

Clinical Statistical Communications



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Objectives/ Agenda

- **Understand statistical analysis section**
- **Continuous versus categorical variables**
- **Overview of basic commonly used stats tools**
 - How to read and understand basic hypothesis testing
 - What does “P” mean?
 - What it means when something is significant
- **How do you get the “N”?**
- **Key questions when reviewing data**

Types of Data - Categorical

- **Data can come in different forms that can be treated differently. There are 4 different types of data**
 - **Two are categorical. (easy to use, but not real powerful, need larger sample size for same significance)**
 - **Nominal Data**
 - This is yes/ no information. Did the patient live or die? This is discrete information, there is no continuum.
 - Keeps artery open
 - Complication free
 - No debris in blood
 - **Ordinal Data**
 - Ranked information that has no mathematical meaning.
 - Examples
 - Grades A, B, C, D
 - Pain ranked from 1-10
 - Fewer clots
- Things that are counted.

Types of Data - Continuous

- **The other two types of data are Continuous data. It is more powerful and has more validity**
 - **Interval Data**
 - Continuous and valid information
 - The size of the difference has calibrated meaning
 - May have an arbitrary zero point; Ratios have no meaning
 - Example: Temperature (F or C)
 - **Ratio data**
 - Continuous data where size and ratio are meaningful
 - Examples
 - Age
 - Linear dimension
 - Heart rate
 - Absolute temperature (R or K)
 - Ease of insertion

Continuous Distributions

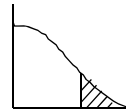
- **Descriptive Statistics - variable**
 - **Central Tendency**
 - Sample mean (sum all/ number of values)
 - Median (middle value)
 - Mode (value occurring most often)
 - **Spread**
 - Range (maximum – minimum)
 - Variance (s^2 , additive property)
 - Standard deviation or s (measure of spread)

Continuous – Tools - Categorical Discrete

- **t-test**
 - Z test
- **F-test**
- **Proportions**

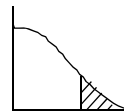
t-test

- **What is it**
 - Comparison of means for sample data if normally distributed
 - Use it to compare two sample means within a confidence zone
 - Test of Hypothesis
- **Why use it**
 - Determine if means are similar relative to data spread



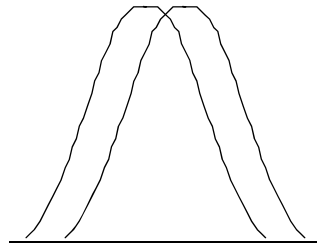
t-test

- **When not to use it**
 - Non normal distribution
- **Weaknesses**
 - Practically significant



t-test Pictorially

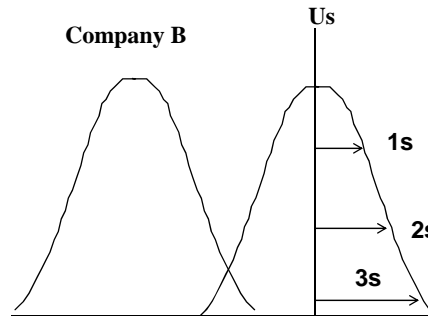
P-value is percentage of overlap



same mean

“We are better than company B.”

Company B



different mean, “significant”

t-test: are means equal or not

How to Interpret p-values

- Percent chance of misreading the null hypothesis
 - “Null” means “none” or no difference (i.e. same mean)
- Typical Rule of Thumb - less than 0.05 (5%) is significant, thus means would be different
- If not below threshold, implies they are the same
 - Actually only says “not enough evidence to say they are different”
- What are boundaries?
 - 0.01 and 0.10 are sometimes used

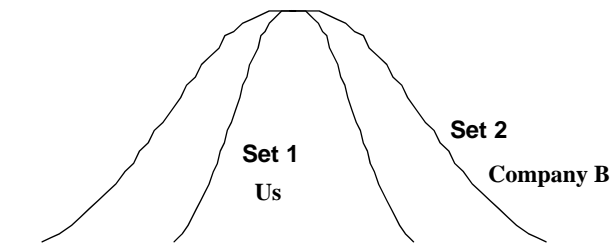
Don't just look at numbers, look at a graph too!

F-test

- **What is it**
 - Two areas of use
 - Comparison of variances for sample data
 - Comparison of means for sample data
 - Sometimes also called “ANalysis Of VAriance” – or ANOVA
- **Why use it**
 - Know if a data set is different than random noise
 - Comparison of unequal sample sizes

F-Test on Variance Pictorially

“We are more consistent compared to company B.”



different variance (spread), “significant”

F-test: are variances equal (two sided)

Proportion test

- **What is it**
 - Test for binomial data, categoric data
- **Why use it**
 - See if 2 percentages are the same

“No more then 5% Adverse Events”

Sample Size

- **What is it**
 - Representative of population
- **Why use it**
 - Size and cost the clinical study
- **Weaknesses**
 - Sampling error
 - Valid, reliable, unbiased
 - When do you know you are right?

Sample Size and Sampling Plans

- Many calculators exist to generate sample size
- Depends on what you desire to have confidence and power in
- Depends on your history with that product, if any
- Currently, interest is on the rise

Drop-outs and non-compliance

- There will be patients who start a study that will not finish it for a variety of reasons:
(Remember, anyone can drop out at any time; that is their right as a patient)
 - Move away
 - Die of unrelated causes before completing study
 - Tired of examinations
 - Change in status were patient meets exclusion criteria
 - Does not comply with the intervention protocol for any reason

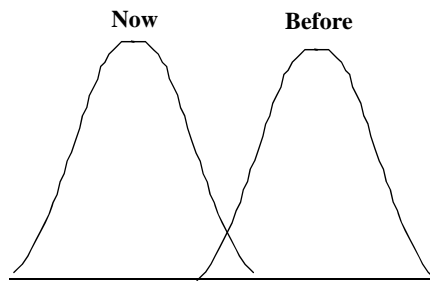
Sample Size

- **The thought pattern is:**
 - Determine objective
 - Determine hypothesis with outcome (delta)
 - Know historical studies as much as reasonable (sample size and standard deviation estimates)
 - Understand protocol effect on potential standard deviation for your study
 - Can exclusion criteria make your effect easier to see?
 - Select confidence and power (alpha and beta)
 - Calculate sample size (using tables)
 - Execute protocol with adjusted sample size (for drop outs)
 - Use statistical tools

Hypothesis Testing

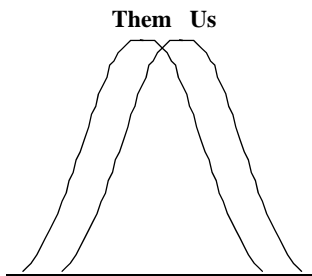
- **What questions are you trying to answer?**
- **Question 1: We have a shorter recovery time than previous products**
 - Example: $p=0.03$ would be good
- **Question 2: We are as safe as competitor**
 - Example: $p=0.55$ would be good
- **Statistically significant does not always mean "good"**

Question 1 – Recovery Time



different mean

Question 2 - Safety



same mean

Key Questions

- How do you know it is normally distributed?
- Did you perform residual analysis?
- Do you have a plot of the data?
 - Does data and predictive lines match?
- So the p-value is good, but is it practically significant?
- How did you account for potential bias?
- Could the measurements be continuous?
- Did any outliers occur? How did you handle them?

Conclusion

- Asking a few key questions can quickly assess the information you are being presented
- Perspective on sample size and hypothesis testing can help level the playing field for discussions
- If you want to see the reference materials – visit our website
 - www.PerrysSolutions.com
 - If interested, email us to be on our quarterly newsletter where we share recent trends and learning points
 - Newsletters are all archived on our publications page