Dealing with Misclassification in the Results, Not the Discussion Section: Introduction to Quantitative Bias Analysis

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Essay

Why Most Published Research Findings Are False

John P. A. Ioannidis

Summary

There is increasing concern that most current published research findings are false. The probability that a research claim is true may depend on study power and bias, the number of other studies on the same question, and, importantly, the ratio

factors that influence this problem and some corollaries thereof.

Modeling the Framework for False Positive Findings

Several methodologists have pointed out [9–11] that the high rate of nonreplication (lack of is characteristic of the vary a lot depending field targets highly listor searches for only true relationships and millions of hypothe postulated. Let us for computational single-

How Do We Typically Work?

- Conduct a research study using an appropriate study design
 - Attempt to minimize bias in design, adjust for confounding
- Calculate a measure of association
 - Relative risk, risk difference
 - Calculate a summary of random error (e.g. pvalue or 95% CI)
- Interpret results based on the random error alone
- Then think about bias
 - Comment on it in our discussion sections

Discussion Section Bingo

In conclusion	Our study is the first to	Our results come with important limitations
Bias towards the null	To the best of our knowledge	We found a significant association between
if confirmed	We did not have sufficient power to	More research needed



Feel Free to Ignore the Bias

- Goodman S. Introduction to Bayesian Methods I: measuring the strength of evidence. Clinical Trials 2005; 2: 282-90
 - "Let us remind ourselves what they have delivered into our laps. Here is a list of things that have been identified as cancer risks: electric razors; broken arms (but only in women); fluorescent lights; allergies; breeding reindeer; being a waiter; owning a pet bird; being short; being tall; and hot dogs. And, in case anyone is feeling safe having a refrigerator [5]. We are apparently all at risk. These results were not produced by Bayesian methods."





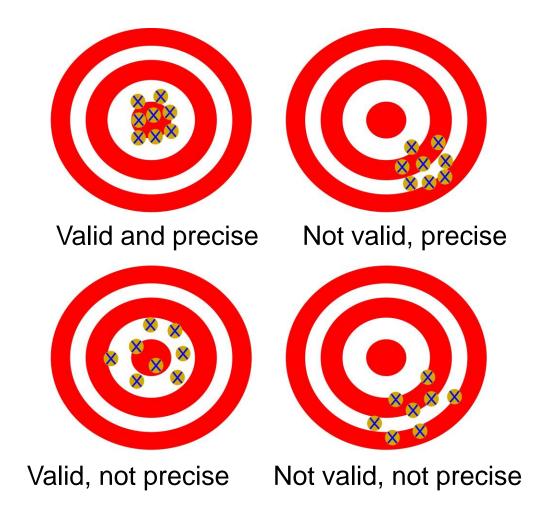
Premise

If:

 The objective of etiologic epidemiologic research is to obtain a valid and precise measure of the effect of an exposure on the occurrence of a disease

Then:

 Epidemiologists have an obligation to quantify how far from the objective their estimate might fall





What is the Role of QBA?

- Way to relate estimates of bias and observed data to the true data
- Allows us to go beyond our assumptions about how bias behaves and quantify it
- Systematic approach to quantifying the impact of systematic error in terms of:
 - Direction
 - Magnitude
 - Uncertainty

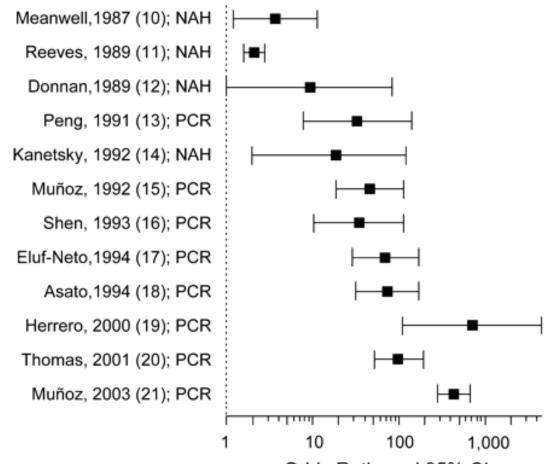




QBA for misclassification



HPV and cervical cancer as HPV tests improved



Odds ratios for the association between human papillomavirus (HPV) infection and invasive cervical cancer risk in successive molecular epidemiologic studies



Odds Ratio and 95% CI

American Journal of Epidemiology 2010 171(2):164-168

Exposure Misclassification

Motivating Example



Example Background

Research question:

To investigate the association between smoking during pregnancy and breast cancer

Innes and Byers, 2001:

- Women who smoked during pregnancy had almost five times the risk of breast cancer as women who did not smoke during pregnancy (OR: 4.8; 95% CI: 1.6–14.6)
- Wanted to replicate with similar design

Strengths of study

- Minimal selection bias, included all eligible cases
- No recall bias because exposure and covariates assessed by review of birth certificates



Smoking during pregnancy and breast cancer risk in very young women (United States)

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Received 6 April 2000; accepted in revised form 27 September 2000

Key words: breast cancer, pregnancy, smoking

Objective: To evaluate the association of smoking during a woman's first pregnancy, a period of pronounced growth and differentiation of mammary tissue, and her subsequent breast cancer risk

Methods: In this matched case-control study, we used linked birth certificate and tumor registry data from the New York State Health Department. Cases were 319 women aged 26-45 who were diagnosed with breast cancer in New York State between 1989 and 1995 and who completed a first pregnancy in New York State after 1987 at least one year prior to diagnosis of cancer. Controls were 768 primiparous women matched to cases on county of residence and delivery date. Information on prenatal smoking and other factors characterizing the woman's first pregnancy was obtained from the pregnancy record of each subject, and the association of these factors to breast cancer risk

Results: Smoking during pregnancy was associated with increased risk for breast cancer (crude OR = 2.7, 95% confidence interval (CI): 1.1-6.3). Adjustment for maternal age, subject age, race, and education strengthened this association (OR = 4.8, CI 1.6-14.6).

Conclusions: These findings suggest that cigarette smoking during a woman's first pregnancy may increase her risk

Tobacco smoke promotes the formation of free-radicals

Specifically, the association of smoking to breast cancer pregnancies [29, 30] risk may be dependent at least in part on timing of However, to our knowledge the relation between

ment. Smoking may be especially important during pregnancy, a period during which hormonal factors promoting both growth and differentiation of mammary [1] and has been strongly linked to the development of tissue are dramatically elevated [26], and which may several human cancers [2]. However, the association of therefore be a critical period in the development of cigarette smoking with human breast cancer risk re- breast cancer [27]. In the non-pregnant state, the mains uncertain. While some recent studies suggest that carcinogenic effects of smoking may be countered or smoking increases breast cancer risk [3-10], at least in even superseded by the antiestrogenic effects of tobacco. certain subgroups [11-17], others have found no asso- In contrast, during pregnancy, a time of breast hyperciation [5, 18-23]. A few studies have suggested that plasia, the increased free radical formation and other smoking may even exert a weak protective influence [24, carcinogenic effects of smoking may operate synergisti-25], perhaps due to the antiestrogenic effect of tobacco cally with elevated levels of estrogens and other growth factors to increase breast cancer risk. These effects may Some of the variability among studies may be due to be particularly important during the first pregnancy differences in age at diagnosis or to the timing of when breast tissue is less differentiated [28, 29] and hence exposure relative to a woman's reproductive life cycle. more susceptible to mutagensis than in subsequent

exposure relative to key milestones in breast develop-



Smoking During Pregnancy and Breast Cancer

	Smokers	Non-smokers	
Cases	215	1449	
Controls	668 4296		
Crude OR	0.95 (0.80 – 1.1)		
Adjusted OR	0.97 (0.80 – 1.2)		



Could Null Result Be Due to Misclassification of Smoking on the Birth Certificate?



Exposure Misclassification Terms

Non-differential

- Rate of E misc don't depend on D
- Se of E same in D+ and D-

AND

- Sp of E same in the D+ and D-
- Classification values

Truth is the denominator, E is the truth, T is the test

- Sensitivity
 - Probability of being correctly classified as E+
 - Pr(T+|E+)

Differential exp misclass

- Rates of E misc do depend on D
- Se of E not same in D+ and D-

OR

Sp of E not same in D+ and D-

Specificity

- Probability of being correctly classified as E-
- Pr(T-|E-)



Results of Validation Studies

Citation	Standard	SE	SP
Buescher	Medical record	0.87	0.99
Piper	Medical record	0.78	0.99
Dietz	Questionnaire	0.88	0.99
Dietz	Capture-recapture	0.68	1
Cancer Registry	All smokers	0.29	0.99
Cancer Registry	Current Smokers	0.47	0.99
Multiple records	Consistent Smokers	0.63	0.95



Exposure Misclassification

	Tru	th	Obser	ved
	E=1	E=0	E=1	E=0
Y=1	Α	В		
Y=0				
Total				

To reverse

	Obse	rved	Expected Truth	
	E=1	E=0	E=1	E=0
Y=1	а	b	$[a-(1-Sp_1)*Y_1] / [Se_1-(1-Sp_1))]$	Y ₁ - A
Y=0	С	d	$[c-(1-Sp_0)*Y_0] / [Se_0-(1-Sp_0))]$	Y ₀ - C
Total	n_1	n_0	A+C	B+D



Text Book – Edition 1, 2009, Edition 2, 2022

- We will use book, but it will also be a reference for you as go back to these methods
- There are other readings, let me know if you can't access them

Statistics for Biology and Health

Timothy L. Lash Matthew P. Fox Aliza K. Fink

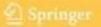
Applying Quantitative Bias Analysis to Epidemiologic Data













bias.analysis

Applying Quantitative Bias Analysis to Epidemiologic Data

Collaboration

Errata

Links

Multiple Bias Model (Lash TL, Fink A)

sensmac SAS Macro (Fox MP, Lash TL, Greenland S)

https://sites.google.com/site/biasanalysis/



APPLYING QUANTITATIVE BIAS ANALYSIS TO EPIDEMIOLOGIC DATA

Use this page to download the accompanying spreadsheets and SAS code (see bottom of page) for the book:

Lash TL, Fox MP, Fink AK. Applying Quantitative Bias Analysis to Epidemiologic Data.

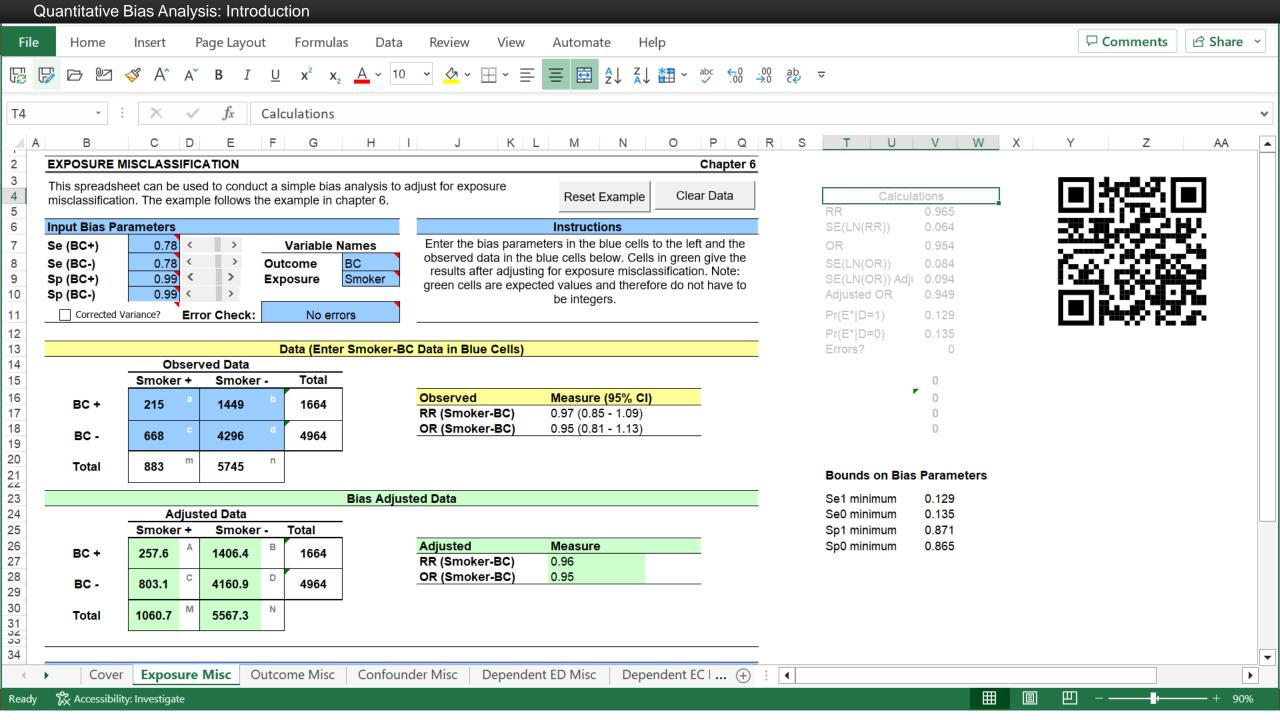
Springer. 2009.

You can find reviews of the textbook in the American Journal of Epidemiology, JASA, JRSS and Biometrics.

This book collects and synthesizes methods for quantifying systematic errors that affect observational epidemiologic research.

This text provides the first-ever compilation of bias analysis methods for use with epidemiologic data. It guides the reader through the planning stages of bias analysis, including the design of validation studies and the collection of validity data from other sources. Three chapters present methods for corrections to address selection bias, uncontrolled confounding, and classification errors. Subsequent chapters extend these



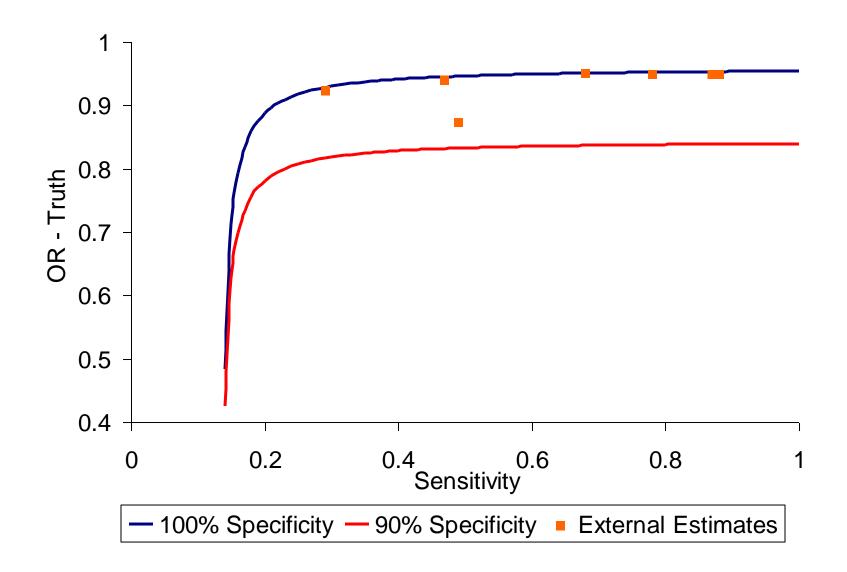


Multidimensional Table

SE	SP	Α	В	С	D	OR
0.99	1.0	217.2	1446.8	674.7	4289.2	0.95
0.50	1.0	430	1234	1336	3628	0.95
0.25	1.0	860	804	2672	2292	0.92
0.99	0.9	54.6	1609.4	192.8	4771.2	0.84
0.50	0.9	121.5	1542.5	429	4535	0.83
0.25	0.9	324	1340	1144	3820	0.82



Non-differential Misclassification



Probabilistic Bias Analysis

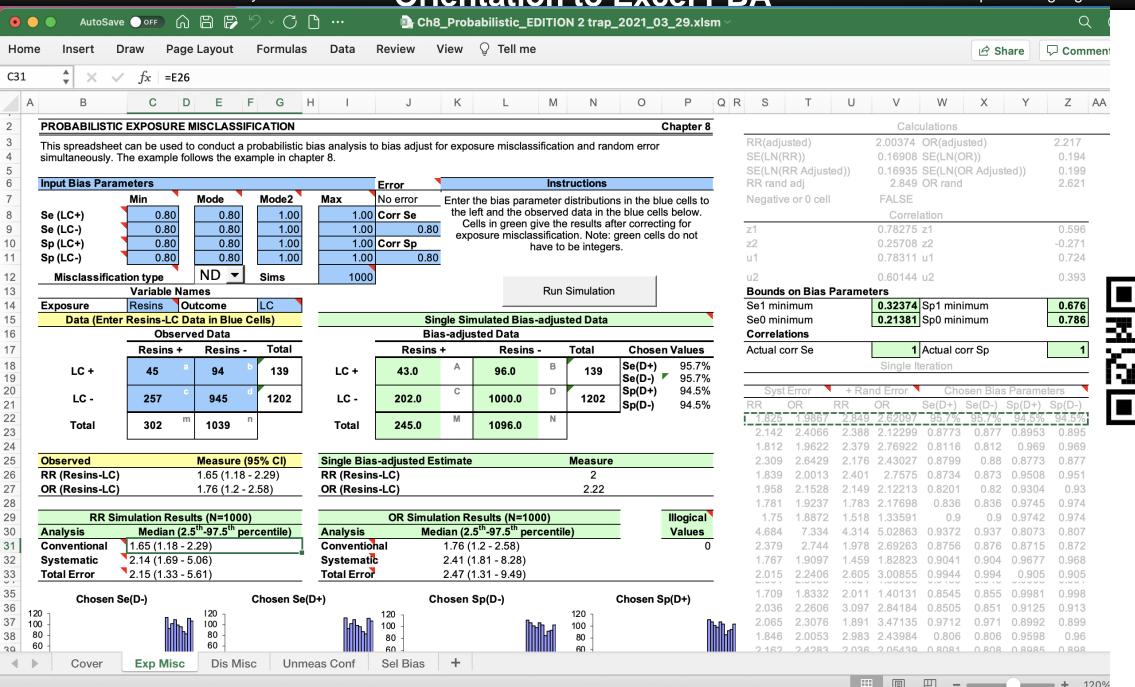


Steps for Summary PBA for Misclassification*

- 1) Input observed, summarized data into a 2x2 table
- 2) Input probability distributions for sensitivity and specificity (for now, uniform)
- 3) Randomly sample Se / Sp from specified distributions
- 4) Use simple bias analysis methods previously described for exposure misclassification to adjust the observed data (fits the expectation)
- 5) Sample E prevalence from beta distributions parameterized by adjusted data
- 6) Use Se, Sp and Prevalence to calculate PPV and NPV
- 7) Apply PPV/NPV to sample adjusted contingency table using binomials parameterized from the adjusted data
- 8) Summarize the contingency table (RR, OR, RD, etc.)
- 9) Save the adjusted estimate
- 10) Repeat many times (say 50,000)
- 11) Add random error back in
- 12) Create intervals from 2.5th to 97.5th percentile, median as point estimate

*Note this is from edition 2 of the text – edition 1 skips steps 5-7

Orientation to Excel PBA



Bias Analysis Results (Col S-Y)

Syst	Error	+ Rand Error		Chos	en Bias	Parame	eters
RR	OR	RR	OR	Se(D+)	Se(D-)	Sp(D+)	Sp(D-)
2.402	2.7671	1.656	2.8814	80.5%	80.5%	87.4%	87.4%
1.877	2.0519	1.628	1.7243	0.8915	0.892	0.9391	0.939
4.34	6.4373	4.255	7.7113	0.9168	0.917	0.811	0.811
2.095	2.3481	1.874	2.8315	0.9615	0.961	0.8958	0.896
1.895	2.0718	2.152	2.8943	0.8463	0.846	0.9407	0.941
2.876	3.4965	2.827	3.602	0.8197	0.82	0.8452	0.845
1.851	2.0183	1.637	1.8645	0.9127	0.913	0.943	0.943
4.645	7.1258	4.238	5.6023	0.8464	0.846	0.8087	0.809
2.491	2.9157	2.687	2.8913	0.9191	0.919	0.8614	0.861
1.907	2.0895	1.536	2.4818	0.8794	0.879	0.9339	0.934
3.901	5.4164	2.863	7.0287	0.8771	0.877	0.8174	0.817
2.165	2.4402	2.419	2.2263	0.8927	0.893	0.8914	0.891
2.025	2.2493	2.071	2.5637	0.9131	0.913	0.9089	0.909
2.304	2.642	2.701	2.241	0.9334	0.933	0.875	0.875
1.842	2.0052	1.443	1.607	0.89	0.89	0.948	0.948
2.192	2.4861	2.734	1.9723	0.9877	0.988	0.8832	0.883
2.443	2.8359	1.966	3.1339	0.8626	0.863	0.8673	0.867
1.785	1.9343	1.888	2.7605	0.9484	0.948	0.9567	0.957



Interpretation

- Look at change in point estimate vs. conventional
 - Direction, Magnitude
- Focus on width of the interval
 - Note this is not a confidence interval
 - For now focus only on systematic error
 - This is a distribution of adjusted estimates given the bias parameters

OR Simulation Results (N=1000)			
Analysis	Median (2.5 th -97.5 th percentile)		
Conventional	1.76 (1.2 - 2.58)		
Systematic	2.41 (1.81 - 8.28)		
Total Error	2.47 (1.31 - 9.49)		

Interpret interval

- Take the ratio of the upper and lower limit as a measure of width
- Compare to conventional confidence interval



Conclusions

- Simple bias analysis allows is to quantify the impact of sources of bias rather than just speculating on the bias
 - Focus on direction, magnitude
- Probabilistic bias analysis is an improvement over simple/multidimensional bias analysis because it allows us to put realistic distributions to the bias parameters and summarize the bias with a corrected point estimate and simulation interval
 - Focus on direction, magnitude and uncertainty

