

**When is a finding
in molecular epidemiology
ready for prime time?**

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Off-peak

- **Speculative**
- **How to rule it in or out?**
 - **Replication**
 - **Sensitivity analysis**
- **Too soon to think about**
 - **intervention?**
 - **mechanistic interpretation?**

Prime Time

- **Established**
- **Appropriate to think about**
 - **intervention?**
 - **mechanistic interpretation?**

Why pick on *molecular* epidemiology?

- **Same problems exist in all epidemiology**
 - In all science
 - Sam Shapiro re *pharmacoepidemiology*
 - Be skeptical of your own findings
 - “What might have gone wrong?”
 - **Personal incentive for scientist:**
 - oversell results to get attention
 - Resist skepticism
 - **Role of sensitivity analysis**
 - Only if one identifies important issues

Why pick on *molecular* epidemiology?

- Because track record is especially poor for identifying **genes** that cause complex disease
 - Too many false positives in “association” (*sic*) studies
 - Lohmueller
 - Hirschhorn
 - Ioannidis
 - Linkage studies don't do so well either
 - E.g., diabetes, prostate ca

Why the poor track record?

- Because variation in even the “best-candidate genes” rarely cause meaningful elevation in risk of complex diseases
- We cannot resist the temptation:
 - “We spent \$M on data collection”
 - “We have the DNA.”
 - “Why not look broadly?”
- **Don't** resist the temptation

Evaluation of studies must change

- **Old days**
 - High prior probability for pre-specified hypotheses needed to get funding
 - Small studies
- **Now**
 - Large studies
 - Vague hypotheses: “genes cause disease”
 - No single gene justifies study by itself
 - But high prior that small number of 30K genes may, together, have reasonable PAR

J Natl Cancer Inst 2004;96:434–42

COMMENTARY

**Assessing the Probability That a Positive Report is
False: An Approach for Molecular Epidemiology Studies**

*Sholom Wacholder, Stephen Chanock, Montserrat Garcia-Closas,
Laure El ghomiti, Nathaniel Rothman*

EDITORIALS

Betting Odds and Genetic Associations

Duncan C. Thomas, David G. Clayton

Essential formula:

FPRP: FALSE POSITIVE-REPORT PROBABILITY

PRIOR: $\pi = \Pr(\text{rejection} | \text{association})$

POWER: $1 - \beta = \Pr(\text{rejection} | \text{association})$

SIZE: $\alpha = \Pr(\text{rejection} | \text{association})$

FALSE POSITIVE-REPORT PROBABILITY:

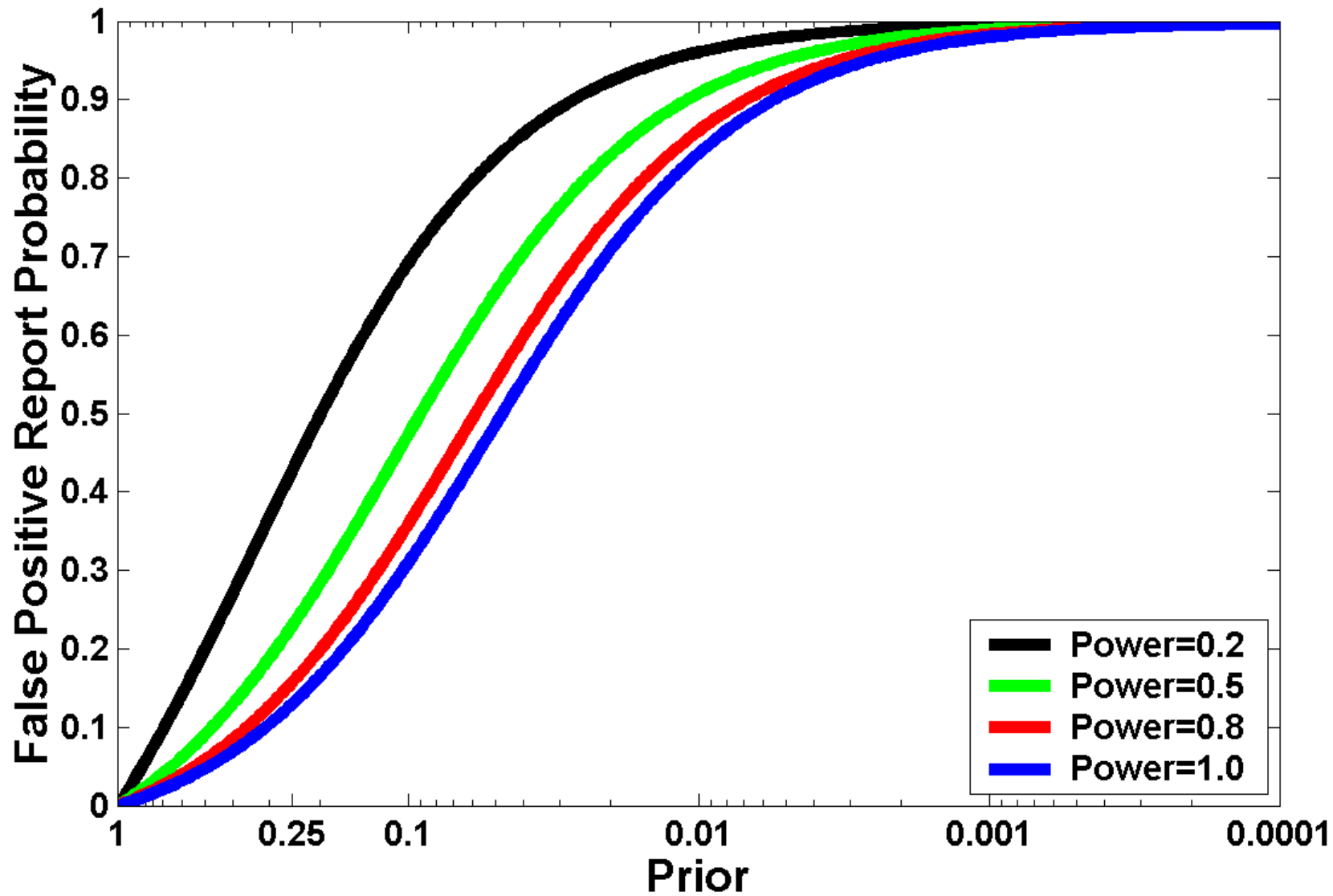
$FPRP = \Pr(\text{No association} | \text{Rejection})$

$$FPRP = \frac{\alpha(1-\pi)}{\alpha(1-\pi) + (1-\beta)\pi} = \frac{1}{1 + \frac{(1-\beta)\pi}{\alpha(1-\pi)}}$$

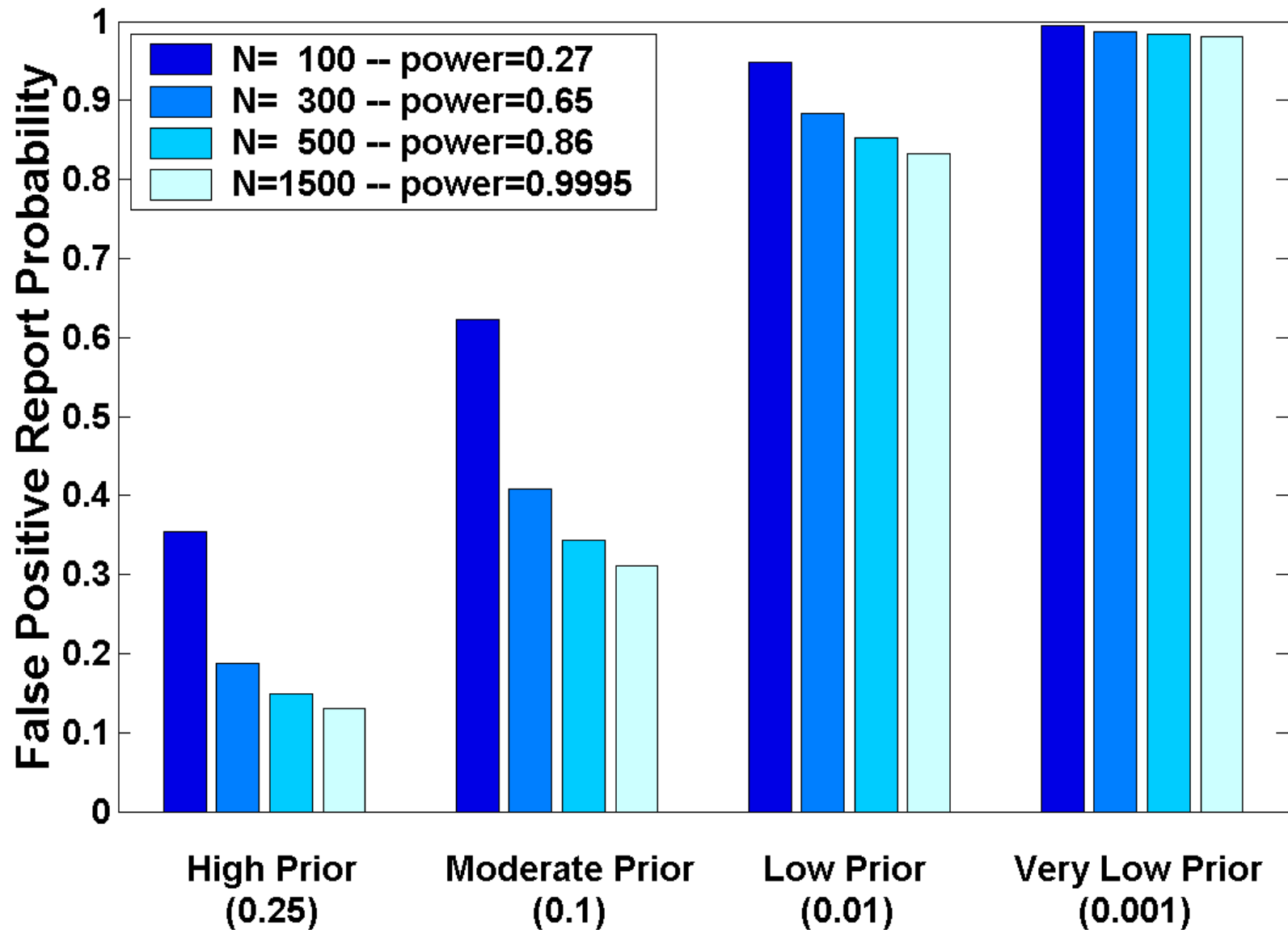
Example of algebra of false positives for speculative H_A

- Chance alternative hypothesis H_A is true = $0.1\% = 1/1,000 = 0.001$
- If H_A false \rightarrow 5% chance of rejection
- If H_A true \rightarrow 100% chance of rejection
- $\Pr(\text{reject} \ \& \ H_A \ \text{false}) = 0.999 * 0.05 \approx 0.050$
- $\Pr(\text{reject} \ \& \ H_A \ \text{true}) = 0.001 * 1.00 = 0.001$
- **FPRP = $\Pr(H_A \ \text{true} | \text{rejection})$**
 $\approx 0.001 / (0.001 + 0.050) \approx 2\%$

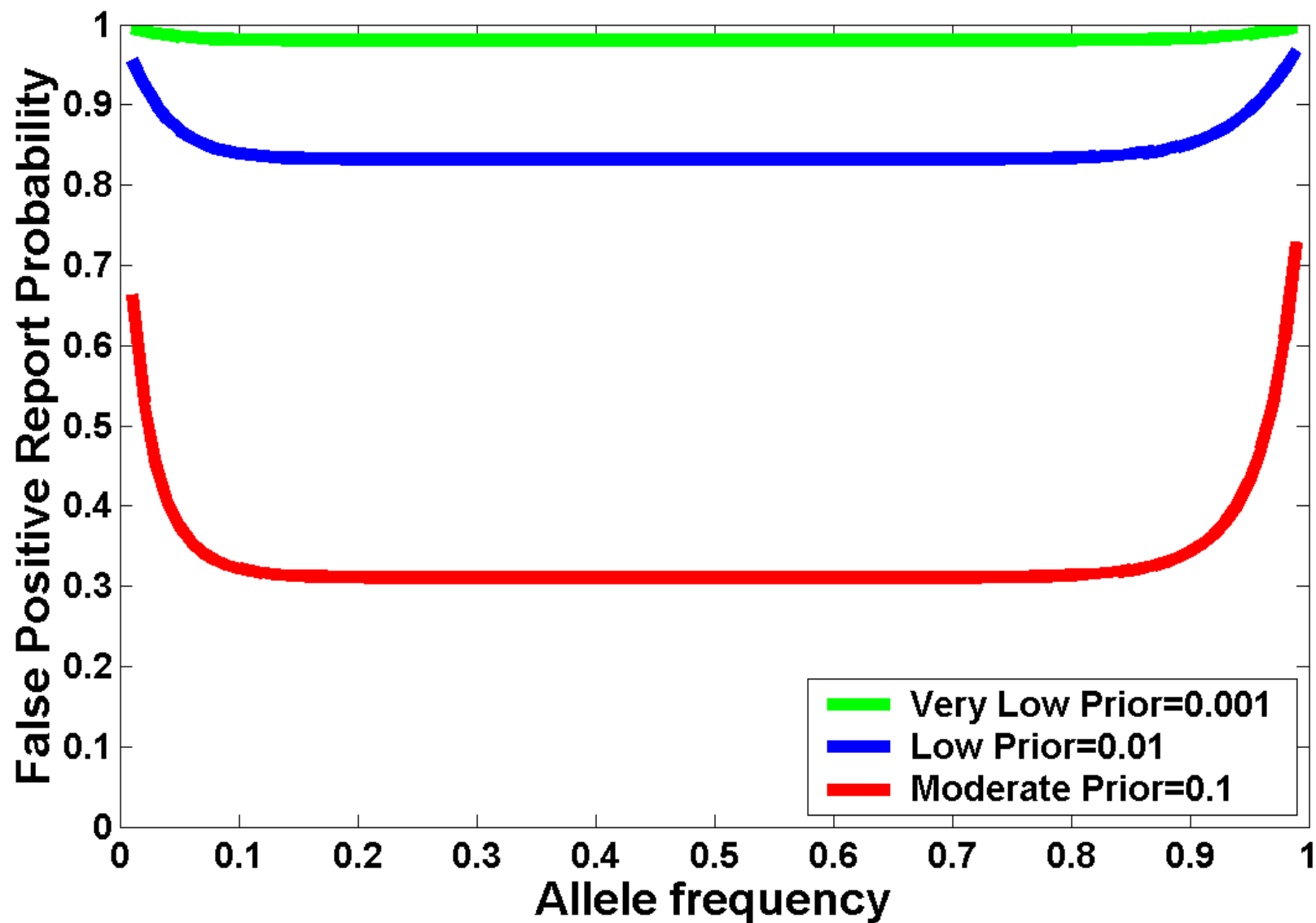
Effect of prior and power on FPRP, $\alpha=0.05$



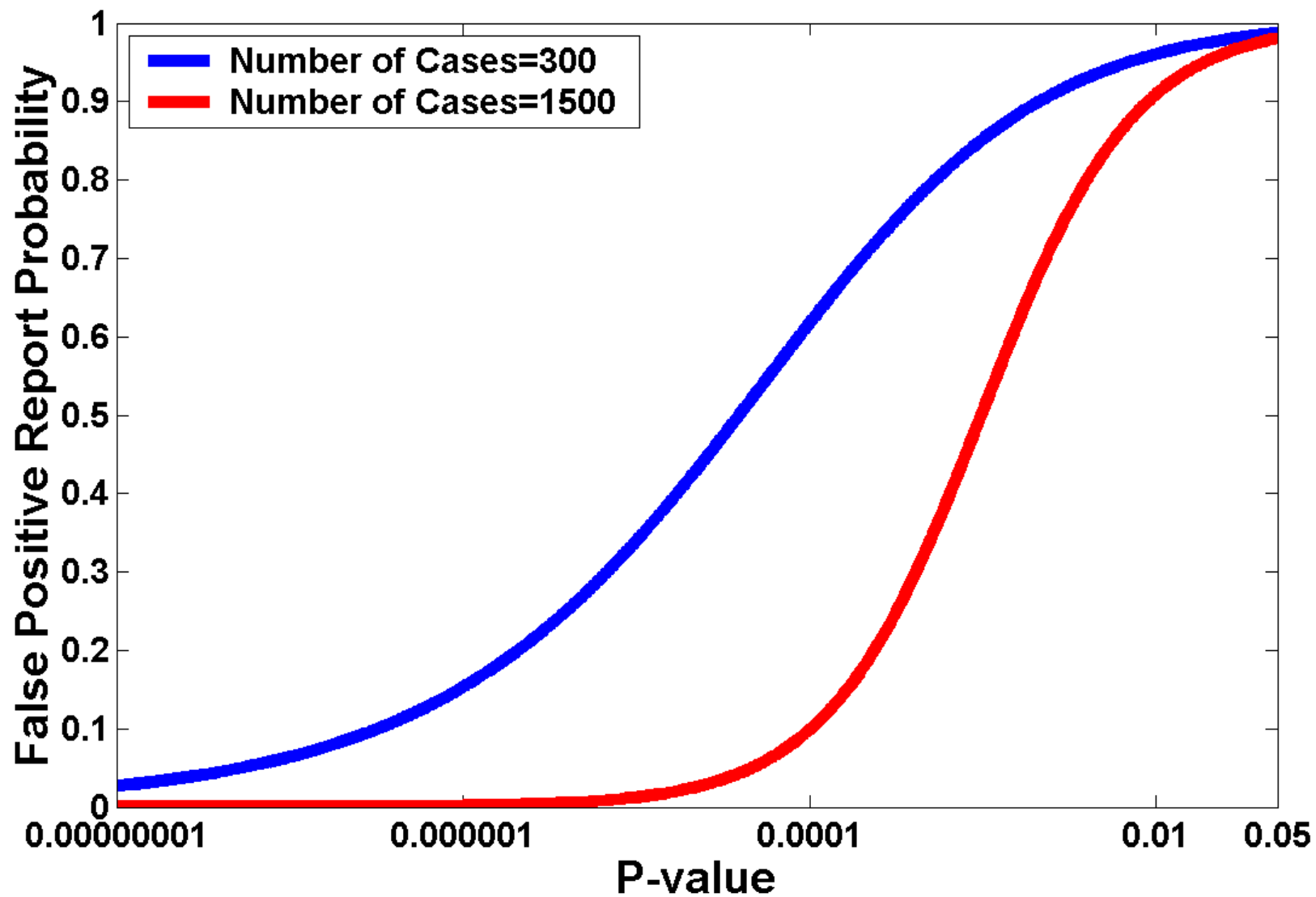
Effects of sample size on FPRP, q=0.3, RR=1.5, alpha=0.05



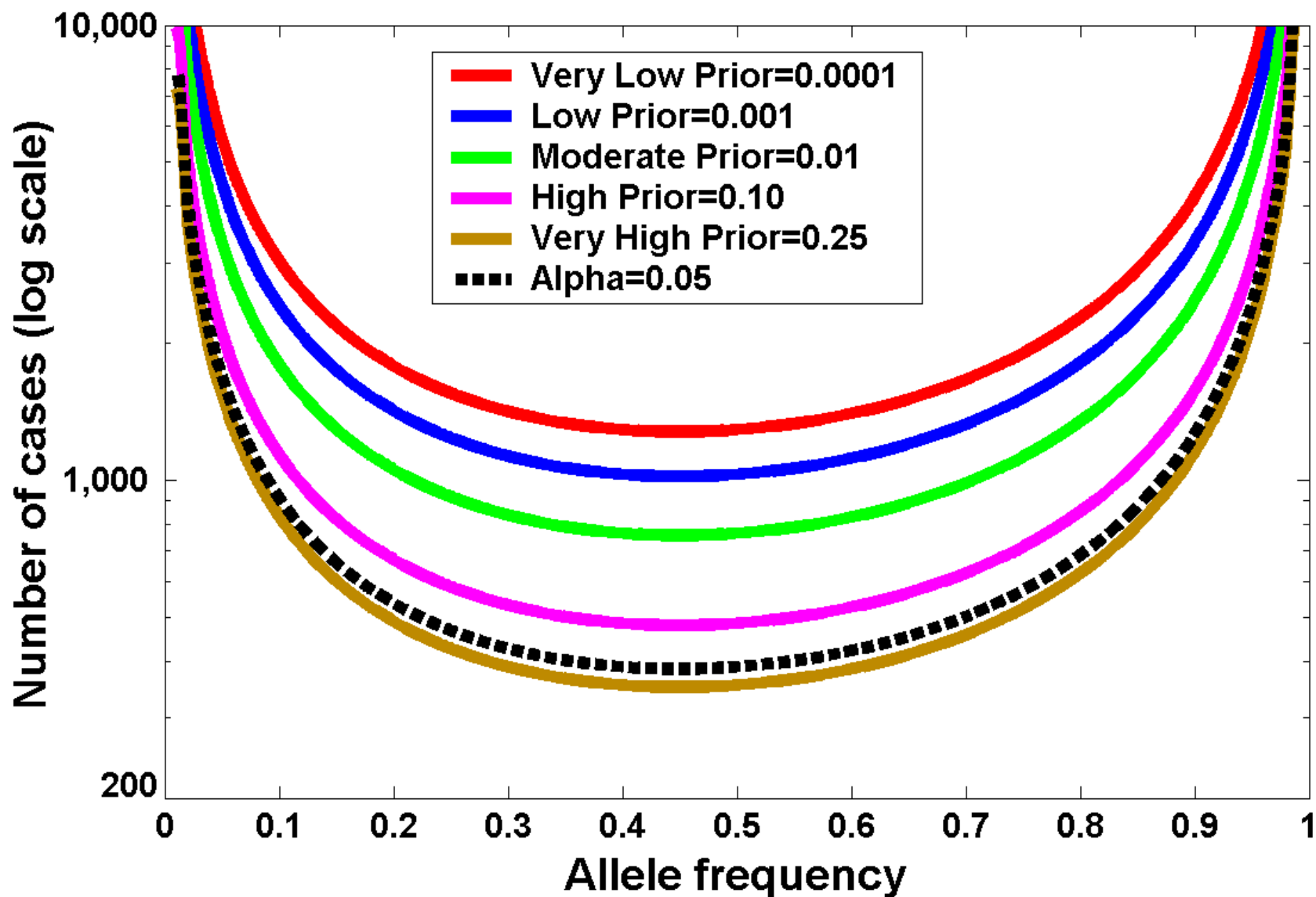
FPRP as function of q for three priors, $\alpha=0.05$, $N=1500$



P-value and FPRP for two sample sizes,
prior=0.001, RR=1.5, q=0.3



Sample size requirement with $\alpha=0.05$ and with FPRP criterion of 0.2 for various priors, power=0.8



Key message

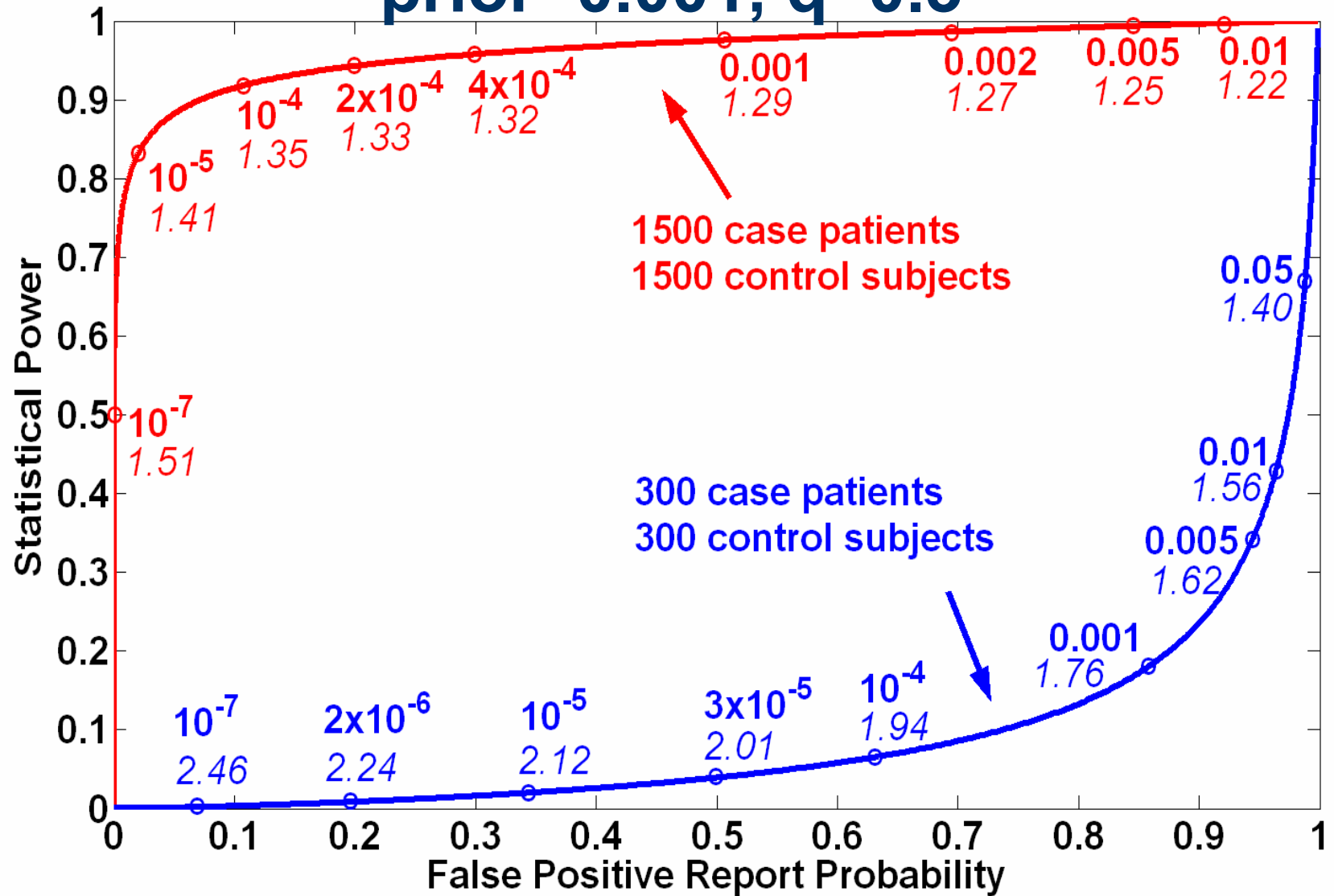
- What is optimal tradeoff between power and protection from false positives?
 - Universal **95%** CI, $p < 0.05$ equally inappropriate for low prior probabilities
 - Bonferroni is insidious incentive
- Show FPRP-FNRP tradeoff with p-values and ORs

Implication

- **Vary the alpha level depending on how likely X is to cause D**
 - **Bayes kind of approach**
 - **FPRP: 4-step program**
 - **JNCI, Wacholder, 2004**
 - **Can be done in spreadsheet by reader**

FPRP vs power for OR=1.5

prior=0.001, q=0.3



Advantages

- **Each hypothesis evaluated on own merit**
 - Cf. Bonferroni, False discovery rate, empirical Bayes
- **Explicit tradeoff between power and false positive report probability**
- **Investigators and readers can decide**
 - prior probability
 - **Investigators must consider all possible outcomes**
 - E.g., “positive” findings seen in single subgroup only
 - “interaction?”
 - Random variation?

Disadvantages of FPRP

- **Can be misinterpreted**
 - Like p-value, CI
- **Simple minded prior probability**
 - Prior distribution is very hard to develop
- **Uses area to right of parameter values that specify null and alternative hypothesis**

Other sources of false positives

- **Poor epidemiologic methods**
 - Morton; Potter
- **Poor epidemiologic practice**

Poor epi practice: hypothetical example

- **G and D=breast ca**
 - OR=2 in premenopausal women
 - OR=1 in postmenopausal women
 - OR=2.5 in men
- How to integrate the evidence?

When is a finding in molecular epidemiology ready for prime time?

- **When the FPRP is low for realistic low prior probabilities**
- **When the design is appropriate**
 - Cf. other results from the same study for a clue
- **When the analysis is rigorous**
 - Don't change test statistic after seeing the data
 - Wrong for Bayesian or frequentist
 - Cf. FDA evaluating pharma

When is a finding in molecular epidemiology ready for prime time?

- **When alternative explanations of the finding are far less likely than a real association**
 - Poor design
 - Poor analysis
- **When positive evidence for finding overwhelms random variation as explanation**
 - How much evidence needed for “overwhelming”?
 - Rational decision must consider outside information, e.g., via prior

Final thoughts

- **Be self critical**
 - Randomized and observational studies
 - Qx based, molecular studies
 - Studies of genes, environment or both
- **Don't be overly cautious either**
- **Evaluate *all* the evidence**
 - Formally and informally
 - From lab, genomics
 - Evidence for bias in epi studies
 - From other analyses of same studies
 - From sampling
- **Molecular epi requires changes in design and analysis**