## STATISTICS 536B, Lecture #6

March 12, 2015

Selected comments prompted by the Algra and Rothwell paper What's going on with statements like that in the abstract:

In case control studies, regular use of aspirin was associated with reduced risk of colorectal cancer (pooled odds ratio [OR] 0.62, 95% Cl 0.58-0.67,  $p_{sig} < 0.0001$ , 17 studies), with little heterogeneity ( $p_{het} = 0.13$ ) in effect between studies ...

Relates to estimating  $\tau^2$  in random effect meta-analysis (Recall  $Y_i | \theta_i \sim N(\theta_i, \sigma_i^2), \ \theta_i \sim N(\mu, \tau^2)$ )

## More thoughts from Algra and Rothwell

- Search strategy and selection criteria important (e.g., see Fig. 1)
- Note distinction between case-control studies, standard cohort studies, and nested case-control studies.
- Note emphasis on different *definitions* of exposure (e.g., Fig. 2). [And number of available studies depends on which definition is adopted.]

- Thoughtful discussion/analysis of aspirin vs. colorectal cancer compared to aspirin vs. other cancers (Figs. 3, 4)
- Nicely aligned evidence:
  - association between aspirin and cancer incidence
  - association between aspirin and metastasis, given incidence (Fig. 5)
  - (lack of) association between aspirin and local spread, given incidence but no metastasis (Fig. 6)

## Congratulations: You've 'invented' a famous estimator!

- Think of a prospective cohort study
- T = time from "baseline" to bad outcome
- X = exposure (at baseline)

Could fit a survival analysis model for (T|X). Or...

## Visualize the data



For simplicity, think 1:1 matching as we considered before For each case, randomly choose the control from amongst those subjects who:

- have matching covariate values
- are observed to be at risk at the case's failure time

So end up with matched case-control data with pairs in a 2 by 2 table, as before (recall, all the action is the discordant on X pairs, basically throw away the concordant on X pairs)

Say X is a binary genotype, say Y is time to incident cancer

Maybe it's is cheap to freeze/store every subject's baseline blood sample

Maybe it's expensive to test the sample to determine if  $X=\mathbf{0}$  or  $X=\mathbf{1}$ 

Maybe reaching the disease outcome is quite rare

So if we only have to test the samples for the cases and their matched controls...