Exercise 5 - solution

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Exercise A

Part I

Question 1

We first load the data and look at the "summary", as always.

```
load(url("http://paulblanche.com/files/smoking.rda"))
d <- smoking
summary(d)</pre>
```

```
##
                    smoker
                               death
          age
##
    below 45:628
                    no :732
                               no:945
##
    45-54
             :208
                    yes:582
                               yes:369
    55-64
             :236
##
    above 65:242
##
```

We can see that 945 women among the 1314 were still alive 20 years after the initial survey. There were 582 smokers among the 1314.

Question 2

We first produce a 2 by 2 table.

```
table(smoker=d$smoker,death=d$death)
```

```
## death
## smoker no yes
## no 502 230
## yes 443 139
```

We observe:

• 502 non-smokers alive at 20 years after the initial survey

- 230 non-smokers dead within 20 years after the initial survey
- 443 smokers alive at 20 years after the initial survey
- 139 smokers dead within 20 years after the initial survey

This gives the following 20-year risk estimates for smokers and non-smokers:

```
230/(502+230) # 20-year risk of death among non smokers

## [1] 0.3142077

139/(443+139) # 20-year risk of death among smokers

## [1] 0.2388316
```

That is, 31.4% for non smokers and 23.9% for smokers. These results seem surprising: we know that smoking is unhealthy, hence we expected a higher risk of death for smokers.

Question 3

We now compute the corresponding "exact" binomial confidence intervals.

```
binom.test(x=230,n=502+230) # non smokers
##
##
   Exact binomial test
##
          230 and 502 + 230
## data:
## number of successes = 230, number of trials = 732, p-value < 2.2e-16
## alternative hypothesis: true probability of success is not equal to 0.5
## 95 percent confidence interval:
## 0.2807031 0.3492176
## sample estimates:
## probability of success
##
                0.3142077
binom.test(x=139,n=443+139) # smokers
##
##
   Exact binomial test
##
          139 and 443 + 139
## data:
## number of successes = 139, number of trials = 582, p-value < 2.2e-16
## alternative hypothesis: true probability of success is not equal to 0.5
## 95 percent confidence interval:
## 0.2047323 0.2756061
## sample estimates:
## probability of success
##
                0.2388316
```

We therefore have the following 20-year risk estimate and 95% CI:

```
Non-smokers: 31.4% (28.1; 34.9)
Smokers: 23.9% (20.5; 27.6)
```

The 95% confidence interval do not overlap, hence the condidence interval suggest that the direction of the result, that is, a higher risk of death for non-smokers, is not due to small sample random variation.

Question 3

We now perform a statistical hypothesis test to compare the risk among smokers and non-smokers. We choose to use the Fisher's exact test because we prefer to obtain "exact" results to approximate results when we can. However, the large sample size can justify to use a large sample method such as the Pearson Chi-square test.

```
fisher.test(table(smoker=d$smoker,death=d$death))
```

```
##
## Fisher's Exact Test for Count Data
##
## data: table(smoker = d$smoker, death = d$death)
## p-value = 0.002989
## alternative hypothesis: true odds ratio is not equal to 1
## 95 percent confidence interval:
## 0.5307485 0.8822128
## sample estimates:
## odds ratio
## 0.6850392
```

We obtain a p-value=0.003, smaller than 5%, hence we conclude to a significant association between smoking and 20-year risk of death.

Just out of curiosity, we also compute the p-value of the Pearson Chi-square test.

```
chisq.test(table(smoker=d$smoker,death=d$death))
```

```
##
## Pearson's Chi-squared test with Yates' continuity correction
##
## data: table(smoker = d$smoker, death = d$death)
## X-squared = 8.7515, df = 1, p-value = 0.003093
```

We see that the p-value is almost the same, which is due to the large sample size.

We now use the fonction table2x2() from the **Publish** package to estimate several association measures, with confidence intervals. We start with the survival probability difference:

```
Tab1 <- table(smoker=d$smoker,death=d$death)
library(Publish)
## Loading required package: prodlim
table2x2(Tab1,stats = c("table","rd"))
## 2x2 contingency table
##
               deathno deathyes
                                          Sum
## smokerno
                 502
                                 230
                                          732
## smokeryes
                   443
                                 139
                                          582
## --
                                 --
## Sum
                    945
                                 369
                                         1314
##
     _____
## Statistics
##
##
##
## a = 502
## b= 230
## c= 443
## d= 139
##
## p1=a/(a+b)= 0.6858
## p2=c/(c+d)= 0.7612
##
##
## Risk difference
##
## Risk difference = RD = p1-p2 = -0.07538
## Standard error = SE.RD = sqrt(p1*(1-p1)/(a+b)+p2*(1-p2)/(c+d)) = 0.02463
## Lower 95%-confidence limit: = RD - 1.96 * SE.RD = -0.1237
## Upper 95\%-confidence limit: = RD + 1.96 * SE.RD = -0.0271
## The estimated risk difference is -7.5\% (CI 95%: [-12.4; -2.7]).
```

We can first check that the survival probability estimates match the previous results. We have:

- Non-smokers: 68.6%, which is indeed equal to 100 31.4
- Non-smokers: 76.1%, which is indeed equal to 100 23.9

We finally conclude that the estimated survival chance difference is 7.5% (95% CI= [12.4;2.7]).

We now compute the ratio of the survival probabilities.

```
table2x2(Tab1,stats = c("rr"))
```

```
##
##
##
##
##
Risk ratio
##
##
## Risk ratio = RR = p1/p2 = 0.9010
## Standard error = SE.RR = sqrt((1-p1)/a+(1-p2)/c)= 0.9010
## Lower 95%-confidence limit: = RR * exp(- 1.96 * SE.RR) = 0.8427
## Upper 95%-confidence limit: = RR * exp(1.96 * SE.RR) = 0.9633
##
## The estimated risk ratio is 0.901 (CI_95%: [0.843;0.963]).
```

The estimated survival ratio is 0.901 (95% CI=[0.843;0.963]). Equivalently, we can also say that the chance of survival is 1-0.901= 9.9% lower for non smokers than for smokers (95% CI=[3.7;15.7]).

Finally, we now compute the survival odds ratio.

```
table2x2(Tab1,stats = c("or"))
```

The estimated survival odds ratio is 0.685 (95% CI=[0.535;0.876]).

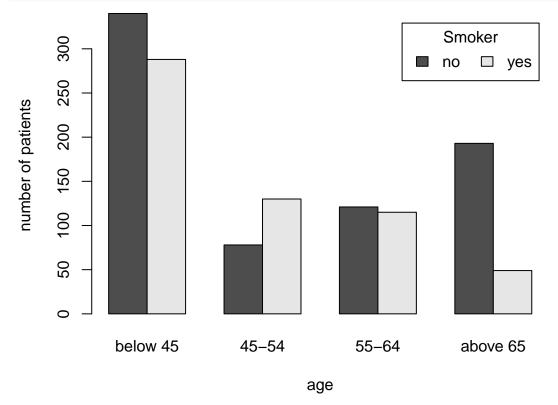
Question 5

We now produce a barplot to compare the number of included women in each age group between smokers and non smokers.

We first compute the frequency table.

```
Tab2 <- table(d$smoker,d$age)
Tab2
##
##
         below 45 45-54 55-64 above 65
                                      193
##
               340
                      78
                            121
     no
##
               288
                     130
                            115
                                       49
     yes
```

And we now plot these counts.



Interestingly, we observe that very few women above 65 are smokers. Although the number of smokers and non-smokers is not the same also in the other age groups, the differences are not as large.

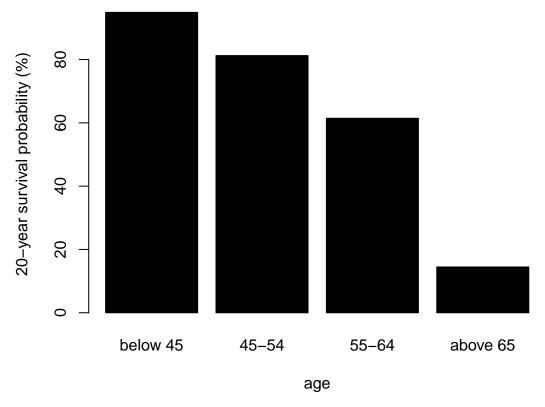
Question 6

We now produce a barplot to compare the 20-year survival probability in each age group.

We first compute the frequency table, and then compute the survival probabilities.

```
Tab3 <- table(d$death,d$age) # counts
Tab3
##
##
         below 45 45-54 55-64 above 65
                                      35
##
     no
              596
                     169
                           145
               32
                      39
                            91
                                    207
##
     yes
Tab4 <- prop.table(Tab3,margin=2) # proportions per age</pre>
Tab4
##
##
           below 45
                          45-54
                                      55-64
                                              above 65
     no 0.94904459 0.81250000 0.61440678 0.14462810
##
     yes 0.05095541 0.18750000 0.38559322 0.85537190
##
```

We are now ready to plot the 20-year survival probabilities in each age group.



We can observe that the older the women, the less likely they survive 20 years. This seems to make perfect sense.

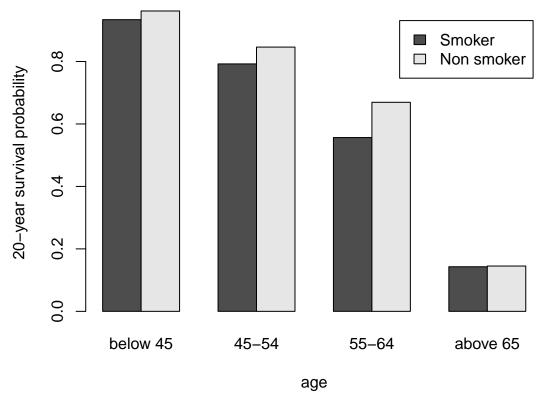
Question 7

We now produce a barplot to compare the 20-year survival probability in each age group between smokers and non smokers. First, we compute the survival probabilities in each age group.

```
Tab3smokers <- table(d$death[d$smoker=="yes"],
                      d$age[d$smoker=="yes"]) # counts for smokers
Tab4smokers <- prop.table(Tab3smokers,</pre>
                           margin=2) # proportions per age for smokers
Tab3NonSmokers <- table(d$death[d$smoker=="no"],
                         d$age[d$smoker=="no"]) # counts for non smokers
Tab4NonSmokers <- prop.table(Tab3NonSmokers,</pre>
                              margin=2) # proportions per age for non smokers
# merge the results into one unique matrix
Tab5 <- rbind(Tab4smokers[1,],Tab4NonSmokers[1,])</pre>
rownames(Tab5) <- c("Smoker", "Non smoker")</pre>
Tab5
##
               below 45
                             45 - 54
                                        55-64
                                               above 65
## Smoker
              0.9340278 0.7923077 0.5565217 0.1428571
```

Non smoker 0.9617647 0.8461538 0.6694215 0.1450777

We are now ready to produce the plot.



Question 8

We have seen that smokers are younger than non-smokers in this data set. Especially, most of the women older than 65 are non-smokers. Because we have also seen that the 20-year risk of death is much higher for women older than 65 than the others (as expected), we might suspect that the survival difference between smokers and non-smokers is mostly driven by the fact that those who do not smoke are older.

Smoking is known to be unhealthy, but it is probably not as life-threatening as becoming "old", which is what suggests the plot obtained at question 7. Hence the results of question 3: when comparing young smokers to old non-smokers, the data suggest that old non-smokers die more.

Part II

Below we examplify how to do it for the age group 45-54.

```
Tabla <- table(smoker=d\$smoker[d\$age=="45-54"],death=d\$death[d\$age=="45-54"])
table2x2(Tab1a,stats = c("table","rr"))
  _____
## 2x2 contingency table
## ______
##
             deathno deathyes
                                    Sum
             66
                              12
                                     78
## smokerno
## smokeryes
              103
                              27
                                    130
## --
## Sum
                  169
                             39
                                    208
##
  _____
## Statistics
##
## a = 66
## b= 12
## c= 103
## d= 27
##
## p1=a/(a+b)= 0.8462
## p2=c/(c+d)=0.7923
##
  _____
##
## Risk ratio
## Risk ratio = RR = p1/p2 = 1.0680
## Standard error = SE.RR = sqrt((1-p1)/a+(1-p2)/c)=1.0680
## Lower 95%-confidence limit: = RR * exp(-1.96 * SE.RR) = 0.9385
## Upper 95\%-confidence limit: = RR * exp(1.96 * SE.RR) = 1.2153
## The estimated risk ratio is 1.068 (CI_95%: [0.938;1.215]).
```

We can proceed similarly for the other age groups and obtain:

- Age group below 45: estimated risk ratio 1.030 (95% CI= [0.992;1.069]).
- Age group 45-54: estimated risk ratio 1.068 (95% CI = [0.938; 1.215]).
- Age group 55-64: estimated risk ratio 1.203 (95% CI= [0.979;1.478]).
- Age group above 65: estimated risk ratio 1.016 (95% CI= [0.472;2.186]).

There is no significant difference in any age group, although there seems to be a systematic trend towards a higher 20-year risk of death for smokers. The fact that the results are not significant is probably due to a lack of power. The sample size of each age group is not very large.

Question 10

The results of Part II can be thought as more interesting because the two groups that we compare (smokers versus non smokers) are expected to be more similar with respect to everything but smoking, as the women of the two groups have a similar age. Hence we can expect that the association between smoking and survival that we estimated are closer to causal associations than those of Part I, although we cannot rigouroulsy claim that they are indeed causal.

Exercise B

Question 1

```
power.prop.test(p1=0.40,p2=0.60,power=0.85)
##
##
        Two-sample comparison of proportions power calculation
##
##
                 n = 110.6668
##
                p1 = 0.4
                p2 = 0.6
##
         sig.level = 0.05
##
##
             power = 0.85
##
       alternative = two.sided
##
## NOTE: n is number in *each* group
```

We need to include 111 women in each treatment group, hence we need to include 222 women in total.

Question 2

```
power.prop.test(n=111,p1=0.40,p2=0.5)
##
##
        Two-sample comparison of proportions power calculation
##
##
                 n = 111
##
                p1 = 0.4
                p2 = 0.5
##
##
         sig.level = 0.05
##
             power = 0.3210212
##
       alternative = two.sided
## NOTE: n is number in *each* group
```

The power of the study drops to only 32%, if we include 222 women (111 per group) and if the treatment results only in 50% chance of pregnancy.

```
power.prop.test(n=111,p1=0.40,p2=0.55)
```

```
##
##
        Two-sample comparison of proportions power calculation
##
##
                 n = 111
##
                p1 = 0.4
##
                p2 = 0.55
         sig.level = 0.05
##
##
             power = 0.6106339
##
       alternative = two.sided
##
## NOTE: n is number in *each* group
```

The power of the study drops to 61%, if we include 222 women (111 per group) and if the treatment results only in 55% chance of pregnancy.

```
power.prop.test(n=111,p1=0.40,power=0.75)
```

```
##
##
        Two-sample comparison of proportions power calculation
##
##
                 n = 111
##
                p1 = 0.4
##
                p2 = 0.5760567
##
         sig.level = 0.05
##
             power = 0.75
##
       alternative = two.sided
```

```
##
## NOTE: n is number in *each* group
```

The smallest improvement in chance of pregnancy that we can hope to show with this sample size and a decent power of 75% is 18%, i.e. 58% chance of pregnancy with treatment verus 40% without treatment (if the chance of pregnancy without treatment is indeed 40%).

Exercise C

Question 1

```
TabCCS1 <- data.frame(Case=c(47,687),Control=c(36,2364))
rownames(TabCCS1) <- c("Multiple birth", "Singleton")</pre>
table2x2(TabCCS1,stats=c("table","or"))
##
## 2x2 contingency table
##
##
                       Case
                                Control
                                              Sum
## Multiple birth
                         47
                                      36
                                               83
## Singleton
                        687
                                    2364
                                             3051
## --
## Sum
                        734
                                   2400
                                             3134
##
## Statistics
##
##
## a = 47
## b= 36
## c= 687
## d= 2364
##
## p1=a/(a+b)= 0.5663
## p2=c/(c+d)= 0.2252
##
##
## Odds ratio
```

```
##
##
Odds ratio = OR = (p1/(1-p1))/(p2/(1-p2)) = 4.4925
## Standard error = SE.OR = sqrt((1/a+1/b+1/c+1/d)) = 0.2257
## Lower 95%-confidence limit: = OR * exp(- 1.96 * SE.OR) = 2.8866
## Upper 95%-confidence limit: = OR * exp(1.96 * SE.OR) = 6.9918
##
## The estimated odds ratio is 4.492 (CI_95%: [2.887;6.992]).
```

The odds ratio (95% confidence limits) is 4.49 (2.89;6.99) for multiple birth compared to singleton.

Question 2

```
TabCCS2 <- data.frame(Case=c(47,687),Control=c(10999,722267))</pre>
rownames(TabCCS2) <- c("Multiple birth", "Singleton")</pre>
table2x2(TabCCS2, stats=c("table", "or"))
##
## 2x2 contingency table
##
                    Case Control
                                             Sum
## Multiple birth
                     47
                               10999
                                          11046
## Singleton
                      687
                              722267
                                          722954
## --
## Sum
                      734
                           733266
                                          734000
##
##
## Statistics
##
##
## a = 47
## b= 10999
## c= 687
## d= 722267
## p1=a/(a+b)=0.0043
## p2=c/(c+d)=0.001
##
```

```
##
## Odds ratio
##
-----
##
## Odds ratio = OR = (p1/(1-p1))/(p2/(1-p2)) = 4.4925
## Standard error = SE.OR = sqrt((1/a+1/b+1/c+1/d)) = 0.1511
## Lower 95%-confidence limit: = OR * exp(- 1.96 * SE.OR) = 3.3411
## Upper 95%-confidence limit: = OR * exp(1.96 * SE.OR) = 6.0406
##
## The estimated odds ratio is 4.492 (CI_95%: [3.341;6.041]).
```

The odds ratio (95% confidence limits) is 4.49 (3.34;6.04) for multiple birth compared to singleton. The result is almost the same here. The estimated odds ratio is the same and the conficence interval is almost the same, although slightly narrower, [3.34;6.04] versus [2.89;6.99]. The same estimated odds ratio could be expected, because the odds ratio does not depend on the prevalence and because odds ratios are known to be possible to estimate without bias with case-control studies. The fact that the length of the confidence interval is almost the same also makes sense. Indeed, the standard error for the logarithm of the odds ratio, which we use to compute the length of the confidence intervals, is 1/a + 1/b + 1/c + 1/d, where a, b, c and d are the counts in the 2 by 2 table. Hence, it is mostly the "small" values "a" and "c" which matter, i.e. the numbers of cases for exposed and non exposed. Wether the values of "c" and "d" are "large" or "very large" does not matter much.

Question 3

We WRONGLY estimate the risk ratio with the data from the case-control study.

```
##
##
##
##
## Risk ratio
##
##
## Risk ratio = RR = p1/p2 = 4.4776
## Standard error = SE.RR = sqrt((1-p1)/a+(1-p2)/c)= 4.4776
## Lower 95%-confidence limit: = RR * exp(- 1.96 * SE.RR) = 3.3340
## Upper 95%-confidence limit: = RR * exp(1.96 * SE.RR) = 6.0135
##
## The estimated risk ratio is 4.478 (CI_95%: [3.334;6.013]).
```

The results are different when we estimate the risk ratio using either the cohort data or the case-control study data. This is because, as we discussed during the lecture, we **cannot** correctly estimate the risk ratio using case-control data (we can only estimate odds ratio). But of course we can with cohort data.