

# Publication Bias in Meta-Analysis

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#### **Publication Bias**

Studies with large effects are more likely to be published Incentives for bad research practices (*p*-hacking...)



## **Meta-Analysis**

Aim to summarize evidence & reach conclusions classical meta-analyses rely on random sample assumption



## **Fixed Effects Meta-Analysis**

Study *i* of *n* studies, effects  $\theta_i$  and variances  $v_i$ , s.e.  $s_i$ 

Fixed effects estimate: weighted mean with  $w_i = 1/\hat{v}_i$ :

$$\theta_f = \frac{\sum_{i=1}^n w_i \theta_i}{\sum_{i=1}^n w_i}$$
$$\operatorname{se}(\theta_f) = \frac{1}{\sqrt{\sum_{i=1}^n w_i}}$$

## **Random Effects Meta-Analysis**

Let 
$$\hat{\theta}_i | \theta_i \sim N(\theta_i, v_i) \theta_i \sim N(\theta, \tau^2)$$

Random effects estimate: weighted mean of  $\hat{\theta}_i$  with weights  $w_i = 1/(\hat{v}_i + \tau^2)$ 



#### **Evidence Based Medicine**

Likely to base decisions on over-optimistic findings

Direct consequences: patient harm and unnecessary research



## **Cochrane Organisation**

Aim: summarise findings in primary clinical research and health care

Provide peer-reviewed, systematic reviews

Public access (for some countries)



#### **Research Question**

Quantify the abundance and impact of publication bias in the Cochrane Library



## **Cochrane Library Dataset**

5,016 systematic reviews with studies published until 2018.

52,995 studies.

463,820 study results.



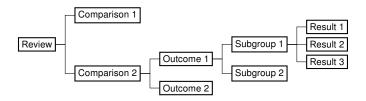
# **Review Example: Binary Outcome**

## Barbiturate efficacy for head injury treatment

Study	Comparison	Outcome	Events	Total	Events_c	Total_c
Bohn 1989	Barbiturate vs no b	Death at the end of	11	41	11	41
Bohn 1989	Barbiturate vs no b	Death or severe dis	18	41	13	41
Eisenberg 1988	Barbiturate vs no b	Uncontrolled ICP du	25	37	30	36
Eisenberg 1988	Barbiturate vs no b	Hypotension during	23	37	18	36
Perez-Barcena 2008	Pentobarbital vs Th	Death at the end of	16	21	9	21
Perez-Barcena 2008	Pentobarbital vs Th	Death or severe dis	17	21	13	21
Perez-Barcena 2008	Pentobarbital vs Th	Uncontrolled ICP du	18	22	11	22
Perez-Barcena 2008	Pentobarbital vs Th	Hypotension during	20	22	21	22
Schwartz 1984	Barbiturate vs Mann	Death at the end of	6	15	7	14
Schwartz 1984	Barbiturate vs Mann	Uncontrolled ICP du	19	28	12	31
Ward 1985	Barbiturate vs no b	Mean ICP during tre	0	27	0	26
Ward 1985	Barbiturate vs no b	Mean arterial press	0	27	0	26
Ward 1985	Barbiturate vs no b	Mean body temperatu	0	27	0	26



#### **Dataset Structure**





## **Dataset Properties**

## Review or study level:

	5% quantile	median	mean	95% quantile
Number of studies	1	7	12	40
Number of comparisons	1	2	4	12
Number of meta-analyses	2	19	37	132
Study years	1981	2002	2000	2013
Study sample size	13	78	750	890



## **Small Study Effects**

"The tendency for the smaller studies to show larger treatment effects" (Sterne et al., 2001)



## **Small Study Effects**

#### Causes:

- Selective publication of studies with significant results publication bias
- Systematic differences in study settings



## **Small Study Effect Tests**

Different approaches:

- Simple linear regression
- Rank correlation

Special methods for binary outcomes



## **Regression based Tests**

study *i* of *n* studies, effects  $\theta_i$  and variances  $v_i$ , s.e.  $s_i$ 

 $\theta_M$  is the pooled effect and  $\tau^2$  the between-study variance.

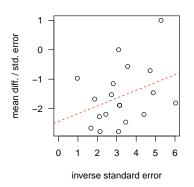
Let 
$$y_i = \theta_i/i$$
 and  $x_i = 1/s_i$ 

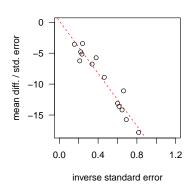
- Egger et al. (1997) : Simple linear regression  $y_i = \beta_0 + \beta_1 x_i, \epsilon_i \sim N(0, \sigma)$
- Thompson and Sharp (1999) : extension of Egger with study weights  $v_i + \tau^2$



# **Egger's Test examples**

## Test for non-zero intercept $\beta_0$







# **Regression Tests for Binary Outcomes**

- Peters et al. (2006) : $x_i = 1/n_i$  instead  $1/s_i$ , inverse variances as weight.
- Harbord et al. (2006) : $x_i$  = score of the log-likelihood of a proportion and inverse variances as weights.
- Rücker et al. (2008) :Use arcsine variance stabilizing transformation for variances and effects, do e.g. Egger's test.

#### Rank based tests

### Begg (1988):

Let  $y_i$  be  $\frac{\theta_i - \theta_M}{v_i}$  and  $x_i$  its variance  $(\neq v_i)$ 

u the number of pairs  $(y_i, x_i)$  ranked in the same order, I the number of pairs in the opposite order

$$Z = \frac{(u-l)}{\sqrt{n(n-1)(2n+5)/18}}$$
 is a test statistic



#### Rank based tests

Schwarzer et al. (2007):

et number of events in the treatment group

 $E_t$  follows hypergeometric distribution: calculate  $\mathbb{E}(E_t)$  and variances

proceed as in Begg (1988)

#### **Test Results**

Inclusion criteria (from loannidis and Trikalinos (2007)):

- $n \ge 10$
- at least one statistically significant effect in a study

$$-\frac{\hat{v_{\max}}^2}{\hat{v_{\min}}^2} > 4$$

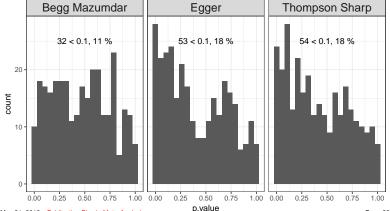
$$-I^2 < 0.5$$

From 5338 with  $n \ge 10$ , 1484 remain.



#### **Continuous Outcome Test Results**

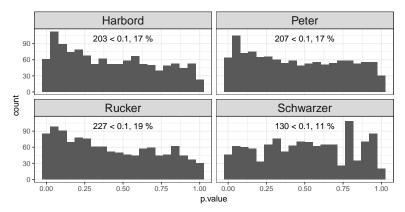
p-values distribution, n = 294:





## **Binary Outcome Test Results**

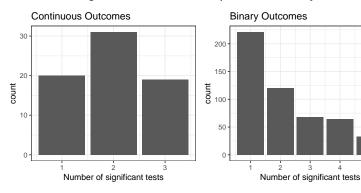
p-values distribution, n = 1190:





# Agreement in significance

## Number of significant test results per meta-analysis:





# **Small Study Effect Adjustment**

#### Three methods:

- Regression
- Copas selection model
- Trim-and-fill

# **Adjustment by regression**

$$y_i = \theta_i/s_i, x_i = 1/s_i$$

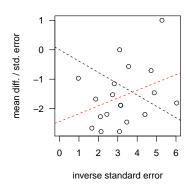
$$y_i = \beta_0 + \beta_1 x_i, \epsilon_i \sim N(0, \sigma)$$

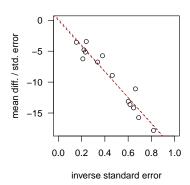
 $\beta_1$  is the weighted mean treatment effect if  $\beta_0 = 0$ 



## **Adjustment by regression**

## Radial plots (continuous outcome examples):







## **Limit Meta-Analysis**

Extended random effects model:

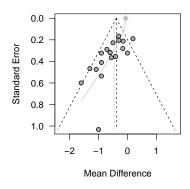
$$\theta_i = \beta_0 + \beta_1(\sqrt{v_i + \tau^2}) + \epsilon_i(\sqrt{v_i + \tau^2}),$$
$$\epsilon_i \stackrel{\text{iid}}{\sim} N(0, 1)$$

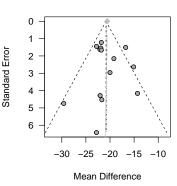
Use  $\mathbb{E}(\theta_i) \to \beta_0 + \beta_1 \tau$  for  $\sqrt{v_i} \to 0$  as corrected treatment effect.



## **Limit Meta-Analysis**

## Funnel plot with effect with infinite precision:





#### Selection model

Copas and Shi (2001): model based on a bivariate normal distribution:

$$\hat{\theta}_i = \theta_i + \sigma_i \epsilon_i \tag{1}$$

$$\theta_i \sim N(\theta, \tau^2)$$
 (2)

$$z_i = a + b/\hat{s}_i + \delta_i \tag{3}$$

1,2 is called population model, 3 the selection model

 $(\epsilon_i, \delta_i)$  are standard normal residuals with correlation  $\rho = cor(y_i, z_i)$ .



## **Sensitivity Analysis**

Model the selection process with different a, b

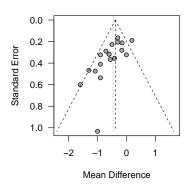
Test if small study effect is significant, by including  $\theta_i = \theta_i + \beta s_i + v_i \epsilon_i$ 

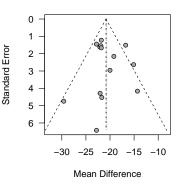
Estimation: Select *a*, *b* such that *H*0 can not be rejected and estimated number of unpublished studies is minimal.



#### **Trim-and-Fill**

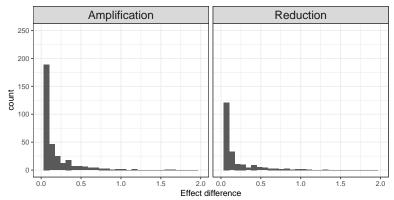
## Mirror studies that cause asymmetry:





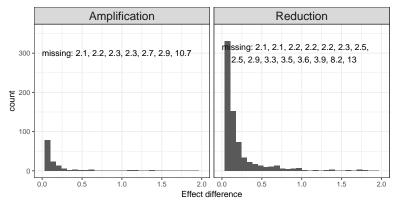
#### **Results:**

Difference between random and fixed effects meta-analysis estimate:  $|\theta_f - \theta_r|$ 



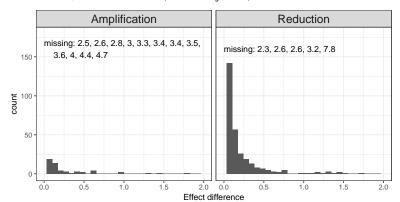
# **Adjustment Results: Trim-and-fill**

Absolute difference between adjusted and fixed effects meta-analysis estimate:  $|\theta_f - \theta_{\text{adjusted}}|$ 



# **Adjustment Results: Copas**

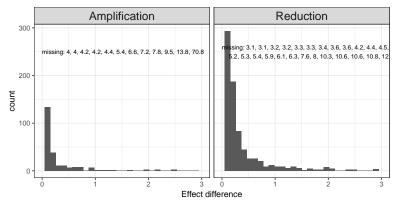
Absolute difference between adjusted and fixed effects meta-analysis estimate:  $|\theta_f - \theta_{\rm adjusted}|$ 





# **Adjustment Results: Regression**

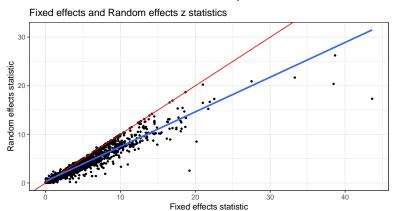
Absolute difference between adjusted and fixed effects meta-analysis estimate:  $|\theta_f - \theta_{\text{adjusted}}|$ 





### **Results:**

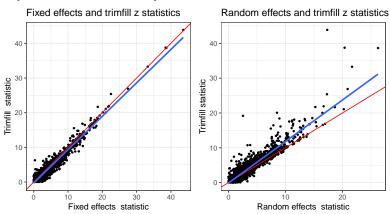
### Random and fixed effects meta-analyses test statistics:





## **Adjustment Results: Trim-and-fill**

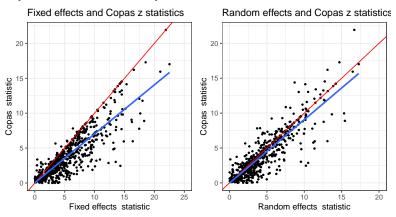
### Adjusted and meta-analysis test statistics:





# **Adjustment Results: Copas**

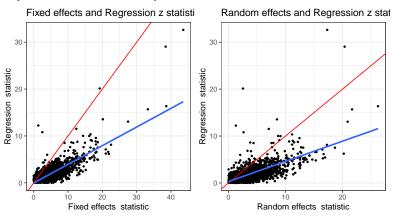
### Adjusted and meta-analysis test statistics:





# **Adjustment Results: Regression**

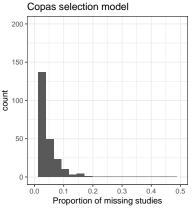
### Adjusted and meta-analysis test statistics:

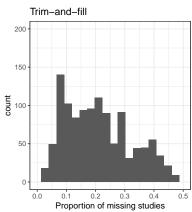




# **Adjustment Results**

## Missing study proportions:

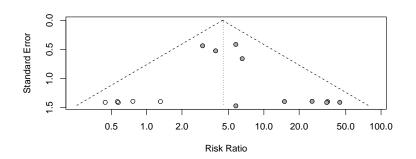






### **Extreme Results**

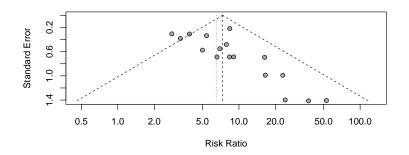
RR reduction by trimfill (-3.9), side effects





#### **Extreme Results**

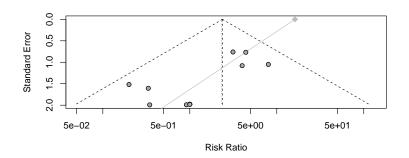
RR Reduction by copas selection model (-4), pain relief





### **Extreme Results**

RR Amplification by regression (+14), side effects





### **Discussion**

- Proportion of positive tests is well above 10%
- Effect sizes and evidence for treatment effect is diminishued
- Limitations: not only primary outcomes, adjustment methods known to perform poorly under the 0

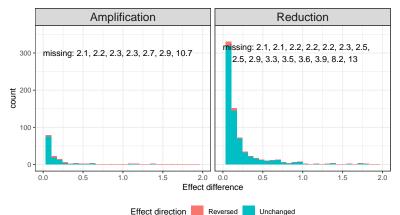


### **Outlook**

- Connect results with different medical fields, look for differences
- Connect results with single studies and journals (?)

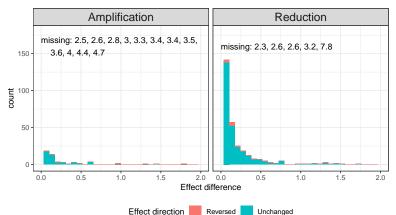
# **Adjustment Results: Trim-and-fill**

#### Treatment effect difference:



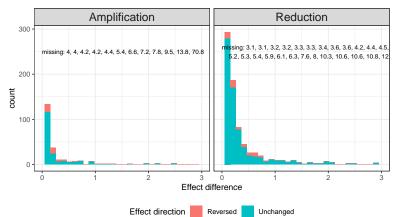
# **Adjustment Results: Copas**

#### Treatment effect difference:



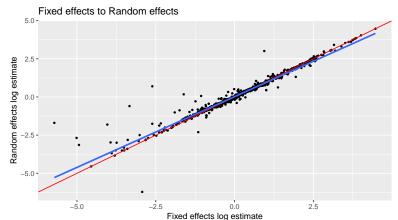
# **Adjustment Results: Regression**

#### Treatment effect difference:

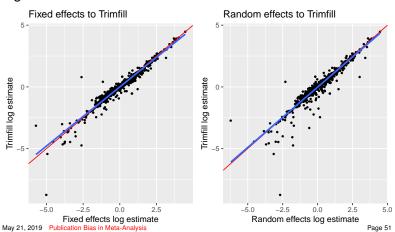




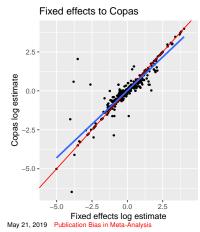
### Results

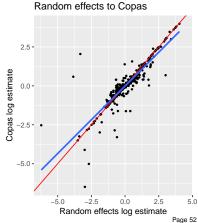


# **Adjustment Results: Trim-and-fill**

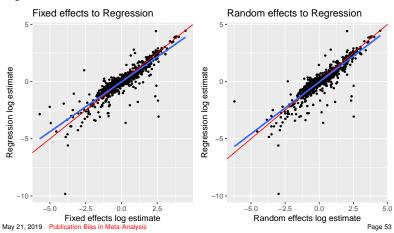


# **Adjustment Results: Copas**





# **Adjustment Results: Regression**





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