

**A Handbook of**

**Categorical**

**Data Analysis**

**in Health Science Research**

**Bandit Thinkhamrop, Ph.D.**

# **A Handbook of Categorical Data Analysis in Health Science Research**

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## PREFACE

**T**his handbook is primarily designed for health-related Master degree students, in particular, Master of Public Health in Biostatistics at Khon Kaen University, Thailand. However, it could be used as a practical guide for health science researchers. It is also suitable as a review for PhD candidates, i.e., Doctor of Philosophy in Public Health at Khon Kaen University which started in 2001. I summarized some important concepts for each topic presented in each chapter. However this handbook is really not self-contained. Details for each topic can be found in the corresponding references given at the end of each chapter. I have tried to avoid mathematical notations as possible. Practical approaches for each type of problems were illustrated through examples. The example data are mostly adapted from many books that were related to categorical data analysis in which their authors used them to illustrate concepts of statistical methods. Most of them were difficult to follow for students who had limited mathematical and statistical background. Here I tried to provide a complete analysis as it should be done in the real world when we analyze the data. All examples were organized so that they are easy to follow and logical. Readers can also examine further approaches to the same problems by other authors that were given in each example. Advanced readers, in particular, students in Master of Public Health in Biostatistics are expect explore further in other related books the theoretical grounds of each statistical methods. I did not repeat those in this book but provided the references. All of these references are very specific - i.e., page numbers were given. By these methods, I hope readers can gain more insightful in the statistical methods presented in this book although what I had summarized in this book are also sufficient to understand the practical approaches that had

been followed. Practicing exploring further references is believed to serve as a basis of getting update to the most recent advanced knowledge in the future.

The approaches of data analysis in this book emphasize in that each problem need to be analyzed under a sufficient knowledge of the underlying research questions. Then showing that descriptive statistics are important and useful. The inferential components of statistics has to be provided both estimation (ie., confidence intervals) and test hypothesis (i.e., p-values). Conclusions need to be based mainly on the estimation than the test hypothesis. Thus each of most of the examples consisted of four components - i) describing the proportions; ii) estimating measure of effect; iii) testing the hypothesis; and iv) summary findings.

This book started with describing an overview of categorical data analysis in Chapter 1 in which some simple (univariate) analyses were discussed. Chapters 2 - 5 involve bivariate analysis in several situations. Chapters 6 - 7 related to multivariable analysis. References and exercises were provided at the end of each chapter. Readers are encouraged to try doing the exercise then compare with the detailed answers given in the appendix at the end of the book.

I tried to limit the statistical software used in this book so that readers can gain concepts underlying the analysis rather than the software commands. Stata is my choice because it covers a wide range of statistical methods presented in this book yet small and affordable. Readers can easily access more information about Stata via the internet at <http://www.stata.com>. Commands are in bold letters following a dot. The results are displayed in letters smaller than and different fonts from the main texts. This is to enable readers repeat the analysis.

**I thank Professor Annette Dobson, The University of Newcastle, Australia for her great contribution, even not directly, in this work. I thank Dr Diane O'Connell, who was my teachers in this subjects when I was studying at The University of Newcastle. This book was very much influenced by her. Study modules of Categorical Data Analysis prepared by Centre of Clinical Epidemiology and Biostatistics (CCEB), The University of Newcastle, Australia in 1993 were also plays a large role in organizing the chapters of this book. Special thanks are to staff of the Department of Biostatistics and Demography for their encouragement, comments, and suggestions. I also thank to authors of several books from which I have learned greatly; in particular, books by Agresti (1990), Fleiss (1981), Feinsberg (1980), Everitte (1977), Kleinbaum (1994), and Altman (1991). Finally I thank all batches of my students since 1996 - those who took a Master of Public Health in Biostatistics for their comments on the earlier drafts, especially the batch in 1999.**

**If there is some mistakes that could be found in this book, it is solely my false. I would appreciate any suggestions and very much welcome any comments.**

**Bandit Thinkhamrop  
January 2001**

## คำปรารภ

แรงคลาใจในการเขียนหนังสือเล่มนี้มาจากปัญหาของนักศึกษาในทำ  
ความเข้าใจวิธีการทางสถิติเพื่อวิเคราะห์ข้อมูลการวิจัย และการเรียนการสอนวิชา  
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ทางวิทยาศาสตร์สุขภาพ ที่พบว่าตำราที่เกี่ยวกับการวิเคราะห์ข้อมูลแจกแจงนับที่มีอยู่  
ในปัจจุบันส่วนมากเน้นหนักทางด้านทฤษฎี เต็มไปด้วยสูตรทางคณิตศาสตร์ หรือ  
ที่พยายามทำให้ง่ายขึ้นก็มีเนื้อหาแยกเป็นส่วนๆ ยากแก่การประสานเชื่อมโยง  
ระหว่างเนื้อหา และที่ยากยิ่งกว่าคือการเชื่อมโยงเนื้อหาทางทฤษฎีกับโลกความเป็น  
จริง คือไม่เพียงวิเคราะห์ข้อมูล แต่ต้องเขียนออกมาเป็นรายงานสรุปผลด้วย  
สภาพเหล่านี้ ทำให้นักศึกษาหรือบุคลากรทางด้านการแพทย์และสาธารณสุข ซึ่งมี  
พื้นฐานทางด้านคณิตศาสตร์และสถิติที่จำกัดนั้น เข้าใจเนื้อหาได้ยาก หรือหมด  
ความพยายามที่จะศึกษา นอกจากนั้น 7 คณะในสาขาวิทยาศาสตร์สุขภาพยังได้  
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สำคัญให้เกิดหนังสือเล่มนี้

ในแต่ละบทของหนังสือเล่มนี้ เริ่มจากการสรุปแนวคิดที่สำคัญ โดยได้  
พยายามหลีกเลี่ยงสูตรทางคณิตศาสตร์ ยกเว้นที่มีความจำเป็นอย่างยิ่งต่อการทำ  
ความเข้าใจเนื้อหาซึ่งจำกัทำให้เหลือน้อยที่สุด จากนั้นใช้ตัวอย่างเป็นตัวเดินเรื่อง

ตัวอย่างส่วนมากอ้างอิงมาจากตำราของนักสถิติชั้นนำของโลกที่เกี่ยวกับการวิเคราะห์ข้อมูลแขนงพร้อมกันได้ดัดแปลงเพื่อให้ง่ายต่อการเข้าใจและสอดคล้องกับปัญหาในประเทศไทย ในขณะที่ผู้แต่งที่ได้อ้างอิงไว้นั้นใช้ในการแสดงตัวอย่างการคำนวณเป็นหลัก ในหนังสือเล่มนี้ ตัวอย่างเป็นมากกว่าโจทย์ เพื่อแสดงการคำนวณ เช่นมีการชี้ให้เห็นว่าคำถามการวิจัยและประเภทของการวิจัยมีความสำคัญต่อการวิเคราะห์ข้อมูล มีการวิเคราะห์ข้อมูลโดยใช้วิธีการทางสถิติที่กล่าวถึงในบทนั้น มีการวิเคราะห์ที่มีให้ครอบคลุมประกอบทั้งสถิติเชิงพรรณนาและการอนุมานทางสถิติ และมีการแปลความหมายและนำเสนอผลการวิเคราะห์ในรูปแบบที่ถูกต้องตามทฤษฎีและเป็นที่ยอมรับกันทั่วไปในวารสารวิชาการต่างๆ การวิเคราะห์ข้อมูลแสดงให้เห็นโดยการใช้คอมพิวเตอร์ ซึ่งเป็นวิธีการที่ทำในชีวิตจริง การคำนวณจึงดูไม่ยุ่งยาก ผู้อ่านสามารถค้นคว้าเพิ่มเติมถึงรากเหง้าการวิเคราะห์ รวมถึงสูตรที่ใช้ในการคำนวณ โดยค้นคว้ารายการเอกสารอ้างอิงที่ให้ไว้อย่างจำเพาะถึงเลขหน้าในหนังสือที่อ้างอิงนั้น

ความสำคัญอื่นๆ มีกล่าวไว้ใน Preface ที่เสนอไว้ก่อนหน้านี้ อนึ่ง การเขียนหนังสือเล่มนี้เป็นภาษาอังกฤษ ถึงแม้เป็นส่วนสำคัญในการวางรากฐานการเรียนรู้ที่ดีของผู้อ่าน เนื่องจากวิชาการทางด้านนี้ มีการพัฒนารุดหน้าอย่างไม่หยุดยั้งและรวดเร็วตามเทคโนโลยี และล้วนเป็นภาษาอังกฤษ

ผู้เขียนขออ้อมรับคำแนะนำปรับปรุงแก้ไขหนังสือเล่มนี้ด้วยความยินดี ยิ่ง เพื่อยังประโยชน์แก่สังคมแห่งการเรียนรู้ และการพัฒนาองค์ความรู้ด้านวิทยาศาสตร์สุขภาพต่อไป

บัณฑิต ถิ่นคำพ

มกราคม 2544

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# Chapter 1

## An Overview

### Chapter Objectives

After completing this chapter, readers should be able to:

- describe goals of data analysis;
- specify components of statistics needed for reporting of health science research;
- describe type of variables and research with categorical outcome;
- describe general concepts of categorical data analysis;
- specify appropriate statistical methods for analysis of research with categorical outcome in relation to type of dependent and independent variables;
- calculate the point estimate of proportions for a dichotomous outcome and their confidence intervals;
- test a hypothesis for single proportion; and
- estimate proportions for a polytomous or ordinal outcome.

## Contents

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### 1.1 Ultimate goal of data analysis

A key concept underlying the subject of statistics is “variability”. Statistical methods can help us to explain variation observed in the data being collected. By explaining such variation we interpret the results. Reliable results depend upon an appropriate research design. If the design of the study is unacceptable, the research is rather useless no matter how well the data were analyzed.

Statistics is a curious amalgam of mathematics, logic and judgement (Altman, 1991). The logical process and judgement are more difficult than mathematics. These involve careful thought about the topic under investigation, the principles of research methodology, the concepts underlying statistical methods used, and interpretation of the results. Thus, in data analysis, we cannot just looking solely at the data - dumping into the computer and take the outputs.

The ultimate goal of most of health research were to obtain body of knowledge regarding the study health events. Statistics thinking can contribute to every stage of the study. The body of knowledge in the sense of statistics is the ultimate outcome that answers the research question(s). Since we mainly aim to obtain body of knowledge that can be generalizable, statistics should include both descriptive and inferential components of statistics. The descriptive component is to describe the study sample whereas the inferential component involves using information obtained from a sample to describe a larger population.

As mentioned that the body of knowledge is universal in nature, the inferential component of statistics should be presented. There are two sub-components within this

**component - estimation and hypothesis testing. The estimation is presented as the confidence intervals whereas the hypothesis testing is presented as p-value. However, a large number of researches were misguided to use solely p-value for drawing conclusion from. Overemphasizing use of p-value (or the most popular term is the significant test) is rather misleading. Recent approach advocates use of confidence intervals followed by the p-value. A good readings for interpretation of confidence intervals is given by Guyatt (1995).**

## **1.2 Research with categorical outcome**

**In planning for the research (i.e., preparing the research proposal), study variables should be clearly defined. We can know from that at least what is the outcome (or response or dependent variable) and what is (are) the independent (or study factors or explanatory variables). In most cases, there is only one outcome and several explanatory variables in a study. These variables need to be classified in to at least two main types - categorical or continuous. Knowing the types of variable will lead to appropriately choosing statistical methods for further analysis.**

**This book focused on a categorical outcome. Categorical data could be one of the following types of data.**

- 1.2.1 Nominal data: There could be only two possible values of such variable such as DEAD (dead or alive), CURED (cured or not cured), TEST (positive, negative), PAIN (yes or no), etc. This type of data is called dichotomous. If there are three or more possible values, it is called polytomous such as DELIVERY (vaginal, caesarian section, or others). Note that capital letters are to indicate variables' name.**
- 1.2.2 Ordinal data: It is the polytomous data that can be ranked such as SYMPTOM (severe, moderate, mild).**

**1.2.3 Count data:** It is a discrete quantity such as INJURY recorded as number of episode of injuries per period, EPILEPSY recorded as number of epileptic attack per two weeks, etc.

Note that continuous outcome could be grouped then this can be analyzed as categorical data. However this practice is not recommended as it thrown away some information and thus considered less efficient than being analyzed as its original continuous data. On the contrary, ordinal and count outcome could also be analyzed as if they are continuous. However, this approach is acceptable in some certain circumstances. It is also often that some higher level of outcome are collapsed so that it can be less level such as birth weight in grams are grouped into 3 grouped - low, normal, and high, and it can then be collapsed into two groups - normal and abnormal. This approach also needs a careful though (Stromberg, 1996).

### **1.3 An overview of categorical data analysis**

Once data had been collected, we need to summarize it before further analysis. This serve as the tools for both determine the distribution of data and also to describe the characteristics of the study sample and estimate statistics of interest.

The analysis of categorical data generally involves the proportion of "successes" in a given population. This may consist of estimating a single parameter, comparing two parameters, or investigating the potential relationship between two or more categorical variables.

Aside from type of the data, research design is also an important criterion for determining appropriate statistical methods. Some approaches for the data analysis were summarized in Table 1.1. These approaches are limited only to common type of research where there was only one outcome and several explanatory variables. If only an outcome was analyzed and all explanatory variables were just for

describing the study sample, it is termed a *univariate* analysis (Chapter 1 sections 1.4, 1.5, and 1.6). If the outcome was analyzed with only one explanatory variable at a time, it is *bivariate* analysis (Chapters 2, 3, 4, and 5). If the outcome was analyzed with several explanatory variables at the same time, it is a *multivariable* analysis (Chapters 6, and 7). We will not cover *multivariate* analysis where more than one outcome was analyzed at a time (Kleinbaum et al., 1998; page 1 has a discussion regarding multivariable and multivariate analysis). Chapter 8 presents special issues related to analysis of categorical data that were not mentioned in the remaining chapters.

**Table 1.1** summary of approaches comonly used for analysis of a categorical outcome.

Independent (exploratory) variable(s)	A dependent variable (An outcome)		
	Two categories(dichotomous)	Three categories or more (polytomous)	Three categories or more (ordinal)
1. None	Estimating proportion (Chapter 1) next section	Estimating proportions (Chapter 1) next section	Estimating proportions (Chapter 1) next section
2. One variable			
2.1 Two categories(dichotomous)	2-by-2 Table (Chapter 2)	2-by-C Table (Chapter 3)	2-by-C Table (Chapter 3)
2.2 Three categories or more(polytomous)	2-by-C Table (Chapter 3)	R-by-C Table (Chapter 4)	R-by-C Table (Chapter 4)
2.3 Three categories or more(ordinal)	2-by-C Table (Chapter 3)	R-by-C Table (Chapter 4)	R-by-C Table (Chapter 4)
2.4 Continuous data	Logistic regression (Chapter 6)	Multinomial logistic regression (Chapter 6)	Ordered logistic regression (Chapter 6)
3. More than one variables			
3.1 All are categorical	Logistic regression (Chapter 6), or Log-linear model (Chapter 7)	Multinomial logistic regression (Chapter 6), or Log-linear model (Chapter 7)	Ordered logistic regression (Chapter 6), or Log-linear model (Chapter 7)

3.2 All are continuous	Logistic regression (Chapter 6)	Multinomial logistic regression (Chapter 6)	Ordered logistic regression (Chapter 6)
3.3 Mixed (categorical and continuous)	Logistic regression (Chapter 6)	Multinomial logistic regression (Chapter 6)	Ordered logistic regression (Chapter 6)
Repeated measurement of a categorical outcome	Matched 2-by-2 Table (Chapter 2) or GEE (Chapter 6)	Squared Table (Chapter 5) or GEE (Chapter 6)	Squared Table (Chapter 5) or GEE (Chapter 6)
Outcome as a count data	Poisson regression model (Chapter 6)		

#### 1.4 Estimating proportions for a dichotomous outcome

In many health researches, we randomly selected a sample of  $n$  subjects to determine a number of  $x$  subjects who represent one of two outcomes so that a statistic “proportion”, denoted by  $p$ , can be estimated as  $p = x / n$  to summarize the data. For example, a total of 400 children were randomly selected from a community to determine measles vaccine coverage, 320 of them were reported vaccinated. Thus the proportion is 0.8 or 80% which is the vaccine coverage. In this case  $x$  follows a binomial distribution. A suggested reading for this distribution is in Altman (1991); page 63 - 66 and 68 - 70. The same author also provided a readable detail, formula and a work example, on obtaining confidence intervals for one proportion on page 230.

Here we consider “vaccination” the dichotomous outcome since it has two possible categories - vaccinated or non-vaccinated. All other variables could be also collected but just for describing the study samples - not for comparing such outcome by groups of these variables. In other words, there is no explanatory variable of interest. Richardson (1994) termed this a 2-by-1 Table as opposed to 2-by-2 Table where there is a dichotomous explanatory variable.

The above example can be calculated using an immediate "ci" command of STATA (see StataCorp., 1999; Volume 1: A-G

page 194-200) requesting for an estimated proportion and binomial exact confidence intervals as shown below.

```
. cii 400 320
```

```
Variable |      Obs      Mean   Std. Err.   -- Binomial Exact --
          |-----+-----|-----+-----|-----+-----|
          |      400       .8     .02         [95% Conf. Interval]
          |-----+-----|-----+-----|
          |              .7573914   .8381042
```

Now let's use a data set. The following data set will be used throughout the book to avoid confusion that may be caused by several data sets. We will refer to this data set "The Example Data Set". It was available in the internet which can be downloaded directly at the following address:

*<http://bandit.mykku.net>*

The six variables (Table 1.2) denoted by V1, V2, ..., and V6 were modified to suite the topics being discussed. Note that "id" stands for the identification number of individual record.

**Table 1.2 Summary of the example data set**

id	V1	V2	V3	V4	V5	V6
1.	1	1	0	2600	30	0
2.	1	1	0	2900	29	1
3.	1	1	0	3100	25	0
4.	1	1	0	3000	21	0
5.	1	1	0	2600	19	0

--- 457 records were skipped ---

463.	0	0	0	2600	30	0
464.	0	1	0	3500	30	0
465.	0	1	0	3200	22	1

**Example 1.1**

A hypothetical scenario of the following data set is that it is from a cross-sectional study was conducted among 465 women who have had delivered their children 1 to 6 months before the study was started (Table 1.2). It aimed to determine prevalence of neonatal death.

**Table 1.3 Summary of the variables for the example data set in Example 1.1.**

<b>Variable names</b>	<b>Descriptions</b>	<b>Values</b>
<b>V1</b>	<b>Dead within the first month of life</b>	<b>1 = Dead 0 = Alive</b>
<b>V2</b>	<b>Gender</b>	<b>1 = Male 0 = Female</b>
<b>V3</b>	<b>Mother attending antenatal care during pregnancy</b>	<b>1 = Yes 0 = No</b>
<b>V4</b>	<b>Birth weight</b>	<b>Weight in grams</b>
<b>V5</b>	<b>Mother's age</b>	<b>Age in years</b>
<b>V6</b>	<b>Place of birth</b>	<b>0 = Hospital 1 = Health center 2 = Home 3 = Roadside (During travelling)</b>

**Preview:** V1 is an outcome, the remaining variables are to describe characteristics of the children. We will focus here only on analysis of the main outcome. An example of complete analysis was demonstrated at the end of Chapter 10.

## Steps for the data analysis with Stata :

### 1. Open the example data set in Stata using the “use” command.

```
. use example.dta, clear
```

### 2. Examine the data using “summarize” command (see StataCorp., 1999; Volume 4: Su-Z page 1-7).

```
. su
```

Variable	Obs	Mean	Std. Dev.	Min	Max
id	465	233	134.3782	1	465
v1	465	.1397849	.3471372	0	1
v2	465	.5182796	.5002039	0	1
v3	465	.0752688	.2641087	0	1
v4	465	3010.695	437.7349	1850	4000
v5	465	25.52473	5.362298	17	42
v6	465	.255914	.5882217	0	3

### 3. Obtain the frequency, the estimated proportion, and the confidence intervals of neonatal dead using the following two commands, i.e. "tab" (see StataCorp., 1999; Volume 4: Su-Z page 144-152) and "ci" (see StataCorp., 1999; Volume 1: A-G page 194-200).

```
. tab v1
```

V1	Freq.	Percent	Cum.
0	400	86.02	86.02
1	65	13.98	100.00
Total	465	100.00	

```
. ci v1
```

Variable	Obs	Mean	Std. Err.	[95% Conf. Interval]
v1	465	.1397849	.0160981	.1081507 .1714192

### 4. Summarize findings:



```
. prtesti 465 0.14 0.05
```

```
One-sample test of proportion                x: Number of obs =      465
-----+-----
Variable |      Mean   Std. Err.      z    P>|z|    [95% Conf. Interval]
-----+-----
x       |      .14    .0160911   8.70044  0.0000    .1084619   .1715381

              Ho: proportion(x) = .05

      Ha: x < .05          Ha: x ~=.05          Ha: x > .05
         z = 8.905          z = 8.905          z = 8.905
      P < z = 1.0000      P > |z| = 0.0000      P > z = 0.0000
```

For small sample, the exact binomial probability test should be used. Richardson (1994); page 129, suggested that it should be used routinely in the analysis of 2-by-1 Tables that are derived from fewer than 100 subjects. The “bitest” command of Stata (see StataCorp., 1999; Volume 1: A-G page 138-141) calculates the exact p-value for this test.

```
. bitest v1 = 0.05
```

```
Variable |      N   Observed k   Expected k   Assumed p   Observed p
-----+-----
v1      |     465         65      23.25      0.05000     0.13978

Pr(k >= 65) = 0.000000 (one-sided test)
Pr(k <= 65) = 1.000000 (one-sided test)
Pr(k >= 65) = 0.000000 (two-sided test)
```

Note: Lower tail of two-sided p-value is empty.

Alternatively, we can use the immediate form of the “bitest” command as follows:

```
. bitesti 465 65 0.05
```

```
      N   Observed k   Expected k   Assumed p   Observed p
    465         65      23.25      0.05000     0.13978

Pr(k >= 65) = 0.000000 (one-sided test)
Pr(k <= 65) = 1.000000 (one-sided test)
Pr(k >= 65) = 0.000000 (two-sided test)
```

Note: Lower tail of two-sided p-value is empty.

For large study such as this example, the results from using asymptotic methods (i.e., z-test provided by the “prtest”

command) and exact test (i.e., Binomial exact probability test provided by the “bitest” command) are identical.

Since  $p\text{-value} < 0.001$ , the null hypothesis is rejected and concluded that the prevalence of 14.0% is statistically significant different from 5.0% to which the Ministry of Public Health aimed to reduce. (Note that we will never quote  $p\text{-value} = 0.000000$  for our report since this means that it is impossible which is not true, at least one study could have happened - the study being analyzed here!)

### 1.6 Estimating proportions for a polytomous or ordinal outcome

Suppose we now have another cross-sectional study where V6 is an outcome. The variable has 4 levels (Table 1.2). Think of these four outcomes as delivery at “hospital”, “health center”, “home”, and “road side while travelling”. Even though the outcome are coded 0, 1, 2, 3, and 4 the numerical values are arbitrary. There was no natural ordering by place of delivery. The binomial distribution cannot be assumed but this data has a multinomial distribution. Definition of this distribution is given by Agresti (1990); page 38 - 39. For additional details of calculation of confidence intervals, see Goodman (1965).

For this example, first we can estimate the proportions using “svyprop” command (see StataCorp., 1999; Volume 4: Su-Z page 18-30) then using “display” command to calculate the 95% confidence intervals. The formula for such calculation is “Estimated proportion  $\pm 1.96(\text{Standard Error})$ ”.

```
. svyprop v6
```

pweight:	<none>	Number of obs	=	465
Strata:	<one>	Number of strata	=	1
PSU:	<observations>	Number of PSUs	=	465
		Population size	=	465

Survey proportions estimation

v6	_Obs	_EstProp	_StdErr
0	375	0.806452	0.018341
1	68	0.146237	0.016404
2	15	0.032258	0.008202
3	7	0.015054	0.005653

. disp 0.806452 - 1.96 \* 0.018341 , 0.806452 + 1.96 \* 0.018341  
.77050364 .84240036

. disp 0.146237 - 1.96 \* 0.016404 , 0.146237 + 1.96 \* 0.016404  
.11408516 .17838884

. disp 0.032258 - 1.96 \* 0.008202 , 0.032258 + 1.96 \* 0.008202  
. 01618208 .04833392

. disp 0.015054 - 1.96 \* 0.005653 , 0.015054 + 1.96 \* 0.005653  
.00397412 .02613388

**The findings can be summarized as follows:**

**The cross-sectional study involved 465 subjects. The proportions of those who delivered at the hospital was 80.6% (95%CI: 77.0% to 84.2%), at health center was 14.6% (95%CI: 11.4% to 17.8%), at home was 3.2% (95%CI: 1.6% to 4.8%), and at the roadside while travelling was 1.5% (95%CI: 0.4% to 2.6%).**

**The test hypothesis for this type of outcome in one group is uncommon. However, recent approaches emphasize estimation as had been presented. Polytomous and ordinal outcomes will be dealt with in more details in Chapter 3 - 6.**

## **Chapter references**

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**Agresti, A. (1990). *Categorical data analysis*. New York: John Wiley & Sons.**

**Altman, D.G. (1991). *Practical statistics for medical research*. London: Chapman and Hall.**

- Goodman, L.A. (1965). On simultaneous confidence intervals for multinomial proportions. *Technometrics*. 7:247-254.
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- Kleinbaum, D.G., Kupper, L.L., Muller, K.E, and Nizam, A. (1998). *Applied regression analysis and other multivariable methods*. Pacific Grove: Duxbury Press.
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## Chapter 2

# Analysis of 2-by-2 Tables

### Chapter Objectives

After completing this chapter, readers should be able to:

- state the null hypotheses and perform appropriate tests of these hypotheses for 2-by-2 tables formed by the cross-classification of two dichotomous variables from cross-sectional studies, prospective (cohort or experimental) studies, and retrospective studies;
- describe appropriate proportions and calculate measures of association for 2-by-2 tables and corresponding 95% confidence intervals;
- Analyze data collected from a matched pairs study;
- define and calculate sensitivity, specificity, negative and positive predictive values, and likelihood ratios for assessing performance of a diagnostic test;
- perform stratified analysis and interpret the results; and
- define the concepts and be able to detect confounding and interaction.

## Contents

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### 2.1 Introduction

The 2-by-2 or four-fold Table is formed by the cross-classification of two dichotomous variables. Practically, one variable is an outcome and another variable is an independent variable. In this sense, we are dealing with two proportions - proportion of an event (eg. disease) for each of the two groups of an explanatory variable (eg. study factor).

Generally, this analysis serves as a good explanatory tool for the more complicated one that were discussed in Chapter 6 onward. However in some experimental study such as clinical trials, this approach can be the ultimate analysis from which the conclusion was drawn. For example, the efficacy of a treatment in curing a disease was assessed and effects of all other variables such as characteristics of patients and disease severity were controlled for by randomization technique.

This chapter presents systematic approaches for analyzing a dichotomous outcome with a dichotomous explanatory variable for various types of study designs. The notation bellow (Table 2.1) will be used throughout.

**Table 2.1 Notation of a 2-by-2 Table displaying cell frequencies**

		<i>Variable 1 (Outcome)</i>		Total
		1	2	
<i>Variable 2 (Independent variable)</i>	1	$n_{11}$	$n_{12}$	$n_{1+}$
	2	$n_{21}$	$n_{22}$	$n_{2+}$
Total		$n_{+1}$	$n_{+2}$	$n_{++}$

In general, Variable 1 is an outcome while Variable 2 is an independent variable. However, the format of the table can be exchangeable, especially the computer output. Being able to classify which variable is the outcome is of great benefit in helping us locate appropriate cell frequencies and other statistics.

The frequencies in the above table can be generated using three different study designs. That is, cross-sectional study, cohort study, and case-control study. Details for each study can be found in several books, a readable one is Altman (1991); page 91-103.

Section 2.2 described the cross-sectional study where the grand total (i.e.,  $n_{++}$ ) is fixed. Section 2.3 described the cohort study where the row total (i.e.,  $n_{1+}$  and  $n_{2+}$ ) is fixed. The clinical trial mentioned above can be classified as a cohort study as they are both prospective studies. Section 2.4 described the case-control study where the column total (i.e.,  $n_{+1}$  and  $n_{+2}$ ) is fixed. If either the outcome or the independence

variable was matched by another variable, it became a matched 2-by-2 Table presented in Section 2.5. The diagnostic test is a special type of analyzing a 2-by-2 Table presented in section 2.6. The statistical analysis appropriate to each of these and the corresponding interpretation will be described.

Since the analysis of categorical variable involves proportion, we denote small letter “p” as the sample proportion and the Greek letter “ $\pi$ ” as the population proportion. Below is the table displaying the proportions for each cell - Table 2.2 is for the sample proportion and Table 2.3 is for the population.

**Table 2.2** Notation of a 2-by-2 Table displaying the population proportions from which the sample was drawn.

		<i>Variable 1 (Outcome)</i>		<b>Total</b>
		<b>1</b>	<b>2</b>	
<i>Variable 2</i> <i>(Independent Variable)</i>	<b>1</b>	$p_{11}$	$p_{12}$	$p_{1+}$
	<b>2</b>	$p_{21}$	$p_{22}$	$p_{2+}$
<b>Total</b>		$p_{+1}$	$p_{+2}$	$p_{++}$

**Table 2.3** Notation of a 2-by-2 Table displaying the population proportions from which the sample was drawn.

		<i>Variable 1 (Outcome)</i>		
		1	2	Total
<i>Variable 2 (Independent Variable)</i>	1	$\pi_{11}$	$\pi_{12}$	$\pi_{1+}$
	2	$\pi_{21}$	$\pi_{22}$	$\pi_{2+}$
Total		$\pi_{+1}$	$\pi_{+2}$	$\pi_{++}$

## 2.2 Cross-sectional study

Select a total of  $n_{++}$  subjects from a large population and then classify each subject on two dichotomous variables. Only the total sample size  $n_{++}$  can be specified in advance and it is said to be fixed, i.e., the grand total is fixed. The four cell frequencies  $n_{11}$ ,  $n_{12}$ ,  $n_{21}$ , and  $n_{22}$  are random variables.

### Example 2.1

The following is a hypothetical data (CCEB, 1993) to determine if there is an association between gender and smoking. A sample of 100 people were interviewed for their smoking status. They were then cross-classified according to gender and smoking status as follows:

**Table 2.4** Number of smoking status by gender - data for example 2.1

		<i>Smoker</i>		
		Yes	No	
<i>Gender</i>	Male	18	37	55
	Female	15	30	45
		33	67	100

**Ex 2.1-1 Describing the proportions**

In reference to the notation in Table 2.2, the appropriate proportion for the cross-sectional survey, where the grand total is fixed, is  $p_{ij} = n_{ij} / n_{++}$  where  $i = 1, 2$  and  $j = 1, 2$ . For example, the proportion of male who smoked can be calculated by  $18/100$ . However, these proportions are difficult to interpret. For the purpose of describing the proportions, therefore, we need to assume the groups under the independent variable known in advance, i.e., row total fixed. Therefore, the proportion that will be used for describing this data can be calculated as follows:

The proportion of male who smoked :  $p_1 = 18/55 = 0.327$

The proportion of female who smoked :  $p_2 = 15/45 = 0.333$

Note that the proportions of non-smoker for male and female were not presented since they are completely determined by that of the smoker.

### Ex 2.1-2 Estimating measure of effect

In a cross-sectional study, the appropriate measure of effect is the odds ratio (OR) although the risk ratio or relative risk (RR) can be used in some certain conditions. These are indices of comparison between two proportions relatively. The absolute difference between the two proportions (risk difference or RD) is rarely used. See Agresti (1990); page 13-16 for more details about the three measures. For summary of formulae and working examples of calculating RR and RR, see Altman (1991); page 266-270. We use a single "csi" command of Stata (see StataCorp., 1999; Volume 1: A-G page 382-384) to do all these as follows. In ovals are RR and OR and their confidence intervals.

```
. csi 18 15 37 30, or
```

	Exposed	Unexposed	Total
Cases	18	15	33
Noncases	37	30	67
Total	55	45	100
Risk	.3272727	.3333333	.33
	Point estimate		[95% Conf. Interval]
Risk difference	-.0060606	-.1913915	.1792703
Risk ratio	.9818182	.5604726	1.719918
Prev. frac. ex.	.0181818	-.7199179	.4395274
Prev. frac. pop	.01		
Odds ratio	.972873	.4244507	2.228504 (Cornfield)
	chi2(1) = 0.00 Pr>chi2 = 0.9489		

### Ex 2.1-3 Testing the hypothesis

By the definition of independence, characteristics 1 and 2 are independent if each joint proportion  $\pi_{11}$ ,  $\pi_{12}$ ,  $\pi_{21}$ ,  $\pi_{22}$  is the product of the two corresponding total or marginal proportions, ie,

$$H_0 : \pi_{ij} = \pi_{i+} \pi_{+j} \quad i = 1,2; j = 1, 2.$$

**This is the hypothesis of independence. This form is a specific hypothesis.**

**For a general hypothesis, we can state that**

**$H_0$  : There is no association between gender and smoking**

**We need to determine how close the  $\pi_{ij}$  are to the expected values  $\pi_{i+}\pi_{+j}$ .**

**Since only the total sample size  $n_{++}$  is fixed, the are observations from a multinomial distribution with sample size  $n_{++}$  and cell probabilities  $\{\pi_{ij}\}$ . Details can be found in Agresti (1990); page 39-39. Altman (1991) provided a summary of formula and an example on page 250-252.**

**We test the hypothesis of independence using the Pearson chi-square statistic**

$$\chi^2 = \sum_i \sum_j \left[ n_{ij} - \frac{n_{i+}n_{+j}}{n_{++}} \right]^2 / \frac{n_{i+}n_{+j}}{n_{++}}$$

$$\chi^2 = \frac{n_{++}(n_{11}n_{22} - n_{12}n_{21})^2}{n_{1+}n_{2+}n_{+1}n_{+2}}$$

**This value is compared with a table for the chi-square distribution with 1 *df*.**

**Note that this formula for  $\chi^2$  for a 2-by-2 table does not require us to calculate expected values for the individual cells. Thus always calculate the smallest expected value for the table (using the smallest row total and smallest column total). If it**

is greater than 5 then go ahead and calculate  $\chi^2$ . We use Stata do the calculation.

First we calculated for a smallest expected frequency as follows:

```
. display (33 * 45) / 100
14.85
```

It is 14.85 which is larger than 5, then Pearson's chi-square is appropriate. Then we use the immediate form of "tabulate" command of Stata (see StataCorp., 1999; Volume 4: Su-Z, page 157-174) with the option "chi2" to obtain such test statistics as follows:

```
. tabi 18 37 \ 15 30, chi2
```

row	col		Total
	1	2	
1	18	37	55
2	15	30	45
Total	33	67	100

```
Pearson chi2(1) = 0.0041 Pr = 0.949
```

Chi-square of 0.0041 with 1 degree of freedom gives p-value = 0.949.

#### Ex 2.1-4 Summary findings

This cross-sectional study involved 100 people. Among a total of 55 males, 32.7% were smoked whereas among 45 females, 33.3 % were smoked. The two proportions were more or less the same (OR = 1.0, 95%CI: 0.4 to 2.2) and was not statistically significant (p-value = 0.949).

Note that we can obtain all statistics needed for the above summaries with a single command that used in Ex1-2. From the output, we can get the cell frequencies, appropriate

proportions, odds ratio and its confidence intervals, and p-values of chi-square test.

### 2.3 Prospective (cohort or experimental) study

Select  $n_{1+}$  subjects who are classified as level 1 of variable 2 (independent variable) and  $n_{2+}$  subjects who are classified as level 2. Then classify them according to variable 1 (outcome). Here, one set of margins ( $n_{1+}$  and  $n_{2+}$ ) is fixed in advance (i.e., row totals are fixed) - the cell frequencies  $n_{11}$  and  $n_{21}$  are random variables.

#### Example 2.2

Data were taken from CCEB (1993)

**Observational study:** Identify 80 people with hypertension (exposed) and 70 normotension (unexposed), then classify them according to whether or not they died after 10 years (Exposure  $\rightarrow$  Outcome).

**Experimental study:** A randomized controlled trial with 2 treatments and a dichotomous outcome (dead or alive).

**Table 2.5** Number of outcome by treatment - data for example 2.2

		<i>Outcome</i>		
		Dead	Alive	
<i>Treatment</i>	1	32	48	80
<i>or</i>				
<i>Exposure</i>	2	14	56	70
		46	104	150

**Ex 2.2-1** Describing the proportions

The proportion of interest are :

$$p_1 = \frac{32}{80} = 40\% \text{ of people in treatment group 1 (exposed) died,}$$

and

$$p_2 = \frac{14}{70} = 20\% \text{ of people in treatment group 2 (unexposed) died.}$$

(See also the Stata output, in the square, in the next section - Ex 2.2-2)

**Ex 2.2-2** Estimating measure of effect

Both the RR and RD are appropriate for a prospective study. However the RR does not take baseline risk into account and can therefore be misleading for an experimental study such as a clinical trial (Jaeschke et al. 1995). Thus RD is most

appropriate for this type of study. The RR is appropriate for an etiological study which were mostly designed as an observation study. Formula and work example can be found in Altman (1991); page 233 for RD and page 266-268 for RR. A single command that has been used in section Ex 2.1-2 provides all these (in the oval) as shown below:

```
. csi 32 14 48 56
```

	Exposed	Unexposed	Total	
Cases	32	14	46	
Noncases	48	56	104	
Total	80	70	150	
Risk	.4	.2	.3066667	
	Point estimate		[95% Conf. Interval]	
Risk difference		.2	.0575049	.3424951
Risk ratio		2	1.165562	3.431821
Attr. frac. ex.		.5	.1420448	.7086095
Attr. frac. pop	.3478261			

+-----+  
chi2(1) = 7.02 Pr>chi2 = 0.0080

**RD = 0.2 (95%CI: 0.06 to 0.34)** Death rate among the treatment group 1 are 20% higher than the treatment group 2. We are 95% sure that the risk difference would be between 6.0% to 34.0% (rounded from 5.7% to 34.2%).

**RR = 2.0 (95%CI: 1.2 to 3.4)** Patients in the treatment group 1 are 2 times more likely to die than those who were in the treatment group 1. We are 95% sure that the relative risk would be between 1.2 to 3.4.

**Note:** As the above which showed that if  $p_1 = 0.4$  and  $p_2 = 0.2$ , the  $RD = 0.2$  and  $RR = 2$ . Now, let's make a data from another study to see how the two measures of effect behave by assuming  $p_1 = .04$  and  $p_2 = 0.02$ . In this study,  $RD = 0.02$  and  $RR = 2$ . The  $RR$  is exactly the same as the previous study whereas the  $RD$  dropped from 20% to 2%. Of course, the former study provided a convincing finding for adopting the treatment group 1 in replacement of the treatment group 2 whereas the later study provides a weak evidence irrespective of the p-value or significant results. This conclusion is based on  $RD$  - not  $RR$ . On the other hand, if the two studies were etiological studies, they concluded the same messages that exposed to the factor are 2 times more likely to die than not exposed (see more details in Jaeschke et al. 1995).

### Ex 2.2-3 Testing the hypothesis

**General hypothesis:**

**For observational study**

$H_0$  : There is no association between exposure and death

**For experimental study**

$H_0$  : The death rates of the two treatment groups are the same

**Specific hypothesis:**

$H_0$  :  $\pi_{11} = \pi_{21}$ , where

$\pi_{11}$  is estimated by  $p_{11} = \frac{n_{11}}{n_{1+}}$ , and

$\pi_{21}$  is estimated by  $p_{21} = \frac{n_{21}}{n_{2+}}$ .

This is the hypothesis of homogeneity compares the two binomial distributions implied by the assumptions. Altman (1991); page 234-235 and 250-253 provided formula and work examples.

For the analysis of this example, see the Stata output, at the last line, provided in the previous section (Ex 2.2-2).

So we reject  $H_0$  and conclude that treatment group 2 is significantly better than treatment group 1 (p-value = 0.008).

### Ex 2.2-3 Summary findings

**Observational study:** A ten-year follow-up study of 80 people with hypertension, 40% died and 70 people with normotension, 20% died. Those who were hypertension were 2 times more likely to die than those who were normotension (95%CI: 1.2 to 3.4). This is statistically significant (p-value = 0.008). The findings suggested that hypertension is a significant predictor of death within ten years.

**Experimental study:** A randomized controlled trial with 2 treatments - 80 subjects in group 1 and 70 subjects in group 2, the death rate was 40% and 20% respectively. The death rate was 20% higher in group 1 than in group 2 (95%CI: 5.7% to 34.2%). This difference is statistically significant (p-value = 0.008). This suggested a better

efficacy of treatment group 2 in preventing death.

## 2.4. Case-control study

Select  $n_{+1}$  with level 1 of variable 1 and  $n_{+2}$  with level 2. Determine levels of variable 2. In this case  $n_{+1}$ ,  $n_{+2}$  are set in advance (i.e., column totals are fixed) and  $n_{11}$  and  $n_{12}$  are random variables.

### Example 2.3

A case-control study aimed to determine effect of smoking on lung cancer (CCEB, 1993). One hundred and seventy cases of lung cancer and 430 appropriate controls were chosen to find out whether each person was a smoker or non-smoker in the past. The data is given below.

Table 2.6 Number of lung cancer patients by smoking status - data for example 2.2

		Lung Cancer		
		Cases	Controls	
Smoker	yes	160	320	480
	No	10	110	120
		170	430	600

### Ex 2.3-1 Describing the proportions

The proportion of interest are :

$$p_1 = \frac{160}{170} = 94.1\% \quad \longrightarrow \quad \text{proportion of cases exposed, and}$$

$$p_2 = \frac{320}{420} = 74.4\% \longrightarrow \text{proportion of control exposed.}$$

(See also the Stata output, in the square, in the next section - Ex 2.3-2)

### Ex 2.3-2 Estimating measure of effect

Only the OR is appropriate for a case-control study. The RR cannot be used since it can only be estimated from a cross-sectional or a prospective study. The RR is the ratio of incidence (or prevalence) rates for those with and without the exposure whereas the incidence rates cannot be estimated from a retrospective (case-control) study. Additional details, formula, and work examples can be found in Altman (1991); page 268-270. A single "cci" command of Stata (see StataCorp., 1999; Volume 1: A-G, page 387-390) provides all these (in the oval) as shown below:

```
. cci 160 10 320 110
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	160	10	170	0.9412
Controls	320	110	430	0.7442
Total	480	120	600	0.8000
Point estimate			[95% Conf. Interval]	
Odds ratio	5.5		2.831731	10.67328 (Cornfield)
Attr. frac. ex.	.8181818		.6468592	.9063081 (Cornfield)
Attr. frac. pop	.7700535			

-----  
 chi2(1) = 29.55 Pr>chi2 = 0.0000

**OR = 5.5 (95%CI: 2.8 to 10.7)** The odds of smoking among cases is 5.5 times the corresponding odds among controls. Assuming the lung cancer is rare, this can be interpreted as the risk. That is,

those who smoked are 5.5 times more likely to develop lung cancer (95%CI: 2.8 to 10.7). This association is statistically significant (p-value < 0.001).

Note that we will never quote p-value = 0.0000 as suggested by last line of the output sine it means impossible which is not the case.

### Ex 2.3-3 Testing the hypothesis

General hypothesis:

$H_0$  : There is no association between smoking and lung cancer,

or

$H_0$  : Proportion of cases exposed = proportion of controls exposed

Specific hypothesis:

$H_0 : \pi_{11} = \pi_{12}$ , where

$\pi_{11}$  is estimated by  $p_{11} = \frac{n_{11}}{n_{+1}}$ , and

$\pi_{12}$  is estimated by  $p_{12} = \frac{n_{12}}{n_{+2}}$ .

This is the hypothesis of homogeneity compares the two binomial distributions

For the analysis of this example, see the Stata output, at the last line, provided in the previous section (Ex 2.3-2).

So we reject  $H_0$  and conclude smoking is statistically significantly associated with lung cancer ( $p$ -value  $< 0.001$ ).

### Ex 2.3-3 Summary findings

A total of 170 case, 94.1% were smokers as compared to 74.4% of 430 controls. The odds of smoking among cases was 5.5 times the corresponding odds among controls. If lung cancer is rare, this can be interpreted as the risk. That is, those who smoked are 5.5 times more likely to develop lung cancer (95%CI: 2.8 to 10.7). This association is statistically significant ( $p$ -value  $< 0.001$ ). The findings suggested that smoking is a significant predictor of lung cancer.

## 2.5 Matched pairs data

So far we have covered 2-by-2 Table where the data was independent. In some situation, the investigator needs to control effect of extraneous variables on the association of the two variables - the independent variable and the outcome. One approach for such purpose is “matching” study subjects on one or more extraneous variables.

An example of matched data in case-control study is that case with the disease under study is matched with a control. Matching is based on certain criteria such as age, sex, race, etc. Each case and control subject is then classified according to the presence or absence of the study factor or exposure of interest. Matching is undertaken to increase the validity of the inferences by controlling for confounding factors (details discussed under the section of stratified analysis).

Matched data in prospective study without randomization could be done by that each subject with the risk factor present (eg, exposure to an agent) is matched with a control subject on the basis of certain matching criteria who does not have the factor of interest (eg, no exposure). After a specified follow-up

period, each subject is classified according to the presence or absence of the response variable (eg, disease). For randomized design, each subject randomly drawn from the target population is paired on the basis of the matching criteria with another randomly selected subject from the target population. Within each pair, the two factor levels (eg, treatments) are randomly allocated to the two members of the pair using a suitable randomization procedure. After a specified follow-up period, each subject is classified according to the presence or absence of the response variable (eg, disease). Matching in controlled trials increases the precision of the comparisons among the treatments.

The correct analysis of a properly matched study retains the pairing. Details for analysis of matched study can be found in Fleiss (1981); page 113-137.

#### Example 2.4

A matched case-control study aimed to determine effect of smoking on lung cancer (CCEB, 1993). One hundred and seventy cases of lung cancer and 430 appropriate controls were chosen to find out whether each person was a smoker or non-smoker in the past. The data is given below.

Table 2.7 Number of lung cancer patients by smoking status - data for example 2.4

		Controls			
		<i>Without Lung Cancer</i>			
		Smoked	Not smoked		
Cases	<i>With Lung Cancer</i>	Smoked	160	320	480
		Not smoked	10	110	120
			170	430	600

### Ex 2.4-1 Describing the proportions

The proportion of interest are :

$$p_1 = \frac{480}{600} = 80.0\% \quad \longrightarrow \quad \text{proportion of cases exposed, and}$$

$$p_2 = \frac{170}{600} = 28.3\% \quad \longrightarrow \quad \text{proportion of controls exposed.}$$

(See also the Stata output, in the square, in the next section - Ex 2.4-2)

### Ex 2.4-2 Estimating measure of effect

Only the OR is appropriate for a matched case-control study. More details, formula, and work examples can be found in Fliess (1981); page 115-116. A single "mcci" command (see StataCorp., 1999; Volume 1: A-G, page 400-402) provides all these (in the oval) as shown below:

```
. mcci 160 320 10 110
```

Cases	Controls		Total
	Exposed	Unexposed	
Exposed	160	320	480
Unexposed	10	110	120
Total	170	430	600

```
McNemar's chi2(1) = 291.21 Pr>chi2 = 0.0000
Exact McNemar significance probability = 0.0000
```

```
Proportion with factor
```

Cases	.8		
Controls	.2833333		[95% conf. interval]
difference	.5166667	.4724295	.5609038
ratio	2.823529	2.492651	3.198329
rel. diff.	.7209302	.6771888	.7646717

```
odds ratio 32 17.17507 67.3789 (exact)
```

**OR = 32 (95%CI: 17.2 to 67.4)** Those who smoked are 32 times more likely to develop lung cancer (95%CI: 17.2 to 67.4). This association is statistically significant (p-value < 0.001).

### Ex 2.4-3 Testing the hypothesis

General hypothesis:

$H_0$  : There is no association between smoking and lung cancer, or

$H_0$  : Proportion of cases exposed = proportion of controls exposed

Specific hypothesis:

$H_0$  :  $\pi_{12} = \pi_{21}$ , where

$\pi_{12}$  is estimated by  $p_{12} = \frac{n_{12}}{n_{12} + n_{21}}$ , and

$\pi_{21}$  is estimated by  $p_{21} = \frac{n_{21}}{n_{12} + n_{21}}$

This is the hypothesis of homogeneity compares the two binomial distributions

For the analysis of this example, see the Stata output, at the line with bold italic letters, provided in the previous section (Ex 2.4-2). McNemar's chi-square can be used for this example since the sample is sufficiently large. (Large sample is defined as  $n_{12} + n_{21} > 20$ . If this is not hold, Exact McNemar significance probability test should be used.)

So we reject  $H_0$  and conclude smoking is statistically significantly associated with lung cancer (p-value < 0.001).

**Ex 2.4-3 Summary findings**

A total of 480 cases of lung cancer, 80.0% were smokers as compared to 28.3% of 170 controls. The odds of smoking among cases was 32 times the corresponding odds among controls. If lung cancer is rare, this can be interpreted as the risk. That is, those who smoked are 32 times more likely to develop lung cancer (95%CI: 17.2 to 67.4). This association is statistically significant (p-value < 0.001). The findings suggested that smoking is a significant predictor of lung cancer.

**Note:** For matched prospective studies, a comprehensive guide is given by Altman (1991); page 235-241. Data analysis for this type of design can use the same Stata command as that was used in Ex 2.4-2. Proportions used for describing the sample and test of hypothesis can quoted and interpreted the same manner as that fore the matched case-control, except measure of effect where the difference between two proportions (RD) is more appropriate than OR.

**2.6 The evaluation of a screening test**

Diagnostic test is another form of the 2-by-2 Table that is obtained from a study, the aim of which is to evaluate a diagnostic test intended for use in a screening program. A recommended reading is Altman (1991); page 409-419. Below layouts the table.

Table 2.8 Notation for evaluation of a screening test

		<i>Gold Standard Test</i>	
		<i>Disease Status</i>	
		<b>D</b>	<b><math>\bar{D}</math></b>
<i>Diagnostic Test Result</i>	<b>+</b>	$n_{11}$	$n_{12}$
	<b>-</b>	$n_{21}$	$n_{22}$

Where positive test result (+) indicates the presence of disease.

Followings are the statistics need to be reported for this type of the study. Item 1 to 4 is the must. Items 5 may give further inside to the interpretation of the diagnostic test data. The last item is optional depending in whether or not the diagnostic test has more than 2 categories.

1. Sensitivity= proportion of diseased who have a +ve test

which is estimated by  $\frac{n_{11}}{n_{11} + n_{21}}$ .

2. Specificity = proportion of non-diseased who have a -ve test

which is estimated by  $\frac{n_{22}}{n_{12} + n_{22}}$ .

3. **Positive predictive Value (PPV) = proportion of those with a +ve test who have the disease. This is estimated by**

$$\frac{n_{11}}{n_{11} + n_{12}}.$$

4. **Negative Predictive Value (NPV) = proportion of those with a -ve test who do not have the disease. This is**

**estimated by**  $\frac{n_{22}}{n_{21} + n_{22}}.$

*Note:* **PPV and NPV depend on the prevalence of the disease (Which may or may not be  $\frac{n_{11} + n_{21}}{n_{++}}$ ) in the population.**

5. **Likelihood ratio positive (LRP) = the ratio of probability of getting that result if the patient truly had the condition of interest with the corresponding probability if they were healthy. This is estimated by sensitivity / (1 - specificity).**
6. **Receiver Operating Characteristic (ROC) curve is a method of measuring and comparing the accuracy of one or more variables at predicting whether each observation is a member of one of two groups/categories. The ROC curve plots the Sensitivity (True Positive rate) against 1-Specificity (False Positive rate). The larger the Area Under the ROC Curve, the better the variable is at predicting group membership. Thus this is appropriate for a single diagnostic test where there were many cut-off values and for the investigator to use for comparing two or more competing methods.**

### **Example 2.5**

**This data is taken from Fleiss (1981); page 6. Two thousands of people were undergone two tests - one is a gold standard**

test and another is a new diagnostic test. This study aimed to evaluate performance of the test. Data is shown below.

**Table 2.9** Number of test results by results from the gold standard - data for example 2.5

		<i>Gold Standard Test</i>	
		D+	D-
<i>Diagnostic Test</i>	+	950	10
	-	50	990
		1000	1000

**Step 1: Create a data file in Stata by using the following 5 commands.**

```
. tabi 950 10 \ 50 990, replace
```

row	col		Total
	1	2	
1	950	10	960
2	50	990	1040
Total	1000	1000	2000

```
Fisher's exact = 0.000
1-sided Fisher's exact = 0.000
```

```
. rename col gold
. rename row test
. recode gold 1=1 2=0
(2 changes made)
```

```
. recode test 1=1 2=0
(2 changes made)
```

**Step 2: Calculate the diagnostic performance using 'diagtest' command, available at <http://www.sata.com> in STB-56 sbe36, as follows:**

## 40

```
. diagtest test gold [freq=pop]
```

test	gold		Total
	0	1	
0	990	50	1040
1	10	950	960
Total	1000	1000	2000

True D defined as gold ~= 0

[95% Conf. Inter.]

Sensitivity	Pr( +   D)	95.00%	94.04%	95.96%
Specificity	Pr( -   ~D)	99.00%	98.56%	99.44%
Positive predictive value	Pr( D   +)	98.96%	98.51%	99.40%
Negative predictive value	Pr( ~D   -)	95.19%	94.25%	96.13%
Prevalence	Pr(D)	50.00%	47.81%	52.19%

**We can also do that using 'roctab' command as follows:**

```
. roctab gold test [freq=pop], table detail
```

gold	test		Total
	0	1	
0	990	10	1000
1	50	950	1000
Total	1040	960	2000

Detailed report of Sensitivity and Specificity

Cut point	Sensitivity	Specificity	Correctly Classified	LR+	LR-
( >= 0 )	100.00%	0.00%	50.00%	1.0000	
( >= 1 )	95.00%	99.00%	97.00%	95.0000	0.0505
( > 1 )	0.00%	100.00%	50.00%		1.0000

Obs	ROC Area	Std. Err.	-Asymptotic Normal-- [95% Conf. Interval]
2000	0.9700	0.0038	0.96257

**By the 'roctab' command, we can get the 'Likelihood ratio test' and 'Area under ROC and its 95%CI'. This command is in STB52: sg120 which can be downloaded from <http://www.sata.com>.**

**Alternative ways:**

**First, we fit logistic regression model to the data using "logit" command (see StataCorp., 1999; Volume 2: H-O, page 228-239)**

```
. logit gold test [freq=pop]
```

```
Iteration 0: log likelihood = -1386.2944
Iteration 1: log likelihood = -394.64103
Iteration 2: log likelihood = -281.61583
Iteration 3: log likelihood = -259.63674
Iteration 4: log likelihood = -256.34487
Iteration 5: log likelihood = -256.11912
Iteration 6: log likelihood = -256.1172
```

```
Logit estimates                               Number of obs =      2000
LR chi2(1) = 2260.35
Prob > chi2 = 0.0000
Pseudo R2 = 0.8153

Log likelihood = -256.1172
```

```
-----+-----
      gold |      Coef.   Std. Err.      z    P>|z|     [95% Conf. Interval]
-----+-----
      test |  7.539559   .3493483    21.582  0.000    6.854849   8.224269
      _cons | -2.985682   .1449486   -20.598  0.000   -3.269776  -2.701588
-----+-----
```

**Second, we obtain the test performance (see StataCorp., 1999; Volume 2: H-O, page 212)**

```
. lstat
```

```
Logistic model for gold
```

```
-----+----- True -----+-----
Classified |           D           ~D           Total
-----+-----+-----+-----
      +     |           950           10           960
      -     |            50           990           1040
-----+-----+-----+-----
      Total |           1000           1000           2000
```

```
Classified + if predicted Pr(D) >= .5
True D defined as gold ~= 0
```

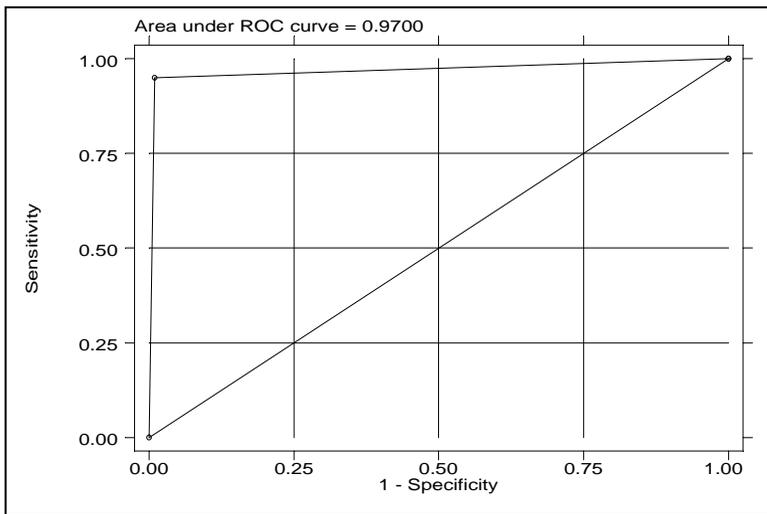
```
-----+-----
Sensitivity                Pr( + | D)   95.00%
Specificity                Pr( - | ~D)  99.00%
Positive predictive value  Pr( D | +)  98.96%
Negative predictive value  Pr(~D | -)  95.19%
-----+-----
False + rate for true ~D   Pr( + | ~D)  1.00%
False - rate for true D    Pr( - | D)   5.00%
False + rate for classified + Pr(~D | +)  1.04%
False - rate for classified - Pr( D | -)  4.81%
-----+-----
Correctly classified                97.00%
-----+-----
```

**Third, we can obtain ROC curve (Note that this is just for illustration use of the Stata command - not appropriate for this example data since the test is dichotomous where is no other choice of cut-off value, see StataCorp., 1999; Volume 2: H-O, page 213)**

```
. lroc
```

```
Logistic model for gold
```

```
number of observations =    2000
area under ROC curve   =    0.9700
```



**Note:**

- i) The 95% confidence intervals for sensitivity, specificity, PPV, and NPV should always be reported. Presentation the confidence intervals for these statistics had been advocated by Harper and Reeves (1999).
- ii) To determine an optimal cut-off value, use “lsens” command. The probability for the optimal cut-off value refers to the ordinate at the horizontal axis of the graph

corresponding to the two graphs cross each other. Then use the command “lstat, cutoff( )”. The bracket in the option of this command is for the probability mentioned earlier.

- iii) To compare two or more diagnostic tests, use “nproc” command. This free program is an automatic do file of Stata that can be download from [http://www/sata.com](http://www.sata.com). This command calculates nonparametric area under ROC curve and standard errors for ROC curves for each test. Another useful program is 'roccomp' in STB52: sg120 which can be downloaded from <http://www/sata.com> as well.

## 2.7 Stratified analysis

This methods is to adjust or control for the effects of *extraneous* variables, *nuisance* factors, *confounding* variables or *covariables* when assessing the relationship between a dichotomous exposure variable (eg, smoker - yes/no) and a dichotomous outcome (lung cancer - yes/no). In fact, there are several methods for the adjustment (see more details in Chapter 10). For the stratification methods, it can be referred to both pre and post data collection. Pre-stratification randomization is used for controlling effects of extraneous variables in the design stage (before data collection) whereas the post-stratification is a statistical method to do the same purpose in the analysis stage (after data collection).

In general, it is know as stratified analysis. It is performed after data has been collected - thus in experimental studies such as clinical trials it is known as the post-randomization stratification. Theory and examples are best described in Kleinbaum, Kupper, and Morgenstern (1986), page 321-376. A simpler one is in Fleiss (1981); page 160-187.

**This involves the formation of similar subgroups (or strata) determined by the levels of the extraneous variable(s). The association between the risk factor and the response variable can be examined within strata or summarized across strata.**

**This approach is an essential step for the complicated modeling approach to be discussed next. Although its major role is for exploratory data analysis (EDA), stratified analysis can be a final and valid method for a well-designed study. EDA serves as not only a tool for assessing roles of the extraneous variables to enable investigators to make decision as to how the variables will be fitted in the model but also a screening tools for candidates from several variables in hand to be entered into the model. A practical steps, partly modified from Kleinbaum, Kupper, and Morgenstern (1986); page 321-322 and Kleinbaum (1994), involved the following seven steps:**

- 2.7.1 Obtain a measure of association (e.g., relative risk or odds ratio as appropriate) quantifying association between the exposure of interest and the outcome.**
- 2.7.2 Categorize each of the extraneous variables to be controlled. The categorization could be a combination of two or more variables so that more than one extraneous variable could be controlled for their effect at a time.**
- 2.7.3 For the categories defined in step 1, organize the study subjects into combination of categories of each control variable - i.e., cross-tabulate the exposure of interest with the outcome for each group of the extraneous variable. These combinations are called "strata".**
- 2.7.4 Carry out simple analysis within each stratum, using a Mantel-Haenszel  $\chi^2$  test for association and an measure of association (e.g., relative risk or odds ratio)**

appropriate for the designed used. By this methods, we have stratum-specific measure of association (e.g.,  $OR_1$ ,  $OR_2$ , ...,  $OR_k$ , one for each categories of the k level of extraneous variable).

**2.7.5** Carried out a test of homogeneity of the measure of association across stratum (e.g., Woolf's test).

**2.7.6** Assessing role of the extraneous variable whether or not it is an effect modifier. Determine if there is an interaction effect If the test of homogeneity in #2.5 suggest a significant different ( $p$ -value  $< 0.05$ ), the interaction effect is existed. The extraneous variable is said to be an effect modifier. If the  $p$ -value  $\geq 0.05$ , we can only say that the interaction effect cannot be detected - there may be or may be not. Since it has been known that the test for this effect lack of power, one recommendation would be that investigator should judged about interaction effect based on the magnitude of different of measure of association across stratum. If the difference was considerably clinically or socially important, then we conclude that there was an interaction effect. That is, the association between the exposure of interest and the outcome depend on level of the extraneous variable. Then we report the stratum-specific measure of association and their 95% confidence intervals. The analysis is complete at this step except there was no interaction effect that we need to proceed the next step.

**2.7.7** Assessing role of the extraneous variable whether or not it is a confounder. This step is needed only if there was no interaction effect. It involves accumulating information over the strata to obtain the (summary) measure of association - the one that adjusted for effect of the extraneous variable. Comparing the adjusted measure of association with the crude one obtained at

the first step. If they are considerably different and the difference is clinically or socially meaningful, then we conclude that the extraneous variable is a confounder of the association between the exposure of interest and the outcome. In this case, we need to report the adjusted measure of association and its 95% confidence intervals. If they are more or less the same, then the extraneous variable plays no role in the association between the exposure of interest and the outcome. In this case, reporting the crude or adjusted measure of association make no difference since they are similar. However, the adjusted one is preferred since it has been taken into account for effect of the extraneous variable. Kleinbaum (1994) suggested that the one with a narrow confidence intervals is preferred since it is more precise estimates.

### Example 2.6

The following example used the example data set described in Example 1.1. Here the descriptions of the variable lists are slightly different from that in Table 1.2. The investigator wanted to examine the effect of V3 (ANC - mother attending antenatal care during pregnancy) on V1 (DEAD - dead within the first month of life) controlling for the effect of V2 (SMK - parents smoking).

Since this is a cross-sectional study, we will use OR as a measure of effect. Thus the following Stata commands will be "cc" - abbreviated from case-control rather than "cs" - abbreviated from cohort study. The different is that the former provides OR and the later provides RR. Note that we have used these commands, but in the immediate form, in the previous section on analyzing data from the three designs - cross-sectional, prospective, and case-control studies. Thus

Step 1 of this example also serves as the example of using these commands for a data set.

### Step 1: Performing a crude analysis to examine the association between V3 (ANC) on V1 (DEAD)

```
. use example.dta
. cc v1 v3
```

	V3		Total	Proportion Exposed
	Exposed	Unexposed		
Cases	21	44	65	0.3231
Controls	14	386	400	0.0350
Total	35	430	465	0.0753
	Point estimate		[95% Conf. Interval]	
Odds ratio	13.15909		6.309044	27.44195 (Cornfield)
Attr. frac. ex.	.9240069		.8414974	.9635594 (Cornfield)
Attr. frac. pop	.2985253			
-----				
chi2(1) = 66.67 Pr>chi2 = 0.0000				

Children whose mothers attended ANC were 13.2 times more likely to die within the first month of life than those whose mothers did not. This magnitude of association ignored effects of other variables. At this stage, we obtained  $OR_{\text{crude}} = 13.2$ .

### Step 2: Examining the association between V3 (ANC) on V1 (DEAD) within each stratum of V2 (SMK)

```
. cc v1 v3 if v2 = = 0
```

	V3		Total	Proportion Exposed
	Exposed	Unexposed		
Cases	2	26	28	0.0714
Controls	6	190	196	0.0306
Total	8	216	224	0.0357
	Point estimate		[95% Conf. Interval]	
Odds ratio	2.435897		0	11.25226 (Cornfield)
Attr. frac. ex.	.5894737		.	.911129 (Cornfield)
Attr. frac. pop	.0421053			
-----				
chi2(1) = 1.19 Pr>chi2 = 0.2763				

```
. cc v1 v3 if v2 = = 1
```

	V3		Total	Proportion Exposed
	Exposed	Unexposed		
Cases	<b>19</b>	<b>18</b>	37	0.5135
Controls	<b>8</b>	<b>196</b>	204	0.0392
Total	27	214	241	0.1120
Point estimate			[95% Conf. Interval]	
Odds ratio	25.86111		10.08458	66.21777 (Cornfield)
Attr. frac. ex.	.9613319		.9008387	.9848983 (Cornfield)
Attr. frac. pop	.4936569			

chi2(1) = 70.82 Pr>chi2 = 0.0000

At this step, we obtain OR describing association between ANC and DEAD for each group of SMK. That is,  $OR_{\text{Smoked}} = 25.9$  and  $OR_{\text{Not smoked}} = 2.4$ . In practice, we need not to do this since the command used in the next step. This is for illustration and displaying the data in two separate tables (bold italic letters in the square).

**Step 3: Performing a stratified analysis to examine the association between V3 (ANC) on V1 (DEAD) adjusted for the effect of V2 (SMK)**

```
. cc v1 v3, by(v2)
```

V2	OR	[95% Conf. Interval]		M-H Weight
0	2.435897	0	11.25226	.6964286 (Cornfield)
1	25.86111	10.08458	66.21777	.5975104 (Cornfield)
Crude	13.15909	6.309044	27.44195	(Cornfield)
M-H combined	13.25311	6.309988	27.836	

Test of homogeneity (M-H)      chi2(1) = 5.91    Pr>chi2 = 0.0150

Test that combined OR = 1:  
Mantel-Haenszel    chi2(1) = 63.22  
Pr>chi2 = 0.0000

In practice, we need only this command for stratified analysis since it provides all statistics needed. We will summary only the necessary ones - the four components, as follows:

## 1) The crude measure of effect

$$OR_{\text{crude}} = 13.2$$

## 2) The stratum-specific measure of effect

$$OR_1 = 2.4$$

$$OR_2 = 25.9$$

## 3) The adjusted measure of effect

$$OR_{\text{adjusted}} = 13.3$$

## 4) Test of homogeneity of OR across stratum

$$p\text{-value} = 0.015$$

Following the steps described in 2.7.1 to 2.7.7, we conclude that there is a significant interaction effect of SMK on the association between ANC and DEAD ( $p\text{-value} = 0.015$ ). Thus the adjusted measure of effect ( $OR_{\text{adjusted}} = 13.3$ ) is less useful. The stratum-specific measure of effects was then more appropriate.

## Step 4: Summary findings

Ignoring effects of parent smoking status, children whose mothers attended ANC were 13.2 times more likely to die within the first month of life than those whose mothers did not. There is a significant interaction effect of parent smoking on the association between mother attending ANC and dead of children ( $p\text{-value} = 0.015$ ). That is, the effect of mother attending ANC on dead of children depended on whether or not their parent smoked. For smoker parents, children whose mothers attended ANC were 25.9 times more likely to die within the first month of life than those whose mothers did not (95%CI: 10.1 to 66.2). For non-smoker parents, children whose mothers attended ANC were 2.4 times more likely to die within the first month of life than those whose mothers did not (95%CI: 0.0 to 11.3). Note that these confidence intervals

may not be valid due to small sample, thus exact confidence intervals are preferred.

**Note:**

- 1. In the above example, both the crude and the adjusted measure of effects are not a valid measure of effect in quantifying the association between ANC and DEAD. However they should not totally be ignored in drawing the conclusion or at least they should be mentioned in the discussion section. For example in the above case, comparing the crude OR and the stratum-specific OR we feel that it is far more to believe the crude OR and that GENDER plays a large effects on the association under investigation. This is why the table presenting the results (see Chapter 10) includes both the crude and adjusted measure of effects.**
- 2. The presented analysis is adjusted for effect of only one extraneous variable while, in the real world, children death is likely to be affected by several variables. Thus conclusion drawn from this should be very caution about lacking of controlling for effects of several other factors. The most efficient analysis will be discussed in Chapter 6.**
- 3. The above example is for observational studies. For experimental studies such as clinical trials, however, we are interested in the RD rather than RR or OR. Followings are some useful Stata commands of doing these. Here we assume the example data is from a clinical trial where V1 is a treatment outcome (1=cured, 0=not cured) and V2 is a treatment (1=drug A, 0=drug B). The investigator randomly allocated the patients into each treatment using stratified block randomization where the stratified variable is V3 which is age group (1= old, 0=young). The trial aims to determine the efficacy of drug A as compared to the**

standard drug B. The first two commands are the crude analysis providing identical results, showing how cured rates (in oval) for each treatment and the rate difference (in the squares) are presented in the outputs. The last command is to quantify magnitude of effect, taken into account of the effect of V3.

```
. cs v1 v2
```

	v2		Total
	Exposed	Unexposed	
Cases	37	28	65
Noncases	204	196	400
Total	241	224	465
Risk	.153527	.125	.1397849
	Point estimate		[95% Conf. Interval]
Risk difference	.028527	-.0342996	.0913535
Risk ratio	1.228216	.778466	1.937803
Attr. frac. ex.	.1858108	-.2845776	.4839517
Attr. frac. pop	.1057692		

chi2(1) = 0.79 Pr>chi2 = 0.3754

```
. prtest v1, by(v2)
```

Two-sample test of proportion

0: Number of obs = 224  
1: Number of obs = 241

Variable	Mean	Std. Err.	z	P> z	[95% Conf. Interval]	
0	.125	.0220971	5.65685	0.0000	.0816905	.1683095
1	.153527	.0232215	6.61141	0.0000	.1080137	.1990403
diff	-.028527	.0320549			-.0913535	.0342996
	under Ho:	.0321831	-.886396	0.3754		

Ho: proportion(0) - proportion(1) = diff = 0

Ha: diff < 0	Ha: diff ~= 0	Ha: diff > 0
z = -0.886	z = -0.886	z = -0.886
P < z = 0.1877	P >  z  = 0.3754	P > z = 0.8123

```
. cs v1 v2, by(v3) i standard rd
```

V3	RD	[95% Conf. Interval]		Weight
0	-.0362582	-.0934065	.0208901	214
1	.4537037	.1077276	.7996798	27
Crude	.028527	-.0342996	.0913535	
I. Standardized	.0186338	-.0452218	.0824894	

Note that, ignoring effect of age, Drug A was 2.9% higher cured rate than Drug B. However, this effect was reverse in young age group. That is, Drug B was 3.6% higher cured rate than Drug A. On the other hand, among old age group, Drug A was 45.4% higher cured rate than Drug B. This suggested an interaction effect and the adjusted rate difference of 1.9% should be disregarded.

## Chapter references

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## Exercise

---

- Daniel (1991); page 550 provide a problem that a group of 350 adults who participated in a health survey were asked whether or not they were on a diet. The responses by gender are given in the table below.

	Gender		Total
	Male	Female	
On diet	14	25	39
Not on diet	159	152	311
Total	173	177	350

Do these data suggest that being on a diet is dependent on gender ?

- i) State what type of study this is and an appropriate null hypothesis.
  - ii) Test the null hypothesis.
  - iii) Calculate a measure of the association and a 95% confidence interval.
  - iv) Summarize your findings.
2. A retrospective study on deaths in all men aged 50-54 over a one month period indicated that of 35 men who died from cardiovascular disease (CVD), 5 were on a high salt diet before they died, whereas of 25 men who died from other causes 2 were on such a diet. Is there a relationship between dying from CVD and a high salt diet.?
3. The following data are from a cases-control study of oral contraceptive use in relation to myocardial infarction (MI) (Shapiro *et al*, 1979).

OC use	Cases	Controls
E+	29	135
E-	205	1607
Total	234	1742

- i) State the null hypothesis.
- ii) Perform a test appropriate to the null hypothesis.
- iii) Calculate a measure of association and a 95% confidence interval.
- iv) Summarize your findings.

4. The following table presents data from a matched case-control study where  $E$  denotes exposure to the variable of interest and  $\bar{E}$  denotes no exposure.

i) State the hypothesis being tested.

ii) Test this hypothesis.

iii) Calculate the odds ratio and interpret it.

iv) Obtain a 95% confidence interval for the odds ratio. What information is conveyed by this interval ?

v) Write a short report summarizing your findings.

Cases	Controls		Total
	E+	E-	
E+	15	20	35
E-	5	60	65
Total	20	80	100

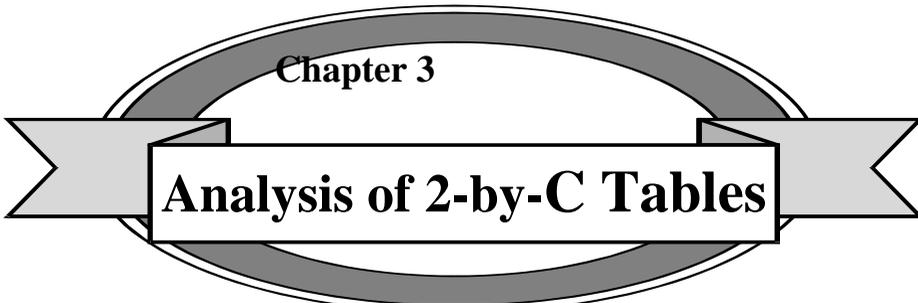
5. Followings are adapted from Kleinbaum, Kupper, and Morgenstern (1982); page 363-365. A follow-up study on the utilisation of a vaccine at a large hospital. Six hundred mothers who delivered their babies at the hospital were assessed for their perception of vaccination and then followed for one year to find that whether or not their children were vaccinated. Perception of vaccination were assessed using series of questions and then classify mothers into two groups - positive receptive perception, i.e., perceived benefit of vaccination, and negative receptive perception, i.e., perceived no benefit of vaccination.

Vaccination status of children was obtained from their Expanded Program on Immunization (EPI) cards. The following table summarizes the study children whose mothers were recruited in the study, by type of perception (R+ versus R-), vaccination status (V+ versus V-), parents living together (YES versus NO) and sex (M versus F.)

Parents living together	Sex	V+		V-		Total
		R+	R-	R+	R-	
Yes	Male	68	17	172	43	300
	Female	8	12	52	78	150
No	Male	1	4	9	36	50
	Female	81	9	9	1	100
Total		158	42	242	158	600

- i) Examine the relationship between vaccine receptive perception and vaccine acceptance ignoring the effects of parents living together and sex. State the null hypothesis being tested. Perform a test of significance and obtain a measure of the association. Calculate a 95% CI for this measure.
- ii) Ignoring parents living together, does sex appear to be confounding the association between vaccine receptive perception and vaccine acceptance? Explain your answer.
- iii) Ignoring sex, does parents living together appear to be confounding the association between vaccine receptive perception and vaccine acceptance? Explain your answer.

- iv) Stratifying on both parents living together and sex simultaneously, how do the resulting stratum-specific measures of association compare with the crude estimate and the adjusted estimates based on controlling for sex and parents living together separately?**
  
- v) What conclusion can you draw about the effect of parents living together and sex on the observed relationship between vaccine receptive perception and vaccine acceptance?**
  
- vi) Based on your results discuss whether or not vaccine receptive perception is a determinant of vaccine acceptance.**
  
- vii) Summarize your findings**



## Chapter 3

# Analysis of 2-by-C Tables

### Chapter Objectives

After completing this chapter, readers should be able to:

- describe appropriate proportions and calculate measures of association for 2-by-C tables and corresponding 95% confidence intervals;
- test hypotheses appropriate to 2-by-C Tables;
- perform a test for trend in the proportions in a 2-by-C table where the column variable is ordinal and
  - i) the column totals are fixed, and
  - ii) the row totals are fixed;and
- interpret the results from the analysis.

## Contents

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### 3.1 Introduction

So far we have covered analyzing a dichotomous outcome with a dichotomous independent variable. This chapter, we expand the type of the independent variable to be more than two categories. Tables where one variable (say variable 2 - see tables below) has more than two levels are a straightforward extension of our analysis of 2-by-2 tables. The general form of the test statistics remain the same. The different study designs again give rise to the same test statistic. An additional consideration is when variable 2 has ordered categories (such as severity of disease: none, mild, moderate, severe). The question of trend or dose response is a unique issue for this type of study. Below is a general form of the 2-by-C Table.

Table 3.1 Notation of observed data

		<i>Variable 2</i>				
		1	2	...	C	
<i>Variable 1</i>	1	$n_{11}$	$n_{12}$	...	$n_{1C}$	$n_{1+}$
	2	$n_{21}$	$n_{22}$	...	$n_{2C}$	$n_{2+}$
		$n_{+1}$	$n_{+2}$	...	$n_{+C}$	$n_{++}$

Several analytical methods exist to account for the quantitative nature of the categories to improve the chi-square test. An excellent comprehensive and readable review of theories and practical examples was given by Altman (1991); page 259-265. At the Stata web site, there is a frequently asked questions by Sribney (1999) comparing several methods implemented by several software regarding test for trend.

Followings we will discuss two main types of the 2-by-C Table based on type of Variable 2 in reference to Table 3.1. That is, the section of nominal and ordinal variable. Within each section, there was 2 type of studies based on that whether row or column is fixed. For small sample, assuming both row and column total fixed, the exact method is appropriate and it was described in Chapter 8.

### 3.2 Nominal variable

#### 3.2.2 The row and column totals are fixed.

This type of data is from a cross-sectional design in which  $n_{++}$  individuals are chosen. The frequencies ( $n_{ij}$  where  $i = 1, 2; j = 1, \dots, c$ ) follow a full multinomial distribution. The null hypothesis is that the row variable and column variable are independent (see Table 3.2 for notation of the population proportions).

$$H_0 : \pi_{11} = \pi_{i+} \pi_{+j} \text{ where } \sum_i \sum_j \pi_{ij} = 1 \quad \begin{array}{l} i = 1, 2 \\ j = 1, \dots, c \end{array}$$

Table 3.2 Notation of population proportion

		<i>Variable 2</i>				
		<b>1</b>	<b>2</b>	...	<b>c</b>	
<i>Variable 1</i>	<b>1</b>	$\pi_{11}$	$\pi_{12}$	...	$\pi_{1c}$	
	<b>2</b>	$\pi_{21}$	$\pi_{22}$	...	$\pi_{2c}$	

#### Example 3.1

Five hundred and eleven subjects were recruited to examine the relationship between social class (3 levels) and major

depression (2 levels). The results are summarized in the following table.

**Table 3.3** Number of depressive patients by social class - data for example 3.1

Depressed	Social class			Total
	Lower	Middle	Upper	
Yes	4	13	5	22
No	159	212	118	489
<b>Total</b>	<b>163</b>	<b>225</b>	<b>123</b>	<b>511</b>

#### Ex 3.1-1 Describing the proportions

For the purpose of describing the proportions, we assume the groups under the independent variable known in advance, i.e., column totals are fixed. Therefore, the proportion that will be used for describing this data can be calculated as follows:

The proportion of the lower class who depressed :

$$p_1 = 4/163 = 0.024$$

The proportion of the middle class who depressed :

$$p_2 = 13/225 = 0.058$$

The proportion of the upper class who depressed :

$$p_2 = 5/123 = 0.041$$

Considering the output in Ex3.1-3, the proportions reported here are in the square.

#### Ex 3.1-2 Estimating measure of effect

For the 2-by-C Table, we can use "local" odds ratio as the measure of effect. By choosing appropriate reference category, we can calculate OR for other categories compared with the

reference. Here we choose the lower class as it gave the lowest proportion of depressed (see EX3.1-1 shown above). For "cci" command see StataCorp. (1999), Volume 1: A-G, page 387-389.

```
. cci 13 212 4 159
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	13	212	225	0.0578
Controls	4	159	163	0.0245
Total	17	371	388	0.0438
	Point estimate		[95% Conf. Interval]	
Odds ratio	2.4375		.819265	7.23088 (Cornfield)
Attr. frac. ex.	.5897436		-.2206063	.8617042 (Cornfield)
Attr. frac. pop	.0340741			
chi2(1) =			2.49	Pr>chi2 = 0.1144

```
. cci 5 118 4 159
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	5	118	123	0.0407
Controls	4	159	163	0.0245
Total	9	277	286	0.0315
	Point estimate		[95% Conf. Interval]	
Odds ratio	1.684322		.4784226	5.921692 (Cornfield)
Attr. frac. ex.	.4062893		-1.090202	.8311294 (Cornfield)
Attr. frac. pop	.0165158			
chi2(1) =			0.60	Pr>chi2 = 0.4397

### Ex 3.1-3 Testing the hypothesis

By the definition of independence, characteristics 1 and 2 and independent if each joint proportion  $\pi_{11}$ ,  $\pi_{12}$ ,  $\pi_{21}$ ,  $\pi_{22}$  is the product of the two corresponding total or marginal proportions, ie,

$H_0$  : major depression is independent of social class

$$H_0 : \pi_{ij} = \pi_{i+} \pi_{+j} \text{ where } \sum_i \sum_j \pi_{ij} = 1; i = 1, 2$$

$$j = 1, \dots, c$$

This is the hypothesis of independence. This form is a specific hypothesis.

For a general hypothesis, we can state that

$H_0$  : There is no association between social class and depressive disorder

For "tabi" command see StataCorp., (1999), Volume 4: Su-Z, page 144-152.

```
. tabi 4 13 5 \ 159 212 118, col chi2
```

row	col			Total
	1	2	3	
1	4	13	5	22
	2.45	5.78	4.07	4.31
2	159	212	118	489
	97.55	94.22	95.93	95.69
Total	163	225	123	511
	100.00	100.00	100.00	100.00

Pearson chi2(2) = 2.5573 Pr = 0.278

Chi-square of 2.56 with 2 degree of freedom gives p-value = 0.278. The null hypothesis is not rejected. We have no sufficient information to conclude that there is an association between social class and depressive disorder.

### Ex 3.1-4 Summary findings

This cross-sectional study involved 511 people. The lower class people had a lowest proportion of being depressed. That is, among a total of 163 who were the lower class, 2.5% were depressed whereas among 225 who were the middle class, 5.8 % were depressed and 118 who were the upper class, 4.1% were depressed. The middle class was 2.4 times more likely to be depressed than the lower class (95%CI: 0.8 to 7.2) while the upper class was 1.7 times more likely to be depressed than the

lower class (95%CI: 0.5 to 5.9). However, these were not statistically significant (p-value = 0.278).

### 3.2.2 The column totals are fixed.

**Table 3.4** Notation of population proportion in which the column totals are fixed

Variable 1	Variable 2				Total
	1	2	...	c	
1	$\pi_1$	$\pi_2$	...	$\pi_c$	
2	$1 - \pi_1$	$1 - \pi_2$	...	$1 - \pi_c$	
<b>Total</b>	<b>1</b>	<b>1</b>		<b>1</b>	

This is equivalent to choosing  $n_{+1}$  of type 1 in variables 2,  $n_{+2}$  of type 2,  $n_{+c}$  of type c. We are interested in the proportion that fall into level 1 of variable 1.

The null hypothesis is expressed in terms of homogeneity of the probabilities  $\pi_1, \dots, \pi_c$ .

$$H_0 : \pi_1 = \pi_2 = \dots = \pi_c = \pi$$

$n_{ij}$  is binomial with parameters  $n_{+j}$  and  $\pi_j$  thus  $E[n_{ij}] = n_{+j} \pi_j$ . So the expected values are the same as those obtained under the hypothesis of independence.

The statistical approach for this type of study is similar to what has been performed in the above example (Ex 3.1).

Another approach given by Fleiss (1981); page 138 - 143 considered the above situation as the problem concerning comparison of a number of proportions. In this case, it can be called the R-by-2 Tables.

### 3.3 Ordinal variable

#### 3.3.1 Column totals are fixed

Suppose in a 2-by-C table that the column variable is ordinal. A question of interest is whether there is a trend in the proportions falling into the first (or second) row across levels of the column variable.

In general the groups represented by the column variable may correspond to different values of a quantitative variable such as age or they may correspond to qualitative categories such as severity of disease, which can be ordered, but not necessarily assigned as numerical value. One might ask whether there is a significant trend in the proportion falling into the first row from group 1 to group C.

Assign a quantitative variable  $x$  to the groups. The variable  $x$  takes the value  $x_1, \dots, x_c$ . For example  $x$  may take the integer values 1, ..., C or values corresponding to the group defined by the categories. The table can be displayed as follows:

**Table 3.5 Notations for R-by-C Tables where column totals are fixed**

Group	1	2	...	c	Total
$x$	$x_1$	$x_2$	...	$x_c$	
Positive	$n_{11}$	$n_{12}$	...	$n_{1c}$	$n_{1+}$
Negative	$n_{21}$	$n_{22}$	...	$n_{2c}$	$n_{2+}$
Total	$n_{+1}$	$n_{+2}$	...	$n_{+c}$	$n_{++}$
Proportion Positive	$p_1$	$p_2$	...	$p_c$	$p = \frac{n_{1+}}{n_{++}}$

The numerator of the  $\chi^2$  statistic is  $\sum_{j=1}^c n_{+j} (p_j - p)^2$  which is a weighted sum of squares of the  $p_j$  about the mean  $p$ . It also turns out to be a straightforward sum of square (SS), between groups, of a variable ( $y$ ) taking the value 1 for each individual classified as positive and 0 for each individual classified as negative. This SS can be divided as in ANOVA and regression into the SS due to the regression of  $y$  on  $x$  and a SS due to departures from linear regression. If there is a trend of  $p_j$  with  $x_j$  we might find the first SS (regression) to be greater than the second SS. Dividing the portion of the SS due to regression by  $p(1-p)$  gives us a chi-square statistic with 1 df which is part of the overall chi-square statistic and is particularly sensitive to trend. The formula for this  $\chi^2$  is

$$\chi_1^2 = \frac{n_{++} \left( n_{++} \sum_j n_{1j} x_j - n_{1+} \sum n_{+j} x_j \right)^2}{n_{1+} (n_{++} - n_{1+}) \left\{ n_{++} \sum n_{+j} x_j^2 - \left( \sum n_{+j} x_j \right)^2 \right\}}$$

The difference between  $\chi_{c-1}^2$  and  $\chi_1^2$  may be regarded as a  $\chi^2$  statistic with  $(c-2)$  df testing departures from linear regression of  $p_j$  on  $x_j$ . These chi-square tests are approximate, but the approximation is likely to be adequate if only a small proportion of the expected frequencies are less than 5.

### Example 3.2

The data is taken from Holmes and Williams (1954) cited by Agresti (1990); page 297. Children on each tonsil size were classified on whether they are carriers of the pathogenic virus as follows.

**Table 3.6 Number of tonsilitis patients by type of carriers - data for example 3.2**

	<i>Tonsils</i>			Total
	Present/Not Enlarged	Enlarged	Greatly Enlarged	
Carrier	19	29	24	72
Non-Carrier	497	560	269	1326
Total	516	589	293	1398

### Ex 3.2-1 Describing the proportions

Clearly this data represents a column total fixed table. The proportion of carriers for not enlarge is .0368 or 3.7%, for enlarged is .0492 or 4.9%, and for greatly enlarge is .0819 or 8.2%. They were shown in the rectangular of the "tabi" command of Stata shown below.

```
. tabi 19 29 24 \ 497 560 269, col chi2
```

row	col			Total
	1	2	3	
1	19 3.68	29 4.92	24 8.19	72 5.15
2	497 96.32	560 95.08	269 91.81	1326 94.85
Total	516 100.00	589 100.00	293 100.00	1398 100.00

Pearson chi2(2) = 7.8848 Pr = 0.019

### Ex 3.2-2 Estimating measure of effect

As mentioned in EX3.1-2, we can use "local" odds ratio as the measure of effect. By choosing not enlarged tonsil as the

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reference category, we can then calculate OR for enlarged (1.4) and greatly enlarged (2.3) as follows:

```
. cci 29 19 560 497
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	29	19	48	0.6042
Controls	560	497	1057	0.5298
Total	589	516	1105	0.5330
	Point estimate		[95% Conf. Interval]	
Odds ratio	1.354605		.7556637	2.427803 (Cornfield)
Attr. frac. ex.	.2617776		-.3233399	.588105 (Cornfield)
Attr. frac. pop	.1581573			
+-----				
	chi2(1) =		1.02	Pr>chi2 = 0.3125

```
. cci 24 19 269 497
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	24	19	43	0.5581
Controls	269	497	766	0.3512
Total	293	516	809	0.3622
	Point estimate		[95% Conf. Interval]	
Odds ratio	2.33379		1.265725	4.302563 (Cornfield)
Attr. frac. ex.	.5715124		.2099393	.7675804 (Cornfield)
Attr. frac. pop	.3189837			
+-----				
	chi2(1) =		7.55	Pr>chi2 = 0.0060

### Ex 3.2-3 Testing the hypothesis

The three steps for hypothesis testing is as follows:

#### Step 1 Overall test for association

The overall  $\chi^2_{c-1}$  is 7.88 with  $C-1 = 3-2 = 2$  *df* as shown in the oval of the above output from Stata (Ex. 3.2-1).

## Step 2 Test for linear trend

The chi-square test for trend  $\chi_1^2$  is 7.19 with 1 *df* corresponding to p-value = 0.007. Using Stata to get these results needs a few commands. First we need to obtain a data file. By using "tabi" with "replace option, we can have a summary form of the file as listed using the "list" command as shown below.

```
. tabi 19 29 24 \ 497 560 269, replace
```

row	col			Total
	1	2	3	
1	19	29	24	72
2	497	560	269	1326
Total	516	589	293	1398

```
Pearson chi2(2) = 7.8848 Pr = 0.019
```

```
. list
```

	row	col	pop
1.	1	1	19
2.	1	2	29
3.	1	3	24
4.	2	1	497
5.	2	2	560
6.	2	3	269

Note that "row" variable represents carrier status and "col" variable represents tonsil size. The "pop" variable is the frequency of each combination of "row" and "col" variables. The "tabodds" command (see StataCorp., (1999), Volume 1: A-G, page 396-397) can be used for testing for linear trend. But we need to have the dependent dichotomous variable coded as 0 and 1. Thus we first use "recode" command (see StataCorp., (1999), Volume 3: P-St, page 136) for that purpose and followed by the "tabodds" command as follows:

```
. recode row 2=0
(3 changes made)
```

```
. tabodds row col [freq=pop]
```

col	cases	controls	odds	[95% Conf. Interval]	
1	19	497	0.03823	0.02418	0.06045
2	29	560	0.05179	0.03565	0.07522
3	24	269	0.08922	0.05877	0.13546

```
Test of homogeneity (equal odds): chi2(2) = 7.88
Pr>chi2 = 0.0195
```

```
Score test for trend of odds: chi2(1) = 7.19
Pr>chi2 = 0.0073
```

Alternatively, one could use the "nptrend" command (see StataCorp., 1999, Volume 2: H-O, page 465-468) for performing test for trend.

Followings are to show how the results above are achieved. In the absence of scores for tonsil size we will use -1, 0, 1.

$$\begin{aligned}
 \therefore \chi_1^2 &= \frac{1398[1398(-19 + 24) - 72(-516 + 293)]^2}{72(1326)[1398(849 + 293) - (-516 + 293)^2]} \\
 &= \frac{1398[1398 \times 5 + 72 \times 223]^2}{72 \times 1326[1398 \times 809 - (-223)^2]} \\
 &= 7.19
 \end{aligned}$$

### Step 3 Test for departure from linear trend

The test for departures from a linear trend is

$$\chi_{c-1}^2 - \chi_1^2 = 7.88 - 7.19 = 0.69$$

which is clearly non-significant compared with a chi-square distribution with  $(C-1) - 1 = (3-1) - 1 = 1$  *df* which yields p-value = 0.406. The "disp chiprob()" command shown below can be used to obtain the chi-square probability.

```
. disp chiprob(1, 0.69)
.40616438
```

Thus there is a definite trend which may result in approximately equal increases in the proportion of carriers with increasing tonsil enlargement. In other words, almost all relationship between carrier status and tonsil size was explained by the linear trend.

#### Ex 3.2-4 Summary findings

Among the three groups based on tonsil size - 516 not enlarged, 589 enlarged, and 293 greatly enlarged, the proportion of the virus carriers were 3.7%, 4.9%, 8.2% respectively. That is, the proportion of the virus carrier increase as the tonsil size increased. Those who had enlarged tonsil size were 1.4 times as likely to be carriers of the virus as those who had not enlarged tonsil size (95%CI: 0.8 to 2.4). Likewise, those who had enlarged tonsil size were 2.3 times as likely to be carriers of the virus as those who had not enlarged tonsil size (95%CI: 1.3 to 4.3). There is a definite trend which may result in approximately equal increases in the proportion of carriers with increasing tonsil enlargement (The overall chi-square test for association = 7.88, p-value = 0.020; the chi-square test for linear trend = 7.19, p-value = 0.007, and the test for departure from linear trend = 0.69, p-value = 0.406.).

#### 3.3.2 *Row totals are fixed*

Now we demonstrate the approach for that the row totals are fixed and the column variable is ordinal.

#### Example 3.3

An experiment on the use of sulfones and streptomycin drugs in the treatment of leprosy from Cochran (1954) cited by Agresti (1990); page 101, leprosy patients with different severity levels of disease (little or much infiltration) were graded according to their improvement after treatment as follows.

**Table 3.7** Number of leprosy patients for each degree of infiltration by level of changes in health - data for example 3.3

Degree of Infiltration	Changes in Health					Total
	Marked	Moderate	Slight	Stationary	Worse	
<i>Little</i>	11	27	42	53	11	144
<i>Much</i>	7	15	16	13	1	52
<b>Total</b>	<b>18</b>	<b>42</b>	<b>58</b>	<b>66</b>	<b>12</b>	<b>196</b>

There are two questions of interest:

- i) Are the two groups (little *vs* much) homogeneous in their degree of improvement?
- ii) Is the degree of improvement the same in the two groups?

**Ex 3.3-1** Describing the proportions

Followings are the row proportions.

Little      0.076 0.188 0.292 0.368 0.076 1.0

Much        0.135 0.288 0.308 0.250 0.019 1.0

We can obtain these proportions using "tabi" command as follows:

```
. tabi 11 27 42 53 11 \ 7 15 16 13 1, row chi2
```

row	col					Total
	1	2	3	4	5	
1	11 7.64	27 18.75	42 29.17	53 36.81	11 7.64	144 100.00
2	7 13.46	15 28.85	16 30.77	13 25.00	1 1.92	52 100.00
Total	18 9.18	42 21.43	58 29.59	66 33.67	12 6.12	196 100.00

Pearson chi2(4) = 6.8807 Pr = 0.142

We can see that subjects with much infiltration are more likely to show an improvement than subjects with little infiltration. This suggests that the degree of improvement is differ. (The test hypothesis can provide how likely this difference could happen by chance - see Ex 3.3-3 below.)

### Ex 3.3-2 Estimating measure of effect

Similar to the previous two examples, the "local" odds ratios might be used as the measure of association for the 2-by-C Table where the row total is fixed. Additionally, we can think of this problem as comparing continuous outcome between the two groups. One way of examining this is to score the categories of improvement and compare the mean scores across the two groups. One scoring scheme is to grade the responses 5, 4, 3, 2, and 1 corresponding to marked improvement through to a worsening of infiltration. The mean scores are given by

$$f_i = \sum_{j=1}^c x_j \pi_{ij} \quad i = 1, 2$$

where  $x_j$  is the score corresponding to categories  $j$ . The higher score, the more the improvement.

```
. tabi 11 53 42 27 11 \ 1 13 16 15 7, replace
```

row	1	2	3	4	5	Total
1	11	53	42	27	11	144
2	1	13	16	15	7	52
Total	12	66	58	42	18	196

```
Pearson chi2(4) = 6.8807 Pr = 0.142
```

```
. list
```

	row	col	pop
1.	1	1	11
2.	1	2	53
3.	1	3	42

## 74

4.	1	4	27
5.	1	5	11
6.	2	1	1
7.	2	2	13
8.	2	3	16
9.	2	4	15
10.	2	5	7

```
. expand pop  
(186 observations created)
```

At this stage we have a data file of 196 records where "row" variable refers to infiltration groups (i.e., 1= Little, 2=Much) and "col" is the degree of improvement (i.e., 1=Marked, 2=Moderate, 3=Slight, 4=Stationary, and 5=Worse).

To estimate  $f_j$  use

$$\hat{f}_i = \sum_j x_j p_{ij}$$

where  $p_{ij} = \frac{n_{ij}}{n_{i+}}$  represents the proportion in row  $i$  falling into level  $j$  of variable 2.

For simplicity of calculation, another scoring scheme is to grade the responses 3, 2, 1, 0, and -1 corresponding to marked improvement through to a worsening of infiltration. Thus the mean score for each group can be calculated as follows:

$$\hat{f}_1 = 3(.076) + 2(.188) + 1(.292) - .076 = 0.819$$

$$\hat{f}_2 = 3(.135) + 2(.288) + 1(.308) - (.019) = 1.269$$

The difference of mean score between the two groups is  $\hat{f}_2 - \hat{f}_1 = 0.819 - 1.269 = 0.45$ . We can also think of this as using two-sample t-test as follows.

```
. replace row = 0 if row == 2  
(52 real changes made)
```

The above command is needed for coding the dependent variable to be 0 and 1 so that the difference is not negative and it is necessary for further analysis using "tabodds" command discussed in EX3.3-3 below.

We now use "ttest" command (see StataCorp., (1999), Volume 4: Su-Z, page 225-232) to estimate the difference of mean score between the two group.

```
. ttest col, by(row)
```

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
0	52	3.269231	.145613	1.050031	2.9769	3.561561
1	144	2.819444	.0890535	1.068643	2.643413	2.995476
combined	196	2.938776	.0771119	1.079566	2.786695	3.090856
diff		.4497863	.1721066		.1103461	.7892265

Degrees of freedom: 194

Ho: mean(0) - mean(1) = diff = 0

Ha: diff < 0	Ha: diff ~= 0	Ha: diff > 0
t = 2.6134	t = 2.6134	t = 2.6134
P < t = 0.9952	P >  t  = 0.0097	P > t = 0.0048

The difference of the mean score is  $3.269231 - 2.819444 = 0.45$ . The mean score for each group were different from that were obtained previously (i.e.,  $\hat{f}_2 - \hat{f}_1 = 0.819 - 1.269$ ) due to different scoring scheme while the difference is exactly the same (i.e., 0.45). This difference can be used as the magnitude of the effect. That is, the mean score of degree of improvement

of the "much infiltration" group was 0.045 greater than that of the " little infiltration" group (95%CI: 0.11 to 0.79).

Note that the score is arbitrary. Thus it is difficult to interpret. This approach is much useful in the situation where the C variable is quantitative such as diameter of leprosy wound classified as less the 10, 10 to 20, and 20 or more centimeters. Here in the current example it was a qualitative C variable. The local odds ratios could be used as the interpretation is straight forwards. Assign the "little infiltration" as a reference group, the local odds ratios for improvement were as follows:

```
. cci 13 1 53 11
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	13	1	14	0.9286
Controls	53	11	64	0.8281
Total	66	12	78	0.8462
	Point estimate		[95% Conf. Interval]	
Odds ratio	2.698113		.4015869	. (Cornfield)
Attr. frac. ex.	.6293706		-1.490121	. (Cornfield)
Attr. frac. pop	.5844156			
			chi2(1) =	0.89 Pr>chi2 = 0.3454

```
. cci 16 1 42 11
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	16	1	17	0.9412
Controls	42	11	53	0.7925
Total	58	12	70	0.8286
	Point estimate		[95% Conf. Interval]	
Odds ratio	4.190476		.6288552	. (Cornfield)
Attr. frac. ex.	.7613636		-.5901912	. (Cornfield)
Attr. frac. pop	.7165775			
			chi2(1) =	2.00 Pr>chi2 = 0.1568

```
. cci 15 1 27 11
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	15	1	16	0.9375
Controls	27	11	38	0.7105
Total	42	12	54	0.7778
	Point estimate		[95% Conf. Interval]	
Odds ratio	6.111111		.8989672	. (Cornfield)
Attr. frac. ex.	.8363636		-.1123876	. (Cornfield)
Attr. frac. pop	.7840909			

chi2(1) = 3.36 Pr>chi2 = 0.0670

```
. cci 7 1 11 11
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	7	1	8	0.8750
Controls	11	11	22	0.5000
Total	18	12	30	0.6000
	Point estimate		[95% Conf. Interval]	
Odds ratio	7		.9089896	. (Cornfield)
Attr. frac. ex.	.8571429		-.1001226	. (Cornfield)
Attr. frac. pop	.75			

chi2(1) = 3.44 Pr>chi2 = 0.0637

Again, subjects with much infiltration are more likely to show an improvement than subjects with little infiltration. That is, the odds of improvement among "much infiltration" as compared to that of among "little infiltration" group was 2.7, 4.2, 6.1, and 7.0.

### Ex 3.3-3 Testing the hypothesis

The null hypothesis of no difference is

$$H_0 : f_1 = f_2 = f$$

The estimate  $f_j$  use the formula shown above, for the variance of  $\hat{f}_i$  we use

$$\hat{v}ar(\hat{f}_i) = \frac{\sum_j x_j^2 p_{ij} - \hat{f}_i^2}{n_{i+}}$$

The test statistic based on the Neyman chi-square is

$$Q = \frac{(\hat{f}_1 - \hat{f}_2)^2}{(\hat{v}ar(\hat{f}_1) + \hat{v}ar(\hat{f}_2))}$$

which has a chi-square distribution with 1 df.

Followings are the example of calculating for the Neyman chi-square.

$$\begin{aligned}\hat{v}ar(\hat{f}_1) &= \frac{1}{144} \{ [9(.076) + 4(.188) + (.292) + (.076)] - .819^2 \} \\ &= 0.0079\end{aligned}$$

$$\hat{v}ar(\hat{f}_2) = 0.0208$$

The Neyman chi-square can be calculated as

$$Q = \frac{(.819 - 1.269)^2}{(.0079 + .0208)} = 7.06$$

Comparing this with chi-square distribution of 1 df leads us to reject  $H_0$  and conclude that subjects with much infiltration show a greater degree of improvement (p-value = 0.007).

```
. disp chiprob(1, 7.06)
.0078824
```

Analyzed these data using the chi-square test for trend (that is, assuming that the column totals are fixed), the method gives  $\chi_1^2 = 6.63$  (p-value = 0.01 as shown below).

```
. tabodds row col
```

col	cases	controls	odds	[95% Conf. Interval]	
1	11	1	11.00000	1.42017	85.20081
2	53	13	4.07692	2.22272	7.47791
3	42	16	2.62500	1.47591	4.66874
4	27	15	1.80000	0.95755	3.38365
5	11	7	1.57143	0.60918	4.05364

```
Test of homogeneity (equal odds): chi2(4) = 6.85
Pr>chi2 = 0.1443
```

```
Score test for trend of odds: chi2(1) = 6.63
Pr>chi2 = 0.0100
```

Alternatively, the test for trend can be obtained by comparing the median (rank) score of tonsil enlargement between the two groups of degree of infiltration. The score of 1 to 5 can be best using Mann-Whitney-U-test. The command "ranksum" (see StataCorp., (1999), Volume 3: P-St, page 316-322) can handle this.

```
. ranksum col, by(row)
Two-sample Wilcoxon rank-sum (Mann-Whitney) test
   row |      obs   rank sum   expected
-----+-----
     0 |      52     5993     5122
     1 |     144    13313    14184
-----+-----
combined |     196    19306    19306

unadjusted variance  122928.00
adjustment for ties   -9209.14
-----
adjusted variance    113718.86

Ho: col(row==0) = col(row==1)
      z = 2.583
Prob > |z| = 0.0098
```

Since  $Z$  is equivalent to chi-square with one degree of freedom, thus given  $Z$  of 2.583, the equivalent  $\chi_1^2$  is 6.67, as computed below.

```
. disp 2.583^2
6.671889
```

This ( $\chi_1^2 = 6.67$ ) was slightly different from chi-square test for trend ( $\chi_1^2 = 6.63$ ) obtained using the "tabodds" command as shown above. They lead to the same p-value of 0.01.

For the overall test for association (using Pearson's chi-square) is  $\chi_{c-1}^2 = 6.88$  with 4  $df$  (see the output in Ex.3.3-1 shown in the rectangular) which is non-significant (p-value = 0.14). These results are identical to those obtained using the second method described above if the Pearson chi-square is used (based on the variances of  $\hat{f}_1$  and  $\hat{f}_2$  calculated under  $H_0$ ) instead of the Neyman chi-square as calculated here.

Test for departure from linear trend is  $6.88 - 6.67 = 0.21$ . The degree of freedom is  $(C-1) - 1 = (5-1) - 1 = 3$ . The p-value is **0.976** as shown below.

```
. disp chiprob(3, 0.21)
.97595904
```

This suggested that almost all observed variation between the group of degree of infiltration were attributed to the linear trend in changes of degree of improvement.

**Notes:**

- i) Ignoring the ordinality of the degree of improvement, the test suggested no sufficient evidence of the association (p-value = 0.14) whereas the test for trend (i.e., accounted for the ordering) suggested a strong evidence (p-value = 0.01). Thus it is necessary to consider the ordinal nature of the C variable.
- ii) We can fail to reject  $H_0$  of homogeneity but reject the hypothesis of no difference in degree of improvement. This will occur when one hypothesis is global with many *df* and the other is specific with few *df*. The consensus is that the more specific hypothesis is more sensitive and therefore more appropriate.
- iii) Choice of scores is arbitrary - here we assumed that the levels of improvement were equally spaced. The Neyman chi-square will not change as long as this assumption is met regardless of the actual values of the scale. If the scale is not equally spaced the statistic will be affected. If the ordinal variable represents a continuous variable that has been categorized, then the midpoint of each interval defining the categories could be used as the scores.

### Ex 3.3-4 Summary findings

Among 144 patients who had little infiltration, the proportion of marked improvement through to a worsening of infiltration were 7.6%, 18.8%, 29.2%, 36.8%, and 7.6% respectively. Whilst for the patients who had much infiltration, the corresponding proportion were 13.5%, 28.8%, 30.8%, 25.0%, and 1.9% respectively. The odds of improvement from worse to stationary, slightly, moderate, and marked improvement among "much infiltration" as compared to that of among "little infiltration" group was 2.7, 4.2, 6.1, and 7.0 respectively. The degree of improvement between the two groups was statistically significant ( $p$ -value = 0.01). Almost all observed variations between the group based on degree of infiltration were attributed to the linear trend in changes of degree of improvements. Overall chi-square test for association = 6.88 with 4 df, the chi-square-test for trend = 6.67 with 1 df, and thus the chi-square test for departure from linear trend = 0.21 with 3 df.

## Chapter references

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- Altman, D.G. (1991). *Practical statistics for medical research*. London: Chapman and Hall.
- Fleiss, J.L. (1981). *Statistical methods for rates and proportions*. 2<sup>nd</sup> edition. New York: John Willey & Sons.
- Sribney, W. A. (1999). Comparison of different tests for trend. Stata Corporation, <http://www.stata.com/support/faqs/stat/trend.html> (connected at 12 December 1999).

StataCorp. (1999). *Stata statistical software: Release 6.0*.  
College Station, TX: Stata Corporation.

## Exercise

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1. Helmes and Fekken (1986) cited by Agresti (1990); page 72 reported the numbers of psychiatric patients by their diagnoses and by whether or not their treatment included drugs. The data are shown in the table.

Diagnosis	Drugs	No Drugs
Schizophrenia	105	8
Affective disorder	12	2
Neurosis	18	19
Personality disorder	47	52
Special symptoms	0	13

- i) Test the hypothesis of independence between diagnosis and prescription of drugs.
  - ii) Comment on the appropriateness of the test you used.
  - iii) Summarise your findings.
2. Doll and Hill (1952) cited by Agresti (1990); page 31 presented data from a case-control study of lung cancer and tobacco smoking among patients in hospitals in several

English cities. The table compares male lung cancer patients with control patients having other diseases, according to the average number of cigarettes smoked daily over a ten-year period preceding the onset of the disease.

Av. No. cigarettes per day	Disease Group	
	Lung Cancer Patients	Control Patients
None	7	61
<5	55	129
5-14	489	570
15-24	475	431
25-49	293	154
50+	38	12

- i) Is there an association between disease group and cigarette smoking?
- ii) Perform a test of trend to determine whether or not lung cancer patients tend to smoke more than control patients.
- iii) Calculate the odds ratio for each level of smoking using 'None' as the reference category. Comment on the results.
- iv) Compute the odds ratios for each pair of adjacent levels of smoking. Comment on the pattern of association.
- v) Comment on the choice of controls in this study. Is it likely to bias the results? Explain your answer.

## Chapter 4

# Analysis of R-by-C Tables

### Chapter Objectives

After completing this chapter, readers should be able to:

- state the null hypothesis and statistical test appropriate to an R-by-C table in the case of i) row and column totals fixed; ii) row totals fixed; and iii) sample size only fixed;
- describe and interpret measures of association suitable for R-by-C tables when: i) the variables are nominal; and ii) the variables are ordinal;
- explore patterns of association in an R-by-C table using cell proportions, cell chi-square, and local odds ratios; and
- interpret the results from the analysis.

## Contents

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### 4.1 Introduction

An R-by-C Table refers to the contingency tables with more than two rows and two columns. The interpretation of the patterns of association is less clear and more detailed analysis may be necessary to decide where in the table any departures from independence arise. In addition, one or both variables may be ordered.

Below is a general form of the R-by-C Table.

**Table 4.1** Notation of observed data

		<i>Variable 2</i>				
		<b>1</b>	<b>2</b>	...	<b>c</b>	
<i>Variable 1</i>	<b>1</b>	$n_{11}$	$n_{12}$	...	$n_{1c}$	$n_{1+}$
	<b>2</b>	$n_{21}$	$n_{22}$	...	$n_{2c}$	$n_{2+}$
	...	...	...	...	...	...
	<b>r</b>	$n_{r1}$	$n_{r2}$	...	$n_{rc}$	$n_{r+}$
		$n_{+1}$	$n_{+2}$	...	$n_{+c}$	$n_{++}$

**Table 4.2** Notation of population proportions

		<i>Variable 2</i>				
		<b>1</b>	<b>2</b>	...	<b>c</b>	
<i>Variable 1</i>	<b>1</b>	$\pi_{11}$	$\pi_{12}$	...	$\pi_{1c}$	$\pi_{1+}$
	<b>2</b>	$\pi_{21}$	$\pi_{22}$	...	$\pi_{2c}$	$\pi_{2+}$
	...	...	...	...	...	...
	<b>r</b>	$\pi_{r1}$	$\pi_{r2}$	...	$\pi_{rc}$	$\pi_{r+}$
		$\pi_{+1}$	$\pi_{+2}$	...	$\pi_{+c}$	$\pi_{++}$

where  $n_{ij}$  are observed cell counts  $i = 1, \dots, r$  and  $j = 1, \dots, c$ .

[see details in Everitt (1977); page 16-21]

## 4.2 Measures of Association

A large number of measures of association for R-by-C tables have been proposed. Statistical packages print out a number of them. A section of Everitt (1977); page 56-66 describes some to them. Selvin (1995); page 273-288 provide an example and computer output using Stata. Followings are summaries of the most common use measure of associations.

### 4.2.1 Odds Ratios

Agresti (1990); page 18-19 described the odds ratio for R-by-C Tables quite comprehensive. Odds ratios are also useful for describing contingency tables larger than  $2 \times 2$ . Odds ratio for R-by-C tables can use each of the  $\binom{r}{2} = r(r - 1)/2$  pairs of rows in combination with each of the  $\binom{c}{2} = c(c - 1)/2$  pairs of columns. For rows  $i$  and  $i'$  and columns  $j$  and  $j'$ , the odds ratio  $\pi_{ij}\pi_{i'j'} / \pi_{ij'} \pi_{i'j}$  uses four cells in a rectangular pattern. There are  $\binom{r}{2}\binom{c}{2}$  odds ratios of this type.

However this set of odds ratios contains much redundant information. Consider the subset of  $(r - 1)(c - 1)$  'local' odds ratios.

$$\psi_{ij} = \frac{\pi_{i,j}\pi_{i+1,j+1}}{\pi_{i,j+1}\pi_{i+1,j}} \quad \begin{array}{l} i = 1, \dots, r - 1 \\ j = 1, \dots, c - 1 \end{array}$$

These 'local' odds ratios use cells in adjacent rows and adjacent columns. These  $(r-1)(c-1)$  odds ratios determine all  $\binom{r}{2}\binom{c}{2}$  odds ratios formal by pairs of rows and pairs of columns (see example below).

The construction for a minimal set of odds ratios is not unique. Another basic set is:

$$\psi_{ij} = \frac{\pi_{ij}\pi_{rc}}{\pi_{rj}\pi_{ic}} \quad \begin{array}{l} i = 1, \dots, r-1 \\ j = 1, \dots, c-1 \end{array}$$

Each odds ratio uses the rectangular pattern of cells determined by rows  $i$  and  $r$  and columns  $j$  and  $c$ .

In summary for R-by-C tables, it is rarely possible to summarize association by a single number without some loss of information. However, summary indices can describe certain features of the association.

#### 4.2.2 Summary measures of association

While there are more than one local odds ratios to indicate the degree of association for a R-by-C Table, a single measurement is needed to summarize as a global association. Some of these had been described in Agresti (1990); page 18-19, page 19-26. Selected measures of association which are commonly used, by each situation, are as follows:

##### 4.2.2.1 One or both variables are nominal

###### i) Cramer's V

It is a transformation of chi-square statistics. It has no probabilistic interpretation. That is, we cannot express in words in terms of probability or errors in prediction (Everitt, 1977, page 63). For complete association, it may not be equal to 1.0. Thus it has a little useful. The formula and a computational example can be found in Selvin (1995); page 273.

###### ii) Lambda ( $\lambda$ )

It involves two estimate probabilities - one is the maximum probability of predicting that an observation belongs to a specific row and another is the maximum probability of predicting that an

observation belongs to a specific row given that the observation belongs to specific column. Everitt (1977); page 60-61 classify the lambda into two main categories - asymmetric ( $\lambda_R$  and  $\lambda_C$ ) and symmetric ( $\lambda$ ) depending on that whether or not we have an explanatory and a dependent variable, i.e., row or column variable is given beforehand or either one, respectively. The value of  $\lambda$  is 0 if the row variable cannot be predicted from knowledge of the column variable. Thus the value of  $\lambda$  different from 0 indicates the degree of association. In other words, it is simply the proportional reduction in error. Formula and a work example is given by Selvin (1995); page 273-275.

#### 4.2.2.2 Both of the variables are ordinal

##### i) Kendall's Tau statistics ( $\tau$ )

It is a measure of correlation between two sets of rank data. This statistics have no obvious probabilistic interpretation. Its value may not ranged from -1 to 1. There are three type of Tau statistics -  $\tau_a$  is not applicable for contingency table data;  $\tau_b$  and  $\tau_c$  may have the value ranged between -1 and 1 only in certain situation such as when the sample size is sufficiently large (Everitt, 1977, page 63).

##### ii) Gamma coefficient ( $\gamma$ )

It is a special case of rank correlation coefficient which has probabilistic interpretation. That is, its value ranged from -1 to 1 where 1 indicates a complete association that all data are on the main diagonal and -1 also indicates a complete association but that all data are on the other diagonal of the table. Value of  $\gamma$  near 0 indicates weak association (see Everitt, 1977, page 63). The  $\gamma$  is suitable for *qualitative ordinal variables* where the score is arbitrary such as

disease improvement, level of severity, etc. The coefficient is based on rank. Formula and a work example is given by Selvin (1995); page 276-278.

iii) Somer's  $d$  ( $d_{yx}$ )

It is suitable for asymmetric situation where we have an explanatory variable and a dependent variable. This coefficient has similar interpretation to that of  $\gamma$  (see Everitt, 1977, page 63).

iv) Correlation coefficient ( $r$ )

This is Pearson's correlation coefficient. It has the properties similar to rank correlation but this not based on rank but on the meaningful numerical values. Thus it is suitable for *quantitative ordinal variable* such as age, blood pressure, etc. Formula and a work example is given by Selvin (1995); page 278-279.

Stata provides Cramers'V, Gamma, and  $\tau_b$  (see later in the example).

### 4.3 Test of Association

Followings are summaries of test statistics for R-by-C Tables. They lead to the same conclusion for large sample. For small sample, caution is needed in choosing the appropriate methods. Details can be found in Agresti (1990); page 47-49.

#### 4.3.1 Both Sets of Margins Fixed

$H_0$  is the hypothesis of randomness

Distribution - multivariate hypergeometric

Test Statistic

- Large sample :  $Q = \frac{(n_{++} - 1)}{n_{++}} \chi_p^2$

where  $\chi_p^2$  is the usual Pearson chi-square.

- Small sample : Freeman Halton Conditional Exact Test

#### 4.3.2 Row Margins Fixed

$H_0$  is the hypothesis of row homogeneity

Distribution - product multinomial

Test Statistic - Pearson chi-square ( $\chi_p^2$ ) or

Likelihood ratio test ( $G^2$ )

#### 4.3.3 Sample Size Fixed

$H_0$  is the hypothesis of independence

Distribution - full multinomial

Test Statistic - Pearson chi-square ( $\chi_p^2$ ) or

Likelihood ratio test ( $G^2$ )

Note that the three large sample models ( $Q$ ,  $\chi_p^2$ , and  $G^2$ ) lead to the same expected cell frequencies and the same test statistics. The exact test can be found in Agresti (1991); page 59-67 and also the last chapter of this book.

#### Example 4.1

Hypothetical data of a study to determine the association between blood group and psychiatric disorder among 200 psychiatric patients at a hospital. The data are as follows:

**Table 4.3** Number of psychiatric disorder patients by blood group - data for example 4.1

Psychiatric disorder	Blood group				Total
	A	B	AB	O	
Schizophrenia	7	25	20	28	80
Neurosis	12	20	16	10	58
Depressed	30	10	10	12	62
Total	49	55	46	50	200

Note that these data have no natural ordering although psychiatric disorder may be considered an ordinal variable. (The exercise at the end of this Chapter involves two ordinal variables.)

#### Ex 4.1-1 Describing the proportions

Assuming the column totals are fixed, the proportions of each type of psychiatric disorders for each group of blood group (shown below) suggest a rough meaningful magnitude and pattern of the association.

**Table 4.4** Percentages of psychiatric disorder patients by blood group - from the data of example 4.1

Psychiatric disorder	Blood group			
	A	B	AB	O
Schizophrenia	8.8%	31.3%	25.0%	35.0%
Neurosis	20.7%	34.5%	27.6%	17.2%
Depressed	48.4%	16.1%	16.1%	19.4%
Total	24.5%	27.5%	23.0%	25.0%

The "tabi" command (see StataCorp., 1999, Volume 4: Su-Z, page 144-152) can be used to obtain these proportions as follows:

. tabi 7 25 20 28 \ 12 20 16 10 \ 30 10 10 12, row

row	col				Total
	1	2	3	4	
1	7 8.75	25 31.25	20 25.00	28 35.00	80 100.00
2	12 20.69	20 34.48	16 27.59	10 17.24	58 100.00
3	30 48.39	10 16.13	10 16.13	12 19.35	62 100.00
Total	49 24.50	55 27.50	46 23.00	50 25.00	200 100.00

Cell chi-square were as follows:

**Table 4.5 Cell chi-square of psychiatric disorder patients by blood group - from the data of example 4.1**

Psychiatric disorder	Blood group			
	A	B	AB	O
Schizophrenia	<i>8.10</i>	0.41	0.14	3.20
Neurosis	0.34	1.03	0.53	1.40
Depressed	<i>14.44</i>	2.92	1.27	0.79

Comparing these with 1 degree of freedom, only the two cells (displayed in italic bold letters) are significant. This suggested that Blood group A with Schizophrenia or Depressed contribute greatly to the association between "blood group" and "psychiatric disorder".

Note : Example of calculating the cell chi-square for the first cell is  $[(O- E)^2 / E] = \{[7- (49 \times 80 / 200)]^2\} / (49 \times 80 / 200) = 8.1$ . The chi-square which greater than a critical value of 3.84 (i.e.,  $\chi_1^2$  at  $\alpha = 0.05$ ) is said to

be significant. That is, the observed frequency is different, beyond chance, from what would be expected if there was no association between the two variables.

#### Ex 4.1-2 Estimating measure of effect

Calculating “local” odds ratios for adjacent rows and columns for the 3-by-4 Table we can have 6 odds ratios altogether. It is not easy to interpret all these in words since they are almost another raw data. Thus odds ratios are not useful in this situation. However we will illustrate their calculations as follows:

$$OR_{11} = \frac{7 \times 20}{12 \times 25} = 0.47 \qquad OR_{12} = \frac{7 \times 16}{12 \times 20} = 0.47$$

$$OR_{13} = \frac{7 \times 10}{12 \times 28} = 0.21$$

$$OR_{21} = \frac{12 \times 10}{30 \times 20} = 0.20 \qquad OR_{22} = \frac{12 \times 10}{30 \times 16} = 0.25$$

$$OR_{23} = \frac{12 \times 12}{30 \times 10} = 0.48$$

Thus, in all case, those who have blood group A are less likely to get severe psychiatric disorder than those whose blood group is B, AB, or O.

Now consider a "single" summary measure of association. The following Stata command provides some of them.

```
. tabi 7 25 20 28 \ 12 20 16 10 \ 30 10 10 12, row all
```

row	col				Total
	1	2	3	4	
1	7 8.75	25 31.25	20 25.00	28 35.00	80 100.00
2	12 20.69	20 34.48	16 27.59	10 17.24	58 100.00
3	30 48.39	10 16.13	10 16.13	12 19.35	62 100.00
Total	49 24.50	55 27.50	46 23.00	50 25.00	200 100.00

```

Pearson chi2(6) = 34.5648 Pr = 0.000
likelihood-ratio chi2(6) = 34.4582 Pr = 0.000
Cramer's V = 0.2940
gamma = -0.3707 ASE = 0.082
Kendall's tau-b = -0.2683 ASE = 0.061

```

From the above output, neither Gamma nor Kendall's tau-b can be used for this problem since these two measures of association regards the blood group and psychiatric disorder as continuous which is not appropriate. Only Cramer's V can be used. We can also use Lambda coefficient ( $\lambda$ ) which did not provided by Stata. However it can be easily calculated.

The problem illustrates a situation where the row variable (i.e., Psychiatric disorder) can be predicted from knowledge of the column variable (i.e., Blood group). Therefore, the  $\lambda_c$  is an appropriate measure of association (see Selvin, 1995, page 274 for more details). This data gives  $\lambda_c = [(30+25+20+28)-80] / (200-80) = 0.19$ . The Cramer's V = 0.29. These are slightly different from 0 indicating a weak association.

#### Ex 4.1-3 Testing the hypothesis

Based on the above Stata output, the  $\chi^2_6 = 34.56$ . Thus there is a statistically significantly association between blood group and psychiatric disorder (p-value < 0.001).

### Ex 4.1-4 Summary findings

Those who have blood group A are less likely to get severe psychiatric disorder than those whose blood group is B, AB, or O (see the proportions and odds ratios shown earlier. There is a statistically significant association between blood group and psychiatric disorder ( $p$ -value  $< 0.001$ ). Blood group A with "Schizophrenia" or "Depressed" contributed greatly to the association. However the magnitude of such association is small. That is, knowing blood group can predict a little about whether or not people has psychiatric disorder ( $\lambda_c = 0.19$ ). Cramer's V of 0.29 also suggested a weak association between the two variables.

### Chapter references

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- Selvin S. (1995). *Practical biostatistical methods*. Belmont: Duxbury Press.
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**Exercise**

Senie et al (1981) studied factors related to breast self-examination (BSE) among 1216 women with breast cancer. The data for age group and frequency of BSE are given below.

Age	Frequency of BSE			Total
	Monthly	Occasional	Never	
< 45	91	90	51	232
45 - 59	150	200	155	505
60 +	109	198	172	479
<b>Total</b>	<b>350</b>	<b>488</b>	<b>378</b>	<b>1216</b>

- i) Is frequency of BSE dependent of age?
- ii) Describe the patterns of association between age and frequency of BSE.

## Chapter 5

# Analysis of Square Tables

### Chapter Objectives

After completing this chapter, readers should be able to:

- describe the properties of marginal homogeneity and symmetry for a K-by-K Table;
- identify appropriate tests for the hypotheses of marginal homogeneity and symmetry for a K-by-K Table;
- calculate a measure of agreement for two observers and test whether the observed agreement is better than that expected by chance for i) for a nominal classification scale and ii) for an ordinal classification scale;
- interpret the results from the analysis.

## Contents

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### 5.1 Introduction

A square table is the contingency tables with more than two rows and two columns where the cell frequencies represent the number of pair for each combination of the independent variable. I can be referred to the K-by-K Table where K is the number of categories of the dependent variable. The data are obtained by that the same subjects are measured twice or a measurement is made on a paired of subject. Thus the number of rows and columns is automatically equal. It is a general form of the matched contingency tables. The matched 2-by-2 Table described in Chapter 2 is a special case of the square tables. In such case, the outcome is dichotomous. This Chapter involves polytomous outcome. Note that the R-by-C Table where R is equal to C such as a 3-by-3 Table as shown in the exercise of the previous Chapter cannot be considered a square table. The main distinction here is that the data is not from a matched study.

There are two main types of data for the square tables:

- 5.1.1 Observer agreement data - two observers each classify the same subjects using k- point categorical scale. Two questions are of interest :
- i) Do the observers use the categories of the scale with the same frequency? This is *marginal homogeneity*.
  - ii) What is the extent of the *agreement* between the observers ?
- 5.1.2 Repeated measures data - patients classified on a k- point scale before and after treatment. The question of

interest is that whether there is improvement after treatment? So the data off the diagonal (indicating change) are concentrated in the appropriate triangle (lower left or upper right)? This is *symmetry*.

Below is a general form of the square Table.

Table 5.1 Notation of observed data

		<i>Observer 2</i>				
		1	2	...	k	
<i>Observer 1</i>	1	$n_{11}$	$n_{12}$	...	$n_{1k}$	$n_{1+}$
	2	$n_{21}$	$n_{22}$	...	$n_{2k}$	$n_{2+}$
	...	...	...	...	...	...
	k	$n_{k1}$	$n_{k2}$	...	$n_{kk}$	$n_{k+}$
		$n_{+1}$	$n_{+2}$	...	$n_{+k}$	$n_{++}$

Table 5.2 Notation of population proportions

		<i>Observer 2</i>				
		1	2	...	k	
<i>Observer 1</i>	1	$\pi_{11}$	$\pi_{12}$	...	$\pi_{1k}$	$\pi_{1+}$
	2	$\pi_{21}$	$\pi_{22}$	...	$\pi_{2k}$	$\pi_{2+}$
	...	...	...	...	...	...
	k	$\pi_{k1}$	$\pi_{k2}$	...	$\pi_{kk}$	$\pi_{k+}$
		$\pi_{+1}$	$\pi_{+2}$	...	$\pi_{+k}$	$\pi_{++}$

where  $n_{ij}$  are observed cell counts  $i = 1, \dots, k$  and  $j = 1, \dots, k$ .

## 5.2 Tests of Marginal Homogeneity and Symmetry

For the 2-by-2 Tables, the hypothesis of marginal homogeneity is

$$H_M : \pi_{i+} = \pi_{+i}, i = 1, 2.$$

Thus  $\pi_{11} + \pi_{12} = \pi_{11} + \pi_{21}$ . That is,  $\pi_{12} = \pi_{21}$  and this is symmetry ( $H_S$ ).

Similarly,  $\pi_{21} + \pi_{22} = \pi_{12} + \pi_{22}$ , ie  $\pi_{21} = \pi_{12}$  which is the same as the above case. In other words, it lead to

$$H_S: \pi_{12} = \pi_{21}.$$

So  $H_M \equiv H_S$ . McNemar's chi-square test can be used to test this hypothesis

For the K-by-K Tables where K is greater than 2, marginal homogeneity can be addressed via symmetry and asymmetry. Total symmetry (or interchangeability) is given by

$$H_S : \pi_{ij} = \pi_{ji} \quad \text{for } i, j = 1, \dots, k$$

Homogeneity of marginal distributions is given by

$$H_M : \pi_{i+} = \pi_{+i} \quad \text{for } i = 1, \dots, k$$

Thus if there is symmetry, there has to be marginal homogeneity. But if there is marginal homogeneity, it is not necessary symmetry.

Symmetry refers to that the probability that an observation falls in the (i, j) cell of a square table is the same as the probability that it falls in the (j, i) cell of the table. It requires that the expected marginal total for any one row of the table, say the k<sup>th</sup> row, is the same as the expected marginal total for the corresponding k<sup>th</sup> column (Stasny and Bauer, 1990). The hypothesis of symmetry is thus very restrictive. A more useful concept is that of quasi-symmetry. The quasi-symmetry does

not require the equality of expected row and column totals. It is a useful method for studying marginal homogeneity. Symmetry is equivalent to quasi symmetry and marginal homogeneity holding simultaneously. The interpretation of the quasi-symmetry is that there is symmetry in the observed data once one has taken into account the difference in the row and column totals (Stasny and Bauer, 1990). Agresti (1990); page 347-365 provide details on the test for Marginal Homogeneity and Symmetry.

### 5.3 Measuring Agreement

Details of measuring agreement described in the whole Chapter 13 of Fleiss (1981); page 212-236 is recommended. Another approaches were given by Agresti (1990); page 365-373. Altman (1991); page 403-409 provided a practical guide of the analysis, reporting, and interpretation. Followings is summary of important issues.

When two (or more) observers are asked to allocate subjects to two or more categories, we may be interested in the level of agreement (or concordance) between the observers. By agreement we mean the extent to which the observers both allocated a subject to the *same* category. We are not interested in association (the degree to which one observer's ratings predict or are associated with the other observers) but the extent to which they are the same.

**5.3.1 Nominal Scale :** Responses on the main diagonal indicate agreement. If the observers act independently and allocate categories at random according to their marginal distributions, then the amount of agreement that 'can occur by chance'. We need a 'chance corrected measure of agreement' called "Kappa" statistics. The

kappa statistic measure of agreement is scaled to be 0 when the amount of agreement is what would be expected to be observed by chance and 1 when there is perfect agreement.

**5.3.2 Ordinal Data :** Kappa does not give any partial credit for disagreements at different levels. For example, disagreements that involve only one category compared to disagreements involving distant categories. Thus we need a weighted kappa.

For intermediate values, Landis and Kock (1977); page 165 suggest the following interpretations of agreement:

<b>Below 0.0</b>	<b>Poor</b>
<b>0.00 – 0.20</b>	<b>Slight</b>
<b>0.21 – 0.40</b>	<b>Fair</b>
<b>0.41 – 0.60</b>	<b>Moderate</b>
<b>0.61 – 0.80</b>	<b>Substantial</b>
<b>0.81 – 1.00</b>	<b>Almost perfect</b>

### **Example 5.1**

We use a hypothetical data set adapted from Selvin (1995); page 274 to illustrate the concepts of analysis the repeated measurement data. We suppose the data is from a study to determine effect of an intervention on patients' satisfaction. One hundred and fifty subjects were asked their level of satisfaction (1= dissatisfy, 2=neutral, and 3=satisfy) before and after implementation of the intervention. The data are shown below.

**Table 5.3** Number of patients for each level of satisfaction before and after the intervention - data for example 5.1

Before	After			Total
	dissatisfy	neutral	satisfy	
dissatisfy	7	25	20	52
neutral	12	20	16	48
satisfy	30	10	10	50
Total	49	55	46	150

### Ex 5.1-1 Describing the proportions

About one third of patients rated themselves similarly in dissatisfy, neutral, and satisfy to the standard procedure before the intervention (i.e., 34.7%, 32.0%, and 33.3% respectively) and after the intervention (i.e., 32.7%, 36.7%, and 30.7% respectively). Note than for "tabi" command see StataCorp. (1999), Volume 4: Su-Z, page 144-152.

```
. tabi 7 25 20 \ 12 20 16 \ 30 10 10, row col
```

row	col			Total
	1	2	3	
1	7 13.46 14.29	25 48.08 45.45	20 38.46 43.48	52 100.00 34.67
2	12 25.00 24.49	20 41.67 36.36	16 33.33 34.78	48 100.00 32.00
3	30 60.00 61.22	10 20.00 18.18	10 20.00 21.74	50 100.00 33.33
Total	49 32.67 100.00	55 36.67 100.00	46 30.67 100.00	150 100.00 100.00

Among a total of 150 patients, 25 (16.7%) change from the dissatisfy to the neutral response while there were only 12 (8.0%) changes in the opposite direction. For the change between dissatisfy and satisfy, 20 (13.3%) change from the dissatisfy to the satisfy response whereas there were 30 (20.0%) changes in the opposite direction. For the change between satisfy and neutral, 16 (10.7%) change from the neutral to the satisfy response whereas there were 10 (6.7%) changes in the opposite direction. If we consider the change between dissatisfy and satisfy the most important (i.e., more weight) we conclude that the intervention tend to reduce the patients' satisfaction.

#### Ex 5.1-2 Testing the hypothesis

There was a significant change in patients' satisfaction (symmetry test chi-square (3df) = 7.95; p-value = 0.047). This result is from asymptotic (i.e., large sample) test which is the same as that from the exact test. In a small sample size we need to quote the exact test results.

As indicated by the black arrow shown below, cell  $n_{12}$  and  $n_{21}$  contribute most to the symmetry chi-square. These correspond to changes between the dissatisfy and neutral categories. That is, among a total of 150 subjects, 25 (16.7%) change from the dissatisfy to the neutral response while there were only 12 (8.0%) changes in the opposite direction.

```
. tabi 7 25 20 \ 12 20 16 \ 30 10 10, replace
```

row	col			Total
	1	2	3	
1	7	25	20	52
2	12	20	16	48
3	30	10	10	50
Total	49	55	46	150

```
Pearson chi2(4) = 27.1285 Pr = 0.000
```

```
. list
```

```

      row      col      pop
1.      1        1         7
2.      1        2        25
3.      1        3        20
4.      2        1        12
5.      2        2        20
6.      2        3        16
7.      3        1        30
8.      3        2        10
9.      3        3        10

```

```
. symmetry row col [freq=pop], contrib mh trend exact
```

row	col			Total
	1	2	3	
1	7	25	20	52
2	12	20	16	48
3	30	10	10	50
Total	49	55	46	150

Cells	Contribution to symmetry chi-squared
n1_2 & n2_1	4.5676
n1_3 & n3_1	2.0000
n2_3 & n3_2	1.3846

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	7.95	3	0.0470
Marginal homogeneity (Stuart-Maxwell)	0.80	2	0.6714
Marginal homogeneity (Bickenboller)	0.73	2	0.6937
Marginal homogeneity (no diagonals)	0.73	2	0.6949
Linear trend in the (log) RR	0.00	1	0.9508
Symmetry (exact significance probability)			0.0473

Note that for "symmetry" command see StataCorp., (1999), Volume 4: Su-Z, page 112-119.

### Ex 5.1-3 Summary findings

On average, about one third of patients rated themselves similarly in dissatisfied, neutral, and satisfied to the standard

procedure before the intervention (i.e., 34.7%, 32.0%, and 33.3% respectively) and after the intervention (i.e., 32.7%, 36.7%, and 30.7% respectively). Among a total of 150 patients, 25 (16.7%) change from the dissatisfy to the neutral response while there were only 12 (8.0%) changes in the opposite direction. For the change between dissatisfy and satisfy, 20 (13.3%) change from the dissatisfy to the satisfy response whereas there were 30 (20.0%) changes in the opposite direction. For the change between satisfy and neutral, 16 (10.7%) change from the neutral to the satisfy response whereas there were 10 (6.7%) changes in the opposite direction. There was a significant change in patients' satisfaction (symmetry test chi-square (3df) = 7.95; p-value = 0.047). However the largest contribution to the symmetry chi-square test was the changes between the dissatisfy and neutral. If we consider the change between dissatisfy and satisfy the most important (i.e., more weight) we conclude that the intervention tend to reduce the patients' satisfaction.

### Example 5.2

We use a hypothetical data by supposing that the data is from a study to determine how close the results of the two laboratory technicians in classifying type of a pathogen. One hundred and fifty specimens were examined independently by each technician and classified it into the three type - A, B, or C. The data are shown below.

**Table 5.4** Number of specimen in each type of classifications by two laboratory technicians - data for example 5.2

Technician 1	Technician 2			Total
	A	B	C	
A	30	20	10	60
B	12	25	16	53
C	7	10	20	37
Total	49	55	46	150

### Ex 5.2-1 Describing the proportions

Technician 1 tended to classify the pathogen to type A (40.0%) and B (35.3%) more than type C (24.7%) while technician 2 classified the pathogen to the three types similarly, i.e., A (32.7%), B (36.7%) and C (30.7%).

```
. tabi 30 20 10 \ 12 25 16 \ 7 10 20, row col
```

row	col			Total
	1	2	3	
1	30	20	10	60
	50.00	33.33	16.67	100.00
	61.22	36.36	21.74	40.00
2	12	25	16	53
	22.64	47.17	30.19	100.00
	24.49	45.45	34.78	35.33
3	7	10	20	37
	18.92	27.03	54.05	100.00
	14.29	18.18	43.48	24.67
Total	49	55	46	150
	32.67	36.67	30.67	100.00
	100.00	100.00	100.00	100.00

### Ex 5.2-2 Estimating measure of effect

**Observed agreement:**

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$$\begin{aligned} P_0 &= \sum_{i=1}^k n_{ii} / n_{++} \\ &= (30 + 25 + 20) / 150 \\ &= 0.5 \end{aligned}$$

**Chance-expected agreement:**

$$\begin{aligned} P_e &= \sum_{i=1}^k n_{+i} n_{i+} / n_{++}^2 \\ &= [(49 \times 60) + (55 \times 53) + (46 \times 37)] / 150^2 \\ &= 0.336 \end{aligned}$$

**Chance-corrected agreement or kappa:**

$$\begin{aligned} \text{Kappa} &= \frac{P_0 - P_e}{1 - P_e} \\ &= (0.50 - 0.33) / (1 - 0.33) \\ &= 0.247 \end{aligned}$$

**Standard error of kappa :**

$$\text{SE}(\text{Kappa}) = \sqrt{\frac{P_0(1 - P_0)}{n_{++}(1 - P_e)^2}}$$

$$= \sqrt{\frac{0.5(1-0.5)}{150(1-0.336)^2}}$$

$$= 0.0615$$

**Therefore 95%CI (Kappa) = 0.247 ± (1.96×0.0615)**  
**= 0.126 to 0.308**

**Tips: We can use Stata as a hand calculator for calculating the above statistics as follows:**

```
. disp (30+25+20)/150
.5

. disp ((49*60)+(55*53)+(46*37)) / (150^2)
.33586667

. disp (0.50 - 0.336) / (1 - 0.336)
.24698795

. disp sqrt( (0.5*(1-0.5)) / (150*((1-0.336)^2)) )
.06148318

. disp 0.247 - 1.96*0.0615, 0.247 + 0.0615
.12646 .3085
```

**Thus kappa is 0.25 (95%CI: 0.13 to 0.31). We conclude that the level of agreement achieved by the technicians is just fair (see the below outputs kappa statistics within the ovals).**

**Stata commands:**

**To obtain a data file, we type**

# 110

```
. tabi 30 20 10 \ 12 25 16 \ 7 10 20, replace
```

row	col			Total
	1	2	3	
1	30	20	10	60
2	12	25	16	53
3	7	10	20	37
Total	49	55	46	150

Pearson chi2(4) = 22.4418 Pr = 0.000

Then use "kap" command (see StataCorp., 1999, Volume 2: H-O, page 132-143) to estimate kappa statistics (in oval). The test statistics also provided (in rectangular and were discussed in the next section).

```
. kap row col [freq=pop], tab
```

row	col			Total
	1	2	3	
1	30	20	10	60
2	12	25	16	53
3	7	10	20	37
Total	49	55	46	150

Agreement	Expected Agreement	Kappa	Z	Pr>Z
50.00%	33.59%	0.2471	4.30	0.0000

Only the kappa statistics estimated by the above command is needed for the present study since the pathogen classification is nominal. For illustration purpose, if the scale A, B, and C are considered to be ordinal, we could estimate weighted kappa as well. Several type of weights can be applied. The following two commands are weight assigned automatically by Stata (see StataCorp, 1999; page 132-143 of Volumn 2 : H-O).

```
. kap row col [freq=pop], wgt(w)
```

```
Ratings weighted by:
1.0000 0.5000 0.0000
0.5000 1.0000 0.5000
0.0000 0.5000 1.0000
```

	Expected			
Agreement	Agreement	Kappa	Z	Pr>Z
69.33%	56.63%	0.2929	4.65	0.0000

```
. kap row col [freq=pop], wgt(w2)
```

```
Ratings weighted by:
 1.0000  0.7500  0.0000
 0.7500  1.0000  0.7500
 0.0000  0.7500  1.0000
```

	Expected			
Agreement	Agreement	Kappa	Z	Pr>Z
79.00%	68.15%	0.3406	4.23	0.0000

**Weight can be specify arbitrarily, we can define our own weight as follows:**

```
. kapwgt weight 1 \ .8 1 \ 0 .8 1
```

```
. kap row col [freq=pop], wgt(weight)
```

```
Ratings weighted by:
 1.0000  0.8000  0.0000
 0.8000  1.0000  0.8000
 0.0000  0.8000  1.0000
```

	Expected			
Agreement	Agreement	Kappa	Z	Pr>Z
80.93%	70.46%	0.3546	4.08	0.0000

### Ex 5.2-3 Testing the hypothesis

**Taken the variance of the kappa calculated later in section Ex5.2-2,  $Z\text{-test} = 0.247 / 0.0615 = 4.02$  corresponding to  $p\text{-value} = 0.00003$**

**We can use Stata as a hand calculator for calculating the above statistics as follows:**

```
. disp 0.247 / 0.0615
4.0162602
```

```
. disp 1-normprob(4.02)
.0000291
```

Thus we reject  $H_0$  and conclude that the level of agreement achieved by the technicians is statistically significantly better than that expected by chance (see also the above outputs p-values within the rectangular).

#### Ex 5.2-4 Summary findings

Technician 1 tended to classify the pathogen to type A (40.0%) and B (35.3%) more than type C (24.7%) while technician 2 classified the pathogen to the three types similarly, i.e., A (32.7%), B (36.7%) and C (30.7%). Kappa is 0.25 (95%CI: 0.13 to 0.31) suggesting the level of agreement achieved by the technicians is just fair. This level of agreement is statistically significantly better than that expected by chance (p-value < 0.001).

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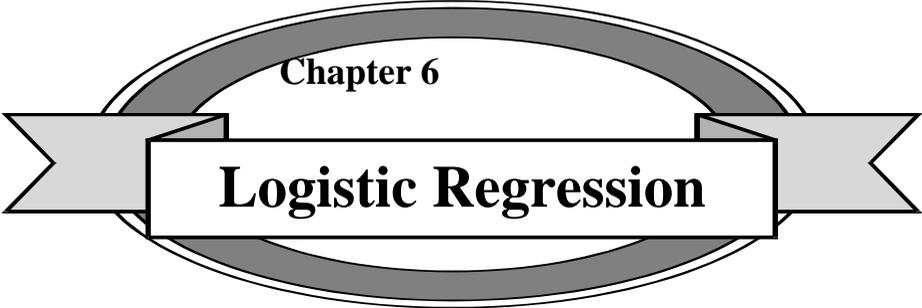
## Exercise

---

Two anaesthetists independently classified each of 45 patients as to their suitability for general anaesthetic. They used a 3-point categorical scale ranging from 1=entirely suitable to 3=unsuitable. The results are summarised in the following table :

Technician 1	Technician 2			Total
	A	B	C	
A	15	3	0	18
B	1	12	8	21
C	0	0	6	6
Total	16	15	14	45

- Do the anaesthetists tend to use the categories of the scale in the same way?
- Do the anaesthetists tend to agree on their classification?
- Comment on the reliability of the classification scale they are using.

Chapter 6**Logistic Regression****Chapter Objectives**

After completing this chapter, readers should be able to:

- describe methods for dealing with effects from extraneous factors;
- describe statistical modeling approach for dealing with effects from extraneous factors;
- describe the logistic regression model;
- interpret the coefficients for the logistic regression model and calculate odds ratios and confidence intervals corresponding to independent variables included in the model;
- fit logistic regression models appropriate for situations where confounding or interactions are present;
- describe and perform appropriate model-fitting strategies;
- describe, perform, and interpret goodness-of-fit tests and diagnostics; and
- interpret the results from the analysis.

## Contents

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### 6.1 Introduction

So far we have discussed the analytical methods concerning an outcome and one independent variable at a time. Most outcomes in medical science are usually caused by several factors. There might be also an inter-correlated among those factors. In quantifying the magnitude of association between a factor of interest and the outcome, researchers need to consider effects of the other “extraneous” factors. To do this, several methods had been proposed. This Chapter focused on a method called "logistic regression". Summaries of some other commonly used methods were also provided with a reference for advance readers. The first section of this chapter provided a brief method for dealing with effects of other variables. Then summary of key concepts of logistic regression was presented. The main part of the chapter was to demonstrate useful practical steps for such approach via an example. To do this we need to repeat some methods discussed in Chapter 2, readers are encourage to see section "stratified analysis" in that Chapter for more details. Note 2 at the end of this Chapter provided an example of how similar the results from stratified analysis compared to logistic regression.

### 6.2 Overview of methods for dealing with effects from extraneous factors

#### 6.2.1 *Controlling for effects of extraneous factors in the design stage*

##### i) Randomization

- A process for assigning patients to a test or control treatment that is free of selection bias (Meinert and Tonacia, 1986, page 90).

- **Applicable only in experimental study.**
- **Characteristics of the study subjects that are not measured or cannot be measured that could be predictive of the outcome of interest are randomly distributed across groups being compared. Thus they should be as similar as possible regarding factors that could affect the outcome - the potential confounders.**
- **Simple randomization may not guarantee comparability. Stratified block randomization could be used to assure comparability for a few variables, but the distribution with regards to others must be left to chance (Meinert and Tonacia, 1986, page 91 - 96). This is sometimes called "pre-randomization stratification whereas the stratified analysis is a post-randomization stratification".**
- **Although this has a major role in the design stage, ignoring method of randomization in the analysis could lead to an inefficient. Fleiss (1986) provided a good guideline for both the design and the appropriate analysis. For example, stratified block randomization should be analyzed using methods that accounted for stratification as described on pages 149 - 185.**

#### **ii) Restriction in the study design**

- **Specify narrow ranges of values for one or more extraneous variables as criteria for admissibility into the study - e.g., study only males or to ages between 40 to 50. "**
- **A homogeneous study group will provide a poor basis of generalization of the study results (Rothman and Greenland, 1998, page 145).**

#### **iii) Matching**

- **Each subject in one group was matched to one or more**

specific subjects in the other group, so that all members of a pair or set are similar on the extraneous factors that could effect the outcome - e.g., match each male case to a male non-case.

- The idea is to obtain an identical match on all variables except for the risk factor under investigation.
- In the analysis each matched set of subjects is regarded as a stratum and the same methods as for the analysis of stratified data can be applied.
- Might not practical if there were several extraneous variables to be controlled for.

### *6.2.2 Controlling for extraneous factors in the analysis stage*

i) Post hoc restriction or matching - rarely used, since usually involves discarding data

ii) Subgroup analysis

- The investigator looks specifically at the intervention-control comparison within one or more particular subgroup rather than the overall comparison (Friedman, Furberg, and DeMets, 1996, page 304 - 306).
- It is used to answer the questions of this kind: "Among which group of the participants is the intervention most beneficial or harmful?".
- It is dangerous if subgrouping based on any outcome variable. Only baseline factors are appropriate for use in defining subgroups. (Meinert and Tonacia, 1986, page 194 provided a good example.)
- Generalization of findings could be limited.
- Data can apparently show one thing when they are in aggregate and show something quite different when

they are disaggregated. This phenomenon is sometimes called Simpson's Paradox.

**iii) Stratified analysis (Details has been discussed in Chapter 2)**

- Involved pooling of the information over all strata if there is no interaction.
- Kleinbaum, Kupper, and Morgenstern (1986), page 321, suggested that stratification become worthwhile under the three following conditions: i) There are sufficient number in all strata, ii) An appropriate choice of control variables can be made., iii) An appropriate categorization scheme for each variable can be identified (ie., categories are meaningful and there is no residual confounding).
- Advantages: i) easy to understand and easy to interpret, ii) direct and logical strategies, iii) computationally simple, not require sophisticated software, iv) analyst usually sees intermediate data: e.g., stratum-specific effects of exposure, and iv) minimum assumption required.
- Limitations: i) difficult to deal with multiple potential confounders simultaneously: some strata may drop out of the analysis because a row or column total is zero, and ii) requires that all potential confounders be treated as categorical (discrete) variables, even if they are intrinsically continuous (e.g., age). If categories are too wide, can have residual confounding. If categories are too numerous, strata can again be lost from the analysis altogether, face problem of deciding how to form the categories, fairly simple dose-response relationship may be obscured.

- iv) **Multivariable analysis** (This was discussed in the next section on "statistical modeling approach")
- In many cases, the methods at the design stage are impractical. It is sometime impossible in the situation where there were several prognostic factors for the outcome of interest. In this case, the methods at the analysis stage are preferred.

These methods have both advantages and disadvantages application. Summary of this issue was given by Kleinbaum, Kupper, and Morgenstern (1986), page 317.

### 6.3 Statistical modeling approach for dealing with effects from extraneous factors

This allows investigators control effects of several extraneous factors simultaneously at the same time. Ignoring effects of some important factors could lead to serious bias and misleading conclusion. We call this type of bias the "Simpson's paradox". Appleton, French, and Vanderpump (1996) demonstrated a very convincing example for this bias. Followings are some selected multivariable data analysis for dealing with effects from extraneous factors.

- i) **Logistic regression** (details provided in the next section)
- ii) **Conditional logistic regression** (the above discussions concerned unconditional logistic regression).
  - Used when study design involved matching of individuals into pairs or small sets or a study involved small sample size (Kleinbaum, 1994, page 105-108).
  - Kleinbaum, 1994, page 108 suggests a rule of thumb where the unconditional questionable and the conditional one preferred: 10 to 15 confounders and 10 to 15 product terms (We will discuss about the product term in the example at the next section).

- **Modeling strategies and interpretation of results are similar to those for unconditional logistic regression. Similar to the ordinary logistic regression, it yields measure of association as "odds ratio" associated with a particular explanatory variable of interest.**
  - **An excellent introductory for conditional logistic regression was given by Kleinbaum, 1994, page 228-242. A simple and practical analysis was given by Rabe-Hesketh and Everitt (1998); page 145 - 147.**
  - **Stata command for data analysis using this method is "clogit" (see StataCorp., 1999, Volume 1: A-G, page 201-261).**
- iii) Cox's regression, or survival analysis under the proportional hazards model.**
- **Used for studies where time to onset of the outcome is of interest. For example, the outcome is not "dead or alive" but "they can survive for how long". In this case, not all subjects can be followed until event occurred - some lost to follow-up, missing, withdrawals, or dead due to other cause. Survival analysis can handle this efficiently, and thus it is more efficient than logistic regression in this situation.**
  - **Suitable with cohort studies (or randomized trials) using the "hazard rate" (roughly, incidence density for an individual) as the outcome.**
  - **Also yields estimate of "Hazard Ratio or Incidence Rate Ratio", adjusted for potential confounding factors.**
  - **Modeling strategies and interpretation of results are similar to those for logistic regression.**
  - **A self-learning text by Kleinbaum (1996) provided a very good introductory.**

- Stata commands for data analysis using this method are the "stset" command (see StataCorp., 1999, Volume 3: P-St, page 491-530) followed by "cox" (see StataCorp., 1999, Volume 1: A-G, page 264-269).

iv) **Multinomial logistic regression**

- An extension of logistic regression to accommodate polytomous (i.e., more than two categories) outcome and the outcome have no nature ordering. For example, a study to determine factors affecting choice of health seeking behavior taken the value of "self treatment", "private clinic", and "public health care provider".
- One can estimate the "*relative risk ratio*" associated with a particular explanatory variable of interest from the model (StataCorp, 1999, page 403).
- Modeling strategies and interpretation of results are more difficult than those for ordinary logistic regression since there are multiple equation. Some investigators dichotomize the outcome so that ordinary logistic regression can be used. This practice might be acceptable provided that lost of information by such dichotomization is not obvious.
- For the introduction, see Hosmer and Lemeshow (1989); page 216 - 238.
- Stata command for data analysis using this method is "mlogit" (see StataCorp., 1999, Volume 2: H-O, page 379-412).

v) **Ordered logistic regression or proportional odds model**

- An extension of logistic regression as described above to accommodate ordinal (three or more categories that can be ranked) outcome. For

example, a study to determine factors affecting clinical outcome taken the value of "poor", "fair", "average", "good", and "excellent".

- The model yields "*probability*" of a subject having an outcome, associated with a particular explanatory variable of interest.
- Modeling strategies are similar to those for multinomial logistic regression but provide a mean to exploit the ordering information.
- Basic concepts and an example of data analysis can be found at Rabe-Hesketh and Everitt (1998); page 79 - 90.
- Stata command for data analysis using this method is "ologit" (see StataCorp., 1999, Volume 2: H-O, page 473-481).

vi) Poisson regression

- A regression model for a "Poisson" count outcome, i.e., a count of the number of occurrences of an event of interest, such as the number of case of a disease that occurred over a given follow-up time period.
- The natural measure of association is a "*rate ratio*" associated with a particular explanatory variable of interest.
- It expressed the log outcome (e.g., disease) rate as a linear function of a set of explanatory variables, the same principle as Log-linear model (see Agresti, 1990, page 130 - 152 and page 210 - 250).
- Modeling strategies and interpretation of results are similar to those for logistic regression.
- Details of this method was exclusively discussed in Kleinbaum, et al. (1998); page 689 - 709.

- Required some assumption about the distribution that need to be hold. An alternative methods if the data is severely sparse is the negative binomial regression (see StataCorp, 1999)
  - Stata command for data analysis using this method is "poisson" (see StataCorp., 1999, Volume 3: P-St, page 25-34).
- vii) **Generalized linear model using Generalize Estimating Equations (GEEs)**
- A statistical modeling suitable for any type of outcome with repeated measurements or other type of correlated data. It was proposed by Liang and Zegar (1986).
  - Modeling strategies and interpretation of results are similar to those for logistic regression.
  - The natural measure of association depend on type of the outcome and study design such as odds ratio or relative risk.
  - An excellent example is given by Rabe-Hesketh and Everitt (1998); page 119 - 136.
  - Stata commands for data analysis using this method are series of commands under the "xt" group of command (see StataCorp., 1999, Volume 4: Su-Z, page 317-359).

#### 6.4 Logistics regression

The logistic regression model has become the standard method of analysis for the situation in which the relationship between a response (outcome) variable and one or more explanatory (predictors or covariates) variables is of interest and the outcome variable is categorical (taking on two or more possible values).

The goal of the analysis is to find the best fitting and most parsimonious, yet biologically reasonable model to describe the relationship between the outcome variable and a set of independent variables.

For fuller details, a self-learning text by Kleinbaum (1994) is highly recommended. Followings are some important concepts.

Denoted "P" be probability of developing disease in a given individual (i.e, risk) and "x<sub>1</sub>, x<sub>2</sub>, ..., x<sub>k</sub>" are several characteristics of an individual (e.g., gender - whether male or female, exposure - smoker or non-smokers, etc.) We can write

$$P = f(x_1, x_2, \dots, x_k) \quad (1)$$

That is, P is a function of the characteristics x<sub>1</sub>, x<sub>2</sub>, ..., x<sub>k</sub>. But what is the nature of the function f( )? Lets take a simple linear model.

$$P = a + b_1 x_1 + b_2 x_2 + \dots + b_k x_k \quad (2)$$

where a, b<sub>1</sub>, b<sub>2</sub>,..., b<sub>k</sub> are coefficients whose values are to be estimated from the data. By such estimation, we say "fit the model" to the data. There are several methods for the estimation procedure, almost all methods cannot be done without computer.

Each "b" coefficient represents the size of the effect of the corresponding "x" variable. It represents the change in "P" associated with a one-unit change in the corresponding "x".

The value "a" is a fitted constant (intercept), also estimated from the data, representing "P" for a person with x<sub>1</sub> = x<sub>2</sub> = ... = x<sub>k</sub> = 0.

For some individuals, the right side of equation (2) may evaluate to less than 0, or to greater than 1. It is suitable for continuous

outcome. But for categorical outcome such as disease or non-disease, it needs to be between 0 and 1 so that it can be interpreted as disease risks. That's the value of "P". The logistic model accomplishes this purpose.

$$P = \frac{1}{1 + e^{(a + b_1 x_1 + \dots + b_k x_k)}} \quad (3)$$

By equation (3), any values for a,  $b_1 \dots b_k$  and  $x_1 \dots x_k$  will yield a value of "P" between 0 and 1: i.e., a legitimate numerical value for disease risk. Some algebra shows that equation (3) can be solved for making "P" more interpretable as:

$$\log\left(\frac{P}{1-P}\right) = a + b_1 x_1 + b_2 x_2 + \dots + b_k x_k$$

Where  $\left(\frac{P}{1-P}\right)$  can be seen to be the odds of developing disease, and  $\log\left(\frac{P}{1-P}\right)$  is the log odds of developing disease, or the logit of P. (All logarithms are taken to the base e: i.e., natural logs.)

The model-fitting method then chooses the values for a,  $b_1 \dots b_k$  that maximize agreement between the predicted value of P and the observed disease status of each subject.

One of the most useful properties of the logistic model is the interpretability of the b-coefficients. Say we are mainly interested in the characteristic  $x_1$  (e.g., smoking), coded as follows:

$$\begin{array}{ll} x_1 & = 1 \quad \text{if exposed, and} \\ x_2 & = 0 \quad \text{if not exposed} \end{array}$$

but that we must also consider another characteristic,  $x_2$  (e.g., age) as a potential confounder. The logistic model is

$$\log\left(\frac{P}{1-P}\right) = a + b_1 x_1 + b_2 x_2$$

The effect of exposure to  $x_1$ , controlling for the effect of  $x_2$ , can be assessed by comparing disease risk in two persons who have different values of  $x_1$  but the same value of  $x_2$ .

Denote "Pe" be the disease risk in the exposed person and "Pu" be the disease risk in the unexposed person. We get the log odds of exposed as:

$$\begin{aligned} \log \left( \frac{P_e}{1-P_e} \right) &= a + b_1 (1) + b_2 x_2 & (4) \\ &= a + b_1 + b_2 x_2 \end{aligned}$$

and we get the log odds of unexposed as:

$$\begin{aligned} \log \left( \frac{P_u}{1-P_u} \right) &= a + b_1 (0) + b_2 x_2 & (5) \\ &= a + 0 + b_2 x_2 \end{aligned}$$

Subtracting equation (5) from equation (4) we get :

$$\log \left( \frac{P_e}{1-P_e} \right) - \log \left( \frac{P_u}{1-P_u} \right) = b_1$$

Because of the properties of logarithms, this is the same as :

$$\log \left[ \frac{P_e/(1-P_e)}{P_u/(1-P_u)} \right] = \log (\text{OR}) = b_1$$

where OR= odds ratio. It is the odds of exposed divided by the odds of unexposed. By taking antilogs of both sides,

$$e^{\log(\text{OR})} = \text{OR} = e^{(b_1)} \quad (6)$$

Hence the adjusted OR for the effect of exposure to  $x_1$  on disease risk, controlling for the effect of  $x_2$ , is simply  $e^{(b_1)}$ . This is sometimes also denoted  $\exp(b_1)$ , meaning "e to the  $b_1$  power." One can also simply take  $e = 2.71828$  and thus  $\text{OR} = 2.71828^{(b_1)}$ .

Equation (6) would also hold if there had been an arbitrary number of additional  $x$ 's (e.g.,  $x_3, x_4, \dots, x_k$ ) whose value had been the same for the two individuals being compared. Kleinbaum (1994) termed this "unspecified but fixed". Thus we call this OR the "adjusted OR" or "OR adjusted for  $\langle X \rangle$ " where  $\langle X \rangle$  is/are extraneous factors that we want to control for its/their effect(s).

If  $x_1$  had been a continuous variable, then  $\exp(b_1)$  would represent the adjusted OR for a one-unit change in  $x_1$ - e.g., a one-year increase in age.

From the model, one can test the statistical significance of each  $x$ -variable's contribution to the overall model, by determining whether the corresponding  $b$ -coefficient is statistically significantly different from zero. Confidence intervals can be obtained for the adjusted OR's, based on confidence limits for the corresponding  $b$ -coefficients, which the model-fitting method yields automatically. The extent to which  $x_2$ , say, confounds the association between  $x_2$  and disease risk can be assessed by comparing the OR's for  $x_1$  in two models: one which includes  $x_2$ , and one which omits  $x_2$ . If these OR's are similar, then  $x_2$  is not an important confounder. This follows the standard practice of inferring whether confounding is present by comparing crude and adjusted measures of effect in stratified analysis. Test for modification of the effect of  $x_1$  by  $x_2$ . Briefly, this is done by : i) creating a new variable,  $x_3$ , as the product of  $x_1$  and  $x_2$ ; ii) fitting a model which contains  $x_1, x_2$ , and  $x_3$ ; iii) determining the size and statistical significance of the coefficient  $b_3$ , which reflects the magnitude of effect modification. The "pattern" of the relationships between an exposure and disease risk, by comparing the fit of alternative models using different ways of operationalizing exposure. For example, disease risk may increase or decrease linearly with exposure (a straight line graph), or exponentially (a S- or J-shaped curve), or it may be a U- shaped curve, etc. In the

situation where the main aim is not for assessing the disease risk but for prediction, one can construct an receiver-operative characteristic (ROC) curve and determine the prognostic performance of the model. In such case, the confounding or interaction effect is not of interest. Thus investigator should be clear the main objective before fitting the model whether it is a risk assessment goal or a prediction goal (Kleinbaum, 1994). Model fitting strategies are quite different for each goals. This paper focused only on the risk assessment goal. For prediction goal, a good introductory reading was given by Kleinbaum, et al. (1998); page 386 - 403.

### Example 6.1

The following example has been adapted from an unpublished study conducted in Indonesia (CCEB, 1993). Some modification to the data were made to enable experiencing most common steps of the analysis and using all necessary commands for the analysis. All the analysis was performed using Stata. Steps of the analysis involved univariate, bivariate or crude analysis, stratified analysis, and multivariable analysis which use logistic regression. The first three steps serve as an exploratory data analysis. The last step is the one from which the conclusion will be drawn. Below is the description of the data set to be used in this example.

A cross-sectional study was conducted among 465 women who have had delivered their children 1 to 6 months before the study was started. It aimed to determine the effect of antenatal care (ANC) on neonatal death. The mothers were randomly selected and interviewed using a structural questionnaire. The data file is available at <http://web.kku.ac.th/~bandit/data>. Below is the description of the variables.

**Table 6.1 Description of the "Example data set"**

<b>Variable names</b>	<b>Descriptions</b>	<b>Values</b>
<b>DEAD</b>	<b>Dead within the first month of life</b>	<b>1 = Dead 0 = Alive</b>
<b>ANC</b>	<b>Mothers having antenatal care</b>	<b>1 = Yes 0 = No</b>
<b>SMK</b>	<b>Parents' smoking status</b>	<b>1 = Smoker 0 = Non-smoker</b>
<b>BWT</b>	<b>Birth weight</b>	<b>Weight in grams</b>
<b>MAGE</b>	<b>Mother's age</b>	<b>Age in years</b>
<b>PLACE</b>	<b>Place of birth</b>	<b>0 = Hospital 1 = Health center 2 = Home 3 = Road side (During travelling)</b>

**Preview of the problem:**

Based on the research question that "Does ANC affect neonatal death?", we should know that this is the question for "risk assessment" where "ANC" is the "risk of interest". (Detailed discussion was provided in the next section.) On the contrary, if the research question is that "What is the best prediction model for neonatal death?" or more general "How neonatal death is predicted?", it is the question for "prediction". Classifying the two different goals of analysis is necessary as mentioned above that modeling for risk assessment goal is different from for prediction goal.

The followings are steps commonly performed for most of data analysis. To be complete, there are computer outputs, using smaller and different letter fonts from the main text, inserted throughout the presentation. The lines in bold letter

following a "dot" before each outputs are the Stata commands so that one can repeat these and should get the same outputs. The outputs within ovals were to be quoted in the research report.

*Step 1 Exploring the data and univariate analysis*

To get familiar with the data set, we can display them in a listing form of data records as follows:

```
. list  dead anc smk bwt mage place
```

	dead	anc	smk	bwt	mage	place
1.	1	1	0	2600	30	0
2.	1	1	0	2900	29	1
3.	1	1	0	3100	25	0
--- skip 460 records ---						
464.	0	1	0	3500	30	0
465.	0	1	0	3200	22	1

Note that, to stop displaying all data records, we need to hold down the key <Ctrl> then press <Break> once.

The data file can also be summarized as follows:

```
. summarize
```

Variable	Obs	Mean	Std. Dev.	Min	Max
dead	465	.1397849	.3471372	0	1
anc	465	.5182796	.5002039		1
smk	465	.0752688	.2641087	0	1
bwt	465	3010.695	437.7349	1850	4000
mage	465	25.52473	5.362298	17	42
place	465	.2408602	.5273217	0	3

At a first look at the data description and outputs from the two commands above, we should be able to classify type of variables. That is, "DEAD" is the dependent or response variable which is in nominal scale or two possible values. In other words, this study has a dichotomous outcome. The other five variables are the independent or explanatory variables.

Someone called these the (exposing) factors or predictors. Among these, "ANC" is the exposure of interest based on the research question. If the research objective changed from "to determine the effect of "ANC" on neonatal dead" to that "to determine factors affecting neonatal dead", there will be no exposure of interest. Classifying the two different type of explanatory variables is necessary for further analysis which is quite different from one another.

The real analysis begins with the univariate analysis - analyze one variable at a time. For this study, it is a cross-sectional study. We need to know the overall proportion, or more specifically - the prevalence, of neonatal dead. This is important for interpretation of odds ratio which is approximate the relative risk if the event is rare. Two simple Stata commands for this purpose are as follows:

```
. tab dead
```

dead	Freq.	Percent	Cum.
0	400	86.02	86.02
1	65	13.98	100.00
Total	465	100.00	

```
. ci dead
```

Variable	Obs	Mean	Std. Err.	[95% Conf. Interval]
dead	465	.1397849	.0160981	.1081507 .1714192

The prevalence of 0.13 is not too bad to assume to be rare event. Thus we can validly interpret the odds ratio as for the relative risk. The full format of reporting the above result is : "Among a total of 465 children, 65 died within one month of age. The neonatal dead rate was 14.0% (95%CI: 10.8% to 17.1%)".

*Step 2 Bivariate (crude) analysis*

This section is to determine, separately, the effect of each factor on DEAD ignoring the effect of other factors. This is an important steps for the study with several factors involved. It serve as a good tools for screening potential predictors to be the candidate to be entered into the initial model. As the rule of thumb, variables that have the p-value of 0.2 or lower will be considered to be the candidate. However, variables that have the p-value exceed 0.2 but were known to have an effect on the outcome were also considered to be the candidate. Commands and outputs were shown below. Some results from these outputs which are in the ovals will be reported in the table at the end of this paper.

**Section 2.1 Crude effect of ANC on DEAD**

ANC is a dichotomous predictor. Odds ratio is an appropriate measure of association since it is a cross-sectional study.

```
. cs dead anc, or
```

	anc		Total
	Exposed	Unexposed	
Cases	37	28	65
Noncases	204	196	400
Total	241	224	465
Risk	.153527	.125	.1397849
	Point estimate		[95% Conf. Interval]
Risk difference	.028527		-.0342996 .0913535
Risk ratio	1.228216		.778466 1.937803
Attr. frac. ex.	.1858108		-.2845776 .4839517
Attr. frac. pop	.1057692		
Odds ratio	1.269608		.7512221 2.145309 (Cornfield)
	chi2(1) =		0.79 Pr>chi2 = 0.3754

Among a total of 241 children with ANC mothers, 15.4% of their children died whereas among 224 children with non-ANC mothers, 12.5% of their children died. Children whose mothers had ANC were 1.26 times more likely to die than

those had not (95%CI: 0.8 to 2.1). However, this is not statistically significant (p-value = 0.375).

Note that, based on the objective of the study, this is an exposure of interest. Although its crude effect yields p-value > 0.2, it has to be a candidate variable unless the research question will not be answered. Note also that this is a cross-sectional study and so the grand total only (465) is fixed. But the proportion reported here is assuming the column totals to be fixed. This is for simplicity of interpretation.

## Section 2.2 Crude effect of SMK on DEAD

Similar to ANC, the SMK is a dichotomous predictor which can use the same command for analysis.

```
. cs dead smk, or
```

	smk		Total
	Exposed	Unexposed	
Cases	21	44	65
Noncases	14	386	400
Total	35	430	465
Risk	.6	.1023256	.1397849
	Point estimate		[95% Conf. Interval]
Risk difference	.4976744	.3328653	.6624835
Risk ratio	5.863636	3.972854	8.654289
Attr. frac. ex.	.8294574	.7482918	.8844504
Attr. frac. pop	.2679785		
Odds ratio	13.15909	6.309044	27.44195 (Cornfield)
	chi2(1) = 66.67		Pr>chi2 = 0.0000

Among 35 children with smoker parents, 60% of their children died as compared to the corresponding rate of 10.2% for 430 children with non-smoker parents. There is a statistically significant association between parent smoking and children dead (p-value < 0.001). That is, children whose

parents smoked were 13.2 times more likely to die than those whose parents did not smoke (95%CI: 6.3 to 27.4).

Note that this variable is undoubtedly a candidate variable for the initial model. Also the output gave p-value of 0.0000 but we cannot quote so which means impossible. Quoting this as p-value < 0.001 or even p-value < 0.01 is recommended.

### Section 2.3 Crude effect of BWT on DEAD

BWT is a continuous variable. To be able to assess some trend of its effect and perform a stratified analysis in further steps, we need to categorize it. Based on empirical knowledge, we do that into three groups using the first four commands. Then we perform an overall test for association as well as the appropriate proportions to be quoted in the report. Finally we obtain the “local odds ratios” for each 2 by 2 table using appropriate reference category of BWT. We may choose “Lower than 2500 grams” as the reference group as it is easy to examine the trend.

```
. gen bwtg = .  
(465 missing values generated)  
  
. replace bwtg = 1 if bwt < 2500  
(39 real changes made)  
  
. replace bwtg = 2 if bwt >= 2500 & bwt <= 3000  
(213 real changes made)  
  
. replace bwtg = 3 if bwt > 3000  
(213 real changes made)
```

```
. tab bwtg dead, row chi2 exact
```

bwtg	dead		Total
	0	1	
1	27 69.23	12 30.77	39 100.00
2	175 82.16	38 17.84	213 100.00
3	198 92.96	15 7.04	213 100.00
Total	400 86.02	65 13.98	465 100.00

Pearson chi2(2) = 20.3082    Pr = 0.000  
Fisher's exact =                    0.000

The next two commands are immediate commands for analysis of 2 by 2 table. One need to be very careful about how to enter the four cell frequencies so that the odds ratio is meaningful and remain the same as what appeared in the main table above.

```
. csi 38 12 175 27, or
```

	Exposed	Unexposed	Total
Cases	38	12	50
Noncases	175	27	202
Total	213	39	252
Risk	.1784038	.3076923	.1984127
	Point estimate		[95% Conf. Interval]
Risk difference	-.1292886		-.2829945 .0244174
Risk ratio	.5798122		.3338618 1.00695
Prev. frac. ex.	.4201878		-.00695 .6661382
Prev. frac. pop	.3551587		
Odds ratio	.4885714		.2294889 1.037412 (Cornfield)

chi2(1) = 3.46    Pr>chi2 = 0.0627

```
. csi 15 12 198 27, or
```

	Exposed	Unexposed	Total	
Cases	15	12	27	
Noncases	198	27	225	
Total	213	39	252	
Risk	.0704225	.3076923	.1071429	
	Point estimate		[95% Conf. Interval]	
Risk difference	-.2372698		-.386141	-.0883985
Risk ratio	.2288732		.1161831	.4508654
Prev. frac. ex.	.7711268		.5491346	.8838169
Prev. frac. pop	.6517857			
Odds ratio	.1704545		.0730813	.3964905 (Cornfield)
chi2(1) = 19.40 Pr>chi2 = 0.0000				

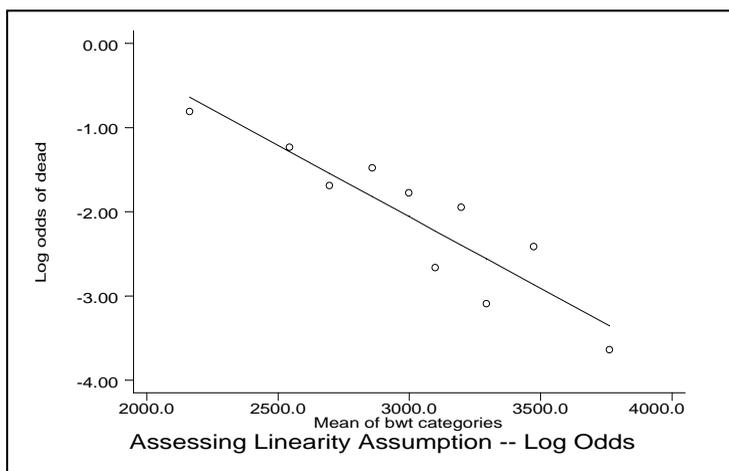
Clearly, BWT is a candidate variable for entering the initial model. From the odds ratio for the three group of BWT on DEAD, they suggested no obvious departure from linear trend, i.e, the odds ratio decrease as the BWT increase (from 1 to 0.5 and then to 0.2 for BWT of <2500, 2500-3000, and >3001, respectively). Another useful command to examine linear trend is the "lintrend" command (see below for more details) as follows:

```
. lintrend dead bwt, groups(12) plot(log) xlab ylab
```

The proportion and log odds of dead by categories of bwt

(Note: 12 bwt categories of equal sample size;  
Uses mean bwt value for each category)

bwt	min	max	d	total	dead	logodds
2162.8	1850	2400	12	39	0.31	-0.81
2544.1	2500	2600	14	62	0.23	-1.23
2695.3	2650	2700	5	32	0.16	-1.69
2858.1	2750	2900	8	43	0.19	-1.48
2998.0	2950	3000	11	76	0.14	-1.78
3099.1	3060	3100	3	46	0.07	-2.66
3196.9	3150	3200	4	32	0.12	-1.95
3293.5	3250	3300	1	23	0.04	-3.09
3473.7	3380	3500	6	73	0.08	-2.41
3761.5	3600	4000	1	39	0.03	-3.64



The “`lintrend`” command is an batch file containing series of Stata commands, called an automatic do or “`ado`” file. The program was written by Garrett J. M. (3/96 STB Reprints Volume 5, pages 152-160) available at <http://www.stata.com>. It graphically examines the relationship between the log odds of a binary outcome by categories of an ordinal or interval independent variable. Similar to the previous approach, the graph suggested that there is a linear trend.

Knowing about linear relationship between the continuous exposure and the outcome enables analyst in making decision on whether the exposure will be entered into the model as continuous or categorical form. If it is linear, the exposure can be modeled as either continuous or categorical form. The former is the most efficient but difficult interpretation. The later is less efficient since it threw away some information resulting from categorization, but it is easy to interpret and more clinically meaningful. However this might not be practical for small sample since it could lead to several dummy variables for polytomous variable after such

categorization. For this example, if we decide to use the BWTG rather than the BWT, the BWTG has to be entered as the two dummy variables. On the contrary, the exposure needs to be categorized if there is non-linear relationship.

In this example, BWT can be entered as either the continuous or categorical variable. However, it is more clinically informative if we dichotomize it into “Low” and “Normal” birth weight. We can do so as follows:

- . replace bwtg = .  
(465 real changes made, 465 to missing)
- . replace bwtg = 1 if bwt < 2500  
(39 real changes made)
- . replace bwtg = 0 if bwt >= 2500  
(426 real changes made)

Note that we assigned 1 = Low birth weight and 0 = Normal birth weight.

. cs dead bwtg, or

	bwtg		Total
	Exposed	Unexposed	
Cases	12	53	65
Noncases	27	373	400
Total	39	426	465
Risk	.3076923	.1244131	.1397849
	Point estimate		[95% Conf. Interval]
Risk difference	.1832792	.0350754	.3314829
Risk ratio	2.473149	1.449993	4.218275
Attr. frac. ex.	.5956573	.3103413	.7629363
Attr. frac. pop	.1099675		
Odds ratio	3.127883	1.513083	6.47943 (Cornfield)
chi2(1) =		9.98	Pr>chi2 = 0.0016

## Section 2.4 Crude effect of MAGE on DEAD

**MAGE is a continuous variable. The same approach for BWT can also be applied here. There is no obvious departures from linear trend (outputs not shown). In this case we can do either as dichotomous or continuous. We dichotomize it as it is clinically relevant, i.e, teenage pregnancy is at high risk (and the maximum age of 42 is not too bad to have a child!?).**

```
. gen mageg = .
(465 missing values generated)

. replace mageg = 1 if mage < 20
(46 real changes made)

. replace mageg = 0 if mage >= 20
(419 real changes made)

. cs dead mageg, or
```

	mageg Exposed	Unexposed	Total	
Cases	7	58	65	
Noncases	39	361	400	
Total	46	419	465	
Risk	.1521739	.1384248	.1397849	
	Point estimate		[95% Conf. Interval]	
Risk difference	.0137491		-.0951896	.1226878
Risk ratio	1.099325		.5336421	2.264657
Attr. frac. ex.	.0903512		-.8739152	.558432
Attr. frac. pop	.0097301			
Odds ratio	1.117153		.4874978	2.567507 (Cornfield)
	chi2(1) =		0.07	Pr>chi2 = 0.7985

**Note that, based on the above tables, MAGE can be ignored in model fitting. However, it is known to have a strong effect on pregnancy outcome. Thus we will consider as the candidate variable based on clinical grounds. In this study, it is also**

justifiable since the number of variable is not many relative to the sample size.

## Section 2.5 Crude effect of PLACE on DEAD

**PLACE** is a polytomous predictor. First we need an overall test for association as well as the appropriate proportions to be quoted in the report.

```
. tab place dead, row chi2 exact
```

place	dead		Total
	0	1	
0	337 89.87	38 10.13	375 100.00
1	47 69.12	21 30.88	68 100.00
2	<b>11</b> 73.33	<b>4</b> 26.67	15 100.00
3	<b>5</b> 71.43	<b>2</b> 28.57	7 100.00
Total	400 86.02	65 13.98	465 100.00

```
Pearson chi2(3) = 24.0179 Pr = 0.000
Fisher's exact = 0.000
```

From the above result, there are four cells, highlighted in bold letters, with very small numbers. This could cause a problem in modeling. Aside the two categories can be collapsed without so much loss the information and still meaningful. Therefore we do that and obtain the new result as follows:

```
. replace place = 2 if place == 3
(7 real changes made)
```

```
. tab place dead, row chi2 exact
```

place	dead		Total
	0	1	
0	337 89.87	38 10.13	375 100.00
1	47 69.12	21 30.88	68 100.00
2	16 72.73	6 27.27	22 100.00
Total	400 86.02	65 13.98	465 100.00

Pearson chi2(2) = 24.0035    Pr = 0.000  
Fisher's exact =                    0.000

Although there were a cell with only 6 children, we will keep on analysis this until we found problem at the next stage of analysis where we will consider collapsing the category again. Then we calculate the “local odds ratios” for each 2 by 2 table using appropriate reference category of PLACE. We may choose “delivery at the hospital” as the reference group as it is more relevant, ie. the lowest risk. The next two commands are immediate commands for analysis of 2 by 2 table. Again, be very careful about how to enter the four cell frequencies so that the odds ratio is meaningful and remain the same as what appeared in the main table above.

```
. csi 21 38 47 337, or
```

	Exposed	Unexposed	Total	
Cases	21	38	59	
Noncases	47	337	384	
Total	68	375	443	
Risk	.3088235	.1013333	.1331828	
	Point estimate		[95% Conf. Interval]	
Risk difference	.2074902		.0935114	.321469
Risk ratio	3.047601		1.912134	4.857333
Attr. frac. ex.	.671873		.477024	.7941257
Attr. frac. pop	.2391412			
Odds ratio	3.962486		2.156189	7.289677 (Cornfield)

chi2(1) = 21.47    Pr>chi2 = 0.0000

. csi 6 38 16 337, or

	Exposed	Unexposed	Total	
Cases	6	38	44	
Noncases	16	337	353	
Total	22	375	397	
Risk	.2727273	.1013333	.1108312	
	Point estimate		[95% Conf. Interval]	
Risk difference	.1713939		-.0171971	.359985
Risk ratio	2.691388		1.276449	5.67478
Attr. frac. ex.	.6284444		.2165766	.8237817
Attr. frac. pop	.085697			
Odds ratio	3.325658		1.268007	8.771802 (Cornfield)
	chi2(1) =		6.19	Pr>chi2 = 0.0128

Note that PLACE is also undoubtedly a candidates variable for entering to the initial model.

### Step 3 Stratified analysis

Ideally, one should examine confounding and interaction effect using stratified analysis for all possible combination of explanatory variables. By this analysis, any joint effect of the variables could be detected and thus they can be entered into the initial model appropriately. More details about this matter could be found at Kleinbaum (1994); page 164 – 173.

For this study, there is an exposure of interest - ANC. Thus all stratified analysis will be mainly to assess the effect of extraneous variables on the association between ANC and DEAD. The “extraneous variable” is sometime called the “stratified variable” in this analysis. More attention should be made on interaction effect than confounding effect. Once any variables were in the model, their confounding effects were controlled. Whilst the interaction effects are the one that researchers try to discover and explain – not to control. If they exist, the terms to be put into the model are the product of the two or more variables or interaction terms – not a single variable or main effect. Thus we will look at first the p-value

of the test for homogeneity of odds ratios across stratum. If the p-value is 0.2 or less we will consider putting such interaction in the initial model for further model fitting. By this process, we identify three interaction terms- i) ANC\*SMK; ii) ANC\*MAGE; iii) ANC\*PLACE. Detail outputs are shown below. The black arrows point to the p-values that were used for this purpose.

### Section 3.1 Effect of SMK on the association between ANC and DEAD

```
. cc dead anc, by(sm)
```

smk	OR	[95% Conf. Interval]		M-H Weight
0	.6711146	.3590862	1.254787	11.85116 (Cornfield)
1	7.125	1.297704	37.58284	.4571429 (Cornfield)
Crude	1.269608	.7512221	2.145309	(Cornfield)
M-H combined	.9108184	.5136778	1.615001	

Test of homogeneity (M-H)      chi2(1) =      5.91      Pr>chi2 = **0.0151** 

Test that combined OR = 1:  
Mantel-Haenszel      chi2(1) =      0.11  
Pr>chi2 =      0.7453

The following two commands are for obtaining proportions to be reported in the last table at the end of this paper.

```
. tab anc dead if smk == 0, row chi2 exact
```

anc	dead		Total
	0	1	
0	190 87.96	26 12.04	216 100.00
1	196 91.59	18 8.41	214 100.00
Total	386 89.77	44 10.23	430 100.00

Pearson chi2(1) = 1.5385      Pr = 0.215  
Fisher's exact = 0.265  
1-sided Fisher's exact = 0.140

. tab anc dead if smk == 1, row chi2 exact

anc	dead		Total
	0	1	
0	6 75.00	2 25.00	8 100.00
1	8 29.63	19 70.37	27 100.00
Total	14 40.00	21 60.00	35 100.00

Pearson chi2(1) = 5.2932 Pr = 0.021  
 Fisher's exact = 0.039  
 1-sided Fisher's exact = 0.030

### Section 3.2 Effect of BWTG on the association between ANC and DEAD

. cc dead anc, by(bwtg)

bwtg	OR	[95% Conf. Interval]		M-H Weight
0	1.339792	.7542532	2.379341	9.934272 (Cornfield)
1	.49	.1209808	1.95487	2.564103 (Cornfield)
Crude	1.269608	.7512221	2.145309	(Cornfield)
M-H combined	1.165453	.6827702	1.989367	

Test of homogeneity (M-H) chi2(1) = 1.62 Pr>chi2 = **0.2026**

Test that combined OR = 1:  
 Mantel-Haenszel chi2(1) = 0.32  
 Pr>chi2 = 0.5728

### Section 3.3 Effect of MAGEG on the association between ANC and DEAD

. cc dead anc, by(mageg)

mageg	OR	[95% Conf. Interval]		M-H Weight
0	1.599555	.9133475	2.800384	9.661098 (Cornfield)
1	.1571429	.0305953	.8318563	3.043478 (Cornfield)
Crude	1.269608	.7512221	2.145309	(Cornfield)
M-H combined	1.254014	.7442425	2.112957	

Test of homogeneity (M-H) chi2(1) = 5.93 Pr>chi2 = **0.0149**

Test that combined OR = 1:  
 Mantel-Haenszel chi2(1) = 0.75  
 Pr>chi2 = 0.3867

## Section 3.4 Effect of PLACE on the association between ANC and DEAD

```
. cc dead anc, by(place)
```

place	OR	[95% Conf. Interval]		M-H Weight
0	.7952381	.4090156	1.546609	9.52 (Cornfield)
1	3.74	1.13241	12.16321	1.470588 (Cornfield)
2	.7777778	.1316856	4.564086	1.227273 (Cornfield)
Crude	1.269608	.7512221	2.145309	(Cornfield)
M-H combined	1.147927	.6675961	1.973853	

Test of homogeneity (M-H)      chi2(2) =      4.84    Pr>chi2 = **0.0888** 

Test that combined OR = 1:  
Mantel-Haenszel    chi2(1) =      0.25  
Pr>chi2 =      0.6185

### Step 4 Multivariable analysis : Logistic regression

The first step is to prepare the variables in appropriate forms based on findings from the previous crude and stratified analysis. The first three following commands are to generate the interaction terms. For the "generate" command see StataCorp (1999); page 517-520 of Volumn 1 : A-G.

```
. gen a_smk = anc * smk
. gen a_mageg = anc * mageg
. gen a_place = anc * place
```

### Section 4.1. The initial model – the full model

For details of the "logit" command see StataCorp (1999); page 228-239 of Volumn 2 : H-O.

```
. xi: logit dead    anc smk    bwtg mageg i.place    a_smk a_mageg
i.a_place
i.place                    Iplace_0-2    (naturally coded; Iplace_0 omitted)
```



from the model. The “saving(0)” option tell us that the estimation belongs to the full model.

## Section 4.2. Model without ANC\*PLACE

```
. xi: logit dead anc smk bwtg mageg i.place a_smk a_mageg
i.place          Iplace_0-2 (naturally coded; Iplace_0 omitted)

Iteration 0:  log likelihood = -188.1264
Iteration 1:  log likelihood = -159.76855
Iteration 2:  log likelihood = -151.72756
Iteration 3:  log likelihood = -151.36622
Iteration 4:  log likelihood = -151.36543

Logit estimates                    Number of obs =          465
LR chi2(8)                        =          73.52
Prob > chi2                       =           0.0000
Pseudo R2                         =           0.1954

Log likelihood = -151.36543
```

dead	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
anc	-.310655	.355062	-0.875	0.382	-1.006564	.3852538
smk	.9825991	.9336054	1.052	0.293	-.8472338	2.812432
bwtg	1.040474	.4492353	2.316	0.021	.159989	1.920959
mageg	1.55312	.6067453	2.560	0.010	.3639209	2.742319
Iplace_1	.9748812	.3862543	2.524	0.012	.2178366	1.731926
Iplace_2	1.452425	.539014	2.695	0.007	.3959774	2.508873
a_smk	<b>2.045493</b>	<b>1.077159</b>	<b>1.899</b>	<b>0.058</b>	<b>-.0657009</b>	<b>4.156686</b>
a_mageg	<b>-1.861715</b>	<b>1.004119</b>	<b>-1.854</b>	<b>0.064</b>	<b>-3.829751</b>	<b>.1063217</b>
_cons	-2.487954	.2633255	-9.448	0.000	-3.004063	-1.971846

```
. lrtest, using(0)
Logit: likelihood-ratio test                    chi2(2) =          1.11
                                                Prob > chi2 =          0.5752

. lrtest, saving(1)
```

The “lrtest, using(0)” command is for performing the likelihood ratio test to assessing the effect of deleting ANC\*PLACE from the model. The “using(0)” option tell us that the test compared the current model against the full model which have previously been saved in 0. The test suggests that deleting the ANC\*PLACE cause no effect to the model (p-value = 0.575). Now the next candidate term to be deleted is ANC\*MAGEG.

Note that the likelihood ratio of this model is saved in 1.



```

Log likelihood = -154.2599
LR chi2(6) = 67.73
Prob > chi2 = 0.0000
Pseudo R2 = 0.1800

```

```

-----
      dead |      Coef.   Std. Err.      z    P>|z|      [95% Conf. Interval]
-----+-----
      anc |   - .5157685   .3326557   -1.550   0.121   -1.167762   .1362246
      smk |    .7955996   .925203    0.860   0.390   -1.017765   2.608964
      bwtg |    1.093564   .4429316   2.469   0.014   .2254335   1.961694
Iplace_1 |    .8849724   .376117    2.353   0.019   .1477966   1.622148
Iplace_2 |    1.365092   .5319488   2.566   0.010   .3224913   2.407692
      a_smk |    2.266141   1.069409    2.119   0.034   .170138    4.362143
      _cons |   -2.295464   .2367904   -9.694   0.000   -2.759565   -1.831363
-----

```

```

. lrtest, using(2)
Logit: likelihood-ratio test
                                chi2(1) = 2.01
                                Prob > chi2 = 0.1565

```

**Again, the test suggests that deleting the MAGEG cause no effect to the model (p-value = 0.156). We have no other terms that can be removed since they are all statistically significant predictors of DEAD. Thus the above model is the final model.**

### *Step 5 Assessing model adequacy: test for goodness of fit of the model*

```

. lfit

Logistic model for dead, goodness-of-fit test

      number of observations = 465
      number of covariate patterns = 16
      Pearson chi2(9) = 17.32
      Prob > chi2 = 0.0440

```

**The “lfit” command displays either the Pearson or Hosmer-Lemeshow goodness-of-fit tests. The Hosmer-Lemeshow test is preferred over the Pearson test when the number of observations per covariate pattern is small. This study, such numbers are sufficiently large. The test suggests that the model did not fit well with the data. For details of the "lfit" command see StataCorp (1999); page 209-211 of Volume 2 : H-O.**

Further analysis has been done to explore another type of the model. It was found that the model that fit well with the data is the one that did not categorize the BWT and MAGE. All commands and their outputs of fitting the model are listed in NOTE 1. The test of goodness-of-fit of the model yields p-value = 0.465. However the final model contains exactly the same variables as the above model where continuous variables were categorized. Comparing between the two models, the coefficients are very slightly different. Thus we choose the above model as it is more simple interpretation and informative.

Further assessment of the model can be done using methods proposed by Hosmer and Lemeshow (1989). The methods are mainly aim to detect the influence observation(s). That is, the one that causes unstable in model estimation. This can help improving the fit of the model and lead to a more valid model. Series of Stata commands facilitate this procedure (see more details in StataCorp, 1999 Volume 2, page 200-222).

### *Step 6 Obtaining measure of associations from the model*

Odds ratios can be estimated using the command “logistic” as shown below. From the model, the odds ratio that can be obtained directly from the output are that of BWTG and PLACE (*italic bold letters*). For details of the "logistic" command see StataCorp (1999); page 201-226 of Volume 2 : H-O.

```
. xi: logistic dead anc smk bwtg i.place a_smk
i.place          Iplace_0-2      (naturally coded; Iplace_0 omitted)
```

Logit estimates

Number of obs	=	465
LR chi2(6)	=	67.73
Prob > chi2	=	0.0000
Pseudo R2	=	0.1800

Log likelihood = -154.2599

	dead	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
anc		.5970416	.1986093	-1.550	0.121	.3110624 1.145939

smk		2.215769	2.050036	0.860	0.390	.3614018	13.58497
bwtg	/	2.984892	1.322103	2.469	0.014	1.252866	7.11136
Iplace_1	/	2.422917	.9113004	2.353	0.019	1.159277	5.063957
Iplace_2	/	3.916082	2.083155	2.566	0.010	1.380563	11.1083
a_smk		9.642116	10.31136	2.119	0.034	1.185468	78.42503

---

In the present of an interaction effect which is a product of two variables, we need to estimate the odds ratios of one variable separately each level of the other variable. For the interaction term of ANC and SMK, we need to get the odds ratios of ANC on DEAD for each group of SMK. The effect of ANC among SMK = 0 is given by the odds ratio 0.60 for “anc” in the output above. The effect of ANC among SMK = 1 is given by the following commands.

```
. lincom anc + a_smk
```

```
( 1)  anc + a_smk = 0.0
```

	dead	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
(1)		5.756744	5.836508	1.726	0.084	.7891896 41.99257

---

For details of the "lincom" command see StataCorp (1999); page 179-185 of Volumn 2 : H-O.

Note that the combination of the two terms originally came from the principle of obtaining odds ratio from logistic regression model. The model can be written as follows:

$$\text{Logit } P(X) = a + b_1\text{ANC} + b_2\text{SMK} + b_3\text{BWTG} + b_4\text{PLACE1} + b_5\text{PLACE2} + b_6\text{ANC*SMK}$$

We can use the corresponding coefficients in the output from “logit” command shown in Section 4.4 to replace the model as follows:

$$\text{Logit } P(X) = -2.29 - 0.52\text{ANC} + 0.80\text{SMK} + 1.10\text{BWTG} \\ + 0.90\text{PLACE1} + 1.36\text{PLACE2} + 2.27\text{ANC}*\text{SMK}$$

Given  $\text{SMK} = 0$ , the odds ratio of ANC can be estimated by comparing the two odds. That is, the odds of  $\text{ANC} = 1$  divided by the odds of  $\text{ANC} = 0$  (or simply odds of exposed divided by the odds of non-exposed). Since the coefficients are in log transformation, it is obtained by subtracting the two odds and then take the exponential (or anti-logs) of such results. Thus

$$\text{Logit } P(\text{SMK}=0, \text{ANC}=1) = a + b_1(1) + b_2(0) + b_3\text{BWTG} + b_4\text{PLACE1} \\ + b_5\text{PLACE2} + b_6(1)*(0)$$

$$\text{Logit } P(\text{SMK}=0, \text{ANC}=0) = a + b_1(0) + b_2(0) + b_3\text{BWTG} + b_4\text{PLACE1} \\ + b_5\text{PLACE2} + b_6(0)*(0)$$

Subtracting the second odds from the first odds given

$$\text{Log}(\text{Odds ratio}) = b_1 = -0.52$$

$$\text{Thus Odds ratio} = \text{EXP}(-0.52) = 2.7183^{(-0.52)} = 0.59$$

Similarly, given  $\text{SMK} = 1$ ,

$$\text{Logit } P(\text{SMK}=1, \text{ANC}=1) = a + b_1(1) + b_2(1) + b_3\text{BWTG} + b_4\text{PLACE1} \\ + b_5\text{PLACE2} + b_6(1)*(1)$$

$$\text{Logit } P(\text{SMK}=1, \text{ANC}=0) = a + b_1(0) + b_2(1) + b_3\text{BWTG} + b_4\text{PLACE1} \\ + b_5\text{PLACE2} + b_6(0)*(1)$$

Subtracting the second odds from the first odds given

$$\text{Log(Odds ratio)} = b_1 + b_6 = -0.52 + 2.27 = 1.75$$

$$\text{Thus Odds ratio} = \text{EXP}(1.75) = 2.7183^{(1.75)} = 5.7$$

The " $b_1 + b_6$ " is equivalent to the combination of ANC and SMK following the command "lincom" shown above.

### *Step 7 Summarize findings*

Among a total of 465 children, 65 died within one month of age. The neonatal dead rate was 14.0% (95%CI: 10.8% to 17.1%). Children whose mothers had ANC were 1.3 times more likely to die than those had not (95%CI: 0.8 to 2.1, Table 6.1). However, this is not statistically significant (p-value = 0.375). Age of mothers at date of delivery was also not a significant predictor of children dead (p-value = 0.799) as there was similar proportions of dead among the two age group - teenage pregnancy and pregnancy at age of 20 years or more. The following three factors were statistically significant associated with dead: i) parent smoking (OR = 13.2; 95%CI: 6.3 to 27.4; p-value < 0.001), ii) low birth weight (OR = 3.1; 95%CI: 1.5 to 6.5; p-value = 0.002); and iii) place of delivery (p-value < 0.001) where delivered at health center were 4.0 times (95%CI: 2.2 to 7.3) and delivered at home or road side were 3.3 times (95%CI: 1.3 to 8.8) more likely to die than delivered at the hospital. However all these effects ignore the effect of other factors.

**Table 6.2 Crude effect of each factor on neonatal dead**

Factors	Number	Dead (%)	OR	95%CI	p-value
<b>1. Attending ANC</b>					<b>0.375</b>
Yes	241	15	1.3	0.8 to 2.1	
No	224	12	1.0		
<b>2. Parents smoking during pregnancy</b>					<b>&lt;0.001</b>
Yes	35	60	13.2	6.3 to 27.4	
No	430	10	1.0		
<b>3. Birth weight</b>					<b>0.002</b>
< 2,500 grams	39	31	3.1	1.5 to 6.5	
2,500 grams or more	426	12	1.0		
<b>4. Age of mothers at date of delivery</b>					<b>0.799</b>
Less than 20 years	46	15	1.1	0.5 to 2.6	
20 or more	419	14	1.0		
<b>5. Place of delivery</b>					<b>&lt;0.001</b>
Hospital	375	10	1.0	2.2 to 7.3	
Health center	68	31	4.0		
Home or Road side	22	27	3.3		

Taken into account of effects of other factors, there was a significant interaction effect (p-value = 0.034, Table 6.2). Parents smoking status was an effect modifier of the association between attending ANC and neonatal dead. That is, among children whose parents smoked, those whose mothers attending ANC was 5.8 times more likely to die within the first month of life than those whose mothers did not (95%CI: 0.8 to 42.0). On the contrary, among children whose parents did not smoke, the corresponding adjusted odds ratio (OR<sub>adj</sub>) was 0.6 (95%CI: 0.3 to 1.1) suggesting a protective

effect of ANC. These effects have also been adjusted for the effect of birth weight and place of deliveries. Low birth weight has a significant risk effect on neonatal dead ( $OR_{adj} = 3.0$ ; 95%CI: 1.2 to 7.1; p-value = 0.014). Similarly, place of deliveries has a significant risk effect on neonatal dead (p-value = 0.010). That is, comparing to delivered a baby at the hospital, those who delivered at health center has a higher risk to neonatal dead ( $OR_{adj} = 2.4$ ; 95%CI: 1.2 to 5.1) and also at home or road side ( $OR_{adj} = 3.9$ ; 95%CI: 1.4 to 11.1).

**Table 6.3 Crude and adjusted odds ratio of each factors on neonatal dead**

Factors	No	Dead (%)	Crude OR	Adjusted OR	95%CI	p-value
<b>1. Attending ANC for each group of parents smoking status</b>						<b>0.034</b>
<i>1.1 Parents smokers</i>						
Attending ANC	27	70	7.1	5.8	0.8 to 42.0	
Did not attending ANC	8	25	1.0	1.0		
<i>1.2 Parent non-smokers</i>						
Attending ANC	214	8	0.7	0.6	0.3 to 1.1	
Did not attending ANC	216	12	1.0	1.0		
<b>2. Birth weight</b>						<b>0.014</b>
< 2,500 grams	39	31	3.1	3.0	1.2 to 7.1	
2,500 grams or more	426	12	1.0	1.0		
<b>3. Place of delivery</b>						<b>0.010</b>
Hospital	375	10	1.0	1.0	1.2 to 5.1 1.4 to 11.1	
Health center	68	31	4.0	2.4		
Home or Road side	22	27	3.3	3.9		

**NOTE 1: Model fitting without categorizing of all continuous variables showed that results were not obviously differ from the above approach where continuous variables were categorized. This suggested the conclusions that had been made above were robust. If this happen to be different, sources of the differences need to be investigated further. Choices of the model need to be carefully chosen. In fact, how each continuous variable will categorized must be decided in advance, i.e., before the data were collected to avoid bias. Followings are the commands and their outputs for this approach.**

```
. gen a_mage = anc*mage
. xi: logit dead anc smk bwt mage i.place a_smk a_mage
i.a_place
i.place          Iplace_0-2 (naturally coded; Iplace_0 omitted)
i.a_place        Ia_pla_0-2 (naturally coded; Ia_pla_0 omitted)

Iteration 0:  log likelihood = -188.1264
Iteration 1:  log likelihood = -154.90817
Iteration 2:  log likelihood = -152.90179
Iteration 3:  log likelihood = -147.00808
Iteration 4:  log likelihood = -146.85182
Iteration 5:  log likelihood = -146.85158

Logit estimates                               Number of obs   =       465
                                                LR chi2(10)     =       82.55
                                                Prob > chi2     =       0.0000
Log likelihood = -146.85158                   Pseudo R2      =       0.2194
```

dead	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
anc	-2.467283	1.593321	-1.549	0.121	-5.590135	.6555685
smk	.2300021	.9311643	0.247	0.805	-1.595046	2.055051
bwt	-.0013569	.0003691	-3.677	0.000	-.0020803	-.0006336
mage	-.0853645	.0485749	-1.757	0.079	-.1805696	.0098406
Iplace_1	.375604	.6293903	0.597	0.551	-.8579782	1.609186
Iplace_2	2.055076	.8997447	2.284	0.022	.2916088	3.818543
a_smk	2.694181	1.094326	2.462	0.014	.5493412	4.83902
a_mage	.0687016	.0652431	1.053	0.292	-.0591726	.1965758
Ia_pla_1	1.024134	.8310937	1.232	0.218	-.6047794	2.653048
Ia_pla_2	-.2549567	1.242813	-0.205	0.837	-2.690825	2.180912
_cons	4.028138	1.555667	2.589	0.010	.9790869	7.07719

```
. lfit
```

```
Logistic model for dead, goodness-of-fit test

number of observations =       465
number of covariate patterns =     348
Pearson chi2(337) =     349.92
Prob > chi2 =           0.3025
```

. lrtest, saving(0)

. xi: logit dead anc smk bwt mage i.place a\_smk a\_mage  
i.place Iplace\_0-2 (naturally coded; Iplace\_0 omitted)

Iteration 0: log likelihood = -188.1264  
Iteration 1: log likelihood = -156.25447  
Iteration 2: log likelihood = -148.2508  
Iteration 3: log likelihood = -147.74697  
Iteration 4: log likelihood = -147.74364  
Iteration 5: log likelihood = -147.74364

Logit estimates  
Log likelihood = -147.74364

Number of obs = 465  
LR chi2(8) = 80.77  
Prob > chi2 = 0.0000  
Pseudo R2 = 0.2147

dead	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
anc	-2.366272	1.482909	-1.596	0.111	-5.272719	.5401757
smk	.3601289	.914142	0.394	0.694	-1.431556	2.151814
bwt	-.0012902	.0003632	-3.552	0.000	-.0020021	-.0005783
mage	-.0883421	.0461116	-1.916	0.055	-.1787191	.0020349
Iplace_1	.9379171	.3980015	2.357	0.018	.1578486	1.717986
Iplace_2	1.905634	.616415	3.091	0.002	.6974824	3.113785
a_smk	2.681957	1.08377	2.475	0.013	.5578071	4.806106
a_mage	.0713555	.0580151	1.230	0.219	-.0423521	.185063
_cons	3.823132	1.517522	2.519	0.012	.8488435	6.79742

. lrtest, using(0)

Logit: likelihood-ratio test  
chi2(2) = 1.78  
Prob > chi2 = 0.4098

. lrtest, saving(1)

. xi: logit dead anc smk bwt mage i.place a\_smk  
i.place Iplace\_0-2 (naturally coded; Iplace\_0 omitted)

Iteration 0: log likelihood = -188.1264  
Iteration 1: log likelihood = -156.79104  
Iteration 2: log likelihood = -148.99653  
Iteration 3: log likelihood = -148.51621  
Iteration 4: log likelihood = -148.51328  
Iteration 5: log likelihood = -148.51328

Logit estimates  
Log likelihood = -148.51328

Number of obs = 465  
LR chi2(7) = 79.23  
Prob > chi2 = 0.0000  
Pseudo R2 = 0.2106

dead	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
anc	-.5881127	.3379489	-1.740	0.082	-1.25048	.074255
smk	.3594272	.935828	0.384	0.701	-1.474762	2.193616
bwt	-.0013061	.0003619	-3.609	0.000	-.0020155	-.0005967
mage	-.0495717	.032095	-1.545	0.122	-.1124767	.0133334
Iplace_1	.9169965	.3977724	2.305	0.021	.1373769	1.696616
Iplace_2	1.916286	.6132308	3.125	0.002	.7143757	3.118196
a_smk	2.81268	1.105094	2.545	0.011	.6467354	4.978624
_cons	2.905163	1.301942	2.231	0.026	.353403	5.456923

. lrtest, using(1)

Logit: likelihood-ratio test  
chi2(1) = 1.54  
Prob > chi2 = 0.2147

# 158

```
. lrtest, saving(2)
```

```
. xi: logit dead anc smk bwt i.place a_smk  
i.place Iplace_0-2 (naturally coded; Iplace_0 omitted)
```

```
Iteration 0: log likelihood = -188.1264  
Iteration 1: log likelihood = -158.01447  
Iteration 2: log likelihood = -150.15686  
Iteration 3: log likelihood = -149.76281  
Iteration 4: log likelihood = -149.7609  
Iteration 5: log likelihood = -149.7609
```

```
Logit estimates  
Log likelihood = -149.7609  
Number of obs = 465  
LR chi2(6) = 76.73  
Prob > chi2 = 0.0000  
Pseudo R2 = 0.2039
```

	dead	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
anc		-.5391429	.3357003	-1.606	0.108	-1.197103	.1188177
smk		.4136563	.9396272	0.440	0.660	-1.427979	2.255292
bwt		-.0013371	.0003592	-3.722	0.000	-.0020411	-.000633
Iplace_1		.8139901	.3862701	2.107	0.035	.0569146	1.571066
Iplace_2		1.490551	.5456082	2.732	0.006	.4211785	2.559924
a_smk		2.554702	1.090557	2.343	0.019	.4172501	4.692153
_cons		1.774267	1.066874	1.663	0.096	-.3167668	3.865302

```
. lrtest, using(2)
```

```
Logit: likelihood-ratio test  
chi2(1) = 2.50  
Prob > chi2 = 0.1142
```

```
. lfit
```

```
Logistic model for dead, goodness-of-fit test
```

```
number of observations = 465  
number of covariate patterns = 121  
Pearson chi2(114) = 114.66  
Prob > chi2 = 0.4650
```

**This suggests the model fits reasonably well to the data.**

**NOTE 2 : Analysis results showing how stratified analysis is similar to logistic regression**

**Using the ANC data to examine the effect of ANC on DEAD, controlling for the effect of SMK**

**Note 2.1 Stratified analysis**

```
. cc dead anc, by(smkk)
```

	smk	OR	[95% Conf. Interval]		M-H Weight
	0	.6711146	.3590862	1.254787	11.85116 (Cornfield)
	1	7.125	1.297704	37.58284	.4571429 (Cornfield)
Crude		1.269608	.7512221	2.145309	(Cornfield)
M-H combined		.9108184	.5136778	1.615001	

```

Test of homogeneity (M-H)      chi2(1) =      5.91  Pr>chi2 = 0.0151

Test that combined OR = 1:
Mantel-Haenszel chi2(1) =      0.11
Pr>chi2 =      0.7453

```

## Note 2.2 Logistic regression equivalent to the stratified analysis shown in Note 2.1, ignoring interaction effect.

```
. logistic dead anc smk
```

```

Logit estimates                Number of obs =      465
LR chi2(2)                    =      45.31
Prob > chi2                   =      0.0000
Log likelihood = -165.47238    Pseudo R2      =      0.1204

```

dead	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
anc	9.077381	.2698217	-0.326	0.745	.5069255	1.625463
smk	13.52737	5.277243	6.677	0.000	6.297178	29.059

*Note that the model without an interaction term, the odds ratio of ANC is the actually the Mantel-Haenszel odds ratio obtained in stratified analysis.*

## Note 2.3 Logistic regression equivalent to the stratified analysis in #1, incorporating interaction effect.

### Note 2.3.1 Generate an interaction term between ANC and SMK

```
. gen x = smk*anc
```

### Note 2.3.2 Fit the logistic regression model with the interaction term

```
. logistic dead anc smk x
```

```

Logit estimates                Number of obs =      465
LR chi2(3)                    =      52.05
Prob > chi2                   =      0.0000
Log likelihood = -162.10316    Pseudo R2      =      0.1383

```

dead	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
anc	.6711146	.2168253	-1.234	0.217	.3562775	1.264168
smk	2.435897	2.053089	1.056	0.291	.4669028	12.70842
x	10.61667	10.34062	2.425	0.015	1.573689	71.6238

*Note that in the model with an interaction term, the odds ratio of ANC is the one given that SMK = 0. It is exactly the same as that obtained from stratified analysis in #1 and shown again below.*

. cc dead anc, by(smk)

smk	OR	[95% Conf. Interval]		M-H Weight
0	.6711146	.3590862	1.254787	11.85116 (Cornfield)
1	7.125	1.297704	37.58284	.4571429 (Cornfield)
Crude	1.269608	.7512221	2.145309	(Cornfield)
M-H combined	.9108184	.5136778	1.615001	

Test of homogeneity (M-H)      chi2(1) =      5.91      Pr>chi2 = 0.0151

Test that combined OR = 1:

Mantel-Haenszel      chi2(1) =      0.11  
Pr>chi2 =      0.7453

### *Note 2.3.3 Obtain the odds ratio for each group of SMK*

*The odds ratio of ANC on DEAD for each group of SMK can be obtained from the linear combination of coefficient estimated by the logistic model. Such combination is ANC + ANC\*SMK (or x in the output). For SMK = 0, the coefficient of ANC\*SMK is also zero. The linear combination of the coefficient is ANC + 0 = ANC. Thus the odds ratio can be obtained directly from the output of logistic command as shown above. For SMK = 1, the coefficient of ANC\*SMK is as it is. Thus the linear combination of the coefficient is ANC + ANC\*SMK as given below.*

. lincom anc + x

( 1)    anc + x = 0.0

dead	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
(1)	7.125	6.546829	2.137	0.033	1.176673	43.14337

*It is exactly the same as that obtained from stratified analysis in #1 which was shown again below.*

. cc dead anc, by(smkn)

smk	OR	[95% Conf. Interval]		M-H Weight	
0	.6711146	.3590862	1.254787	11.85116	(Cornfield)
1	7.125	1.297704	37.58284	.4571429	(Cornfield)
Crude	1.269608	.7512221	2.145309		(Cornfield)
M-H combined	.9108184	.5136778	1.615001		
Test of homogeneity (M-H)		chi2(1) =	5.91	Pr>chi2 =	0.0151
Test that combined OR = 1:					
		Mantel-Haenszel	chi2(1) =	0.11	
			Pr>chi2 =	0.7453	

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## **Exercise**

---

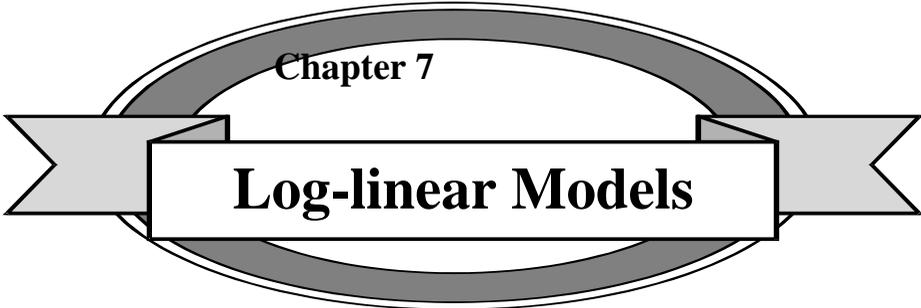
**Data from a study of Morrison et.al. (1973) reprinted by CCEB (1993) relating to survival of breast cancer patients. The variables and categories are as follows:**

- **Degree of chronic inflammatory reaction**  
(1. Minimal, 2. Moderate-Severe)
  
- **Age of diagnosis**  
(1. Under 50 years, 2. 50-69 years, 3. 70 or older)
  
- **Nuclear grade**  
(1. Relative malignant appearance, 2. Relative benign appearance)
  
- **Center where patient was diagnosed**  
(1. Tokyo, 2. Boston, 3. Glamorgan)
  
- **Survival for three years**  
(1. No, 2. Yes)

**Three-year survival of breast cancer patients according to two histologic criteria, age and diagnostic center**

Diagnostic Center	Age	Survived	Minimal inflammation		Greater inflammation	
			Appearance		Appearance	
			Malignant	Benign	Malignant	Benign
Tokyo	< 50	No	9	7	4	3
		Yes	26	68	25	9
	50-69	No	9	9	11	2
		Yes	20	46	18	5
	70+	No	2	3	1	0
		Yes	1	6	5	1
Boston	< 50	No	6	7	6	0
		Yes	11	24	4	0
	50-69	No	8	20	3	2
		Yes	18	58	10	3
	70+	No	9	18	3	0
		Yes	15	26	1	1
Glamorgan	< 50	No	16	7	3	0
		Yes	16	20	8	1
	50-69	No	14	12	3	0
		Yes	27	39	10	4
	70+	No	3	7	3	0
		Yes	12	11	4	1

**You are assigned to analyze the data and prepare a report.**

A decorative banner with a grey ribbon-like border and a white central box. The text "Chapter 7" is written in a serif font above the banner, and "Log-linear Models" is written in a larger, bold serif font inside the white box.

Chapter 7

# Log-linear Models

## Chapter Objectives

After completing this chapter, readers should be able to:

- describe log-linear models for three-dimensional tables corresponding to different hypotheses;
- fit and interpret the results of log-linear models;
- identify the log-linear models which provide the best fit to a given set of data;
- interpret the results from the analysis

## Contents

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### 7.1 Introduction

In Chapters 2, 3, 4, and 5 we focused mainly on bivariate analysis - i.e., analysis the relationship between a response and a single explanatory variable. The tables are therefore two-way contingency tables. This Chapter turns to more complicated tables. When three categorical variables form a table, it became a three-way contingency table. For example, a sample of workers were classified by their gender (male, female), smoking status (smoke, non-smoke), and lung function test results (normal, abnormal). The more complicate table, the multi-way contingency tables in general, are also formed by the same manner. Log-linear model is used to determine relationship among several variables in a multi-dimensional contingency table. It is particularly useful in the situation where there was no particular variable is a response but all are in the same root. In the workers example, the counts of workers in each category is the dependent variable. The categorical variable used to classify the workers i.e., gender, smoking status, and lung function test results are independent variables. A log-linear model also provides a powerful tool to explore the possibility of combining variable(s) in a multi-way table to simpler forms and thus simplify analysis without distorting the relationships among the categorical variables.

### 7.2 Principles and type of log-linear models

Log-linear model is a linear model for the natural logarithm of the expected frequencies. For a two-way table the full model

with interaction will fit the data perfectly (i.e., it is a saturated model) since the number of cell frequencies is equal to the number of parameters in the model. The interaction term represents the association between the two variables. Followings are the reasons.

Recall the probability theory, two events A and B are independent when the probability of the joint occurrence is the product of the probabilities of each events. This can be expressed as

$$P(AB) = P(A)P(B)$$

The expected value under the null hypothesis of independence for a cell within a two-way contingency table is simply that this probability multiply by the sample size.

Now, if we take logarithm of this expression, we would get

$$\log [P(AB)] = \log[P(A)P(B)] = \log[P(A)] + \log[P(B)]$$

Thus, a quantity, say  $\theta$ , that reflects the association between events A and B can be expressed as

$$\theta = \log [P(AB)] - \log[P(A)] - \log[P(B)]$$

That is, when there is an association between the two variables, the logarithm of the joint probability is not just a sum of the individual probabilities. The term " $\log[P(AB)]$ " is represented by the interaction term in a log-linear model.

This principle also applied for higher dimensional tables. In this book, we focus only on the three-way contingency table.

For a three-way contingency table, the saturated model is given by

$$\text{Log-frequency} = \mathbf{u} + \mathbf{u}_{1(i)} + \mathbf{u}_{2(j)} + \mathbf{u}_{3(k)} + \mathbf{u}_{12(ij)} + \mathbf{u}_{13(ik)} + \mathbf{u}_{23(jk)} + \mathbf{u}_{123(ijk)}$$

Parameter  $\mathbf{u}$  denotes the overall mean level of the logarithms of the frequency. When we fit the model, we estimate these parameters. Substituting the value of  $i$ ,  $j$ , and  $k$  of variable 1, 2, and 3 respectively in the right hand side of the equation provide us a logarithm of the cell frequencies. Thus a cell frequency can be obtained by just take the exponential (or anti-logarithm) of such value (see Selvin, 1995; page 310). Some works with mathematics can get the odds ratio which is the direct measure of association for log-linear model. The  $\mathbf{u}_{1(i)}$  denotes the influence of variable "1",  $\mathbf{u}_{2(j)}$  denotes the influence of variable "2", and  $\mathbf{u}_{3(k)}$  denotes the influence of variable "3" in cell  $i$ ,  $j$ , and  $k$  respectively. There are two two-way interaction terms. For example,  $\mathbf{u}_{12(ij)}$  represents the joint influence of two variables, i.e., variable "1" and "2". The term  $\mathbf{u}_{123(ijk)}$  is the three-way interaction. These interaction terms indicate pattern of association among the three variables. In this model, the estimated values are identical to the observed values which are the cell frequencies. It served as a starting point for comparison of the models that do not fit the data perfectly. It implies that the average of the pairwise measure of association becomes a less accurate assessment of statistical independence. Thus it is rather uninformative.

Followings are the other six possible types of models could be achieved.

### 7.2.1 *No three-way interaction*

$\text{Log-frequency} = \mathbf{u} + \mathbf{u}_{1(i)} + \mathbf{u}_{2(j)} + \mathbf{u}_{3(k)} + \mathbf{u}_{12(ij)} + \mathbf{u}_{13(ik)} + \mathbf{u}_{23(jk)}$
---

If the association between 2 of the variables differs in degree or direction across levels of the third then we have 3-way interaction, the measure of association between the first two variables in the 1<sup>st</sup> level of the third variable is the same as the corresponding measure within the k<sup>th</sup> level of the third variable OR the association between the first and the second variable does not differ across levels of the third variable.

Since the order among the variables is arbitrary, the hypothesis of no three-way interaction implies that the association between any pair of variables is the same at all levels of the remaining variable.

### 7.2.2 *No three-way interaction and one two-way interaction absent*

$$\text{Log-frequency} = \mathbf{u} + \mathbf{u}_{1(i)} + \mathbf{u}_{2(j)} + \mathbf{u}_{3(k)} + \mathbf{u}_{13(ik)} + \mathbf{u}_{23(jk)}$$

Variables 1 and 2 are independent for every level of variable 3 but each is associated with variable 3. That is, variables 1 and 2 are conditionally independent, given the level of variable 3.

### 7.2.3 *No three-way interaction and two two-way interactions absent*

$$\text{Log-frequency} = \mathbf{u} + \mathbf{u}_{1(i)} + \mathbf{u}_{2(j)} + \mathbf{u}_{3(k)} + \mathbf{u}_{23(jk)}$$

It is called the partial independence - there is an association between two of the variables whilst the third is completely independent.

### 7.2.4 *No three-way and two-way interaction*

$$\text{Log-frequency} = \mathbf{u} + \mathbf{u}_{1(i)} + \mathbf{u}_{2(j)} + \mathbf{u}_{3(k)}$$

It is called the mutual (or complete) independence - there are no associations of any kind between the three variables. If this model fits the data adequately then the differences between cell frequencies simply reflect differences between single variable marginal totals.

### 7.2.5 *Non-comprehensive Models*

If we continue to delete terms from the log-linear model so that there are fewer terms than in the complete independence model, the model would not include all 3 variables. This is a non-comprehensive model. If such a model fits the data adequately then one or more of the variables is (are) redundant and the dimensionality of the table can be reduced accordingly.

### 7.2.6 *Collapsibility*

A 3-way table may be collapsed over any variable that is independent of at least one of the remaining pair and the reduced table analyzed. That is if partial independence holds and the model

$$\text{Log-frequency} = \mathbf{u} + \mathbf{u}_{1(i)} + \mathbf{u}_{2(j)} + \mathbf{u}_{3(k)} + \mathbf{u}_{23(jk)}$$

provides an adequate fit to the data, the table could be collapsed over any one of the three variables to simplify the analysis. When only conditional independence holds, we have the model

$$\text{Log-frequency} = \mathbf{u} + \mathbf{u}_{1(i)} + \mathbf{u}_{2(j)} + \mathbf{u}_{3(k)} + \mathbf{u}_{13(ik)} + \mathbf{u}_{23(jk)}$$

and care must be taken in deciding which variables are collapsible.

Below are a simple summary of the three categorical variables - variable A, B, and C, in a three-way contingency table (adapted from Selvin, 1995, page 304).

**Table 7.1** Type of the models from a three-way contingency table

<i>AB related?</i>	<i>AC related?</i>	<i>BC related?</i>	<i>Then</i>
No	No	No	Complete independence
No	Yes	Yes	Conditional independence
Yes	No	Yes	Conditional independence
Yes	Yes	No	Conditional independence
No	No	Yes	Partial independence
No	Yes	No	Partial independence
Yes	No	No	Partial independence
Yes	Yes	Yes	No independence

### 7.3 Fitting Log-Linear Models and Parameter Estimation

Fitting particular log-linear models to the frequencies in a contingency table is equivalent to testing particular hypotheses about the table. Assessing the adequacy of a suggested model for the data involves finding estimates of the theoretical frequencies to be expected assuming the model is correct and comparing these with the observed values by means of the likelihood ratio statistic or Pearson's chi-square

statistic. The estimated expected values are obtained as functions of the relevant marginal as indicated or by iterative procedures.

The major advantages to fitting log-linear models is that we obtain estimates of the parameters which allow us to quantify the effects of various variables and interactions. Estimates of the parameters in the fitted model are obtained as functions of the  $\ln e_{ijk}$ .

#### 7.4 Response vs Explanatory Variables

So far we have considered all variables on equal footing - not distinguishing between outcome factors and explanatory factors. However for 3 variables we could have:

- 1) 3 response variables
- 2) 2 response variables and 1 explanatory variable
- 3) 1 response variable and 2 explanatory variables.

To handle this situation we condition (ie, fix corresponding marginal totals) on the values of the explanatory variables.

For (1) only Poisson or multinomial models are appropriate. For (2) and (3) we use product multinomial models. For Example, in a case-control study, one variable is a response variable with marginal totals fixed by design. The log-linear model should: i) include interaction terms for each explanatory variable with the response variable and; ii) include all explanatory variables with their main effects and higher way interactions - this is equivalent to conditioning on the marginal totals of the explanatory variables.

## 7.5 Selection of a Model

As a number of dimensions in a table increases, so does the number of possible models and the complexity of the models. In general complicated models involving large numbers of parameters tend to fit a set of data more closely than a simpler model. On the other hand a simple model is easy to interpret and is often preferred. Thus there needs to be a trade-off between the goodness-of-fit and simplicity.

### 7.5.1 Goodness-of-Fit Statistics

A non-significant chi-square is desirable (indicates a good fit).

$$1) \quad \chi_p^2 = \sum \frac{(obs - exp)^2}{exp}$$

$$2) \quad G^2 = 2 \sum obs \ln \left[ \frac{obs}{exp} \right]$$

If the model fitted is correct (ie,  $H_0$  is true) and the total sample size is large then  $\chi_p^2$  and  $G^2$  have approximate chi-square distribution with degrees of freedom given by

$$df = \# \text{ cells} - \# \text{ parameters fitted}$$

Under these conditions  $\chi_p^2$  and  $G^2$  are asymptotically equivalent (rule of thumb: very large sample  $\equiv 10 \times$  number of cells).

### 7.5.2 To Compare Models

It may be found that several models fit the data adequately and in general the preferred model will be the one with fewer parameters. However a test between rival models may be required in a situation where the research question interested in a particular interaction term. For example, the

research question might be "Do variable A and B differ across level of variable C?". In this case, we need only to compare two models. The first model is the model with all three two-way interactions (i.e., A\*B, A\*C, and B\*C). The second model is the conditional independence model without the two two-way interactions corresponding to the research question (i.e., A\*C, and B\*C). For hierarchical models such a test may be obtained by subtracting the  $G^2$  values for the two models to assess the change in goodness of fit which results from adding further parameters. The difference in  $G^2$  is compared with a chi-square distribution with  $df$  equal to the difference in the degrees of freedom of the two models. This is equivalent to the likelihood ratio test for logistic regression described in Chapter 6.

### 7.5.3 Residuals

Once a preliminary model has been fitted, it is useful to make a cell-by-cell comparison of observed and expected frequencies. If the model fits poorly in some cells, this lack of fit may indicate associations and interactions that may be added to the model. This is particularly true when some variables are ordinal since the pattern of positive and negative deviations can indicate trends that are not well represented by the model.

Cell deviations may be measured through the standardized residuals.

$$R = \frac{n - \hat{e}}{\sqrt{\hat{e}}} \quad \text{where } n \text{ is the observed count}$$

$e$  is the fitted (expected) count

The squared standardized residuals are components of the Pearson chi-square (see the output from the final model using the stata command "loglin" with "resid" option).

### 7.5.4 Useful Guide

A useful guide for model selection in searching for a simple but useful model to describe the relationship within the data from a three-way table is to start with fitting the model with  $u_{123(ijk)} = 0$ . The model is shown below.

$$\text{Log-frequency} = \mathbf{u} + \mathbf{u}_{1(i)} + \mathbf{u}_{2(j)} + \mathbf{u}_{3(k)} + \mathbf{u}_{12(ij)} + \mathbf{u}_{13(ik)} + \mathbf{u}_{23(jk)}$$

Then fit further 3 conditional independence models which contain only two two-way interactions in each model and 3 partial independence models which contain only one two-way interactions in each model. Then fit the complete independence model with three variables without any interaction term. By these, we would have a total of 7 models. Each model we need  $G^2$ , degree of freedom, and p-value. We then choose the model that fit well to the data (i.e., p-value > 0.05) but less complicate (i.e., none of or fewer number of two-way interaction terms). Among all model that fit well to the data, we then assess the influence of the term(s) that had been removed from the more complicated model(s) by comparing the  $G^2$  of the selected model with the those models, one at a time, using methods described in #7.5.1 and #7.5.2. The p-value < 0.05 indicates adding the term into the selected model improve the fit, thus the model with the new term added should be chosen. Again, there needs to be a trade-off between the goodness-of-fit and simplicity.

#### Example 7.1

The following data was adopted from Everitt (1977); page 95. The variables and their values are:

- Blood pressure: (1=Less than 127 mm Hg, 2=127-146, 3=147-166, and 4=167 or more)

- Serum cholesterol: (1=Less than 200 mg/100 cc, 2=200-219, 3=220-259, and 4=260 or more)
- Coronary heart disease: (1=Yes, and 2=No)

**Table 7.2** Number of subjects by blood pressure level, heart disease status, and serum cholesterol level - data for example 7.1

Blood Pressure		Serum cholesterol				Total
		1	2	3	4	
With coronary heart disease (1)	1	2	3	3	4	12
	2	3	2	1	3	9
	3	8	11	6	6	31
	4	7	12	11	11	41
Without coronary heart disease (2)	1	117	121	47	22	307
	2	85	98	43	20	246
	3	119	209	68	43	439
	4	67	99	46	33	245
Overall total		408	555	225	142	1330

We will use Stata to fit the log-linear model. Command for loglinear model did not available in Stata version 6 which was used throughout this book. Judson D.J. had provided the program to be used in Stata. Readers can download the program from "<http://www.stata.com/>". It is located in the module "smv5.1" and the details were available in Stata Technical Buletin (STB) Reprints Vol 1, pages 139-152. This program need to use with Stata version 3, 4, or 5.

First of all, we enter the data to Stata using the following format.

chd	bp	chl	pop
1	1	1	2
1	1	2	3
1	1	3	3
1	1	4	4

chd	bp	chl	pop
1	2	1	3
1	2	2	2
1	2	3	1
1	2	4	3
1	3	1	8
1	3	2	11
1	3	3	6
1	3	4	6
1	4	1	7
1	4	2	12
1	4	3	11
1	4	4	11
2	1	1	117
2	1	2	121
2	1	3	47
2	1	4	22
2	2	1	85
2	2	2	98
2	2	3	43
2	2	4	20
2	3	1	119
2	3	2	209
2	3	3	68
2	3	4	43
2	4	1	67
2	4	2	99
2	4	3	46
2	4	4	33

Data from this study form a 2-by-4-by-4 Table. The analysis using log-linear modeling applied to these data yields the following results for all eight possible models:

**Saturated Model:**

$$\begin{aligned} \log\text{-frequency} = & \text{CHD} + \text{BP} + \text{CHL} + \text{CHD*BP} + \text{CHD*CHL} \\ & + \text{BP*CHL} + \text{CHD*BP*CHL} \end{aligned}$$

1. Model:

$$\text{log-frequency} = \text{CHD} + \text{BP} + \text{CHL} + \text{CHD}*\text{BP} + \text{CHD}*\text{CHL} + \text{BP}*\text{CHL}$$

. loglin pop chd bp chl, fit(chd, bp, chl, chd bp, chd chl, bp chl)

Variable chd = A

Variable bp = B

Variable chl = C

Margins fit: chd, bp, chl, chd bp, chd chl, bp chl

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

Iteration 0: Log Likelihood = -78.489746

Iteration 1: Log Likelihood = -77.683594

Iteration 2: Log Likelihood = -77.676758

Poisson regression		Number of obs	=	32
Goodness-of-fit chi2(9)	=	4.775	Model chi2(22)	=1639.451
Prob > chi2	=	0.8534	Prob > chi2	= 0.0000
Log Likelihood	=	-77.677	Pseudo R2	= 0.9134

pop	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
A2	3.495052	.3489747	10.015	0.000	2.811074 4.17903
AB22	.0913574	.4512986	0.202	0.840	-.7931716 .9758864
AB23	-.5623114	.3508082	-1.603	0.109	-1.249883 .12526
AB24	-1.342433	.3429665	-3.914	0.000	-2.014635 -.6702307
AC22	.0384452	.303493	0.127	0.899	-.5563902 .6332806
AC23	-.5872325	.3285031	-1.788	0.074	-1.231087 .0566217
AC24	-1.203873	.3265999	-3.686	0.000	-1.843997 -.5637492
B2	-.390569	.4606399	-0.848	0.397	-1.293407 .5122687
B3	.6053894	.3613974	1.675	0.094	-.1029365 1.313715
B4	.7873583	.3578944	2.200	0.028	.0858983 1.488818
BC22	.0865808	.1945052	0.445	0.656	-.2946424 .467804
BC23	.1759085	.2501767	0.703	0.482	-.3144289 .6662458
BC24	.1846616	.3200576	0.577	0.564	-.4426398 .8119629
BC32	.5090796	.1700817	2.993	0.003	.1757255 .8424336
BC33	.3106371	.223539	1.390	0.165	-.1274912 .7487654
BC34	.5236171	.2756988	1.899	0.058	-.0167426 1.063977
BC42	.3671291	.1987235	1.847	0.065	-.0223618 .75662
BC43	.5494598	.2463114	2.231	0.026	.0666982 1.032221
BC44	.8502138	.2934776	2.897	0.004	.2750083 1.425419
C2	.0038244	.3214342	0.012	0.991	-.6261751 .6338238
C3	-.3031287	.3571926	-0.849	0.396	-1.003213 .3969559
C4	-.3836104	.3751534	-1.023	0.307	-1.118898 .3516767
_cons	1.254175	.3508825	3.574	0.000	.5664583 1.941892

2. Model:

$$\text{log-frequency} = \text{CHD} + \text{BP} + \text{CHL} + \text{CHD}*\text{BP} + \text{CHD}*\text{CHL}$$

. loglin pop chd bp chl, fit(chd, bp, chl, chd bp, chd chl)

Variable chd = A

Variable bp = B

Variable chl = C

Margins fit: chd, bp, chl, chd bp, chd chl

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

Iteration 0: Log Likelihood = -88.375977  
 Iteration 1: Log Likelihood = -87.495605  
 Iteration 2: Log Likelihood = -87.489746

Poisson regression		Number of obs	=	32
Goodness-of-fit chi2(18)	= 24.401	Model chi2(13)	=	1619.825
Prob > chi2	= 0.1423	Prob > chi2	=	0.0000
Log Likelihood	= -87.490	Pseudo R2	=	0.9025

pop	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
A2	3.619369	.3572211	10.132	0.000	2.919229 4.31951
AB22	.0661658	.4491846	0.147	0.883	-.8142198 .9465515
AB23	-.591429	.3480325	-1.699	0.089	-1.27356 .0907022
AB24	-1.454255	.3392087	-4.287	0.000	-2.119092 -.789418
AC22	-.030277	.3003151	-0.101	0.920	-.6188837 .5583297
AC23	-.6916755	.3241887	-2.134	0.033	-1.327074 -.0562773
AC24	-1.372642	.3204974	-4.283	0.000	-2.000805 -.7444789
B2	-.287682	.4409585	-0.652	0.514	-1.151945 .5765808
B3	.9490806	.3399873	2.792	0.005	.2827177 1.615444
B4	1.228665	.3282127	3.744	0.000	.5853803 1.87195
C2	.3364722	.29277	1.149	0.250	-.2373465 .9102909
C3	.0487902	.3124405	0.156	0.876	-.5635819 .6611622
C4	.1823215	.302765	0.602	0.547	-.4110871 .77573
_cons	.9480394	.3501152	2.708	0.007	.2618263 1.634253

### 3. Model:

**log-frequency = CHD + BP + CHL + CHD\*BP + BP\*CHL**

. loglin pop chd bp chl, fit(chd, bp, chl, chd bp, bp chl)

Variable chd = A

Variable bp = B

Variable chl = C

Margins fit: chd, bp, chl, chd bp, bp chl

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

Iteration 0: Log Likelihood = -90.335449  
 Iteration 1: Log Likelihood = -87.391113  
 Iteration 2: Log Likelihood = -87.318848

Poisson regression		Number of obs	=	32
Goodness-of-fit chi2(12)	= 24.060	Model chi2(19)	=	1620.167
Prob > chi2	= 0.0200	Prob > chi2	=	0.0000
Log Likelihood	= -87.319	Pseudo R2	=	0.9027

pop	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
A2	3.241941	.2942619	11.017	0.000	2.665198 3.818684
AB22	.0661659	.4491836	0.147	0.883	-.8142177 .9465496
AB23	-.5914288	.3480317	-1.699	0.089	-1.273558 .0907007
AB24	-1.454255	.3392078	-4.287	0.000	-2.11909 -.7894199
B2	-.3655411	.4551419	-0.803	0.422	-1.257603 .5265207
B3	.6266025	.355817	1.761	0.078	-.070786 1.323991
B4	.8628062	.3507258	2.460	0.014	.1753963 1.550216
BC22	.0866753	.1945032	0.446	0.656	-.294544 .4678946
BC23	.173953	.2499885	0.696	0.487	-.3160155 .6639215
BC24	-.1791843	.318915	0.562	0.574	-.4458776 .8042462
BC32	.5082825	.1699628	2.991	0.003	.1751616 .8414034
BC33	.3269785	.2231387	1.465	0.143	-.1103654 .7643223

BC34	.5686602	.2741296	2.074	0.038	.031376	1.105944
BC42	.3643072	.1974599	1.845	0.065	-.022707	.7513215
BC43	.6060868	.2438457	2.486	0.013	.128158	1.084016
BC44	1.001152	.2882805	3.473	0.001	.4361323	1.566171
C2	.0411581	.1283272	0.321	0.748	-.2103586	.2926748
C3	-.8671005	.1685329	-5.145	0.000	-1.197419	-.536782
C4	-1.521027	.216483	-7.026	0.000	-1.945326	-1.096728
_cons	1.498839	.2976597	5.035	0.000	.9154366	2.082241

#### 4. Model:

**log-frequency = CHD + BP + CHL + CHD\*CHL + BP\*CHL**

```
. loglin pop chd bp chl, fit(chd, bp, chl, chd chl, bp chl)
```

```
Variable chd = A
```

```
Variable bp = B
```

```
Variable chl = C
```

```
Margins fit: chd, bp, chl, chd chl, bp chl
```

```
Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.
```

```
Iteration 0: Log Likelihood = -92.934082
```

```
Iteration 1: Log Likelihood = -90.51709
```

```
Iteration 2: Log Likelihood = -90.491211
```

```
Poisson regression
```

```
Goodness-of-fit chi2(12)
```

```
Prob > chi2
```

```
Log Likelihood
```

```
= 30.404
```

```
= 0.0024
```

```
= -90.491
```

```
Number of obs = 32
```

```
Model chi2(19) = 1613.822
```

```
Prob > chi2 = 0.0000
```

```
Pseudo R2 = 0.8992
```

pop	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
A2	2.965273	.2292974	12.932	0.000	2.515858 3.414688
AC22	-.0302771	.3003151	-0.101	0.920	-.6188838 .5583296
AC23	-.6916755	.3241887	-2.134	0.033	-1.327074 -.0562773
AC24	-1.372642	.3204974	-4.283	0.000	-2.000806 -.744479
B2	-.3017864	.1405952	-2.146	0.032	-.5773479 -.026225
B3	.0650637	.1275828	0.510	0.610	-.184994 .3151215
B4	-.4750581	.1480435	-3.209	0.001	-.765218 -.1848982
BC22	.0866753	.1945032	0.446	0.656	-.2945441 .4678946
BC23	.1739532	.2499885	0.696	0.487	-.3160153 .6639218
BC24	.1791842	.318915	0.562	0.574	-.4458778 .8042461
BC32	.5082822	.1699628	2.991	0.003	.1751612 .8414031
BC33	.3269786	.2231387	1.465	0.143	-.1103653 .7643224
BC34	.5686601	.2741297	2.074	0.038	.0313758 1.105944
BC42	.3643068	.1974599	1.845	0.065	-.0227074 .751321
BC43	.6060866	.2438457	2.486	0.013	.1281577 1.084015
BC44	1.001151	.2882806	3.473	0.001	.4361317 1.566171
C2	.0699295	.3129367	0.223	0.823	-.5434151 .6832742
C3	-.2231435	.3451478	-0.647	0.518	-.8996207 .4533337
C4	-.2832652	.3592191	-0.789	0.430	-.9873216 .4207912
_cons	1.763588	.2365426	7.456	0.000	1.299974 2.227203

#### 5. Model:

**log-frequency = CHD + BP + CHL + CHD\*BP**

```
. loglin pop chd bp chl, fit(chd, bp, chl, chd bp)
```

```
Variable chd = A
```

```
Variable bp = B
```

```
Variable chl = C
```

```
Margins fit: chd, bp, chl, chd bp
```

```
Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.
```

```
Iteration 0: Log Likelihood = -102.75049
```

```
Iteration 1: Log Likelihood = -99.592285
```

```
Iteration 2: Log Likelihood = -99.542969
```

```
Poisson regression
```

```
Goodness-of-fit chi2(21) = 48.508
```

```
Prob > chi2 = 0.0006
```

```
Log Likelihood = -99.543
```

```
Number of obs = 32
```

```
Model chi2(10) = 1595.719
```

```
Prob > chi2 = 0.0000
```

```
Pseudo R2 = 0.8891
```

pop	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	3.241941	.2942627	11.017	0.000	2.665197	3.818685
AB22	.0661658	.4491842	0.147	0.883	-.8142191	.9465508
AB23	-.5914289	.3480323	-1.699	0.089	-1.27356	.0907019
AB24	-1.454255	.3392085	-4.287	0.000	-2.119091	-.7894185
B2	-.287682	.4409582	-0.652	0.514	-1.151944	.5765801
B3	.9490806	.3399872	2.792	0.005	.282718	1.615443
B4	1.228665	.3282125	3.744	0.000	.5853808	1.87195
C2	.307701	.0652134	4.718	0.000	.1798852	.4355169
C3	-.5951668	.0830387	-7.167	0.000	-.7579196	-.4324139
C4	-1.05544	.0974332	-10.832	0.000	-1.246406	-.8644745
_cons	1.30324	.291603	4.469	0.000	.7317082	1.874771

**6. Model:**

$$\text{log-frequency} = \text{CHD} + \text{BP} + \text{CHL} + \text{CHD} * \text{CHL}$$

```
. loglin pop chd bp chl, fit(chd, bp, chl, chd chl)
```

```
Variable chd = A
```

```
Variable bp = B
```

```
Variable chl = C
```

```
Margins fit: chd, bp, chl, chd chl
```

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

```
Iteration 0: Log Likelihood = -105.66895
```

```
Iteration 1: Log Likelihood = -102.74902
```

```
Iteration 2: Log Likelihood = -102.71582
```

```
Poisson regression
```

```
Goodness-of-fit chi2(21) = 54.854
```

```
Prob > chi2 = 0.0001
```

```
Log Likelihood = -102.716
```

```
Number of obs = 32
```

```
Model chi2(10) = 1589.373
```

```
Prob > chi2 = 0.0000
```

```
Pseudo R2 = 0.8855
```

pop	Coeff.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	2.965273	.2292974	12.932	0.000	2.515858	3.414688
AC22	-.0302771	.3003151	-0.101	0.920	-.6188838	.5583296
AC23	-.6916755	.3241887	-2.134	0.033	-1.327074	-.0562774
AC24	-1.372642	.3204974	-4.283	0.000	-2.000806	-.7444789
B2	-.2239275	.0840022	-2.666	0.008	-.3885687	-.0592862
B3	.3875417	.0725428	5.342	0.000	.2453604	.5297229
B4	-.1091992	.0814328	-1.341	0.180	-.2688045	.0504062
C2	.3364723	.29277	1.149	0.250	-.2373464	.910291
C3	.0487903	.3124404	0.156	0.876	-.5635818	.6611623
C4	.1823216	.302765	0.602	0.547	-.411087	.7757302
_cons	1.567989	.2288731	6.851	0.000	1.119406	2.016572

**7. Model:**

$$\text{log-frequency} = \text{CHD} + \text{BP} + \text{CHL} + \text{BP} * \text{CHL}$$

```
. loglin pop chd bp chl, fit(chd, bp, chl, bp chl)
```

```
Variable chd = A
```

```
Variable bp = B
```

```
Variable chl = C
```

```
Margins fit: chd, bp, chl, bp chl
```

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

```
Iteration 0: Log Likelihood = -108.30371
```

```
Iteration 1: Log Likelihood = -102.64697
```

```
Iteration 2: Log Likelihood = -102.54492
```

```
Poisson regression
```

```
Goodness-of-fit chi2(15) = 54.512
```

```
Prob > chi2 = 0.0000
```

```
Log Likelihood = -102.545
```

```
Number of obs = 32
```

```
Model chi2(16) = 1589.715
```

```
Prob > chi2 = 0.0000
```

```
Pseudo R2 = 0.8857
```

pop	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	2.587845	.1075225	24.068	0.000	2.377105	2.798585
B2	-.3017865	.1405951	-2.146	0.032	-.577348	-.0262251
B3	.0650634	.1275828	0.510	0.610	-.1849944	.3151211
B4	-.4750583	.1480435	-3.209	0.001	-.7652182	-.1848983
BC22	.0866675	.1945032	0.446	0.656	-.2945443	.4678943
BC23	.1739533	.2499885	0.696	0.487	-.3160152	.6639218
BC24	.1791841	.318915	0.562	0.574	-.4458778	.8042461
BC32	.5082823	.1699628	2.991	0.003	.1751613	.8414032
BC33	.3269788	.2231387	1.465	0.143	-.1103651	.7643227
BC34	.5686604	.2741297	2.074	0.038	.0313761	1.105945
BC42	.3643067	.1974599	1.845	0.065	-.0227075	.751321
BC43	.6060867	.2438457	2.486	0.013	.1281578	1.084015
BC44	1.001151	.2882806	3.473	0.001	.4361318	1.566171
C2	.0411582	.1283272	0.321	0.748	-.2103586	.2926749
C3	-.8671007	.168533	-5.145	0.000	-1.197419	-0.5367821
C4	-1.521027	.216483	-7.026	0.000	-1.945326	-1.096728
_cons	2.118789	.1356619	15.618	0.000	1.852896	2.384681

## 8. Model:

### log-frequency = CHD + BP + CHL

```
. loglin pop chd bp chl, fit(chd, bp, chl)
```

```
Variable chd = A
```

```
Variable bp = B
```

```
Variable chl = C
```

```
Margins fit: chd, bp, chl
```

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

```
Iteration 0: Log Likelihood = -121.24414
```

```
Iteration 1: Log Likelihood = -114.89258
```

```
Iteration 2: Log Likelihood = -114.76953
```

```
Iteration 3: Log Likelihood = -114.76904
```

```
Poisson regression
```

```
Goodness-of-fit chi2(24) = 78.960
```

```
Prob > chi2 = 0.0000
```

```
Log Likelihood = -114.769
```

```
Number of obs = 32
```

```
Model chi2(7) = 1565.267
```

```
Prob > chi2 = 0.0000
```

```
Pseudo R2 = 0.8721
```

pop	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	2.587845	.1075225	24.068	0.000	2.377105	2.798585
B2	-.2239276	.0840022	-2.666	0.008	-.3885688	-.0592864
B3	.3875415	.0725428	5.342	0.000	.2453602	.5297227
B4	-.1091995	.0814328	-1.341	0.180	-.2688048	.0504059
C2	.307701	.0652134	4.718	0.000	.1798851	.4355168
C3	-.5951669	.0830387	-7.167	0.000	-.7579197	-.432414
C4	-1.05544	.0974332	-10.832	0.000	-1.246406	-.8644745
_cons	1.923189	.1217978	15.790	0.000	1.68447	2.161909

## Summary results:

Denoted CHD = 1, BP = 2, and CHL = 3.

<i>Model</i>	<i>Likelihood ratio Chi- square</i>	<i>Degree of freedom</i>	<i>p-value</i>
<b>All pairwise association</b>			
<b>1. <math>u_{123} = 0</math></b>	<b>4.775</b>	<b>9</b>	<b>0.8534</b>
<b>Conditional independence</b>			
<b>2. <math>u_{23} = u_{123} = 0</math></b>	<b>24.401</b>	<b>18</b>	<b>0.142</b>
<b>3. <math>u_{13} = u_{123} = 0</math></b>	<b>24.060</b>	<b>12</b>	<b>0.020</b>
<b>4. <math>u_{12} = u_{123} = 0</math></b>	<b>30.404</b>	<b>12</b>	<b>0.002</b>
<b>Partial independence</b>			
<b>5. <math>u_{12} = u_{13} = u_{123} = 0</math></b>	<b>54.512</b>	<b>15</b>	<b>&lt;0.001</b>
<b>6. <math>u_{12} = u_{23} = u_{123} = 0</math></b>	<b>54.854</b>	<b>21</b>	<b>&lt;0.001</b>
<b>7. <math>u_{13} = u_{23} = u_{123} = 0</math></b>	<b>48.508</b>	<b>21</b>	<b>&lt;0.001</b>
<b>Complete independence</b>			
<b>8. <math>u_{12} = u_{13} = u_{23} = u_{123} = 0</math></b>	<b>78.906</b>	<b>24</b>	<b>&lt;0.001</b>

Followings are explanations of model selection. These are for illustration only, not for quoted in the research report.

## Examine all models

So  $G^2$  is non-significant so we do not need the three-way interaction.

How many two-way interaction do we need?

If we examine the fitted values for the parameters in relation to their standard errors (called standardized values) in the Stata output with "resid" option, we can determine which interaction terms can be discarded. Since only terms involving interaction between variables 1 and 3 and 2 and 3 are significantly different from zero we can omit all but these interactions. Thus model 2 looks promising.

### Considering Model 1 - No three-way interaction

$$H_0 : u_{123} = 0$$

Expected values have to be obtained iteratively. When this is done obtain  $G^2 = 4.77$

Parameter	No.	This problem
<b>u</b>	<b>1</b>	<b>1</b>
<b>u<sub>1(i)</sub></b>	<b>r-1</b>	<b>3</b>
<b>u<sub>2(j)</sub></b>	<b>c-1</b>	<b>3</b>
<b>u<sub>3(k)</sub></b>	<b>l-1</b>	<b>1</b>
<b>u<sub>12(ij)</sub></b>	<b>(r-1)(c-1)</b>	<b>9</b>
<b>u<sub>13(ik)</sub></b>	<b>(r-1)(l-1)</b>	<b>3</b>
<b>u<sub>23(jk)</sub></b>	<b>(c-1)(l-1)</b>	<b>3</b>
<b>Total</b>		<b>23</b>

$$df = 4 \times 4 \times 2 - 23 = 32 - 23 = 9$$

P-value = 0.8534, thus we conclude that the model fits extremely well to the data.

### Considering model 8: The independent model Main effects.

$H_0$  : three variables are mutually independent or

$$H_0 : u_{12} = u_{13} = u_{23} = u_{123} = 0$$

Expected values are calculated as

$$\begin{aligned} \hat{e}_{ijk} &= \frac{n_{i++}n_{+j+}n_{++k}}{n_{+++}^2} \\ \chi_p^2 &= 99.54 \quad G^2 = 78.96 \\ df &= 4 \times 4 \times 2 - (4 - 1) - (4-1) - (2 - 1) - 1 \\ &= 32 - 3 - 3 - 1 - 1 \\ &= 24 \end{aligned}$$

Since  $\chi_p^2$  and  $G^2$  are highly significant we reject  $H_0$  and conclude that the model does not provide an adequate fit.

**Considering model 2: The conditional independence model**

$$\ln e_{ijk} = u + u_{1(i)} + u_{2(j)} + u_{3(k)} + u_{12(ij)} + u_{13(ik)}$$

This is the conditional independence model which implies no association between blood pressure (BP) and serum cholesterol level (CHL) for both CHD and no CHD patients. But BP and CHL each is associated with CHD.

$G^2 = 24.4$  with 18 *df*. gives a p-value of 0.142. So we conclude that this model provides an adequate fit to the data.

**Selection of the final model**

Comparing the two models that adequately fitted the data (Models 1 and 2) we have

$$\begin{aligned} G_2^2 - G_1^2 &= 24.4 - 4.77 = 19.63 \\ \text{with } 18 - 9 &= 9 \text{ df} \end{aligned}$$

**Use Stata to find a p-value**

```
. disp chiprob(9, 19.63)
.02033827
```

Since this is significant ( $p$ -value = 0.02) we conclude that the addition of the parameter  $u_{23}$  to model 2 causes a significant improvement in fit and consequently a model which includes two-way interactions between all pairs of variables is needed. Thus Model 1 is the best model for describing the data. We can examine the residuals of the model using the same command of Stata as that being used previously plus an option - "resid" as follows:

```
. loglin pop chd bp chl, fit(chd, bp, chl, chd bp, chd chl, bp
chl resid
Variable chd = A
Variable bp = B
Variable chl = C
Margins fit: chd, bp, chl, chd bp, chd chl, bp chl
Note: Regression-like constraints are assumed. The first level of each
variable (and all interactions with it) will be dropped from estimation.

Iteration 0: log likelihood = -172.80125
Iteration 1: log likelihood = -78.652413
Iteration 2: log likelihood = -77.677338
Iteration 3: log likelihood = -77.676644
Iteration 4: log likelihood = -77.676644
```

```
Poisson regression                Number of obs   =           32
LR chi2(22)                      =        1639.45
Prob > chi2                      =           0.0000
Log likelihood = -77.676644       Pseudo R2      =           0.9134
```

pop	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
A2	3.495052	.3489747	10.015	0.000	2.811075 4.17903
AB22	.0913573	.4512986	0.202	0.840	-.7931717 .9758862
AB23	-.5623115	.3508082	-1.603	0.109	-1.249883 .1252599
AB24	-1.342423	.3429665	-3.914	0.000	-2.014635 -.6702307
AC22	.0384452	.303493	0.127	0.899	-.5563903 .6332806
AC23	-.5872324	.3285031	-1.788	0.074	-1.231087 .0566217
AC24	-1.203873	.3265999	-3.686	0.000	-1.843997 -.5637491
B2	-.3905691	.46064	-0.848	0.397	-1.293407 .5122686
B3	.6053894	.3613974	1.675	0.094	-.1029365 1.313715
B4	.7873584	.3578944	2.200	0.028	.0858984 1.4888819
BC22	.0865808	.1945052	0.445	0.656	-.2946424 .4678041
BC23	.1759085	.2501767	0.703	0.482	-.3144288 .6662459
BC24	.1846617	.3200576	0.577	0.564	-.4426397 .811963
BC32	.5090796	.1700817	2.993	0.003	.1757255 .8424336
BC33	.3106373	.223539	1.390	0.165	-.127491 .7487656
BC34	.5236173	.2756988	1.899	0.058	-.0167425 1.063977
BC42	.367129	.1987235	1.847	0.065	-.0223619 .7566198
BC43	.5494595	.2463114	2.231	0.026	.066698 1.032221
BC44	.8502137	.2934776	2.897	0.004	.2750082 1.425419
C2	.0038244	.3214342	0.012	0.991	-.6261751 .6338238
C3	-.3031287	.3571926	-0.849	0.396	-1.003213 .3969559
C4	-.3836105	.3751534	-1.023	0.307	-1.118898 .3516766
_cons	1.254175	.3508825	3.574	0.000	.5664583 1.941892

pop	chd	bp	chl	cellhat	resid	stdres
2	1	1	1	3.505	-1.505	-0.804
3	1	1	2	3.518	-0.518	-0.276
3	1	1	3	2.588	0.412	0.256
4	1	1	4	2.388	1.612	1.043
3	1	2	1	2.372	0.628	0.408
2	1	2	2	2.596	-0.596	-0.370
1	1	2	3	2.088	-1.088	-0.753
3	1	2	4	1.944	1.056	0.758
8	1	3	1	6.421	1.579	0.623
11	1	3	2	10.724	0.276	0.084
6	1	3	3	6.469	-0.469	-0.185
6	1	3	4	7.386	-1.386	-0.510
7	1	4	1	7.702	-0.702	-0.253
12	1	4	2	11.162	0.838	0.251
11	1	4	3	9.854	1.146	0.365
11	1	4	4	12.282	-1.282	-0.366
117	2	1	1	115.495	1.505	0.140
121	2	1	2	120.482	0.518	0.047
47	2	1	3	47.412	-0.412	-0.060
22	2	1	4	23.612	-1.612	-0.332
85	2	2	1	85.628	-0.628	-0.068
98	2	2	2	97.404	0.596	0.060
43	2	2	3	41.912	1.088	0.168
20	2	2	4	21.056	-1.056	-0.230
119	2	3	1	120.579	-1.579	-0.144
209	2	3	2	209.276	-0.276	-0.019
68	2	3	3	67.531	0.469	0.057
43	2	3	4	41.614	1.386	0.215
67	2	4	1	66.298	0.702	0.086
99	2	4	2	99.838	-0.838	-0.084
46	2	4	3	47.146	-1.146	-0.167
33	2	4	4	31.718	1.282	0.228

### Summarize findings

**There is a positive association between high blood pressure (level 4 of BP) and CHD and a positive association between high cholesterol (level 4 of CHL) and CHD. Low levels of each of these are ‘protective’ (i.e., negative coefficients).**

**The lack of a three-way interaction implies that:**

- a) interaction between CHD and BP is the same at all levels of serum CHL.**
- b) interaction between CHD and CHL is the same at all levels of BP.**

## 7.6 Further readings

A good and comprehensive book is Agresti (1991); page 130-153. Another more practical book is given by Selvin (1995); page 293-364. All key concepts can be found in these books.

Selvin (1995) provided the simplest possible introduction to the log-linear model by applying the concept of log-linear model for 2-by-2 table (page 307-314), and for R-by-C table (page 314). The author demonstrated that the log-linear model applied to a 2-by-2 table produces the same estimate values, the same chi-square statistics, and the same results as that described in Chapter 2. Agresti (1991); page 133-134 had shown that when it is natural to regard one variable as a response and other as explanatory variables, certain log-linear models are equivalent to logistic regression model which had discussed in Chapter 6. Upton (1998) demonstrated that log-linear model can be used as a tool for exploratory data analysis. It serves as a useful guide for more complicated statistical modeling. The author also provided a comprehensive review of key concepts of this method that worth reading.

A closely related topic is capture-recapture model and Poisson regression. A readable introduction and practical example of this topic can be found in Selvin (1995); page 342-349, and page 455-488, respectively.

## Chapter references

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Agresti, A. (1990). *Categorical data analysis*. New York: John Wiley & Sons.

CCEB (Centre for Clinical Epidemiology and Biostatistics).

- The University of Newcastle, Australia. (1993) *STAT402: Analysis of categorical data - Log-linear model*. Newcastle: The University of Newcastle, NSW. Australia.
- Everitt, B.S. *The Analysis of Contingency Tables*. Chapman and Hall, London, 1977
- Fleiss, J.L. (1981). *Statistical methods for rates and proportions*. 2<sup>nd</sup> edition. New York: John Wiley & Sons.
- StataCorp. (1999). *Stata statistical software: Release 6.0*. College Station. TX: Stata Corporation.
- Upton G.J.G. (1991) The exploratory analysis of survey data using log-linear models. *The Statistician*. 40; 169-82.

## Exercise

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Following data is from Everitt (1977); page 73. You are assigned to find the 'best' log-linear model to describe the associations between adversity of school condition and home condition and deviant behavior in the classroom using the following data and summarize your findings.

		Adversity of school condition						Total
		Low		Medium		High		
Risk index		Not at risk	At risk	Not at risk	At risk	Not at risk	At risk	
Behavior	Not deviant	16	7	15	34	5	3	80
	Deviant	1	1	3	8	1	3	17
Total		17	8	18	42	6	6	97

## Chapter 8

# Special Topics for Categorical Data Analysis

### Chapter Objectives

After completion this chapter, readers should be able to:

- describe concepts underlying tests with continuity correction for 2-by-2 Table
- calculate exact p-value
- describe how odds ratio is an estimator of relative risk and when to be cautions
- describe basic concepts of analysis of categorical data from survey data

## Contents

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### 8.1 Tests with continuity correction for 2-by-2 Table

In deriving the distribution of the chi-square statistic essentially we are employing a continuous probability distribution, namely the chi-square distribution as an approximation to the discrete probability distribution of frequencies (eg, the multinomial distribution). To improve the approximation, Yates (1934) suggested a correction. However, several authors questioned appropriateness of the continuity correction. Agresti (1990) provided a comprehensive summary on page 68 as well as Daniel (1991) on page 548-549, and StataCorp (1999) on page 406 of volume 1:A-G. All of them suggested not to use it, rather, use Fisher's exact test when in doubt of insufficient sample.

### 8.2 Exact methods

Exact methods are for small sample. A contingency table where the number of cells with expected value of less than 5 greater than 20% of the total number of cell is said to be small sample. In this case, asymptotic methods are not valid. Chi-square test is an asymptotic method, so not appropriate. For 2-by-2 contingency Table, Fisher's exact test is the appropriate one. For a table larger than 2-by-2 Table, the equivalent exact test is called Freeman-Halton Conditional Exact Test. Agresti (1990) provided a comprehensive review on page 59-67. Stata can calculate for these even for fairly large sample and for a table larger than 2-by-2 Table as shown below.

### Example 8.1 For 2-by-2 Table

Altman (1991); page 254-256 illustrated calculation manually the Fisher's exact test using the data in the table below.

**Table 8.1** Number of subjects by spectacle wearing status by juvenile delinquents status - data for example 8.1

Spectacle wearers	Juvenile delinquents		Total
	Yes	No	
Yes	1	5	6
No	8	2	10
<b>Total</b>	<b>9</b>	<b>7</b>	<b>16</b>

Here is an immediate form of "tabulate" command (see StataCorp., 1999; Volume 4: Su-Z, page 157-174).

```
. tabi 1 5 \ 8 2, exact
```

row	col		Total
	1	2	
1	1	5	6
2	8	2	10
Total	9	7	16

```

Fisher's exact = 0.035
1-sided Fisher's exact = 0.024

```

Alternatively we can use either "csi" or "cci" command with "exact" option (see StataCorp., 1999; Volume 1: A-G, page 366-414).

### Example 8.2 For 2-by-5 Table

A hypothetical data adapted form Example 4.1.

**Table 8.2** Number of subjects by type of psychiatric disorder by blood group - data for example 8.2

Psychiatric disorder	Blood group				Total
	A	B	AB	O	
Schizophrenia	7	2	1	28	18
Neurosis	1	2	5	7	15
Depressed	4	3	1	1	9
Total	12	7	7	16	42

```
. tabi 7 2 1 8 \ 1 2 5 7 \ 4 3 1 1, chi2 exact
```

row	col				Total
	1	2	3	4	
1	7	2	1	8	18
2	1	2	5	7	15
3	4	3	1	1	9
Total	12	7	7	16	42

```
Pearson chi2(6) = 12.1167 Pr = 0.059
Fisher's exact = 0.043
```

Note that Pearson chi-square leads to non-significant result while exact test is significant. The exact test is preferred in this example due to small sample. The larger the sample size, the closer the p-values from asymptotic and exact tests.

However the above examples are the test statistics. As this book had advocated estimation-based approach throughout, some references for estimating confidence intervals recently published were provided as follows:

- Brenner and Quan (1990) : exact confidence limit for binomial proportions
- Agresti (1999) : confidence intervals for the odds ratio with small sample
- Hirji (1994) : exact analysis for pair binary data
- Korn and Glaubard (1998) : exact confidence intervals for proportions from survey data

Interesting arguments of exact methods for binomial proportions were given by Agresti and Coull (1998).

These references were also full of other references at the end of their papers. Stata provides some of these (see StataCorp., 1999; Volume 1: A-G, page 366-414). Again StataCorp (1999) provides useful references for the exact estimations as well.

### 8.3 Odds ratio (OR) as an estimator of relative risk (RR)

Simple mathematical proves that Odds ratio is an approximate relative risk was given clearly in Everitt (1977); page 31-33. Armitage and Berry (1994); page 509.

Davies, Crombie, and Tavakoli (1998) showed that if the odds ratio is interpreted as a relative risk it will always overstate any effect size: the odds ratio is smaller than the relative risk for odds ratios of less than one, and bigger than the relative risk for odds ratios of greater than one. The authors further demonstrated that the extent of overstatement increases as both the initial risk increases and the odds ratio departs from unity. However, serious divergence between the odds ratio and the relative risk occurs only with large effects on groups at high initial risk. Therefore qualitative judgments based on interpreting odds ratios as though they were relative risks are unlikely to be seriously in error. In studies which show reductions in risk (odds ratios of less than one), the odds ratio will never underestimate the relative risk by a greater

percentage than the level of initial risk. In studies which show increases in risk (odds ratios of greater than one), the odds ratio will be no more than twice the relative risk so long as the odds ratio times the initial risk is less than 100%.

Lee (1999) provided simple methods for checking for possible errors in reported odds ratios, relative risk and confidence intervals.

#### 8.4 Analysis of categorical data from survey data

Survey data generally have some special characteristics different from other type of study design such as sampling probability (i.e., sampling weight), clustering, and stratification. These were arise from the design of data collection procedure. An excellent and precise description how these designs affect the analysis of data is given by StataCorp (1999); page 321-333 of Stata user's guide. Commands of Stata for these type of data can be found in StataCorp (1999); page 15-99 of Volume 4: Su-Z. Most of the commands can be used in the same ways as those had been illustrated in previous chapters but started with "svy" which stand for "survey". For example, "svytab" is an equivalent of "tabulate" ordinary command mostly used in the previous chapters.

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## APPENDIX

## ANSWERS TO THE EXERCISES

## Answers for the exercise in Chapter 2

## Question 1.

i) It is a cross-sectional study.

The type of the study is a cross-sectional study since both gender and being on diet status were measured at the same time. What is known first is the grand total of 350 study subjects. Thus we need to note that the data in this table is the grand total only fixed.

Appropriate null hypothesis can be stated in two forms- general and specific forms. For the general form, we can state as follows:

**H<sub>0</sub>:** There is no association between gender and being on diet status.

**H<sub>A</sub>:** There is an association between gender and being on diet status.

For the specific form, we can state as follows:

$$\mathbf{H_0} : \pi_{ij} = \pi_{i+} \pi_{+j} \quad \text{where } \pi_{i+} = \pi_{i1} + \pi_{i2} \quad ; i = 1,2.$$

$$\pi_{+j} = \pi_{1j} + \pi_{2j} \quad ; j = 1,2.$$

$$\mathbf{H_0} : \pi_{ij} \neq \pi_{i+} \pi_{+j}$$

This is the hypothesis of no association or independence.

ii) We can use the chi-square test

$$\chi^2 = \frac{(|14 \times 152 - 159 \times 25|)^2 350}{173 \times 177 \times 39 \times 311} = 3.21$$

Note that the smallest expected value is  $\frac{39 \times 173}{350} = 19.3$  so the chi-square test is appropriate.

We compare the value of with the chi-square distribution with 1 degree of freedom, the probability of observing a value as large or lager if  $H_0$  is true is p-value  $> 0.05$ . Note that it is recommended that we should report the precise p-value instead of the “p-value  $> 0.05$ ”. One can use STATA to find the precise p-value using the “display” command. In this case we can do by executing the command as shown bellow and obtaining the p-value of 0.073.

```
. display chiprob(1, 3.21 )  command
. 0731895  result
```

Thus the null hypothesis is not rejected. Therefore we have no sufficient evidence to conclude that there is an association between gender and diet.

iii) For a cross-sectional study we can calculate the relative risk or odds ratio as the measure of association (see Altman, 1991, page 266-269 for more details). The different between two proportions is not advisable here. Following is the example of calculation using the relative risk. Additionally, the attributable risk may also be useful in convincing policy makers.

We choose relative risk as a measure of association in this case assuming that SEX determine ON DIET STATUS or “column total fixed” table.

$$RR = \frac{\frac{14}{173}}{\frac{25}{177}} = 0.57$$

so boys are 0.57 times as likely to be on a diet as girls.

$$\begin{aligned} \text{Var} (\ln \hat{RR}) &= \left[ \frac{159}{173 \times 14} + \frac{152}{177 \times 25} \right] \\ &= 0.099999 \end{aligned}$$

$$\begin{aligned} 95\% \text{ CI for } \ln(RR): & \ln(0.57 \pm 1.96 \sqrt{0.099999}) \\ &= \ln(-1.18, 0.058) \end{aligned}$$

$$\begin{aligned} 95\% \text{ CI for } RR &= \text{Exp}(-1.18) \text{ to } \text{Exp}(0.058) \\ &= 0.307 \text{ to } 1.059 \end{aligned}$$

iv) Among a total of 173 boys, 8.1% were on diet whilst among 177 girls, the corresponding rate was 14.1%. Boys as less likely to be on diets than girls (RR = 0.57; 95% CI: 0.31 to 1.06). However, this is not statistically significant (p-value = 0.073).

**STATA commands:**

The “csi” is an immediate command to estimate the relative risk which is the risk ratio in the output. It also provide the proportions to be reported as the descriptive components of the study results. The proportions are the column percents, assuming that SEX determine ON DIET STATUS or “column total fixed” table. If otherwise, i.e., one need to report the odds ratio, the “cci” command will be used. The proportions are

the row percents, assuming that ON DIET STATUS was known first then it was cross-classified by SEX or “row total fixed” table. Chi-square test and Fisher’s exact test can also be estimated by the two commands. The output of both commands are as follows:

```
. csi 14 25 159 152
```

	Exposed	Unexposed	Total
Cases	14	25	39
Noncases	159	152	311
Total	173	177	350
Risk	.0809249	.1412429	.1114286
	Point estimate		[95% Conf. Interval]
Risk difference	- .0603181		.1257701 .0051339
Risk ratio	.572948		.3082788 1.064846
Prev. frac. ex.	.427052		-.0648459 .6917212
Prev. frac. pop	.2110857		
	chi2(1) = 3.21		Pr>chi2 = 0.0730

By the above output, we quote 8.1% as the percentage of boy who were on diet and 14.1% as that for female. Then the RR (0.57) and 95%CI of RR (0.31 to 1.06). Finally, we quote the p-value (0.073).

```
. cci 14 25 159 152
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	14	25	39	0.3590
Controls	159	152	311	0.5113
Total	173	177	350	0.4943
	Point estimate		[95% Conf. Interval]	
Odds ratio	.5353459		.2710314 1.058345 (Cornfield)	
Prev. frac. ex.	.4646541		-.0583453 .7289686 (Cornfield)	
Prev. frac. pop	.2375563			
	chi2(1) = 3.21		Pr>chi2 = 0.0730	

By the above output, we quote 35.9% as the percentage of boy among those who were on diet and 51.1% as that for female. Then the OR (0.53) and 95%CI of RR (0.27 to 1.06). Finally, we quote the p-value (0.073).

*Note that both RR and OR are similar. It is the case when the event (ie. being on diet) is rare. In this case, it is 8% in boy and 14% in female.*

### Question 2.

The data can be summarized as a 2x2 table as follows.

Diet	Cause of death		Total
	CVD	Non CVD	
High Salt	5	2	7
Low Salt	30	23	53
Total	35	25	60

Firstly, the appropriate proportions should be determined. Based on the study design, the above table is “column total fixed”. Thus the column percents are appropriate. Secondly, the measure of association should be estimated. Since this study cannot yield the incidence, therefore OR is appropriate. Thirdly, 95% CI of the OR should be calculated. Lastly, the hypothesis should be tested. The above statistics can be obtained by the same manner as that were done in Question 1. Details for estimating of 95% CI and the test hypothesis are provided as follows:

**Estimating the 95% confidence interval :**

The standard formula for estimating the CI was for large sample assuming normal distribution. In this study, the smallest expected value = 2.92 which is too small to use the

normal distribution. The exact CI is more appropriate. One method is proposed by Mehta, Patel, and Gray (1985). This yields the exact 95% confidence interval from 0.28 to 21.63 which can be easily calculated using “STATCALC” in “Epi Info” statistical package as shown bellow.

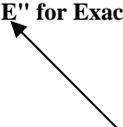
### Step 1

+ Disease -	Analysis of Single Table		
+-----+-----+	Odds ratio = 1.92 (0.29 <OR< 15.84*)		
+  5   2   7	Cornfield 95% confidence limits for OR		
+-----+-----+	*Cornfield not accurate. Exact limits preferred.		
-  30   23   53	Relative risk = 1.26 (0.75 <RR< 2.13)		
+-----+-----+	Taylor Series 95% confidence limits for RR		
E 35 25 60	Ignore relative risk if case control study.		
x			
p	Chi-Squares P-values		
o	-----		
s	Uncorrected :	0.56	0.4546204
u	Mantel-Haenszel:	0.55	0.4584042
r	Yates corrected:	0.12	0.7339475
e	Fisher exact:	1-tailed P-value:	0.3746518
		2-tailed P-value:	0.6881775
	An expected cell value is less than 5.		
	Fisher exact results recommended.		
	F2 More Strata; <Enter> No More Strata; F10 Quit		

Step 2

```
+ Disease -
+-----+-----+
+|  5 |  2 |  7
+-----+-----+
-| 30 | 23 | 53
+-----+-----+
E  35  25  60
x
p
o
s
u
r
e
```

Press "E" for Exact Confidence Limits or <Enter>



Step 3

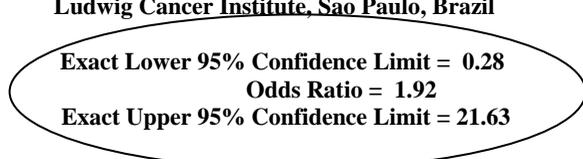
```
+ Disease -
+-----+-----+
+|  5 |  2 |  7
+-----+-----+
-| 30 | 23 | 53
+-----+-----+
E  35  25  60
```

\*\*\*Exact Confidence Limits\*\*\*

Mehta CR, Patel NR, Gray R,  
J. Am. Stat. Assoc.,1985,78,969-973.  
Pascal program by ELF Franco & N Campos-Filho  
Ludwig Cancer Institute, Sao Paulo, Brazil

Exact Lower 95% Confidence Limit = 0.28  
Odds Ratio = 1.92  
Exact Upper 95% Confidence Limit = 21.63

<Enter> to continue.....



Testing the hypothesis :

Let  $\pi_1$  be the proportion of men dying from CVD on a hi salt diet and  $\pi_2$  be the corresponding proportion of men dying from other causes.

$$H_0 : \pi_1 = \pi_2$$

Note that the smallest expected value =  $\frac{7 \times 25}{60} = 2.92$  which is too small to use the chi-square distribution. Thus we use Fishers' exact test

Observed table	p-value = 0.25
One-tail	p-value = 0.37
Other-tail	p-value = 0.31
Two-tailed	p-value = 0.69

Thus the null hypothesis is not rejected and conclude that we have no sufficient evidence to concluded that the proportions of men aged 50-54 on a high salt diet dying from CVD and other causes are different.

STATA commands:

```
. cci 5 30 2 23, exact
```

	Exposed	Unexposed	Total	Exposed	Proportion
-----	-----	-----	-----	-----	-----
Cases	5	30	35	0.1429	
Controls	2	23	25	0.0800	
-----	-----	-----	-----	-----	-----
Total	7	53	60	0.1167	

	Point estimate	[95% Conf. Interval]	
Odds ratio	1.916667	.3853557	. (Cornfield)
Attr. frac. ex.	.4782609	-1.595005	. (Cornfield)
Attr. frac. pop	.068323		

1-sided Fisher's exact P = 0.3747  
 2-sided Fisher's exact P = 0.6882

**Summarized findings:**

Among a total of 35 CVD patients, 14.3% were high salt diet whereas there were 8.0% among 25 non-CVD patients. This case-control study failed to find a statistically significant relationship between high salt diet (p-value = 0.688) although it is suggested that those who had high salt diet are more likely to develop CVD than those who were not (OR = 1.91; 95% CI: 0.28 to 21.63).

**Question 3.**

i) This is a case-control study.

Let the proportion of cases using OC's be  $\pi_1$  and the corresponding proportion of controls be  $\pi_2$ .

$$H_0 : \pi_1 = \pi_2$$

ii) The smallest expected value = 19.42.

So we can use the chi-square approximation.

$$\begin{aligned} \chi^2 &= \frac{((29 \times 1607 - 205 \times 2135))^2}{234 \times 1742 \times 164 \times 1812} \\ &= 5.84 \end{aligned}$$

Comparing this with the chi-square distribution with 1 df., the probability of observing a value as large or larger if  $H_0$  is true is  $p < 0.05$ . Thus we rejected  $H_0$  and conclude that there is an association between oral contraceptive use and myocardial infarction since a statistically significantly larger proportion



considered to be a rare disease then we could say that OC use increases the risk of MI 1.7 times.

### STATA commands:

```
. cci 29 205 135 1607
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	29	205	234	0.1239
Controls	135	1607	1742	0.0775
Total	164	1812	1976	0.0830
	Point estimate		[95% Conf. Interval]	
Odds ratio	1.683939		1.102089	2.573581 (Cornfield)
Attr. frac. ex.	.4061541		.0926326	.6114364 (Cornfield)
Attr. frac. pop	.0503353			
	chi2(1) =		5.84	Pr>chi2 = 0.0156

### Question 4.

i) The null hypothesis :

$H_0$  : Proportion of cases exposed to factor E = proportion of controls exposed to factor E.

*Note : This is always the underlying hypothesis being tested. Taking the study design into account and introducing some notation reduces the hypothesis to  $H_0 : \pi_{12} = \pi_{21}$  and  $H_0 : \pi = 0.5$  where  $\pi$  is the probability of the case being exposed and the control not exposed given that the pair is discordant.*

- ii) We use McNemar's test to test the hypothesis. This test statistics has a chi-square distribution

$$\chi^2 = \frac{(20-5)^2}{20+5} = \frac{15^2}{25} = 9$$

Comparing this with the chi-square distribution with 1 df., the probability of observing a value as large or larger if  $H_0$  is true is  $p\text{-value} < 0.005$ . Thus we reject  $H_0$  and conclude that a larger proportion of cases were exposed to factor E than controls.

In the situation where sample size is small, ie.  $n_{12} + n_{21}$  is smaller than 20, we need to use the binomial exact probability test. However manually computation is tedious. We can easily obtain the exact probability using STATA. For this exercise, we can use an immediate form of the command "bitest" which is "bitesti" followed by n, x, and the probability of the event which is 0.5. The exact p-value is 0.004 as shown below.

```
. bitesti 25 20 0.5
```

N	Observed k	Expected k	Assumed p	Observed p
25	20	12.5	0.50000	0.80000
Pr(k >= 20)		= 0.002039	(one-sided test)	
Pr(k <= 20)		= 0.999545	(one-sided test)	
Pr(k <= 5 or k >= 20)		= 0.004077	(two-sided test)	

iii)  $OR = \frac{20}{5} = 4$

The odds of case being exposed to factor E are 4 times the corresponding odds of a control being exposed. If one can assume that the disease being studied is rare then this can be

interpreted as the estimated relative risk being 4 so that people exposed to factor E are 4 times more likely to get the disease than those unexposed.

iv) 95% CI for

$$\ln OR = \ln \left( 4 \pm 1.96 \sqrt{\frac{2}{20} + \frac{1}{5}} \right) = \ln(0.406, 2.366)$$

95% CI for OR = 1.50 to 10.65

Note that the formula for the variance of  $\ln OR$  used may not be appropriate due to the small cell frequency (ie. 5). An exact method can be used based on the exact CI for the binomial proportion representing the probability of falling into the  $n_{12}$  cell given the pair is discordant ( $n_{12} / (n_{12} + n_{21})$ )

and then using the formula  $OR_L = \frac{\pi_L}{1 - \pi_L}$  and  $OR_u = \frac{\pi_u}{1 - \pi_u}$  to obtain a CI for OR.

To calculate the exact 95% CI for  $x = 20$  and  $n = 25$ ,

$$\begin{aligned} \text{from } \pi_L &= [d - (d^2 - 4ae)^{1/2}] / 2a \\ d &= 25[2(20-1) + 3.84] \\ &= 1046 \\ a &= 25[25+3.84] \\ &= 721 \\ e &= [20-1]^2 \\ &= 361 \end{aligned}$$

$$\begin{aligned} \text{Thus } \pi_L &= [1046 - (1046^2 - (4 \times 721 \times 361))^{1/2}] / (2 \times 721) \\ &= 0.566 \end{aligned}$$

$$\text{from } \pi_U = [b+(b^2 - 4ac)^{1/2}]/2a$$

$$\begin{aligned} \text{where } b &= 25[2(20+1)+3.84] \\ &= 1146 \\ a &= 25[25+3.84] \\ &= 721 \\ c &= [20+1]^2 \\ &= 441 \end{aligned}$$

$$\begin{aligned} \text{Thus } \pi_U &= [1146 + (1146^2 - (4 \times 721 \times 441))^{1/2}]/(2 \times 721) \\ &= 0.936 \end{aligned}$$

So 95% CI for OR :

$$OR_L = \frac{0.566}{1-0.566} = 1.30 \quad OR_u = \frac{0.936}{1-0.936} = 14.62$$

That is we can be 95% certain that the true odds ratio lies between 1.30 and 14.62. This is slightly different from that obtained from STATA shown below which were due to rounding error.

## STATA Commands

```
. mcci 15 20 5 60
```

Cases	Controls		Total
	Exposed	Unexposed	
Exposed	15	20	35
Unexposed	5	60	65
Total	20	80	100

```
McNemar's chi2(1) = 9.00 Pr>chi2 = 0.0027
Exact McNemar significance probability = 0.0041
```

Proportion with factor			
Cases	.35		
Controls	.2		[95% conf. interval]
-----			
difference	.15	.0465157	.2534843
ratio	1.75	1.208304	2.534545
rel. diff.	.1875	.077082	.297918
odds ratio	4	1.456814	13.63903 (exact)

- v) A 1:1 matched case-control study conducted among 100 pairs of cases and controls. Cases who exposed to the factor were 35% whereas controls who exposed to the factor were 20%. There is a statistically significant relationship between expose to the factor and disease (p-value = 0.003). Cases were 4 times more likely to have been exposed to the factor than controls (95%CI : 1.46 to 13.64).

**Question 5.**

Overall remarks: Outcome of this study is “Vaccination status” or V and an exposure of interest which is “receptive perception on vaccination of the mothers” or R. The remaining variables are regarded as controlled variables which include “sex of the children” (S) and “whether or not their parents living together” (P). We will use these notation throughout.

- i) Ignoring the effects of S and P :

	V+	V-	Total
R+	158	242	400
R-	42	158	200
Total	200	400	600

Let  $\pi_1$  be the proportion of mothers with receptive perception  
 who adopted vaccination  
 and  $\pi_2$  be the corresponding proportion without receptive perception.

$$H_0 : \pi_1 = \pi_2$$

We calculate Pearson's Chi-square to test this hypothesis:

$$\chi^2 = 20.54$$

Comparing this with the chi-square distribution with 1 df., the probability of observing a value as large or larger if  $H_0$  is true is  $p < 0.05$ . Thus we reject  $H_0$  in favor of the alternative hypothesis and conclude that there is a statistically significant difference in proportions of receiving vaccination in the receptive and non-receptive groups. In other words, there is a statistically significant association between V and R.

```
. disp chiprob(1, 20.54)
5.840e-06
```

This means  $5.840 \times 10^{-06}$  or 0.000005.84. However we report this as p-value  $< 0.001$ .

Since this is a prospective study the RR and OR could be estimated.

$$RR = \frac{158/400}{42/200} = \frac{158 \times 200}{400 \times 42} = \frac{79}{42} = 1.88$$

$$OR = \frac{158 \times 158}{42 \times 242} = 2.46$$

**Note :** Vaccination is not a rare outcome so the odds ratio is not a good approximation to the relative risk.

**RR = 1.88**  $\Rightarrow$  People with receptive attitudes are 1.9 times likely to be vaccinated than those with unreceptive attitudes.

**OR = 2.46**  $\Rightarrow$  the odds of a person with receptive attitudes being vaccinated are 2.5 time that for a person with non-receptive attitudes.

$$\text{var}(\ln RR) = \frac{242}{400 \times 158} + \frac{158}{200 \times 42} = 0.0226$$

**95% CI ln RR :**  $\ln 1.88 \pm 1.96 (\sqrt{0.0226}) = \ln(0.336, 0.926)$

**95% CI RR :** 1.40 to 2.52

$$\text{var}(\ln OR) = \frac{1}{158} + \frac{1}{242} + \frac{1}{42} + \frac{1}{158} = 0.0406$$

**95% CI ln OR :**  $\ln 2.46 \pm 1.96(\sqrt{0.0406}) = \ln (0.505, 1.295)$

**95% CI OR :** 1.66 to 3.65

**STATA Commands:**

### Create a data file

Since we will use the data for stratified analysis in the succeeding sections, we need to create a data file. This data file will also be used for further chapter in logistic regression. To do this, first we assign variable name and code. For simplicity of typing, let's assign as the following:

**v** = Vaccination status  
(1=vaccinated, 0=not vaccinated)

**r** = Receptive perception  
(1=positive receptive perception,  
0=negative perceptive reception)

**p** = Parents living together  
(1=yes, 0=no)

**s** = Sex of the children  
(1=boy, 0=girl)

**freq** = Frequency

**Step 1: Enter the following data into the data editor of STATA**

<b>p</b>	<b>s</b>	<b>v</b>	<b>r</b>	<b>freq</b>
1	1	1	1	68
1	1	1	0	17
1	1	0	1	172
1	1	0	0	43
1	0	1	1	8
1	0	1	0	12
1	0	0	1	52
1	0	0	0	78
0	1	1	1	1
0	1	1	0	4

p	s	v	r	freq
0	1	0	1	9
0	1	0	0	36
0	0	1	1	81
0	0	1	0	9
0	0	0	1	9
0	0	0	0	1

**Step 2: Expand the data file** (*The data file as the above format is a frequency form - one row contains several number of records. To get a usual one row per one record format, we need to expand the datafile.*)

```
. expand freq
(584 observations created)
```

**Step 3: Analyze the data**

```
. cs v r , or
```

	r		
	Exposed	Unexposed	Total
Cases	158	42	200
Noncases	242	158	400
Total	400	200	600
Risk	.395	.21	.3333333
	Point estimate		[95% Conf. Interval]
Risk difference	.185	.1109627	.2590373
Risk ratio	1.880952	1.40057	2.526101
Attr. frac. ex.	.4683544	.286005	.6041331
Attr. frac. pop	.37		
Odds ratio	2.45612	1.656968	3.639969 (Cornfield)
-----			
	chi2(1) =	20.53	Pr>chi2 = 0.0000

ii) Ignoring P, the effect of R on V controlling for the effect of S is :

**Boys**

	V+	V-	Total
R+	69	181	250
R-	21	79	100
Total	90	79	350

$$OR = \frac{69 \times 79}{21 \times 181} = 1.43$$

$$OR = \frac{89 \times 79}{21 \times 66} = 5.49$$

**Girls**

	V+	V-	Total
R+	89	61	150
R-	21	79	100
Total	110	140	250

$$RR = \frac{69 \times 250}{21 \times 100} = 1.31$$

$$RR = \frac{89 \times 79}{21 \times 100} = 2.83$$

Comparing the relation risk estimates or odds ratios for boys and girls with the crude estimate we see that the estimates for girls are higher than for boys, the crude estimates (ie., OR=2.46, RR=1.88) lying between the gender-specific estimates.

This suggests interaction or effect modification - the effect of receptive perception on receiving vaccination depends on whether the person is boy or girl.

**STATA Commands:**

```
. cs v r if s == 0, or
```

	r	Exposed	Unexposed	Total
Cases		89	21	110
Noncases		61	79	140
Total		150	100	250
Risk	.5933333		.21	.44
		Point estimate		[95% Conf. Interval]
Risk difference		.3833333	.2712962	.4953705
Risk ratio		2.825397	1.889054	4.225855
Attr. frac. ex.		.6460674	.4706345	.7633615
Attr. frac. pop		.5227273		
Odds ratio		5.488681	3.079367	9.776585 (Cornfield)
+-----				
		chi2(1) =		35.78 Pr>chi2 = 0.0000

```
. cs v r if s == 1, or
```

	r	Exposed	Unexposed	Total
Cases		69	21	90
Noncases		181	79	260
Total		250	100	350
Risk	.276		.21	.2571429
		Point estimate		[95% Conf. Interval]
Risk difference		.066	-.0311774	.1631774
Risk ratio		1.314286	.8550348	2.020206
Attr. frac. ex.		.2391304	-.169543	.5050011
Attr. frac. pop		.1833333		
Odds ratio		1.434096	.826136	2.487454 (Cornfield)
+-----				
		chi2(1) =		1.63 Pr>chi2 = 0.2019

## STATA commands for stratified analysis

```
. cs v r, by(s)
```

s	RR	[95% Conf. Interval]	M-H Weight
0	2.825397	1.889054 4.225855	12.6
1	1.314286	.8550348 2.020206	15
Crude	1.880952	1.40057 2.526101	
M-H combined	2.004141	1.501398 2.675227	
+-----			
Test of homogeneity (M-H)	chi2(1) =	6.496	Pr>chi2 = 0.0108

iii) Ignoring S, the effect of R on V controlling for the effect of P is :

**Parents living together**

	V+	V-	Total
R+	76	224	300
R-	29	121	150
Total	105	345	450

$$OR = \frac{76 \times 121}{29 \times 224} = 1.42$$

$$RR = \frac{76 \times 300}{29 \times 150} = 1.31$$

**Parents NOT living together**

	V+	V-	Total
R+	82	18	100
R-	13	37	50
Total	95	55	150

$$OR = \frac{82 \times 37}{13 \times 18} = 12.97$$

$$RR = \frac{82 \times 100}{13 \times 50} = 3.15$$

Again, there appears to be interaction with the effect of receptive perception of vaccination on receiving vaccination dependent on whether or not the parents of the children lived together - the effect is larger in those whose parents did not than did not.

**STATA Commands:**

```
. cs v r if p == 0, or
```

	r			
	Exposed	Unexposed	Total	
Cases	82	13	95	
Noncases	18	37	55	
Total	100	50	150	
Risk	.82	.26	.6333333	
	Point estimate		[95% Conf. Interval]	
Risk difference	.56		.4169898	.7030102
Risk ratio	3.153846		1.958292	5.079297
Attr. frac. ex.	.6829268		.4893508	.8031224
Attr. frac. pop	.5894737			
Odds ratio	12.96581		5.791289	29.02214 (Cornfield)
+-----				
chi2(1) = 45.01 Pr>chi2 = 0.0000				

```
. cs v r if p == 1, or
```

	r			
	Exposed	Unexposed	Total	
Cases	76	29	105	
Noncases	224	121	345	
Total	300	150	450	
Risk	.2533333	.1933333	.2333333	
	Point estimate		[95% Conf. Interval]	
Risk difference	.06		-.0201005	.1401005
Risk ratio	1.310345		.8958644	1.916589
Attr. frac. ex.	.2368421		-.1162403	.4782396
Attr. frac. pop	.1714286			
Odds ratio	1.41564		.8767834	2.28471 (Cornfield)
+-----				
chi2(1) = 2.01 Pr>chi2 = 0.1560				

```
. cs v r, by(p)
```

p	RR	[95% Conf. Interval]		M-H Weight
0	3.153846	1.958292	5.079297	8.666667
1	1.310345	.8958644	1.916589	19.33333
+-----				
Crude	1.880952	1.40057	2.526101	
M-H combined	1.880952	1.406467	2.515511	
+-----				
Test of homogeneity (M-H)	chi2(1) =	7.990	Pr>chi2 =	0.0047

iv) Stratifying both S and P simultaneously, the effects of R on V controlling for the effect of S and P are :

Boys & Parents living together

	V+	V-	Total
R+	68	72	240
R-	17	43	60
Total	85	215	300

$$OR = 1.0$$

$$RR = 1.0$$

Girls & Parents living together

	V+	V-	Total
R+	8	52	60
R-	12	78	90
Total	20	130	150

$$OR = 1.0$$

$$RR = 1.0$$

Boys & Parents NOT living together

	V+	V-	Total
R+	1	9	10
R-	4	36	40
Total	5	45	50

$$OR = 1.0$$

$$RR = 1.0$$

Girls & Parents NOT living together

	V+	V-	Total
R+	81	9	90
R-	9	1	10
Total	90	10	100

$$OR = 1.0$$

$$RR = 1.0$$

Within each S & P stratum there is no relationship between receptive perception of vaccination and receiving vaccination. The effect of receptive perception on vaccination of the mothers on receiving vaccination is similar across strata (ie.,  $OR=1$  and  $RR=1$ ). The crude estimates (ie.,  $OR=2.46$ ,  $RR=1.88$ ) lying outside the stratum-specific estimates. Thus

“sex of the children” and “whether or not their parents living together” jointly appear to be confounders.

### STATA Commands:

The following commands are to generate a composite variable named “sp” containing combination of variable “s” and “p”.

```
. gen sp = .
(600 missing values generated)

. replace sp = 1 if s == 0 & p == 0
(100 real changes made)

. replace sp = 2 if s == 1 & p == 0
(50 real changes made)

. replace sp = 3 if s == 0 & p == 1
(150 real changes made)

. replace sp = 4 if s == 1 & p == 1
(300 real changes made)
```

```
. tab sp
```

sp	Freq.	Percent	Cum.
1	100	16.67	16.67
2	50	8.33	25.00
3	150	25.00	50.00
4	300	50.00	100.00
Total	600	100.00	

The following 4 commands are to obtain estimates of the 4 strata.

```
. cs v r if sp == 1, or
```

	r		Total
	Exposed	Unexposed	
Cases	81	9	90
Noncases	9	1	10
Total	90	10	100
Risk	.9	.9	.9
	Point estimate		[95% Conf. Interval]

Risk difference	0	-.1959964	.1959964	
Risk ratio	1	.8043074	1.243306	
Attr. frac. ex.	0	-.2433058	.1956926	
Attr. frac. pop	0			
Odds ratio	1	0	7.003225	(Cornfield)

chi2(1) = 0.00 Pr>chi2 = 1.0000

. cs v r if sp == 2, or

	r	Exposed	Unexposed	Total
Cases		1	4	5
Noncases		9	36	45
Total		10	40	50
Risk		.1	.1	.1
		Point estimate		[95% Conf. Interval]
Risk difference	0	-.2078856	.2078856	
Risk ratio	1	.1250732	7.995315	
Attr. frac. ex.	0	-6.995315	.8749268	
Attr. frac. pop	0			
Odds ratio	1	0	7.846757	(Cornfield)

chi2(1) = 0.00 Pr>chi2 = 1.0000

. cs v r if sp == 3, or

	r	Exposed	Unexposed	Total
Cases		8	12	20
Noncases		52	78	130
Total		60	90	150
Risk		.1333333	.1333333	.1333333
		Point estimate		[95% Conf. Interval]
Risk difference	0	-.1110433	.1110433	
Risk ratio	1	.4348194	2.299805	
Attr. frac. ex.	0	-1.299805	.5651806	
Attr. frac. pop	0			
Odds ratio	1	.3922252	2.556461	(Cornfield)

chi2(1) = 0.00 Pr>chi2 = 1.0000

. cs v r if sp == 4, or

	r	Exposed	Unexposed	Total
Cases		68	17	85
Noncases		172	43	215
Total		240	60	300
Risk		.2833333	.2833333	.2833333
		Point estimate		[95% Conf. Interval]

Risk difference	0	-.1274779	.1274779	
Risk ratio	1	.6376779	1.56819	
Attr. frac. ex.	0	-.5681899	.3623221	
Attr. frac. pop	0			
Odds ratio	1	.536736	1.860847	(Cornfield)

chi2(1) = 0.00 Pr>chi2 = 1.0000

The following 2 commands are to perform stratified analyses.

**. cc v r, by(sp)**

sp	OR	[95% Conf. Interval]		M-H Weight
1	1	0	7.003225	.81
2	1	0	7.846757	.72
3	1	.3922252	2.556461	4.16
4	1	.536736	1.860847	9.746667
Crude	2.45612	1.656968	3.639969	
M-H combined	1	.6072276	1.646829	

Test of homogeneity (M-H)      chi2(3) = 0.00    Pr>chi2 = 1.0000

Test that combined OR = 1:  
Mantel-Haenszel    chi2(1) = 0.00  
Pr>chi2 = 1.0000

**. cs v r, by(sp)**

sp	RR	[95% Conf. Interval]		M-H Weight
1	1	.8043074	1.243306	8.1
2	1	.1250732	7.995315	.8
3	1	.4348194	2.299805	4.8
4	1	.6376779	1.56819	13.6
Crude	1.880952	1.40057	2.526101	
M-H combined	1	.7542183	1.325876	

Test of homogeneity (M-H)      chi2(3) = 0.000    Pr>chi2 = 1.0000

- v) Individually “sex of the children” and “whether or not their parents living together” appear to be effect modifiers but in combination they confound the relationship between “receptive perception of vaccination” and “receiving of vaccination”.
- vi) No, it is not a determinant of receiving vaccination as overall there is no association between perceptions and vaccination.

**vii) Summary findings:**

A cohort study involves 600 mothers who delivered their babies at a hospital. Among a total of 400 mothers who have positive receptive perception on vaccination, 39.5% of them have their children vaccinated. Whilst among a total of 200 mothers who have negative receptive perception on vaccination, 21.0% of them have their children vaccinated. After controlling for the effect of sex of the children and whether or not their parents living together, receiving vaccination of the children is not affected by what the receptive perception of the mothers is (adjusted RR = 1, 95%CI: 0.75 to 1.32). Detailed analysis suggested that individually “sex of the children” and “whether or not their parents living together” are significant effect modifiers (p-value = 0.011 and 0.005 respectively) but in combination they appear to confounder of the relationship between “receptive perception of vaccination” and “receiving of vaccination”.

**Note:**

i) *Question (a) is known as the crude analysis. Someone called a bivariate analysis. This serves as a good start for exploratory data analysis. That is, in most cases, it is not be valid by its own since most of health outcomes caused by several factors and they are sometime inter-correlated. However the crude bivariate analysis provides clues for further analysis which will be discussed in the chapter of “Logistic regression”. Questions (b, c and d) are the stratified analysis. For question (b), the stratified variable is “sex of the children” whereas the variable “whether or not their parents living together” is the stratified variable for Question (c). In Question (d), a combination of the previous two variables forms its stratified variable.*

ii) *In the above analysis we calculate both OR and RR. In reality we need to do only one and RR is the most appropriate measure of association since this is a cohort study. However this is done to get a feel on how the OR is affected by the rate of the outcome. Moreover if we have many more controlled variables, we cannot use stratified analysis. In such case, we need to use “Logistic regression”. Then the OR will be reported. We will discuss this again in the in the chapter of “Logistic regression”.*

iii) *Systematic approach for stratified analysis, one need to report the following 4 components before interpretation. That is, 1) the crude estimate which always has only one, 2) the stratum-specific estimates which vary depending on number of stratum, 3) the adjusted estimate which always has only one, and 4) a p-value of the test for homogeneity of the stratum-specific estimates. This can be easily accomplished by the last STATA command. Then we first consider the last component. If p-value is less than 0.05, it suggested that there is a statistically significant difference of the estimates across strata. Then we can conclude that there is a significant modification effect where the stratified variable is the effect modifier. In this case, the stratum-specific estimates and their confidence intervals are to be reported, discard the adjusted one. On the other hand, if p-value is greater than 0.05, we will conclude that there is no significant interaction effect. However, this test is lack of power. We recommend that the similarity of the stratum-specific estimates be based on judgement. If there seems to be clinically meaningful differences, we report the stratum-specific estimates and their confidence intervals. The adjusted estimates may be reported for discussion purpose. If they are more or less the same clinically, then we report the adjusted estimate ad its confidence interval. The role of the stratified variable can be determined by comparing the adjusted estimate with the crude one. If they are more or less the same, the effect the stratified variable on the relationship between the exposure of interest and*

*the outcome is minimal or none. On the other hand, if they are different clinically, we will say that there is a confounding effect and the stratified variable is the confounder. There is no test statistics for this effect since it is not a chance bias but a systematic bias.*

---

## Answers for the exercise in Chapter 3

### Question 1.

The data can be displayed as the 2 x C Table as follows:

	Diagnosis					
	S	AD	N	PD	SS	
D	105	12	18	47	0	182
$\bar{D}$	8	2	19	52	13	94
	113	14	37	99	13	276

i)  $H_0$  : There is no association between diagnosis and prescription of drugs

or

$$H_0 : \pi_{ij} = \pi_{i+} \pi_{+j} \quad i = 1, 2 \quad j = 1, \dots, 5$$

Where  $\pi_{ij}$  is the theoretical probability for cell (i,j) and  $\pi_{i+}, \pi_{+j}$  are the row and column totals.

$$\chi^2 = 84.19$$

Comparing this with the chi-square distribution with 4 df., the probability of observing a value as large or larger if  $H_0$  is true is  $p < 0.001$ . Thus we reject the null hypothesis and conclude that there is a strong association between diagnosis and prescription of drugs.

ii) Smallest expected values :  $\frac{94 \times 13}{276} = 4.43$

$$\frac{94 \times 14}{276} = 4.77$$

$$\frac{94 \times 37}{276} = 12.60$$

There are 2 out of 10 cells with expected value of less than 5.

There are two cells (20%) with expected values less than 5 but none less than 1. Thus the chi-square approximation to Pearson's Chi-square statistic should not be too bad.

**STATA Commands :**

```
. tabi 105 12 18 47 0 \ 8 2 19 52 13, col chi2
```

row	col					Total
	1	2	3	4	5	
1	105 92.92	12 85.71	18 48.65	47 47.47	0 0.00	182 65.94
2	8 7.08	2 14.29	19 51.35	52 52.53	13 100.00	94 34.06
Total	113 100.00	14 100.00	37 100.00	99 100.00	13 100.00	276 100.00

```
Pearson chi2(4) = 84.1885 Pr = 0.000
```

Note that the above command requested the column percents, ie. assuming column total fixed, for simplicity of interpretation.

iii) This cross-sectional study involved 276 psychiatric patients. There were very high proportion of treatment include drugs for those who were diagnosed as schizophrenia (93%) and personality disorder (86%) whereas all those who were diagnosed as special symptoms, their treatments did not

include drug. There is a strong association between prescription of drugs and diagnosis ( $\chi^2 = 84.19, 4df; p\text{-value} < 0.001$ ). Based on the proportions of treatment include drug across group of patients, it suggests that the diagnoses of schizophrenia, personality disorder and special symptoms contribute to the association in that the proportion of treatment include drug for schizophrenia and for personality disorder is higher but lower for special symptoms than that of the treatment did not include drug. The remaining groups of patients, the proportion are similar between the two groups of treatments.

### Question 2.

The data can be displayed as the 2 x C Table as follows:

	Cigarettes per day						Total
	0	<5	5-14	15-24	25-49	50+	
Cases	7	55	489	475	293	38	1357
Controls	61	129	570	431	154	12	1357
	68	184	1059	906	447	50	2714

- i) Ignoring the effect of ordinality of number of cigarettes smoked per day, we can test for association as follows:

$H_0$  : the proportion of cases falling into each smoking category  
 = the proportions of controls in each category or

$$\chi^2 = 137.72$$

(Note smallest expected value =  $\frac{50 \times 1357}{2714} = 25$ .)

Comparing this with the chi-square distribution with 5 df., the probability of observing a value as large or larger if  $H_0$  is true is  $p < 0.001$ . This leads us to reject  $H_0$  and conclude that the distribution of cases and controls across categories of smoking are different.

### STATA Commands :

The first step we input the following data into data editor of STATA.

smk	case	freq
0	1	7
0	0	61
2.5	1	55
2.5	0	129
9.5	1	489
9.5	0	570
19.5	1	475
19.5	0	431
37	1	293
37	0	154
50	1	38
50	0	12

```
. expand freq
(2702 observations created)
```

```
. tab smk case, chi2
```

smk	case		Total
	0	1	
0	61	7	68
2.5	129	55	184
9.5	570	489	1059
19.5	431	475	906
37	154	293	447
50	12	38	50
Total	1357	1357	2714

Pearson chi2(5) = 137.7193 Pr = 0.000

ii) Taken into account of the effect of ordinality of number of cigarettes smoked per day, we can test for association as follows:

$$H_0 : f_1 = f_2 = f \quad \text{where} \quad f_i = \sum_{j=1}^c x_j \pi_{ij} ,$$

$x_j$  = score assigned for category  $j$   
 $i = 1, 2$  and  $j = 1, 2, 3, \dots, 6$

Taking the row total fixed (writing the table as a  $2 \times 6$ ) and using the second method described in the module give the following:

Cases	$p_{1j}$	.005	.041	.360	.350	.216	.028	1.995
Controls	$p_{2j}$	.045	.095	.420	.318	.113	.009	1.000
Weight			0	2.5	9.5	19.5	37	50
	$p_j$	.025	.068	.390	.334	.165	.018	1.000

We notice that there are smaller proportions of cases than controls in the none and light smoking (<5, 5-14) categories and more cases in the heavier smoking categories.

Using weight equal to the midpoints of class intervals:

Mean scores cases :

$$\begin{aligned} f_1 &= (0 \times 0.005) + (2.5 \times 0.041) + (9.5 \times 0.360) + (19.5 \times .350) \\ &\quad + (37 \times 0.216) + (50 \times 0.028) \\ &= 19.74 \end{aligned}$$

Mean score for controls :

$$\begin{aligned} f_2 &= (0 \times 0.045) + (2.5 \times 0.095) + (9.5 \times 0.420) + (19.5 \times 0.318) \\ &\quad + (37 \times 0.113) + (50 \times 0.009) \\ &= 15.06 \end{aligned}$$

$$\text{var}(f_1) = \frac{1}{1357} \{531.54 - 19.74^2\} = 0.1045$$

$$\text{var}(f_2) = \frac{1}{1357} \{336.62 - 15.06^2\} = 0.0809$$

$$Q = \frac{(19.74 - 15.06)^2}{(.1045 + .0809)} = 118.14$$

Comparing this with the chi-square distribution with 1 df., the probability of observing a value as large or larger if  $H_0$  is true is  $p < 0.001$ . Thus there is a highly statistically significant test for linear trend.

Now taking the column totals fixed and using method 1 with the same weights:

$$\begin{aligned} \sum_j n_{1j}x_j &= (0 \times 7) + (2.5 \times 55) + (9.5 \times 489) + (19.5 \times 475) \\ &\quad + (37 \times 293) + (50 \times 38) \\ &= 26786.5 \end{aligned}$$

$$\begin{aligned} \sum_j n_{+j}x_j &= (0 \times 68) + (2.5 \times 184) + (9.5 \times 1059) + (19.5 \times 906) \\ &\quad + (37 \times 447) + (50 \times 50) \\ &= 47226.5 \end{aligned}$$

$$\begin{aligned} \sum_j n_{+j}x_j^2 &= (0 \times 68) + (2.5^2 \times 184) + (9.5^2 \times 1059) + (19.5^2 \times 906) \\ &\quad + (37^2 \times 447) + (50^2 \times 50) \\ &= 1178174.25 \end{aligned}$$

$$\chi_1^2 = \frac{2714 [2714 (26786.5) - 1357 (47226.5)]^2}{1357 \times 1357 \{2714 (1178174.25) - (47226.5)\}}$$

$$= 113.02$$

Again, this is highly statistically significant for linear trend.

Now we test for departure from linear trend.

$$137.72 - 113.02 = 24.70 \quad \text{on } (5-1) = 4 \text{ df}$$

STATA gives p-value < 0.001 as shown below.

```
. disp chiprob(4, 24.7)
.0000578
```

Thus while there is a highly statistically significant linear trend, this not explain all of the association between cigarette smoking and lung cancer.

We are also use method 2 and calculate Pearson's Chi-square rather than Neyman Chi-square.

$$f_1 = 19.74 \text{ and } f_2 = 15.06 \text{ as before}$$

$$\text{Under } H_0 : f_1 = f_2 = f$$

$$\text{Where } f = (0 \times 0.025) + (2.5 \times 0.068) + (9.5 \times 0.390) + (19.5 \times 0.334) \\ + (37 \times 0.165) + (50 \times 0.018)$$

$$= 17.39$$

**Calculate**

$var(f_1)$  and  $var(f_2)$  under  $H_0: f_1 = f_2 = f$

$$\begin{aligned} var(f_1) &= \frac{\sum x_j^2 p_j - f^2}{n_{1+}} \\ &= \frac{1}{1357} [433.51 - 17.39^2] \\ &= \mathbf{0.0966} \end{aligned}$$

**Similarly**  $var(f_2) = 0.0966$

$$\begin{aligned} X_P^2 &= \frac{(19.74 - 15.06)^2}{(0.966 + 0.966)} \\ &= \mathbf{113.37} \end{aligned}$$

Which is close to  $X_I^2$  obtained from method 1.

*Note : These should be equal except for rounding error in the calculation.*

**STATA Commands :**

The following three commands involve test for trend. They yield similar results. This is to let us to have a feel about how the test for trend works. The first one performs a nonparametric test for trend across ordered groups. This test, developed by Cuzick (1985), is an extension of the Wilcoxon

rank-sum test and is a useful adjunct to the Kruskal-Wallis test. The formula for the test statistic is given by Cuzick (1985) and Altman (1991). The second and the third one are an ordinary two sample t-test and its non-parametric equivalent.

. nptrend smk, by(case)

case	score	obs	sum of ranks
0	0	1357	1637236.5
1	1	1357	2047018.5

z = 10.59  
P>|z| = 0.00

. ttest smk, by(case)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
0	1357	15.06264	.2846381	10.48535	14.50426	15.62102
1	1357	19.7395	.3234075	11.91352	19.10507	20.37393
combined	2714	17.40107	.2200029	11.46129	16.96968	17.83246
diff		-4.676861	.4308263		-5.521642	-3.83208

Degrees of freedom: 2712

Ho: mean(0) - mean(1) = diff = 0

Ha: diff < 0	Ha: diff ~= 0	Ha: diff > 0
t = -10.8556	t = -10.8556	t = -10.8556
P < t = 0.0000	P >  t  = 0.0000	P > t = 1.0000

. ranksum smk, by(case)

Two-sample Wilcoxon rank-sum (Mann-Whitney) test

case	obs	rank sum	expected
0	1357	1637236.5	1842127.5
1	1357	2047018.5	1842127.5
combined	2714	3684255	3684255

unadjusted variance 4.166e+08  
adjustment for ties -42251123  
adjusted variance 3.744e+08

Ho: smk(case==0) = smk(case==1)

z = -10.589  
Prob > |z| = 0.0000

The test above gives  $Z = 10.59$  thus  $Z^2 = 112.15$  which approximately equal to chi-square test for trend as obtained by manual calculation shown earlier (113.02 or 113.37). The more relevant command is shown below. The command “tabodds” is used with case-control and cross-sectional data. It tabulates the odds of failure against a categorical explanatory variable. It also performs an approximate chi-squared test of homogeneity of odds and a test for linear trend of the log odds against the numerical code used for the categories of the explanatory variable. Both of these tests are based on the score statistic and its variance.

```
. tabodds case smk
```

smk	cases	controls	odds	[95% Conf. Interval]	
0	7	61	0.11475	0.05249	0.25087
2.5	55	129	0.42636	0.31095	0.58459
9.5	489	570	0.85789	0.76027	0.96806
19.5	475	431	1.10209	0.96737	1.25557
37	293	154	1.90260	1.56540	2.31243
50	38	12	3.16667	1.65478	6.05987

```
Test of homogeneity (equal odds): chi2(5) = 137.67
Pr>chi2 = 0.0000
```

```
Score test for trend of odds: chi2(1) = 112.98
Pr>chi2 = 0.0000
```

Thus we can also test for departure from linear trend using results from this command.

$137.67 - 112.98 = 24.69$  (This is similar to 24.70 which was obtained by manual calculation)

iii) None	vs	<5	OR = 3.72
None	vs	5 -14	OR = 7.48
None	vs	15 - 24	OR = 9.60
None	vs	25 - 49	OR = 16.58
None	vs	50+	OR = 27.59

We see that the odds of a case being in the ‘smoker’ group increases with increasing levels of smoking as compared to the odds of the controls being in the ‘smoker’ group.

iv) None	vs	<5	OR = 3.72
<5	vs	5-14	OR = 2.01
5-14	vs	15-24	OR = 1.28
15-24	vs	25-49	OR = 1.73
25-49	vs	50+	OR = 1.66

While there are increasing odds of a case being in the higher smoking group compared to controls, the largest increase is in going from “none” to “<5 cigarettes per day”.

v) Hospital controls were used. These may not be representative of the general population from which cases came. Also smoking is higher in hospital patients than the general population since smoking is related to number of diseases besides lung cancer. As we can see that 95% of controls were smokers which is very large.

## Answers for the exercise in Chapter 4

i) We wish to test the null hypothesis

$H_0$  : there is no association between age and frequency of breast self-examination or

$H_0 : \pi_{ij} = \pi_{i+} \pi_{+j}$  where  $\pi_{ij}$ ,  $\pi_{i+}$  and  $\pi_{+j}$  are the population proportion falling into cell (i,j), row i and column j (  $i = 1, \dots, 3$ ;  $j = 1, \dots, 3$ ) respectively.

We calculate Pearson's Chi-square statistic

$$\chi^2 = 25.09 \text{ on } 4 \text{ df.}$$

Comparing this with the chi-square distribution with 4 df., the probability of observing a value as large or larger if  $H_0$  is true is  $p < 0.001$ . Thus we reject  $H_0$  and conclude that there is a statistically significant association between age and frequency of breast self examination.

ii) The cell Chi-square statistics are :

Age	Monthly	BSE		
		Occasionally	Never	
<45	8.79	0.1	6.18	
45-59	0.15	0.04	0.03	
60+	6.05	0.17	3.58	

Note that chi-square =  $(O - E)^2 / E$ . Example of calculation of chi-square for the first cell:  $8.79 = (91 - 66.78)^2 / 66.78$ .

Comparing each of these with a chi-square distribution with 1 df, we have observed frequencies being statistically significantly different from that expected

under  $H_0$  in the <45 year olds for “monthly” and “never” and for the 60+ year olds in “monthly” and “never”. However this analysis dose not tell us the direction of the difference. Calculating the expected values for these 4 cells indicates there are more than expected in “monthly” and fewer than expected for “never” in the young age group. The pattern is reversed in the oldest age group. Thus it appears that younger women tend to do breast self-examination more frequently than the older women. This pattern is also seen if we look at the “row percents” as follows:

```
. tabi 91 90 51 \ 150 200 155 \ 109 198 172, row
```

row	col			Total
	1	2	3	
1	91 39.22	90 38.79	51 21.98	232 100.00
2	150 29.70	200 39.60	155 30.69	505 100.00
3	109 22.76	198 41.34	172 35.91	479 100.00
Total	350 28.78	488 40.13	378 31.09	1216 100.00

Note that the proportions in bold letters at the bottom are the one under the null hypothesis. Proportions in circles appear to be different from their corresponding null proportion.

Calculating “local” odds ratios for adjacent rows and columns

$$OR_{11} = \frac{91 \times 200}{150 \times 90} = 1.35$$

$$OR_{12} = \frac{90 \times 155}{200 \times 51} = 1.37$$

$$OR_{21} = \frac{150 \times 198}{200 \times 109} = 1.36$$

$$OR_{22} = \frac{200 \times 172}{198 \times 155} = 1.12$$

**Thus in all cases, the younger age group is more likely to perform breast self-examination more frequently than the older age group.**

**Looking at the statistics from STATA. First we entry the data file as follows:**

age	bse	freq
45	1	91
45	2	90
45	3	51
52	1	150
52	2	200
52	3	155
60	1	109
60	2	198
60	3	172

**Then expand the data file to get the individual records of data.**

```
. expand freq
(1207 observations created)
```

Now we are ready for the analysis. We can use the following two commands.

```
. tab age bse, all
```

age	bse			Total
	1	2	3	
45	91	90	51	232
52	150	200	155	505
60	109	198	172	479
Total	350	488	378	1216

```

Pearson chi2(4) = 25.0860 Pr = 0.000
likelihood-ratio chi2(4) = 25.1923 Pr = 0.000
Cramer's V = 0.1016
gamma = 0.1897 ASE = 0.038
Kendall's tau-b = 0.1234 ASE = 0.025

```

```
. spearman age bse
```

```

Number of obs = 1216
Spearman's rho = 0.1378
Test of Ho: age and bse independent
Pr > |t| = 0.0000

```

```
. correlat age bse
```

```
(obs=1216)
```

	age	bse
age	1.0000	
bse	0.1394	1.0000

```
. nptrend bse, by(age)
```

age	score	obs	sum of ranks
45	45	232	121878
52	52	505	304487.5
60	60	479	313570.5

```

Z = [ 4.85 ]
    [ P>|Z| = 0.00 ]

```

$$Z^2 = 4.85^2 = 23.523 \approx \chi^2$$

These following measures of association were taken into account of the ordinality of the age and BSE Variables. The scores 45, 52 and 60 were assigned to age and 1, 2, 3 to BSE (note open ended intervals for age make it difficult to know which scores to assign to categories <45 and 60+).

Gamma	=	0.19
Tau-b	=	0.12
Pearson correlation	=	0.14
Spearman correlation	=	0.14

Thus there was a “weak” linear correlation between age and BSE frequency.

Test for departure form linear trend :  $25.086 - 23.523 = 1.563$  on 3 df. resulting in p-value of 0.668 as shown below. Thus most of the association between age and BSE is explained by a linear association.

```
. disp chiprob(3,1.563)
.66780811
```

In summary, there is a significant association between age and frequency of BSE such that younger women tend to perform BSE more frequently than older women who are more likely to perform occasionally or never. However the magnitude of association is weak.

## Answers for the exercise in Chapter 5

- i) Observer’s marginal distribution

		Category		
		1	2	3
Anaesthetist	1	0.36	0.33	0.31
	2	0.40	0.47	0.13

Anaesthetist 1 use each category with equal frequency while Anesthetist 2 tends to use categories 1 and 2 more frequently than category 3. Anesthetist 2 only classifies patients as “unsuitable” 13% of time while Anesthetist 1 classifies one-third of patients as “unsuitable”

**STATA Commands:**

1. The command to obtain marginal proportions

```
. tabi 15 3 0 \ 1 12 8 \ 0 0 6, row col
```

row	col			Total
	1	2	3	
1	15 83.33 93.75	3 16.67 20.00	0 0.00 0.00	18 100.00 40.00
2	1 4.76 6.25	12 57.14 80.00	8 38.10 57.14	21 100.00 46.67
3	0 0.00 0.00	0 0.00 0.00	6 100.00 42.86	6 100.00 13.33
Total	16 35.56 100.00	15 33.33 100.00	14 31.11 100.00	45 100.00 100.00

2. The command to obtain a data file

```
. tabi 15 3 0 \ 1 12 8 \ 0 0 6, replace
```

row	col			Total
	1	2	3	
1	15	3	0	18
2	1	12	8	21
3	0	0	6	6
Total	16	15	14	45

Pearson chi2(4) = 41.4432 Pr = 0.000

The output of the above command can be ignored. What of interest is the data file. The “replace” option automatically provides us the data file as follows:

row	col	pop
1	1	15
1	2	3
1	3	0
2	1	1
2	2	12
2	3	8
3	1	0
3	2	0
3	3	6

We can see this at the data editor or use “list command. The variable “row” is Anaesthetist 1 assessment, “col” is Anaesthetist 2 assessment, and “pop” is the number so assessed by both.

### 3. The command to test for symmetry and Marginal homogeneity

```
. symmetry row col [freq=pop], trend exact
```

row	col			Total
	1	2	3	
1	15	3	0	18
2	1	12	8	21
3	0	0	6	6
Total	16	15	14	45

	Chi-Squared	df	Prob>chi2
Symmetry (asymptotic)	9.00	2	0.0111
Marginal homogeneity (Stuart-Maxwell)	9.00	2	0.0111
Linear trend in the (log) RR	8.33	1	0.0039
Symmetry (exact significance probability)			0.0049

ii)	Nominal	Ordinal	
		$W_{ij} = 1 - \frac{ i-j }{c-1}$	$W_{ij} = 1 - \left(\frac{i-j}{c-1}\right)^2$
<b>Kappa</b>	<b>0.596</b>	<b>0.680</b>	<b>0.773</b>
<b>Var<sub>0</sub>(K)</b>	<b>0.010385</b>	<b>0.011740</b>	<b>0.019737</b>
$Z = \frac{K}{\sqrt{\text{var}_0(K)}}$	<b>5.85</b>	<b>6.28</b>	<b>5.50</b>
<b>P-value</b>	<b>&lt; 0.001</b>	<b>&lt; 0.001</b>	<b>&lt; 0.001</b>
<b>95%CI Kappa*</b>	<b>0.40 to 0.80</b>	<b>0.47 to 0.89</b>	<b>0.50 to 1.05</b>

*\*Note that 95%CI of Kappa =  $K \pm 1.96 \sqrt{\text{var}_0(K)}$*

In all cases  $p < 0.001$  so we reject  $H_0$  and conclude that the level of agreement achieved by the anaesthetists is statistically significantly better than that expected by chance.

### STATA Commands:

The following three commands are to obtain results as summarized above.

The first command is for nominal data.

The second one is for ordinal with weight of  $W_{ij} = 1 - \frac{|i-j|}{c-1}$  .

The last command is also for ordinal outcome using weight

$$W_{ij} = I - \left( \frac{i-j}{c-1} \right)^2 .$$

`. kap row col [freq=pop], tab`

row	1	2	3	Total
1	15	3	0	18
2	1	12	8	21
3	0	0	6	6
Total	16	15	14	45

Agreement	Expected Agreement	Kappa	Z	Pr>Z
73.33%	33.93%	0.5964	5.85	0.0000

`. kap row col [freq=pop], wgt(w)`

Ratings weighted by:

1.0000	0.5000	0.0000
0.5000	1.0000	0.5000
0.0000	0.5000	1.0000

Agreement	Expected Agreement	Kappa	Z	Pr>Z
86.67%	58.37%	0.6797	6.27	0.0000

`. kap row col [freq=pop], wgt(w2)`

Ratings weighted by:

1.0000	0.7500	0.0000
0.7500	1.0000	0.7500
0.0000	0.7500	1.0000

Agreement	Expected Agreement	Kappa	Z	Pr>Z
93.33%	70.59%	0.7733	5.50	0.0000

If the weight is to specify arbitrarily, we can define our own weight as follows:

`. kapwgt mine 1 \ .8 1 \ 0 .8 1`

`. kap row col [freq=pop], wgt(mine)`

Ratings weighted by:

1.0000	0.8000	0.0000
0.8000	1.0000	0.8000
0.0000	0.8000	1.0000

Agreement	Expected Agreement	Kappa	Z	Pr>Z
94.67%	73.04%	0.8022	5.22	0.0000

- iii) While the anaesthetists tend to use the categories of the scale with different frequencies (Anaesthetist 1 is more conservative in classifying more patient as unsuitable while Anaesthetist 2 tends to classify patients in the middle category), they can reach agreement better than that expected by chance. Thus the scale is reliable.

## Answers for the exercise in Chapter 6

**Part 1. Bivariate analysis : examine relationship between each variable and survival, one variable at a time.**

**1.1 Entering the data into Stata in the following format.**

center	age	survive	inflam	appear	freq
1	1	1	1	1	9
1	1	1	1	2	7
1	1	1	2	1	4
1	1	1	2	2	3
1	1	2	1	1	26
1	1	2	1	2	68
1	1	2	2	1	25
1	1	2	2	2	9
1	2	1	1	1	9
1	2	1	1	2	9
1	2	1	2	1	11
1	2	1	2	2	2
1	2	2	1	1	20
1	2	2	1	2	46
1	2	2	2	1	18
1	2	2	2	2	5
1	3	1	1	1	2
1	3	1	1	2	3
1	3	1	2	1	1
1	3	1	2	2	0
1	3	2	1	1	1

center	age	survive	inflam	appear	freq
1	3	2	1	2	6
1	3	2	2	1	5
1	3	2	2	2	1
2	1	1	1	1	6
2	1	1	1	2	7
2	1	1	2	1	6
2	1	1	2	2	0
2	1	2	1	1	11
2	1	2	1	2	24
2	1	2	2	1	4
2	1	2	2	2	0
2	2	1	1	1	8
2	2	1	1	2	20
2	2	1	2	1	3
2	2	1	2	2	2
2	2	2	1	1	18
2	2	2	1	2	58
2	2	2	2	1	10
2	2	2	2	2	3
2	3	1	1	1	9
2	3	1	1	2	18
2	3	1	2	1	3
2	3	1	2	2	0
2	3	2	1	1	15
2	3	2	1	2	26
2	3	2	2	1	1
2	3	2	2	2	1
3	1	1	1	1	16
3	1	1	1	2	7
3	1	1	2	1	3
3	1	1	2	2	0
3	1	2	1	1	16
3	1	2	1	2	20
3	1	2	2	1	8
3	1	2	2	2	1
3	2	1	1	1	14
3	2	1	1	2	12
3	2	1	2	1	3
3	2	1	2	2	0
3	2	2	1	1	27
3	2	2	1	2	39
3	2	2	2	1	10
3	2	2	2	2	4
3	3	1	1	1	3
3	3	1	1	2	7
3	3	1	2	1	3

center	age	survive	inflam	appear	freq
3	3	1	2	2	0
3	3	2	1	1	12
3	3	2	1	2	11
3	3	2	2	1	4
3	3	2	2	2	1

## 1.2 Performing bivariate data analysis

**Step 1.1 Recode the outcome to be 0-1 variable, where 1=survive and 0=dead and perform a univariable analysis to determine magnitude of the problem under investigation.**

```
. recode survive 1=0 2=1
(771 changes made)
```

```
. ci survive [freq=freq]
```

Variable	Obs	Mean	Std. Err.	[95% Conf. Interval]	
survive	764	.7251309	.0161625	.6934026	.7568592

**Proportion of three-year survival was 72.5% (95%CI: 69.3% to 75.7%).**

## Step 1.2 Crude analysis to determine the effect of CENTER on SURVIVE

```
. tab center survive [freq=freq], row chi2
```

center	survive		Total
	0	1	
1	60	230	290
	20.69	79.31	100.00
2	82	171	253
	32.41	67.59	100.00
3	68	153	221
	30.77	69.23	100.00
Total	210	554	764
	27.49	72.51	100.00

```
Pearson chi2(2) = 10.9948 Pr = 0.004
```

```
. cci 171 82 230 60
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	171	82	253	0.6759
Controls	230	60	290	0.7931
Total	401	142	543	0.7385
	Point estimate		[95% Conf. Interval]	
Odds ratio	.5440085		.3696901	.8005537 (Cornfield)
Prev. frac. ex.	.4559915		.1994463	.6303099 (Cornfield)
Prev. frac. pop	.3616484			

chi2(1) = 9.61 Pr>chi2 = 0.0019

. cci 153 68 230 60

	Exposed	Unexposed	Total	Proportion Exposed
Cases	153	68	221	0.6923
Controls	230	60	290	0.7931
Total	383	128	511	0.7495
	Point estimate		[95% Conf. Interval]	
Odds ratio	.5869565		.392766	.8771556 (Cornfield)
Prev. frac. ex.	.4130435		.1228444	.607234 (Cornfield)
Prev. frac. pop	.3275862			

chi2(1) = 6.79 Pr>chi2 = 0.0092

### Step 1.3 Crude analysis to determine the effect of AGE on SURVIVE

. tab age survive [freq=freq], row chi2

age	survive		Total
	0	1	
1	68 24.29	212 75.71	280 100.00
2	93 26.50	258 73.50	351 100.00
3	49 36.84	84 63.16	133 100.00
Total	210 27.49	554 72.51	764 100.00

Pearson chi2(2) = 7.4526 Pr = 0.024

258

. cci 258 93 212 68

	Exposed	Unexposed	Total	Proportion Exposed
Cases	258	93	351	0.7350
Controls	212	68	280	0.7571
Total	470	161	631	0.7448
	Point estimate		[95% Conf. Interval]	
Odds ratio	<b>.8898357</b>		<b>.62034</b>	<b>1.276478</b> (Cornfield)
Prev. frac. ex.	.1101643		-.2764783	.37966 (Cornfield)
Prev. frac. pop	.0834101			

chi2(1) = 0.40 Pr>chi2 = 0.5269

. cci 84 49 212 68

	Exposed	Unexposed	Total	Proportion Exposed
Cases	84	49	133	0.6316
Controls	212	68	280	0.7571
Total	296	117	413	0.7167
	Point estimate		[95% Conf. Interval]	
Odds ratio	<b>.5498652</b>		<b>.3525543</b>	<b>.8574515</b> (Cornfield)
Prev. frac. ex.	.4501348		.1425485	.6474457 (Cornfield)
Prev. frac. pop	.3408163			

chi2(1) = 7.00 Pr>chi2 = 0.0081

### Step 1.4 Crude analysis to determine the effect of APPEAR on SURVIVE

. recode appear 1=0 2=1  
(72 changes made)

```
. cc survive appear [freq=freq]
```

	appear Exposed	Unexposed	Total	Proportion Exposed
Cases	323	231	554	0.5830
Controls	97	113	210	0.4619
Total	420	344	764	0.5497
	Point estimate		[95% Conf. Interval]	
Odds ratio	1.628911		1.183985	2.241029 (Cornfield)
Attr. frac. ex.	.3860928		.1553948	.5537763 (Cornfield)
Attr. frac. pop	.2251046			

chi2(1) = 9.03 Pr>chi2 = 0.0027

### Step 1.5 Crude analysis to determine the effect of INFLAM on SURVIVE

```
. recode inflam 1=1 2=0
```

(72 changes made)

```
. cc survive inflam [freq=freq]
```

	inflam Exposed	Unexposed	Total	Proportion Exposed
Cases	444	110	554	0.8014
Controls	166	44	210	0.7905
Total	610	154	764	0.7984
	Point estimate		[95% Conf. Interval]	
Odds ratio	1.06988		.7237485	1.581853 (Cornfield)
Attr. frac. ex.	.0653153		-.3816954	.3678301 (Cornfield)
Attr. frac. pop	.0523466			

chi2(1) = 0.11 Pr>chi2 = 0.7358

From the above analysis, we can report the results as follows:

In an exploratory data analysis, effect of each variable on survival were assessed. In summary, there is a statistically significant association between centre, age, appearance and survival (Table 1). The odds of surviving are lower in Boston and Glamorgan as compared with Tokyo; are lower in women aged 70+ as compared with those <50; are higher in those with benign nuclear grade as compared with malignant appearance. There is not a statistically significant relationship between inflammation and survival.

**Table 1. Relationship between each variable and survival.**

Variable	OR	95% CI	p-value
<b>Center</b>			<b>0.004</b>
Tokyo	<b>1</b>		
Boston	<b>0.54</b>	<b>0.37 to 0.80</b>	
Gilanorgar	<b>0.59</b>	<b>0.39 to 0.88</b>	
<b>Age</b>			<b>0.024</b>
<50	<b>1</b>		
50-69	<b>0.89</b>	<b>0.62 to 1.28</b>	
70+	<b>0.55</b>	<b>0.35 to 0.86</b>	
<b>Inflammation</b>			<b>0.736</b>
Greater	<b>1</b>		
Minimal	<b>1.07</b>	<b>0.72 to 1.58</b>	
<b>Appearance</b>			<b>0.003</b>
Malignant	<b>1</b>		
Benign	<b>1.63</b>	<b>1.18 to 2.24</b>	

**Part 2. Stratified analysis : investigate effect of each variable (esp. interaction effect or any sparse data that could affect modeling) on the relationship between other variable and survival**

```
. cc survive inflam [freq=freq], by( center)
```

center	OR	[95% Conf. Interval]	M-H Weight
1	1.42735	.7839431 2.601131	8.472414 (Cornfield)
2	1.647059	.7891301 3.441417	5.106719 (Cornfield)
3	.6809927	.3073596 1.513491	7.475113 (Cornfield)
Crude	1.06988	.7237485 1.581853	(Cornfield)
M-H combined	1.215654	.8130749 1.817561	

```
Test of homogeneity (M-H)      chi2(2) =      2.86      Pr>chi2 = 0.2393
```

```
Test that combined OR = 1:
```

```
  Mantel-Haenszel    chi2(1) =      0.91  
                         Pr>chi2 =      0.3409
```

. cc survive inflam [freq=freq], by(age)

age	OR	[95% Conf. Interval]	M-H Weight
1	1.080196	.5696079 2.051455	8.728571 (Cornfield)
2	1.213333	.6855999 2.149144	10.25641 (Cornfield)
3	.9102564	.3461299 2.404947	4.105263 (Cornfield)
Crude	1.06988	.7237485 1.581853	(Cornfield)
M-H combined	1.10912	.7473107 1.646099	

Test of homogeneity (M-H)  $\chi^2(2) = 0.25$  Pr> $\chi^2 = 0.8819$

Test that combined OR = 1:

Mantel-Haenszel  $\chi^2(1) = 0.26$   
Pr> $\chi^2 = 0.6075$

. cc survive inflam [freq=freq], by( appear)

appear	OR	[95% Conf. Interval]	M-H Weight
0	.8362229	.5209398 1.342702	18.77907 (Cornfield)
1	.9271111	.3973375 2.169064	5.357143 (Cornfield)
Crude	1.06988	.7237485 1.581853	(Cornfield)
M-H combined	.856396	.5639342 1.300531	

Test of homogeneity (M-H)  $\chi^2(1) = 0.04$  Pr> $\chi^2 = 0.8385$

Test that combined OR = 1:

Mantel-Haenszel  $\chi^2(1) = 0.53$   
Pr> $\chi^2 = 0.4667$

. cc survive appear [freq=freq], by( center)

center	OR	[95% Conf. Interval]	M-H Weight
1	2.131579	1.199045 3.788206	7.862069 (Cornfield)
2	1.413631	.8263451 2.419	10.96047 (Cornfield)
3	1.594406	.8929255 2.845867	9.058824 (Cornfield)
Crude	1.628911	1.183985 2.241029	(Cornfield)
M-H combined	1.674815	1.209033 2.320041	

Test of homogeneity (M-H)  $\chi^2(2) = 1.07$  Pr> $\chi^2 = 0.5849$

Test that combined OR = 1:

Mantel-Haenszel  $\chi^2(1) = 9.68$   
Pr> $\chi^2 = 0.0019$

. cc survive appear [freq=freq], by( age)

age	OR	[95% Conf. Interval]	M-H Weight
1	2.485185	1.414493 4.364453	7.714286 (Cornfield)
2	1.605178	.9981418 2.581484	13.20513 (Cornfield)
3	.9078947	.4483703 1.839268	8 (Cornfield)
Crude	1.628911	1.183985 2.241029	(Cornfield)
M-H combined	1.647031	1.194434 2.271127	

Test of homogeneity (M-H)  $\chi^2(2) = 4.73$  Pr> $\chi^2 = 0.0938$

Test that combined OR = 1:

Mantel-Haenszel  $\chi^2(1) = 9.36$   
Pr> $\chi^2 = 0.0022$

```
. cc survive appear [freq=freq], by( inflam)
```

inflam	OR	[95% Conf. Interval]		M-H Weight
0	1.554622	.6293684	3.819763	3.863636 (Cornfield)
1	1.723592	1.198791	2.478281	21.54098 (Cornfield)
Crude	1.628911	1.183985	2.241029	(Cornfield)
M-H combined	1.697894	1.209561	2.383381	

```
Test of homogeneity (M-H)      chi2(1) =      0.04 (Pr>chi2 = 0.8384)
Test that combined OR = 1:
Mantel-Haenszel chi2(1) =      9.46
Pr>chi2 =      0.0021
```

We have investigate effect of some variables, none have been found to be significant effect modifier. However we will consider putting the interaction term "APPEAR\*AGER" into the model for further investigation since the p-value of 0.094 seems to be convincing (rule of thumb cutpoint is 0.2).

**Part 3. Multivariable analysis : investigate effect of each variable on survival adjusted simultaneously for effect of other variables using logistic regression**

**Fitting logistic regression model**

**Step 3.1 Generate all possible two-ways interaction terms**

```
. gen ce_ag = center* age
. gen ce_in = center* inflam
. gen ce_ap = center* appear
. gen ag_in = age* inflam
. gen ag_ap = age* appear
. gen in_ap = inflam* appear
```



```

Log likelihood = -437.01748
Prob > chi2      = 0.0004
Pseudo R2       = 0.0273

```

survive	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
Icente_2	.5730183	.1212359	-2.632	0.008	.3785089 .8674828
Icente_3	.6464286	.1381113	-2.042	0.041	.4252643 .9826122
Iage_2	.952617	.181028	-0.255	0.798	.6563909 1.382529
Iage_3	.6544147	.1574908	-1.762	0.078	.4083229 1.048823
<b>inflam</b>	<b>.9823988</b>	<b>.2160256</b>	<b>-0.081</b>	<b>0.936</b>	<b>.6384281 1.511693</b>
appear	1.686077	.2987845	2.948	0.003	1.191348 2.386251

```
. lrtest, saving(0)
```

**First we try removing "INFLAM" due to the highest p-value of 0.936.**

```

. xi: logistic survive i.center i.age appear [freq=freq]
i.center      Icente_1-3 (naturally coded; Icente_1 omitted)
i.age         Iage_1-3   (naturally coded; Iage_1 omitted)

Logit estimates
Number of obs = 764
LR chi2(5)    = 24.49
Prob > chi2   = 0.0002
Log likelihood = -437.02075
Pseudo R2    = 0.0273

```

survive	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
Icente_2	.5715436	.1195508	-2.674	0.007	.3793168 .8611854
Icente_3	.6446424	.1359573	-2.082	0.037	.4263806 .974631
<b>Iage_2</b>	<b>.9529291</b>	<b>.1810479</b>	<b>-0.254</b>	<b>0.800</b>	<b>.6566591 1.382869</b>
<b>Iage_3</b>	<b>.6542766</b>	<b>.1574399</b>	<b>-1.763</b>	<b>0.078</b>	<b>.4082583 1.048546</b>
appear	1.677946	.2799015	3.103	0.002	1.210005 2.326851

```
. lrtest
```

```

Logistic: likelihood-ratio test
chi2(1) = 0.01
Prob > chi2 = 0.9356

```

**"INFLAM" has no effect on the model. Now the above model suggests "AGE" might be able to be removed.**

```
. lrtest, saving(1)
```

```

. xi: logistic survive i.center appear [freq=freq]
i.center      Icente_1-3 (naturally coded; Icente_1 omitted)

Logit estimates
Number of obs = 764
LR chi2(3)    = 20.96
Prob > chi2   = 0.0001
Log likelihood = -438.78221
Pseudo R2    = 0.0233

```

survive	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
Icente_2	.5173948	.1033642	-3.298	0.001	.3497603	.7653738
Icente_3	.6098661	.1262996	-2.388	0.017	.4064019	.915194
appear	1.674864	.2783321	3.103	0.002	1.209275	2.319711

```
. lrtest
Logistic: likelihood-ratio test          chi2(3) = 3.53
                                           Prob > chi2 = 0.3170
```

**"AGE" also has no effect on the model and can be removed. We can notice that removing "INFLAM" and "AGE", the coefficient of other variables in the model were not effect. Precision of the estimate (i.e., the range of 95% confidence intervals) were also more or less the same as the model that all variables are in. Additionally age is known to have some effect of survival. We then decide to choose the model with all main effect to describe factors affecting survival since it is more informative. That is, the effects of each study variable was already adjusted for effects of all other potential confounders.**

**Thus the final model which all variables are retained in the model is**

```
. xi: logistic survive i.center i.age inflam appear [freq=freq]
i.center          Icente_1-3 (naturally coded; Icente_1 omitted)
i.age             Iage_1-3   (naturally coded; Iage_1 omitted)

Logit estimates                    Number of obs = 764
LR chi2(6) = 24.49
Prob > chi2 = 0.0004
Pseudo R2 = 0.0273

Log likelihood = -437.01748
```

survive	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
Icente_2	.5730183	.1212359	-2.632	0.008	.3785089	.8674828
Icente_3	.6464286	.1381113	-2.042	0.041	.4252643	.9826122
Iage_2	.952617	.181028	-0.255	0.798	.6563909	1.382529
Iage_3	.6544147	.1574908	-1.762	0.078	.4083229	1.048823
inflam	.9823988	.2160256	-0.081	0.936	.6384281	1.511693
appear	1.686077	.2987845	2.948	0.003	1.191348	2.386251

## Summary steps for logistic regression model fitting

1. All main affects and two-way interactions were fitted.

2. Interaction terms were eliminated one at a time according to lack of statistical significance.
3. All interaction terms were dropped
4. Settled for main effect model - could drop the terms for inflammation and age
5. Decide to choose the model with all main effect based on clinical judgement.
6. Estimate adjusted odds ratios from the logistic regression model

#### **Part 4. Reporting the results**

**A study on three-year survival of breast cancer patients according to two histologic criteria, age, and diagnostic center involved 764 patients. Among these, 554 patients still survived at three years. The proportion of three-year survival was 72.5% (95%CI: 69.3% to 75.7%).**

**Table 2 summarizes effects of selected variables on the survival. In an exploratory data analysis, effect of each variable on survival were assessed. In summary, after adjusting for the effect of all other variables in the Table, there is a statistically significant association between centre and survival (p-value = 0.003) and appearance and survival (p-value = 0.002). The odds of surviving are lower in Boston and Glamorgan as compared with Tokyo, and are higher in those with benign nuclear grade as compared with malignant appearance. However the magnitude of such differences were quite small (i.e., all ORs close to 1 and the largest possible is 2.6 - based on the lower limit of 95%CI of OR for Boston compared to Tokyo). There is no statistically significant**

relationship between inflammation and survival (p-value = 0.936) nor age and survival (p-value = 0.317). The similarity between crude odds ratios and adjusted ones suggested that there was no confounding effect of all variables presented in the Table. Interaction effects were also not detected.

**Table 2. Crude odds ratios and odds ratios adjusted for the effects of all other variables in the Table describing relationship between the variable and survival.**

Variable	No.	Survive (%)	Crude OR	Adjusted OR	95% CI	p-value*
<b>Center</b>						<b>0.003</b>
Tokyo	290	79.3	1			
Boston	253	67.6	0.54	0.57	0.38 to 0.87	
Gilanorgar	221	69.2	0.59	0.64	0.43 to 0.98	
<b>Age</b>						<b>0.317</b>
<50	280	75.7	1			
50-69	351	73.5	0.89	0.95	0.66 to 1.38	
70+	133	63.2	0.55	0.65	0.41 to 1.05	
<b>Inflammation</b>						<b>0.936</b>
Greater	154	71.4	1			
Minimal	610	72.8	1.07	0.98	0.64 to 1.51	
<b>Appearance</b>						<b>0.002</b>
Malignant	344	67.2	1			
Benign	420	76.9	1.63	1.69	1.19 to 2.39	

\* p-value from likelihood ratio tests

## Answers for the exercise in Chapter 7

1. Log-linear model can be fitted as follows:

Firstly we enter the data to Stata using the following format.

beh	ris	adv	freq
1	1	1	16
1	2	1	7
1	1	2	15
1	2	2	34
1	1	3	5
1	2	3	3
2	1	1	1
2	2	1	1
2	1	2	3
2	2	2	8
2	1	3	1
2	2	3	3

This is a 2-by-2-by-3 Table. The analysis using log-linear modeling applied to these data yields the following results for all eight possible models:

### Saturated Model:

$$\begin{aligned} \text{log-frequency} = & \text{BEH} + \text{RIS} + \text{ADV} + \text{BEH}*\text{RIS} \\ & + \text{BEH}*\text{ADV} + \text{RIS}*\text{ADV} \\ & + \text{BEH}*\text{RIS}*\text{ADV} \end{aligned}$$

### 1. Model:

$$\begin{aligned} \text{log-frequency} = & \text{BEH} + \text{RIS} + \text{ADV} + \text{BEH}*\text{RIS} \\ & + \text{BEH}*\text{ADV} + \text{RIS}*\text{ADV} \end{aligned}$$

```
. loglin freq beh ris adv, fit( beh, ris, adv, beh ris, beh adv,
ris adv)
```

```
Variable beh = A
```

```
Variable ris = B
```

```
Variable adv = C
```

```
Margins fit: beh, ris, adv, beh ris, beh adv, ris adv
```

```
Note: Regression-like constraints are assumed. The first level of each
variable (and all interactions with it) will be dropped from estimation.
```

```
Iteration 0: Log Likelihood = -21.374741
```

```
Iteration 1: Log Likelihood = -20.854752
```

```
Iteration 2: Log Likelihood = -20.845886
```

```
Poisson regression
```

```
Goodness-of-fit chi2(2)
```

```
=
```

```
0.943
```

```
Number of obs
```

```
=
```

```
12
```

```
Model chi2(9)
```

```
=
```

```
99.775
```

```

Prob > chi2          = 0.6241          Prob > chi2          = 0.0000
Log Likelihood       = -20.846         Pseudo R2           = 0.7053

```

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-2.664174	.786254	-3.388	0.001	-4.205204	-1.123145
AB22	.589859	.6150592	0.959	0.338	-.6156349	1.795353
AC22	.7346284	.8388175	0.876	0.381	-.9094237	2.378681
AC23	1.661531	.9665848	1.719	0.086	-.2329406	3.556002
B2	-.8047879	.4337849	-1.855	0.064	-1.654991	.0454149
BC22	1.555037	.5159305	3.014	0.003	.5438317	2.566242
BC23	.609435	.7387509	0.825	0.409	-.8384902	2.05736
C2	-.0110953	.3469391	-0.032	0.974	-.6910836	.6688929
C3	-1.286667	.5106199	-2.520	0.012	-2.287464	-.2858708
_cons	2.765876	.2478813	11.158	0.000	2.280037	3.251714

## 2. Model:

**log-frequency = BEH + RIS + ADV + BEH\*RIS + BEH\*ADV**

```
. loglin freq beh ris adv, fit( beh, ris, adv, beh ris, beh adv)
```

Variable beh = A

Variable ris = B

Variable adv = C

Margins fit: beh, ris, adv, beh ris, beh adv

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

Iteration 0: Log Likelihood = -27.003891

Iteration 1: Log Likelihood = -26.049576

Iteration 2: Log Likelihood = -26.03476

Iteration 3: Log Likelihood = -26.034744

Poisson regression

Goodness-of-fit chi2(4)

= 11.321

Prob > chi2 = 0.0232

Log Likelihood = -26.035

Number of obs = 12

Model chi2(7) = 89.397

Prob > chi2 = 0.0000

Pseudo R2 = 0.6319

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-2.867615	.8366197	-3.428	0.001	-4.507359	-1.22787
AB22	.6747983	.5777875	1.168	0.243	-.4576444	1.807241
AC22	.9484221	.8091944	1.172	0.241	-.6375697	2.534414
AC23	1.7492	.9583727	1.825	0.068	-.1291761	3.627576
B2	.2006706	.2247333	0.893	0.372	-.2397986	.6411397
C2	.756326	.2527576	2.992	0.003	.2609301	1.251722
C3	-1.056053	.410461	-2.573	0.010	-1.860542	-.2515639
_cons	2.336987	.2423964	9.641	0.000	1.861898	2.812075

## 3. Model:

**log-frequency = BEH + RIS + ADV + BEH\*RIS + RIS\*ADV**

```
. loglin freq beh ris adv, fit( beh, ris, adv, beh ris, ris adv)
```

Variable beh = A

Variable ris = B

## 270

Variable adv = C  
 Margins fit: beh, ris, adv, beh ris, ris adv  
 Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

Iteration 0: Log Likelihood = -23.313782  
 Iteration 1: Log Likelihood = -22.448441  
 Iteration 2: Log Likelihood = -22.433456

Poisson regression		Number of obs	=	12
Goodness-of-fit chi2(4)	= 4.118	Model chi2(7)	=	96.600
Prob > chi2	= 0.3903	Prob > chi2	=	0.0000
Log Likelihood	= -22.433	Pseudo R2	=	0.6828

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-1.974081	.4772605	-4.136	0.000	-2.909495	-1.038668
AB22	.6747981	.5777873	1.168	0.243	-.4576443	1.80724
B2	-.8648807	.4382707	-1.973	0.048	-1.723875	-.005886
BC22	1.60107	.5130191	3.121	0.002	.5955707	2.606569
BC23	.7537717	.7191361	1.048	0.295	-.6557092	2.163253
C2	-.0571585	.3381997	0.169	0.866	-.6057008	.7200178
C3	-1.041454	.4748581	-2.193	0.028	-1.972159	-.1107491
_cons	2.70316	.2494214	10.838	0.000	2.214303	3.192017

## 4. Model:

**log-frequency = BEH + RIS + ADV + BEH\*ADV + RIS\*ADV**

. loglin freq beh ris adv, fit( beh, ris, adv, beh adv, ris adv)

Variable beh = A  
 Variable ris = B  
 Variable adv = C  
 Margins fit: beh, ris, adv, beh adv, ris adv  
 Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

Iteration 0: Log Likelihood = -21.969559  
 Iteration 1: Log Likelihood = -21.339813  
 Iteration 2: Log Likelihood = -21.326447  
 Iteration 3: Log Likelihood = -21.326431

Poisson regression		Number of obs	=	12
Goodness-of-fit chi2(3)	= 1.904	Model chi2(8)	=	98.814
Prob > chi2	= 0.5926	Prob > chi2	=	0.0000
Log Likelihood	= -21.326	Pseudo R2	=	0.6985

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-2.442347	.7372098	-3.313	0.001	-3.887252	-.9974424
AC22	.948422	.8091944	1.172	0.241	-.6375698	2.534414
AC23	1.7492	.9583727	1.825	0.068	-.1291762	3.627576
B2	-.7537717	.4287465	-1.758	0.079	-1.594099	.0865559
BC22	1.601069	.5130191	3.121	0.002	.5955704	2.606568
BC23	.7537717	.7191362	1.048	0.295	-.6557093	2.163253
C2	-.0619841	.3487103	-0.178	0.859	-.7454436	.6214755
C3	-1.363537	.520226	-2.621	0.009	-2.383162	-.343913
_cons	2.749832	.2496033	11.017	0.000	2.260618	3.239045

**5. Model:****log-frequency = BEH + RIS + ADV + BEH\*RIS**

```
. loglin freq beh ris adv, fit( beh, ris, adv, beh ris)
```

```
Variable beh = A
```

```
Variable ris = B
```

```
Variable adv = C
```

```
Margins fit: beh, ris, adv, beh ris
```

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

```
Iteration 0: Log Likelihood = -29.197449
```

```
Iteration 1: Log Likelihood = -27.87973
```

```
Iteration 2: Log Likelihood = -27.862915
```

```
Poisson regression
Goodness-of-fit chi2(6) = 14.977
Prob > chi2 = 0.0204
Log Likelihood = -27.863

Number of obs = 12
Model chi2(5) = 85.741
Prob > chi2 = 0.0000
Pseudo R2 = 0.6061
```

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-1.974081	.4772606	-4.136	0.000	-2.909495	-1.038667
AB22	.6747982	.5777874	1.168	0.243	-.4576443	1.807241
B2	.2006706	.2247333	0.893	0.372	-.2397986	.6411397
C2	.8754688	.2380476	3.678	0.000	.408904	1.342034
C3	-.7339692	.3511884	-2.090	0.037	-1.422286	-.0456525
_cons	2.227684	.2397259	9.293	0.000	1.75783	2.697538

**6. Model:****log-frequency = BEH + RIS + ADV + BEH\*ADV**

```
. loglin freq beh ris adv, fit( beh, ris, adv, beh adv)
```

```
Variable beh = A
```

```
Variable ris = B
```

```
Variable adv = C
```

```
Margins fit: beh, ris, adv, beh adv
```

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

```
Iteration 0: Log Likelihood = -27.803162
```

```
Iteration 1: Log Likelihood = -26.767899
```

```
Iteration 2: Log Likelihood = -26.755905
```

```
Iteration 3: Log Likelihood = -26.75589
```

```
Poisson regression
Goodness-of-fit chi2(5) = 12.763
Prob > chi2 = 0.0257
Log Likelihood = -26.756

Number of obs = 12
Model chi2(6) = 87.955
Prob > chi2 = 0.0000
Pseudo R2 = 0.6217
```

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-2.442347	.7372098	-3.313	0.001	-3.887252	-.9974425
AC22	.948422	.8091943	1.172	0.241	-.6375698	2.534414
AC23	1.7492	.9583727	1.825	0.068	-.1291761	3.627576
B2	.3117796	.2055417	1.517	0.129	-.0910747	.7146339
C2	.7563261	.2527576	2.992	0.003	.2609302	1.251722
C3	-1.056053	.410461	-2.573	0.010	-1.860542	-.2515639
_cons	2.274355	.239915	9.480	0.000	1.804131	2.74458

**7. Model:****log-frequency = BEH + RIS + ADV + RIS\*ADV**

```
. loglin freq beh ris adv, fit( beh, ris, adv, ris adv)
```

```
Variable beh = A
```

```
Variable ris = B
```

```
Variable adv = C
```

```
Margins fit: beh, ris, adv, ris adv
```

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

```
Iteration 0: Log Likelihood = -24.179001
```

```
Iteration 1: Log Likelihood = -23.173065
```

```
Iteration 2: Log Likelihood = -23.154617
```

```
Iteration 3: Log Likelihood = -23.154602
```

```
Poisson regression
Goodness-of-fit chi2(5) = 5.560
Prob > chi2 = 0.3514
Log Likelihood = -23.155
Number of obs = 12
Model chi2(6) = 95.158
Prob > chi2 = 0.0000
Pseudo R2 = 0.6726
```

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-1.548813	.2670647	-5.799	0.000	-2.07225	-1.025376
B2	-.7537718	.4287465	-1.758	0.079	-1.594099	.0865559
BC22	1.60107	.5130191	3.121	0.002	.5955706	2.606569
BC23	.7537717	.7191362	1.048	0.295	-.6557093	2.163253
C2	.0571586	.3381998	0.169	0.866	-.6057008	.7200179
C3	-1.041454	.4748581	-2.193	0.028	-1.972158	-.110749
_cons	2.640529	.2470106	10.690	0.000	2.156397	3.124661

**8. Model:****log-frequency = BEH + RIS + ADV**

```
. loglin freq beh ris adv, fit( beh, ris, adv)
```

```
Variable beh = A
```

```
Variable ris = B
```

```
Variable adv = C
```

```
Margins fit: beh, ris, adv
```

Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.

```
Iteration 0: Log Likelihood = -30.132355
```

```
Iteration 1: Log Likelihood = -28.606613
```

```
Iteration 2: Log Likelihood = -28.584061
```

```
Poisson regression
Goodness-of-fit chi2(7) = 16.419
Prob > chi2 = 0.0216
Log Likelihood = -28.584
Number of obs = 12
Model chi2(4) = 84.299
Prob > chi2 = 0.0000
Pseudo R2 = 0.5959
```

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-1.548813	.2670646	-5.799	0.000	-2.07225	-1.025376
B2	.3117797	.2055417	1.517	0.129	-.0910746	.714634
C2	.8754688	.2380476	3.678	0.000	.4089041	1.342034
C3	-.7339691	.3511884	-2.090	0.037	-1.422286	-.0456525
_cons	2.165052	.2372165	9.127	0.000	1.700117	2.629988

**Summary results:****Denoted BEH = 1, RIS = 2, and ADV = 3.**

<i>Model</i>	<i>Likelihood ratio Chi- square</i>	<i>Degree of freedom</i>	<i>p-value</i>
<b>All pairwise association</b>			
<b>1. <math>\mathbf{u}_{123}</math></b>	<b>0.943</b>	<b>2</b>	<b>0.624</b>
<b>Conditional independence</b>			
<b>2. <math>\mathbf{u}_{12} = \mathbf{u}_{123} = \mathbf{0}</math></b>	<b>11.321</b>	<b>4</b>	<b>0.023</b>
<b>3. <math>\mathbf{u}_{13} = \mathbf{u}_{123} = \mathbf{0}</math></b>	<b>4.118</b>	<b>4</b>	<b>0.390</b>
<b>4. <math>\mathbf{u}_{23} = \mathbf{u}_{123} = \mathbf{0}</math></b>	<b>1.904</b>	<b>3</b>	<b>0.593</b>
<b>Partial independence</b>			
<b>5. <math>\mathbf{u}_{12} = \mathbf{u}_{13} = \mathbf{u}_{123} = \mathbf{0}</math></b>	<b>14.977</b>	<b>6</b>	<b>0.020</b>
<b>6. <math>\mathbf{u}_{12} = \mathbf{u}_{23} = \mathbf{u}_{123} = \mathbf{0}</math></b>	<b>12.763</b>	<b>5</b>	<b>0.026</b>
<b>7. <math>\mathbf{u}_{12} = \mathbf{u}_{23} = \mathbf{u}_{123} = \mathbf{0}</math></b>	<b>5.560</b>	<b>5</b>	<b>0.351</b>
<b>Complete independence</b>			
<b>8. <math>\mathbf{u}_{12} = \mathbf{u}_{13} = \mathbf{u}_{23} = \mathbf{u}_{123} = \mathbf{0}</math></b>	<b>16.419</b>	<b>7</b>	<b>0.0216</b>

**The model that fitted well to the data and yet less complicated is Model 7. It can also be expressed as**

$$\text{log-frequency} = \text{BEH} + \text{RIS} + \text{ADV} + \text{RIS*ADV}$$

**Comparing the two models that adequately fitted the data (Models 7 and 4) we have**

$$G_7^2 - G_4^2 = 5.560 - 1.904 = 3.656$$

$$\text{with } 5 - 3 = 2 \text{ df}$$

## Use Stata to find a p-value as follows:

```
. disp chiprob(2, 3.656)
.16073473
```

Thus adding the term BEH\*ADV to Model 7 did not improve the fit. This term can really be removed.

We examine further by comparing Model 7 with Model 3

$$G_7^2 - G_3^2 = 5.560 - 4.118 = 1.442$$

with 5 - 4 = 1 df; p-value = 0.230

and Model 7 with Model 1

$$G_7^2 - G_1^2 = 5.560 - 0.943 = 4.617$$

with 5 - 2 = 3 df; p-value = 0.202

Thus there was no need to add any other two-way interaction terms to Model 7 and it is the best model for describing the data. We can examine the residual from the output below.

```
. loglin freq beh ris adv, fit( beh, ris, adv, ris adv) resid
Variable beh = A
Variable ris = B
Variable adv = C
Margins fit: beh, ris, adv, ris adv
Note: Regression-like constraints are assumed. The first level of each
variable (and all interactions with it) will be dropped from estimation.
```

```
Iteration 0: Log Likelihood = -24.179001
Iteration 1: Log Likelihood = -23.173065
Iteration 2: Log Likelihood = -23.154617
Iteration 3: Log Likelihood = -23.154602
```

```
Poisson regression                Number of obs   =      12
Goodness-of-fit chi2(5)          =      5.560         Model chi2(6)   =     95.158
Prob > chi2                       =      0.3514        Prob > chi2     =     0.0000
Log Likelihood                    =     -23.155        Pseudo R2      =     0.6726
```

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-1.548813	.2670647	-5.799	0.000	-2.07225	-1.025376
B2	-.7537718	.4287465	-1.758	0.079	-1.594099	.0865559
BC22	1.60107	.5130191	3.121	0.002	.5955706	2.606569
BC23	.7537717	.7191362	1.048	0.295	-.6557093	2.163253
C2	.0571586	.3381998	0.169	0.866	-.6057008	.7200179
C3	-1.041454	.4748581	-2.193	0.028	-1.972158	-.110749
_cons	2.640529	.2470106	10.690	0.000	2.156397	3.124661

freq	beh	ris	adv	cellhat	resid	stdres
16	1	1	1	14.021	1.979	0.529
15	1	1	2	14.845	0.155	0.040
5	1	1	3	4.948	0.052	0.023
7	1	2	1	6.598	0.402	0.157
34	1	2	2	34.639	-0.639	-0.109
3	1	2	3	4.948	-1.948	-0.876
1	2	1	1	2.979	-1.979	-1.147
3	2	1	2	3.155	-0.155	-0.087
1	2	1	3	1.052	-0.052	-0.050
1	2	2	1	1.402	-0.402	-0.340
8	2	2	2	7.361	0.639	0.236
3	2	2	3	1.052	1.948	1.900

### Conclusions:

The model with only one interaction term, i.e., risk index and adversity of school condition, fit the data adequately ( $p$ -value = 0.351). This is a partial independence model. It is implied that there is an association between the two variables whilst the behavior is completely independent. Therefore, behavior can be omitted from the table. The two-way contingency table of risk index and adversity of school condition is sufficient to describe this data. That is, from the following table

		Adversity of school condition						Total
		Low		Medium		High		
Risk index		Not at risk	At risk	Not at risk	At risk	Not at risk	At risk	
	Behavior	Not deviant	16	7	15	34	5	3
Deviant		1	1	3	8	1	3	17
Total		17	8	18	42	6	6	97

then we can get a simpler table shown below.

		Adversity of school condition			Total
		Low	Medium	High	
Risk index	Not at risk	17	18	6	41
	At risk	8	42	6	56
Total		25	60	12	97

From this table, we can analyze the data using approaches for analysis of a 2-by-C Table presented in Chapter 3.

We might examine further whether or not behavior can be disregarded, i.e., examining for collapsibility. Notice that the coefficient of RIS\*ADV in the models with and without BEH, in ovals respectively, are almost identical. This suggested that the measure of association between risk index and adversity of school condition was not affected by whether or not behavior was accounted for.

```
. loglin freq beh ris adv, fit( beh, ris, adv, ris adv)
Variable beh = A
Variable ris = B
Variable adv = C
Margins fit: beh, ris, adv, ris adv
Note: Regression-like constraints are assumed. The first level of each
variable (and all interactions with it) will be dropped from estimation.

Iteration 0: Log Likelihood = -24.179001
Iteration 1: Log Likelihood = -23.173065
Iteration 2: Log Likelihood = -23.154617
Iteration 3: Log Likelihood = -23.154602

Poisson regression                               Number of obs   =      12
Goodness-of-fit chi2(5)                         =      5.560
Prob > chi2                                       =      0.3514
Log Likelihood                                   =     -23.155
                                                Model chi2(6)   =     95.158
                                                Prob > chi2     =      0.0000
                                                Pseudo R2      =      0.6726
```

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-1.548813	.2670647	-5.799	0.000	-2.07225	-1.025376
B2	-.7537718	.4287465	-1.758	0.079	-1.594099	.0865559
BC22	1.60107	.5130191	3.121	0.002	.5955706	2.606569
BC23	.7537717	.7191362	1.048	0.295	-.6557093	2.163253
C2	.0571586	.3381998	0.169	0.866	-.6057008	.7200179
C3	-1.041454	.4748581	-2.193	0.028	-1.972158	-.110749
_cons	2.640529	.2470106	10.690	0.000	2.156397	3.124661

```
. loglin freq ris adv, fit(ris, adv, ris adv)
```

```
Variable ris = A
```

```
Variable adv = B
```

```
Margins fit: ris, adv, ris adv
```

```
Note: Regression-like constraints are assumed. The first level of each variable (and all interactions with it) will be dropped from estimation.
```

```
Iteration 0: Log Likelihood = -50.343819
```

```
Iteration 1: Log Likelihood = -45.486633
```

```
Iteration 2: Log Likelihood = -45.369843
```

```
Iteration 3: Log Likelihood = -45.369675
```

```
Poisson regression
```

```
Goodness-of-fit chi2(6) = 49.990
```

```
Prob > chi2 = 0.0000
```

```
Log Likelihood = -45.370
```

```
Number of obs = 12
```

```
Model chi2(5) = 50.728
```

```
Prob > chi2 = 0.0000
```

```
Pseudo R2 = 0.3586
```

freq	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
A2	-.7537717	.4287465	-1.758	0.079	-1.594099	.0865559
AB22	1.601069	.5130191	3.121	0.002	.5955705	2.606568
AB23	7537718	.7191362	1.048	0.295	-.6557093	2.163253
B2	.0571586	.3381998	0.169	0.866	-.6057008	.720018
B3	-1.041454	.4748581	-2.193	0.028	-1.972159	-.1107491
_cons	2.140066	.2425356	8.824	0.000	1.664705	2.615427

