

# Comment: Quantifying Information Loss in Survival Studies

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In their paper, Nicolae, Meng, and Kong (henceforth NMK) propose several very interesting methods for quantifying the fraction of missing information in a sample, and focus their attention on genetic studies. Survival analysis is another area in Statistics where missing information plays an important role. Here, censoring complicates study design, for example when we want to determine how big a clinical trial should be in order to have a good chance of detecting a treatment effect in a Cox model. Most current methods for dealing with this difficult problem involve two stages, where in the first stage we make a projection of what the variance of the coefficient of the treatment effect would be if there was no censoring, and in the second stage we make a correction to adjust for the censoring. Often this is done under restrictive parametric (e.g. exponential) assumptions for the underlying distributions. It would be desirable to use the methods proposed by NMK in the survival analysis setting. I tried to carry over their methods to the Cox model, and encountered some problems. The difficulties I discovered led me to consider modifications of their proposals, which I believe work well. Below I discuss the setup I consider, my experiences, the issues, and some approaches I think are promising.

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# 1 Survival Studies for Assessing the Efficacy of a New Treatment

A typical clinical trial with a survival outcome involves a fixed time frame, say five years. Patients enter the trial continuously during the first four years, are randomly assigned to treatment or control, and the last year is a followup year, during which no patients enter the study. Some patients die during the study, in which case their survival time is observed. But some patients die from other causes or are lost to followup, and some are still alive at the time the trial is ended; so in these cases the survival time is censored: for each individual in this group, there is a time  $t$  and we know only that the individual's survival is greater than  $t$ .

Clearly the censoring reduces information regarding the efficacy of the new treatment. When designing a subsequent study in the hope of getting stronger evidence against the null hypothesis of no treatment effect, we now have two choices: increase the number of patients in the study, which can be expensive, or try to reduce the censoring. We can reduce the censoring either by putting more resources into followup, or by extending the length of the period of time after the end of the accrual period. These result in costs which are financial and also ethical because increasing the length of the final followup period postpones publication of results that are of potential benefit to other patients. The decision of whether to increase the number of patients or to reduce the censoring depends crucially on the amount of information loss due to censoring, so being able to measure this is extremely important in the design of future studies. This situation is very similar to the one discussed by NMK.

By far the most commonly used model for regression with censored survival data is the Cox proportional hazards model. Suppose that individual  $i$  has covariate vector  $Z_i = (Z_{i1}, \dots, Z_{ip})$ , where  $Z_{i1}$  is the indicator that the individual receives the treatment. Let  $X_i$  be the death time of individual  $i$  if there was no censoring, and let  $Y_i$  be the censoring time. For each individual, we observe the minimum  $T_i = \min(X_i, Y_i)$  and also the indicator  $\delta_i$  that  $X_i$  was not censored, i.e.  $\delta_i = I(X_i \leq Y_i)$ . So the data for individual  $i$  is the triple  $(T_i, \delta_i, Z_i)$ .

The proportional hazards model stipulates that the hazard rate for an individual with covariate vector  $Z$  is given by

$$\lambda(t|Z) = \lambda_0(t) \exp(\beta'Z), \quad (1)$$

where  $\beta$  is a  $p$ -dimensional vector of coefficients, and  $\lambda_0$  is the hazard function for an individual with covariate vector 0. For our purposes (as will be clear later), it is preferable to define the model in terms of cumulative hazard functions, and so by integrating (1), the model is stated by specifying that  $\Lambda(t|Z)$ , the cumulative hazard function for an individual with covariate  $Z$  is related to  $\Lambda_0(t)$ , the cumulative hazard function for an individual with covariate 0 via

$$\Lambda(t|Z) = \Lambda_0(t) \exp(\beta'Z). \quad (2)$$

The model is parameterized by  $\theta = (\Lambda_0, \beta)$ , in which  $\Lambda_0$  is considered a nuisance parameter. The likelihood function is very complex, and involves both  $\Lambda_0$  and  $\beta$ . Cox's partial likelihood (Cox 1972, 1975)—literally just a part of the full likelihood, see Efron (1977)—involves only  $\beta$ .

## 2 Measuring the Relative Information in the Data

There is a large literature that shows that Cox's partial likelihood has the main features of an ordinary likelihood: the maximum partial likelihood estimator  $\hat{\beta}$  is consistent and asymptotically normal (Andersen and Gill 1982), and there are several papers (Efron 1977, Oakes 1977) that show that inference based on this partial likelihood is essentially as good as inference based on the full likelihood. Standard software gives the partial likelihood function. For example in R, if we fit a Cox model to a data set and call the result `fitcox`, then `fitcox$loglik` gives the log of the partial likelihood, evaluated at any desired value of  $\beta$ , and also at the maximum partial likelihood estimate of  $\beta$ .

These considerations suggest that we use the partial likelihood function as a likelihood in the measure  $\mathcal{R}I_1$  that NMK propose. For a data set  $D$ , let  $\ell_D(\beta)$  denote the log partial likelihood function based on  $D$ . Let  $D_{\text{ob}}$  denote the observed data, and  $D_{\text{co}}$  denote the full data, had we

been able to see it. Suppose we wish to test the null hypothesis that  $\beta = \beta_0$ . If we use the partial likelihood, the numerator of  $\mathcal{R}I_1$  is simply  $\ell_{D_{\text{ob}}}(\hat{\beta}) - \ell_{D_{\text{ob}}}(\beta_0)$ , and the denominator is

$$E_{\hat{\theta}}\{\ell_{D_{\text{co}}}(\hat{\beta}) | D_{\text{ob}}\} - E_{\hat{\theta}}\{\ell_{D_{\text{co}}}(\beta_0) | D_{\text{ob}}\}. \quad (3)$$

In (3),  $D_{\text{co}}$  is random and has the conditional distribution of the complete data given the observed data, and the subscript  $\hat{\theta}$  indicates that this conditional distribution is computed under the assumption that  $\hat{\theta}$  is the true value of  $\theta$ . Here, the maximum likelihood estimator of  $\theta$  is  $\hat{\theta} = (\hat{\Lambda}_0, \hat{\beta})$ , where  $\hat{\Lambda}_0$  is the Nelson-Aalen estimator of  $\Lambda_0$ . This expectation is hopelessly difficult to compute. However, it is possible to estimate it via Monte Carlo, and the last section of this article details how to do this.

To assess the performance of this measure I considered the “acute myelogenous leukemia data” and some perturbations of it. This data set is given in Miller (1981, p. 49), and is available in the `survival` package in R. There are 11 individuals receiving the new treatment ( $Z = 0$ ), of whom four have censored survival times, and 12 individuals receiving the standard treatment ( $Z = 1$ ), of whom one has a censored survival time. We are interested in testing the null hypothesis that  $\beta = 0$ , indicating no treatment effect.

Table 1 below gives three versions of this data set, of which the first is the original data set. Dataset `aml-1` is a perturbed version in which (i) all the status indicators  $\delta_i$  that were 0 were changed to 1 and (ii) 11 observations, all censored at time 0, were added to the new treatment group, and 12 observations, all censored at time 0, were added to the standard treatment group. The inclusion of these 23 new observations all censored at time 0 doubles the size of the data set but adds no information whatsoever, and any reasonable method for estimating the relative information in the data should give .5. This is the censored data analogue of the example of unobserved Bernoullis in Section 1.3 of NMK. Dataset `aml-2` is a perturbed version of the original data set in which 11 observations, all censored at time 0, are added to the new treatment group, and 12 observations, all censored at time 0, are added to the standard treatment group; but the original part of the data set was not altered.

The results are given in line 1 of Table 2 below. They are surprising. The value of  $\mathcal{R}I_1$

	$T$	9 13 13 18 23 28 31 34 45 48 161	5 5 8 8 12 16 23 27 30 33 43 45	
aml-orig	$\delta$	1 1 0 1 1 0 1 1 0 1 0	1 1 1 1 1 0 1 1 1 1 1 1	
	$Z$	0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1	
	$T$	0 . <sup>11</sup> . 0 9 13 13 18 23 28 31 34 45 48 161 0 . <sup>12</sup> . 0 5 5 8 8 12 16 23 27 30 33 43 45		
aml-1	$\delta$	0 . <sup>11</sup> . 0 1 1 1 1 1 1 1 1 1 1 1 1 0 . <sup>12</sup> . 0 1 1 1 1 1 1 1 1 1 1 1 1		
	$Z$	0 . <sup>11</sup> . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 . <sup>12</sup> . 1 1 1 1 1 1 1 1 1 1 1 1 1		
	$T$	0 . <sup>11</sup> . 0 9 13 13 18 23 28 31 34 45 48 161 0 . <sup>12</sup> . 0 5 5 8 8 12 16 23 27 30 33 43 45		
aml-2	$\delta$	0 . <sup>11</sup> . 0 1 1 0 1 1 0 1 1 0 1 0 0 0 . <sup>12</sup> . 0 1 1 1 1 1 0 1 1 1 1 1 1 1		
	$Z$	0 . <sup>11</sup> . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 . <sup>12</sup> . 1 1 1 1 1 1 1 1 1 1 1 1 1		

Table 1: Three versions of the leukemia data. Notation of the sort 0 .<sup>11</sup>. 0 indicates a string of 11 0's.

for the original data set is .987, suggesting that there is essentially no missing information, even though 5 of the 23 observations are censored; and for aml-1, the value is .552 whereas it should be .5, or at least very close to .5; and what is more worrisome is that for aml-2 it is bigger than for aml-1, even though aml-2 has more missing data. In fact, it is not even true that  $\mathcal{R}I_1$  is always less than 1 (a particular instance of this phenomenon arises when dealing with the dataset `veteran`, available in the `survival` package in R, when testing whether the treatment effect is 0, and ignoring all other predictors).

An explanation for this is as follows. The partial likelihood uses only the information at the times of the uncensored deaths (Efron 1977), whereas the full likelihood also includes the information between successive uncensored deaths. The data used to form the denominator of  $\mathcal{R}I_1$  involves some censored observations, whereas the data used to form the numerator does not. So it appears that the parts missing from the partial likelihood are different in the numerator and denominator of  $\mathcal{R}I_1$ . This is a very rare instance where using the partial likelihood creates serious problems. The net effect is that the key inequality (16) in NMK fails: the inequality is based on using the full likelihood. Consequently the basic inequality  $\mathcal{R}I_1 \leq 1$  need not hold.

	aml-orig	aml-1	aml-2
$\mathcal{R}I_1$	0.987 (0.976, 0.999)	0.552 (0.538, 0.567)	0.694 (0.675, 0.714)
$\mathcal{R}I_W$	0.847 (0.844, 0.849)	0.490 (0.489, 0.491)	0.387 (0.386, 0.389)

Table 2: Monte Carlo estimates of the  $\mathcal{R}I_1$  and  $\mathcal{R}I_W$  criteria, together with 99% confidence intervals, on three versions of the leukemia data. Each case is obtained by a Monte Carlo run of 5,000 simulations, as described in Section 3, and takes about a minute to produce on a 3.8 GHz dual core P4 running Linux. For  $\mathcal{R}I_W$ , the estimates are very stable: 99% confidence intervals have width of about .003. For  $\mathcal{R}I_1$ , the confidence intervals are wider.

The rationale for the criterion  $\mathcal{R}I_1$  suggests the following alternative way of forming the ratio of “evidence against the null hypothesis in the present sample” to the “expected value of the evidence against the null hypothesis if we had the complete data set,” which bypasses the likelihood function. For a given method of estimating  $\theta$  and a data set  $D$ , let  $\hat{\theta}(D)$  denote the estimate based on data  $D$ , and  $\widehat{\text{Var}}(\hat{\theta}(D))$  be an estimate of the covariance matrix of  $\hat{\theta}(D)$ . Also let  $V_{\text{ob}} = \widehat{\text{Var}}(\hat{\theta}(D_{\text{ob}}))$  and  $V_{\text{co}}$  be the matrix whose inverse is given by

$$V_{\text{co}}^{-1} = E_{\hat{\theta}} \left\{ \left[ \widehat{\text{Var}}(\hat{\theta}(D_{\text{co}})) \right]^{-1} \middle| D_{\text{ob}} \right\} \quad (4)$$

where, as before,  $D_{\text{ob}}$  is the complete data, and  $D_{\text{co}}$  is random and has the conditional distribution of the complete data given the observed data; and the subscript  $\hat{\theta}$  indicates that this conditional distribution is computed under the assumption that  $\hat{\theta}$  is the true value of  $\theta$ . We form

$$\mathcal{R}I_W = \frac{(\hat{\theta}(D_{\text{ob}}) - \theta_0)' V_{\text{ob}}^{-1} (\hat{\theta}(D_{\text{ob}}) - \theta_0)}{(\hat{\theta}(D_{\text{ob}}) - \theta_0)' V_{\text{co}}^{-1} (\hat{\theta}(D_{\text{ob}}) - \theta_0)}, \quad (5)$$

which is a ratio of Wald-like quantities. If the dimension of  $\theta$  is 1, the reciprocal of  $\mathcal{R}I_W$  simplifies to

$$(\mathcal{R}I_W)^{-1} = \frac{V_{\text{ob}}}{V_{\text{co}}} = E_{\hat{\theta}} \left\{ \frac{\widehat{\text{Var}}(\hat{\theta}(D_{\text{ob}}))}{\widehat{\text{Var}}(\hat{\theta}(D_{\text{co}}))} \middle| D_{\text{ob}} \right\}$$

and has the interpretation of “expected value of the ratio of the variance of the  $\hat{\theta}$  we have to the variance of what  $\hat{\theta}$  would be if we had the complete data.” Motivation for (5) in general is given at the end of this section.

When we apply this criterion to the example of unobserved Bernoullis in Section 1.3 of NMK, a short calculation shows that this approach gives what  $\mathcal{R}I_1$  gives, namely that the fraction of information in the sample is  $n_0/n$  (to order  $1/n$ ).

Line 2 of Table 2 gives the value of  $\mathcal{R}I_W$  for the three versions of the leukemia data, when we estimate  $\beta$  via the maximum partial likelihood estimator, and the variance estimate is the negative second derivative of the log partial likelihood function at its maximum. The pattern we see makes sense. For `aml-orig`, which includes 5 partially informative censored observations,  $\mathcal{R}I_W$  gives a number intermediate between 1 and the proportion of uncensored observations (0.783); it is almost equal to .5 for `aml-1`, correctly reflecting the fact that the additional 23 points censored at 0 give no information at all; and it is less than .5 for `aml-2`, which includes not only 23 completely uninformative points, but also the original censored observations. It should be noted that the variances used in the calculation of  $V_{ob}$  and  $V_{co}$  are estimated variances, and so the value of  $\mathcal{R}I_W$  depends on the particular estimate that is used. This dependence may be noticeable in small samples. For instance, this is the reason why  $\mathcal{R}I_W$  gives .490 instead of .5 for `aml-1`. Table 2 gives results for a single experiment, but I got very similar results for many other data sets, including data sets that are bigger, have a bigger percentage of censored observations, or both.

Criterion (5) has the following advantages.

- It does not require the evaluation of a likelihood at some estimate. In fact,  $\hat{\theta}$  need not be a maximum likelihood estimator, and there need not even be a likelihood function. This is important for some situations—for example when we have a single randomly censored sample and we use the Kaplan-Meier estimate—when there is no likelihood at all.
- It handles nuisance parameters without modification. That is, if  $\theta = (\theta^{(1)}, \theta^{(2)})$ , and the null hypothesis involves only  $\theta^{(1)}$ , then we simply form (5) with  $\theta^{(1)}$  and  $\theta_0^{(1)}$  replacing  $\hat{\theta}$  and  $\theta_0$ , etc.

To motivate (5), suppose we are in a parametric framework, and recall that  $\mathcal{R}I_1$  is given by

$$\frac{\ell_{D_{\text{ob}}}(\hat{\theta}(D_{\text{ob}})) - \ell_{D_{\text{ob}}}(\theta_0)}{E_{\hat{\theta}}\{\ell_{D_{\text{co}}}(\hat{\theta}(D_{\text{ob}})) - \ell_{D_{\text{co}}}(\theta_0) \mid D_{\text{ob}}\}}, \quad (6)$$

and let's compare this to the closely related quantity

$$\mathcal{R}I_{W\text{-alt}} = \frac{(\hat{\theta}(D_{\text{ob}}) - \theta_0)' [-\ddot{\ell}_{D_{\text{ob}}}(\hat{\theta}(D_{\text{ob}}))] (\hat{\theta}(D_{\text{ob}}) - \theta_0)}{E_{\hat{\theta}}\left\{(\hat{\theta}(D_{\text{ob}}) - \theta_0)' [-\ddot{\ell}_{D_{\text{co}}}(\hat{\theta}(D_{\text{co}}))] (\hat{\theta}(D_{\text{ob}}) - \theta_0) \mid D_{\text{ob}}\right\}}, \quad (7)$$

in which  $\ddot{\ell}_{D_{\text{ob}}}$  denotes the second derivative (with respect to  $\theta$ ) of  $\ell_{D_{\text{ob}}}$ . Consider the numerator of (6). Assuming standard regularity conditions, a two-term Taylor expansion of  $\ell_{D_{\text{ob}}}(\theta_0)$  around  $\hat{\theta}(D_{\text{ob}})$  gives the numerator of (7) (except for a factor of 2). If we expand  $\ell_{D_{\text{co}}}(\theta_0)$  around  $\hat{\theta}(D_{\text{ob}})$  and approximate  $\dot{\ell}_{D_{\text{co}}}(\hat{\theta}(D_{\text{ob}}))$  and  $\ddot{\ell}_{D_{\text{co}}}(\hat{\theta}(D_{\text{ob}}))$  by  $\dot{\ell}_{D_{\text{co}}}(\hat{\theta}(D_{\text{co}}))$  and  $\ddot{\ell}_{D_{\text{co}}}(\hat{\theta}(D_{\text{co}}))$ , respectively, the denominator of (6) is the denominator of (7) (except for a factor of 2), and in (7) we may take  $(\hat{\theta}(D_{\text{ob}}) - \theta_0)'$  and  $(\hat{\theta}(D_{\text{ob}}) - \theta_0)$  outside the expectation. Expressions (5) and (7) are the same, except that in (5) we use an estimate of the inverse variance that is not necessarily given by the negative observed Fisher information.

### 3 Generating a Complete Data Set

Let  $S(t \mid Z)$  be the survival function for an individual with covariate vector  $Z$ . The proportional hazards model may be reformulated as

$$S(t \mid Z) = (S_0(t))^{\exp(\beta'Z)}, \quad (8)$$

where  $S_0$  is the survival function for an individual with covariate vector 0. Models (2) and (8) are equivalent in the continuous case, for which the survival function and corresponding cumulative hazard function are related via  $S(t) = \exp(-\Lambda(t))$ . In general, (2) and (8) are not the same, and it is important to decide on the specification of the Cox model, and here we take (8) as our definition. There are reasons why (8) is more sensible; see Kalbfleisch and Prentice (1980, sec. 4.6).

For an individual with covariate 0, the survival function and the cumulative hazard function are related via the product integral  $S_0(t) = \prod_{s \leq t} (1 - \Lambda_0(ds))$  (Gill and Johansen 1990), so by (8) the survival function for an individual with covariate  $Z$  is given by

$$S(t | Z) = \left\{ \prod_{s \leq t} (1 - \Lambda_0(ds)) \right\}^{\exp(\beta'Z)}. \quad (9)$$

Suppose that the survival time for individual  $i$  is censored, i.e. we observe  $T_i$  and  $Z_i$  and we know that  $X_i > T_i$ . We form  $\hat{S}(t | Z_i)$  by substituting  $\hat{\Lambda}_0$  and  $\hat{\beta}$  for  $\Lambda_0$  and  $\beta$  in (9), and generate  $X_i$  from this distribution conditional on its being greater than  $T_i$ . We do this for all censored observations, and the expectations in (3) and (4) can be estimated by Monte Carlo. Standard software gives  $\hat{\Lambda}_0$  and the corresponding  $\hat{S}_0$ , so this scheme is easy to carry out. R functions to implement this scheme and to calculate the criteria  $\mathcal{R}I_1$  and  $\mathcal{R}I_W$  are available from me upon request.

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