

Reporting Results

P9419
Class #6
November 17, 2003

Why discuss Results in the Proposal course?

- Components of proposal abstract
- Research question
- Background
- Hypotheses
- Methods
- Results?
- Discussion?

Epidemiologic detective story

- Results=who done it
- May also exonerate the innocent
- *Results answer research question.*
- *Support/falsify hypotheses.*
- *Background/literature review will help readers appreciate your results*

Dataset issues

- Population
- Variables
- Can the data help to answer your research question?
- Sample size constraints
- Exploratory/hypothesis-generating vs. hypothesis-testing

Go back to your literature review

- How do other investigators present their results?
- Weaknesses and strengths

Statistical methods

- What methods can be applied to your dataset to get those answers?
- Credibility of your answers depends on appropriateness of your methods.

Results I.

- How did your methods work out?
- Not the same as in Methods
- Methods describes:
 - Study design, population, time period
 - recruitment methods
 - eligibility criteria
 - informed consent
 - follow-up, etc.
- Results I describes:
 - how many study participants you contacted
 - how many refused, were ineligible, could not be reached, etc.
 - Usually text, but if important, table

Table 1

- Demographic characteristics
 - Age
 - Sex
 - Race/ethnicity
 - Income . . .
- Clinical characteristics
 - Stage of disease
 - Presence/absence/level of biomarkers
 - Comorbid conditions . . .
- Confounders/effect modifiers

The most important question in epidemiology

- **Compared to what?**
- Participants to refusers
- Cases to controls
- Exposed to unexposed
- Subjects recruited/interviewed by one method to subjects recruited/interviewed by another method

Table 1. Demographic characteristics of cases and controls

Characteristics	Cases N=200		Controls N=200	
	N	%	N	%
Females	80	40	80	40
Birthplace				
NYC	70	35	90	45
USA, not NYC	50	25	80	40
Not USA	80	40	30	15
Mean age (SD)	36 (10)		35 (13)*	

Results II: Main finding(s)

- Measure(s) of effect of the hypothesized exposure on the hypothesized outcome
- Risk/rate ratio, odds ratio, prevalence ratio
- Correlation
- Risk/rate difference
- Mean difference
- Assessment of statistical significance
- Statistical tests used
- Confidence intervals
- P values and P for trend
- Identification of confounders/effect modifiers

Reporting on covariates

- Adjusting
- Stratifying
- Separate analysis of interaction
- Interaction term in multivariable model

Other important findings

- Secondary endpoints/exposures
- Subgroup analyses
- Analyses done in response to questions raised by the main findings

Reporting on adjusted analyses

- **OR=3.2 (95% CI 1.5-6.8)***

*Adjusted for age, sex, tobacco use . . .

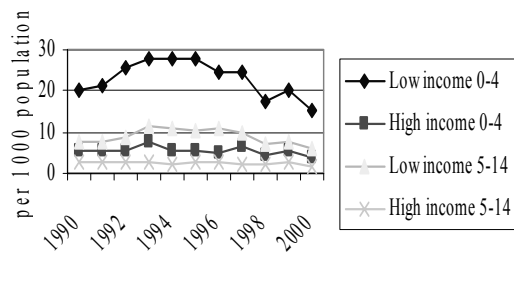
Variable	OR	95% CI
Main exposure	3.2	1.5-6.8
Age >50	0.9	0.8-1.0
Sex, female	1.1	1.0-1.2
Tobacco use	1.5	1.2-1.8

Reporting on stratified analyses

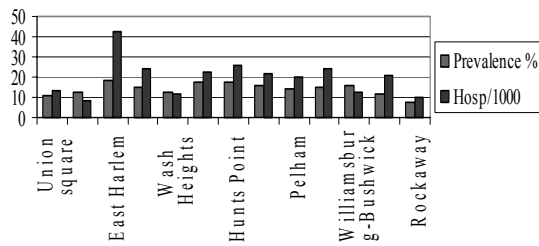
- OR=3.0 (95% CI 1.5-8.9) among males*
- OR=3.5 (95% CI 1.8-9.5) among females*
- *Adjusted for age, birthplace, alcohol intake . . .
- **Table 3. Odds ratios for main exposure and other factors among males.**

Variable	OR	95% CI
Main exposure	3.0	1.5-8.9
Age >50	0.9	0.8-1.0
Birthplace		
NYC	1.0	(Referent)
USA, not NYC	1.2	0.7-1.8
Not USA	1.6	1.0-2.5

NYC Pediatric Hospitalization Rates 1990-2000, by age group and mean zip code income



Asthma Prevalence and Hospitalization in Preschoolers by Neighborhood



Your results may. . .

- *Confirm your hypotheses* – gratifying but doesn't mean you are a better epidemiologist than if they
- *Refute your hypotheses* – annoying, but not a cause for shame or mourning
- *Be inconclusive* – may be embarrassing unless you knew in front that your dataset had limitations (e.g., small sample size, narrow range of exposures, etc.)
- *Surprise you* – report surprises as hypothesis generating . . .

Discussion

- Interpret results
- Limit to results presented
- Identify unresolved questions
- Recommend ways to address them