Systematically missing data in individual participant data meta-analysis: a semiparametric inverse probability weighting approach

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The problem

Augmented IPW estimation

Simulations

Illustrative analysis of MAGGIC

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Simulations

Illustrative analysis of MAGGIC

Individual participant data meta-analysis

- Meta-analysis is traditionally performed using aggregate results from study publications.
- Increasingly, meta-analyses are performed using the individual participant data (IPD-MA) from contributing studies.
- ▶ IPD-MA are being used to (among other things):
 - estimate exposure effects, adjusted for a set of confounding variables
 - develop prognostic models
- ► Two stage and one stage analysis approaches are possible.
- Here we adopt a two stage approach.

Missing data in IPD-MA

- One difficult with IPD-MA is that of systematic missingness some contributing studies do not measure one or more variables of interest.
- Analysing only complete studies is inefficient, and potentially biased.
- Multiple imputation (MI) is an obvious approach to take we impute missing values (for all participants) in studies which did not record them.
- However, correctly specifying and fitting appropriate multi-level imputation models is difficult.

An augmented inverse probability weighting approach

- We therefore pursue an alternative approach based on augmented inverse probability weighting (AIPW).
- ► The augmentation function is similar to an imputation model, and enables information to be extracted from studies with systematic missingness.
- Importantly however, consistency will not rely on correct specification of the imputation type model.

The problem

Augmented IPW estimation

Simulations

Illustrative analysis of MAGGIC

Setup

- ▶ We assume the MA consists of *n* studies.
- ▶ In study i, there are N_i participants.
- For participant j in study i, we let Y_{ij} denote the outcome of interest, and X_{ij} and Z_{ij} (vectors of) covariates.
- Let $X_i = (X_{i1}^T, \dots, X_{iN_i}^T)$ (and Z_i similarly) denote matrices of covariates for study i.
- ► For the moment suppose that there are no missing data.

Full data analysis

- ▶ A model for $Y_{ij}|X_{ij}, Z_{ij}$ is fitted to study i, giving estimates of $\hat{\mu}_i$ and corresponding variance $\hat{\sigma}_i^2$.
- ▶ Interest lies in $\mu = E(\mu_i)$ and $\tau^2 = Var(\mu_i)$.
- ▶ We adopt a method of moments estimation approach due to Paule and Mandel and recommended by DerSimonian [1].
- \blacktriangleright μ and τ^2 are estimated as the values solving

$$\sum_{i=1}^n m(\hat{\mu}_i, \hat{\sigma}_i^2, \mu, \tau^2) = 0$$

where

$$m(\hat{\mu}_i, \hat{\sigma}_i^2, \mu, \tau^2) = \begin{pmatrix} \frac{\hat{\mu}_i - \mu}{\sigma_i^2 + \tau^2} \\ \frac{(\hat{\mu}_i - \mu)^2}{\sigma_i^2 + \tau^2} - \frac{n-1}{n} \end{pmatrix}$$

Two stage MA with systematically missing covariates

- ▶ Now we suppose that X_i is entirely missing for some studies.
- ▶ R_i denotes whether study i recorded X_i ($R_i = 1$) or not ($R_i = 0$).
- We assume X_i is missing completely at random (MCAR).
- We can therefore model the distribution of R_i as $Bin(1, \pi)$.
- π can of course be trivially estimated by $\hat{\pi} = n^{-1} \sum_{i=1}^{n} R_i$.

Augmented inverse probability weighted estimators

 Using the same full data estimating function as before, augmented inverse probability weighted estimators [2] can be constructed as solving

$$\sum_{i=1}^{n} \frac{R_i}{\hat{\pi}} m(\hat{\mu}_i, \hat{\sigma}_i^2, \mu, \tau^2) - \left\{ \frac{R_i - \hat{\pi}}{\hat{\pi}} \right\} \phi(Y_i, Z_i, \mu, \tau^2) = 0$$

where $\phi(Y_i, Z_i, \mu, \tau^2)$ is a function of the always observed variables in study *i*.

Assuming MCAR is true, estimates are consistent irrespective of the choice of $\phi(Y_i, Z_i, \mu, \tau^2)$.

Augmented inverse probability weighted estimators

In a more standard i.i.d. setting, the optimal choice of the augmentation function is given by

$$\phi^{\text{opt}}(Y_i, Z_i, \mu, \tau^2) = E\left[m(\hat{\mu}_i, \hat{\sigma}_i^2, \mu, \tau^2)|Y_i, Z_i\right]$$

- We adopt a pragmatic approach to approximating this:
 - ▶ impute X_i (in all studies) L times, based on a simple but easy to fit imputation model (e.g. using fixed study effects).
 - ▶ calculate $\hat{\mu}_i^{\text{imp}}$ and $\hat{\sigma}_i^{2^{\text{imp}}}$ based on the imputed X_i .
 - use

$$\hat{\phi}^{\text{opt}}(Y_i, Z_i, \mu, \tau^2) = \frac{1}{L} \sum_{l=1}^{L} m(\hat{\mu}_i^{(l)}, \hat{\sigma}_i^{2^{(l)}}, \mu, \tau^2)$$

► The sandwich variance estimator can be used, although we should be wary about relying on large *n* asymptotics.

The problem

Augmented IPW estimation

Simulations

Illustrative analysis of MAGGIC

Simulation study

- ▶ Simulations were conduced to assess the AIPW estimator.
- For each of 1,000 simulations, data were generated for n = 15 studies.
- ▶ Study size N_i was generated as $250 + 500\chi_3^2$ (rounded).
- ▶ Covariates X_i and Z_i (both scalar) were generated from a bivariate normal random-effects model.
- \triangleright X_i was made MCAR with probability 0.5.

Time to event outcome

- A study-specific frailty random variable κ_i was generated from a gamma distribution with shape 2.5 and scale 0.4.
- An event time was generated for each participant, with hazard

$$h(t|X_{ij},Z_{ij},\kappa_i) = 0.1\kappa_i \exp(\eta_i X_{ij} + \mu_i Z_{ij})$$

with

$$\begin{pmatrix} \mu_i \\ \eta_i \end{pmatrix} \sim \textit{N} \left(\begin{pmatrix} 1 \\ 1 \end{pmatrix}, \begin{pmatrix} 0.04 & 0 \\ 0 & 0.04 \end{pmatrix} \right)$$

- ► Study duration was generated from a 2 + Gamma(1, 1) distribution.
- ▶ Event times were censored at study duration.

Estimation methods

- 1. Complete studies analysis.
- 2. MI, 10 (proper) imputations, using linear regression imputation model with fixed study effects, including Z_{ij} , the event indicator and overall Nelson-Aalen cumulative hazard as covariates [3]. Studies missing X_i are imputed using the estimated constant, corresponding to the (arbitrary) first study which had X_i observed.
- 3. AIPW, assuming MCAR, and using 10 (improper) imputations to calculate $\hat{\phi}^{\text{opt}}(Y_i, Z_i, \mu, \tau^2)$.

Results for μ

	Mean (emp. SD)	Mean SE	CI coverage (%)
Complete studies	0.998 (0.081)	0.071	85.6
MI	0.939 (0.061)	0.055	75.8
AIPW	1.007 (0.069)	0.059	88.6

- ▶ MI is biased (due to imputation model mis-specification).
- ► AIPW is unbiased, more efficient than complete studies analysis, and has the best CI coverage.

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Augmented IPW estimation

Simulations

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MAGGIC study

- ► The Meta-analysis Global Group in Chronic Heart Failure (MAGGIC) is based on data from 39,372 patients from 30 studies with heart failure.
- The outcome is time to all cause mortality.
- We consider an illustrative Cox outcome model, with age, gender and BMI as covariates.
- Age and gender are fully observed.
- ▶ A previously developed risk score included BMI as a covariate, capped at 30 kg/m², i.e. a non-linear effect [4], and we do the same.

Missingness in BMI

- BMI was not recorded at all in 17 studies.
- ▶ In the remaining 13, it was mostly fully recorded, but in a few studies there was non-negligible 'sporadic' missingness.
- ▶ To remove the sporadic data problem:
 - we set BMI to missing in studies where it is recorded less than 80% of the time,
 - we delete records with BMI missing in studies where BMI is recorded > 80%, to make it fully recorded.

Analysis approaches

We focus on the log hazard ratio for age (per 10 year increase).

We perform three analyses:

- complete studies analysis, using the 13 studies where BMI was recorded,
- multiple imputation (25 imputations), with a fixed study effect, and including the event indicator and Nelson-Aalen cumulative hazard estimate as covariates,
- augmented IPW (25 imputations)

Estimates of log hazard ratio for age (per 10 year increase)

	Estimate (SE)	
Complete studies	0.333 (0.057)	
MI	0.373 (0.031)	
AIPW	0.367 (0.028)	

- Similar estimates from MI and AIPW, and efficiency gain from both.
- Suggestion of more precision from AIPW compared to MI.

The problem

Augmented IPW estimation

Simulations

Illustrative analysis of MAGGIC

- AIPW estimator improves upon efficiency of complete studies analysis, but is robust to mis-specification of the imp. type model.
- Because it is based on two stage MA, it can be applied irrespective of the type of regression model being used.
- We are currently working on its extension to non-MCAR missingness mechanisms and to the setting wtih multiple variables subject to systematic missingness.
- ▶ To handle a combination of systematic and sporadic missingness, it may be possible to impute within study (for those with *X* measured), followed by application of the AIPW approach.

Meta-analysis Global Group in Chronic Heart Failure



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References I

Rebecca DerSimonian and Raghu Kacker.
 Random-effects model for meta-analysis of clinical trials: an update.
 Contemporary clinical trials, 28(2):105–114, 2007.

- [2] A A Tsiatis.
 Semiparametric Theory and Missing Data.
 Springer, New York, 2006.
- [3] I. R. White and P. Royston. Imputing missing covariate values for the Cox model. Statistics in Medicine, 28:1982–1998, 2009.

References II

[4] S. J. Pocock, C. A. Ariti, J. J. V. McMurray, L. Kber A. Maggioni, I. B. Squire, K. Swedberg, J. Dobson, K. K. Poppe, G. A. Whalley, and R. N. Doughty.

Predicting survival in heart failure: a risk score based on 39372 patients from 30 studies.

European Heart Journal, 34:1404-1413, 2013.