

## FAQ: STHLM3

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eScience for Cancer Prevention and Control Flagship

# 1. Prostate cancer

- ▶ What is the prostate?
- ▶ Does the prostate have any 'design issues'?
- ▶ What is the health burden due to prostate cancer?
- ▶ Are there effective preventive interventions for prostate cancer?

## 2. PSA testing

- ▶ What is the prostate-specific antigen (PSA) test?
- ▶ How common is the PSA test in Sweden?
- ▶ What are the **benefits** due to PSA screening for prostate cancer?
- ▶ What are the **harms** due to PSA screening for prostate cancer?
- ▶ Is the PSA test an **effective** screening test for prostate cancer?

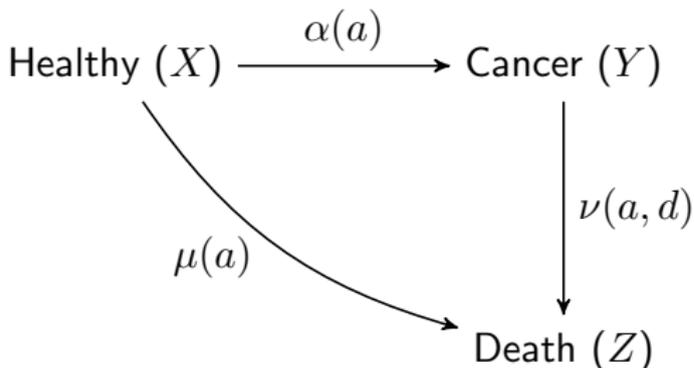
### 3. STHLM3

- ▶ What is the STHLM3 study and the STHLM3 Model (S3M)?
- ▶ How has SeRC contributed to the STHLM3 study?
- ▶ Which machine learning algorithm was used for the S3M?
- ▶ What were the main findings of the STHLM3 study?
- ▶ How can we assess the cost-effectiveness of S3M?

## 4. Microsimulation

- ▶ What is a microsimulation?

## State diagram for an illness-death model



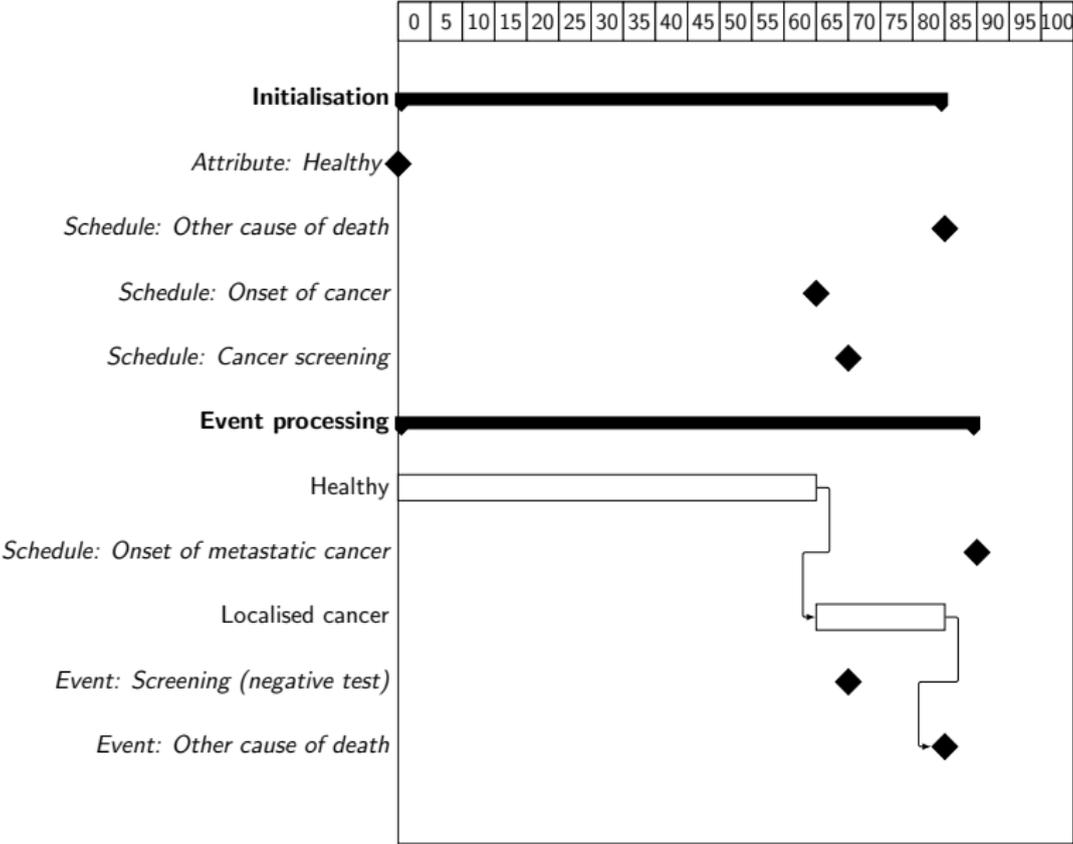
where  $X(0) = 1$  and  $Y(0, d) = 0$ . Life expectancy can then be calculated by:

$$\begin{aligned} \text{LE} &= \int_0^{\infty} X(a) da + \int_0^{\infty} \int_a^{\infty} Y(a, v-a) dv da \\ &= \int_0^{\infty} \exp\left(-\int_0^a \alpha(u) + \mu(u) du\right) da + \\ &\quad \int_0^{\infty} \int_a^{\infty} \exp\left(-\int_0^a \alpha(u) + \mu(u) du\right) \alpha(a) \exp\left(-\int_a^v \nu(u, u-a) du\right) dv da \end{aligned}$$

## Illness-death model as a discrete event simulation (Python 3)

```
1 import queue; import random
2 rexp = random.expovariate
3 def lifetime():
4     (time, running) = (0, True)
5     events = queue.PriorityQueue()
6     events.put( (rexp(1.0/70), "Death" ) )
7     events.put( (rexp(1.0/60), "Cancer" ) )
8     while (running and not events.empty()):
9         (time, type) = events.get()
10        if type == "Death":
11            running = False
12        if type == "Cancer": # excess mortality
13            events.put( (time+rexp(1.0/20.0),
14                        "Death" ) )
15    return time # age at death
```

# Microsimulation using pictures



## Cost-effectiveness

For intervention  $k$ , we can calculate the expected effectiveness and costs:

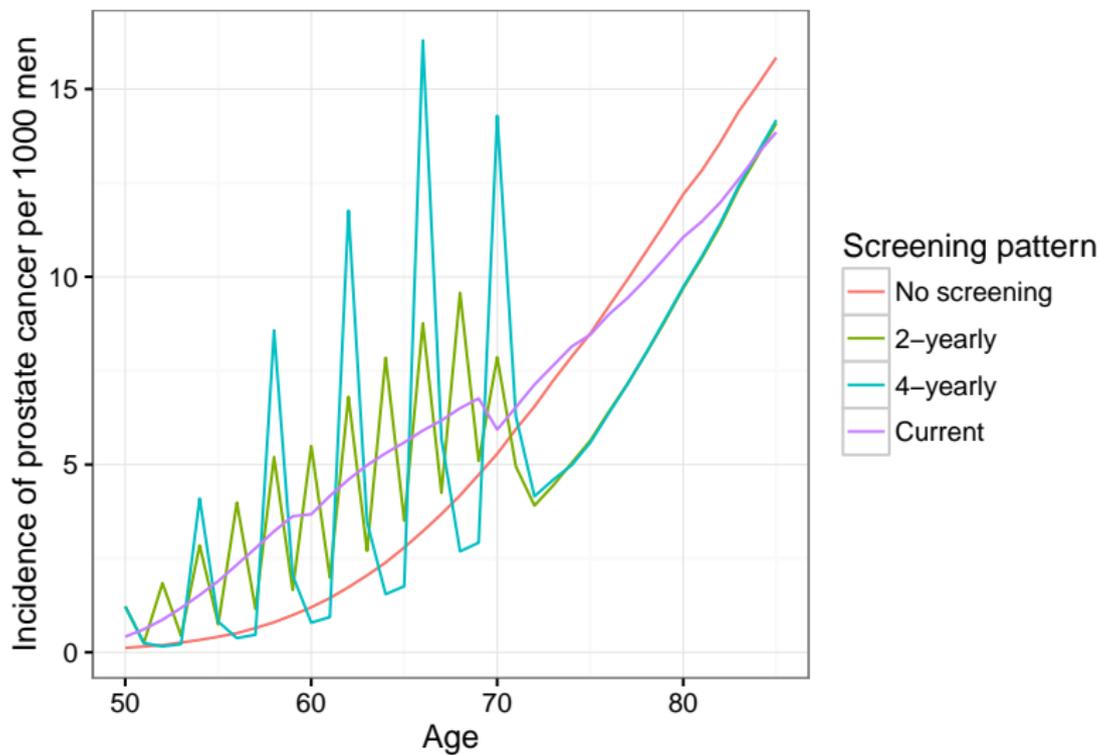
$$\text{Effectiveness}_k = \frac{1}{n} \sum_{i=1}^n \int_0^{\infty} \frac{dU_{ik}(t)}{(1 + \delta)^t}$$
$$\text{Costs}_k = \frac{1}{n} \sum_{i=1}^n \int_0^{\infty} \frac{dC_{ik}(t)}{(1 + \delta)^t}$$

where we simulate for  $n$  individuals with index  $i$ , with individual-based cumulative utilities  $U_{ik}(t)$  and costs  $C_{ik}(t)$  at time  $t$ , with discounting  $\delta$  (e.g.  $\delta = 0.03$ ).

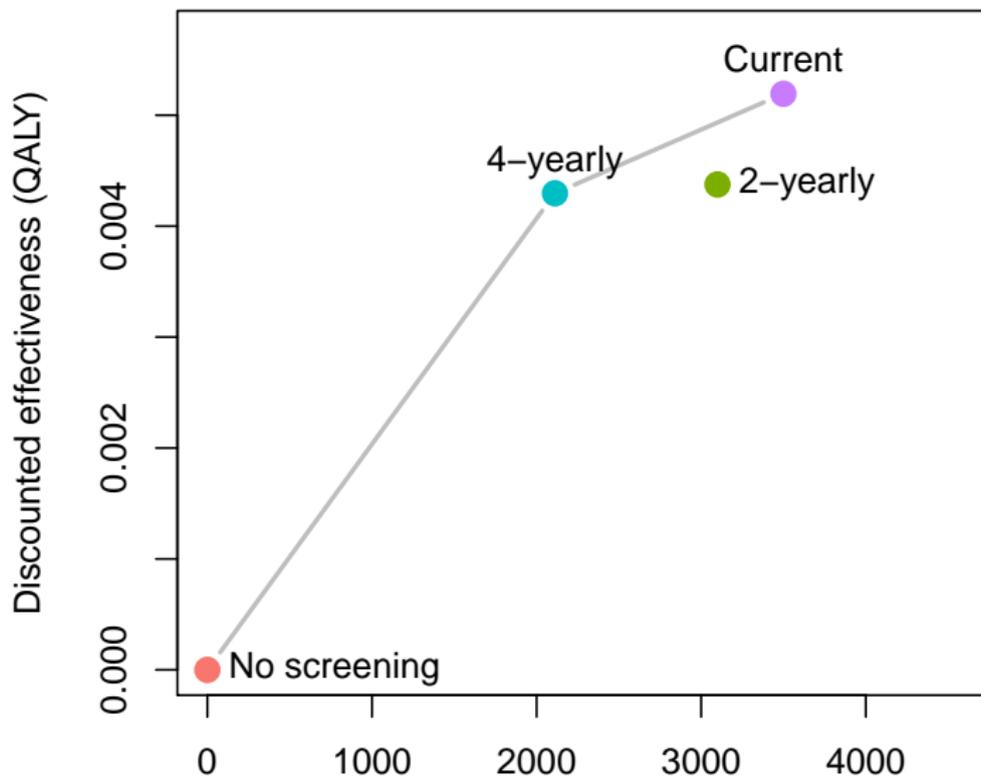
## 4. Microsimulation

- ▶ What is a microsimulation?
- ▶ What tools have you developed for microsimulation?

## Predicted cancer incidence under different screening scenarios



## Cost-effectiveness under different screening scenarios



## Conclusions

- ▶ eScience has raised the level of evidence used in STHLM3 – and can help with changing prostate cancer screening worldwide

## Acknowledgements

- ▶ eCPC collaborators, including Andreas Karlsson, Keith Humphreys, Erwin Laure and Juni Palmgren
- ▶ STHLM3 Investigators, including Henrik Grönberg and Martin Eklund
- ▶ STHLM3 Scientific Advisory Board
- ▶ Pathologists, urologists, industrial partners and the KI Biobank
- ▶ Funders: SeRC, NIASC, SLL, VR, Cancerfonden, StratCan, CRisP.