

Hypothesis Testing. Quantitative Variables

Curs d'Estadística Bàsica per a la Recerca Biomèdica

UEB – VHIR

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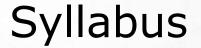














- 1. INTRODUCTION
- 2. TYPE OF TEST
- 3. NORMALITY TEST
- 4.ONE GROUP COMPARISON
- **5.TWO GROUPS** COMPARISON IN INDEPENDENT SAMPLES
- **6.TWO GROUPS** COMPARISON IN DEPENDENT SAMPLES
- 7.MORE THAN TWO GROUPS COMPARISON IN INDEPENDENT SAMPLES
- 8. MULTIPLE COMPARISONS AND MULTIPLE TESTING







- A study was designed to compare two distinct hypertension control programs.
- 60 individuals with HTA were randomly assigned to either one or the other group (30 per group)
- Blood pressure was measured each month during a year

А	В	С	D	Е	F	G	Н	
numero	sexo	grupo	tas1	tad1	tas2	tad2	tas3	tad3
1	VARON	В	150	100	150	90	170	
2	MUJER	В	160	90	170	90	160	
3	MUJER	В	150	90	110	90	115	
4	VARON	Α	120	80	140	90	140	
5	MUJER	Α	150	85	145	85	160	
6	MUJER	В	140	75	160	70	135	
7	MUJER	Α	150	100	140	90	130	
8	VARON	Α	160	90	170	90	170	
9	MUJER	Α	145	105	170	95	140	
10	MUJER	Α	210	110				
11	MUJER	Α	170	100	170	90	170	
12	MUJER	В	140	90	140	90	100	





Questions to solve

- Are samples "comparable" at baseline?
- Has there been a change in BP between month 1 (first measure) and month 12?



Syllabus



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Type of Hypothesis

Confirmation Hypothesis

Aim is to confirm hypothesis about parameters or distributions.

Goodness of fit test to verify hypothesis about the distribution of variable in population

Does arterial pressure in the population follow a normal distribution?

Test to verify values about a parameter.

Is the average "bua" value in our population equal to 70?

Is the proportion of lung cancer cases equal to 2.6%?



Type of Hypothesis

Independence Hypothesis

- Aim is to test hypothesis about
 - relation among variables in a population
 - Is CD4 lymphocytes count related with CD8 count in HIV positive?
 - differences in a variable among two or more populations.
 - Is the average "bua" value the same in menopausic and in no menopausic population?
 - Is the proportion of lung cancer cases the same in people with high or low fruit consumption?



Type of Test

Parametric Test

- Assumes that the variable under study follows a particular distribution and Values about parameters are tested
 - Distribution of proportion of lung cancer is binomial

$$H_0$$
: $p = 3\%$

• Mean BUA value is the same in menopausic and non menopausic (assuming variable is normal or symmetric)

$$H_0$$
: $\mu_{Menopausic} = \mu_{Non menopausic}$

• Proportion of lung cancer is the same in high and low fruit consummers (assuming distribution of counts is binomial).

$$H_0$$
: $p_{High\ fruit} = p_{Low\ fruit}$



Type of Test

Non-Parametric Test

- No distribution is assumed for the data,
- Tests are about distribution not about is parameters
 - BUA distr. in Menopausic = BUA distr. in non-menopausic
 - Lung cancer is not related to fruit consumption. They are independent.







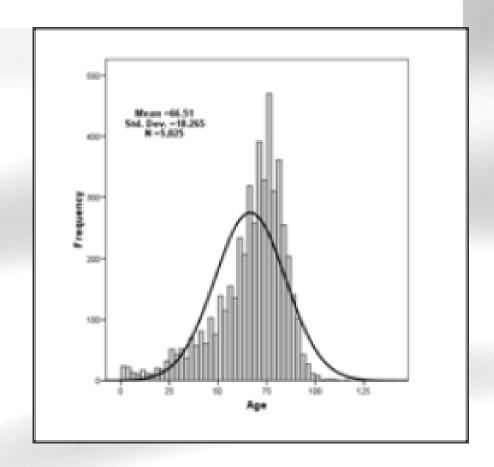
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Normality test

- Some parametrical test assume data come from a normal population
- How can we check this assumption?
- What can we do if assumption is false?







Testing normality

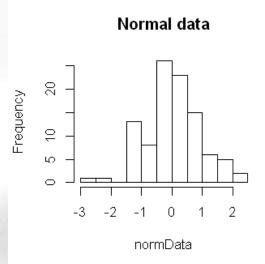
- We can use graphical methods or hypothesis tests
- Graphs
 - Check if it is a symmetric distribution
 - Probaility graphs (QQ-plots)
- Hypothesis test (Normality)
 - Kolmogorov-Smirnov test
 - Kolmogorov-Liliefors test
 - Shapiro-Wilks test

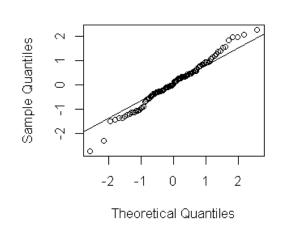


Histograms and QQ-plots

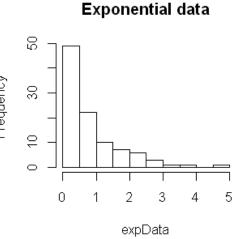
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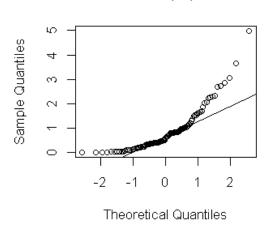
- Histogram
 - It should be symmetric with gaussian shape.
- QQ-plot
 - Dots should be over the diagonal line
- Non normal data deviate from normal patterns.
- if there are few data Difficult to quantify





Normal Q-Q Plot





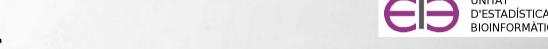
Normal Q-Q Plot



Normality test

- Statistical normality test are more precise than graphs. It is possible to calculate a p-value.
- The most used tests are Kolmogorov-Smirnov and Shapiro-Wilks test.
- The hypothesis to test are:
 - H₀: Data follow a normal distribution
 - H₁: Data do not follow a normal distribution





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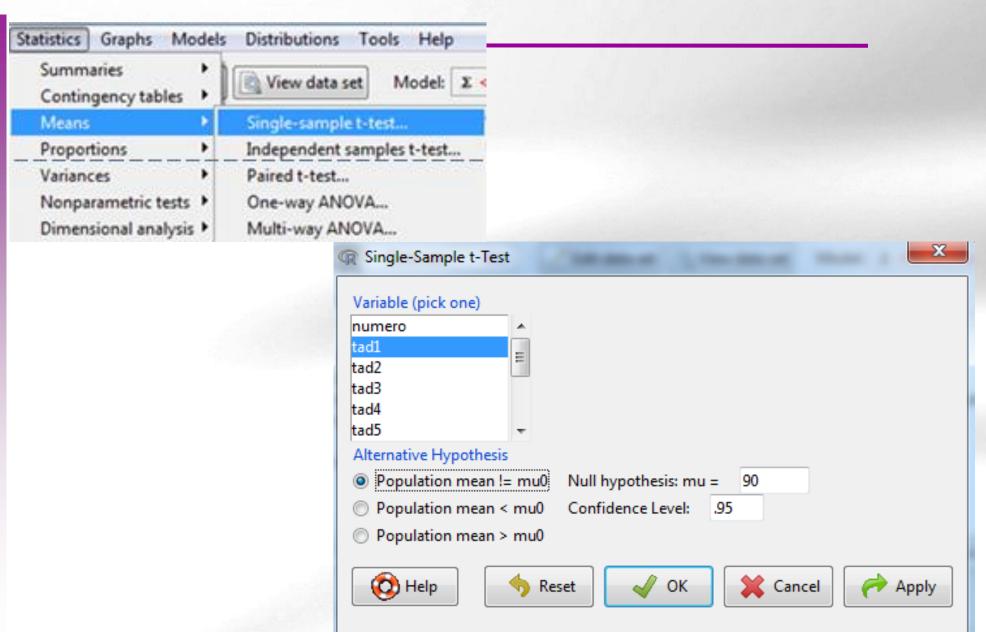


One sample t-test

- We do not use it very often.
- Very similar to estimation questions. It can be solved calculalting a confidence itnerval
- Idea: We want to verify form a sample a previous hypothesis about the mean in a population
- Can it be accepted that the initial TAD is 90 in Hipertensive patients?











One Sample t-test

```
data: tad1
t = -1.2137, df = 59, p-value = 0.2297
alternative hypothesis: true mean is not equal to 90
95 percent confidence interval:
   85.80626 91.02707
sample estimates:
mean of x
   88.41667
```







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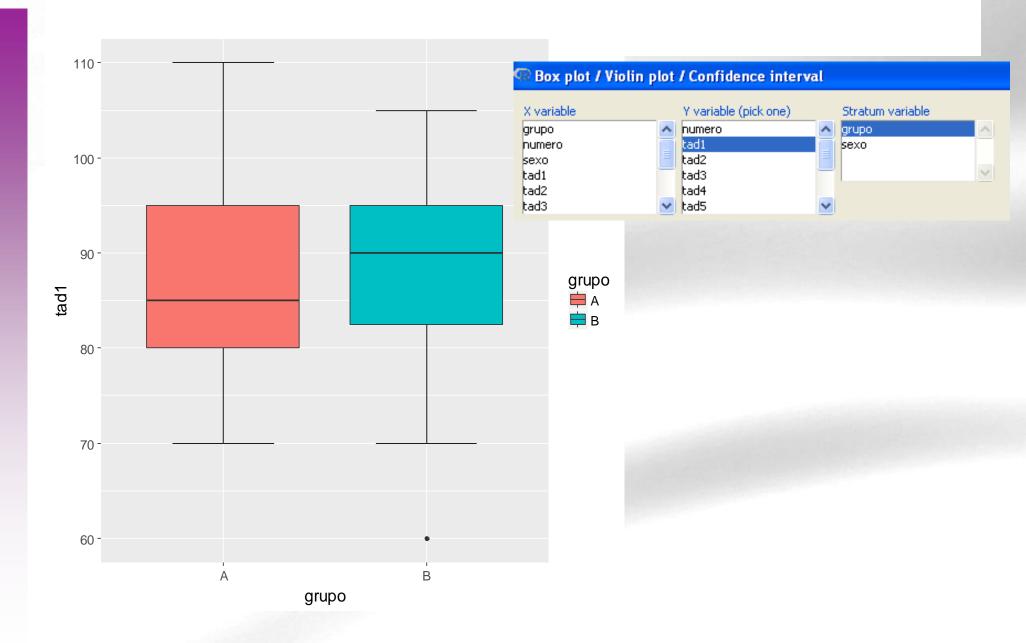
Questions to answer

- Are samples comparable at baseline time
- Is blood pressure comparable between first and 12th measures



Boxplot TAD, by group







Compare a Quantitative variable in two groups

Null Hypothesis: There is not difference of the variable in two population or groups

Samples have been generated



INDEPENDENT

Selected individuals in a group have nothing to do with selected individuals in the other group.

DEPENDENT

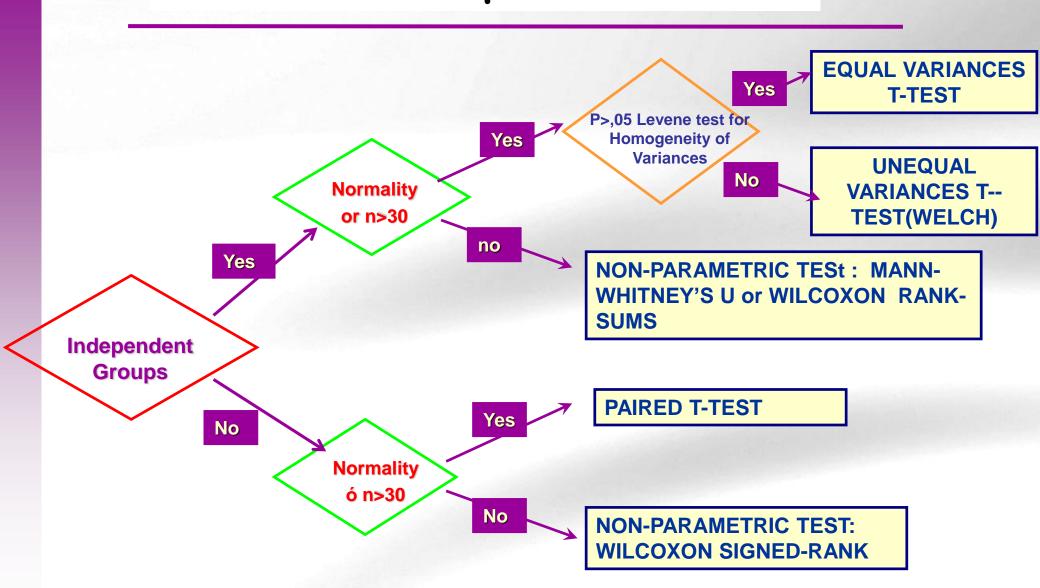
Each individual in a group has a correspondent in other group.

These are *paired data*.



Two sample tests

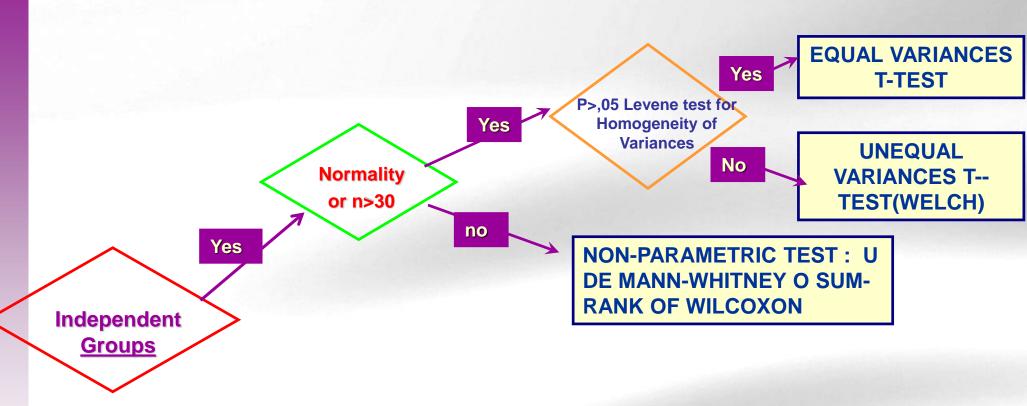






Two sample tests (1)

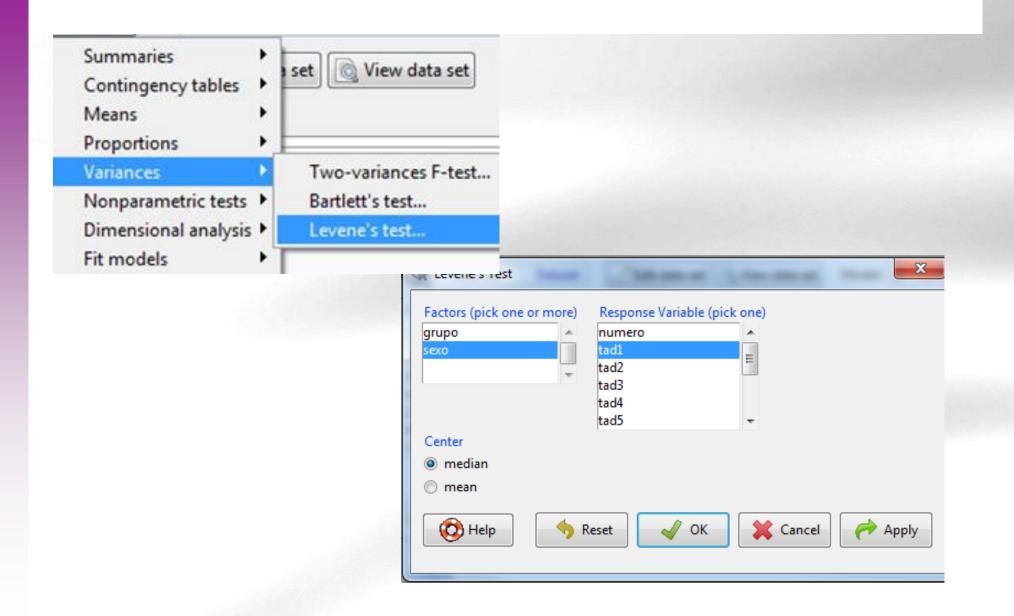




- 1. Data is normal (normality test) or sample size > 30.
- 2. Mean is a good summary statistic for this problem.
- 3. Test homogeneity of variances



Testing variance homogeneity



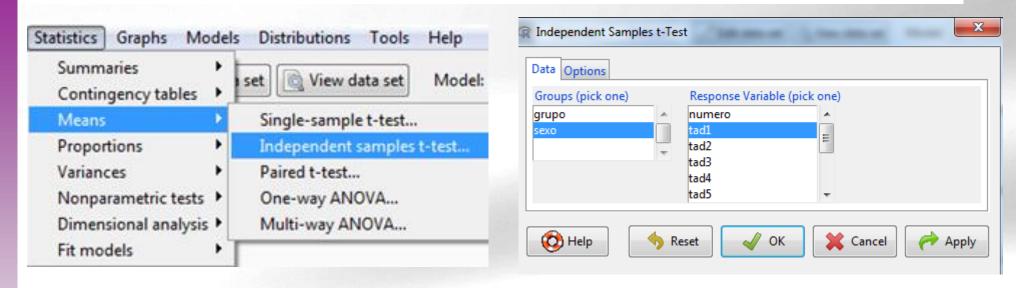


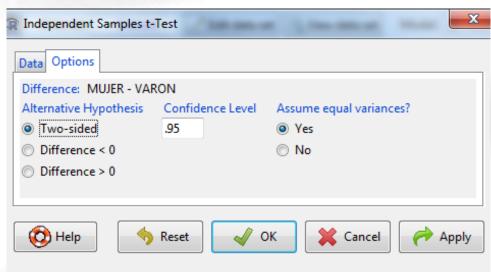


- •P value is over 0.05
- We can assume homogeneity of variances



T-test when variances are equal







T-test when variances are equal



```
> t.test(tad1~sexo, alternative='two.sided', conf.level=.95, var.equal=TRUE,
+ data=Dataset)

Two Sample t-test

data: tad1 by sexo
t = 0.3543, df = 58 p-value = 0.7244
alternative hypothesis: true difference in means is not equal to 0
95 percent confidence interval:
-4.453505 6.368899
sample estimates:
mean in group MUJER mean in group VARON
88.78378 87.82609
```

Differences are not statistically significant



T-test when variances are not equal (Welch)

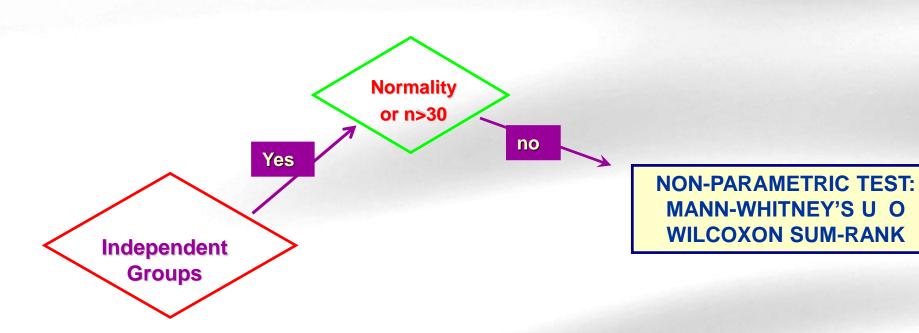


Differences are not statistically significant



Two groups, data non normal









Non parametric tests

- If data distribution is unknown or mean is not the best way to summarize data ...
 - Non parametric test are not based on the usual parameters from a distribution, such as μ or $\sigma^{2.}$
 - Instead they may be based ...
 - On order statistics, such as median or percentiles
 - They take into account the whole distribution.

Test based on ranks(Wilcoxon)

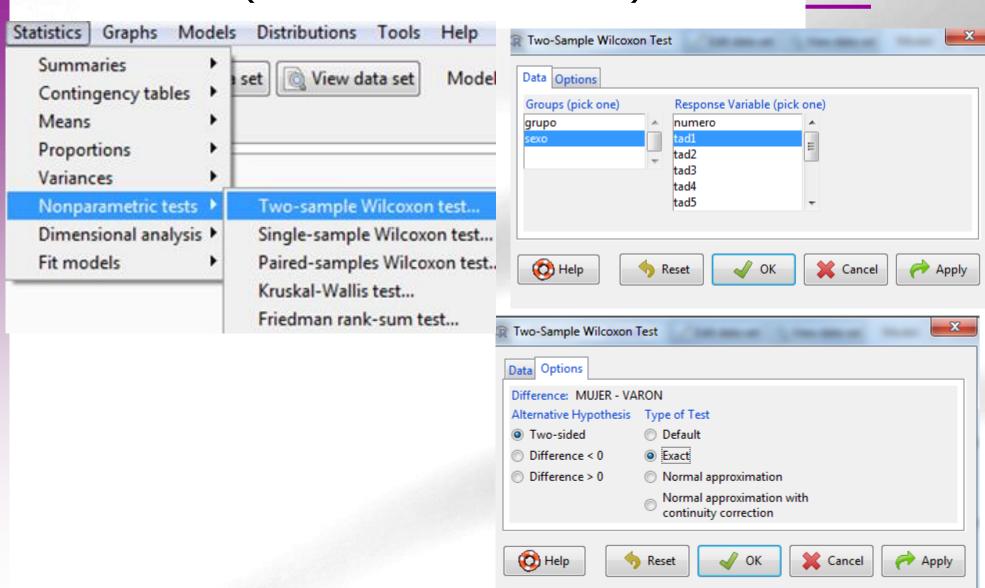


- Based on susbtituting original values by "ranks" in a joint sample
 - $-12, 5, 14, 16, 3 \rightarrow \text{ranks are: } 3, 2, 4, 5, 1$
- Ranks only depend on the position of each value in the ordered sample.
 - 120, 95, 121, 130, 3 have the same ranks as values in the first sample
- ③ In the ideal situation where parametric tests are valid they are considered to be preferable.



Mann Whitney's U (Wilcoxon Rank-sum)







Mann Whitney's U (Wilcoxon Rank-sum)



Differences are not significant



Questions to answer



- Are samples comparable at baseline time?
- Is blood pressure comparable between first and 12th measures?





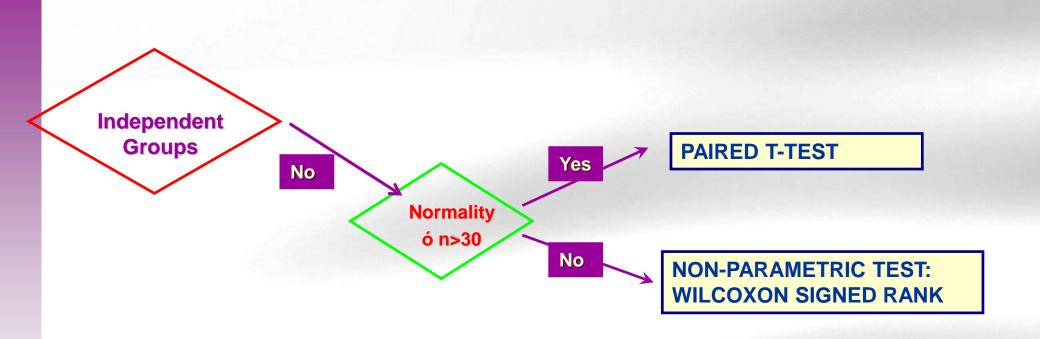
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Two dependent groups

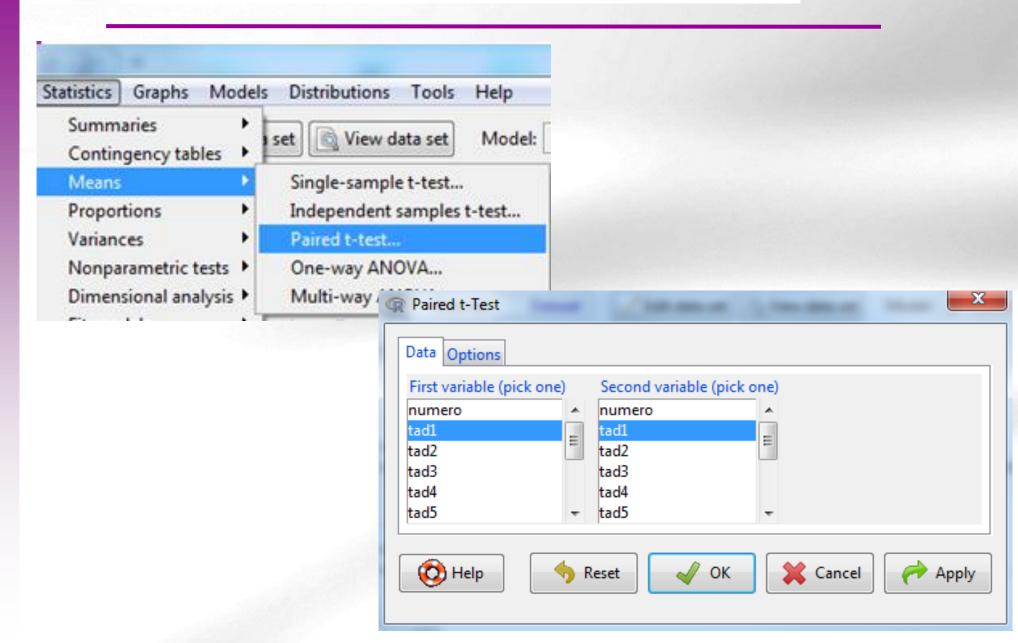








Paired t-test







Paired t-test

Differences are not significant







Statistics Graphs Model	s Distributions Tools Help		
Summaries Contingency tables Means Proportions Variances	set View data set Model: Z		
Nonparametric tests	Two-sample Wilcoxon test		
Dimensional analysis >	Single-sample Wilcoxon test		
Fit models >	Paired-samples Wilcoxon test		
, tapply(tadl, sext tadl ~ sexo, alter:	Kruskal-Wallis test Friedman rank-sum test		

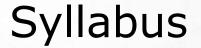
Paired Wilcoxon Test					X		
Data Options							
First variable (pick one)	Second variable (picl	k one)				
numero		tad10	A				
tad1		tad11					
tad2		tad12					
tad3		tas1	=				
tad4		tas2					
tad5	+	tas3	₩				
			·				
Help Reset OK Cancel Apply							



Wilcoxon signed-rank test







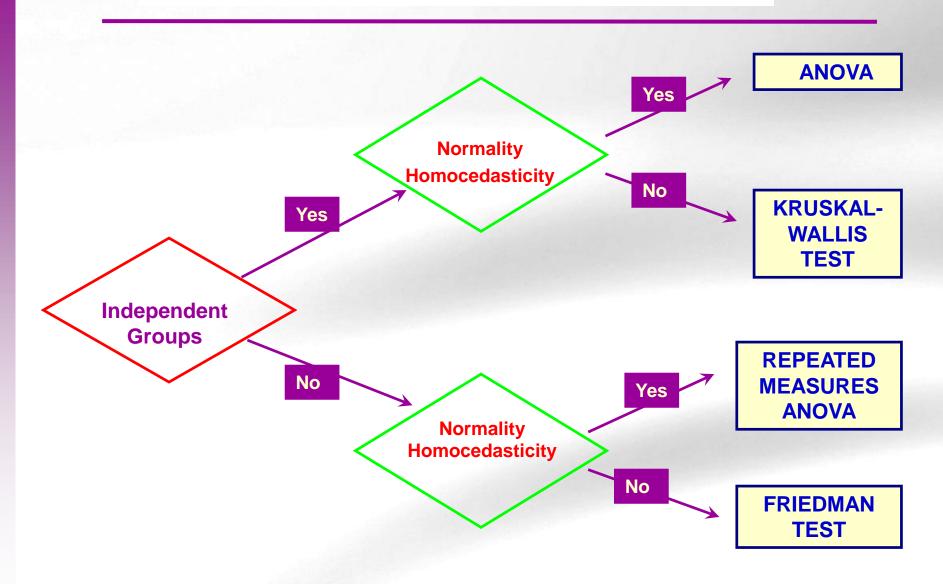


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Three or more groups







Analysis of the variance

Null Hypothesis

The means of all population are equal

$$H_0 \quad \mu_1 = \mu_2 = \dots = \mu_k$$

Alternative Hypothesis

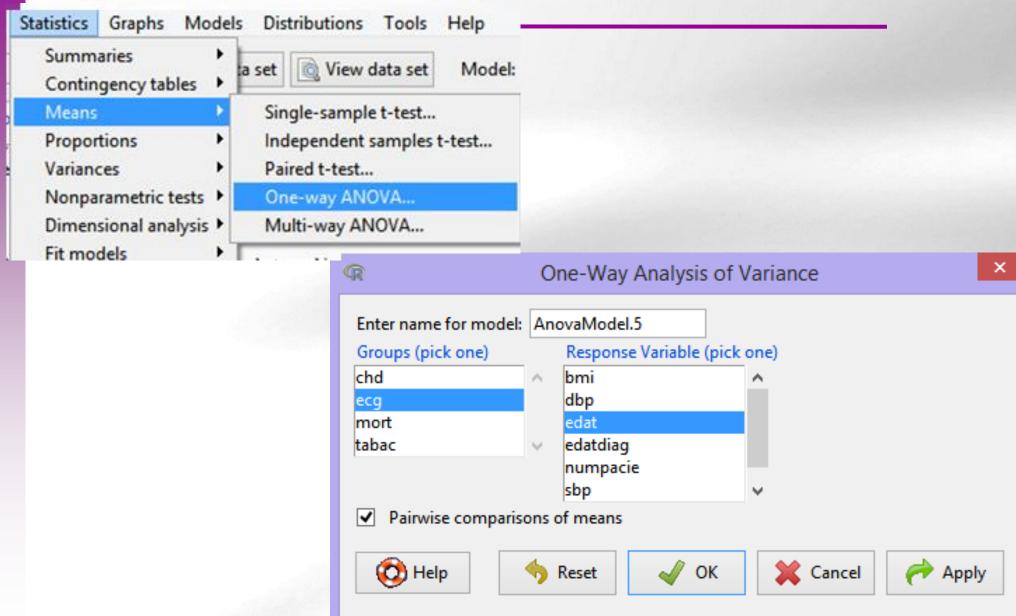
Not all the means are equal. At least there are two different means

$$H_a = \exists i, j \; \mu_i \neq \mu_j$$





Anova in R Commander







- > AnovaModel.4 <- aov(edat ~ ecg, data=diabetes)</pre>
- > summary(AnovaModel.4)

Df Sum Sq Mean Sq F value Pr(>F)

ecg 2 2166 1083.0 8.619 0.00029 ***

Residuals 146 18347 125.7

- - -

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

> with(diabetes, numSummary(edat, groups=ecg, statistics=c("mean", "sd")))

mean sd data:n

Normal 50.50450 11.492981 111

Frontera 53.81481 11.368097 27

Anormal 64.90909 6.759505 11





Simultaneous Tests for General Linear Hypotheses

Multiple Comparisons of Means: Tukey Contrasts

Fit: aov(formula = edat ~ ecg, data = diabetes)

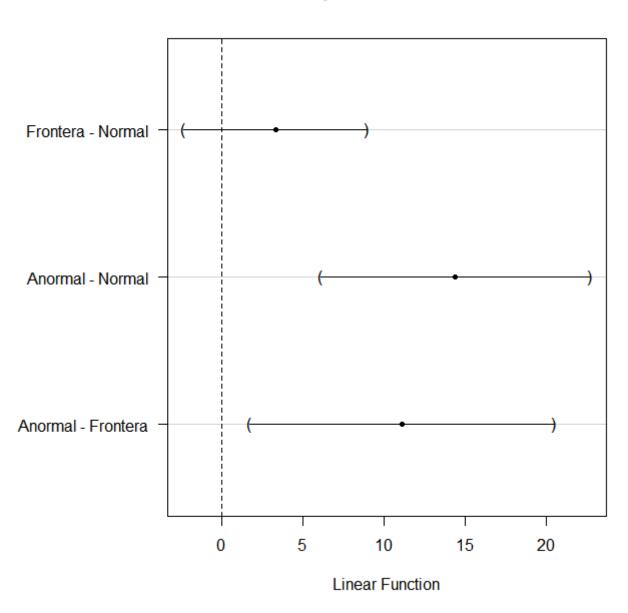
Linear Hypotheses:

```
Estimate Std. Error t value Pr(>|t|)
Frontera - Normal == 0 3.310 2.405 1.376 0.345713
Anormal - Normal == 0 14.405 3.543 4.065 0.000217 ***
Anormal - Frontera == 0 11.094 4.010 2.767 0.016472 *
---
Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
(Adjusted p values reported -- single-step method)
```





95% family-wise confidence level

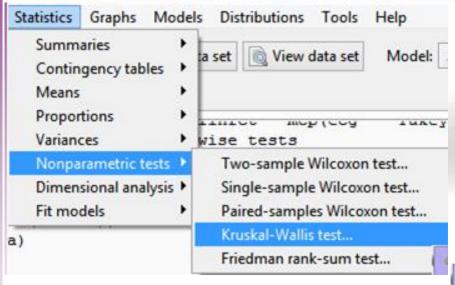






Kruskal-Wallis test

 Is the non-parametric versión of ANOVA based on ranks



© Kruskal-Wallis Rank Sum Test				
Groups (pick one) chd ecg mort tabac	^	Response Variable (pick bmi dbp edat edatdiag	c one)	
(C) Help	•	numpacie sbp Reset OK	Cancel Apply	





Kruskal-Wallis Test

```
> with(diabetes, tapply(edat, ecg, median, na.rm=TRUE))
```

```
Normal Frontera Anormal
49 53 64
```

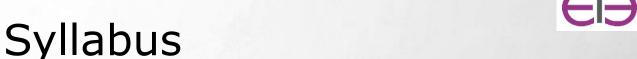
> kruskal.test(edat ~ ecg, data=diabetes)

Kruskal-Wallis rank sum test

data: edat by ecg

Kruskal-Wallis chi-squared = 17.4826, df = 2 p-value = 0.0001598







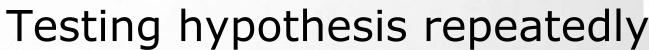
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Multiple Comparisons and multiple testing



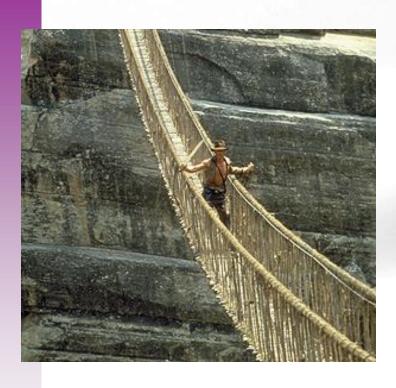




- Every time we do a test there is a chance to take the wrong decision by rejecting the null hypothesis while it is TRUE.
- If, instead, we do many tests simultaneously the probability that there is, by chance, at least one false positive increases and does not match the type I error probability anymore.
- This increase in the probability of type I error has to be compensated in some way → multiple testing adjustments







The previous situation can be better understood with the "bridge analogy".

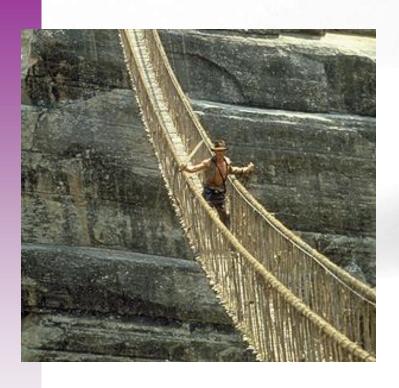
Imagine you are an adventurer that has the option of to cross a bridge in order to escape from danger, find a treasure...

and that there is a post in front of the bridge stating:

"This bridge has broken only one out of 100 times"







Imagine you are an adventurer that has the option of to cross a bridge in order to escape from danger, find a treasure...

and that there is a post in front of the bridge stating:

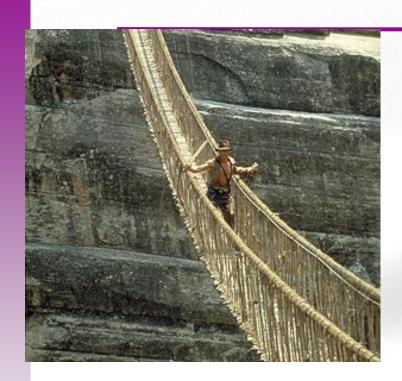
"This bridge has broken only one out of 100 times"

So, the p-value of our metaphor is 0.01

You could accept that 1% is a risk small enough to pass the bridge and pursue your goal. OK







But... what do you decide if, in order to reach your goal, you have to cross hundreds of bridges of that kind?

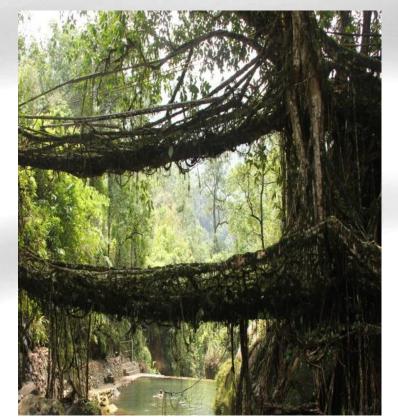






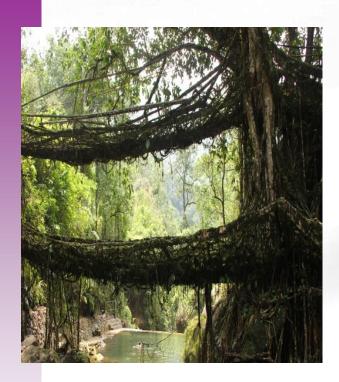
But... what do you decide if, in order to reach your goal, you have to cross hundreds of bridges of that kind?

•In this case, the probability of falling while crossing one of the bridges is obviously too high ('cause we have just one life).









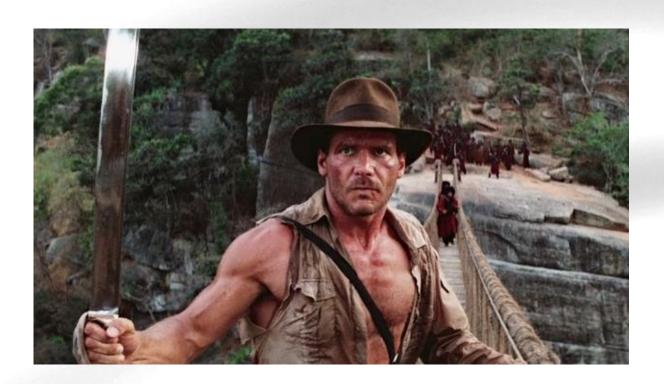
Therefore, in this case (multiple testing), the p-value by itself is not a good reference for accepting or not statistical significance.

We must apply some type of adjustment to the p-values (allowing us to be safe in crossing all the bridges).

Some p-value adjustments



- Bonferroni (α/k)
- Post-Hoc test ANOVA (Tukey, Scheffe, Dunn-test)
- False Discovery rate
- Benjamini-Hochberg correction







Multiple comparisons vs multiple testing

- There are two distinct situations where pvalue adjustment may be necessary:
 - Post-hoc tests in ANOVA:
 - This is usually called multiple comparisons and common methods of adjustment are Tukey, Fisher HSD.
 - Testing many variables in the same study
 - This is usually called multiple testing and common methods of adjustment are Bonferroni, Holm or Benjamini and Hochberg (False Discovery Rate).





Multiple testing

- When many variables are compared independently with the same test
 - Find differences between treated/untreated for a set of biomarkers such as cytokines.
 - Number of comparisons may be low ("dozens")
 - Find differentially expressed genes, i.e. genes whose expression may change between conditions.
 - Number of comparisons high ("hundreds" to "thousands")
- This is usually called multiple testing and common methods are Bonferroni, Holm or Benjamini and Hochberg (False Discovery Rate).





Post-hoc ANOVA tests

- If we wish to compare all means against all means he number of tests increases quickly (to compare all pairs of means if there are k groups (k*k-1)/2 tests are required).
- This is usually called multiple comparisons and common methods of adjustment are Tukey, Fisher HSD or Bonferroni.





Common misunderstandings about the p-value



Common misunderstandings about the p-value



- The p-value is **not** the probability that the null hypothesis is true, nor it is the probability that the alternative hypothesis is false (it is not connected to either of these).
- The p-value **cannot** be used to figure out the probability of a hypothesis being true.
- The p-value is **not** the probability of wrongly rejecting the null hypothesis.
- The p-value is **not** the probability that replicating the experiment would yield the same conclusion.
- The p-value does **not** indicate the size or importance of the observed effect. The two do vary together however: the larger the effect (effect size), the smaller sample size will be required to get a significant p-value.