

# Running a Study Without Writing Code

Ten hospital exports, one AI agent, and the part that takes longest — working out whether we can believe it.

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# Disclaimer and Conflict of Interest

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- ⚠ **The data are entirely synthetic**
  - Simulated from the published summaries of the IMbrave150 trial<sup>1</sup>
  - No real patient is represented; no record comes from any chart
  - Nothing here is evidence about atezolizumab, bevacizumab or sorafenib
- © **What this talk is about**
  - How to instruct an agent so that its output can be checked
  - The hazard ratio is a teaching target, not a finding
- ✓ **Conflict of interest**
  - No financial or non-financial conflict; no industry funding
  - No relationship with any AI vendor

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<sup>1</sup> Finn RS, Qin S, Ikeda M, et al. Atezolizumab plus bevacizumab in unresectable hepatocellular carcinoma. *N Engl J Med*. 2020;382(20):1894-1905. doi:10.1056/NEJMoa1915745

# What an Agent Is, and Is Not

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- □ **A chatbot** answers you
  - You paste data in, it writes text back. Nothing on your disk changes.
- >\_ **An agent** works on your machine
  - It reads your files, writes scripts, runs them, reads the error, tries again
  - It keeps going until a condition you set is met
- ◎ **So the hard part moves**
  - Not *"can it write the code"* — it can
  - But *"how do I know the answer it handed me is right"*
- ✓ That question is the whole talk

# What You Will Be Looking At

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## >\_ THE SCREEN

- **Top** — what I typed, in plain English
- **Middle** — what it decided to do, and the commands it ran
- **Bottom** — the answer, and how long it took

## THE IMPORTANT PART

- It does not answer from memory
- It **writes a file of instructions**, runs it, reads the result
- That file stays on disk
- Anyone can open it and check what was actually done

# The Sentence Worth Learning to Write

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## ⚠ WHAT MOST PEOPLE TYPE

Analyse this data and tell me  
if the treatment works.

- Picks its own method
- Picks its own file names
- Different answer every run
- Nothing to check it against

## ✓ WHAT I WILL TYPE

Fit a Cox model on treatment  
alone. Write `naive_hr.json`  
with `hr`, `ci_low`, `ci_high`.  
Then tell me in one sentence  
what you would conclude.

- Named file, named fields
- Reruns identically
- A script can grade it

# Ten Hospitals, Three Dialects

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## – 📄 What this step does

- Ten CSV exports, three incompatible record systems, into one table

Group the ten files by their column fingerprint, not by filename. Report the actual values with `unique()`. Convert to one schema, names and units fixed. Never drop a row for missingness. Then attach each hospital's type and region.

## – 👁 What to watch

- Albumin is in g/L at some sites, g/dL at others — a tenfold error waiting
- **1,800 patients, 962 vs 838.** Three sites record no AFP at all

# The Unadjusted Answer Is Lying

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## – ♪ What this step does

- Compares the two arms with no adjustment whatsoever

Fit a Cox model on treatment alone.

Write `naive_hr.json`. Then tell me in one sentence what you would conclude from this number by itself.

## – 🕒 What to watch

- **HR 0.505** — the drug looks better than the trial ever claimed
- Then: **8 of 11 baseline factors differ**, every one favouring the treated arm
- Believe the first number for thirty seconds. That is the point

# Make the Two Arms Comparable

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## – ⚖️ What this step does

- Pairs each treated patient with an untreated patient of similar profile

Match 1:1 on the propensity score, nearest neighbour, no replacement. Take the treated in **ascending** score order. Do not force a match outside the caliper. Report how many treated were left unmatched.

## – 👁️ What to watch

- **706 pairs. 256 treated patients found no match** — that is honesty, not failure
- **HR 0.578**. The randomised trial reported **0.58**<sup>1</sup>



# Try to Break Your Own Result

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## – ↗ What this step does

- Re-runs the same data through every defensible analysis, not the one that worked

Hold the data fixed. Vary only the analytic choices: 15 covariate sets × 8 adjustment methods = 120 runs. Report the median, the spread, and **how many landed outside the range I was hoping for.**

## – ☹ What to watch

- The median lands on **0.58** every time. The **spread does not** — about a third of the runs fall outside 0.55–0.61
- Nothing crosses 1.0. The direction is solid; the third decimal is not

# Let It Review Its Own Manuscript

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## – 🗨️ What this step does

- Opens four reviewers at once, each blind to the other three

Open four reviewers in parallel: statistical, clinical, reporting standards, reproducibility. Each may read the manuscript and the output files **only**. Each must raise at least three major comments. Found none? Read it again.

## – 👁️ What to watch

- Four windows moving at once — that picture is the point
- The reproducibility reviewer re-checks **every number against its source file**

# The Whole Path, on One Slide

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## ⚙️ WHAT WE JUST DID

- 10 CSVs, 3 record systems
- → 1,800 patients, one table
- → **HR 0.505** unadjusted
- → **HR 0.578** matched
- → 120 re-runs: median **0.58**
- → four reviewers, blind

## 🎯 THE BENCHMARK

- The randomised trial reported **HR 0.58<sup>1</sup>**
- The gap between 0.505 and 0.578 was confounding — and it was recoverable
- Nothing above was typed by hand except the prompts

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# Four Habits Worth Keeping

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- **🎯 Name the file and the fields**
  - "Save the results" cannot be checked. `naive_hr.json` with `hr`, `ci_low` can
- **⚠️ Write your known traps into the instructions**
  - Every constraint you state is a debugging session you do not have on stage
- **✓ Let something else decide pass or fail**
  - A script you did not write this turn, that the agent cannot edit
- **🛑 Tell it where to stop**
  - Otherwise it finishes the whole project in one turn — correct, and unreviewable

# Thank You

The data, the prompts and the checks:  
[github.com/htlin222/IMBrave150-mock](https://github.com/htlin222/IMBrave150-mock)

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