Size distribution of clinically detected CRC

- When a preclinical cancer initiates, the size of the cancer upon clinical detection
- 3 (in the absence of screening—ie, the expiration of sojourn time) is determined. CRC-
- 4 SPIN's size at clinical detection is based on the overall SEER distribution of CRC size
- 5 from 1975-1979, but the parameterization of this size is not explained. Here, we briefly
- 6 describe the steps we took to derive this distribution for CRC-AIM.
- We conducted a SEER query of the 1975-1979 registry data using the conditions
- 8 described below:

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- 10 SEER query for 1975-1979 CRC size
- 11 Software
- 12 Surveillance Research Program, National Cancer Institute SEER*Stat software
- 13 (www.seer.cancer.gov/seerstat) version 8.3.5. accessed 07/12/2018
- 14 Data
- 15 Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov)
- 16 SEER*Stat Database: Incidence SEER 18 Regs Research Data + Hurricane
- 17 Katrina Impacted Louisiana Cases, Nov 2017 Sub (1973-2015 varying) Linked to
- 18 County Attributes Total U.S., 1969-2016 Counties, National Cancer Institute,
- 19 DCCPS, Surveillance Research Program, released April 2018, based on the
- 20 November 2017 submission.
- 21 Selection
- 22 Select Only: Malignant Behavior, Known Age, Cases in Research Database
- 23 {Site and Morphology Site recode ICD-O-3/WHO 2008}='Colon and Rectum'
- 24 AND {Site and Morphology Histologic Type ICD-O-3}=8000-
- 25 8001,8010,8020,8140,8210-8211,8220-8221,8260-8263,8480-8482,8490
- 26 AND {Race, Sex, Year Dx, Registry, County. Year of
- 27 diagnosis}='1975','1976','1977','1978','1979'
- 28 Table
- 29 Expanded EOD(1) CP53 (1973-1982)
- 30 Expanded EOD(2) CP54 (1973-1982)
- 31 Expanded EOD(3) CP55 (1973-1982)

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- 32 Expanded EOD(4) CP56 (1973-1982)
- 33 Expanded EOD(5) CP57 (1973-1982)
- 34 Expanded EOD(6) CP58 (1973-1982)
- 35 Expanded EOD(7) CP59 (1973-1982)
- 36 Expanded EOD(8) CP60 (1973-1982)
- 37 Expanded EOD(9) CP61 (1973-1982)
- 38 Expanded EOD(10) CP62 (1973-1982)
- 39 Expanded EOD(11) CP63 (1973-1982)
- 40 Expanded EOD(12) CP64 (1973-1982)
- 41 Expanded EOD(13) CP65 (1973-1982)
- 42 SEER historic stage A
- 43 2-Digit NS EOD part 1 (1973-1982)
- 44 AJCC 5th Ed Schrag Code 1975-1979

- A total of 50,743 CRCs were queried. The SEER Extent of Disease (EOD)
- 47 coding scheme records CRC sizing information in the unit of millimeter: a value of 0 to 9
- 48 is recorded in EOD(1) CP53 (1973-1982) for the value in the tens place, and a value
- 49 of 0 to 9 is recorded in EOD(2) CP54 (1973-1982) for the value in the ones place.
- Although this theoretically allows for CRC sizes up to 99 mm, this is not how the
- information is represented. Instead, size is actually coded up to 97 mm, with tumors that
- are greater than or equal to 98 mm coded as "98".
- Additionally, the following special codes are used²:
- 00: No mass
- 0&: Microscopic focus or foci only
- 56 -- Not stated
- 57 The following criteria were used to filter out results from further analysis:
- 58 Unstaged CRC (7.692 records) and CRC size where size was recorded as --, 00, 0&,

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Blank(s)Blank(s) (14,912 records). Ultimately, a total of 17,258 results were excluded, resulting in 33,485 results (50,743 minus 17,258). Of those 33,485 results, 32,032 CRCs range from 1 mm to 97 mm and 1,453 CRCs are recorded as 98 mm, corresponding to the "≥98 mm" category (**Figure 1**). We treated the 1,453 "≥98 mm" records as missing observations and modeled these values, extrapolating a non-truncated right-tail of the distribution. Specifically, we parametrically modeled the CRC counts from 50 mm to 97 mm and extrapolated the counts modeling past 97 mm until the extrapolated total equaled ~1,453 observations (actual n = 1,484). The extrapolated counts are combined with the original counts and the entire distribution was fit to obtain the probability density function of CRC size.

We plotted the counts of discrete CRC size categories from the SEER registry data and observed that most CRCs in this subsample were rounded to the nearest centimeter (eg, 50 mm, 60 mm, 70 mm, etc.) (**Figure 2**). Another set of CRCs was rounded to the nearest half-centimeter (eg, 55 mm, 65 mm, 75 mm, etc.). Finally, a third set was rounded to the nearest millimeter. Notably, counts rounded to the nearest centimeter are biased because they are inclusive of CRCs rounded to the nearest half-centimeter (eg, a 52 mm CRC rounds to 50 mm) and those rounded to the nearest 1 mm (eg, a 50.4 mm CRC rounds to 50mm). Similarly, the counts on the half-centimeter (eg, 55 mm, 65 mm, etc.) are biased since they are inclusive of counts rounded to the nearest millimeter. These biases were ignored for this simple modeling exercise.

To perform the model extrapolation, we created three separate Poisson regression models for each rounding scenario (**Figure 3**). The Poisson regressions were applied to each missing size group associated with each rounding scenario past

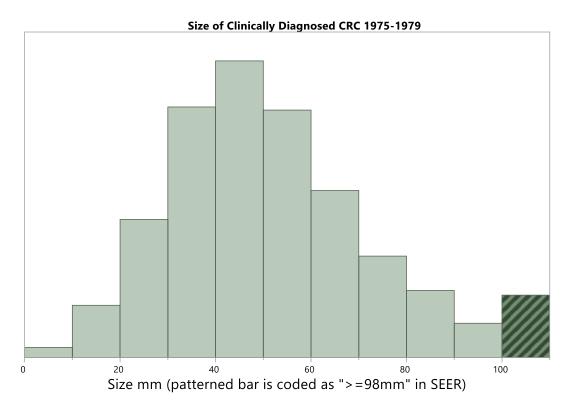
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Colorectal Cancer and Adenoma Incidence & Mortality (CRC-AIM) Microsimulation Model

97 mm. For example, the regression for the nearest centimeter rounding scenarios was applied to sizes of 100 mm, 110 mm, etc. Size was increased by millimeter increments until ~1,453 observations were obtained (**Table 1**). Finally, the 32,032 values coded from 1 mm to 97 mm were combined with the extrapolated 1,484 values from 98 mm to 140 mm (**Figure 4**). The probability density function (PDF) of the generalized log distribution is sampled to generate a CRC size at clinical diagnosis from 1 mm to 140 mm.

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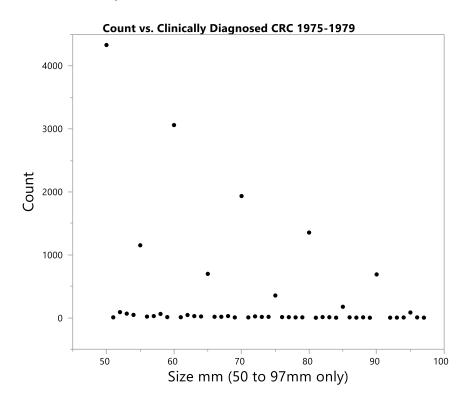
Figure 1. Histogram of clinically diagnosed colorectal cancer (CRC) sizes from 1975-1979 SEER database. Tumors within the "≥98 mm" category are represented by the patterned bar.



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Figure 2. Count of clinically diagnosed colorectal cancer (CRC) sizes from 1975-

1979 SEER database. Only CRCs between 50 mm and 97 mm are included.



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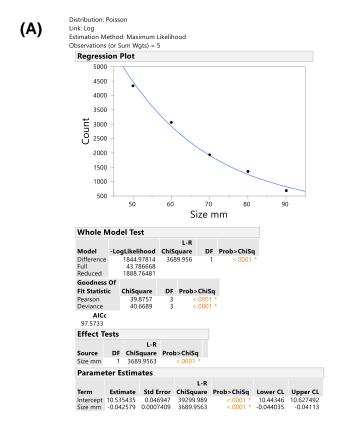
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Figure 3. Poisson regression models for colorectal cancer (CRC) size distribution rounding scenarios. Models extrapolating sizes based on (A) rounding to the nearest centimeter (eg, 50 mm, 60 mm, 70 mm, etc.); (B) rounding to the nearest half-centimeter (eg, 55 mm, 65 mm, 75 mm, etc.), excluding scenario (A); and (C) rounding to the nearest millimeter, excluding scenarios (A) and (B).



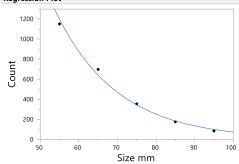
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Distribution: Poisson

Link: Log





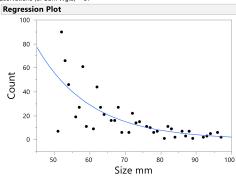
Whole Model Test L-R -LogLikelihood ChiSquare 770.490678 1540.981 23.9379646 794.428642 Model Difference Full Reduced Goodness Of Fit Statistic ChiSquare DF Prob>ChiSq Pearson Deviance 9.6399 9.6204 AICc 57.8759 **Effect Tests** L-R Source DF ChiSquare Prob>ChiSq Size mm 1 1540.9814 <.0001 *

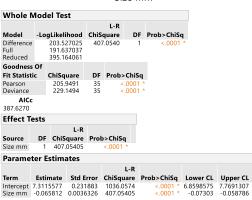
Parameter Estimates

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(C)

Distribution: Poisson Link: Log Estimation Method: Maximum Likelihood Observations (or Sum Wgts) = 37





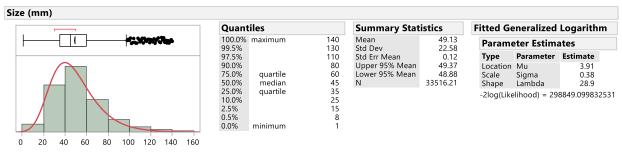
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Figure 4. Final model size distribution of colorectal cancer (CRC) at clinical

detection for CRC-AIM.



110 — GLog(3.91048,0.37775,28.9135)

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112 **Table 1. Extrapolated counts of colorectal cancer size from three Poisson models**113 **for different rounding scenarios.** The number of size buckets was increased until
114 ~1,453 overall observations were obtained (actual n = 1,484). Values rounded for visual
115 simplicity. n/a = not applicable

Size (mm)	Counts from Poisson Model 1 (nearest centimeter)	Counts from Poisson Model 2 (nearest half-centimeter)	Counts from Poisson Model 3 (nearest millimeter)
98	n/a	n/a	2
99	n/a	n/a	2
100	532	n/a	n/a
101	n/a	n/a	2
102	n/a	n/a	2
103	n/a	n/a	2
104	n/a	n/a	2
105	n/a	52	n/a
106	n/a	n/a	1
107	n/a	n/a	1
108	n/a	n/a	1
109	n/a	n/a	1
110	348	n/a	n/a
111	n/a	n/a	1
112	n/a	n/a	1
113	n/a	n/a	1
114	n/a	n/a	1
115	n/a	28	n/a
116	n/a	n/a	1
117	n/a	n/a	1
118	n/a	n/a	1
119	n/a	n/a	1
120	227	n/a	n/a
121	n/a	n/a	1
122	n/a	n/a	0
123	n/a	n/a	0
124	n/a	n/a	0
125	n/a	15	n/a
126	n/a	n/a	0
127	n/a	n/a	0

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128	n/a	n/a	0
129	n/a	n/a	0
130	148	n/a	n/a
131	n/a	n/a	0
132	n/a	n/a	0
133	n/a	n/a	0
134	n/a	n/a	0
135	n/a	8	n/a
136	n/a	n/a	0
137	n/a	n/a	0
138	n/a	n/a	0
139	n/a	n/a	0
140	97	n/a	n/a

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