

Multistate example from Crowther & Lambert — with multiple timescales

SDCC

<http://bendixcarstensen.com/AdvCoh>

February 2018

Version 5

Compiled Thursday 8th March, 2018, 15:28
from: /home/bendix/stat/R/lib.src/Epi/pkg/vignettes/BrCaMS.tex

Bendix Carstensen Steno Diabetes Center Copenhagen, Gentofte, Denmark
& Department of Biostatistics, University of Copenhagen
bcar0029@regionh.dk b@bxc.dk
<http://BendixCarstensen.com>

Contents

1	Introduction	1
1.1	Setting up a <code>Lexis</code> object for the follow-up	1
2	Modeling rates	2
2.1	Stacking?	3
2.2	Initial model by C & L	4
3	The two time scales — and their difference	6
4	Including covariates	7
4.1	Testing for interaction with time	8
4.2	The interaction models (non-proportionality)	10
5	Predicting state occupancy	15
5.1	Initial cohort	15
5.2	Transition rates	16
5.3	Simulation of a cohort	16
5.4	State occupancy probabilities	17
6	Years lived with and without relapse	20
7	Metastases	21
	References	22

1 Introduction

This is a re-do (and extension) of (parts of) the example from the short-titled paper by Crowther & Lambert [1]. The data provided by the authors are available as the data set `BrCa` in the `Epi` package in a slightly modified form, where dates of relapse, metastasis and death are only non-NA for those that actually do see the events.

First we load the relevant packages and then the example data from the `Epi` package:

```
> library( Epi )
> library( popEpi )
> load( file="./BrCa.rda" )
> # data( BrCa )
> head( BrCa )
```

	pid	year	age	meno	size	grade	nodes	pr	pr.tr	er	hormon	chemo	tor	tom
1	1264	1986	54	post	<=20 mm	2	0	1360	7.215975	149	no	no	NA	NA
2	1150	1990	55	post	>20-50 mm	2	0	763	6.638568	763	no	no	NA	NA
3	838	1988	34	pre	<=20 mm	2	0	113	4.736198	109	no	no	NA	NA
4	1214	1990	42	post	<=20 mm	2	0	465	6.144186	79	no	no	NA	NA
5	1130	1989	35	pre	<=20 mm	2	0	82	4.418841	25	no	no	NA	NA
6	1118	1987	50	post	<=20 mm	2	0	75	4.330733	10	no	no	NA	NA

	tod	tox	xst
1	NA	12.971937	Alive
2	NA	8.783025	Alive
3	NA	9.412731	Alive
4	NA	10.472279	Alive
5	NA	10.351814	Alive
6	10.91855	10.918549	Dead

1.1 Setting up a Lexis object for the follow-up

Now we are in a position to set up the survival data as a Lexis object. The age and date of entry are only given as integral years, so in order to make the data credible we add a random number between 0 and 1 to mimic a real age and date at entry. We define the time scale `tfd` (time from diagnosis) as time since entry into the study:

```
> set.seed( 1952 )
> Lbc <- Lexis( entry = list( tfd = 0,
+                             A = age + runif(nrow(BrCa)),
+                             P = year + runif(nrow(BrCa)) ),
+               exit = list( tfd = tox ),
+               exit.status = xst,
+               id = pid,
+               data = BrCa )
```

NOTE: `entry.status` has been set to "Alive" for all.

```
> summary( Lbc )
```

Transitions:

To

From	Alive	Dead	Records:	Events:	Risk time:	Persons:
	1710	1272	2982	1272	21270.74	2982

```
> names( Lbc )
```

[1]	"tfd"	"A"	"P"	"lex.dur"	"lex.Cst"	"lex.Xst"	"lex.id"	"pid"
[9]	"year"	"age"	"meno"	"size"	"grade"	"nodes"	"pr"	"pr.tr"
[17]	"er"	"hormon"	"chemo"	"tor"	"tom"	"tod"	"tox"	"xst"

Now we want to cut the follow up at the times of relapse (including metastasis), but keep track of whether a person died with or without relapse, so we set `split.states` to true, and since time since relapse is presumably of interest too we ask for that time scale to be defined as well (using the argument `new.scale`):

```
> Rbc <- cutLexis( Lbc,
+                 cut = pmin( Lbc$tor, Lbc$tom, na.rm=TRUE ),
+                 timescale = "tfd",
+                 precursor.states = "Alive",
+                 new.state = "Rel",
+                 split.states = TRUE,
+                 new.scale = "tfr" )
> summary( Rbc, timeScale = TRUE )
```

Transitions:

	To	From	Alive	Rel	Dead	Dead(Rel)	Records:	Events:	Risk time:	Persons:
	Alive	Alive	1269	1518	195	0	2982	1713	17203.80	2982
	Rel	Rel	0	441	0	1077	1518	1077	4066.94	1518
	Sum		1269	1959	195	1077	4500	2790	21270.74	2982

Timescales:

	time.scale	time.since
1	tfd	
2	A	
3	P	
4	tfr	Rel

From the summary we see that the transitions to death are to different states, depending on whether a relapse had occurred or not (this is the result of `split.states`), this will eventually allow us to assess the cumulative risk of relapse. Moreover `new.scale` ensured that a new time scale, `tfr`, time from relapse has been added to the Lexis object.

We can illustrate the transitions by a plot that gives a convenient overview of transitions:

```
> boxes( Rbc, boxpos=list(x=c(15,15,85,85),
+                          y=c(85,15,85,15)),
+        show.BE=TRUE, scale.R=100, )
```

2 Modeling rates

In line with Crowther and Lambert we now model the transition rates. To this end we first split the data in smaller chunks of length 1 month — with some 20,000 PY we would expect to have some 250,000 records:

```
> system.time(
+ Sbc <- splitLexis( Rbc, breaks=seq(0,100,1/12), "tfd" ) )
  user  system elapsed
 3.176   0.128   3.304
```

```
> summary( Sbc )
```

Transitions:

	To	From	Alive	Rel	Dead	Dead(Rel)	Records:	Events:	Risk time:	Persons:
	Alive	Alive	206228	1518	195	0	207941	1713	17203.80	2982
	Rel	Rel	0	49251	0	1077	50328	1077	4066.94	1518
	Sum		206228	50769	195	1077	258269	2790	21270.74	2982

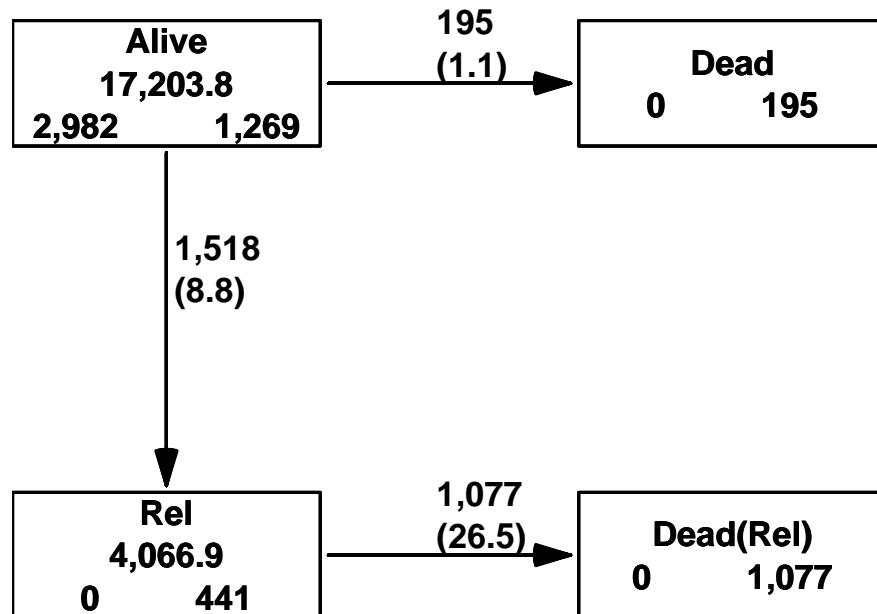


Figure 1: *Transitions in the correctly set up multistate model for the breast cancer survival dataset. Numbers in the boxes are person-years and (at the bottom) the number of persons starting resp. ending their follow-up in each state. Numbers on the arrows are the number of transitions and transition rates per 100 PY (by the `scale.R` argument).*

In the `popEpi` package is a similar function with more elegant syntax and somewhat faster particularly for large data sets:

```

> system.time(
+ Sbc <- splitMulti( Rbc, tfd=seq(0,100,1/12) ) )
  user  system elapsed
 2.428   0.181   2.557
> summary( Sbc )
Transitions:
  To
From   Alive   Rel Dead Dead(Rel) Records: Events: Risk time: Persons:
Alive 206228 1518 195      0      207941   1713   17203.80    2982
Rel    0 49251  0      1077    50328   1077    4066.94     1518
Sum   206228 50769 195      1077   258269   2790   21270.74    2982

```

2.1 Stacking?

We could model all 3 rates jointly by stacking the data — the function `stack.Lexis` would do this, and create variables `lex.Tr` (transition type) and `lex.Fail` (event indicator):

```

> Stbc <- stack( Sbc )
> round( ftable( xtabs( cbind(lex.Fail,lex.dur) ~ lex.Tr + lex.Xst,
+                           data=Stbc ),
+         row.vars=c(3,1),
+         1 ) )

```

		lex.Xst	Alive	Rel	Dead	Dead(Rel)
	lex.Tr					
lex.Fail	Alive->Rel		0	1518	0	0
	Alive->Dead		0	0	195	0
	Rel->Dead(Rel)		0	0	0	1077
lex.dur	Alive->Rel		17133	63	8	0
	Alive->Dead		17133	63	8	0
	Rel->Dead(Rel)		0	4023	0	43

However, stacking data is needed only when all transitions are to be modeled jointly, or more specifically, when more than one transition *out* of a given state are modeled jointly. This type of modeling is rarely wanted, since rates of different types of events (in this case relapse and death) are unlikely to depend on the same variable in the same way.

It is much more likely that different mortality rates depend on covariates in the same way — in this case that mortality from “Alive” and from “Rel” depend on time since entry and on the clinical parameters the same way. Additionally we may take time since relapse into account.

In such an instance, the original `Lexis` object where the total follow-up time is represented exactly once in `lex.dur`, will suffice as database for the analysis, because at most *one* transition out of each state is considered. So we shall leave aside the stacking, and model the three rates separately.

2.2 Initial model by C & L

The initial approach is basically to model each of the transitions separately; here we use natural splines with 4 knots placed at the quantiles of the transition times (we refer to the transitions as `ad` (alive to dead), `ar` (alive to relapse), `rd` (relapse to dead). For the sake of completeness we also compute knots on the scale of time since relapse, as well as for the (fixed) difference between `tfd` and `tfr` (the time *at* relapse — note that we do not construct a separate variable for this):

```
> ( kd.ad <- with( subset( Sbc, lex.Cst=="Alive" & lex.Xst=="Dead"),
+                  quantile( tfd+lex.dur, probs=(1:4-0.5)/4) ) )
      12.5%      37.5%      62.5%      87.5%
1.704312  3.874059  6.058864 10.284052

> ( kd.ar <- with( subset( Sbc, lex.Cst=="Alive" & lex.Xst=="Rel"),
+                  quantile( tfd+lex.dur, probs=(1:4-0.5)/4) ) )
      12.5%      37.5%      62.5%      87.5%
0.8477071 1.8254620 3.3381246 6.8610539

> ( kd.rd <- with( subset( Sbc, lex.Cst=="Rel" & lex.Xst=="Dead(Rel)"),
+                  quantile( tfd+lex.dur, probs=(1:4-0.5)/4) ) )
      12.5%      37.5%      62.5%      87.5%
1.655031  3.091034  5.156742  8.421629

> ( kr.rd <- with( subset( Sbc, lex.Cst=="Rel" & lex.Xst=="Dead(Rel)"),
+                  quantile( tfr+lex.dur, probs=(1:4-0.5)/4) ) )
      12.5%      37.5%      62.5%      87.5%
0.3504449 1.1854894 2.2491443 4.4736482

> ( ka.rd <- with( subset( Sbc, lex.Cst=="Rel" & lex.Xst=="Dead(Rel)"),
+                  quantile( tfd-tfr, probs=(1:4-0.5)/4) ) )
      12.5%      37.5%      62.5%      87.5%
0.7091033 1.4934976 2.5708419 4.7351130
```

With these vectors of knots in place we can fit models for the three rates — note the similarity of the modeling code for the different models and the immediate readability of what is being modeled; `lex.Cst` is used to define the risk set (using `subset`) and `lex.Xst` to define the event type:

```
> m.ad <- glm( (lex.Xst=="Dead") ~ Ns( tfd, knots=kd.ad ),
+             offset = log( lex.dur ),
+             family = poisson,
+             data = subset( Sbc, lex.Cst=="Alive" ) )
> m.ar <- glm( (lex.Xst=="Rel") ~ Ns( tfd, knots=kd.ar ),
+             offset = log( lex.dur ),
+             family = poisson,
+             data = subset( Sbc, lex.Cst=="Alive" ) )
> m.rd <- glm( (lex.Xst=="Dead(Rel)") ~ Ns( tfd, knots=kd.rd ),
+             offset = log( lex.dur ),
+             family = poisson,
+             data = subset( Sbc, lex.Cst=="Rel" ) )
> x.rd <- update( m.rd, . ~ . + Ns( tfr, knots=kr.rd ) )
> r.rd <- update( x.rd, . ~ . - Ns( tfd, knots=kd.rd ) )
> anova( m.rd, x.rd, r.rd, test="Chisq" )
```

Analysis of Deviance Table

```
Model 1: (lex.Xst == "Dead(Rel)") ~ Ns(tfd, knots = kd.rd)
Model 2: (lex.Xst == "Dead(Rel)") ~ Ns(tfd, knots = kd.rd) + Ns(tfr, knots = kr.rd)
Model 3: (lex.Xst == "Dead(Rel)") ~ Ns(tfr, knots = kr.rd)
  Resid. Df Resid. Dev Df Deviance Pr(>Chi)
1      50324      10337
2      50321      10260  3    77.541 < 2.2e-16
3      50324      10458 -3   -198.089 < 2.2e-16
```

We see that the mortality rates in relapse depends strongly on the time since relapse, a deviance reduction of 77 on 3 df! Ditching the effect of `tfd` is clearly neither a feasible option with a deviance difference of 198 on 3 df. We shall deal with this extension later.

First we turn to the transition rates as function of time since diagnosis. Note that since the `lex.dur` is in units of PY, setting the value of it (as a covariate) to 100, means that we get the rates in units of 100 PY — basically rates in % per year:

```
> nd <- data.frame( tfd = seq(0,15,0.1),
+                 lex.dur = 100 )
> ad.rate <- ci.pred( m.ad, nd )
> ar.rate <- ci.pred( m.ar, nd )
> rd.rate <- ci.pred( m.rd, nd )
```

We can plot the three sets of estimated rates in the same graph:

```
> clr <- rainbow(3) # ; yl <- c(0.03,60)
> matplot( nd$tfd, cbind( ad.rate,
+                         ar.rate,
+                         rd.rate ),
+         type="l", lty=1, lwd=c(3,1,1), col=rep(clr,each=3), las=1,
+         log="y", xlab="Time since diagnosis (years)",
+         ylab="Rate per 100 PY" )
> text( par("usr")[2]*0.95, (10^par("usr"))[3]*1.4^(1:3),
+       c("A->D","A->R","R->D"), col=clr, adj=1, font=2 )
> matlines( nd$tfd, ci.ratio( rd.rate, ad.rate ),
+          lty=1, lwd=c(3,1,1), col=gray(0.6) )
> abline( h=1, col=gray(0.6) )
```

From the graph in figure 2 we see that the occurrence of relapse almost doubles over the first two years and then decreases. We also observe that the mortality RR between persons

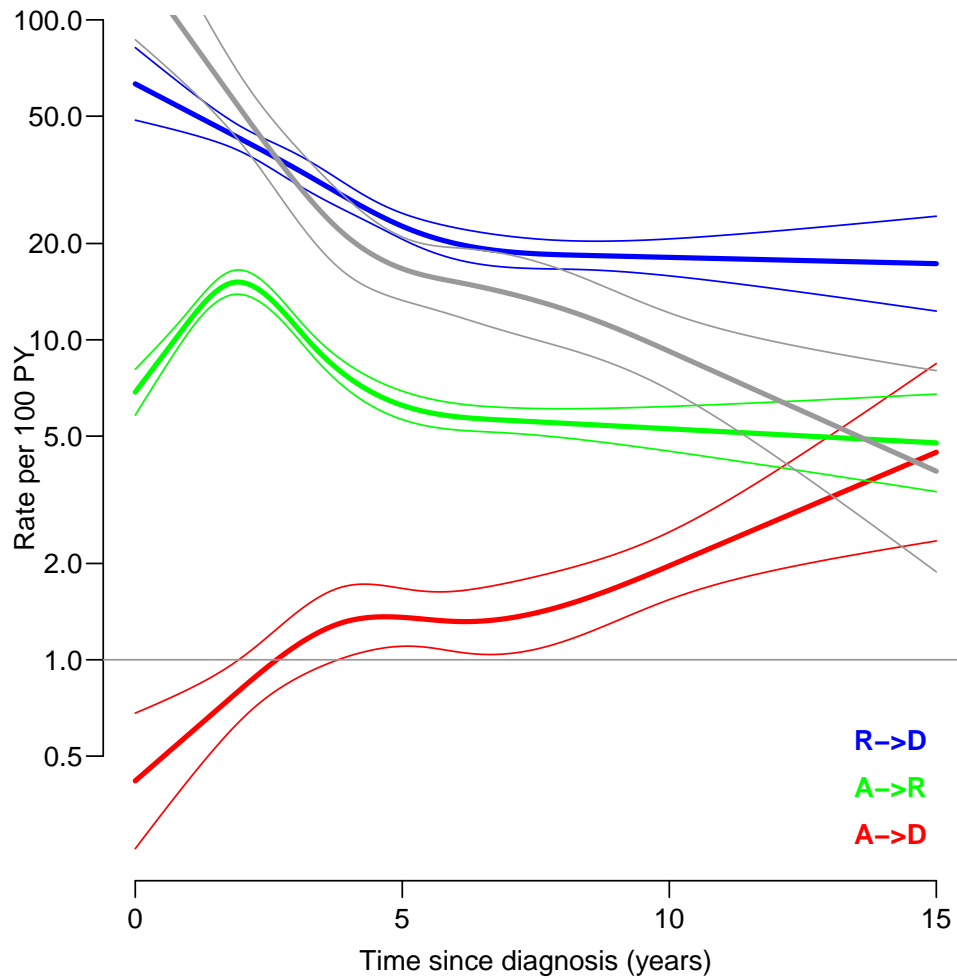


Figure 2: *Transition rates as function of time since diagnosis, the gray line is the mortality rate-ratio between persons with and without relapse — it seems as if the earlier the relapse, the higher the impact on mortality.*

with relapse and those without decreases from extremely high to about 5, a combination of decreasing mortality among persons with relapse and an increasing mortality among persons without relapse.

3 The two time scales — and their difference

We noted that the model `x.rd` above with effects of both time since diagnosis and time since relapse represented a substantial improvement over the models with only one of these time-scales.

We could expand this model further with an effect of time *at* relapse, `tfd – tfr`:

```
> xx.rd <- update( x.rd, . ~ . + Ns( tfd-tfr, knots=ka.rd) )
> anova( m.rd, x.rd, xx.rd, test="Chisq" )
Analysis of Deviance Table
```



```

Model 1: (lex.Xst == "Dead(Rel)") ~ Ns(tfd, knots = kd.rd)
Model 2: (lex.Xst == "Dead(Rel)") ~ Ns(tfd, knots = kd.rd) + Ns(tfr, knots = kr.rd)
Model 3: (lex.Xst == "Dead(Rel)") ~ Ns(tfd, knots = kd.rd) + Ns(tfr, knots = kr.rd) +
      Ns(tfd - tfr, knots = ka.rd)
      Resid. Df Resid. Dev Df Deviance Pr(>Chi)
1      50324      10337
2      50321      10260  3    77.541 < 2e-16
3      50319      10253  2     6.898 0.03177

```

We see there is a formally statistically significant effect of time at relapse, but the deviance change is much smaller than for the two timescales.

What we are doing here is adding interactions between timescales, popularly known as “testing for non-proportionality”. Adding time since relapse as a time scale is one extension of the model with proportional mortality rates between persons with and without relapse, by letting the HR depend on time since relapse. A further extension is to add an effect of the difference of the two is yet another interaction term.

The tests are however not particularly relevant; a considerably large dataset as the current may yield statistical significance where no clinically relevant significant effects are present. Therefore, testing of proportionality must necessarily be supported by displays of the *shape* of the interactions.

We can show how the addition of time since relapse and time at relapse affects the estimated mortality by showing mortality after relapse as a function of time since diagnosis for different times of relapse — by showing curves starting at the times of relapse.

```

> nd <- data.frame( expand.grid( tfd=c(NA,seq(0,15,0.1)),
+                               tad=c(0,0.5,1,2,3,5,8) ),
+                   lex.dur=100 )
> nd <- subset( transform( nd, tfr = tfd - tad ), tfr>=0 | is.na(tfr) )
> head( nd )
      tfd tad lex.dur tfr
1  NA    0      100  NA
2 0.0    0      100  0.0
3 0.1    0      100  0.1
4 0.2    0      100  0.2
5 0.3    0      100  0.3
6 0.4    0      100  0.4

> matplot( nd$tfd, cbind( ci.pred( x.rd, nd )[1],
+                           ci.pred(xx.rd, nd )[1] ),
+         type="l", lty=c("solid","22"), lend="butt",
+         lwd=3, col=clr[3], las=1,
+         log="y", xlab="Time since diagnosis (years)",
+         ylab="Mortality rate per 100 PY" )
> matlines( seq(0,15,0.1), rd.rate,
+           type="l", lwd=c(3,1,1), lty=1, col=gray(0.3) )

```

From figure 3 we see that the simple model completely misses to describe the initial increase in mortality, and that the model without the time *at* relapse overestimates the mortality among women with early relapse.

4 Including covariates

Following the example in the paper, we include the available covariates in the models:

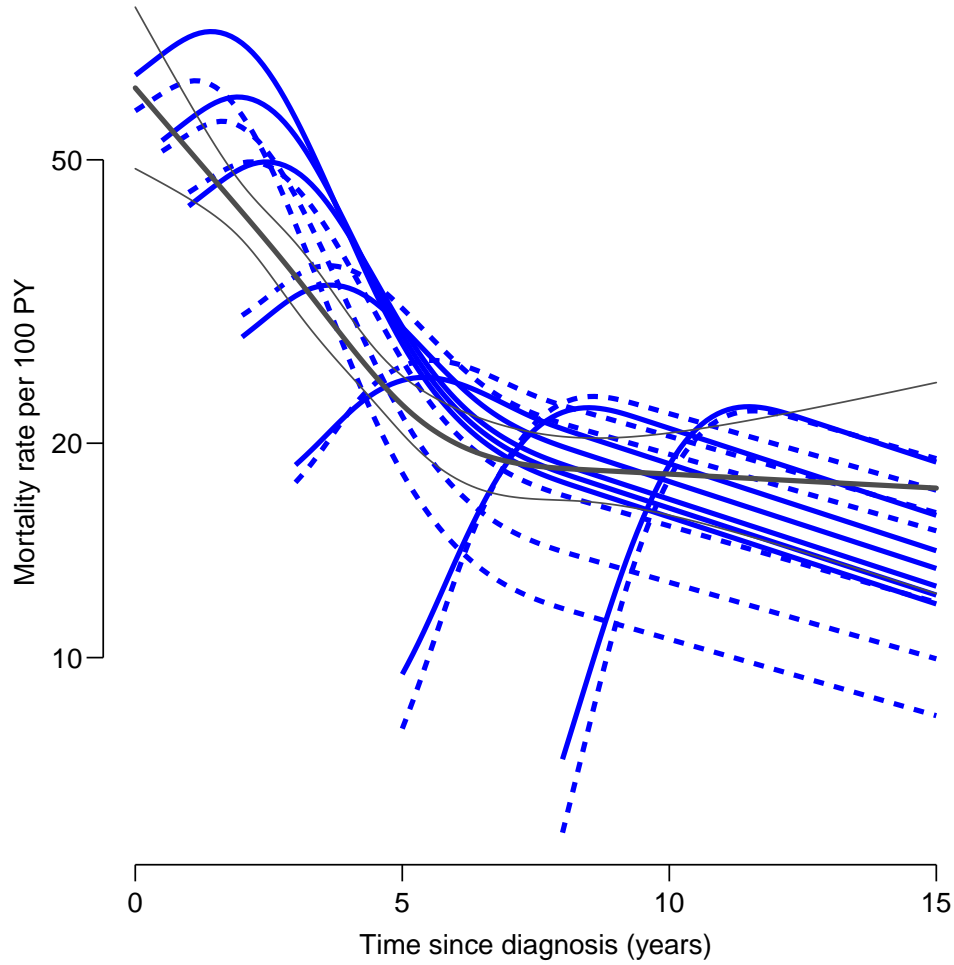


Figure 3: *Estimated mortality among women in relapse. The blue lines represent mortality for women relapsed at 0, 0.5, 1, 2, 3, 5, 8 years after diagnosis. The broken lines are predictions from the model where the time at relapse is modeled too. The gray line is from the model where only time since diagnosis is included (“proportional hazards model”), corresponding to the blue line in figure 2.*

```
> c.ar <- update( m.ar, . ~ . + age + size + nodes + pr.tr + hormon )
> c.ad <- update( m.ad, . ~ . + age + size + nodes + pr.tr + hormon )
> c.rd <- update( m.rd, . ~ . + age + size + nodes + pr.tr + hormon )
> cx.rd<- update(xx.rd, . ~ . + age + size + nodes + pr.tr + hormon )
```

4.1 Testing for interaction with time

Further, we can now include terms allowing for interaction between covariates and time since diagnosis (often termed “non-proportionality” in the vein of never foregoing an opportunity to invent yet another term for a well-known concept). It is not entirely clear from the models shown in the paper how the non-proportionality is taken into account, but here we have used the product of the variable with $\log\text{-time} + 0.5$ years. In total we have 4

models and 5 variables that we can test for interaction with `tfd`, so we set up an array to hold the p-values for the tests.

```
> int.test <- NArray( list( model=c("c.ar","c.ad","c.rd","cx.rd"),
+                               var=c("age","size","nodes","pr.tr","hormon"),
+                               what=c("d.f.", "Dev", "P") ) )
> str( int.test )
> int.test[1,1]<-as.numeric(anova( c.ar,update( c.ar,.~.+log(tfd+0.5):age ),test="Chisq")[2,3:5])
> int.test[1,2]<-as.numeric(anova( c.ar,update( c.ar,.~.+log(tfd+0.5):size ),test="Chisq")[2,3:5])
> int.test[1,3]<-as.numeric(anova( c.ar,update( c.ar,.~.+log(tfd+0.5):nodes ),test="Chisq")[2,3:5])
> int.test[1,4]<-as.numeric(anova( c.ar,update( c.ar,.~.+log(tfd+0.5):pr.tr ),test="Chisq")[2,3:5])
> int.test[1,5]<-as.numeric(anova( c.ar,update( c.ar,.~.+log(tfd+0.5):hormon),test="Chisq")[2,3:5])
> int.test[2,1]<-as.numeric(anova( c.ad,update( c.ad,.~.+log(tfd+0.5):age ),test="Chisq")[2,3:5])
> int.test[2,2]<-as.numeric(anova( c.ad,update( c.ad,.~.+log(tfd+0.5):size ),test="Chisq")[2,3:5])
> int.test[2,3]<-as.numeric(anova( c.ad,update( c.ad,.~.+log(tfd+0.5):nodes ),test="Chisq")[2,3:5])
> int.test[2,4]<-as.numeric(anova( c.ad,update( c.ad,.~.+log(tfd+0.5):hormon),test="Chisq")[2,3:5])
> int.test[3,1]<-as.numeric(anova( c.rd,update( c.rd,.~.+log(tfd+0.5):age ),test="Chisq")[2,3:5])
> int.test[3,2]<-as.numeric(anova( c.rd,update( c.rd,.~.+log(tfd+0.5):size ),test="Chisq")[2,3:5])
> int.test[3,3]<-as.numeric(anova( c.rd,update( c.rd,.~.+log(tfd+0.5):nodes ),test="Chisq")[2,3:5])
> int.test[3,4]<-as.numeric(anova( c.rd,update( c.rd,.~.+log(tfd+0.5):pr.tr ),test="Chisq")[2,3:5])
> int.test[3,5]<-as.numeric(anova( c.rd,update( c.rd,.~.+log(tfd+0.5):hormon),test="Chisq")[2,3:5])
> int.test[4,1]<-as.numeric(anova(cx.rd,update(cx.rd,.~.+log(tfd+0.5):age ),test="Chisq")[2,3:5])
> int.test[4,2]<-as.numeric(anova(cx.rd,update(cx.rd,.~.+log(tfd+0.5):size ),test="Chisq")[2,3:5])
> int.test[4,3]<-as.numeric(anova(cx.rd,update(cx.rd,.~.+log(tfd+0.5):nodes ),test="Chisq")[2,3:5])
> int.test[4,4]<-as.numeric(anova(cx.rd,update(cx.rd,.~.+log(tfd+0.5):pr.tr ),test="Chisq")[2,3:5])
> int.test[4,5]<-as.numeric(anova(cx.rd,update(cx.rd,.~.+log(tfd+0.5):hormon),test="Chisq")[2,3:5])
> save( int.test, file="int-test.Rda")

> load( file="int-test.Rda")
> round( int.test[,2], 2 )
      var
model  age  size nodes pr.tr hormon
c.ar   3.43 81.32  2.60 77.04 55.67
c.ad   0.78  1.10  3.04  3.66  0.80
c.rd   2.92  3.04  2.57 23.35  4.99
cx.rd  3.24  3.28  2.81 21.67  6.33

> round( int.test[,3], 4 )
      var
model  age  size nodes pr.tr hormon
c.ar   0.0639 0.0000 0.1070 0.0000 0.0000
c.ad   0.3763 0.7760 0.0814 0.0559 0.6710
c.rd   0.0874 0.3854 0.1086 0.0000 0.0827
cx.rd  0.0718 0.3506 0.0936 0.0000 0.0421

> round( int.test[,1], 0 )
      var
model  age size nodes pr.tr hormon
c.ar   1   3     1     1     2
c.ad   1   3     1     1     2
c.rd   1   3     1     1     2
cx.rd  1   3     1     1     2
```

Thus it seems that there are interactions between time from diagnosis and progesterone for all transition rates, and that relapse rates additionally have interactions between time from diagnosis and size and hormone therapy. The p-values would of course have looked slightly differently if some other parametric shape of the interactions were chosen. This is merely a reflection of the fact that there is no well-defined concept of test for proportionality; as in all cases of interaction with at least one quantitative variable involved the test for interaction is always a test versus some pre-specified alternative in the form of a specific *shape* of the interaction.

4.2 The interaction models (non-proportionality)

It is bad practice to make interaction tests without showing how the interactions look; however this is not a trivial task with three different interactions, but if you do not bother to show the shape and size of estimated interactions, then you should refrain from interaction tests in the first place.

So we include the identified interactions in the models for the rates. Note that we also for the sake of notational convenience also include a void update of the model for mortality after relapse where we take time since relapse into account:

```
> i.ar <- update( c.ar, . ~ . + log(tfd+0.5):size
+               + log(tfd+0.5):pr.tr
+               + log(tfd+0.5):hormon )
> i.ad <- c.ad
> i.rd <- update( c.rd, . ~ . + log(tfd+0.5):pr.tr )
> ix.rd <- update( xx.rd, . ~ . + log(tfd+0.5):pr.tr )
> round( ci.lin( i.ad ), 4 )
```

	Estimate	StdErr	z	P	2.5%	97.5%
(Intercept)	-13.5764	0.6005	-22.6097	0.0000	-14.7533	-12.3995
Ns(tfd, knots = kd.ad)1	0.2873	0.2608	1.1020	0.2705	-0.2237	0.7984
Ns(tfd, knots = kd.ad)2	1.9852	0.2804	7.0811	0.0000	1.4357	2.5347
Ns(tfd, knots = kd.ad)3	1.1706	0.1944	6.0216	0.0000	0.7896	1.5516
age	0.1286	0.0081	15.8762	0.0000	0.1128	0.1445
size>20-50 mm	0.1714	0.1610	1.0645	0.2871	-0.1442	0.4869
size>50 mm	0.4069	0.2330	1.7466	0.0807	-0.0497	0.8635
nodes	0.0444	0.0184	2.4150	0.0157	0.0084	0.0804
pr.tr	0.0305	0.0336	0.9069	0.3644	-0.0354	0.0963
hormonyes	-0.0955	0.2312	-0.4131	0.6795	-0.5486	0.3576

```
> round( ci.lin( i.ar ), 4 )
```

	Estimate	StdErr	z	P	2.5%	97.5%
(Intercept)	-2.9449	0.1964	-14.9979	0.0000	-3.3297	-2.5600
Ns(tfd, knots = kd.ar)1	-4.6099	0.5477	-8.4167	0.0000	-5.6834	-3.5364
Ns(tfd, knots = kd.ar)2	-8.0623	1.1289	-7.1419	0.0000	-10.2748	-5.8498
Ns(tfd, knots = kd.ar)3	-5.7271	0.6743	-8.4932	0.0000	-7.0487	-4.4055
age	-0.0061	0.0021	-2.9224	0.0035	-0.0103	-0.0020
size>20-50 mm	0.7402	0.1153	6.4223	0.0000	0.5143	0.9661
size>50 mm	1.1455	0.1503	7.6200	0.0000	0.8508	1.4401
nodes	0.0783	0.0045	17.2651	0.0000	0.0695	0.0872
pr.tr	-0.1880	0.0218	-8.6069	0.0000	-0.2309	-0.1452
hormonyes	-0.3157	0.1497	-2.1089	0.0350	-0.6092	-0.0223
size<=20 mm:log(tfd + 0.5)	3.4405	0.5083	6.7685	0.0000	2.4442	4.4368
size>20-50 mm:log(tfd + 0.5)	3.1347	0.5043	6.2154	0.0000	2.1462	4.1232
size>50 mm:log(tfd + 0.5)	2.9695	0.5082	5.8432	0.0000	1.9735	3.9656
pr.tr:log(tfd + 0.5)	0.1305	0.0170	7.6747	0.0000	0.0972	0.1639
hormonyes:log(tfd + 0.5)	0.2472	0.1224	2.0195	0.0434	0.0073	0.4871

```
> round( ci.lin( i.rd ), 4 )
```

	Estimate	StdErr	z	P	2.5%	97.5%
(Intercept)	-0.9357	0.1568	-5.9670	0.0000	-1.2431	-0.6284
Ns(tfd, knots = kd.rd)1	-0.8855	0.1251	-7.0787	0.0000	-1.1306	-0.6403
Ns(tfd, knots = kd.rd)2	-1.3036	0.1670	-7.8080	0.0000	-1.6309	-0.9764
Ns(tfd, knots = kd.rd)3	-0.9527	0.1242	-7.6715	0.0000	-1.1961	-0.7093
age	0.0049	0.0024	2.0240	0.0430	0.0002	0.0096
size>20-50 mm	0.1654	0.0712	2.3220	0.0202	0.0258	0.3050
size>50 mm	0.3266	0.0993	3.2892	0.0010	0.1320	0.5212
nodes	0.0296	0.0058	5.1391	0.0000	0.0183	0.0409
pr.tr	-0.2771	0.0396	-7.0016	0.0000	-0.3547	-0.1996
hormonyes	0.0432	0.0975	0.4429	0.6578	-0.1478	0.2342
pr.tr:log(tfd + 0.5)	0.1156	0.0245	4.7211	0.0000	0.0676	0.1635

```
> round( ci.lin( cx.rd ), 4 )
```

	Estimate	StdErr	z	P	2.5%	97.5%
(Intercept)	-1.3261	0.1634	-8.1151	0.0000	-1.6464	-1.0058
Ns(tfd, knots = kd.rd)1	-1.2178	0.1394	-8.7367	0.0000	-1.4910	-0.9446
Ns(tfd, knots = kd.rd)2	-2.0109	0.2338	-8.6015	0.0000	-2.4691	-1.5527
Ns(tfd, knots = kd.rd)3	-0.9242	0.1443	-6.4032	0.0000	-1.2070	-0.6413
Ns(tfr, knots = kr.rd)1	0.9018	0.1327	6.7971	0.0000	0.6418	1.1619
Ns(tfr, knots = kr.rd)2	1.4849	0.2021	7.3468	0.0000	1.0887	1.8810
Ns(tfr, knots = kr.rd)3	0.6610	0.1313	5.0359	0.0000	0.4038	0.9183
Ns(tfd - tfr, knots = ka.rd)1	0.1422	0.0853	1.6667	0.0956	-0.0250	0.3094
Ns(tfd - tfr, knots = ka.rd)2	0.4578	0.1660	2.7579	0.0058	0.1324	0.7831
Ns(tfd - tfr, knots = ka.rd)3	0.0000	0.0000	NaN	NaN	0.0000	0.0000
age	0.0048	0.0024	1.9830	0.0474	0.0001	0.0096
size>20-50 mm	0.1449	0.0714	2.0308	0.0423	0.0051	0.2848
size>50 mm	0.2914	0.0994	2.9306	0.0034	0.0965	0.4862
nodes	0.0267	0.0057	4.6548	0.0000	0.0155	0.0380
pr.tr	-0.1035	0.0139	-7.4251	0.0000	-0.1308	-0.0762
hormonyes	0.1411	0.0972	1.4512	0.1467	-0.0495	0.3317

Note that we have one aliased parameter (NA for `z` and `P`) in the model with effects of the two timescales (`tfd`, `tfr`) and their difference. This is because the natural spline parametrization include the linear effects of the variables modeled.

In the following we shall use reference values for each of the covariates, and show mortality rates as function of time since diagnosis for select values of the interaction variables:

For each of the three covariates with interactions we construct a prediction frame with varying levels of the interaction variables:

```
> nd.size <- data.frame( tfd = rep( c(NA,seq(0,15,0.1)), 3 ),
+                       lex.dur = 100,
+                       age = 45,
+                       size = rep( levels(Lbc$size), each=152 ),
+                       nodes = 5,
+                       pr.tr = 3,
+                       hormon = levels(Lbc$hormon)[1] )
> nd.pr <- data.frame( tfd = rep( c(NA,seq(0,15,0.1)), 6 ),
+                    lex.dur = 100,
+                    age = 45,
+                    size = levels(Lbc$size)[2],
+                    nodes = 5,
+                    pr.tr = rep( 0:5, each=152 ),
+                    hormon = levels(Lbc$hormon)[1] )
> nd.hormon <- data.frame( tfd = rep( c(NA,seq(0,15,0.1)), 2 ),
+                        lex.dur = 100,
+                        age = 45,
+                        size = levels(Lbc$size)[2],
+                        nodes = 5,
+                        pr.tr = 3,
+                        hormon = rep( levels(Lbc$hormon), each=152 ) )
```

For each of these prediction frames we can plot the three estimated transition rates as we did for the overall rates (or rather the rates estimated using only the `tfd` variable as covariate). Moreover we will plot the estimated rates both from the interaction models (`i.`) and the main-effects models (`c.`):

```
> clr <- rainbow(3) ; yl <- c(0.03,60)
> ad.c.rate <- ci.pred( c.ad, nd.size ) ; ad.i.rate <- ci.pred( i.ad, nd.size )
> ar.c.rate <- ci.pred( c.ar, nd.size ) ; ar.i.rate <- ci.pred( i.ar, nd.size )
```

```

> rd.c.rate <- ci.pred( c.rd, nd.size ) ; rd.i.rate <- ci.pred( i.rd, nd.size )
> matplot( nd.size$tfid, cbind( ad.c.rate, ad.i.rate,
+                               ar.c.rate, ar.i.rate,
+                               rd.c.rate, rd.i.rate ),
+          type="l", lty=rep(c("22","solid"),each=3),
+          lwd=c(2,0,0),
+          col=rep(clr,each=6), las=1, lend="butt",
+          log="y", xlab="Time since diagnosis (years)",
+          ylim=yl, ylab="Rate per 100 PY" )
> text( par("usr")[2]*0.95, (10~par("usr"))[3]*1.4^(1:3),
+       c("A->D","A->R","R->D"), col=clr, adj=1, font=2 )

```

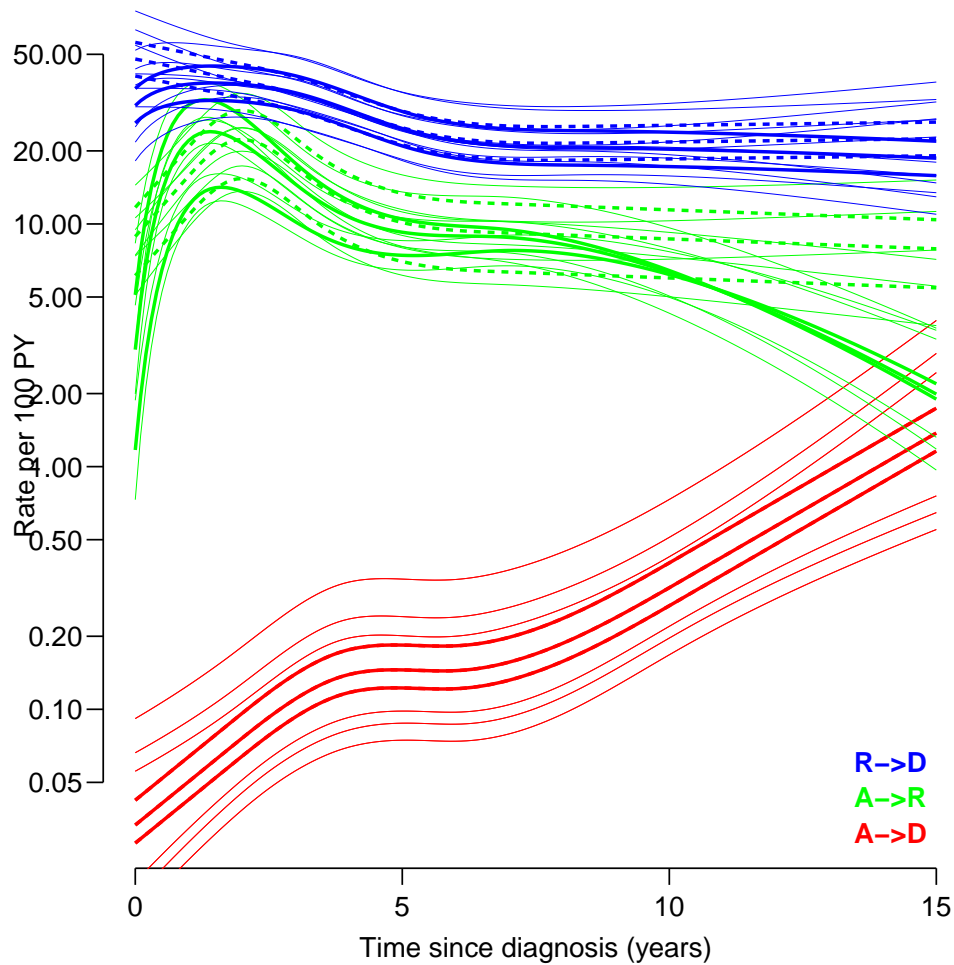


Figure 4: Transition rates as function of time since diagnosis; the broken lines are from the main effects models and the full lines from the interaction model with `age=54`, `nodes=5`, `pr.tr=3`, `hormon=no` and where `size` assumes the values `< 20 mm`, `20–50 mm` and `> 50 mm` (only the Alive→Rel transition). Thus the test of interaction is the comparison of the sets of parallel broken lines with the non-parallel full lines.

```

> ad.c.rate <- ci.pred( c.ad, nd.pr ) ; ad.i.rate <- ci.pred( i.ad, nd.pr )
> ar.c.rate <- ci.pred( c.ar, nd.pr ) ; ar.i.rate <- ci.pred( i.ar, nd.pr )
> rd.c.rate <- ci.pred( c.rd, nd.pr ) ; rd.i.rate <- ci.pred( i.rd, nd.pr )

```

```

> matplot( nd.pr$tfd, cbind( ad.c.rate, ad.i.rate,
+                           ar.c.rate, ar.i.rate,
+                           rd.c.rate, rd.i.rate ),
+         type="l", lty=rep(c("22","solid"),each=3),
+         lwd=c(2,0,0),
+         col=rep(clr,each=6), las=1, lend="butt",
+         log="y", xlab="Time since diagnosis (years)",
+         ylim=y1, ylab="Rate per 100 PY" )
> text( par("usr")[2]*0.95, (10^par("usr"))[3]*1.4^(1:3),
+       c("A->D","A->R","R->D"), col=clr, adj=1, font=2 )

```

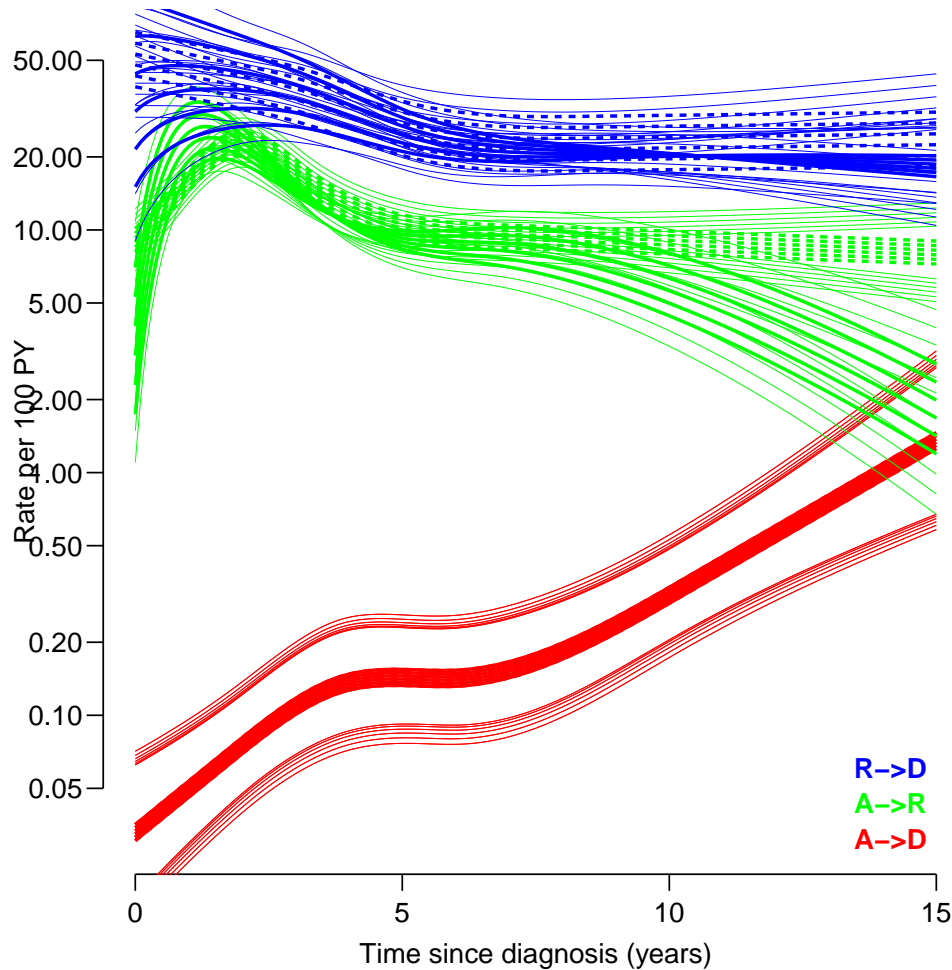


Figure 5: Transition rates as function of time since diagnosis, the broken lines are from the main effects models and the full lines from the interaction model with `age=54`, `size=20–50 mm`, `nodes=5`, `hormon=no` and where `pr.tr` assumes the values 0–6. Thus the test of interaction is the comparison of the sets of parallel broken lines with the non-parallel full lines — no interaction for the Alive→Dead transition.

```

> ad.c.rate <- ci.pred( c.ad, nd.hormon ) ; ad.i.rate <- ci.pred( i.ad, nd.hormon )
> ar.c.rate <- ci.pred( c.ar, nd.hormon ) ; ar.i.rate <- ci.pred( i.ar, nd.hormon )
> rd.c.rate <- ci.pred( c.rd, nd.hormon ) ; rd.i.rate <- ci.pred( i.rd, nd.hormon )
> matplot( nd.hormon$tfd, cbind( ad.c.rate, ad.i.rate,

```



```

+             ar.c.rate, ar.i.rate,
+             rd.c.rate, rd.i.rate ),
+ type="l", lty=rep(c("22","solid"),each=3),
+ lwd=c(2,0,0),
+ col=rep(clr,each=6), las=1, lend="butt",
+ log="y", xlab="Time since diagnosis (years)",
+ ylim=yl, ylab="Rate per 100 PY" )
> text( par("usr")[2]*0.95, (10^par("usr"))[3]*1.4^(1:3),
+       c("A->D","A->R","R->D"), col=clr, adj=1, font=2 )

```

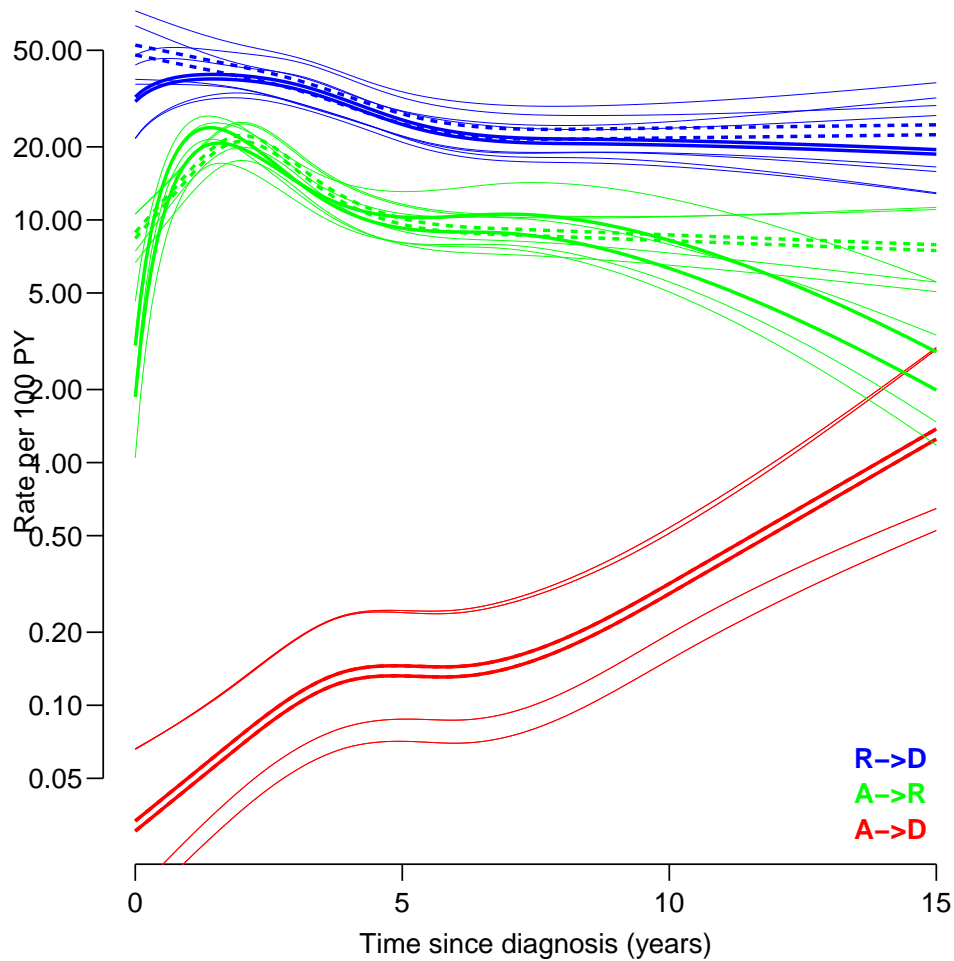


Figure 6: Transition rates as function of time since diagnosis, the broken lines are from the main effects models and the full lines from the interaction model with `age=54`, `size=20-50 mm`, `nodes=5`, `pr.tr=3` and where `hormon` assumes the values `no` and `yes`. Thus the test of interaction is the comparison of the sets of parallel broken lines with the non-parallel full lines.

The general picture from the figures 4, 5 and 6 is the the major interactions are with the relapse rates, where it seems that the interactions mainly reveal that the major effects are early, and are possibly even reversed later. If exploration of interactions were a major concern we might have used

5 Predicting state occupancy

As done in the SiM paper [1] we predict state occupancy for a patient aged 54, with a transformed progesterone level of 3, and no hormone therapy (?), for different tumour groups and node numbers 0, 10 and 20. We shall also compute the expected time alive, so the calculations will be made for node numbers 0, 5, 10, 15 and 20 for this purpose.

5.1 Initial cohort

To this end we construct a Lexis object from Rbc; the main thing here is to maintain the Lexis-specific attributes which will be used in the simulation process. And all the time scale variables too, even if A and P will not be used in the simulation (because they are not in any of the models) — the latter is a feature (or bug) in `simLexis`; the function will refer to all timescales in the object even if they are not in the models and hence not explicitly used in the calculations:

```
> names( Rbc )
[1] "tfd"      "A"        "P"        "tfr"      "lex.dur"  "lex.Cst"  "lex.Xst"  "lex.id"
[9] "pid"      "year"     "age"      "meno"     "size"     "grade"    "nodes"    "pr"
[17] "pr.tr"    "er"       "hormon"   "chemo"    "tor"      "tom"      "tod"      "tox"
[25] "xst"

> Lini <- Rbc[NULL,c("tfd","A","P","tfr",
+                  "lex.Cst","lex.Xst","lex.dur","lex.id",
+                  "age","size","nodes","pr.tr","hormon")]
> pr.nodes <- seq(0,20,5)
> npr <- nlevels(Rbc$size) * length(pr.nodes)
> Lini[1:npr,"tfd"] <- 0
> Lini[1:npr,"tfr"] <- NA
> Lini[1:npr,"lex.Cst"] <- "Alive"
> Lini[1:npr,"age"] <- 54
> Lini[1:npr,"size"] <- rep( levels(Rbc$size), length(pr.nodes) )
> Lini[1:npr,"nodes"] <- rep( pr.nodes, each=nlevels(Rbc$size) )
> Lini[1:npr,"pr.tr"] <- 3
> Lini[1:npr,"hormon"] <- "no"
> Lini
```

	tfd	A	P	tfr	lex.Cst	lex.Xst	lex.dur	lex.id	age	size	nodes	pr.tr	hormon
1	0	NA	NA	NA	Alive	<NA>	NA	NA	54	<=20 mm	0	3	no
2	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>20-50 mm	0	3	no
3	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>50 mm	0	3	no
4	0	NA	NA	NA	Alive	<NA>	NA	NA	54	<=20 mm	5	3	no
5	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>20-50 mm	5	3	no
6	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>50 mm	5	3	no
7	0	NA	NA	NA	Alive	<NA>	NA	NA	54	<=20 mm	10	3	no
8	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>20-50 mm	10	3	no
9	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>50 mm	10	3	no
10	0	NA	NA	NA	Alive	<NA>	NA	NA	54	<=20 mm	15	3	no
11	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>20-50 mm	15	3	no
12	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>50 mm	15	3	no
13	0	NA	NA	NA	Alive	<NA>	NA	NA	54	<=20 mm	20	3	no
14	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>20-50 mm	20	3	no
15	0	NA	NA	NA	Alive	<NA>	NA	NA	54	>50 mm	20	3	no

```
> str( Lini )
Classes 'Lexis' and 'data.frame':      15 obs. of  13 variables:
 $ tfd      : num  0 0 0 0 0 0 0 0 0 0 ...
 $ A        : num  NA NA NA NA NA NA NA NA NA NA ...
 $ P        : num  NA NA NA NA NA NA NA NA NA NA ...
```

```

$ tfr      : num  NA NA NA NA NA NA NA NA NA NA NA ...
$ lex.Cst: Factor w/ 4 levels "Alive","Rel",...: 1 1 1 1 1 1 1 1 1 1 ...
$ lex.Xst: Factor w/ 4 levels "Alive","Rel",...: NA NA NA NA NA NA NA NA NA ...
$ lex.dur: num  NA NA NA NA NA NA NA NA NA NA NA ...
$ lex.id  : int  NA NA NA NA NA NA NA NA NA NA NA ...
$ age     : num  54 54 54 54 54 54 54 54 54 54 ...
$ size    : Factor w/ 3 levels "<=20 mm", ">20-50 mm",...: 1 2 3 1 2 3 1 2 3 1 ...
$ nodes   : num  0 0 0 5 5 5 10 10 10 15 ...
$ pr.tr   : num  3 3 3 3 3 3 3 3 3 3 ...
$ hormon  : Factor w/ 2 levels "no","yes": 1 1 1 1 1 1 1 1 1 1 ...
- attr(*, "time.scales")= chr  "tfd" "A" "P" "tfr"
- attr(*, "time.since")= chr  "" "" "" "Rel"
- attr(*, "breaks")=List of 4
..$ tfd: NULL
..$ A   : NULL
..$ P   : NULL
..$ tfr: NULL

```

5.2 Transition rates

In order to simulate a number of persons initiating follow-up (=diagnosed with breast cancer) with these covariate patterns according to our model, we must also define the transition objects (that is, specify models for the three transition rates) — we make one designed to mimic the models used in the SiM paper [1] and one using the better fitting model for death after relapse:

```

> TR <- list( Alive = list( Dead = i.ad,
+                           Rel = i.ar ),
+             Rel = list( "Dead(Rel)" = i.rd ) )
> TRx <- list( Alive = list( Dead = i.ad,
+                           Rel = i.ar ),
+             Rel = list( "Dead(Rel)" = ix.rd ) )
> lapply( TR, names )
$Alive
[1] "Dead" "Rel"

$Rel
[1] "Dead(Rel)"

> lapply( TR, lapply, class )
$Alive
$Alive$Dead
[1] "glm" "lm"

$Alive$Rel
[1] "glm" "lm"

$Rel
$Rel$`Dead(Rel)`
[1] "glm" "lm"

```

5.3 Simulation of a cohort

With this in place we can simulate:

```
> sL <- simLexis( Tr=TR , init=Lini, N=2000, t.range=16 )
> sLx <- simLexis( Tr=TRx, init=Lini, N=2000, t.range=16 )
> save( sL, sLx, file="sL.Rda" )
```

We asked for simulation of 2000 persons with each of the 15 covariates patterns in `Lini`, a total of 30,000 persons:

```
> load( file="sL.Rda" )
> summary( sLx )
```

Transitions:

From	To	Alive	Rel	Dead	Dead(Rel)	Records:	Events:	Risk time:	Persons:
Alive	Alive	4558	23989	1453	0	30000	25442	165921.78	30000
Rel	Rel	0	1981	0	22008	23989	22008	79173.93	23989
Sum		4558	25970	1453	22008	53989	47450	245095.71	30000

5.4 State occupancy probabilities

We can now devise the state probabilities by using `nState` and `pState` — here we just use an arbitrary subset to get the object structure:

```
> nn <- nState( sLx[1:1000,], at=seq(0,16,0.1), from=0, time.scale="tfd" )
> pp <- pState( nn, perm=c(1,2,4,3) )
> str( pp )
```

```
pState [1:161, 1:4] 1 1 1 1 0.997 ...
- attr(*, "dimnames")=List of 2
..$ when : chr [1:161] "0" "0.1" "0.2" "0.3" ...
..$ State: chr [1:4] "Alive" "Rel" "Dead(Rel)" "Dead"
```

However this is not what we want; we want the calculation for the 15 different combinations of node and size; so we devise these levels too:

```
> ( tt <- with( sLx, table( nodes, size ) ) )
```

	size		
nodes	<=20 mm	>20-50 mm	>50 mm
0	2967	3146	3287
5	3251	3429	3571
10	3514	3719	3768
15	3743	3858	3912
20	3883	3962	3979

```
> prX <- prA <- NArray( c( dimnames( tt ), dimnames( pp ) ) )
> str( prA )
```

```
logi [1:5, 1:3, 1:161, 1:4] NA NA NA NA NA NA ...
- attr(*, "dimnames")=List of 4
..$ nodes: chr [1:5] "0" "5" "10" "15" ...
..$ size : chr [1:3] "<=20 mm" ">20-50 mm" ">50 mm"
..$ when : chr [1:161] "0" "0.1" "0.2" "0.3" ...
..$ State: chr [1:4] "Alive" "Rel" "Dead(Rel)" "Dead"
```

So now we have two arrays to hold the state occupancy probabilities for all combinations of nodes, size and time from diagnosis; thus we need a loop over the 15 subsets to devise the relevant probabilities and put them in the arrays:

```

> for( nn in dimnames(prA)[[1]] )
+ for( ss in dimnames(prA)[[2]] )
+ {
+ prA[nn,ss,,] <- pState( nState( subset( sL , nodes==as.numeric(nn) &
+                                     size==ss ),
+                                     at = seq(0,16,0.1),
+                                     from = 0,
+                                     time.scale = "tfd" ),
+                                     perm = c(1,2,4,3) )
+ prX[nn,ss,,] <- pState( nState( subset( sLx, nodes==as.numeric(nn) &
+                                     size==ss ),
+                                     at = seq(0,16,0.1),
+                                     from = 0,
+                                     time.scale = "tfd" ),
+                                     perm = c(1,2,4,3) )
+ }
> save( prA, prX, file="pr.Rda" )

```

With this array of probabilities we can now plot the state occupancy probabilities as a function of time:

```

> load( file="pr.Rda" )
> clr <- col2rgb( c("forestgreen","maroon") )
> clr <- cbind( clr, clr[,2:1]*0.6 + matrix(255,3,2)*0.4 )
> clr <- rgb( t(clr), max=255 )
> par( mfrow=c(3,3), mar=c(1,1.5,1,1), mgp=c(3,1,0)/1.6, oma=c(2,2,2,2) )
> nnn <- dimnames(prA)[[1]]
> sss <- dimnames(prA)[[2]]
> for( nn in nnn[c(1,3,5)] ) # only nodes as in the SiM paper
+ for( ss in sss )
+ {
+ plot.pState( prX[nn,ss,,], col=clr, xlim=c(0,15), ylab="", xlab="" )
+ lines( as.numeric(dimnames(prX)[[3]]), prX[nn,ss,, 2], lwd=3, lty=1, col="black" )
+ matlines( as.numeric(dimnames(prA)[[3]]), prA[nn,ss,,1:3], lwd=1, lty=1, col="white" )
+ axis( side=2, at=0:10/10, labels=NA, tcl=-0.4 )
+ axis( side=4, at=0:10/10, labels=NA, tcl=-0.4 )
+ axis( side=2, at=0:50/50, labels=NA, tcl=-0.2 )
+ axis( side=4, at=0:50/50, labels=NA, tcl=-0.2 )
+ }
> mtext( paste( "Size" ,sss), side=3, at=c(1,3,5)/6, outer=TRUE, line=0, cex=0.66, las=0 )
> mtext( paste( "Nodes=",nnn[c(1,3,5)]), side=4, at=c(5,3,1)/6, outer=TRUE, line=0, cex=0.66, las=0 )
> mtext( "Time since diagnosis (years)", side=1, outer=TRUE, line=1, cex=0.66, las=0 )
> mtext( "Probability", side=2, outer=TRUE, line=1, cex=0.66, las=0 )

```

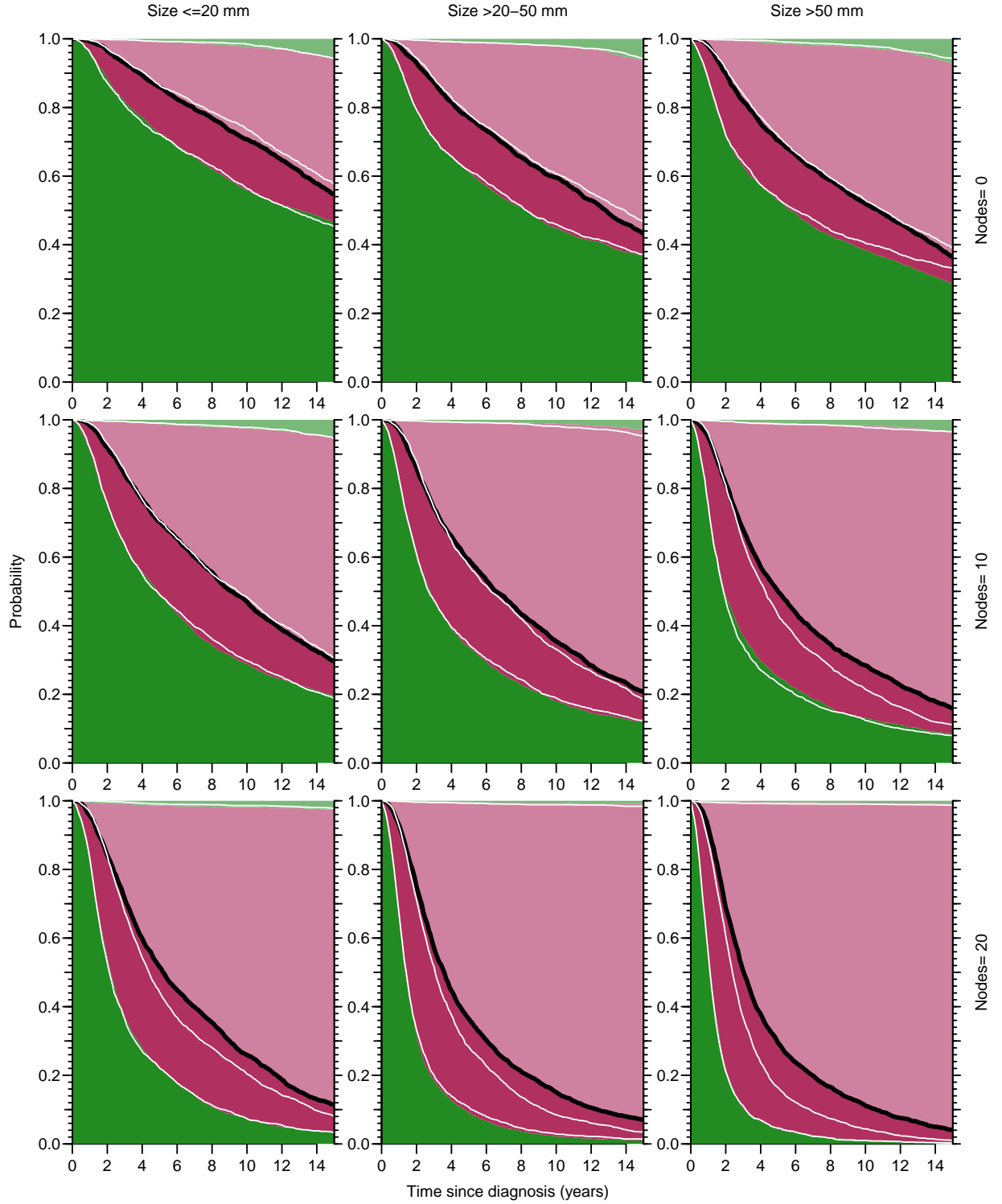


Figure 7: Probabilities of being alive without relapse (green), with relapse (purple), dead after relapse (light purple), and dead without relapse (light green). The black line is the estimated survival curve. Computed from the model with effects of time since diagnosis as well as since relapse. The white lines indicate what would have been obtained with the model with only time since diagnosis, that is plots corresponding to those in the SiM paper [1].

6 Years lived with and without relapse

We have the estimated probabilities from the simulation in the arrays `prA`, respectively `prX`. If we want to compute the years lived during the first 15 years, we want the integral under the curves. To this end we need a function that does the triangulation of the area. Here we compute the area under the curves up til 15 years past diagnosis; first based on the naive models, then on the models taking time since relapse into account:

```
> cA <- apply( prA[, , 1:151, 1:3], c(1,2,4),
+             function(x) (sum(x[-1])+sum(x[-length(x)]))/2 * 1/10 )
> cA[, , 3] <- cA[, , 2] - cA[, , 1]
> dimnames( cA )[[3]] <- c("noRel", "Total", "Rel")
> cA <- cA[, , c(1,3,2)]
> round( ftable( cA, row.vars=c(3,2) ), 2 )
```

	nodes	0	5	10	15	20
State size						
noRel <=20 mm		9.99	8.37	6.73	5.01	3.52
>20-50 mm		8.61	6.98	5.04	3.16	2.28
>50 mm		7.73	5.57	3.78	2.46	1.59
Rel <=20 mm		2.03	2.38	2.54	2.66	2.44
>20-50 mm		2.07	2.28	2.50	2.26	2.00
>50 mm		2.01	2.22	2.18	1.88	1.66
Total <=20 mm		12.02	10.76	9.27	7.68	5.96
>20-50 mm		10.68	9.26	7.53	5.42	4.29
>50 mm		9.74	7.79	5.96	4.34	3.24

```
> cX <- apply( prX[, , 1:151, 1:3], c(1,2,4),
+             function(x) (sum(x[-1])+sum(x[-length(x)]))/20 )
> cX[, , 3] <- cX[, , 2] - cX[, , 1]
> dimnames( cX )[[3]] <- c("noRel", "Total", "Rel")
> cX <- cX[, , c(1,3,2)]
> round( ftable( cX, row.vars=c(3,2) ), 2 )
```

	nodes	0	5	10	15	20
State size						
noRel <=20 mm		10.05	8.52	6.64	5.09	3.53
>20-50 mm		8.52	6.84	4.95	3.27	2.13
>50 mm		7.47	5.48	3.96	2.55	1.61
Rel <=20 mm		1.72	2.16	2.50	2.98	3.11
>20-50 mm		1.91	2.42	2.78	2.89	2.97
>50 mm		2.09	2.56	2.76	2.82	2.84
Total <=20 mm		11.77	10.68	9.14	8.07	6.65
>20-50 mm		10.42	9.26	7.72	6.16	5.10
>50 mm		9.56	8.04	6.72	5.37	4.45

Thus it is clear that both the number of nodes and the tumour size influences the expected lifetime during the first 15 years, although they primarily influence the relapse-free years lived; the years lived with relapse is not that much affected.

Note that if we had a simulation-based sample of the probabilities as outlines above, we would be able to put confidence limits on the entries in this table as well.

The numbers in the tables above correspond to points at 15 years on the curves of “length of stay” in the SiM paper, so we could have generated these curves by using the cumulative sums instead, and the differences and ratios would then have been operations inside the resulting arrays.

Again, confidence intervals would be easiest to compute by using simulated datasets from many bootstrap samples, which are not implemented yet.

7 Metastases

A further state, “metastases” is recorded too. We included these among the relapses — relapse without metastases is at time `tor`, whereas metastases is at `tom`, regardless of previous relapse.

If we are willing to dispense with subdividing the deaths by the state from which they occurred we can split the original follow-up (in the `Lexis` object `Lbc`) in one go, using the `mcutLexis` function. Note that this requires that relapse dates recorded as equal to the metastasis dates be coded as `NA` thus treating relapse and metastasis as separate events (that can not occur at the same time). This is what we did when grooming the data initially, so we can cut the original `Lexis` object:

```
> mbc <- mcutLexis( Lbc,
+                   timescale = "tfd",
+                   wh = c("tor", "tom"),
+                   precursor.states = "Alive",
+                   new.states = c("Rel", "Met"),
+                   seq.states = TRUE,
+                   new.scales = c("tfr", "tfm") )
> summary( mbc, timeScale = TRUE )
```

Transitions:

From	To	Alive	Dead	Rel	Rel-Met	Met	Records:	Events:	Risk time:	Persons:
Alive		1269	195	474	0	1044	2982	1713	17203.80	2982
Rel		0	30	210	234	0	474	264	1436.23	474
Rel-Met		0	187	0	47	0	234	187	485.92	234
Met		0	860	0	0	184	1044	860	2144.79	1044
Sum		1269	1272	684	281	1228	4734	3024	21270.74	2982

Timescales:

	time.scale	time.since
1	tfd	
2	A	
3	P	
4	tfr	Rel
5	tfm	Met

```
> mbc <- Relevel( mbc, list( 1, 3, Met=4:5, 2 ) )
```

	type	old	new
1	lex.Cst	Alive	Alive
2	lex.Cst	Dead	
3	lex.Cst	Rel	Rel
4	lex.Cst	Rel-Met	Met
5	lex.Cst	Met	Met
6	lex.Xst	Alive	Alive
7	lex.Xst	Dead	Dead
8	lex.Xst	Rel	Rel
9	lex.Xst	Rel-Met	Met
10	lex.Xst	Met	Met

```
> summary( mbc )
```

Transitions:

From	To	Alive	Rel	Met	Dead	Records:	Events:	Risk time:	Persons:
Alive		1269	474	1044	195	2982	1713	17203.80	2982
Rel		0	210	234	30	474	264	1436.23	474
Met		0	0	231	1047	1278	1047	2630.71	1278
Sum		1269	684	1509	1272	4734	3024	21270.74	2982

```
> subset( mbc, lex.id %in% (1328+0:2) )[,1:10]
```

	tfr	tfm	tfd	A	P	lex.dur	lex.Cst	lex.Xst	lex.id	pid
1469	NA	NA	0.0000000	83.05832	1985.148	1.8726899	Alive	Rel	1329	1329
1470	2.220446e-16	NA	1.8726899	84.93101	1987.021	3.1923342	Rel	Dead	1329	1329
1942	NA	NA	0.0000000	44.52578	1993.908	2.4065709	Alive	Rel	1328	1328
1943	0.000000e+00	NA	2.4065709	46.93235	1996.315	0.9253936	Rel	Met	1328	1328
1944	9.253936e-01	0	3.3319645	47.85774	1997.240	4.0985622	Met	Met	1328	1328
1945	NA	NA	0.0000000	68.91837	1987.571	0.9089665	Alive	Rel	1330	1330
1946	NA	NA	0.9089665	69.82734	1988.480	1.0102670	Rel	Met	1330	1330
1947	1.010267e+00	0	1.9192335	70.83760	1989.490	0.5530457	Met	Dead	1330	1330

The lack of subdivision of deaths by state immediately preceding death can of course be remedied “by hand”:

```
> xbc <- transform( mbc, lex.Xst = factor( ifelse( lex.Xst=="Dead" &
+                                               lex.Cst!="Alive",
+                                               paste( "D(",lex.Cst,")",sep=""),
+                                               as.character(lex.Xst) ) ) )
> xbc <- Relevel( xbc )
> levels( xbc )
[1] "Alive" "Rel" "Met" "Dead" "D(Met)" "D(Rel)"
> xbc <- Relevel( xbc, c(1:3,5,4) )
> levels( xbc )
[1] "Alive" "Rel" "Met" "D(Met)" "Dead" "D(Rel)"
> summary( xbc )
```

Transitions:

	To									
From	Alive	Rel	Met	D(Met)	Dead	D(Rel)	Records:	Events:	Risk time:	Persons:
Alive	1269	474	1044	0	195	0	2982	1713	17203.80	2982
Rel	0	210	234	0	0	30	474	264	1436.23	474
Met	0	0	231	1047	0	0	1278	1047	2630.71	1278
Sum	1269	684	1509	1047	195	30	4734	3024	21270.74	2982

```
> boxes( xbc, boxpos=list(x=c(15,40,15,85,85,85),
+                           y=c(85,50,15,15,85,50)),
+        show.BE=TRUE, scale.R=100, wmult=1.1 )
```

We could now model all 6 transitions, exploring the possible effects of time since entry to the relapse and metastasis states as well as possible interactions. We might even model mortality rates from relapse and metastasis with some common parameters.

Eventually we would have specified some model for each of the transitions, and we could repeat the exercise from above, simulating state occupancies and time spent in different states.

So far this is left as an exercise to the reader...

References

- [1] M. J. Crowther and P. C. Lambert. Parametric multistate survival models: Flexible modelling allowing transition-specific distributions with application to estimating clinically useful measures of effect differences. *Stat Med*, 36(29):4719–4742, Dec 2017.

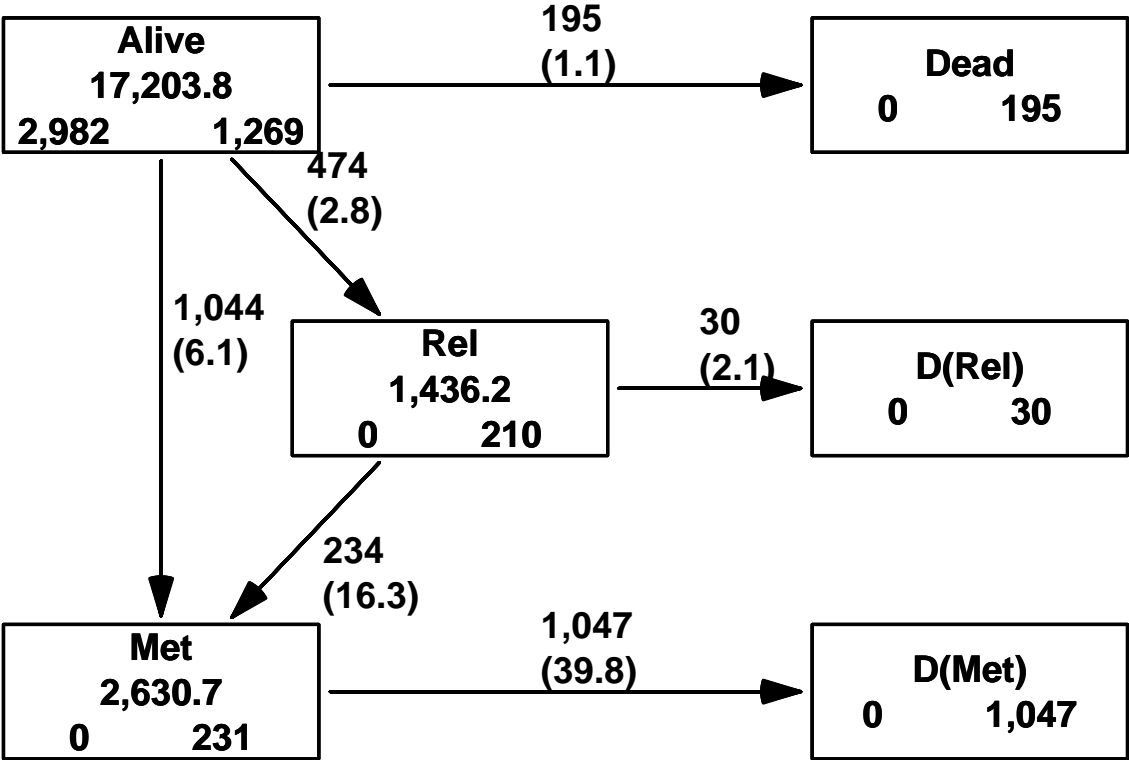


Figure 8: *Transitions when metastases are taken into account.*