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# p-hacking strategies

Presenter: Bui Minh Tri



#### **Objective + Outline**



• Objective

p-hacking strategies

- Outline
- 1. Selective reporting DV

2. Selective reporting IV





# Introduction







• Compound strategies: non-significant ⇒ significant result.

- Not every researcher aware of it.
  - > Not necessarily an intentional attempt at gaming the system.











#### • p-hacking:

✓ Treatment vs control group: compare different outcome/ dependent variables.





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✓ Treatment vs control group: compare different outcome/ dependent variables.

#### Independent

 Table 1b | Efficacy of surgical face masks in reducing respiratory virus frequency of detection and viral shedding in respiratory

 droplets and aerosols of symptomatic individuals with coronavirus, influenza virus or rhinovirus infection

	Droplet particles > 5 µm			Aerosol	particles ≤5 µm	
Virus type	Without surgical face mask	With surgical face mask	Р	Without surgical face mask	With surgical face mask	Ρ
	Detection of virus					
	No. positive/no. total (%)	No. positive/no. total (%)		No. positive/no. total (%)	No. positive/no. total (%)	
Coronavirus	3 of 10 (30)	0 of 11 (0)	0.09	4 of 10 (40)	0 of 11 (0)	0.04
Influenza virus	6 of 23 (26)	1 of 27 (4)	0.04	8 of 23 (35)	6 of 27 (22)	0.36
Rhinovirus	9 of 32 (28)	6 of 27 (22)	0.77	19 of 34 (56)	12 of 32 (38)	0.15
	Viral load (log <sub>10</sub> virus copies	per sample)				
	Median (IQR)	Median (IQR)		Median (IQR)	Median (IQR)	
Coronavirus	0.3 (0.3, 1.2)	0.3 (0.3, 0.3)	0.07	0.3 (0.3, 3.3)	0.3 (0.3, 0.3)	0.02
Influenza virus	0.3 (0.3, 1.1)	0.3 (0.3, 0.3)	0.01	0.3 (0.3, 3.0)	0.3 (0.3, 0.3)	0.26
Rhinovirus	0.3 (0.3, 1.3)	0.3 (0.3, 0.3)	0.44	1.8 (0.3, 2.8)	0.3 (0.3, 2.4)	0.12

P values for comparing the frequency of respiratory virus detection between the mask intervention were obtained by two-sided Fisher's exact test and (two-sided) P values for mask intervention as predictor of log<sub>10</sub> virus copies per sample were obtained by an unadjusted univariate Tobit regression model, which allowed for censoring at the lower limit of detection of the RT-PCR assay, with significant differences in bold. Undetectable values were imputed as 0.3 log<sub>10</sub> virus copies per sample. IQR, interquartile range.

Leung NH, Chu DK, Shiu EY, Chan KH, McDevitt JJ, Hau BJ, Yen HL, Li Y, Ip DK, Peiris JS, Seto WH. Respiratory virus shedding in exhaled breath and efficacy of face masks. Nature medicine. 2020 May;26(5):676-80.





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		Droplet particles > 5 µm			Aerosol particles ≤5 μm			
	Virus type	Without surgical face mask	With surgical face mask	Ρ	Without surgical face mask	With surgical face mask	P	
		Detection of virus						
		No. positive/no. total (%)	No. positive/no. total (%)		No. positive/no. total (%)	No. positive/no. total (%)		
_	Coronavirus	3 of 10 (30)	0 of 11 (0)	0.09	4 of 10 (40)	0 of 11 (0)	0.04	
Dependent	Influenza virus	6 of 23 (26)	1 of 27 (4)	0.04	8 of 23 (35)	6 of 27 (22)	0.36	
	Rhinovirus	9 of 32 (28)	6 of 27 (22)	0.77	19 of 34 (56)	12 of 32 (38)	0.15	
		Viral load (log <sub>10</sub> virus copies	iral load (log <sub>10</sub> virus copies per sample)					
		Median (IQR)	Median (IQR)		Median (IQR)	Median (IQR)		
	Coronavirus	0.3 (0.3, 1.2)	0.3 (0.3, 0.3)	0.07	0.3 (0.3, 3.3)	0.3 (0.3, 0.3)	0.02	
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#### • p-hacking:

- ✓ Treatment vs control group: compare different outcome/ dependent variables.
- ✓ Conduct 1 hypothesis test for each dependent variable.

	Droplet	particles >5 µm		Aerosol particles ≤5 μm		
Virus type	Without surgical face mask	With surgical face mask	с <b>Р</b>	Without surgical face mask	With surgical face mask	Р
	Detection of virus					
	No. positive/no. total (%)	No. positive/no. total (9	6)	No. positive/no. total (%)	No. positive/no. total (%)	
Coronavirus	3 of 10 (30)	0 of 11 (0)	0.09	4 of 10 (40)	0 of 11 (0)	0.04
Influenza virus	6 of 23 (26)	1 of 27 (4)	0.04	8 of 23 (35)	6 of 27 (22)	0.36
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	Viral load (log <sub>10</sub> virus copies	per sample)				
	Median (IQR)	Median (IQR)		Median (IQR)	Median (IQR)	
Coronavirus	0.3 (0.3, 1.2)	0.3 (0.3, 0.3)	0.07	0.3 (0.3, 3.3)	0.3 (0.3, 0.3)	0.02
Influenza virus	0.3 (0.3, 1.1)	0.3 (0.3, 0.3)	5 0.01	0.3 (0.3, 3.0)	0.3 (0.3, 0.3)	0.26
Rhinovirus	0.3 (0.3, 1.3)	0.3 (0.3, 0.3)	0.44	1.8 (0.3, 2.8)	0.3 (0.3, 2.4)	0.12

 Table 1b | Efficacy of surgical face masks in reducing respiratory virus frequency of detection and viral shedding in respiratory

 droplets and aerosols of symptomatic individuals with coronavirus, influenza virus or rhinovirus infection

P values for comparing the frequency of respiratory virus detection between the mask intervention were obtained by two-sided Fisher's exact test and (two-sided) P values for mask intervention as predictor of log<sub>10</sub> virus copies per sample were obtained by an unadjusted univariate Tobit regression model, which allowed for censoring at the lower limit of detection of the RT-PCR assay, with significant differences in bold. Undetectable values were imputed as 0.3 log<sub>10</sub> virus copies per sample. IQR, interquartile range.





#### • p-hacking:

- ✓ Treatment vs control group: compare different outcome/ dependent variables.
- ✓ Conduct 1 hypothesis test for each dependent variable.
- $\checkmark$  Selectively report the significant results.





- Assume using t-test.
- FPR from 3 10 dependent variables ?





- Assume using t-test.
- FPR from 3 10 dependent variables ?

	Virus Type	Without mask	With mask	р
1	Coronavirus	0.3 (0.3, 1.2)	0.3 (0.3, 0.3)	0.07
2	Influenza virus	0.3 (0.3, 1.1)	0.3 (0.3, 0.3)	0.01
•••				
10	Rhino virus	0.3 (0.3, 1.3)	0.3 (0.3, 0.3)	0.44





- Assume using t-test.
- FPR from 3 10 dependent variables ?







- Assume using t-test.
- Sample size: not a protective factor.
- 10 variables correlation = 0: FPR ≈ 40%





## What is correlation ?



- Relationship 2 quantitative variables
- Correlation coefficient (r)







## What is correlation ?



	Case	Control	
	N=503	N=493	p value
Height	158 [153;165]	158 [154;165]	0.662
Weight	62.0 [55.0;70.0]	58.0 [52.8;65.0]	<0.001
BMI	24.3 [22.4;27.2]	23.2 [21.1;25.4]	<0.001
Waist	86.0 [80.0;93.0]	82.0 [75.0;88.0]	<0.001
Hip	95.0 [89.0;100]	92.0 [86.0;97.0]	<0.001



## What is correlation ?



				١	Case N=503		Contro N=49	ol 3	p valu	le	
He	eight			158 [´	153;165]	158	8 [154;1	65]	0.662	2	
We	eight		(	62.0 [5	5.0;70.0]	58.0	[52.8;6	5.0]	<0.00	)1	
BN	Л			24.3 [2	2.4;27.2]	23.2	[21.1;2	5.4]	<0.00	)1	
Wa	aist		8	86.0 [8	0.0;93.0]	82.0	[75.0;8	8.0]	<0.00	)1	
Hij	р			95.0 [8	9.0;100]	92.0	[86.0;9	7.0]	<0.00	)1	
Correla	tion coef	ficient (r	)			Corr	elation	Test			
height weight	height 1.00 0.51	weight 0.51 1.00	BMI -0.02 0.82	waist 0.20 0.76	hip 0.19 0.70	P height	height	weight 0.0000	BMI 0.5275	waist 0.0000	hip 0.0000
BMI waist hip	-0.02 0.20 0.19	0.82	1.00 0.77 0.70	0.77	0.70 0.77 1.00	weight BMI waist hip	0.0000 0.5275 0.0000 0.0000	0.0000 0.0000 0.0000	0.0000	0.0000	0.0000 0.0000 0.0000





- Assume using t-test.
- Sample size: not a protective factor.
- 10 variables correlation = 0: FPR ≈ 40%
- FPR decreases with:
  - ✓ Less dependent variables.
  - ✓ Higher correlations variables







• **Question**: ↑ hypothesis tests ⇒ ↑ False Positive Rate ?





- If perform m hypothesis independent tests, the probability at least 1 false positive ?
  - ✓ P (Making Type I error) = α
  - ✓ P (Not making Type I error) =  $1 \alpha$
  - ✓ P (Not making an error in m tests)  $= (1 α)^m$
  - ✓ P (Making at least 1 error in m tests) =  $1 (1 \alpha)^m$

• Example: m = 100 tests,  $\alpha = 0.05 \Rightarrow P = 1 - (1 - 0.05)^{100} = 0.99$ 

➢ If have 100 hypothesis tests, the probability at least 1 false positive: 99%





**Table 1b** | Efficacy of surgical face masks in reducing respiratory virus frequency of detection and viral shedding in respiratory droplets and aerosols of symptomatic individuals with coronavirus, influenza virus or rhinovirus infection

	Droplet particles >5 µm				Aerosol particles ≤5 μm			
Virus type	Without surgical face mask	With surgical face mask	c i	Р	Without surgical face mask	With surgical face ma	nsk	Ρ
	Detection of virus							
	No. positive/no. total (%)	No. positive/no. total (%	6)		No. positive/no. total (%)	No. positive/no. total	(%)	
Coronavirus	3 of 10 (30)	0 of 11 (0)	1	0.09	4 of 10 (40)	0 of 11 (0)	7	0.04
Influenza virus	6 of 23 (26)	1 of 27 (4)	2	0.04	8 of 23 (35)	6 of 27 (22)	8	0.36
Rhinovirus	9 of 32 (28)	6 of 27 (22)	3	0.77	19 of 34 (56)	12 of 32 (38)	9	0.15
	Viral load (log <sub>10</sub> virus copies	per sample)						
	Median (IQR)	Median (IQR)			Median (IQR)	Median (IQR)		
Coronavirus	0.3 (0.3, 1.2)	0.3 (0.3, 0.3)	4	0.07	0.3 (0.3, 3.3)	0.3 (0.3, 0.3)	10	0.02
Influenza virus	0.3 (0.3, 1.1)	0.3 (0.3, 0.3)	5	0.01	0.3 (0.3, 3.0)	0.3 (0.3, 0.3)	11	0.26
Rhinovirus	0.3 (0.3, 1.3)	0.3 (0.3, 0.3)	6	0.44	1.8 (0.3, 2.8)	0.3 (0.3, 2.4)	12	0.12

P values for comparing the frequency of respiratory virus detection between the mask intervention were obtained by two-sided Fisher's exact test and (two-sided) P values for mask intervention as predictor of log<sub>10</sub> virus copies per sample were obtained by an unadjusted univariate Tobit regression model, which allowed for censoring at the lower limit of detection of the RT-PCR assay, with significant differences in bold. Undetectable values were imputed as 0.3 log<sub>10</sub> virus copies per sample. IQR, interquartile range.

P (Making at least 1 error in m tests)

= 
$$1 - (1 - \alpha)^m$$
  
=  $1 - (1 - 0.05)^{12} = 0.4596 = 45.96\%$ 

Leung NH, Chu DK, Shiu EY, Chan KH, McDevitt JJ, Hau BJ, Yen HL, Li Y, Ip DK, Peiris JS, Seto WH. Respiratory virus shedding in exhaled breath and efficacy of face masks. Nature medicine. 2020 May;26(5):676-80.





factor(P.value) - 0.001 - 0.01 - 0.05







The probability of obtaining at least one false positive result  $P(FP \ge 1)$  (own calculation)

Maziarz M, Stencel A. The failure of drug repurposing for COVID-19 as an effect of excessive hypothesis testing and weak mechanistic evidence. History and Philosophy of the Life Sciences. 2022 Dec;44(4):47.



## **Bonferroni Correction**



- Bonferroni correction:  $\alpha^* = \alpha / m$ 
  - $\checkmark \alpha$  : significance level.
  - $\checkmark$  m : number of hypothesis tests.



## **Bonferroni Correction**



- Bonferroni correction:  $\alpha^* = \alpha / m$ 
  - $\checkmark \alpha$  : significance level.
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• Example: Bonferroni to test 3 hypotheses with p:

✓ H1: p = 0.01

✓ H2: p = 0.02

✓ H3: p = 0.03

•  $\alpha^* = \alpha / m = 0.05 / 3 = 0.0167$ 

=> We'd need  $p \le 0.0167$  to declare significance.



#### **Bonferroni Correction**



**Table 1b** | Efficacy of surgical face masks in reducing respiratory virus frequency of detection and viral shedding in respiratory droplets and aerosols of symptomatic individuals with coronavirus, influenza virus or rhinovirus infection

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 $\alpha^* = \alpha / m = 0.05 / 12 = 0.004$ 

=> We'd need  $p \le 0.004$  to declare significance.







• "No adjustments for multiple comparisons were made".

=	Google Scholar	"No adjustments for multiple comparisons were made" - breast cancer					
•	Articles	About 24 results (0.04 sec)					
	Any time	Psychological measures of stress and biomarkers of inflammation, aging, and	[PDF] nature.com				
	Since 2024	endothelial dysfunction in breast cancer survivors on aromatase inhibitors					
	Since 2023	AH Blaes, C Nair, <u>S Everson-Rose</u> , P Jewett, <u>J Wolf</u> Scientific reports, 2023 - nature.com					
	Since 2020	with breast cancer in their lifetime. Although breast cancer is a leading cause of cancer No adjustments for multiple comparisons were made. All analyses were conducted using P					
Custom rar	Custom range	☆ Save 50 Cite Cited by 1 Related articles All 9 versions					
	Sort by relevance						
	Sort by date	Factors associated with weight gain in pre-and post-menopausal women receiving adjuvant endocrine therapy for <b>breast cancer</b>	[PDF] springer.com				
	Any type	ACR Uhelski, AL Blackford, JY Sheng, C Snyder Journal of Cancer, 2023 - Springer					
	Review articles	The findings presented here are for descriptive purposes and <b>no adjustments for multiple</b> comparisons were made. Analyses were performed with R version 4.0.3 [88]					
	include patents	☆ Save 59 Cite Cited by 3 Related articles All 4 versions					
	✓ include citations						
	Create alert	gaps about breast cancer risk model use and high-risk screening recommendations					
		RL Seitzman, JA Pushkin, WA Berg - Journal of Breast Imaging, 2023 - academic.oup.com					
		Gail model predicts lifetime invasive breast cancer risk; this ) to predict lifetime invasive					
		breast cancer risk. These knowledge No adjustments for multiple comparisons were made (27)					
		☆ Save ワワ Cite Cited by 6 Related articles All 5 versions					
		A pilot study of Neoadjuvant Nivolumab, Ipilimumab, and Intralesional Oncolytic Virotherapy for Her2-negative <b>breast cancer</b>	[PDF] aacrjournals.org				
		VP Nguyen, KM Campbell, TS Nowicki Cancer Research, 2023 - AACR					

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In article



#### **frontiers** Frontiers in Oncology

TYPE Original Research PUBLISHED 06 September 2022 DOI 10.3389/fonc.2022.988794

#### Check for updates

#### OPEN ACCESS

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<sup>†</sup>These authors have contributed equally to this work

SPECIALTY SECTION This article was submitted to microRNA-145-5p inhibits prostate cancer bone metastatic by modulating the epithelialmesenchymal transition

Bingfeng Luo<sup>1†</sup>, Yuan Yuan<sup>1†</sup>, Yifei Zhu<sup>1</sup>, Songwu Liang<sup>1</sup>, Runan Dong<sup>1</sup>, Jian Hou<sup>1</sup>, Ping Li<sup>2</sup>, Yaping Xing<sup>1</sup>, Zhenquan Lu<sup>1</sup>, Richard Lo<sup>1</sup> and Guan-Ming Kuang<sup>3\*</sup>

<sup>1</sup>Division of Urology, Department of Surgery, The University of Hong Kong-Shenzhen Hospital, Shenzhen, China, <sup>3</sup>Department of Pathology, The University of Hong Kong-Shenzhen Hospital, Shenzhen, China, <sup>3</sup>Department of Orthopedics and Traumatology, The University of Hong Kong-Shenzhen Hospital, Shenzhen, China incubation for 1 h. For the migration/wound healing assays,  $3 \times 10^5$  cells/well were grown in a 24-well plate, incubated for 16-18 h and cell monolayers scraped with a pipette tip to create a wound which was washed with PBS. After incubation for 24 h in culture medium, an inverted microscope with a digital camera was used to photograph wound closure. Colony formation was measured by resuspending the cells with 1ml medium and seeding a six-well plate with 500 cells per well. After 2 weeks, 6-well plates were fixed with paraformaldehyde (4%) for 30min at room temperature before washing with PBS, the addition of crystal violet staining and photographs taken under the microscope. Transwell assay was conducted to assess invasion. TBS, proteins were visualized with an electroluminescence kit (ASPEN, Wuhan, China). The internal control was GAPDH.

#### Statistical analysis

Means ± SD of three independent experiments were presented, and statistical analysis was conducted using GraphPad v4.1 (CA, USA). Data were compared between groups using a two-tailed unpaired Student's t-test. A p-value of <0.05 was deemed statistically significant.







#### Statistical analysis

Statistical analyses were performed using Pearson's Chi-squared test or Fisher's exact test to determine significant clinicopathological differences between EGFR expression in positive and negative tumors, between EGFR FISH-positive and FISH-negative tumors, and between tumors with and without EGFR mutations. These tests were also used to determine the association between EGFR protein expression, EGFR FISH results, and EGFR mutations. **Bonferroni correction** was performed to adjust for multiple comparisons, differences with P < 0.05/comparison times were considered significant.

#### EGFR mutations in lung adenocarcinomas

Eighty-five (63.9%) of the 133 cases showed EGFR mutations, which included 2 exon 18 G719X mutations (one also had an exon 20 S768I mutation), 39 exon 19 deletions, 4 exon 20 insertion mutations, 3 exon 20 S768I mutations (one also had an exon 18 G719X mutation), 35 exon 21 L858R mutations (one also had an exon 20 T790 M mutations), and 3 exon 21 L861Q mutation. After **Bonferroni correction** for 5 comparisons, P < 0.01 were considered significant, EGFR mutations were significantly associated with smoking status (non-smoking vs. smoking, p = 0.008), and were not associated with age, gender, lymph node metastasis or tumor stage ( $p \ge 0.01$ ) (Table <u>1</u>).

Liang Z, Zhang J, Zeng X, Gao J, Wu S, Liu T. Relationship between EGFR expression, copy number and mutation in lung adenocarcinomas. BMC cancer. 2010 Dec;10:1-9. 28









#### • p-hacking:

- ✓ Multiple experimental groups vs 1 control group.
  - Example: Different Drug vs Control

Different Drug Concentrations vs Control

- $\checkmark$  Compares all experimental groups to the control group.
- ✓ Only report the significant results.





Control	Drug 1	Drug 2
1147	1169	1009
1273	1323	1260
1216	1276	1143
1046	1240	1099
1108	1432	1385
1265	1562	1164

Lew M. Good statistical practice in pharmacology Problem 2. British journal of pharmacology. 2007 Oct;152(3):299-303.



## Decision tree for statistical analysis – 2 groups



#### Statistical analysis decision tree for testing significance of differences

Borghini YC. *An Assessment and Learning Analytics Engine for Games-based Learning* (Doctoral dissertation, University of the West of Scotland).

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## Decision tree for statistical analysis - 3 groups



#### Statistical analysis decision tree for testing significance of differences

Borghini YC. *An Assessment and Learning Analytics Engine for Games-based Learning* (Doctoral dissertation, University of the West of Scotland).

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#### t-test vs ANOVA



		Independent t-test	ANOVA	
Null Hypothesis		No difference between population's means. Ho: $\mu 1 = \mu 2$	No difference between population's means. Ho: $\mu$ 1= = $\mu$ k	
Alternative hypothesis		Difference between 2 populations' means. H1: $\mu$ 1 ≠ $\mu$ 2	At least 2 group means are different from each other. H1: μ1 ≠ μ2 or μ1 ≠ μ3 or μ2 ≠ μ3	
Conclusion	p > 0.05	We <b>don't have enough evidence</b> to conclude that the difference is statistically significant.	We <b>don't have enough evidence</b> to conclude that the difference is statistically significant.	
Conclusion	p ≤ 0.05	We have enough evidence to conclude that the difference is statistically significant.	There is a <b>significant effect</b> of independent variable <b>on levels of / according to</b> response variable.	



#### t-test vs ANOVA



- After perform hypothesis test:
  - ✓ Independent t-test ⇒ Conclusion 2 groups
  - ✓ ANOVA ⇒ Which groups differ ??
- Post Hoc Tests for ANOVA
  - ✓ 1 vs 2✓ 1 vs 3

✓ m vs n



#### **Post Hoc Tests for ANOVA - R**



- Multiple testing issue: P (At least 1 error in m tests) =  $1 (1 \alpha)^m$
- 2 approaches:

✓ Compare p ≤ α\*  $α^* = α / m = 0.05 / 3 = 0.017.$ ✓ Compare p\* ≤ α
p\* = p \* m = p \* 3

Bonferroni	ВН	
Pairwise comparisons using t tests with pooled SD	Pairwise comparisons using t tests with pooled SD	Tukey multiple comparisons of means 95% family-wise confidence level
data: viagraData\$libido and viagraData\$dose	data: viagraData\$libido and viagraData\$dose	Fit: aov(formula = libido ~ dose, data = viagraData
Placebo Low Dose Low Dose 0.845 - High Dose 0.025 0.196 P value adjustment method: bonferroni	Placebo Low Dose Low Dose 0.282 - High Dose 0.025 0.098 P value adjustment method: BH	\$dose diff lwr upr par Low Dose-Placebo 1.0 -1.3662412 3.366241 0.51627 High Dose-Placebo 2.8 0.4337588 5.166241 0.02092 High Dose-Low Dose 1.8 -0.5662412 4.166241 0.14745





- Assume using t-test.
- Sample size: not a protective factor.
- FPR decrease with:
  - ✓ Less independent variables.
  - ✓ Higher correlation variables.
- Severe effects in regression >> t-tests.



Number of independent variables indicates how many hypothesis tests were conducted (at maximum) to obtain a significant result.

The solid grey line: nominal  $\alpha$ -level of 5%.

- (a) FPR for the *t*-test.
- (b) FPR for a univariate regression.







- Selective reporting DV
  - ✓ What is correlation
  - ✓ Multiple testing hypothesis issue

- Selective reporting IV
  - ✓ Post Hoc Tests for ANOVA







1. Stefan AM, Schönbrodt FD. Big little lies: A compendium and simulation of phacking strategies. Royal Society Open Science. 2023 Feb 8;10(2):220346.





# Thank you for listening