Observational Studies Versus RCTs

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Introduction

These simulations illustrate the effect of selection bias on the estimates of treatment effect compared to randomized controlled trials. A common goal in medical research is to determine whether one treatment is better than another. Such inference is challenging with observational data because of something called (treatment) selection bias. Selection bias is a process whereby certain patient characteristics are responsible for the choice os treatment a physician makes for a patient. However, these same characteristics are also related to subsequent outcomes.

For example, it could be the case that *sicker* patients are mare likely to get one treatment however these patients are also less likely to *recover*. In a randomized trial, treatment choice is randomly assigned, thereby removing the selection bias present in the observational setting.

The simulations that follow illustrate the impact that selection bias can have on the estimation of a treatment effect and how randomization solves the issue. The selection bias for all simulations will be set up as follows: rx will be a binary treatment variable (1 for treatment and 0 for control) and x will be a variable associated with outcome and treatment selection (selection bias or confounder in epidemiology language).

$$X_i \sim Ber(0.5)$$

$$\mathtt{RX}_i \sim \left\{ \begin{array}{l} \mathrm{Ber}(0.8), \mathtt{x} = 0 \\ \mathrm{Ber}(0.2), \mathtt{x} = 1 \end{array} \right.$$

Finally, for the RCT, the treatment variable will be rx1 and will be generated as $RX1_i \sim Ber(0.5)$.

For all simulations, the response will be continuous with larger values corresponding to better outcomes and the variable x will be assoiciated with worse response when present (i.e. equal to 1).

Simulation 1

Assume no treatment effect. In otherwords, the true model is:

$$y_i = 50 + 0 \times \mathtt{rx}_i - 10\mathtt{x}_i + \varepsilon_i, \varepsilon_i \sim N(0, 15^2)$$

```
set.seed(123654)

x <- rbinom(500, 1, 0.5)

rx <- sapply(x, function(x) if (x==0) rbinom(1,1,0.8) else rbinom(1,1,0.2))

eps <- rnorm(500,0,15)

y <- 50 - 10*x + eps

rx1 <- rbinom(500, 1, 0.5) # RCT</pre>
```

Notice that, despite the dependence on x, the treatment group is quite balanced.

```
table(rx)
## rx
##
    0
         1
## 241 259
First, I present the unadjusted analysis for the treatment effect.
summary(lm(y~rx))
##
## Call:
## lm(formula = y ~ rx)
##
## Residuals:
##
                1Q Median
                                3Q
                                       Max
## -45.731 -10.205 -1.081 10.913 44.731
##
## Coefficients:
               Estimate Std. Error t value Pr(>|t|)
##
                            0.9721 43.453 < 2e-16 ***
## (Intercept) 42.2413
                 7.1273
                            1.3507
                                     5.277 1.97e-07 ***
## rx
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
##
## Residual standard error: 15.09 on 498 degrees of freedom
## Multiple R-squared: 0.05295,
                                    Adjusted R-squared: 0.05105
## F-statistic: 27.84 on 1 and 498 DF, p-value: 1.965e-07
confint(lm(y~rx))
```

2.5 % 97.5 % ## (Intercept) 40.331357 44.151276 ## rx 4.473581 9.781073

From this analysis, the inference obtained is that the treatment is strongly associated with an improvement in outcome. This is clearly the wrong inference.

Now, consider the analysis in which the selection feature is adjusted for.

summary(lm(y~rx+x))

```
##
## Call:
## lm(formula = y \sim rx + x)
##
## Residuals:
##
      Min
                1Q Median
                                3Q
                                       Max
## -47.636 -9.122 -0.551 10.042
                                    42.826
##
## Coefficients:
##
               Estimate Std. Error t value Pr(>|t|)
## (Intercept)
                 50.184
                             1.627
                                     30.84 < 2e-16 ***
## rx
                  1.089
                             1.651
                                      0.66
                                               0.51
## x
                 -9.868
                             1.650
                                     -5.98 4.27e-09 ***
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
```

In this analysis, we would not infer a treatment effect and we see the effect of the selection feature is close to a reduction of 10 (the true relationship). To understand what is going on, observe:

```
xtabs(~x+rx)
```

```
## rx
## x 0 1
## 0 47 209
## 1 194 50
```

Adjusted

summary(lm(y~rx1+x))

We have $\mathbf{x} = 1$ is associated with worse outcome but also most of the most of the control patients have $\mathbf{x} = 1$ or conversely, most of the treatment subjects correspond to $\mathbf{x} = 0$ which have a better outcome.

Finally, consider the unadjusted and adjusted analyses of these data using the randomly assigned treatment (rx1).

```
# Unadjusted
summary(lm(y~rx1))
##
## Call:
## lm(formula = y \sim rx1)
##
## Residuals:
##
       Min
                1Q Median
                                3Q
                                       Max
##
  -41.974 -10.528
                   -0.859
                           10.908
                                    47.852
##
## Coefficients:
               Estimate Std. Error t value Pr(>|t|)
##
## (Intercept) 45.6117
                            0.9865
                                    46.235
                                             <2e-16 ***
                 0.6354
                                     0.458
                                              0.647
                            1.3868
## rx1
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
##
## Residual standard error: 15.5 on 498 degrees of freedom
## Multiple R-squared: 0.0004214, Adjusted R-squared:
## F-statistic: 0.2099 on 1 and 498 DF, p-value: 0.647
confint(lm(y~rx1))
##
                   2.5 %
                            97.5 %
## (Intercept) 43.673502 47.549976
## rx1
               -2.089341 3.360222
```

```
##
## Call:
## lm(formula = y \sim rx1 + x)
##
## Residuals:
##
      Min
                1Q Median
                                3Q
                                       Max
  -47.257 -9.187 -0.363 10.203 42.860
##
## Coefficients:
##
              Estimate Std. Error t value Pr(>|t|)
## (Intercept) 50.8950
                            1.1370
                                   44.764 < 2e-16 ***
                 0.3438
                            1.3061
                                     0.263
                                              0.793
## rx1
## x
               -10.5240
                            1.3064 -8.056 5.9e-15 ***
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
##
## Residual standard error: 14.6 on 497 degrees of freedom
## Multiple R-squared: 0.1159, Adjusted R-squared: 0.1123
## F-statistic: 32.57 on 2 and 497 DF, p-value: 5.126e-14
confint(lm(y~rx1+x))
                    2.5 %
                             97.5 %
               48.661197 53.128860
## (Intercept)
                -2.222426 2.909943
## rx1
               -13.090710 -7.957232
## x
```

These two analyses are now consistent and lead to the correct inference.

Simulation 2

This time we suppose treatment improves outcome by 5, on average. The true model is:

$$y_i = 50 + 5\mathbf{r}\mathbf{x}_i - 10\mathbf{x}_i + \varepsilon_i, \varepsilon_i \sim N(0, 15^2)$$

```
y1 <- 50 + 5*rx - 10*x + eps # Observational
y2 <- 50 + 5*rx1 - 10*x + eps # RCT
```

First, consider the observational analyses.

```
# Unadjusted
summary(lm(y1~rx))
```

```
##
## Call:
## lm(formula = y1 \sim rx)
##
## Residuals:
##
       Min
                1Q Median
                                 ЗQ
                                        Max
## -45.731 -10.205 -1.081 10.913 44.731
##
## Coefficients:
##
               Estimate Std. Error t value Pr(>|t|)
## (Intercept) 42.2413
                             0.9721
                                    43.453
                                              <2e-16 ***
                12.1273
                             1.3507
                                      8.979
                                               <2e-16 ***
## rx
```

```
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 15.09 on 498 degrees of freedom
## Multiple R-squared: 0.1393, Adjusted R-squared: 0.1376
## F-statistic: 80.62 on 1 and 498 DF, p-value: < 2.2e-16
confint(lm(y1~rx))
##
                   2.5 %
                         97.5 %
## (Intercept) 40.331357 44.15128
## rx
                9.473581 14.78107
# Adjusted
summary(lm(y1~rx+x))
##
## Call:
## lm(formula = y1 \sim rx + x)
## Residuals:
##
      Min
                1Q Median
                                3Q
                                       Max
## -47.636 -9.122 -0.551 10.042 42.826
##
## Coefficients:
##
               Estimate Std. Error t value Pr(>|t|)
                 50.184
                             1.627 30.841 < 2e-16 ***
## (Intercept)
                                     3.689 0.00025 ***
## rx
                  6.089
                             1.651
                 -9.868
                             1.650 -5.980 4.27e-09 ***
## x
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 14.59 on 497 degrees of freedom
## Multiple R-squared: 0.1971, Adjusted R-squared: 0.1939
## F-statistic:
                   61 on 2 and 497 DF, p-value: < 2.2e-16
confint(lm(y1~rx+x))
                    2.5 %
                             97.5 %
## (Intercept) 46.987389 53.381563
                 2.845781 9.332413
## rx
               -13.109681 -6.625385
What we see here is that the unadjusted analysis grossly overestimates the treatment effect while the adjusted
analysis gets it about right.
```

Now consider the RCT analyses.

-41.974 -10.528 -0.859 10.908 47.852

```
# Unadjusted
summary(lm(y2~rx1))

##
## Call:
## lm(formula = y2 ~ rx1)
##
## Residuals:
## Min 1Q Median 3Q Max
```

```
##
## Coefficients:
##
              Estimate Std. Error t value Pr(>|t|)
## (Intercept) 45.6117
                            0.9865 46.235 < 2e-16 ***
## rx1
                 5.6354
                            1.3868
                                     4.064 5.62e-05 ***
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 15.5 on 498 degrees of freedom
## Multiple R-squared: 0.03209,
                                    Adjusted R-squared: 0.03015
## F-statistic: 16.51 on 1 and 498 DF, p-value: 5.616e-05
confint(lm(y2~rx1))
##
                   2.5 %
                            97.5 %
## (Intercept) 43.673502 47.549976
## rx1
                2.910659 8.360222
# Adjusted
summary(lm(y2~rx1+x))
## Call:
## lm(formula = y2 \sim rx1 + x)
##
## Residuals:
##
      Min
                1Q Median
                                3Q
                                       Max
## -47.257 -9.187 -0.363 10.203 42.860
##
## Coefficients:
##
              Estimate Std. Error t value Pr(>|t|)
                50.895
                            1.137 44.764 < 2e-16 ***
## (Intercept)
                 5.344
                                     4.091 5.0e-05 ***
## rx1
                             1.306
## x
                -10.524
                             1.306 -8.056 5.9e-15 ***
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 14.6 on 497 degrees of freedom
## Multiple R-squared: 0.1439, Adjusted R-squared: 0.1404
## F-statistic: 41.76 on 2 and 497 DF, p-value: < 2.2e-16
confint(lm(y2~rx1+x))
                    2.5 %
                             97.5 %
## (Intercept) 48.661197 53.128860
## rx1
                 2.777574 7.909943
               -13.090710 -7.957232
## x
```

Again, both analyses are consistent and correct.

Simulation 3

Finally, suppose rx actually worsens response by 5 on average. The true model is:

$$y_i = 50 - 5\mathbf{r}\mathbf{x}_i - 10\mathbf{x}_i + \varepsilon_i, \varepsilon_i \sim N(0, 15^2)$$

```
y3 <- 50 - 5*rx - 10*x + eps # Observational
y4 <- 50 - 5*rx1 - 10*x + eps # RCT
Again, start with the observational analysis.
# Unadjusted
summary(lm(y3~rx))
## Call:
## lm(formula = y3 ~ rx)
## Residuals:
##
      Min
               1Q Median
                               3Q
## -45.731 -10.205 -1.081 10.913 44.731
## Coefficients:
              Estimate Std. Error t value Pr(>|t|)
                           0.9721 43.453
## (Intercept) 42.2413
                                            <2e-16 ***
                           1.3507
                                   1.575
                                             0.116
## rx
                2.1273
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 15.09 on 498 degrees of freedom
## Multiple R-squared: 0.004956, Adjusted R-squared:
## F-statistic: 2.481 on 1 and 498 DF, p-value: 0.1159
confint(lm(y3~rx))
                   2.5 %
                            97.5 %
## (Intercept) 40.3313566 44.151276
## rx
              -0.5264192 4.781073
# Adjusted
summary(lm(y3~rx+x))
##
## Call:
## lm(formula = y3 ~ rx + x)
##
## Residuals:
##
      Min
               1Q Median
                               3Q
## -47.636 -9.122 -0.551 10.042 42.826
##
## Coefficients:
              Estimate Std. Error t value Pr(>|t|)
## (Intercept)
                50.184
                            1.627 30.841 < 2e-16 ***
## rx
                -3.911
                            1.651 -2.369 0.0182 *
                -9.868
                            1.650 -5.980 4.27e-09 ***
## x
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 14.59 on 497 degrees of freedom
## Multiple R-squared: 0.07174,
                                   Adjusted R-squared: 0.06801
```

F-statistic: 19.21 on 2 and 497 DF, p-value: 9.242e-09

```
confint(lm(y3~rx+x))
##
                    2.5 %
                              97.5 %
                46.987389 53.3815627
## (Intercept)
## rx
                -7.154219 -0.6675871
## x
               -13.109681 -6.6253852
Again we see the unadjusted analysis gets it completely wrong while the adjusted analysis gets it right.
Finally, we have the RCT analysis.
# Unadjusted
summary(lm(y4~rx1))
##
## Call:
## lm(formula = y4 \sim rx1)
## Residuals:
##
       Min
                10 Median
                                3Q
                                       Max
## -41.974 -10.528 -0.859 10.908 47.852
##
## Coefficients:
##
               Estimate Std. Error t value Pr(>|t|)
                            0.9865 46.235 < 2e-16 ***
## (Intercept) 45.6117
## rx1
                -4.3646
                            1.3868 -3.147 0.00175 **
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 15.5 on 498 degrees of freedom
## Multiple R-squared: 0.0195, Adjusted R-squared: 0.01753
## F-statistic: 9.904 on 1 and 498 DF, p-value: 0.001748
confint(lm(y4~rx1))
##
                   2.5 %
                            97.5 %
## (Intercept) 43.673502 47.549976
               -7.089341 -1.639778
## rx1
# Adjusted
summary(lm(y4~rx1+x))
## Call:
## lm(formula = y4 \sim rx1 + x)
##
## Residuals:
##
       Min
                1Q Median
                                3Q
                                       Max
## -47.257 -9.187 -0.363 10.203 42.860
##
## Coefficients:
               Estimate Std. Error t value Pr(>|t|)
## (Intercept)
                50.895
                             1.137 44.764 < 2e-16 ***
## rx1
                 -4.656
                             1.306 -3.565 0.000399 ***
## x
                             1.306 -8.056 5.9e-15 ***
                -10.524
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
```

As with the other simulations, both the unadjusted and adjusted analyses get the right answer.

Implications

You may still be wondering by bother with RCTs when all you need to do is adjust for the variable responsible for treatment selection bias. If reality were that simple, we could. The problem is that there are always multiple factors at work that inluence the choice of treatment physicians make for their patients. Moreover, we cannot actually measure all of them. That means that in practice we cannot adjust for the treatment selection bias.

On the other hand, what we have seen is that the RCT removes selection bias and that we do not need to adjust for it in order to obtain correct results, subject to the usual statistical errors.