

Relevance of the Type III error in epidemiological maps

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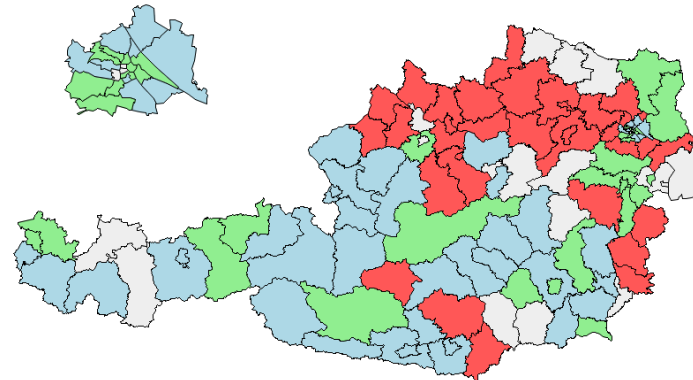
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Test for difference in maps

Two-sided test





$H_0: SMR=1$ vs. $H_A: SMR \neq 1$

Respiratory diseases



Combined test

Combined Test:

| | |
|---|--|
|  equi—ignore diff |  not equi—sig.smaller |
|  not equi—not diff |  not equi—sig.larger |

$H_0: SMR=1$ vs. $H_A: SMR \neq 1$

How „trustful“ is an observed significant test result?

Errors in classical decision making

Type I - believe in alternative hypothesis though null hypothesis is true

Type II - believe in null hypothesis though alternative hypothesis is true

What is worse than Type I and II error?

Effect reversal

Observe a significant risk in one direction
but true risk is the other way round

Example effect reversal

In a district the **true** unknown **SMR = 1.2**

expected cases under H0 = 6

observed cases = 1

$$\text{Crude } SMR = \frac{\text{observed}}{\text{expected}} = \frac{1}{6} = 0.16 \quad (95\% \text{ CI: } 0.01-0.93)$$

Example effect reversal

In a district the **true** unknown **SMR = 1.2**

expected cases under H0 = 6

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Crude $SMR = \frac{\text{observed}}{\text{expected}} = \frac{1}{6} = 0.16$ (95% CI: 0.01-0.93)

We observe significantly decreased risk of .16 ->

we believe that true risk is <1 though it is >1

Observing a significant result in one direction
though true effect is in the other direction

Type III error

Kaiser¹ particularly repugnant γ_{13} and γ_{31} errors
—“errors of the third kind”—have

1) “Directional Statistical Decisions”, *Psychological Review*, 67 (3), 1960

Directional tests

H1: $SMR < 1$

H2: $SMR = 1$

H3: $SMR > 1$

| | | True Nature | | |
|---------------|--------------|-----------------|-----------------|-----------------|
| | | H1 $SMR < 1$ | H2 $SMR = 1$ | H3 $SMR > 1$ |
| Test Decision | H1 $SMR < 1$ | Correct | α | γ |
| | H2 $SMR = 1$ | β | Correct | β |
| | H3 $SMR > 1$ | γ | α | Correct |

Implications of γ and γ may be different

q – value

What is the probability obtaining a wrong-sided significant result if the observed result is significant?

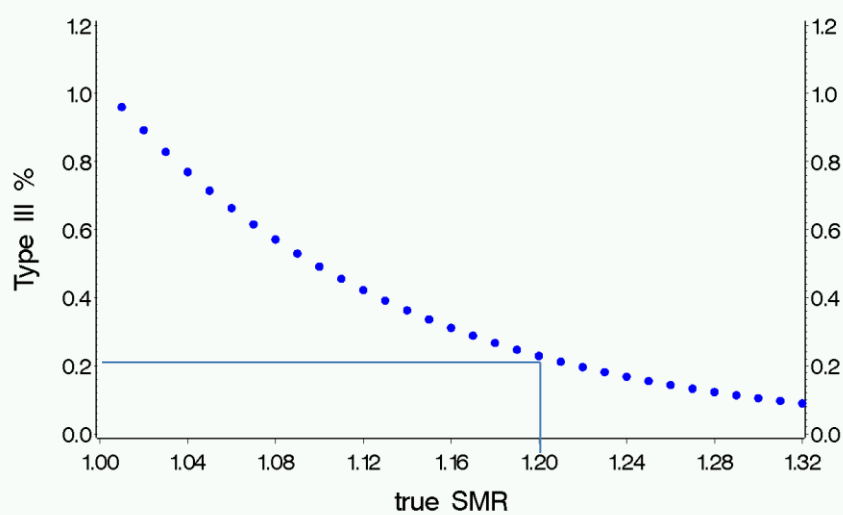
Heinzel* H, Benner A, Ittrich C, Mittlböck M (2007). Proposals for Sample Size Calculation Programs. *European MethodsInfMed*;46:655–661.

For crude SMRs
Type III and q-value
may be calculated analytically

(crude SMR hardly used in spatial epidemiology)

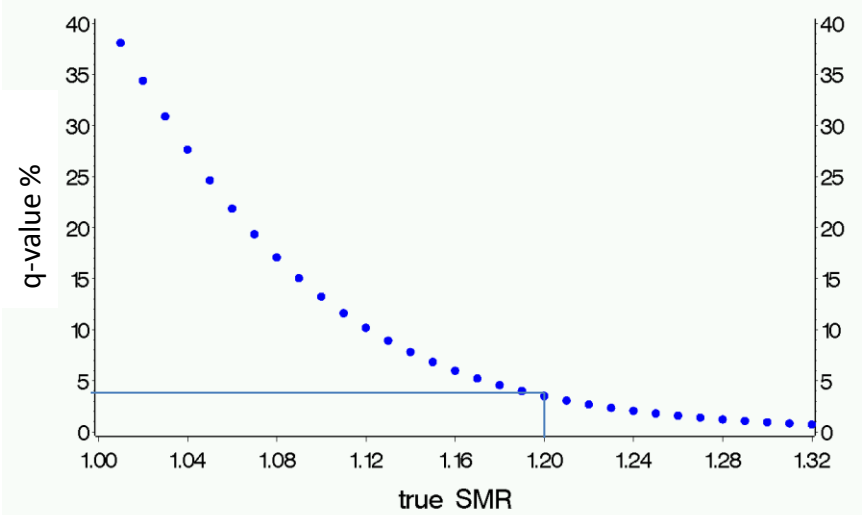
Type III error and q-value against true SMR for # expected cases = 10

Type III error



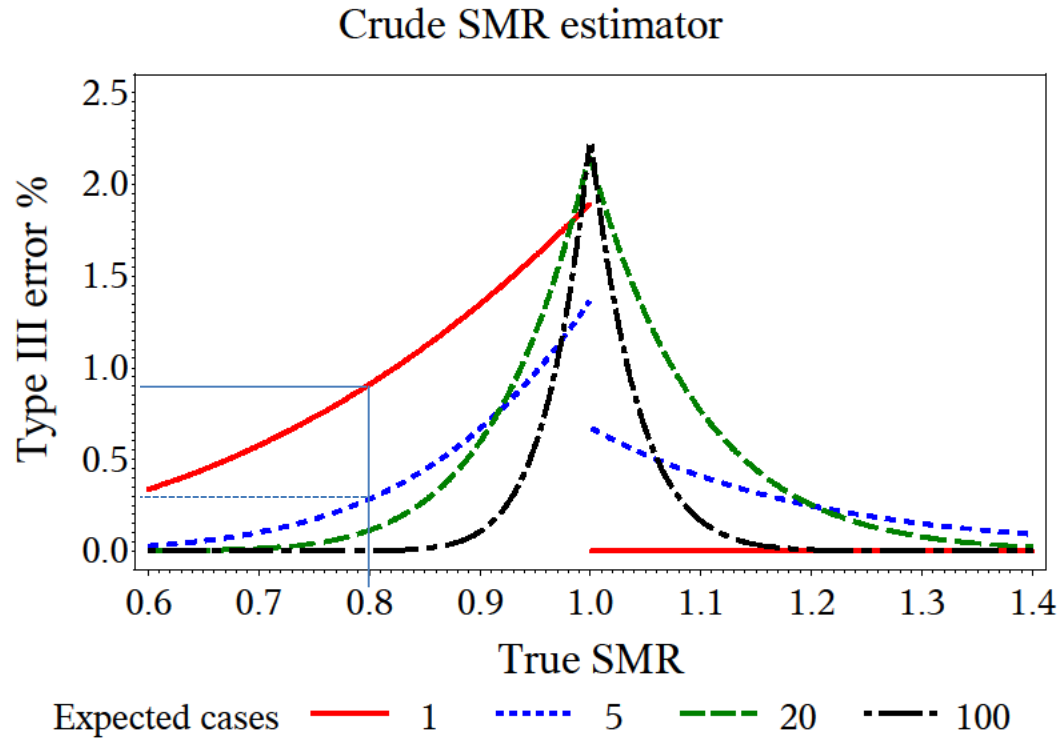
True SMR=1.2: Type III = 0.2%

q-value



q-value ~ 4%

Type III error dependent on true SMR and number of expected cases



In Spatial Epidemiology

Random effect (RE) models often used

Spatially

Unstructured and/or Structured model

(BYM)

Besag J, York J, Mollié A: **Bayesian image restoration, with two applications in spatial statistics (with discussion)**. Annals of the Institute of Statistical Mathematics 1991, **43**(1):1-59.

Spatially

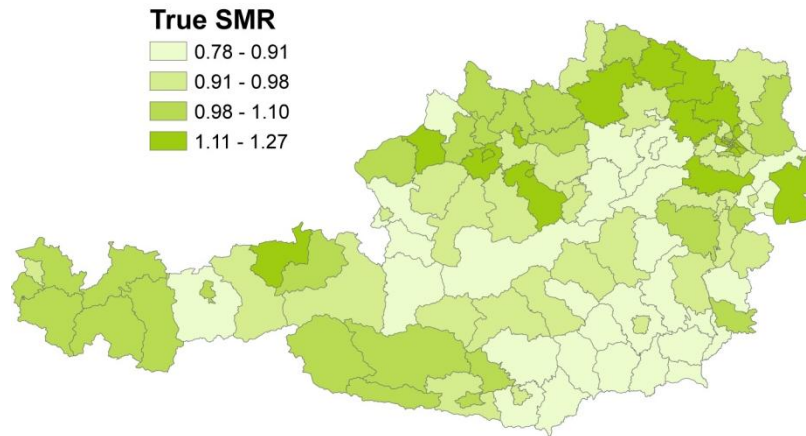
unstructured RE models shrink to a *global* mean
(e.g. mean of Austria)

structured RE models shrink to a *local* mean
(e.g. mean of neighbours)

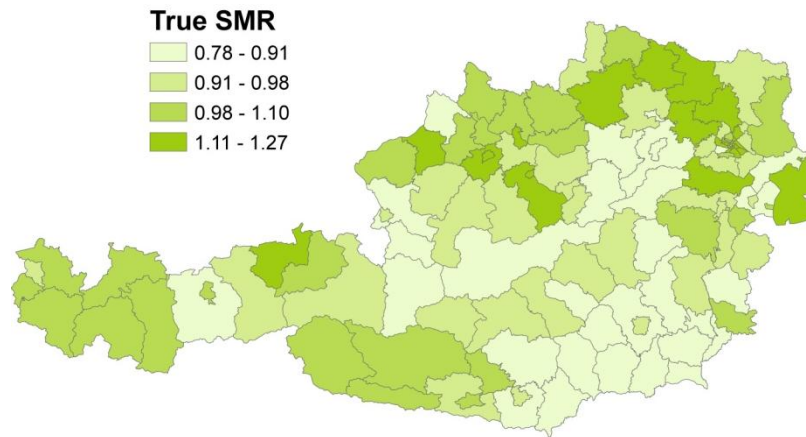
Our question

What is the effect of shrinkage of spatially structured and unstructured RE models in respect with Type III error and q-value ?

Simulation of infant mortality data based on a predefined spatial risk



Simulation of infant mortality data based on a predefined spatial risk



1) Model estimation of SMR in INLA, R

2) Calculation of Type III and q-values using a decision rule based on the posterior distribution

Decision rule for being „significant“

Posterior distribution $f(\Delta/\text{data})$

Reference threshold Δ (e.g. 1)

Cutoff prob ω_1, ω_2 (e.g. 0.8)

Two-sided „significant“ decision rule:

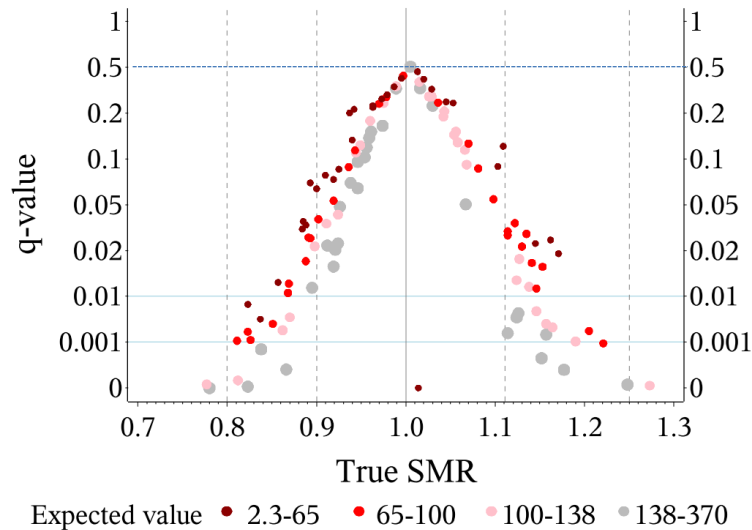
$$P(\Delta > \Delta_{01}) > \omega_1, P(\Delta < \Delta_{02}) > \omega_2$$

$$P(\Delta > 1) > 0.8, P(\Delta < 1) > 0.8$$

Richardson S, Thomson A, Best N, Elliott P: **Interpreting posterior relative risk estimates in disease-mapping studies.** Environmental Health Perspectives 2004, **112**(9): 1016–1025.

Results for simulated infant mortality data for q-value for spatially **unstructured** and **structured** models ($\omega=0.8$) in dependence on SMR and expected cases

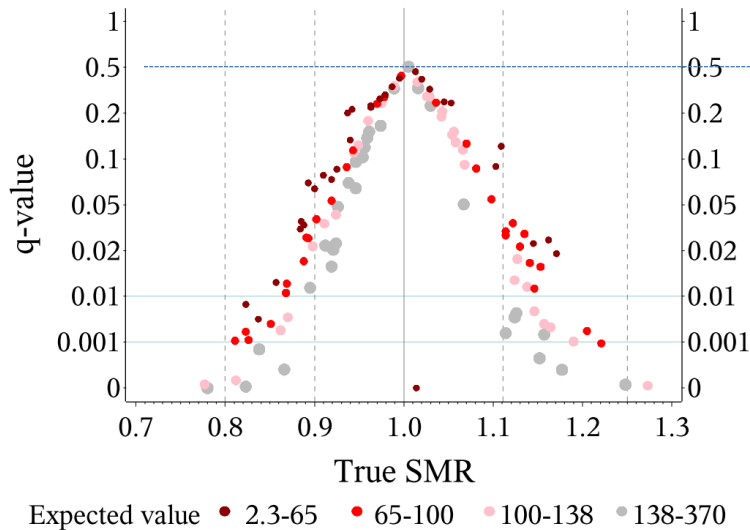
Unstructured SMR estimator (cutoff probability=0.80)



unstructured model
Shrinkage to mean
of Austria

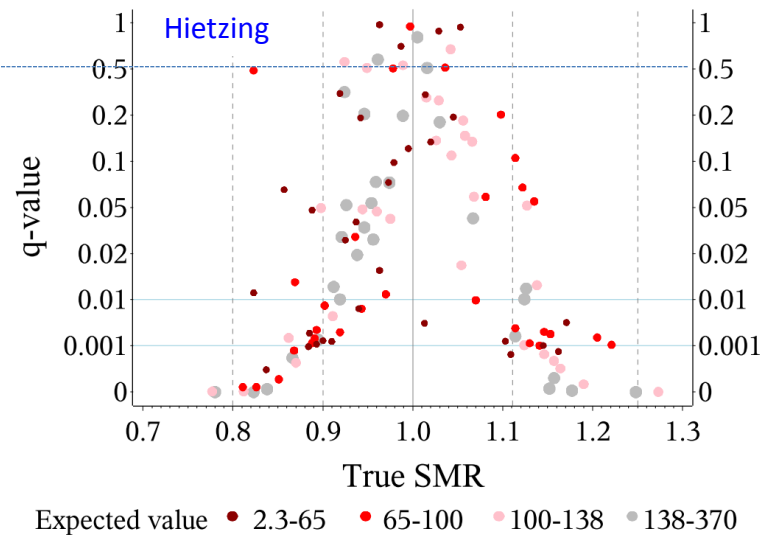
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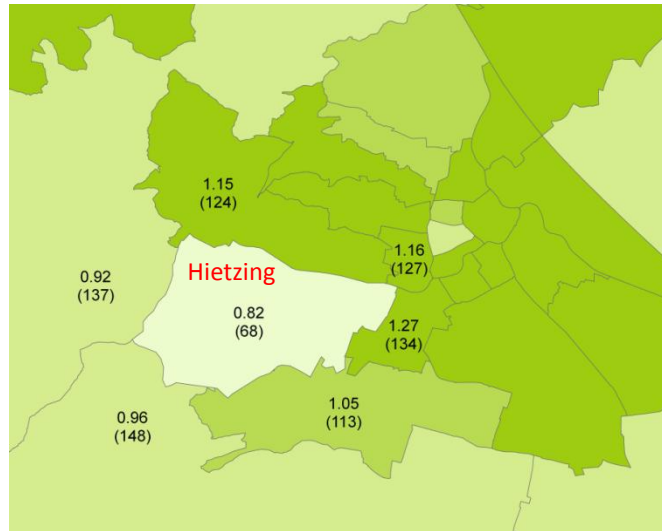
unstructured model
Shrinkage to mean
of Austria

BYM SMR estimator (cutoff probability=0.80)



structured model
Shrinkage to mean
of neighbours

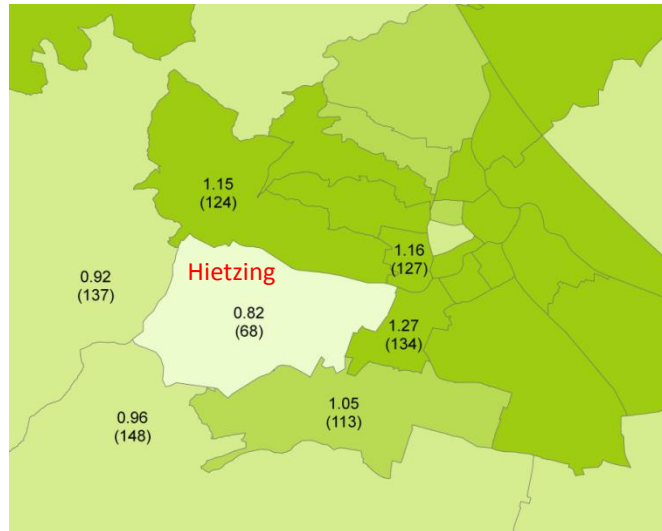
Effect reversal of estimated SMR for district Hietzing due to neighbours with larger SMRs



Parameters in simulation for the 7 districts

| | Hietzing | neighbours |
|-----------------|-------------------|------------------------|
| true SMRs: | 0.82, 0.92, 0.96, | 1.05, 1.15, 1.16, 1.27 |
| Expected cases: | 68, 113, 124, | 127, 134, 137, 148 |

Effect reversal of estimated SMR for Hietzing due to neighbours with larger SMRs



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| true SMRs: | 0.82, 0.92, 0.96, | 1.05, 1.15, 1.16, 1.27 |
| Expected cases: | 68, 113, 124, | 127, 134, 137, 148 |
| Type III: | 13% | |
| q-value: | 50% = 13%/26% | |
| non-directional Power: | 26% | |

Conclusion

Be aware that „significant“ effects may be due to **effect reversal**

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For small SMRs and small number of expected cases
Type III error and q-value may be relevant