Analysis of Three-Way Contingency Table

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1. An important of any research study is the choice of predictor and control variables.

2. Unless we include relevant variables in the analysis, result will have limited usefulness.

3. In study relationship between a response variable and an explanatory variable, we should control covariates that can influence that relationship.
Analysis of Three-Way Contingency Table

1. For instance, we are studying effects of passive smoking—the effects on non-smoker of living with a smoker. We might compare lung cancer rates between non-smokers whose spouses smoke and non-smokers whose spouses do not smoke.

2. In doing so, we should control for age, work environment, socioeconomic status, or other factors that might relate both to whether one’s spouse smokers and to whether one has lung cancer.
Death Penalty Example

1. Table 1 (Table 3.1, page 54, Agresti’s Introduction, 1996) is a $2 \times 2 \times 2$ contingency table—two rows, two columns, and two layers—from an article that studied effects of racial characteristics on whether persons convicted of homicide received the death penalty.

2. The 674 subjects classified in Table 1 were the defendants in indictments involving cases with multiple murders in Florida between 1976 and 1987.
Death Penalty Example

3. The variables in Table 1 are $Y =$ death penalty verdict, having the categories (yes, no), $X =$ race of defendant, and $Z =$ race of victims, each having the categories (white, black).

4. We study the effect of defendant’s race on the death penalty verdict, treating victims’ race as a control variable.

5. Table 1 has a $2 \times 2$ partial table relating defendant’s race and the death penalty verdict at each category of victims’ race.
<table>
<thead>
<tr>
<th>Victims’ Race</th>
<th>Defendant’s Race</th>
<th>Death Penalty</th>
<th>Percent</th>
</tr>
</thead>
</table>
| White         | White           | 53            | 424     | 11.3%
|               | Black           | 11            | 37      | 22.9%
| Black         | White           | 0             | 16      | 0.0%
|               | Black           | 4             | 139     | 2.8%
| Total         | White           | 53            | 430     | 11.0%
|               | Black           | 15            | 176     | 7.9% |
Death Penalty: Partial (Conditional) Table

1. For each combination of defendant’s race and victims’ race,

2. Table 1 lists the percentage of defendants who received the death penalty.

3. These describe the conditional associations.
4. When the victims were white, the death penalty was imposed \(22.9\% - 11.3\% = 11.6\%\) more often for black defendants than for white defendants.

5. When the victims were black, the death penalty was imposed \(2.8\%\) more often for black defendants than for white defendants. **Controlling** for victims’ race by keeping it fixed, the death penalty was imposed more often on black defendants than on white defendants.
Death Penalty: Marginal Table

1. The bottom portion of Table 1 displays the **marginal table**.

2. It results from summing the cell counts in Table 1 over the two categories of victims’ race, thus combining the two **partial tables** e.g., \(11 + 4 = 15\).

3. Overall, 11.0% of white defendants and 7.9% of black defendants received the death penalty.

4. Ignoring victims’ race, the death penalty was imposed less often on black defendants than on white defendants.

5. The association reverses direction compared to the **partial tables**.
Death Penalty: Results

1. Why does the association change so much when we ignore versus control victims’ race?

2. This relates to the nature of the association between victims’ race and each of the other variables.

3. First, the association between victims’ race and defendant’s race is extremely strong. The marginal table relating these variables has odds ratio \((467 \times 143)/(48 \times 6) = 87.0\).
Death Penalty: Results

4. Second, Table 1 shows that, regardless of defendant’s race, the death penalty was much more likely when the victims were white than when the victims were black.

5. So whites are tending to kill whites, and killing whites is more likely to result in the death penalty.

6. This suggests that the marginal association should show a greater tendency than the conditional associations for white defendants to receive the death penalty.

7. In fact, Table 1 has this pattern.
Death Penalty: Simpson’s paradox

1. The result that a marginal association can have a different direction from each conditional association is called Simpson’s paradox (Simpson 1951, Yule. 1903).

2. It applies to quantitative as well as categorical variables.

3. Statisticians commonly use it to caution against imputing causal effects from an association of $X$ with $Y$. 

© Jeff Lin, MD., PhD. Three-Way Table, 12
Death Penalty: Simpson’s paradox

4. For instance, when doctors started to observe strong odds ratios between smoking and lung cancer, statisticians such as R. A. Fisher warned that some variable e.g., a genetic factor could exist such that the association would disappear under the relevant control.

5. However, other statisticians such as J. Cornfield showed that with a very strong \(XY\) association, a very strong association must exist between the confounding variable \(Z\) and both \(X\) and \(Y\) in order for the effect to disappear or change under the control (Breslow and Day 1980, Sec. 3.4)
Three-Way Table

1. Suppose that we have three categorical variables, \( A, B, C \), where \( A \) takes possible value \( 1, 2, \ldots, I \), \( B \) takes possible value \( 1, 2, \ldots, J \), \( C \) takes possible values \( 1, 2, \ldots, K \).

2. We display the distribution of \( A \times B \) cell counts without considering the different levels of \( C \) using cross sections of the two-way contingency table \( A \times B \), we called it is a \( A \times B \) marginal table. (We ignore the existence of \( C \).)

3. When we display the distribution of \( A \times B \) cell counts at different levels of \( C \) using cross sections of the three-way contingency table.
Three-Way Table: Partial Table and Marginal Table

1. The cross sections are called partial tables. In the partial table, C is controlled; that is, its value is held constant.

2. The two-way contingency table obtained by combing the partial tables is called the $A - B$ marginal table. That table, rather controlling C, ignore it.

3. Partial table can exhibit quite different associations than marginal tables.

4. In fact, it can be misleading to analyze only the marginal tables of a multi-way table.
Three-Way Table: Notation

1. If we collect the triplet \((A, B, C)\) for each unit in a sample of \(n\) units, then the data can be summarized as a three-dimensional table.

2. Let \(y_{ijk}\) be the number of units having \(A = i\), \(B = j\), and \(C = k\).

3. Then the vector of cell counts \(\mathbf{y} = (y_{111}, y_{112}, \ldots, y_{IJK})^T\) can be arranged into a table whose dimensions are \(I \times J \times K\) When all variables are categorical, a multidimensional contingency table display the data.
Three-Way Table: Notation

4. As before, we will use “+” to indicate summation over a subscript; for example,

\[ y_{i+k} = \sum_{j=1}^{J} y_{ijk} \]  

\[ y_{++k} = \sum_{i=1}^{I} \sum_{j=1}^{J} y_{ijk} \]  

5. If the \( n \) units in the sample are i.i.d. (independent identical distributed), then the vector of cells counts \( \underline{y} \) has multinomial distribution as

\[ \underline{y} \sim Multin(n, \underline{\pi}), \quad \underline{\pi} = (\pi_{111}, \pi_{112}, \ldots, \pi_{IJK})^T \]
1. The data from a three-way table of three variables, $A$, $B$, $C$, is $y_{ijk}, i = 1, \ldots, I, j = 1, \ldots, J, k = 1, \ldots, K$, where $y_{ijk}$ is the number of sample units observed with $A = i, B = j$, and $C = k$.

2. Under the multinomial assumption without other constraints, the ML estimated probabilities are

$$\hat{p}_{ijk} = \hat{\pi}_{ijk} = \frac{y_{ijk}}{n}. \tag{4}$$

3. The expected counts are equal to the observed counts,

$$\hat{p}_{ijk} = \frac{y_{ijk}}{n}, \quad \hat{\mu}_{ijk} = n\hat{p}_{ijk} = y_{ijk} \tag{5}$$
Three-Way Table: Notation

1. The observed sample proportion (and observed sample count) of each cell (we often call it as the saturated model.) always fits the data perfectly; yielding $X^2 = G^2 = 0$ with zero degrees of freedom (df).

2. The saturated model is denoted as $(ABC)$.

3. Fitting a saturated model might not reveal any special structure that may exist in the relationships among $A$, $B$, and $C$.

4. To investigate these relationships, we will propose simpler models and perform tests to see whether these simpler models fit the data.
# Three-Way Table: Types of Independence

<table>
<thead>
<tr>
<th>Type of Independence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marginal Independence</td>
<td>Independence holds for any pair of variables, ignoring the third.</td>
</tr>
<tr>
<td>Conditional Independence</td>
<td>Independence holds given the value of a third variable.</td>
</tr>
<tr>
<td>Joint Independence</td>
<td>Independence holds for all variables together.</td>
</tr>
</tbody>
</table>
Types of Independence

1. Complete Independence
2. Joint Independent
3. Conditional Independence
4. Homogeneous Association
5. Saturated
Complete Independence
Types of Independence: Complete Independence

The simplest model that one might propose is:

\[
\pi_{ijk} = P(A = i, B = j, C = k) = P(A = i)P(B = j)P(C = k),
\]

\[
= \pi_{i++} \pi_{+j+} \pi_{++k}, \text{ for all } i, j, k.
\]
Complete Independence

Define

\[ \alpha_i = P(A = i), i = 1, 2, \ldots, I \]  \hspace{1cm} (9)
\[ \beta_j = P(B = j), j = 1, 2, \ldots, J \]  \hspace{1cm} (10)
\[ \gamma_k = P(C = k), k = 1, 2, \ldots, K \]  \hspace{1cm} (11)

so that \( \pi_{ijk} = \alpha_i \beta_j \gamma_k \), for all \( i, j, k \). The unknown parameters are

\[ \alpha = (\alpha_1, \alpha_2, \ldots, \alpha_I)^T, \beta = (\beta_1, \beta_2, \ldots, \beta_J)^T, \gamma = (\gamma_1, \gamma_2, \ldots, \gamma_K)^T \]  \hspace{1cm} (12)
**Complete Independence: Sampling Distribution**

1. Because each of these vectors must add up to one, the number of free parameters in the model is $(I - 1) + (J - 1) + (K - 1)$. Notice that under the complete independent model,

\[
(y_{1++}, y_{2++}, \ldots, y_{I++}) \sim \text{Multin}(n, \alpha) \tag{13}
\]

\[
(y_{+1+}, y_{+2+}, \ldots, y_{+J+}) \sim \text{Multin}(n, \beta) \tag{14}
\]

\[
(y_{++1}, y_{++2}, \ldots, y_{++J}) \sim \text{Multin}(n, \gamma) \tag{15}
\]

2. These three vectors are mutually independent.

3. Thus the three parameter vector $\alpha$, $\beta$, and $\gamma$ can be estimated independence of one another.
Complete Independence: Point Estimation

The $ML$ estimates are given by

\[ \hat{\alpha}_i = \frac{y_{i++}}{n}, \quad i = 1, 2, \ldots, I \]

\[ \hat{\beta}_j = \frac{y_{+j+}}{n}, \quad j = 1, 2, \ldots, J \]

\[ \hat{\gamma}_k = \frac{y_{++k}}{n}, \quad k = 1, 2, \ldots, K \]

Under complete independence, $ML$ estimates of the expected cell frequencies are mutually independence as

\[ \hat{\mu}_{ijk}^0 = n\hat{\alpha}_i\hat{\beta}_j\hat{\gamma}_k = \frac{y_{i++}y_{+j+}y_{++k}}{n^2} \]

The number of free parameters in this model is $(I - 1) + (J - 1) + (K - 1)$. 

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Three-Way Table, 26
Complete Independence: Testing Hypothesis

1. To test the null hypothesis of full independence against the alternative of the saturated model, we calculated the expected counts $\hat{\mu}_{ijk}$ and find $X^2$ or $G^2$ in the usual manner,

\[
X^2 = \sum_{i} \sum_{j} \sum_{k} \frac{(y_{ijk} - \hat{\mu}_{ijk})^2}{\hat{\mu}_{ijk}}. \tag{21}
\]

\[
G^2 = 2 \sum_{i} \sum_{j} \sum_{k} y_{ijk} \log \frac{y_{ijk}}{\hat{\mu}_{ijk}} \tag{22}
\]

2. The degree of freedom for this test are

\[
\nu = (IJK - 1) - [(I - 1) + (J - 1) + (K - 1)] \tag{23}
\]
Complete Independence: Testing Hypothesis

3. In the graph, the lack of connections between the variables indicates no relationship exist among $A$, $B$, and $C$.

4. This model is expressed as $(A, B, C)$.

5. In terms of odds ratio, the model $(A, B, C)$ implies that if we look at the marginal table $A \times B$, $B \times C$, and $A \times C$, that all of the odds ratios in these marginal table are equal to 1.
Types of Independence: Joint Independence
Joint Independence

1. Variable $C$ is **joint independent** of $A$ and $B$ when

\[ \pi_{ijk} = \pi_{ij} + \pi_{++k} \]  \hspace{1cm} (24)

2. This model indicates linking $A$ and $B$ indicates that $A$ and $B$ are possible related, but not necessary so.

3. Therefore, the model of complete independence is a special case of this one. This model is denoted as $(AB, C)$. 
Joint Independence

1. If the model of complete independence \((A, B, C)\) fits a data set, then the model \((AB, C)\) will also fit, as will \((AC, B)\) and \((BC, A)\). In that case, we ill prefer to use \((A, B, C)\) because it is more parsimonious.

2. Our goal is to find the simplest model that fit the data.
Joint Independence: Point Estimation

1. Under, \((AB,C)\),

\[ \pi_{ijk} = P(A = i, B = j)P(C = k) = (\alpha \beta)_{ij} \gamma_k \]  \hspace{1cm} (25)

where \(\sum_i \sum_j (\alpha \beta)_{ij} = 1\) and \(\sum_k \gamma_k = 1\).

2. The number of free parameters is \((IJ - 1) + (K - 1)\), and their ML estimates are

\[ \hat{(\alpha \beta)}_{ij} \frac{y_{ij} + }{n}, \quad \hat{\gamma}_k = \frac{y_{++k}}{n}, \quad \text{for } i, j, \text{ and } k. \]  \hspace{1cm} (26)

3. The estimated expected frequencies are

\[ \hat{\mu}_{ijk} = \frac{y_{ij} + y_{++k}}{n}, \quad \text{for } i, j, \text{ and } k. \]  \hspace{1cm} (27)
Joint Independence: Point Estimation

1. Notice the similarity between this formula and the one for the model
   of independence in a two-way table,
   \[ \hat{\mu}_{ij} = \frac{y_i + y_j}{n} \]  
   (28)

2. This is ordinary two-way independence for \( C \) and a new variable
   composed of the \( IJ \) combinations of levels of \( A \) and \( B \).

3. If we view \( A \) and \( B \) as a single categorical variable with \( IJ \) levels, the
   goodness-of-fit test for \((AB, C)\) is equivalent to the test of
   independence between the combined variable \((AB)\) and \( C \).
Types of Independence: Conditional Independence

1. This model indicates that $A$ and $B$ may be related; $A$ and $C$ may be related, and that $B$ and $C$ may be related, but only through their mutual associations with $A$.

2. In other words, any relationship between $B$ and $C$ can be “full explained” by $A$. This model is denoted as $(AB, AC)$. So

$$\pi_{jk|i} = \pi_{j+|i}\pi_{+k|i}, \text{ for all } J \text{ and } K.$$  (29)
Conditional Independence: Simpson’s Paradox

1. In terms of odds ratios, this model implies that if we look at the $B \times C$ tables at each level of $A = 1, \ldots, I$ that the odds ratio in these tables are not significantly different from 1.

2. Notice that the odds ratios in the marginal $B \times C$ table, collapsed or summed over $A$, are not necessarily 1.

3. The conditional $BC$ odds ratios at the levels of $A = 1, \ldots, I$ can be quite different from the marginal odds ratio.

4. In extreme cases, the marginal relationship between $B$ and $C$ can be in opposite direction from their conditional relationship given $A$; this is known as Simpson’s paradox.
Conditional Independence: Point Estimation

Under the conditional independence model, the probabilities can be written as

\[ \pi_{ijk} = P(A = i)P(B = j, C = k \mid A = i) \]
\[ = P(A = i)P(B = j \mid A = i)P(C = k \mid A = i) \]
\[ = \frac{\pi_{ij} + \pi_{i+k}}{\pi_{i++}}, \text{ for all } i, jk \]
\[ = \alpha_i \beta_{j(i)} \gamma_{k(i)} \]

where \( \sum_i \alpha_i = 1, \sum_j \beta_{j(i)} = 1 \) and \( \sum_k \gamma_{k(i)} = 1 \) for each \( i \). The number of free parameters is

\[ (I - 1) + I(J - 1) + I(K - 1). \]
Conditional Independence: Point Estimation

1. The ML estimates of these parameters are

\[ \hat{\alpha}_i = \frac{y_{i++}}{n}, \quad \hat{\beta}_{j(i)} = \frac{y_{ij+}}{y_{i++}}, \quad \hat{\gamma}_{k(i)} = \frac{y_{i+k}}{y_{i++}}; \]  

for all \( i, j, \) and \( k \).

2. The estimated expected frequencies are

\[ \hat{\mu}_{ijk} = \frac{y_{ij+k}}{y_{i++}} \]
Conditional Independence: Point Estimation

1. Notice, again the similarity to the formula for independence in a two-way table.

2. The test for conditional independence of $B$ and $C$ given $A$ is equivalent to separating the table by levels of $A = 1, \ldots, I$ and testing for independence within each level.

3. The overall $X^2$ and $G^2$ statistics are found by summing the individual test statistics for $BC$ independence given $A$.

4. The total degrees of freedom for this test must be $I(J - 1)(K - 1)$. 
Types of Independence: Saturated (Full) Model

1. The saturated (full) model is $(ABC)$.

2. This model allows the $BC$ odds ratio at each level of $A + 1, \ldots, I$ to be arbitrary.
Types of Independence: Homogeneous Association
Homogeneous Association

1. There is a model that is “intermediate” in complexity between $(AB, AC)$ and $(ABC)$. Recall that $(AB, AC)$ requires the $(BC)$ odds ratio at each level of $A = 1, \ldots, I$ to be equal to one.

2. Suppose that we require the $BC$ odds ratios at each level of $A$ to be identical, but not necessary one.

3. This model is called **homogeneous association**.

4. The notation for homogeneous association model is $(AB, BC, AC)$.
Homogeneous Association

1. The model of homogeneous association says that the conditional relationship between any pair of variables given the third one is the same at each level of the third one.

2. That is, there are no interactions.

3. An interaction means that the relationship between two variables changes across the levels of a third.
4. This is similar in spirit to the multivariate normal distribution for continuous variables, which says that the conditional correlation between any two variables given a third is the same for all values of the third.

5. Under the model of homogeneous association, there are no close-form estimate for the cell probabilities.
Homogeneous Association: Point Estimation

ML estimates must be computed by an iterative procedure. The most popular methods are

1. Iterative Proportional Fitting (IPF),

Marginal versus Conditional Independence

1. Partial associations can be quite different from marginal associations. The association between $B$ and $C$ at any level of $A$ (given $A$), is 1, $B$ and $C$ are conditionally independent, given $A$.

2. However, this does not imply that $B$ and $C$ are independent when we ignore $A$.

3. We can look at the conditional odds ratio of $A/B$ given $C$ and $A/C$ given $B$. 
Marginal versus Conditional Independence

1. Conditional independence and marginal independence both hold when one of the stronger types of independence studied in the previous subsections.

2. Suppose $C$ is jointly independent of $A$ and $B$, that is

$$\pi_{ijk} = \pi_{ij} + \pi_{++k}.$$  \hspace{1cm} (37)

3. We have seen that this implies conditional independence of $A$ and $C$. 

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Marginal versus Conditional Independence

4. Summing over $B$ on both sides, we obtain

$$\pi_{i+k} = \pi_{i+} \pi_{++k} (38)$$

Thus, $A$ and $C$ also exhibit marginal independence.

5. Joint independence of $C$ from $A$ and $B$ (or of $A$ from $B$ and $C$) implies $A$ and $C$ are both marginally and conditionally independent.

6. Mutual independence of $A$, $B$, and $C$ also implies that $A$ and $C$ are both marginally and conditionally independent.
Marginal versus Conditional Independence

7. However, when we know only that $B$ and $C$ are conditionally independent given $A$,

$$\pi_{ijk} = \pi_{ij} + \pi_{i+k}/\pi_{i++}$$  \hspace{2cm} (39)

8. Summing over $i$ on both sides, we obtain

$$\pi_{+jk} = \sum_i (\pi_{ij} + \pi_{i+k}/\pi_{i++})$$  \hspace{2cm} (40)

9. All three terms in the summation involve $i$, and this does not simplify to $\pi_{+j} + \pi_{+++k}$, marginal independence.
Three-Way Table: Modeling Strategy
Modeling Strategy

With three variables, there are nine possible models that we have discussed.

1. complete independence: \( (A, B, C) \)

2. joint independent (two variables independent of a third): \( (AB, C) \), \( (AC, B) \), \( (BC, A) \).

3. conditional independence: \( (AB, BC) \), \( (AC, BC) \), \( (AB, AC) \)

4. homogeneous association: \( (AB, BC, AC) \)

5. saturated: \( (ABC) \)
Modeling Strategy

1. With real data, we may not want to fit all of these models but focus only those that makes sense.

2. For example, suppose that $C$ can be regarded as a response variable, and $A$ and $B$ are predictors.

3. In regression, we do not model the relationships among them.

4. Therefore, the simplest model that we may wish to fit is a null model $(AB, C)$ which says that neither predictor is related to the response.
Modeling Strategy

1. If the null model does not fit, we should try \((AB, AC)\), which says that \(A\) is related to \(C\), but \(B\) is not.

2. This is equivalent to a logistic regression for \(C\) with a main effect for \(A\) but no effect for \(B\).

3. We may also try \((AB, BC)\), which is equivalent to a logistic regression for \(C\) with main effect for \(B\) but no effect for \(A\).
Modeling Strategy

1. If neither of those models fit, we may try the model of homogeneous association \((AB, BC, AC)\), which is equivalent to a logistic regression for \(C\) within main effects for \(A\) and for \(B\) but no interaction.

2. The saturated model \((ABC)\) is equivalent to a logistic regression for \(C\) with a main effect for \(A\), as a main effect for \(B\) and \(AB\) interaction.
Partitioning Chi-Squared Tests
Partitioning Chi-Squared Tests

1. Let $Z$ denote a standard normal random variable.

2. $Z^2$ has a chi-squared distribution with df $= 1$.

3. A chi-squared random variable with df $= \nu$ has representation $Z^1_1 + \cdots + Z^2_\nu$, where $Z_1, \ldots, Z_\nu$ are independent standard normal variables.
Partitioning Chi-Squared Tests

4. A chi-squared statistic having df = \( v \) has partitionings into independent chi-squared components—for example, into \( v \) components each having df = 1

5. Conversely, if \( X_1^2 \) and \( X_2^2 \) are independent chi-squared random variables having degrees of freedom \( v_1 \) and \( v_2 \), then \( X^2 = X_1^2 + X_2^2 \) has a chi-squared distribution with df = \( v_1 + v_2 \).
Partitioning Chi-Squared Tests

1. Another supplement to a chi-squared test partitions its test statistic so that the components represent certain aspects of the effects.

2. A partitioning may show that an association reflects primary differences between certain categories or groupings of categories.
Partitioning Chi-Squared Tests

1. We begin with a partitioning for the test of independence in a $2 \times J$ tables.

2. We partition $G^2$, which has df $= (J - 1)$, into $J - 1$ components.

3. The $j$th component is $G^2$ for a $2 \times 2$ table where the first column combines columns 1 through $j$ of the full table and the second column is column $j + 1$.

4. through $j$ of the full table and the second column is column $j + 1$. 
Partitioning Chi-Squared Tests

5. That is, \( G^2 \) for testing independence in a \( 2 \times J \) table equals a statistic that compares the first two columns, plus a statistic that combines the first two columns and compares them to the third column, and so on, up to a statistic that combines the first \( J - 1 \) columns and compares them to the last column.

6. Each component statistic has df = 1.
Partitioning Chi-Squared Tests

1. It might seem more natural to compute $G^2$ for the $(j - 1)$ separate $2 \times 2$ tables that pair each column with a particular one, say the last.

2. However, these component statistics are not independent and do not sum $G^2$ for the full table.
Partitioning Chi-Squared Tests: Lancaster (1949)

1. For an $I \times J$ table, independent chi-squared components result from comparing column 1 and 2 and then combing them and comparing them to column 3, and so on.

2. Each of the $J - 1$ statistics has df $= I - 1$.


4. One such partitioning (Lancaster 1949) applies to the $(I - 1)(J - 1)$ separate $2 \times 2$ tables is in Table 2.
**Partitioning Chi-Squared Tests: Lancaster (1949)**

Table 2: Lancaster (1949) $\chi^2$

<table>
<thead>
<tr>
<th>Partition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$\sum_{a&lt;i} \sum_{b&lt;j} n_{ab}$</td>
<td>$\sum_{a&lt;i} a_{aj}$</td>
</tr>
<tr>
<td>$\sum_{b&lt;j} n_{ib}$</td>
<td>$n_{ij}$</td>
</tr>
</tbody>
</table>

for $i = 2, \ldots, I$, and $j = 2, \ldots, J$. 

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Partitioning Chi-Squared Tests

Goodman (1968, 1969a, 1971b) and Lancaster (1949, 1969) gave rules for determining independent components of chi-squared. For forming subtables, aiming the necessary conditions are the following:

1. The df for the subtables must sum to df for the full table.

2. Each cell count in the full table must be a cell count in one and only one subtable.

3. Each marginal total of the full table must be a marginal total for one and only one subtable.
Partitioning Chi-Squared Tests

1. For a certain partitioning, when the subtable df values sum properly but $G^2$ values do not, the components are not independent.

2. For the $G^2$ statistic, exact partitioning occur. the Pearson $X^2$ need not equal the sum of the $X^2$ values for the subtables.

3. It is valid to use $X^2$ statistics for the separate subtables; they simply need not provide an exact algebraic partitioning of $X^2$ for the full table.
Partitioning Chi-Squared Tests

4. When the null hypothesis all hold, $X^2$ does have an asymptotic equivalence with $G^2$.

5. In addition, when the table has a small counts, in large-sample chi-squared tests it is safer to use $X^2$ to study the subtables.
Limitations of Chi-Squared Tests

1. Chi-squared tests of independence merely indicate the degree of evidence of association.

2. They are rarely adequate for answering all questions about a data set. Rather than relying solely on the results of the tests, investigate the mature of the association:

3. Study residuals, decomposed chi-squared into components, and estimate parameters such as odds ratios that describe the strength of association.
Limitations of Chi-Squared Tests

4. The chi-squared tests also have limitations in the types of data to which they apply.

5. For instance, they require large samples.

6. Also, the $\hat{\mu}_{ij} = n_i + n_j / n$ used in $X^2$ and $G^2$ depend on the marginal totals but not on the order of listing the rows and columns.

7. Thus, $X^2$ and $G^2$ do not change value with arbitrary re-orderings of rows or of columns.
Limitations of Chi-Squared Tests

8. This implies that they treat both classifications as nominal.

9. When at least one variable is ordinal, test statistics that utilize the ordinality are usually more appropriate.
Why Consider Independence?
Why Consider Independence?

1. Any idealized structure such as independence is unlikely to hold in any given particular situation.

2. With large samples it is not surprising to obtain a small $p$-value.

3. Given this and the limitations just mentioned, why even bother to consider independence as a possible representation for a joint distribution?
Why Consider Independence?

1. One reason refers to the benefits of model parsimony.

2. If the independence model approximates the true probabilities well, then unless \( n \) is very large, the model-based estimates \( \hat{\pi}_{ij} = \frac{n_i + n_j}{n} \) of cell probability tend to be better than the sample proportions \( p_{ij} = \frac{n_{ij}}{n} \).

3. The independence ML estimates smooth the sample counts, somewhat damping the random sampling fluctuations.
Why Consider Independence?

4. The mean-squared error (MSE) formula

\[ \text{MSE} = \text{variance} + (\text{bias})^2 \]

explains why the independence estimators can have smaller MSE.

5. Although they may be biased, they have smaller variance because they are based on estimating fewer parameters \( \pi_i \) and \( \pi_{+j} \) instead of \( \pi_{ij} \).

6. Hence, MSE can be smaller unless \( n \) is so large that the bias term dominates the variance.
Stratified Categorical Data:
The (Cochran) Mantel-Haenszel Test
Example: Coronary Artery Disease

Table 3 are based on a study on coronary artery disease (Koch, Imrey et al. 1985). The sample is one of convenience since the patients studied were people who came to clinic and requested an evaluation.
### Example: Coronary Artery Disease

Table 3: Retrospective study: gender, ECG and disease

<table>
<thead>
<tr>
<th>Gender</th>
<th>ECG Condition</th>
<th>Disease (Cases)</th>
<th>No Disease (Controls)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>&gt; 0.1 ST depression</td>
<td>8</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Female</td>
<td>≤ 0.1 ST depression</td>
<td>4</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Male</td>
<td>&gt; 0.1 ST depression</td>
<td>21</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>Male</td>
<td>≤ 0.1 ST depression</td>
<td>9</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>42</td>
<td>36</td>
<td>78</td>
</tr>
</tbody>
</table>
Example: Coronary Artery Disease: ECG vs. Gender

Table 4: Retrospective study: EKG and Gender

<table>
<thead>
<tr>
<th>ECG Condition</th>
<th>Gender</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>&gt; 0.1 ST depression</td>
<td>18</td>
<td>27</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>≤ 0.1 ST depression</td>
<td>15</td>
<td>18</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>45</td>
<td>78</td>
<td></td>
</tr>
</tbody>
</table>
Example: ECG and Gender

> # EKG vs. Gender
> EKG.Gender<-matrix(c(18,27,15,18),nrow=2,byrow=T)
> fisher.test(EKG.Gender)

Fisher’s Exact Test for Count Data

data:  EKG.Gender
p-value = 0.6502
alternative hypothesis: true odds ratio is not equal to 1

95 percent confidence interval:
  0.2932842 2.1906132
sample estimates:
  odds ratio
  0.8023104
Example: ECG Condition and Coronary Artery Disease

Investigators were interested in whether (electrocardiogram) ECG measurement was associated with disease status.

Table 5: Retrospective study: ECG and coronary heart disease

<table>
<thead>
<tr>
<th>ECG Condition</th>
<th>Coronary Artery Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (cases)</td>
</tr>
<tr>
<td>&gt; 0.1 ST depression</td>
<td>29</td>
</tr>
<tr>
<td>≤ 0.1 ST depression</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
</tr>
</tbody>
</table>
Example: ECG and Coronary Artery Disease

> EKG.CAD<-matrix(c(29,16,13,20),nrow=2,byrow=T)
> fisher.test(EKG.CAD)

Fisher’s Exact Test for Count Data

data:  EKG.CAD
p-value = 0.03894
alternative hypothesis: true odds ratio is not equal to 1

95 percent confidence interval:
  1.003021 7.828855
sample estimates:
  odds ratio
    2.750314
Example: Gender and Coronary Artery Disease

Investigators were interested in whether gender was associated with disease status.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Yes (cases)</th>
<th>No (controls)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>12</td>
<td>21</td>
<td>33</td>
</tr>
<tr>
<td>Male</td>
<td>30</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>36</td>
<td>78</td>
</tr>
</tbody>
</table>
Example: Gender and Coronary Artery Disease

> gender.CAD<-matrix(c(12,21,30,15),nrow=2,byrow=T)
> fisher.test(gender.CAD)

    Fisher's Exact Test for Count Data

  data:  gender.CAD
  p-value = 0.01142
  alternative hypothesis: true odds ratio is not equal to 1

  95 percent confidence interval:
    0.09986503 0.80674974

  sample estimates:
  odds ratio
    0.290676
Example: Coronary Artery Disease: Stratification

Gender was though to be associated with disease status, so investigators stratified the data into female and male groups.
## Example: Coronary Artery Disease: Female

Table 7: Retrospective study: ECG and Coronary Heart Disease for Female

<table>
<thead>
<tr>
<th>ECG Condition</th>
<th>Coronary Artery Disease</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (cases)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 0.1 ST depression</td>
<td>8</td>
<td>10</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>≤ 0.1 ST depression</td>
<td>4</td>
<td>11</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>21</td>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>
Example: Female and Coronary Artery Disease

\[
\text{Female.CAD} <- \text{matrix(c(8,10,4,11),nrow=2,byrow=T)}
\]

\[
\text{fisher.test(Female.CAD)}
\]

Fisher’s Exact Test for Count Data

data: Female.CAD

p-value = 0.4688

alternative hypothesis: true odds ratio is not equal to 1

95 percent confidence interval:
\[
0.4113675 \quad 12.9927377
\]

sample estimates:

odds ratio

\[
2.147678
\]
### Example: Coronary Artery Disease: Male

#### Table 8: Retrospective study: ECG and Coronary Heart Disease for Male

<table>
<thead>
<tr>
<th>ECG Condition</th>
<th>Male Coronary Artery Disease</th>
<th>Yes (cases)</th>
<th>No (controls)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 0.1 ST depression</td>
<td></td>
<td>21</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>≤ 0.1 ST depression</td>
<td></td>
<td>9</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30</td>
<td>15</td>
<td>45</td>
</tr>
</tbody>
</table>
Example: Male and Coronary Artery Disease

> Male.CAD<-matrix(c(21,6,9,9),nrow=2,byrow=T)
> fisher.test(Male.CAD)

Fisher’s Exact Test for Count Data

data:  Male.CAD
p-value = 0.1049
alternative hypothesis: true odds ratio is not equal to 1

95 percent confidence interval:
  0.8034904 15.6456384

sample estimates:
odds ratio
  3.395449
Example: Coronary Artery Disease

1. What’s Wrong?

2. Is ECG associated with CAD?

3. Is Gender associated with CAD?

4. Do female and male have the same odds ratio?

5. What’s the “common odds ratio”?
Stratified Categorical Data:
The (Cochran) Mantel-Haenszel Test
Confounding Variable

1. A **confounding variable** is a variable that is associated with both the disease and the exposure variable.

2. Such a variable must usually be controlled for before disease-exposure relationship.
Confounding Variables and Stratification

1. The analysis of disease-exposure relationships in separate sub-groups of the data, where the sub-groups are defined by one or more potential confounders, referred to as stratification.

2. The sub-groups themselves are referred to as strata.

3. In general the data will be stratified into $k$ sub-groups according to one or more confounding variables to make the units within a stratum as homogeneous as possible.

4. The data for each stratum consist of a $2 \times 2$ contingency table, as in Table 9, relating exposure to disease.
## Confounding Variables and Stratification

### Stratified \(2 \times 2\) Table

Table 9: \(2 \times 2\) Table of disease and exposure in the \(i\)th stratum, \(i = 1, 2, \ldots, k\).

<table>
<thead>
<tr>
<th>Risk factor present (Exposure: Yes +)</th>
<th>Disease will develop (O_i = a_i)</th>
<th>Disease will not develop (b_i)</th>
<th>Total (a_i + b_i = n_{1.i})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk factor absent (Exposure: No -)</td>
<td>(c_i)</td>
<td>(d_i)</td>
<td>(c_i + d_i = n_{2.i})</td>
</tr>
<tr>
<td>Total</td>
<td>(a_i + c_i = n_{1.i})</td>
<td>(b_i + d_i = n_{2.i})</td>
<td>(a_i + b_i + c_i + d_i = n_i)</td>
</tr>
</tbody>
</table>

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Stratified 2 × 2 Table

1. Based on Fisher’s exact test within each stratum, the distribution of $a_i$ follows a hypergeometric distribution.

2. The test procedure will be based on a comparison of the observed number of units in the $(1,1)$ cell of each stratum (denoted by $O_i = a_i$) with the expected number of units in that cell (denoted by $E_i$).

3. The test procedure is the same regardless of the order of the rows and columns, that is, which row (or column) is designated as first row (or column) is arbitrary.
Mantel-Haenszel Test

The expected value of $O_i$ and variance of $O_i$ is

$$E_i = \mathcal{E}(O_i) = \frac{(a_i + b_i)(a_i + c_i)}{n_i}$$  \hspace{1cm} (41)

$$V_i = \text{Var}(O_i) = \frac{(a_i + b_i)(c_i + d_i)(a_i + c_i)(b_i + d_i)}{n_i^2(n_i - 1)}$$  \hspace{1cm} (42)
Mantel-Haenszel Test for Association over Different Strata

Mantel-Haenszel Test is used to assess the association between a dichotomous disease and a dichotomous exposure variable after controlling for one or more confounding variables.
Mantel-Haenszel Test for Association over Different Strata

Under $H_0$, there is no association between disease and exposure, then let

\[
O = \sum_{i=1}^{k} O_i = \sum_{i=1}^{k} a_i \tag{43}
\]

\[
E = \sum_{i=1}^{k} E_i = \sum_{i=1}^{k} \frac{\left(a_i + b_i\right)\left(a_i + c_i\right)}{n_i} \tag{44}
\]

\[
V = \sum_{i=1}^{k} V_i = \sum_{i=1}^{k} \frac{\left(a_i + b_i\right)\left(c_i + d_i\right)\left(a_i + c_i\right)\left(b_i + d_i\right)}{n_i^2 \left(n_i - 1\right)} \tag{45}
\]

\[
X_{MH}^2 = \left( \frac{|O - E| - 0.5}{V} \right)^2 \quad \text{asym} \quad \chi_1^2 \tag{46}
\]
Mantel-Haenszel Test for Association over Different Strata

1. Under $H_0$, $X^2_{MH}$ asymptotically follows a chi-squared distribution with 1 degree of freedom.

2. For a two-sided test with significance level $\alpha$, we reject $H_0$ if

$$X^2_{MH} > \chi^2_{1,1-\alpha}.$$

3. $p$-value $= Pr(\chi^2_1 \geq X^2_{MH})$
Interaction Effect: Confounder and Effect Modifier

1. We stratify the study population into $k$ strata according to the confounding variable, confounder $C$.

2. If the underlying (true) odds ratio is different across the $k$ strata, then there is said to be interaction or effect modification between risk factor and confounder.

3. Then the confounder $C$ is referred to as an effect modifier.
Mantel-Haenszel Test:
Chi-square Test for Homogeneity of Odds Ratios over Different Strata (Woolf’s Method)

1. The Mantel-Haenszel test provides a test of significance of the relationship between disease and exposure.

2. If we reject the null hypothesis in Mantel-Haenszel test, there exist association of disease and risk factor.
Mantel-Haenszel Test: Chi-square Test for Homogeneity of Odds Ratios over Different Strata (Woolf’s Method)

1. Let $OR_i$ is underling odds ratio in the $i^{th}$ stratum.

2. To test the hypothesis

$$H_0 : OR_1 = OR_2 = \cdots = OR_k;$$

vs. $$H_A : \text{at least two of the } OR_i \text{ are significant different}$$

3. This is to test whether a common odds ratio (homogeneity) exist when there is association of disease and risk factor given controlling the confounding factor with stratification.
Mantel-Haenszel Test:
Chi-square Test for Homogeneity of Odds Ratios over Different Strata (Woolf’s Method)

The chi-square test for homogeneity is calculated as following:
Chi-square Test for Homogeneity of Odds Ratios over Different Strata (Woolf’s Method)

\[
\log(\hat{OR}_i) = \log \left( \frac{a_id_i}{b_ic_i} \right) \quad (49)
\]

\[
\left[ \text{Var}(\log(\hat{OR}_i)) \right]^{-1} = w_i = \left( \frac{1}{a_i} + \frac{1}{b_i} + \frac{1}{c_i} + \frac{1}{d_i} \right)^{-1} \quad (50)
\]

\[
\log \text{OR} = \frac{\sum_{i=1}^{k} w_i \log(\hat{OR}_i)}{\sum_{i=1}^{k} w_i} \quad (51)
\]

\[
X^2_{\text{HOM}} = \sum_{i=1}^{k} w_i (\log \hat{OR}_i - \log \text{OR})^2 \quad (52)
\]

\[
X^2_{\text{HOM}} \sim \chi^2_{k-1} \quad (53)
\]

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Chi-square Test for Homogeneity of Odds Ratios over Different Strata (Breslow-Day Method in SAS)

Similar to Woolf’s method
Mantel-Haenszel Test:  
Chi-square Test for Homogeneity of Odds Ratios  
over Different Strata (Woolf’s Method)  

That is, $X^2_{MOH}$ asymptotically follows chi-squared distribution with $(k - 1)$ degree of freedom under $H_0$. For two-sided test with significance level $\alpha$, we reject $H_0 : \text{homogeneity of common odds ratio}$, if $X^2_{MH} > \chi^2_{k-1,1-\alpha}$.
Mantel-Haenszel Estimator of the Common Odds Ratio for Stratified Data

1. The Mantel-Haenszel test provides a test of significance of the relationship between disease and exposure. If we reject the null hypothesis in Mantel-Haenszel test, there exist association of disease and risk factor.

2. Then we use chi-square test for homogeneity of odds ratios. If we do not reject the null hypothesis of common odds ratio across stratum, we would like to know the common odds ratio.

3. However, chi-square test for homogeneity of odds ratios does not given a measure of the strength of the association.
Mantel-Haenszel Estimator of the Common Odds Ratio for Stratified Data

In general, it is important to test for homogeneity of the stratum-specific odds ratio. If the true odds ratios are different, then it makes no sense to obtain a pooled-odds ratio estimate.
Mantel-Haenszel Estimator of the Common Odds Ratio for Stratified Data

In a collection of $k \times 2 \times 2$ contingency tables, where the $i^{th}$ table, Table 10, corresponding to the $i^{th}$ stratum.

Table 10: Mantel-Haenszel Test: The $i^{th}$ Observed $2 \times 2$ Table

<table>
<thead>
<tr>
<th>$i^{th}$ Stratum</th>
<th>Variable $Y$</th>
<th>level 1</th>
<th>level 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable $X$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>level 1</td>
<td>$a_i$</td>
<td>$b_i$</td>
<td></td>
<td>$a_i + b_i = n_{1.i}$</td>
</tr>
<tr>
<td>level 2</td>
<td>$c_i$</td>
<td>$d_i$</td>
<td></td>
<td>$c_i + d_i = n_{2.i}$</td>
</tr>
<tr>
<td>Total</td>
<td>$a + c = n_{.1i}$</td>
<td>$b + d = n_{.2i}$</td>
<td>$a + b + c + d = n_{..i} = n_i$</td>
<td></td>
</tr>
</tbody>
</table>
Common Odds Ratio for Stratified Data

$$\hat{OR}_{MH} = \frac{\sum_i (a_i d_i)/n_i}{\sum_i (b_i c_i)/n_i}$$

(54)

$$\text{Var}(\log \hat{OR}_{MH}) = \frac{\sum \pi_i R_i}{2(\sum_i R_i)^2} + \frac{\sum (\pi_i S_i + Q_i R_i)}{2(\sum R_i)(\sum S_i)} + \frac{\sum Q_i S_i}{2(\sum S_i)^2}$$

(55)

where $\pi_i = \frac{a_i + d_i}{n_i}$, $Q_i = \frac{b_i + c_i}{n_i}$,

(56)

$$R_i = \frac{a_i d_i}{n_i}, \quad S_i = \frac{b_i c_i}{n_i}$$

(57)

$$(1 - \alpha) \times 100\%\text{C.I. :}$$

$$\exp\left[ \log \hat{OR}_{MH} \pm Z_{1-\alpha/2} \sqrt{\text{Var}(\log \hat{OR}_{MH})} \right]$$

(58)
Mantel-Haenszel Estimator of the Common Odds Ratio for Stratified Data

Alternatively, we can use the equation (51) as the common odds ratio estimator.

\[
\log(\hat{OR}_i) = \log\left(\frac{a_id_i}{b_ic_i}\right)
\]

\[
\left[\text{Var}(\log(\hat{OR}_i))\right]^{-1} = w_i = \left(\frac{1}{a_i} + \frac{1}{b_i} + \frac{1}{c_i} + \frac{1}{d_i}\right)^{-1}
\]

\[
\frac{\log OR}{\sum_{i=1}^{k} w_i \log(\hat{OR}_i)} = \frac{\sum_{i=1}^{k} w_i \log(\hat{OR}_i)}{\sum_{i=1}^{k} w_i}
\]
Example: Coronary Artery Disease

1. For the Table of “Gender and Disease”, Pearson’s Chi-Square Test $X^2$ is 7.035, $p$-value is 0.008.

2. For female, ECG $> 0.1$ ST depression and Disease, $X^2$ is 1.117, $p$-value is 0.290. OR is 2.2.

3. For male: ECG $> 0.1$ ST depression and Disease, $X^2$ is 3.750, $p$-value is 0.053. OR is 3.5.
Example: Coronary Artery Disease

4. $X^2_{MH}$ is 4.503 (1 df) and $p$-value is 0.034.

5. There is association between ECG and disease after controlling gender.

6. $X^2_{HOM}$ is 0.215 (1 df) and $p$-value is 0.643.

7. A common odds ratio exists between ECG and disease.

8. The common odds ration, $\hat{OR}_{MH}$, is 2.847, and 95% C.I. is (1.083, 7.482).

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Notes: Stratification

1. The fact that a marginal table (i.e. pool over gender) may exhibit an association completed different from a partial tables (individual tables for male and female) is known as **Simpson’s Paradox** (Simpson 1951).

2. We should analyze the data following the design of original study.
Example: Coronary Artery Disease

> CAD <- array(c(8, 4, 10, 11,
21, 6, 9, 9, ),
  dim = c(2, 2, 2),
dimnames = list(
    EKG = c(">=0.1 ST Dep", "< 0.1 ST Dep"),
    Response = c("Case", "Control"),
    Penicillin.Level = c("Female", "Male")))
Example: Coronary Artery Disease

> CAD
, , Penicillin.Level = Female

Response
EKG Case Control
>=0.1 ST Dep 8 10
< 0.1 ST Dep 4 11

, , Penicillin.Level = Male

Response
EKG Case Control
>=0.1 ST Dep 21 9
< 0.1 ST Dep 6 9
Example: Coronary Artery Disease

> mantelhaen.test(CAD, correct=FALSE)

Mantel-Haenszel chi-squared test without continuity correction
data:  CAD
Mantel-Haenszel X-squared = 4.5026, df = 1, p-value = 0.03384
alternative hypothesis: true common odds ratio is not equal to 1

95 percent confidence interval:
  1.076514 7.527901
sample estimates:
common odds ratio
  2.846734
Example: Coronary Artery Disease

> mantelhaen.test(CAD)

Mantel-Haenszel chi-squared test with continuity correction
data:  CAD
Mantel-Haenszel X-squared = 3.5485, df = 1, p-value = 0.0596
alternative hypothesis: true common odds ratio is not equal to 1

95 percent confidence interval:
  1.076514 7.527901
sample estimates:
common odds ratio
  2.846734
Example: Coronary Artery Disease

> mantelhaen.test(CAD, exact=TRUE)

Exact conditional test of independence in 2 x 2 x k tables
data:  CAD
S = 29, p-value = 0.05418
alternative hypothesis: true common odds ratio is not equal to 1

95 percent confidence interval:
  0.9711574 8.4256184
sample estimates:
common odds ratio
  2.790832
Example: Coronary Artery Disease

```r
> woolf <- function(x) {
    x <- x + 1 / 2
    k <- dim(x)[3]
    or <- apply(x, 3,
                function(x)(x[1,1]*x[2,2])/(x[1,2]*x[2,1]))
    w <- apply(x, 3,
                function(x) 1 / sum(1 / x))
    1 - pchisq(sum(w * (log(or) - weighted.mean(log(or), w)) ^ 2), k - 1)
}
```
Example: Coronary Artery Disease

> woolf(CAD)

[1] 0.6270651 # p-value
Example: Coronary Artery Disease

title "Stratified Retrospective Study: kx2x2 Table"

data ca;
  input gender $ ECG $ disease $ count ;
cards;
  female <0.1 yes  4
  female <0.1 no 11
  female >=0.1 yes  8
  female >=0.1 no 10
  male   <0.1 yes  9
  male   <0.1 no  9
  male   >=0.1 yes 21
  male   >=0.1 no  6;
Example: Coronary Artery Disease

proc freq;
  weight count;
  tables gender*disease / nocol nopct chisq relrisk ;
  tables gender*ECG*disease / nocol nopct cmh chisq relrisk;
  tables ecg*disease / exact relrisk ;
run;
### Example: Coronary Artery Disease

Table of gender by disease

<table>
<thead>
<tr>
<th>gender</th>
<th>disease</th>
<th>Frequency</th>
<th>Row Pct</th>
</tr>
</thead>
<tbody>
<tr>
<td>female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>no</td>
<td>21</td>
<td>63.64</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>12</td>
<td>36.36</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>no</td>
<td>15</td>
<td>33.33</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>30</td>
<td>66.67</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>36</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>42</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>78</td>
<td></td>
</tr>
</tbody>
</table>
Example: Coronary Artery Disease

Statistics for Table of gender by disease

<table>
<thead>
<tr>
<th>Statistic</th>
<th>DF</th>
<th>Value</th>
<th>Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-Square</td>
<td>1</td>
<td>7.0346</td>
<td>0.0080</td>
</tr>
<tr>
<td>Likelihood Ratio Chi-Square</td>
<td>1</td>
<td>7.1209</td>
<td>0.0076</td>
</tr>
<tr>
<td>Continuity Adj. Chi-Square</td>
<td>1</td>
<td>5.8681</td>
<td>0.0154</td>
</tr>
</tbody>
</table>

Fisher’s Exact Test

Two-sided Pr <= P 0.0114

Estimates of the Relative Risk (Row1/Row2)

<table>
<thead>
<tr>
<th>Type of Study</th>
<th>Value</th>
<th>95% Confidence Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-Control (Odds Ratio)</td>
<td>3.5000</td>
<td>1.3646  8.9771</td>
</tr>
</tbody>
</table>
**Example: Coronary Artery Disease**

Controlling for gender=female

ECG disease

<table>
<thead>
<tr>
<th>Frequency</th>
<th>no</th>
<th>yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0.1</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>73.33</td>
<td>26.67</td>
<td></td>
</tr>
<tr>
<td>&gt;=0.1</td>
<td>10</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>55.56</td>
<td>44.44</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>12</td>
<td>33</td>
</tr>
</tbody>
</table>
Example: Coronary Artery Disease

Controlling for gender=female

<table>
<thead>
<tr>
<th>Statistic</th>
<th>DF</th>
<th>Value</th>
<th>Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-Square</td>
<td>1</td>
<td>1.1175</td>
<td>0.2905</td>
</tr>
</tbody>
</table>

Fisher’s Exact Test

Two-sided Pr <= P     0.4688

Type of Study         Value  95% Confidence Limits

Case-Control (Odds Ratio)  2.2000  0.5036  9.6107
Example: Coronary Artery Disease

Controlling for gender=male

ECG disease frequency

<table>
<thead>
<tr>
<th>Row Pct</th>
<th>no</th>
<th>yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0.1</td>
<td>9</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>50.00</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>&gt;=0.1</td>
<td>6</td>
<td>21</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>22.22</td>
<td>77.78</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>30</td>
<td>45</td>
</tr>
</tbody>
</table>
### Example: Coronary Artery Disease

Controlling for gender=male

<table>
<thead>
<tr>
<th>Statistic</th>
<th>DF</th>
<th>Value</th>
<th>Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-Square</td>
<td>1</td>
<td>3.7500</td>
<td>0.0528</td>
</tr>
</tbody>
</table>

Fisher’s Exact Test

| Two-sided Pr <= P | 0.1049 |

Type of Study

<table>
<thead>
<tr>
<th>Value</th>
<th>95% Confidence Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-Control (Odds Ratio)</td>
<td>3.5000</td>
</tr>
</tbody>
</table>

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Three-Way Table, 126
Example: Coronary Artery Disease

Cochran-Mantel-Haenszel Statistics (Based on Table Scores)

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Alternative Hypothesis</th>
<th>DF</th>
<th>Value</th>
<th>Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>General Association</td>
<td>1</td>
<td>4.5026</td>
<td>0.0338</td>
</tr>
</tbody>
</table>
**Example: Coronary Artery Disease**

<table>
<thead>
<tr>
<th>Type of Study</th>
<th>Method</th>
<th>Value</th>
<th>95% Confidence Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-Control</td>
<td>Mantel-Haenszel</td>
<td>2.8467</td>
<td>1.0765 7.5279</td>
</tr>
</tbody>
</table>
Example: Coronary Artery Disease

Breslow-Day Test for Homogeneity of the Odds Ratios

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-Square</td>
<td>0.2155</td>
</tr>
<tr>
<td>DF</td>
<td>1</td>
</tr>
<tr>
<td>Pr &gt; ChiSq</td>
<td>0.6425</td>
</tr>
</tbody>
</table>

Total Sample Size = 78