

Lecture 11: Introduction to TMLE; Interpretation; Wrap up

Outline

- Recap of Estimators
- Intro to TMLE
- Back to the Roadmap
- Interpreting results
- Overview of course, what we have (and have not) covered in this course

References

- TLB. Chapters 4-6

The Roadmap

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

Estimate the Chosen Parameter of the Observed Data Distribution

- For illustration we are focusing primarily on a single statistical estimation problem
 - $O=(W,A,Y)\sim P_0$; Statistical model is non or semiparametric
 - $\Psi(P_0)=E_{W,0}(E_0(Y|A=1,W)-E_0(Y|A=0,W))$
 - Equal under backdoor criteria to the ATE
- Additional discussion of estimation of parameter defined using a marginal structural model
- We are focusing on three classes of estimator

Overview of Estimators

- Each class of estimator in turn requires for its implementation an estimator of a distinct factor of the observed data distribution
- Distribution of the observed data:
- $P_0(O)=P_0(W,A,Y) = P_0(W) P_0(A|W) P_0(Y|A,W)$

Different Estimators require estimators of distinct factors of the observed data distribution

- $P_0(O) = P_0(W, A, Y) = \underbrace{P_0(W) P_0(A | W) P_0(Y | A, W)}$
- Simple substitution estimators
 - Also referred to as “G-computation” estimators
 - Actually, rather than full $P_0(Y | A, W)$, only require estimators of $E_0(Y | A, W)$ (and $P_0(W)$)
- Consistency depends on consistent estimation of $E_0(Y | A, W)$
 - Super Learning can help here, but...

IPTW Estimators

- $P_0(O) = P_0(W, A, Y) = P_0(W) \underbrace{P_0(A|W)} P_0(Y|A, W)$

Inverse probability weighted estimators

- Consistency of IPTW estimators depends on consistent estimation of $g_0(A|W)$
 - Super learning can help here, but....

Coming next: Double Robust Estimators

- $P_0(o) = P_0(w, a, y) = \underbrace{P_0(y | a, w) P_0(w) P_0(a | w)}$

Double Robust estimators

-A-IPTW

-TMLE

- Implementation requires estimators of both $E_0(Y | A, W)$ and $g_0(A | W)$
 - Super learning
- Double Robust Estimators are consistent if either $E_0(Y | A, W)$ or $g_0(A | W)$ are estimated consistently

Double Robust Estimators

- $P_0(o) = P_0(w, a, y) = \underbrace{P_0(y | a, w) P_0(w) P_0(a | w)}_{\text{Double Robust estimators}}$

Double Robust estimators

- If both $E_0(Y | A, W)$ and $g_0(A | W)$ are estimated consistently, these estimators are efficient
 - Achieve lowest asymptotic variance possible for any estimator
- These asymptotic properties (describe what happens when n goes to infinity) also typically translate into lower bias and variance in finite samples...

Augmented IPTW

- Like IPTW, defined as a solution to an estimating equation
- The estimating equation corresponding to the efficient influence curve
- Efficient and double robust
- Will not cover in this class

Targeted Maximum Likelihood Estimation

- TMLE is a general methodology
- As with other estimators, we will illustrate for “G comp estimand”

$$\Psi(P_0) = E_{W,0}(E_0(Y | A=1, W) - E_0(Y | A=0, W))$$

General Overview: TMLE

- TMLE is a substitution estimator
 1. Estimate the portion of P_0 that the target parameter is a function of (recall, we refer to this as Q_0)
 - $\Psi(P_0) = \Psi(Q_0)$
 2. Update this initial fit of Q_0 in a step targeted at achieving the optimal bias trade off for $\Psi(Q_0)$
 3. Plug in updated (targeted) fit of Q_0 into the parameter mapping Ψ to generate estimate

Overview of TMLE for ATE estimand

1. Estimate $E_0(Y|A,W)$
 - Use machine learning to respect statistical model
 - Gives “best” estimate of $E_0(Y|A,W)$
2. Modify this initial estimate of $E_0(Y|A,W)$
 - Target it to give less biased estimate of $\Psi(P_0)=E_W(E_0(Y|A=1,W)-E_0(Y|A=0,W))$
 - This targeting requires estimation of $g_0(A|W)$
3. Implement substitution estimator with new targeted estimate of $E_0(Y|A,W)$

Step by Step Overview: TMLE

1. Estimate $E_0(Y|A, W) \equiv \bar{Q}_0(A, W)$
 - Eg using super learner
 - Notation for this initial estimate of $E_0(Y|A, W)$:

$$\bar{Q}_n^0(A, W)$$

“n” because it is an estimate of
the true parameter value

“0” refers to initial
(non-targeted) estimate

2. Generate predicted values for Y for each subject, given that subject's A, W
 - For Subject i: $\bar{Q}_n^0(A_i, W_i)$

Step by Step Overview: TMLE

3. Estimate treatment mechanism

$$g_0(a|W) \equiv P_0(A = a|W) \text{ for } a \in \mathcal{A}$$

4. Use this estimate to create a new “clever covariate” $H_n^*(A, W)$ for each subject

– For subject i

$$H_n^*(A_i, W_i) \equiv \left(\frac{I(A_i = 1)}{g_n(A_i = 1|W_i)} - \frac{I(A_i = 0)}{g_n(A_i = 0|W_i)} \right)$$

– We will use this clever covariate to update our initial estimate

Step by Step Overview: TMLE

5. Update the initial estimate of $E_0(Y|A,W)$

- Run a logistic regression of Y on $H_n^*(A,W)$ using $\text{logit}(\bar{Q}_n^0(A, W))$ as offset

(suppressing additional intercept term)

- Let ϵ_n denote the resulting MLE estimate of the coefficient on $H_n^*(A,W)$
- Update the initial estimate

$$\text{logit}(\bar{Q}_n^1(A, W)) = \text{logit}(\bar{Q}_n^0(A, W)) + \epsilon_n H_n^*(A, W)$$

- Could iterate, but here we have convergence in one step

Step by Step Overview: TMLE

6. Calculate predicted values for each subject under each treatment level of interest using the updated estimate $\bar{Q}_n^1(A, W)$
 - For each subject, set $a=1$ and $a=0$ and generate predicted outcome with updated estimate

$$\text{logit}(\bar{Q}_n^1(1, W_i)) = \text{logit}(\bar{Q}_n^0(1, W_i)) + \epsilon_n H_n^*(1, W_i)$$

$$\text{logit}(\bar{Q}_n^1(0, W_i)) = \text{logit}(\bar{Q}_n^0(0, W_i)) + \epsilon_n H_n^*(0, W_i)$$

Step by Step Overview: TMLE

7. Estimate $\Psi(P_0)$ as the empirical mean of the predicted values of Y for $a=1$ and $a=0$, based on the updated fit

$$\hat{\Psi}_{TMLE}(P_n) = \frac{1}{n} \sum_{i=1}^n [\bar{Q}_n^1(1, W_i) - \bar{Q}_n^1(0, W_i)]$$

Influence curve-based Inference

- Variance of an asymptotically linear estimator is well-approximated by the variance of its Influence curve/ n
 - Conditions for asymptotic linearity of TMLE: Ch. 27 TLB
- 1. Estimate the Influence curve by plugging in estimates of g_0 and Q_0
 - Resulting estimate of the influence curve is a function of the observed data only
- 2. Take sample variance and divide by sample size
 - If estimator of g_0 is consistent, this will give an asymptotically conservative estimator of the variance of the TMLE
 - See p. 96 TLB

TMLE: Some take home messages

- TMLE is Double Robust: Consistent if either g_0 or Q_0 are estimated consistently
 - This can translate into real bias gains in finite samples
- TMLE is efficient if g_0 and Q_0 are both estimated consistently
 - This can translate into real variance gains in finite samples

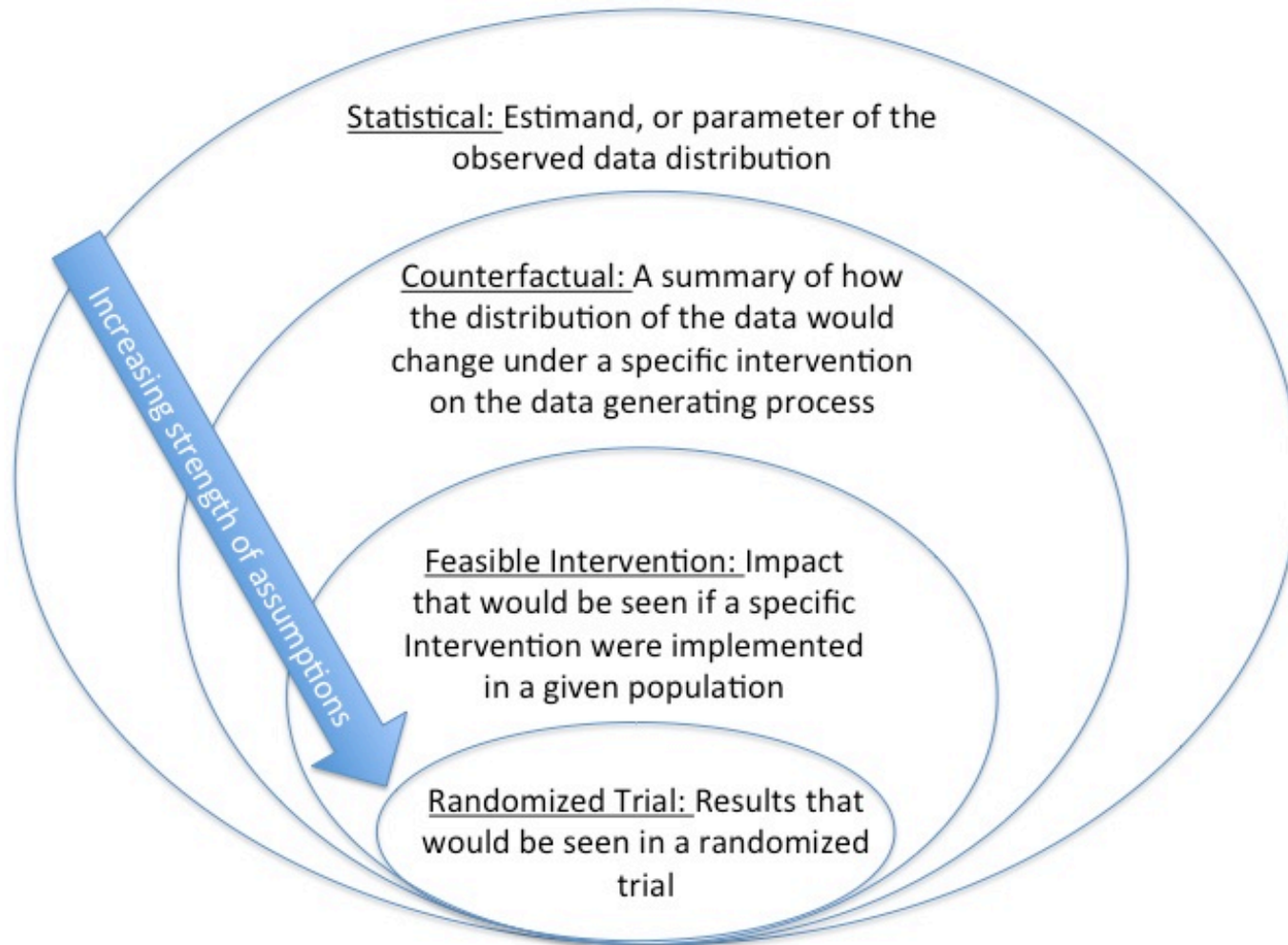
TMLE: Some take home messages

- Use data-adaptive estimation (Super Learning) for g and Q
 - Asymptotic linearity relies on bias disappearing at a fast enough rate
 - Influence curve based inference relies on g_0 being estimated consistently
 - Conservative variance estimate
 - Consistent estimation of both g_0 and Q_0 gives us efficiency

Back to the Roadmap

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2. Specify **Causal Question**
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4. **Identify** : Knowledge + data sufficient?
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A Hierarchy of Interpretations

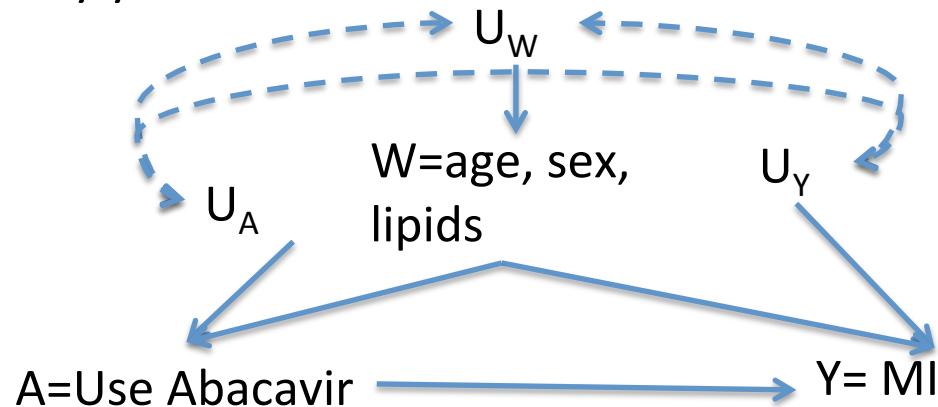


Example: Abacavir and Cardiovascular Disease

- Analysis of observational data from several cohorts suggested abacavir use associated with increased risk of myocardial infarction among treated HIV-infected population
 - Other analyses found no evidence of such an association....
- Example of a causal question: Does use of abacavir (ABC) increase risk of myocardial infarction (MI)?

Example: Abacavir and Cardiovascular Disease, point treatment version

- $X=O=(W,A,Y)$
 - W = baseline covariates (age, sex, lipid profile) measured at start of ART
 - A = Indicator First ART Regimen contains Abacavir
 - Y = Myocardial Infarction by year 5



- Target Causal Parameter: $E_{U,X}(Y_1 - Y_0)$

$$\Psi(P_0) = \sum_w E_0(Y | A = 1, W = w) - E_0(Y | A = 0, W = w) P_0(W = w)$$

$$\hat{\Psi}(P_n) = 0.02 \text{ (95\% CI: 0.01, 0.03)}$$

Statistical Interpretation

- An estimate of our statistical target parameter
 - Ex: Difference in probability of developing MI by year 5 among subjects with identical age, sex, and lipids who started ART with vs. without Abacavir, standardized to the age, sex and lipid distribution of the whole population
- Quality of the estimate depends on
 - Whether statistical model contains the truth
 - Sample size/ data support for the estimand
 - Estimator

Counterfactual Interpretation

- Change in (some aspect of) the outcome distribution under hypothetical modification to conditions under which data were generated
 - Ex. Difference in counterfactual probability of MI by year 5 under hypothetical intervention in which whole population started an ART regimen with abacavir versus if no one did
- Moving from statistical to counterfactual interpretation requires that untestable identifiability assumptions hold
 - Ex. Under the assumption that age, sex, and lipids satisfy the backdoor criteria (ie are sufficient to adjust for confounding)

Real World Interpretation

- What would we see if an intervention were implemented in the real world
- Moving from counterfactual to real world interpretation requires
 - Same intervention
 - Relaxing this: “Treatment variation irrelevance” (vanderWeele)
 - Same population
 - Relaxing this: Transportability (vanderWeele, Pearl)
- Ex: Same use of other drugs in the regimen, how the assignment occurs (ie. via a policy vs. patient/provider preference) doesn’t change the effect...

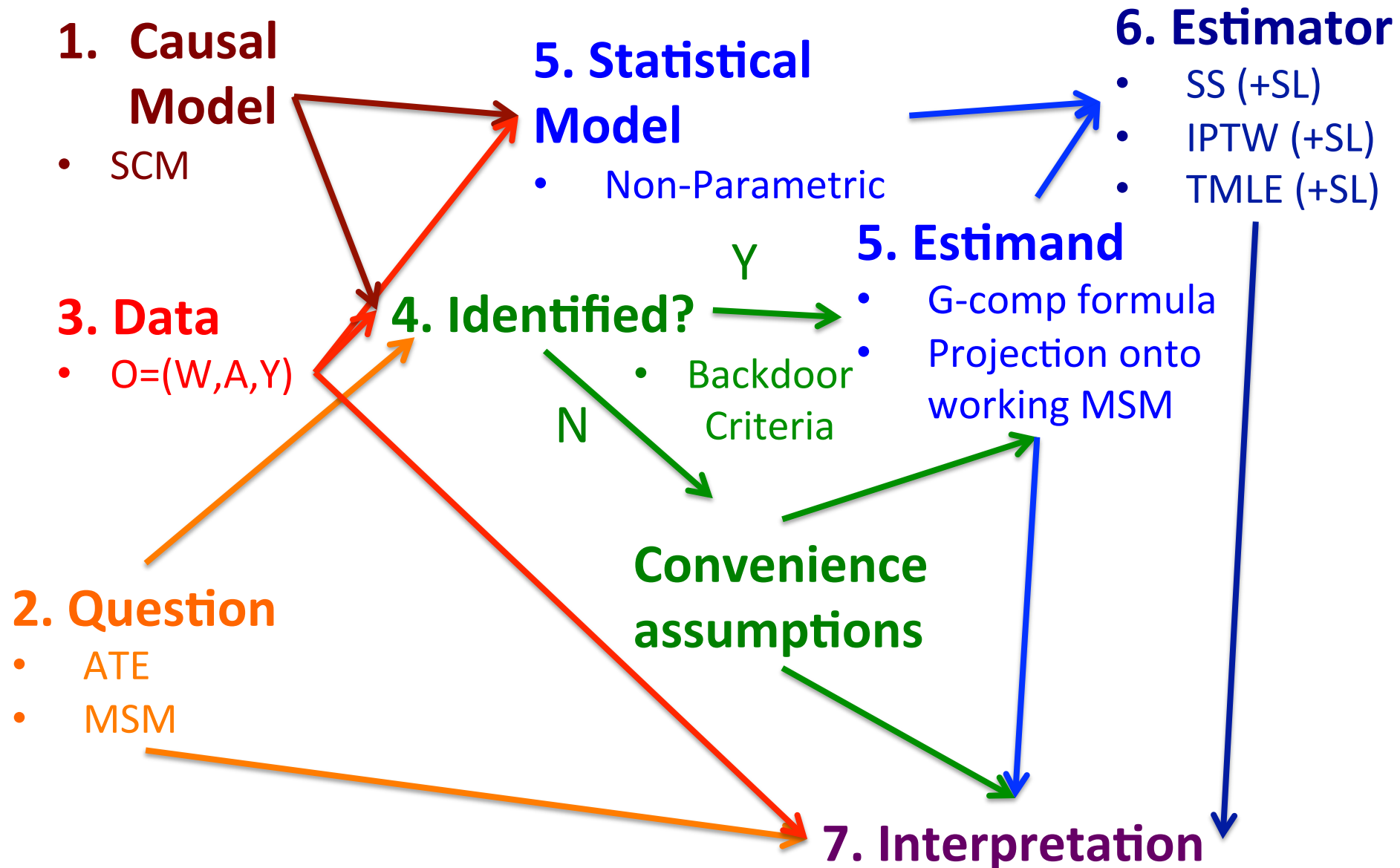
RCT Interpretation

- What would we see if an intervention were evaluated in a randomized trial
 - Ex: Subjects starting ART were randomly assigned to regimen with versus without abacavir
- Moving from real world to RCT interpretation requires
 - Effective randomization
 - Perfect compliance
 - Perfect follow up

Interpreting Results: Take Home Points

- Always have a statistical interpretation
 - If your statistical model contains the truth, you have enough support in your data, and you choose a good estimator
- How far to go beyond this is up to you/reader/policy maker
- Should be based on a frank evaluation of the plausibility of the assumptions required

What have we accomplished?



This is just the beginning...

1. Specify a Casual Model

- We have focused on SCM of Pearl
- Other formal Casual frameworks
 - “Neyman-Rubin” Potential Outcome
 - Dawid: Decision Theoretic
 - Robins: FRCISTG
 - Robins & Richardson: Minimal Causal Model
 - Etc...
 - Differ in extent and type of non testable assumptions, assumptions about the nature of causality, etc...

2. Specify Causal Question

- We have focused on using counterfactuals to define
 1. “Point treatment effects”: Static intervention on a single variable
 2. ATE and parameters defined using a (working) MSM
- LOTS more options
 - Interventions on multiple nodes
 - Dynamic (ie personalized or adaptive) interventions
 - Mediation
 - Etc...
 - Review: Petersen & van der Laan *Epidemiology* 2014

3. Specify observed data and its link to the casual model

- We have focused on independent random sample of $O=(W,A,Y)\sim P_0$
- Lots of more complex data structures and links
 - Longitudinal data, Missingness
 - Case control sampling
 - “Adaptive randomization”
 - Etc...

4. Identify

- We have focused on the Back-door criteria/
Randomization assumption
- Many more identifiability results
 - Ex. Front door criteria, Instrumental variables
 - Ex. Sequential back door criteria for multiple intervention nodes
 - Etc.
- Causal frameworks provide a tool for developing these-> new statistical estimand that under specific assumptions give us a wished for causal quantity

5. Commit to a Statistical Model and Estimand (Target parameter of the observed data distribution)

- We have focused on a non-parametric statistical model for P_0
- If you have real model knowledge, by all means use it
 - Straightforward to incorporate in SCM
 - Ex: You know something how the exposure was assigned
- Statistical model should contain the truth

6. Estimate

- We have focused on three estimators
 - Simple (or non-targeted) substitution estimator
 - Inverse probability of treatment weighted estimator
 - TMLE
 - Inference based on NP- bootstrap or IC
- Each of these requires doing a good job estimating some part of the observed data distribution well
 - $E_0(Y|A,W)$, $g_0(A|W)$, or both
 - We focused on data adaptive methods (and in particular Super Learning) to help ensure this
- Other estimators for same quantity exist
 - Ex. Propensity score matching, using the estimated propensity score as a dimension reduction...

7. Interpret.

- Our perspective: A target causal parameter need not correspond to feasible randomized experiment, or hypothetical intervention in order to be of interest
- There is lots of debate on this topic! Decide for yourself....
 - See Petersen & van der Laan *Epidemiology* 2014 for a brief review and some key references to get started

Formal Causal Frameworks provide a very general toolbox to...

1. Represent background knowledge and uncertainty more accurately
2. Frame sharper questions
3. Evaluate/improve plausibility of assumptions
4. Optimize analysis to give best possible answer to motivating question
5. More accurately evaluate uncertainty/make better inferences

Use your tools well!