

University of Glasgow

Potential sources of bias in cohort approach

- Variation in case mix, eg from referral pattern
- Variation in outcome after adjusting for baseline prognosis
- Selective enrolment
- Investigator prejudice, influencing scoring of outcome
- Inherent (cultural?) bias in assessment of outcome

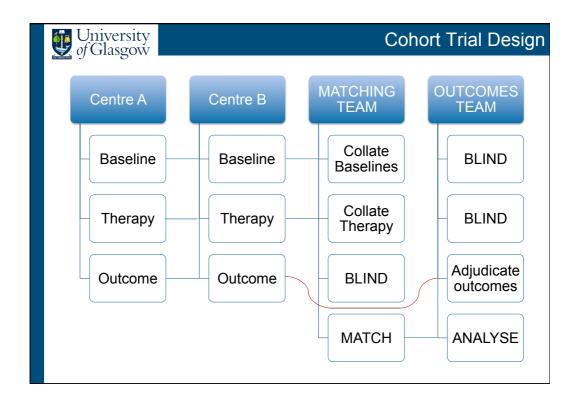


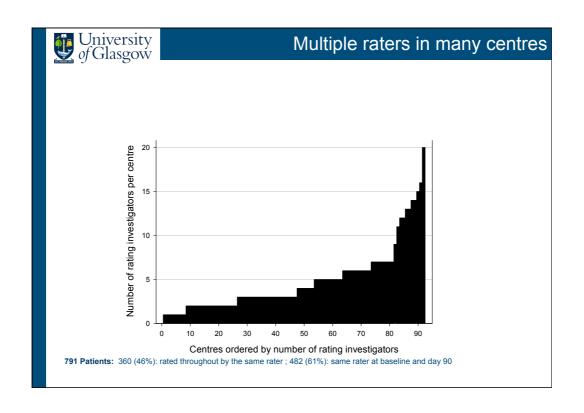
Tackling sources of bias in cohort approach

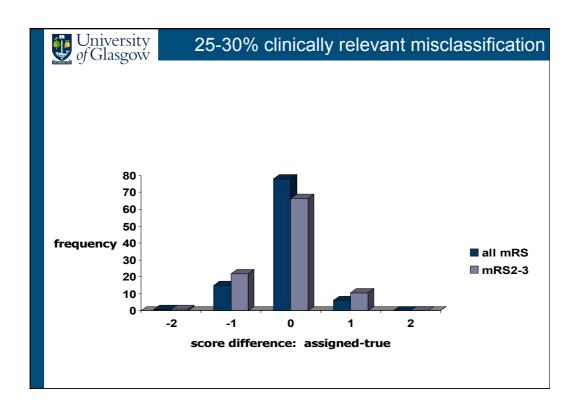
- Variation in referral case mix
 Use propensity score methods to match populations
- Variation in outcome after adjusting for baseline prognosis
 Use intracluster correlation coefficient, assume cluster design
- Selective enrolment

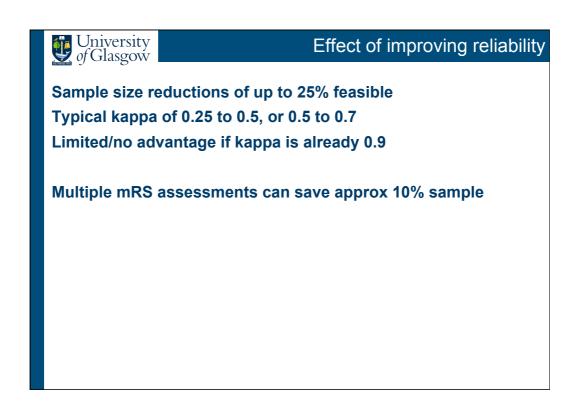
Remains an issue, but matching and adjustment methods help

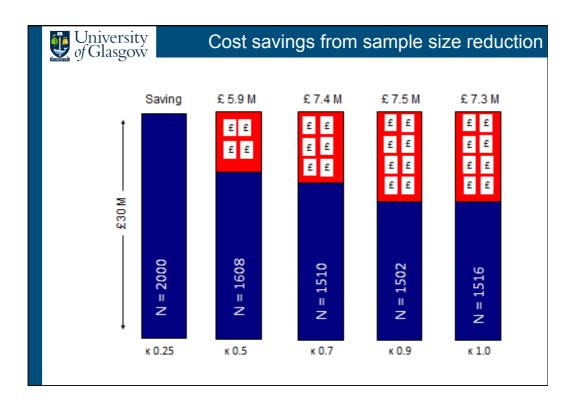
- Investigator prejudice, influencing scoring of outcome
 Blinded assessment is essential, by independent committee
- Inherent (cultural?) bias in assessment of outcome
 Standardised interview assessed by independent committee



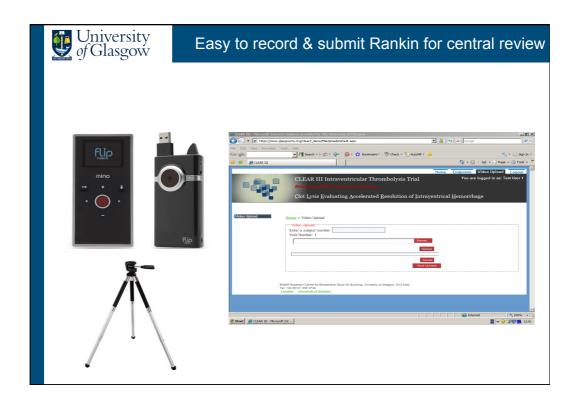


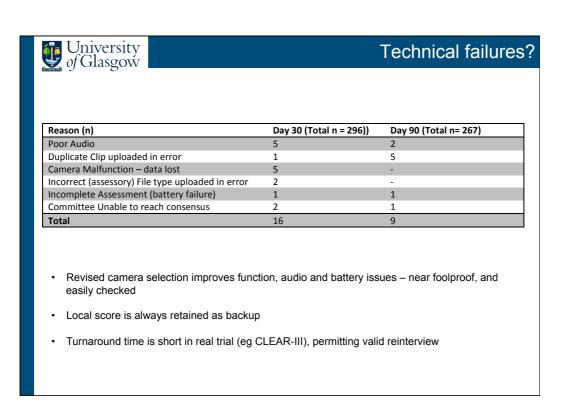


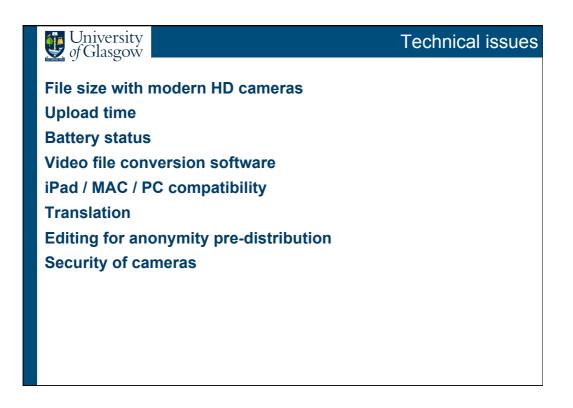


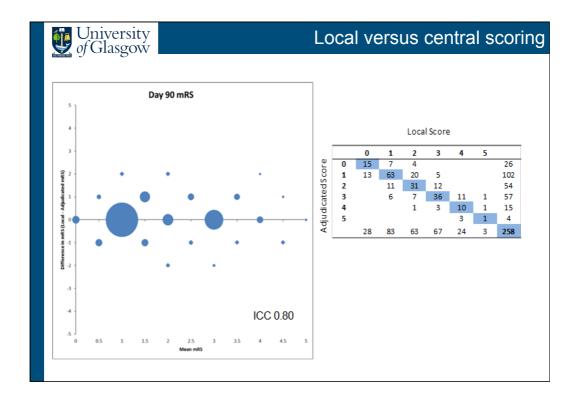


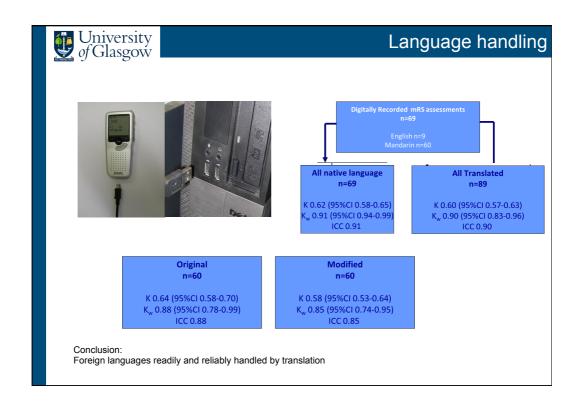














Centrally adjudicated outcome

- Blinding guaranteed
- Mitigates national- or centre-specific scoring bias
- Statistical advantage from multiple scoring
 Spearman-Brown Prophecy

Expanding number of assessors per patient from 1 to 4 reduces sample size by 9.8%

Stored data facilitate sponsor & regulatory validation