Pipette 6-2017, Seite 15

Auf dem Weg zum individuellen, risikoadaptierten PSA-Screening

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Tabelle 1. Berechnung der PCa Mortalität (Cox Regression Analysis) und der PCa Mortalitätsreduktion durch das Screening in ERSPC und PLCO Studien

	Cox Regression Analysis			Berechnung der PCa Mortalitätsreduktion im Vergleich zur Kontrollgruppe			
				ERSPC Screeninggruppe		PLCO Screeninggruppe	
		Hazard Ratio (95% CI)	P Value	MLT (Jahre)	Reduktion (95%CI)	MLT (Jahre)	Reduktion (95%CI)
Empirisch	PLCO setting*	0.57 (0.48–0.67)	<0.001				
	Alter bei der Studienbeginn	1.13 (1.11–1.14)	<0.001				
	MLT	0.92 (0.87–0.97)	0.0027	3.96	29 (11–43)	4.02	29 (11–44)
FHCRC Model	PLCO setting*	0.58 (0.49-0.69)	<0.0001				
	Alter bei der Studienbeginn	1.13 (1.11-1.14)	<0.0001				
	MLT	0.93 (0.88-0.97)	0.0029	4.00	27 (10–40)	4.10	27 (10–41)
MISCAN Model	PLCO setting*	0.63 (0.51-0.77)	<0.0001				
	Alter bei der Studienbeginn	1.13 (1.11-1.14)	<0.0001				
	MLT	0.92 (0.87-0.97)	0.0032	3.49	25 (9–38)	4.62	32 (12–47)
UMICH Model	PLCO setting*	0.57 (0.48-0.68)	<0.0001				
	Alter bei der Studienbeginn	1.13 (1.11-1.14)	<0.0001				
	MLT	0.91 (0.85-0.97)	0.0029	3.83	31 (12–45)	4.01	32 (12–47)

ERSPC=European Randomized Study of Screening for Prostate Cancer; PLCO=Prostate, Lung, Colorectal, and Ovarian Cancer Screening trial; *Vergleich der PLCO mit ERSPC Studie um die unterschiedliche Grundrisiken des PCa-bedingten Todes zu berücksichtigen ; MLT=mean lead time (kontinuierliche Variable) geschätzt in beiden Studien mittels vordefinierten Statistik; FHCRC=Fred Hutchinson Cancer Research Center; MISCAN=Erasmus University Medical Center MIcrosimulation SCreening Analysis; UMICH=University of Michigan.