# How to estimate cancer survival (an overview)

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### The global cancer burden



Global map of cancer as a leading cause of premature death (i.e. at ages 30-69 years)

Figure: Wild C.P., Weiderpass E., Stewart B.W., editors (2020). World Cancer Report: Cancer Research for Cancer Prevention. Lyon, France: International Agency for Research on Cancer.

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# The *unequal* cancer burden

#### Inequalities in cancer

"The systematic differences in cancer occurence (incidence, mortality and survival) that exist between and within countries."  $^1\,$ 

<sup>&</sup>lt;sup>1</sup>Wild C.P., Weiderpass E., Stewart B.W., editors (2020). *World Cancer Report: Cancer Research for Cancer Prevention*. Lyon, France: International Agency for Research on Cancer. Available from: http://publications.iarc.fr/586. Licence: CC BY-NC-ND 3.0 IGO.

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# Evidence of cancer inequalities between countries

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### Evidence of cancer inequalities between countries



Age-standardize (world population) incidence and mortality rates of all cancer types, by average of socioeconomic development in 2012.

Figure: Wild C.P., Weiderpass E., Stewart B.W., editors (2020). World Cancer Report: Cancer Research for Cancer Prevention. Lyon, France: International Agency for Research on Cancer.

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# Evidence of cancer inequalities within countries

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# Evidence of cancer inequalities within countries



Rate ratios and the corresponding 95% CI of mortality from all cancer combined for men with a low versus high education level

Figure: Wild C.P., Weiderpass E., Stewart B.W., editors (2020). World Cancer Report: Cancer Research for Cancer Prevention. Lyon, France: International Agency for Research on Cancer.

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 $\cdot$  *T* = "Time of the event"

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- $\cdot$  *T* = "Time of the event"
- $S(t) = \mathbb{P}(T > t)$  Survival function



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Survival analysis
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Main objective of survival analysis: estimation of S(t) or  $\lambda(t)$ .

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# Survival analysis

Life is not easy



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### Survival analysis

Life is not easy



Individuals transitioning to a competing event are informative while they are at risk!

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#### Survival analysis Censoring

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# Survival analysis

Censoring



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# Survival analysis

Censoring



Censored individuals contribute to hazard estimation when they are still at risk

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#### The observed cancer survival



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#### The observed cancer survival



· Not all cancer patients die because of their cancer

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#### The observed cancer survival



- · Not all cancer patients die because of their cancer
- · Overall survival is not only determined by cancer

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#### The observed cancer survival



- · Not all cancer patients die because of their cancer
- · Overall survival is not only determined by cancer
- · Genetic, demographic and lifestyle factors depend on general population mortality

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When we want to

· Test the efficiency of health-care systems

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- · Test the efficiency of health-care systems
- · Compare cancer survival among different countries or periods

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- · Test the efficiency of health-care systems
- $\cdot$  Compare cancer survival among different countries or periods
- · Measure the cancer burden among different populations

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### The observed cancer survival



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- · Overall survival is not only determined by cancer
- · Genetic, demographic and lifestyle factors depend on general population mortality

When we want to

- · Test the efficiency of health-care systems
- · Compare cancer survival among different countries or periods
- · Measure the cancer burden among different populations

we need a mortality indicator which is independent of the general population mortality

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# The concept of net survival

Net survival is the survival that would be observed in a **hypothetical world** where cancer would be the only cause of death



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Net survival is the survival that would be observed in a **hypothetical world** where cancer would be the only cause of death

Alive 
$$\lambda_{\text{Cancer}}(t)$$
 Cancer death

· Clinically denied of sense

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 Cancer death

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How to estimate survival in a hypothetical world?

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# Cause-specific survival

If causes of death are available:

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## Cause-specific survival

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# Cause-specific survival

If causes of death are available:



#### Main sources of bias

· Causes of death misclassification

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### Cause-specific survival

If causes of death are available:



- · Causes of death misclassification
  - · Lack of sensitivity/specificity

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# Cause-specific survival

If causes of death are available:



- · Causes of death misclassification
  - · Lack of sensitivity/specificity
  - · Identification of the underlying cause of death

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#### Cause-specific survival

If causes of death are available:



- · Causes of death misclassification
  - · Lack of sensitivity/specificity
  - · Identification of the underlying cause of death
- $\cdot\,$  Causes of death are not always available and/or reliable

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#### Relative survival



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#### Relative survival



$$\lambda_{\text{Overall}}(t; x, z, a) = \lambda_{\text{Cancer}}(t; x, a) + \lambda_{\text{Other}}(a + t; z)$$

a: age at diagnosis, x, z: set of covariates

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#### Relative survival



Cancer cohort

a: age at diagnosis, x, z: set of covariates

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#### Relative survival



a: age at diagnosis, x, z: set of covariates

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#### Relative survival



$$\frac{\lambda_{\text{Overall}}(t; x, z, a)}{\text{Cancer cohort}} = \lambda_{\text{Cancer}}(t; x, a) + \frac{\lambda_{\text{Other}}(a + t; z)}{\text{General population}}$$

a: age at diagnosis, x, z: set of covariates

#### Main source of bias

· Lack of comparability between cancer cohort and general population

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#### Relative survival



$$\frac{\lambda_{\text{Overall}}(t; x, z, a)}{\text{Cancer cohort}} = \lambda_{\text{Cancer}}(t; x, a) + \frac{\lambda_{\text{Other}}(a + t; z)}{\text{General population}}$$

a: age at diagnosis, x, z: set of covariates

#### Main source of bias

· Lack of comparability between cancer cohort and general population

False in general!

 $\lambda_{\rm Other}^{\rm Cancer} \neq \lambda_{\rm Other}^{\rm General \ population}$ 

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#### Relative survival

When it is possible to estimate  $\lambda_{\mathrm{Other}}$ 

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# Relative survival

When it is possible to estimate  $\lambda_{\mathrm{Other}}$ 



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#### Relative survival

When it is possible to estimate  $\lambda_{\mathrm{Other}}$ 



Comparability hypothesis:  $\lambda_{\text{Overall}}^{H}(t; z) \approx \lambda_{\text{Other}}(t; z)$  for all  $t \ge 0$ .

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#### Relative survival

When it is possible to estimate  $\lambda_{\mathrm{Other}}$ 



 $\begin{array}{ll} \mbox{Comparability hypothesis:} & \lambda^{H}_{\rm Overall}(t;z) \approx \lambda_{\rm Other}(t;z) \mbox{ for all } t \geq 0. \end{array}$ Relative survival estimation:  $\lambda_{\rm Overall}(t;x,z) = \lambda_{\rm Cancer}(t;x) + \lambda^{H}_{\rm Overall}(t;z)$ 

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#### Relative survival

#### When it is possible to estimate $\lambda_{\mathrm{Other}}$



 $\begin{array}{ll} \text{Comparability hypothesis:} & \lambda_{\text{Overall}}^{H}(t;z) \approx \lambda_{\text{Other}}(t;z) \text{ for all } t \geq 0. \end{array}$ Relative survival estimation:  $\lambda_{\text{Overall}}(t;x,z) = \lambda_{\text{Cancer}}(t;x) + \lambda_{\text{Overall}}^{H}(t;z)$ 

Acess to two comparable populations is unsual/difficult

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#### Net survival estimation on EPIC cohort

Javier González-Delgado, Vivian Viallon<sup>3</sup>, Grégoire Rey<sup>4</sup> and Hadrien Charvat<sup>5</sup>

- 3. Nutritional Methodology and Biostatistics Branch, International Agency for Research on Cancer, Lyon, France.
  - 4 Inserm, Centre d'épidémiologie sur les causes médicales de décès (CépiDc), Le Kremlin-Bicêtre.
    - 5. Cancer Surveillance Branch, International Agency for Research on Cancer, Lyon, France.

# Net survival estimation on EPIC cohort

Javier González-Delgado, Vivian Viallon<sup>3</sup>, Grégoire Rey<sup>4</sup> and Hadrien Charvat<sup>5</sup>

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 5. Cancer Surveillance Branch, International Agency for Research on Cancer, Lyon, France.

#### European Prospective Investigation into Cancer and Nutrition (EPIC)<sup>2</sup>

- $\cdot$  ~521.000 participants recruited across 23 European centers
- · Followed for almost 15 years
- · More than 58.000 reported deaths
- $\cdot\,$  75 covariates describing dietary exposure, lifestyle factors, anthropometry and biological parameters
- · Acess to high quality cause of death information
- · 67.000 participants diagnosed with cancer

<sup>&</sup>lt;sup>2</sup>International Agency for Research on Cancer. EPIC study. 2020. Retrieved from https://epic.iarc.fr

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# Net survival estimation on EPIC cohort

General population and EPIC cohort are not comparable

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# Net survival estimation on EPIC cohort

General population and EPIC cohort are not comparable

EPIC relative survival estimate using general population mortality to estimate  $\lambda_{Other}$ .

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# Net survival estimation on EPIC cohort

General population and EPIC cohort are not comparable

EPIC relative survival estimate using general population mortality to estimate  $\lambda_{\rm Other}.$ 



Survival — Net survival (Pohar-Perme, HMD lifetable) — Overall survival (Kaplan-Meier)

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# Net survival estimation on EPIC cohort

General population and EPIC cohort are not comparable

EPIC  $\lambda_{\rm Other}$  and general population hazard estimates

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# Net survival estimation on EPIC cohort

General population and EPIC cohort are not comparable

EPIC  $\lambda_{\rm Other}$  and general population hazard estimates



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# Net survival estimation on EPIC cohort

Relative and cause-specific survival

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# Net survival estimation on EPIC cohort

Relative and cause-specific survival



Survival — Cause-specific survival (mexhaz) — Relative net survival (mexhaz)

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# Net survival estimation on EPIC cohort

Relative and cause-specific survival



Survival — Cause-specific survival (mexhaz) — Relative net survival (mexhaz)

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### Net survival estimation on EPIC cohort

Relative and cause-specific survival: taking covariates into account

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# Net survival estimation on EPIC cohort

Relative and cause-specific survival: taking covariates into account



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# Net survival estimation on EPIC cohort

Relative and cause-specific survival: taking covariates into account



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# Some conclusions

• Relative and cause-specific survival curves are superimposed or coincident within the CI.

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- · Adjusting by smoking status may correct differences for smoker patients.

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- · Cause-specific method is recommended due to its simplicity.

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- · But... results can **not** be **generalized** to general population.

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- · Adjusting by smoking status may correct differences for smoker patients.
- · Cause-specific method is recommended due to its simplicity.
- · But... results can **not** be **generalized** to general population.

Thank you for your attention!