

A case study on the reporting of effect size estimates in breast cancer trials



Willson ML¹, Ghersi D², Askie LM¹

¹ Systematic Reviews and Health Technology Assessments, NHMRC Clinical Trials Centre, University of Sydney, Camperdown, Australia

Background

Guidance on trial reporting outlines that primary and secondary outcomes should be presented with the estimated effect size and its range (CONSORT Statement [1]).

In oncology trial reports: the primary outcomes are mainly time-to-event outcomes (such as overall survival and progression-free survival) that are presented in the form of survival curves. CONSORT recommends that the effect size be expressed as the Hazard Ratio (HR) or difference in median survival time and its Confidence Interval (CI) [1].

In systematic reviews: it is preferred that time-to-event outcome data are pooled using HRs for meta-analyses [2].

Objective

To conduct a case study on whether or not oncology trial reports comply with CONSORT by providing appropriate effect sizes and ranges for time-to-event outcomes.

Methods

- 1. A Cochrane review update on Taxane-containing regimens for metastatic breast cancer was selected as the case study
- 2. Only the included trials with a full-text publication were eligible for data extraction
- 3. For each included trial, each key point below was coded by one author as present or absent:
 - Type of time-to-event outcome reported i.e. overall survival, progression-free survival (PFS) or time-to-failure (TTF)
 - . A Kaplan-Meier curve
- . An effect size: HR, difference in median survival or risk ratio (RR)
- . Range: either CI or standard error (SE)
- 4. Data were presented as the frequency of reporting key event data

Results

- . 24 full-text trial reports were eligible
- . For overall survival (OS) (see Table 1): all 24 articles reported OS data
 - . 23 out of 24 articles presented an estimated effect size while their range was absent in 10 out of 24 articles
 - . HRs were provided in 6 out of 24 articles
 - . HRs and CIs were absent in articles published in 1995 and 2009

Table 1. Reporting of key event data for overall survival

Trial publication	Kaplan Meier	HR	CI	P value	Other effect size	Range of other
& year	curve presented?	reported?	reported?	reported?	reported?	effect size?
Pub1, 1995	\checkmark	Χ	X	\checkmark	✓: Median (months)	X
Pub2, 1999	✓	Χ	X	✓	✓: Risk Ratio	✓
Pub3, 1999	✓	Χ	X	✓	✓: Risk Ratio	X
Pub4, 1999	✓	Χ	X	✓	✓: Median (months)	✓
Pub5, 2000	✓	Χ	X	\checkmark	✓: Risk Ratio	X
Pub6, 2001	✓	✓	✓	✓	X	X
Pub7, 2002	✓	✓	✓	✓	X	X
Pub8, 2002	X	Χ	X	X	✓: Median (months)	✓
Pub9, 2002	✓	Χ	X	✓	✓: Median (months)	X
Pub10, 2003	✓	Χ	X	✓	✓: Median (months)	X
Pub11, 2003	✓	X	X	✓	✓: Median (months)	X
Pub12, 2003	✓	Χ	X	✓	✓: Median (months)	✓
Pub13, 2004	✓	Χ	X	Χ	✓: Median (months)	X
Pub14, 2004	✓	Χ	X	Χ	X	X
Pub15, 2005	✓	✓	✓	✓	X	X
Pub16, 2005	X*	Χ*	X*	✓	X*	X
Pub17, 2005	✓	Χ	X	✓	✓: Median (months)	✓
Pub18, 2005	✓	✓	✓	✓	X	X
Pub19, 2007	✓	Χ	X	✓	✓: Median (months)	✓
Pub20, 2008	✓	Χ	X	✓	√: Duration (days)	✓
Pub21, 2009	✓	X	X	✓	✓: Median (months)	✓
Pub22, 2009	✓	Χ	X	✓	✓: Median (months)	✓
Pub23, 2010	✓	✓	X	✓	X	X
Pub24, 2011	✓	✓	✓	✓	X	X
Total (% of 24 articles):	22 (91.6%)	6 (25%)	5 (20.8%)	22 (91.6%)	16 (66.6%)	9 (37.5%)

^{*} Immature data; Abbreviations: Pub = publication

- . For PFS or TTF (see Table 2): 23 articles reported PFS or TTF data
- . All articles reported either an HR, RR or difference in median survival
- . 5 out of 23 articles (21.7%) did not present Cls or SEs

Table 2. Reporting of key event data for PFS or TTF

Key data	Kaplan Meier curve presented	HR reported	CI reported	P value reported	Other effect size reported	ettect size
No. of articles presenting data on PFS or TTF	22	8	7	21	15 (Median= 12; Risk Ratio= 3)	11
% of total no. of articles	95.7%	34.8%	30.4%	91.3%	65.2%	47.8%

Conclusions & Recommendations

In this case study:

- . The majority of articles reported an estimated effect size (i.e. HR, difference in median survival or RR) irrespective of whether the article was published in 1995 or 2011
- . The associated CIs for the effect size were not consistently reported, that is, 58.3% of the time for overall survival and 78.3% for PFS/TTF
- Only 25% to 34.8% of the included trials reported HRs associated with the survival curve

Recommendations:

Trial authors should consider:

- . Reporting CIs for effect sizes, as is required by the CONSORT statement
- Reporting meaningful effect sizes such as HRs for time-to-event outcomes to facilitate uptake into meta-analyses in systematic reviews

² Research Translation Group, National Health and Medical Research Council, Canberra, Australia