

Data Science for Biological, Medical and Health  
Research: Notes for 432

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# Introduction

These Notes provide a series of examples using R to work through issues that are likely to come up in PQHS/CRSP/MPHP 432.

While these Notes share some of the features of a textbook, they are neither comprehensive nor completely original. The main purpose is to give 432 students a set of common materials on which to draw during the course. In class, we will sometimes:

- reiterate points made in this document,
- amplify what is here,
- simplify the presentation of things done here,
- use new examples to show some of the same techniques,
- refer to issues not mentioned in this document,

but what we don't do is follow these notes very precisely. We assume instead that you will read the materials and try to learn from them, just as you will attend classes and try to learn from them. We welcome feedback of all kinds on this document or anything else. Just email us at `431-help at case dot edu`, or submit a pull request.

What you will mostly find are brief explanations of a key idea or summary, accompanied (most of the time) by R code and a demonstration of the results of applying that code.

Everything you see here is available to you as HTML or PDF. You will also have access to the R Markdown files, which contain the code which generates everything in the document, including all of the R results. We will demonstrate the use of R Markdown (this document is generated with the additional help of an R package called bookdown) and R Studio (the “program” which we use to interface with the R language) in class.

To download the data and R code related to these notes, visit the Data and Code section of the 432 course website.



# R Packages used in these notes

Here, we'll load in the packages used in these notes.

```
library(tableone); library(tidyverse)
```





# Data used in these notes

Here, we'll load in the data sets used in these notes.

```
fakestroke <- read.csv("data/fakestroke.csv") %>% tbl_df
```



# Chapter 1

## Building Table 1

Many scientific articles involve direct comparison of results from various exposures, perhaps treatments. In 431, we studied numerous methods, including various sorts of hypothesis tests, confidence intervals, and descriptive summaries, which can help us to understand and compare outcomes in such a setting. One common approach is to present what's often called Table 1. Table 1 provides a summary of the characteristics of a sample, or of groups of samples, which is most commonly used to help understand the nature of the data being compared.

### 1.1 Two examples from the New England Journal of Medicine

#### 1.1.1 A simple Table 1

Table 1 is especially common in the context of clinical research. Consider the excerpt below, from a January 2015 article in the *New England Journal of Medicine* (Tolaney et al., 2015).

Table 1. Baseline Characteristics of the Patients.*	
Characteristic	Patients (N=406)
	no. (%)
Age group	
<50 yr	132 (32.5)
50–59 yr	137 (33.7)
60–69 yr	96 (23.6)
≥70 yr	41 (10.1)
Sex	
Female	405 (99.8)
Male	1 (0.2)
Race†	
White	351 (86.5)
Black	28 (6.9)
Asian	11 (2.7)
Other	16 (3.9)

This (partial) table reports baseline characteristics on age group, sex and race, describing 406 patients with

HER2-positive<sup>1</sup> invasive breast cancer that began the protocol therapy. Age, sex and race (along with severity of illness) are the most commonly identified characteristics in a Table 1.

In addition to the measures shown in this excerpt, the full Table also includes detailed information on the primary tumor for each patient, including its size, nodal status and histologic grade. Footnotes tell us that the percentages shown are subject to rounding, and may not total 100, and that the race information was self-reported.

### 1.1.2 Table 1 showing a group comparison

A more typical Table 1 involves a group comparison, for example in this excerpt from Roy et al. (2008). This Table 1 describes a multi-center randomized clinical trial comparing two different approaches to caring for patients with heart failure and atrial fibrillation<sup>2</sup>.

<b>Table 1. Baseline Characteristics of the Patients.*</b>		
<b>Variable</b>	<b>Rhythm-Control Group (N=682)</b>	<b>Rate-Control Group (N=694)</b>
Male sex (%)	78	85
Age (yr)	66±11	67±11
Body-mass index†	27.8±5.4	28.0±5.1
Nonwhite race (%)‡	16	13
NYHA class III or IV (%)		
At baseline	32	31
During previous 6 mo	76	76
Predominant cardiac diagnosis (%)§		
Coronary artery disease	48	48
Valvular heart disease	5	5
Nonischemic cardiomyopathy	36	39
Congenital heart disease	1	1
Hypertensive heart disease	10	7

The article provides percentages, means and standard deviations across groups, but note that it does not provide p values for the comparison of baseline characteristics. This is a common feature of NEJM reports on randomized clinical trials, where we anticipate that the two groups will be well matched at baseline. Note that the patients in this study were *randomly* assigned to either the rhythm-control group or to the rate-control group, using blocked randomizations stratified by study center.

## 1.2 Simulating Data from a Clinical Trial

Consider the following simulated data, available on the Data and Code page of our course website in the `fakestroke.csv` file, which I built to let us mirror the Table 1 for a real randomized clinical trial, called MR CLEAN (Berkheimer et al., 2015).

The MR CLEAN trial report describes 500 patients with acute ischemic stroke at 16 medical centers in the Netherlands, where 233 were randomly assigned to the intervention (intraarterial treatment plus usual care) and 267 to control (usual care alone.)

<sup>1</sup>HER2 = human epidermal growth factor receptor type 2. Over-expression of this occurs in 15-20% of invasive breast cancers, and has been associated with poor outcomes.

<sup>2</sup>The complete Table 1 appears on pages 2668-2669 of Roy et al. (2008), but I have only reproduced the first page and the footnote in this excerpt.

### 1.2.1 The fakestroke data

Here's a quick look at the simulated data in `fakestroke`.

```
fakestroke
```

```
# A tibble: 500 x 18
  studyid trt      age sex  nihss location hx.isch afib  dm mrankin
  <fct>   <fct>   <dbl> <fct> <int> <fct>   <fct> <int> <int> <fct>
1 z001   Control  53.0 Male    21 Right   No        0    0 2
2 z002   Interve~  51.0 Male    23 Left    No        1    0 0
3 z003   Control  68.0 Fema~   11 Right   No        0    0 0
4 z004   Control  28.0 Male    22 Left    No        0    0 0
5 z005   Control  91.0 Male    24 Right   No        0    0 0
6 z006   Control  34.0 Fema~   18 Left    No        0    0 2
7 z007   Interve~  75.0 Male    25 Right   No        0    0 0
8 z008   Control  89.0 Fema~   18 Right   No        0    0 0
9 z009   Control  75.0 Male    25 Left    No        1    0 2
10 z010  Interve~  26.0 Fema~   27 Right   No        0    0 0
# ... with 490 more rows, and 8 more variables: sbp <int>, iv.altep <fct>,
#   time.iv <int>, aspects <int>, ia.occlus <fct>, extra.ica <int>,
#   time.rand <int>, time.punc <int>
```

The `fakestroke.csv` file contains the following 18 variables for 500 patients.

Variable	Description
<code>studyid</code>	Study ID # (z001 through z500)
<code>trt</code>	Treatment group (Intervention or Control)
<code>age</code>	Age in years
<code>sex</code>	Male or Female
<code>nihss</code>	NIH Stroke Scale Score (can range from 0-42; higher scores indicate more severe neurological deficits)
<code>location</code>	Stroke Location - Left or Right Hemisphere
<code>hx.isch</code>	History of Ischemic Stroke (Yes/No)
<code>afib</code>	Atrial Fibrillation (1 = Yes, 0 = No)
<code>dm</code>	Diabetes Mellitus (1 = Yes, 0 = No)
<code>mraink</code>	Pre-stroke modified Rankin scale score (0, 1, 2 or > 2) indicating functional disability - complete range is 0 (no symptoms) to 6 (death)
<code>sbp</code>	Systolic blood pressure, in mm Hg
<code>iv.altep</code>	Treatment with IV alteplase (Yes/No)
<code>time.iv</code>	Time from stroke onset to start of IV alteplase (minutes) if <code>iv.altep=Yes</code>
<code>aspects</code>	Alberta Stroke Program Early Computed Tomography score, which measures extent of stroke from 0 - 10; higher scores indicate fewer early ischemic changes
<code>ia.occlus</code>	Intracranial arterial occlusion, based on vessel imaging - five categories <sup>3</sup>
<code>extra.ica</code>	Extracranial ICA occlusion (1 = Yes, 0 = No)
<code>time.rand</code>	Time from stroke onset to study randomization, in minutes
<code>time.punc</code>	Time from stroke onset to groin puncture, in minutes (only if Intervention)

<sup>3</sup>The five categories are Intracranial ICA, ICA with involvement of the M1 middle cerebral artery segment, M1 middle cerebral artery segment, M2 middle cerebral artery segment, A1 or A2 anterior cerebral artery segment

### 1.2.2 fakestroke Table 1: Attempt 1

Our goal, then, is to take the data in `fakestroke.csv` and use it to generate a Table 1 for the study that compares the 233 patients in the Intervention group to the 267 patients in the Control group, on all of the other variables (except study ID #) available. I'll use the `tableone` package of functions available in R to help me complete this task. We'll make a first attempt, using the `CreateTableOne` function in the `tableone` package. To use the function, we'll need to specify:

- the `vars` or variables we want to place in the rows of our Table 1 (which will include just about everything in the `fakestroke` data except the `studyid` code and the `trt` variable for which we have other plans)
  - A useful trick here is to use the `dput` function, specifically something like `dput(names(fakestroke))` can be used to generate a list of all of the variables included in the `fakestroke` tibble, and then this can be copied and pasted into the `vars` specification, saving some typing.
- the `strata` which indicates the levels want to use in the columns of our Table 1 (for us, that's `trt`)

```
fs.vars <- c("age", "sex", "nihss", "location",
            "hx.isch", "afib", "dm", "mrankin", "sbp",
            "iv.altep", "time.iv", "aspects",
            "ia.occlus", "extra.ica", "time.rand",
            "time.punc")

fs.trt <- c("trt")

att1 <- CreateTableOne(data = fakestroke,
                      vars = fs.vars,
                      strata = fs.trt)

print(att1)
```

	Stratified by trt			
	Control	Intervention	p	test
n	267	233		
age (mean (sd))	65.38 (16.10)	63.93 (18.09)	0.343	
sex = Male (%)	157 (58.8)	135 (57.9)	0.917	
nihss (mean (sd))	18.08 (4.32)	17.97 (5.04)	0.787	
location = Right (%)	114 (42.7)	117 (50.2)	0.111	
hx.isch = Yes (%)	25 ( 9.4)	29 (12.4)	0.335	
afib (mean (sd))	0.26 (0.44)	0.28 (0.45)	0.534	
dm (mean (sd))	0.13 (0.33)	0.12 (0.33)	0.923	
mrankin (%)			0.922	
> 2	11 ( 4.1)	10 ( 4.3)		
0	214 (80.1)	190 (81.5)		
1	29 (10.9)	21 ( 9.0)		
2	13 ( 4.9)	12 ( 5.2)		
sbp (mean (sd))	145.00 (24.40)	146.03 (26.00)	0.647	
iv.altep = Yes (%)	242 (90.6)	203 (87.1)	0.267	
time.iv (mean (sd))	87.96 (26.01)	98.22 (45.48)	0.003	
aspects (mean (sd))	8.65 (1.47)	8.35 (1.64)	0.033	
ia.occlus (%)			0.795	
A1 or A2	2 ( 0.8)	1 ( 0.4)		
ICA with M1	75 (28.2)	59 (25.3)		
Intracranial ICA	3 ( 1.1)	1 ( 0.4)		
M1	165 (62.0)	154 (66.1)		
M2	21 ( 7.9)	18 ( 7.7)		
extra.ica (mean (sd))	0.26 (0.44)	0.32 (0.47)	0.150	

```
time.rand (mean (sd)) 213.88 (70.29) 202.51 (57.33) 0.051
time.punc (mean (sd))   NaN (NA)   263.02 (54.23)  NA
```

Some of this is very useful, and other parts need to be fixed.

1. The 1/0 variables (`afib`, `dm`, `extra.ica`) might be better if they were treated as the factors they are, and reported as the Yes/No variables are reported, with counts and percentages rather than with means and standard deviations.
2. In some cases, we may prefer to re-order the levels of the categorical (factor) variables, particularly the `mraink` variable, but also the `ia.occlus` variable. It would also be more typical to put the Intervention group to the left and the Control group to the right, so we may need to adjust our `trt` variable's levels accordingly.
3. For each of the quantitative variables (`age`, `nhss`, `sbp`, `time.iv`, `aspects`, `extra.ica`, `time.rand` and `time.punc`) we should make a decision whether a summary with mean and standard deviation is appropriate, or whether we should instead summarize with, say, the median and quartiles. A mean and standard deviation really only yields an appropriate summary when the data are least approximately Normally distributed. This will make the  $p$  values a bit more reasonable, too. The `test` column in the first attempt will soon have something useful to tell us.
4. We've got some warnings (which I've silenced here), having to do with the fact that `time.punc` is only relevant to patients in the Intervention group. We might consider removing that variable from this table, as a result, and summarizing those data separately.

### 1.2.3 fakestroke Cleaning Up Categorical Variables

Let's specify each of the categorical variables as categorical explicitly. This helps the `CreateTableOne` function treat them appropriately, and display them with counts and percentages. This includes all of the 1/0, Yes/No and multi-categorical variables.

```
fs.factorvars <- c("sex", "location", "hx.isch", "afib", "dm",
                  "mraink", "iv.altep", "ia.occlus", "extra.ica")
```

Then we simply add a `factorVars = fs.factorvars` call to the `CreateTableOne` function.

We also want to re-order some of those categorical variables, so that the levels are more useful to us. Specifically, we want to:

- place Intervention before Control in the `trt` variable,
- reorder the `mraink` scale as 0, 1, 2, > 2, and
- rearrange the `ia.occlus` variable to the order<sup>4</sup> presented in Berkheimer et al. (2015).

To accomplish this, we'll use the `fct_relevel` function from the `forcats` package (loaded with the rest of the core `tidyverse` packages) to reorder our levels manually.

```
fakestroke <- fakestroke %>%
  mutate(trt = fct_relevel(trt, "Intervention", "Control"),
         mraink = fct_relevel(mraink, "0", "1", "2", "> 2"),
         ia.occlus = fct_relevel(ia.occlus, "Intracranial ICA",
                                "ICA with M1", "M1", "M2",
                                "A1 or A2"))
```

### 1.2.4 fakestroke Table 1: Attempt 2

```
att2 <- CreateTableOne(data = fakestroke,
                      vars = fs.vars,
```

<sup>4</sup>We might also have considered reordering the `ia.occlus` factor by its frequency, using the `fct_infreq` function

```

factorVars = fs.factorvars,
strata = fs.trt)
print(att2)

```

	Stratified by trt			
	Intervention	Control	p	test
n	233	267		
age (mean (sd))	63.93 (18.09)	65.38 (16.10)	0.343	
sex = Male (%)	135 (57.9)	157 (58.8)	0.917	
nihss (mean (sd))	17.97 (5.04)	18.08 (4.32)	0.787	
location = Right (%)	117 (50.2)	114 (42.7)	0.111	
hx.isch = Yes (%)	29 (12.4)	25 ( 9.4)	0.335	
afib = 1 (%)	66 (28.3)	69 (25.8)	0.601	
dm = 1 (%)	29 (12.4)	34 (12.7)	1.000	
mrankin (%)			0.922	
0	190 (81.5)	214 (80.1)		
1	21 ( 9.0)	29 (10.9)		
2	12 ( 5.2)	13 ( 4.9)		
> 2	10 ( 4.3)	11 ( 4.1)		
sbp (mean (sd))	146.03 (26.00)	145.00 (24.40)	0.647	
iv.altep = Yes (%)	203 (87.1)	242 (90.6)	0.267	
time.iv (mean (sd))	98.22 (45.48)	87.96 (26.01)	0.003	
aspects (mean (sd))	8.35 (1.64)	8.65 (1.47)	0.033	
ia.occlus (%)			0.795	
Intracranial ICA	1 ( 0.4)	3 ( 1.1)		
ICA with M1	59 (25.3)	75 (28.2)		
M1	154 (66.1)	165 (62.0)		
M2	18 ( 7.7)	21 ( 7.9)		
A1 or A2	1 ( 0.4)	2 ( 0.8)		
extra.ica = 1 (%)	75 (32.2)	70 (26.3)	0.179	
time.rand (mean (sd))	202.51 (57.33)	213.88 (70.29)	0.051	
time.punc (mean (sd))	263.02 (54.23)	NaN (NA)	NA	

The categorical data presentation looks much improved.

### 1.2.5 What summaries should we show?

Now, we'll move on to the issue of making a decision about what type of summary to show for the quantitative variables. Since the `fakestroke` data are just simulated and only match the summary statistics of the original results, not the details, we'll adopt the decisions made by Berkheimer et al. (2015), which was to use medians and interquartile ranges to summarize the distributions of all of the continuous variables **except** systolic blood pressure.

- Specifying certain quantitative variables as *non-normal* causes R to show them with medians and the 25th and 75th percentiles, rather than means and standard deviations, and also causes those variables to be tested using non-parametric tests, like the Wilcoxon signed rank test, rather than the t test. The `test` column indicates this with the word `nonnorm`.
- Specifying *exact* tests for certain categorical variables (we'll try this for the `location` and `mrankin` variables) can be done, and these changes will be noted in the `test` column, as well.

To accomplish this, we need to specify which variables should be treated as non-Normal in the `print` statement - notice that we don't need to redo the `CreateTableOne` for this change.

```

print(att2,
      nonnormal = c("age", "nihss", "time.iv", "aspects", "time.rand",

```



```

      "time.punc"),
exact = c("location", "mrankin"))

```

	Stratified by trt	
	Intervention	Control
n	233	267
age (median [IQR])	65.80 [54.50, 76.00]	65.70 [55.75, 76.20]
sex = Male (%)	135 (57.9)	157 (58.8)
nihss (median [IQR])	17.00 [14.00, 21.00]	18.00 [14.00, 22.00]
location = Right (%)	117 (50.2)	114 (42.7)
hx.isch = Yes (%)	29 (12.4)	25 (9.4)
afib = 1 (%)	66 (28.3)	69 (25.8)
dm = 1 (%)	29 (12.4)	34 (12.7)
mrankin (%)		
0	190 (81.5)	214 (80.1)
1	21 (9.0)	29 (10.9)
2	12 (5.2)	13 (4.9)
> 2	10 (4.3)	11 (4.1)
sbp (mean (sd))	146.03 (26.00)	145.00 (24.40)
iv.altep = Yes (%)	203 (87.1)	242 (90.6)
time.iv (median [IQR])	85.00 [67.00, 110.00]	87.00 [65.00, 116.00]
aspects (median [IQR])	9.00 [7.00, 10.00]	9.00 [8.00, 10.00]
ia.occlus (%)		
Intracranial ICA	1 (0.4)	3 (1.1)
ICA with M1	59 (25.3)	75 (28.2)
M1	154 (66.1)	165 (62.0)
M2	18 (7.7)	21 (7.9)
A1 or A2	1 (0.4)	2 (0.8)
extra.ica = 1 (%)	75 (32.2)	70 (26.3)
time.rand (median [IQR])	204.00 [152.00, 249.50]	196.00 [149.00, 266.00]
time.punc (median [IQR])	260.00 [212.00, 313.00]	NA [NA, NA]
	Stratified by trt	
	p	test
n		
age (median [IQR])	0.579	nonnorm
sex = Male (%)	0.917	
nihss (median [IQR])	0.453	nonnorm
location = Right (%)	0.106	exact
hx.isch = Yes (%)	0.335	
afib = 1 (%)	0.601	
dm = 1 (%)	1.000	
mrankin (%)	0.917	exact
0		
1		
2		
> 2		
sbp (mean (sd))	0.647	
iv.altep = Yes (%)	0.267	
time.iv (median [IQR])	0.596	nonnorm
aspects (median [IQR])	0.075	nonnorm
ia.occlus (%)	0.795	
Intracranial ICA		
ICA with M1		
M1		

```

M2
A1 or A2
extra.ica = 1 (%)      0.179
time.rand (median [IQR]) 0.251 nonnorm
time.punc (median [IQR]) NA    nonnorm

```

### 1.2.6 Obtaining a Detailed Summary

If this was a real data set, we'd want to get a more detailed description of the data to make decisions about things like potentially collapsing categories of a variable, or whether or not a normal distribution was useful for a particular continuous variable, etc. You can do this with the `summary` command applied to a created Table 1, which shows, among other things, the effect of changing from normal to non-normal  $p$  values for continuous variables, and from approximate to “exact”  $p$  values for categorical factors.

Note in the summary below that we have some missing values here. Often, we'll present this information within the Table 1, as well.

```
summary(att2)
```

```

### Summary of continuous variables ###

trt: Intervention
      n miss p.miss mean sd median p25 p75 min max  skew  kurt
age      233   0   0.0   64 18    66  54  76  23  96 -0.34 -0.52
nihss    233   0   0.0   18  5    17  14  21  10  28  0.48 -0.74
sbp      233   0   0.0  146 26   146 129 164  78 214 -0.07 -0.22
time.iv  233  30  12.9   98 45    85  67 110  42 218  1.03  0.08
aspects  233   0   0.0    8  2     9   7  10   5  10 -0.56 -0.98
time.rand 233   2   0.9  203 57   204 152 250 100 300  0.01 -1.16
time.punc 233   0   0.0  263 54   260 212 313 180 360  0.11 -1.33
-----

trt: Control
      n miss p.miss mean sd median p25 p75 min max  skew  kurt
age      267   0   0.0   65 16    66  56  76  24  94 -0.296 -0.28
nihss    267   0   0.0   18  4    18  14  22  11  25  0.017 -1.24
sbp      267   1   0.4  145 24   145 128 161  82 231  0.156  0.08
time.iv  267  25   9.4   88 26    87  65 116  44 130  0.001 -1.32
aspects  267   4   1.5    9  1     9   8  10   5  10 -1.071  0.36
time.rand 267   0   0.0  214 70   196 149 266 120 360  0.508 -0.93
time.punc 267 267 100.0  NaN NA     NA  NA  NA  Inf -Inf   NaN  NaN

p-values
      pNormal pNonNormal
age      0.342813660 0.57856976
nihss    0.787487252 0.45311695
sbp      0.647157646 0.51346132
time.iv  0.003073372 0.59641104
aspects  0.032662901 0.07464683
time.rand 0.050803672 0.25134327
time.punc      NA      NA

Standardize mean differences
      1 vs 2
age      0.08478764

```

```

nihss      0.02405390
sbp        0.04100833
time.iv    0.27691223
aspects    0.19210662
time.rand  0.17720957
time.punc      NA

```

```

=====

### Summary of categorical variables ###

trt: Intervention
      var    n miss p.miss      level freq percent cum.percent
      sex 233    0   0.0      Female   98   42.1      42.1
                        Male   135   57.9     100.0

      location 233    0   0.0      Left  116   49.8      49.8
                        Right  117   50.2     100.0

      hx.isch 233    0   0.0      No   204   87.6      87.6
                        Yes    29   12.4     100.0

      afib 233    0   0.0      0  167   71.7      71.7
                        1   66   28.3     100.0

      dm 233    0   0.0      0  204   87.6      87.6
                        1   29   12.4     100.0

      mrankin 233    0   0.0      0  190   81.5      81.5
                        1   21    9.0      90.6
                        2   12    5.2      95.7
                        > 2  10    4.3     100.0

      iv.altep 233    0   0.0      No   30   12.9      12.9
                        Yes  203   87.1     100.0

      ia.occlus 233    0   0.0 Intracranial ICA   1    0.4      0.4
                        ICA with M1  59   25.3      25.8
                        M1  154   66.1      91.8
                        M2   18    7.7      99.6
                        A1 or A2   1    0.4     100.0

      extra.ica 233    0   0.0      0  158   67.8      67.8
                        1   75   32.2     100.0

```

```

-----

trt: Control
      var    n miss p.miss      level freq percent cum.percent
      sex 267    0   0.0      Female  110   41.2      41.2
                        Male   157   58.8     100.0

      location 267    0   0.0      Left  153   57.3      57.3
                        Right  114   42.7     100.0

```

hx.isch 267	0	0.0	No	242	90.6	90.6
			Yes	25	9.4	100.0
afib 267	0	0.0	0	198	74.2	74.2
			1	69	25.8	100.0
dm 267	0	0.0	0	233	87.3	87.3
			1	34	12.7	100.0
mrankin 267	0	0.0	0	214	80.1	80.1
			1	29	10.9	91.0
			2	13	4.9	95.9
			> 2	11	4.1	100.0
iv.altep 267	0	0.0	No	25	9.4	9.4
			Yes	242	90.6	100.0
ia.occlus 267	1	0.4	Intracranial ICA	3	1.1	1.1
			ICA with M1	75	28.2	29.3
			M1	165	62.0	91.4
			M2	21	7.9	99.2
			A1 or A2	2	0.8	100.0
extra.ica 267	1	0.4	0	196	73.7	73.7
			1	70	26.3	100.0

## p-values

	pApprox	pExact
sex	0.9171387	0.8561188
location	0.1113553	0.1056020
hx.isch	0.3352617	0.3124683
afib	0.6009691	0.5460206
dm	1.0000000	1.0000000
mrankin	0.9224798	0.9173657
iv.altep	0.2674968	0.2518374
ia.occlus	0.7945580	0.8189090
extra.ica	0.1793385	0.1667574

## Standardize mean differences

	1 vs 2
sex	0.017479025
location	0.151168444
hx.isch	0.099032275
afib	0.055906317
dm	0.008673478
mrankin	0.062543164
iv.altep	0.111897009
ia.occlus	0.117394890
extra.ica	0.129370206

Again, I have simulated the data to mirror the results in the published Table 1 for this study. In no way have I captured the full range of the real data, or any of the relationships in that data, so it's more important here to see what's available in the analysis, rather than to interpret it closely in the clinical context.

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