Modelling of Cancer Morbidity Risk in a Bayesian Framework

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Aim of the Study

2 Data

- 3 All Cancer Incidences
- 4 Lung Cancer
- Prostate Cancer

6 Breast Cancer

A Comparison bw Population Incidence Rates and CII Rates

Summary

The main purpose of the study

• Investigate the dynamics of various types of population cancer risk

- under a Bayesian setting by employing generalised linear model structures
- using cancer registration numbers in England
- Ocompare population incidence rates with the CII rates



Cancer registration data for England provided by Office for National Statistics (ONS)

- International Statistical Classification of Diseases (ICD): ICD 8, ICD 9 and ICD 10
- year from 1971 through 2015
- region ?
- gender



All Cancer Incidences in England

 $\Rightarrow \mathsf{Bayesian} \ \mathsf{model}$

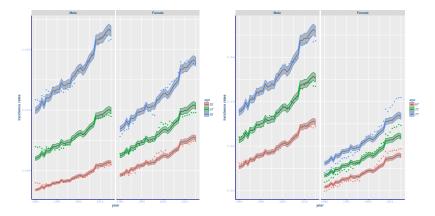
$$\begin{split} & C_i | \theta_i \sim \text{Poisson}(E_i \theta_i) \\ & \theta_i \sim \text{Lognormal}(\mu_i, \sigma^2) \\ \hline & \mu_i = \beta_0 + \beta_{1,j} x_j + \beta_{2,k} y_k + \beta_{3,g} x_g + \beta_{4,j,g} x_j x_g \\ & \sigma^2 \sim \text{Inv.Gamma}(1, 0.001) \\ & \beta' \text{s} \sim \text{Normal}(0, 10^4), \end{split}$$

$i = 1, \dots, 1080; \ k = 1, \dots, 36; \ j = 1, \dots, 36$, 15 and $g = 1, 2$.
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Model	age	year	age:year	gender	age:gender	BIC
1	cont.	cont.	×	factor	×	1131204
2	cont.	cont.	\checkmark	factor	×	1130858
3	cont.	factor	×	factor	×	1126715
4	cont.	factor	\checkmark	factor	×	1126402
5	factor	cont.	×	factor	×	360975
6	factor	cont.	\checkmark	factor	×	355419
7	factor	cont.	\checkmark	factor	\checkmark	350386
8	cont.	factor	\checkmark	factor	\checkmark	817914
9	factor	factor	×	factor	\checkmark	37229
10	factor	factor	\checkmark	factor	×	351360



All Cancer Incidences in England

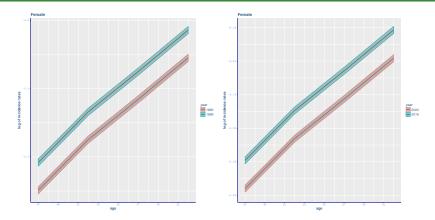


Actual and fitted incidence rates of all cancer types without carcinoma in situ fitted incidence rates as solid lines & crude rates as dots

• An increasing trend for all ages.



All Cancer Incidences in England



incidence rates for females from ages 47 to 62 for years 1980, 1995, 2000 and 2015 fitted incidence rates as solid lines

• Ageing is a fundamental factor for cancer.



Lung Cancer in England

 $\Rightarrow \mathsf{Bayesian} \ \mathsf{model}$

 $C_i | \theta_i \sim \text{Poisson}(E_i \theta_i)$ $\theta_i \sim \text{Lognormal}(\mu_i, \sigma^2)$

 $\mu_{i} = \beta_{0} + \beta_{1}x + \beta_{2}x^{2} + \beta_{3}x^{3} + \beta_{4}y + \beta_{5}xy + \beta_{6,g}x_{g} + \beta_{7,g}x_{g}y + \beta_{8,g}x_{g}x$

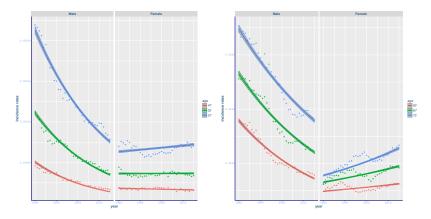
 $\sigma^2 \sim \mathsf{Inv.Gamma}(1, 0.001)$ eta's $\sim \mathsf{Normal}(0, 10^4),$

$$i = 1, \dots, 648$$
 and $g = 1, 2$.

Model	age	year	age:year	gender	gender:year	age^2	age^3	gender:age	DIC
12	Cont.	Cont.	1	Factor	✓	1	1	1	7148



Lung Cancer in England

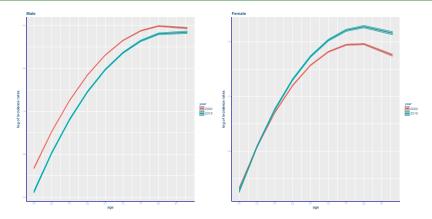


Actual and fitted incidence rates of malignant neoplasm of trachea, bronchus and lung fitted incidence rates as solid lines & crude rates as dots

• A narrowing gap bw males & females with different trends due to different smoking patterns.



Lung Cancer in England



fitted incidence rates as solid lines

• An opposite trend for males and females.



Prostate Cancer in England

 $\Rightarrow \mathsf{Bayesian} \ \mathsf{model}$

 $C_i | heta_i \sim \mathsf{Poisson}(E_i heta_i)$ $heta_i \sim \mathsf{Lognormal}(\mu_i, \sigma^2)$

 $\mu_{i} = \beta_{0} + \beta_{1}x + \beta_{2}x^{2} + \beta_{3}x^{3} + \beta_{4}y + \beta_{5}y^{2} + \beta_{6}y^{3} + \beta_{7}y^{4} + \beta_{8}xy$

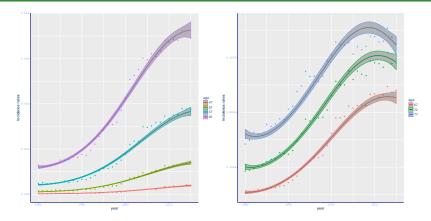
 $\sigma^2 \sim \mathsf{Inv.Gamma}(1, 0.001)$ eta's $\sim \mathsf{Normal}(0, 10^4),$

 $i=1,\ldots,324.$

Model	age	year	age:year	year ²	year ³	year ⁴	age^2	age^3	DIC
14	cont.	cont.	1	1	1	1	1	1	3580



Prostate Cancer in England

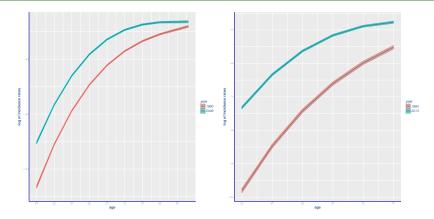


Actual and fitted incidence rates of malignant neoplasm of prostate fitted incidence rates as solid lines & crude rates as dots

- PSA testing started to be used in the UK in the early 1990s.
- The second increase after 2006 with a peak in 2013.



Prostate Cancer in England



Actual and fitted incidence rates of malignant neoplasm of prostate for years 1980, 1990, 2006 and 2013 fitted incidence rates as solid lines



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Breast Cancer in England

 \Rightarrow Bayesian model

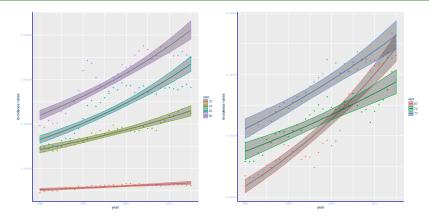
$$\begin{split} & C_i | \theta_i \sim \mathsf{Poisson}(E_i \theta_i) \\ & \theta_i \sim \mathsf{Lognormal}(\mu_i, \sigma^2) \\ \hline & \mu_i = \beta_0 + \beta_{1,j} x_j + \beta_2 y + \beta_{3,j} x_j y \\ & \sigma^2 \sim \mathsf{Inv.Gamma}(1, 0.001) \\ & \beta'\mathsf{s} \sim \mathsf{Normal}(0, 10^4), \end{split}$$

 $i = 1, \dots, 540$ and $j = 1, \dots, 15$.

Model	age	year	age:year	DIC
6	factor	cont.	1	5616



Breast Cancer in England

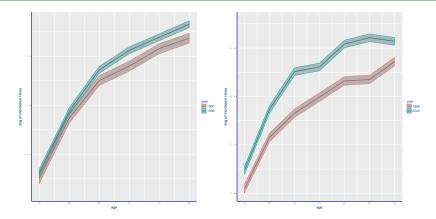


Actual and fitted incidence rates of malignant neoplasm of breast fitted incidence rates as solid lines & crude rates as dots

- NHSBSP began in 1988, targeted women between ages 50 and 64.
- After 2005, screening offered for women between ages 50 and 70.



Breast Cancer in England

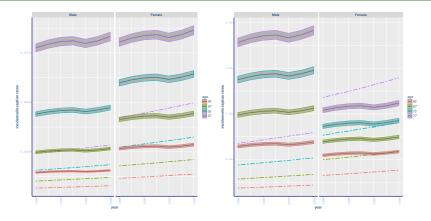


Actual and fitted incidence rates of malignant neoplasm of breast for years 1980, 1988 and 2005 fitted incidence rates as solid lines



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A Comparison between Population Incidence Rates and CII Rates



fitted population incidence rates (ONS data) as solid lines & fitted CII rates (CMI data) as dashed lines

- $\bullet \ \ incidence \ \ rates > CII \ \ rates$
- Cancer rates are higher for socio-economically deprived groups.



- An increasing trend for all cancer types for all age groups.
- An adverse trend in lung cancer for different genders.
- An increasing trend both in prostate and breast cancers.
- Population incidence rates are higher than the insurance rates.



- OII claims settled bw 1999 and 2005 by Continuous Mortality Investigation (CMI) in the UK.
- Office for National Statistics. Cancer registration statistics, England, 2008, 2009, 2011, 2013 and 2016.
- E. Ozkok, G. Streftaris, H.R. Waters, and A.D. Wilkie. Modelling critical illness claim diagnosis rates I: Methodology. Scandinavian Actuarial Journal, Vol:5, pp 43-457, 2014a.
- E. Ozkok, G. Streftaris, H.R. Waters, and A.D. Wilkie. Modelling critical illness claim diagnosis rates II: Results. Scandinavian Actuarial Journal, Vol:5, pp 458-482, 2014b.





Thank You!

Questions?

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