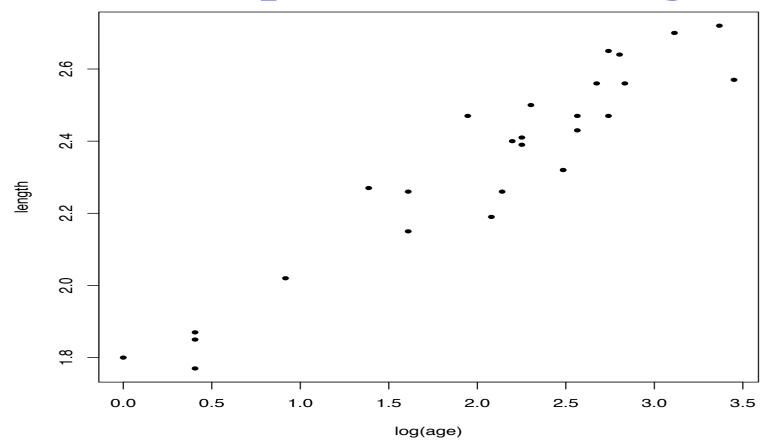
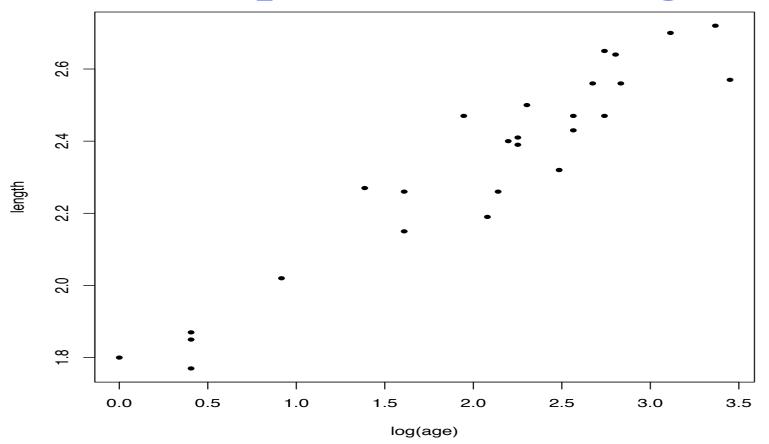
BUGS Example 1: Linear Regression



• For n = 27 captured samples of the sirenian species dugong (sea cow), relate an animal's length in meters, Y_i , to its age in years, x_i .

BUGS Example 1: Linear Regression



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- To avoid a nonlinear model for now, transform x_i to the log scale; plot of Y versus $\log(x)$ looks fairly linear!

$$Y_i = \beta_0 + \beta_1 \log(x_i) + \epsilon_i, \ i = 1, \dots, n$$

- Prior distributions:
 - flat for β_0, β_1
 - vague gamma on τ (say, Gamma(0.1, 0.1), which has mean 1 and variance 10) is traditional

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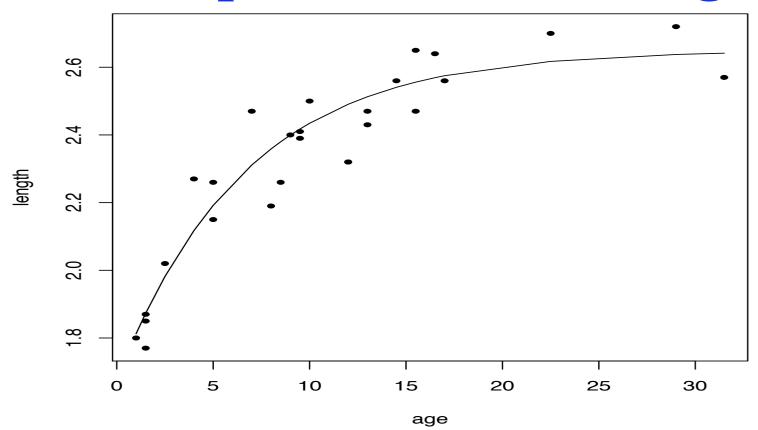
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- Code: www.biostat.umn.edu/~brad/data/dugongs_BUGS.txt

BUGS Example 2: Nonlinear Regression



Model the untransformed dugong data as

$$Y_i = \alpha - \beta \gamma^{x_i} + \epsilon_i, \ i = 1, \dots, n,$$

where $\alpha > 0$, $\beta > 0$, $0 \le \gamma \le 1$, and as usual $\epsilon_i \stackrel{iid}{\sim} N(0, \tau)$ for $\tau \equiv 1/\sigma^2 > 0$.

- In this model,
 - α corresponds to the average length of a fully grown dugong $(x \to \infty)$
 - $(\alpha \beta)$ is the length of a dugong at birth (x = 0)
 - γ determines the growth rate: lower values produce an initially steep growth curve while higher values lead to gradual, almost linear growth.

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- Code: www.biostat.umn.edu/~brad/data/dugongsNL_BUGS.txt
- Obtain posterior density estimates and autocorrelation plots for α, β, γ , and σ , and investigate the bivariate posterior of (α, γ) using the Correlation tool on the Inference menu!

BUGS Example 3: Logistic Regression

Consider a binary version of the dugong data,

$$Z_i = \left\{ egin{array}{ll} 1 & \mbox{if } Y_i > 2.4 \ 0 & \mbox{otherwise} \end{array} \right.$$
 (i.e., the dugong is "full-grown")

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• A logistic model for $p_i = P(Z_i = 1)$ is then

$$logit(p_i) = log[p_i/(1-p_i)] = \beta_0 + \beta_1 log(x_i)$$
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.

Two other commonly used link functions are the probit,

$$probit(p_i) = \Phi^{-1}(p_i) = \beta_0 + \beta_1 log(x_i)$$
,

and the complementary log-log (cloglog),

$$cloglog(p_i) = \log[-\log(1-p_i)] = \beta_0 + \beta_1 log(x_i)$$
.

Code: www.biostat.umn.edu/~brad/data/dugongsBin_BUGS.txt

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- DIC scores for the three models:

| model | \overline{D} | p_D | DIC |
|---------|----------------|-------|-------|
| logit | 19.62 | 1.85 | 21.47 |
| probit | 19.30 | 1.87 | 21.17 |
| cloglog | 18.77 | 1.84 | 20.61 |

In fact, these scores can be obtained from a single run; see the "trick version" at the bottom of the BUGS file!

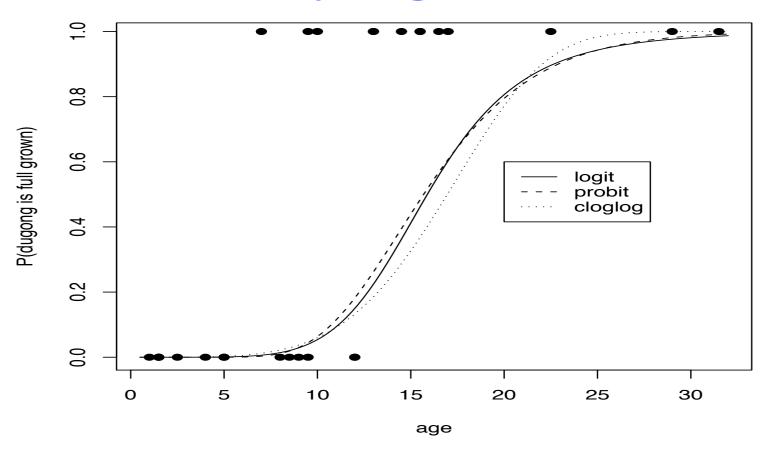
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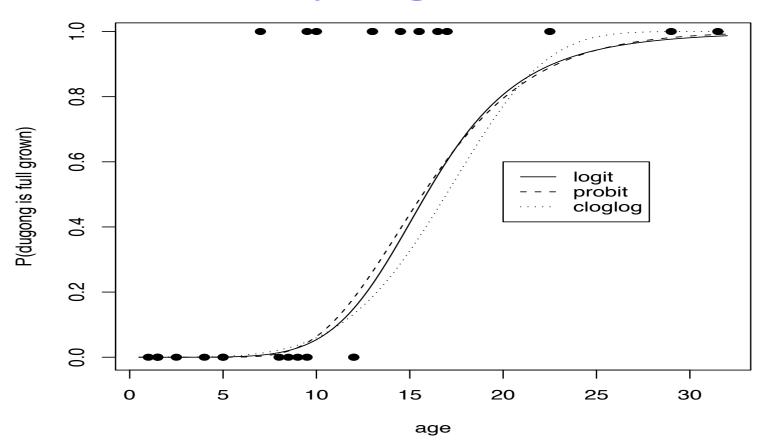
• Use the Comparison tool to compare the posteriors of β_1 across models, and the Correlation tool to check the bivariate posteriors of (β_0, β_1) across models.

Fitted binary regression models



The logit and probit fits appear very similar, but the cloglog fitted curve is slightly different

Fitted binary regression models



- The logit and probit fits appear very similar, but the cloglog fitted curve is slightly different
- You can also compare p_i posterior boxplots (induced by the link function and the β_0 and β_1 posteriors) using the Comparison tool.

BUGS Example 4: Hierarchical Models

Extend the usual two-stage (likelihood plus prior) Bayesian structure to a hierarchy of L levels, where the joint distribution of the data and the parameters is

$$f(\mathbf{y}|\boldsymbol{\theta}_1)\pi_1(\boldsymbol{\theta}_1|\boldsymbol{\theta}_2)\pi_2(\boldsymbol{\theta}_2|\boldsymbol{\theta}_3)\cdots\pi_L(\boldsymbol{\theta}_L|\boldsymbol{\lambda}).$$

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• L is often determined by the number of subscripts on the data. For example, suppose Y_{ijk} is the test score of child k in classroom j in school i in a certain city. Model:

$$Y_{ijk}|\theta_{ij} \stackrel{ind}{\sim} N(\theta_{ij}, \tau_{\theta})$$
 $(\theta_{ij} \text{ is the classroom effect})$ $\theta_{ij}|\eta_i \stackrel{ind}{\sim} N(\eta_i, \tau_{\eta})$ $(\eta_i \text{ is the school effect})$ $\eta_i|\lambda \stackrel{iid}{\sim} N(\lambda, \tau_{\lambda})$ $(\lambda \text{ is the grand mean})$

Priors for λ and the τ 's now complete the specification!

• Data: estimated log relative hazards $Y_{ij} = \hat{\beta}_{ij}$ obtained by fitting separate Cox proportional hazards regressions to the data from each of J = 18 clinical units participating in I = 6 different AIDS studies.

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- To these data we wish to fit the cross-study model,

$$Y_{ij} = a_i + b_j + s_{ij} + \epsilon_{ij}, \ i = 1, \dots, I, \ j = 1, \dots, J,$$
 where a_i = study main effect b_j = unit main effect s_{ij} = study-unit interaction term, and $\epsilon_{ij} \stackrel{iid}{\sim} N(0, \sigma_{ij}^2)$

and the estimated standard errors from the Cox regressions are used as (known) values of the σ_{ij} .

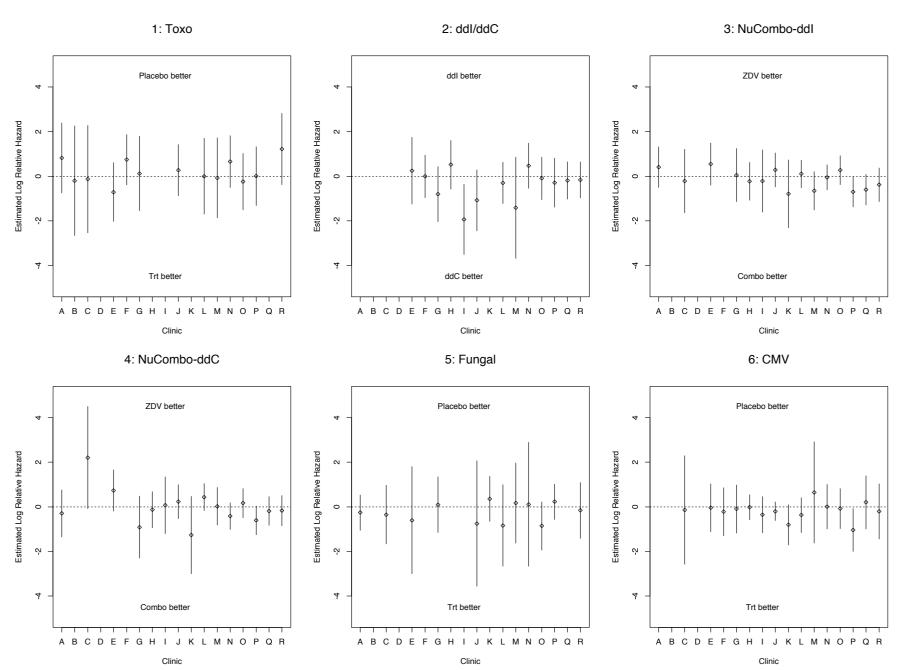
| | Toxo | ddI/ddC | NuCombo | NuCombo | Fungal | CMV |
|------|--------|---------|---------|---------|--------|-------|
| Unit | | | ZDV+ddI | ZDV+ddC | | |
| Α | 0.814 | NA | -0.406 | 0.298 | 0.094 | NA |
| В | -0.203 | NA | NA | NA | NA | NA |
| С | -0.133 | NA | 0.218 | -2.206 | 0.435 | 0.145 |
| D | NA | NA | NA | NA | NA | NA |
| Е | -0.715 | -0.242 | -0.544 | -0.731 | 0.600 | 0.041 |
| F | 0.739 | 0.009 | NA | NA | NA | 0.222 |
| G | 0.118 | 0.807 | -0.047 | 0.913 | -0.091 | 0.099 |
| Н | NA | -0.511 | 0.233 | 0.131 | NA | 0.017 |
| 1 | NA | 1.939 | 0.218 | -0.066 | NA | 0.355 |
| J | 0.271 | 1.079 | -0.277 | -0.232 | 0.752 | 0.203 |
| K | NA | NA | 0.792 | 1.264 | -0.357 | 0.807 |
| : | : | : | : | : | : | : |
| R | 1.217 | 0.165 | 0.385 | 0.172 | -0.022 | 0.203 |

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 - not all 18 units participated in all 6 studies
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- Here, overall results all favor the treatment (i.e. mostly negative Ys) except in Trial 1 (Toxo). Thus we multiply all the Y_{ij} 's by -1 for $i \neq 1$, so that larger Y_{ij} correspond in all cases to stronger agreement with the overall.

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- Next slide shows a plot of the Y_{ij} values and associated approximate 95% CIs...



Second stage of our model:

$$a_i \stackrel{iid}{\sim} N(0, 100^2), \quad b_j \stackrel{iid}{\sim} N(0, \sigma_b^2), \quad \text{and} \quad s_{ij} \stackrel{iid}{\sim} N(0, \sigma_s^2)$$

Second stage of our model:

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Third stage of our model:

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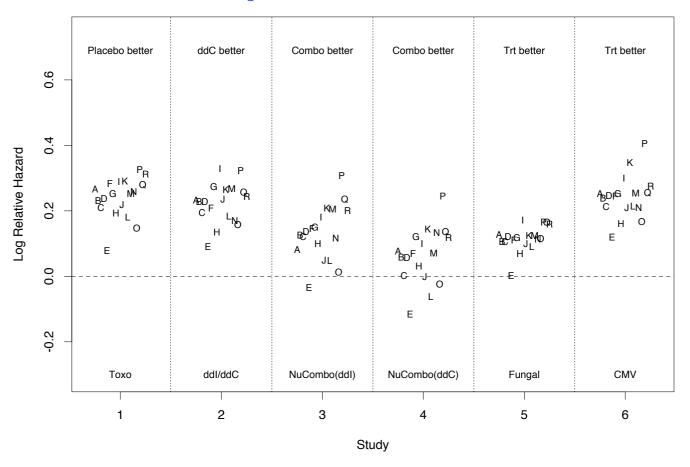
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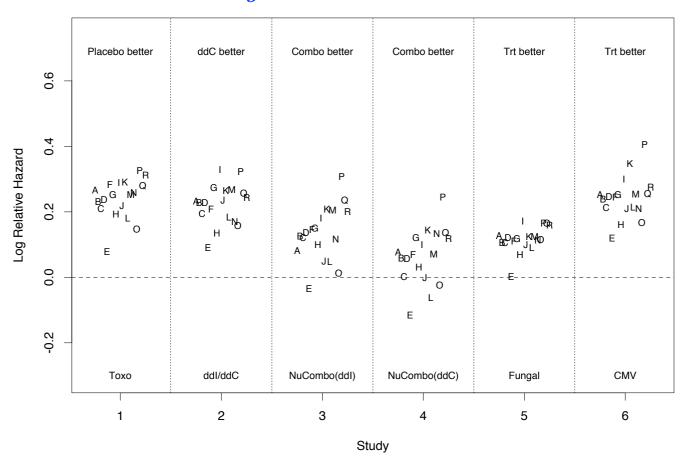
- preclude borrowing of strength across studies, but
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- Code: www.biostat.umn.edu/~brad/data/crprot_BUGS.txt

Plot of θ_{ij} posterior means



 \Diamond Unit P is an opinion leader; Unit E is a dissenter

Plot of θ_{ij} posterior means



- \Diamond Unit P is an opinion leader; Unit E is a dissenter
- \Diamond Substantial shrinkage towards 0 has occurred: mostly positive values; no estimated θ_{ij} greater than 0.6

Model Comparision via DIC

Since we lack replications for each study-unit (i-j) combination, the interactions s_{ij} in this model were only weakly identified, and the model might well be better off without them (or even without the unit effects b_i).

As such, compare a variety of reduced models:

```
Y[i,j] ~ dnorm(theta[i,j],P[i,j])
#
     theta[i,j] \leftarrow a[i]+b[j]+s[i,j] \# full model
#
     theta[i,j] <- a[i] + b[j] # drop interactions</pre>
#
    theta[i,j] \leftarrow a[i] + s[i,j] # no unit effect
#
    theta[i,j] \leftarrow b[j] + s[i,j] # no study effect
#
    theta[i,j] \leftarrow a[1] + b[j] # unit + intercept
#
     theta[i,i] <- b[i]
                            # unit effect only
    theta[i,j] < -a[i]
                                     # study effect only
```

Investigate p_D values for these models; are they consistent with posterior boxplots of the b_i and s_{ij} ?

DIC results for Cross-Study Data:

| model | \overline{D} | p_D | DIC |
|-------------------|----------------|-------|-------|
| full model | 122.0 | 12.8 | 134.8 |
| drop interactions | 123.4 | 9.7 | 133.1 |
| no unit effect | 123.8 | 10.0 | 133.8 |
| no study effect | 121.4 | 9.7 | 131.1 |
| unit + intercept | 120.3 | 4.6 | 124.9 |
| unit effect only | 122.9 | 6.2 | 129.1 |
| study effect only | 126.0 | 6.0 | 132.0 |

The DIC-best model is the one with only an intercept (a role played here by a_1) and the unit effects b_j .

These DIC differences are not much larger than their possible Monte Carlo errors, so almost any of these models could be justified here.

BUGS Example 5: Survival Modeling

Our data arises from a clinical trial comparing two treatments for *Mycobacterium avium* complex (MAC), a disease common in late stage HIV-infected persons. Eleven clinical centers ("units") have enrolled a total of 69 patients in the trial, of which 18 have died.

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- For $j=1,\ldots,n_i$ and $i=1,\ldots,k$, let $t_{ij}=$ time to death or censoring $x_{ij}=$ treatment indicator for subject j in stratum j
- Next page gives survival times (in half-days) from the MAC treatment trial, where "+" indicates a censored observation...

| unit | drug | time | unit | drug | time | unit | drug | time |
|------|-------|------|------|------|------|------|------|------|
| Α | 1 | 74+ | Е | 1 | 214 | Н | 1 | 74+ |
| Α | 2 | 248 | Е | 2 | 228+ | Н | 1 | 88+ |
| Α | 1 | 272+ | Е | 2 | 262 | Н | 1 | 148+ |
| Α | 2 | 344 | | | | Н | 2 | 162 |
| | | | F | 1 | 6 | | | |
| В | 2 | 4+ | F | 2 | 16+ | ı | 2 | 8 |
| В | 1 | 156+ | F | 1 | 76 | ı | 2 | 16+ |
| | | | F | 2 | 80 | ı | 2 | 40 |
| С | 2 | 100+ | F | 2 | 202 | ı | 1 | 120+ |
| | | | F | 1 | 258+ | ı | 1 | 168+ |
| D | 2 | 20+ | F | 1 | 268+ | ı | 2 | 174+ |
| D | 2 | 64 | F | 2 | 368+ | ı | 1 | 268+ |
| D | 2 | 88 | F | 1 | 380+ | ı | 2 | 276 |
| D | 2 | 148+ | F | 1 | 424+ | ı | 1 | 286+ |
| | • • • | | | | | | | |
| | | | | | | K | 2 | 106+ |

With proportional hazards and a Weibull baseline hazard, stratum i's hazard is

$$h(t_{ij}; x_{ij}) = h_0(t_{ij})\omega_i \exp(\beta_0 + \beta_1 x_{ij})$$
$$= \rho_i t_{ij}^{\rho_i - 1} \exp(\beta_0 + \beta_1 x_{ij} + W_i),$$

where $\rho_i > 0$, $\beta = (\beta_0, \beta_1)' \in \Re^2$, and $W_i = \log \omega_i$ is a clinic-specific frailty term.

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where $\rho_i > 0$, $\beta = (\beta_0, \beta_1)' \in \Re^2$, and $W_i = \log \omega_i$ is a clinic-specific frailty term.

• The W_i capture overall differences among the clinics, while the ρ_i allow differing baseline hazards which either increase ($\rho_i > 1$) or decrease ($\rho_i < 1$) over time. We assume i.i.d. specifications for these random effects,

$$W_i \stackrel{iid}{\sim} N(0, 1/\tau)$$
 and $\rho_i \stackrel{iid}{\sim} G(\alpha, \alpha)$.

As in the mice example (WinBUGS Examples Vol 1),

$$\mu_{ij} = \exp(\beta_0 + \beta_1 x_{ij} + W_i) ,$$

so that

$$t_{ij} \sim Weibull(\rho_i, \mu_{ij})$$
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• We recode the drug covariate from (1,2) to (-1,1) (i.e., set $x_{ij} = 2drug_{ij} - 3$) to ease collinearity between the slope β_1 and the intercept β_0 .

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- We place vague priors on β_0 and β_1 , a moderately informative G(1,1) prior on τ , and set $\alpha=10$.
- Data: www.biostat.umn.edu/~brad/data/MAC.dat Code:

www.biostat.umn.edu/~brad/data/MACfrailty_BUGS.txt

| node (unit) | mean | sd | MC error | 2.5% | median | 97.5% |
|----------------|----------|--------|----------|---------|----------|--------|
| W_1 (A) | -0.04912 | 0.835 | 0.02103 | -1.775 | -0.04596 | 1.639 |
| W_3 (C) | -0.1829 | 0.9173 | 0.01782 | -2.2 | -0.1358 | 1.52 |
| W_5 (E) | -0.03198 | 0.8107 | 0.03193 | -1.682 | -0.02653 | 1.572 |
| W_6 (F) | 0.4173 | 0.8277 | 0.04065 | -1.066 | 0.3593 | 2.227 |
| W_9 (I) | 0.2546 | 0.7969 | 0.03694 | -1.241 | 0.2164 | 1.968 |
| W_{11} (K) | -0.1945 | 0.9093 | 0.02093 | -2.139 | -0.1638 | 1.502 |
| $ ho_1$ (A) | 1.086 | 0.1922 | 0.007168 | 0.7044 | 1.083 | 1.474 |
| ρ_3 (C) | 0.9008 | 0.2487 | 0.006311 | 0.4663 | 0.8824 | 1.431 |
| $ ho_5$ (E) | 1.143 | 0.1887 | 0.00958 | 0.7904 | 1.139 | 1.521 |
| $ ho_6$ (F) | 0.935 | 0.1597 | 0.008364 | 0.6321 | 0.931 | 1.265 |
| $ ho_9$ (I) | 0.9788 | 0.1683 | 0.008735 | 0.6652 | 0.9705 | 1.339 |
| $ ho_{11}$ (K) | 0.8807 | 0.2392 | 0.01034 | 0.4558 | 0.8612 | 1.394 |
| au | 1.733 | 1.181 | 0.03723 | 0.3042 | 1.468 | 4.819 |
| eta_0 | -7.111 | 0.689 | 0.04474 | -8.552 | -7.073 | -5.874 |
| eta_1 | 0.596 | 0.2964 | 0.01048 | 0.06099 | 0.5783 | 1.245 |
| RR | 3.98 | 2.951 | 0.1122 | 1.13 | 3.179 | 12.05 |

• Units A and E have moderate overall risk ($W_i \approx 0$) but increasing hazards ($\rho > 1$): few deaths, but they occur late

- Units A and E have moderate overall risk ($W_i \approx 0$) but increasing hazards ($\rho > 1$): few deaths, but they occur late
- Units F and I have high overall risk $(W_i>0)$ but decreasing hazards $(\rho<1)$: several early deaths, many long-term survivors

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- Drugs differ significantly: CI for β_1 (RR) excludes 0 (1)
- Note: This has all been for two sets of random effects $(W_i \text{ and } \rho_i)$, called "Model 2" in the BUGS code. You will also see models having three (adding β_{1i}), one (deleting ρ_i), or zero sets of random effects!

BRugs Example 1: Model assessment

Basic tool here is the cross-validation residual

$$r_i = y_i - E(y_i|\mathbf{y}_{(i)}) ,$$

where $\mathbf{y}_{(i)}$ denotes the vector of all the data except the i^{th} value, i.e.

$$\mathbf{y}_{(i)} = (y_1, \dots, y_{i-1}, y_{i+1}, \dots, y_n)'.$$

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• Also of interest is the conditional predictive ordinate, $p(y_i|\mathbf{y}_{(i)}) = \int p(y_i|\boldsymbol{\theta},\mathbf{y}_{(i)})p(\boldsymbol{\theta}|\mathbf{y}_{(i)})d\boldsymbol{\theta}$, the height of the conditional density at the observed value of y_i \Longrightarrow large values indicate good prediction of y_i .

Residuals: Approximate method

• Using MC draws $\theta^{(g)} \sim p(\theta|\mathbf{y})$, we have

$$E(y_i|\mathbf{y}_{(i)}) = \int \int y_i f(y_i|\boldsymbol{\theta}) p(\boldsymbol{\theta}|\mathbf{y}_{(i)}) dy_i d\boldsymbol{\theta}$$

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- Approximation should be adequate unless the dataset is small and y_i is an extreme outlier
- Same $\theta^{(g)}$'s may be used for each $i = 1, \ldots, n$.

Approximate methods in WinBUGS

• The ratio to compute the standardized residuals d_i must be done outside of Winbugs. Might instead define

$$d_i^* = \frac{y_i - E(y_i|\boldsymbol{\theta})}{\sqrt{Var(y_i|\boldsymbol{\theta})}}.$$

We then find $E(d_i^*|\mathbf{y})$, the posterior average of the ratio (instead of the ratio of the posterior averages).

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For the exact method, we must evaluate $E(y_i|\mathbf{y}_{(i)})$ and $Var(y_i|\mathbf{y}_{(i)})$ separately. For the latter, use the facts that $Var(y_i|\mathbf{y}_{(i)}) = E(y_i^2|\mathbf{y}_{(i)}) - [E(y_i|\mathbf{y}_{(i)})]^2$, and

$$E(y_i^2|\mathbf{y}_{(i)}) = \int E(y_i^2|\boldsymbol{\theta})p(\boldsymbol{\theta}|\mathbf{y}_{(i)})d\boldsymbol{\theta}$$
$$= \int \{Var(y_i|\boldsymbol{\theta}) + [E(y_i|\boldsymbol{\theta})]^2\}p(\boldsymbol{\theta}|\mathbf{y}_{(i)})d\boldsymbol{\theta}.$$

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- All necessary programs and instructions can be downloaded from www.biostat.umn.edu/~brad/software/BRugs
- Note that we will now have both:
 - an R program that organizes the dataset, contains all the BRugs commands, and summarizes the output
 - a piece of BUGS code that is sent by R to OpenBUGS

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WinBUGS code and data for approximate method: www.biostat.umn.edu/~brad/data/stacks_BUGS.txt BRugs code and data for exact method: www.biostat.umn.edu/~brad/software/BRugs

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- See also "stacks" in WinBUGS Examples Volume !!

Approximate vs. Exact Results

| | sre | sid | СРО | |
|-----|--------|--------|--------|-------|
| obs | approx | exact | approx | exact |
| 1 | 0.948 | 1.098 | 0.178 | 0.124 |
| 2 | -0.566 | -0.628 | 0.224 | 0.188 |
| 3 | 1.337 | 1.461 | 0.122 | 0.084 |
| 4 | 1.672 | 1.851 | 0.078 | 0.047 |
| 5 | -0.504 | -0.477 | 0.251 | 0.244 |
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Approximate residuals are too small, especially for the most outlying observations!

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- Approximate residuals are too small, especially for the most outlying observations!
- Approximate CPOs also tend to understate lack of fit

BRugs Example 2: Clinical Trial Design

Following our MAC survival model, let t_i be the time until death for subject i, with corresponding treatment indicator x_i (= 0 or 1 for control and treatment, respectively). Suppose

$$t_i \sim \text{Weibull}(r, \mu_i), \text{ where } \mu_i = e^{-(\beta_0 + \beta_1 x_i)}$$
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• The value of β_1 corresponding to a 15% increase in median survival in the treatment group satisfies

$$e^{\beta_1/r} = 1.15 \iff \beta_1 = r \log(1.15)$$
.

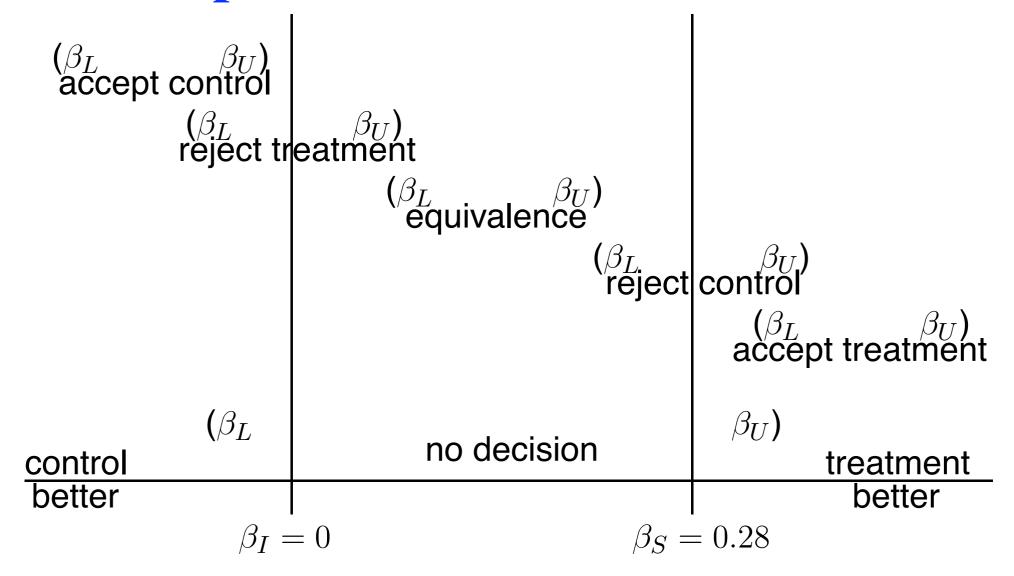
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 - We typically take $\beta_S > 0$, since we may require "clinically significant" improvement under the treatment (due to cost, toxicity, etc.)
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 - Example: If r=2, then $\beta_S=2\log(1.15)\approx 0.28$ corresponds to 15% improvement in median survival
- The outcome of the trial can then be based on the location of the 95% posterior confidence interval for β_1 , say (β_L, β_U) , relative to the indifference zone!....

The six possible outcomes and decisions



Note both "acceptance" and "rejection" are possible!

Community of priors

Spiegelhalter et al. (1994) recommend considering several priors, in order to represent the broadest possible audience:

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 - One that believes the treatment will succeed (typical of the clinicians running the trial)
- Reference (or Noninformative) Prior
 - One that expresses no particular opinion about the treatment's merit
 - Often a improper uniform ("flat") prior is permissible

Simulating the power or other operating characteristics (say, Type I error) in this setting works as follows:

Sample "true" β values from an assumed "true prior" (skeptical, enthusiastic, or in between)

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- ullet Repeat this process Nrep times; report empirical frequencies of the six possible outcomes

Results from Power.BRugs

- Assuming:
 - Weibull shape r=2, and N=50 in each group
 - median survival of 36 days with 50% improvement in the treatment group
 - a N(80, 20) censoring distribution
 - the enthusiastic prior as the "truth"

We obtain the following output from Nrep = 100 reps:

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We obtain the following output from Nrep = 100 reps:

▶ Here are simulated outcome frequencies for N= 50

accept control: 0

reject treatment: 0.07

equivalence: 0

reject control: 0.87

accept treatment: 0.06

no decision: 0

End of BRugs power simulation

Homework Problems

WinBUGS

- PK hierarchical linear model: www.biostat.umn.edu/~brad/data/PK_BUGS.txt
- PK hierarchical nonlinear model: www.biostat.umn.edu/~brad/data/PKNL_BUGS.txt
- Interstim multivariate model: www.biostat.umn.edu/~brad/data/InterStim.odc
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Thanks for your attention!