Cancer survival: principles, methods and analysis Exercises on secondary measures

Paul W. Dickman

LSHTM

Contents

1	Downloading user-written Stata commands and data files	2
	1.1 Downloading the course files	. 2
	1.2 Installing Stata user-written commands for relative survival	. 2
2	Exercises	4
	250. Probability of death in a competing risks framework (life table relative survival)	. 4
	$251.\ {\rm Probability}$ of death in a competing risks framework (relative survival model) $\ .$. 5
	260. Fitting cure models	. 6
	261. Fitting cure models using flexible parametric models	. 8
	262. Excess and 'avoidable' deaths from life tables	. 10
	263. Estimating loss in expectation of life	. 12
3	Solutions	15
	$251.\ {\rm Probability}$ of death in a competing risks framework (relative survival model) $\ .$. 21
	263. Estimating loss in expectation of life	. 37
4	References	43

1 Downloading user-written Stata commands and data files

1.1 Downloading the course files

The course files (e.g., data files and solution do files) are distributed as a Stata package so should be downloaded from within Stata. It is suggested that you create a new directory, change the Stata working directory to the new directory (e.g., cd c:\survival\), and then download the files. You can create a new directory in Windows Explorer or you can do it from within Stata as follows.

```
mkdir c:\survival
cd c:\survival
```

Use the pwd command to confirm you are in the working directory you wish to use for the course and then issue the following command from the Stata command line to install the course files.

```
net install http://www.pauldickman.com/survival/secondary_measures, all replace
```

net install downloads the files and copies them to appropriate directories according to the way Stata is setup. Ancillary files (e.g., PDF, XLS, DTA) are copied to the current working directory; ADO and HLP files are installed into the appropriate directory according to the way Stata is configured.

1.2 Installing Stata user-written commands for relative survival

Standard Stata does not contain any commands for estimating and modelling relative survival so we must extend Stata using commands written by users. Download and installation is done within Stata. It is recommended that you change the Stata working directory to the course directory (e.g., cd c:\survival\) before issuing these commands.

1.2.1 How can I check if these commands are already installed?

You can use the which command to check if (and where) a Stata command is installed.

```
. which stpm2
z:\ado\plus\s\stpm2.ado
*! version 1.6.6 270ct2016
```

Use the adoupdate command to update previously installed user-written commands (note that this is distinct from the update command that updates official Stata commands). Simply type adoupdate, update to update all user-written commands.

1.2.2 strs - estimating and modelling relative survival

The strs command, written by Paul Dickman and Enzo Coviello can be downloaded by typing the following:

```
. net install http://www.pauldickman.com/rsmodel/stata_colon/strs, all replace
```

Note that some of the data files are contained in both the strs and the course_files packages, hence the need for the replace option. See http://pauldickman.com/rsmodel/stata_colon/for further details about the command or read the Stata help file after installation. The command is described in a Stata Journal article [1].

1.2.3 stpm2 - flexible parametric models

The stpm2 command, written by Paul Lambert and Patrick Royston, fits flexible parametric survival models (so called Royston-Parmar models). Relative survival models can be fitted using the bhazard() option. It is installed from within Stata using the following commands:

```
ssc install stpm2 ssc install rcsgen
```

The command is described in a Stata Journal article [2]. rcsgen is a command for generating basis vectors for restricted cubic splines and is required by stpm2. Flexible parametric cure models (fitted using an option to stpm2) are described in another Stata Journal article [3].

1.2.4 strsmix and strsnmix - cure models

To install strsmix and strsmix (commands for fitting cure models) first type findit lambert cure then click on the Stata Journal link followed by *click to install*. These commands are described in a Stata Journal article [4].

1.2.5 Estimating probability of death in a competing risks framework

The stcompet command estimates the cumulative incidence function (CIF) non-parametrically. The stcompadj command estimates the CIF using a competing risks analogue of the Cox model. The stpm2cm command estimates the crude probabilities of death (i.e., CIF) after fitting a relative survival model using stpm2. The stpm2cif command estimates the CIF through postestimation after fitting a cause-specific competing risks model using stpm2.

```
ssc install stcompet
ssc install stcompadj
ssc install stpm2cm
ssc install stpm2cif
```

The stpm2cif command is described in a Stata Journal article [5].

4 EXERCISES

2 Exercises

250. Probability of death in a competing risks framework (life table relative survival)

strs implements the approach proposed by Cronin and Feuer (2000) [6] for estimating the crude probability of death based on life table estimates of relative survival. We explore the life table approach in this question. Lambert et al. (2010) [7] subsequently showed how the estimates can be obtained after fitting a relative survival model, namely a flexible parametric models for relative survival, which use restricted cubic splines for the baseline cumulative excess hazard and for any time-dependent effects. The approach using flexible parametric models for relative survival is covered in question 251. Although the two approaches estimate the same quantity, the life table approach provides estimates for grouped data so we get an estimated probability for an age group rather than an estimate for a specific age as can be obtained in the model-based approach.

- (a) Load the Melanoma data, drop subjects diagnosed 1975–1984 and then and use strs to obtain life-tables stratified by age group and sex. Use the cuminc option to obtain the crude probabilities of death due to cancer and due to other causes.
- (b) How is the probability of death due to all causes, F, calculated?
- (c) Why is the crude probability of death due to cancer, ci_dc similar to the all-cause probability of death for subjects aged 0-44?
- (d) For both males and females aged 60-74 what is the probability of death due to all-causes at 5 years post diagnosis? What two variables can be added together to give the probability of death due to all-causes?
- (e) What proportion of the all-cause deaths at 5 years post diagnosis are due to cancer and due to other causes for males? Compare these figures for the different age groups.
- (f) The age groups are fairly wide, explain how you would expect the crude probability of death due to cancer to differ between a 60 and 74 year old, even if the relative survival was identical.
- (g) Plot the net probability of death, the crude probability of death due to cancer and the overall probability of death for males by age group. Try to understand the relationship between these various measures.

251. Probability of death in a competing risks framework (relative survival model)

In exercise 250 we explored how one could estimate crude probabilities of death based on life table estimates of relative survival making use of the strs implementation of the approach proposed by Cronin and Feuer (2000) [6]. Lambert et al. (2010) [7] subsequently showed how the estimates can be obtained after fitting a relative survival model, namely a flexible parametric models for relative survival, which use restricted cubic splines for the baseline cumulative excess hazard and for any time-dependent effects. Although the two approaches estimate the same quantity, the life table approach provides estimates for grouped data so we get an estimated probability for an age group rather than an estimate for a specific age as can be obtained in the model-based approach.

(a) Load the Melanoma data and merge in the background mortality rates as in question ??. Fit a flexible parametric relative survival model including age group with time-dependent effects.

```
. tab agegrp, gen(agegrp)
. stpm2 agegrp2-agegrp4, scale(hazard) bhazard(rate) df(5) ///
     tvc(agegrp2-agegrp4) dftvc(3)
```

Calculate the estimated net mortality (1 - relative survival) and plot the four curves on a single graph. Interpret the plot.

(b) Use the stpm2cm command to estimate the crude probability of death. Note that stpm2cm will predict for individual covariate patterns and for ages at diagnosis. Perform the predictions for males aged 40, 55, 70 and 80 diagnosed in 1985. The prediction for a 40 year old (the first age group) can be obtained using,

```
. stpm2cm using popmort, at(agegrp2 0 agegrp3 0 agegrp4 0) ///
   mergeby(_year sex _age) ///
   diagage(40) diagyear(1985) ///
   sex(1) stub(cm1) nobs(1000) ///
   tgen(cm1_t)
```

Plot the estimated crude probability of death due cancer for each of the selected ages on the same graph. Contrast these with the estimated net probability of death from part (a).

- (c) Generate a similar plot but for the crude probability of death due to other causes.
- (d) A useful way of presenting crude probabilities is through stacked graphs. Generate the stacked graphs for each of the selected ages. Use the solution Do file for help.
- (e) Advanced: Now fit a model using splines for the effect age with the spline terms allowed to be time-dependent. Calculate the crude probabilities of death and compare these to the model where age is categorized.

6 EXERCISES

260. Fitting cure models

Stata addon required! This exercise requires the Stata user-written command strsmix. See Section 1.2 (page 2) for details and installation instructions.

We will now apply cure fraction models [8, 9] to the colon cancer data. In this exercise we fit mixture cure models and in exercise 261 we fit flexible parametric cure models. The cure fraction models treat time as continuous and thus there is no need to split the time scale. However, the expected hazard (mortality) rate at the time of death (or censoring) is required. Use the following commands to merge in the expected mortality rate.

```
. use colon
. stset surv_mm, failure(status=1 2) scale(12) exit(time 120)
. gen _age = min(int(age + _t),99)
. gen _year = int(yydx + _t)
. sort _year sex _age
. merge m:1 _year sex _age using popmort, keep(match master)
```

The scale(12) option converts survival time to years. The exit(time 120.5) option creates a maximum follow-up time of 10 years (120 months).

- (a) Explain the purpose of the two gen statements in the above stata code.
- (b) Fit a mixture cure fraction model to those diagnosed between 1975-1984 using the following command.
 - . strsmix if year8594==0, dist(weibull) link(identity) bhazard(rate)
 - i. What is the estimate of the cure fraction?

Use the following commands to obtain prediction of the relative survival curve and the survival distribution of the 'uncured' and then plot these estimates against time $(_t)$

- . predict rs7584, survival
- . predict rs7584u, survival uncured
- ii. Does the relative survival curve appear to reach a plateau at the cure fraction? Would you expect it to?
- iii. Approximately what proportion of the 'uncured' group have died after 2 years?
- iv. Approximately what is the median survival time of the 'uncured'?
- (c) Repeat the above for those diagnosed between 1985–1994. Contrast the estimates for the two time periods.
- (d) Now we will compare the two time periods more formally by including (year8594) as a covariate. First just allow the cure fraction to vary between time periods.
 - . strsmix year8594, dist(weibull) link(identity) bhazard(rate)
 - i. What is the estimated difference in the cure fraction between the two time periods? Contrast this to the estimates obtained in b(i) and (c).

ii. This model is making a fairly strong assumption regarding the survival distribution of the 'uncured' for the two periods. What is this assumption?

Now allow the two Weibull parameters (λ and γ) to vary between the two time periods.

- iii. What is the estimated difference in the cure fraction between the two time periods? Contrast this with d(i).
- iv. Test the assumption that the survival distribution of the 'uncured' is the same for the two time periods.
- (e) Now fit a model including age group and time period of diagnosis using a logit link (use option link(logit)).
 - i. Interpret the parameter estimates (you may want to display the exponentiated coefficents bys using strsmix, eform).
 - ii. Obtain predictions of the median survival of the 'uncured'.

 Hint, use predict med, centile to obtain predicted values of the median.

8 EXERCISES

261. Fitting cure models using flexible parametric survival models

Stata addon required! This exercise requires the Stata user-written command stpm2. See Section 1.2 (page 2) for details and installation instructions.

We will now apply flexible parametric cure models to the same data as in exercise 260, where we fitted mixture cure models. Read in the data, stset and merge on expected mortality rates in the same way as in exercise 260.

- (a) Compare the cure proportion in the two time periods by including the variable year8594 as a covariate in the stpm2 command. Assume proportional hazards.
 - . stpm2 year8594, df(6) bhazard(rate) scale(hazard) cure
 - i. How do you interpret the coefficient for the effect of the time period?
 - ii. Use the coefficients in the output to calculate the estimated cure proportions for the two time periods.
 - iii. Predict the cure proportions using the predict command to check your calculations.
 - . predict cure1, cure
 - . list cure1 if year8594==0, constant
 - . list cure1 if year8594==1, constant
 - iv. What is the estimated difference in the cure proportion between the two time periods? Compare this to the estimates obtained in exercise 260. Are the results similar? Would you expect them to be similar?
 - v. Predict the median survival time of uncured. Is the median survival time the same in the two groups? Should it be?
 - . predict med1, centile(50) uncured
 - . list med1 if year8594==0, constant
 - . list med1 if year8594==1, constant
- (b) Now allow time-dependent effect.
 - . stpm2 year8594, df(6) tvc(year8594) dftvc(4) bhazard(rate) scale(hazard) cure
 - i. How do you interpret the coefficient for the effect of the time period?
 - ii. Use the coefficients in the output to calculate the estimated cure proportions for the two time periods.
 - iii. Predict the cure proportions using the predict command to check your calculations.
 - . predict cure2, cure
 - . list cure2 if year8594==0, constant
 - . list cure2 if year8594==1, constant
 - iv. Are the cure proportions similar to what was estimated in (a)?

- v. Predict the median survival time of uncured. Is the median survival time the same in the two groups? Should it be? Is the difference between the periods smaller or larger than in (a)? Why?
 - . predict med2, centile(50) uncured
 - . list med2 if year8594==0, constant
 - . list med2 if year8594==1, constant
- (c) Plot the estimated overall relative survival and the relative survival among uncured for the two periods. Do the survival curves reach a plateau? Should they?

10 EXERCISES

262. Calculating excess and 'avoidable' deaths from life tables

- (a) Load the Melanoma data, drop subjects diagnosed 1975-1984 and then and use strs to obtain life-tables stratified by age group and sex. Load the grouped data and keep the following variables.
 - . keep start end n cp cp_e2 cr_e2 sex agegrp
- (b) What is the difference in five-year relative survival between males and females in each age group?
- (c) We will now investigate excess deaths and 'avoidable' deaths. The question of interest is how many fewer deaths we would expect to see if males could achieve the same relative survival as females. To do this we will reshape the data from long form to wide form to make calculations easier.

```
bysort sex (agegrp start): gen j = _n
gen sexlab =cond(sex==1,"_m","_f")
drop sex
reshape wide start end n cp cp_e2 cr_e2 agegrp, i(j) j(sexlab) string
rename agegrp_m agegrp
rename start_m start
rename end_m end
drop agegrp_f start_f end_f
```

Look at the data in the data browser to make sure you understand what the reshape command has done.

- (d) In order to calculate the predicted number of deaths we need to define how many subjects were at risk at the start of follow-up. For simplicity, we will use the average number of cases per year over the 10 year diagnosis period. This can be calculated as follows.
 - . bys agegrp: gen Nrisk_m = $n_m[1]/10$

Calculate the overall (all-cause) probability of death, $1 - S^*(t)R(t)$, for males.

```
. gen p_dead_m = 1 - cp_e2_m * cr_e2_m
```

For males, calculate the expected number of all-cause deaths, Nd_m, the expected number of deaths if the study population were free of cancer, NExp_d_m and the excess deaths associated with a diagnosis of cancer, ED_m.

```
. gen Nd_m = Nrisk_m*p_dead_m
. gen NExp_d_m = Nrisk_m*(1-cp_e2_m)
. gen ED_m = Nd_m - NExp_d_m
```

- i. How many all cause deaths would we expect to see in each age group at 5 years post diagnosis?
- ii. How many more deaths are there than would be expected in a similar cancer free group in the population?
- iii. How many excess deaths by 5 years are associated with a diagnosis of melanoma over all age groups?
- (e) Repeat the above calculations for females. How do the excess deaths for females compare to the males?

(f) We will now apply the relative survival estimates for females to the males' expected survival in order to calculate the 'avoidable' deaths.

```
. gen Nd_m_f = Nrisk_m*(1 - cp_e2_m * cr_e2_f)
. gen AD_m = Nd_m - Nd_m_f
```

How many deaths would be avoided if males could achieve the same relative survival as females for Melanoma?.

(g) List the avoidable deaths for the oldest age group over all follow-up times. Why are the number of avoidable deaths decreasing as follow-up time increases?

12 EXERCISES

263. Estimating loss in expectation of life

In this exercise the aim is to estimate the loss in expectation of life for the melanoma cohort as a function of age, year and sex. This can be used to estimate the total number of life years lost for a given cohort of cancer patients. We will also use loss in expectation of life as a way of quantifying the sex difference in melanoma survival, as an alternative to using avoidable deaths (exercise 262).

Loss in expectation of life, together with life expectancy in absence of cancer and life expectancy in presence of cancer can be estimated after fitting a flexible parametric model by using the lifelost option of the predict postestimation command after using stpm2 to fit a model. All options used together with lifelost are described below:

mergeby(string)	specifies the variables by which the file of general population
	survival probabilities is sorted.
${\tt diagage}(\mathit{name})$	specifies the variable containing age at diagnosis.
	Default is diagage.
${ t diagyear}(name)$	specifies the variable containing calendar year of
	diagnosis. Default is diagyear.
maxage(int 99)	specifies the maximum age for which general population survival
	probabilities are provided in the using file. Probabilities
	for individuals older than this value are assumed to be the same as
	for the maximum age. Default is 99.
attage(name)	specifies the variable containing attained age in the popmort file.
	This variable cannot exist in the patient data file. Default is _age.
attyear(name)	specifies the variable containing attained calendar year in the popmort file.
·	This variable cannot exist in the patient data file.
	Default is _year.
<pre>survprob(name)</pre>	specifies the variable containing survival probabilities in the popmort file.
•	This variable cannot exist in the patient data file. Default is prob.
$\mathtt{using}(\mathit{string})$	specifies the popmort file to be used for expected survival probabilities.
by $(string)$	specifies stratification variables. Survival probabilities are averaged for each
,	combination of these variables and assumed the same within each
	combination. Can only be used together with the grpd option.
maxyear(int 2050)	specifies the maximum age for which general population survival
	probabilities are provided in the using file. Probabilities for years beyond
	this value are assumed to be the same as for the maximum year.
	Default is 2050.
nodes(int 50)	specifies the number of nodes to be used for the numerical integration.
nough (may 50)	Default is 50.
tinf(int 50)	specifies the end year used for the numerical integration. Both observed
CITI (me 50)	and expected survival is assumed to be 0 after this point.
	Default is 50.
tcond(real 0)	specifies the starting year used for the numerical integration.
ccond (real o)	This is used to retrieve conditional estimates. Default is 0.
arra d	
grpd	specifies that average survival probabilities should be used, as opposed to
	individual probabilities. If this is used together with the by option, the
atub (atmin a)	average is calculated within each combination of the specified by variables.
stub(string)	stubname for estimated life expectency in absence and presence of cancer.

- (a) Load the melanoma data and stset the data for relative survival.
 - . use melanoma, clear
 . gen patid = _n
 . stset surv_mm, failure(status=1 2) scale(12) exit(time 120.5) id(patid)
- (b) Fit a flexible parametric model including year, age and sex. Include age and year as continuous variables using splines. Allow all covariates to have a time-dependent effect. Remember to merge on the expected mortality at the exit times.

(c) We will now estimate the loss in expectation of life. To save time we don't estimate confidence intervals, although they can be obtained by removing the comments around the ci option. (NOTE! Don't attempt to run this with the ci option during the lab session. This would take more than an hour, and the only way to stop Stata is to force the program to shut down completely.)

(d) Create a graph that shows how the loss in expectation of life varies over age, for males diagnosed in 1994.

```
. twoway (line ll age if sex==1 & yydx==1994, sort) , legend(off) ///
    scheme(sj) name(q41_d, replace) ytitle("Years", size(*0.8)) ///
    xtitle("Age at diagnosis", size(*0.8)) xlabel(, labsize(*0.7)) ///
    ylabel(0 5 10 15 20 25 30 35 40 45, labsize(*0.7) angle(0)) ///
    yscale(range(0 45))
```

(e) List the life expectancy and the loss in expectaion of life for someone aged 50, 60, 70 and 80 at diagnosis, both males and females. Also calculate the total number of life years lost among patients diagnosed in 1994.

```
. foreach age in 50 60 70 80
  foreach sex in 1 2
    list age sex yydx survexp survobs ll if age=='age' & ///
    sex=='sex' & yydx==1994, constant
```

```
. qui summ ll if yydx==1994
```

. display r(sum)

14 EXERCISES

(f) Now estimate the loss in expectation of life if male patients had the same mortality due to melanoma as female patients, but the expected survival of males.

```
. replace fem=1 \,
```

- (g) How many life years could potentially be saved if males diagnosed in 1994 had the same survival from melanoma as female patients diagnosed in 1994?
 - . gen lldiff= ll-ll_alt
 - . summ lldiff if yydx == 1994
 - . display r(sum)
 - . foreach age in 50 60 70 80 list ll ll_alt lldiff age if sex==1 & age=-'age' & yydx==1994, constant

3 Solutions

- 250. Calculating the crude probability of death from life tables.
 - (a) Load the Melanoma data, drop subjects diagnosed 1975-1984 and then and use strs to obtain life-tables stratified by age group and sex. Use the cuminc option to obtain the crude probabilities of death due to cancer and due to other causes.

```
. stset surv_mm, fail(status==1 2) id(id) scale(12)
                 id: id
     failure event: status == 1 2
obs. time interval: (surv_mm[_n-1], surv_mm]
 exit on or before: failure
    t for analysis: time/12
     4744 total observations
       0 exclusions
     4744 observations remaining, representing
     4744 subjects
     1404 failures in single-failure-per-subject data
  22108.5 total analysis time at risk and under observation
                                                 at risk from t =
                                     earliest observed entry t = 0
                                         last observed exit t = 10.95833
. strs using popmort, br(0(1)5) mergeby(_year sex _age) by(agegrp sex) ///
          save(replace) cuminc list(n d w cp F cp_e2 cr_e2 ci_dc ci_do) f(%7.5f)
         failure _d: status == 1 2
   analysis time _t: surv_mm/12
                 id: id
No late entry detected - p is estimated using the actuarial method
_____
-> agegrp = 0-44, sex = Male
  0 1 537 25 0 0.95345 0.04655 0.99727 0.95605 0.04389 0.00267 |

      1
      2
      512
      33
      43
      0.88930
      0.11070
      0.99437
      0.89433
      0.10535
      0.00535 |

      2
      3
      436
      9
      43
      0.86999
      0.13001
      0.99130
      0.87762
      0.12194
      0.00807 |

      3
      4
      384
      18
      39
      0.82703
      0.17297
      0.98810
      0.83698
      0.16216
      0.01081 |

      4
      5
      327
      6
      34
      0.81102
      0.18898
      0.98473
      0.82360
      0.17537
      0.01361 |

    -----
-> agegrp = 0-44, sex = Female
```

 \mid start end n d w cp F cp_e2 cr_e2 ci_dc ci_do \mid

1	0	1	624	9	0	0.98558	0.01442	0.99911	0.98645	0.01354	0.00088
i	1	2	615	9	52	0.97052	0.02948	0.99816	0.97231	0.02766	0.00182
i	2	3	554	9	56	0.95391	0.04609	0.99712	0.95667	0.04327	0.00282
i	3	4	489	8	51	0.93745	0.06255	0.99599	0.94122	0.05867	0.00389
i	4	5	430	8	68	0.91851	0.08149	0.99477	0.92334	0.07647	0.00503
+											
 ->	agegrp =	 = 45-59	 9, sex	 = Ma	le						
+	start	end	n	d	w	 ср	F	cp_e2	cr_e2	ci_dc	 ci_d
 	0	1	752	 51	0	0.93218	0.06782	0.99094	0.94070	0.05903	0.0087
i	1	2	701	38	72	0.87891	0.12109	0.98140	0.89557	0.10353	0.0175
i	2	3	591	38	64	0.81917	0.18083	0.97111	0.84354	0.15433	0.0265
i	3	4	489	17	61	0.78879	0.21121	0.96025	0.82145	0.17566	0.0355
i	4	5	411	16	53	0.75597	0.24403	0.94866	0.79688	0.19912	0.0449
>	 agegrp =	 = 45-59	 9, sex	 = Fe	 emale						
+	start	end	n	d	w	ср	F	cp_e2	cr_e2	ci_dc	ci_c
l I	0	1	612	 21	0	0.96569	0.03431	0.99661	0.96897	0.03098	0.0033
i	1	2	591	23	61	0.92606	0.07394	0.99298	0.93261	0.06715	0.0067
İ	2	3	507	16	64	0.89487	0.10513	0.98906	0.90477	0.09474	0.0103
١	3	4	427	11	62	0.87001	0.12999	0.98482	0.88341	0.11581	0.0141
+	4	5 	354	5 	49	0.85681	0.14319	0.98034	0.87399	0.12508	0.0181
 > +	 agegrp =	= 60-74	 4, sex	 = Ma	 ile						
 	start	end	n	d 	W	cp	F	cp_e2	cr_e2	ci_dc	ci_d
İ	0	1	709	61	0	0.91396	0.08604	0.96735	0.94481	0.05429	0.0317
I	1	2	648	67	75	0.81366	0.18634	0.93361	0.87152	0.12395	0.0623
	2	3	506	37	63	0.75021	0.24979	0.89794	0.83548	0.15695	0.0928
	3	4	406	39	55	0.67291	0.32709	0.86090	0.78164	0.20430	0.1227
+	4	5 	312	27 	51 	0.60950	0.39050	0.82214	0.74135	0.23821	0.1523
 >	agegrp =	= 60-74	4, sex	 = Fe	 emale						
+	start	end	n	d	w	ср	F	cp_e2	cr_e2	ci_dc	ci_0
 	0	1	661	 41	0	0.93797	0.06203	0.98381	0.95340	0.04622	0.0158
- 1	4	0	600	17	60	0.0000E			0 00242		

1

2

2

3

620

513

47

31

60

62

0.86325

0.80773

0.13675

0.19227

0.96623

0.94730

0.89343 0.10470

0.85267

0.14369

0.0320

0.0485

-> agegrp = 75+, sex = Male

-											
	start	end	n	d	W	ср	F	cp_e2	cr_e2	ci_dc	ci_d
_	0	1	337	67	0	0.80119	0.19881	0.88853	0.90170	0.09282	0.1059
	1	2	270	61	37	0.60686	0.39314	0.78562	0.77247	0.20100	0.1921
	2	3	172	33	17	0.48438	0.51562	0.68883	0.70319	0.25207	0.2635
	3	4	122	19	19	0.40257	0.59743	0.59992	0.67104	0.27279	0.3246
	4	5	84	11	12	0.34580	0.65420	0.52181	0.66269	0.27747	0.3767

-> agegrp = 75+, sex = Female

- (b) How is the probability of death due to all causes, F, calculated? This is just 1 the survival function, i.e. 1-cp.
- (c) Why is the crude probability of death due to cancer, ci_dc similar to the all-cause probability of death for subjects aged 0-44?
 - . use grouped, clear
 (Collapsed (or grouped) survival data)
 - . list agegrp start end sex F ci_dc if agegrp == 0 & sex == 1, noobs

_							┺
	agegrp	start	end	sex	F	ci_dc	
- 1							ł
-	0-44	0	1	Male	0.04655	0.04389	ĺ
-	0-44	1	2	Male	0.11070	0.10535	ĺ
-	0-44	2	3	Male	0.13001	0.12194	I
-	0-44	3	4	Male	0.17297	0.16216	I
-	0-44	4	5	Male	0.18898	0.17537	I
_							

They are similar as there is low probability that subjects of this age will die from other causes. Thus, if they die it is highly likely to be due to cancer.

(d) For both males and females aged 60-74 what is the probability of death due to all causes at 5 years post diagnosis? What two variables can be added together to give the probability of death due to all-causes?}

The probability of death due to all causes is 0.39 for males and 0.28 for females. With crude mortality we partition the all-cause probability of death into that due to cancer and that due to other cause. Thus F = ci_dc + ci_do.

(e) What proportion of the all-cause deaths at 5 years post diagnosis are due to cancer and due to other causes for males? Compare these figures for the different age groups.

+-	end	agegrp	sex	F	ci_dc	ci_do	prob_c	prob_o
-	5	0-44	Male	0.18898	0.17537	0.01361	.92796	.0720402
I	5 5	45-59 60-74	Male Male	0.24403 0.39050	0.19912 0.23821	0.04491 0.15230	.8159498 .6100003	.1840501 .3899997
	5	75+	Male	0.65420	0.27747	0.37673	.4241378	.5758622

In the youngest age group 93% of the deaths are associated with a diagnosis of cancer at 5 years poist diagnosis. In the oldest agegroup the figure is 42%. This is due to increased probability of dying from other causes in the oldest age group.

(f) The age groups are fairly wide, explain how you would expect the crude probability of death due to cancer to differ between a 60 and 74 year old, even if the relative survival was identical.

Since the probability of death due to other cause is higher for a 74 year old than for a 60 year old then if relative survival was identical we would expect the actual probability of death due to cancer to be lower for someone aged 74 than a 60 year old.

(g) Plot the net probability of death, the crude probability of death due to cancer and the overall probability of death for males by age group. Try to understand the relationship between these various measures.

```
. gen net = 1- cr_e2

. twoway (line F net ci_dc end if sex == 1, sort ), by(agegrp) ///
> legend(order(1 "Overall" 2 "Net" 3 "Crude") cols(3)) ///
> ylabel(0(0.1)0.6, angle(h) format(%3.1f)) ///
> ytitle("Probability of Death")
```

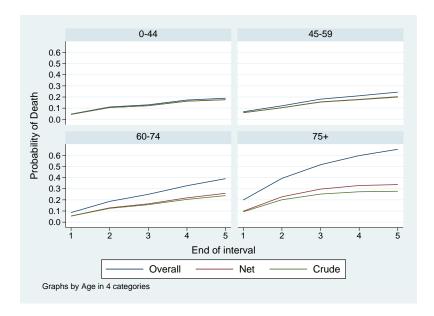


Figure 1: Melanoma Data. All cause, Net and Crude Probability of Death due to cancer.

Very little difference between the estimates in youngest age group. Increasing separation as age increases due to increased contribution of deaths due to other causes.

251. Probability of death in a competing risks framework (relative survival model)

In exercise 250 we explored how one could estimate crude probabilities of death based on life table estimates of relative survival making use of the strs implementation of the approach proposed by Cronin and Feuer (2000) [6]. Lambert et al. (2010) [7] subsequently showed how the estimates can be obtained after fitting a relative survival model, namely a flexible parametric models for relative survival, which use restricted cubic splines for the baseline cumulative excess hazard and for any time-dependent effects. Although the two approaches estimate the same quantity, the life table approach provides estimates for grouped data so we get an estimated probability for an age group rather than an estimate for a specific age as can be obtained in the model-based approach.

(a) Load the Melanoma data and merge in the background mortality rates as in question ??. Fit a flexible parametric relative survival model including age group with time-dependent effects.

Calculate the estimated net mortality (1 - relative survival) and plot the four curves on a single graph. Interpret the plot.

(b) Use the stpm2cm command to estimate the crude probability of death. Note that stpm2cm will predict for individual covariate patterns and for ages at diagnosis. Perform the predictions for males aged 40, 55, 70 and 80 diagnosed in 1985. The prediction for a 40 year old (the first age group) can be obtained using,

```
. stpm2cm using popmort, at(agegrp2 0 agegrp3 0 agegrp4 0) ///
   mergeby(_year sex _age) ///
   diagage(40) diagyear(1985) ///
   sex(1) stub(cm1) nobs(1000) ///
   tgen(cm1_t)
```

Plot the estimated crude probability of death due cancer for each of the selected ages on the same graph. Contrast these with the estimated net probability of death from part (a).

- (c) Generate a similar plot but for the crude probability of death due to other causes.
- (d) A useful way of presenting crude probabilities is through stacked graphs. Generate the stacked graphs for each of the selected ages. Use the solution Do file for help.
- (e) Advanced: Now fit a model using splines for the effect age with the spline terms allowed to be time-dependent. Calculate the crude probabilities of death and compare these to the model where age is categorized.

260. Estimating cure models

(a) _t contains the time in years from diagnosis. The strsmix command requires the expected mortality rate at the event time. The first gen command calculates the age at the event (or censoring) time (up to a maximum age of 99). The second gen command calculates the calender year at the event time. The third gen command converts the expected survival probability into the expected mortality rate.

(b) Fitting this model gives

. strsmix if year8594==0, dist(weibull) link(identity) bhazard(rate)

Log likelihood	d = -9988.71	9		Wald	er of obs = chi2(0) = chi2 =	• .
_	Coef.					. Interval]
pi _cons	 .4151695	.0081152	51.16	0.000	.399264	
ln_lambda _cons		.0257529	-6.58	0.000	2198843	1189348
ln_gamma						

i. The cure fraction is 0.415 (i.e. 41.5%).

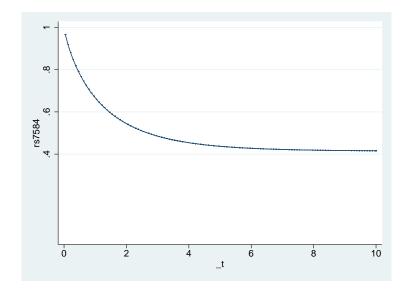


Figure 2: Relative survival in 1975-1984 for cancer of the colon

ii. Yes the relative survival curves reaches a plateau at the cure fraction. Note that if this did not appear to be the case then the cure fraction estimate would be based on extrapolation beyond the range of follow-up in the data.

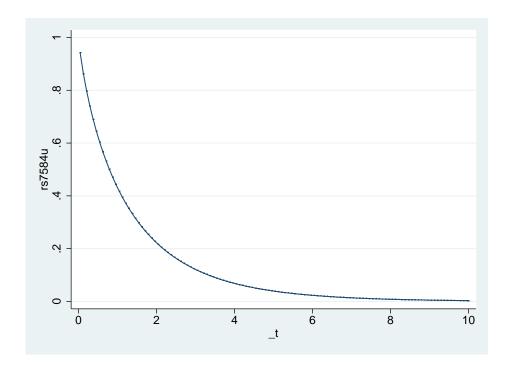


Figure 3: Relative survival for the 'uncured' in 1975-1984 for cancer of the colon

- iii. Approximately 80% of the 'uncured' have died after 2 years.
- iv. Median survival for the 'uncured' is approximately 0.8 years
- (c) Now fitting to those diagnosed 1985-1994.

. strsmix if year8594==1, dist(weibull) link(identity) bhazard(rate)

Number of obs = 9087
Wald chi2(0) = .

-.2421857 -.1781799

i. The cure fraction is now 0.459 (i.e 45.9%) - a difference of 4.5%.

_cons | -.2101828 .0163283 -12.87 0.000

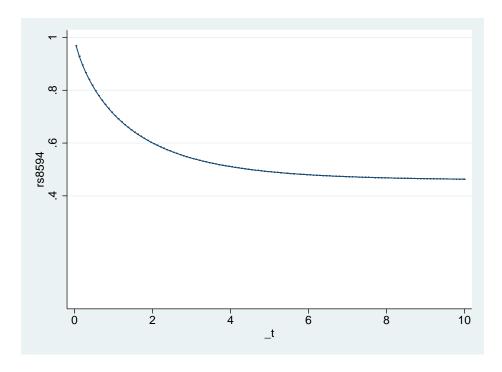
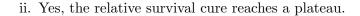


Figure 4: Relative survival in 1985-1984 for cancer of the colon



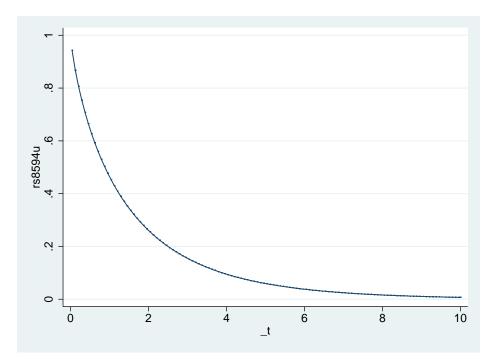


Figure 5: Relative survival for the 'uncured' in 1975-1984 for cancer of the colon

- iii. At two years about 75% of the 'uncured' have died after 2 years. A reduction of about 5% in absolute terms.
- iv. The median survival of the 'uncured' is about 0.9 years, a slight improvement.
- (d) Including year8594 as a covariate gives

. strsmix year8594, dist(weibull) link(identity) bhazard(rate)

				Numbe	er of obs =	15564
				Wald	chi2(1) =	38.51
Log likelihood	d = -21332.0	5		Prob	> chi2 =	0.0000
-	 Coef.				[95% Conf.	Interval]
pi	I					
year8594	.0618817	.0099714	6.21	0.000	.042338	.0814254
_cons	.4090526	.0078184				.4243765
ln_lambda	 					
_cons	•	.0191294			2485684	1735825
ln_gamma	 					
_cons	1925967	.0115469	-16.68	0.000	2152282	1699652

- i. The estimated difference in the cure fraction is 0.062 (i.e. 6.2%). This is larger than the difference observed in b(i) and c(i).
- ii. The assumption is that the survival distribution of the 'uncured' is the same in the two periods. This is because λ and γ do not vary by our covariate (year8594).

Allowing both λ and γ to vary by year8594 gives

. strsmix year8594, dist(weibull) link(identity) bhazard(rate) ///
k1(year8594) k2(year8594)

				Numbe	er of obs	=	15564
				Wald	chi2(1)	=	14.37
Log likelihood	= -21328.58	3		Prob	> chi2	=	0.0001
_t		Std. Err.			[95% Co	nf.	Interval]
pi							
year8594	.0452705	.0119408	3.79	0.000	.021867	1	.068674
_cons	.4151695	.0081152	51.16	0.000	.39926	4	.431075
ln_lambda							
year8594	0954111	.0389694	-2.45	0.014	171789	7	0190325
_cons	1694096	.0257529	-6.58	0.000	219884	:3	1189348
ln_gamma							
year8594	0318322	.0232878	-1.37	0.172	077475	4	.013811
_cons	1783506	.0166044	-10.74	0.000	210894	:6	1458066

- iii. The difference in the cure fraction is 0.045 (i.e. 4.5%). This gives the same as we observed when fitting two separate models, as this is essentially what we are doing by including year8594 for all 3 parameters. If the distribution of the 'uncured' is not modelled appropriately then biased estimates of the cure fraction may be obtained.
- iv. Using a Wald test gives

. test [ln_lambda][year8594] [ln_gamma][year8594], mtest

15564

28.29

- $(1) [ln_1ambda] year8594 = 0$
- $(2) [ln_{gamma}] year 8594 = 0$

	 	chi2	df	p
(1) (2)	 	6.00 1.83	1 1	0.0143 # 0.1761 #
all		6.84	2	0.0328

unadjusted p-values

There is evidence that the survival distribution of the 'uncured' differs between the two time periods.

Number of obs

Wald chi2(4)

(e) This model can be fitted using the xi prefix command.

Log likelihood	l = -21088.80	Prob	> chi2 =	0.0000		
_t	exp(b)	Std. Err.	z	P> z	[95% Conf.	Interval]
pi l						
year8594	1.231615	.0573756	4.47	0.000	1.124142	1.349363
cage2	.903997	.0879128	-1.04	0.299	.7471167	1.093819
cage3	.7988555	.072884	-2.46	0.014	.6680492	.9552742
cage4	.869293	.080983	-1.50	0.133	.7242167	1.043431
_cons	.891236	.0760408	-1.35	0.177	.7539937	1.053459
ln_lambda						
year8594	1118244	.0392174	-2.85	0.004	188689	0349597
cage2	.0856077	.084418	1.01	0.311	0798484	.2510639
cage3	.2501009	.0791222	3.16	0.002	.0950243	.4051775
cage4	1.00063	.0845808	11.83	0.000	.8348543	1.166405
_cons	5465794	.0750655	-7.28	0.000	6937052	3994537
ln_gamma						
year8594	0241314	.0224827	-1.07	0.283	0681968	.019934
cage2	0614646	.056022	-1.10	0.273	1712656	.0483365
cage3	1322088	.0518933	-2.55	0.011	2339179	0304997
cage4	1330111	.0527858	-2.52	0.012	2364693	0295528
_cons	0000647	.0498729	-0.00	0.999	0978138	.0976845

i. The parameter estimates for the cure fraction are now odds ratios. Thus the odds of cure are 23% higher in 1985-1994 when compared to 1975-1984. For age group 0-44 is the reference category. The odds of cure are 10% lower in the 45-59 age group, 21% lower in the 60-74 age group and 14% lower in the 75+ age group. Only the 60-84 age group is significant at the 5% level. The needs to be a degree

of caution here as the Weibull cure models tends to not fit well to the oldest age group and more complex models may be necessary.

- ii. The predicted median survival for the 'uncured' is obtained using
 - . predict med, centile
 - . bysort agegrp year8594: gen flag = (_n==1)
 - . list agegrp year8594 med if flag==1, noobs

+			+
	agegrp	year8594	med
- 1			1
	0-44	Diagnosed 75-84	1.197311
-	0-44	Diagnosed 85-94	1.3485631
-	45-59	Diagnosed 75-84	1.105672
-	45-59	Diagnosed 85-94	1.2519877
1	60-74	Diagnosed 75-84	.92317295
1			
1	60-74	Diagnosed 85-94	1.0500786
-	75+	Diagnosed 75-84	.39166079
1	75+	Diagnosed 85-94	.43631407
+			+

This table shows how median survival increases with time period in each age group. In addition median survival for the 'uncured' decreases with age.

261. Estimating cure models using flexible parametric survival models

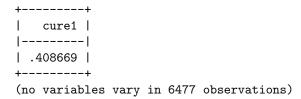
Iteration 0: log likelihood = -21851.481
Iteration 1: log likelihood = -21147.216
Iteration 2: log likelihood = -21095.674
Iteration 3: log likelihood = -21095.385
Iteration 4: log likelihood = -21095.385

Log likelihood = -21095.385

Number of obs = 15564

		Coef.	Std. Err.	z	P> z	[95% Conf	. Interval]
хb							
	year8594	1556103	.025088	-6.20	0.000	2047819	1064388
	_rcs1	.9889082	.0117887	83.89	0.000	.9658028	1.012014
	_rcs2	.0353623	.006665	5.31	0.000	.022299	.0484255
	_rcs3	.0684074	.0045871	14.91	0.000	.0594168	.077398
	_rcs4	.0530653	.0039162	13.55	0.000	.0453896	.060741
	_rcs5	.0410339	.0032154	12.76	0.000	.0347319	.0473359
	_rcs6	(omitted)					
	_cons	1110995	.0197347	-5.63	0.000	1497788	0724201

- i. The coefficient -.1556103 is the log-hazard ratio (HR = 0.86) comparing the second period to the first.
- ii. The cure proportion for the first period is $\exp(-\exp(-.1110995)) = .40866901$, and for the second period $\exp(-\exp(-.1110995 .1556103)) = .4649175$.
- iii.
- . predict cure1, cure
- . list cure1 if year8594==0, constant



. list cure1 if year8594==1, constant

```
+-----+

| cure1 |

|------|

| .46491749 |

+-----+

(no variables vary in 9087 observations)
```

iv. The estimated difference in the cure fraction is 0.056 (i.e. 5.6%) compared to 0.062 (i.e. 6.2%) in exercise 260.

v. The predicted median survival times are similar in the two groups, but not the same. The flexible parametric cure model is a special case of a non-mixture model. Non-mixture cure models use both the estimated cure proportions and the specified distribution function to estimate the survival function of uncured, which will lead to different survival even when no time-dependent effects are modelled.

```
. predict med1, centile(50) uncured
```

. list med1 if year8594==0, constant

(no variables vary in 6477 observations)

. list med1 if year8594==1, constant

(no variables vary in 9087 observations)

(b) . stpm2 year8594, df(6) tvc(year8594) dftvc(4) bhazard(rate) scale(hazard) cure

```
Iteration 0: log likelihood = -21848.799
Iteration 1: log likelihood = -21144.251
Iteration 2: log likelihood = -21092.538
Iteration 3: log likelihood = -21092.239
Iteration 4: log likelihood = -21092.239
```

Log likelihood = -21092.239

Number of obs = 15564

	Coef.	Std. Err.	z	P> z	[95% Conf.	Interval]
xb						
year8594	1492647	.0269617	-5.54	0.000	2021086	0964208
_rcs1	1.006746	.0177333	56.77	0.000	.9719896	1.041503
_rcs2	.0447082	.0094731	4.72	0.000	.0261413	.0632751
_rcs3	.0692846	.0065112	10.64	0.000	.0565229	.0820462
_rcs4	.0493157	.0057847	8.53	0.000	.0379779	.0606535
_rcs5	.0384908	.0038595	9.97	0.000	.0309262	.0460553
_rcs6	(omitted)					
_rcs_y~85941	0329169	.0238804	-1.38	0.168	0797216	.0138878
_rcs_y~85942	0137549	.0135084	-1.02	0.309	0402309	.0127211
_rcs_y~85943	.0100166	.0086015	1.16	0.244	0068419	.0268752
_rcs_y~85944	(omitted)					
_cons	1131936	.0202657	-5.59	0.000	1529136	0734736

- i. The coefficient is no longer interpreted as the log-hazard ratio since the hazard ratio is varying over time.
- ii. The cure proportion for the first period is $\exp(-\exp(-.1131936)) = 0.40943474$, and for the second period $\exp(-\exp(-.1131936 .1492647)) = 0.46340289$.

iii.

. predict cure2, cure

- iv. The estimated difference in the cure fraction is 0.054 (i.e. 5.4%), very similar to the result in a.
- v. The difference in the predicted median survival times between the two groups is larger than in a, since we are now allowing more flexibility into the estimation.

(c) The flexible parametric cure model forces the cumulative excess hazard to be constant after the last knot, and therefore the relative survival is forced to reach a plateau. The assumption of cure should always be checked in a model that does not assume cure or by looking at empirical life table estimates.

```
. predict surv, survival
. predict survunc, survival uncured
. forvalues j=0/1 {
        twoway (line surv _t if year8594=='j', sort) ///
            (line survunc _t if year8594=='j', sort), ///
            legend(label(1 "Survival overall") ///
            label(2 "Survival for uncured")) name(period'j', replace)
}
```

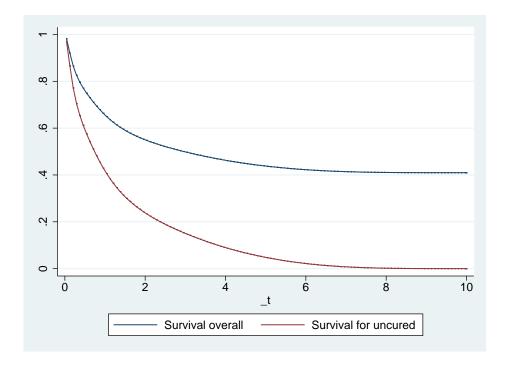


Figure 6: Relative survival overall and for the 'uncured' in 1975-1984 for cancer of the colon

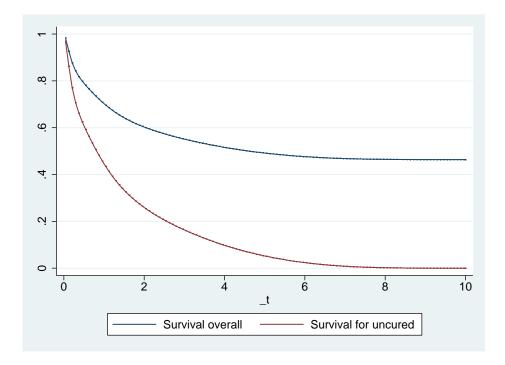


Figure 7: Relative survival overall and for the 'uncured' in 1985-1994 for cancer of the colon

262. Calculating excess and $\ddot{i}_{\underline{i}}^{1}$ avoidable $\ddot{i}_{\underline{i}}^{1}$ deaths from life tables.

- (a) Load the Melanoma data, drop subjects diagnosed 1975-1984.
- (b) What is the difference in five-year relative survival between males and females in each age group?
 - . list agegrp sex cr_e2 if end == 5, noobs sepby(agegrp) +----+ | agegrp sex cr_e2 | 0-44 Male 0.8236 | 0-44 Female 0.9233 | |-----| | 45-59 Male 0.7969| -----| Male 0.7413 | 60-74 | 60-74 Female 0.7958 | |-----| 75+ Male 0.6627 | 75+ Female 0.7006 |

Five year relative survival is lower for males in all age groups.

(c) Reshape the data.

```
. bysort sex (agegrp start): gen j = _n
. gen sexlab =cond(sex==1,"_m","_f")
. drop sex
```

. reshape wide start end n cp cp_e2 cr_e2 agegrp, i(j) j(sexlab) string (note: j = _f _m)

Data	long	->	wide
Number of obs.	40	->	20
Number of variables	9	->	15
j variable (2 values)	sexlab	->	(dropped)
xij variables:			
	start	->	start_f start_m
	end	->	end_f end_m
	n	->	n_f n_m
	ср	->	cp_f cp_m
	cp_e2	->	cp_e2_f cp_e2_m
	cr_e2	->	cr_e2_f cr_e2_m
	agegrp	->	agegrp_f agegrp_m

- . rename $agegrp_m agegrp$
- . rename start_m start
- . rename end_m end
- . drop $agegrp_f start_f end_f$
- (d) For males, calculate the expected number of all-cause deaths, Nd_m, the expected number of deaths if the study population were free of cancer, NExp_d_m and the excess deaths associated with a diagnosis of cancer, ED_m.

- . bys agegrp: gen $Nrisk_m = n_m[1]/10$
- . gen $p_{dead_m} = 1 cp_e2_m * cr_e2_m$
- . gen Nd_m = Nrisk_m*p_dead_m
- . gen NExp_d_m = Nrisk_m*(1-cp_e2_m)
- . $gen ED_m = Nd_m NExp_d_m$
- . format Nd_m NExp_d_m ED_m %4.1f
- . list agegrp Nrisk_m p_dead_m Nd_m NExp_d_m ED_m if end==5, noobs

+	agegrp	Nrisk_m	p_dead_m	Nd_m	NExp_d_m	ED_m
i	0-44	53.7	.1889797	10.1	0.8	9.3
-	45-59	75.2	.2440302	18.4	3.9	14.5
-	60-74	70.9	.3905036	27.7	12.6	15.1
-	75+	33.7	.6542017	22.0	16.1	5.9
_						

. table agegrp if end == 5, $c(sum Nd_m sum NExp_d_m sum ED_m)$ row format(%4.1f)

_m agegrp	sum(Nd_m)	$sum(NExp_d_m)$	sum(ED_m)
0-44 45-59	10.1 18.4	0.8 3.9	9.3
60-74 75+	27.7	12.6 16.1	15.1
Total	78.2	33.4	44.8

- i. We would expect to see 10, 18, 28 and 22 all cause deaths in the (ascending) age groups.
- ii. This is given by the excess deaths, ED_m. In ascending age groups there are 9, 14, 15, and 6 excess deaths at 5 years post diagnosis when compared to a similar cancer free population. This is for a typical cohort diagnosed in one calendar year.
- iii. There are 45 excess deaths when compared to the general population.
- (e) Repeat calculations for females.
 - . bys agegrp: gen $Nrisk_f = n_f[1]/10$
 - . gen $p_{dead_f} = 1 cp_e2_f * cr_e2_f$
 - . gen Nd_f = Nrisk_f*p_dead_f
 - . gen $NExp_d_f = Nrisk_f*(1-cp_e2_f)$
 - . gen $ED_f = Nd_f NExp_d_f$
 - . format Nd_f NExp_d_f ED_f %4.1f
 - . list agegrp Nrisk_f p_dead_f Nd_f NExp_d_f ED_f if end==5, noobs

+----+

. table agegrp if end ==	5, c(sum Nd_f s	sum NExp_d_f sum ED_f)	row format(%4.1f)
--------------------------	-----------------	------------------------	-------------------

_m agegrp	sum(Nd_f)	<pre>sum(NExp_d_f)</pre>	<pre>sum(ED_f)</pre>
0-44 45-59		0.3 1.2	4.8 7.6
60-74 75+	•	6.3	12.2
Total		28.1	33.8

In terms of the total number of all cause deaths, females have fewer at all ages except the 70+ group. This is because they are more females diagnosed in this group 51 vs 34, so even though females have lower relative survival they have more deaths due to a number of women in the oldest age groups being diagnosed. This leads to there being more excess deaths in this age group for women when compared to men. As a whole there are more excess deaths in men.

- (f) How many deaths would be 'avoided' if males could achieve the same relative survival as females for Melanoma?
 - . gen Nd_m_f = Nrisk_m*(1 cp_e2_m * cr_e2_f)
 - . gen $AD_m = Nd_m Nd_m_f$
 - . format Nd_m_f AD_m %4.1f
 - . list agegrp Nrisk_m p_dead_m Nd_m NExp_d_m ED_m Nd_m_f AD_m if end==5, noobs

 -	agegrp	Nrisk_m	p_dead_m	Nd_m	NExp_d_m	ED_m	Nd_m_f	AD_m
i	0-44	53.7	.1889797	10.1	0.8	9.3	4.9	5.3
İ	45-59			18.4	3.9	14.5	12.9	5.5
	60-74	70.9	.3905036	27.7	12.6	15.1	24.5	3.2
	75+	33.7	.6542017	22.0	16.1	5.9	21.4	0.7
+-								+

There would be about 15 deaths 'avoided'. The youngest two age groups contribute most to the avoidable deaths.

- (g) List the avoidable deaths for the oldest age group over all follow-up times. Why are the number of avoidable deaths decreasing as follow-up time increases?
 - . list agegrp end AD $_{\rm m}$ if agegrp==3

	+		+
	agegrp	end	AD_m
16.	75+	1	1.4
17.	75+	2	2.2
18.	75+	3	2.1
19.	75+	4	1.2
20.	75+	5	0.7
	+		+

This is because we can not avoid deaths for ever. Remember that we are looking at all cause deaths. If we had unlimited follow-up we would avoid no deaths at all. In the oldest age group we can actually see that we are just postponing deaths.

263. Estimating loss in expectation of life

(a) Load the Melanoma data and stset the data for relative survival.

```
. use melanoma, clear
(Skin melanoma, diagnosed 1975-94, follow-up to 1995)
. gen patid = _n
. stset surv_mm, failure(status=1 2) scale(12) exit(time 120.5) id(patid)
             id: patid
    failure event: status == 1 2
obs. time interval: (surv_mm[_n-1], surv_mm]
exit on or before: time 120.5
   t for analysis: time/12
______
    7775 total observations
      0 exclusions
    7775 observations remaining, representing
    7775 subjects
    2777 failures in single-failure-per-subject data
43384.63 total analysis time at risk and under observation
                                       at risk from t =
                              earliest observed entry t =
                                  last observed exit t = 10.04167
```

(b) Fit a flexible parametric model including year, age and sex. Include age and year as continuous variables using splines. Allow all covariates to have a time-dependent effect. Remember to merge on the expected mortality at the exit times.

```
. rcsgen age, df(4) gen(sag) orthog
Variables sag1 to sag4 were created
. rcsgen yydx, df(4) gen(syr) orthog
Variables syr1 to syr4 were created
. gen fem = sex==2
. gen _age = min(int(age + _t),99)
. gen _year = int(yydx + _t)
. sort _year sex _age
. merge m:1 _year sex _age using popmort, keep(match master) keepusing(rate)
   Result
                                # of obs.
   _____
   not matched
                                  7,775 (_merge==3)
   matched
   _____
. drop _age _year _merge
. stpm2 sag1-sag4 syr1-syr4 fem, scale(hazard) df(5) bhazard(rate) ///
               tvc(sag1-sag4 syr1-syr4 fem) dftvc(3)
```

Log likelihoo	d = -8444.5803	1		Numbe	er of obs =	7775
	Coef.	Std. Err.	z	P> z	[95% Conf.	Interval]
xb	+ 					
sag1	.3486966	.0355765	9.80	0.000	.2789678	.4184253
sag2	0382469	.0368393	-1.04	0.299	1104506	.0339568
sag3	0826459	.0352677	-2.34	0.019	1517692	0135225
sag4		.0333635	-0.51	0.607	082531	.0482516
syr1		.1187121	-0.05	0.957	2391387	.226204
syr2		.1030806	-2.45	0.014	4542629	0501944
syr3		.0858927	-1.65	0.100	309699	.0269943
syr4		.0700542	-1.65	0.099	2528149	.0217927
fem		.0604833	-8.63	0.000	6406158	4035256
_rcs1		.0781558	12.12	0.000	.7942992	1.100664
_rcs2		.054332	3.55	0.000	.0862225	.2992001
_rcs3		.0304669	1.87	0.062	0028389	.1165892
_rcs4		.014089	0.23	0.819	0243957	.0308323
_rcs5	•	.0052562	1.21	0.227	0039577	.0166462
_rcs_sag11	.0101007	.0305454	0.33	0.741	0497673	.0699687
_rcs_sag12	.0327253	.026622	1.23	0.219	0194529	.0849034
_rcs_sag13		.0135927	1.50	0.133	006227	.0470553
	0382793	.0312975	-1.22	0.221	0996212	.0230626
_rcs_sag22	0024951	.0278919	-0.09	0.929	0571622	.0521719
_rcs_sag23	.0015633	.0139492	0.11	0.911	0257767	.0289032
_rcs_sag31	0148982	.0288652	-0.52	0.606	071473	.0416766
_rcs_sag32	.0178845	.025579	0.70	0.484	0322494	.0680183
0	.0007745	.0129807	0.06	0.952	0246672	.0262163
_rcs_sag41	0217533	.0278767	-0.78	0.435	0763907	.0328841
_rcs_sag42	.0036575	.0247048	0.15	0.882	0447631	.0520781
_rcs_sag43	0002257	.0126263	-0.02	0.986	0249727	.0245214
_rcs_syr11	•	.0951937	1.14	0.255	0782891	. 2948633
_rcs_syr12		.0569474	-1.60	0.109	2028541	.0203757
_rcs_syr13		.0368902	-1.62	0.105	1321258	.0124813
_rcs_syr21		.0811995	-1.34	0.180	2679946	.0503015
_rcs_syr22		.0481734	1.60	0.110	0174446	.1713916
_rcs_syr23		.030727	0.67	0.502	0395845	.0808632
_rcs_syr31		.0660342	-1.59	0.113	2341045	.0247448
_rcs_syr32		.0431332	0.55	0.583	0608553	.1082236
_rcs_syr33		.0243036	1.10	0.273	0209984	.07427
_rcs_syr41		.0520008	-0.39	0.696	1222569	.0815826
_rcs_syr42		.0349461	1.41	0.158	0191328	.1178536
_rcs_syr43		.0188815	1.04	0.298	0173694	.0566448
_rcs_fem1		.0503392	-0.04	0.968	1006625	.0966635
_rcs_fem2		.0450417	-1.87	0.061	1727131	.003847
_rcs_fem3		.0212678	-0.96	0.339	0620393	.0213288
_cons	-1.378518	.0959111	-14.37	0.000	-1.5665	-1.190535

⁽c) We will now estimate the loss in expectation of life. To save time we don't estimate confidence intervals, although they can be obtained by removing the comments around the ci option.

(d) Create a graph that shows how the loss in expectation of life varies over age, for males diagnosed in 1994.

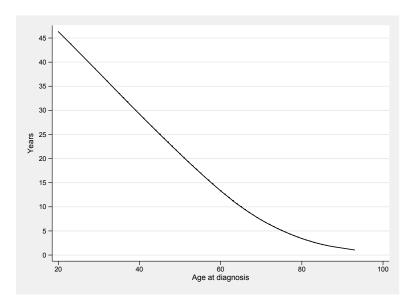


Figure 8: Melanoma Data. Loss in expectation of life

Figure 8 shows the loss in expectation of life for males diagnosed with melanoma in 1994.

(e) List the life expectancy and the loss in expectation of life for someone aged 50, 60, 70 and 80 at diagnosis, both males and females. Also calculate the total number of life years lost among patients diagnosed in 1994.

```
. foreach age in 50 60 70 80 {
         foreach sex in 1 2 {
 3.
                list age sex yydx survexp survobs ll if age=-'age' & sex=-'sex' & yydx==
 4.
 5. }
        sex yydx survexp survobs
   50 Male 1994 26.63637 5.6614445 20.97493 |
 (no variables vary in 5 observations)
          sex yydx survexp survobs
 | age
 |-----|
 | 50 Female 1994 32.36633 7.2172614 25.14907 |
 (no variables vary in 3 observations)
       sex yydx survexp survobs
 | age
   60 Male 1994 18.49159 5.1773682 13.31423 |
```

(no variables vary in 8 observations)

```
| age | sex | yydx | survexp | survobs | 11 |
 | 60 Female 1994 23.30669 6.8167728 16.48991 |
 (no variables vary in 8 observations)
 lage sex yydx survexp survobs
 |-----|
 | 70 Male 1994 11.53323 4.2612695 7.27196 |
 +----+
 (no variables vary in 4 observations)
 +----+
 l ------
 70 Female 1994 14.8622 5.8554623 9.006738 |
 (no variables vary in 9 observations)
 | age sex yydx survexp survobs 11 |
 |-----|
 | 80 Male 1994 6.431057 3.0075134 3.423544 |
 +-----
 (no variables vary in 3 observations)
 | 80 Female 1994 8.000338 4.1340081 3.866329 |
 +-----
 (no variables vary in 3 observations)
. qui summ ll if yydx==1994
. display r(sum)
8767.1307
```

The total number of life years lost among patients diagnosed with melanoma in Finland in 1994 is 8767.

(f) Now estimate the loss in expectation of life if male patients had the same mortality due to melanoma as female patients, but the expected survival of males.

- (g) How many life years could potentially be saved if males diagnosed in 1994 had the same survival from melanoma as female patients diagnosed in 1994?
 - . gen lldiff= ll-ll_alt

. replace fem=1

. summ lldiff if yydx == 1994

Variable	l Obs	Mean	Std. Dev.	Min	Max
lldiff	518	.6344759	.6386128	0	1.554199

. display r(sum) 328.6585

```
. foreach age in 50 60 70 80 {
```

2. list ll ll_alt lldiff age if sex==1 & age=='age' & yydx==1994, constant 3. }

+				+
	11	ll_alt	lldiff	_
20.	97493	19.56192	1.41301	50
+				

(no variables vary in 5 observations)

+				+
•		alt lldi	•	
13.314	23 11.99	9303 1.32	212 60	İ

(no variables vary in 8 observations)

+				+	
	11	ll_alt	lldiff	0 :	
7	.27196	6.200533	1.071427	70	
+(no variables vary in 4 observations)					

+				+
1	11	ll_alt	lldiff	age
3.42	3544	2.734462	.6890819	80

If males diagnosed in 1994 had the same relative survival as females diagnosed in 1994, the total number of life years lost would reduce by 328 years. For a man aged 50 at diagnosis the potential gain in life expectancy is 1.4 years (1.3, 1.1 and 0.7 years for males aged 60, 70 and 80 years at diagnosis, respectively).

REFERENCES 43

References

[1] Dickman PW, Coviello E. Estimating and modelling relative survival. *The Stata Journal* 2015;**15**:186–215.

- [2] Lambert PC, Royston P. Further development of flexible parametric models for survival analysis. *The Stata Journal* 2009;**9**:265–290.
- [3] Andersson TML, Lambert PC. Fitting and modeling cure in population-based cancer studies within the framework of flexible parametric survival models. *The Stata Journal* 2012;**12**:623–628.
- [4] Lambert PC. Modeling of the cure fraction in survival studies. *The Stata Journal* 2007; 7:351–375.
- [5] Hinchliffe SR, Lambert PC. Extending the flexible parametric survival model for competing risks. *The Stata Journal* 2013:13:344–355.
- [6] Cronin KA, Feuer EJ. Cumulative cause-specific mortality for cancer patients in the presence of other causes: a crude analogue of relative survival. Statistics in Medicine 2000;19:1729– 1740.
- [7] Lambert PC, Dickman PW, Nelson CP, Royston P. Estimating the crude probability of death due to cancer and other causes using relative survival models. Stat Med 2010;29:885 – 895.
- [8] Lambert PC, Dickman PW, Österlund P, Andersson TML, Sankila R, Glimelius B. Temporal trends in the proportion cured for cancer of the colon and rectum: a population-based study using data from the Finnish cancer registry. *International Journal of Cancer* 2007;**121**:2052–2059.
- [9] Lambert PC, Thompson JR, Weston CL, Dickman PW. Estimating and modeling the cure fraction in population-based cancer survival analysis. *Biostatistics* 2007;8:576–594.