

Common Statistical errors in clinical study

의학학술지에서 흔히 보는 통계오류

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in clinical study*

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Errors in Descriptive Statistics

➤ **Not providing the level of measurement of each variable**

- The levels of measurement of variables are important because they determine the type of statistical test.



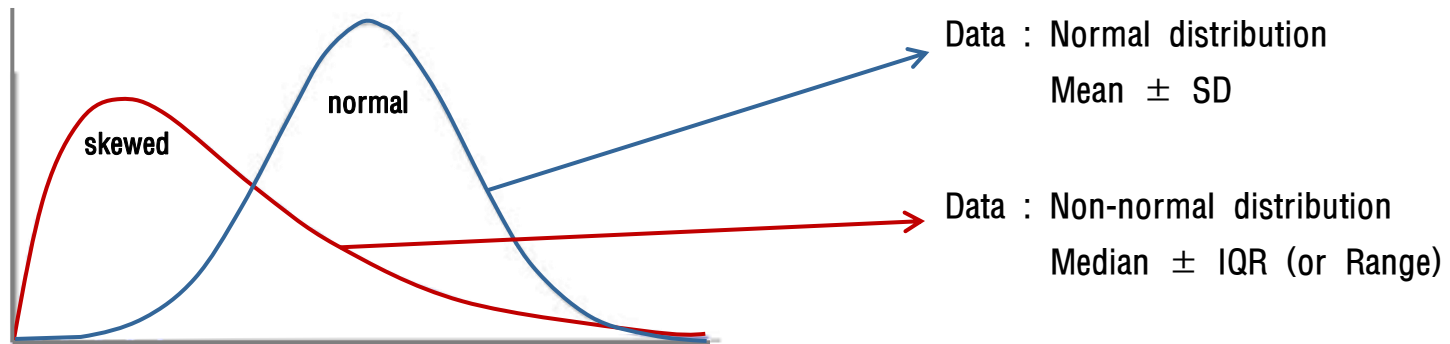
Team	A					B					
Height	174.6	176.3	178.1	178.8	185	170.1	174.8	178.1	179.6	191.8	Nominal data
Rank	1	2	3	4	5	1	2	3	4	5	Continuous data
											Ordinal data

➤ **Dividing continuous data into nominal (or ordinal) categories without explaining how the categories were created**

[Ex] height : 170~175 ⇒ small, 176~180 ⇒ normal, 181~ ⇒ tall

Errors in Descriptive Statistics

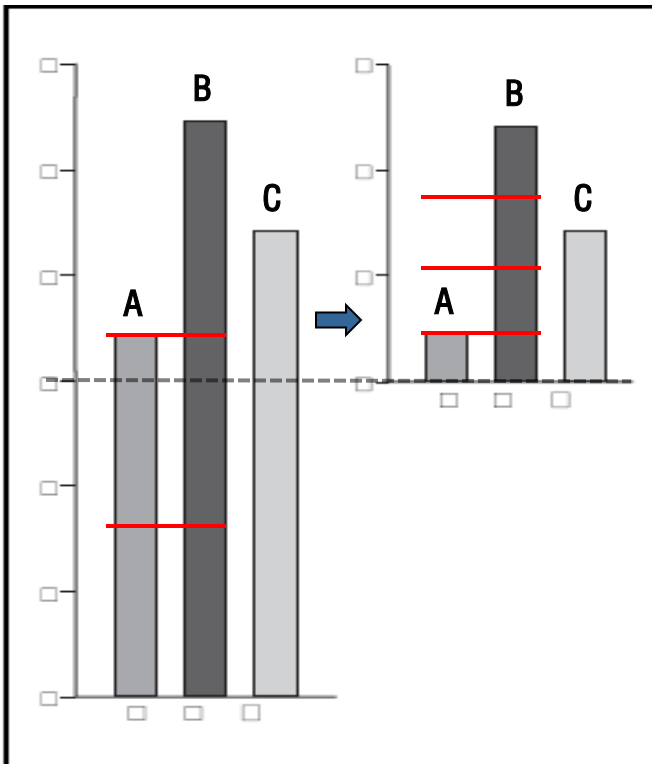
- Using the mean and standard deviation to describe continuous data that are not normally distributed



- Using the standard error (SE) as a descriptive statistic
 - The SE(or SEM) is always smaller than the SD, and so its use makes measurements look more precise than they are.

Errors in Data Displays

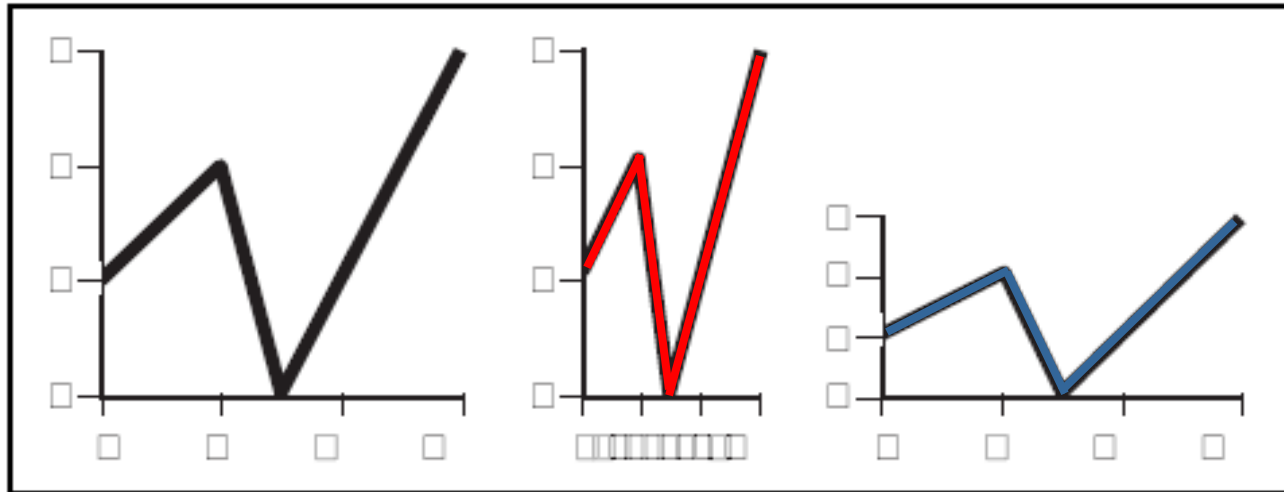
- Visually distorting relationships on a column chart by starting columns at a baseline value other than zero



- The suppressed zero visually distorts the relationships among quantities. Here, A is actually **two thirds** as large as B, but the suppressed zero makes A appear to be less than **one quarter** the size of B.

Errors in Data Displays

- Visually distorting relationships among data by manipulating the relative scales on the X and Y axes



- A scale that seems to be unduly compressed or expanded may be a clue that the authors, intentionally or otherwise, are trying to minimize large differences or maximize small differences in the data.

Errors in Expressing and Interpreting P-values

➤ Reporting only P-values for analysis results

- AIM(Bailar JC et al. 1988) recommended reporting the 95% CI instead of, or in addition to, the p-value.

Ex) A : The effect of the drug on lowering SBP was statistically significant ($P < 0.05$).

B : The mean SBP of the treatment group dropped from 110 to 92 mm Hg ($P = 0.02$).

C : The drug lowered SBP by a mean of 18 mmHg, from 110 to 92 (95% CI = 2 to 34; $P = 0.02$).

➤ Confusing statistical significance with clinical importance

- P-values have no clinical interpretation. The nature and size of the difference must be judged to determine clinical importance.
- Statistical significant *vs.* clinical significant

Errors in Expressing and Interpreting P-values

- Interpreting non statistically significant results as “Negative” or “Similar ” ?
 - Big effects may not be statistically significant if sample size is low.

Group	Event		Total
	Y	N	
Valsartan	83(5.5%)	1434	1517
Non-ARB	155(10.2%)	1359	1514
Total	238	2793	3031

p-value < 0.001

Group	Event		Total
	Y	N	
Valsartan	9(5.9%)	144	153
Non-ARB	16(10.5%)	136	152
Total	25	280	305

p-value = 0.139

- In adequately powered studies, statistically insignificant results are truly negative.



Errors in Describing the Statistical Methods

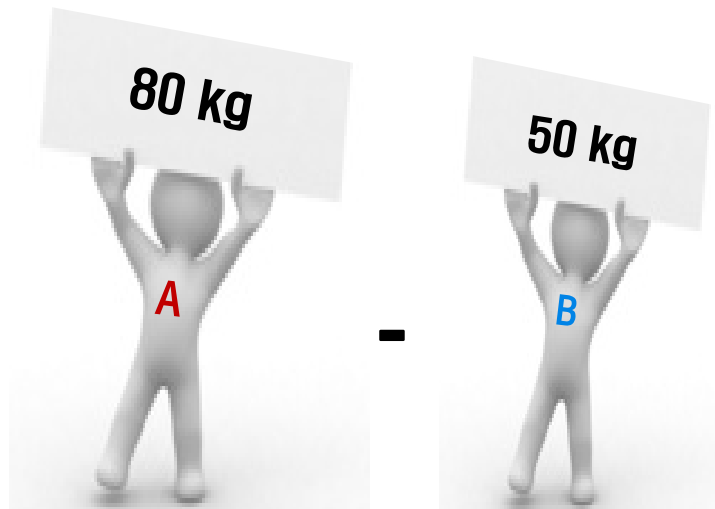
- **Not naming or incorrectly naming the statistical tests used in the analysis**
 - Put general and correct reports of statistical methods in the Method section.
Avoid describing the methods not used in data analysis.

- **Not reporting the statistical computer program (or software) used in the analysis**
 - General-use computer programs should be specified, because some programs are sometimes found to have errors.

- **Not describing the statistical decision rule**

Errors in Interpreting Differences Between Groups

➤ Confusion of reference



But, percent is different, depending on the **reference(denominator)**

① $(80-50) / 50 \times 100 = 60\%$

A is 60% heavier than B

② $(80-50) / 80 \times 100 = 37.5\%$

B is 37.5% lighter than A

30 kg

Difference is always equal to 30

➤ Not present reference of dummy variables



Errors in Reporting of Diagnostic tests

- **Not reporting what the number of uncertain test results was**
 - For computing sensitivity and specificity, we do not include uncertain (non-positive or non-negative) results. So, reporting the number and proportion of uncertain results is important because such results affect the clinical usefulness of the test.
 - Even a highly sensitive or specific test may be of little value if much of the results are uncertain.

Errors in Reporting of Diagnostic tests

- Confusing sensitivity; specificity; false-positive, and false-negative results; positive and negative predictive values.

Test Result	Disease present	Disease absent	Total
Positive	a	b	a+b
Negative	c	d	c+d
Total	a+c	b+d	a+b+c+d

$$\text{Sensitivity} = a/(a+c)$$

$$\text{Specificity} = d/(b+d)$$

If the table reflects the prevalence of disease :

$$\text{Positive predictive value} = a/(a+c)$$

$$\text{Negative predictive value} = d/(c+d)$$

- Misuse of PPV & NPV in case-control study

How could this data collect?

- Cohort
- Cross-sectional
- Case-control



Errors in Reporting of Diagnostic tests

Population

진단 \ 질병	D	N	Total
Positive	90	900	990
Negative	10	100	110
Total	100	1000	1100

→

$$f_1 = 0.5$$

$$f_2 = 0.05$$

Sampling

진단 \ 질병	D	N	Total
Positive	45	45	90
Negative	5	5	10
Total	50	50	100

$$PPV = \frac{90}{990} = 0.091$$

$$PPV^* = \frac{45}{90} = 0.5$$

잘못된 PPV를 얻게 됨.

$$\text{sensitivity} = \frac{45}{50} = 0.9$$

$$\text{specificity} = \frac{5}{50} = 0.1$$

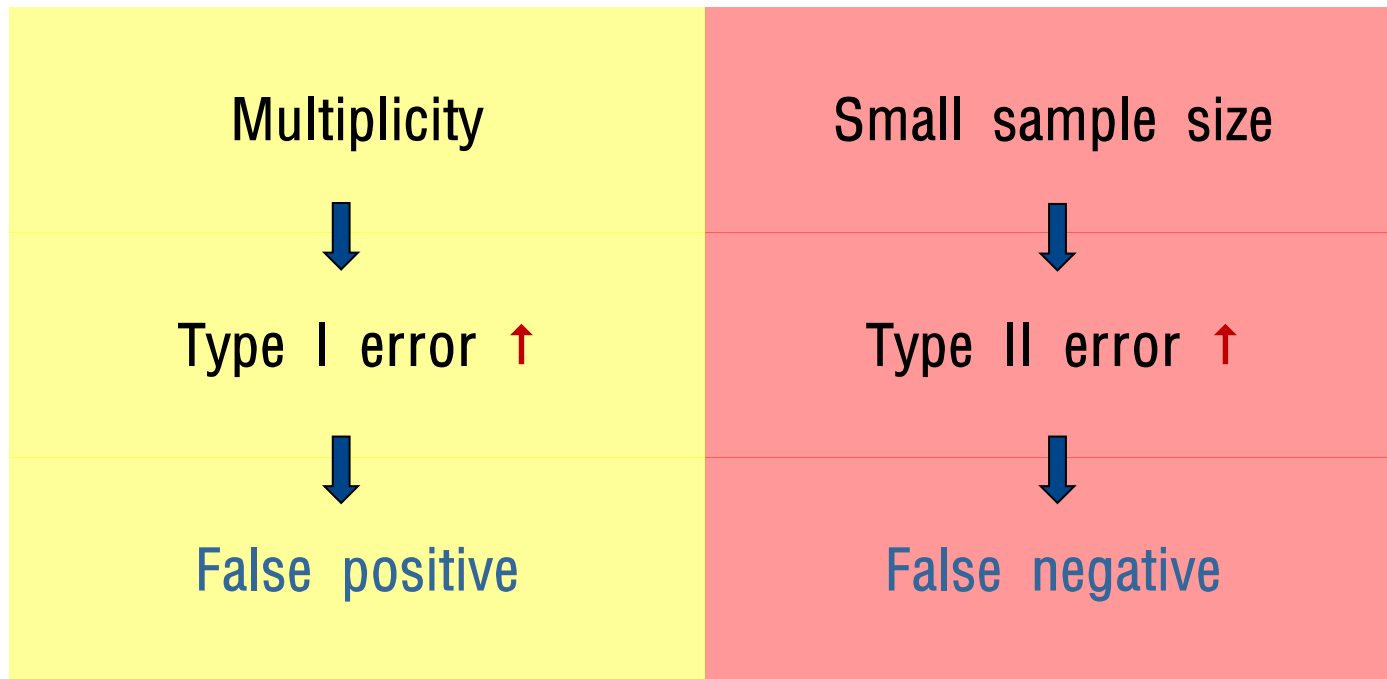
$$\text{prevalence} = 0.1$$

$$PPV = \frac{0.1 \times 0.9}{0.1 \times 0.9 + (1 - 0.1) \times (1 - 0.1)} = 0.1$$

모집단과 비슷한 PPV를 얻게 됨.

외부 자료에서 가져옴.

Errors in Conclusions



References

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감 사 합 니 다.
