### Online Supplement COPD With Lung Cancer Among Older United States Adults: Prevalence, Diagnostic Timeliness, and Association With Earlier Stage Tumors

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**Supplement Table1.** Subgroup analyses for the association between timing of COPD diagnosis and stage of lung cancer at diagnosis by sex, race and ethnicity, and census tract measure of socioeconomic status.

Subgroup	Ratio of prevalence ratios (RPR)	Difference in prevalence differences			
	(95% CI); P-value *	(DID) (95% CI); P-value *			
SEX (ref= "female")					
Females	PR= 1.21 (1.16 to 1.26)	PD= 0.045 (0.035 to 0.055)			
Males	PR= 1.33 (1.28 to 1.39)	PD= 0.049 (0.040 to 0.058)			
Contrast between males and females	RPR <sup>b</sup> = 1.09 (1.04 to 1.16); <b>&lt;0.001</b>	DID <sup>c</sup> = 0.004 (-0.009 to 0.018); 0.50			
estimates					
RACE (ref= NHWs)					
NHWs	PR= 1.26 (1.22 to 1.30)	PD= 0.048 (0.040 to 0.057)			
NHBs	PR= 1.37 (1.22 to 1.54)	PD= 0.049 (0.024 to 0.074)			
Contrast between NHWs and NHBs	RPR= 1.09 (0.97 to 1.22); <b>0.16</b>	DID=0.001 (-0.025 to 0.027); 0.9			
estimates					
Hispanic	PR= 1.39 (1.19 to 1.63)	PD= 0.084 (0.049 to 0.120)			
Contrast between Hispanic and NHWs	RPR= 1.11 (0.94 to 1.30); <b>0.22</b>	DID= 0.036 (-0.0002 to 0.072); <b>0.05</b>			
estimates					
Asian	PR= 1.11 (0.95 to 1.30)	PD= 0.034 (-0.008 to 0.077)			
Contrast between Asian and NHWs	RPR= 0.88 (0.75 to 1.04); <b>0.20</b>	DID= -0.014 (-0.057 to 0.029); 0.52			
estimates					
AIAN	PR= 1.54 (0.92 to 2.59)	PD= 0.094 (-0.109 to 0.297)			

Contrast between AIAN and NHWs	RPR= 1.22 (0.72 to 2.06); 0.45	DID= 0.079 (-0.066 to 0.224); <b>0.29</b>
estimates		
NHPI	PR= 0.98 (0.54 to 1.76)	PD= -0.030 (-0.175 to 0.115)
Contrast between NHPI and NHWs	RPR= 0.78 (0.43 to 1.40); <b>0.05</b>	DID= -0.078 (-0.224 to 0.067); <b>0.29</b>
estimates		
Mixed	PR= 0.87 (0.49 to 1.57)	PD= -0.036 (-0.287 to 0.216)
Contrast between Mixed and NHWs	RPR= 0.69 (0.39 to 1.25); <b>0.22</b>	DID= -0.084 (-0.336 to 0.168); 0.51
estimates		
SES (ref=Highest SES)		
Highest SES	PR= 1.23 (1.16 to 1.29)	PD= 0.047 (0.032 to 0.062)
Lowest SES	PR= 1.27 (1.18 to 1.36)	PD= 0.037 (0.023 to 0.051)
Contrast between Lowest and Highest	RPR= 1.03 (0.94 to 1.13); 0.50	DID= -0.010 (-0.030 to 0.010); <b>0.30</b>
SES estimates		
Lower Middle SES	PR= 1.29 (1.21 to 1.38)	PD= 0.047 (0.032 to 0.062)
Contrast between Lower Middle and	RPR= 1.05 (0.97 to 1.15); <b>0.26</b>	DID= 0.000 (-0.020 to 0.021); 1
Highest SES estimates		
Middle SES	PR= 1.26 (1.18 to 1.35)	PD= 0.047 (0.033 to 0.062)
Contrast between Middle and Highest	RPR= 1.03 (0.95 to 1.12); 0.50	DID= -0.000 (-0.021 to 0.021); 1
SES estimates		
Upper Middle SES	PR= 1.29 (1.22 to 1.37)	PD= 0.049 (0.027 to 0.071)
Contrast between Upper Middle and	RPR= 1.05 (0.97 to 1.14); <b>0.20</b>	DID= 0.008 (-0.012 to 0.029); 0.43
Highest SES estimates		

\*Subgroup /effect measure modification (EMM) analysis adjusted for age at cancer diagnosis, sex, socioeconomic status (SES), year of diagnosis, SEER Registry Region, Charlson Comorbidity Score Index (CCI) and all healthcare utilization during the one year before lung cancer diagnosis. P-value < 0.3 threshold is considered statistically significant to reject the Null hypothesis and is presented in bold.

**RPR**= Ratio of prevalence ratios, **DID**= Difference in prevalence differences.



#### Supplement Figure E1. Patient assessment windows and study timeline

- Exclusion criteria include age <68years, previous diagnosis of cancer, lung cancer diagnosed before 2008 or after 2017, in situ tumor, patient was diagnosed at autopsy or only on death certificate, any enrollment in Health Maintenance Organization (HMO) Medicare plan or any gaps in Medicare fee for service (FFS) parts A, B enrollment from 36 months prior to 3 months after lung cancer diagnosis.</li>
- b. Covariates assessment window includes assessing sociodemographic, clinical, and tumor characteristics.
- c. Exposure includes evidence of claim-based diagnosis of chronic obstructive pulmonary disease (COPD) during the 36 months prior to 3 months after lung cancer diagnosis using the international classification of disease diagnosis codes versions 9 and 10 (ICD9, ICD10).

### Simplified Bias analyses using the Rothman Epi Sheets Available at:

https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=http://krothman.hostbyet 2.com/episheet.xls&ved=2ahUKEwiQxcu\_y72FAxXoD1kFHRIYDCoQFnoECA0QAQ&usg=AOvVaw0cealn xt2WCri6B9YnQ9\_n

- **Direction of the bias** for both COPD severity and smoking is expected to be upward bias (overestimated observed association estimate) because both confounders have positive association with the exposure (COPD diagnosis timing) and outcome (early-stage lung cancer diagnosis).
- Bias parameters:

### 1- <u>Unmeasured COPD severity:</u>

Bias parameters based on reviewing literature are:

Prevalence of severe COPD among those with pre-existing COPD diagnosis= 0.3

Prevalence of severe COPD among those with concurrent COPD diagnosis= 0.1

Possible association between severe COPD and early-stage lung cancer was set to 2 scenarios:

RR= 1.2, RR=1.5

Observed PR between COPD diagnosis timing and early-stage lung cancer "unadjusted for severe COPD"	Assumed RR between severe COPD and early stage of lung cancer	Corrected PR
1.34	1.2	1.29
1.34	1.5	1.22

### Scenario 1: RR between severe COPD and early stage of lung cancer =1.2



Error Check	

Increased risk of infection with human immunodel disease in Kenya. Clin Infect Dis 1996;23:449-53.

http://www.ncbi.nlm.nih.gov/entrez/guery.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\_uids=8879763

Equations  $M_1 = m^* p_1$  and  $N_1 = n^* p_0$ 

A1 = [RRCD\*M1\*a] / [RRCD\*M1 + m - M1]  $B_{1} = [RR_{CD}*N_{1}*b] / [RR_{CD}*N_{1}+n-N_{1}]$ 

•	Cover	RR	OR	RD	RR (Polych)	OR (Polych)	RD (Polych)	RR (EMM)	OR (EMM)	RD (EI

# Scenario 2: RR between severe COPD and early stage of lung cancer =1.5

В	C D E F	G H I J K L	M N O P Q	R S T	U	V	W	х
UNMEASURED C	ONFOUNDING without effe	ct modification (RR)	Chapter	5				
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adjusting for the L	unmeasured contounder.	Confounder Severe COPD RR	(Severe COPD-early 1.5 4	F				
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early stage -	53816 31489	14509.5 <sup>C1</sup> 2839.9 <sup>D1</sup>	39306.5 <sup>C<sub>0</sub></sup> 28649.1 <sup>D<sub>0</sub></sup>		Negativos Cell			
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http://www.ncbi.nl	lm.nih.gov/entrez/guerv.fcgi?	cmd=Retrieve&db=PubMed&dopt=Cita	tion&list_uids=8879763					
Equations								
M1 = m*	$p_1$ and $N_1 = n * p_0$	A1=[RRcp*M1*a]/[RRcp*M1+	m - M1]	_				
		B1=[RRcp*N1*b] / [RRcp*N1+	n - N <sub>1</sub> ]					
		· · · · · · · · · · · · · · · · · · ·						

## 2- Unmeasured smoking:

Bias parameters are:

Prevalence of ever smoking among those with known (pre-existing) COPD diagnosis= 0.9Prevalence of ever smoking among those with Unknown (concurrent) COPD diagnosis= 0.8Possible association between ever smoking and early-stage lung cancer was set to 2 scenarios. RR= 1.3, RR=1.5

Observed PR between COPD diagnosis timing and early-stage lung cancer "unadjusted for severe COPD"	Assumed RR between smoking and early stage of lung cancer	Corrected PR
1.34	1.3	1.29
1.34	1.5	1.31

# Scenario 1: RR between smoking and early diagnosis of lung cancer= 1.5

MEASURED CONFOUNDING without offe	ct modification (RR) Chapter 5	
his spreadsheet can be used to conduct a sim hknown or unmeasured confounding. The exa	ple sensitivity analysis to correct for mple follows chapter 5. Reset Example Clear Data	Calculations Round Places 2 Caude RR 1 3401
nstructions Enter bias parameters in blue cells to the right and the crude data in the blue cells below. Cells in green give the results after adjusting for the unmeasured confounder.	Input Bias Parameters   Variable Names Bias Parameters   Outcome early stage p(Smoking+ COPD D T 0.90 Image: COPD D T   Exposure COPD D TIME p(Smoking+ COPD D T 0.80 Image: COPD D T Image: COPD D T   Confounder Smoking RR(Smoking-early stage) Image: COPD D T Image: COPD D T Image: COPD D T   Error Check: No errors found Image: COPD D T Image: COPD D T Image: COPD D T Image: COPD D T	SE(LN(RR))   0.0124     C+ (Total)   ######     C- (Total)   ######     SMR   1.2939     MH   1.2939     Error Check   1.2939
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iotes he data for this example come from: Tynda creased risk of infection with human immuno isease in Kenya. Clin Infect Dis 1996;23:49 ttp://www.ncbi.nlm.nih.gov/entrez/guery.fcgi	II MW, Ronald AR, Agoki E, Malisa W, Bwayo JJ, Ndinya-Achola JO et al. deficiency virus type 1 among uncircumcised men presenting with genital ulcer 53. ?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=8879763	
$M_1 = m^* p_1$ and $N_1 = n^* p_0$	$A_{1} = [RR_{C0}^*M_1^*a] / [RR_{C0}^*M_1 + m - M_1]$	

# Scenario 2: RR between smoking and early diagnosis of lung cancer= 1.3

UNMEASURED C	ONFOUNDIN	IG without ef	fect r	nodification (RR	2)			Cha	apter 5
This spreadsheet of unknown or unmea	can be used t asured confou	o conduct a si unding. The ex	mple ampl	sensitivity analys e follows chapter	is to correct for 5.		Reset Example	Clear Da	ta
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early stage +	17910	7211		16499.8 A1	6047.9 <sup>B1</sup>		1410.2 <sup>A<sub>0</sub></sup>	1163.1 <sup>B<sub>0</sub></sup>	
early stage -	53816	31489		48053.6 <sup>C1</sup>	24912.1 D1		5762.4 <sup>C</sup> °	6576.9 Do	
Total	71726 <sup>m</sup>	38700 <sup>n</sup>		64553.4 <sup>M</sup>	30960.0 N <sub>1</sub>		7172.6 <sup>M</sup> °	7740.0 No	
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C+ (Total)	
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Error Check	

#### Notes

The data for this example come from: Tyndall MW, Ronald AR, Agoki E, Malisa W, Bwayo JJ, Ndinya-Achola JO et al. Increased risk of infection with human immunodeficiency virus type 1 among uncircumcised men presenting with genital ulcer disease in Kenya. Clin Infect Dis 1996;23:449-53.

http://www.ncbi.nlm.nih.gov/entrez/guery.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list\_uids=8879763

 $\begin{array}{l} A_{1=}[RR_{CD}^{*}M_{1}^{*}a] \ / \ [RR_{CD}^{*}M_{1} + m - M_{1}] \\ B_{1=}[RR_{CD}^{*}N_{1}^{*}b] \ / \ [RR_{CD}^{*}N_{1} + n - N_{1}] \end{array}$