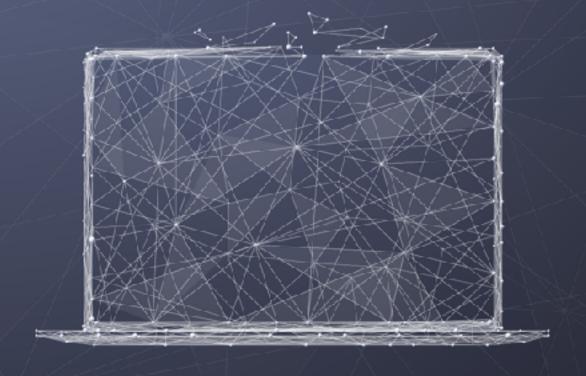
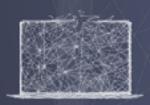
Data Science
Foundations of
Decision Making

Multiple hypothesis testing



PURDUE UNIVERSITY

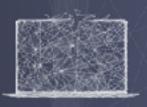
College of Science



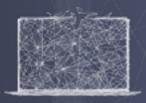
# Recall: hypothesis testing errors

	H₀ true	H₁ true
Accept H₀	Correct 1-α	Type II error β
Reject H₀	Type I error α	Correct 1-β

•  $\alpha$  = Type I error;  $\beta$  = Type II error



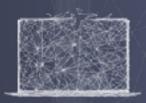




If we perform one hypothesis tests, what is the probability of a false positive?
 (i.e., reject the null when it is true)

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• P(Making an error) = \alpha (typically 0.05)
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• P(Not making an error) =  $1 - \alpha$  (1-0.05 = 0.95)



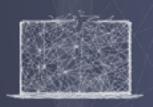
- If we perform one hypothesis tests, what is the probability of a false positive?
   (i.e., reject the null when it is true)
  - P(Making an error) =  $\alpha$  (typically 0.05)
  - P(Not making an error) =  $1 \alpha$  (1-0.05 = 0.95)
- In general, if we perform m hypothesis tests, what is the probability of at least one false positive?
  - P(Not making an error in m tests) =  $(1 \alpha)^m$

when 
$$m=2, 0.95^2=0.90$$

• P(Making at least one error in m tests) = 1 -  $(1 - \alpha)^m$ 

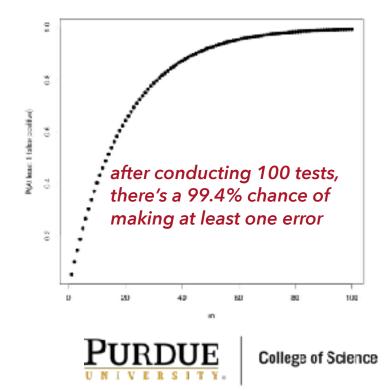
$$1-0.95^2=0.10$$

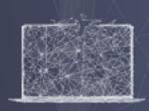




- If we perform one hypothesis tests, what is the probability of a false positive?
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- In general, if we perform m hypothesis tests, what is the probability of at least one false positive?
  - P(Not making an error in m tests) =  $(1 \alpha)^m$ when  $m=2, 0.95^2=0.90$
  - P(Making at least one error in m tests) = 1  $(1 \alpha)^m$ 1-0.952=0.10

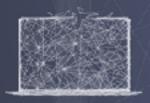
The # of test conducted increase , the chance to make error





### What happens when you test multiple hypotheses?

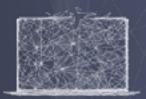




#### Things identified as cancer risks (Altman and Simon 1992)

- Electric razors
- Fluorescent lights
- Allergies
- Being a waiter
- Owning a pet bird
- Eating hot dogs
- Being short
- Being tall
- Having a refrigerator
- ...



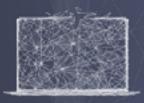


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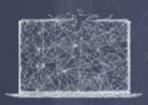


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# Multiple comparisons

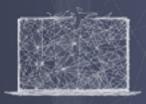
- Investigators often test dozens of hypotheses, and don't always decide on those hypotheses before they have looked at their data
- Hypothesis tests and p-values are much harder to interpret when multiple comparisons have been made



# Adjusting for multiple hypotheses

- When people say "adjusting p-values for the number of hypothesis tests performed" what they mean is controlling the Type I error rate α
- This is a very active area of statistics many different methods have been developed
- Simple corrections adjust the level of significance to ensure that experimentwide Type I error rates are controlled

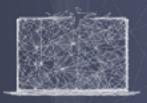




#### **Bonferonni** correction

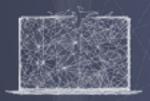
- Very simple method for ensuring that the overall Type I error rate of α is maintained when performing m independent hypothesis tests
- Approach: reject any hypothesis with p-value ≤ α/m
- For example, to ensure an experiment-wide Type I error rate of  $\alpha$ =0.05 when 10,000 hypothesis tests are performed, Bonferroni correction uses a p-value threshold of  $\alpha$ \* = 0.05/10000 = 5 x 10<sup>-6</sup> to declare significance





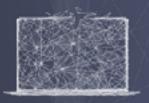
### Example

- A study published in the New England Journal of Medicine investigated whether vitamin intake affected the risk of breast cancer
- The study carried out hypothesis tests concerning:
  - vitamin C, vitamin E, and vitamin A
- And reported three separate p-values:
  - 0.67 for vitamin C, 0.07 for vitamin E, and 0.001 for vitamin A



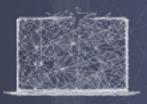
### Example

- Interpreting each p-value is straightforward, but what do they mean together?
- Suppose we set the type I error rate at  $\alpha$  = 0.05 for each test; what is the probability of committing at least one type I error?
- P (At least one error | All three  $H_0$  are true) = 1 0.953 = 14.3%



# Example

- Instead of testing each individual hypothesis at  $\alpha$  = 0.05, we use a Bonferroni corrected  $\alpha$ \* = 0.05/m
- For the vitamin study, m = 3 so  $\alpha^* = 0.017$
- Thus, the vitamin A finding is still significant even in light of the multiple comparisons that were made (recall that its p-value was 0.001)



#### **Bonferonni limitations**

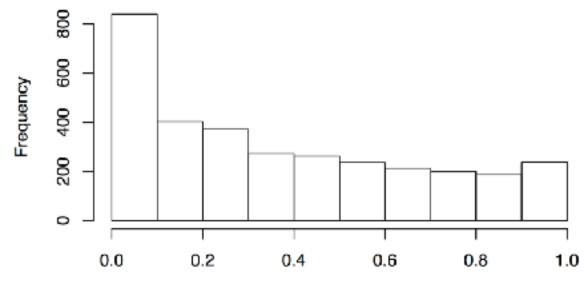
- The Bonferroni approach works well when the number of hypotheses is fairly small and making a single type I error is costly
- However, studies often test large numbers of hypotheses, expecting to find dozens of significant results, and if 3 or 4 type I errors were introduced, no great harm would be done
- Examples: AB testing, genome-wide studies



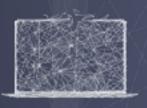


# Breast cancer gene study

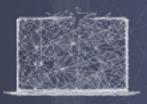
- For example, a landmark study by researchers at the National Institutes of Health tried to find genes associated with breast cancer
- They looked at 3,226 genes and found 207 genes with a pvalue less than  $\alpha = 0.01$





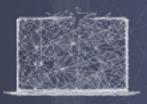




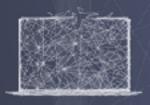


- If they had used the Bonferroni correction, they would have had to test each gene using a significance level of  $\alpha^* = 1.0 \times 10^{-5}$ 
  - This is quite strict, only four of pvalues are below this threshold





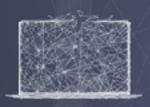
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- An alternative to the Bonferroni correction that is as strict is controlling the false discovery rate (FDR)



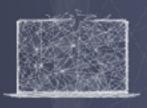
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  - This is quite strict, only four of pvalues are below this threshold
- An alternative to the Bonferroni correction that is as strict is controlling the false discovery rate (FDR)
- Instead of trying to control the overall probability of a type I error, the FDR controls the proportion of significant findings that are type I errors
  - If a cutoff of α for the individual hypothesis tests results in s significant findings among m tests, then the false discovery rate is:

$$FDR = \frac{m\alpha}{s}$$



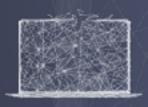






• In the breast cancer study, there were 207 p-values below  $\alpha = 0.01$  so

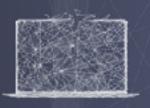
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 This means about 15.6% of our 207 significant findings are expected to be type I errors



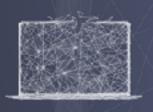
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$$FDR = \frac{3226 \cdot 0.0038}{122} = 0.10$$



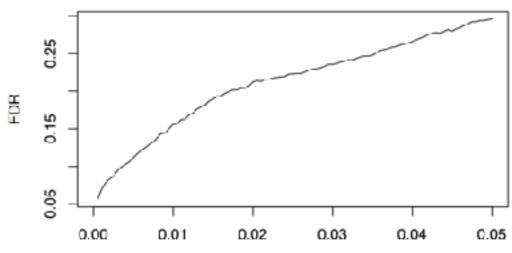


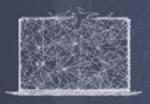
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- If we choose an FDR of 0.10, then we'd set the pvalue threshold to α\* = 0.0038 because there are 122 genes with p-vals less than 0.0038

$$FDR = \frac{3226 \cdot 0.0038}{122} = 0.10$$





### **Takeaways**

- When you're the investigator, you can account for multiple comparisons because you can keep track of all the comparisons/tests that are made
- Beware of other investigators that make many comparisons but only publish the few that were significant
  - Exploratory analyses can easily generate hundreds of p-values, many of which will be significant
- The FDA regulates this for clinical trials by requiring investigators to:
  - Plan all analyses before the data are collected
  - Complete and report all planned analyses

