

Spring Meeting Giovani Ricercatori



#### Affrontiamo i fattori confondenti: Propensity score e inferenza causale

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WORKSHOP: "Come approcciarsi ai test statistici: road to Propensity Score"

#### Outline

- Why propensity score (PS) methods?
- Key concepts in causal inference
- Quantify the causal effect in a simple observational study with one binary confounder
- Estimate the causal effect with multiple measured confounders: PS-based methods
- Conclusions
- Teamwork

#### Why propensity score (PS) methods?

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# An introduction to propensity score methods for reducing the effects of confounding in observational studies

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About 6300 citations on Scopus (search done April 2023)

Key idea: mimic characteristics of an RCT

#### Notation

- A and Y are two binary random variables:
  - A represents the Treatment/Exposure (1=exposed,0=not exposed)
  - Y represents the Outcome

(1=event 0=no event)

• We also define the **Counterfactual Outcome**:

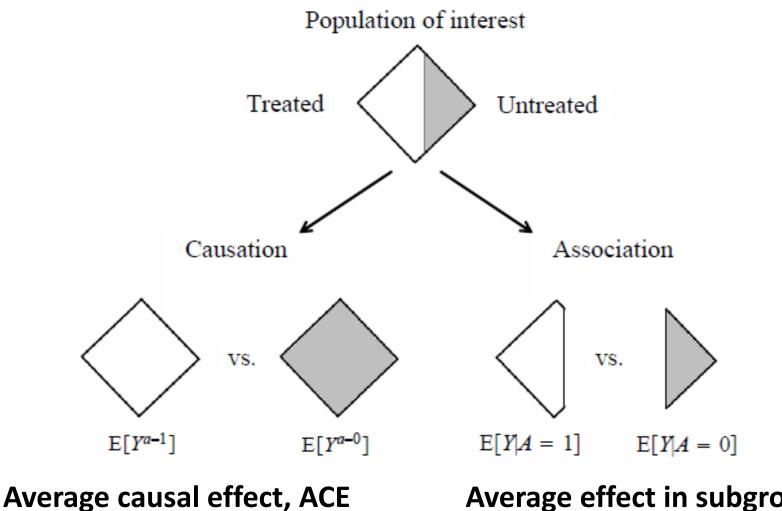
Y<sup>a=1</sup> outcome Y we would observed under the exposure (a=1)

Y<sup>a=0</sup> outcome Y we would observe in the absence of exposure (a=0)

#### **Definition of causal effect**

Causal effect				
	POPULATION			
A has a causal effect on Y for the subject <i>i</i> if:	A has a causal effect on Y in the population if:			
Y <sub>i</sub> <sup>a=1</sup> ≠Y <sub>i</sub> <sup>a=0</sup>	P(Y <sup>a=1</sup> =1) ≠ P(Y <sup>a=0</sup> =1) (or E[Y <sup>a=1</sup> ] ≠ E[Y <sup>a=0</sup> ])			
H <sub>0</sub> : Y <sub>i</sub> <sup>a=1</sup> =Y <sub>i</sub> <sup>a=0</sup>	$H_0: P(Y^{a=1}=1) = P(Y^{a=0}=1)$			
Generally impossible to measure (exception: cross-over trials)	Under some conditions the <b>Average</b> <b>Causal Effect (ACE)</b> could be measured			

#### **Causation and association**



Comparison of **marginal** probabilities Average effect in subgroups Comparison of conditional probabilities

#### Association ≠ Causation (example)

Subjects	Y <sup>a=0</sup>	Y <sup>a=1</sup>
1	0	1
2	1	0
2 3 4 5 6 7 8 9	0	0
4	0 0 0	0
5		0
6	1	0
7	0 0	0
8		1
9	1	1
10	1	0
11	0	1
12 13	1	1
	1	1
14	0 0	1
15	0	1
16	0	1
17	1	1
18	1	0
19	1	0
20	1	0

**Average Causal Effect:** 

P(Y<sup>a=0</sup>=1)=10/20=0.5

P(Y<sup>a=1</sup>=1)=10/20=0.5

$$ACE=P(Y^{a=0}=1)-P(Y^{a=1}=1)=0$$

#### $\rightarrow$ No causal effect of A on Y

#### Association ≠ Causation (example)

sub	Y <sup>a=0</sup>	Y <sup>a=1</sup>	
1	0		
2	1		
3	0		
4	0		
5		0	
6		0	
7		0	
8		1	
9	1		
10	1		$\rightarrow$
11	0		
12		1	
13		1	
14		1	
15		1	
16		1	
17		1	
18		0	
19		0	
20		0	

Α	Y
0 0 0 1 1 1 1 1 0 0 0 0 0 1 1 1 1 1 1 1	0
0	1
0	0
0	0
1	0
1	0
1	0
1	1
0	1
0	1
0	0
1	1
1	1
1	1
1	1
1	1
1	1
1	0 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	0
1	0

Association:

P(Y=1|A=0)=3/7=0.43

P(Y=1|A=1)=7/13=0.54

 $P(Y=1|A=0)-P(Y=1|A=1)\neq 0$ 

→ A and Y are not independent

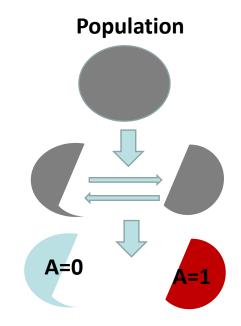
#### **Randomized experiments**

- In randomized experiments it is possible to estimate the average causal effect even if we observe only one outcome (either Y<sup>a=0</sup> or Y<sup>a=1</sup>) for each subject
- Why? Because exchangeability holds:
   P[Y<sup>a=1</sup>=1|A=1]=P[Y<sup>a=1</sup>=1|A=0]=P[Y<sup>a=1</sup>]

Conditional probabilities = Marginal probability

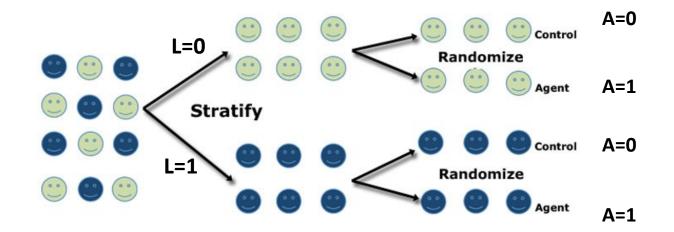
#### $\Rightarrow$ Y<sup>a</sup> $\perp$ A, $\forall$ a

In an «ideal» randomized study: Association = Causation  $E[Y|A=1] = E[Y^{a=1}]$  $E[Y|A=0] = E[Y^{a=0}]$ 



NB: In general is not possible to check validity of exchangeability from data

#### **Randomization within strata**



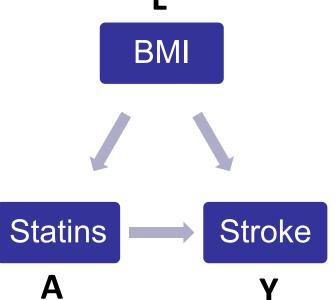
Marginal exchangeability

- X
- Conditional Exchangeability (on L)

 $Y^a \perp A \mid L, \forall a \Leftrightarrow$ E[Y<sup>a=1</sup>|A=1,L=I]=E[Y<sup>a=1</sup>|A=0,L=I]= E[Y<sup>a=1</sup> | L=I] Y<sup>a</sup>  $\angle$  A

Generally, in observational studies, subject exposed and not exposed are not exchangeable **L** 

Common causes of exposure and outcome may exist and be measured (L)



In some situations, conditioned on these characteristics, exchangeability may hold

Y<sup>a</sup>⊥A∣L

#### Methods to estimate the causal effect

#### **Context/assumption**



Observational studies with conditional exchangeability



#### Aim

• Estimate the Average Causal Effect (ACE)

#### Methods

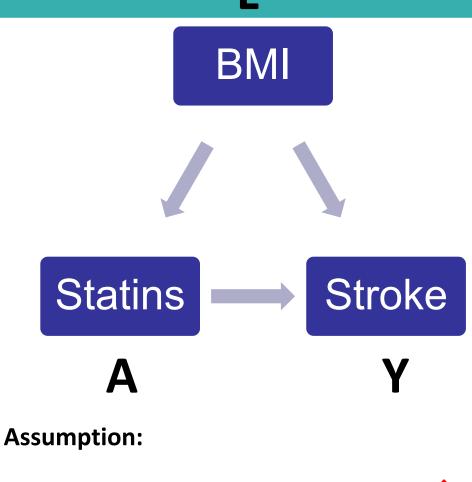


- Stratification (effects within subgroups)
- Matching (ATT)
- IPW (ATE or ATT)
- Standardization (aka G-computation)

• ...

#### Toy example

subject	L	Α	Y
1	0	0	0
2	0	0	1
3	0	0	0
4	0	0	0
5	0	1	0
6	0	1	0
7	0	1	1
8	0	1	1
9	1	0	1
10	1	0	1
11	1	0	0
12	1	1	1
13	1	1	1
14	1	1	1
15	1	1	0
16	1	1	0
17	1	1	0
18	1	1	0
19	1	1	0
20	1	1	0



No marginal exchangeability



• Conditional Exchangeability (on L)

#### Stratification

#### Separately estimate the effect within the two strata L=0 and L=1

e.g. Relative Risk

RR<sub>L=0</sub> = = P(Y=1|L=0,A=1)/P(Y=1|L=0,A=0)

= (2/4) / (1/4) = 2

subject	L	Α	Y
1	0	0	0
2	0	0	1
3	0	0	0
4	0	0	0
5	0	1	0
6	0	1	0
7	0	1	1
8	0	1	1
9	1	0	1
10	1	0	1
11	1	0	0
12	1	1	1
13	1	1	1
14	1	1	1
15	1	1	0
16	1	1	0
17	1	1	0
18	1	1	0
19	1	1	0
20	1	1	0

#### Stratification

#### Separately estimate the effect within the two strata L=0 and L=1

Υ

	1	0	0
	2	0	0
	3	0	0
e.g. Relative Risk	4	0	0
	5	0	1
	6	0	1
$RR_{L=0} =$	7	0	1
= P(Y=1 L=0,A=1)/P(Y=1 L=0,A=0)	8	0	1
	9	1	0
	10	1	0
= (2/4) / (1/4) = 2	11	1	0
= (2/4) / (1/4) = 2	12	1	1
	13	1	1
RR <sub>L=1</sub> = P(Y=1 L=1,A=1)/P(Y=1 L=1,A=0)	14	1	1
$(1)_{L=1}$ $(1)_{L=1}$ $(1)_{L=1}$ $(1)_{L=1}$ $(1)_{L=1}$ $(1)_{L=1}$	15	1	1
	16	1	1
= (3/9) / (2/3) = 0.5	17	1	1
	18	1	1
	19	1	1
	20	1	1

Matching	subject	L	Α	Y
	1	0	0	0
	2	0	0	1
E.g. matching 1:1	3	0	0	0
L.g. matching 1.1	4	0	0	0
<ul> <li>for each subject not</li> </ul>	5	0	1	0
-	6	0	1	0
exposed (A=0) in the	7	0	1	1
stratum L=0 randomly	8	0	1	1
	9	1	0	1
match an exposed	10	1	0	1
subject (A=1) in the	11	1	0	0
	12	1	1	1
same stratum L=0.	13	1	1	1
<ul> <li>Same for L=1.</li> </ul>	14	1	1	1
	15	1	1	0
<ul> <li>Exclude unmatched</li> </ul>	16	1	1	0
cubicata	17	1	1	0
subjects	18	1	1	0
	19	1	1	0
	20	1	1	0

#### Matching

In the matched sample, L has the same distribution within exposed and not exposed groups.

Marginal exchangeability



Estimate the average causal effect as in a randomized study

e.g. Relative Risk

 $RR = E[Y^{a=1}]/E[Y^{a=0}]$ 

= P(Y=1|A=1)/P(Y=1|A=0)

subject	L	Α	Y
1	0	0	0
2	0	0	1
23	0	0	0
4	0	0	0
4 5	0	1	0
6	0	1	0
7	0	1	1
8	0	1	1
9	1	0	1
10	1	0	1
11	1	0	0
14	1	1	1
14 15	1	1	0
16	1	1	0

= (3/7) / (3/7) =1

# In each stratum, how many events would we expect if subjects are:

**1. All exposed**  $20 + \frac{8}{20} + \frac{8}{20} + \frac{0}{20} + \frac{0}{20}$ 

Due to conditional exchangeability: E(Y<sup>a=1</sup>|L=1)=P(Y=1|A=1,L=1) E(Y<sup>a=1</sup>|L=0)=P(Y=1|A=1,L=0)

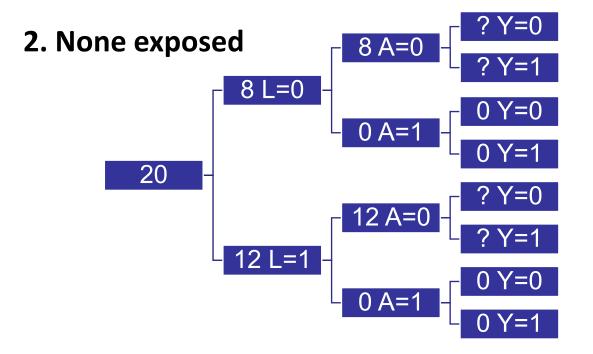
subject	L	Α	Υ
1	0	0	0
2	0	0	1
3	0	0	0
4	0	0	0
5	0	1	0
6	0	1	0
7	0	1	1
8	0	1	1
9	1	0	1
10	1	0	1
11	1	0	0
12	1	1	1
13	1	1	1
14	1	1	1
15	1	1	0
16	1	1	0
17	1	1	0
18	1	1	0
19	1	1	0
20	1	1	0

# In each stratum, how many events would we expect if subjects are:

Due to conditional exchangeability: E(Y<sup>a=1</sup>|L=1)=P(Y=1|A=1,L=1) E(Y<sup>a=1</sup>|L=0)=P(Y=1|A=1,L=0)

subject	L	Α	Υ
1	0	0	0
2	0	0	1
3	0	0	0
4	0	0	0
5	0	1	0
6	0	1	0
7	0	1	1
8	0	1	1
9	1	0	1
10	1	0	1
11	1	0	0
12	1	1	1
13	1	1	1
14	1	1	1
15	1	1	0
16	1	1	0
17	1	1	0
18	1	1	0
19	1	1	0
20	1	1	0

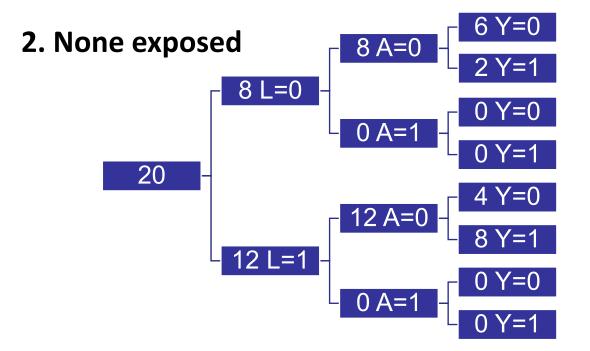
# In each stratum, how many events would we expect if subjects are:



Due to conditional exchangeability: E(Y<sup>a=0</sup>|L=1)=P(Y=1|A=0,L=1) E(Y<sup>a=0</sup>|L=0)=P(Y=1|A=0,L=0)

subject	L	Α	Y
1	0	0	0
2	0	0	1
3	0	0	0
4	0	0	0
5	0	1	0
6	0	1	0
7	0	1	1
8	0	1	1
9	1	0	1
10	1	0	1
11	1	0	0
12	1	1	1
13	1	1	1
14	1	1	1
15	1	1	0
16	1	1	0
17	1	1	0
18	1	1	0
19	1	1	0
20	1	1	0

# In each stratum, how many events would we expect if subjects are:



Due to conditional exchangeability: E(Y<sup>a=0</sup>|L=1)=P(Y=1|A=0,L=1) E(Y<sup>a=0</sup>|L=0)=P(Y=1|A=0,L=0)

subject	L	Α	Y	
1	0	0	0	
2	0	0	1	
3	0	0	0	
4	0	0	0	
5	0	1	0	
6	0	1	0	
7	0	1	1	
8	0	1	1	
9	1	0	1	
10	1	0	1	
11	1	0	0	
12	1	1	1	
13	1	1	1	
14	1	1	1	
15	1	1	0	
16	1	1	0	
17	1	1	0	
18	1	1	0	
19	1	1	0	
20	1	1	0	

Lets pool together the two samples. In the new *pseudo*-population, L has the same distribution among exposed and non-exposed

Marginal exchangeability

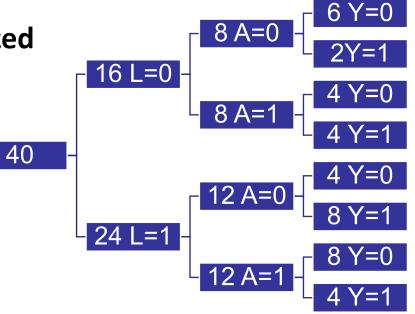


e.g. Relative Risk

 $RR = E[Y^{a=1}]/E[Y^{a=0}]$ 

=P(Y=1|A=1)/P(Y=1|A=0)

= (8/20) / (10/20) = 0.4/ 0.5 = 0.8



The *pseudo*-population (size: 2n), can also be created by weighting each individual by  $w_A = 1/P(A=a|L=I)$ 

P(A=0 L=0)=4/8	subject	L	Α	Y	Weights
P(A=1 L=0)=4/8	1	0	0	0	2
P(A=0 L=1)=3/12	2	0	0	1	2
P(A=1 L=1)=9/12	3	0	0	0	2
P(A = 1 L = 1) = 3/12	4	0	0	0	2
	5	0	1	0	2
e.g. Relative Risk	6	0	1	0	2
	7	0	1	1	2
	8	0	1	1	2
$RR = E[Y^{a=1}]/E[Y^{a=0}]$	9	1	0	1	4
	10	1	0	1	4
	11	1	0	0	4
=P(Y=1 A=1)/P(Y=1 A=0)	12	1	1	1	1.33
	13	1	1	1	1.33
	14	1	1	1	1.33
= (8/20) / (10/20) = 0.4/ 0.5	15	1	1	0	1.33
	16	1	1	0	1.33
= 0.8	17	1	1	0	1.33
	18	1	1	0	1.33
	19	1	1	0	1.33
	20	1	1	0	1.33

# How about dealing with multiple (measured) confounders?

#### Possible solution: **Propensity Score (PS)**

 For each subject *i*, **PS** is defined as **«the probability of** treatment assignment conditional on observed baseline covariates» (Rosenbaum & Rubin, Biometrika 1983)

$$PS_i = P(A_i = a | L_i)$$

- PS is a measure of **balance**: conditional on PS, the **distribution of covariates** between treatment groups should be **similar**
- Typically estimated by logistic regression, e.g. PS = P(A = 1 | L) $logit (PS) = b_0 + b_1L_1 + b_2L_2 + ...$
- **PS matching**: match patients (e.g. 1:1) with similar PS

# Inverse probaility of treatment weighting (IPTW)

• Individuals are weighted for the inverse of the probability of being treated with their actual treatment, given covariates:

$$N_i^{A=a} = \frac{1}{P(A_i = a | L_i)}$$

If subject *i* is treated with A=1:  $W_{i} = \frac{1}{P(A_{i} = 1 | L_{i})} = \frac{1}{PS_{i}}$ If subject *i* is treated with A=0:  $W_{i} = \frac{1}{P(A_{i} = 0 | L_{i})} = \frac{1}{1-PS_{i}}$ 

 In the weighted population, marginal exchangeability is achieved (provided there are no unmeasured confounders).

#### Conclusions

Issues to consider when using PS methods:

- Positivity assumption
- Absence of unmeasured confouders
- Check balance after PS matching or IPW
- Variable selection for PS model
- Not directly able to correct other type of bias in observational studies: (e.g. selection bias, ecc...)
- More complex settings:
  - > Non-binary treatments
  - Time-dependent covariates
- Other causal methods not based on PS: standardization (a.k.a «G-computation»)

Some advantages of PS methods over outcome regression:

- Marginal vs conditional treatment effect
- Easier to estimate some effect measures (risk difference, RR or compare survival curves)
- Easier to check if balance is achieved with PS than to assess if outcome model is correct
- When outcome is rare and sample size is not big regression is limited but not PS

Hernán MA, Robins JM (2019). Causal Inference. Boca Raton: Chapman & Hall/CRC, forthcoming.

Robins J, Hernan M, Brumback B (2000). Marginal Structural Models and Causal Inference in Epidemiology. Epidemiology 11(5):550-60.

Ahern J, Hubbard A, Galea S. (2009) Estimating the effects of potential public health interventions on population disease burden: a step-by-step illustration of causal inference methods. Am J Epidemiol.;169(9):1140–1147.

Austin PC (2011). An Introduction to Propensity Score Methods for Reducing the Effects of Confounding in Observational Studies. Multivariate behavioral research, 46(3), 399–424.

Edwards JK, Cole SR, Lesko CR, Mathews WC, Moore RD, Mugavero MJ, Westreich D. (2016) An illustration of inverse probability weighting to estimate policy-relevant causal effects. Am. J. Epidemiol; 184(4):336-344.

Bernasconi DP, Antolini L, Rossi E, Blanco-Lopez J, Andersen PK, Valsecchi MG (2022). A causal inference approach to compare treatment outcome in the absence of randomization and with informative censoring: an application to childhood leukemia in low-income countries. International Journal of Epidemiology 51(1):314-323.

#### Leggere i due articoli ed identificare i seguenti aspetti:

- Tipo di studio (osservazionale/sperimentale?, prospettico retrospettivo?)
- Fattore di esposizione (binario/multicategorico?)
- Endpoint principale (continuo/binario/multicategorico/sopravvivenza?)
- Fattori confondenti (quali? quanti?)
- Metodo PS (matching/IPW?, come è stato stimato il PS?)
- Il bilanciamento dei confondenti è migliorato in seguito all'applicazione del metodo basato sul PS?
- Come è cambiata l'associazione stimata (quale misura di effetto è stata utilizzata?) tra il fattore di esposizione e l'outcome prima vs dopo l'applicazione del metodo basato sul PS?