Introduction to BART with time-to-event outcomes

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Abstract II: Survival analysis and ensembles

Deficiencies of parametric time-to-event survival analysis lead to semi-parametric methods (Cox 1972; Miller 1976). Due to the discovery of ensembles (Krogh, Sollich 1997) and technological advances like Moore's law, another transition to largely nonparametric methods for survival analysis is underway. Therefore, we choose BART for its relative flexibility, i.e., a nonparametric approach with no precarious parametric nor semi-parametric assumptions such as linearity and/or proportionality. Furthermore, due to its Bayesian nonparametric underpinnings, BART can be naturally extended to interpretable functions as targets of inference along with their measures of uncertainty, e.g., the survival function and its 95% credible intervals.

Outline

- Survival analysis with Cox Proportional Hazards
- Survival analysis with the discrete time approach
- Survival analysis with BART
- Example: advanced lung cancer prognosis demo/lung.surv.bart.R in the BART package and demo/lung.relrisk.R in the BART3 package
- Motivation: diabetes and recurrent hospital admissions demo/dm.recur.bart.R
- Recurrent events with BART
- Motivation: liver transplant waiting list demo/liver.crisk.bart.R
- Competing risks

Semi-parametric survival analysis with Cox Proportional Hazards

Cox 1972 JRSS-B

Data: $(s_i, \delta_i), x_i$ where $\delta_i = 0$ for censoring and $\delta_i = 1$ for event $0 = t_{(0)} < \cdots < t_{(J)} < \infty$: distinct ordered event times, s_i

Parametric survival analysis: the discrete time approach

$$0=t_{(0)}<\cdots< t_{(K)}<\infty:$$
 distinct ordered times, s_i $y_{ij}|p_{ij}\stackrel{\mathrm{ind}}{\sim} \mathrm{B}(p_{ij})$ where $j=1,\ldots,J_i=rg\min_{j}s_i\leq t_{(j)}$ $y_{ij}=\delta_i\,\mathrm{I}(j=J_i)$ $p_{ij}=p(t_{(j)},x_{ij})$ where $x_{ij}=x_i(t_{(j)})$ $[y|p]=\prod_{i=1}^N\prod_{j=1}^{J_i}p_{ij}^{y_{ij}}(1-p_{ij})^{1-y_{ij}}$ Likelihood and identifiability $S(t_{(j)},x_{ij})=\mathrm{P}\big[t>t_{(j)}|x_{ij}\big]=\prod_{j'\leq j}(1-p_{ij'})$

Discrete time intensity model ⇒ longitudinal binary regression model

Nonparametric survival analysis with BART

Sparapani, Logan et al. 2016 Statistics in medicine (SparLoga16)

Discrete time intensity model ⇒ longitudinal binary BART

Survival analysis with BART and inference

We generate samples of f from the posterior with MCMC

$$\hat{f}(t,x) = M^{-1} \sum_m f_m(t,x)$$
 Estimate f $\hat{S}(t,x) = M^{-1} \sum_m S_m(t,x)$ Survival function $(S_{0.025}(t,x), S_{0.975}(t,x))$ 95% Credible Interval

Survival analysis with BART and Friedman's partial dependence function Friedman 2001 AnnStat

$$S(t,x)=S(t,x_S,x_C)$$
 BART function where $x=[x_S,x_C]$ $S(t,x_S)=\mathrm{E}_{x_C}\left[S(t,x_S,x_C)|t,x_S
ight]$ $pprox N^{-1}\sum_i S(t,x_S,x_{iC})$ $S_m(t,x_S)\equiv N^{-1}\sum_i S_m(t,x_S,x_{iC})$

 $\hat{S}(t,x_S) \equiv M^{-1} \sum_{m} S_m(t,x_S)$

Relative Risk with Friedman's partial dependence function

$$RR_m(t,x_n,x_d,x_C) = rac{p_m(t,x_n,x_C)}{p_m(t,x_d,x_C)}$$
 Relative Risk $= rac{\Phi(\mu+f_m(t,x_n,x_C))}{\Phi(\mu+f_m(t,x_d,x_C))}$ $= rac{RR_m(t,x_n,x_d)}{RR_m(t,x_n,x_d)} \equiv N^{-1} \sum_i rac{p_m(t,x_n,x_{iC})}{p_m(t,x_d,x_{iC})}$ $= RR_m(x_n,x_d) = K^{-1} \sum_i RR_m(t_{(j)},x_n,x_d)$ Assuming Proportionality

8/41

surv.bart and mc.surv.bart input and output: part 1

Input vector times with K distinct values and x.train: x_i

```
\begin{bmatrix} x_1 \\ x_2 \\ \vdots \\ x_N \end{bmatrix}
```

Output post, of type survbart which is essentially a list of matrices including: post $prob.train: \hat{p}_m(t_{(i)}, x_i)$

surv.bart and mc.surv.bart input and output: part 2

```
post=surv.bart(x.train, times=times, delta=delta,
    x.test=x.train, ..., ndpost=M) or
post=mc.surv.bart(x.train, times=times, delta=delta,
    x.test=x.train, ..., ndpost=M, mc.cores=2, seed=99)
```

Input vector times with K distinct values and x.train: x_i

 $\begin{bmatrix} x_1 \\ x_2 \\ \vdots \\ x_N \end{bmatrix}$

Output post, of type survbart which is essentially a list of matrices including: post $surv.test: \hat{S}_m(t_{(j)}, x_i)$

surv.pre.bart input and output: part 1

pre <- surv.pre.bart(times, delta, x.train)</pre>

Output a list containing the data transformed such as matrix pre\$tx.train and vector pre\$y.train:

$$\begin{bmatrix} t_{(1)} & x_1 \\ \vdots & \vdots \\ t_{(J_1)} & x_1 \\ \vdots & \vdots \\ t_{(1)} & x_N \\ \vdots & \vdots \\ t_{(J_N)} & x_N \end{bmatrix} \begin{bmatrix} y_{11} = \mathbf{0} \\ \vdots \\ y_{1J_1} = \delta_1 \\ \vdots \\ y_{N1} = \mathbf{0} \\ \vdots \\ y_{NJ_N} = \delta_N \end{bmatrix}$$

surv.pre.bart input and output: part 2

Output a list containing the data transformed such as matrix

pre\$tx.test:

$$\begin{bmatrix} t_{(1)} & x_1 \\ \vdots & \vdots \\ t_{(K)} & x_1 \\ \vdots & \vdots \\ t_{(1)} & x_N \\ \vdots & \vdots \\ t_{(K)} & x_N \end{bmatrix}$$

predict.survbart input and output

```
pred <- predict(post, pre$tx.test, mc.cores=1, ...)</pre>
```

Input matrices: $x.test: x_i$

```
\begin{bmatrix} x_1 \\ x_2 \\ \vdots \\ x_Q \end{bmatrix}
```

Output pred of type survbart with pred $surv.test: \hat{S}_m(t_{(j)}, x_i)$

$$\begin{bmatrix} \hat{S}_{1}(t_{(1)},x_{1}) & \dots & \hat{S}_{1}(t_{(K)},x_{1}) & \dots & \hat{S}_{1}(t_{(1)},x_{Q}) & \dots & \hat{S}_{1}(t_{(K)},x_{Q}) \\ \vdots & \vdots & \vdots & \vdots & \vdots & \vdots & \vdots \\ \hat{S}_{M}(t_{(1)},x_{1}) & \dots & \hat{S}_{M}(t_{(K)},x_{1}) & \dots & \hat{S}_{M}(t_{(1)},x_{Q}) & \dots & \hat{S}_{M}(t_{(K)},x_{Q}) \end{bmatrix}$$

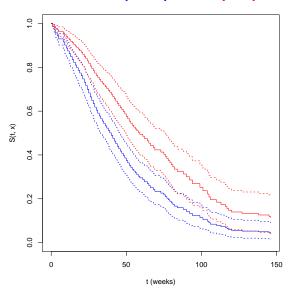
Survival analysis: advanced lung cancer prognosis

Loprinzi et al. 1994 JCO

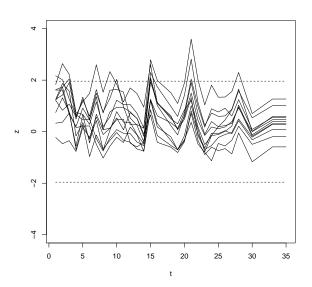
- ► The North Central Cancer Treatment Group surveyed 228 advanced lung cancer patients
- Study focused on prognostic variables
- Patient responses paired with some clinical variables
- We control for age, gender and Karnofsky performance score as rated by the physician
- We will compare males to females with Friedman's partial dependence function
- ► lung data set in the **BART** R package

```
system.file('demo/lung.surv.bart.R', package='BART')
system.file('demo/geweke.lung.surv.bart.R',
package='BART')
```

Friedman's partial dependence function with 95% credible intervals: M (blue) vs. F (red)



Geweke convergence diagnostics: Advanced lung cancer example



Geweke convergence diagnostics: live demonstration

- system.file('demo/geweke.surv.bart.R',
 package='BART')
- ► Simulated data set: N = 100, P = 20
- $ightharpoonup t_i \sim \operatorname{Wei}\left(2, \mathrm{e}^{f(x_i)}\right)$
- adapted from Friedman's five-dimensional test function Annals of Statistics 1991
- $f(x_i) = 3 + \sin(\pi x_1 x_2) 2(x_3 0.5)^2 + x_4 0.5x_5$
- ▶ 20% censoring

- We have IRB approval to study a cohort of newly diagnosed diabetes patients from a single health care system
- ► We have the electronic health records (EHR) for these patients from 2007-2012: prior records may, or may not, be available
- ► EHR are an omnibus of digital health care information
- We focus on 82 covariates: patient demographics, health insurance, health care charges, diagnoses, procedures, anti-diabetic therapy, laboratory values and vital signs
- ► By its nature, EHR data is fundamentally time-varying
- ► EHR covariates are occasionally missing at time zero even when carrying the last value forward
- Imputed 15 continuous variables with Sequential BART (Xu, Daniels & Winterstein 2016 Biostatistics)

- ► 488 patients followed 5 years from 2008-2012 the survival rate was high 0.939 (noninformative censoring) yet experienced a high rate of hospital admissions: 525 total
- ► For diabetes, which covariates increase the risk of admission? What about the number of previous admissions or an acutely recent admission?
- What are the functional forms of the covariates i.e. linear, quadratic, logarithm, etc.? Are the covariate effects additive or multiplicative?
- ► Are there interactions? Are these effects constant with respect to time, i.e., proportionality assumption?
- ► We want to avoid precarious restrictive assumptions hence we chose to use Bayesian Additive Regression Trees (BART)

Recurrent event analysis with BART

Sparapani, Rein et al. 2018 *Biostatistics* (SparRein18) Data: $(s_i, t_{i1}, \ldots, t_{iN_i}, x_i(t))$ $(0, t_{(1)}] \ldots (t_{(K-1)}, t_{(K)}]$: grid of distinct ordered times for s_i and t_{ik}

$$egin{aligned} y_{ij}|p_{ij} & & j=1,\dots,J_i \ y_{ij} &= \max_{k=1,\dots,N_i} \ \mathbf{I}ig(t_{ik} = t_{(j)}ig) \ &p_{ij} &= \Phiig(\mu + fig(t_{(j)}, x_{ij}ig)ig) \ &f \overset{ ext{prior}}{\sim} \ \mathbf{BART} \ &[y|p] &= \prod_{i=1}^N \prod_{j=1}^{J_i} p_{ij}^{y_{ij}} (1-p_{ij})^{1-y_{ij}} \ & ext{Likelihood} \ & \Lambdaig(t_{(j)}, x_{ij}ig) &= \int_0^{t_{(j)}} \mathrm{d}\Lambdaig(t, x_i(t)ig) &= \sum_{j'=1}^j p_{ij'} \end{aligned}$$

Discrete time intensity model ⇒ longitudinal binary BART

Semi-Markov process and conditional independence

- Note that $(t_{i1}, \ldots, t_{iN_i})$ are not independent rather, assume that they are conditionally independent given $x_i(t)$ and the event history which we summarize by $N_i(t)$ and $v_i(t)$
- ▶ $N_i(t)$ is the number of events process and $N_i \equiv N_i(s_i)$ When $N_i = 0$, then $t_{iN_i} = t_{i0} \equiv 0$
- ➤ Semi-Markov process, i.e., condition on summaries of the event history just prior to time *t* which is denoted by *t*—

Number of events just prior to time t $N_i(t-)$ Sojourn time process from the last event $v_i(t) \equiv t - t_{iN_i(t-)}$

$$y_{ij}|p_{ij} \stackrel{\mathrm{ind}}{\sim} \mathrm{B}(p_{ij})$$
 $p_{ij} = \Phi(\mu + f(t_{(j)}, \widetilde{x}_{ij}))$

where $\tilde{x}_{ii} = [v_i(t_{(i)}), N_i(t_{(i-1)}), x_{ii}]$

21/41

	Pa	tients	Admissions		
Number of Admissions	488		525		
0	308	(63.0)	0		
1	79	(16.2)	79	(15.0)	
2-3	50	(10.3)	115	(21.9)	
4-16	51	(10.5)	331	(63.1)	

- ► We focus on 82 covariates: patient demographics, health insurance, health care charges, diagnoses, procedures, anti-diabetic therapy, laboratory values and vital signs
- ► These covariates are inherently time-dependent and occasionally missing at time zero even when carrying the last value forward
- Imputed 15 continuous variables with Sequential BART 8 lab values and 7 vital signs
 Xu, Daniels & Winterstein 2016 Biostatistics
- ► Variable selection: Decoupling Shrinkage and Selection (DSS) Hahn & Carvalho 2015 JASA; McCulloch et al. 2015 JSM
- Divided the cohort at random into training and validation sets
- ▶ Risk agonists: insulin treatment, peripheral vascular disease (PVD) and the number of previous admissions, $N_i(t-)$

	Pat	ients	Admissions		
Gender	488		525		
M	216	(44.3)	228	(43.4)	
F	272	(55.7)	297	(56.6)	
Race	488		525		
Black	174	(35.7)	265	(50.5)	
White	314	(64.3)	260	(49.5)	
Age	488		525		
Mean, SD	60.9	15.0	60.3	15.7	
ZIP3 area	488		525		
532/urban	378	(77.5)	454	(86.5)	
530/suburb	110	(22.5)	71	(13.5)	
Insurance and Age	488		525		
Government 65+	191	(39.1)	224	(42.7)	
Government <65	138	(28.3)	208	(39.6)	
Commercial <65	143	(29.3)	71	(13.5)	
Other <65	16	(3.3)	22	(4.2)	

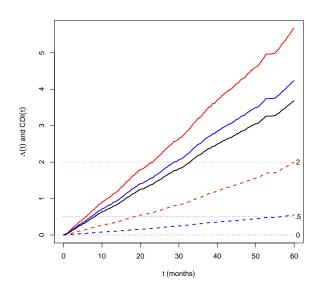
						95%
					Relative	Credible
	Pa	Patients		issions	Intensity	Interval
Insulin	488		525		2.39	1.56, 3.25
Yes	206	(42.2)	391	(74.5)		
No	282	(57.8)	134	(25.5)		
PVD	488		525		2.90	2.00, 3.89
Yes	272	(55.7)	488	(93.0)		
No	216	(44.3)	37	(7.0)		

partial dependence function

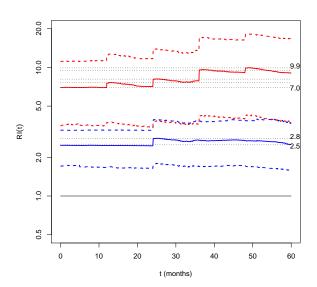
Hospital admission risk profiles

			$N_i(t)$ with time in months						
Risk	Insulin	PVD	0	12	24	36	48	60	
Low	0	0	0	0	0	0	0	0	
Medium	1	0	0	0	1	1	1	1	
High	1	1	0	1	2	3	4	4	

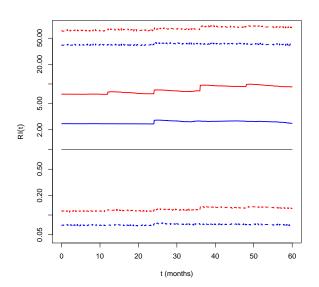
Risk profiles: Cumulative Intensity partial dependence function



Risk profiles: Relative Intensity and 95% Credible Intervals partial dependence function



Risk profiles: Relative Intensity & 95% Prediction Intervals partial dependence function



Diabetes and hospital admission risk

- Some diabetes patients are at high risk for hospital admission
 - diagnosed with PVD
 - prescribed insulin therapy
 - with a recent hospital admission
 - and/or several previous hospital admissions
- ► Health policy implications: Diabetic patients' health care post-discharge should be carefully orchestrated to ensure the delivery of quality clinical care which maximizes healthy outcomes while preventing adverse events and costly unnecessary hospital admissions
- ► BART package contains a roughly 20% random sample 50 patients from training: ydm20.train & xdm20.train 50 patients from validation: xdm20.test
- See example: system.file('demo/dm.recur.bart.R', package='BART')
- ► The complete data set is available in the BART3 package

Competing risks: Method 1 crisk2.bart

Sparapani, Logan et al. 2019 SMMR (SparLoga19)

Data:
$$(t_i, \delta_i, x_i(t))$$
 where $\delta_i \in \{0, 1, 2\}$

$$0 = t_{(0)} < \cdots < t_{(K)} < \infty$$
: distinct ordered, t_i , times

$$y_{1ij} = I(\delta_i > 0) I(j = J_i), j = 1, \dots, J_i$$

$$y_{1ij}|p_{1ij} \sim B(p_{1ij})$$

$$p_{1ij} = \Phi(\mu_1 + f_1(t_{(j)}, x_{ij})) \text{ where } f_1 \stackrel{\text{prior}}{\sim} BART$$

$$y_{2i} = I(\delta_i = 1|\delta_i > 0)$$

$$y_{2i}|p_{2i} \sim B(p_{2i})$$

$$p_{2i} = \Phi(\mu_2 + f_2(t_i, x_{iJ_i})) \text{ where } f_2 \stackrel{\text{prior}}{\sim} BART$$

$$[y|p] = \left(\prod_{i=1}^{N} \prod_{j=1}^{J_i} p_{1ij}^{y_{1ij}} (1 - p_{1ij})^{1 - y_{1ij}}\right) \left(\prod_{i:\delta_i > 0} p_{2i}^{y_{2i}} (1 - p_{2i})^{1 - y_{2i}}\right)$$

Competing risks: Method 1 crisk2.bart

$$S(t,x_i(t)) = 1 - F(t,x_i(t)) = \prod_{j=1}^k (1 - p_{1ij})$$
where $k = \arg\max_j \left[t_{(j)} \le t\right]$

$$F_1(t,x_i(t)) = \int_0^t S(u-,x_i(u-))\lambda_1(u,x_i(u))du$$

$$= \sum_{j=1}^k S(t_{(j-1)},x_i(t_{(j-1)}))p_{1ij}\Phi(\mu_2 + f_2(t_{(j)},x_{ij}))$$

$$F_2(t,x_i(t)) = \int_0^t S(u-,x_i(u-))\lambda_2(u,x_i(u))du$$

$$= \sum_{j=1}^k S(t_{(j-1)},x_i(t_{(j-1)}))p_{1ij} \left[1 - \Phi(\mu_2 + f_2(t_{(j)},x_{ij}))\right]$$

Competing risks: Method 2 (SparLoga19) crisk.bart

Data: $(t_i, \delta_i, x_i(t))$ where $\delta_i \in \{0, 1, 2\}$

$$0 = t_{(0)} < \cdots < t_{(K)} < \infty$$
: distinct ordered, t_i , times

$$y_{1ij} = I(\delta_i = 1) I(j = J_i), j = 1, \dots, J_i$$

 $y_{1ii}|p_{1ii} \sim B(p_{1ii})$

$$p_{1ij} = \Phi(\mu_1 + f_1(t_{(j)}, x_{ij}))$$
 where $f_1 \stackrel{\text{prior}}{\sim} \text{BART}$
 $y_{2ij} = I(\delta_i = 2) I(j = J_i), j = 1, \dots, K_i$
where $K_i = J_i - I(\delta_i = 1)$

$$y_{2ij}|p_{2ij}\sim B(p_{2ij})$$

$$p_{2ij} = \Phi(\mu_2 + f_2(t_{(j)}, x_{ij})) \text{ where } f_2 \stackrel{\text{prior}}{\sim} \text{BART}$$
 $[y|p] = \prod_{i=1}^{N} \left(\prod_{j=1}^{J_i} p_{1ij}^{y_{1ij}} (1 - p_{1ij})^{1 - y_{1ij}} \right)$

$$i=1 \ igl(j=1) \ imes \left(\prod_{j=1}^{K_i} p_{2ij}^{y_{2ij}} (1-p_{2ij})^{1-y_{2ij}}
ight)$$

Competing risks: Method 2 crisk.bart

$$S(t,x_i(t)) = 1 - F(t,x_i(t)) = \prod_{j=1}^k (1 - p_{1ij})(1 - p_{2ij})$$
where $k = \arg\max_j [t_{(j)} \le t]$

$$F_1(t,x_i(t)) = \int_0^t S(u-,x_i(u-))\lambda_1(u,x_i(u))du$$

$$= \sum_{j=1}^k S(t_{(j-1)},x_i(t_{(j-1)}))p_{1ij}$$

$$F_2(t,x_i(t)) = \int_0^t S(u-,x_i(u-))\lambda_2(u,x_i(u))du$$

$$= \sum_{j=1}^k S(t_{(j-1)},x_i(t_{(j-1)}))(1 - p_{1ij})p_{2ij}$$

Competing risks with more than two causes:

Method 1 crisk2.mbart

Data:
$$(t_i, \delta_i, x_i(t))$$
 where $\delta_i \in \{0, 1, ..., K\}$
 $0 = t_{(0)} < \cdots < t_{(I)} < \infty$: distinct ordered, t_i , times

$$y_{ij} = I(\delta_i > 0) I(j = J_i) , j = 1, \dots, J_i$$
 $y_{ij}|p_{ij} \sim B(p_{ij})$
 $p_{ij} = \Phi(\mu_0 + f_0(t_{(j)}, x_{ij})) \text{ where } f_0 \stackrel{\text{prior}}{\sim} \text{BART}$
 $\psi_{ik} = I(\delta_i = k|\delta_i > 0) \text{ where } \psi_{i0} = I(\delta_i > 0)$
 $\psi_i|\pi_i \sim \text{Multinomial } (1, \pi_i) \text{ where } \pi_{ik}(t_i, x_{iJ_i})$

is a complex function of $f_{k'} \stackrel{\mathrm{prior}}{\sim} \mathrm{BART} \ , \ k' = 1, \dots, K-1$

$$[y,\psi|p,\pi] = \prod_{i=1}^N \left(\prod_{j=1}^{J_i} p_{ij}^{y_{ij}} (1-p_{ij})^{1-y_{ij}}
ight) \prod_{k=1}^K \left(\pi_{ik}^{\psi_{ik}} (1-\pi_{ik})^{1-\psi_{ik}}
ight)^{\psi_{i0}}$$

Competing risks with more than two causes: Method 1 crisk2.mbart

$$S(t, x_i(t)) = 1 - F(t, x_i(t)) = \prod_{j=1}^{j'} (1 - p_{ij})$$
where $j' = \arg \max_{j} [t_{(j)} \le t]$
 $F_k(t, x_i(t)) = \int_0^t S(u - x_i(u - t)) \lambda_k(u, x_i(u)) du$
 $= \sum_{j=1}^{j'} S(t_{(j-1)}, x_i(t_{(j-1)})) p_{ij} \pi_{ik}(t_{(j)}, x_{ij})$

Competing risks with 3 causes: Method 2 crisk3.bart

Data:
$$(t_i, \delta_i, x_i(t))$$
 where $\delta_i \in \{0, 1, 2, 3\}$
 $0 = t_{(0)} < \cdots < t_{(K)} < \infty$: distinct ordered, t_i , times
$$y_{1ij} = \mathbf{I}(\delta_i = 1) \, \mathbf{I}(j = J_i) \,, \, j = 1, \dots, J_i$$

$$y_{1ij} | p_{1ij} \sim \mathbf{B}(p_{1ij})$$

$$p_{1ij} = \Phi(\mu_1 + f_1(t_{(j)}, x_{ij})) \text{ where } f_1 \overset{\text{prior}}{\sim} \text{ BART}$$

$$y_{2ij} = \mathbf{I}(\delta_i = 2) \, \mathbf{I}(j = J_i) \,, \, j = 1, \dots, K_i$$

$$\text{where } K_i = J_i - \mathbf{I}(\delta_i = 1)$$

$$y_{2ij} | p_{2ij} \sim \mathbf{B}(p_{2ij})$$

$$p_{2ij} = \Phi(\mu_2 + f_2(t_{(j)}, x_{ij})) \text{ where } f_2 \overset{\text{prior}}{\sim} \text{ BART}$$

$$y_{3ij} = \mathbf{I}(\delta_i = 3) \, \mathbf{I}(j = J_i) \,, \, j = 1, \dots, L_i$$

$$\text{where } L_i = J_i - \mathbf{I}(\delta_i \in \{1, 2\})$$

$$y_{3ij} | p_{3ij} \sim \mathbf{B}(p_{3ij})$$

$$p_{3ij} = \Phi(\mu_3 + f_3(t_{(j)}, x_{ij})) \text{ where } f_3 \overset{\text{prior}}{\sim} \text{ BART}$$

Competing risks with 3 causes: Method 2 crisk3.bart

$$S(t,x_i(t)) = 1 - F(t,x_i(t)) = \prod_{j=1}^k (1 - p_{1ij})(1 - p_{2ij})(1 - p_{3ij})$$
where $k = \arg\max_j \left[t_{(j)} \le t\right]$

$$F_1(t,x_i(t)) = \sum_{j=1}^k S(t_{(j-1)},x_i(t_{(j-1)}))p_{1ij}$$

$$F_2(t,x_i(t)) = \sum_{j=1}^k S(t_{(j-1)},x_i(t_{(j-1)}))(1 - p_{1ij})p_{2ij}$$

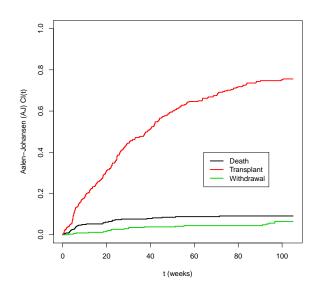
$$F_3(t,x_i(t)) = \sum_{j=1}^k S(t_{(j-1)},x_i(t_{(j-1)}))(1 - p_{1ij})(1 - p_{2ij})p_{3ij}$$

Liver transplant

Kim et al. 2006 Hepatology

- ► Mayo Clinic Liver transplant waiting list data from 1990-1999
- During this period, liver allocation policy was flawed
- ▶ Donor livers from subjects with blood type O can be used by patients with A, B, AB or O blood types, whereas an A, B, AB liver can only be used by an A, B, AB recipient respectively
- ► Type O subjects on the waiting list were at a disadvantage since the pool of competitors was larger for type O donor livers
- Current policies have evolved and now depend on each individual patient's risk and need which are assessed and updated regularly while a patient is on the waiting list
- ► However, the overall donor liver shortage remains acute today
- lacktriangle transplant data set in **BART** R package: N=815
- system.file('demo/liver.crisk.bart.R',
 package='BART')

Liver transplant Competing Risks for Type O patients Aalen-Johansen estimator available in **survival** R package



Liver transplant Competing Risks for Type O patients Aalen-Johansen and BART

