Case Study 1

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Case Discussion

- Data obtained from a subset of women enrolled in the CPP during pregnancy
- Data issues: uncertainty, inflation, and missingness

Goal: Assess how exposure to DDE and PCBs relates to the risk of premature delivery

Graph?

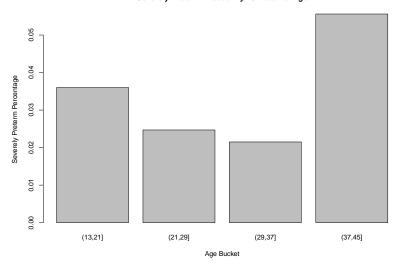
Exploratory Data Analysis

Analysis

- Ordinal Logistic Regression with Term, Preterm, and Severely Preterm Gest. Categories
 - Useful interpretation in terms of risk
 - Uses naturally ordinal structure
 - Differentiates between different severities
 - Addresses non-normality of response
- Keep obs with Gest. Age 44 or less
- Impute score data with MICE to check usefulness
- Remove obs with missing PCE value
- Include blood cholesterol/triglyceride levels, as well as center and SES/Lifestyle metrics

- ► Model Comparison indicated (p=0.97) that the first principle component of the pcb_* values is sufficient.
- ► Indication (p=0.39) against including Score Variables (post imputation)
- ▶ Indication (p=0.24) against including Center interactions
- Indication (p=0) for including Center as variable
 Indicates heterogeneity in preterm birth risk accross medical centers
- ▶ Indication (p=0.39) against PCE-DDE interaction effect
- ▶ Indication (p=0.11) (weakly) against Triglyceride interaction with PCE/DDE
 - Hypothesized that there might be because of fat-solubility of the contaminants of interest
- ▶ Indication (p=0.02) for inclusion of quadratic term in maternal age
 - Makes sense given heightened birth risk at (relatively) yound and old ages of pregnancy (for possibly different reasons)

Severely Preterm Probability vs Maternal Age



Results

▶ (log) DDE and PCB both significantly associated with preterm delivery likelihood even when adjusting for other factors

| | Coef Est | 2.5 % | 97.5 % |
|----------|------------|------------|------------|
| log(dde) | -0.2230356 | -0.4246547 | -0.0216002 |
| logPCB1 | -0.0613456 | -0.1175153 | -0.0059303 |

Discussion