

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Schoen RE, Pinsky PF, Weissfeld JL, et al. Colorectal-cancer incidence and mortality with screening flexible sigmoidoscopy. *N Engl J Med* 2012;366:2345-57. DOI: 10.1056/NEJMoa1114635.

Supplementary Appendix

Supplement to Schoen RE, et al. Incidence and Mortality from Colorectal cancer in the PLCO Flexible Sigmoidoscopy Screening Trial

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Figure S1: Consort Diagram

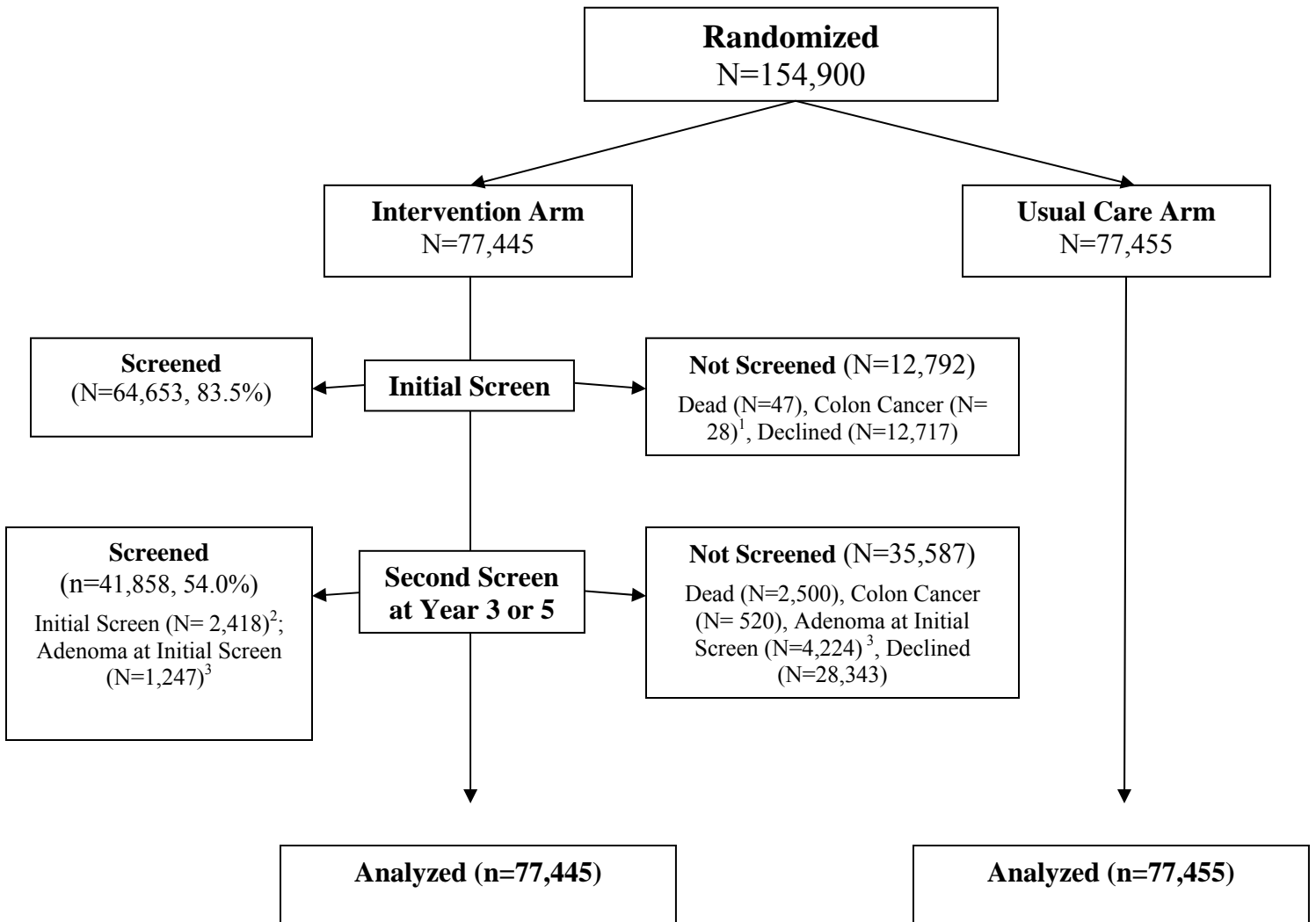


Figure S1 legend:

1. These patients were found after enrollment to have had preexisting diagnosis of colon cancer.
2. These subjects underwent their initial screening exam at year 3 or at year 5.
3. These subjects had an adenoma detected after an abnormal initial sigmoidoscopy screen. Some subjects with adenomas (1247/5471, 22.8%) returned for repeat screening.

Table S1: Primary Treatment by Stage in Intervention and Usual Care Arms

		Resection Alone		Resection and Chemotherapy and/or Radiation		Chemotherapy and/or Radiation without Resection		Total
		N	%	N	%	N	%	N
Stage								
Stage I	Intervention	297	90	27	8	6	2	330
	Usual Care	365	90	32	8	7	2	404
Stage II	Intervention	157	66	79	33	2	1	238
	Usual Care	193	63	109	36	5	2	307
Stage III	Intervention	29	12	211	88	1	0	241
	Usual Care	45	14	278	86	2	1	325
Stage IV	Intervention	22	17	85	66	21	16	128
	Usual Care	25	13	125	67	37	20	187
Total ¹		1133	52	946	44	81	4	2160

¹ There are 75 participants in the Intervention and 64 participants in the Usual Care arms for whom colorectal cancer stage and/or primary treatment information is not available.

Table S2: Location of Cancers in the PLCO Trial

	Intervention	Usual Care
Distal Colon	479	669
Rectum	190	240
Recto-Sigmoid	28	57
Sigmoid	195	292
Descending Colon	38	50
Splenic Flexure	28	30
Proximal Colon	512	595
Transverse Colon	82	83
Hepatic Flexure	50	81
Ascending Colon	176	202
Cecum	204	229
Unknown	21	23
Total		

Table S3: Death Certificate Cause of Death, Excluding Prostate, Lung, Colorectal and Ovarian Cancer Deaths, by Study Arm

	Intervention (N=77,445)	Usual Care (N=(77,455)
	N (%)	N (%)
Non-PLCO Cancers ¹	2266 (24.8)	2227 (24.2)
Ischemic heart disease	1623 (17.8)	1592 (17.1)
Cerebrovascular accident	545 (6.0)	546 (5.9)
Other circulatory disease ²	1332 (14.6)	1411 (15.2)
Respiratory disease	1006 (11.0)	1012 (10.9)
Digestive disease	322 (3.5)	306 (3.3)
Infectious disease	205 (2.2)	190 (2.0)
Endocrine, nutritional and metabolic diseases and immunity disorders	362 (4.0)	381 (4.1)
Diseases of nervous system	356 (3.9)	375 (4.0)
Accident	470 (5.1)	480 (5.2)
Other	651 (7.1)	746 (8.0)
Total	9138	9286 ³

1. Excluding deaths from Prostate, Lung, Colorectal, and Ovarian cancer

2. Includes cardiovascular, arterial, and cardiopulmonary disease

3. Deaths from non PLCO cancers were similar in the two arms (RR 0.98, 95%CI 0.96-1.01, p=0.28)

Statistical Methods for Interim Monitoring of PLCO Colorectal Component

Differences in mortality rates were assessed using a weighted log-rank (WLR) test, incorporating increasing weights proportional to the pooled colorectal cancer mortality (1). A weighted statistic was chosen because of the presumed delayed effect of screening upon colorectal cancer mortality. Interim analyses were performed at least annually beginning in 2002 and were presented to the trial DSMB. The interim analysis plan, adopted by the DSMB, stipulated monitoring the WLR statistic for efficacy and futility. A one-sided efficacy boundary was constructed via the Lan-Demets procedure using an O'Brien-Fleming spending function and a total probability of type I error of 5% (2). Total weighted information was derived by projecting the time required to obtain 3796 events as stipulated in the design, which was determined to be roughly 21 years after the initial randomization using the method outlined in expression 8.9 of (3). Beginning with the 10th interim analysis, increments to the information fraction were modified to reflect linear growth in information with study termination at a maximum follow-up time of 13 years. In order to allow for early stopping due to lack of effectiveness or harm, the monitoring design also stipulated a non-binding futility boundary, constructed via the stochastic curtailment procedure (4).

At each interim analysis, we first calculated the weighted information fraction as the ratio of the current WLR statistic variance to the projected variance of the WLR statistic at the scheduled trial conclusion, $\tau = 13$ years. This end of trial variance was projected using the method outlined following expression 8.7 of [3]. We then calculated the one sided efficacy boundary point, b_k , according to the Lan-Demets procedure as indicated above. Next, a futility boundary point, a_k , was derived according to the stochastic curtailment procedure in the following way. The stochastic curtailment procedure for futility is based upon the conditional

$$\mathbb{P}_{H_A}\{Z_\tau < b_{\text{end}} | Z_{t_k}\} = \Phi\left(\frac{(b_{\text{end}} - \mu(\tau)) - (\sqrt{f_k}Z_{t_k} - \mu(t_k))}{\sqrt{1 - f_k}}\right) \quad (1)$$

probability under the design alternative hypothesis, H_A , that the

end of trial WLR statistic will not reject the null given the current value of the WLR statistic at analysis k : for designs having a positive alternative hypothesis with slight modifications for

designs in which the alternative hypothesis is negative. In the above, Z_{t_k} is the current value of the WLR statistic, f_k is the weighted information fraction, and $\mu(t_k)$ and $\mu(\tau)$ are values of the drift function at the current analysis and at the scheduled end of the trial, This conditional probability is compared to a threshold value, p_c , with values in excess being considered futility boundary crossings. The stochastic curtailment procedure is equivalent to a sequence of futility boundary points on the standard normal scale according to the following expression:

$$a_k = \frac{b_{\text{end}} - (\mu(\tau) - \mu(t_k)) - \sqrt{1 - f_k} \Phi^{-1}(p_c)}{\sqrt{f_k}}. \quad (2)$$

We used the threshold value $p_c = 0.90$. The end of trial drift was projected using the design alternative logged relative risk $\log(0.90)$, under the constant shape assumption according corollary 4.3 of [3].

The sequential one sided p-value of the test statistic was derived using stage-wise ordering according expression 5.4 of [3]. The primary aim was summarized in the following way. Without unequal weighting of events, the test statistic and its sequential 95% confidence interval correspond via a scale change to the logged relative risk, β , and its sequential 95% confidence interval, CI. When unequal weighting is used, as in the present situation, such a relationship exists, but the prediction interval is now based upon a weighted average logged relative risk, β^* , and its sequential 95% confidence interval, CI*. We report the usual logged relative risk, β , together with a confidence interval, centered about it, obtained from the sequential design. This choice, made a-priori, is based upon the greater conservatism, in this particular case, of the usual logged relative risk, β , as compared with the weighted average logged relative risk, β^* .

Results

Interim Analyses

Values of the weighted information fraction, WLR statistic, and efficacy and futility boundary points are listed in table 2. The sign is consistent with a negative value of the alternative hypothesis, $\log(0.90)$

Table 2: WLR statistic, weighted information fraction and efficacy and futility boundary points on the standard normal scale.

<i>Analysis</i>	<i>Wtd information fraction</i>	<i>WLR statistic</i>	<i>Efficacy Boundary</i>	<i>Futility Boundary</i>
1	0.0011	-0.067	-8.210	19.954
2	0.0019	0.325	-8.210	14.938
3	0.0031	0.317	-8.210	11.617
4	0.0069	0.023	-8.210	7.584
5	0.0090	-0.842	-8.210	6.534
6	0.0118	-1.421	-8.210	5.602
7	0.0182	-0.186	-8.210	4.318
8	0.0295	-1.454	-8.210	3.135
9	0.0444	-2.073	-8.210	2.279
10	0.3176	-4.077	-3.288	1.978

Test Statistic, P-value and Prediction Interval

The test statistic, -4.077, had a one-sided 95% sequential p-value of 2.15×10^{-5} . The logged crude relative risk and its two-sided 95% sequential confidence interval were determined to be -0.303 (-0.466 to -0.140). The weighted average logged relative risk and its two-sided 95% sequential confidence interval were determined to be -0.415 (-0.506 to -0.323). These results correspond to the second line of the algorithm summarized in table 1 which yielded -0.303 (-0.466 to -0.140).

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