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 - 1. **False Alarm** (Type I Error, also called False Positive)
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$$P_{fa} = P(\text{false alarm})$$

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- the tradeoff is controlled by choosing the significance level, *a*, to which the *p*-value is compared
 - the value a is the probability that we will reject the null hypothesis, H_0 when it is in fact true
 - equivalently, it is the probability of accepting the alternative hypothesis, H_A , when H_A is false

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 - thus, we will consider the implications with respect to H_A when labeling errors
 - so for the case that we accept H_A when it is false, we call that a **false alarm**/Type I error
 - then $P_{fa} = a$

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the converse is also true

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 - Then the distribution of the data depends on whether the disease is present or not

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- We will choose H_i if $x \in R_i$, where R_0, R_1 partition the real line

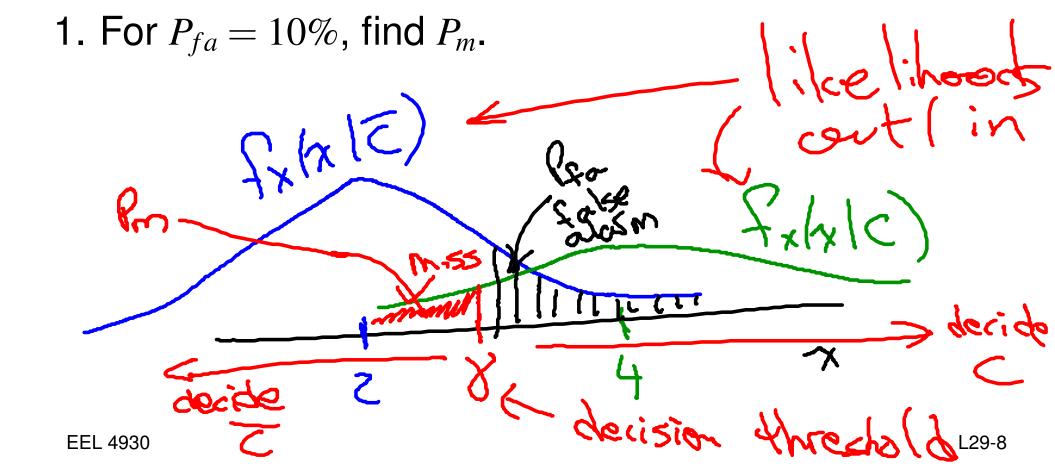
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- We will choose H_i if $x \in R_i$, where R_0, R_1 partition the real line
- The probability of false alarm and probability of miss then depend on the decision regions R_0 and R_1
- In many cases, the decision regions are determined by a single threshold γ , like $R_0 = x < \gamma$ and $R_1 = x \ge \gamma$

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EX

The PSA values for men in their 60s without cancer are approximately Gaussian($2,\sigma^2=1$). The PSA values are values for men in their 60s with cancer are approximately Gaussian($4, \sigma^2=2$).



$$f_{m} = Q(\frac{8}{8}) = Q(\frac{1}{9}) = 0.1$$

$$8 - 2 = Q^{-1}(0.1) = 1.28$$

$$8 = 3.28$$

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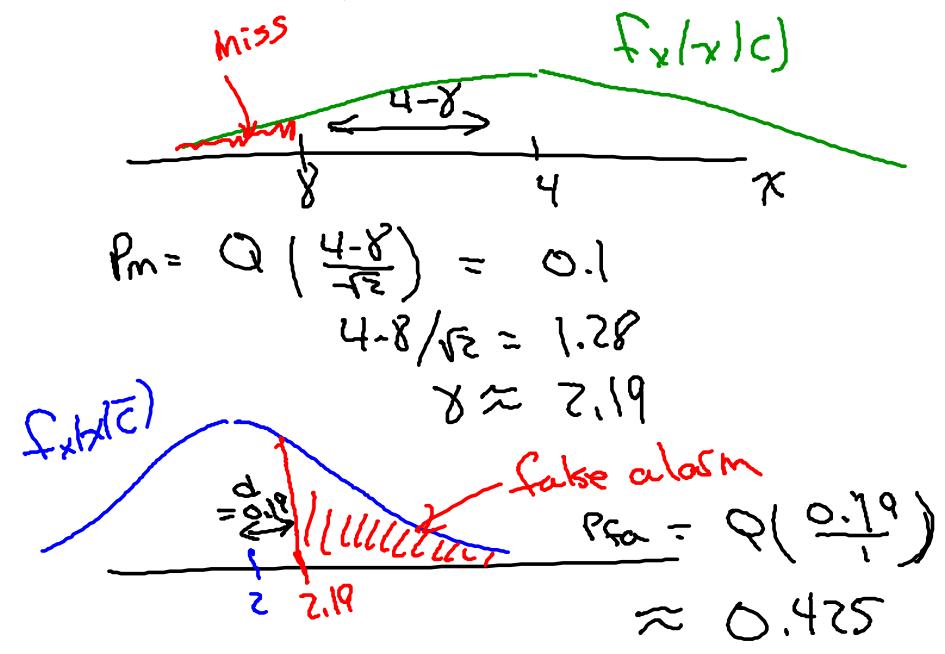
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2. For $P_m = 10\%$, find P_{fa} .



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 - ROC curves were developed for RADAR systems but are widely used in fields that do statistical tests, such as biomedicine

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• Instead:

- the x-axis is FPR= false positive rate = P_{fa} , and
- the *y*-axis is TPR= true positive rate = $1 P_m$

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