

Variance estimation for the Kappa statistic in the presence of clustered data and heterogeneous observations

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SPOT GRADE

Kappa Statistic

Clustered & Heterogeneous Kappa

Variance Bias

Application to SPOT GRADE

Future Directions: Group Sequential

References

- ▶ Researchers working on local hemostatic agent to stop bleeding on “low grade” wounds
- ▶ FDA required researchers to first develop scale to classify bleeds
 - ▶ Wanted surgeons to have better knowledge of what type of wounds appropriate to use agent on
 - ▶ Concerned surgeons would use agent on bleeds not be designed to stop

Motivation: SPOT GRADE Trial

- ▶ SPOT GRADE surface bleed severity scale (SBSS) developed to standardize severity of blood loss^[13]
 - ▶ 6 categories: 0-5
 - ▶ Higher category \Rightarrow faster blood loss
 - ▶ Hemostatic agent designed for category 3 or lower

SPOT GRADE™ (SBSS – Surface Bleeding Severity Score)

SPOT GRADE™	0	1	2	3	4	5
Verbal Descriptor	None	Minimal	Mild	Moderate	Severe; not immediately life-threatening	Extreme; immediately life-threatening
Visual Descriptor	Dry	Oozing	Pooling	Flowing	Streaming	Gushing
Expected Intervention(s)	None	Manual pressure, cautery, adjuvant hemostat(s)	Manual pressure, cautery, suture, adjuvant hemostat(s)	Manual pressure, cautery, suture, adjuvant hemostat(s)	Manual pressure, cautery, suture, staples, tissue repair	Manual pressure, cautery, suture, staples, tissue repair
Maximum Expected ACS-ATLS ¹ Shock Risk Class	1	1	1	2	3	4

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- ▶ Scores defined by flux/flow rate of blood from wound
- ▶ Higher flow rate ranges for larger scores and larger bleed surfaces
 - ▶ **Bleeds within same category can look very different**

TABLE 1. Specific Values for SPOT GRADE Levels

Flow Rate (mL/min) Ranges

TBS (cm ²)	SBSS 0	SBSS 1	SBSS 2	SBSS 3	SBSS 4	SBSS 5
1	0	[0;4.8]	[4.8; 12.0]	[12.0; 25.3]	[25.3; 102.0]	[102.0; +∞]
10	0	[0;9.1]	[9.1; 20.0]	[20.0;71.3]	[71.3; 147.4]	[147.4; +∞]
50	0	[0;13.5]	[13.5; 28.0]	[28.0;117.3]	[117.3; 192.7]	[192.7; +∞]

SBSS indicates surface bleeding severity scale; TBS target bleeding site.

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- ▶ 14 surgeons watched video simulations in a randomized sequence and classified bleeding severity by SPOT GRADE category
 - ▶ 36 training videos
 - ▶ 36 testing videos
 - ▶ Each video viewed 3 times (108 total clips to view)

- ▶ **Kappa statistic** used to assess inter- and intra-rater reliability

- ▶ Rating data can be thought of as multinomial random variables:

$$(x_{11}, \dots, x_{kk}) \sim \text{Multinomial}(N, [\pi_{11}, \dots, \pi_{kk}]),$$

- ▶ How can we tell how well raters are agreeing with each other overall?

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- ▶ Observed probability of agreement:

$$p_o = \sum_{i=1}^k p_{ii}$$

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- ▶ Observed probability of agreement:
$$p_o = \sum_{i=1}^k p_{ii}$$
- ▶ Issue: expected probability of agreement by chance changes depending on marginal probability of classifying item to category
 - ▶ Can't just trust a "high" agreement probability to signal "high" agreement

- ▶ Kappa statistic assesses **likelihood-above-chance** of two raters agreeing

$$\kappa = \frac{p_o - p_e}{1 - p_e} \in (-1, 1)$$

- ▶ $p_o = \sum_{i=1}^k p_{ii}$
- ▶ $p_e = \sum_{i=1}^k p_{i.} p_{.i}$
- ▶ $\kappa = 0$ implies rater agreement on par with chance
- ▶ $\kappa \rightarrow 1$ implies raters agree more
- ▶ $\kappa \rightarrow -1$ implies raters disagree more

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- ▶ Assumes all items within a category are **exchangeable** and all ratings **independent**
- ▶ Landis & Koch's^[9] interpretation of κ :

κ value	Interpretation
$(-1, 0)$	Poor agreement
$[0, 0.2]$	Slight agreement
$(0.2, 0.4]$	Fair agreement
$(0.4, 0.6]$	Moderate agreement
$(0.6, 0.8]$	Substantial agreement
$(0.8, 1)$	Almost perfect agreement

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- ▶ Weighted Kappa^[3]: some misclassifications are a greater sin than others
 - ▶ $p_o = \sum_{i=1}^k \sum_{j=1}^k w_{ij} p_{ij}$
 - ▶ $p_e = \sum_{i=1}^k \sum_{j=1}^k w_{ij} p_i \cdot p_j$
 - ▶ Quadratic weights: $w_{ij} = 1 - \frac{(i-j)^2}{(K-1)^2}$
 - ▶ Absolute weights: $w_{ij} = 1 - \frac{|i-j|}{(K-1)}$
- ▶ Kappa for multiple raters^[4]
- ▶ Kappa for clustered data^[8; 14; 16; 15]
- ▶ Using GEEs to incorporate rater and item covariate information into Kappa^[6]
- ▶ And many more!

- ▶ Fleiss et al.^[5] asserted that, by CLT:

$$\sqrt{n}(\kappa - \kappa_0) \sim N(0, \sigma_{\kappa}^2),$$

where κ_0 is the true κ value, and σ_{κ}^2 is a function of p_e , p_o , and n

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- ▶ This means we can create confidence intervals and perform inference on κ
- ▶ Since $\kappa \in (-1, 1)$, Normal approximation from Fleiss et al. likely to perform poorly in small samples
- ▶ Propose transformation of κ to map onto \mathbb{R} :

$$f(\kappa) = \ln\left(\frac{1 + \kappa}{1 - \kappa}\right) \equiv \varphi$$

- ▶ Can calculate CI for φ then back-transform to put it on regular κ scale for interpretation

How are we using Kappa in the SPOT GRADE study?

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		Rater 1					
		0	1	2	3	4	5
Truth	0	2	1	0	0	0	0
	1	1	3	2	0	0	0
	2	0	2	2	2	0	0
	3	0	0	1	3	2	0
	4	0	0	0	1	4	1
	5	0	0	0	0	1	5

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	1	1	3	2	0	0	0
	2	0	2	2	2	0	0
	3	0	0	1	3	2	0
	4	0	0	0	1	4	1
	5	0	0	0	0	1	5

+

		Rater 2					
		0	1	2	3	4	5
Truth	0	3	0	0	0	0	0
	1	0	4	1	0	0	0
	2	0	1	3	1	0	0
	3	0	0	1	2	3	0
	4	0	0	0	2	3	0
	5	0	0	0	0	0	6

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Truth	0	2	1	0	0	0	0
	1	1	3	2	0	0	0
	2	0	2	2	2	0	0
	3	0	0	1	3	2	0
	4	0	0	0	1	4	1
	5	0	0	0	0	1	5

+

		Rater 2					
		0	1	2	3	4	5
Truth	0	3	0	0	0	0	0
	1	0	4	1	0	0	0
	2	0	1	3	1	0	0
	3	0	0	1	2	3	0
	4	0	0	0	2	3	0
	5	0	0	0	0	0	6

+ ... +

		Rater 14					
		0	1	2	3	4	5
Truth	0	1	2	0	0	0	0
	1	0	3	3	0	0	0
	2	0	1	2	2	0	0
	3	0	0	2	1	4	0
	4	0	0	0	4	3	0
	5	0	0	0	0	0	6

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		Rater 1					
		0	1	2	3	4	5
Truth	0	2	1	0	0	0	0
	1	1	3	2	0	0	0
	2	0	2	2	2	0	0
	3	0	0	1	3	2	0
	4	0	0	0	1	4	1
	5	0	0	0	0	1	5

		Rater 2					
		0	1	2	3	4	5
Truth	0	3	0	0	0	0	0
	1	0	4	1	0	0	0
	2	0	1	3	1	0	0
	3	0	0	1	2	3	0
	4	0	0	0	2	3	0
	5	0	0	0	0	0	6

		Rater 14					
		0	1	2	3	4	5
Truth	0	1	2	0	0	0	0
	1	0	3	3	0	0	0
	2	0	1	2	2	0	0
	3	0	0	2	1	4	0
	4	0	0	0	4	3	0
	5	0	0	0	0	0	6

+ ... +

		Raters					
		0	1	2	3	4	5
Truth	0	40	2	0	0	0	0
	1	2	76	8	0	0	0
	2	0	8	70	14	0	0
	3	0	0	14	72	12	0
	4	0	0	0	12	78	1
	5	0	0	0	0	1	81

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Performing Kappa on the additive rating table to assess how reliable surgeons are at correctly classifying videos

- ▶ Rating same video multiple times induces **clustering** that biases variance estimate

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- ▶ Videos within same category might not all have same probability of correct classification
 - ▶ Different combinations of surface area and flow rate
 - ▶ Operating characteristics of Kappa's asymptotic variance not yet explored under this setting

- ▶ Rating same video multiple times induces **clustering** that biases variance estimate
- ▶ Videos within same category might not all have same probability of correct classification
 - ▶ Different combinations of surface area and flow rate
 - ▶ Operating characteristics of Kappa's asymptotic variance not yet explored under this setting
- ▶ **Goal: Want to adapt Kappa statistic for clustered data and heterogeneity within categories by correcting variance estimate**

- ▶ 2 kinds of item heterogeneity we're dealing with here that we need simulated data to reflect:
 - ▶ Some SBSS categories are inherently easier (0, 5) or more difficult (2, 3) to correctly place than others (**between-category heterogeneity**)
 - ▶ Some videos within an SBSS category may be easier/more difficult to correctly place than others (**within-category heterogeneity**)
- ▶ How do we incorporate these into video classification probabilities?

- ▶ Let π_{hmj} be the probability video j classified as category m when actually category h

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- ▶
$$\pi_{hmj} = \int_{m-0.5}^{m+0.5} \frac{\left(\frac{1}{5}u\right)^{\alpha_{hj}-1} \left(1-\frac{1}{5}u\right)^{\beta_{hj}-1} \Gamma(\alpha_{hj}+\beta_{hj})}{5\Gamma(\alpha_{hj})\Gamma(\beta_{hj})} du$$

- ▶
$$\frac{\alpha_{hj}}{\alpha_{hj}+\beta_{hj}} \times 5 = h$$

- ▶
$$\log(\beta_{hj}) \stackrel{indep.}{\sim} N(\mu_h, \sigma_h^2)$$

- ▶
$$\alpha_{hj} = \frac{\beta_{hj}h}{5-h}$$

- ▶ Let π_{hmj} be the probability video j classified as category m when actually category h

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- ▶
$$\log(\beta_{hj}) \stackrel{\text{indep.}}{\sim} N(\mu_h, \sigma_h^2)$$

- ▶
$$\alpha_{hj} = \frac{\beta_{hj}h}{5-h}$$

- ▶ μ_h controls probability of correct classification
- ▶ σ_h^2 is increased or decreased to create random video effects for each unique video

$$\mu_2 = 2.7, \sigma_2^2 = 1$$

Variance Bias: Unclustered Data

Let's see how Kappa behaves under video heterogeneity, but no clustering

- ▶ 10,000 simulations
- ▶ N=14 surgeons per simulation
- ▶ Three Kappa values: 0.4, 0.6, 0.8
- ▶ Four video heterogeneity settings:

Heterogeneity Level	SBSS Category					
	0	1	2	3	4	5
None	0	0	0	0	0	0
Low	0.25	0.5	1	1	0.5	0.25
Medium	0.5	1	2	2	1	0.5
High	1	2	3	3	2	1

- ▶ **18 videos** per SBSS category, each **rated once** per surgeon

► Variance ratio = $\frac{\text{Analytic variance}}{\text{Empirical variance}}$

		Video Heterogeneity	
		None	
$\kappa = 0.4$	Variance Ratio	1.127	
	Coverage	0.963	
$\kappa = 0.6$	Variance Ratio	1.125	
	Coverage	0.960	
$\kappa = 0.8$	Variance Ratio	1.061	
	Coverage	0.952	

► Variance ratio = $\frac{\text{Analytic variance}}{\text{Empirical variance}}$

		Video Heterogeneity	
		None	Low
$\kappa = 0.4$	Variance Ratio	1.127	1.143
	Coverage	0.963	0.963
$\kappa = 0.6$	Variance Ratio	1.125	1.202
	Coverage	0.960	0.969
$\kappa = 0.8$	Variance Ratio	1.061	1.221
	Coverage	0.952	0.970

- ▶ Variance ratio = $\frac{\text{Analytic variance}}{\text{Empirical variance}}$

		Video Heterogeneity			
		None	Low	Medium	High
$\kappa = 0.4$	Variance Ratio	1.127	1.143	1.306	1.672
	Coverage	0.963	0.963	0.974	0.989
$\kappa = 0.6$	Variance Ratio	1.125	1.202	1.392	1.736
	Coverage	0.960	0.969	0.979	0.991
$\kappa = 0.8$	Variance Ratio	1.061	1.221	1.682	2.181
	Coverage	0.952	0.970	0.988	0.997

- ▶ **Analytic variance is inflated**
- ▶ Increasing within-category video heterogeneity exacerbates this

Does adding clustering change the previous results we saw?

- ▶ 10,000 simulations
- ▶ $n=50$ surgeons per simulation
- ▶ Three Kappa values: 0.4, 0.6, 0.8
- ▶ Four video heterogeneity settings:

Heterogeneity Level	SBSS Category					
	0	1	2	3	4	5
None	0	0	0	0	0	0
Low	0.25	0.5	1	1	0.5	0.25
Medium	0.5	1	2	2	1	0.5
High	1	2	3	3	2	1

- ▶ **Six videos** per SBSS category, each **rated three times** per surgeon

Variance Bias: Clustered Data

► Variance ratio = $\frac{\text{Analytic variance}}{\text{Empirical variance}}$

		Video Heterogeneity	
		None	
$\kappa = 0.4$	Est. Kappa	0.404	
	Variance Ratio	1.130	
	Coverage	0.961	
$\kappa = 0.6$	Est. Kappa	0.604	
	Variance Ratio	1.146	
	Coverage	0.961	
$\kappa = 0.8$	Est. Kappa	0.795	
	Variance Ratio	1.067	
	Coverage	0.958	

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Variance Bias: Clustered Data

- ▶ Variance ratio = $\frac{\text{Analytic variance}}{\text{Empirical variance}}$

		Video Heterogeneity	
		None	Low
$\kappa = 0.4$	Est. Kappa	0.404	0.474
	Variance Ratio	1.130	1.186
	Coverage	0.961	0.963
$\kappa = 0.6$	Est. Kappa	0.604	0.585
	Variance Ratio	1.146	1.253
	Coverage	0.961	0.971
$\kappa = 0.8$	Est. Kappa	0.795	0.747
	Variance Ratio	1.067	1.228
	Coverage	0.958	0.968

- ▶ Increases of video heterogeneity, combined with data clustering, inflates analytic variance - not much different than we saw without clustering

Variance Bias: Clustered Data

- ▶ Variance ratio = $\frac{\text{Analytic variance}}{\text{Empirical variance}}$

		Video Heterogeneity			
		None	Low	Medium	High
$\kappa = 0.4$	Est. Kappa	0.404	0.474	0.419	0.477
	Variance Ratio	1.130	1.186	1.354	1.555
	Coverage	0.961	0.963	0.977	0.985
$\kappa = 0.6$	Est. Kappa	0.604	0.585	0.616	0.606
	Variance Ratio	1.146	1.253	1.329	1.900
	Coverage	0.961	0.971	0.978	0.993
$\kappa = 0.8$	Est. Kappa	0.795	0.747	0.795	0.825
	Variance Ratio	1.067	1.228	1.494	2.036
	Coverage	0.958	0.968	0.984	0.995

- ▶ Increases of video heterogeneity, combined with data clustering, inflates analytic variance - not much different than we saw without clustering
- ▶ May **bootstrap** new variance estimate to correct this

- ▶ Sampling units are surgeons, not videos
- ▶ Each bootstrap iteration will sample n surgeons

Algorithm 1: Bootstrap algorithm for variance of Kappa statistic.

for b in B **do**

 Randomly choose n surgeons, with replacement;

 Take all observations belonging to sampled surgeons, and place in one contingency table;

 Find statistic, κ_b ;

 Transform κ_b to φ_b ;

end

Calculate $\bar{\varphi} = \frac{1}{B} \sum_{b=1}^B \varphi_b$;

Calculate $\hat{\sigma}_B^2 = \frac{\sum_{b=1}^B (\varphi_b - \bar{\varphi})^2}{B-1}$

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Algorithm 1: Bootstrap algorithm for variance of Kappa statistic.

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Calculate $\hat{\sigma}_B^2 = \frac{\sum_{b=1}^B (\varphi_b - \bar{\varphi})^2}{B-1}$

- ▶ Use $\hat{\sigma}_B^2$ instead of analytic variance estimate

- ▶ Employing bootstrap (200 samples) attenuates variance ratio back toward 1:

		Video Heterogeneity
		None
$\kappa = 0.4$	Est. Kappa	0.404
	Variance Ratio	0.984
	Coverage	0.940
$\kappa = 0.6$	Est. Kappa	0.604
	Variance Ratio	0.993
	Coverage	0.947
$\kappa = 0.8$	Est. Kappa	0.795
	Variance Ratio	0.965
	Coverage	0.938

Variance Bias: Clustered Data

- ▶ Employing bootstrap (200 samples) attenuates variance ratio back toward 1:

		Video Heterogeneity	
		None	Low
$\kappa = 0.4$	Est. Kappa	0.404	0.413
	Variance Ratio	0.984	1.009
	Coverage	0.940	0.942
$\kappa = 0.6$	Est. Kappa	0.604	0.599
	Variance Ratio	0.993	0.983
	Coverage	0.947	0.942
$\kappa = 0.8$	Est. Kappa	0.795	0.758
	Variance Ratio	0.965	0.962
	Coverage	0.938	0.937

- ▶ Employing bootstrap (200 samples) attenuates variance ratio back toward 1:

		Video Heterogeneity			
		None	Low	Medium	High
$\kappa = 0.4$	Est. Kappa	0.404	0.413	0.438	0.578
	Variance Ratio	0.984	1.009	0.971	0.973
	Coverage	0.940	0.942	0.940	0.940
$\kappa = 0.6$	Est. Kappa	0.604	0.599	0.652	0.679
	Variance Ratio	0.993	0.983	1.004	0.979
	Coverage	0.947	0.942	0.942	0.937
$\kappa = 0.8$	Est. Kappa	0.795	0.758	0.726	0.721
	Variance Ratio	0.965	0.962	0.983	0.994
	Coverage	0.938	0.937	0.939	0.941

- ▶ Bootstrap procedure corrects variance overestimation
- ▶ Slight undercoverage happening

- ▶ Fixed variance bias in simulation

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- ▶ Fixed variance bias in simulation

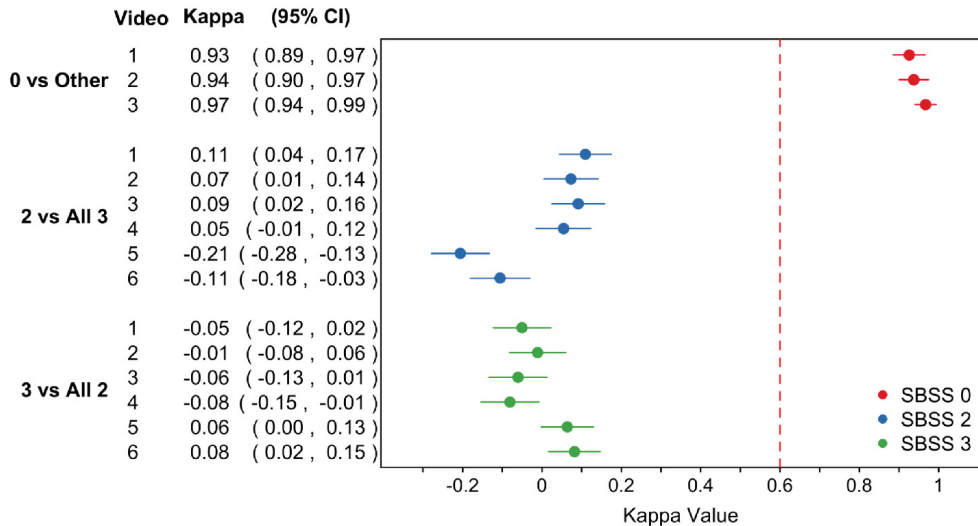


- ▶ Is heterogeneity actually a problem in real studies?
 - ▶ Do we see between-category heterogeneity? Within-category heterogeneity?
- ▶ Compared surgeons' ability to correctly classify **individual videos** within the same category vs. all videos in a reference category(s) using Kappa
 - ▶ If within-category kappas varied lots \Rightarrow lots of **within-category heterogeneity**
 - ▶ If kappas between categories varied lots \Rightarrow lots of **between-category heterogeneity**

Application to SPOT GRADE: Presence of Heterogeneity

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Application to SPOT GRADE: Identification of Eligibility

- ▶ For development later clinical trial of local hemostatic device, important to be able to identify study-eligible bleeds (SBSS 1-3) from study-ineligible bleeds (SBSS 4-5)
- ▶ Testing hypothesis

$$H_0 : \kappa_E \leq 0.60 \quad \text{vs.} \quad H_1 : \kappa_E > 0.60$$







Application to SPOT GRADE: Identification of Eligibility

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Kappa

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- ▶ For development later clinical trial of local hemostatic device, important to be able to identify study-eligible bleeds (SBSS 1-3) from study-ineligible bleeds (SBSS 4-5)
- ▶ Testing hypothesis

$$H_0 : \kappa_E \leq 0.60 \quad \text{vs.} \quad H_1 : \kappa_E > 0.60$$

Partial Z Transformation	Bootstrapped Variance Est.	κ (95% CI)
		0.811 (0.810, 0.813)
		0.811 (0.791, 0.830)
		0.833 (0.806, 0.861)

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Application to SPOT GRADE: Identification of Hemostasis







- ▶ To accurately assess whether the local hemostatic device under consideration was effective, necessary for surgeons to be able to identify whether hemostasis had been achieved (SBSS 0) or not (SBSS > 0).
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Partial Z Transformation	Bootstrapped Variance Est.	κ (95% CI)
		0.954 (0.952, 0.955)
		0.954 (0.947, 0.960)
		0.952 (0.930, 0.973)

Conclusions

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 - ▶ Application of the bootstrap corrects for this overestimation, allowing for the correct inference of the Kappa statistic

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 - ▶ Bias in the analytic variance of Kappa is largely driven by the presence of this heterogeneity
 - ▶ Application of our bootstrap variance estimate does not harm inference in settings where no heterogeneity is present
 - ▶ Adoption of our methodology will provide robust inference of the Kappa statistic

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 - ▶ Adoption of our methodology will provide robust inference of the Kappa statistic
- ▶ Further results can be seen in **Ryan, Spotnitz, & Gillen (2020)** "Variance estimation for the Kappa statistic in the presence of clustered data and heterogeneous observations", *Statistics in Medicine*.
doi.org/10.1002/sim.8522^[12]

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- ▶ Observed kappas were much higher than the 0.6 null - did we need all 14?
- ▶ Can we make this study more efficient using sequential sampling/group sequential design?

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- ▶ Hypothesis tests performed at multiple points throughout data accrual (**interim analyses**) to determine if sufficient evidence to draw a conclusion early

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- ▶ Performing maximum of J planned analyses
- ▶ Statistic of interest at analysis j $\hat{\theta}^{(j)}$, $j \in \{1, \dots, J\}$
- ▶ **Continuation set** $C_j = (a_j, b_j] \cup [c_j, d_j)$, $-\infty \leq a_j \leq b_j \leq c_j \leq d_j \leq \infty$
- ▶ **Stopping set** $S_j \equiv C_j^c$
- ▶ At final analysis J :
 - ▶ $a_J = b_J = c_J = d_J$
- ▶ Think of a_j , b_j , c_j , d_j as critical values (**stopping boundaries**)
 - ▶ For one-sided ($\theta > \theta_0$) test:
 - ▶ $\hat{\theta}^{(j)} \leq a_j$: stop study in favor of null (futility)
 - ▶ $\hat{\theta}^{(j)} \geq d_j$: stop study in favor of alternative (efficacy)
 - ▶ $\hat{\theta}^{(j)} \in (a_j = b_j = c_j, d_j)$: continue to analysis ($j + 1$)
 - ▶ Need to adjust critical values we compare our statistic to at each analysis in order to maintain type I error
 - ▶ Need to know sequential pdf find appropriate values

- ▶ Assume θ is Normally distributed
- ▶ Independent increments property:

$$\text{Cov}[\theta^{(j)}, \theta^{(j')}] = \text{Var}[\theta^{(j)}] = \sigma^{2,(j)}, j < j'$$

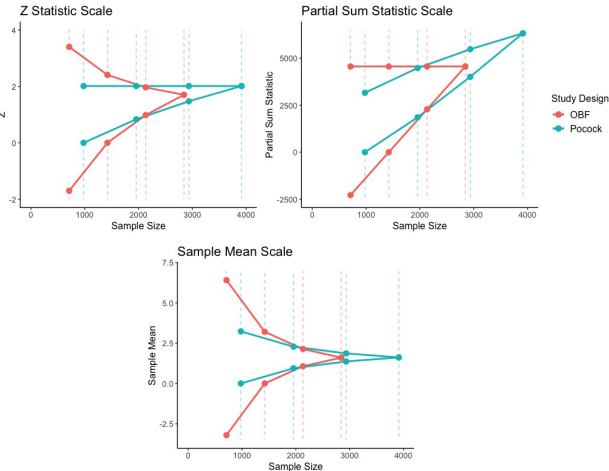
- ▶ Armitage et al.^[1] and Jennison & Turnbull^[7] found that, given Normal approximation of independent increments, **probability density function**, $\theta^{(j)}$, can be written as recursive Normal distributions:

$$f_j(\theta^{(j)}) = \begin{cases} \int_{C_{j-1}} f_{j-1}(u) \frac{1}{\sqrt{2\pi\sigma^{2,(j)}}} \exp\left\{-\frac{1}{2\sigma^{2,(j)}}(\theta^{(j)} - u)^2\right\} du, & \theta^{(j)} \notin C_{j-1} \\ 0, & \text{otherwise} \end{cases}$$

- ▶ $f_{j-1}(u)$: density at previous analysis ($j-1$)
- ▶ C_{j-1} : Continuation set for analysis ($j-1$)

Future Directions: Group Sequential Design

- ▶ Infinite number of combinations of a_j, b_j, c_j, d_j that will give us correct type I error (use sequential pdf to check)
 - ▶ Similar combinations with certain properties get grouped together and called **boundary shapes**
- ▶ Common boundary shapes:
 - ▶ Pocock^[11]
 - ▶ O'Brien-Fleming^[10]
 - ▶ More conservative earlier in the study



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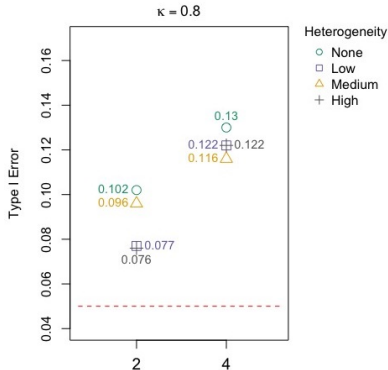
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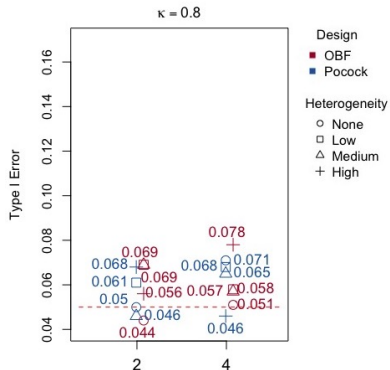
Future Directions: Group Sequential Design

- ▶ Issue: Kappa doesn't have independent increments property \Rightarrow difficult to find the sequential pdf to determine correct stopping boundaries

Naive Boundaries



Group Sequential Boundaries



- ▶ Using traditional GSD boundaries assuming independent increments doesn't quite control type I error, even if using bootstrapped variance

- ▶ One solution: can use regular GSD boundaries for first $(J-1)$ analyses, then simulate the last boundary necessary to maintain type I error

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 - ▶ Not much help if you aren't making it to the final analysis
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 - ▶ A way to rescale the variance?

- ▶ Something that seems to be working:

Algorithm 2: GSD bootstrap algorithm for variance of Kappa statistic.

```
for  $j$  in  $J$  do
  if  $j==1$  then
    Perform Algorithm 1 to obtain  $\hat{\sigma}_B^{2,(1)}$  for  $n_1$  surgeons;
  else
    Bootstrap  $\kappa_b^{(1)}$  as in Algorithm 1 for  $n_1$  surgeons;
    for  $u$  in  $2:j$  do
      Bootstrap  $\kappa_b^u$  as in Algorithm 1 for  $n_u - n_{(u-1)}$  surgeons;
      Create  $\kappa_b^{(u)}$  using bootstrapped  $\sum_{v=1}^u n_v$  surgeons;
      
$$z_b^{(u)} = \frac{\kappa_b^{(u)} - \kappa_0}{(u-1)\hat{\sigma}_B^{2,(u)}/u};$$

      Compare  $z_b^{(u)}$  to stopping boundary for analysis  $u$  - if crosses,
      filter out all  $z_b^{(u+1)}, \dots$  and  $\kappa_b^{(u+1)}, \dots$ ;
    end
    Calculate  $\bar{\varphi}^{(u)} = \frac{1}{B} \sum_{b=1}^B \varphi_b^{(u)}$ ;
    Calculate  $\hat{\sigma}_B^{2,(j)} = \frac{\sum_{b=1}^B \varphi_b^{(u)} - \bar{\varphi}^{(u)}}{B-1}$ 
  end
  Use  $\frac{(j-1)}{j} \hat{\sigma}_B^{2,(j)}$  in Z-statistic to compare to stopping boundaries;
end
```

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References

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