# Introduction to Bayesian A/B testing

# Johann de Boer

## 2022-10-22

# **Table of contents**

1	Sett	ing the scene	<u>)</u>
	1.1	Randomised Control Trials (RCTs)	2
	1.2	Hypothetical scenario	2
2	Prio	ors and probability distributions	ļ
	2.1	Prior knowledge and beliefs	1
	2.2	Priors are probability distributions	1
	2.3	Something a little more informative	3
	2.4	Something even more informative	3
	2.5	Let's say we've settled on this:	7
	2.6	What about the treatment group?	3
	2.7	We've settled on these priors:	3
3	Run	ning a Bayesian A/B test	)
	3.1	Prior agreement	)
	3.2	Let's run an experiment	)
	3.3	The next day	)
	3.4	Let's now incorporate our priors	L
	3.5	Posterior distribution of each group	3
	3.6	Another six days later	1
	3.7	Another three weeks later	ó
4	Pos	terior analysis 16	ĵ
	4.1	Monte Carlo simulation	3
	4.2	100 simulations	3
	4.3	Let's now beef it up a bit 20	)
	4.4	We can now make some inferences	)
	4.5	Posterior distribution of the CTR uplift	L
5	Who	en to stop a Bayesian A/B test?	3
	5.1	If using uninformative priors	
	5.2	If using informative priors	2

	5.3 If deciding to end early	23
6	Summary and some final remarks 6.1 Before starting an experiment	
7	Questions?	25
8	Extras 8.1 Bayes theorem	

# 1 Setting the scene

## 1.1 Randomised Control Trials (RCTs)

A simplistic example:

- Users are assigned at random to two groups, A and B, with equal probability.
- Let A be our **control** group and B be our **treatment** group.

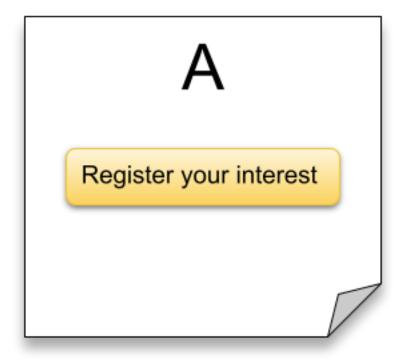
We want to know what effect our treatment has.

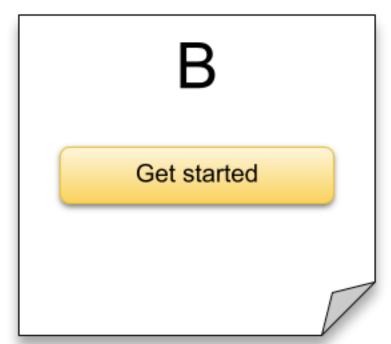
Early on during an experiment, differences between these groups could simply be due to the random allocation of participants. As the groups get larger, these random differences will diminish, bringing us closer to the difference caused by the treatment.

Applying Bayesian inference effectively gives the experiment a guided head start by including more data (probabilistic data, not real data) in the form of **priors**.

### 1.2 Hypothetical scenario

- A button on a landing page that takes users to a sign up form.
- At present, the button is labelled "Register your interest".
- Test whether changing it to "Get started" will result in an increased click-through rate (CTR).
- "Get started" was suggested by an experienced and skilled UX designer.





## 2 Priors and probability distributions

#### 2.1 Prior knowledge and beliefs

Before running an experiment, we form opinions and gather evidence such as:

- The baseline click-through rate of the button (with its current label) and knowledge of any outside variables that affects click-through rate, e.g. seasonality
- Effects we have seen from similar previous experiments
- Qualitative research, such as usability tests, focus groups, and surveys that are related to the test
- Opinions (including critical) from stakeholders and experts

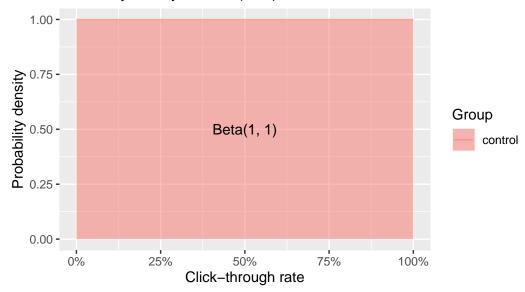
## 2.2 Priors are probability distributions

Express prior beliefs about the click-through rate of the control group using a **probability** distribution.

Here's an example of an extremely uninformative prior – a uniform prior that says any range of click-through rate is as probable as any other equally wide range, i.e. naive.

```
plot_beta_pdf <- function(shape1, shape2, group) {</pre>
    p \leftarrow seq(0, 100, by = 0.1) / 100 # 0 to 100 percent
    df <- pmap_dfr(</pre>
        list(shape1, shape2, group),
        function(shape1, shape2, group) {
             tibble(
                 p = p,
                 d = dbeta(p, shape1, shape2),
                 group = group
        }
    labels_df <- tibble(</pre>
        group = group,
        p = shape1 / (shape1 + shape2),
        d = dbeta(p, shape1, shape2) / 2,
        label = glue("Beta({shape1}, {shape2})")
    ggplot(df) +
        aes(x = p, y = d, fill = group) +
        geom_area(alpha = 0.5, position = position_identity()) +
        geom line(aes(colour = group), alpha = 0.5) +
```

# Prior for click—through rate of control group Probability density function (PDF)



## 🕊 Tip

The Beta distribution is a probability density function (PDF) with two shape parameters: B(shape1, shape2). It's used to describe proportions, such as click-through rate.

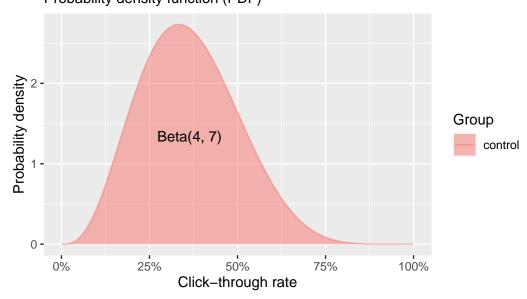
The total area under the curve will always add to 100%. That is, the curve represents all

possibilities regardless of what shape parameters are used.

## 2.3 Something a little more informative

```
plot_beta_pdf(4, 7, group = factor("control", levels = experiment_groups)) +
    labs(
        title = "Prior for click-through rate of control group"
    )
```

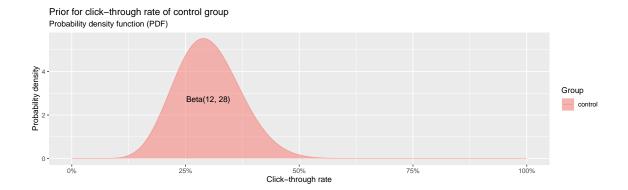
# Prior for click—through rate of control group Probability density function (PDF)



As the curve narrows, notice that the shape parameters of the Beta distribution increase.

## 2.4 Something even more informative

```
plot_beta_pdf(12, 28, group = factor("control", levels = experiment_groups)) +
    labs(
        title = "Prior for click-through rate of control group"
    )
```



The shape parameters (shape1 and shape2) of the Beta distribution can be considered counts of successes and failures, respectively. The mean probability of success (i.e. average click-through rate) can be calculated by this formula:

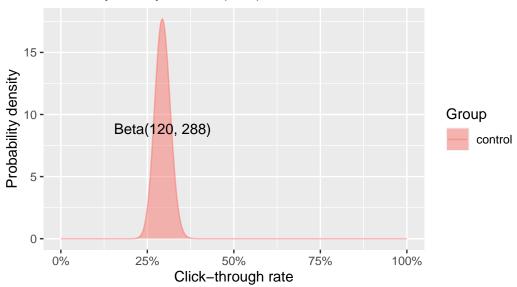
$$\frac{shape1}{shape1+shape2}$$

The shape parameters are actually slightly more than the count of successes and failures, i.e.  $successes = \alpha - 1$  and  $failures = \beta - 1$ , or  $successes = \alpha - 0.5$  and  $failures = \beta - 0.5$  if using Jeffreys prior.

## 2.5 Let's say we've settled on this:

```
plot_beta_pdf(
    shape1 = 120, shape2 = 288,
    group = factor("control", levels = experiment_groups)
) +
    labs(
        title = "Prior for click-through rate of control group"
)
```

# Prior for click—through rate of control group Probability density function (PDF)



The more confident we are about our beliefs, the narrower the curve.

### 2.6 What about the treatment group?

- We expect that the click-through rates of the treatment and control groups will be correlated.
- We're unsure about how correlated they will be, but we're not expecting a dramatic difference.
- We're more confident than not that the treatment will be an improvement, but we're open to other possibilities.
- We don't want to bias the experiment results in favour of treatment or control, or towards a conclusion of there being a difference or no difference.

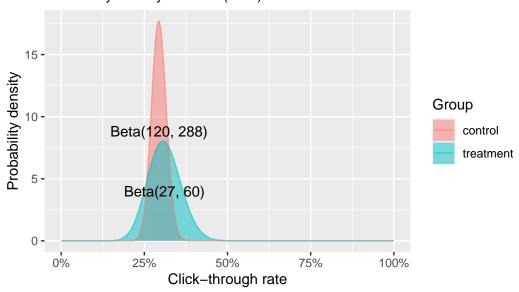
### 2.7 We've settled on these priors:

```
priors <- tibble(
    group = factor(c("control", "treatment"), levels = experiment_groups),
    shape1 = c(120, 27),
    shape2 = c(288, 60)
)

do.call(plot_beta_pdf, priors) +</pre>
```

```
labs(
    title = "Prior click-through rates of control and treatment groups"
)
```

# Prior click-through rates of control and treatment groups Probability density function (PDF)



# 3 Running a Bayesian A/B test

### 3.1 Prior agreement

- Agreement must be reached on the priors before collecting and analysing data from the experiment.
- Once the priors are agreed to and locked in, we can start the experiment.

Here's a summary of the priors we have chosen:

group	shape1	shape2	mean	$\operatorname{sd}$
control	120 27			2.3 p.p. 4.9 p.p.

It's important to not change your original priors after seeing data collected from the experiment. Doing so is effectively double-dipping, whereby your priors are being influenced by the data you have collected.

### 3.2 Let's run an experiment

)

```
true_ctr <- c(control = 32, treatment = 35) / 100</pre>
```

We'll generate some fake data to mimic a real experiment.

It'll be rigged though, as we'll already know the click-through rates for control and treatment, which are:

• Control: 32%

• Treatment: 35%

That's a relative uplift of 9.4%.

If we're successful at applying Bayesian inference then we should hope (but can't guarantee due to randomness) that the results somewhat match with these expected CTRs.

#### 3.3 The next day

```
avg_daily_users <- 150

experiment_simulator <- function(rate_of_users, true_ctr) {
    experiment_groups <- names(true_ctr)
    n_users <- rpois(1, lambda = rate_of_users)
    group_assignment <- sample(
        seq_along(experiment_groups),
        size = n_users, replace = TRUE
) %>%
        factor(labels = experiment_groups)
    group_sizes <- table(group_assignment)
    clicks_by_group <- map2(group_sizes, true_ctr, rbernoulli)
    map_dfr(clicks_by_group, function(clicks) {</pre>
```

Let's pretend that on average 150 users enter our experiment each day, and we've received the following data from day 1:

```
experiment_data <- list(
   batch1 = experiment_simulator(avg_daily_users, true_ctr)
)

experiment_data[['batch1']] %>%
   mutate(
        CTR = scales::percent(clicked / (clicked + not_clicked)),
        total_users = clicked + not_clicked
   ) %>%
   select(group, total_users, clicked, not_clicked, CTR)
```

group	total_users	clicked	not_clicked	CTR
control	72	23	49	31.9%
treatment	68	20	48	29.4%

Our experiment simulator randomly selects users and assigns them to each group using a Poisson process. It then randomly chooses which users had clicked using Bernoulli trials (e.g. coin flips).

#### 3.4 Let's now incorporate our priors

**Posteriors** represent your updated beliefs once you've incorporated experiment data with your priors. Like priors, posteriors represent your beliefs about the metric of interest, which in our case is click-through rate.

For each experiment group, we derive our posterior shape parameters through simple arithmetic addition:

- Increment the first shape parameter by the count users who had clicked
- Increment the second shape parameter by the count users who didn't click

```
posterior_update <- function(priors, experiment_data) {</pre>
    experiment_data %>%
        left_join(priors, by = "group") %>%
        rename(prior_shape1 = shape1, prior_shape2 = shape2) %>%
        select(-click_data) %>%
        mutate(
            posterior shape1 = prior shape1 + clicked,
            posterior_shape2 = prior_shape2 + not_clicked
        )
}
posteriors <- posterior update(priors, experiment data[['batch1']])</pre>
posteriors_long <- posteriors %>%
    gather(key = "count", value = "value", -group, factor_key = TRUE) %>%
    spread(group, value) %>%
    mutate(count = count %>% fct_relevel(
        c(
            "prior_shape1", "clicked", "posterior_shape1",
            "prior_shape2", "not_clicked", "posterior_shape2"
        )
    )) %>%
    arrange(count)
posteriors_long %>%
    filter(count %in% c("prior_shape1", "clicked", "posterior_shape1"))
```

count	control	treatment
prior_shape1	120	27
clicked	23	20
$posterior\_shape1$	143	47

```
posteriors_long %>%
    filter(count %in% c("prior_shape2", "not_clicked", "posterior_shape2"))
```

count	control	treatment
prior_shape2	288	60
$not\_clicked$	49	48
posterior_shape2	337	108

The process of incorporating data with priors is called Bayesian updating. The data generated follows a Bernoulli distribution (Binomial with 1 trial). The prior follows a Beta

distribution, which is conjugate to the Binomial distribution.

## 3.5 Posterior distribution of each group

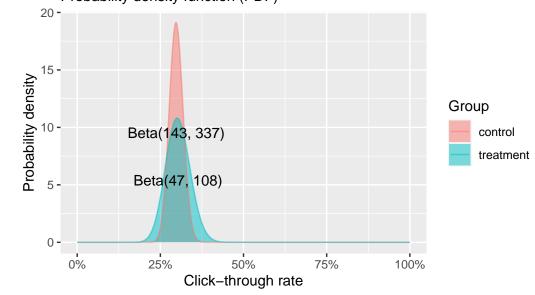
We have now updated our beliefs. These posteriors can now be thought of as our new updated priors.

```
priors_initial <- priors

priors <- posteriors %>%
    select(
        group = group,
        shape1 = posterior_shape1,
        shape2 = posterior_shape2
)

do.call(plot_beta_pdf, priors) +
    labs(
        title = "Posterior click-through rates of control and treatment groups"
)
```

# Posterior click-through rates of control and treatment groups Probability density function (PDF)



## 3.6 Another six days later...

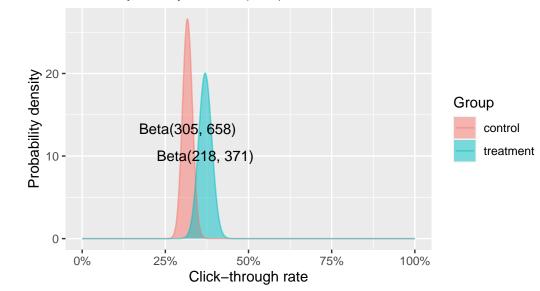
We've collected more data, so let's again update our priors to form new posteriors for the click-through rates of each group.

```
experiment_data[['batch2']] <- experiment_simulator(
        avg_daily_users * 6, true_ctr
)
posteriors <- posterior_update(priors, experiment_data[['batch2']])

priors <- posteriors %>%
    select(
        group = group,
        shape1 = posterior_shape1,
        shape2 = posterior_shape2
    )

do.call(plot_beta_pdf, priors) +
    labs(
        title = "Posterior click-through rates of control and treatment groups"
    )
```

# Posterior click-through rates of control and treatment groups Probability density function (PDF)



### 3.7 Another three weeks later...

```
experiment_data[['batch3']] <- experiment_simulator(
    avg_daily_users * 7 * 3, true_ctr
)

posteriors <- posteriors %>%
    select(
        group = group,
        shape1 = posterior_shape1,
        shape2 = posterior_shape2
    ) %>%
    posterior_update(experiment_data[['batch3']])

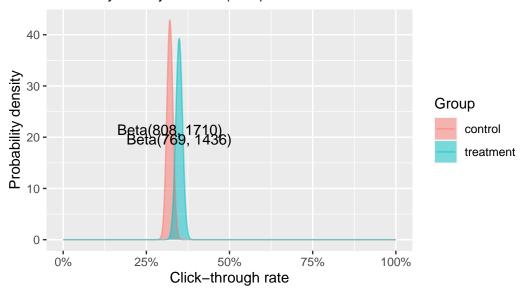
experiment_data_df <- experiment_data %>% map_dfr(~., .id = "batch")
```

We've now observed a total sample of 4,228 users and a decision is made to end the experiment.

```
posteriors <- posteriors %>%
    select(
        group = group,
        shape1 = posterior_shape1,
        shape2 = posterior_shape2
)

do.call(plot_beta_pdf, posteriors) +
    labs(
        title = "Posterior click-through rates of control and treatment groups"
)
```

## Posterior click-through rates of control and treatment groups Probability density function (PDF)



## 4 Posterior analysis

Statistical inferences using the posterior distributions

### 4.1 Monte Carlo simulation

Let's draw a very large quantity of random samples from our posterior distributions to make inferences about the experiment.

This is called Monte Carlo simulation – named after a casino.

The more samples drawn, the greater the precision of the inferences you make, but this comes at the cost of computational time and memory. Nowadays, computer processing speed and memory are more than adequate for what we need. Analytical solutions, providing the greatest level of precision, are also sometimes possible.

```
simulation_size <- 100
```

### 4.2 100 simulations

Let's start slowly by drawing 100 random samples from our distributions and plot them using histograms...



```
draw_posterior_samples <- function(posteriors, simulation_size) {</pre>
    posteriors %>%
        rowwise() %>%
        mutate(
            sim_id = list(1:simulation_size),
            ctr = list(
                rbeta(
                     n = simulation_size,
                     shape1 = shape1,
                     shape2 = shape2
            )
        ) %>%
        select(group, sim_id, ctr) %>%
        unnest(cols = c(sim_id, ctr))
}
posterior_samples <- draw_posterior_samples(posteriors, simulation_size)</pre>
```

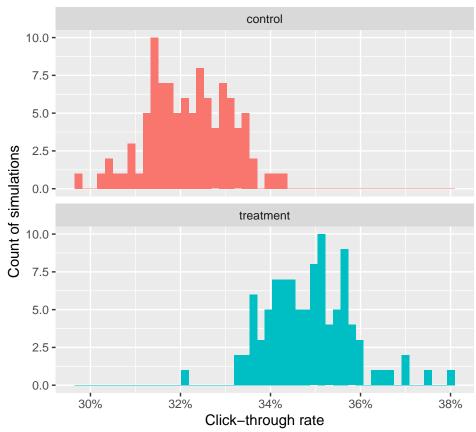
Here's some of our Monte Carlo samples:

```
posterior_samples %>%
    spread(group, ctr) %>%
    mutate(
        uplift = treatment / control - 1,
        beats_control = treatment > control
) %>%
    select(-sim_id) %>%
    head(n = 7) %>%
    knitr::kable(digits = 3)
```

control	treatment	uplift	beats_control
0.326	0.336	0.033	TRUE
0.312	0.357	0.143	TRUE
0.303	0.356	0.175	TRUE
0.322	0.355	0.103	TRUE
0.321	0.333	0.039	TRUE
0.326	0.346	0.062	TRUE
0.316	0.342	0.081	TRUE

```
plot_posterior_samples <- function(</pre>
        posterior_samples, bins = 100, animate = FALSE
) {
    posterior_samples <- posterior_samples %>%
        mutate(
            frame = cut(log(sim_id), breaks = 10, labels = FALSE)
    p <- ggplot(posterior_samples) +</pre>
        facet_wrap(~group, ncol = 1) +
        aes(ctr, fill = group) +
        geom_histogram(bins = bins) +
        scale_x_continuous(labels = scales::percent) +
        labs(
            title = "Posterior distributions",
            subtitle = "Click-through rate",
            x = "Click-through rate",
            fill = "Group",
            y = "Count of simulations"
        ) +
        guides(fill = guide_none())
    if(animate) {
        p <- p +
            transition_manual(frame, cumulative = TRUE) +
```

# Posterior distributions Click-through rate



### 4.3 Let's now beef it up a bit...

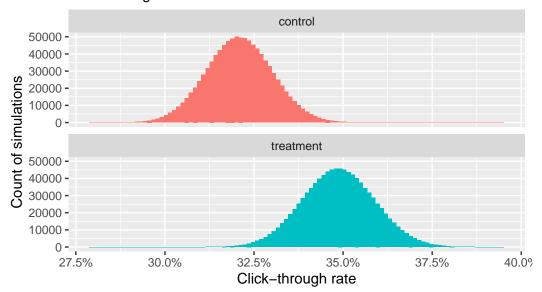
```
simulation_size <- 1000000
```

We'll now draw 1,000,000 samples...

```
posterior_samples <- draw_posterior_samples(posteriors, simulation_size)

posterior_samples %>%
    plot_posterior_samples(animate = render_animations)
```

# Posterior distributions Click–through rate



Notice how these histograms follow the same distribution as our posteriors. That is because these samples have been drawn at random according to those posterior distributions.

### 4.4 We can now make some inferences

A summary of our 1,000,000 posterior samples for click-through rate:

```
posterior_comparison <- posterior_samples %>%
    spread(group, ctr) %>%
    mutate(
        uplift = treatment / control - 1,
        beats_control = treatment > control
```

```
posterior_comparison %>%
    select(-sim_id) %>%
    summary()
```

```
control
                                        uplift
                                                       beats_control
                    treatment
Min.
       :0.2798
                 Min.
                         :0.3023
                                   Min.
                                           :-0.10920
                                                       Mode :logical
1st Qu.:0.3146
                                   1st Qu.: 0.05718
                 1st Qu.:0.3419
                                                       FALSE: 21337
Median :0.3208
                 Median : 0.3487
                                   Median: 0.08689
                                                       TRUE: 978663
       :0.3209
                                           : 0.08779
Mean
                 Mean
                         :0.3488
                                   Mean
3rd Qu.:0.3271
                  3rd Qu.:0.3556
                                    3rd Qu.: 0.11737
Max.
       :0.3667
                 Max.
                         :0.3950
                                   Max.
                                           : 0.33373
```

• How do these compare to our theoretical CTRs of 32% for control and 35% for treatment, and uplift of 9.4%?

```
posterior_uplift <- with(
    posterior_comparison,
    mean(beats_control)
)</pre>
```

• What is the posterior probability that the CTR of the treatment is greater than that of control? Answer: 97.87%

Out of our 1 000 000 simulations, we can see how often the treatment bet control. This tells us the probability that treatment is the winner.

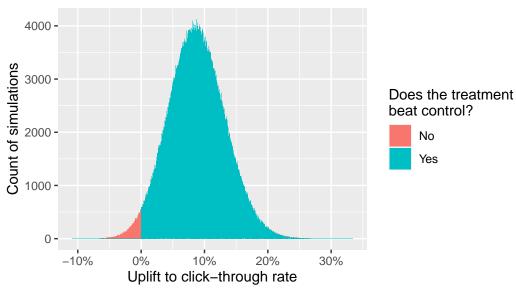
If we filtered our simulations to those where control won and calculated the median CTR uplift, and did the same for cases where treatment won, we can determine the expected losses of choosing either variant as the winner. We should prefer the variant with the lowest expected loss or continue to run the experiment longer to improve our confidence.

#### 4.5 Posterior distribution of the CTR uplift

```
if_else(beats_control, "Yes", "No"),
            levels = c("No", "Yes")
        )
    ) +
    geom_histogram(bins = 1000) +
    scale_x_continuous(labels = scales::percent) +
    labs(
        title = "Uplift to click-through rate",
        subtitle = "Treatment relative to control",
        x = "Uplift to click-through rate",
        y = "Count of simulations",
        fill = "Does the treatment\nbeat control?"
    )
if (render_animations) {
    p <- p +
        transition_manual(frame, cumulative = TRUE) +
        view_follow()
    p <- p %>%
        animate(duration = 5, renderer = gifski_renderer(loop = FALSE))
}
p
```

# Uplift to click-through rate

## Treatment relative to control



## 5 When to stop a Bayesian A/B test?

#### 5.1 If using *uninformative* priors...

If your original priors are uninformative or too weak, then you face the same risks as with frequentist experiments.

Perform **power analysis** ahead of running the experiment. This is to determine the required sample size before any inferences are made.

Before commencing the experiment, decide on:

- The minimum detectable effect size
- The accepted false positive rate
- The accepted false negative rate

#### 5.2 If using *informative* priors...

If your priors are relatively informative and chosen carefully, then this can reduce the chances of false positives and negatives. But:

- Be careful not to bias the results of the experiment.
- Power analysis is still recommended in order to gauge the worse case scenario for how long the experiment might run.

Bayesian inference, with informative priors, can make it possible to end an experiment early.

### 5.3 If deciding to end early...

Ask yourself:

- Has the experiment run for at least a couple of cycles? (e.g. at least two full weeks)
- Have the results stabilised? Is there a clear winner?
- Could it be worth running longer to learn more?
- What are the **risks** of continuing or ending now? What if the results you see are just a fluke and are therefore misguiding you? What is the impact of making the wrong choice? What are the chances?

## 6 Summary and some final remarks

### 6.1 Before starting an experiment

Gather prior knowledge and articulate beliefs:

- Establish a baseline what do you know about the control group?
- What do you expect the effect of the treatment to be? How sure are you?

Express those beliefs and knowledge as distributions - these are your priors for your control and treatment groups.

Ensure that the priors encapsulate the collective knowledge and beliefs of all interested parties so that there is agreement. This is to avoid the results from being challenged later.

### 6.2 Running the experiment

- Start the experiment, gather data, and update your priors to form posteriors about the metric of interest
- Draw inferences by running a large number of Monte Carlo simulations using the posterior distributions
- Know when to end the experiment try to plan for this ahead of running the experiment

Null-hypothesis significance testing (NHST) is not what Bayesian is for:

- Bayesian tells you the probability of some effect being within some range, given the data. I.e. Given everything we know so far, what are the risks associated with the choices we have?
- NHST tells you the probability of data at least as extreme as what has been observed, given there is no real effect. I.e. How ridiculous would this outcome be if it were due to chance alone?

NHST is often referred to as the frequentist approach, where decisions are made using p-values and some arbitrary threshold  $\alpha$  (i.e. false positive rate).

Unlike NHST, Bayesian A/B testing doesn't give you a yes/no answer – it instead informs you about the probabilities and risks associated with the choices you have.

## 7 Questions?

Further topics that might interest you:

- Bayesian Generalised Linear Models to better isolate the effect of the treatment from other predictors (such as seasonality, device types, time of day, etc.)
- Survival Analysis, such as Kaplan Meier, to analyse lagged conversion outcomes (such as with trial periods) in order to make the most of all of the data you've collected.



These presentation slides and simulations have been produced in RStudio using Quarto. You can download the source code and slides from Github at: https://github.com/jdeboer/measurecamp2022

## 8 Extras

## 8.1 Bayes theorem

$$P(B \cap A) = P(A \cap B)$$
 
$$P(B) \times P(A|B) = P(A) \times P(B|A)$$
 
$$P(A|B) = \frac{P(B|A)P(A)}{P(B)}$$
 
$$f(\theta|data) = \frac{f(data|\theta)f(\theta)}{f(data)}$$

 $Posterior \propto \mathcal{L}(\theta|data) \times prior$ 



Figure 1: Thomas Bayes - 1701 - 1761

## 8.2 Some useful formulas

Let  $\alpha$  and  $\beta$  represent the first and second shape parameters of the Beta distribution, respectively.

The mean of this distribution is:  $\mu = \frac{\alpha}{\alpha + \beta}$ 

The standard deviation is:  $\sigma = \sqrt{\frac{\alpha\beta}{(\alpha+\beta)^2(\alpha+\beta+1)}}$ 

Through substitution and rearrangement, you can determine  $\alpha$  and  $\beta$  from  $\mu$  and  $\sigma$ .

$$v = \frac{\mu(1-\mu)}{\sigma^2} - 1$$

$$\alpha = \mu v$$

$$\beta = (1 - \mu)v$$

This way, you can determine the shape parameters based on centrality and spread.