

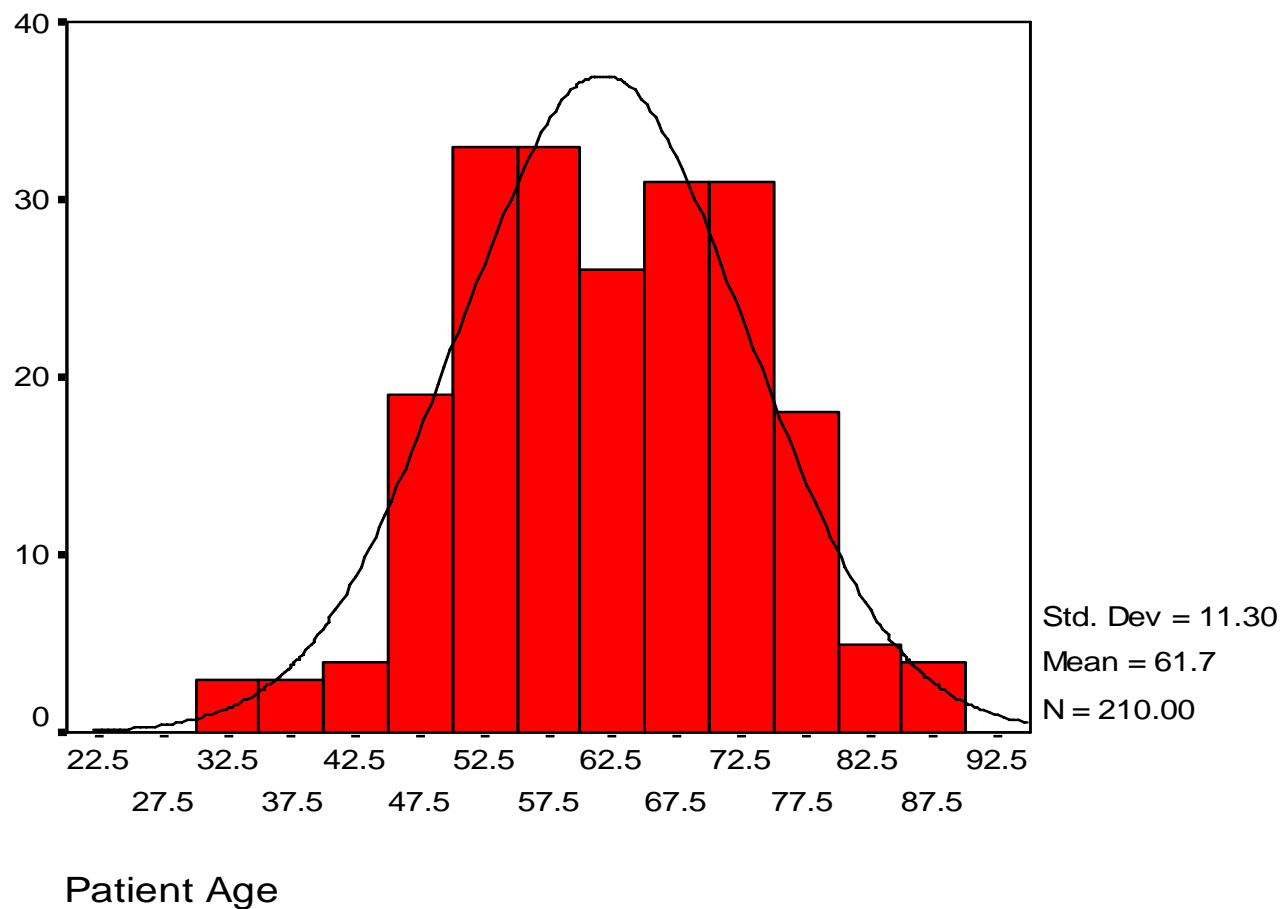
Statistics Overview

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OB/GYN Lecture

Educational Objectives

- Learn that your first step with data analysis is to examine the data
- Understand how to interpret a relative risk
- Understand what a statistical test will tell you
- How to read selected SPSS output

Look at the data: Graph!



Look at the data: Averages

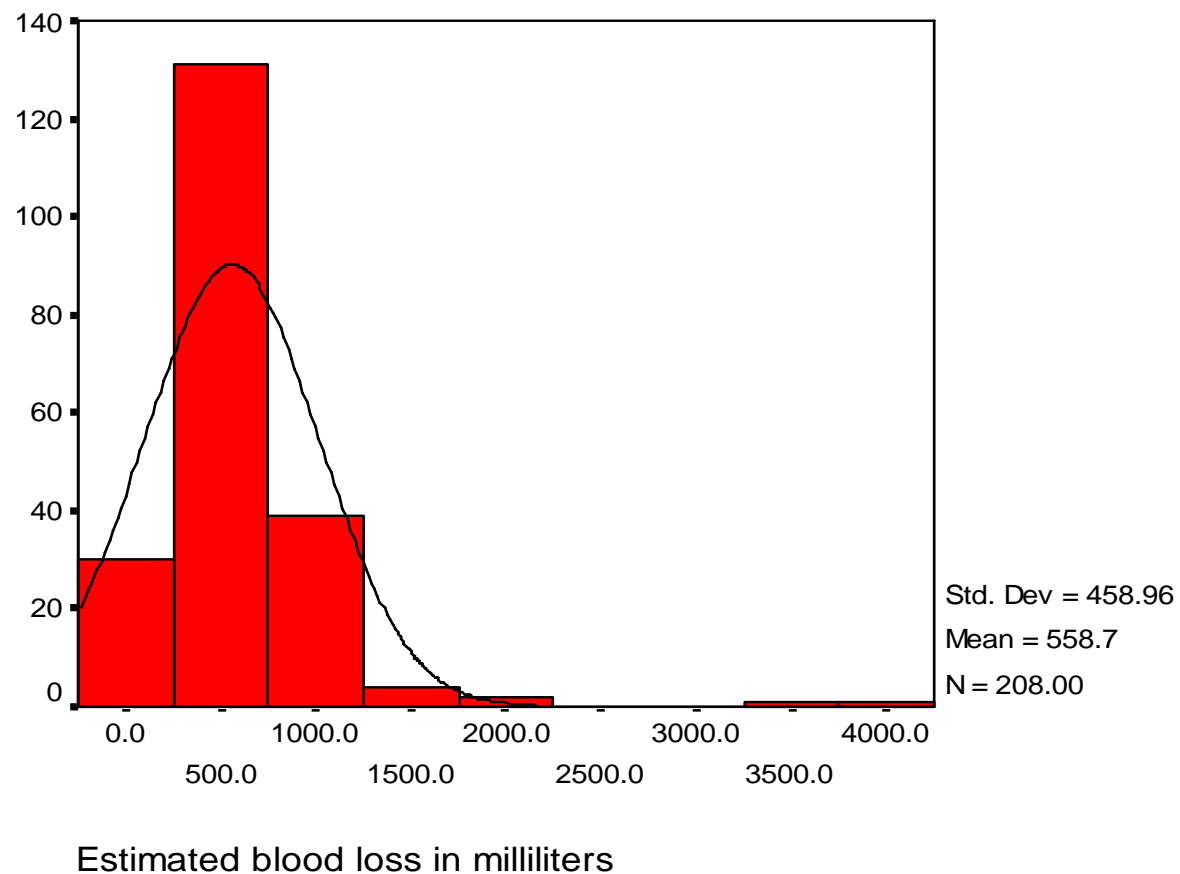
Mean, Median, Mode and Outliers

Statistics

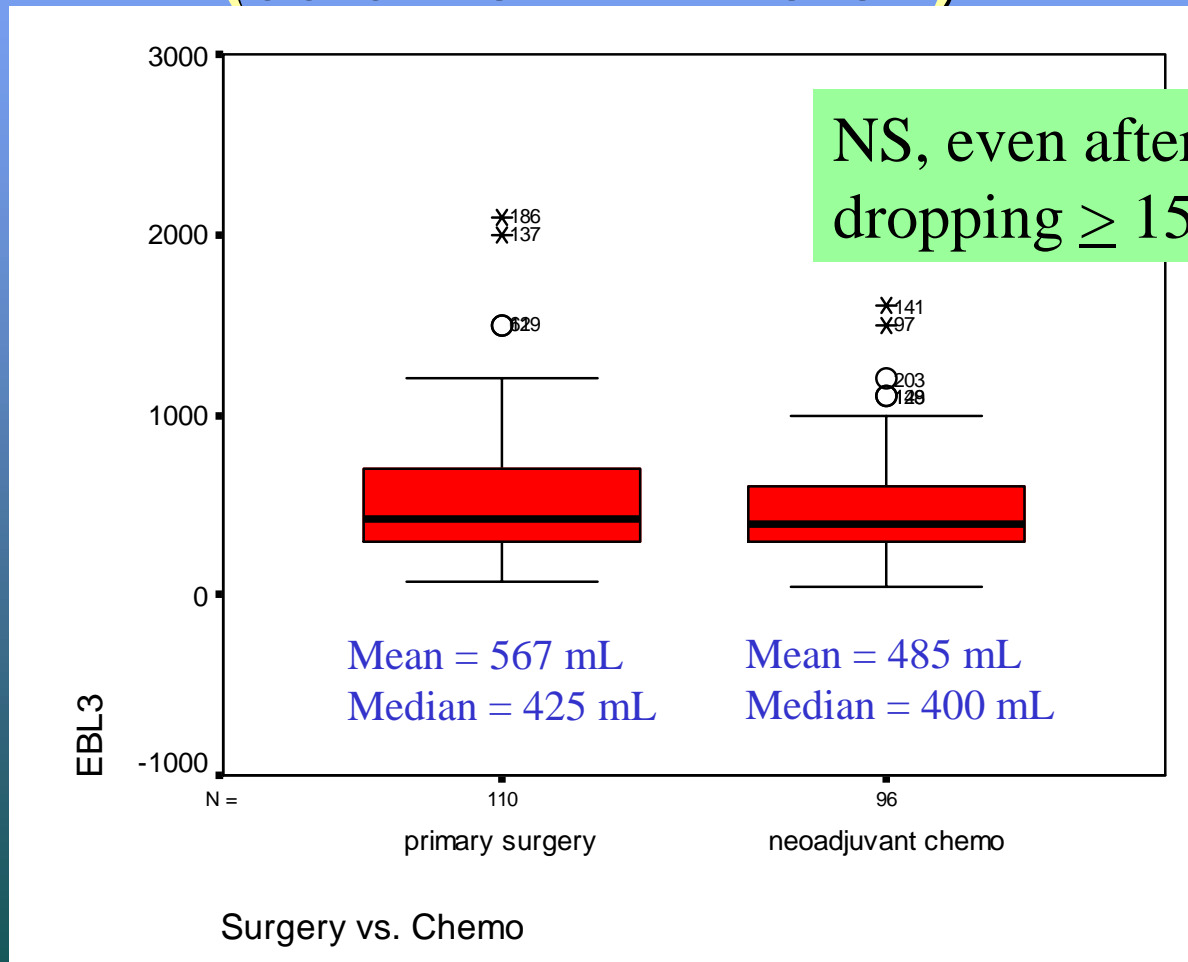
Estimated blood loss in milliliters

N	Valid	208
	Missing	2
Mean		558.65
Median		400.00
Mode		400
Std. Deviation		458.959
Variance		210643.3

Let's Try Graphing the Data – Outliers!



Remove Outliers, Re-Graph (data from E Everett)



Step 2

Basic 2 x 2 Table

	“Diseased”	Not “diseased”
“Exposed”	a	b
Not “exposed”	c	d

Two by Two Table from SPSS Comorbidities by Surgery Method (E Everett data)

Surgery vs. Chemo * Comorbidities Crosstabulation

			Comorbidities		Total
			No	Yes	
Surgery vs. Chemo	primary surgery	Count	52	60	112
		% within Surgery vs. Chemo	46.4%	53.6%	100.0%
		% within Comorbidities	61.2%	48.0%	53.3%
	neoadjuvant chemo	Count	33	65	98
		% within Surgery vs. Chemo	33.7%	66.3%	100.0%
		% within Comorbidities	38.8%	52.0%	46.7%
Total	Count	85	125	210	
	% within Surgery vs. Chemo	40.5%	59.5%	100.0%	
	% within Comorbidities	100.0%	100.0%	100.0%	

Relative Risk

“Relative” = comparison of two groups, usually with vs. without the exposure

- Odds ratio (OR) for case-control studies
- Risk ratio (RR) for cohort studies

Basic Interpretation

Relative risk

- > 1.0 implies the exposure may cause disease
- = 1.0 implies no relationship
- < 1.0 implies the exposure may prevent disease

Three Examples from the June 2003 Green Journal

2nd trimester placental growth factor (mom's blood) predicts severe, early-onset preeclampsia, OR=4.2 (1.4-13.1) Polliotti. Obstet Gynecol 2003;101:1266-74

Alcohol consumption in general does not influence ovarian cancer rates, with non-signif OR ranging from 0.7-1.2 Goodman. Obstet Gynecol 2003;101:1221-8

Risk for post-c-section endometritis with extended antibiotic prophylaxis vs. placebo = 0.7 (0.4-0.98) Andrews. Obstet Gynecol 2003;101:1183-9

How Would You Communicate this to Your Patients?

2nd trimester placental growth factor (mom's blood) predicts severe, early-onset preeclampsia, $OR=4.2$ (1.4-13.1)

Explain as a relative risk

Risk for post-c-section endometritis with extended antibiotic prophylaxis vs. placebo = 0.7 (0.4-0.98)

Explain as a relative risk

Relative Risks as a Percentage Change

OR = 2.0 is equivalent to 100 % increase in risk of disease with the exposure

OR = 0.50 is equivalent to 50 % decrease in risk of disease with the exposure

OR = 4.0 is equivalent to 300 % increase in risk of disease with the exposure

OR = 0.75 is equivalent to 25 % decrease in risk of disease with the exposure

Absolute Risk

Actual number of health problems that occur (or are prevented) because of the exposure

- “X number of extra cases in YYY number of people over ZZ years”
- “Gale model” for cancer risk

Absolute Risk vs. Relative Risk

Can only calculate absolute risk if one has the prevalence of the conditions/exposure in the population

Insufficient data in reference articles for me to calculate absolute risk

WHI: invasive breast cancer risk associated with HRT use

Absolute risk: 8 extra cases per 10,000 person years (38 cases/10,000 on HRT vs 30 cases/10,000 not on HRT)

Relative risk: 1.26

Step 3: What does “running a statistical test” mean?

- We presume there is no relationship (association) between two factors.

$$H_0 : \mu_0 = \mu_1$$

THIS IS WHAT THE STATISTICS PRESUME IS TRUE.

- If the statistics say “this is not true because it is so improbable (unlikely) that there would be no relationship given the data”, then

We report that there is an association.

$$H_A : \mu_0 \neq \mu_1$$

Error “Types”

If we were able to compare our study results to the Truth, there could be two (four) answers:

1. Our study found the True answer:
 - a. No association
 - b. There is an association

2. Our study did not find the True answer:
 - a. We said there is an association but there is Truly none = “Type I Error”
 - b. We said there is no association but there Truly is one = “Type II Error”

How you use the error types without even knowing it

- Type I error: $p\text{-value} < 0.05$ means the relationship found is not a true difference but is instead due to “chance”; if study was repeated 100 times, 5% would find a relationship simply due to chance
- Type II error: statistical power (or having enough people in the study) addresses this; 80% power is standard = missing a true relationship 1 out of 5 times

Stat Test from SPSS (Example 1)

Comorbidities by Surgery Method

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	Value	df	Asymp. Sig. (2- sided)
Pearson Chi-Square	3.529(b)	1	.060

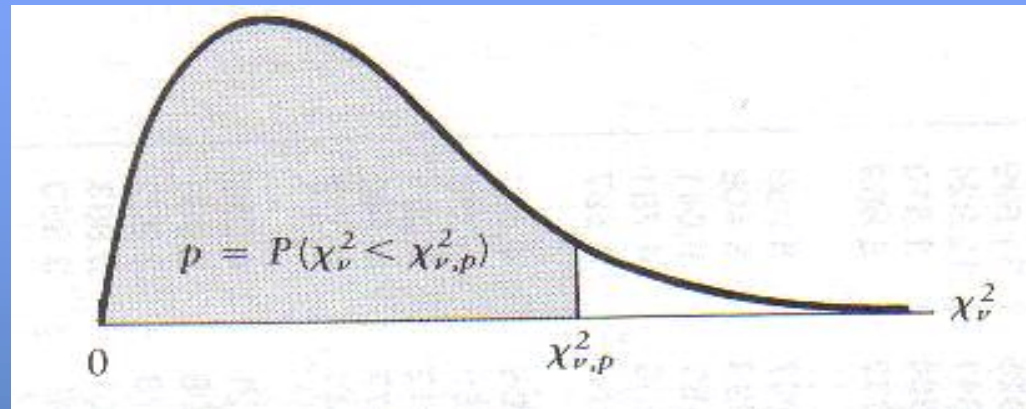
Stat Test from SPSS (Example 2)

Chemo Regimen by Surgery Method

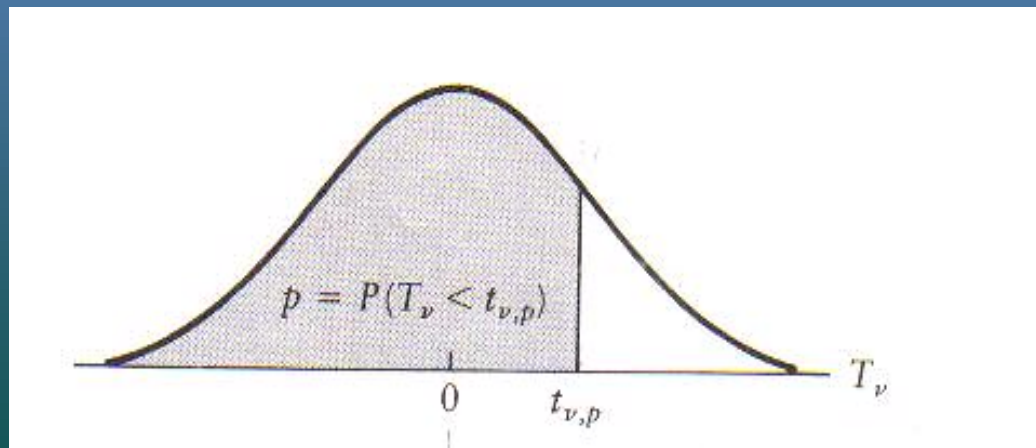
	Other	Cispl/Taxol or Carbo/Taxol	Total
primary surgery	10	95	105
	9.5%	90.5%	100.0%
neoadjuvant chemo	3	95	98
	3.1%	96.9%	100.0%
Total	13	190	203
	6.4%	93.6%	100.0%

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.532(b)	1	.060		
Fisher's Exact Test				.084	.054

Chi-Square Distribution



Normal Distribution



Stat Test from SPSS (Example 3)

Student's t-Test

Operating Time by Surgery Method

	Levene's Test for Equality of Variances		t-test for Equality of Means			
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Equal variances assumed	5.408	.021	-2.765	203	.006	-26.7149
Equal variances not assumed			-2.730	181.93	.007	-26.7149