

What study design is right?



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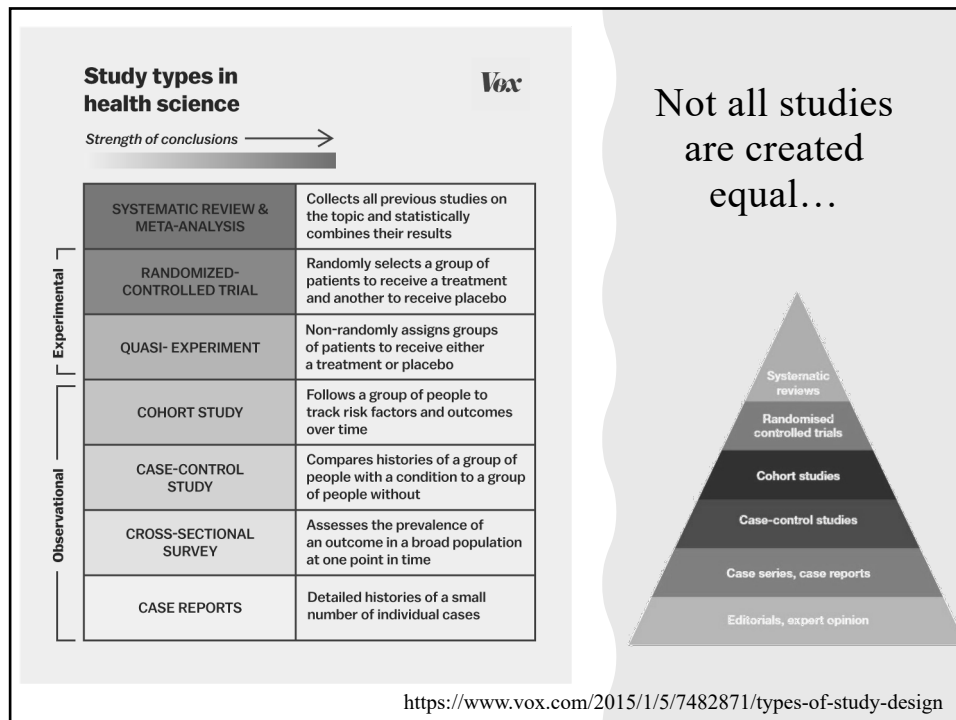
**CLINICAL STUDIES
HAVE SHOWN**

**THAT PEOPLE TEND TO BELIEVE WHATEVER WE SAY
WHEN WE PUT "CLINICAL STUDIES HAVE SHOWN"
IN FRONT OF WHATEVER WE WANT THEM TO BELIEVE**

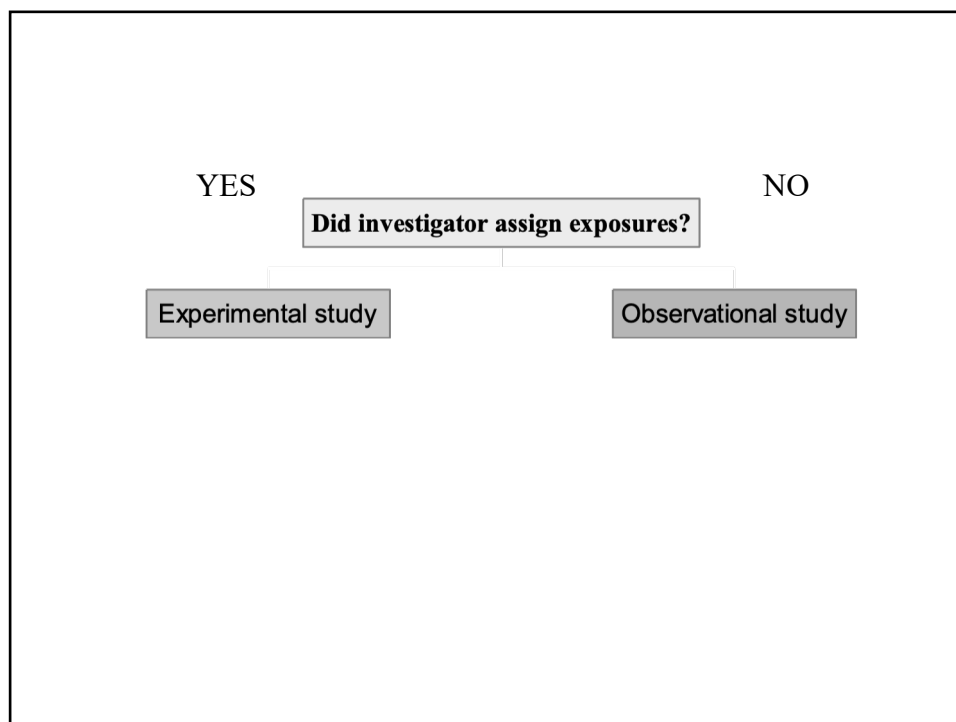
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memecenter.com/marcelino.crespoi

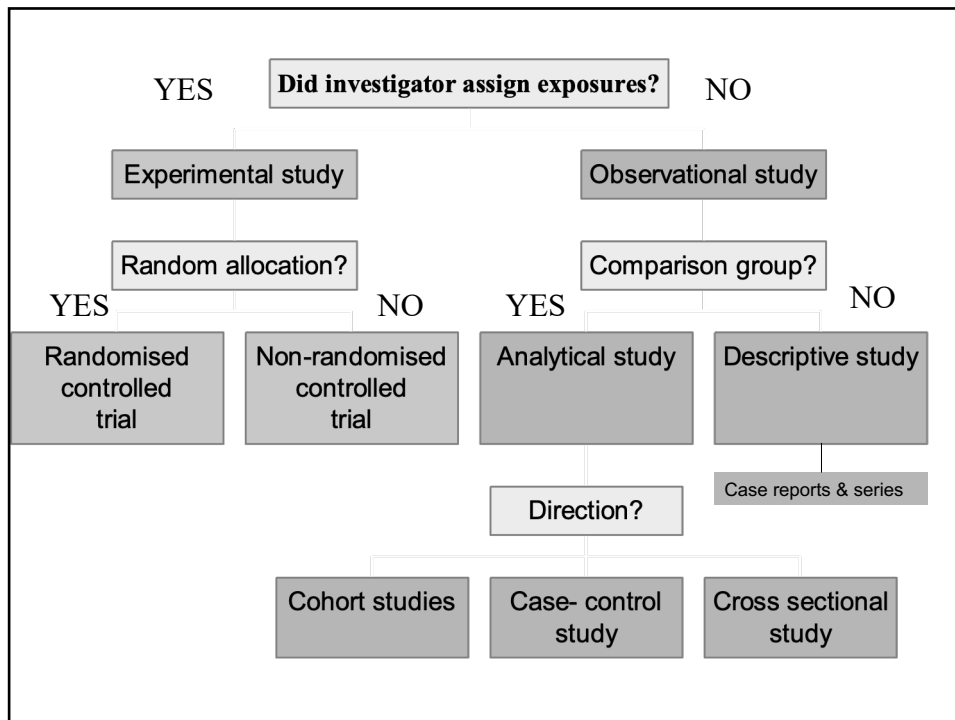
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The diagram shows a triangle with 'confounder' at the top, 'treatment' at the bottom left, and 'outcome' at the bottom right. Arrows point from 'confounder' to both 'treatment' and 'outcome', and from 'treatment' to 'outcome'. Below this is a cartoon of a man with a halo, looking thoughtful, with the text: 'Everything you look for and all that you perceive has a way of proving whatever you believe.'

Bias = deviation from truth

- all observational studies have bias
 - Selection
 - Information/measurement
 - Confounding
 - Performance
 - ...

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Descriptive studies

- Case reports
- Case series

Did investigator assign exposures?

NO

Observational study

Comparison group?

NO

Descriptive study



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<https://www.care-statement.org/case-reports>

- Least publishable unit in medical literature
- Single observation that may prompt further investigation
 - Early signals of benefits, harms, value
 - Recognising new / rare conditions
- Unrepresentative of population
- BUT sometimes important!

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Case series



Multiple individual cases in one report

May generate hypotheses for further research

Not generalisable

Often retrospective

No control group

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Descriptive studies:

Advantages



Data often already available



Inexpensive



Few ethical difficulties



Useful for rare conditions



Powerful advocacy tools

Disadvantages



Unclear temporal associations



No control grp



No cause/effect conclusions



Built in bias

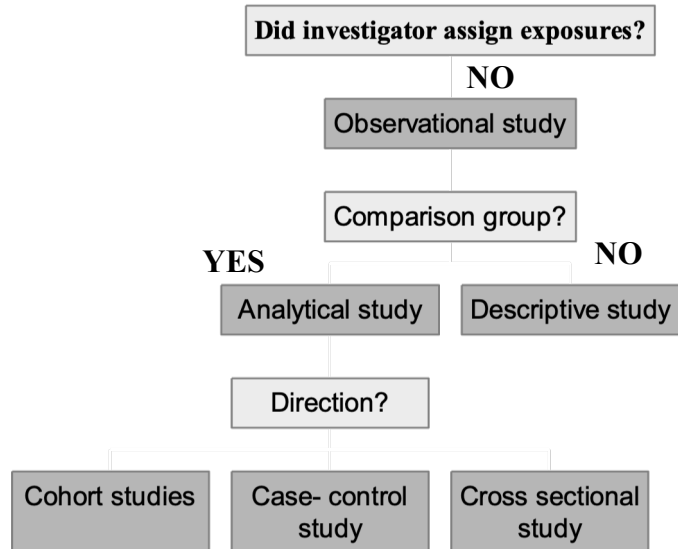
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McBride WG *Thalidomide and congenital abnormalities. Lancet 1961;ii:1358*

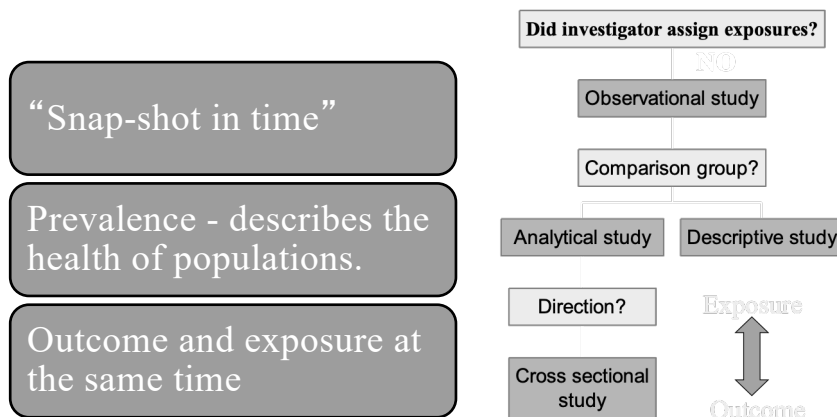
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Analytical studies



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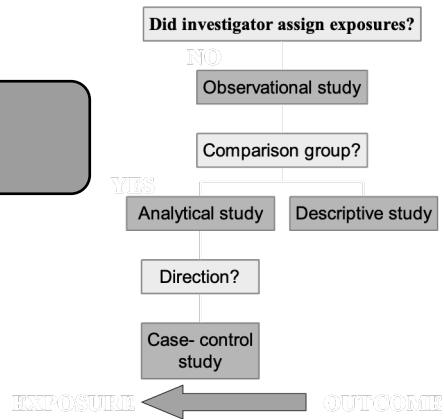
Cross-sectional studies



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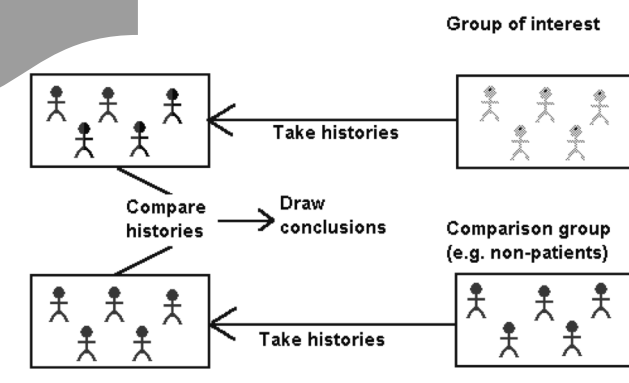
Case-control studies

“Thinking backward”



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Case-control studies



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Case-control studies

Advantages



efficient: time, money, effort



Can examine multiple risk factors/exposures



Useful if outcome is rare



...and in diseases with long latency period

Disadvantages



Recall/information bias



Survivor bias



Difficult selecting controls



Cannot determine rate of disease



Inefficient if exposure rate low

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Cohort studies

“Looking forward in time”

Did investigator assign exposures?

NO

Observational study

Comparison group?

YES

Analytical study

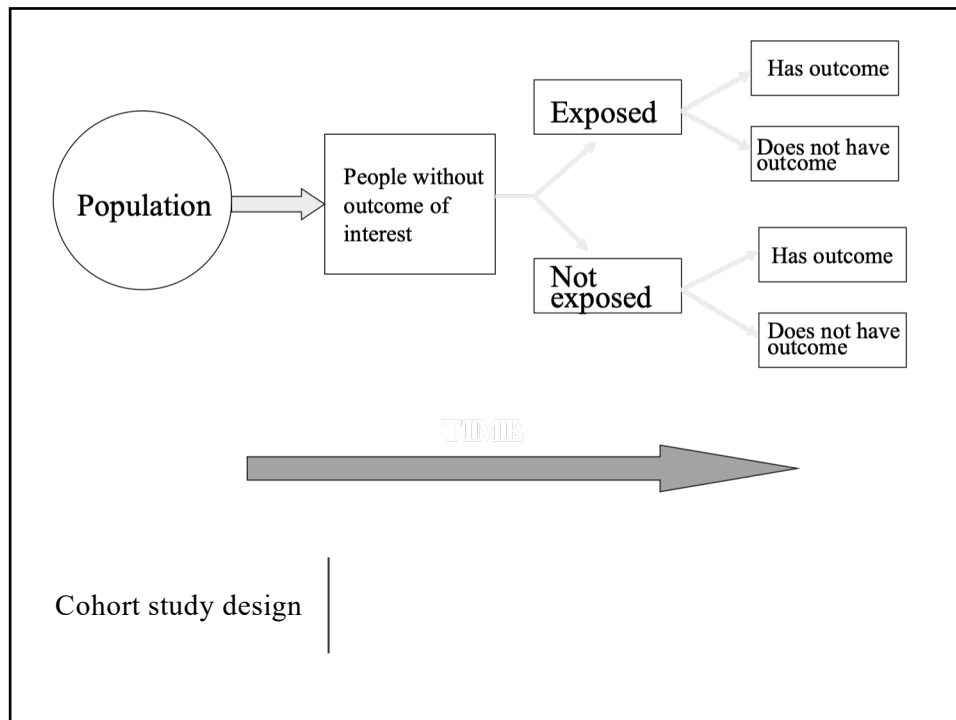
Descriptive study

Direction?

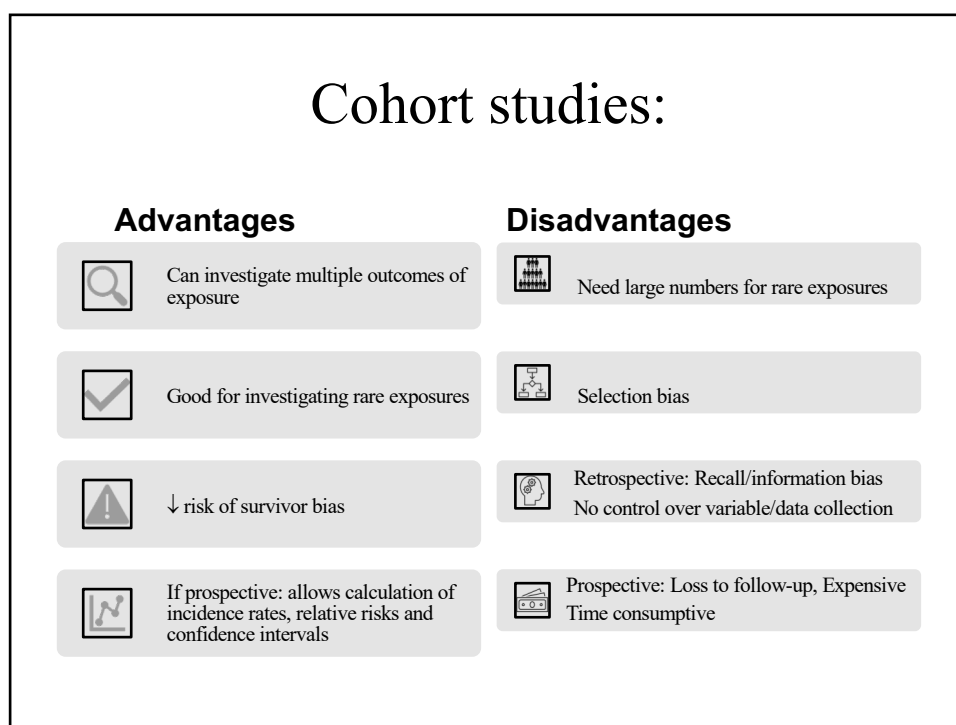
Cohort studies

EXPOSURE → OUTCOME

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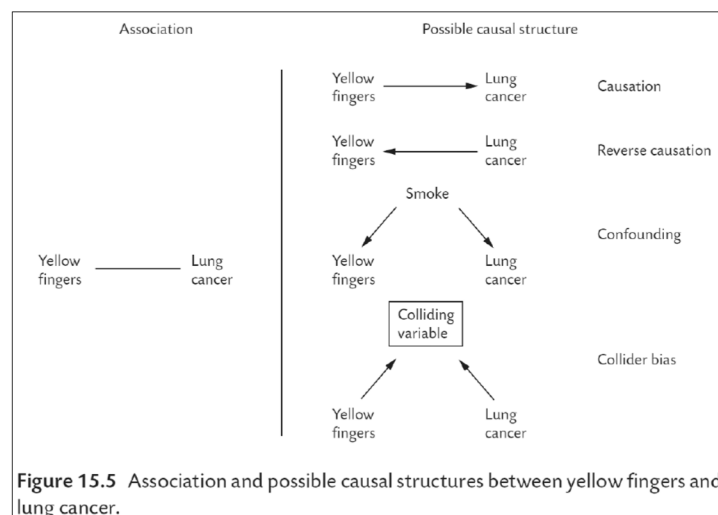
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Limitations of all observational studies

- Can usually only suggest **association** between a risk factor and an outcome (e.g. pARDS)
- Cannot *usually* attribute **causation**
 - Confounders = difficult-to-predict variables associated with both the cause and potential effect under study
 - Can *sometimes* **estimate** causal effects
 - Multiple regression
 - Propensity score analysis
 - Kurth et al 2006; Am J Epidemiol; 163:262-7
 - Sensitivity analysis: E-value
 - Haneuse et al JAMA 2019; 321:602-603
 - “Big data” – registries etc with very large n

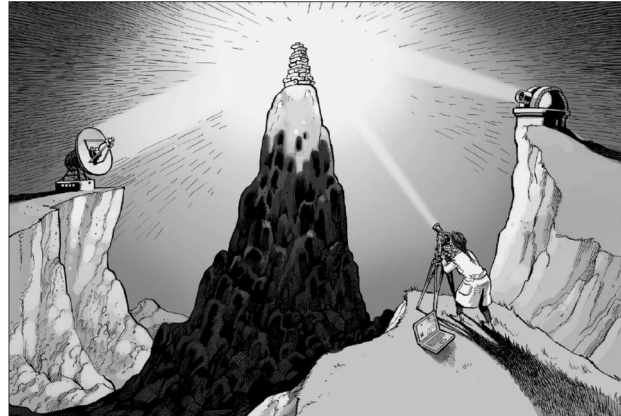
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Types of causal structures



Veierød MB, et al. Medical statistics in clinical and epidemiological research, Gyldendal Norsk Forlag 2012

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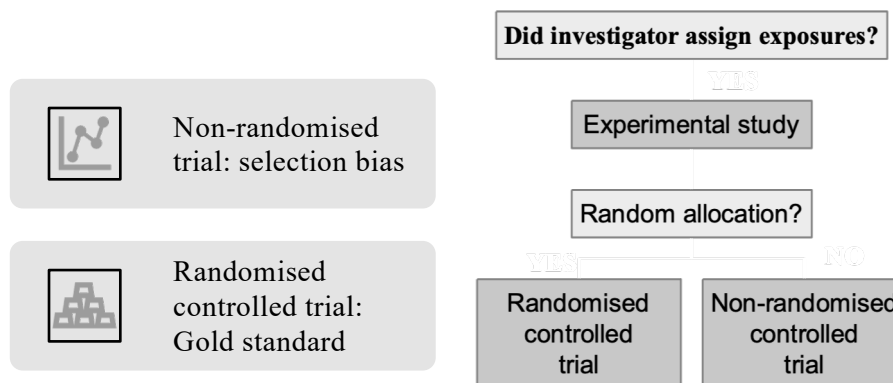
Repeating experiments is not enough

Verifying results requires disparate lines of evidence — a technique called triangulation. Marcus R. Munafó and George Davey Smith explain.

Nature 2018; 553: 399

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Experimental studies



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Non-randomised controlled trials



Resembles a cohort study.



Risk of selection bias



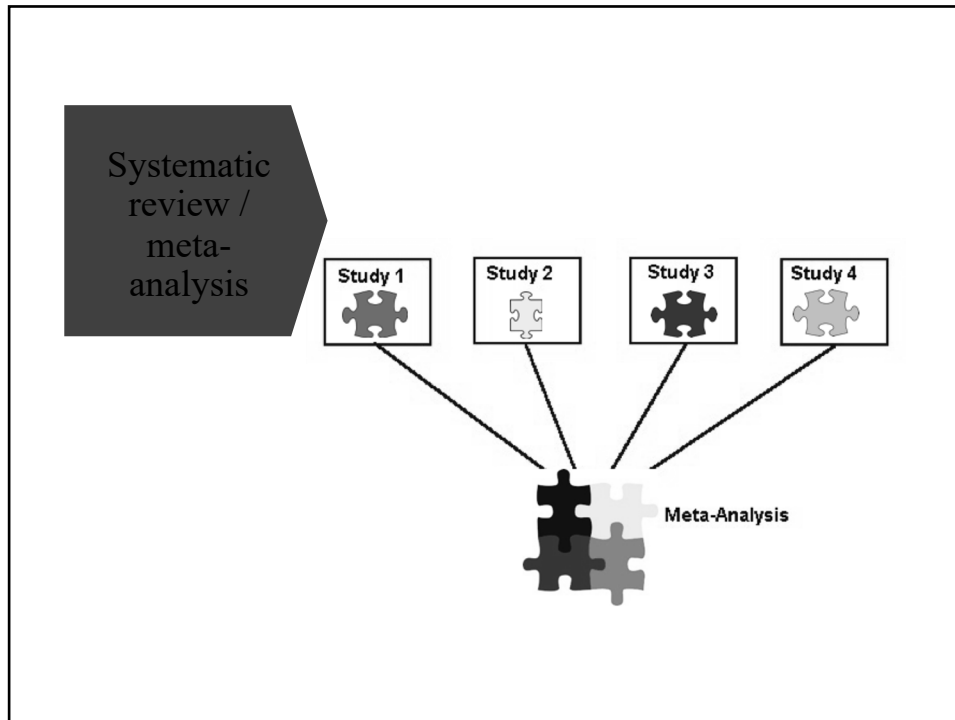
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Randomised controlled trials

- Only way to avoid selection and confounding biases
- assignment to control/case groups by chance
- Should have internal validity
- May not have external validity.
- Ethical issues



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Systematic review / meta-analysis

- Comprehensive survey of a topic
- primary studies of highest evidence level are systematically identified, appraised and summarised
- explicit and reproducible methodology
- meta-analysis - results of included studies are similar enough statistically that the results are combined and entered as if it were one study.
- Better guide to practice than an individual study.

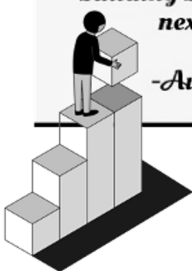
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Why choose an observational design?

Glymour MM, et al. . Am J Epidemiol 2019; 188: 836-9
Harper S. Am J Epidemiol 2019; 188: 840-5


Every success and every bit of progress, is a building block for your next step.

-Auliq Ice







Experimental studies too expensive, unethical, or unfeasible



Build hypotheses ...




May give answers



Building block to the next step


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STROBE Statement

Strengthening the reporting of observational studies in epidemiology

Item	Recommendation
<input type="checkbox"/> Title and abstract	1. Indicate the study's design with a concise statement in the title. In the abstract, provide in the abstract an informative and balanced summary of what was done and what was found.
<input type="checkbox"/> Introduction	2. Explain the scientific background and rationale for the investigation being reported.
<input type="checkbox"/> Objectives	3. State specific objectives, including any hypothesis or hypotheses.
<input type="checkbox"/> Methods	4. Present key elements of study design early in the paper.
<input type="checkbox"/> Setting	5. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.
<input type="checkbox"/> Participants	6. Indicate the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls.
<input type="checkbox"/> Variables	7. Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give adequate details of all variables.
<input type="checkbox"/> Data sources	8. For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group.
<input type="checkbox"/> Data	9. Describe any efforts to address potential sources of bias.
<input type="checkbox"/> Study size	10. Explain how the study size was arrived at.
<input type="checkbox"/> Quantitative variables	11. Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why.
<input type="checkbox"/> Statistical methods	12. a. Describe all statistical methods, including those used to control for confounding. b. Describe any methods used to examine subgroup and interaction. c. Explain how missing data were addressed. d. If applicable, explain how selection of cases and controls was addressed. e. Describe any sensitivity analyses.
<input type="checkbox"/> Results	13. a. Report numbers of individuals at each stage of study – eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analyzed. b. Give reasons for non-participation at each stage. c. Give complete set of data diagrams.
<input type="checkbox"/> Descriptive data	14. a. Give characteristics of study participants (eg demographics, clinical, social) and information on exposures and potential confounders. b. Indicate number of participants with missing data for each variable of interest.
<input type="checkbox"/> Outcome data	15. Report numbers in each exposure category, or outcome category of exposure.
<input type="checkbox"/> Main results	16. a. Give unadjusted estimates and, if applicable, confidence intervals estimates and their precision (eg, 95% confidence intervals). Make clear which confounders were adjusted for and why they were included. b. Report estimates of absolute risks, relative risks, and odds ratios. c. If relevant, consider presenting estimates of relative risk into absolute risk for a meaningful time period.



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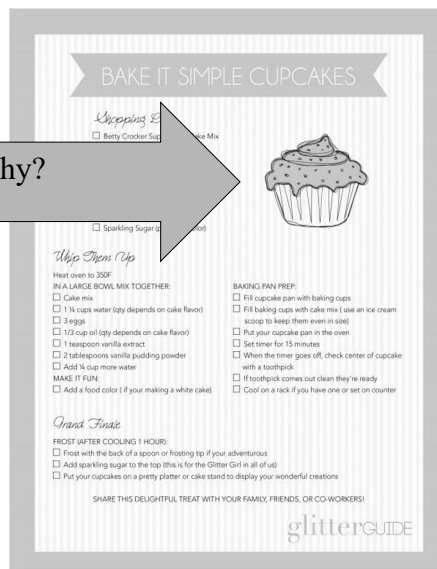
Planning
your
research...
like baking
a cake!



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... like baking a cake!

What do you want to bake and why?



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PICO(T) Format

Population	<ul style="list-style-type: none">• Characteristics: Age, gender, ethnicity• Health issue: diabetes, access to healthcare
Intervention	<ul style="list-style-type: none">• Ex: drug, surgery, ed program, policy• Setting, geography
Comparison	<ul style="list-style-type: none">• Ex: no intervention, common practice• optional
Outcome	<ul style="list-style-type: none">• Ex: blood glucose, BMI• timing
Type of studies	<ul style="list-style-type: none">• Type of questions• Type of studies

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... like baking a cake!

Participants...

BAKE IT SIMPLE CUPCAKES

Shopping List

- ☐ Betty Crocker Super Moist Cake Mix
- ☐ Betty Crocker Whipped Frosting
- ☐ Eggs
- ☐ Extra Light Olive Oil
- ☐ Jell-O Instant Sugar Free Vanilla Pudding
- ☐ Vanilla Extract
- ☐ Cupcake Pan
- ☐ Pretty Baking Cups
- ☐ Sparkling Sugar (add your color)

Whip Them Up

Heat oven to 350°

IN A LARGE BOWL MIX TOGETHER:

- ☐ Cake mix
- ☐ 1 1/4 cups water (qty depends on cake flavor)
- ☐ 3 eggs
- ☐ 1/3 cup oil (qty depends on cake flavor)
- ☐ 1 teaspoon vanilla extract
- ☐ 2 tablespoons vanilla pudding powder
- ☐ Add 1/4 cup more water

MAKE IT FUN:

- ☐ Add a food color (if your making a white cake)

Grand Finale

FROST (AFTER COOLING 1 HOUR):

- ☐ Frost with the back of a spoon or frosting tip if your adventurous
- ☐ Add sparkling sugar to the top (this is for the Glitter Girl in all of us!)
- ☐ Put your cupcakes on a pretty platter or cake stand to display your wonderful creations

SHARE THIS DELIGHTFUL TREAT WITH YOUR FAMILY, FRIENDS, OR CO-WORKERS!

glitterGUIDE

BAKING PAN PREP:

- ☐ Fill cupcake pan with baking cups
- ☐ Fill baking cups with cake mix (use an ice cream scoop to keep them even in size)
- ☐ Put your cupcake pan in the oven
- ☐ Set timer for 15 minutes
- ☐ When the timer goes off, check center of cupcake with a toothpick
- ☐ If toothpick comes out clean they're ready
- ☐ Cool on a rack if you have one or set on counter

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B.M. Morrow 2021

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... like baking a cake!



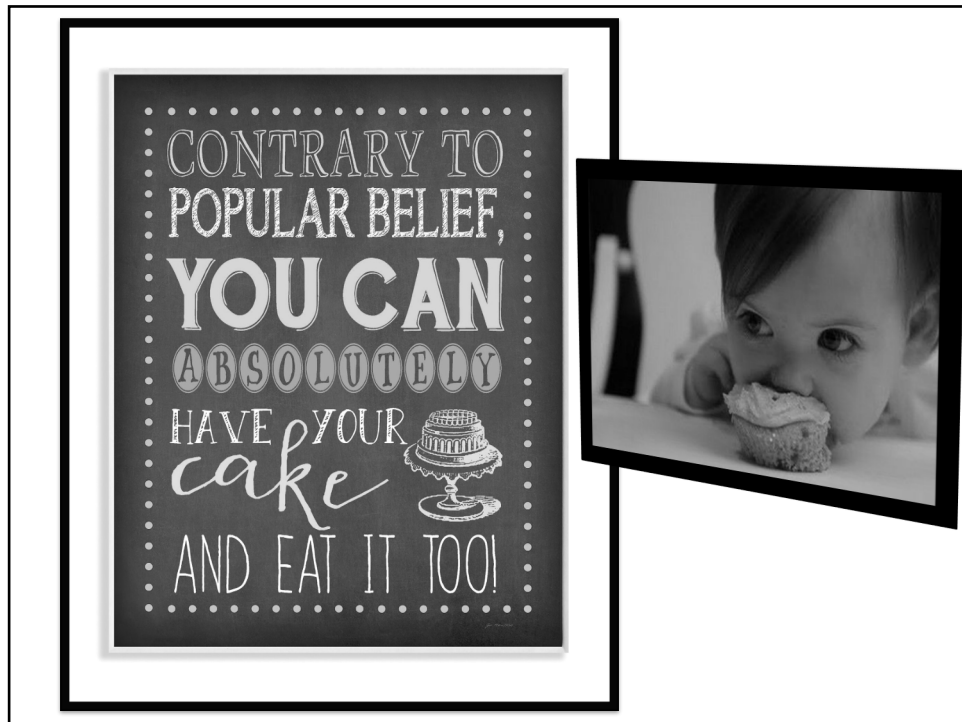
Procedures: research design, interventions, OMs

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research... like baking a cake!



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