



# Quiz: What is my bias?

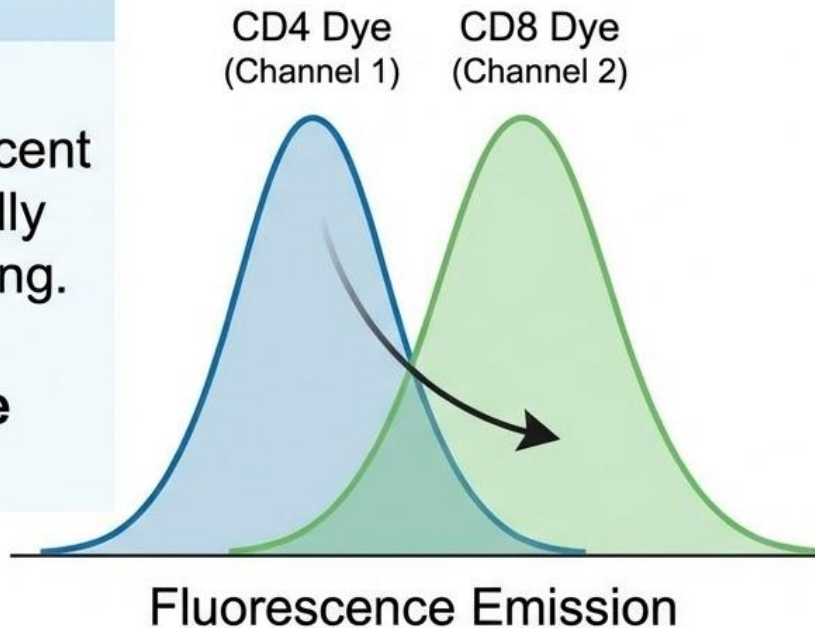
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# Flow Cytometry Scenario: Signal Spillover & Bias

## Scenario:

A researcher measures CD4 and CD8 expression in T cells using two fluorescent dyes. The CD8 signal appears artificially high in samples with strong CD4 staining.

**What type of bias is this, and can it be solved by randomization?**





# Solution: Measurement Bias & Mitigation.

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## **Bias Type:**

Measurement bias (systematic instrument artifact)

## **Does randomization solve it?**

**✗** No. The measurement system itself is biased.

## **Mitigation Strategies:**

- Single-color controls
- Compensation matrices
- Spectral unmixing models

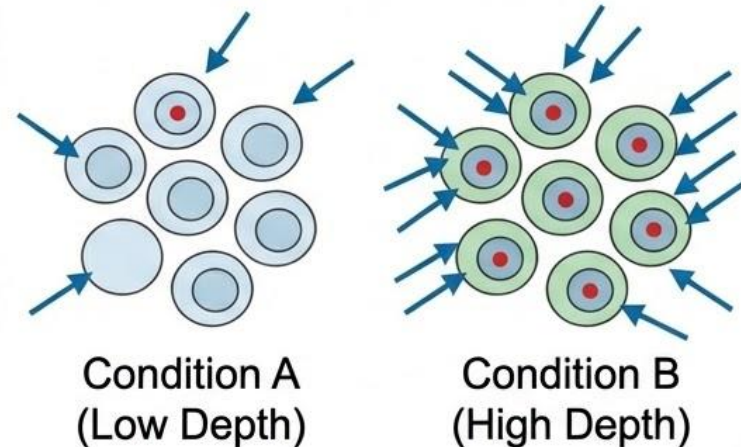
# Single-cell RNA-seq: Dropout and Detection Bias

## Context:

In Single-cell RNA sequencing, individual cells are sequenced. Many expressed genes are not detected due to low capture efficiency — producing excess zeros (“dropout”).

## Scenario:

Gene X appears absent in 60% of cells in condition A but only 20% in condition B. However, condition A had lower sequencing depth.



# Solution: Detection Bias & Mitigation.

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## **Bias Type:**

Measurement bias (detection bias due to technical sensitivity)

## **Does randomization solve it?**

**✗** No. Randomizing cell order does not fix detection inefficiency.

## **Mitigation Strategies:**

- Depth normalization
- Imputation models
- Zero-inflated models
- Improved library prep.



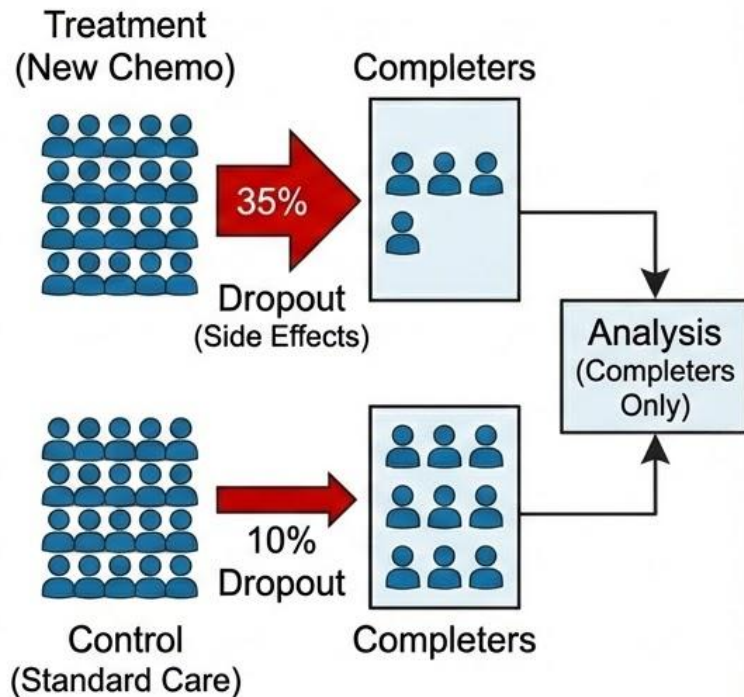
# Clinical Trial Scenario: Attrition Bias

## Context:

A randomized trial compares a new chemotherapy vs standard care. Patients with severe side effects are more likely to drop out.

## Scenario:

Dropout rate is 35% in the treatment arm, 10% in control. Final analysis only includes completers.



**What type of bias is this, and can it be solved by randomization?**


# Solution: Attrition Bias & Mitigation.

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## Bias Type:

Attrition bias (selection bias due to differential dropout post-randomization).

## Does randomization solve it?

 No. Randomization balances baseline characteristics, but not post-randomization dropout, which is often related to the treatment itself.

## Mitigation Strategies:

- Intention-to-Treat (ITT) analysis
- Imputation methods for missing data
- Sensitivity analysis
- Improved trial design to minimize dropout.

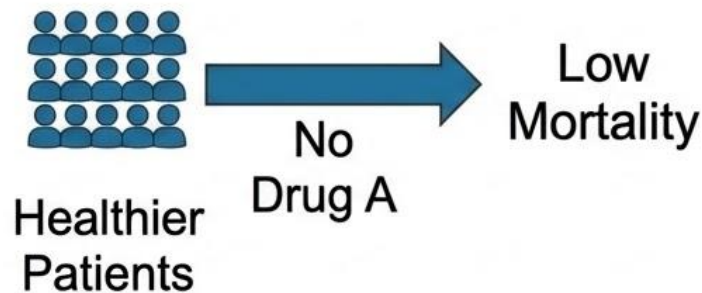
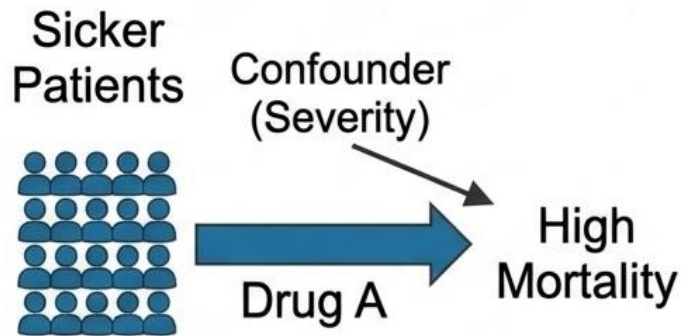
# Problem: Confounding by Indication

## Context:

In observational pharmacoepidemiology, sicker patients often receive stronger treatments.

## Scenario:

Patients receiving Drug A have higher mortality than those not receiving it. Drug A is usually given only to the sickest patients.





# Solution: Confounding by Indication & Mitigation

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## Bias Type:

Confounding by indication (confounding bias)

## Does randomization solve it?

✓ Yes — in a randomized trial.

✗ No — in observational data unless adjusted.

## Mitigation Strategies:

- Randomized controlled trial
- Propensity score matching
- Regression adjustment.

# Problem: Immortal Time Bias

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## Context:

In survival analysis, “immortal time” refers to a period where outcome cannot occur by design.

## Scenario:

A study claims patients receiving a transplant live longer. But patients must survive long enough to receive the transplant.

# Solution: Immortal Time Bias & Mitigation

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## Bias Type:

Immortal time bias (time-dependent selection bias)

## Does randomization solve it?

- ✓ Yes — if properly designed.
- ✗ No — in naive retrospective studies.

## Mitigation Strategies:

- Time-dependent Cox models
- Proper risk set definition.



# Problem: Collider Bias in Biomarker Studies

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## Context:

Researchers analyze only hospitalized COVID patients.

## Scenario:

Among hospitalized patients, smokers appear less likely to die. But hospitalization is influenced by both smoking and severity.

# Solution: Collider Bias & Mitigation

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## Bias Type:

Collider bias (selection bias via conditioning on a collider)

## Does randomization solve it?

✗ No, not if conditioning on collider remains. Proper design avoids conditioning on post-exposure variables.

## Mitigation Strategies:

- Avoid conditioning on common effects
- Causal diagrams (DAGs).

# Problem: Misclassification Bias (Non-Differential)

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## **Context:**

Disease status determined via imperfect antibody test (90% sensitivity).

## **Scenario:**

Some true positives are classified as negative equally across groups.



# Solution: Misclassification Bias & Mitigation

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## **Bias Type:**

Measurement bias (non-differential misclassification)

## **Does randomization solve it?**

✗ No.

## **Mitigation Strategies:**

- Correct for sensitivity/specificity
- Bayesian measurement models.

# Problem: Differential Misclassification

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## **Context:**

Side effects are self-reported.

## **Scenario:**

Patients receiving the new drug are more carefully monitored, leading to higher reported side effects.

# Solution: Differential Misclassification & Mitigation

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## **Bias Type:**

Detection bias (differential misclassification)

## **Does randomization solve it?**

✗ Not automatically. Monitoring intensity must be equal.

## **Mitigation Strategies:**

- Blinding
- Standardized outcome assessment.



# Problem: Overadjustment Bias

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## **Context:**

Researcher adjusts for a mediator.

## **Scenario:**

Study of obesity  $\rightarrow$  diabetes adjusts for insulin resistance (which lies on causal path).

# Solution: Overadjustment Bias & Mitigation

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## **Bias Type:**

Overadjustment bias

## **Does randomization solve it?**

✗ Not if model incorrectly adjusts.

## **Mitigation Strategies:**

- Use DAGs
- Adjust only for confounders.