

Logistic Regression Statistics in Medical Research Fall Series

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October 25, 2022

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#### Introduction (1

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2





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#### Example

- Hypothesis: Polymorphisms could be associated to liver damage in chronic hepatitis C;
- Groups: HCC (Hepatocellular Carcinoma) and Cirrhotic without HCC;
- Polymorphisms: rs12980275 (AA/ AG+GG);
- Design: Case-Control.

rs12980275	HCC	Cirrhotic without HCC	Total
AG + GG	43	29	72
AA	16	21	37
Total	59	50	109

Table: Distribution genotype by group

How should we compare the groups?

Image: A matrix

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How should we compare the groups?

Our first attempt would be to calculate the proportions 43/72 = 0.59 and 16/37 = 0.43.

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How should we compare the groups?

- Our first attempt would be to calculate the proportions 43/72 = 0.59 and 16/37 = 0.43.
- However, they cannot be calculated. Why?
  - The study is retrospective.

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## 2 Relative effects

3 Logistic Regression

## 4 Predictive Model

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### Prospective

Prospective studies are carried out from the present time into the future;

#### Retrospective

Retrospective cohort studies are carried out at the present time and look to the past to examine medical events or outcomes;

Song JW, Chung KC. Observational studies: cohort and case-control studies. Plastic and reconstructive surgery. 2010 Dec;126(6):2234.

## What type of study do you have?



#### Figure: Prospective Cohort and Case-Control

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Group	Disease	Non-Disease	Total
Exposed	а	b	E
Non-Exposed	С	d	NE
Total	D	ND	n

#### Prospective study

The number of exposed (E) and non-exposed (NE) patients are defined in advance then it is possible to calculate the probabilities

$$P(disease|exposed) = \frac{a}{E}, \qquad P(disease|non - exposed) = \frac{c}{NE};$$

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Group	Disease	Non-Disease	Total
Exposed	а	b	E
Non-Exposed	С	d	NE
Total	D	ND	n

#### Prospective study

Then the effect measure relative risk (RR) is straightforward calculated by

$$RR = \frac{P(\textit{disease}|\textit{exposed})}{P(\textit{disease}|\textit{non} - \textit{exposed})} = \frac{\frac{a}{E}}{\frac{c}{NE}} = \frac{a \times NE}{E \times c}.$$

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Group	Disease	Non-Disease	Total
Exposed	а	b	E
Non-exposed	С	d	NE
Total	D	ND	n

#### Retrospective study

The number exposed and non-exposed patients are not defined in advance, therefore the probabilites

$$P(disease|exposed) = rac{a}{E}, \qquad P(disease|non-exposed) = rac{c}{NE};$$

cannot be calculated and compared using relative risk.

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Group	Disease	Non-Disease	Total
Exposed	а	b	E
Non-exposed	С	d	NE
Total	D	ND	n

#### Retrospective study

We can calculate the odds for exposed patients

$$Odds(disease|exposed) = \frac{P(disease|exposed)}{P(non - disease|exposed)};$$
$$= \frac{\frac{a}{E}}{\frac{b}{E}} = \frac{a}{b};$$

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Group	Disease	Non-Disease	Total
Exposed	а	b	E
Non-exposed	С	d	NE
Total	D	ND	n

#### Retrospective study

We can calculate the odds for non-exposed patients

$$Odds(disease|non-exposed) = rac{P(disease|non-exposed)}{P(non-disease|non-exposed)}; \ = rac{rac{c}{NE}}{rac{d}{NE}} = rac{c}{d};$$

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Image: A matrix

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Group	Disease	Non-Disease	Total
Exposed	а	b	E
Non-exposed	С	d	NE
Total	D	ND	n

#### Retrospective study

Then, the effect measure odds ratio (OR) is calculated by

$$OR = rac{Odds(disease|exposed)}{Odds(disease|non-exposed)} = rac{rac{a}{b}}{rac{c}{d}} = rac{a imes d}{b imes c}.$$

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# Odds ratio and Relative risk Example



Figure: Relationship between odds ratio and relative risk for several baseline risks

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#### Attention

- Relative effects are calculated based on the risk or odds of a reference group;
- If the risk/odds of a reference group is small, large values of OR and RR could not be meaningful;
- It is always possible to calculate absolute risk in a prospective study, but not in a retrospective study.

Interferon lambda and hepatitis C virus core protein polymorphisms associated with liver cancer

rs12980275	HCC	Cirrhotic without HCC	Total
AG + GG	43	29	72
AA	16	21	37
Total	59	50	109

HCC: Hepatocellular Carcinoma

Table: Distribution of genotype by group

#### How should we compare the groups?

Now, we can compare the groups:

$$Odds(HCC|AG + GG) = \frac{43}{29}, Odds(HCC|AA) = \frac{16}{21};$$

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HCC: Hepatocellular Carcinoma

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#### How should we compare the groups?

Now, we can compare the groups:

$$OR(HCC|AG + GG : AA) = \frac{43 \times 21}{29 \times 16} = 1.94;$$

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Interferon lambda and hepatitis C virus core protein polymorphisms associated with liver cancer

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HCC: Hepatocellular Carcinoma

Table: Distribution of genotype by group

#### How should we compare the groups?

- H<sub>0</sub>: there is no association between genotype and HCC;
- H<sub>1</sub>: there is association between genotype and HCC;

Interferon lambda and hepatitis C virus core protein polymorphisms associated with liver cancer

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Total	59	50	109	

HCC: Hepatocellular Carcinoma

Table: Distribution of genotype by group

How should we compare the groups?

- $H_0: OR = 1;$
- $H_1$ : OR  $\neq 1$ ;
- Chi-square test p value = 0.11.

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Image: A matrix







## Predictive Model

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### Regression model

- Let be Y the presence of HCC;
- Y is a categorical measure;
- $Y \sim Bernouli(p)$  where p is the probability of the patient having HCC;
- *p* is a function of the SNP rs12980275:

$$log\left(rac{p}{1-p}
ight)=eta_0+eta_1SNP:AG+GG.$$

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Coefficients	Estimate	Std. Error	t value	p value
(Intercept) $\beta_0$	-0.27	0.33	-0.819	0.413
(rs12980275) $eta_1$	0.66	0.41	1.625	0.104

Table: Fitted Simple Logistic model

#### What do these p values mean?

- $\blacksquare H_0: \beta_0 = 0 \qquad H_1: \beta_0 \neq 0,$
- $\blacksquare H_0: \beta_1 = 0 \qquad H_1: \beta_1 \neq 0.$

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Coefficients	Estimate	Std. Error	t value	p value
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Table: Fitted Simple Logistic model

How to interpret the coefficients?

We calculate the odds ratio,

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OR(HCC|AG + GG : AA) = \exp{\{\beta_1\}} = 1.94.
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Coefficients	Estimate	Std. Error	t value	p value
(Intercept) $\beta_0$	-0.27	0.33	-0.819	0.413
$(rs12980275) p_1$	0.00	0.41	1.025	0.104

Table: Fitted Simple Logistic model

#### How to interpret the coefficients?

The group with genotype AG+GG is 1.94 times (95% CI: 0.87 ; 4.39) more likely to be associated with HCC than the genotype AA.

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Coefficients	Estimate	Std. Error	t value	p value
(Intercept) $eta_0$	-0.27	0.33	-0.819	0.413
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Table: Fitted Simple Logistic model

What are the advantages of a logistic regression from the Table  $2 \times 2$ ?

Odds ratios adjusted by confounding variables can be calculated and continuous covariables can be incorporated without cut-offs.

## Regression model

- Let be Y the presence of HCC;
- Y is a categorical measure;
- $Y \sim Bernouli(p)$  where p is the probability of the patient having HCC;
- *p* is a function of the SNP rs12980275:

$$log\left(rac{p}{1-p}
ight)=eta_0+eta_1$$
age $+eta_2$ gender $+eta_3$ SNP: AG $+$ GG.

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October 25, 2022 17 / 26

Coefficients	Estimate	Std. Error	t value	p value
(Intercept) $eta_0$	-0.27	0.33	-0.819	0.413
(Age) $\beta_1$	0.07	0.02	2.684	0.007
(Gender) $\beta_2$	0.78	0.43	1.802	0.071
(SNP:AG+GG) $\beta_3$	0.66	0.44	2.019	0.043

Table: Fitted Multivariable Logistic model

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### How to interpret the coefficients?

We calculated the odds ratio followed by its confidence interval,

$$OR(HCC|AG + GG : AA) = exp(0.66) = 2.41,$$
  
95% $CI$ [1.04; 5.82].

The group with genotype AG+GG is 2.41 times (95% CI: 1.04 ; 5.82) more likely to be associated with HCC than the genotype AA.

Coefficients	Estimate	Std. Error	t value	p value
(Intercept) $eta_0$	-0.27	0.33	-0.819	0.413
(Age) $\beta_1$	0.07	0.02	2.684	0.007
(Gender) $\beta_2$	0.78	0.43	1.802	0.071
(SNP:AG+GG) $\beta_3$	0.66	0.44	2.019	0.043

Table: Fitted Multivariable Logistic model

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## How to interpret the coefficients?

We calculated the odds ratio followed by its confidence interval,

OR(HCC|(x+1):x) = exp(0.07) = 1.07,95% CI[1.02;5.12].

A patient of age x+1 has odds 1.07 (95% CI: 1.02 ; 5.12) of having HCC times higher than a patient of age x.

#### How to interpret the coefficients?

We calculated the odds ratio followed by its confidence interval,

$$OR(HCC|(x+5):x) = exp(5 \times 0.07) = 1.07^5,$$
  
95% $CI[1.02^5; 5.12^5].$ 

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## How to interpret the coefficients?

We calculated the odds ratio followed by its confidence interval,

OR(HCC|(x+5):x) = 1.40,95% CI[1.10;3518.437].

A patient of age x+5 has odds 1.40 (95% CI: 1.10; 3518.437) of having HCC times higher than a patient of age x.

## Diagnostics

- Similarly to linear regression, logistic regression also requires diagnostic methods;
- Typical measures are  $\Delta\beta$  and  $\Delta\chi^2$  that measures the change in the regression coefficients and Chi-square statistic when an observation is removed;
- If the a fitted model suffers drastic changes on the estimates, then the observation is influential and results should be interpreted carefully.



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 → October 25, 2022 21 / 26

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- Objective: To develop prediction models to advice patients on quality of life (QOL) and caregiving needs.
- Study population: 1495 stroke patients discharged from acute care hospital are available in the database.
- Joint work with Sungjin Kim, Pamela Roberts and Harriet Aronow.

### Outcomes

- Functional Independence Measure (< 80 vs. >= 80);
- Eating (All Others vs. 6/7);
- Dressing Upper (All Others vs. 6/7);
- Dressing Lower (All Others vs. 6/7);
- Toileting (All Others vs. 6/7);
- Walking (All Others vs. 6/7).

## Covariates

- Gender;
- Age at admission;
- Marital status;
- Race (White, Black/AA, or Other);
- Modified Rankin at DC;
- NIHSS;
- Impairment Group Code;
- Diagnosis;
- DC Destination (Home vs. Institution);
- Length of Stay.

Inference: you want to evaluate the effect of covariables on the response variable:

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- Inference: you want to evaluate the effect of covariables on the response variable:
  - Effect sizes (OR, RR, etc) are relevant;
  - ► Confidence intervals are essential and p-values are useful.

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- Prediction: you want to predict the response variable of new patients based on the their covariables:

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  - Discrimination and calibration are important;
  - p-values could be a possible guide to select predictors. They are not essential.

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  - Discrimination and calibration are important;
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- van Diepen, M., et al. (2017). Prediction versus aetiology: common pitfalls and how to avoid them. Nephrology Dialysis Transplantation, 32(suppl2), ii1-ii5

#### Discrimination

- It is also known as predictive performance;
- It measures the ability to separate different responses;
- Statistical tools: Area Under the Curve (AUC), Net Reclassification Index (NRI).

## Calibration

- It is also known as goodness-of-fit;
- It measures the ability to make unbiased estimates for the probability of the event of interest;
- Statistical tools: Calibration plot, calibration-in-large and calibration slope.

- Nature Points of Significance: Logistic regression
- Diniz MA, Magalhães TM (2020) Logistic Regression and Related Methods. In: Piantadosi S., Meinert C. (eds) Principles and Practice of Clinical Trials. Springer, Cham.
- Anderson RP, Jin R, Grunkemeier GL. Understanding logistic regression analysis in clinical reports: an introduction. The Annals of thoracic surgery. 2003 Mar 1;75(3):753-7.
- Worster A, Fan J, Ismaila A. Understanding linear and logistic regression analyses. CJEM. 2007 Mar 1;9(02):111-3.

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