# Simultaneous Confidence Intervals with more Power to Determine Signs

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#### **Outline**

#### Background

Simultaneous Confidence Intervals

Uses of Confidence Intervals

Tests

#### Informal Problem Statement

**Determining Signs** 

QC Acceptance Regions

#### QC Confidence Intervals

Upper Confidence Bounds

Lower Confidence Bounds

#### Illustrations

Women's Health Initiative



- Datum **X** drawn from a distribution with parameter  $\mu \in \Theta$ .
- If the random set  $S(\mathbf{X})$  satisfies  $\mathbb{P}_{\theta}\{S(\mathbf{X}) \ni \theta\} \geq 1 \alpha$  for all  $\theta \in \Theta$ , S is a  $1 \alpha$  confidence set.
- Probability meaningful only before the datum is observed: If
   X = x, either S(x) ∋ θ or not.
- After observing **X**, probability becomes confidence level.

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#### Multivariate Location Model

- Datum  $\mathbf{X} = (X_j)_{j=1}^n$ .
- $\{X_j \mu_j\}_{j=1}^n$  iid with cdf F.
- F has a symmetric, continuous, unimodal density f(x), strictly decreasing for x ≥ 0 in the support of f.
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# Simultaneous confidence intervals for the components of $\mu$ are random intervals $\{\mathcal{I}_i(\mathbf{X})\}_{i=1}^n$ such that

$$\mathbf{P}_{\theta} \left\{ \bigcap_{j=1}^{n} \{ \mathcal{I}_{j}(\mathbf{X}) \ni \theta_{j} \} \right\} \geq 1 - \alpha, \ \forall \theta \in \Theta.$$

C.f. non-simultaneous intervals:

$$\mathbf{P}_{\theta}\{\mathcal{I}_j \ni \theta_j\} \ge 1 - \alpha, \ \forall \theta \in \Theta.$$

Generally, simultaneous intervals have to be longer than non-simultaneous intervals.

#### Simultaneous Confidence Intervals from a Confidence Set

If  $S(\mathbf{X})$  is a 1  $-\alpha$  confidence set for  $\mu$ , then

$$\mathcal{I}_{j} \equiv \left[\inf_{\theta \in S(\mathbf{X})} \theta_{j}, \sup_{\theta \in S(\mathbf{X})} \theta_{j}\right], \quad j = 1, \dots, n$$

are simultaneous confidence intervals for the components of  $\mu.$ 

 $\mathcal{I}_j$  is the projection of the convex hull of  $S(\mathbf{X})$  onto the *j*th axis.

Compare projection of ellipsoids versus hypercubes.

- Express uncertainty in estimates of parameters
- Also allow inferences about signs of parameters: positive, indeterminate, negative
- Short intervals desirable to minimize uncertainty, but not necessarily for sign determination
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## Tests and Acceptance Regions

The set  $A_{\theta}$  is the acceptance region for a level- $\alpha$  test of the hypothesis that  $\mu = \theta$  if

$$\mathbf{P}_{\theta}\{\mathbf{X}\in A_{\theta}\}\geq 1-\alpha.$$

Reject the hypothesis  $\mu = \theta$  if  $\mathbf{X} \notin A_{\theta}$ .

The test is unbiased if

$$\mathbb{P}_{\theta}\{\mathbf{X}\in A_{\theta}\}\geq \mathbb{P}_{\boldsymbol{\nu}}\{\mathbf{X}\in A_{\theta}\}\ \forall \boldsymbol{\nu}\in R^{n}.$$

Suppose we have a family of tests  $\{A_{\theta}\}$  and a group  $\mathcal{G}$  on  $\mathbb{R}^n$ . The family is *equivariant under*  $\mathcal{G}$  if

$$A_{a(\theta)} = g(A_{\theta}), \quad \forall \theta \in R^n, \ \forall g \in \mathcal{G}.$$

# Conventional Hyperrectangular Regions

$$c_{\alpha} \equiv F_{(1+(1-\alpha)^{1/n})/2}$$
, where  $F_p$  is  $p$ th quantile of  $F$ .

For location model, conventional  $\alpha$ -level acceptance regions are hypercubes centered at the hypothesized parameter values:

$$B_{\theta} \equiv \mathop{\times}\limits_{j=1}^{n} [\theta_{j} - c_{\alpha}, \theta_{j} + c_{\alpha}].$$

Unbiased if the density of *F* is symmetric and unimodal.

Equivariant under permutations of the coordinates, reflections around the coordinate axes, translations.

# Duality between Tests and Confidence Sets

Suppose  $\theta \in R^n$ ,  $A_\theta$  is the acceptance region for a level– $\alpha$  test of the hypothesis that  $\mu = \theta$  using the datum  $\mathbf{X} = (X_i)_{i=1}^n$ . Then

$$S_A(\mathbf{X}) \equiv \{\theta \in R^n : \mathbf{X} \in A_{\theta}\}$$

is a 1  $-\alpha$  simultaneous confidence set for  $\mu$ 

## Inverting standard tests

Inverting

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$$B_{ heta} \equiv \mathop{\times}\limits_{j=1}^{n} [ heta_{j} - c_{lpha}, heta_{j} + c_{lpha}]$$

gives

$$S(\mathbf{X}) = \stackrel{n}{\underset{j=1}{\times}} [X_j - c_{\alpha}, X_j + c_{\alpha}].$$

Simple because of symmetry: whether **X** is in  $B_{\theta}$  depends only on  $\max_{i} |X_{i} - \theta_{i}|$ .

- Want confidence intervals for all components of  $\mu = (\mu_j)_{j=1}^n$ .
- Want simultaneous 1  $-\alpha$  coverage
- Want interval for each  $\mu_i$  to contain values of only one sign
- Want intervals to be short
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## **Determining Signs**

Suppose  $\theta_0$  and  $\theta_1$  differ in the sign of their *j*th component.

 $S_A(\mathbf{X})$  won't determine the sign of the jth component of  $\mu$  if  $\mathbf{X} \in A_{\theta_0} \cap A_{\theta_1}$ .

To determine the signs of the components as frequently as possible, confine  $A_{\theta}$  as nearly as possible to the orthant containing  $\theta$ .

## More general hyperrectangular acceptance regions

 $\mathcal{A}(\theta)$ : the set of all hyperrectangles  $H = \underset{j=1}{\overset{n}{\times}} [\theta_j - \ell_j(\theta), \theta_j + u_j(\theta)]$  that satisfy the significance-level constraint

$$\mathbf{P}_{\theta}\{\mathbf{X}\notin H\}\leq \alpha$$

and a side-length constraint

$$\ell_j(\theta) + u_j(\theta) \leq C, \ j = 1, \ldots, n.$$

Limiting the maximum side length to C limits the length of the confidence intervals that result from inverting the family of tests to less than 2C.

# **QC Acceptance Regions**

$$\mathcal{Z}(\theta) \equiv \{j : \theta_j = 0\}.$$

$$\mathcal{N}(\theta) \equiv \{j : \theta_j \neq 0\}.$$

QC acceptance  $A_{\theta}$  for  $\theta \geq \mathbf{0}$ :

- 1. If there exist hyperrectangles  $H \in \mathcal{A}(\theta)$  for which  $\ell_j = u_j = c_{\alpha}$ ,  $j \in \mathcal{Z}(\theta)$ , and  $\theta_j \ell_j \geq 0$ ,  $j \in \mathcal{N}(\theta)$ , then  $A_{\theta}$  is the one with the smallest maximum side length.
- 2. Otherwise,  $A_{\theta}$  is the hyperrectangle  $H \in \mathcal{A}(\theta)$  with  $\ell_j = u_j = c_{\alpha}, j \in \mathcal{Z}(\theta)$ , for which  $\min_{j \in \mathcal{N}(\theta)} (\theta_j \ell_j)$  is largest.

Reduce protrusion of  $A_{\theta}$  into orthants other than the one  $\theta$  belongs to by lengthening the sides for large components of  $\theta$  and allowing  $A_{\theta}$  to be centered at a point other than  $\theta$ .

$$\ell_j((\theta_1,\ldots,-\theta_j,\ldots,\theta_n))=u_j((\theta_1,\ldots,\theta_j,\ldots,\theta_n)).$$

The QC acceptance regions are equivariant under reflections about the axes and permutations of the coordinates: If  $\pi$  is a permutation of  $(1, \ldots, n)$ , then

$$\ell_j((\theta_{\pi(i)})_{i=1}^n) = \ell_{\pi(j)}(\theta)$$

and

$$u_j((\theta_{\pi(i)})_{i=1}^n) = u_{\pi(j)}(\theta).$$

#### Not translation-equivariant.

- Non-unique: can have  $\theta \neq \eta$  with  $A_{\theta} = A_{\eta}$ .
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- But they determine signs better!

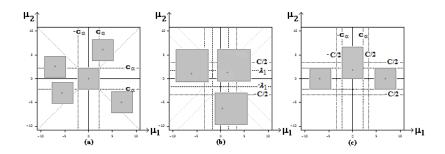
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## Bivariate QC acceptance regions



(a) Squares with side length  $c_{\alpha}$  centered at  $\theta$  when  $\min(|\theta_1|, |\theta_2|) \geq c_{\alpha}$  or  $\theta = \mathbf{0}$ ; (b) Squares with side length C, centered at  $\theta$  in one coordinate when  $\min\{|\theta_1|, |\theta_2|\} < c_{\alpha}$  and  $\left||\theta_2| - |\theta_1|\right| \geq C/2 - \lambda_1$  (top left and bottom); Squares with side length C that are not centered at  $\theta$  in either coordinates when  $\min\{|\theta_1|, |\theta_2|\} < c_{\alpha}$  and  $\left||\theta_2| - |\theta_1|\right| < C/2 - \lambda(\theta) \leq C/2 - \lambda_1$  (top right). (c) Rectangles when one component of  $\theta$  is zero.



### QC Confidence set for $\mu$

QC Acceptance regions are equivariant under reflection, so confidence intervals are too: assume wlog  $\mathbf{X} > 0$ .

Construct other cases by reflecting about the coordinate axes of those components of **X** that are negative.

#### Define

$$\lambda_k \equiv \min\{x : (2F(C/2)-1)^{n-k} \times (F(x)+F(C-x)-1)^k \ge 1-\alpha\},$$

$$C \equiv \{j : X_j \le C\},$$

$$C(j) \equiv \{i \ne j : C - X_i \ge X_j\},$$

$$\kappa(j) \equiv \#\{i \neq j : C - X_i \geq X_j\} = \#C(j),$$

and

$$h_k(x) \equiv x - \max_{y} \{y : [2F(C/2) - 1]^{n-k-1} \times \{F(C-x) - F(-x)\}^k \times \{F(C-y) - F(-y)\} \ge 1 - \alpha\}.$$

1. If 
$$\#\mathcal{C} = 0$$
,  $U_i = X_i + c_{\alpha}$  for all  $j$ .

2. If 
$$\#\mathcal{C}=1$$
,  $U_j=X_j+c_{\alpha}$  for  $j\in\mathcal{C}$  and  $U_j=X_j+C/2$  for  $j\notin\mathcal{C}$ .

3. If 
$$\#C > 1$$
,  $U_i = X_i + C/2$  for all  $j$ .

#### **Lower Confidence Bounds**

1. If 
$$X_i > C$$
 and  $\#C = 0$ ,  $L_i = X_i - c_{\alpha}$ .

2. If 
$$X_j > C$$
 and  $\#C > 0$ ,  $L_j = X_j - C/2$ .

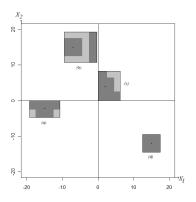
3. If 
$$\lambda_{\kappa(j)+1} < X_j \le C$$
,  $L_j = (X_j - (C - \lambda_1))_+$ .

4. If 
$$\lambda_{\kappa(j)} < X_j \le \lambda_{\kappa(j)+1}$$
,  $L_j = h_{\kappa(j)}(X_j)$ .

5. If 
$$0 < X_j \le \lambda_{\kappa(j)}$$
 then  $L_j = X_j - C/2$ .

6. If 
$$X_i = 0$$
 and  $\#C = 1$ ,  $L_i = 0 - c_{\alpha}$ .

#### Bivariate QC confidence sets and confidence intervals



 $_L$ X $_U$  is 95% confidence interval around the estimator X. (a)  $\mathcal{I}_1=_{-19.02}-15_{-10.98}$  and  $\mathcal{I}_2=_{-4.43}-2.2_{0.00}$ 

(b) 
$$\mathcal{I}_1 = {}_{-9.23} - 7_{-0.60}$$
 and  $\mathcal{I}_2 = {}_{10.97} \mathbf{15}_{19.03}$  (c)  $\mathcal{I}_1 = {}_{0.00} \mathbf{1.98}_{6.01}$  and  $\mathcal{I}_2 = {}_{0.00} \mathbf{4}_{8.03}$  (d)  $\mathcal{I}_1 = {}_{12.76} \mathbf{15}_{17.24}$  and

$$I_2 = -14.23 - 12 - 9.77$$
.  $C/2 = 1.8c_{\alpha}$ .

### Almost too good to be true

The set of data values for which QC confidence intervals determine the sign of at least one component of  $\mu$  strictly includes the set for which conventional intervals do.

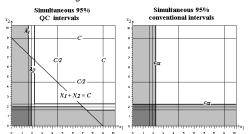
For  $C/2=1.8c_{\alpha}$ , if one component of **X** is large, the sign of both parameters is determined when the smaller component of **X** is larger in magnitude than  $\lambda_1=1.65$ .

Comparable to 1.645, the threshold to determine sign using a one-sided regular interval—with a pre-determined direction.

The signs of both components of the parameter are determined when both components of the datum are larger than  $\lambda_2 = 1.95$ . This is smaller than 1.965, the threshold to infer the signs separately.

# Sign determinations: QC vs conventional simultaneous





(Left) Data for which 95% QC intervals determine sign of one or both components of  $\mu$ , for  $C/2 = 1.8c_{\Omega}$ .

 $(\lambda_1=1.65<\lambda_2=1.95< c_{\alpha}=2.24)$  (Right): Data for which 95% conventional intervals determine sign of one or both components of  $\mu$ . The white regions are data for which both components of  $\mu$  are determined to be nonnegative, the light gray regions are data for which one component is determined to be nonnegative, and the dark gray regions are data for which neither component is determined to be nonnegative.

## Women's Health Initiative (WHI) randomized trial

Estrogen plus Progestin hormone therapy for postmenopausal women.

Included 161,808 generally healthy postmenopausal women.

Primary endpoint for success was a decrease in Coronary Heart Disease (CHD); the primary adverse endpoint was Invasive Breast Cancer (IBC); combined endpoint "Global Health Index" (GHI), which combined risks and benefits.

Larger values indicate worse health.

Trial stopped early (after 11y) because treatment unexpectedly increased CHD and increased IBC beyond a predetermined threshold. The GHI indicated that, overall, risk outweighed benefit.

WHI study reported simultaneous and non-simultaneous confidence intervals.

Conclusions from the two sets of intervals differed: The unadjusted intervals showed increases in GHI and the risk of IBC and CHD, as mentioned above. The simultaneous intervals were consistent with no increase in risk for any of the endpoints. The clinical recommendations of the study were based on the unadjusted confidence intervals.

Women's Health Initiative

# QC 95% intervals support the clinical recommendations

Endpoint	HR	Unadjusted	Conventional	New $(C/2 = 1.2c_{\alpha})$	<b>New</b> ( $C/2 = 1.8c_{\alpha}$ )
IBC	1.26	[1.00, 1.59]	[0.95, 1.67]	[0.90, 1.77]	[0.76, 2.1]
CHD	1.29	[1.02, 1.63]	[0.97, 1.72]	[1.00, 1.82]	[1.00, 2.16]
GHI	1.15	[1.03, 1.28]	[1.01, 1.31]	(1.00, 1.35]	(1.00, 1.45]

Table 1: Estimated hazard rates, unadjusted (non-simultaneous) 95% confidence intervals, conventional simultaneous, and QC simultaneous 95% confidence intervals for the three endpoints in the Estrogen + Progestin WHI study of hormone-replacement therapy. Uses normal approximation to log odds ratio.