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Modeling Meeting- Early Stage

* Angie went over some of the data presented at the most recent ESWG (4/20/23)
  + Selecting development/validation cohort
  + Focusing on ES trials because they have the most information on nodal groups + 1 registry (Princess Margaret)
    - Going to impute for other registries while waiting for data
  + RAPID: now have indicators on continuous bulk
    - Matt said Mayo/Iowa can get continuous data when they are getting nodal group data
  + Is extranodal disease a variable in the model?
    - Only one trial has it, so probably not
  + Have B symptoms be a stand alone variable from Stage I and II
  + TBD: 36 people that have Waldeyer’s
    - Option: Exclude those with only Waldeyer’s
    - Option: Count with cervical region
  + Excluded those that have above and below diaphragm; only a few have only below diaphragm
  + Want to be careful about collapsing histology
    - Was considered with advanced stage
    - Angie imputed ‘missing specific histology’; need to decide about ‘other’
  + Hope to refine bulk a bit more
    - Non mediastinal bulk seems to be rare, so looking at only mediastinal bulk could make sense
  + Primary endpoint for modeling?
    - Treatment failure or death rather than death by 5 years (only 82 deaths so not enough power)
      * Death doesn’t need to be attributed to HL (death by all cause)
        + Note: looked through cause of death data
    - Using cox model truncated at 5 years
  + Do we need to differentiate laterality as a variable in the model when estimates are so similar?
    - OK to collapse
  + Next steps:
    - Continue data cleaning
      * Waldeyer’s ring only – 3 people
        + Cross with allowable histology in NCIC?
        + Exclude?