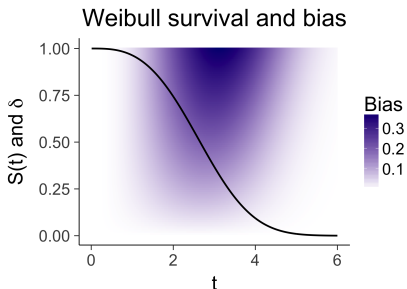
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# How do we avoid this bias?

## Methods for interval-censored data

Use a likelihood proportional to

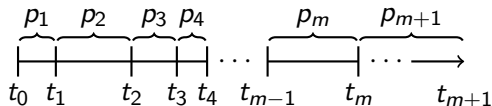
$$L = \prod_{i=1}^n \underbrace{[S(L_i) - S(R_i)]}_{\text{Pr(event between } L_i \text{ and } R_i)}$$



# Nonparametric maximum likelihood estimator (NPMLE)

Turnbull estimator of  $\hat{S}$  (1976): interval censoring counterpart to Kaplan-Meier

- Partitions timeline by all left and right censoring times, and estimates probability of each partition



# Nonparametric maximum likelihood estimator (NPMLE)

Turnbull estimator of  $\hat{S}$  (1976): interval censoring counterpart to Kaplan-Meier

- Pros
  - Consistent (with enough data, the estimate is correct)
  - Can incorporate right-censored data by setting  $R_i = \infty$
- Cons
  - Statistical convergence is slower than Kaplan-Meier (need more data for a good estimate)
  - No closed form – requires iterative fitting algorithm

# Nonparametric maximum likelihood estimator (NPMLE)

## Side notes

- The Turnbull estimator (1976) is an EM algorithm, though the seminal EM paper was not published until 1977 (Dempster and Waird).

$$p_j^{\text{new}} = \frac{1}{n} \sum_{i=1}^n \underbrace{\left( \frac{\alpha_{ij} p_j^{\text{old}}}{\sum_{l=1}^{m+1} \alpha_{il} p_l^{\text{old}}} \right)}_{\text{E step: } q_{ij} = \mathbb{E}[\text{Pr}(t_{j-1} < T_i \leq t_j)]}$$

M step:  $p_j^{\text{new}} = \arg \max_{p_j} L(\mathbf{p} | \mathbf{q})$

- Faster algorithms exist

# Hypothesis testing with NPMLEs

## Comparing survival functions

- Very similar to right-censored data
- Log rank tests with modified calculations of
  - $d_j$ : number of events at time  $t_j$
  - $n_j$ : number at risk at time  $t_j$ .
- Note: formulas for  $d_j$  and  $n_j$  very similar to updates for the Turnbull estimator

# Regression

## Common models

Similar to right-censored data, we can fit

- Semiparametric
  - Proportional hazards (Cox)
  - Proportional odds
  - Additive hazards
- Parametric
  - Accelerated failure time and generalizations
  - Piecewise exponential

# Issues for Cox model

## Computational

Baseline hazards do not cancel out of likelihood and must be estimated

## Statistical

While baseline hazard converges at  $n^{1/3}$  rate, regression coefficients still converge at  $n^{1/2}$  rate (Huang and Wellner, 1997)

# Key assumption: Non-informative interval censoring

## Non-informative interval censoring

Except for the requirement that  $L_i < t_i \leq R_i$ ,  $L_i$  and  $R_i$  contain no additional information about survival time.

## Common violation

Sick patients are seen more often than healthy patients, so if  $R_i - L_i$  is small,  $t_i$  is probably closer to  $L_i$  than  $R_i$  (expected survival time is shorter).

## Implications

Estimates of baseline hazard might be wrong. How much does this affect estimates of regression coefficients?

# Software

## R packages

- [CRAN survival view](#)
- Anderson-Bergman (Preprint). `icenReg`: Regression Models for Interval Censored Data in R. Available [here](#) (also see the [icenReg vignette](#)).
- Gómez, G., Luz Calle, M., Oller, R., Langohr, K. (2009). Tutorial on methods for interval-censored data and their implementation in R. *Statistical Modeling*. 9: 259–297. Available [here](#). (Does anyone have access?)



# References

- Dempster, A. P., Laird, N. M., Rubin, D. B. (1977). Maximum likelihood from incomplete data via the EM algorithm (with discussion). *Journal of the Royal Statistical Society: Series B*. 39: 1–38.
- Huang, J., Wellner, J. A. (1997). Interval censored survival data: a review of recent progress. In: Lin, D., Fleming, T., editors. Proceedings of the first Seattle symposium in biostatistics: survival analysis. New York: Springer-Verlag.
- Turnbull, B. W. (1976). The empirical distribution with arbitrarily grouped censored and truncated data. *Journal of the Royal Statistical Society: Series B*. 38: 290–295.
- Zhang, Z., Sun, J. (2010). Interval Censoring. *Statistical Methods in Medical Research*. 19: 53–70.

# Appendix

## Overview

This appendix outlines the details mentioned in earlier slides. I deal with the simple case where the time shift  $\delta$  is the same for all patients. While not likely to be the case in practice, I think it still provides some insights.

## Notation and assumptions

Let the event times  $T \sim F$ , where  $F(t) = \Pr(T \leq t)$ . Let  $S(t) = 1 - F(t)$  be the survival function and suppose that  $\hat{S}_n$  is a consistent estimator of  $S$  for right censored data, such as the Kaplan-Meier estimator. That is,  $\hat{S}_n(t) \rightarrow S(t)$  as  $n \rightarrow \infty$ . The subscript indexes  $\hat{S}_n$  by the number of observations  $i = 1, \dots, n$ .

# Appendix

## Bias from assuming $\delta = 0$

Ignoring interval censoring is equivalent to assuming  $\delta = 0$ . In this case, a patient's survival time is assumed to be  $R_i$  even though it is actually  $t_i = R_i - \delta$ . Consequently  $\hat{S}_n(R_i)$  is an estimate of  $S$  not at time  $R_i$ , but at time  $t_i = R_i - \delta$ . That is,

$$\hat{S}_n(R_i) = \hat{S}_n(t_i + \delta) \rightarrow S(t_i).$$

Because  $S$  is monotone non-increasing and  $\delta \geq 0$ , we have  $S(t_i) \geq S(t_i + \delta)$ , which causes our estimate to be biased upward.

# Appendix

## Approximating the bias

This gives an asymptotic bias of

$$\begin{aligned}\text{bias}_n(t_i + \delta) &= \mathbb{E}[\hat{S}_n(t_i + \delta)] - S(t_i + \delta) \\ &\rightarrow S(t_i) - S(t_i + \delta).\end{aligned}\tag{1}$$

This shows that bias is a function of both the size of  $\delta$  and the derivative of  $S$  (if  $S$  is nearly constant over  $(t_i, t_i + \delta)$  then bias is near zero). To make this explicit (and assuming the density  $f(t) = -\frac{d}{dt}S(t)$  exists at  $t_i$ ) we can take a first order Taylor expansion of  $S(t_i + \delta)$  about  $t_i$  to get that for sufficiently large  $n$ ,

$$\begin{aligned}\text{bias}_n(t_i + \delta) &\approx S(t_i) - (S(t_i) - \delta f(t_i)) \\ &= \delta f(t_i).\end{aligned}\tag{2}$$

I show (1) in earlier slides, though (2) is very similar.