# Additional Lecture – Working with Epidemiologic Data

## Collect with your research question in mind!

- Collect more, not less
- Design questionnaire with database in mind proper design would help to avoid entry errors
- Select useful categories
- Be specific, but not over-specific
- Keep coding consistent across variables (for example, low risk group=0, Yes/No 1/0, don't know, missing)

#### Analysis protocol

- Specify variables of interest, both dependent and independent
- Specify modeling approaches: continuous, categorical, etc.
- Analytical techniques
- · Covariates and their modeling
- Any subset or secondary analyses
- The protocol is dynamic and not written in stone!

#### **Getting started**

- Keeping record of decision making process is extremely important!
- Explore data dictionary- in database management systems, a file
  that defines the basic organization of a database. A data dictionary
  contains a list of all files in the database, the number of records in
  each file, and the names and types of each field
- Keep clear documentation of programs and outputs- smaller files are easier to work with in the future
- Save SAS programs with different date stamps
- Clearly label analysis sections in the SAS program-you can say something like "Table 1", etc. Have a preface to describe the program objectives, date created or modified, important variable definitions
- Document program specifics either separately or in SAS (as /\*....\*/)
- Run the program step-by-step to catch mistakes

#### Data clean-up

- Familiarize yourself with the data
  - Continuous: run proc univariate, proc means, how many missing data points, any unusual values?
  - Categorical: any unusual coding? Any unusual distribution? How many missing?

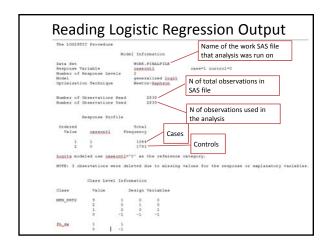
#### Dealing with missing data

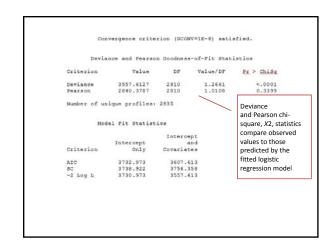
- Create a separate category for unknown
- Impute median values of a given variable in controls for any missing – if large, could lead to biased estimation → conduct sensitivity analysis later
- Search the literature for possible imputation approaches

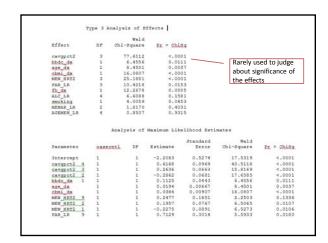
### Try different modeling approaches

- 1 unit change
- below vs. above median
- · Quartiles based on distribution
- 10, 50, 100 unit change

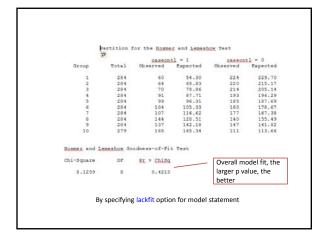
#### Binary logistic regression in SAS Need to specify "descending" if cases=1 and controls=0 AGGREGATE- determines subpopulations proc logistic data=alcohol1 descending; for Pearson chi-square and deviance class MEN\_HRT2/descending; LACKFIT - requests Hosmer and Lemeshow goodness-of-fit test class FH\_DX/descending; SCALE - specifies method to correct class PAR\_LR/descending; overdispersion class smoking/descending; RSQUARE - requests a generalized class MENAR\_LR/descending; measure for the fitted model valdcl waldrl -requests to calculate class cavgpct2/descending; Parameter Estimates and Wald class AGEMEN\_LR/descending; Confidence Intervals class BBDC\_DX/descending; model CASEcntl=Cavgpct2 BBDC\_DX AGE\_DX CBMI\_DX MEN\_HRT2 PAR\_LR FH\_DX smoking MENAR\_LR AGEMEN\_LR/link=glogit scale=none aggregate waldcl waldrl lackfit rsquare; title 'Percent density as usual categories-stratified model, alcohol=1';







þdds R	stio Estimates	and Wald Con	fidence Inter	vals	
Effect	casecutl	Unit	Estimate	95% Confidence	Limit
cavqpct2 4 vs 1	1	1.0000	3.357	2.440	4.61
cavgpct2 3 vs 1	1	1.0000	2.358	1.838	3.025
cavgpct2 2 vs 1	1	1.0000	1.361	1.071	1.72
bbdc_dx 1 vs 0	1	1.0000	1.252	1.053	1.490
age_dx	1	1.0000	1.020	1.006	1.03
chmi_dx	1	1.0000	1.037	1.019	1.054
MEN_HRT2 9 vs 0	1	1.0000	1.590	1.008	2.50
MEN HRT2 2 VS 0	1	1.0000	1.509	1.229	1.85
MEN_HRT2 1 vs 0	1	1.0000	0.988	0.775	1.26
PAR_LR 9 vs 0	1	1.0000	2.957	1.345	6.504
PAR LR 2 vs 0	1	1.0000	1.363	0.987	1.883
PAR LR 1 vs 0	1	1.0000	1.096		1.29
fh_dx 1 vs 0	1	1.0000	1.456		1.794
ALC_LR 9 vs 0	1	1.0000	1.031	0.670	1.586
ALC_LR 3 vs 0	1	1.0000	0.908	0.685	1.20
ALC_LR 2 vs 0	1 1	1.0000	0.973	0.773	1,225
ALC_LR 1 vs 0		1.0000	0.788	0.648	0.959
smoking 1 vs 0	1	1.0000	1.181	1.003	1,390
MENAR LR 2 vs 0	1	1.0000	1.179	0.921	1,509
MENAR_LR_1 vs 0	1	1.0000	1.122	0.912	1.38
AGEMEN LR 9 vs 0	1	1.0000	1.345	0.685	2.64
AGEMEN LR 3 vs 0	1	1.0000	1.091	0.733	1.62
AGEMEN LR 2 vs 0	1	1.0000	1.049	0.812	1.35
AGEMEN LR 1 vs 0	1	1.0000	1.031	0.769	1.38



#### Modeling interactions

- Continuous independent variables
  - Model BMI=X1 X2 X1\*X2
  - Interpretation is tricky and is rarely used, other than saying that interaction exists hard to make sense of that interaction

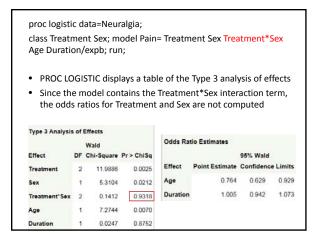
#### Two categorical variables

- Consider a study of the analgesic effects of anti-pain treatments on elderly patients with neuralgia
  - Dependent variable: PAIN Yes/No
  - Independent: TREATMENT Two treatments + placebo
  - Covariates: Age (continuous) and Gender (F, M)

proc logistic descending;

class Treatment Sex;

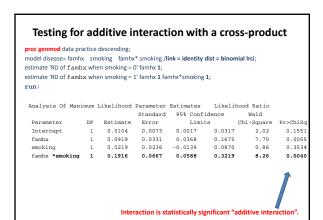
model Pain= Treatment Sex Age Duration/link=glogit scale=none aggregate waldcl waldrl lackfit rsquare; run;



#### Test for multiplicative interaction with a crossproduct proc logistic data = practice descending; model disease = famhx smoking famhx\* smoking; oddsratio famhx / at(smoking = 0 1); oddsratio smoking / at(famhx = 0 1); run; Analysis of Maximum Likelihood Estimates Standard Wald Parameter Estimate Error Chi-Square Pr > ChiSq Intercept -4.5591 0.7108 2.3869 0.7931 9.0576 0.0026 smoking 1.1579 1.0109 1.3120 0.2520 famhx\* smoking 1.0984 0.8262 0.2411 Wald Confidence Interval for Odds Ratios Estimate 95% Confidence 2.299 interaction is no famhx at smoking =1 13.846 3.122 61.408 significant 3.183 23.086 smoking at famhx =0 0.439 smoking at famhx =1

#### Best strategy

- Use p-value for Type 3 effects to determine whether the interaction is significant
- Perform stratified analysis to report strataspecific ORs



#### **Variable Manipulation**

 If continuous variables by nature, you can create a new variable that represents median values in each category and use that variable in interaction term

• Example: BMI in kg/m<sup>2</sup>

- Categorical BMI <25, 25-<30, 30-<35

Median for BMI: 23, 27, 32New variable: 23, 27, 32

## Another option: create a combined variable (joint effects)

- · Family history of cancer and smoking
- · Variable combined:
  - 0-no family history, no smoking
  - 1-family history, no smoking
  - 2-no family history, smoking
  - 3-family history and smoking
- And then model it without class statement to get p-value for significance
- But this is usually used to demonstrate joint effects rather than to test interaction significance

#### More on interaction...

- In other words, just because a significant effect is found in one group and not in the other, does NOT mean the effects are necessarily different in the two groups
- Remember, statistical significance is not only a function of the effect but also the sample size and the baseline risk. Both of these can differ across groups.

### Types of logistic regression

- Binary (ordinary) Yes/No
- Ordinal or ordered For ordinal outcome variables assumes that the coefficients that describe the relationship between the lowest versus all higher categories of the response variable are the same as those that describe the relationship between the next lowest category and all higher categories, etc. (proportional odds assumption or the parallel regression assumption) - for example BMI
- Polychotomous logistic regression for nominal outcome variables, for example, lobular, ductal breast cancer, controls