

# **Lecture 5: Measures of association and hypothesis testing for categorical data**

**BTBI3008 I**

**統計應用方法 Applied Methods in Statistics**

**2025/3/19**

# Example: Gene expression microarray data

- Data from a study using gene expression profiling to predict breast cancer outcomes (<http://www.nature.com/nature/journal/v415/n6871/full/415530a.html>)
- 78 breast cancer: 44 remained disease-free for an interval of at least five years after their initial diagnosis (good prognosis group), while 34 patients had developed distant metastases within five years (poor prognosis group)

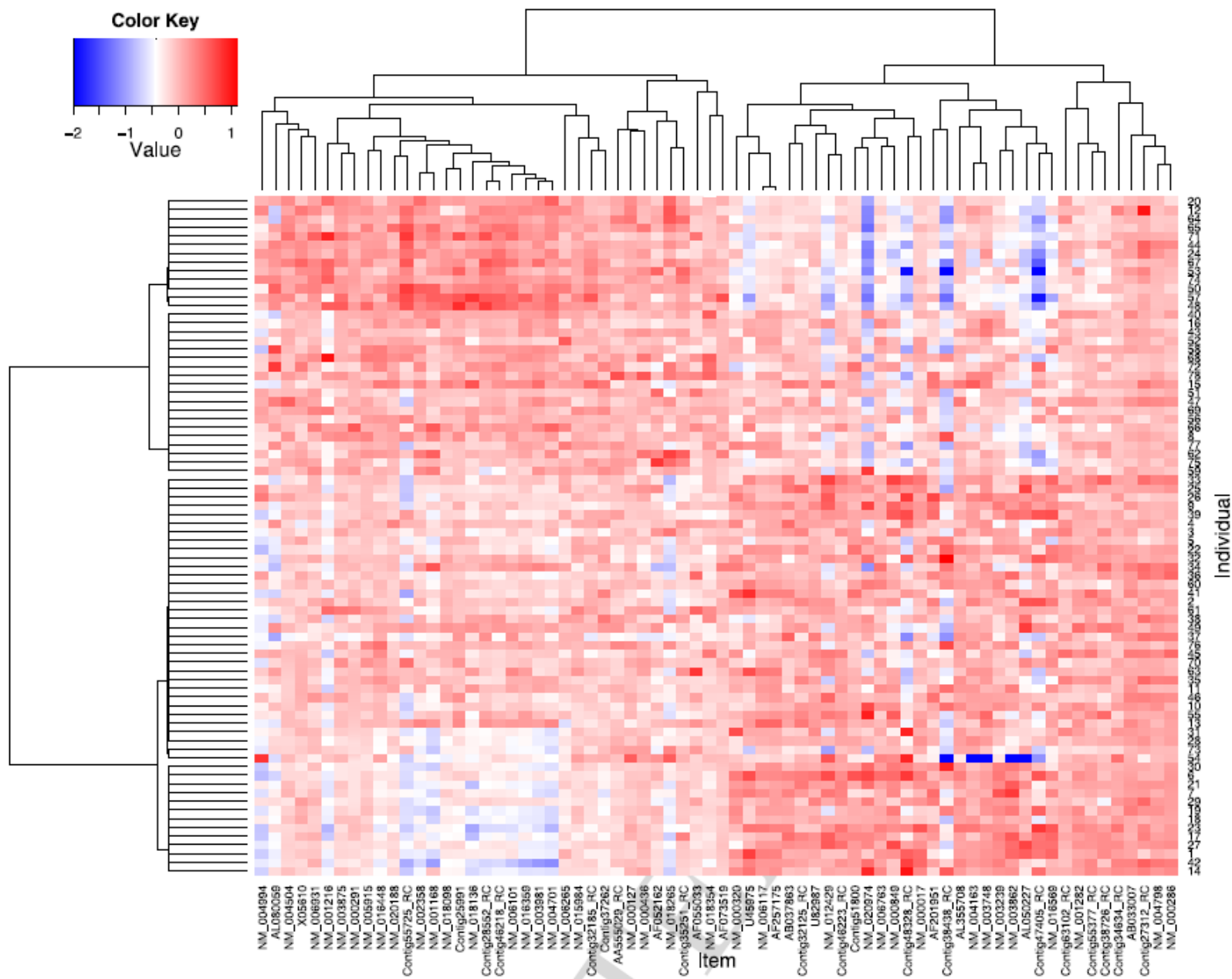
# samplexprs.csv

Variable	Description
id	An unique identification number
age	Age at diagnosis of breast cancer (year)
metastases	Developing distant metastases: 0=no (good prognosis group), 1=yes (poor prognosis group)
followup	Follow-up time (year)
ERp	ER- $\alpha$ expression level
J00129	$\log_{10}$ gene expression intensity ratios
Contig29982_RC	$\log_{10}$ gene expression intensity ratios

- RMD\_example 5.1

id	age	metastases	followup	ERp	J00129	Contig29982_RC	Contig42854	Contig42014_RC
FG80	52	0	7.35	100	-0.795	-0.387	0.199	-0.247
SF58	50	1	1.15	0	-0.509	0.459	-0.257	-0.065
DE72	54	0	12.12	100	-0.961	-0.631	0.037	-0.153
DE65	40	0	6.25	0	-0.749	0.699	-0.346	0.032
HG87	53	0	5.18	0	-0.426	-0.406	-0.355	0.429
HG88	37	1	1.09	100	-0.566	-0.596	-0.352	-0.336
AB22	37	0	5.8	90	-0.42	-0.286	-0.09	-0.048
HG91	30	1	1.03	0	-0.499	-0.402	0.181	0.143
HG92	39	1	3.36	80	-0.465	-0.533	-0.019	0.019
KH11	45	1	1.62	50	-0.189	-0.309	-0.152	0.918
KH20	30	1	4.7	70	-0.739	0.093	-0.214	-0.025
SF67	48	1	1.98	0	-0.601	-0.177	-0.2	0.108
LD44	33	1	1.4	0	0.786	-0.164	-0.144	0.027
AA04	41	0	13	50	-0.819	-0.267	0.023	-0.23
AA01	43	0	12.53	80	-0.448	-0.296	-0.1	-0.177
GL73	52	1	2.13	0	1.206	-0.353	-0.039	-0.006
AA10	49	0	11.16	80	-0.391	-0.31	-0.06	-0.164
HG86	54	0	5.89	50	-0.234	-0.404	-0.214	0.421
DE62	40	0	6.97	50	-0.75	-0.316	-0.021	-0.041
AB26	41	0	8.17	10	-0.299	-0.137	-0.214	0.031
SF57	41	1	2	0	-0.455	-0.288	-0.241	-0.032
DE61	45	0	13.42	100	-1.173	-0.887	-0.058	0.021

Example: Gene expression microarray data  
(samplexprs.csv)



Heatmap for gene expression microarray data (samplexprs.csv)

# Binomial test

- Compare the population proportion to a specified number
- Perform a test for testing whether or not the population proportion of ER negative ( $p = \text{Pr}(\text{ERs} = 0)$ ) is equal to 0.4

	ERs		
	- (0)	+ (1)	total
number	22	56	78
prop.	0.28	0.72	1

ERs =  $\begin{cases} 0, & \text{ERp} \leq 10 \\ 1, & \text{ERp} > 10 \end{cases}$

- $H_0 : p = 0.4 \quad H_a : p \neq 0.4$   
(RMD\_example 5.2)

# Prospective study (cohort study 世代研究)

ERs (risk)	metastases (outcome)		total
	good (0)	poor (1)	
- (0)	9	13	22
+ (1)	35	21	56
total	44	34	78

$$ERs = \begin{cases} 0, & ERp \leq 10 \\ 1, & ERp > 10 \end{cases}$$

- Start with
  - 22 ERs negative patients
  - 56 ERs positive patients
- After a period of time, identify the numbers of patients who are poor or good groups.

Question: Does ER positive increase the likelihood of good prognosis?

- Good prognosis rates

ERs	
-	$9/22 = 0.409$
+	$35/56 = 0.625$
Total	$44/78 = 0.564$



- Calculate a risk ratio or “relative risk”

$$RR = \frac{\Pr(\text{good}|\text{ERs}-)}{\Pr(\text{good}|\text{ERs}+)} = \frac{p_1}{p_2}$$

$p_1$  can be estimated by 9/22

$p_2$  can be estimated by 35/56

estimate of  $RR = \widehat{RR} = \frac{9/22}{35/56} = 0.655$

- 34 percent increase in good prognosis!

- $\begin{cases} RR = 1 \rightarrow \text{no association} \\ RR > 1 \rightarrow \text{positive association} \\ RR < 1 \rightarrow \text{negative association} \end{cases}$
- hypothesis testing:  
$$\begin{cases} H_0: RR = 1 \\ H_a: RR \neq 1 \end{cases} \rightarrow \begin{cases} H_0: p_1 = p_2 \\ H_a: p_1 \neq p_2 \end{cases}$$
- RMD\_example 5.3

# $\chi^2$ test / Fisher's exact test

ERs	metastases		total
	good (0)	poor (1)	
- (0)	9 (a)	13 (b)	22
+ (1)	35 (c)	21 (d)	56
total	44	34	78

- Whether “metastases” is independent of “ERs”, test the association between “metastases” and “ERs”
  1.  $\chi^2$  test if  $a, b, c, d \geq 5$
  2. Fisher's exact test if any  $a, b, c, d < 5$

- Perform a  $\chi^2$  test for testing whether or not the difference of the population proportions of being good prognosis between ERs- ( $p_1$ ) and ERs+ ( $p_2$ ) is equal to 0.
- $H_0 : p_1 = p_2$      $H_a : p_1 \neq p_2$
- If  $p < 0.05$  (significant), the probability of good prognosis for patients with ER negative as compared to patients with ER positive is 0.655. In other word, there is a possible 34% increase in being good prognosis when ER positive.
- RMD\_example 5.4

# Retrospective study (case-control study 病例对照研究)

ERs	metastases		total
	good (0)	poor (1)	
- (0)	9 ( <i>a</i> )	13 ( <i>b</i> )	22
+ (1)	35 ( <i>c</i> )	21 ( <i>d</i> )	56
total	44	34	78

- If, in fact, start with
  - 44 **controls** (good prognosis)
  - 34 **cases** (poor prognosis)
- Then, see how many controls with ER negative and how many cases with ER negative

- In case-control study, we **cannot** estimate  $\Pr(\text{good}|\text{ERs}-)$ , therefore, we **cannot** estimate RR.
- In case-control study, we **can** estimate  $\Pr(\text{ERs}-|\text{good})$ .
- The odds of good prognosis for ER negative is  $\frac{p_1}{1-p_1}$ .

The odds of good prognosis for ER positive is  $\frac{p_2}{1-p_2}$ .

The odds ratio = OR =  $\frac{p_1/(1-p_1)}{p_2/(1-p_2)}$ .

- The odds ratio can be estimated by

$$\widehat{\text{OR}} = \frac{ad}{bc} = \frac{9 \times 21}{13 \times 35} = 0.415$$

- The estimate of OR is good for both cohort and case-control study.
- When  $\Pr(\text{good})$  is small, the odds ratio is approximately equal to the relative risk.

- $\begin{cases} \text{OR} = 1 \rightarrow \text{no association} \\ \text{OR} > 1 \rightarrow \text{positive association} \\ \text{OR} < 1 \rightarrow \text{negative association} \end{cases}$
- hypothesis testing:
 
$$\begin{cases} \text{Ho: OR} = 1 \\ \text{Ha: OR} \neq 1 \end{cases} \rightarrow \begin{cases} \text{Ho: } p_1 = p_2 \\ \text{Ha: } p_1 \neq p_2 \end{cases}$$
- **RMD\_example 5.3**
- Use  $\chi^2$  test / Fisher's exact test for hypothesis testing
- If  $p < 0.05$  (significant), there is a possible 60% increase in the odds of being good prognosis when ER positive.

# Notes on $\chi^2$ test / Fisher's exact test

- In cohort studies, ERs negative patients and ERs positive patients need to be **independent**.
- In case-control studies, controls (good prognosis) and cases (poor prognosis) need to be **independent**.



# Matched-pair study

- Samples are **not independent**.
- Matched pairs (e.g., case-control pair matched on age in case-control studies)

	poor	good
ERs	0	1
	1	0
	0	1
	1	1
	1	1
	1	1
	0	1
	0	0
	0	0
	0	1
	1	1
	1	0
	0	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	0
	0	1
	0	0

Example: In a case-control studies, 25 poor prognosis (cases) match 25 good prognosis (controls) on age

- If the data are displayed in a way for regular  $\chi^2$  tests

	metastases		
ERs	good (0)	poor (1)	total
- (0)	6	9	15
+ (1)	19	16	35
total	25	25	50

- Cases and controls are not independent!
- $\chi^2$  tests are not valid!

	poor	good
ERs	0	1
	1	0
	0	1
	1	1
	1	1
	1	1
	0	1
	0	0
	0	0
	0	1
	1	1
	1	0
	0	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	1
	1	0
	0	1
	0	0

Example: In a case-control studies, 25 poor prognosis (cases) match 25 good prognosis (controls) on age

- The data are displayed in a different type of table

		cases (poor)		
		ERs-	ERs+	total
controls (good)	ERs-	3 ( <i>a</i> )	3 ( <i>b</i> )	6
	ERs+	6 ( <i>c</i> )	13 ( <i>d</i> )	19
	total	9	16	

*a, d*: concordant pairs = same exposure  
*b, c*: discordant pairs = different exposure

- The concordant pairs give us no information about differences. We focus on the discordant pairs.
- The estimated odds ratio of being good prognosis for ERs- versus ERs+ is

$$\widehat{OR} = \frac{b}{c} = \frac{3}{6} = 0.5$$

# McNemar's test

		cases (poor)		
		ERs-	ERs+	total
controls (good)	ERs-	3 (a)	3 (b)	6
	ERs+	6 (c)	13 (d)	19
total		9	16	

- “cases” and “controls” are not independent-- use **McNemar's test** to test the association
- Matched case-control study, and “paired” study

- Perform a McNemar's test for testing if there is association between prognosis and ER status?
$$\begin{cases} H_0: \text{no association} \\ H_a: \text{have association} \end{cases}$$
- If  $p < 0.05$  (significant), conclude that there appears to be increased probability of being good prognosis for ER positive.
- RMD\_example 5.5

# Measure of agreement

- Example:
  1. 2 physicians diagnose the same patients. Do physicians agree on diagnosis?
  2. Expression of J00129 and Contig29982\_RC on the same patient. Do expressions of two genes agree?
- Expression agreement:

		Contig29982_RC > -0.5		
		no	yes	total
J00129 > -0.5	no	21	30	51
	yes	6	21	27
total		27	51	78

## Question: Is there agreement? How much?

### 1. Hypothesis test:

Ho: no agreement between J00129 and Contig29982\_RC (i.e., no association between gene and expression status)

→ use McNemar's test

2. The proportion of agreement =  $\frac{21+21}{78} = 53.8\%$

### disadvantage:

- very strongly influenced by the distribution of positive and negative
- it's possible that there will be a high agreement **by chance alone**.



3. Kappa coefficient: measure of agreement excluding by chance alone

$$\kappa = \frac{p_0 - p_e}{1 - p_e},$$

where  $p_0$  is the observed proportion of agreement, and  $p_e$  is the proportion expected by chance.

- R can calculate  $\kappa$
- some guidelines:
  - $0.8 \leq \kappa$ : almost perfect agreement
  - $0.6 \leq \kappa < 0.8$ : substantial agreement
  - $0.4 \leq \kappa < 0.6$ : moderate agreement
  - $0.2 \leq \kappa < 0.4$ : fair agreement
  - $0 \leq \kappa < 0.2$ : slight agreement
  - $\kappa < 0$ : agreement is same as random

# Cohen's kappa test

- $H_0: \kappa = 0$      $H_a: \kappa \neq 0$
- If not significant, the extent of agreement is same as random.
- RMD\_example 5.6

**When  
there are  
more than  
one table**

		age $\leq$ 45 metastases		
		good	poor	total
ERs	-	4	6	10
	+	12	19	31
	total	16	25	41

$$OR_1 = 1.056$$

		age $>$ 45 metastases		
		good	poor	total
ERs	-	5	7	12
	+	23	2	25
	total	28	9	37

$$OR_2 = 0.062$$

# Interaction (交互作用)

- The associations between metastases and ERs are different in different age groups, i.e.,  $OR_1 \neq OR_2$
- Should show the OR for each age group.
- RMD\_example 5.7

# Simpson's paradox

**OR=0.905** Lung cancer

	No	Yes	Total
Non-smokers	176	64	240
Smokers	158	52	210
Total	334	116	450

Males

Females

**OR<sub>M</sub>=1.992**

Lung cancer

Lung cancer

**OR<sub>F</sub>=1.988**

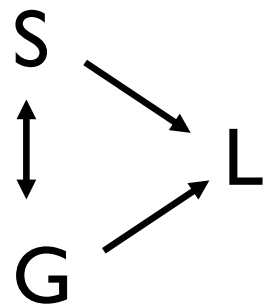
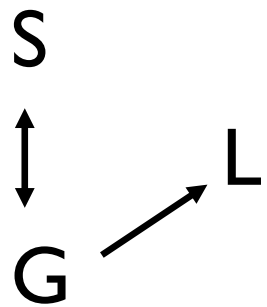
	No	Yes	Total	No	Yes	Total
Non-smokers	36	4	40	140	60	200
Smokers	131	29	160	27	23	50
Total	167	33	200	167	83	250

Why?

- Most smokers are males.
- But, it is a disease more prevalent in females.

# Confounding (干擾)

POTENTIAL CONFOUNDER: —————> causal



————> associated

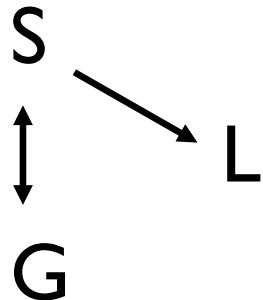
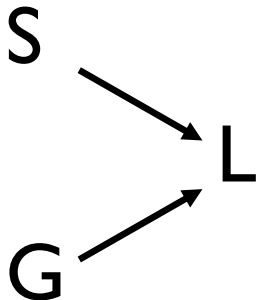
S=Smoke (**risk**)

L=Lung cancer (**outcome**)

G=gender (**confounder**)

(干擾因子)

NOT A POTENTIAL CONFOUNDER:



# Confounding

- The association between risk (smoking) and outcome (lung cancer) is the same in different confounder (gender) groups, but is different from the combined one (i.e., combining males and females), i.e.,  $OR_M = OR_F \neq OR$

△ 假設所有年齡層的 odds ratio 相同

① 得到整體的、代表性的估計值。

② 同時控制混淆因子 (ex、年齡)

③ 方便比較

→ 每層 OR 差異不大: Mantel-Haenszel 得到加權平均的共同 odds ratio  
→ 每層 OR 差異很大: Breslow-Day test 檢驗各層 OR 是否相等

# Mantel-Haenszel test

- If the population is stratified (by “gender”), we then use **Mantel-Haenszel test** to test the association between “smoking” and “lung cancer” **after adjusting for “gender”**.
- Under Mantel-Haenszel test, we assume that the odds ratio between “smoking” and “lung cancer” for “males” is the same as the odds ratio for “females”, **i.e.,  $OR_M = OR_F$**



# Mantel-Haenszel test (cont'd)

- We can use **Breslow-Day test** for homogeneity of the odds ratios.
- Use Mantel-Haenszel odds ratio (relative risk) to estimate the common odds ratio (relative risk): **Take a weighted average of  $OR_M$ ,  $OR_F$  with weights  $r_M$ ,  $r_F$ :**

$$\frac{r_M OR_M + r_F OR_F}{r_M + r_F}$$

- **RMD\_example 5.8**