Meta-Analysis with R

Wolfgang Viechtbauer Evidence Synthesis & Meta-Analysis in R Conference February 21, 2022

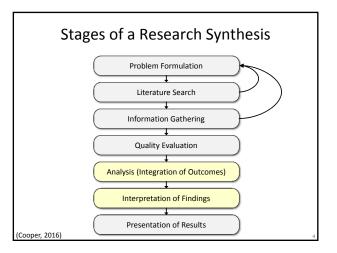
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Systematic Reviews

- research synthesis as a scientific process
- based on replicable and systematic methods that are meant to "limit bias in the assembly, critical appraisal, and synthesis of all relevant studies on a specific topic" (Last, 2001)
- · methods should be made explicit
- synthesis part can make use of qualitative or quantitative methods
- for some history, see Chalmers et al. (2002)

Meta-Analysis

- a set of statistical methods and techniques for aggregating, summarizing, and drawing inferences from collections of related studies
- key idea: quantify the size, direction, and/or strength of the effect or association in each study and use this as primary data in further analyses



Analysis and Interpretation

- what is the overall (average) size and direction of the effect or association?
- · is the effect or association constant?
- if it varies across studies, by how much?
- does the effect or association depend on the characteristics of the studies?

Outcome Measures for Meta-Analysis

- a measure that quantifies the phenomenon of interest so that it is comparable across studies
- some commonly used outcome measures:
 - · raw or standardized mean differences
 - risk differences, log risk ratios, log odds ratios
 - raw or r-to-z transformed correlation coefficients
 - raw means, proportions, Cronbach's alpha values
 - regression coefficients, (semi)partial correlations
 - standard deviations, coefficients of variation
 - ..

Terminology

- 'effect size' seems a bit strange for measures that reflect the association between variables or some property of individual groups
- effect size # standardized mean difference (or any kind of standardized measure in general) (e.g., the raw mean difference is an effect size measure, a regression coefficient is an effect size measure, ...)

Observed vs. True Outcomes

- y_i = observed outcome in the ith study
- θ_i = true outcome in the *i*th study
- assumption: $E[y_i] = \theta_i$ (i.e., unbiasedness)
- bias adjustments may be necessary:
 - · standardized mean difference (Hedges, 1981)
 - log risk/odds ratio (Haldane, Anscombe, Gart, ...)
 - correlation coefficient (Olkin & Pratt, 1958)
 - ...

Sampling Distribution / Variance

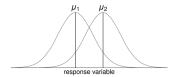
- theoretical distribution of the outcome measure that would arise if one were to repeat a study (repeatedly sample) under identical circumstances (with constant θ_i)
- sampling variance: the variance of the values in a sampling distribution
- standard error: the square root of the sampling variance (i.e., the standard deviation of the values in a sampling distribution)

Assumptions

- · normal sampling distribution
 - often only true asymptotically
- · known sampling variance
 - often based on an asymptotic approximation
 - often we need to substitute observed values into the equation, so we really only get an estimate

Two Groups + Quantitative Variable

- subjects in two groups are measured on some quantitative response variable within a study
- assume that the response variable is normally distributed with variance σ^2 and that:
 - the true mean in group 1 is μ_1
 - the true mean in group 2 is μ_2



Standardized Mean Difference

• standardized mean difference (Cohen's d):

$$d = \frac{\bar{x}_1 - \bar{x}_2}{SD_p} \ \ \text{is an estimate of} \ \ \theta = \frac{\mu_1 - \mu_2}{\sigma}$$

• bias correction:

$$y pprox \left[1 - rac{3}{4(n_1 + n_2) - 9}
ight] d$$
 (also known as Hedges' g)

· asymptotic sampling variance:

$$v = \frac{1}{n_1} + \frac{1}{n_2} + \frac{\theta^2}{2(n_1 + n_2)}$$

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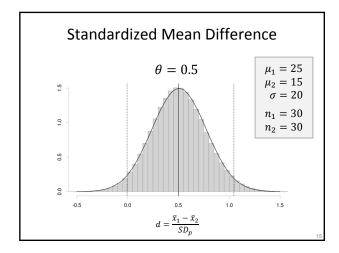
• bias correction:

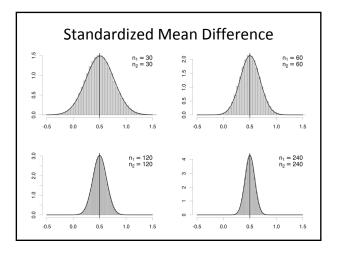
$$y pprox \left[1 - rac{3}{4(n_1 + n_2) - 9}
ight] d$$
 (also known as Hedges' g

• estimated sampling variance:

$$v = \frac{1}{n_1} + \frac{1}{n_2} + \frac{y^2}{2(n_1 + n_2)}$$

	E	Example		
	Sample Size	Mean (SD) Depression Score	Std. Mean Difference	Sampling Variance
Treatment	70	34.5 (14.62)	0.50	0.030
Study 1 Control	70	42.8 (15.04)	-0.56	0.030
Treatment	43	4.4 (1.77)		
Control	42	5.3 (2.04)	-0.47	0.048
	Control Treatment	Sample Size Treatment 70 Control 70 Treatment 43	Treatment 70 34.5 (14.62) Control 70 42.8 (15.04) Treatment 43 4.4 (1.77)	Sample Mean (SD) Std. Mean





Interpretation of SMDs

- often cited: 0.2/0.5/0.8 = small/medium/large
- better: relate SMD value back to a familiar scale with known standard deviation
- example: cognitive functions in children have been found to be negatively affected by lead exposure (d = -0.20)
- SD of IQ scores ≈ 15
- hence, this implies a $-0.20 \times 15 = -3$ point difference in IQ scores (on average)

Two Groups + Dichotomous Variable

- subjects in two groups are measured on some dichotomous response variable (with categories out1 and out2) in a study
- let out1 be the 'outcome of interest'
- assume that:
 - the true probability of out1 in group 1 is π_1
 - the true probability of out1 in group 2 is π_2

Two Groups + Dichotomous Variable

		out1	out2
Table of True Probabilities	grp1	π_1	$1-\pi_1$
	grp2	π_2	$1-\pi_2$

		out1	out2	_	Probabilities/Risks
able with	grp1	а	b	n_1	$p_1 = a/n_1$
Counts	grp2	С	d	n_2	$p_2=c/n_2$

Observed

Log Risk Ratio

• log risk ratio (also called log relative risk):

$$y = \ln \left[rac{a/n_1}{c/n_2}
ight]$$
 is an estimate of $\theta = \ln \left[rac{\pi_1}{\pi_2}
ight]$

• bias correction:

$$y \approx \ln \left[\frac{(a+\frac{1}{2})/(n_1+1)}{(c+\frac{1}{2})/(n_2+1)} \right] \qquad \begin{array}{l} \text{(often only applied} \\ \text{when one of the } 2x \\ \text{table cells is a 0;} \\ \text{sometimes } n_1+\frac{1}{2} \end{array}$$

• asymptotic sampling variance:

$$v = \frac{1}{\pi_1 n_1} - \frac{1}{n_1} + \frac{1}{\pi_2 n_2} - \frac{1}{n_2}$$

Log Risk Ratio

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· estimated sampling variance:

$$v = \frac{1}{a + \frac{1}{2}} - \frac{1}{n_1 + 1} + \frac{1}{c + \frac{1}{2}} - \frac{1}{n_2 + 1} \leftarrow$$

Example

			Lxampic			
		Sample Size	Patients (%) with Complications	RR	In(<i>RR</i>)	Sampling Variance
Ct d 1	Treatment	52	12 (23.1%)	0.64	-0.44	0.100
Study 1	Study 1 Control	50	18 (36.0%)	0.64		
	Treatment	123	37 (30.1%)			
Study 2	Control	130	42 (32.3%)	0.93	-0.07	0.035

Expressing RRs in Words

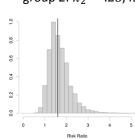
- first study: RR = 0.64 for complications in the treatment versus the control group
 - "The risk of complications in the treatment group is .64 times (or 64% of) the risk of complications in the control group"
 - "The risk of complications is 36% (1 .64 = .36)lower in the treatment group compared to the control group"
 - "The risk of complications is 1.56 (1/.64 \approx 1.56) times higher (= 56% higher) in the control group compared to the treatment group"

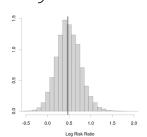
Why Use the Logarithm?

- to get a symmetrical measure:
 - study 1: $p_1 = .50$ and $p_2 = .25 \rightarrow RR = 2.0$
 - study 2: p_1 = .25 and p_2 = .50 \rightarrow RR = 0.5
 - the average of the two RR values is 1.25
 - the ln[RR] values are .6932 and -.6932
 - the average of the two ln[RR] values is 0
 - back-transformation: $e^0 = 1$
- · to get approximate normality

Why Use the Logarithm?

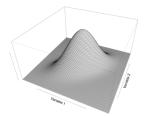
true RR = .40 / .25 = 1.6true $ln(RR) \approx 0.47$





Association of Quantitative Variables

- two quantitative variables are measured in a single group of subjects
- assume that the variables have a bivariate normal distribution with true correlation ρ



Correlation Coefficient

• Pearson product-moment correlation coefficient:

y = r is an estimate of $\theta = \rho$

bias correction:

$$y \approx r + \frac{r(1 - r^2)}{2(n - 4)}$$

(not very common

· asymptotic sampling variance:

$$v = \frac{\left(1 - \rho^2\right)^2}{n - 1}$$

Correlation Coefficient

• Pearson product-moment correlation coefficient:

y=r is an estimate of $\theta=\rho$

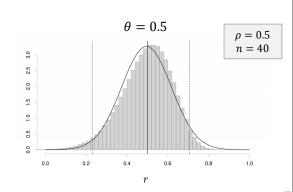
· bias correction:

$$y \approx r + \frac{r(1 - r^2)}{2(n - 4)}$$

· estimated sampling variance:

$$v = \frac{\left(1 - y^2\right)^2}{n - 1}$$





r-to-z Transformed Correlation

• Fisher's r-to-z transformed correlation coefficient:

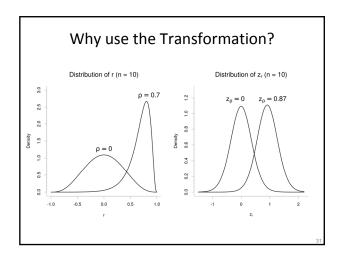
$$y=z_r=\frac{1}{2}\ln\left[\frac{1+r}{1-r}\right] \text{ is an estimate of } \theta=\frac{1}{2}\ln\left[\frac{1+\rho}{1-\rho}\right]$$

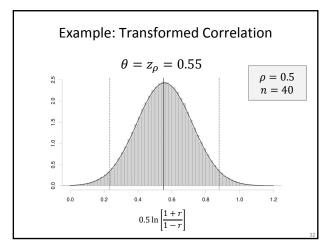
• bias correction:

$$y \approx \frac{1}{2} \ln \left[\frac{1+r}{1-r} \right] - \frac{r}{2(n-1)} \qquad \begin{array}{c} \text{(not very common} \\ \text{to apply this bias} \\ \text{correction)} \end{array}$$

• asymptotic / estimated sampling variance:

$$v = \frac{1}{n-3}$$





Literature

- Borenstein, M. (2009). Effect sizes for continuous data. In H. Cooper, L. V. Hedges, & J. C. Valentine (Eds.), The handbook of research synthesis and meta-analysis (2nd ed., pp. 221-235). New York: Russell Sage Foundation.
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- Chalmers, I., Hedges, L. V., & Cooper, H. (2002). A brief history of research synthesis. Evaluation and the Health Professions, 25(1), 12-37.
- Fleiss, J. L., & Berlin, J. A. (2009). Effect sizes for dichotomous data. In H. Cooper, L.
 V. Hedges, & J. C. Valentine (Eds.), The handbook of research synthesis and meta-analysis (2nd ed., pp. 237-253). New York: Russell Sage Foundation.
- Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). How to do a systematic review: A best practice guide for conducting and reporting narrative reviews, meta-analyses, and meta-syntheses. *Annual Review of Psychology*, 70, 747-770.

Meta-Analytic Data

- i = 1, ..., k studies
- have y_i and corresponding v_i
- · we assume:

$$y_i \mid \theta_i \sim N(\theta_i, v_i)$$

- and independence of the estimates
- approx. 95% CI for θ_i : $y_i \pm 1.96 \sqrt{v_i}$

Example: BCG Vaccine

- BCG: Bacillus Calmette-Guérin (BCG)
- BCG is a vaccine against tuberculosis (TB)
- effectiveness study: compare proportion of TB positive cases in a vaccinated and a nonvaccinated group







Albert Calmette

BCG Vaccine

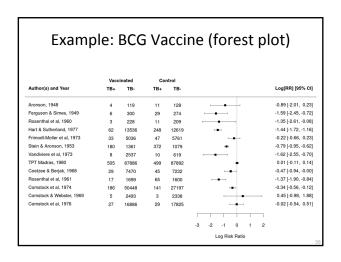
Example: BCG Vaccine

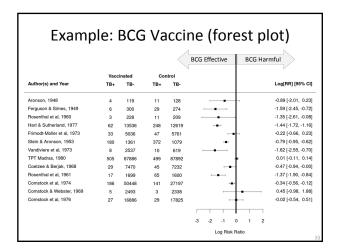
	Tuber		
	Positive		
Vaccinated	4	119	123
Not Vaccinated	11	128	139

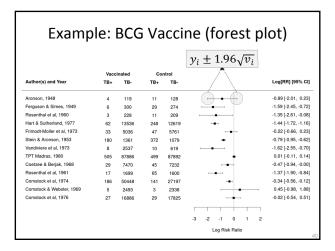
$$p_T = 4/123 = .0325$$

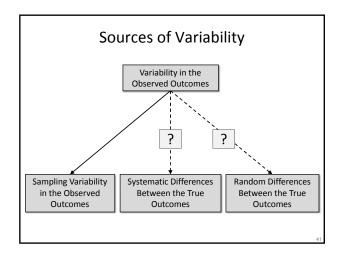
 $p_C = 11/139 = .0791$
 $p_C = 11/139 = .0791$

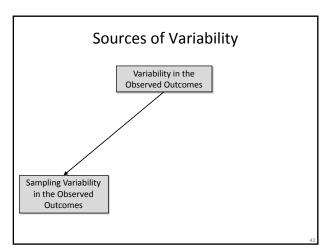
Example: BCG Vaccine							
Study	Year	RR	$y = \ln(RR)$	v	w = 1/v	Latitude	Allocation
1	1948	.41	89	.326	3.071	44	random
2	1949	.20	-1.59	.195	5.139	55	random
3	1960	.26	-1.35	.415	2.408	42	random
4	1977	.24	-1.44	.020	49.975	52	random
5	1973	.80	22	.051	19.527	13	alternate
6	1953	.46	79	.007	144.810	44	alternate
7	1973	.20	-1.62	.223	4.484	19	random
8	1980	1.01	.01	.004	252.425	13	random
9	1968	.63	47	.056	17.720	27	random
10	1961	.25	-1.37	.073	13.694	42	systematic
11	1974	.71	34	.012	80.566	18	systematic
12	1969	1.56	.45	.533	1.878	33	systematic
13	1976	.98	02	.071	14.005	33	systematic

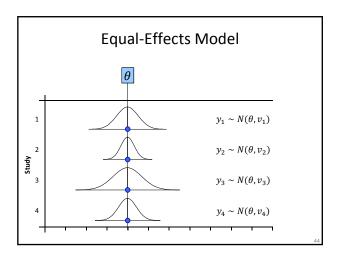


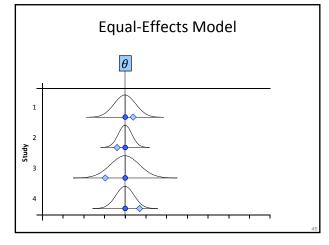


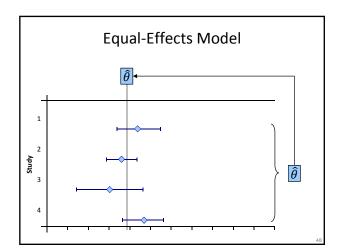


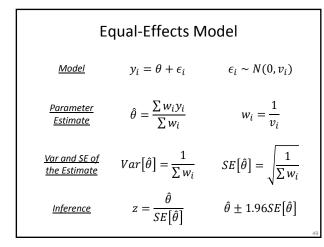












Example: BCG Vaccine

$$\hat{ heta} = -.4303$$
 (estimated log risk ratio)

 $e^{-.4303} \approx .65$

(95% CI for the

true risk ratio)

$$SE[\hat{\theta}] = .0405$$

$$z = -10.62$$

95%
$$\it CI$$
: $(-.5097, -.3509)$ $(e^{-.5097} \approx .60, e^{-.3509} \approx .70)$ (95% $\it CI$ for the true log risk ratio) (95% $\it CI$ for the true risk ratio)

•
$$\log \operatorname{risk} \operatorname{ratio} \to \operatorname{exponentiation}$$
 • $\log \operatorname{odds} \operatorname{ratio} \to \operatorname{exponentiation}$

• r-to-z transformed correlation
$$\rightarrow r = \frac{e^{2z_r}-1}{e^{2z_r}+1}$$

Reverse Transformation

• reverse the transformation when working

with a transformed effect size or outcome

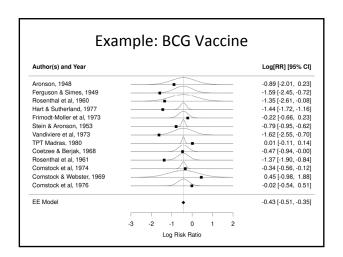
measure for easier interpretation of results

Testing for Heterogeneity

$$H_0$$
: $\theta_1 = \theta_2 = \dots = \theta_k$
 $w_i = 1/v_i$

$$Q = \sum w_i (y_i - \hat{\theta})^2$$

if the true outcomes are really homogeneous, then the Q-statistic follows a chi-square distribution with k-1 degrees of freedom



Example: BCG Vaccine

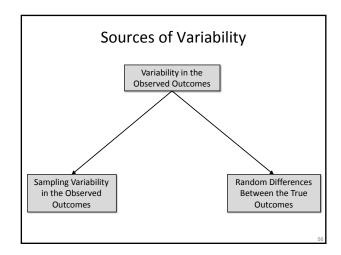
Q = 152.23

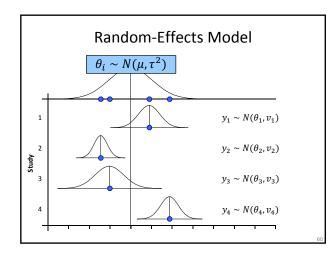
critical value (for α = .05 and df = 12): 21.03

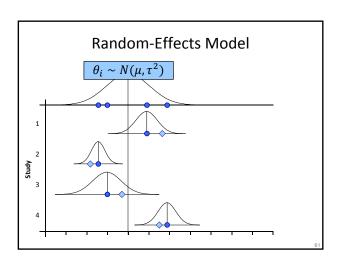
p-value: <.0001

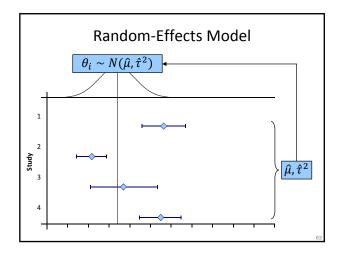
reject H_0 : $\theta_1 = \theta_2 = \cdots = \theta_{13}$

conclusion: the true outcomes are heterogeneous









Random-Effects Model
$$y_i = \frac{\theta_i}{\mu + u_i} + \epsilon_i \qquad u_i \sim N(0, \tau^2)$$

$$\frac{Parameter}{Estimate} \qquad \hat{\mu} = \frac{\sum w_i y_i}{\sum w_i} \qquad w_i = \frac{1}{\hat{\tau}^2 + v_i}$$

$$\frac{Var \ and \ SE \ of}{the \ Estimate} \qquad Var[\hat{\mu}] = \frac{1}{\sum w_i} \qquad SE[\hat{\mu}] = \sqrt{\frac{1}{\sum w_i}}$$

 $\hat{\mu} \pm 1.96SE[\hat{\mu}]$

Estimators for au^2

- DerSimonian-Laird estimator
- · Hedges estimator
- · Hunter-Schmidt estimator
- Sidik-Jonkman estimator
- · maximum likelihood estimator
- restricted maximum likelihood estimator
- empirical Bayes / Paule-Mandel estimator
- .

DerSimonian-Laird Estimator for au^2

• method of moments estimator

<u>Inference</u>

- can show $E[Q] = c\tau^2 + (k-1)$
- solve for τ^2 and then substitute Q for E[Q]

$$\hat{\tau}^2 = \frac{Q - (k-1)}{\sum w_i - \frac{\sum w_i^2}{\sum w_i}} \qquad w_i = \frac{1}{v_i}$$

• if estimate is negative, set to 0

Example: BCG Vaccine

$$\hat{\tau}^2 = \frac{Q - (k - 1)}{\sum w_i - \frac{\sum w_i^2}{\sum w_i}} = \frac{152.23 - (13 - 1)}{609.7007 - \frac{94820.58}{609.7007}} = 0.3088$$

estimated variance in the true log risk ratios

Example: BCG Vaccine

$$\hat{\mu} = -.7141$$

 $e^{-.7141} \approx .49$

(estimated average log risk ratio)

(estimated average risk ratio)

 $SE[\hat{\mu}] = .1787$

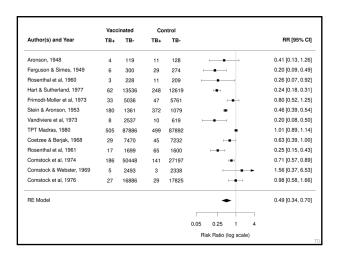
$$z = -4.00$$

95% CI: (-1.0644, -.3638) $(e^{-1.0644} \approx .34, e^{-.3638} \approx .70)$

(95% CI for the true average log risk ratio)

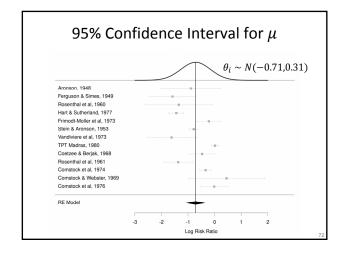
(95% CI for the true average risk ratio)

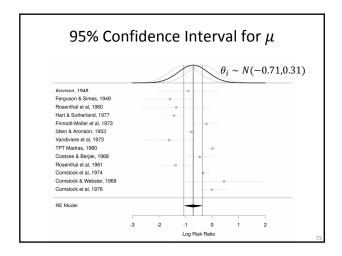
	Vacc	inated	Co	ntrol		
Author(s) and Year	TB+	TB-	TB+	ТВ-		Log[RR] [95% CI]
Aronson, 1948	4	119	11	128		-0.89 [-2.01, 0.23]
Ferguson & Simes, 1949	6	300	29	274		-1.59 [-2.45, -0.72]
Rosenthal et al, 1960	3	228	11	209		-1.35 [-2.61, -0.08]
Hart & Sutherland, 1977	62	13536	248	12619	HeH	-1.44 [-1.72, -1.16]
Frimodt-Moller et al, 1973	33	5036	47	5761	H-	-0.22 [-0.66, 0.23]
Stein & Aronson, 1953	180	1361	372	1079	-	-0.79 [-0.95, -0.62]
Vandiviere et al, 1973	8	2537	10	619		-1.62 [-2.55, -0.70]
TPT Madras, 1980	505	87886	499	87892	+	0.01 [-0.11, 0.14]
Coetzee & Berjak, 1968	29	7470	45	7232		-0.47 [-0.94, -0.00]
Rosenthal et al, 1961	17	1699	65	1600	⊢•	-1.37 [-1.90, -0.84]
Comstock et al, 1974	186	50448	141	27197	H a rt	-0.34 [-0.56, -0.12]
Comstock & Webster, 1969	5	2493	3	2338		0.45 [-0.98, 1.88]
Comstock et al, 1976	27	16886	29	17825	-	-0.02 [-0.54, 0.51]
RE Model					•	-0.71 [-1.06, -0.36]
					-3 -2 -1 0 1 2	
					Log Risk Ratio	

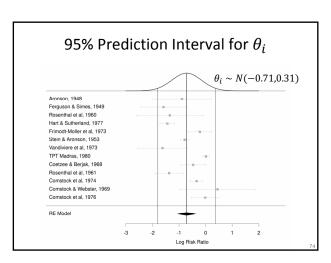


Interpreting $\hat{\mu}$ and $\hat{ au}^2$ in the RE Model

- $\hat{\mu}$ is the estimated **average** outcome (while $\hat{\theta}$ in the EE model is **the** estimated outcome)
- $\hat{\tau}^2$ estimates the **total** amount of variability (heterogeneity) among the true outcomes
- heterogeneity may be due to random or systematic differences between the θ_i 's
- $\hat{\tau}^2$ does not differentiate between sources







Prediction Interval for θ_i

• interval where approximately 95% of the true outcomes are estimated/predicted to fall:

$$\hat{\mu} \pm 1.96\sqrt{\hat{\tau}^2}$$

example:

$$-0.71 \pm 1.96\sqrt{0.31} = -1.80$$
 to 0.37

back-transformed: 0.16 to 1.45

Prediction Interval for $heta_i$

- interval ignores uncertainty in $\hat{\mu}$ (i.e., $Var[\hat{\mu}]$)
- an improved 95% interval:

$$\hat{\mu} \pm 1.96\sqrt{\hat{\tau}^2 + Var[\hat{\mu}]}$$

· example:

$$-0.71 \pm 1.96\sqrt{0.31 + 0.032} = -1.86$$
 to 0.43

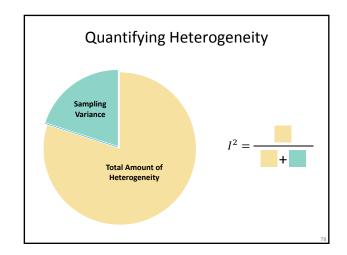
back-transformed: 0.16 to 1.54

Quantifying Heterogeneity

I² estimates (in %) how much of the total variability in the observed outcomes is due to heterogeneity among the true outcomes

$$I^2 = 100\% \times \frac{\hat{\tau}^2}{\hat{\tau}^2 + \tilde{v}} \qquad \tilde{v} = \frac{(k-1)\sum w_i}{(\sum w_i)^2 - \sum w_i^2} \quad w_i = 1/v_i$$

$$= 100\% \, \times \, \frac{Q - (k-1)}{Q} \quad \ \ \, \text{(when estimating τ^2} \\ \text{with the DL estimator)}$$



Example: BCG Vaccine

$$k = 13$$

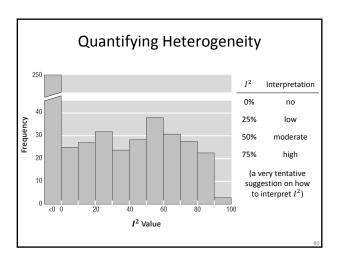
$$\hat{\tau}^2 = 0.3088$$

$$Q = 152.23$$

$$\tilde{v} = 0.0264$$

$$I^{2} = 100\% \times \frac{0.3088}{0.3088 + 0.0264}$$

$$= 100\% \times \frac{152.23 - (13 - 1)}{152.23}$$



Relative vs. Absolute Heterogeneity

- *I*² is a relative measure of heterogeneity (but is often interpreted as an absolute measure)
- if you want to know in absolute terms how much heterogeneity there is, look at the prediction interval

Literature

- Colditz, G. A., Brewer, T. F., Berkey, C. S., Wilson, M. E., Burdick, E., Fineberg, H. V., et al. (1994). Efficacy of BCG vaccine in the prevention of tuberculosis: Metaanalysis of the published literature. *Journal of the American Medical Association*, 271(9), 698-702.
- Higgins, J. P. T., Thompson, S. G., Deeks, J. J., & Altman, D. G. (2003). Measuring inconsistency in meta-analyses. *British Medical Journal*, 327(7414), 557-560.
- Normand, S. T. (1999). Meta-analysis: Formulating, evaluating, combining, and reporting. Statistics in Medicine, 18(3), 321-359.
- Riley, R. D., Higgins, J. P., & Deeks, J. J. (2011). Interpretation of random effects meta-analyses. *British Medical Journal*, 342, d549.

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Meta-Analysis Software

- meta-analysis routines not typically available in general purpose statistical software (SPSS, Stata, SAS, ...) (but there are add-ons)
- specialized software: CMA, MetaWin, ...
- · we will use R

What is R? Why use it?

- R is a software package for the manipulation, statistical analysis, and graphical display of data https://www.r-project.org
- a (statistical) programming language
- freely available under the GNU General Public License (GPL) → open-source
- cross-platform (can be used under Windows, macOS, Unix/Linux, ...)
- extremely powerful, huge/active/enthusiastic user community, 'lingua franca' of statistics

Meta-Analysis with R

- several R packages for meta-analysis exist:
 - meta (Guido Schwarzer)
 - · rmeta (Thomas Lumley)
 - metafor (Wolfgang Viechtbauer)
 - ...
- meta-analysis 'task view' on CRAN:
 https://cran.r-project.org/view=MetaAnalysis
- we will work with the metafor package:
 https://www.metafor-project.org

Meta-Analysis with R (metafor)

- install with: install.packages("metafor")
- (only need to do this once, or after reinstalling R, or to upgrade to a new package version)
- load package with: library(metafor)
- (have to do this each time you (re)start R)
- put your commands in a script file!!!
- if you are new to R, consider using RStudio
- comments start with # (use them!)

Loading External/Internal Datasets

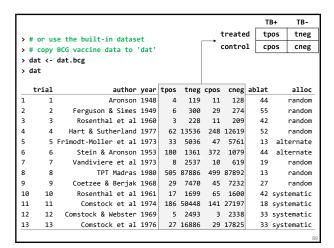
- can use external software (Excel, SPSS, etc.) for data preparation and management
- for an external dataset, first change working directory to where the script and data file are stored (Session – Set Working Directory)
- can read in external data with read.table()
 (plain text files), readxl::read_excel() (Excel files), haven::read_sav() (SPSS files), ...
- metafor also comes with a bunch of datasets we can make use of (and we mostly will!)

Loading the BCG Data

 set the working directory to where the data file is stored (RStudio: Menu Session → Set Working Directory → To Source File Location)

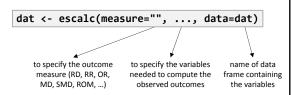
```
> # read in data from data_bcg.txt
> dat <- read.table("data_bcg.txt", header=TRUE)
> 
> # examine data
> dat
```

 header=TRUE indicates that the first row of the dataset includes the variables names

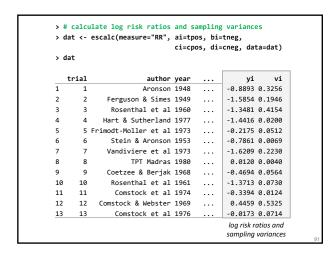


Calculate Outcome Measures

- to compute outcomes: escalc() command
- basic syntax (see help(escalc) for details):

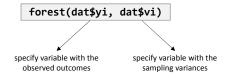


 this will add variables yi (observed outcomes) and vi (sampling variances) to the dataset

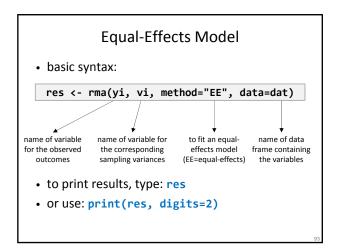


Drawing Forest Plots

- to draw forest plots: forest() command
- basic syntax:



 the look of the plot can be heavily customized (see help(forest.default) for details)

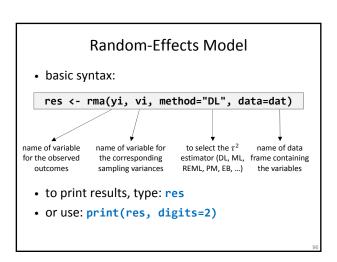


Equal-Effects Model

- use predict() to apply back-transformation
 - for exponentiation: transf=exp
 - for z-to-r transformation: transf=transf.ztor

```
predict(res, transf=<>, digits=2)
```

 use forest(res) to obtain a forest plot with the results from the model added

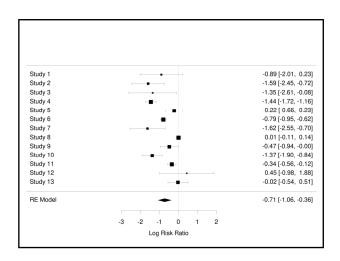


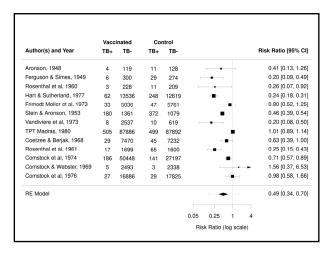
Random-Effects Model

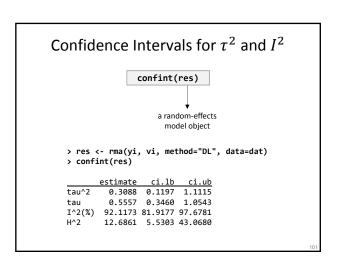
- default is method="REML"
- use predict() to get prediction interval (and apply back-transformation)

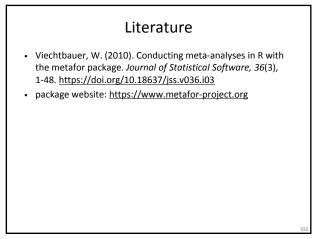
```
predict(res, digits=2)
predict(res, transf=<>, digits=2)
```

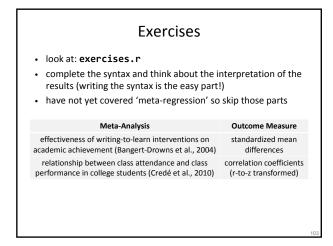
- use level argument to change the CI/PI level (the default is 95 for a 95% CI/PI)
- again use forest(res) to obtain a forest plot

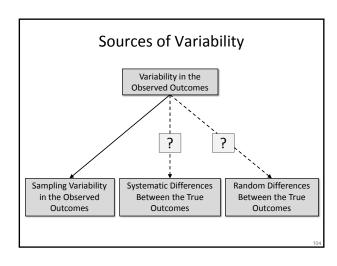












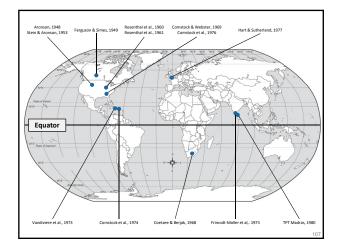
Moderator Variables

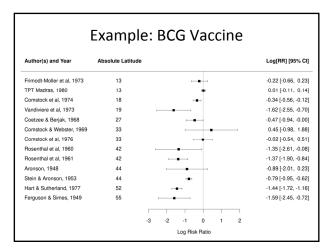
- study-level variables that may be associated with the size of the outcomes
- · these may be:
 - substantive variables (characteristics of the treatment, context, subjects)
 - methodological variables (e.g., randomized versus non-randomized study)
 - 'extrinsic' variables (e.g., publication year, published/unpublished)

Example: BCG Vaccine

- · nonpathogenic environmental mycobacteria
 - · may provide a natural immunity against TB
 - are more prevalent closer to the equator
- therefore, BCG vaccine may appear to be less effective when closer to the equator
- absolute latitude of study site may therefore be a moderator of BCG vaccine efficacy

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Mixed-Effects Meta-Regression Model

Model
$$y_i = \beta_0 + \beta_1 x_{1i} + ... + \beta_p x_{pi} + u_i + \varepsilon_i$$

$$\frac{Parameter}{Estimates} \qquad b = (X'WX)^{-1} X'Wy \qquad w_i = \frac{1}{v_i + \hat{x}^2}$$

Var and SE of the Estimates

 $Var[\boldsymbol{b}] = (\boldsymbol{X}'\boldsymbol{W}\boldsymbol{X})^{-1}$

square root of the diagonal elements of $Var[\mathbf{b}] = SE[b_j]$

Inference
$$z = \frac{b_j}{SE[b_j]}$$
 $b_j \pm 1.96SE[b_j]$

DerSimonian-Laird Estimator for τ^2

(if the estimate is negative, then set it equal to 0)

Example: BCG Vaccine

$$\hat{\tau}^2 = \frac{\mathbf{y}' \mathbf{P} \mathbf{y} - (k - p - 1)}{tr[\mathbf{P}]} = \frac{30.7331 - (13 - 2)}{311.7367} = 0.0633$$

estimated variance in the true log risk ratios not accounted for by absolute latitude

Example: BCG Vaccine
$$y = \begin{bmatrix} -.89 \\ -1.59 \\ \vdots \\ -.02 \end{bmatrix} X = \begin{bmatrix} 1 & 44 \\ 1 & 55 \\ \vdots & \vdots \\ 1 & 33 \end{bmatrix} W = \begin{bmatrix} \frac{1}{.326+.0633} & \frac{1}{.195+.0633} \\ & \frac{1}{.071+.0633} & \vdots \\ & \frac{1}{.071+.0633} \end{bmatrix}$$

$$b = \begin{bmatrix} .25954 \\ -.02923 \end{bmatrix} SE[b_0] = \sqrt{.05396676} = .2323$$

$$SE[b_1] = \sqrt{.00004533} = .0067$$

$$Var[b] = \begin{bmatrix} .05396676 - .00141159 \\ -.00141159 & .00004533 \end{bmatrix}$$

Example: BCG Vaccine

	estimate	SE	z	p-value	95% CI
intercept	.2595	.2323	1.12	.26	(20, .71)
absolute latitude	0292	.0067	-4.34	<.0001	(04,02)

 $\hat{\mu}_i = .2595 - .0292$ (absolute latitude_i)

Predicted Average Outcome

$$\mathbf{x}_i = \begin{bmatrix} 1 & x_{1i} & \cdots & x_{pi} \end{bmatrix}$$
 $\mathbf{b} = \begin{bmatrix} b_0 \\ b_1 \\ \vdots \\ b_p \end{bmatrix}$

Predicted Average Outcome $\hat{\mu}_i = b_0 + b_1 x_{1i} + \dots + b_p x_{pi}$ $\hat{\mu}_i = \mathbf{x}_i \mathbf{h}$

Variance of Predicted Average Outcome

 $Var[\hat{\mu}_i] = \mathbf{x}_i Var[\mathbf{b}] \mathbf{x}_i'$

95% CI for the True Average Outcome

 $\hat{\mu}_i \pm 1.96 \sqrt{Var[\hat{\mu}_i]}$

Example: BCG Vaccine

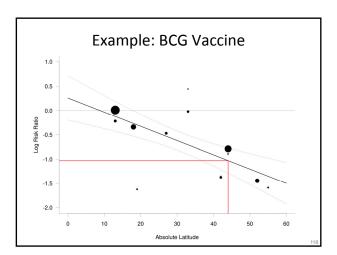
$$x_i = \begin{bmatrix} 1 & 44 \end{bmatrix}$$
 $b = \begin{bmatrix} .25954 \\ -.02923 \end{bmatrix}$

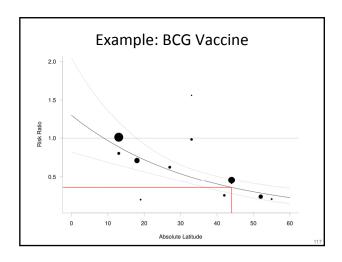
$$\hat{\mu}_i = .25954 + (-.02923)44 = -1.0265$$
 $(e^{-1.0265} \approx .36)$

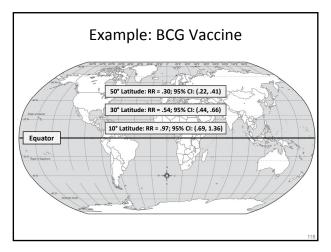
$$Var[\hat{\mu}_i] = \begin{bmatrix} 1 & 44 \end{bmatrix} \begin{bmatrix} .05396676 & -.00141159 \\ -.00141159 & .00004533 \end{bmatrix} \begin{bmatrix} 1 \\ 44 \end{bmatrix} = .017512$$

$$-1.0265 \pm 1.96\sqrt{.017512} = (-1.2859, -.7672)$$

 $(e^{-1.2859} \approx .28, e^{-.7672} \approx .46)$







Interpreting $\hat{\mu}_i$ and $\hat{ au}^2$ in the ME Model

- $\hat{\tau}^2$ estimates the **residual** amount of heterogeneity among the true outcomes
- $\hat{\mu}_i$ is the estimated **average** outcome for a particular set of moderator values
- residual heterogeneity may be random or systematic but $\hat{\tau}^2$ does not differentiate between sources

Meta-Analytic Questions

- · what is the overall/average effectiveness?
- is the effectiveness the same for all studies?
- if the effectiveness is not the same, then:
 - how much does it vary?
 - is that variability a result of systematic differences between the characteristics of the studies?

Mixed-Effects Meta-Regression Model

- single moderator: mods = ~ var
- multiple moderators: mods = ~ var1 + var2 + ...
- moderators can be categorical (→ dummy coded)
- treat numerical variables categorically: factor(var)
- can also examine interactions, polynomial terms, etc.

Pseudo R² Value

estimates the proportion of heterogeneity in the true outcomes that is accounted for by the moderator(s) included in the model

$$R^2 = \frac{\hat{\tau}_{RE}^2 - \hat{\tau}_{ME}^2}{\hat{\tau}_{RE}^2}$$

Example: BCG Vaccine

$$\hat{\tau}_{RE}^2 = 0.3088$$
 $\hat{\tau}_{ME}^2 = 0.0633$

$$R^2 = \frac{0.3088 - 0.0633}{0.3088} = .80$$

Decomposing Heterogeneity Sampling Variance Residual Heterogeneity Accounted for by Moderators Included Residual Heterogeneity

Predicted Values with CIs

- by default the function provides the predicted/fitted values for all of the studies included in the analysis
- use newmods to specify the value of the moderator
- use transf as before to transform values

Omnibus Test of Moderators

$$H_0: \beta_1 = \dots = \beta_p = 0$$

$$Q_M = \boldsymbol{b}_{[2]}' (Var[\boldsymbol{b}]_{[2]})^{-1} \boldsymbol{b}_{[2]}$$

if the moderators included in the model are not at all related to the outcomes, then Q_M follows a chi-square distribution with p degrees of freedom

Example: BCG Vaccine

$$H_0: \beta_1 = \beta_2 = 0$$

$$\boldsymbol{b}_{[2]} = \begin{bmatrix} -0.0288 \\ 0.0008 \end{bmatrix} \qquad Var[\boldsymbol{b}]_{[2]} = \begin{bmatrix} 0.000081 & 0.000068 \\ 0.000068 & 0.000169 \end{bmatrix}$$

$$Q_M = \begin{bmatrix} -0.0288 & 0.0008 \end{bmatrix} \begin{bmatrix} 0.000081 & 0.000068 \\ 0.000068 & 0.000169 \end{bmatrix}^{-1} \begin{bmatrix} -0.0288 \\ 0.0008 \end{bmatrix} = 15.93$$
 critical value (for α = .05 and df = 2): 5.99 p-value for Q_M = 15.93: .0003 reject $H_0: \beta_1 = \beta_2 = 0$ conclusion: the outcomes are associated with absolute latitude, year, or both

```
newmods=c() with comma-separated
values for the moderator variables

> predict(res, newmods=c(10, 1970), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.95 0.63 1.44 0.48 1.90

> predict(res, newmods=c(30, 1970), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.54 0.43 0.66 0.30 0.97

> predict(res, newmods=c(50, 1970), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.30 0.20 0.45 0.15 0.60
```

Subgrouping

- · often interested in subgroups
- · two options:
 - fit RE model within subgroups
 - · fit ME model with categorical moderator
- difference: whether we want to allow for different τ^2 values within subgroups or not

```
> # create dummy variable (1 for random, 0 otherwise)
> dat$random <- ifelse(dat$alloc=="random", 1, 0)
>
> res <- rma(yi, vi, method="DL", subset=c(random==0), data=dat)
> res

Random-Effects Model (k = 6; tau^2 estimator: DL)

tau^2 (estimated amount of total heterogeneity): 0.1357
tau (square root of estimated tau^2 value): 0.3684
I^2 (total heterogeneity / total variability): 82.33%
H^2 (total variability / sampling variability): 5.66

Test for Heterogeneity:
Q(df = 5) = 28.2980, p-val < .0001

Model Results:

estimate se zval pval ci.lb ci.ub
-0.4947 0.1819 -2.7194 0.0065 -0.8512 -0.1381</pre>
```

```
> res <- rma(yi, vi, method="DL", subset=c(random==1), data=dat)
> res

Random-Effects Model (k = 7; tau^2 estimator: DL)

tau^2 (estimated amount of total heterogeneity): 0.7631
tau (square root of estimated tau^2 value): 0.8735
1^2 (total heterogeneity / total variability): 94.56%
H^2 (total variability / sampling variability): 18.37

Test for Heterogeneity:
Q(df = 6) = 110.2133, p-val < .0001

Model Results:

estimate se zval pval ci.lb ci.ub
-1.0042 0.3621 -2.7731 0.0056 -1.7139 -0.2944
```

```
> # predicted average risk ratio for 'alternate'
> predict(res, newmods=c(0,0), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.60 0.21 1.73 0.10 3.66

> # predicted average risk ratio for 'random'
> predict(res, newmods=c(1,0), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.37 0.20 0.69 0.08 1.83

> # predicted average risk ratio for 'systematic'
> predict(res, newmods=c(0,1), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.66 0.30 1.50 0.12 3.55
```

Sample Size Issues

- a FAQ: how many studies do I need to conduct a meta-regression analysis?
- some say: 5 or 10 studies per moderator [1]
- too simplistic; better would be a proper power calculation (Hedges & Pigott, 2004), but this is difficult in practice
- could also look into the metapower package: https://cran.r-project.org/package=metapower

[1] https://training.cochrane.org/handbook/current/chapter-10#section-10-11-5-1

Literature

- Hedges, L. V., & Pigott, T. D. (2004). The power of statistical tests for moderators in meta-analysis. Psychological Methods, 9(4), 426-445.
- Raudenbush, S. W. (2009). Analyzing effect sizes: Random-effects models. In H.
 Cooper, L. V. Hedges, & J. C. Valentine (Eds.), The handbook of research synthesis
 and meta-analysis (2nd ed., pp. 295-315). New York: Russell Sage Foundation.
- Thompson, S. G., & Higgins, J. P. T. (2002). How should meta-regression analyses be undertaken and interpreted? Statistics in Medicine, 21(11), 1559-1573.
- Viechtbauer, W. (2007). Accounting for heterogeneity via random-effects models and moderator analyses in meta-analysis. Zeitschrift für Psychologie / Journal of Psychology, 215(2), 104-121.

Exercises

- back to: exercises.r
- conduct the suggested meta-regression analyses (or others you are interested in) for the Bangert-Drowns et al. (2004) and Credé et al. (2010) meta-analyses and think about the interpretation of the results

Example: Magnesium Treatment

 meta-analysis on the effectiveness of intravenous magnesium treatment in acute myocardial infarction for reducing the risk of mortality and arrhythmias

Example: Magnesium Treatment

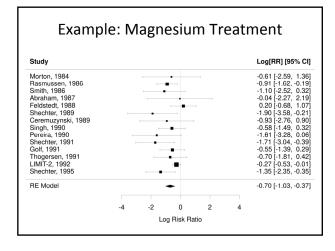
Heart Attack Fatal?

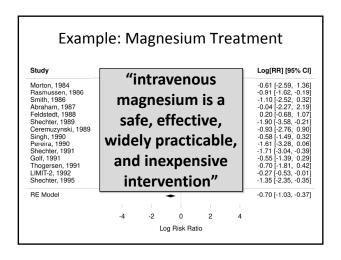
Magnesium Control

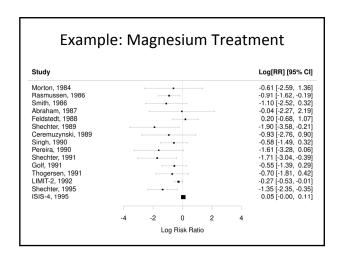
Yes	No	
9	126	135
23	112	135
32	238	270

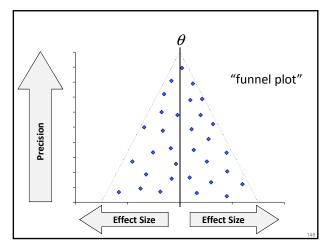
- $p_T = 9/135 = .067$
- $p_C = 23 / 135 = .170$
- risk ratio = .067 / .170 = .39

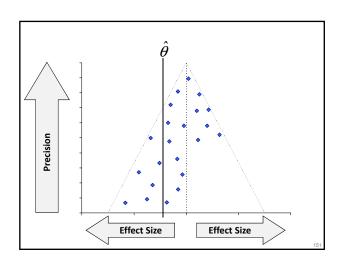
Example: Magnesium Treatment Study Log[RR] [95% CI] Morton, 1984 Rasmussen, 1986 Smith, 1986 Abraham, 1987 Feldstedt, 1988 Shechter, 1989 Ceremuzynski, 1989 Singh, 1990 Pereira, 1990 Shechter, 1991 Golf, 1991 Thogersen, 1991 LIMIT-2, 1992 Shechter, 1995 -4 -2 0 2 4 Log Risk Ratio

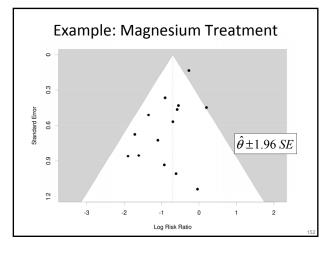












```
Software: R

> # copy magnesium treatment dataset to 'dat'
> dat <- dat.egger2001
> # remove studies 8 and 16
> dat <- dat[-c(8,16),]
> # compute the log risk ratios
> dat <- escalc(measure="RR", ai=ai, n1i=n1i, ci=ci, n2i=n2i, data=dat, to="all")
> dat

# fit random-effects model
> res <- rma(yi, vi, data=dat)
> res
> # estimated average risk ratio (with 95% CI)
> predict(res, transf=exp, digits=2)
> # funnel plot
> funnel(res, ylim=c(0,1.2))
```

```
Software: R

Random-Effects Model (k = 14; tau^2 estimator: REML)

tau^2 (estimated amount of total heterogeneity): 0.1087
tau (square root of estimated tau^2 value): 0.3296
I^2 (total heterogeneity / total variability): 33.61%
H^2 (total variability / sampling variability): 1.51

Test for Heterogeneity:
Q(df = 13) = 18.1711, p-val = 0.1511

Model Results:

estimate se zval pval ci.lb ci.ub
-0.7011 0.1686 -4.1572 <.0001 -1.0316 -0.3706

pred ci.lb ci.ub pi.lb pi.ub
0.50 0.36 0.69 0.24 1.02
```

Potential Sources of Bias

- · statistically significant findings are:
 - · more likely to be published
 - more likely to be published quicker
 - more likely to be cited in English journals
 - more likely to be published more than once
 - · more likely to be cited by others
 - ٠...



Dealing with Publication Bias

- getting a sense of the data
 - funnel plot
- · assessing robustness to publication bias
 - failsafe-N ("file drawer analysis")
- checking for evidence of publication bias
 - regression test
- · adjusting for publication bias
 - trim and fill method
 - selection models

Robustness to Publication Bias

- if a large number of non-significant (and presumably unpublished) results were found, they could change the conclusions of a metaanalysis
- how many non-significant results would it take to reverse the overall conclusion that a treatment is effective?

Stouffer Method

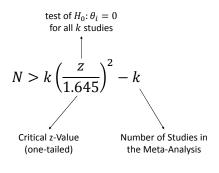
test of
$$H_0$$
: $\theta_i = 0$ in the i th study

$$z_i = \frac{y_i}{\sqrt{v_i}}$$

test of
$$H_0$$
: $\theta_i = 0$ for all k studies

$$z = \frac{\sum z_i}{\sqrt{k}}$$

Failsafe-N ("file drawer analysis")

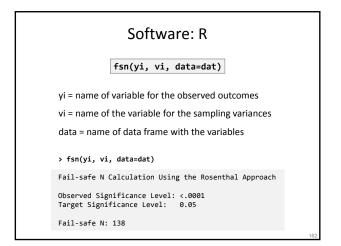


Example: Magnesium Treatment

$$z = \frac{-20.271}{\sqrt{14}} = -5.418$$

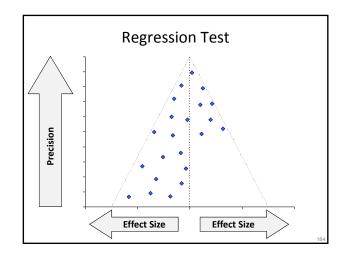
$$N > 14 \left(\frac{-5.418}{1.645} \right)^2 - 14 \approx 138$$

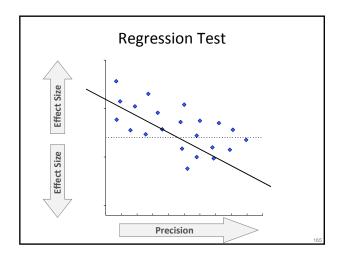
138 studies with null results would be needed to reverse the claim that magnesium treatment significantly reduces the risk of heart attack mortality (in at least one study)

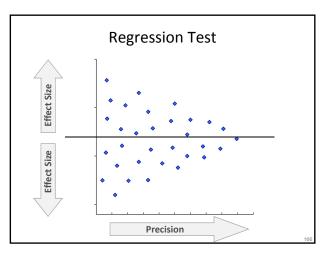


Dealing with Publication Bias

- getting a sense of the data
 - funnel plot
- · assessing robustness to publication bias
 - failsafe-N ("file drawer analysis")
- checking for evidence of publication bias
 - regression test
- · adjusting for publication bias
 - · trim and fill method
 - · selection models

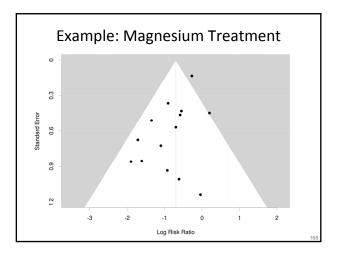


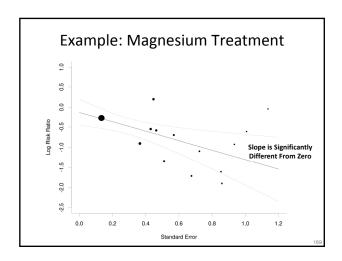


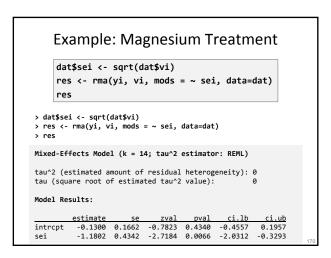


Regression Test

- use $se_i=\sqrt{v_i}$ as a moderator in a (mixed-effects) meta-regression model and test whether the slope of this "moderator" is significantly different from 0
- there are various versions of the regression test (all based on the same principle)
- sometimes called "Egger's test"



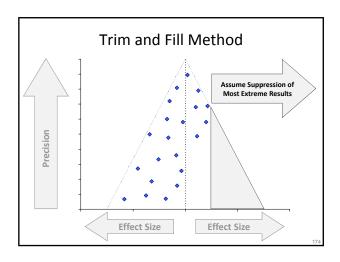


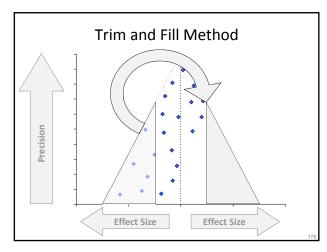


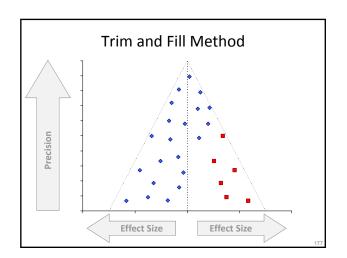
Example: Magnesium Treatment res <- rma(yi, vi, data=dat) regtest(res) > res <- rma(yi, vi, data=dat) > regtest(res) Regression Test for Funnel Plot Asymmetry model: mixed-effects meta-regression model predictor: standard error Test for Funnel Plot Asymmetry: z = -2.7184, p = 0.0066 Limit Estimate (as sei -> 0): b = -0.1300 (CI: -0.4557, 0.1957)

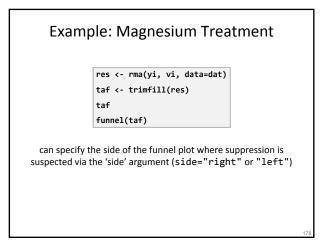
Dealing with Publication Bias

- · getting a sense of the data
 - funnel plot
- · assessing robustness to publication bias
 - failsafe-N ("file drawer analysis")
- checking for evidence of publication bias
 - regression test
- · adjusting for publication bias
 - · trim and fill method
 - selection models









```
Example: Magnesium Treatment

> res <- rma(yi, vi, data=dat)
> taf <- trimfill(res)
> taf

Estimated number of missing studies on the right side: 5

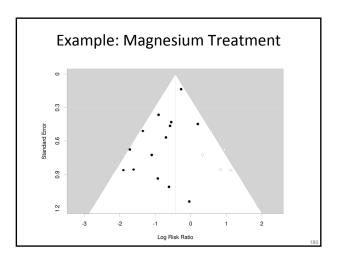
Random-Effects Model (k = 19; tau^2 estimator: REML)

tau^2 (estimated amount of total heterogeneity): 0.2434
tau (square root of estimated tau^2 value): 0.4933
I^2 (total heterogeneity / total variability): 50.18%
H^2 (total variability / sampling variability): 2.01

Test for Heterogeneity:
Q(df = 18) = 32.6731, p-val = 0.0183

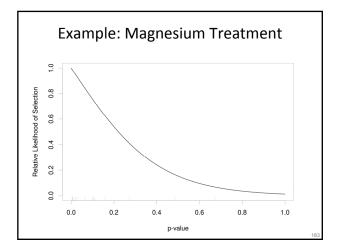
Model Results:

estimate se zval pval ci.lb ci.ub
-0.4318 0.1799 -2.4002 0.0164 -0.7844 -0.0792
```



Selection Models

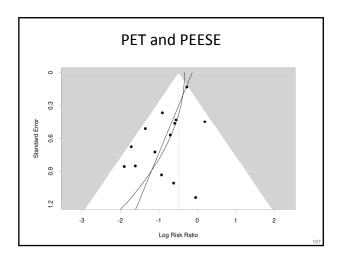
- assume an inverse relationship between the p-value of the test H_0 : $\theta_i=0$ and the probability of publication
- · this induces bias in meta-analytic findings
- with enough studies, can estimate this relationship and and remove the bias from the meta-analytic findings
- difficult to use in practice (models are complicated and k must be quite large)

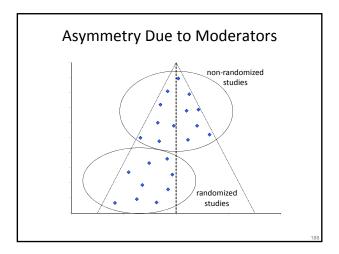


PET and PEESE

- PET (precision-effect test) and PEESE (precision-effect estimate with SE) are methods for estimating/testing the 'true' effect in the presence of publication bias (Stanley & Doucouliagos, 2014)
- in essence: the intercept of the 'regression test' model with either se_i or v_i as moderator

Software: R > res <- rma(yi, vi, data=dat) > regtest(res) Regression Test for Funnel Plot Asymmetry Model: mixed-effects meta-regression model Predictor: standard error Test for Funnel Plot Asymmetry: z = -2.7184, p = 0.0066 Limit Estimate (as sei -> 0): b = -0.1300 (CI: -0.4557, 0.1957) > regtest(res, predictor="vi") Regression Test for Funnel Plot Asymmetry Model: mixed-effects meta-regression model Predictor: sampling variance Test for Funnel Plot Asymmetry: z = -1.8766, p = 0.0606 Limit Estimate (as vi -> 0): b = -0.3918 (CI: -0.7259, -0.0578)

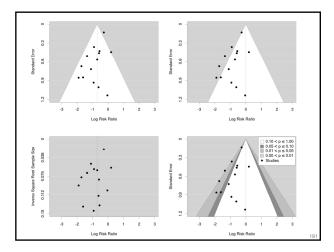




Funnel Plot Variations

- use some other measure of precision on the y-axis besides the SE (but SE recommended)
- exception: when y_i and SE_i are known to be correlated in the absence of publication bias
- then may want to use just the sample size (or some function thereof) on the y-axis
- center the funnel plot at 0 (instead of $\hat{\theta}$ or $\hat{\mu}$)
- · contour-enhanced funnel plots

Software: R



Publication Bias

- affects all review methods (not a problem specific to meta-analysis!)
- in fact, due to meta-analysis:
 - · increased awareness of publication bias
 - development of systematic methods to detect and address publication bias
 - continued emphasis on the importance of trial registries and registered reports (to eliminate publication bias)

Literature

- Duval, S. J., & Tweedie, R. L. (2000). A nonparametric "trim and fill" method of accounting for publication bias in meta-analysis. *Journal of the American Statistical Association*, 95(449), 89-98.
- Egger, M., Davey Smith, G., Schneider, M., & Minder, C. (1997). Bias in metaanalysis detected by a simple, graphical test. *British Medical Journal*, 315(7109), 620–624.
- Preston, C., Ashby, D., & Smyth, R. (2004). Adjusting for publication bias: Modelling the selection process. *Journal of Evaluation in Clinical Practice*, 10(2), 313-322.
- Rosenthal, R. (1979). The "file drawer problem" and tolerance for null results. Psychological Bulletin, 86(3), 638-641.
- Rothstein, H. R., Sutton, A. J., & Borenstein, M. (Eds.). (2005). Publication bias in meta-analysis: Prevention, assessment, and adjustments. Chichester, England: Wiley. (an entire book about publication bias!)
- Stanley, T. D., & Doucouliagos, H. (2014). Meta-regression approximations to reduce publication selection bias. Research Synthesis Methods, 5(1), 60-78.

Exercises

- back to: exercises.r
- meta-analysis of studies examining the risk of lung cancer due to environmental tobacco smoke (ETS) exposure
- conduct a meta-analysis of the studies and try out the various methods discussed in this lecture (has there been some publication bias in favor of studies showing that ETS is associated with an increased lung cancer risk?)
- note: meta-analysis is based on (log) odds ratios; in this example, you can think of these values as (log) risk ratios (but that's not true in general!)

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Standard Random-Effects Model

$$\begin{array}{rcl} y_i &=& \mu & & \text{average true outcome} \\ & & \text{random effect that makes the true outcome} \\ & & +u_i & & \text{for a particular study larger/smaller by some} \\ & & +e_i & & \text{sampling error} \end{array}$$

$$e_i \sim N(0, v_i)$$
 $u_i \sim N(0, \tau^2)$

Implied Marginal Var-Cov Matrix
$$Var\begin{bmatrix} y_1 \\ y_2 \\ y_3 \\ y_4 \\ y_5 \\ \vdots \\ y_k \end{bmatrix} = \begin{bmatrix} \tau^2 + \nu_1 \\ \tau^2 + \nu_2 \\ \tau^2 + \nu_3 \\ \vdots \\ \tau^2 + \nu_4 \\ \tau^2 + \nu_5 \\ \vdots \\ \tau^2 + \nu_k \end{bmatrix}$$

```
> # copy data into 'dat'
> dat <- dat.konstantopoulos2011</pre>
> # show data
                                     standardized mean
                                       differences and
> dat
                                     sampling variances
    district
               school study year
                               1976
                                      -0.18
                                            0.118
          11
                            2
                              1976
                                      -0.22
                                            0.118
                                      0.23
                                            0.144
          11
                              1976
                                      -0.30
                                            0.144
5
           12
                              1989
                                      0.13
                                            0.014
6
7
          12
                            6
                              1989
                                      -0.26
                                            0.014
                              1989
                                      0.19
                                            0.015
           12
           12
                              1989
                                      0.32
                                            0.024
9
           18
                            9
                              1994
                                      0.45
                                            0.023
                                      0.38
                                            0.043
10
          18
                          10 1994
          18
                              1994
                                      0.29
                                            0.012
11
                          11
         644
                          56 1994 -0.05 0.067
```

The rma.mv() Function

- more flexible model fitting function, but must specify random effects manually
- for now, let's replicate the previous results

```
res <- rma.mv(yi, vi, random = ~ 1 | study,
method = "REML", data = dat)
```

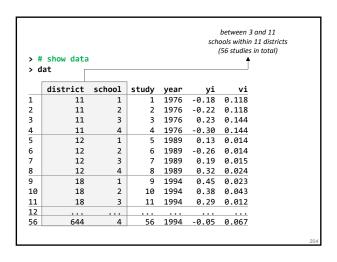
- random = ~ 1 | study adds a random effect for each level of the study variable
- method = "REML" is default (other option: ML)

Independence Assumption

- the methods presented assume that all of the observed outcomes are independent
- this assumption may not hold, for example:
 - when there are multiple observed outcomes from the same study, article, author, or lab
 - when we calculate observed outcomes for more than one dependent variable or multiple measurement occasions in the same group
 - when there are two or more treatment groups in a single study and we contrast each treatment group against a common control group

Data Reduction

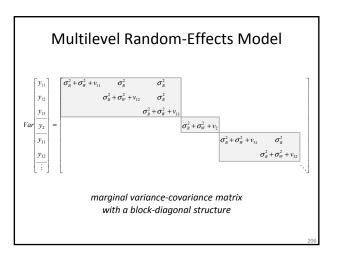
- traditional approaches to handle dependencies:
 - select one observed outcome from each study or article (should be done in some reproducible way!)
 - · take average of dependent outcomes
 - conduct separate analyses in subsets that only contain independent estimates
- easy to analyze, but wastes information



Multilevel Random-Effects Model

$$\begin{array}{lll} \boldsymbol{y}_{ij} &=& \boldsymbol{\mu} & \text{average true outcome} \\ & & + \boldsymbol{w}_i & \text{random effect that makes the true outcomes for a particular cluster larger/smaller by some amount (heterogeneity between clusters)} \\ & & + \boldsymbol{u}_{ij} & \text{random effect that makes one of the true outcomes within a particular cluster larger/smaller by some amount (heterogeneity within clusters)} \\ & & + \boldsymbol{e}_{ij} & \text{sampling error} \end{array}$$

 $u_{ij} \sim N(0, \sigma_W^2)$ $e_{ij} \sim N(0, v_{ij})$



The rma.mv() Function

- rma.mv() allows for the addition of multiple nested random effects
- random = ~ 1 | var1/var2 adds a random effect for each level of var1 and a random effect for each level of var2 within each level of var1

Correlation due to Multilevel Structure

• the multilevel structure implies that the true outcomes within a cluster are correlated:

$$\rho = \frac{\sigma_B^2}{\sigma_B^2 + \sigma_W^2}$$

• in example:

 $w_i \sim N(0, \sigma_B^2)$

$$\hat{\rho} = \frac{0.0651}{0.0651 + 0.0327} = .67$$

• also note: 0.0651 + 0.0327 = 0.0978

```
> # variance components
> res$sigma2
[1] 0.0651 0.0327
> # within cluster correlation of true outcomes
> res$sigma2[1] / sum(res$sigma2)
[1] 0.6653
> # total heterogeneity
> sum(res$sigma2)
[1] 0.0978
```

A Common Error

- the random effect at the level of the clustering variable does not replace the random effect at the observation/estimate level!
- we add the clustering level random effect to the standard random/mixed-effects model
- (otherwise you assume that there is no heterogeneity within clusters = assuming that the within-cluster correlation is 1)

Multivariate Parameterization

$$y_{ij} = \mu$$
 average true outcome
$$+ u_{ij} \qquad \begin{array}{c} ext{correlated random effects for the true} \\ ext{outcomes within the same cluster} \\ ext{} + e_{ij} \qquad ext{sampling error} \end{array}$$

$$\begin{bmatrix} u_{i1} \\ u_{i2} \\ u_{i3} \end{bmatrix} \sim MVN \begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix}, \begin{bmatrix} \tau^2 & \rho \tau^2 & \rho \tau^2 \\ \tau^2 & \rho \tau^2 \\ 0 \end{bmatrix} \qquad e_{ij} \sim N(0, v_{ij})$$

Implied Marginal Var-Cov Matrix

$$Var\begin{bmatrix} y_{11} \\ y_{12} \\ y_{13} \\ y_{2} \\ y_{31} \\ \vdots \end{bmatrix} = \begin{bmatrix} \tau^{2} + v_{11} & \rho \tau^{2} & \rho \tau^{2} \\ & \tau^{2} + v_{12} & \rho \tau^{2} \\ & & \tau^{2} + v_{13} \end{bmatrix}$$

$$\begin{bmatrix} \tau^{2} + v_{2} \\ & & \tau^{2} + v_{31} \\ & & & \tau^{2} + v_{32} \end{bmatrix}$$

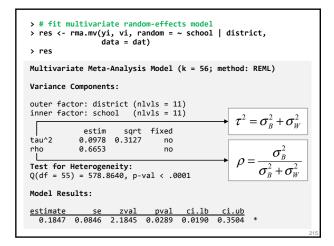
$$\vdots$$

$$\vdots$$

The rma.mv() Function

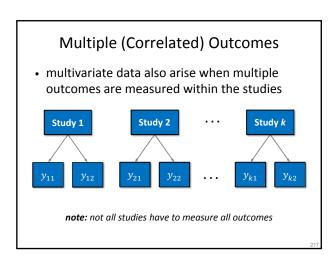
- rma.mv() allows for the addition of correlated random effects within a variable
- random = ~ var1 | var2 adds correlated random effects for each level of var1 within each level of var2

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Notes

- models assume independent sampling errors within clusters (sensible if no overlap in the data/subjects used to compute outcomes)
- examples:
 - multiple independent studies reported in paper
 - multiple papers published by the same group
 - results reported for different subgroups
- but true outcomes within clusters may be more similar to each other than those from different clusters (correlated true outcomes)

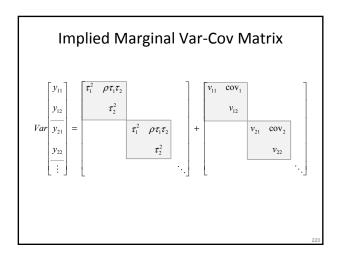


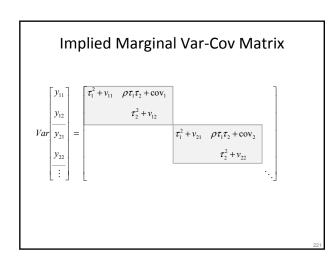
Multiple (Correlated) Outcomes

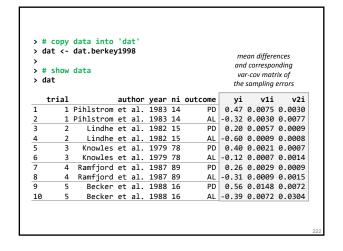
- since the outcomes are measured in the same subjects, the sampling errors are correlated
- · true outcomes may also be correlated
- equations for the covariance between the sampling errors of various outcome measures can be found in Gleser & Olkin (2009), Wei & Higgins (2013), Steiger (1980), ...
- common problem: information needed to compute covariances not available

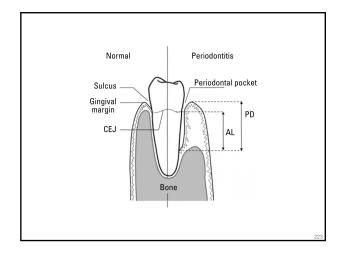
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$\begin{aligned} & \text{Multivariate Random-Effects Model} \\ & y_{ij} = \mu_j & \text{average true outcome for } j \text{th outcome} \\ & + u_{ij} & \text{correlated random effects corresponding to the true outcomes of the same study} \\ & + e_{ij} & \text{correlated sampling errors of the observed outcomes for the same study (with known var-cov matrix)} \\ \\ & Var \begin{bmatrix} u_{i1} \\ u_{i2} \end{bmatrix} = \begin{bmatrix} \tau_1^2 & \rho \tau_1 \tau_2 \\ & \tau_2^2 \end{bmatrix} & Var \begin{bmatrix} e_{i1} \\ e_{i2} \end{bmatrix} = \begin{bmatrix} v_{i1} & \text{cov}_i \\ & v_{i2} \end{bmatrix} \end{aligned}$









```
The rma.mv() Function

name of object with the var-cov matrix of the sampling errors the sampling errors

res <- rma.mv(yi, V, mods = ~ outcome - 1, random = ~ outcome | study, struct = "UN", data = dat)

structure of var-cov matrix of the random effects (UN = unstructured)
```

```
> # contrast for differences in outcomes
> anova(res, L=c(1,-1))

Hypothesis:
1: outcomeAL - outcomePD = 0

Results:
    estimate se zval pval
1: -0.6926 0.0744 -9.3120 <.0001

Test of Hypothesis:
QM(df = 1) = 86.7139, p-val < .0001</pre>
```

Two Special Cases

Multiple Time Points

- multivariate data also arise when an outcome is measured at multiple time points
- · the sampling errors will again be correlated
- · true outcomes may also be correlated
- can consider auto-regressive structures for the sampling errors and random effects (Ishak et al., 2007; Trikalinos & Olkin, 2012)

Multiple Treatment Groups

· sampling errors are also correlated when multiple groups (treatments) are compared against a single (control) group; for example:

$$d_1 = \frac{\bar{x}_{T1} - \bar{x}_C}{SD_p} \qquad d_2 = \frac{\bar{x}_{T2} - \bar{x}_C}{SD_p}$$

- correlation is induced by reuse of \bar{x}_C
- see Gleser & Olkin (2009) for equations to compute the covariance

The V Matrix

- V = var-cov matrix of the sampling errors
- roughly: whenever a subject contributes data to the computation of more than one estimate, we have correlated sampling errors
- V matrix is then not just a diagonal matrix (with the sampling variances), but also has off-diagonal elements (covariances)
- · computing the covariances is often difficult

Alternative Methods

- 1. fit multilevel random-effects model ignoring the covariances in the V matrix (= assume they are 0)
- 2. use cluster-robust inference methods (also know as 'robust variance estimation')
- 3. approximate the V matrix, fit model, and do sensitivity analyses
- 4. combine approaches 2. and 3.
- see code_r_ml_mv.r for an illustration of these different approaches

Literature

- Assink, M., & Wibbelink, C. J. M. (2016). Fitting three-level meta-analytic models in R: A step-by-step tutorial. The Quantitative Methods for Psychology. 2(2)3, 154-174.

 Berkey, C. S., Hoaglin, D. C., Antczak-Bouckons, A., Mostseller, F., & Colditz, G. A. (1998). Meta-analysis of multiple outcomes by regression with random effects. Stotistic in Medicine, 27(22), 2537-2550.

 Gleser, L. J., & Olkin, I. (2009). Stochastically dependent effect sizes. In H. Cooper, L. V. Hedges, & J. C. Valentine (Eds.), The handbook of research synthesis and meta-analysis (2nd ed., pp. 357-376). New York: Russell Sage Foundation.
- Ishak, K. J., Platt, R. W., Joseph, L., Hanley, J. A., & Caro, J. J. (2007). Meta-analysis of longitudinal studies. *Clinical Triols*, 4(5), 525-539.
- Konstantopoulos, S. (2011). Fixed effects and variance components estimation in three-level meta-analysis. Research Synthesis Methods, 2(1), 61-76.
- Synthesis Methods, 2(1), 61-76.

 Synthesis Methods, 2(1), 61-76.

 Moeyaert, M., Ugille, M., Beretvas, S. N., Ferron, J., Bunuan, R., & Van den Noortgate, W. (2017). Methods for dealing with multiple outcomes in meta-analysis. A comparison between averaging effect sizes, robust variance estimation and multilevel meta-analysis. International Journal of Social Research Methodology, 20(6), 559-572.

 Psytejovsky, J., & Tipton, E. (in press), Meta-analysis with robust variance estimation: Expanding the range of working models. Prevention Science.

 Steiger, J. H. (1980). Tests for comparing elements of a correlation matrix. Psychological Bulletin, 87(2), 245-251.

 Trikalinos, T. A., & Olkin, I. (2012). Meta-analysis of effect sizes reported at multiple time points: A multivariate approach. Clinical Trials, 915, 610-620.

 van Houwenignen, H. C., Aerost, L. R., & Stijnen, T. (2002). Advanced methods in meta-analysis: Multivariate approach and meta-regression. Statistics in Medicine, 22(14), 589-624.

 Wel, Y., & Higgan, J. P. (2013). Estimating within-study covariances in multivariate meta-analysis with multiple outcomes. Statistics in Medicine, 32(7), 1191-1205.

Exercises

- back to: exercises.r
- meta-analysis on relationship between class attendance and class performance in college students (Credé et al., 2010): actually has a multilevel structure
- meta-analysis on the difference between schizophrenia patients and healthy controls with respect to planning performance (Knapp et al., 2017): an example of a metaanalysis with correlated sampling errors

Meta-Analysis of Single Group Studies

- sometimes want to conduct a meta-analysis of the results observed in single groups
- not fundamentally different to previous cases
- the outcome measure simply quantifies the phenomenon of interest for single groups
- (a meta-analysis of correlation coefficients is in essence an example of this)

```
> # copy data into 'dat
> # compute proportions and corresponding sampling variances
> dat <- escalc(measure="PR", xi=xi, ni=ni, data=dat)</pre>
> dat
                                                                samplina variances
                  authorsxiniyiGiannotta et al.16170.9412Haraguchi and Ebina10120.8333Swift and Solomon480.5000
      study
                                                                            0.0116
                                                           8 0.5000
58 0.7414
                                                                             0.0312
                           Kassell et al. 43 58
                                                                             0.0033
                            Tanabe et al. 10 10 0.9545
Awad et al. 25 42 0.5952
                                                                             0.0039
0.0057
5
6
7
8
                         Finn et al. 13 14
Hadeishi et al. 12 12
                                                                0.9286
0.9615
                                                                             0.0047
                                                                             0.0028
9
10
11
                Otsubo et al.
Muizelaar and Becker
                                                   22 41
4 5
5 6
                                                                0.5366
0.8000
0.8333
                                                                             0.0061
0.0320
           11
                     Rosenstein et al.
                                                                             0.0231
                           Levy et al. 18 23
Shimoda et al. 58 68
                                                                0.7826
0.8529
13
           13
                           Solomon et al.
                                                     6
                                                          10 0.6000
                                                                             0.0240
```

```
> # fit random-effects model with the raw proportions
> res <- rma(yi, vi, data=dat)
> res

Random-Effects Model (k = 14; tau^2 estimator: REML)

tau^2 (estimated amount of total heterogeneity): 0.0166
tau (square root of estimated tau^2 value): 0.1290
I^2 (total heterogeneity) / total variability): 75.28%
H^2 (total variability / sampling variability): 4.04

Test for Heterogeneity:
Q(df = 13) = 48.3453, p-val < .0001

Model Results:
estimate se zval pval ci.lb ci.ub
0.7968 0.0423 18.8191 < .0001 0.7138 0.8797
```

```
compute log odds and corresponding sampling variances
> dat <- escalc(measure="PLO", xi=xi, ni=ni, data=dat)</pre>
                                                                               loa odds and
                                                                           sampling variances
                           authors xi ni
Giannotta et al. 16 17
                                                                         yi vi
2.7726 1.0625
                                                                          1.6094
0.0000
                     Haraguchi and Ebina 10 12
                                                                                         0.6000
                         Swift and Solomon
                                                                                         0.5000
                              Kassell et al. 43 58
Tanabe et al. 10 10
                                                                          1.0531
3.0445
                                                                                         0.0899
2.0952
                                    Awad et al. 25 42
Finn et al. 13 14
                                                                          0.3857
2.5649
6
7
                                                                                         0.0988
                        Hadeishi et al. 13 14 2.5649 1.0769
Hadeishi et al. 12 12 3.2189 2.0890
Otsubo et al. 22 41 0.1466 0.0981
izelaar and Becker 4 5 1.3863 1.2590
Rosenstein et al. 5 6 1.6094 1.2090
Levy et al. 18 23 1.2809 0.2556
Shimoda et al. 58 68 1.7579 0.1172
Solomon et al. 6 10 0.4055 0.4167
8
9
10
             10 Muizelaar and Becker
11
12
13
            13
```

```
> # fit random-effects model with the log odds
> res <- rma(yi, vi, data=dat)
> res

Random-Effects Model (k = 14; tau^2 estimator: REML)

tau^2 (estimated amount of total heterogeneity): 0.3646
tau (square root of estimated tau^2 value): 0.6038
I^2 (total heterogeneity / total variability): 56.56%
H^2 (total variability / sampling variability): 2.30

Test for Heterogeneity:
Q(df = 13) = 29.7854, p-val = 0.0051

Model Results:

estimate se zval pval ci.lb ci.ub
1.1389 0.2415 4.7164 <.0001 0.6656 1.6122

> # back-transform results to raw proportions
> predict(res, transf=transf.ilogit)

__pred_ci.lb_ci.ub_pi.lb_pi.ub
0.7575 0.6605 0.8337 0.4661 0.9179
```

Network Meta-Analysis

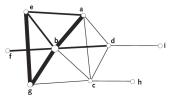
- often there are multiple treatments available for the same condition/disease
- studies comparing the effectiveness of these treatments form a network of comparisons

Star-Shaped Networks Second-generation antiepileptic drugs in partial epilepsy

a: levetiracetam, b: gabapentin, c: lamotrigine, d: oxcarbazepine, e: tiagabine, f: topiramate, g: zonisamide, h: placebo

Complex Networks

Chemotherapy regimens for ovarian cancer



a: platinum monotherapy, b: platinum-based combination,

a: platinum monotherapy, d: platinum-sease Combination, c: taxane monotherapy, d: platinum + taxane-based combination, e: nonplatinum/nontaxane monotherapy, f: platinum-based combination (ip), g: nonplatinum/nontaxane combination, h: taxane-based combination, i: platinum/taxane-based combination (ip)

Network Meta-Analysis

- some of the goals:
 - synthesize evidence provided by all studies and treatment comparisons with one model
 - obtain indirect evidence about comparisons that have not been examined head-to-head
 - · determine a hierarchy of treatment effectiveness
 - identify opportunities for research

Network Meta-Analysis

- in the end, nothing fundamentally different than multilevel/multivariate models
- · can use an arm-based or a contrast-based model (e.g., Salanti et al., 2008)
- · errors are correlated in contrast-based model
- equations for the correlation between the sampling errors can be found in Gleser and Olkin (2009)

Multiple Treatment Comparisons

· multiple treatment groups may be compared against a single control group within studies

$$y_{i1} = T_{i1} \ vs \ C_i$$

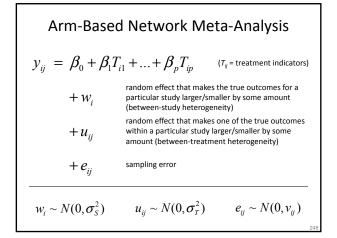
$$y_{i2} = T_{i2} \ vs \ C_i$$

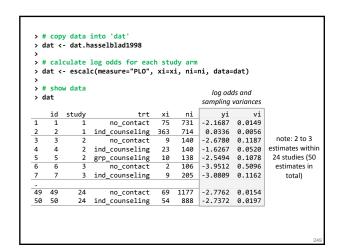
estimates from the same study are correlated, since the data from the control group is reused in each calculation

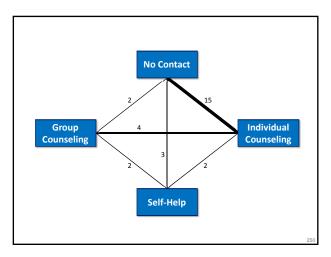
Multiple Treatment Comparisons

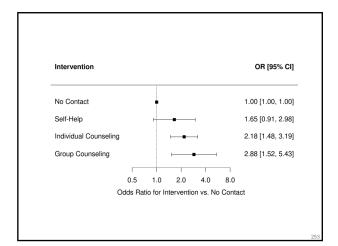
• or multiple treatment groups may be compared against each other within studies

$$y_{i1} = T_{i2} \ vs \ T_{i1}$$
 estimates from the same study are correlated, since the data from the reference treatment is reused in each calculation ...









Some Additional Considerations

- need to carefully consider whether patients that received treatment A could just as well have received treatment B
- examine data/network for inconsistency (whether direct and indirect evidence disagree)

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Literature

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