



International Society for Clinical Biostatistics

News

Number 16

June 1994

Editor: David W. Warne

Executive Committee 1993/94

(* = elections at AGM, 1994: see p.18)

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I can now reply to your notes !**

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Editorial

May Week was in June, to borrow the title from Clive James' third autobiography. More precisely, the week that I'd normally spend compiling the News has turned into a couple of hot, airless days in June. Apologies if there a few rough edges to this edition.

It's now clear to me that although there is enough material to produce more Newses per year, the amount of time needed to organise and plan an issue is too much to justify more than 2 per year. However, I will make one change - the next issue will be October 1994 (deadline for Basel trip reports and other contributions end-August) and the one after that March 1995 (deadline end-January). Advertisers and book reviewers please take note.

So what's new ? You'll find lots of info. about ISCB members world-wide, and various other responses to articles in the last issue. If something interests or upsets you this time, please do send a letter or an email to the addresses on the left. From now on, I've decided I will only re-type very short articles - all longer pieces such as reviews must be on a diskette or sent via email.

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ISCB Membership

The ISCB membership is still growing, slowly but steadily. Please note that if you attended Cambridge and haven't renewed your membership, this will be your last News.

#	Country	31/Dec/92	09/Jun/93	ISCB14	06/Dec/93	Survey	28/Apr/94
1	UK	90	65	128	176	58	80
2	Germany	67	45	39	75	25	48
3	Sweden	51	42	22	53	12	35
4	France	52	38	26	62	18	34
5	USA	45	26	16	40	21	27
6	Netherlands	30	23	23	38	12	26
7	Denmark	58	24	23	38	12	23
8	Italy	33	26	23	37	11	23
9	Belgium	22	18	13	27	17	21
10	Switzerland	25	16	8	22	12	20
11	Hungary	1	21	1	17	2	18
12	Norway	18	18	10	25	9	18
13	Spain	12	11	9	18	4	11
14	Canada	12	12	5	14	4	9
15	Austria	9	5	6	11	5	8
16	Finland	7	5	4	7	2	8
17	Poland		11	2	11	2	8
18	Australia	9	8	2	11	4	6
19	Japan	6	4	4	7	3	4
20	Ireland	2	2	1	3	2	3
21	Honk Kong	1	1		1	1	2
22	Israel	3	2	3	4	1	2
23	Slovenia	1	1	1	2	1	2
24	Czech Rep.		1		1		1
25	Portugal	3	3	2	5		1
26	South Africa	1	1	3	4	2	1
27	China	1		1	1		
28	Greece	1		1	1		
29	India	1	1		1		
30	Kenya	1		1	1		
31	New Zealand	1					
32	Thailand	1			1		
33	Turkey	1			1		
	TOTAL	563	430	377	715	240	439

Questions & Answers

A Question that arose in my mind when I took over editing ISCB News was "who are the ISCB members: what do they do and which other journals and newsletters do they subscribe to?". Over the past few years, ISCB has asked itself what its role should be. In particular, should it aim to do more than hold a conference each year? In this issue, you'll find the results, starting on page 16.

Aims of ISCB

The Society was founded to stimulate research on the principles and methodology used in the design and analysis of clinical research, to increase the relevance of statistical theory to the real world of clinical medicine, and to provide a common forum through meetings and publications for the exchange of knowledge, experience and ideas among clinicians, statisticians and members of related disciplines (e.g. epidemiologists, clinical chemists and clinical pharmacologists) working or interested in the field of clinical biostatistics.

Comments on McPearson's
"The Perils of not Thinking Counterfactually"

by Marc Buyse

Was the meaning of the title of Dr McPearson's article (*ISCB News*, 15:3) immediately obvious to you? It certainly was not to me! While I tried to make sense of it, I came to the conclusion that the "not" in front of "thinking" had been inserted there by mistake (slips of the finger are common in our days of cutting and pasting), and I would like to share my thoughts on why I feel this way. To refresh your memory, Dr McPearson's example (not that of the man who beat his wife) concerned patients receiving ACE inhibitors, in the form of either a standard or a new treatment. One of the outcomes of interest was cough, for which the data looked as follows:

Patients having cough at baseline

Status during trial	Standard treatment	New treatment	TOTAL
Cough	40	10	50
No cough	5	33	38
TOTAL	45	43	88

Patients not having cough at baseline

Status during trial	Standard treatment	New treatment	TOTAL
Cough	5	6	11
No cough	50	51	101
TOTAL	55	57	112

Now it seems to me that no statistician in their right mind would wish to consider the comparison of the *supposedly* "treatment-related" coughs as shown in the table below, and would be appalled if such a comparison were to take any kind of prominent place in a new drug application:

"Treatment-related" coughs

Status during trial	Standard treatment	New treatment	TOTAL
"Treatment-related" cough	5	6	11
No "treatment-related" cough	95	94	189
TOTAL	100	100	200

Most statisticians would argue that the main comparison of interest, whether for regulatory or for any other purpose, is that of *all* coughs observed during the trial, whether treatment-related or not, and whether pre-existent or not:

All coughs, all patients
(simply the sum of the first two tables above)

Status during trial	Standard treatment	New treatment	TOTAL
Cough	45	16	61
No cough	55	84	139
TOTAL	100	100	200

Comments on McPearson (continued)

If thinking factually (which I take to be the opposite of thinking counterfactually) means staying as close to the *facts* as possible, then this last table is surely the one to consider, and it does show a markedly reduced incidence of cough among patients receiving the new treatment. A straightforward independence test on this table yields a chi-square value of 19.8, which is highly significant ($P < 10^{-5}$). The analysis can be refined by stratifying for the presence of pre-existing cough, as suggested by Dr McPearson. A Mantel-Haenszel stratified test on the first two tables above yields a chi-square value of 24.7 ($P < 10^{-5}$), not qualitatively different from the unstratified value. The stratified analysis may in general be preferred if the treatment effect differs widely between the strata: in the present case, for instance, it is descriptively useful to show therapeutic results within strata defined by the presence of pre-existing cough. However, the stratified analysis would only yield results that differ materially from those of the unstratified analysis if there was a marked imbalance between pre-existing coughs among the two treatment groups, an unlikely situation in any properly randomized trial of sufficient size.

Where is the problem, you might ask? Why do people (especially those in charge of new drug registrations) insist on performing analyses of the sort rightly decried by Dr McPearson? The problem, I believe, lies in a fundamental suspicion (or perhaps misunderstanding) about the role of randomization. Randomization is often casually thought of as a convenient way to render treatment groups comparable in the long run. While this is undoubtedly the case, randomization is much more than that: it is a mechanism that allows us to claim that observed differences between patient groups are *causally* related to an effect of treatment. More specifically, if randomization is properly implemented, any observed difference between randomized groups can *only* be due to the play of chance or to a genuine treatment effect. Compare this with all other forms of clinical research, in which causality can only be assumed, and you come to understand why randomization has become such a central and essential jewel in clinical research today. Ironically enough, most of the supposedly clever analyses which encumber new drug applications defeat the very purpose of randomization, and do more harm than good to our claims of causality. Dr McPearson's example is clear enough: the attempt to inject causality in the experiment by attributing some of the coughs to treatment leads to an absurd claim of no difference, while the simple observation of all coughs by randomized group leads to a strong conclusion of a treatment difference.

There are, unfortunately, many more examples of the same kind. The "per protocol" analyses, in which patients who deviate from the prescribed protocol are excluded (a practice which is adopted with quasi-religious zeal by drug companies and regulatory bodies), suffer from the very same defect: instead of strengthening the causality of observed differences, they ruin the very purpose of randomization, thereby defeating the strong claim of causality that randomization alone would have permitted. Why not stick to the simple-minded "intention-to-treat" analysis? Likewise, in the reporting of adverse events to treatments which are randomly compared to a control group, why bother clinicians with a question on the assumed relationship to the treatment (an adverse event being "unlikely", "possibly", "probably" or "definitely" related to the treatment)? A simple comparison of the frequencies of all adverse events reported by randomized group is all that is needed to claim that a certain adverse event is causally related to the treatment under study. The real beauty of randomization is that it makes things so unbelievably *simple*.

Coming back to Dr McPearson's title, it seems to me that the danger lies not in sticking to the facts, but rather in submitting the observed data to unwarranted manipulations that undermine the very bases of our experimental designs.

RANDOM HARVEST

A Muesli of Quotations Culled by Guernsey McPearson (Third helping)

The statistician's fond hope? *But what's true of the general must be true of the particular.*

Howard Jacobson, *Roots Schmoots*

A man after my own heart. *Ye maun understand I found my remarks on figures, whilk....is the only true demonstrable root of human knowledge.*

Sir Walter Scott, *Rob Roy*

Patient by treatment interaction. *There are probably no two men in existence on whom the drug acts in exactly the same manner.*

Wilkie Collins, *The Moonstone*

On the dangers of using analogies. *Similes have the merit of satisfying the finder of them and cheating the hearer.*

George Meredith, *The Egoist*

For Bayesians? *Believing where we cannot prove.*

Tennyson, *In Memorium*

A defence of Bayso-Frequentism. *I have taken new comfort and refuge in the doctrine that advises one not to seek tranquility in certainty, but in permanently suspended judgment.*

William Boyd, *Brazzaville Beach*

On explaining peculiar results by saying that this is clearly an untypical trial.

Count. Marry, that's a bountiful answer that fits all questions.

Clown. It is like a barber's chair that fits all buttocks; the pin buttock the quatch buttock, the brawn buttock, or any buttock.

Shakespeare, *All's Well That Ends Well*

An unusual galenical form for a medicine. *Some books are to be tasted, others to be swallowed, and some few to be chewed and digested.*

Francis Bacon

On repeated measures. *And three times to the child I said, 'Why, Edward, tell me why?'*

Wordsworth

On the problems of summarising data: *Pour bien savoir les choses, il en faut savoir le detail; et comme il presque infini, nos connaissances sont toujours superficielles et imparfaites.*

La Rochefoucauld

(To know things well we must understand their detail, and since this is almost infinite, our knowledge is always superficial and imperfect.)

Stuck for a solution? *Rouse up sirs! Give your brains a racking, To find the remedy we're lacking, Or sure as fate, we'll send you packing.*

Browning

✉ *from Harbadjan Chadha-Boreham, Laboratoires Fournier, Daix, France:*

I and some of my colleagues were horrified by Guernsey McPearson's gratuitous use of a deeply offensive and sexist "story" to illustrate a statistical point. Thousands of women daily suffer the trauma of male violence. Here the case of a wife being beaten is delivered in the manner of a funny story complete with a punch-line. I am astounded that a professional medical statistician can be so insensitive as to make a joke of the suffering and humiliation which is a reality for so many women in our society.

Editorial note: Dr. McPearson, for once, declined to reply.

✉ *from David Tudor, Synthlabo Recherche, Bagneaux, FRANCE:*

After reading Stephen Senn's tips on pronouncing the name "Basel" in the December issue of ISCB News, I feel impelled to reassure the readership that there is no intended ill will in the American pronunciation, which is similar to the German "Basel". (The second American pronunciation and spelling are the same as the British. Ref: The American Heritage Dictionary.) If there is a tendency in the UK to use the American pronunciation, perhaps it is rather an example of the encroachment of American culture there, and not the expression of some British desire to be "not very complimentary". I suppose you'd have to ask the English about that. At any rate, I am sure our American pronunciation and spelling import no ulterior motives with regard to the Swiss.

Editorial note: the reports that I write are supposed to be in American English, yet I've used British English for almost 30 years and find the former difficult. Centre can be changed to center without upsetting me, I can analyse or analyze, but where is the boundary between different styles and the occasional "sloppiness" with English that affects writers on both sides of the Atlantic ? Can anyone recommend a good dictionary or reference book to explain the differences and what is acceptable ?

AGM Notice

Notice of the Annual General Meeting of the International Society for Clinical Biostatistics

The Annual General Meeting of the Society will be held in Salle Montreal of the Convention Centre, Messeplatz, Basle, Switzerland on Wednesday 27 July, 1994 at 16.00.

All members of the society are hereby invited to attend.

Nominations for Members of the Executive Committee of the Society and of the Nominations Committee

Nominations may be made for the following positions on the executive committee:

Vice-President

Treasurer

Secretary

Members (5 places).

Karsten Schmidt is eligible to be re-nominated for treasurer. Stephen Senn is eligible to be re-nominated for secretary. The following members of the executive are available for re-nomination: S Day, J van Houwelingen, B Huitfeldt, A Johnson, M Valsecchi.

Nominations may also be made for a place on the nominations committee.

Nominations should be made in writing to Professor Stephen Evans, Department of Epidemiology and Medical Statistics, London Hospital Medical College at QMW, Mile End Road, LONDON, WC1E 7HX, UK before 8 July 1994 or handed to the secretary at ISCB15 not later than 16.00 Tuesday 26 July 1994.

Kevin Gough

Death of Kevin Gough (1951-1994)

The committee notes with sadness the death of Kevin Gough. Kevin was a leading member of PSI, (Statisticians in the Pharmaceutical Industry) and at one time its newsletter editor. He was well known and liked throughout the world of biopharmaceutical statistics and well respected for his general statistical expertise. In particular he was an expert in applying random effects models to incomplete blocks in order to recover inter-block information and an enthusiastic proponent of these approaches. He will be sadly missed by all who knew him. Our sympathy goes to his young family for the grievous loss they have suffered.

SJS

Computer Corner

Not much time or space this time. I received an email from Anna Bartkowiak mentioning the use of Chiwriter and Tex for word-processing. Both are certainly popular in universities - I used the former for my thesis - but less so in business where compatibility with other packages such as spreadsheets and graphics programs is essential.

So far I've received email from USA, Poland, Germany, France and UK. I do hope to receive lots of email from those of you who are connected to the rapidly expanding world of Internet. If you have any problems, e.g. if my username or address are changed again, please send a fax and I'll try to contact you. Don't forget to include your full email, fax, telephone and "normal" addresses.

I've been relying on MSmail to send faxes in recent months - no need to bother the secretary who has another 35 people to look after. When the service broke down, and the Internet connection failed for a couple of weeks, it was strange to go back to printing my letters and signing them. Then WinWord2 running under OS/2 stopped printing large True Type characters (hence "News" being smaller in this issue !). It's a pity IBM and Microsoft aren't really compatible...

Good news: if necessary, I can now read Word6 documents, although some features are lost, so send a paper copy with your disk. Nevertheless, I'd still prefer WinWord2 or text files.

ISCB Accounts

Society Accounts: Karsten Schmidt has concluded his investigation into the period when no accounts were produced. He is convinced that no unusual major transactions were made in this period. An update of the accounts to the end of 1993 is presented on page 29.

Accounts for ISCB14 are presented here:

ISCB-14 Cambridge

Preliminary account*

Income

Conference fees	£136374.72
Exhibitors, sponsors etc	14456.38
Bank interest	408.28
VAT refund	15974.17
Float from ISCB	10000.00
Total	£177213.55

Expenditure

Administration	£30716.61
VAT	15974.17
Conference facilities	85464.34
Conference materials, AV etc	16172.34
Travel and accommodation	7236.84
Membership fees (222 members)	3330.00
Return float to ISCB	10000.00
Total	£168894.30

Net Income ISCB-14

£8319.25

*Note: Accounts not yet audited

Deborah Ashby

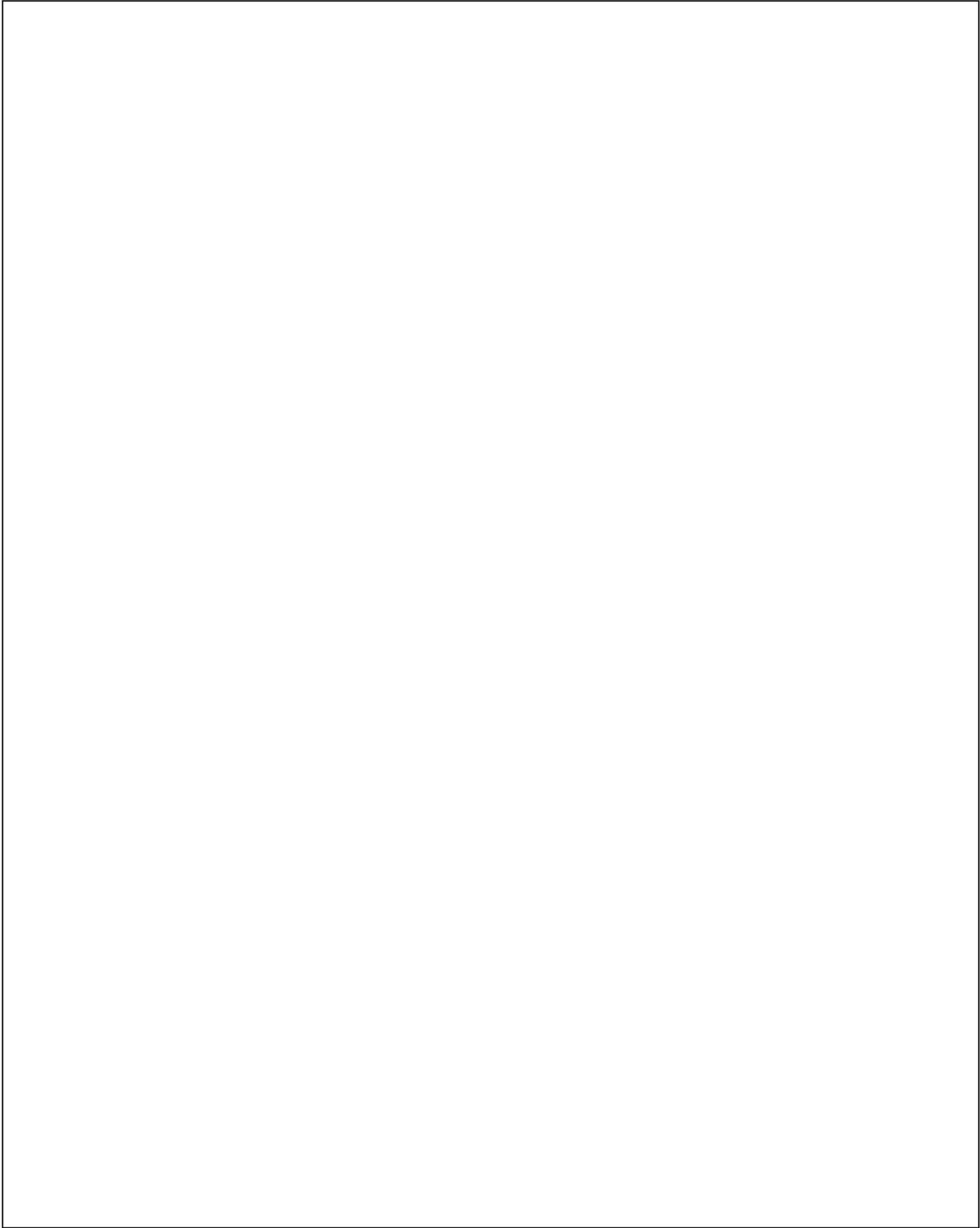
Simon Day

Treasurer, ISCB-14

Chair, Organising Committee, ISCB-14

May 24, 1994

Advertisement



Information Requests

Calling all Austrian, Canadian, Israeli, Italian, Norwegian and South African Statisticians

We sometimes receive requests to pass on the names and addresses of local members to relevant national or local commercial organisations. It is the Society's policy **not** to do this. However, we are prepared to pass on the names and addresses of such organisations to our members. Most of the requests concern promotion of particular venues. In the list which follows, the exception is South Africa, where more general scientific contact is being sought.

Members from Austria, Canada, Israel, Italy, Norway and South Africa might like to note, therefore, that:

Frau Ingrid Schuh-Behagel
Kongresszentrum Graz
Shmiedgasse 2/1
A-8010 Graz
Tel: 0 316/80 49-0

would be interested to make contact with Austrian ISCB members, particularly any living in Graz, with a view to promoting Graz as a possible future venue of the society.

Gerri Sing,
Greater Vancouver Convention and Tourism Marketing Association
Suite 210,
Waterfront Centre
200 Burrard Street
Vancouver BC
Canada
Tel: (604) 882-2222

would be interested in contacting Canadian members of ISCB with a view to promoting Vancouver as the venue for a future conference.

Ronit Gavi
OTRA Ltd
2 Kaufman St
PO Box 50432
Tel Aviv 61500
Tel 972-3-664825

and
Mrs Ilana Shapiro
KENES
29 Hamered Street
Tel Aviv 68125
POB 50006
Tel 972-3-5140014

would be interested to hear from Israeli members with a view to promoting Israel as a future conference venue.

Bernice Graziani
Centro Promozione Congressi Della Toscana
Via Borgogognissanti, 8
I-51023 Firenze
Tel: 055 21045

is interested in promoting Italy as a possible venue for a future conference and would be like to make contact with any member of the Society prepared to work towards this end.

Agnar Romberg Beretsen
Norway Convention Bureau
Havnelageret, Langkaia 1
PO Box 499 Sentrum
N-0105 Oslo
Tel: 22 42 70 44

would be interested to hear from Norwegian members of ISCB with a view to promoting Norway as a future venue, and

Hege Kroken
Bergen Convention Bureau
PO Box 4055 Dreggen
N-5023 Bergen
Tel: 55313860

would also like to hear from Norwegian members.

Dr Teresa Couthino
Coordinator: Biotechnology Special Programme
Foundation for Research Development
PO Box 2600 Pretoria 0001
South Africa
Tel 012 841-4076

is interested in promoting contact with international scientific organisations and in this context would be interested to make contact to ISCB through local South African members.

Books and Software for Review

Books

(1) The following books were all sent to my predecessor, Jørgen Seldrup, in 1992 or earlier, and are still available for review. Please contact the editor if you would like one or more of them. Reviewers are allowed to keep the book(s) that they reviewed (3.5" disks preferred, deadline for reviews: end of August 1994). Publishers: please send me some new books !

Marcel Dekker, New York & Basel:

Kocherlakota S & Kocherlakota C (1992)
Bivariate discrete distributions

Lutz EW (ed) (1991)
Future demographic trends in Europe and North
America: What can we assume today ?

Wadsworth, Belmont:

Maxwell SE & Delaney (1990)
Designing experiments and analyzing data: A model
comparison perspective

PWS-Kent, Boston:

Ott L & Mendenhall W (1990)
Understanding Statistics

Scheaffer RL (1990)
Introduction to probability and its applications

(2) Reviews to come next time (all Marcel Dekker):

P. North: Chow & Liu: Design and analysis of bioavailability and bioequivalence studies

D. Owens: Guarino: New drug approval process

Singer & Upton: Guidelines for laboratory quality auditing

A. Bartkowiak:

Mathai & Provost: Quadratic forms in random variables: Theory and app'ns

Software

(3)(a) **EaSt**, a commercially produced program for sequential designs has recently been offered to us by ISCB member Cyrus Mehta. The reviewer can keep the package for free afterwards !

(3)(b) **PEST3** is the new version of the highly successful sequential methods program produced by Reading University, England-UK, and used and supported by many leading pharmaceutical companies.

My Biometrics department was lucky enough to have a course recently given by John Whitehead and Caroline Ellwood, during which PEST was available for demonstrations. It's an extremely user-friendly package and could save your trials recruiting too many patients thus saving money whilst allowing decisions to be made earlier, benefitting the patients. The package costs £700, or £400 for academic institutions. If you would like to try it out, please request the disks and manual from the editor. Since this is such a comprehensive package, a review of at least one side of A4 is requested, on a 3.5" disk if possible.

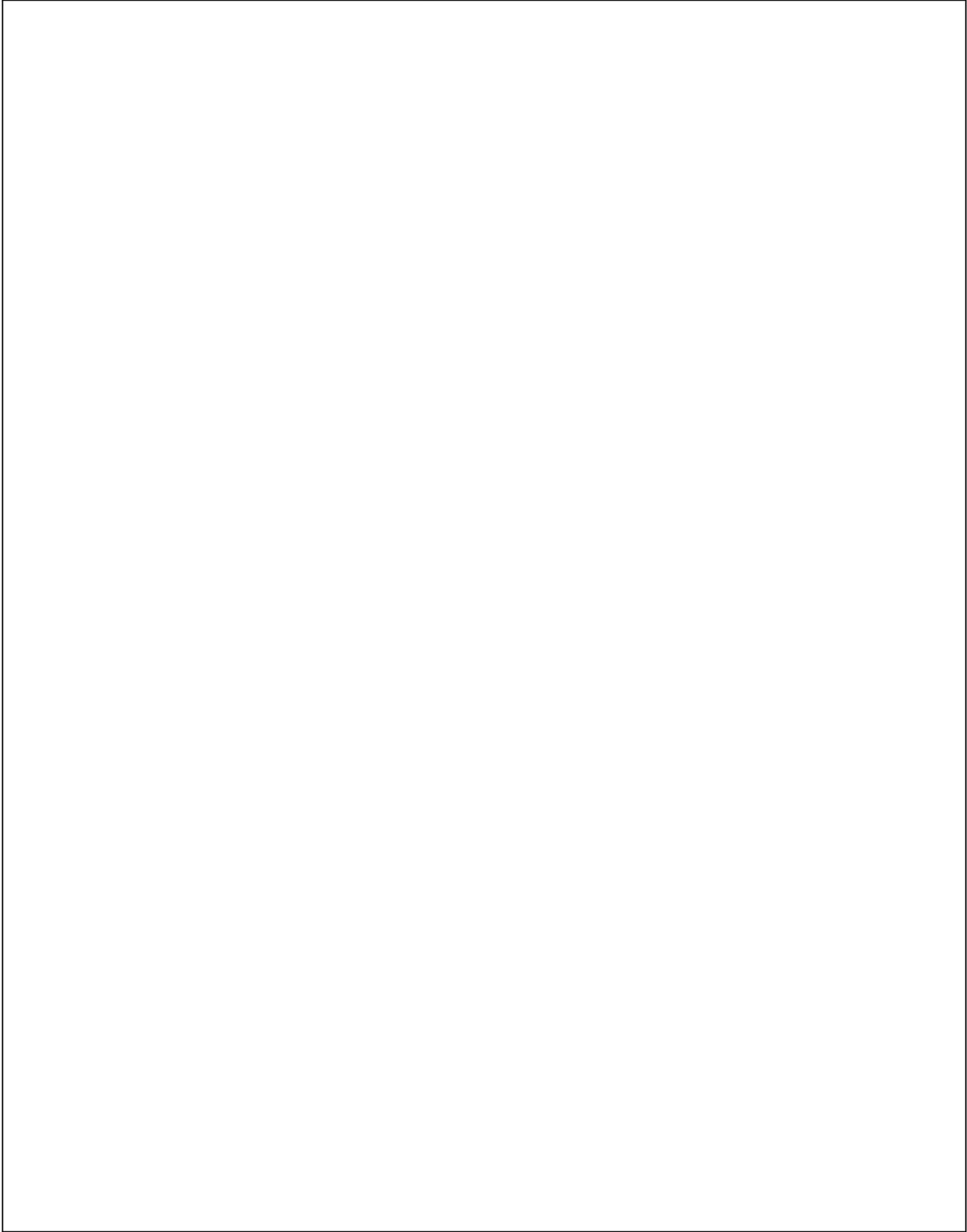
(4) Reviews to come next time:

S. Evans: N, Nsurv, TESTIMATE (IDV, Gauting)

J. Houghton: Random (Wiedey) and Rancode (IDV)

Cambridge Photos

by Simon Day



from Wolfgang Köpcke, new chairman of SEDREG

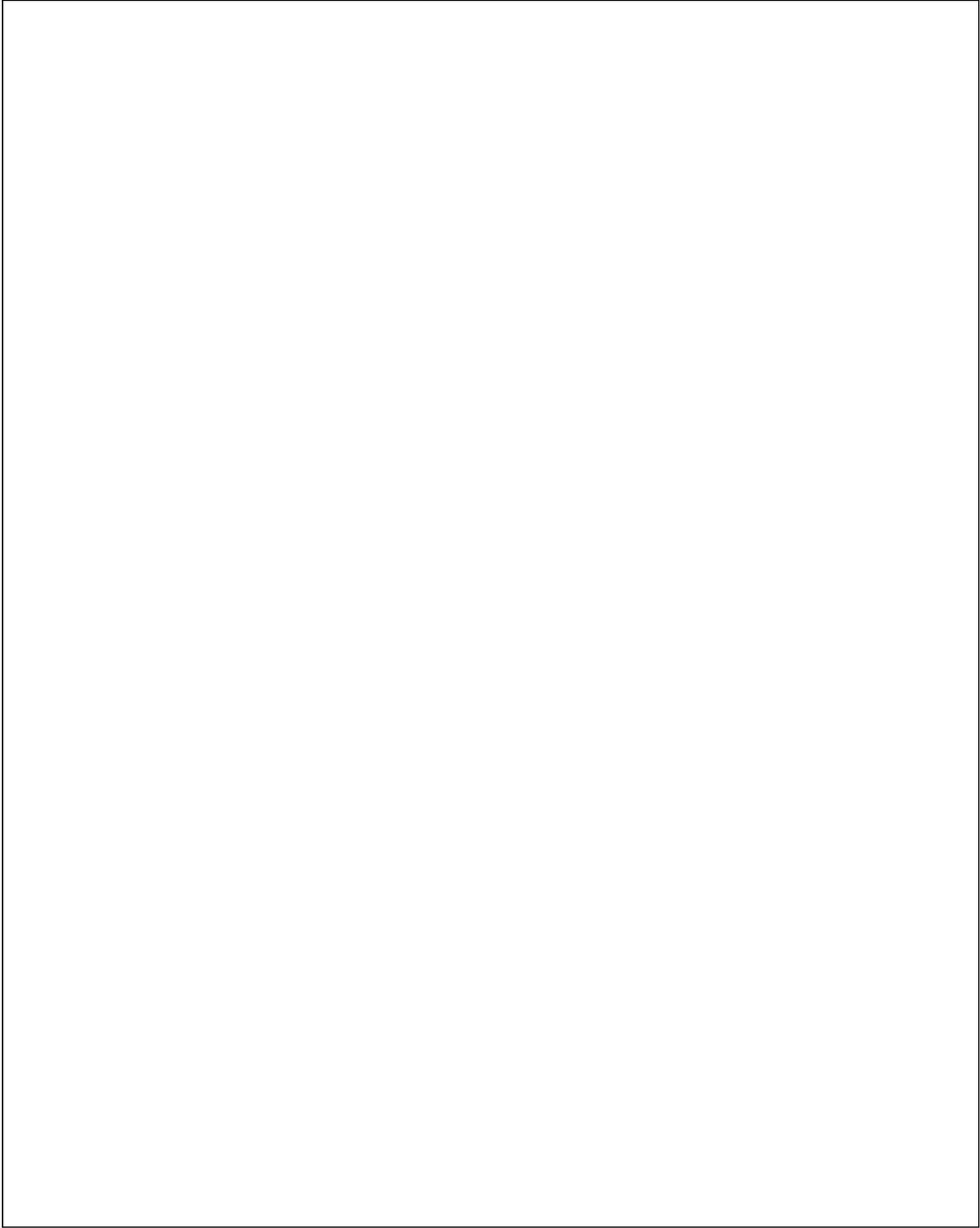
John Lewis has been appointed to the new position of senior Biostatistician at the Medicines Control Agency in London. This was the reason why he stepped down from the chair of SEDREG. The President of ISCB, Jörgen Selstrup, has asked Wolfgang Köpcke to take the position of the SEDREG chairman. During the DIA meeting in Edinburgh, 27,28 April, the SEDREG Executive Team consisting of David Jones, Bernhard Huitfeldt and Karsten Schmidt met with the old and the new chairmen.

Wolfgang Köpcke congratulated John Lewis and thanked him for his excellent work as SEDREG chairman. John Lewis agreed to remain responsible for the ISCB session in Basel on Statistics and Statistics in Drug Regulation. Under his chair, this session will be during the second half of the morning of 25 July. After the session, during lunch time, a meeting of the whole SEDREG group with the old and new chairmen will take place.

The SEDREG executive team discussed future activities. In agreement with its main aim, the employment of statisticians in European regulatory agencies, a new letter has to be written to European authorities, keeping the awareness of statisticians in their minds. Additionally, the role of SEDREG in regulatory guidelines was discussed. The SEDREG executive team agreed that ISCB is the proper professional society for official comments on EC guidelines. On the other hand, the limited time budget of the SEDREG executive team is in conflict with additional time consuming tasks. Therefore, the SEDREG executive team proposed that within SEDREG, a new sub-committee should be created which will coordinate the comments concerning draft European guidelines. This item will be discussed at the next meeting of the whole SEDREG group in Basel.

Cambridge Photos

by Nancy Geller



 *from Ian Campbell, Wirral, England-UK*

STATISTICAL TECHNIQUES NEED PROPER EVALUATION TOO

Stephen Senn asked for letters complaining about something (ISCB News, December 1993). and so here is my contribution complaining about the imbalance in research in medical statistics - too much theory and not enough practical application! We're now used to dividing medical research into preclinical research, and phase I, II and III clinical trials. The introduction of new drugs now has to go through a careful assessment procedure, though sadly, non-pharmacological treatments, and investigative procedures are not yet so well assessed. Most medical statisticians would agree that new health care interventions should not find their way into widespread clinical practice without evaluation of the pros and cons and comparison with existing techniques.

But what about new procedures in medical statistics? There seem to be plenty of papers in the journals describing new, ever more complex techniques, perhaps with an example set of data. These papers are analogous to a doctor reporting a phase I study of a new treatment on a single patient. There seems to be a great lack of follow-up research to assess whether the new procedure has advantages in practice over existing simpler procedures, whether there are disadvantages and whether the pros outweigh the cons.

For example, the Cox regression model now seems to be used in most studies of survival data where there are covariates that can be measured. But there are a number of important questions that appear not to have been considered, let alone answered. Should a Cox model be used in all randomised trials where survival is an end-point and measurable covariates exist? If not in all trials, when should it be used? If there is an advantage to a Cox analysis in at least some trials, presumably this is because of a gain in efficiency, but how great a gain in efficiency is there, and is it sufficient to outweigh the 'costs' of the more complex analysis? Most doctors do not understand the Cox model, and never will, given the many demands on their time; so using a Cox model analysis in a paper instead of a simpler method will result in the conclusions being less readily accepted by the medical readership, and will also increase doctors' prejudices against statistics; these are not insignificant costs. In non-randomised studies, can a Cox regression analysis 'adjust for differences ... in extent of disease', as claimed in a recent Lancet study (what about the unknown or unmeasurable prognostic factors, and what about inaccuracies in measurement of the known ones)? Is the Cox model the best description of the effect of covariates on survival and other related end-points in medicine, or are alternative models a better description? I could go on.

We seem to be getting into a situation where more complex methods of analysis are becoming adopted with no justification other than that they are new and more complex, which is little different from the adoption of unproven medical treatments and interventions merely because they are new and more complex. It is now common for two papers publishing similar sorts of data sets to contain different methods of analysis.

I am not denying that some of the new statistical techniques are a considerable intellectual achievement, nor that some of them have great potential in helping doctors make sense of their data, but I would argue that more work is needed in determining the proper place of new statistical techniques before they enter routine statistical practice.

Organise an ISCB Survey ? Well, maybe not...

by David W. Warne

Well, I asked for it ! When I studied Survey Methods, response rates of 10% were mentioned. To get a 55% response rate of those ISCB renewing their membership was a bit of a shock, to say the least. Rather than discuss the results, I'll present them in a rough and ready form to allow you to draw your own conclusions and write in with your thoughts for the next News:

Q0 Background info.:

N=440, n=240, 239 names and countries (1 unknown !). Thank you for your help !

(Buyse, Wiles, Götzsche, Seed, Völund, Wilson, Kay, Murray, Zouabichvili, De Muynck, Rogers, Ritter, Facey, Skovlund, Heinrich, Hanka, Cole, Day, Victor, Ashby, Friedl, Matthews, Appleton, Fagertun, Albuissou, Sandell, Voorn, Krip, Pauli, Wählander, Petroccione, Birkett, Balkau, Rosillon, Bauer, Zwingers, D'Hoore, Till, Eriksson, Jones, Sust, Decoster, Whitehead_A, Whitehead_J, Johnson, White, Cummings, Malbecq, Leimer, Deuber, Zedeler, Mutanen, Wallöe, Lilienthal, Pocock, Haider, Sorenson, Berthet, Peritz, Schenker, Ranstam, Cauquil, Vail, Bacchi, Howard, Chadha-Boreham, Kindermans, Klein, Schneider, Cosetta, Chalmers, Meier, Downie, Kohlmann, Schaasberg, Schemper, Marie, Forrest, Bayer, Windfeld, Bilbo, Villumsen, Murphy, Senn, Bebusschere, Houghton, Ferrari, Frick, DeMets, Schmidt, Giacobelli, Warne, Maertelaer, Tillil, Cruickshank, Lammerts, Stratton, Radley, Mary, Holle, North, Dinya, Marubini, Fisher, Johnson, Eide, Wild, Golden, Sanchez-Cantalejo, Kupse, Glasziou, Bond, Deville, Dietlein, Rahlfs, Reinhard, Lawrence, Hoclet, Armitage, Milner, Byttebier, Charpau, Seeber, Görtelmeyer, Rekacewicz, Cobos, Cesana, Zaletel-Kragelj, Botilde, Mermillod, Thomas, ?, Hawkins, Mulder, Svensson, Schumacher, de Ridder, Thorogood, Costagliola, Ford, Hoebel, Coad, Weatherall, Pignon, Heuch, Taylor, Jansson, Gehan, Wiklund, Kaufman, Motolese, Meinert, Roth, Emady-Azar, Fleet, Barrington, Hauck, Rockhold, Karlsson, Simes, Palmer, van Ewijk, Steyn, Pabst, Havik, Uehara, Elton, Visentin, Larsen, Kelly, Klersy, Wadel, Berglund, Mannelo, Mansmann, Gail, Foulkes, Brown, Neiss, Heli, Curram, Coldman, Tanghøj, Schreuer, Gallo, Seldrup, Huss, Matthews, Fayers, Sahmoud, Jones, Reilly, Coste, Nagai, Origasa, Steward, Dassu, Heisterkamp, Nienhaus, van der Tweel, Alvarez, Ma, Hunt, Andersen, Lachin, Hermans, Hsu Schmitz, Vaeth, Holtung, Krickeberg, Dixon, Mellits, Matcham, Dixon, Campbell, Prudham, Hutton, Rawson, Martin, Wise, Stijnen, Peacock, Edler, Harrison, Dunn, Dobson, Thall, Hajtman, Henricksson, Rehm, George, Moccatti, Bartkowiak, Joubert, Campbell, Schäfer, van Strik, Geller, Fidler, Tuechler)

GB	58
D	25
USA	21
F	18
B	16
CH	12
DK	12
NL	12
S	12
I	11
N	9
A	5

AUS	4
CDN	4
E	4
J	3
H	2
IRL	2
PL	2
RSA	2
SF	2
HK	1
ISR	1
SLO	1

ISCB Survey (continued)

Q1(a) Age:

n=236, 23-76, mean=42

20-24	1
25-29	18
30-34	37
35-39	39
40-44	51
45-49	43
50-54	20
55-59	15
60-64	6
65-69	3
70-74	2
75+	1

Q1(b) Sex:

m	176
f	63

Q1(c) Joined ISCB: 199?

78	1
79	8
80	7
81	1
82	4
83	5
84	10
85	9
86	9
87	4
88	7
89	10
90	19
91	20
92	30
93	32
94	20

Q1(d) Job: 233

Pharma	81
Uni	104
CRO	14
Public Health	34

Q2 Societies:

Biometrics	139
RSS	78
PSI	58
ASA	43
SCT	40
DIA	22
ISI	18
IMS	14
GMDS	11
IASC	8
ASU	7
ACDM	6

Q3 Publications read:

SiM	143
Bcs	116
JRSS	69
CCT	66
JASA	53
BMJ	46
Lancet	45
NEJM	41
Bka	33
StatSci	18
SMMR	17
AmJEpi	16
JBiophStat	12
AmStat	10
Scrip	10
JAMA	9
Technom.	9
AnnStat	7
JCompStat	7
ACT	6
JClinEpi	6
DIAJ	5
IntJEpi	5
ScanJStat	5
Chance	4
IntStatRev	4
MedDecMaking	4

Q5 Hardware:

PC	202
Mainframe	104
Workstation	71

ISCB Survey (continued)

Q4 Software Packages:

SAS	178
BMDP	71
SPSS	55
GLIM	54
S+	32
STATXACT	26
MINITAB	24
GENSTAT	19
EGRET	16
SYSTAT	11
STATA	9
PEST	8
STATGRAPHICS	8
GAUSS	6
NCSS	6
EXCEL	4
LOGXACT	4
STATISTICA	4
EAST	3
EPIINFO	3

Q6 Comments & thoughts:

(a) ISCB generally:

Wanted:

comparative regulatory issues (mainly statistical) & statistical communication, some extensions from clinical biostatistics to Health biostatistics ?, regulatory information on developments in the field of regulatory authorities, e.g. the development of "good biometrical practice" rules, I would like to start activities to increase the influence (official participation in the preparation of guidelines etc.) of the ISCB in Brussels (EC), but only with the mandate from the ISCB.

Improvements:

constitution & finances must be sorted out, could consider having another more specialist course/workshop/meeting, say every Easter. More active pursuits in relevant fields (as currently in drug regulation), perhaps I'd like to see more working groups, perhaps we need national meetings for ISCB members (sub-groups). More than one meeting per year (working groups ?), please include membership due to conf. proceedings and let membership run until next conf (already done - ed.), small group meetings with specialised themes might well be a good supplement to ISCB meeting, for the membership directory, print full names, not just initials, and add email addresses for those willing and able to provide them

Praise:

Excellent (2), Extremely satisfied, Good (2), Great (3), Great improvement, I still like ISCB, it's fairly good as it is, no major complaints, OK (5), present state is OK, valuable and informative, very good

Statistics in Medicine:

SiM is excellent, SiM too expensive even with discount, the discount on SiM is too small. Should another publisher be considered ? I'm sure many individuals would subscribe if the rate were £40 or £60.

Criticism:

Size and cost of SEDREG wg should be watched

Too expensive, the emphasis of the society/conference seems to have moved too much in the direction of "clinical trials"/pharmaceutical industry concerns, we have already asked for taking the conference to Norway and we are still interested, inevitably, no clear boundaries on the subject, especially with epidemiology

(b) News:

A bit more information on courses on this brochure is desirable, excellent in current form, fine, getting better, good, great, improving, informative, interesting (3), interesting reading, less gossip in the newsletter, much improved, not as good as RSS News, not frequent enough, now very impressive, now very interesting, now well-established membership communication medium, since DWW became editor the News has become more interesting to read, sufficient, too infrequent, very good news bulletin, very useful, the more substantial newsletter is welcome and should be encouraged as the main non-conference activity, to be read while plugged into a plasma-donating machine (praise or complaint ?! - ed.), longer than necessary, though amusing, now looks more interesting (as it did when Jorgen started it) - needs to come out regularly - glad Dr Wilson now out of the scene, very pleasant, well produced, good to hold and read, interesting and enjoyable and useful, more interesting in last years than before; I read the majority of the articles, the appointment of DWW as editor is a lucky one !, the newsletter is enjoyable & perhaps should be published more than twice a year.

(c) Conferences:

General:

always good, always seem to be popular & successful, always send staff to conferences (parts always useful), being retired and non-funded, I am unfortunately less likely to attend conferences in the future, do not organise conferences !, excellent & unique, found interesting and enjoyable, good, good and interesting, good mix of academic & industry & public health statistics, have been very good over years, have enjoyed all 3 meetings I have attended (Nimes, Brussels, Cambridge), in general, a well-balanced mixture of overviews, applications, recent issues (controversial or not), joint conf. with SCT especially good, need better organisation, never been to one, not in September, only attended one meeting but thoroughly enjoyed it, personally, I would prefer the conferences to be less academic, possibly a day too long, too long: I would prefer a duration of 2-3 days, useful for information and meeting folk, very good (2), very good organisation, were too much university dominated, low-cost accommodation options should be offered, usually good organisation for conference which covers relevant topics - standard of presentation sometimes very poor, ISCB organises one of the better conferences and is very relevant to my work by focussing on clinical biostatistics. That's just great !, I remember being disappointed/disillusioned with the texts of the Rotterdam conf. - colourless compared with the spoken versions and no discussions were published of JRSSA, please include membership due to conf. proceedings and let membership run until next conf (already done - ed.), enjoyed the joint ISCB/SCT meeting in Brussels - more of that would benefit both organisations, very good but the posters are always a long way away from the main sessions - why not put them with coffee ?,

(continued. on page 26...)

THE INTERNATIONAL SOCIETY FOR CLINICAL BIOSTATISTICS

The International Society for Clinical Biostatistics (ISCB) was founded in 1978 to stimulate research into the principles and methodology used in the design and analysis of clinical research and to increase the relevance of statistical theory to the real world of clinical medicine.

The ISCB organises an annual scientific meeting which members and non-members are able to attend. The main objective of the annual scientific meetings is to create an opportunity for the exchange of knowledge, experience and ideas among clinicians, statisticians and members of other disciplines, such as epidemiologists, clinical chemists and clinical pharmacologists, working or interested in, the field of clinical biostatistics.

The scientific meetings cover a broad spectrum of biostatistical interests and regularly include sessions on the design and analysis of clinical trials, epidemiology and statistical methodology, as well as from time to time considering more specialist issues such as, for example, education of biometricians and biometrics users, pharmacokinetics, medical data-bases and pharmacoepidemiology. Each meeting includes a mini-symposium devoted to a particular medical or statistical field. Recent examples have been Organ Transplantation, Regulatory Affairs in Europe and North America, Quality of Life, and Statistics in Medical Journals.

Previous meetings in recent years have been held in Cardiff (1986), Gothenburg (1987), Innsbruck (1988), Maastricht (1989), Nimes (1990), Brussels (1991), Copenhagen (1992). The 1993 meeting was held in Cambridge and Basel will play host in 1994. Future meetings may be held in Barcelona, Budapest and Boston.

The proceedings of these scientific meetings are published in *Statistics in Medicine*. The ISCB benefits from a special journal concession from John Wiley & Sons Limited, the publishers of *Statistics in Medicine*, so that members are able to subscribe to the journal at preferential rates, £120 instead of £130.

The ISCB also organises courses to cover particular statistical topics. These are run to precede or follow on from the annual scientific meeting and are given by the foremost researchers in the field. Recent courses have included Non Parametric Methods in Medical Research, Decision Analysis in Early Phase Drug Trials, Analysis of Longitudinal Data, Martingales in Survival Analysis, Issues in the Design of Clinical Trials, Sample Size Calculations in Clinical Trials, Overdispersion, and Repeated Measures and Longitudinal Data.

The annual general meeting of the ISCB is organised to coincide with the scientific meeting. Membership of the Society is drawn from over 30 countries worldwide and the number of members is over 700.

The current composition of the executive committee is as follows: President, Dr Jørgen Seldrup (France), Vice-President, Dr Marc Buyse (Belgium), Treasurer, Dr Karsten Schmidt (Denmark), Honorary Secretary, Dr Stephen Senn (Switzerland), Past President, Professor Claude Chastang (France), Newsletter Editor, Dr David Warne (Switzerland), and Members: Simon Day (UK), Dr Nancy Geller (USA), Professor Irene Guggenmoos-Holzmann (Germany), Professor Johannes van Houwelingen (Netherlands), Dr Bernhard Huitfeldt (Sweden), Dr Anthony Johnson (UK), and Dr Maria Valsecchi (Italy).

The ISCB also has special working groups dealing with particular aspects of biostatistics. A particular focus in recent years has been statistics in drug regulatory affairs. The chairman of the ISCB working party on Statistics in European Drug Regulation (SEDREG) is Professor John Lewis of the Institute of Mathematics and Statistics, University of Kent, Canterbury, CT2 7NF, UK. The other members of the SEDREG Executive Team are Drs Karsten Schmidt (Denmark) and Bernhard Huitfeldt (Sweden), and Professor David Jones (UK).

The Society publishes a newsletter twice a year. The current editor is Dr David Warne, CIBA, K-490.3.32, CH-4002 Basel, Switzerland. Items for inclusion in the Newsletter should be sent to him (on a 3.5" disk, Word format or text, if possible).

Membership of the Society is open to all with an interest in biostatistics. The current annual (to 31 December 1994) Ordinary membership fee is £15. The Full-time Student Membership fee is £7.50. Members can also choose to receive *Statistics in Medicine* at a reduced cost (see above), and benefit from the reduced conference fee, at least £15 less than for non-members.

Applications for membership should be addressed to:

ISCB Treasurer,
Dr Karsten Schmidt,
Spadille Biostatistik ApS,
NW Gadesvej 4,
DK-3480 Fredensborg,
Denmark.

ISI Announcement

from Zoltan Kenessey and Daniel Berze (ISI, Voorburg, NL)

ISI COMPETITION FOR YOUNG STATISTICIANS FROM DEVELOPING COUNTRIES

1995

The International Statistical Institute (ISI) announces the Sixth Competition among young statisticians from developing countries who are invited to submit a paper on any topic within the broad field of statistics, for possible presentation at the 50th Session of the ISI to be held in Beijing, China, in 1995.

Participation in the competition is open to nationals of developing countries who are living in a developing country, who were born in 1963 or later. Papers submitted must be unpublished, original works which may include material from participants' university theses.

The papers submitted will be examined by an international Jury of distinguished statisticians who will select the three best papers presented in the competition. Their decision will be final.

The authors of the winning papers will be invited to present their papers at the Florence Session of ISI, with all expenses paid (i.e. round trip airline ticket from his/her place of residence to Florence plus a lump sum to cover living expenses).

Manuscripts for the Competition should be submitted in time to reach the ISI not later than January 1, 1995.

The rules governing the preparation of papers, application forms and full details are available on request from the ISI Permanent Office. The address is as follows:

The Director
Permanent Office
International Statistical Institute
428 Prinses Beatrixlaan
NL-2270 AZ Voorburg
The Netherlands

ISCB News

In the past few months, ISCB has become affiliated to ISI.

ISCB Changes of Address

Please inform the Treasurer who looks after money and also the membership and mailing list databases.

ISCB: The Future

Barcelona 1995: the President has visited the organisers and the site. The scientific committee being formed, chaired by Mike Campbell.

Budapest 1996: the Treasurer has written to request a formal proposal to be considered by the ExCom at ISCB15-Basel.

Boston 1997:

ISCB18-Boston97

from Susan Ellenberg, Past President, Society for Clinical Trials

Dear ISCB Members,

I am delighted that the ISCB has elected to join the Society for Clinical Trials (SCT) in planning a second Joint Meeting in the summer of 1997. The SCT will take its turn in serving as primary hosts for this meeting, which will be held in Boston, Massachusetts in July 1987. It will be a great challenge to meet the standard set by the highly successful first Joint Meeting, hosted by the ISCB in Brussels in 1991.

The Executive Coordinator of the SCT is currently negotiating with Boston hotels and alternative lodging options, and we expect to have specific information regarding the date and meeting site in the near future. Our hope is to provide you with this information by the tie of your summer meeting in Basel.

A joint program committee will be formed soon to ensure a strong programme with topics of interest to both Societies. In addition, a programme of tours and social activities will be planned.

I know that very few, if any, of you are maintaining calendars up to 1997 at this time, but please make at least a mental note to plan to join us in Boston in the summer of 1997.

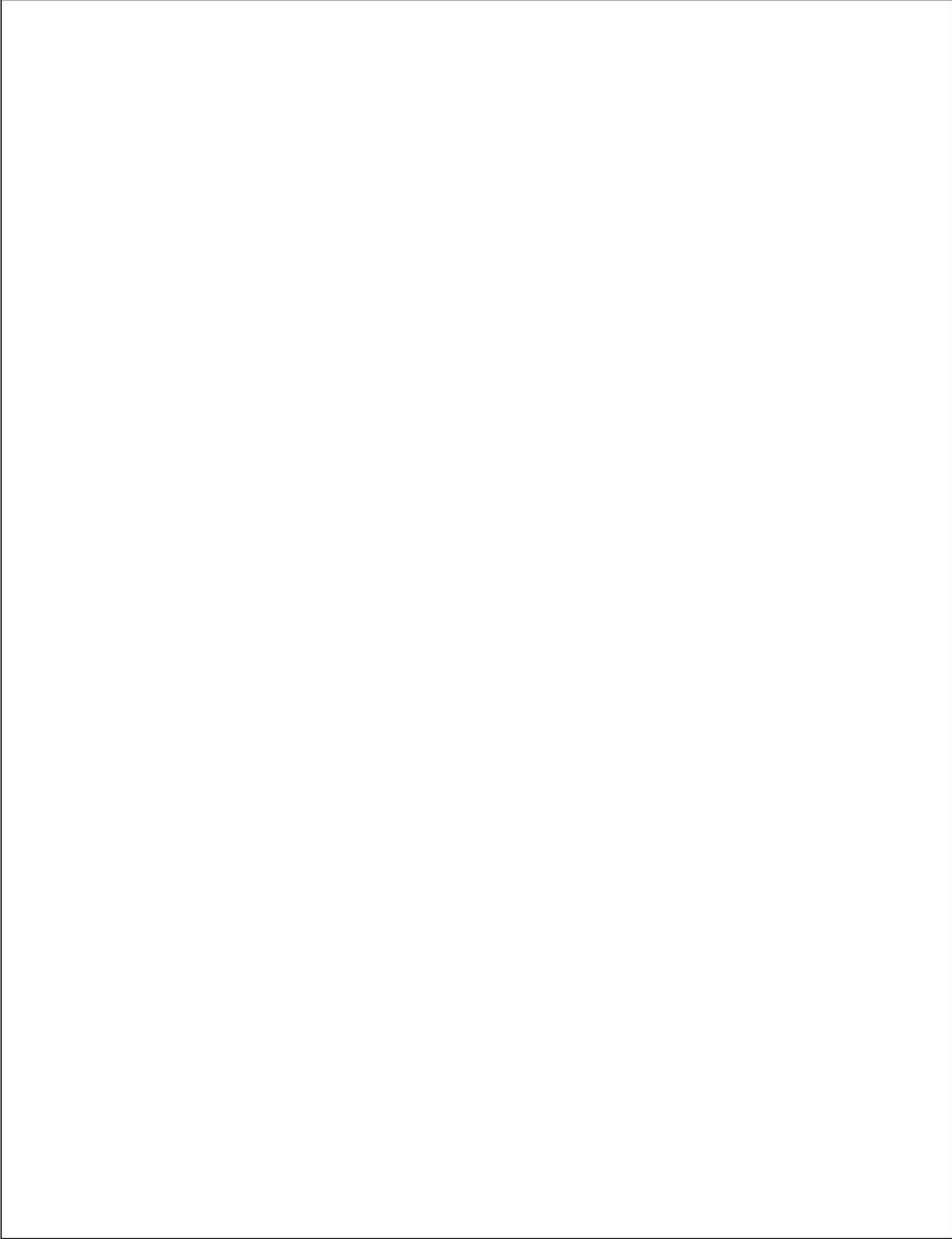
? 1998+:

Despite starting with a Z, the Editor was very impressed with Zermatt during a recent trip to learn to ski in mid-April. The contrasts between the highest place in Europe (+4400m) with one of the lowest points in Europe, -8m near Amsterdam, a week before and the change in temperatures -21C in Zermatt, from Basel (+23C a few weeks before in an incredibly balmy March) were stunning.

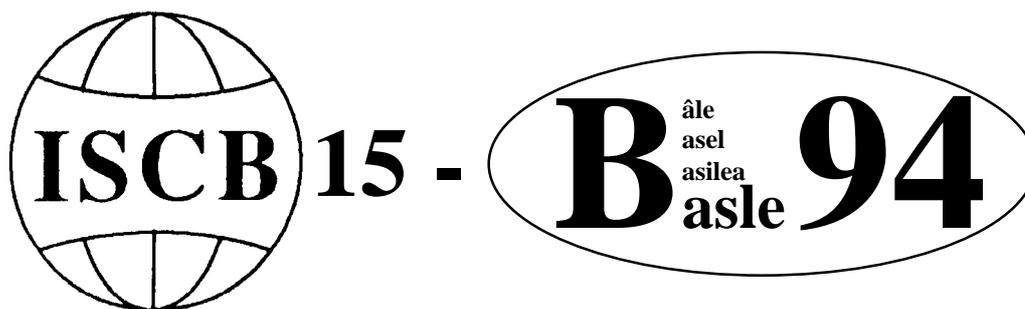
If you have ideas about organising a future conference, the ExCom would be happy to receive ideas. Meetings in countries that have not hosted ISCB before would be particularly welcome.

Basel Quiz (part 1)

And now for something completely different ! On some of the next few pages, you'll find photos of well-known and not so well-known sites in Basel. If you can tell me where I was standing to take part 1, and name the places in parts 2-5, and send me your answers by the time of the next News, you could get a year's membership free! All Basel residents are excluded: the editor's choice of the winner is final.



Conference: Reminder



ISCB-15 in Basle, Switzerland

Jakob Schenker

The fifteenth meeting of ISCB will take place on 25-29 July 1994 in Basle, including a course day on Friday 29 July. The programme Chairperson is Amy Racine. The members of the Local Organising Committee are Jakob Schenker, Uwe Ferner, Walburga Rieser, and Stephen Senn.

Beside the scientific programme of the conference there are other good reasons to attend the congress. The Swiss city of Basle is located on the upper Rhine and has borders with France and Germany. The old city with its Middle Ages character is a charming place, especially in summer, and it is a good starting point for excursions to other parts of Switzerland as well as to France and Germany. With its airport (only 6 km from the centre) and its excellent railway connections it offers good possibilities for travelling.

Basle was founded 2000 years ago by the Romans and became the centre of the upper Rhine region. With its university, founded in 1460, its fair and congress centre, its advanced chemical and pharmaceutical industry and its French and German neighbours, Basle has developed an approach of international openness. Basle is also proud of its place in the history of statistics and of medicine: Paracelsus and James Bernoulli were here. We hope that you too will be amongst us at ISCB-15 and form part of the continuing association of the city with these two subjects.

Swiss-German joke: A Swiss to a German: "and may our common language continue to be the only bond that separates us !"

...and remember to say "Merci Vielmal" in shops, be careful when you walk on the "Trottoir", and wash your hands in the lavabo" ! Basel is not the best in the "German"-speaking world to practise your German - avoid "hoch Deutsch" and stick to English or French and you'll feel much more welcome !

Last Minute Update:

ISCB15 Update

The topics have been chosen, the lecturers have been determined, the venue has been selected and we of the organising committee are crossing our fingers (or pressing our thumbs, as they say locally). Are you going to be there? It is not too late to register. There are still places left, both for the conference and for the post-conference courses. A registration form is included in this newsletter. See you there!

SJS, 17Jun94

ISCB Survey (continued)

...extremely variable quality level of talks. Cambridge was excellent, Copenhagen much less so, the tendency in conferences I dislike; I appreciated the intimate, less-populated meetings (e.g. in Innsbruck, where I joined), good or very good, short courses useful, generally very good organisation. I regret the number of parallel sessions, quite exciting, nevertheless I would like to see not only (highly scientific) problem solutions, but also some true problems arising in everyday practice encountered by physicians and presented by these practitioners, to be continued since they are successful in drawing participants from many countries year after year, stick to conferences; keep the costs down; select carefully the invited speakers (quality of presentation !)

ISCB14-Cambridge93:

1993 conf. was good, Cambridge was very useful, Cambridge: too many parallel sessions, and too small lecture rooms, excellent 1993 conference, problem during the conference to run from a session to another and to make a choice !, still too much focused on clinical trials of ? treatments; clinical biostatistics is a much larger field, the conf. in Cambridge was excellent. It would be useful to have an abstract form as those in USA don't have A4 paper, Cambridge: well-organised, stimulating and enjoyable both professionally and socially - well done, thanks, Cambridge was the first ISCB conf.; I was disappointed by some of the invited speakers who gave overview talks of subjects on which they themselves did not seem to have done any research/work. Rather invite experts to talk on their own field. I was pleasantly surprised about the number of community health/epidemiology papers since that is my particular interest, but wonder how that fits in with a society for clinical biostatistics. From the presentations, I could not gather what the definition of clinical biostatistics is; is it basically medical biostatistics ?, last summer's conference was excellent

Q7 ExCom Officer volunteers: 14

GB4 Wilson, Hutton, Ford, Fayers
USA 4 Klein, Golden, Hawkins, Hauck
D 1 Zwingers
CH1 Sorenson
F 1 Cauquil
I 2 Ferrari, Cesena
DK1 Forrest

Q8 would USA meeting (e.g. Boston) stop you attending meeting:

n 105 y 103

say, why:

>>>n:

alternating between Europe/US would be a good idea, American practice that differs from European might be shown, Australia is half-way, because it is closer (to Canada), being in the US it would be better for me !, Boston is very interesting, Boston would be very convenient because of good flight connections with Glasgow, can be combined with a business trip, can combine trip to company site, closer to North America, convenient to travel to Boston - many US members would attend, costs might be a problem. Package deal for ISCB members would help, fares are not bad if booked well in advance - hotels and food cheaper in US, I have never been to Boston, I live in Washington DC, I live nearby, I would attend, I would enjoy that !, I'll come to Boston if you have a meeting there, in principle, but needs approval, it depends on the programme of course !, it would be of interest to meet more

American statisticians. The travel time does not have to be that much longer, Joint meeting ? SCT: I would attend, living in Australia, attendance at ISCB meetings is a rarity unfortunately, not a single meeting, but too many would stop me, only problem might be funding, paid by company if participation agreed, provided my company would finance me, reimbursement possible from the group, the cost of attending a meeting in USA would probably only be slightly higher than the cost of attending a meeting in Europe, transatlantic flights are not that expensive, especially if not in high season, US is cheaper than e.g. Copenhagen/Basle, useful to have contact with American workers in the same field, we have budgets for such conferences, welcome possibility to visit the states and to meet some interesting colleagues, my company is American and has no problem with transatlantic travel for its staff, Would depend on programme, and whether I could raise the money, the company allows us to attend conferences in the US every 2 to 3 years, we also attend SCT meetings - a joint/consecutive meeting with this group would be cost-effective for our travel budget, no prejudice against US - just as far from Australia as Europe - both difficult to get to, I don't have to pay the journey myself; if the conf. is interesting, I go, costs to go to Copenhagen are higher than to go to Boston - only west coast or small southern cities cost more, I have so far attended all ISCB meetings and liked it, a meeting in the US is long overdue & is easier to get to from Canada !

>>>y:

Cost & relevance to transplantation stats, budget, company restrictions on travel to conferences abroad, cost, cost, cost !, cost ? of course if I had something to present it would be easier to obtain funding, cost against, interest might make an exception, cost of travel, cost/time justification, costs too much, depends on a grant, expect cost would be prohibitive, funding, funding could be a slight problem, I doubt that my company would pay for travel, accommodation & registration, ISCB is a European society, it depends on the economical situation and content of the conference - it's a long way to go, it is difficult (but not impossible) to get travel money, it is too far for travelling and too expensive, maybe, maybe because of travel expense, money !, possibly, possibly - many others there that I would occasionally like to get to, prefer Europe due to the costs, price, probably because of the cost of travel, probably no cash !, problems of funding for travel expenses, smaller chance with higher expenses, time to get there, back, too dear, too difficult to obtain funding, too expensive, too expensive, too far, travel expenses, Unlikely to attend anyway, as not into clinical trials or survival analysis, would limit the amount of time I attend the meeting (cost), wouldn't go - not enough money available, there are enough American meetings already e.g. ASA & Biometrics. However there are not many European meetings, I am strongly against meetings outside Europe (maybe once in USA in return for Brussels meeting), too expensive for travelling, only in connection with other events e.g. invitation to an institute or another conference like ASA meetings etc in timely connection, the Europeans would be less likely to attend - not nearly as much fun for me, it would be too expensive for the trip. I think ISCB has to keep an European image, and an European scientific meeting, for European people. If American people wanted to come, they would be welcome, too high travel expenses; I could not afford it, I might even be organising it !, don't go to USA: it would be a completely different meeting, might be expensive >>>summary (?): no because I try not to miss any ISCB meeting, but generally I prefer meetings in Europe

Le Jeu de la science et du hasard

by Daniel Schwartz,

Flammarion, (1994)

The title of this engaging book is clearly a reference to Marivaux's best known play, *Le jeu de l'amour et du hasard*, but there is no 'marivaudage', no preciousness of style, in Professor Schwartz's clear and concise exposé of statistics to a lay audience. The verbal clarity is matched by mathematical simplicity: there are no formulae in the main body of the text and all technical matters are banished to the appendices. The result is an extremely readable essay on statistics, dealing not so much with statistical theory, as with statistical thought. In our world, he explains, Chance is king, but a king with neither intelligence nor memory and for whom, therefore, the statistician's science may prescribe the Law.

The book comprises a preface (in which the author expresses the hope that his work will interest not only doctors, pharmacists and those working within the pharmaceutical industry, but also production engineers, philosophers and even historians of science), an introduction (in which he explains that statistics is not what you think it is), nine short chapters and five technical appendices. The general thrust of the work is philosophical, and in particular the meaning of causality in a framework of chance and uncertainty is carefully considered, but the whole is broken up very skillfully with interspersed anecdotes and historical sketches and also illustrated by some excellent practical examples: in particular, the epidemiology of smoking and lung cancer and a clinical trial of cyclosporin in diabetes.

Professor Schwartz starts with a discussion of variability, which he clearly shows is both a fundamental feature of biology and the necessary reason for a science of statistics. This is followed by a discussion of probability and then a brief interlude in which he describes the descriptive and inferential functions of statistics. Chapters 4 and 5 treat these two themes in more detail and chapter 6 discusses notions of causality in cases where the 'effect' is an uncertain outcome of the 'cause'. For him, a causal factor is one which leads to an increased probability of a given event. This viewpoint is not entirely uncontroversial but he makes a good case for it, and continues the discussion in the chapter which follows by examining the relationship between individual cases and global probabilities. Chapter 8 considers the role of statistics in medical research in more detail with the illustrative help of the example I have already mentioned.

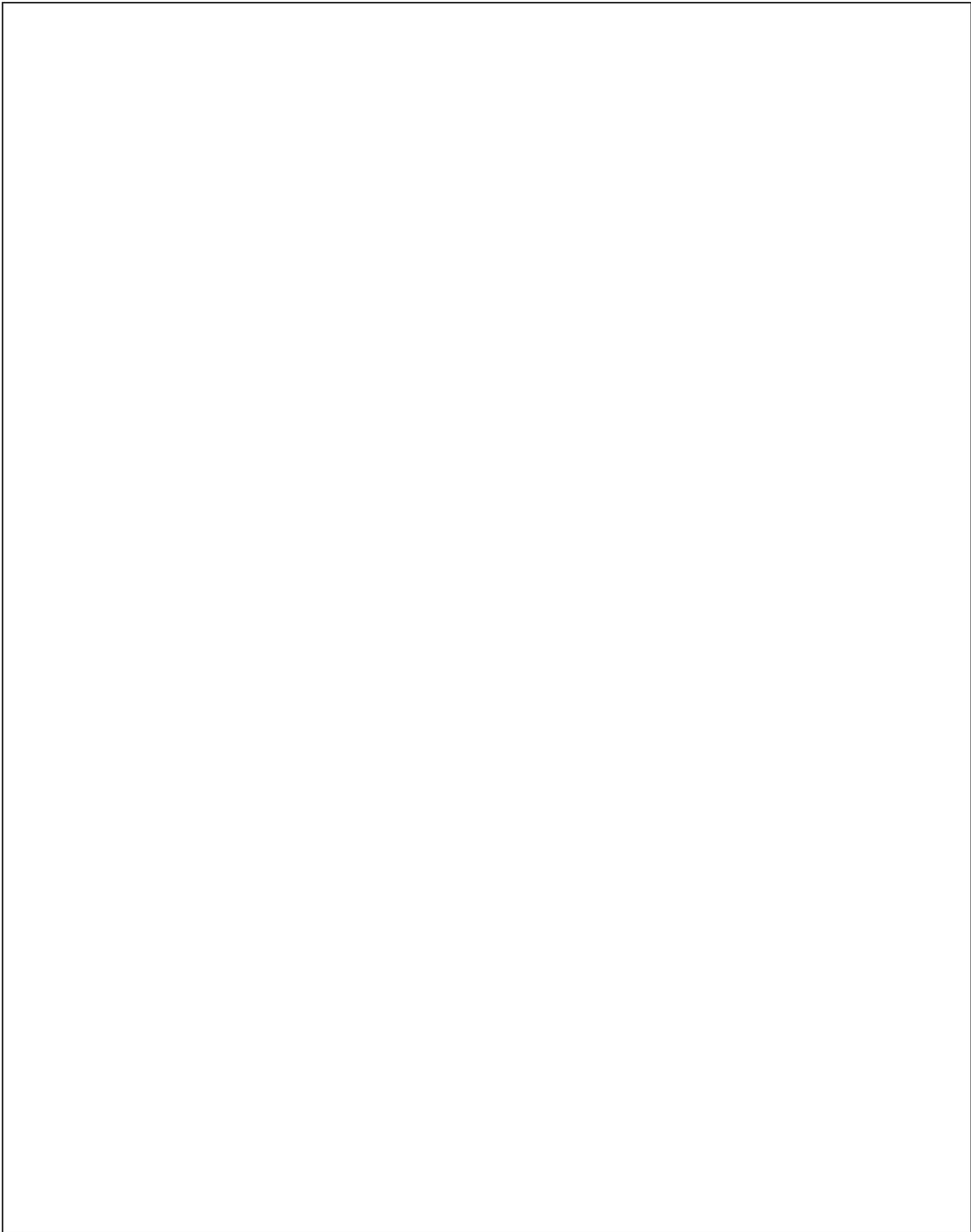
As someone who was schooled in statistics in what Professor Schwartz calls, 'l'école anglaise', I found that the book also provided a welcome correction to a rather anglo-centric view of the subject into which I had drifted. I was not surprised to find Fermat, Pascal, Laplace and Poisson mentioned, but the name Roberval sent me scurrying to my copy of Hald, nor had I really understood Louis's importance until reading this book, and Gavarret and Villemé were completely unknown names to me. However, Professor Schwartz himself would be the first to admit the predominant contribution to statistics of the English speaking world. Indeed, in some interesting reflections in the ninth and final chapter of the book, he speculates as to the reasons why the subject has been so neglected in France: a neglect which is all the more remarkable when one considers the importance of French contributions to pure and applied mathematics, or for that matter to the early development of the theory of probability. It is to be hoped that Professor Schwartz's book achieves the wide readership he hopes, and which it deserves, and is able to play its part in redressing this imbalance. I shall certainly be recommending it to French-speaking colleagues working in drug development as an excellent means of gaining an introduction to the subject and above all as a way of acquiring an understanding of the statistician's task.

Reference

I Hald, A., *A History of Probability and Statistics*, Wiley, New York, 1990.

Cambridge & Basel Photos

by David W. Warne



Society Accounts 1993

from Karsten Schmidt

INTERNATIONAL SOCIETY FOR CLINICAL BIOSTATISTICS Account for the Year 1993

	£
Income	
Membership fees	6,617.50
Statistics in Medicine	18,810.00
Advertising revenue	465.00
Earned interest	<u>2,978.08</u>
	28,870.58
Expenditure	
Stationery, photocopies	2,460.61
Postage, freight, fax	4,802.18
Bank charges	319.40
John Wiley, Statistics in Medicine *	19,190.00
SEDREG expenses	582.65
Printing	2,177.73
Donation to RSS, Sir Bradford Hill Medal	100.00
Adjustment of foreign currency	57.93
Administration	3,958.28
Temporary staff	<u>292.52</u>
	33,941.30
Net profit **	-5,070.72
Assets	
Current account, Barclays	2,732.11
High interest account, Barclays	50,683.88
Business premium account, Barclays	2.77
Unibank, Denmark	<u>2,210.87</u>
	55,629.63
Debtors	280.00
Seed money, ISCB 14	10,000.00
Seed money, ISCB 15	<u>5,000.00</u>
	70,909.63
Liabilities	
Accrued expenses	7,692.11
EQUITY CAPITAL	63,217.52

*) This amount includes 1992 and 1993 subscriptions for Polish and Hungarian national groups.

**) Net income of ISCB-14 meeting (£ 8,319.25) is not included in this amount.

Software Review by Björn Rosander, Mölndal, Sweden

RANDOM v5.0
by Dr. Wiedey

Random is a program for randomization of clinical studies. It operates under MS-DOS and includes facilities for the printing of package labels, code envelopes and various lists. Furthermore, a file with results can be produced.

Reviewing the program was quite an experience. My belief that computers are logical has been seriously disturbed by the test runs of the program. The program locked me up and was interrupted in various positions without any obvious pattern. For example if you fill in conflicting information you will be locked as you can not return to fields you already left. Some of these problems might be explained by differences in the set up of the PC and running the program from Windows. An indication that some of the problems were due to the set up was that different problems occurred with two different PCs used for the tests. If our problems are due to bad handling, the very short manual certainly does not give much help. The set up problems can probably be solved rather easily. The situations where you are locked and have to restart the PC are more troublesome and clearly require changes in the program.

The most serious problem with the program is the way it handles crossover designs. It is not possible to obtain the sequences balanced for carry-over effects. The option to use Latin squares for the randomization just includes one specific Latin square in all randomizations, where the rows are randomized to the patients. In the case with an odd number of periods in the crossover study where it is necessary to use two squares to achieve balance for carryover effects, this program provides randomization using the same single Latin square. The different options for crossover designs are also rather confusing as it turns out that the option "crossover design" refers just to the 2 by 2 design.

The program also seems to be written from the view point of just one person in full control of the randomization system. The situation in larger companies with many people involved in the same studies requires some safeguard against losing codes or randomizing the same patients many times. With this program it is possible to randomize exactly the same study, centers and patient numbers many times and have results that look exactly the same except that the patient numbers have different treatments allocated to them.

The most obvious advantage with this program is that it is very easy to operate. The printed results are also clear. But, as a whole, I can not recommend anyone to buy this program before it has been further developed.

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Basel Quiz (part 5)

Calendar

8-12 August 1994

Hamilton, CANADA

17th International Biometric Conference

Info: IBC Local Organising Committee, Dep't of Mathematics and Statistics, McMaster University, Hamilton, Ontario L8S 4K1, CANADA. Tel: +1 416 5297070, Fax: +1 416 5220935

27-28 August 1994

Vienna, AUSTRIA

COMPSTAT '94 satellite meeting on smoothing: statistical theory and computational aspects

Info: M. G. Schimek, Medical Biometrics Group, University of Graz Medical Schools, Auenbruggerplatz 30/IV, A-08036 Graz, AUSTRIA. email: iascsatm@bkfug.kfunigratz.ac.at

14-16 September 1994

Newcastle-upon-Tyne, UK

RSS International Conference

Info: I.J. Goddard, Executive Secretary, Royal Statistical Society, 25 Enford Street, London W1H 2BH. ENGLAND-UK. Tel: +44 71 7235882, Fax: +44 71 7061710

6-8 October 1994

Augsburg, GERMANY

Workshop on Exploratory Spatial Data Analysis

Info: A. Unwin, Mathematics Institute, University of Augsburg, D-86135 Augsburg, GERMANY. Tel: +49 821 5982218, Fax: +49 821 5982200, email: unwin@uni-augsburg.de

28-30 November 1994

Wagga Wagga, AUSTRALIA

Conference for GENSTAT Users

Info: F. Thomson, Agricultural Research Institute, Wagga Wagga, NSW 2650, AUSTRALIA. Tel: +61 69 381999, Fax: +61 69 381809, email: g5conf@agric.nsw.gov.au

10-12 April 1995

Sheffield, UK

1st World Congress on Total Quality Management

Info: G. Kanji, School of Computing & Management Studies, Sheffield Hallam University, 100 Napier Street, Sheffield S11 8HD, ENGLAND-UK. Tel: +44 742 533137, Fax: +44 742 533161

12-14 July 1995

Telford, UK

RSS95 Theme Conference on Communicating Statistics

Info: N. Davies, DMSOR, Nottingham Trent University, Burton Street, Nottingham NG1 4BU, ENGLAND-UK. Fax: +44 602 484266, email: mat3davien@trent.ac.uk

21-29 August 1995

Beijing, CHINA

50th Session of the International Statistical Institute

Info: National Organising Committee, c/o State Statistical Bureau, 38 Yuetan Nanjie, Beijing 100826, CHINA. Tel: +861 3810051/3810965, Fax: +861 3810035