

Diagnosability

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1 Introduction

- Binomial Model of Prevalence
- Confidence Interval for Population Prevalence
- Influence of n on Confidence Interval

2 Diagnosability

- Basic Concepts of diagnostic instrument
- Estimation of Basic Concepts from Study on Diagnostic Instrument

3 Meta study Diagnosing Dementia by MMSE

4 Receiver Operating Characteristic curve

- Example Radiologist

Defining Binomial Model of Prevalence

Experiment consists of

- 1 n independent trials (Disease or Healthy)
- 2 per trial outcome Disease (=1) and Healthy (=0)
- 3 probability of Disease p identical for each trial (diagnosis)

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$$P(X = x) = \binom{n}{x} p^x (1 - p)^{n-x}$$

- $X = x$ event that x diseased persons occur out of n
- $\binom{n}{x} = \frac{n!}{x!(n-x)!}$ number of ways x diseased out of n
- $p^x (1 - p)^{n-x}$ prob. x consecutive diseased and $n - x$ healthy
- mean ($\mu = np$) is number of diseased persons to expect
- variance $\sigma^2 = np(1 - p)$ measures variability

For a more extensive explanations, see

- <https://www.youtube.com/watch?v=NaDZ0zVTyXQ>
- <https://www.youtube.com/watch?v=tFWsuO9f74o>

Model for Prevalence of 10%

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$$P(X = 2) = \binom{20}{2} 0.1^2 (1 - 0.1)^{20-2} = 190 \cdot 0.1^2 0.9^{18} = 0.2851$$

$$\begin{aligned} P(1 \leq X < 5) &= \sum_{x=1}^4 \binom{20}{x} \cdot 0.1^x 0.9^{20-x} \\ &= 0.2701 + 0.2851 + 0.1901 + 0.0897 = 0.8352 \end{aligned}$$

- Probability that $(1 \leq X < 5)$ have disease is large
- Demo of distribution during lecture!
- Normal approximation works well, if p away from 0 and 1 and n large

Confidence Interval for Population Prevalence

A startup: <https://www.youtube.com/watch?v=tFWsu09f74o>

Prevalence: Probability to have a disease $P(D) = p$.

Problem: Compute $100(1 - \alpha)\%$ confidence interval for unknown p .

Solution: by CLT

$$Z = \frac{X - np}{\sqrt{np(1-p)}} = \frac{\hat{P} - p}{\sqrt{\frac{p(1-p)}{n}}} \rightarrow N(0, 1) \Rightarrow$$

$$P\left(-z_{\alpha/2} \leq \frac{\hat{P} - p}{\sqrt{\frac{p(1-p)}{n}}} \leq z_{1-\alpha/2}\right) \simeq 1 - \alpha$$

after a little math

$$\hat{p} - z_{\alpha/2} \sqrt{\frac{\hat{p}(1-\hat{p})}{n}} \leq p \leq \hat{p} + z_{1-\alpha/2} \sqrt{\frac{\hat{p}(1-\hat{p})}{n}}$$

- large sample $100(1 - \alpha)\%$ CI for p
- $z_{1-\alpha/2}$ upper $\alpha/2$ percentile point of standard normal

Prevalence study

Experiment: $n = 20$, $x = 2$.

Problem: Summarize uncertainty in Confidence Interval.

Solution: Note that $\hat{p} = 2/20$, so

$$\hat{p} - z_{\alpha/2} \sqrt{\frac{\hat{p}(1 - \hat{p})}{n}} \leq p \leq \hat{p} + z_{1-\alpha/2} \sqrt{\frac{\hat{p}(1 - \hat{p})}{n}}$$

$$0.10 - 1.96 \sqrt{\frac{0.10(1 - 0.10)}{20}} \leq p \leq 0.10 + 1.96 \sqrt{\frac{0.10(1 - 0.10)}{20}}$$
$$0.0175 \leq p \leq 0.3310$$

Conclusion: We are 95% certain that true prevalence belongs to interval (0.0175; 0.3310)

Influence of n on Confidence Interval

Let's repeat foregoing with several n :

Table: CI for various n

| n | x | \hat{p} | CI | |
|-------|------|-----------|--------|--------|
| 10 | 1 | 0.10 | 0.0052 | 0.4588 |
| 20 | 2 | 0.10 | 0.0175 | 0.3310 |
| 50 | 5 | 0.10 | 0.0374 | 0.2259 |
| 100 | 10 | 0.10 | 0.0516 | 0.1803 |
| 1000 | 100 | 0.10 | 0.0824 | 0.1206 |
| 10000 | 1000 | 0.10 | 0.0942 | 0.1060 |

- Conclusion: CI becomes smaller as n increases.
- Remark: n small, then CI may pass 0 or 1! (Use e.g. exact methods)

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Basic Concepts

A start up: <https://www.youtube.com/watch?v=LCndoLgoPVk>

| Test | Status | |
|-------|--------|-------|
| | D | H |
| T_+ | t_+ | f_+ |
| T_- | f_- | t_- |

- Status of person is Disease (D) or Healthy (H)
- Outcome of test is $+$ indicating D or negative indicating H
- Test is **correct** for
 - true positives t_+ (Disease detected)
 - true negatives t_- (Healthy detected)
- Test is **incorrect** for
 - false positives f_+ (D indicated for H)
 - false negatives f_- (H indicated for D)
- Prevalence = probability of having disease $P(D)$
property of population

Properties of Test

| Test | Status | |
|-------|----------|----------|
| | <i>D</i> | <i>H</i> |
| T_+ | t_+ | f_+ |
| T_- | f_- | t_- |

- Sensitivity = probability of positive test having disease $P(T_+|D)$
- Specificity = probability of negative test being healthy $P(T_-|H)$

$$\text{Likelihood ratio positive } LR(+)=\frac{P(T_+|D)}{P(T_+|H)} \text{ (larger = better)}$$

$$\text{Likelihood ratio negative } LR(-)=\frac{P(T_-|D)}{P(T_-|H)} \text{ (smaller = better)}$$

$$\text{diagnostic odds ratio } DOR = \frac{LR(+)}{LR(-)} \text{ (larger = better)}$$

See also

- <https://www.youtube.com/watch?v=2cI7TtcEZxE>
- <https://www.youtube.com/watch?v=TzPvCSEZUSQ>

Predictive Value of the Test

| Test | Status | |
|-------|----------|----------|
| | <i>D</i> | <i>H</i> |
| T_+ | t_+ | f_+ |
| T_- | f_- | t_- |

Perspective of patient

- Positive Predictive Value $P(D|T_+)$: probability of having *D* given a positive test outcome
- Negative Predictive Value $P(H|T_-)$: probability of *H* given a negative test outcome

$$P(D|T_+) = \frac{P(T_+|D) \cdot P(D)}{P(T_+)}$$

Predictive Value Positive depends upon Sensitivity, probability of *D*, probability of T_+ .

Estimation from the 2 by 2 frequency table

| Test | Status | |
|-------|--------|-------|
| | D | H |
| T_+ | t_+ | f_+ |
| T_- | f_- | t_- |

$$P(D) \approx \frac{t_+ + f_-}{t_+ + f_+ + f_- + t_-}; \quad P(H) \approx \frac{f_+ + t_-}{t_+ + f_+ + f_- + t_-}$$

$$\text{sensitivity} = P(T_+|D) \approx \frac{t_+}{t_+ + f_-}; \quad \text{specificity} = P(T_-|H) \approx \frac{t_-}{f_+ + t_-}$$

$$PPV = P(D|T_+) \approx \frac{t_+}{t_+ + f_+}; \quad NPV = P(H|T_-) \approx \frac{t_-}{f_- + t_-}$$

$$LR(+)\approx \frac{\text{sensitivity}}{1 - \text{specificity}}; \quad LR(-)\approx \frac{1 - \text{sensitivity}}{\text{specificity}}$$

See also

- <https://www.youtube.com/watch?v=mYWN685SrU0>
- <https://www.youtube.com/watch?v=7fLohSQOsNs>

Diabetes in Population 1 (Bouter, 2005, p264)

| Test | Status | | |
|-------|-------------|-------------|------|
| | <i>D</i> | <i>H</i> | |
| T_+ | $t_+ = 225$ | $f_+ = 225$ | 450 |
| T_- | $f_- = 25$ | $t_- = 525$ | 550 |
| | 250 | 750 | 1000 |

$$P(D) \approx \frac{250}{1000} = 0.25; \quad P(H) \approx \frac{750}{1000} = 0.75$$

$$PPV = P(D|T_+) \approx \frac{225}{450} = 0.50; \quad NPV = P(H|T_-) \approx \frac{525}{550} = 0.95$$

$$LR(+)\approx 3(\text{CI } 2.67; 3.37); \quad LR(-)\approx 0.14(\text{CI } 0.10; 0.21)$$

- Prevalence: Probability of having diabetes is 0.25
- Probability of diabetes given test positive is 0.50
- sensitivity 0.9 (95% CI 0.86 0.93); correctly diagnosed having *D*
- specificity 0.7 (95% CI 0.67; 0.73); correctly diagnosed *H*

Diabetes in Population 2 (Bouter, 2005, p266)

| Test | Status | | |
|-------|-------------|---------------|---------|
| | <i>D</i> | <i>H</i> | |
| T_+ | $t_+ = 225$ | $f_+ = 29925$ | 30150 |
| T_- | $f_- = 25$ | $t_- = 69825$ | 69850 |
| | 250 | 99750 | 1000000 |

$$P(D) \approx \frac{250}{1000000} = 0.0025; \quad P(H) \approx \frac{99750}{1000000} = 0.9975$$

$$PPV = P(D|T_+) \approx \frac{225}{30150} = 0.0075; \quad NPV = P(H|T_-) \approx \frac{69825}{69850} = 0.9996$$

$$LR(+)\approx 3 \text{ (CI 2.88; 3.13)}; \quad LR(-)\approx 0.14 \text{ (CI 0.10; 0.21)}$$

- Prevalence: Probability of having diabetes is 0.0025
- Probability of diabetes given test positive is 0.0075 (!)
- sensitivity 0.9 (95% CI 0.86 0.93); correctly diagnosed having *D*
- specificity 0.7 (95% CI 0.7; 0.7); correctly diagnosed *H*

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33 Diagnostic Studies by MMSE on Dementia

The diagnostic instrument MMSE to detect mild cognitive impairment. (Mitchell, A. (2009). A meta-analysis of the accuracy of the mini-mental state examination in the detection of dementia and mild cognitive impairment. Journal of Psychiatric Research, 43, 411431.)

| | TP | FN | FP | TN |
|----|-----|----|-----|-----|
| 1 | 66 | 4 | 240 | 870 |
| 2 | 118 | 12 | 10 | 110 |
| 3 | 48 | 20 | 64 | 990 |
| ⋮ | ⋮ | ⋮ | ⋮ | ⋮ |
| 33 | 78 | 34 | 46 | 376 |

- Demonstration during lecture UsingR for forest plots of: Sensitivities, Specificities, posLR, negLR, DOR
- Warning: meta analysis of sensitivities can be misleading...

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ROC curve

- plot of sensitivity against 1- specificity of screening test.
- different points on curve correspond to different cut-off points used to designate test positive
- sensitivity = (estimated) probability that symptom is present given that person has disease
- specificity = (estimated) probability that symptom is *not* present given that person does *not* have disease

See also

- <https://www.youtube.com/watch?v=lHa1UYAxGxs>
- <https://www.youtube.com/watch?v=W08Re7YqnP0>

Example Radiologist

Computed Tomographic (CT) images (Rosner, 2000, Fundamentals of Biostatistics)

| Predictor | Normal | Abnormal |
|-----------------------|--------|----------|
| Definitely Normal 1 | 33 | 3 |
| Probably normal 2 | 6 | 2 |
| Questionable 3 | 6 | 2 |
| probably abnormal 4 | 11 | 11 |
| Definitely Abnormal 5 | 2 | 33 |
| Sum | 58 | 51 |

sensitivity 4+ = Prob symptom given disease = $\frac{11+33}{51} = 0.86$

specificity 4+ = Prob no symptom given normal = $\frac{33+6+6}{58} = 0.78$

sensitivity 5+ = Prob symptom given disease = $\frac{33}{51} = 0.65$

specificity 5+ = Prob no symptom given normal = $\frac{33+6+6+11}{58} = 0.97$

Continuation Example Radiologist

| Predictor | Nor. | Ab. | Sensitivity | Specificity | 1 - Specificity |
|--------------|------|-----|-------------|-------------|-----------------|
| Def. Nor. 1+ | 33 | 3 | 1 | 0 | 1 |
| Pro. Nor. 2+ | 6 | 2 | .94 | .57 | .43 |
| Quest. 3+ | 6 | 2 | .90 | .67 | .33 |
| Prob. Ab. 4+ | 11 | 11 | .86 | .78 | .22 |
| Def. Ab. 5+ | 2 | 33 | .65 | .97 | .03 |
| 6+ | | | 0 | 1 | 0 |

ROC is Graph with

- horizontally 1 - Specificity
- vertically Sensitivity

Example Radiologist

