# **A Parametric Cure Model with Covariates**

## Ana M. Abreu and Cristina S. Rocha

## 1 Introduction

Survival analysis is strongly stimulated by the constant evolution of medicine. In 5 particular, new models were developed to take into account the possibility of cure 6 of certain diseases. It is in this context that cure models appear, because they allow 7 the analysis of survival data in which some subjects can eventually experience, and 8 others never experience, the event of interest. An important property of cure models 9 (mixture and non-mixture) is the fact that they have an improper survival function, 10 which is equivalent to the cumulative hazard function being limited.

Although, frequently, the cure is not observable, the suspicion is based in some 12 features of the data, namely the existence of many censored observations beyond 13 the last observed survival time. Therefore, a long and stable plateau of the Kaplan- 14 Meier survival curve [5] suggests the applicability of the mixture cure model 15 approach [8]. 16

Usually, in a cure model, we want to estimate the proportion of cured individuals, <sup>17</sup> the survival function of the susceptible individuals and the effect of the covariates, <sup>18</sup> if they have been included in the model. There are several ways of modelling <sup>19</sup> the effect of the covariates, **x**, on the survival of the susceptible individuals for <sup>20</sup> instance, the accelerated failure time model, that is,  $S_d(t|\mathbf{x}) = S_{d_0}(te^{\beta'\mathbf{x}})$ , where <sup>21</sup>  $S_{d_0}(.)$  is independent of the covariates and can be formulated either parametrically <sup>22</sup> [9] or non-parametrically [7]. Another possibility is the proportional odds model, <sup>23</sup> which is used when the hazard functions of individuals with different values of their <sup>24</sup>

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J.L. da Silva et al. (eds.), Advances in Regression, Survival Analysis, Extreme Values, Markov Processes and Other Statistical Applications, Studies in Theoretical and Applied Statistics, DOI 10.1007/978-3-642-34904-1\_3, © Springer-Verlag Berlin Heidelberg 2013 35

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covariates converge after some time. The most widely used model is undoubtedly <sup>25</sup> the proportional hazards model  $S_d(t|\mathbf{x}) = S_{d_0}(t)^{\exp(\beta'\mathbf{x})}$  where, usually,  $S_{d_0}(t)$  is <sup>26</sup> non-parametric [10]. Another alternative is to consider a mixture cure model with <sup>27</sup> more than one survival function for susceptible individuals [4]. The logistic regression model is the most common choice to model the effects of the covariates, **z**, <sup>29</sup> in the cure proportion. <sup>30</sup>

In this chapter, we propose a new mixture cure model with covariates based on <sup>31</sup> the Chen distribution [2]. Section 2 describes the general structure of this model, <sup>32</sup> while in Sect. 3 some parameter estimation details are presented. In Sect. 4 the <sup>33</sup> applicability of our model is illustrated with the analysis of leukaemia data and <sup>34</sup> Sect. 5 is reserved to concluding remarks. <sup>35</sup>

## 2 A Cure Model with Covariates

In this section we describe the structure of the mixture cure model some features of <sup>37</sup> the Chen distribution and present our new model. <sup>38</sup>

#### 2.1 The Mixture Cure Model

We denote by *T* the random variable that represents the survival time in a population <sup>40</sup> where there are susceptible and non-susceptible individuals. Let *Y* denote a binary <sup>41</sup> random variable indicating that an individual is either susceptible (Y = 1) or not <sup>42</sup> (Y = 0). The mixture cure model can be formulated through the survival function <sup>43</sup>

$$S(t) = p + (1 - p)S_d(t),$$
(1)

where p = P(Y = 0) represents the non-susceptible proportion and  $S_d(t) = 44$ S(t|Y = 1) is the (proper) survival function of the susceptible individuals. As 45  $S(t) \rightarrow p$  when  $t \rightarrow \infty$ , then S(t) is an improper survival function. Note that, 46 if an individual has censored survival time, then Y is not observable, so we do not 47 know if that individual is susceptible or not.

If we introduce covariates in model (1), we have

$$S(t_i | \mathbf{x}_i, \mathbf{z}_i) = p(\mathbf{z}_i) + (1 - p(\mathbf{z}_i))S_d(t_i | \mathbf{x}_i),$$
(2)

where  $\mathbf{x}_i$  and  $\mathbf{z}_i$  are the vectors of covariates associated to the *i*th individual (i = 501,...,n),  $p(\mathbf{z}_i) = P(Y = 0|\mathbf{z}_i)$  is the probability that the *i*th individual is non-51 susceptible given a covariate vector  $\mathbf{z}_i$  and  $S_d(t_i|\mathbf{x}_i) = P(T_i > t_i|Y_i = 1, \mathbf{x}_i)$  is 52 the probability that an individual survives longer than  $t_i$ , given that the individual is 53 susceptible and has a covariate vector  $\mathbf{x}_i$ . Note that  $\mathbf{x}_i$  and  $\mathbf{z}_i$  can include the same 54 covariates. 55

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#### 2.2 The Chen Distribution

The distribution function proposed by Chen [2] is

$$F(t) = 1 - \exp[\lambda_1(1 - \exp(t^{\lambda_2}))], \quad t > 0, \quad \lambda_1, \, \lambda_2 > 0, \tag{3}$$

where  $\lambda_1$  is the scale parameter and  $\lambda_2$  is the shape parameter. The corresponding 58 survival and hazard functions are, respectively, 59

$$\overline{F}(t) = \exp[\lambda_1(1 - \exp(t^{\lambda_2}))], \quad t > 0,$$

$$h^*(t) = \lambda_1 \lambda_2 t^{\lambda_2 - 1} \exp(t^{\lambda_2}), \quad t > 0.$$
(4)

The author refers that  $h^*(t)$  can be bathtub-shaped when  $\lambda_2 < 1$  and that it <sup>61</sup> increases when  $\lambda_2 \ge 1$ , which is unusual in most distributions used in survival <sup>62</sup> analysis. In fact, as

$$h^{*'}(t) = \lambda_1 \lambda_2 t^{\lambda_2 - 2} \exp(t^{\lambda_2}) ((\lambda_2 - 1) + \lambda_2 t^{\lambda_2}), \qquad 64$$

for  $\lambda_2 < 1$  we have  $h^*(t)$  decreasing for  $t \in [0, (\frac{1}{\lambda_2} - 1)^{\frac{1}{\lambda_2}}]$  and, for  $t \ge (\frac{1}{\lambda_2} - 1)^{\frac{1}{\lambda_2}}$ , 65  $h^*(t)$  is an increasing function. Hence, the range of the interval where  $h^*(t)$  is 66 decreasing will increase as  $\lambda_2$  decreases. Therefore, if  $\lambda_2$  is near zero, for example, 67  $\lambda_2 = 0.1$ , the interval is so large that, from the practical point of view, it is just like 68 having a decreasing hazard function. Reciprocally, as  $\lambda_2$  approaches 1, the interval 69 where the hazard function is decreasing is so small that it is almost like if the hazard 70 function was always increasing.

## 2.3 The Cure Model Based on the Chen Distribution 72 with Covariates 73

Admit that the survival time of susceptible individuals follows the Chen distribution, <sup>74</sup> given by Eq. (3). As stated by Abreu and Rocha [1], the cure model obtained by <sup>75</sup> substituting in Eq. (1)  $S_d(t)$  by the expression (4) is <sup>76</sup>

$$S(t) = p + (1 - p) \exp[\lambda_1 (1 - \exp(t^{\lambda_2}))], \quad t > 0, \ \lambda_1, \lambda_2 > 0.$$
(5)

If the model is defined in terms of hazard function, we have

$$h(t) = \frac{(1-p)\lambda_1\lambda_2 t^{\lambda_2 - 1} \exp(t^{\lambda_2}) \exp[\lambda_1(1-\exp(t^{\lambda_2}))]}{p + (1-p) \exp[\lambda_1(1-\exp(t^{\lambda_2}))]}.$$
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Consider the proportional hazards model for the survival time of susceptible 79 individuals. Then we have 80

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$$S_d(t|\mathbf{x}) = S_d(t|\boldsymbol{\beta}'\boldsymbol{x}, \lambda_1, \lambda_2) = S_{d_0}(t|\lambda_1, \lambda_2)^{\exp(\boldsymbol{\beta}'\boldsymbol{x})},$$
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where  $\lambda_1$  and  $\lambda_2$  are the parameters of the Chen distribution corresponding to the <sup>82</sup> baseline survival function, that is, <sup>83</sup>

$$S_d(t|\mathbf{x}) = [\exp[\lambda_1(1 - \exp(t_i^{\lambda_2}))]]^{\exp(\beta' x)}.$$
(6)

Let

$$p(\mathbf{z}) = P(Y = 0|\mathbf{z}) = \frac{1}{1 + \exp(\mathbf{y'z})}$$
(7)

be the function that models the effect of the covariates in the proportion of nonsusceptible individuals. In fact, in this context, the logistic regression model is the most commonly used binary regression model.

The mixture cure model of proportional hazards specified by Eqs. (2), (6) and (7) 88 can be written in the form 89

$$S(t|\mathbf{x}, \mathbf{z}) = \frac{1}{1 + \exp(\boldsymbol{\gamma}' \boldsymbol{z})} + \frac{\exp(\boldsymbol{\gamma}' \boldsymbol{z})}{1 + \exp(\boldsymbol{\gamma}' \boldsymbol{z})} [\exp[\lambda_1 (1 - \exp(t^{\lambda_2}))]]^{\exp(\boldsymbol{\beta}' \boldsymbol{x})}.$$
 (8)

#### **3** Parameters Estimation

In this section, the parameters estimation process for the proposed model is <sup>91</sup> presented. With this purpose, we apply the maximum likelihood method, making <sup>92</sup> use of the EM algorithm [3], since here we are dealing with missing data. <sup>93</sup>

#### 3.1 Maximum Likelihood Function

Let us assume that censoring is noninformative. Denote the observed survival time 95 for the *i*th individual by  $t_i$ , i = 1, ..., n. Suppose we have data in the form 96  $(t_i, \delta_i, \mathbf{x}_i, \mathbf{z}_i)$ , i = 1, ..., n, where  $\delta_i = 1$  if  $t_i$  is uncensored and  $\delta_i = 0$  otherwise, 97 and  $\mathbf{x}_i$  and  $\mathbf{z}_i$  are two covariate vectors. Without loss of generality, suppose that the 98 first m (m < n) survival times are censored. Then  $\delta_i = 0$  if  $1 \le i \le m$  and  $\delta_i = 1$  99 if  $m + 1 \le i \le n$ .

The contribution to the likelihood of an individual for whom the event of interest 101 was observed at  $t_i$  is  $(1 - p(\mathbf{z}_i)) f_d(t_i | \mathbf{x}_i)$ , where  $f_d(t_i | \mathbf{x}_i)$  represents the density 102 function of the susceptible individuals, conditional on the corresponding covariates. 103 If the event of interest is not observed until time  $t_i$ , then the contribution of the 104 individual to the likelihood is  $p(\mathbf{z}_i) + (1 - p(\mathbf{z}_i))S_d(t_i | \mathbf{x}_i)$ . 105

Then, the observed likelihood function is

$$L_{O} = \prod_{i=1}^{n} \left\{ \left[ 1 - p(\mathbf{z}_{i}) \right] f_{d}(t_{i} | \mathbf{x}_{i}) \right\}^{\delta_{i}} \left\{ p(\mathbf{z}_{i}) + \left[ 1 - p(\mathbf{z}_{i}) \right] S_{d}(t_{i} | \mathbf{x}_{i}) \right\}^{1 - \delta_{i}},$$
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which can be written as

$$L_{O} = \prod_{i=1}^{n} \left\{ [1 - p(\mathbf{z}_{i})] \lambda_{1} \lambda_{2} t_{i}^{\lambda_{2}-1} \exp(t_{i}^{\lambda_{2}} + \boldsymbol{\beta}' \mathbf{x}_{i}) \left\{ \exp[\lambda_{1}(1 - \exp(t_{i}^{\lambda_{2}}))] \right\}^{\exp(\boldsymbol{\beta}' \mathbf{x}_{i})} \right\}^{\delta_{i}} \times \left\{ \left\{ \exp[\lambda_{1}(1 - \exp(t_{i}^{\lambda_{2}}))] \right\}^{\exp(\boldsymbol{\beta}' \mathbf{x}_{i})} \right\}^{1-\delta_{i}}$$
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when the Chen distribution is used for the survival time of susceptible individuals. 110

Let  $y_1, \ldots, y_n$  be such that  $y_i = 1$  if the individual is susceptible and  $y_i \neq 0$  111 otherwise. If all  $y'_i$ s were observed, the complete likelihood would be 112

$$L_{C} = \prod_{i=1}^{n} \left\{ \left[ (1 - p(\mathbf{z}_{i})) f_{d}(t_{i} | \mathbf{x}_{i}) \right]^{y_{i}} \right\}^{\delta_{i}} \left\{ p(\mathbf{z}_{i})^{1 - y_{i}} \left[ (1 - p(\mathbf{z}_{i})) S_{d}(t_{i} | \mathbf{x}_{i}) \right]^{y_{i}} \right\}^{1 - \delta_{i}}.$$
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Considering  $q(\mathbf{z}_i) = 1 - p(\mathbf{z}_i)$ , after some calculations the previous expression can 114 be rewritten as 115

$$L_{C} = \prod_{i=1}^{n} q(\mathbf{z}_{i})^{y_{i}} [1 - q(\mathbf{z}_{i})]^{1 - y_{i}} \prod_{i=1}^{n} h_{d}(t_{i} | \mathbf{x}_{i})^{y_{i} \delta_{i}} S_{d}(t_{i} | \mathbf{x}_{i})^{y_{i}}.$$
 (9)

The logarithm of Eq. (9) is given by

$$\log L_{C} = \sum_{i=1}^{n} [y_{i} \log q(\mathbf{z}_{i}) + (1 - y_{i}) \log(1 - q(\mathbf{z}_{i})) + \sum_{i=1}^{n} y_{i} \delta_{i} \log h_{d}(t_{i}|(\mathbf{x}_{i})) + y_{i} \log S_{d}(t_{i}|(\mathbf{x}_{i}))].$$
(10)

### 3.2 EM Algorithm

The fact that in most cases cure is not observable, gives origin to an incomplete data 118 situation. In this context, the EM algorithm is a widely used tool for maximizing the 119 likelihood function. In general terms, the maximization of the likelihood is replaced 120 by maximizing its expectation conditional to the current parameter values and 121 the observed data. Thus, the missing values are identified with the corresponding 122 conditional expected value. 123

In fact, the E step of the EM algorithm consists in obtaining the expectation 124 of the logarithm of the complete likelihood with respect to the distribution of the 125 unobserved  $Y_i$ 's, given the current parameter values and the observed data  $\mathcal{O}$ , where 126  $\mathcal{O} = \{\text{observed } y_i'\text{s}, (t_i, \delta_i, \mathbf{x}_i, \mathbf{z}_i), i = 1, ..., n\}$ . However, since  $\log L_C$  is linear in 127  $Y_i$ , to compute the expected value of  $\log L_C$ , we only need to replace in Eq. (10) 128 each unobserved  $Y_i$  by its expected value, denoted by  $\tau_i$ . Therefore, we have 129

$$\tau_i = E(Y_i|\mathscr{O}) = P(Y_i = 1|T_i > t_i, \delta_i = 0, \boldsymbol{\theta}) = \frac{[1 - p(\mathbf{z}_i)]S_d(t_i|\mathbf{x}_i)}{S(t_i|\mathbf{x}_i, \mathbf{z}_i)}$$
(11)

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where  $\theta = (\beta, \gamma, \lambda)$  is the vector parameter of model (8) and  $\lambda = (\lambda_1, \lambda_2)$ . Thus, in 130 the logarithm of the complete likelihood, each  $y_i$  is replaced by  $\omega_i$ , the probability 131 of the *i*th individual being susceptible, where  $\omega_i = 1$  if  $\delta_i = 1$  and  $\omega_i = \tau_i$  if 132  $\delta_i = 0.$ 133

At the M step, we need to maximize the following two components of the 134 expected log-likelihood: 135

$$\log L_{E_1} = \sum_{i=1}^{n} [\omega_i \log q(\mathbf{z}_i) + (1 - \omega_i) \log(1 - q(\mathbf{z}_i))]$$

$$= (n - m) \log q(\mathbf{z}_i) + m \log(1 - q(\mathbf{z}_i)) + \sum_{i=1}^{m} \tau_i [\log q(\mathbf{z}_i) - \log(1 - q(\mathbf{z}_i))],$$
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$$\log L_{E_2} = \sum_{i=1}^{n} [\delta_i \omega_i \log h_d(t_i | \mathbf{x}_i) + \omega_i \log S_d(t_i | \mathbf{x}_i)] = \sum_{i=1}^{m} \tau_i \log S_d(t_i | \mathbf{x}_i) + \sum_{i=m+1}^{n} [\log h_d(t_i | \mathbf{x}_i) + \log S_d(t_i | \mathbf{x}_i)].$$
<sup>138</sup>

From  $\log L_{E_1}$ , after some algebra, we obtain the following explicit expression for 139 the estimate of  $q(\mathbf{z}_i)$  at the (k + 1)th iteration: 140

$$q(\mathbf{z}_i)^{(k+1)} = \frac{1}{n} \Big[ (n-m) + \sum_{i=1}^m \tau_i^{(k)} \Big],$$
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but only in the case where the covariates are not included in the cure proportion. 142 Making use of the Chen distribution for the survival time of the susceptible 143 individuals, by Eq. (11), we get 144

$$\tau_i = \frac{q(\mathbf{z}_i) \left\{ \exp[\lambda_1 (1 - \exp(t_i^{\lambda_2}))] \right\}^{\exp(\beta' \mathbf{x}_i)}}{1 - q(\mathbf{z}_i) + q(\mathbf{z}_i) \left\{ \exp[\lambda_1 (1 - \exp(t_i^{\lambda_2}))] \right\}^{\exp(\beta' \mathbf{x}_i)}}.$$
 (12)

In what concerns  $\log L_{E_2}$ , since it can be written as

$$\log L_{E_{2}} = \lambda_{1} \sum_{i=1}^{m} \tau_{i} \exp(\boldsymbol{\beta}' \boldsymbol{x}_{i}) [1 - \exp(t_{i}^{\lambda_{2}})] + (n - m)(\log \lambda_{1} + \log \lambda_{2}) + (\lambda_{2} - 1) \sum_{i=m+1}^{n} \log t_{i} + \sum_{i=m+1}^{n} (\exp(\boldsymbol{\beta}' \boldsymbol{x}_{i}) + t_{i}^{\lambda_{2}}) + \lambda_{1} \sum_{i=m+1}^{n} \exp(\boldsymbol{\beta}' \boldsymbol{x}_{i}) [1 - \exp(t_{i}^{\lambda_{2}})],$$
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after some algebra, we obtain an explicit formula for the estimator of  $\lambda_1$ ,

$$\hat{\lambda}_1 = \frac{n-m}{\sum_{i=1}^m \tau_i \exp(\boldsymbol{\beta' x_i}) \left[ \exp(t_i^{\lambda_2}) - 1 \right] + \sum_{i=m+1}^n \exp(\boldsymbol{\beta' x_i}) \left[ \exp(t_i^{\lambda_2}) - 1 \right]}, \quad ^{148}$$

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where  $\tau_i$  is given by Eq. (13). No explicit formula was obtained for the estimator 149 of  $\lambda_2$ . Therefore, we recommend using simultaneously another maximization 150 procedure, such as the Newton–Raphson method. 151

#### 4 Application to Leukaemia Data

Kersey et al. [6] reported data on patients with refractory acute lymphoblastic 153 leukaemia. Patients receive either an allogeneic transplant (group 1) or an autologous transplant (group 2) and are followed until a recurrence occurs.

If we fit model (5) for each group separately, the estimated survival functions are 156

$$\hat{S}_1(t) = 0.2714 + 0.7286 \times \exp(0.76112 \times (1 - \exp(t^{0.61397})))$$
 157

for group 1 and

$$\hat{S}_2(t) = 0.1799 + 0.8201 \times \exp(1.15842 \times (1 - \exp(t^{0.6853})))$$
 159

for group 2. We can consider the data from the two groups jointly and fit the same 160 model. The result is 161

$$\hat{S}(t) = 0.22739 + 0.77261 \times \exp(0.92261 \times (1 - \exp(t^{0.63706}))).$$
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For the moment, we restrict our analysis to the case of one binary covariate. So, 163 defining a covariate, x, as the indicator of the patients group, we obtain 164

$$\hat{S}(t|x) = 0.22821 + 0.77179 \times (\exp(1.15379 \times (1 - \exp(t^{0.65037}))))^{\exp(-0.42x)}.$$
 (13)

This covariate had no significant effect on the non-susceptible proportion, 165 something expected given the proximity of the values in the two previous models. 166 Note that the survival time of the susceptible individuals follows a Chen distribution 167 with parameters  $\lambda_1$  and  $\lambda_2$  when x = 0 and with parameters  $\lambda_1 \times e^{\beta}$  and  $\lambda_2$  168 when x = 1. Due to difficulties in the implementation of the EM algorithm, 169 namely convergence problems, the estimate of  $\beta$  was obtained making use of this 170 characteristic. 171

#### 5 Concluding Remarks

The aim of this article is to increase the options for survival distributions when the 173 use of cure models is relevant. The Chen distribution is very versatile, resulting in 174 a good fit in many cases where other parametric models were unsatisfactory. We 175 introduced covariates in the model in order to make it more suitable for practical 176 situations. So far, some issues in the estimation process are not completely solved. 177 Nevertheless, we obtained significant correlation coefficients (r=0.9946, p=0.000 178

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for group 1 and r=0.9512, p=0.000 for group 2) between the Kaplan–Meier 179 estimates and the fitted values obtained using model (13), indicating a good fit for 180 both groups.

Acknowledgements Ana Abreu's research was supported by FCT, POCTI-219, FEDER, and 182 Cristina Rocha's research is partially sponsored by national funds through the Fundação Nacional 183 para a Ciência e Tecnologia, Portugal—FCT under the project PEst-OE/MAT/UI0006/2011. 184 We would like to thank the reviewers for their thorough and insightful review of the manuscript. 185

#### References

- Abreu, A.M., Rocha, C.S.: Um novo modelo de cura paramétrico. In: Castro, L.C., 187 Martins, E.G., Rocha, C., Oliveira, M.F., Leal, M.M., Rosado, F. (eds.) Ciência Estatística, 188 pp. 151–162. Edições SPE, Lisboa (2006)
- 2. Chen, Z. : A new two-parameter lifetime distribution with bathtub shape or increasing failure 190 rate function. Stat. Probab. Lett. **49**, 155–161 (2000) 191
- Dempster, A.P., Laird, N.M., Rubin, D.B.: Maximum likelihood estimation from incomplete 192 data via the EM algorithm (with discussion). J. R. Stat. Soc. B 39, 1–38 (1977) 193
- Hunsberger, S., Albert, P.S., London, W.B.: A finite mixture survival model to characterize risk groups of neuroblastoma. Stat. Med. 28, 1301–1314 (2009)
- Kaplan, E.L., Meier, P.: Nonparametric estimation from incomplete observations. J. Am. Stat. 196 Assoc. 57, 457–481 (1958)
- Kersey, J.H., Weisdorf, D., Nesbit, M.E., LeBien, T.W., Woods, W.G., McGlave, P.B., Kim, T., 198 Vallera, D.A., Goldman, A.I., Bostrom, B., Hurd, D., Ramsay, N.K.C.: Comparison of 199 autologous and allogeneic bone marrow transplantation for treatment of high-risk refractary 200 acute lymphoblastic leukaemia. N. Engl. J. Med. **317**, 461–467 (1987) 201
- 7. Li, C–S., Taylor, J.M.G.: A semi-parametric accelerated failure time cure model. Stat. Med. 202 21, 3235–3247 (2002) 203
- 8. Maller, R.A., Zhou, S.: Survival Analysis with Long-Term Survivors. Wiley, New York (1996) 204
- 9. Peng, Y., Dear, K.B.G., Denham, J.W.: A generalized F mixture model for cure rate estimation. 205 Stat. Med. **17**, 813–830 (1998) 206
- 10. Sy, J.P., Taylor, J.M.G.: Estimation in a Cox proportional hazards cure model. Biometrics **56**, 207 227–236 (2000) 208

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