

emagnification:

a tool for estimating effect size magnification
and performing design calculations in
epidemiological studies

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Group Meeting**

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Outline

- Background
- Reproducibility and Reliability... continuing interest
- Effect Size Magnification (ESM): understanding what it is
- Why ESM is of regulatory interest
- Stata's `-emagnification-` command : An epidemiological example
- ESM as “Type M Error” (Gelman and Carlin, 2014)
- Other Stata code of interest

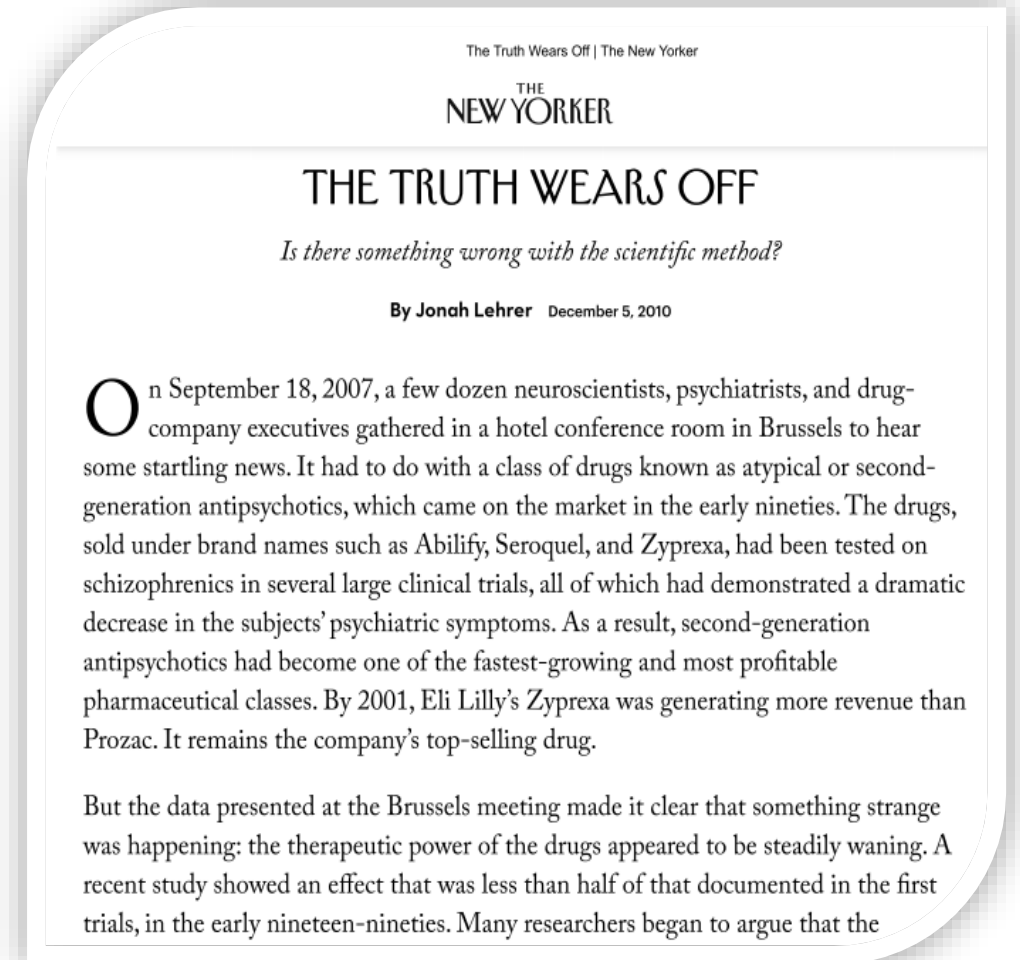
Background (or where this began)

- There is increasing interest and concern in the scientific community in recent years on the “replication crisis” in science.
 - Specifically, scientists are finding that the result from scientific experiments can be difficult to reliably replicate on subsequent investigations.
 - Some have gone so far as to assert and provide support for a contention that most published research findings are false (Ioannidis, 2005).
 - Others have pointed out that even the more modest goal of reproducing previous research – demonstrating that others can calculate using the same data and methods – is frequently difficult or impossible (ASA 2017).
- Several ideas have been advanced with respect to the reasons for this increased difficulty in replicating scientific results
 - “vibrational effects”, which develop from the multitude of choices in the way the data are analyzed;
 - increased pressures to publish;
 - publication bias;
 - small power and the prevalence of and emphasis in research on null-hypothesis-significance-testing.

Background (or where this began)

the prelude

- New Yorker article “The Truth Wears Off... Is there something wrong with the Scientific Method?”
 - published in 2010
- Discusses declining effect sizes over time
 - Psychiatric Drugs (2nd generation antipsychotics)
 - Psychological Testing (verbal overshadowing, ESP)
 - Evolutionary Biology/Ecology (fluctuating asymmetry)
- Referred to as “Decline Effect”
 - “Cosmic Habituation”



Reproducibility and Reliability... continuing interest

STATISTICAL ERRORS

F values, the "gold standard" of statistical validity, are not as reliable as many scientists assume.

BY MICHAEL S. HARRIS

In a landmark review, Matt Mehlke was an informant on scientific glory, he had been... The journal of the American Statistical Association... The journal of the American Statistical Association... The journal of the American Statistical Association...

COMMENT

Hide results to seek the truth

More flexible about, like particle physics, adopt hidden analysis to clean up their books. Robert M. Calverton and...

BY MICHAEL S. HARRIS

The journal of the American Statistical Association... The journal of the American Statistical Association... The journal of the American Statistical Association...

FOOLING OURSELVES

HUMANS ARE REMARKABLY GOOD AT SELF-DECEPTION. BUT GROWING CONCERN ABOUT REPRODUCIBILITY IS DRIVING MANY RESEARCHERS TO SEEK WAYS TO FIGHT THEIR OWN MOST INSTINCTIVE...

BY MICHAEL S. HARRIS

The journal of the American Statistical Association... The journal of the American Statistical Association... The journal of the American Statistical Association...

The National Academies of SCIENCES • ENGINEERING • MEDICINE

REPRODUCIBILITY AND REPLICABILITY IN SCIENCE

CONSENSUS STUDY REPORT

BY MICHAEL S. HARRIS

The journal of the American Statistical Association... The journal of the American Statistical Association... The journal of the American Statistical Association...



Work discussions, practice, study

Reproducibility of science

BY MICHAEL S. HARRIS

The journal of the American Statistical Association... The journal of the American Statistical Association... The journal of the American Statistical Association...

COMMENT

A tragedy of errors

Mistakes in peer-reviewed papers are easy to find but hard to fix, report David R. Atkinson and colleagues.

BY MICHAEL S. HARRIS

The journal of the American Statistical Association... The journal of the American Statistical Association... The journal of the American Statistical Association...

Most Published Research Findings Are False—But a Little Replication Goes a Long Way

By John P. A. Ioannidis, James J. Trikalinos, and...

BY MICHAEL S. HARRIS

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Raising the Bar for Reproducible Science at the U.S. Environmental Protection Agency Office of Research and Development

Barbara Jane Gough, Jon R. Sobus, Lisa P. Phelps, Jane Ellen Simmons, Ronald N. Hines, and the Statistics Guidance Documents Working Groups

BY MICHAEL S. HARRIS

The journal of the American Statistical Association... The journal of the American Statistical Association... The journal of the American Statistical Association...

Power failure: why small sample size undermines the reliability of neuroscience

Abstract [A study with low statistical power has a reduced chance of detecting a true effect, but it is also more likely to detect a false effect. Here, we show that the average statistical power of studies in the neurosciences is very low. The consequences of this include overstatements of effect size and low reproducibility of results. There are also ethical dimensions to this problem, as unreliable research is inefficient and wasteful. Improving reproducibility in neuroscience is a high priority and requires attention to well-established but often ignored methodological principles.]

It has been claimed and demonstrated that many (and possibly most) of the conclusions drawn from behavioral research are probably false. A central cause for this important problem is that researchers must publish in order to succeed, and publishing a highly credible paper, with certain kinds of findings more likely to be published than others. Research that produces results, statistically significant results that is typically published more quickly than the findings reflect the true state of the world. Such practices include using flexible study designs and flexible statistical analysis and reporting small studies with low statistical power. A simulation of genetic association studies showed that a typical dataset would generate at least one false positive result almost every time the test is run, and two false positives for every true positive. Given that these publishing biases are pervasive across scientific practice, it is probable that false positive findings constitute the majority of published research. The low probability of replicating research as well as this problem may affect at least as much, if not even more so, the most important research. We discuss these problems in more detail.



Neuroscience Sifting the evidence

Unreliable neuroscience? Why power matters

Small studies with low power undermine the reliability of science and new evidence suggests that

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The balance of power

Studies with larger sample sizes have more statistical power and can detect smaller, more subtle effects. Photograph: Kate Burton

Reproducibility and Reliability continuing interest

STATISTICAL ERRORS
P-values, the "gold standard" of statistical validity, are not as reliable as many scientists assume.

COMMENT
More flexible statistical, like genetic physics, suggest hybrid analysis to clinicians. *By Robert M. Wachter and David A. Asch*

FOOLING OURSELVES
HUMANS ARE REMARKABLY GOOD AT SELF-RECEPTION. BUT GROWING CONCERN ABOUT REPRODUCIBILITY IS DRIVING MANY RESEARCHERS TO SEEK WAYS TO FIGHT THEIR OWN WORST INSTINCTS.

The National Academies of
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CONSENSUS STUDY REPORT

Reproducibility and Reliability in Science

WORK
discussions, reviews, and more

REPRODUCIBILITY OF SCIENCE

Abstract
The reproducibility of science is a central issue in the current scientific landscape. This report examines the reproducibility of science and offers recommendations for improving it. The report is based on a consensus study of the National Academies of Sciences, Engineering, and Medicine. The report is available in full at <https://www.nap.edu/catalog/25303/reproducibility-and-replicability-in-science>.

Public Symposium: Reproducibility and Replicability in Science

September 24, 2019

National Academy of Sciences, Engineering, and Medicine
Lecture Room
2101 Constitution Avenue NW
Washington, DC
Available by webinar.

See <http://sites.nationalacademies.org/sites/reproducibility-in-science/index.htm>

Agenda available at http://sites.nationalacademies.org/cs/groups/sitessite/documents/webpage/sites_194816.pdf

Download free PDF of report from <https://www.nap.edu/catalog/25303/reproducibility-and-replicability-in-science>

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Background (or where this began)

Open access, freely available online

Essay

Why Most Published Research Findings Are False

John P.A. Ioannidis

Summary

There is increasing concern that most current published research findings are false. The probability that a research claim is true may depend on study power and bias, the number of other studies on the same question, and, importantly, the ratio of true to no relationships among the relationships probed in each scientific field. In this framework, a research finding is less likely to be true when the studies conducted in a field are smaller; when effect sizes are smaller; when there is a greater number and lesser preselection of tested relationships; when there is greater flexibility in designs, definitions, outcomes, and analytical modes; when there is greater financial and other interest and prejudice; and when more teams are involved in a scientific field in chase of statistical significance. Simulations show that for most study designs and settings, it is more likely for a research claim to be false than true. Moreover, for many current scientific fields, claimed research findings may often be simply accurate measures of the prevailing bias. In this essay, I discuss the implications of these problems for the conduct and interpretation of research.

Published research findings are sometimes refuted by subsequent evidence, with ensuing confusion and disappointment. Refutation and controversy is seen across the range of research designs, from clinical trials and traditional epidemiological studies [1–3] to the most modern molecular research [4,5]. There is increasing concern that in modern research, false findings may be the majority or even the vast majority of published research claims [6–8]. However, this should not be surprising. It can be proven that most claimed research findings are false. Here I will examine the key

The Essay section contains opinion pieces on topics of broad interest to a general medical audience.

factors that influence this problem and some corollaries thereof.

Modeling the Framework for False Positive Findings

Several methodologists have pointed out [9–11] that the high rate of nonreplication (lack of confirmation) of research discoveries is a consequence of the convenient, yet ill-founded strategy of claiming conclusive research findings solely on the basis of a single study assessed by formal statistical significance, typically for a p -value less than 0.05. Research is not most appropriately represented and summarized by p -values, but, unfortunately, there is a widespread notion that medical research articles

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should be interpreted based only on p -values. Research findings are defined here as any relationship reaching formal statistical significance, e.g., effective interventions, informative predictors, risk factors, or associations. “Negative” research is also very useful. “Negative” is actually a misnomer, and the misinterpretation is widespread. However, here we will target relationships that investigators claim exist, rather than null findings.

As has been shown previously, the probability that a research finding is indeed true depends on the prior probability of it being true (before doing the study), the statistical power of the study, and the level of statistical significance [10,11]. Consider a 2×2 table in which research findings are compared against the gold standard of true relationships in a scientific field. In a research field both true and false hypotheses can be made about the presence of relationships. Let R be the ratio of the number of “true relationships” to “no relationships” among those tested in the field. R

is characteristic of the field and can vary a lot depending on whether the field targets highly likely relationships or searches for only one or a few true relationships among thousands and millions of hypotheses that may be postulated. Let us also consider, for computational simplicity,

circumscribed fields where either there is only one true relationship (among many that can be hypothesized) or the power is similar to find any of the several existing true relationships. The pre-study probability of a relationship being true is $R/(R+1)$. The probability of a study finding a true relationship reflects the power $1 - \beta$ (one minus the Type II error rate). The probability of claiming a relationship when none truly exists reflects the Type I error rate, α . Assuming that c relationships are being probed in the field, the expected values of the 2×2 table are given in Table 1. After a research finding has been claimed based on achieving formal statistical significance, the post-study probability that it is true is the positive predictive value, PPV. The PPV is also the complementary probability of what Wacholder et al. have called the false positive report probability [10]. According to the 2×2 table, one gets $PPV = (1 - \beta)R / (R - \beta R + \alpha)$. A research finding is thus

Citation: Ioannidis JPA (2005) Why most published research findings are false. *PLoS Med* 2(8):e124.

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Abbreviation: PPV, positive predictive value

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Competing interests: The author has declared that no competing interests exist.

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ORIGINAL ARTICLE

Why Most Discovered True Associations Are Inflated

John P. A. Ioannidis

Abstract: Newly discovered true (non-null) associations often have inflated effects compared with the true effect sizes. I discuss here the main reasons for this inflation. First, theoretical considerations prove that when true discovery is claimed based on crossing a threshold of statistical significance and the discovery study is underpowered, the observed effects are expected to be inflated. This has been demonstrated in various fields ranging from early stopped clinical trials to genome-wide associations. Second, flexible analyses coupled with selective reporting may inflate the published discovered effects. The vibration ratio (the ratio of the largest vs. smallest effect on the same association approached with different analytic choices) can be very large. Third, effects may be inflated at the stage of interpretation due to diverse conflicts of interest. Discovered effects are not always inflated, and under some circumstances may be deflated—for example, in the setting of late discovery of associations in sequentially accumulated overpowered evidence, in some types of misclassification from measurement error, and in conflicts causing reverse biases. Finally, I discuss potential approaches to this problem. These include being cautious about newly discovered effect sizes, considering some rational down-adjustment, using analytical methods that correct for the anticipated inflation, ignoring the magnitude of the effect (if not necessary), conducting large studies in the discovery phase, using strict protocols for analyses, pursuing complete and transparent reporting of all results, placing emphasis on replication, and being fair with interpretation of results.

(*Epidemiology* 2008;19: 640–648)

The discovery and replication of associations is a core activity of quantitative research. This article will not deal with the debate on whether research findings are credible.¹ I will focus instead on the interesting subset of research findings that are true. Research findings discussed here encompass all types of associations that emerge from quantitative measurements, and are expressed as effect metrics. This

prognostic studies, and so forth. I start here with the assumption that a research finding is indeed true (non-null), ie, it reflects a genuine association that is not entirely due to chance or biases (confounding, misclassification, selection biases, selective reporting, or other). The question is: do the effect sizes for such associations, at the time they are first discovered and published in the scientific literature, accurately reflect the true effect sizes?

The article has the following sections: a brief literature review on inflated early-effect sizes based on theoretical and empirical considerations; a description of the major reasons why early discovered effects are inflated and the major countering forces that may occasionally lead to deflated effects (underestimates); and suggestions on how to deal with these problems.

Evidence About Inflated Early-Effect Sizes

Table 1 cites articles suggesting that early studies give (on average) inflated estimates of effect.^{2–34} I list here only selected evaluations that cover either many different articles/effects or a whole research domain or method. This list is nowhere close to exhaustive. For some topics, such as the inflation of regression coefficients for variables selected through stepwise statistical-significance-based processes, the literature is vast. The theme of inflated early effects has been encountered in various disguises in many scientific disciplines in the biomedical sciences and beyond. For empirical studies, it may not be known whether the subsequent studies are more correct than the original discovery, but when a pattern is seen repeatedly in a field, the association is probably real, even if its exact extent can be debated. One should also acknowledge the difficulty in differentiating between an early inflated but true (non-null) effect and an entirely false (null) one. In

Effect Size Magnification: *What it is.*

- Effect size magnification (ESM) refers to the phenomenon that low-powered studies that find evidence of an effect often provide inflated estimates of the size of that effect

Effect Size Magnification: *What it is.*



Conduct experiment/observational study today



Discover a statistically significant effect size of importance

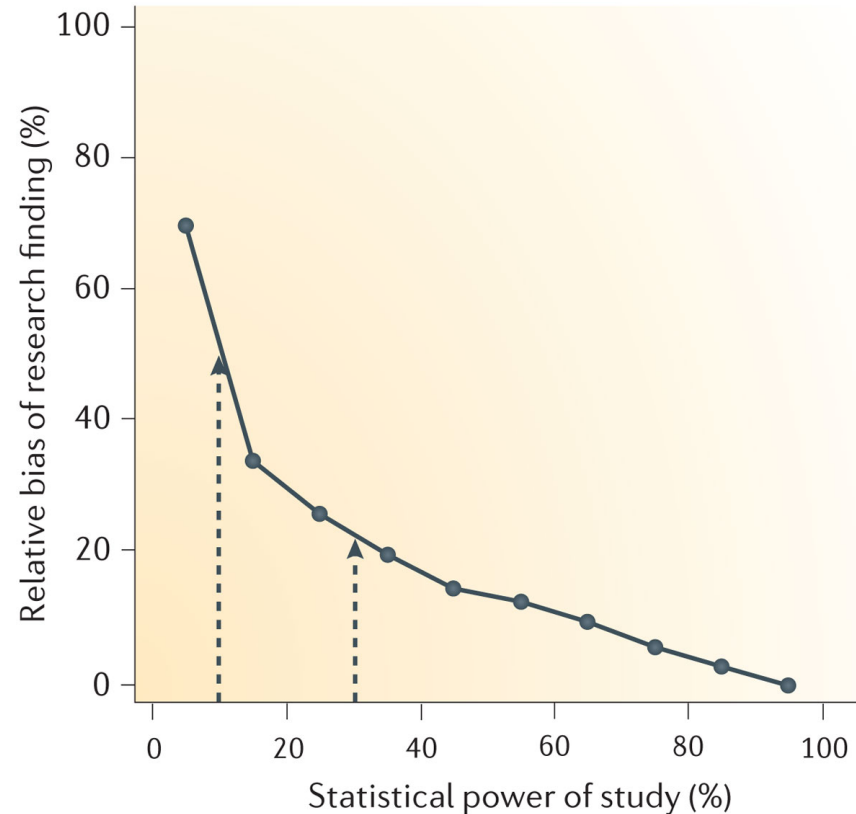


Repeat the study again tomorrow because you discovered an statistically significant effect size of interest and ... **effect size diminishes**

- Effect size magnification (ESM) refers to the phenomenon that low-powered studies that find evidence of an effect often provide inflated estimates of the size of that effect

... so that when that study is repeated (us NAS term: “replicated”), the observed effect size is likely to decline

Effect Size Magnification: *What it is.*



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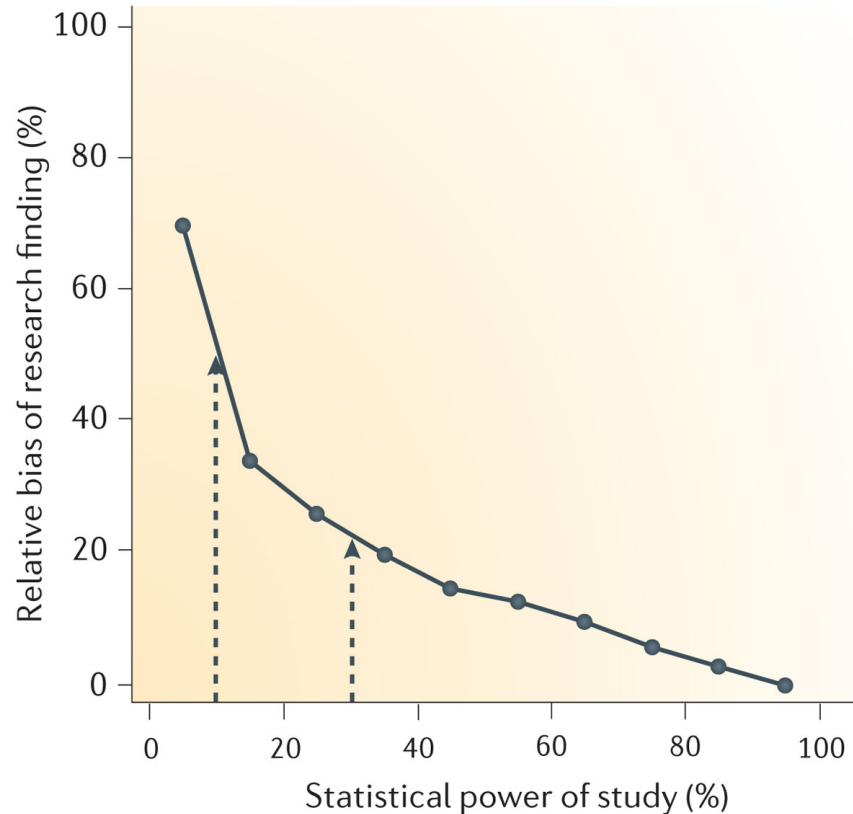
... so that when that study is repeated (us NAS term: “replicated”), the observed effect size is likely to decline

...degree of decline (amount of ESM) is inversely related to power

- Sample size
- True Effect Size
- Background or Control Rate

From: http://www.nature.com/nrn/journal/v14/n5/fig_tab/nrn3475_F5.html

Effect Size Magnification: *What it is.*



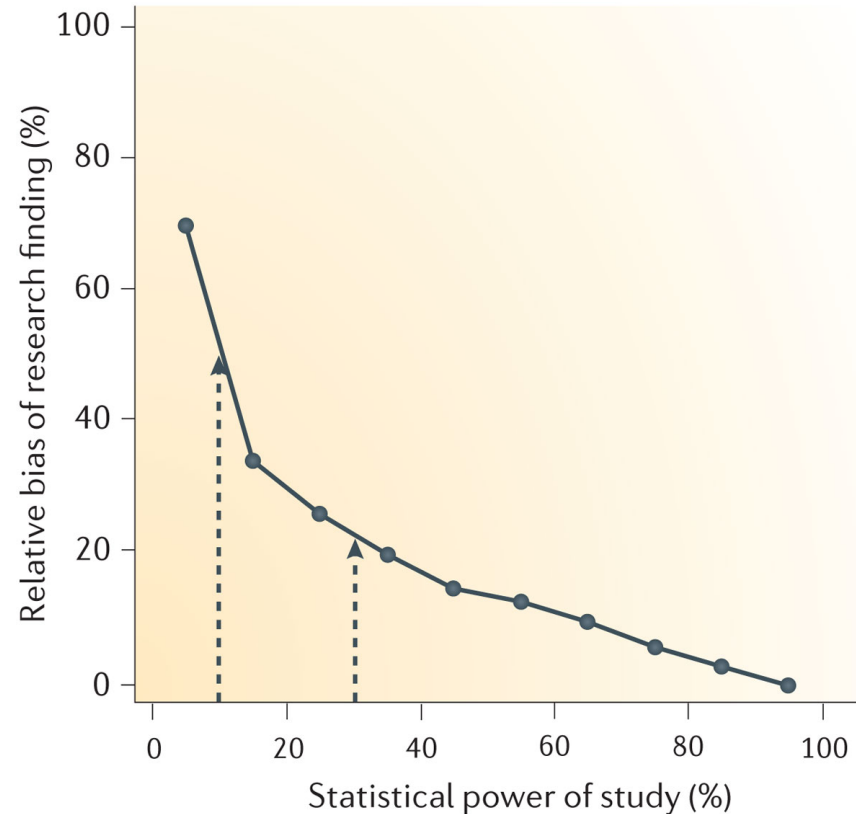
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Key Points

- ESM is expected when an effect has to pass a certain threshold — such as reaching statistical significance — in order for it to have been 'discovered'.
- ESM is worst for small, low-powered studies, which can only detect effects that happen to be large.
 - In practice, this means that research findings of small studies are biased in favor of finding inflated effects.
- While most researchers recognize issues associated with small/low powered studies *vis-a-vis* the failure to detect true effects, fewer recognize issues associated with small/low powered studies and their tendency to produce inflated estimates.

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A simulated numerical illustration of ESM...

TABLE 2. Simulations for Effect Sizes Passing the Threshold of Formal Statistical Significance ($P = 0.05$)

True OR	Control Group Rate (%)	Sample n Per Group	Observed OR in Significant Associations	
			Median (IQR)	Median Fold Inflation
1.10	30	1000	1.23 (1.23–1.29)	1.11
1.10	30	250	1.51 (1.49–1.55)	1.37
1.25	30	1000	1.29 (1.26–1.39)	1.03
1.25	30	250	1.60 (1.50–1.67)	1.28
1.25	30	50	2.73 (2.60–3.16)	2.18

IQR indicates interquartile range.

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TABLE 2. Simulations for Effect Sizes Passing the Test of Formal Statistical Significance ($P = 0.05$)

True OR	Control Group Rate (%)	Sample n Per Group	Observed OR in Simulated Association	
			Median (IQR)	Median Fold Inflation
1.10	30 (27% power)	1000	1.23 (1.23–1.29)	1.11
1.10	30 (11% power)	250	1.51 (1.49–1.55)	1.37
1.25	30 (75% power)	1000	1.29 (1.26–1.39)	1.03
1.25	30 (30% power)	250	1.60 (1.50–1.67)	1.28
1.25	30 (15% power)	50	2.73 (2.60–3.16)	2.18

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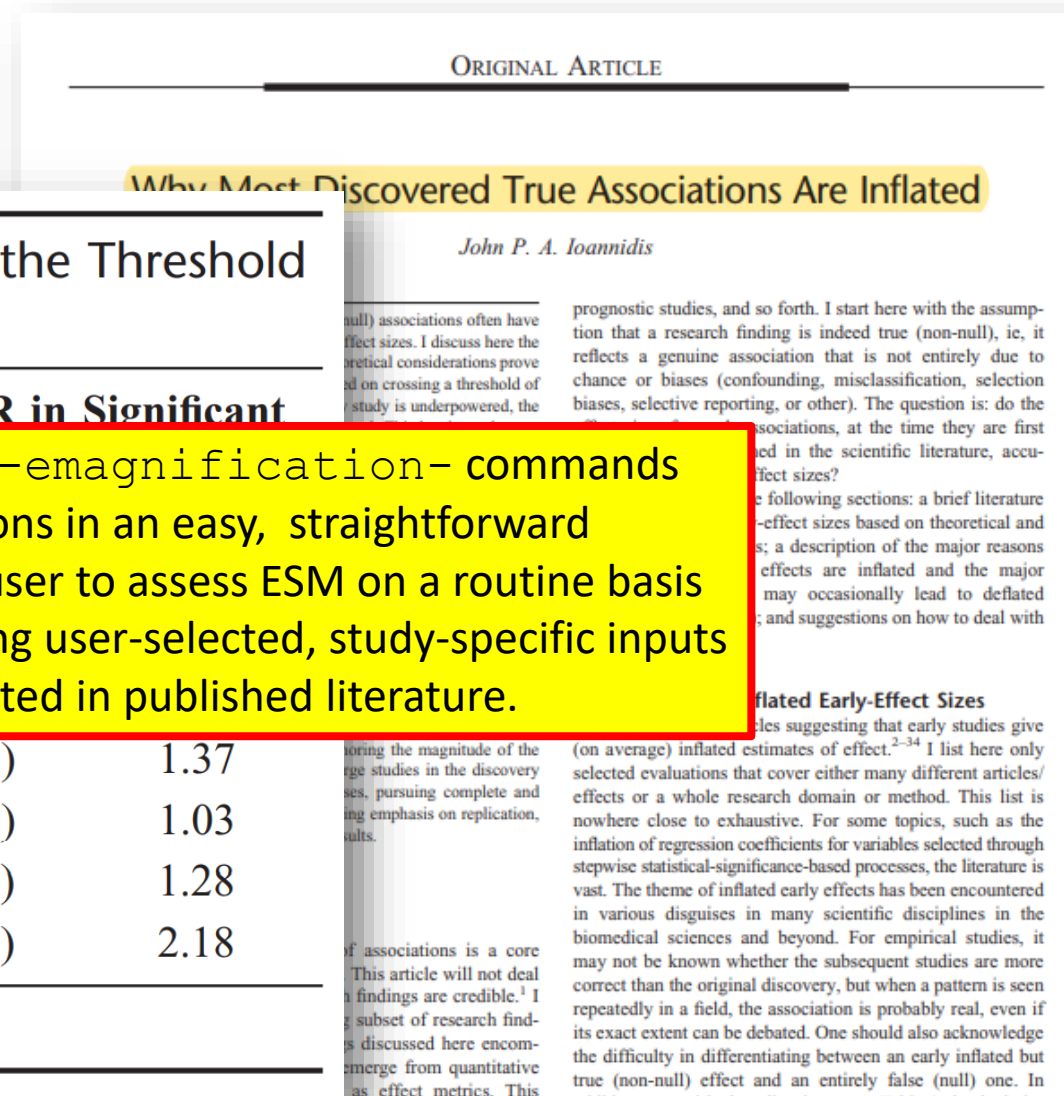
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IQR indicates interquartile range.

Stata's new user-written `emagnification` commands automate these simulations in an easy, straightforward manner and enable the user to assess ESM on a routine basis for published studies using user-selected, study-specific inputs that are commonly reported in published literature.



Why is ESM of regulatory interest?

- If the results of a study or studies of interest cannot -- in theory or practice -- be reliably replicated and might reflect systematically inflated effect sizes, how much confidence can we have in regulatory decisions that rely upon them?
- Statistical significance can play an important role in “eliminating chance as a potential explanation for study results”.
 - “Statistical *significance* testing (via the p-value) is the first-line defense against being fooled by randomness” [Y. Benjamini, 2017]

- If **Most Discovered True Associations Are Inflated**

John P. A. Ioannidis

.... under what circumstances does this occur (why and when)?

...and how do regulators know when this is happening, evaluate/consider it, and incorporate it into decision-making?

e.g., “a statistically significant doubling of the lung cancer risk”

“what is an adequate sample size”

“how big is big [enough]?”

- Might inflated effect sizes from small studies be in part a reason for the reproducibility issues (“crisis”) being increasingly discussed in science?

Why is ESM of regulatory interest?

Can we - as regulators - **understand**, **reproduce**, and finally **apply** the ESM work to better understand (epidemiological) studies that are of potential regulatory interest?

Why is ESM of regulatory interest?

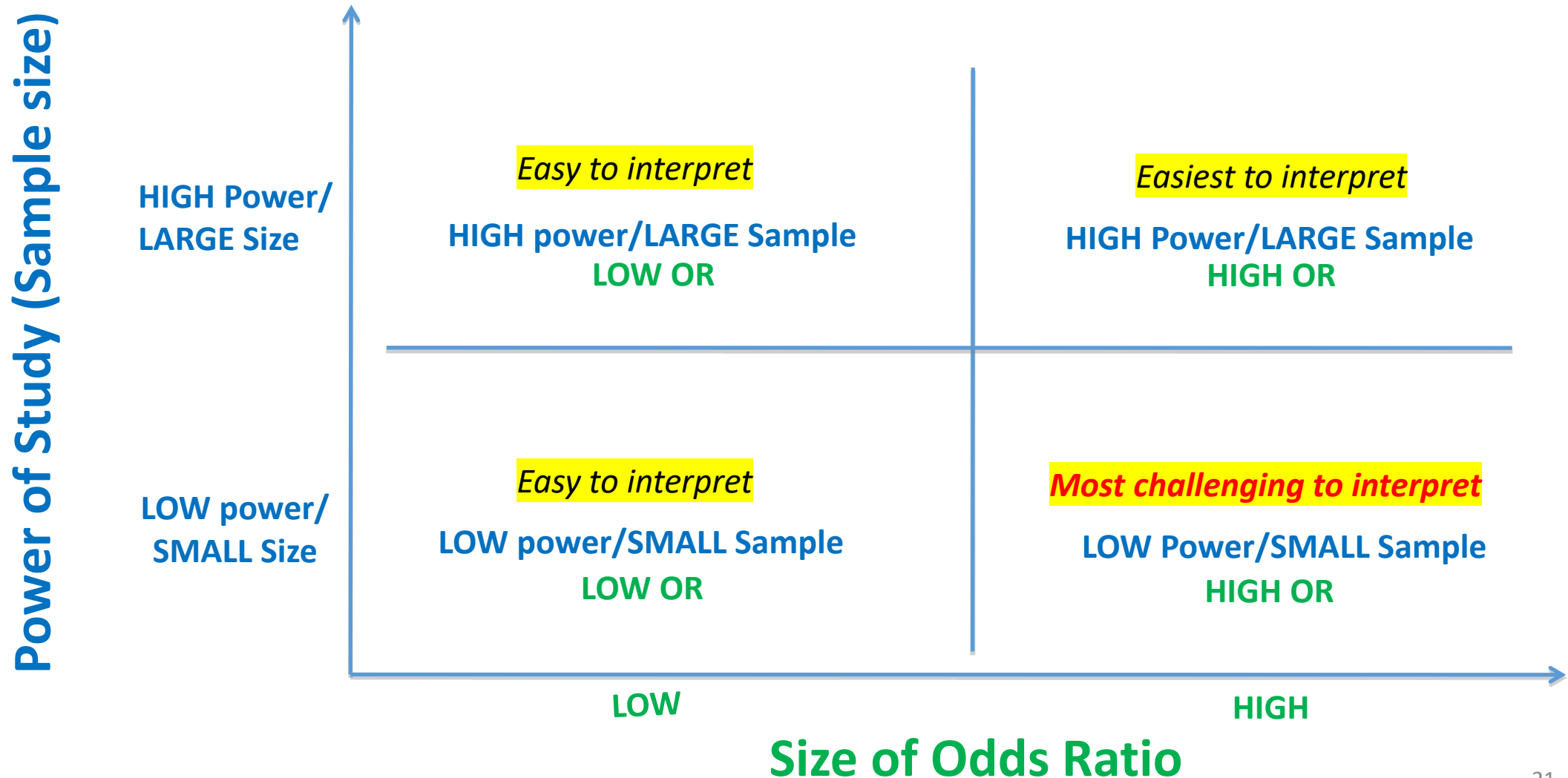
Can we - as regulators - understand, reproduce, and finally apply the ESM work to better understand (epidemiological) studies that are of potential regulatory interest?

-AND-

Can we use this to better evaluate the reliability of reported (statistically significant) effect sizes and put these into a fuller context with respect to potential implications for epidemiological study conclusions?

Why is ESM of regulatory interest?

Statistical Significant Results from High Quality Study:



An Epidemiological Example

- An epidemiological example uses a case study example published by Greenland (1994)¹
 - relevant to **case-control studies** using **odds ratios**²
- Greenland studied the rates of lung cancer deaths among cases and controls from occupational exposure to resins in a facility that assembled transformers.
 - **45 exposed cases**; **94 unexposed cases**; **257 exposed controls**; and **945 unexposed controls**.
 - Odds Ratio_{crude} = 1.76; 95% CI: 1.20, 2.5

¹The data is also provided in Rothman *et al.*'s *Modern Epidemiology*. See Table 19-1 (p. 349) in the third edition. It is used here by Rothman *et al.* to illustrate quantitative sensitivity analyses, **not** effect size inflation. Adjusted OR from original article is 1.72 (95% CI: 1.17, 2.52)

²Stata's `-emagnification-` command can also perform ESM simulations for cohort studies using Rate Ratios (see Working Paper at <http://www.imm.ki.se/biostatistics/emagnification/> for an example)

An Epidemiological Example:

Setting this up in Stata

```
cci 45 94 257 945, woolf
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	45	94	139	0.3237
Controls	257	945	1202	0.2138
Total	302	1039	1341	0.2252
	Point estimate		[95% Conf. Interval]	
Odds ratio	1.760286		1.202457	2.576898 (Woolf)
Attr. frac. ex.	.4319106		.1683693	.6119365 (Woolf)
Attr. frac. pop	.1398272			

chi2(1) = 8.63 Pr>chi2 = 0.0033

QUESTION: To what extent might effect size inflation be important here if one were looking for a statistically significant result?

Sample size

True Effect Size

Background or Control Rate

Effect Size Magnification – essential inputs

- In order to determine the potential degree of effect size magnification for any given study, the reviewer needs to perform various “design effect” calculations. This, in turn, requires that we know four values:
 1. the number of subjects in the *reference* (or control) group
 2. the number of subjects in the *comparison* group
 3. the proportion of interest in the *reference* group;
e.g., the proportion of **exposed** subjects in the control group for case-control studies
 4. a target value of interest to detect a difference of a given (pre-determined) size in a comparison of two groups (e.g., exposed vs. not exposed)

The first three listed values are provided in or must be obtained from the publication while the target value of interest (typically an OR or RR in epidemiology studies) is selected by the risk managers (and is ultimately a policy decision).

An Example

Resin Exposure and Lung Cancer

Here, we have:

- i. the number of subjects in the (reference) control group = **1202**
945 non-exposed controls + 257 resin-exposed controls
- ii. the number of subjects in the case group = **139**
94 non-exposed cases + 45 resin-exposed cases
- iii. the number of resin exposed subjects in the (reference) control group = **257**

	Exposed	Unexposed	Total	Proportion Exposed
Cases	45	94	139	0.3237
Controls	257	945	1202	0.2138
Total	302	1039	1341	0.2252


```
. emagnification proportion, p0(`=257/1202') or(1.1 1.2 1.5 2.0 3.0) n0(1202) n1(139) pctlile(25 50 75)
  ifactor(50) nsim(1000) level(0.05) onesided seed(123) log
```

```
Scenario 1: p0 = .21381032, or = 1.1, n0 = 1202, n1 = 139
Completed: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Scenario 2: p0 = .21381032, or = 1.2, n0 = 1202, n1 = 139
Completed: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Scenario 3: p0 = .21381032, or = 1.5, n0 = 1202, n1 = 139
Completed: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Scenario 4: p0 = .21381032, or = 2, n0 = 1202, n1 = 139
Completed: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Scenario 5: p0 = .21381032, or = 3, n0 = 1202, n1 = 139
Completed: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
```

The tests are one-sided with level = .05

p0	p1	true_or	n0	n1	valid	power	p25	p50	p75	if_p50
.2138103	.230268	1.1	1202	139	1000	.147	1.450	1.508	1.593	1.371
.2138103	.2460507	1.2	1202	139	1000	.223	1.461	1.547	1.698	1.289
.2138103	.2897407	1.5	1202	139	1000	.658	1.508	1.653	1.847	1.102
.2138103	.3522961	2	1202	139	1000	.967	1.760	2.015	2.289	1.007
.2138103	.4493007	3	1202	139	1000	1	2.648	3.003	3.436	1.001

Simulations for Effect Sizes Passing a Threshold of Formal Statistical Significance ($p = 0.05$) for Greenland *et al.* (1994) Epidemiology Study

True OR	Control Group Rate, p_0 (%)	Sample n Per Group (n_0/n_1)	Observed OR in Significant Associations		
			Median ($10^{\text{th}}\text{-}90^{\text{th}}$) ^a	Median Fold Inflation	
1.1	21.4	1202/139	1.508 (1.417– 1.684)	1.371	14% power
1.2	21.4	1202/139	1.547 (1.415– 1.833)	1.289	22% power
1.5	21.4	1202/139	1.653 (1.440– 2.044)	1.102	66% power
2	21.4	1202/139	2.015 (1.584– 2.560)	1.007	97% power
3	21.4	1202/139	3.003 (2.347– 3.810)	1.001	>99% power

^a10th to 90th indicates the 10th and 90th percentiles of the statistically significant results.

```
emagnification proportion, p0(`=257/1202') or(1.1 1.2 1.5 2.0 3.0) n0(1202) n1(139) pctile(25 50 75) ifactor(50) nsim(1000) level(0.05)
onesided seed(123) log
```

Simulations for Effect Sizes Passing a Threshold of Formal Statistical Significance ($p = 0.05$) for Greenland *et al.* (1994) Epidemiology Study

True OR	Control Group Rate, p_0 (%)	Sample n Per Group (n_0/n_1)	Observed OR in Significant Associations		Median Fold Inflation	
			Median (10^{th} - 90^{th}) ^a			
1.1	21.4	1202/139	1.508 (1.417– 1.684)		1.371	14% power
1.2	21.4	1202/139	1.547 (1.415– 1.833)		1.289	22% power
1.5	21.4	1202/139	1.653 (1.440– 2.044)		1.102	66% power
2.0	21.4	1202/139	2.015 (1.584– 2.560)		1.007	97% power
3.0	21.4	1202/139	3.003 (2.347– 3.810)		1.001	>99% power

What does this mean?

Here, the authors “discovered” an odds ratio of 1.76 for an association between resin exposure and lung cancer.

...which the (low) power of the study suggests could be attributable to effect size inflation at a true OR of as low as 1.2 and for which power is only 22%

significant results.

```
75) ifactor(50) nsim(1000) level(0.05) onesided seed(123)
```

Simulations for Effect Sizes Passing a Threshold of Formal Statistical Significance ($p = 0.05$) for Greenland *et al.* (1994) Epidemiology Study

True OR	Control Group Rate, p_0 (%)	Sample n Per Group (n_0/n_1)	Observed OR in Significant Associations		Median Fold Inflation	
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1.1	21.4	1202/139	1.508 (1.417– 1.684)		1.371	14% power
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1.5	21.4	1202/139	1.653 (1.440– 2.044)		1.102	66% power
1.76	21.4	1202/139	2.015 (1.440– 2.044)		1.102	66% power
3.003	21.4	1202/139	3.003 (1.440– 2.044)		1.102	66% power

What does this mean?

Here, the authors “discovered” an odds ratio of 1.76 for an association between resin exposure and lung cancer.

...which the (low) power of the study suggests could be attributable to effect size inflation at a true OR of as low as 1.2 and for which power is only 22%

Thus: Given the size (power) of the study, the “discovered” odds ratio of 1.76 would not be unexpected if the true odds ratio were in fact as low as 1.2.

75) ifactor(50) nsim(1000) level(0.05) onesided seed(123)

Where else has this **ESM approach** appeared?

Design Calculations

(aka “Post-hoc design analysis” methods to evaluate effect magnification)

- Introduced conceptually by Gelman and Carlin (2014) as **Type M(agnitude)** and Type S(ign) errors but for *continuous* (not categorical) data. Recently expanded upon by Lu et al (2019)
 - ESM calculations introduced here can be considered “sister” calculations to these
- Gelman and Carlin’s design calculations can inform a statistical data summary and are recommended when apparently strong (statistically significant) evidence for non-null effects has been found.
 - not ‘What is the power of a test?’, but instead the more relevant *post-hoc* ‘What might be expected to happen in studies of this size?’.
- Further informs if interpretation of a statistically significant result can change drastically depending on the plausible size of the underlying effect
- **NOT** post-hoc power
 - See “**Yes, it makes sense to do design analysis (‘power calculations’) after the data have been collected**” at <https://statmodeling.stat.columbia.edu/2017/03/03/yes-makes-sense-design-analysis-power-calculations-data-collected/> 3 March 2017

How can I download the `-emagnification-` command from Stata?

```
net install emagnification,  
from(http://www.imm.ki.se/biostatistics/stata)
```

Where can I get additional information?

See KI working paper at: <http://www.imm.ki.se/biostatistics/emagnification/>

More Stata Code of potential interest for epidemiological studies:

- Klein, D. (2019). **RDESIGNI**: Stata module to perform design analysis. Statistical Software Components, Boston College Department of Economics.
<https://ideas.repec.org/c/boc/bocode/s458423.html>
- Linden A. (2019). **RETRODESIGN**: Stata module for computing type-S (Sign) and type-M (Magnitude) errors. Statistical Software Components, Boston College Department of Economics. <http://ideas.repec.org/c/boc/bocode/s458631.html>
- Linden A, Mathur M. B., VanderWeele, T. J. (2018). **EVALUE**: Stata module for conducting sensitivity analyses for unmeasured confounding in observational studies. Statistical Software Components, Boston College Department of Economics.
<https://ideas.repec.org/c/boc/bocode/s458592.html>
- Orsini, N., Bellocco, R., Bottai, M. and Greenland S. (2006). **EPISENS**: Stata module for Deterministic and probabilistic sensitivity analysis. Statistical Software Components, Boston College Department of Economics. Revised 14 March 2013.
<https://ideas.repec.org/c/boc/bocode/s456792.html>

More Stata Code of potential interest for epidemiological studies:

- Klein, D. (2019). **RDESIGNI**: Stata module to perform design analysis. Statistical Software Components, Boston College Department of Economics. <https://ideas.repec.org/c/boc/bocode/s458631.html>
RDESIGNI and **RETRODESIGN** both perform *post-hoc* design analysis for continuous variables
- Linden A. (2019). **RETRODESIGN**: Stata module for estimating type-S (Sign) and type-M (Magnitude) errors. Statistical Software Components, Boston College Department of Economics. <http://ideas.repec.org/c/boc/bocode/s458631.html>
- Linden A. (2019). **EVALUE**: Stata module for conducting sensitivity analyses for unmeasured confounding in observational studies. Statistical Software Components, Boston College Department of Economics. <https://ideas.repec.org/c/boc/bocode/s458592.html>
EVALUE evaluates sensitivity of results to unmeasured confounding
- Orsini, N., Bellocco, R., Bottai, M. and Greenland S. (2006). **EPISENS**: Stata module for Deterministic Probabilistic Sensitivity Analysis. Statistical Software Components, Boston College Department of Economics. Revised 14 March 2019. <https://ideas.repec.org/c/boc/bocode/s456792.html>
EPISENS performs Quantitative Bias Analysis (QBA)

Take Home Messages –

- 1. Effect Size Magnification refers to the phenomenon that studies that find evidence of an effect often provide inflated estimates of the size of that effect**
 - Occurs when studies have low power
 - Such magnification is expected when an effect has to pass a certain threshold — such as reaching statistical significance — in order for it to have been 'discovered'
- 2. Many epi studies are under-powered to find low to moderate effects –**
 - Can lead to exaggerated or inflated effect size estimates if primary interest is in “discovered” effects
- 3. If an epi study has low power, we must be suspect of 'large' or 'significant' ORs, since these values may be inflated**
 - Don't rely just on p-values, as these may only be meaningful/reliable in adequately powered studies
- 4. If an epi study does have low power and a 'large' discovered odds ratio, then perform a *post-hoc* design calculation to assist in quantitatively evaluating how reliable the odds ratio estimate may be**
 - Such calculations can help calibrate (simultaneous) thinking around sample size and reported odds ratios in published research

Summing it up

What is of critical importance is to recognize that adequately powered studies are necessary to be able to have at least some minimal degree of confidence in the estimate of the effect size, particularly in “discovery” phases with effect sizes that are statistically significant

...and...

Design calculations (such as done by `-emagnification-`) can assist in determining if effect size magnification may be present and the extent to which it may be an issue or should be accounted for in interpretation of results.

Thank you !



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Health Effects Division

Office of Pesticide Programs

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Additional Slides

emagnification:

a tool for estimating effect size magnification and performing design calculations in epidemiological studies

Abstract. Artificial effect size magnification (ESM) may occur in underpowered studies where effects are only reported because they or their associated p-value have passed some threshold. Ioannidis (2008) and Gelman and Carlin (2014) have suggested that the plausibility of findings for a specific study can be evaluated by computation of ESM, which requires statistical simulation. In this talk, we present a new Stata package called -emagnification- that allows straightforward implementation of such simulations in Stata. The commands automate these simulations for epidemiological studies and enable the user to assess ESM on a routine basis for published studies using user-selected, study-specific inputs that are commonly-reported in published literature. The intention of the package is to allow a wider community to use ESMs as a tool for evaluating the reliability of reported effect sizes and to put an observed statistically significant effect size into a fuller context with respect to potential implications for study conclusions.

Select References

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- Ioannidis, J. P. A. 2005. Why most published research findings are false. *PLoS Medicine* 2(8). E124.doi:10.1371.pmed.0020124. [accessed 6 September 2017 at <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020124>]
- Ioannidis, J. P. A. 2008. Why most discovered true associations are inflated. *Epidemiology* 19: 640-648. [accessed 24 February 2018 at <http://www.dcsce.net/ioannidis-associations-2008.pdf>]
- Lash, Timothy, Lindsay J. Collin, and Miriam E. Van Dyke. The Replication Crisis in Epidemiology: Snowball, Snow Job, or Winter Solstice? *Current Epidemiology Reports* (published online 12 April 2018)
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- Rothman, KJ, Greenland, S and Lash, TL. *Modern Epidemiology*. 2008. 3rd ed. Lippincot, Williams, and Wilkins. Philadelphia.

It's a recognized issue... by some

(but not necessarily well-publicized)

“It is not sufficiently well understood that ‘significant’ findings from studies that are underpowered (with respect to the true effect size) are likely to produce wrong answers, both in terms of the direction and magnitude of the effect. ..There is a range of evidence to demonstrate that it remains the case that too many small studies are done and preferentially published when “significant”. We suggest that one reason for the continuing lack of real movement on this problem is the historic focus on power as a lever for ensuring statistical significance, with inadequate attention being paid to the difficulties of interpreting statistical significance in underpowered studies.

Because insufficient attention has been paid to these issues, we believe that too many small studies are done and preferentially published when ‘significant’. **There is a common misconception that if you happen to obtain statistical significance with low power, then you have achieved a particularly impressive feat, obtaining scientific success under difficult conditions.”**

Gelman, Andrew and John Carlin (2014) Beyond Power Calculations: Assessing Type S (Sign) and Type M (Magnitude) Errors. *Perspectives in Psychol. Sci.* 9(6): 641-651.

It's a recognized issue... by some

(but not necessarily well-publicized)

“Focusing on the P value during statistical analysis is an entrenched culture. **The P value is often used without the realization that in most cases the statistical power of a study is too low for P to assist the interpretation of the data.** Among the many and varied reasons for a fearful and hidebound approach to statistical practice, a lack of understanding is prominent. A better understanding of why P is so unhelpful should encourage scientists to reduce their reliance on this misleading concept....

Although statistical power is a central element in reliability, it is often considered only when a test fails to demonstrate a real effect (such as a difference between groups): a ‘false negative’ result. Many scientists who are not statisticians do not realize that the power of a test is equally relevant when considering statistically significant results, that is, when the null hypothesis appears to be untenable. This is because the statistical power of the test dramatically affects our capacity to interpret the P value and thus the test result. **It may surprise many scientists to discover that interpreting a study result from its P value alone is spurious in all but the most highly powered designs. The reason for this is that unless statistical power is very high, the P value exhibits wide sample-to sample variability and thus does not reliably indicate the strength of evidence against the null hypothesis.”**

It's a recognized issue... by some

(but not necessarily well-publicized)

“In a scientific culture that focuses on statistically significant results [67], effects are more likely to be overestimated than underestimated whenever power is less than 100%, as seen in one of the replication projects [48]... In that project, 82 of 99 studies showed a stronger effect size in the original study than in the replication study. This pattern is what should be expected if the original studies were selected because their results were statistically significant. On average, these studies’ results should be overestimates. ... **By focusing on results that are statistically significant, null hypothesis significance testing has built a machine to overestimate the truth. These pressures cause early studies to have inflated estimates, and then subsequent studies may use the inflated results as the target estimates when designing a replication study, leading to underpowered replication studies that falsely fail to demonstrate reproducibility. **One cannot rationally label the resulting poor reproducibility as a crisis; the accumulation of evidence is behaving exactly as expected.”****

Lash, Timothy, Lindsay J. Collin, and Miriam E. Van Dyke. The Replication Crisis in Epidemiology: Snowball, Snow Job, or Winter Solstice? *Current Epidemiology Reports* (published online 12 April 2018)

It's a recognized issue... by some

(but not necessarily well-publicized)

- **John Ioannidis** on *Statistical Significance, Economics, and Replication*.

<http://www.econtalk.org/john-ioannidis-on-statistical-significance-economics-and-replication/>

Jan 22 2018 podcast

- **Andrew Gelman** on *Social Science, Small Samples, and the Garden of the Forking Paths*.

<http://www.econtalk.org/andrew-gelman-on-social-science-small-samples-and-the-garden-of-the-forking-paths/>

Mar 20 2017 podcast

- **Geoff Cumming** on *Dance of the p-values*

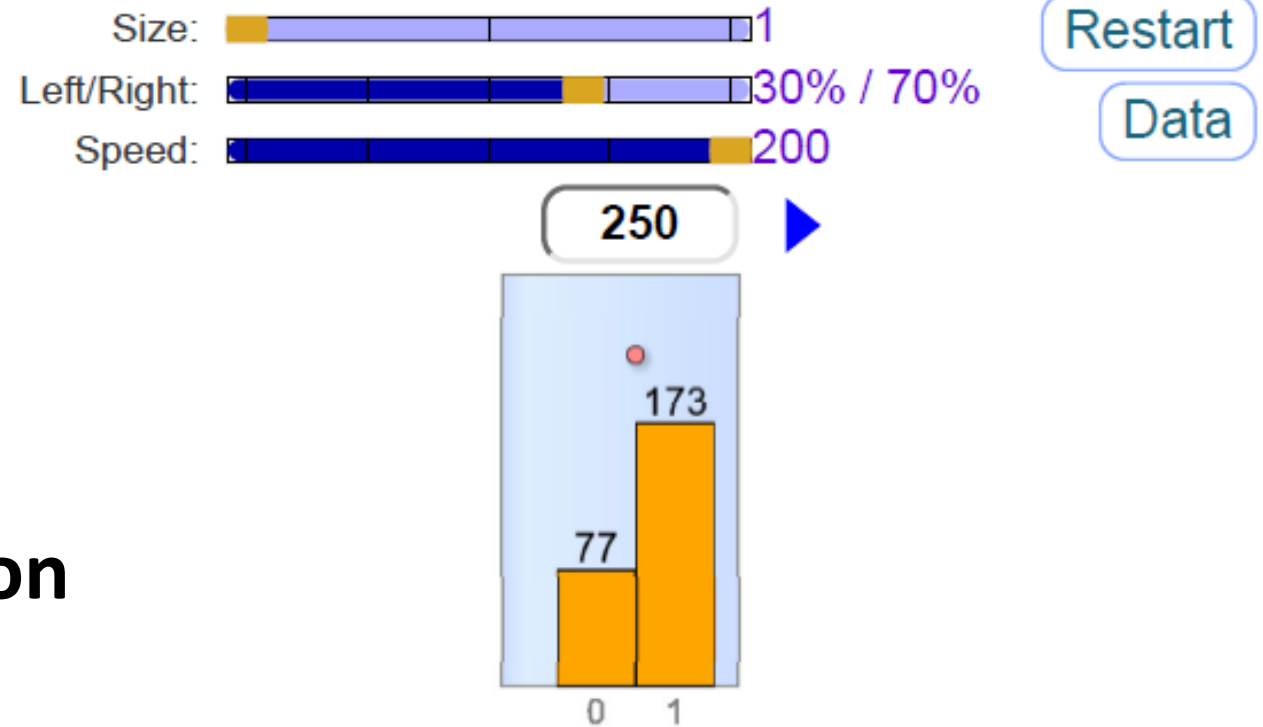
<https://www.bing.com/videos/search?q=dance+of+the+p+values&view=detail&mid=6D48A4D9F8A653BA10496D48A4D9F8A653BA1049&FORM=VIRE>

TABLE 2. Simulations for Effect Sizes Passing the Threshold of Formal Statistical Significance ($P = 0.05$)

True OR	Control Group Rate (%)	Sample n Per Group	Observed OR in Significant Associations	
			Median (IQR)	Median Fold Inflation
1.10	30	1000	1.23 (1.23–1.29)	1.11
1.10	30	250	1.51 (1.49–1.55)	1.37
1.25	30	1000	1.29 (1.26–1.39)	1.03
1.25	30	250	1.60 (1.50–1.67)	1.28
1.25	30	50	2.73 (2.60–3.16)	2.18

IQR indicates interquartile range.

30% of the controls are exposed, 70% are not



Effect Size Magnification: the mechanics of the simulation

For this iteration:

- 77 of 250 controls are exposed (30.8%)
- 173 of 250 controls are not exposed

TABLE 2. Simulations for Effect Sizes Passing the Threshold of Formal Statistical Significance ($P = 0.05$)

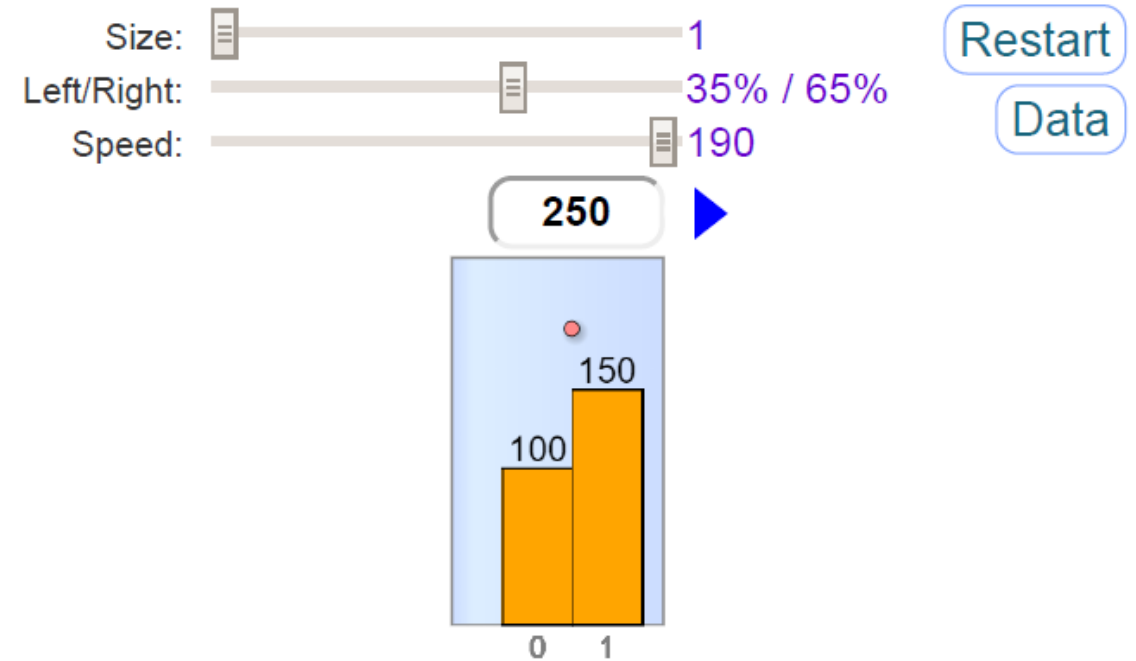
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1.25	30	250	1.60 (1.50–1.67)	1.28
1.25	30	50	2.73 (2.60–3.16)	2.18

IQR indicates interquartile range.

For an odds ratio of 1.25, need 35% of the controls to be exposed, 65% not

$$P1 = (P0 \times OR) / [(1 - P0) + (P0 \times OR)]$$

```
. display (0.30 * 1.25) / ((1-0.30) + (0.30 * 1.25))
.34883721
```



Effect Size Magnification: the mechanics of the simulation

For this iteration:

- 100 of 250 controls are exposed (40%)
- 150 of 250 controls are not exposed

TABLE 2. Simulations for Effect Sizes Passing the Threshold of Formal Statistical Significance ($P = 0.05$)

True OR	Control Group Rate (%)	Sample n Per Group	Observed OR in Significant Associations	
			Median (IQR)	Median Fold Inflation
1.10	30	1000	1.23 (1.23–1.29)	1.11
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1.25	30	250	1.60 (1.50–1.67)	1.28
1.25	30	50	2.73 (2.60–3.16)	2.18

IQR indicates interquartile range.

Effect Size Magnification: the mechanics of the simulation

```
cci 100 150 77 173, woolf
```

	Exposed	Unexposed	Total	Proportion Exposed
Cases	100	150	250	0.4000
Controls	77	173	250	0.3080
Total	177	323	500	0.3540
	Point estimate		[95% Conf. Interval]	
Odds ratio	1.497835		1.035701	2.166176 (Woolf)
Attr. frac. ex.	.3323699		.0344707	.5383569 (Woolf)
Attr. frac. pop	.132948			

chi2(1) = 4.63 Pr>chi2 = 0.0315.

Then repeat 999 more times...

What to do... ?

ORIGINAL ARTICLE

Why Most Discovered True Associations Are Inflated

John P. A. Ioannidis

ABSTRACT: Newly discovered true (non-null) associations often have inflated effects compared with the true effect sizes. I discuss here the main reasons for this inflation. First, theoretical considerations prove that when true discovery is claimed based on crossing a threshold of statistical significance and the discovery study is underpowered, the observed effects are expected to be inflated. This has been demonstrated in various fields ranging from early stopped clinical trials to genome-wide associations. Second, flexible analyses coupled with selective reporting may inflate the published discovered effects. The violation ratio (the ratio of the largest vs. smallest effect on the same association approached with different analytic choices) can be very large. Third, effects may be inflated at the stage of interpretation due to diverse methods of interest. Discovered effects are not always inflated, and under some circumstances may be deflated—for example, in the setting of late discovery of associations in sequentially accumulated experimental evidence, in some types of randomization trials from measurement error, and in conflicts causing reverse bias. Finally, I discuss potential approaches to this problem. These include being cautious about newly discovered effect sizes, considering some minimal down-adjustment, using analytical methods that correct for the anticipated inflation, opening the magnitude of the effect (if not necessary), conducting large studies in the discovery phase, using strict protocols for analyses, pursuing complete and transparent reporting of all results, placing emphasis on replication, and being fair with interpretation of results.

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The discovery and replication of associations is a core activity of quantitative research. This article will not deal with the debate on whether research findings are credible.¹ I will focus instead on the interesting subset of research findings that are true. Research findings discussed here encompass all types of associations that emerge from quantitative measurements, and are expressed as effect metrics. This includes treatment effects from clinical trials, measures of risk for observational risk factors, prognostic effects for prognostic studies, and so forth. I start here with the assumption that a research finding is indeed true (non-null), so, it reflects a genuine association that is not entirely due to chance or bias (confounding, misclassification, selection bias, selective reporting, or other). The question is: do the effect sizes for such associations, at the time they are first discovered and published in the scientific literature, accurately reflect the true effect sizes?

The article has the following sections: a brief literature review on inflated early-effect sizes based on theoretical and empirical considerations; a description of the major reasons why early discovered effects are inflated and the major contributing factors that may occasionally lead to deflated effects (underestimation); and suggestions on how to deal with these problems.

Evidence About Inflated Early-Effect Sizes

Table 1 cites articles suggesting that early studies give (on average) inflated estimates of effect.^{2–14} I list here only selected evaluations that cover either many different articles/effects or a whole research domain or method. This list is nowhere close to exhaustive. For some topics, such as the inflation of regression coefficients for variables selected through stepwise statistical-significance-based processes, the literature is vast. The theme of inflated early effects has been encountered in various disciplines in many scientific disciplines in the biomedical sciences and beyond. For empirical studies, it may not be known whether the subsequent studies are more correct than the original discovery, but when a pattern is seen repeatedly in a field, the association is probably real, even if its exact extent can be debated. One should also acknowledge the difficulty of differentiating between an early inflated but true (non-null) effect and an entirely false (null) one. In addition to empirical studies, however, Table 1 also includes theoretical work that proves why inflation is anticipated; some of these arguments are discussed in the next section.

I mention here a few examples to demonstrate the seriousness of the problem. The prognostic significance of a 70-gene expression signature for lymph-node-negative breast cancer is accepted beyond doubt.¹⁵ However, while the first study published in *Nature* showed almost perfect sensitivity and specificity, even in an independent replication exercise of 39 patients,¹⁶ subsequent evaluation in a cohort of 303 women showed sensitivity of 90% and specificity of only 40% (AUC for survival 0.640).¹⁷ Prognostic ability is

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TABLE 3. Avoiding Being Misled on Effect Sizes of True Associations in Early Discovery

- Be cautious about effect sizes (and even about the mere presence of any effect in new discoveries)
- Consider rational down-adjustment of effect sizes
- Consider analytical methods that correct for anticipated inflation
- Ignore effect sizes arising from discovery research
- Conduct large studies in discovery phase
- Use strict protocols for analyses
- Adopt complete and transparent reporting of all results
- Use methodologically rigorous, unbiased replication (potentially ad infinitum)
- Be fair with interpretation

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What to do... ?

“At the time of the first postulated discovery, we usually cannot tell whether an association exists at all, let alone judge its effect size. As a starting principle, one should be cautious about effect sizes. Uncertainty is not conveyed simply by CIs (no matter if these are 95%, 99% or 99.9%)”

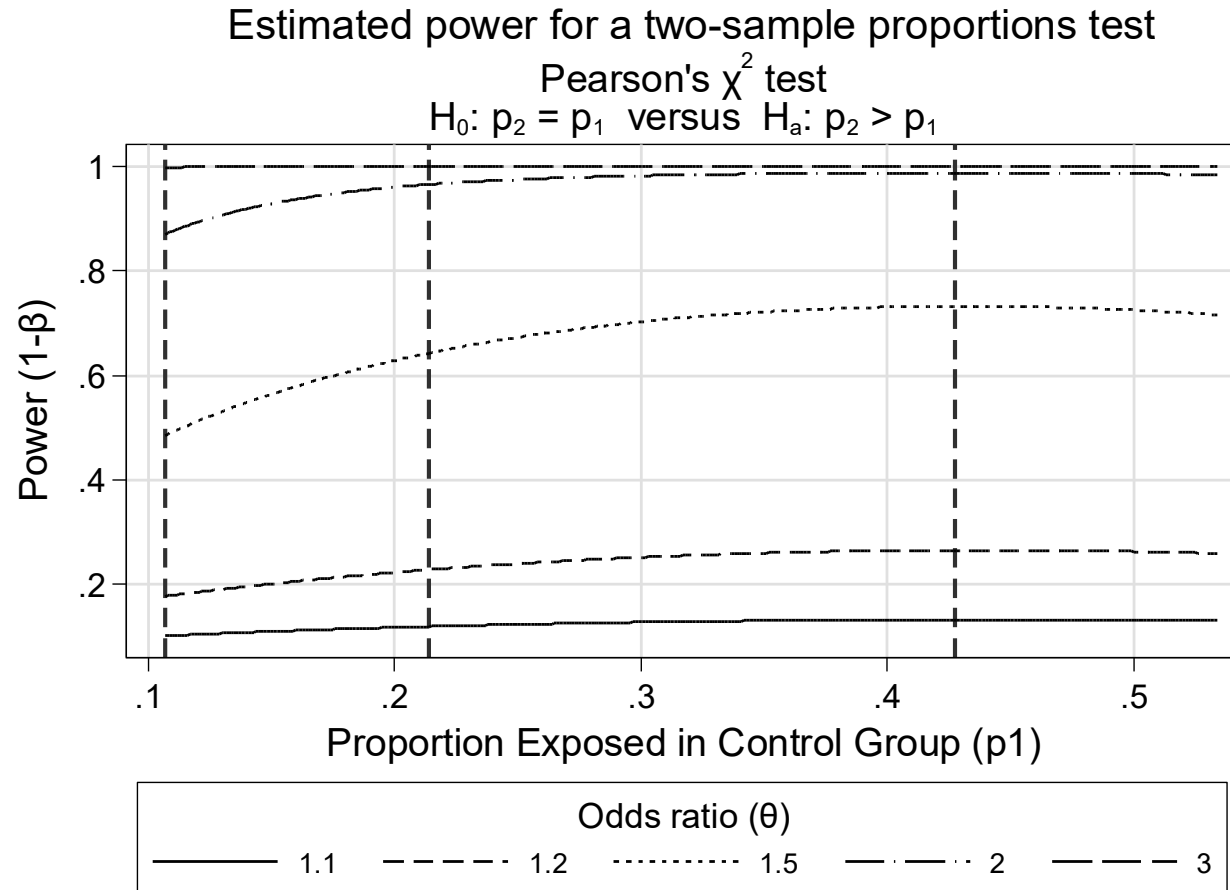
“For a new proposed association, credibility and accuracy of the proposed effect varies depending on the case. One may ask the following questions:

- Does the research community in the field adopt widely statistical significance or similar selection thresholds for claiming research findings?
- Did the discovery arise from a small study?
- Is there room for large flexibility in the analyses?
- Are we unprotected from selective reporting (e.g., was the protocol not fully available upfront?)
- Are there people or organizations interested in finding and promoting specific ‘positive’ results?
- Finally, are the counteracting forces that would deflate effects minimal?”

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Sensitivity Analysis on Control Group Proportion, Greenland *et al.* (1994) Example

- “Proportion Exposed in Control Group” can be an important parameter in sensitivity analysis
- It is useful to vary this to determine how sensitive power is to this (observed) quantity
 - ½ x-, 1x-, and 2x- variations (heavy vertical dashed lines) on observed proportion of **257/1202** illustrated here
 - Results suggest that conclusion that observed OR of 1.76 could be attributable to effect size inflation at a true OR of as low as 1.2 is not sensitive to observed proportion exposed in control group



Vertical dash lines represent 1/2x, 1x, and 2x observed Proportion Observed in Control Group

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powertwoproportions (`=0.5* 257/1202' (0.001) `=2.5 * 257/1202'), test(chi2) oratio(1.1 1.2 1.5 2.0 3.0) n1(1202) n2(139) graph(recast(line)
xline(`=0.5* 257/1202' `= 257/1202' `=2*257/1202', lpattern(dash) lwidth(medthick)) legend(rows(1) size(small) position(6)) ylabel(0.2(0.2)1.0)
xtitle("Proportion Exposed in Control Group (p1)") note("Vertical dash lines represent 1/2x, 1x, and 2x observed Proportion Observed in Control
Group", size(vsmall)) scheme(smanual) onesided
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