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STATISTICAL POWER AND REPORTING OF SAMPLE SIZE CALCULATIONS IN RANDOMIZED CONTROLLED TRIALS. BJ Geiman, M Donohoe, Department of Medicine, Oregon Health Sciences University, Portland, OR. Purpose: Statistical power and sample size calculations are important in planning and interpreting "negative" studies. Insufficient statistical power m lead one to erroneously conclude that a given intervention is ineffective when	C. Consider for Associates Award (Award submission form must be attached) D. Consider for Junior Faculty Award (Award submission form must be attached) E. Do not consider for poster session Consider for poster session only
in fact, the study may have had insufficient power to detect a clinically meaningful result (type II error). The purpose of this study is to evaluate statistical power and reporting of sample size calculations in randomized controlled trials (RCTs). Methods: We evaluated all 174 RCTs published in JAMA, Lancet and the New England Journal of Medicine in 1995. Negative studies with two-group parallel design and a dichotomous or continuous primary outcome were evaluated for the presence of sample size calculations. The ability of a study detect, with 80% power, a 25% or 50% relative difference between groups we calculated. Results were compared with a review by Moher et al of RCTs published between 1975 and 1990. Results: Fifty-five "negative" studies were identified, 34 with two-group parallel design and a dichotomous or continuous primary outcome.	Type must NOT touch any side of the box.
RCTs with power to detect RCTs (%) reporting a Year 25% difference 50% difference sample size calculation 1975 2/16 (12%) 4/16 (25%) 0/22 (0%) 1980 2/15 (13%) 7/15 (47%) 7/22 (32%) 1985 1/15 (7%) 4/15 (27%) 10/21 (48%) 1990 6/24 (25%) 10/24 (42%) 16/37 (43%) 1995 10/34 (29%) 19/34 (56%) 36/55 (65%) Conclusions: The frequency of sample size calculation reporting has increased in recently published trials. Still, about one-third did not report suc calculations. The ability of studies to detect potential clinically significant differences between treatment and control groups has improved only modestl A priori power calculations and utilizing larger sample sizes through multi-institutional studies could reduce the frequency of type II errors and result in more effective utilization of limited research funds. 1 Moher D, Dulberg CS, Wells GA. Statistical power, sample size, and their reporting in randomized controlled trials. JAMA. 1994;272:122-124.	