Decision making versus inference. *p*-values are not the issue.

Kaspar Rufibach, Merck KGaA, Darmstadt, Germany EORTC, 30th September 2025



2002-2006: Swiss Group for Applied Cancer Research (SAKK).

2002-2012: Uni Bern, Stanford, Zurich.

Since 2013: Roche, Merck KGaA.

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Making a clinical decision is a complicated exercise.

It can never be automatized or outsourced.

Even if journals or other stakeholders would like that.

p-values are a scientific tool. Banning them is ridiculous.

Educate people and insist on proper use.

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I will sketch decision-making for pharma trials.

Why would decision-making for a collaborative group trial be different?

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Hypothesis test

Neyman-Pearson

significant vs. non-significant

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Hypothesis test

Scientific question: Primary endpoint score different between Group 1 and Group 2?

Null hypothesis H_0 – statement to be rejected:

$$H_0$$
: $\mu_{\text{Group 1}} = \mu_{\text{Group 2}} \Leftrightarrow \delta = \mu_{\text{Group 1}} - \mu_{\text{Group 2}} = 0$.

Alternative hypothesis H_1 – what researcher is interested in:

$$H_1: \delta \neq 0.$$

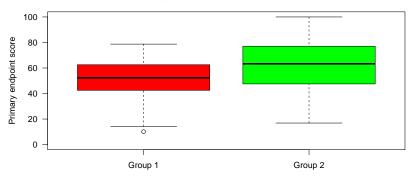
Set significance level α .

Define effect size to be detected with given power.

Compute sample size.

Hypothesis test

Collect data - draw random sample.



Compute test statistic ⇒ distance between estimated and hypothetical value:

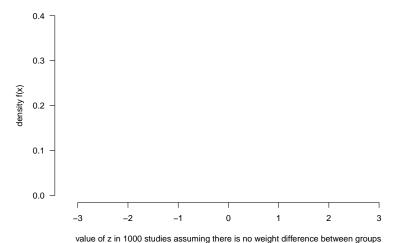
$$z = \frac{\text{estimate} - \text{null value}}{\text{standard error}} = \frac{(51.34 - 63.84) - 0}{4.49} = -2.78$$

Compare |z| to what would be expected if H_0 were true.

Reject or do not reject H_0 .

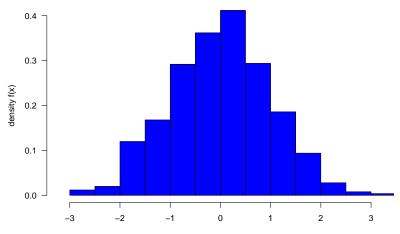
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How large is |z| to be expected if H_0 holds? Assume we could perform 1000 studies for which H_0 were true.



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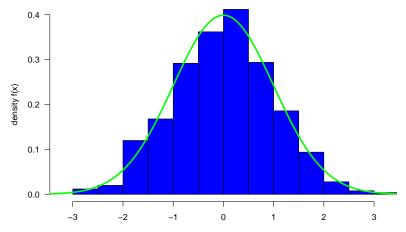
How large is |z| to be expected if H_0 holds? Assume we could perform 1000 studies for which H_0 were true.



value of z in 1000 studies assuming there is no weight difference between groups

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How large is |z| to be expected if H_0 holds? Assume we could perform 1000 studies for which H_0 were true.

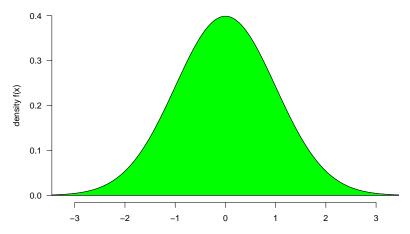


value of z in 1000 studies assuming there is no weight difference between groups

We do not need 1000 studies! But mathematical theory.

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How large is |z| to be expected if H_0 holds? Assume we could perform 1000 studies for which H_0 were true.

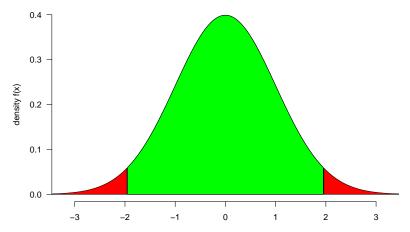


value of z in 1000 studies assuming there is no weight difference between groups

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How large is |z| to be expected if H_0 holds? Assume we could perform 1000 studies for which H_0 were true.

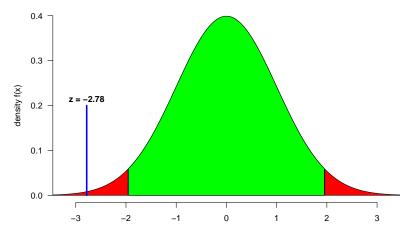


value of z in 1000 studies assuming there is no weight difference between groups

We do not need 1000 studies! But mathematical theory.

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How large is |z| to be expected if H_0 holds? Assume we could perform 1000 studies for which H_0 were true.



value of z in 1000 studies assuming there is no weight difference between groups

We do not need 1000 studies! But mathematical theory.

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Did we need a p-value to make a decision on H_0 ?

No.

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Significance level, power: operating characteristics.

Pre-specified.

Only maintained if one sticks to pre-specification.

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Significance test

Fisher

p-value

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Significance test: *p*-value

p-value:

- Quantify evidence against H_0 with number independent of test, sample size.
- Combine effect estimate and uncertainty quantification into one number.
- Fisher: perform many related experiments, combine p-values to get to final conclusion at some point. Meta-analysis.
- No decision on null hypothesis! No operating characteristics.

Labels for evidence against null hypothesis:

TABLE 5 A Useful Language for Interpreting p Values		
p < 0.001	Overwhelming evidence	
$0.001 \le p < 0.01$	Strong evidence	
$0.01 \leq p < 0.05$	Some evidence	
$0.05 \le p < 0.10$	Insufficient evidence	
p ≥ 0.10	No evidence	

Pocock et al. (2015).

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Statistical significance: binary decision.

Highly significant, trend towards significance, ...: **MEANINGLESS!**

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Inference vs. decision?

Do we want / need binary decision?

Interest in probability of wrong decision?

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Hypothesis test in drug development:

Rejection of H_0 in properly designed trial: entry ticket for negotations with regulator.

Negotations: effect size, other endpoints, etc.

No automatism!

Experience shows: leads to reasonably sized trials.

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Making a clinical decision is a complicated exercise.

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A p-value is no substitute for a brain.

Stone and Pocock (2010)

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In many cases published medical literature requires no firm decision: it contributes incrementally to an existing body of knowledge.

Sterne and Smith (2001)

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The reporting of scientific results is not about making decisions, but about collecting, summarizing, and reevaluating evidence.

Blume and Peipert (2003)

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So, why are so many people confused?

p-value can be used to make decision in a hypothesis test.

Conceptually, the two frameworks are independent and have different goals.

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Thank you for your attention.

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Backup

Inferential concepts

Feature	Neyman-Pearson	Fisher p-value	Bayes
Specifies H ₀	Ø	\otimes	\odot
Specifies H_1	\odot	(X)	\odot
Binary decision	\odot	(X)	\sim
Operating characteristics	\otimes	⊗	\otimes

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 $\ensuremath{\mathsf{R}}$ version and packages used to generate these slides:

R version: R version 4.4.3 (2025-02-28 ucrt)

Base packages: stats / graphics / grDevices / utils / datasets / methods / base Other packages: reporttools / xtable

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