



From lab to patient

How statistics shapes decisions in medicine

Nicola Rennie

Royal Statistical Society William Guy Lecturer 2024 - 2025

About Me

At school:

- Maths
- English
- Biology
- Chemistry
- Physics
- Art & Design
- Music



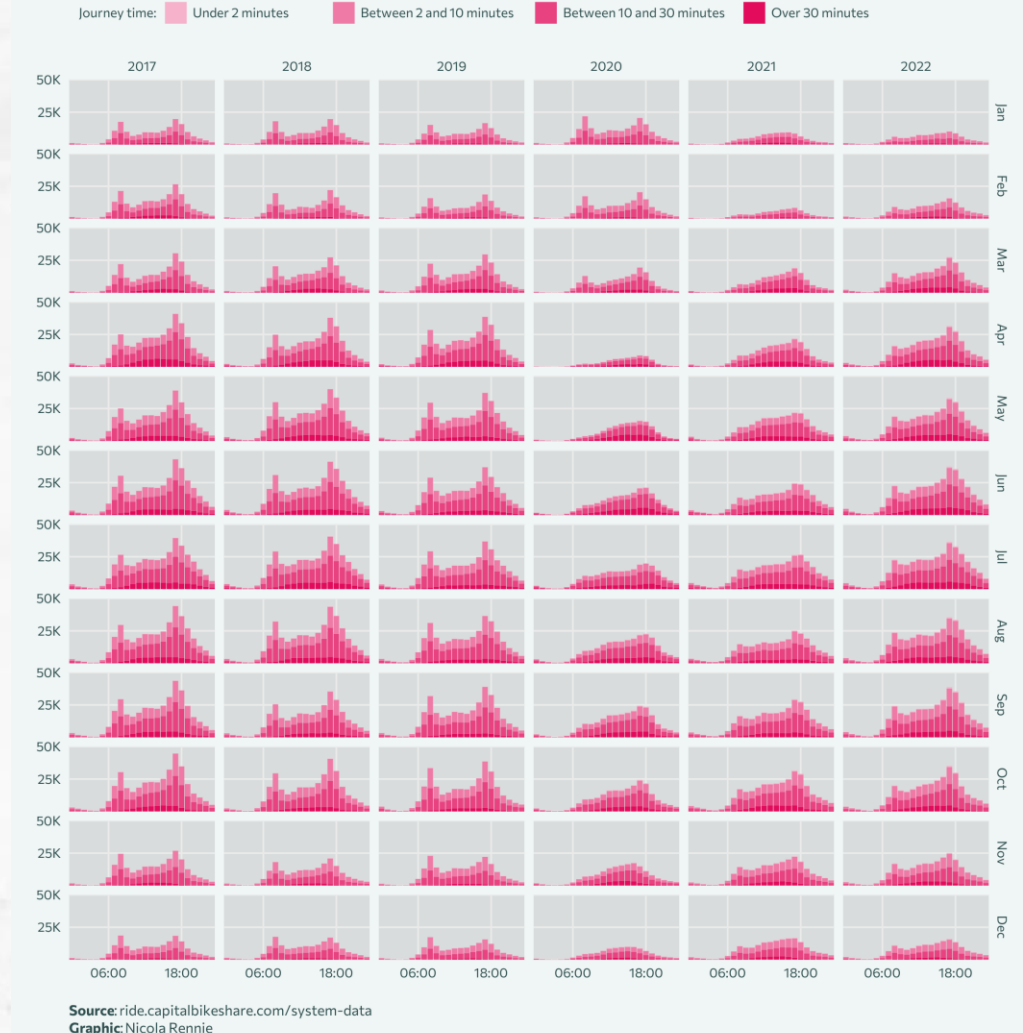
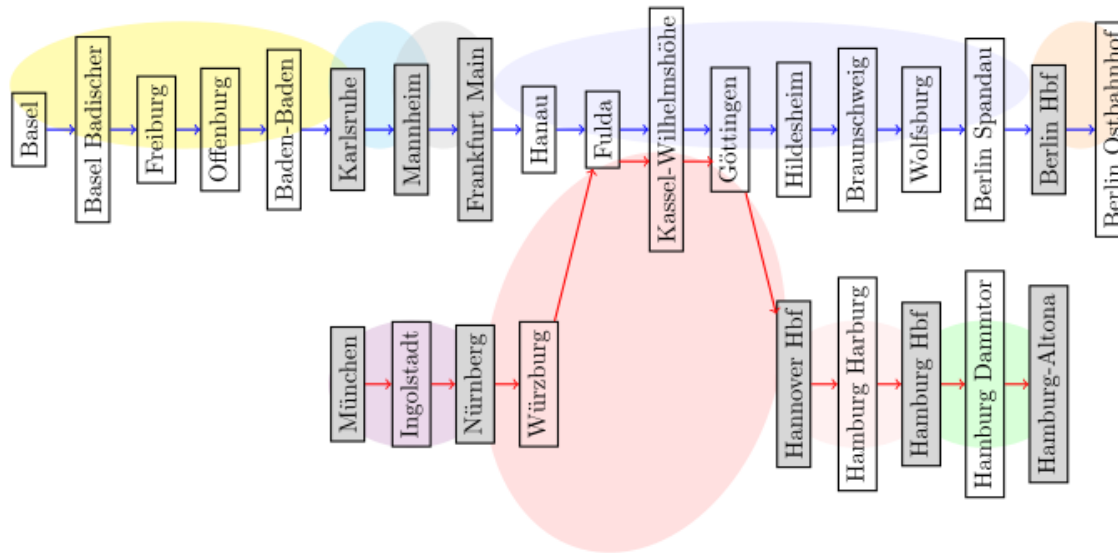
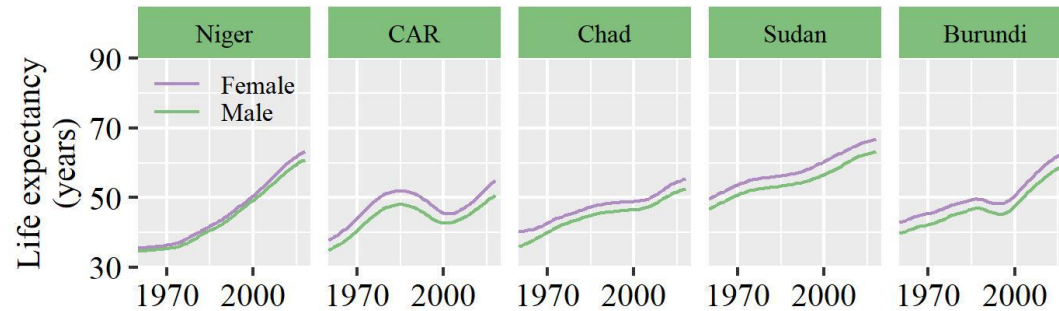
About Me

- Studied Maths at the University of St. Andrews
- Did a Masters and PhD in Statistics at Lancaster University
- Worked as a Data Scientist
- Lecturer in Health Data Science at Lancaster University

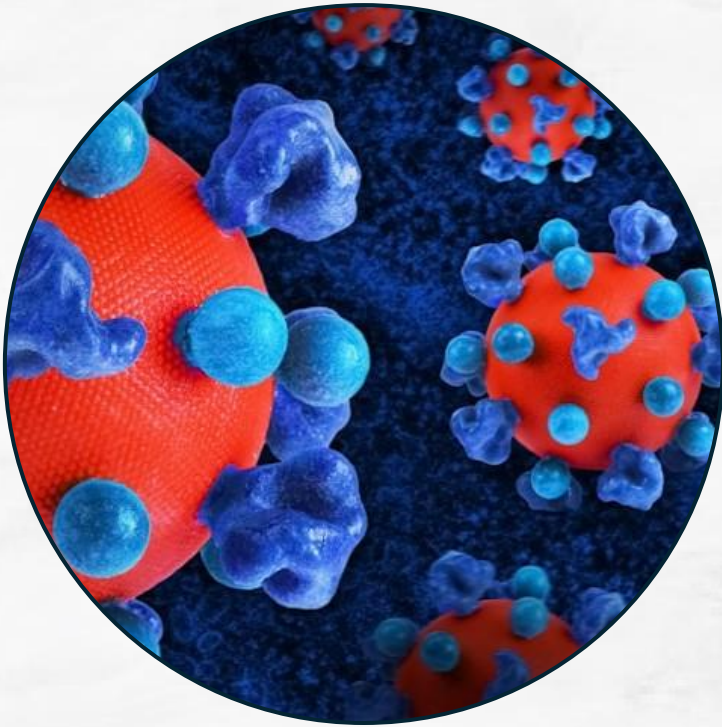


Some of the work I've done

Life expectancy in the five least developed countries



Statistics in medicine



C. X. 25.
Ex Libris A Bibliotheca
T R E A T I S E

*Ex Libris OF THE Collegii Regii
Medic. Edinburgensis.*
S C U R V Y.

IN THREE PARTS.

Collegii CONTAINING *Regii*
An inquiry into the Nature, Causes,
and Cure, of that Disease.
Medicor. Together with *Edinburg.*
A Critical and Chronological View of what
has been published on the subject.

By JAMES LIND, M. D.
Fellow of the Royal College of Physicians in Edinburgh.

E D I N B U R G H:
Printed by SANDS, MURRAY, and COCHRAN
For A. KINCAID & A. DONALDSON,
MDCCCLIII.

One of the first clinical trials happened in 1747.

A disease called scurvy was a huge problem for sailors.

12 patients with scurvy on a ship and gave them each one of 6 possible treatments.

Sailors whose daily diet included citrus fruits recovered, but the others still had symptoms.

Citrus fruits (containing vitamin C) could cure scurvy.

- How do we know that a medicine will work?
- How do we know how much of that medicine to give patients?
- How do we know it is safe to give patients?
- What are the side effects of the medicine?
- Does it work equally well for all patients?

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Health

How do we know Covid vaccines are safe?

15 February 2022



Coronavirus



GETTY IMAGES

By Michelle Roberts

Health editor, BBC News online



Blood pressure is measured using a blood pressure monitor.

High blood pressure can increase risk of other, more serious, health conditions.

**How do we know
if a treatment
works?**

What do we measure?

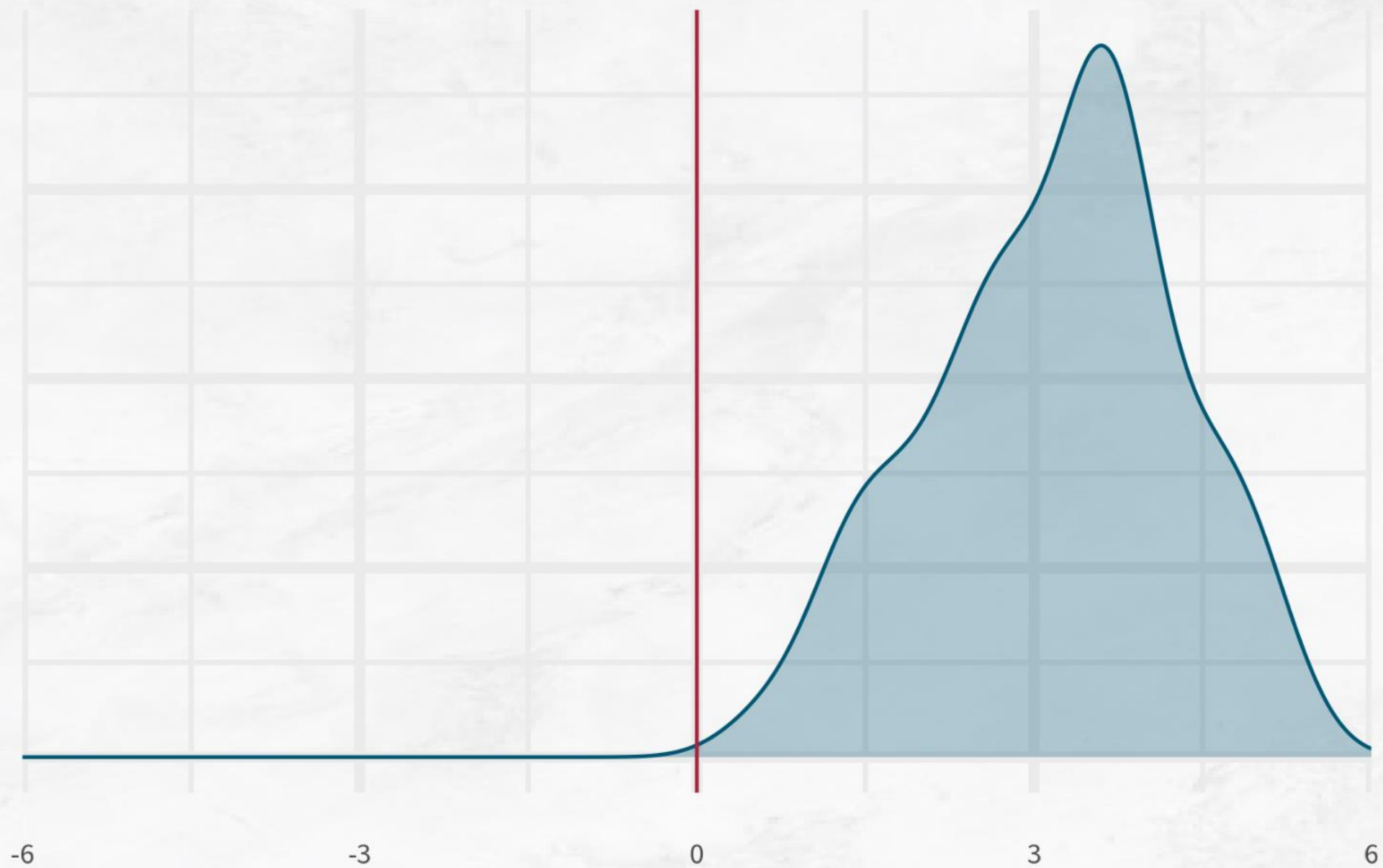


Blood pressure **before**
treatment



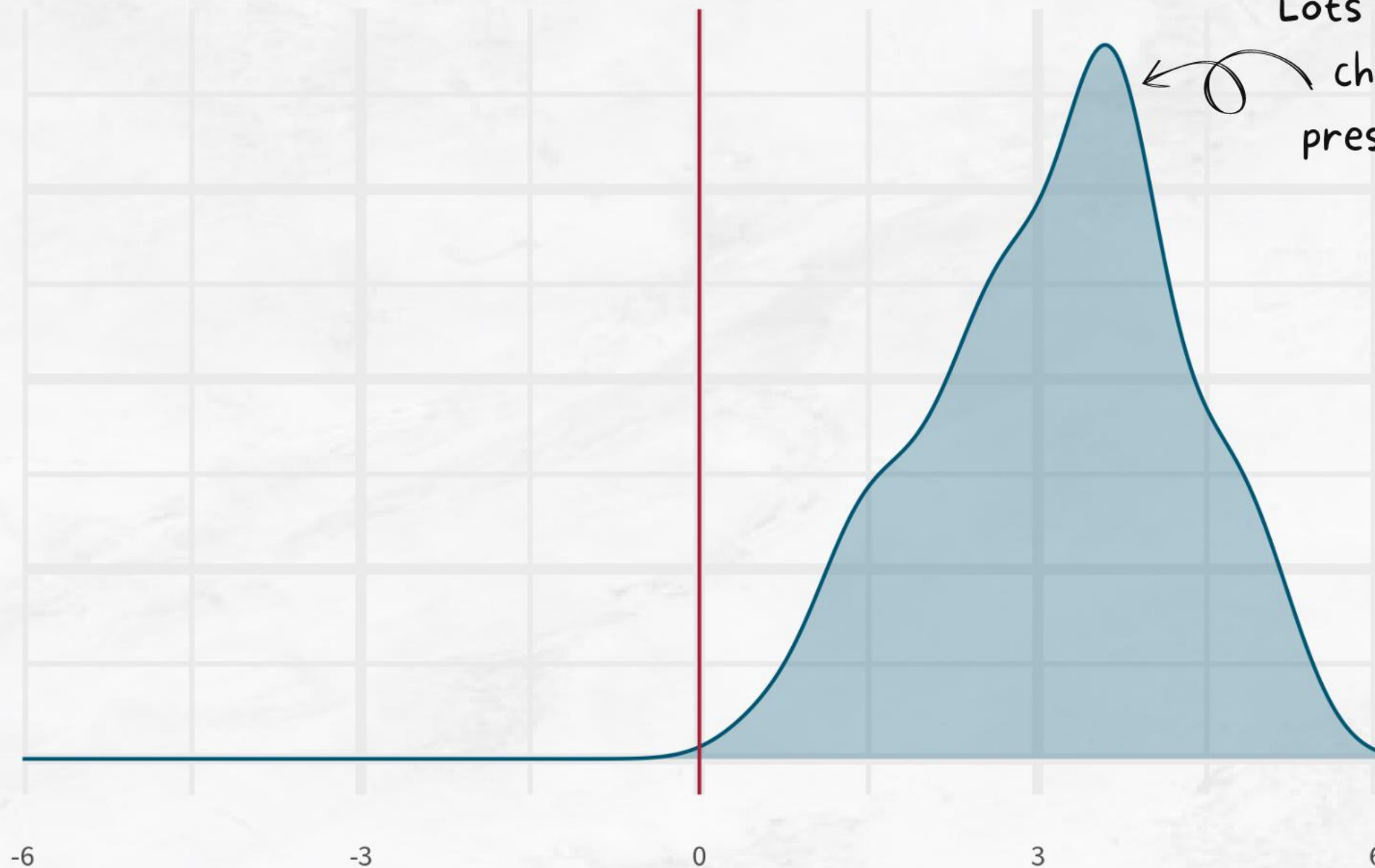
Blood pressure **after**
treatment

Difference = before - after

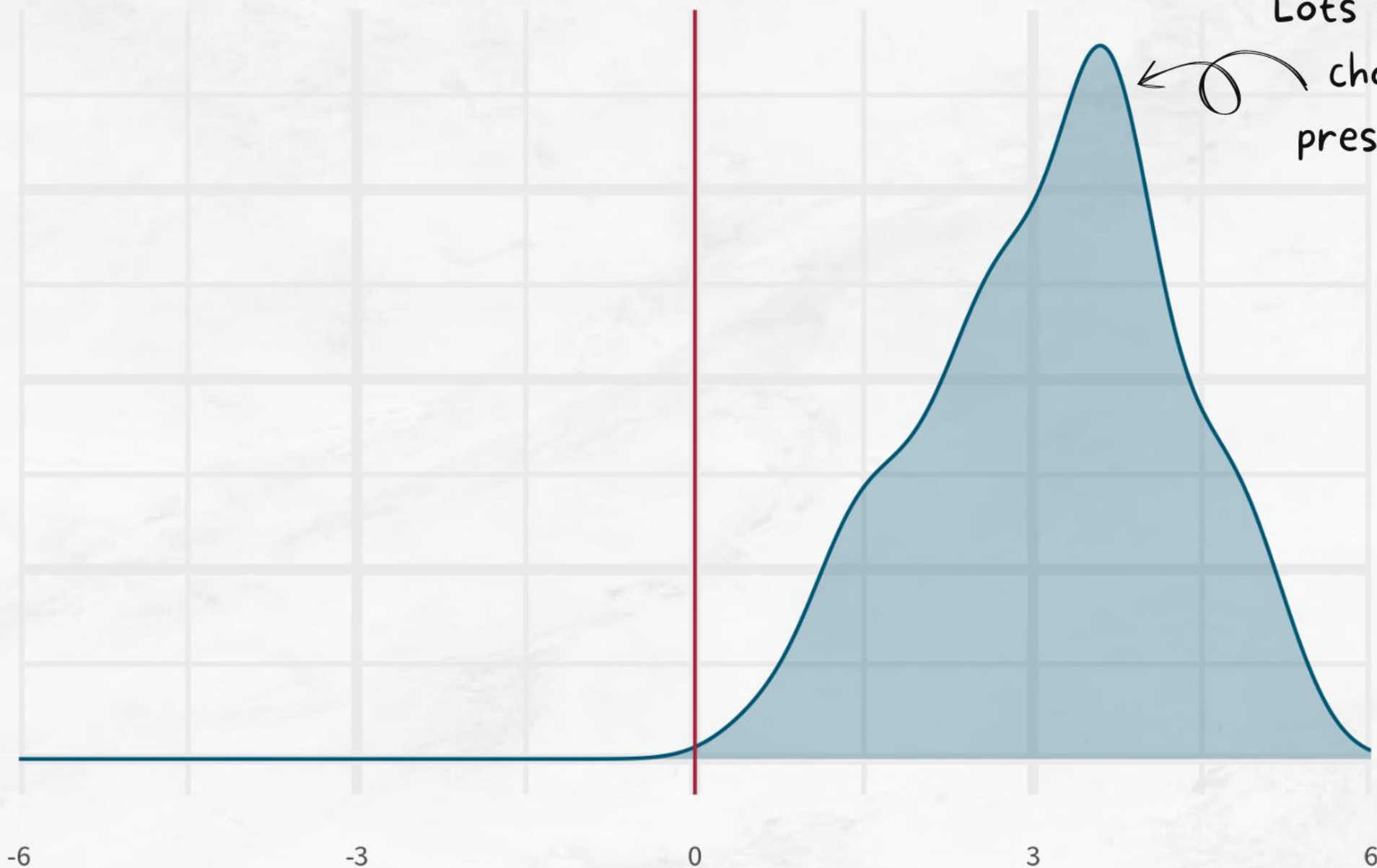


Change in systolic blood pressure (mmHg)

Lots of people had a
change in blood
pressure of about
3mmHg.



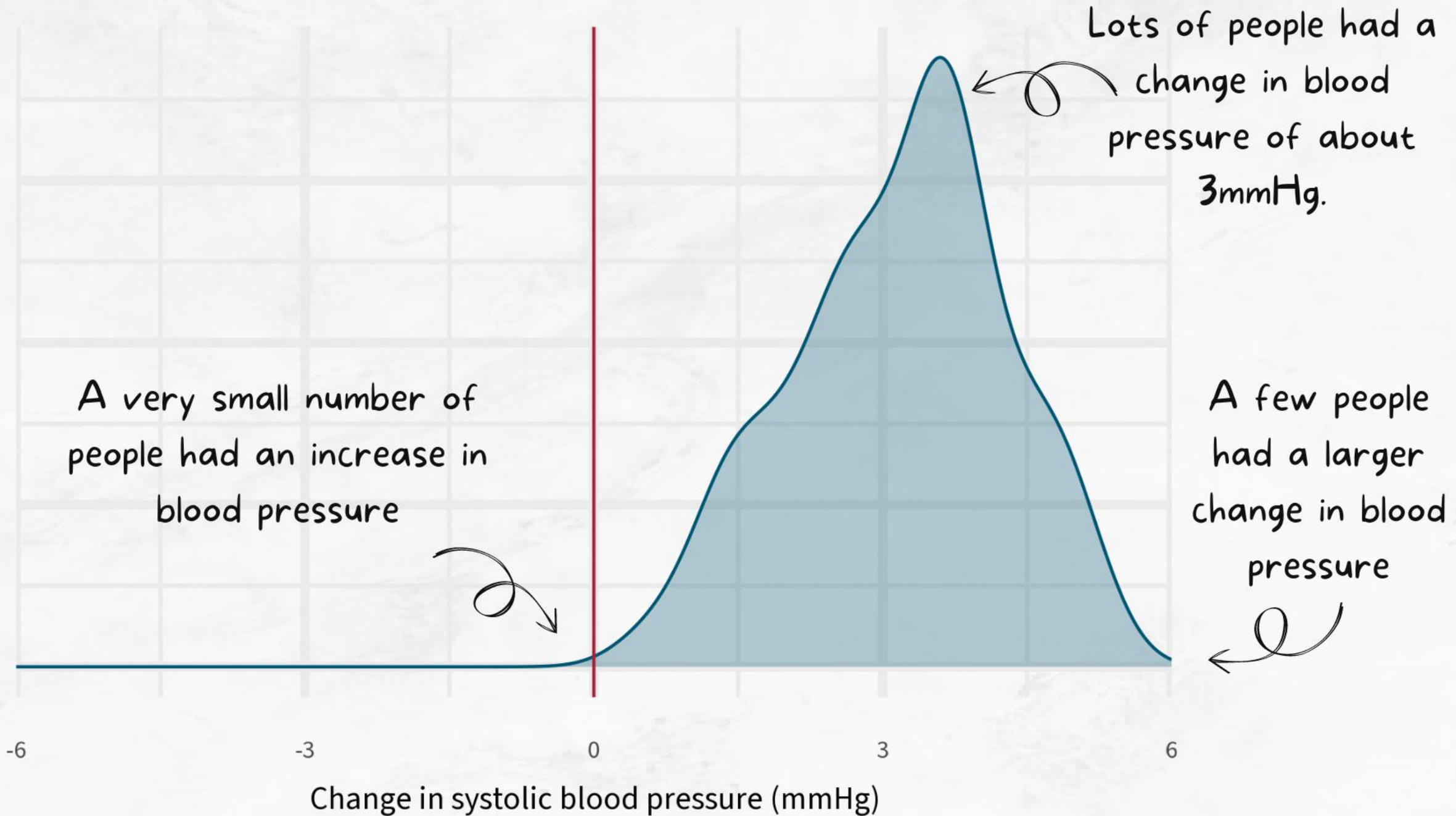
Change in systolic blood pressure (mmHg)



Lots of people had a change in blood pressure of about 3mmHg.

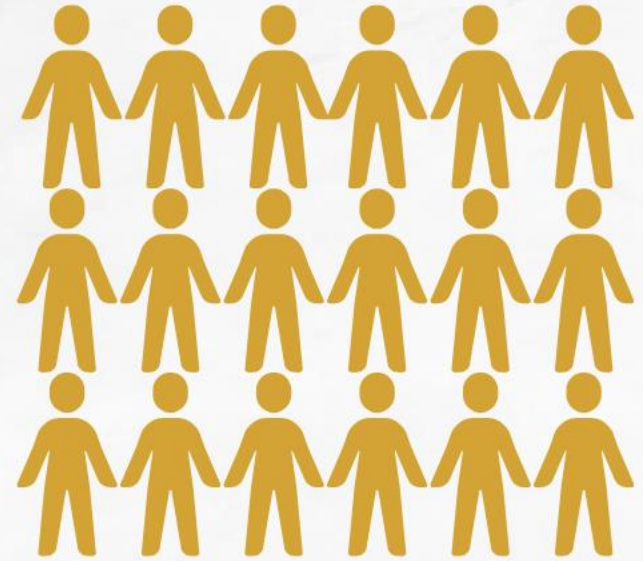
A few people had a larger change in blood pressure

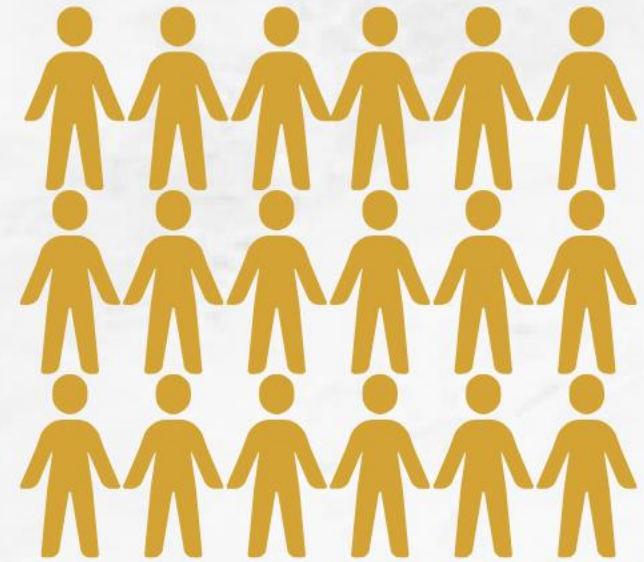
Change in systolic blood pressure (mmHg)



**How many times
do we test a
medicine?**

How many people do we need?





More certain → More people

Bigger variation → More people

Smaller change → More people

**How do we decide
who gets which
treatment?**

Everybody gets new
treatment



Half of people get
new treatment



Half of people
get no treatment



Half of people get
new treatment



Half of people
get current
treatment



"Coin flip" I



"Coin flip" 1



"Coin flip" 2



"Coin flip" 1



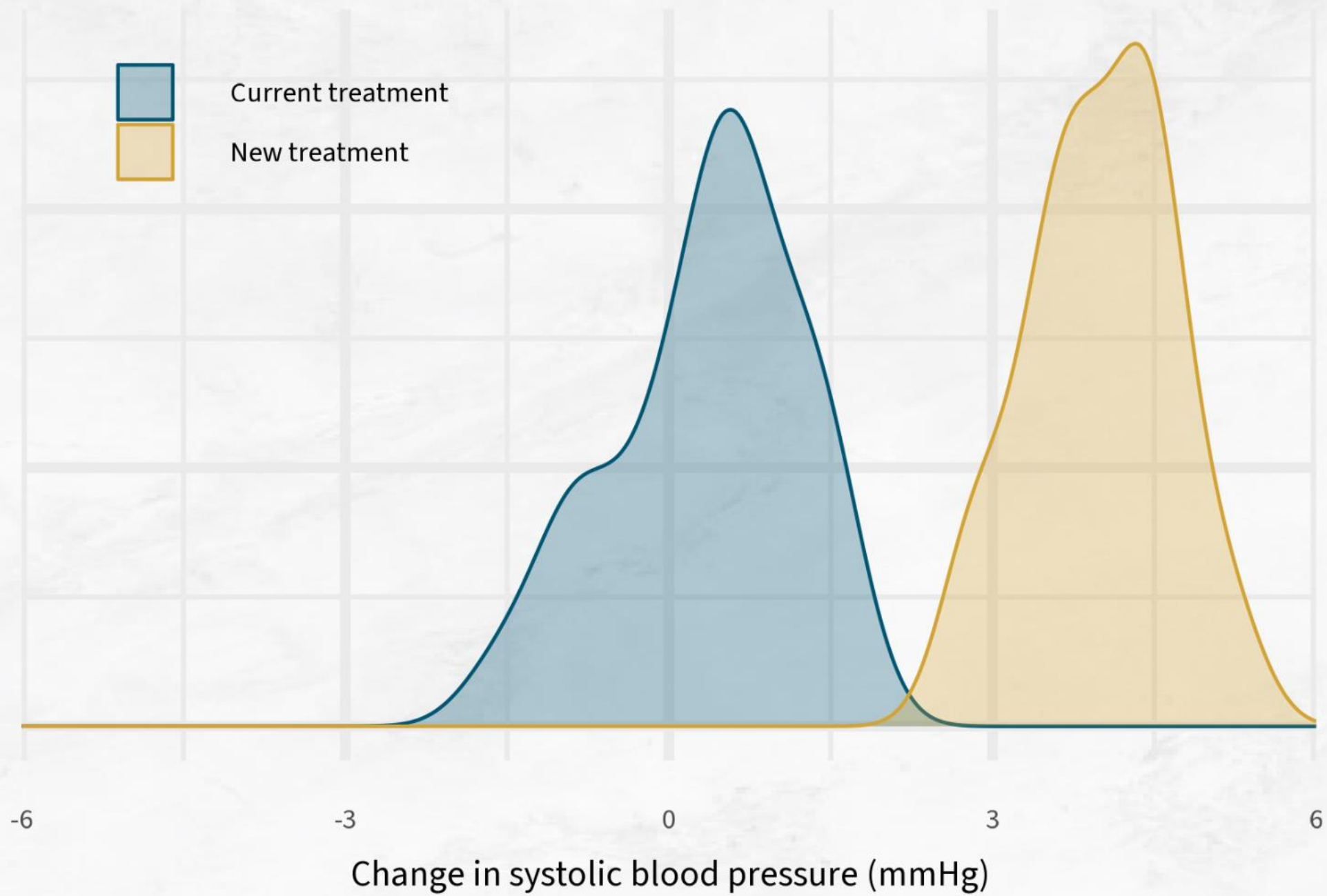
"Coin flip" 2

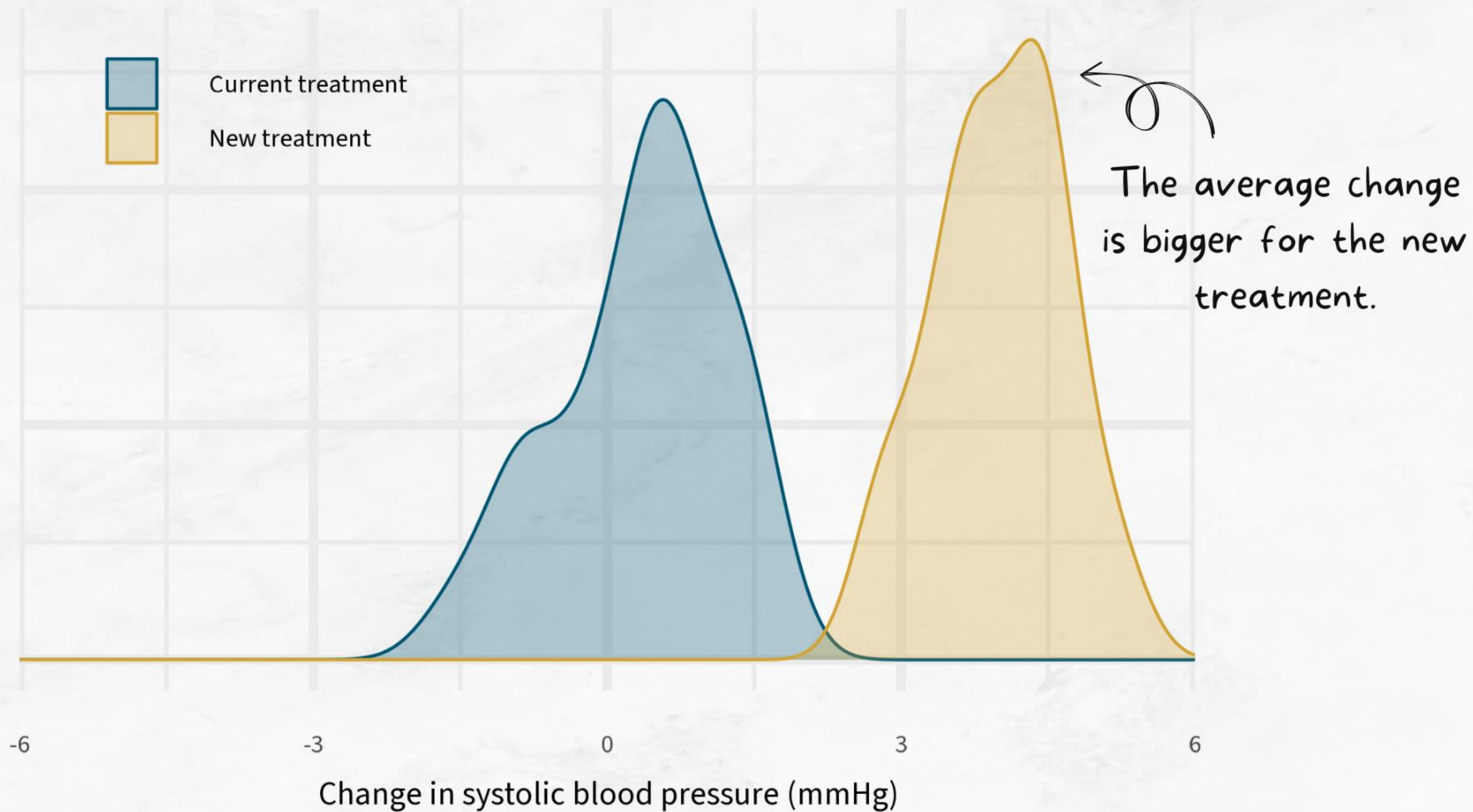


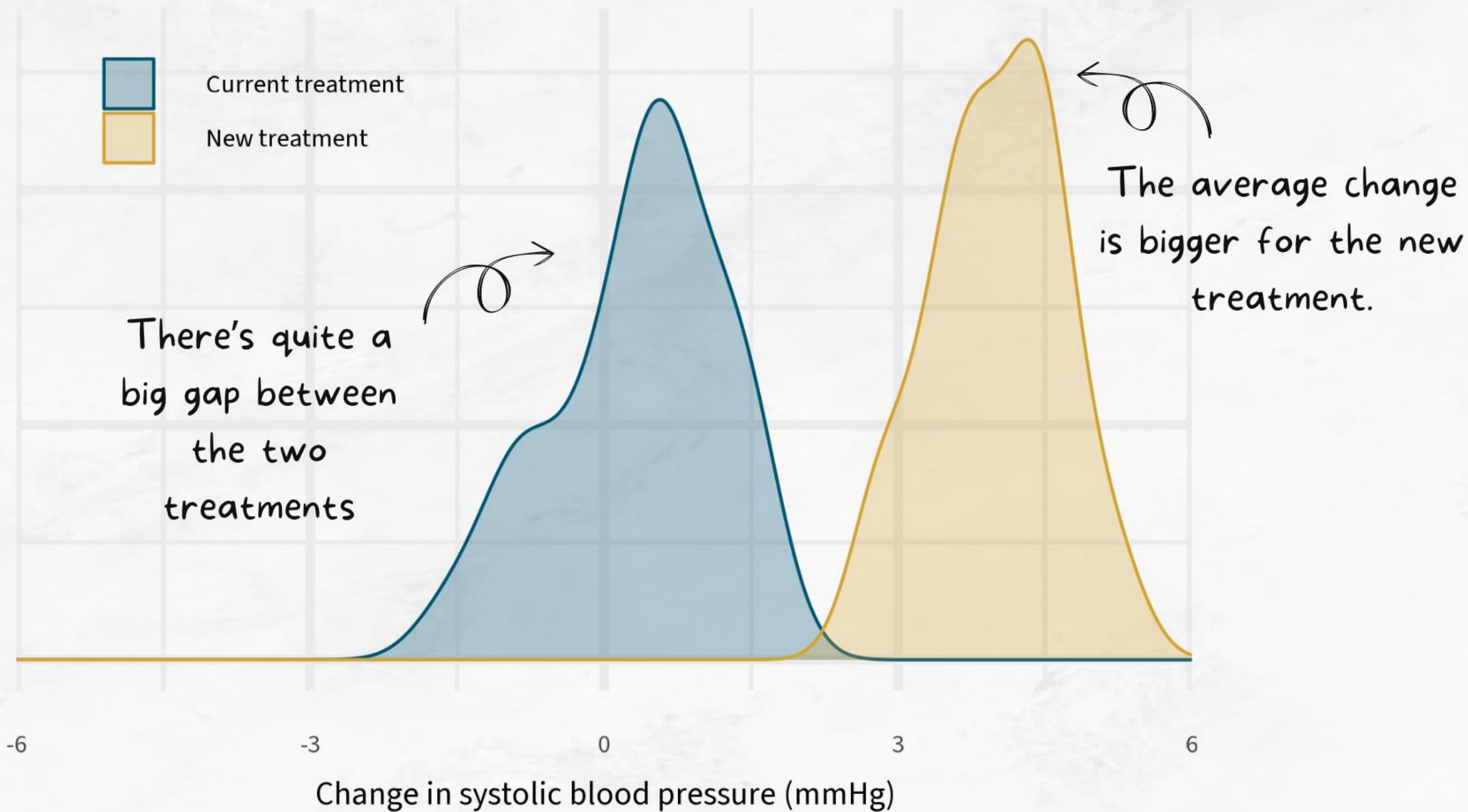
"Coin flip" 3

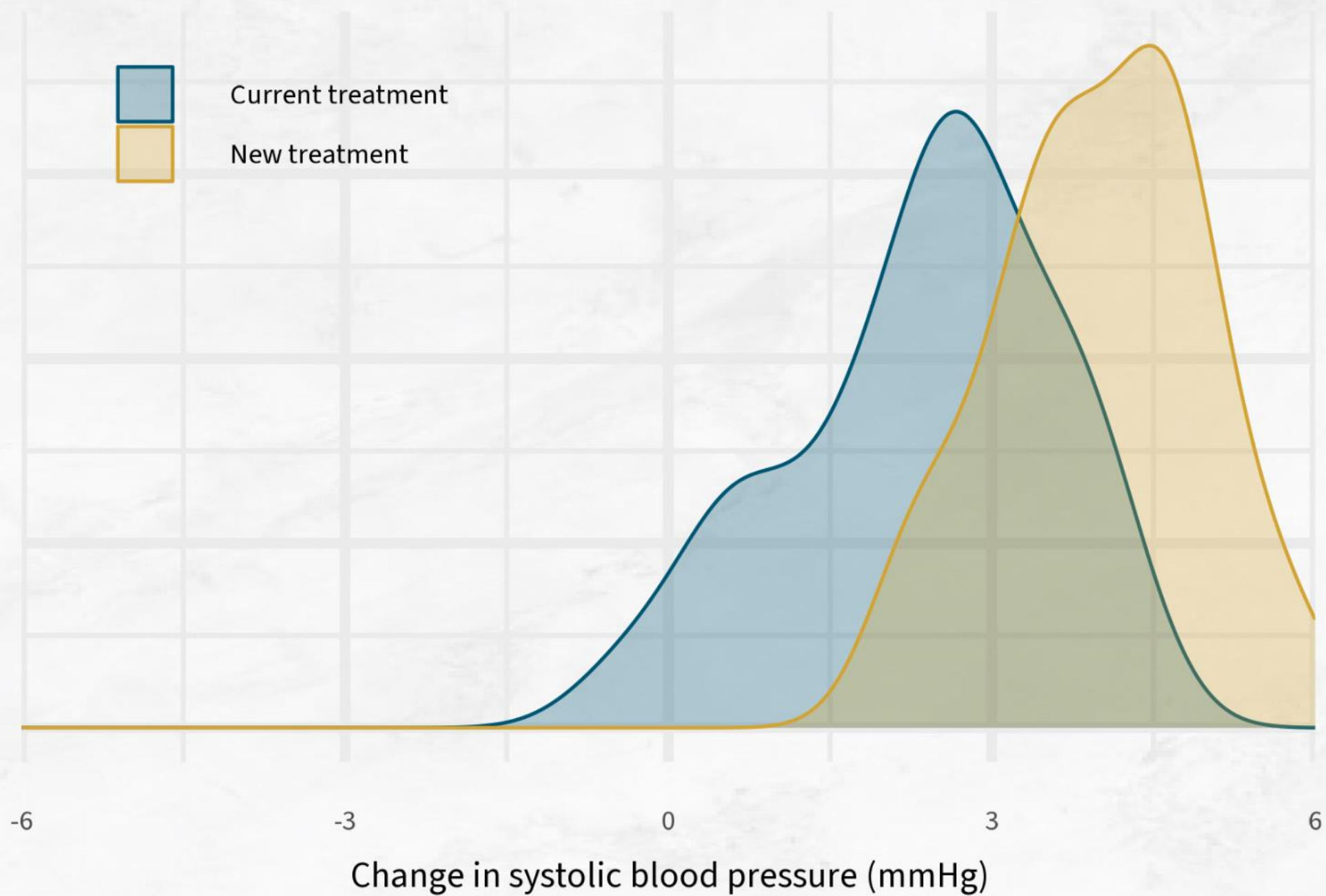


**How do we
compare two
treatments?**











Current treatment

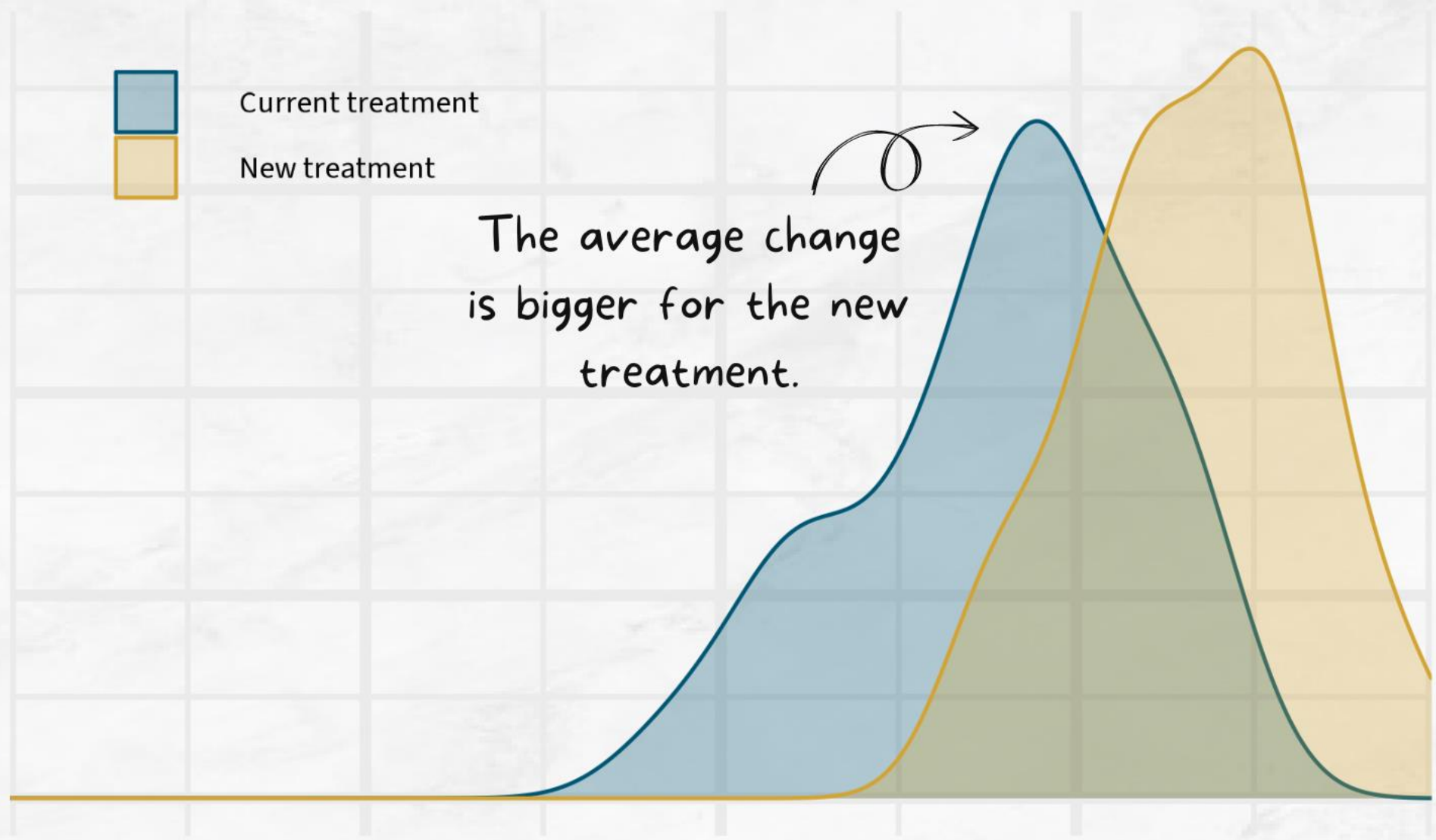
New treatment

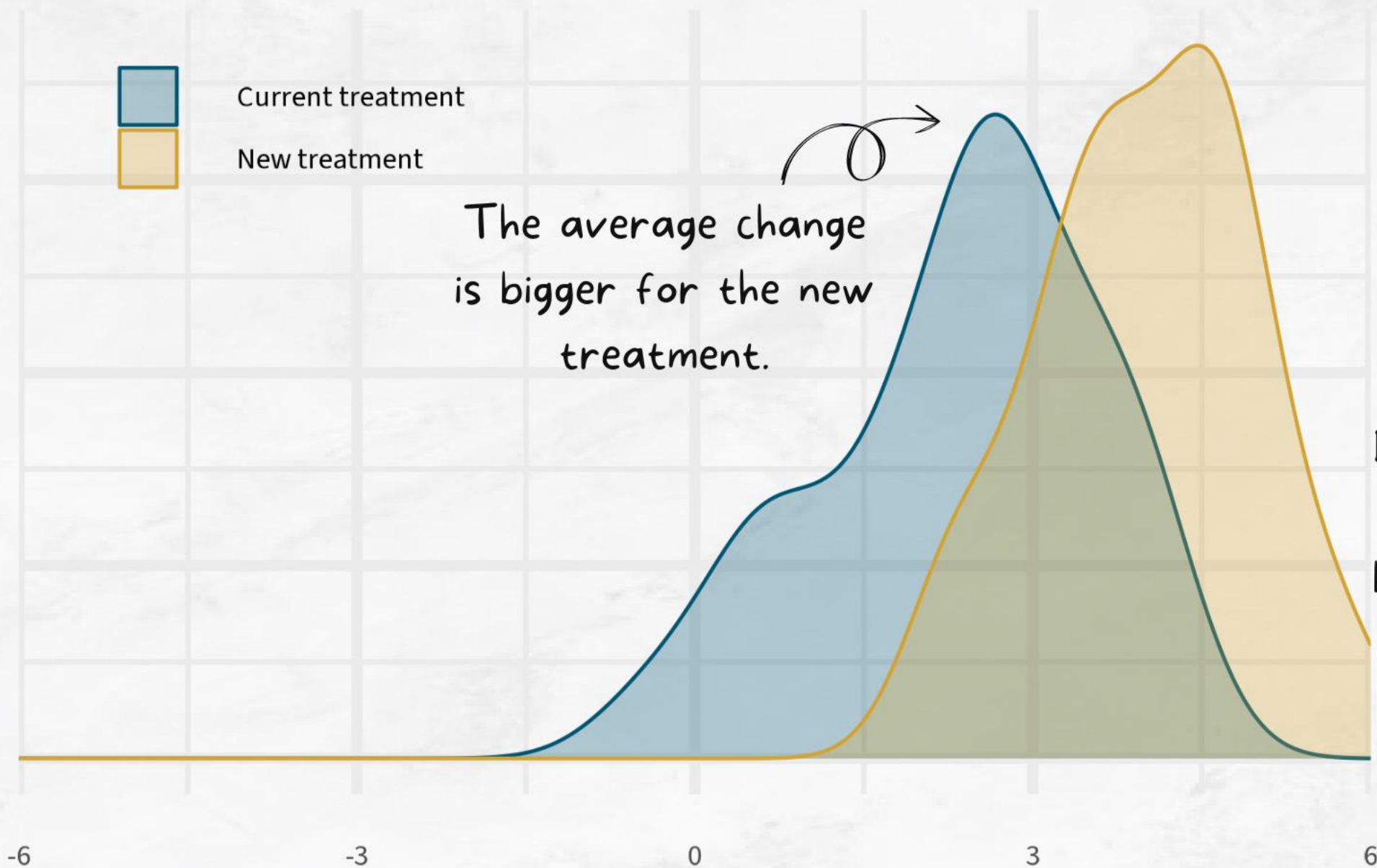
The average change
is bigger for the new
treatment.



-6 -3 0 3 6

Change in systolic blood pressure (mmHg)





Current treatment

New treatment

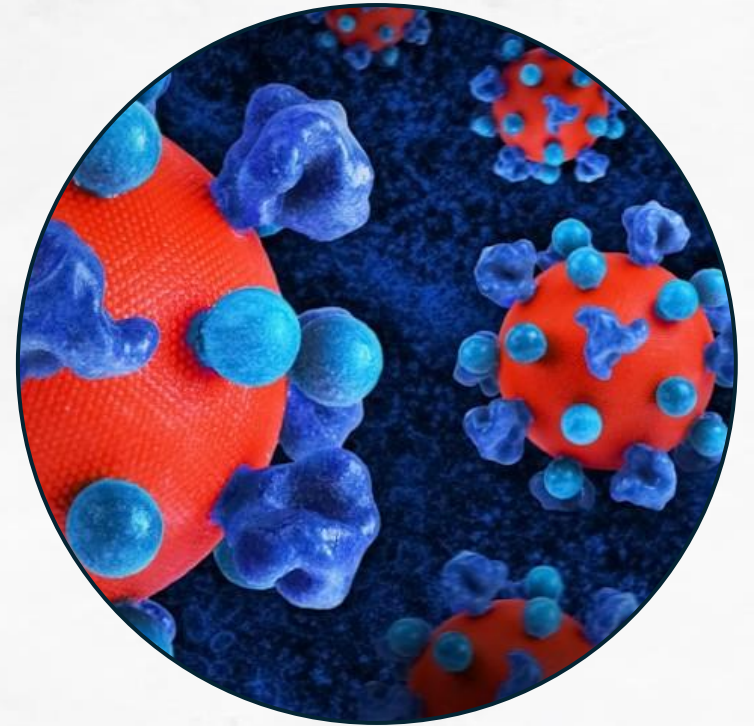
The average change
is bigger for the new
treatment.

But there's a lot
of overlap
between the two
treatments

Change in systolic blood pressure (mmHg)

Summary

- A career in medicine, doesn't always mean being a doctor or nurse.
- Statistics and data careers mean you can work in lots of different fields.
- You can make a difference with data.





Questions?

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