

The mortality reduction patterns produced by cancer screening

James Hanley & Amy (Zhihui) Liu

Annual Meeting of Statistical Society of Canada
Edmonton

2013.05.29

Outline

Animations of the force of mortality - Turner & Hanley SSC 2009

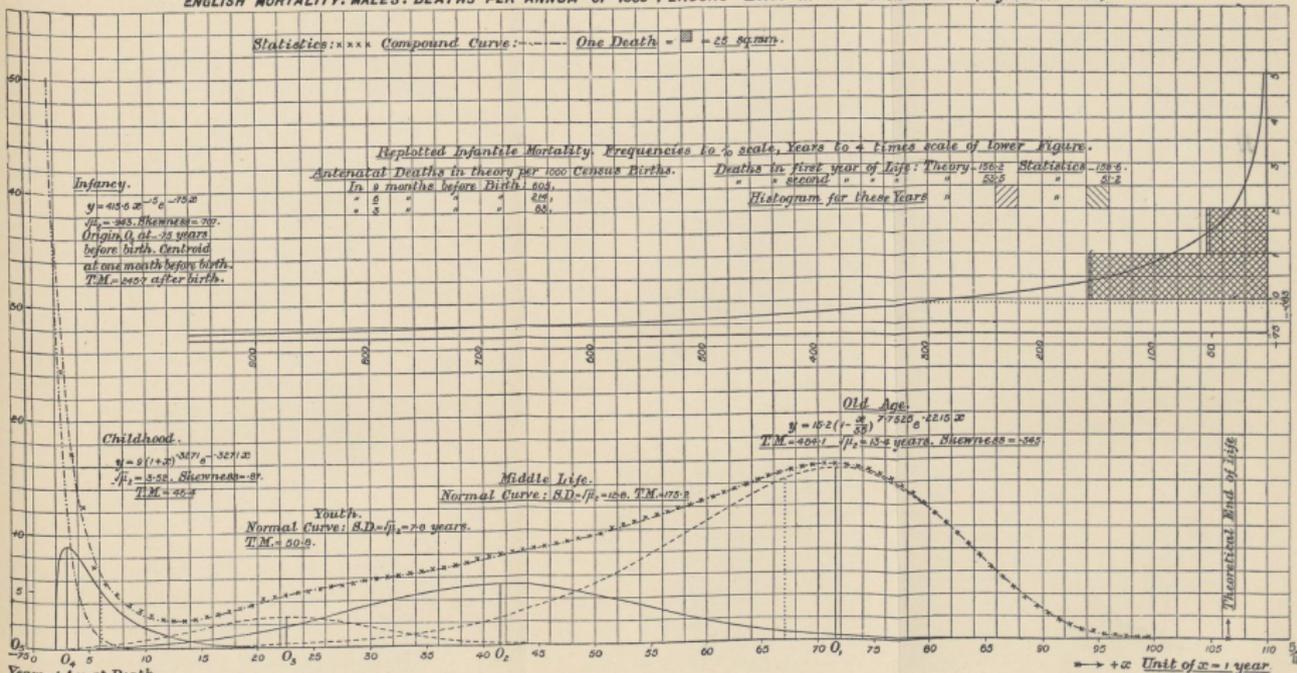
Models/simulations/animations to study mortality patterns in cancer screening - Liu SSC2012/2013

Pearson's fitted 5-component mixture for frequency distribution of age at death

PLATE IV.

ENGLISH MORTALITY. MALES. DEATHS PER ANNUM OF 1000 PERSONS BORN IN THE SAME YEAR. (Ogle: 1871-1880)

Statistics: x x x Compound Curve: - - - One Death = \square = 25 sq. mm.



Years of Age at Death. T.M. = Total Mortality. S.D. = Standard Deviation. μ_1 = Swing-Radius. Centroid Verticals: Axes of y: ———. Origins = O_1, O_2, O_3 , etc.

To face page 26.



Rendered by Karl Pearson's wife, Maria Sharpe Pearson.

21st century animation of Pearson's Bridge of Life

Mortality Reductions Produced by Cancer Screening Programs & Trials

What shape would the mortality reduction pattern take?

What shape would the mortality reduction pattern take?

Impact of a
hypothetical 20-year
screening program
measured...

What shape would the mortality reduction pattern take?

Impact of a
hypothetical 20-year
screening program
measured...

(a) in absolute
numbers of
cancer-specific deaths
averted

What shape would the mortality reduction pattern take?

Impact of a
hypothetical 20-year
screening program
measured...

(a) in absolute
numbers of
cancer-specific deaths
averted

(b) as rate (or hazard)
ratios (HR's) and as
percentage reductions.

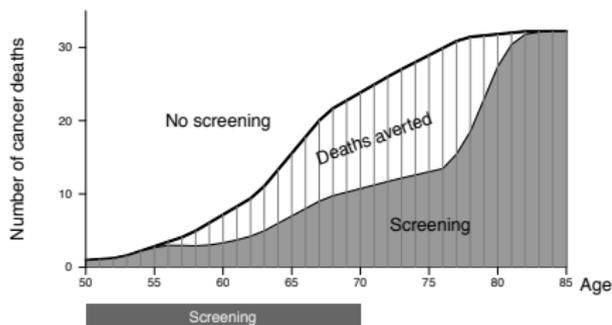
What shape would the mortality reduction pattern take?

Impact of a hypothetical 20-year screening program measured...

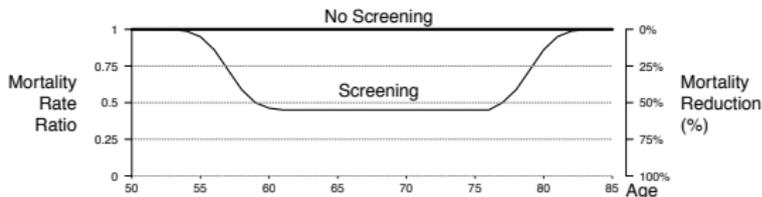
(a) in absolute numbers of cancer-specific deaths averted

(b) as rate (or hazard) ratios (HR's) and as percentage reductions.

(a) Yearly numbers of cancer deaths in a cohort of 50-year old individuals, without and with a 20-year screening program



(b) The corresponding cancer mortality rate ratio curve

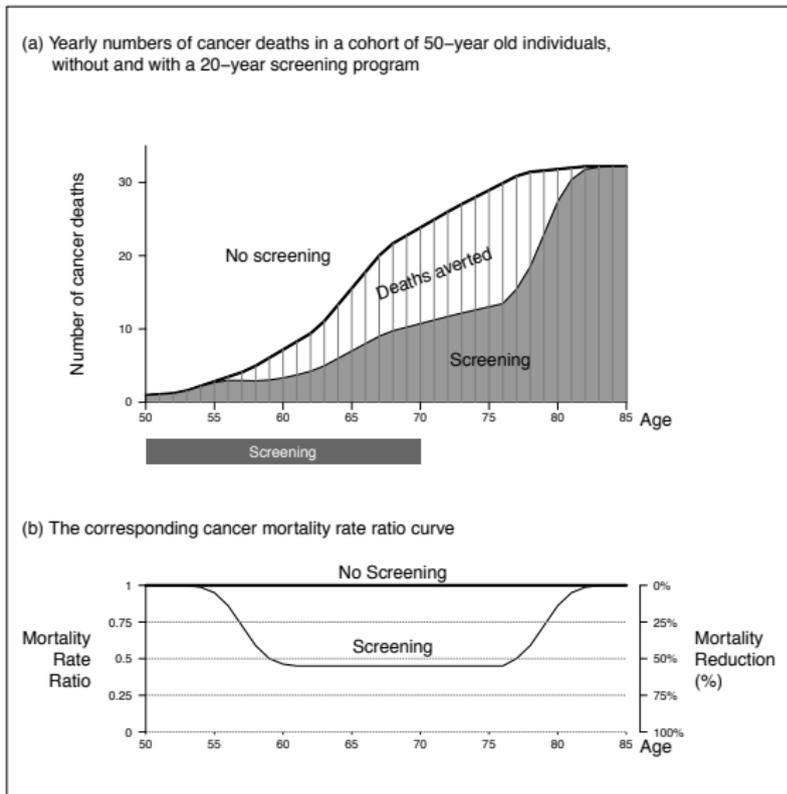


What shape would the mortality reduction pattern take?

Impact of a hypothetical 20-year screening program measured...

(a) in absolute numbers of cancer-specific deaths averted

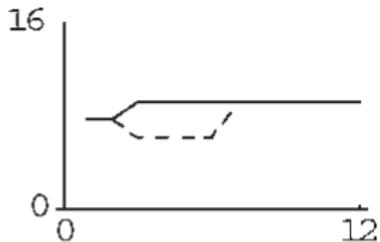
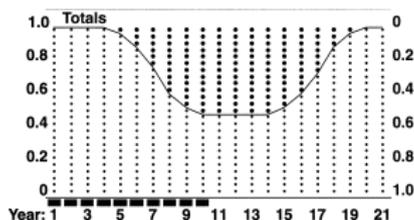
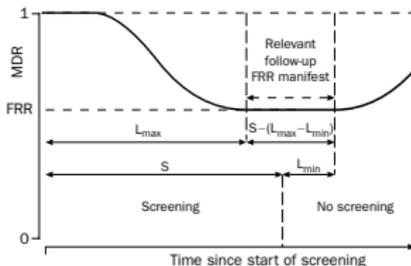
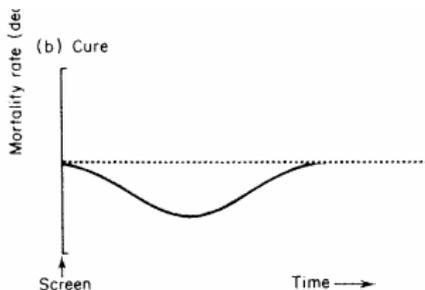
(b) as rate (or hazard) ratios (HR's) and as percentage reductions.



Delay (usually ignored in data-analysis) explained in later slides

Support for the bathtub shape of the HR function?

Support for the bathtub shape of the HR function?



(a) 1985 textbook (b) 2002 The Lancet (c) 2005 Epidemiology (d) 2008 J Med Screening

BUT... (a), (c), and (d) don't explain how bathtub shape arises

We explain it as a convolution of reductions produced by individual rounds

We explain it as a convolution of reductions produced by individual rounds

- Adopt simple model for reductions produced by **1 round**
- Can fit this model to observed data in trial(s)
- **What shape** should this parametric model take?

Simple model for how screening reduces mortality

Simple model for how screening reduces mortality

- focus on cancers that, screening absent, **proved to be fatal**
(they did so because they were detected/treated too late)

Simple model for how screening reduces mortality

- focus on cancers that, screening absent, **proved to be fatal**

(they did so because they were detected/treated too late)
- allow each fatal cancer to *have had* a **faster/slower** course

Simple model for how screening reduces mortality

- focus on cancers that, screening absent, **proved to be fatal**

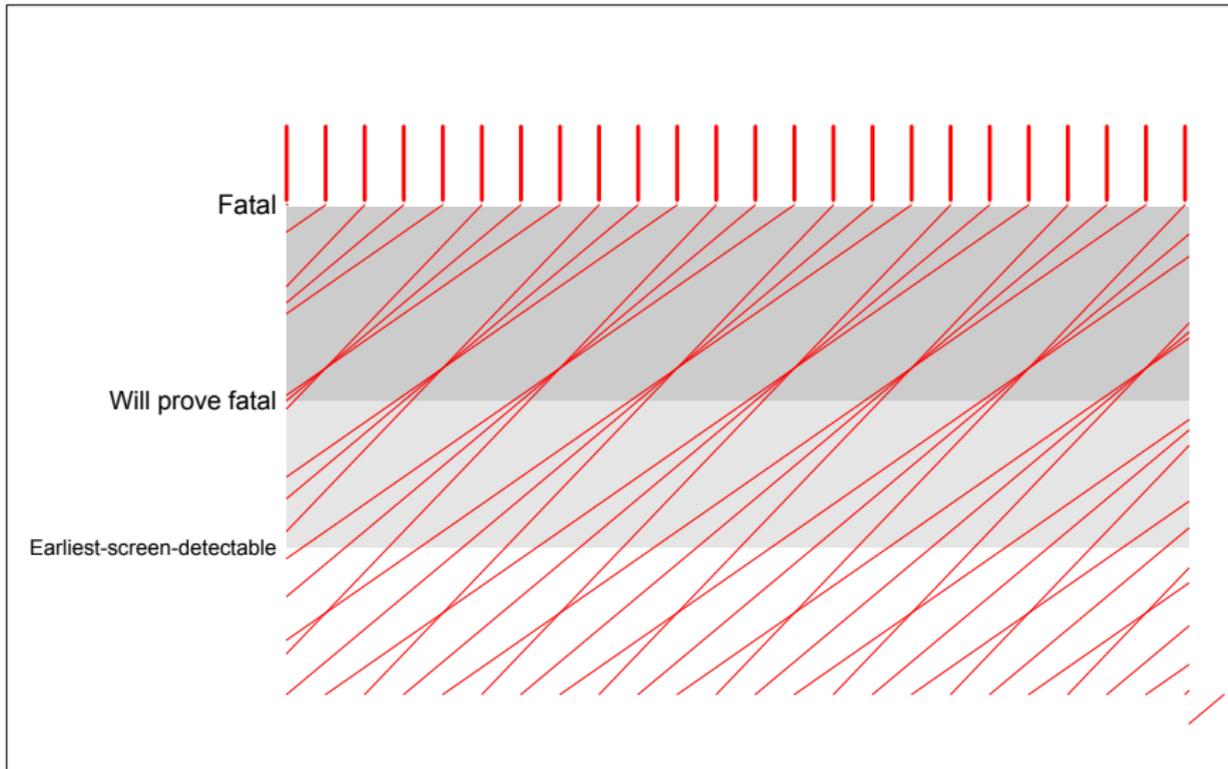
(they did so because they were detected/treated too late)
- allow each fatal cancer to *have had* a **faster/slower** course
- (possibly) alter their courses by **earlier** detection/treatment:

Simple model for how screening reduces mortality

- focus on cancers that, screening absent, **proved to be fatal**

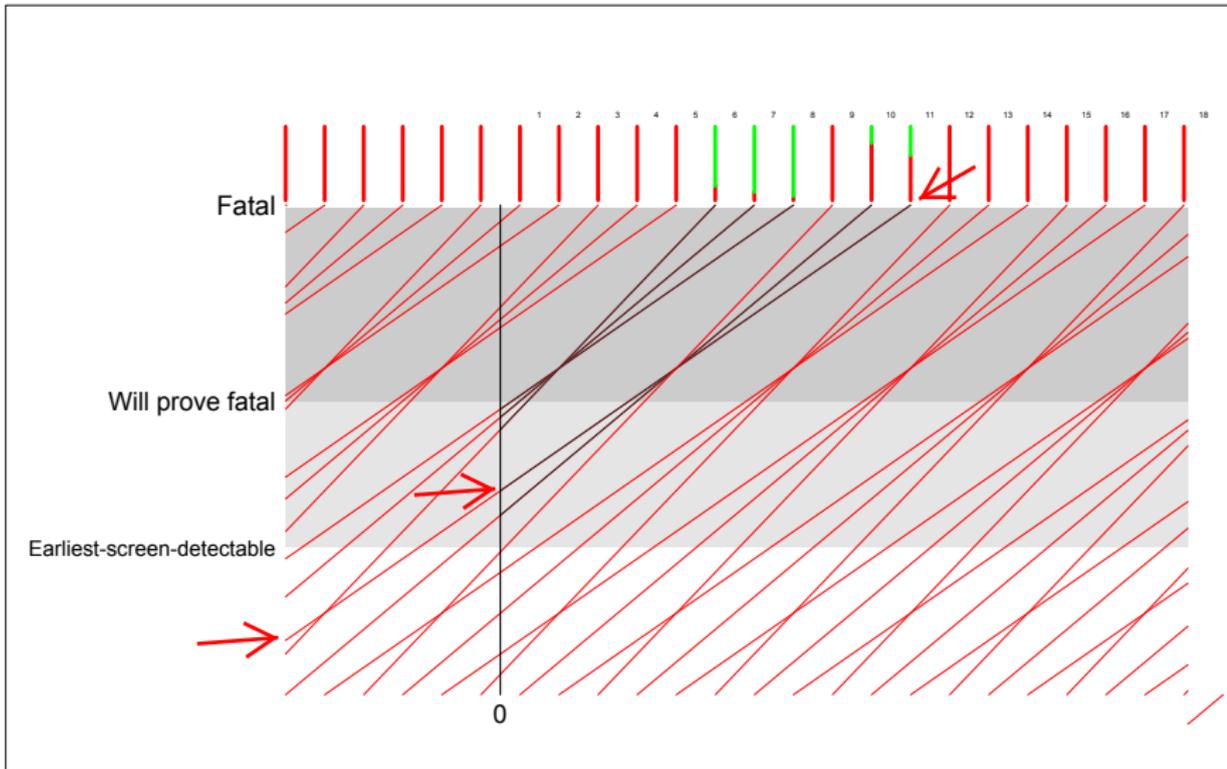
(they did so because they were detected/treated too late)
- allow each fatal cancer to *have had* a **faster/slower** course
- (possibly) alter their courses by **earlier** detection/treatment:
- posit latest date when still curable & earliest date detectable

3-speed model - no screening



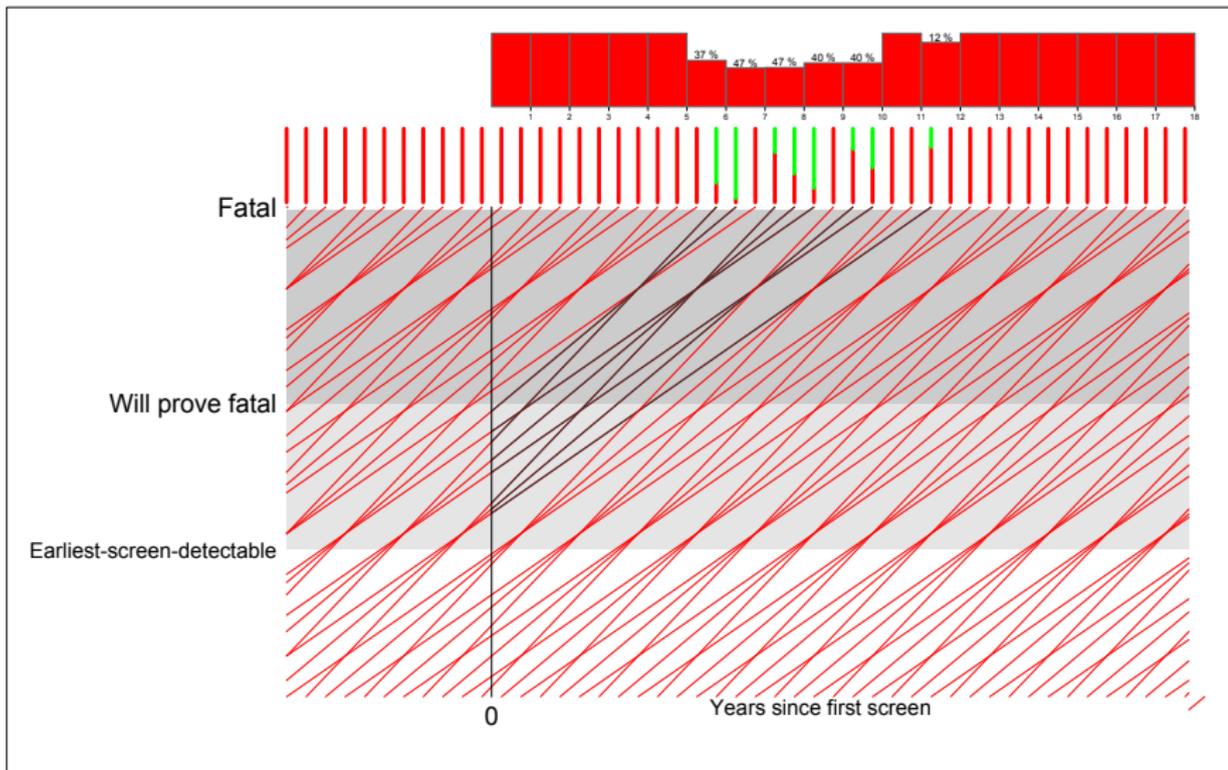
y-axis: 'stage'; x-axis: time ; diagonal line: progress of cancer

3-speed model - 1 round of screening



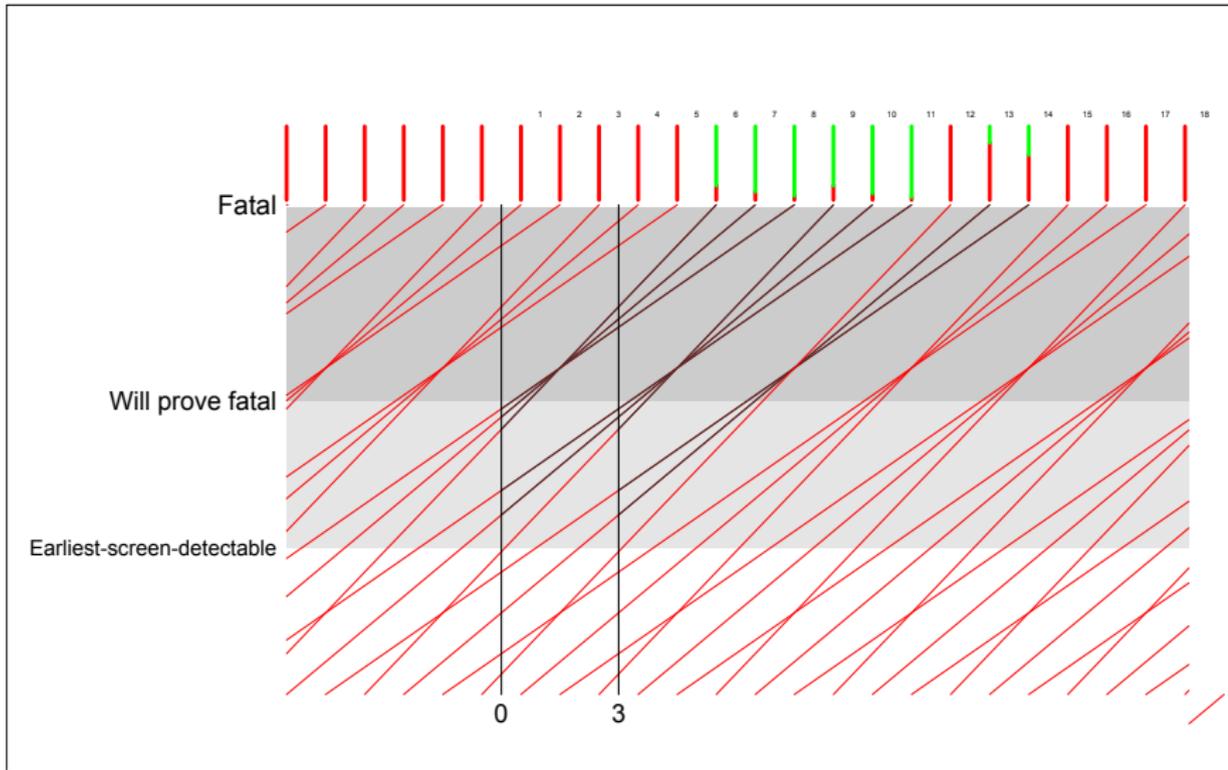
vertical line: 1 screen: diagonal line: progress possibility arrested; | probability

1 round of screening, smoother example



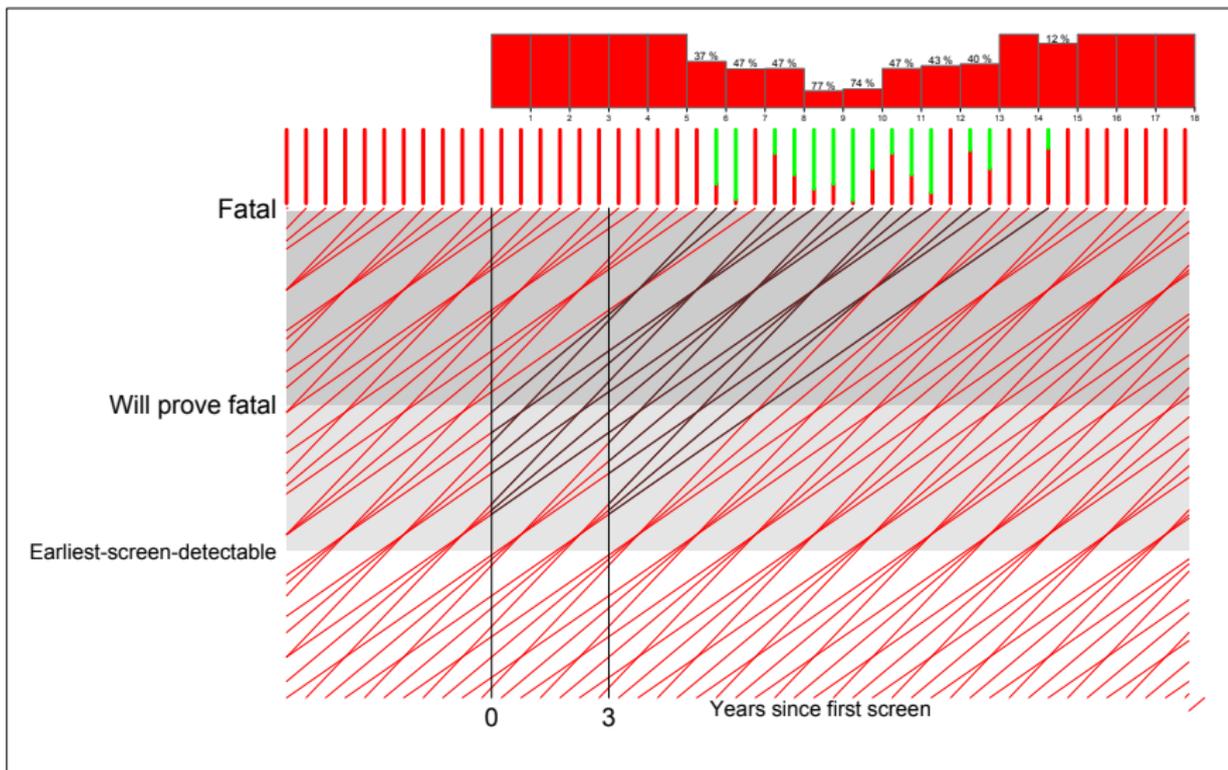
w.l.o.g. 2 'otherwise fatal' cancers/year; % \downarrow would apply whatever no./year

2 rounds of screening

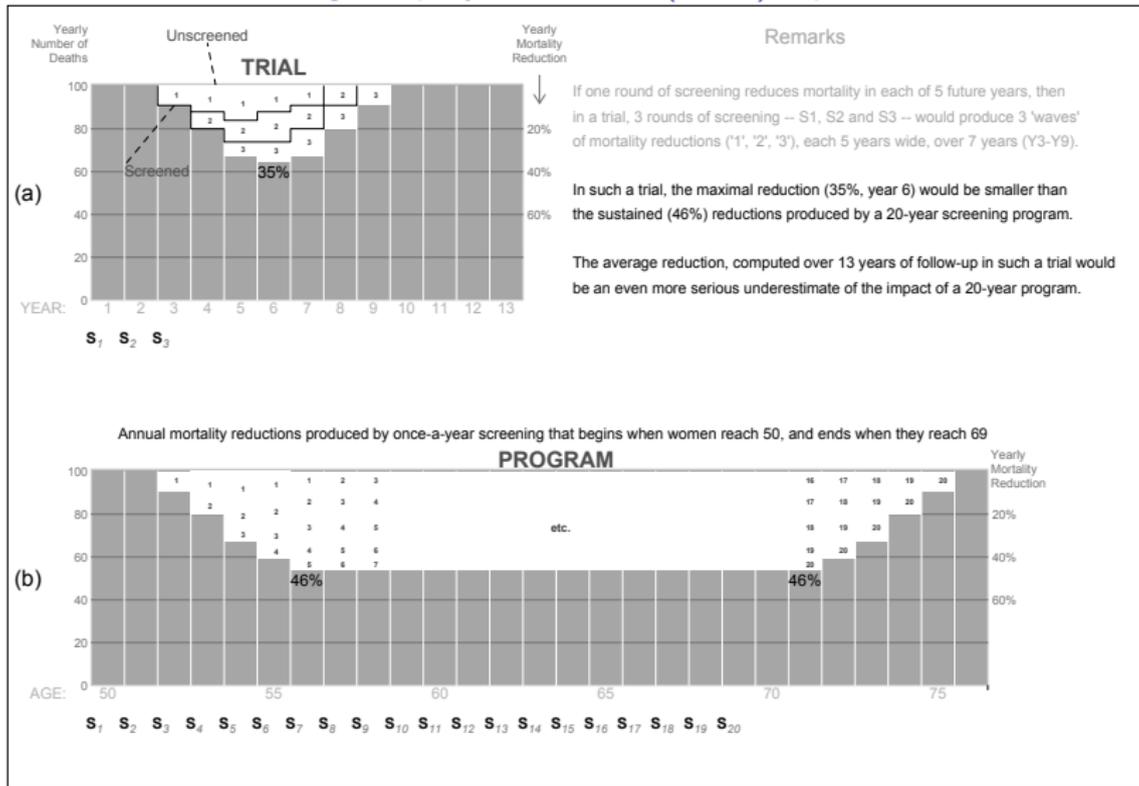


cancer has 2 chances to be detected & have its course altered;

2 rounds of screening, smoother example

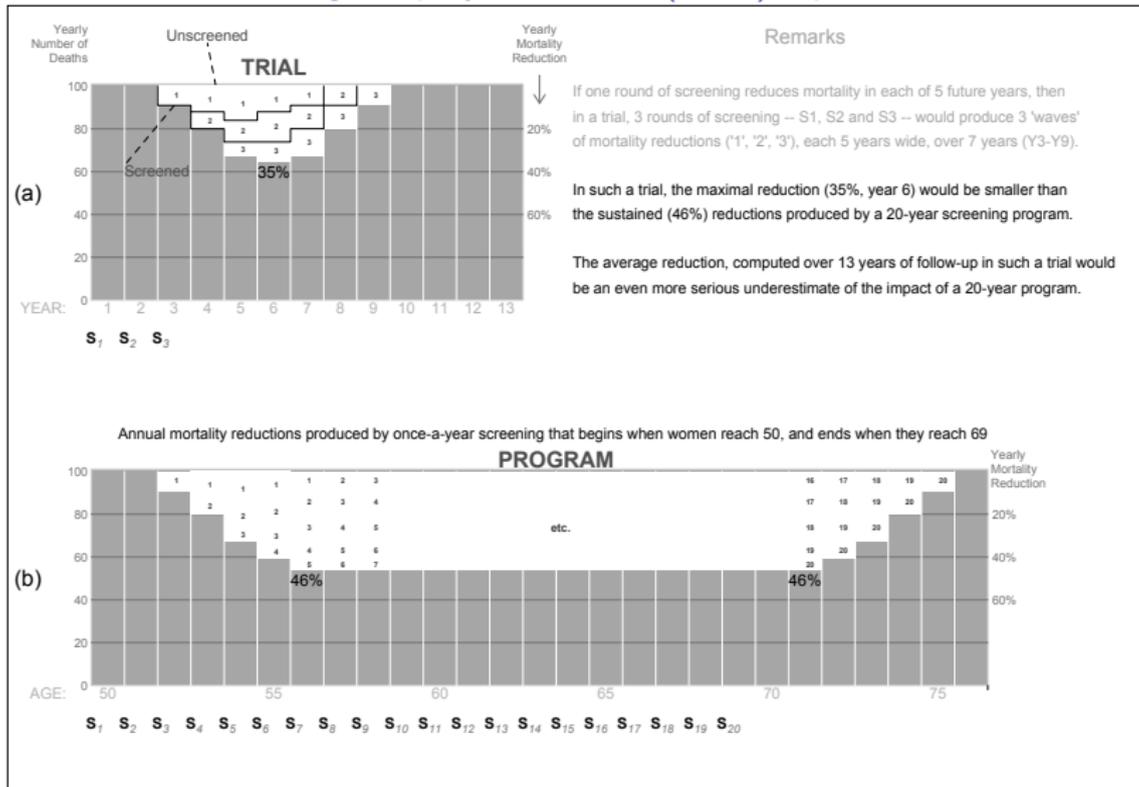


From Trial Data to Program projections, via (same) 3 parameters for each round



Trials do not reach the same 'asymptote' that programs would.

From Trial Data to Program projections, via (same) 3 parameters for each round



Trials do not reach the same 'asymptote' that programs would.

Use 3 parameters to model deficit due to each round & apply to any schedule.

Mortality reductions ('deficits') produced by cancer screening

Mortality reductions ('deficits') produced by cancer screening

Main points:

- They are **delayed** – and, in trials, **transient**

Mortality reductions ('deficits') produced by cancer screening

Main points:

- They are **delayed** – and, in trials, **transient**
- Hazards are definitely **non-proportional** (ratio NOT constant)

Mortality reductions ('deficits') produced by cancer screening

Main points:

- They are **delayed** – and, in trials, **transient**
- Hazards are definitely **non-proportional** (ratio NOT constant)
- **Time** needs to be a carefully considered and modelled

Mortality reductions ('deficits') produced by cancer screening

Main points:

- They are **delayed** – and, in trials, **transient**
- Hazards are definitely **non-proportional** (ratio NOT constant)
- **Time** needs to be a carefully considered and modelled
- **Graphics** (static/dynamic) help us model, and explain.