



# **Comparison of meta-analysis methods for synthesizing heterogeneous studies**

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From science to health

# **Introduction**

- Meta-analysis generally requires that studies are sufficiently homogeneous to be synthesized
- In the presence of heterogeneity, a random effects model is usually considered more appropriate
- "meta-analyses of very diverse studies can be misleading"
- "the presence of heterogeneity affects the extent to which generalizable conclusions can be formed" *Cochrane Handbook*



• collection of meta-analyses combining RCTs with observational studies:  $\tau^2$ =369, 419, 1152! *Cheurfa et al. Syst Rev 2024*

### **Common practice in published meta-analyses**

- A tendency in the literature to ignore the extent of variation of study results and to focus on the estimated summary effect
- e.g. several meta-epidemiological studies comparing results from observational studies and RCTs



# **Conventional random effects meta-analysis**



- A systematic review to identify alternative flexible meta-analysis models that relax the between study normality assumption
- A simulation study to investigate and compare their performance under the presence of substantial heterogeneity for normal and non-normal data

# **Results of systematic review**

**16 eligible articles suggesting 14 alternative between-study distributions:**

- 1. long-tail and skewed extensions
- 2. mixture of distributions
- 3. models using based on Dirichlet Process priors

- most in Bayesian framework
- most provided code and few accompanied by an R package

### **Identified alternative random effects models** *long-tail and skewed distributions (1)*

- **t-distribution model**  $\theta_i \sim t(\mu, \omega, \nu)$ 
	- $\bullet$  with  $\tau^2 = \frac{v}{a^2}$  $v-2$  $\omega^2$
	- more weight in the tails outliers less influential
	- *metaplus* package in R
- $\omega$ : scale parameter
- : degrees of freedom
	- (determining the weight of the tails)
- $\xi$ : location parameter
- $\gamma$ : shape parameter
	- (determining the level of skewness)

- **skew-normal model**  $\theta_i \sim SN(\xi, \omega, \gamma)$ 
	- with  $\mu = \xi + \omega b \delta$ ,  $\tau^2 = \omega^2 [1 (b\delta)^2, b = \frac{2}{\pi}$  $\pi$ ,  $\delta = \frac{\gamma}{\sqrt{4\pi}}$  $1 + \gamma^2$
	- *flexmeta* package in R

## **Identified alternative random effects models** *long-tail and skewed distributions (2)*

• **skew-t model**  $\theta_i \sim ST(\xi, \omega, \nu, \gamma)$ 

$$
\text{ with } \mu = \xi + \omega b_v \delta, \tau^2 = \omega^2 \left[ \frac{v}{v - 2} - (b_v \delta)^2 \right],
$$

$$
b_{\nu} = \frac{\sqrt{\nu} \Gamma\left(\frac{\nu-1}{2}\right)}{\sqrt{\pi} \Gamma\left(\frac{\nu}{2}\right)}, \Gamma(\nu) = (\nu - 1)!
$$

■ *flexmeta* package in R

- $\omega$ : scale parameter
- : degrees of freedom
	- (determining the weight of the tails)
- $\xi$ : location parameter
- $\gamma$ : shape parameter
	- (determining the level of skewness)
- bivariate extensions (assuming correlation of treatment effect and baseline risk or DTA meta-analysis) *Lee & Thompson Stat Med 2008, Negeri et al. Biom J 2020*
- **other skewed distributions**
	- **E** asymmetric Subbotin II  $\theta_i \sim AS2(\xi, \omega, \nu, \gamma)$ sharper skewness and excess kurtosis for very small  $\nu$
	- **•** Jones–Faddy  $\theta_i \sim JF(\xi, \omega, \gamma, d)$  equivalent to a t-distribution with  $\gamma + d$  dof
	- sinh-arcsinh  $\theta_i \sim SAS(\xi, \omega, \gamma, d)$

allows for both symmetric and skewed shapes as well as heavy or light tail-weight

■ *flexmeta* package in R

## **Identified alternative random effects models** *mixture of distributions (1)*

- when the data come from sub-populations or several outliers are present
- **common-mean mixture model**  $\theta_i \sim w_1 N(\mu, \tau_1^2) + w_2 N(\mu, \tau_2^2)$ 
	- for outlier detection
	- weights propotional to the number of studies
	- summary effect is estimated including all studies but with outliers being downweighted due to the larger variance assumed for their class
	- if  $\tau_1^2 \approx \tau_2^2$ , suggests the absence of outliers
	- extension for covariates
	- *metaplus* package in R  $\blacksquare$  *w*: the weight in the mixture

### **Identified alternative random effects models** *mixture of distributions (2)*

• **mixture of bivariate normal distributions**

$$
\begin{pmatrix} \theta_{i1} \\ \theta_{i2} \end{pmatrix} \sim w_1 N \left( \begin{pmatrix} \mu_{11} \\ \mu_{12} \end{pmatrix} \begin{pmatrix} \mu_{11} \\ \mu_{12} \end{pmatrix} \Sigma_1 \right) \begin{pmatrix} \mu_{11} \\ \mu_{12} \end{pmatrix} \Sigma_1 + \cdots + w_k N \left( \begin{pmatrix} \mu_{k1} \\ \mu_{k2} \end{pmatrix} \begin{pmatrix} \mu_{k1} \\ \mu_{k2} \end{pmatrix} \Sigma_k \right) \begin{pmatrix} \mu_{k1} \\ \mu_{k2} \end{pmatrix} \Sigma_k
$$

- DTA meta-analyses
- to identify latent subgroups of studies and estimate sensitivity and specificity for each subgroup
- *CAMAN* and *mada* R packages
- extension for covariates predicting the latent subgroup classification
- **mixture of multivariate normal distributions**
	- longitudinal data
- **random-intercept mixture of regressions**
	- meta-analysis with multiple outcome reports nested within studies

: number of mixture components (subgroups)  $w_k > 0$ : the weight in the mixture

## **Identified alternative random effects models** *Dirichlet process (DP) prior mixture models*

• to identify the potential underlying clustering of the data (e.g. relevant subgroups of studies)

> $\theta_i \sim F$  $F \sim DP(\alpha, F_0)$  $F_0 \sim N(\mu_b, \tau_b^2)$

- with  $\alpha$  the concentration parameter that measures the variability of F around  $F_0$ (high values suggest that  $F$  is 'close' to  $F_0$ )
- $\blacksquare$   $F_0$  is the base distribution that controls the mean of the process
- **•** a truncation that allows obtaining a plausible approximation to  $F$  is usually applied (e.g. the number of studies)
- assumption of a discrete (mixture of points) or a continuous distribution (mixture of distributions)
- **•** conditional DP for small number of studies: conditional distribution for  $F$  given that the posterior median of F is  $\mu_h$
- *bspmma, DPpackage* R packages

# **Models compared in the simulation**



# **Data generating process**

#### **Shape of the true distributions**



### **22 scenarios varying**

- the number of studies  $n = 14,26$
- the true mean treatment effect  $\mu = 0.0.5$  or  $\mu_1 = 0$  and  $\mu_2 = 1$  (for the mixture scenarios)
- the heterogeneity,  $\tau^2 = 0.12, 2.63$

For each scenario we generated 1000 datasets

## **Simulation results** *Average bias for the mean treatment effect ()*

- **normal true dist.**
- sc. 1, 3, 5, 7:  $\tau^2 = 0.12$
- sc. 2, 4, 6, 8:  $\tau^2 = 2.63$
- sc. 1, 2, 5, 6:  $\mu = 0$
- sc. 3, 4, 7, 8:  $\mu = 0.5$
- **skew-normal true dist.**
- sc. 9, 11, 13, 15:  $\tau^2 = 0.12$
- sc. 10, 12, 14, 16:  $\tau^2 = 2.63$
- sc. 9, 10, 13, 14:  $\mu = 0$
- sc. 11, 12, 15, 16:  $\mu = 0.5$
- **normal mixture true dist.**
- $\mu_1 = 0, \mu_2 = 1$
- $\tau_1^2 = 0.12$
- sc. 17, 20:  $\tau_2^2 = 0.005$
- sc. 18,  $21:\tau_2^2 = 0.12$
- sc. 19,  $22: \tau_2^2 = 2.63$



# **Simulation results** Average bias for the heterogeneity  $(\tau^2)$

- **normal true dist.** • sc. 1, 3, 5, 7:  $\tau^2 = 0.12$
- sc. 2, 4, 6, 8:  $\tau^2 = 2.63$
- sc. 1, 2, 5, 6:  $\mu = 0$
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- sc. 18,  $21:\tau_2^2 = 0.12$
- sc. 19,  $22: \tau_2^2 = 2.63$



# **Simulation results** Average bias for the study-specific effects  $(\boldsymbol{\theta}_i)$

- **normal true dist.**
- sc. 1, 3, 5, 7:  $\tau^2 = 0.12$
- sc. 2, 4, 6, 8:  $\tau^2 = 2.63$
- sc. 1, 2, 5, 6:  $\mu = 0$
- sc. 3, 4, 7, 8:  $\mu = 0.5$
- **skew-normal true dist.**
- sc. 9, 11, 13, 15:  $\tau^2 = 0.12$
- sc. 10, 12, 14, 16:  $\tau^2 = 2.63$
- sc. 9, 10, 13, 14:  $\mu = 0$
- sc. 11, 12, 15, 16:  $\mu = 0.5$
- **normal mixture true dist.**
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- sc. 19,  $22: \tau_2^2 = 2.63$



# **Simulation results**

### *Coverage probability and mean square error*

### **Mean square error**

- For scenarios with large heterogeneity
	- normal-normal and binomial-DP models generally smaller MSE for the mean treatment effect estimate
	- $\blacksquare$  binomial-normal(HN) the smallest MSE for the heterogeneity estimate followed by the binomial-DP(HN) and the normal-normal models

### **Coverage probability**

- For scenarios with large heterogeneity
	- normal and skew-normal scenarios with 26 studies: normal models best coverage of the mean treatment effect
	- mixture scenarios: binomial-DP models best coverage overall of the mean treatment effect followed by the binomial-normal models
	- choice of prior more important than the choice of the model for heterogeneity

## **Discussion**

- When substantial heterogeneity among studies is suspected or outlying studies are present, focusing on the mean treatment effect may lead to spurious conclusions
- Average bias of both the mean treatment effect and the heterogeneity is substantial in presence of high heterogeneity regardless of the model used
- These results are in agreement with smaller simulations studies when they found the alternative models mostly beneficial in terms of precision and model fit
- In meta-analyses where the distribution of the data seems multimodal, mixture models may result in more accurate estimates of the study-specific effects and should be considered
- Semi-parametric models (e.g. DP models) may assist identifying homogeneous subgroups of studies when potential effect modifiers are unobserved

## **Limitations**

- Using scenarios with more studies might have improved the performance of some models
- We used a fixed skewness parameter that might have not resulted in many highly skewed datasets to properly assess the performance of the skew-normal model
- We did not compare all the identified models in our simulation
- We only used the normal distribution as base distribution in the DP models

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**https://www.cer-methods.com/**

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