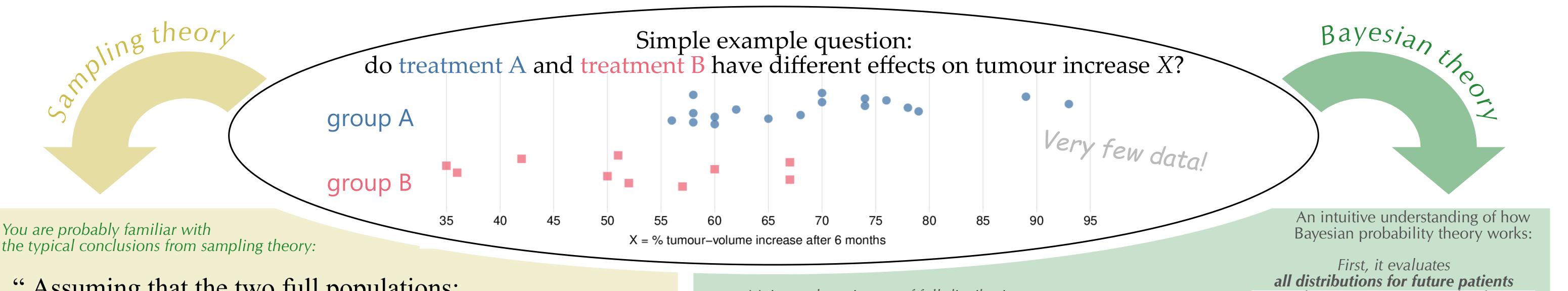


## USER-FRIENDLY SOFTWARE FOR BAYESIAN ANALYSIS OF MEDICAL DATA



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- "Assuming that the two full populations:
- are gaussian and independent have identical variances (F-test, p = 0.44)

   have f'(s) actually slightly more probable have identical variances (F-test, p = 0.44) and that the sample sizes where decided before running the experiment, then:

The hypothesis that the population means are equal This p-value is wrong

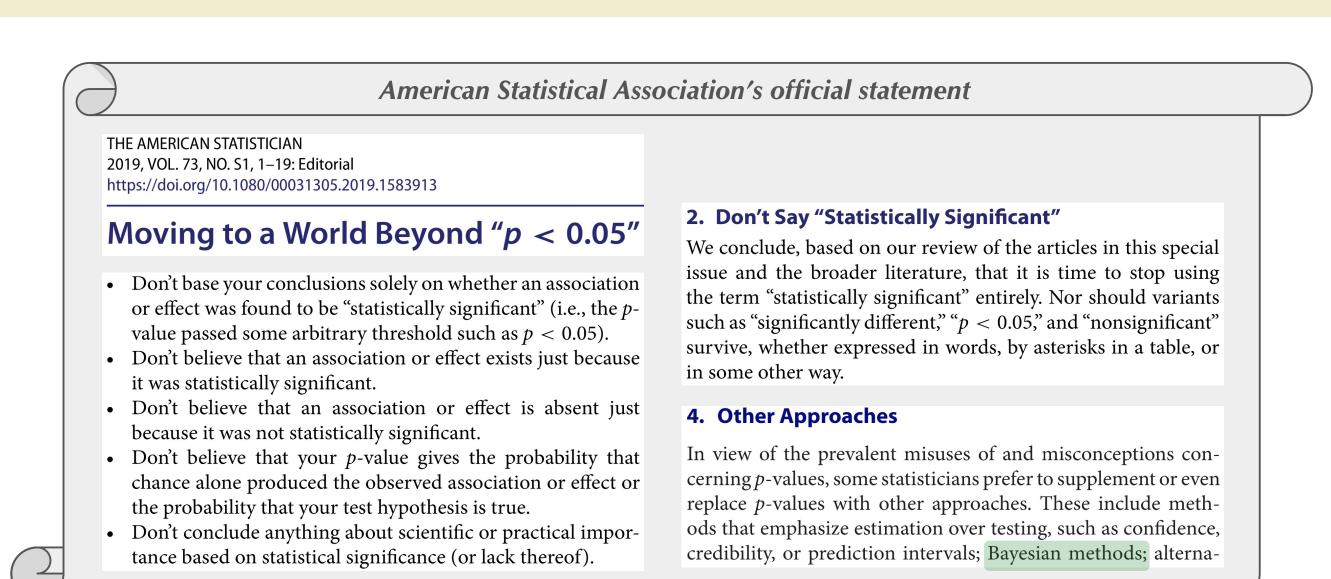
If the sample sizes 18 & 10

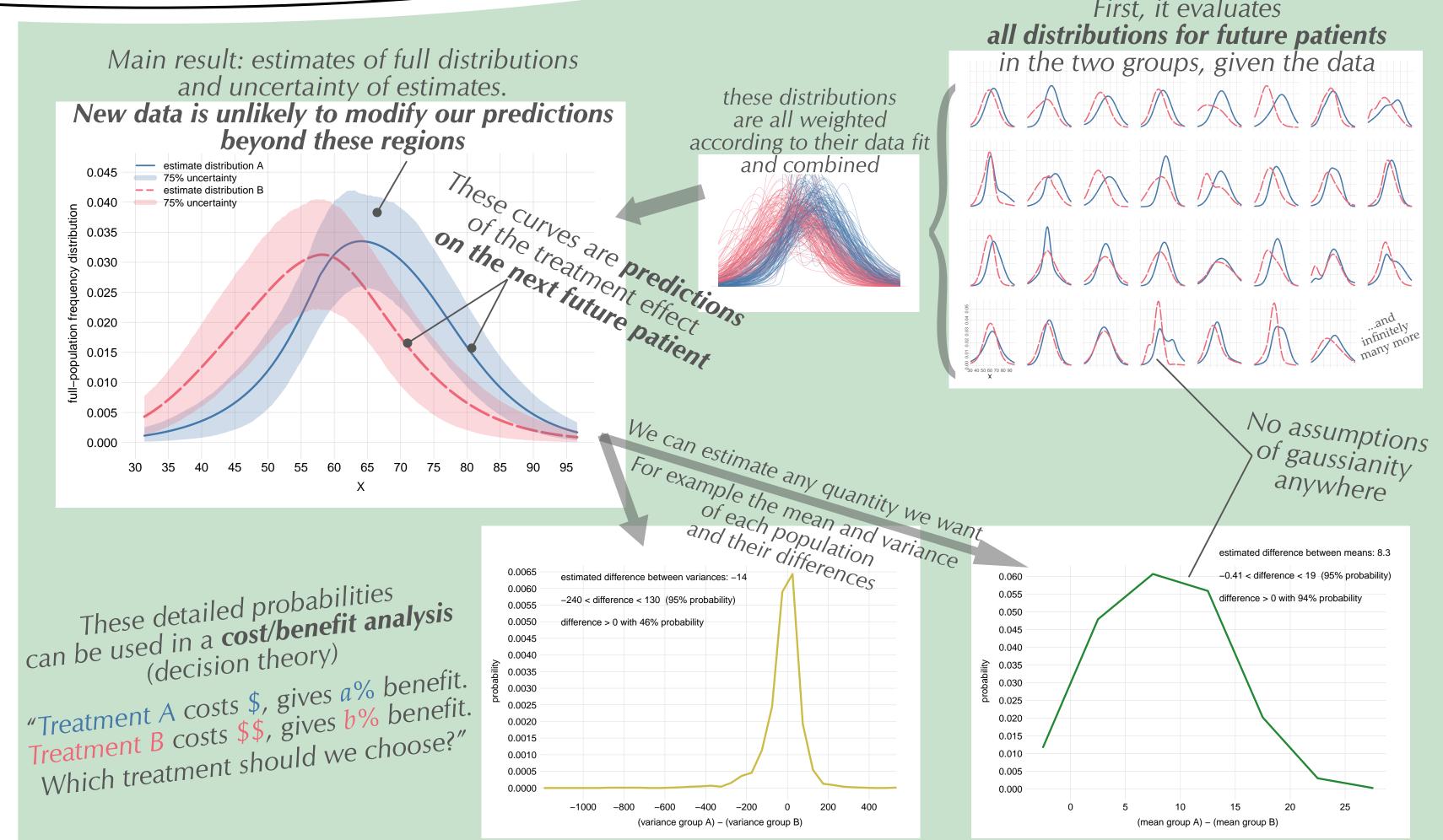
Were decided not in advance
were decided not in advance

yere but by some other rule! has a p-value 0.00043 (two-tail t-test: +4.0)

What does the number "0.00043" really mean? The sample-mean difference of X is 17.6 The 95% confidence interval is [8.6, 26.7]

This does **not** mean that 8.6 < X < 26.7 with 95% probability! It means that this technique to construct the interval contains the true value in 95% of all imaginary datasets. But what's the best interval that contains X for **our** dataset?





- "Assuming that the two full-population distributions are probably smooth, we predict:
- The distributions of **future treatment outcomes** will be as in the plots, within uncertainties shown
- Future patients under treatment A will have on average X=66, and 60 < X < 72 with 95% probability
- Future patients under treatment B will have on average X=57, and 50 < X < 65 with 95% probability
- The difference between the treatment means will be within [–1, 17] with 95% probability
- Variance of *X* under treatment B will be **larger** than under treatment A with 54% probability
- Average *X* under treatment B will be **smaller** than under treatment A with 94% probability These results say that treatment B is very probably better than A at slowing down tumour growth. However, there is still a  $\sim$ 5% probability that A could be better than B.

If we want to reduce this uncertainty to 1% or less, then we need more data."

## Compare the two analyses

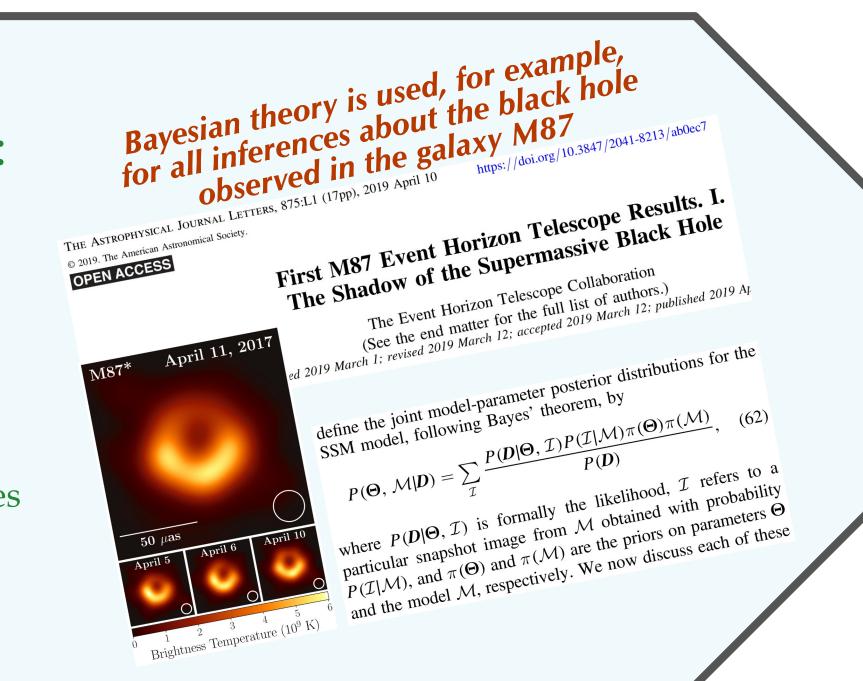
The statements of sampling theory are:

- vague
- obscure or misleading ("significant"?)
- heavily dependent on tacit assumptions gaussianity, stopping rules, ...
- subject to doubts and corrections "should I use this test or that test?" "Bonferroni correction?"

The predictions of Bayesian theory are:

- detailed
- quantitative
- easy to interpret and understand eg: "fraction x% of population will have effect y"
- calculated always in the same way for any sample size, stopping rule, number of hypotheses

This was just a simple example. Bayesian theory deals in the same way with multiple hypotheses, variates, and correlation questions





Sounds great, but there's very little friendly software for doing this!

True! That's why we are developing a user-friendly app to do Bayesian analysis on (non-imaging) medical data



The maths will be taken care of under the hood

The app will suggest meaningful questions to be asked (in line with ASA's statement) It works with mixtures of continuous, integer, categorical variables:

it can make predictions about their future statistics, correlations, relevance, and more Automatic imputation of missing data

No assumptions of gaussianity, linearity, or other (ie: nonparametric) No need to wonder which test or formula to use, no corrections of any kind

## Bibliography

American Statistical Association 2016: Statement on Statistical Significance and p-values American Statistical Association 2019: *Moving to a World Beyond "p* < 0.05" Jaynes 2003: Probability Theory: The Logic of Science MacKay 1994: Information Theory, Inference, and Learning Algorithms Hjort, Holmes, Müller, Walker 2003: Bayesian Nonparametrics

Müller, Rodríguez 2013: Nonparametric Bayesian Inference Dunson, Bhattacharya 2011: Nonparametric Bayes regression and classification through mixtures of product kernels Please get in touch if you want to test it and help us making a great sofware!

We're already using a prototype version

for drug-discovery and Alzheimer research