## Biostatistics 513

## Homework 3 Solutions

1) 

a)
. tabodds y age [freq=count]


It is clear that there is a relationship between age and case control status ( $\mathrm{p}<.0001$ by either the test for trend or the test for homogeneity). Specifically, cases tend to be older than controls.
b)
i) alcohol use and age in the control group:

| Age Group | ne 0 | 1 | Total |
| :---: | :---: | :---: | :---: |
| 25-34 | 106 | 9 | 115 |
|  | 92.17 | 7.83 | 100.00 |
| 35-44 | 164 | 26 | 190 |
|  | 86.32 | 13.68 | 100.00 |
| 45-54 | 138 | 29 | 167 |
|  | 82.63 | 17.37 | 100.00 |
| 55-64 | 139 | 27 | 166 |
|  | 83.73 | 16.27 | 100.00 |
| 65-74 | 88 | 18 | 106 |
|  | 83.02 | 16.98 | 100.00 |
| 75+ | 31 | 0 | 31 |
|  | 100.00 | 0.00 | 100.00 |
| Total | 666 | 109 | 775 |
|  | 85.94 | 14.06 | 100.00 |

Alcohol use appears to increase with age, then levels off between 45-74, then decreases in those over 75.
ii) tobacco use and age in the control group

| Age Group | $\begin{array}{cc}\text { newtob } \\ 0 & 1\end{array}$ |  | Total |
| :---: | :---: | :---: | :---: |
| 25-34 | 70 | 45 | 115 |
|  | 60.87 | 39.13 | 100.00 |
| 35-44 | 107 | 83 | 190 |
|  | 56.32 | 43.68 | 100.00 |
| 45-54 | 90 | 77 | 167 |
|  | 53.89 | 46.11 | 100.00 |
| 55-64 | 92 | 74 | 166 |
|  | 55.42 | 44.58 | 100.00 |
| 65-74 | 68 | 38 | 106 |
|  | 64.15 | 35.85 | 100.00 |
| 75+ | 20 | 11 | 31 |
|  | 64.52 | 35.48 | 100.00 |
| Total | 447 | 328 | 775 |
|  | 57.68 | 42.32 | 100.00 |

Tobacco use is highest in those $45-54$ and declines with age in either direction
c)
. cc y newalc [freq=count], by(age) bd


$$
\begin{array}{rlr}
\text { Test that combined } O R=1: \\
\text { Mantel-Haenszel } \operatorname{chi2(1)}= & 85.01 \\
& \text { Pr>chi2 }= & 0.0000
\end{array}
$$

The crude OR is 5.64 ( $95 \%$ CI $3.93-8.06$ ) suggesting that high alcohol consumption is associated with increased risk of oesophageal cancer. Since the Breslow-Day test of homogeneity is not significant, it seems reasonable to assume a common OR (further, there is no noticeable pattern in the stratum-specific OR's with age). We estimate this common OR to be 5.16 ( $95 \%$ CI 3.56 - 7.47). This common OR is highly significantly different from 1.0 and suggests that high alcohol consumption is associated with an approximately 5 -fold increased risk of oesophageal cancer even after adjusting for age (i.e. within age groups). The adjusted OR differs from the crude OR by about $10 \%$ so there is a small confounding effect of age.
d)
. cc y newtob [freq=count], by(age) bd


$$
\begin{array}{rrr}
\text { Test that combined } O R=1: & \\
\text { Mantel-Haenszel } \operatorname{chi2}(1)= & 22.53 \\
& \text { Pr>chi2 }= & 0.0000
\end{array}
$$

The crude OR is 2.13 ( $95 \%$ CI $1.53-2.97$ ) suggesting that tobacco use is associated with increased risk of oesophageal cancer. Since the Breslow-Day test of homogeneity is not significant, it seems reasonable to assume a common OR (the stratum-specific OR's do tend to decline with age; note that the B-D test is a general test of homogeneity and is not specifically testing for trend; we can do this with logistic regression). We estimate this common OR to be 2.26 ( $95 \%$ CI 1.61 - 3.18). This common OR is highly significantly different from 1.0 and suggests that tobacco use is associated with a 2.26 -fold increased risk of oesophageal cancer even after adjusting for age. The adjusted OR differs from the crude OR by about $6 \%$ so there is little evidence of confounding
e)


A greater proportion of those that use tobacco also consume higher levels alcohol. Since both are strongly related to disease status, the two exposures could be confounding each other.

## f)

| Odds Ratio | chi2(1) | P>chi2 | [95\% Conf. | Interval] |
| :---: | :---: | :---: | :---: | :---: |
| 4.879388 | 76.85 | 0.0000 | 3.294850 | 7.225951 |

After adjusting for both age and NEWTOB, the OR between disease and NEWALC is 4.88 ( $95 \%$ CI 3.29 - 7.22 ). This is the pooled OR within strata defined by both age and tobacco use (there are $6 \times 2=12$ such strata). This is $13 \%$ less than the crude OR but only $5 \%$ less than the OR adjusted for age that we found in part b. Thus, after controlling for age, there is little additional confounding due to tobacco use. Clearly, the fundamental finding that risk of oesophageal cancer is associated with increase alcohol consumption is the same in all three cases.

Note that there are four different commands you could use for this analysis:
. mhodds y newalc age newtob [freq=count]
. mhodds y newalc [freq=count], by(age newtob)
. mhodds y newalc newtob [freq=count], by(age)
. mhodds y newalc age [freq=count], by(newtob)

Each gives the same result for a common OR (whew!) but they give different homogeneity tests. Essentially mhodds does a homogeneity test on the strata defined by the by() variable(s). So if you say by(age) you get a homogeneity test on the OR's within the 6 age strata and if you say by (age newtob) you get a homogeneity test on the OR's in the $6 \times 2=12$ agexnewtob strata. But it's a bit tricky - in the last example above you get a homogeneity test on the OR's within the 2 newtob strata. But those are the OR's between Y and newalc, adjusted for age. That is, you are doing a homogeneity test on adjusted OR's! In regression terms, we are fitting a model with terms NEWALC + NEWTOB + AGE(k) + NEWALC*NEWTOB + AGE(k)*NEWTOB and testing whether the NEWALC*NEWTOB term is significant.
g)

| Odds Ratio | chi2(1) | P>chi2 | [95\% Conf | Interval] |
| :---: | :---: | :---: | :---: | :---: |
| 2.081361 | 15.96 | 0.0001 | 1.440940 | 3.006416 |

After adjusting for both age and NEWALC, the OR between disease and NEWTOB is 2.08 ( $95 \%$ CI 1.44 - 3.01). This is an estimate of the pooled or common OR within levels of age and tobacco use (there are 12 such strata) This is similar to the crude OR in part c and $8 \%$ less than the OR adjusted for age only.
2)
a) The dependent variable is LBW (yes/no) so $\pi(\mathrm{X})$ is the probability that an infant with a given set of covariates, X , is low birthweight. The model for $\pi(\mathrm{X})$ is
$\pi(X)=\frac{\exp \left(\beta_{0}+\beta_{1} \times S M O K E+\beta_{2} \times A n y P T L+\beta_{3} \times R A C E(2)+\beta_{4} \times R A C E(3)+\beta_{5} \times H Y P E R+\beta_{6} \times U R I R R+\beta_{7} \times A G E 20\right)}{1+\exp \left(\beta_{0}+\beta_{1} \times S M O K E+\beta_{2} \times A n y P T L+\beta_{3} \times R A C E(2)+\beta_{4} \times R A C E(3)+\beta_{5} \times H Y P E R+\beta_{6} \times U R I R R+\beta_{7} \times A G E 20\right)}$
b) The estimated logodds function is
$\operatorname{logit}(\pi(X))=-2.003+0.896 S M O K E+1.317$ AnyPTL $+0.962 R A C E(2)+0.951 R A C E(3)+1.364 H Y P E R+0.769 U R I R R-0.051 A G$
c)
i) $\quad \mathrm{X}=(1,0,1,0,0,0,30-20)$
$\mathrm{Z}=\mathrm{X} \beta=-2.003+0.896(1)+1.317(0)+0.962(1)+0.951(0)+1.364(0)+0.769(0)-0.051 *(30-$
20) $=-.655$
$\pi(X)=\exp (Z) /(1+\exp (Z))=.342$
ii) $\quad \mathrm{X}=(0,0,1,0,0,0,30-20)$
$Z=X \beta=-1.551$
$\pi(\mathrm{X})=\exp (\mathrm{Z}) /(1+\exp (\mathrm{Z}))=.175$
iii) $\quad \mathrm{RR}=.342 / .175=1.95$

30 year old black smokers without hypertension and without history of premature labor or uterine irritability are 1.95 times more likely to have a low birthweight baby compared to 30 year old black nonsmokers without hypertension who do not have a history of premature labor or uterine irritability.
d)
i) $\quad \mathrm{X}=(1,0,1,0,0,0,30-20,1 *(30-20))$
$\mathrm{Z}=\mathrm{X} \beta=-1.905+0.713(1)+1.295(0)+0.870(1)+0.906(0)+1.396(0)+0.838(0)-.082 *(30-20)$
$+.066 * 1 *(30-20)=-0.482$
$\pi(\mathrm{X})=\exp (\mathrm{Z}) /(1+\exp (\mathrm{Z}))=.382$
ii) $\quad \mathrm{X}=(0,0,1,0,0,0,30-20,0 *(30-20))$
$\mathrm{Z}=\mathrm{X} \beta=-1.855$
$\pi(X)=\exp (Z) /(1+\exp (Z))=.135$
iii) $\quad \mathrm{RR}=.382 / .135=2.83$

This estimate is different from the RR in part c due to the presence of an interaction term in model 2.
However, the interpretation is the same as given above. This reminds us that estimates are model dependent!
e) For model 1 the OR due to smoking is $\exp (0.896)=2.45$. For model 2 the OR due to smoking for a 20 year old woman is $\exp (0.713)=2.04$.
f) For model 1 the OR is still is $\exp (0.896)=2.45$. For model 2 the OR due to smoking for a 30 year old woman is $\exp (0.713+10 * .066)=3.95$
3)
a) The logistic regression model is
$\operatorname{logit}(\pi(X))=-5.05+1.67$ NEWALC +1.54AGE $(2)+3.20 A G E(3)+3.71 A G E(4)+3.97$ AGE $(5)+3.96 A G E(6)$
b) The estimated OR for NEWALC is $\exp (1.67)=5.31$. This is similar to the adjusted OR found in problem 1 b , namely 5.16 (but not exactly the same. The interpretation is similar: it is the estimated ratio of the odds of disease in individuals who consume $\geq 80 \mathrm{~g}$ alcohol per day to the odds of disease in individuals who consume $<80 \mathrm{~g}$ alcohol per day, adjusted for age group.
c) Each of the age group coefficients gives the estimated $\log$ (odds ratio) for disease comparing that age group to the baseline age group (the 25-34 year olds in this example), adjusted for alcohol consumption. For example, we see the risk of oesophageal cancer in men aged 65-74 (age group 5) is estimated to be $\exp (3.97)=53$ (!) times higher than men in the $25-34$ year old age group. Note, however, that there is just 1 case of cancer among the 116 men in the 25-34 year old group. Thus, the estimate of risk in that age group is probably not very stable. Further, we see from the output that the coefficient for the 35-44 year old group is not significantly different from the younger group. In the future, we will combine these two groups.
d) The log odds ratio for any group compared to the second age group is obtained by subtracting the age_2 coefficient from the coefficient of the age group of interest. For example, the log odds ratio comparing group 3 to group 2 is $3.20-1.54=1.66$. The corresponding odds ratio is $\exp (1.66)$.

