## **CRC** cause-specific survival

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Many of CRC-SPIN v1.0's published natural history modeling outputs were generated prior to a 2013 CRC survival update. 1 CRC-SPIN v1.0's initial CRC survival model was based on relative survival using SEER survival data from 1975 to 1979 (prior to the diffusion of colorectal cancer screening).<sup>2</sup> This data was imported into CAN\*SURV to generate proportional hazards models stratified by location (colon and rectum) and American Joint Committee on Cancer (AJCC) CRC stage (stages I through IV), with sex and age as covariates.<sup>3</sup> In 2013, CISNET updated the CRC survival methodology, 1,3 and since that time, all three models (CRC-SPIN, SimCRC, and MISCAN) use the same survival method.4 The updated survival methodology is additive-hazards-based with time-varying covariables and takes into account improved survival for more recently diagnosed CRC relative to those diagnosed in 1975 due to improvements in therapy and surveillance methods. This method is used to determine CRC survival based on sex, stage at diagnosis, age at diagnosis, and year of diagnosis, with the optional inclusion of race for those models that can incorporate race as a risk factor (ie, SimCRC). This consistency reduced the between-model variability related to CRC survival, allowing investigators to directly compare differences in model results primarily due to natural history structure and assumptions, although it introduces the possibility of systemic bias if inherent issues exist within the survival approach. Ultimately, although the CISNET teams provide a general theoretical discussion into their methodology, an enumeration of the parameters themselves and a detailed description of how they are implemented in their models is not published.<sup>1</sup>

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CRC-AIM implements cause-specific survival as a set of parametric regression equations that model survival probabilities, stratified by location and AJCC CRC stage, as a function of sex and age at diagnosis. To compare the survival outcomes of CRC-AIM to those of the CISNET models, we generated survival curves that mimicked the timeframes of SEER data used by CISNET both before and after their survival update in 2013. We generated parametric cause-specific survival curves using SEER data from 1975 to 1979 and compared natural history outcomes to publicly available values across multiple CISNET publications before the survival update. Additionally, we generated a similar set of curves using 2000-2003 SEER data and compared natural history outcomes to results described in the 2016 USPSTF modeling report, after the survival update. Both sets of comparisons are described in greater detail in the main manuscript.

Here, we include detailed descriptions of the SEER queries that generated data for the parametric linear regression models and comprehensive information about those models that were used to create the cause-specific survival curves. Specifically, for each condition—using the SEER data timeframes before and after the survival update, subdivided by AJCC CRC stage and location—we include the survival curves themselves along with model selection details and fitted model diagnostics and parameter estimates. Here is a complete list of the figures and tables that correspond to each condition:

• 1975-1979 SEER data:

- Stage I: colon (Figure 1, Table 1); rectum (Figure 2, Table 2)
  - Stage II: colon (Figure 3, Table 3); rectum (Figure 4, Table 4)

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47	0	Stage III: colon (Figure 5, Tables 5-6); rectum (Figure 6, Table 7)
48	0	Stage IV: colon (Figure 7, Table 8); rectum (Figure 8, Tables 9-10)
49	• 2000-	2003 SEER data:
50	0	Stage I: colon (Figure 9, Table 11); rectum (Figure 10, Tables 12-13)
51	0	Stage II: colon (Figure 11, Table 14); rectum (Figure 12, Tables 15-16)
52	0	Stage III: colon (Figure 13, Tables 17-18); rectum (Figure 14, Tables 19-
53		20)
54	0	Stage IV: colon (Figure 15, Tables 21-22); rectum (Figure 16, Tables 23-
55		24)
56		
57	SEER querie	<u>es</u>
58	We qu	ueried the SEER database to extract data from the 1975-1979 and 2000-
59	2003 timefra	mes using the criteria described below. The case listing file was saved as a
60	comma-sepa	arated values (CSV) file and imported into JMP v13.0 (SAS Institute) for
61	statistical an	alysis. Furthermore, we describe how the SEER data was modified in JMP
62	prior to fitting	the regression models (Table 25).
63		
64 65 66 67	Software Surveillance	for 1975-1979 survival  Research Program, National Cancer Institute SEER*Stat software er.cancer.gov/seerstat) version 8.3.5. 10/05/2018
68 69 70 71 72 73 74 75	Data Surveillance SEER*St (1973-20 Total U.S	Epidemiology, and End Results (SEER) Program ( <a href="www.seer.cancer.gov">www.seer.cancer.gov</a> ) at Database: Incidence – SEER 9 Regs Research Data, Nov 2017 Sub 15) <katrina adjustment="" population="" rita=""> - Linked To County Attributes – 1, 1969-2016 Counties, National Cancer Institute, DCCPS, Surveillance of Program, released April 2018, based on the November 2017 submission.</katrina>

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76 Definition of Cause of Death: Dead due to cancer using SEER cause-specific death 77 classification 78 Missing/Unknown COD: Exclude From Analysis 79 Selection 80 Select Only: Malignant Behavior, Known Age 81 Exclude: All Death Certificate Only and Autopsy Only, Alive with No Survival Time 82 Exclusions to Match the Expected Survival Table: Age Values Not Found in Table. 83 Invalid Year, Values Not Found for Other Variables in Table Case Selection 84 85 {Site and Morphology.Site recode ICD-O-3/WHO 2008} = ' Colon and Rectum' AND {Site and Morphology. Histologic Type ICD-O-3} = 8000-86 87 8001,8010,8020,8140,8210-8211,8220-8221,8260-8263,8480-8482,8490 88 AND {Race, Sex, Year Dx, Registry, County. Year of diagnosis} = 89 '1975','1976','1977','1978','1979' 90 Multiple Primary Selection: First Primary Only (Sequence Number 0 or 1) 91 **Parameters** Pre-calculated Duration: Survival Months (from complete dates) 92 93 Study Cutoff: Dec 2015 94 Censor When Attained Age Exceeds Expected Table Max 95 Display: Case Listing Intervals: Number: 999, Months Per: 1 96 97 Table 98 Case Listing: 99 SEER historic stage A 100 • 2-Digit NS EOD part 1 (1973-1982) AJCC 5<sup>th</sup> Ed Schrag Code 1975-1979 101 • Age recode with <1 year olds 102 103 Survival months 104 Survival months flag 105 Vital status recode (study cutoff used) 106 Sex 107 COD to site recode 108 COD to site rec KM 109 SEER cause-specific death classification 110 • SEER summary stage 1977 (1995-2000) 111 • SEER other cause of death classification 112 Site Colon vs Rectum 113 114 SEER guery for 2000-2003 survival Software 115 116 Surveillance Research Program, National Cancer Institute SEER\*Stat software 117 (www.seer.cancer.gov/seerstat) version 8.3.5. 10/05/2018 118 119 Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) 120 SEER\*Stat Database: Incidence – SEER 9 Regs Research Data, Nov 2017 Sub

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121 (1973-2015) <Katrina/Rita Population Adjustment> - Linked To County Attributes -122 Total U.S., 1969-2016 Counties, National Cancer Institute, DCCPS, Surveillance 123 Research Program, released April 2018, based on the November 2017 submission. 124 Statistic 125 Cause-Specific Survival 126 Definition of Cause of Death: Dead due to cancer using SEER cause-specific death 127 classification 128 Missing/Unknown COD: Exclude From Analysis 129 Selection 130 Select Only: Malignant Behavior, Known Age 131 Exclude: All Death Certificate Only and Autopsy Only, Alive with No Survival Time 132 Exclusions to Match the Expected Survival Table: Age Values Not Found in Table, 133 Invalid Year, Values Not Found for Other Variables in Table 134 Case Selection 135 {Site and Morphology.Site recode ICD-O-3/WHO 2008} = ' Colon and Rectum' 136 AND {Site and Morphology. Histologic Type ICD-O-3} = 8000-137 8001,8010,8020,8140,8210-8211,8220-8221,8260-8263,8480-8482,8490 138 AND {Race, Sex, Year Dx, Registry, County. Year of diagnosis} = 139 '2000', '2001', '2002', '2003' Multiple Primary Selection: First Primary Only (Sequence Number 0 or 1) 140 141 **Parameters** 142 Pre-calculated Duration: Survival Months (from complete dates) 143 Study Cutoff: Dec 2015 Censor When Attained Age Exceeds Expected Table Max 144 145 Display: Case Listing 146 Intervals: Number: 999, Months Per: 1 147 Table 148 Case Listing: AJCC 5<sup>th</sup> Ed Schrag Code 1988-2003 149 150 • Age recode with <1 year olds 151 Survival months 152 Survival months flag 153 Vital status recode (study cutoff used) 154 Sex 155 COD to site recode 156 COD to site rec KM 157 SEER cause-specific death classification 158 SEER summary stage 1977 (1995-2000) 159 SEER summary stage 2000 (2001-2003) 160 SEER other cause of death classification 161 Site Colon vs Rectum 162

163 AJCC staging for 1975-1979 SEER data

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SEER registry data prior to 1988 uses historic staging criteria that categorize cancer as local, regional, and distant. However, the AJCC staging system uses tumor, lymph node, and metastasis information to stage cancer. Since the CISNET CRC models use AJCC stages I through IV, we needed to convert pre-1988 SEER registry data. We used code developed by Deborah Schrag, coauthor on the CISNET 2013 survival update, which essentially is a complicated user-defined variable that uses 12 standard SEER variables to recode stage according to the AJCC 5th Edition AJCC Cancer Staging Manual. Although the AJCC staging manual staging is currently in its eighth edition, the changes since the fifth edition primarily involve subgrouping stages II through IV and providing prognosis-related details.

## Functional implementation of survival models in CRC-AIM

There are some technical issues related to survival assumptions that must be considered when implementing a screening overlay. To illustrate, consider an example of an individual with two synchronous preclinical CRCs, one stage I and the other stage III. According to the documentation of CRC-SPIN's natural history model, the first cancer to become clinically detectable—whichever cancer's sojourn time expires first—determines CRC-related survival.<sup>3</sup> If the stage I cancer's sojourn time expires before the stage III cancer, the stage I cancer would determine survival. However, if a cancer is detected through screening, CRC-SPIN assumes the detection of all synchronous cancers and that all existing cancer is treated.<sup>3</sup> In this example, both the stage I and stage III cancers would be observed by an endoscopist. The CRC-SPIN authors do not explicitly state which cancer dictates the choice of survival function for this scenario, or

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when the survival function would be applied (ie, after the ST expiration for the stage I cancer or for the stage III cancer). If the stage III cancer dictates survival, the screened individual may likely have a shorter lifespan compared to natural history, which was dictated by the stage I survival function.

This issue also extends to the removal of adenomas through screening. Consider a scenario in which an individual has a large, fast-growing adenoma A1 and a preclinical cancer pCRC2, which arose from another adenoma A2. In the natural history model, assume that pCRC2 transitions to clinical detection CRC2 through expiration of sojourn time into a stage I CRC, after which the survival method would be applied. In a hypothetical screening scenario, the adenoma that led to the CRC (A2) may have been removed but A1 could have been missed. This adenoma could hypothetically transition to preclinical CRC (pCRC1) and then a stage IV clinically detected CRC (CRC1) within a year after the appearance of the non-existent stage I CRC (CRC2) in the "parallel universe" natural history model. This individual would likely die sooner in the screening scenario from the stage IV CRC than the parallel universe individual that had stage I CRC in the natural history arm.

Although these corner-case scenarios can be addressed in numerous ways, the specific approaches undertaken by CRC-SPIN is not publicly described.

In CRC-AIM, if a cancer is detected by screening, the survival method is determined by the CRC stage diagnosed upon detection. This approach potentially confers a survival benefit if an earlier-stage CRC is detected relative to the CRC stage present when the sojourn time expires in a parallel universe. To prevent bias resulting from automatically assigning a worse survival outcome for screen-detected CRC

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compared to natural history, the survival function will be applied only when the sojourn time would have otherwise expired for the screen-detected cancer. In other words, the CRC survival functions in CRC-AIM will not be implemented during the lead-time of the cancer. For CRC-AIM, upon clinical detection, the cancer stage and location are used to define the survival model. Based on the survival model, age at diagnosis and sex may be used to determine the cumulative probability of survival for each yearly interval after diagnosis. We restricted the number of intervals to 100 (the maximum age of an individual minus the minimum age one can be diagnosed with CRC, or 120 minus 20). A random uniform (0,1) distribution is used as an inverse CDF lookup to determine CRC-based survival years. If the random uniform distribution exceeds the maximum probability, then the maximum survival years are applied.

## Linear regression modeling

We fit five separate parametric linear regression models for each SEER dataset (1975-1979 and 2000-2003), AJCC stage (stages I to IV), and location (colon versus rectum). These models were based on five different distributions to describe survival time—Weibull, lognormal, exponential, Fréchet, and loglogistic. Model effects were sex and age at CRC diagnosis and statistical significance of an effect was based on the Wald test. Age at diagnosis was subdivided into 20-49, 50-59, 60-69, 70-79, and ≥80 years, consistent with the categories used by CISNET.¹ Right-censoring was performed as appropriate. Any subject with a time of death that was reliably recorded as 0 months was recoded to 0.5 months to prevent model-fitting issues. Model selection was based

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on smallest Akaike information criterion (AICc) value for the fitted distribution across the five separate models for a given combination of AJCC stage and location.

CRC-AIM uses the CDF to describe the cumulative transition probability of CRC-specific death as a function of sex and age at CRC diagnosis. Regression-based coefficients are multiplied by an indicator function if sex or age at diagnosis criteria are met (sex indicator is 1 if met, -1 if not met; age at diagnosis indicator is 1 if met, 0 if not met) and are linearly combined with an intercept, represented by  $\lambda$  in Weibull models and  $\mu$  in loglogistic, lognormal, and Fréchet models..

For 1975-1979 and 2000-2003 Stage I colon cancers, the Weibull model was selected. The probability of transition to CRC-specific death at or before time *t* is given by:

243 
$$F(t; k, \lambda) = 1 - e^{-(\frac{t}{\lambda})^k} \text{ for } t \ge 0.$$

with k as the shape parameter, and  $\lambda$  as the scale parameter. Since k < 1 in each of the two Weibull models, the failure rate decreases over time, representing the curative effect one would expect in a proportion of diagnosed and treated early-stage cancer.

For 1975-1979 Stage IV rectal-based cancers and 2000-2003 Stage I rectal-based cancers, the loglogistic model was selected:

249 
$$F(t; \mu, \sigma) = \Phi_{logis} \left[ \frac{\log_{(t)} - \mu}{\sigma} \right] \text{ for } t > 0$$

250 where

251 
$$\Phi_{\text{logis}}(z) = \frac{1}{1 + e^{-z}}$$

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## Colorectal Cancer and Adenoma Incidence & Mortality (CRC-AIM) Microsimulation Model

For 1975-1979 Stage I, II, and III rectal-based cancers; Stage II colon-based cancers; and 2000-2003 Stage II, III, and IV colon- and rectal-based cancers, the lognormal model was selected:

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$$F(t; \mu, \sigma) = \Phi_{nor} \left[ \frac{\log_{(t)} - \mu}{\sigma} \right] \text{ for } t > 0$$

256 where

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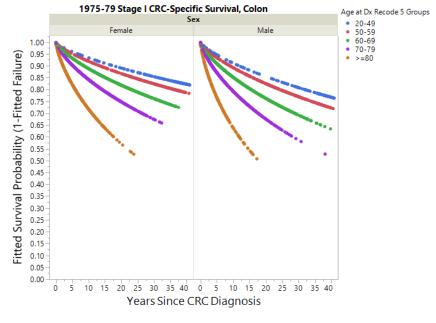
$$\Phi_{\text{nor}}(z) = \int_{-\infty}^{z} \Phi_{\text{nor}}(w) dw$$

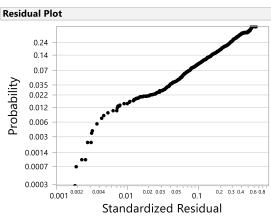
258 For 1975-1979 Stage III and IV colon cancer, the Fréchet model was selected:

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$$F(t; \mu, \sigma) = exp\left[-exp\left(-\frac{log_{(t)}-\mu}{\sigma}\right)\right] \text{ for } t > 0$$

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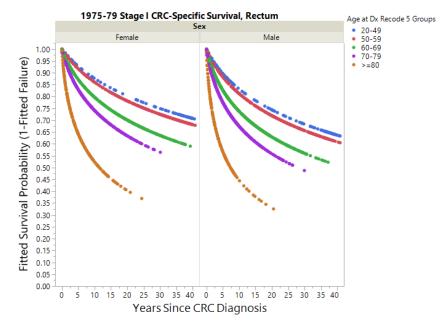
Figure 1. Modeled cause-specific survival for 1975-79 stage I colorectal cancer (CRC) in the colon, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

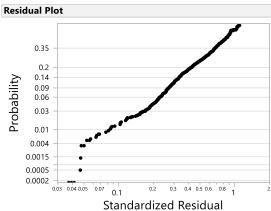




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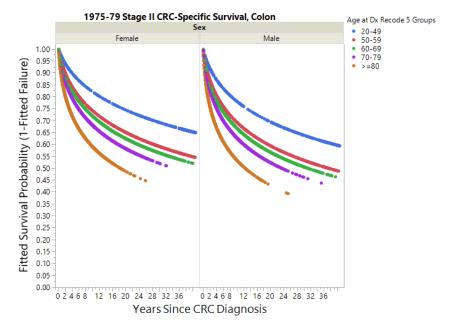
Figure 2. Modeled cause-specific survival for 1975-79 stage I colorectal cancer (CRC) in the rectum, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

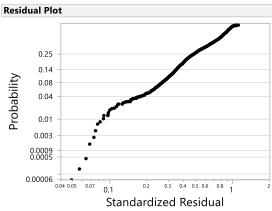




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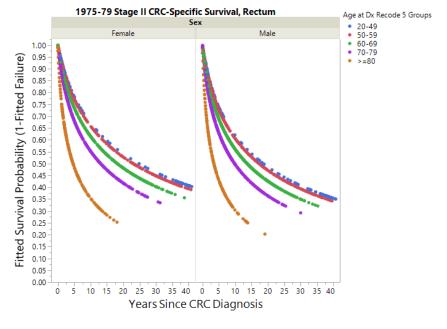
Figure 3. Modeled cause-specific survival for 1975-79 stage II colorectal cancer (CRC) in the colon, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

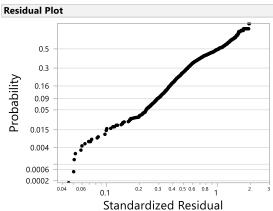




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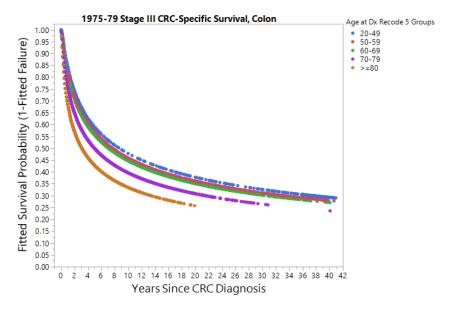
Figure 4. Modeled cause-specific survival for 1975-79 stage II colorectal cancer (CRC) in the rectum, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

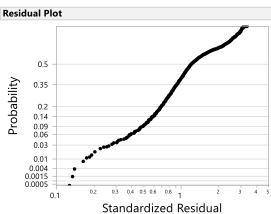




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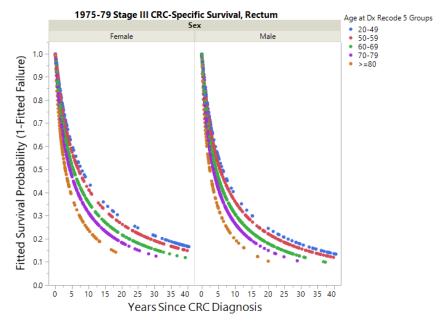
Figure 5. Modeled cause-specific survival for 1975-79 stage III colorectal cancer (CRC) in the colon, stratified by age at diagnosis. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

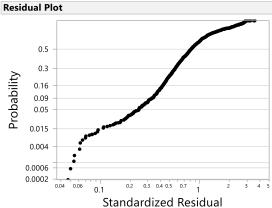




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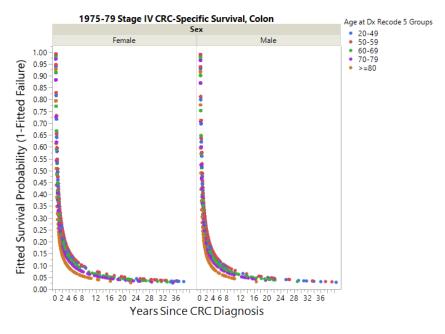
Figure 6. Modeled cause-specific survival for 1975-79 stage III colorectal cancer (CRC) in the rectum, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

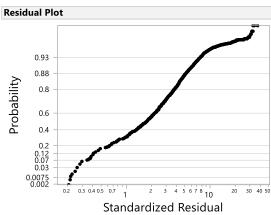




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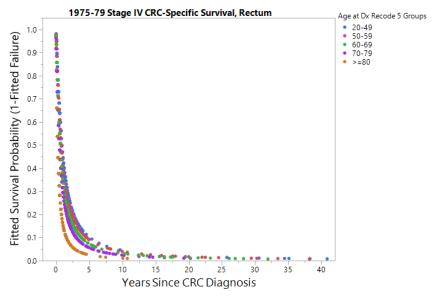
Figure 7. Modeled cause-specific survival for 1975-79 stage IV colorectal cancer (CRC) in the colon, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

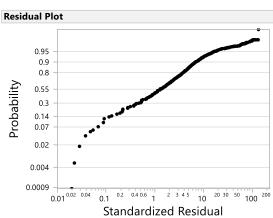




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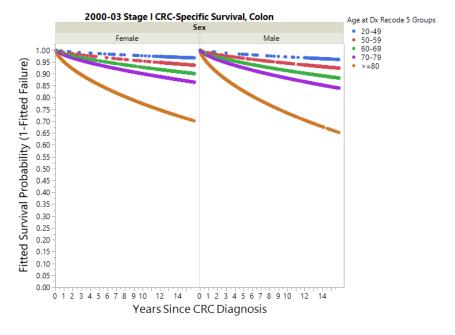
Figure 8. Modeled cause-specific survival for 1975-79 stage IV colorectal cancer (CRC) in the rectum, stratified by age at diagnosis. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

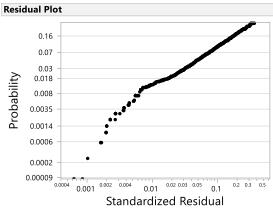




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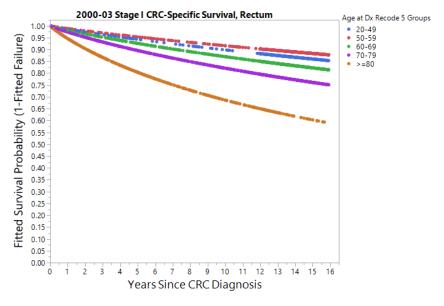
Figure 9. Modeled cause-specific survival for 2000-03 stage I colorectal cancer (CRC) in the colon, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

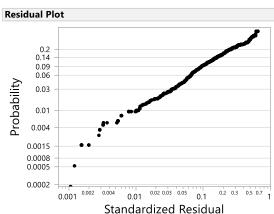




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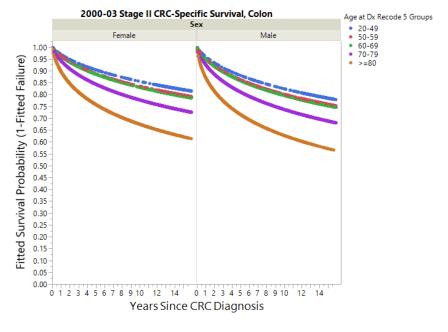
Figure 10. Modeled cause-specific survival for 2000-03 stage I colorectal cancer (CRC) in the rectum, stratified by age at diagnosis. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

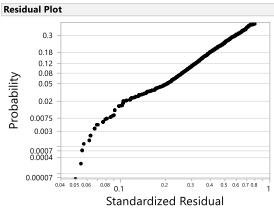




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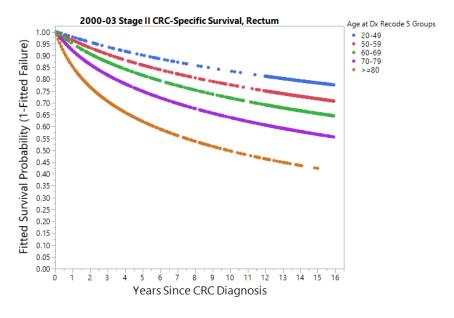
Figure 11. Modeled cause-specific survival for 2000-03 stage II colorectal cancer (CRC) in the colon, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

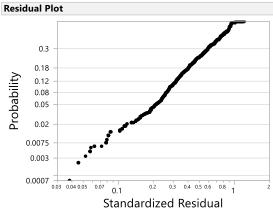




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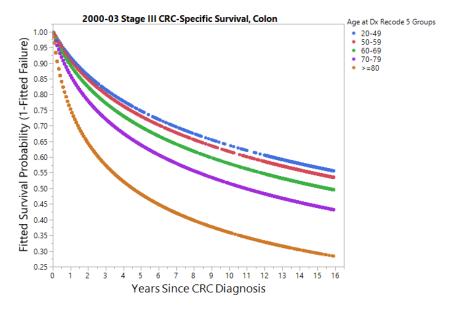
Figure 12. Modeled cause-specific survival for 2000-03 stage II colorectal cancer (CRC) in the rectum, stratified by age at diagnosis. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

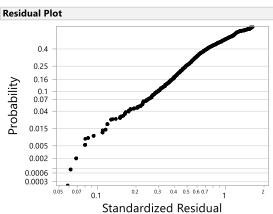




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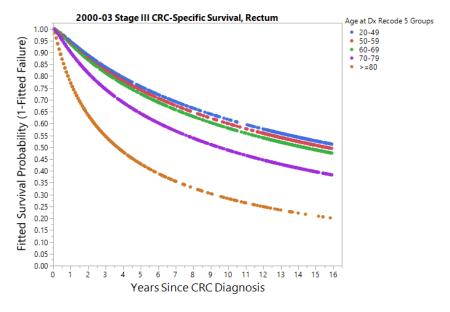
Figure 13. Modeled cause-specific survival for 2000-03 stage III colorectal cancer (CRC) in the colon, stratified by age at diagnosis and sex. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

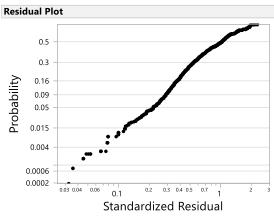




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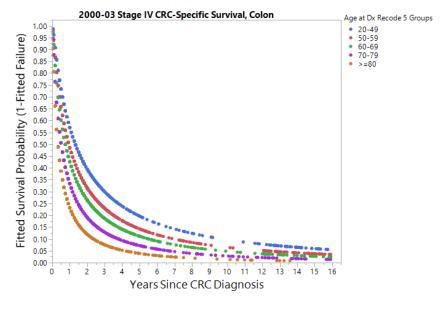
Figure 14. Modeled cause-specific survival for 2000-03 stage III colorectal cancer (CRC) in the rectum, stratified by age at diagnosis. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

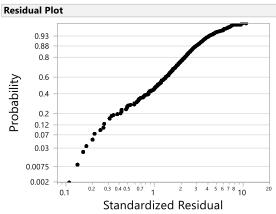




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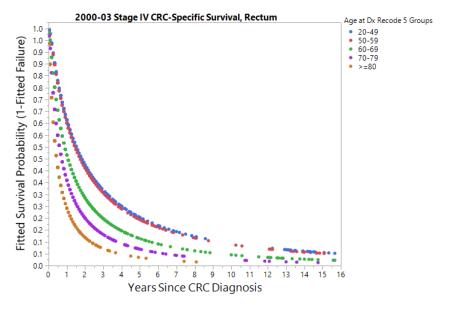
Figure 15. Modeled cause-specific survival for 2000-03 stage IV colorectal cancer (CRC) in the colon, stratified by age at diagnosis. CRC-specific survival is represented as percent survival by years since diagnosis. Note: The abnormal residual behavior at low probability is due to recoding survival month from 0 months to 0.5 months—the abnormal plot observations have survival month values of 0.5—and has little practical impact on survival, which is based on yearly increments.

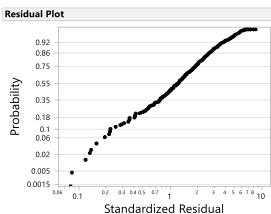




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Figure 16. Modeled cause-specific survival for 2000-03 stage IV colorectal cancer (CRC) in the rectum, stratified by age at diagnosis. CRC-specific survival is represented as percent survival by years since diagnosis.





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Table 1. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 1975-79 stage I colorectal cancer (CRC) in the colon. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. Parameter  $\delta = 1/\kappa$ . The Wald confidence interval was used.

1975-79 St	age I CRC,	Colon: Model	Comparison	
Distribution	AICc			
Weibull	6825.0			
Lognormal	6864.6			
Exponential	6895.8			
Frechet	6936.9			
Loglogistic	6829.9			
Observation Used	3555			
Uncensored Values	667			
Right Censored Values	2888			
	Whole	Model Test		
ChiSquare	DF	Prob>Chisq		
134.9306	5	<.0001		
	Paramet	er Estimates		
Term	Estimate	Std Error	Lower 95%	Upper 95%
Intercept	4.787517	0.092399	4.606419	4.968616
Sex[Female]	0.858742	0.169591	0.526351	1.191134
Age at Dx Recode 5 Groups[20-49]	0.586693	0.117597	0.356207	0.817178
Age at Dx Recode 5 Groups[50-59]	0.135153	0.095296	-0.051624	0.321931
Age at Dx Recode 5 Groups[60-69]	-0.354845	0.093406	-0.537918	-0.171773
Age at Dx Recode 5 Groups[70-79]	0.200183	0.051827	0.098603	0.301763
δ	1.324690	0.046260	1.234021	1.415358
	Wa	ld Tests		
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq
Sex	1	1	14.9188	0.0001
Age at Dx Recode 5 Groups	4	4	145.6113	<.0001

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Table 2. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 1975-79 stage I colorectal cancer (CRC) in the rectum. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

1975-79 Stage I CRC, Rectum: Model Comparison					
Distribution	AICc				
Weibull	7812.9				
Lognormal	7787.6				
Exponential	7933.7				
Frechet	7849.7				
Loglogistic	7792.9				
Observation Used	2951				
Uncensored Values	870	-			
Right Censored Values	2081	-			
	NA/1 - 1 -	B4 - 1-1 T 4			
	1	Model Test	1		
ChiSquare	DF	Prob>Chisq			
196.0059	5	<.0001			
	Paramet	er Estimates			
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	3.795728	0.078583	3.641709	3.949748	
Sex[Female]	0.222715	0.053987	0.116902	0.328528	
Age at Dx Recode 5 Groups[20-49]	0.911051	0.171131	0.575640	1.246462	
Age at Dx Recode 5 Groups[50-59]	0.741344	0.111520	0.522769	0.959920	
Age at Dx Recode 5 Groups[60-69]	0.171881	0.095995	-0.016266	0.360028	
Age at Dx Recode 5 Groups[70-79]	-0.244835	0.101088	-0.442965	-0.046706	
δ	2.273770	0.060525	2.155143	2.392396	
	\Ma	ld Tests			
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Sex	1	1	17.0182	<.0001	
Age at Dx Recode 5 Groups	4	4	206.1739	<.0001	

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Table 3. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 1975-79 stage II colorectal cancer (CRC) in the colon. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

1975-79 St	age II CRC,	Colon: Model	Comparison	
Distribution	AICc			
Weibull	26345.42			
Lognormal	26170.66			
Exponential	27542.08			
Frechet	26271.67			
Loglogistic	26247.34			
Observation Used	9215			
Uncensored Values	3172			
Right Censored Values	6043			
	Whole	Model Test		
ChiSquare	DF	Prob>Chisq		
210.33	5	<.0001		
	Paramet	er Estimates		
Term	Estimate	Std Error	Lower 95%	Upper 95%
Intercept	3.600079	0.046776	3.508399	3.691758
Sex[Female]	0.192775	0.033208	0.127689	0.257860
Age at Dx Recode 5 Groups[20-49]	0.913622	0.108666	0.700641	1.126604
Age at Dx Recode 5 Groups[50-59]	0.207249	0.078138	0.054102	0.360396
Age at Dx Recode 5 Groups[60-69]	0.026601	0.062580	-0.096054	0.149255
Age at Dx Recode 5 Groups[70-79]	-0.260595	0.059840	-0.377880	-0.143311
δ	2.610969	0.036533	2.539365	2.682572
	Wa	ld Tests		
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq
Sex	1	1	33.6997	<.0001
Age at Dx Recode 5 Groups	4	4	194.7110	<.0001

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Table 4. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 1975-79 stage II colorectal cancer (CRC) in the rectum. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

1975-79 Sta	1975-79 Stage II CRC, Rectum: Model Comparison					
Distribution	AICc					
Weibull	10796.0836					
Lognormal	10639.6158					
Exponential	11120.6735					
Frechet	10682.5047					
Loglogistic	10686.3145					
Observation Used	3016					
Uncensored Values	1432					
Right Censored Values	1584					
	Whole	Model Test				
ChiSquare	DF	Prob>Chisq				
141.3549	5	<.0001				
		1				
	Paramet	er Estimates				
Term	Estimate	Std Error	Lower 95%	Upper 95%		
Intercept	2.527056	0.054762	2.419724	2.634389		
Sex[Female]	0.143037	0.042876	0.059002	0.227073		
Age at Dx Recode 5 Groups[20-49]	0.538863	0.144432	0.255782	0.821944		
Age at Dx Recode 5 Groups[50-59]	0.465769	0.089596	0.290165	0.641373		
Age at Dx Recode 5 Groups[60-69]	0.229271	0.076962	0.078427	0.380115		
Age at Dx Recode 5 Groups[70-79]	-0.099496	0.079690	-0.255685	0.056693		
δ	2.042596	0.041566	1.961128	2.124063		
	Wal	d Tests				
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Sex	1	1	11.1294	0.0008		
Age at Dx Recode 5 Groups	4	4	145.4905	<.0001		

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Table 5. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 1975-79 stage III colorectal cancer (CRC) in the colon. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

1975-79 Sta	1975-79 Stage III CRC, Colon: Model Comparison					
Distribution	AICc					
Weibull	23746.7629					
Lognormal	23031.5681					
Exponential	25518.8877					
Frechet	22867.6911					
Loglogistic	23169.7505					
Observation Used	0005					
Observation Used	6205					
Uncensored Values	3667					
Right Censored Values	2538					
	Whole	Model Test				
Chicauara	DF	1				
ChiSquare		Prob>Chisq				
139.7007	4	<.0001				
	Paramet	er Estimates				
Term	Estimate	Std Error	Lower 95%	Upper 95%		
Intercept	0.972896	0.034369	0.905534	1.040258		
Age at Dx Recode 5 Groups[20-49]	0.382867	0.083996	0.218238	0.547496		
Age at Dx Recode 5 Groups[50-59]	0.259110	0.060790	0.139964	0.378256		
Age at Dx Recode 5 Groups[60-69]	0.178915	0.052158	0.076687	0.281143		
Age at Dx Recode 5 Groups[70-79]	-0.174654	0.051553	-0.275695	-0.073612		
σ	2.200354	0.026582	2.148254	2.252454		
Wald Tests						
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Age at Dx Recode 5 Groups	4	4	139.0287	<.0001		

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Table 6. Preliminary model parameter estimates for the cause-specific survival for 1975-79 stage III colorectal cancer (CRC) in the colon. Parameter estimates correspond to the highlighted distribution in Table S14, demonstrating that sex is not a significant covariate. The Wald confidence interval was used.

1975-79 Stage III CRC, Colon: Preliminary Model Comparison						
	Paramet	er Estimates				
Term	Estimate	Std Error	Lower 95%	Upper 95%		
Intercept	0.973078	0.034460	0.905538	1.040618		
Sex[Female]	-0.002081	0.028599	-0.058135	0.053972		
Age at Dx Recode 5 Groups[20-49]	0.382792	0.084002	0.218150	0.547433		
Age at Dx Recode 5 Groups[50-59]	0.258967	0.060821	0.139760	0.378175		
Age at Dx Recode 5 Groups[60-69]	0.178682	0.052256	0.076263	0.281102		
Age at Dx Recode 5 Groups[70-79]	-0.174549	0.051573	-0.275630	-0.073468		
σ	2.200347	0.026582	2.148247	2.252448		
	Wal	d Tests				
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Sex	1	1	0.0053	0.9420		
Age at Dx Recode 5 Groups	4	4	137.6711	<.0001		

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Table 7. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 1975-79 stage III colorectal cancer (CRC) in the rectum. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

1975-79 Stage III CRC, Rectum: Model Comparison					
Distribution	AICc				
Weibull	11003.1542				
Lognormal	10616.6864				
Exponential	11431.3049				
Frechet	10616.7219				
Loglogistic	10621.7841				
Observation Used	2640				
Uncensored Values	1764				
Right Censored Values	876				
	Whole	Model Test			
ChiSquare	DF	Prob>Chisq			
64.0900	5	<.0001			
	Paramet	er Estimates			
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	1.549157	0.041109	1.468586	1.629729	
Sex[Female]	0.113776	0.035208	0.044770	0.182783	
Age at Dx Recode 5 Groups[20-49]	0.409712	0.101801	0.210185	0.609238	
Age at Dx Recode 5 Groups[50-59]	0.280006	0.068825	0.145111	0.414901	
Age at Dx Recode 5 Groups[60-69]	0.031083	0.061877	-0.090193	0.152359	
Age at Dx Recode 5 Groups[70-79]	-0.171752	0.066091	-0.301289	-0.042216	
σ	1.675403	0.029953	1.616696	1.734110	
	Wal	d Tests			
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Sex	1	1	10.4428	0.0012	
Age at Dx Recode 5 Groups	4	4	57.8493	<.0001	

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Table 8. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 1975-79 stage IV colorectal cancer (CRC) in the colon. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. DNC = did not converge. The Wald confidence interval was used.

1975-79 Sta	ge IV CRC,	Colon: Model	Comparison			
Distribution	AICc					
Weibull	14411.1196					
Lognormal	12728.1446					
Exponential	DNC					
Frechet	12705.7556					
Loglogistic	12712.6132					
Observation Used	6853					
Uncensored Values	6209					
Right Censored Values	644					
	Whole	Model Test				
ChiSquare	DF	Prob>Chisq				
268.2056	5	<.0001				
	Paramet	er Estimates				
Term	Estimate	Std Error	Lower 95%	Upper 95%		
Intercept	-1.361909	0.019978	-1.401066	-1.322753		
Sex[Female]	0.036882	0.016846	0.003865	0.069900		
Age at Dx Recode 5 Groups[20-49]	0.259513	0.052021	0.157554	0.361473		
Age at Dx Recode 5 Groups[50-59]	0.312021	0.036765	0.239963	0.384078		
Age at Dx Recode 5 Groups[60-69]	0.068881	0.030781	0.008550	0.129211		
Age at Dx Recode 5 Groups[70-79]	-0.111060	0.030466	-0.170773	-0.051347		
σ	1.372644	0.013103	1.346962	1.398326		
	Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Sex	1	1	4.7934	0.0286		
Age at Dx Recode 5 Groups	4	4	264.7558	<.0001		

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Table 9. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 1975-79 stage IV colorectal cancer (CRC) in the rectum. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. DNC = did not converge. The Wald confidence interval was used.

1975-79 Stag	1975-79 Stage IV CRC, Rectum: Model Comparison					
Distribution	AICc					
Weibull	5536.4062					
Lognormal	5070.5617					
Exponential	DNC					
Frechet	5254.9737					
Loglogistic	5065.0192					
	0.400	1				
Observation Used	2408	-				
Uncensored Values	2212					
Right Censored Values	196					
	Whole	Model Test				
ChiSquare	DF	Prob>Chisq				
143.4434	4	<.0001				
	<u> </u>	1.0001				
	Paramet	er Estimates				
Term	Estimate	Std Error	Lower 95%	Upper 95%		
Intercept	-0.509357	0.031974	-0.572025	-0.446688		
Age at Dx Recode 5 Groups[20-49]	0.415409	0.084990	0.248831	0.581987		
Age at Dx Recode 5 Groups[50-59]	0.316781	0.056604	0.205838	0.427723		
Age at Dx Recode 5 Groups[60-69]	0.125683	0.050379	0.026942	0.224424		
Age at Dx Recode 5 Groups[70-79]	-0.096889	0.053525	-0.201797	0.008018		
σ	0.785458	0.013837	0.758339	0.812577		
	,					
	Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Age at Dx Recode 5 Groups	4	4	149.8985	<.0001		

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Table 10. Preliminary model parameter estimates for the cause-specific survival for 1975-79 stage IV colorectal cancer (CRC) in the rectum. Parameter estimates correspond to the highlighted distribution in Table S18, demonstrating that sex is not a significant covariate. The Wald confidence interval was used.

1975-79 Stage IV CRC, Rectum: Preliminary Model Comparison					
	Paramet	er Estimates			
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	-0.511735	0.032056	-0.574563	-0.448906	
Sex[Female]	-0.027858	0.028592	-0.083898	0.028181	
Age at Dx Recode 5 Groups[20-49]	0.413433	0.084969	0.246896	0.579970	
Age at Dx Recode 5 Groups[50-59]	0.312648	0.056746	0.201428	0.423869	
Age at Dx Recode 5 Groups[60-69]	0.122855	0.050451	0.023973	0.221737	
Age at Dx Recode 5 Groups[70-79]	-0.095562	0.053518	-0.200456	0.009332	
σ	0.785255	0.013834	0.758140	0.812370	
	Wa	ld Tests			
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Sex	1	1	0.9493	0.3299	
Age at Dx Recode 5 Groups	4	4	144.2795	<.0001	

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Table 11. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 2000-03 stage I colorectal cancer (CRC) in the colon. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. Parameter  $\delta = 1/\kappa$ . The Wald confidence interval was used.

2000-03 Stage I CRC, Colon: Model Comparison						
Distribution	AICc					
Weibull	6712.5586					
Lognormal	6732.2328					
Exponential	6820.2702					
Frechet	6778.3830					
Loglogistic	6714.0577					
Observation Used	6054					
Uncensored Values	645					
Right Censored Values	5409					
	Whole	Model Test				
ChiSquare	DF	Prob>Chisq				
241.2994	5	<.0001				
	Paramet	er Estimates				
Term	Estimate	Std Error	Lower 95%	Upper 95%		
Intercept	5.879682	0.163628	5.558976	6.200387		
Sex[Female]	0.132082	0.057253	0.019869	0.244295		
Age at Dx Recode 5 Groups[20-49]	1.609704	0.352986	0.917864	2.301544		
Age at Dx Recode 5 Groups[50-59]	0.649916	0.180608	0.295931	1.003902		
Age at Dx Recode 5 Groups[60-69]	-0.011486	0.141261	-0.288353	0.265381		
Age at Dx Recode 5 Groups[70-79]	-0.486255	0.128291	-0.737700	-0.234809		
δ	1.430413	0.052380	1.327749	1.533077		
	Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Sex	1	1	5.3222	0.0211		
Age at Dx Recode 5 Groups	4	4	204.3100	<.0001		

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Table 12. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 2000-03 stage I colorectal cancer (CRC) in the rectum. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

2000-03 Stage I CRC, Rectum: Model Comparison						
Distribution	AICc					
Weibull	4427.7791					
Lognormal	4431.6023					
Exponential	4439.5690					
Frechet	4462.4581					
Loglogistic	4425.4890					
Observation Used	2827					
Uncensored Values	439	_				
Right Censored Values	2388	_				
Night Censored values	2300					
	Whole Model Test					
ChiSquare	DF	Prob>Chisq				
241.2994	5	<.0001				
	1	er Estimates				
Term	Estimate	Std Error	Lower 95%	Upper 95%		
Intercept	4.247524	0.106285	4.039210	4.455839		
Age at Dx Recode 5 Groups[20-49]	0.470342	0.163954	0.148998	0.791685		
Age at Dx Recode 5 Groups[50-59]	0.703278	0.131565	0.445416	0.961140		
Age at Dx Recode 5 Groups[60-69]	0.159296	0.110116	-0.056527	0.375118		
Age at Dx Recode 5 Groups[70-79]	-0.256080	0.104809	-0.461501	-0.050659		
δ	1.107932	0.048396	1.013078	1.202787		
	Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Age at Dx Recode 5 Groups	4	4	96.8821	<.0001		

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Table 13. Preliminary model parameter estimates for the cause-specific survival for 2000-03 stage I colorectal cancer (CRC) in the rectum. Parameter estimates correspond to the highlighted distribution in Table S20, demonstrating that sex is not a significant covariate. The Wald confidence interval was used.

2000-03 Stage I CRC, Rectum: Preliminary Model Comparison					
	Paramet	ter Estimates	;		
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	4.258682	0.107017	4.048934	4.468431	
Sex[Female]	0.087242	0.059925	-0.030209	0.204693	
Age at Dx Recode 5 Groups[20-49]	0.476808	0.163836	0.155696	0.797920	
Age at Dx Recode 5 Groups[50-59]	0.713406	0.131665	0.455347	0.971464	
Age at Dx Recode 5 Groups[60-69]	0.171302	0.110311	-0.044904	0.387507	
Age at Dx Recode 5 Groups[70-79]	-0.260059	0.104704	-0.465276	-0.054843	
σ	1.106348	0.048312	1.011658	1.201038	
Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Sex	1	1	2.1195	0.1454	
Age at Dx Recode 5 Groups	4	4	98.7242	<.0001	

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Table 14. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 2000-03 stage II colorectal cancer (CRC) in the colon. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

2000-03 Stage II CRC, Colon: Model Comparison						
Distribution	AICc					
Weibull	16392.3346					
Lognormal	16356.1742					
Exponential	16909.8138					
Frechet	16423.1679					
Loglogistic	16372.8197					
Observation Used	8258					
Uncensored Values	1866					
Right Censored Values	6392					
	Whole	Model Test				
ChiSquare	DF	Prob>Chisq				
204.1411	5	<.0001				
		er Estimates				
Term	Estimate	Std Error	Lower 95%	Upper 95%		
Intercept	4.501293	0.072495	4.359205	4.643381		
Sex[Female]	0.182476	0.042847	0.098496	0.266455		
Age at Dx Recode 5 Groups[20-49]	0.619266	0.136899	0.350949	0.887583		
Age at Dx Recode 5 Groups[50-59]	0.377763	0.106751	0.168534	0.586992		
Age at Dx Recode 5 Groups[60-69]	0.324346	0.089388	0.149149	0.499542		
Age at Dx Recode 5 Groups[70-79]	-0.222634	0.076338	-0.372255	-0.073013		
δ	2.831562	0.052886	2.727907	2.935217		
	Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Sex	1	1	18.1369	<.0001		
Age at Dx Recode 5 Groups	4	4	206.2314	<.0001		

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Table 15. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 2000-03 stage II colorectal cancer (CRC) in the rectum. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

2000-03 Stage II CRC, Rectum: Model Comparison				
Distribution	AICc			
Weibull	5542.9467	]		
Lognormal	5520.6179			
Exponential	5607.6837			
Frechet	5566.6658			
Loglogistic	5524.4337			
Observation Used	2183			
Uncensored Values	663	-		
Right Censored Values	1520	-		
	1			
	Whole	Model Test		
ChiSquare	DF	Prob>Chisq		
117.9298	4	<.0001		
	Doromot	er Estimates		
_	1		0.50/	
Term	Estimate	Std Error	Lower 95%	Upper 95%
Intercept	3.467962	0.084494	3.302357	3.633568
Age at Dx Recode 5 Groups[20-49]	0.960835	0.164340	0.638735	1.282935
Age at Dx Recode 5 Groups[50-59]	0.497604	0.122020	0.258449	0.736758
Age at Dx Recode 5 Groups[60-69]	0.114634	0.111704	-0.104301	0.333570
Age at Dx Recode 5 Groups[70-79]	-0.391419	0.105896	-0.598971	-0.183867
δ	2.187381	0.067674	2.054742	2.320019
Wald Tests				
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq
Age at Dx Recode 5 Groups	4	4	119.1489	<.0001

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Table 16. Preliminary model parameter estimates for the cause-specific survival for 2000-03 stage II colorectal cancer (CRC) in the rectum. Parameter estimates correspond to the highlighted distribution in Table S24, demonstrating that sex is not a significant covariate. The Wald confidence interval was used.

2000-03 Stage II CRC, Rectum: Preliminary Model Comparison						
	Paramet	er Estimates				
Term Estimate Std Error Lower 95% Upper 95%						
Intercept	3.467825	0.084915	3.301394	3.634256		
Sex[Female]	-0.000969	0.059721	-0.118020	0.116081		
Age at Dx Recode 5 Groups[20-49]	0.960789	0.164363	0.638643	1.282934		
Age at Dx Recode 5 Groups[50-59]	0.497535	0.122094	0.258236	0.736834		
Age at Dx Recode 5 Groups[60-69]	0.114536	0.111868	-0.104721	0.333793		
Age at Dx Recode 5 Groups[70-79]	-0.391428	0.105897	-0.598983	-0.183874		
σ	2.187376	0.067674	2.054737	2.320016		
		=				
	Wa	ld Tests				
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Sex	1	1	0.0003	0.9871		
Age at Dx Recode 5 Groups	4	4	118.0013	<.0001		

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Table 17. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 2000-03 stage III colorectal cancer (CRC) in the colon. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

2000-03 Stage III CRC, Colon: Model Comparison					
Distribution	AICc				
Weibull	23078.6953				
Lognormal	22728.0115				
Exponential	23978.1744				
Frechet	22747.3516				
Loglogistic	22845.1864				
Observation Used	7326				
Uncensored Values	3284				
Right Censored Values	4042				
	Whole	Model Test			
Whole Model Test					
ChiSquare	DF	Prob>Chisq			
344.5836	4	<.0001			
	Paramet	er Estimates			
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	2.536067	0.036069	2.465373	2.606762	
Age at Dx Recode 5 Groups[20-49]	0.541576	0.081362	0.382109	0.701043	
Age at Dx Recode 5 Groups[50-59]	0.426254	0.066332	0.296246	0.556262	
Age at Dx Recode 5 Groups[60-69]	0.206712	0.058163	0.092714	0.320710	
Age at Dx Recode 5 Groups[70-79]	-0.146281	0.053108	-0.250372	-0.042191	
σ	2.204045	0.030060	2.145128	2.262963	
Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Age at Dx Recode 5 Groups	4	4	359.3299	<.0001	

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Table 18. Preliminary model parameter estimates for the cause-specific survival for 2000-03 stage III colorectal cancer (CRC) in the colon. Parameter estimates correspond to the highlighted distribution in Table S26, demonstrating that sex is not a significant covariate. The Wald confidence interval was used.

2000-03 Stage III CRC, Colon: Preliminary Model Comparison					
	Parame	ter Estimates	;		
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	2.534884	0.036061	2.464206	2.605561	
Sex[Female]	0.057506	0.029917	-0.001131	0.116142	
Age at Dx Recode 5 Groups[20-49]	0.547783	0.081409	0.388224	0.707343	
Age at Dx Recode 5 Groups[50-59]	0.434101	0.066450	0.303862	0.564341	
Age at Dx Recode 5 Groups[60-69]	0.213685	0.058264	0.099489	0.327881	
Age at Dx Recode 5 Groups[70-79]	-0.149754	0.053122	-0.253871	-0.045638	
σ	2.203402	0.030051	2.144504	2.262300	
Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Sex	1	1	3.6947	0.0546	
Age at Dx Recode 5 Groups	4	4	361.1771	<.0001	

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Table 19. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 2000-03 stage III colorectal cancer (CRC) in the rectum. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

2000-03 Sta	ge III CRC, I	Rectum: Mode	el Comparison		
Distribution	AICc				
Weibull	9203.2670	]			
Lognormal	9061.5251				
Exponential	9279.4864				
Frechet	9086.8547				
Loglogistic	9103.2215				
Observation Used	2685				
Uncensored Values	1248	1			
Right Censored Values	1437				
	Whole	Model Test			
ChiSquare	DF	Prob>Chisq			
164.9559	4	<.0001	-		
	1		1		
	Paramet	er Estimates			
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	2.355839	0.043877	2.269841	2.441836	
Age at Dx Recode 5 Groups[20-49]	0.470034	0.083975	0.305445	0.634622	
Age at Dx Recode 5 Groups[50-59]	0.389915	0.073731	0.245406	0.534424	
Age at Dx Recode 5 Groups[60-69]	0.303914	0.073070	0.160700	0.447128	
Age at Dx Recode 5 Groups[70-79]	-0.107169	0.072685	-0.249628	0.035290	
σ	1.751901	0.038754	1.675944	1.827857	
Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Age at Dx Recode 5 Groups	4	4	174.3351	<.0001	

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Table 20. Preliminary model parameter estimates for the cause-specific survival for 2000-03 stage III colorectal cancer (CRC) in the rectum. Parameter estimates correspond to the highlighted distribution in Table S28, demonstrating that sex is not a significant covariate. The Wald confidence interval was used.

2000-03 Stage III CRC, Rectum: Preliminary Model Comparison						
	Paramet	er Estimates				
Term Estimate Std Error Lower 95% Upper 95%						
Intercept	2.360388	0.044059	2.274034	2.446742		
Sex[Female]	0.048828	0.038920	-0.027454	0.125110		
Age at Dx Recode 5 Groups[20-49]	0.472463	0.083950	0.307924	0.637002		
Age at Dx Recode 5 Groups[50-59]	0.395694	0.073836	0.250978	0.540410		
Age at Dx Recode 5 Groups[60-69]	0.309335	0.073151	0.165962	0.452708		
Age at Dx Recode 5 Groups[70-79]	-0.108186	0.072639	-0.250555	0.034183		
σ	1.750808	0.038728	1.674903	1.826713		
	Wal	d Tests				
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Sex	1	1	1.5740	0.2096		
Age at Dx Recode 5 Groups	4	4	175.9034	<.0001		

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Table 21. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 2000-03 stage IV colorectal cancer (CRC) in the colon. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

2000-03 Sta	ge IV CRC,	Colon: Model	Comparison		
Distribution	AICc				
Weibull	12638.3198				
Lognormal	11934.9884				
Exponential	14039.0074				
Frechet	12219.7368				
Loglogistic	12048.4684				
Observation Used	5175				
Uncensored Values	4668				
Right Censored Values	507				
	Whole	Model Test			
OLIO	1	1	T		
ChiSquare	DF	Prob>Chisq	4		
403.4377	4	<.0001			
	Paramet	er Estimates			
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	-0.376556	0.022984	-0.421604	-0.331508	
Age at Dx Recode 5 Groups[20-49]	0.653115	0.055073	0.545174	0.761055	
Age at Dx Recode 5 Groups[50-59]	0.319011	0.046280	0.228303	0.409719	
Age at Dx Recode 5 Groups[60-69]	0.086081	0.042726	0.002340	0.169823	
Age at Dx Recode 5 Groups[70-79]	-0.292951	0.039731	-0.370821	-0.215080	
σ	1.558274	0.016318	1.526292	1.590256	
Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Age at Dx Recode 5 Groups	4	4	422.7788	<.0001	

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Table 22. Preliminary model parameter estimates for the cause-specific survival for 2000-03 stage IV colorectal cancer (CRC) in the colon. Parameter estimates correspond to the highlighted distribution in Table S30, demonstrating that sex is not a significant covariate. The Wald confidence interval was used.

2000-03 Stage IV CRC, Colon: Preliminary Model Comparison						
	Paramet	er Estimates	;			
Term Estimate Std Error Lower 95% Upper 95%						
Intercept	-0.376659	0.022984	-0.421708	-0.331610		
Sex[Female]	0.010891	0.022191	-0.032603	0.054385		
Age at Dx Recode 5 Groups[20-49]	0.653505	0.055077	0.545556	0.761454		
Age at Dx Recode 5 Groups[50-59]	0.320078	0.046330	0.229272	0.410883		
Age at Dx Recode 5 Groups[60-69]	0.087155	0.042781	0.003305	0.171004		
Age at Dx Recode 5 Groups[70-79]	-0.292947	0.039730	-0.370815	-0.215079		
σ	1.558236	0.016317	1.526255	1.590218		
Wald Tests						
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq		
Sex	1	1	0.2409	0.6236		
Age at Dx Recode 5 Groups	4	4	420.4701	<.0001		

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Table 23. Model selection details and fitted model diagnostics and parameter estimates for cause-specific survival for 2000-03 stage IV colorectal cancer (CRC) in the rectum. The highlighted distribution was selected because it resulted in the smallest Akaike information criterion (AICc) and the parameter estimates correspond to that distribution. The Wald confidence interval was used.

2000-03 Stage IV CRC, Rectum: Model Comparison					
Distribution	AICc				
Weibull	4760.9838				
Lognormal	4604.2003				
Exponential	4958.6266				
Frechet	4801.3275				
Loglogistic	4614.0333				
Observation Used	1680				
Uncensored Values	1519				
Right Censored Values	161	-			
	300				
		Model Test	T		
ChiSquare	DF	Prob>Chisq			
188.1231	4	<.0001			
	Daramot	or Estimatos			
Term	Parameter Estimates				
-	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	-0.170694	0.036309	-0.241859	-0.099529	
Age at Dx Recode 5 Groups[20-49]	0.588259	0.079296	0.432842	0.743676	
Age at Dx Recode 5 Groups[50-59]	0.540838	0.068976	0.405646	0.676029	
Age at Dx Recode 5 Groups[60-69]	0.048875	0.067135	-0.082708	0.180458	
Age at Dx Recode 5 Groups[70-79]	-0.343684	0.067486	-0.475954	-0.211414	
σ	1.434866	0.026359	1.383203	1.486530	
Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Age at Dx Recode 5 Groups	4	4	200.4892	<.0001	

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Table 24. Preliminary model parameter estimates for the cause-specific survival for 2000-03 stage IV colorectal cancer (CRC) in the rectum. Parameter estimates correspond to the highlighted distribution in Table S32, demonstrating that sex is not a significant covariate. The Wald confidence interval was used.

2000-03 Stage IV CRC, Rectum: Preliminary Model Comparison					
Parameter Estimates					
Term	Estimate	Std Error	Lower 95%	Upper 95%	
Intercept	-0.163711	0.036939	-0.236111	-0.091311	
Sex[Female]	0.037664	0.036799	-0.034460	0.109789	
Age at Dx Recode 5 Groups[20-49]	0.590337	0.079294	0.434923	0.745750	
Age at Dx Recode 5 Groups[50-59]	0.545970	0.069134	0.410469	0.681470	
Age at Dx Recode 5 Groups[60-69]	0.053490	0.067261	-0.078340	0.185320	
Age at Dx Recode 5 Groups[70-79]	-0.343140	0.067464	-0.475366	-0.210914	
σ	1.434349	0.026350	1.382704	1.485994	
		=			
Wald Tests					
Source	Nparm	DF	Wald ChiSquare	Prob>ChiSq	
Sex	1	1	1.0476	0.3061	
Age at Dx Recode 5 Groups	4	4	200.9993	<.0001	

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Table 25. Coding details for derived variables used for the SEER survival analysis. Survival analysis was performed using survival years (where a month value of 0 was recoded as 0.5) versus age and sex factors, stratified by site and American Joint Committee on Cancer (AJCC) stage. Survival models were selected based on smallest Akaike information criterion (AICc). Analysis performed using JMP v13.0 (SAS Institute).

New Column Name	Description	Code
"Age at Dx Recode 5 Groups"	Re-classifies SEER*STAT "Age recode with <1 year olds" (age at Diagnosis, 17 groups) to 5 groups	Match(:Name("Age recode with <1 year olds"),  "01-04 years", "<20", "10-14 years", "<20", "15-19 years", "<20", "20-24 years", "20-49", "30-34 years", "20-49", "35-39 years", "20-49", "40-44 years", "20-49", "45-49 years", "20-49", "50-54 years", "50-59", "55-59 years", "50-59", "60-64 years", "60-69", "65-69 years", "60-69", "70-74 years", "70-79", "75-79 years", "70-79", "80-84 years", ">=80", "85+ years", ">=80", Empty() )
"Site: C vs R"	Recodes SEER*STAT "Site Colon vs Rectum" to either Colon or Rectum	Match(:Name("Site recode ICD-O-3/WHO 2008"),  "Appendix", "Colon",  "Ascending Colon", "Colon",  "Cecum", "Colon",  "Descending Colon", "Colon",  "Hepatic Flexure", "Colon",  "Large Intestine, NOS", "Colon",  "Rectosigmoid Junction", "Rectum",  "Rectum", "Rectum",  "Sigmoid Colon", "Colon",  "Splenic Flexure", "Colon",  "Transverse Colon", "Colon",  Empty()  )

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New Column Name	Description	Code
"Exclude Based on AJCC"	Filter column to exclude subjects where AJCC is Unstaged	Match(:Name("AJCC 5th Ed Schrag Code"), "AJCC 5th Ed Stage I", "NO", "AJCC 5th Ed Stage III", "NO", "AJCC 5th Ed Stage III", "NO", "AJCC 5th Ed Stage IV", "NO", "AJCC 5th Ed Unstaged", "YES", Empty() )
"Exclude Age too Young"	Filter column to exclude subjects who are younger than the youngest CISNET Age to be at risk of colorectal cancer ( <age 20)<="" td=""><td>Match(:Age at Dx Recode 5 Groups,</td></age>	Match(:Age at Dx Recode 5 Groups,
"ExcludeIs1.Survival.Months"	Filter column to exclude from analysis where survival values could not reliably be calculated and there could be 0 days of follow-up. Uses SEER*STAT survival months flag column.  If survival month dates were incomplete and there could be 0 days of follow-up, then data was excluded.  We included data where complete dates were available.	Match(:Survival months flag,  "Complete dates are available and there are 0 days of survival", "0",  "Complete dates are available and there are more than 0 days of survival", "0",  "Incomplete dates are available and there cannot be zero days of follow-up", "0",  "Incomplete dates are available and there could be zero days of follow-up", "1",  Empty() )
"Surv.Mo.0.as.05"	When sufficient documentation existed for a recorded 0-month survival, the 0-month survival was recoded as 0.5 month survival (so it is not censored in survival analysis).  Note: this can alter the type of parametric regression that is ultimately selected.	If(:ExcludeIs1.Survival.Months == "0" & :Survival months == 0, 0.5, If( :ExcludeIs1.Survival.Months == "0" & :Survival months != 0, :Survival months, Empty()))
"Surv.Year.MonthRecoded"	Calculates survival years using the "Surv.Mo.0.as.05" column	:Surv.Mo.0.as0.5 / 12

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New Column Name	Description	Code
"CensorEquals1"	If the individual is recorded as still be alive at the end of the follow-up or has died of other causes, then the individual is considered as a Censor candidate (pending not being excluded due to other factors listed above).	Match(:Name( "SEER cause-specific death classification" ),     "Alive or dead of other cause", 1,     "Dead (attributable to this cancer dx)", 0,     Empty() )

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