

A review of recurrent events methods with applications to a Danish dataset on atrial fibrillation

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Atrial fibrillation database

- ▶ Dataset on **atrial fibrillation** (AF) collected by cardiologist doctors : Jakob Schrøder, Ulrik Dixen, Per Lav Madsen, Christian Jøns, Bue Agner, Dana Li, Louise Bjørnager.
- ▶ Statistical analysis done by Torben Martinussen and myself.
- ▶ Patients with atrial fibrillation occasionally experience episodes of rapid and irregular heart rate which may lead to hospitalization to the cardiology ward.
- ▶ Data collected from January 2009 until March 2014 of 175 patients who were enrolled, having either **paroxysmal** or **persistent** AF.

Atrial fibrillation database

The data :

- ▶ We know the exact dates of hospitalization.
- ▶ The event of interest is the time since study entry until hospitalization due to AF attack or cardioversion.
- ▶ Censoring : patients are **censored** at the end of the study.
- ▶ Terminal events : patients can move to permanent AF status or they can die.
- ▶ Covariates : type of AF (persistent, paroxysmal), gender, age at inclusion, alcohol consumption, tobacco use, hypertension, heart failure, heart valve disease, ischemic heart disease, hyperthyroidism, diabetes mellitus, COPD, kidney disease.

Atrial fibrillation database

Goal of the study :

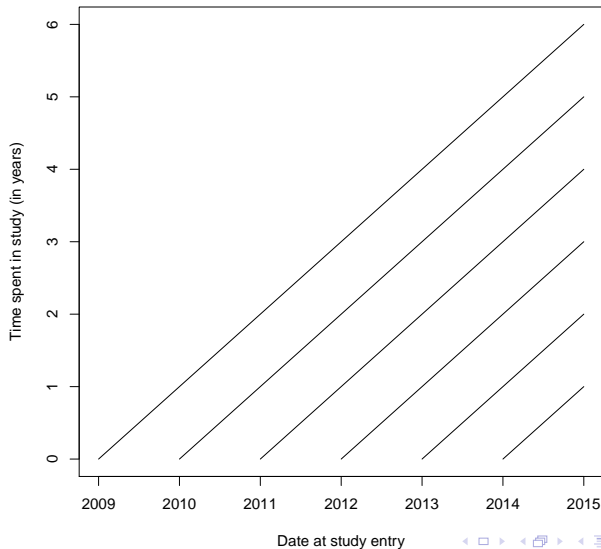
- ▶ Find the risk factors for the occurrence of further recurrent events and evaluate the effect of each risk factor through a regression model.
- ▶ Knowing the history of a patient predict the odds of getting a new recurrent event in the future.

- 1 Modelling the hazard rate and basic estimation techniques
- 2 Analysis of the atrial fibrillation dataset
- 3 Extended models

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Censoring effect : the Lexis diagram



Notations and framework

The time $t \geq 0$ represents **time since study entry**. Define for $i = 1, \dots, n$:

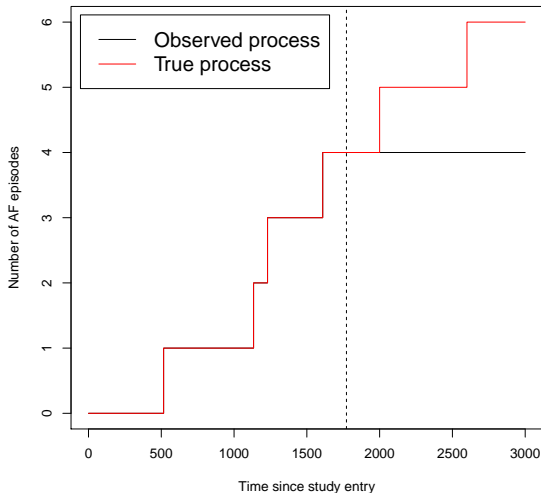
- ▶ The process of interest : $\tilde{N}_i(t)$, $t \geq 0$, represents number of hospital admissions due to AF attacks since study entry.
- ▶ The time to terminal event : D_i
- ▶ The time to censoring : C_i
- ▶ The **external** covariate vector : $X_i(t) = (X_i^1(t), \dots, X_i^p(t))^T$.

▶ We observe :

$$\begin{cases} X_i(t) \\ T_i = D_i \wedge C_i \\ N_i(t) = \tilde{N}_i(t \wedge T_i), i = 1, \dots, n. \end{cases}$$

Counting process of interest v.s. observed counting process

| start | end | event |
|-------|------|-------|
| 0 | 516 | TRUE |
| 516 | 1134 | TRUE |
| 1134 | 1230 | TRUE |
| 1230 | 1609 | TRUE |
| 1609 | 1772 | FALSE |



The Andersen-Gill model with a terminal event

Let $\tilde{Y}(t) = I(D \geq t)$ represent the **non-observed at-risk process**. To account for a terminal event, we introduce the following model :

$$\mathbb{E}[d\tilde{N}(t)|X(t), \tilde{Y}(t)] = \tilde{Y}(t)\lambda(t|X(t))dt$$

which is equivalent to the formula :

$$\lambda(t|X(t)) = \lim_{\Delta t \rightarrow 0} \frac{\mathbb{P}[\Delta\tilde{N}(t) = 1 | D \geq t, X(t)]}{\Delta t}$$

The independent censoring assumption

Let $Y(t) = I(D \wedge C \geq t)$ be the **observed at-risk process**.

We assume that

$$\mathbb{E}[d\tilde{N}(t)|X(t), \tilde{Y}(t)] = \mathbb{E}[d\tilde{N}(t)|X(t), Y(t)]$$

This condition is fulfilled if, for instance,

$$C \perp\!\!\!\perp (d\tilde{N}(t), D) | X(t).$$

Under this assumption, we have :

$$\mathbb{E}[dN(t)|X(t), Y(t)] = Y(t)\lambda(t|X)dt$$

where $N(t)$ and $Y(t)$ are **observed** processes !

Estimation of the Cox regression parameter

Let $t_{(1)} < t_{(2)} < \dots < t_{(H)}$ denote the H unique observed ordered event times. In the Cox model,

$$\lambda(t|X(t)) = \lambda_0(t) \exp(\theta_0^T X(t)),$$

and the regression parameter is estimated through the Cox partial likelihood :

$$\hat{\theta} = \operatorname{argmax}_{\theta} \prod_{h=1}^H \prod_{i=1}^n \left(\frac{\exp(\theta^T X_i(t_h))}{\sum_{j=1}^n Y_j(t_h) \exp(\theta^T X_j(t_h))} \right)^{dN_i(t_h)} .$$

This estimator is asymptotically normal and the asymptotic variance can be estimated via the **robust** variance estimator.

Nonparametric estimation of the cumulative mean function

Under the independent censoring assumption,

$$\mathbb{E}[dN(t)] = \mathbb{E}[d\tilde{N}(t)I(C \geq t)] = \mathbb{E}[d\tilde{N}(t)]\mathbb{P}[C \geq t].$$

Then

$$\mathbb{E}[\tilde{N}(t)] = \int_0^t \frac{\mathbb{E}[dN(u)]}{\mathbb{P}[C \geq u]} \left(= \int_0^t \frac{\mathbb{P}[D \geq u]\mathbb{E}[dN(u)]}{\mathbb{P}[T \geq u]} \right)$$

and the cumulative mean function is estimated by :

$$\widehat{\mathbb{E}[\tilde{N}(t)]} = \int_0^t \frac{\sum_{i=1}^n dN_i(u)}{n\hat{S}_C(u)} \left(= \int_0^t \frac{\sum_{i=1}^n \hat{S}_D(u)dN_i(u)}{\sum_{j=1}^n Y_j(u)} \right)$$

where $\hat{S}_C(u)$ (resp. $\hat{S}_D(u)$) is the Kaplan-Meier estimator of C (resp. D).

Summary

- ▶ Work directly on the observed recurrent process by modelling its hazard rate conditionally on **being at risk**.
- ▶ The main assumption is that C is independent of the recurrent events occurrences and of the terminal event (conditionally on the covariates).
- ▶ The terminal event is treated as a **competing risk** situation. Special care should be taken when dealing with **marginal features** such as expected number of recurrent events.
- ▶ Regression models such as Cox can deal with **external** time varying covariates.
- ▶ Almost always use the **robust** variance estimator when dealing with recurrent events. This is done through the **coxph** function with the **cluster** option.

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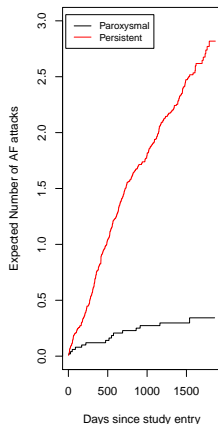
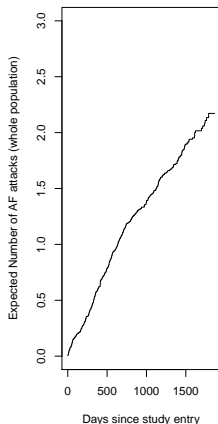
Some descriptive statistics

| Variable | Levels | Value |
|----------------|------------|------------------|
| AF type | paroxysmal | 50(28.6) |
| | persistent | 125(71.4) |
| gender | male | 125(71.4) |
| | female | 50(28.6) |
| age | median iqr | 63.0{52.5, 68.0} |
| alcohol | 0 – 5 | 93(56.4) |
| | 5+ | 72(43.6) |
| | missing | 10 |
| tobacco | never | 88(53.3) |
| | ex smoker | 46(27.9) |
| | smoking | 31(18.8) |
| | missing | 10 |
| hypertension | yes | 82(46.9) |
| | no | 93(53.1) |
| heart failure | yes | 14(8.0) |
| | no | 161(92.0) |
| heart valv dis | yes | 12(6.9) |
| | no | 163(93.1) |
| isch heart dis | yes | 23(13.1) |
| | no | 152(86.9) |
| diabetes | no | 151(86.3) |
| | yes | 24(13.7) |
| copd | yes | 11(6.3) |
| | no | 164(93.7) |

- ▶ Number of patients : 175.
- ▶ 45 terminal events.
- ▶ 130 censored patients.
- ▶ Total number of observed recurrent events : 326.

| AF nb | Freq |
|-------|------|
| 0 | 90 |
| 1 | 30 |
| 2 | 11 |
| 3 | 9 |
| 4 | 9 |
| 5 | 3 |
| 6 | 3 |
| 7 | 9 |
| 8 | 4 |
| 9 | 2 |
| 11 | 2 |
| 12 | 1 |
| 14 | 1 |
| 17 | 1 |

Estimation of the cumulative mean function



- ▶ One AF attack after 635 days on average.
- ▶ Two AF attacks after 1 613 days on average.
- ▶ One AF attack after 485 days on average for persistent patients.
- ▶ Two AF attacks after 1 146 days on average for persistent patients.

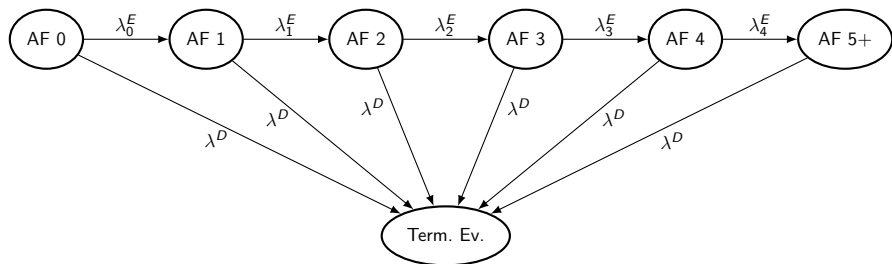
Cox analysis for the Atrial Fibrillation database

| | Hazard ratio | 2.5 % | 97.5 % | se | robust se | p-value |
|-----------------------|--------------|-------|--------|------|-----------|---------|
| AF type (persistent) | 8.46 | 4.83 | 14.79 | 0.27 | 0.29 | 0.0000 |
| gender (female) | 1.00 | 0.63 | 1.58 | 0.13 | 0.23 | 0.9968 |
| age | 0.98 | 0.97 | 1.00 | 0.01 | 0.01 | 0.0392 |
| hypertension (no) | 0.83 | 0.51 | 1.36 | 0.12 | 0.25 | 0.4621 |
| heart fail. (no) | 0.96 | 0.44 | 2.10 | 0.26 | 0.40 | 0.9153 |
| heart valv. dis. (no) | 0.78 | 0.48 | 1.28 | 0.20 | 0.25 | 0.3235 |
| isch. heart dis. (no) | 1.22 | 0.45 | 3.28 | 0.23 | 0.51 | 0.6997 |
| diabetes (yes) | 0.25 | 0.09 | 0.73 | 0.27 | 0.54 | 0.0113 |
| copd (no) | 0.94 | 0.50 | 1.75 | 0.26 | 0.32 | 0.8412 |
| alcohol (5+) | 0.62 | 0.38 | 1.01 | 0.12 | 0.25 | 0.0545 |

- ▶ se : squared error obtained from the Poisson model.
- ▶ robust se : robust squared error obtained without assuming **independent increments**.

Multistate model

Cook R. J. and Lawless J. F. (2007) :



Goal : knowing the current state for a patient,

- ▶ Estimate the probability of experiencing further recurrent events.
- ▶ Estimate the probability of experiencing a terminal event.
- ▶ Estimate the probability of experiencing either further recurrent events or a terminal event.

Multistate model

Suppose for instance that patient i has experienced 1 recurrent event so far. We want to compute the probability that this patient experience further AF episodes in the future.

- ▶ $N_{i12}(t)$ indicates whether a transition from 1 to 2 recurrent events occurred for subject i over $[0, t]$.
- ▶ $N_i^D(t)$ indicates whether a transition from 1 recurrent event to terminal event occurred for subject i over $[0, t]$.

$$\mathbb{E}[dN_{i12}^E(t) | Y_{i1}(t), X] = Y_{i1}(t) \lambda_1^E(t | X) dt$$

$$\mathbb{E}[dN_i^D(t) | Y_{i1}(t), X] = Y_{i1}(t) \lambda^D(t | X) dt$$

where $Y_{i1}(t) = I(0 < E_{i1} < t < D, t < E_{i2})$ and E_{i1}, E_{i2}, \dots represent the successive recurrent events for individual i .

Multistate model

- ▶ At time s patient i had already experienced one recurrent event (and only one) and was still alive and not in permanent AF state.
- ▶ The probability for this patient to experience a new recurrent event in the time interval $[s, t]$ is

Théorème

$$\begin{aligned} & \mathbb{E}[N_{i12}^E(t) - N_{i12}^E(s) | 0 < E_{i1} < s < D, s < E_{i2}, X] \\ &= \int_s^t \exp\left\{-\int_s^u \lambda_1^E(v|X)dv\right\} \exp\left\{-\int_s^u \lambda^D(v|X)dv\right\} \lambda_1^E(u|X)du. \end{aligned}$$

Multistate model

- ▶ At time s patient i had already experienced one recurrent event (and only one) and was still alive and not in permanent AF state.
- ▶ The probability for this patient to experience a new recurrent event or a terminal event in the time interval $[s, t]$ is

Théorème

$$\begin{aligned} & \mathbb{P}[D > t, E_{i2} > t | 0 < E_{i1} < s < D, s < E_{i2}, X] \\ &= \exp\left\{-\int_s^t \lambda_1^E(u|X) du\right\} \exp\left\{-\int_s^t \lambda^D(u|X) du\right\}. \end{aligned}$$

Multistate model

- ▶ At time s patient i had already experienced one recurrent event (and only one) and was still alive and not in permanent AF state.
- ▶ The probability for this patient to experience a terminal event in the time interval $[s, t]$ is

Théorème

$$\begin{aligned} \mathbb{P}[D > t | 0 < E_{i1} < s < D, s < E_{i2}, X] \\ = \exp\left\{-\int_s^t \lambda^D(u|X) du\right\}. \end{aligned}$$

Modelization of the transition intensities

- ▶ The effect of the covariates is the same for each transition intensity.
- ▶ The transition intensities are assumed proportional with respect to the time to each other :

$$\lambda_s^E(t|X) = \lambda_0(t) \exp(\theta_0^T X + \beta_s), \quad \text{with } \beta_0 = 0.$$

In particular, we have, for a given covariate value x :

$$\frac{\lambda_s^E(t|X = x)}{\lambda_{s'}^E(t|X = x)} = \exp(\beta_s - \beta_{s'}).$$

Cox analysis for the AF episodes

Multistate model v.s. standard model

| | Hazard ratio | 2.5 % | 97.5 % | robust se | p-value | p* |
|-----------------------|--------------|-------|--------|-----------|---------|--------|
| AF type (persistent) | 4.46 | 2.90 | 6.87 | 0.22 | 0.0000 | 0.0000 |
| gender (female) | 1.12 | 0.83 | 1.50 | 0.15 | 0.4646 | 0.9968 |
| age | 0.99 | 0.97 | 1.00 | 0.01 | 0.0498 | 0.0392 |
| hypertension (no) | 0.84 | 0.60 | 1.19 | 0.18 | 0.3329 | 0.4621 |
| heart fail. (no) | 0.90 | 0.52 | 1.54 | 0.27 | 0.6942 | 0.9153 |
| heart valv. dis. (no) | 1.12 | 0.82 | 1.54 | 0.16 | 0.4790 | 0.3235 |
| isch. heart dis. (no) | 0.93 | 0.50 | 1.73 | 0.32 | 0.8171 | 0.6997 |
| diabetes (yes) | 0.49 | 0.21 | 1.14 | 0.43 | 0.0985 | 0.0113 |
| copd (no) | 0.96 | 0.66 | 1.38 | 0.19 | 0.8150 | 0.8412 |
| alcohol (5+) | 0.80 | 0.56 | 1.15 | 0.19 | 0.2368 | 0.0545 |
| AF 1 | 2.44 | 1.64 | 3.63 | 0.20 | 0.0000 | |
| AF 2 | 5.95 | 3.65 | 9.72 | 0.25 | 0.0000 | |
| AF 3 | 4.86 | 2.77 | 8.52 | 0.29 | 0.0000 | |
| AF 4 | 6.50 | 3.62 | 11.67 | 0.30 | 0.0000 | |
| AF 5+ | 8.07 | 4.88 | 13.35 | 0.26 | 0.0000 | |

- ▶ The p* are the p-values obtained from the previous model, **without adjustment** with respect to the number of previous AF episodes.

Cox analysis for the terminal event

| | Hazard ratio | 2.5 % | 97.5 % | se | p-value |
|----------------------|--------------|-------|--------|------|---------|
| AF type (persistent) | 1.01 | 0.50 | 2.05 | 0.36 | 0.9741 |
| gender (female) | 1.10 | 0.55 | 2.20 | 0.35 | 0.7867 |
| age | 1.05 | 1.02 | 1.08 | 0.01 | 0.0017 |
| hypertension (no) | 0.71 | 0.37 | 1.36 | 0.33 | 0.2994 |
| heart.fail (no) | 0.55 | 0.21 | 1.46 | 0.49 | 0.2303 |
| heart.valv.dis (no) | 1.50 | 0.33 | 6.81 | 0.77 | 0.6024 |
| isch.heart.dis (no) | 1.22 | 0.51 | 2.94 | 0.45 | 0.6524 |
| diabetes (yes) | 1.00 | 0.42 | 2.36 | 0.44 | 0.9932 |
| copd (no) | 0.46 | 0.16 | 1.29 | 0.53 | 0.1407 |
| alcohol (5+) | 1.36 | 0.72 | 2.55 | 0.32 | 0.3394 |

Final models for prediction

| | Hazard ratio | 2.5 % | 97.5 % | robust se | p-value |
|----------------------|--------------|-------|--------|-----------|---------|
| AF type (persistent) | 4.33 | 2.71 | 6.92 | 0.24 | 0.0000 |
| age | 0.99 | 0.98 | 1.00 | 0.01 | 0.0878 |
| diabetes (yes) | 0.53 | 0.23 | 1.26 | 0.44 | 0.1498 |
| AF 1 | 2.55 | 1.73 | 3.76 | 0.20 | 0.0000 |
| AF 2 | 6.05 | 3.89 | 9.42 | 0.23 | 0.0000 |
| AF 3 | 5.07 | 3.03 | 8.49 | 0.26 | 0.0000 |
| AF 4 | 7.05 | 3.96 | 12.55 | 0.29 | 0.0000 |
| AF 5+ | 8.17 | 5.27 | 12.68 | 0.22 | 0.0000 |

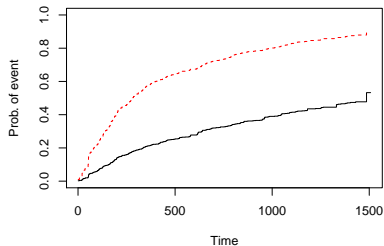
For the recurrent event process

| | Hazard ratio | 2.5 % | 97.5 % | se | p-value |
|----------------------|--------------|-------|--------|------|---------|
| AF type (persistent) | 1.00 | 0.51 | 1.93 | 0.34 | 0.99 |
| age | 1.05 | 1.03 | 1.08 | 0.01 | 0.00 |
| diabetes (yes) | 1.17 | 0.52 | 2.66 | 0.42 | 0.71 |

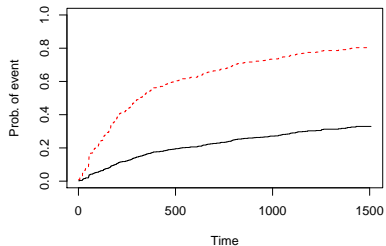
For the terminal event

Prediction curves for $s = 240$ (8 months)

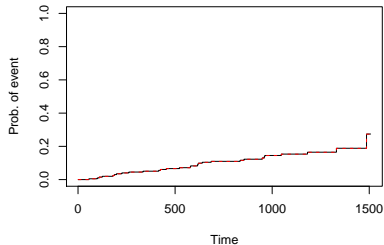
CDF of time until further recurrent events or terminal event



CDF of time until further recurrent events



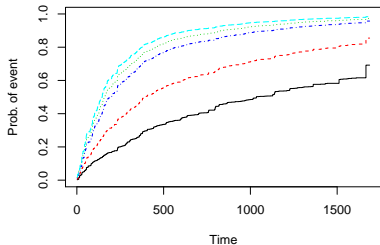
CDF of time until terminal event



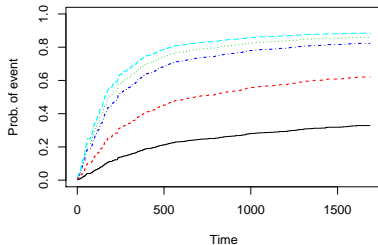
— Parox AF, age=60, not diab, 1 prev AF
- - - Persist AF, age=60, not diab, 1 prev AF

Prediction curves for $s = 180$ (3 months)

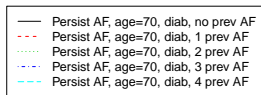
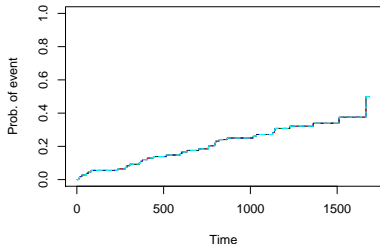
CDF of time until further recurrent events or terminal event



CDF of time until further recurrent events



CDF of time until terminal event



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Modelization of the transition intensities : the PWP model

Prentice, R. L., Williams, B. J. and Peterson, A. V. (1981) proposed a model where :

- ▶ The effect of the covariates **changes** for each transition intensity,
- ▶ The baseline **changes** for each transition intensity.

Let $s = 0, 1, \dots, B - 1$ represent all states in the multistate model.

$$\lambda_s^E(t|X) = \lambda_0(t, s) \exp(\theta_0(s)^T X).$$

This model is overparametrized : with $B = 5$ and 11 covariates, $11 \times 5 = 55$ parameters to estimate !

The Cox partial likelihood in the PWP model

Let $t_{(1)} < t_{(2)} < \dots < t_{(H)}$ denote the H unique observed ordered event times. The regression parameter is estimated through the **stratified** Cox partial likelihood :

$$L_n(\theta) = \prod_{h=1}^H \prod_{i=1}^n \prod_{s=0}^{B-1} \left(\frac{\exp(\theta(\mathbf{s})^T \mathbf{X}_i(t_h))}{\sum_{j=1}^n Y_j^s(t_h) \exp(\theta(\mathbf{s})^T \mathbf{X}_j(t_h))} \right)^{Y_i^s(t_h) dN_i(t_h)},$$

where $Y_j^s(t) = I(T_j \geq t, N_j(t-) = \mathbf{s})$ is the observed at-risk process in strata s .

$$\hat{\theta} = \operatorname{argmax}_{\theta} L_n(\theta).$$

A penalized version of the PWP model

Bouaziz, O. and Guilloux, A (2015) proposed to penalise the log-likelihood.

Let $\theta_0 = (\theta_0^1(1), \dots, \theta_0^1(B), \dots, \theta_0^p(1), \dots, \theta_0^p(B))^\top$.

- ▶ Constrain the **total-variation** of the $\theta^j(s)$ to be “small”

$$\hat{\theta}_{TV} = \operatorname{argmin}_{\theta \in \mathbb{R}^{p \times B}} \left\{ -\log(L_n(\theta)) + \frac{\lambda_n}{n} \sum_{j=1}^p \sum_{s=1}^{B-1} |\theta^j(s) - \theta^j(s-1)| \right\}.$$

- ▶ If $\lambda_n = 0$, $\hat{\theta}_{TV}$ is the PWP estimator.
- ▶ If $\lambda_n/n = \infty$, $\hat{\theta}_{TV}$ is the classical estimator from the Andersen-Gill model (same $\hat{\theta}^j$ for all s).

Implementation of the penalized estimator

- ▶ The estimator can be rewritten as a [Lasso](#) estimator.
- ▶ Implementation through the **coxnet** function (R package **glmnet**).
- ▶ Regularization parameter λ_n chosen via 5-fold cross-validation, see Simon et al. (2011) or van Houwelingen et al. (2006).
- ▶ Programs available on my webpage!

Results from the event-specific penalized estimator

Hazard ratios for each covariate with respect to previous recurrent events experienced by a patient

($s = 0$: no recurrent events so far, $s = 1$: 1 recurrent event so far ...).

| | Hazard ratio | Hazard ratio* |
|----------------------------------|--------------|---------------|
| AF type (persistent), all s | 4.06 | 4.33 |
| age, all s | 1.00 | 0.99 |
| diabetes (yes), $s = 0$ | 0.24 | 0.53 |
| diabetes (yes), $s = 1, 2, 3, 4$ | 0.77 | 0.53 |

* HR from the previous model used for prediction

- ▶ AF type and diabetes seem to have the same effect with respect to previous number of recurrent events experienced by a patient.
- ▶ The data indicate a protective effect of diabetes for the first recurrent event. Then hazard ratio is close to 1.

A simple model with interaction to sum-up

- ▶ diab0 : interaction term of diabetes and $N(t-) = 0$ (no recurrent event so far).
- ▶ diab1 : interaction term of diabetes and $N(t-) \geq 1$ (one or more recurrent events so far).

| | Hazard ratio | 2.5 % | 97.5 % | robust se | p-value |
|----------------------|--------------|-------|--------|-----------|---------|
| AF type (persistent) | 4.41 | 2.74 | 7.09 | 0.24 | 0.0000 |
| age | 0.99 | 0.98 | 1.00 | 0.00 | 0.1221 |
| diab0 (yes) | 0.24 | 0.09 | 0.59 | 0.47 | 0.0021 |
| diab1 (yes) | 1.23 | 0.83 | 1.81 | 0.20 | 0.3015 |
| AF 1 | 2.26 | 1.53 | 3.32 | 0.20 | 0.0000 |
| AF 2 | 5.58 | 3.64 | 8.56 | 0.22 | 0.0000 |
| AF 3 | 4.57 | 2.76 | 7.54 | 0.26 | 0.0000 |
| AF 4 | 6.44 | 3.68 | 11.25 | 0.28 | 0.0000 |
| AF 5+ | 7.43 | 4.86 | 11.37 | 0.22 | 0.0000 |

- ▶ Be careful with the interpretation of the diabetes effect : only 15 observed recurrent events for the diabetics !

Extension : frailty models

- ▶ A model that accounts for individual heterogeneity through a random effect $b_i \sim \mathcal{N}(0, \sigma^2)$:

$$\mathbb{E}[d\tilde{N}_i(t)|X_i(t), b_i, \tilde{Y}_i(t)] = \tilde{Y}_i(t)\lambda_0(t) \exp(\theta_0^T X_i(t) + b_i)dt$$

- ▶ Estimates obtained from the integrated partial likelihood, see Ripatti and Palmgren (2000).
- ▶ Implemented through the **coxme** package :

| | HR | HR* | HR** | p-value | p-value* | p-value** |
|----------------------|------|------|------|---------|----------|-----------|
| AF type (persistent) | 7.48 | 8.68 | 4.33 | 0.0000 | 0.0000 | 0.0000 |
| age | 0.98 | 0.99 | 0.99 | 0.0470 | 0.0379 | 0.0878 |
| diabetes (yes) | 0.26 | 0.27 | 0.53 | 0.0021 | 0.0189 | 0.1498 |

* Without frailty

** Without frailty but stratified w.r. to previous number of recurrent events

Estimated variance of the frailty : $\hat{\sigma}^2 = 1.28$.

Extension : joint modeling of the terminal event and recurrent event process

- ▶ N_i^E : recurrent event process for individual i .
- ▶ N_i^D : terminal event process for individual i .
- ▶ $\tilde{Y}_i(t) = I(D_i \geq t)$: at risk-process for both processes of interest.
- ▶ b_i : shared random effect for both processes of interest.

$$\begin{cases} \mathbb{E}[dN_i^E(t) | \tilde{Y}_i(t), X] = \tilde{Y}_i(t) \lambda_0^E(t) \exp(\theta_0^T X_i(t) + b_i) dt \\ \mathbb{E}[dN_i^D(t) | \tilde{Y}_i(t), X] = \tilde{Y}_i(t) \lambda_0^D(t) \exp(\beta_0^T X_i'(t) + b_i^\alpha) dt \end{cases}$$

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