case-01-ec-rmd

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Table 1 Values for Digoxin

```
mean and sd of age
## [1] 63.4
## [1] 11
mean and sd of ejection fraction
## [1] 28.6
## [1] 8.8
median duration of CHF
## # A tibble: 1 x 1
##
       med
##
     <dbl>
## 1
        17
prop female
## # A tibble: 1 x 3
     SEX
                n freq
     <chr> <int> <dbl>
              755 0.222
## 1 Female
prop non-white
## # A tibble: 1 x 3
##
     RACE
                    n freq
     <chr>
               <int> <dbl>
## 1 Non-white
                 487 0.143
prop older than 70
## # A tibble: 1 x 1
##
      freq
     <dbl>
## 1 0.267
prop each method of assessing ejection fraction
## # A tibble: 3 x 2
##
     EJFMETH
                                         freq
     <chr>
##
                                        <dbl>
## 1 Contrast angiography
                                        0.055
## 2 Radionuclide ventriculography
                                        0.65
```

```
## 3 Two-dimensional echocardiography 0.295
prop cardiothoracic ratio
## # A tibble: 1 x 1
##
      freq
##
     <dbl>
## 1 0.346
prop NYHA class
## # A tibble: 4 x 2
   FUNCTCLS freq
    <chr>
##
              <dbl>
## 1 I
              0.137
## 2 II
              0.533
## 3 III
              0.307
## 4 IV
              0.022
prop for each number of signs/symptoms
## # A tibble: 5 x 2
##
     NSYM freq
##
     <dbl> <dbl>
## 1
        0 0.011
## 2
         1 0.024
## 3
         2 0.071
## 4
         3 0.093
## 5
         4 0.802
prop previous myo infection
## # A tibble: 1 x 2
##
   PREVMI freq
##
      <dbl> <dbl>
## 1
          1 0.647
prop angina
## # A tibble: 1 x 2
   ANGINA freq
##
     <dbl> <dbl>
## 1
          1 0.271
prop diabetes
## # A tibble: 1 x 2
   DIABETES freq
##
        <dbl> <dbl>
## 1
            1 0.283
prop hypertension
## # A tibble: 1 x 2
     HYPERTEN freq
##
##
        <dbl> <dbl>
## 1
            1 0.45
```

prop previous digoxin use
A tibble: 1 x 2
DIGUSE freq

```
## <dbl> <dbl> ## 1 0.441
```

prop primary cause nonischemic or ischemic

2 Nonischemic 0.292

prop primary cause within nonischemic

A tibble: 3 x 2
CHFETIOL freq
<chr> ## 1 Hypertensive 0.08
2 Idiopathic 0.155
3 Other 0.055

prop diuretics

A tibble: 1 x 2
diurets freq
<chr> <dbl>
1 Diuretics 0.812

prop ace inhibitor

A tibble: 1 x 2
ACEINHIB freq
<dbl> <dbl>
1 0.941

prop nitrates

A tibble: 1 x 2
NITRATES freq
<dbl> <dbl>
1 0.422

prop other vasodilators

A tibble: 1 x 2
VASOD freq
<dbl> <dbl>
1 0.009

prop daily dose

A tibble: 4 x 2
DIGDOSE freq
<dbl> <dbl>
1 0.125 0.175
2 0.25 0.706
3 0.375 0.103
4 0.5 0.011

Table 1 Values for Placebo

```
mean and sd of age
## [1] 63.5
## [1] 10.8
mean and sd of ejection fraction
## [1] 28.4
## [1] 8.9
median duration of CHF
## # A tibble: 1 x 1
##
       med
##
     <dbl>
## 1
        16
prop female
## # A tibble: 1 x 3
##
     SEX
                n freq
     <chr> <int> <dbl>
## 1 Female 764 0.225
prop non-white
## # A tibble: 1 x 3
##
     RACE
                    n freq
     <chr>
               <int> <dbl>
## 1 Non-white 504 0.148
prop older than 70
## # A tibble: 1 x 1
##
      freq
##
     <dbl>
## 1 0.274
prop each method of assessing ejection fraction
## # A tibble: 3 x 2
##
     EJFMETH
                                         freq
##
     <chr>
                                        <dbl>
## 1 Contrast angiography
                                        0.058
## 2 Radionuclide ventriculography
                                        0.642
## 3 Two-dimensional echocardiography 0.3
prop cardiothoracic ratio
## # A tibble: 1 x 1
      freq
##
     <dbl>
## 1 0.344
prop NYHA class
## # A tibble: 4 x 2
     FUNCTCLS freq
##
##
     <chr>
              <dbl>
## 1 I
              0.13
```

```
## 2 II 0.545
## 3 III 0.305
## 4 IV 0.019
```

prop for each number of signs/symptoms

prop previous myo infection

prop angina

prop diabetes

A tibble: 1 x 2
DIABETES freq
<dbl> <dbl>
1 0.286

prop hypertension

A tibble: 1 x 2
HYPERTEN freq
<dbl> <dbl>
1 0.458

prop previous digoxin use

prop primary cause nonischemic or ischemic

prop primary cause within nonischemic

A tibble: 3 x 2
CHFETIOL freq

```
## <chr>
                  <dbl>
## 1 Hypertensive 0.091
## 2 Idiopathic
                  0.142
## 3 Other
                  0.06
prop diuretics
## # A tibble: 1 x 2
    diurets
               freq
     <chr>
               <dbl>
## 1 Diuretics 0.822
prop ace inhibitor
## # A tibble: 1 x 2
##
   ACEINHIB freq
##
        <dbl> <dbl>
           1 0.948
## 1
prop nitrates
## # A tibble: 1 x 2
## NITRATES freq
##
        <dbl> <dbl>
## 1
           1 0.431
prop other vasodilators
## # A tibble: 1 x 2
   VASOD freq
##
   <dbl> <dbl>
## 1
        1 0.015
prop daily dose
## # A tibble: 4 x 2
##
   DIGDOSE freq
##
       <dbl> <dbl>
## 1
       0.125 0.174
## 2 0.25 0.701
## 3 0.375 0.113
## 4 0.5 0.009
```

Table 4 Digoxin Values

ejection fraction .25-.45 $\,$

A tibble: 1 x 3
DWHF n freq
< <dbl> <int> <dbl>
1 1 613 0.27

ejection fraction < .25

A tibble: 1 x 3
DWHF n freq
<dbl> <int> <dbl>
1 1 428 0.38

previous use of digoxin

```
## # A tibble: 2 x 4
## # Groups: DIGUSE [2]
## DIGUSE DWHF n freq
## <chr> <dbl> <int> <dbl>
         1 491 0.259
## 1 No
## 2 Yes
            1 550 0.367
cause of heart failure
## # A tibble: 2 x 4
## # Groups: CHFETIOL_ni [2]
## CHFETIOL_ni DWHF n freq
## <chr> <dbl> <int> <dbl>
## 1 Ischemic 1 731 0.304
## 2 Nonischemic 1 310 0.312
cardiothoracic ratio <=.55
## # A tibble: 1 x 3
## DWHF n freq
## <dbl> <int> <dbl>
## 1 1 600 0.27
cardiothoracic ratio > .55
## # A tibble: 1 x 3
## DWHF n freq
## <dbl> <int> <dbl>
## 1 1 441 0.375
nyha class
## # A tibble: 2 x 4
## # Groups: FUNCTCLS [2]
## FUNCTCLS DWHF n freq
## <chr> <dbl> <int> <dbl>
## 1 1 or 2
            1 601 0.264
## 2 3 or 4
              1 440 0.392
overall study
## # A tibble: 1 x 3
## DWHF n freq
## <dbl> <int> <dbl>
## 1 1 1041 0.306
```

Table 4 Placebo Values

ejection fraction .25-.45
A tibble: 1 x 3
DWHF n freq
<dbl> <int> <dbl>
1 1 735 0.323
ejection fraction < .25
A tibble: 1 x 3
DWHF n freq
<dbl> <int> <dbl>

```
## 1 1 556 0.492
previous use of digoxin
## # A tibble: 2 x 4
## # Groups: DIGUSE [2]
   DIGUSE DWHF n freq
   <chr> <dbl> <int> <dbl>
            1 603 0.32
## 1 No
## 2 Yes
             1
                  688 0.453
cause of heart failure
## # A tibble: 2 x 4
## # Groups: CHFETIOL_ni [2]
    CHFETIOL_ni DWHF n freq
##
##
    <chr>
               <dbl> <int> <dbl>
## 1 Ischemic 1 873 0.364
## 2 Nonischemic 1 418 0.416
cardiothoracic ratio \leq .55
## # A tibble: 1 x 3
##
   DWHF
          n freq
    <dbl> <int> <dbl>
## 1
      1 724 0.324
cardiothoracic ratio > .55
## # A tibble: 1 x 3
## DWHF n freq
   <dbl> <int> <dbl>
## 1
      1 567 0.485
nyha class
## # A tibble: 2 x 4
## # Groups: FUNCTCLS [2]
## FUNCTCLS DWHF n freq
   <chr> <dbl> <int> <dbl>
## 1 1 or 2
              1 739 0.322
## 2 3 or 4
               1 552 0.499
overall study
## # A tibble: 1 x 3
## DWHF n freq
## <dbl> <int> <dbl>
## 1 1 1291 0.379
```

Table 4: Absolute Difference

```
absolute dif ejection fraction .25-.45 ## [1] -0.053
```

[1] -0.080 -0.027 ## attr(,"conf.level")

[1] 0.95

absolute dif ejection fraction <.25

```
## [1] -0.112
```

absolute dif previous digoxin use = yes

absolute dif previous digoxin use = no

absolute dif cause of heart failure = ischemic

absolute dif cause of heart failure = nonischemic

absolute dif ct ratio <=.55

absolute dif ct ratio > .55

absolute dif nyha class = 1 or 2

absolute dif nyha class = 3 or 4

```
## [1] -0.149 -0.067
## attr(,"conf.level")
## [1] 0.95
absolute dif overall pop
## [1] -0.073
## [1] -0.095 -0.050
## attr(,"conf.level")
## [1] 0.95
```

Table 4: Risk Ratio

```
risk ratio ejection fraction .25-.45
## [1] 0.835
## [1] 0.835 0.836
## attr(,"conf.level")
## [1] 0.95
risk ratio ejection fraction <.25
## [1] 0.772
## [1] 0.771 0.773
## attr(,"conf.level")
## [1] 0.95
risk ratio prev digoxin use = yes
## [1] 0.811
## [1] 0.810 0.811
## attr(,"conf.level")
## [1] 0.95
risk ratio prev digoxin use = no
## [1] 0.808
## [1] 0.807 0.809
## attr(,"conf.level")
## [1] 0.95
risk ratio cause of heart failure = ischemic
## [1] 0.835
## [1] 0.834 0.835
## attr(,"conf.level")
## [1] 0.95
risk ratio cause of heart failure = nonischemic
## [1] 0.751
## [1] 0.749 0.752
## attr(,"conf.level")
## [1] 0.95
risk ratio ct ratio <= .55
```

```
## [1] 0.815
## [1] 0.815 0.816
## attr(,"conf.level")
## [1] 0.95
risk ratio ct ratio > .55
## [1] 0.774
## [1] 0.773 0.775
## attr(,"conf.level")
## [1] 0.95
risk ratio nyha = 1 or 2
## [1] 0.821
## [1] 0.820 0.821
## attr(,"conf.level")
## [1] 0.95
risk ratio nyha = 3 or 4
## [1] 0.784
## [1] 0.783 0.785
## attr(,"conf.level")
## [1] 0.95
risk ratio overall pop
## [1] 0.808
## [1] 0.807 0.808
## attr(,"conf.level")
## [1] 0.95
```

Discussion

The values I calculated for table 1 and table 4 (except the risk ratio column) are very close to the ones in the report. Most of them are only off by .1% or .2% which is likely just due to differences in rounding. However, the risk ratio column in table 4 that I calculated has more differences from the original paper. The values are off by no more than .15, and the confidence intervals are much smaller than in the original paper. I calculated the risk ratios by dividing the percentage of patients on digoxin that experienced each level of the variable (ejection fraction, previous digoxin use cause of heart failure, ct ratio, NYHA class) by the percentage of patients on the placebo that experienced that same level. I chose to do it this way because that is how a risk ratio is usually calculated by hand. The researchers said that they estimated the risk ratios from the Cox proportional-hazards model; however, I tried finding the risk ratios using the model output, and the values were very different from the ones in the paper since many were over 1. Calculating the risk ratios by hand and using the actual definition of risk ratios brought me closer than trying to estimate them from the model, so I chose hand calculation instead. I believe are differences are because the researchers were very unclear in the paper how they calculated their risk ratios. Because it was so vague, I struggled with finding the right calculations to give me the same output. Additionally, Professor Jiang mentioned that the paper used the term risk ratio which is not actually the right term for the calculations which leads to grater confusion. I couldn't figure out what other calculations/formulas the researchers were doing to get those number, so I just chose the traditional method to find risk ratios since that was what the paper originally indicated.