

From Synergy to Impact: A Vision for An OHDSI-CISNET Partnership

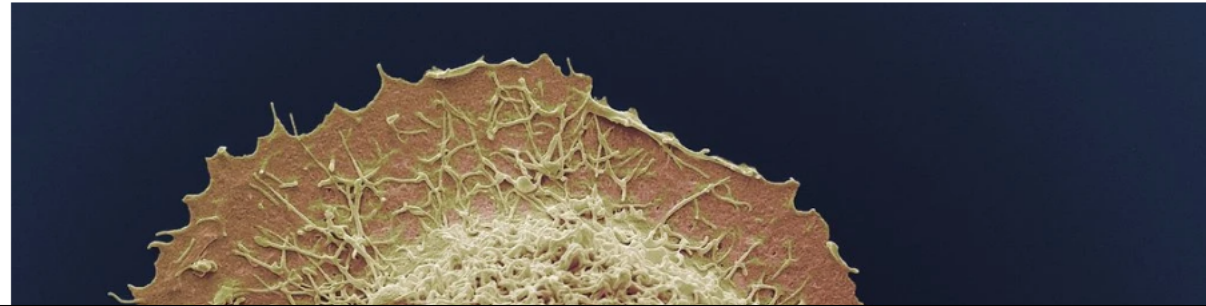
Ruth Etzioni

Fred Hutch Cancer Center
Knight Cancer Institute



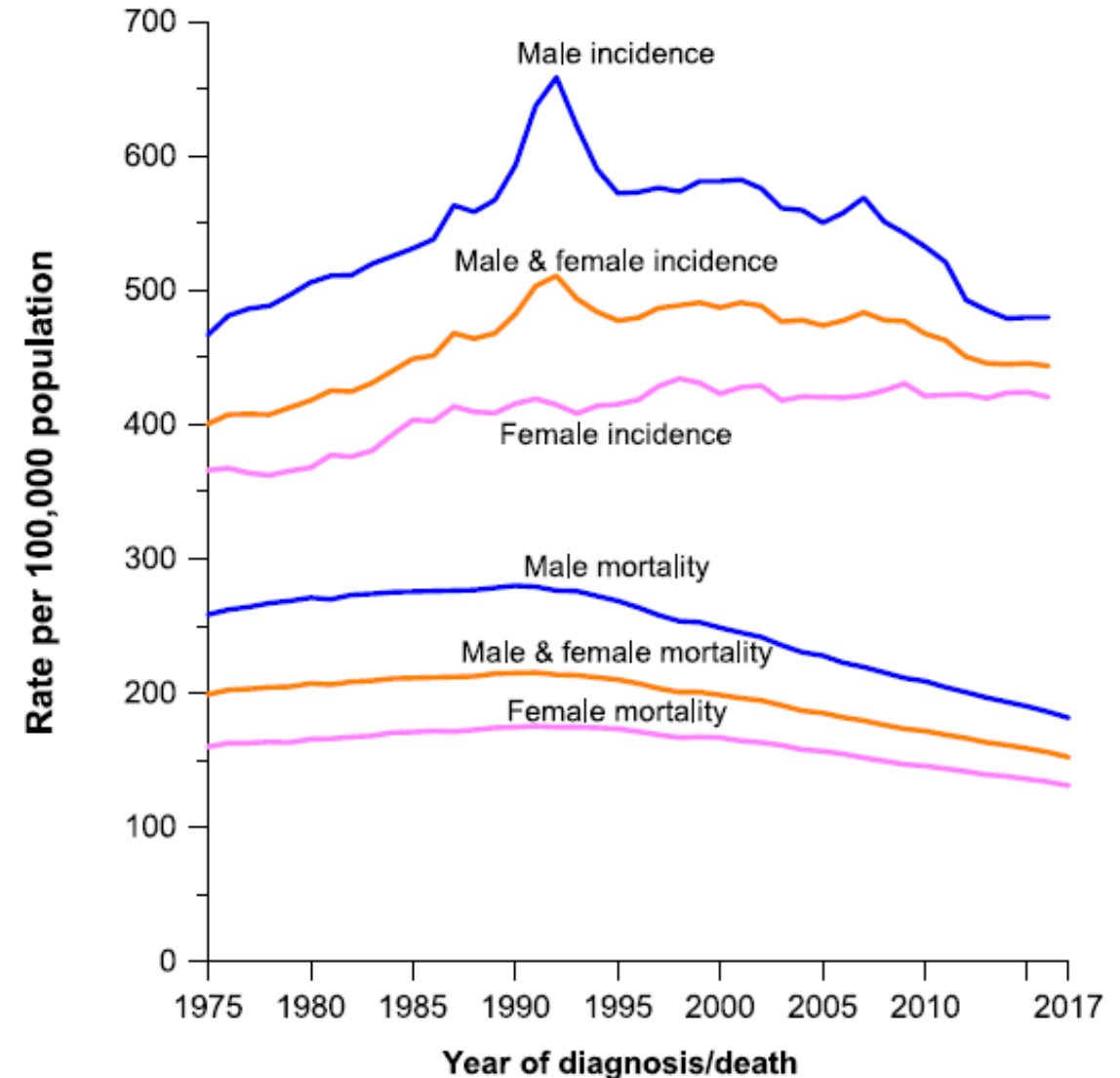
Cancer Death Rate in U.S. Sees Sharpest One-Year Drop

Breakthrough treatments for lung cancer and melanoma have driven down cancer mortality overall — and from 2016 to 2017 spurred the largest-ever decline.

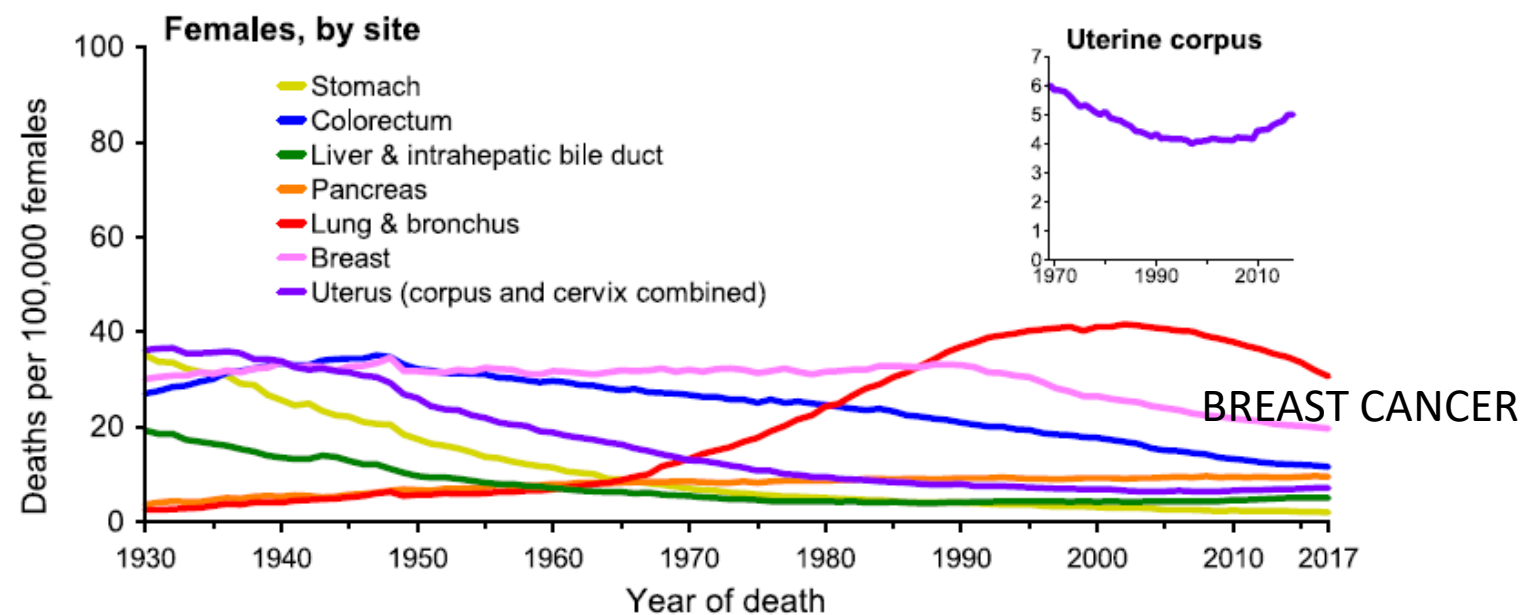
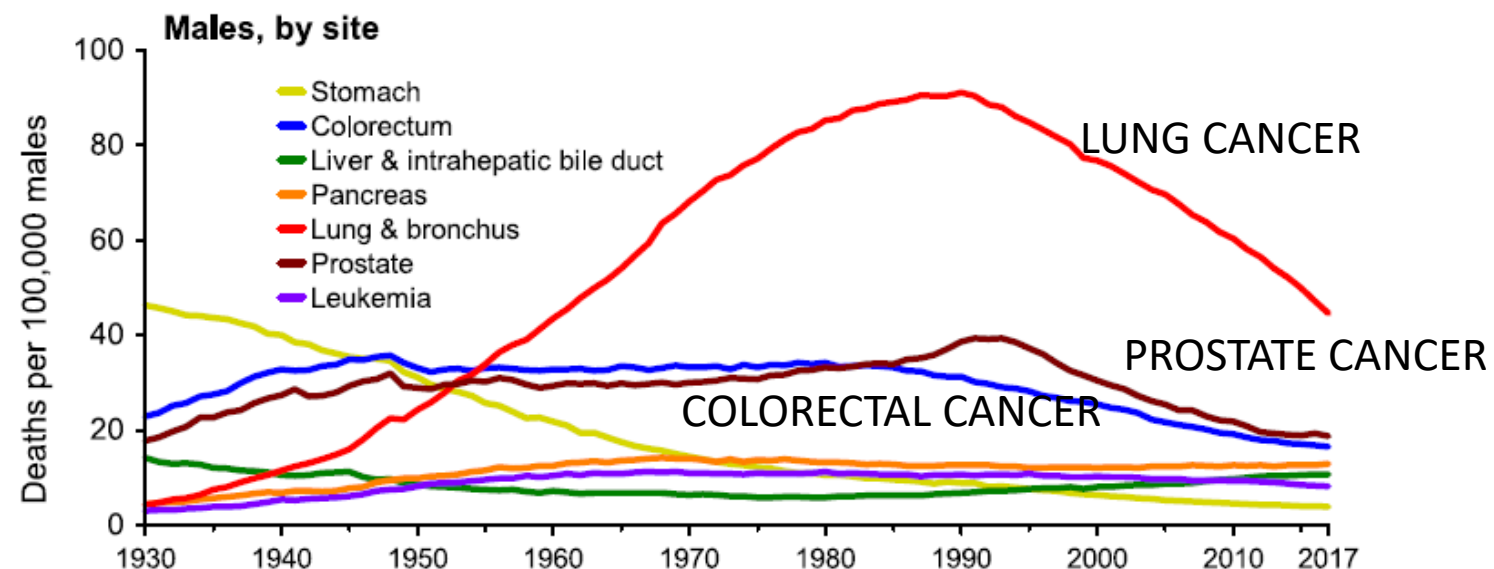


Cancer Statistics, 2020

Rebecca L. Siegel, MPH ¹; Kimberly D. Miller, MPH ¹; Ahmedin Jemal, DVM, PhD ¹



Mortality by site



Cancer Statistics, 2020

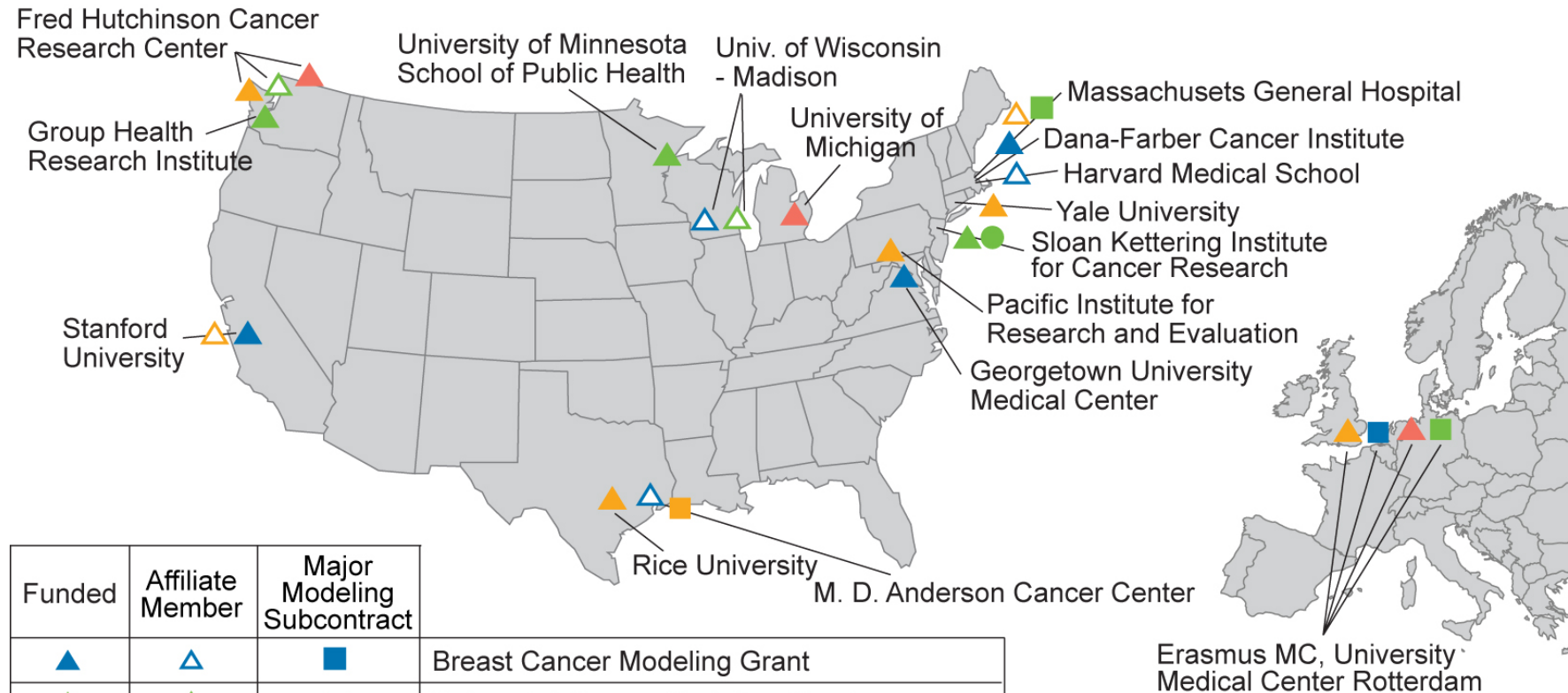
Rebecca L. Siegel, MPH ¹; Kimberly D. Miller, MPH ¹; Ahmedin Jemal, DVM, PhD ¹

What is CISNET?

- NCI Sponsored Collaborative Consortium (U01) of simulation modelers in Breast, Prostate, Colorectal, Lung, Esophagus, and Cervical cancers formed in 2000
- Formed to learn about the drivers of population trends in cancer incidence and mortality
- Extend evidence provided by trial, epidemiologic, and surveillance data using disease modeling to guide public health research and priorities

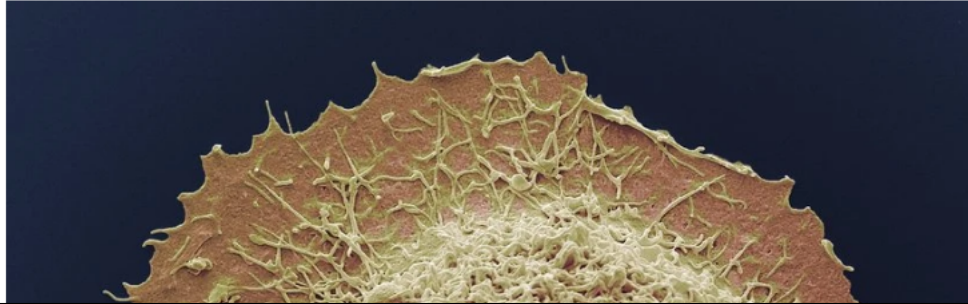


CISNET sites



Cancer Death Rate in U.S. Sees Sharpest One-Year Drop

Breakthrough treatments for lung cancer and melanoma have driven down cancer mortality overall — and from 2016 to 2017 spurred the largest-ever decline.



Experts attributed the decline to the reduced smoking rates and to advances in lung cancer treatment. New therapies for melanoma of the skin have also helped extend life for many people with metastatic disease, or cancer that has spread to other parts of the body.

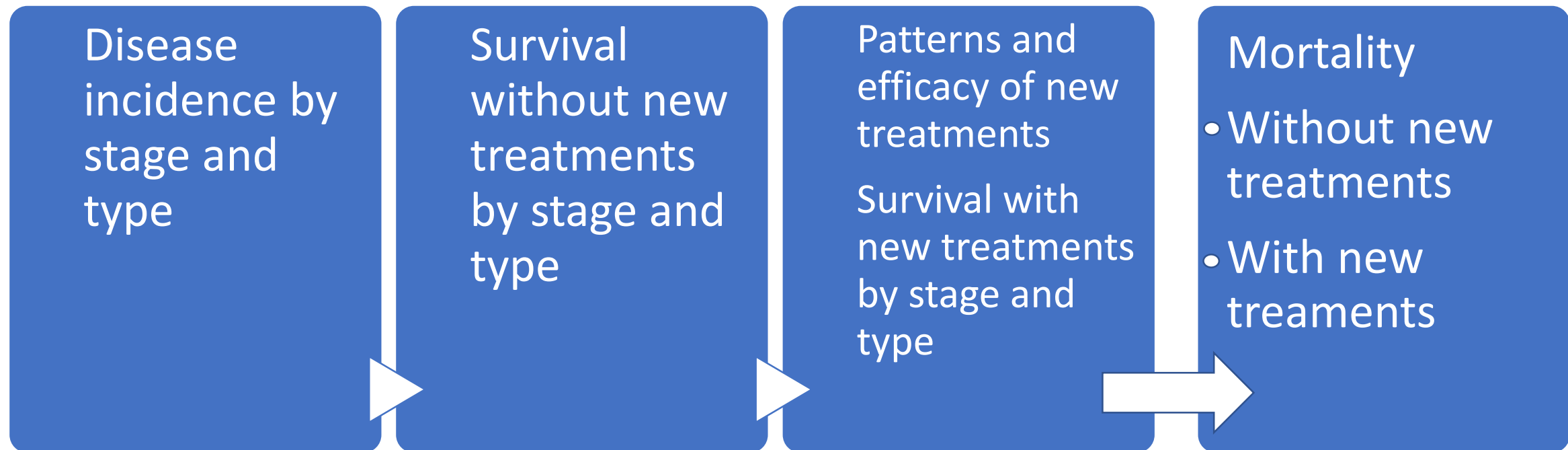
Progress has slowed for colorectal, breast and prostate cancers, however.

The rising rate of obesity among Americans, as well as significant racial and geographic disparities, likely explain why the decline in breast and colorectal cancer death rates has begun to taper off, and why the decrease in rates of prostate cancer has halted entirely.

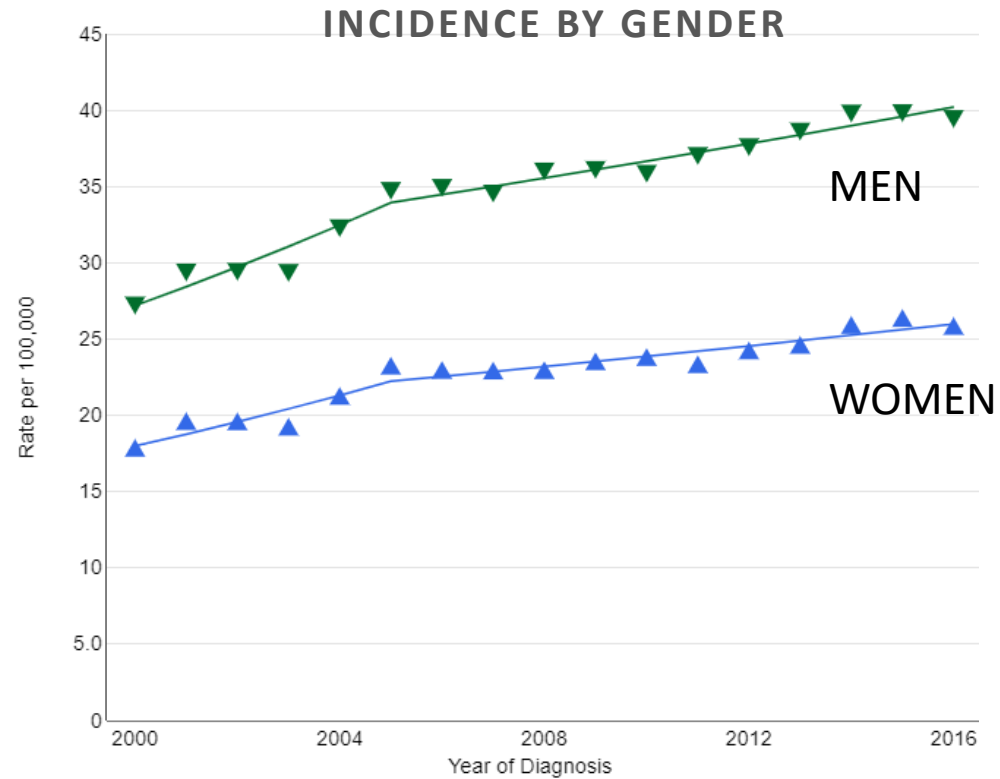
How would you check whether advances in treatment explain mortality declines?

Why is this of interest ?

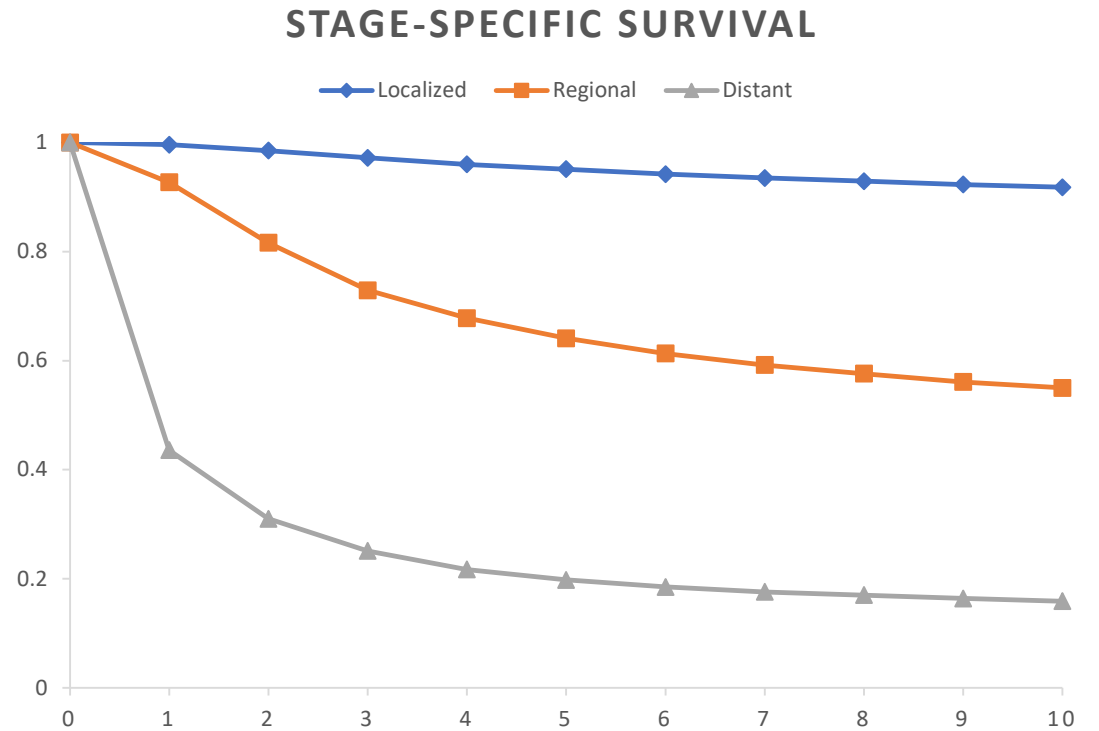
How would you check whether advances in treatment explain mortality declines?



Example: Melanoma

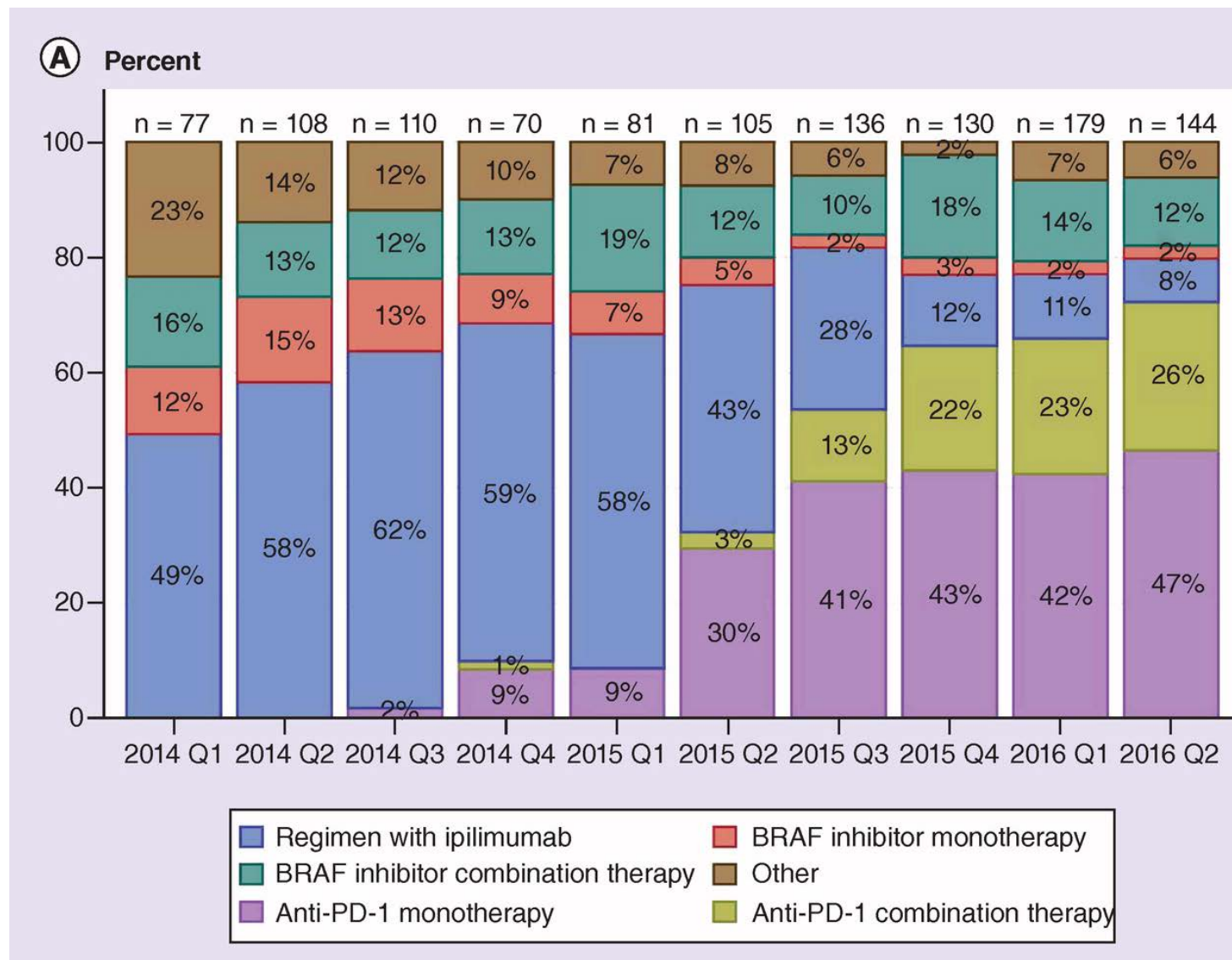


Created by <https://seer.cancer.gov/explorer> on Mon Jan 13 2020.



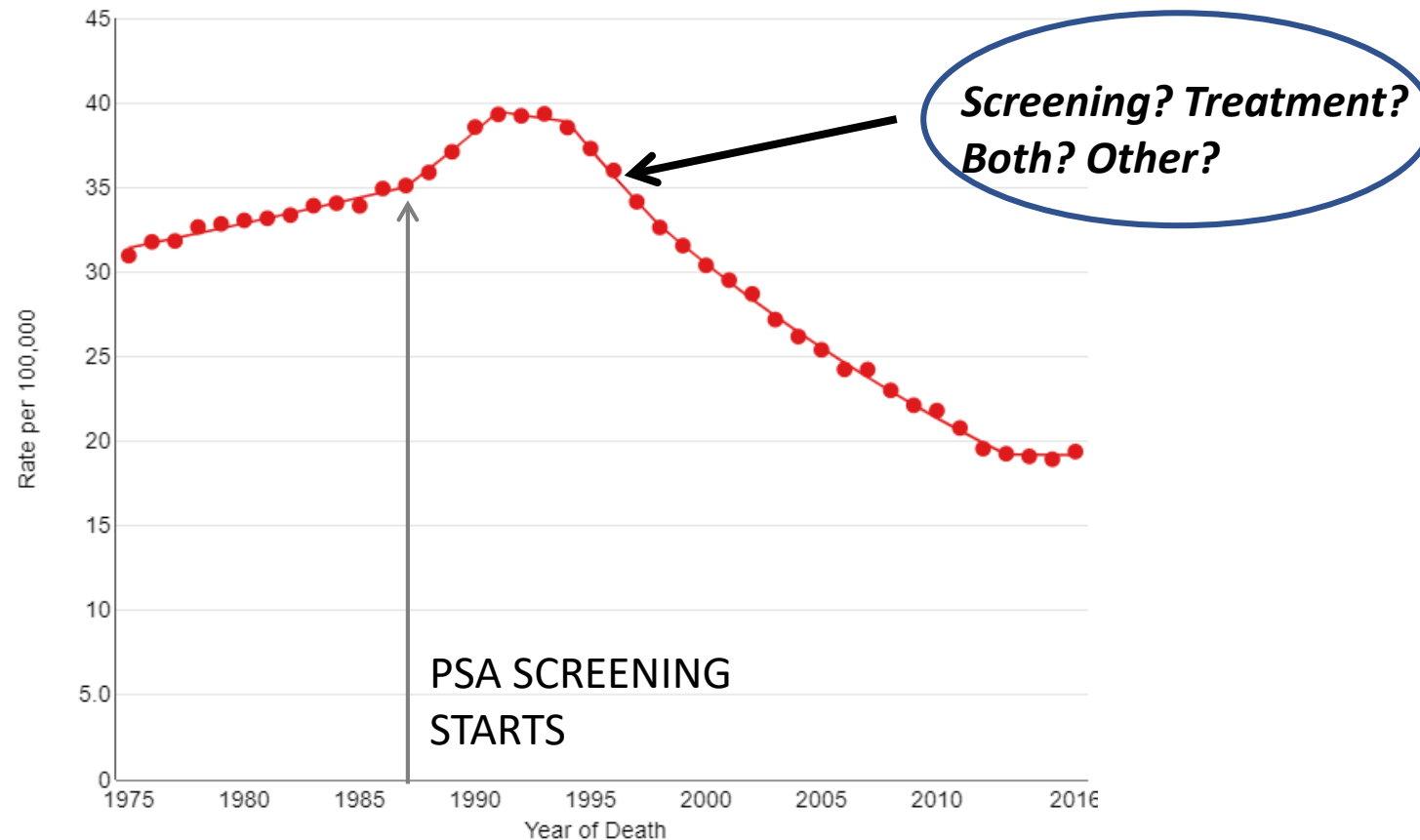
Source: SEER

Melanoma Treatments 2014-2016



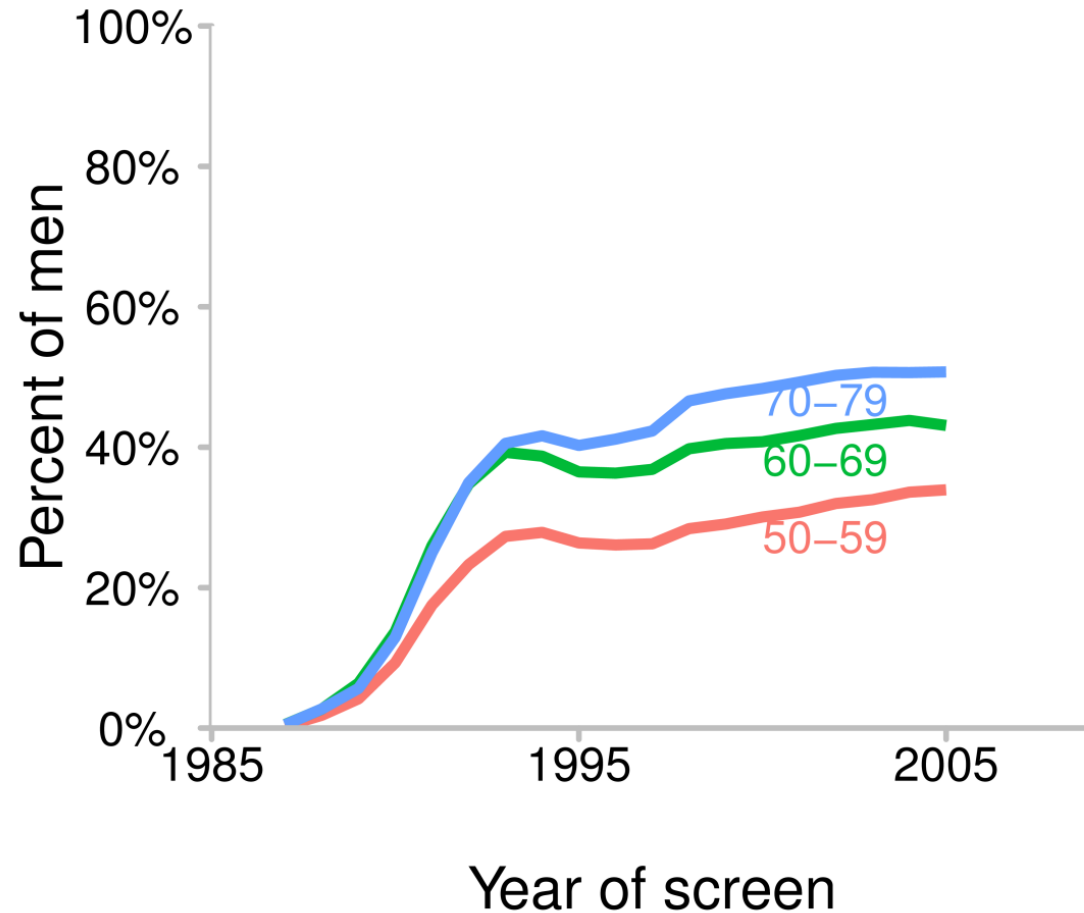
What explains prostate cancer mortality declines?

Age-adjusted Prostate Cancer Mortality 1975-2016



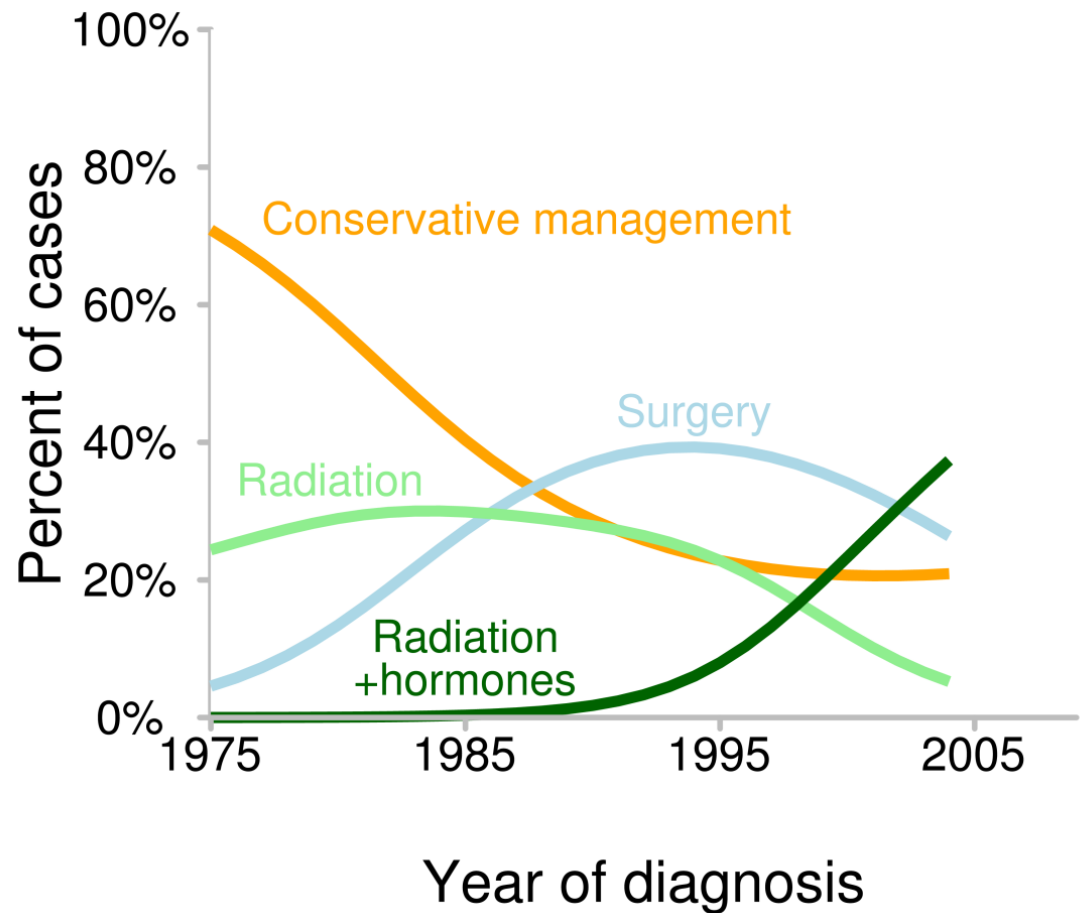
Screening and treatment dissemination

PSA screening



Mariotto et al., Cancer, 2007: NHIS and SEER-Medicare data

Initial treatments

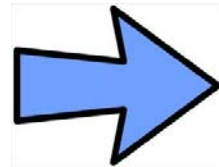
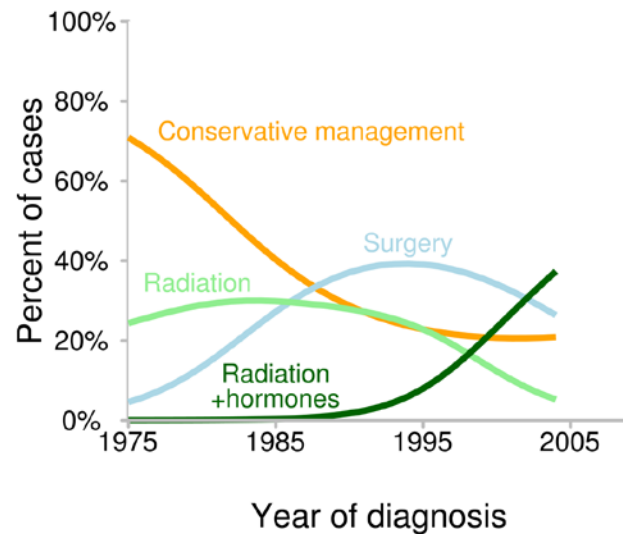
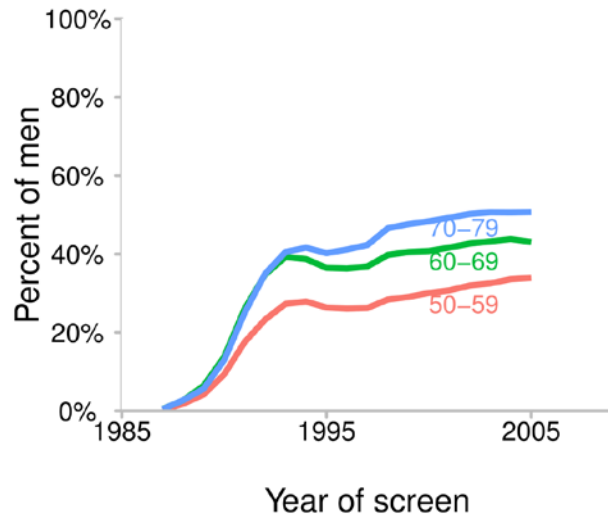


SEER and CaPSURE data

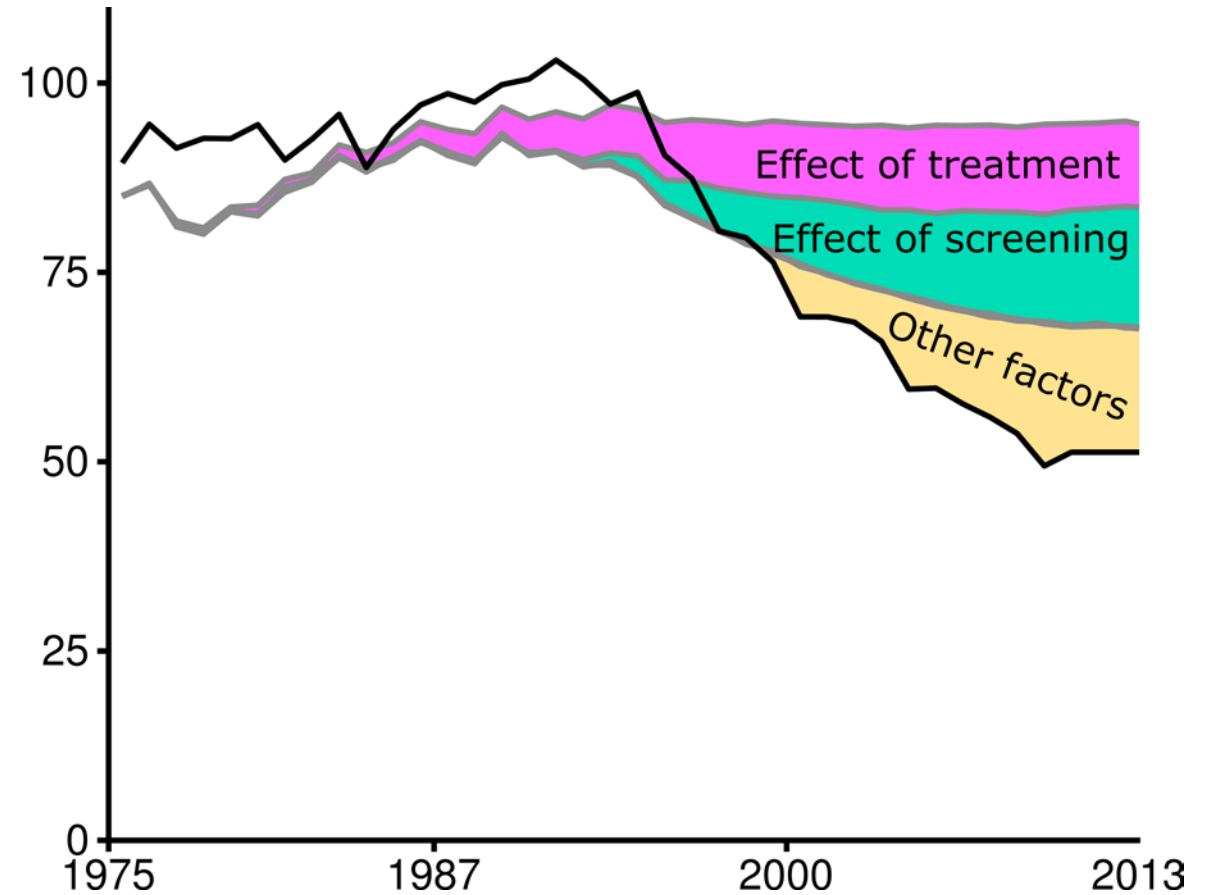
Steps to answer this question

1. Understand latent incidence and progression (disease natural history)
 - Onset
 - Stage transitions
 - Survival without screening or new treatments
2. Quantify screening and treatment practices
3. Superimpose screening and treatment practices on natural history
 - **Screening** → project implied disease stage shift and survival benefit
 - **Treatment** → project implied survival improvement

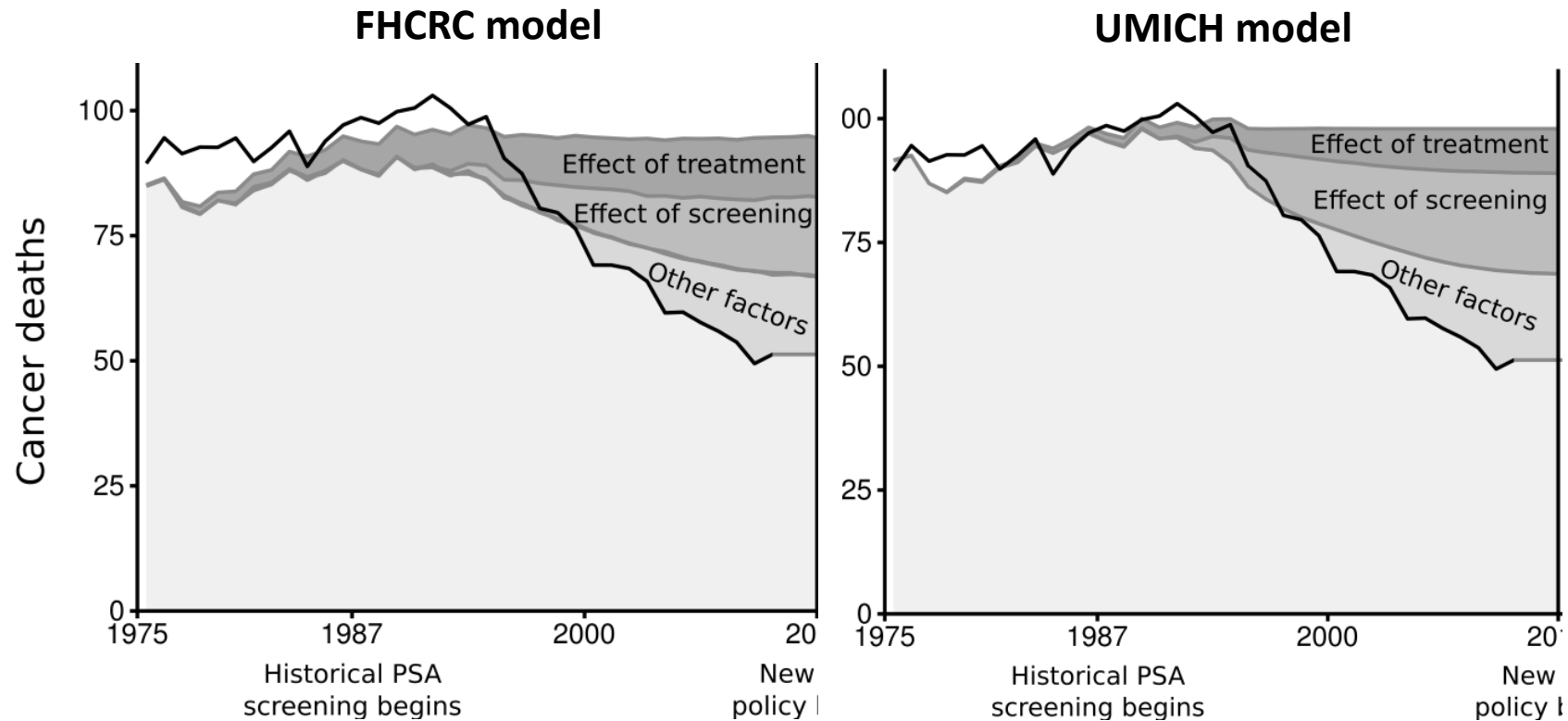
Screening, primary treatment and prostate cancer mortality



Prostate cancer deaths
per 100,000 men ages 50-84 years



The power of comparative modeling



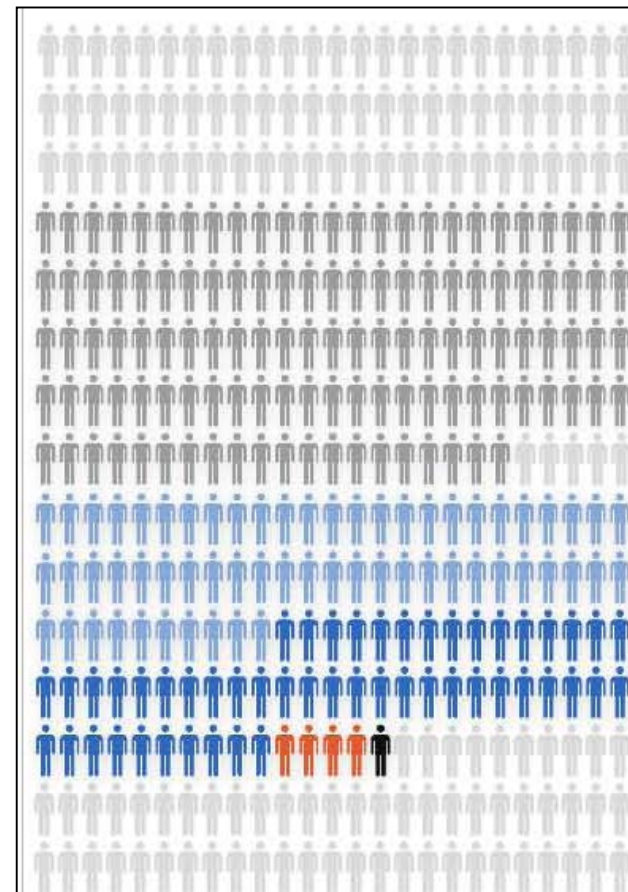
The power of a calibrated model

Level 1 evidence for policy recommendations is frequently lacking

- Age to start and stop screening
- Screening intervals and thresholds
- Tailoring recommendations for high-risk populations

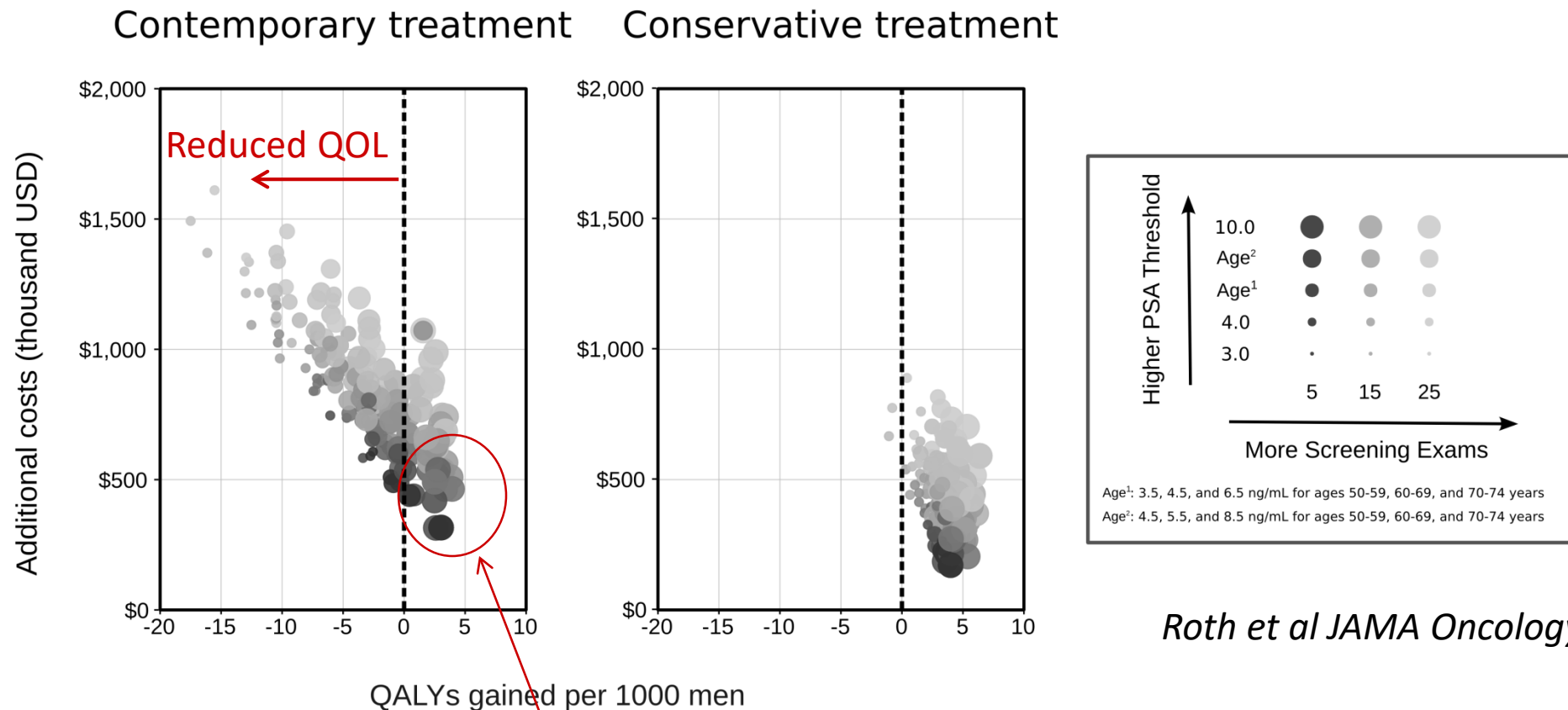
Modeling is a way of conducting “virtual trials”

- Simulate population based on calibrated model
- Superimpose candidate policies
- Project harm-benefit tradeoffs



Economic Analysis of Prostate-Specific Antigen Screening and Selective Treatment Strategies

Joshua A. Roth, PhD, MHA; Roman Gulati, MS; John L. Gore, MD; Matthew R. Cooperberg, MD; Ruth Etzioni, PhD



Roth et al JAMA Oncology 2016

Preferred strategies are the most conservative!

Association of Screening and Treatment With Breast Cancer Mortality by Molecular Subtype in US Women, 2000-2012

Sylvia K. Plevritis, PhD; Diego Munoz, MS, PhD; Allison W. Kurian, MD, MS; Natasha K. Stout, PhD; Oguzhan Alagoz, PhD; Aimee M. Near, MPH; Sandra J. Lee, ScD; Jeroen J. van den Broek, MS; Xuelin Huang, PhD; Clyde B. Schechter, MA, MD; Brian L. Sprague, PhD; Juhee Song, PhD; Harry J. de Koning, MD, PhD; Amy Trentham-Dietz, MS, PhD; Nicolien T. van Ravesteyn, PhD; Ronald Gangnon, PhD; Young Chandler, MS, MPH, DrPH; Yisheng Li, PhD; Cong Xu, PhD; Mehmet Ali Ergun, PhD; Hui Huang, MS; Donald A. Berry, PhD; Jeanne S. Mandelblatt, PhD



Original Investigation

Tobacco Control and the Reduction in Smoking-Related Premature Deaths in the United States, 1964-2012

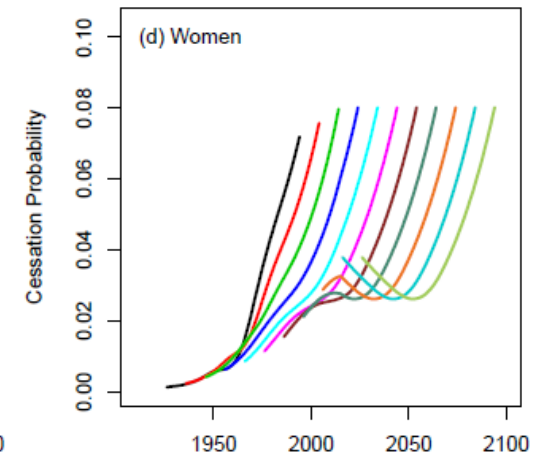
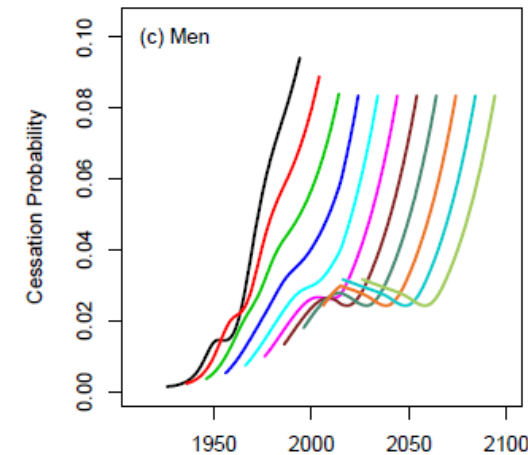
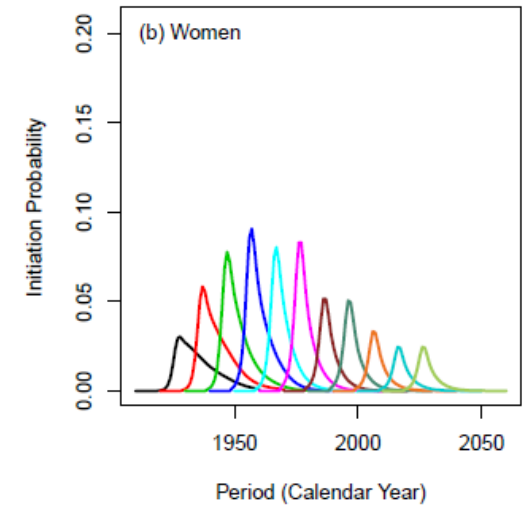
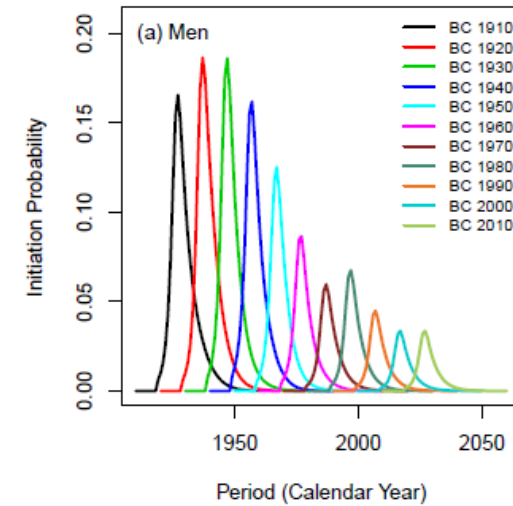
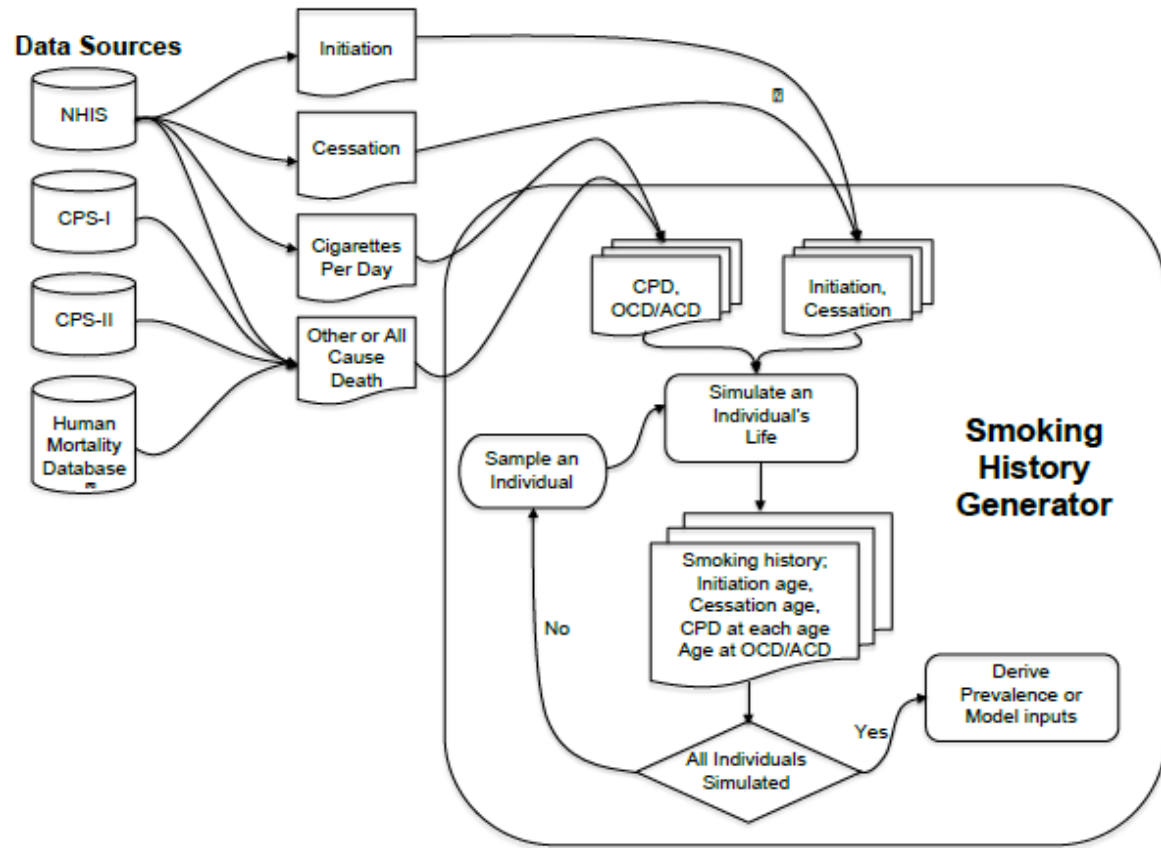
Theodore R. Holford, PhD; Rafael Meza, PhD; Kenneth E. Warner, PhD; Clare Meernik, MPH; Jihyoun Jeon, PhD; Suresh H. Moolgavkar, MD, PhD; David T. Levy, PhD

US Preventive Services Task Force | MODELING STUDY

Estimation of Benefits, Burden, and Harms of Colorectal Cancer Screening Strategies Modeling Study for the US Preventive Services Task Force

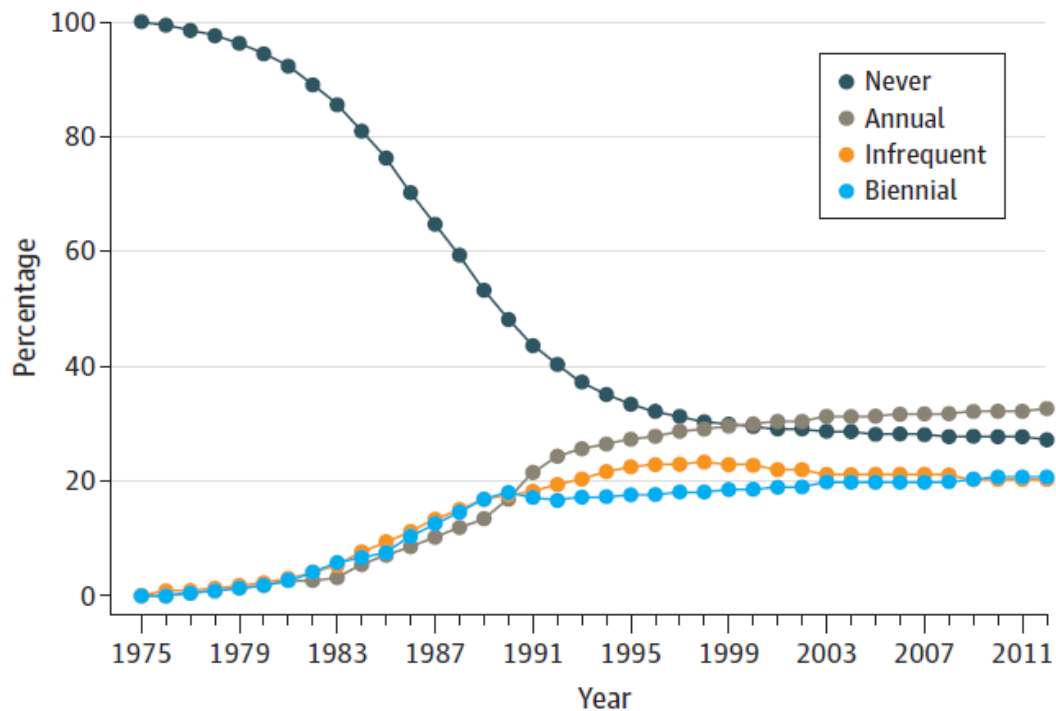
Amy B. Knudsen, PhD; Ann G. Zauber, PhD; Carolyn M. Rutter, PhD; Steffie K. Naber, MSc; V. Paul Doria-Rose, DVM, PhD; Chester Pabiniak, MS; Colden Johanson, BA; Sara E. Fischer, MPH; Iris Lansdorp-Vogelaar, PhD; Karen M. Kuntz, ScD

Smoking generator for CISNET lung models

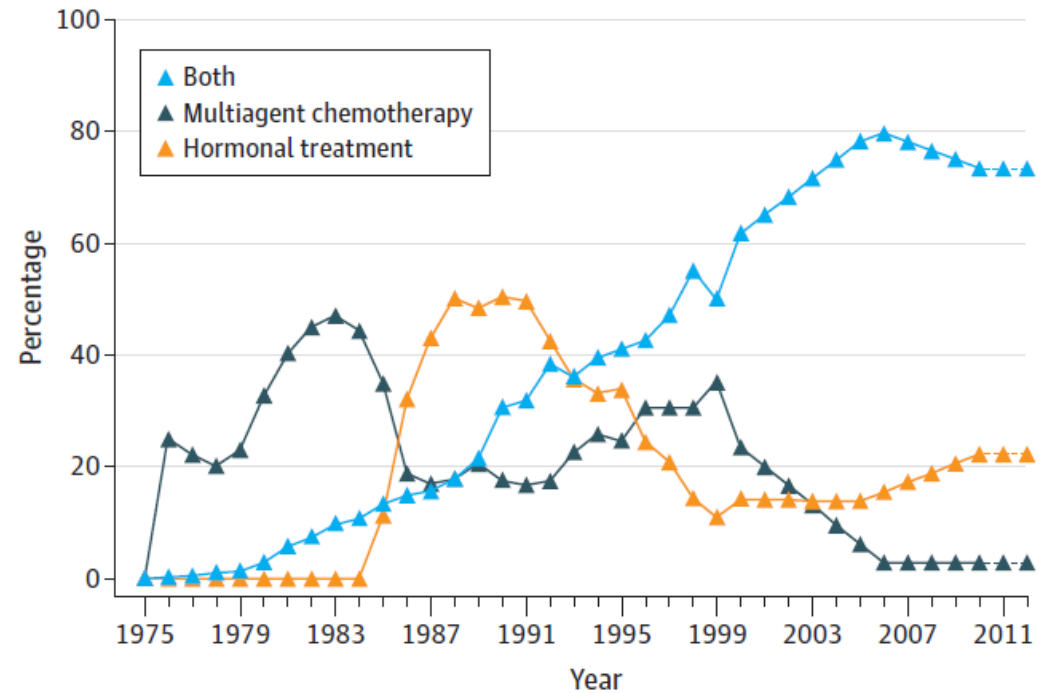


Screening and treatment for CISNET breast models

A Screening among women aged 30 to 79 years

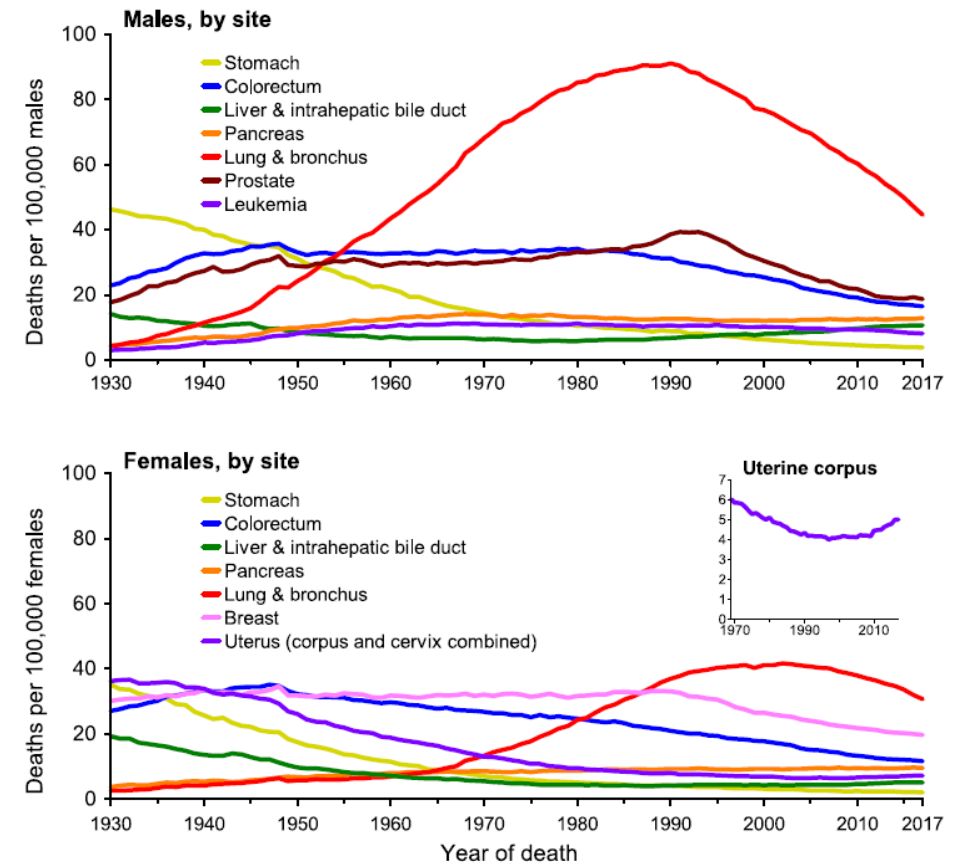


C Use of adjuvant systemic treatment (multiagent chemotherapy, hormonal treatment, or both) among women aged 50-69 years



In conclusion

- Cancer trends are a potential treasure trove of information
 - Effectiveness of new interventions and treatments on outcomes
 - Benefits and harms of novel diagnostic technologies
 - Disparities in disease
- Cancer trends are also easily misinterpreted
- Validly learning from cancer trends requires close study of the patterns of exposure and care driving outcomes



CISNET models driven by practice patterns

Etiology, exposures, behaviors driving disease onset

- Smoking
- Obesity

Early detection and diagnosis

- Screening frequencies
- Biopsy referral criteria and compliance
- Imaging technologies for diagnosis and staging

Treatment

- Primary treatment following diagnosis
- Secondary and salvage treatment following recurrence
- Surveillance following diagnosis

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**ADMINISTRATIVE
DATA?**

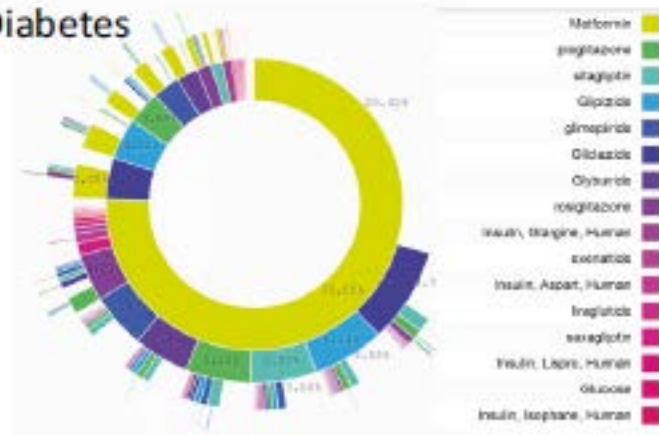
Salivating over OHDSI



Comprehensive comparative effectiveness and safety of first-line antihypertensive drug classes: a systematic, multinational, large-scale analysis

Marc A Suchard, Martijn J Schuemie, Harlan M Krumholz, Seng Chan You, Ruijun Chen, Nicole Pratt, Christian G Reich, Jon Duke, David Madigan, George Hripcsak, Patrick B Ryan

A Diabetes



C Depression



JAMA Network | Open



Original Investigation | Diabetes and Endocrinology

Association of Hemoglobin A_{1c} Levels With Use of Sulfonylureas, Dipeptidyl Peptidase 4 Inhibitors, and Thiazolidinediones in Patients With Type 2 Diabetes Treated With Metformin

Analysis From the Observational Health Data Sciences and Informatics Initiative

Rohit Vashisht, PhD; Kenneth Jung, PhD; Alejandro Schuler, MS; Juan M. Banda, PhD; Rae Woong Park, MD, PhD; Sanghyun Jin, MS; Li Li, MS, MD; Joel T. Dudley, PhD; Kipp W. Johnson, MD, PhD; Mark M. Shervette, PhD; Hua Xu, PhD; Yonghui Wu, PhD; Karthik Natrajan, PhD; George Hripcsak, MD, MS; Peng Jin, MS; Mui Van Zandt, BS; Anthony Reckard, BS; Christian G. Reich, MD; James Weaver, MPH, MS; Martijn J. Schuemie, PhD; Patrick B. Ryan, PhD; Alison Callahan, PhD; Nigam H. Shah, MBBS, PhD

Characterizing treatment pathways at scale using the OHDSI network

George Hripcsak^{a,b,c,1}, Patrick B. Ryan^{c,d}, Jon D. Duke^{c,e}, Nigam H. Shah^{c,f}, Rae Woong Park^{c,g}, Vojtech Huser^{c,h}, Marc A. Suchard^{c,i,j,k}, Martijn J. Schuemie^{c,d}, Frank J. DeFalco^{c,d}, Adler Perotte^{a,c}, Juan M. Banda^{c,f}, Christian G. Reich^{c,l}, Lisa M. Schilling^{c,m}, Michael E. Matheny^{c,n,o}, Daniella Meeker^{c,p,q}, Nicole Pratt^{c,r}, and David Madigan^{c,s}

Questions of intense interest

- Recent trends in novel androgen-targeting treatments for prostate cancer? Immunotherapies for melanoma?
- Changes in dose of radiation therapies and cancer-specific survival?
- Changes in imaging technologies used in cancer staging? Has this changed the definition of early versus late stage?
- How do hormonal treatments for prostate and breast cancer impact risk of cardiovascular disease and other-cause death?
- Distributions of various sequences of therapies for ovarian cancer?
- For all of these questions
 - Racial/ethnic disparities
 - Geographic variation

Discussion

Thank you!

If interested in discussion potential collaborations with the prostate or other CISNET groups please email me!

retzioni@fredhutch.org

CISNET website is at <https://cisnet.cancer.gov/>

Many thanks to Roman Gulati