# The current duration (backward recurrence time) approach to estimating the distribution of time to pregnancy

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# Joint work with

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and many others, as you will see.

# Overview

Time-to-pregnancy: why?

Prospective design

Giving up as independent censoring? Variants of the prospective design

Retrospective design

Artefacts from the retrospective conditioning

Current duration design

Theory

Nonparametric estimation Parametric models

Covariates

Accelerated Failure Time Regression for Current Duration design

Observatoire epidemiologique de la fertilité en France

Censoring problems

Fit of parametric models

Other uses of the current duration design

# **Time to pregnancy**

The time from a couple decides they want to become pregnant ("initiation") until they succeed. This is regarded as one of the most precise indicators of biological fecundity.

# **Survival analysis**

*Right censoring* at *t*: We know that *TTP>t* but not the exact value

*Left truncation* (delayed entry) at *t*: we only include the woman from *t*: if her  $TTP \le t$  we would not know about her

*Right truncation* at *t*: we only include her if her  $TTP \le t$ . Otherwise we would not know about her

Note important distinction between censoring and truncation

# **Designs in Time To Pregnancy** (*TTP*) **studies**

<b>Prospective:</b>	Follow-up	from	initiation	
		to	pregnancy	"event"
		or	end of study	right censoring
		or	give up	right censoring*

#### Conceptually simple

\* is "give up" really independent censoring?

Practically very difficult

# **Prospective sampling: example**

Bonde et al. (1998). Lancet **352**, 1172-1177.

Danish study of 430 couples, no children, just starting attempts to conceive.

Followed from	initiation for six cycles or until pregr	nant
	22 terminating before six cycles	right censoring
At enrolment	demography, medical	time-fixed covariates
	occupational, lifestyle	X
	semen sample	
	blood sample	
Each cycle <i>t</i>	semen sample	time-dependent covariates
	female diary: bleeding intercourse	$X_t$
	female urine samples	

Probability of pregnancy in a menstrual cycle



# **Prospective sampling: variants**

Historically prospective: "describe your first/most recent attempt to get pregnant"

*Delayed entry*: identify from cross-sectional sample those currently trying. Follow them up: *prevalent cohort study*.

Example from France: later

# **Designs in TTP studies**

**Retrospective**: Ask at maternity clinic about how long it took

Practically easy

Conditional on pregnancy

Sterile unrepresented

Low-fecund under-represented

Truncation problems when studying calendar time trends

# **Retrospective sampling: example**

TK Jensen, T Scheike, N Keiding, I Schaumburg, P Grandjean (2000). Selection bias in determining the age dependence of waiting time to pregnancy. *Am J Epidemiol* **152**, 565-572.

40,666 interviews at Odense University Hospital 1972-87

Gestational week 20

Condition on  $TTP < \infty$ 

Right truncation

Consider only *TTP*  $\leq$  13 because

- 1. TTP > 13 less reliable
- 2. medical intervention becomes more common after cycle 13

Right censoring

# The retrospective design *conditions* on not having given up

Simplified situation



Let T = time to pregnancy, U = time to giving up. We observe conditional distribution of T given T < U (we do *not* observe U!).

Joint distribution (T,U):  $f(t,u) = \pi \varphi e^{-\pi t - \varphi u}$ Conditional distribution (T,U|T < U):  $(\pi + \varphi)\varphi e^{-\pi t - \varphi u}$  t < u0 t > uObserved distribution T|T < U :  $(\pi + \varphi)e^{-(\pi + \varphi)t}$ 

so if  $\varphi$  increases with *a* it will look as if *TTP* decreases with *a*.

Fecundability odds ratio (FR) among women in different age categories with different parity after control for the age of the father, the cycle at which the women became pregnant, occupation of both parents, municipality, number of previous spontaneous or induced abortions, body mass index before pregnancy, duration and regularity of menstrual cycle, smoking status of the women during pregnancy, use of oral contraceptives as last method of birth control, and the recording secretary, Odense University Hospital, Denmark, 1972-1987.

Age of		All wome	en		Nulliparous w	vomen		Multiparous	women
women (years)	No. of cycles	FR mother	95% CI*	No. of cycles	FR mother	95% CI	No. of cycles	FR mother	95% Cl
<22	18,180	1		16,432	1		1,748	1	
22-23	12,097	1.11	1.01, 1.22	9,944	1.11	1.00, 1.23	2,153	1.27	1.00, 1.61
24-25	10,691	1.20	1.09, 1.33	7,895	1.19	1.06, 1.33	2,796	1.45	1.15, 1.83
26-27	7,995	1.18	1.06, 1.32	4,685	1.21	1.05, 1.39	3,310	1.37	1.08, 1.73
28-29	4,831	1.23	1.07, 1.40	2,202	1.26	1.06, 1.51	2,629	1.40	1.09, 1.79
30-31	2,778	1.20	1.03, 1.41	987	1.33	1.05, 1.68	1,791	1.36	1.04, 1.79
32-33	1,447	1.36	1.12, 1.65	384	1.34	0.95, 1.89	1,063	1.62	1.21, 2.18
34-35	582	1.39	1.06, 1.82	117	1.58	0.90, 2.77	465	1.60	1.11, 2.30
36-37	188	2.34	1.56, 3.52	38	1.85	0.82, 4.17	150	3.14	1.88, 5.24
≥38	169	3.14	1.95, 5.04	45	1.64	0.67, 4.01	124	5.75	3.08, 10.72

\* CI, confidence interval.

Included: Birth during study period Not included: Birth outside of study period





left truncation

# **Current duration design**

C.S. Weinberg & B.C. Gladen (1986). *Biometrics* 42, 547-560.

N. Keiding, K. Kvist, H. Hartvig, M. Tvede, S. Juul (2002). Biostatistics 3, 565-578.

Ask a cross-sectional sample of women

Are you currently attempting to become pregnant? If yes, for how long have you attempted?

# Theory

- *T* time to pregnancy
- *U* time to discontinuation without pregnancy (death, lost interest, partner left, become too old)
- *V* time to end of follow-up
- *Y* current duration

Prospective:	T, possibly right-censored at $U \wedge V$
	(very hard to observe $T = 0$ )
Retrospective:	$T \mid T < U$
Current duration:	<i>Y</i> = Backward recurrence time of $T \land U$ in conditional distribution given $T > 0$ .
Prevalent cohort:	T, left-truncated at $Y \wedge V$ ,
	possibly right-censored at $U \wedge V$ .

# **Backward recurrence time of** $T \wedge U$

 $X = T \wedge U$  time to (recognized) pregnancy or discontinuation of attempt density f(x) (so assume no mass at 0),

survival function  $S(x) = \int_{x}^{\infty} f(a) da$ 

mean  $\mu_X = \int_x^\infty S(x) dx$  assumed finite.

Initiation according to Poisson process in calendar time *t* with intensity  $\beta(t)$ . Cross-sectional sample at  $t_0 \Rightarrow$  density  $g(y,t_0)$  of observed current duration  $Y = X \wedge V$  is proportional to  $\beta(t_0 - y)S(y)$ .

Under steady state  $\beta(t) = \beta$ ,  $g(y,t_0) = g(y) = S(y)/\mu_x$  decreasing,  $0 < g(0) < \infty$ . Estimate  $\hat{g}(y)$ , then  $\hat{S}(x) = \hat{g}(x)/\hat{g}(0)$ .

# Nonparametric estimation of decreasing density

g decreasing,  $0 < g(0+) < \infty$ 

 $\hat{g}(y)$  isotonic estimator (pool-adjacent-violators algorithm)

$P \lim \hat{g}(0+) > g(0+)$ inconsistency; suggest penalized NPMLE				
	Woodroofe & Sun	Statistica Sinica 1993	show that	
	Denby & Vardi	Technometrics 1986	right-censored data	
	Grenander	Skand.Akt.Tidskr. 1956	complete data	

Sun & Woodroofe	J.Statist.Plann.Inf. 1996	adaptive penalized NPMLE
van Es et al.	J.Statist.Plann.Inf. 2000	regression model
Kulikov & Lopuhaä	Ann. Statist. 2006	NPMLE behaviour near 0
Pal	Scand. J. Statist. 2009	as.distr. of penalized LR
Balabsdaoui et al.	Univ. Washington Tech. Rep. 20	09 inconsistency at 0 indicates that Grenander estimator does not know whether $g(0+) < \infty$

### **Penalized NPMLE (Sun and Woodroofe)**

NPMLE on transformed data points

$$\alpha + \gamma y_k \qquad k = 1, \dots, n$$

$$\gamma = \min_{k=1,\dots,n} \left( 1 - \frac{\alpha k/n}{\alpha + \gamma y_k} \right)$$

$$\alpha = 0.649 \beta^{-1/3} n^{-2/3}$$

$$\beta = -\frac{1}{2} g(0) g'(0)$$

$$= \frac{1}{2} \lambda^3 \text{ if } Y \text{ exponential with intensity } \lambda$$

# Alternative approach to $\hat{g}(0+):\hat{g}(\varepsilon)$

Hans van Houwelingen (pers. comm. 2001)

Kulikov & Lopuhaä 2006

For any  $\varepsilon > 0$ ,  $\hat{g}(\varepsilon)$  is consistent. So choose  $\varepsilon$  small  $(\varepsilon \to 0 \text{ as } n \to \infty \text{ whatever that means in practice}).$ 

#### **Parametric models: Pareto distribution**

Current duration Y has density

$$g(y) = \frac{\lambda \mu}{\left(1 + \mu y\right)^{\lambda + 1}}$$

and survival function

$$S_g(y) = \frac{1}{\left(1 + \mu y\right)^{\lambda}}$$

 $\Rightarrow$ *TTP* has survival function

$$S(x) = \frac{g(x)}{g(0)} = \frac{1}{(1+\mu y)^{\lambda+1}}$$

So if Y Pareto  $(\lambda, \mu)$  then X Pareto  $(\lambda + 1, \mu)$ 

Note:  $\mu$  is scale parameter,  $\lambda$  is shape parameter.

#### **Pareto as mixture of exponentials**

If  $Y | \theta$  is exponential with survival function  $e^{-\theta y}$  and  $\theta$  is gamma  $(\lambda, \mu)$  then *Y* is Pareto  $(\lambda, \mu)$ .

Continuous time version of Weinberg & Gladen (1986) who worked in discrete time with a beta-mixture of geometric distributions.

#### **Parametric models: Generalized gamma model**

V.T. Farewell & R.L. Prentice (1977). *Technometrics* 19, 69-75.Yamaguchi (2003). *Sociological Methodology* 33, 81-110.

Assume that the underlying density of

$$W = \frac{1}{\sigma} (\log X - \theta)$$

is log-gamma with shape parameter  $\lambda$ , i.e. density

$$\begin{split} h(w) &= \frac{|\lambda|}{\Gamma(\lambda^{-2})} (\lambda^{-2})^{\lambda^{-2}} \exp\left[\lambda^{-2} (\lambda w - e^{\lambda w})\right], \quad \lambda \neq 0 \\ &= \frac{1}{\sqrt{2\pi}} \exp\left(-w^2/2\right), \quad \lambda = 0. \end{split}$$

Note:  $\theta$  is a scale parameter for *X*;  $\lambda$  and  $\sigma$  are shape parameters.

# Illustrations of the inconsistency of $\hat{g}(0+)$

Generalized gamma distribution with realistic parameter values (see later). 10 simulated distributions with n = 1000 in each.

Shown are

True density

Estimated density (parametric MLE) for each replication

1. NPMLE

2.NPMLE conditioned on  $T \ge 1$ 

3. Penalized NPMLE according to Sun & Woodroofe (1996)

4. Penalized NPMLE with Sun & Woodroofe's  $\beta$  arbitrarily fixed at 0.5



#### Conditioned on $T \ge 1$







#### **Current duration with covariates**

 $X = T \wedge U$  density f(x|z)

Assume (X, Z) independent of V. As above density g(y|z) of current durations

$$g(y|z) = \frac{S(y|z)}{E(X|z)}$$

so that S(x|z) may be estimated by  $\hat{g}(x|z)/\hat{g}(0|z)$ 

# **Current duration and unobserved heterogeneity**

Let h(z) distribution of Z in population, i.e. f(x,z) = f(x|z)h(z) joint density of (X,Z). Recall g(y|z) = S(y|z)/E(X|z).

Density of (X, Z) in current duration sample is

$$x f(x,z)/E(X)$$
 length-biased

- $\Rightarrow$  density of Z in sample: h(z)E(X|z)/E(X)
- $\Rightarrow$  (marginal) density of observed current durations

$$g(y) = \int g(y|z) \frac{h(z)E(X|z)}{E(X)} dz = \frac{1}{E(X)} \int S(y|z)h(z)dz$$

so that  $\hat{g}(x)/\hat{g}(0)$  estimates  $\int S(x/z)h(z)dz = S$  also under unobserved heterogeneity.

#### **Regression models for current duration data**

Yamaguchi (2003). *Sociological Methodology* **33**, 81-110. Keiding, Fine, Hansen, Slama (2011). *Stat. Prob. Letters* **81**, 724-729.

 $X = T \wedge U$  time to (registered) pregnancy or discontinuation of attempt  $Y = X \wedge V$  observed current duration

 $z_i$  covariate for couple *i*, assume *stationarity* of covariates and of initiating process

$$X | z \text{ density } f, \text{ survival function } S, y | z \text{ density } g$$
$$S(x|z) = g(x|z) / g(0|z), g(y|z) = S(y|z) / E(X|z)$$

Assume Y | z accelerated failure time:

$$P(Y > y | z) = S_0(y e^{\beta z})$$

 $S_0$  baseline survival function with density  $g_0$  (parametric or wider class of nonincreasing  $g_0$ ).

#### Accelerated failure time model for current duration data

$$Y | z \ AFT : P(Y > y | z) = S_0(y \ e^{\beta z})$$
$$g(y|z) = g_0(y \ e^{\beta z}) e^{\beta z}$$
$$\Rightarrow P(X > x | z) = S(x|z) = \frac{g(x|z)}{g(0|z)} = \frac{g_0(x \ e^{\beta z})}{g_0(0)}$$

which is again an AFT model with the same regression coefficients  $\beta$  and a new baseline survival function  $g_0(\cdot)/g_0(0)$ . So effects of covariates directly estimable from observed current durations.

Examples: Pareto distribution,  $\mu = e^{\beta z}$ . Generalized gamma distribution,  $\theta = \beta z$ .

### **Semiparametric inference**

R. Mukherjee (2006). On accelerated failure time models for forward and backward recurrence times. Ph.D. thesis, University of Wisconsin – Madison.

P.J. Mokveld (2007). The accelerated failure time model under cross sectional sampling schemes. Ph.D. thesis, University of Amsterdam.

# **Observatoire Epidémiologique de la fertilité en France**

Field test of current duration design and prevalent cohort design.

#### Feasibility study:

Slama, Ducot, Carstensen, Lorente, de la Rochebrochard, Leridon, Keiding, Bouyer (2006) *Epidemiology* **17**, 440-449.

Women were eligible if they

- were aged 18 to 44 at the interview, and
- currently had a male partner, and
- declared not to be pregnant and had not given birth to a live (or stillborn) baby in the last 3 months before the interview, and
- declared to be trying to become pregnant and/or did not use any birth control

# Interview

Eligible women were asked

- for how long they had been trying to become pregnant (and/or not been using birth control) ie. current duration of TTP
- menstrual cycle
- frequency of sexual intercourse
- tobacco consumption
- contraception and reproductive problems



# Results

Inclusion (first interview)

- 64 224 contacts
- 56 864 contacts without direct refusal
- 997 eligible women "trying to become pregnant" (GROUP A)
- 13 885 not trying to become pregnant, but eligible according to the other inclusion criteria (GROUP B)
- ... of these 4067 were selected for follow-up

Follow-up will allow prevalent cohort study.

# **Follow-up**

Follow-up concerns the two groups of women

- women trying to become pregnant at first interview (GROUP A)
- women <u>not</u> trying to become pregnant at first interview, but were eligible according to the other inclusion criteria (GROUP B)



# **Censoring problems I: giving up**

Basic competing risks situation



Current duration approach will necessarily concern the minimum of time to pregnancy *T* and time to giving up *U*. Note that if *T* and *U* are independent exponential with hazards  $\pi$  and  $\varphi$  then the distribution of  $T \wedge U$  is exponential  $(\pi + \varphi)$ . So

 $T \wedge U$  has same distribution as T | T < U

and the discussion from the retrospective approach applies again.

# **Censoring problems II: unrealistically long current durations**

The target in the telephone interview was

Current Duration of Unprotected Intercourse (CDUI)

and there are serious problems with these for long periods. This is of course particularly sensitive with parametric models.

Long times-to-pregnancy (*TTP*) are in any case hard to interpret.

Decision: Report only TTP distributions over [0, 36] months.

Use either

• CDUI artificially censored at 36 months

or

• CDUI truncated at 36 months (see next slide why that is reasonable)

### Artificially truncating current duration at $y_0$ .

g(y) density of current duration Y

S(x) = g(y)/g(0) survival function of  $X = T \wedge U$ 

 $g_0(y) = g(y)/G(y_0) =$  density of Y truncated at  $y_0$ ,  $y < y_0$ 

$$\frac{g_0(x)}{g_0(0)} = \frac{g(x)/G(y_0)}{g(0)/G(y_0)} = S(x) , \qquad x < y_0$$

so the artificially truncated distribution of current durations will lead to correctly estimated distribution of *TTP* before the truncation point.

### **Censoring problems III: fertility treatment**



Two possibilities for current duration analysis

- include couples only until they start fertility treatment

   corresponds to studying *T* ∧ *U* ∧ *F*, *F* = time to fertility treatment.

   Of the 997 women still trying, 745 had not yet started fertility treatment.
- include all couples still trying (target  $T \wedge U$ ) corresponds to regarding fertility treatment as an integrated component of life today and focusing on the marginal *TTP* in our society as it is.



Observed current durations of 745 couples still trying and not having sought fertility treatment, with fitted generalized gamma and Pareto distributions.



Estimated survival functions based on generalized gamma and Pareto distributions with pointwise 95% bootstrap confidence intervals.



#### Generalized gamma

Pareto



Current duration of unprotected intercourse (months)

Observed current durations and fitted densities given  $T \ge 1$  month.



Comparison of fits based on all observations and based on  $T \ge 1$  month.



Generalized gamma conditional on  $T \ge 1$ 

Pareto conditional on  $T \ge 1$ 

# Months in waiting

Proportion still	TTP or giving up	TTP or giving up or
waiting at		entering fertility treatment
6 months	0.412	0.387
12 months	0.219	0.184
24 months	0.099	0.074
36 months	0.058	0.041
First quartile	2.189	2.372
Median	4.620	4.467
Third quartile	10.521	9.196
Exp. value	12.038	10.079

Based on fitted generalized gamma distribution censored at 36 months.

# AFT fit: comparison of generalized gamma, Pareto and OLS

Accelerated failure time regression of current duration of unprotected intercourse (CDUI) on frequency of sexual intercourse using generalized gamma distribution, Pareto distribution and ordinary least square in log (CDUI)

Frequency of	No.	Generalized gamma		Pareto		OLS				
sexual		_								
intercourse										
		Time ratio	95% CI		Time ratio	95% CI		Time ratio	95% CI	
			(time	ratio)		(time	ratio)		(time	ratio)
<1 per month	31	2.59	1.23	5.48	1.03	0.41	2.64	1.08	0.54	2.14
1-3 per month	143	1.57	1.07	2.31	1.79	1.20	2.78	1.72	1.17	2.53
1-2 per week	333	1.23	0.91	1.67	1.24	0.91	1.70	1.28	0.94	1.73
$\geq$ 3 per week	221	1.00			1.00			1.00		
	728									

# **Other uses of current duration**

McLauglin et al. (2010).	<ul> <li>Childhood adversities and adult psychiatric disorders in the National Comorbidity Survey Replication II. <i>Arch. Gen. Psychiatry</i> 67, 124-132.</li> <li>Based on current duration of psychiatric disorders as registered at a cross-sectional survey.</li> </ul>
Yamaguchi (2003).	Accelerated failure-time mover-stayer regression models for the analysis of last-episode data. <i>Sociological methodology</i> <b>33</b> , 81-110. Migration patterns: based on current duration at the present location.
Ali et al. (2001).	Analysis of incomplete durations with application to contraceptive use. <i>JRSS A</i> <b>164</b> , 549-563.
Allison (1985).	Survival analysis of backward recurrence times. <i>JASA</i> <b>80</b> , 315-322. Includes the 'open birth intervals' of demography.

# Conclusion

Current duration approach has proved feasible.

Delicate estimation problems.

We look forward to the embedded prevalent cohort study for confirmation.