

# Biostatistics for Grants: Pre-Clinical

Robert A. Parker

R01 Bootcamp: 2013.03.19: <1>

## My Background

- My background is mainly in clinical research
- These slides are based on talks for clinical investigators, but have been somewhat changed for animal / laboratory experiments
- I have worked on some pre-clinical studies (mainly animal studies) but make no claim to be an expert in them

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## Why Does Biostatistics Matter? (1)

- Rigorous design of studies:
  - what is the question?
  - why does this question matter?
  - how will doing this study answer this question?
  - appropriate basic design
  - appropriate endpoints
  - appropriate measurement techniques
  - appropriate population
  - sample size

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## Why Does Biostatistics Matter? (2)

- Appropriate analysis
  - valid approach
  - efficient: makes best use of the existing data
  - done correctly

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## Why Does Biostatistics Matter? (3)

- Appropriate conclusions:
  - valid conclusions based on the results of the study
  - interpretation incorporates uncertainty in the results

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**Bad analyses can be redone**

**Bad designs cannot be fixed**

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# Focus on the study design

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## What Biostatistics Is NOT (1)

- Biostatistics focuses on design and statistics
  - ensuring valid results
  - separating signal from noise
- Biostatistics does **NOT** focus on whether results are clinically important

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## What Biostatistics Is NOT (2)

- Ideally you want to be able to say that the difference is *important*
- *Important* is different from *statistically significant*
- In fact, medical journals routinely use jargon phrases to distinguish the two concepts
  - clinically important
  - statistically significant

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## What Biostatistics Is NOT (3)

“If even one more baby survives,  
that is clinically important”

Jay Shenai, MD  
circa 1990

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## What Biostatistics Is NOT (4)

Statement is true ... but no study could ever demonstrate such an effect

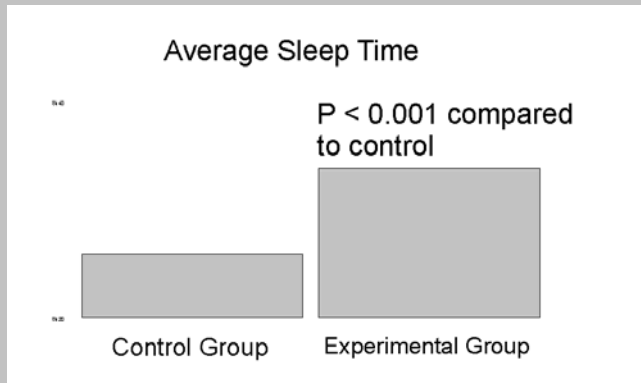
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## What Biostatistics Is NOT (5)

Other studies are able to demonstrate things that are statistically significant, but may not be clinically important

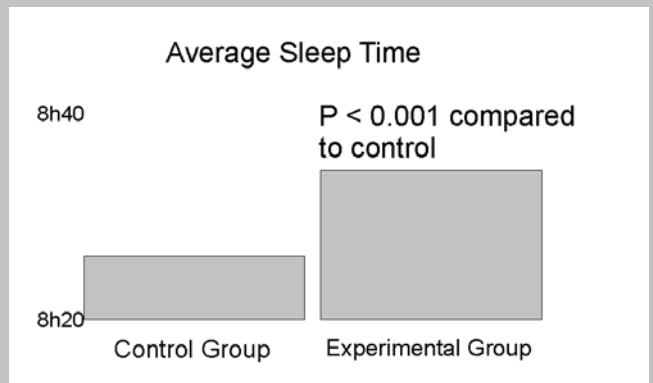
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## What Biostatistics Is NOT (6)



R01 Bootcamp: 2013.03.19: <13>

## What Biostatistics Is NOT (7)



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**Statistical significance does not imply clinical importance.**

**Clinical importance does not imply statistical significance.**

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## Outline

- Interventional Study Designs
- Randomization and Masking
- Hypothesis Testing
- Statistical Tests
- P-values
- Material expected for a grant

R01 Bootcamp: 2013.03.19: <16>

## Outline

- **Interventional Study Designs**
- Randomization and Masking
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**Single-Arm Designs:  
Do NOT Use Them**

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# Comparative Designs

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## Comparison Group (1)

# Most studies use a comparative design

If you are doing a comparative study,  
**you need a comparison group**

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## Comparison Group (2)

Three standard “comparators”

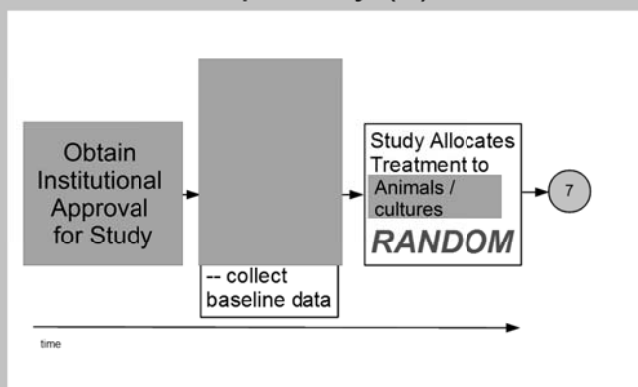
- placebo
- standard of care
- active control

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# Parallel-Group Designs

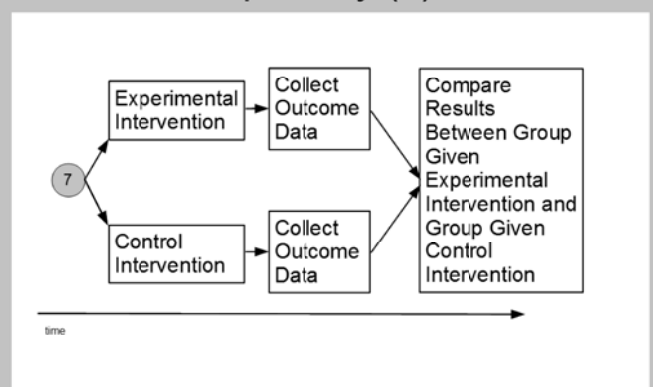
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## Parallel-Group Study (1)



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## Parallel-Group Study (2)



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## Parallel-Group Study (3)

- The standard parallel-group study
  - can have more than two groups, for example a control group and multiple dose levels
- Study assigns the intervention
  - assignment should be *randomized*

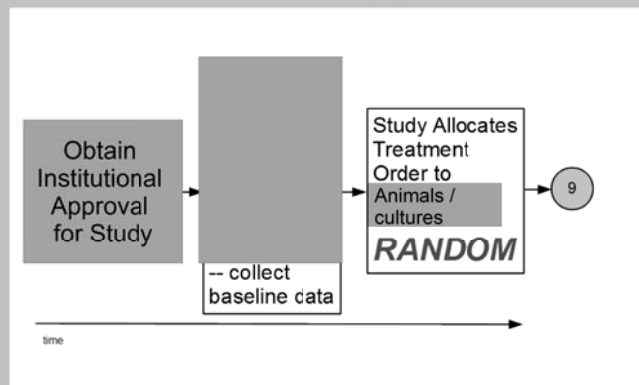
By far the most common design used

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# Within-Subject Designs: NEED COMPELLING RATIONALE TO DO THIS

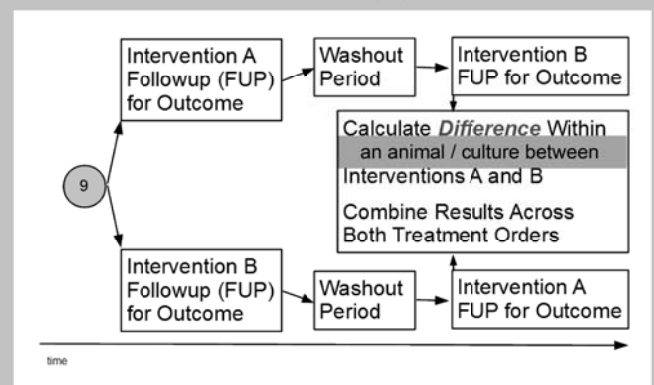
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## Cross-Over Studies (1)



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## Cross-Over Studies (2)



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# Bias: The Threat to Validity

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## Bias (1)

**Bias:** the results observed reflect other factors in addition to (or even instead of) the effect of the treatment

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## Bias (2)

- there are multiple potential sources of bias
- it is impossible to completely eliminate the possibility of bias
- it is possible to minimize some of the major biases with careful planning
- the accusation that a bias *may* exist is often sufficient to cause the validity of a study to be generally questioned

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Bias (3)

## Assessor Bias

- the assessor's knowledge of which treatment the animal is receiving *may* affect the way the assessor assesses outcome
- such a bias would directly affect the validity of the conclusions of the study

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Bias (4)

## Laboratory Bias

- the technicians knowledge of which treatment the specimen comes from *may* affect the way the test is done / interpreted / read
- such a bias would directly affect the validity of the conclusions of the study

R01 Bootcamp: 2013.03.19: <33>

## Outline

- Interventional Study Designs
- **Randomization and Masking**
- Hypothesis Testing
- Statistical Tests
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# Treatment Allocation (Randomization)

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## Treatment Allocation (1)

Treatment  
allocation **must**  
be random

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## Treatment Allocation (2)

- Assigning animals alternately to treatment group is **not** random assignment
- Assigning the first half of the population to one group is **not** random assignment

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## Treatment Allocation (3)

**Randomization** implies that treatment allocation is assigned *to each individual animal after* the animal is included into the study

- minimizes the possibility that there is some systematic difference between the two groups -- whether done knowingly or unknowingly

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## Treatment Allocation (4)

- Random allocation does not imply that there are equal numbers in each group
- Equal numbers in each group (1:1 [experimental:control] randomization) maximizes power for total number of animals under usual assumptions

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## Treatment Allocation (5)

- Randomization does not imply that one cannot "group" animals in various ways
- Two common methods of grouping are:
  - blocking
  - stratification

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### Treatment Allocation (6)

#### Blocking

- animals are grouped into **blocks** by time of treatment ("batches")
- animals within each block are randomized separately
- **Blocking** ensures that animals are reasonably well balanced across treatment over time
  - eliminates confounding because of batch variability

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### Treatment Allocation (7)

#### Stratification

- Stratification is a method to ensure balance on a specific factor (or factors) which **are** used in the randomization
- Stratification does **not** ensure balance between other factors which **are not** included in the randomization
- Common stratification factors would be gender and age
- Randomization done separately in each stratum

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# Masking

(also called blinding)

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## Masking (1)

**Almost all** of the *potential* biases can be minimized if *everyone* involved in the study is masked to the actual treatment the patient is receiving

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## Masking (2)

**Masking** (also called **blinding**) is intended to avoid biases due to knowledge of treatment

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## Masking (3) Hierarchy of Masking

- **open label**: no masking **NOT RELEVANT**
- **single blind**: patient (usually; occasionally may be assessor) masked to treatment
- **double blind**: patient and assessors (who often are also the health care providers and data collectors) masked to treatment
- **complete masking**: everyone involved in study masked to treatment

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## Masking (4)

- the real decision is whether the person doing the experiment (the “assessor”) is masked or not
- if you know the treatment, then you can bias the results (consciously or unconsciously)
- since you can always mask treatment to an animal, all your studies should be double-blind if you can

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## Outline

- Interventional Study Designs
- Randomization and Masking
- **Hypothesis Testing**
- Statistical Tests
- P-values
- Material expected for a grant

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## Hypothesis Testing (1)

- A formal method to make *statistical inferences* from data
- It answers the question whether the results are *statistically significant* or not

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Statistical significance does not imply clinical importance.

Clinical importance does not imply statistical significance.

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## Hypothesis Testing (2)

Components:

- Null hypothesis
- Alternative hypothesis
- P-value
- Type I and II errors
- Power

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## Hypothesis Testing (3) Null Hypothesis

- what you want to **disprove**
- generally, the idea that there is no difference between two treatments
  - applies to studies in which you are trying to show that the experimental treatment is better than the standard treatment (or placebo)
- a "straw man"
  - there is always a difference if you can measure something accurately enough

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## Hypothesis Testing (4) Alternative Hypothesis

- what you hope to show
- generally, that there is a difference between two treatments
- although the alternative hypothesis may be general (treatment is better than control), to calculate statistical properties for the alternative hypothesis a *specific value* for this difference is needed
  - this difference is *specified* by the investigator

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## Hypothesis Testing (5) P-value

- the probability that the data (or something more extreme) could have been observed *if* the *null hypothesis* were true
- P-value calculations are not valid if there is *systematic bias* in the results

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Hypothesis Testing (6)  
Types of Errors (1)

Verdict	Defendant	
	Not Guilty	Guilty
Case Not Proven	Correct	Type II
Guilty	Type I	Correct (Power)

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Hypothesis Testing (7)  
Types of Errors (2)

Decision	Truth	
	Null	Alternative
Fail to Reject Null Hypothesis	Correct $1-\alpha$	Type II $\beta$
Reject Null Hypothesis	Type I $\alpha$	Correct (Power) $1-\beta$

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Hypothesis Testing (8)  
Types of Errors (3)

Type I error

- **rejecting the null hypothesis** even though the null hypothesis is true
  - convicting an innocent person
- the probability of this is denoted by  $\alpha$  and is **pre-specified** by the investigator
  - conventionally  $\alpha = 0.05$ , two-sided
  - if the P-value is less than or equal to  $\alpha$ , the results are called "statistically significant"
- considered more serious error, so it is Type I

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Aside

- It is much more informative to use the P-value than to only say something is statistically significant or not
- Both  $P=0.049$  and  $P=0.001$  are statistically significant (for  $\alpha=0.05$ ), but the evidence is much stronger for a signal when  $P=0.001$
- The cutoff  $\alpha=0.05$  (or any other level) is arbitrary

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Hypothesis Testing (9)  
Types of Errors (4)

Type II error

- **failing to reject the null hypothesis** even though the **specific value** of the alternative is true
  - not convicting a guilty person
- the probability of this is denoted by  $\beta$
- considered less serious error, so it is Type II

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Hypothesis Testing (10)  
Types of Errors (5)

- increasing Type I error ( $\alpha$  level) lowers Type II error
  - more likely to make a Type I error, and reject the null hypothesis even though it is true
  - less likely to make a Type II error, and fail to reject the null hypothesis when the alternative hypothesis is true
  - same as convicting on less evidence in a trial: more innocent people convicted, fewer guilty people are let off
- opposite is also true

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## Hypothesis Testing (11) Power

- the chance of *rejecting the null hypothesis* if the *specific value* of the alternative hypothesis is true
  - convicting a guilty person
- the chance of making the *right decision* when the *specific value* of the alternative is true
- the probability of this is equal to  $1-\beta$

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## Outline

- Interventional Study Designs
- Randomization and Masking
- Hypothesis Testing
- **Statistical Tests**
- Assumptions of P-values
- Material expected for a grant

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## Statistical Tests (1)

- Fundamental idea:
- Calculate “effect size” (= difference from expected result)
- Calculate “noise” (standard error)
- Compare the ratio of  
effect size / expected noise  
to the theoretical distribution: large ratio implies “statistically significant”

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## Statistical Tests (2)

Is treatment associated with complete recovery?

	Complete	Partial
ExptTrmt	10	90
Control	5	45

No evidence in this data:

- 10% in the ExptTrmt group completely recovered
- 10% in the Control group completely recovered

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## Statistical Tests (3)

Is treatment associated with complete recovery?

	Complete	Partial
ExptTrmt	10	90
Control	4	46

Slight evidence in this data:

- 10% in the ExptTrmt group completely recovered
- 8% in the Control group completely recovered

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## Statistical Tests (4)

Observed data

	Complete	Partial	%Complete
ExptTrmt	10	90	10%
Control	4	46	8%

Expected data

	Complete	Partial
ExptTrmt	9.33	90.67
Control	4.67	45.33

Effect size is 0.67 (plus or minus) (=10-9.33)

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## Statistical Tests (5)

Observed data

	Complete	Partial	Total
ExptTrmt	10	90	100
Control	4	46	50
Total	14	136	150

Calculation: expected in the ExptTrmt group with complete recovery:

$$150 \text{ (total)} \times (14/150) \times (100/150) = 9.33$$

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## Statistical Tests (6)

Observed data

	Complete	Partial	Total
ExptTrmt	10	90	100
Control	4	46	50
Total	14	136	150

Calculation: expected in the Control group with partial recovery:

$$150 \text{ (total)} \times (136/150) \times (50/150) = 45.33$$

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## Statistical Tests (7)

Expected data

	Complete	Partial
ExptTrmt	9.33	90.67
Control	4.67	45.33

Effect size is 0.67 (plus or minus)

$$\text{Noise: } 1/\sqrt{1/9.33 + 1/90.67 + 1/4.67 + 1/45.33} = 1.68$$

$$\text{Ratio} = 0.67/1.68 = 0.40, \text{ P-value} = 0.7$$

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## Statistical Tests (8)

Observed data

	Complete	Partial	%Complete
ExptTrmt	200	1800	10%
Control	80	920	8%

Expected data

	Complete	Partial
ExptTrmt	186.67	1813.33
Control	93.33	906.67

Effect size is 13.33 (plus or minus)

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## Statistical Tests (9)

Expected data

	Complete	Partial
ExptTrmt	186.67	1813.33
Control	93.33	906.67

Effect size is 13.33 (plus or minus)

$$\text{Noise: } 1/\sqrt{1/186.67 + 1/1813.33 + 1/93.33 + 1/906.67} = 7.51$$

$$\text{Ratio} = 13.33/7.51 = 1.78, \text{ P-value} = 0.08$$

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## Statistical Tests (10)

- We have what most would consider to be a clinically important difference in complete recovery (10% vs 8% would be considered important -- it is 25% more people with complete recovery)
- We have a very large study (3000 people)
- But it is still just noise -- not statistically significant!

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## Statistical Tests (11)

- There are lots and lots and lots of different tests for statistical significance
- Some of the most common are listed on the next few slides

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## Statistical Tests (12)

- Continuous Data: Within a Group
  - **(Paired) T-test** or **Wilcoxon Signed Rank Test**
- Continuous Data: Between Groups
  - **T-test** (2 groups) or **Analysis of Variance** (> 2 groups)
  - **Wilcoxon Rank Sum Test** (2 groups) or **Kruskal-Wallis Test** (> 2 groups)
- Continuous Data: Relationship Among Variables
  - **Pearson correlation** or **Spearman's Rho**

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## Statistical Tests (13)

- Categorical data
  - **Fisher's Exact Test** (and extensions) or **Chi-square Tests** (and extensions)
  - **McNemar's Test** (matched data)
- Survival Data (censored data in general)
  - **Log-rank test**

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## Outline

- Interventional Study Designs
- Randomization and Masking
- Hypothesis Testing
- Statistical Tests
- **P-values**
- Material expected for a grant

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## P-values (1)

- the probability that the data (or something more extreme) could have been observed **if** the **null hypothesis** were true
- P-value calculations are not valid if there is **systematic bias** in the results

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## P-values (2)

- there are always additional assumptions when calculating a P-value
- the most basic assumption is that the assignment to group is done at random
  - this implies that there should not be a bias between groups in the way the groups were formed

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## P-values (3)

- another basic assumption is that the observations are **independent**
- this means that the result for one measurement is not affected by another measurement
- for matched data (like measurements before and after the intervention) -- the pair is the unit that is independent
- this independence assumption is critical to the interpretation of any set of data

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## P-values (4)

There are other standard assumptions involved for most significance tests:

- particular underlying distribution (usually the “normal” distribution which is the bell-shaped curve)
  - this also implies symmetry
- common variability (“noise”) between groups
  - special tests exist which take these differences into account

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## P-values (5)

- P-values are based on assumptions
- if the assumptions are not true, then the P-values are not valid

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## Outline

- Interventional Study Designs
- Randomization and Masking
- Hypothesis Testing
- Statistical Tests
- P-values
- **Material expected for a grant**

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## Grants (1)

Background on your projects

- 16 abstracts received
- about 10 appear to involve in vivo experiments
  - animals
- some involve human tissue, but appear to be bench work with it
- 2 seem to me to be engineering projects

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## Grants (2)

All grants need

- clarity
  - what you are doing
  - why you are doing it
  - why it matters
  - how results are judged

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## Grants (3)

- goal is to let the reviewer like the grant
- **you** must make it easy for the reviewer to like the grant
- so you must make it easy to understand
- this means you need coherence / consistency
  - background / pilot data support aims
  - terms used consistently
  - aims need to hang together
  - **WRITTEN CLEARLY**

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## Grants (4)

So

- have someone else read it (cold and fast) who is not an expert in your field (not your mentor, not the person next to you in the lab)
- assume that they are **RIGHT** when they say something doesn't make sense
- fix it / change it / clarify it

because the reviewers will have the same problems

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## Grants (5)

- If there are potential weaknesses in the grant, you should raise them and discuss why they are (a) really not that bad and (b) unavoidable to pursue this line of research
  - must be convincingly discussed: if it really is that bad why are you wasting your time writing this grant?
  - makes you seem more competent
  - reviewer does not get a chance to score points by finding a "gotcha" in your grant

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## Grants (6)

What does this mean about the  
**statistical material**  
in your application?

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## Grants (7) Design (1)

Design of the experiments must be clear (1)

- what you are doing
  - experimental groups / conditions
  - controls
  - how many of them you are doing
- how you are doing it
  - this needs to be the "big picture" view of the experiment

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## Grants (8) Design (2)

Design of the experiments must be clear (2)

- how you are assessing the results
  - how do you draw conclusions from the results of your experiment
    - it may be self-evident to you, but it won't be to the reviewers
  - why your design ensures that if you get the results you hope for, you can make conclusions from it
    - it may be self-evident to you, but it won't be to the reviewers

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## Grants (9) Design (3)

### Design of the experiments must be clear (3)

- why the experiment you propose will answer the question you are asking
  - this should be clear from the background / pilot data but you should tie it together for the reviewer
  - if you can not describe this in a short paragraph, you need to think about what you are doing, since you have focused on the details, not on why the experiment matters

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## Grants (10)

- **design is the fundamental statistical issue**
- if the design is not right nothing can save the project

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**Bad analyses can be redone**

**Bad designs cannot be fixed**

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**Focus on the  
study design**

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## Grants (11) Statistical Material (1)

### Statistical Material

- sample size
- data analysis
- data management
  - might be needed for some human projects, but not relevant to these types of projects

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## Grants (12) Statistical Material (2)

My normal writeup in a grant would be organized like this:

Statistical considerations

*Sample size ...*

*Data analysis ...*

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## Grants (13) Statistical Material (3)

### Sample size (1)

- replicates: need to be clear whether and how many you are using
- animals: need to be clear what the number used in each group will be
- should provide some rationale for this number
- the standard approach is based on a power analysis (expected for animals)

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## Grants (14) Statistical Material (4)

### Sample size (2): elements of a power statement

- effect size
- variability -- usually reported as standard deviation
- statistical characteristics:
  - alpha (two-sided)
  - power
- which gives you the magic number N

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## Grants (15) Statistical Material (5)

### Sample size (3)

- need to account for potential problems with the experiments
  - animals dying before you can make the measurement (if death is not the endpoint)
  - animals not getting the syndrome (if inducing the syndrome chemically)

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## Grants (16) Statistical Material (6)

### Sample size (4)

I personally have no problem with a power statement like this:

- As this line of investigation is worth pursuing only with clear evidence of a dramatic effect (at least twice the standard deviation observed among the animals), we will need 6 animals / group to have > 85% power to detect a difference in <whatever> between the <experimental name> and the control group (alpha=0.05, two-sided). We anticipate that 20-25% of animals will <whatever>, so we will begin with 8 animals / group.

R01 Bootcamp: 2013.03.19: <100>

## Aside

The magic number 6 assumes a two-group comparison using a t-test.

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## Grants (17) Statistical Material (7)

### Sample size (5)

- some statisticians would be happier with specific numbers for the effect and the standard deviation
- standard deviation could be justified based on your pilot results if they are suitable

R01 Bootcamp: 2013.03.19: <102>

## Grants (18) Statistical Material (8)

### Data analysis (1)

- if possible, mention plotting your data
  - mention a couple of specific plots as examples
- looking at data is always the way to begin
- be simple and straight forward
  - use techniques that you can do yourself
- be brief
  - the more details you give the more chance you have of making a mistake

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## Grants (19) Statistical Material (9)

### Data analysis (2)

- do not get too fancy
  - this raises concerns, unless you have a statistician on the grant
- if you attempt to fake it, it will probably be obvious to the reviewer
  - never ever bluff

R01 Bootcamp: 2013.03.19: <104>

## Grants (20) Statistical Material (10)

- Continuous Data: Within a Group
  - **(Paired) T-test** or **Wilcoxon Signed Rank Test**
- Continuous Data: Between Groups
  - **T-test** (2 groups) or **Analysis of Variance** (> 2 groups)
  - **Wilcoxon Rank Sum Test** (2 groups) or **Kruskal-Wallis Test** (> 2 groups)
- Continuous Data: Relationship Among Variables
  - **Pearson correlation** or **Spearman's Rho**

R01 Bootcamp: 2013.03.19: <105>

## Grants (21) Statistical Material (11)

- Categorical data
  - **Fisher's Exact Test** (and extensions) or **Chi-square Tests** (and extensions)
  - **McNemar's Test** (matched data)
- Survival Data (censored data in general)
  - **Log-rank test**

R01 Bootcamp: 2013.03.19: <106>

# What You Need to Remember

R01 Bootcamp: 2013.03.19: <107>

## Remember (1)

**Hypothesis testing** is a formal method to make *statistical inferences* about the results

- identifies "signals" from "noise"
- there are two different ways of making an error in hypothesis testing: deciding there is a signal when there is not one, or deciding that there is no signal when there is one
- based on the P-value

R01 Bootcamp: 2013.03.19: <108>

## Remember (2)

### P-values

- are based on the ratio: “effect” / “noise” assuming that the null hypothesis were true
- assumes that there are no biases in the results
- makes many other assumptions as well
- even more assumptions involved when the results are based on modeling

R01 Bootcamp: 2013.03.19: <109>

**Statistical significance does not imply clinical importance.**

**Clinical importance does not imply statistical significance.**

R01 Bootcamp: 2013.03.19: <110>

## Remember (3)

- ask someone to read the grant who has not read it before
- take their comments seriously
- give yourself enough time to
  - get over the annoyance that someone raises issues
  - fix the grant before submitting it

R01 Bootcamp: 2013.03.19: <111>

## Remember (4)

Grant must be clear

- what you are doing
- why you are doing it
- why what you are doing answers the question

R01 Bootcamp: 2013.03.19: <112>

## Remember (5)

- if using animals (or people): the number needs to be clear, and have a reasonable justification
- if doing data analysis, it should be straightforward unless you are working with a statistician (or are yourself an expert)

R01 Bootcamp: 2013.03.19: <113>

**Focus on the study design**

R01 Bootcamp: 2013.03.19: <114>