

Lecture 10: IPTW for Marginal Structural Models, Inference for IPTW

A roadmap for causal inference

1. Specify **Causal Model** representing real background knowledge
2. Specify **Causal Question**
3. Specify **Observed Data** and link to causal model
4. **Identify** : Knowledge + data sufficient?
5. Commit to an **estimand** as close to question as possible, and a **statistical model** representing real knowledge.
6. **Estimate**
7. **Interpret** Results

Outline

1. IPTW for Working MSM
2. IPTW for MSM conditional on baseline covariates
3. Inference for IPTW

References

- Hernan and Robins. “Estimating causal effects from epidemiological data” *J. Epidem and Community Health*, 60(7): 578-586, 2006
- Robins and Hernan. “Estimation of the causal effects of time-varying exposures” In Fitzmaurice, Davidian, Verbeke, Molenberghs, editors, Longitudinal Data Analysis, chapter 23. Chapman & Hall/CRC Press, Boca Raton, FL, 2009
- Robins, Hernan, Brumback. “Marginal Structural Models and Causal Inference in Epidemiology”. *Epidemiology*, 11(5):550-560, 2000
 - Longitudinal MSM
- Petersen, et al. “Diagnosing and responding to violations in the positivity assumption” *Statistical Methods in Medical Research*, 21(1):31-54, 2012
- Neugebauer and van der Laan. “Nonparametric causal effects based on marginal structural models” *Journal of Statistical Planning and Inference*, 137(2): 419-434, 2007.

Recap: Marginal Structural Models

- Another way to define your target parameter...
- Provides a summary measure of how the counterfactual outcome changes as a function of treatment
 - and possibly pre-treatment covariates that are effect modifiers of interest
- Useful when A (or (A,V)) has many possible levels...

Defining our target parameter using a marginal structural model

- Example: we are interested in how counterfactual mean blood pressure (Y) varies as a function of drug dose (A)
 - Drug can be given at one of five doses
 - $\mathcal{A}=\{0,1,2,3,4\}$
- Defining our target causal parameter
- Option 1: Estimate all the pairwise comparisons
 - (or those of interest)
 - Ex. $E(Y_5 - Y_1)$; $E(Y_4 - Y_0)$; etc...

Defining our target parameter using a marginal structural model

- Option 2: Summarize how counterfactual outcome (blood pressure) varies as a function of dose using a marginal structural model
- Ex. $E(Y_a) = m(a | \beta) = \beta_0 + \beta_1 a$
 - Assumes a linear change in expected counterfactual blood pressure with increasing dose
 - Or if a working MSM, projection of true causal curve onto a linear model

IPTW estimator for a point treatment marginal structural model

- IPTW estimator of β is solution in β to the following estimating equation:

$$0 = \frac{1}{n} \sum_{i=1}^n \frac{h(A_i)}{g_n(A_i|W_i)} (Y_i - m(A_i|\beta))$$

— $h(A)$ is any non-null function of A

IPTW estimator for a point treatment marginal structural model

- One choice: $h(A) = \frac{d}{d\beta} m(A|\beta) g^*(A)$
- This choice is appealing because it lets us use standard regression software to solve for β , using weights $g^*(A)/g(A|W)$
 - $g^*(A)$ is any non-null function of A

Some brief intuition about estimating equations

- Say we have a linear regression model:

$$E(Y|A)=m(A|\beta)=\beta_0+\beta_1A$$

- How can we estimate β ?
 - One option: minimize the sum of squared errors

$$\hat{\beta} = \arg \min_{\beta} \sum_{i=1}^n (Y_i - m(A_i|\beta))^2$$

- We can do this by taking the derivative with respect to β , setting equal to zero, and solving for β

Some intuition about the IPTW estimating equation

- Standard least squares estimator for β corresponds to solving

$$0 = \frac{1}{n} \sum_{i=1}^n \frac{d}{d\beta} m(A_i|\beta) (Y_i - m(A_i|\beta))$$

- IPTW estimator (for particular choice h) solves weighted version of this estimating equation
 - Intuition: Weights used to correct for confounding

$$0 = \frac{1}{n} \sum_{i=1}^n \frac{g^*(A_i)}{g(A_i|W_i)} \frac{d}{d\beta} m(A_i|\beta) (Y_i - m(A_i|\beta))$$

IPTW Estimator of a Marginal Structural Model Parameter

1. Estimate probability of treatment given covariates: $g_0(A|W)$
 - One option when A has multiple levels- multinomial logistic regression
 - Other (data-adaptive) approaches also possible...
2. Each subject i gets a weight: $g^*(A_i)/g_n(A_i|W_i)$
 - We can choose $g^*(A)$

IPTW Estimator of a Marginal Structural Model Parameter

3. In the reweighted population, treatment is no longer associated with covariates W
 - If W is sufficient to control for confounding (ie satisfies back door criterion), can estimate effect simply by looking at association between exposure and outcome
4. Regress Y on A according to MSM, using estimated weights
 - Can use standard software, and provide the weights

Choice of numerator for the weights

- When we use IPTW to estimate the parameters of a correctly specified marginal structural model
 1. Choice of numerator for the weights does not affect consistency of the estimator
 - MSM- based IPTW estimator corresponds to modified Horvitz Thomas estimator
 2. Choice of numerator can affect efficiency
 - Particular choices of $g^*(A)$ can result in lower variance estimators
- To see why, lets consider an MSM with effect modifiers..

Choosing a numerator for the weights in an MSM

- Let's start by assuming that our MSM is correctly specified

Ex: $E(Y_a) = \beta_0 + \beta_1 a$ for some β

- “Stabilized weights:” Choose $g^*(A)$ equal to the marginal probability of A
 - Estimate $g^*(a)$ as proportion of people with $A=a$

$$st.wt = \frac{g_n^*(A)}{g_n(A|W)}$$

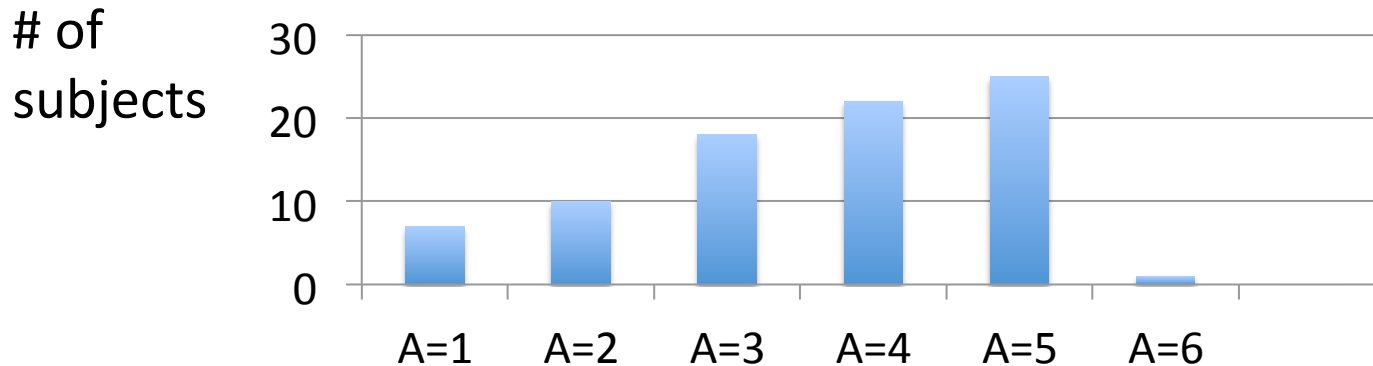
Why is this choice of $g^*(A)$ commonly recommended?

1. Reduce variability in the weights

- If some levels of A are rare, the few individuals who have those values will have small predicted probability of having their observed treatment
 - $g_n(A|W)$ will be small
- Unstabilized weights for these individuals will be large
 - Drive up variability of estimator
- Stabilization can help avoid these extreme weights

Modified Example 2

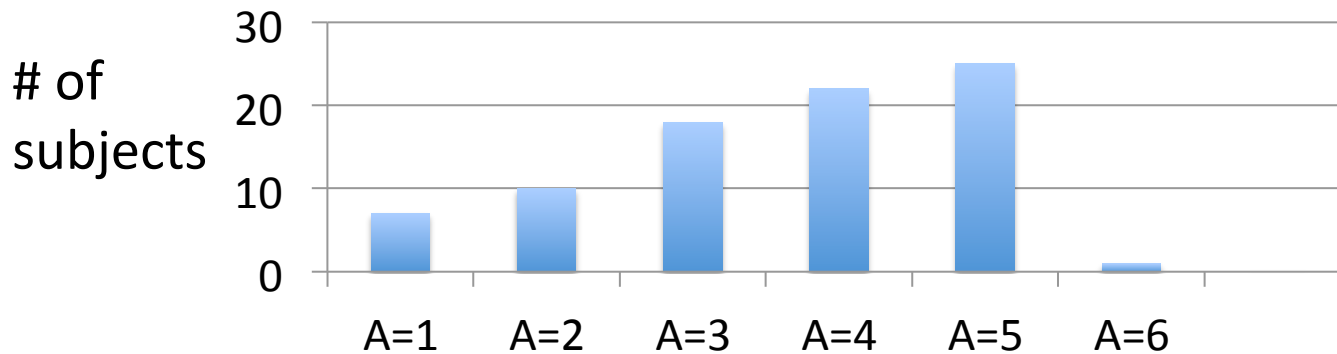
- Say one person in our sample gets a high dose



- MSM: $E(Y_a) = \beta_0 + \beta_1 a$
- Unstabilized weights: $1/g_n(A_i | W_i)$
 - Denominator small (and thus weight large) for subject who gets highest dose

Modified Example 2

- Say one person in our sample gets a high dose



- MSM: $E(Y_a) = \beta_0 + \beta_1 a$
 - Stabilized weights: $g_n^*(A_i) / g_n(A_i | W_i)$
 - Denominator small (and thus weight large) for subject who gets highest dose
 - Numerator also small for this subject
 - Less extreme weight

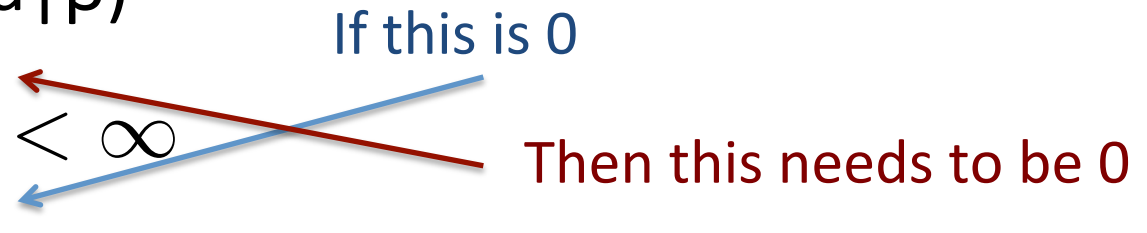
Why is this choice of $g^*(A)$ commonly recommended?

2. Weaker positivity assumption

- Recall: Unlike the substitution estimators, the IPTW estimator of $E(Y_a)$ cannot extrapolate to areas of the data with no support
- However, the IPTW estimator of an MSM parameter can extrapolate
 - It extrapolates using the MSM itself

Weakening the positivity assumption

- The positivity assumption we need for identifiability depends on our choice of $g^*(A)$
- Positivity assumption for parameter defined using MSM: $m(a|\beta)$

$$\sup_{a \in \mathcal{A}} \frac{g^*(a)}{g_0(a|w)} < \infty$$


If this is 0

Then this needs to be 0

for all w for which $P_0(W = w) > 0$

- If we choose $g^*(a) = P(A=a)$, any value of exposure that occurs with non zero probability must occur with non-zero probability in all strata of W

Why is this helpful?

- It means that our target causal quantity is still defined if some levels of the exposure of interest occur with zero probability
- Ex: $E(Y_a) = \beta_0 + \beta_1 a$
 - MSM here is assuming a linear relationship between dose and expected blood pressure
 - If we believe this model, it doesn't matter if there are some values of the exposure with zero probability of occurring (or that don't occur in our sample)
- The MSM itself allows us to extrapolate

Modified Example 1

- Say no one in our target population gets the highest dose of the drug
 - $P_0(A=6)=0$
- The strong positivity assumption will fail

$$\min_{a \in \mathcal{A}} P_0(A = a | W = w) > 0,$$

for all w for which $P_0(W = w) > 0$

- The Standard IPTW estimator will fail for $a=6$

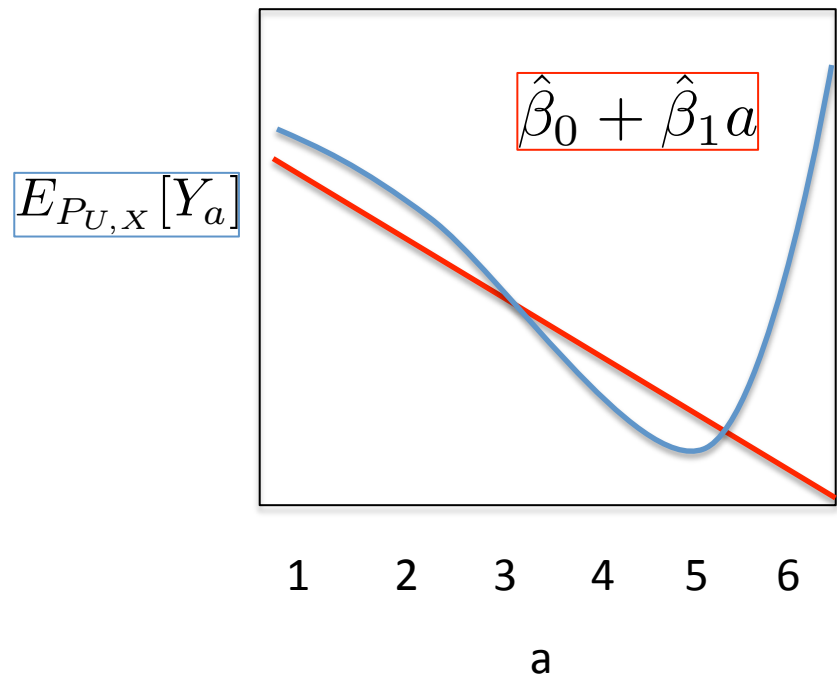
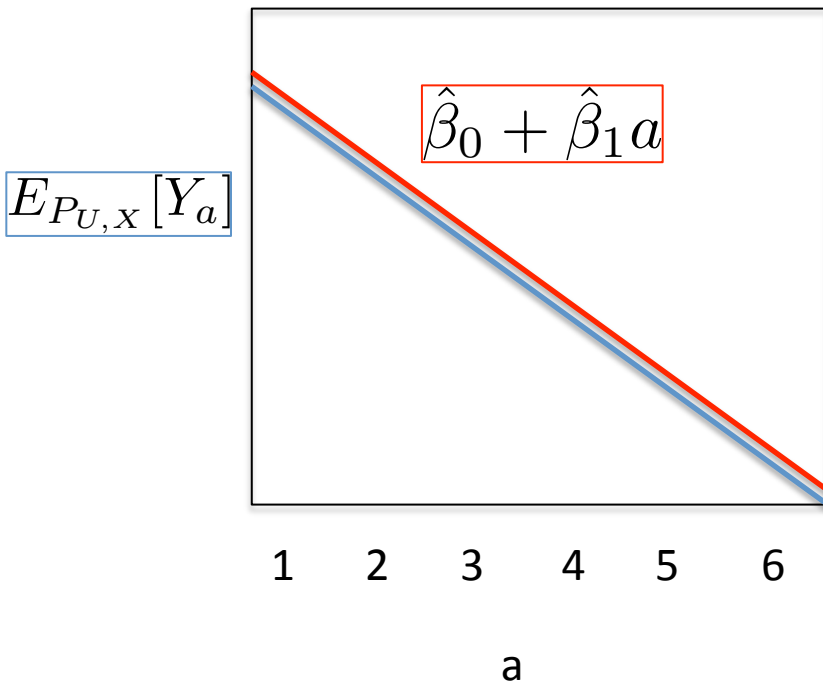
$$\hat{\Psi}_{IPTW}(P_n) = \frac{1}{n} \sum_{i=1}^n \frac{I(A_i = a)}{g_n(A_i | W_i)} Y_i$$

Modified Example 1

- We assume MSM: $E(Y_a) = \beta_0 + \beta_1 a$
- Now we need a weaker positivity assumption
 - Positive probability of getting doses 1-5 regardless of covariate values
- If this holds, IPTW estimator of β still defined
- Resulting estimate of β allows us to extrapolate in order to generate estimates of the expected counterfactual outcome at the highest dose

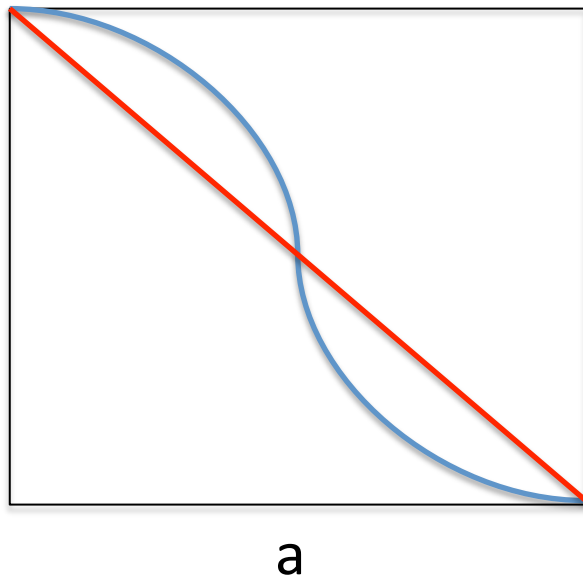
MSM allows us to extrapolate

- Fine if the MSM is correctly specified
- Dangerous if it isn't



Marginal Structural Working Models

- We usually don't know enough to confidently specify a parametric model for our dose response curve
- Nonetheless, we may be willing to settle for some summary measure of the true dose-response curve....



Define target parameter as
a projection of the true causal
curve onto a working model

$$m(a|\beta) = \beta_0 + \beta_1 a$$

$$\beta(P_{U,X}|m) \equiv \arg \min_{\beta} E_{P_{U,X}} \left[\sum_{a \in \mathcal{A}} (Y_a - m(a|\beta))^2 \right]$$

Recap: When we use IPTW to estimate the parameters of a *correctly specified* marginal structural model

1. Choice of numerator for the weights does not affect consistency of the estimator
2. Choice of numerator can affect efficiency
 - “Stabilized weights:” Choose $g^*(A)$ equal to the marginal probability of A
 - Estimate $g^*(a)$ as proportion of people with $A=a$

$$st.wt = \frac{g_n^*(A)}{g_n(A|W)}$$

IPTW estimator for a working MSM

- If we assume our MSM is correctly specified, choice of numerator only affects efficiency
- If we define our target parameter using a working MSM, choice of numerator changes the target parameter...

$$\beta(P_{U,X}, m, g^*) \equiv \arg \min_{\beta} E_{P_{U,X}} \left[\sum_{a \in \mathcal{A}} (Y_a - m(a|\beta))^2 g^*(a) \right]$$

- $g^*(a)$ how much weight we put on specific values of the exposure

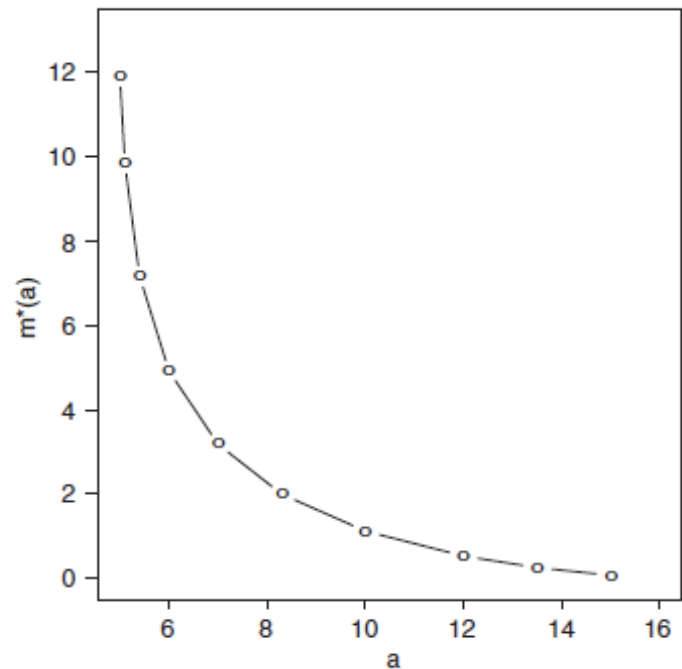
IPTW estimator for a working MSM

- Choice of numerator changes the target parameter
 - Option1: Unstabilized weights
 - Numerator=1 : puts equal weight on all possible values a in \mathcal{A}
 - Option 2: Stabilized weights
 - Numerator=empirical proportion with a subject's observed A : puts less weight on values of A with few (or no) observations
 - Puts zero weight on values (a) such that $g(A=a)=0$
 - Relies entirely on extrapolation for these values

Simulation Example

- Neugebauer R, et al.
Nonparametric causal effects based on marginal structural models *JSPI* (2007)

- True Causal Curve



$$E(Y_a) = 4 - 3 \log(a - 4.9) + 0.2a$$

Simulation Example

- True causal curve

$$E(Y_a) = 4 - 3 \log(a - 4.9) + 0.2a$$

- Working MSM $m(a|\beta) = \beta_0 + \beta_1 a$

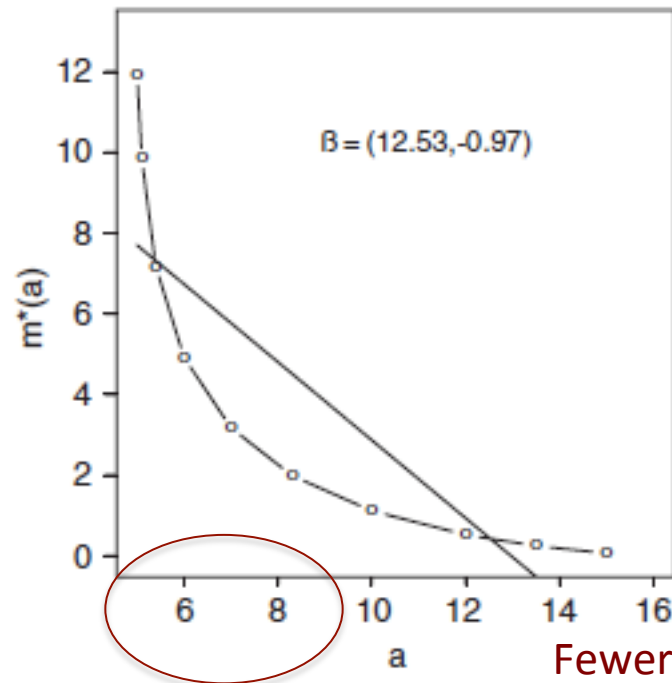
- Target Parameter

$$\beta(F_X, m, g^*) = \arg \min_{\beta} \left[\sum_{a \in \mathcal{A}} (Y_a - m(a|\beta))^2 g^*(a) \right]$$

- Option 1: $g^*(a)=1$
- Option 2: $g^*(a)=P(A=a)$

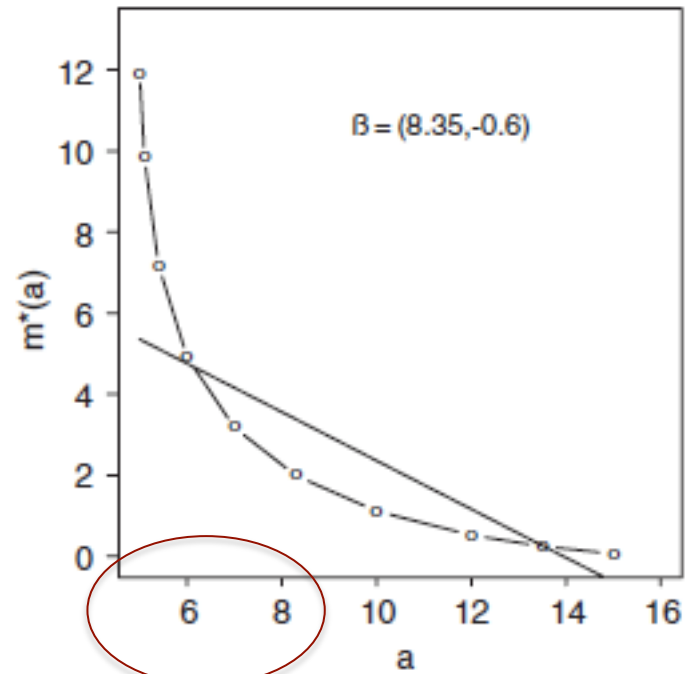
Simulation Example

- Option 1: $g^*(a)=1$



Fewer Observations

- Option 2: $g^*(a)=P(A=a)$



Marginal treatment probabilities in the simulation with point treatment data

a	5	5.1	5.4	6	7	8.3	10	12	13.5	15
$g(a)$	0.01	0.01	0.035	0.035	0.04	0.065	0.085	0.2	0.26	0.26

Marginal structural models used to define modification of causal effects by baseline covariates

- Example: Interested in a summary of how counterfactual blood pressure varies as a function of dose and baseline risk (BR)
 - Hypothesis: the dose response curve will differ by $V=BR$
- A possible MSM: ($BR=V$)
$$E(Y_a | V) = \beta_0 + \beta_1 a + \beta_2 V + \beta_3 a \times V$$

How would we implement the IPTW estimator of this parameter?

- As before,
 1. Estimate $g_0(A | W)$
 2. Generate predicted probability that each subject received his/her observed treatment given covariates
 3. Use these predicted probabilities to estimate the weights
 4. Regress Y on A and BR according to MSM, using weights

How does estimation of causal effects conditional on baseline effect modifiers change the IPTW estimator?

- We have more choices for the numerator of the weights
- For non-conditional MSMs such as $E(Y_a) = \beta_0 + \beta_1 a$, the numerator can be any non-null function of A
- Example: $P(A=a)$ for subjects for whom $(A=a)$
 - the numerator is each subject's estimated probability of getting her observed treatment
 - Ex: the proportion of the sample that got the same treatment as that subject

Choosing a numerator for the weights in a conditional MSM

- For conditional MSMs such as

$$E(Y_a | V) = \beta_0 + \beta_1 a + \beta_2 V + \beta_3 a \times V$$

the numerator can be any non-null function of (A, V)

- IPTW estimator solves the following estimating equation

$$0 = \frac{1}{n} \sum_{i=1}^n \frac{g^*(A_i, V_i)}{g(A_i | W_i)} \frac{d}{d\beta} m(A_i, V_i | \beta) (Y_i - m(A_i, V_i | \beta))$$

Stabilized weights in a conditional MSM

- Choose $g^*(A|V) = P_0(A|V)$
 - Often can estimate as the empirical proportion
- Numerator is each subject's probability of getting his/her observed treatment, given his/her effect modifiers of interest

$$st.\hat{wt}_i = \frac{g^*(A_i|V_i)}{g_n(A_i|W_i)}$$

- Why? Same arguments apply
 - Weaker positivity assumption
 - Reduce variability in the weights

Weakening the positivity assumption

- The positivity assumption we need for identifiability depends on our choice of $g^*(A, V)$
- Positivity assumption for parameter defined using MSM: $m(a, V | \beta)$

$$\sup_{a \in \mathcal{A}} \frac{g^*(a, V)}{g_0(a | W)} < \infty,$$

for all w for which $P_0(W = w) > 0$

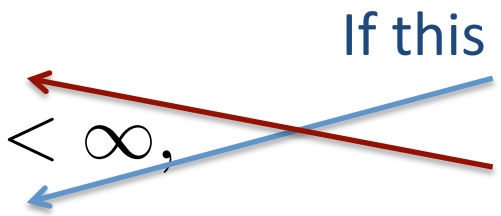
Diagram annotations:

- A blue arrow points from the text "If this is 0" to the denominator $g_0(a | W)$.
- A red arrow points from the text "Then this needs to be 0" to the numerator $g^*(a, V)$.
- The two arrows cross each other.

- In other words, for any (a, V) combinations for which $g^*(a, V) > 0$, we need $g_0(a | W) > 0$

Weakening the positivity assumption

- Stabilized weights: $g^*(a, V) = P(A=a | V)$
- Now, it is OK if certain exposure levels are not represented in certain strata of V

$$\sup_{a \in \mathcal{A}} \frac{g^*(a, V)}{g_0(a|W)} < \infty,$$


If this is 0

Then this needs to be 0

for all w for which $P_0(W = w) > 0$

- For these (a, v) combinations, we rely on the MSM to extrapolate
 - $E(Y_a | V) = \beta_0 + \beta_1 a + \beta_2 V + \beta_3 a \times V$

Stabilized Weights

- Why can stabilized weights improve efficiency?
- Intuition: Resulting estimator only uses weights to control for confounding beyond baseline

covariates V

$$V_{st.\hat{wt}} = \frac{g^*(A_i|V_i)}{g_n(A_i|W_i)}$$

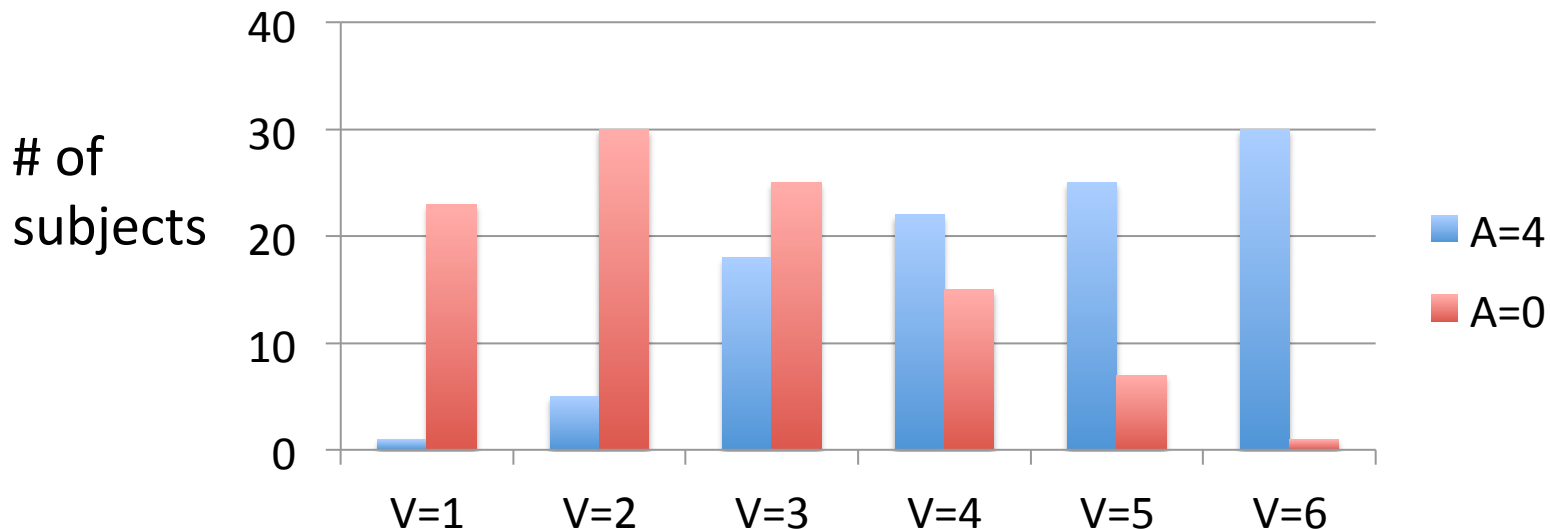
- If covariates in W no longer predict A after controlling for V , then the weights will be 1
 - Avoid adding additional variability with the weights

Stabilized weights

- Stabilized weights can still add efficiency in less extreme cases
 - i.e. even when the estimated weights are not one, stabilizing them can make them (and thus the IPTW estimator) less variable
- Subjects get up-weighted based on their probability of having their observed treatment given observed covariates relative to their probability of observed treatment given V

Baseline risk and drug dose

- Again: 5 drug doses (0,1,2,3,4)
- Baseline risk is effect modifier of interest (V)
 - Strongly associated with dose
- In lowest risk group only one person gets the highest dose
 - $P(A=4|V=1) = \text{small}$
- In highest risk group only one person gets the lowest dose
 - $P(A=0|V=6) = \text{small}$



Example: Advantage of Stabilized Weights

- Scenario #1: Unstabilized weights:
 - $1/g_n(A_i | W_i)$
 - Denominator small for
 - Subject in the lowest risk group who gets highest dose
 - Subject in the highest risk group who gets lowest dose
 - These subjects thus get big weights
 - Highly variable estimator (+ finite sample bias)

Example: Advantage of Stabilized Weights

- Scenario #2: Stabilized weights
 - $g_n^*(A_i|V_i)/g_n(A_i|W_i)$
 - Denominator small for
 - Subject in the lowest risk group who gets highest dose
 - Subject in the highest risk group who gets lowest dose
 - However... numerator is also small for these subjects
 - Their weights will only differ from 1 to the extent that additional covariates affect the probability of treatment
 - Less extreme weights

Estimating the Standard Error of the IPTW estimator for an MSM

- Standard software
 - Eg. Regress Y on A according to MSM, specifying weights, specify robust standard error estimate
 - Ex. `geeglm` in R
 - This provides standard error estimate for the estimates of β (the coefficients)
 - This is an influence curve-based approach

Estimating the Standard Error of the IPTW estimator for an MSM

- This approach treats the weights as fixed when in fact they were estimated
 - If the weights were estimated using MLE and a correctly specified parametric model- resulting standard error estimates conservative
 - Too big
 - If the weights were estimated using machine learning (eg Super-Learner)- no such guarantee

Alternative: Bootstrap

- If g was estimated using MLE of a correctly specified parametric model, NP-Boot can provide smaller CIs
 - More precise estimates
- If g was estimated with machine learning...
 - Also no theory guaranteeing that estimator meets conditions needed for non-parametric boot to work

Key points: IPTW

- Relies on consistent estimation of $g_0(A|W)$
- Data-adaptive algorithms often called for
 - Challenge: Not targeting the estimand
- 1. Be smart in your covariate selection
 - Want to avoid covariates that have strong effect on exposure and no or minimal effect on outcome
 - Dimension reduction based on marginal association with Y
- 2. NP-boot probably better for inference
 - Look at the bootstrap distribution of your estimator
 - Use quantiles to get 95% CI