## Evaluation of Diagnostic Tests 📥

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Knight Cancer Institute Biostatistics Shared Resource

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Slides: bit.ly/jmin-test

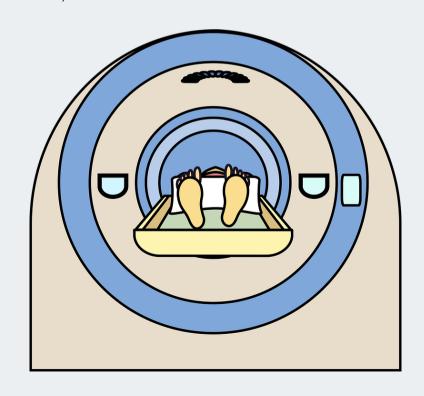
## What is a "Diagnostic Test"?

# A diagnostic test is a medical test that determines a *target condition*:

- nature or severity of disease (i.e. disease stage)
- risk of future disease condition or event
- response to treatment (actually "prognostic" test)

#### The medical test may be a

- biomarker
- imaging procedure
- laboratory test
- health history or physical examination
- a combination of the above
- any other method collecting current health information



# Goals of a diagnostic study may be to determine

- Accuracy of the test to assess disease
- Accuracy of test to predict disease in the future (i.e. within 3 years)
- Reliability or reproducibility of test
- Technical variability of test

We will focus on the first two goals: accuracy of the test to determine a binary (yes/no) condition in the present or in the future

### Evaluate accuracy, compared to ...?

We need to compare our "index test" of interest to a "reference standard" a.k.a. the "gold standard."

How do we diagnose the disease? The reference standard is the best available method(s).

#### Example:

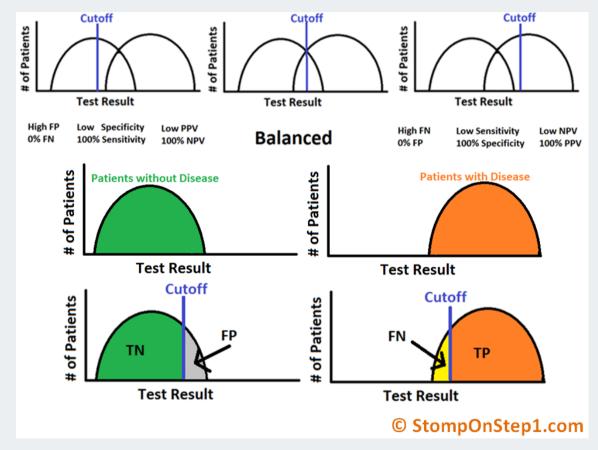
- blood sample biomarker (index text) compared to biopsy or imaging (reference standard)
- pregnancy urine test (index test) compared to highly accurate blood test (or ultrasound)

## Evaluate accuracy: Statistics

Continuous (numerical) test

→ must select test positivity
cut-off

Or, How to classify disease based on a range of possible test results?



http://www.stomponstep1.com/negative-positive-predictive-value-equation-calculation/

## Evaluate accuracy: Statistics

For all possible cut-off values (entire operating characteristic)

 ROC (Receiver Operating Characteristic) curve and AUC (Area Under the Curve)

For a specific cutoff:

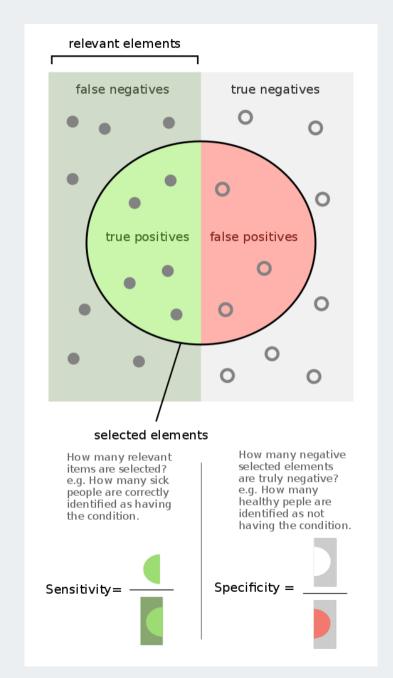
- Sensitivity and specificity
- PPV (Positive Predictive Value) and NPV (Negative Predictive Value)

#### Evaluate accuracy: Statistics

		True condition				
	Total population	Condition positive	Prevalence $ = \frac{\sum \text{Condition positive}}{\sum \text{Total population}} = \frac{\sum \text{Condition positive}}{\sum \text{Total population}} = \frac{\sum \text{True positive} + \sum \text{True notation}}{\sum \text{Total population}} $		sitive + \(\Sigma\) True negative	
Predicted condition	Predicted condition positive	True positive	False positive, Type I error	Positive predictive value  (PPV), Precision =  Σ True positive  Σ Predicted condition positive	False discovery rate (FDR) = $\frac{\Sigma \text{ False positive}}{\Sigma \text{ Predicted condition positive}}$	
	Predicted condition negative	False negative, Type II error	True negative	False omission rate (FOR) = $\Sigma$ False negative $\Sigma$ Predicted condition negative	Negative predictive value (NPV) = $\frac{\Sigma \text{ True negative}}{\Sigma \text{ Predicted condition negative}}$	
		True positive rate (TPR), Recall, Sensitivity, probability of detection, $\frac{\text{Power}}{\sum \text{True positive}} = \frac{\sum \text{True positive}}{\sum \text{Condition positive}}$	False positive rate (FPR), Fall-out, probability of false alarm $= \frac{\Sigma \text{ False positive}}{\Sigma \text{ Condition negative}}$	Positive likelihood ratio (LR+) = TPR FPR	Diagnostic odds ratio (DOR)	F <sub>1</sub> score = 2 · Precision · Recall Precision + Recall
		False negative rate (FNR), Miss rate $= \frac{\Sigma \text{ False negative}}{\Sigma \text{ Condition positive}}$	Specificity (SPC), Selectivity, True negative rate (TNR) $= \frac{\Sigma \text{ True negative}}{\Sigma \text{ Condition negative}}$	Negative likelihood ratio (LR-) $= \frac{FNR}{TNR}$	= <u>LR+</u> LR-	

#### Sensitivity and Specificity

- How does the test perform in people with or without the disease?
- Sensitivity = True Positive Rate (TPR)
  - Probability someone with the disease tests positive
  - Are we finding the cases?
  - Also called "recall"
- Specificity = True Negative Rate (TNR) in people without the disease
  - Probability someone without the disease tests negative
  - Are we not scaring the healthy people?
- Should be reported together
- Online calculator: www.medcalc.org/calc/diagnostic\_test.php



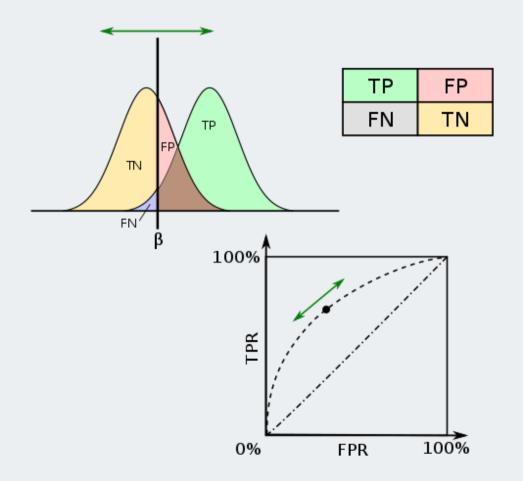
#### Positive & Negative Predictive Values: PPV, NPV

- How does the test perform in people with positive or negative test values?
- PPV = Probability someone has the disease if they test positive
  If positive test how likely do I have the disease? (Should I be worried?)
- NPV = Probability someone does not have the disease if they test negative
  If negative test how likely am I healthy? (Am I reassured?)
- Depends on *prevalence* of disease (if very rare, PPV might be very low)

		True co		
	Total population	Condition positive	Condition negative	$= \frac{\Sigma \text{ Condition positive}}{\Sigma \text{ Total population}}$
Predicted	Predicted condition positive	True positive	False positive, Type I error	Positive predictive value  (PPV), Precision =  Σ True positive Σ Predicted condition positive
condition	Predicted condition negative	False negative, Type II error	True negative	False omission rate (FOR) = $\frac{\Sigma \text{ False negative}}{\Sigma \text{ Predicted condition negative}}$

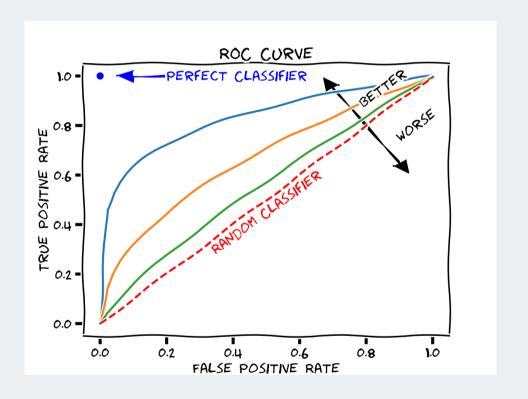
#### ROC Curve

- Combination of sensitivity & specificity for each possible test positivity cut-off
  - ∘ Sensitivity ≈ "power"
  - ∘ FPR (1-specificity)  $\approx$  "significance level" of a test
  - → ROC plots power vs significance level of a test.
- Useful for comparing multiple tests, but often we only care about the edges (high sensitivity or high specificity)



## AUC (Area Under the Curve)

- Area under the ROC Curve
- Single numerical value represents overall accuracy
- Not for a specific sensitivity/specificity or cut-off value
- Probability a "case" has a higher test value than a "control" (Can we even sort them?)
- 0.5 is the AUC of a coin flip



### Other measures

		True condition				
	Total population	Condition positive	Condition negative	$= \frac{\Sigma \text{ Condition positive}}{\Sigma \text{ Total population}}$	Accuracy (ACC) =  Σ True positive + Σ True negative Σ Total population	
Predicted	Predicted condition positive	True positive	False positive, Type I error	Positive predictive value (PPV), Precision = Σ True positive Σ Predicted condition positive	False discovery rate (FDR) =  Σ False positive  Σ Predicted condition positive	
condition	Predicted condition negative	False negative, Type II error	True negative	False omission rate (FOR) = $\frac{\Sigma \text{ False negative}}{\Sigma \text{ Predicted condition negative}}$	Negative predictive value (NPV) = $\frac{\Sigma \text{ True negative}}{\Sigma \text{ Predicted condition negative}}$	
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#### Accuracy vs. Reproducibility

Does the test accurately diagnose the disease?

VS.

Is the test reproducible over time or over testing system?

- variation in reading imaging
- technical variability in the assay
- limits of detection
- highly variable throughout the day (influenced by fasting, or environment)

## Designing Studies

#### Phases in the assessment of diagnostic accuracy

- Phase I (Discovery)
  - Establish technical parameters, algorithms, diagnostic critera
- Phase II (Introductory)
  - Early quantification of performance in clinical settings
- Phase III (Mature)
  - Comparison to other testing modalities in prospective, typically multiinstitutional studies (efficacy)
- Phase IV (Disseminated)
  - Assessment of the procedure as utilized in the community at large (effectiveness)

from PCORI's "Standards in the Design, Conduct and Evaluation of Diagnostic Testing For Use in Patient Centered Outcomes Research" (2012)

#### Diagnostic studies

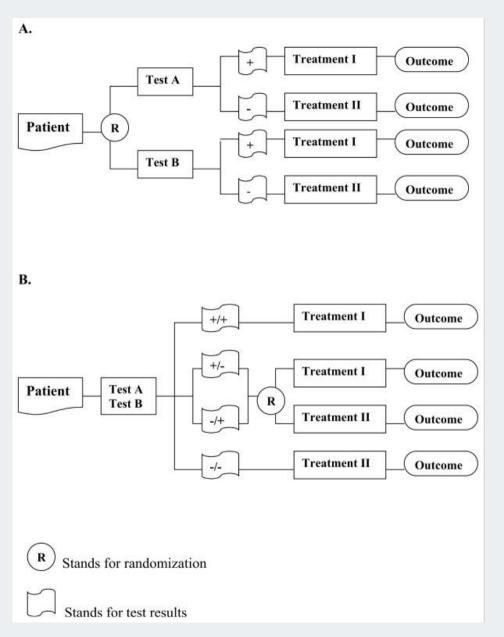
- Observational trials to determine accuracy
  - less costly
  - may have unidentified biases, may lack all information to inform test
- Randomized trials to assess accuracy and/or efficacy
  - minimizes selection bias/confounding, prospective design minimizes temporal ambiguity
  - expensive, homogeneous population
- Randomized trials to incorporate an intervention
  - Who receives the intervention?

Pepe, M. S., et al (2008). Pivotal evaluation of the accuracy of a biomarker used for classification or prediction: standards for study design. Journal of the National Cancer Institute, 100(20), 1432-1438.

#### Randomized Studies

- Example of randomizing to test vs randomizing to treatment:
- Paired (B) design more efficient

Lu B, Gatsonis C. Efficiency of study designs in diagnostic randomized clinical trials. Stat Med. 2013;32(9):1451–1466. doi:10.1002/sim.5655



#### Sample Size and Power

What is the outcome/effect size measure?

- Compare AUC to gold standard new test and reference standard on same population
  - Need to know AUC of gold standard, proposed test's AUC, prevalence, correlation of two tests within case and control patients
- Compare sensitivity and specificity of a binary test = binomial proportion calculator

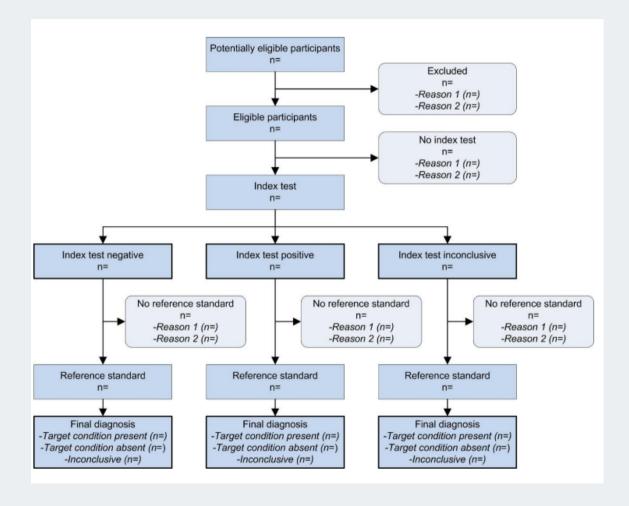
Software: PASS, R package pROC

Moskowitz, C. S., & Pepe, M. S. (2006). Comparing the predictive values of diagnostic tests: sample size and analysis for paired study designs. Clinical Trials, 3(3), 272–279. https://doi.org/10.1191/1740774506cn147oa

## Reporting results

### Reporting standards

- Standards for Reporting of Diagnostic Accuracy (STARD) https://www.equatornetwork.org/reportingguidelines/stard/
- Confidence intervals around AUC, sensitivity, specificity, etc. to quantify statistical precision of measurements.



#### References and Resources

- Carlos, R., et al (2012). Standards in the Design, Conduct and Evaluation of Diagnostic Testing for Use in Patient Centered Outcomes Research.
   PCORI. https://www.pcori.org/assets/Standards-in-the-Design-Conduct-and-Evaluation-of-Diagnostic-Testing-for-Use-in-Patient-Centered-Outcomes-Research.pdf
- Lu B, Gatsonis C. Efficiency of study designs in diagnostic randomized clinical trials. Stat Med. 2013;32(9):1451–1466. doi:10.1002/sim.5655 Moskowitz, C. S., & Pepe, M. S. (2006). Comparing the predictive values of diagnostic tests: sample size and analysis for paired study designs. Clinical Trials, 3(3), 272–279. doi.org/10.1191/1740774506cn147oa
- Pepe, M. S., et al (2008). Pivotal evaluation of the accuracy of a biomarker used for classification or prediction: standards for study design. JNCI, 100(20), 1432-1438.
- PCORI's Standards for Studies of Diagnostic Tests curriculum: https://www.pcori.org/research-results/about-our-research/research-methodology/methodology-standards-academic-curriculum-7

## Thank you!

Contact me: 

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jminnier

Slides available: bit.ly/jmintest

Slide code and files available at:

github.com/jminnier/talksetc

