

Subgroup comparisons within and across studies in meta-analysis

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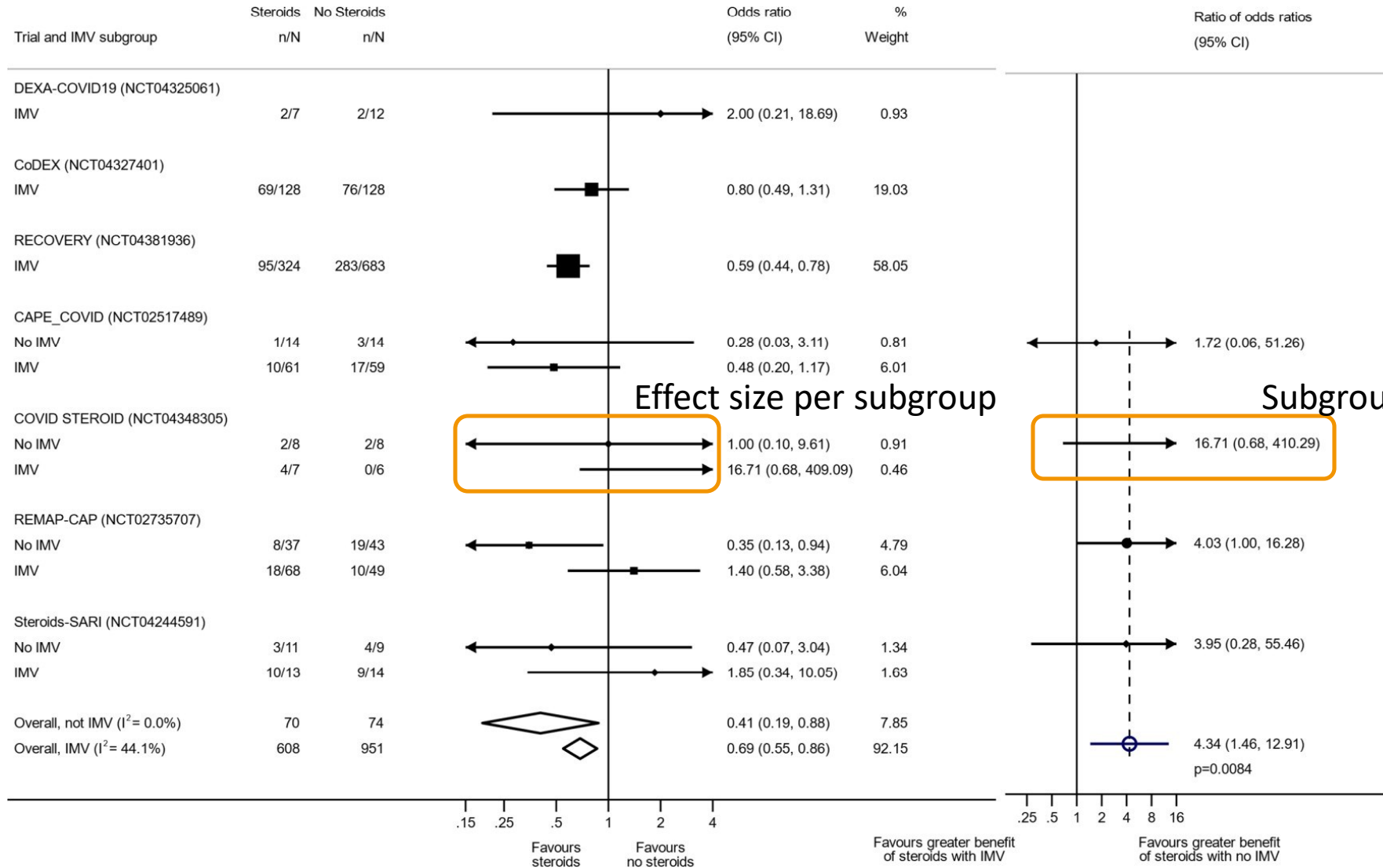
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EXAMPLE: Association Between Administration of Systemic Corticosteroids and Mortality Among Critically Ill Patients With COVID-19

- **Population:** Critically ill COVID-19 patients.
- **Intervention:** Systemic (rather than targeted) corticosteroids administration. Reduce inflammation and modulate the immune response.
- **Comparison:** Standard care.
- **Outcome:**
 - Overall: Association between corticosteroids administration (treatment effect) and the reduction of 28-day all-cause **mortality**.
 - Subgroup-specific: Association between corticosteroids administration (treatment effect) and the reduction of 28-day all-cause **mortality in the presence of mechanic ventilation**.

Effect of Corticosteroids in 28-day all-cause mortality

Forest plot displaying heterogeneity



Effect size per subgroup

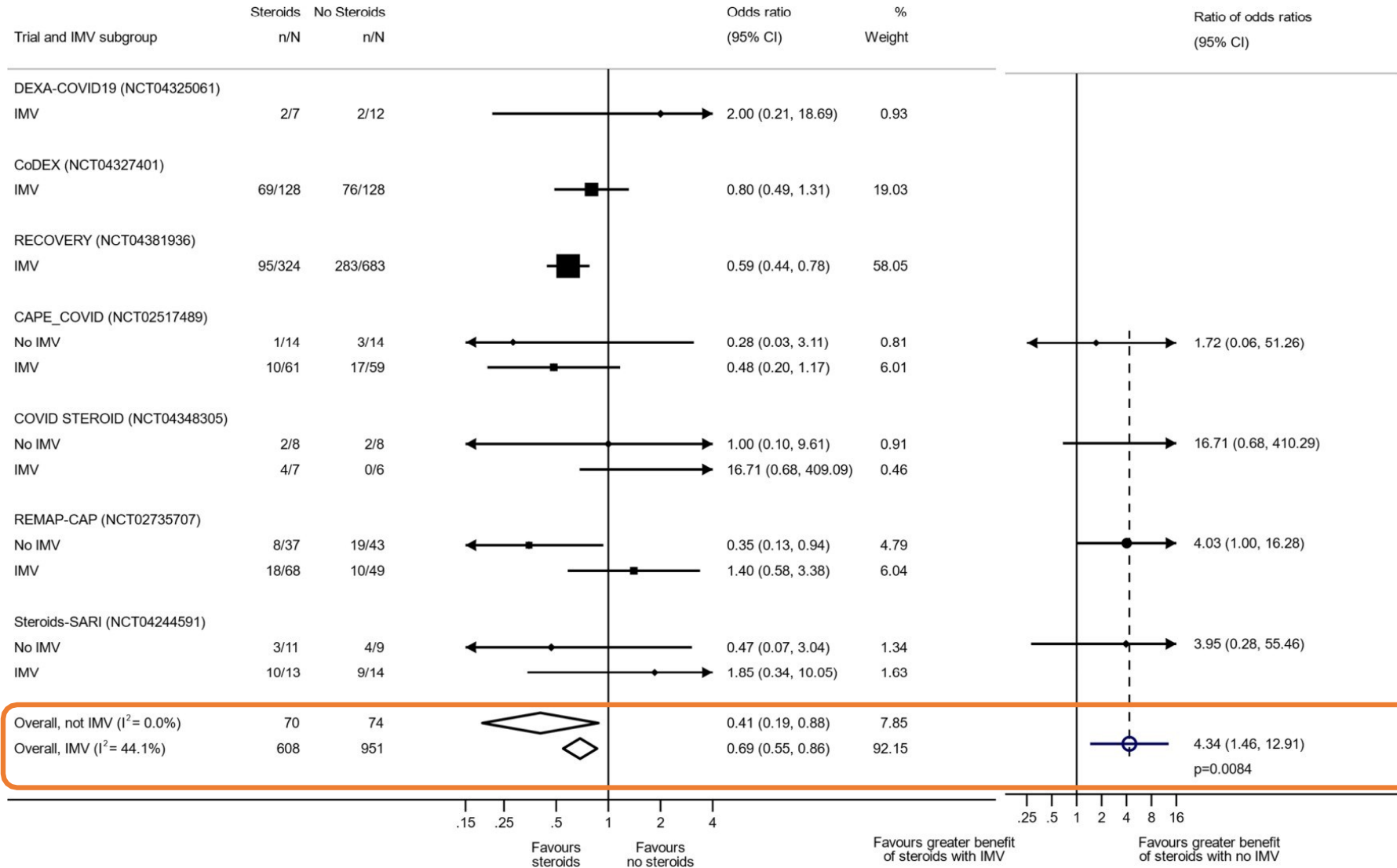
Subgroup interaction IV/NIV

Treatment effects in subgroups

Treatment-by-subgroup interaction

Problem: Unmatched Estimation

Forest plot displaying heterogeneity



BUT, $0.69 / 0.41 = 1.68...$
and **NOT** 4.34

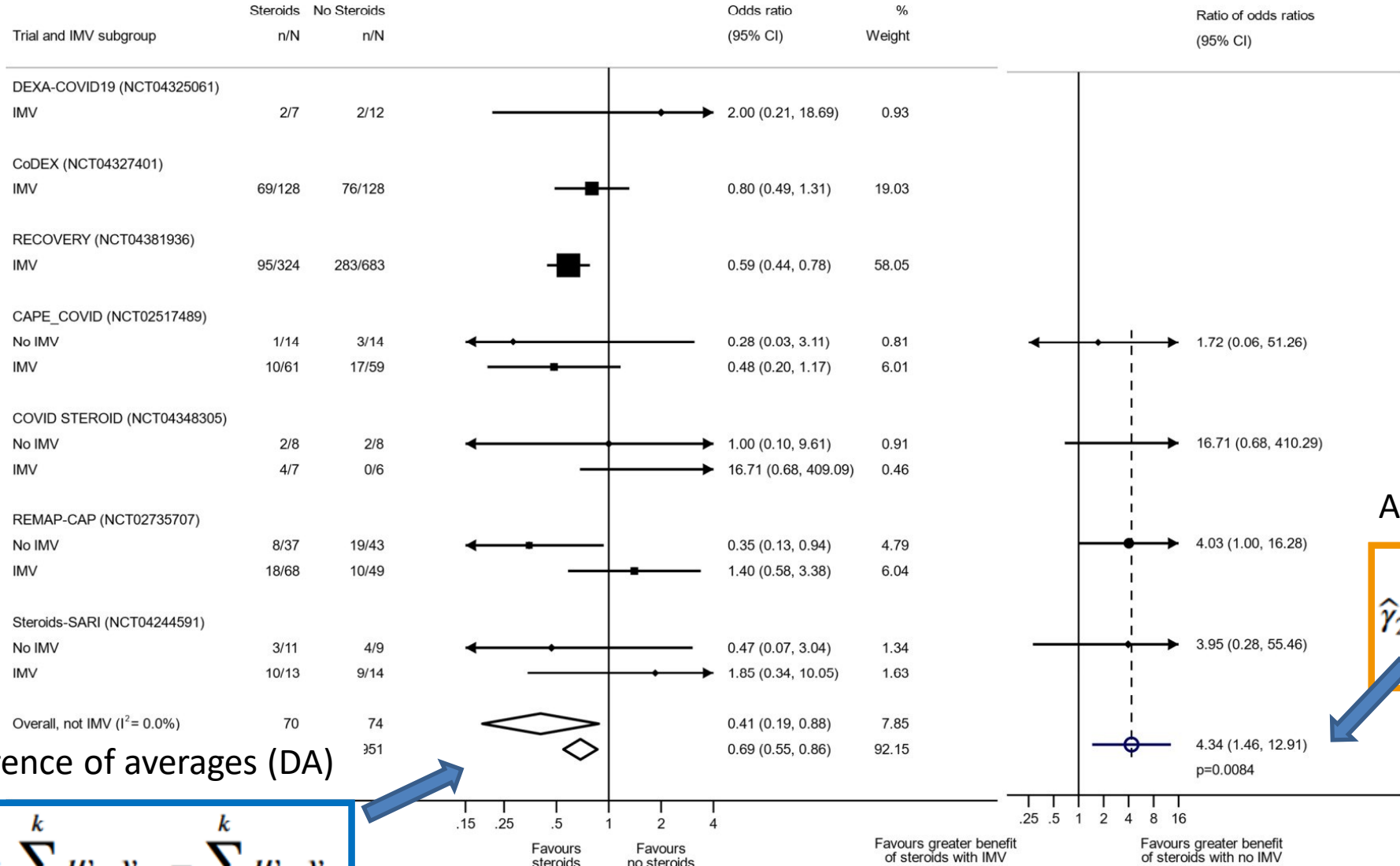
???

Treatment effects in subgroups

Treatment-by-subgroup interaction

Problem: Unmatched Estimation

Forest plot displaying heterogeneity



Average difference (AD)

$$\hat{\gamma}_2 = \sum_{j=1}^k w_j (y_{2j} - y_{1j})$$

Difference of averages (DA)

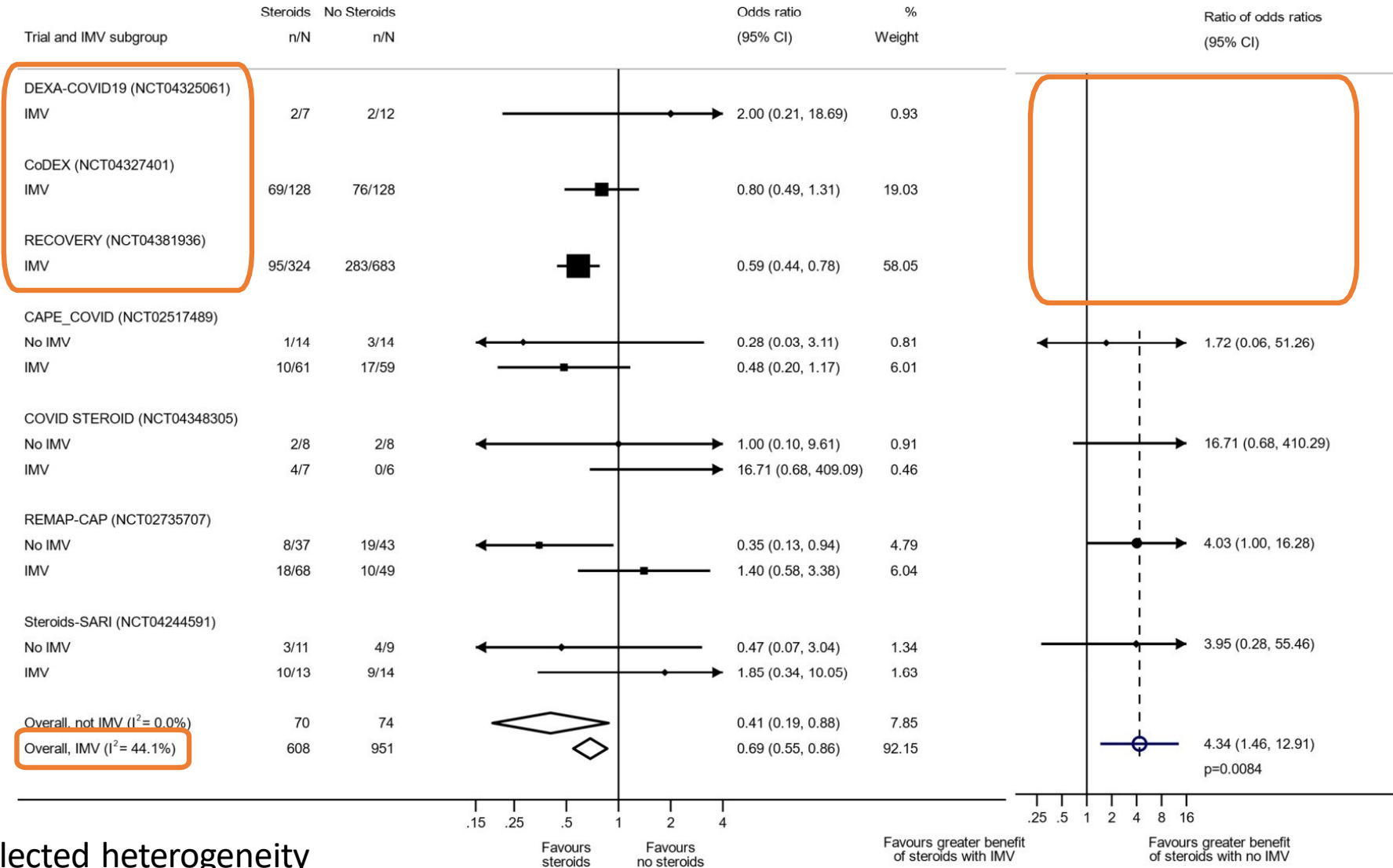
$$\hat{\gamma}_1 = \sum_{j=1}^k w_{2j} y_{2j} - \sum_{j=1}^k w_{1j} y_{1j}$$

treatment effects in subgroups

Treatment-by-subgroup interaction

Problem: Unmatched Estimation

Forest plot displaying heterogeneity



Data on IV only,
therefore no interactions

Small number of studies
(k = 4)

Heterogeneity
underestimation

Neglected heterogeneity
>25%

Treatment effects in subgroups

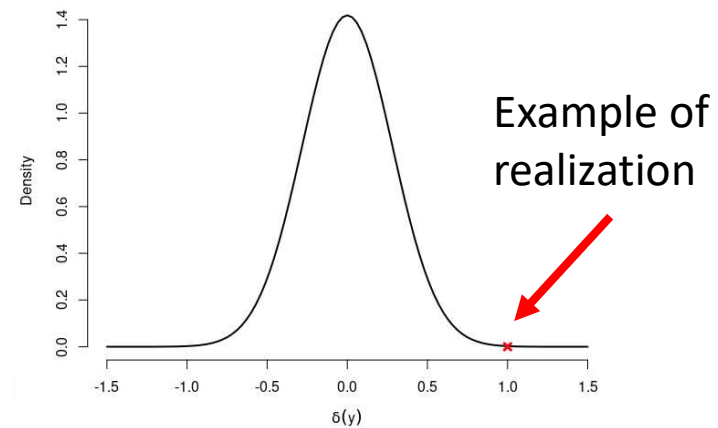
Treatment-by-subgroup interaction

Condition for matching estimates

- Condition: Any weighting scheme that satisfies $w_j = w_{1j} = w_{2j}$ will ensure identity between DA and AD. However, this does not narrow down the problem (infinite solutions).
- In general, the difference between projections has positive variance (and zero mean).

$$\begin{aligned}
 \delta(y) &= \hat{\gamma}_1 - \hat{\gamma}_2 \\
 &= (\hat{\beta}_2 - \hat{\beta}_1) - \hat{\gamma} \\
 &= CH_1y - H_2I_{k/2} \otimes Cy \\
 &= Dy,
 \end{aligned}$$

where $\delta \sim \text{Normal}(0, DSD')$



Particular cases

➤ Convex weights

- Assuming **proportional unnormalized weights** across subgroups is a sufficient condition for the agreement between estimates.

$$w_{2j} = \frac{a_{1j}^p}{\sum_{j=1}^k a_{1j}^p} = w_{1j}$$

➤ Inverse-variances weights (a type of convex weights)

- Assuming **proportional subgroup variances** (or subgroup prevalence) is sufficient.

$$\hat{\gamma}_2 = \frac{\sum_{j=1}^k \frac{y_{2j}}{s_{2j}^2(1+s_{1j}^2/s_{2j}^2)}}{\sum_{j=1}^k \frac{1}{s_{2j}^2(1+s_{1j}^2/s_{2j}^2)}} = \frac{\sum_{j=1}^k \frac{y_{1j}}{s_{1j}^2(1+p^{-1})}}{\sum_{j=1}^k \frac{1}{s_{1j}^2(1+p^{-1})}} = \frac{\sum_{j=1}^k \frac{y_{2j}}{s_{2j}^2(1+p)}}{\sum_{j=1}^k \frac{1}{s_{2j}^2(1+p)}} = \hat{\gamma}_1$$

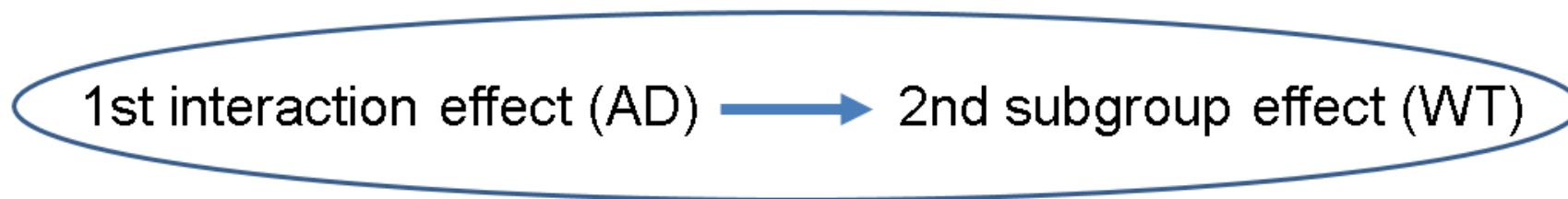
- Proportional subgroup prevalences are special case where estimates always match.

Reconciling interaction estimates: weighted averages

- Standard weighting: Several schemes can enforce matching estimates by using **common weights for all three estimates**.
 - Equal-weights for all studies $\frac{1}{k}$
 - Inverse-variance weights based on contrast estimates $\frac{(n_{1j}^{-1} + n_{2j}^{-1})^{-1}}{\sum_{i=1}^k (n_{1i}^{-1} + n_{2i}^{-1})^{-1}}$
 - Weights proportional to studies' sample size $\frac{n_j}{\sum_{j=1}^k n_j}$
 - Weights proportional to the smaller of the subgroups $\frac{\min(n_{1j}, n_{2j})}{\sum_{j=1}^k \min(n_{1j}, n_{2j})}$
 - Minimum of three RE-weights $\frac{\min(n_{1j}^{-1}, n_{2j}^{-1}, (n_{1j}^{-1} + n_{2j}^{-1})^{-1})}{\sum_{i=1}^k \min(n_{1i}^{-1}, n_{2i}^{-1}, (n_{1i}^{-1} + n_{2i}^{-1})^{-1})}$
 - (D-)optimal weights given by the D-optimality criterion

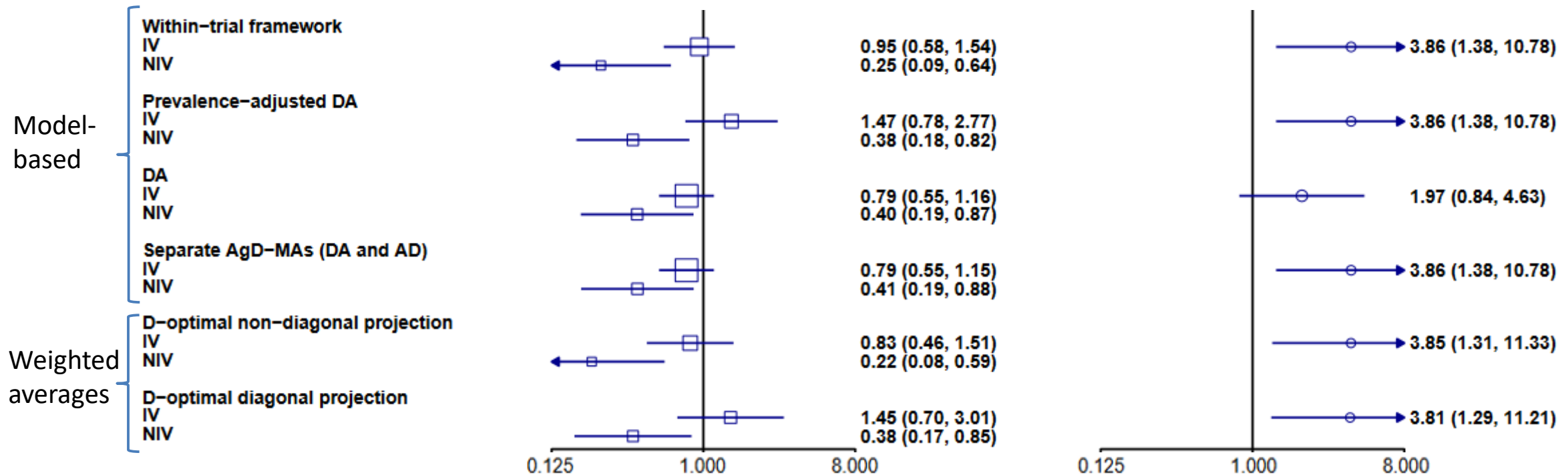
Model-based approaches

- The van Houwelingen's² „bivariate” MA (DA including correlation).
- Within-trial framework (AD/WT)³ : Prioritizing the interaction estimate, by **conditioning subgroup estimation** on interaction estimation (including the heterogeneity part).

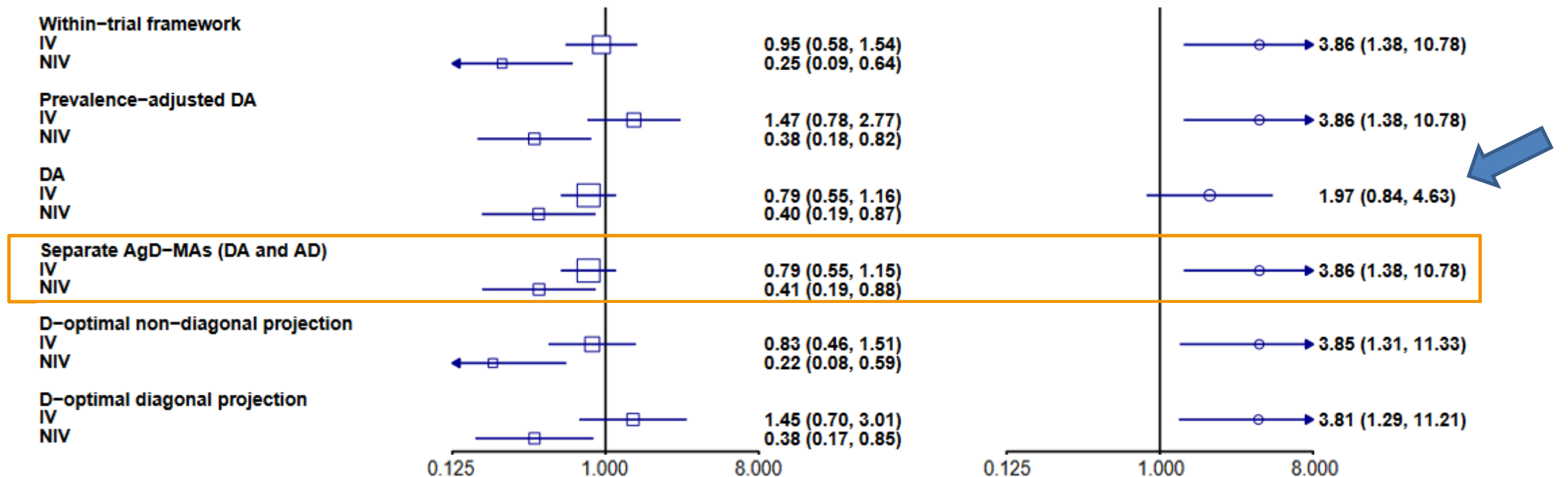


- Consider prevalence as covariable⁴ in van Houwelingen's model.

Results for COVID-19 example



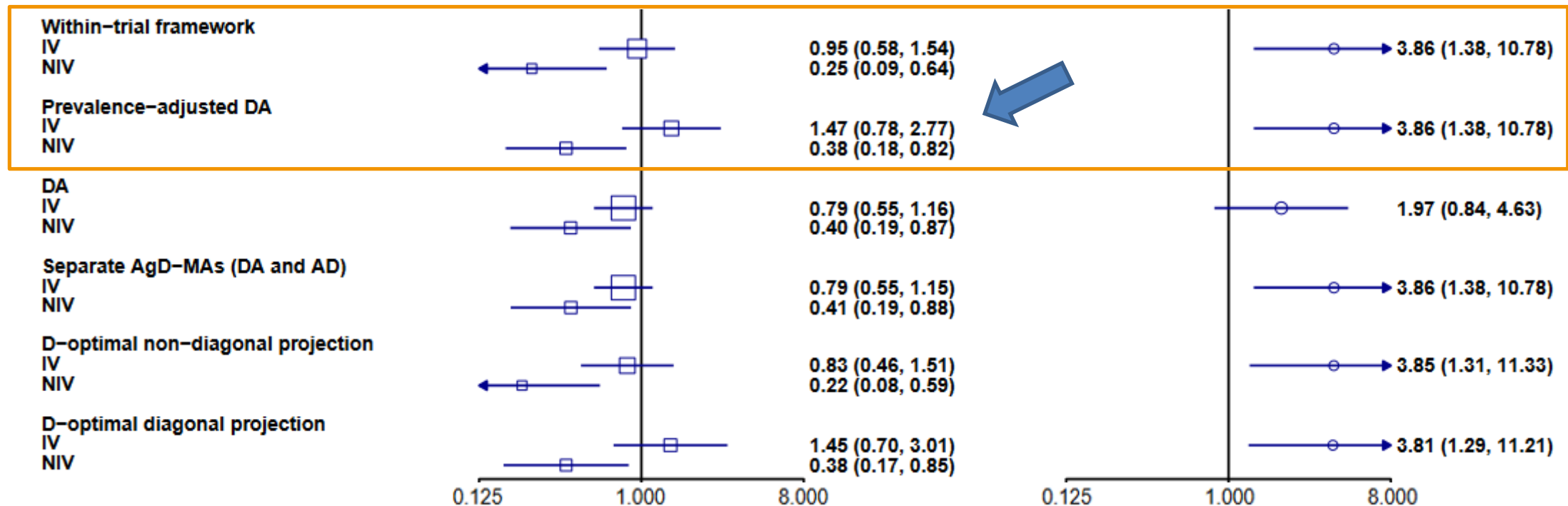
Results for COVID-19 example



Even when considering the RE assumption
 $0.79 / 0.41 = 1.97...$
 and **NOT** 3.86

The DA is the corresponding joint analysis

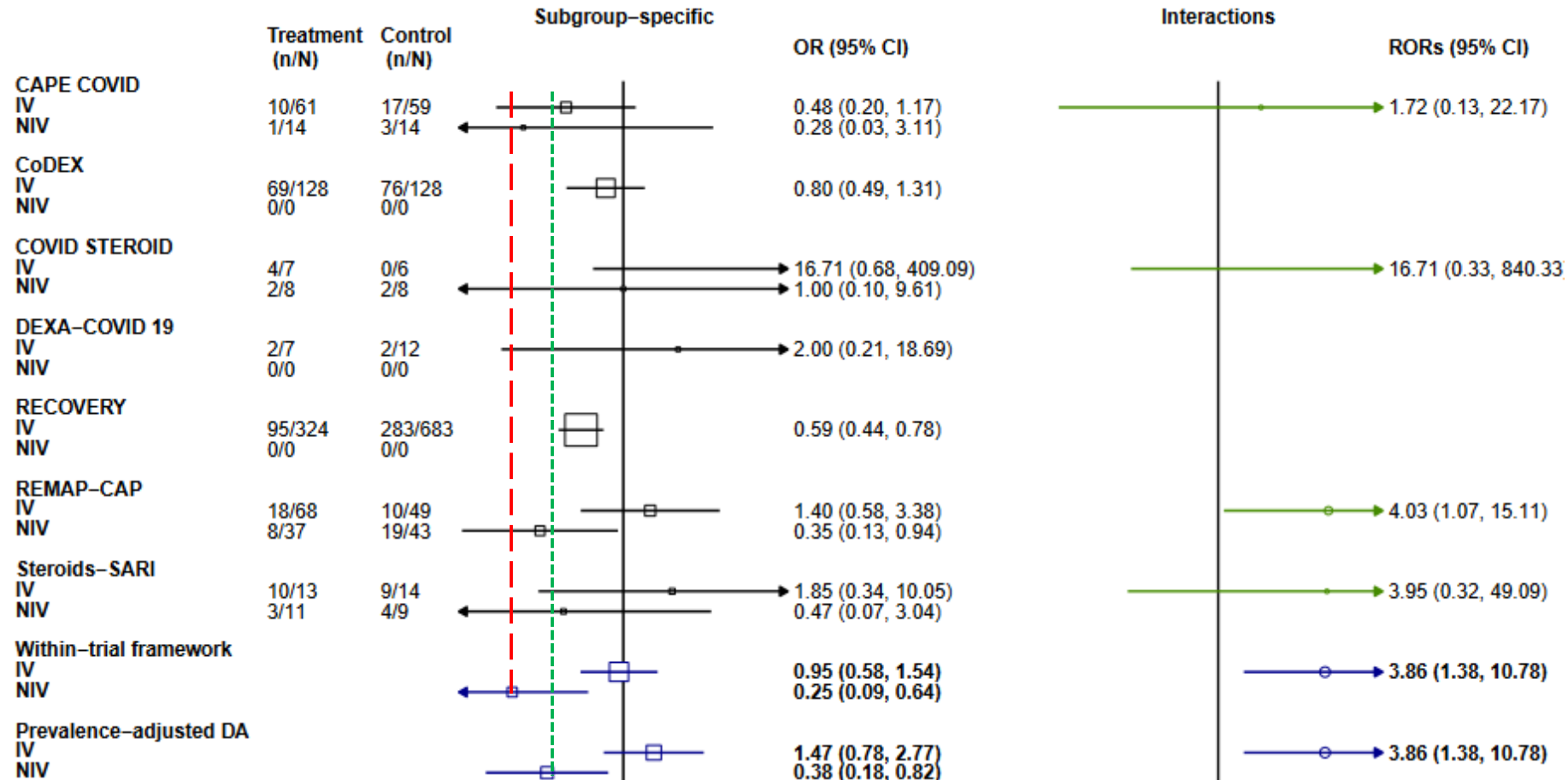
Results for COVID-19 example



- The prevalence-adjusted case of DA **prioritizes the interaction estimation** just as the Within-trial framework at the cost of having **wider subgroup intervals**.

Alignment with effect sizes

WT estimates do not align with effect sizes in some cases



Simulation study

- The data generator model in an IPD model⁵ that yields the following predictor when aggregated

$$E [y_{1j} | \beta_{1j}, \beta_{2j}, \tau_1, \tau_2] = \begin{cases} \beta_{2j} + \gamma_j(0 - \bar{z}_j), & \text{for the effect size of subgroup 1,} \\ \beta_{2j} + \gamma_j(1 - \bar{z}_j), & \text{for the effect size of subgroup 2.} \end{cases}$$

where $\beta_{2j} \sim \text{Normal}(\varphi + \gamma_{\Lambda} \bar{z}_j, \tau_1^2)$ and $\gamma_{W_i} \sim \text{Normal}(\gamma_W, \tau_2^2)$,

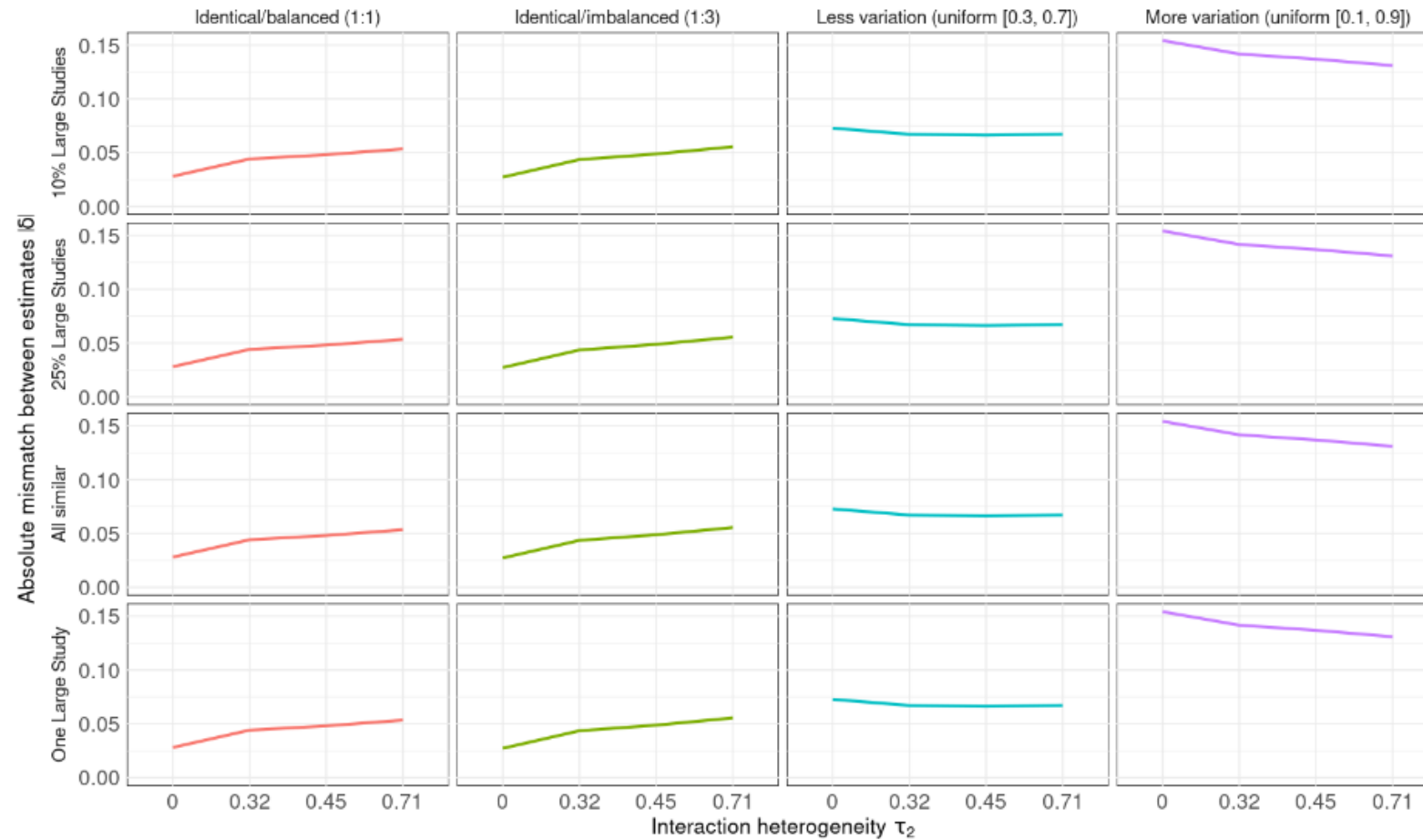
Subgroup-specific
random effect

Subgroup
prevalence

Interaction
random effect

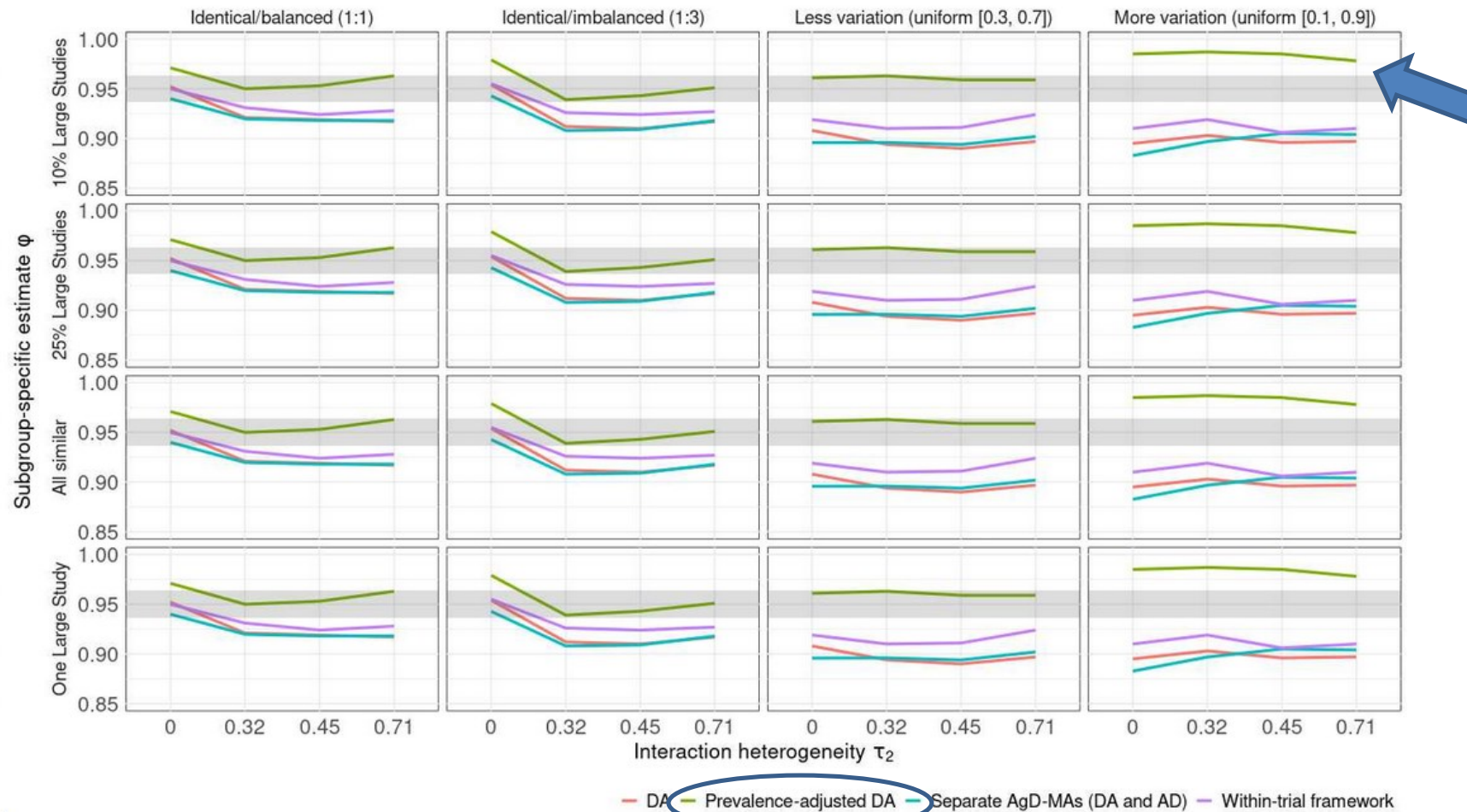
- We vary study sizes, heterogeneities and subgroup prevalences.
- We evaluate coverage for interaction and subgroup estimates.

Simulation study – Separate AgD MAs (DA and AD) Mismatch



Simulation study – Subgroup coverage

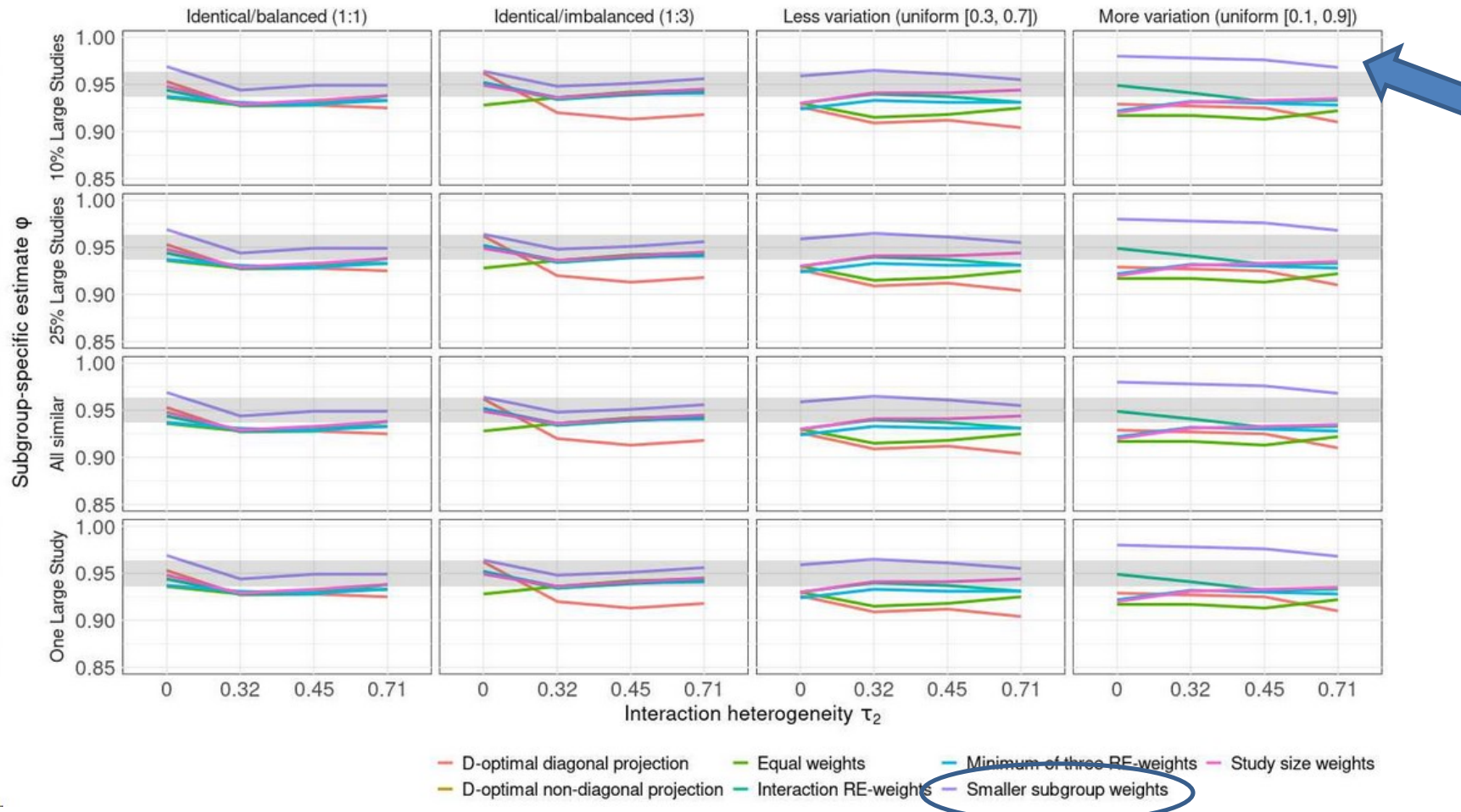
Weighted averages



- Prevalence adjusted DA holds coverage close to the nominal level when there is **little or no variation** and tends to **conservative estimation otherwise**.

Simulation study – Subgroup coverage

Model-based methods



- Smaller of the subgroup weights scheme holds coverage close to the nominal level when there is **little or no** subgroup-prevalence variation and tends to **conservative estimation otherwise**.

Summary and future investigation

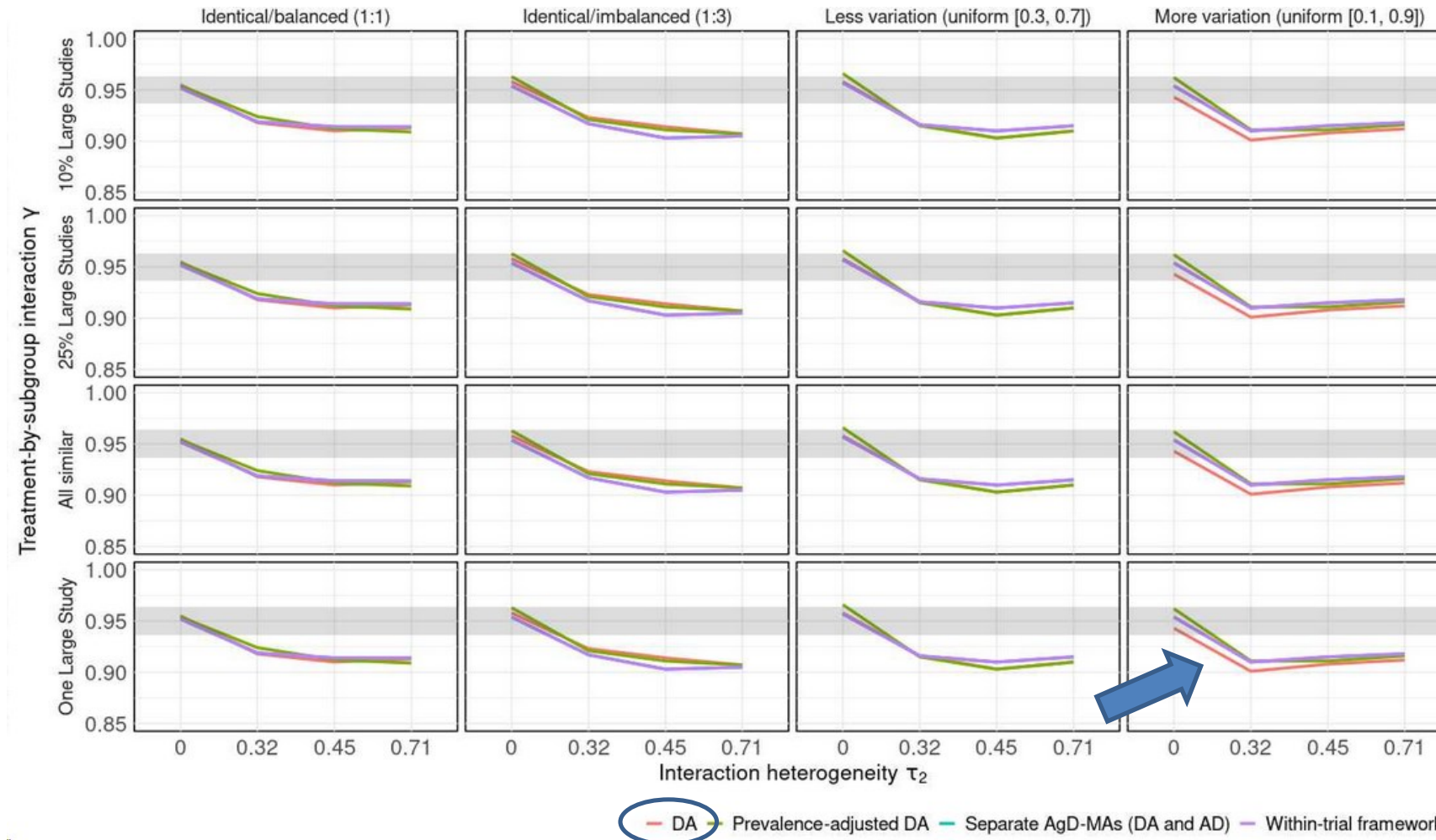
- Although different, all the estimators for subgroups and interaction effects are (asymptotically) unbiased.
- Appropriate choice of weights guarantees agreement between contrast and subgroup estimates.
- Sometimes such weights result naturally e.g. with constant subgroup-prevalence across trials.
- Future work might include the improvement of heterogeneity matrices estimation and the case of few studies⁶ in a Bayesian framework.⁷

References

1. Sterne, J. A. C., et al. "Association between administration of systemic corticosteroids and mortality among critically ill patients with COVID-19: a meta-analysis." *Journal of the American Medical Association* 324.13 (2020): 1330-1341.
2. Van Houwelingen, H. C., et al. "Advanced methods in meta-analysis: multivariate approach and meta-regression." *Statistics in Medicine* 21.4 (2002): 589-624.
3. Godolphin, P. J., et al. "Estimating interactions and subgroup-specific treatment effects in meta-analysis without aggregation bias: A within-trial framework." *Research Synthesis Methods* 14.1 (2023): 68-78.
4. Sørensen, A. L., et al. "Linear mixed models for investigating effect modification in subgroup meta-analysis." *Statistical Methods in Medical Research* 32.5 (2023): 994-1009.
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6. Bender, R., et al. "Methods for evidence synthesis in the case of very few studies." *Research Synthesis Methods* 9.3 (2018): 382-392.
7. Friede, T., et al. "Meta-analysis of few small studies in orphan diseases." *Research Synthesis Methods* 8.1 (2017): 79-91.

Simulation study – Interaction coverage

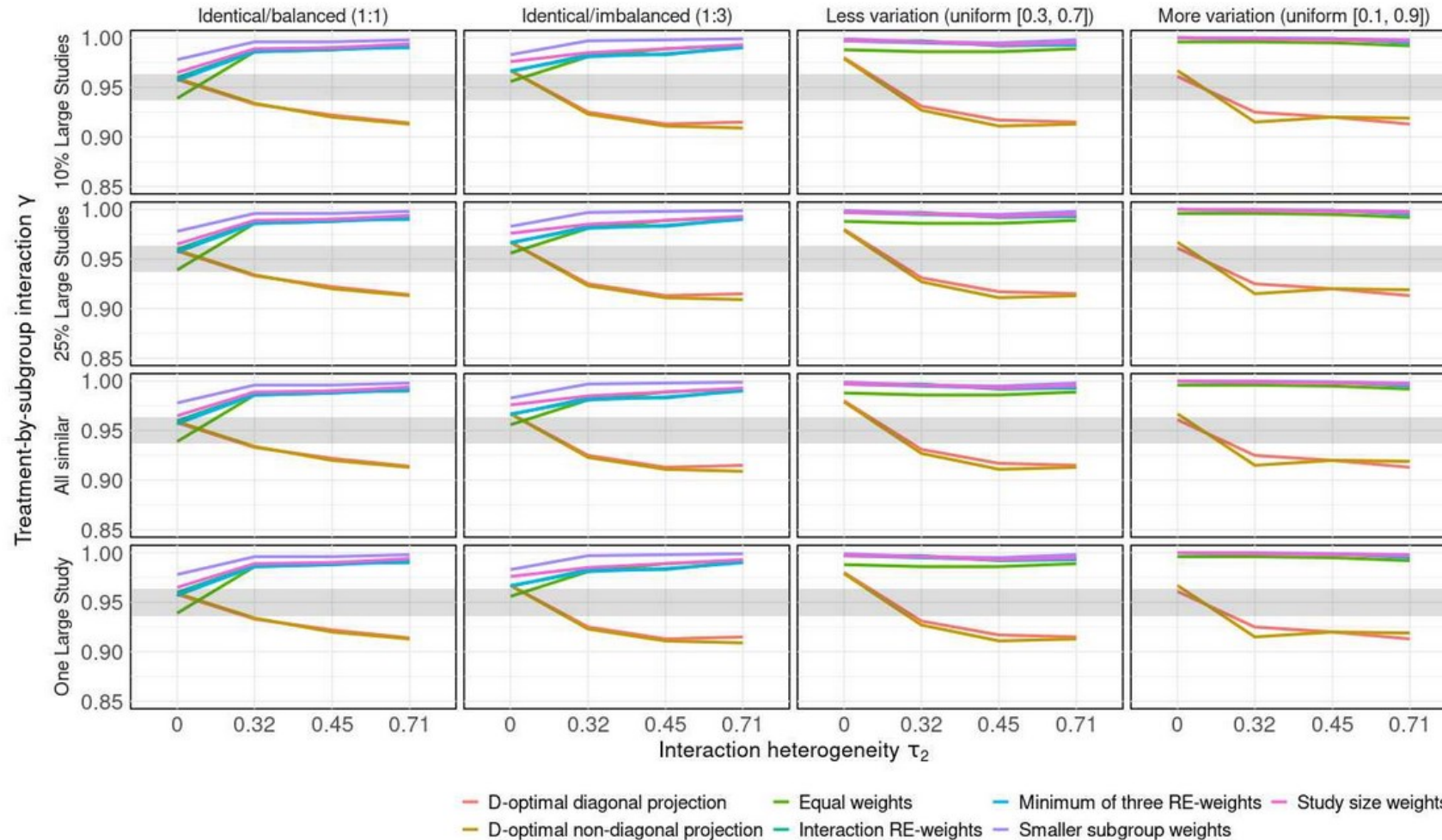
Model-based methods



- The Difference of averages (DA) has the lowest coverage **when subgroup prevalence varies** across studies.

Simulation study – Interaction coverage

Weighted averages



- Apart from D-optimal estimates, standard weighting methods provide **conservative** estimation of interactions.