# **Mutiple Testing in Clinical Trials**

Livio Finos

#### Weeks

Week 1:One test, Many test,Lab and simulation

o Week 2:

Multiple testing procedures (FamilyWise Error Rate)
Lab multiple testing procedures
Discussion with dr Glauco Cappellini (Quantiles Italia)

o Week 3:

False Discovery Rate and other measures Sequential Rejecton Principle for FamilyWise Error Rate

o Week 4:

Univariate and Multivariate Permutation Tests

# American Statistical Association's Ethical Guidelines for Statistical Practice

Recognize that any frequentist statistical test has a random chance of indicating significance when it is not really present.

Selecting the one "significant" result from a multiplicity of parallel tests poses a grave risk of an incorrect conclusion.

Failure to disclose the full extent of tests and their results in such a case would be highly misleading



# American Statistical Association's Ethical Guidelines for Statistical Practice

Recognize that any frequentist statistical test has a random chance of indicating significance when it is not really present.

Selecting the one "significant" result from a multiplicity of parallel tests poses a grave risk of an incorrect conclusion.

Failure to disclose the full extent of tests and their results in such a case would be highly misleading

e.g. VaxGen's AIDSVAX trial . . .



### VaxGen's AIDSVAX trial?

VaxGen announced the results of the first-ever efficacy trial of an AIDS vaccine on 24 February 2003:

the vaccine prevent HIV infection?

	Total	Infected		
All subjects	1679	96	5.8%	PLACEBO
	3330	191	5.7%	VACCINE

"We saw absolutely no difference between the vaccine and placebo groups. Everyone was pretty depressed."

but the next day...

### VaxGen's AIDSVAX trial

...by broking the data down into racial groups — which they say was part of the original design — the vaccine appeared to have worked in blacks:

	Total	Infected		Fisher's exact test	
White	1508	81	5.4%	$p_W = 0.898$	
	3003	179	6.0%	$p_W = 0.030$	
Black	111	9	8.1%	$p_B = 0.015$	
	203	4	2.2%	$p_B = 0.010$	
Asian	20	2	10.0%	$p_A = 0.301$	
	53	4	3.8%	$p_A = 0.301$	
Other	40	6	15.0%	$p_O = 0.345$	
	71	6	8.5%		

<sup>&</sup>quot;The numbers were small, which concerned us, but the result was highly statistically significant. They were pretty incredible results."



#### **Criticisms**

#### 1. failure to account for multiplicity

"The p-values were not adjusted."

#### 2. selective reporting (data snooping)

"It's all murky because it's all post hoc analysis. They might as well do a subgroup analysis based on signs of the zodiac."

If you torture your data long enough, they will confess you whatever you want to hear!

## Revived interest in multiple testing

#### "-omics"

e.g. genomics experiments with microarray data: which genes are differentially expressed?

#### model selection

e.g. multiple regression: which coefficients matter?

#### econometric

e.g. comparing several strategies with a benchmark: any better? which ones?

. . .

## clinical trials

#### sources of multiplicity

- multiple endpoints
- several treatments
- multiple time points
- subgroup analysis
- interim analysis

0 ...

#### regulatory guidelines

- statistical principles for clinical trials (ICH E9)
- points to consider on multiplicity issues in clinical trials (EMEA)
- 0 ...