

General Principles, Illustrations and Wiki Resources for Improving Statistical Graphs

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Acknowledgements: Andreas Bruckner (Novartis), Brenda Crowe (Eli Lilly), Susan Duke (GSK) , Richard Forshee (FDA), Mat Soukup (FDA)

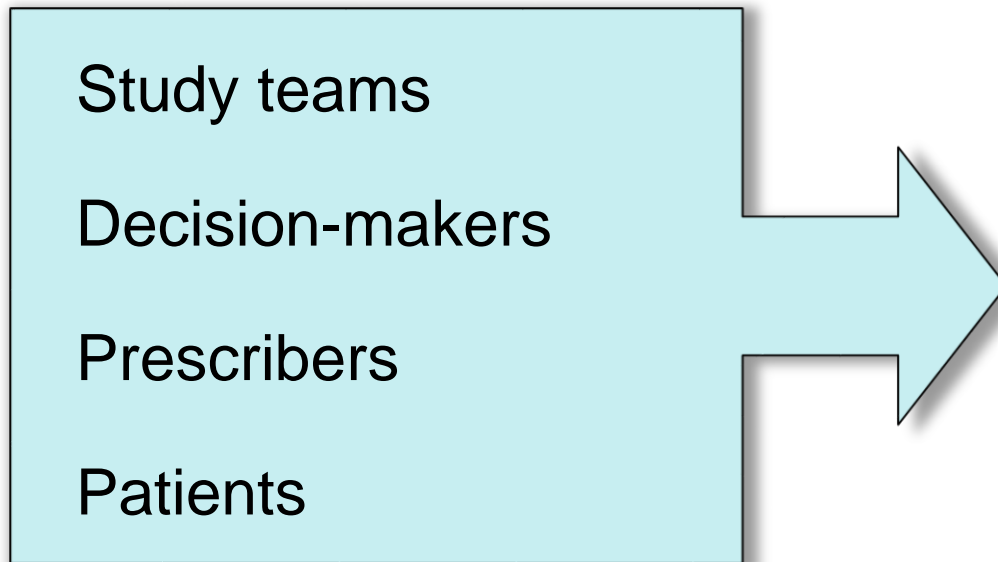


Agenda

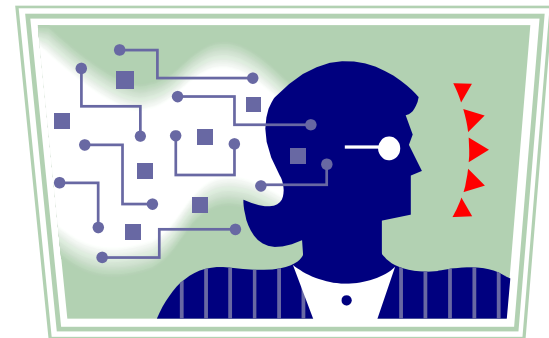
- Current Situation
- Safety Graphics FDA/Industry/Academia working group
- Catalog of clinical questions and associated graphs
- Graph Design Navigator
- Best graphing principles : do's and don'ts
- Conclusions

Motivation

We All Would Agree



Benefit from
easy ways to
understand results



Obvious?

Then why aren't there more graphs in submissions?

Lack of regulatory opinion / advice ?

ICH E9 – Statistical Principles (... 1998 ...)

3.3.3 Trials to Show Dose-response Relationship

For this purpose the application of procedures to estimate the relationship between dose and response, including the construction of confidence intervals and the **use of graphical methods**, is as important as the use of statistical tests.

...

6.4 Statistical Evaluation

In most trials the safety and tolerability implications are best addressed by applying descriptive statistical methods to the data, supplemented by calculation of confidence intervals wherever this aids interpretation. **It is also valuable to make use of graphical presentations in which patterns of adverse events are displayed both within treatment groups and within subjects.**

Are graphs less effective than tables ?

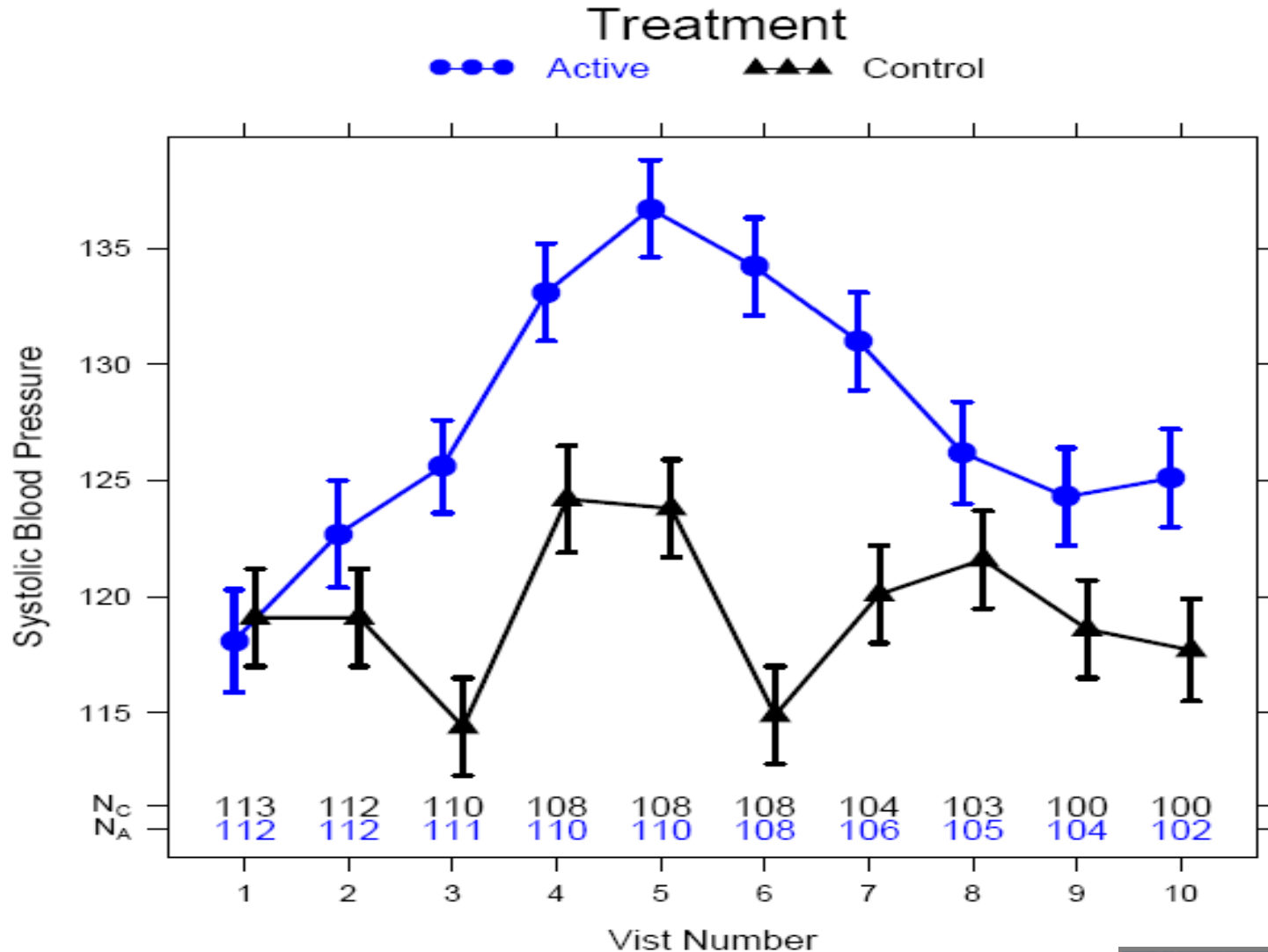
Example: Understanding the Trend

Tabular Summary of Systolic Blood Pressure Over Time:

Visit	Active Drug				Control Drug			
	N	Mean	SD	95% CI	N	Mean	SD	95% CI
1	112	118.1	1.3	(115.9, 120.3)	113	119.1	1.2	(117.0, 121.2)
2	112	122.7	1.4	(120.4, 125.0)	112	119.1	1.1	(117.0, 121.2)
3	111	125.6	1.0	(123.6, 127.6)	110	114.4	1.2	(112.3, 116.5)
4	110	133.1	1.2	(131.0, 135.2)	108	124.2	1.4	(121.9, 126.5)
5	110	136.7	1.2	(134.6, 138.8)	108	123.8	1.2	(121.7, 125.9)
6	108	134.2	1.1	(132.1, 136.3)	108	114.9	1.1	(112.8, 117.0)
7	106	131.0	1.2	(128.9, 133.1)	104	120.1	1.2	(118.0, 122.2)
8	105	126.2	1.3	(124.0, 128.4)	103	121.6	1.2	(119.5, 123.7)
9	104	124.3	1.2	(122.2, 126.4)	100	118.6	1.1	(116.5, 120.7)
10	102	125.1	1.2	(123.0, 127.2)	100	117.7	1.3	(115.5, 119.9)

Are graphs less effective than tables ?

Example : Understanding the Trend



Why are graphs underused ?

Imbalance ?

Time/Resources to

- Design
- Implement
- Fine-tune



Added value
beyond existing
tables/listings

- Encourage use of more graphs in medical research by developing supporting material for
 - Implementation of common graphs
 - Designing graphs for other data domains
 - Making graphs more **effective**

Effective graph ?

Graphical Perception

“When a graph is constructed, information is *encoded*. The *visual decoding* of this encoded information is *graphical perception*.

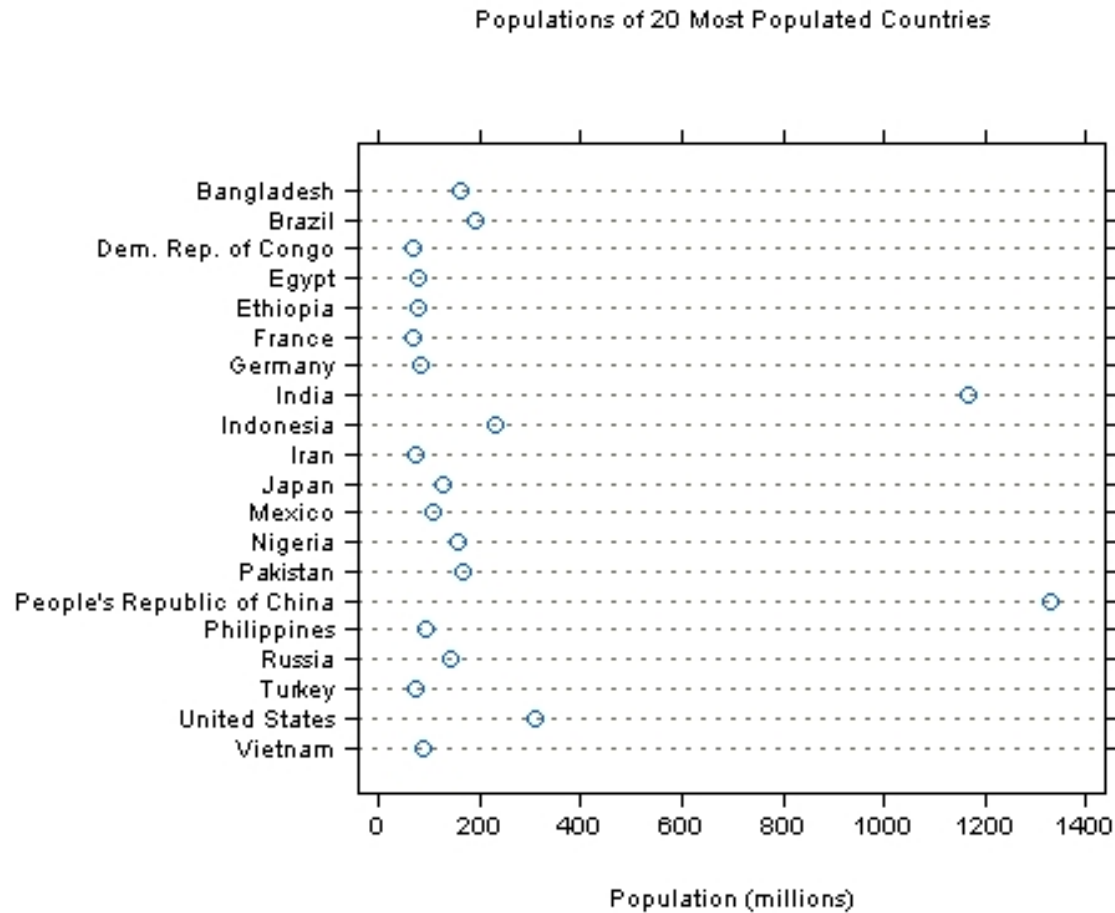
The decoding is the vital link ...

No matter how ingenious the encoding ... and no matter how technologically impressive the production, a graph is a failure if the visual decoding fails.”

William Cleveland, The Elements of Graphing Data

Effective graph ?

Not all graphs are effective

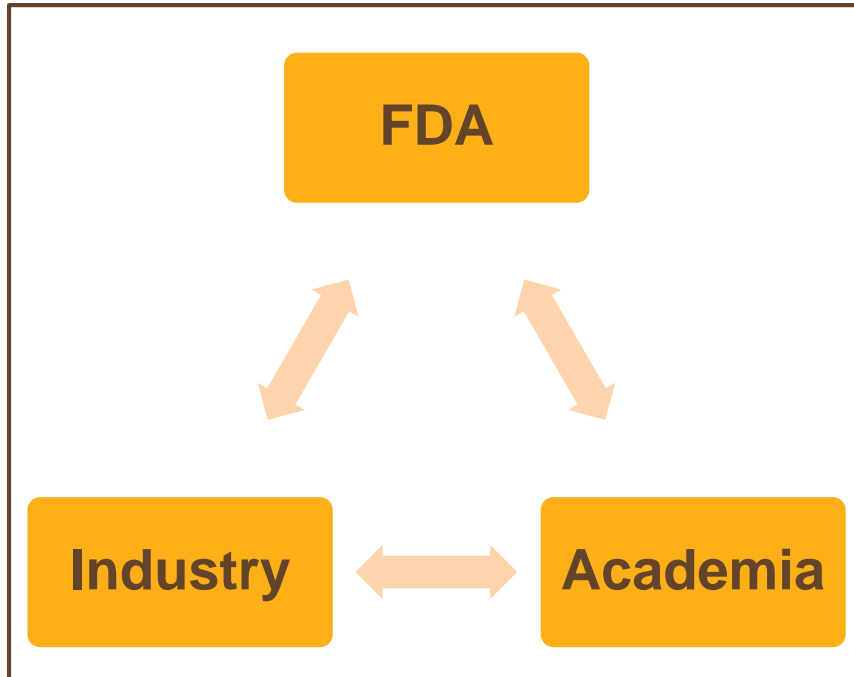


Source: Wikipedia

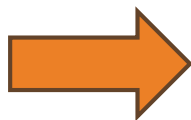
Concept from William Cleveland, *The Elements of Graphing Data*

Framework

Joint Collaboration



Themes / Subteams



<http://www.ctspedia.org>



CTSpedia Screenshot (www.ctspedia.org)



Tags: [create new tag](#), [view all tags](#), [tagging instructions](#)

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This icon () means coming soon - work in progress.

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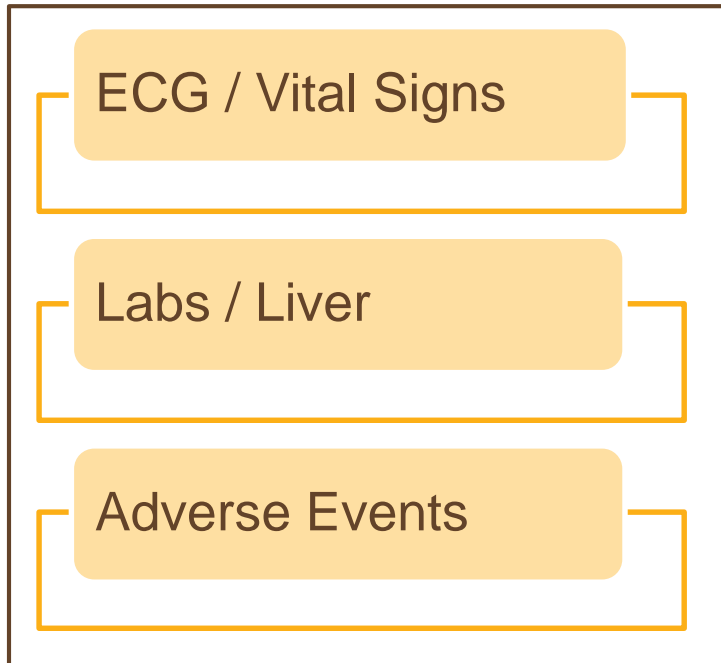
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Implementation of common graphs

Catalog of clinical questions and associated graphs

Themes

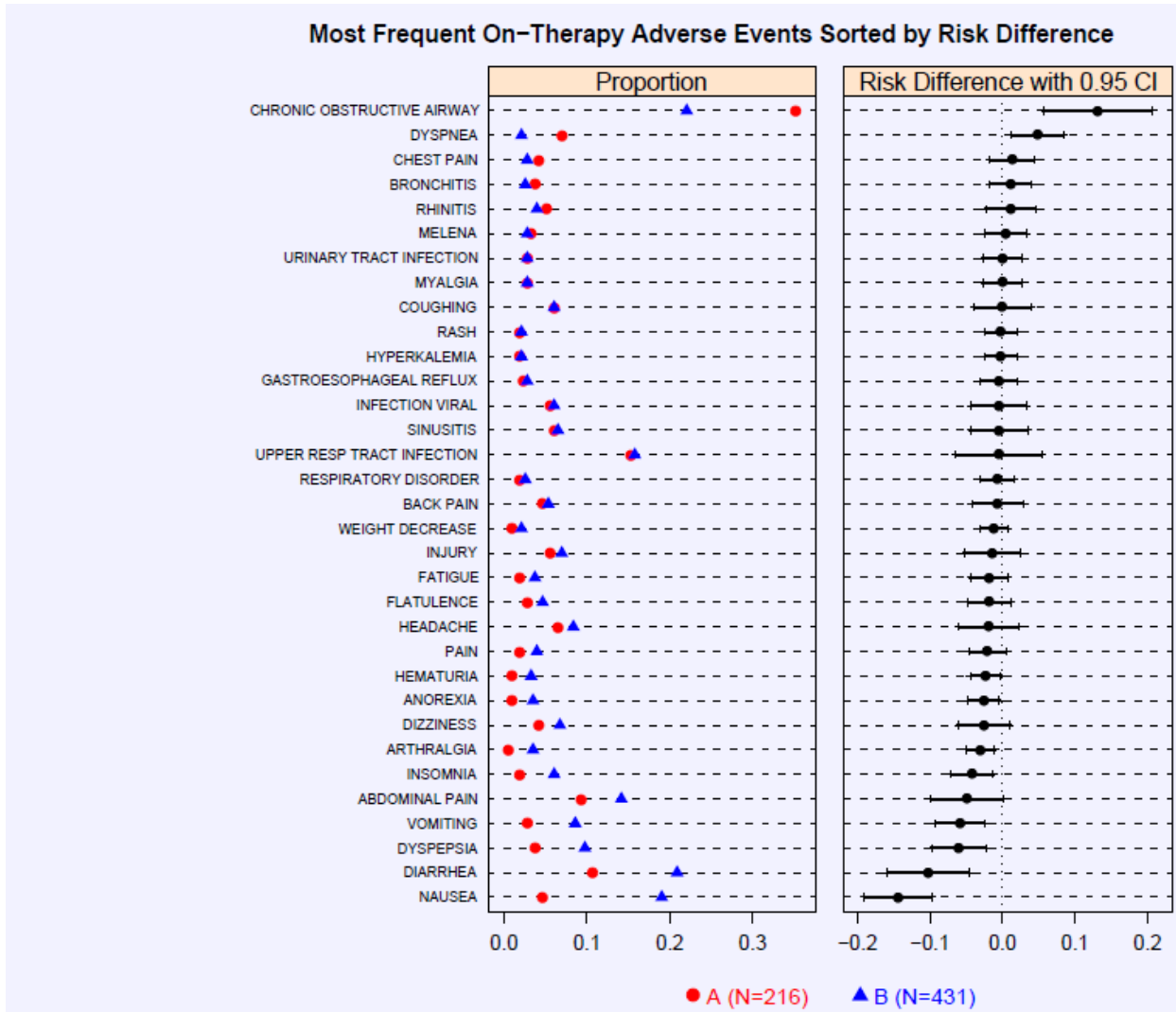


Catalog Entries

- Required Fields
 - **Illustration**,
 - Title, Description,
 - Background [**clin.question**],
 - Use (reporting / exploratory),
 - Keywords
 - Author,
 - Software used, **Code**,
- Optional Fields
 - References, Data
- Categorization
 - **Graph Type** (bar, box plot, dot plot ...)

Example 1 - Incidence of AE

Which AEs have a higher incidence (trt vs. control) ?



Use of Graphics in Clinical Trials

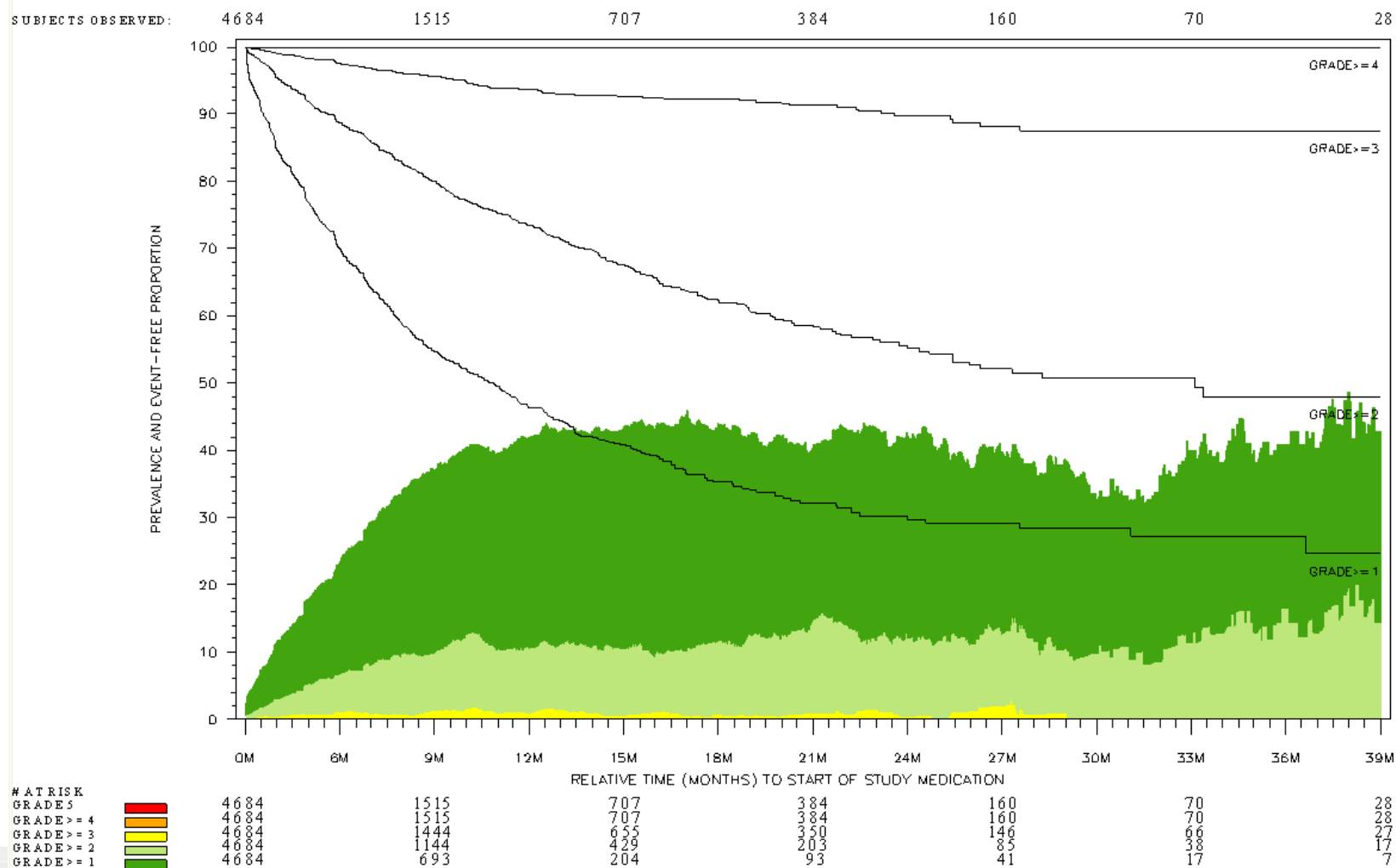
Frank E Harrell Jr

Department of Biostatistics, Vanderbilt University School of Medicine

JOINT STATISTICAL MEETINGS 3 August 2010

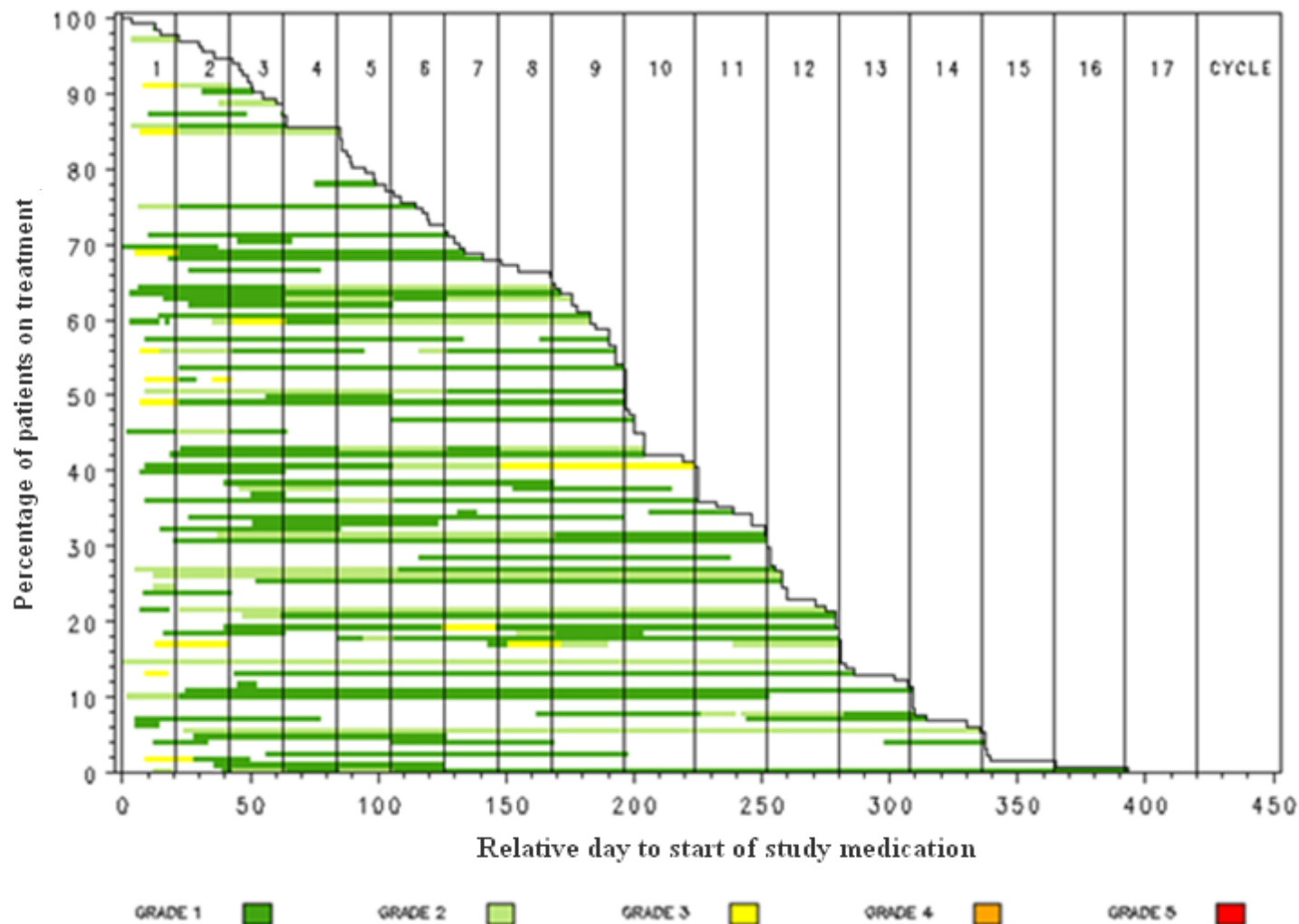
Example 2 - AE Occurrence over time

Incidence Prevalence Plot



Example 3 - AE Occurrence over time

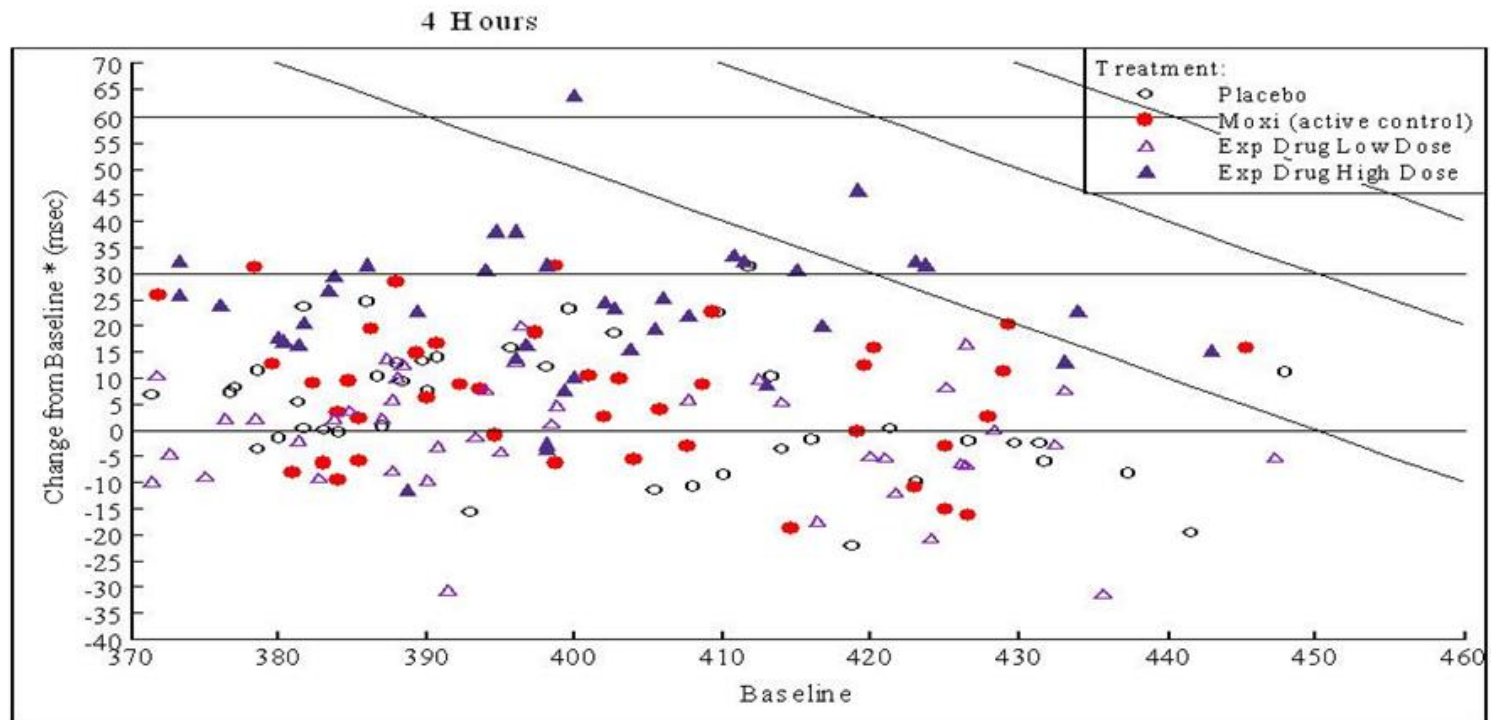
Event History Plot



ECG example

Subjects with significant changes and absolute values of QTc

Individual Changes from Baseline (Day 0) by Baseline (Day 0) Value
Page by Hour Post Dose
TQT Study



* Changes from Baseline are defined as time matched changes from the baseline day.

Horizontal lines refer to 30 and 60 msec changes and diagonal lines refer to 450, 480, and 500 msec from lower left to upper right

General Principles

Designing graphs for other data domains

Graphics Navigator



Do's and Don'ts



Glossary



Making graphs more **effective**

General Principles

Designing graphs for other data domains

Graphics Navigator



Do's and Don'ts

Glossary

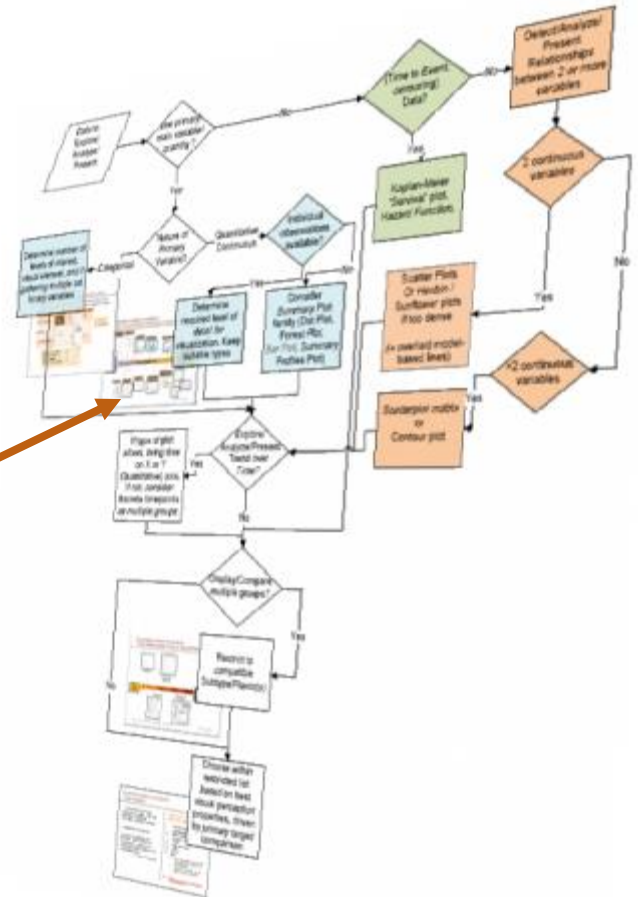


Making graphs more **effective**

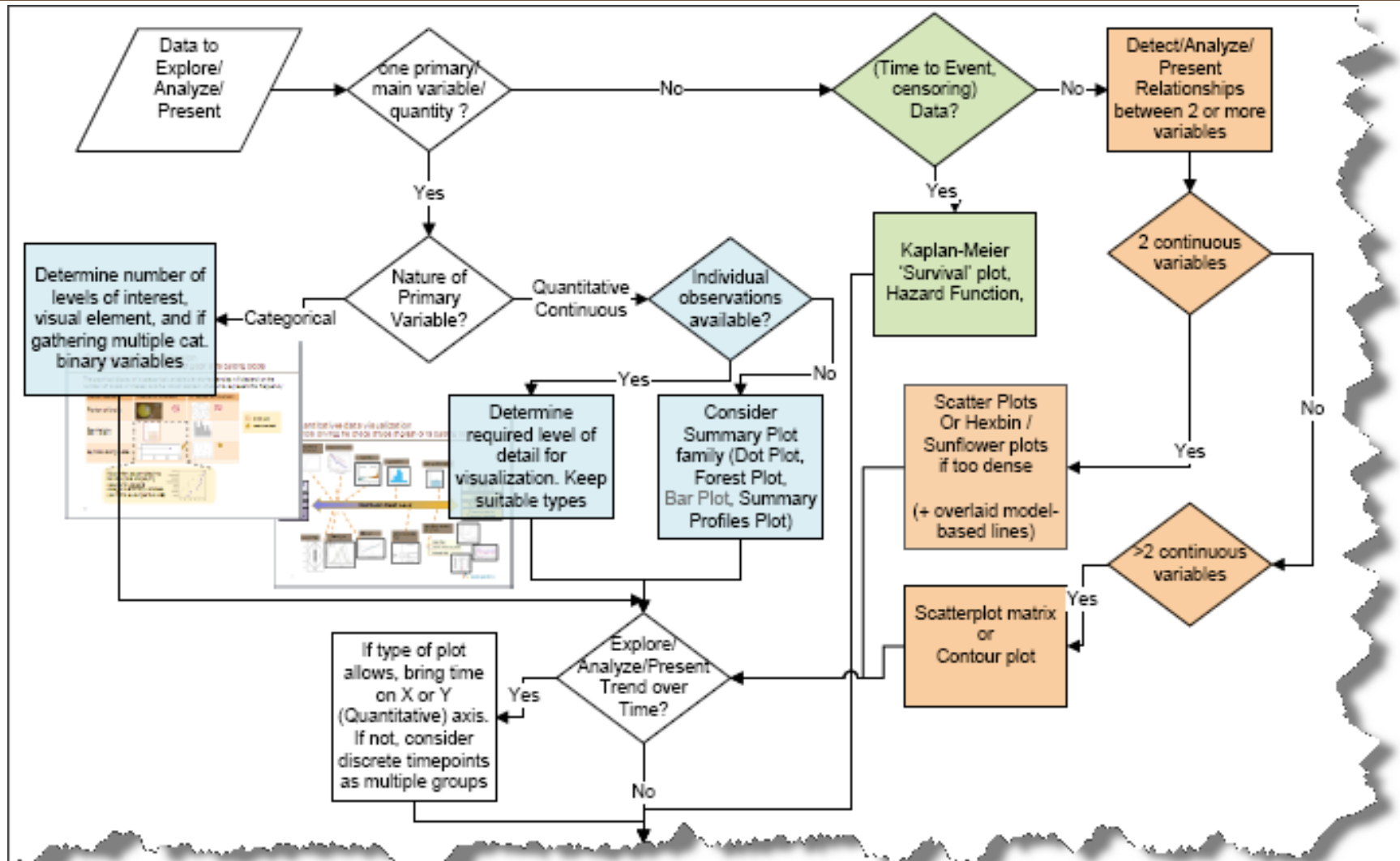
Graph Design Navigator - Main Flow Diagram

■ Main drivers

- Type (categ., quant.) of variables
- Number of Variables
- Number of levels of categorical variables
- **Level of detail needed for the distribution (quant.),**
- Visual Perception Criteria

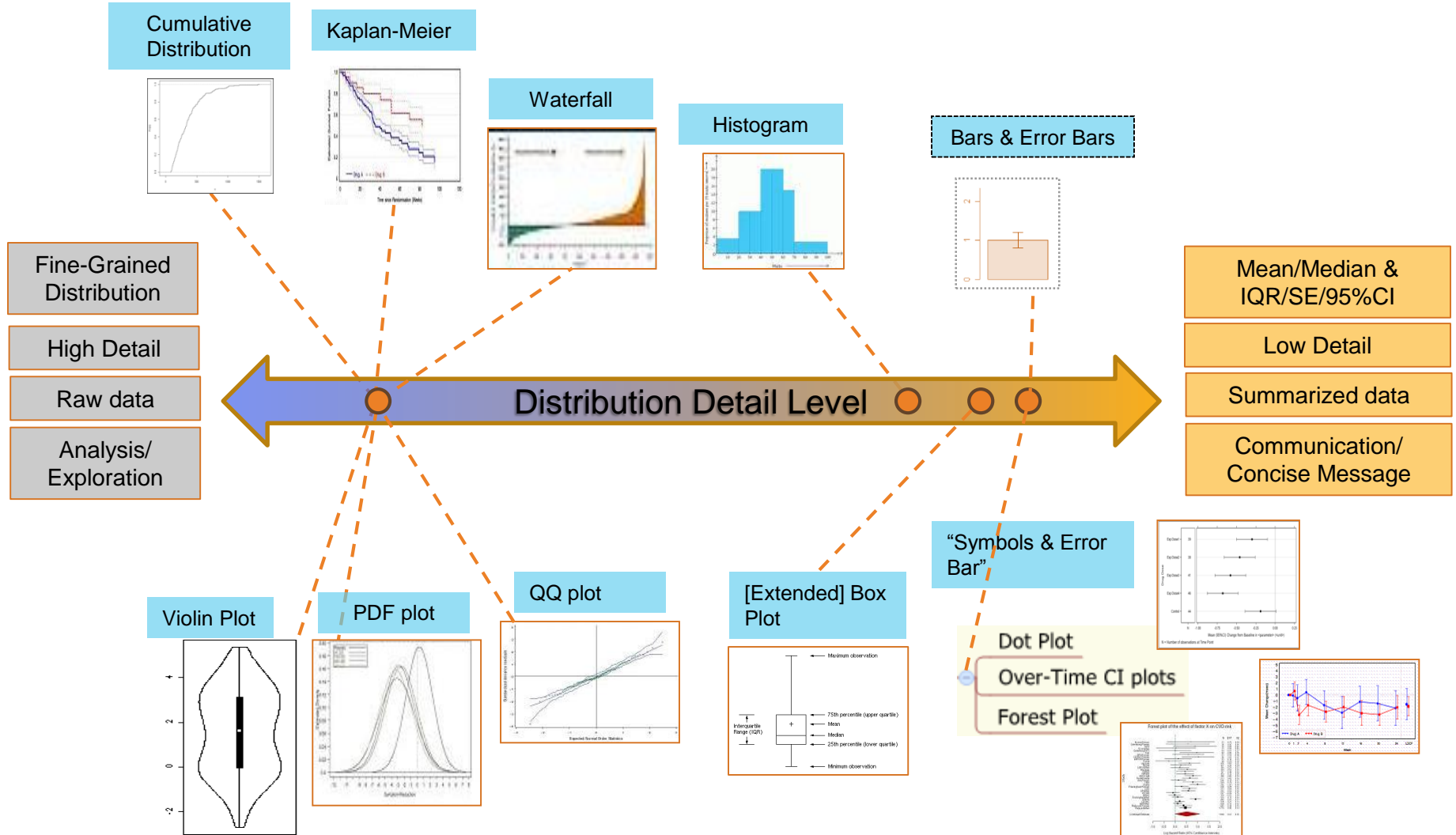


Graph Design Navigator - Main Flow Diagram



Graph Design Navigator– Navigator Slide 1

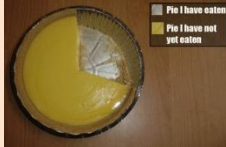

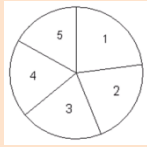

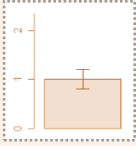
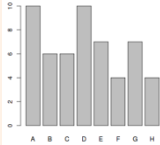
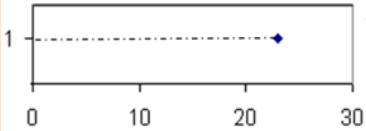

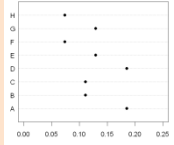

Factors driving the choice of type of graph/building blocks (1 quant. var)





Graph Design Navigator – Navigator Slide 2

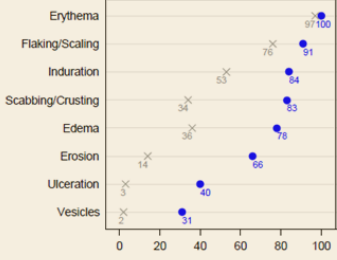
Factors driving the choice of type of /building blocks (1 main categ. var)

The graphical display of a categorical variable's levels frequencies will depend on the **number of levels** of interest and the **visual element** chosen to represent this frequency

Visual Element	1 Level of interest	>1 Level of interest
Portion of circle	 	 
Bar Height		
Symbol along scale	 	 

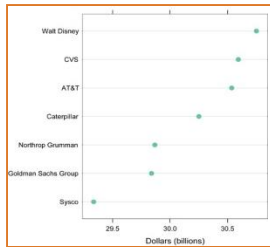
 : avoid use
 : recommended

Most often assembled into bar/dot plots displaying results for **several** categorical binary variables (as in this example for 8 AEs)

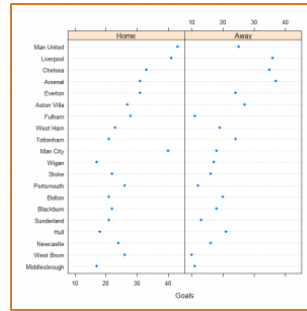


Graphics Navigator – Navigator slide 3

Factor influencing the choice of Graph Subtype



Simple



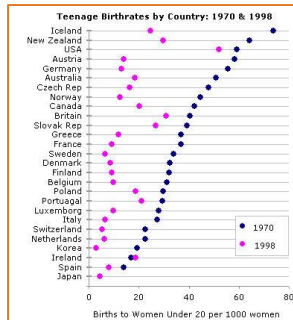
Multipanel
of simple

0 or 1
grouping
Variable

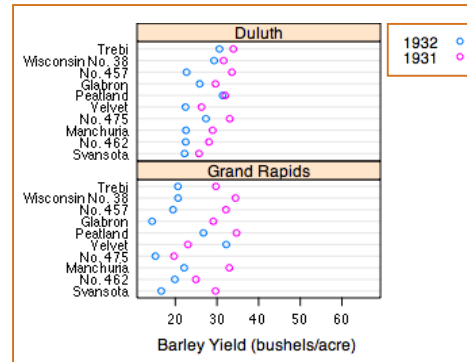


Multiple grouping
Variables
(e.g., age category
x gender
x treatment group)

Grouped

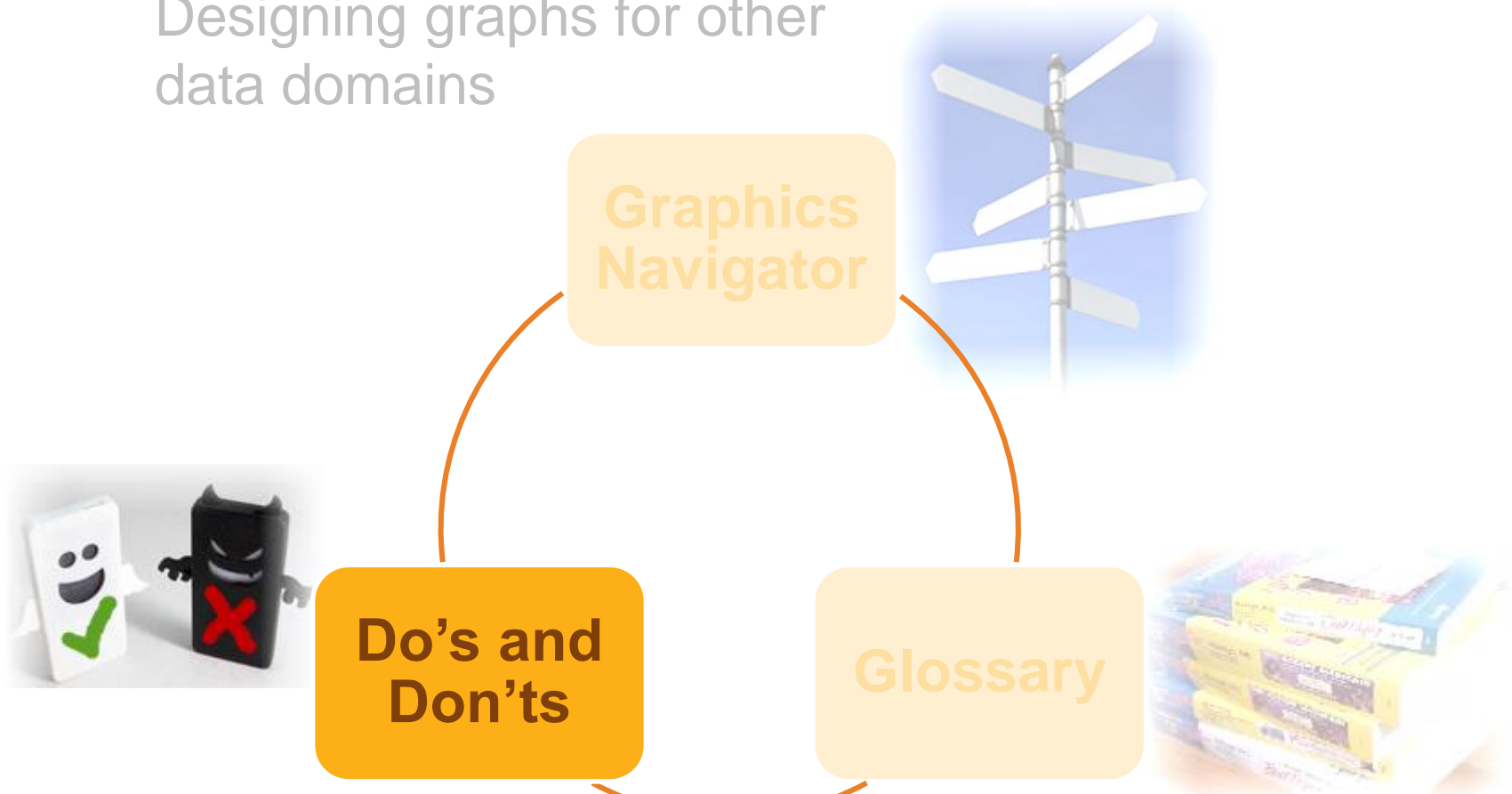


Multipanel of
grouped



General Principles

Designing graphs for other data domains



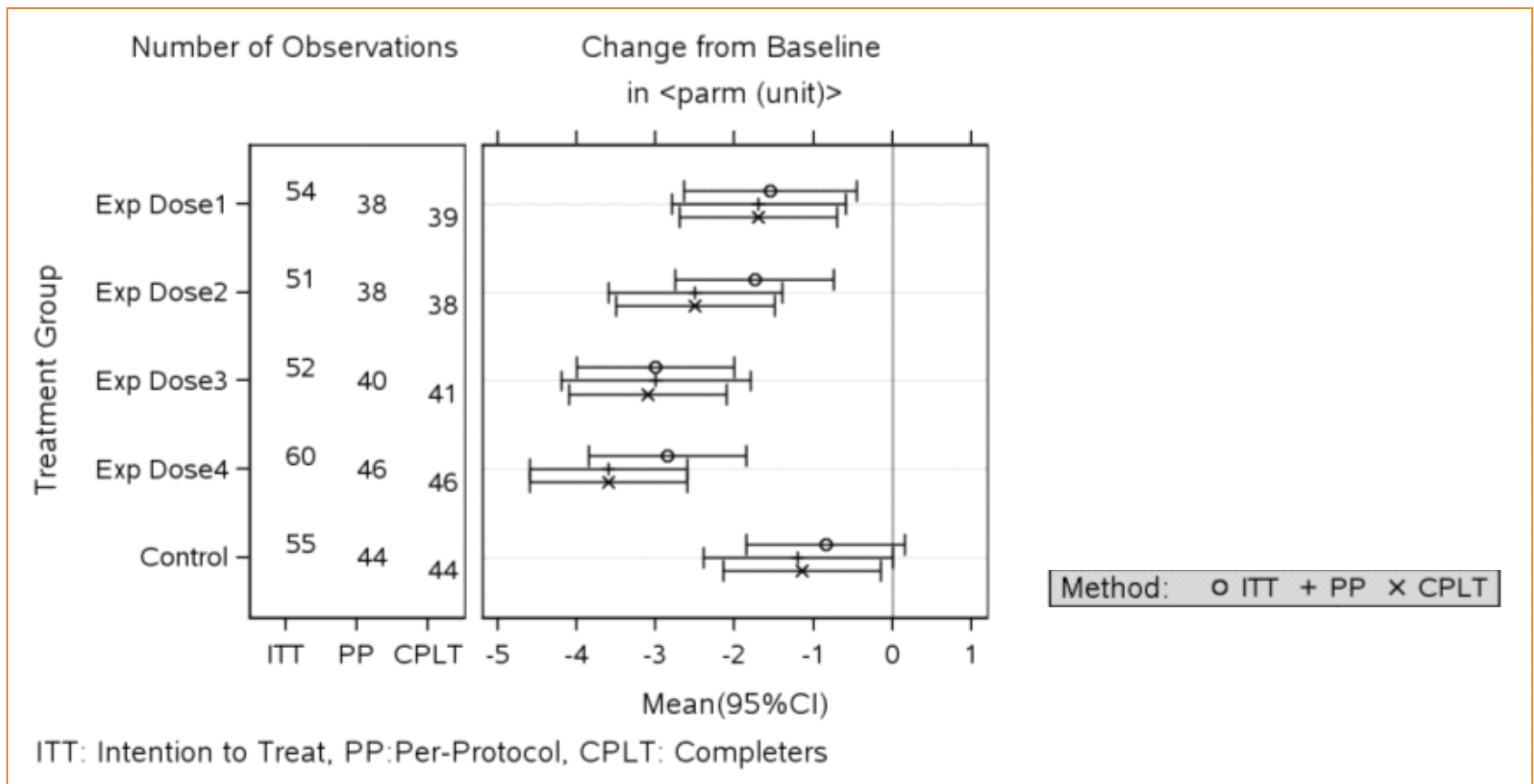
Making graphs more **effective**

Do's and don't's

- Display the quantity of interest
- Provide visual anchors
- Bring closer items the reader needs to compare
- Maximize the data-to-ink ratio
- Use quantitative scales ... for quantitative variables
- Don't use unnecessary dimensions
- Avoid using stacked bar plots
- Bring different components of the answer together

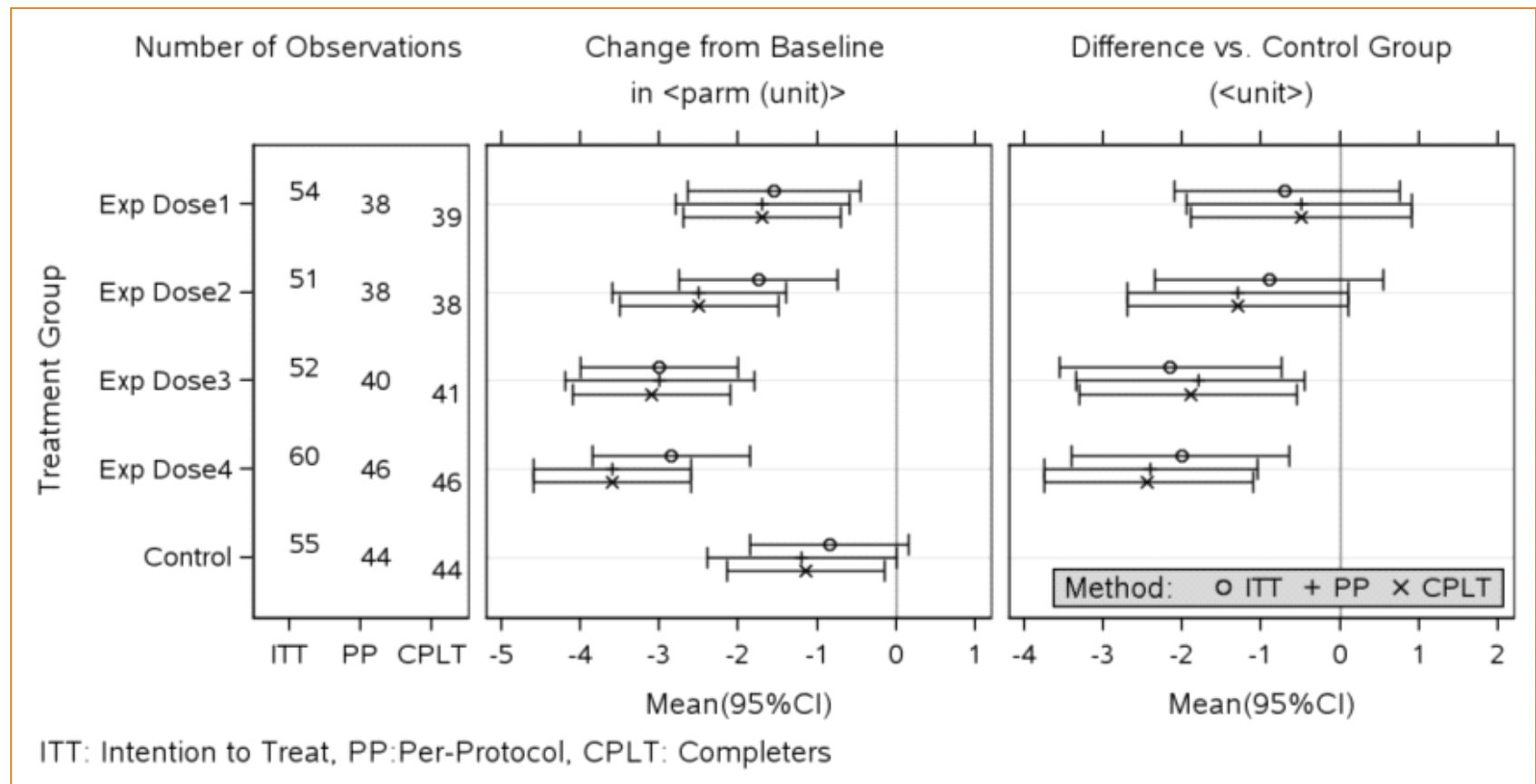
Do's and don'ts

- Display the quantity of interest
 - *Don't assume the reader can 'visually subtract' displayed quantities*



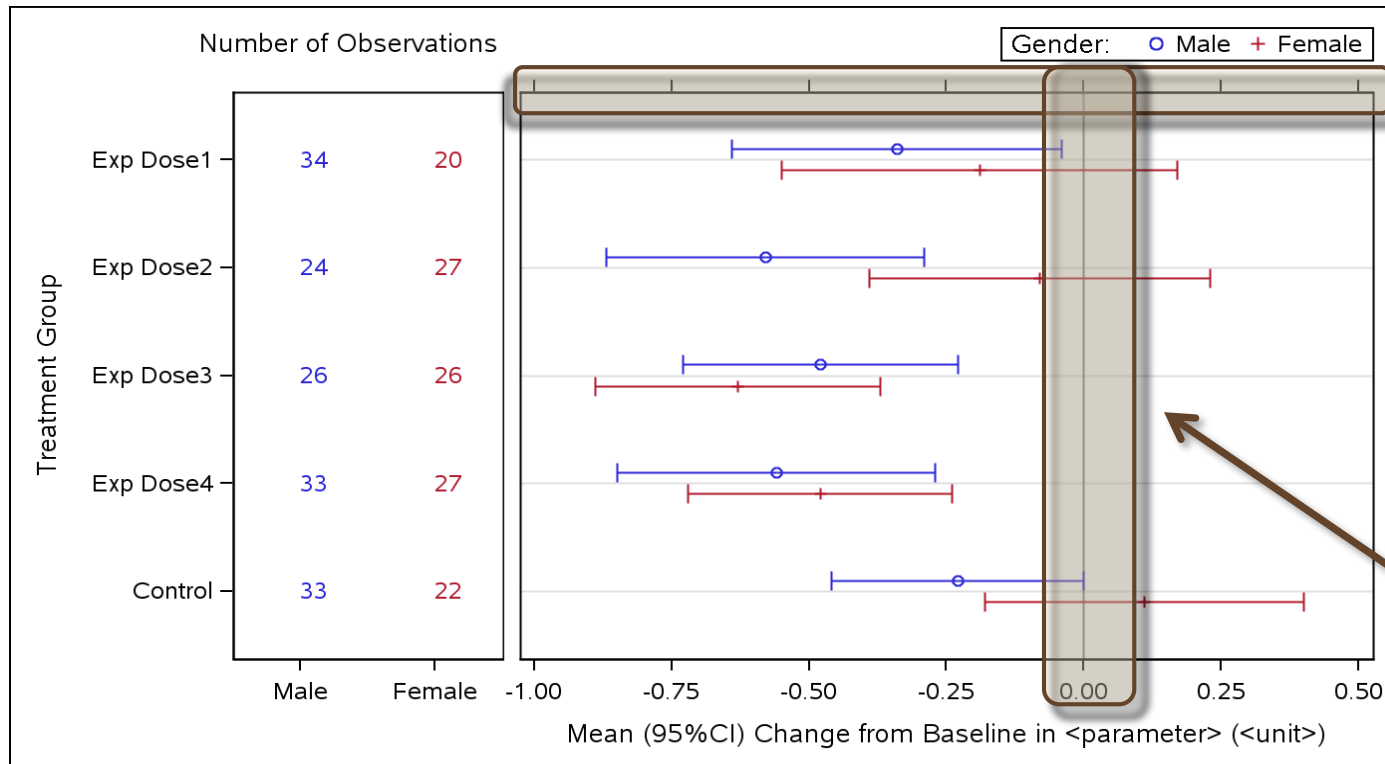
Do's and don'ts

- Display the quantity of interest
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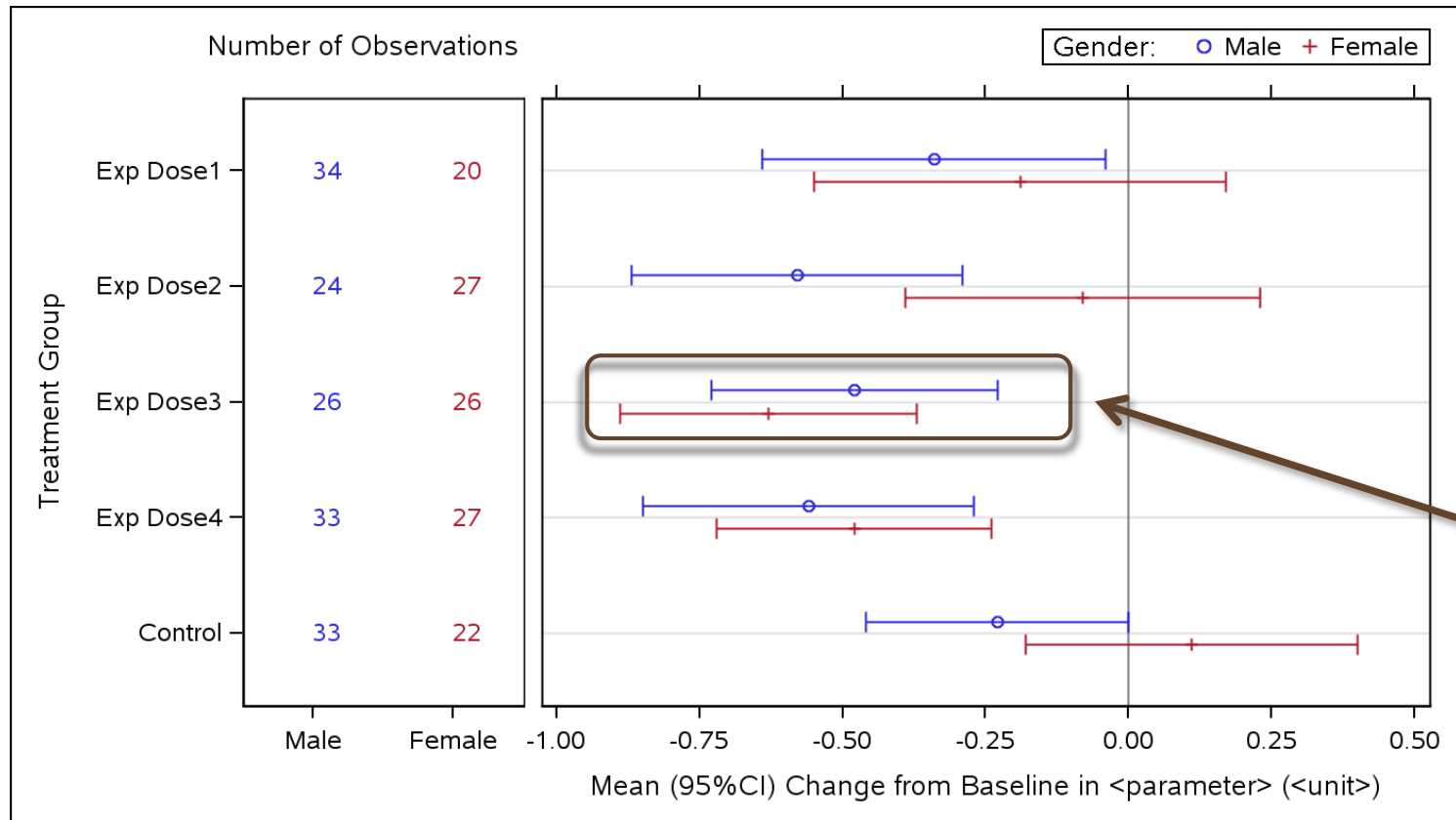
Do's and don'ts

- Provide visual anchors (but less prominent than data)
 - Use meaningful reference lines, mirror tick mark onto right and upper axes, regression lines / curves, smoothed curves



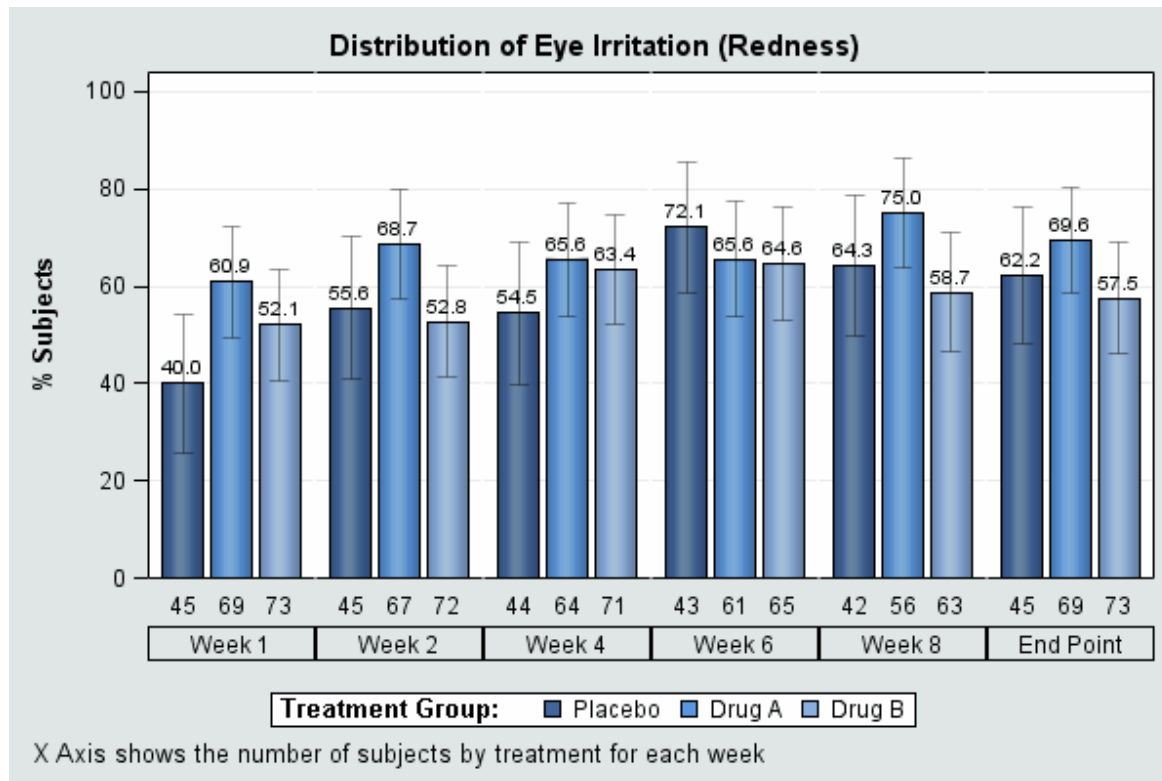
Do's and don'ts

- Bring closer items the reader needs to compare
 - Dose-Response relationship ? Consistent effects across subgroups?



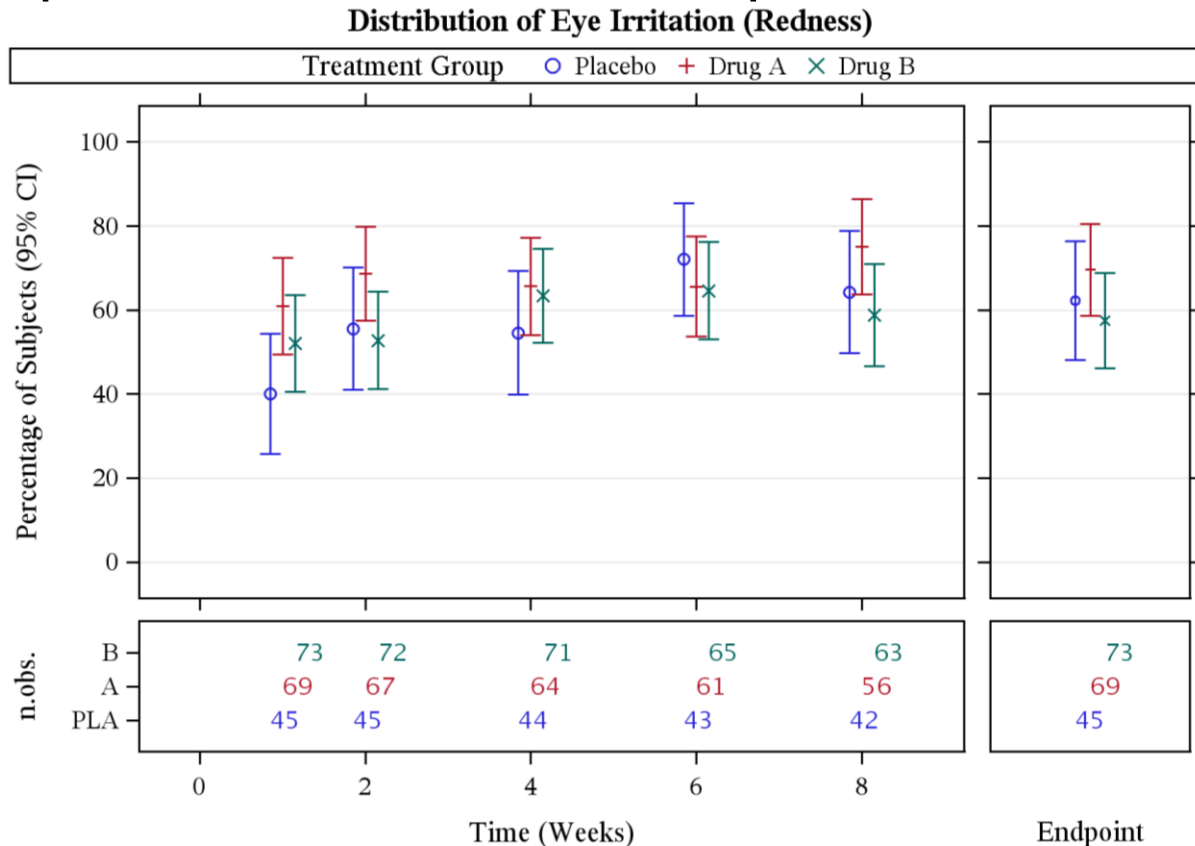
Do's and don'ts

- Maximize the data-to-ink ratio
- Use quantitative scales ... for quantitative variables
 - 'Lot of ink' version ... with timepoint considered as categorical



Do's and don'ts

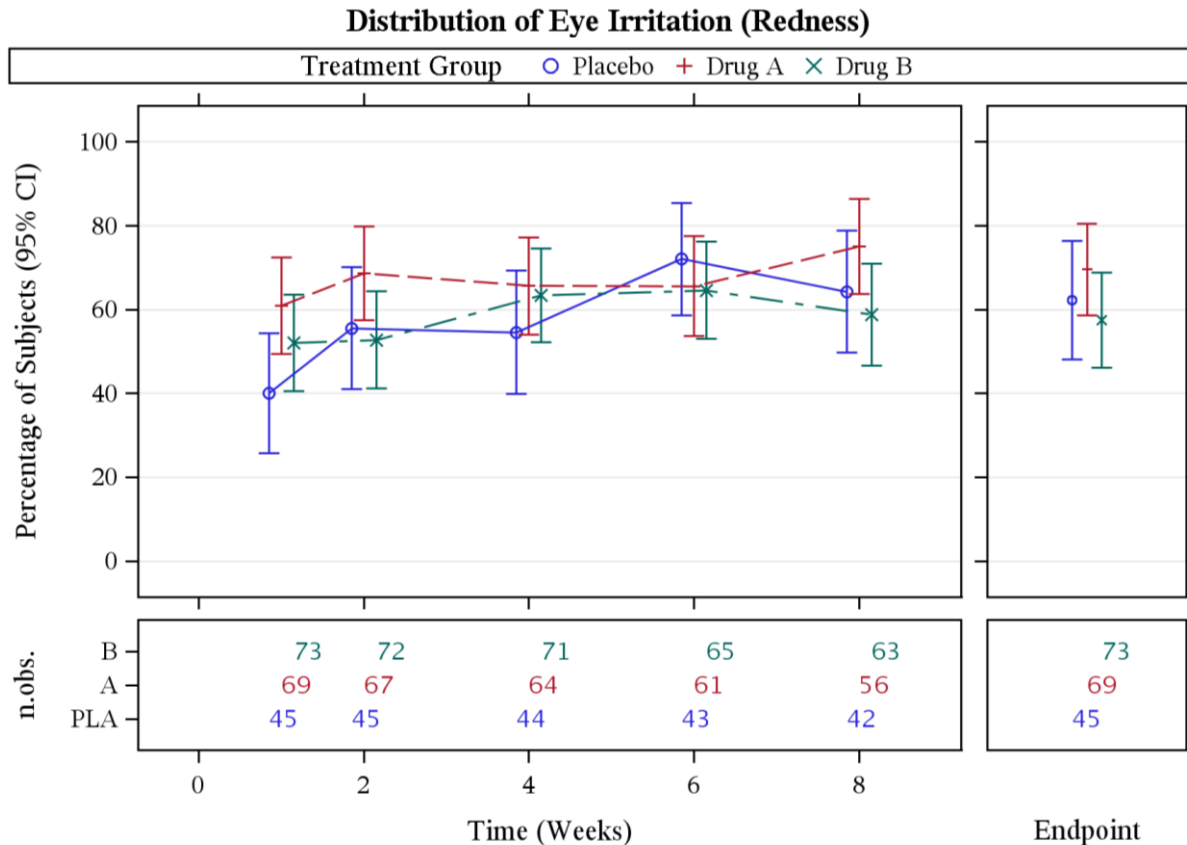
- Maximize the data-to-ink ratio
- Use quantitative scales ... for quantitative variables



n.obs = Number of Observations at Time point in Treatment group

Do's and don'ts

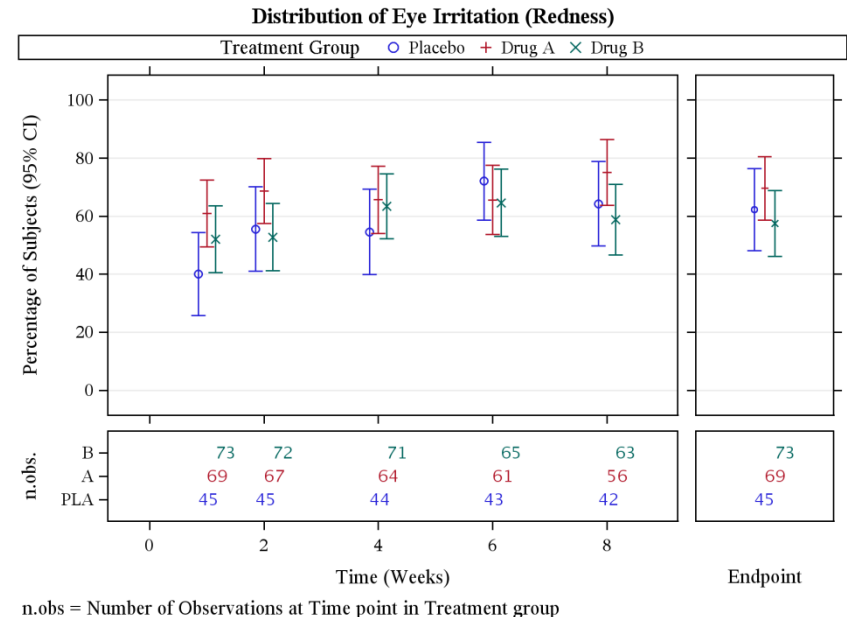
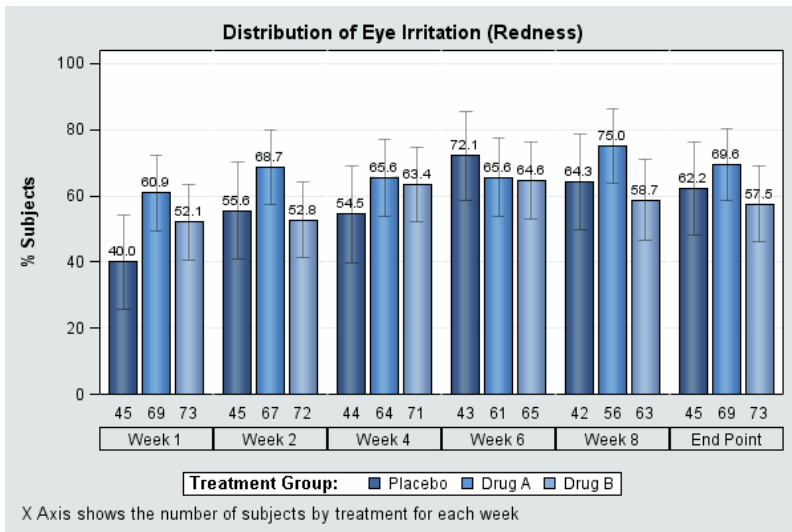
- Another variation with connecting lines



n.obs = Number of Observations at Time point in Treatment group

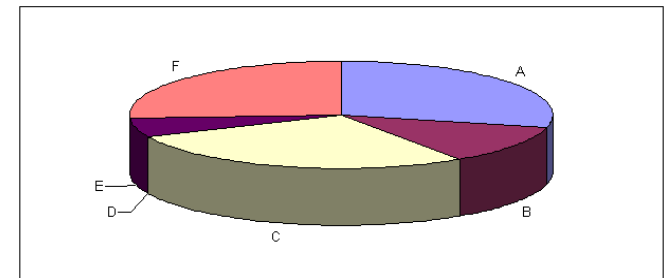
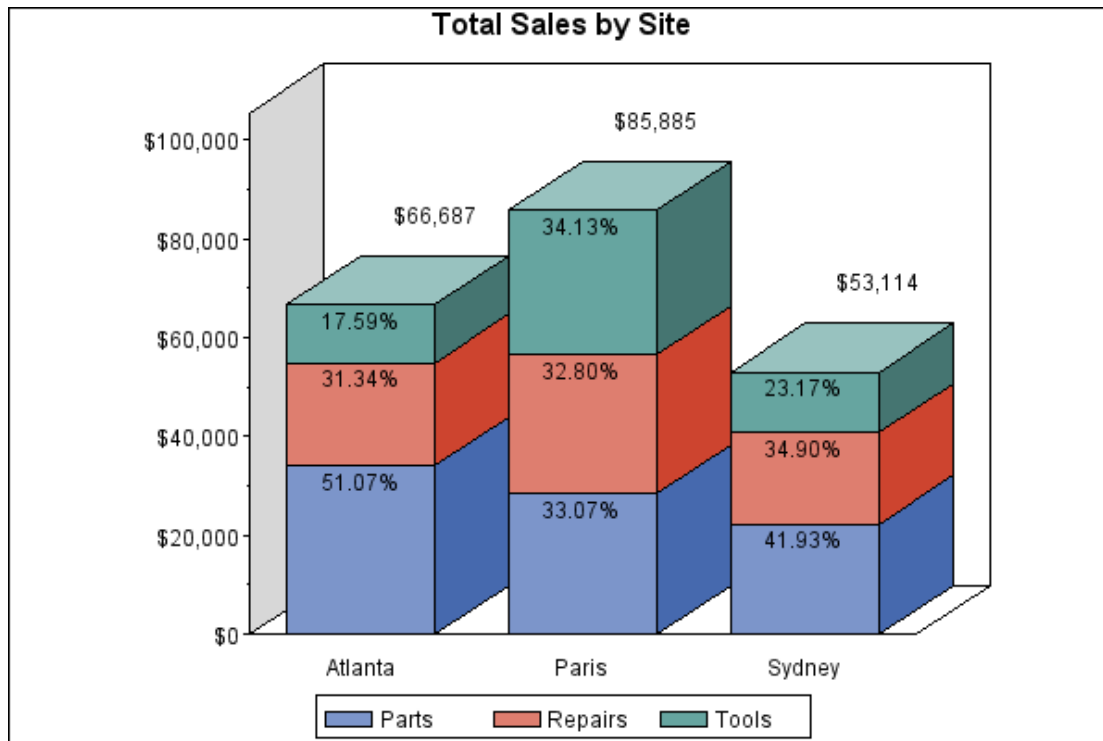
Do's and don'ts

- Maximize the data-to-ink ratio
- Use quantitative scales ... for quantitative variables



Do's and don'ts

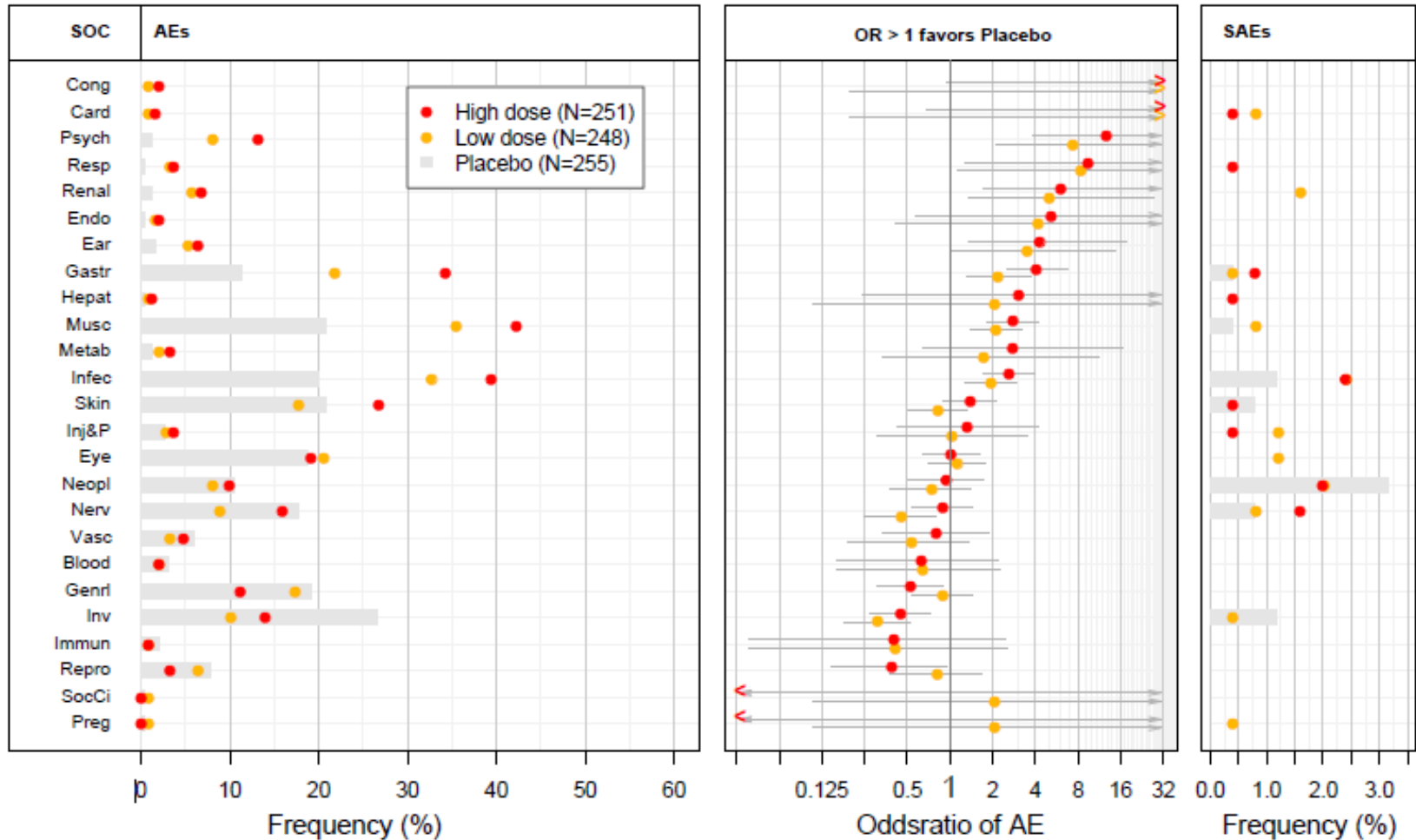
- Maximize the data-to-ink ratio
- Don't use unnecessary dimensions
- Stacked bar plots or pie charts not efficient for comparisons



Do's and don'ts



- Bring different components of the answer together



General Principles

Designing graphs for other data domains

Graphics Navigator



Do's and Don'ts



Glossary



Making graphs more **effective**

Conclusions

- Stakeholders benefit from easy ways to understand and remember clinical messages
- Using more graphs and more effective graphs will help reaching that goal
- Material developed and available on the wiki should allow to more rapidly design and optimize your graphs
 - Graphs for common clinical questions
 - Process for designing graphs for less common questions
 - Best graphing principles

You are welcome to share experience and provide feedback to the wiki ctspedia.org !

References and Useful Links

- Amit, O., Heiberger, R. and Lane, P. (2007). Graphical approaches to the analysis of safety data in clinical trials. *Pharmaceut. Stat.* 7(1):20-35.
- Cooper, A. J. P., Lettis, S., Chapman, C. L., Evans, S. J. W., Waller, P. C., Shakir, S., Payvandi, N. and Murray, A. B. (2008), Developing tools for the safety specification in risk management plans: lessons learned from a pilot project. *Pharmacoepidemiology and Drug Safety*, 17: 445–454.
- W.S. Cleveland. *Visualizing Data*. Hobart Press, Summit, NJ, 1993.
- W.S. Cleveland. *Elements of Graphing Data*. Hobart Press, Summit, NJ, 1993.
- Heiberger, R. and Holland, B., *Statistical Analysis and Data Display*. Springer, New York, NY, 2004.
- N.B. Robbins, *Creating More Effective Graphs*. Wiley-Interscience, 2004.
- E.R. Tufte, *The Visual Display of Qualitative Information*. Graphics Press, Chesire, CT, 1983.
- E.R. Tufte, *Envisioning Information*. Graphics Press, Chesire, CT, 1990.
- E.R. Tufte, *Visual Explanations*. Graphics Press, Chesire, CT, 1997.
- Michael Friendly's Gallery of Data Visualization - The Best and Worst of Statistical Graphics
<http://www.math.yorku.ca/SCS/Gallery/>
- Robert Allison's SAS/Graph Examples - <http://robslink.com/SAS/Home.htm>
- <http://stat-computing.org/events/2010-jsm> - Use of Graphics in Clinical Trials
- Frank Harell's Tutorial: Statistical Presentation Graphics
<http://biostat.mc.vanderbilt.edu/twiki/pub/Main/StatGraphCourse/graphscourse.pdf>

Members of the FDA/Industry/Academia Safety Graphics Working Group

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- *Industry:* **Ken Koury, Brenda Crowe**, Andreas Brueckner, Andreas Krause, Fabrice Bancken, Larry Gould, Liping Huang, Mac Gordon, Matthew Gribbin, Navdeep Boparai, Qi Jiang, Rich Anziano, Susan Duke, Sylvia Engelen,
- *Academia:* Frank Harrell, Mary Banach

Co-leads are in bold font