#### 431 Class 21

Thomas E. Love

2017-11-09

### Today's Agenda

- Answer Sketches for the Airline Etiquette Exercises
- A little more on the problems with p values
  - Statistical Significance doesn't have to be about p values
  - Confidence intervals as a partial solution journals like
  - Researcher Degrees of Freedom
  - The Garden of Forking Paths
- Two "Exciting" New Results worth a closer look
  - Stents
  - ullet Advil + Tylenol in the ED for acute pain

```
library(Epi); library(magrittr)
library(forcats); library(tidyverse)
fly <- fivethirtyeight::flying %>%
  select(id = respondent_id, recline_frequency,
         recline_rude, unruly_child,
         have kids = children under 18) %>%
  mutate(have_kids = factor(have_kids)) %>%
  filter(complete.cases(.))
source("Love-boost.R")
```

# Airplane Etiquette Survey: My Answers

# **Airplane Etiquette Survey**

https://fivethirtyeight.com/features/airplane-etiquette-recline-seat/

```
unruly_child have_kids recline_rude
No :146 FALSE:657 No :498
Somewhat:348 TRUE :188 Somewhat:279
Very :351 Very : 68
```

recline\_frequency
Never :166
Once in a while :254
About half the time:116
Usually :175
Always :134

#### Exercise 1

• Estimate a 90% confidence interval for the proportion of people answering either "Somewhat" or "Very" to the question of whether it is rude to knowingly bring an unruly child on a plane. What is the margin of error?

```
fly %$% table(unruly_child) %>% addmargins
```

unruly\_child

No Somewhat Very Sum 146 348 351 845

Our sample probability of ("Somewhat" or "Very") is (348+351) / 845=699 / 845=0.827.

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# Exercise 1 (continued)

We could use binom.test to calculate the 90% CI.

```
prop.test(x = 699, n = 845, conf.level = 0.90)
```

1-sample proportions test with continuity correction

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# Exercise 1 (continued)

In fact, we know of at least three reasonable approaches.

Approach	90% CI	half-width
prop.test	(0.804, 0.848)	0.022
binom.test	(0.804, 0.848)	0.022
saifs.ci	(0.805, 0.849)	0.022

In each case, the confidence interval's width is 0.044, and so the margin for error is approximately 0.022 (note that the confidence intervals we've fit aren't symmetric around the point estimate.)

#### Exercise 2

② Does the proportion of people who feel it is "Somewhat" or "Very" rude to knowingly bring an unruly child on a plane show a significant association with whether or not they themselves have children under 18 years of age?

```
fly %$% table(have_kids, unruly_child) %>% addmargins
```

```
unruly_child
have_kids No Somewhat Very Sum
FALSE 96 251 310 657
TRUE 50 97 41 188
Sum 146 348 351 845
```

We'd like to rearrange this by collapsing the "Somewhat" and "Very" categories and moving the result left, and it might be nice to move "TRUE" to the top row, so as to approximate standard epidemiological format.

# Exercise 2 (data reshaping)

So, some data reshaping...

# Exercise 2 (revised table)

```
fly1 %$% table(have_kids, kid_rude) %>% addmargins
```

```
kid_rude
have_kids yes no Sum
TRUE 138 50 188
FALSE 561 96 657
Sum 699 146 845
```

Now, we apply the twoby2 function from Epi...

```
twoby2(fly1 %$% table(have_kids, kid_rude))
```

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# Exercise 2 (twoby2 results)

```
2 by 2 table analysis:
Outcome : yes
Comparing: TRUE vs. FALSE
     yes no P(yes) 95% conf. interval
TRUE 138 50 0.7340 0.6663 0.7923
FALSE 561 96 0.8539 0.8248 0.8789
                                 95% conf. interval
           Relative Risk: 0.8597 0.7844 0.9422
        Sample Odds Ratio: 0.4723 0.3200 0.6971
Conditional MLE Odds Ratio: 0.4728 0.3153 0.7139
   Probability difference: -0.1198 -0.1917 -0.0550
           Exact P-value: 3e-04
       Asymptotic P-value: 2e-04
```

#### **Exercise 3**

Given the actual data, what can you conclude about the true proportion of people who feel it is rude to recline your seat on a plane?

```
fly %>% count(recline_rude)
```

It looks like 347 (279  $\pm$  68) respondents are in the "Somewhat" or "Very" category. That's 41.1% of the 845 respondents.

# **Exercise 3 (SAIFS and other confidence intervals)**

$$saifs.ci(x = 347, n = 845)$$

 Sample Proportion
 0.025
 0.975

 0.411
 0.377
 0.445

The 95% CI from the prop.test and binom.test (without Bayesian augmentation) are also (0.377, 0.445)

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#### Exercise 4

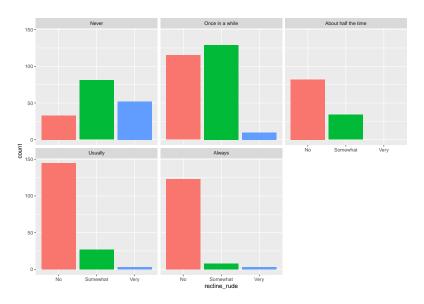
Is there an association between how often you recline and your feelings about how rude it is?

fly %\$% table(recline\_rude, recline\_frequency) %>% addmargins

```
recline frequency
recline rude Never Once in a while About half the time
    No
                33
                                 115
                                                       82
    Somewhat
               81
                                 129
                                                       34
               52
    Very
                                 10
                                                        0
               166
                                 254
                                                      116
    Sum
            recline frequency
recline_rude Usually Always Sum
    No
                  145
                         123 498
    Somewhat
                   27
                           8 279
                    3
    Verv
                              68
    Sum
                  175
                         134 845
```

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# Exercise 4 (graph)



```
fly %$% table(recline_rude, recline_frequency) %>% chisq.test
```

Pearson's Chi-squared test

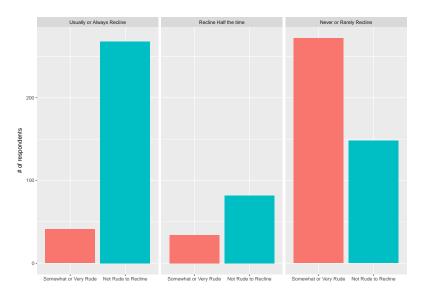
```
data: .
```

```
X-squared = 319.42, df = 8, p-value < 2.2e-16
```

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```
fly3 <- fly %>%
mutate(rude =
  fct_collapse(recline_rude,
   "Somewhat or Very Rude" = c("Somewhat", "Very"),
   "Not Rude to Recline" = "No"),
  rude = fct_relevel(rude, "Somewhat or Very Rude"),
  behavior = fct_collapse(recline_frequency,
   "Usually or Always Recline" = c("Usually", "Always"),
   "Recline Half the time" = "About half the time",
   "Never or Rarely Recline" =
     c("Never", "Once in a while")),
  behavior = fct relevel(behavior,
   "Usually or Always Recline",
   "Recline Half the time"))
```

# Exercise 4 (graph, after collapsing)



# Exercise 4 (table, after collapsing)

fly3 %\$% table(behavior, rude) %>% addmargins

	rude				
behavior	Some	ewhat	or	Very Ruc	de
Usually or Always Recline			41		
Recline Half the time		34			
Never or Rarely Recline		272			
Sum			347		
	rude				
behavior	Not	Rude	to	Recline	${\tt Sum}$
Usually or Always Recline		268	309		
Recline Half the time		82	116		
Never or Rarely Recline		148	420		
Sum				498	845

OK - we're ready for a chi-square test.

# Exercise 4 (chi-square test)

```
fly3 %$% table(behavior, rude) %>% chisq.test
```

Pearson's Chi-squared test

```
data:
X-squared = 202.72, df = 2, p-value < 2.2e-16
```

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#### Exercise 5

Suppose we wish to estimate the power a study will have to estimate the difference in proportion of people who feel that waking someone up to go for a walk is very or somewhat rude, comparing taller people to shorter people. Suppose we propose a new study, where we will collect data from 1200 tall and 1200 short people, and we look to declare as important any observed difference where one group is at 73% or more, while the other is at 70% or less.

• Using a 10% significance level, what power will we have?

Two-sample comparison of proportions power calculation

```
n = 1200
       p1 = 0.7
       p2 = 0.73
sig.level = 0.1
       ar = 0.4932237
```

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Two-sample comparison of proportions power calculation

```
n = 1200
p1 = 0.7
p2 = 0.73
sig.level = 0.1
power = 0.4932237
alternative = two.sided
```

NOTE: n is number in \*each\* group

To obtain at least 80% power, how big a sample would we need?

Two-sample comparison of proportions power calculation

```
n = 2798.621
p1 = 0.7
p2 = 0.73
sig.level = 0.1
power = 0.8
alternative = two.sided
```

NOTE: n is number in \*each\* group

# Two "New" Clinical Results Worth a Closer Look

# A Double-blind RCT of Cardiac Stents (The Lancet 2017-11-02)

# Percutaneous coronary intervention in stable angina (ORBITA): a double-blind, randomised controlled trial

Rasha Al-Lamee, MRCP, David Thompson, MRCPI, Hakim-Moulay Dehbi, PhD, Sayan Sen, MRCP, Kare Tang, FRCP, John Davies, MRCP, Thomas Keeble, MRCP, Michael Mielewczik, PhD, Raffi Kaprielian, FRCP, Iqbal S Malik, FRCP, Sukhjinder S Nijjer, MRCP, Ricardo Petraco, MRCP, Christopher Cook, MRCP, Yousif Ahmad, MRCP, James Howard, MRCP, Christopher Baker, FRCP, Andrew Sharp, FRCP, Robert Gerber, FRCP, Suneel Talwar, MRCP, Ravi Assomull, MRCP, Prof Jamil Mayet, FRCP, Roland Wensel, MRCP, David Collier, PhD, Matthew Shun-Shin, MRCP, Prof Simon A Thom, FRCP, Dr Justin E Davies. MRCP

A procedure used to relieve chest pain in hundreds of thousands of heart patients each year is useless for many of them, researchers reported on Wednesday.

Their study focused on the insertion of stents, tiny wire cages, to open blocked arteries. The devices are lifesaving when used to open arteries in patients in the throes of a heart attack.

But they are most often used in patients who have a blocked artery and chest pain that occurs, for example, walking up a hill or going up stairs.

Sometimes patients get stents when they have no pain at all, just blockages.

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For the study, Dr. Justin E. Davies, a cardiologist at Imperial College London, and his colleagues recruited 200 patients with a profoundly blocked coronary artery and chest pain severe enough to limit physical activity, common reasons for inserting a stent.

All were <u>treated</u> for six weeks with drugs to reduce the risk of a heart attack, like aspirin, a statin and a blood pressure drug, as well as medications that relieve chest pain by slowing the heart or opening blood vessels.

Then the subjects had a procedure: a real or fake insertion of a stent. This is one of the few studies in cardiology in which a sham procedure was given to controls who were then compared to patients receiving the actual treatment.

In both groups, doctors threaded a catheter through the groin or wrist of the patient and, with X-ray guidance, up to the blocked artery. Once the catheter reached the blockage, the doctor inserted a stent or, if the patient was getting the sham procedure, simply pulled the catheter out.

Neither the patients nor the researchers assessing them afterward knew who had received a stent. Following the procedure, both groups of patients took powerful drugs to prevent blood clots.

The stents did what they were supposed to do in patients who received them. Blood flow through the previously blocked artery was greatly improved.

When the researchers tested the patients six weeks later, both groups said they had less chest pain, and they did better than before on treadmill tests.

But there was no real difference between the patients, the researchers found. Those who got the sham procedure did just as well as those who got stents.

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Stenting is so accepted that American cardiologists said they were amazed ethics boards agreed to a study with a sham control group.

But in the United Kingdom, said Dr. Davies, getting approval for the study was not so difficult. Neither was it difficult to find patients.

"There are many people who are open to research, and if you tell them you are exploring a question, people agree," he said. Nonetheless, it took him three and a half years to find the subjects for his study.

Ethics boards at many American hospitals probably would resist, since giving such patients fake procedures "flies in the face of guidelines," Dr. Boden said.

# Advil + Tylenol in the ED for acute pain (JAMA 2017-11-07)

November 7, 2017

# Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency Department

A Randomized Clinical Trial

Andrew K. Chang, MD, MS<sup>1</sup>; Polly E. Bijur, PhD<sup>2</sup>; David Esses, MD<sup>2</sup>; et al

# New York Times (2017-11-08) by Nicholas Bakalar

Researchers studied 416 men and women who arrived in the E.R. with moderate to severe pain in their arms or legs from sprains, strains, fractures or other injuries. They randomly assigned them to an oral dose of acetaminophen (Tylenol) with either ibuprofen (Advil) or the opioids oxycodone, hydrocodone or codeine.

Two hours later, they questioned them using an 11-point pain scale (higher scores = more pain).

- The average score was 8.7 before taking medicine.
- That score decreased by:
  - 4.3 points with ibuprofen and Tylenol,
  - 4.4 with oxycodone and Tylenol,
  - 3.5 with hydrocodone and Tylenol, and
  - 3.9 with codeine and Tylenol.

In other words, there was no significant difference, either statistically or clinically, among any of the four regimens.

# p values

# George Cobb's Questions (with Answers)

In February 2014, George Cobb, Professor Emeritus of Mathematics and Statistics at Mount Holyoke College, posed these questions to an ASA discussion forum:

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- Q: Why do so many colleges and grad schools teach p = 0.05?
- A: Because that's still what the scientific community and journal editors use.
- Q: Why do so many people still use p = 0.05?
- A: Because that's what they were taught in college or grad school.

#### Now what?



So sad...

#### Gelman on Statistical Significance

"... we use the term statistically significant in the conventional way, to mean that an estimate is at least two standard errors away from some"null hypothesis" or prespecified value that would indicate no effect present. An estimate is statistically insignificant if the observed value could reasonably be explained by simple chance variation, much in the way that a sequence of 20 coin tosses might happen to come up 8 heads and 12 tails; we would say that this result is not statistically significantly different from chance. More precisely, the observed proportion of heads is 40 percent but with a standard error of 11 percent - thus, the data are less than two standard errors away from the null hypothesis of 50 percent, and the outcome could clearly have occurred by chance. Standard error is a measure of the variation in an estimate and gets smaller as a sample size gets larger, converging on zero as the sample increases in size."

Gelman's blog (2017-10-28)

#### The Value of a p-Valueless Paper

Jason T. Connor (2004) American J of Gastroenterology 99(9): 1638-40.

Abstract: As is common in current bio-medical research, about 85% of original contributions in The American Journal of Gastroenterology in 2004 have reported p-values. However, none are reported in this issue's article by Abraham et al. who, instead, rely exclusively on effect size estimates and associated confidence intervals to summarize their findings. Authors using confidence intervals communicate much more information in a clear and efficient manner than those using p-values. This strategy also prevents readers from drawing erroneous conclusions caused by common misunderstandings about p-values. I outline how standard, two-sided confidence intervals can be used to measure whether two treatments differ or test whether they are clinically equivalent.

DOI: 10.1111/j.1572-0241.2004.40592.x

# Why Dividing Data Comparisons into Categories based on Significance Levels is Terrible.

The common practice of dividing data comparisons into categories based on significance levels is terrible, but it happens all the time.... so it's worth examining the prevalence of this error.

Link to Andrew Gelman's blog, 2016-10-15

#### Gelman on p values, 1

Let me first briefly explain why categorizing based on p-values is such a bad idea. Consider, for example, this division:

- "really significant" for p < .01,
- "significant" for p < .05,
- "marginally significant" for p < .1, and
- "not at all significant" otherwise.

Now consider some typical p-values in these ranges: say, p=.005, p=.03, p=.08, and p=.2.

Translate these two-sided p-values back into z-scores, which we can do in R via qnorm(c(.005, .03, .08, .2)/2, lower.tail = FALSE)

### Gelman on p values, 2

Description	really sig.	sig.	marginally sig.	not at all sig.
<i>p</i> value	0.005	0.03	0.08	0.20
Z score	2.8	2.2	1.8	1.3

The seemingly yawning gap in p-values comparing the not at all significant p-value of .2 to the really significant p-value of .005, is only 1.5.

If you had two independent experiments with z-scores of 2.8 and 1.3 and with equal standard errors and you wanted to compare them, you'd get a difference of 1.5 with a standard error of 1.4, which is completely consistent with noise.

#### Gelman on p values, 3

**The key point**: The difference between statistically significant and NOT statistically significant is not, generally, statistically significant.

From a **statistical** point of view, the trouble with using the p-value as a data summary is that the p-value is only interpretable in the context of the null hypothesis of zero effect, and (much of the time), nobody's interested in the null hypothesis. Indeed, once you see comparisons between large, marginal, and small effects, the null hypothesis is irrelevant, as you want to be comparing effect sizes.

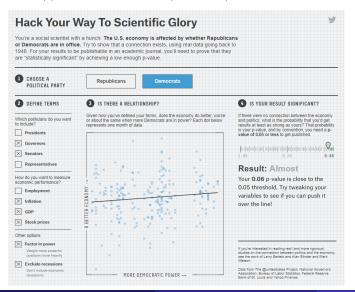
From a **psychological** point of view, the trouble with using the p-value as a data summary is that this is a kind of deterministic thinking, an attempt to convert real uncertainty into firm statements that are just not possible (or, as we would say now, just not replicable).

# p Hacking and "Researcher Degrees of Freedom"

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#### Hack Your Way To Scientific Glory

https://fivethirtyeight.com/features/science-isnt-broken



I was able to get

- p < 0.01 (positive effect of Democrats on economy)
- p = 0.01 (negative effect of Democrats)
- p = 0.03 (negative effect of Democrats)
- p = 0.03 (positive effect of Democrats)

but also ...

p = 0.05, 0.06, 0.07, 0.09, 0.17, 0.19, 0.20, 0.22, 0.23, 0.47, 0.51

without even switching parties, exclusively by changing my definitions of terms (section 2 of the graphic.)

## "Researcher Degrees of Freedom", 1

[I]t is unacceptably easy to publish "statistically significant" evidence consistent with any hypothesis.

The culprit is a construct we refer to as **researcher degrees of freedom**. In the course of collecting and analyzing data, researchers have many decisions to make: Should more data be collected? Should some observations be excluded? Which conditions should be combined and which ones compared? Which control variables should be considered? Should specific measures be combined or transformed or both?

Simmons et al. link

#### "Researcher Degrees of Freedom", 2

... It is rare, and sometimes impractical, for researchers to make all these decisions beforehand. Rather, it is common (and accepted practice) for researchers to explore various analytic alternatives, to search for a combination that yields statistical significance, and to then report only what worked. The problem, of course, is that the likelihood of at least one (of many) analyses producing a falsely positive finding at the 5% level is necessarily greater than 5%.

#### For more, see

- Gelman's blog 2012 11 01 "Researcher Degrees of Freedom",
- Paper by *Simmons* and others, defining the term.

#### And this is really hard to deal with...

The garden of forking paths: Why multiple comparisons can be a problem, even when there is no fishing expedition or p-hacking and the research hypothesis was posited ahead of time

Researcher degrees of freedom can lead to a multiple comparisons problem, even in settings where researchers perform only a single analysis on their data. The problem is there can be a large number of potential comparisons when the details of data analysis are highly contingent on data, without the researcher having to perform any conscious procedure of fishing or examining multiple p-values. We discuss in the context of several examples of published papers where data-analysis decisions were theoretically-motivated based on previous literature, but where the details of data selection and analysis were not pre-specified and, as a result, were contingent on data.

Link to the paper from Gelman and Loken

## Benjamin et al 2017 Redefine Statistical Significance

We propose to change the default P-value threshold for statistical significance for claims of new discoveries from 0.05 to 0.005.

• 0.005 is stringent enough to "break" the current system - makes it very difficult for researchers to reach threshold with noisy, useless studies.

Visit the main article. Visit an explanatory piece in Science.

#### Lakens et al. Justify Your Alpha

"In response to recommendations to redefine statistical significance to  $p \leq .005$ , we propose that researchers should transparently report and justify all choices they make when designing a study, including the alpha level." Visit *link*.

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#### Quiz 2 Setup

- Quiz 2 will be yours by 5 PM today.
  - It's now due Tuesday Nov 14 at 8 AM.

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