

Measures of Effect & Precision: an Introduction

Dr. med. Pascal M. Frey, MSc

Oberarzt, Inselspital, Universitätsklinik für Allgemeine Innere Medizin



Why is it important to measure effects & precision?

Trump steroid treatment for COVID-19 raises potential side effect risk

(Reuters) - U.S. President Donald Trump is being treated for COVID-19 with a steroid that is recommended for severe cases of the illness and that comes with risks of serious side effects,

including mood swings, aggression and confusion.



Why are measures of effects important?



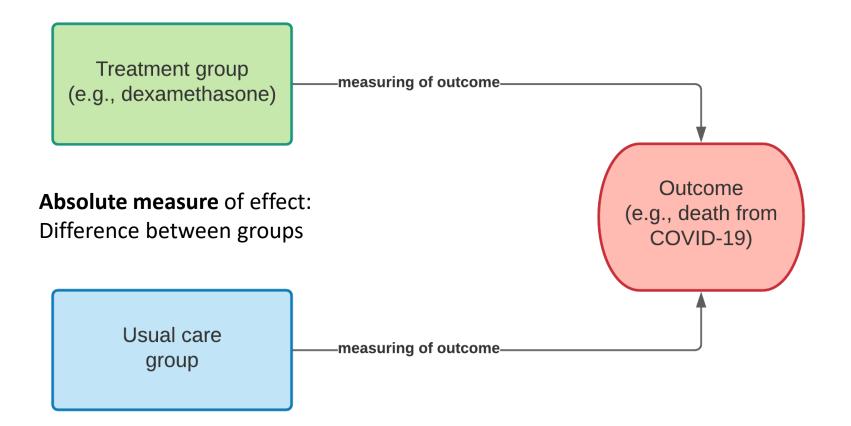
In the dexamethasone group, the incidence of death was lower than that in the usual care group among patients receiving invasive mechanical ventilation (29.3% vs. 41.4%; rate ratio, 0.64; 95% CI, 0.51 to 0.81) and among those receiving oxygen without invasive mechanical ventilation (23.3% vs. 26.2%; rate ratio, 0.82; 95% CI, 0.72 to 0.94)

Mortality at Insel Group: ~7% at that time (~22% in 2nd wave)

What is the effect of dexamethasone in our patients?

RECOVERY Collaborative Group. New England Journal of Medicine. 2020 Jul 17.

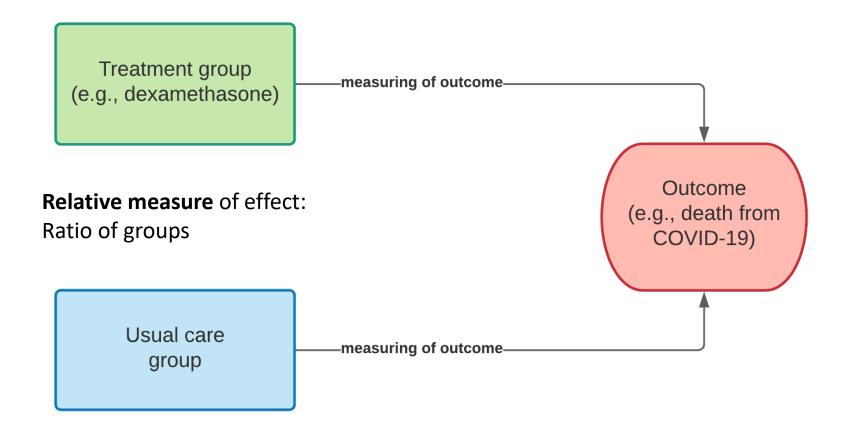




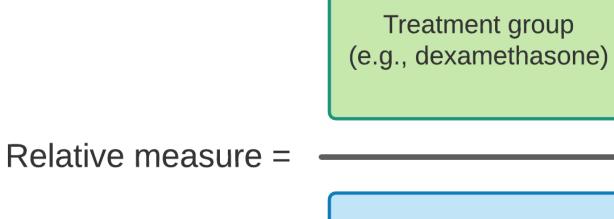












Usual care group



What are the absolute and relative measures?

Absolute measures of effect

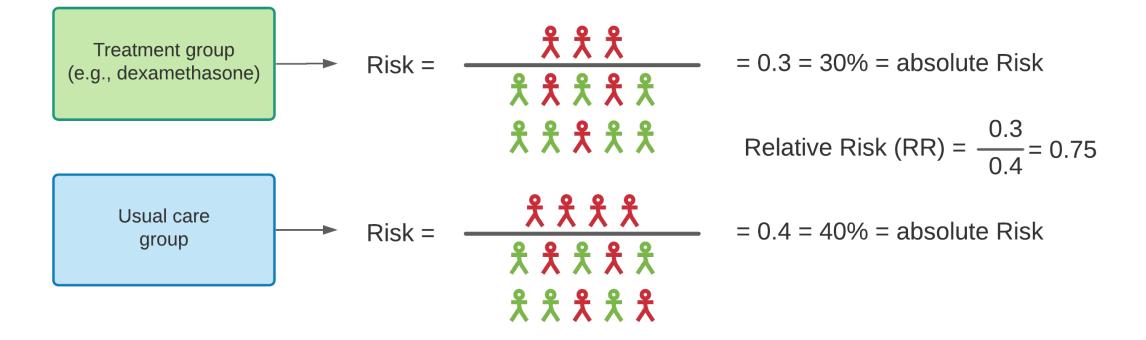
- Absolute Risk Reduction (ARR)
- Number Needed to Treat (NNT)

Relative measures of effect

- Relative Risk, Risk Ratio, Rate Ratio (RR)Relative Risk Reduction (RRR)
- Hazard Ratio (HR)
- Odds Ratio (OR)

What is a Relative Risk (RR)?



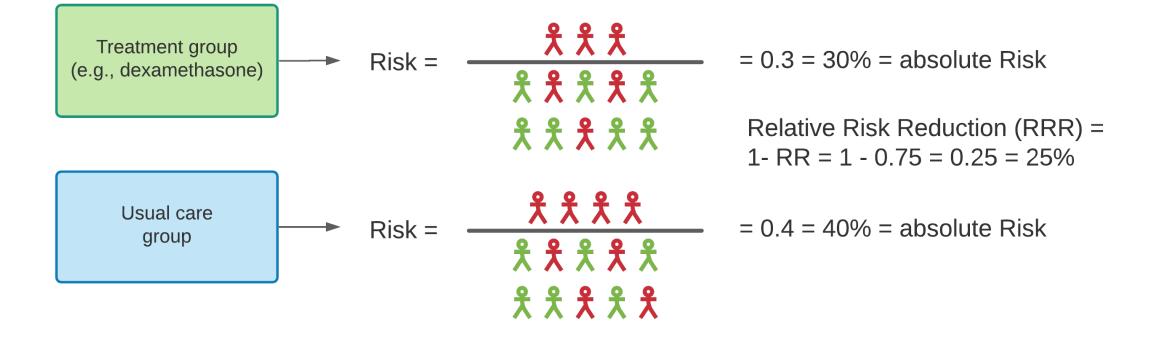


 \star = Patient with outcome (e.g., death from COVID-19)

= Patient without outcome (e.g., survived COVID-19)

What is a Relative Risk Reduction (RRR)?



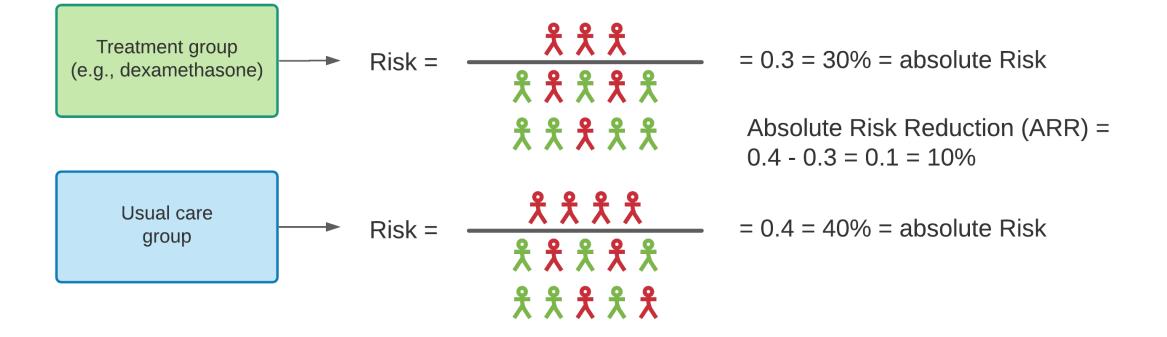


 \star = Patient with outcome (e.g., death from COVID-19)

= Patient without outcome (e.g., survived COVID-19)

What is the Absolute Risk Reduction (ARR)?



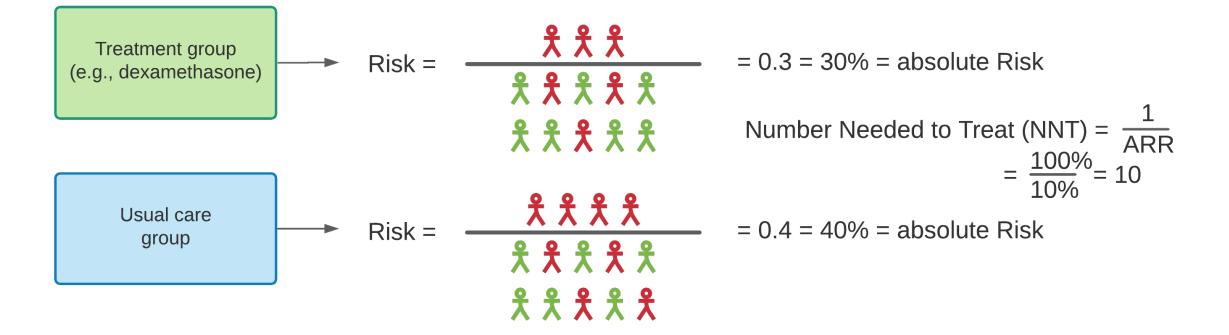


 $\frac{1}{2}$ = Patient with outcome (e.g., death from COVID-19)

= Patient without outcome (e.g., survived COVID-19)

What is the Number Needed to Treat?





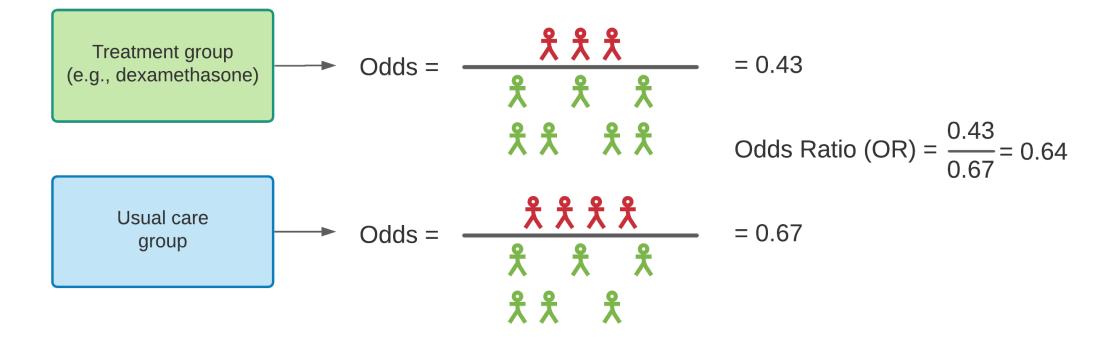
 \star = Patient with outcome (e.g., death from COVID-19)

= Patient without outcome (e.g., survived COVID-19)

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What are the Odds and their Ratio?



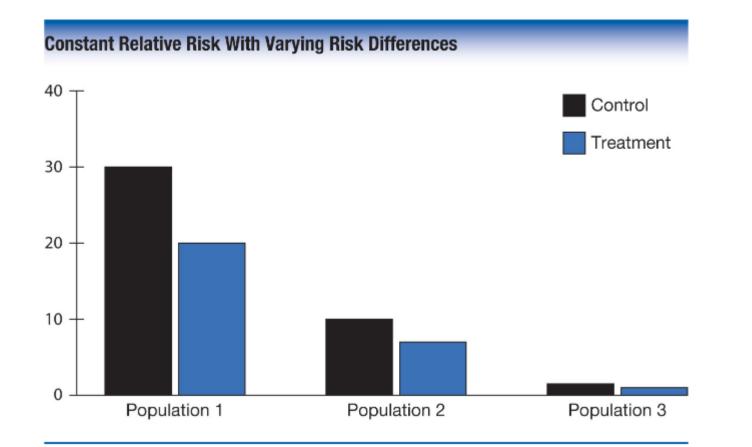


 \star = Patient with outcome (e.g., death from COVID-19)

? = Patient without outcome (e.g., survived COVID-19)



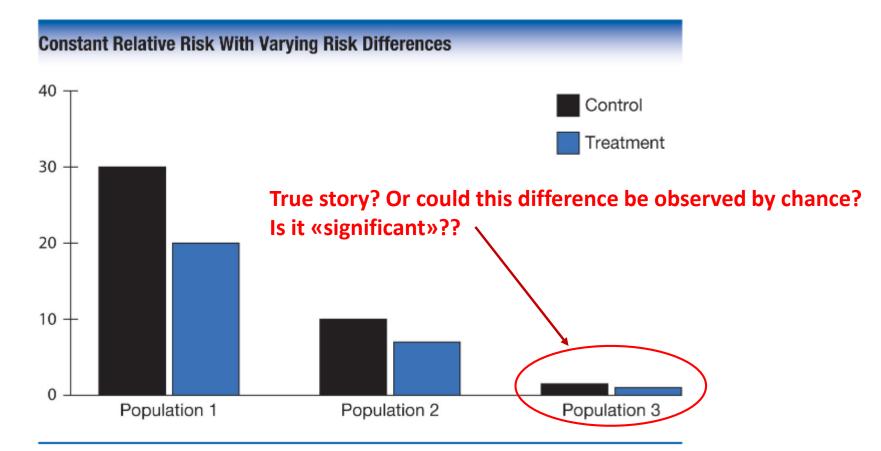
Importance of knowing absolute and relative risk



Guyatt GH, et al., JAMA, 2000



Should we measure the precision of our effect?



Guyatt GH, et al., JAMA, 2000

Why are measures of precision important?



CONCLUSIONS AND RELEVANCE Among patients with moderate COVID-19, those randomized to a 10-day course of remdesivir did not have a statistically significant difference in clinical status compared with standard care at 11 days after initiation of treatment. Patients randomized to a 5-day course of remdesivir had a statistically significant difference in clinical status compared with standard care, but the difference was of uncertain clinical importance.

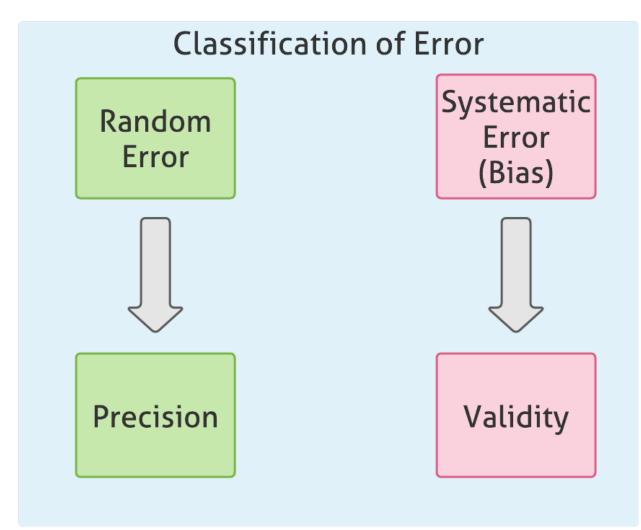
► If significance = good, then 5 > 10 days?

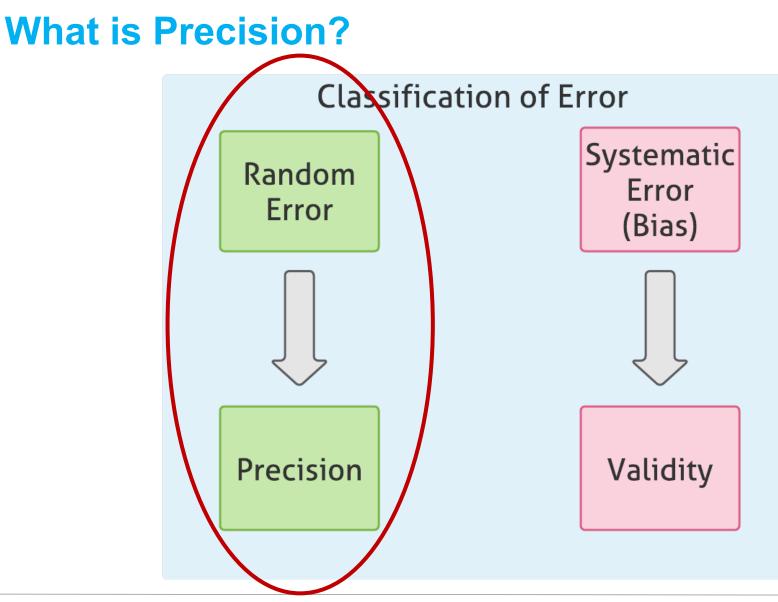


Spinner CD, et al., Jama. 2020 Sep 15



What is **Precision?**

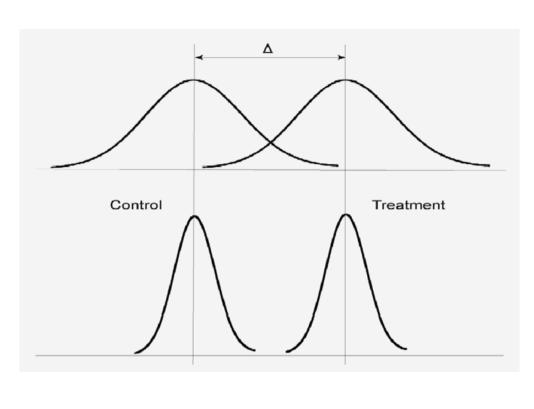






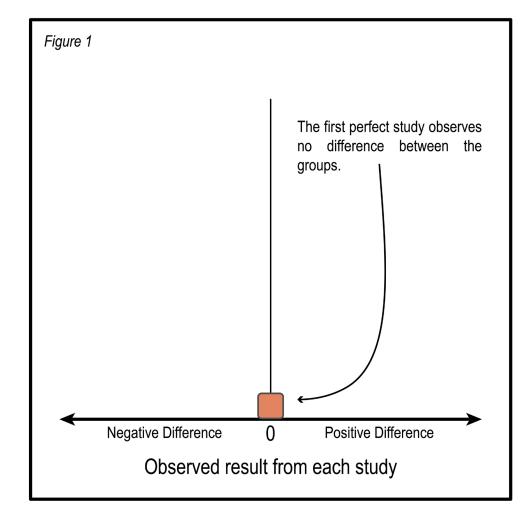


What is Precision?

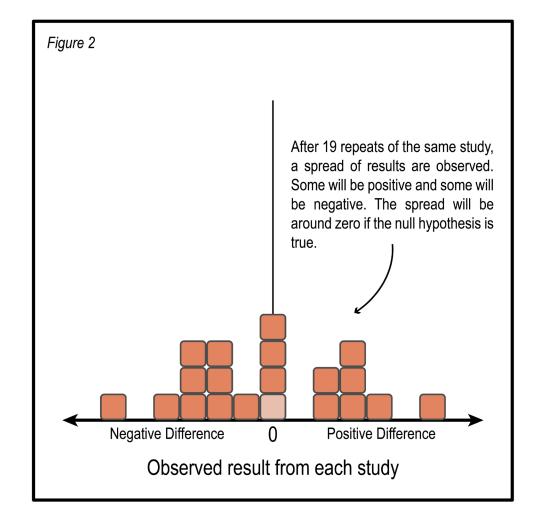




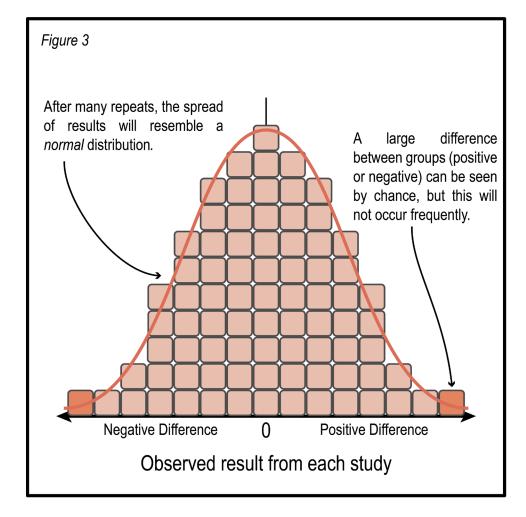




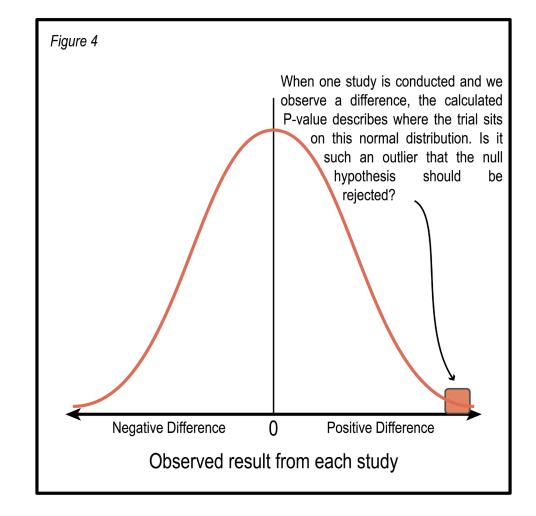












Definition of the p-value



The probability (**p**) of obtaining a result equal to, or "more extreme" than, that actually observed, under the assumption that the null hypothesis (there is no difference between specified groups/populations) is correct.

Confidence Intervals: better than the p-value?

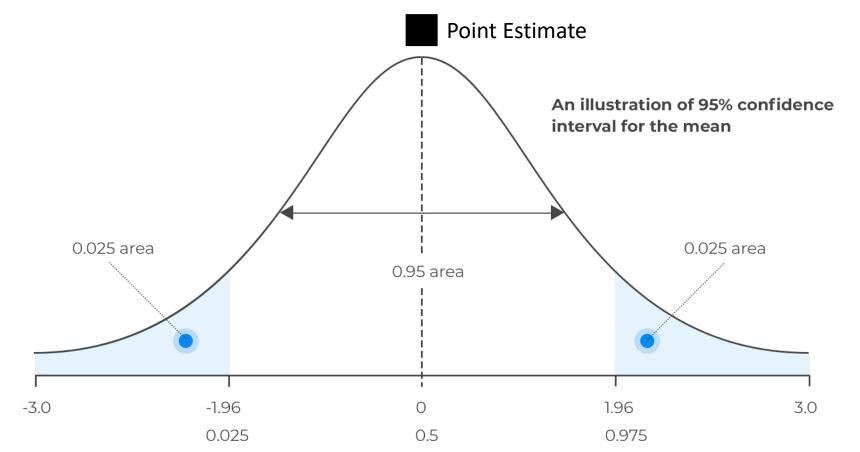


95% confidence interval (**CI**): the range that would include the values of 95% of study repeats, if the study was repeated many times.

Or easier: we can be 95% confident, that the true effect lies within the interval given by the 95% CI (in the absence of bias).

Confidence Intervals: better than the p-value?







Confidence Intervals: better than the p-value?

	Deaths reported / Patients randomized in ITT analyses (28-day risk, K-M%)		Active-group deaths: log-rank statistics		Ratio of death rates (RF 99% CI (or 95% CI, for to	
	Active	Control	O-E	Variance	Active : Contro	
(a) Remdesivir						
Age at entry					:	
<50	61/961 (6.9)	59/952 (6.8)	2.3	29.8		1.08 [0.67-1.73]
50-69	154/1282 (13.8)	161/1287 (14.2)	-7.6	77.5		0.91 [0.68-1.21]
70+	86/500 (20.5)	83/469 (21.6)	-2.9	41.5		0.93 [0.63-1.39]
Respiratory support	at entry					
Ventilated	98/254 (43.0)	71/233 (37.8)	7.6	40.8		1.20 [0.80-1.80]
Not ventilated	203/2489 (9.4)	232/2475 (10.6)	-15.8	108.0		0.86 [0.67-1.11]
Total	301/2743 (12.5)	303/2708 (12.7)	-8.3	148.8		0.95 [0.81-1.11]
99% or <>> 95% confidence interval (CI), K-M Kaplan-Meier.				0.0		.5 2.0 tive
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Take Home Message

Measures of Effect

- Absolute measures
 - Absolute risk reduction (ARR): the difference in absolut risk between groups
 - Number needed to treat (NTT): the number of patients that need to be treated to prevent one outcome (can be calculated as 1 / ARR or 100 / ARR%)
- Relative measures
 - Relative risk (RR): the relative change of risk to experience the outcome between the two groups (usually intervention and control)
 - Relative risk reduction: the reduction in risk from administering the intervention (compared to control)
 - Odds ratio (OR): the relative change of odds to experience the outcome between the two groups (usually intervention and control)

Measures of Precision

- P-value: probability of observing a difference by chance alone
- 95% confidence interval: range of values that we can be 95% confident would include the true effect