# Ph.D. Comprehensive Examination in Epidemiology 2024 Study Guide

This document contains methodologic concepts in epidemiology and biostatistics that students are expected to understand for the comprehensive exam in epidemiology at the Dalla Lana School of Public Health, University of Toronto.



"Hey, this is a marathon, not a sprint."

## **Epidemiology Topics**

Person, place, and time	<ul> <li>Descriptive epidemiology         <ul> <li>Data summaries</li> <li>Descriptive statistics</li> <li>Correlation</li> <li>Graphing (histograms, boxplots, bar graphs, scatterplots)</li> <li>Measures of distribution (mean, median, standard deviation)</li> <li>Z-scores</li> </ul> </li> <li>Age, period, cohort effects</li> <li>Calculating person-years</li> <li>Life table methods</li> <li>Target populations         <ul> <li>Closed and open populations</li> <li>Steady state</li> <li>Source population</li> <li>Study population</li> </ul> </li> <li>Sampling frames         <ul> <li>Simple random sample</li> <li>Multistage samples</li> <li>Probability samples</li> </ul> </li> </ul>
Measures of Disease Occurrence	<ul> <li>Incidence         <ul> <li>Incidence density (risk)</li> <li>Cumulative incidence</li> <li>Infant mortality rate</li> <li>Case fatality rate</li> <li>Disease specific mortality rate</li> <li>Attack rate, secondary attack rate</li> </ul> </li> <li>Prevalence</li> <li>Relationship between incidence and prevalence</li> <li>Standardization         <ul> <li>Direct standardization</li> <li>Indirect standardization</li> </ul> </li> </ul>
Measures of association and impact	<ul> <li>Relative measures         <ul> <li>Risk Ratio</li> <li>Rate Ratio</li> <li>Odds Ratio</li> </ul> </li> </ul>

	<ul> <li>Absolute measures         <ul> <li>Risk difference</li> <li>Rate difference</li> <li>Number needed to treat</li> </ul> </li> <li>Standardized rate difference, rate ratio</li> <li>Standardized risk difference, risk ratio</li> <li>Standardized mortality rate</li> <li>Attributable fractions</li> <li>Population attributable risk, PAR %</li> <li>Quality adjusted life years</li> <li>Interpretation of each measure</li> <li>Conceptual differences between measures</li> </ul>
Effect heterogeneity	<ul> <li>Limitations of each measure</li> <li>Concepts of homogeneity &amp; heterogeneity         <ul> <li>Pooling</li> </ul> </li> </ul>
	<ul> <li>P-values</li> <li>Mantel Haenszel methods</li> <li>Assessment of effect measure modification</li> <li>Additive &amp; multplicative scale</li> <li>Interaction         <ul> <li>Quantitative and qualitative interaction</li> <li>Joint effects framework</li> <li>Additive scale</li> <li>Multiplicative scale</li> <li>Multiplicative scale</li> <li>Continuum of interaction</li> <li>Statistical modeling, tests for interaction</li> <li>Relative excess risk of interaction</li> <li>Public health relevance</li> <li>Sufficient cause interaction</li> <li>Synergism</li> <li>Antagonism</li> <li>Mechanistic</li> <li>Monotonicity</li> <li>Biologic interaction</li> <li>Gene-environment interactions</li> </ul> </li> </ul>
Reliability and validity	<ul> <li>Measures of reliability         <ul> <li>Inter-rater, intra-rater</li> <li>Internal consistency</li> <li>Test-retest</li> <li>Measures of agreement (statistical, graphical, tabular)</li> </ul> </li> </ul>
	Measures of validity

	<ul> <li>Content</li> <li>Criterion (concurrent, predictive)</li> <li>Construct (discriminant, convergent)</li> <li>ROC curves</li> <li>Sensitivity, specificity, PPV, NPV</li> <li>Likelihood ratio</li> <li>Questionnaire design         <ul> <li>Types of questionnaires</li> <li>Principles and approaches for questionnaire design</li> </ul> </li> <li>Validation study designs (to assess validity/reliability of measures)</li> <li>Sensitivity analysis</li> </ul>
Study design	<ul> <li>Asking good questions         <ul> <li>PICOT</li> <li>Types of research questions (descriptive, predictive, etiologic research questions)</li> </ul> </li> <li>Appropriate justification of using different types of study designs, including strengths and weaknesses of each design</li> <li>Primary vs secondary data sources         <ul> <li>'Big data' sources</li> <li>Electronic health records</li> <li>Administrative data</li> <li>Record linkage</li> </ul> </li> <li>Health claims databases</li> <li>Consortium studies</li> <li>Challenges of studying the health of populations</li> <li>Measurement of exposure, outcomes, and covariates</li> <li>Prevention of selection bias, confounding, information (measurement) bias via study design</li> <li>Matching</li> <li>Sample size and power calculations</li> <li>Generalizability         <ul> <li>Population health impact</li> <li>Knowledge translation frameworks</li> </ul> </li> </ul>

Companying of an and	•	Introductory concepts of
Concepts of causal		causation (e.g., historical
inference		
		perspectives, Bradford Hill
		criteria)
	•	Formal causal models
		<ul> <li>Sufficient component</li> </ul>
		cause model ("causal
		pies")
		<ul> <li>Counterfactual/potential</li> </ul>
		outcomes models
		<ul> <li>Notation</li> </ul>
		<ul> <li>Causal response</li> </ul>
		types
	•	Measures of causal effect
		<ul> <li>Individual causal effects</li> </ul>
		<ul> <li>Average causal effects</li> </ul>
		<ul> <li>Causal contrasts</li> </ul>
		<ul> <li>Marginal and conditional effects</li> </ul>
	•	Causation vs. association
	•	Identifiability assumptions
	•	<ul> <li>Exchangeability</li> </ul>
		• Consistency
		• Positivity
		<ul> <li>Model misspecification</li> </ul>
		o SUTVA
		DAG
	•	DAGs
		• Terminology
		<ul> <li>D-separation rules (backdoor paths)</li> </ul>
		<ul> <li>Colliders, confounders, mediators</li> </ul>
		<ul> <li>Sufficient adjustment sets</li> </ul>
	──	Chrysteine of oppfanotics
Confounding	•	Structure of confounding
	•	Time-varying confounding
	•	Identification of confounders
		<ul> <li>Conceptual principles</li> </ul>
		<ul> <li>Via DAGs</li> </ul>
		<ul> <li>Analytic approaches</li> </ul>
	•	Control via study design
		<ul> <li>Randomization</li> </ul>
		<ul> <li>Restriction</li> </ul>
		<ul> <li>Matching</li> </ul>
	•	Control via analytic approaches
		<ul> <li>Adjustment</li> </ul>
		<ul> <li>Stratification</li> </ul>
	<u> </u>	

	• E-value
	Residual confounding
	Unmeasured confounding
	Overadjustment
Selection bias	Definition
	<ul> <li>Selection without bias</li> </ul>
	<ul> <li>Magnitude and direction of bias</li> </ul>
	<ul> <li>Difference between confounding and</li> </ul>
	selection
	Structure of selection bias
	<ul> <li>Definition using DAGs</li> </ul>
	<ul> <li>Selection bias vs. collider</li> </ul>
	stratification
	• Selection into study sample:
	<ul> <li>Selective survival (survivor bias)</li> </ul>
	<ul> <li>Improper control selection</li> </ul>
	<ul> <li>Healthy worker bias, volunteer bias</li> </ul>
	• Selection out of study sample:
	<ul> <li>Informative censoring, loss to follow-</li> </ul>
	up
	Collider stratification bias
	<ul> <li>DAGs M-bias structure</li> </ul>
Measurement bias	Measurement bias
	<ul> <li>Definition using DAGs</li> </ul>
	<ul> <li>Structure of measurement bias</li> </ul>
	<ul> <li>Differential, non-differential</li> </ul>
	<ul> <li>Dependent, independent</li> </ul>
	<ul> <li>Strength and direction of measurement</li> </ul>
	bias
	• Mismeasurement of exposure, outcome,
	confounders, colliders
	Measurement error
	Misclassification (PPV, NPV, Sensitivity,
	Specificity)
Randomized Controlled	Justification of when RCTs can/should be
Trials	used
111010	<ul> <li>Strengths and weaknesses of RCT</li> </ul>
	<ul> <li>Clinical equipoise</li> </ul>
	<ul> <li>Superiority, equivalence, non-</li> </ul>
	inferiority
	o reasipliity & ethics
	<ul> <li>Feasibility &amp; ethics</li> <li>Efficacy vs. effectiveness</li> </ul>
	<ul> <li>Efficacy vs. effectiveness</li> </ul>
	<ul> <li>Efficacy vs. effectiveness</li> <li>Measurement of exposure, outcomes,</li> </ul>
	<ul> <li>Efficacy vs. effectiveness</li> </ul>

	<ul> <li>Confounding, measurement, selection bi as they relate to RCT</li> </ul>	as
	<ul> <li>Randomization         <ul> <li>Purpose of randomization</li> <li>Best practice approaches for implementing randomization</li> <li>Stratified</li> <li>Blocking</li> </ul> </li> </ul>	
	<ul> <li>Structure of RCTs         <ul> <li>Parallel RCT</li> <li>Cross-over</li> <li>Factorial</li> <li>Group designs</li> </ul> </li> </ul>	
	<ul> <li>Allocation concealment         <ul> <li>Blinding types</li> <li>Placebo control, active control</li> <li>Compliance</li> <li>Detection</li> </ul> </li> </ul>	
	<ul> <li>Analysis         <ul> <li>Intention to treat</li> <li>Per protocol</li> <li>Data analysis considerations for F (e.g., regression modeling, measu of change, absolute and proportion change)</li> <li>Interim analyses</li> <li>Ethics &amp; stopping rules, role of DS</li> </ul> </li> </ul>	ures onal
	<ul> <li>Additional RCT designs         <ul> <li>Cluster trials</li> <li>Community-based interventions</li> <li>Sequential designs</li> <li>Pragmatic designs</li> </ul> </li> </ul>	
Observational Studies	Cohort studies	
For each study design, should be able to:	• Prospective & retrospective	
<ul> <li>Describe key         <ul> <li>Describe key</li> <li>features</li> <li>Measurement of key</li> </ul> </li> </ul>	<ul> <li>Target trial framework</li> <li>Asking a causal question</li> </ul>	
variables	<ul> <li>Emulating a target trial</li> </ul>	

<ul> <li>Justificultan the</li> </ul>	Case control studies
<ul> <li>Justify when the design should be</li> </ul>	
used	• Cumulative
$\circ$ Strengths and	<ul> <li>Case cohort</li> </ul>
weaknesses	Nested case control with
	incidence density sampling
	Cross-sectional studies
	Surveys
	Ecologic studies
	Quasi-experimental designs
	<ul> <li>Natural experiments</li> </ul>
	<ul> <li>Difference in difference</li> </ul>
	<ul> <li>Regression discontinuity</li> </ul>
	<ul> <li>Interrupted-time series</li> </ul>
Clinical epidemiology	Diagnostic and prognostic
	screening studies
	Clinical and subclinical disease
	Chronic disease vs. infectious disease
	Latency, incubation period
	Natural history of disease
	Diagnosis and prognosis
	Diagnostic test accuracy
	Sensitivity, specificity, PPV, NPV
	Sequential vs. simultaneous testing
	Screening studies     Disease screening in populations
	<ul> <li>Disease screening in populations</li> <li>Screening ethics</li> </ul>
	<ul> <li>Cost/benefit ratio</li> </ul>
Field Epidemiology &	Dynamics of disease transmission
Surveillance	Endemic, epidemic, pandemic
	Outbreak investigation
	Herd immunity
	Disease surveillance programs
	<ul> <li>Active surveillance</li> </ul>
	<ul> <li>Passive surveillance</li> </ul>
	• Sentinel health events
	National and international
	disease surveillance programs
Systematic reviews and	<ul> <li>Systematic reviews         <ul> <li>Types of reviews</li> </ul> </li> </ul>
meta-analysis	<ul> <li>Narrative reviews</li> </ul>
	<ul> <li>Qualitative vs. quantitative synthesis</li> </ul>
	Meta analysis
	<ul> <li>Individual patient data meta analysis</li> </ul>
	<ul> <li>Network meta analysis</li> </ul>

	<ul> <li>Searching for studies to include         <ul> <li>Assessment of quality</li> <li>Publication bias</li> <li>Funnel plot</li> </ul> </li> <li>Extracting data         <ul> <li>Statistics for data synthesis</li> <li>Graphical approaches</li> <li>Heterogeneity assessment</li> <li>I<sup>2</sup></li> <li>L'abbe Plots</li> <li>Pooling</li> <li>Fixed and random effects</li> <li>Dersimonian and Laird model</li> <li>Subgroup analyses</li> <li>Meta regression</li> </ul> </li> </ul>
Regression Modeling & Interpretation	<ul> <li>Basic types of regression models         <ul> <li>Constant</li> <li>Linear</li> <li>Exponential</li> <li>Logistic</li> <li>Generalized linear models (GLM)</li> <li>Binomial (RR)</li> <li>Poisson (IRR)</li> <li>Polytomous regression models (ordinal, multinomial)</li> <li>Additive models</li> </ul> </li> </ul>
	<ul> <li>Dose response and trend analyses</li> <li>Interpreting results from regression analysis including crude and multivariable adjusted models, including interaction terms</li> <li>Regression post-estimation         <ul> <li>Predicted probabilities</li> </ul> </li> <li>Approaches for Longitudinal data analysis         <ul> <li>Analyses of change</li> <li>Repeated measures</li> <li>Clustered (multilevel) data</li> <li>Generalized estimating equations (GEE)</li> </ul> </li> </ul>

	<ul> <li>Mixed effects models</li> </ul>
	-Missing data
Time to Event Analyses	<ul> <li>Time scales</li> <li>Censoring and truncation         <ul> <li>Interval</li> <li>Left, right</li> </ul> </li> <li>Kaplan Meier curves</li> <li>Pooled logistic regression for discrete failure time data</li> <li>Time to event (survival) analysis         <ul> <li>Survival function</li> <li>Restricted mean survival time</li> </ul> </li> <li>Survival curves</li> <li>Non-parametric, semi-parametric, parametric survival models         <ul> <li>Weibull</li> <li>Exponential</li> <li>Gompertz</li> </ul> </li> <li>Cox PH model         <ul> <li>Hazard ratios</li> <li>Time dependent covariates</li> <li>Frailty</li> </ul> </li> <li>Accelerated failure time models</li> <li>Fine and Gray models</li> <li>Sub-distribution hazards</li> <li>Sub-distribution hazards</li> <li>Sub-distribution hazards</li> <li>Sub-distribution hazards</li> <li>Sub-distribution fazards</li> </ul>

## **Biostatistics Topics**

Types of data	<ul> <li>Nominal, ordinal, rank, discrete, continuous variables</li> </ul>
	Probability
	<ul> <li>Laws of probability</li> </ul>
	<ul> <li>Conditional probability</li> </ul>
	<ul> <li>Random variables</li> </ul>
	Probability distributions
	<ul> <li>Types (normal, binomial, Poisson)</li> </ul>
	<ul> <li>Range, IQR</li> </ul>
	<ul> <li>Variance, standard deviation</li> </ul>
	<ul> <li>Mean, median, mode</li> </ul>
	<ul> <li>Transformations</li> </ul>
Inference for means,	Hypothesis testing
proportions, and counts	• T-tests
	ANOVA/MANOVA
	Type I and II error
	P-values
	Multiple testing
	<ul> <li>Confidence intervals (calculation and</li> </ul>
	interpretation)
	<ul> <li>Paired and unpaired samples</li> </ul>
	Chi-squared test
	Fishers exact test
	Mantel-Haenszel test
	<ul> <li>Frequentist and Bayesian perspectives</li> </ul>
Non-parametric statistics	Sign test
	Rank sum test
	Wilcoxon signed rank test
	Kruskal Wallis test

Regression	Generalized linear models
	Regression diagnostics
	Model building and
	selection techniques
	Forward and backward
	selection
	AIC
	• BIC
	R <sup>2</sup> criteria
	Goodness of fit assessment
	Collinearity
	Re-scaling variables
	Centering variables
	<ul> <li>Interpreting results from</li> </ul>
	regression models
	Analysis of variance/
	covariance
	Multinomial and ordinal
	regression models
	Analysis of matched data

Some helpful resources:

### Textbooks in Epidemiology:

Epidemiology Beyond the Basics (Szklo and Nieto) Modern Epidemiology: 4<sup>th</sup> Edition (Lash et al.) Causal inference: What If? (Hernan and Robins) Epidemiology by Design (Westreich) Epidemiology: An Introduction (Rothman) Causal Inference- The Mixtape (Cunningham) Epidemiologic Methods: Studying the Occurrence of Illness (Koepsell & Weiss) Critical Appraisal of Epidemiological Studies and Clinical Trials (Elwood) Fundamentals of Clinical Trials 5<sup>th</sup> Ed (Friedman et al) Gordis Epidemiology (Celentano) Essentials of Epidemiology in Public Health (Ashengrau and Seage)

### Textbooks in Statistics:

Introduction to the Practice of Statistics (Moore and McCabe) Biostatistics: The Bare Essentials (Streiner) Categorical Data Analysis (Agresti) Fundamentals of Biostatistics (Rosner) Introductory Applied Biostatistics (D'Agostino) Regression Methods in Biostatistics (Vittinghoff, Glidden, Shiboski, McCuloch) Regression Modeling Strategies (Harrell)