# Acute Leukemia Report

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### Introduction

### Methods

### Terminating Event and Time

Our team was tasked with identifying associations and trends in survival times with two separate terminating events. In directives 1-5, where our objectives revolved around disease free survival time, our team identified *deltadfs* as the terminating event of interest. This terminating event is a binary indicator of death or relapse of disease among our patient sample. In directives 6-7, the research question shifted to the developmental risk of acute graft-versus-host disease (aGVHD) in our patient sample, and thus, the binary indicator of aGVHD onset *deltaa* was chosen as our terminating event.

Approaching the data with the research question of disease free survival time in mind, our team decided to classify tdfs, the time in days until death, relapse, or censoring, as the time argument when analyzing directives 1-5. The research question of directives 6 and 7 handles the time until onset of acute graft-versus-host disease, and thus ta, the time in days until onset of aGVHD was used as the time argument in the respective survival objects.

### Significance and Family-wise Error

Given our fairly low clinical sample size of n=137 patients, our tests of significance will have lower power of detecting true differences in groups if they exist. Based on this and observations of significance from Thiese, Ronna, and Ott (Thiese et al. 2016), we deliberately set our significance level to an unconservative  $\alpha=.1$ . This large significance level allows us to account for our small sample size, in addition, it will allowing us to correct for the family-wise error we will encounter through multiple testing without over-correcting with a practically unrejectable p-value. We chose to correct for family-wise error through a Bonferroni correction. In directives 2 and 3, we run 8 log-rank hypothesis tests of significance. Thus, our family-wise error adjusted significance level of rejection will be  $\frac{1}{8}=.0125$ .

### **Test Statistics**

To test the survival time and onset time differences between groups, we will be using the log-rank test as an *a priori* choice of statistic based on what we believe are appropriate scientific considerations.

We don't believe there to be any basis on which to weigh early terminations more heavily, thus we do not see the Gehan-Breslow generalized Wilcoxon statistic as appropriate. Additionally, we expect to see proportional hazards among our disease and FAB groups because why would we learn those methods all quarter and not get a data set where we can utilize those skills. Thus, the log-rank test statistic will be used as our method of nonparametric testing of equal survivorship between groups.

### Results and Discussion

### **Descriptive Statistics**

When attempting to estimate the disease-free survival time for patients enrolled in this study, we first plotted (figure 1) the non-parametric Kaplan-Meier estimator in an attempt to gain knowledge of the underlying shape of our data. The curve made us hopeful to use a parametric estimator. We began with a Weibull and generalized gamma estimate, which we plotted (figure 2) in conjunction with the Kaplan-Meier to eye-test it's effectiveness at modeling the data. Using a likelihood ratio test, we can empirically answer if the Weibull is an appropriate simplication of the generalized gamma, in which case we will use the Weibull's parameter estimates.

The LRT test statistic can be computed as  $2 \times (1114.92 - 1114.36)$  1.12

### **Proportional Hazards**

### Limitations

### References

Thiese MS, Ronna B, Ott U. P value interpretations and considerations. J Thorac Dis. 2016 Sep;8(9):E928-E931. doi: 10.21037/jtd.2016.08.16. PMID: 27747028; PMCID: PMC5059270.

# Tables and Figures

# Kaplan-Meier survival estimate Strata + All 1.00 Ailingagood 0.50 IEANING 0.25 0.00

Figure 1: Kaplan-Meier Estimate, Disease Free Survival Time

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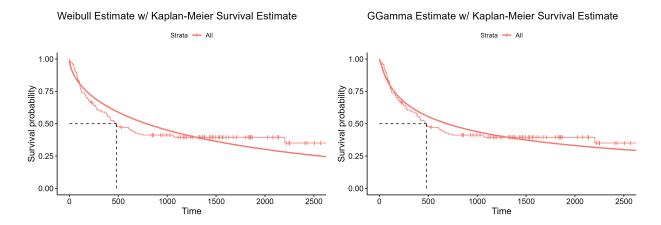


Figure 2: Weibull and GGamma Estimates, Disease Free Survival Time

### Kaplan-Meier survival estimate, by Disease Group

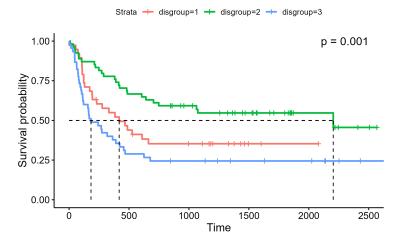


Figure 3: Kaplan-Meier Estimate, Disease Free Survival Time

Table 1: Call: s\_bmt ~ disgroup Chisq = 13.803722 on 2 degrees of freedom, p = 0.001006

	N	Observed	Expected	(O-E)^2/E	(O-E)^2/V
disgroup=1	38	24	21.85	0.2112	0.2893
disgroup=2	54	25	39.97	5.604	11.01
disgroup=3	45	34	21.18	7.756	10.53

### Kaplan-Meier survival estimate, by FAB Group

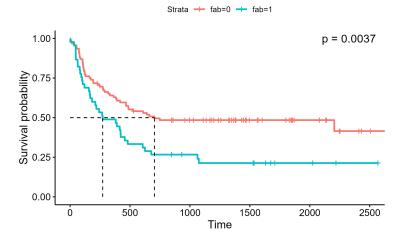


Figure 4: Kaplan-Meier Estimate, Disease Free Survival Time

Table 2: Call: s\_bmt ~ fab Chisq = 8.435337 on 1 degrees of freedom, p = 0.003680

	N	Observed	Expected	(O-E)^2/E	(O-E)^2/V
fab=0	92	48	59.83	2.337	8.435
$_{\mathrm{fab}=1}$	45	35	23.17	6.034	8.435

### Kaplan-Meier survival estimate, by Sex

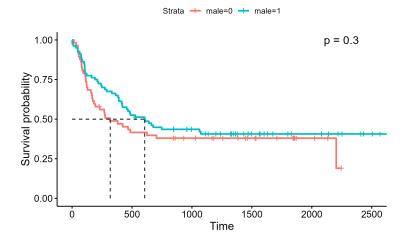


Figure 5: Kaplan-Meier Estimate, Disease Free Survival Time

Table 3: Call: s\_bmt ~ male Chisq = 1.078766 on 1 degrees of freedom, p = 0.298974

	N	Observed	Expected	$(O-E)^2/E$	(O-E)^2/V
male=0	57	36	31.42	0.6662	1.079
male=1	80	47	51.58	0.4059	1.079

### Kaplan-Meier survival estimate, by CMV

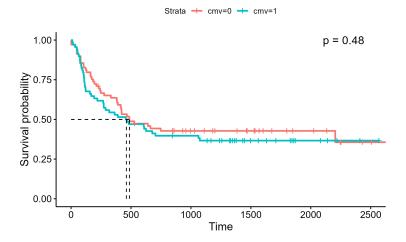


Figure 6: Kaplan-Meier Estimate, Disease Free Survival Time

Table 4: Call: s\_bmt ~ cmv Chisq = 0.497423 on 1 degrees of freedom, p = 0.480635

	N	Observed	Expected	(O-E)^2/E	(O-E)^2/V
cmv=0	69	40	43.2	0.2375	0.4974
cmv=1	68	43	39.8	0.2579	0.4974

### Kaplan-Meier survival estimate, by Donor Sex

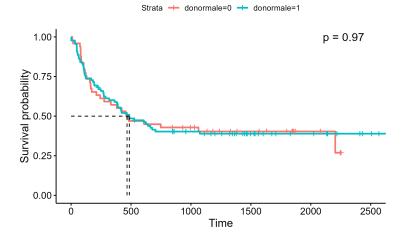


Figure 7: Kaplan-Meier Estimate, Disease Free Survival Time

Table 5: Call: s\_bmt ~ donormale Chisq = 0.001359 on 1 degrees of freedom, p = 0.970591

	N	Observed	Expected	(O-E)^2/E	(O-E)^2/V
donormale=0	49	30	29.84	0.0008686	0.001359
${\bf donormale}{=}1$	88	53	53.16	0.0004875	0.001359

### Kaplan-Meier survival estimate, by Donor CMV

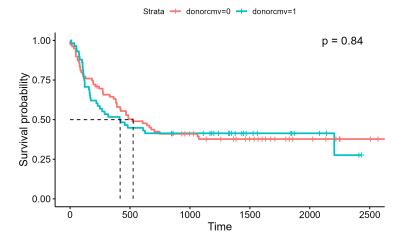


Figure 8: Kaplan-Meier Estimate, Disease Free Survival Time

Table 6: Call: s\_bmt ~ donorcmv Chisq = 0.043347 on 1 degrees of freedom, p = 0.835073

	N	Observed	Expected	(O-E)^2/E	(O-E)^2/V
donorcmv=0	79	48	48.93	0.01772	0.04335
donorcmv=1	58	35	34.07	0.02544	0.04335

### Kaplan-Meier survival estimate, by Hospital

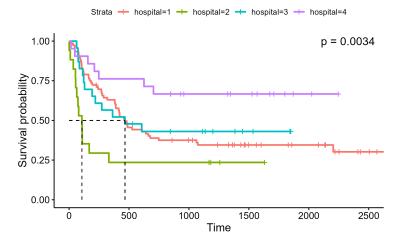


Figure 9: Kaplan-Meier Estimate, Disease Free Survival Time

Table 7: Call: s\_bmt  $\sim$  hospital Chisq = 13.680494 on 3 degrees of freedom, p = 0.003374

	N	Observed	Expected	(O-E)^2/E	(O-E)^2/V
hospital=1	76	50	47.71	0.1101	0.2613
hospital=2	17	13	5.905	8.524	9.258
hospital=3	23	13	13.62	0.02779	0.03339
hospital=4	21	7	15.77	4.879	6.076

### Kaplan-Meier survival estimate, by MTX

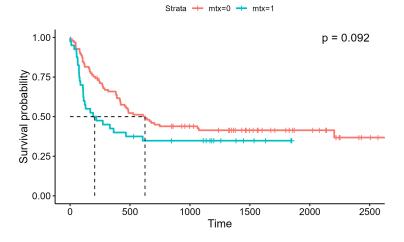


Figure 10: Kaplan-Meier Estimate, Disease Free Survival Time

Table 8: Call: s\_bmt ~ mtx Chisq = 2.838053 on 1 degrees of freedom, p = 0.092056

	N	Observed	Expected	(O-E)^2/E	(O-E)^2/V
mtx=0	97	57	63.48	0.6614	2.838
mtx=1	40	26	19.52	2.151	2.838

### Kaplan-Meier survival estimate, by MTX

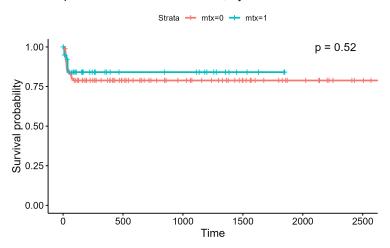


Figure 11: Kaplan-Meier Estimate, Disease Free Survival Time

### Kaplan-Meier survival estimate, by recipient CMV status

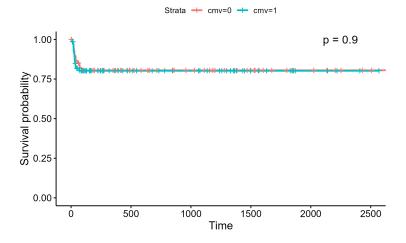


Figure 12: Kaplan-Meier Estimate, Disease Free Survival Time

### Kaplan-Meier survival estimate, by Hospital

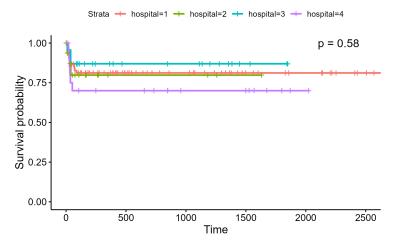


Figure 13: Kaplan-Meier Estimate, Disease Free Survival Time

### Kaplan-Meier survival estimate, by donor CMV statu

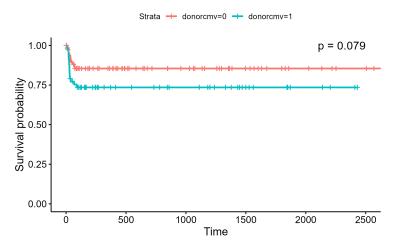


Figure 14: Kaplan-Meier Estimate, Disease Free Survival Time

## Kaplan-Meier survival estimate

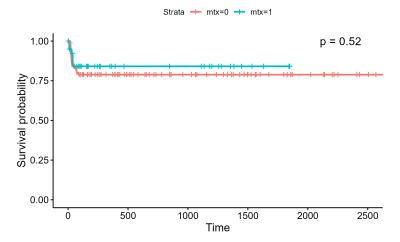


Figure 15: Kaplan-Meier Estimate, Disease Free Survival Time