

On Criteria for Evaluating Risk Prediction Models for Public Health Applications

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Motivation: Absolute Risk for Cancer Incidence

$$r(x, a, \tau) = P(T \leq a + \tau, \text{cause} = C | T > a; x) \\ = \int_a^{a+\tau} h_C(t, x) \exp \left[- \int_a^t \{h_C(u, x) + h_D(u, x)\} du \right] dt$$

T - event time

X - individual risk or protective factors

a - age

τ - length of projection

$h_C(t, x)$ - cancer hazard at age t

$h_D(t, x)$ - mortality hazard from competing risks

Combine Data from Different Sources to Estimate Absolute Risk

$$\text{model } h_c(t, \mathbf{x}) = h_{c0}(t)rr(\beta_c \mathbf{x})$$

Cohort, nested case-control, case cohort, case-control data

Estimate **relative risk**, $rr(\beta_c \mathbf{x})$ and **attributable risk**, $AR(\mathbf{x})$

Cancer Registries

$h_{c0}^*(t)$, composite cancer hazard (age spec.)

$$\hat{h}_c(t, \mathbf{x}) = h_{c0}^*(t)(1-AR_c)rr(\beta_c \mathbf{x})$$

$$\hat{r}(x, a, \tau) = \int_a^{a+\tau} \hat{h}_c(t, \mathbf{x}) \exp \left[- \int_a^t \{ \hat{h}_c(u, \mathbf{x}) + \hat{h}_D(u, \mathbf{x}) \} du \right] dt$$

Absolute Risk Models for Endometrial and Breast Cancers

We combined data on white non-Hispanic women ages 50+ from two large cohorts to estimate **relative risks** for endometrial and breast cancers

Outcome	Combined cohort size	Total # cases
Endometrial cancer	157,755	1,656
Breast cancer	256,522	8,160

Relative Risk Estimates

Variable	Endometrial Cancer	Breast Cancer
	RR (95%CI)	RR (95%CI)
BMI (<25, 25-<30, 30-<35, 35-<40, 40+)	1.72* (1.65-1.80)	X
Oral contraceptive use (1+ year, <1 year)	1.44 (1.28-1.61)	
Menopausal hormone therapy use (never, <10 years, 10+ years)	X	1.40 (1.32-1.49)
Parity (3+, 1-2, 0)	X	X
Family history of breast or ovarian cancer		1.39 (1.32-1.47)
Benign breast disease/biopsy (no/yes)		1.40 (1.33-1.48)
Smoking Never compared to current	1.47 (1.22-1.78)	
Former compared to current	X	
Age first life birth	X	X
Alcohol consumption	X	X
Age at menopause	X	X

Absolute Risk Estimates: two 50 year old non-smoking women without history of benign breast disease

	Woman 1	Woman 2
Oral contraceptive use	no	yes
Age at first birth	25	39
# of life births	3	1
BMI, kg/m²	24	40
Menopausal	no	yes
Alcohol consumption (drinks/day)	0	>1
Family history breast/ovarian cancer	no	yes
HRT use+ duration>1 year	no	yes
10 year absolute breast cancer risk estimate	1.83%	6.83%
10 year absolute endometrial cancer risk estimate	0.40%	5.91%

External Validation: Independent Population for Assessment of Model Performance

Model Performance

Assume population of N individuals followed over time period t (cohort data)

Observe disease outcome at end of follow-up

$$Y_i = \begin{cases} 1, & \text{if } i\text{th woman develops event during } t \\ 0, & \text{otherwise} \end{cases}$$

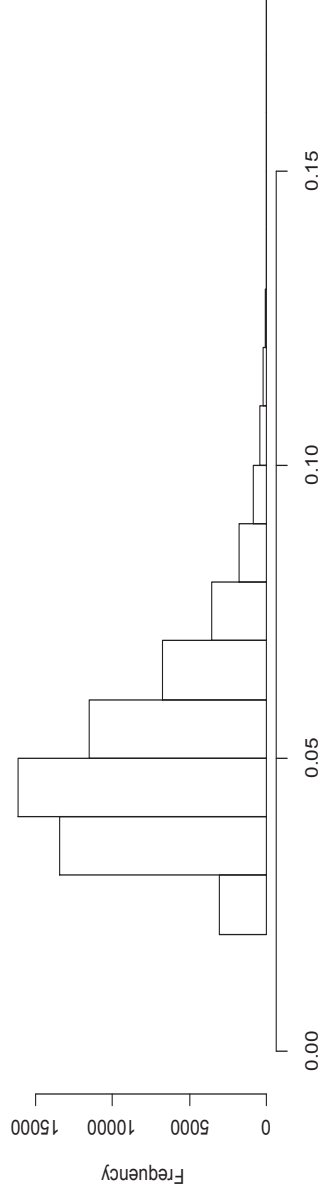
$r(x_i) = \hat{P}(Y = 1 | x_i)$ absolute risk estimate for i th person

with baseline covariates x_i , including age a over time t

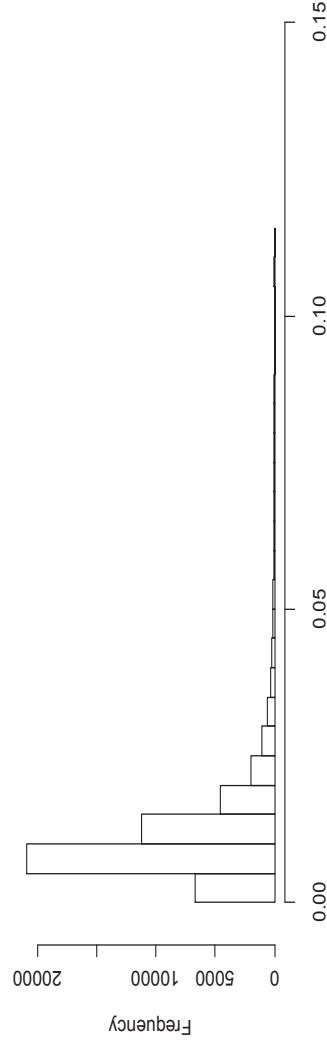
Risk model r known

Risk estimates r have distribution F on $[0, 1]$

Distribution F of Risk in Nurses' Health Validation Cohort (N~60,000)



Breast cancer absolute risk estimates



Endometrial cancer absolute risk estimates

Standard Criteria for Evaluating Performance of Risk Prediction Models: Calibration

Assesses model bias

Model $r(\mathbf{x})$ is **well calibrated** if for each \mathbf{x}

$$P(Y = 1 | r(\mathbf{x}) = \mathbf{r}) \approx \mathbf{r}$$

$$\text{Then } \mu = E(Y) = P(Y = 1) = \int_0^1 r dF(r) = E(R)$$

Model r is unbiased (well calibrated) in population if

$$\frac{1}{N} \sum_{i=1}^N Y_i \approx \frac{1}{N} \sum_{i=1}^N r_i$$

Assess Performance of Models in Nurses' Health Validation Cohort

Ages 51-70 at baseline

$$\text{Calibration: } O = \sum_{i=1}^N Y_i, \quad E = \sum_{i=1}^N r(X_i)$$

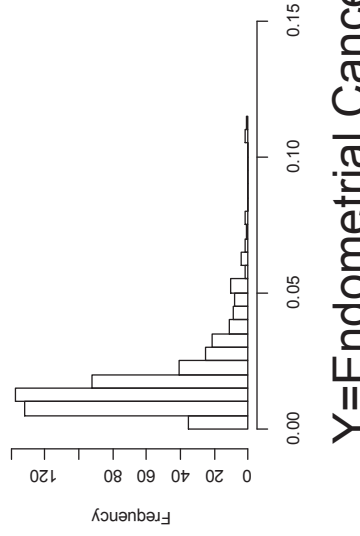
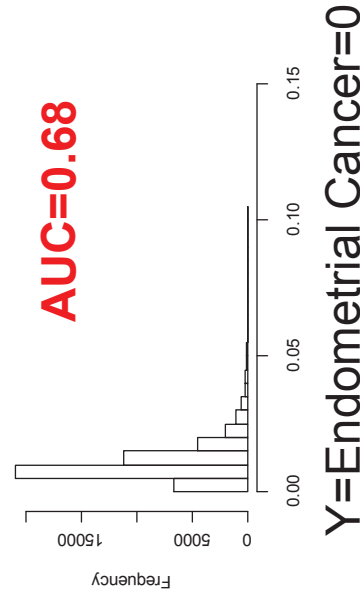
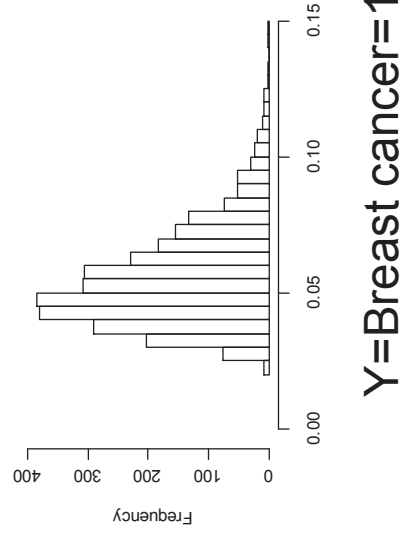
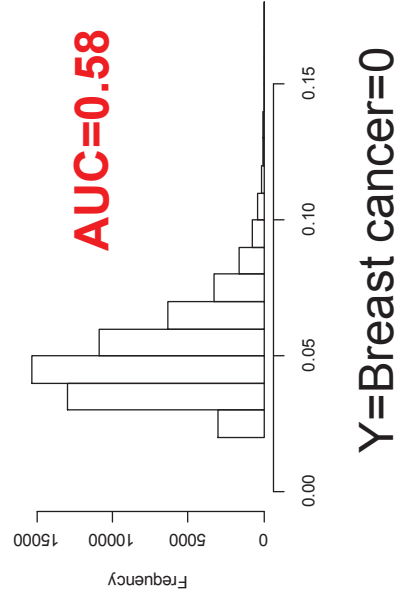
Outcome	# women	O	E	E/O (95%CI)
Breast cancer	57,906	2934	2930	1.00 (0.96–1.04)
Endometrial cancer	37,241	532	637	1.20 (1.11–1.29)

Standard Criteria for Evaluating Performance of Risk Prediction Models: Measures of Discrimination

- **Receiver operating characteristic (ROC) curve** plots sensitivity (true positive rate) vs. 1 – specificity (false positive rate), for binary classifier as discrimination threshold is varied
- Area under the ROC curve (**AUC**) (**c-statistic**)

$$AUC = P(r_{Y=1} > r_{Y=0})$$

Distribution of risk estimates in independent validation cohort (Nurses' Health Study)



Criteria that Assess Model Performance for Screening Applications

Wish to make **screening recommendations** for population over next five years based on baseline risk assessment from absolute risk model

Compute 5-year cancer risk from model for every woman given baseline covariates X , $r_i = r(X_i)$, $i=1, \dots, N$

Rank risks from lowest to highest risk: $r_{(1)} \leq r_{(2)} \leq \dots \leq r_{(N)}$

1. **Proportion of cases followed, PCF(q)**: proportion of cases followed-up in screening program that screens proportion q of population at highest risk
2. **Proportion needed to follow, PNF(p)**: proportion of population at highest risk that needs to get screened so that proportion p of future cases will be screened

Distributions of Risk in Cases and Non-cases

$r(x) = \hat{P}(Y = 1 | x)$ risk estimate

$F(r^*) = P(r \leq r^*)$ distribution of risk in general population

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$G(r^*) = P(r \leq r^* | Y = 1)$, distribution of risk in cases

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$G(r^*) = P(r \leq r^* | Y = 1)$, distribution of risk in cases

$K(r^*) = P(r \leq r^* | Y = 0)$, distribution of risk in non-cases

Proportion Cases Followed, PCF(q)

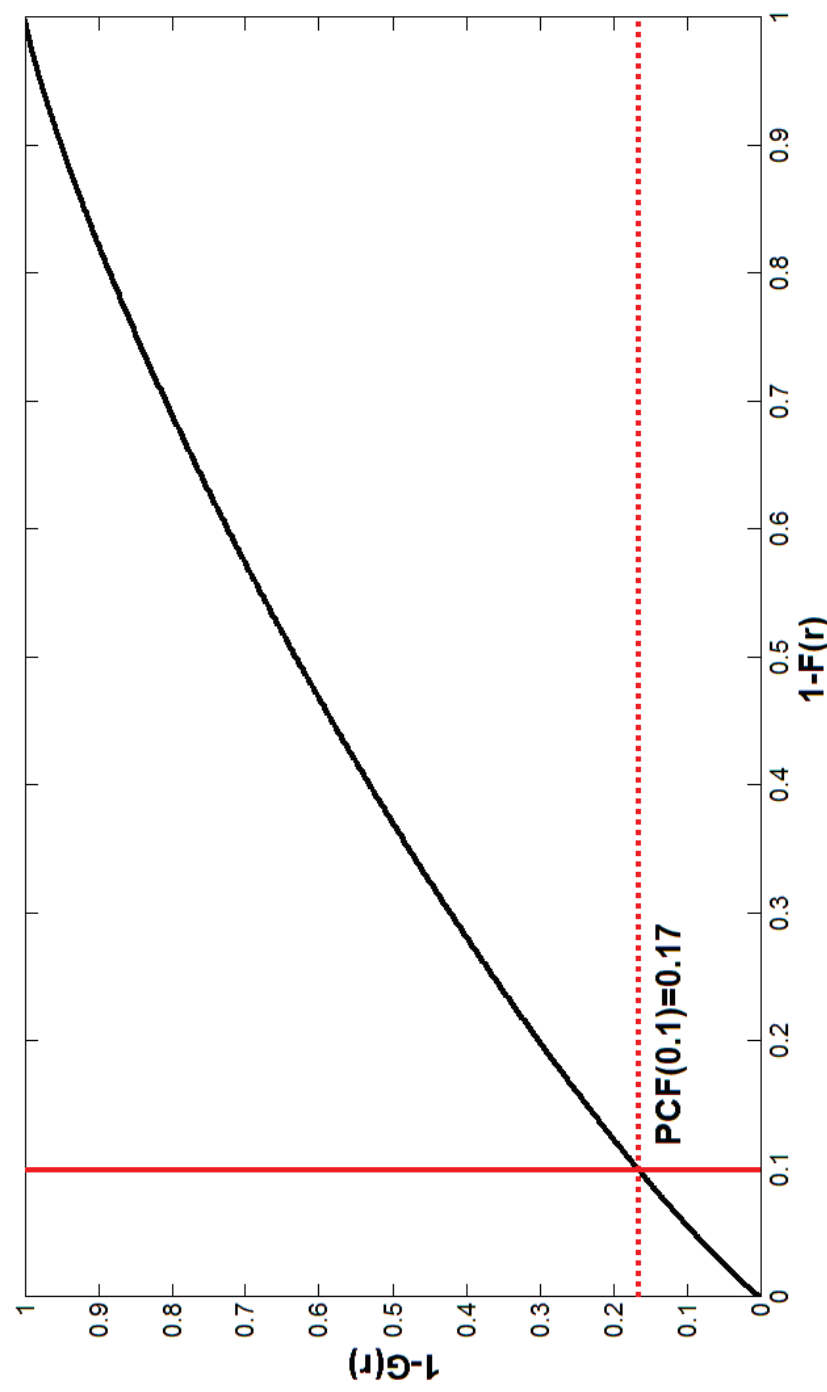
Proportion of cases who are included in proportion q of population at highest risk.

$F^{-1}(1-q)$: $(1-q)$ th quantile of population distribution F

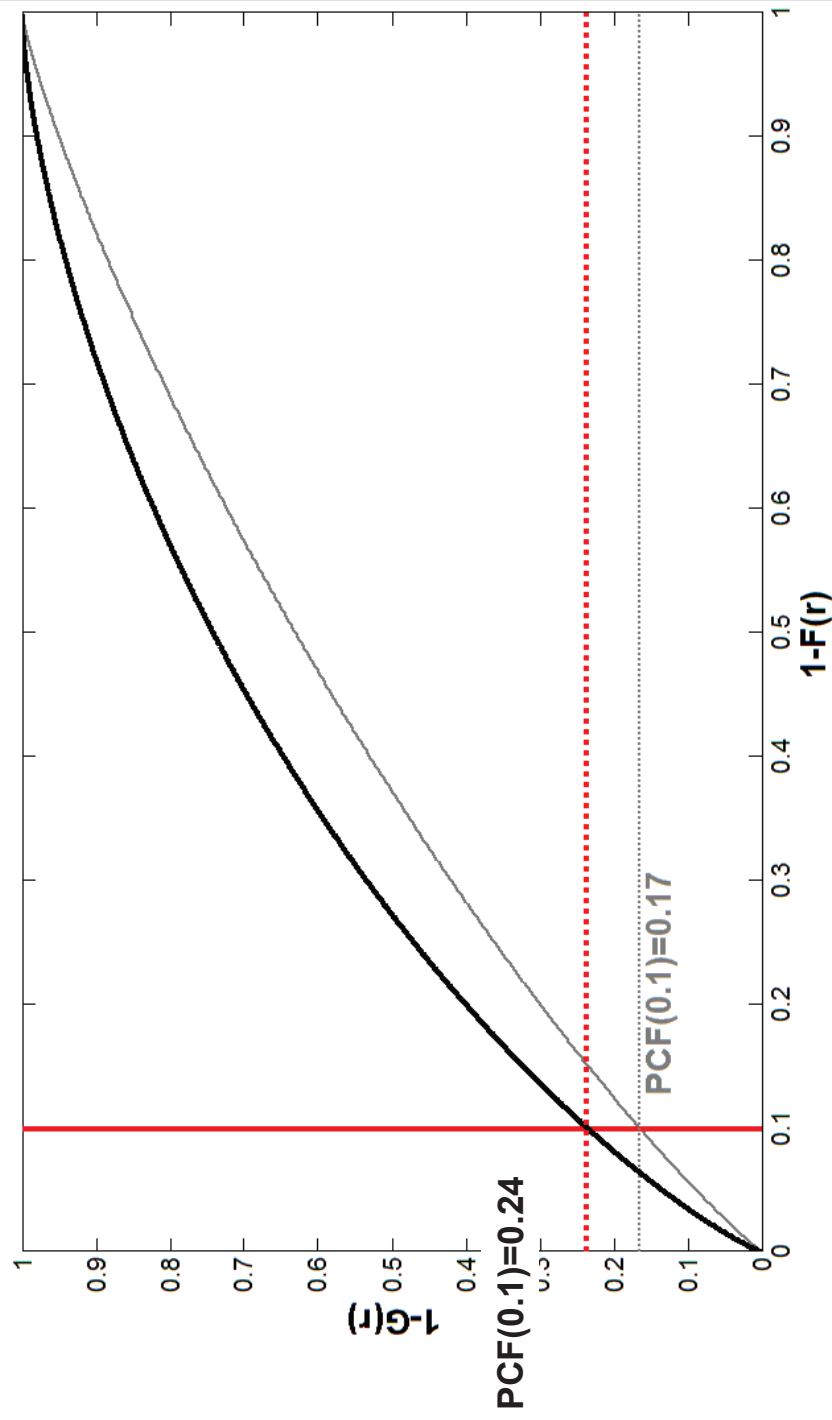
G- distribution of risk in cases

$$\text{PCF}(q) = 1 - G \circ F^{-1}(1-q)$$

PCF, risk distribution F in population is Beta(8.5, 161.5) (AUC=0.59)



PCF, risk distribution F in population is Beta(2.3, 43.7) (AUC=0.68)



Integrated Proportion of Cases Followed (iPCF)

G- distribution of risk in cases

$$\text{PCF}(q) = 1 - G \circ F^{-1}(1-q)$$

$$\text{iPCF}(q^*) = \int_{q^*}^1 \text{PCF}(q) dq =$$

$$= 1 - q^* - \frac{1}{1-q^*} P(R_G \leq R_F \mid R_F \in (0, F^{-1}(1-q^*)))$$

$$q^* = 0: \text{iPCF}(0) = P(R_G > R_F)$$

Comparison with ROC curve

F- distribution of risk in population

G- distribution of risk in cases

$$PCF(q) = 1 - G \circ F^{-1}(1-q)$$

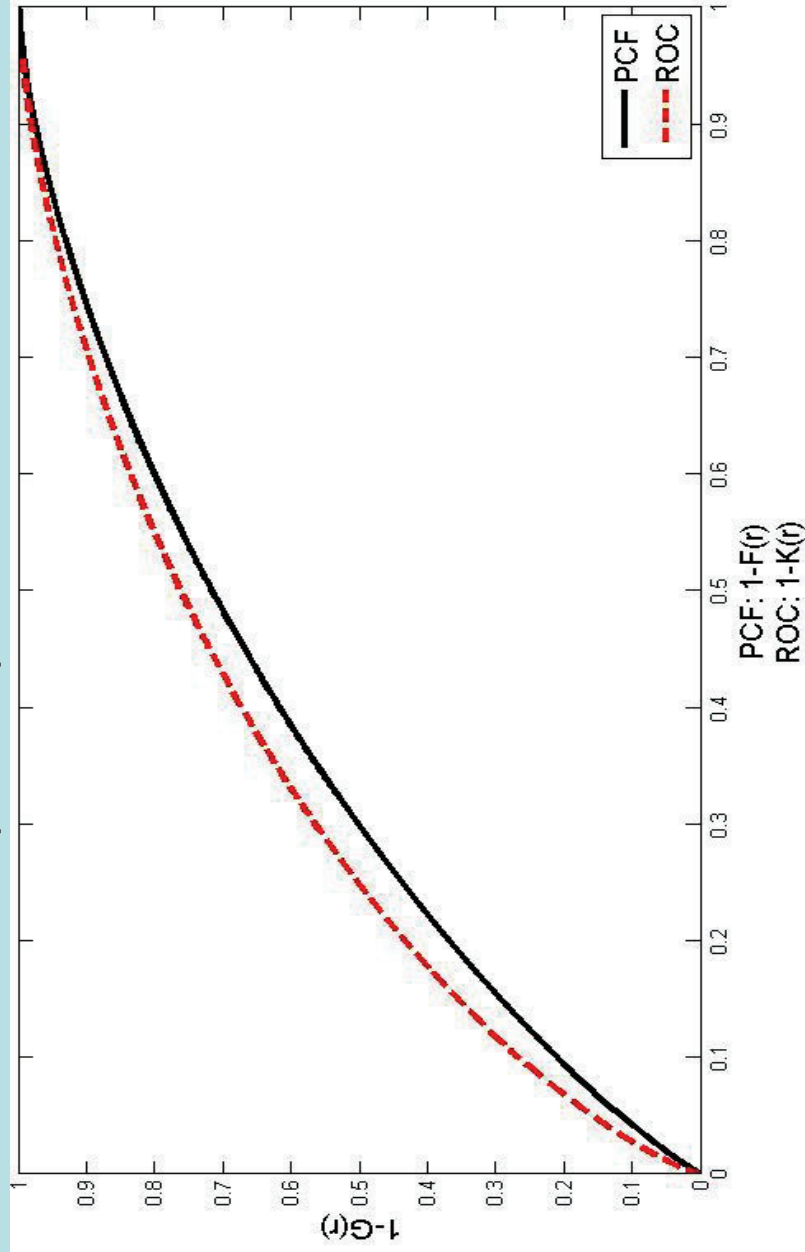
$$iPCF(0) = \int_0^1 PCF(q) dq = P(R_G > R_F)$$

K- distribution of risk in non-cases

$$ROC(q) = 1 - G \circ K^{-1}(1-q)$$

$$AUC = \int_0^1 ROC(q) dq = P(R_G > R_K)$$

ROC and PCF curves, risk distribution F in population is Beta(2.5, 10),
AUC=0.69, iPCF=0.66 ($\mu=0.20$)



Proportion Needed to Follow, PNF(p)

Fraction of the general population with highest risks that needs to be screened (followed up) to assure that a given fraction p of all cases in population receive screen.

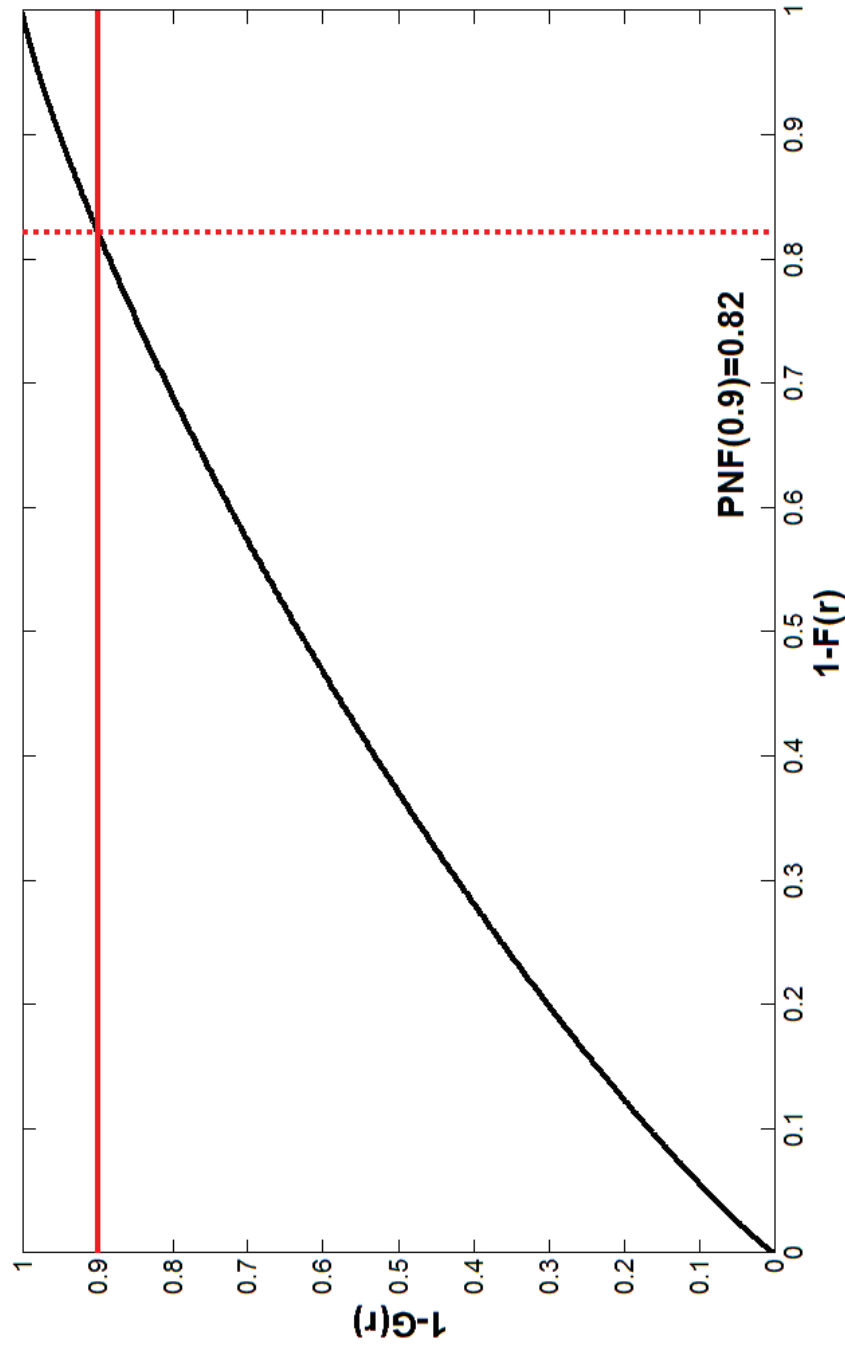
Solve

$$1 - G \circ F^{-1}(1 - PNF(p)) = p$$

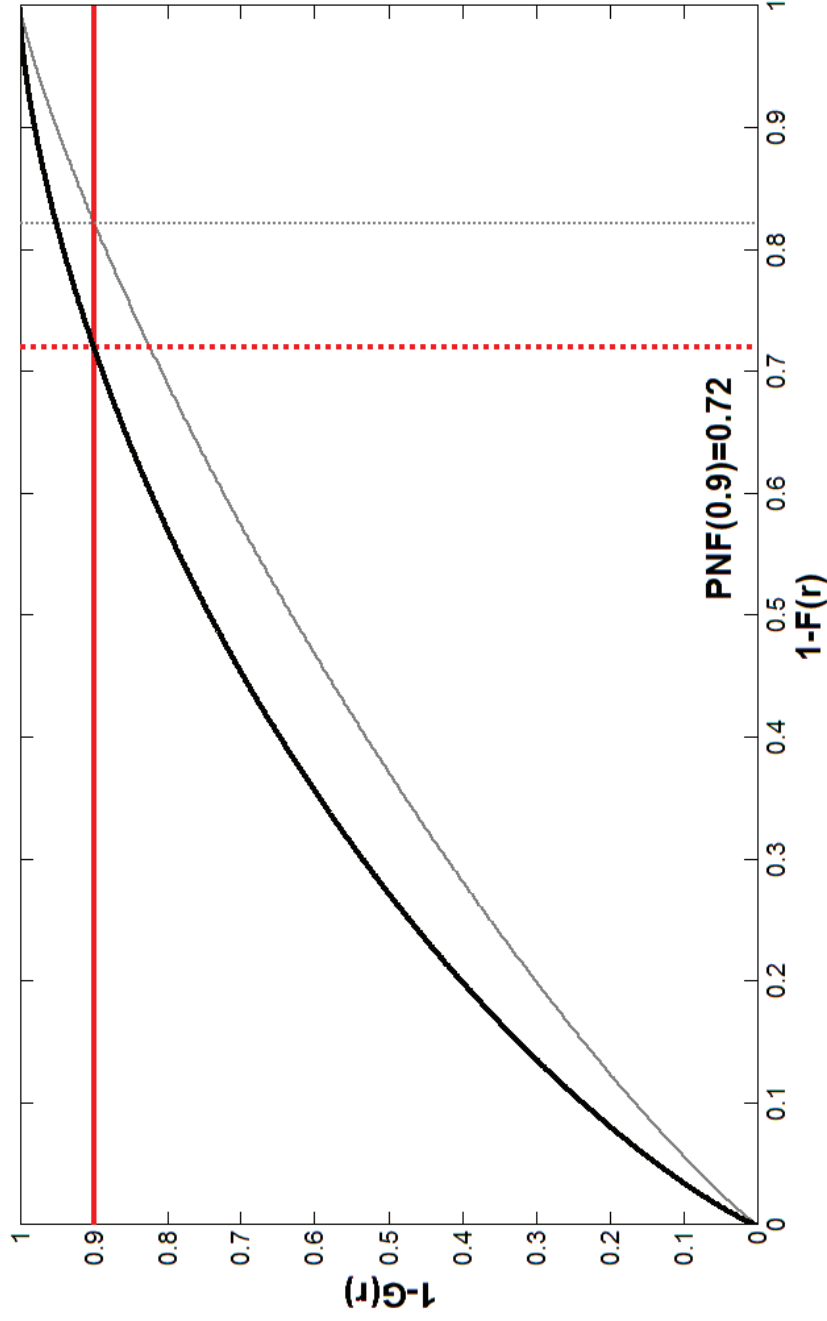
Thus

$$PNF(p) = 1 - F \circ G^{-1}(1 - p)$$

PNF, risk distribution F in population is Beta(8.5, 161.5) (AUC=0.59)



PNF, risk distribution F in population is Beta(2.3, 43.7) (AUC=0.68)



Non-parametric estimates of PCF(q), iPCF, PNF(p), iPNF using three different types of data

- Risks r_1, \dots, r_N in a cohort under assumption of a well-calibrated model
- Risks in case-control study, r_1, \dots, r_{N0} in controls ($Y=0$) and r_1, \dots, r_{N1} in cases ($Y=1$) with known disease prevalence μ
- Risks and outcomes in a cohort, $(r_1, Y_1), \dots, (r_N, Y_N)$

Estimate PCF and PNF under assumption of well calibrated model

If model well calibrated: $P(Y | r) \sim r$ and $P(Y = 1) = E(R) = \mu$

Distribution of risk in cases

$$G(r^*) = P(R \leq r^* | Y = 1) = \frac{1}{\mu} \int_0^{r^*} r dF(r)$$

Estimate PCF and PNF under assumption of well calibrated model

If model well calibrated: $P(Y | r) \sim r$ and $P(Y = 1) = E(R) = \mu$

Distribution of risk in cases

$$G(r^*) = P(R \leq r^* | Y = 1) = \frac{1}{\mu} \int_0^{r^*} r dF(r)$$

$$\text{PCF}(q) = 1 - G \circ F^{-1}(1-q) = 1 - \frac{1}{\mu} \int_0^{F^{-1}(1-q)} r dF(r) = 1 - L(1-q)$$

where L denotes the *Lorenz curve* for F

Estimate PCF and PNF under assumption of well calibrated model

If model well calibrated: $P(Y | r) \sim r$ and $P(Y = 1) = E(R) = \mu$

Distribution of risk in cases

$$G(r^*) = P(R \leq r^* | Y = 1) = \frac{1}{\mu} \int_0^{r^*} r dF(r)$$

$$\text{PCF}(q) = 1 - G \circ F^{-1}(1 - q) = 1 - \frac{1}{\mu} \int_0^{F^{-1}(1-q)} r dF(r) = 1 - L(1 - q)$$

where L denotes the Lorenz curve for F

$$\text{PNF}(p) = 1 - F \circ G^{-1}(1 - p) = 1 - L^{-1}(1 - p)$$

Non-parametric estimates of \hat{L} and \hat{L}^{-1} provided by Goldie (1977)

Inference

- Derived asymptotic distributions for non-parametric estimates of PCF, iPCF, PNF and iPNF for three designs
 - Observed risks alone under assumption of well calibrated model
 - Case-control data with known disease prevalence
 - Observed risks and outcomes in a population
- Variance estimation:
 - Taylor linearization using influence functions
 - Bootstrap procedure
 - **Estimation under assumption of well calibrated model much more efficient**

PCF and PNF Estimates for Endometrial and Breast Models in Validation Cohort (NHS)

Breast cancer Model (AUC=0.58)	
α	$P\hat{C}F_{(R,Y)}$
0.10	0.17 (0.005)
	0.17 (0.01)

PCF and PNF Estimates for Endometrial and Breast Models in Validation Cohort (NHS)

Breast cancer Model (AUC=0.58)		Endometrial cancer Model (AUC=0.68)	
α	$P\hat{C}F_R$	$P\hat{C}F_R$	$P\hat{C}F_{(R,Y)}$
0.10	0.17 (0.005)	0.27 (0.02)	0.30 (0.03)
	0.17 (0.01)		

PCF and PNF Estimates for Endometrial and Breast Models in Validation Cohort (NHS)

Breast cancer Model (AUC=0.58)		Endometrial cancer Model (AUC=0.68)	
α	$P\hat{C}F_R$	$P\hat{C}F_{(R,Y)}$	$P\hat{C}F_{(R,Y)}$
0.10	0.17 (0.005)	0.17 (0.01)	0.27 (0.02)
ρ	$P\hat{N}F_R$	$P\hat{N}F_{(R,Y)}$	$P\hat{N}F_{(R,Y)}$
0.90	0.84 (0.02)	0.84 (0.03)	0.30 (0.03)

PCF and PNF Estimates for Endometrial and Breast Models in Validation Cohort (NHS)

Breast cancer Model (AUC=0.58)		Endometrial cancer Model (AUC=0.68)	
α	$P\hat{C}F_R$	$P\hat{C}F_{(R,Y)}$	$P\hat{C}F_{(R,Y)}$
0.10	0.17 (0.005)	0.17 (0.01)	0.27 (0.02)
ρ	$P\hat{N}F_R$	$P\hat{N}F_{(R,Y)}$	$P\hat{N}F_{(R,Y)}$
0.90	0.84 (0.02)	0.84 (0.03)	0.78 (0.04)

Summary

- Presented PCF, PNF, and their integrated versions (iPCF and iPNF) for assessing performance of risk prediction models for screening applications
- Presented non-parametric estimates for PCF, iPCF, PNF, iPNF and their asymptotic properties using influence function approach for three different designs
- Developed methods for testing differences between two models evaluated on same independent validation data
- High discriminatory accuracy needed for screening applications on population level

References

- Pfeiffer RM. Extensions of criteria for evaluating risk prediction models for public health applications, *Biostatistics*, 2013
- Pfeiffer RM, Gail MH. Two criteria for evaluating risk prediction models. *Biometrics*, 2011
- Pfeiffer RM, Park Y, Kreimer AR et al, Risk predicting for breast, endometrial or ovarian cancer in white women aged 50 years or older: Derivation and validation from population-based cohort studies, *PLOS Medicine*, 2013