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How to treat nodal groups:

* Option 1. Select all
* Option 2. All mutually exclusive groups (n=7)
	+ Cervical only as the reference
	+ All significantly higher risk
	+ Idea to collapse by clinical criteria, sample size
* Option 3. 5-level nodal groups
	+ Cervical only as the reference
	+ P value of LRT is not statistically significant
	+ All 3 = cerv/infra/media
	+ All else = infra only, infra+media, infra+cerv
	+ How could the HR be lower if you have all 3?
		- Cervical is protective, driving it down
* Option 4. 4-level nodal groups
	+ Cervical only as the reference
	+ There is a statistical loss of information (from all 3/all else) compared to option 3
* Option 5. 3-level nodal groups
	+ Cervical only as the reference
	+ P value of LRT is not statistically significant from option 4
	+ Easier to understand clinically
		- Stratified population nicely w/ good numbers
	+ Can look at a Kaplan meier by this for 5y PFS
* Option 6. Dummy for cerv/supralav/occip only
	+ Cervical only as the reference
	+ A little bit of loss of information
	+ This can be communicated easier to a patient (simple)
* C-statistic is about the same for all options
* Likelihood ratio test (LRT) compares prior model to current model to see if information was lost from a statistical perspective
* More times we intervene, the more you are seeing results by chance
* Currently univariate
* Could we have index patients?
	+ To combine statistical and clinical sense
* What happens when you overlay stage, bulk and cm?
* To Do: separate models with proposed options to see which holds the greater significance; try with multivariate adjustment
* To Do: Add 5y PFS for average on all other variables and change which nodal group they are in
* All information on nodal groups included in chosen option will need to be available for use of calculator
* May not include this output in a supplement but will need to explain justification for how it was collapsed

Sequential models with all possible interactions and reference as cervical only; backward elimination until p<0.1:

* Harder to interpret/explain so wouldn’t use