


The background of the slide is a light gray gradient. It is decorated with several realistic water droplets of various sizes. Some droplets are at the top left, some are at the bottom right, and others are scattered in the center. Each droplet has a highlight and a shadow, giving it a three-dimensional appearance.

Sensitivity Analysis

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Definition

- A method to determine the **robustness of an assessment** by examining the extent to which **results are affected by changes** in **methods, models, values of unmeasured variables, or assumptions** (Thabane et al, 2013)
- A series of analyses of a data set to **assess** whether **altering** any of the **assumptions** made leads to **different final interpretations or conclusions** (Thabane et al, 2013)
- “Sensitivity analysis” is also referred to as “**bias analysis**” (Rothman et al., 2008; Iqbal et al., 2009; Ding and VanderWeele, 2016)

• Importance


- Epidemiological studies, regardless of study design, often **rely on some assumptions**. If those assumptions are violated, results or conclusions might be affected.
- For instance, Ignorability assumption for general causal inference (no unmeasured confounder); Missing Completely At Random/At Random for Complete-Case Analysis
- Researchers in Epi are interested in **higher causal strength, better reliability and better validity**
- To determine the **robustness** of our results
- To strengthen our conclusions and **credibility** of results

• Types

- **Basic idea is same:** to assess the effects of altering underlying assumptions by conducting sensitivity analysis
- **Observational Studies (Delaney and Seeger, 2013):**
 - 1) study definitions (exposure, outcome, covariate, confounder, selection bias)
 - 2) study design (data source, subpopulations, measurements)
 - 3) modelling (distributions and functional forms)
 - Something more: missing data




• Types

- **RCTs (Thabane et al, 2013):**
 - Outliers, missing data, definition of outcome, distributional assumptions, non-compliance and protocol deviation, clustering or correlation and multisite, competing risks, baseline imbalance
 - Not the focus of this presentation
- 



• Limitations

- **Subjectivity:** researchers could choose the sensitivity parameters that make the result seem robust
 - **Assumptions of assessing assumptions:** conducting sensitivity analysis needs new assumptions to test old assumptions
 - **Complexity:** most of sensitivity analysis approaches are not easy to use or interpret (for instance, using propensity score, instrumental variable analysis or multiple imputation)
 - **Difficulty to publish:** sensitivity analysis takes much space
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E-Value

- **Definition:** the **minimum strength of association**, on the risk ratio scale, that an unmeasured confounder would need to have **with both the treatment and the outcome** to **fully explain away** a specific treatment-outcome association, **conditional on the measured confounding**.
- Developed by Peng Ding and Tyler J. VanderWeele (2016, 2017)
- To assess the potential effect of unmeasured confounders on causal conclusions in observational studies

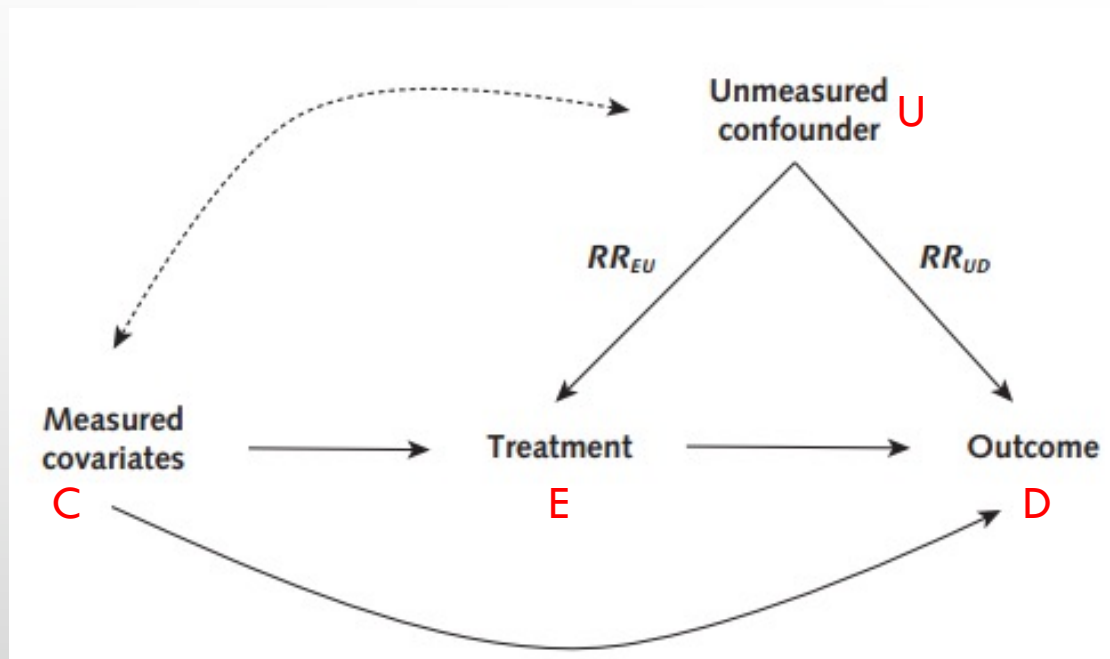


Assumptions

- Luckily, NONE



Notations



E: Exposure

D: Binary Outcome

C: Measured Confounders

U: One or More Unmeasured Confounders (with K categories)

RR: risk ratio

Parameters

$$RR_{ED|c}^{obs} = \frac{P(D = 1|E = 1, C = c)}{P(D = 1|E = 0, C = c)}$$

Observed RR of Exposure on Outcome in stratum of Measured Confounders C=c

$$RR_{EU,k|c} = \frac{P(U = k|E = 1, C = c)}{P(U = k|E = 0, C = c)}$$

$$\longrightarrow RR_{EU|c} = \max_k RR_{EU,k|c}$$

Maximal RR between Exposure and Unmeasured Confounders in stratum C=c

$$RR_{UD|E=0,c} = \frac{\max_k P(D = 1|E = 0, C = c, U = k)}{\min_k P(D = 1|E = 0, C = c, U = k)}$$

$$RR_{UD|E=1,c} = \frac{\max_k P(D = 1|E = 1, C = c, U = k)}{\min_k P(D = 1|E = 1, C = c, U = k)}$$

$$RR_{UD|c} = \max(RR_{UD|E=1,c}, RR_{UD|E=0,c})$$

Maximal RR of Unmeasured Confounders on Outcome in stratum C=c

$$RR_{ED|c}^{true} = \frac{\sum_{k=0}^{K-1} P(D = 1|E = 1, C = c, U = k) P(U = k|C = c)}{\sum_{k=0}^{K-1} P(D = 1|E = 0, C = c, U = k) P(U = k|C = c)}$$

True causal RR of Exposure on Outcome in stratum C=c

Bounding Factor and E Value

If $RR_{ED|c}^{obs} > 1$, $RR_{ED|c}^{true} \geq RR_{ED|c}^{obs} / \left(\frac{RR_{EU|c} \times RR_{UD|c}}{RR_{EU|c} + RR_{UD|c} - 1} \right)$ **Bounding Factor (B)** The largest factor by which U could reduce an observed RR

If $RR_{ED|c}^{obs} < 1$, $RR_{ED|c}^{true} \leq RR_{ED|c}^{obs} \times \frac{RR_{EU|c} \times RR_{UD|c}}{RR_{EU|c} + RR_{UD|c} - 1}$

If $RR_{ED|c}^{obs} > 1$, $\max(RR_{EU|c}, RR_{UD|c}) \geq E\text{ Value}$
 $= RR_{ED|c}^{obs} + \sqrt{RR_{ED|c}^{obs} \times (RR_{ED|c}^{obs} - 1)}$

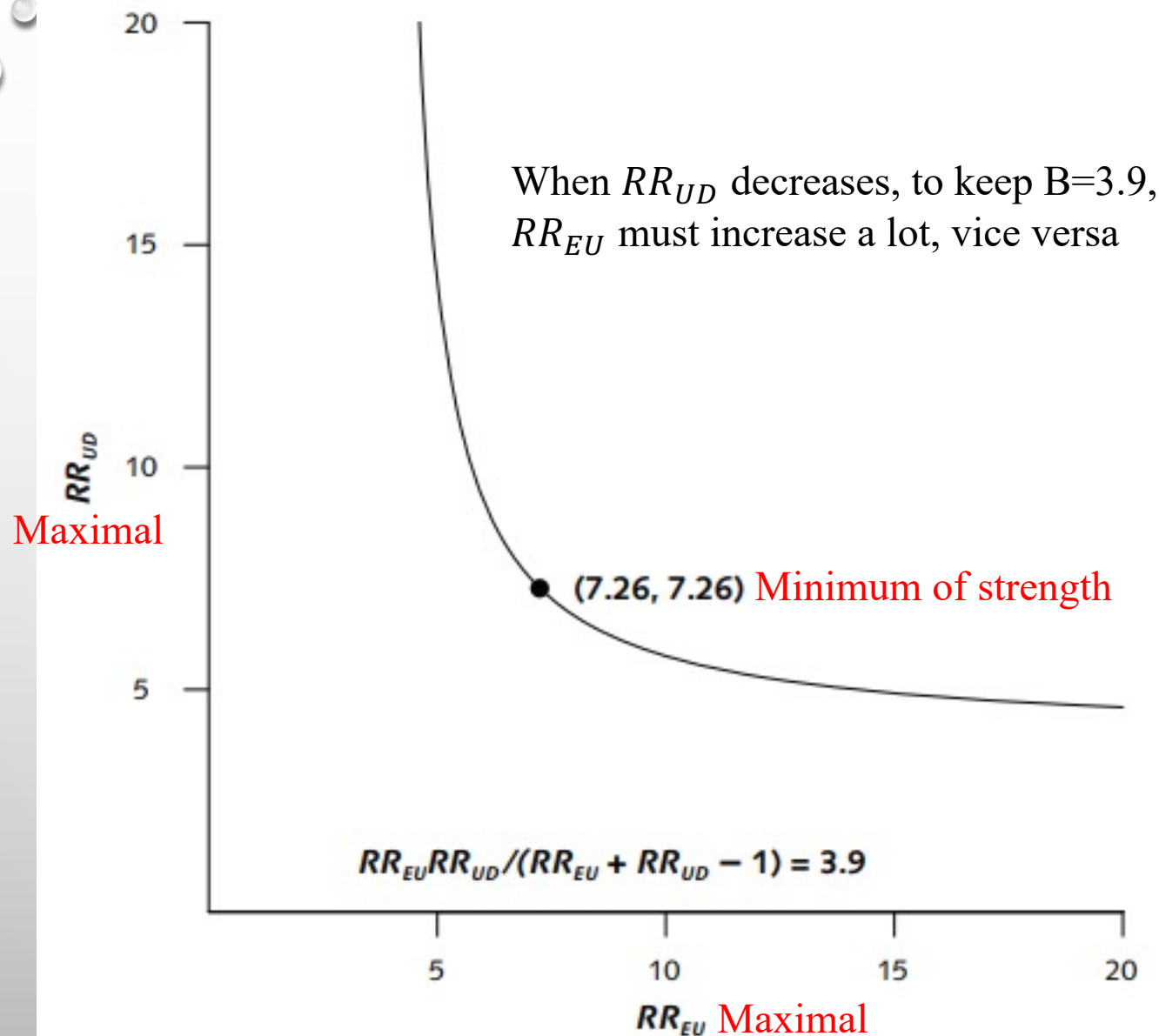
$E\text{ Value} \geq 1$

| Estimate or CI, by Direction of Risk Ratio | Computation of the E-Value |
|--|--|
| RR > 1 | |
| Estimate | E-value = $RR + \sqrt{RR \times (RR - 1)}$ |
| CI | If $LL \leq 1$, then E-value = 1 If $LL > 1$, then E-value = $LL + \sqrt{LL \times (LL - 1)}$ |
| RR < 1 | |
| Estimate | Let $RR^* = 1/RR$ E-value = $RR^* + \sqrt{RR^* \times (RR^* - 1)}$ |
| CI | If $UL \geq 1$, then E-value = 1 If $UL < 1$, then let $UL^* = 1/UL$ and E-value = $UL^* + \sqrt{UL^* \times (UL^* - 1)}$ |

LL = lower limit of the CI; RR = risk ratio; RR^* = inverse of RR; UL = upper limit of the CI; UL^* = inverse of UL.

Example (VanderWeele and Ding, 2017)

- Association between maternal breastfeeding (E) and respiratory death (D) (Victora et al, 1987)
- $RR^{obs} = 3.9$ (CI, 1.8 to 8.7) for infants formula-fed rather than breastfed
- Unmeasured confounder (U): maternal smoking status
- Adjusted measured confounders
- Suppose maximal $RR_{UD} = 4$ and $RR_{EU} = 2$
- $B = 4 \times \frac{2}{4+2-1} = 1.6$
- $RR^{true} \geq 3.9/1.6 = 2.43$ (CI, 1.1 to 5.4)
- U would not suffice to explain away the effect estimate of E on D
- E-value = $3.9 + \sqrt{3.9 \times (3.9 - 1)} = 7.26$
- The observed RR of 3.9 could be explained away by an unmeasured confounder that was associated with both exposure and outcome by a RR of 7.26-fold each, above and beyond the measured confounders, but weaker confounding could not do so



- Large E-value: considerable unmeasured confounding would be needed to explain away an effect estimate
- Small E-value: little unmeasured confounding would be needed to explain away an effect estimate
- “Large or small” is relative to the outcome and exposure

Strengths and Limitations

- **Strengths:**

- Without assumptions (Conservative)
- Easy to calculate, report and interpret
- Standardized across different scales (OR, HR, count, continuous outcome)
- Reducing subjectivity

- **Limitations:**

- Avoid to be used: unmeasured confounder is known and rare
- E-value cannot be used to provide evidence for no effect
- Hard to interpret when unmeasured confounders have more than 2 categories or are continuous
- Bias other than confounding, such as selection bias, measurement error or publication bias can undermine causal effects

Applications

- R Package: [EValue](#)
- Stata Module: [EVALUE](#)
- Website: <https://www.evalue-calculator.com>

More Resources: [selection bias](#); measurement error; a combination of unmeasured confounding, selection bias, and measurement error; [unmeasured confounding](#) and publication bias in meta-analyses

Outcome type

Relative risk / rate ratio

Relative risk / rate ratio

Odds ratio (outcome prevalence <15%)

Odds ratio (outcome prevalence >15%)

Hazard ratio (outcome prevalence <15%)

Hazard ratio (outcome prevalence >15%)

Standardized mean difference (d)

Risk difference

Linear regression coefficient

Outcome type

Relative risk / rate ratio

Point estimate

3.9

Confidence interval lower limit

1.8

Confidence interval upper limit

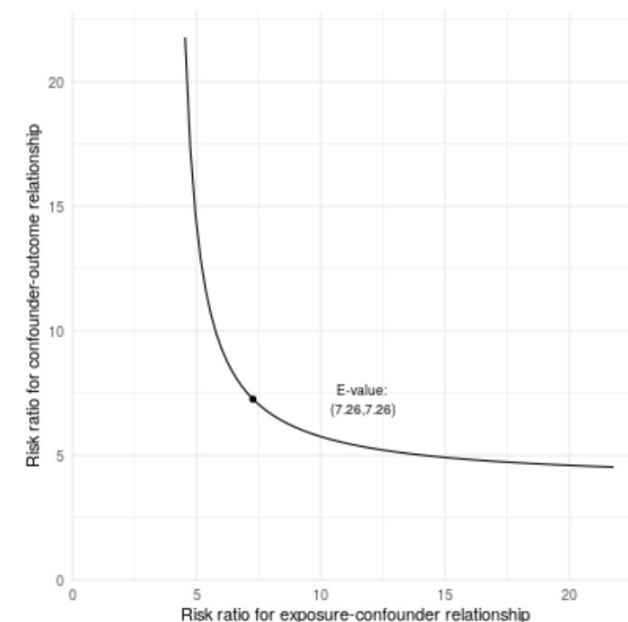
8.7

True causal effect to which to shift estimate (default: null)

1

E-value for point estimate: 7.26 and for confidence interval: 3

☒ Show plot



Each point along the curve defines a joint relationship between effect. If one of the two parameters is smaller than the E-value,

Reference

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