

DIAGNOSTICS TESTS. SENSITIVITY, SPECIFICITY AND ROC CURVES

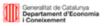
Santi Perez Hoyos santi.perezhoyos@vhir.org

Miriam Mota Foix miriam.mota@vhir.org















OUTLINE

- 1. Diagnosis. Diagnostics tests
- 2. Sensitivity and specificity
- 3. Predictive values. Prevalence
- 4. Likelihood ratio
- 5. Receiver operator characteristic curves



OUTLINE

- 1. Diagnosis. Diagnostics tests
- 2. Sensitivity and specificity
- 3. Predictive values. Prevalence
- 4. Likelihood ratio
- 5. Receiver operator characteristic curves



Diagnosis





Diagnosis

Mmm ...let me do some tests and valorate them



Foto: FOX



Diagnosis

- Most important result of medical practice
- Key that leads to treatment and prognosis

Other valid definitions

- process of determining the nature of the morbid condition through examination.
- careful examination of the facts to determine the nature of something
- decision or opinion resulting from such examination or investigation..

Classification of individuals in healthy or sick



Process that leads to the diagnosis

- 1. Establish a presumption suspicion or hypothesis of existence of disease
- 2. Follow up on the clinical assumption and verify if this corresponds to the truth.

Uncertainty

- Symptoms of a patient may be compatible with more than one disease
- Biological variations from one individual to another
- Instruments are imprecise
- Patients are inaccurate to remember past events



Process that leads to the diagnosis



Different sources of information are used:

- anamnesis of the patient
- Physical exam
- results of diagnostics tests



DIAGNOSTIC TEST

Procedure by which a diagnosis is confirmed or discarded



Diagnostics tests. What we desire?

Positive results in patients and negative results in healthy

Conditions to require a diagnostic test (I):

- Validity: the degree to which a test measures what it is supposed to measure (sensitivity and specificity)
- Reproducibility: ability of the test to offer the <u>same results</u> when its application is <u>repeated</u> in similar circumstances (biological, instrumental and technical variability)



Diagnostic test

Conditions to require a diagnostic test (II):

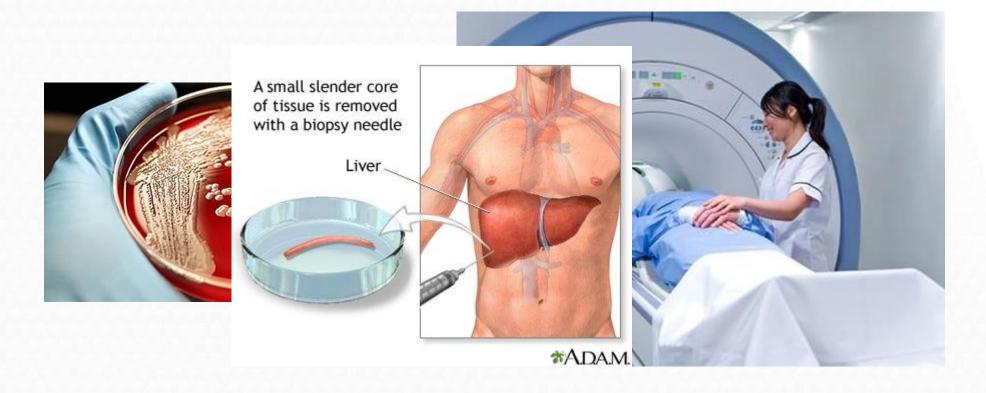
- **Safety**: in the case of a positive result, what is the probability that this result indicates presence of the disease? (predictive values)
- Easy to apply
- Accepted by patients or the population in general
- Minimal adverse effects
- Economically bearable





Relationship between the results of the test and the authentic diagnosis

Authentic diagnosis Reference method





Relationship between the results of the test and the authentic diagnosis

Reference method

expensive? traumatic for the patient? slow in getting results?



A more accessible method (diagnostic test) is needed.

Classify patients the same as the reference method?



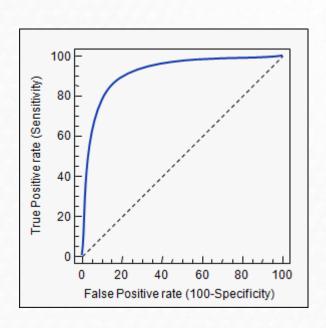
Relationship between the results of the test and the authentic diagnosis

In a diagnostic test with possible results:

Positive or Negative: Diagnostic table (contingency table)

Numerical values: ROC curve

		Refere		
		Sick	Healthy	TOTAL
Diagnostic	Positive	а	b	a+b
Test	Negative	С	d	c+d
	TOTAL	a+c	b+d	a+b+c+d





Relationship between the results of the test and the authentic diagnosis

		Refere		
		Sick	Healthy	TOTAL
Diagnostic	Positive	а	b	a+b
Test	Negative	С	d	c+d
	TOTAL	a+c	b+d	a+b+c+d

a = True positives (TP)

b = False positives (FP)

c = False negative (FN)

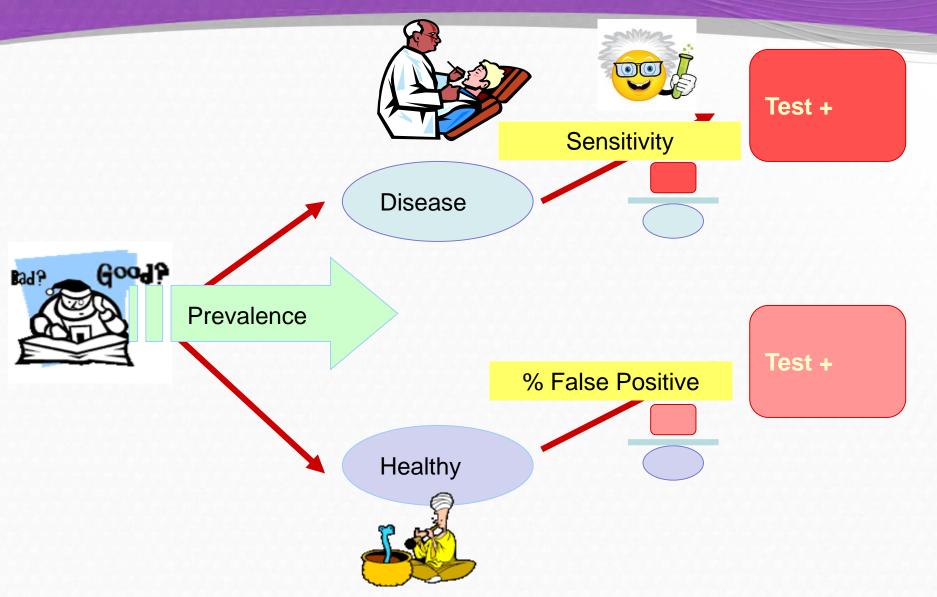
d = True negative (TN)



OUTLINE

- 1. Diagnosis. Diagnostics tests
- 2. Sensitivity and specificity
- 3. Predictive values. Prevalence
- 4. Likelihood ratio
- 5. Receiver operator characteristic curves



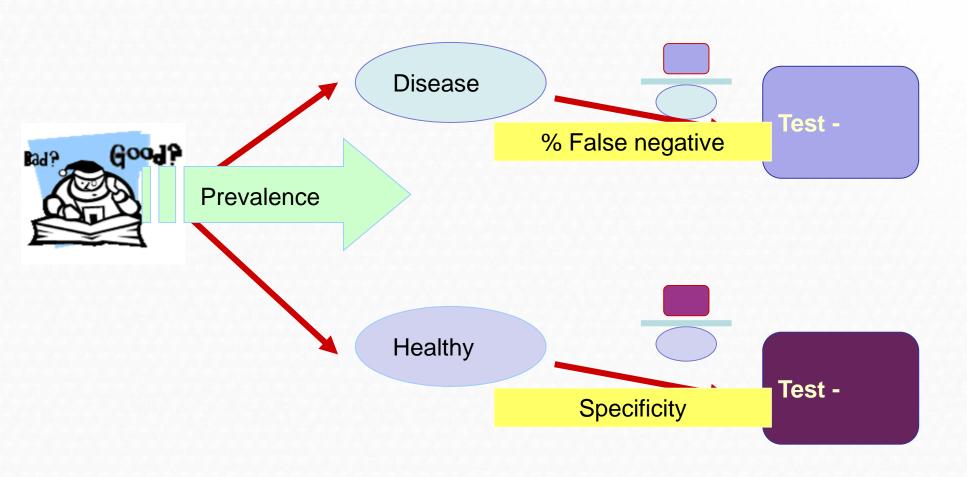




Sensitivity (S): refers to the ability of the test to correctly identify those patients with the disease.

- A test with 100% sensitivity correctly identifies all patients with the disease.
- A test with 80% sensitivity detects 80% of patients with the disease (true positives) but 20% with the disease go undetected (false negatives).







Specificity (E): refers to the ability of the test to correctly identify those patients without the disease.

E = P(Test -/no disease)

- A test with 100% specificity correctly identifies all patients without the disease.
- A test with 80% specificity correctly reports 80% of patients without the
 disease as test negative (true negatives) but 20% patients without the
 disease are incorrectly identified as test positive (false positives).



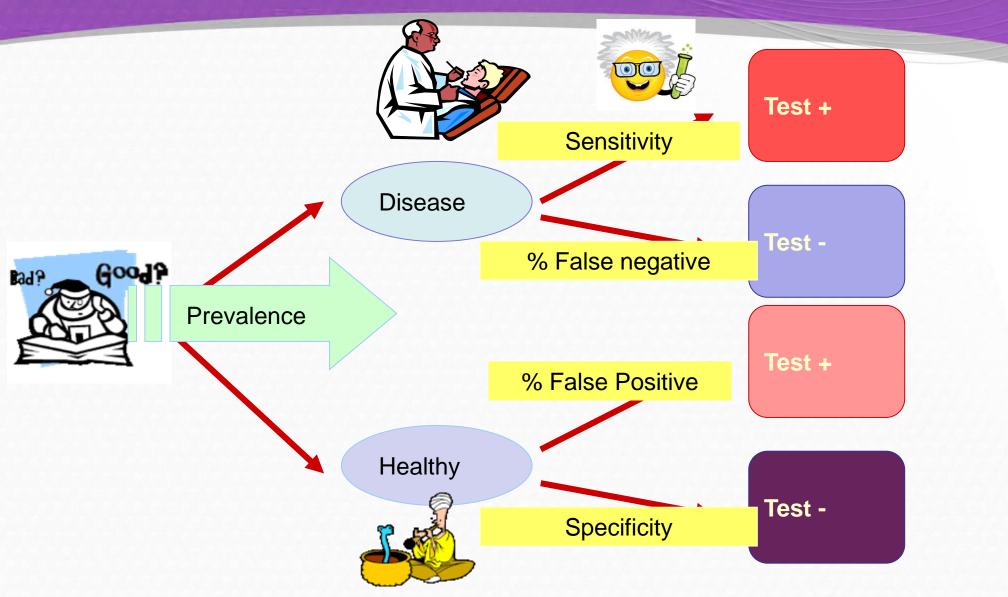
Sentivity and specifity calculation,

		Refere		
		Sick	Healthy	TOTAL
Diagnostic	Positive	TP	FP	TP+FP
Test	Negative	FN	TN	FN+TN
	TOTAL	TP+FN	FP+TN	TP+FP+FN +TN

			_	
		Refere		
		Sick	Healthy	TOTAL
Diagnostic	Positive	а	b	a+b
Test	Negative	С	d	c+d
	TOTAL	a+c	b+d	a+b+c+d

Sensitivity







Example. Sample: n= 2.641 patients with suspected prostate cancer

1st test: rectal examination

Reference method: prostate biopsy

		Biopsy result			
		Disease	Healthy	TOTAL	
Rectal	Disease	634	269	903	
examination	Healthy	487	1251	1738	
	TOTAL	1121	1520	2641	

Specificity = 1251 / (269+1251) = 0.8230 = 82.3%

17.7% of the patients without disease were incorrectly diagnosed(false positives)

Other tests are needed to refine the diagnosis (Ex. PSA)



Example with R

```
library(epiR)
table1 <- as.table(matrix(c(634,269,487,1251), nrow = 2, byrow = TRUE))
epi.tests(table1)</pre>
```

,	Outcome +	Outcome	-	Total
Test +	634	269	903	
Test -	487	1251	1738	
Total	1121	1520	2641	

Point estimates and 95 % CIs:

Apparent prevalence		0.34 (0.32, 0.36)
True prevalence	7	0.42 (0.41, 0.44)
Sensitivity	ν,	0.57 (0.54, 0.59)
Specificity		0.82 (0.80, 0.84)
Positive predictive value		0.70 (0.67, 0.73)
Negative predictive value		0.72 (0.70, 0.74)
Positive likelihood ratio		3.20 (2.83, 3.60)
Negative likelihood ratio		0.53 (0.49, 0.57)



Ideal values of sensitivity and specificity

- $0 \ge S$ and $E \le 1$
- High sensitivity when...
 - √ the test is used to identify a serious but treatable disease (e.g. cervical cancer).
 - ✓ Screening of population.
 - ✓ First test in a battery of test
- High specificity when...
 - ✓ Diagnostic confirmation suggested by other data (no FP)
 - ✓ Avoid FP in expensive treatments or with high side effects



OUTLINE

- 1. Diagnosis. Diagnostics tests
- 2. Sensitivity and specificity
- 3. Predictive values. Prevalence
- 4. Likelihood ratio
- 5. Receiver operator characteristic curves





But...the patient is sick or not?

S and E help to decide if a test should be used or not, but once the result is known they do not provide any information



they are based on the prior knowledge (sick/healthy) of the individual





But...the patient is sick or not?

If my patient has had a positive / negative test result, what is the probability that patient suffer / not suffer from the disease

Positive predictive value

How likely is it that this patient has the disease given that the test result is positive?

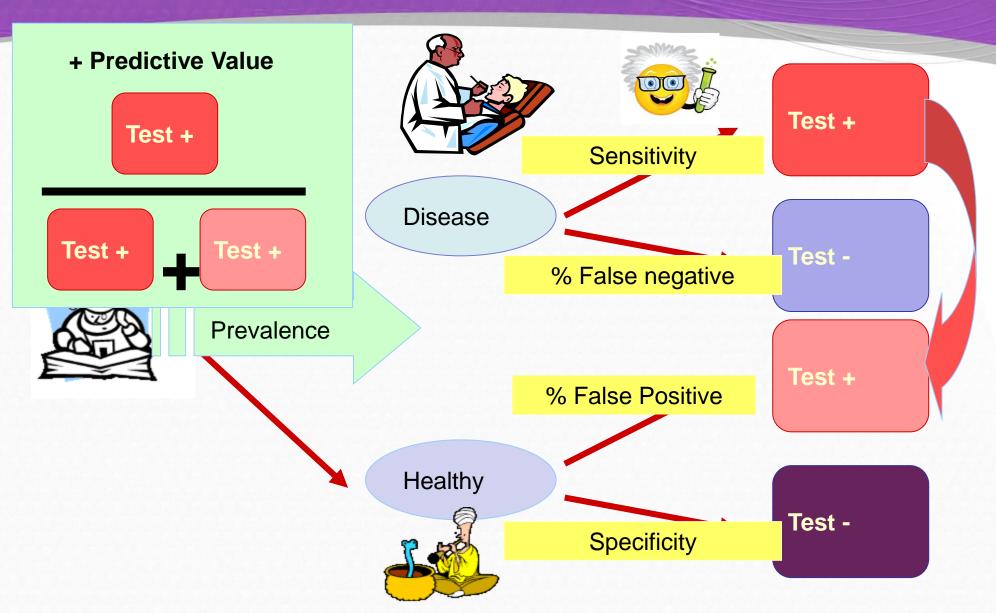
PPV = P(Disease / Test +)

Negative predictive value

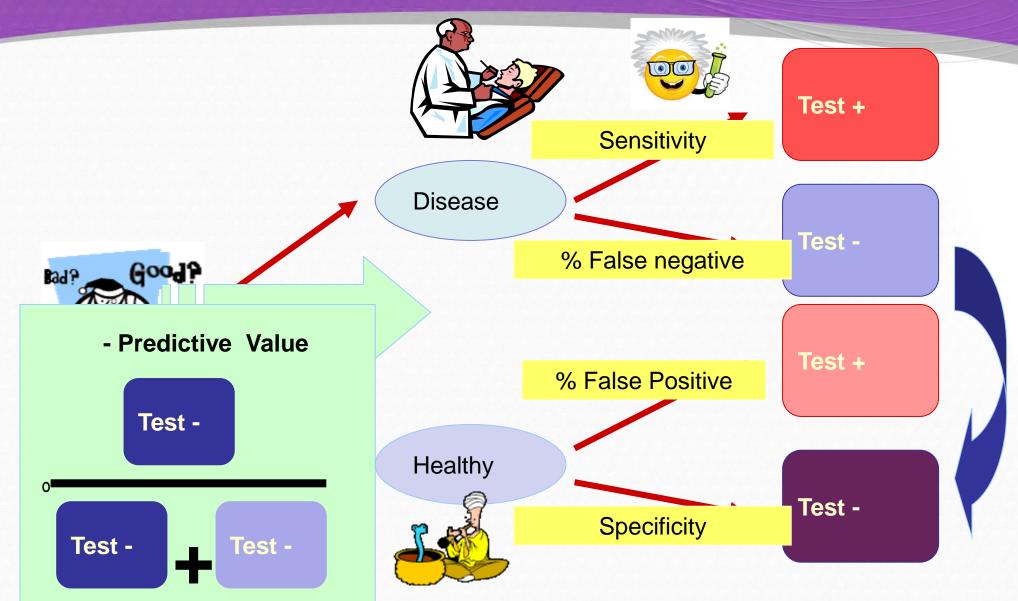
How likely is it that this patient does not have the disease given that the test result is negative?

NPV = P(no Disease / Test -)

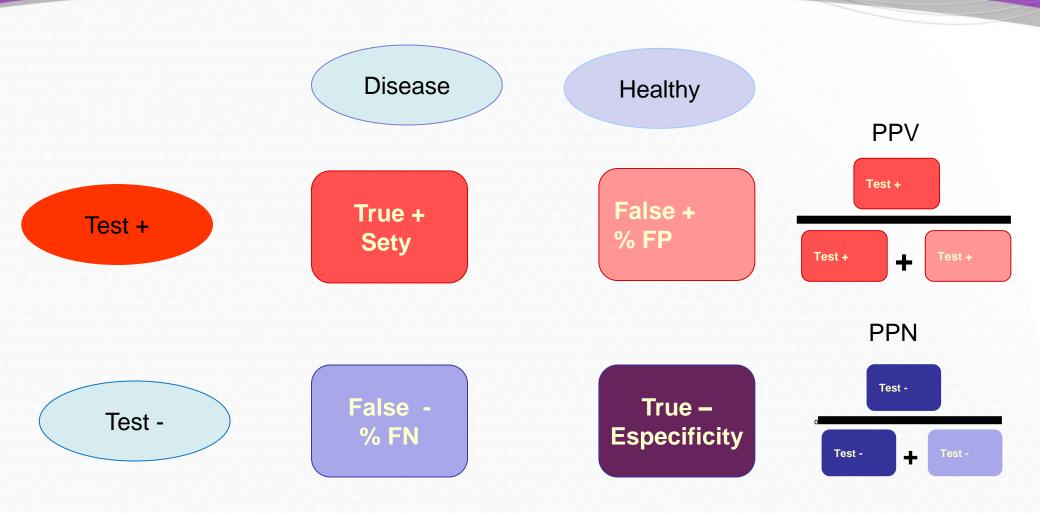














Example. Sample: n= 2.641 patients with suspected prostate cancer

1st test: rectal examination

Reference method: prostate biopsy

		Biopsy result			
		Disease	Healthy	TOTAL	
Rectal	Disease	634	269	903	
examination	Healthy	487	1251	1738	
	TOTAL	1121	1520	2641	

Positive predictive value = 634 / (269+634) = 70.21% —

70.21% of the patients with abnormal digital rectal examination were correctly diagnosed

Negative predictive value = 1251 / (487+1251) = 71.98%

71.98% with normal digital rectal examination were healthy



Example with R

Disease positive Disease negative Total
Test positive 634 269 903
Test negative 487 1251 1738
Total 1121 1520 2641

Point estimates and 95 % CIs:

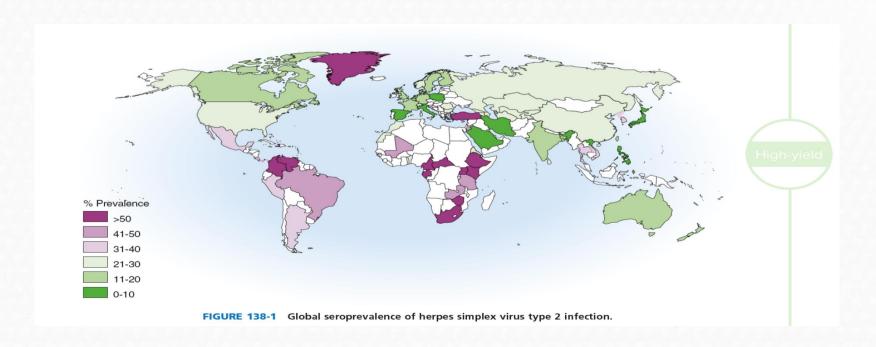
	Estimation	Lower CI	Upper CI
Apparent prevalence	0.342	0.324	0.360
True prevalence	0.424	0.406	0.444
Sensitivity	0.566	0.536	0.595
Specificity	0.823	0.803	0.842
Positive predictive value	0.702	0.671	0.732
Negative predictive value	0.720	0.698	0.741
Diagnostic accuracy	0.714	0.696	0.731
Likelihood ratio of a positive test	3.196	2.835	3.603
Likelihood ratio of a negative test	0.528	0.492	0.567



Prevalence

Proportion of people in a defined population who suffer from the disease at a specific time

Probability of having the disease before knowing the result of the test,





Prevalence calculation.

		Biopsy result			
		Disease	Healthy	TOTAL	
Rectal	Disease	634	269	903	
examination	Healthy	487	1251	1738	
	TOTAL	1121	1520	2641	

Prevalence = All patient sick / All population = 1121/2641 = 42.45%



Example with R

Disease positive Disease negative Total

Test positive 634 269 903

Test negative 487 1251 1738

Total 1121 1520 2641

Point estimates and 95 % CIs:

	Estimation	Lower CI	Upper CI
Apparent prevalence	0.342	0.324	0.360
True prevalence	0.424	0.406	0.444
Sensitivity	0.566	0.536	0.595
Specificity	0.823	0.803	0.842
Positive predictive value	0.702	0.671	0.732
Negative predictive value	0.720	0.698	0.741
Diagnostic accuracy	0.714	0.696	0.731
Likelihood ratio of a positive test	3.196	2.835	3.603
Likelihood ratio of a negative test	0.528	0.492	0.567



Dependence of PPV and NPV on disease prevalence

From the calculation of predictive values:

$$PPV = \frac{TP}{TP + FP}$$

$$NPV = \frac{TN}{TN + FN}$$

People with the disease and healthy

Changes in the composition of the population will alter their values

If the prevalence is low: a negative result in the test (healthy) will allow discarding the disease with greater security (high NPV). The positive result of the test (sick), will not allow confirming the diagnosis (low PPV)

Sensitivity and specificity are specific of the diagnostic test and they don't depen on the population under study.

3. Predictive values. Prevalence



Dependence of PPV and NPV on disease prevalence

Example: VIH diagnosis. Population 1.			Correct diagnosis		
			VIH+	VIH-	TOTAL
	Test	Positive	5.970	13.970	19.940
	result	Negative	30	2.780.030	2.780.060
		TOTAL	6.000	2.794.000	2.800.000

Example: VIH diagnosis. Population 2.

palation 2.						
		Correct diagnosis				
	VIH+ VIH- TOTA					
Test	Positive	796.000	10.000	806.000		
result	Negative	4.000	1.990.000	1.994.000		
	TOTAL	800.000	2.000.000	2.800.000		

3. Predictive values. Prevalence



Dependence of PPV and NPV on disease prevalence

Example: VIH diagnosis. Population 1.

lation 1.		Correct diagnosis			
		VIH+	VIH-	TOTAL	
Test	Positive	5.970	13.970	19.940	
result	Negative	30	2.780.030	2.780.060	
	TOTAL	6.000	2.794.000	2.800.000	

Prevalence = 6.000 / 2.800.000 **= 0.21%**

Sensitivity = 5970 / 6000 = 99.5%

Specificity = 2.780.030 /2.794.000 = 99.5%

PPV = 5970 / 19940 = **29.9%**

NPV = 2.780.030 / 2.780.60 = 99.9%

Only 29.9% of the individuals who tested positive, would be ill

3. Predictive values. Prevalence



Dependence of PPV and NPV on disease prevalence

Example: VIH diagnosis. Population 2.

pulation 2.		Correct diagnosis		
		VIH+	VIH-	TOTAL
Test	Positive	796.000	10.000	806.000
result	Negative	4.000	1.990.000	1.994.000
	TOTAL	800.000	2.000.000	2.800.000

Prevalence = 800.000 / 2.800.000 = **28.6%**

Sensitivity = 796.000 / 800.000 = 99.5%

Specificity = 1.990.000 /2.000.000 = 99.5%

PPV = 796.000 / 806.000 = **98.7%**

NPV = 1.990.000 / 2.000.000 = 99.8%

If the prevalence is high, a positive result tends to confirm the presence of the disease



OUTLINE

- 1. Diagnosis. Diagnostics tests
- 2. Sensitivity and specificity
- 3. Predictive values. Prevalence
- 4. Likelihood ratio
- 5. Receiver operator characteristic curves



Likelihood ratio

- How much more likely is it that a patient who tests positive has the disease compared with one who test negative,
- Index to compare two methods (diagnostic tests) that do not depend on the prevalence in the population.

```
    LR+ = P (positive test in ill) / P (positive test in healthy) =
    = TP / FP =
    = sensitivity / (1-specificity)
```

```
    LR- = P (negative test in ill) / P (negative test in healthy) =
    = FN / TN =
    = (1-sensitivity) / specificity
```



Likelihood ratio

- Interpretation: Positive Likelihood Ratio (LR+)
 - LR+ over 5 10: Significantly increases likelihood of the disease
 - LR+ between 0.2 to 5 (especially if close to 1): Does not modify the likelihood of the disease
 - LR+ below 0.1 0.2: Significantly decreases the likelihood of the disease.



Example. Sample: n= 2.641 patients with suspected prostate cancer

1st test: rectal examination

Reference method: prostate biopsy

prostate biopsy		Disease	Healthy	TOTAL
Rectal	Disease	634	269	903
examination	Healthy	487	1251	1738
	TOTAL	1121	1520	2641

Biopsy result

Specificity =
$$1251 / (269+1251) = 0.8230 = 82.3\%$$

$$LR+ = 0.566 / (1-0.823) = 3.19$$

Hay x3 veces más probabilidades de observar un tacto anormal en enfermos que en sanos



Example. Sample: n= 2.641 patients with suspected prostate cancer

1st test: rectal examination

Reference method: prostate biopsy

Disease positive Disease negative Total

Test positive	634	269	903
Test negative	487	1251	1738
Total	1121	1520	2641

Point estimates and 95 % CIs:

tion Lower	CI Upper CI
.342 0.	324 0.360
.424 0.4	406 0.444
.566 0.	536 0.595
.823 0.8	803 0.842
.702 0.	671 0.732
.720 0.	698 0.741
.714 0.	696 0.731
.196 2.	835 3.603
.528 0.4	492 0.567
	.342 0. .424 0. .566 0. .823 0. .702 0. .720 0. .714 0.



OUTLINE

- 1. Diagnosis. Diagnostics tests
- 2. Sensitivity and specificity
- 3. Predictive values. Prevalence
- 4. Likelihood ratio
- 5. Receiver operator characteristic curves



Building of ROC curves

Until now we had tests with dichotomous results



Positive

Negative

generates a sensitivity and specificity value

Test with continuous results



It has to be chosen different cutting points that allow a dichotomous classification



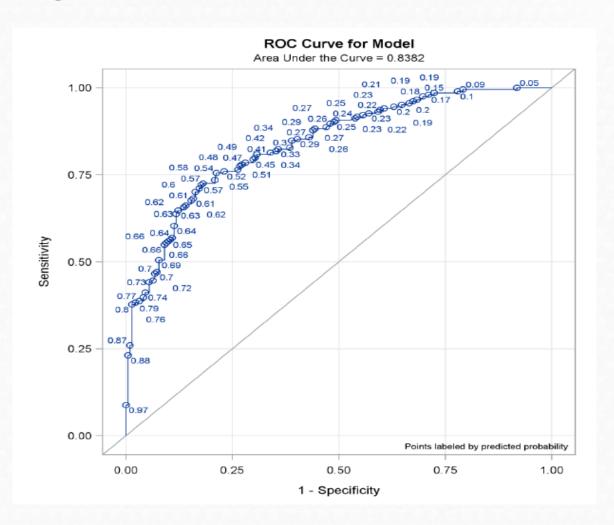
Many values of sensitivity and specificity that vary according to the cut point chosen



Graphic representation

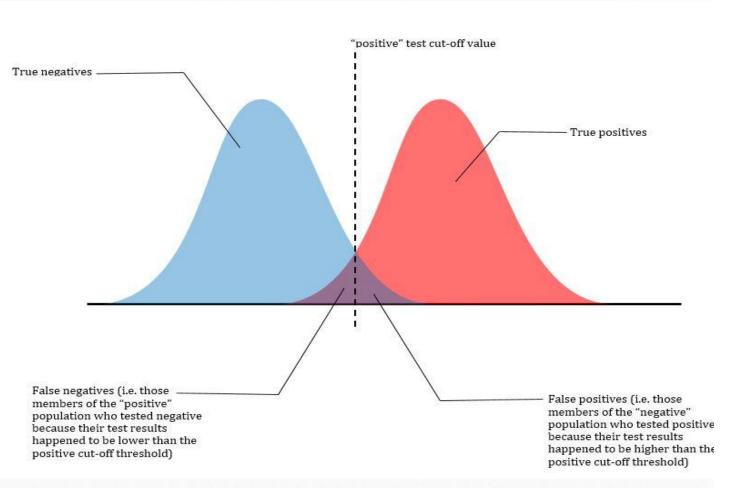


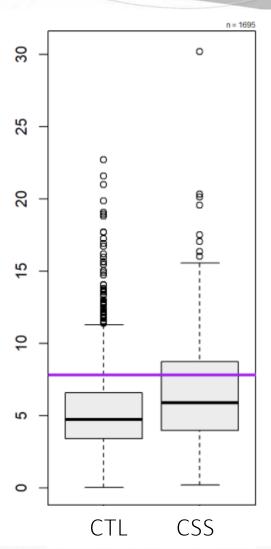
Building of ROC curves





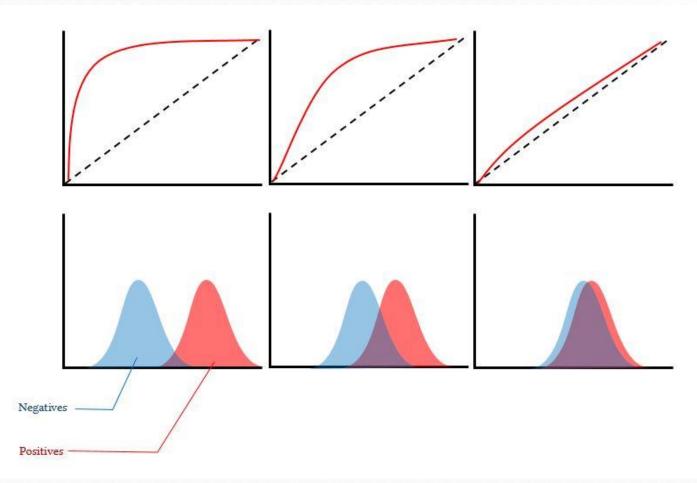
Building of ROC curves







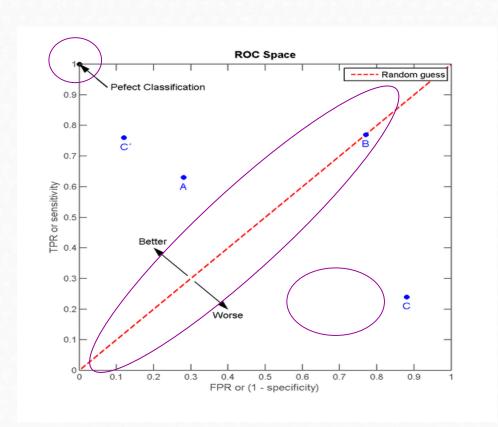
Building of ROC curves

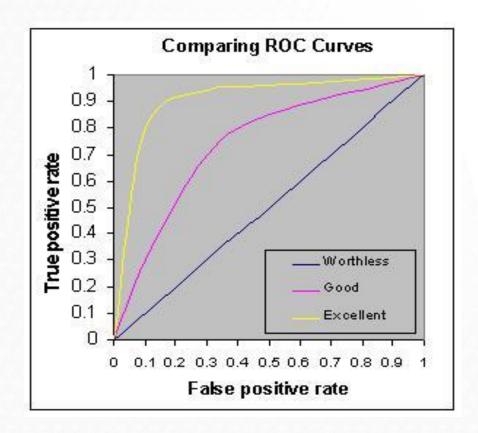




Building of ROC curves

Receiver Operator Characteristic







Example

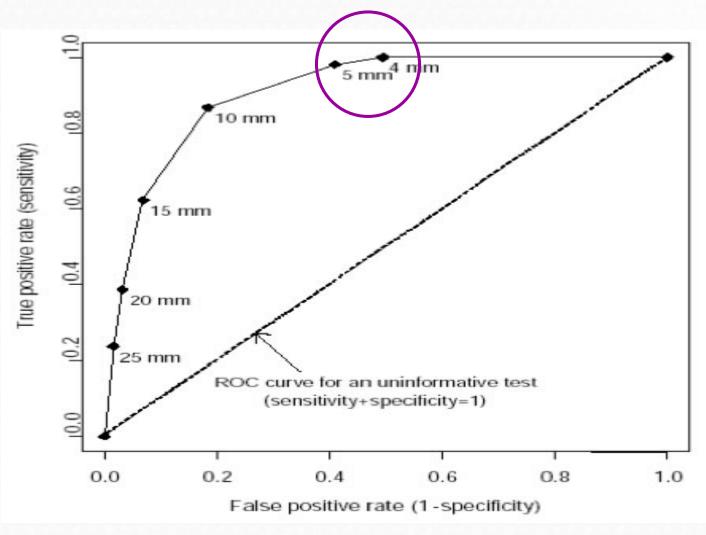
Ultrasounds can be used to detect thinning of the uterus Wall (indicative of posible tumor). If the result is positive a biopsy is required

Cutoff for abnormal wall thickness	Sentivity (%)	Specificity (%)	1- Specificity(%)
>4 mm	99	50	50
>5 mm	97	61	39
>10 mm	83	80	20
>15 mm	60	90	10
>20 mm	40	95	5
>25 mm	20	98	2

Objetive: To maximize the number of VP (correct diagnosis of cancer) with an aceptable number of FP (biopsies made when there was no cancer)



Example.





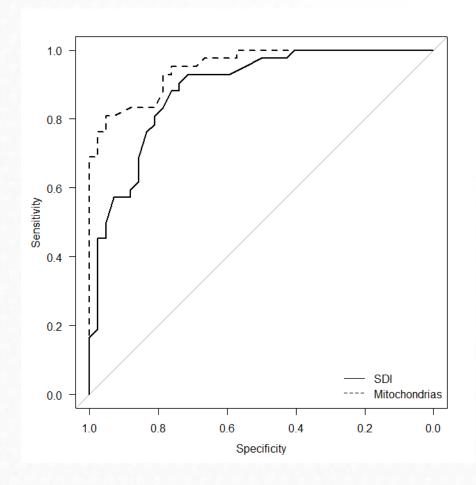
Comparison of ROC curves

Which of the two biomarkers is better?



AREA UNDER THE CURVE

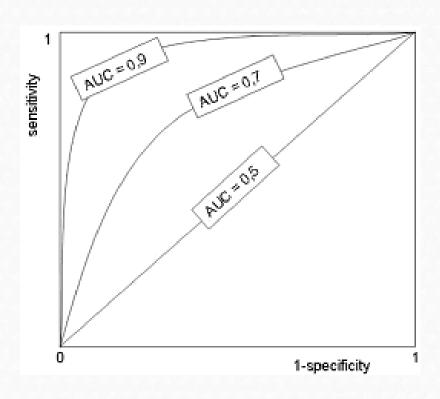
0<AUC<1





Comparison of ROC curves

AREA UNDER THE CURVE



$$AUC = \begin{cases} 0.5 & \text{no discrimination} \\ 0.6-0.7 & \text{poor} \\ 0.7-0.8 & \text{accceptable (fair)} \\ 0.8-0.9 & \text{excellent (good)} \\ > 0.9 & \text{outstanding} \end{cases}$$



Exercise. In R

Dataset: Osteoporosis.

To predict the clasificable variable, what diagnostic test do you think is best?

- * body mass index
- * bone density



Example with R

```
library(pROC)
roc bua <- roc(osteoporosis$menop, osteoporosis$bua)</pre>
roc imc <- roc(osteoporosis$menop, osteoporosis$imc)</pre>
#review the roc object
roc bua
roc imc
#plot the ROC
plot(roc bua)
plot(roc imc)
#get the "best" "threshold"
coords(roc bua, "best", "threshold", transpose = TRUE)
coords(roc imc, "best", "threshold", transpose = TRUE)
#test to compare the two ROC
roc.test(roc bua, roc imc)
```



Exercise: Calculate the same indices for the "palmar pallor sign" that was evaluated in a jungle region of Colombia to see if it could be of interest in the diagnosis of anemia. A blood count was taken in 167 children, so it was known whether they had anemia or not (48 yes, 119 no). The palmar pallor sign was positive in 16 anemics. In 95 non-anemic was negative. It is useful?





Exercise: Calculate the same indices for the "palmar pallor sign" that was evaluated in a jungle region of Colombia to see if it could be of interest in the diagnosis of anemia. A blood count was taken in 167 children, so it was known whether they had anemia or not (48 yes, 119 no). The palmar pallor sign was positive in 16 anemics. In 95 non-anemic was negative. It is useful?

		Anemia		
		Disease	Healthy	Total
Sign	Positive	16	24	40
	Negative	32	95	127
	Total	48	119	167



Exercise: Calculate the same indices for the "palmar pallor sign" that was evaluated in a jungle region of Colombia to see if it could be of interest in the diagnosis of anemia. A blood count was taken in 167 children, so it was known whether they had anemia or not (48 yes, 119 no). The palmar pallor sign was positive in 16 anemics. In 95 non-anemic was negative. It is useful?

Disease positive D	Disease negative Total		
Test positive	16	32	48
Test negative	24	95	119
Total	40	127	167

Point estimates and 95 % CIs:

	Estimation	Lower CI	Upper CI
Apparent prevalence	0.287	0.220	0.362
True prevalence	0.240	0.177	0.312
Sensitivity	0.400	0.249	0.567
Specificity	0.748	0.663	0.821
Positive predictive value	0.333	0.204	0.484
Negative predictive value	0.798	0.715	0.866
Diagnostic accuracy	0.665	0.588	0.736
Likelihood ratio of a positive tes	it 1.588	0.979	2.575
Likelihood ratio of a negative tes	ot 0.802	0.611	1.053
