

# Why are they so important?

Fisher discovered ANOVA

- Tests Ho: all means equal
- vs. At least one different



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Bonferroni Adjustment

- Use Conf Level
- $CI = (1 - \alpha/J)$
- $J = \#$  of comparisons



1. Randomized control trial (RCT)  
2. Randomized control trial (RCT)  
3. Randomized control trial (RCT)  
4. Randomized control trial (RCT)



From Last Time...

- Goodness of Fit
- Test of independence
- Test of homogeneity



History:  
• 1930s: 1000s of thousands of victims, especially children  
• Effect - not of cause - what to give (plasma)  
• Some parents refuse to have their children participate  
• What about using these infants as control?  
• What's more at risk?  
• Randomized control group and a confounding  
• Not possible to give plasma to 2 percent of the treatment group  
• Randomized - double blind

An observational study observes individuals passively  
from a sample and measures variables of interest, but  
does not actively manipulate anything to observe the  
changes in the response that that might produce



## Accounting for Variability

- Categorical Predictors
- Quantitative Predictors

## "Weapons" of Experimental Design

Double blind randomized control exp.

Group	Size	Rate/100,000
Treatment	200,000	28
Control	200,000	71
Nonconsent	350,000	46

NFIP design

Grade 2	225,000	25
Grades 1,3	725,000	54
No consent	125,000	44



A designed experiment specifically manipulates  
factors to see their effects on a response. Only  
way to determine cause and effect convincingly.

What's the difference?



The individuals in the experiment are the  
experimental units or subjects.

A treatment is an experimental condition  
applied to the individuals in the experiment  
- each treatment is formed from a  
combination of specific levels of the factors



Placebo

Replication - by repeating the  
experimental condition, we can  
see the effect more clearly

Control - we control as much as we can  
other than the experimental factor(s)  
which we purposefully manipulate

**Gear Face-Off: Aero Helmet Vs. Aero Wheels**

By the Editor, Brad Smith, Editor  
of the Aero News  
over 100,000 readers

I have a big story for you today. It's a  
new helmet. I don't know if you know it or not,  
but it's called the Aero Helmet. It's a new  
helmet that's been designed to be the best  
helmet ever. It's called the Aero Helmet.

This new helmet is certainly superior, but can affect the rider's  
performance and safety. The Aero Helmet is a  
new helmet that's been designed to be the best  
helmet ever. It's called the Aero Helmet.

Many studies have looked at the Aero Helmet. A study from  
the University of California, Berkeley, found that the Aero  
Helmet was superior to the other helmets. The study  
found that the Aero Helmet was superior to the other  
helmets. The study found that the Aero Helmet was  
superior to the other helmets.

These new studies have been put out in the past. The Aero  
Helmet is a new helmet that's been designed to be the  
best helmet ever. It's called the Aero Helmet.



You Tube

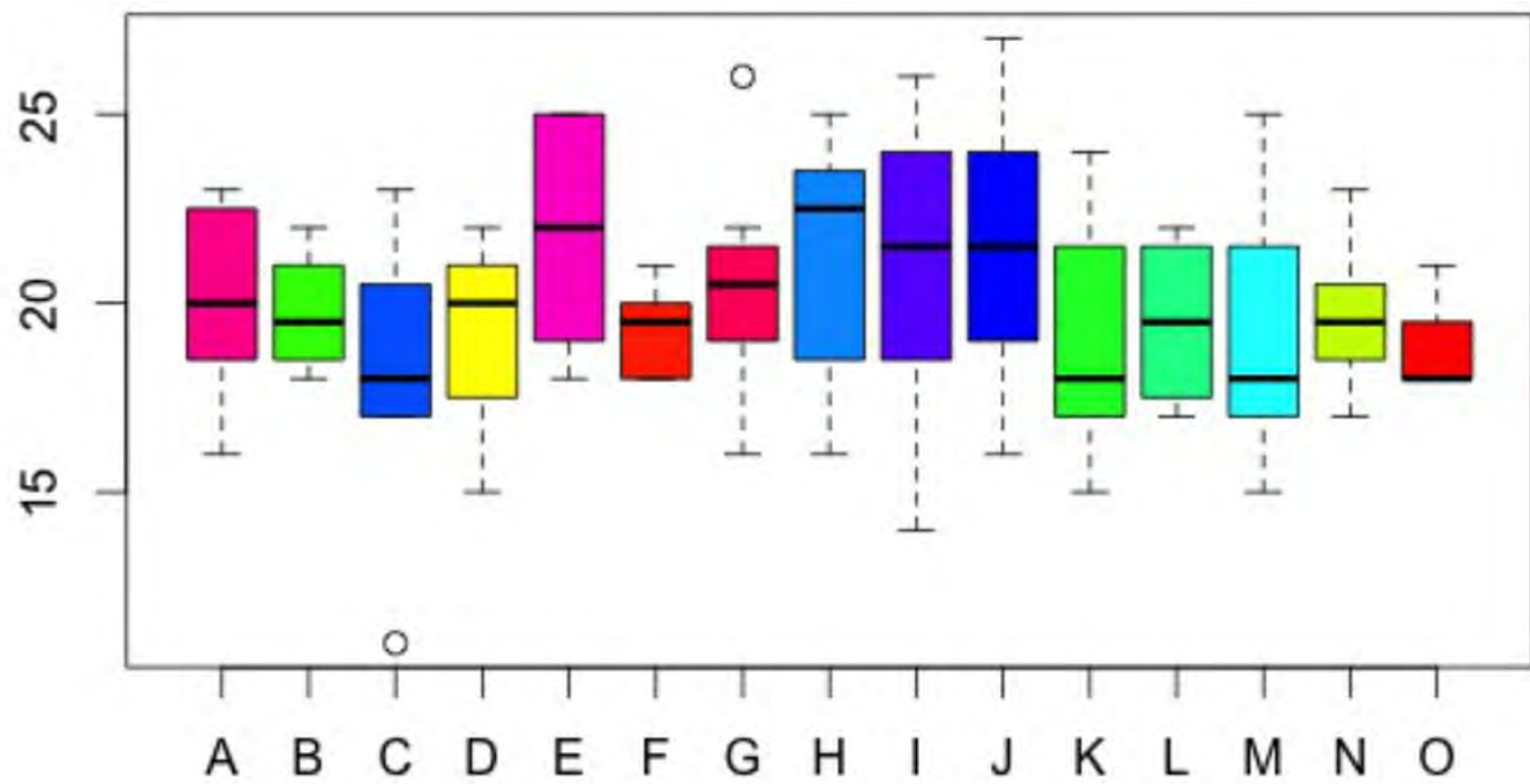




*From Last Time....*



- *Goodness of Fit*
- *Test of Independence*
- *Test of Homogeneity*





```
> with(teach,pairwise.t.test(Scores,Teacher,p.adjust="none"))
```

Pairwise comparisons using t tests with pooled SD

data: Scores and Teacher

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
B	0.788	-	-	-	-	-	-	-	-	-	-	-	-	-
C	0.153	0.244	-	-	-	-	-	-	-	-	-	-	-	-
D	0.530	0.719	0.419	-	-	-	-	-	-	-	-	-	-	-
E	0.210	0.129	0.008	0.061	-	-	-	-	-	-	-	-	-	-
F	0.530	0.719	0.419	1.000	0.061	-	-	-	-	-	-	-	-	-
G	0.788	0.590	0.090	0.370	0.324	0.370	-	-	-	-	-	-	-	-
H	0.419	0.282	0.026	0.153	0.653	0.153	0.590	-	-	-	-	-	-	-
I	0.530	0.370	0.041	0.210	0.530	0.210	0.719	0.857	-	-	-	-	-	-
J	0.324	0.210	0.017	0.108	0.788	0.108	0.473	0.857	0.719	-	-	-	-	-
K	0.419	0.590	0.530	0.857	0.041	0.857	0.282	0.108	0.153	0.075	-	-	-	-
L	0.653	0.857	0.324	0.857	0.090	0.857	0.473	0.210	0.282	0.153	0.719	-	-	-
M	0.473	0.653	0.473	0.928	0.050	0.928	0.324	0.129	0.180	0.090	0.928	0.788	-	-
N	0.719	0.928	0.282	0.788	0.108	0.788	0.530	0.244	0.324	0.180	0.653	0.928	0.719	-
O	0.324	0.473	0.653	0.719	0.026	0.719	0.210	0.075	0.108	0.050	0.857	0.590	0.788	0.530

P value adjustment method: none



# Bonferroni Adjustment

- Use Conf Level
- $CI = (1 - \alpha/J)$
- $J = \#$  of comparisons

```
> with(teach,pairwise.t.test(Scores,Teacher,p.adjust="bonf"))
```

Pairwise comparisons using t tests with pooled SD

data: Scores and Teacher

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
B	1.00	-	-	-	-	-	-	-	-	-	-	-	-	-
C	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-	-
D	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-	-	-
E	1.00	1.00	0.84	1.00	-	-	-	-	-	-	-	-	-	-
F	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	-
G	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-
H	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-
I	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-
J	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-
K	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-
L	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-
M	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-
N	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-
O	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

P value adjustment method: bonferroni

Fisher discovered ANOVA

- Tests  $H_0$ : all means equal
- vs. At least one different



```
> summary(aov(Scores~Teacher,teach))
```

					Df
Sum Sq	Mean Sq	F value	Pr(>F)	Teacher	14
135.12	9.6512	1.2528	0.2497	Residuals	105
808.88	7.7036				



**An **observational study** observes individuals (usually from a sample) and measures variables of interest, but does not actively manipulate anything to observe the changes in the response that that might produce**

**A *designed experiment* specifically manipulates factors to see their effects on a response. Only way to determine cause and effect convincingly.**

*nce?*

*What's the difference?*

**In an experiment, certain **factors** are manipulated to see their effects on a response or responses**



**The individuals in the experiment are the  
experimental units or subjects**

# *"Weapons" of Experimental Design*

**Replication** -- by repeating the experimental condition, we can see the effect more clearly

- **Control** -- we control as much as we can other than the experimental factor(s) which we purposefully manipulate



**A **treatment** is an experimental condition applied to the individuals in the experiment -- each treatment is formed from a combination of specific **levels** of the factors**



*Placebo*

*Why are they so important?*



## Symposium on Peptic Ulcer

[EXPAND »](#)

## Interim Report on Results of Gastric Freezing for Peptic Ulcer

### Present Indications, Limitations, and Clinical Achievement

Eugene F. Bernstein, MD; Robert L. Goodale Jr., MD; Arthur S. McFee, MD; Arthur J. Madsen, MD; John P. Delaney, MD; Owen H. Wangensteen, MD

[+] Author Affiliations

*Since this article does not have an abstract, we have provided the first 150 words of the full text.*

### EXCERPT

GASTRIC FREEZING is under evaluation as a "definitive treatment of various manifestations of the peptic ulcer diathesis, including duodenal, gastric, and stomal ulcer, and stenosing esophagitis. The vast majority of the 365 patients treated by us to date have been candidates for elective surgery for duodenal ulcer (Table 1). Following a freeze of 45, 50, or 60 minutes, with gastric inflow temperatures of about  $-17^{\circ}\text{C}$  ( $0.8^{\circ}\text{F}$ ), dramatic and immediate relief of ulcer pain and rapid healing of ulcer craters has been observed quite regularly.

The distinction between gastric cooling and gastric freezing needs re-emphasis. Gastric cooling, involving inflow temperatures of  $5$  to  $10^{\circ}\text{C}$  ( $41$ – $50^{\circ}\text{F}$ ), has been employed in the emergency treatment of massive upper gastrointestinal hemorrhage since its development in 1958.<sup>1,2</sup> Its efficacy has been confirmed in a number of independent observations and it appears to have found favorable acceptance by the medical profession.

Gastric

### FOOTNOTES

Presented as part of the Symposium on Newer Knowledge and Therapy of Peptic Ulcer at the 112th Annual Meeting of the American Medical Association, Atlantic City, NJ, June 17, 1963.





- **Randomization** -- To ensure fairness over factors we don't want to or can't control, we randomize

**Completely randomized design**



## History

- 1916-1950 Hundreds of thousands of victims, especially children
- Ethics -- who to treat -- who to get placebo?
- Some parents refuse to have their children participate.
- What about using those refused as control?
- Who's more at risk?
- Randomized control group avoids confounding
- 1st proposal to use grade 2 consenters as treatment group
- Randomized -- double blind

*Jonas Salk*

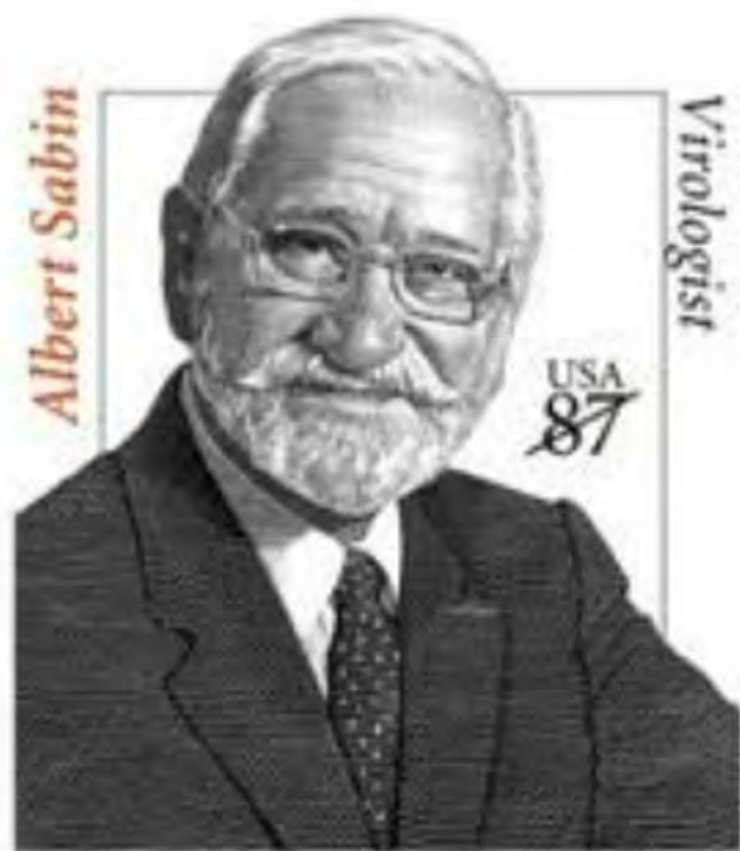


USA  
63

*Medical Scientist*

2006

*Albert Sabin*



USA  
87

*Virologist*

2006

## **Double blind randomized control exp.**

<b>Group</b>	<b>Size</b>	<b>Rate/100,000</b>
<b>Treatment</b>	<b>200,000</b>	<b>28</b>
<b>Control</b>	<b>200,000</b>	<b>71</b>
<b>Nonconsent</b>	<b>350,000</b>	<b>46</b>



K	0.719	0.324	0.324	0.857	0.090	0.857	0.473	0.210	0.282	0.153	0.719	-	-	-
L	0.653	0.857	0.324	0.857	0.090	0.857	0.473	0.210	0.282	0.153	0.719	-	-	-
M	0.473	0.653	0.473	0.928	0.050	0.928	0.324	0.129	0.180	0.090	0.928	0.788	-	-
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O	0.324	0.473	0.653	0.719	0.026	0.719	0.210	0.075	0.108	0.050	0.857	0.590	0.788	0.530

P value adjustment method: none

# NFIP design

Grade 2	225,000	25
Grades 1,3	725,000	54
No consent	125,000	44



- **Blocking** -- Sometimes it is more efficient to "stratify" by repeating treatments over the same subjects
- **Paired experiments**
- **Repeated Measures**

# Gear Face-Off: Aero Helmet Vs. Aero Wheels



Like



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Michelle Valenti/Active.com

By Sean Madsen, Boulder Center for Sports Medicine

## **VeloNews**

Dear VeloNews Training Center,

*I have a big time trial coming in a few months. I don't have a huge budget for new equipment, but I'm considering investing in either an aero helmet or aero wheels. Which will help me the most? -Todd*

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Time trial equipment is certainly expensive, but can afford the rider a quantifiable improvement in race performance. Prioritizing equipment can be a daunting task, especially given the marketing hype surrounding aerodynamics. To help in the decision making, let's look at the scientific studies that have been performed in wind tunnels and real world settings.

Many studies have illustrated the primary resistance that a cyclist must overcome, especially at high speeds, is wind resistance. (Grappe et al., 1997; Kyle and Burke, 1984) Moreover, these same studies have pointed out that the body accounts for the majority of the aerodynamic drag, usually about 70 percent. If the body is the primary source of aerodynamic drag, then making changes to the body position can cause substantial changes in drag (Broker, 2003; Garcia-Lopez et al. 2008; Juekendrup and Martin, 2001).

These same studies have also pointed out that optimizing aerodynamic drag does not necessarily result in optimized metabolic cost and respiratory capacity. So there is a balance between aerodynamics and power generation. All of this leads to the conclusion that the most important use of your money is actually getting positioned properly on your bike.

## *Accounting for Variability*

- *Categorical Predictors*
- *Quantitative Predictors*