

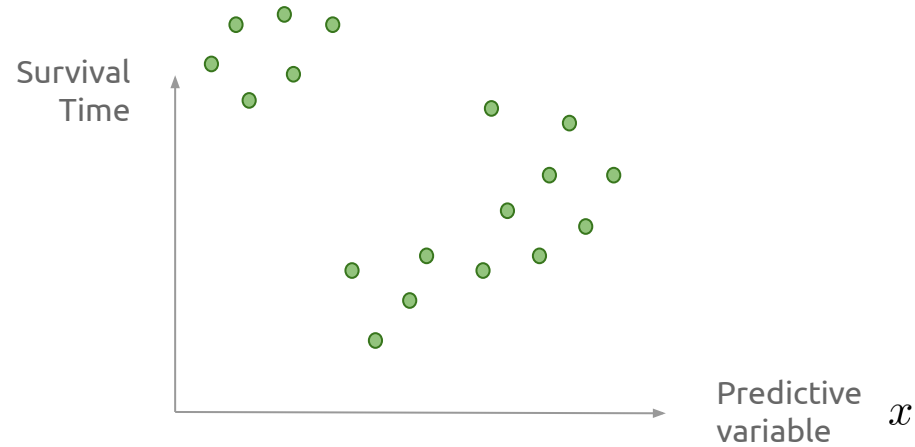
# Neural Fine-Gray

Vincent Jeanselme, Chang Ho Yoon,  
Brian Tom and Jessica Barrett

CHIL - June 2023

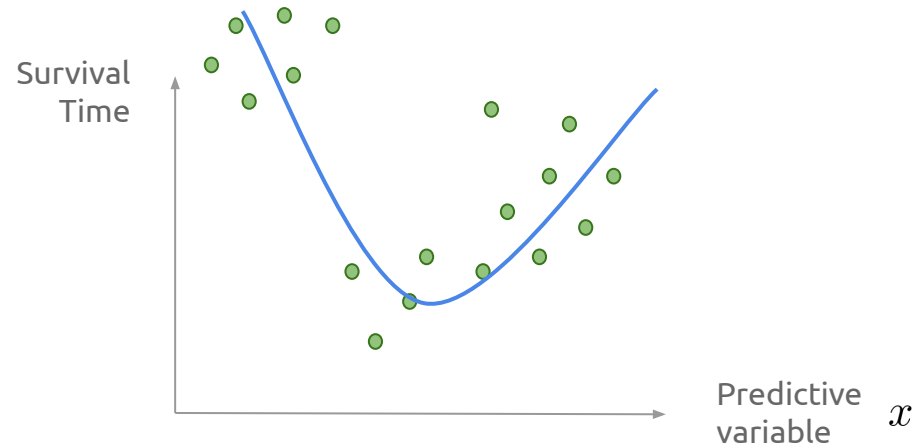
# What is survival analysis ?

## Time-to-event modelling



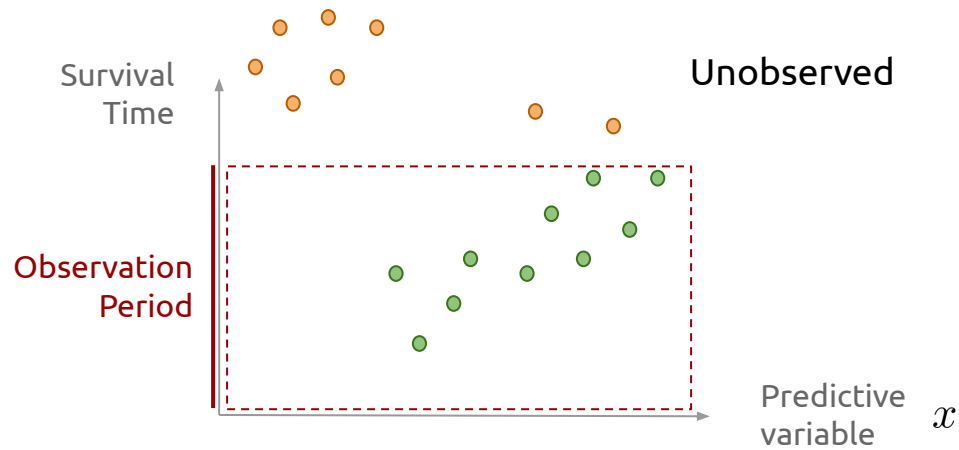
# What is survival analysis ?

## Time-to-event modelling



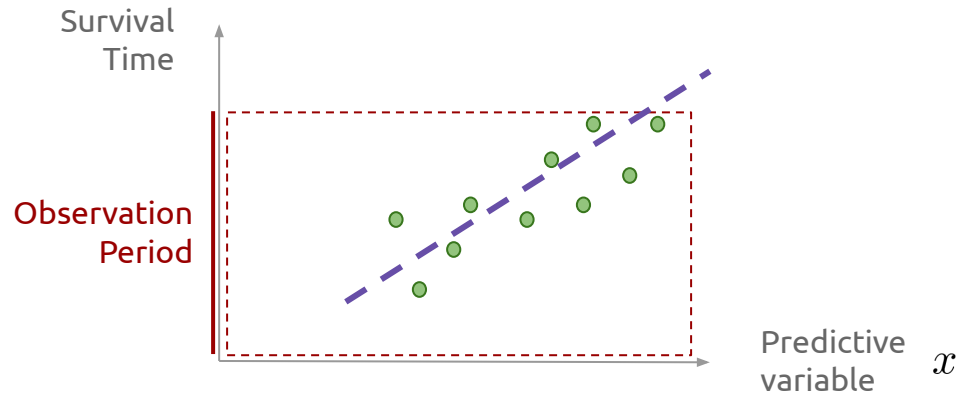
# What is survival analysis ?

**Time-to-event** modelling with **censored** patients



# What is survival analysis ?

**Time-to-event** modelling with **censored** patients



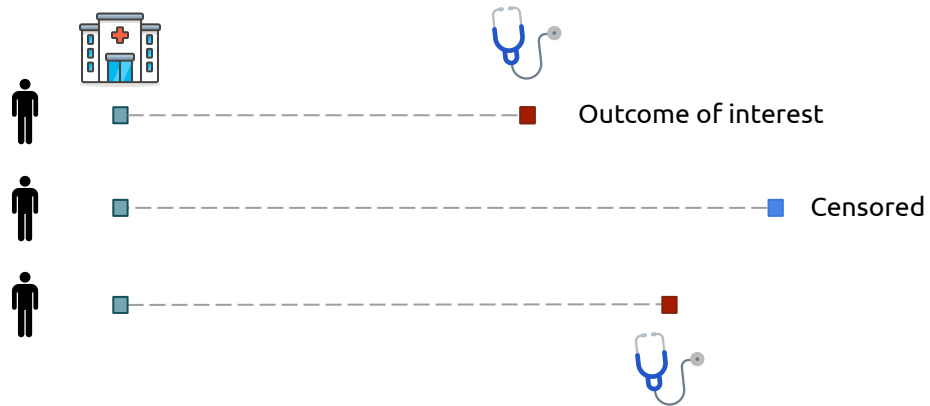
# What is survival analysis ?

Maximise the **likelihood** of **both** observed and censored outcomes

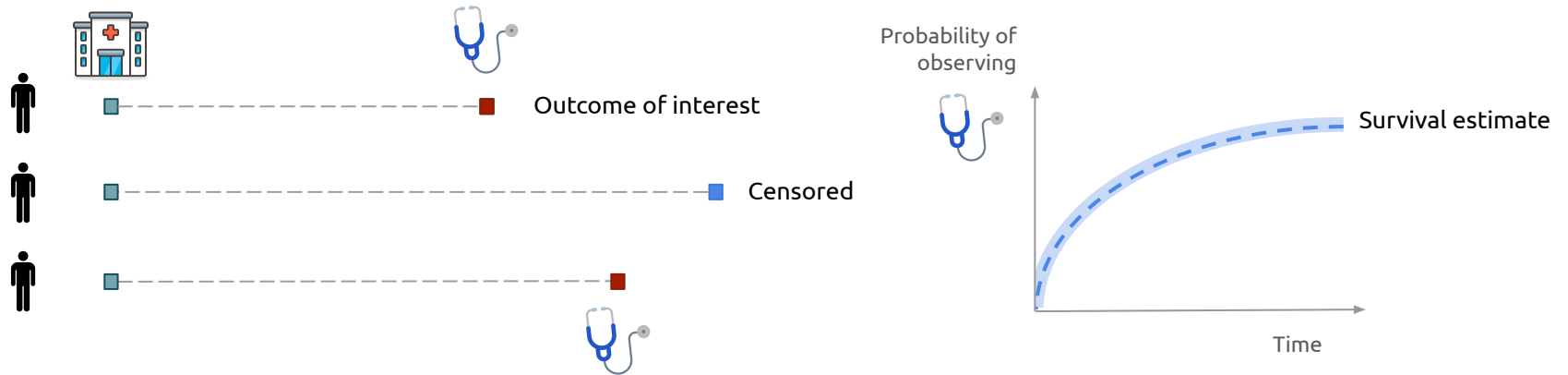
Model the **survival** function

$$S(t | x) = \mathbb{P}(T \geq t | x)$$

# Motivation

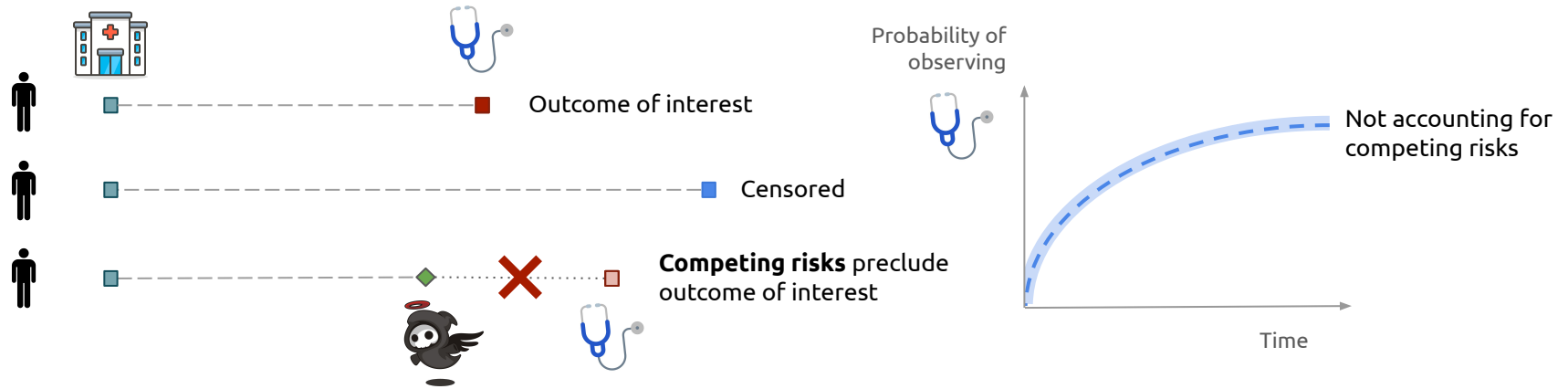


# Motivation

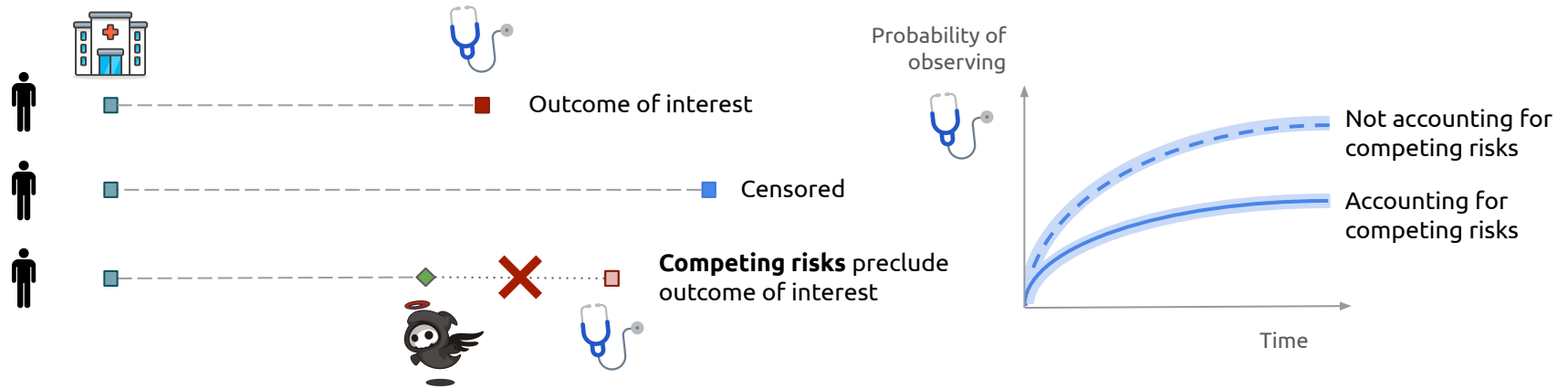




# Motivation



# Motivation



# Existing strategies

1. Cox model
2. Fine-Gray
3. DeepHit
4. Deep Survival Machine
5. DeSurv

# Survival Analysis

$$\begin{aligned} S(t | x) &= \mathbb{P}(T \geq t | x) \\ &= e^{-\Lambda(t | x)} \\ &= e^{-\int_0^t \lambda(u | x) du} \end{aligned}$$

# Cox Model

$$\lambda(s | x) = \lambda_0(s) \exp(\alpha^T x)$$

Baseline Hazard

Hazard Covariate Drift

# Competing risks

With multiple risks, one is interested in estimating the **cumulative incidence function**:

$$\begin{aligned} F_r(t|\mathbf{x}) &= \mathbb{P}(T < t, \text{risk} = r|\mathbf{x}) \\ &= \int_0^t \lambda_r(u|\mathbf{x}) e^{-\int_0^u \sum_r \lambda_r(s) ds} du \end{aligned}$$

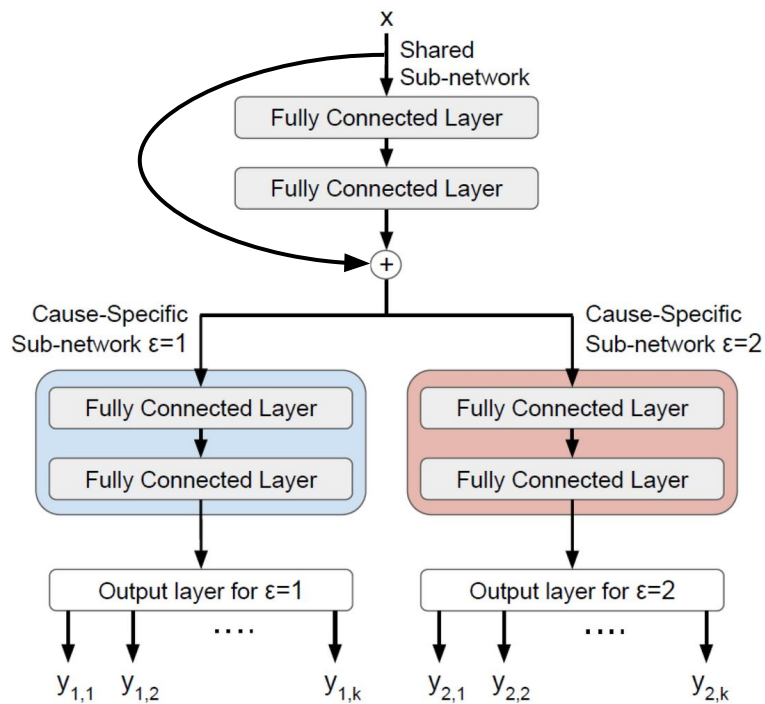
# Fine-Gray

Instead of considering each risk **separately** to then estimate the cumulative incidence function, Fine-Gray proposes to **account for** the different risks by modelling the subdistribution hazard:

$$h_r(t|x) = \lim_{\delta t \rightarrow 0} \frac{\mathbb{P}(t < T < t + \delta t, \text{risk} = r | (T \geq t) \cup (T < t \cap \text{risk} \neq r), x)}{\delta t}$$

# DeepHit

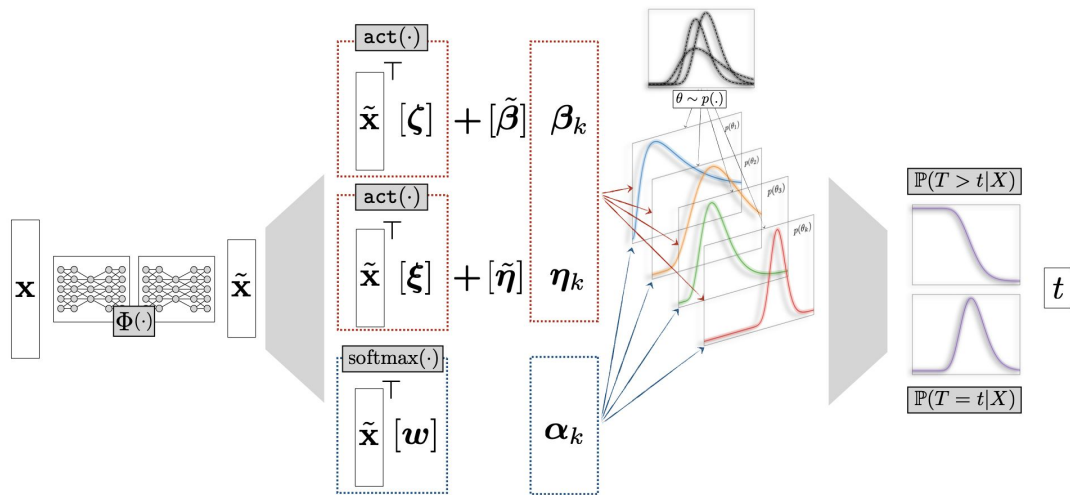
Time **discretisation** with softmax over time and risks





# Deep Survival Machine

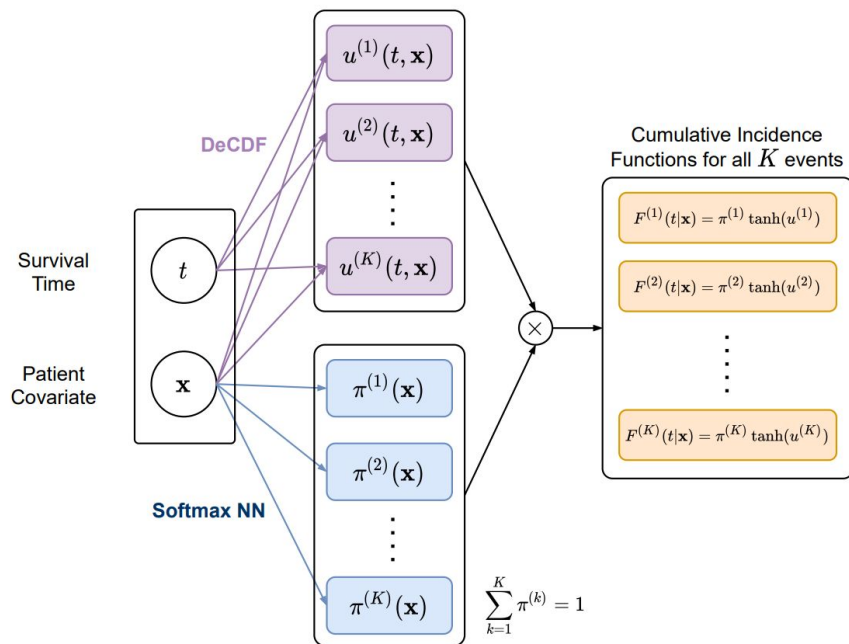
Mixture of **parametric distributions**  
parameterized by neural networks



# DeSurv

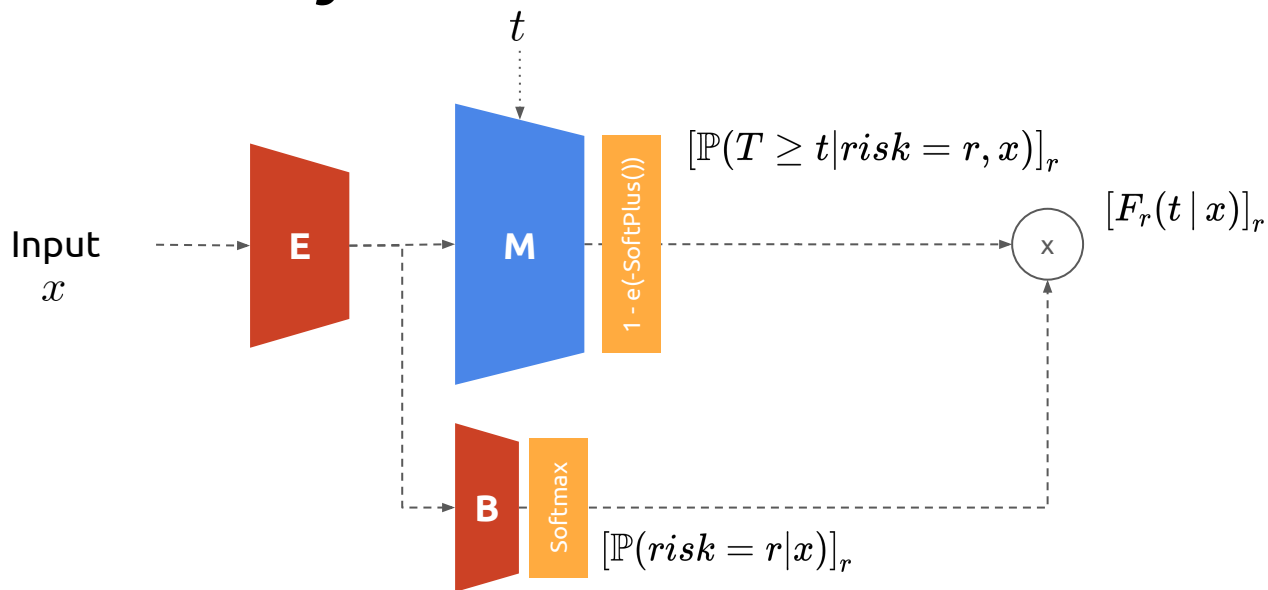
A neural network models the **derivative** of  $F$ , and another weigh the outcomes. The cumulative incidence is obtained by solving an **ODE**.

Importantly, one needs **both** the **derivative** of  $F$  and  $\mathbf{F}$  to compute the **likelihood** of the observed data.



# Proposed strategy

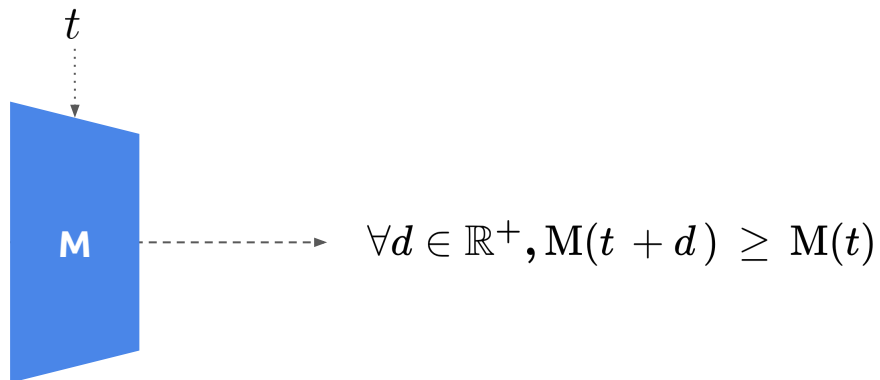
# Neural Fine-Gray



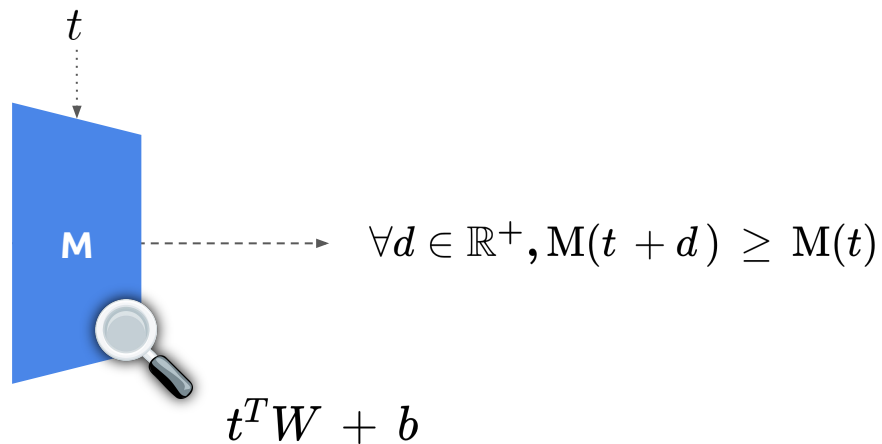
● Multi Layer Perceptron

● Monotonic Neural Network

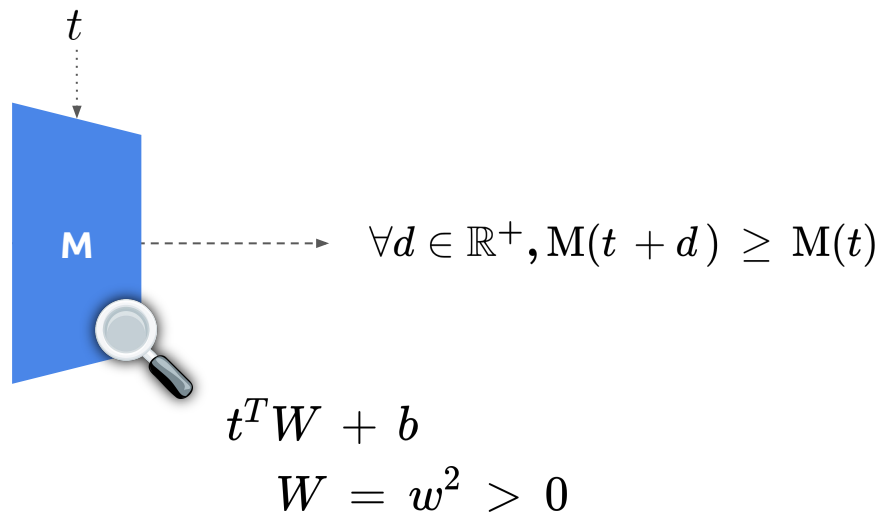
# Monotonic Network



# Monotonic Network



# Monotonic Network



Positively weighted neural networks are **universal monotonic approximators**.

# Cardiovascular risk

1. Experimental settings
2. Results
3. Importance of modelling competing risks

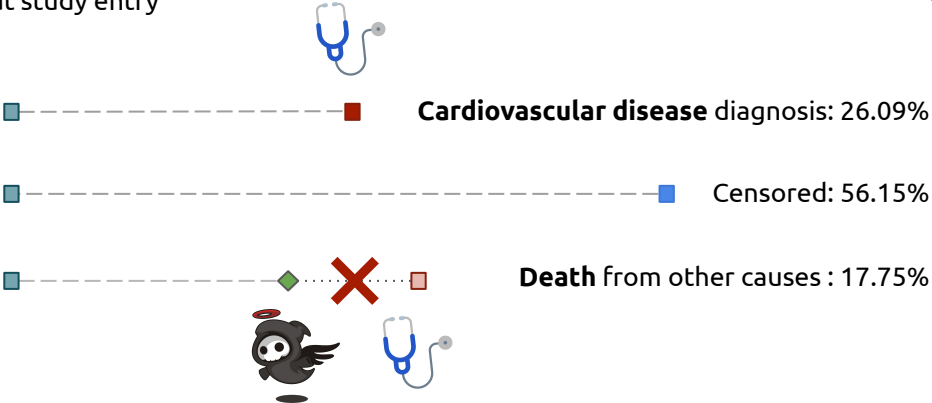


# Experimental settings

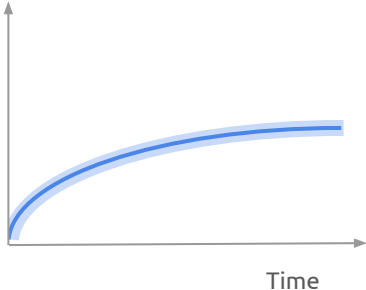
18 covariates  
measured at study entry



4,434  
patients



Probability of  
observing CVD  
given baseline  
covariates



- Evaluation: 5-fold cross-validation
- Time-dependent C Index
  - Time-dependent Brier Score

# Results

Time quantiles



Model	C-index (Discrimination)			Brier Score (Calibration)		
	$q_{0.25}$	$q_{0.5}$	$q_{0.75}$	$q_{0.25}$	$q_{0.5}$	$q_{0.75}$
<b>Neural Fine Gray</b>	<b>0.872 (0.024)</b>	<b>0.812 (0.029)</b>	<b>0.782 (0.018)</b>	0.050 (0.003)	<b>0.095 (0.010)</b>	<b>0.128 (0.004)</b>
DeepHit	0.855 (0.026)	0.781 (0.026)	0.743 (0.014)	0.053 (0.003)	0.102 (0.007)	0.141 (0.002)
DSM	0.866 (0.023)	0.806 (0.023)	0.778 (0.014)	0.057 (0.005)	0.104 (0.006)	0.141 (0.002)
DeSurv	<b>0.872 (0.027)</b>	0.807 (0.031)	0.775 (0.022)	<b>0.049 (0.005)</b>	<b>0.095 (0.009)</b>	0.129 (0.003)
Fine Gray	0.842 (0.025)	0.794 (0.024)	0.772 (0.015)	0.057 (0.006)	0.099 (0.007)	0.131 (0.003)

In addition to **state-of-the-art** performance, the proposed method offers a  **$n/2$  computational gain** in comparison to DeSurv  $n$  being the number of points used for the numerical integration ( $n = 15$ ).

# Importance

## Why model competing risks?

Model	C-index			Brier Score		
	$q_{0.25}$	$q_{0.5}$	$q_{0.75}$	$q_{0.25}$	$q_{0.5}$	$q_{0.75}$
<b>Neural Fine Gray</b>	<b>0.872 (0.024)</b>	<b>0.812 (0.029)</b>	<b>0.782 (0.018)</b>	<b>0.050 (0.003)</b>	<b>0.095 (0.010)</b>	<b>0.128 (0.004)</b>
Non - Competing	0.862 (0.029)	0.807 (0.032)	0.780 (0.020)	0.053 (0.004)	0.099 (0.011)	0.129 (0.005)

Accounting for competing risks **improves** risk predictions.

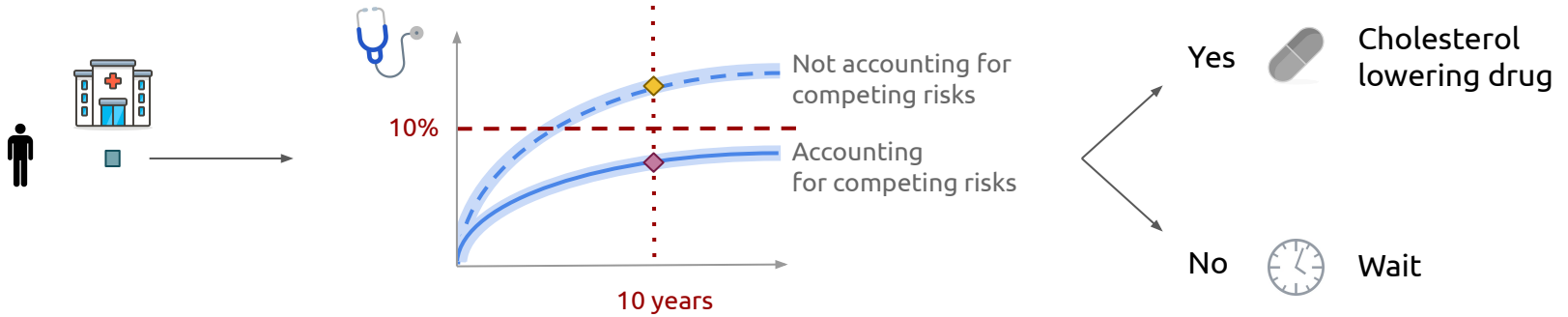
# Importance

## Who benefits?

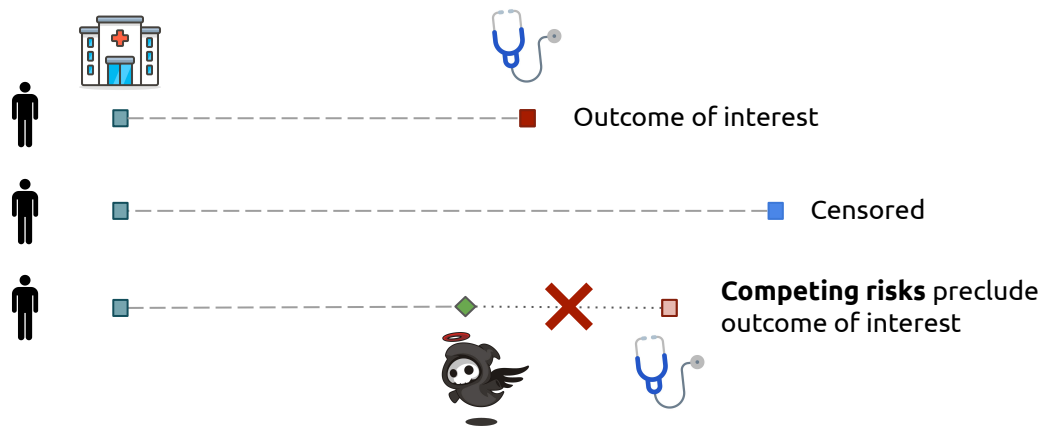
Age groups	Difference in Brier Score		
	$q_{0.25}$	$q_{0.5}$	$q_{0.75}$
< 40	-0.000 (0.000)	-0.001 (0.002)	0.000 (0.005)
40 - 50	-0.001 (0.001)	-0.002 (0.003)	-0.002 (0.001)
50 - 60	-0.003 (0.005)	-0.004 (0.003)	-0.006 (0.007)
<b>60 +</b>	<b>-0.013 (0.011)</b>	<b>-0.022 (0.018)</b>	<b>-0.007 (0.024)</b>

Patients the **most at risk** for the competing risk may benefit the most.

# Impact on medical practice



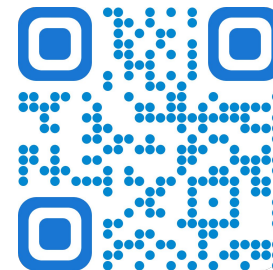
# Conclusion



**Competing risks *must* be accounted for in medical analyses**



Code



Paper

Contact

@JeanselmeV

[vincent.jeanselme@mrc-bsu.cam.ac.uk](mailto:vincent.jeanselme@mrc-bsu.cam.ac.uk)