

# Risk factors and transitional probability of clinical events in the Korean CKD patients using the multi-state models

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# Outline

- Background
- Review non-parametric and semi-parametric approaches in multi-state models
- Develop a conceptual model for analyzing data from the KoreaN cohort study for Outcomes in patients With Chronic Kidney Disease (KNOW-CKD)
- Predict transition probabilities and identify risk factors for clinical events
- Concluding remarks

# Background

- Chronic kidney disease (CKD) patients are not only exposed to fatal events such as death during the study period, but also to non-fatal events such as cardiovascular diseases (CVD) and end-stage renal diseases (ESRD)
- Non-fatal events are called intermediate events
- Estimating the survival probabilities of CKD patients by ignoring intermediate events may yield misleading results
- In situations where intermediate events in a patient's disease progression may occur, it is not advisable to employ a two-state model with an alive state and a dead state; instead, it is recommended to utilize the multi-state models generated by adding intermediate states to the two-state model

# Purpose

- To investigate whether patients who experienced intermediate events were more exposed to the risk of death than those who did not
- To investigate whether patients with ESRD were more exposed to the risk of death than those with CVD
- To identify the risk factors that affect the intensity of each transition
- To investigate whether the pattern of each transition differs depending on the CKD subtype

# Continuous-time Markov multi-state process

- $X_t$  : state a patient is in at time  $t(\geq 0)$
- State space:  $\mathcal{S} = \{0, 1, 2, \dots, J\} \Rightarrow X_t \in \mathcal{S}$
- Assume  $\{X_t\}_{t \geq 0}$  to be Markov  $\Leftrightarrow$  Letting  $\mathcal{H}_s = \{X_u, 0 \leq u < s\}$ ,

$$P(X_t = j | X_s = l, \mathcal{H}_s) = P(X_t = j | X_s = l), l, j \in \mathcal{S}$$

- The  $i$ th patient is subject to a right-censoring time  $C_i$  and possibly also to a left-truncation time  $L_i (i = 1, 2, \dots, n)$
- $Y_{l;i}(t) := I(X_{t-}^{(i)} = l, L_i < t \leq C_i)$  : indicator of the  $i$ th patient being in state  $l$  and under observation just before time  $t$
- $N_{lj;i}(t)$  : patient  $i$ 's number of observed  $l \rightarrow j$  transition in  $[0, t]$

# Non-parametric approach: NA estimator

- $\lambda_{lj}(t) := \lim_{dt \downarrow 0} \frac{P(X_{(t+dt)-} = j | X_{t-} = l)}{dt}$ ,  $l, j \in \mathcal{S} : l \rightarrow j$  transition intensity at time  $t$
- $\Lambda_{lj}(t) := \int_0^t \lambda_{lj}(u) du$  : cumulative  $l \rightarrow j$  transition intensity
- The Nelson-Aalen (Nelson, 1972; Aalen, 1978) estimator of  $\Lambda_{lj}(t)$  :

$$\hat{\Lambda}_{lj}(t) := \sum_{s \leq t} \frac{\Delta N_{lj}(s)}{Y_l(s)} \quad (l \neq j),$$

- $Y_l(t) := \sum_{i=1}^n Y_{l;i}(t)$  : the number of patients to be observed at risk in state  $l$  just prior to time  $t$
- $\Delta N_{lj}(t) := N_{lj}(t) - N_{lj}(t-)$ , where  $N_{lj}(t) := \sum_{i=1}^n N_{lj;i}(t)$  : the number of observed  $l \rightarrow j$  transition in  $[0, t]$

# Non-parametric approach: AJ estimator

- Matrix of transition probabilities:

$$\mathbf{P}(s, t) := (P_{lj}(s, t)), l, j \in \mathcal{S},$$

- $P_{lj}(s, t) := P(X_t = j | X_s = l), s \leq t$
- The Aalen-Johansen (Aalen & Johansen, 1978) estimator of  $\mathbf{P}(s, t)$  :

$$\hat{\mathbf{P}}(s, t) := \prod_{u \in (s, t]} (\mathbf{I} + \Delta \hat{\mathbf{\Lambda}}(u)),$$

- $\prod_{u \in (s, t]}$  : matrix product over all event times  $u$  in  $(s, t]$
- $\mathbf{I}$  :  $(J + 1) \times (J + 1)$  identity matrix
- $\Delta \hat{\mathbf{\Lambda}}(t) := (\hat{\Lambda}_{lj}(t) - \hat{\Lambda}_{lj}(t-))$  with  $\hat{\Lambda}_{ll}(t) := -\sum_{j: j \neq l} \hat{\Lambda}_{lj}(t)$

## Semi-parametric approach: Parameter estimation

- Transition-specific Cox model: given a vector of covariates  $z_i$ , for the  $l \rightarrow j$  transition,

$$\lambda_{lj;i}(t; z_i) = \lambda_{lj;0}(t) \exp(\beta'_{lj} z_i),$$

- $\lambda_{lj;0}(t)$  : unspecified baseline  $l \rightarrow j$  transition intensity
- $\beta_{lj}$  : a vector of transition-specific coefficients
- cf. analogous to the cause-specific hazard  $\lambda_{0j;i}(t; z_i)$  of a competing risk model (say, starting state = 0)
- Cox-type log partial likelihood (de Weede et al., 2010; Andersen et al., 1993):

$$\sum_{l \neq j} \sum_{i=1}^n \left[ \int_0^{\infty} \beta'_{lj} z_i dN_{lj;i}(t) - \log \left\{ \sum_{i=1}^n Y_{l;i}(t) \exp(\beta'_{lj} z_i) \right\} dN_{lj;i}(t) \right]$$

- cf. weighted risk set in competing risks framework:  
 $\sum_{i=1}^n Y_{0;i}(t) \exp(\beta'_{0j} z_i)$



## Semi-parametric approach: Breslow-type estimator

- The Breslow-type estimator of  $\Lambda_{lj;0}(t) := \int_0^t \lambda_{lj;0}(u) du$  :

$$\hat{\Lambda}_{lj;0}(t) := \sum_{s \leq t} \frac{\Delta N_{lj}(s)}{\sum_{i=1}^n Y_{l;i}(s) \exp(\hat{\beta}'_{lj} z_i)},$$

- $\hat{\beta}_{lj}$  : MLE of  $\beta_{lj}$
- cf. the NA estimator:  $\hat{\Lambda}_{lj;0}(t) = \sum_{s \leq t} \frac{\Delta N_{lj}(s)}{\sum_{i=1}^n Y_{l;i}(s) \times 1}$
- The estimator of the cumulative  $l \rightarrow j$  transition intensity,  $\Lambda_{lj}(t; z) := \int_0^t \lambda_{lj}(u; z) du$  :

$$\hat{\Lambda}_{lj}(t; z) := \hat{\Lambda}_{lj;0}(t) \exp(\hat{\beta}'_{lj} z) \quad (l \neq j)$$

with  $\hat{\Lambda}_{ll}(t; z) := - \sum_{j: j \neq l} \hat{\Lambda}_{lj}(t; z) \quad (l = j)$

## Semi-parametric approach: AJ-type estimator

- Matrix of transition probabilities: given covariates  $z_0$ ,

$$\mathbf{P}(s, t; z_0) := (P_{lj}(s, t; z_0)), l, j \in \mathcal{S},$$

- $P_{lj}(s, t; z_0) := P(X_t = j | X_s = l, z_0), s \leq t$
- The Aalen-Johansen-type estimator of  $\mathbf{P}(s, t; z_0)$  :

$$\hat{\mathbf{P}}(s, t; z_0) := \prod_{u \in (s, t]} (\mathbf{I} + d\hat{\mathbf{\Lambda}}(u; z_0)),$$

- $d\hat{\mathbf{\Lambda}}(t; z_0) := (\hat{\Lambda}_{lj}(t; z_0) - \hat{\Lambda}_{lj}(t-; z_0))$

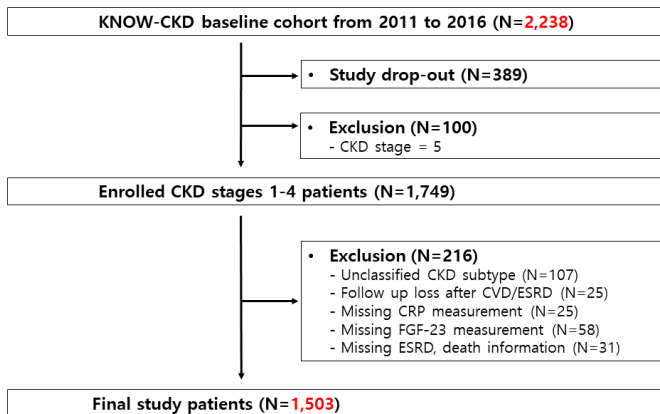


Figure 1: Inclusion and exclusion processes for the analytic sample from the KNOW-CKD data

**Table 1:** Number (%) of observed transitions, number of censored observations, and total number at risk

From	To			No events	Total
	CVD	ESRD	Death		
Stage1-4	<b>130 (8.6)</b>	<b>394 (26.2)</b>	50 (3.3)	929 (61.8)	<b>1503</b>
CVD	-	33 (25.4)	18 <sup>1</sup> (13.8)	79 (60.8)	<b>130</b>
ESRD	0(0)	-	54 (13.7)	340 (86.3)	<b>394</b>

<sup>1</sup>15: dead with CVD; 3:dead with CVD and ESRD

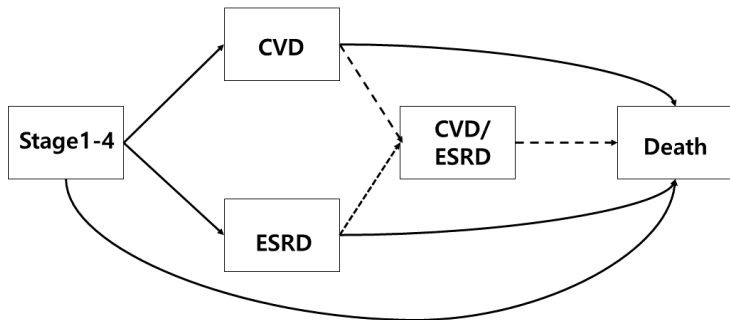


Figure 2: A conceptual model for analyzing data from the KNOW-CKD

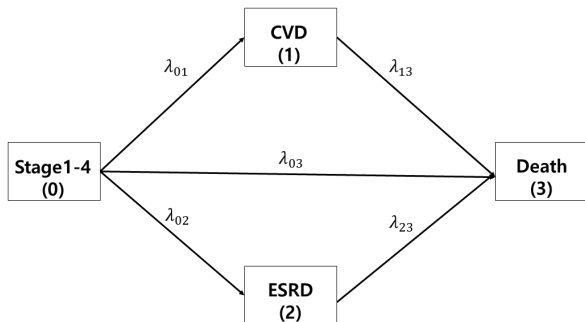


Figure 3: A four-state model for analyzing data from the KNOW-CKD

- $\mathcal{S} = \{0, 1, 2, 3\}$  : state space
- $\{0 \rightarrow 1, 0 \rightarrow 2, 0 \rightarrow 3, 1 \rightarrow 3, 2 \rightarrow 3\}$  : set of all possible direct  $i \rightarrow j$  transitions

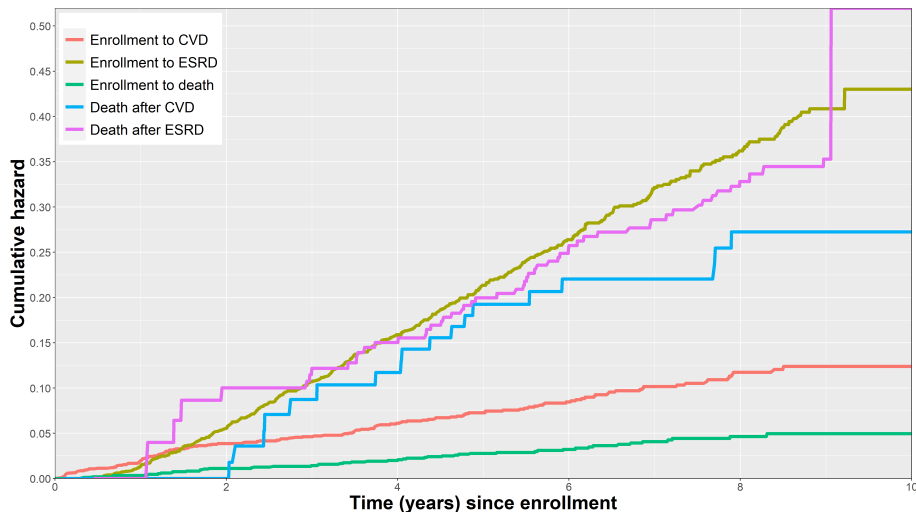


Figure 4: The NA estimates of the cumulative transition intensity for all five direct transitions

# Predicted transition probabilities

- $s < T_1 < T_2 < \dots < T_m \leq t$  : times of observed transitions between any two states
- $\hat{\mathbf{P}}(s, t) = \prod_{k=1}^m (\mathbf{I} + \Delta \hat{\mathbf{H}}(T_k))$ , with

$$\mathbf{I} + \Delta \hat{\mathbf{H}}(T_k) = \begin{bmatrix} 1 - \frac{\Delta N_0(T_k)}{Y_0(T_k)} & \frac{\Delta N_{01}(T_k)}{Y_0(T_k)} & \frac{\Delta N_{02}(T_k)}{Y_0(T_k)} & \frac{\Delta N_{03}(T_k)}{Y_0(T_k)} \\ 0 & 1 - \frac{\Delta N_{13}(T_k)}{Y_1(T_k)} & 0 & \frac{\Delta N_{13}(T_k)}{Y_1(T_k)} \\ 0 & 0 & 1 - \frac{\Delta N_{23}(T_k)}{Y_2(T_k)} & \frac{\Delta N_{23}(T_k)}{Y_2(T_k)} \\ 0 & 0 & 0 & 1 \end{bmatrix}$$

where  $N_0 = N_{01} + N_{02} + N_{03}$



# Predicted transition probabilities

- $\hat{P}_{00}(s, t) = \prod_{k=1}^m \left(1 - \frac{\Delta N_0(T_k)}{Y_0(T_k)}\right),$
- $\hat{P}_{jj}(s, t) = \prod_{k=1}^m \left(1 - \frac{\Delta N_{j3}(T_k)}{Y_j(T_k)}\right), j = 1, 2,$
- $\hat{P}_{33}(s, t) = 1,$
- $\hat{P}_{12}(s, t) = 0,$
- For  $j = 1, 2,$

$$\begin{aligned}\hat{P}_{j3}(s, t) &= \int_s^t \hat{P}_{jj}(s, u-) d\hat{\Lambda}_{j3}(u) \\ &= \sum_{k=1}^m \left[ \prod_{h=1}^{k-1} \left(1 - \frac{\Delta N_{j3}(T_h)}{Y_j(T_h)}\right) \frac{\Delta N_{j3}(T_k)}{Y_j(T_k)} \right],\end{aligned}$$

- For  $j = 1, 2,$

$$\begin{aligned}\hat{P}_{0j}(s, t) &= \int_s^t \hat{P}_{00}(s, u-) d\hat{\Lambda}_{0j}(u) \hat{P}_{jj}(u, t) \\ &= \sum_{k=1}^m \left[ \prod_{h=1}^{k-1} \left(1 - \frac{\Delta N_0(T_h)}{Y_0(T_h)}\right) \frac{\Delta N_{0j}(T_k)}{Y_0(T_k)} \prod_{h=k+1}^m \left(1 - \frac{\Delta N_{j3}(T_h)}{Y_j(T_h)}\right) \right],\end{aligned}$$

# Predicted transition probabilities



$$\begin{aligned}
 \hat{P}_{03}(s, t) &= \int_s^t \hat{P}_{00}(s, u-) d\hat{\Lambda}_{03}(u) + \sum_{j=1}^2 \int_s^t \hat{P}_{00}(s, u-) d\hat{\Lambda}_{0j}(u) \hat{P}_{j3}(u, t) \\
 &= \sum_{k=1}^m \left[ \prod_{h=1}^{k-1} \left( 1 - \frac{\Delta N_0(T_h)}{Y_0(T_h)} \right) \left\{ \frac{\Delta N_{03}(T_k)}{Y_0(T_k)} \right. \right. \\
 &\quad \left. \left. + \sum_{j=1}^2 \frac{\Delta N_{0j}(T_k)}{Y_0(T_k)} \sum_{g=k+1}^m \left[ \prod_{p=k+1}^{g-1} \left( 1 - \frac{\Delta N_{j3}(T_p)}{Y_j(T_p)} \right) \frac{\Delta N_{j3}(T_g)}{Y_j(T_g)} \right] \right\} \right]
 \end{aligned}$$

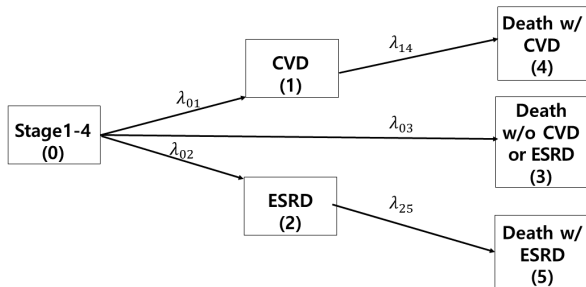


Figure 5: Equivalent to the model displayed in Figure 3

- The probabilities of transition to death w/o CVD or ESRD, with CVD or with ESRD can be calculated separately

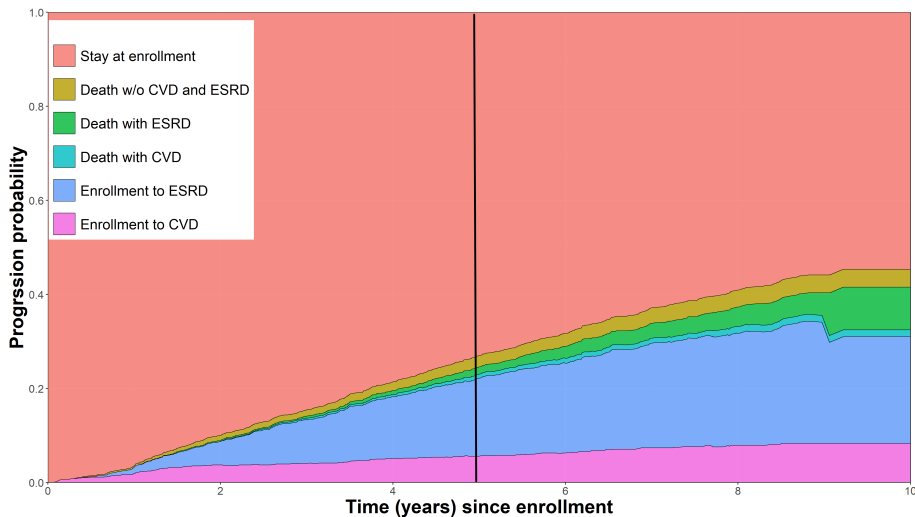


Figure 6: Stacked transition probabilities from state 0,  $\hat{P}_{0j}(0, t), j = 0, 1, 2, \dots, 5$

**Table 2:** The Odds ratio (95% CI) of each predictor obtained from multivariate analysis

Predictor	M±SD	Transition				
		0 → 1	0 → 2	0 → 3	1 → 3	2 → 3
Gender (ref: female)	922(61.3) <sup>2</sup>	1.2 (0.71, 2.02)	1.29 (0.99, 1.69)	1.51 (0.63, 3.63)	0.87 (0.16, 4.81)	1.46 (0.59, 3.57)
Smoker (ref: no)	712(47.4)	1.2 (0.75, 1.92)	1.04 (0.80, 1.35)	1.32 (0.61, 2.82)	0.92 (0.22, 3.83)	0.85 (0.39, 1.87)
CVD history (ref: no)	131(8.7)	<b>2.75</b> (1.80, 4.22)	<b>1.46</b> (1.05, 2.03)	<b>2.21</b> (1.10, 4.45)	0.85 (0.26, 2.74)	1.74 (0.87, 3.51)
Age	53±12	<b>1.05</b> (1.03, 1.07)	<b>0.97</b> (0.96, 0.98)	<b>1.05</b> (1.01, 1.08)	<b>1.1</b> (1.02, 1.19)	<b>1.13</b> (1.09, 1.17)
BMI	24.5±3.4	0.95 (0.90, 1.01)	1 (0.97, 1.03)	0.92 (0.84, 1.02)	0.89 (0.73, 1.09)	0.96 (0.88, 1.06)
SBP	127±15	1 (0.99, 1.01)	<b>1.01</b> (1.01, 1.02)	<b>1.02</b> (1.00, 1.04)	1.01 (0.97, 1.04)	1 (0.98, 1.02)
eGFR	54±30	1 (0.99, 1.01)	<b>0.91</b> (0.90, 0.92)	0.99 (0.97, 1.00)	1 (0.98, 1.03)	- -
log(FGF-23+1)	2.4±1.5	1 (0.89, 1.13)	<b>1.14</b> (1.05, 1.23)	1.13 (0.92, 1.39)	0.96 (0.70, 1.31)	0.89 (0.73, 1.09)
log(hs-CRP)	-0.45±1.4	1.07 (0.94, 1.21)	0.94 (0.88, 1.01)	1.14 (0.94, 1.38)	0.96 (0.65, 1.42)	<b>1.26</b> (1.03, 1.55)
CKD subtype (ref: GN)						
DM	357(23.8)	<b>2.87</b> (1.73, 4.77)	<b>1.89</b> (1.45, 2.45)	<b>3.51</b> (1.33, 9.25)	1.51 (0.39, 5.86)	0.73 (0.35, 1.55)
HTN	287(19.1)	1.25 (0.72, 2.17)	<b>0.57</b> (0.41, 0.79)	2.12 (0.78, 5.77)	0.88 (0.15, 5.24)	0.37 (0.14, 1.01)
PKD	289(19.2)	1.45 (0.78, 2.7)	<b>1.72</b> (1.24, 2.39)	<b>4.44</b> (1.60, 12.28)	- -	1.67 (0.62, 4.49)

**Table 3:** Number (%) of patients to each of the six progression pathways by CKD subtype

CKD subtype	PW1 <sup>3</sup>	PW2 <sup>4</sup>	Progression pathway		PW5 <sup>7</sup>	PW6 <sup>8</sup>	Total
			PW3 <sup>5</sup>	PW4 <sup>6</sup>			
GN	418 (73.3)	6 (1.1)	23 (4.0)	4 (0.7)	107 (18.8)	12 (2.1)	570
DM	120 (33.6)	19 (5.3)	44 (12.3)	11 (3.1)	135 (37.8)	28 (7.8)	357
HTN	184 (64.1)	14 (4.9)	28 (9.8)	3 (1.0)	51 (17.8)	7 (2.4)	287
PKD	207 (71.6)	11 (3.8)	17 (5.9)	0 (0)	47 (16.3)	7 (2.4)	289
Total	929 (61.8)	50 (3.3)	112 (7.5)	18 (1.2)	340 (22.6)	54 (3.6)	1503

<sup>3</sup>alive without CVD or ESRD

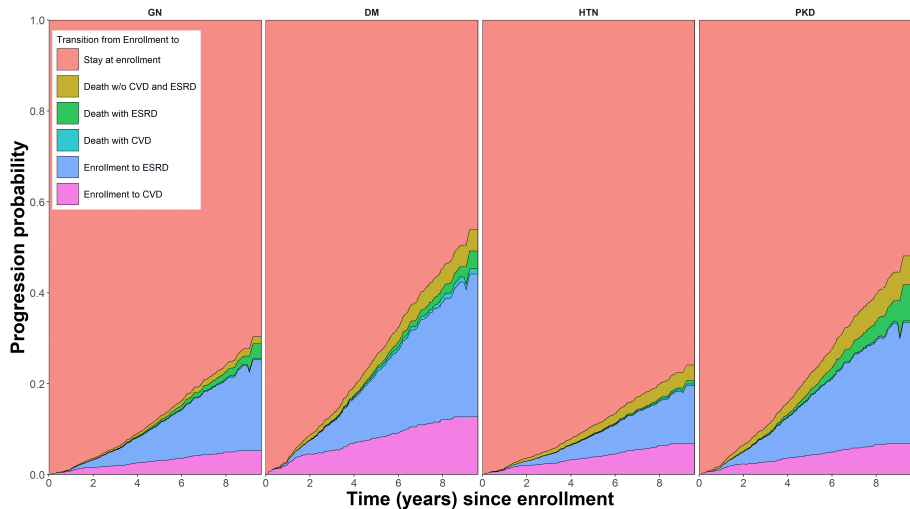
<sup>4</sup>dead without CVD or ESRD

<sup>5</sup>alive with CVD

<sup>6</sup>dead with CVD

<sup>7</sup>alive with ESRD

<sup>8</sup>dead with ESRD



**Figure 7:** Stacked transition probabilities of male and non-smoker patient without a CV family history, as well as the median values of the quantitative predictors by CKD subtype

## Concluding remarks

- A multi-state model was proposed to analyze the KNOW-CKD data
- The risk of developing ESRD was higher than that of CVD. CKD patients with intermediate events had a higher risk of death than those without an intermediate event. The risk of death was not significantly different between patients with ESRD and those who experienced CVD
- Risk factors for ESRD were CKD subtype, family history of CV, eGFR, FGF-23, age, and SBP, and risk factors for death after ESRD were age and hs-CRP
- eGFR is a very important marker for CKD patients. To investigate the association between markers, which are longitudinal outcomes, and each transition of multi-state models, we will expand our proposed model to a joint model



# Thank you!