

# EBM – Biostatistics Review

## Pitfalls on Board Exams

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## Agenda

- Pitfalls on Board Exams
  - Picking the wrong statistical test because you:
    - Failed to identify the number and types of groups
    - Failed to identify the endpoint in question correctly
  - Incorrect interpretation of Power
  - Incorrect interpretation of what a p-value is & is not
  - Incorrect interpretation of 95% Confidence Intervals
  - Incorrect interpretation of relative risk in the context of:
    - Relative Risk Reduction
    - Absolute Risk Reduction → NNT/NNH
- A special coupon code & feedback opportunity
- Live Q&A



Type of Data	Two Independent Samples	Related or Paired Samples	3 or more Independent Samples	3 or more Related Samples	Measures of Correlation
Nominal	1. Chi-square 2. Fisher's Exact	McNemar Test	Chi-square for k independent samples	Cochran Q	Contingency coefficient
Ordinal	1. Mann-Whitney U 2. Wilcoxon Rank Sum	1. Sign test 2. Wilcoxon Signed Rank	Kruskal-Wallis one way ANOVA	Friedman 2 way ANOVA	1. Spearman 2. Kendall rank 3. Kendall Coe
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# Introduction



## Pitfalls on Board Exams

- Picking the Wrong Statistical Test -

Get Oriented!



## Pitfalls on Board Exams

- Picking the Wrong Statistical Test -

Identify the Types of Groups Studied



# Type of Groups

Related Groups	Independent Groups
SAME patient in ALL arms	DIFFERENT patients in each arm
<ul style="list-style-type: none"> <li>• Cross-Over Studies</li> <li>• Retrospective Study of All Patients Start &amp; End of Study</li> <li>• Left eye vs right eye on the same patient</li> <li>• Warning:                             <ul style="list-style-type: none"> <li>• Patients Randomized to look almost the same</li> <li>• Identical Twins</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• RCT</li> <li>• Cohort Study</li> <li>• Case-Controlled Study</li> </ul>



# Pitfalls on Board Exams

- Picking the Wrong Statistical Test -
- Identify the Endpoint in the Study Question



# Pitfalls on Board Exams

- Correctly identify the endpoint being studied in the study's objective or study question being asked.
  - You must get oriented!
    - This is the killer foil step for most people.
  - How is the endpoint being treated (i.e., type of data)?
    - Nominal
    - Ordinal
    - Continuous



# Nominal Data

- Key descriptors:
  - Categorical
  - Dichotomous
  - Binomial distribution
  - No sense of "\_\_\_\_\_ " or "\_\_\_\_\_ "
  - Thus the magnitude of difference between the two does not apply
- Assessment of data:
  - The endpoint is treated at the end as:
    - "yes or no"
    - "either did or didn't ....."
    - There CANNOT be an average or a mean value

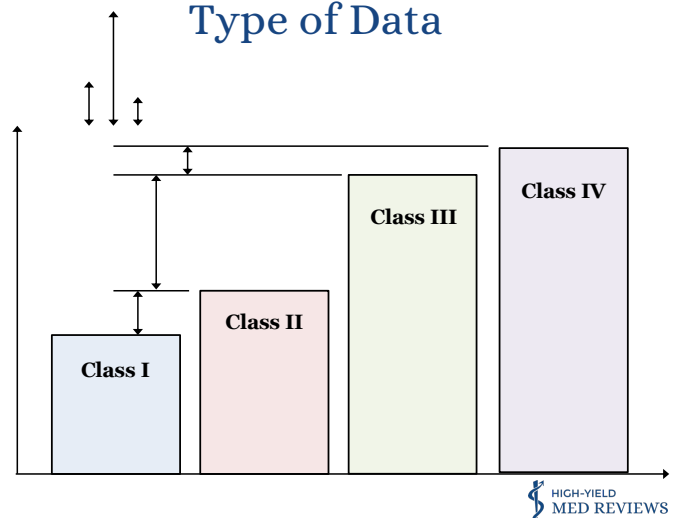


# Ordinal Data

- Key descriptors:
  - Data endpoints have a sense of "order" that also has a sense of "ranking" or "scale"
  - Nonparametric (not normally distributed data)
    - Could be continuous data with outliers
- Assessment of data:
  - The "magnitude of difference" between endpoints is \_\_\_\_\_ the same



# Type of Data



## Ordinal Data

- Examples of Ordinal Data:
  - Classification of HF (class I – IV)
  - Severity of pain:
    - Mild, Moderate, or Severe
  - Well’s Score for PE (0 – 12.5)
    - Low or PE unlikely (< 4 points)
    - Moderate (4-6 points)
    - High probability (> 6 points)
  - What about:
    - NIH Stroke “Scale”
    - Pain Scale: 0 - 10

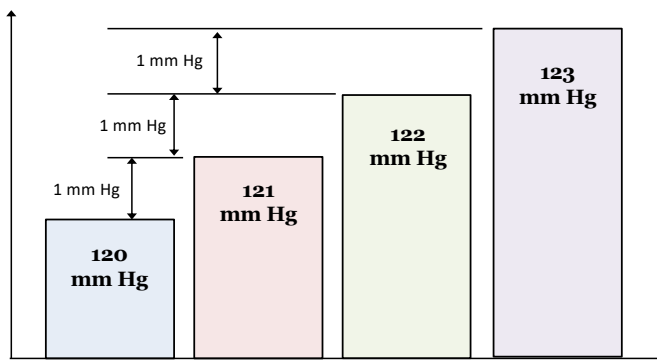


## Continuous Data

- Key descriptors:
  - Data endpoints have a sense of “order” that also has a sense of “ranking”
  - Parametrically distributed
    - Assumes no “\_\_\_\_\_”
- Assessment of data:
  - The “magnitude of difference” between endpoints is \_\_\_\_\_ the same



## Type of Data



## Continuous Data

- Examples of Continuous Data:
  - Temperature
  - Pulse (heart rate)
  - Blood pressure (without a cutoff or designated goal)
  - Labs (Sodium level)



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## Pitfalls on Board Exams

- Picking the Wrong Statistical Test -
- Identify the Best Test for Data Obtained



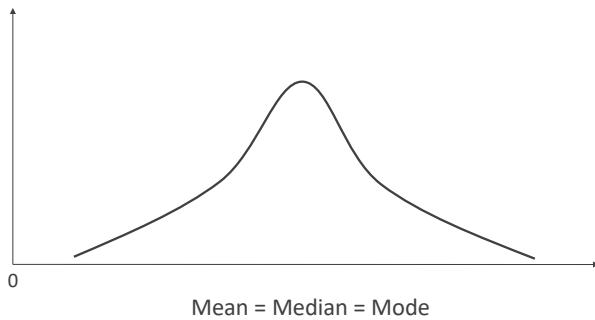
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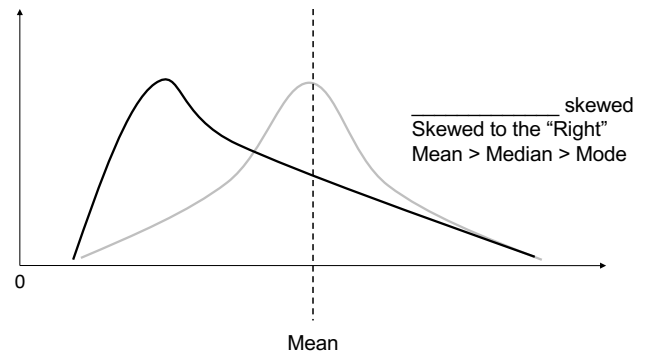
**Nonparametric**

**Parametric**

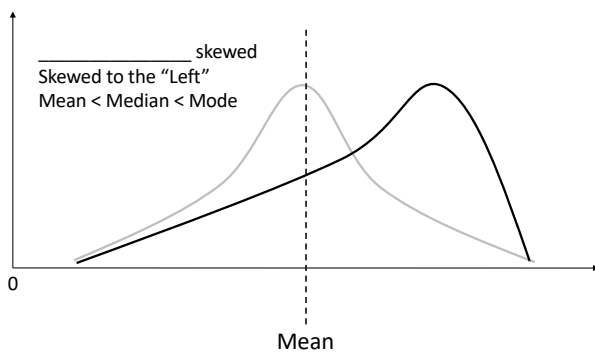
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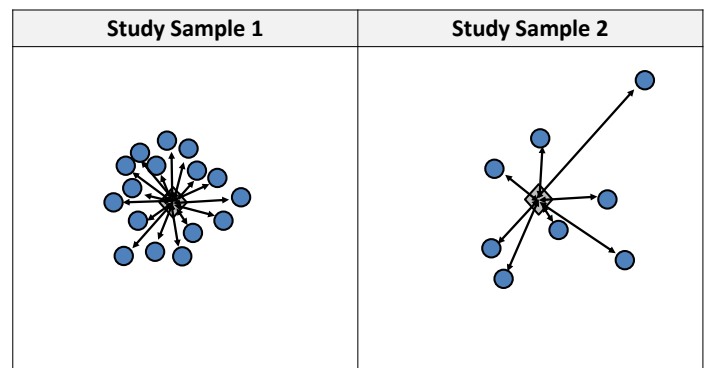
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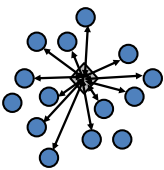
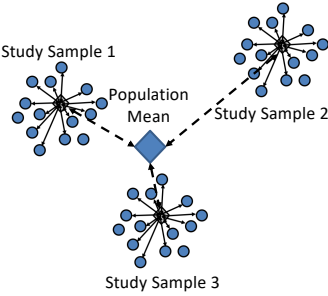
### Measures of Variability or Data Dispersion



### Measure of Variability



# Measure of Variability

Standard Deviation	Standard
 <p>Study Sample 1</p>	 <p>Study Sample 1 Population Mean Study Sample 2 Study Sample 3</p>
Measure of amount of variability within a sample from population	Measure of how close the population mean estimates to each sample mean

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# Chi-squared vs. Fisher's exact

Variable	Chi-square test	Fisher's exact test
Sample Size	Large	Small
Desired Accuracy	Approximate	"Exact"
Considerations	<ul style="list-style-type: none"> <li>Becomes more accurate with larger sample sizes</li> </ul>	<ul style="list-style-type: none"> <li>More exact regardless of number but harder to calculate by hand using computer.</li> <li>Note: is it really "exact"?</li> <li>Typically used when &gt; 20% of the cells have a frequency of &lt; 5 because an approximation at this level is inadequate.</li> </ul>



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**Nonparametric**

**Parametric**

# Pitfalls on Board Exams

- Incorrect Interpretation of Power -



# Hypothesis Testing – Power Analysis

- Power =  $1 - \beta$ 
  - Indicates the probability that a statistical test can detect a significant difference when in fact, it truly exists.
  - Since Beta ( $\beta$ ) indicates the probability of making a type \_\_\_\_\_, the power calculation tells you the probability that you will NOT make a \_\_\_\_\_.

Beta ( $\beta$ )	Z $\beta$	Sample Size (n)
0.01 or 1%	2.32	36
0.05 or 5%	1.64	26
0.1 or 10%	1.28	21
0.2 or 20%	0.85	16



## Pitfalls on Board Exams

- Incorrect Interpretation of P-values -



## P-Values

- Example Scenario:
  - Which of the following results has the greater clinical significance?
    - Study Endpoint 1  $\rightarrow p = 0.0003$
    - Study Endpoint 2  $\rightarrow p = 0.001$



## P-Values

- Interpretation:
  - Helps assess if the results are from chance or random error
  - HAS NOTHING TO DO WITH CLINICAL SIGNIFICANCE
  - Interpret the p-value:
    - $P = 0.003$ 
      - \_\_\_\_\_ chance the results are due to random error or are by chance alone
    - $P = 0.01$ 
      - \_\_\_\_\_ chance the results are due to random error or are by chance alone
    - A p-value  $< 0.05$  suggests the null hypothesis should be rejected or is “less true”



## Pitfalls on Board Exams

- Incorrect Interpretation of 95% CI -



## 95% Confidence Intervals

- Example Scenario:
  - Which of the following results reflects the true population result?
    - Study Endpoint 1  $\rightarrow RR 0.65 (0.45 - 0.76)$
    - Study Endpoint 2  $\rightarrow RR 0.78 (0.71 - 0.82)$
  - Which one is statistically significant
    - BOTH
  - Interpret endpoint 1
    - \_\_\_\_\_
    - \_\_\_\_\_ of the risk of the outcome was removed by being exposed to the intervention



# 95% Confidence Intervals

- Basics:
  - Get oriented!
  - If 95% CI is for HR, OR, RR, or Risk Ratio then:
    - If the 95% CI crosses through and includes \_\_\_\_\_ it CANNOT be statistically significant
  - If the 95% CI for a “mean or average” then:
    - If the 95% CI crosses through and includes \_\_\_\_\_ it CANNOT be statistically significant



# Pitfalls on Board Exams

- Incorrect Interpretation of Relative Risk -



## Relative Risk

- $RR = \frac{\text{incidence rate in exposed patients}}{\text{incidence rate in non-exposed patients}}$
- $RR = 1$  (incidence is the same for both groups)
- $RR = >1$  (incidence in exposed group is higher)
- $RR = <1$  (incidence in exposed group is less)



## Relative Risk

- Relative Risk Reduction (RRR)
  - Remember it is  $= 1 - RR$
- Absolute Risk Reduction (ARR)
  - It is the difference between the incidence of the exposed group and the unexposed group
  - Used to calculate NNT or NNH
    - $NNT = \frac{1}{ARR}$
    - It must then be put into the context of the clinical trial duration/method of treatment



## Main Results

Outcome	Dexamethasone	Placebo	RR (95% CI)	P-value
<b>Unfavorable Outcome</b>				
All patients	23/157	36/144	< 1	
<i>S. pneumoniae</i>	15/58	26/50	< 1	
<i>N. meningitidis</i>	4/5	5/47	< 1	
Other bacteria	2/12	1/17	> 1	
<b>Death</b>				
All patients	11/157	21/144	< 1	
<i>S. pneumoniae</i>	8/58	11/50	< 1	
<i>N. meningitidis</i>	2/50	1/47	> 1	
Other bacteria	1/12	1/17	> 1	



## Main Results

$$RR = \frac{\text{incidence rate in exposed patients}}{\text{incidence rate in non-exposed patients}}$$

1. Calculate the incidence in each group



## Main Results

Outcome	Dexamethasone	Placebo	RR (95% CI)	P-value
<b>Unfavorable Outcome</b>				
All patients	23/157	36/144		
<i>S. pneumoniae</i>	15/58 (0.26)	26/50 (0.52)		
<i>N. meningitidis</i>	4/5	5/47		
Other bacteria	2/12	1/17		
<b>Death</b>				
All patients	11/157	21/144		
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NEJM 2002;347(20):1549-56.



## Main Results

$$RR = \frac{\text{incidence rate in exposed patients}}{\text{incidence rate in non-exposed patients}}$$

1. Calculate the incidence in each group
2.  $RR = 0.26 / 0.52 = 0.5$



## Main Results

Outcome	Dexamethasone	Placebo	RR (95% CI)	P-value
<b>Unfavorable Outcome</b>				
All patients	23/157	36/144		
<i>S. pneumoniae</i>	15/58 (0.26)	26/50 (0.52)	0.50 (0.30 – 0.83)	
<i>N. meningitidis</i>	4/5	5/47		
Other bacteria	2/12	1/17		
<b>Death</b>				
All patients	11/157	21/144		
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## Main Results

Outcome	Dexamethasone	Placebo	RR (95% CI)	P-value
<b>Unfavorable Outcome</b>				
All patients	23/157	36/144	0.59 (0.37 – 0.94)	
<i>S. pneumoniae</i>	15/58 (0.26)	26/50 (0.52)	0.50 (0.30 – 0.83)	
<i>N. meningitidis</i>	4/5	5/47	0.75 (0.21 – 2.63)	
Other bacteria	2/12	1/17	2.83 (0.29 – 27.8)	
<b>Death</b>				
All patients	11/157	21/144	0.48 (0.24 – 0.96)	
<i>S. pneumoniae</i>	8/58	11/50	0.41 (0.19 – 0.86)	
<i>N. meningitidis</i>	2/50	1/47	1.88 (0.76 – 20.1)	
Other bacteria	1/12	1/17	1.42 (0.10 – 20.5)	

Which results are significant?

NEJM 2002;347(20):1549-56.



## NNT

$$RR = \frac{\text{incidence rate in exposed patients}}{\text{incidence rate in non-exposed patients}}$$

1. Calculate the incidence in each group
2.  $RR = 0.26 / 0.52 = 0.5$
3.  $ARR = 0.26 - 0.52 = 0.26$
4.  $NNT = 1/0.26$   
 $= 3.8 \text{ or } \sim 4$ 
  - You would have to treat about 4 patients with dexamethasone 10 mg IV x 6 hrs x 4 days with *S. pneumoniae* meningitis for 1 patient to have a favorable outcome.
  - Versus ..... 10 patients if considering “all patients”



## NNH Calculation

- Example:
  - The CURE Study showed the following for risk of major bleeding:
    - Group A (Treated with Aspirin) = 2.7%
    - Group B (Aspirin + clopidogrel) = 3.7%
  - $NNH = 1/\text{Attributable Risk (or Absolute Increase in Risk)}$ 
    - $\text{Attributable Risk} = 0.037 - 0.027 = 0.01$
    - $NNH = 1/0.01 = 100$
    - For every 100 patients treated with aspirin + clopidogrel, 1 patient would develop a major bleed





## Closing

- Avoiding common pitfalls on board exams:
  - Getting oriented on study design and question being asked/studied to pick the right statistical test
  - Using P-values in their proper context
  - Understanding what the Power of a study means
  - Getting oriented to data variable for the 95% CI
  - Keeping the relative risk numbers right



## Coupon

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Live Q&A



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