# RISK-PREDICTIVE PROBABILITIES AND DYNAMIC NONPARAMETRIC CONDITIONAL QUANTILE MODELS FOR LONGITUDINAL ANALYSIS 

Seonjin Kim, Hyunkeun Ryan Cho and Colin Wu<br>Miami University, University of Iowa<br>and National Heart, Lung and Blood Institute


#### Abstract

Tracking subjects with disease risks at multiple time points is an important objective for disease prevention and preventive medicine. Appropriate statistical tracking models are essential for identifying risk factors that remain persistent over time and the early detection of subjects with high disease risks. Because disease risks are often defined by multivariate response variables, we propose a class of bivariate risk-predictive probability models that quantify the likelihood of an individual's future disease risk. These models describe the relationships between bivariate risk outcomes at a later time point and covariates at an early time point using a class of conditional quantile-based joint distribution functions. We develop a simulation-based procedure under the stratified bivariate time-varying quantile regression framework to estimate the conditional joint distributions and risk-predictive probabilities. In addition, we use theoretical and simulation studies to show that the estimation procedure yields consistent estimates, and propose a statistical quantity that measures the relative risk to identify high-risk individuals. Finally, we apply the proposed models and procedures to data from the National Growth and Health Study to identify early adolescent girls who are more likely to be diagnosed with hypertension at late adolescence.


Key words and phrases: Bivariate longitudinal outcome, conditional joint distributions, nonparametric regression, quantile regression, time-varying coefficients.

## 1. Introduction

Longitudinal tracking of disease risk factors over time is important for guiding early preventive interventions in public health (e.g., Wilsgaard et al. (2001); Obarzanek et al. (2010)). A main objective of preventive medicine is to reduce the incidence of future disease risks through early intervention to individuals with high risk factors relative to the population. Thus, an appropriate statistical model would play a critical role in identifying persistent disease risk factors and individuals who will develop high disease risks in the future. The past and present

[^0]health status of a subject is likely an important indicator of the development of a disease. In this study, we develop a class of models for the risk-predictive probability (RPP), which measures the likelihood of a disease occuring in the future, given an individual's current condition. The RPP and its models can serve as an effective tool for the early identification of persistent disease risk factors by identifying high-risk groups relative to the population.

This work is motivated by an epidemiological study of pediatric cardiac risk factors for children and adolescents, the National Growth and Health Study (NGHS), conducted from 1986 to 1997. This prospective cohort study was designed to explore the trend of cardiovascular risk factors in girls over an adolescent period. Various characteristics, including systolic and diastolic blood pressure (SBP, DBP), race, height, and body mass index (BMI), were measured annually for 2,379 African American and Caucasian girls, up to 10 times. Kavey et al. (2003); Thompson et al. (2007); Obarzanek et al. (2010) studied the NGHS, raising the following important question: What features in early adolescent girls affect the presence of hypertension at late adolescence? Normal and abnormal levels of blood pressure ( BP ) for children and adolescents are defined jointly by the SBP and DBP percentiles (Flynn et al. (2017)). Thus, a major obstacle to answering this question is the lack of an appropriate statistical model that describes the joint distributions of the bivariate longitudinal outcomes, SBP and DBP at late adolescence, conditioning on their values and other covariates at early adolescence.

Disease risk factors defined by bivariate (or, more generally, multivariate) longitudinal outcomes are common in biomedical studies. For example, in biomarker studies of human immunodeficiency viruses (HIV), the bivariate outcome formed by CD4 cells and HIV viral load (HIV-RNA) in blood is often used as a prognostic measure on HIV progression (Thiébaut et al. (2002, 2005); Ghosh, Branco and Chakraborty (2007)); in cardiovascular studies, Barter et al. (2007) showed that risks for cardiovascular events may be jointly affected by the levels of high-density lipoprotein (HDL) cholesterol and low-density lipoprotein (LDL) cholesterol.

Using a conditional distribution-based longitudinal analysis, Wu and Tian (2013ab) and Tian and $\mathrm{Wu}(2014$ ) considered a statistical quantity, the "ranktracking probability" (RTP), to measure the tracking abilities of disease risk factors over time. However, their statistical framework is limited to univariate longitudinal outcomes. It cannot be applied to joint distributions with bivariate outcomes because of the complexity of the time-varying nonparametric modeling structures that are both clinically meaningful and mathematically flexible
(Wu and Tian (2018, Sec. 12.2 and Sec. 12.6)). Most statistical methods for multivariate longitudinal data have been studied under frameworks of conditional means and variance-covariance structures. Examples of multivariate longitudinal analyses include those of Rochon (1996); Chaganty and Naik (2002); Fieuws and Verbeke (2006); Kim and Zimmerman (2012); Xu and Mackenzie (2012); Xiang, Qiu and Pu (2013); Verbeke et al. (2014); Cho (2016); Kohlia, Garcia and Pourahmadi (2016), among others. These works model conditional means and variance-covariance structures based on concurrently observed multivariate outcomes and covariates. Kwak (2017a|b); Kürüm et al. (2018) considered several copula-based models for evaluating conditional distribution functions with multivariate longitudinal data. However, these models do not describe the dynamic relationships between the past and future variables formed by the multivariate outcomes and covariates.

In contrast to existing multivariate longitudinal methods, we propose a class of conditional distribution-based models to evaluate the "tracking" relationship between the bivariate response vector at a later time point and the response and covariate values at an earlier time point. Let $\left(Y_{1}(t), Y_{2}(t)\right)$ be a bivariate vector of real-valued responses $Y_{1}(t)$ and $Y_{2}(t)$, and let $Z(t)=\left(X(t)^{T}, Y_{1}(t), Y_{2}(t)\right)^{T}$ be a vector of covariates and responses at any time point $t \in \mathcal{T}$, where $X(t)$ is a $p \geq 1$ dimensional vector of covariates and the time range $\mathcal{T}$ is a bounded subset of $[0, \infty)$. For any two time points $u<v$ in $\mathcal{T}$, our goal is to model and estimate the conditional distribution function and the functional of $\left(Y_{1}(v), Y_{2}(v)\right)$, given $Z(u)=z(u)$. Here, $z(u)=\left(x(u)^{T}, y_{1}(u), y_{2}(u)\right)^{T}$ represents the known "health status" for a subject at time $u$, which, in general, includes both the covariate and the response variables. As useful special cases of $z(u)$, we may consider the situations "without covariates," that is, $z(u)=\left(y_{1}(u), y_{2}(u)\right)^{T}$, and "without outcomes," that is, $z(u)=x(u)$. Note that $u$ represents an early time point of interest. Therefore, it is often used to denote an individual's current age or the most recent time point when the health status $z(u)$ is measured. Then, $v$ represents a later time point of interest, so it is used to denote a specific future time, such as 10 years after $u$; that is, $v=u+10$.

In general, a completely unstructured nonparametric model of the conditional distribution functions of $\left(Y_{1}(v), Y_{2}(v)\right)$ given $Z(u)$ is not mathematically tractable or biologically interpretable. Therefore, we propose a class of structured nonparametric regression models for the RPPs (Section 2.1) based on conditional quantiles. In order to focus on the main objective of tracking the multivariate outcomes across the time range $\mathcal{T}$, our nonparametric quantile regression models link the outcomes and covariates at time points $(u, v)$ through linear structures
with bivariate functional parameters. This differs from the longitudinal quantile regressions in the literature, such as those of Kim and Yang (2011); Cho, Hong and Kim (2016). There are two main advantages to using this conditional quantile-based modeling approach to evaluate the RPPs in order to track multivariate longitudinal outcomes. First, the RPPs and the related conditional distributions can be estimated simply based on the nonparametric estimators of the functional quantile regression parameters using a simulation-based procedure. Second, nonparametric conditional quantile models have natural interpretations for applications in which health status is classified based on conditional quantiles, such as the abnormal levels of blood pressure defined in Flynn et al. (2017).

In the main results, we first demonstrate that the joint condition distribution functions can be estimated using a simulation-based procedure constructed based on Lemma 1 of Wei (2008) and a class of quantile regression models with bivariate time-varying coefficients. Then, we show that the RPP estimators obtained from the simulation-based procedure are consistent under the bivariate time-varying coefficient models. For the practically interesting objective of determining whether an individual who was "unhealthy" in the past is more likely to have a high future disease risk, we propose a statistical inference procedure based on resampling-subject bootstrapping. The inference procedure compares the RPP with the unconditional joint probability of the response variables at any $v$, without knowing their values at any $u<v$. In our application to the NGHS data, we estimate the RPPs of preadolescent girls with various BP and BMI levels developing abnormal levels of BP at later adolescent years. Furthermore, in a simulation study, we demonstrate the consistency of the RPP estimators by comparing them with those obtained without imposing any modeling structures.

## 2. Methodology

### 2.1. Risk-predictive probability models

In this section, we introduce the RPP and present a simulation-based procedure for estimating the RPP. For any sets of events $A_{1}(v) \subset \mathbb{R}$ and $A_{2}(v) \subset \mathbb{R}$ on the real line at time $v$, we define the RPP as

$$
\begin{equation*}
\operatorname{RPP}\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}=P\left\{Y_{1}(v) \in A_{1}(v), Y_{2}(v) \in A_{2}(v) \mid Z(u)=z(u)\right\} \tag{2.1}
\end{equation*}
$$

which is the conditional joint probability of $Y_{1}(v) \in A_{1}(v)$ and $Y_{2}(v) \in A_{2}(v)$, given an individual's health status, that is, the outcomes and covariates, at time $u, Z(u)=z(u)$, where $u<v$. For any given covariate values, the RPP defined in
(2.1) is a function on the bivariate time scale $(u, v)$. Consequently, the estimator of (2.1) is a bivariate curve on $(u, v)$, which allows the investigator to evaluate the risk-predictive ability at any time point pairs within the range of interest. The statistical objective is to estimate the RPP based on a flexible and clinically meaningful structured nonparametric model. The RPP measures how likely it is that a subject with health status $z(u)$ at a earlier time $u$ belongs to the event $\left\{Y_{1}(v) \in A_{1}(v), Y_{2}(v) \in A_{2}(v)\right\}$ at a later time $v$. Thus, it provides a direct statistical index that tracks subjects who are likely to have the event in the future.

In practice, proper choices of $A_{1}(v)$ and $A_{2}(v)$ are determined by the study objectives. For example, for the study of adolescent BP levels, the probability of having an "abnormal BP level defined by the 95th percentiles" (Flynn et al. (2017)) at time $v$, given the subject's BP and other covariates at time $u$, is
$\operatorname{RPP}_{\text {abnormal }} \mathrm{BP}^{(v \mid u)}=1-\operatorname{RPP}\left\{\left(-\infty, Q .{ }_{.95}\left\{Y_{1}(v)\right\}\right),\left(-\infty, Q_{.95}\left\{Y_{2}(v)\right\}\right) \mid z(u)\right\}$,
where $\operatorname{RPP}\left\{\left(-\infty, Q_{.95}\left\{Y_{1}(v)\right\}\right),\left(-\infty, Q_{.95}\left\{Y_{2}(v)\right\}\right) \mid z(u)\right\}$ is the probability of not having an "abnormal BP level" at time $v$, given $z(u), Y_{1}(t)$ and $Y_{2}(t)$ denote the SBP and DBP, respectively, at time $t$, and $Q_{\tau_{k}}\left\{Y_{k}(t)\right\}$ is the $\tau_{k} \times 100$ th quantile of $Y_{k}(t)$, for $k=1,2$. Note that, in this example, $A_{1}(v)$ and $A_{2}(v)$ are defined using percentiles of the response variables, but, in general, they can be defined using predetermined values. For adult BP studies (Chobanian et al. (2003)), the RPP of having hypertension can be defined as $\operatorname{RPP}_{\text {abnormal }} \mathrm{BP}^{(v \mid u)}=$ $1-\operatorname{RPP}\{(-\infty, 140),(-\infty, 90) \mid z(u)\}$.

Comparing the RPP with the unconditional joint probability

$$
P\left\{A_{1}(v), A_{2}(v)\right\}=P\left\{Y_{1}(v) \in A_{1}(v), Y_{2}(v) \in A_{2}(v)\right\}
$$

we can examine how the occurrence of the event at time $v$ is influenced by the observed health status at time $u$. Suppose that a subject is classified as having a "high disease risk" at time $v$ if the bivariate outcomes are in the event $\left\{Y_{1}(v) \in\right.$ $\left.A_{1}(v), Y_{2}(v) \in A_{2}(v)\right\}$. If the subject's $\operatorname{RPP}\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}$ is greater than $P\left\{A_{1}(v), A_{2}(v)\right\}$, the subject is more likely to have a "higher disease risk" than that of the population of interest because of his/her health status $z(u)$ at time $u$. The magnitude of the increased disease risk is quantified by the ratio of the RPP to the benchmark $P\left\{A_{1}(v), A_{2}(v)\right\}$

$$
\begin{equation*}
\operatorname{RR}\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}=\frac{\operatorname{RPP}\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}}{P\left\{A_{1}(v), A_{2}(v)\right\}} \tag{2.3}
\end{equation*}
$$

which we refer to as the relative risk $(R R)$. Note that a subject with $R R>1$ is more likely to have "higher disease risk" than that of the population of interest.

### 2.2. Nonparametric dynamic conditional quantile models

When the sample size is very large, we can estimate the RPP using a smoothing method without imposing any modeling structures. However, an unstructured smoothing for the RPP is usually infeasible in practice because of the well-known "curse of dimensionality"; see Wu and Tian (2018, Sec. 1.3.3). A useful alternative is to consider a modeling structure for the RPP that is sufficiently flexible. Using a structured nonparametric approach, we consider a class of time-varying coefficient quantile regression models with some structural assumptions between $\left(Y_{1}(v), Y_{2}(v)\right)$ and $Z(u)$.

The following lemma of Wei (2008) describes a useful relationship between the marginal, conditional, and joint distributions of multivariate random variables. This lemma suggests that in order to estimate the conditional distributions of $\left(Y_{1}(v), Y_{2}(v)\right)$ given $Z(u)$, we need to model the conditional distributions of $Y_{1}(v)$ given $Z(u)$ and $Y_{2}(v)$ given $\left(Z(u), Y_{1}(v)\right)$.

Lemma 1. Suppose that $\left(Y_{1}, Y_{2}\right)$ is a pair of random variables with absolute continuous joint distribution $F_{Y_{1}, Y_{2}}$, and let $U_{1}$ and $U_{2}$ be independent random variables uniformly distributed on $(0,1)$. Then

$$
\left(F_{Y_{1}}^{-1}\left(U_{1}\right), F_{U_{2} \mid U_{1}}^{-1}\left(U_{2} \mid U_{1}\right)\right) \sim F_{Y_{1}, Y_{2}},
$$

where $F_{Y_{1}}\left(A_{1}\right)$ is the marginal distribution of $Y_{1}$, and $F_{Y_{2} \mid Y_{1}}$ is the conditional distribution of $Y_{2}$, given $Y_{1}$.

The inverse function of a cumulative distribution function (CDF) is a quantile function. Therefore, Lemma 1 ensures that a bivariate random sample generated sequentially from $Q_{\tau}\left\{Y_{1}(v) \mid Z(u)\right\}$ and $Q_{\tau}\left\{Y_{2}(v) \mid Z(u), Y_{1}(v)\right\}$ follows the conditional distribution of $\left(Y_{1}(v), Y_{2}(v)\right)$, given $Z(u)$. By imposing a linear modeling structure with coefficients as time-varying curves, we propose the following dynamic models for $Q_{\tau}\left\{Y_{1}(v) \mid Z(u)\right\}$ and $Q_{\tau}\left\{Y_{2}(v) \mid Z(u), Y_{1}(v)\right\}$, such that

$$
\begin{align*}
Q_{\tau}\left\{Y_{1}(v) \mid Z(u)\right\} & =\alpha_{\tau, 1}(v \mid u)+Z^{T}(u) \alpha_{\tau, 2}(v \mid u) \quad \text { and }  \tag{2.4}\\
Q_{\tau}\left\{Y_{2}(v) \mid Z(u), Y_{1}(v)\right\} & =\beta_{\tau, 1}(v \mid u)+Z^{T}(u) \beta_{\tau, 2}(v \mid u)+\beta_{\tau, 3}(v \mid u) Y_{1}(v), \tag{2.5}
\end{align*}
$$

where $\alpha_{\tau, 1}(v \mid u), \alpha_{\tau, 2}(v \mid u), \beta_{\tau, 1}(v \mid u), \beta_{\tau, 2}(v \mid u)$, and $\beta_{\tau, 3}(v \mid u)$ are unknown coefficient functions of both $u$ and $v$. Intuitively, (2.4) shows that, for any $0<\tau<1$ and a pair of time points $(u, v)$, the $\tau$ th quantile of $Y_{1}(v)$ depends on $Z(u)$
through a linear relationship with the time-varying regression quantiles $\alpha_{\tau, 1}(v \mid u)$ and $\alpha_{\tau, 2}(v \mid u)$. Because the functional coefficients can vary with two distinct time points, the above models can be used to explore the dynamic relationship between the bivariate response variables and covariates measured at different time points across the quantiles. In addition, these functional parameters determine the conditional quantiles and, hence, the conditional distribution functions. Consequently, the estimates of these functional parameters can be used to estimate the conditional distribution functions.

### 2.3. Estimation of the dynamic conditional distributions

If the dynamic conditional quantiles of models (2.4) and (2.5) are available, Lemma 1 suggests that $\operatorname{RPP}\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}$ can be estimated using the following simulation-based procedure:

1. Draw $q_{1}$ from a uniform distribution on $(0,1)$, and obtain the conditional $q_{1}$ th quantile of $Y_{1}(v)$ given $z(u)$, denoted by $Y_{1}^{*}(v)$, from an estimated model of (2.4).
2. Draw $q_{2}$ from a uniform random variable on $(0,1)$, and obtain the conditional $q_{2}$ th quantile of $Y_{2}(v)$ given $z(u)$ and $Y_{1}^{*}(v)$, denoted by $Y_{2}^{*}(v)$, from an estimated model of (2.5).
3. Generate a sufficiently large number of $\left(Y_{1}^{*}(v), Y_{2}^{*}(v)\right)$ by repeating steps $1-2$ many times.
4. Estimate the RPP by computing the proportion of the simulated pairs within $Y_{1}^{*}(v) \in A_{1}(v)$ and $Y_{2}^{*}(v) \in A_{2}(v)$.

Note that the bivariate random sample of $Y_{1}^{*}(v)$ and $Y_{2}^{*}(v)$ can also be obtained by switching the order of $Y_{1}(t)$ and $Y_{2}(t)$. Unless there is a natural ordering between $Y_{1}(t)$ and $Y_{2}(t)$, we can, in practice, simulate the data in both orders and use the combined data to estimate the conditional joint distribution.

Statistical inferences for the RPP and RR can be constructed using the resampling-subject bootstrap approach for longitudinal data (e.g., Hoover et al. (1998)). In addition to the RPP, statistical inferences for the RR have clinical implications for identifying individuals who are more likely to have "high disease risks" in the future relative to others in the population. In particular, we would like to determine if $\mathrm{RR}>1$ for the time range of interest. Using the aforementioned bootstrap procedure, we construct the one-sided pointwise confidence interval for the RR. This procedure relies on three steps: (a) generating $B$
bootstrap samples by resampling the subjects with replacement; (b) estimating the corresponding RRs from each of the $B$ bootstrap samples; and (c) computing the $(100 \times \alpha)$ th empirical quantile of the estimated RRs from the $B$ bootstrap samples as the lower bound of the one-sided $\alpha$-level confidence interval.

### 2.4. Estimation of the time-varying regression quantiles

In this section, we propose a novel estimation procedure for the time-varying regression quantiles in (2.4) and (2.5) based on the following longitudinal sample, which consists of $n$ randomly selected subjects. The $i$ th subject, for $1 \leq i \leq n$, has $m_{i} \geq 1$ measurements at time points $t_{i j}$, for $j=1, \ldots, m_{i}$, such that $\left(Y_{1, i j}, Y_{2, i j}\right)$ and $X_{i j}$ are the bivariate outcome and a vector of $p$ covariates, respectively, at time $t_{i j}$.

To clarify the relationship between the response and the covariates at different time points, it is convenient to denote the longitudinal observations as follows. Within each subject $i$, for any $j<j^{\prime}, Y_{i j^{\prime}}=\left(Y_{1, i j^{\prime}}, Y_{2, i j^{\prime}}\right)$ is a pair of future response variables relative to $Z_{i j}=\left(Y_{i j}, X_{i j}^{T}\right)$. The longitudinal data are then expressed as $\left(Y_{i j^{\prime}}, Z_{i j}, t_{i j^{\prime}}, t_{i j}\right)$, for $i=1, \ldots, n, j=1, \ldots, m_{i}-1$, and $j^{\prime}=j+1, \ldots, m_{i}$, so that the future response variables are paired with the past outcomes and covariates. For example, if the first subject, (i.e., $i=1$ ) is measured four times, then the subject's data used to estimate the coefficients in 2.4) and (2.5) are

$$
\left(Y_{12}, Z_{11}\right),\left(Y_{13}, Z_{11}\right),\left(Y_{13}, Z_{12}\right),\left(Y_{14}, Z_{11}\right),\left(Y_{14}, Z_{12}\right),\left(Y_{14}, Z_{13}\right)
$$

where $Y_{i j^{\prime}}=\left(Y_{1,1 j^{\prime}}, Y_{2,1 j^{\prime}}\right)$ and $Z_{i j}=\left(Y_{1, i j}, Y_{2, i j}, X_{i j}^{T}\right)$. Because $Z_{i j}$ is the available observation for the $i$ th subject at time $t_{i j}$, it could include both the covariates $X_{i j}$ and the bivariate outcomes $Y_{i j}$. However, for practical reasons, some longitudinal studies may not have observed outcomes at every visit. For instance, if $Y_{12}$ and $Y_{14}$ are measured during four visits, while all the covariates are measured at every visit of subject $i=1$, then the subject's observations are

$$
\left(Y_{12}, Z_{11}\right),\left(Y_{14}, Z_{11}\right),\left(Y_{14}, Z_{12}\right),\left(Y_{14}, Z_{13}\right)
$$

where $Z_{i j}=X_{i j}$. Similarly, when the covariates are not available at time $t_{i j}$, we have $Z_{i j}=Y_{i j}$.

Note that model (2.4) is a special case of model (2.5), which depends on the ordering between $Y_{1}(t)$ and $Y_{2}(t)$. On the other hand, $Y_{1}(v)$ and $Y_{2}(v)$ in (2.5) are exchangeable. Thus, it suffices to present only the estimation and the asymptotic properties of the quantile regression model 2.5). Without loss of
generality, we suppose that the response and the covariates are measured on each visit. For any $j<j^{\prime}, Y_{2, i j^{\prime}}$ is a future response variable in view of a predictor $Z_{i j j^{\prime}}=\left(1, Y_{1, i j}, Y_{2, i j}, X_{1, i j}^{T}, Y_{1, i j^{\prime}}\right)$, such that the longitudinal data are expressed as $\left(Y_{2, i j^{\prime}}, Z_{i j j^{\prime}}, t_{i j^{\prime}}, t_{i j}\right)$, for $i=1, \ldots, n, j=1, \ldots, m_{i}-1$, and $j^{\prime}=j+1, \ldots, m_{i}$. The notation can be reconstructed similarly for other cases.

Let $\theta_{\tau}(v \mid u)=\left(\beta_{\tau, 1}(v \mid u), \beta_{\tau, 2}(v \mid u)^{T}, \beta_{\tau, 3}(v \mid u)\right)^{T}$ be a vector of functional parameters that depends on two distinct time points $u<v$. A local estimator of $\theta_{\tau}(v \mid u)$, denoted by $\hat{\theta}_{\tau}(v \mid u)$, is obtained by minimizing the local linear quantile regression criterion

$$
\begin{aligned}
& \left(\hat{\theta}_{\tau}(v \mid u), \hat{\theta}_{\tau}^{*}(v \mid u), \hat{\theta}_{\tau}^{\#}(v \mid u)\right) \\
& =\underset{\theta, \theta^{*}, \theta^{\#}}{\operatorname{argmin}} \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}}\left[\rho_{\tau}\left(Y_{2, i j^{\prime}}-Z_{i j j^{\prime}}^{T} \theta-Z_{i j j^{\prime}}^{T}\left\{\theta^{*}\left(t_{i j}-u\right)+\theta^{\#}\left(t_{i j^{\prime}}-v\right)\right\}\right)\right. \\
& \left.\quad \times K\left(\frac{t_{i j}-u}{b_{1}}\right) K\left(\frac{t_{i j^{\prime}}-v}{b_{2}}\right)\right],
\end{aligned}
$$

where $\rho_{\tau}(u)=u\{\tau-\mathbf{1}(u<0)\}$ is the check function with an indicator function $\mathbf{1}(\cdot), K(\cdot)$ is a kernel function with bandwidths $b_{1}$ and $b_{2}$, and $\theta^{*}(v \mid u)$ and $\theta^{\#}(v \mid u)$ are the first partial derivatives of $\theta(v \mid u)$ with respect to $u$ and $v$, respectively. Here, the kernel function assigns more weight to longitudinal observations with time points $\left(t_{i j}, t_{i j^{\prime}}\right)$ that are closer to the target time points $(u, v)$. If $\left(t_{i j}, t_{i j^{\prime}}\right)$ moves away from $(u, v)$, the contribution of this observation to the quantile estimator diminishes, reducing the potential estimation bias.

### 2.5. Asymptotic properties of kernel estimators

For simplicity, we focus here on the asymptotic properties of $\hat{\theta}_{\tau}(v \mid u)$ for the case that the response variables are observed at all measurement times. Similar derivations, with more tedious calculations, can be extended to those cases in which the outcome variables not completely observed at all measurement times for all subjects. The asymptotic properties of $\hat{\theta}_{\tau}(v \mid u)$ are established under the following regularity assumptions:

1. For any $u, v \in \mathcal{T}, \Gamma_{Z}(u, v)=E\left\{Z(u, v) Z(u, v)^{T}\right\}$ is positive definite and differentiable, where $Z(u, v)=\left(1, Y_{1}(u), Y_{2}(u), X(u)^{T}, Y_{1}(v)\right)^{T}$.
2. Let $N=\sum_{i=1}^{n} m_{i}\left(m_{i}-1\right) / 2$. As $n \rightarrow \infty, N b_{1} b_{2} \rightarrow \infty, N b_{1} b_{2}\left(b_{1}^{6}+b_{2}^{6}\right) \rightarrow 0$, and $\sum_{i=1}^{n} m_{i}^{4}\left(1 / \sqrt{N^{3} b_{1} b_{2}}+\left(b_{1}^{2}+b_{2}^{2}\right) / N\right) \rightarrow 0$.
3. The time-varying coefficient function $\theta(v \mid u)$ and the bivariate density func-
tion of $(u, v)$, denoted by $p(\cdot, \cdot)$, are twice continuously differentiable.
4. The kernel function $K(\cdot)$ is symmetric with bounded support and bounded derivative. Write $\mu_{K}=\int u^{2} K\left(u^{2}\right) d u$ and $\varphi_{K}=\int K^{2}(u) d u$.
5. Let $\xi_{i j j^{\prime}}=Y_{2, i j^{\prime}}-Q_{\tau}\left(Y_{2, i j^{\prime}} \mid Z_{i j j^{\prime}}\right)$. Denote by $f_{\xi}(\cdot)$ and $F_{\xi}(\cdot)$ the density and distribution functions of $\xi_{i j j^{\prime}}$, respectively. Here, $f_{\xi}(\cdot)$ is bounded, positive, and twice continuously differentiable on $\left\{v: 0<F_{\xi}(v)<1\right\}$.

The above assumptions are comparable to those used in kernel estimations with longitudinal data (e.g., Hoover et al. (1998); Wu and Tian (2013b)). In particular, Assumption 2 specifies the necessary conditions with respect to the number of within-subject measurements and bandwidths. For ease of presentation, we consider the special case of $m_{i}=m$, for all $i$, such that Assumption 2 reduces to $n m^{2} b_{1} b_{2} \rightarrow \infty, n m^{2} b_{1} b_{2}\left(b_{1}^{6}+b_{2}^{6}\right) \rightarrow 0$, and

$$
n m^{4}\left(\frac{1}{\sqrt{n^{3} m^{6} b_{1} b_{2}}}+\frac{b_{1}^{2}+b_{2}^{2}}{n m^{2}}\right)=\frac{m}{\sqrt{n b_{1} b_{2}}}+m\left(b_{1}+b_{2}\right) \rightarrow 0 .
$$

In particular, if $b_{1}=O\left(N^{-1 / 6}\right)$ and $b_{2}=O\left(N^{-1 / 6}\right)$ are used, we have that $n m^{2} b_{1} b_{2} \rightarrow \infty$ and $n m^{2} b_{1} b_{2}\left(b_{1}^{6}+b_{2}^{6}\right) \rightarrow 0$ always hold. However, in addition, $m=o\left(n^{1 / 4}\right)$ is needed to ensure that $m b_{1} \rightarrow 0, m b_{2} \rightarrow 0$, and $m / \sqrt{n b_{1} b_{2}} \rightarrow 0$. Therefore, the data types specified by Assumption 2 include both sparse (i.e., $m$ is bounded) and some dense ( $m=n^{\gamma}$, for $\gamma<1 / 4$ ) longitudinal data.

Theorem 1. Let $u<v$ be two fixed time points in the interior of $\mathcal{T}$. If Assumptions 1 to 5 hold, then, for any given $\tau \in(0,1)$, we have the following asymptotic normality result for $\hat{\theta}_{\tau}(v \mid u)$ :

$$
\begin{align*}
& \sqrt{N b_{1} b_{2}}\left\{\hat{\theta}_{\tau}(v \mid u)-\theta_{\tau}(v \mid u)+\frac{\mu_{K}}{2}\left(\frac{\partial^{2} \theta_{\tau}(v \mid u)}{\partial u^{2}} b_{1}^{2}+\frac{\partial^{2} \theta_{\tau}(v \mid u)}{\partial v^{2}} b_{2}^{2}\right)\right\} \\
& \xrightarrow[\rightarrow]{d} N\left(0, \frac{\tau(1-\tau) \varphi_{K}^{2}}{p(u, v) f_{\xi}^{2}(0)} \Gamma_{Z}^{-1}(u, v)\right) \tag{2.6}
\end{align*}
$$

as $n \rightarrow \infty$, where " $\xrightarrow{d}$ "denotes convergence in distribution.
A direct conclusion of Theorem 1 is that, under the mild regularity conditions, the local linear quantile regression method leads to a consistent estimator of $\theta_{\tau}(v \mid u)$. If the linearity assumptions on the conditional quantile functions in (2.4) and 2.5 are satisfied, $z^{T} \hat{\theta}_{\tau}(v \mid u)$ is a consistent estimator of the $\tau$ th conditional quantile of $Y_{2}(v)$, given $z=\left(1, z(u)^{T}, y_{1}\left(y_{2}\right)\right)^{T}$. This consistency result suggests
that the model-based simulation procedure described in Section 2.1 provides a consistent estimate of the RPP. Furthermore, if the outcomes are not observed at every visit, Theorem 1 still holds, but the convergence rate in Theorem 1 is affected, because $N$, the total number of observations used in the estimation, decreases.

### 2.6. Smoothing estimators and cross-validation bandwidths

Similarly to kernel-type local smoothing, the choice of bandwidths plays a crucial role in the appropriateness of the smoothing estimators. We present here a "leave-one-subject-out cross-validation" (LSCV) method for selecting the datadriven bandwidths $b_{1}$ and $b_{2}$ for the local smoothing estimators of the timevarying regression quantiles and $\operatorname{RR}\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}$.

Suppose that the bandwidths $b_{1}$ and $b_{2}$ have the same order of magnitude. It follows directly from the asymptotic distribution in Theorem 1 that the optimal bandwidths, which minimize the mean squared error of $\hat{\theta}_{\tau}(v \mid u)$, are of order $O\left(N^{-1 / 6}\right)$. Following the bandwidth selection strategy described in Yu and Jones (1998), the bandwidths are selected as

$$
\begin{equation*}
b_{i}=h_{i}\left[\frac{\tau(1-\tau)}{\phi^{2}}\left\{\Phi^{-1}(\tau)\right\}\right]^{1 / 6}, \quad i=1,2 \tag{2.7}
\end{equation*}
$$

where $\phi$ and $\Phi$ are the standard normal density and distribution functions, respectively, and $h_{1}$ and $h_{2}$ are bandwidths selected for the corresponding regression mean estimation, which minimizes

$$
\begin{align*}
& \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}}\left[Y_{2, i j^{\prime}}-Z_{i j j^{\prime}}^{T} \theta-Z_{i j j^{\prime}}^{T}\left\{\theta^{*}\left(t_{i j}-u\right)+\theta^{\#}\left(t_{i j^{\prime}}-v\right)\right\}\right]^{2} \\
& \times K\left(\frac{t_{i j}-u}{h_{1}}\right) K\left(\frac{t_{i j^{\prime}}-v}{h_{2}}\right) . \tag{2.8}
\end{align*}
$$

To select the data-driven bandwidths $h_{1}$ and $h_{2}$, we use the LSCV bandwidths (Rice and Silverman (1991)) given by

$$
\left(h_{1}, h_{2}\right)=\underset{h_{1}^{*}, h_{2}^{*}}{\operatorname{argmin}} \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}}\left\{Y_{2, i j}-Z_{i j j^{\prime}}^{T} \hat{\theta}^{-i}\left(t_{i j^{\prime}} \mid t_{i j} ; h_{1}^{*}, h_{2}^{*}\right)\right\}^{2},
$$

where $\hat{\theta}^{-i}\left(\cdot \mid \cdot ; h_{1}^{*}, h_{2}^{*}\right)$ is the estimator of the mean regression coefficients based on the remaining data, with all observations of the $i$ th subject deleted.

From (2.3), $R R\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}$ depends on $P\left\{A_{1}(v), A_{2}(v)\right\}$ as its de-
nominator. Therefore, we would like to estimate $P\left\{A_{1}(v), A_{2}(v)\right\}$ using the kernel estimator

$$
\widehat{P}\left\{A_{1}(v), A_{2}(v)\right\}=\frac{\sum_{i=1}^{n} \sum_{j=1}^{m_{i}} \mathbf{1}\left\{Y_{1, i j} \in A_{1}(v), Y_{2, i j} \in A_{2}(v)\right\} K\left(\left(t_{i j}-v\right) / h\right)}{\sum_{i=1}^{n} \sum_{j=1}^{m_{i}} K\left(\left(t_{i j}-v\right) / h\right)}
$$

with the same kernel function $K(\cdot)$ as in (2.8) and a bandwidth $h>0$. The data-driven bandwidth of $h$ can be selected using the LSCV procedure, which is given by

$$
h=\underset{h^{*}}{\operatorname{argmin}} \sum_{i=1}^{n} \sum_{j=1}^{m_{i}}\left[\mathbf{1}\left\{Y_{1, i j} \in A_{1}(v), Y_{2, i j} \in A_{2}(v)\right\}-\widehat{P}^{-i}\left\{A_{1}(v), A_{2}(v) ; h^{*}\right\}\right]^{2},
$$

where $\widehat{P}^{-i}\left\{A_{1}(v), A_{2}(v) ; h^{*}\right\}$ is the kernel estimator of $P\left\{A_{1}(v), A_{2}(v)\right\}$ based on the remaining data, with all observations of the $i$ th subject deleted. The resulting estimator of $R R\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}$ is

$$
\widehat{\mathrm{RR}}\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}=\frac{\widehat{\operatorname{RPP}}\left\{A_{1}(v), A_{2}(v) \mid z(u)\right\}}{\widehat{P}\left\{A_{1}(v), A_{2}(v)\right\}}
$$

which is obtained by substituting the corresponding estimators into (2.3).

## 3. Application to the NGHS BP Data

We apply our estimation and inference procedures to the NGHS to evaluate the predictive probabilities of the bivariate BP outcomes, SBP and DBP , during adolescent years, with race, BMI percentile, and height percentile as covariates. As discussed in the introduction, the NGHS is a prospective cohort study of the cardiovascular risk factors of 1,166 Caucasian and 1,213 African American girls. These girls were enrolled in the study at either 9 or 10 years of age and had up to an annual physical examination until 18 or 19 years old. For further details and statistical analyses of this study, see Wu and Tian (2018, Sec. 1.2 and 13.4). Because some study participants have missing measurements for reasons unrelated to the study or their health status, it is reasonable to assume that these data are missing completely at random. Therefore, after deleting the missing data, our analysis uses the longitudinal observations from 1,164 Caucasian and 1,212 African American girls. The number of repeated measurements has a range of 1 to 10 with a median of 9.0 , a mean of 8.3 , and a standard deviation of 2.0 . All covariates and bivariate outcomes are measured at each visit. The girls' BMI and height percentiles are computed based on the Centers for Disease Control
and Prevention (CDC) growth chart, as in Wu and Tian (2018, Sec. 13.4). Of the two attempts in the literature to investigate the conditional distribution of a univariate longitudinal outcome using the NGHS data, Wu, Tian and Yu (2010) study the time-varying effects of race, BMI percentile, and height percentile on the SBP, and Wu and Tian (2013a) estimate the time trends of the conditional distributions of the SBP.

Let $Y_{1}(t), Y_{2}(t), X_{1}, X_{2}(t)$, and $X_{3}(t)$ be the SBP, DBP, race, BMI percentile, and height percentile, respectively, at age $t$, where $X_{1}=1$ if the girl is African American, and zero if Caucasian. Recall that the probability of having an "abnormal BP level" is defined as

$$
\begin{align*}
& \operatorname{RPP}_{\text {abnormal } \left.\mathrm{BP}^{( } v \mid u\right)} \\
& =1-\operatorname{RPP}\left\{\left(-\infty, Q_{.95}\left\{Y_{1}(v)\right\}\right),\left(-\infty, Q_{.95}\left\{Y_{2}(v)\right\}\right) \mid Z(u)=z(u)\right\}, \tag{3.1}
\end{align*}
$$

where $Z(t)=\left(X_{1}, X_{2}(t), X_{3}(t), Y_{1}(t), Y_{2}(t)\right)^{T}$ and $Q_{\tau}\left\{Y_{1}(t)\right\}$ and $Q_{\tau}\left\{Y_{2}(t)\right\}$ are the $(\tau \times 100)$ th quantiles of the SBP and DBP at age $t$. Because all subjects were enrolled in the study at age 9 or 10 and were followed for nine years, we can estimate $\mathrm{RPP}_{\text {abnormal }} \mathrm{BP}(v \mid u)$, for $9 \leq u<v \leq 19$. However, for the purpose of illustration, we analyze $\mathrm{RPP}_{\text {abnormal }} \mathrm{BP}^{(18 \mid 10)}$.

We first use the NGHS data for girls whose age is within the interval [17.5, 18.5) and estimate $\left(Q_{0.95}\left\{Y_{1}(18)\right\}, Q_{0.95}\left\{Y_{2}(18)\right\}\right)$ as $\left(\hat{Q}_{0.95}\left\{Y_{1}(18)\right\}, \hat{Q}_{0.95}\left\{Y_{2}\right.\right.$ $(18)\})=(123,80)$. Using the kernel smoothing estimators of Section 2.6 with a Gaussian kernel, the joint probability of having an SBP or DBP above their corresponding 95th percentiles at the age of 18 is estimated to be $7.7 \%$; that is,

$$
1-\widehat{P}\left\{\left(-\infty, \hat{Q}_{0.95}\left\{Y_{1}(18)\right\}\right),\left(-\infty, \hat{Q}_{0.95}\left\{Y_{2}(18)\right\}\right)\right\}=0.077 .
$$

Next, we illustrate how the observed health status at an earlier adolescent period influences the probability of future abnormal BP levels. To do so, we estimate the RPP of having an SBP or DBP over the 95 th percentile at the age of 18 under various combinations of height percentile, BMI percentile, and three BP groups at the age of 10: "medium-BP" $\left(Q_{0.5}\left\{Y_{1}(10)\right\}, Q_{0.5}\left\{Y_{2}(10)\right\}\right)$, "above median-BP" $\left(Q_{0.75}\left\{Y_{1}(10)\right\}, Q_{0.75}\left\{Y_{2}(10)\right\}\right)$, and "elevated-BP" $\left(Q_{0.9}\left\{Y_{1}(10)\right\}\right.$, $\left.Q_{0.9}\left\{Y_{2}(10)\right\}\right)$. These quantiles are estimated using data for girls whose ages fall within the age interval $[9.5,10.5)$. We compute the kernel smoothing estimators with the Gaussian kernel using the bandwidths $\left(h_{1}, h_{2}\right)=(1.0,1.5)$ and $\left(h_{1}, h_{2}\right)=$ $(2.3,1.5)$ for the following respective sets of quantile regression models at age $v$ : (a) a marginal quantile model of $Y_{1}(v)$ and a quantile regression model of $Y_{2}(v)$ conditioning on $Y_{1}(v)$; (b) a marginal quantile model of $Y_{2}(v)$ and a quantile
regression model of $Y_{1}(v)$ conditioning on $Y_{2}(v)$. The models in (a) and (b) differ in their orders of $Y_{1}(v)$ and $Y_{2}(v)$. These bandwidths are selected using the LSCV procedure of Section 2.3 and the quantile adjustment given in (2.7). In each order, a bivariate random sample of 1,000 is generated from the proposed simulation-based procedure.

Figure 1 shows heat maps of the estimated $\mathrm{RPP}_{\text {abnormal }} \mathrm{BP}^{(18 \mid 10)}$. The color changes gradually from red to green, representing the gradually decreasing estimated $\mathrm{RPP}_{\text {abnormal }} \mathrm{BP}^{(18 \mid 10)}$. The colors of the estimated probability become lighter when their values are closer to the estimated probability $1-\widehat{P}\left\{\left(-\infty, \hat{Q}_{0.95}\left\{Y_{1}(v)\right\}\right),\left(-\infty, \hat{Q}_{0.95}\left\{Y_{2}(v)\right\}\right)\right\}$, which is 0.077 and represented by white on the heat maps. For the effects of the covariates, we observe in Figure 1 that a 10-year old girl with larger BMI and height percentiles is more likely to have her SBP or DBP over its 95th percentile at age 18. For the dynamic effects of BP over time, Figure 1 shows there is a positive dependence between the BP levels at earlier and later adolescent periods: higher SBP and DBP levels at age 10 are associated with a higher probability of having an SBP or DBP over its 95 th percentile at age 18. In particular, for any covariate values (i.e., race, BMI, and height), the estimated RPP of the SBP or DBP over its 95th percentile at age 18 for girls with high SBP and DBP levels at age 10 is always higher than the estimated probability of an SBP or DBP being over its 95th percentile at age 18 without conditioning on the SBP and DBP levels at age 10. The effects of race show that African American girls always have a higher estimated $\mathrm{RPP}_{\text {abnormal }} \mathrm{BP}^{(18 \mid 10)}$ than Caucasian girls do under the same BP levels and height and BMI percentiles at age 10. This suggested race effect is worth investigating further in pediatric studies.

Next, we estimate the RR at ages $(u, v)=(10,18)$ to quantify the relative strength of the RPP at these ages over the probability of having abnormal SBP or DBP levels at 18 years of age. Girls with high RR values (e.g, significantly greater than 1) can be identified as those with a high risk of developing abnormal BP levels at young adulthood. Because the BMI is a well-known risk factor for pediatric hypertension (Obarzanek et al. ( $\overline{(2010)})$, we estimate the RR values at $(u, v)=(10,18)$ over a sequence of BMI percentiles $\{0.05,0.1, \ldots, 0.95\}$, given a fixed height percentile.

Figure 2 shows the lower bounds of the one-sided $95 \%$ confidence intervals (CI) for the RRs of African American and Caucasian girls, conditioning on the medium height and the 75 th SBP and DBP quantiles at age 10. For both African American and Caucasian girls, the lower bounds of the CIs increase linearly as the BMI percentile increases. Except for the Caucasian girls with BMI percentiles


Figure 1. Heat maps of the estimated RPP of having hypertension at age 18.
below 25, the lower CI bounds of the RRs are all greater than one for both races. This suggests that the majority of the girls within the given height and BP range have a higher probability of developing abnormal SBP or DBP levels at age 18. Similar phenomena are observed for the RRs and their corresponding one-sided CIs under various other scenarios of covariate values and BP levels at age 10, for example, the girls with medium height and SBP and DBP values at their medians and 90 th quantiles.


Figure 2. Lower bounds, marked with x , of one-sided $95 \%$ confidence intervals for the relative risk of RPP with the 50th height percentile and the 75th quantile of SBP and DBP at age 10 .

## 4. Simulation Study

In order to the performance of the proposed method for the NGHS data, the simulation setups reflect the NGHS design. We generate longitudinal data for 1,000 subjects from the following bivariate models, for $j=1, \ldots, 10$ :

$$
\begin{align*}
& Y_{i j 1}\left(t_{i j}\right)=\alpha_{0}\left(t_{i j}\right)+\alpha_{1}\left(t_{i j}\right) X_{i j 1}+\alpha_{2}\left(t_{i j}\right) X_{i j 2}\left(t_{i j}\right)+\alpha_{3}\left(t_{i j}\right) X_{i j 3}\left(t_{i j}\right)+e_{i}+\epsilon_{i j}, \\
& Y_{i j 2}\left(t_{i j}\right)=\beta_{0}\left(t_{i j}\right)+\beta_{1}\left(t_{i j}\right) X_{i j 1}+\beta_{2}\left(t_{i j}\right) X_{i j 2}\left(t_{i j}\right)+\beta_{3}\left(t_{i j}\right) X_{i j 3}\left(t_{i j}\right)+e_{i}+\varepsilon_{i j} . \tag{4.1}
\end{align*}
$$

We independently generate $X_{i j 1}, X_{i j 2}\left(t_{i j}\right), X_{i j 3}\left(t_{i j}\right), e_{i}$, and $\left(\epsilon_{i j}, \varepsilon_{i j}\right)^{T}$ as follows: $X_{i j 1} \sim \operatorname{Bernoulli}(0.5), 100 X_{i j 2}\left(t_{i j}\right)=a_{i}+\xi_{i j}, a_{i} \sim U(5,95), \xi_{i j} \sim U(-5,5)$, $100 X_{i j 3}\left(t_{i j}\right)=b_{i}+\varphi_{i j}, b_{i} \sim U(5,95), \varphi_{i j} \sim U(-5,5), t_{i j} \sim U(j+8, j+9)$, $e_{i} \sim N\left(0,6^{2}\right)$, and $\left(\epsilon_{i j}, \varepsilon_{i j}\right)^{T}$ are generated from the bivariate normal distribution with zero means, and $\operatorname{Var}\left(\epsilon_{i j}\right)=36, \operatorname{Var}\left(\varepsilon_{i j}\right)=64$, and $\operatorname{Cov}\left(\epsilon_{i j}, \varepsilon_{i j}\right)=14$. In addition, the coefficients are set as $\alpha_{0}(t)=72+3 t-0.07 t^{2}, \alpha_{1}(t)=-0.1+$ $0.06 t, \alpha_{2}(t)=-3+1.3 t-0.03 t^{2}, \alpha_{3}(t)=4+1.1 \cos (\pi t / 6)-0.3 \sin (\pi t / 6)$, $\beta_{0}(t)=15+5.27 t-0.15 t^{2}, \beta_{1}(t)=1-0.1 t+0.007 t^{2}, \beta_{2}(t)=23-3 t+0.11 t^{2}$, $\beta_{3}(t)=3+0.85 \cos (\pi t / 6)-0.42 \sin (\pi t / 6)$.

Note that $Y_{i j 1}, Y_{i j 2} X_{i j 1}, X_{i j 2}$, and $X_{i j 3}$ approximate the SBP, DBP, race, BMI, and height percentiles, respectively, in the NGHS data, and the coefficients are set based on the estimates obtained from fitting models (4.1) and (4.2) to the NGHS data. The within-subject correlation is imposed by using subject errors
$e_{i}$, and the correlation between the bivariate response variables is considered by using bivariate normal errors $\left(\epsilon_{i j}, \varepsilon_{i j}\right)$. Note that the conditional distribution $\left(Y_{1}(v), Y_{2}(v) \mid Z(u)\right)$ is not appropriate for generating ordinary longitudinal data $\left(X(t), Y_{1}(t), Y_{2}(t)\right)$ that are measured concurrently.

For 1,000 simulation replicates, we estimate the same RPP in (3.1) considered in the NGHS data analysis:

$$
1-\operatorname{RPP}\left\{\left(-\infty, Q_{.95}\left\{Y_{1}(18)\right\}\right),\left(-\infty, Q_{.95}\left\{Y_{2}(18)\right\}\right) \mid Z(10)=z(10)\right\}
$$

where $z(10)=\left(x_{1}, x_{2}(10), x_{3}(10), y_{1}(10), y_{2}(10)\right)$. We evaluate the performance of the proposed method by computing the RPP for $x_{1}=0,1, x_{2}(10)=0.05, \ldots$, 0.95 , and $x_{3}(10)=0.5$, with $\left(y_{1}(10), y_{2}(10)\right)=\left(Q_{0.5}\left\{Y_{1}(10)\right\}, Q_{0.5}\left\{Y_{2}(10)\right\}\right)$. Because the quantiles of $\left(y_{1}(t), y_{2}(t)\right)$ are unknown, they are estimated in the same manner as in the NGHS data analysis using subjects whose age lies in $[t-0.5, t+0.5)$. For the estimation of the RPP given $z(10)$, we use stratified quantile regression models with both orders of the bivariate response variables and a random sample of 1,000 .

Note that it is infeasible to obtain the true value of the RPP because the data are generated based on models (4.1)-4.2), while the stratified quantile regression models (2.4)-2.5) are considered to obtain the RPP. Alternatively, we can generate a sufficiently large number of subjects (e.g., $n=1,000,000$ ), and evaluate the true RPP without imposing any structure between the bivariate response variable at time 18 and the predictors at time 10.

Figure 3 displays the unstructured RPP curves and the average, $2.5 \%$ percentiles, and $97.5 \%$ percentiles of the estimated RPP curves. The figure shows that the average of the estimated RPP curves by the proposed method is quite close to the unstructured RPP curves. Moreover, the variation of the estimated RPP curves is reasonably small, even though a smaller longitudinal data sample is used relative to the NGHS data. Therefore, these simulation results validate that the proposed estimator of the RPP is consistent, and that the estimated RPPs for analyzing the NGHS data are reliable.

## 5. Discussion

The proposed statistical methodology and its application to the NGHS data provide a useful exploratory tool for evaluating dynamic relationships using multivariate longitudinal data. We propose using the RPP and its functional as a natural and direct means to quantify past information on the likelihood of future health status and disease risks. The dynamic quantile regressions presented in


Figure 3. The solid lines are the averages of the estimated RPP curves; the dashed lines are the pointwise $2.5 \%$ and $97.5 \%$ percentiles of the estimated RPP curves; the dotted lines are the structured RPP curves.

Section 2 lead to a class of novel and flexible structured nonparametric models for computing the RPP and its functional. This conditional quantile-based approach can be applied to a wide range of biomedical studies aiming to discover which factors have a significant influence on future disease risks. In practice, statistical estimates and inferences of the RPP and its functional can be used to identify individuals who are more likely than the general population to develop unfavorable disease risks.

In some situations, it is possible to consider a "risk score" that combines several risk factors into a single univariate outcome variable. For example, one of the cardiovascular disease risk factors evaluated in Redheuil et al. (2014) is the mean
brachial blood pressure ( MBP ), which is defined as $(2 \mathrm{DBP}+\mathrm{SBP}) / 3$. However, as discussed in Redheuil et al. (2014), the MBP is only one of many risk factors investigated in cardiovascular studies, and is by no means a unique substitute for the bivariate (SBP, DBP). In their NGHS analysis of hypertension in adolescent girls, Obarzanek et al. (2010) discuss the clinical implications of abnormal levels of blood pressure using joint distributions of (SBP, DBP) conditional on age, height, BMI, and other covariates.

The RPP and the conditional quantile models proposed in this paper differ from the conditional distribution-based "rank-tracking probabilities" (RTP) in the literature (e.g., Wu and Tian (2013ab) in three important aspects. First, our RPP and conditional quantile models allow for longitudinal data with bivariate outcome variables, while the RTP-based methods can only be applied to univariate outcomes. Second, unlike the RTP, our RPP defined at any time points $u<v$ allows for any given outcome and covariate values at the previous time $u$, while the RTP requires that the outcome at $u$ belongs to some prespecified set of "events." Third, our conditional quantile regression models allow for dynamic dependence of outcomes and covariates at both time points $u<v$. In contrast, the currently available conditional distribution-based models for RTP do not allow the outcomes and covariates to appear simultaneously at both time points. These three unique features enable our conditional quantile based RPP and its functional to be more generally applied than the RTP-based methods in the literature.

Compared with the nonparametric estimation methods for conditional-based models (Wu and Tian (2013a|b)), the proposed simulation and kernel smoothing estimation procedure appears to be unique because of the inclusion of the simulation step. This step is appropriate and essential, because the current modeling framework is based on the conditional quantiles. The application to the NGHS data suggests that our proposed models and estimation methods lead to clinical conclusions that are consistent with the findings observed in the literature. The statistical properties established by the simulation study and the asymptotic development suggest that our simulation and kernel smoothing-based estimation methods lead to consistent results.

Because the proposed estimation of the conditional distribution of the bivariate outcomes involves a two-dimensional kernel estimation, a sufficient number of observations is required to obtain reliable estimation results. In order to check how sensitive the estimation of the RPP is to the sample size, we perform the simulation studies with the number of subjects $n=1,000$, which is substantially smaller than the NHGS data $(n=2,376)$. The simulation results suggest that the
proposed estimator is reliable and consistent. We further note that restructuring longitudinal data helps to overcome the bidimensional problem by increasing the number of observations. When the response variables and the covariates are measured concurrently, the number of observations in the restructured longitudinal data is $n m(m-1) / 2$, where $m=m_{1}=\cdots=m_{n}$. This becomes much larger than the number of observations $n m$ in the original longitudinal data as $m$ increases.

## Appendix

## A. Appendix

Proof of Theorem 1. Let $u_{i j}=\left(t_{i j}-t_{1}\right) / b_{1}, v_{i j^{\prime}}=\left(t_{i j^{\prime}}-t_{2}\right) / b_{2}, K_{i j j^{\prime}}=K\left(u_{i j}\right)$ $K\left(v_{i j^{\prime}}\right)$,

Then we can write
$Y_{2, i j^{\prime}}-Z_{i j j^{\prime}}^{T} \theta-Z_{i j j^{\prime}}^{T}\left\{\theta^{*}\left(t_{i j}-t_{1}\right)+\theta^{\#}\left(t_{i j^{\prime}}-t_{2}\right)\right\}=\xi_{i j j^{\prime}}+d_{i j j^{\prime}}-J_{i j j^{\prime}}^{T} \Delta / \sqrt{N b_{1} b_{2}}$
where $d_{i j j^{\prime}}=Z_{i j j^{\prime}}^{T}\left\{\theta_{\tau}\left(t_{i j^{\prime}} \mid t_{i j}\right)-\theta_{\tau}\left(t_{2} \mid t_{1}\right)-\left(t_{i j}-t_{1}\right) \partial \theta_{\tau}\left(t_{2} \mid t_{1}\right) / \partial t_{1}-\left(t_{i j^{\prime}}-t_{2}\right)\right.$ $\left.\partial \theta_{\tau}\left(t_{2} \mid t_{1}\right) / \partial t_{2}\right\}$. Since $\left(\hat{\theta}_{\tau}\left(t_{2} \mid t_{1}\right), \hat{\theta}_{\tau}^{*}\left(t_{2} \mid t_{1}\right), \hat{\theta}_{\tau}^{\#}\left(t_{2} \mid t_{1}\right)\right)$ minimizes 2.8, the rescaled vector $\hat{\Delta}$ minimizes the re-parameterized function of $\Delta$ :

$$
\begin{aligned}
L(\Delta)= & \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}}\left\{\rho_{\tau}\left(\xi_{i j j^{\prime}}+d_{i j j^{\prime}}-\frac{J_{i j j^{\prime}}^{T} \Delta}{\sqrt{N b_{1} b_{2}}}\right)\right. \\
& \left.-\rho_{\tau}\left(\xi_{i j j^{\prime}}+J_{i j j^{\prime}}^{T} d_{i j j^{\prime}}\right)\right\} K_{i j j^{\prime} .}
\end{aligned}
$$

Write $\delta_{i j j^{\prime}}=J_{i j j^{\prime}}^{T}, \Delta / \sqrt{N b_{1} b_{2}}$. Applying Knight's identity $\rho_{\tau}(u-\theta)-\rho_{\tau}(u)=$ $-\theta\left(\tau-\mathbf{1}_{u<0}\right)+\int_{0}^{\theta}\left(\mathbf{1}_{u \leq s}-\mathbf{1}_{u \leq 0}\right) d s$, we can write $\mathcal{L}(\Delta)=-A_{n} \Delta+I_{n}$, where

$$
A_{n}=\frac{1}{\sqrt{N b_{1} b_{2}}} \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}}\left(\tau-\mathbf{1}_{d_{i j j^{\prime}}+\xi_{i j j^{\prime}}<0}\right) K_{i j j^{\prime}} J_{i j j^{\prime}}^{T},
$$

$$
I_{n}=\sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}} K_{i j j^{\prime}} \eta_{i j j^{\prime}}, \quad \eta_{i j j^{\prime}}=\int_{0}^{\delta_{i j j^{\prime}}}\left(\mathbf{1}_{d_{i j j^{\prime}}+\xi_{i j j^{\prime}} \leq s}-\mathbf{1}_{d_{i j j^{\prime}}+\xi_{i j j^{\prime}} \leq 0}\right) d s
$$

Consider $I_{n}$. Since $K$ has bounded support, it suffices to consider $\mid t_{i j}-$ $t_{1} \mid=O\left(b_{1}\right)$ and $\left|t_{i j^{\prime}}-t_{2}\right|=O\left(b_{2}\right)$. By Condition 1, $\left|\delta_{i j j^{\prime}}\right|=O_{p}\left\{\left(N b_{1} b_{2}\right)^{-1 / 2}\right\}$ and $\left|d_{i j j^{\prime}}\right|=O_{p}\left(b_{1}^{2}+b_{2}^{2}\right)$. Since $\left|\eta_{i j j^{\prime}}\right| \leq\left|\delta_{i j j^{\prime}}\right| \mathbf{1}_{-\left|\delta_{i j j^{\prime}}\right| \leq \xi_{i j j^{\prime}}+d_{i j j^{\prime}} \leq\left|\delta_{i j^{\prime}}\right|}$, we have $\mathbb{E}\left(K_{i j j^{\prime}}^{2} \eta_{i j j^{\prime}}^{2}\right)=O\left(\rho_{n} / N\right)$, where $\rho_{n}=1 / \sqrt{N b_{1} b_{2}}+b_{1}^{2}+b_{2}^{2}$. By the Cauchy-Schwarz inequality, we have

$$
\begin{align*}
\operatorname{var}\left(I_{n}\right) & =\sum_{i=1}^{n} \operatorname{var}\left(\sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}} K_{i j j^{\prime}} \eta_{i j j^{\prime}}\right)  \tag{A.1}\\
& \leq \sum_{i=1}^{n}\left[\frac{m_{i}\left(m_{i}-1\right)}{2} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}} \mathbb{E}\left(K_{i j j^{\prime}}^{2} \eta_{i j j^{\prime}}^{2}\right)\right] \\
& =O\left(\sum_{i=1}^{n} \frac{m_{i}^{4} \rho_{n}}{N}\right)=O\left\{\sum_{i=1}^{n} m_{i}^{4}\left(\frac{1}{\sqrt{N^{3} b_{1} b_{2}}}+\frac{b_{1}^{2}+b_{2}^{2}}{N}\right)\right\} \rightarrow 0 \tag{A.2}
\end{align*}
$$

in view of Condition 2. By $d_{i j j^{\prime}}=O_{p}\left(b_{1}^{2}+b_{2}^{2}\right)$ and simple Taylor's expansion,

$$
\begin{equation*}
\mathbb{E}\left(\eta_{i j j^{\prime}} \mid Z_{i j}, t_{i j}, t_{i j^{\prime}}\right)=\int_{0}^{\delta_{i j j^{\prime}}}\left[F_{\xi}\left(s-d_{i j j^{\prime}}\right)-F_{\xi}\left(-d_{i j j^{\prime}}\right)\right] d s \asymp \delta_{i j j^{\prime}}^{2} \frac{f_{\xi}(0)}{2}, \tag{A.3}
\end{equation*}
$$

uniformly for all $\left(i, j, j^{\prime}\right)$. Recall $\Gamma_{Z}\left(t_{1}, t_{2}\right)=\mathbb{E}\left[Z\left(t_{1}, t_{2}\right) Z\left(t_{1}, t_{2}\right)^{T}\right]$. Note that

$$
\begin{equation*}
\sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}} \mathbb{E}\left(K_{i j j^{\prime}} \delta_{i j j^{\prime}}^{2}\right) \rightarrow p\left(t_{1}, t_{2}\right) \Delta^{T} \Omega\left(t_{1}, t_{2}\right) \Delta \tag{A.4}
\end{equation*}
$$

where $\Omega\left(t_{1}, t_{2}\right)=\operatorname{diag}\left\{\Gamma_{Z}\left(t_{1}, t_{2}\right), \mu_{K} \Gamma_{Z}\left(t_{1}, t_{2}\right), \mu_{K} \Gamma_{Z}\left(t_{1}, t_{2}\right)\right\}$ is a block diagonal matrix. By A.2-A.4, we have the convergence in probability:

$$
\begin{aligned}
I_{n}=\mathbb{E}\left(I_{n}\right)+o_{p}(1) & =\sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}} \mathbb{E}\left[K_{i j j^{\prime}} \mathbb{E}\left(\eta_{i j j^{\prime}} \mid Z_{i j}, t_{i j}, t_{i j^{\prime}}\right)\right]+o_{p}(1) \\
& \rightarrow \frac{f_{\xi}(0)}{2} p\left(t_{1}, t_{2}\right) \Delta^{T} \Omega\left(t_{1}, t_{2}\right) \Delta .
\end{aligned}
$$

Recall $\hat{\Delta}=\operatorname{argmin}_{\Delta} \mathcal{L}(\Delta)$. By the quadratic approximation and convexity lemma,

$$
\hat{\Delta}=\underset{\Delta}{\operatorname{argmin}}\left\{-A_{n} \Delta+\frac{f_{\xi}(0)}{2} p\left(t_{1}, t_{2}\right) \Delta^{T} \Omega\left(t_{1}, t_{2}\right) \Delta\right\}+o_{p}(1)
$$

$$
=\frac{\Omega\left(t_{1}, t_{2}\right)^{-1} A_{n}^{T}}{p\left(t_{1}, t_{2}\right) f_{\xi}(0)}+o_{p}(1) .
$$

For the $\hat{\theta}$ components of $\hat{\Delta}$, we have

$$
\begin{align*}
\hat{\theta}_{\tau}\left(t_{2} \mid t_{1}\right)-\theta_{\tau}\left(t_{2} \mid t_{1}\right)= & \frac{\Gamma_{Z}^{-1}\left(t_{1}, t_{2}\right)}{p\left(t_{1}, t_{2}\right) f_{\xi}(0)} \frac{1}{N b_{1} b_{2}} \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}}\left(\tau-\mathbf{1}_{\xi_{i j j^{\prime}}<0}+\zeta_{i j j^{\prime}}\right) \\
& K_{i j j^{\prime}} Z_{i j}+o_{p}\left[\left(N b_{1} b_{2}\right)^{-1 / 2}\right] \tag{A.5}
\end{align*}
$$

where $\zeta_{i j j^{\prime}}=\mathbf{1}_{\xi_{i j j^{\prime}}<0}-\mathbf{1}_{d_{i j j^{\prime}}+\xi_{i j j^{\prime}}<0}$. Let $R_{n}=\left(N b_{1} b_{2}\right)^{-1} \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}}$ $\zeta_{i j j^{\prime}} K_{i j j^{\prime}} Z_{i j}$. By the arguments in A.2 A.3) and Taylor's expansion $d_{i j j^{\prime}}=$ $\left\{b_{1}^{2} u_{i j}^{2} \partial^{2} \theta_{\tau}\left(t_{2} \mid t_{1}\right) / \partial t_{1}^{2}+b_{2}^{2} v_{i j^{\prime}}^{2} \partial^{2} \theta_{\tau}\left(t_{2} \mid t_{1}\right) / \partial t_{2}^{2}+b_{1} b_{2} u_{i j} v_{i j^{\prime}} \partial^{2} \theta_{\tau}\left(t_{2} \mid t_{1}\right) /\left(\partial t_{1} \partial t_{2}\right)\right\} / 2+$ $O\left(b_{1}^{3}+b_{2}^{3}\right)$,

$$
\begin{align*}
\mathbb{E}\left(R_{n}\right) & =\frac{1}{N b_{1} b_{2}} \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}} \mathbb{E}\left\{K_{i j j^{\prime}} Z_{i j} \mathbb{E}\left(\zeta_{i j j^{\prime}} \mid Z_{i j}, t_{i j}, t_{i j^{\prime}}\right)\right\} \\
& =\frac{p\left(t_{1}, t_{2}\right) f_{\xi}(0) \mu_{K}}{2} \Gamma_{Z}\left(t_{1}, t_{2}\right)\left(\frac{\partial^{2} \theta_{\tau}\left(t_{2} \mid t_{1}\right)}{\partial t_{1}^{2}} b_{1}^{2}+\frac{\partial^{2} \theta_{\tau}\left(t_{2} \mid t_{1}\right)}{\partial t_{2}^{2}} b_{2}^{2}\right)+o\left(b_{1}^{3}+b_{2}^{3}\right), \tag{A.6}
\end{align*}
$$

and $\operatorname{var}\left(R_{n}\right)=o\left\{\left(N b_{1} b_{2}\right)^{-1 / 2}\right\}$. Note that $b_{1}^{3}+b_{2}^{3}=o\left\{\left(N b_{1} b_{2}\right)^{-1 / 2}\right\}$. Thus, by (A.5) A.6),

$$
\begin{align*}
& \sqrt{N b}\left\{\hat{\theta}_{\tau}\left(t_{2} \mid t_{1}\right)-\theta_{\tau}\left(t_{2} \mid t_{1}\right)-\frac{\mu_{K}}{2}\left(\frac{\partial^{2} \theta_{\tau}\left(t_{2} \mid t_{1}\right)}{\partial t_{1}^{2}} b_{1}^{2}+\frac{\partial^{2} \theta_{\tau}\left(t_{2} \mid t_{1}\right)}{\partial t_{2}^{2}} b_{2}^{2}\right)\right\} \\
& =\frac{\Gamma_{X}^{-1}\left(t_{1}, t_{2}\right)}{p\left(t_{1}, t_{2}\right) f_{\xi}(0)} \frac{1}{\sqrt{N b_{1} b_{2}}} \sum_{i=1}^{n} \varrho_{i}+o_{p}(1) \tag{A.7}
\end{align*}
$$

where $\varrho_{i}=\sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}} \varrho_{i j j^{\prime}}$ with $\varrho_{i j j^{\prime}}=\left[\tau-\mathbf{1}_{\xi_{i j j^{\prime}}<0}\right] K_{i j j^{\prime}} Z_{i j}$. Note that $\mathbb{E}\left(\varrho_{i j j^{\prime}} \varrho_{i \ell \ell^{\prime}}^{T}\right)=O\left(b_{1}^{2} b_{2}^{2}\right)$ for $j \neq \ell$ and $j^{\prime} \neq \ell^{\prime}, \mathbb{E}\left(\varrho_{i j j^{\prime}} \varrho_{i \ell \ell^{\prime}}^{T}\right)=O\left(b_{1} b_{2}^{2}\right)$ for $j=\ell$ and $j^{\prime} \neq \ell^{\prime}$, and $\mathbb{E}\left(\varrho_{i j j^{\prime}} \varrho_{i \ell \ell^{\prime}}^{T}\right)=O\left(b_{1}^{2} b_{2}\right)$ for $j \neq \ell$ and $j^{\prime}=\ell^{\prime}$. Thus,

$$
\begin{aligned}
\operatorname{var}\left(\frac{1}{\sqrt{N b_{1} b_{2}}} \sum_{i=1}^{n} \varrho_{i}\right)= & \frac{1}{N b_{1} b_{2}} \sum_{i=1}^{n} \sum_{j=1}^{m_{i}-1} \sum_{j^{\prime}=j+1}^{m_{i}} \mathbb{E}\left\{\left[\tau-\mathbf{1}_{\xi_{i j j^{\prime}}<0}\right]^{2} K_{i j j^{\prime}}^{2} Z_{i j} Z_{i j}^{T}\right\} \\
& +\frac{1}{N b_{1} b_{2}} \sum_{i=1}^{n} O\left(m_{i}^{3} b_{1}^{2} b_{2}\right)+\frac{1}{N b_{1} b_{2}} \sum_{i=1}^{n} O\left(m_{i}^{3} b_{1} b_{2}^{2}\right) \\
& +\frac{1}{N b_{1} b_{2}} \sum_{i=1}^{n} O\left(m_{i}^{4} b_{1}^{2} b_{2}^{2}\right)
\end{aligned}
$$

$$
\begin{equation*}
\rightarrow \tau(1-\tau) p\left(t_{1}, t_{2}\right) \varphi_{K}^{2} \Gamma_{Z}\left(t_{1}, t_{2}\right) \tag{A.8}
\end{equation*}
$$

The desired result then easily follows from A.7) and the independence of $\varrho_{1}, \ldots$, $\varrho_{n}$.

## References

Barter, P., Gotto, A. M., LaRosa, J. C., Maroni, J., Szarek, M., Grundy, S. M. et al. (2007). HDL cholesterol, very low levels of LDL cholesterol, and cardiovascular events. New England Journal of Medicine 357, 1301-1310.
Cho, H. (2016). The analysis of multivariate longitudinal data using multivariate marginal models. Journal of Multivariate Analysis 143, 481-491.
Cho, H., Hong H. G. and Kim, M. O. (2016). Efficient quantile marginal regression for longitudinal data with dropouts. Biostatistics 17, 561-575.
Chobanian, A. A. V., Bakris, G. L., Black, H. R., Cushman, W. C., Green, L. A., Izzo, J. L. et al. (2003). Seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure. Hypertension 42, 1206-1252.
Chaganty, N. R. and Naik, D. N. (2002). Analysis of multivariate longitudinal data using quasileast squares. Journal of Statistical Planning and Inference 103, 421-436.
Fieuws, S. and Verbeke, G. (2006). Pairwise fitting of mixed models for the joint modeling of multivariate longitudinal profiles. Biometrics 62, 424-431.
Flynn, J. T., Kaelber, D. C., Baker-Smith, C. M., et al. (2017). Clinical practice guideline for screening and management of high blood pressure in children and adolescents. Pediatrics 140, e20171904.
Ghosh, P., Branco, M. D. and Chakraborty, H. (2007). Bivariate random effect model using skew-normal distribution with application to HIV-RNA. Statistics in Medicine 26, 12551267.

Hoover, D. R., Rice, J. A., Wu, C. O. and Yang, L. P. (1998). Nonparametric smoothing estimates of time-varying coefficient models with longitudinal data. Biometrika 85, 809822.

Kavey, R. E. W., Daniels, S. R., Lauer, R. M., Atkins, D. L., Hayman, L. L. and Taubert, K. (2003). American heart association guidelines for primary prevention of atheroclerotic cardiovascular disease beginning in childhood. Circulation 107, 1562-1566.
Kim, C. and Zimmerman, D. L. (2012). Unconstrained models for the covariance structure of multivariate longitudinal data. Journal of Multivariate Analysis 107, 104-118.
Kim, M. O. and Yang, Y. (2011). Semiparametric approach to a random effects quantile regression model. Journal of the American Statistical Association 106, 1405-1417.
Kohlia, P., Garcia, T. P. and Pourahmadi, M. (2016). Modeling the Cholesky factors of covariance matrices of multivariate longitudinal data. Journal of Multivariate Analysis 145, 87-100.
Kürüm, E., Hugues, J., Li, R. and Shiffman, S. (2018). Time-varying copula models for longitudinal data. Statistics and Its Interface 11, 203-221.
Kwak, M. (2017a). Estimation and inference on the joint conditional distribution for bivariate longitudinal data using Gaussian copula. Journal of the Korean Statistical Society 46, 349-364.
Kwak, M. (2017b). Estimation and inference of the joint conditional distribution for multivariate
longitudinal data using nonparametric copulas. Journal of Nonparametric Statistics 29, 491-514.
Obarzanek, E., Wu, C. O., Cutler, J. A., Kavey, R. W., Pearson, G. D. and Daniels, S. R. (2010). Prevalence and incidence of hypertension in adolescent girls. Journal of Pediatrics 157, 461-467.
Redheuil, A., Wu, C. O., Kachenoura, N., Ohyama, Y., Yan, R. T., Bertoni, A. G. et al. (2014). Proximal aortic distensibility is an independent predictor of all-cause mortality and incident cardiovascular events in the Multi-Ethnic Study of Atherosclerosis. Journal of American College of Cardiology 64, 261-2629.
Rice, J. A. and Silverman, B. W. (1991). Estimating the mean and covariance structure nonparametrically when the data are curves. Journal of the Royal Statistical Society, Series B (Methodological) 53, 233-243.
Rochon, J. (1996). Analyzing bivariate repeated measures for discrete and continuous outcome variables. Biometrics 52, 740-750.
Thiébaut, R., Jacqmin-Gadda, H., Chêne, G., Leport, C. and Commenges, D. (2002). Bivariate linear mixed models using SAS proc MIXED. Computer Methods and Programs in Biomedicine 69, 249-256.
Thiébaut, R., Jacqmin-Gadda, H., Babiker, A., Commenges, D. and the Cascade Collaboration (2005). Joint modelling of bivariate longitudinal data with informative dropout and leftcensoring, with application to the evolution of CD4+ cell count and HIV RNA viral load in response to treatment of HIV infection. Statistics in Medicine 24, 65-82.
Thompson, D. R., Obarzanek, E., Franko, D. L., Barton, B. A., Morrison, J., Biro, F. M. et al. (2007). Childhood overweight and cardiovascular disease risk factors: The National Heart, Lung, and Blood Institute Growth and Health Study. Journal of Pediatrics 150, 18-25.
Tian, X. and Wu, C. O. (2014). Estimation of rank-tracking probabilities using nonparametric mixed-effects models for longitudinal data. Statistics and Its Interface 7, 87-99.
Verbeke, G., Fieuws, S., Molenberghs, G. and Davidian M. (2014). The analysis of multivariate longitudinal data: A review. Statistical Method in Medical Research 23, 42-59.
Wei, Y. (2008). An approach to multivariate covariate-dependent quantile contours with application to bivariate conditional growth charts. Journal of the American Statistical Association 103, 397-409.
Wilsgaard, T., Jacobsen, B. K., Schirmer, H., Thune, I., Løchen, M.-L., Njølstad, I. et al. (2001). Tracking of cardiovascular risk factors: The Tromsø study, 1979-1995. American Journal of Epidemiology 154, 418-426.
Wu, C. O. and Tian, X. (2013a). Nonparametric estimation of conditional distributions and rank-tracking probabilities with time-varying transformation models in longitudinal studies. Journal of the American Statistical Association 108, 971-982.
Wu, C. O. and Tian, X. (2013b). Nonparametric estimation of conditional distributions and ranktracking probabilities with longitudinal data. Journal of Statistical Theory and Practice 7, 259-284.
Wu, C. O. and Tian, X. (2018). Nonparametric Models for Longitudinal Data: With Implementation in R. Chapman \& Hall/CRC Press, Boca Raton.
Wu, C. O., Tian, X. and Yu, J. (2010). Nonparametric estimation for time-varying transformation models with longitudinal data. Journal of Nonparametric Statistics 22, 133-147.
Xiang, D., Qiu, P. and Pu, X. (2013). Nonparametric regression analysis of multivariate longitudinal data. Statistica Sinica 23, 769-89.

Xu, J. and Mackenzie, G. (2012). Modeling covariance structure in bivariate marginal models for longitudinal data. Biometrika 99, 649-662.
Yu, K. and Jones, M. C. (1998). Local linear quantile regression. Journal of the American Statistical Association 93, 228-237.

Seonjin Kim<br>Department of Statistics, Miami University, Oxford, OH 45056, USA.<br>E-mail: kims20@miamioh.edu<br>Hyunkeun Ryan Cho<br>Department of Biostatistics, University of Iowa, Iowa City, IA 52242, USA.<br>E-mail: hyunkeun-cho@uiowa.edu<br>Colin Wu<br>Office of Biostatistics Research, National Heart, Lung and Blood Institute, Bethesda, MD 20892, USA.<br>E-mail: wuc@nhlbi.nih.gov

(Received September 2018; accepted October 2019)


[^0]:    Corresponding author: Hyunkeun Ryan Cho, Department of Biostatistics, University of Iowa, Iowa City, IA 52242, USA. E-mail: hyunkeun-cho@uiowa.edu

