



# Case-Control Studies

- Compare Diseased with Not Diseased on Previous Exposures
- “aims to establish the relationship of cases to antecedent factors in a retrospective manner”
- Instead of looking at the probability of disease given exposure, look at the probability of exposure given disease
- Hill and Doll studies of lung cancer and smoking



# Advantages

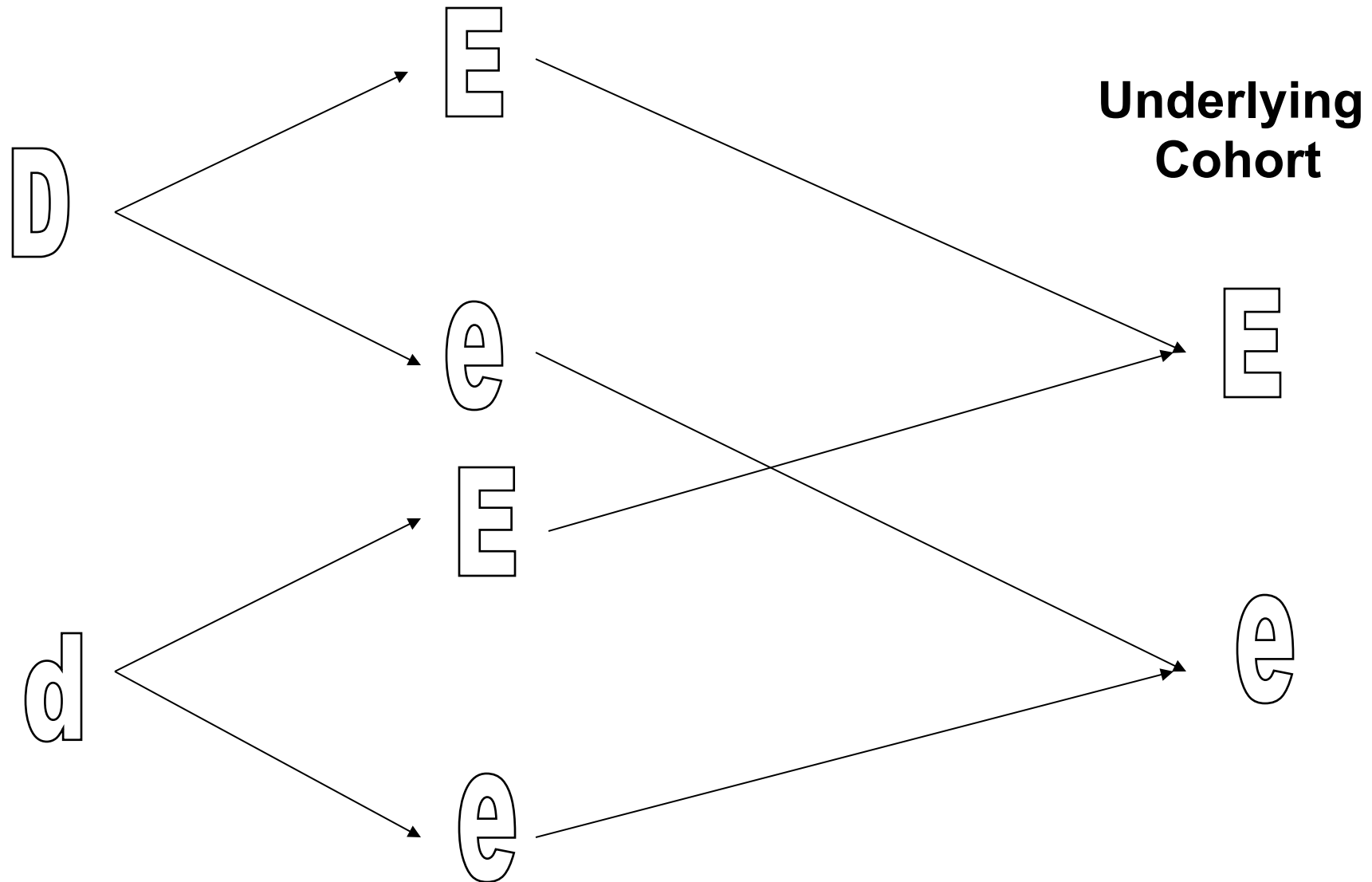
- Cost
- Time
- Rare Diseases
- Diseases with long latency periods
- IDs (CDC)



# Disadvantages

- Temporality
  - Did exposure actually precede disease?
  - Difficult to quantify level of exposure
  - Better if rapid onset disease
- Control Group – crux of the problem
  - “the control series is intended to provide an estimate of the exposure rate that would be expected to occur in the cases if there was no association”
  - **study base** “the most frequently used source of controls is people seeking care at the same (hospital) for other diseases”
- Recall Bias

# Anatomy of a Case-Control Study





# Analysis of Case Control Studies: The Odds Ratio

- Prospective vs. Retrospective Approach
  - Cohort studies:  $\Pr[D|E]$  e.g.  $\Pr[CA|Smoking]$
  - Case-control:  $\Pr[E|D]$  e.g.  $\Pr[Smoking|CA]$

*Are they measuring the same thing?*

# Smoking and Lung Cancer

		LUNG CANCER		
		Yes	No	
SMOKING				
	Yes	100	900	1000
	No	50	1950	2000
		150	2850	3000

$$\Pr[D|E] = 100 / 1000 = 0.10$$

$$\Pr[E|D] = 100 / 150 = 0.66$$



# Need for a New Measure of Effect

- Recall: Odds related to Probability (Risk)
  - Odds = Probability / (1 - Probability) (And Probability = Odds / (1 + Odds))
    - 1:1 transformation; W = odds of A occurring, then  $p = P[A] = W / (W + 1)$ , e.g. if odds = 2:1, probability = 2/3; if the probability = 0.75 (3/4) then the odds =  $(3/4) / (1/4) = 3:1$
- $ODDS = Pr[D] / Pr[d] = Pr[D] / (1 - Pr[D])$
- $ODDS\ RATIO = \frac{Odds\ in\ Exposed}{Odds\ in\ Unexposed}$

*A way for us to get at risk retrospectively...*

# Calculating The Odds Ratio

- $OR = ad/bc$
- Lung CA example,  $OR = (100)(1950) / (900)(50) = 5.0$

	D	d
E	100	900
e	50	1950

- $RR = 100/1000 / 50/2000 = 4.0$





# Derivation and Invariability of the Odds Ratio

## ■ Exposure Odds Ratio ( $\Pr E|D / \Pr E|d$ )

- $P[E | D] / P[e | D] = P[E | D] / 1 - P[E | D] = (a/a+c) / (c/a+c)$
- $P[E|e] = P[E | d] / P[e|d] = (b/b+d) / (d/d+c)$
- $OR = [(a/a+c) / (c/a+c)] / [(b/b+d) / (d/d+c)] = (a/c) / (b/d) =$   
**ad/bc**

## ■ Disease Odds Ratio ( $\Pr [D|E] / \Pr[D/e]$ )

- $P[E | D] / P[e | D] = P[E | D] / 1 - P[E | D] = (a/a+c) / (c/a+c)$
- $P[E|e] = P[E | d] / P[e|d] = (b/b+d) / (d/d+c)$
- $OR = [(a/a+c) / (c/a+c)] / [(b/b+d) / (d/d+c)] = (a/c) / (b/d) =$   
**ad/bc**

# Rare Disease Assumption

- *The OR will approximate the RR if the disease is “rare”*
- Few people die from D, don't contribute much P-Y to denominator
- 'a' cell small relative to 'b'; 'c' small relative to 'd'
- $RR = (a/a+b) / (c/c+d) \sim (a/b) / (c/d) = ad/bc = OR$

	D	d
E	A	B
e	C	D



# Cross-Sectional Studies

- All there was at time of epidemiologic transition
- Exposure and disease ascertained simultaneously; individual level data
- Inexpensive and simple
- Problems and Biases
  - Directionality
  - Incidence – Prevalence Bias
    - E.g. mouthwash and oral CA
  - Recall Bias

# Evans County, GA.

	CORNOARY ARTERY DISEASE	NO CORONARY ARTERY DISEASE	TOTAL
PHYSICALLY ACTIVE	14	75	89
NOT PHYSICALLY ACTIVE	3	87	90
TOTAL	17	162	179

**Relative Risk = (14/89) / (3/90) = 4.7**

# Problems and Biases


- Directionality
  - Mouthwash and Oral CA
  - Hip Fx and Obesity
  - CAD and Activity
- Incidence – Prevalence Bias
  - More likely to pick up chronic cases
  - Evans County: CAD Prevalence higher in whites vs. blacks
- Recall Bias
  - Birth defect studies





# Ecologic Data vs. Individual-Level Data

- A. Ecologic Studies (proportions, percentages)
  - Advantage – cheap, easy, fast, new hypotheses, to study group-level attributes
  - Problem – ecologic fallacy
- B. The Ecologic Fallacy
  - Aristotle's “fallacy of division
  - “ the assumption that an association at one level of organization can be inferred from that at another”
  - “cross-level” analysis
  - E.g. Durkheim, Robinson, Lung Cancer and pollution



We don't know the cells, only the marginals:

	Disease	No Disease	Total
Exposed	?	?	A+B
Not Exposed	?	?	C+D
Total	A+C	B+D	A+B+C+D = total



# Ecologic Fallacy

## ■ Durkheim

- Suicide rates in Prussian provinces strongly correlated to proportion of Protestants (8X ↑ )
- Individual data → risk ↓ to 2X

## ■ Robinson

- Literacy
- $r=0.62$  areas with many recent immigrants





# Design Features of Ecologic Studies

- Unit of Analysis the group (often defined geographically)
- Data more readily available
- Inexpensive, quick, can generate useful hypotheses
- Often only way to study group-level variables
- Correlations often much higher than those seen in individual-level studies
- Does disease occur in exposed? (fallacy)