



Review of Statistical Concepts for Imaging Sciences

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1

1



Acknowledgements

- Many iterations
- Thanks to
 - Diana Miglioretti for some imaging examples.
 - Todd Alonzo for improving these slides.
 - Nancy Obuchowski for designing the talk.

2

2



Learning Objectives

- Appreciate the role of uncertainty in estimation, testing, and prediction from observed data
- Understand and interpret
 - Confidence intervals
 - Hypothesis testing
 - P-values
 - Second-generation p-values (if time allows)

3

3



Some tenants

- Inference is learning
 - Information gain is reduction in uncertainty
- Inference and prediction are different tasks
 - Inference is harder than prediction
- Accurate prediction does **not** imply accurate inference (and vice-versa)
- Prediction is (often) just optimization

4

4

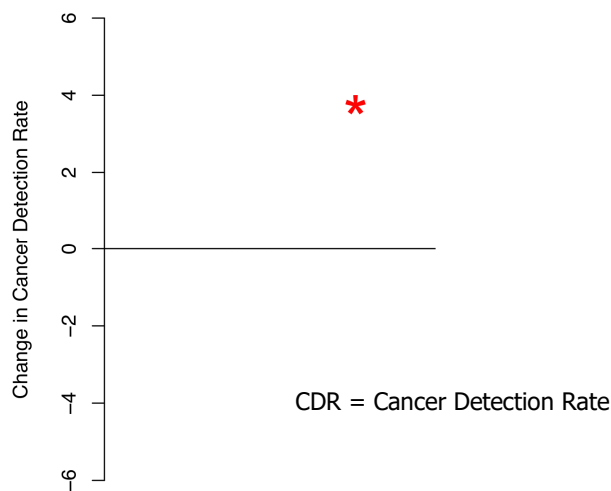
Uncertainty unlocks information

- Is digital mammography more 'accurate' than film-screen at detecting incident breast cancer in screening population?
- One radiologist's or facility's experience might suggest digital mammography detects more cancers and/or reduces false positives.
 - Is this true for the general population of eligible women, radiologists, and facilities?

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A published study argued digital mammography improves CDR based on a single facility's observed change after conversion.

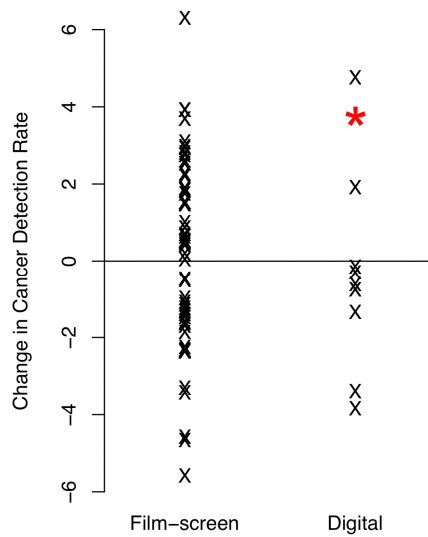


Vernacchia, et al. *AJR*, 2009

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Important to consider *variation* within and between facilities.

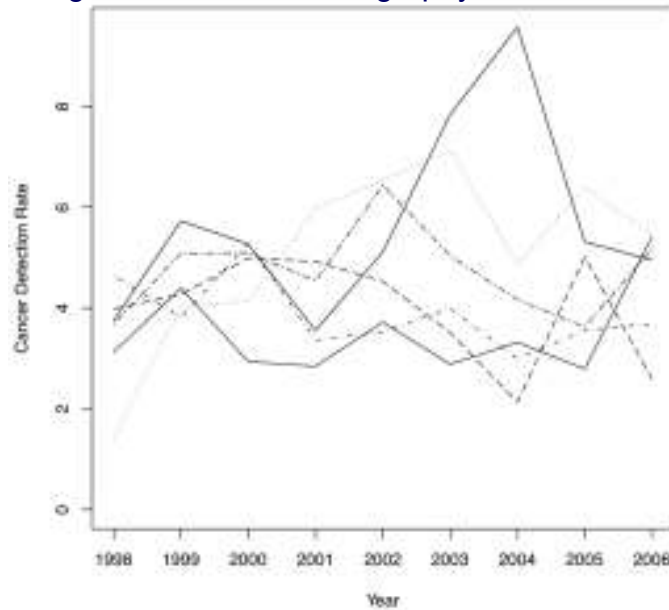


Observed change in CDR from BCSC facilities that did and did not switch to digital.

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CDR for six randomly selected BCSC facilities exclusively performing film-screen mammography from 1998 – 2006.

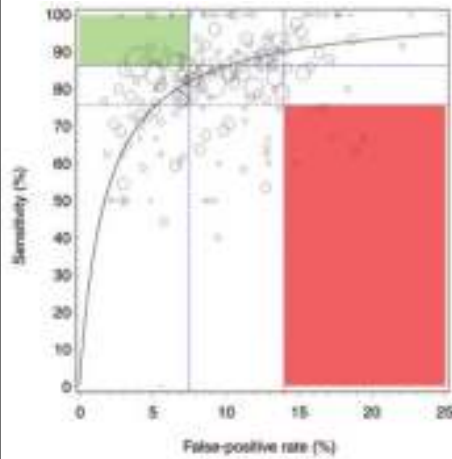


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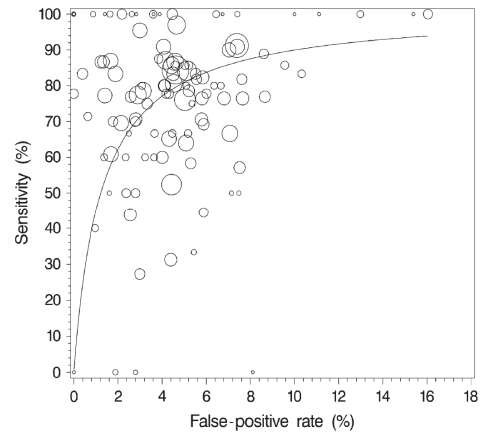
Radiologist-level variation

Screening Mammography



Elmore, et al. *Radiology*, 2009

Diagnostic Mammography



Miglioretti, et al. *JNCI*, 2007

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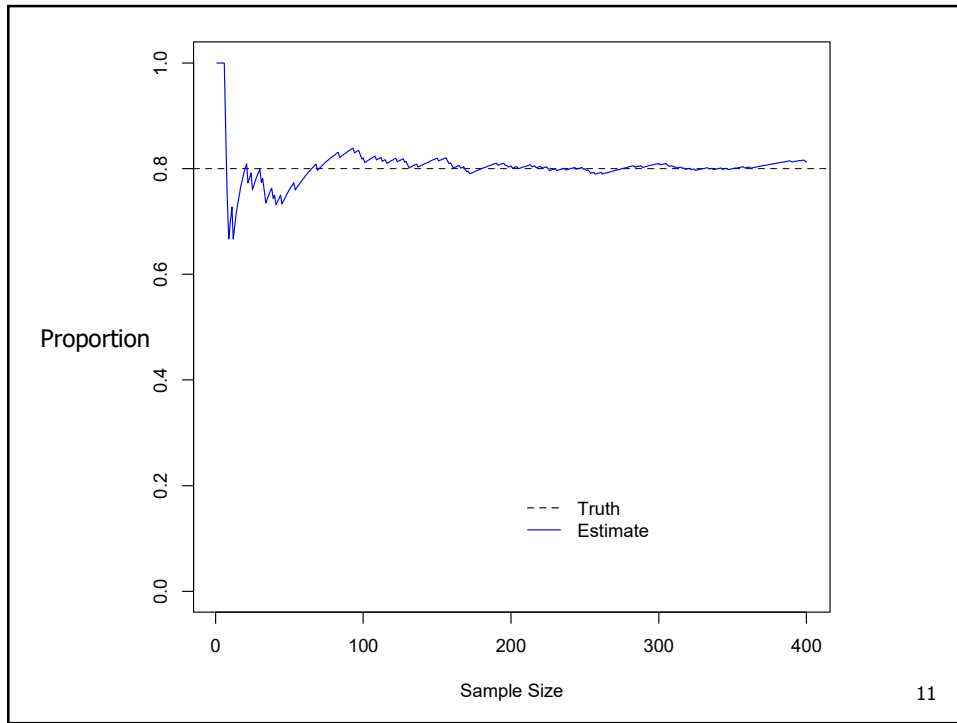
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Estimate quantities from data

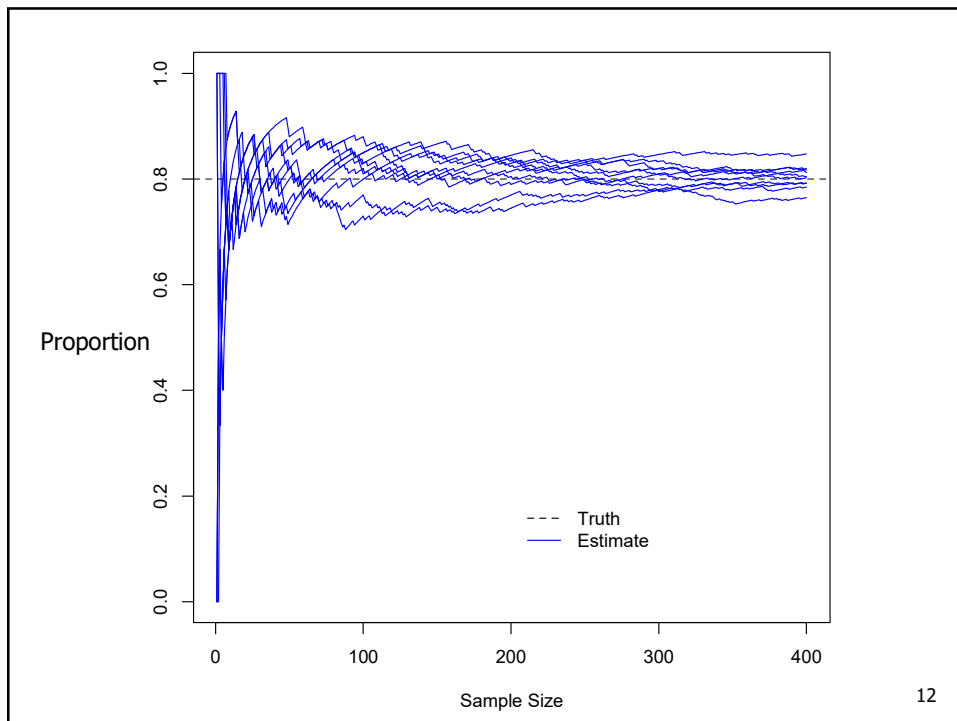
- True sensitivity of a test is 0.8 (80%)
- Simulate study data (sequence of zeros, ones)
- Plot shows:
 - running estimate vs. sample size
 - 1 simulation, then 10
 - 97.5th & 2.5th percentile of sequence variability
 - Plot shows "why statistics works"

10

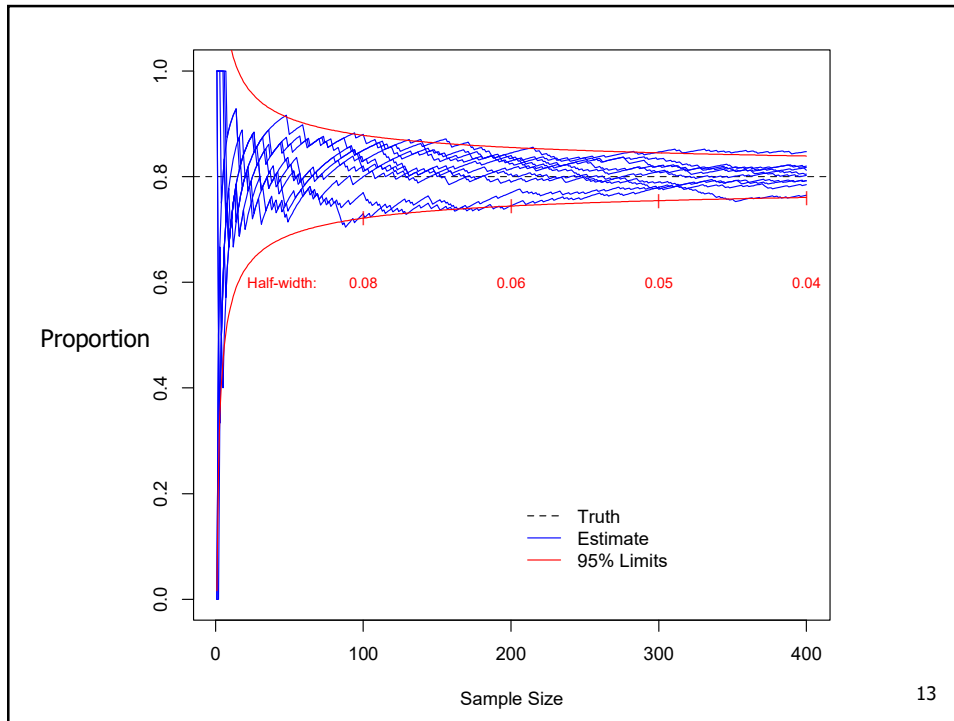
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13

Relation to Sample Size

- As the sample size grows...
 - the sequences become more concentrated near the true proportion (in this case, 0.8)
- Red lines comes from theory and ...
 - captures 95% of the sequences at each sample size
 - shows the "half-width" ; the distance from the true proportion to the red line
 - illustrates a sample size projection

14



Formula for half-width

$$HW \approx 1.96 \sqrt{\frac{p(1-p)}{n}}$$

- As the sample size grows, this formula gets more accurate. The formula also does better when the true proportion is away from 0 or 1.
- In our example, $p=0.8$.

15

15



Measures of Variability

- Range
 - Maximum - Minimum
- Interquartile Range
 - 75th percentile - 25th percentile
- Not always informative
 - Binary data
 - There are better measures, like variance

16

16



Measures of Variability

- Variance is a measure of the tendency of data to cluster around the true mean
 - Variance is average squared deviation from mean

$$Var = \frac{\sum_{i=1}^n (data_i - mean)^2}{n - 1}$$

- Units are squared, so square root (SD) is easier to interpret

$$SD = \sqrt{Var}$$

17

17



Measures of Variability

- Standard Deviation (SD)
 - describes variability in the data
 - variability pertains to individuals in the population
 - property of the population
- Standard Error (SE) = SD / \sqrt{n}
 - describes variability of the sample mean
 - variability pertains to estimates from groups of data
 - property of estimates from samples is size n (distribution of possible samples)

18

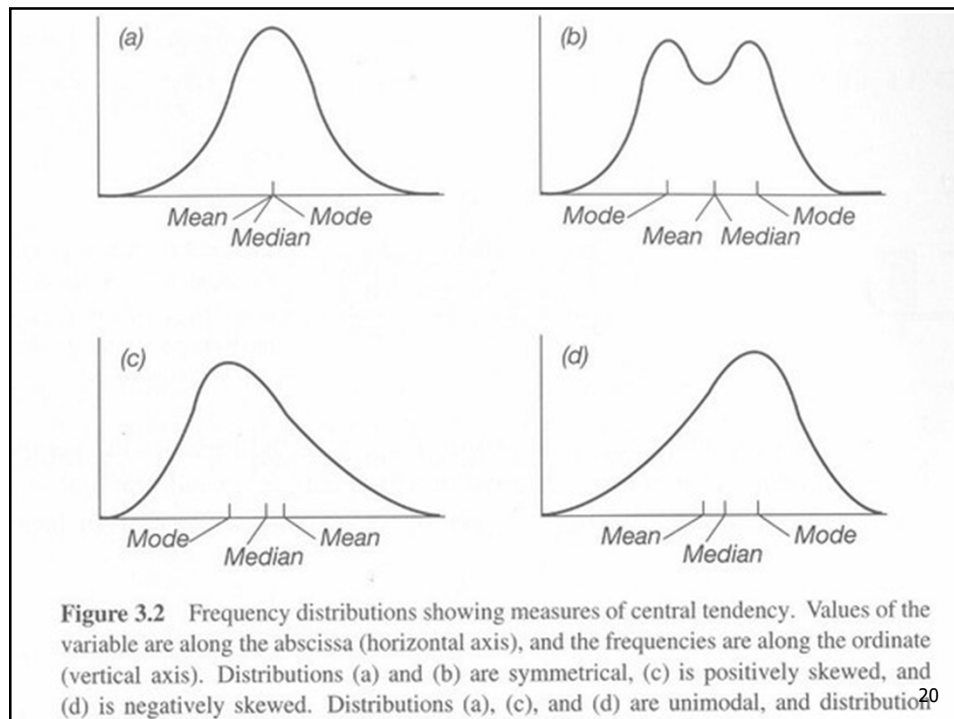
18

Why focus on the mean?

- Good example for illustrating general principles
- Proportions and rates are means
- Estimates of complicated quantities often behave like means
- Means are not perfect; sensitive to outliers and population skewness
- Alternatives: median (middle value when ordered) and mode (most frequent value)

19

19



20



Combining Estimates & Variability

- An estimate alone is not informative
- Variability is the key
 - Low variability translates to high precision
 - High variability translates to low precision
- Confidence intervals (CI) express location and magnitude of variability
- They provide a range of estimates that are well supported by the data
 - Values in the CI are equally well supported by the data (even the pesky ones at the interval edges)

21

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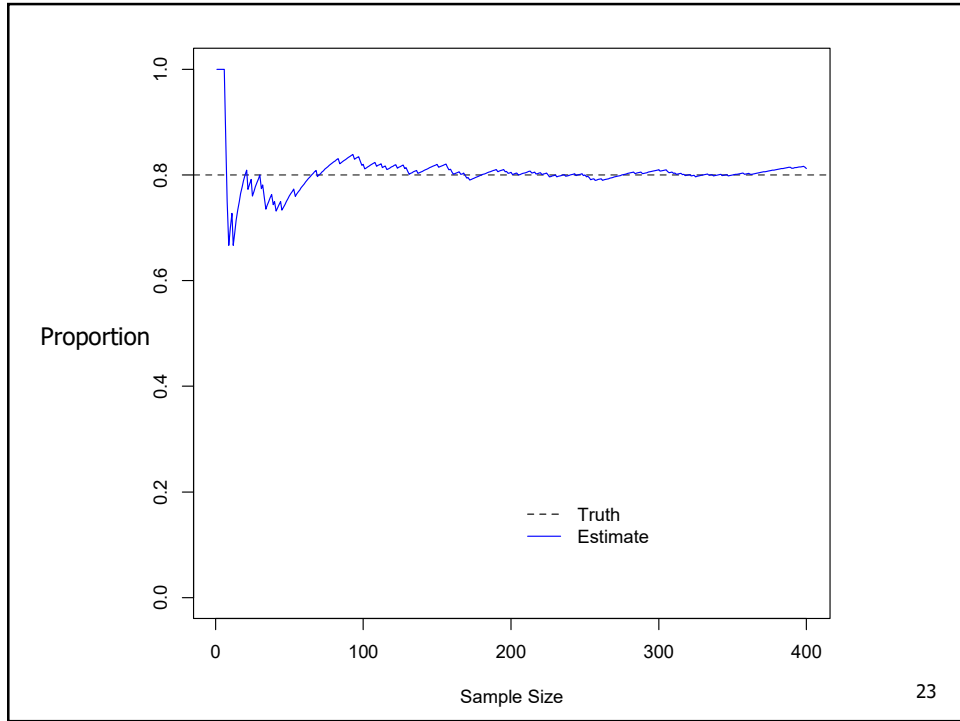


Confidence Intervals

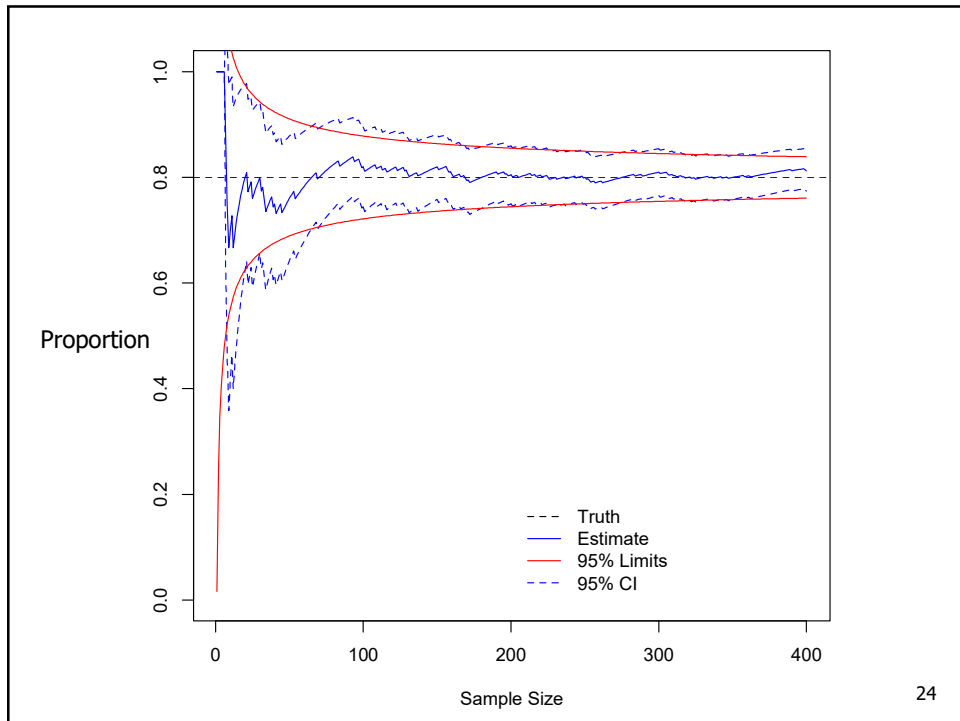
- Most 95% confidence intervals look like
$$\text{Estimate} \pm 1.96 * SE$$
- when...
 - the sample size is 'large enough'
 - the statistician is in a good mood
- $1.96 * SE$ is the "margin of error" or "half-width"

22

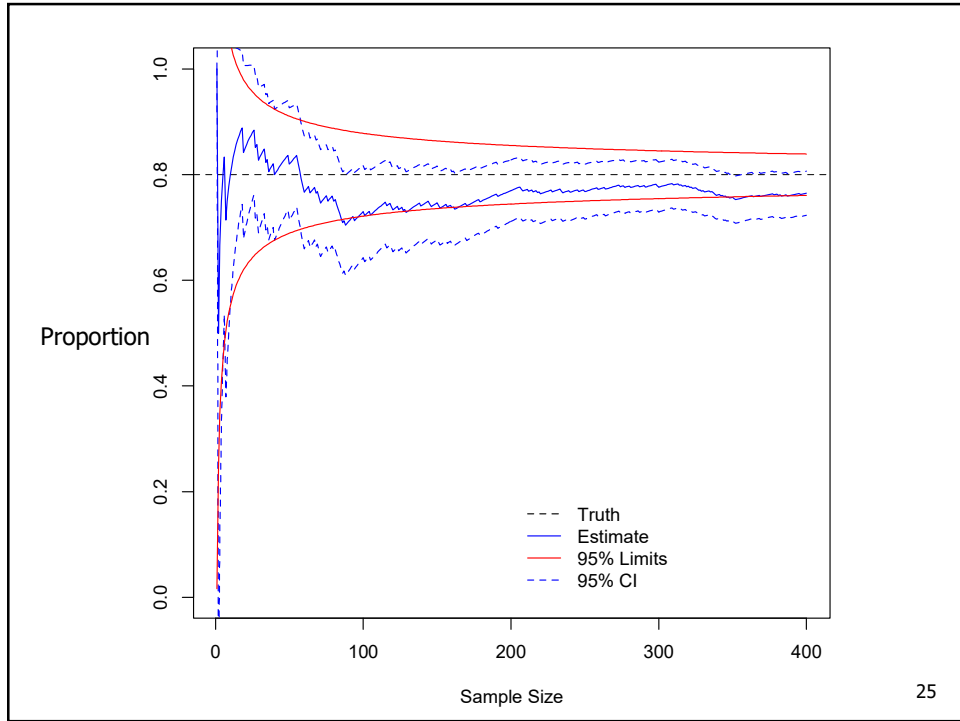
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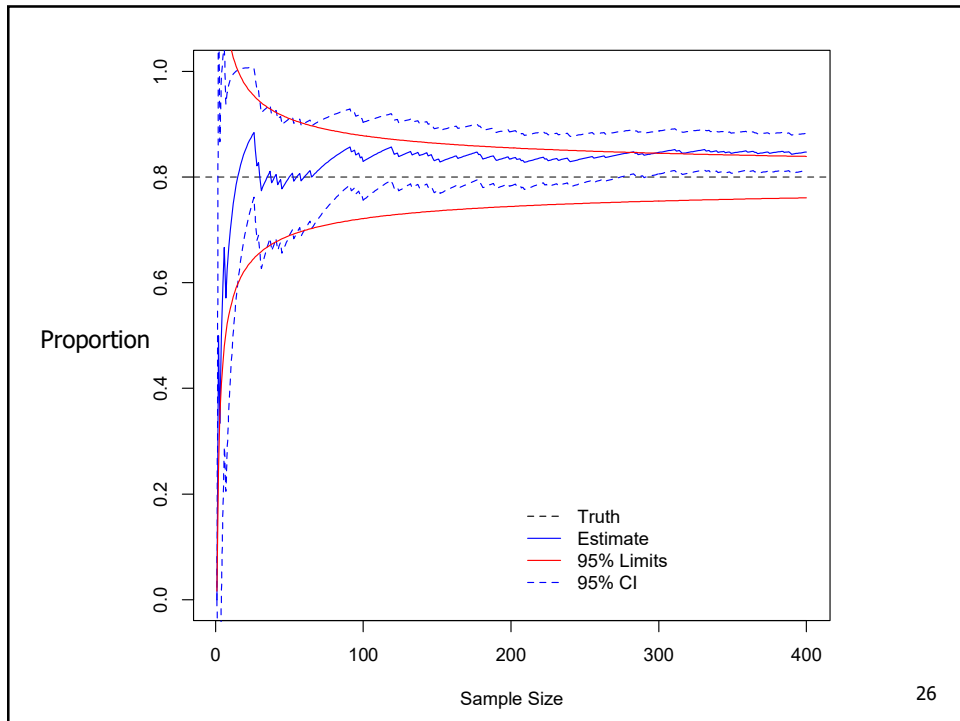
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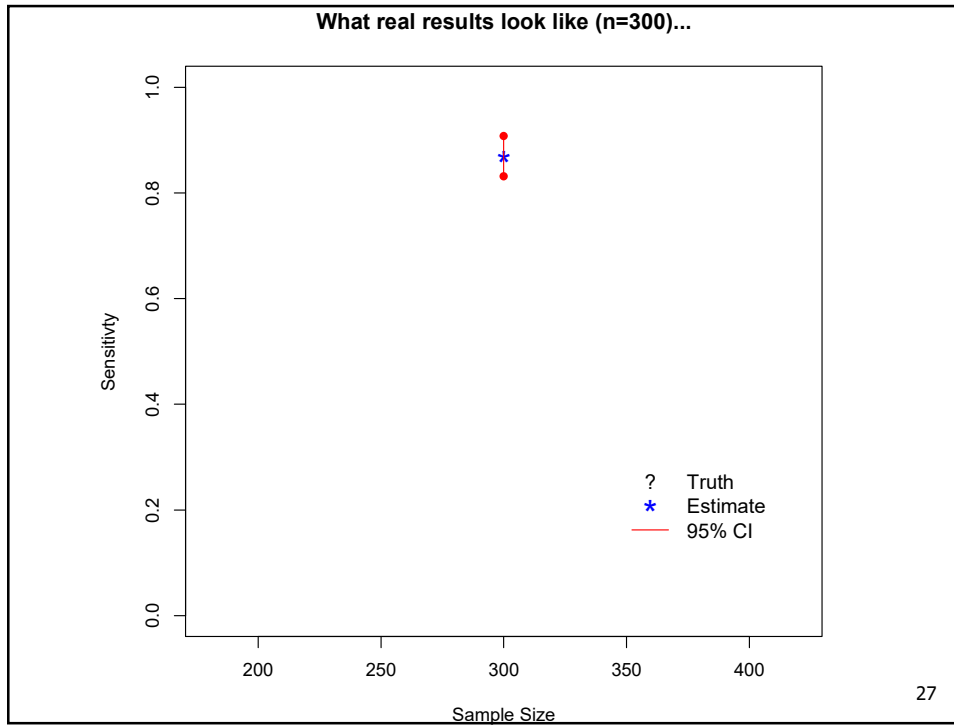
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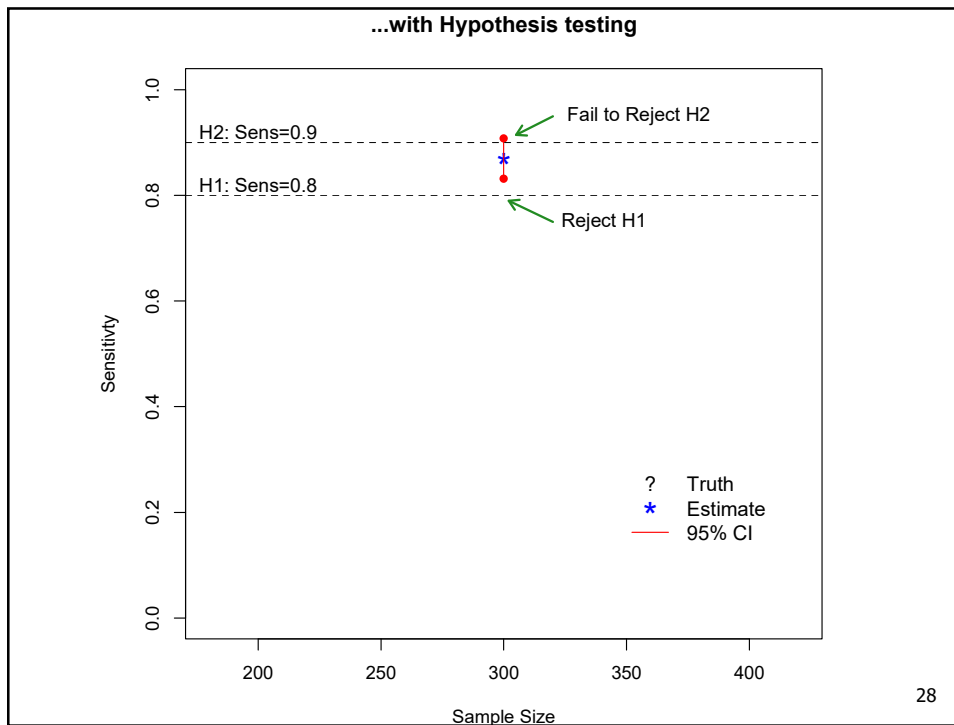
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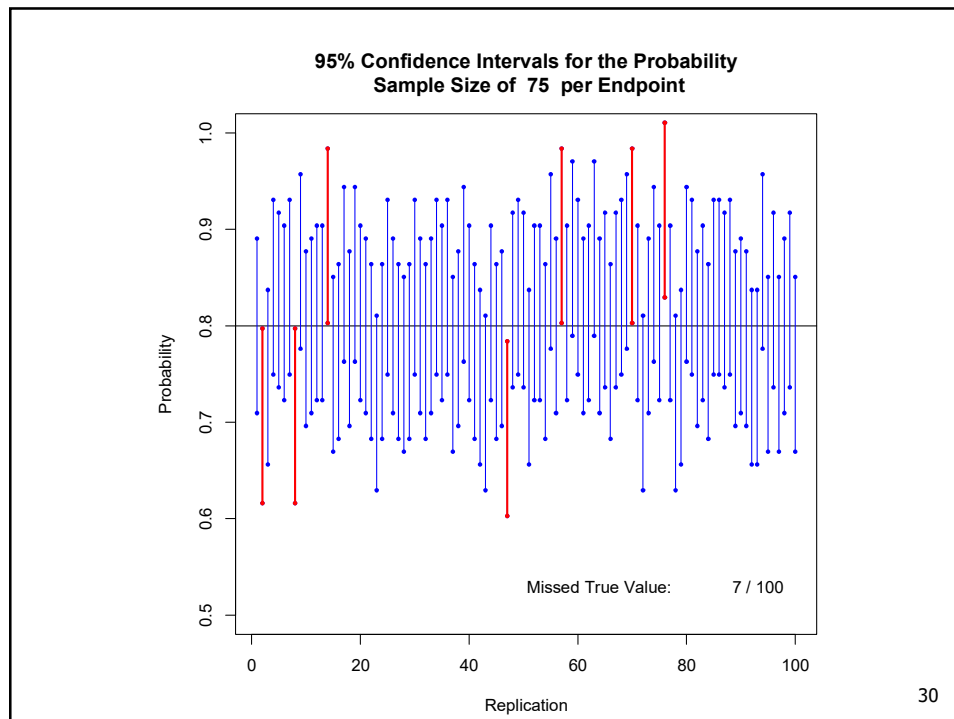
28

CI's can miss (bummer)

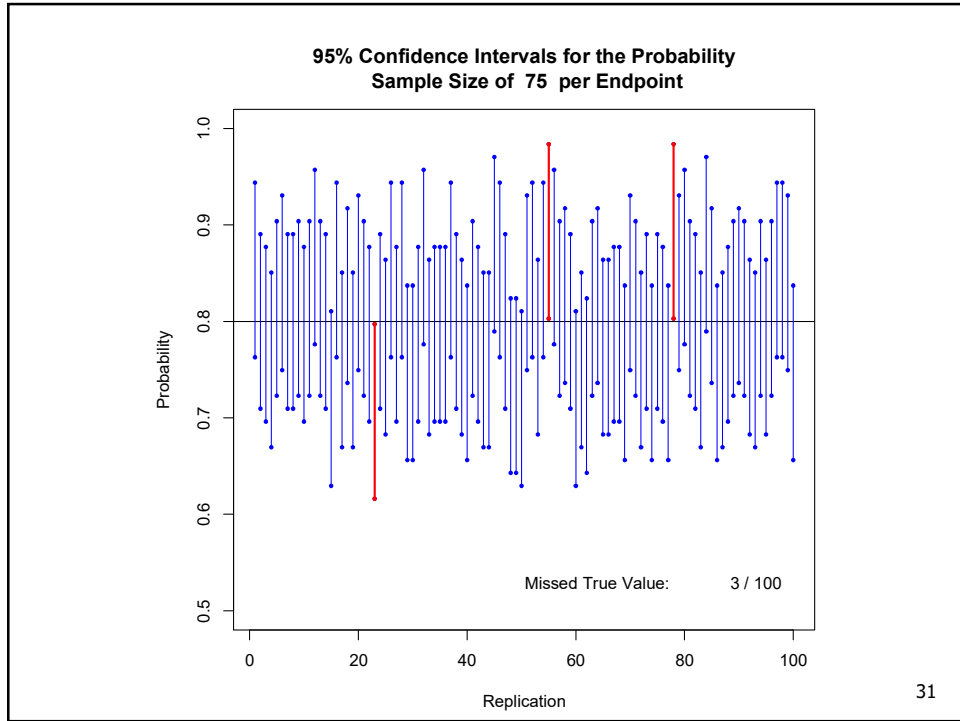
- 95% CI formulas will exclude the truth 5% of the time
- The problem is that you never know if any particular interval computed from data misses or not
- Increasing the sample size...
 - Does not change the miss rate (!)
 - Reduces the width of the CI
 - Reduces the amount by which the CI's miss the truth (on average) (!)

29

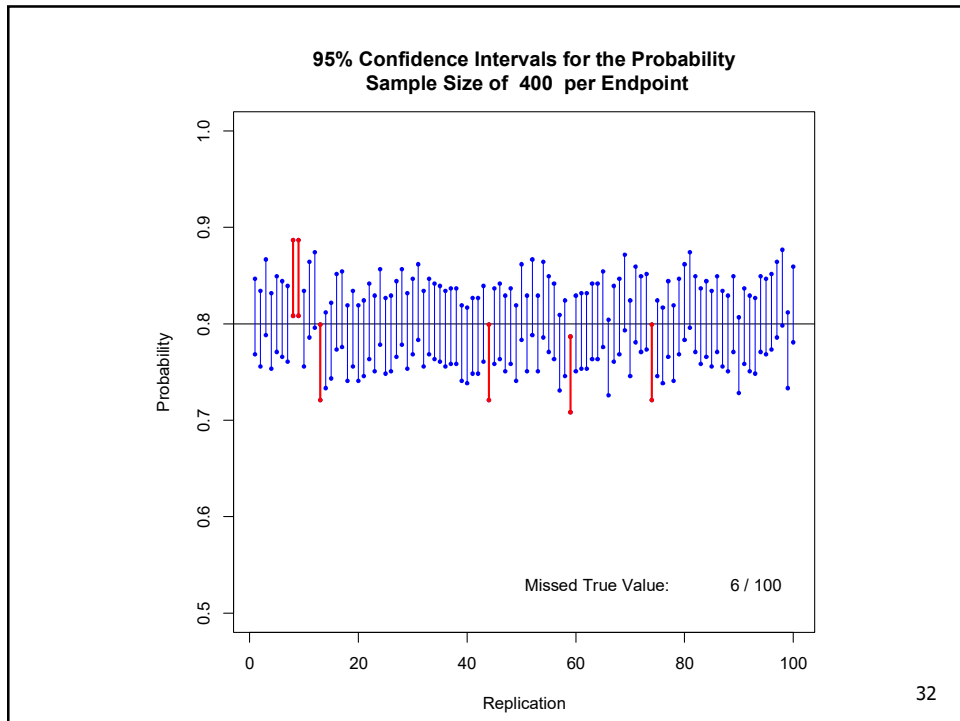
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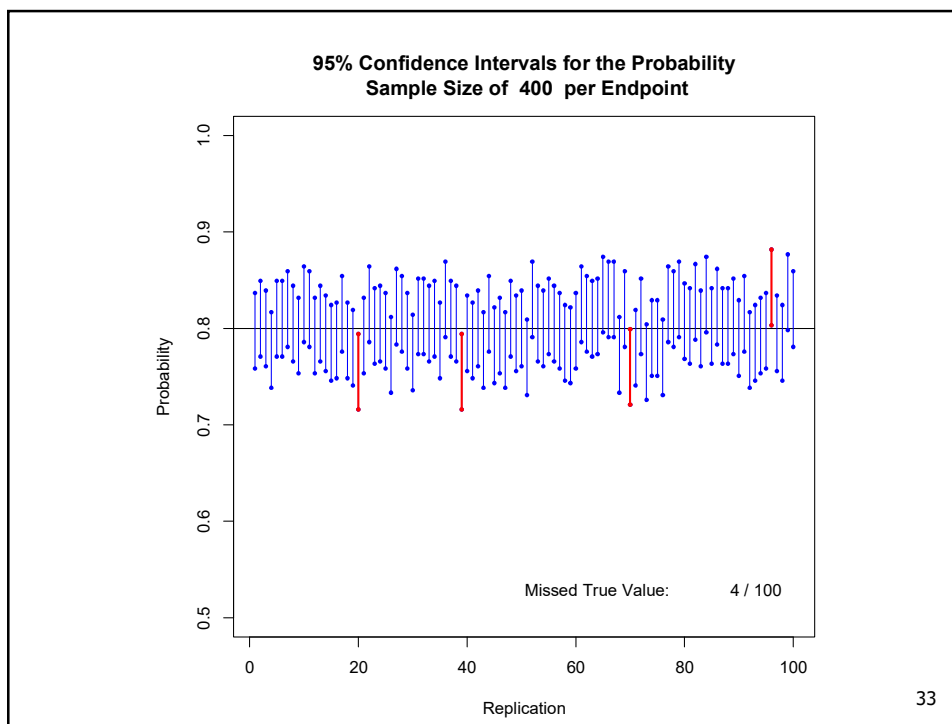
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31



32



33

Interpretation of CIs

- Good:
 - "A collection of estimates that are consistent with the data at the 95% level"
 - Here the '95%' refers to the statistical procedure

- Bad:
 - "There is a 95% chance that the mean in the interval"
 - "I am 95% confident that the mean is in the interval"
 - Here the '95%' refers to the data or, worse, yourself
 - Note that both statements are strictly false

34

34



Statistical Testing (two types)

1. Specify a null and alternative hypothesis about an unknown parameter.
2. Compute an estimate of the parameter and its variance.
3. Then, based on #3, there are two options...

Hypothesis Testing: Decide to reject or accept the null hypothesis.

Significance Testing: Measure the evidence 'against the null hypothesis' and report it.

We use the probability of observing the estimate, or a more extreme estimate, under null hypothesis for this (***p-value***). 35

35



P-values

- When you report the p-value, you are "measuring the evidence against the null hypothesis".
 - Small p-values mean more evidence against the null.
 - Large p-values mean the evidence is **inconclusive**.
 - Two equal p-values **do not** imply same amount of evidence unless the sample sizes are equal.
 - It is **impossible** to collect evidence in favor of a null hypothesis using a hypothesis or significance test.
 - P-values never support the null hypothesis (ever!!).

36

36

Errors and Error rates of Hypothesis Testing

| | H ₀ True | H ₁ True |
|---|---|---|
| Accept H ₀ (Reject H ₁) | Correct decision | Type II Error P [Type II Error] = β |
| Accept H ₁ (Reject H ₀) | Type I Error P [Type I Error] = α ('Significance' level; typically 0.05) | Correct decision Power = 1 - β |

37

37

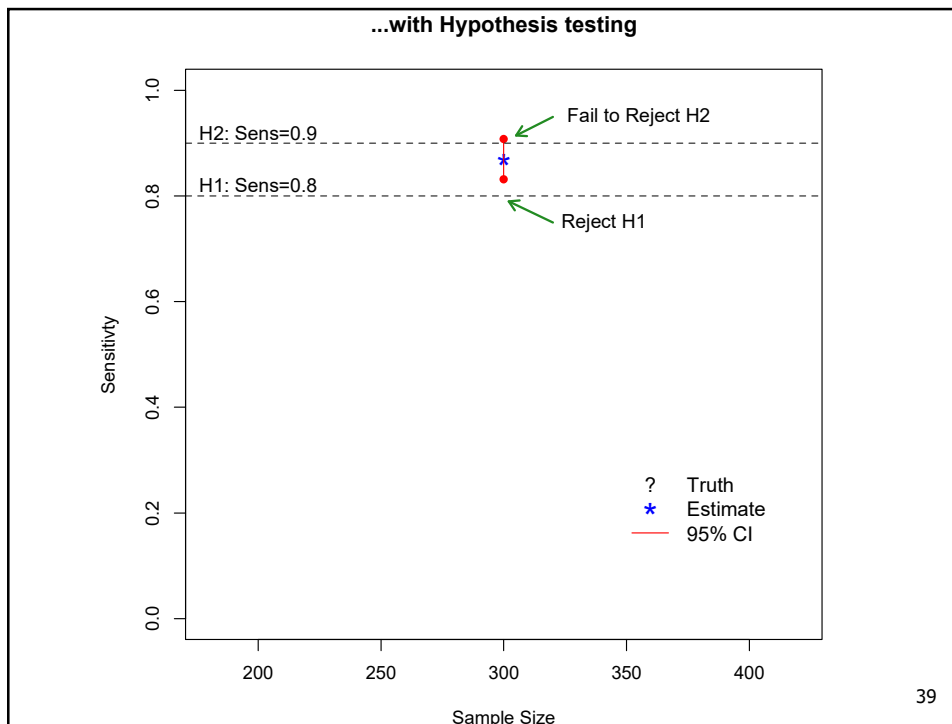


Shortcut: CIs are Hypothesis Tests

- Confidence intervals are, in fact, hypothesis tests.
- A 95% Confidence Interval is the set of all null hypotheses that were accepted (that failed to reject) at the 5% level (i.e., they had a p-value > 0.05).
- This convenient fact is why you don't need to do both.
- When you check if your p-value is less than some pre-determined alpha-level, you are performing a "hypothesis test". This is the same as checking if the null hypothesis is in the CI.

38

38



39

More on CIs

- CIs provide more information than the p-value. The focus is more scientific because of its emphasis on estimating an unknown quantity.
- Get in the habit of reporting CIs. Your statistical acumen will get better and the science will benefit.
 - Ask: How large? How small? How different?
 - Don't ask: Is it large? Is it small? Are they different?
- There are 'non-parametric' tests that don't have an easy estimation analogue. **Beware of over-interpreting these tests. ("If I don't have a red pencil, what do I have?")**

40

40

Hypothesis tests are just diagnostic tests

| | Patient does not have the disease | Patient has the disease |
|--------------------|-----------------------------------|----------------------------|
| Test - for disease | True Negative Correct | False Negative (1-Sens) |
| Test + for disease | False Positive (1-Spec) | True Positive Correct |

$$\text{Sensitivity} = \text{TP}/(\text{TP}+\text{FN})$$
$$\text{Specificity} = \text{TN}/(\text{TN}+\text{FP})$$

$$\text{PPV} = \text{TP}/(\text{TP}+\text{FP})$$
$$\text{NPV} = \text{TN}/(\text{TN}+\text{FN})$$

41

41

So what?

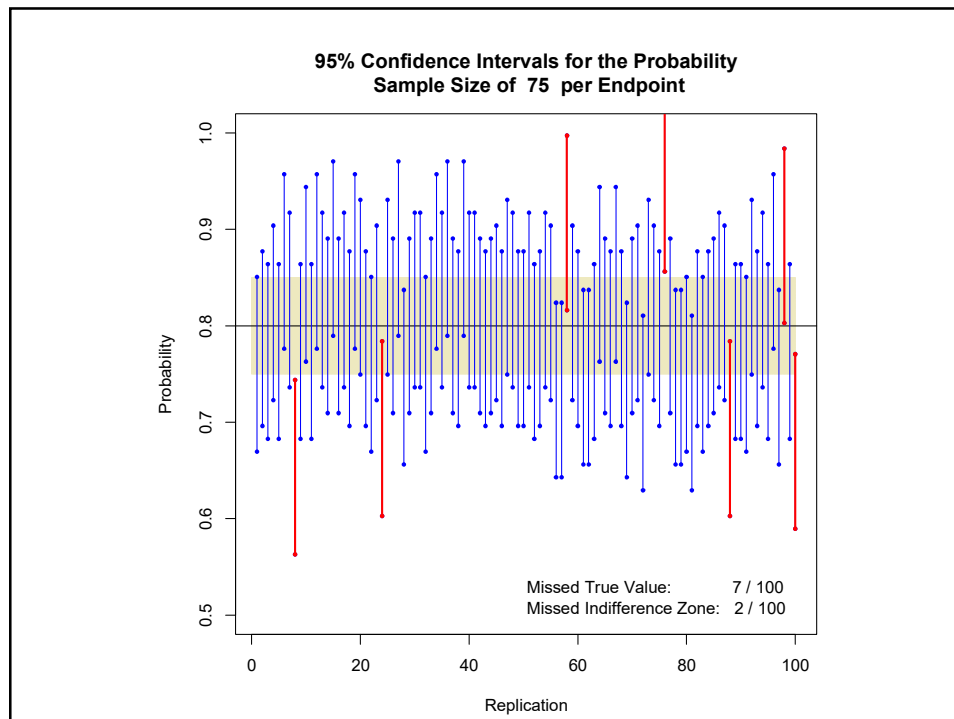
- Sens & spec analogous to (Power) & 1-Type I error rate.
- These things tell us about the reliability of the testing *procedure*.
- PPV & NPV analogous to false discovery rates (not shown)
- These rates tell us about the reliability of the *observed results* (i.e., the data or test outcome).
- The discipline of statistics is still confused about this; We still try to use Type I & II error rates to tell us about the reliability of observed data.

42

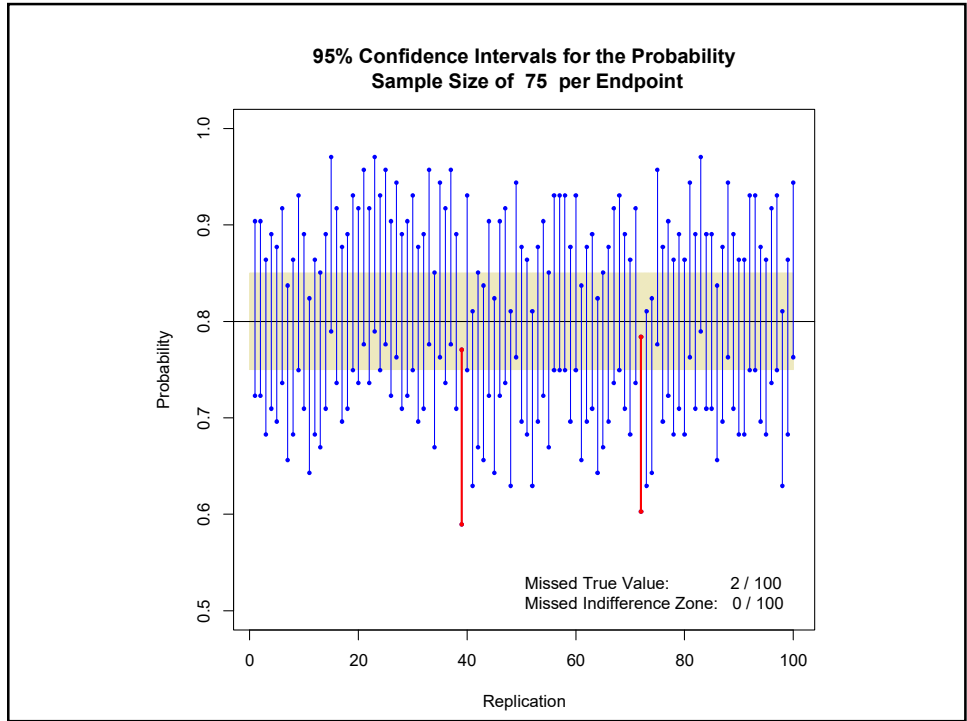
Usefulness of Indifference zones

- Use an indifference zone to represent null effect, practically null effects, & trivial effects.
- Indifference zones often represent clinical or practical equivalence.
- Indifference zones lower Type I Error rates, lower false discovery rates, and have improved statistical properties (but sometimes lower power).
- Indifference zones are the key tool that make equivalence studies and non-inferiority studies work.

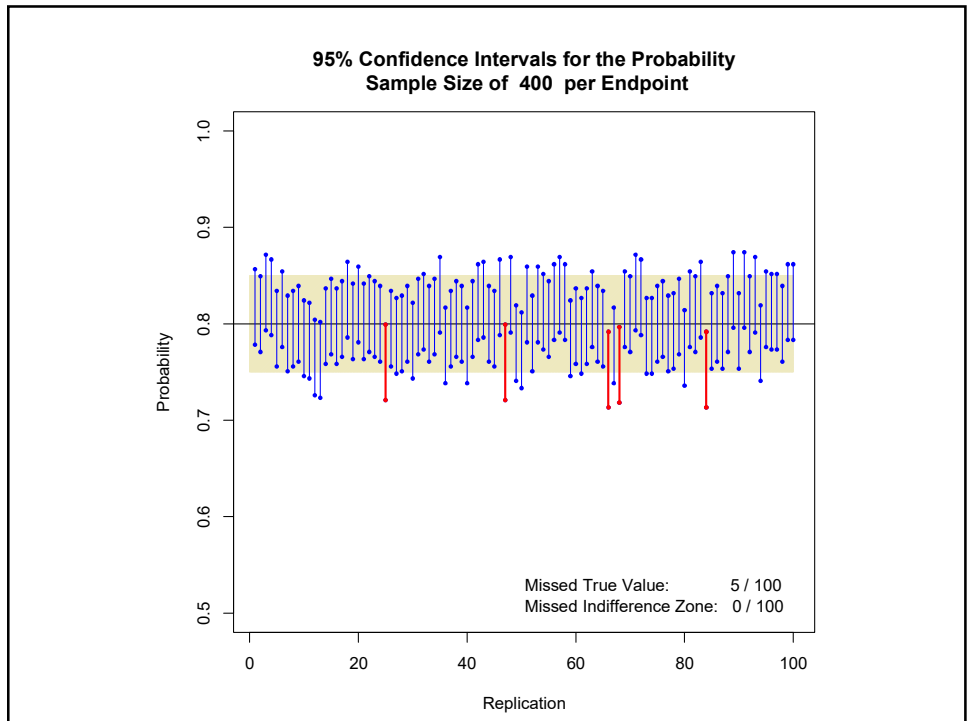
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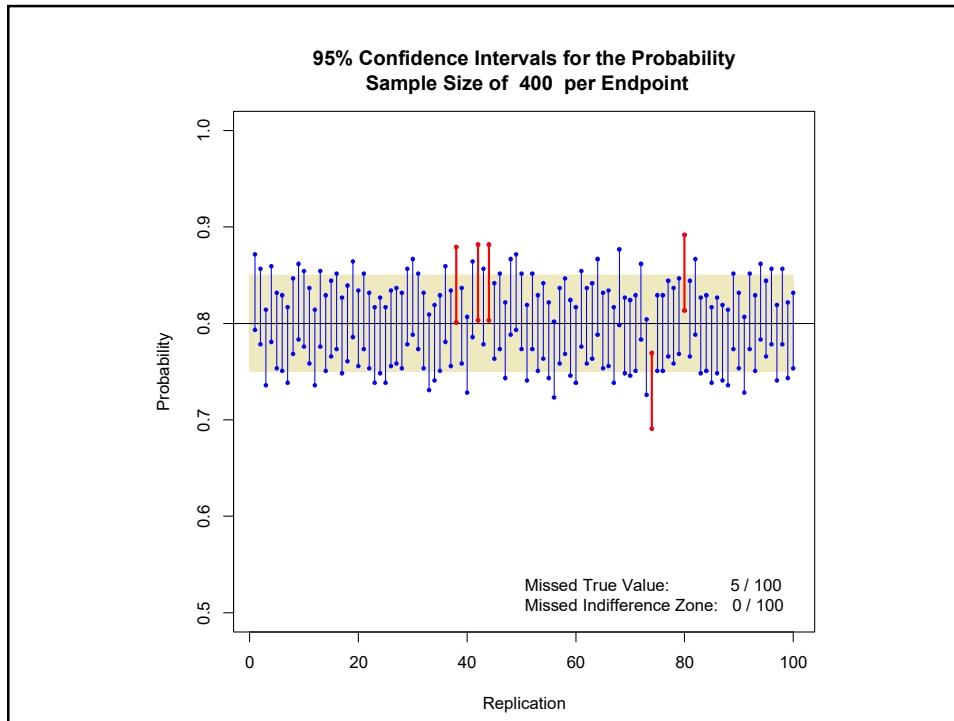
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46



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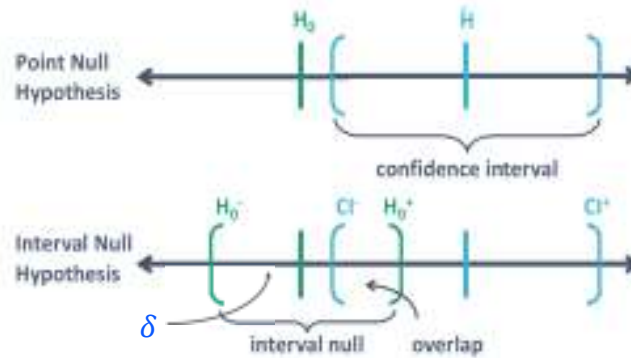
P-values for indifference zones

- A **second-generation p-value (SGPV)** uses a 'interval null' or null zone for inference purposes.
- The SGPV measures the overlap between the confidence interval and the indifference/null zone.
- SGPVs indicate when the data favor the alternative, favor the null, or are inconclusive.
- SGPVs can be used to improve reporting, study planning, equivalence testing, feature selection and more.

48

48

Second-generation p-values



Point null hypothesis H_0 and interval null hypothesis $[H_0^-, H_0^+]$

Data-supported hypothesis \hat{H} and confidence interval $[CI^-, CI^+]$

From Blume et al. PLOS One 2018

49

49

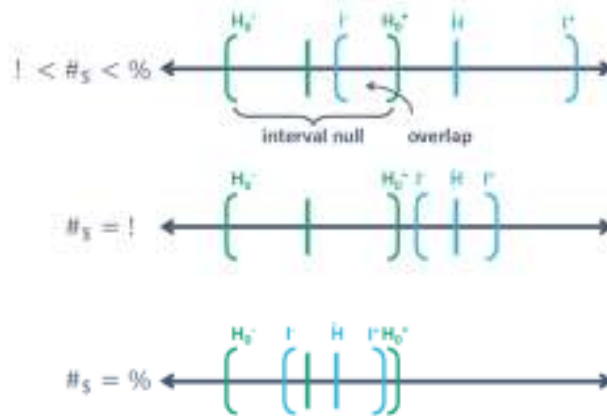
P-values with indifference zones

- When the CI does **not** overlap with the indifference zone we have **SPGV=0**. This implies clinically meaningful departures from the null.
- When the CI is completely contained in the indifference zone, we have **SPGV=1**. This implies clinical equivalence.
- When the CI partially overlaps with the indifference zone, we have **$0 < \text{SGPV} < 1$** . This implies the results are inconclusive.

50

50

SGPV Illustration



Works with confidence, credible, and support intervals

Blume et. al. PLOS One 2018

51

51

Take Home Messages

- Confidence intervals are versatile and they avoid some of the common pitfalls of statistical testing.
- The 'art' in statistics is in translating a scientific question into quantifiable statement that can be tested empirically.
- More on statistical testing: Blume and Peipert. *Journal of the American Association of Gynecologic Laparoscopists* 2003; 10(4): 439-444.
- Second-Generation p-values are a potential solution. See www.statisticalevidence.com (Blume et al *PLOS One* 2018)

52

52