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**Methodology for literature review,
 data mining, modeling of dose-response
 in pediatric radiation oncology**

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New RT techniques: childhood cancer

3D-CRT IMRT Proton therapy

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Patrik Brodin, ESTRO 2011

Rigshospitalet

Life Years Lost – radiation modalities

Modality	Myocardial Infarction	Heart Failure	Stomach cancer	Thyroid cancer	Lung cancer	Breast cancer
3D CRT	0.6	0.2	0.2	0.1	0.2	0.0
RapidArc	0.2	0.1	0.1	0.1	0.4	0.1
IMPT	0.0	0.0	0.0	0.0	0.2	0.1

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Brodin et al. *Cancer* 118: 5492 (2012)

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Performance of 'pediatric' search filters

- 82.5% of a sample of Cochrane systematic reviews had errors in the reported search strategy that could potentially bias the reviews' results

Sampson & McGowan *J Clin Epidemiol* 59: 1057 (2006)

- The Cochrane Childhood Cancer Group tested 7 published search filters for identifying pediatric studies in PubMed in a reference data set
- The sensitivity varied from 44.8% to 99.5%

Leclercq et al. *J Pediatr* 162: 629 (2013)



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Literature search (i): example of endpoint

- Cochrane style, systematic literature review
- Led by Cecile Ronckers and Leontine Kremer in collaboration with each site-specific review group
- EXAMPLE OF TOXICITY: **Hearing Loss**
 - Deafness OR hearing loss OR Loss, Hearing OR hearing disorder OR hearing disorders OR auditory OR hearing impairment OR hearing impairments OR hearing impairment* OR heari* OR audiology OR audiologic OR audiometry OR audiometr* OR audiogram OR audiography OR ototoxicology OR ototoxic* OR hypoacusis OR hypoacuses OR hypoacus* OR ototoxicity OR deaf* OR cochleotoxicity



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Literature search (ii):

- Childhood cancer**
 - ((leukemia OR leukemi* OR leukaemi* OR ALL OR AML OR lymphoma OR lymphom* OR hodgkin OR hodgkin* OR T-cell OR B-cell OR non-hodgkin OR sarcoma OR sarcom* OR sarcoma, Ewing's OR Ewing* OR osteosarcoma OR osteosarcom* OR wilms tumor OR wilms* OR nephroblastom* OR neuroblastoma OR neuroblastom* OR rhabdomyosarcoma OR rhabdomyosarcom* OR teratoma OR teratom* OR hepatoma OR hepatom* OR hepatoblastoma OR hepatoblastom* OR PNET OR medulloblastoma OR medulloblastom* OR PNET* OR neuroectodermal tumors, primitive OR retinoblastoma OR retinoblastom* OR meningioma OR meningiom* OR glioma OR gliom*) OR (pediatric oncology OR paediatric oncology)) OR (childhood cancer OR childhood tumor OR childhood tumors)) OR (brain tumor* OR brain tumour* OR brain neoplasms OR central nervous system neoplasm OR central nervous system neoplasms OR central nervous system tumor* OR central nervous system tumour* OR brain cancer* OR brain neoplasm* OR intracranial neoplasm*) OR (leukemia lymphocytic acute) OR (leukemia, lymphocytic, acute[mh])



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Literature search (iii)

- **Radiotherapy**
 - radiometry OR radiation dosage OR radiation dose OR radiation doses OR radiation dosis OR radiation dosage* OR radiation dosimetry OR radiation dosimetr* OR dose-response relationship, radiation OR radiometr* OR radiotherapy dosage OR radiotherapy[sh] OR radiotherapy/adverse effects OR irradiation dose OR radiotherapy dose OR dose calculation OR near beam dose OR in beam dose OR outside beam dose OR out of beam dose OR radiation/epidemiology OR Radiation monitoring OR Organs at risk OR radiation effects[sh] OR radiation injury OR radiation injuries OR radiation OR Radiotherapy/complications[Mesh] OR NCTP OR normal tissue complication probability OR DVH OR Dose Volume Histogram OR Radiotherapy Planning OR Conformal/adverse effects OR Dose Response Relationship, radiation OR Organs at Risk/Radiation Effects OR Radiation Injuries/Prevention and Control OR Chemoradiotherapy/Adverse Effects

PubMed (Sept 23, 2013): n=544 hits → title/abstract screening



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Radiation-induced hypothyroidism



Vogelius et al. *Cancer* 117: 5250 (2011)

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Mining of 'big data' sets

- What data sets???
- ...in pediatric radiation oncology?????
- 'Big data' are data sets in the terabyte to exabyte range
- Biomedical data sets are typically several orders of magnitude smaller than the above range... but some are relatively 'big'
- A number of attractive analytical techniques have been developed for data mining – supervised as well as unsupervised – and there is current interest in Natural Language Processing...
- ...BUT...



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Two worlds colliding

RADIATION BIOLOGY	EPIDEMIOLOGY
<ul style="list-style-type: none"> Relative homogeneous population exposed Known exposure: Accurate estimate of dose to relevant target structure Specific clinico-biological endpoint Simple mathematical dose-response function characterized by two parameters 	<ul style="list-style-type: none"> Heterogeneous population exposed Poorly known exposure: Rough "guess-timate" of dose to relevant target structure Endpoint often NOT specific to radiation exposure Excess relative risk (ERR)/ Excess absolute risk (EAR) <ul style="list-style-type: none"> ideally as a function of (some) dose

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Tamoxifen enhances XRT lung fibrosis

Total dose (Gy)	RT + TAM (n = 38) (%)	RT (n = 158) (%)
40	14	37
48	48	37
56	24	36

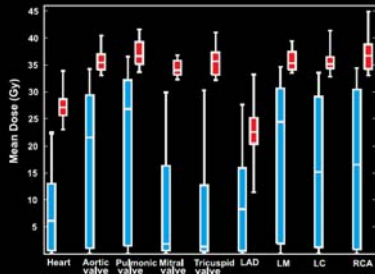
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MARCUS AND STEWART GREENBERG
CANCER CENTER Bentzen et al. JNCI 88: 918 (1996) /SMB 7/14

HD: Mantel field vs. Involved node RT

<p>PT. 1</p>	<p>PT. 1</p>
<p>PT. 2</p>	<p>PT. 2</p>

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MARCUS AND STEWART GREENBERG
CANCER CENTER Maraldo et al. UROBP 83: 1232 (2012) /SMB 7/14

HD: Mantel field vs. Involved node RT

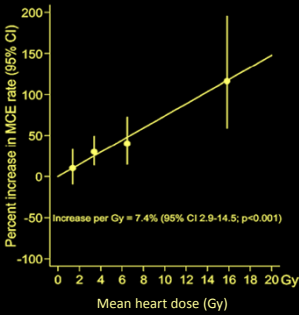


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Maraldo et al. *JROBP* 83:1232 (2012)

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% increase in major coronary events v. dose



- Relative risk estimates are often more impressive than absolute risk estimates
- And may give rise to false impressions of e.g. risk vs. age
- The most relevant metric to a patient is ABSOLUTE RISK

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Darby et al. *NEJM* 368:987 (2013)

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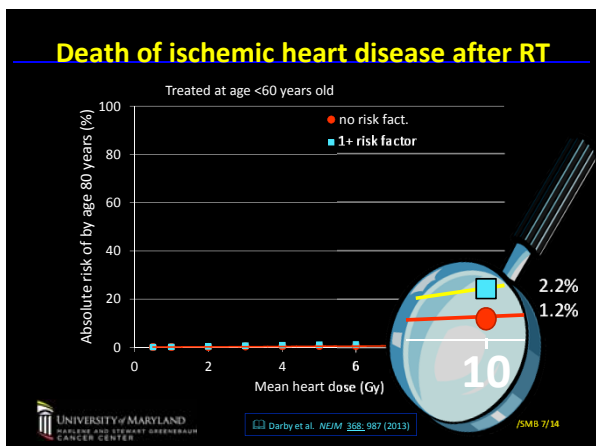
Death of ischemic heart disease after RT

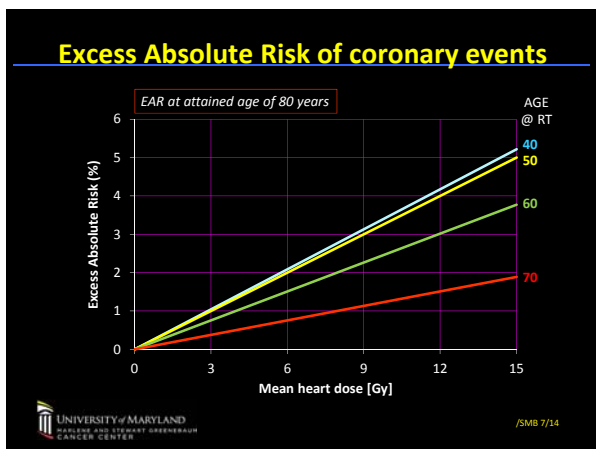


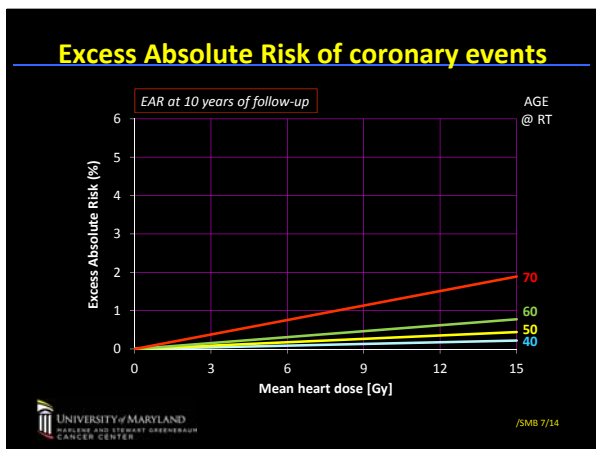
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Darby et al. *NEJM* 368:987 (2013)

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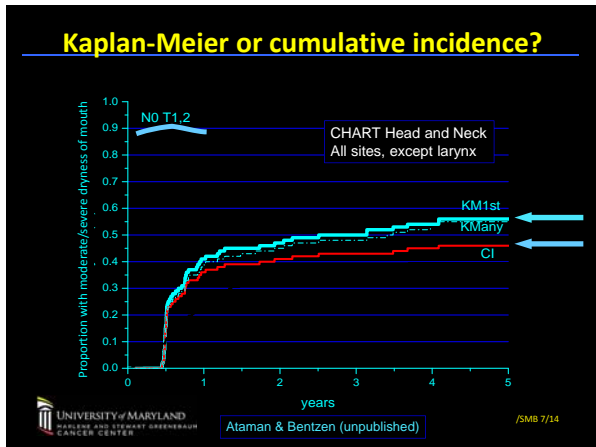
Radiation myelopathy after RT for NSCLC

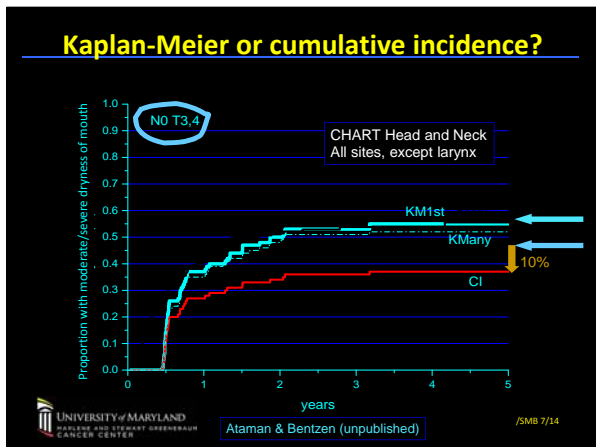
- Is it safe to give 3x6 Gy+5x4 Gy to the spinal cord?
- Linear quadratic model, assuming $\alpha/\beta = 2$ Gy
 - This schedule has an EQD2 = 66 Gy
- Reported incidence of RM: $4 \pm 1\%$
- Actuarial estimate @ 3 years: $30 \pm 15\%$

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Hatlevoll et al. *UROBP* 9; 41 (1983)

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Late edema in the CHART trial
Incidence among 5-year survivors

	Pts with one or more incident (%)	K-M estimate @ 5 years
CHART	49/92 53.3%±5.2%	48.8%±2.7%
conv.	32/54 59.3%±6.2%	59.5%±3.4%

2P=0.49

2P=0.02

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