

# Tuning joint priors

Stat 340: Bayesian Statistics

# Example: Comparing proportions

- Yen et al. (2009) studied breast cancer survivors to consider possible risk factors for lymphedema (LE)
- Condition caused by a blockage of lymph vessels that drain fluids from body tissues
- $n = 1211$  women were followed for 4 years
- Tracked LE status and number of lymph nodes examined during surgery

**Research question:**

Does the probability of LE vary according to the of nodes examined?

# Observed data

Nodes examined	Lymphedema		
	Yes	No	
High (>5)	126	351	477
Low ( $\leq 5$ )	53	681	734

- We're conditioning on the number of nodes
- Assume the number of LE cases in the high and low categories are independent binomial random variables

# LE model

$\theta_1$  = probability of LE for high node counts

$\theta_2$  = probability of LE for low node counts

**Likelihood:**  $Y_1|\theta_1 \sim \text{Binom}(n_1, \theta_1), \quad Y_2|\theta_2 \sim \text{Binom}(n_2, \theta_2)$

$Y_1|\theta_1, Y_2|\theta_2$  independent

**Priors:**  $\theta_1 \sim \text{Beta}(a_1, b_1), \quad \theta_2 \sim \text{Beta}(a_2, b_2)$

$\theta_1, \theta_2$  independent

# Tuning beta priors

We're assuming  $\theta_1, \theta_2$  are independent, so we can tune the two beta priors separately

Prior information from literature:

- Indicates reasonable ranges for LE probability after surgery
- Risk is about 2% per year, continues for many years
- For 4 year period
  - set prior mode to 0.08
  - $P(\theta_i < 0.3) = 0.95$

# Other priors

- In the absence of prior information, using independent reference priors is justified
- If we prior studies had been conducted, then we could use data augmentation priors
- We're not constrained to the beta family of priors, but it is convenient!

# Example: Comparing rates

- Colditz et al. (1990) studied rates of breast cancer for 50-59-year-old postmenopausal women
- Two cohorts studied
  - estrogen replacement therapy
  - no estrogen replacement therapy

## **Research question:**

Does estrogen replacement therapy impact the rate of breast cancer?

# Observed data

Group	Cancer cases	Person-years
Hormone therapy	123	46,524
None	288	145,159

*Person-years:* "The product of the number of years times the number of members of a population"

We'll *assume* the number of cancer cases in the two cohorts are independent



# Cancer model

$\theta_1$  = rate of occurrence of cancer per person-year in hormone therapy cohort

$\theta_2$  = rate of occurrence of cancer per person-year in no-therapy cohort

**Likelihood:**  $Y_1|\theta_1 \sim \text{Poisson}(\theta_1 M_1), \quad Y_2|\theta_2 \sim \text{Poisson}(\theta_2 M_2)$

$Y_1|\theta_1, Y_2|\theta_2$  independent

**Priors:**  $\theta_1 \sim \text{Gamma}(a_1, b_1), \quad \theta_2 \sim \text{Gamma}(a_2, b_2)$

$\theta_1, \theta_2$  independent

# Tuning gamma priors

## 1. Informative priors

Ask experts to think about  $\theta_i$  independently, use this information to tune the prior parameters

## 2. Non-informative/vague priors

Use reference or diffuse priors

# Reference priors

- A reference prior for a rate parameter of a Poisson distribution is

$$\pi(\theta) \propto 1/\sqrt{\theta}$$

- Equivalent to  $\text{Gamma}(0.5, 0)$ , which is **improper**
- You can approximate it with  $\text{Gamma}(0.5, 0.001)$  in JAGS