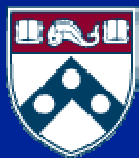
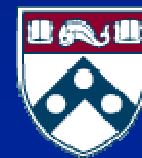

***Modifiers of Cancer Risk
in BRCA1/2 Mutation Carriers:
Study Design and Analysis Issues***



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University of Pennsylvania



Variable Characteristics of BRCA1/2 Mutation Carriers

- **Age at Diagnosis**
- **Cancer Occurrence**
- **Tumor Site**
- **Tumor Stage or Type**
- **Prognosis**
- **Efficacy of Prevention**

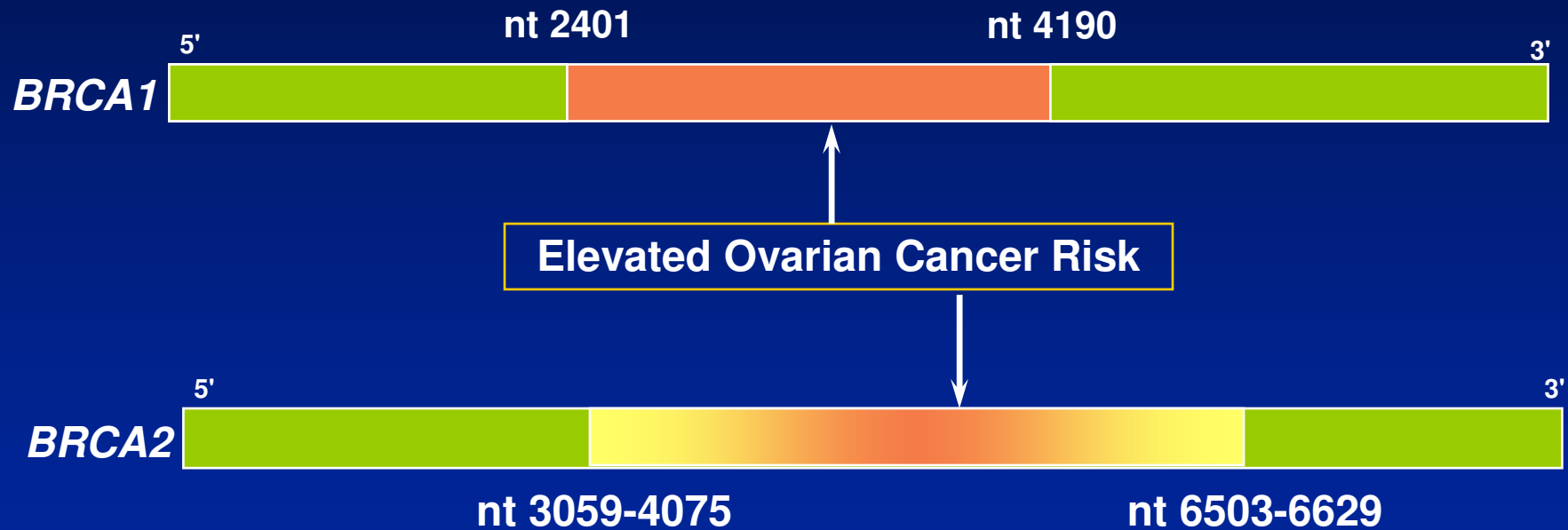
Questions

- **What predictors may be required for personalized risk assessment?**
- **What design and analysis issues need to be faced?**
 - **Hypothesis testing**
 - **Point estimation**

What Kinds of Predictors May Be Useful?

- **Mutation Location**
- **Exposures**
- **Genes at Other Loci**
- **Interactions of Genotypes and Environments**

Mutation Location and Cancer Risk



Gayther 1995, 1997;
Easton 2001, BCLC 2002

Risk Modifying Exposures in BRCA1/2 Mutation Carriers

Factor	Effect on Cancer Risk		Reference
	Breast	Ovarian	
High Parity	70% ↑	-	Jernström 1999
	0	40% ↑	Narod 1995
	0	-	Rebbeck 2001
Late AFLB	0	0	Narod 1995
	300% ↑	-	Rebbeck 2001
OC Use	-	50% ↓	Narod 1998
	-	0	Modan 2001
Smoking	50% ↓	-	Brunet 1998

Risk Modifying Genes in BRCA1/2 Mutation Carriers

Gene	Maximum Odds/Risk Ratio		Reference (Abstract)
	Breast	Ovarian	
<i>AIB1</i>*	5.8	-	Rebbeck 2001,
	1.8	-	Kadouri 2003
<i>PR</i>*	-	2.4	Runnebaum 2001
<i>AR</i>	3.5	-	Rebbeck 1999
	0	-	Kadouri 2001
<i>CYP1A1</i>**	0.4	-	(Narod 1998)
<i>NAT2</i>**	0.4	-	(Rebbeck 1997)
<i>HRAS1</i>	-	2.0	Phelan 1996
<i>RAD51</i>	3.5	-	Levy-Lehad 2001, Wang 2001

*** Interaction with reproductive factors, OC Use, or BMI; ** Interaction with smoking**

Questions

- **What predictors may be required for personalized risk assessment?**
- **What design and analysis issues need to be faced?**
 - **Hypothesis testing**
 - **Point estimation**

Generic Algorithm

- **Model relationship of predictors to risk**
- **Generate risk estimates**
- **Create computational algorithm to translate risk estimates into clinical practice**

Problems

- ***BRCA1/2* mutations are rare in the general population**
- **Mutation screening is costly**
- **Population based studies may not represent the correct target group in which to make inferences**

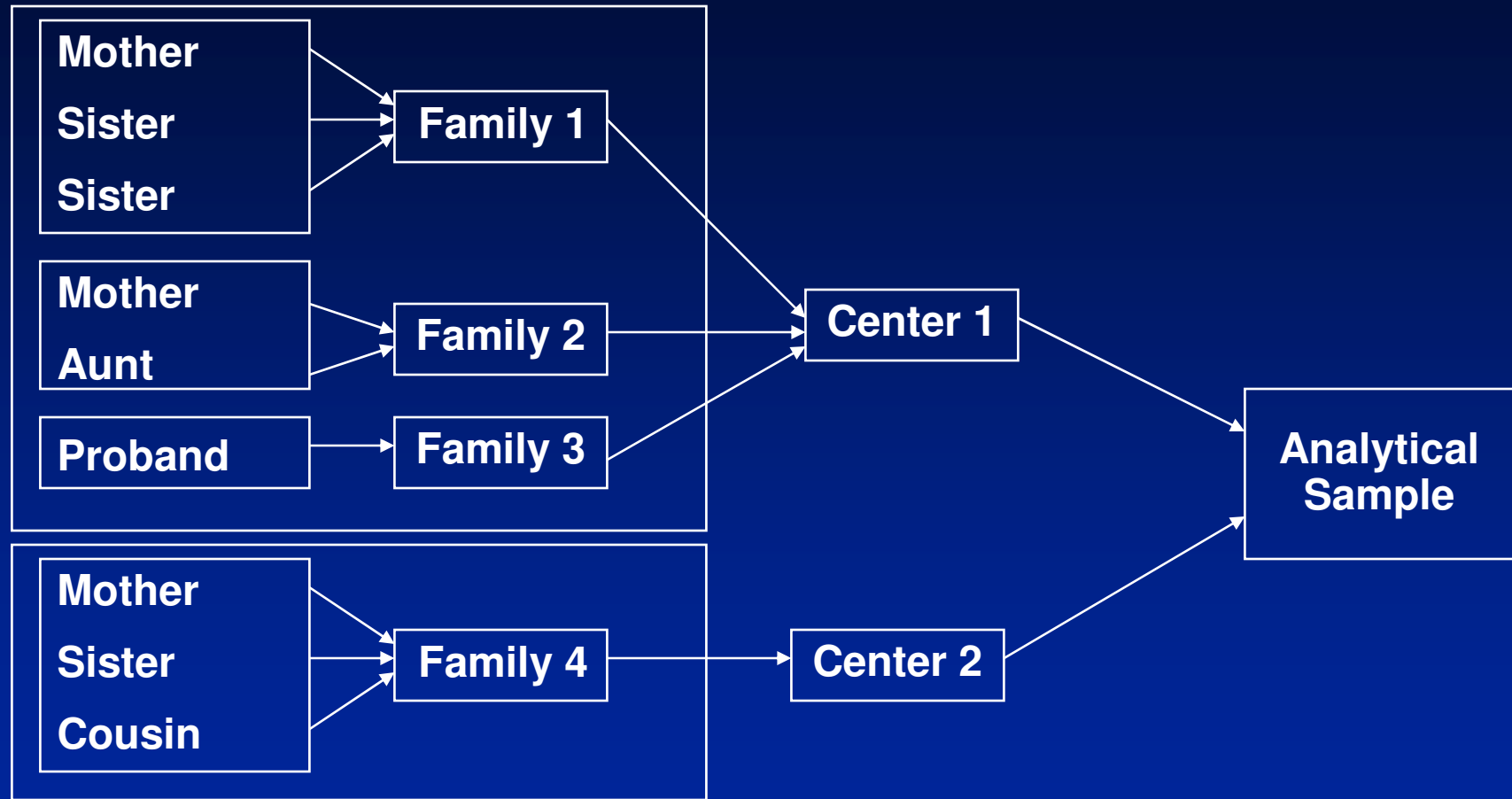
More Problems

- **Multicenter studies of high risk referral populations may be required in which subject ascertainment is inconsistent or not well defined**

...And Even More Problems

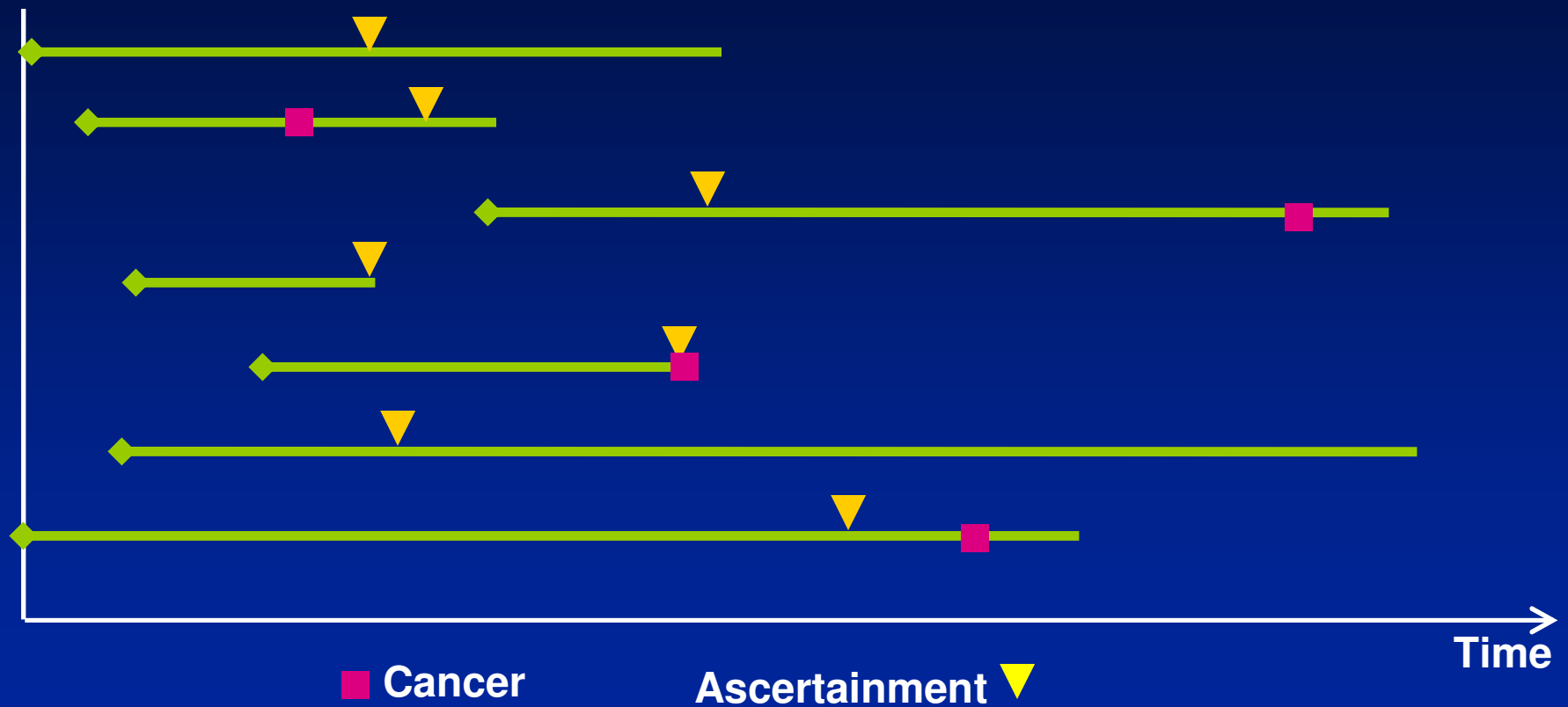
- **Correlated Data**
- **Information Bias**
- **Right Censoring**
- **Left Truncation**

Hierarchical (Nested) Clustered Data



- Implications:**
- 1) Potential for confounding by family and/or center
 - 2) Assumption of independence among observations is violated

Left Truncated, Right Censored Data



Implications: Survival and Information Bias

Analysis Option 1: “Nested” Case-Control Sample

<u>Sampling Design:</u>	Incidence density sampling relative to ascertainment date
<u>Cases:</u>	Women “recently” diagnosed with breast cancer and no prior BPM
<u>Controls:</u>	Women without breast cancer; No prior BPM, alive and cancer free at the age the case was diagnosed.
<u>Confounders:</u>	<i>BRCA1/2</i> ; Birth cohort; Center; BPO or total ovarian hormone exposure time

Analysis Option 2: Failure Time Approach

Sampling Design: Left truncated right censored prevalent cohort

Follow-Up: From the time of ascertainment

Events: Breast cancer

Censoring: Prophylactic surgery, death, last contact

Confounders: *BRCA1/2*; Birth cohort; Center

Effect of AIB1 by Reproductive History: Case-Control vs. Failure Time Approaches

Stratum	Case-Control OR* (95% CI)	Failure Time HR* (95% CI)
Nulliparous	2.7 (1.1-6.8)	1.8 (1.0-2.1)
Parous	1.6 (1.0-2.7)	1.5 (1.1-2.1)
Early Menarche (<13)	1.4 (0.9-2.2)	1.4 (1.1-1.8)
Late Menarche (≥13)	2.7 (1.0-7.6)	1.8 (1.0-3.2)
Early AFLB (<30)	1.7 (1.0-2.7)	1.5 (1.1-2.0)
Late AFLB (≥30)	5.8 (1.0-35.7)	2.7 (1.0-7.1)

***Adjusted for Year of Birth and Parity or Age at Menarche**

Other Methodological Considerations

- Left Truncation: Weighting by Selection bias functions (e.g., Wang et al. 1993; Bilker and Wang 1997)
- Nested Sampling: Linear Correction for Confounding (e.g., Neuhaus and Kalbfleisch 1998)
- Correlated Obs: Robust 95% CI (e.g., Lin and Wei 1989)

High Parity and BRCA1-Associated Breast Cancer Risk

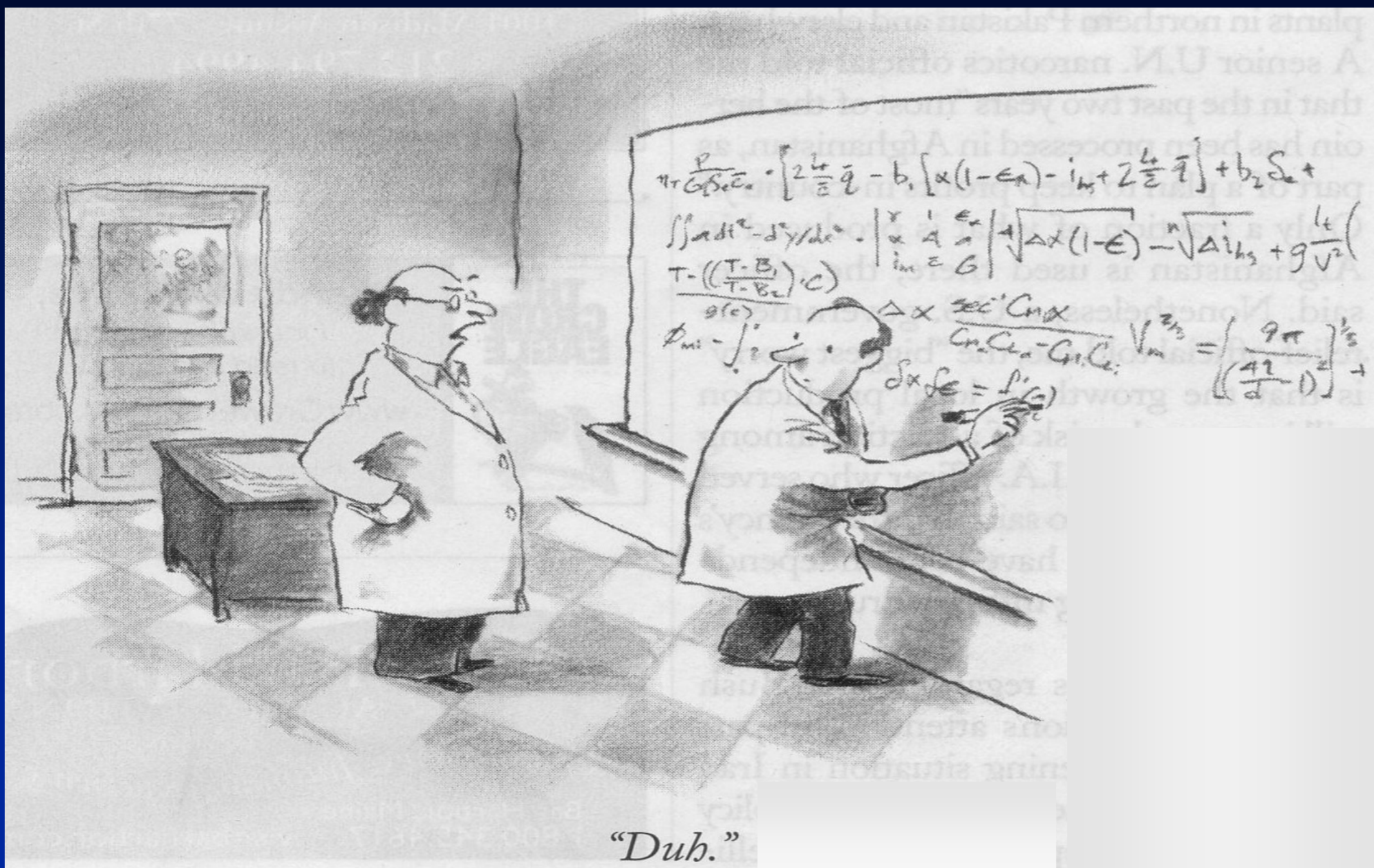
Confounding by Family/Center, Dependence of Observations

Adjustment	HR*	Variance	
		Naïve	Robust
None	0.54	0.36-0.82	0.36-0.80
Center	0.54	0.35-0.82	0.35-0.82
Family	0.63	0.37-1.06	0.39-1.01
Family+Center	0.61	0.36-1.03	0.37-0.99

***Also adjusted for birth cohort, age at first live birth, and age at menarche**

Conclusions

- **Modifiers of cancer risk in *BRCA1/2* mutation carriers may exist**
- **These factors should be considered in future risk models**
- **Appropriate epidemiological and statistical methods are required to obtain “correct” risk estimates**



"Dub."

Acknowledgements

**Baylor College of Medicine
Creighton University
Dana Farber Cancer Institute
Duke University
Fox Chase Cancer Center
Georgetown University
Johns Hopkins University
Netherlands Cancer Institute
Royal Marsden Hospital
St. Mary's Hospital, Manchester
University of Pennsylvania

University of California, Irvine
University of Chicago
University of Texas, Southwestern
University of Vienna
Women's College Hospital
Yale University**

**Sharon Plon
Henry Lynch, Patrice Watson
Judy Garber
Joellen Schildkraut
Mary Daly, Andrew Godwin
Claudine Isaacs
Yin Yao
Laura van 't Veer, Emiel Rutgers
Ros Eeles
Gareth Evans
Peter Kanetsky, Anne-Marie Martin,
Kate Nathanson, Barbara Weber
Hoda Anton-Culver, Susan Neuhausen
Funmi Olopade
Gail Tomlinson
Theresa Wagner
Steven Narod
Ellen Matloff**