



EvidenceSynthesis

An R package for combining causal effect estimates
without sharing individual person data

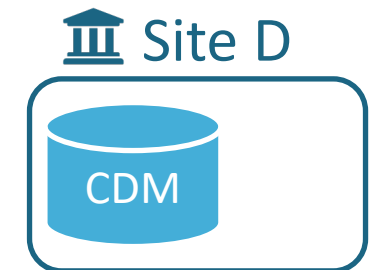
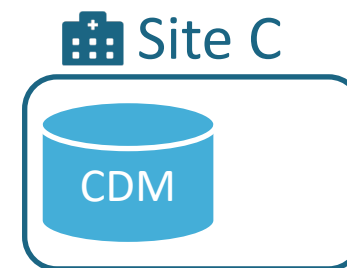
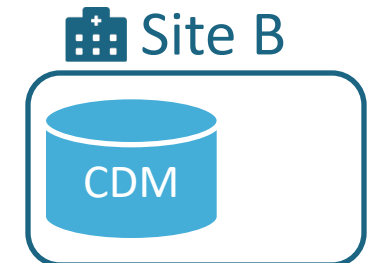
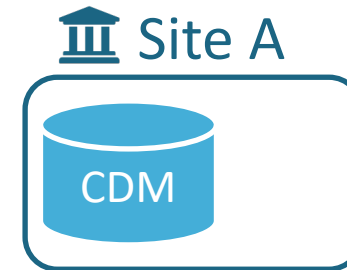
Martijn Schuemie

Yong Chen



Distributed Research Network

- Multiple sites with data
 - Hospital EHRs (Electronic Health Records)
 - Administrative Claims
- Patient-level data cannot be shared
- Each site uses the Common Data Model (CDM)

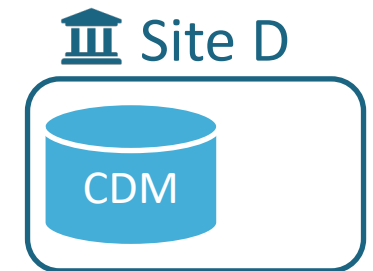
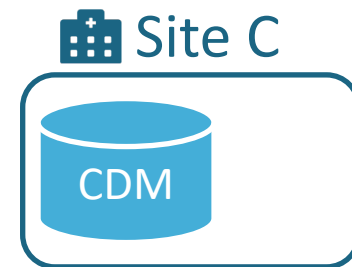
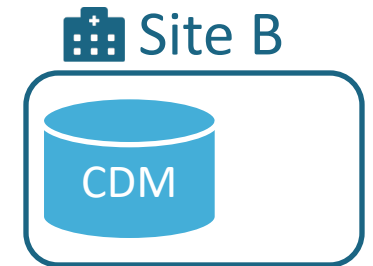
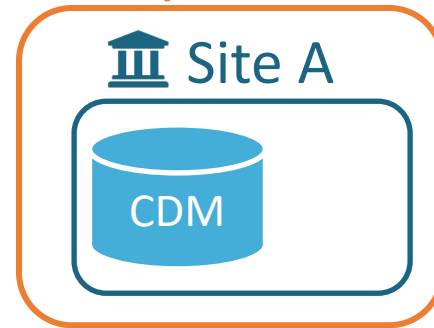




Distributed Research Network

- A site can lead a study

Study lead

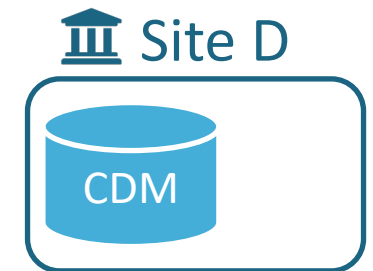
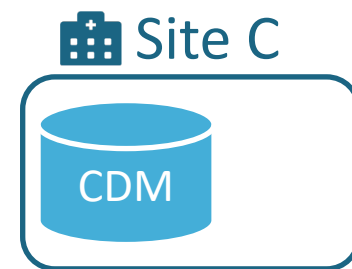
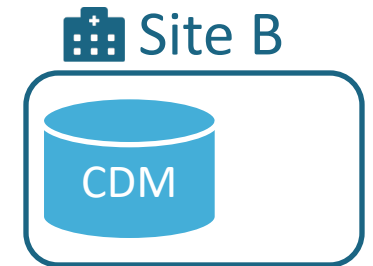
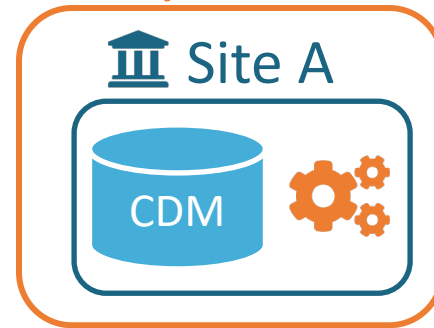




Distributed Research Network

- A site can lead a study
- Analysis code is developed locally

Study lead

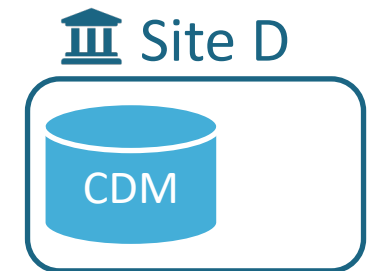
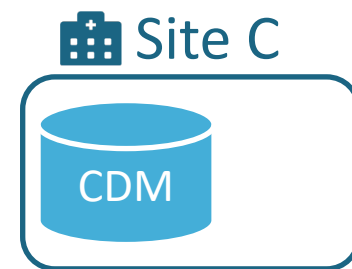
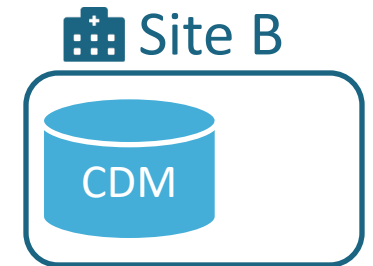
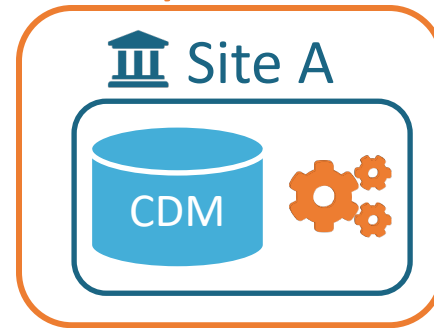




Distributed Research Network

- A site can lead a study
- Analysis code is developed locally
- Code is distributed to study participants

Study lead

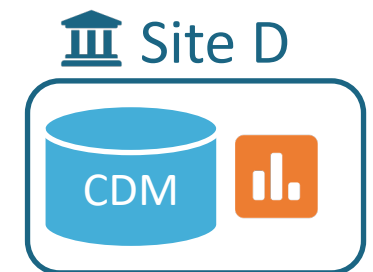
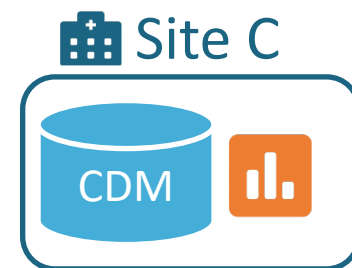
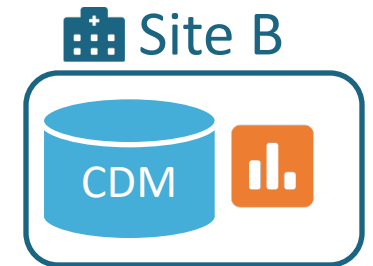
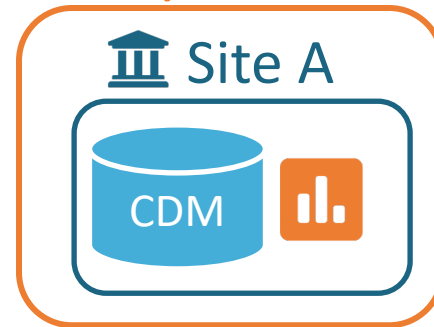




Distributed Research Network

- A site can lead a study
- Analysis code is developed locally
- Code is distributed to study participants
- Results are generated (aggregated statistics)

Study lead

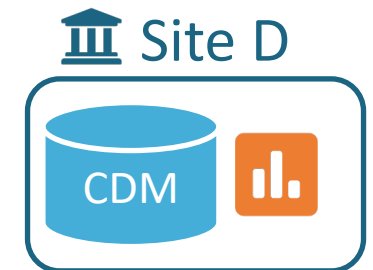
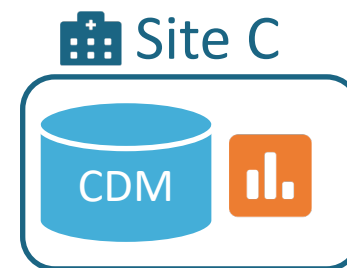
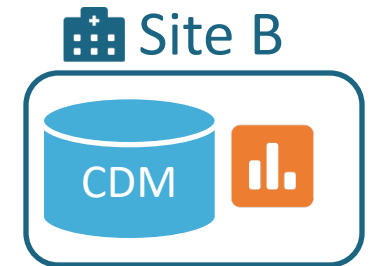
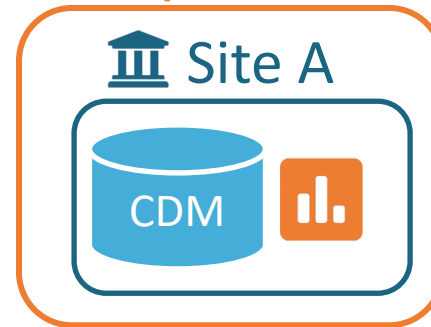




Distributed Research Network

- A site can lead a study
- Analysis code is developed locally
- Code is distributed to study participants
- Results are generated (aggregated statistics)
- Results are send back to lead site

Study lead





Distributed Research Network

- A site can lead a study
- Analysis code is developed locally

Study lead

Site A



Site B



Site C

Site D

BRIEF COMMUNICATION

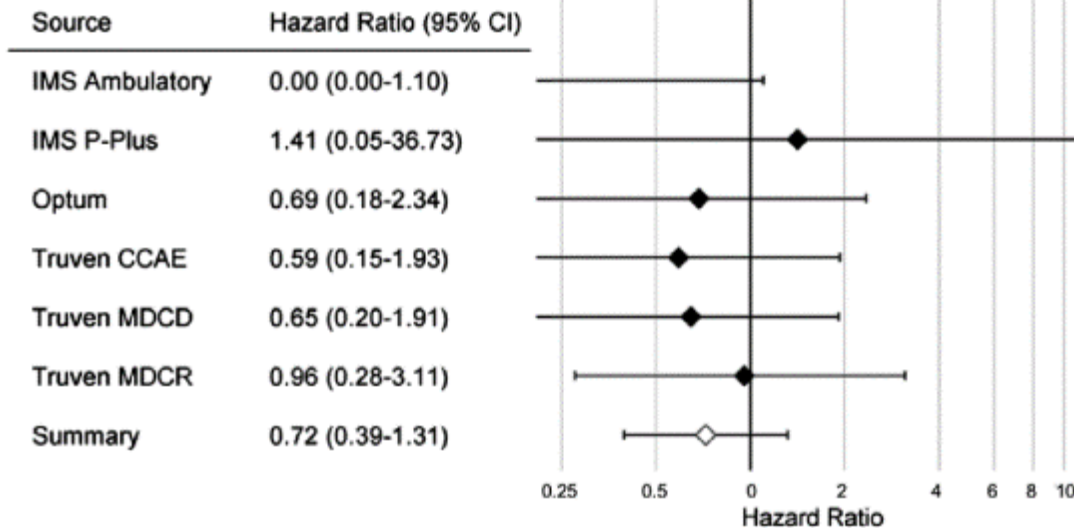
Risk of angioedema associated with levetiracetam compared with phenytoin: Findings of the observational health data sciences and informatics research network

[†]Jon D. Duke, [‡]Patrick B. Ryan, [¶]Marc A. Suchard, [§]George Hripsak, [§]Peng Jin, [#]Christian Reich, [#]Marie-Sophie Schwalm, ^{***}Yuriy Khoma, ^{††}Yonghui Wu, ^{†††}Hua Xu, ^{§§}Nigam H. Shah, ^{§§§}Juan M. Banda, and ^{†††}Martijn J. Schuemie

Epilepsia, 58(6):1-6, 2017
doi: 10.1111/epi.13828

SUMMARY

Recent adverse event reports have raised the question of increased angioedema risk





What to share when estimating causal effects?

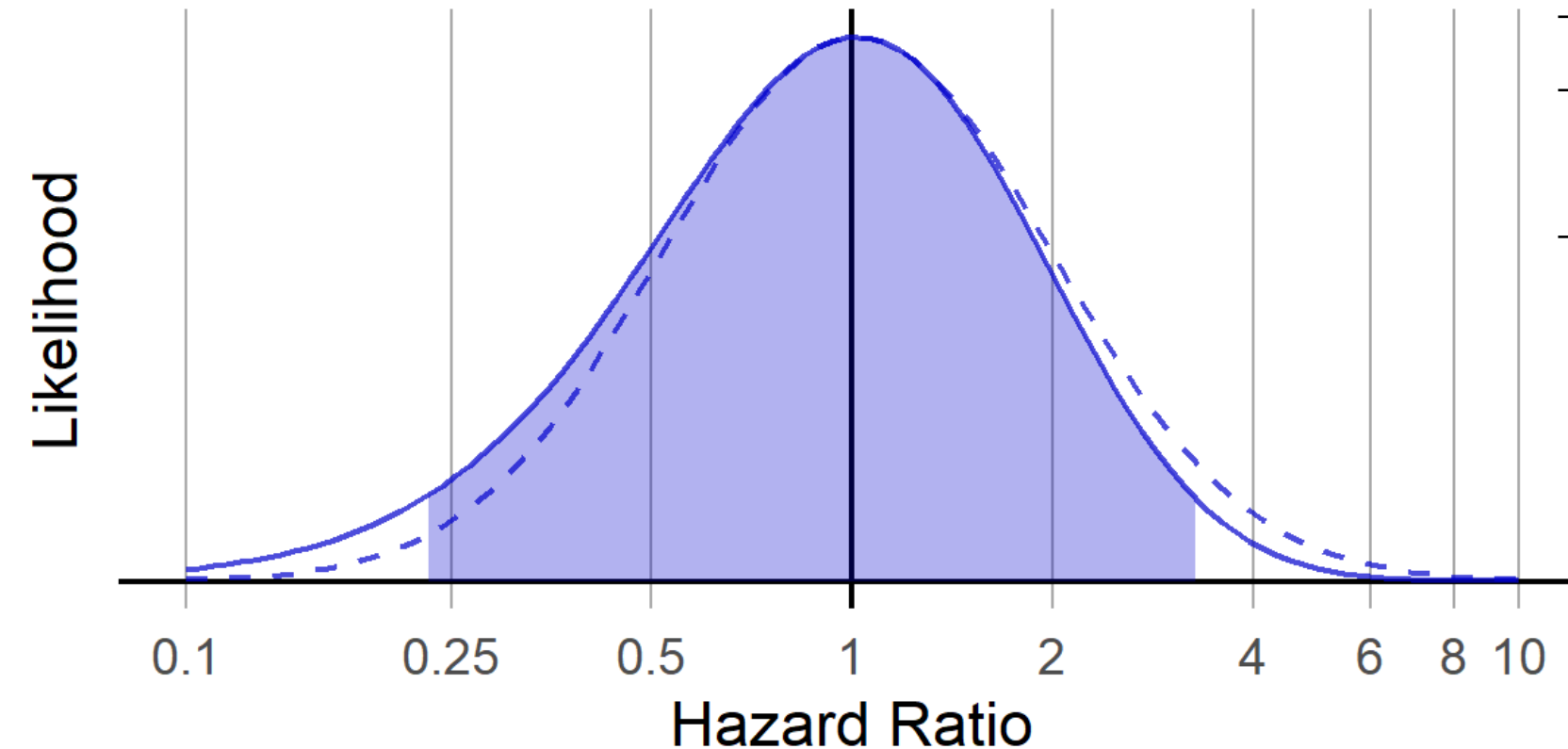
- Cannot share patient-level data
- Usually **propensity-score stratified time-to-event** or **conditional Poisson regression**: no 2-by-2 tables
- Point-estimates + standard errors?



Normal assumption violated when counts are low

Hazard Ratio = 1.02 (0.27 – 3.78) Assuming normal distribution

Hazard Ratio = 1.02 (0.22 – 3.31) No shape assumption

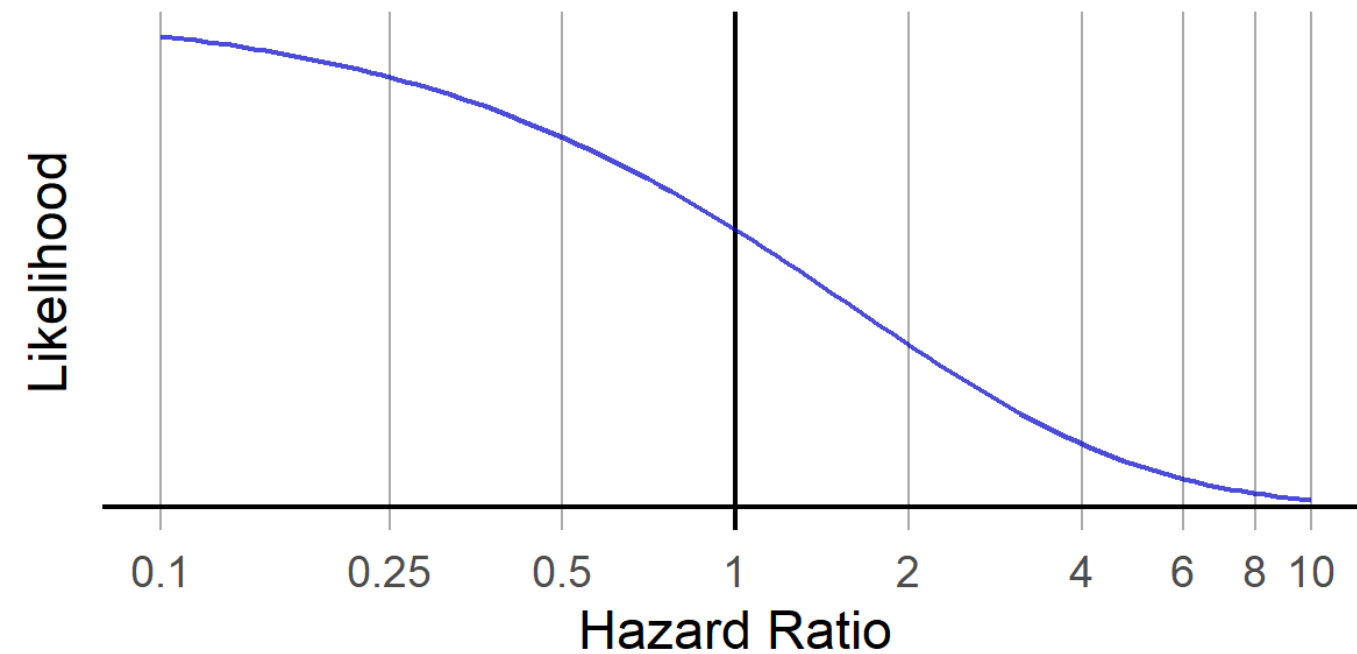


	Subjects	Outcomes
Target	22,002	3
Comparator	130,200	25

* Real data, no simulation



Even more when counts are 0



	Subjects	Outcomes
Target	2,834	0
Comparator	15,168	10

* Real data, no simulation



Solution – likelihood profiling

Data sites share actual shape of likelihood, instead of just the hazard ratio + confidence interval

Key ideas



- directly approximate the shape of the per-site log likelihood function
- communicate the parameters that summarize the shape of likelihood function from each site

Original Research Article


SMMR
STATISTICAL METHODS IN MEDICAL RESEARCH

Statistical Methods in Medical Research
2022, Vol. 31(3) 438–450
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Combining cox regressions across a heterogeneous distributed research network facing small and zero counts

Martijn J. Schuemie^{1,2,3} , **Yong Chen⁴**, **David Madigan^{1,5}**,
and **Marc A. Suchard^{1,3,6}** 

Abstract
Studies of the effects of medical interventions increasingly take place in distributed research settings using data from multiple clinical data sources including electronic health records and administrative claims. In such settings, privacy concerns typically prohibit sharing of individual patient data, and instead, cross-network analyses can only utilize summary statistics from the individual databases such as hazard ratios and standard errors. In the specific but very common context of the Cox proportional hazards model, we show that combining such per site summary statistics into a single network-wide estimate using standard meta-analysis methods leads to substantial bias when outcome counts are small. This bias derives





Methods

- Normal approximation:

$$\phi(\beta, \mu, \sigma) = \frac{1}{\sqrt{2\pi\sigma^2}} e^{-\frac{(\beta-\mu)^2}{2\sigma^2}}.$$

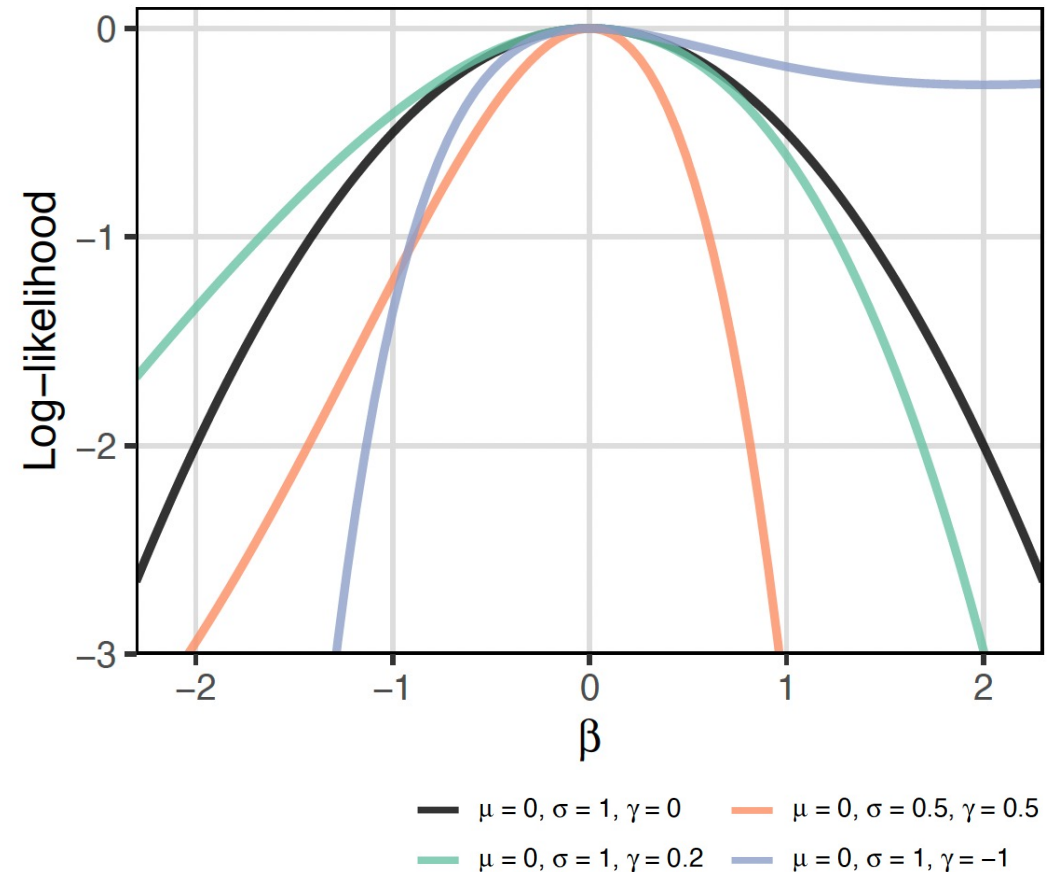
- Estimate $\hat{\mu}$ and $\hat{\sigma}$
- Skew-normal approximation
 - Generalized normal distribution for a degree of skewness
- Custom approximation:

- For severe skewness, a novel “custom function”:

$$\ln(f(\beta, \mu, \sigma, \gamma)) = -\frac{(\beta - \mu)^2}{2\sigma^2} e^{\gamma(\beta - \mu)}$$

- Estimate $\hat{\mu}$, $\hat{\sigma}$, and $\hat{\gamma}$

The custom approximation function, under various parameter choices





Solution – likelihood profiling

- Grid

- communicate the (log) partial likelihood function by sampling values at predefined points in a one-dimensional grid of hazard ratios over a plausible range
 - For example, we define the grid from a log hazard ratio as 1,000 equally spaced points spanning $\log(0:1)$ to $\log(10)$.
- zero counts do not impact this approximation and increasing the grid size can provide an arbitrarily high-quality approximation.

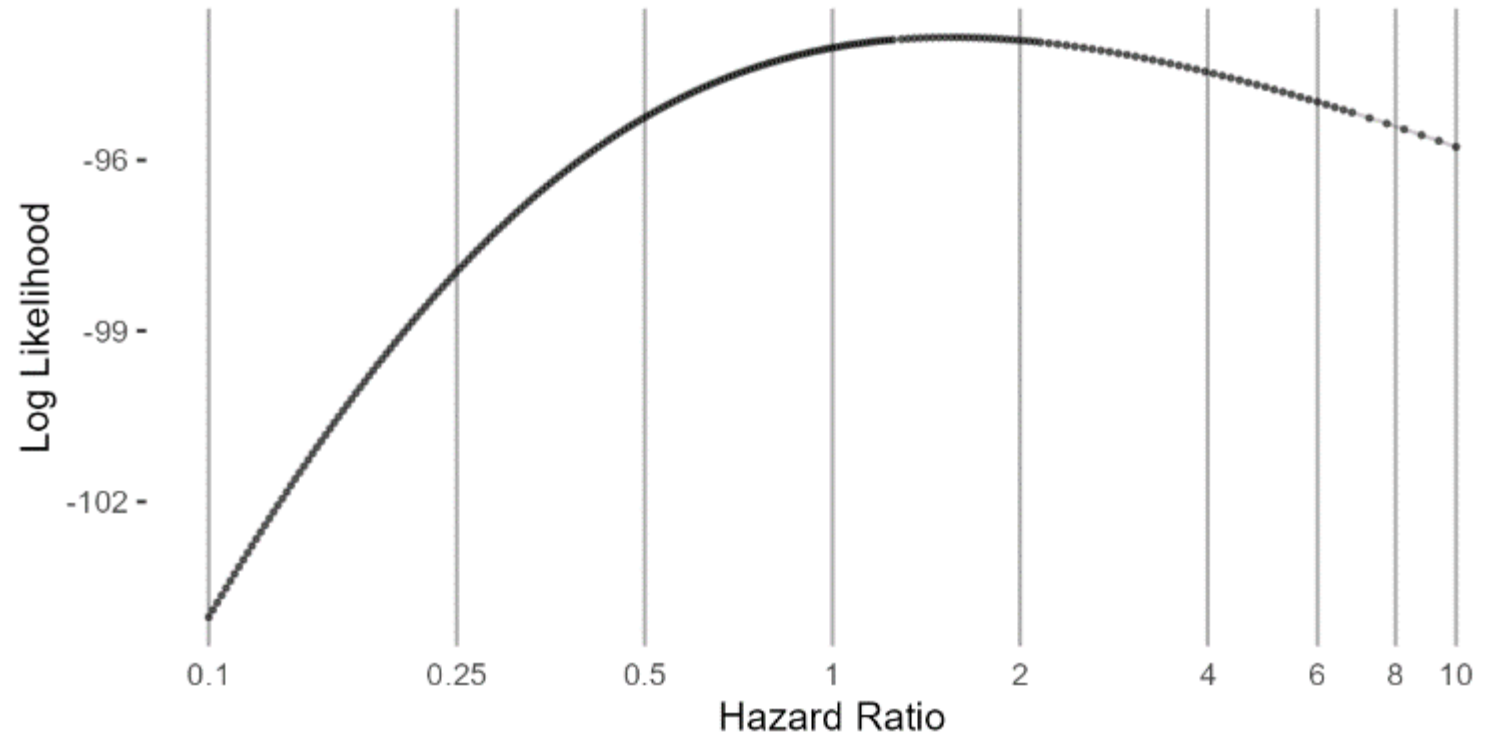


Solution – likelihood profiling

Data sites share actual shape of likelihood, instead of just the hazard ratio + confidence interval

Current best-practice:

- Adaptive grid

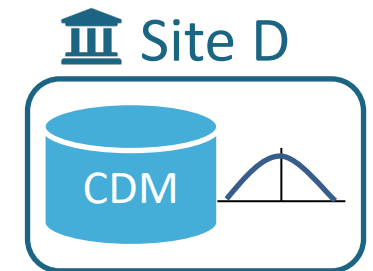
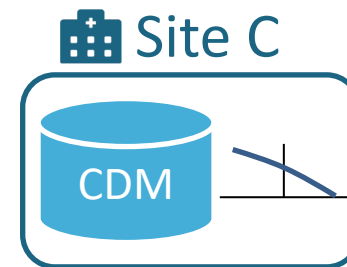
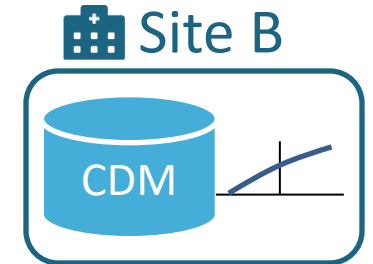
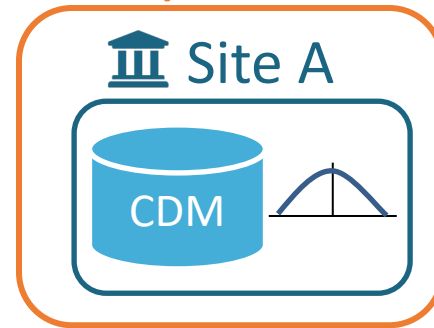




Distributed Research Network

- Data sites share shape of likelihood

Study lead





Evidence Synthesis

The **EvidenceSynthesis** package implements

- Fixed-effects model
- Random-effects model using a Bayesian approach.
 - Uses the BEAST MCMC engine.





Evidence Synthesis in ASSURE / OHDSI

Two important differences with vanilla meta-analysis

- Bayesian random effects
- Likelihood profiling



Original Research Article

SMMR
STATISTICAL METHODS IN MEDICAL RESEARCH

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Statistical Methods in Medical Research
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and Marc A. Suchard^{1,3,6} 

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Keywords

proportional hazards, meta-analysis, privacy preservation, Bayesian, distributed research networks



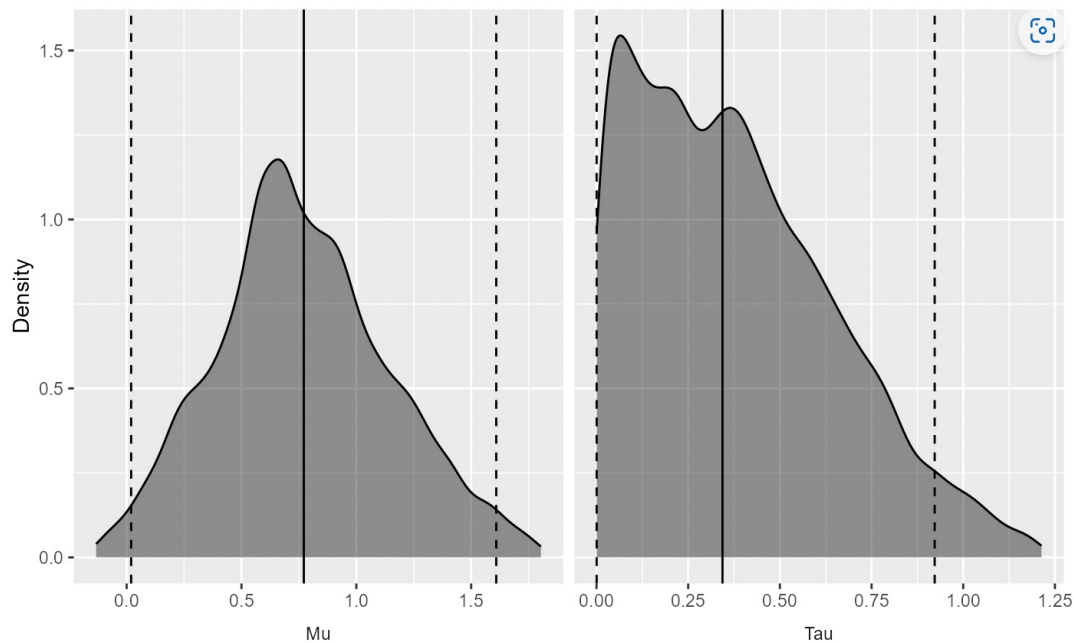
Bayesian random-effects

- Compute a Bayesian meta-analysis using the MCMC engine BEAST.

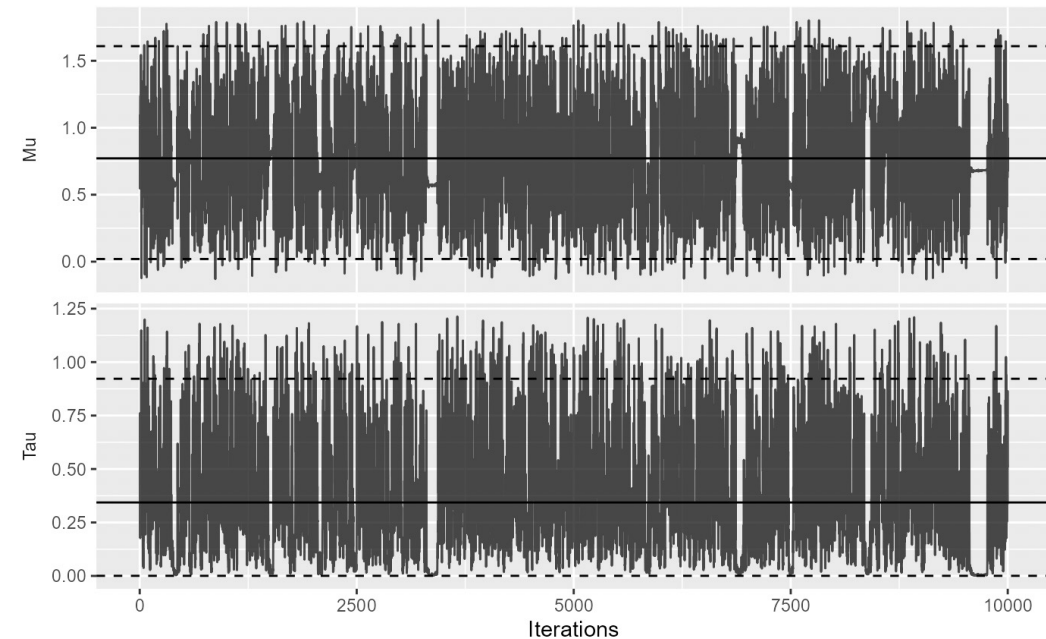
$$\beta_i \sim \text{Normal}(\mu, \tau^2)$$

- A normal and half-normal prior are used for the μ and τ parameters, respectively

Full posterior distribution for μ and τ



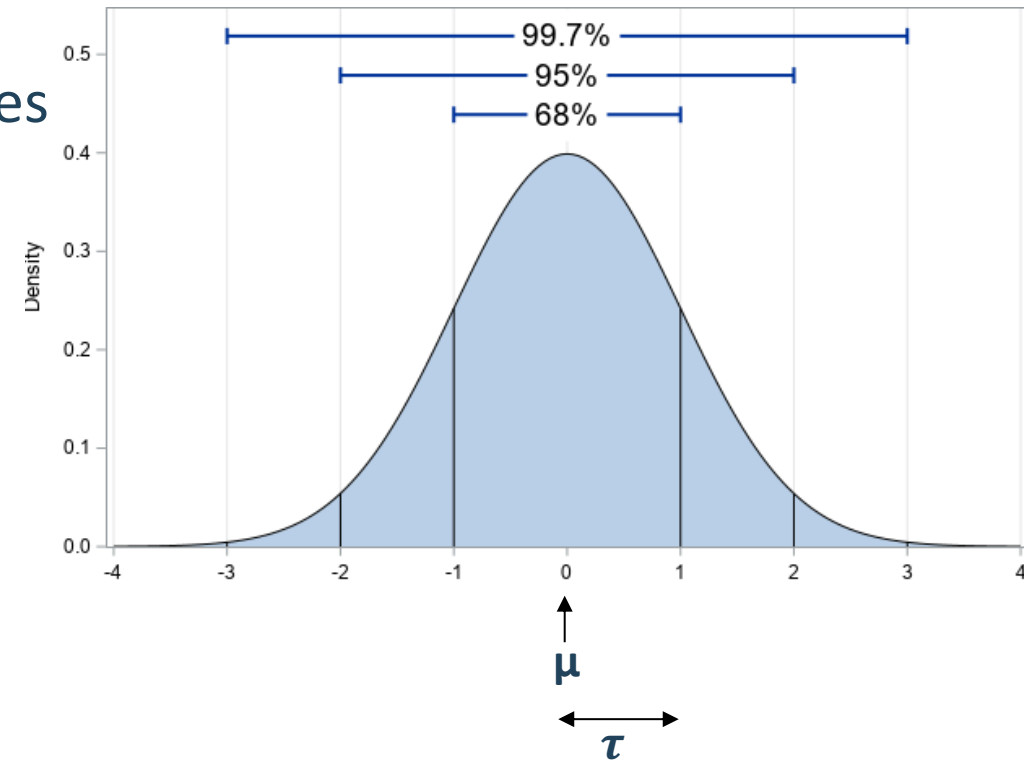
Trace of the MCMC





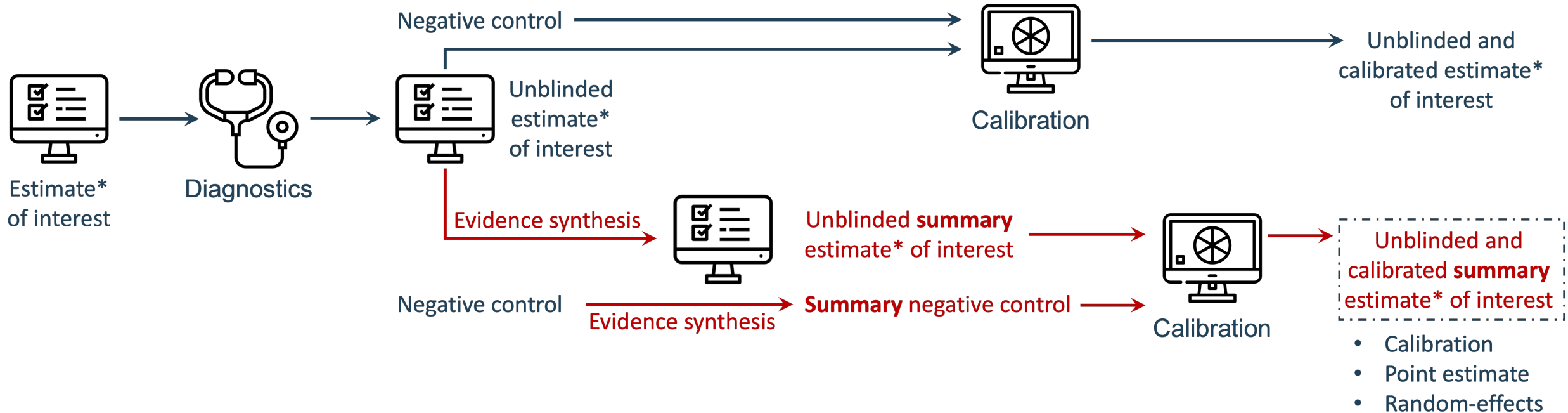
Bayesian random-effects

- Random effects assumes each site draws effect size from a normal distribution with mean μ and standard deviation τ
- τ is ill-defined when we have a few small databases
- What assumption do we want to make?
 - If we don't know, τ must be 0 (no heterogeneity)
 - If we don't know, τ might be 0, or might be ≥ 0
- We can model this using a Bayesian approach
 - Default: half-normal prior with scale = 0.5
 - (Use fancy MCMC engine to compute: BEAST)





From per-database to summary estimate



* Estimate here means likelihood profile, which may not be expressed as an estimate

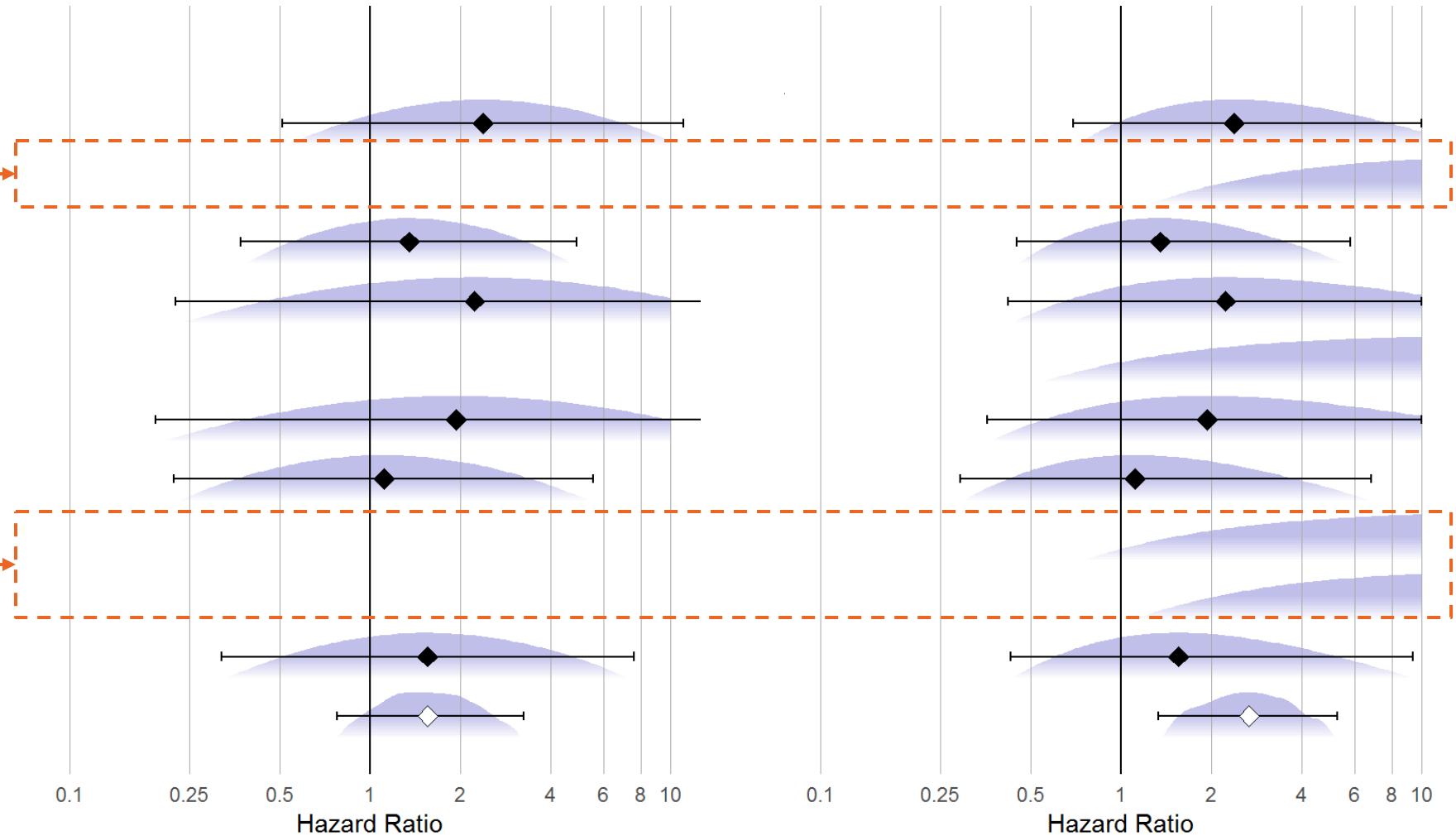


Likelihood profiling

Standard: assuming normal distribution

likelihood profiling

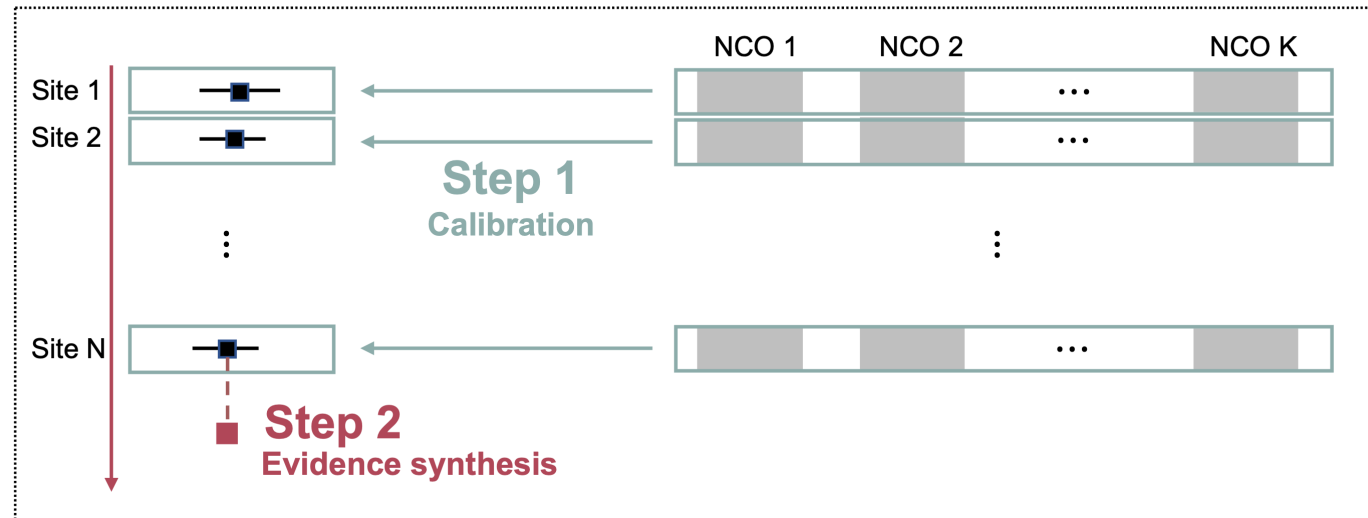
Some sites have zero outcomes in T or C, so no estimate



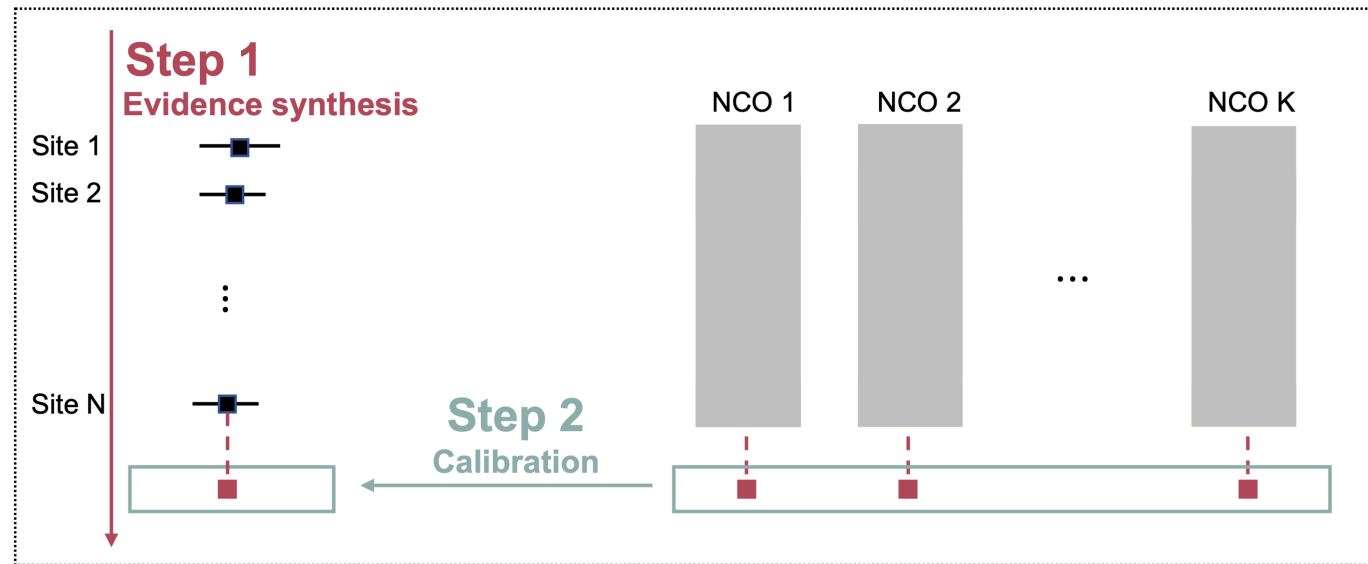


From per-
database
estimate to
summary
estimate

Option 1: Calibrate then **synthesize**



Option 2: **Synthesize** then calibrate



* Estimate here means likelihood profile, which may not be expressed as an estimate