BoxHED: Boosted eXact Hazard Estimator with Dynamic covariates

Xiaochen Wang Yale University

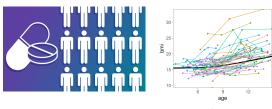
With Donald K.K. Lee (Emory U.), Bobak J. Mortazavi (TAMU), Arash Pakbin (TAMU), Hongyu Zhao (Yale U.)



High frequency health vitals in ICU



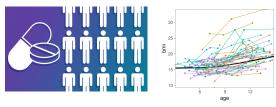
High frequency health vitals in ICU



Longitudinal data from clinical studies



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Mobile data and wearables devices



Behavioral data in financial risk assessment

Challenges & Our contributions

Challenges:

- ML survival methods mainly focus on time-static features. (Ishwaran et al. 08; Ranganath et al. 16; Bellot & van der Schaar 18, 19; Lee et al. 19)
- Methods dealing with dynamic features are very sparse:
 - Non-parametric: kernel smoothing for low-dimensional covariate settings.
 - Parametric: 'flexsurv' R package.

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- Methods dealing with dynamic features are very sparse:
 - Non-parametric: kernel smoothing for low-dimensional covariate settings.
 - Parametric: 'flexsurv' R package.

Contributions:

1. First publicly available software for boosted hazard estimation with timedependent features.

https://github.com/BoXHED

2. Novel algorithmic implementation of Lee, Chen, Ishwaran "Boosted nonparametric hazards with time-dependent covariates" (2017)

Problem statement

Each participant i is represented by a triplet $(X_i(t)_{t \in [0,T_i]}, \Delta_i, T_i)$.

- $X_i(t)$ is a set of continuously-monitored features.
- Δ_i is a binary event indicator: 1 for an uncensored instance and 0 for a censored instance.
- T_i is the observed time, i.e.

$$T_i = egin{cases} ext{Event time} & ext{if} & \Delta_i = 1 \ ext{Censoring time} & ext{if} & \Delta_i = 0 \end{cases}$$

Goal: Given above information of n participants, we want to estimate log-hazard function F(t,x).

Loss function

• Loss function – negative log-likelihood.

$$R(F) = \frac{1}{n} \sum_{i=1}^{n} \left\{ \int_{0}^{T_{i}} e^{F(t,X_{i}(t))} dt - \Delta_{i}F(T_{i},X_{i}(T_{i})) \right\}$$

• Challenge: Likelihood risk R(F) is too complex to be optimized using traditional techniques. Solution provided in Lee, Chen, Ishwaran 17.

Algorithm Overview

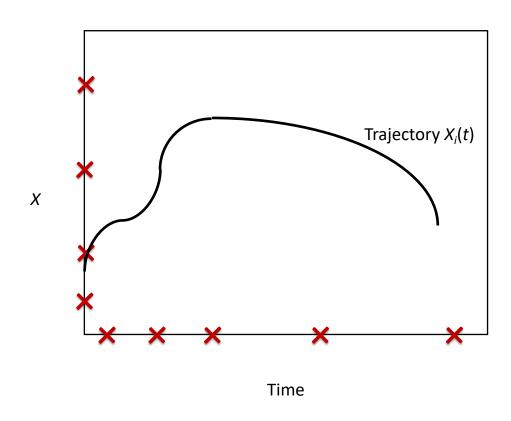
Algorithm: BoXHED

- 1: **Input:** n samples $\{(X_i(t), T_i, \Delta_i)_{i=1}^n | 0 \le t \le T_i\}$, maximum # of iterations M, maximum # of splits L, and step size ν .
- 2: Initialize $\hat{F}_0 = \log(\frac{\sum_{i=1}^n \Delta_i}{\sum_{i=1}^n T_i})$.
- 3: Propose candidate splits on time and features.
- 4: **for** m = 1 **to** M **do**
- 5: Compute the tree g_m that minimizes likelihood risk.
- 6: Update log-hazard $\hat{F}_m \leftarrow \hat{F}_{m-1} \nu g_{m-1}$.
- 7: end for

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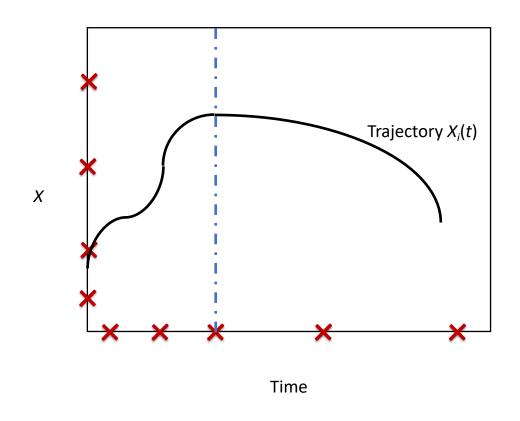
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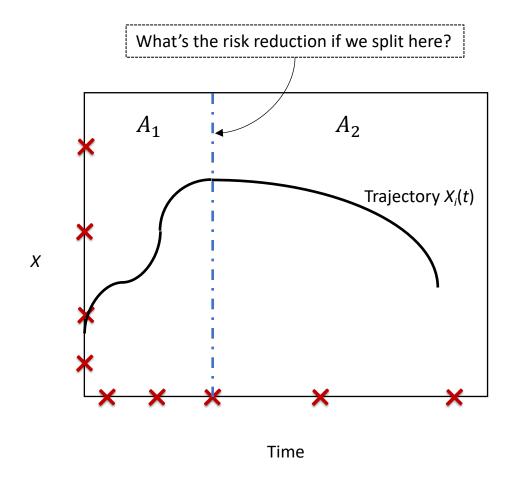
Tree Construction Demo

• Select candidate splits based on percentiles (adjustable).



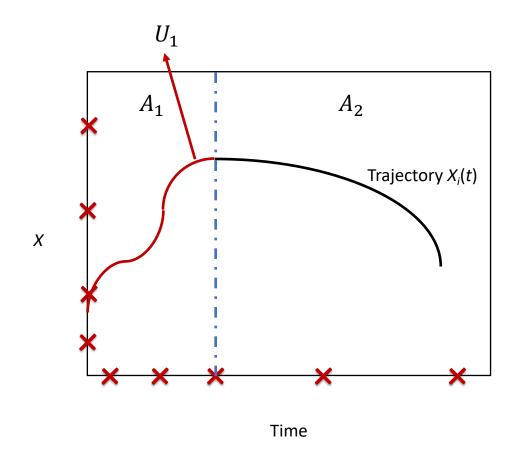
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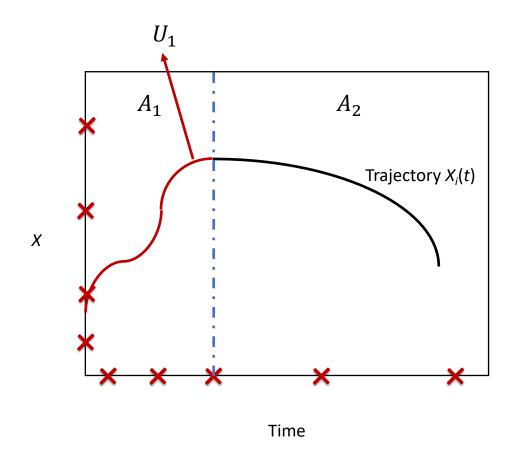


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 - 2. Split score:

$$d=\sum_{k=1}^2 V_k \left(1+\log rac{U_k}{V_k}
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 , where
$$U_k=\sum_{i=1}^n \int_0^{T_i} e^{F_m(t,X_i(t))} I_{A_k} \big(t,X_i(t)\big) dt,$$

 $V_k = \# of observed events in A_k$.



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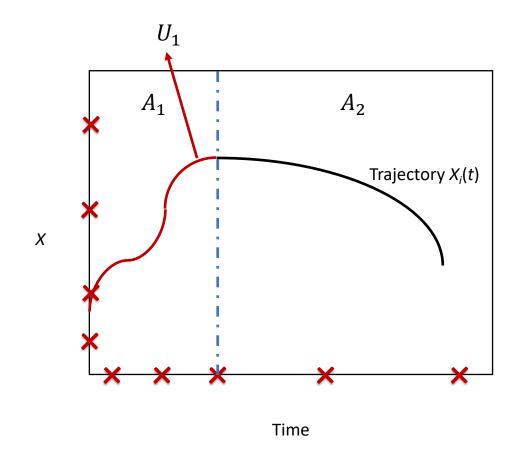
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$$V_{k} = \# of observed events in A_{k}.$$

- 3. Choose the split that minimized d.
- Choose subsequent splits to also minimize split score.

Results

- Simulation data
- Framingham heart study data

Simulation Data

Four hazard functions (Pérez et al. 13)

$$\begin{split} \lambda_1(t,x_t) &= Beta(t,2,2) \times Beta(x_t,2,2), & t \in (0,1]; \\ \lambda_2(t,x_t) &= Beta(t,4,4) \times Beta(x_t,4,4), & t \in (0,1]; \\ \lambda_3(t,x_t) &= \frac{1}{t} \frac{\phi(\log t - x_t)}{\Phi(x_t - \log t)}, & t \in (0,5]; \\ \lambda_4(t,x_t) &= \frac{3}{2} t^{0.5} \exp\left(-\frac{1}{2} \cos(2\pi x_t) - \frac{3}{2}\right), & t \in (0,5]. \end{split}$$

0, 20, and 40 irrelevant features from standard normal distribution are added to above four hazards.

Methods

	Can handle time- dependent features?	Nonparametric?	Variable selection	Parameter tuning
BoXHED	V	V	V	Cross-validated on training data
Kernel Smoothing	V	V		Kernel bandwidth tuned directly to test data
FlexSurv	V		V	Best parametric family for test data
Black-boost			V	Best parametric family and #iterations for test data

RMSE error

Hazard	#Irrelevant covariates	Estimator			
		BoXHED	kernel	flexsurv	blackboost
λ_1	0	0.17 (0.17, 0.17)	0.14 (0.14, 0.15)	0.53 (0.52, 0.54)	0.58 (0.57, 0.59)
	20	0.20 (0.20, 0.20)	3.4 (3.0, 3.9)	0.54 (0.53, 0.54)	0.58 (0.57, 0.59)
	40	0.21 (0.20, 0.21)	43 (5.7, 80)	0.54 (0.54, 0.55)	0.58 (0.57, 0.59)
λ_2	0	0.23 (0.23, 0.24)	0.11 (0.11, 0.12))	1.1 (1.1, 1.1)	1.4 (1.4, 1.4)
	20	0.25 (0.25, 0.26)	4.5 (3.9, 5.2)	1.1 (1.1, 1.1)	1.4 (1.4, 1.4)
	40	0.26 (0.26, 0.27)	29 (11, 46)	1.1 (1.1, 1.1)	1.4 (1.4, 1.4)
λ_3	0	0.038 (0.037, 0.040)	0.046 (0.044, 0.049)	0.0040 (0.0039, 0.0041)	0.10 (0.10, 0.11)
	20	0.047 (0.046, 0.049)	1.8 (1.1, 2.5)	0.020 (0.019, 0.020)	0.10(0.10, 0.11)
	40	0.050 (0.048, 0.051)	7.6 (5.3, 9.7)	0.030 (0.029, 0.031)	0.10(0.10, 0.11)
λ_4	0	0.049 (0.048, 0.050)	0.045 (0.044, 0.046)	0.20 (0.19, 0.20)	0.20 (0.19, 0.20)
	20	0.060 (0.059, 0.062)	3.9 (0.66, 7.1)	0.20(0.19, 0.20)	0.20(0.19, 0.20)
	40	0.069 (0.067, 0.070)	5.5 (4.3, 6.7)	0.20 (0.20, 0.21)	0.20 (0.19, 0.20)

RMSE error with 95% confidence interval.

RMSE error

The kernel function is a beta density, resembling λ_1 and λ_2 .

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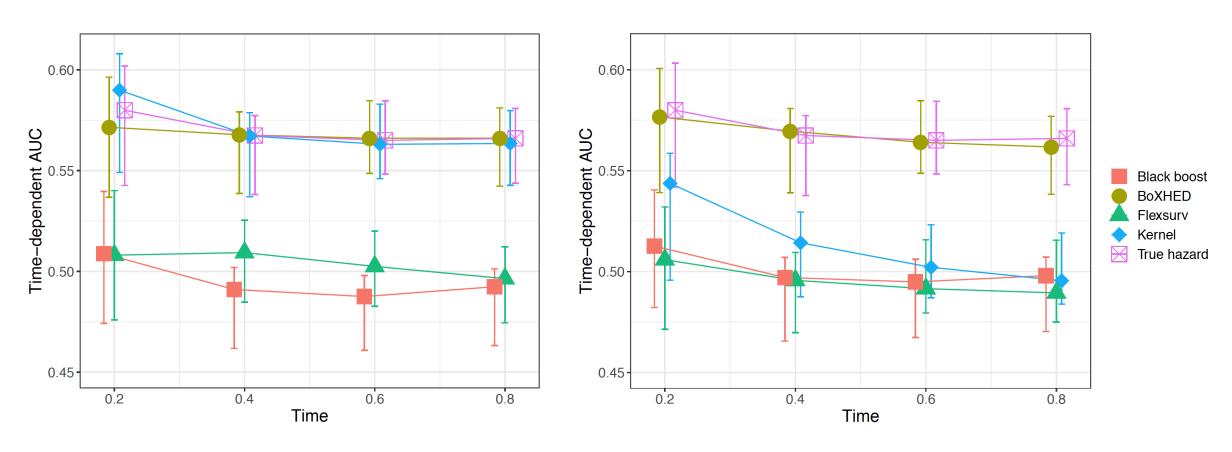
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flexsurv is correctly specified for λ_3 (log-normal distribution)

Time-dependent AUC



AUC versus time t for the estimators when applied to data simulated from λ_1 . Larger AUC values are better. Left: No irrelevant covariates; right: 20 irrelevant covariates.

Framingham heart study data

- 9,697 participants enrolled by 1975 with event follow-up through 2017.
- Many features were measured repeatedly in physical exams almost every two years.
- Risk factors: age, gender, systolic blood pressure (SBP), diastolic blood pressure (DBP), total cholesterol (TC), smoking, diabetes, and BMI.
- Outcome: first occurrence of a CVD event.

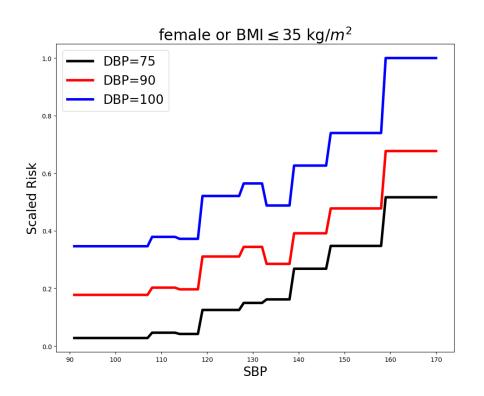
Relationship between SBP and CVD

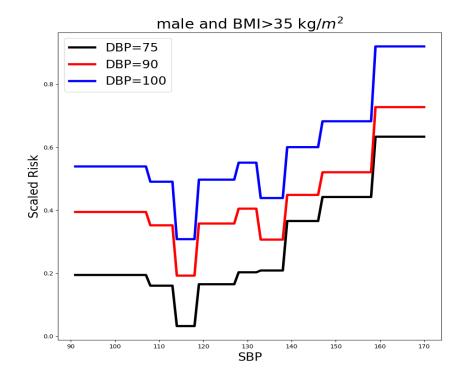
Conflicting clinical literature on how SBP affects CVD risk.

- CVD risk increases with SBP;
- CVD risk decreases with SBP, and then increases (U-shaped);
- some more complicated interaction patterns ...

BoXHED identified novel interaction effects that may partially explain these conflicting findings.

Estimated hazard by SBP





Novel clinical finding

 Hypotheses: The interaction effects SBP×BMI and SBP×Gender are responsible for the reported clinical findings on SBP and CVD risk.

 Validation: SBP×BMI interaction effect is validated using the conventional odds ratio analyses.

Conclusions

- BoXHED is first publicly available software for boosted hazard estimation that is
 - completely nonparametric
 - able to handle time-dependent features
 - applicable to high-dimensional data

• Uncovered a novel interaction effect that may explain conflicting findings on CVD risk in clinical literature.

https://github.com/BoXHED

Q&A