[Article Full Title]

In Regard to Shortall et al

# [Short Running Title]

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# [Author Names]

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# [Conflict of Interest Statement for All Authors]

Conflict of Interest: Martin A Ebert: None Marco Marcello: None Angel Kennedy: None Annette Haworth: None Lois C Holloway: None Peter Greer: None Jason A Dowling: None Michael G Jameson: None Dale Roach: None David J Joseph: None Sarah L Gulliford: None Matthew R Sydes:

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-	Janssen	Research grants and drug costs or biomarker testing costs, all to institution and all active in past 36 months but on research outside of this research
-	Pfizer	Research grants and biomarker testing costs, all to institution and all active in past 36 months but on research outside of this research
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	1	

- Institute of My previous employer, The Institute of Cancer Research receives
  Cancer Ioyalty income from abiraterone. I receive a share of this income
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Shortall et al [1] have emphasised the need for statistical rigour in the development of voxel-level outcomes analyses and implied that three relevant published studies from Marcello et al [2-4] have not appropriately managed the multiple comparisons problem. "Statistical rigour" should be relative to an investigation's objective. The exploratory studies of Marcello et al were undertaken with an awareness of the issues associated with the development of models spanning ~10<sup>6</sup> voxel-level features over cohorts with narrow variations in irradiation technique. An inflation in Type-I error had to be balanced against the chance of ignoring a potentially hypothesis-generating discovery. To achieve this balance, Marcello et al utilised several complementary methods:

- Examining the distribution of the maximum test statistic (normalized dose difference) across the full distribution over permutations of the considered event labels, applying the methodology as reported in Chen et al [5] to generate adjusted p-values. Unfortunately, Shortall et al have incorrectly reported that Marcello et al used per-voxel permutation testing based explicitly on mean dose difference.
- 2. Independent voxel-level Cox proportional hazards modelling presented as hazard ratios with unadjusted p-values. Given the ambiguity regarding the number and variety of such exploratory analyses and difficulty in estimating the familywise error rate [6], the presentation of p-values at all is questionable. Marcello et al preferred to present hazard ratios and unadjusted p-values, with full associated disclosure. We draw attention to related studies that have singled out individual voxels as model variables with a priori interest, such as that by Witte et al [7]. Marcello have presented models for all such voxels and have highlighted the inevitability of false-positive results.
- 3. Assessment with multiple independent measurements. A much less elaborate contrivance can demonstrate the impact of multiple comparisons than the study of Bennet et al [8] one needs to just randomly allocate event labels in their own dataset, or to just apply statistical reasoning. By assessing three cohorts, representing diversity in technique, populations and investigator teams, Marcello et al have assessed the preservation of associations across independent measurements.

The least absolute shrinkage and selection operator (LASSO) method was applied to reduce the number of features in multivariate models. We agree with Shortall et al that implying this as a method to account for multiple comparisons may have been misleading. We also agree that the resulting isolation of scattered voxels was not particularly helpful in this analysis, and highlight that alternative methods that accommodate spatial correlation are available, as recently summarised in Ebert et al [9].

Shortall et al also suggest that the structure-based Dice index could have been used to assess regional spatial mismatch in Marcello et al's method. However, to avoid observer bias and pathological assumptions, Marcello et al deliberately took an anatomy/structure-agnostic approach. Marcello et al chose to assess robustness by comparing results in a template geometry that showed the largest difference relative to the selected common reference, with both identified via similarityclustering [10]. Without objective ground-truth information and potentially systematic uncertainty introduced via a single template, we do not see justification for simply "blurring the dose distribution" (Shortall et al).

Shortall et al identify that significant model variables aside from dose had not been stated: these were included in the appendices to the three publications of Marcello et al., and included in models as described in the papers.

We are very enthusiastic to see this field progress and the diligence of Shortall et al is welcome. We hope though that their ambitions to be rigid and prescriptive will not stifle exploration in this area, and not impede fortuitous discovery at a time when the field is still developing.

- 1. Shortall, J., et al., *Flogging a Dead Salmon? Reduced Dose Posterior to Prostate Correlates With Increased PSA Progression in Voxel-Based Analysis of 3 Randomized Phase 3 Trials.* Int J Radiat Oncol Biol Phys, 2021. **110**: p. 696-699.
- 2. Marcello, M., et al., *Reduced Dose Posterior to Prostate Correlates With Increased PSA Progression in Voxel-Based Analysis of 3 Randomized Phase 3 Trials*. International Journal of Radiation Oncology, Biology, Physics, 2020. **108**: p. 1304-1318.
- 3. Marcello, M., et al., *Relationships between rectal and perirectal doses and rectal bleeding or tenesmus in pooled voxel-based analysis of 3 randomised phase III trials.* Radiotherapy and Oncology, 2020. **150**: p. 281-292.
- 4. Marcello, M., et al., Increased Dose to Organs in Urinary Tract Associates With Measures of Genitourinary Toxicity in Pooled Voxel-Based Analysis of 3 Randomized Phase III Trials. Frontiers in Oncology, 2020. **10**
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