

# Applications in medical statistics - meta-analysis, nonparametric testing, and power calculations

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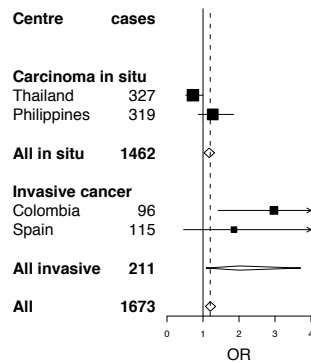
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Meta-analysis graphics



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I. Meta-analysis graphics

Malcolm Hudson<sup>a</sup>, Victor DeGruttola<sup>b</sup>, Carol Hargreaves and Val Gebski<sup>c</sup>

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Womens Health Initiative study of HRT

Early stopping by the SDMC raised questions

**Ethical issues** Weigh individual risk of trial participants vs. community benefit

**Statistical interpretation of findings** *Over-estimate* risk of the adverse treatment effect (breast cancer) that led to stopping the trial;

- Statistical estimation of odds ratios requires adjusting for multiple outcomes
- Stopping rule based on a mix of outcomes (1 primary, 7 adverse) implies limited information about each.
- *Should we adjust the OR of breast cancer down?*

**Specific effects** (inducing trial-specific bias) apply to randomized trials

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## This talk: Graphic synthesis

**Aim:** to review variation in published HRT trial results and the potential for combining risk estimates from RCTs with those of cohort and case-control studies

**Cross-design synthesis (CDS):** synthesis of evidence from multiple (trial) sources and designs (RCTs, observational)

identify sources of variation in reported outcomes

appropriate identification, adjustments for bias

statistical model and methods

evaluation in meta-analysis of 28+ HRT studies

**Issues** bias- variance compromise

selection criteria for study inclusion in meta-analysis

**Scope & Limitations** uses reported summary statistics not IPD;

known within trial measurement uncertainty

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## Sources of bias in observational studies

“Observational evidence is clearly better than opinion, but it is thoroughly unsatisfactory.”  
(Archibald Cochran)

Therapy is chosen to affect outcome.

**Treatment imbalances:** Confounding. *Why* did the patient get treatment?

**Time origin:** Time since study enrolment? Subject age?

**Temporal change**

In observational studies estimating HRT effect on breast cancer, necessary to allow for biases:

- earlier diagnosis, differential reporting of use,
- potential confounders: time since menopause, BMI, delay starting HRT after menopause, years of HRT
- lead to substantial underestimation of risk of breast cancer associated with the use of HRT<sup>a</sup>.

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<sup>a</sup>Collaborative Group on Hormonal Factors in Breast Cancer (HFBC) Lancet, 1997

## Reducing bias

**Exclusion strategy:** In a meta-analysis Peto<sup>a</sup> excluded trials: ... “treatment assignment was not by strict randomisation”

**Sources of bias in RCTs** Lack of treatment concealment

Outcome evaluation not double blind

*Study quality*

**In observational studies** Stratification and model adjustment for confounders

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<sup>a</sup>Stampfer, Goldhaber, Yusuf, Peto and Henneken (NEJM 307)

## Meta analysis models and weighting

Single true meta effect (fixed effect) versus Inhomogeneity (random effects).

RE model (DerSimonian and Laird<sup>a</sup>)

$$Y_j = \delta + u_j + e_j,$$

$e_j$ , measurement error in the estimated treatment effect in study  $j$ , is distributed  $N(0, V_{0j}^2)$ .

- $Y_j$  is the apparent effect,
- $\delta$  – average (meta) effect of treatment,
- $u_j$ , mean 0, variance  $\sigma_1^2$ , varies treatment effect due to specific study effects
- $V_{0j}$  – measurement variance in the estimate of effect in study  $j$ .

Weightings of trial estimates are inverse to their variance:  $V_{0j} + \sigma_1^2$

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<sup>a</sup>DerSimonian & Laird, 1986

## Cross-design RE models

**Stratified binary outcomes:** e.g. DerSimonian-Laird method with **log odds-ratio** estimates  $Y_j$ .

**Study classes:** e.g. randomised R, non-randomised NR. Postulate LME model:

$$\begin{aligned} E(Y_j|u) &= \mu + u_{j1} \sim N(0, \sigma_1^2), \quad \text{for } j \in R \\ E(Y_j|u) &= \mu + \delta + u_{j1} + u_{j2} \sim N(0, \sigma_1^2 + \sigma_2^2), \quad \text{for } j \in NR. \end{aligned}$$

Notes:

- Introduces an **extra source of variation** in NR studies
- If  $\delta = 0$ , **pooling class meta-estimates** is legitimate.
- Not covered by DerSimonian-Laird theory.

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## Meta-Analysis: HRT studies up to WHI 2002

1. Included:

- all studies included in the HFBC (1997) meta-analysis (RCTs 0);
- published papers since this date (n=4, RCTs 2). Total N=28 estimates.

2. Goal: meta-estimate and display

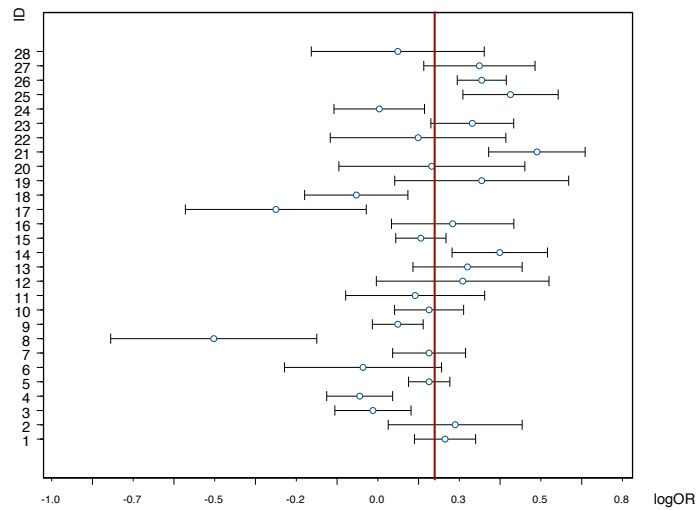
3. Outcome: HRT effect on invasive breast cancer incidence

Odds-ratio (adjusted) comparing HRT (ever) vs HRT never.

4. Trial types case-control (hospital controls; community based controls), prospective/ cohort, two recent randomized clinical trials.

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## EM Algorithm

```

{ # For two groups, R (n1 trials, type=1), NR (n2 trials, type != 1)
# [snip: skip E-step and outer iteration loop]
# M-step: update variance components d1 (sigma_1^2) and d2 (sigma_2^2)

V <- V0 + d1 * rep(1, n)
V[type!=1] <- V[type!=1] + d2 * rep(1, n2)
w <- 1/V

res <- (y-mu)
ss1 <- sum(w^2 * res^2)
d1 <- ( d1^2 * ss1 + d1 * (n - d1 * sum(w)) ) / n
d1var[itn] <- d1

ss2 <- sum(w[type!=1]^2 * res[type!=1]^2)
d2 <- ( d2^2 * ss2 + d2 * (n2 - d2 * sum(w[type!=1])) ) / n2
d2var[itn] <- d2

mu <- mu + sum(w * res) / sum(w0)
means[itn] <- mu
}

EM.Searle.100 <- EM3(y,V0, nitn=100, d1=0.0001,d2=0.0004, type=Study.Type)

```

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## Model estimates

log-Likelihood statistics; after 1000 EM iterations

Model	Parameter estimate	$-2l$	df
Homogeneous model no random effects	$\hat{\mu} = 0.186$ $\sigma_1^2 = 0$ $\sigma_2^2 = 0$	37.73	27
Heterogeneity but shared mean non-randomised studies only,	$\hat{\mu} = 0.188$ $\sigma_1^2 = 0$ $\hat{\sigma}_2^2 = 0.00684$	27.407	26
Heterogeneity but shared mean in both RCTs and NRCTs, shared mean	$\hat{\mu} = 0.188$ $\hat{\sigma}_1^2 = 0.00011$ $\hat{\sigma}_2^2 = 0.00672$	27.405	25

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## Findings

1. Odds ratios of risk of invasive breast cancer were **generally consistent** over the 28 studies, **once stratified** by age, parity, age at first child, years since menopause and BMI.
2. **Exceptions** can either be seen as ‘outlier’ trials, or as providing support for extra variation (or over-dispersion) in OR estimates among non-randomized studies (of any design class).
3. Outlier trials were indicated by a discrepancy between the naive variance  $(1/a + 1/b + 1/c + 1/d)$  and the correct pooled variance after stratification.
4. In either case, there is **extra variation** but no statistical evidence of consistent bias when studies are classified by their design class.
5. The data is generally consistent with an average log OR comparing (HRT ever use) with (HRT never use) between 0.16 and 0.22 with 95% confidence.

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## R-notes

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### Meta-analysis in R: references

1. Paul Murrell, R Graphics, 2005, Chapman & Hall
2. Brian Everitt & Torsten Hothorn, A handbook of statistical analyses using R. 2006, Boca Raton: Chapman & Hall/CRC
3. Maindonald and Braun, Data Analysis and Graphics Using R, Second Edition, Cambridge
4. [http://cran.rproject.org/doc/vignettes/HSAUR/Ch\\_meta\\_analysis.pdf](http://cran.rproject.org/doc/vignettes/HSAUR/Ch_meta_analysis.pdf)
5. MiMa function, <http://www.wvbauer.com/downloads.html>  
to fit Meta-Analytic Mixed-, Random-, and Fixed-Effects Models.

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## Early days: S-Plus 6 on PC

Error Bar Plot via S-Plus Object Oriented Graphics (non R-compatible)

```
Data <- HRT5[, c("Y", "ID", "SE.Y")]
Data[,3] <- 1.96*Data[,3]

guiPlot( PlotType = "Horiz_Error_Bar",
         GraphSheet="ErrorBarPlot",
         DataSetValues = Data) #HRT5[, c("Y", "ID", "SE.Y")]

guiCreate("ReferenceLine", Name = "ErrorBarPlot$1$1",
         LineColor = "Black", LineStyle="ShortDash",
         Orientation = "Vertical", Position = 0)
```

:

```
guiModify("Graph2D", Name = "ErrorBarPlot$1",
         PanelType = "Condition",
         ConditionColumns = "TT",
         ConditionType = "Discrete")
```

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## Variance component estimation

Single population, home grown code, snippet

```
"EM1" = function(y, V0, maxitn = 1, mu = sum(y/V0)/sum(1/V0), d1 = 0.2, cc1 = 0.0001,
               cc2 = 0.001)
{
  # Searle's algorithm (8.15)
  # d1 variance component
  # input logOR (unscaled) for specified subgp as y
  # V0 measurement variances
  # Searle's cgence criterion
```

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## Current environment

Mandriva Linux 2007.1

R ver 2.6

KDE 3.5.6

RKward 0.4.6 R GUI interface (fantastic)

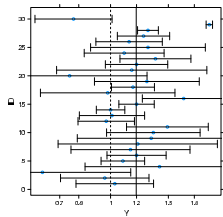
kile LaTeX editor

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## Lattice Display



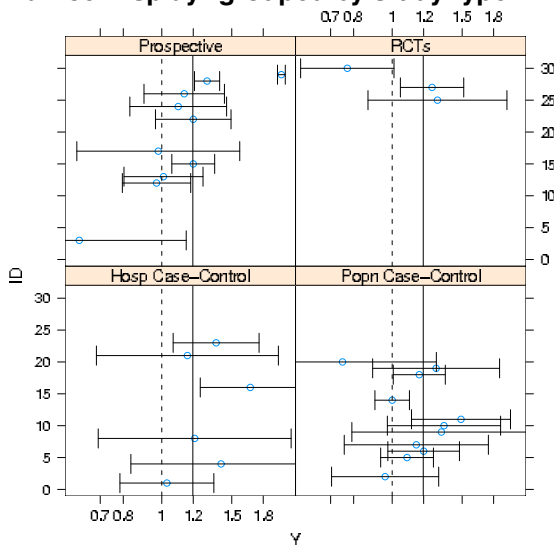
```
library(lattice)
yscale <- round(exp(c(-0.4, -0.2, 0, 0.2, 0.4, 0.6)), 1) # 1 decimal place

# basic plot, no grouping
xyplot(ID~Y, data=hrt5s, sd=hrt5s$SE.Y,
  panel=function(x, y, subscripts, sd, ...) {
    panel.xyplot(x, y, ...)
    larrow(x-sd[subscripts], y,
      x+sd[subscripts], y,
      angle=90, code=3, len=0.1, #lwd=1/sd[subscripts])/4,
      ...)
    panel.abline(v=0, lty=2)
    panel.abline(v=0.18)
  },
  scales=list(x=list(at=log(yscale), labels=yscale))
)
```

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## Lattice Display: grouped by study type



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## Meta Plot via Lattice Graphic

```
xyplot(ID~Y|TT, data=hrt5s, sd=hrt5s$SE.Y,  
panel=function(x,y,subscripts,sd,...){  
  panel.xyplot(x,y,...)  
  larrrows(x-sd[subscripts],y,  
    x+sd[subscripts],y,  
    angle=90,code=3,len=0.1,#lwd=1/sd[subscripts])/4,  
  ...)  
  panel.abline(v=0,lty=2)  
  panel.abline(v=0.18)  
},  
scales=list(x=list(at=log(yscale),labels=yscale))  
)
```

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## R packages: meta and rmeta

metabin(meta)	Meta-analysis of binary outcome data
metacont(meta)	Meta-analysis of continuous outcome data
metacum(meta)	Cumulative meta-analysis
metagen(meta)	Generic inverse variance meta-analysis
metainf(meta)	Influence analysis in meta-analysis
trimfill(meta)	Trim and fill method for meta-analysis
plot(meta)	meta-analysis plots

Type 'help(FOO, package = PKG)' to inspect entry 'FOO(PKG) TITLE'

### rmeta:

der Simonian and Laird RE, produces some nice graphs

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## Power comparisons

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### II. Power comparisons

Context: parametric and rank tests: grouped outcomes with zero-spike.

Survival trade-off outcomes:

- In cancer studies, preferences between treatments may depend on trading off discomfort and inconvenience for enhanced survival
- Two forms of outcome measure:
  - time trade-off (TTO): offer extra survival time
  - probability trade-off (PTO): offer higher probability of survival
  - minimum outcome necessary to make treatment worthwhile

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## Statistical analysis of survival trade-offs

### STOs

- $T$ : survival gain required for treatment to be worthwhile
- 50-70% of women judged a 1% improvement in 5 year survival rates or a 3 month improvement in life expectancy to make either 6 cycles of CMF or 4 cycles of AC worthwhile. <sup>a</sup>
- Analysis perspectives
  - underlying/latent continuous outcome?
  - ordinal discrete (esp. survival categories, e.g. 'low-realistic')?
  - mixture distribution?
    - both non-traders ( $T = 0$ , discrete) and continuous ( $T > 0$ ) outcomes

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<sup>a</sup>Duric et al, Annals of Onc, 2005

## Continuous TTO inference

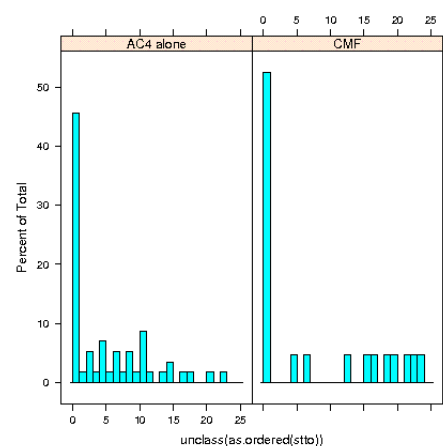
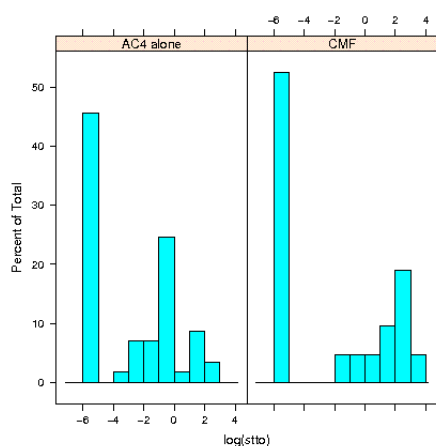
- $T$  - time required for ACT to be worthwhile
  - t- test, 'log'-transformation (ad hoc)?
  - rank tests?
    - Wilcoxon-Mann-Whitney
    - Normal scores (common choice, underlying lognormal)?
    - rank tests are invariant to (monotone) transformation
  - discrete distributions (binning)?
    - observed outcomes are discrete (1 day, 1 month, 3 mths, ...)
    - pre-assign 'scores'
      - t-test, score STO levels using log
      - rank tests scores are the o.s. under a distribution

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## Comparisons by scores vs. ranks

### AC4 vs CMF

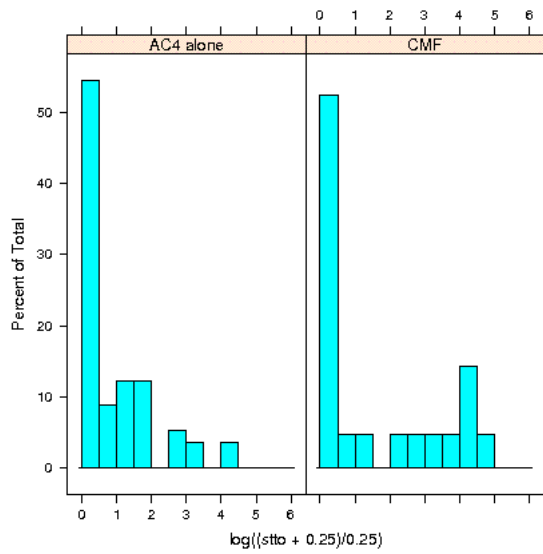


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## Comparison by scores

AC4 vs CMF

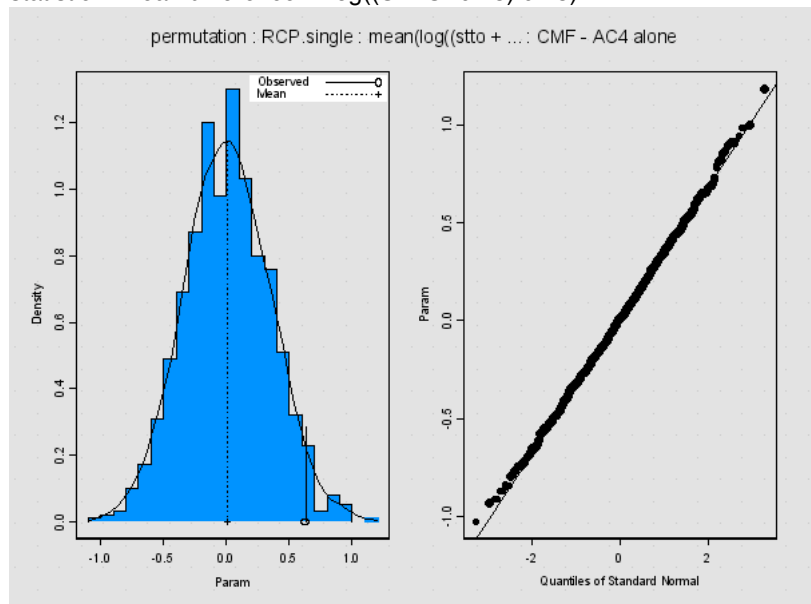


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## Effect of ties on P-values

statistic = mean difference in  $\log((STTO+0.25)/0.25)$



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## 'log' analysis

P=0.07

\*\*\* Permutation Test Results \*\*\*

Number of Replications: 999

Summary Statistics:

	Observed	Mean	SE	alternative	p.value
Param	0.6302	0.006444	0.3365	two.sided	0.07

Percentiles:

	2.5%	5%	95%	97.5%
Param	-0.6539397	-0.5460052	0.5544847	0.6529697

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## Further analysis

- Consistency: logrank (CoxPH) with other tests
- Kruskal-Wallis, Normal scores, ordinal regression
- Logrank test P-values
- Effect of ties in Cox PH models?
- Ad hoc analysis by jittering to break ties
- Ad hoc analysis by t-test of  $\log(1+TTO/0.25)$

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## Simulation study goals

- Validity of P-values reported in discrete TTO data
  - based on asymptotic normality (finite sampling theory)
  - permutation distribution P-values are gold standard
- Power comparisons
  - location-shift alternatives to **latent** log-normal TTOs
  - alternative: multiplicative factor changes **latent** TTO
  - grouped in fixed intervals to form the discrete distributions
- Tests considered
  - log- scores (permutation t-test)
  - Wilcoxon (rank) test
  - Normal scores (rank) test
  - Exponential scores (Savage rank) test

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### Simulated data: NULL effect

Null effect: type 1 error rates

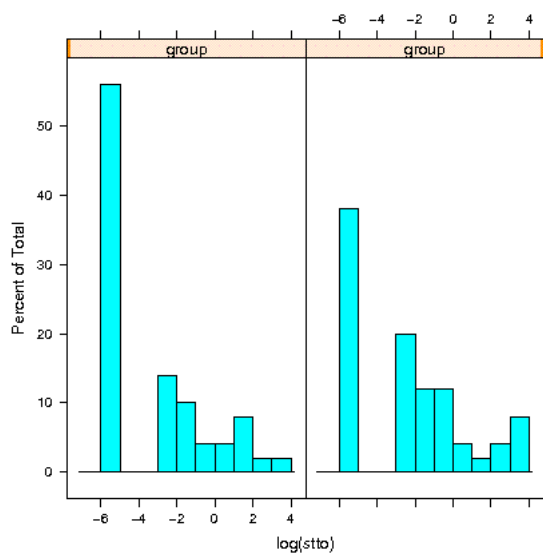
Equal sample sizes	Effect: NULL			
N=100	Rejection rate			
Test	%	%	%	%
<b>alpha</b>	<b>0.1</b>	<b>1</b>	<b>5</b>	<b>10</b>
<b>Wilcoxon RS</b>	%	%	%	%
<b>Normal scores</b>	0.06	0.92	5.0	9.9
(unconditional)	0.07	0.90	5.0	9.9
<b>Logrank (exponential scores)</b>	0.10	0.98	5.0	9.8
<b>t-test (permutation)</b>	0.08	1.00	4.7	9.5
(unconditional)	0.02	0.69	4.7	9.8
	0.02	0.70	4.6	9.7

Table 1: Rejection rates

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### Location shift (log) alternative



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**Effect: location shift**

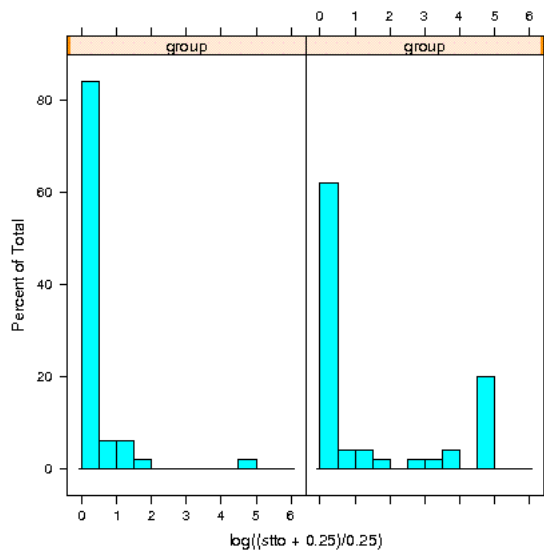
Equal sample sizes	Effect: SHIFT	0.5 SD		
N=100	Rejection rate*			
Test	%	%	%	%
<b>alpha</b>	<b>0.1</b>	<b>1</b>	<b>5</b>	<b>10</b>
<b>Wilcoxon RS</b>	14	36	62	73
<b>Normal scores</b>	14	37	63	74
(unconditional)	15	38	63	74
<b>Logrank (exponential scores)</b>	13	32	57	68
<b>t-test (permutation)</b>	6	25	50	63
(unconditional)	7	25	50	63
*N=10000 replicated data sets				

Table 2: Power: SHIFT alternative

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**Polarisation**



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**Effect: polarisation**

Equal sample sizes	Effect: POLARISE 2.0*SD			
N=100	Rejection rate*			
Test	%	%	%	%
<b>alpha</b>	<b>0.1</b>	<b>1</b>	<b>5</b>	<b>10</b>
<b>Wilcoxon RS</b>	%	%	%	%
<b>Normal scores</b>	0.6	5	15	24
(unconditional)	1.2	8	22	32
<b>Logrank (exponential scores)</b>	2	8	22	32
<b>t-test</b> (permutation)	5	21	43	57
(unconditional)	6	25	50	63
	10	36	63	75
*N=10000 replicated data sets				

Table 3: Power: POLAR alternative

**Conclusion**

- Nominal type 1 error rates (finite sample asymptotics) are reliable for STO data
- Standard method, normal scores tests, Wilcoxon share good performance under translation shift alternatives
- Very poor power in heterogeneous groups, relative to permutation t-test and logrank test
- mixture model analysis
- log rank tests for TTO and STO data!
- agrees with ad hoc analysis:  $\log(1 + T/0.25)$ .

**R-notes**

**coin: Conditional Inference**

Exact and asymptotic permutation distribution probabilities:

	oneway_test	two- and K-sample permutation test
	wilcox_test	Wilcoxon-Mann-Whitney rank sum test
	normal_test	van der Waerden normal quantile test
	ansari_test	Ansari-Bradley test
	fligner_test	Fligner-Killeen test
T. Horthorn <b>R News</b> , Vol 1/1, January 2001, p11	chisq_test	Pearsons $\chi^2$ test
	cmh_test	Cochran-Mantel-Haenszel test
	lbl_test	linear-by-linear association test
	surv_test	two- and K-sample logrank test
	spearman_test	Spearman's test
	wilcoxsign_test	Wilcoxon-Signed-Rank test



## Related R bootstrap packages

**boot**: This package incorporates quite a wide variety of bootstrapping tricks.

**bootstrap**: A package of relatively simple functions for bootstrapping and related techniques.

**coin**: A package for permutation tests (discussed above).

**MCTest**: This package is for Monte Carlo hypothesis tests, that is, tests using some form of resampling. This includes code for sampling rules where the number of samples taken depend on how certain the result is.

**permtest**: A package containing a function for permutation tests of microarray data.

**resper**: A package for doing restricted permutations.

**scaleboot**: This package produces approximately unbiased hypothesis tests via bootstrapping.

**simpleboot**: A package of a few functions that perform (or present) bootstraps in simple situations, such as one and two samples, and linear regression.

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## Power Calculation code snippets

```
Nscores.2 <- normal.scores(stto.2)
nscores.out2 <- t.test(Nscores.2[group==0], Nscores.2[group==1])
nscores.out2$P.value
test.NS.2 <- sum(Nscores.2[group==1])
?replicate
sum(replicate(10000, sum(Nscores.2[sample(n, n1)])) >= test.NS.2) / 10000
sum(replicate(10000, sum(Nscores.2[sample(n, n1)])) <= test.NS.2) / 10000
Nscores.2.rep <- apply(stto.2.rep, 2, normal.scores)
nscoresP <- t.test(normal.scores(stto.2)[1:50], normal.scores(stto.2)[51:100])$P.value
nscores.P.2 <- apply(Nscores.2.rep, 2, function(x){t.test(x[1:50], x[51:100])$P.value})
summary(nscores.P.2)
qqplot(nscores.P.2, unif.os)
for(alpha in c(0.001, 0.01, 0.05, 0.10)){
  print(sum(nscores.P.2 <= alpha) / 10000)
}
## more precise P
```

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## Power Calculation code snippets

```
norm.approx <- function(obs, scores, n1, N)
{ # approx permutation P-value from sampling without replacement mean, var
  # many scores are tied, but jittering leaves unchanged mu, V and sum of second group
  # test conditional on values observed, no continuity correction
mu <- n1 * mean(scores)
s2 <- var(scores)
f <- n1 / N
V <- n1 * s2 * (1 - f)
z <- (obs - mu) / sqrt(V)
P1 <- pnorm(z)
P2 <- 1 - P1
P <- ifelse(P1 <= 0.5, 2 * P1, 2 * P2)
list(z, P, P1, P2)
}
```

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## Power Calculation code snippets

```
ncores.P.2b <- apply(Nscores.2.rep, 2, function(x){
  norm.approx(sum(x[51:100]), x, 50, 100)[[2]]
})
summary(ncores.P.2b)
qqplot(ncores.P.2b, unif.os)
for(alpha in c(0.001, 0.01, 0.05, 0.10)){
  print(sum(ncores.P.2b <= alpha)/10000)
}
## Exponential scores rank test
```

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## Appendix

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### Women's Health Initiative Study of HRT

#### Key features

- Second large RCT<sup>a</sup> on Estrogen/progestin vs. placebo
- First of a pair of RCTs conducted by WHI with different HRT treatments
- Primary outcome CHD, primary adverse outcome **invasive breast cancer**
- Healthy post-menopausal women aged 50-79 yrs
- Population sample (direct mailing campaign)
- Multiple outcomes – CHD, colorectal cancer, hip fractures, ...
- Global index of monitored outcomes: balancing risks and benefits

#### Controversial

- Settled advice to women
- Trial was stopped early (5 yrs vs 8.5 yrs) by the SDMC
- Stopping rule based on mix of outcome boundaries (1 positive, 8 adverse)
- **Adverse boundaries were for breast cancer and 7 other outcomes**  
the latter employed 1-sided  $\alpha = 0.05/7$  boundaries
- Compliance: **treatment non-compliance** 25%-30% at 5 yrs

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<sup>a</sup>WHI Investigators, JAMA 2002

LETTER

**Large-Database Research**

**Complement to Randomized Trials?**

► Jose A. Sacristan, MD; Javier Soto, MD, PhD; and Ines Galende, MD

15 May 1998 | Volume 128 Issue 10 | Page 875

To the Editor: We are disappointed by the emphasis that the articles on database research in the supplement published on 15 October 1997 place on sophisticated new mathematical models to control for confounding factors and by the classic commonplace that clinical database studies are "attractive alternatives to randomized trials" [1]. Using large databases to compare therapies remains controversial [2]. By design, databases record observations made in clinical practice. Because treatment decisions are not randomly allocated, any observed therapeutic effect may be due to unrecognized factors affecting the treatment allocation rather than the treatment itself.

It is surprising that a supplement focused on the future of databases did not mention new research methods, such as cross-design synthesis [3], directed toward the generation of results with an acceptable balance between internal and external validity. Specifically, cross-design synthesis proposes the assessment, adjustment, and combination of treatment effects obtained with randomized studies and database analyses.

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**Random effects/ Variance Component Model**

Searle's random effects model:  $Y = X\mu + \sum_{i=1}^2 Z_i u_i + e$ ,  
 where  $u_1 = (u_{11}, \dots, u_{1N})^T$  and  $u_2 = (u_{2N_1+1}, \dots, u_{2N})^T$ ,  $X$  is an arbitrary design matrix for fixed effects,  
 $Z_1$  is an  $N \times N$  identity matrix and  $Z_2 = \begin{bmatrix} 0^T & I \end{bmatrix}^T$  is  $N \times N_2$ , with  $N = N_1 + N_2$ .

The log-likelihood  $l$  is conveniently expressed as

$$-2l = \sum_j \log(V_j) + \sum_j \frac{(y_j - \mu)^2}{V_j}$$

where  $V_j$  represents the variance of the treatment summary outcome in trial  $j$  according to the model. For example, in the model with **two strata**:

$$\begin{aligned} V_j &= V_{j0} + \sigma_1^2 && \text{for } j = 1, \dots, N_1 \\ &= V_{j0} + \sigma_1^2 + \sigma_2^2 && \text{for } j = (N_1 + 1), \dots, N \end{aligned} \tag{1}$$

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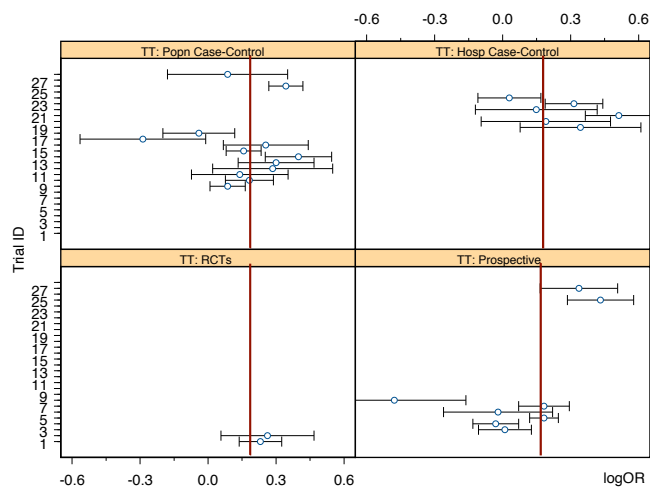
**Inference**

Nested models may readily be compared by difference in log-likelihoods, once variance parameters are estimated. Differences in twice log-likelihood  $-2\Delta l$  should be compared with *half* the tabled value for chi-square with degrees of freedom the number of extra variance parameters <sup>a</sup>.

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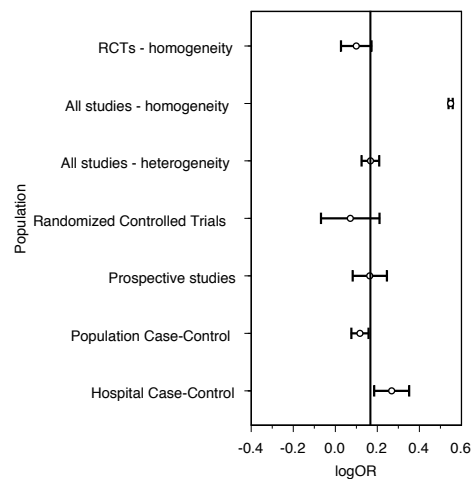
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<sup>a</sup>Stram, Biometrics, 1994



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## References

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- Buning et al. Power of generalised Wilcoxon test, Communications in Statistics
- Tanizaki Power comparisons of non-parametric tests: small-sample properties from Monte-Carlo experiments, 1997
- Varice, Weil, Exact non-null distributions of rank statistics, Communications in Statistics, 2001

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## Power Calculation code snippets

```
simul2 <- data.frame(stto=stto.2,group)

## R graphics
library(lattice)
histogram(~log(stto)|group,data=simul2,breaks=(-7:4))
dev.set(2)
dev2bitmap("simul2plot1.png",type="png256",res=72.00000000)
histogram(~log((stto+0.25)/0.25)|group,data=simul2,breaks=(seq(0,6,by=0.5)))
```

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