

## RE: IPSOS Projections

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**From:** "Rita Caldeira" <Rita.Caldeira@ipsos.com>

**Date:** Fri Oct 25 17:08:37 CEST 2013

**Subject:** RE: IPSOS Projections

**To:** "Walls, Robert" <robert.walls@roche.com>

**CC:** "Rocholl, Axel" <axel.rocholl@roche.com>,"Mikkel Oestergaard" <mikkel.oestergaard@roche.com>,"Joe Simpson" <simpson.joe@gene.com>

Hi Rob,

Thank you, I'm very glad I've been able to help so far!

Re. your query, I'm not sure if you are working with the ASCII exports, but I am assuming that you are given this format is the one that Axel prefers.

I've build a small ASCII filtering on breast cancer in the UK just to illustrate a few important details about projecting the data.

- 1) The first thing I would highlight is that projections are done on a yearly basis either you use PROJVALP or PROJVALUE.

As such, it is crucial to filter on an entire year of data in order for the projections weights to work accurately.

In the example below, I'm using the dat\_process variable to filter on the entire year of 2012.

	A	B	C	D	E	F
	idnum	country	tumour_site	projvalue	projvalp	dat_process
41	10354601120201	UK	Breast	6		
45	10354602120901	UK	Breast	3		
66	10354605120901	UK	Breast	4		
132	10412301120201	UK	Breast	13		
133	10412301120501	UK	Breast	12		
134	10412301120801	UK	Breast	20		
167	10412302120201	UK	Breast	13		
168	10412302120501	UK	Breast	12		
169	10412302120801	UK	Breast	20		
202	10412303120201	UK	Breast	13		
203	10412303120501	UK	Breast	12		
204	10412303120801	UK	Breast	20		
236	10412304120201	UK	Breast	6		
237	10412304120501	UK	Breast	12		
238	10412304120801	UK	Breast	20		
271	10412305120201	UK	Breast	13		
272	10412305120501	UK	Breast	12		
273	10412305120801	UK	Breast	20		
306	10412306120201	UK	Breast	13		
307	10412306120501	UK	Breast	123.799	93.273	May-12
308	10412306120801	UK	Breast	201.513	151.825	Aug-12
341	10412307120201	UK	Breast	66.378	50.011	Feb-12
342	10412307120601	UK	Breast	123.799	93.273	May-12
343	10412307120801	UK	Breast	250	188.356	Aug-12
374	10412308120201	UK	Breast	132.757	100.023	Feb-12
375	10412308120601	UK	Breast	123.799	93.273	May-12
376	10412308120801	UK	Breast	201.513	151.825	Aug-12
385	10412309120301	UK	Breast	132.757	100.023	Feb-12
386	10412309120601	UK	Breast	123.799	93.273	May-12
395	10412310120301	UK	Breast	132.757	100.023	Feb-12
396	10412310120601	UK	Breast	123.799	93.273	May-12
405	10412311120301	UK	Breast	132.757	100.023	Feb-12
406	10412311120601	UK	Breast	123.799	93.273	May-12
415	10412312120301	UK	Breast	132.757	100.023	Feb-12
416	10412312120601	UK	Breast	123.799	93.273	May-12
425	10412313120301	UK	Breast	250	188.356	Feb-12
426	10412313120601	UK	Breast	123.799	93.273	May-12
435	10412314120301	UK	Breast	250	188.356	Feb-12
436	10412314120601	UK	Breast	123.799	93.273	May-12

- Now that you have an entire MAT of data, you'll be able to select which of the different weights best meet your needs, bearing in mind they will provide you different projected figures and that PROJVALUE's numbers will always be higher because they represent treatment opportunities.

In idnum you will have the patient's unique ID. Let's say we look at the highlighted idnum – 10412303120801.

Using PROJVALUE this particular patient will represent 201.513 treatment opportunities.

Using PROJVALP means that this patient represents 151.825 unique breast cancer patients in the UK.

Adding all the patients for the entire year will provide you the yearly projections.

ASCB export example - Microsoft Excel

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	idnum	country	tumour_site	projvalue	projhelp	dat_process									
41	10354601120201	UK	Breast	64.476	64.476	Feb-12									
45	10354602120901	UK	Breast	39.125	30.189	Sep-12									
66	10354605120901	UK	Breast	48.603	48.603	Sep-12									
132	10412301120201	UK	Breast	132.757	100.023	Feb-12									
133	10412301120501	UK	Breast	123.799	93.273	May-12									
134	10412301120801	UK	Breast	201.513	151.825	Aug-12									
167	10412302120201	UK	Breast	132.757	100.023	Feb-12									
168	10412302120501	UK	Breast	123.799	93.273	May-12									
169	10412302120801	UK	Breast	201.513	151.825	Aug-12									
202	10412303120201	UK	Breast	132.757	100.023	Feb-12									
203	10412303120501	UK	Breast	123.799	93.273	May-12									
204	10412303120801	UK	Breast	201.513	151.825	Aug-12									
236	10412304120201	UK	Breast	66.378	50.011	Feb-12									
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342	10412307120601	UK	Breast	123.799	93.273	May-12									
343	10412307120801	UK	Breast	250	188.356	Aug-12									
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375	10412308120601	UK	Breast	123.799	93.273	May-12									
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396	10412310120601	UK	Breast	123.799	93.273	May-12									
405	10412311120301	UK	Breast	132.757	100.023	Feb-12									
406	10412311120601	UK	Breast	123.799	93.273	May-12									
415	10412312120301	UK	Breast	132.757	100.023	Feb-12									
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426	10412313120601	UK	Breast	123.799	93.273	May-12									
435	10412314120301	UK	Breast	250	188.356	Aug-12									
436	10412314120601	UK	Breast	123.799	93.273	May-12									

Projections to estimate the number of unique drug treated patients for each tumour at country level

Projections to estimate drug treatment opportunities for patients at country level

I hope this is helpful for your analyses!

Have a lovely weekend,

Rita

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**Rita Caldeira**

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*The Healthcare Research Specialists*

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**From:** Walls, Robert [mailto:robert.walls@roche.com]  
**Sent:** 24 October 2013 17:35  
**To:** Rita Caldeira  
**Cc:** Rocholl, Axel; Mikkel Oestergaard; Joe Simpson  
**Subject:** Re: IPSOS Projections

Hi Rita,

Thanks very much for all of this information. It certainly is useful to help us to decide which projection we will use.

What is still unclear is how this is actually to be used to go from the patient level to get to the full population projection. Is the number simply a multiplication factor?

So if a patient has a value (for which ever variable we decide to use) of 45.145 does this mean that he represents 45.145 patients in the projection?

Kind Regards,

Rob

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**Rob Walls**

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On 24 October 2013 17:38, Rita Caldeira <[Rita.Caldeira@ipsos.com](mailto:Rita.Caldeira@ipsos.com)> wrote:

Hi Rob,

I'm very glad that you and your team are happy with the work you've done so far with the data.

The projections engine is indeed quite complex so I'm wondering what level of detail you would be looking to get?

Essentially, the values in each of the projection variables represent specific weight factors that are applied to the patients in our sample to either:

a) (PROJVALP) estimate the number of unique drug treated patients for each tumour at country level or

b) (PROJVALUE) estimate drug treatment opportunities for patients at country level, also with the possibility of deep diving into specific segments (e.g. 2<sup>nd</sup> line metastatic triple negative breast cancer, 1<sup>st</sup> line metastatic KRAS wild type, etc.).

The numbers obtained with b) will be higher than the ones coming from a) because the underlying assumption is that each patient represents more than one treatment opportunity.

So, if you are looking to obtain the projected number of unique patients for certain tumour types please use PROJVALP; if you are interested in patient's treatments opportunities please use PROJVALUE.

I also wanted to let you know that my explanation for PROJVALUEMT was incorrect because it is actually applicable for variable PROJVALM.

PROJVALUEMT is the same as PROJVALUE, but accounting for both Main Monitor and Top-Up patients. Top-Ups work as an ad-on to the Monitor data and are designed to increase sample sizes in specific segments of interest (usually low prevalence ones). Let's say, for example, we have a Top-Up for stage IV Breast cancer running in Q1 2013 in 5EU. So we need to adjust Breast projections to account for the extra sample in each of the 5 countries and in each month of the quarter. Essentially, we take the sum of the Monitor projections (PROJVALUE) in each individual country / month; we use the projections program to assign a relative frequency value to all of the Monitor + Top-Up patients within that country/month and then weight those frequencies up to the Monitor PROJVALUE total. This means that the projected total for stage IV Breast cancer in the Monitor will be the same (or similar) to the projected total for Monitor + Top-Up.

This will only be relevant to you if you are looking at data back to 2009, which is the last time that Roche had any Top-Up data included.

Should you have any outstanding questions, please feel free to give me a call as I will be in the office this afternoon and tomorrow.



As per the training session, may I ask you to provide me with a couple of options in terms of dates / times?

Thanks,

Rita

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**From:** Walls, Robert [mailto:[robert.walls@roche.com](mailto:robert.walls@roche.com)]  
**Sent:** 24 October 2013 14:30  
**To:** Rita Caldeira

**Cc:** Rocholl, Axel; Mikkel Oestergaard; Joe Simpson  
**Subject:** Re: IPSOS Projections

Hi Rita,

A more advanced training would be great. We have worked through the analysis that we need to perform and we are happy with what we have done so far, however we currently need to use the projection factors to advance our counts from a patient level to a population level. However, we have no idea what the values in the three variables represent or how to use them programatically to do this.

For the moment what we urgently need is an answer to this question.

I would however appreciate it if we could also set up a training in the next few weeks for our group to understand more about this database as well.

Kind Regards,

Rob

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On 24 October 2013 12:07, Rita Caldeira <[Rita.Caldeira@ipsos.com](mailto:Rita.Caldeira@ipsos.com)> wrote:

Hi Axel,

No problem, I'll be happy to help.

Regarding the projections variables, the essential difference is that one will provide unique patients and the other two will provide treatment opportunities, both on an MAT level, as follows:

PROJVALP – this will give you the projected number of individual patients, but it is only valid at tumour level (i.e. it can't be used for stage or line splits); this is the projection factor to use if there is ever the need to estimate the annual number of unique patients for a tumour. Please note that this variable can only be used in combination with tumour\_site and is not valid to be used with drg\_cancer\_pt or reg\_cancer

PROJVALUE – it is likely that each individual patient will receive more than one treatment during the course of the disease, so effectively each patient represents more than one treatment opportunity; this variable is the one to use for the vast majority of analysis and will give you the projected number of treatment opportunities. Each individual patient receives a specific weight depending on numerous factors, namely the tumour type, staging, etc.

PROJEVALUEMT – works in a similar way to PROJVALUE, but providing projections on a monthly level; it is only valid for the US and it is mostly used to monitor product uptake

Rob, please let me know if you would like to set up a training session to go through the database, variables and any other needs or queries you may have.

Thanks,

Rita

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**From:** Rocholl, Axel [mailto:[axel.rocholl@roche.com](mailto:axel.rocholl@roche.com)]  
**Sent:** 24 October 2013 09:58  
**To:** Rita Caldeira  
**Cc:** Mikkel Oestergaard; Joe Simpson; Walls, Robert  
**Subject:** Re: IPSOS Projections

Hi Rita,

can you please get in contact with Rob and colleagues to discuss the below?

As I recently shared the Oncology Monitor data with these HQ colleagues from Development, providing a general training (on the data) might be a good idea, too.

Thanks,

Axel

**Axel Rocholl**  
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On Thu, Oct 24, 2013 at 10:29 AM, Walls, Robert <[robert.walls@roche.com](mailto:robert.walls@roche.com)> wrote:

Hi Axel,

We are struggling slightly to understand how to use the projections variables in the IPSOS database (PROJVALP, PROJVALUE and PROJVALUEMT) in order to extrapolate our data from individual patients into a real world equivalent population by country.

Would you please be able to let us know how to use these variables? The documentation that we have is not specific enough to answer this question.

Many thanks in advance,

Rob

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