

# Generalization of the Risk Difference, Risk Ratio, OR, etc... from one trial to a target population.

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Ahmed Boughdiri (INRIA, Premedical Team)

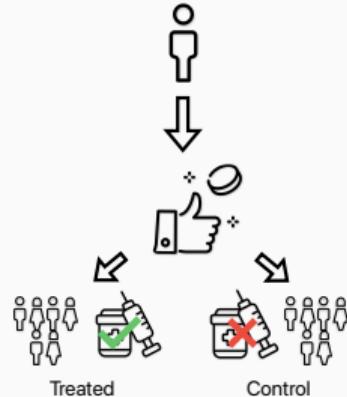
A Unified Framework for the Transportability of Population-Level Causal Measures



Clément Berenfeld (INRIA, Montpellier), Julie Josse (INRIA, Montpellier) and Erwan Scornet (Sorbonne, Paris)

# Introduction to Generalization

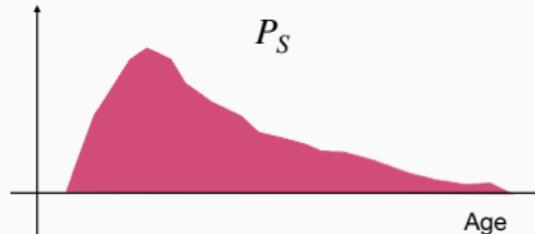
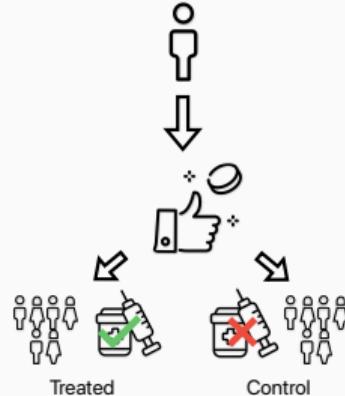
## Randomized Controlled Trials:



- + direct causal association
- selective population, small sample, not always feasible

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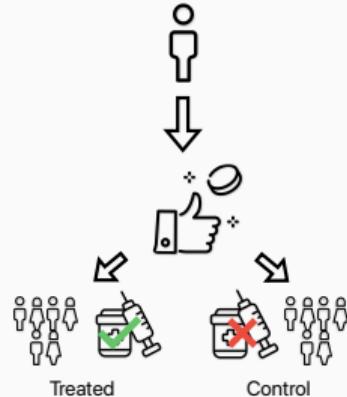
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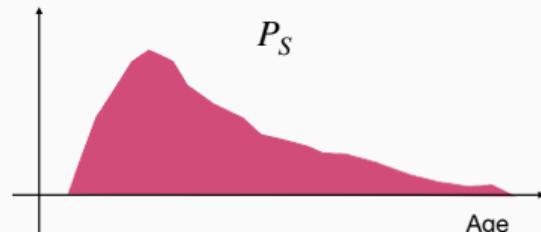
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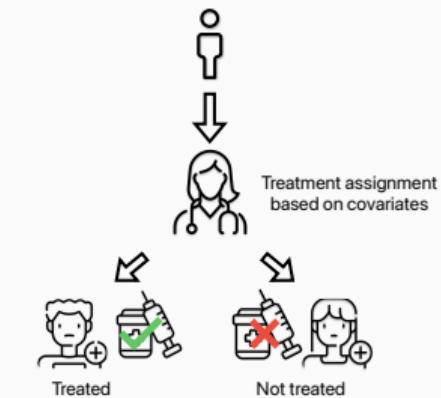
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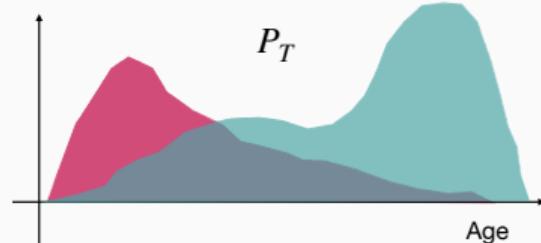
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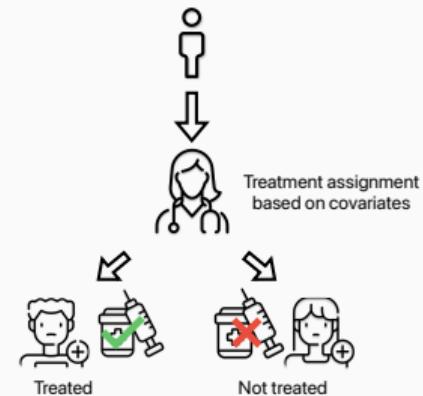
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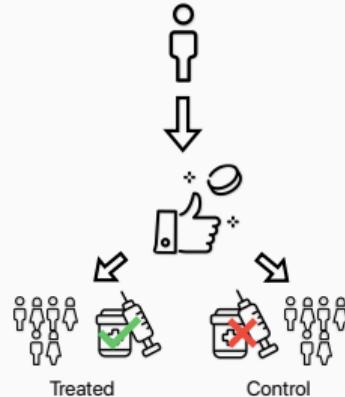
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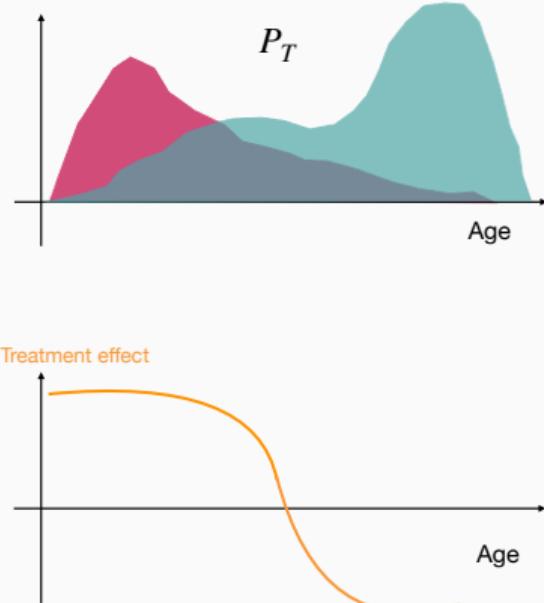
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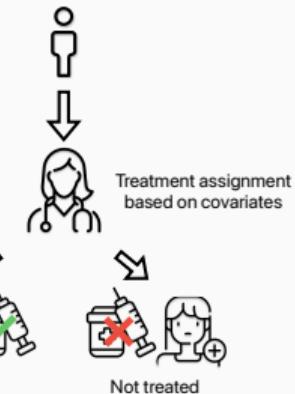


- + direct causal association
- selective population, small sample, not always feasible



$$p_S(x) \neq p_T(x) \Rightarrow \underbrace{\text{ATE in the RCT}}_{>0} \neq \underbrace{\text{Target ATE}}_{<0}$$

## Observational Data:



- + abundant, representative population
- confounding factors

## Problem setting: Generalization from one RCT to a Target pop.

Goal: estimate the treatment effect on the target population.

Source	Obs.	Covariates			Treatment	Outcomes	Potential Outcomes	
		$X^1$	$X^2$	$X^3$			$Y^{(1)}$	$Y^{(0)}$
0	1	37	2.0	F	0	1.7	??	1.7
⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮
0	$m$	52	1.7	M	1	2.4	??	??

IPW, G-formula, AIPW under  $Y(1), Y(0) \perp A | X \implies$  Strong assumption !

## Problem setting: Generalization from one RCT to a Target pop.

**Generalization:** estimate the treatment effect on the target population using the RCT

Source	Obs.	Covariates			Treatment	Outcomes	Potential Outcomes	
$s$	$i$	$X^1$	$X^2$	$X^3$	$A$	$Y$	$Y^{(1)}$	$Y^{(0)}$
1	1	23	1.5	M	1	3.2	3.2	??
	:	:	:	:	:	:	:	:
	$n$	17	2.9	M	0	1.5	??	1.5
0	1	37	2.0	F	??	??	??	??
	:	:	:	:	:	:	:	:
	$m$	52	1.7	M	??	??	??	??

Note that here we do not need the treatment and the outcome in the target population.

# The age-old question of how to report treatment effects

$\tau_{RR} = \frac{\mathbb{E}[Y^{(1)}]}{\mathbb{E}[Y^{(0)}]}$ <small>Count the dead</small>	$\tau_{SR} = \frac{1 - \mathbb{E}[Y^{(1)}]}{1 - \mathbb{E}[Y^{(0)}]}$ <small>Count the Living</small>
$\tau_{RD} = \mathbb{E}[Y^{(1)}] - \mathbb{E}[Y^{(0)}]$ <small>Risk Difference</small>	$\tau_{NNT} = \tau_{RD}^{-1}$ <small>Number Needed to Treat</small>
$\tau_{OR} = \frac{\mathbb{E}[Y^{(1)}]}{1 - \mathbb{E}[Y^{(1)}]} \left( \frac{\mathbb{E}[Y^{(0)}]}{1 - \mathbb{E}[Y^{(0)}]} \right)^{-1}$ <small>Odds Ratio</small>	

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Risk Ratio, odds ratio, risk difference...  
Which causal measure is easier to generalize?

Bénédicte Colnet	Julie Josse	Gaël Varoquaux	Erwan Scornet
Measure	Dir. collapsible	Collapsible	Logic-respecting
RD	Yes	Yes	Yes
NNT	No	No	Yes
RR	No	Yes	Yes
SR	No	Yes	Yes
OR	No	No	No

e.g. Huitfeldt et al., 2021; Lapointe-Shaw et al., 2022; Liu et al., 2022; Colnet, et al. J.J. 2022;  
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- CONSORT guidelines recommend to report all of them •

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Existing studies have generalized the RD but not other causal measures. Here, we propose

A Unified Framework for the Transportability of Population-Level Causal Measures

## First moment population-level measure

- $\tau^P$  a 1st moment population-level<sup>1</sup> measure if  $\exists \Phi : D_\Phi \rightarrow \mathbb{R}$ ,  $D_\Phi \subset \mathbb{R}^2$

$$\tau_\Phi^P = \Phi(\mathbb{E}_P[Y(1)], \mathbb{E}_P[Y(0)])$$

Note that a 1st moment population-level measure depends on a population  $P$ :  $\tau_\Phi^S \neq \tau_\Phi^T$

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<sup>1</sup>Fay & Li. (2024). Causal interpretation of the hazard ratio in RCTs. *Clinical Trials*.

<sup>2</sup>Even, J.J. (2025). Rethinking the win ratio: causal framework for hierarchical outcome Analysis.

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Measure	Effect Measure	Domain $D_\Phi$
Risk Difference (RD)	$\Phi(x, y) = x - y$	$\mathbb{R}^2$
Risk Ratio (RR)	$\Phi(x, y) = \frac{x}{y}$	$\mathbb{R} \times \mathbb{R}^*$
Odds Ratio (OR)	$\Phi(x, y) = \frac{x}{1-x} \cdot \frac{1-y}{y}$	$\mathbb{R}/\{1\} \times \mathbb{R}^*$
NNT	$\Phi(x, y) = \frac{1}{x-y}$	$\{(x, y) \in \mathbb{R}^2   x - y \neq 0\}$

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- In contrast an individual-level measure depends on the joint distribution. Most are non identifiable but workarounds exist<sup>2</sup>. Ex:  $\mathbb{E}\left[\frac{Y_i(1)}{Y_i(0)}\right] \neq \frac{\mathbb{E}[Y_i(1)]}{\mathbb{E}[Y_i(0)]}$  or  $\mathbb{P}[Y(1) > Y(0)]$

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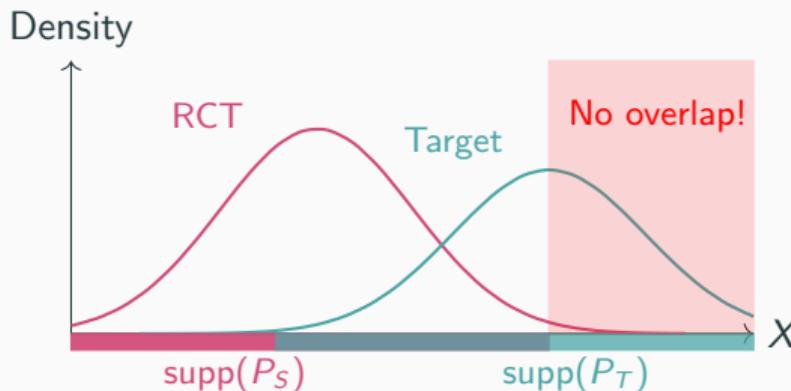
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# Assumptions for ATE identifiability in generalization

## Overlap

$\forall x \in \mathbb{X}, p_S(x) > 0$  and

$$\text{supp}(P_T(X)) \subset \text{supp}(P_S(X))$$



*Intuition: Every covariate profile in the target population must be represented in the RCT. We cannot generalize on people not represented in S*

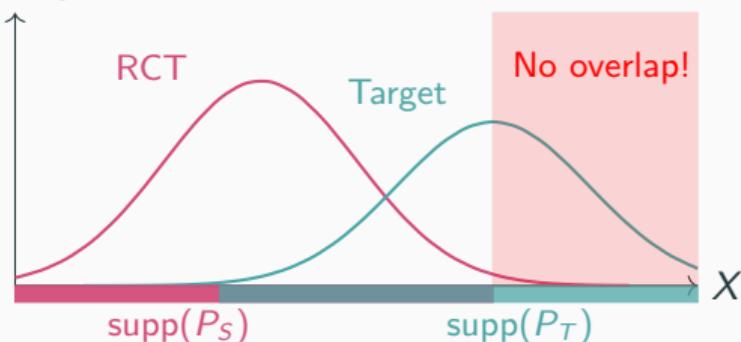
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Density



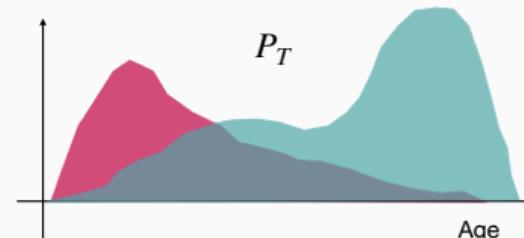
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## Exchangeability in mean

$\forall a \in \{0, 1\},$

$$\mathbb{E}_S[Y(a) | X] = \mathbb{E}_T[Y(a) | X]$$

In general  $\mathbb{E}_S[Y(a)] \neq \mathbb{E}_T[Y(a)]$  since:



- what about:  $\mathbb{E}_S[Y(a)|age] = \mathbb{E}_T[Y(a)|age]$  ?
- what if we have  $p_S(\text{weight}) \neq p_T(\text{weight})$  ?

*Intuition:*  $X$  must contain all **shifted** and **prognostic** covariates.

# Reweighting the RCT: reweight Horvitz-Thomson

## Reweighted Horvitz-Thomson

$$\hat{\tau}_{\Phi, \text{wHT}} = \Phi \left( \frac{1}{n} \sum_{S_i=1} \hat{r}(X_i) \frac{A_i Y_i}{\pi}, \frac{1}{n} \sum_{S_i=1} \hat{r}(X_i) \frac{(1 - A_i) Y_i}{1 - \pi} \right)$$

Estimate the **ratio of densities** with a logistic regression

$$r(X) := \frac{p_{\textcolor{teal}{T}}(X)}{p_{\textcolor{red}{S}}(X)} = \frac{\mathbb{P}(X = x | S = 0)}{\mathbb{P}(X = x | S = 1)}$$

$$\stackrel{\text{Bayes}}{=} \frac{\mathbb{P}(S = 1) \mathbb{P}(S = 0 | X = x)}{\mathbb{P}(S = 0) \mathbb{P}(S = 1 | X = x)}$$

$$\frac{\mathbb{P}(S = 0 | X = x)}{\mathbb{P}(S = 1 | X = x)} = \exp(x^\top \beta)$$



# Transport the RCT: G-formula

Fit models on RCT data

$$\hat{\mu}_a^S(X) = \mathbb{E}_S[Y|A = a, X]$$

Predict on the target data

$$Y(a) = \hat{\mu}_a^S(X) \text{ where } X \sim P_T(X)$$

Average over the target

$$\hat{\tau}_{\Phi,tG} = \Phi\left(\frac{1}{m} \sum_i \hat{\mu}_1^S(X_i), \frac{1}{m} \sum_i \hat{\mu}_0^S(X_i)\right)$$

**Transported G-formula**

$$\hat{\tau}_{\Phi,tG} = \Phi\left(\frac{1}{m} \sum_{S_i=0} \hat{\mu}_{(1)}^S(X_i), \frac{1}{m} \sum_{S_i=0} \hat{\mu}_{(0)}^S(X_i)\right)$$

$X^1$	$X^2$	$X^3$	$Y^{(1)}$	$Y^{(0)}$
37	2.0	F	$\hat{\mu}_0^S(X_1)$	$\hat{\mu}_1^S(X_1)$
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## Transported G-formula

$$\hat{\tau}_{\Phi,tG} = \Phi\left(\frac{1}{m} \sum_{S_i=0} \hat{\mu}_{(1)}^S(X_i), \frac{1}{m} \sum_{S_i=0} \hat{\mu}_{(0)}^S(X_i)\right)$$

We use data from the RCT to train  $\hat{\mu}_{(1)}$  and  $\hat{\mu}_{(0)}$  using

- Linear Regressions
- Random Forests

## Proposition

Under a logistic  $S|X$  and linear  $Y(a)|X$  model for respectively the source and the outcome we have,

$$V_{\Phi,tG}^{\text{OLS}} \leq V_{\Phi,\text{HT}},$$

# Doubly robust estimator

## Estimated equation estimator

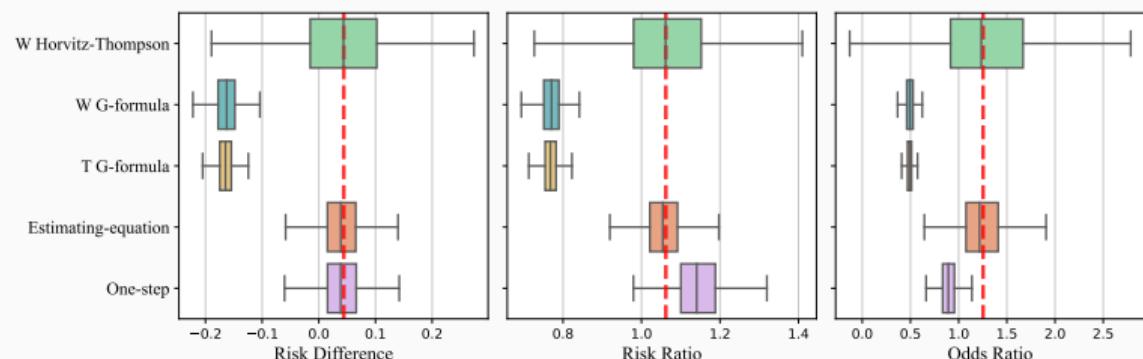
Given estimators  $\hat{\mu}_{(a)}$  (resp.  $\hat{r}$ ) of  $\mu_{(a)}$  (resp.  $r$ ), an estimating equation estimator  $\hat{\tau}_\Phi^{\text{EE}}$  of  $\tau_\Phi$  is given by  $\hat{\tau}_\Phi^{\text{EE}} = \Phi(\hat{\psi}_1^{\text{EE}}, \hat{\psi}_0^{\text{EE}})$  where for all  $a \in \{0, 1\}$

$$\hat{\psi}_a^{\text{EE}} := \frac{1}{m} \sum_{S_i=0} \hat{\mu}_{(a)}(X_i) + \frac{1}{n} \sum_{S_i=1} \frac{1\{A=a\}}{\mathbb{P}(A=a)} \hat{r}(X_i)(Y - \hat{\mu}_{(a)}(X_i))$$

**Doubly Robust:** The estimator  $\hat{\tau}_\Phi^{\text{EE}}$  is consistent as soon as either  $\hat{\mu}_{(a)} = \mu$  or  $\hat{r} = r$ .

Robust to miss-specification :

- Logistic model on  $S|X$
- Non-linear model on  $Y(a)|X$



# Doubly robust estimator

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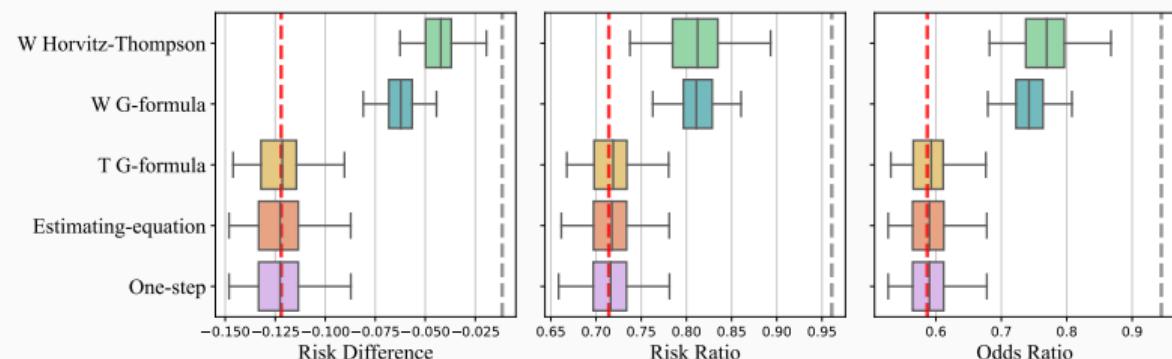
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Robust to miss-specification :

- Non-Logistic model on  $S|X$
- Linear model on  $Y(a)|X$



# Relaxing exchangeability in mean

## Exchangeability in mean

$\forall a \in \{0, 1\}$ ,

$$\mathbb{E}_S[Y(a) | X] = \mathbb{E}_T[Y(a) | X]$$

$X$  contains *shifted prognostic* variables

## Exchangeability in effect measure

For a given  $\phi$ , we have

$$\tau_\phi^R(x_c) = \tau_\phi^T(x_c)$$

$X_c$  contains all *shifted* effect modifiers.  $X_c \subseteq X$

If  $Y^{(0)}$  is known in the target population, then the target treatment effect (for a given  $\Phi$ ) is **identifiable**:

$$\tau_\phi^T = \Phi \left( \mathbb{E}_T \left[ \Gamma \left( \tau_\phi^S(X_c), \mu_{(0)}^T(X_c) \right) \right], \mathbb{E}_T \left[ Y^{(0)} \right] \right)$$

where  $\Gamma$  is the inverse of  $\psi_1 \mapsto \Phi(\psi_1, \psi_0)$ . It leads naturally to:

- Weighted estimators
- Regression-based estimators
- **Doubly robust** estimators combining both approaches

## Estimate the treatment effect on the Target pop.

	Observational studies	Gen with Conditional Outcome	Gen with Local effects
Ass.	$Y(1), Y(0) \perp A   X$	$\mathbb{E}_R[Y(a)   X] = \mathbb{E}_T[Y(a)   X]$	$\tau_\Phi^R(x) = \tau_\Phi^T(x)$
Var.	confounding variables	shifted prognostic covariates	shifted effect modifiers $Y(0)$ in the target population
Meas.	RD, RR <sup>3</sup> but can be extended	RD, RR, NNT, OR, SR, ...	only $\Phi$

<sup>3</sup>Boughdiri, J.J., Scornet. Estimating Risk Ratios in Causal Inference. ICML2025

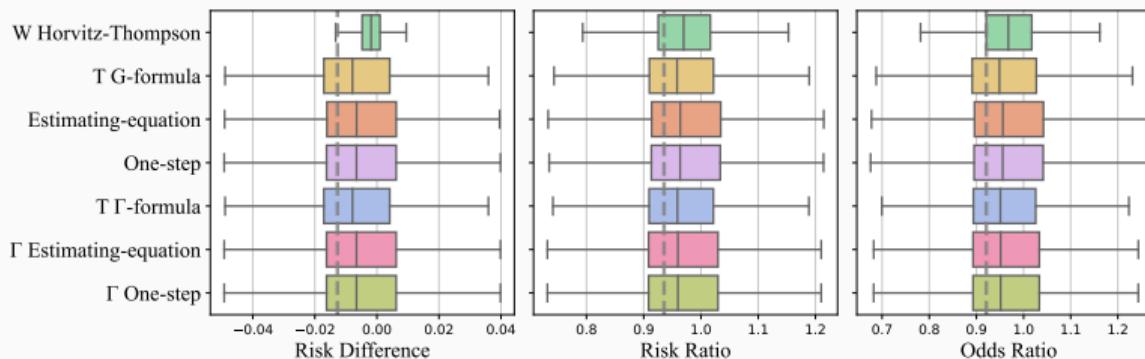
# Generalizing CRASH-3 findings to the Traumabase population

## CRASH-3 trial (Mostly Pakistan)

- Randomized trial ( $n \approx 9,000$ )
- Patients with TBI, GCS  $\leq 12$ , within 3h
- Treatment: Tranexamic Acid (TXA)
- Outcome: Head injury-related death at 28 days

## Traumabase cohort (France)

- Observational registry ( $m \approx 8,200$ )
- Selected CRASH-3-eligible patients
- Treatment: Tranexamic Acid (TXA)
- Deleterious/No evidence



<sup>3</sup>Colnet, J.J et al (2023). *Causal inference methods for combining randomized trials and observational studies: a review.*

# Conclusion & Perspectives

- Identification relies on:
  - Exchangeability in mean/effect measure:  $\mathbb{E}_S[Y(a) | X] = \mathbb{E}_T[Y(a) | X]$  or  $\tau_\Phi^S(x) = \tau_\Phi^T(x)$
  - Overlap:  $\text{supp}(P_T(X)) \subseteq \text{supp}(P_S(X))$

## What we did:

- Generalized RD, RR and OR under Overlap and Exchangeability.
- Build and studied weighted, regression and **doubly robust** estimators.
- Applied this to **transported** the effect of TXA using **CRASH-3** and **Traumabase**.

## Perspectives:

- Relaxing **overlap**.
- Build a R and Python package.
- Meta-analysis [Berenfeld et al., 2025]



**Thank you!**

## References i

[Berenfeld et al., 2025] Berenfeld, C., Boughdiri, A., Colnet, B., van Amsterdam, W. A., Bellet, A., Khellaf, R., Scornet, E., and Josse, J. (2025).

**Causal meta-analysis: Rethinking the foundations of evidence-based medicine.**

*arXiv preprint arXiv:2505.20168.*