





# Statistical Testing and Sample Size Calculation Basics Part I

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- Research question
- Statistical testing
- Confidence intervals
- Sample size planning





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# Imagine you have developed a new drug against pulmonary hypertension. There are many possible research questions:

- Efficacy compared to the standard treatment:
  - Is the new drug more effective than standard treatment?
  - Is the new drug different from standard treatment with respect to efficacy?
  - Is the new drug at least almost as effective as standard treatment?
- Meaning of "more effective":
  - Patients live longer.
  - It takes longer to reach a certain level of disease progression.
  - Clinical parameters (6MWT distance, mPAP, ...) or patient reported outcomes (QoL, dyspnea, ...) are better on average.
  - Improvement reaches a certain level in more patients.
- Target population

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to efficacy?



# Imagine you have developed a new drug against pulmonary hypertension. There are many possible research questions:

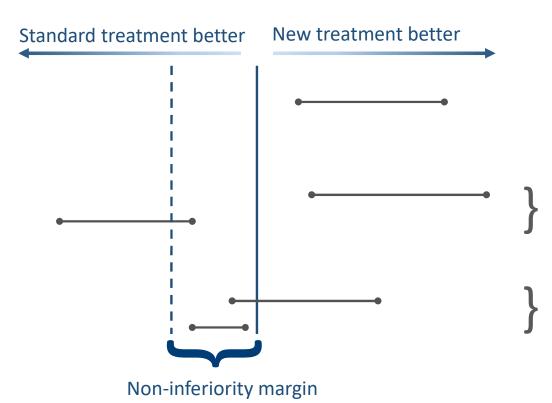
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  - Is the new drug more effective than standard treatment?
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  - Is the new d This is the most crucial It?
- Meaning of step in the whole process.
  - Patients live Tonger.
  - It takes longer to reach a certain level of disease progression.
  - Clinical parameters (6MWT distance, mPAP, ...) or patient reported outcomes (QoL, dyspnea, ...) are better on average.
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#### **Testing scenarios:**



# In this course: Focus on testing for difference.

"More effective" Test for **superiority** 



"Different with respect to efficacy" Test for **difference** 

"At least almost as effective" Test for **non-inferiority** 





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Does the new drug lead to a different average mPAP after 1 month compared to standard treatment?



What is our null hypothesis?

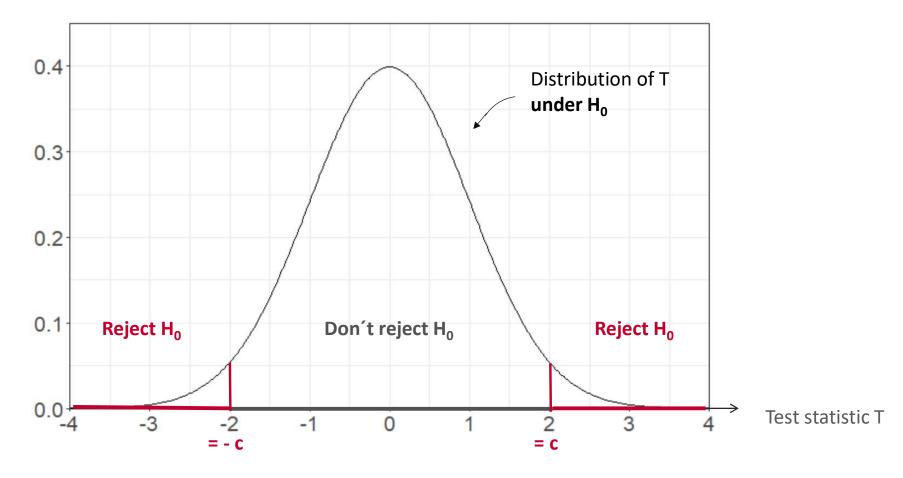




- Basic principle of statistical testing: Proof by contradiction
- Step 1: Frame the **null hypothesis**  $H_0$ . It always states the **opposite** of what we want to show (this is the **alternative** hypothesis  $H_1$ )!
- Step 2: Measure outcomes in a sample representative of the target population. Assess how well the data observed agree with  $H_0$ . To quantify this, we use the **test statistic** T: The closer T is to zero, the better the data agree with  $H_0$ .
- Step 3:
  If the distance between T and zero exceeds the critical value c, the data agree so badly with H₀ that we are sure H₀ must be false and reject it.
  ⇒ "The result of the test was significant." / "H₁ could be confirmed."







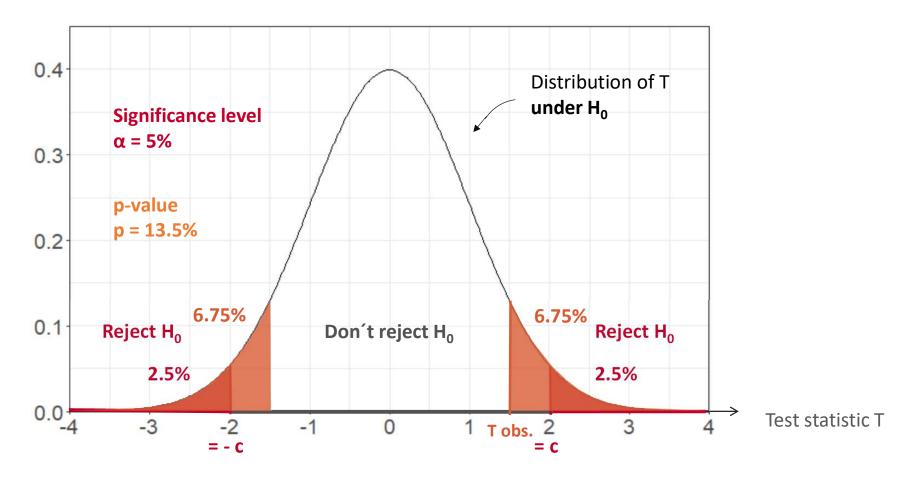












#### Statistical testing revisited





- Step 1: Frame the null hypothesis H<sub>0</sub>.
- Step 2:

Answer the following question:

"Assuming  $H_0$  is true, how likely is it to obtain data whose corresponding test statistic is at least as far away from zero as with the observed data?" This likelihood is the **p-value**. If the p-value is small, the observed data agree badly with  $H_0$ .

- Step 3:
  - The limit of this likelihood below which we assume  $H_0$  is false and reject it is the **significance level**  $\alpha$  of the test. The lower it is, the stricter is the test.
- The p-value equals  $\alpha$  just if the test statistic equals the critical value.





#### What can go wrong?

	H <sub>0</sub> is rejected H <sub>1</sub> is confirmed	H <sub>0</sub> is not rejected H <sub>1</sub> can not be confirmed
H <sub>0</sub> is true H <sub>1</sub> is false	Type I error (false positive rate, α error):  ⇒ Fix level of significance in order to control for it	OK
H <sub>0</sub> is false H <sub>1</sub> is true	OK	Type II error (false negative rate, $\beta$ error): $\Rightarrow$ Use sufficiently large samples to get the power $1 - \beta$

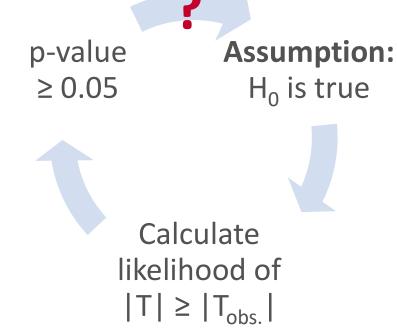




#### $p < \alpha$ is evidence for the alternative $H_1$ . Is $p \ge \alpha$ evidence for $H_0$ ?

**NO!** Logically, this would be circular reasoning:

In this case we can only state that we can't reject  $H_0$  / can't confirm  $H_1$   $\Rightarrow$  Further research is necessary!







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#### **Confidence intervals**





- Observed data permit not only hypothesis testing, but also estimation of quantities of interest (e. g. difference of means, odds ratio, ...). The estimated value is called point estimate.
- Due to random variation, different samples from the same population will lead to different point estimates.
- So how is the true value related to its point estimate? Or: How precise is the estimation?
- This question is answered by the concept of the confidence interval (CI). It is a range around the point estimate, computed at a specified confidence level (e. g. 95%).
- The confidence level is the chance of obtaining a CI containing the true value.

#### **Confidence intervals**

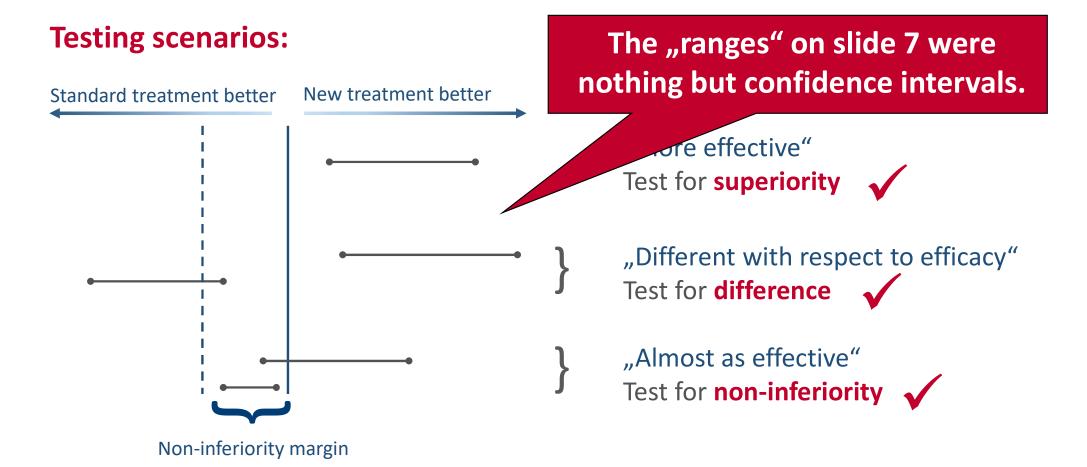




- Often, there is a mathematical relationship between test statistics and point estimates. In such cases, CIs can be constructed by inverting hypothesis tests if the distributions under H<sub>1</sub> are known or can be estimated.
- A test at significance level  $\alpha$  corresponds to an interval at confidence level  $1-\alpha$ .
- This opens up a third way of significance testing:
  - Step 1: Compute the  $(1-\alpha)$ -CI for the quantity of interest.
  - Step 2: Check whether the CI contains the value the quantity of interest would have under the null hypothesis (0 for differences, 1 for ratios).
  - Step 3:
     Reject the null hypothesis if the CI doesn't contain this value.











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#### Sample size planning





- Decide on relevant alternative H<sub>1</sub>.
   (What is "relevant"? Not a statistical, but a medical/biological question!)
- Fix power = probability of getting a significant result under H<sub>1</sub>.
- For all practically relevant test statistics T, the distribution of T depends on sample size N. Power usually grows with increasing N. Find the value of N at which the desired power is obtained.
- Simple trial designs: Sample size formulas
- More complex trial designs: Sample size planning by simulation (Monte Carlo method)