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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?