

Name _____

I will adhere to the Hopkins code of academic ethics.

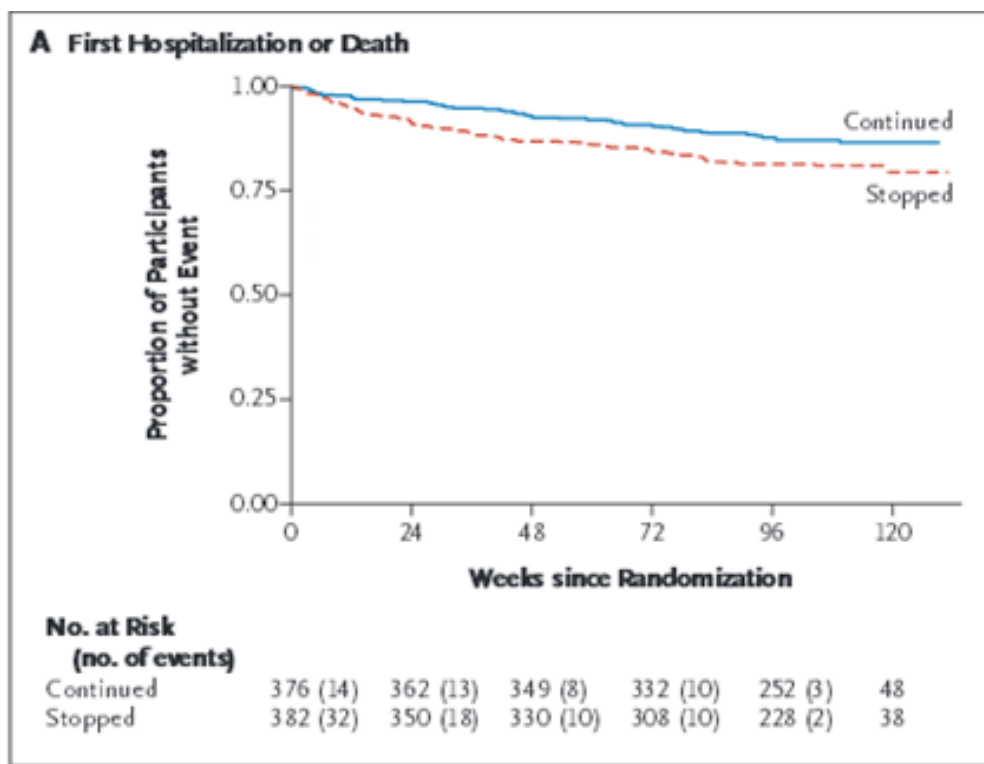
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Lecture Section (please check one):

() Diener-West () McGready

Biostatistics 140.623
Third Term, 2013-2014
Quiz 2
March 4, 2014

A recent study¹ compared outcomes between HIV-infected children *randomly assigned* to either **continue** or **stop** prophylaxis therapy after receiving at least 96 weeks of anti-retroviral therapy. Below are the **Kaplan-Meier survival curve estimates** ($\hat{S}(t)$) of time after randomization to *either* first hospitalization or death for the two groups.



1. Approximately what is the estimated proportion of children in the “**Stopped**” group who had been either hospitalized or had died *within* 24 weeks after randomization into the study? (Circle only one response).
 - a) 10%
 - b) 90%
 - c) 2%
 - d) 98%
 - e) 25%

¹ Bwakura-Dangarembiz M, et al. A Randomized Trial of Prolonged Co-trimoxazole in HIV-Infected Children in Africa (2014). *New England Journal of Medicine* 370 (1):41-53.

2. The p-value given by the **log rank test** comparing the two survival curves is 0.007. Assuming a significance level (alpha) of 0.05, one can conclude that the observed differences in the Kaplan-Meier curves between the two groups are: (*Circle only one response*).
- a) *Relatively likely* if there is **no difference** in survival over the study follow-up period (at the population level) for the two randomization groups.
 - b) *Relatively likely* if there is a scientifically important difference in survival over the study follow-up period (at the population level) for the two randomization groups.
 - c) *Relatively unlikely* if there is **no difference** in survival over the study follow-up period (at the population level) for the two randomization groups.
 - d) *Relatively unlikely* if there is a scientifically important difference in survival over the study follow-up period (at the population level) for the two randomization groups.
 - e) Reflecting a 0.7% chance that the null hypothesis of no survival difference is true.
3. What can be inferred about the **estimated hazard ratio (HR)** of first hospitalization or death for the children randomized to the “**Continued**” group compared to children randomized to the “**Stopped**” group? (*Circle only one response*).
- a) $HR = 0$
 - b) $HR = 1$
 - c) $HR > 1$
 - d) $HR < 1$
 - e) It is not possible to estimate this from the information given.
4. Three-hundred seventy-six (376) children were randomized to the “**Continued**” group, and 48 (13%) children were still at risk of hospitalization or death at 120 weeks. However, the corresponding Kaplan-Meier curve estimate at 120 weeks for this group is approximately 90%. How can this have happened? (*Circle only one response*).
- a) Some of the observations in the “Continued” group were censored prior to 120 weeks.
 - b) The researchers estimated the Kaplan-Meier curve using only the data on patients who were hospitalized or died during the 120 weeks after randomization.
 - c) The researchers estimated the Kaplan-Meier curve using only the data on patients who were not censored during the 120 weeks after randomization.
 - d) The Kaplan-Meier estimate at 120 weeks is the risk of surviving beyond 120 weeks among only those who were at risk of having the event at 120 weeks.
 - e) The hazard of hospitalization or death for the children in the “Continued” group was assumed to be constant over time.
5. How does the Kaplan-Meier approach to estimating the survival function utilize information from censored observations? (*Circle only one response*).
- a) It drops all censored observations from the sample before the curve is estimated.
 - b) It uses the censored observations when considering who is “at risk” of an event at each given time in the follow-up period.
 - c) It treats the censoring times as event times.
 - d) It treats the event times as censoring times.
 - e) It assumes that all censored observations have the event by the end of follow-up.