

# Towards continuous domain models in Spatial Epidemiology

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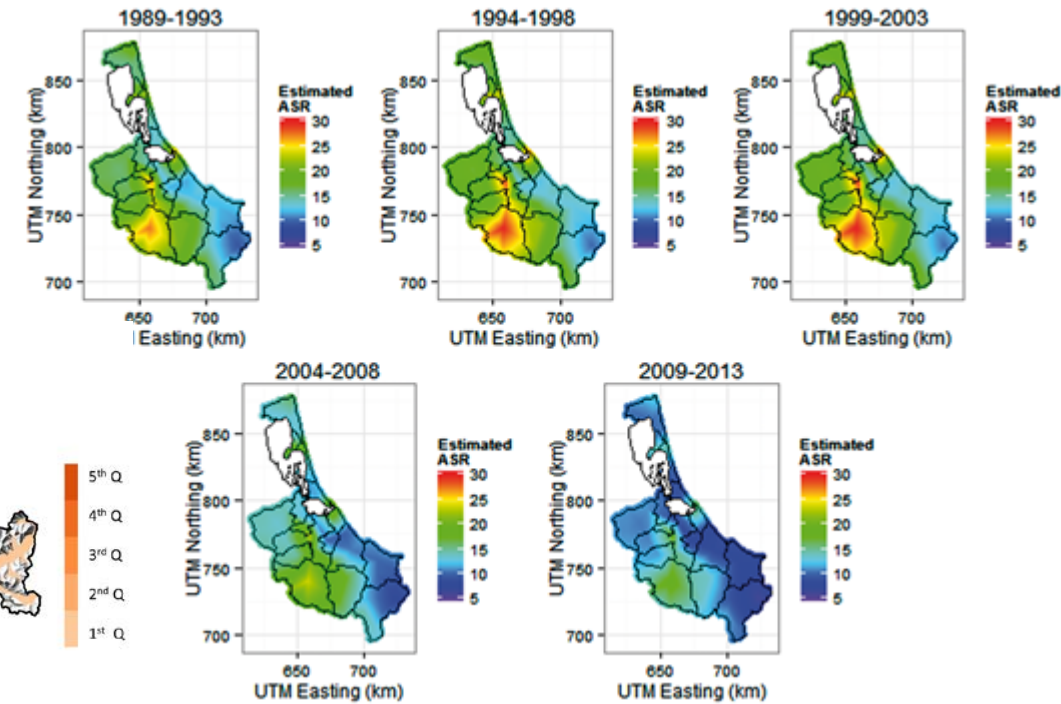
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# Geographical Analysis in Spatial Epidemiology

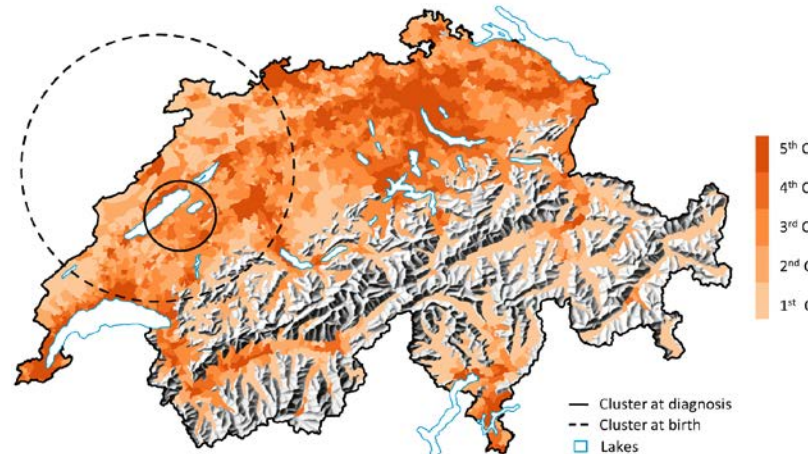
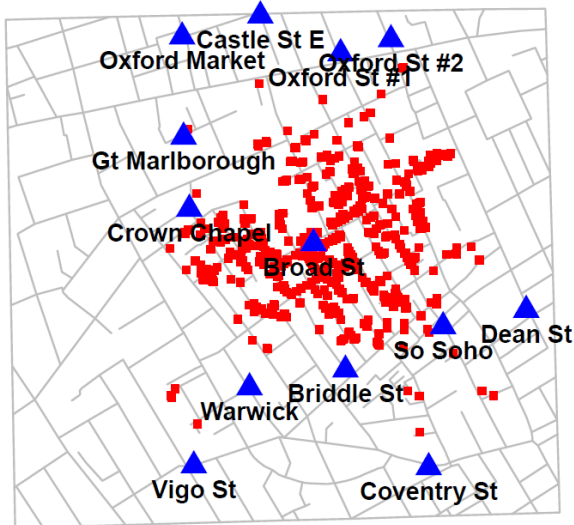
- > Generate hypotheses
- > Identify hotspots of environmental contamination
- > Target areas for health interventions

## Cervix cancer incidence in Thailand



Zhao Health Policy and Planning 2017

## Snow's Cholera Map of London



Konstantinou et al 2018 Cancer Causes and Control

# Motivation

- > Childhood leukaemia: 5.4 per 100,000 person years
- > Leukaemia clusters: Sellafield, Woburn Fallon
- > Putative environmental risk factors



## Fallon, Nevada's deadly legacy

*In a small town once plagued by childhood cancer, some families still search for answers.*

Sierra Crane-Murdoch | March 9, 2014 | From the print edition |

PRINT SHARE



One night in May 2008, in a modest ranch house in central Nevada, Ryan Brune woke with a headache. He had complained about the pain earlier that week, but his doctor said it was migraines. This time, he couldn't sleep, and so his mother,

- > Areal data: Besag York Mollié (BYM) model
  - Besag *Ann Inst Statist Math* 1991
  - Acute Leukaemia in France (Faure *Eur J Cancer Prev* 2009), Childhood leukaemia and Type 1 Diabetes in Yorkshire (Manda et al. *Eur J Epidemiol* 2009)
  
- > Precise data: Log Gaussian Cox process (LGCP)
  - Møller et al. *Scand J Stat* 1998
  - Cancer mapping: Lung cancer in Spain (Diggle et al. *Stat Sci* 2013), Colon and rectum in Minnesota (Liang et al. *Ann Appl Stat* 2008)
    - none for childhood cancers.
  
- > Simulation studies:
  - Lung and stomach cancer (Li et al. *J R Stat Soc C-Appl* 2012)
  - Syphilis (Li et al. *Methods in Medical Research* 2012)

Does LGCP on point data provide additional benefit over the BYM model on areal data when:

- **Aim 1:** Quantifying the risk in space
- **Aim 2:** Identify high-risk areas

## Methods: Data Availability

- > Cases
  - Swiss Childhood Cancer Registry (SCCR)
  - >90% coverage since 1985
  - Precise location
  
- > Population
  - Census (1990, 2000, 2010 onwards)
  - Precise location
  
- > Geographical units in Switzerland
  - 26 Cantons
  - 2353 municipalities

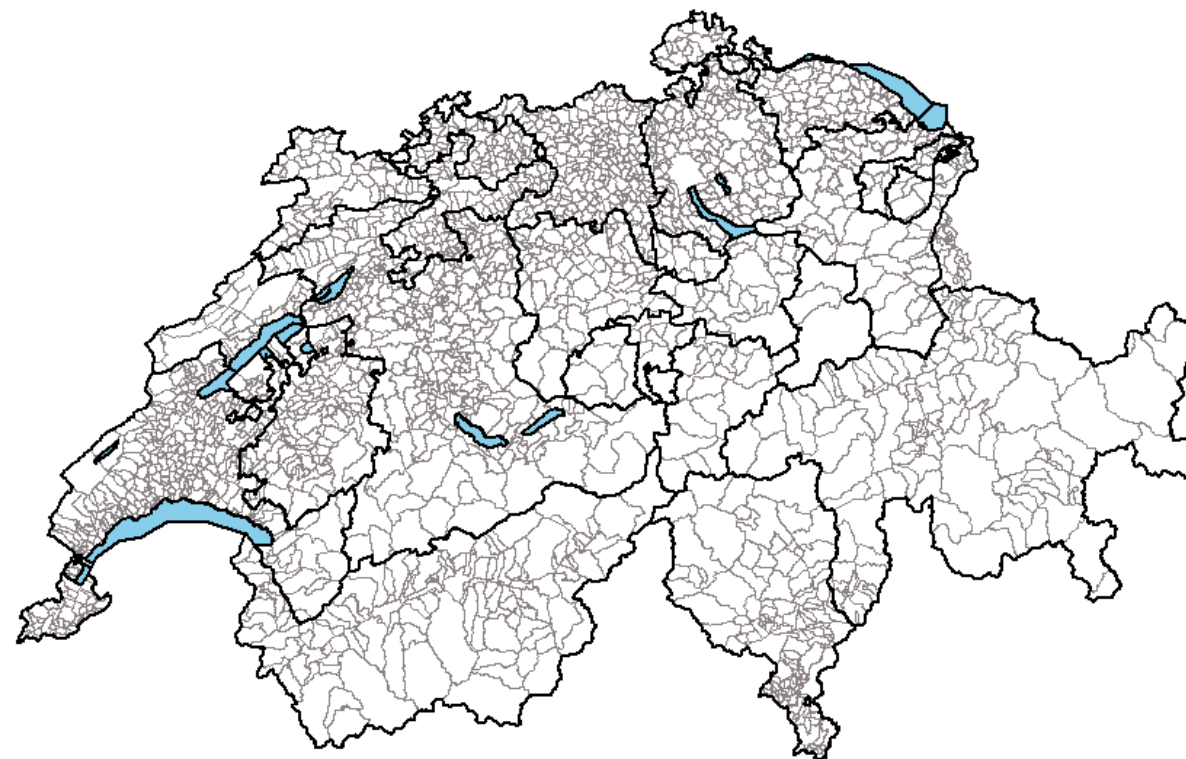


Figure. Geographical units in Switzerland

## Methods: Model description

- > BYM model on municipalities

$$\log(Y_i) = \log(M_i) + \beta_0 + u_i + v_i,$$

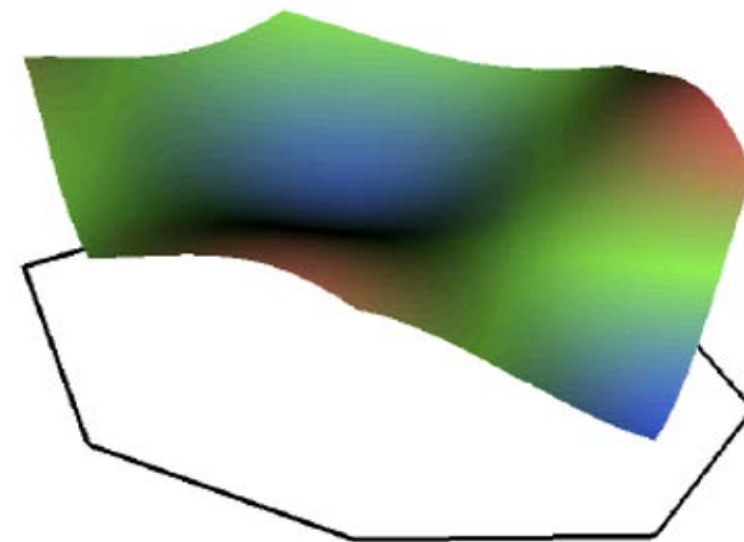
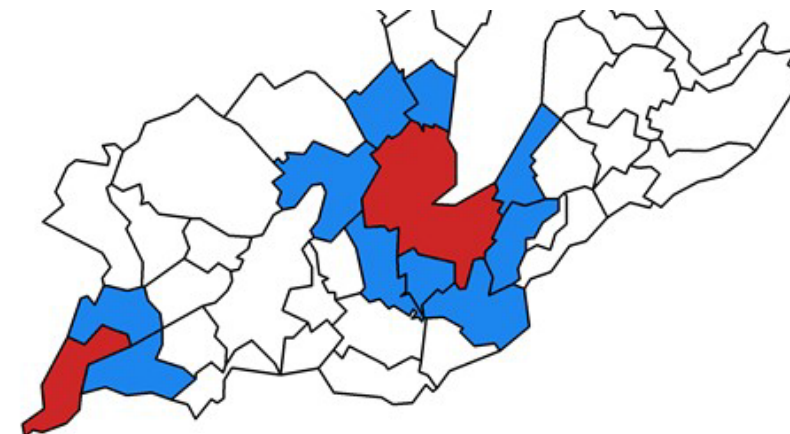
$$u_i | -i \sim N\left(\frac{\sum w_{ij} u_j}{\sum w_{ij}}, \frac{\sigma_1^2}{\sum w_{ij}}\right), v_i \sim N(0, \sigma_2^2), i = 1, \dots, m$$

- > LGCP model

$$\log[Y(s)] = \log[M(s)] + \beta_0 + u(s)$$

$$u(s) \sim GRF(0, \kappa), \kappa(|h|) = \sigma^2 \rho_\nu(|h|/\phi), \rho_\nu(\cdot) \text{ is Matérn}$$

- > Inference with Integrated Nested Laplace Approximation (INLA)



## Methods: Data Simulation

- > Canton of ZH (168 municipalities)
- > N = 205,242 (15%) children
- > Leukaemia incidence 1985-2015 (n = 334)

Radius	RR	Times n	decay
1km	2	1	Step
5km	5	5	Smooth
10km	-	10	Flat

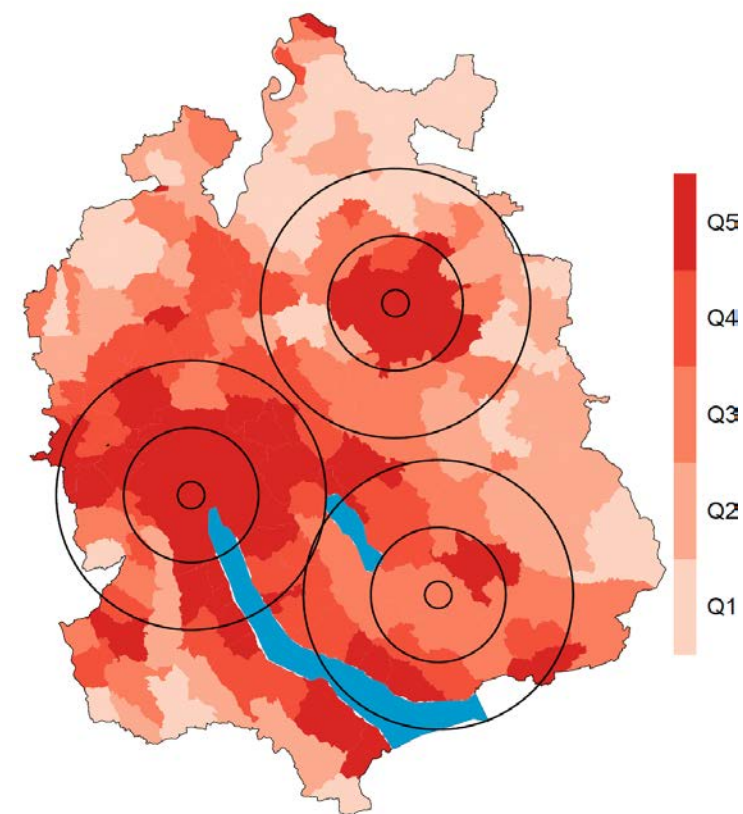


Figure. Quintiles of population density



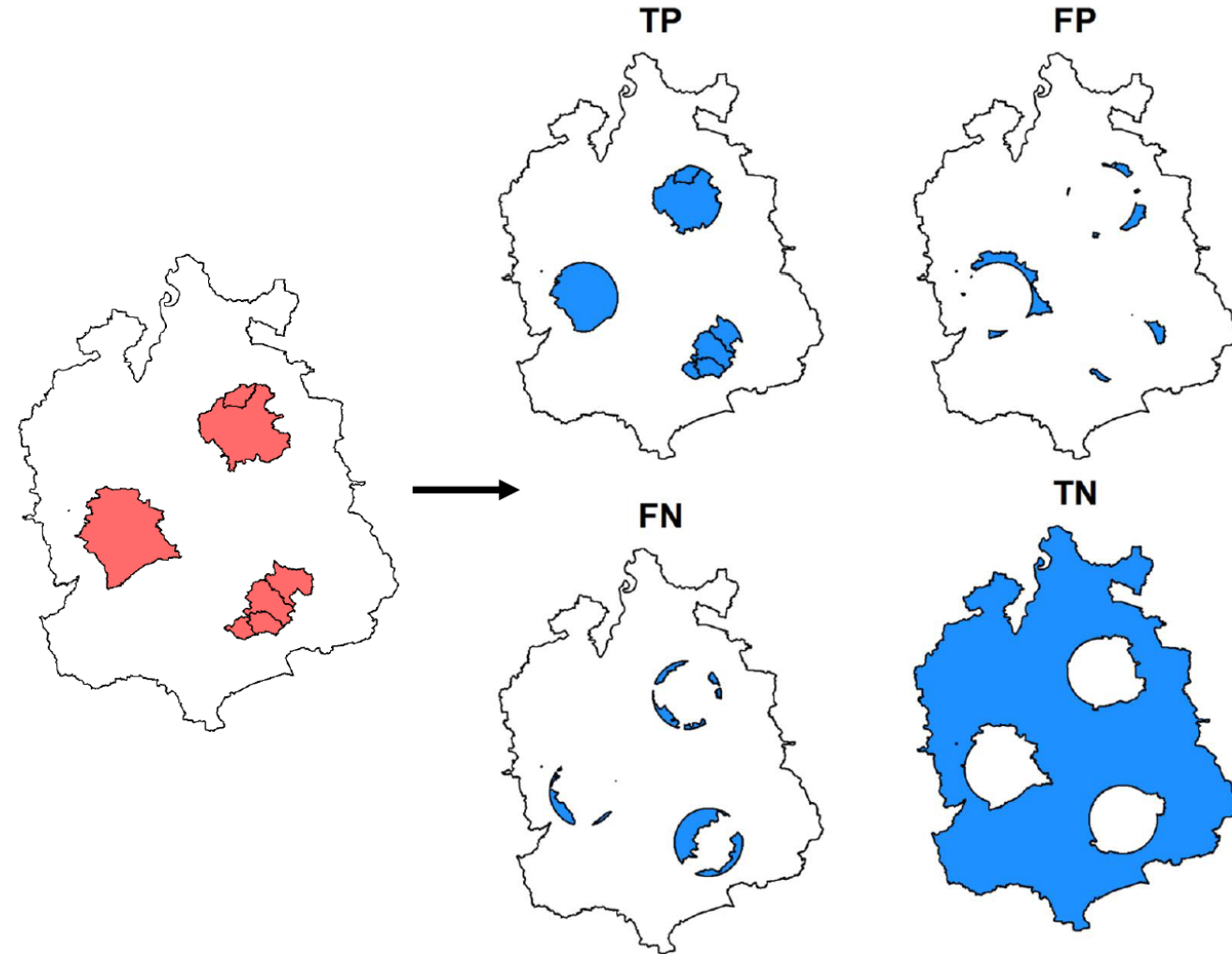
# Simulation Metrics

- > Root mean integrated square error (RMISE):

$$RMISE = \left\{ E \left[ \int w(s) (\hat{R}(s) - R(s))^2 ds \right] \right\}^{1/2}$$

- > ROC curves

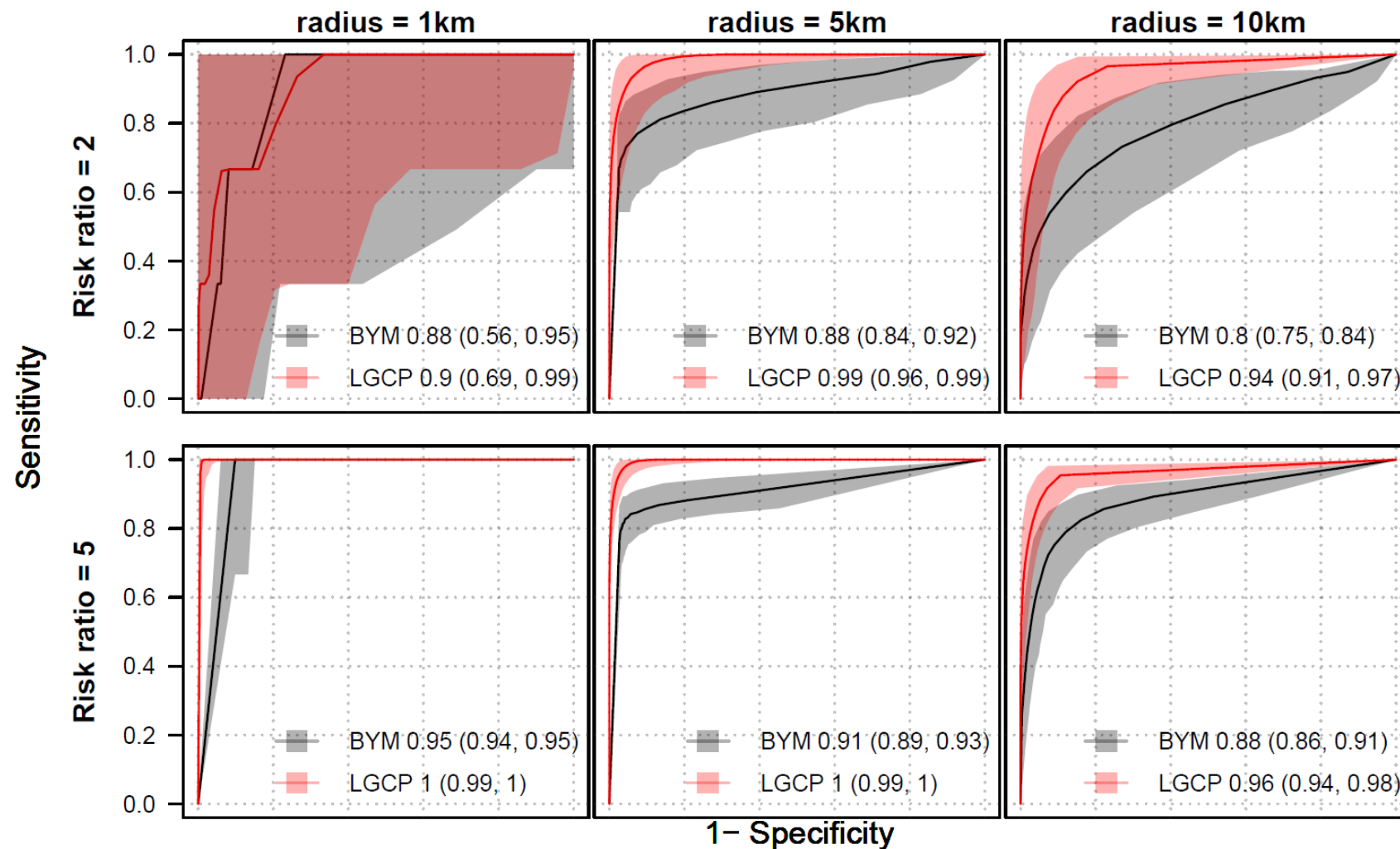
- Exceedance probabilities, i.e  $\Pr \left[ Y(s) > \frac{n}{N} \right] > \alpha$ ,  
for  $\alpha = 0, 0.05, \dots, 1$
- area based sensitivity and Specificity



# Results: RMISE, 5n

Model	Step function		Smooth function	
	BYM	LGCP	BYM	LGCP
Radius = 1km				
RR=2	<b>4.47 (3.17, 6.81)</b>	6.62 (4.24, 9.88)	<b>4.48 (3.1, 6.88)</b>	6.51 (4.27, 9.9)
RR=5	<b>10.4 (8.77, 12.5)</b>	14.8 (13.1, 17.1)	<b>10.8 (8.82, 12.5)</b>	14.8 (13, 16.8)
Radius = 5km				
RR=2	<b>11.6 (10.6, 13.1)</b>	12.2 (10.8, 14.7)	<b>10.4 (9.32, 12)</b>	11 (9.33, 14.3)
RR=5	22.8 (21.4, 24.5)	<b>21.5 (19.6, 24.6)</b>	19.2 (18, 20.6)	<b>16.8 (14.8, 19.9)</b>
Radius = 10km				
RR=2	14.9 (14.3, 15.8)	<b>12.1 (11, 14.4)</b>	12.3 (11.5, 13.4)	<b>10.1 (8.57, 12.7)</b>
RR=5	28.4 (27.3, 29.8)	<b>22.3 (20.8, 24.6)</b>	21.8 (21, 22.8)	<b>13.9 (12.7, 17)</b>

# Results: ROC-curves, Step-function, 5n

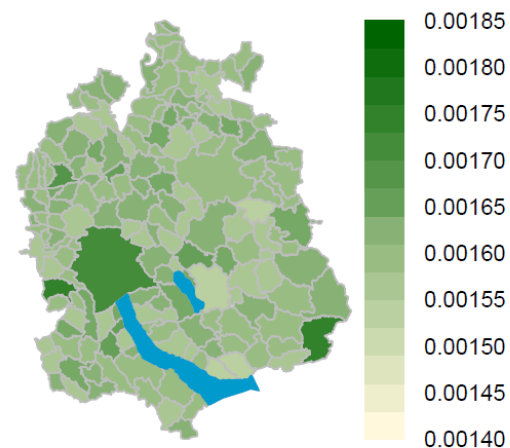
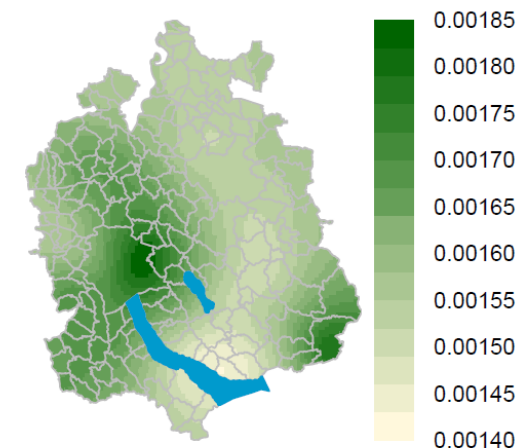
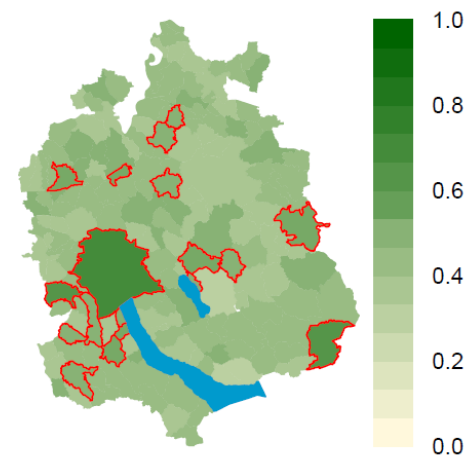
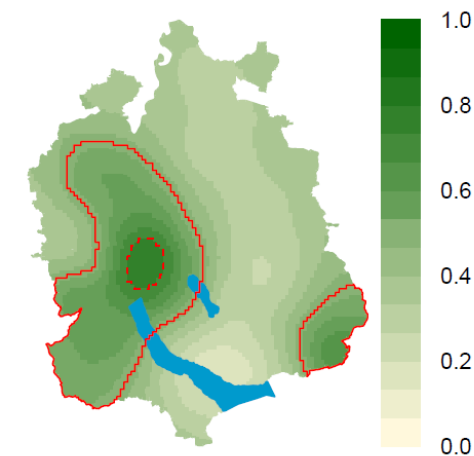


# Example: Childhood leukaemia in Zurich

>  $\Pr\left(Y(s) > \frac{n}{N}\right) > 0.50$  (red solid line)

>  $\Pr\left(Y(s) > \frac{n}{N}\right) > 0.80$  (red dotted line)

> 95% CI 1.11 (0.89, 1.38)

**BYM Risk****LGCP risk****BYM Pr(risk>0.0016)****LGCP Pr(risk>0.0016)**

- > Overall LGCPs perform better compared to BYM models in almost all scenarios considered
- > Our results are consistent with the literature
- > We identified an area of higher leukaemia risk in the canton of Zurich
- > Possible explanations: Failure to correct for population density or environmental risk factors such as air pollution

Our study suggests that LGCPs are preferable over the widely used BYM models.

# Thank you for your attention!

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Konstantinoudis G, Schuhmacher D, Rue H, Spycher B. Continuous versus discrete models for disease mapping.  
*ArXiv preprint arXiv:180804765v1* 2018.



KREBSFORSCHUNG SCHWEIZ  
RECHERCHE SUISSE CONTRE LE CANCER  
RICERCA SVIZZERA CONTRO IL CANCRO



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