

# Contingency Tables

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## Session 7

Module 1 Probability & Statistical Inference

**The Summer Institutes**

DEPARTMENT OF BIostatISTICS

SCHOOL OF PUBLIC HEALTH

UNIVERSITY *of* WASHINGTON



# Overview

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## 1. Defining Categorical Variables

- Contingency (two-way) tables
- $\chi^2$  Tests

## 2. Comparing Two Categorical Variables

## 3. 2 x 2 Tables

- Sampling designs
- Testing for association
- Estimation of effects

# Factor

A **factor** is a type of variable that can take one of a small number of possible values. The possible values are called the **levels** of the factor. *Also known as a categorical variable or discrete variable.*

## Examples

**Gender** with three levels:

1 = Male, 2 = Female, 3 = Non-binary

**Disease status** with three levels:

1 = Progression, 2 = Stable, 3 = Improved

**Age** with four levels:

1 = 20-29 yrs, 2 = 30-39 yrs, 3 = 40-49 yrs, 4 = 50-59 yrs

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# Factors and Contingency Tables

**One-way tables** summarize the proportion of observations within each level of one factor.

**Contingency tables**, aka **two-way tables**, summarize the proportion of observations within each combination of levels from two factors.

Also called an **R x C** table

Often used to assess whether two factors are related

Can test whether the factors are related using a  $\chi^2$  test

Examining two-way tables of Factor A vs Factor B at each level of a third Factor C shows how the A/B association may be explained or modified by C (Session 8).

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# Categorical Data: R x C table

Doll and Hill (1952)

## Retrospective assessment of smoking frequency

The table displays the daily average number of cigarettes for lung cancer patients and control patients.

⚠ Note the equal numbers of cases and controls.

	None	<5 cigarettes	5-14 cigarettes	15-24 cigarettes	25-49 cigarettes	50+	
<b>Cases</b> (Cancer)	7 0.5%	55 4.1%	489 36.0%	475 35.0%	293 21.6%	38 2.8%	1357
<b>Controls</b> (No Cancer)	61 4.5%	129 9.5%	570 42.0%	431 31.8%	154 11.3%	12 0.9%	1357
	68	184	1059	906	447	50	2714

Observed  
data

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# Categorical Data: $\chi^2$ test

Doll and Hill (1952)

## Scientific Question

Is the distribution of smoking frequencies for those with cancer different from the distribution for those without cancer?

Restate scientific question as statistical hypotheses:

$H_0$ : distribution of smoking same in both groups

$H_A$ : distribution of smoking not the same

**What does  $H_0$  predict we would observe if all we knew were the marginal totals?**

	None	<5 cigarettes	5-14 cigarettes	15-24 cigarettes	25-49 cigarettes	50+ cigarettes	
<b>Cases</b> (Cancer)	34	92	529.5	453	223.5	25	1357
<b>Controls</b> (No Cancer)	34	92	529.5	453	223.5	25	1357
	68	184	1059	906	447	50	2714

Expected values?

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# Categorical Data: $\chi^2$ test

Doll and Hill (1952)

## Scientific Question

Is the distribution of smoking frequencies for those with cancer different from the distribution for those without cancer?

Each group has the same proportion in each cell as the overall **marginal proportion**. The “equalness” is just because the sample sizes were the same.

We can test  $H_0$  by summarizing the difference between the observed and expected cell counts

	None	<5 cigarettes	5-14 cigarettes	15-24 cigarettes	25-49 cigarettes	50+ cigarettes	
<b>Cases</b> (Cancer)	34	92	529.5	453	223.5	25	1357
<b>Controls</b> (No Cancer)	34	92	529.5	453	223.5	25	1357
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Expected values

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# Categorical Data

## $\chi^2$ Test Statistic

Summing the differences between the observed and expected counts provides an overall assessment of  $H_0$ .

$$X^2 = \sum_{i=1}^R \sum_{j=1}^C \frac{(O_{ij} - E_{ij})^2}{E_{ij}} \sim \chi^2((R - 1)(C - 1))$$

$X^2$  is known as the **Pearson's Chi-square Statistic**

- Large values of  $X^2$  suggests the data are not consistent with  $H_0$
- Small values of  $X^2$  suggests the data are consistent with  $H_0$
- The  $\chi^2$  distribution **approximates** the distribution of  $X^2$  when  $H_0$  true
- Computer intensive “exact” tests also possible

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# Categorical Data: $\chi^2$ test

Doll and Hill (1952)

$$X^2 = \sum_{i=1}^r \sum_{j=1}^c \frac{(O_{ij} - E_{ij})^2}{E_{ij}} = ?$$

$$21.4 + 21.4 + 14.9 + 14.9 + 3.1 + 3.1 + 1.1 + 1.1 + 21.6 + 21.6 + 6.8 + 6.8 = 137.8$$

$$\frac{(7-34)^2}{34} = 21.4$$

$$\frac{(61-34)^2}{34} = 21.4$$

	None	<5 cigarettes	5-14 cigarettes	15-24 cigarettes	25-49 cigarettes	50+ cigarettes	
<b>Cases (Cancer)</b>	7 0.3%	55 4.1%	489 36.0%	475 35.0%	293 21.6%	38 2.8%	1357
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	68	184	1059	906	447	50	2714

Observed

	None	<5 cigarettes	5-14 cigarettes	15-24 cigarettes	25-49 cigarettes	50+ cigarettes	
<b>Cases (Cancer)</b>	34	92	529.5	453	223.5	25	1357
<b>Controls (No Cancer)</b>	34	92	529.5	453	223.5	25	1357
	68	184	1059	906	447	50	2714

Expected

The contributions to the  $X^2$  statistic are...

None

<5 cigarettes

5-14 cigarettes

15-24 cigarettes

25-49 cigarettes

50+ cigarettes

<b>Cases (Cancer)</b>	$\frac{(7-34)^2}{34} = 21.4$	$\frac{(55-92)^2}{92} = 14.9$	3.1	1.1	21.6	6.8
<b>Controls (No Cancer)</b>	$\frac{(61-34)^2}{34} = 21.4$	14.9	3.1	1.1	21.6	6.8

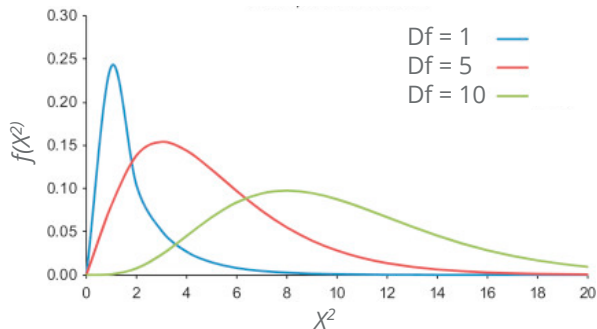
# Categorical Data: $\chi^2$ test

Doll and Hill (1952)

$$X^2 = \sum_{i=1}^r \sum_{j=1}^c \frac{(O_{ij} - E_{ij})^2}{E_{ij}} = 137.8$$

Degrees of freedom =  $(r-1)(c-1)$

$\chi^2$  distributions vary by their degrees of freedom

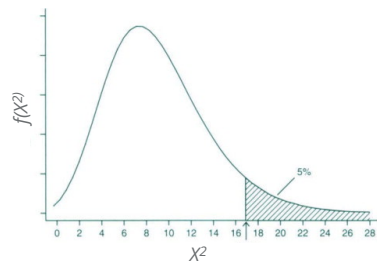


*Is this significant?*

$H_0$ : distribution of smoking same in both groups

$H_A$ : distribution of smoking not the same

Sufficiently large values of  $X^2$  will reject  $H_0$ .



$Df = (r-1)(c-1)$

$Df = (2-1)(6-1)$

$Df = 5$

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`pchisq(137.8, df = 5, lower.tail=FALSE)`

p-value =  $P(X^2 > 137.8 \mid H_0) < 0.0001$



**Conclusion** Reject  $H_0$  at  $\alpha = 0.05$

# Categorical Data: $\chi^2$ Test

## Summary: conducting $\chi^2$ a test

1. Compute the expected cell counts under null hypothesis of no association:

$$E_{ij} = N_i M_j / T$$

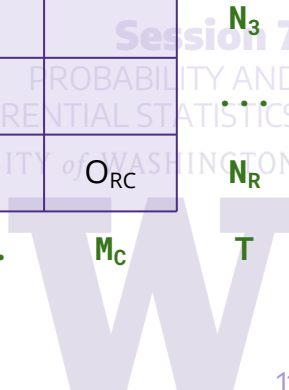
2. Compute the chi-square statistic:

$$X^2 = \sum_{i=1}^R \sum_{j=1}^C \frac{(O_{ij} - E_{ij})^2}{E_{ij}}$$

3. Compare  $X^2$  to  $\chi^2_{df}$ , where  $df = (R-1) \times (C-1)$ .
4. Interpret p-value.

**Factor Levels**

	One	Two	Three	...	C	TOTAL	
Groups	One	$O_{11}$	$O_{12}$	$O_{13}$	...	$O_{1C}$	$N_1$
	Two	$O_{21}$					$N_2$
	Three	$O_{31}$					$N_3$
	...	...					...
	R	$O_{R1}$				$O_{RC}$	$N_R$
TOTAL	$M_1$	$M_2$	$M_3$	...	$M_C$	T	



# 2 x 2 Tables

## Epidemiological Applications

We can write the chi-square statistic for a 2 x 2 table as:

$$X^2 = \frac{N(ad - bc)^2}{n_1 \cdot n_2 \cdot m_1 \cdot m_2}$$

Then, we can compare our observed  $X^2$  statistic to a  $\chi^2$  distribution with  $Df=1$ .

Exposure  
Status

		Disease Status		TOTAL
		D	Not D	
Exposure Status	E	a	b	(a+b)= $n_1$
	Not E	c	d	(c+d)= $n_2$
TOTAL		(a+c)= $m_1$	(b+d)= $m_2$	T

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# 2 x 2 Tables

## Epidemiological Applications: Pauling (1971)

Patients are randomized to either receive Vitamin C or placebo. Patients are followed-up to ascertain the development of a cold.

**Question 1** Is treatment with Vitamin C associated with a reduced probability of getting a cold?

**Question 2** If Vitamin C is associated with reducing colds, then what is the magnitude of the effect?

		Disease Status		TOTAL
		Cold	no Cold	
Exposure Status	Vit C	17	122	139
	Placebo	31	109	140
TOTAL		48	231	279

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# 2 x 2 Tables

## Epidemiological Applications: Pauling (1971)

### Scientific Q1

Is treatment with Vitamin C associated with a reduced probability of getting a cold?

$$X^2 = \frac{279(17 \cdot 109 - 31 \cdot 122)^2}{139 \cdot 140 \cdot 48 \cdot 231}$$

$$= 4.81$$

`pchisq(4.81, df = 1, lower.tail=FALSE)`

p-value =  $P(X^2 > 4.81 \mid H_0) = 0.028$



**Conclusion** Reject  $H_0$  at  $\alpha = 0.05$

Restate scientific question as statistical hypotheses:

$H_0$  : probability of disease does not depend on treatment

$H_A$  : probability of disease does depend on treatment

		Disease Status		TOTAL
		Cold	no Cold	
Exposure Status	Vit C	17 (12%)	122 (88%)	139
	Placebo	31 (22%)	109 (78%)	140
TOTAL		48	231	279

# 2 x 2 Tables

## Epidemiological Applications: Risk Ratio

### Scientific Q2

If Vitamin C is associated with reducing colds, what is the magnitude of the effect?

In the Pauling (1971) example, they fixed the number of  $E$  and *not*  $E$ , then evaluated the disease status after a fixed period of time (same for everyone).

This is a **prospective cohort study**.

Given this design we can estimate the **risk ratio (RR)** as:  $RR = \frac{P(D|E)}{P(D|\bar{E})} = \frac{p_1}{p_2}$

The range of RR is  $[0, \infty)$ . The range of  $\ln(RR)$  is  $(-\infty, +\infty)$ .

$$\bar{E} = E^c$$

Using the natural log of RR, we can use a Normal approximation to calculate a confidence interval!

$$\ln(\widehat{RR}) = \ln\left(\frac{\widehat{p}_1}{\widehat{p}_2}\right) = \ln\left(\frac{a/n_1}{c/n_2}\right)$$

$$\ln(\widehat{RR}) \sim N\left[\ln\left(\frac{\widehat{p}_1}{\widehat{p}_2}\right), \frac{1-p_1}{p_1 n_1} + \frac{1-p_2}{p_2 n_2}\right]$$



To calculate **95% CI**, determine:

$$\ln(\widehat{RR}) \pm 1.96 \sqrt{\frac{b}{a(a+b)} + \frac{d}{c(c+d)}}$$

Then exponentiate the endpoints.

# Paws



Work  
through  
questions  
1-2



# 2 x 2 Tables

## Epidemiological Applications: Keller (AJPH, 1965)

Patients with (cases) and without (controls) oral cancer were surveyed regarding their smoking frequency. *This table collapses over the smoking frequency categories.*

		Disease Status		
		Case	Control	TOTAL
Exposure Status	Smoker	484	385	869
	Non-Smoker	27	109	117
TOTAL		511	475	986

**Question 1** Is oral cancer associated with smoking?

**Question 2** If smoking is associated with oral cancer, then what is the magnitude of the risk?

# Keller (AJPH, 1965)

Since we fixed the number of **cases** and **controls** then ascertained exposure status, this study design is a **case-control study**.

Based on this we are able to directly estimate:

$$P(E | D) \text{ and } P(E | \bar{D}) \leftarrow$$

Probability of exposure,  
given disease status

But we want...

Probability of disease,  
given exposure status

...to get Risk Ratio

However, the **risk ratio** of disease given exposure is **not estimable from these data alone**, since the number of diseased and disease-free subjects is fixed.

$$P(E | D) \neq P(D | E)$$

$$\frac{P(E | D)}{P(E | \bar{D})} \neq \frac{P(D | E)}{P(D | \bar{E})}$$

Odds of exposure  
(conditional on having  
the disease)

$$\frac{P(E | D)/(1 - P(E | D))}{P(E | \bar{D})/(1 - P(E | \bar{D}))} = \frac{P(D | E)/(1 - P(D | E))}{P(D | \bar{E})/(1 - P(D | \bar{E}))}$$

Disease odds ratio

# Odds Ratio

Instead of the risk ratio we can estimate the **exposure odds ratio** which (surprisingly) is equivalent to the **disease odds ratio**:

Odds of exposure  
(conditional on having  
the disease)

$$\frac{P(E|D)/(1 - P(E|D))}{P(E|\bar{D})/(1 - P(E|\bar{D}))} = \frac{P(D|E)/(1 - P(D|E))}{P(D|\bar{E})/(1 - P(D|\bar{E}))}$$

😞 **exposure odds ratio**

😊 **disease odds ratio**

And for rare diseases  $1 - P(D|E) \approx 1$  so the disease odds ratio approximates the risk ratio:  
 $1 - P(D|\bar{E}) \approx 1$

$$\frac{P(D|E)/(1 - P(D|E))}{P(D|\bar{E})/(1 - P(D|\bar{E}))} \approx \frac{P(D|E)}{P(D|\bar{E})}$$

😊 **disease odds ratio**

😊 **risk ratio**

**For rare diseases**  
(i.e., prevalence <5%),  
the (sample) **odds ratio**  
estimates the  
(population) **risk ratio**.

# Odds Ratio

Like the risk ratio, the odds ratio ranges from  $[0, \infty]$ .

$$OR = \frac{p_1(1 - p_1)}{p_2(1 - p_2)}$$

Population odds ratio

$$\widehat{OR} = \frac{a \cdot d}{b \cdot c}$$

Sample odds ratio

Exposure Status

		Disease Status		TOTAL
		D	Not D	
Exposure Status	E	a	b	$(a+b)=n_1$
	Not E	c	d	$(c+d)=n_2$
TOTAL		$(a+c)=m_1$	$(b+d)=m_2$	T

The **log odds ratio** has  $(-\infty, +\infty)$  as its range and the Normal distribution approximates its sampling distribution. Confidence intervals are based upon:

$$\ln(\widehat{OR}) \sim N \left[ \ln(OR), \frac{1}{n_1 p_1} + \frac{1}{n_1(1 - p_1)} + \frac{1}{n_2 p_2} + \frac{1}{n_2(1 - p_2)} \right]$$

The **95% CI** for the log odds ratio is given by:

$$\ln\left(\frac{ad}{bc}\right) \pm 1.96 \sqrt{\frac{1}{a} + \frac{1}{b} + \frac{1}{c} + \frac{1}{d}}$$

Exponentiate the endpoints to get the CI for the odds ratio on its original scale.

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# 2 x 2 Tables

## Epidemiological Applications: Sex-Linked Traits

Suppose we collect a random sample of *Drosophila* fruit flies and cross-classify by eye color and sex.

**Question 1** Is eye color associated with sex?

**Question 2** If eye color is associated with sex, then what is the magnitude of the effect?

		Sex		TOTAL
		Male	Female	
Eye Color	Red	165	300	465
	White	176	81	257
TOTAL		341	381	722

# 2 x 2 Tables

## Epidemiological Applications: Sex-Linked Traits

This is a **cross-sectional study** since only the total for the entire table is fixed in advance. The row totals or column totals are not fixed in advance.

- Sample from the entire population, not by disease status or exposure status
- Use chi-squared test to test for association
- Use RR or OR to summarize association
- Cases of disease are **prevalent** cases (compared to incident cases in a prospective study).

		Sex		TOTAL
		Male	Female	
Eye Color	Red	165	300	465
	White	176	81	257
TOTAL		341	381	722