Introduction to statistics

(Day 3)

Recap



Recap

When can't study a population, we select a representative sample

- Categorical variables are described with absolute and relative frequencies, numerical variables are described with measures of central tendency (mode, median, mean) and dispersion (range, IQR, standard deviation)
- Parameters (calculated on the population) vs statistics (calculated on the sample)

Recap

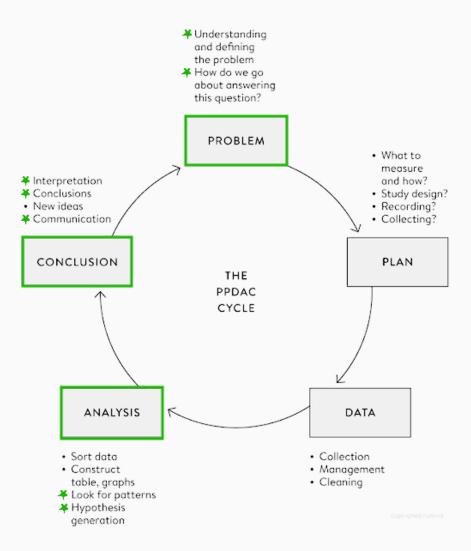
 Multiple phenomena and statistical distributions are normally distributed, and the Normal distribution describes both the probability of an observation and its proportion in the population

- We use statistics to estimate parameters (point estimates), with interval estimates (confidence intervals) estimating their uncertainty
- 95% confidence intervals tell us the the true value has 95% probability of being inside the given range



Learning objectives

- Make and test hypotheses
- Interpret P values
- Understand Type I and II errors
- Understand the power of a study



Spiegelhalter, D., The Art of Statistics: Learning From Data, Pelican, 2019

Making hypotheses

" A hypothesis can be defined as a proposed explanation for a phenomenon. It is not the absolute truth, but a provisional, working assumption, perhaps best thought of as a potential suspect in a criminal case.

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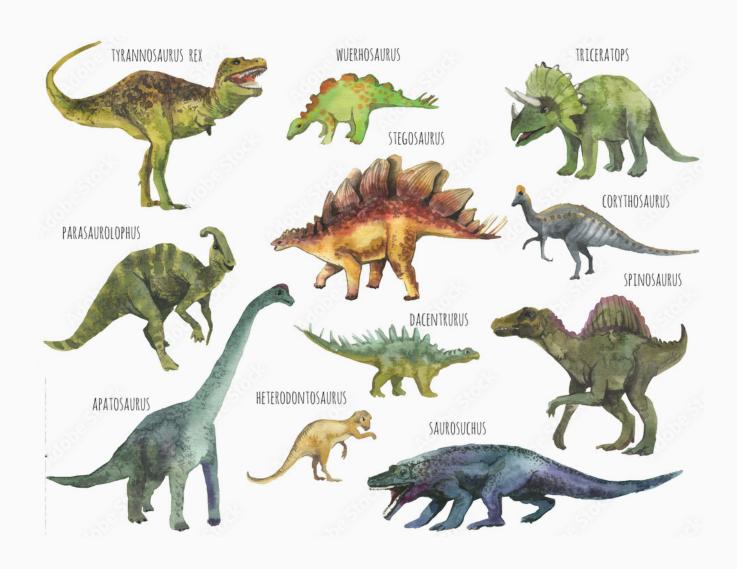
Making hypotheses

- The outcomes in the intervention and the control group are different
- The proportion of an event in the intervention and control group is different

The falsification principle and the null hypothesis

- The outcomes in the intervention and the control group are different the same
- The proportion of an event in the intervention and control group is different the same

The Falsification Principle



The Falsification Principle

DINOSAUR EVOLUTION

A Jurassic ornithischian dinosaur from Siberia with both feathers and scales

Pascal Godefroit, ** Sofia M. Sinitsa, ** Danielle Dhouailly, ** Yuri L. Bolotsky, ** Alexander V. Sizov, ** Maria E. McNamara, ** Michael J. Benton, ** Paul Spagna**

Objective To determine whether intravenous dexamethasone increases the number of ventilator-free days among patients with COVID-19-associated ARDS.

Design, Setting, and Participants Multicenter, randomized, open-label, clinical trial conducted in 41 intensive care units (ICUs) in Brazil. Patients with COVID-19 and moderate to severe ARDS, according to the Berlin definition, were enrolled from April 17 to June 23, 2020. Final follow-up was completed on July 21, 2020. The trial was stopped early following publication of a related study before reaching the planned sample size of 350 patients.

- ? Which is the null hypothesis of this study?
 - a) Dexamethasone plus standard care is **more effective** than standard care alone
 - b) Dexamethasone plus standard care is less effective than standard care alone
 - c) Dexamethasone plus standard care is as effective as standard care alone
 - d) Dexamethasone plus standard care is not a as effective as standard care alone

Tomazini, B.M., et al., Effect of dexamethasone on days alive and ventilator-free in patients with moderate or severe acute respiratory distress syndrome and COVID-19: the CoDEX randomized clinical trial.", JAMA, 2020, doi:10.1001/jama.2020.17021

- ? If one doesn't reject the null hypothesis it means that...
 - a) the null hypothesis is true
 - b) the null hypothesis is false
 - c) the observations are compatible with the null hypothesis
 - d) the observations aren't compatible with the null hypothesis
 - e) it depends on the research question

Objective To determine whether intravenous dexamethasone increases the number of ventilator-free days among patients with COVID-19-associated ARDS.

Design, Setting, and Participants Multicenter, randomized, open-label, clinical trial conducted in 41 intensive care units (ICUs) in Brazil. Patients with COVID-19 and moderate to severe ARDS, according to the Berlin definition, were enrolled from April 17 to June 23, 2020. Final follow-up was completed on July 21, 2020. The trial was stopped early following publication of a related study before reaching the planned sample size of 350 patients.

- ? How do you define the null hypothesis in this study?
 - a) $\mu_{
 m i}-\mu_{
 m c}=0$
 - b) $\mu_{
 m i} \mu_{
 m c}
 eq 0$
 - c) $ar{x}_{
 m i} ar{x}_{
 m c} = 0$
 - d) $ar{x}_{
 m i} ar{x}_{
 m c}
 eq 0$

Making hypotheses

*

Dexamethasone plus standard care is as effective as standard care

$$egin{aligned} n_{
m i} &= 151, ar{x}_{
m i} = 6.6, s_{
m i} = 10.0 \ n_{
m c} &= 148, ar{x}_{
m c} = 4.0, s_{
m c} = 8.7 \ \\ \mu_{
m i} - \mu_{
m c} &= 0 \ &
ightarrow ext{Null hypothesis } (\mathcal{H}_0) \end{aligned}$$

Making hypotheses

*

Dexamethasone plus standard care is as effective as standard care

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m c} = 8.7 \end{aligned} \ egin{aligned} \mu_{
m i} - \mu_{
m c} &= 0 \ &
ightarrow ext{Null hypothesis} \left(\mathcal{H}_0
ight) \end{aligned} \ egin{aligned} \mu_{
m i} - \mu_{
m c} &\neq 0 \ &
ightarrow ext{Alternative hypothesis} \left(\mathcal{H}_1/\mathcal{H}_A
ight) \end{aligned}$$



Dexamethasone plus standard care is as effective as standard care

Interventions Twenty mg of dexamethasone intravenously daily for 5 days, 10 mg of dexamethasone daily for 5 days or until ICU discharge, plus standard care (n=151) or standard care alone (n=148).

Results A total of 299 patients (mean [SD] age, 61 [14] years; 37% women) were enrolled and all completed follow-up. Patients randomized to the dexamethasone group had a mean 6.6 ventilator-free days (95% CI, 5.0-8.2) during the first 28 days vs 4.0 ventilator-free days (95% CI, 2.9-5.4) in the standard care group

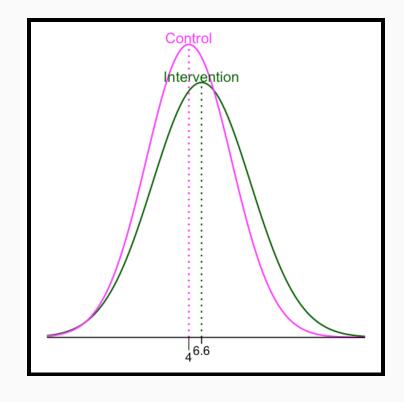
$$n_{
m i}=151, \quad ar{x}_{
m i}=6.6, \quad s_{
m i}=10.0$$

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m c}=148, \quad ar{x}_{
m c}=4.0, \;\; s_{
m c}=8.7$$

Dexamethasone plus standard care is as effective as standard care

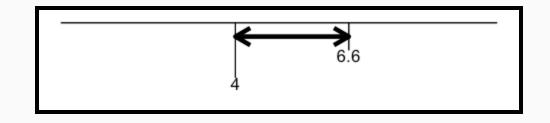
$$n_{
m i} = 151, ar{x}_{
m i} = 6.6, s_{
m i} = 10.0 \ n_{
m c} = 148, ar{x}_{
m c} = 4.0, s_{
m c} = 8.7$$

$$egin{aligned} \mu_{
m i} - \mu_{
m c} &= 0 &\leftarrow \ ar{x}_i - ar{x}_c &= 6.6 - 4.0 = 2.6 \end{aligned}$$



Dexamethasone plus standard care is as effective as standard care

$$egin{aligned} n_{
m i} &= 151, ar{x}_{
m i} = 6.6, s_{
m i} = 10.0 \ n_{
m c} &= 148, ar{x}_{
m c} = 4.0, s_{
m c} = 8.7 \ \ \mu_{
m i} - \mu_{
m c} = 0 &\leftarrow \ ar{x}_{
m i} - ar{x}_{
m c} = 6.6 - 4.0 = 2.6 \end{aligned}$$



? What is the probability of observing a difference of 2.6 days if $\mu_{\rm d}-\mu_{\rm m}=0$?

Let's take a step back

- 1. The Normal distribution is defined by its mean and standard deviation and corresponds to a probability distribution
 - ightarrow Area $Z\equiv$ probability ${\cal P}$
- 2. Sampling distributions (including the difference of means) show a Normal distribution (CLT)

Let's take a step back

- 1. The Normal distribution is defined by its mean and standard deviation and corresponds to a probability distribution
 - ightarrow Area $Z\equiv$ probability ${\cal P}$
- 2. Sampling distributions (including the difference of means) show a Normal distribution (CLT)

For the difference of means:

$$\mathcal{N}=(\mu_1-\mu_2,rac{\sigma_1^2}{n_1}+rac{\sigma_2^2}{n_2})$$
 with $\sqrt{rac{\sigma_1^2}{n_1}+rac{\sigma_2^2}{n_2}}$ $ightarrow$ standard error

Dexamethasone plus standard care is **as effective as** standard care alone

$$n_{
m i} = 151, ar{x}_{
m i} = 6.6, s_{
m i} = 10.0 \ n_{
m c} = 148, ar{x}_{
m c} = 4.0, s_{
m c} = 8.7$$

$$egin{aligned} \mu_{
m c} - \mu_{
m i} &= 0 &\leftarrow \ ar{x}_{
m c} - ar{x}_{
m i} &= 6.6 - 4.0 = 2.6 \end{aligned}$$

$$\mathcal{N} = (\mu_{
m c} - \mu_{
m i}, rac{\sigma_c^2}{n_c} + rac{\sigma_i^2}{n_i}) \ o \ \mu_{
m c} - \mu_{
m i} = 0 \ {
m and} \ \hat{
m SE} = \sqrt{rac{s_{
m c}^2}{n_{
m c}} + rac{s_{
m i}^2}{n_{
m i}}} = 1.08$$

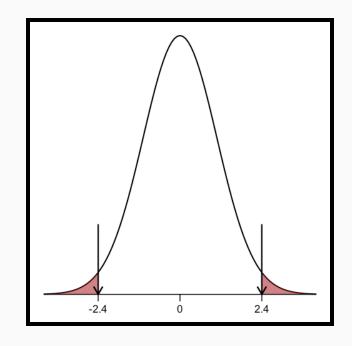
Dexamethasone plus standard care is as effective as standard care

$$egin{aligned} \mu_{
m c} - \mu_{
m i} &= 0 \ \hat{
m SE} &= 1.08 \end{aligned}$$

$$\bar{x}_{\rm c} - \bar{x}_{\rm i} = 6.6 - 4.0 = 2.6$$

? What is the probability of observing a difference of 2.6 days if $\mu_{
m c}-\mu_{
m i}=0$?

$$z=rac{(ar{x}_{
m c}-ar{x}_{
m i})-(\mu_{
m c}-\mu_{
m i})}{\hat{SE}}=rac{2.6-0}{1.08}=2.4$$



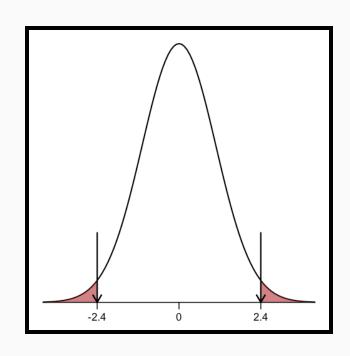
Dexamethasone plus standard care is as effective as standard care

$$egin{aligned} \mu_{c} - \mu_{i} &= 0 \ \hat{SE} &= 1.08 \end{aligned}$$

$$\bar{x}_{
m c} - \bar{x}_{
m i} = 6.6 - 4.0 = 2.6$$

What is the probability of observing a difference of 2.6 days if $\mu_{\rm c} - \mu_{\rm i} = 0$?

$$z=rac{(ar{x}_{
m c}-ar{x}_{
m i})-(\mu_{
m c}-\mu_{
m i})}{\hat{SE}}=rac{2.6-0}{1.08}=2.4 \quad o \quad {\cal P}=2 imes 0.0082=0.0164$$



$$\mathcal{P} = 2 imes 0.0082 = 0.0164$$

P-value

The P-value measures the discrepancy between the data and the null hypothesis \mathcal{H}_0 and correspond to the probability of observing such an extreme value, if \mathcal{H}_0 was true

P-value

The P-value measures the discrepancy between the data and the null hypothesis \mathcal{H}_0 and correspond to the probability of observing such an extreme value, if \mathcal{H}_0 was true

 $ext{P-value} = 0.5
ightarrow 50\%
ightarrow 1 ext{ sample out of 2}$

P-value = $0.1 \rightarrow 10\% \rightarrow 1$ sample out of 10

 $ext{P-value} = 0.05
ightarrow 5\%
ightarrow 1 ext{ sample out of } 20$

P-value = $0.01 \rightarrow 1\% \rightarrow 1$ sample out of 100

 $\text{P-value} = 0.005 \rightarrow 0.5\% \rightarrow 1 \text{ sample out of } 200$

P-value e statistical significance

The P-value measures the discrepancy between the data and the null hypothesis \mathcal{H}_0 and correspond to the probability of observing such an extreme value, if \mathcal{H}_0 was true

If the P-value is less than some pre-specified level α , we consider the observed difference as statistically significant

$$\alpha = 0.05 \text{ or } 0.01$$

1. Define a null hypothesis (\mathcal{H}_{θ})

Dexamethasone plus standard care is as effective as standard care

$$\mathcal{H}_{\theta}$$
: $\mu_{\mathrm{c}} - \mu_{\mathrm{i}} = 0$

- 1. Define a null hypothesis (\mathcal{H}_{θ})
- 2. Choose a test statistic that estimates something that, if extreme enough, would lead one to doubt \mathcal{H}_{θ}

t-test $^{(*)}$ for differences in mean

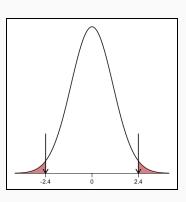
We are using the t-test for differences in mean and not the z-test because we don't know the standard deviation in the population (and are using the sample's standard deviation instead).

- 1. Define a null hypothesis (\mathcal{H}_{θ})
- 2. Choose a test statistic that estimates something that, if extreme enough, would lead one to doubt \mathcal{H}_{θ}
- 3. Generate the sampling distribution of the chosen test statistic, assuming \mathcal{H}_{θ} to be true

$$\mathcal{N}=(\mu_{
m c}-\mu_{
m i},{
m SE})$$
, with $\mu_{
m c}-\mu_{
m i}=0$ and $\hat{
m SE}=\sqrt{rac{s_{
m c}^2}{n_{
m c}}+rac{s_{
m i}^2}{n_{
m i}}}$

- 1. Define a null hypothesis (\mathcal{H}_{θ})
- 2. Choose a test statistic that estimates something that, if extreme enough, would lead one to doubt \mathcal{H}_{θ}
- 3. Generate the sampling distribution of the chosen test statistic, assuming \mathcal{H}_{θ} to be true
- 4. Check whether the observed statistic lies in the tails of this distribution, and calculate a probability (P-value) for this event

$$\mathcal{P} = 2 \times 0.0082 = 0.0164$$



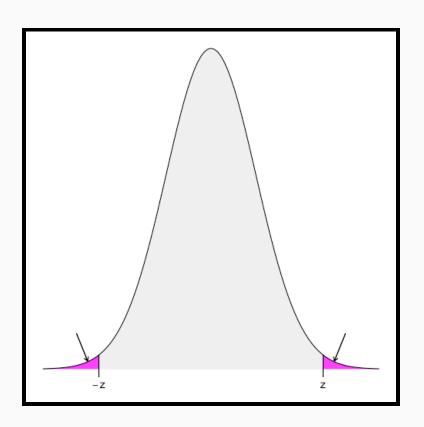
- 1. Define a null hypothesis (\mathcal{H}_{θ})
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- 3. Generate the sampling distribution of the chosen test statistic, assuming \mathcal{H}_{θ} to be true
- 4. Check whether the observed statistic lies in the tails of this distribution, and calculate a probability (P-value) for this event
- 5. Declare the result statistically significant if the P-value is below some critical threshold lpha

$$\mathcal{P}=2 imes0.0082=0.0164 $ightarrow$ one rejects $\mathcal{H}_{ heta}$$$

- ? In a randomised control trial, the P-value for one of the outcomes is 0.48. With an α level of 5%, are there statistically significant differences in the outcome between the two arms of the trial?
 - a) Yes, because the P value is lower than the α level
 - b) Yes, because the P value is greater than the α level
 - c) No, because the P value is lower than the α level
 - d) No, because the P value is greater than the α level

One- and two-tailed tests

$$egin{aligned} egin{aligned} egin{aligned} \mathcal{H}_1: & \mu_{
m i}-\mu_{
m c}
eq 0 \ \mathcal{H}_0: & \mu_{
m i}-\mu_{
m c} = 0 \ & o ext{two-tailed test} \end{aligned}$$

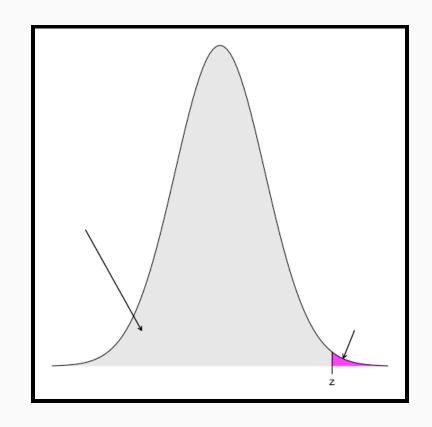


One- and two-tailed tests

$$egin{aligned} egin{aligned} egin{aligned} \mathcal{H}_1: & \mu_{
m i}-\mu_{
m c}
eq 0 \ \mathcal{H}_0: & \mu_{
m i}-\mu_{
m c} = 0 \ & o ext{two-tailed test} \end{aligned}$$

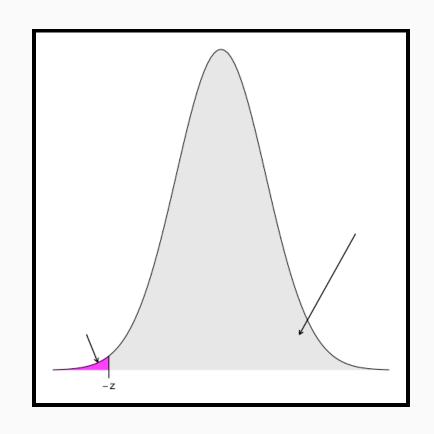
$$egin{aligned} \mathcal{H}_1: & \mu_\mathrm{i} - \mu_\mathrm{c} < 0 \ \mathcal{H}_0: & \mu_\mathrm{i} - \mu_\mathrm{c} \geq 0 \end{aligned}$$

 \rightarrow one-tailed test



One- and two-tailed tests

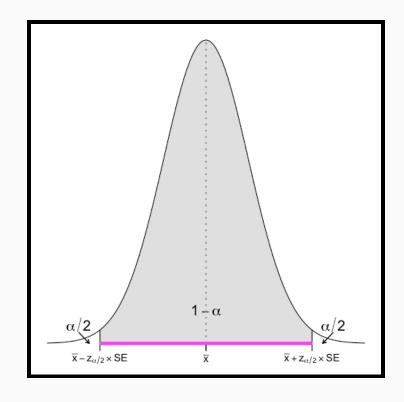
$$\begin{array}{lll} \textcircled{0} & \mathcal{H}_1: & \mu_i - \mu_c \neq 0 \\ & \mathcal{H}_0: & \mu_i - \mu_c = 0 \\ & & \rightarrow \mathsf{two\text{-tailed test}} \\ \\ & \mathcal{H}_1: & \mu_i - \mu_c < 0 \\ & \mathcal{H}_0: & \mu_i - \mu_c \geq 0 \\ & & \mathsf{or} \\ \\ & \mathcal{H}_1: & \mu_i - \mu_c \geq 0 \\ & & \mathcal{H}_0: & \mu_i - \mu_c \leq 0 \\ & & \mathcal{H}_0: & \mu_i - \mu_c \leq 0 \\ & & \rightarrow \mathsf{one\text{-tailed test}} \end{array}$$



Hypothesis testing & confidence intervals

o A 95% confidence interval is the set of null hypotheses that are not rejected with lpha=0.05

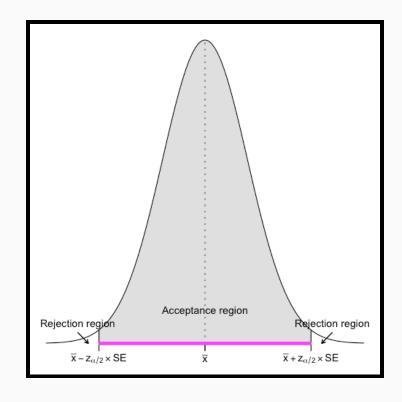
Confidence Level	α	lpha/2	$z_{lpha/2}$
95%	5%	2.5%	1.96



Hypothesis testing & confidence intervals

 $\ensuremath{\textcircled{0}}$ A 95% confidence interval is the set of null hypotheses that are not rejected with $\alpha=0.05$

In a two-sided test, P-value < 0.05 if the 95% confidence interval does not include the null hypothesis (usually 0).



Exercise #5

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

From April 1991 through December 20, 1993, the cutoff date for the first interim analysis of efficacy, 477 pregnant women were enrolled; during the study period, 409 gave birth to 415 live-born infants. HIV-infection status was known for 363 births (180 in the zidovudine group and 183 in the placebo group). Thirteen infants in the zidovudine group and 40 in the placebo group were HIV-infected.

$$egin{aligned} n_{
m i} &= 180, & m_{
m i} &= 13, & p_{
m i} &= rac{13}{n_{
m i}} = rac{13}{180} = 0.07 \ n_{
m c} &= 183, & m_{
m c} &= 40, & p_{
m c} &= rac{m_{
m c}}{n_{
m c}} = rac{40}{183} = 0.22 \ \mathcal{N} &= (\pi_{
m i} - \pi_{
m c}, rac{\pi_i imes (1 - \pi_i)}{n_i} + rac{\pi_c imes (1 - \pi_c)}{n_c}) \end{aligned}$$

Connor, E.M. et al., Reduction of Maternal-Infant Transmission of Human Immunodeficiency Virus Type 1 with Zidovudine Treatment, NEJM, 1994

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$n_{
m i}=180, \quad m_{
m i}=13, \quad p_{
m i}=rac{m_{
m i}}{n_{
m i}}=rac{13}{180}=0.07 \ n_{
m c}=183, \quad m_{
m c}=40, \ p_{
m c}=rac{m_{
m c}}{n_{
m c}}=rac{40}{183}=0.22$$

Let's use another test to compare differences in proportion!

Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$n_{
m i}=180, \quad m_{
m i}=13, \quad p_{
m i}=rac{m_{
m i}}{n_{
m i}}=rac{13}{180}=0.07 \ n_{
m c}=183, \quad m_{
m c}=40, \ \ p_{
m c}=rac{m_{
m c}}{n_{
m c}}=rac{40}{183}=0.22$$

1. Define a null hypothesis (\mathcal{H}_{θ}) Zidovudine is **as effective as** placebo to reduce mother-infant HIV transmission

$$\rightarrow \mathcal{H}_0: \pi_{\rm i} - \pi_{\rm c} = 0$$

Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$n_{
m i}=180, \quad m_{
m i}=13, \quad p_{
m i}=rac{m_{
m i}}{n_{
m i}}=rac{13}{180}=0.07 \ n_{
m c}=183, \quad m_{
m c}=40, \ \ p_{
m c}=rac{m_{
m c}}{n_{
m c}}=rac{40}{183}=0.22$$

- 2. Choose a test statistic that estimates something that, if extreme enough, would lead one to doubt \mathcal{H}_{θ}
 - ightarrow Pearson's χ^2 test for categorical data

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$n_{
m i}=180, \quad m_{
m i}=13, \quad p_{
m i}=rac{m_{
m i}}{n_{
m i}}=rac{13}{180}=0.07 \ n_{
m c}=183, \quad m_{
m c}=40, \ p_{
m c}=rac{m_{
m c}}{n_{
m c}}=rac{40}{183}=0.22$$

3. Generate the sampling distribution of the chosen test statistic, assuming \mathcal{H}_{θ} to be true

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$n_{
m i}=180, \quad m_{
m i}=13, \quad p_{
m i}=rac{m_{
m i}}{n_{
m i}}=rac{13}{180}=0.07 \ n_{
m c}=183, \quad m_{
m c}=40, \ p_{
m c}=rac{m_{
m c}}{n_{
m c}}=rac{40}{183}=0.22$$

3. Generate the sampling distribution of the chosen test statistic, assuming \mathcal{H}_{θ} to be true

Let's fill the contingency table

Treatment/Infected	Yes	No	Total
Zidovudine			
Placebo			
Total			

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$n_{
m i}=180, \quad m_{
m i}=13, \quad p_{
m i}=rac{m_{
m i}}{n_{
m i}}=rac{13}{180}=0.07 \ n_{
m c}=183, \quad m_{
m c}=40, \ p_{
m c}=rac{m_{
m c}}{n_{
m c}}=rac{40}{183}=0.22$$

3. Generate the sampling distribution of the chosen test statistic, assuming \mathcal{H}_{θ} to be true

Observed values

Treatment/Infected	Yes	No	Total
Zidovudine	13	167	180
Placebo	40	143	183
Total	53	310	363

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$\Pi=rac{tot_{ ext{infected}}}{total}=rac{53}{363}=0.146$$

Observed values

Treatment/Infected	Yes	No	Total
Zidovudine	13	167	180
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Treatment/Infected	Yes	No	Total
Zidovudine	180*0.146		180
Placebo	183*0.146		183
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? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$\Pi=rac{tot_{ ext{infected}}}{total}=rac{53}{363}=0.146$$

Observed values

Treatment/Infected	Yes	No	Total
Zidovudine	13	167	180
Placebo	40	143	183
Total	53	310	363

Treatment/Infected	Yes	No	Total
Zidovudine	26.28		180
Placebo	26.72		183
Total	53	310	363

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$\Pi = rac{tot_{ ext{infected}}}{total} = rac{53}{363} = 0.146$$

Observed values

Treatment/Infected	Yes	No	Total
Zidovudine	13	167	180
Placebo	40	143	183
Total	53	310	363

Treatment/Infected	Yes	No	Total
Zidovudine	26.28	153.72	180
Placebo	26.72	156.28	183
Total	53	310	363

Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$\Pi = rac{tot_{ ext{infected}}}{total} = rac{53}{363} = 0.146$$

Observed values

Treatment/Infected	Yes	No	Total
Zidovudine	13	167	180
Placebo	40	143	183
Total	53	310	363

Treatment/Infected	Yes	No	Total
Zidovudine	26.28	153.72	180
Placebo	26.72	156.28	183
Total	53	310	363

$$\chi^2 = \sum \frac{(Observed-Expected)^2}{Expected} = \frac{(13-26.28)^2}{26.28} + \frac{(167-153.72)^2}{153.72} + \frac{(40-26.72)^2}{26.72} + \frac{(143-156.28)^2}{156.28} = 15.57$$

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$\Pi = rac{tot_{ ext{infected}}}{total} = rac{53}{363} = 0.146$$

Observed values

Treatment/Infected	Yes	No	Total
Zidovudine	13	167	180
Placebo	40	143	183
Total	53	310	363

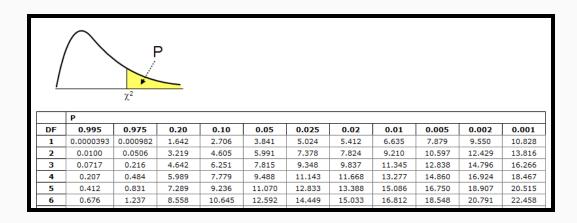
Treatment/Infected	Yes	No	Total
Zidovudine	26.28	153.72	180
Placebo	26.72	156.28	183
Total	53	310	363

$$\chi^2 = \sum \frac{(Observed-Expected)^2}{Expected} = \frac{(13-26.28)^2}{26.28} + \frac{(167-153.72)^2}{153.72} + \frac{(40-26.72)^2}{26.72} + \frac{(143-156.28)^2}{156.28} = 15.57$$

$$\mathrm{df} = (n_{\mathrm{righe}} - 1) imes (n_{\mathrm{colonne}} - 1) = 1$$

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$\Pi = rac{tot_{ ext{infected}}}{total} = rac{53}{363} = 0.146$$

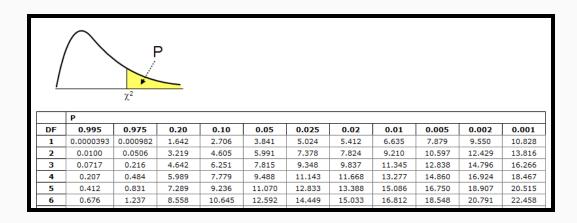


4. Check whether the observed statistic lies in the tails of this distribution, and calculate a probability (P-value) for this event

$$\chi^2=15.57 \hspace{0.5cm} ext{df}=1 \hspace{0.5cm}
ightarrow \hspace{0.5cm} ext{P} < 0.001=7.9 imes 10^{-5}$$

? Is Zidovudine better than placebo to reduce mother-infant HIV transmission?

$$\Pi=rac{tot_{ ext{infected}}}{total}=rac{53}{363}=0.146$$



4. Declare the result statistically significant if the P-value is below some critical threshold α

$$\chi^2=15.57$$
 $ext{df}=1$ o $ext{P}<0.001=7.9 imes10^{-5} o reject $\mathcal{H}_0$$

*

Does education level influences physical activity frequency?

Observed values

	No Exercise	Sporadic Exercise	Regular Exercise	Total
Primary education				
Secondary education				
Bachelor/Master				
Doctorate				
Total				

*

Does education level influences physical activity frequency?

Expected values

	No Exercise	Sporadic Exercise	Regular Exercise	Total
Primary education	$\frac{\Sigma \text{Row}_1 \times \Sigma \text{Column}_1}{\text{Total}}$	$\frac{\Sigma \mathrm{Row}_1{\times}\Sigma\mathrm{Column}_2}{\mathrm{Total}}$	$\frac{\Sigma \text{Row}_1 \times \Sigma \text{Column}_3}{\text{Total}}$	$oxed{\Sigma ext{Row}_1}$
Secondary education	$\frac{\Sigma \text{Row}_2 \times \Sigma \text{Column}_1}{\text{Total}}$	•••	•••	$oxed{\Sigma ext{Row}_2}$
Bachelor/Master	$\frac{\Sigma Row_3 \times \Sigma Column_1}{Total}$	•••	•••	$\Sigma \mathrm{Row}_3$
Doctorate	$\frac{\Sigma Row_4 \times \Sigma Column_1}{Total}$	•••	•••	$oxed{\Sigma ext{Row}_4}$
Total	$\Sigma { m Column}_1$	$\Sigma { m Column}_2$	$\Sigma { m Column}_3$	Total

df = ?

*

Does education level influences physical activity frequency?

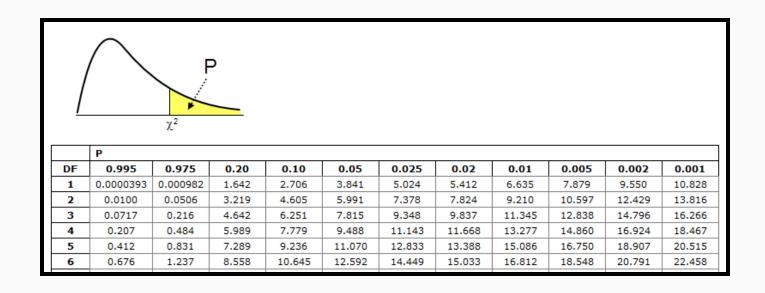
	No Exercise	Sporadic Exercise	Regular Exercise	Total
Primary education	$\frac{\Sigma \text{Row}_1 \times \Sigma \text{Column}_1}{\text{Total}}$	$\frac{\Sigma \mathrm{Row}_1{\times}\Sigma \mathrm{Column}_2}{\mathrm{Total}}$	$\frac{\Sigma \text{Row}_1 \times \Sigma \text{Column}_3}{\text{Total}}$	$oxed{\Sigma ext{Row}_1}$
Secondary education	$\frac{\Sigma \text{Row}_2 \times \Sigma \text{Column}_1}{\text{Total}}$	•••	•••	$oxed{\Sigma ext{Row}_2}$
Bachelor/Master	$\frac{\Sigma Row_3 \times \Sigma Column_1}{Total}$	•••	•••	$\Sigma \mathrm{Row}_3$
Doctorate	$\frac{\Sigma \text{Row}_4 \times \Sigma \text{Column}_1}{\text{Total}}$	•••	•••	$oxed{\Sigma ext{Row}_4}$
Total	$\Sigma { m Column}_1$	$\Sigma { m Column}_2$	$\Sigma { m Column}_3$	Total

?
$$ext{df} = (n_{ ext{row}} - 1) imes (n_{ ext{column}} - 1) = (4 - 1) imes (3 - 1) = 3 imes 2 = 6$$

Exercise #6

? Does the area of practice influences drinking habits of Italian healthcare workers?

Out of 279, 230, and 130 healthcare professionals working in medicine, surgery, and other wards, 122, 107, and 51 were non-drinkers, respectively.



Albano, L. et al., Alcohol consumption in a sample of Italian healthcare workers: A cross-sectional study, Archives of Environmental & Occupational Health, 2020

Pearson's χ^2 test -- Yates' correction

$$\chi^2 = \sum rac{(Observed-Expected)^2}{Expected}$$

$$\downarrow$$

$$\chi^2 = \sum rac{(|Observed-Expected|-0.5)^2}{Expected}$$

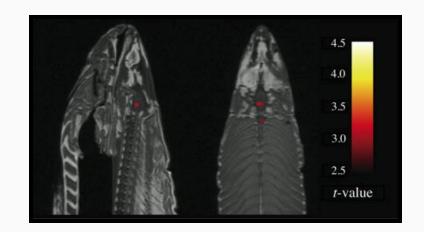


A research group showed to a single subject (*) a series of pics of humans expressing different emotions while carrying out brain imaging (fMRI). They identified 16 brain regions showing a significant response at P < 0.001.

*

A research group showed to a single subject (*) a series of pics of humans expressing different emotions while carrying out brain imaging (fMRI). They identified 16 brain regions showing a significant response at $P < 0.001. \label{eq:picon}$

(*) Atlantic salmon, 'not alive at the time of scanning'



Bennett, C. M., Miller M.B., and Wolford G.L.,. Neural correlates of interspecies perspective taking in the post-mortem Atlantic Salmon: An argument for multiple comparisons correction. Neuroimage 47.Suppl 1 (2009) doi:10.1016/S1053-8119(09)71202-9



lpha=0.05 o 5% chance one rejects \mathcal{H}_0 when is true $\mathcal{P} = 1 - 0.95 = 0.05$



lpha = 0.05
ightarrow 5% chance of rejecting \mathcal{H}_0 when is true $\mathcal{P} = 1 - 0.95 = 0.05$

with 2 tests, the chance of getting at least 1 significant (${
m P} < 0.05$) is:

$$\mathcal{P} = 1 - 0.95 imes 0.95 = 1 - 0.95^2 = 0.0975
ightarrow ~ pprox 10\%$$

with 3 tests, the chance of getting at least 1 significant is:

$$\mathcal{P} = 1 - 0.95^3 = 0.145 \rightarrow \approx 14\%$$

with 10 tests, the chance of getting at least 1 significant is:

$$\mathcal{P} = 1 - 0.95^{10} = 0.40
ightarrow \; pprox 40\%$$

Multiple testing correction

o When one carries out multiple testing comparisons, they should ask for a smaller lpha

Bonferroni-correction: $lpha = rac{0.05}{N_{
m test}}$

with 10 tests, the chance of getting at least 1 significant ($P<\frac{0.05}{10}$): $\mathcal{P}=1-0.995^{10}=0.049
ightarrow pprox 5\%$

Multiple testing correction

o When one carries out multiple testing comparisons, they should ask for a smaller lpha

When one carries out multiple testing comparisons, they should fix the expected proportion of "discoveries" that are false

False discovery rate (FDR, Benjamini-Hochberg procedure):

- 1. Sort test results from the smallest to the largest P-value
- 2. For a given lpha, find the largest k such that $\mathcal{P}(k) \leq rac{k}{m} lpha$
- 3. Reject the null hypothesis for $i=1,\ldots,k$

 $\begin{array}{ll} \textcircled{0} & p < \alpha \to \mathrm{reject} \ \mathcal{H}_0 \\ & p \geq \alpha \to \mathrm{does} \ \mathrm{not} \ \mathrm{reject} \ \mathcal{H}_0 \\ & \alpha = 0.05 \to 5\% \ \mathrm{chance} \ \mathrm{of} \ \mathrm{rejecting} \ \mathcal{H}_0 \ \mathrm{when} \ \mathrm{is} \ \mathrm{true} \end{array}$

 $p < lpha
ightarrow {
m reject} \ {\cal H}_0 \ p \geq lpha
ightarrow {
m does \ not \ reject} \ {\cal H}_0 \ lpha = 0.05
ightarrow 5\%$ chance of rejecting ${\cal H}_0$ when is true

\mathcal{H}_0 is	Not rejected	Rejected
True		
False		

 $p < lpha
ightarrow {
m reject} \ {\cal H}_0 \ p \geq lpha
ightarrow {
m does \ not \ reject} \ {\cal H}_0 \ lpha = 0.05
ightarrow 5\%$ chance of rejecting ${\cal H}_0$ when is true

\mathcal{H}_0 is	Not rejected	Rejected
True		False positive
False	False negative	

Suspect is	Absolved	Convicted
Innocent		One convicts an innocent
Guilty	One absolve an offender	

 $p < lpha
ightarrow {
m reject} \ {\cal H}_0 \ p \geq lpha
ightarrow {
m does \ not \ reject} \ {\cal H}_0 \ lpha = 0.05
ightarrow 5\%$ chance of rejecting ${\cal H}_0$ when is true

\mathcal{H}_0 is	Not rejected	Rejected
True		Type I error ($lpha$)
False	Type II error (β)	

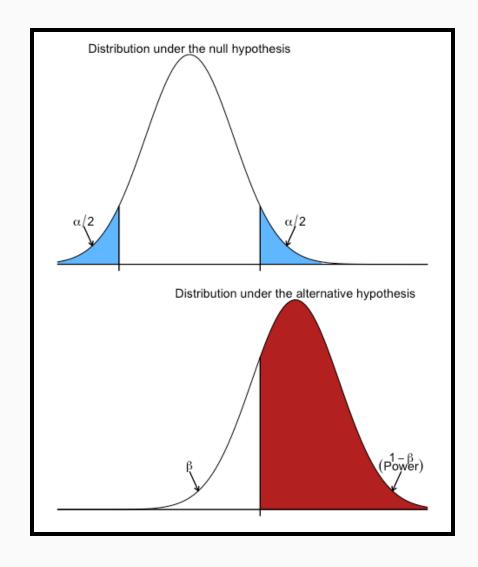
Exercise #7

? There was a shepherd boy who repeatedly cried wolf when there was no wolf. Yet, each time, villagers went to help him. Then, the wolf arrived, but, when the boy cried wolf, no villager helped.

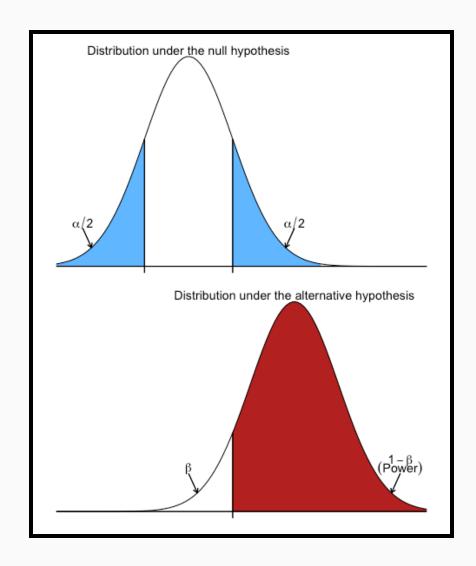
First we see an example of a...

- a) Type I error, then Type II error
- b) Type II error, then Type I error
- c) Null error, then alternative error
- d) None of the above

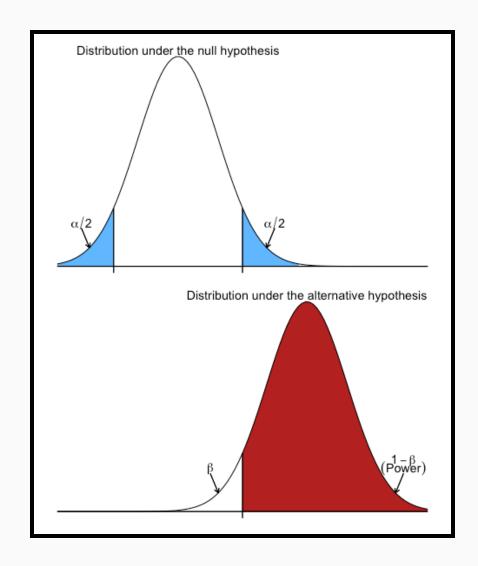
\mathcal{H}_0 is	Not rejected	Rejected
True		α
False	β	1-eta Statistical power



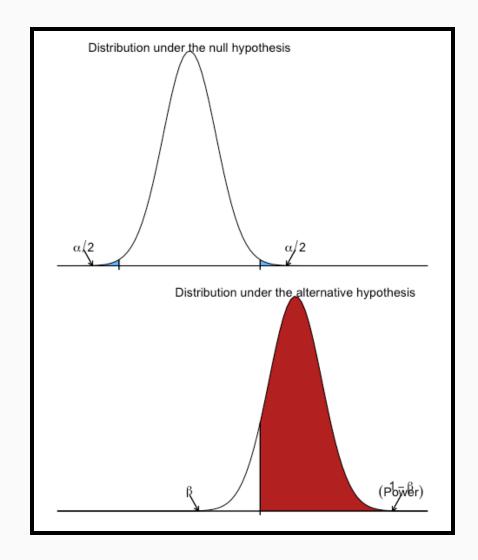
o The power is increased by: - larger α



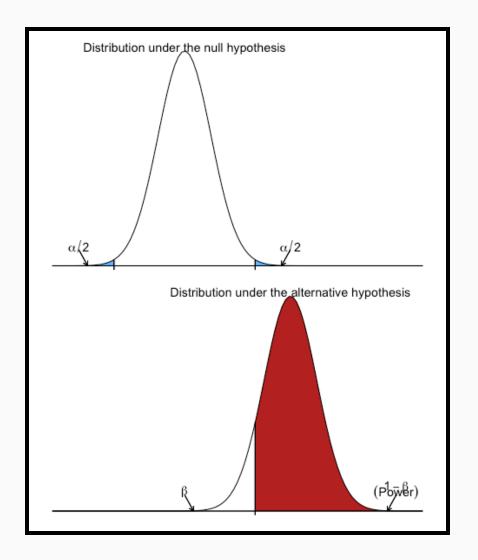
- The power is increased by:
 - larger lpha
 - larger $\mu_i \mu_c$



- The power is increased by:
 - larger lpha
 - larger $\mu_i \mu_c$
 - smaller σ^2



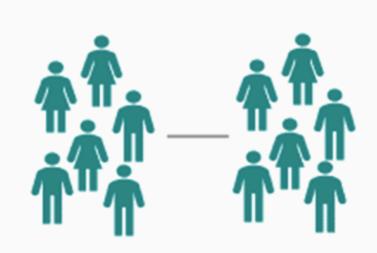
- The power is increased by:
 - larger lpha
 - larger $\mu_i \mu_c$
 - smaller σ^2
 - larger sample size n

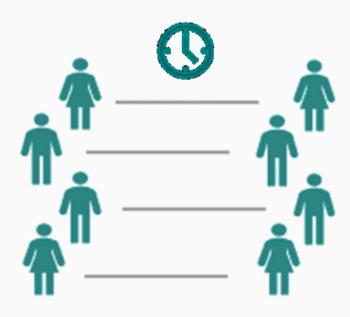


Exercise #8

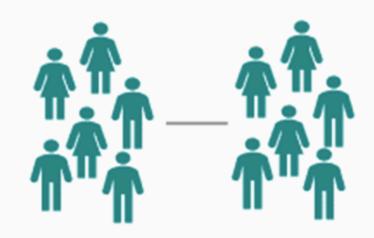
- If one'd like to increase the power of their study, which factor(s) could modify?
 - a) the level of significance lpha
 - b) the difference $\mu_i \mu_c$
 - c) the samples' σ^2
 - d) the samples' size n

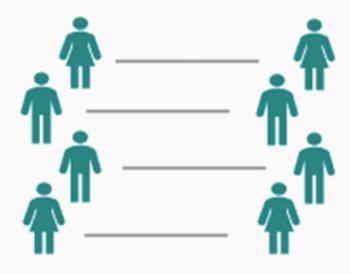
Independent and paired samples



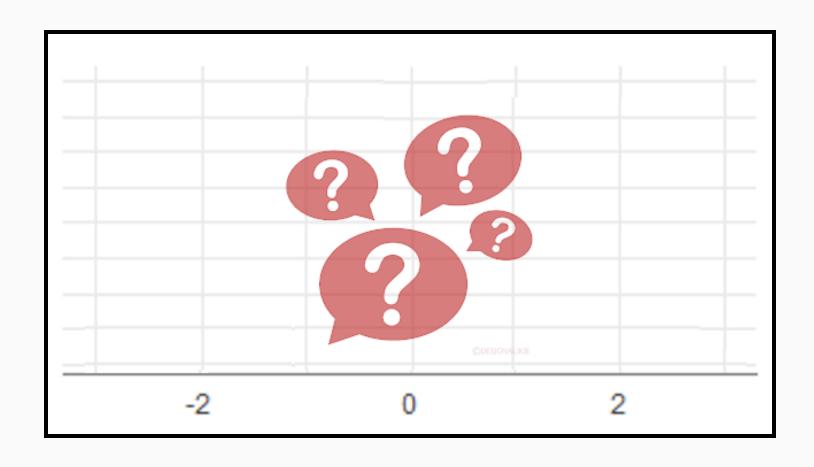


Independent and paired samples





Non-parametric tests



Non-parametric tests

Sample	Data type	\mathcal{H}_0	Non-parametric test
Independent	Numerical	$\mu_1=\mu_2$	Mann-Whitney's test
Paired	Numerical	$\mu_1=\mu_2$	Wilcoxon's test
Independent	Categorical	$\pi_1=\pi_2$	Fisher's test
Paired	Categorical	$\pi_1=\pi_2$	McNemar's test

Summary

- The P-value measures the discrepancy between the data and the null hypothesis \mathcal{H}_0 , and correspond to the probability of observing such an extreme value, if \mathcal{H}_0 was true
- Historically, P < 0.05 or < 0.01 are considered as statistically significant, but these lpha levels should be corrected by the number of tests
- There is a relationship between CI and P-values: if the 95% CI doesn't include the null hypothesis, one can reject it at lpha=0.05
- ullet Type I errors (false positive) depend on lpha
- There is a relationship between type II errors (false negative, eta) and the power of a study
- When data have non-Normal distribution, one can use non-parametric tests

Wrap up



The PARACHUTE trial

RESEARCH

Parachute use to prevent death and major trauma when jumping from aircraft: randomized controlled trial

Robert W Yeh, ¹ Linda R Valsdottir, ¹ Michael W Yeh, ² Changyu Shen, ¹ Daniel B Kramer, ¹ Jordan B Strom, ¹ Eric A Secemsky, ¹ Joanne L Healy, ¹ Robert M Domeier, ³ Dhruv S Kazi, ¹ Brahmajee K Nallamothu ⁴ On behalf of the PARACHUTE Investigators

WHAT IS ALREADY KNOWN ON THIS TOPIC

Parachutes are routinely used to prevent death or major traumatic injury among individuals jumping from aircraft, but their efficacy is based primarily on biological plausibility and expert opinion

No randomized controlled trials of parachute use have yet been attempted, presumably owing to a lack of equipoise

WHAT THIS STUDY ADDS

This randomized trial of parachute use found no reduction in death or major injury compared with individuals jumping from aircraft with an empty backpack Lack of enrolment of individuals at high risk could have influenced the results of the trial

The PARACHUTE trial







Closing remarks

"To consult the statistician after an experiment is finished is often merely to ask him to conduct a post mortem examination. He can perhaps say what the experiment died of.

R. Fisher

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Thank you

