Defining the estimand of interest when integrating data across studies

* Underlying assumption
  + There is some true CATE that is universal across studies, and there is exactly one true Y(0) and one true Y(1) for each X
  + There is a true CATE but it depends on study membership, meaning Y(0) and Y(1) can be different for individuals with the same X but who come from different studies
    - Study is actually moderating the treatment effect; there is something at the study level that affects the way treatment impacts the outcome
* Modeling approaches
  + If we assume that the true CATE depends on study membership, then it makes sense to have study-specific CATE functions
  + If we assume that there is a universal CATE, then we need to find a way to estimate a universal function or impute missing study variables
* Methods in simulations paper
  + Complete pooling: assumes universal CATE
  + Pooling with trial indicator: allows study to moderate the effect
  + Ensembling: allows for treatment effects to vary by study
  + Meta-analysis: assumes shared model for Y(0) but allows for study-level variance in treatment effect (??)
* Questions
  + Can we assume a universal CATE with the methods that estimate study-specific ones? And then I guess we just haven’t reached the final step yet?
  + Doesn’t it make sense for there to be some study-level variation in the treatment effect, but is that just a random error issue or is it something systematic?
  + Does study capture some unobserved variables and can it serve as sort of a proxy for that?