Meta-Analysis

Hem/Onc Journal Club March 14th, 2011

Meta-analysis overview

- What is it? A meta-analysis is a quantitative review and synthesis of results of related but independent studies.
- Why do one?
 - Improve power to detect a treatment effect.
 - Estimate average effect, especially in studies with equivocal conclusions.
 - Estimate benefit in patient subgroups.
 - Some combination of the above.

Beginning a meta-analysis

- Establish study objective.
- Establish clear definitions of
 - Research outcome
 - Treatment or intervention
 - Study population
- Establish types of studies to include in the analysis.

In M De Laurentiis et al., 2009. JCO 26:44-53

 Objective "... to address questions about the efficacy of adjuvant taxane-based therapy, particularly in relevant subgoups of EBC patients."

Outcome

- DFS including "... second primary breast cancers, local or distant recurrences of the original cancer, or death, unless otherwise specified (Table 1)."
- OS
- <u>Treatment</u> Taxane-anthracycline versus anthracycline in adjuvant setting.
- Population Early breast cancer.
- Studies Randomized trials.

The literature search - identifying studies

- What?
 - Published literature
 - Unpublished literature
- Q Why include un-published studies?
- A To avoid *publication bias*: The bias resulting from the tendency to selectively publish results that are statistically significant.
- Where?
 - Citation indexes
 - Abstract databases
 - Clinical trials registries
 - Conference proceedings

In M De Laurentiis et al., 2009. JCO 26:44-53

- Published studies
 - PubMed (2000 to 2006)
 - text words: "breast cancer and (paclitaxel or docetaxel)."
- Unpublished studies abstracts/presentations at

 - San Antonio Breast Cancer Symposium (2000 to 2005)

Combining the studies

- Identify a summary measure common to all studies.
- Combine the measures to obtain an overall summary measure.
- Obtain measures of uncertainty (e.g. 95% CI).

In M De Laurentiis et al., 2009. JCO 26:44-53

- Summary measure was hazard ratio (HR)
- Brief review of HR
 - Hazard quantifies the risk of death (assuming endpoint of interest is OS)
 - Hazard ratio quantifies the relative risk of death comparing treated to control patients
 - 0 < HR < 1 means risk of death for treated subjects is less than that for control patients
 - HR > 1 means risk of death for treated subjects is greater than that for control patients
- Difficulties in consistency of information reported across studies (see 'Data Extraction' section)

Pooling the information

- Use a weighted average approach (see 'Data Synthesis' section).
- Weights are inversely proportional to the variance of the estimated summary measure.
- Summary statistics measured with greater variability contribute less to the pooled estimate.
- Random effects modeling approach used when there is substantial heterogeneity across subjects.
- Fixed effects modeling approach used if there is not substantial between-study heterogeneity.

Displaying results

Results are typically displayed using forest plots.