

What magnitude of HTE is sufficiently large to merit attention?

Thomas A. Louis, PhD  
Department of Biostatistics  
Johns Hopkins Bloomberg School of Public Health  
tlouis@jhu.edu; [www.biostat.jhsph.edu/~tlouis/](http://www.biostat.jhsph.edu/~tlouis/)

Expert Statistical Consultant, FDA  
Thomas.Louis@fda.hhs.gov

# Overview

- HTE is never 0, so testing is irrelevant
- The point estimate doesn't tell the whole story about magnitude; uncertainty is equally, possibly more, important
  - Ideally, report and use [the full posterior distribution](#)
  - Otherwise, report and use  $_{2.5} 25$  50  $_{75} 97.5$ , see <sup>(1)</sup>
- Calibrate HTE magnitude (including uncertainty) relative to goals
  - [Quantitative/Qualitative](#)
  - Regulatory decisions
  - Clinical decisions
  - Patient communication (snapshots)
  - Therapeutic effects and side effects, (S)AEs
- Need sufficient stability

---

<sup>1</sup>Louis TA, Zeger SL (2009). Effective Communication of Standard Errors and Confidence Intervals. *Biostatistics*, 10: 1-2.

# Design & Analysis

## For a single study

- $\widehat{HTE}$  = difference of differences;  $V(\widehat{HTE}) \approx 4 \times V(\widehat{TE})$   
 $\implies$  Combining/borrowing information is usually necessary
- Need to estimate/accommodate the between-context variance component
- Small number of clusters/clinics or small  $n$  for each  $\implies$  need to stabilize
  - Within study, hierarchical models with regressors/strata, possibly Bayesian with an informative prior

## Across studies

- Prospective harmonization/alignment
  - data definitions
  - regressors
  - design, follow-up
  - censoring policy: no news is no news vs no news is good news
  - .....

# It's complicated

- Therapeutic effects and side effects, (S)AEs
- Cost
- Complicated, multivariate decision regions, best structured by a utility function
  - Inputs are underlying truths
  - **The Bayesian formalism is essential**
  - Sensitivity analysis, including threshold utility boundaries
- Transportation <sup>(2,3)</sup>
  - Pay attention to the reference population and to the next study
  - Measure baseline attributes you may not need for the current study, but that can help transport

---

<sup>2</sup>Keiding N, Louis TA (2016). Perils and potentials of self-selected entry to epidemiological studies and surveys (with discussion and response). *J. Roy. Statist. Soc., Ser. A*, 179: 319–376.

<sup>3</sup>Keiding N, Louis TA (2018). Web-based Enrollment and other types of Self-selection in Surveys and Studies: Consequences for Generalizability. *Annual Review of Statistics and Its Application*, 5: 25–47.