

# Sharing Experiences; How to Analysis Data from KORMI/KAMIR (SPSS를 활용한 방법론)

Seung-Woon Rha, MD, PhD

FACC, FAHA, FSCAI, FESC, FAPSIC

Byoung Geol Choi, BS, PhD

Cardiovascular Center,  
Korea University Guro Hospital

# Kamir/Kormi 연구 배경

**SCAAR**  
Svenska Coronar Angiografi- och Angioplastik Registret



World Health Organization



**KAMIR**

Korea Acute Myocardial Infarction Registry  
한국인 급성 심근경색증의 현황에 대한 등록연구



**NCDR**

National Cardiovascular Data Registry

# Korea Acute Myocardial Infarction Registry (KAMIR) for the memorandum of 50<sup>th</sup> Anniversary of Korean Circulation Society



Sep 29-30<sup>th</sup> 2005

**Kamir.or.kr**



**On-line Korea Acute Myocardial  
Infarction Registry: KAMIR**

**<http://www.kamir.or.kr>**

# KAMIR: Korea Acute Myocardial Infarction Registry

Principal Investigator: Jeong MH

Sub-investigators: Kim YJ, Kim CJ, Cho MC, Ahn YK

Co-investigators: **55 primary PCI centers**

Ko YP, Koo BG, Gwon HC, Kim KS, Kim DI, Kim MH, Kim BO, Kim SW, Kim SJ, Kim YJ, Kim JK, Kim CJ, Kim TI, Rha SW, Rhew JY, Park GS, Park SW, Park SH, Bae JH, Seong IW, Seung KB, Ahn YK, Ahn TH, Yang JY, Oh SK, Yoon Jh, Lee HS, Lee MY, Lee SH, Lee SW, Rhim JY, Jeong KT, Jeong MH, Chung WS, Jeong HJ, Cho MC, Cho JH, Cho JM, Joo SJ, Jin DG, Jin SW, Chae SC, Chae IH, Chae JK, Choi DH, Tahk SJ, Han KR, Hur SH, Hwang JY

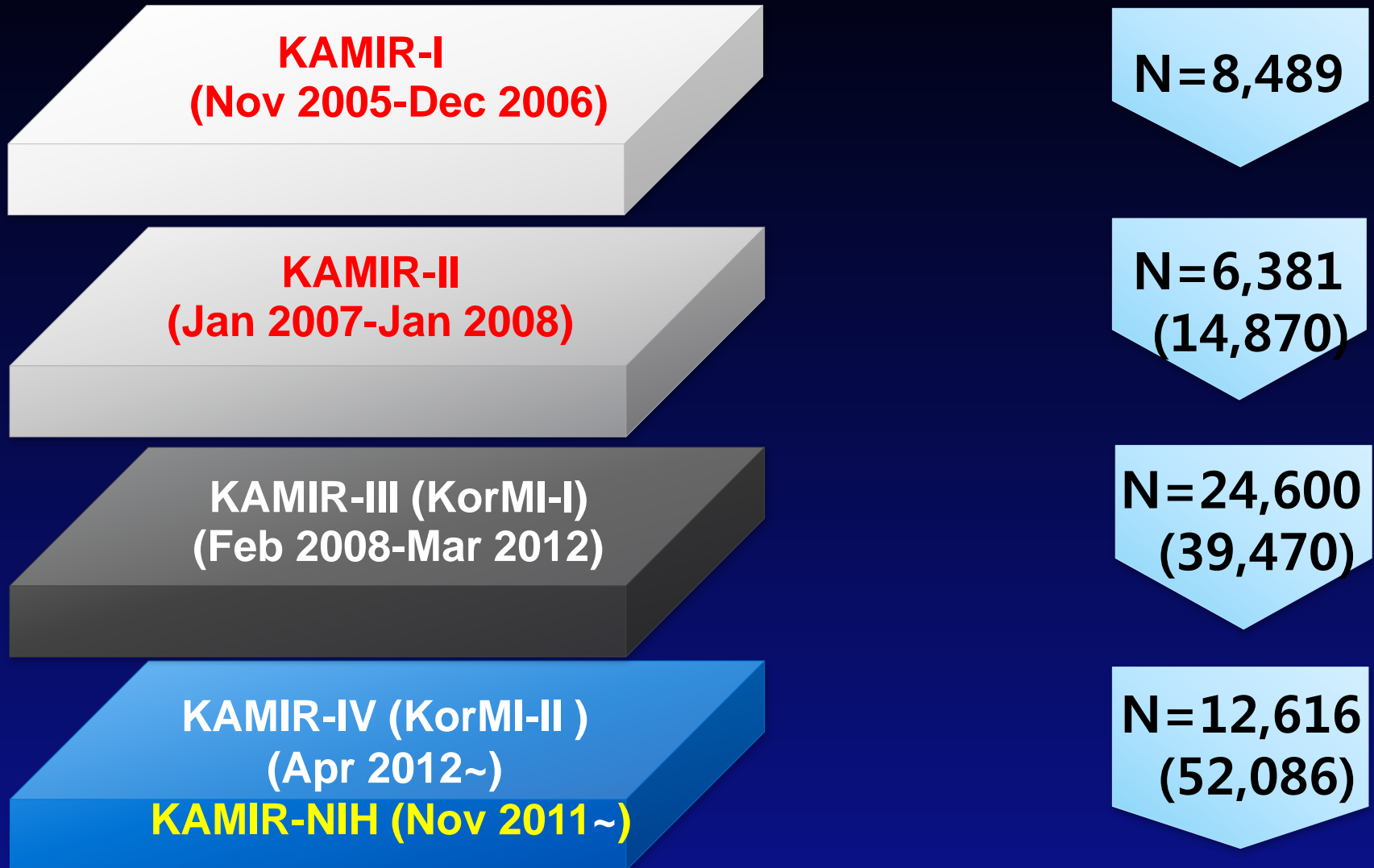
Steering Committee:

Park SJ, Jang YS, Seung KB, Chung WS, Cho JG, Kim YJ, Kim CJ, Cho MC, Yoon JH, Chae IH, Jeong MH

# Purpose of KAMIR Study

- 1. On-line registration of Korean AMI patients**
- 2. Early detection of high risk patients**
- 3. Risk factor documentation and analysis**
- 4. New therapeutic strategy for AMI**
- 5. Effective prevention strategy for AMI**

# Four Phases of KAMIR Study

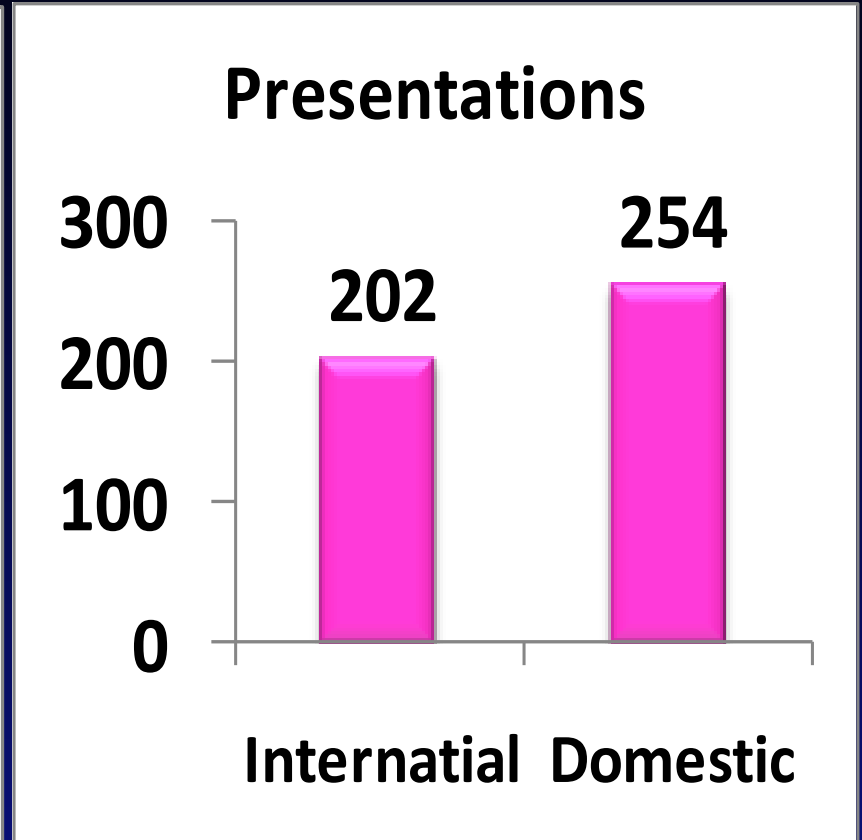
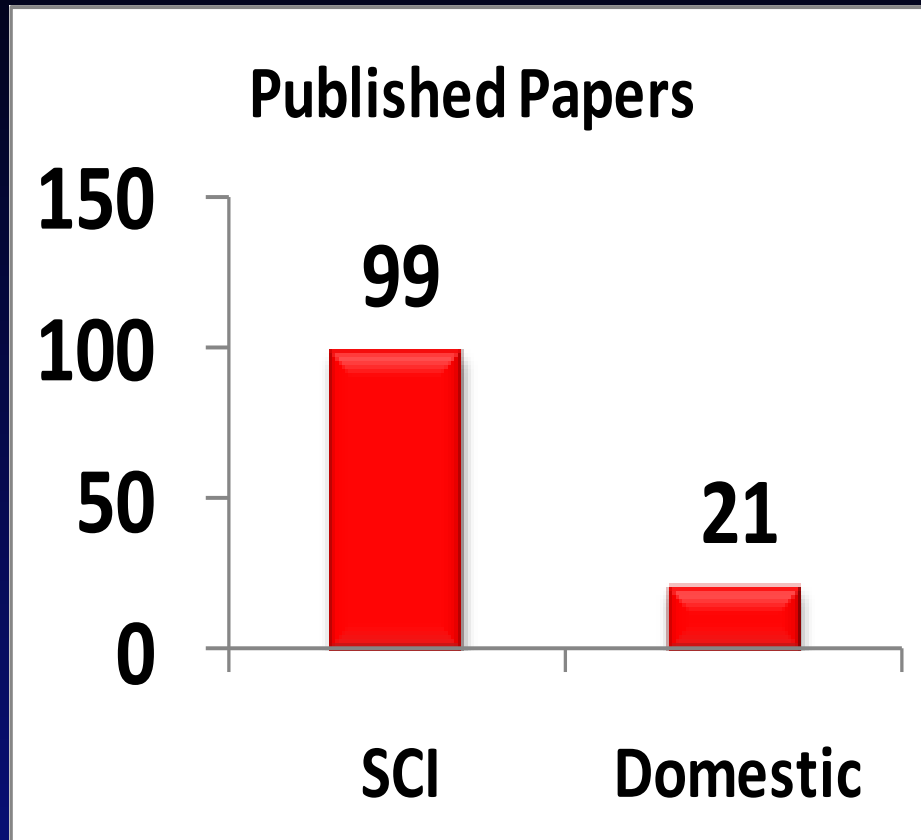


# Research Committee





# KAMIR Publications and Presentations (2006~2014)





**Korea Acute Myocardial Infarction Research Group**  
**Nov 19<sup>th</sup> 2007**

# Pubmed Outcomes; Rha SW (238)

The screenshot shows a web browser window with the address bar displaying 'http://www.ncbi.nlm.nih.gov/pubmed/?term=rha+sw'. The browser's search bar contains 'rha sw'. The page content is from the NCBI PubMed website, showing search results for 'rha sw'. The results are sorted by 'Most Recent' and show 1 to 20 of 238 results. The first three results are visible:

- Impact of High Lipoprotein(a) Levels on In-stent Restenosis and Long-Term Clinical Outcomes of Angina Pectoris Patients undergoing Percutaneous Coronary Intervention with Drug-eluting Stents in Asian population.**  
Park SH, **Rha SW**, Choi BG, Park JY, Jeon W, Seo HS, Kim EJ, Na JO, Choi CU, Kim JW, Lim HE, Park CG, Oh DJ.  
Clin Exp Pharmacol Physiol. 2015 Apr 9. doi: 10.1111/1440-1681.12396. [Epub ahead of print]  
PMID: 25865336  
[Related citations](#)
- Clinical Outcomes of Patients With Critical Limb Ischemia who Undergo Routine Coronary Angiography and Subsequent Percutaneous Coronary Intervention.**  
Lee MS, **Rha SW**, Han SK, Choi BG, Choi SY, Park Y, Akkala R, Li H, Im SI, Kim JB, Lee S, Na JO, Choi CU, Lim HE, Kim JW, Kim EJ, Park CG, Seo HS, Oh DJ.  
J Invasive Cardiol. 2015 Apr;27(4):213-7.  
PMID: 25840405 [Free Article](#)  
[Related citations](#)
- Randomized Trial of Stents versus Bypass Surgery for Left Main Coronary Artery Disease: Five-Year Outcomes of the PRECOMBAT Study.**  
Ahn JM, Roh JH, Kim YH, Park DW, Yun SC, Lee PH, Chang M, Park HW, Lee SW, Lee CW, Park SW, Choo SJ, Chung C, Lee J, Lim DS, **Rha SW**, Lee SG, Gwon HC, Kim HS, Chae IH, Jang Y, Jeong MH, Tahk SJ, Seung KB, Park SJ.  
J Am Coll Cardiol. 2015 Mar 10. pii: S0735-1097(15)00841-4. doi: 10.1016/j.jacc.2015.03.033. [Epub ahead of print]  
PMID: 25787197  
[Related citations](#)

The right sidebar contains a 'New feature' section, '42 free full-text articles in PubMed Central', and a 'Find related data' section with a dropdown menu set to 'Database: Select' and a 'Find items' button. The search details section shows the query: 'rha sw[Author] OR rha sw [Investigator]'.

# KUGH Published Kamir Papers (1)

© 2015, Wiley Periodicals, Inc.

87

Journal of Cardiology (2012) 59, 22–29

JACC: CARDIOVASCULAR INTERVENTIONS

© 2012 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

PUBLISHED BY ELSEVIER INC.

VOL. 5, NO. 9, 2012

ISSN 1936-8798/\$36.00

<http://dx.doi.org/10.1016/j.jcin.2012.05.009>

*Clinical and Experimental Pharmacology and Physiology* (2012) 39, 630–635

doi: 10.1111/j.1440-1681.2012.05721.x

## Long-Term Safety and Efficacy of *Pitavastatin* in Patients With Acute Myocardial Infarction (from the Livalo Acute Myocardial Infarction Study [LAMIS])

Soon Yong Suh, MD<sup>a</sup>, Seung-Woon Rha, MD<sup>b,\*</sup>, Tae Hoon Ahn, MD<sup>a</sup>, Eak Kyun Shin, MD<sup>a</sup>,  
Cheol Ung Choi, MD<sup>b</sup>, Dong Joo Oh, MD<sup>b</sup>, Jang-Ho Bae, MD<sup>c</sup>, Seung-Ho Hur, MD<sup>d</sup>,  
Kyung Ho Yoon, MD<sup>e</sup>, Seok-Kyu Oh, MD<sup>e</sup>, Jong Hyun Kim, MD<sup>f</sup>, Sang Wook Kim, MD<sup>g</sup>,  
In Ho Chae, MD<sup>h</sup>, Kee-Sik Kim, MD<sup>i</sup>, Young Joon Hong, MD<sup>j</sup>, and Myung Ho Jeong, MD<sup>j</sup>, for the  
LAMIS Investigators

LDL cholesterol target attainment with good tolerance and was associated with favorable clinical outcomes up to 12 months. © 2011 Elsevier Inc. All rights reserved. (*Am J Cardiol* 2011;108:1530–1535)

# KUGH Published Kamir Papers (2)

**Standard versus high loading doses of clopidogrel in  
Low-molecular-weight heparin versus unfractionated**

## Circulation

JOURNAL OF THE AMERICAN HEART ASSOCIATION



American  
Heart  
Association®

### **Triple Versus Dual Antiplatelet Therapy in Patients With Acute ST-Segment Elevation Myocardial Infarction Undergoing Primary Percutaneous Coronary Intervention**

Kang-Yin Chen, Seung-Woon Rha, Yong-Jian Li, Kanhaiya L. Poddar, Zhe Jin, Yoshiyasu Minami, Lin Wang, Eung Ju Kim, Chang Gyu Park, Hong Seog Seo, Dong Joo Oh, Myung Ho Jeong, Young Keun Ahn, Taek Jong Hong, Young Jo Kim, Seung Ho Hur, In Whan Seong, Jei Keon Chae, Myeong Chan Cho, Jang Ho Bae, Dong Hoon Choi, Yang Soo Jang, In Ho Chae, Chong Jin Kim, Jung Han Yoon, Wook Sung Chung, Ki Bae Seung and Seung Jung Park

*Circulation*. 2009;119:3207-3214; originally published online June 15, 2009;

doi: 10.1161/CIRCULATIONAHA.108.822791

*Circulation* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231

Copyright © 2009 American Heart Association, Inc. All rights reserved.

Print ISSN: 0009-7322. Online ISSN: 1524-4539

# Dr Rha's Kamir Published Papers (1)

1. Chen KY, **Rha SW**, Li YJ, Poddar KL, Jin Z, Minami Y, et al. Triple versus dual antiplatelet therapy in patients with acute ST-segment elevation myocardial infarction undergoing primary percutaneous coronary intervention. *Circulation*. 2009;119(25):3207-14.
2. Choi CU, **Rha SW**, Chen KY, Jin Z, Minami Y, Shin SY, et al. Mid-term angiographic benefit of sirolimus-eluting stents compared with paclitaxel-eluting stents in patients with acute myocardial infarction. *Journal of cardiology*. 2009;54(1):80-5.
3. Choi CU, **Rha SW**, Chen KY, Li YJ, Poddar KL, Jin Z, et al. Lack of clinical benefit of improved angiographic results with sirolimus-eluting stents compared with paclitaxel and zotarolimus-eluting stents in patients with acute myocardial infarction undergoing percutaneous coronary intervention. *Circulation journal : official journal of the Japanese Circulation Society*. 2009;73(12):2229-35.
4. Li YJ, **Rha SW**, Chen KY, Jin Z, Minami Y, Wang L, et al. Clinical characteristics and mid-term outcomes of acute myocardial infarction patients with prior cerebrovascular disease in an Asian population: Lessons from the Korea Acute Myocardial Infarction Registry. *Clinical and experimental pharmacology & physiology*. 2010;37(5-6):581-6.
5. Li YJ, **Rha SW**, Chen KY, Poddar KL, Jin Z, Minami Y, et al. Low-molecular-weight heparin versus unfractionated heparin in acute ST-segment elevation myocardial infarction patients undergoing primary percutaneous coronary intervention with drug-eluting stents. *American heart journal*. 2010;159(4):684-90 e1.
6. Choi CU, **Rha SW**, Oh DJ, Poddar KL, Na JO, Kim JW, et al. Standard versus high loading doses of clopidogrel in Asian ST-segment elevation myocardial infarction patients undergoing percutaneous coronary intervention: insights from the Korea Acute Myocardial Infarction Registry. *American heart journal*. 2011;161(2):373-82 e1-3.

# Dr Rha's Kamir Published Papers (2)

7. Suh SY, **Rha SW**, Ahn TH, Shin EK, Choi CU, Oh DJ, et al. Long-term safety and efficacy of Pitavastatin in patients with acute myocardial infarction (from the Livalo Acute Myocardial Infarction Study [LAMIS]). *The American journal of cardiology*. 2011;108(11):1530-5.
8. Chen KY, **Rha SW**, Li YJ, Jin Z, Minami Y, Park JY, et al. 'Smoker's paradox' in young patients with acute myocardial infarction. *Clinical and Experimental Pharmacology and Physiology*. 2012;39(7):630-5.
9. Chen KY, **Rha SW**, Wang L, Li YJ, Li GP, Poddar KL, et al. Unrestricted use of 2 new-generation drug-eluting stents in patients with acute myocardial infarction: a propensity score-matched analysis. *JACC Cardiovascular interventions*. 2012;5(9):936-45.
10. Li YJ, **Rha SW**, Chen KY, Jin Z, Wang L, Ramasamy S, et al. Low molecular weight heparin versus unfractionated heparin in patients with acute non-ST-segment elevation myocardial infarction undergoing percutaneous coronary intervention with drug-eluting stents. *Journal of cardiology*. 2012;59(1):22-9.
11. Chen KY, **Rha SW**, Wang L, Li YJ, Li GP, Choi CU, et al. One-year clinical outcomes of everolimus- versus sirolimus-eluting stents in patients with acute myocardial infarction. *International journal of cardiology*. 2014;176(3):583-8.
12. Chen KY, **Rha SW**, Li YJ, Li GP, Oh DJ, Jeong MH, et al. Comparisons of Everolimus- and Paclitaxel-Eluting Stents in Patients with Acute Myocardial Infarction. *Journal of Interventional Cardiology*. 2015.

# KAMIR & KORMI Data

## \*\*AMI 등록 시점 (Registrations)

1. **KAMIR1:** 2005.11 – 2006.12 (Total;41 center; 8,489 명)

2. **KAMIR2:** 2007.1 – 2008.1 (Total;48 center; 6,381명)

3. **KORMI3:** 2008.2 – 2012.3 (Total;59 center; 25,980 명)

**2005.1 – 2012.3 (Total; 73 center; 40,850 명)**



# Variables in Kamir/Kormi CRF

## \*\* Additional Variables for the updated Kamir/Kormi CRF

### 1. KAMIR 1: 140개 변수

### 2. KAMIR 2: 149개 변수

추가변수:

- Premedication before PCI (Q37-5)
- GP IIbIIIa inhibitor during PCI (Q37-6)
- Distal protection device (Q37-7)
- Stent thrombosis was developed (Q68)

### 3. KORMI: 235개 변수

추가변수:

- Premedication before PCI (Q37-5-1,2,3)
- Approach method; Radial, Femoral.. (Q37-8)
- Use IVUS (Q38-6), - QCA information (Q38-12)
- Echocardiography (Q42), - Cardiac CT (Q46), - HbA1c (Q61)
- Medical therapy 세분화; (In-hospital, Q62~Q86; Discharge; Q88-7)
- F/U Echocardiogram, MR grade (Q90- 4~8)
- F/U Lab (Q95), - 24 months clinical F/U (Q96)

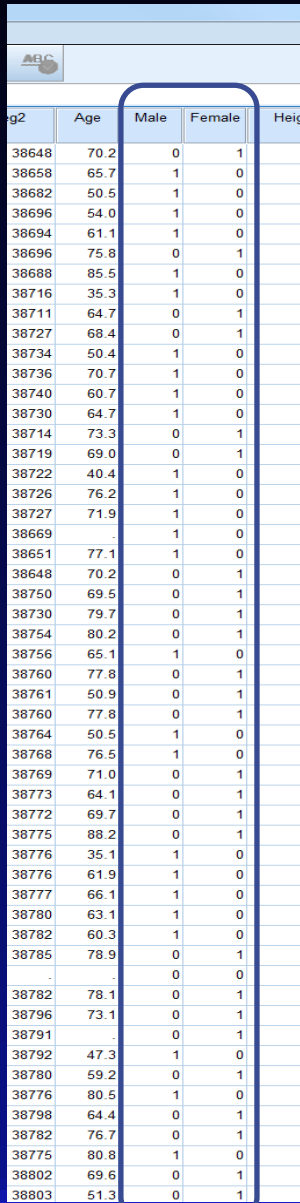
# Excel Data 통합

	A	B	C	D	E	F	G	H	J	O	P	U	V	W	X	Y	Z	Pre
1	Code_new	Phase	Code	Hospital	지역	Step	Birth	Reg1	Age	Male	Female	BMI	Height	Weight	AbdominalC	HipC	DOH	
281	280	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1922-02-02	2006-04-14	84.3	0	1	20.0	155	48	75	77	2006-04-14	0
282	281	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1953-05-23	2006-04-15	52.9	1	0	27.7	169	79	88	91	2006-04-15	0
283	282	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1958-02-27	2006-04-16	48.2	1	0	27.0	170	78	90	89	2006-04-16	0
284	283	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1953-08-22	2006-04-16	52.7	1	0	26.8	175	82	90	94	2006-04-16	0
285	284	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1928-01-28	2006-04-17	78.3	0	1	21.5	157	53	82	80	2006-04-17	0
286	285	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1973-05-09	2006-04-17	33.0	1	0	29.8	185	102	100	98	2006-04-17	0
287	286	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1951-11-13	2006-04-18	54.5	0	1	26.1	154	62	96	100	2006-04-18	0
288	287	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1942-09-29	2006-04-20	63.6	1	0	25.8	174	78	90	95	2006-04-20	0
289	288	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1954-12-10	2006-04-22	51.4	1	0	25.9	162	68	88	87	2006-04-22	0
290	289	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1936-03-24	2006-04-24	70.1	1	0	23.2	158	58	80	78	2006-04-24	0
291	290	k1	003-01-000	고대 구로병원	서울	10단계(진행)	1942-06-21	2006-04-29	63.9	0	1	26.2	160	67	86	91	2006-04-29	0
8713	8712	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1945-05-13	2007-04-01	61.9	1	0	23.9	165	65	89	88	2007-04-01	0
8714	8713	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1953-08-20	2007-04-02	53.7	1	0	22.8	169	65	85	87	2007-04-02	0
8715	8714	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1954-12-17	2007-04-13	52.4	1	0	29.4	168	83	91	100	2007-04-13	0
8716	8715	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1940-07-25	2007-04-14	66.8	1	0	24.6	160	63	92	95	2007-04-14	0
8717	8716	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1941-05-16	2007-04-19	66.0	1	0	19.5	168	55	92	97	2007-04-19	0
8718	8717	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1940-08-10	2007-05-01	66.8	0	1	26.0	158	65	105	100	2007-05-01	0
8719	8718	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1941-05-12	2007-05-05	66.0	0	1	23.7	159	60	85	86	2007-05-05	0
8720	8719	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1946-01-18	2007-05-07	61.3	0	1	22.9	152	53	90	92	2007-05-07	0
8721	8720	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1944-11-15	2007-05-07	62.1	1	0	25.1	165	52	84	81	2007-05-07	0
8722	8721	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1941-11-20	2007-05-07	64.3	1	0	24.5	169	65	80	79	2007-05-07	0
8723	8722	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1941-07-10	2007-05-07	45.3	1	0	23.5	182	78	93	96	2007-05-07	0
8724	8723	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1960-01-20	2007-05-08	47.3	0	1	28.3	166	78	98	96	2007-05-08	0
8726	8725	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1949-11-01	2007-04-19	67.1	1	0	22.8	169	65	88	91	2007-04-19	0
8729	8728	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1953-06-03	2007-05-11	53.1	1	0	23.3	171	68	82	86	2007-05-11	0
8730	8729	k2	003-01-000	고대 구로병원	서울	10단계(진행)	1955-12-12	2007-05-30	51.5	1	0	18.4	176	57	83	85	2007-05-30	0
20777	20776	K3	023-00-005	고려의대 구로병원	서울	10단계(진행)	1940-11-08	2011-04-04	70.4	1	0	20.2	162	53	70	90	2011-04-04	0
20778	20777	K3	023-00-005	고려의대 구로병원	서울	10단계(진행)	1966-07-22	2011-04-06	44.7	1	0	26.2	179	84	75	77	2011-04-06	0
20779	20778	K3	023-00-005	고려의대 구로병원	서울	10단계(진행)	1955-03-17	2011-04-12	56.1	1	0	20.2	168	57	88	91	2011-04-12	0
20780	20779	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1950-08-28	2011-04-16	60.7	1	0	25.7	172	76	90	89	2011-04-16	0
20781	20780	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1947-03-10	2011-04-08	64.1	1	0	23.7	173	71	90	94	2011-04-08	0
20782	20781	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1962-02-20	2011-04-17	49.2	0	1	21.5	157	53	82	80	2011-04-17	0
20783	20782	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1964-02-11	2011-04-15	47.2	1	0	22.8	165	62	100	98	2011-04-15	0
20784	20783	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1936-05-18	2011-04-15	75.0	0	1	22.4	161	58	96	100	2011-04-15	0
20785	20784	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1967-03-10	2011-04-30	44.2	1	0	23.9	165	65	90	95	2011-04-30	0
20786	20785	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1970-06-04	2011-04-27	40.9	1	0	25.0	181	82	88	87	2011-04-27	0
20787	20786	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1961-04-06	2011-04-29	50.1	1	0	23.7	172	70	80	78	2011-04-29	0
20788	20787	K3	023-00-006	고려의대 구로병원	서울	10단계(진행)	1926-09-21	2011-04-29	84.7	1	0	24.7	167	69	86	91	2011-04-29	0
20899	20910	K3	023-00-000	고대 구로병원	10단계(진행)		1971-10-25	Male	183cm	80kg	72	83	2012-08-01	18:15	2012-08-01	18:15	this hospiti	0:00
20900	20909	K3	023-00-000	고대 구로병원	10단계(진행)		1968-11-04	Male	173cm	78kg	89	95	2012-08-17	18:23	2012-08-17	18:23	this hospiti	0:00

KAMIR & KORMI 통합 후  
SPSS 변환용 자료로 정리



# Tip & Tricks for Raw Data Clean Up (1)



id	Age	Male	Female	Height
38648	70.2	0	1	
38658	65.7	1	0	
38682	50.5	1	0	
38696	54.0	1	0	
38694	61.1	1	0	
38696	75.8	0	1	
38688	85.5	1	0	
38716	35.3	1	0	
38711	64.7	0	1	
38727	68.4	0	1	
38734	50.4	1	0	
38736	70.7	1	0	
38740	60.7	1	0	
38730	64.7	1	0	
38714	73.3	0	1	
38719	69.0	0	1	
38722	40.4	1	0	
38726	76.2	1	0	
38727	71.9	1	0	
38669	.	1	0	
38651	77.1	1	0	
38648	70.2	0	1	
38750	69.5	0	1	
38730	79.7	0	1	
38754	80.2	0	1	
38756	65.1	1	0	
38760	77.8	0	1	
38761	50.9	0	1	
38760	77.8	0	1	
38764	50.5	1	0	
38768	76.5	1	0	
38769	71.0	0	1	
38773	64.1	0	1	
38772	69.7	0	1	
38775	88.2	0	1	
38776	35.1	1	0	
38776	61.9	1	0	
38777	66.1	1	0	
38780	63.1	1	0	
38782	60.3	1	0	
38785	78.9	0	1	
.	.	0	0	
38782	78.1	0	1	
38796	73.1	0	1	
38791	.	0	1	
38792	47.3	1	0	
38780	59.2	0	1	
38776	80.5	1	0	
38798	64.4	0	1	
38782	76.7	0	1	
38775	80.8	1	0	
38802	69.6	0	1	
38803	51.3	0	1	

## Missing data의 처리

- 범주형 변수는 가능한 이분형 (Binary; 0 or 1) 형태로 변환
- '변수' 속성에 맞추어 각각 새로운 변수로 만들어 준다

Examples) Missing data도 '0'으로 표시

Gender는 '남자: 1'와 '여자: 0'로 나뉘어 있지만 KAMIR에서는 7.3%의 missing data가 존재한다.

따라서

Male: '1' others: '0' / Female: '1' others: '0'

- 논문 작성시 현재 알고 있는 명확한 자료만 제시한다

Gender (male): 16,875 (65.8%)

- 알고 있는 자료만 나누어 정리하면 회귀분석이나 Propensity score 분석 시 missing data의 loss없이 분석 가능

# Tip & Tricks for Raw Data Clean Up (2)

Phase	Code	Hospital	지역	Step	Birth	F
	001-01-00001	성바오로병원	서울	10단계(진행)	1935/08/19	20
	001-01-00002	성바오로병원	서울	10단계(진행)	1940/03/14	20
	001-01-00003	성바오로병원	서울	10단계(진행)	1955/06/18	20
	001-01-00004	성바오로병원	서울	10단계(진행)	1961/12/25	20
	001-01-00005	성바오로병원	서울	10단계(진행)	1944/11/17	20
	001-01-00006	성바오로병원	서울	10단계(진행)	1930/03/05	20
	001-01-00007	성바오로병원	서울	10단계(진행)	1920/06/08	20
	001-01-00008	성바오로병원	서울	10단계(진행)	1970/10/08	20
	001-01-00009	성바오로병원	서울	10단계(진행)	1941/04/19	20
	001-01-00010	성바오로병원	서울	10단계(진행)	1937/08/16	20
	001-01-00013	성바오로병원	서울	10단계(진행)	1955/09/03	20
	001-01-00014	성바오로병원	서울	10단계(진행)	1935/06/10	20
	001-01-00015	성바오로병원	서울	10단계(진행)	1945/05/10	20
	001-01-00016	성바오로병원	서울	10단계(진행)	1941/06/05	20
	001-01-00017	성바오로병원	서울	10단계(진행)	1932/09/23	20
	001-01-00018	성바오로병원	서울	10단계(진행)	1937/01/11	20
	001-01-00019	성바오로병원	서울	10단계(진행)	1965/08/24	20
	001-01-00020	성바오로병원	서울	10단계(진행)	1929/11/01	20
	001-01-00021	성바오로병원	서울	10단계(진행)	1934/02/27	20
	001-01-00023	성바오로병원	서울	10단계(진행)		20
	001-01-00024	성바오로병원	서울	10단계(진행)	1928/10/24	20
	001-01-00025	성바오로병원	서울	10단계(진행)	1935/08/19	20
	001-01-00026	성바오로병원	서울	10단계(진행)	1936/08/15	20
	001-01-00027	성바오로병원	서울	10단계(진행)	1926/05/15	20
	001-01-00029	성바오로병원	서울	10단계(진행)	1926/01/01	20
	001-01-00030	성바오로병원	서울	10단계(진행)	1941/01/03	20
	001-01-00031	성바오로병원	서울	10단계(진행)	1928/04/28	20
	001-01-00032	성바오로병원	서울	10단계(진행)	1955/04/04	20
	001-01-00034	성바오로병원	서울	10단계(진행)	1928/04/28	20
	001-01-00036	성바오로병원	서울	10단계(진행)	1955/08/27	20
	001-01-00037	성바오로병원	서울	10단계(진행)	1929/09/20	20
	001-01-00038	성바오로병원	서울	10단계(진행)	1935/02/28	20
	001-01-00039	성바오로병원	서울	10단계(진행)	1942/01/28	20
	001-01-00040	성바오로병원	서울	10단계(진행)	1936/07/01	20
	001-01-00041	성바오로병원	서울	10단계(진행)	1918/01/07	20
	001-01-00044	성바오로병원	서울	10단계(진행)	1971/02/10	20
	001-01-00045	성바오로병원	서울	10단계(진행)	1944/05/05	20
	001-01-00046	성바오로병원	서울	10단계(진행)	1940/02/17	20
	001-01-00047	성바오로병원	서울	10단계(진행)	1943/02/10	20
	001-01-00048	성바오로병원	서울	10단계(진행)	1945/11/22	20
	001-01-00051	성바오로병원	서울	10단계(진행)	1927/05/18	20
	001-01-00052	성바오로병원	서울	10단계(진행)		20
	001-01-00053	성바오로병원	서울	10단계(진행)	1928/02/01	20
	001-01-00055	성바오로병원	서울	10단계(진행)	1933/03/17	20
	001-01-00056	성바오로병원	서울	10단계(진행)		20
	001-01-00057	성바오로병원	서울	10단계(진행)	1958/11/26	20
	001-01-00058	성바오로병원	서울	10단계(진행)	1947/01/07	20
	001-01-00059	성바오로병원	서울	10단계(진행)	1925/09/05	20
	001-01-00061	성바오로병원	서울	10단계(진행)	1941/11/19	20
	001-01-00062	성바오로병원	서울	10단계(진행)	1929/07/04	20
	001-01-00064	성바오로병원	서울	10단계(진행)	1925/06/15	20
	001-01-00065	성바오로병원	서울	10단계(진행)	1936/08/27	20

- KAMIR Data set은 등록된 자료의 진행사항을 확인 가능.  
 통계 진행 시 적절한 필터를 사용하면  
 Missing data를 걸러낼 수 있다.

## Examples)

- AMI의 연도별 발생건수 분석  
 : step 선택 해당 없음

- 가설의 Endpoint가  
 In hospital complication 이면..  
 => step 6~10단계

- 가설의 Endpoint가 Follow-up Clinical Outcomes이면..  
 => step 10단계

- 1단계 Patient at Admission
- 2단계 Condition at Admission
- 3단계 Past History
- 4단계 Initial Therapy
- 5단계 Coronary angiographics findings
- 6단계 Hospitalization
- 7단계 Lab findings
- 8단계 Medical therapy in hospital
- 9단계 Discharge
- 10단계 Follow-up

# Statistical Analysis

기본통계방법

1. 연속형 변수 (Continuous variables)  
Student t-test (Independent, Un-paired)  
Anova/Ancova

“모두 합쳐도 10개 이내”

2. 범주형 변수 (Categorical variables)  
Chi-square test or Fischer's exact test

3. 상대 위험과 오즈비 (Relative Risk & Odds Ratio)

4. 로지스틱 회귀분석 (Logistic Regression Analysis)

단순회귀모형 (Simple logistic)

다중회귀모형 (Multiple logistic); Independent predictors./no time dependence

5. 생존율 곡선 (Survival Curve Analysis)

Kaplan-Meier: Log-rank test

Cox-regression: Cox proportional hazard model (time dependent)

6. Propensity-Score Analysis

Adjusted analysis / Matched analysis

# Dr. Rha 의 Kamir 통계 Step

Ex) 두 군의 비교연구 (KAMIR/KORMI data에서만...)

## 1. 가설 설정 및 데이터 탐색

## 2. Propensity Score Matching: PS Matching

⇒ 다중회귀분석 보다 PSM이 '혼란변수보정'에 있어 여러모로 편리하고 직관적임.

⇒ Clinical Risk평가에 있어서, "상대위험도" 평가와 "Cox-proportional hazard model" 사용.

⇒ PS Matching으로 인한 data loss를 피하고 싶다면

Cox-proportional hazard model의 공변량 (co-variates) 에 PS를 넣어 보정.

## 3. 기본 통계 (Chi-검정, 독립T검정, 상대위험검정)

## 4. 회귀분석 & 생존율 분석

⇒ Follow-up data의 Risk평가는 "회귀분석"이 아닌 "Cox-proportional hazard model"로 평가.

## 5. Subgroup Analysis

; cox regression between two subgroups

# Step 1 - Grouping

Everolimus-eluting (EES ) Vs. Biodegradable Polymer Biolimus Stent (BPBS; BES)의  
2 Years Outcomes 비교연구

“EESBPBS”변수 생성

- 대상군: BPBSs (NOBORI, Biomatrix) => “1” 로 코딩

- 비교군: EESs (Promus, Xience V) => “0”으로 코딩

	Birth	Reg1	R	EESBPBS	Age
1	1978/08/14	2010/09/08	40429	1	32.1
2	1974/12/06	2010/03/05	40242	0	35.3
3	1973/03/11	2011/06/27	40721	0	38.0
4	1972/12/28	2011/08/12	40767	1	38.6
5	1971/04/08	2010/08/03	40393	1	39.3
6	1971/04/08	2011/01/08	40551	1	39.8
7	1969/09/13	2010/06/05	40334	1	40.8
8	1970/07/12	2011/04/05	40638	0	40.8
9	1969/07/24	2010/09/16	40437	0	41.2
10	1969/09/01	2011/10/01	40817	1	42.1
11	1968/07/29	2010/11/29	40511	1	42.4
12	1968/03/15	2011/01/22	40565	1	42.9

(NOBORI, Biomatrix)

(Promus, Xience V)



# Step 2 – PS Matching (1)

- SPSS용 PSM Tool설치 (version 18-20, window 7)

참고 사이트: <http://www.ibm.com/developerworks/spsdevcentral>

The screenshot shows the IBM SPSS Statistics Data Editor interface. The main window displays a data table with columns 'Birth', 'Reg1', and 'Age'. The 'Analyze' menu is open, and 'PS Matching' is highlighted. An orange arrow points from the text 'PS Matching in SPSS Dialog' to the 'PS Matching' option in the menu.

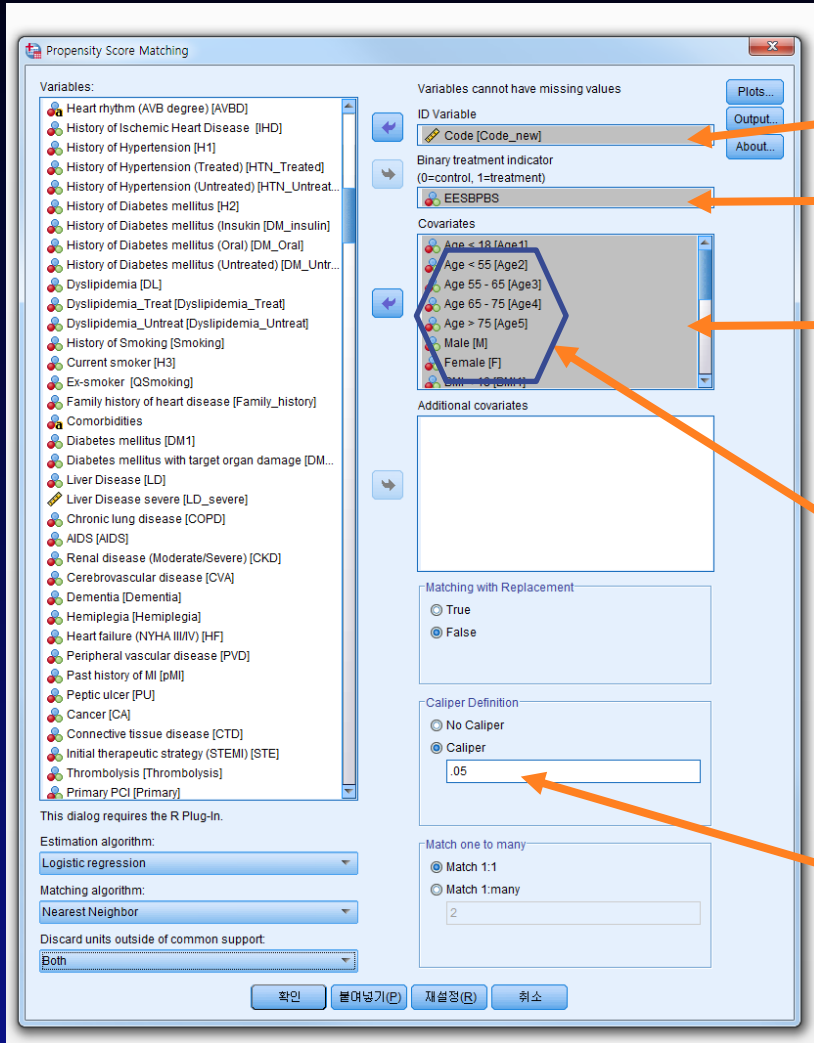
	Birth	Reg1	Age
1	1978/08/14	2010/09/08	
2	1974/12/06	2010/03/05	
3	1973/03/11	2011/06/27	
4	1972/12/28	2011/08/12	
5	1971/04/08	2010/08/03	
6	1971/04/08	2011/01/08	32.1
7	1969/09/13	2010/06/05	35.3
8	1970/07/12	2011/04/05	38.3
9	1969/07/24	2010/09/16	38.6
10	1969/09/01	2011/10/01	39.3
11	1968/07/29	2010/11/29	39.8
12	1968/03/15	2011/01/22	40.8
13	1966/08/21	2010/08/09	40.8
14	1966/03/30	2010/04/04	41.2
15	1966/08/30	2010/10/02	42.1
16	1966/11/12	2011/01/24	42.4
17	1967/02/24	2012/02/29	42.9
18	1965/07/18	2011/01/17	44.0
19	1965/02/11	2011/01/26	44.0
20	1965/02/01	2011/04/24	44.1
21	1964/10/14	2011/03/01	44.2
22	1965/02/02	2011/09/01	45.0
23	1963/05/20	2010/05/25	45.5



설치파일 목록

PS Matching in SPSS Dialog

# Step 2 – PS Matching (2)



환자 고유의 ID를 만들어 넣어준다.

검정변수: (EES vs. BPBS)

보정할 '공변량' 넣어준다.

- 다중공선성 test 상관없이 넣을 수 있다.
- 주의) 공변량에는 'null'값이 있어서는 안된다.

Tip) 변수를 '세분화' 하고, 연속형 변수를 '그룹화' 하면 Missing data를 random 시키는 효과가 있어 Case lose를 줄일 수 있다.

비교, 대상군의 PS 간격 설정  
 - 숫자가 작을수록 잘 매칭되지만  
 - Data Loss가 많아짐

# PS Matching Result

PSM 실행 후 아래와 같은 Information Pop-up창이 뜬다.

## Warning

No warnings in estimation or matching procedure	
---	--

## Sample Sizes

	Control	Treated
All	5203	950
Matched	917	917
Unmatched	3883	32
Discarded	403	1

PSM 결과  
917 Pair, N=1,837

## Overall balance test (Hansen & Bowers, 2010)

	chisquare	df	p.value
Overall	27.638	58.000	1.000

## Relative multivariate imbalance L1 (Iacus, King, & Porro, 2010)

	Before matching	After matching
Multivariate imbalance measure L1	1.000	1.000

Data field 맨 뒤에 자동 생성

ST_day1	filter_\$	ps	psweight
1	0	1	.519
2	0	1	.341
3	0	1	.218
4	0	1	.318
5	0	1	.583
6	0	1	.685
7	0	0	.054
8	0	0	.003
9	0	0	.012
10	0	0	.707
11	0	0	.277
12	0	0	.023
13	0	0	.033
14	0	0	.087
15	0	0	.066
16	0	0	.048
17	0	0	.002
18	0	0	.078
19	0	0	.000
20	0	0	.052
21	0	0	.016
22	0	0	.010
23	0	0	.073
24	0	0	.048
25	0	0	.010
26	0	0	.000
27	0	0	.003
28	0	0	.006
29	0	0	.154
30	0	0	.198
31	0	0	.249

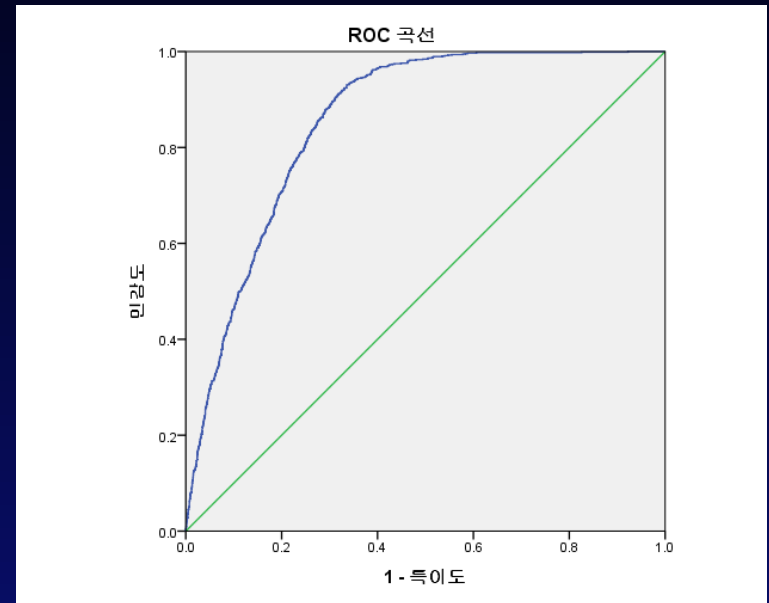
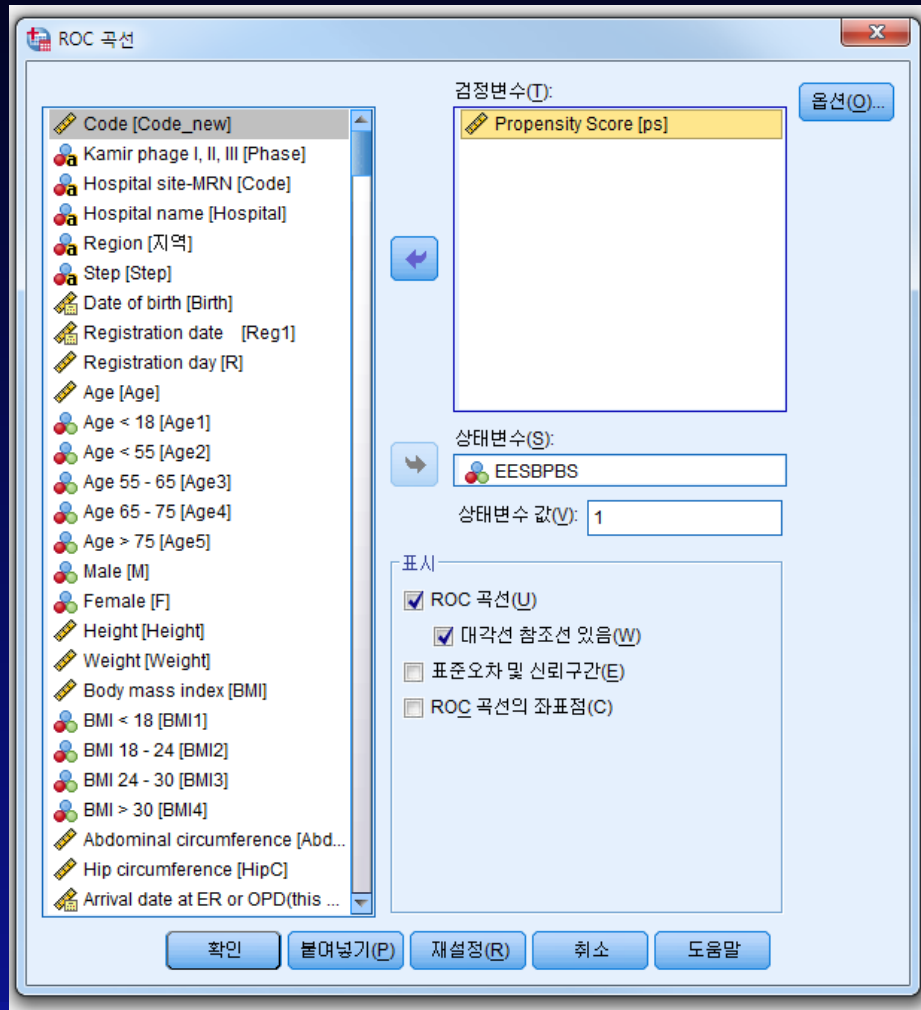
Propensity score

코딩: "1"  
Matched case

코딩: "0"  
Un-matched case

# Step 2 – PS 검정 타당도

상단 메뉴: 분석 => ROC 곡선



곡선 아래 영역

검정 결과 변수: Propensity Score

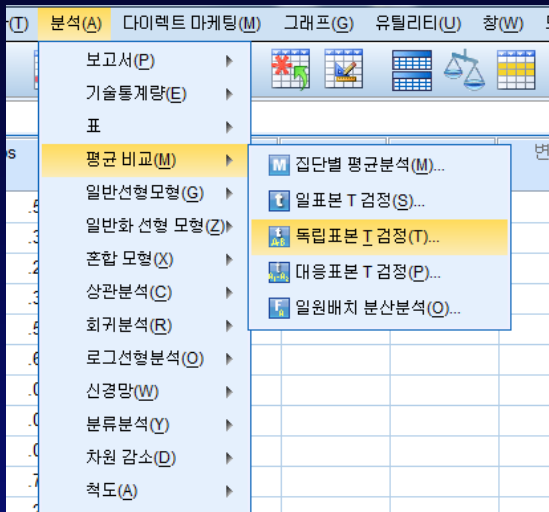
AUC (C-Statics): 0.856

\* 통상 > 0.650... / 0.800

# Step 3 – 기본 통계 (1)

## 1. 연속형 변수 (Continuous variables) Student t-test

- 메뉴 상단: 분석 => 평균비교 => 독립표본T검정



T-검정

집단통계량

	EESBPBS	N	평균	표준편차	평균의 표준오차
Age	1	945	62.625	12.6528	.4116
	0	5159	63.106	12.3183	.1715

독립표본 검정

		Levene의 등분산 검정		평균의 동일성에 대한 t-검정		
		F	유의확률	t	자유도	유의확률 (양측)
Age	등분산이 가정됨	1.682	.195	-1.101	6102	.271
	등분산이 가정되지 않음			-1.080	1293.112	.280

독립표본 검정

		평균의 동일성에 대한 t-검정			
		평균차	차이의 표준오차	차이의 95% 신뢰구간	
				하한	상한
Age	등분산이 가정됨	-.4818	.4377	-1.3399	.3763
	등분산이 가정되지 않음	-.4818	.4459	-1.3565	.3930

Levene의 등분산 검정

- 유의확률  $\geq 0.05$ : 등분산 가정
- 유의확률  $< 0.05$ : 등분산 가정X

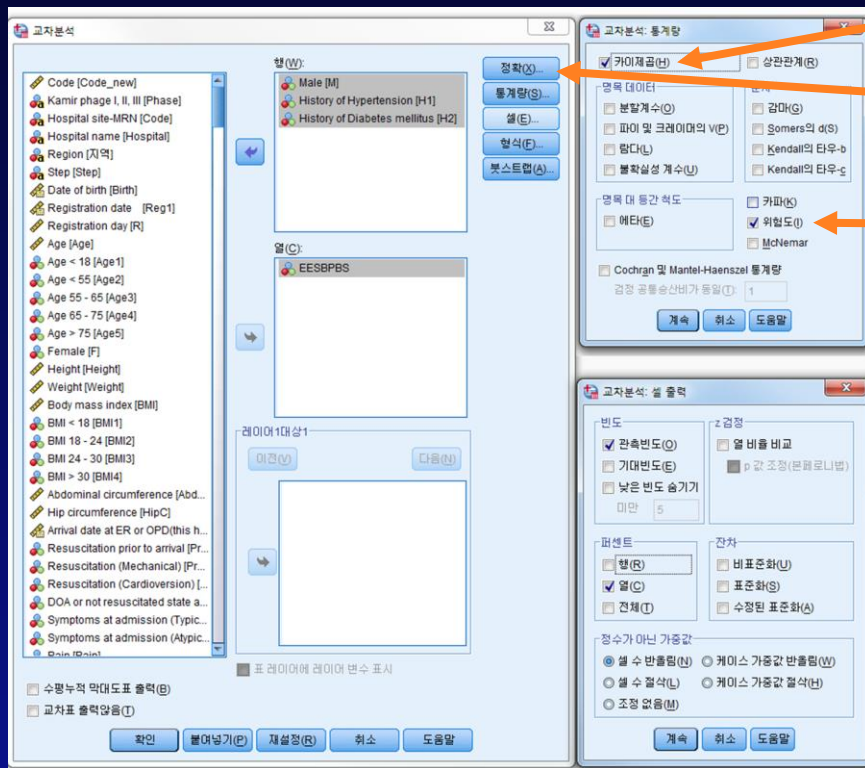
EES vs. BPBS

$63.1 \pm 12.3$ ,  $62.6 \pm 12.6$ ,  $P=0.271$

# Step 3 – 기본 통계 (2)

## 2. 범주형 변수 (Categorical variables) & 상대위험도 분석 Chi-square test or Fischer's exact test

메뉴 상단: 분석 => 기술통계 => 교차분석



Chi-square test

Fischer's exact test: 정확한 검정

상대 위험과 오즈비  
(Relative Risk & Odds Ratio)

# Step 3 – 기본 통계 (3)

## 2. 범주형 변수 (Categorical variables) & 상대위험도 분석 Chi-square test or Fischer's exact test or Relative Risk

**교차표**

		EESBA9		전체	
		0	1		
Total MACEs	0	반도	866	847	1702
		EESBA9 중 %	93.2%	92.4%	92.8%
	1	반도	62	70	132
		EESBA9 중 %	6.8%	7.6%	7.2%
전체		반도	917	917	1834
		EESBA9 중 %	100.0%	100.0%	100.0%

**카이제곱 검정**

	값	자유도	점근 유의확률 (양측검정)	정확한 유의확률 (양측검정)	정확한 유의확률 (단측검정)	검정통계
Pearson 카이제곱	.522 <sup>a</sup>	1	.470	.527	.264	
연속수정 <sup>b</sup>	.400	1	.527			
우도비	.523	1	.470	.527	.264	
Fisher의 정확한 검정				.527	.264	
선형 대 선형결합	.522 <sup>c</sup>	1	.470	.527	.264	.056
유효 케이스 수	1834					

a. 0 셀 (.0%)은(는) 5보다 작은 기대 빈도를 가지는 셀입니다. 최소 기대빈도는 66.00입니다.  
b. 2x2 표에 대해서만 계산됨  
c. 표준화 통계량은 .723입니다.

**위험도 추정값**

	값	95% 신뢰구간	
		하한	상한
Total MACEs (0 / 1)에 대한 승산비	1.140	.799	1.625
코호트 EESBA9 = 0	1.070	.887	1.290
코호트 EESBA9 = 1	.938	.794	1.110
유효 케이스 수	1834		

Chi-square test

Fischer's exact test: 정확한 검정

5보다 작은 기대빈도의 셀이  
20% 이상이면  
Fischer's exact test를 사용한다

상대 위험도와 오즈비  
(Relative Risk & Odds Ratio)

RR: 1.140, CI: 0.799 – 1.625

\*Cox regression; HR

# Baseline & Angiographic Clinical Characteristics

Variables	Entire Patients			Matched Patients		
	EES (n=5203)	BPBS (n=950)	p Value	EES (n=917)	BPBS (n=917)	p Value
Male	3850 (73.9)	713 (75)	0.494	701 (76.4)	684 (74.5)	0.356
Age	63.1 ± 12.3	62.6 ± 12.6	0.271	62.6 ± 12.5	62.6 ± 12.6	0.983
Body mass index	24.0 ± 3.1	24.1 ± 3.2	0.285	24.0 ± 3.0	24.1 ± 3.1	0.772
LV ejection fraction, %	52.1 ± 11.5	53.8 ± 10.6	< 0.001	53.3 ± 10.6	53.8 ± 10.5	0.370
History						
Hypertension	2550 (49.0)	449 (47.2)	0.322	448 (48.8)	434 (47.3)	0.513
Diabetes mellitus	1478 (28.4)	256 (26.9)	0.358	244 (26.6)	245 (26.7)	0.958
Dyslipidemia	619 (11.8)	97 (10.2)	0.136	99 (10.7)	92 (10)	0.593
Prior heart failure (NYHA III/IV)	70 (1.3)	7 (0.7)	0.121	6 (0.6)	7 (0.7)	0.781
Renal disease	72 (1.3)	18 (1.8)	0.228	18 (1.9)	18 (1.9)	ns
Cerebrovascular disease	299 (5.7)	66 (6.9)	0.150	59 (6.4)	62 (6.7)	0.778
Peripheral vascular disease	19 (0.3)	5 (0.5)	0.404	2 (0.2)	4 (0.4)	0.687
Chronic lung disease	68 (1.3)	13 (1.3)	0.878	16 (1.7)	12 (1.3)	0.446
Liver disease	38 (0.7)	11 (1.1)	0.173	4 (0.4)	9 (0.9)	0.164
Peptic ulcer	38 (0.7)	9 (0.9)	0.480	10 (1.0)	8 (0.8)	0.636
Current smoking	2230 (42.8)	418 (44.0)	0.514	391 (42.6)	400 (43.6)	0.671
Family history of CAD	388 (7.4)	80 (8.4)	0.303	75 (8.1)	80 (8.7)	0.675
Diagnosis						
ST-segment elevation MI	3002 (57.6)	492 (51.7)	0.001	472 (51.4)	475 (51.7)	0.889
Primary PCI	2803 (53.8)	461 (48.5)	0.002	451 (49.1)	445 (48.5)	0.779
Non-ST-segment elevation MI	2167 (41.6)	449 (47.2)	0.001	440 (47.9)	433 (47.2)	0.743
Early invasive treatment	1840 (35.3)	415 (43.6)	< 0.001	410 (44.7)	400 (43.6)	0.638
Killip class						
I	3634 (69.8)	692 (72.8)	0.063	686 (74.8)	669 (72.9)	0.366
II	636 (12.2)	99 (10.4)	0.115	93 (10.1)	95 (10.3)	0.878
III	324 (6.2)	54 (5.6)	0.522	54 (5.8)	53 (5.7)	0.921
IV	264 (5.0)	29 (3.0)	0.007	27 (2.9)	28 (3.0)	0.891
Laboratory findings						
CK-MB	129 ± 196	107 ± 261	0.016	116 ± 222	107 ± 263	0.443
Troponin I	41 ± 115	38 ± 118	0.451	33 ± 59	38 ± 11	0.231
Total cholesterol	184 ± 46	182 ± 43	0.460	183 ± 46	182 ± 42	0.777
LDL-cholesterol	115 ± 38	116 ± 38	0.412	114 ± 38	116 ± 38	0.311
hsCRP	13.0 ± 60.8	10.8 ± 38.9	0.335	15.0 ± 64.0	11.1 ± 39.5	0.163
A1C, %	6.7 ± 2.7	6.6 ± 2.6	0.799	6.5 ± 1.5	6.6 ± 2.6	0.370
Blood glucose	171 ± 81	167 ± 78	0.173	166 ± 76	167 ± 78	0.962

Variables	Entire Patients			Matched Patients		
	EES (n=5203)	BPBS (n=950)	p Value	EES (n=917)	BPBS (n=917)	p Value
Angiographic and procedural characteristics						
Infarct related artery						
LAD	2545 (48.9)	469 (49.3)	0.797	433 (47.2)	456 (49.7)	0.283
LCx	840 (16.1)	171 (18.0)	0.156	165 (17.9)	167 (18.2)	0.903
RCA	1691 (32.5)	295 (31)	0.380	302 (32.9)	280 (30.5)	0.270
Left main	101 (1.9)	14 (1.4)	0.328	16 (1.7)	13 (1.4)	0.574
Lesion type (B2/C)	3548 (68.1)	717 (75.4)	< 0.001	674 (73.5)	686 (74.8)	0.522
B2	1385 (26.6)	350 (36.8)	< 0.001	309 (33.6)	327 (35.6)	0.377
C	2163 (41.5)	367 (38.6)	0.090	365 (39.8)	359 (39.1)	0.774
Multivessel disease						
Double	1638 (31.4)	292 (30.7)	0.649	313 (34.1)	283 (30.8)	0.135
Triple	1273 (24.4)	184 (19.3)	0.001	201 (21.9)	178 (19.4)	0.185
Left main disease	187 (3.5)	29 (3.0)	0.404	21 (2.2)	27 (2.9)	0.380
Treated lesion						
LAD	2957 (56.8)	537 (56.5)	0.861	513 (55.9)	521 (56.8)	0.706
LCx	1263 (24.2)	247 (26.0)	0.256	244 (26.6)	241 (26.2)	0.874
RCA	1951 (37.4)	354 (37.2)	0.891	349 (38)	338 (36.8)	0.596
Left main	159 (3.0)	22 (2.3)	0.214	19 (2.0)	21 (2.2)	0.749
Pre-procedural TIMI flow grade						
0	2303 (44.2)	398 (41.8)	0.176	397 (43.2)	389 (42.4)	0.706
I	659 (12.6)	126 (13.2)	0.612	119 (12.9)	119 (12.9)	ns
II	612 (11.7)	134 (14.1)	0.042	114 (12.4)	127 (13.8)	0.369
III	1176 (22.6)	221 (23.2)	0.655	233 (25.4)	211 (23)	0.230
Stent diameter, mm	3.1 ± 0.4	3.16 ± 0.4	0.949	3.1 ± 0.4	3.1 ± 0.3	0.237
Stent length, mm	23.9 ± 6.3	21.7 ± 4.8	< 0.001	21.6 ± 4.7	21.8 ± 4.8	0.335
Pre-PCI diameter stenosis, %	87.0 ± 15.8	89.5 ± 13.3	< 0.001	87.9 ± 14.1	89.6 ± 13.3	0.075
Post-PCI diameter stenosis, %	22.9 ± 11.7	21.7 ± 8.4	0.016	21.6 ± 9.7	21.7 ± 8.4	0.783
Total stents/Patients, n	1.4 ± 0.7	1.4 ± 0.7	0.020	1.41 ± 0.7	1.40 ± 0.7	0.769
Pre-procedural TIMI flow grade						
0	42 (0.8)	4 (0.4)	0.204	8 (0.8)	4 (0.4)	0.247
I	43 (0.8)	3 (0.3)	0.093	6 (0.6)	3 (0.3)	0.507
II	177 (3.4)	15 (1.5)	0.003	28 (3.0)	15 (1.6)	0.045
III	4485 (86.2)	856 (90.1)	0.001	814 (88.7)	823 (89.7)	0.497



# Clinical Outcomes up to 2 Years

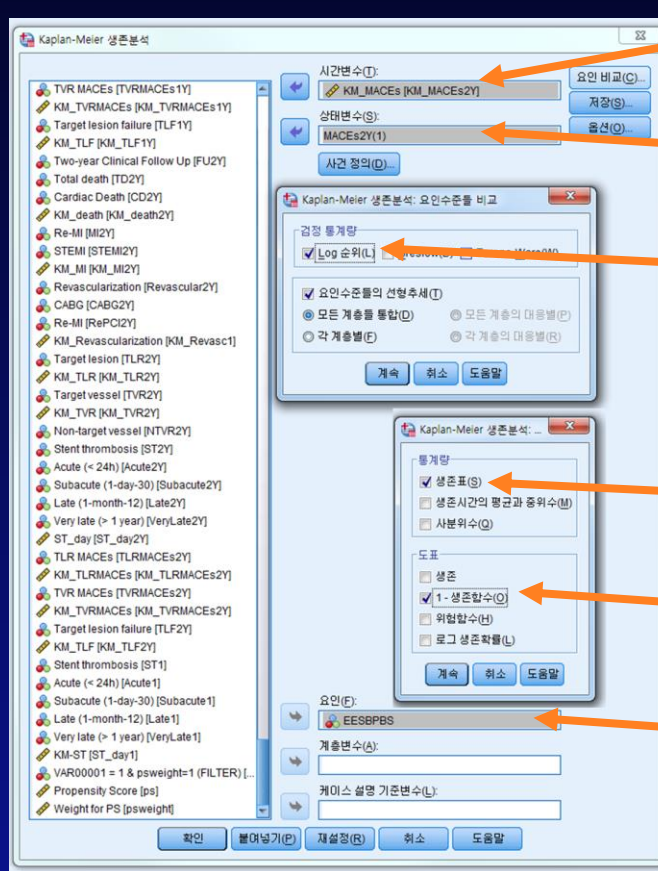
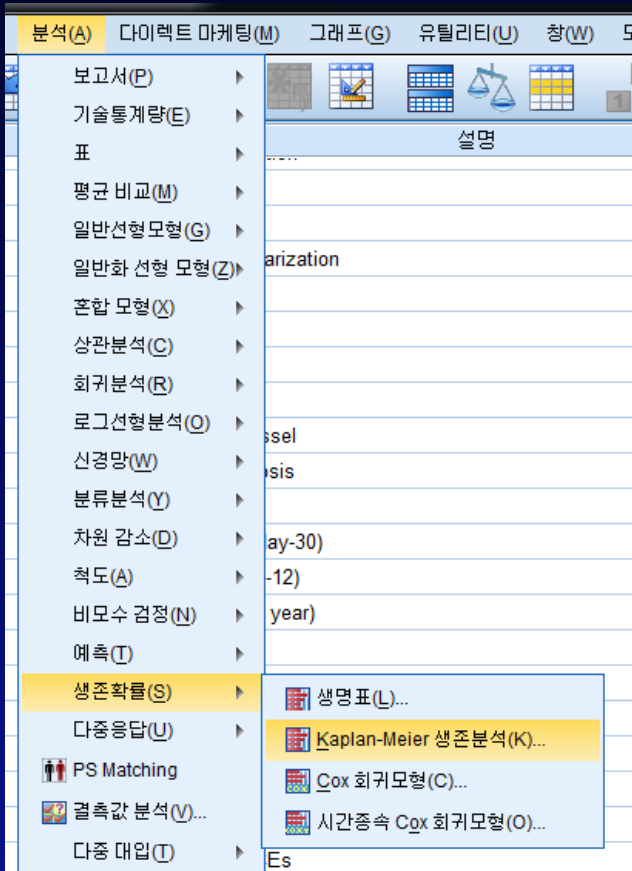
Variables	Entire Patients				Matched Patients			
	EES (n=5203)	BPBS (n=950)	Relative Risk (Odd ratio)	p Value	EES (n=917)	BPBS (n=917)	Relative Risk (Odd ratio)	p Value
Outcomes at 30 days								
Total death	167 (3.2)	23 (2.4)	0.74 (0.48 - 1.16)	0.196	28 (3.0)	23 (2.5)	0.81 (0.46 - 1.42)	0.478
Cardiac Death	162 (3.1)	22 (2.3)	0.73 (0.46 - 1.15)	0.184	27 (2.9)	22 (2.3)	0.81 (0.45 - 1.43)	0.469
Re-MI	13 (0.2)	5 (0.5)	2.11 (0.75 - 5.93)	0.181	3 (0.3)	5 (0.5)	1.67 (0.39 - 7.00)	0.726
STEMI	11 (0.2)	2 (0.2)	0.99 (0.22 - 4.49)	ns	2 (0.2)	2 (0.2)	1.00 (0.14 - 7.11)	ns
Outcomes at 2 years								
Total death	233 (4.4)	37 (3.8)	0.86 (0.60 - 1.23)	0.419	37 (4.0)	37 (4.0)	1.00 (0.62 - 1.59)	ns
Cardiac Death	200 (3.8)	27 (2.8)	0.73 (0.48 - 1.10)	0.132	33 (3.5)	27 (2.9)	0.81 (0.48 - 1.36)	0.431
Re-MI	58 (1.1)	15 (1.5)	1.42 (0.80 - 2.52)	0.224	11 (1.1)	15 (1.6)	1.36 (0.62 - 2.99)	0.429
STEMI	30 (0.5)	6 (0.6)	1.09 (0.45 - 2.64)	0.838	6 (0.6)	6 (0.6)	1.00 (0.32 - 3.11)	ns
Revascularization	132 (2.5)	20 (2.1)	0.82 (0.51 - 1.32)	0.430	15 (1.6)	19 (2.0)	1.27 (0.64 - 2.51)	0.489
CABG	6 (0.1)	1 (0.1)	0.91 (0.10 - 7.58)	ns	0 (0.0)	1 (0.1)	0.49 (0.47 - 0.52)	ns
Re-PCI	126 (2.4)	19 (2.0)	0.82 (0.50 - 1.33)	0.431	15 (1.6)	18 (1.9)	1.20 (0.60 - 2.40)	0.598
TLR	37 (0.7)	9 (0.9)	1.33 (0.64 - 2.77)	0.437	4 (0.4)	9 (0.9)	2.26 (0.69 - 7.37)	0.164
TVR	59 (1.1)	10 (1.0)	0.92 (0.47 - 1.81)	0.827	8 (0.8)	10 (1.0)	1.25 (0.49 - 3.18)	0.636
Non-TVR	67 (1.2)	10 (1.0)	0.81 (0.41 - 1.59)	0.549	5 (0.5)	9 (0.9)	1.80 (0.60 - 5.41)	0.283
Total MACE	410 (7.8)	71 (7.4)	0.94 (0.72 - 1.22)	0.668	62 (6.7)	70 (7.6)	1.13 (0.79 - 1.62)	0.470
TLF	285 (5.4)	50 (5.2)	0.95 (0.70 - 1.30)	0.789	47 (5.1)	50 (5.4)	1.06 (0.70 - 1.60)	0.754
TLR MACE	262 (5.0)	42 (4.4)	0.87 (0.62 - 1.21)	0.422	43 (4.6)	42 (4.5)	0.97 (0.63 - 1.50)	0.912
TVR MACE	338 (6.4)	61 (6.4)	0.98 (0.74 - 1.30)	0.931	55 (5.9)	61 (6.6)	1.11 (0.76 - 1.62)	0.565
Probable or definite stent thrombosis	29 (0.5)	10 (1.0)	1.89 (0.92 - 3.90)	0.077	4 (0.4)	10 (1.0)	2.51 (0.78 - 8.05)	0.107
Acute	6 (0.1)	1 (0.1)	0.91 (0.10 - 7.58)	ns	1 (0.1)	1 (0.1)	1.00 (0.06 - 16.0)	ns
Subacute	3 (0.0)	3 (0.3)	5.49 (1.10 - 27.2)	0.051	0 (0.0)	3 (0.3)	0.49 (0.47 - 0.52)	0.250
Late (1-12 months)	17 (0.3)	5 (0.5)	1.61 (0.59 - 4.38)	0.370	2 (0.2)	5 (0.5)	2.50 (0.48 - 12.9)	0.452
Very late (1-2 years)	3 (0.0)	1 (0.1)	1.82 (0.18 - 17.5)	0.489	1 (0.1)	1 (0.1)	1.00 (0.06 - 16.0)	ns

\*동일한 결과값; p=1.0 or p<0.001 or ns

# Step 4 – 생존율 곡선 (1)

## 1. Kaplan-Meier Survival Curve

- 메뉴 상단: 분석 => 생존확율 => K-M curve분석



생존 시간

Event

Log Rank test

생존표

그래프

비교 변수

# Step 4 - 생존율 곡선 (2)

전체 비교

	카이제곱검정	자유도	유의확률
Log Rank (Mantel-Cox)	.206	1	.650

Log Rank test

추세 가중값의 벡터는 -1, 1입니다. 다릅니다.

1 - 생존함수

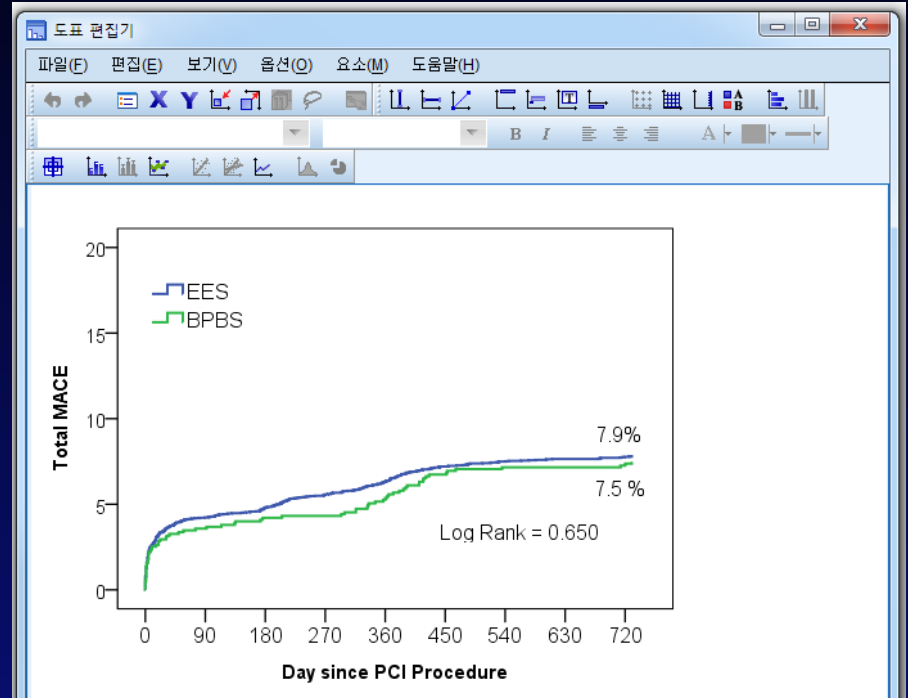
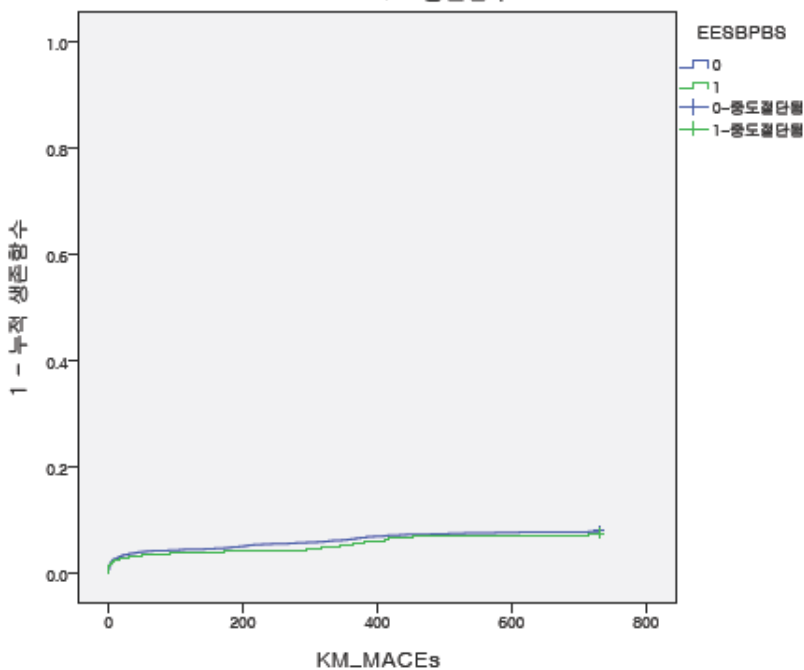
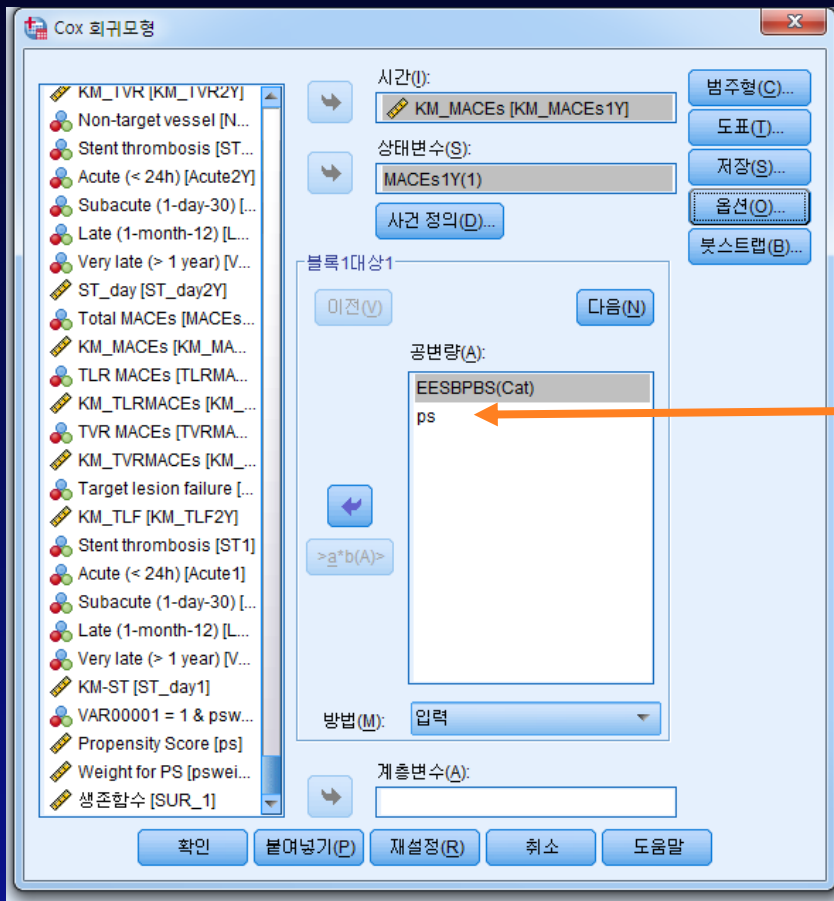


도표 더블클릭 하여 편집기에서 편집

# Step 4 – 생존율 곡선 (3)

## 2. Cox-regression: Cox proportional hazard model

- 메뉴 상단: 분석 => 생존학을 => Cox 회귀모형



K-M curve 분석과 거의 동일 함

Propensity Score  
- Cox proportional hazard ratio  
adjusted PS

# Step 4 – 생존율 곡선 (4)

발생식의 변수

	B	표준오차	Wald	자유도	유의확률	Exp(B)	Exp(B)에 대한 95.0% CI	
							하한	상한
EESBPBS	.142	.147	.941	1	.332	1.163	.866	1.638
ps	-.879	.319	7.620	1	.006	.415	.222	.776

1 - 패턴 1 - 2의 생존함수

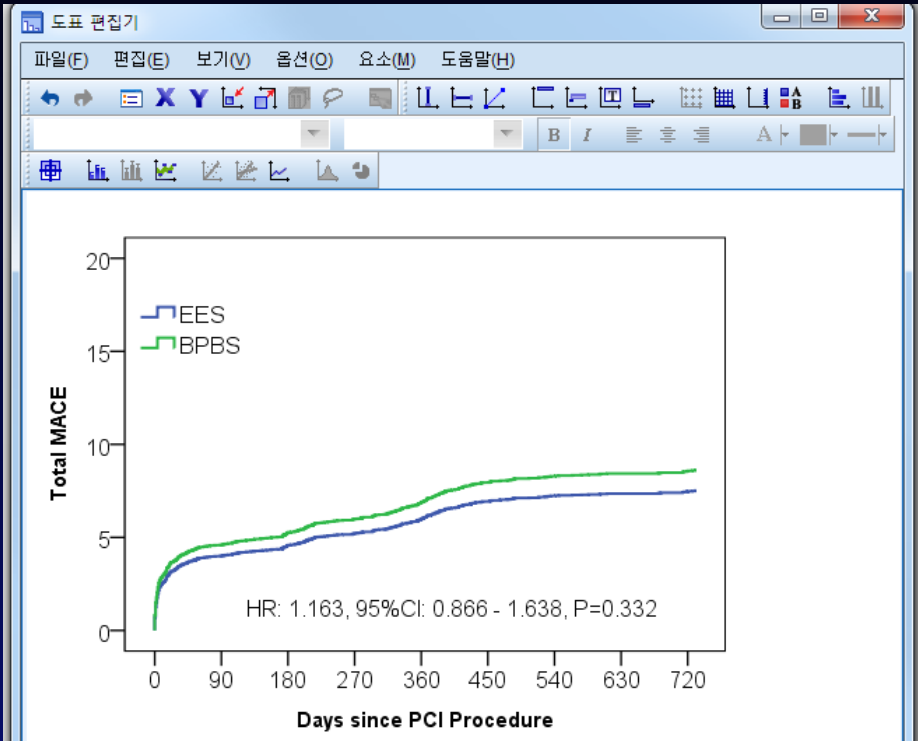
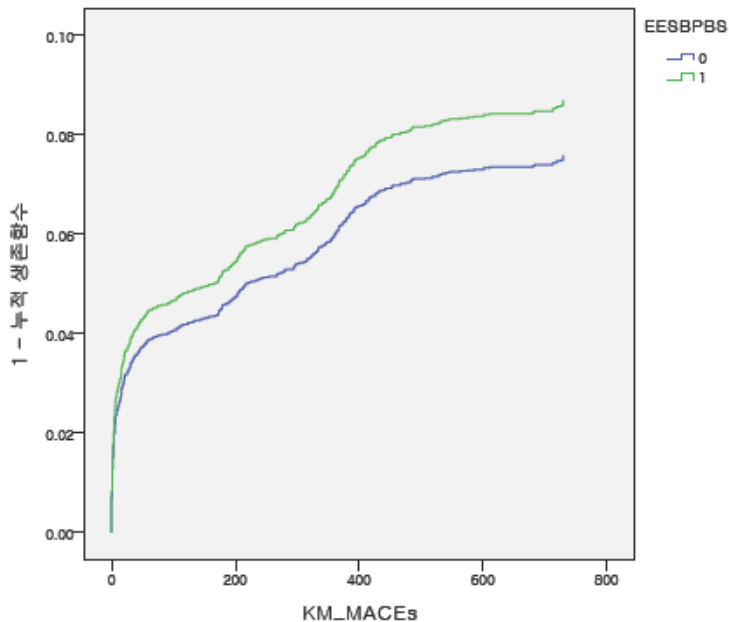


도표 더블클릭 하여 편집기에서 편집

# Dr. Rha 의 Kamir/Kormi 통계분석 Summary

Ex) 두 군의 비교연구 (KAMIR/KORMI data에서만...)

1. 가설 설정 및 데이터 탐색
2. Propensity Score Matching: PS Matching
3. 기본 통계 (chi-검정, 독립T검정, 상대위험검정)
4. 회귀분석 & 생존율 분석
5. Subgroup Analysis

1. 의학통계학과의 정식 자문
2. 연구인력의 전문화; Data Coordinator/Statistics (최병걸, 최세연, 변재경 연구원)

# Thank you for your attention

