

Reference adjusted and standardized all-cause and crude probabilities as an alternative to net survival in population-based cancer studies

Paul C Lambert^{1,2}, Therese M-L Andersson², Mark J Rutherford^{1,3},
Tor Åge Myklebust^{4,5}, Bjørn Møller⁴

¹Biostatistics Research Group, Department of Health Sciences, University of Leicester, UK

²Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden

³International Agency for Research on Cancer, Lyon, France

⁴Department of Registration, Cancer Registry of Norway, Oslo, Norway.

⁵Department of Research and Innovation, Møre and Romsdal Hospital Trust, Ålesund, Norway

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 - ③ differences in the age distribution (and other demographic factors).
- We try to 'isolate' the mortality associated with the cancer and (age) standardize to ensure comparisons are 'fair'.

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So we estimate $h_c(t|\mathbf{Z}_i)$ without using cause of death information.

Excess mortality/Relative survival

Incorporate expected mortality rates

All-cause mortality = expected mortality + excess mortality

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$$\begin{array}{rclcl} \text{All-cause mortality} & = & \text{expected mortality} & + & \text{excess mortality} \\ h(t|Z_i) & = & h^*(t|Z_i) & + & \lambda(t|Z_i) \end{array}$$

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Transform to survival

$$S(t|Z_i) = S^*(t|Z_i)R(t|Z_i)$$

$$R(t|Z_i) = \frac{S(t|Z_i)}{S^*(t|Z_i)} \quad \text{hence 'relative survival'}$$

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- Estimand of interest is marginal relative survival.

$$R_m(t|\mathbf{Z}) = E_{\mathbf{Z}} [R(t|\mathbf{Z})]$$

- Expectation is over distribution of \mathbf{Z} .
- Estimated in a model setting by,

$$\bar{R}_m(t|\mathbf{Z}) = \frac{1}{N} \sum_{i=1}^N \hat{R}(t|\mathbf{Z}_i)$$

- Predict a survival curve for each of the N individuals and then average (see Syriopoulou et al. 2020 [1]).

Interpretation of relative/net survival

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- Interpretation as marginal net survival (under assumptions).

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Survival in the **hypothetical** situation where

- 1 it is not possible to die from causes other than the cancer.
 - 2 the age distribution was not as it is observed, but as that in a reference population.
- Many examples of the media, politicians, clinicians, patients and scientists interpreting incorrectly.
 - See Lambert *et al* 2015 [2], Pavlic and Pohar Perme 2018 [3].

Fair Comparisons?

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 - 2 Differences in other cause mortality rates.
- This is the reason we estimate net survival

Comparability

- When comparing two population groups the distribution of covariates \mathbf{Z} will be different.
- Compare $\bar{R}_m(t|\mathbf{X} = 1, \mathbf{Z}^1)$ and $\bar{R}_m(t|\mathbf{X} = 0, \mathbf{Z}^0)$

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Options

- 1 Use combined distribution of $X = 1$ and $X = 0$.
 - 2 Use covariate distribution when $X = 1$
 - 3 Use covariate distribution when $X = 0$
 - 4 Use external covariate distribution.
- (4) is the most common (for age), but I will come back to alternatives.

External weights

- Define a reference population with covariate distribution Z^{REF}
- We weight individuals relative to this reference population.
- If we do this in both groups (studies) then differences will not be due to differential Z

$$\bar{R}_m(t|Z^{REF}) = \frac{1}{N} \sum_{i=1}^N w_i \hat{R}(t|Z_i)$$

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- A common example of this is age-standardization.

Age Standardization

- Below of are the International Cancer Survival Standard (ICSS) age groups[4].

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Age	ICSS 1 ^a	ICSS 2 ^b	ICSS 3 ^c
15-44 years	0.07	0.28	0.60
45-54 years	0.12	0.17	0.10
55-64 years	0.23	0.21	0.10
65-74 years	0.29	0.20	0.10
75+ years	0.29	0.14	0.10

^a Lip, tongue, salivary glands, oral cavity, oropharynx, hypopharynx, head and neck, oesophagus, stomach, small intestine, colon, rectum, liver, biliary tract, pancreas, nasal cavities, larynx, lung, pleura, breast, corpus uteri, ovary, vagina and vulva, penis, bladder, kidney, choroid melanoma, non-Hodgkin lymphoma, multiple myeloma, chronic lymphatic leukaemia, acute myeloid leukaemia, chronic myeloid leukaemia, leukaemia, prostate

^b Nasopharynx, soft tissues, melanoma, cervix uteri, brain, thyroid gland, bone

^c Testis, Hodgkin lymphoma, acute lymphatic leukaemia

Obtaining weights

- w_i^s proportion in age group in reference population to which the i^{th} individual belongs.
- w_i^a proportion in the age group in the study population to which the i^{th} individual belongs.

$$w_i = \frac{w_i^s}{w_i^a}$$

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ageICSS	ICSSwt	w_a	wt
<45	0.280	0.274	1.020
45-54	0.170	0.164	1.039
55-64	0.210	0.222	0.944
65-74	0.200	0.216	0.926
75+	0.140	0.223	0.627

Example

- Men diagnosed in England with Melanoma.
- Compare 5 deprivation groups derived using national quintiles of the income domain of the area of patients' residence at diagnosis.
- Simplify here to comparison of most deprived vs least deprived.

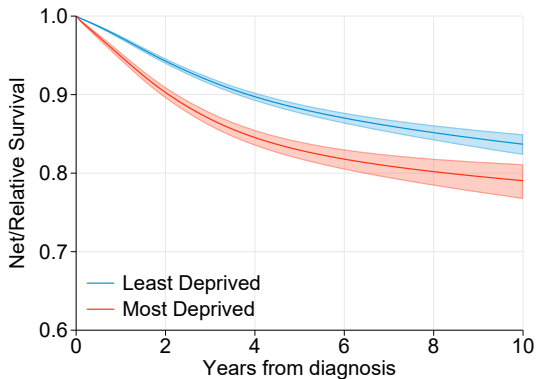
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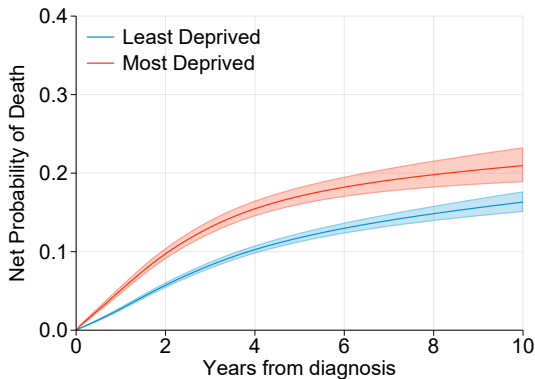
Model

- Flexible parametric relative survival model [5].
- Restricted cubic splines (rcs) with 6 knots for baseline.
- Age modelled continuously using rcs (4 knots).
- Deprivation binary covariate.
- interactions between age and deprivation.
- Effects of age and deprivation time-dependent (4 knots per covariate).

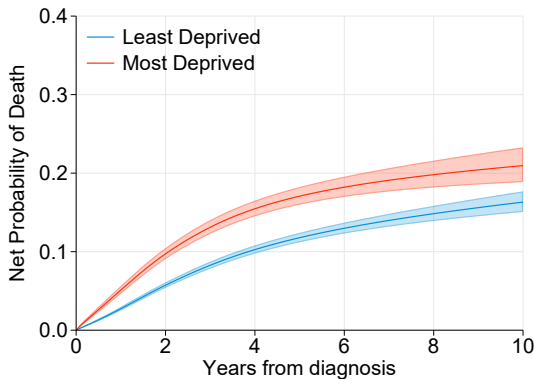
Marginal Net Probability of Survival



Marginal Net Probability of Death



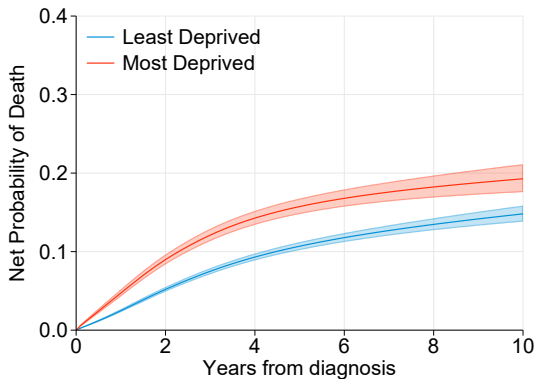
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Age Standardization: Internal (within each group)

Fair Comparison: **X**

Marginal Net Probability of Death



Age Standardization: ICSS

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Age standardization for (1), (2) & (3) removes age differences.

However, (2) and (3) depend on other cause mortality.

Crude Probabilities

- Same as a cumulative incidence function in competing risks.
- Partition all-cause probability of death into death to cancer and death due to other causes

All-cause probability of death

$$F(t|Z_i) = 1 - S(t|Z_i)$$

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Crude Probability of Death[6]

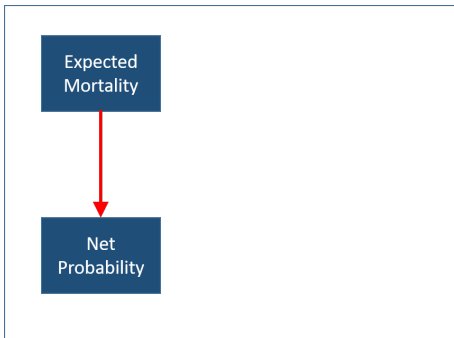
$$F_c(t|\mathbf{Z}) = \int_0^t S^*(u|\mathbf{Z}_i) \hat{R}(u|\mathbf{Z}_i) \hat{\lambda}(u|\mathbf{Z}_i) du$$

Making all-cause and crude survival comparable

- All-cause and crude probabilities are easier to interpret, **but are not comparable between populations.**
- Can we make them comparable?

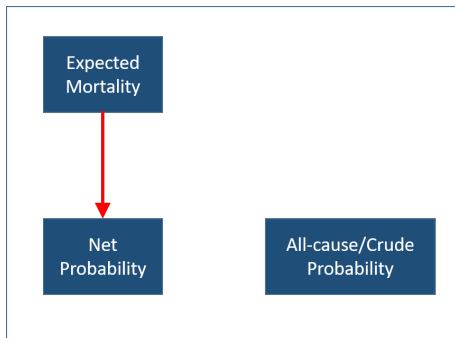
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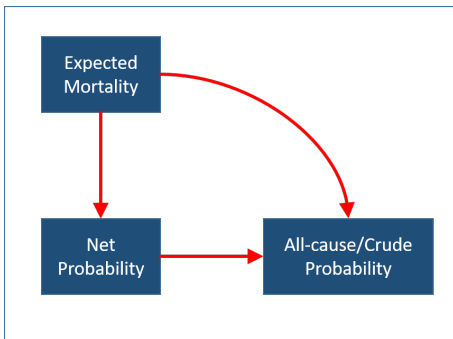
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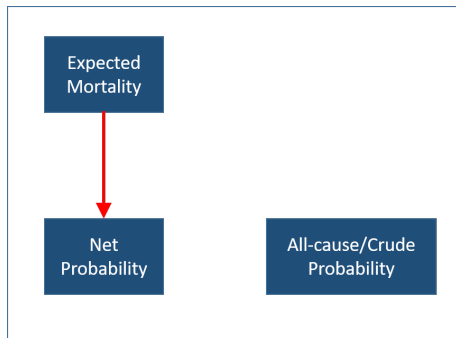
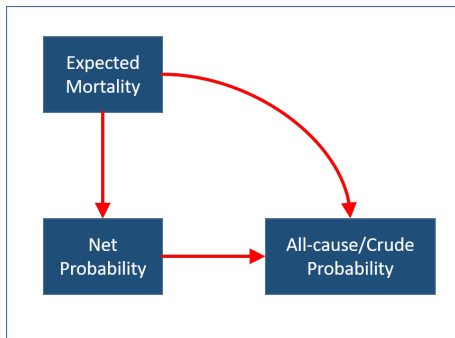
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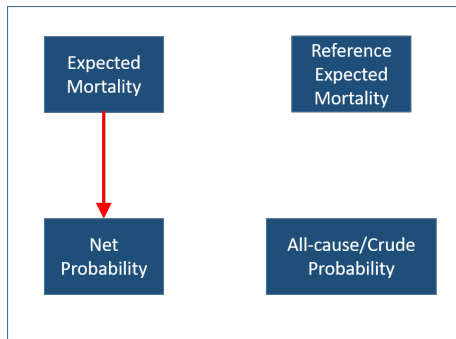
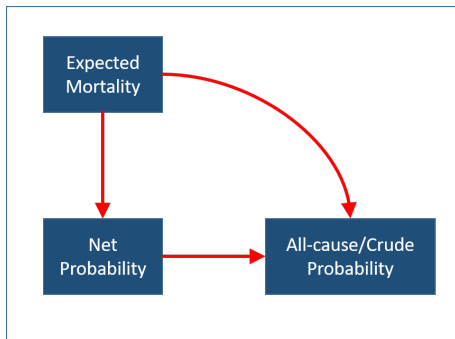
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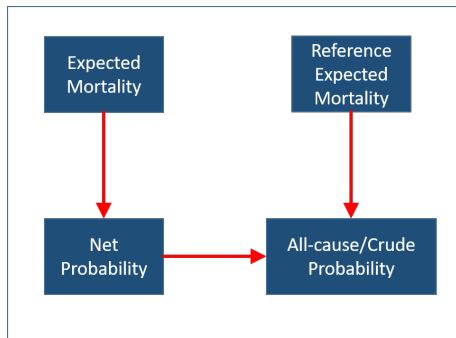
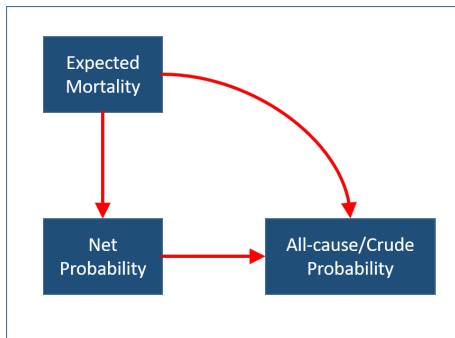
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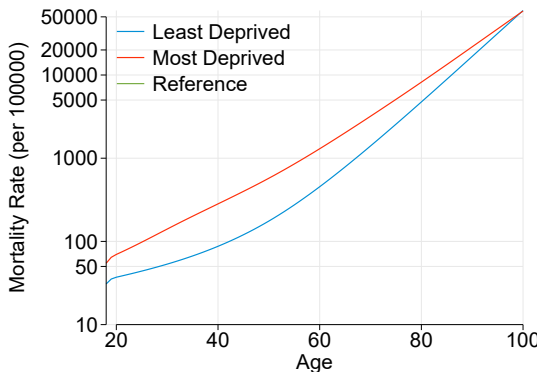


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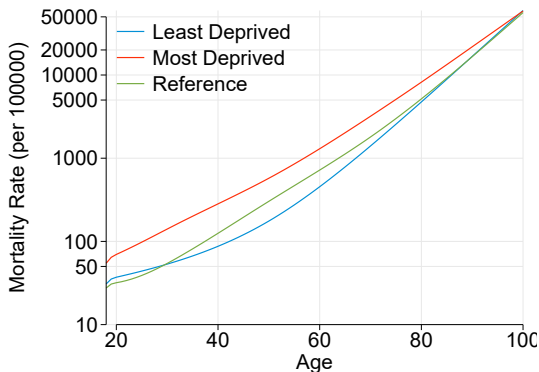


Reference expected mortality rates



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All-cause probability of death

Reference Population

- $S^{**}(t|Z_i)$ - expected survival in the reference population.
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Marginal all-cause survival (study population)

$$\bar{S}_m(t|\mathbf{Z}, \mathbf{X} = \mathbf{x}) = \frac{1}{N} \sum_{i=1}^N S^*(t|\mathbf{Z}_i, \mathbf{X} = \mathbf{x}) \hat{R}(t|\mathbf{Z}_i, \mathbf{X} = \mathbf{x})$$

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Crude Probabilities of death due to cancer

- Crude probability of death due to cancer (study population).

$$\bar{F}_c(t|\mathbf{Z}) = \frac{1}{N} \sum_{i=1}^N w_i \int_0^t S^*(u|\mathbf{Z}_i) \hat{R}(u|\mathbf{Z}_i) \hat{\lambda}(u|\mathbf{Z}_i) du$$

- Crude probability of death due to cancer (using reference population).

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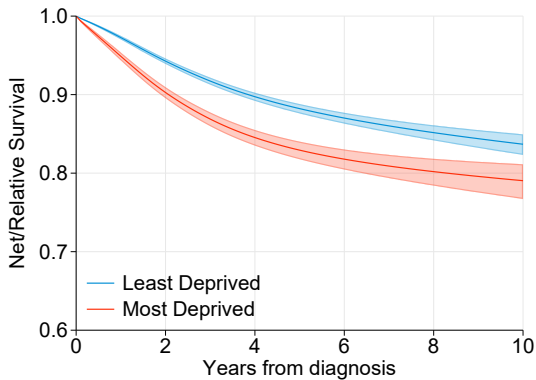
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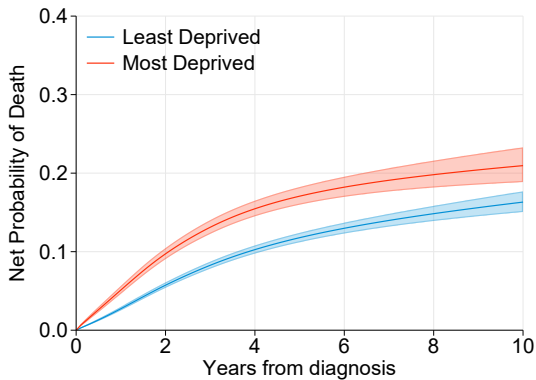
$$\bar{F}_c^R(t|\mathbf{Z}) = \frac{1}{N} \sum_{i=1}^N w_i \int_0^t S^{**}(u|\mathbf{Z}_i) \hat{R}(u|\mathbf{Z}_i) \hat{\lambda}(u|\mathbf{Z}_i) du$$

Note if $S^{**}(t|\mathbf{Z}_i) = 1$ for all \mathbf{Z}_i , this reduces to $1 - \bar{R}_m(t|\mathbf{Z})$.

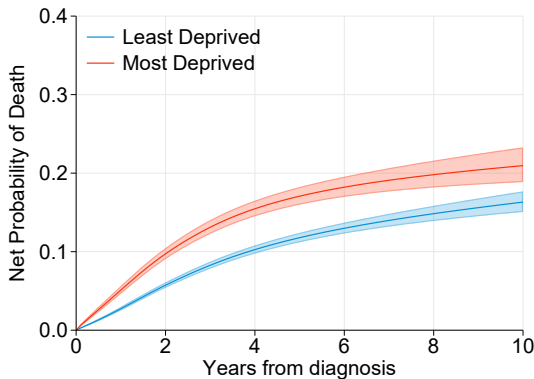
Net Probability of Survival



Net Probability of Death



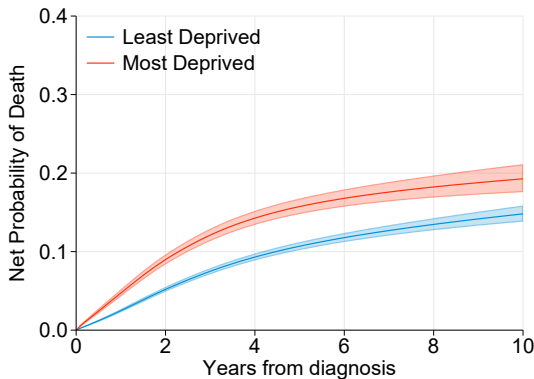
Net Probability of Death



Age Standardization: Internal (within each group)

Fair Comparison: **X**

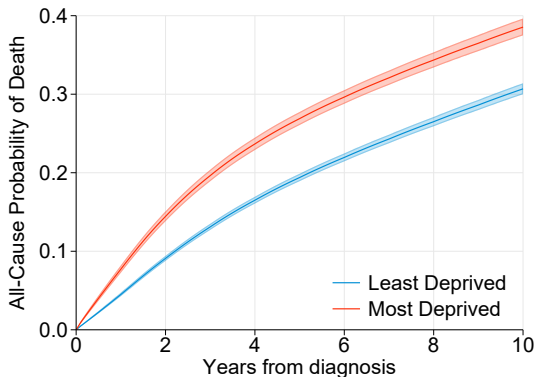
Net Probability of Death



Age Standardization: ICSS

Fair Comparison: ✓

All-cause Probability of Death

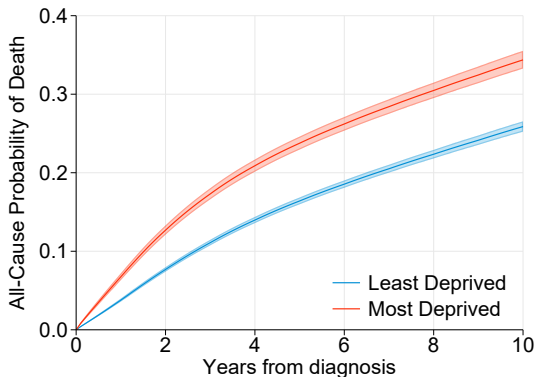


Age Standardization: Internal (within each group)

Expected Rates: Separate

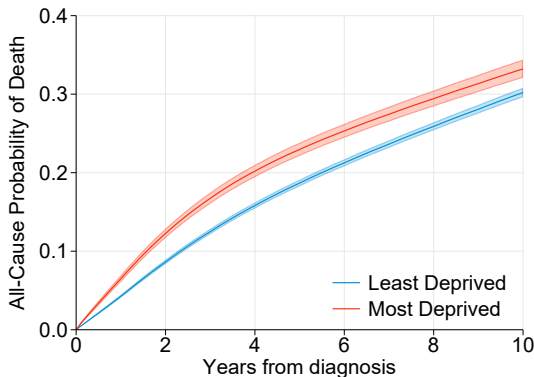
Fair Comparison: **X**

All-cause Probability of Death



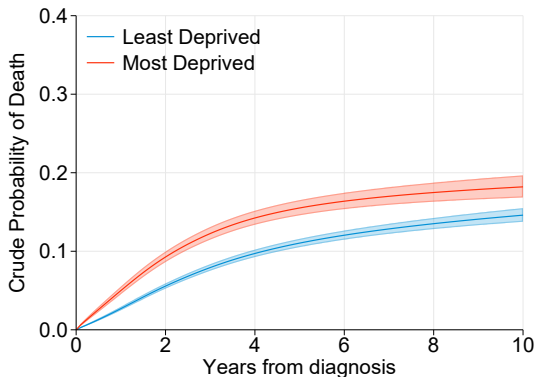
Age Standardization: ICSS
Expected Rates: Separate
Fair Comparison: ~~X~~

All-cause Probability of Death



Age Standardization: ICSS
Expected Rates: Reference
Fair Comparison: ✓

Crude Probability of Death

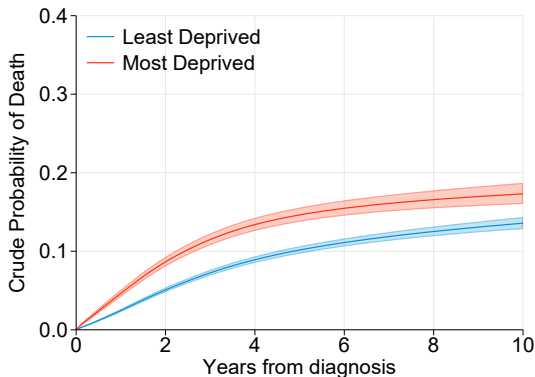


Age Standardization: Internal (within each group)

Expected Rates: Separate

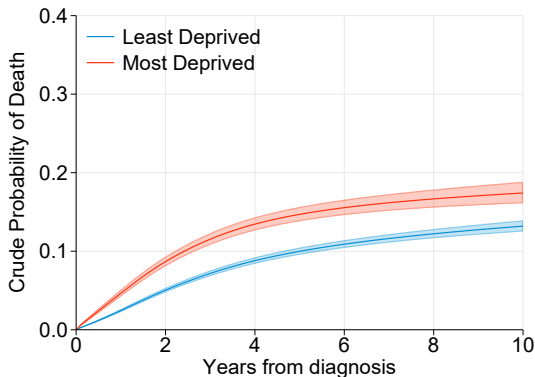
Fair Comparison: **X**

Crude Probability of Death



Age Standardization: ICSS
Expected Rates: Separate
Fair Comparison: **X**

Crude Probability of Death



Age Standardization: ICSS
Expected Rates: Reference
Fair Comparison: ✓

Choice of Hypotheticals

Net Probability of Death

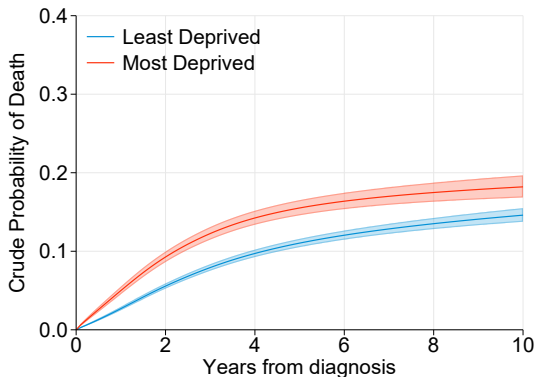
- 1 Age distribution is that of reference.
- 2 Mortality rate due to other causes is zero

All-cause/Crude Probability of Death

- 1 Age distribution is that of reference.
- 2 Mortality rate due to other causes is that of reference.

- In some situations it is useful to select one group to be non-hypothetical.
 - Standardize to age distribution of selected group.
 - Use expected mortality rates of selected group.

Crude Probability of Death

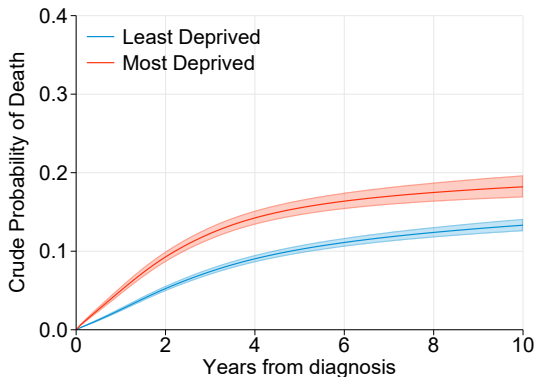


Age Standardization: Internal (within each group)

Expected Rates: Separate

Fair Comparison: **X**

Crude Probability of Death

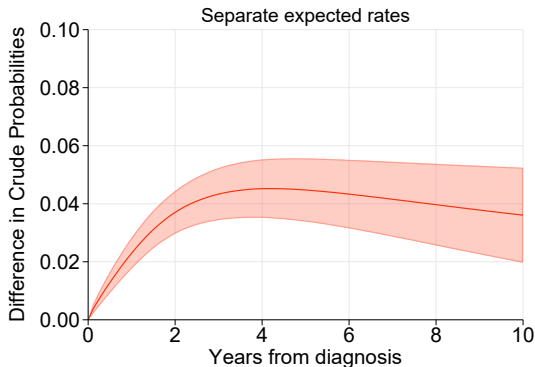


Age Standardization: Most Deprived

Expected Rates: Most Deprived

Fair Comparison: ✓

Contrasts

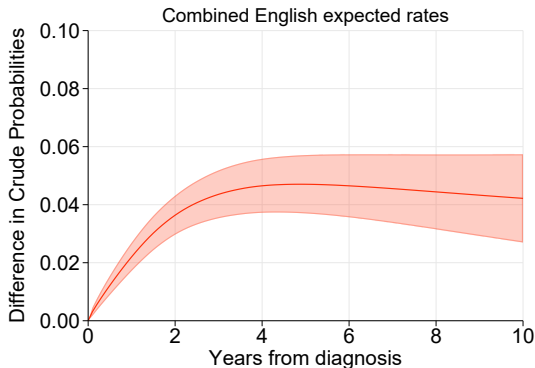


Age Standardization: Internal (within each group)

Expected Rates: Separate

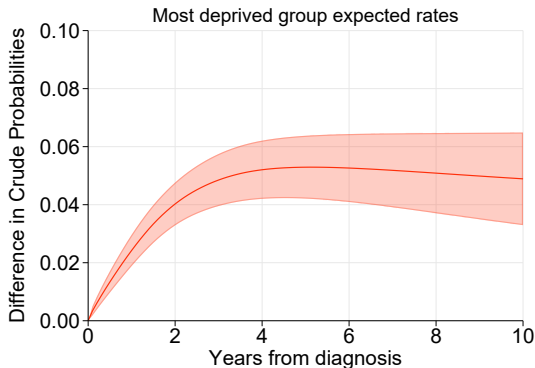
Fair Comparison: **X**

Contrasts



Age Standardization: ICSS
Expected Rates: English combined
Fair Comparison: ✓

Contrasts



Age Standardization: Most Deprived
Expected Rates: Most Deprived
Fair Comparison: ✓

We have a choice when making comparisons

- We want to compare probabilities of survival/death
- Need to 'remove' differences due to other causes.
- We can do this by
 - 1 Assume rate of death due to other causes is the same in both groups and is equal to zero for all ages (**net probability**).
 - 2 Assume rate of death due to other causes is the same in both groups and is equal to a reference population (**reference adjusted all-cause or crude probability**).

We have a choice when making comparisons

- We want to compare probabilities of survival/death
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 - 1 Assume rate of death due to other causes is the same in both groups and is equal to zero for all ages (**net probability**).
 - 2 Assume rate of death due to other causes is the same in both groups and is equal to a reference population (**reference adjusted all-cause or crude probability**).
 - 1 Using a common external reference population
 - 2 Using one of the groups as the reference.

Summary

- Possible to make fair comparisons using all-cause or crude probabilities.
 - Need to (age) standardize
 - Need to use reference expected mortality rates.
- Useful alternative/complement to marginal net survival.
- I have explained from a modelling perspective - non-parametric possible. Builds on work by Sasieni and Brentnall 20016 ([7])
- Modelling more generalisable.
- Ideas also work for competing risks models ('separable effects').
- Need to think about which covariate distribution to standardize over.
- Need to think which reference expected rates to use.

- All analysis in Stata.
- `standsurv` works for a many parametric models
 - Exponential, Weibull, Gompertz, LogNormal, LogLogistic
 - Flexible parametric (Splines:log-hazard or log cumulative scales)
- Standard, relative survival and competing risks models
 - Can use different models for different causes.
- Various Standardized related measures.
 - Survival, restricted means, centiles, hazards... and more
- Standard errors calculated using delta-method or M-estimation with all analytical derivatives,so fast

More information on `standsurv` available at

<https://pclambert.net/software/standsurv/>

Original Article

Reference-adjusted and standardized all-cause and crude probabilities as an alternative to net survival in population-based cancer studies

Paul C Lambert,^{1,2*} Therese M-L Andersson,² Mark J Rutherford ,^{1,3} Tor Åge Myklebust^{4,5} and Bjørn Møller⁴

References

- [1] Syriopoulou E, Rutherford MJ, Lambert PC. Marginal measures and causal effects using the relative survival framework. *International Journal of Epidemiology* 2020;**49**:619–628.
- [2] Lambert PC, Dickman PW, Rutherford MJ. Comparison of approaches to estimating age-standardized net survival. *BMC Med Res Methodol* 2015;**15**:64.
- [3] Pavlic K, Pohar Perme M. Using pseudo-observations for estimation in relative survival. *Biostatistics* 2018;**20**:384–399.
- [4] Corazziari I, Quinn M, Capocaccia R. Standard cancer patient population for age standardising survival ratios. *Eur J Cancer* 2004;**40**:2307–2316.
- [5] Nelson CP, Lambert PC, Squire IB, Jones DR. Flexible parametric models for relative survival, with application in coronary heart disease. *Statistics in Medicine* 2007;**26**:5486–5498.
- [6] Lambert PC, Dickman PW, Nelson CP, Royston P. Estimating the crude probability of death due to cancer and other causes using relative survival models. *Stat Med* 2010;**29**:885 – 895.
- [7] Sasieni P, Brentnall AR. On standardized relative survival. *Biometrics* 2016;**73**:473–482.
- [8] Lambert PC, Andersson TML, Rutherford MJ, Myklebust TÅ, Møller B. Reference-adjusted and standardized all-cause and crude probabilities as an alternative to net survival in population-based cancer studies. *International Journal of Epidemiology* 2020;.

References 2