

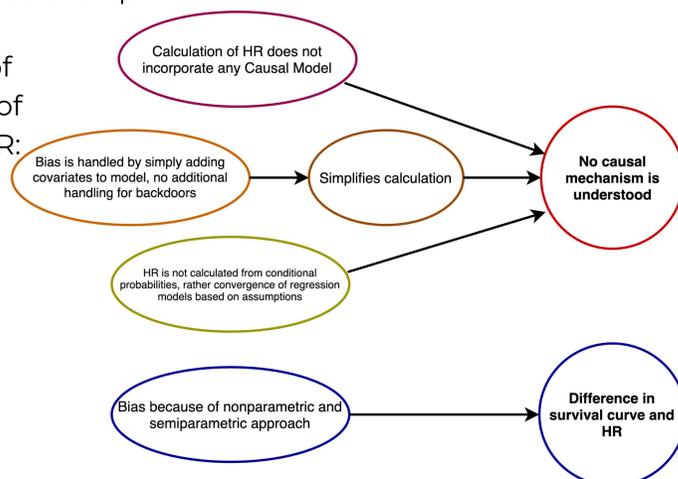
Introduction

- **Survival Analysis:** A set of statistical approaches used to investigate the time it takes for an event of interest to occur
 - **Survival Curve:** graphically reports the hazard in a population by plotting the fraction of the population that survived in the treatment and the control group over time
 - **Hazard Ratio:** quantitatively reports comparative hazard rates between two levels of treatment, estimated through Cox Proportional Hazards Model
- **Issues with HR in Observational Studies:**
 - Lack of causal interpretation from HR
 - Does not address whether the treatment is "causing" the hazard of the outcomes
 - Difference in Randomised studies (e.g. RCTs) and observational studies
- **Causally Formulated Hazard Ratio:**
 - SCM for "simulating" RCTs from observational data
 - *Hypothesis:* SCM can aid in generation of causally interpretable HR.

Background and Related Works

- Overview of similar previous works:
 - Survival curve through IPW with no adjusted survival time, no HR, no SCM [1]
 - Kaplan Meier estimator through IPW without involving SCM [2]
 - No predominant existing approach to explain HR for causal relationship

- Summary of limitations of standard HR:



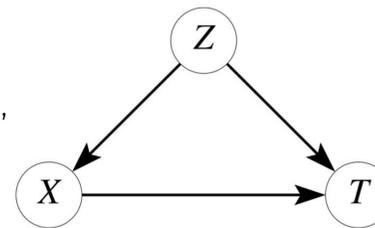
Problem Statement

How can we compute compute the HR for an observational study, which clearly conveys causal effect of treatment on outcome?

- *Our approach:* We plan to leverage the SCM with explicitly declaring our assumptions and adjusting for the right confounders
- Assumptions:
 - the observational data is available
 - no hidden confounders (causal sufficiency)
 - the SCM is fully specified

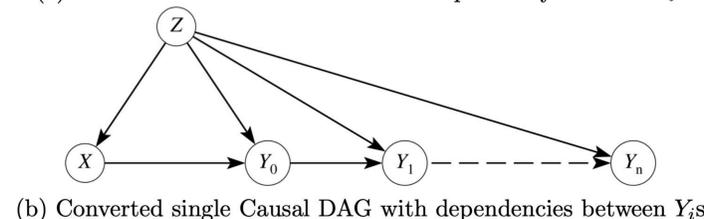
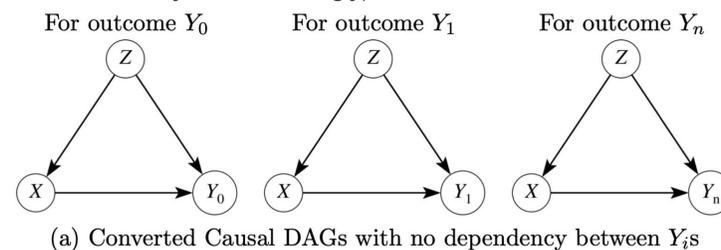
Methods

- A simple observational study:
 - treatment X (dichotomous)
 - outcome in survival time, aka, time-to-event T (continuous)
 - a single confounder Z (dichotomous)



Transformation of single study to multiple studies

- From survival time, we calculate the i -th day survival, i being number of days, generating new Causal DAGs
- For each of the newly generated Causal DAGs (fig (a) or (b) below), we adjust for the confounder using the backdoor adjustment formula
- We get adjusted probabilities P_{adj} , adjusted counts C_{adj} , and adjusted survival time T_{adj}
- P_{adj} \rightarrow survival curve through Kaplan Meier fitter.
- T_{adj} \rightarrow Cox PH Model \rightarrow HR (We do not need confounder Z anymore since outcome is adjusted accordingly)



Experiments

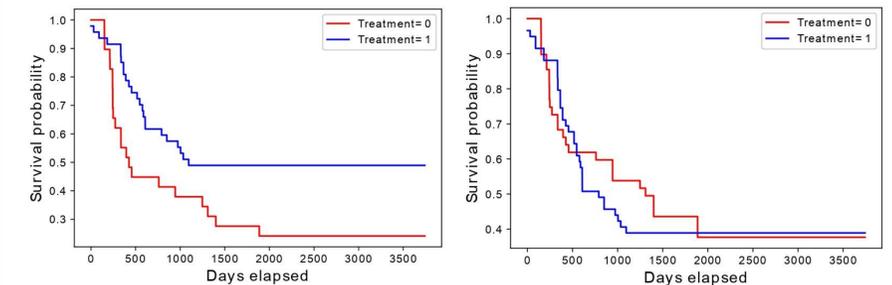


Figure: Unadjusted versus adjusted survival curve for Ewing dataset

	Original model		Adjusted model
	Without confounding	With confounding	After adjustment
Hazard Ratio	0.53 (0.30-0.96)	1.12 (0.59-2.11)	1.04 (0.57-1.87)

Figure: Hazard Ratio calculated in different ways for Ewing dataset

- In both simulated and ewing dataset, traditional methods generate a difference in survival curves and hazard ratios calculated
- Our proposed methodology adjusts properly and generates an appropriate and synchronous hazard ratio and survival curve

Discussion

- Our proposed approach alters the original SCM into multiple SCMs with different endpoints
 - Doing so enables us to calculate conditional probabilities and thus backdoor adjustment on SCM
 - Since our method only uses treatment and adjusted outcome, the HR calculated reflects true and direct causal relationship of treatment and outcome
- Through the backdoor adjustment, we get rid of biases from confounders and look at causal effect of treatment on outcome
- *Limitation:* Knowledge of true Causal DAG
 - Active research has been going on to develop statistical and computational algorithms of causal structure learning

References

1. Makuch, R. W. (1982). Adjusted survival curve estimation using covariates. *Journal of chronic diseases*, 35(6), 437-443.
2. Satten, G. A., & Datta, S. (2001). The Kaplan–Meier estimator as an inverse-probability-of-censoring weighted average. *The American Statistician*, 55(3), 207-210.

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