

The ROC curve as a measure of diagnostic accuracy

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Outline

- Sensitivity and specificity
- Positive and negative predictive values
- ROC curves
- Examples

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The Setup

- Disease status: present or absent
- Test results: Positive or negative
 - Ordinal categorical or continuous test can be made binary by selecting a threshold
- The 2x2 table:

Truth	Test -	Test +	Total
Disease-free	TN	FP	N_-
Disease	FN	TP	N_+
Total	$TN+FN$	$FP+TP$	N

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Sensitivity and Specificity

- Assume disease status is known
- **Sensitivity** is the probability that test result will be *positive* given that disease is *present*.
 - $P(T+|D+) = TP / N_+ = TP / (TP+FN)$
- **Specificity** is the probability that test result will be *negative* given that disease is *absent*.
 - $P(T-|D-) = TN / N_- = TN / (TN+FP)$

Truth	Test -	Test +	Total
Disease-free	TN	FP	N_-
Disease	FN	TP	N_+
Total	T_-	T_+	N

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Positive and Negative Predictive value

- Assume test result is known
- **Positive predictive value** is the probability that disease is *present* given that the test result is *positive*.
 - $P(D+|T+) = TP / T_+ = TP / (TP+FP)$
- **Negative predictive value** is the probability that the disease is *absent* given that the test result is *negative*.
 - $P(D-|T-) = TN / T_- = TN / (TN+FN)$

Truth	Test -	Test +	Total
Disease-free	TN	FP	N_-
Disease	FN	TP	N_+
Total	T_-	T_+	N

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Factoid

- If you are a patient about to take a diagnostic test, you want to know:
 - Positive predictive value: $P(D+|T+)$
 - Negative predictive value: $P(D-|T-)$
- If you are a researcher evaluating a new diagnostic test, you want to know:
 - Sensitivity: $P(T+|D+)$
 - Specificity: $P(T-|D-)$

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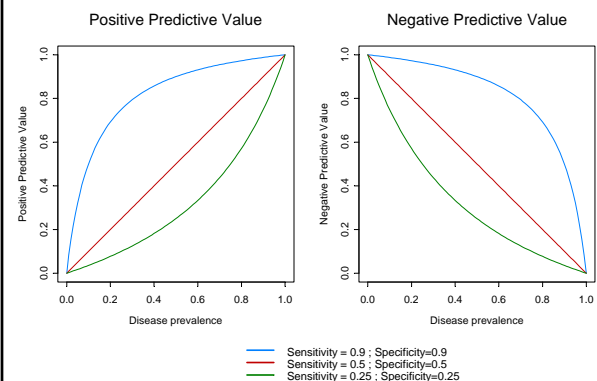
An Important Relationship

- If we know the sens, spec and the disease prevalence (say π), then we can always find the PPV and NPV
- $PPV = \text{sens} \cdot \pi / (\text{sens} \cdot \pi + (1 - \text{spec}) \cdot (1 - \pi))$
- $NPV = \text{spec} \cdot (1 - \pi) / (\text{spec} \cdot (1 - \pi) + (1 - \text{sens}) \cdot \pi)$
- So most studies are designed to estimate sensitivity and specificity.

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Beyond the Binary Test

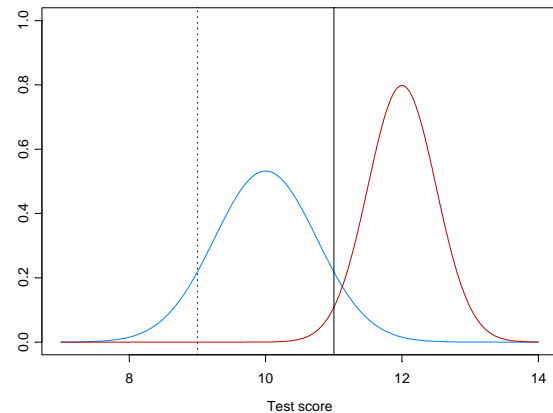
- Most tests are not binary; they are continuous or ordinal categorical
- But suppose we test positive only if the test score is above some threshold.
- Then, for that threshold, the test is considered binary and we can report sensitivity and specificity.
- But as we change the threshold, sensitivity and specificity change as well.

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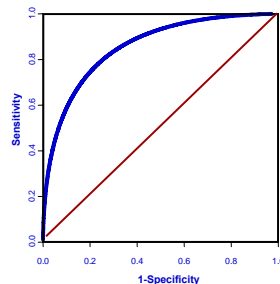
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Diseased and Non-Diseased populations



ROC curves

- ROC curve:
 - Plots of all pairs (1-Spec, Sens) as threshold varies
 - Anchored at (0,0) and (1,1)
 - Always in top triangle
 - Describes the test accuracy at all thresholds



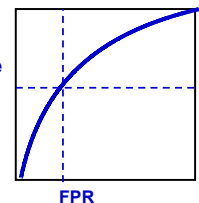
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ROC curves (cont.)

- ROC curve is generalization of sens/spec, so it is conditional on disease status.
- ROC summaries:
 - Area under ROC curve
 - Partial area under ROC curve
 - Sens at given Spec
 - Optimal operating point



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Area under ROC curve (AUC)

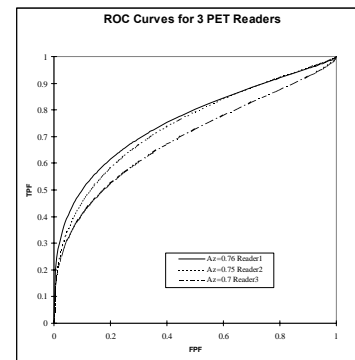
- AUC is the most common summary measure
- “Average sensitivity” over all specificity
- “Average specificity” over all sensitivity
- 2AFC (two alternative, forced choice experiment) interpretation: AUC equals the probability that a pair of a diseased and non-diseased cases are ordered correctly.
- ROC area = 1 for a perfect test
- ROC area = 0.5 for a non-informative test

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PET for axillary node involvement: ROC curves of 3 radiologists

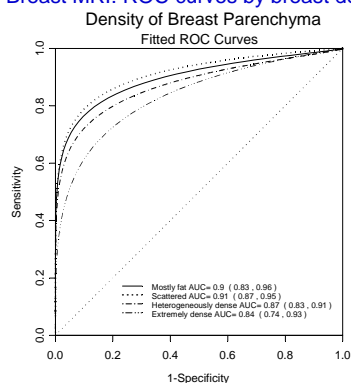


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Breast MRI: ROC curves by breast density



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CT data- ROC

- Data from Hanley and McNeil, 1982
- 5-point usual “degree of suspicion” scale, 1=“definitely normal”, ..., 5=“definitely abnormal”

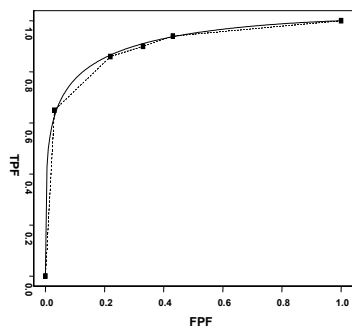
Truth	Response category					Total
	1	2	3	4	5	
No disease	33	6	6	11	2	58
FPF	1.00	0.43	0.33	0.22	0.034	
Disease	3	2	2	11	33	51
TPF	1.00	0.94	0.90	0.86	0.65	

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Smooth ROC curve for CT data

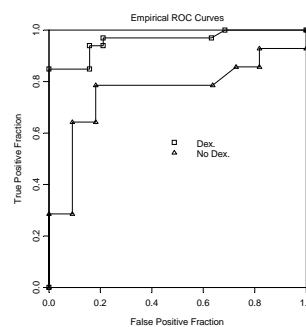


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Progesterone data (cont.)

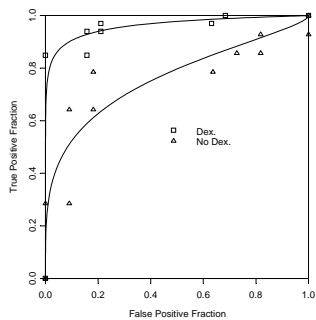


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ROC curve for progesterone data



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Variability across readers: RDOG data on head and neck cancer

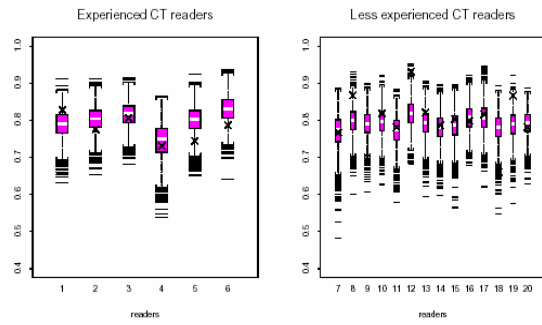
- 38 radiologists interpreted CT and MRI scans on head and neck cancer patients.
- Each case was interpreted by 3 readers in each modality. Total of 20 CT readers, 18 MRI readers.
- Degree of suspicion about metastasis recorded on 5 point ordinal categorical scale.
- Reader AUC presented in next two graphs.

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Head and neck cancer data (cont.)

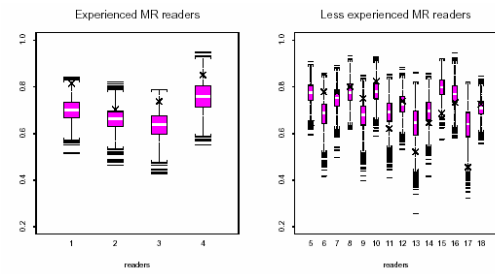


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Head and neck cancer data (cont.)



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