

BASIC STATISTICS: FROM ZERO TO ANOVA

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Crea un'immagine per la mia presentazione

Ringraziamento al mio selezionatore

=0

Ideazione di giornata rilassante

Hai raggiunto il limite del piano Free per GPT-4o.

Le nuove risposte useranno un altro modello fino a quando il limite non verrà reimpostato dopo le ore 14:28.



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154			-	

Scelta di un outfit fotogenico





Performing the task is easy, and in the future the interaction with software will be mostly AI mediated.



This shifts the focus from a "HOW" problem to a "WHY" problem.

Are we asking the right questions? Are we envisioning data correctly ? Are we thinking rationally?

And mostly: what does this even mean/imply?

THINKING, FAST AND SLOW And the second second

DANIEL KAHNEMAN

WINNER OF THE NOBEL PRIZE IN ECONOMICS

"[A] masterpiece . . . This is one of the greatest and most engaging collections of insights into the human mind I have read." —WILLIAM EASTERLY, Financial Times





= \$1.10

System 1



Fast, intuitive and emotional

System 2



Slow, conscious and effortful

A Higher Caseload Translates to Greater Reliance on System 1

SYSTEM 1

- Fast/automatic/easy
- Performs familiar or practiced routines
- Fine for small talk
- Undemanding
- Can perform while tired, sick or stressed
- Impressions/intuitions/feelings
- Susceptible to errors

SYSTEM 2

- Slow/effortful/hard
- Necessary for novel decisions or routines
- Useful for harder questions
- Tiring/draining
- Impaired by fatigue, illness or stress
- Logic/analysis/reflection
- Can override errors through careful thought





Confirmation Bias

We tend to find and remember information that confirms our perceptions.



You can confirm a conspiracy theory based on scant evidence while ignoring contrary evidence.

Gambler's Fallacy

We think future possibilities are affected by past events.



Alice has lost nine coin tosses in a row, so she's sure to win the next one!

Placebo Effect*

If we believe a treatment will work, it often will have a small physiological effect.



Alice was given a placebo for her pain, and her pain decreased.

Bystander Effect*

The more other people are around, the less likely we are to help a victim.



In a crowd of students, no one called 911 when someone got hurt in a fight.



RUSSELL'S INDUCTIVIST TURKEY

The turkey found that, on his first morning at the turkey farm, he was fed at 9am. Being a good inductivist turkey, he did not jump to conclusions. He waited until he collected a large number of observations that he was fed at 9am. and made these observations under a wide range of circumstances, on Wednesdays, on Thursdays, on cold days, on warm days. Each day he added another observation statement to his list. Finally he was satisfied that he had collected a number of observation statements to inductively infer that 'I am always fed at 9am'. However on the morning of Christmas eve he was not fed but instead had his throat cut, in order to be cooked and served at the dining table.







Karl Popper

The way of science is paved with discarded theories which were once declared self-evident

The Kuhn Cycle



Model Revolution

Paradigm Change

SA



Kuhn¹ and Lakatos²

Immature Science Immature Science: No prevailing school of thought, Various disparate theories, Competition

Revolution

Old Theory: well established, many followers, politically powerful, well understood, many anomalies New Theory: few followers, untested, new concepts/techniques, accounts for anomalies, asks new questions

Anomalies

Anomalies: Not all expectations are borne out, Some anomalies lead to further discoveries, Some simply ignored. Troublesome anomalies: Challenge key theoretical concepts, Resist solutions, Inhibit application of theory



Alternative research programs: in addressing anomalies, some programs are generative of new facts, and some degenerative (i.e. post-rationalising others' facts but not generating new ones). Determining which is which takes time... Kuhn, T. S. (1962). The Structure of Scientific Revolutions, University of Chicago.
Lakatos, I. (1970). Falsification and the methodology of scientific research programmes. Criticism and the Growth of Knowledge. I. Lakatos and A. Musgrave. Cambridge, Cambridge University Press: 91-196.



Crisis: Weight of accumulated anomalies, No agreement on how anomalies are to be dealt with, doubts arise. Hard core assumptions challenged.



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Normal Science

Normal Science: Stability, Determination of significant facts, Matching facts with theories, Articulation of theories (refinement and extension), "puzzle -solving" neither tests nor confirms its theories. Driven by a paradigm: Commonly held set of beliefs, procedures, techniques.

Agreement upon questions of import, upon what counts as a solution, and upon standards of evaluation. Hard core assumptions distinguished from auxiliary hypotheses.





Science	Pseudoscience
Willingness to change with new evidence	Fixed ideas
Ruthless peer review	No peer review
Takes account of all new discoveries	Selects only favourable discoveries
Invites criticism	Sees criticism as conspiracy
Verifiable results	Non-repeatable results
Limits claims of usefulness	Claims of widespread usefulness
Accurate measurement	"Ball-park" measurement



A Rough Guide to TYPES OF SCIENTIFIC EVIDENCE

Being able to evaluate the evidence behind a claim is important, but scientific evidence comes in a variety of forms. Here, the different types of scientific evidence are ranked and described, particularly those relevant to health and medicinal claims.



Note that in certain cases, some of these types of evidence may not be possible to procure, for ethical or other reasons.

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Basic research*1 Experimental** Theoretical Applied **Clinical study** Method develop-Animal study ment (physics, chemistry, biology Phase I study Cell study bioinformatics. Phase II study Genetic engineering biometrics. psychology) Gene sequencing Phase III study Biochemistry Analytical measure-Phase IV study ment procedure Material development Imaging procedure **Genetic studies** Biometric procedure

FIGURE 1

Classification of different study types

Test development

Assessment

procedure

*1, sometimes known as experimental research; *2, analogous term: interventional; *3, analogous term: noninterventional or nonexperimental





Build our hypothesys

H0 (null hypothesis) and H1 (alternative hypothesis) approach Be **bold** make choices and commit

> Hypothesis Testing and **Comparing Two Proportions**

- Hypothesis Testing: Deciding whether your data shows a "real" effect, or could have happened by chance
- Hypothesis testing is used to decide between two possibilities:
 - The Research Hypothesis
 - The Null Hypothesis

A good hypothesis is one that can be easily proved wrong if this is the case Hypothesis are never "just true", but rather they hold true until falsified



Type I Error (False Positive)

Definition: A Type I error occurs when the null hypothesis is incorrectly rejected when it is actually true. In other words, it's concluding that there is an effect or difference when, in reality, there isn't one.

Probability Notation: The probability of making a Type I error is denoted by α (alpha), which is also known as the significance level of the test.

Common Significance Levels: Researchers often choose $\alpha = 0.05$ (5%), meaning there's a 5% risk of rejecting the null

Type II Error (False Negative)

Definition: A Type II error happens when the null hypothesis is incorrectly accepted (i.e., failing to reject it) when the alternative hypothesis is true. Essentially, it's not detecting an effect or difference that actually exists.

Probability Notation: The probability of making a Type II error is denoted by β (beta). Power of a Test: The power of a statistical test is defined as 1 - β . It represents the probability of correctly rejecting the null hypothesis when the alternative hypothesis is true.

Example Continued: If the new drug truly has a higher recovery rate than the existing drug (H₁ is true), but the study fails to detect this difference and concludes that there's no significant improvement, a Type II error has occurred.

The traditional alpha level of p<0.05p

- Arbitrariness of the Threshole practices rather than from rigorou different r
- Dichotomization of Results: Sett to oversimplification. This dicho pote
- Reproducibility Crisis: Relying hea achieve significance by a narrow

Overemphasis on Statistical vs. Practical Significance: Achieving D<0.0

- practica
- Encoura report
- **Misint** hypothes

Alternatives







intervals alongside effect sizes to provide a fuller picture of the data and its practical implications

OH, YOU FOUND A P-VALUE LESS THAN 0.05?

PLEASE TELL ME ALL ABOUT YOUR

ical research due to several limitations and

en as arbitrary, originating from historical bes not reflect the variability and context of tringent standards.

nt" based on p<0.05p < 0.05p<0.05 can lead ls to convey the strength of the evidence, the threshold.

reproducibility issues in science. Studies that reflect sample-specific noise rather than a

<u>-0.05p<0.05 does not imply that an effect is</u>



⁻icant results that

acking or selective ance threshold.

lity that the null Jll hypothesis were

porting confidence

storytelling Mith data





VERTICAL		HORIZONTAL	Good when calcgory hames are long
	STACKED DETEN MISUSED EASIER TO COMPARE TOTAL & FIRST SERIES, BUT SEGMENTS UP HE STACK DON'T LIME U		3
	100'/. STACKED	TWO BASELINES FOR COMPARIS	SON
	SQVARE AREA (AKA WAFFLE CHART)		THE GRID IS IMPORTANT BECAUSE WE TEND TO OVERESTIMATE AREAS
used in finance variance to budget	ni r ali	Good for showing imbers of very diff nagnitudes, or as a lernative to a pie cl	icrent in hart





Variable	units	measures		Variable	units	measures
Gender	M/F	freq and %		years of education	years	mean±SD
Age	years	mean±SD		Age	years	mean±SD
Height Weight BMI	Cm, Kg	mean±SD		Height Weight BMI	Cm, Kg	mean±SD
Diagnosis	Categ non bin TLE,JME, CAE GTCA	freq and %		Seizures/year	number	mean±SD
Ago at diagnosis		mean±SD		number of ASM	number	mean±SD
Age at diagnosis	years			mean±3D		
SF	y/n	freq and %		ASM type	LEV,CBZ,LTG,VPA	freq and %
DR	y/n	freq and %		Hospetalization/y	Number	mean±SD





Ordinal Categories that maintain an order Nominal Categories with no order ranking

Binary Nominal variables with two categories



Number of seizures is mostly non normally distributed



(c) Positively Skewed



Some measures are limited due to ceiling and floor effects



Negative Exponential (Floor Effect)



Time

Number of ASM is more an ordinal than continuous variable and is better suited to draw cathegories, simillarly also other variables such as years of education.



Some variables are most usefull as filtering variables i.e. DR or SF



Variable combination



40	0
	0
30	
25	
18	::

1,9

2 m

Variable transformation-normalization

If a data relationship looks like one of these curves, try using a transformation of the independent variable to make the relationship linear.



Trade off-normal distribution vs easy to comprehend

Basic formula for sample size - Continuous data



$$(\alpha_{\beta})^2 x \sigma^2$$

$$\sigma = \sigma \sqrt{\frac{2}{n}}$$

 $ar{y}_0 - ar{y}_1$





What is our statistic plan-


Does the new ASM (Na ch blocker) effect HRV?



EKG HRV



Demographic and Epilepsy related variables

. . . .

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4 weeks





Dimensions of our data



HRV-T1

		Placebo
		Half-dose
		Full dose
Outo	ome	

Dimensions of our data





T test takes you all the way?

HRV-T0 HRV-T1 Placebo HRV-T0 HRV-T1 Half-dose HRV-T0 HRV-T1 Full dose

Alpha error 0.05 Alpha error 0.05 Alpha error 0.05

15% chance of rejecting null hypothesis incorrectly





rmANOVA-two way





supp 🔶 OJ 🔶 VC

rmANOVA

ANCOVA

Dimensions of our data





Linear Mixed-Effects Models







What is our statistic plan





Is Survival different in patients with high vs low IL-6?

We want to investigate what influences survival rate in SE

What are the factors that relate with survival?







Time since SE [days]

Survival (months)



How do we study survival statistics?

Dimensions of our data



Covariates

Patients

Outcome

High IL-6

Low IL-6

Explanatory variable



pvalue	Hazard ratio
<0.001	1.033(1.019-1.048)
0.876	0.855(0.119-6.130)
<0.001	2.151(1.703-2.717)
<0.001	1.553(1.254-1.924)
<0.001	6.544(3.675-11.654)
<0.001	1.667(1.391-2.000)
<0.001	1.121(1.091-1.153)

pvalue	Hazard ratio
<0.001	1.034(1.019-1.049)
0.571	0.564(0.078-4.093)
0.063	1.614(0.975-2.672)
0.986	0.997(0.746-1.333)
0.256	1.612(0.707-3.678)
0.136	1.238(0.935-1.640)
<0.001	1.124(1.091-1.158)





What is our statistic plan-



Does TLE affect NPS assessment in PwE

We want to investigate TLE and **NPS functions**



Are EEG alterations in the temporal lobe linked to NPS assessment in TLE patients.





HD-EEG qEEG analisys Connectivity



NPS test EPI-Track ACE-III

••



No plan is not an answer Machine learning is generic and not an answer

Let's talk about it and try to anticipate possible problems

Questionaires, tests and the concept of latent constructs

Latent Construct

• A construct defined by other constructs



EEG Data Analysis

Benefits and Challenges



Dimensions of our data



Problems?

Multiple outcome measures Large EEG dataset many entries No clear classes to perform inference

Solutions?

Collapse and reduce outcome measure on one recoded variable.

> Use ML or formulate clear cut hypothesys and test it.

Use normal values of NPS test to define pathologic and non patologic and create multiple binary variables

What if i have to many desired outcomes?

i.e. Quolie31, BDS-II, GAD, MMSE, ACE-R, FAB score









Divorce rate in Maine correlates with

Per capita consumption of margarine





tylervigen.com

Use PCA to obtain 1 recoded variable that loads most of the explained variance. We can have a single variable continuouse that summarizes NPS tests useful as

an outcome for ML













Use KNN to obtain recoded classes . We can obtain classes of test performance





What if i have to many explanatory variables?

i.e. clinical variables, EEG (ChannelxMeasurexBand)



Go narrow

Perform a clear Hypothesis based on data and test it.

i.e People with pathological Epitrack will manifest higher **Theta and Delta Power**

Scientific and clean approach Multiple hypothesis and cherry-picking is not very scientific



Go Wide

Develop a comprehensive model.

i.e what are the main **EEG predictors of my** ddesired outcome using machine learning.

Comprehensive and avoids the problem of multiple comparisons **Overfitting can be a serious problem**
















The perfect database

Avoid redundancy: grow in complexity not just in size

Use unique identifiers (i.e Statepi_JL_exp1_T1)

Atomicity: scorporate complex data (i.e LEV1000mg= ASM->LEV, dose->1000mg/day)

Avoid NAs (in large datasets consider imputation)

Mitigate typing errors (multiple choices, ore use redcap)

Use easy index variables (index variables are at the heart of statistics, create groups to test, here is where you can think and come up with interesting things)

Do not be afraid to simplify ("Seizure with LOC and subtle clonic jerks of the pinky of the right foot" is not a variable LOC(Y/N) is a varianle)

One subject/One condition/One time = one ROW

Back up the Back ups of your Back up

Piled Higher and Deeper by Jorge Cham



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