

Extracting cancer specific data

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Life with small numbers

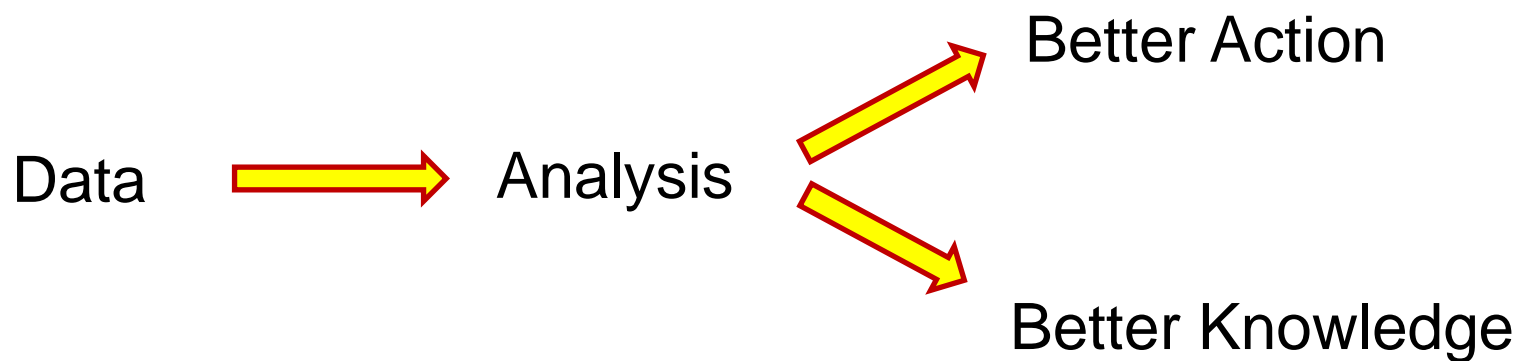
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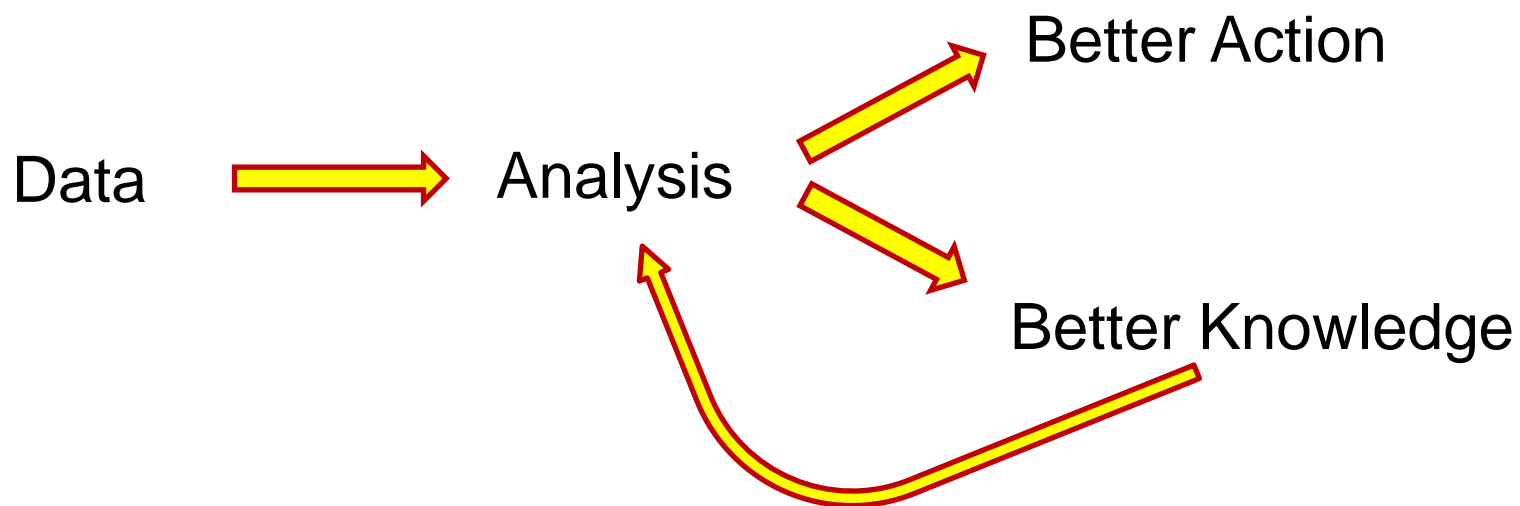
Big Picture



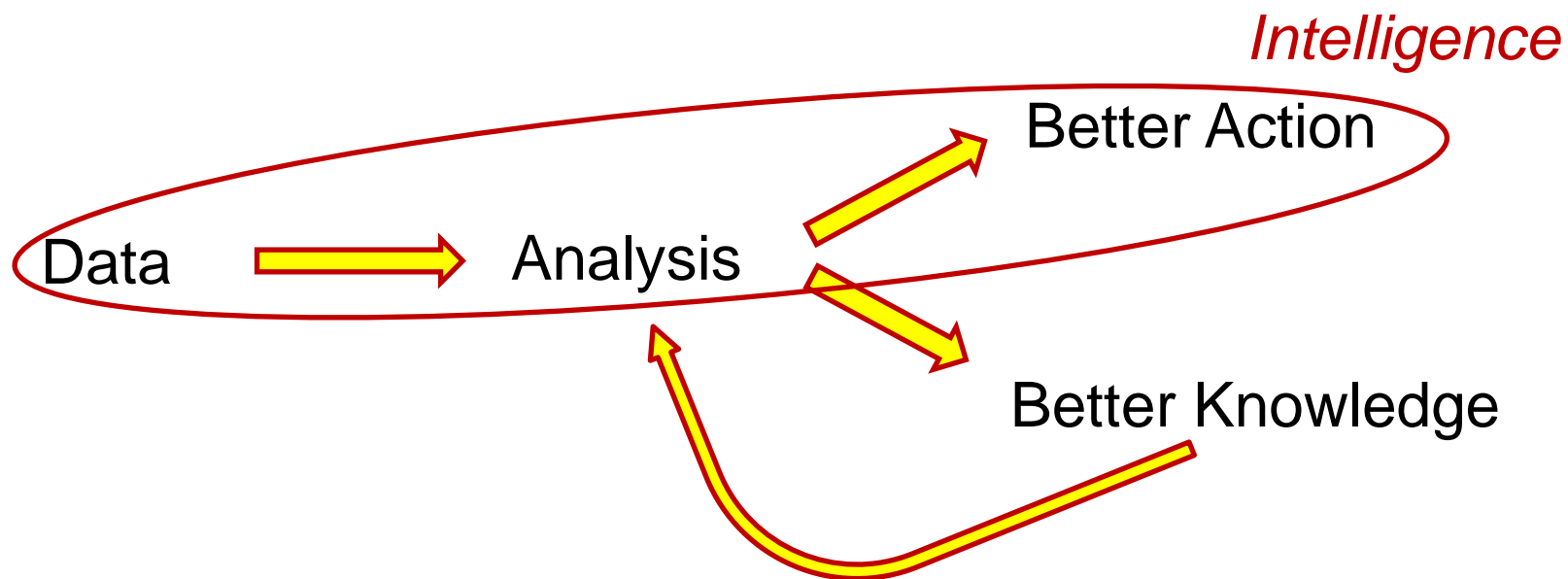
Big Picture



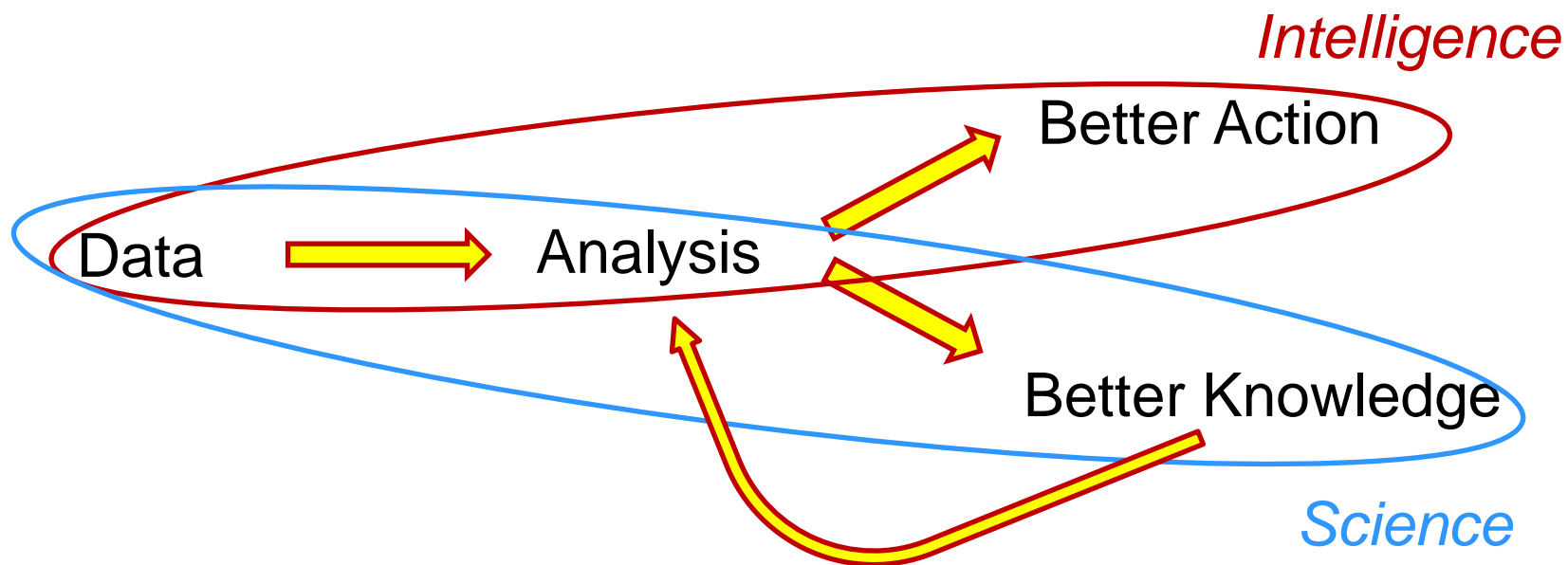
Big Picture



Big Picture



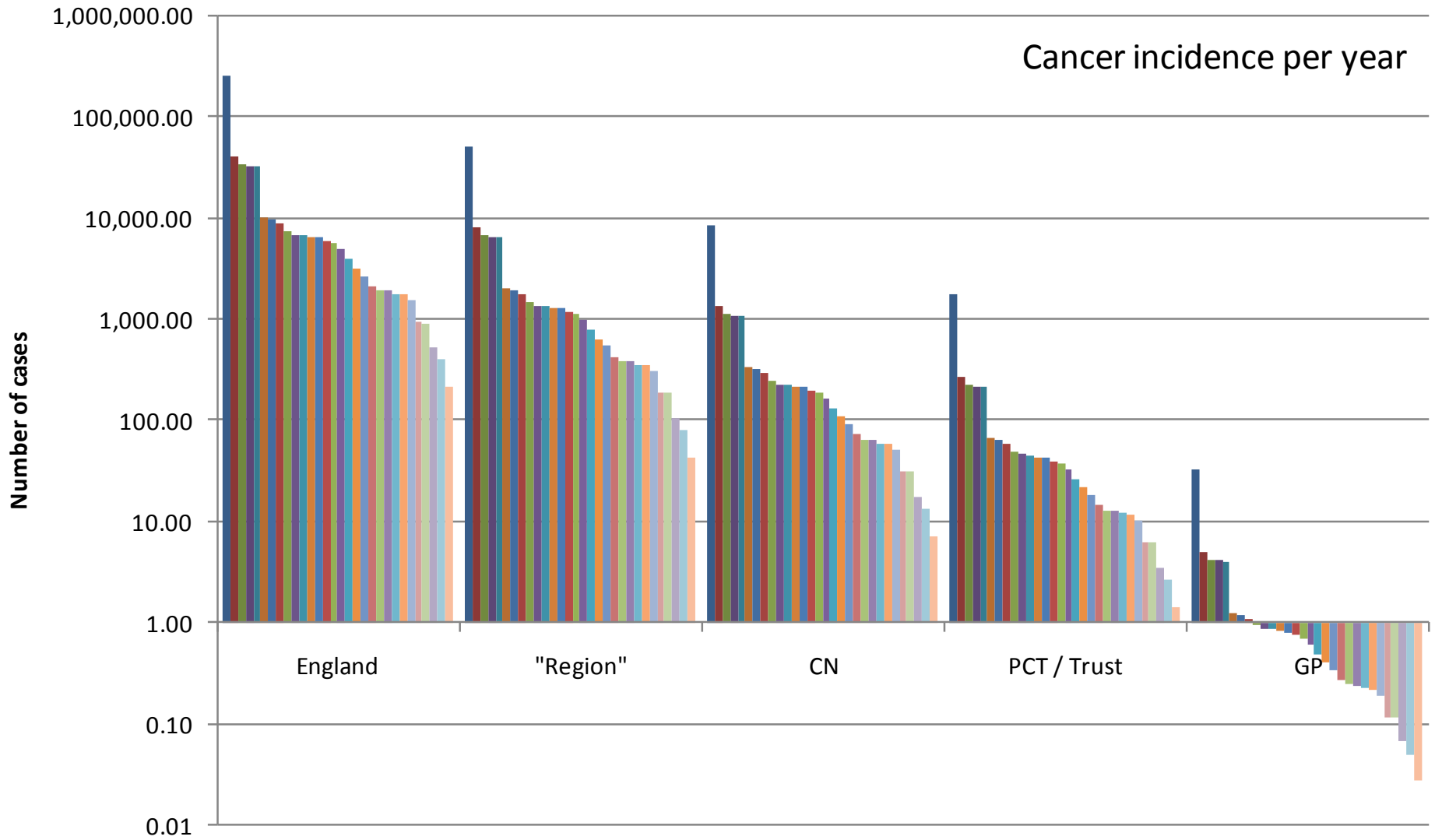
Big Picture



What impact on 'useful analysis' does the small number of cancers in 'rarer' types have?

- Contextualising small numbers
- Signal to noise
- Aggregation
- Other Approaches
- Benefits of small numbers

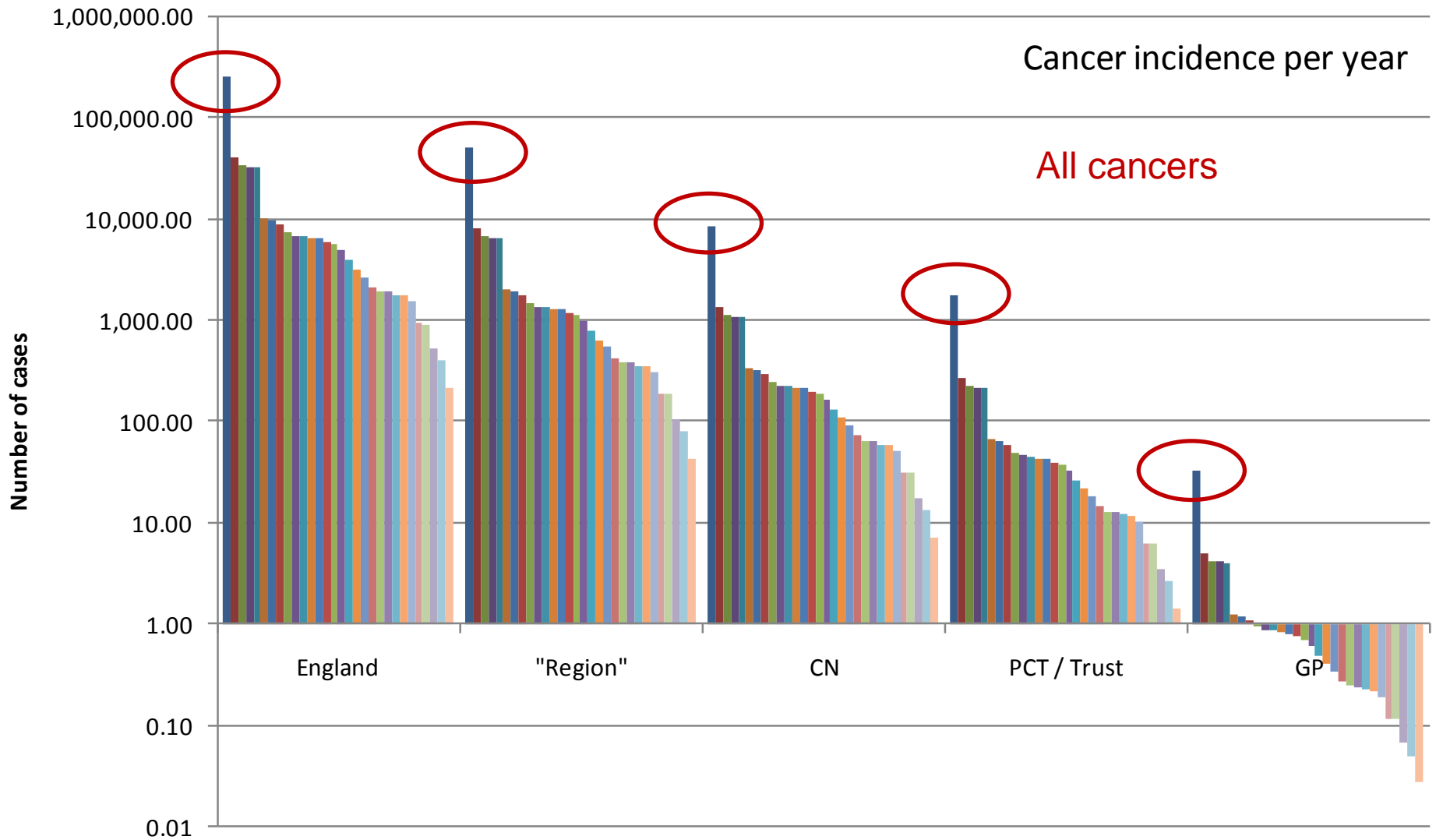
Cancer incidence per year



- | | | | | | |
|------------|----------------|------------|--------------------|------------|---------------|
| ■ All | ■ Breast | ■ Prostate | ■ Colorectum | ■ Lung | ■ Non-Hodgkin |
| ■ Melanoma | ■ Bladder | ■ Kidney | ■ Leukaemia - all | ■ Pancreas | ■ Oesophagus |
| ■ Uterus | ■ Stomach | ■ Ovary | ■ Brain - invasive | ■ Myeloma | ■ Liver |
| ■ Cervix | ■ Mesothelioma | ■ Thyroid | ■ Bone | ■ Testis | ■ Larynx |
| ■ Hodgkin | ■ Vulva | ■ Small | ■ CML | ■ Penis | ■ Vagina |

Cancer incidence per year

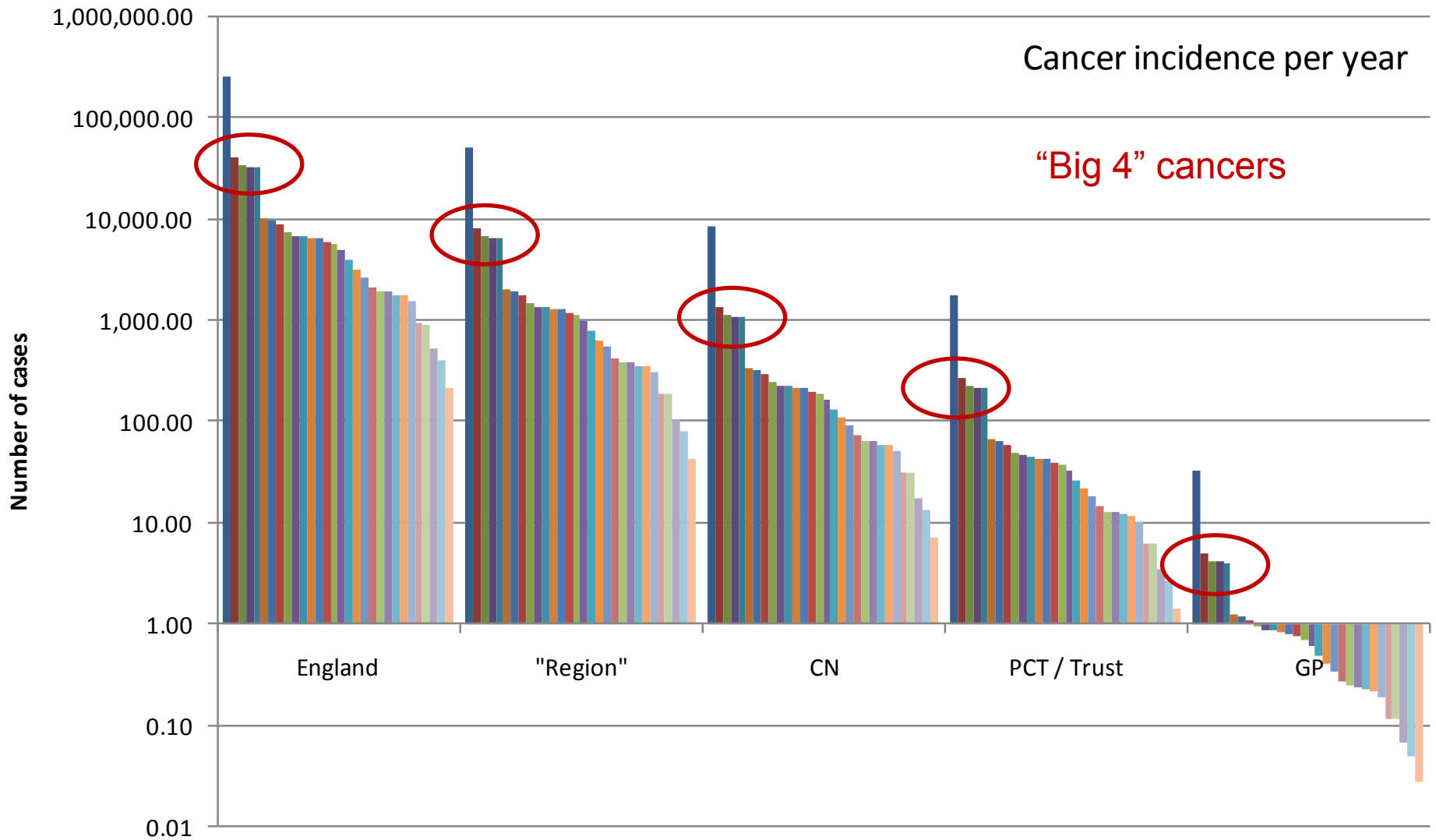
All cancers



- | | | | | | |
|------------|----------------|------------|--------------------|------------|---------------|
| ■ All | ■ Breast | ■ Prostate | ■ Colorectum | ■ Lung | ■ Non-Hodgkin |
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Cancer incidence per year

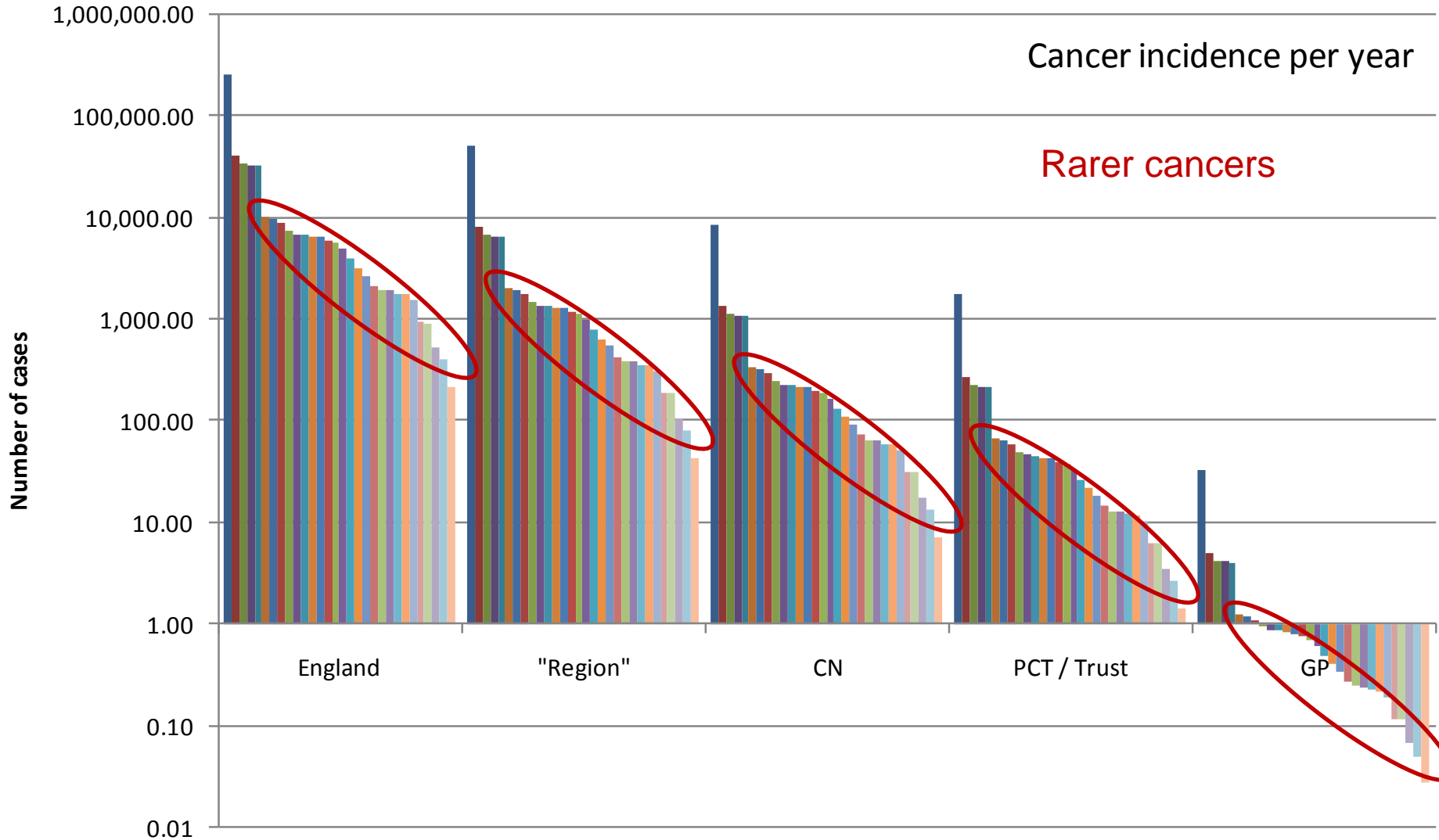
“Big 4” cancers



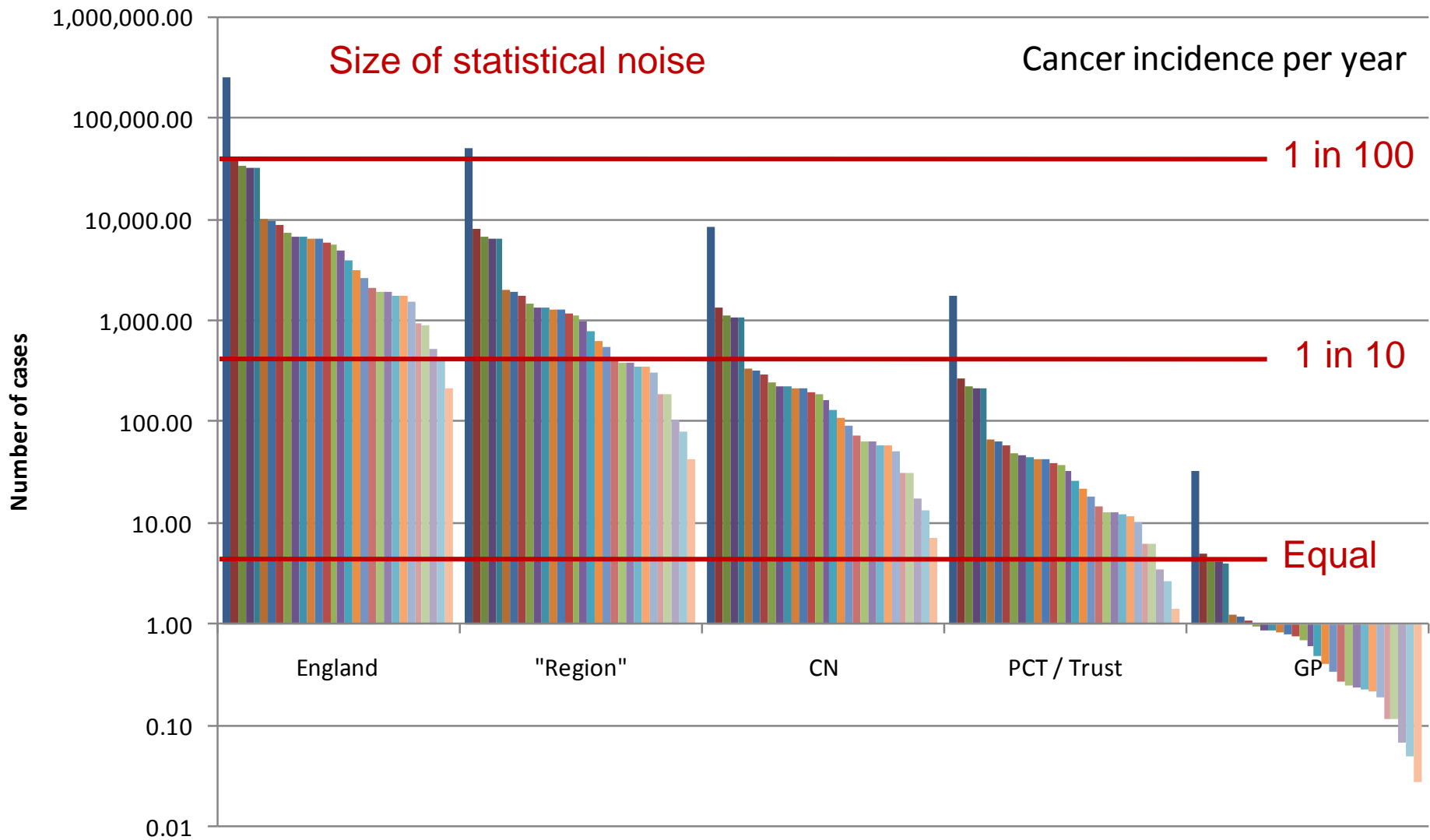
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Cancer incidence per year

Rarer cancers



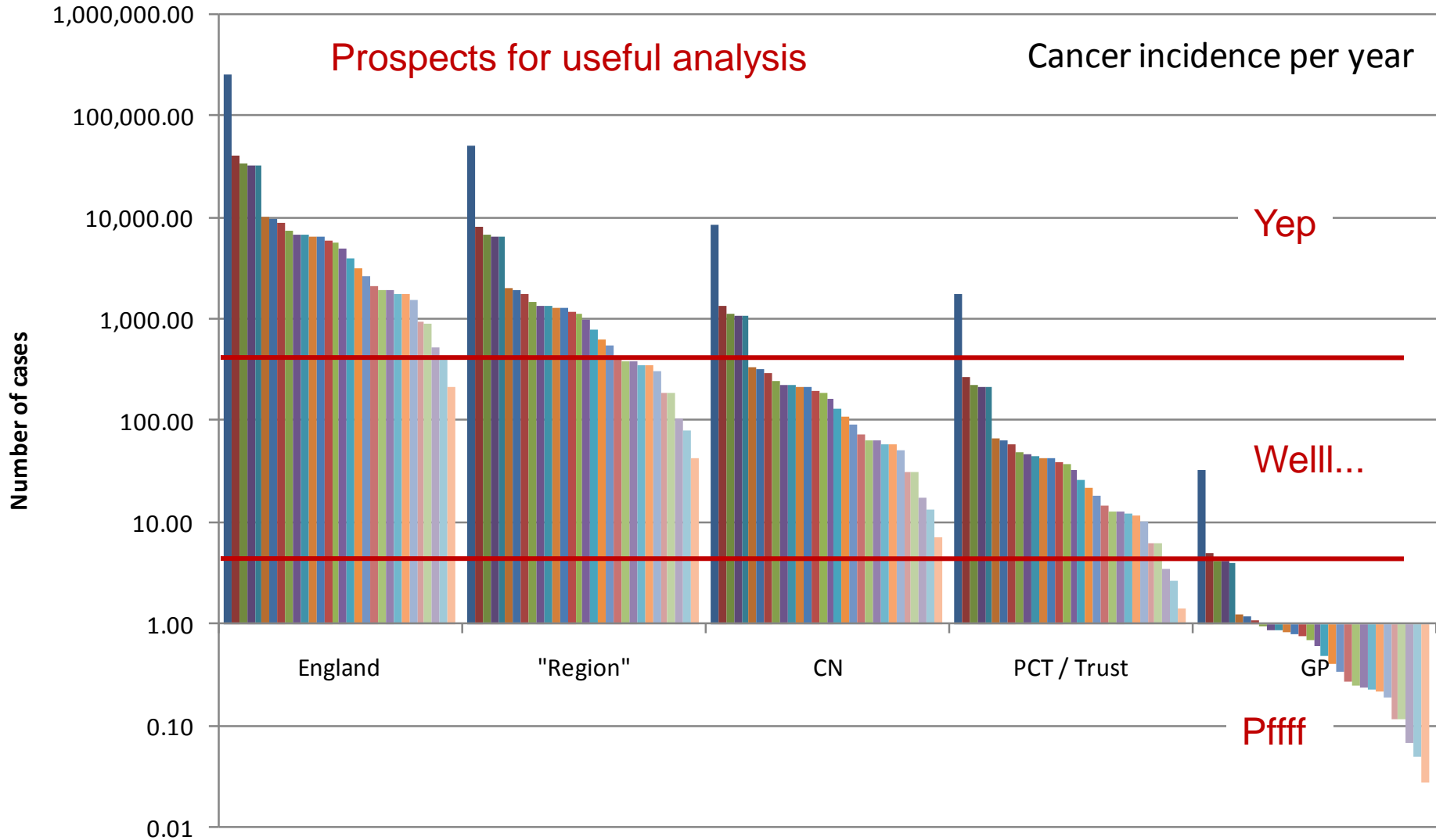
- All
- Melanoma
- Uterus
- Cervix
- Hodgkin
- Breast
- Bladder
- Stomach
- Mesothelioma
- Vulva
- Prostate
- Kidney
- Ovary
- Thyroid
- Small
- Colorectum
- Leukaemia - all
- Brain - invasive
- Bone
- CML
- Lung
- Pancreas
- Myeloma
- Testis
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- | | | | | | |
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Prospects for useful analysis

Cancer incidence per year



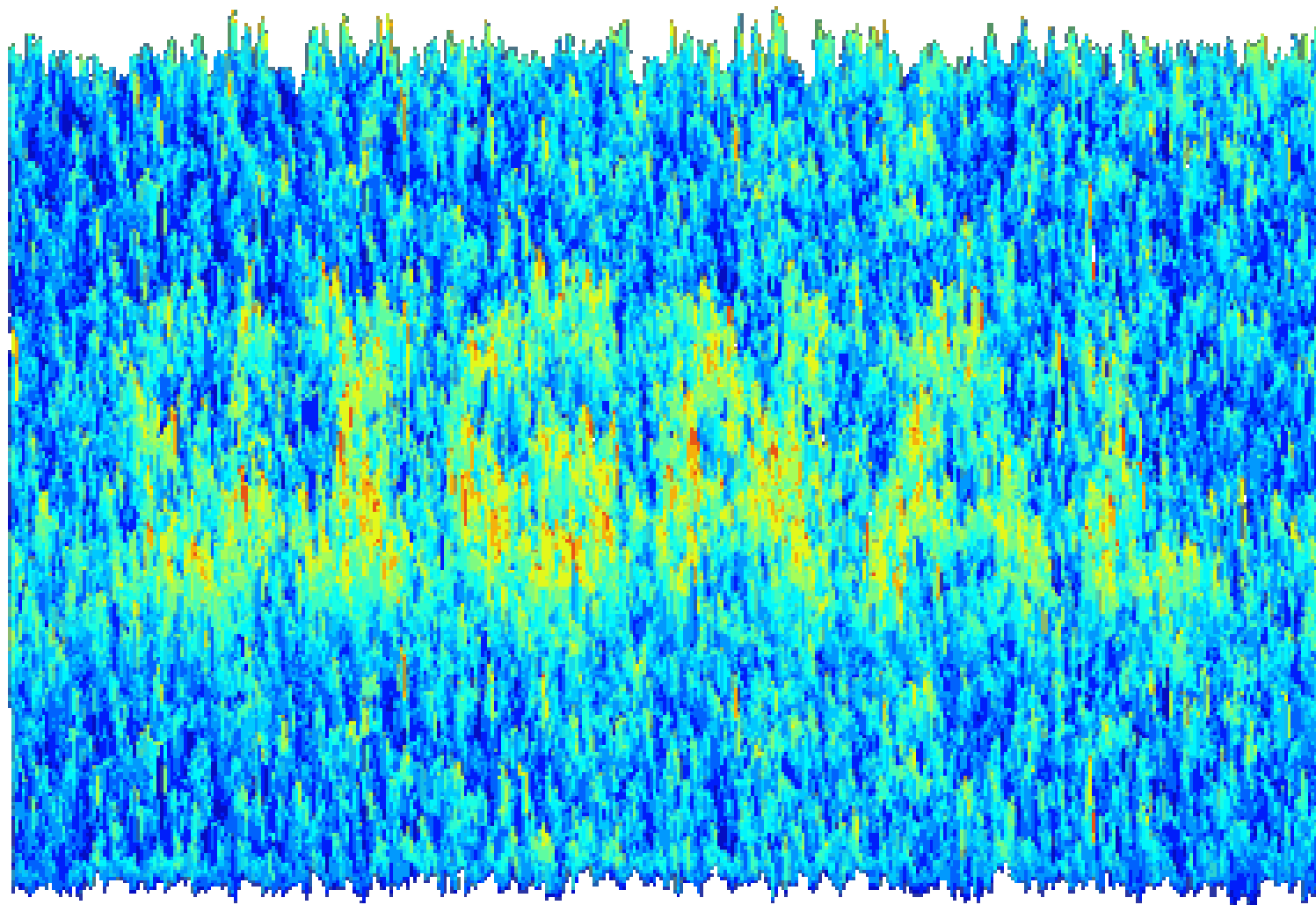
Yep

Welll...

Pffff

- All
- Melanoma
- Uterus
- Cervix
- Hodgkin
- Breast
- Bladder
- Stomach
- Mesothelioma
- Vulva
- Prostate
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Signal to noise



Prospects for useful analysis

Analysis Type

		Straightforward	Hard
Numbers	Large	Easy	Hard
	Small	Hard	Hard

Prospects for useful analysis

Analysis Type

		Analysis Type	
		Straightforward	Hard
Numbers	Large	Easy	Hard
	Small	Hard	Hard

Signal to noise

Can't reduce noise in cancer incidence, so...

Increase signal (aggregate)

Go looking for a different signal

Prospects for useful analysis

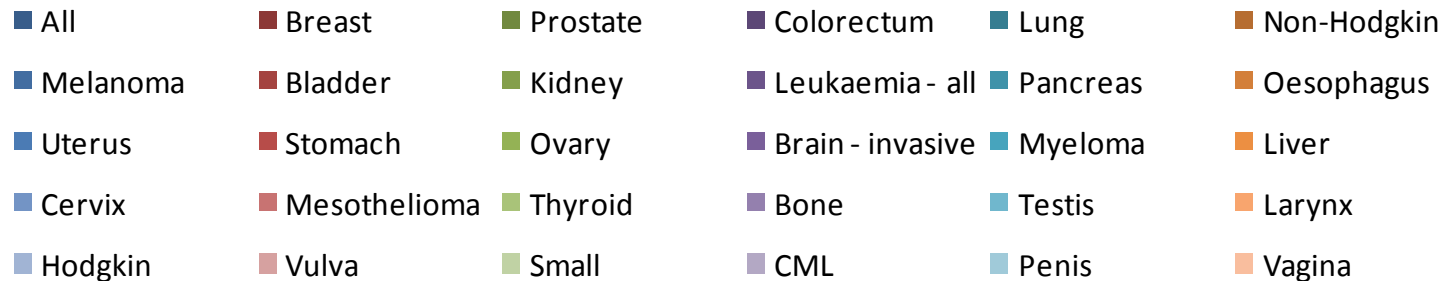
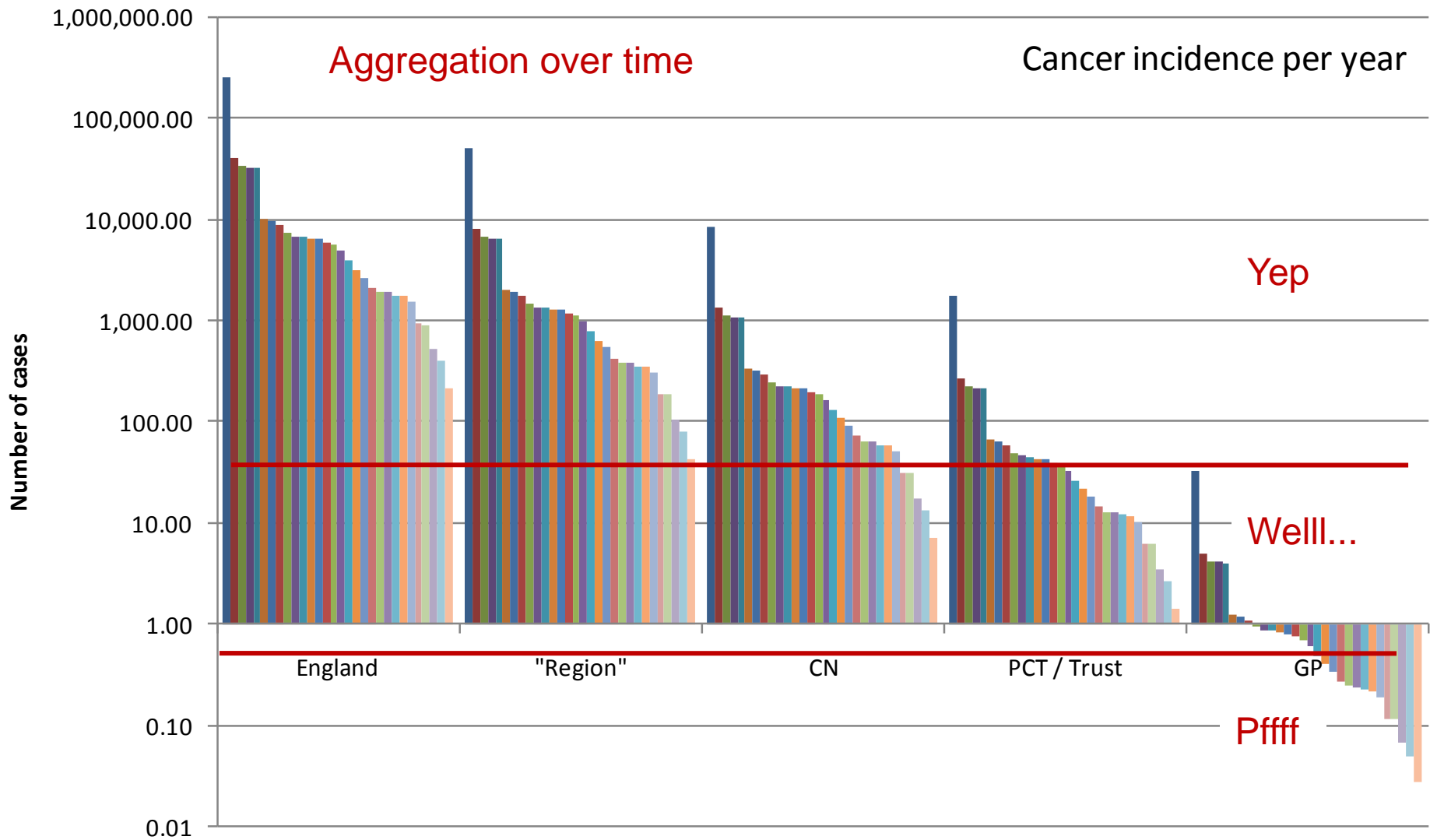
Analysis Type

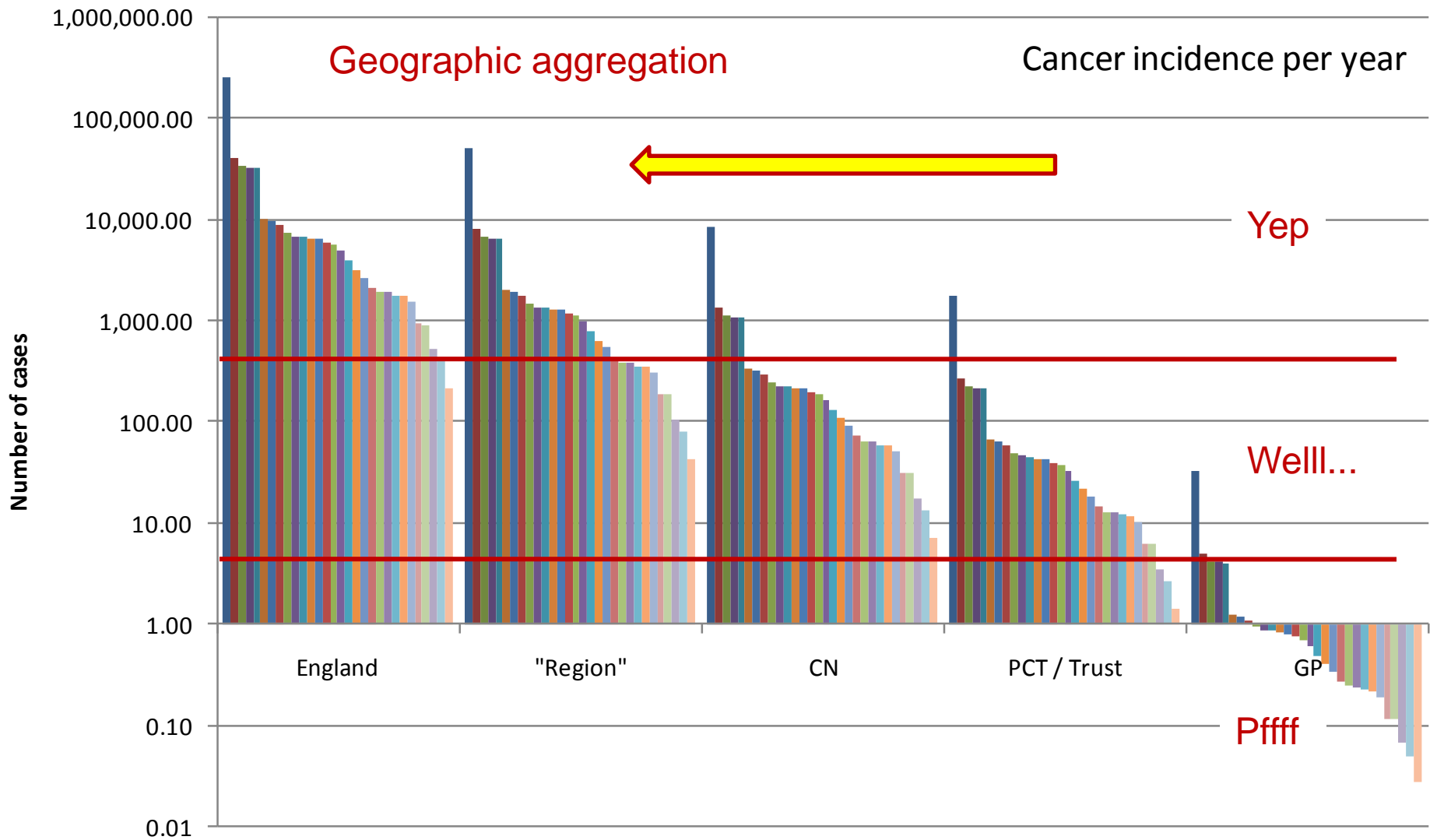
		Straightforward	Hard
Numbers	Large	Easy	Hard
	Small	Hard	Hard

Aggregation

- Over Time
- Geographically
- By cancer type
- Contextually

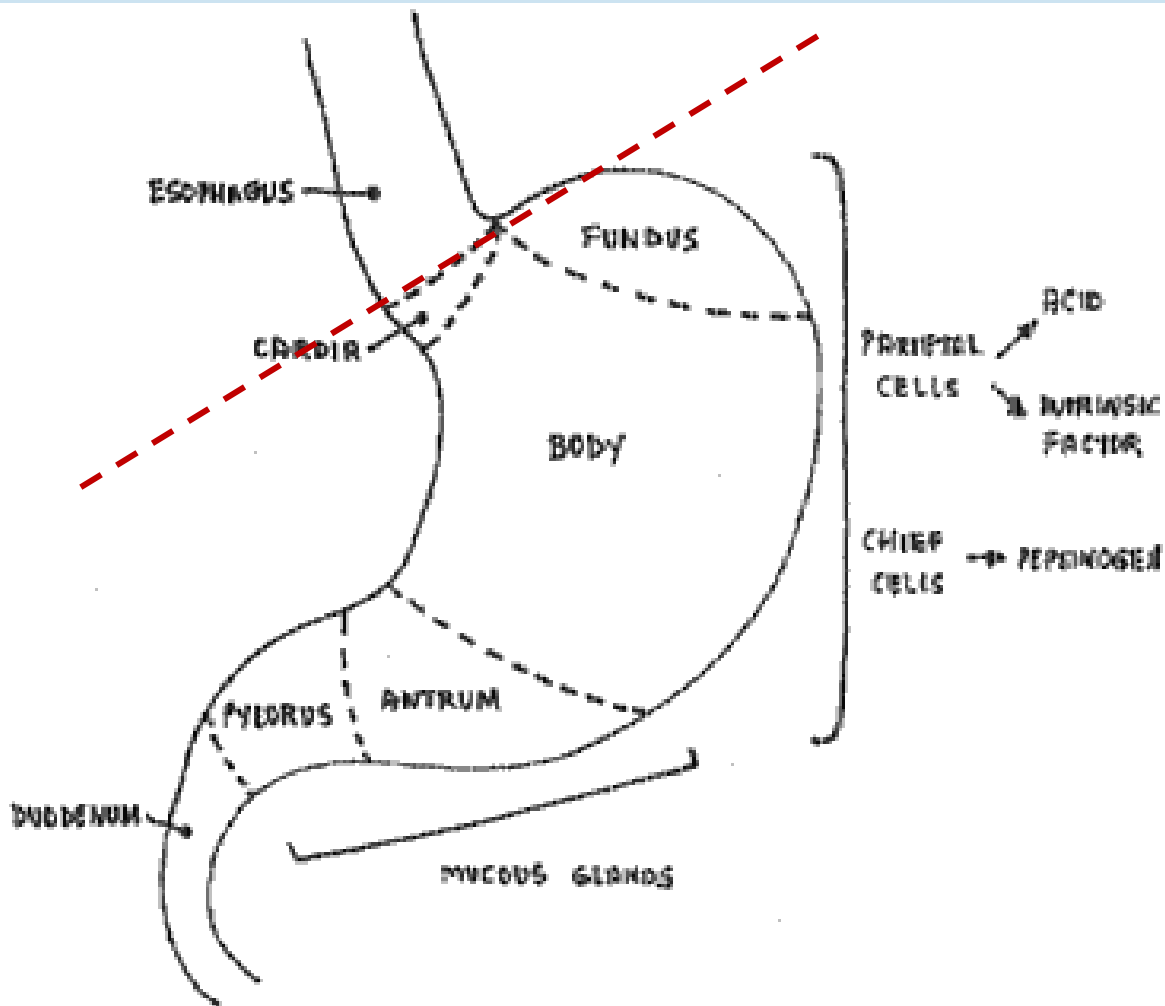




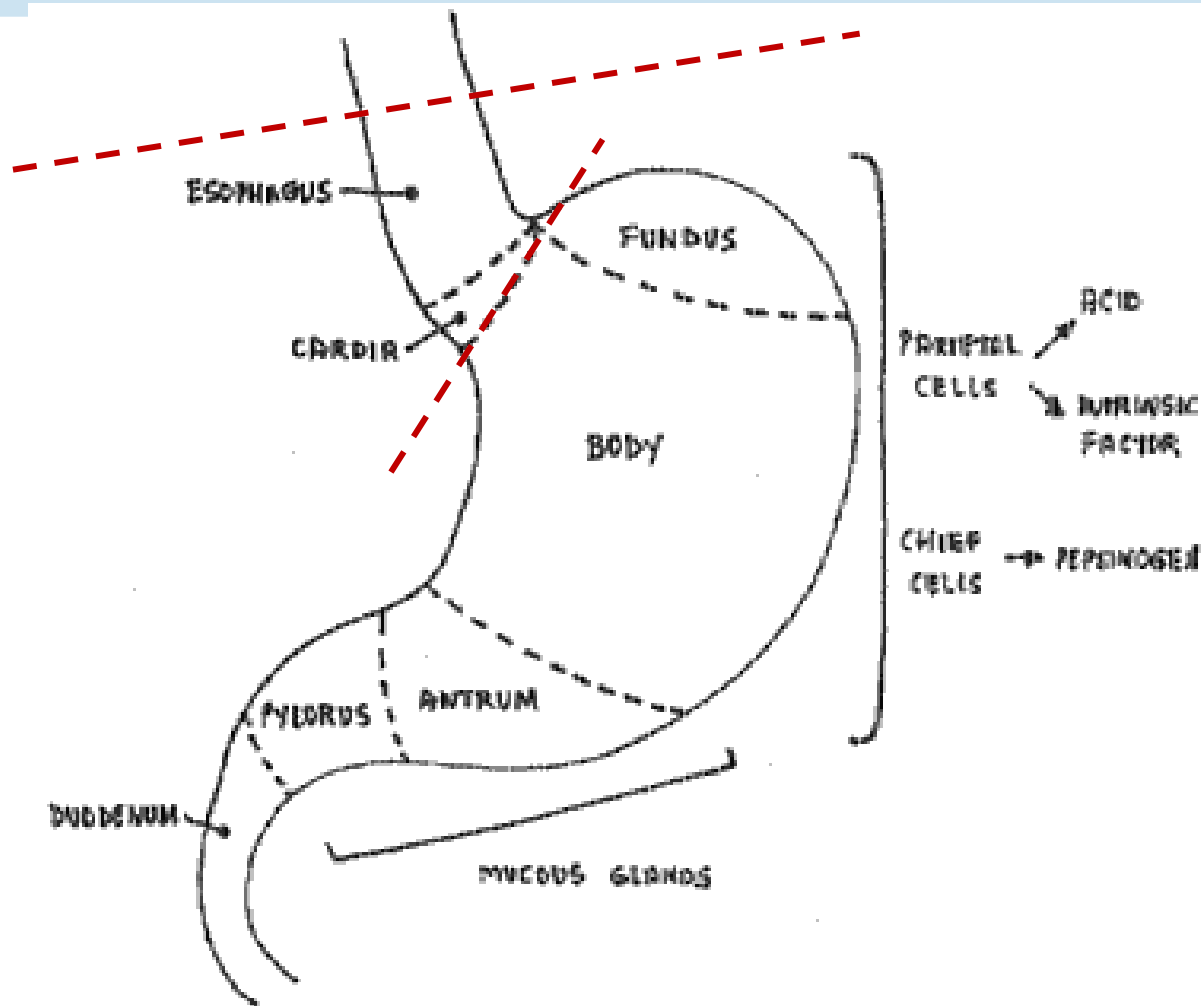


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Aggregation by cancer type



Aggregation by cancer type

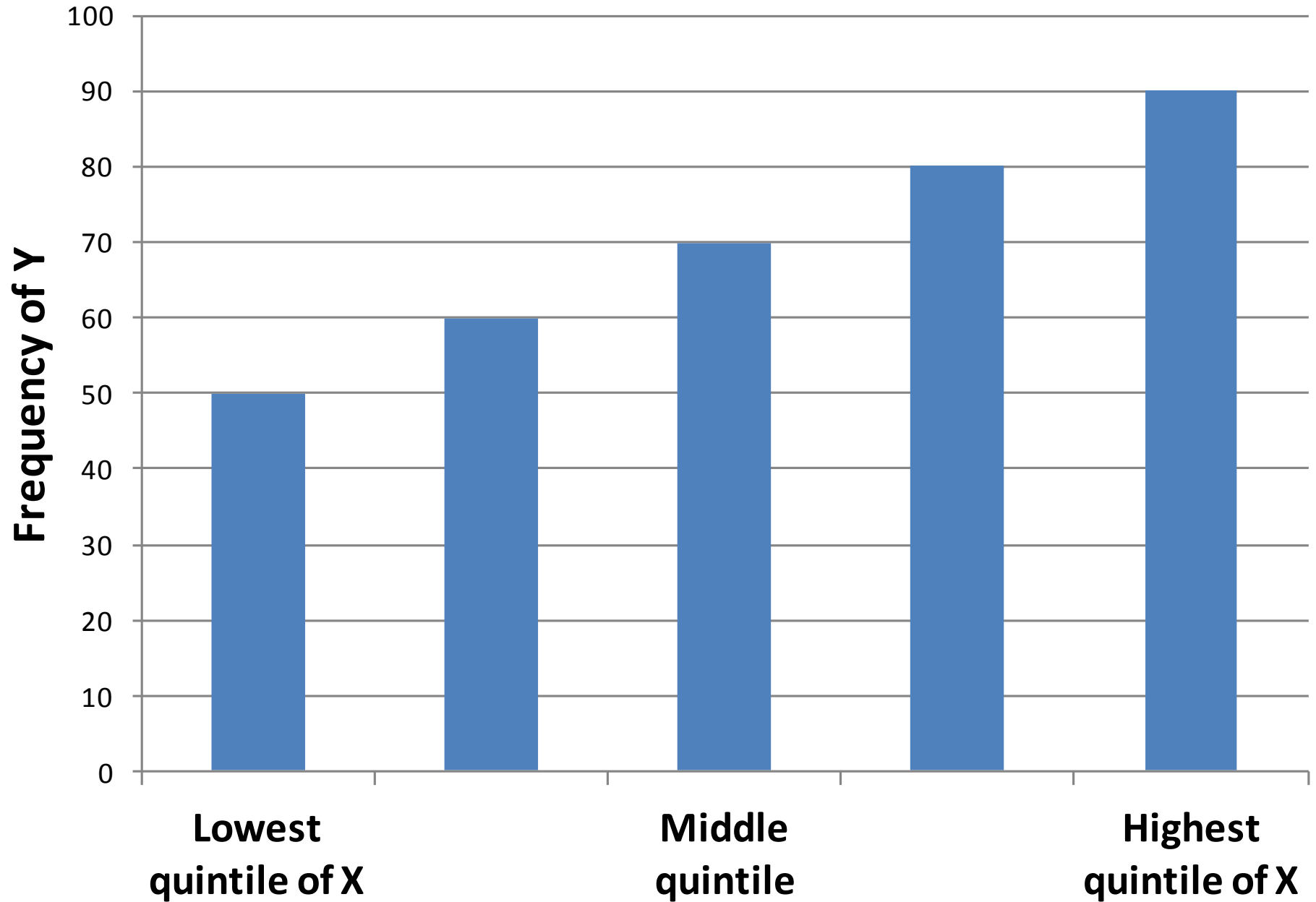


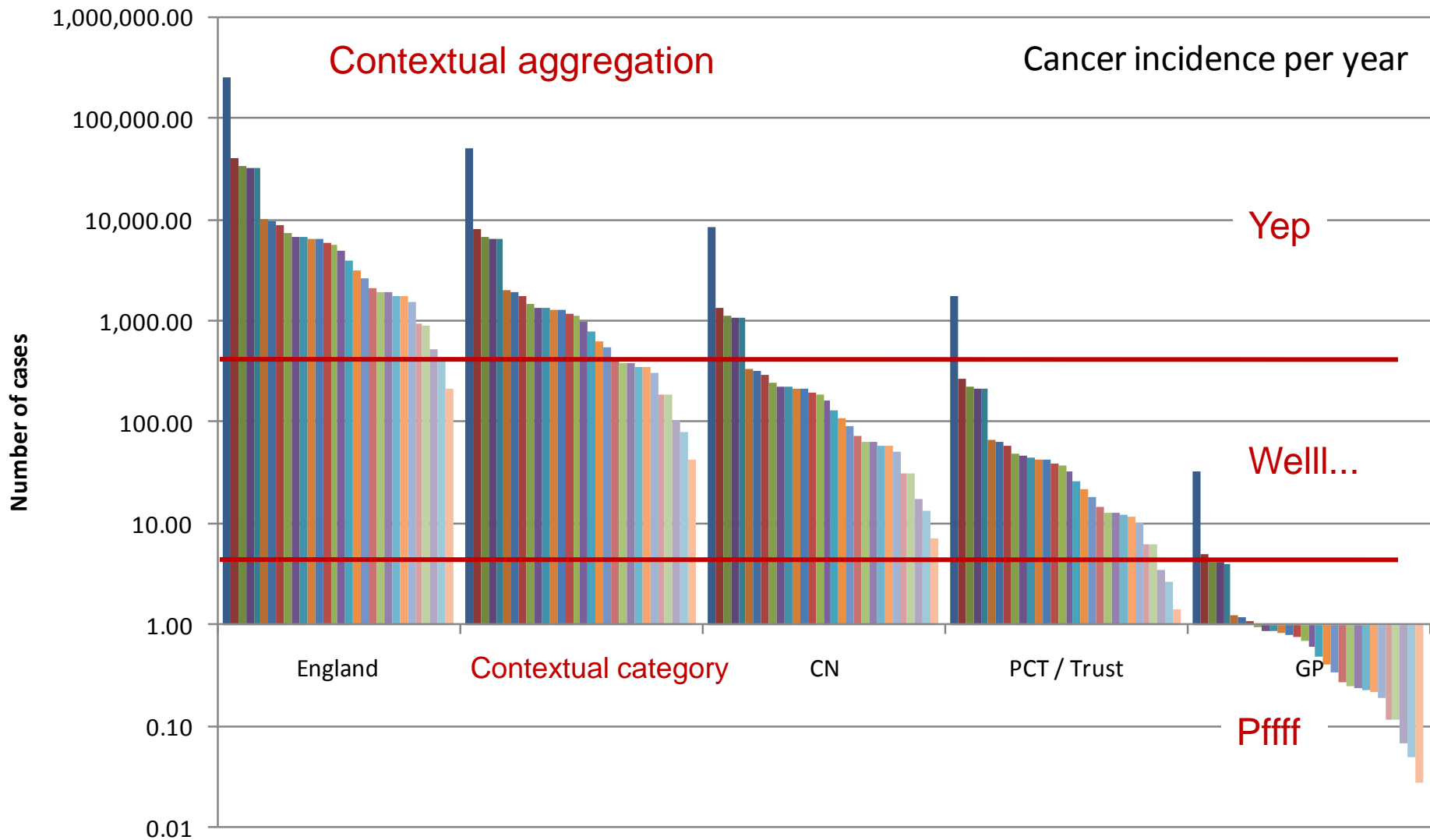
Contextual aggregation

- Use low level data sources
- Pick category of interest
- Aggregate by category of interest

- E.g., by deprivation quintile, by size of GP practice, by rurality quintile, anything definable by person or service

Relationship between X and Y





- | | | | | | |
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Other approaches: 'Mild' data vs 'Wild' data

Mild

Independent

Physical basis

History a good guide to future

E.g.: height, weight, cancer incidence

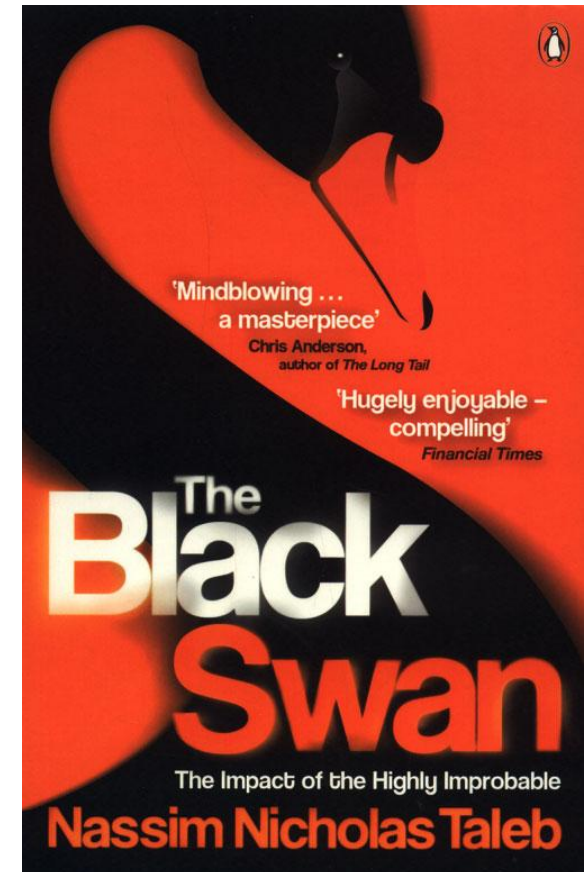
Wild

Non-independent

'Man-made' basis

History a poor guide to future

E.g.: wealth, sales, finance, communicable disease



Geek slide

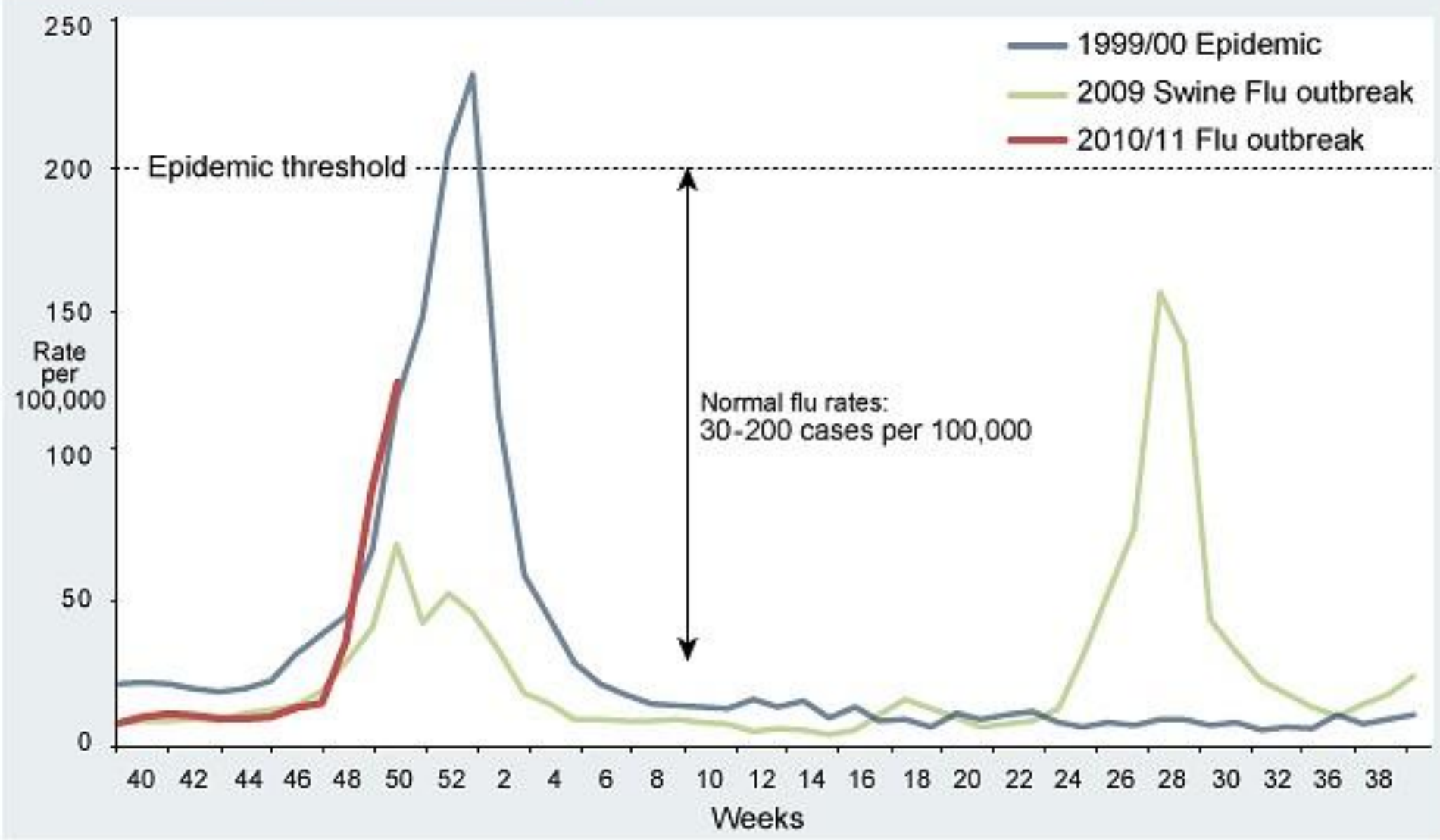


Geek slide

- Area of tail of Normal: $P > x \sim \exp(-x^2)/x$
- Area of tail of power law: $P > x \sim x^{-\alpha}$
- For $\alpha < 2$ variance undefined
- Even for $\alpha > 2$ variance converges very slowly
- So... expect more outliers for wild data

RATES OF INFLUENZA-LIKE ILLNESS

PER 100,000 PEOPLE



What about cancer?

Incidence (and mortality) – mild, so...

Increase signal:noise by looking at process measures and ‘man-made’ or non-independent measures.

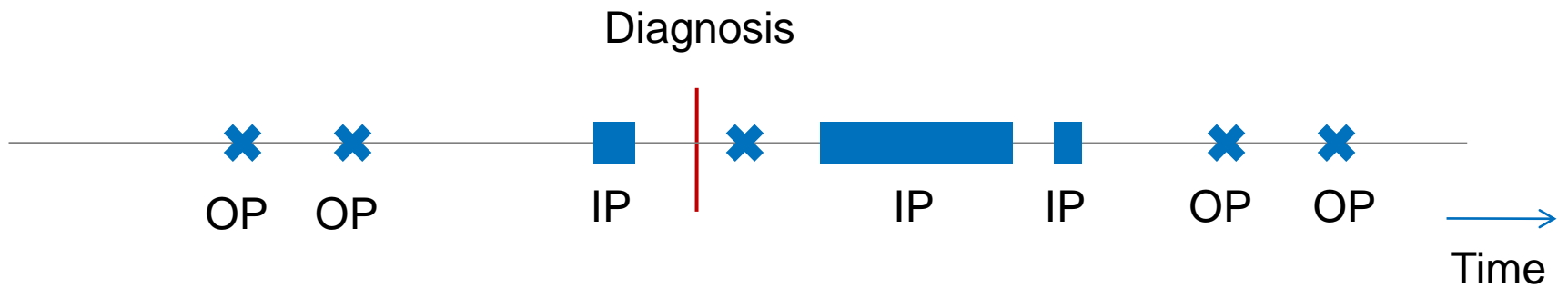
Key question – **what are these?** Probably cancer specific...

Referral practices? Waiting times? Routes to diagnosis?

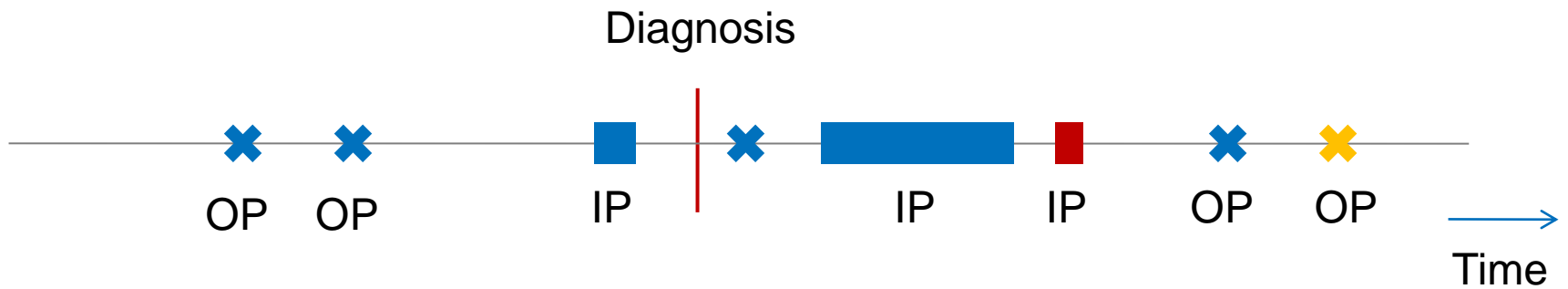
Some other approaches

- Cancer Patient Experience Survey
- Routes to Diagnosis
- Pathway based analysis

Visualising the pathway

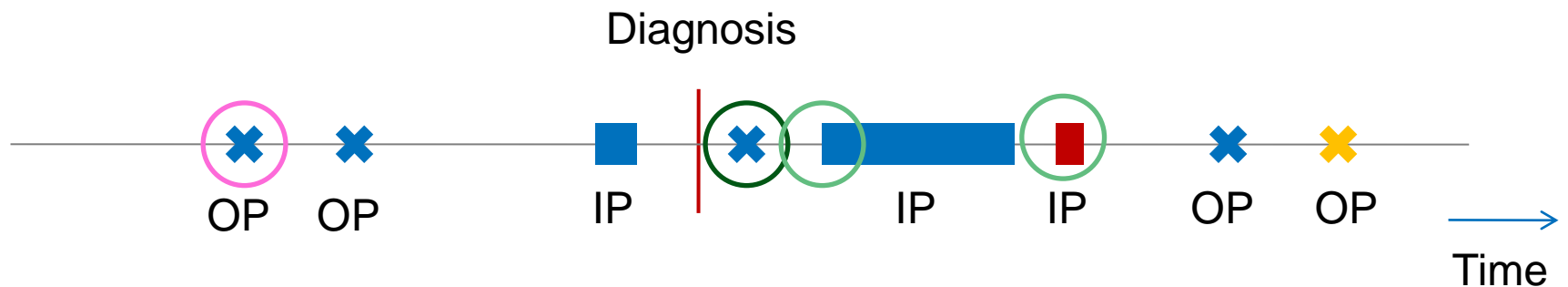


Visualising the pathway



- Closest Trust to Diagnosis Date
- 2nd closest Trust to Diagnosis Date
- 3rd closest Trust to Diagnosis Date

Visualising the pathway



● Closest Trust to Diagnosis Date

● 2nd closest Trust to Diagnosis Date

● 3rd closest Trust to Diagnosis Date

○ Place First Seen

○ Treatment Period Start

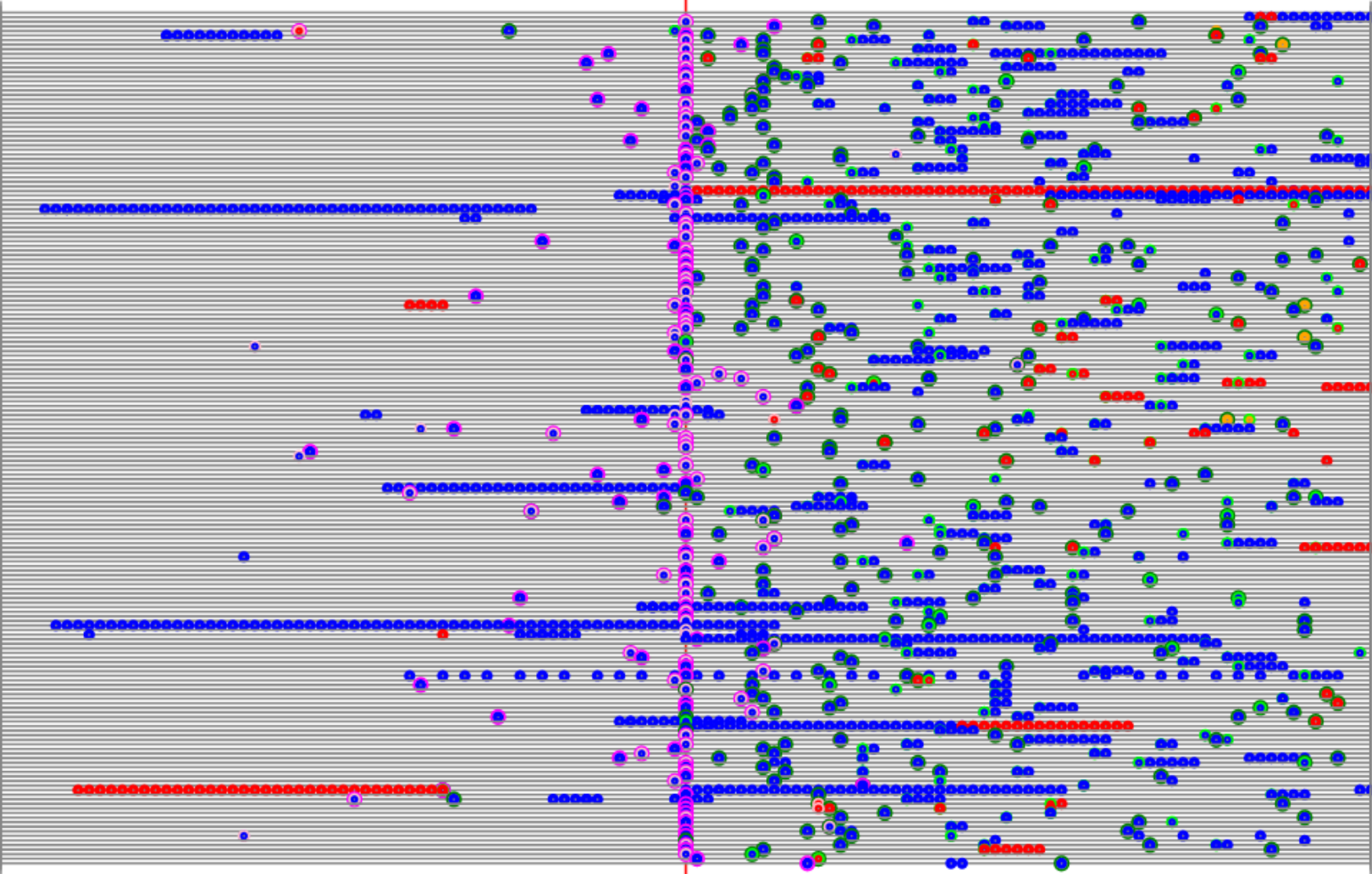
○ Treatment Start

Visualising the pathway (breast cancer)

-62 days

Diagnosis

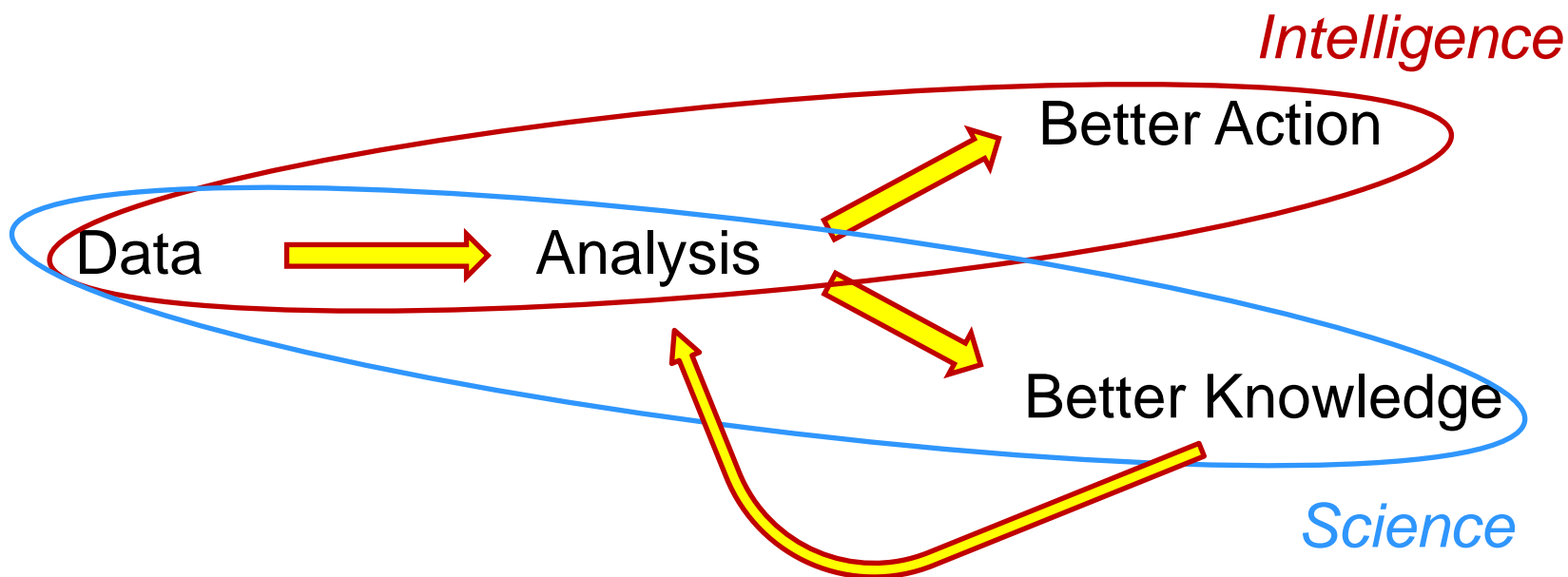
62 days



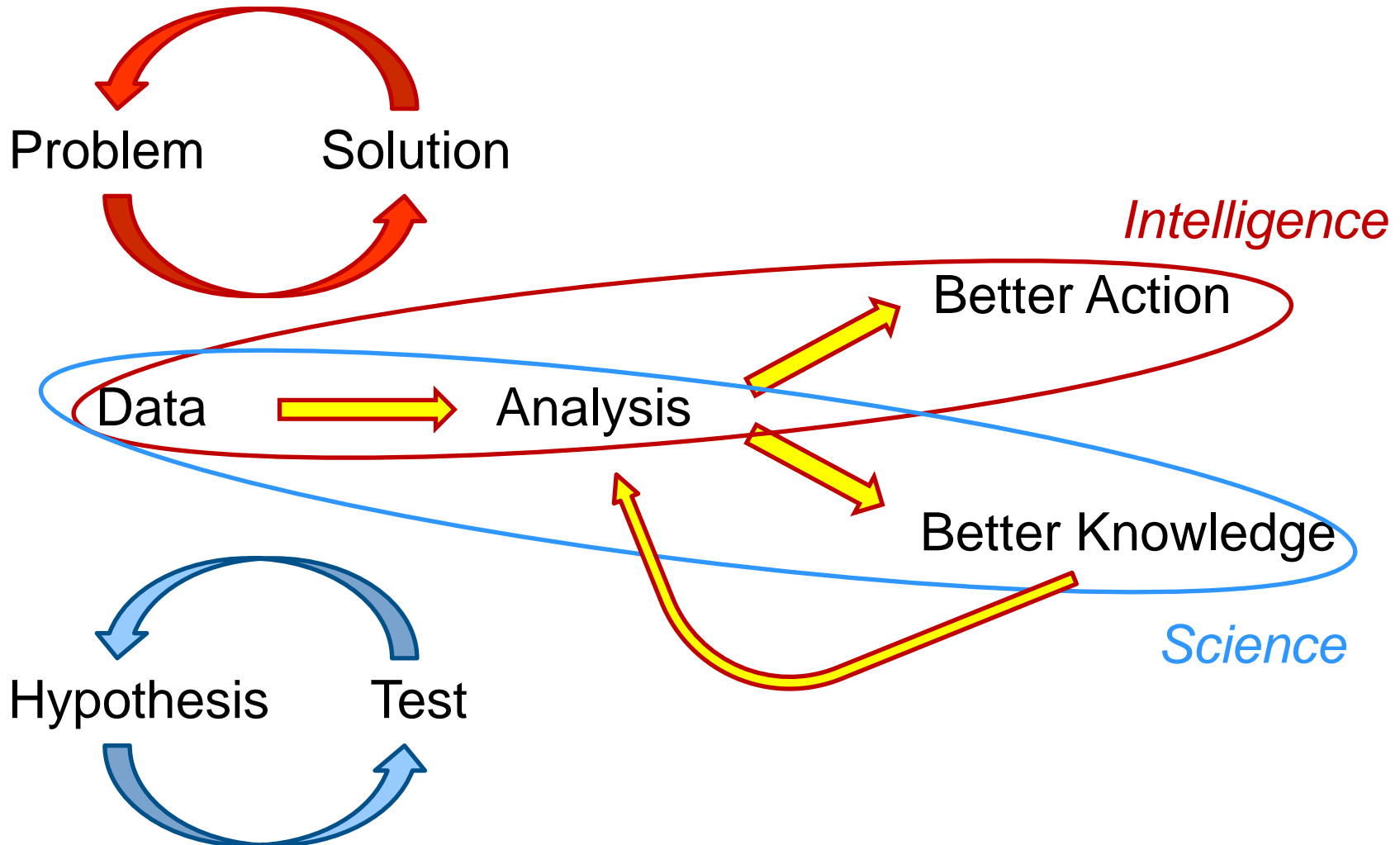
Benefits of small numbers

- More complete picture
- (possibility of) better data
- Individual case audit
- Qualitative approaches

Big Picture - revisited



Big Picture - revisited



In conclusion

- Incidence/mortality has low signal:noise for rarer cancers
- Straightforward analyses are problematic
- Aggregate (especially contextually)
- Look for 'less mild' data
- Embrace the small numbers
- **What are the questions to be asked?**