# continuous tests can cause researchers to choose the wrong screening modality

Deborah Glueck
Department of Biostatistics
Colorado School of Public Health
Denver, Colorado
United States of America

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#### **Collaborators and mentors**

**Todd Alonzo John Brinton Molly Lamb John Lewin Keith Muller** Colin O'Donnell **Etta Pisano Brandy Ringham** 

#### **Outline**

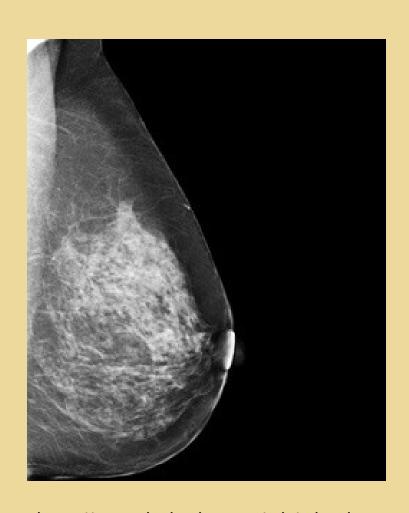
#### Science

- Scientific background
- Scientific question
- ROC curves
- Hypothesis testing
- Study design

#### **Statistics**

- Limitations of design
- Is there bias?
- Assumptions
- Derivations
- Results
- Conclusions

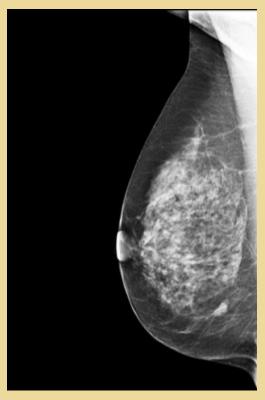
#### **Mammography**

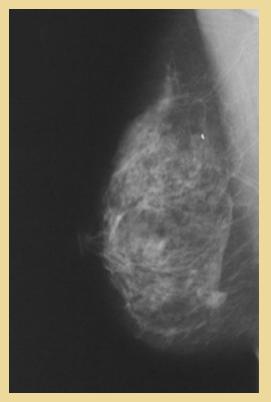


http://www.hologic.com/wh/whccl.cfm

- A screening technique for early detection of breast cancer
- An x-ray of the breast
- Screen film mammography uses film
- Digital mammography uses a digital detector

## Different images produced by screen-film and digital mammography of the same breast

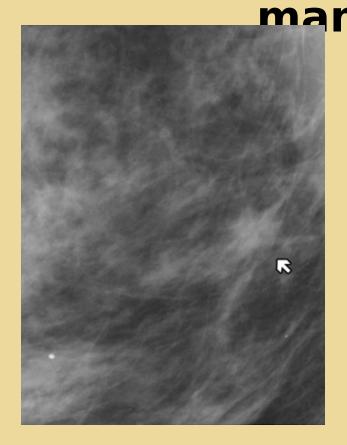


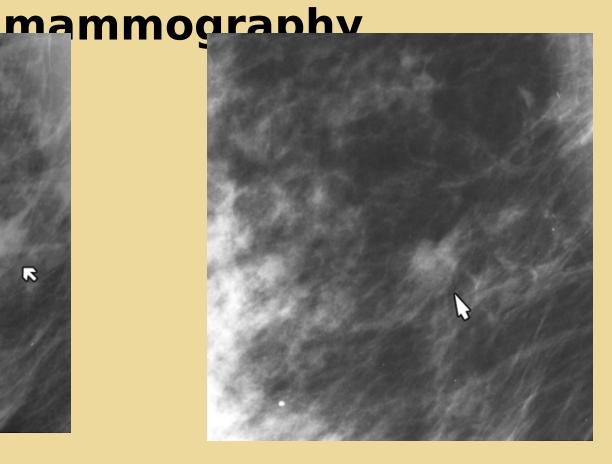


Full field digital mammogram

Screen-film mammogram http://www.hologic.com/wh/cc-0507

## detected on digital but not screen film

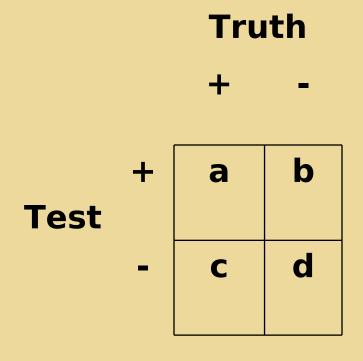




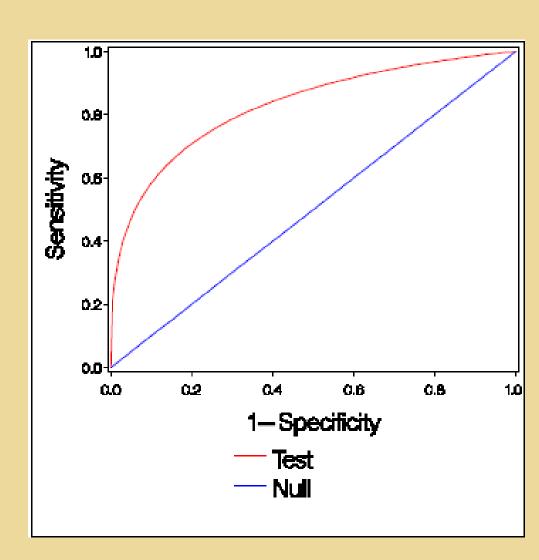
Full field digital mammogram

Screen-film mammogram

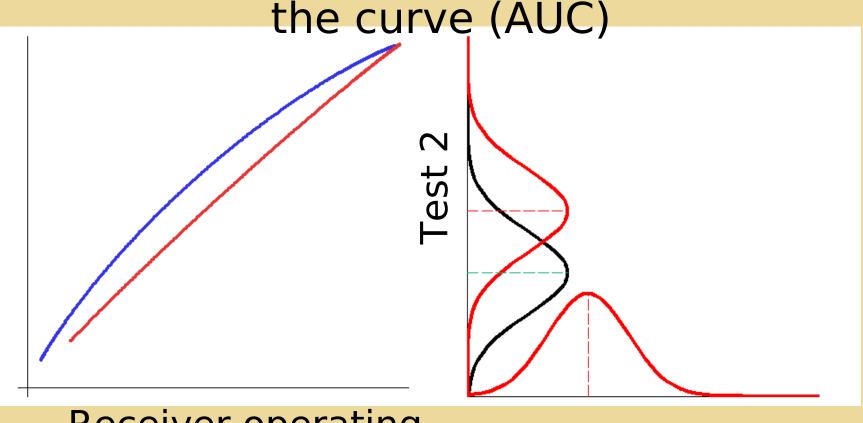
#### Which screening method is best?



Sensitivity = a / (a+c)Specificity = d / (b+d)



Difference between ROC distributions affects area under



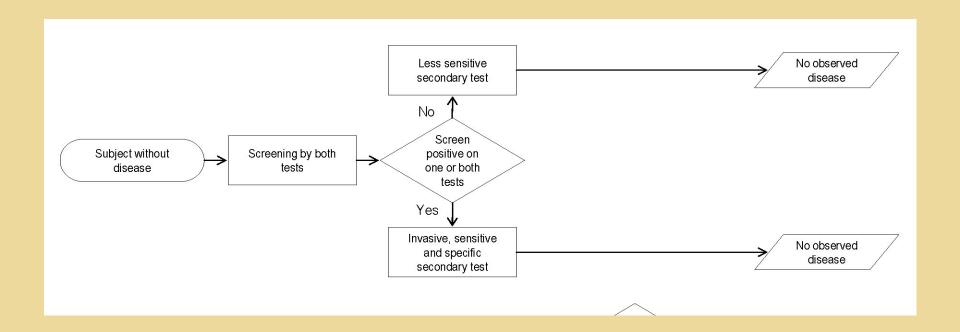
Receiver operating characteristic curve

Test 1 — Test 2 —

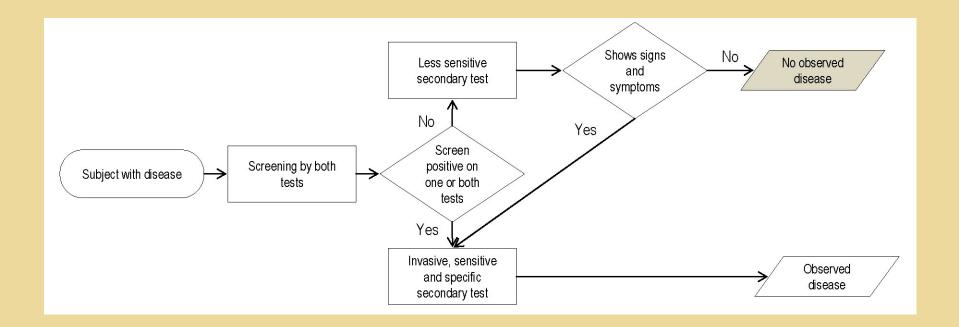




## Design flowchart: participants without disease



## Design flowchart: participants with disease



## Disease observed in one of four ways

- Screening test 1 is positive
- Screening test 2 is positive
- Both screening tests positive
- Both screening tests negative, but signs and symptoms occur

#### Question

- Is this trial design affected by paired screening trial bias?
- Can the study designer make the wrong decision as to which test is better?

#### Two points of view

- Omniscient (know true disease status)
- Study coordinator (know only observed disease status)

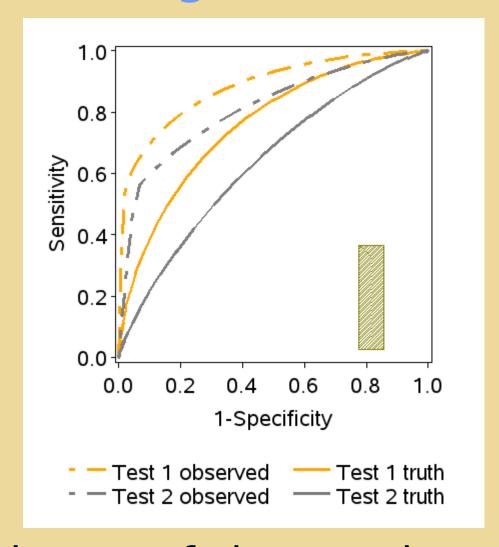
#### **Classify Participants by**

- Score on Test 1
- Score on Test 2
- Signs and symptoms
- Which secondary test used
  - \*Infallible, invasive, sensitive and specific
  - \*Non-invasive, but less sensitive
- Observed disease status
- True disease status

#### **Derive**

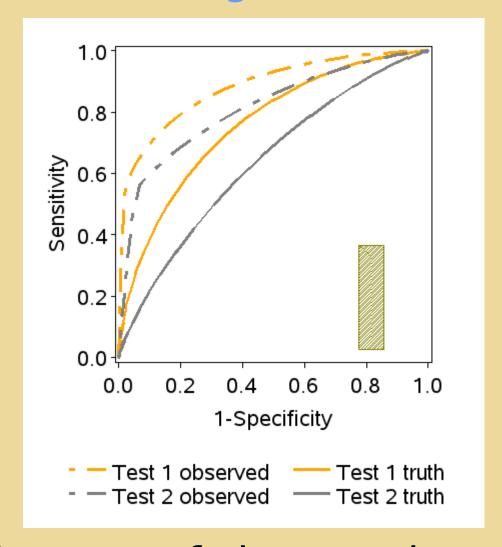
- True sensitivity for screening test 1
- True specificity for screening test 1
- True sensitivity for screening test 2
- True specificity for screening test 2
- Observed sensitivity for screening test 1
- Observed specificity for screening test 1
- Observed sensitivity for screening test 2
- Observed specificity for screening

#### Paired screening trial bias decreases



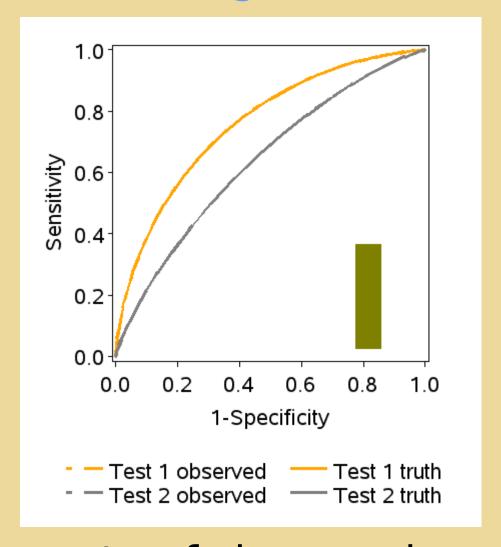
as the chance of signs and symptoms increases

#### Paired screening trial bias is high



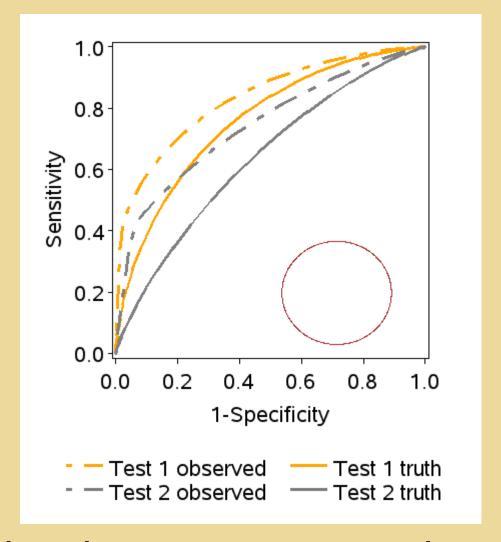
when the rate of signs and symptoms is low

#### Paired screening trial bias is low



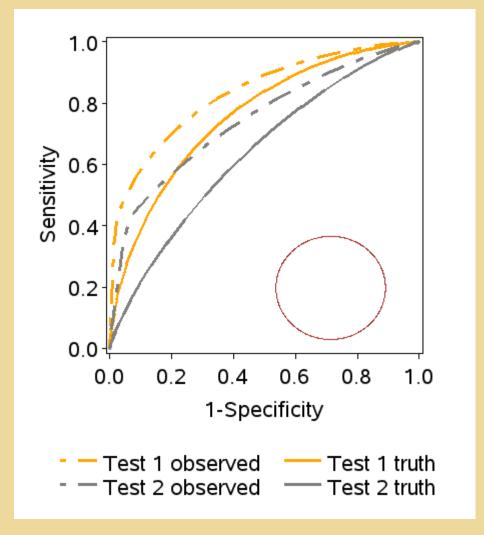
when the rate of signs and symptoms is high

#### Paired screening trial bias increases



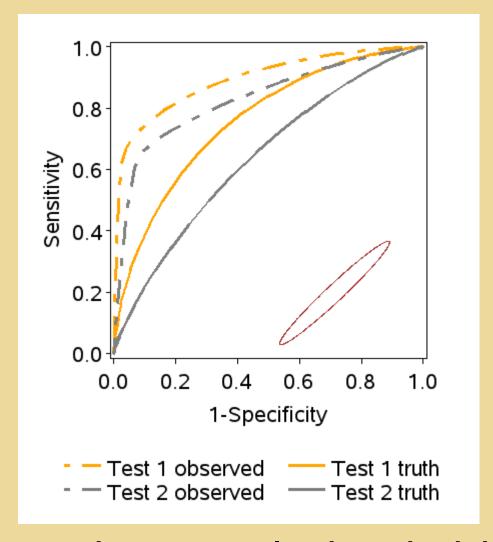
he correlation between screening tests increa

#### Paired screening trial bias is low



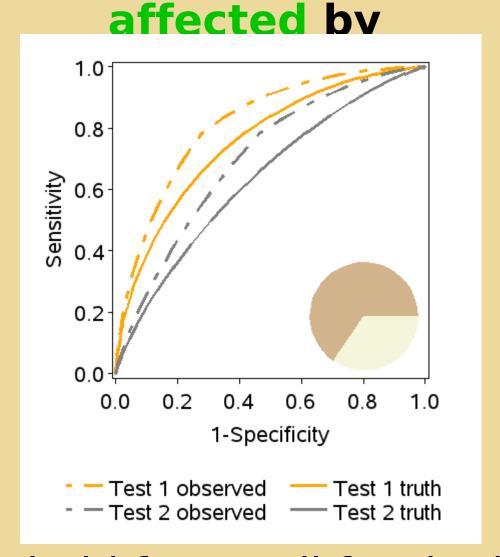
when the correlation is low

#### Paired screening trial bias is high



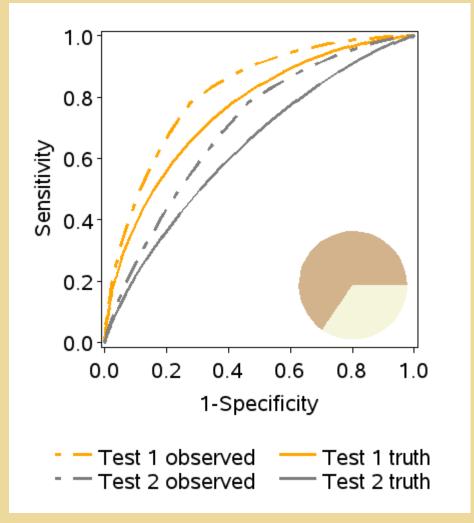
when the correlation is high

#### Paired screening trial bias is strongly



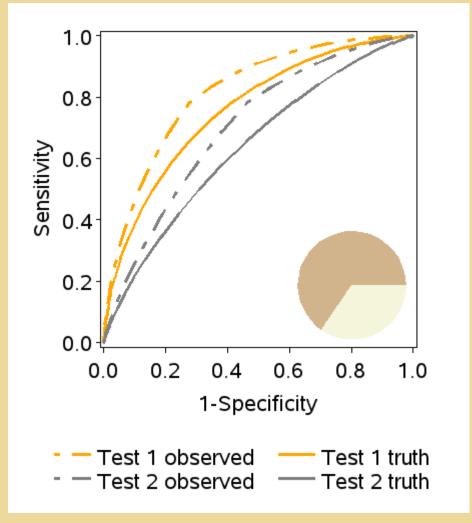
the threshold for recall for the infallible test

#### Paired screening trial bias increases



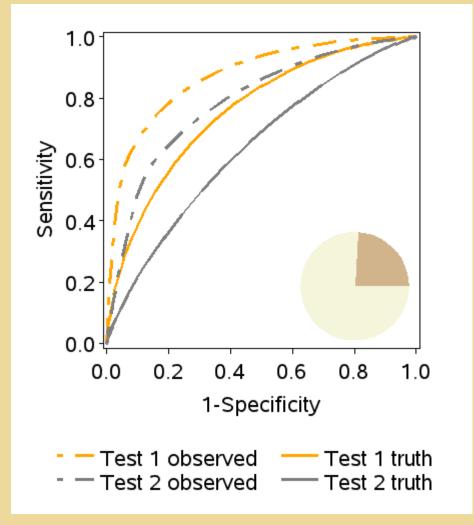
as fewer cases are observed

#### Paired screening trial bias gets smaller



as more cases are observed

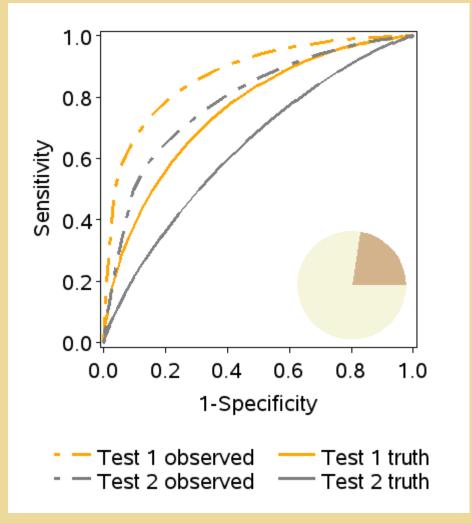
#### Paired screening trial bias gets larger



as fewer cases are observed

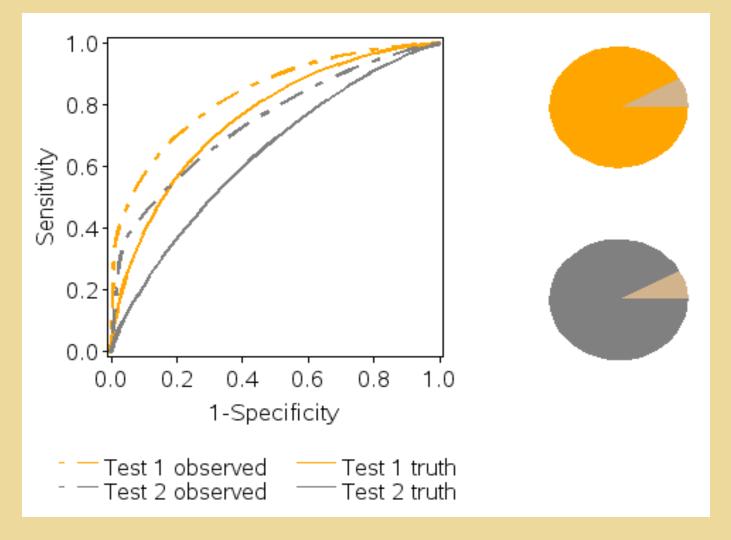


#### Paired screening trial bias decreases



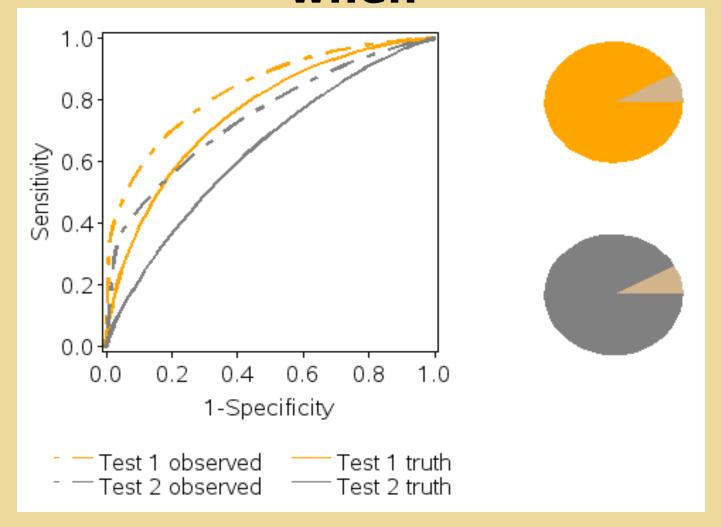
as fewer cases are found

#### The scientific conclusion may change when



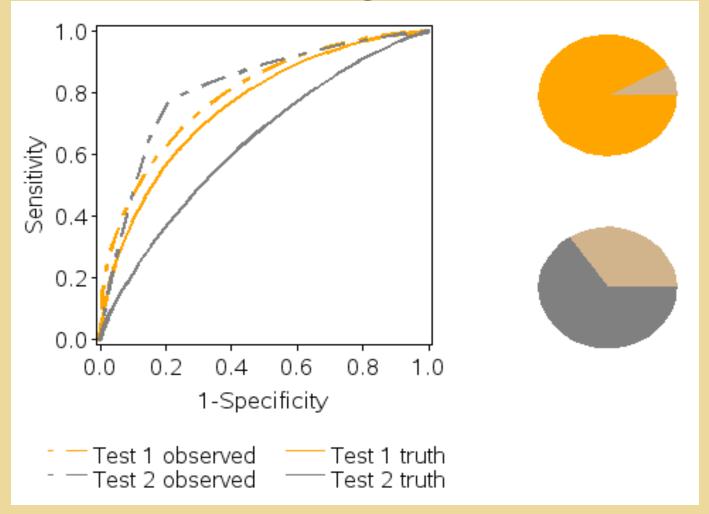
the chance of a case being recalled differs

## The scientific conclusion is correct when



the chance of a case being recalled is the same

## The scientific conclusion is wrong when



the chance of a case being recalled differs

### Conclusions: Paired screening trial bias

- Decreases as chance of signs and symptoms for those with disease increases
- Increases as correlation between screening tests increases
- Is strongly affected by the threshold for recall for the infallible test

#### **Conclusions**

- Paired screening trial bias can lead the study designer to decide screening Test 1 is better than screening Test 2, when in fact, screening Test 2 is better than screening Test 1
- Decisions made in paired screening trials affect the health of millions of people
- There is a need for mathematical bias correction

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