

Estimation of Indirect and mixed Treatment Effect

Georgia Salanti

Institute of Social and Preventive Medicine
University of Bern

Acknowledgments for sharing a couple of slides: Jo McKenzie and Anna Chaimani

Medical decision making

Clinicians, policy makers and consumers of health care services

Blocked ears, earwax removal techniques:

- **Cerumol, Sodium bicarbonate, Olive oil, Dry and wet irrigation, TP, Self irrigation, Irrigation by nurse, Endoscopic and microscoping de-waxin –**
- *Is any of the interventions effective?*
- *How much more effective they are compared to no intervention?*
- *Are some interventions more effective than other?*



The safety and effectiveness of different methods of earwax removal: a systematic review and economic evaluation

AJ Clegg, E Loveman, E Gospodarevskaya,
P Harris, A Bird, J Bryant, DA Scott,
P Davidson, P Little and R Coppin



- Cerumol
- Sodium bicarbonate
- Olive oil
- Dry and wet irrigation
- TP
- Self irrigation
- Irrigation by nurse
- Endoscopic and microscoping de-waxing



By Dan Gibson

ials conducted in
ndary care (8 studies)
s), met the inclusion
Ts and 4 CCTs. The
1 16 different softeners,
in various different
comes, timing of
thodological quality
measures of wax clearance
olive oil and water are

all more effective than no treatment; triethanolamine
polypeptide (TP) is better than olive oil; wet irrigation
is better than dry irrigation; sodium bicarbonate drops
followed by irrigation by nurse is more effective than

The results from many pairwise meta-analyses are not useful when you want to compare many treatments!

than self-irrigation only, and endoscopic de-waxing
is better than microscopic de-waxing. AEs appeared
to be minor and of limited extent. Results of the

Evidence Based Medicine

- Backbone: **meta-analysis**
- Rigorous statistical models
- Clinical practice guidelines
 - NICE, WHO, The Cochrane Collaboration, HuGENet

Two interventions

Meta-analysis of RCTs

Randomized Controlled trials (RCTs)

Cohort studies, Case-control studies

Levels of evidence For Therapy, Prevention, Aetiology and Harm

Centre for Evidence Based Medicine, University of Oxford

A new methodological framework

Other names: Multiple-treatments meta-analysis, Mixed-treatment comparison

Many different intervention

Network meta-analysis

Two interventions

Meta-analysis of RCTs

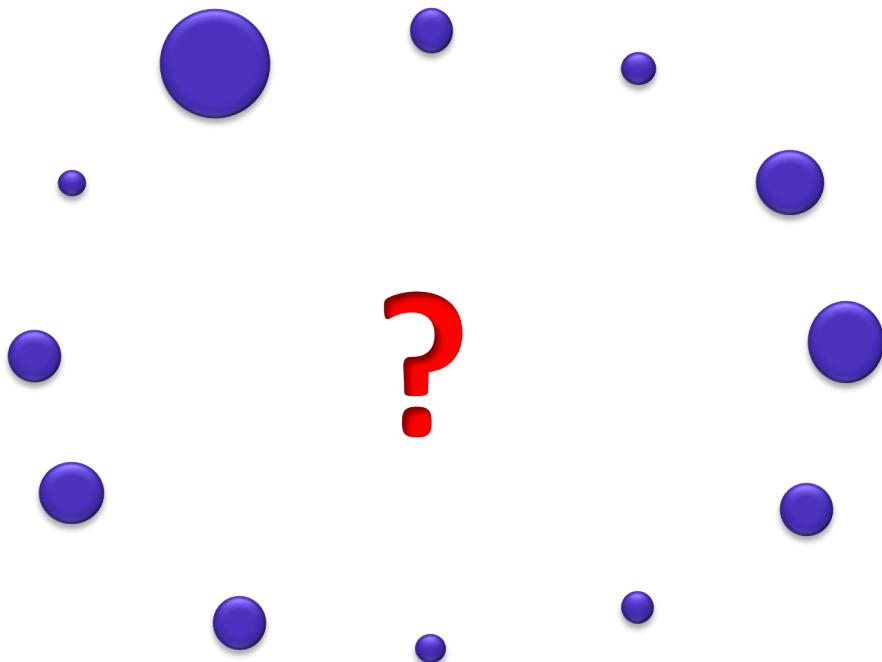
Randomized Controlled trials (RCTs)

Cohort studies, Case-control studies

Many treatments

Network meta-analysis:

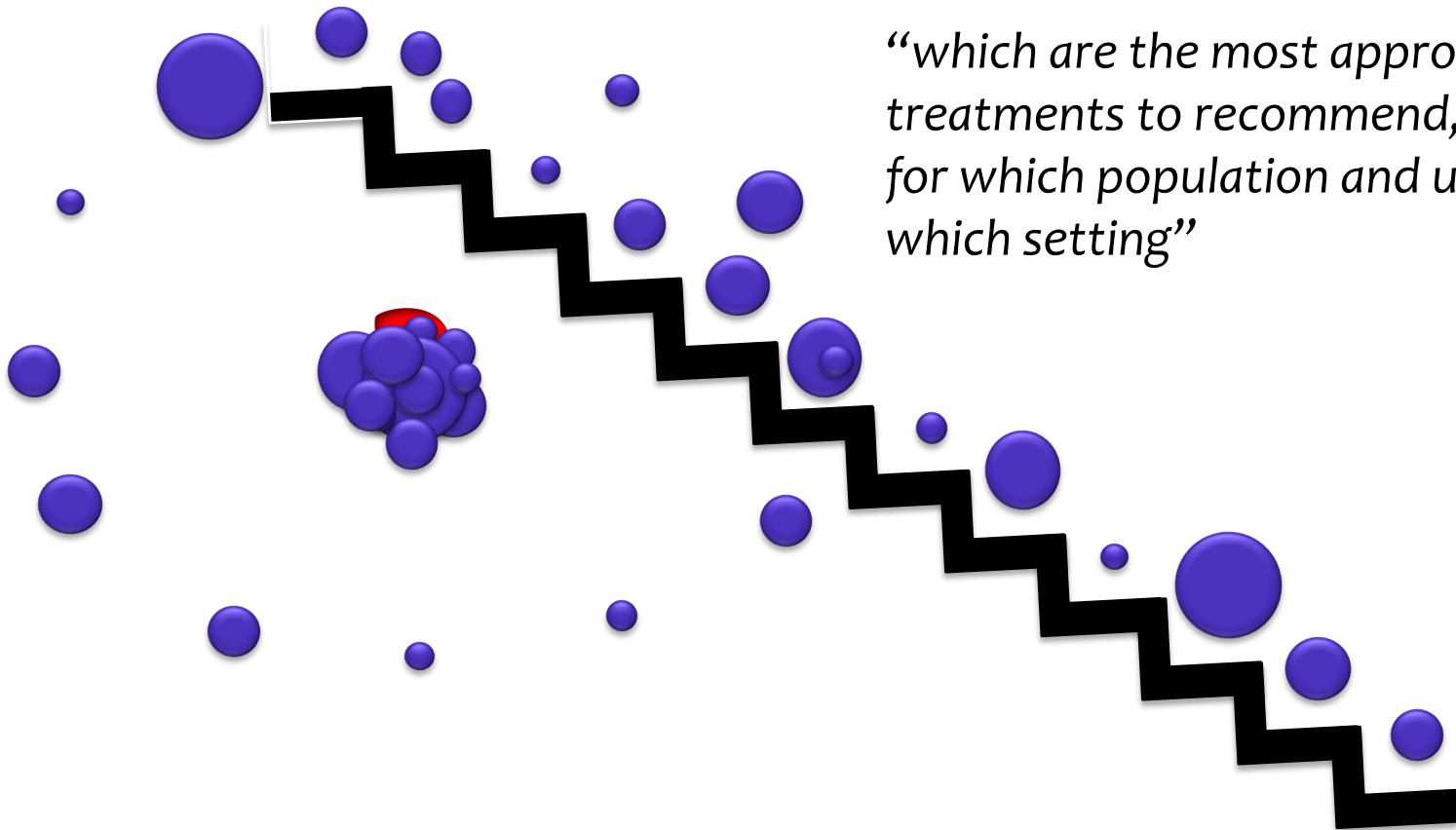
“which are the most appropriate treatments to recommend, for which population and under which setting”



Many treatments

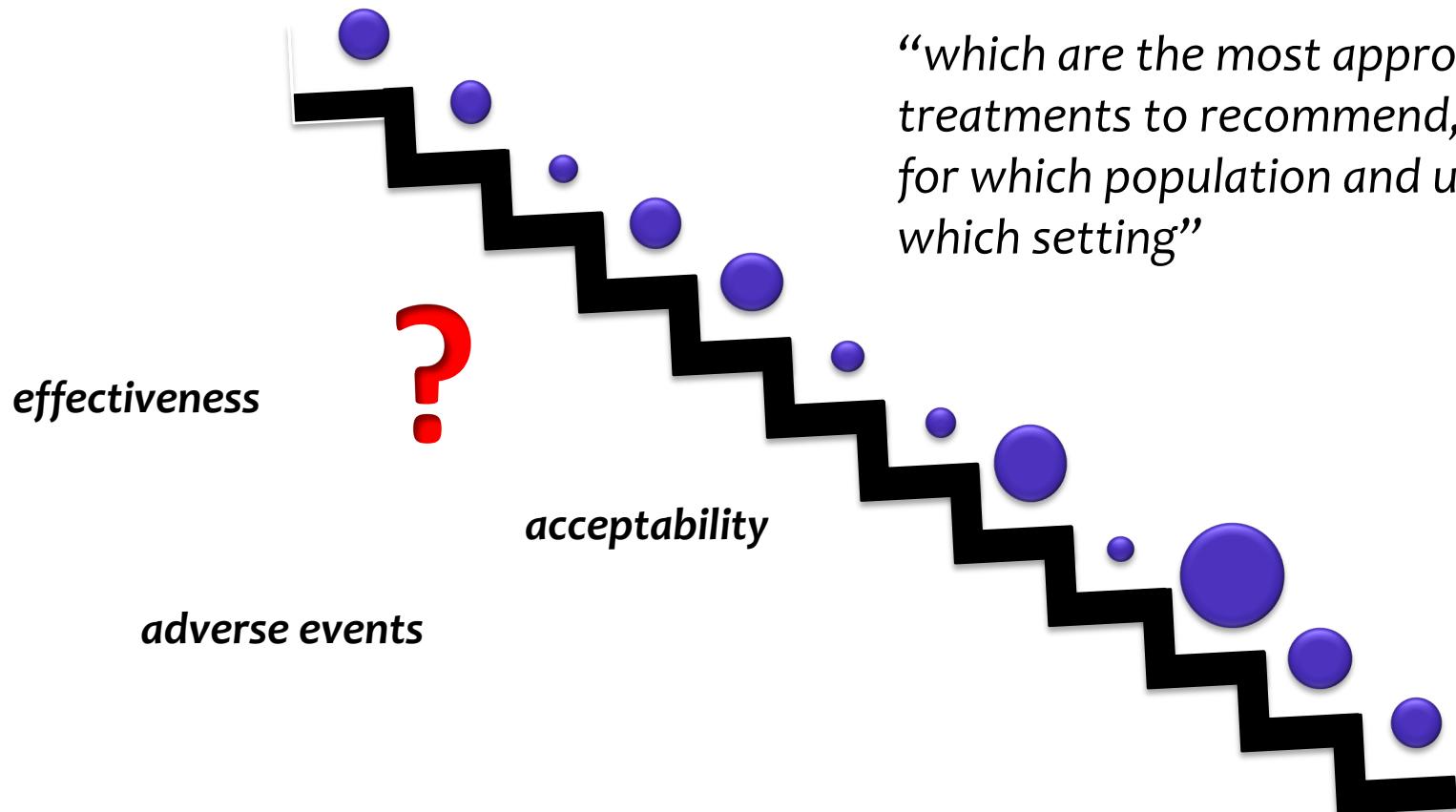
Network meta-analysis:

“which are the most appropriate treatments to recommend, for which population and under which setting”



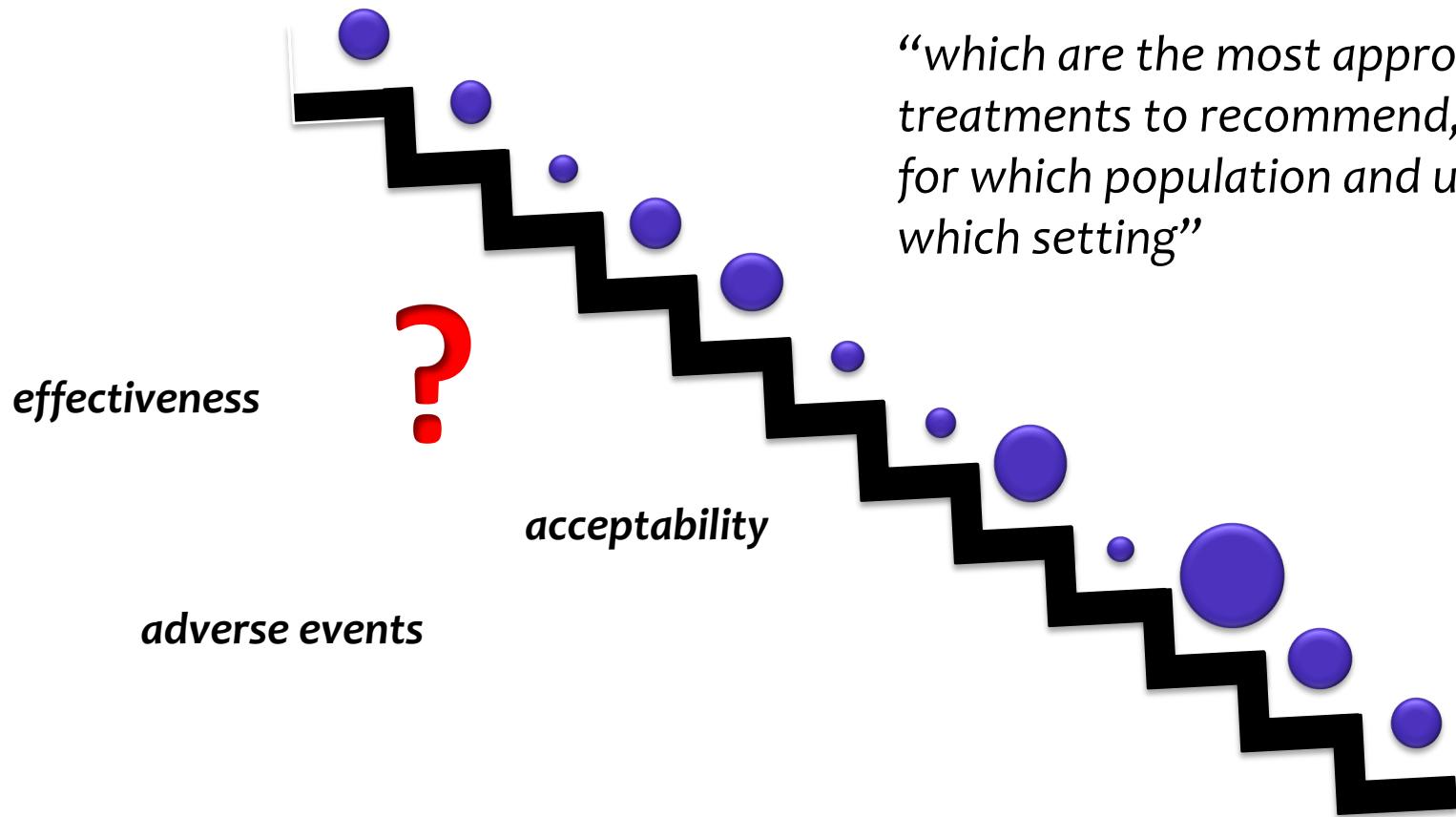
Many treatments

Network meta-analysis:

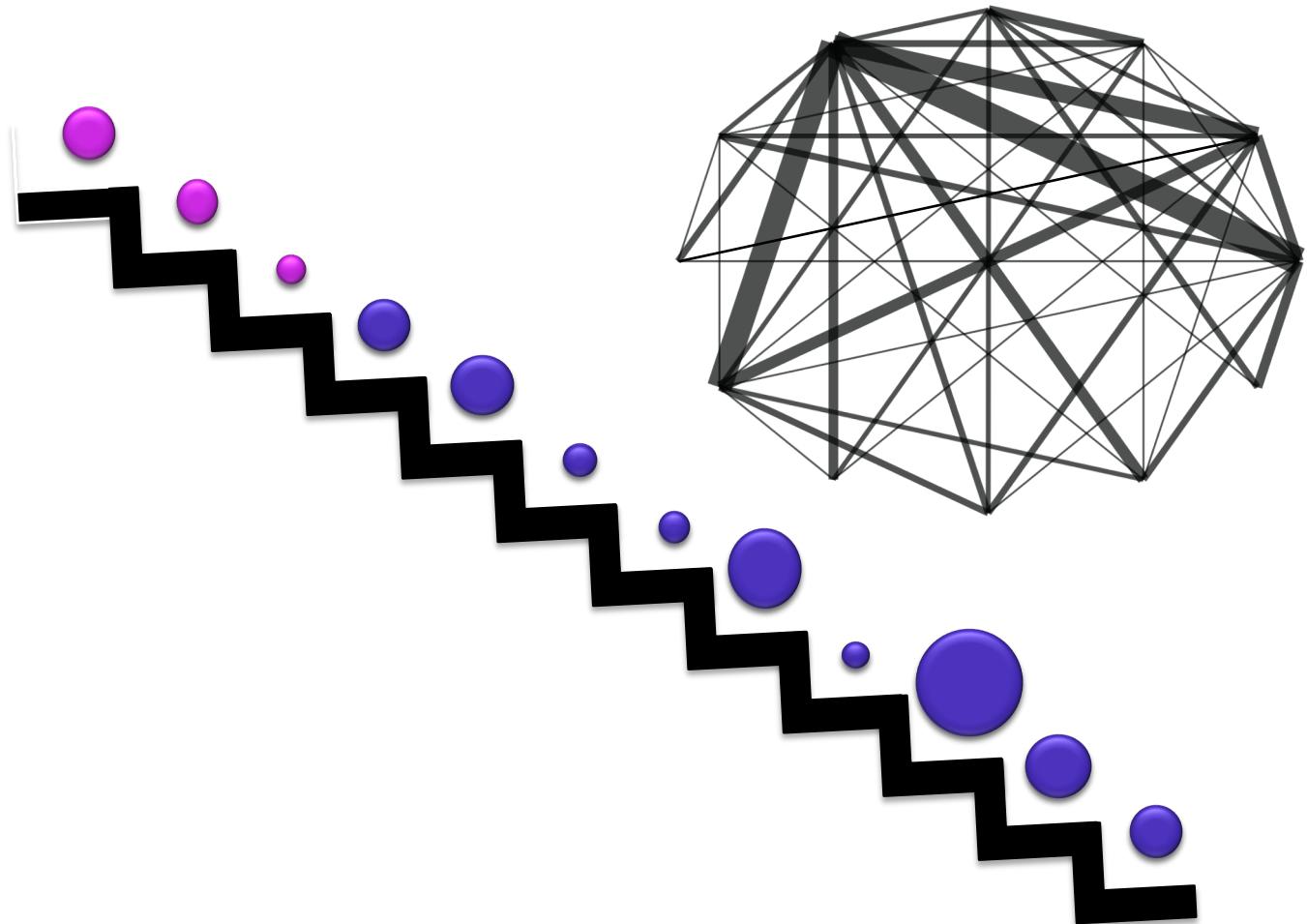


Many treatments

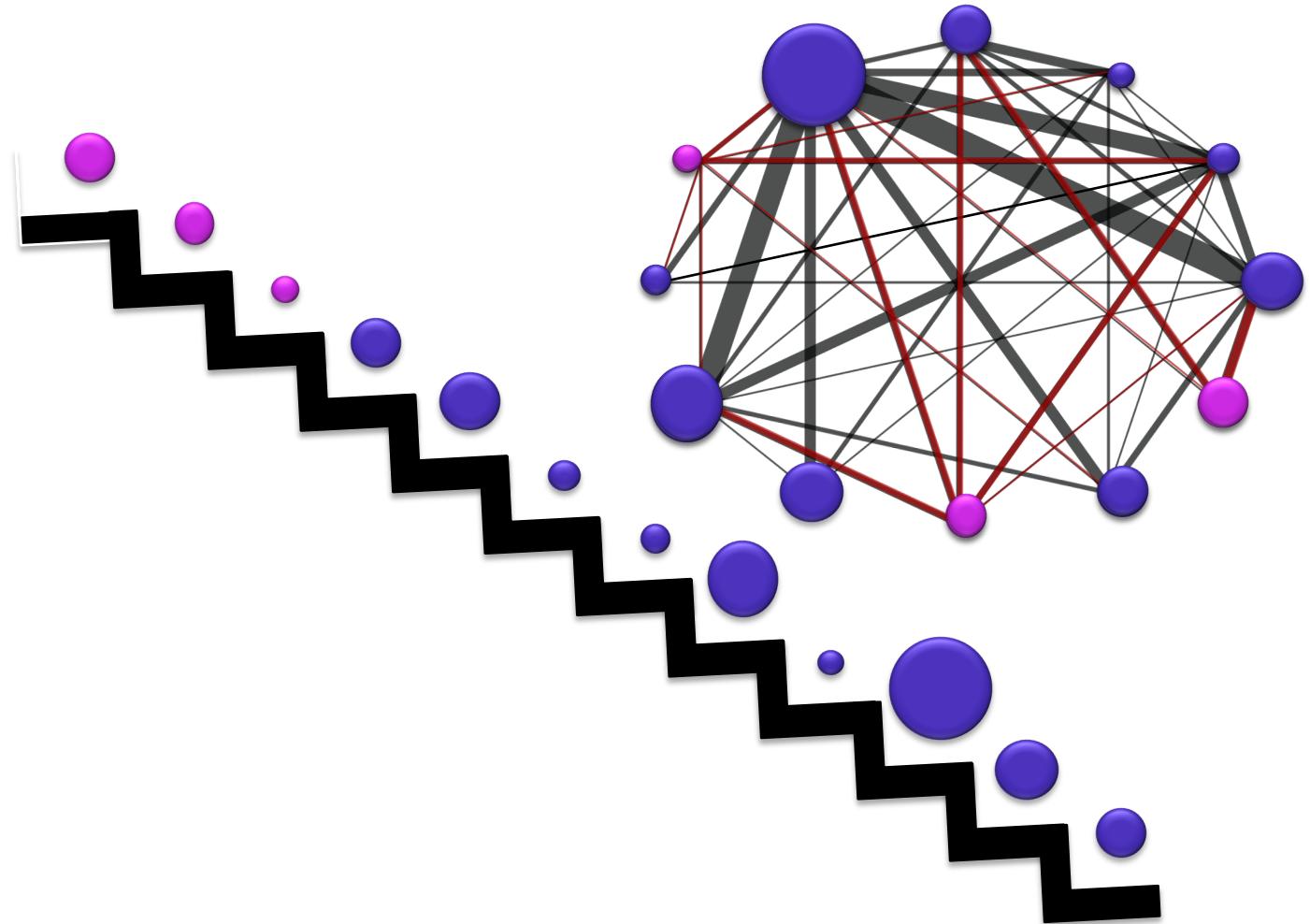
Network meta-analysis:



Many treatments



Many treatments



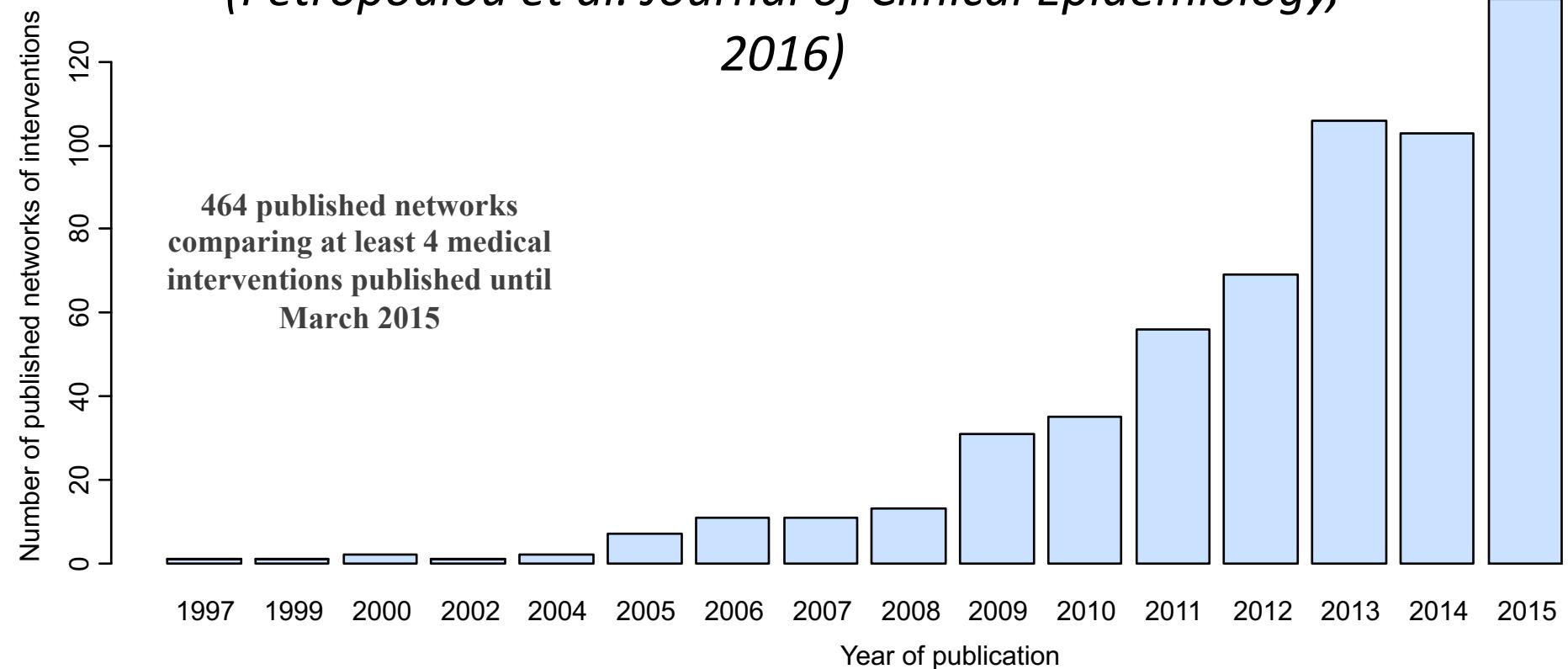
Network meta-analysis is...

A statistical technique that synthesizes evidence about the relative efficacy or safety of many competing interventions and ranks the treatments according to their outcomes

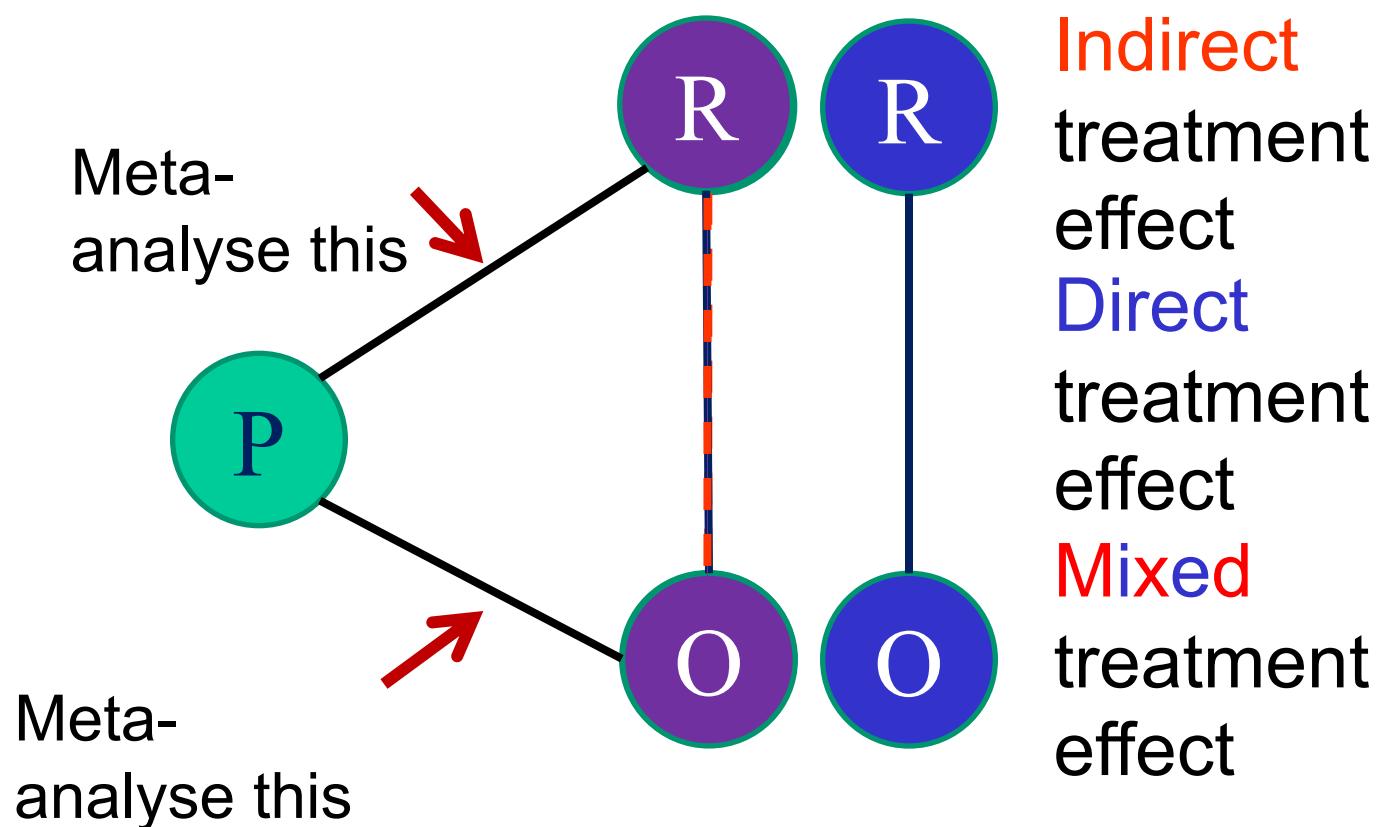
Number of published systematic reviews that use network meta-analysis or indirect comparisons to synthesize the data

(*Petropoulou et al. Journal of Clinical Epidemiology, 2016*)

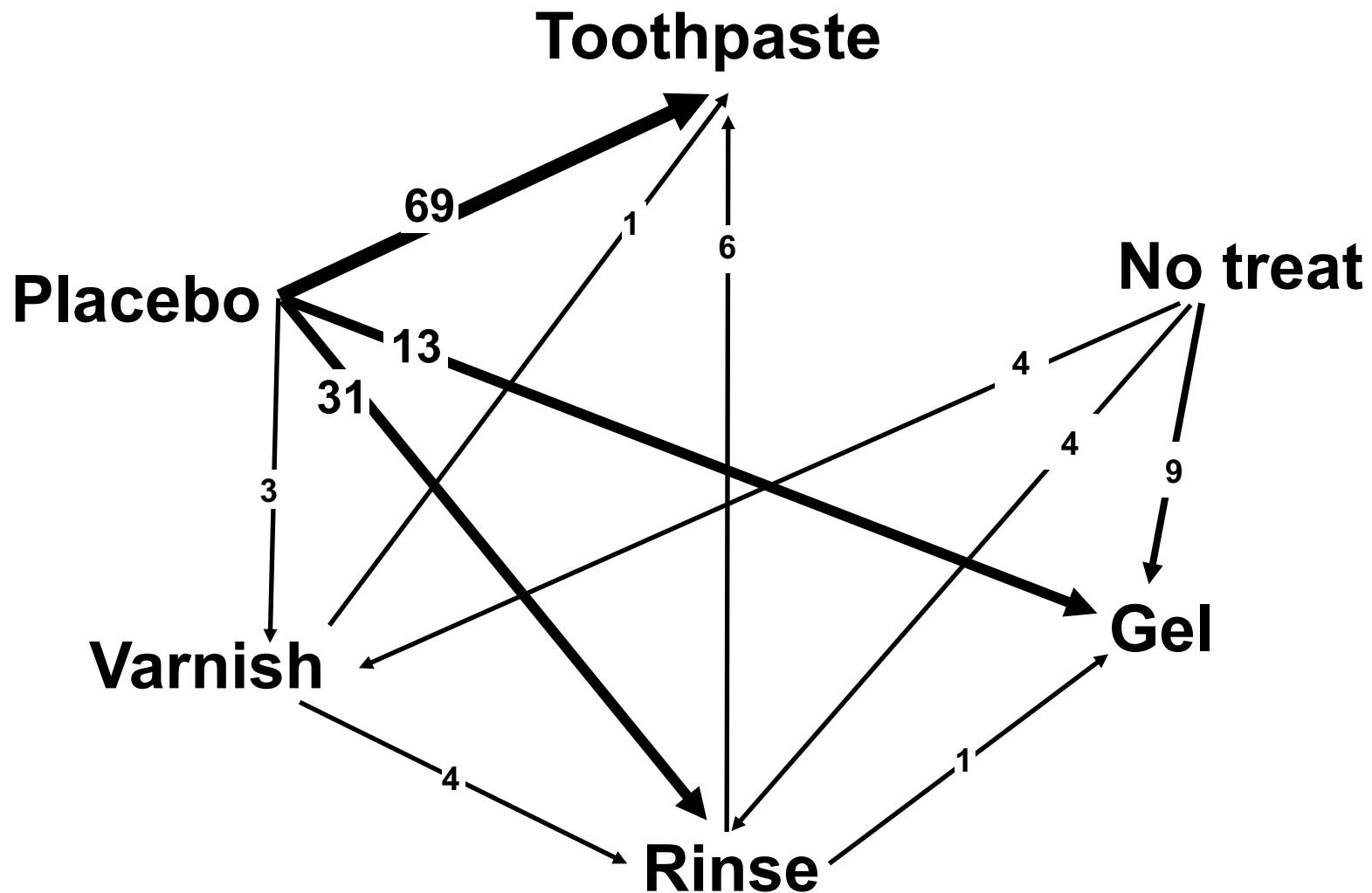
464 published networks
comparing at least 4 medical
interventions published until
March 2015



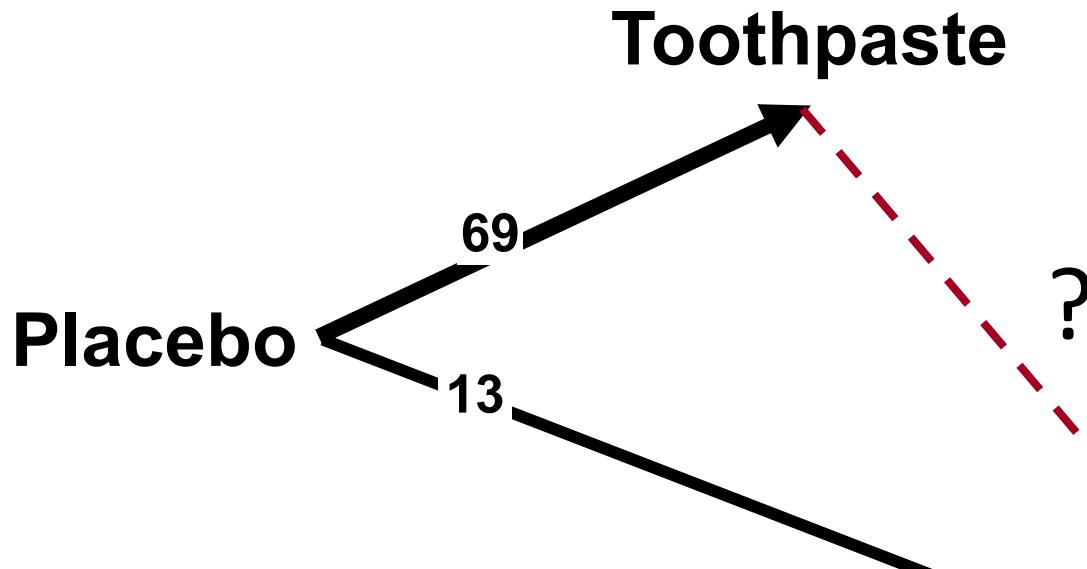
Indirect and mixed treatment effects



Example: Treatments for the prevention of dental caries



Example: Toothpaste versus Gel



$$\text{Variance } SMD_{PvsT} = ((\text{high CI} - \text{low CI})/3.92)^2$$

$$\text{Variance } SMD_{PvsT} = ((-0.28 - (-0.41))/3.92)^2 = 0.0011$$

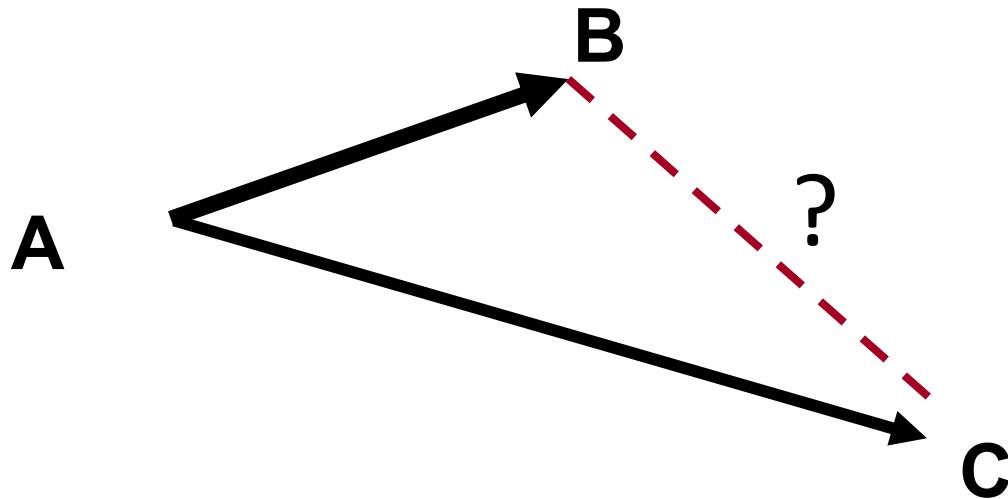
Comparison	SMD	95% CIs	Variance
Placebo vs Toothpaste	-0.34	(-0.41, -0.28)	0.0011
Placebo vs Gel	-0.19	(-0.30, -0.10)	0.0026

How to compare Gel to Toothpaste?

- ✓ Estimate **indirect** SMD and a 95% CI

Indirect comparison (Bucher method)

- We can obtain an **indirect estimate** for the relative treatment effects **B vs. C** from RCTs comparing **A vs. B** and **A vs. C**:



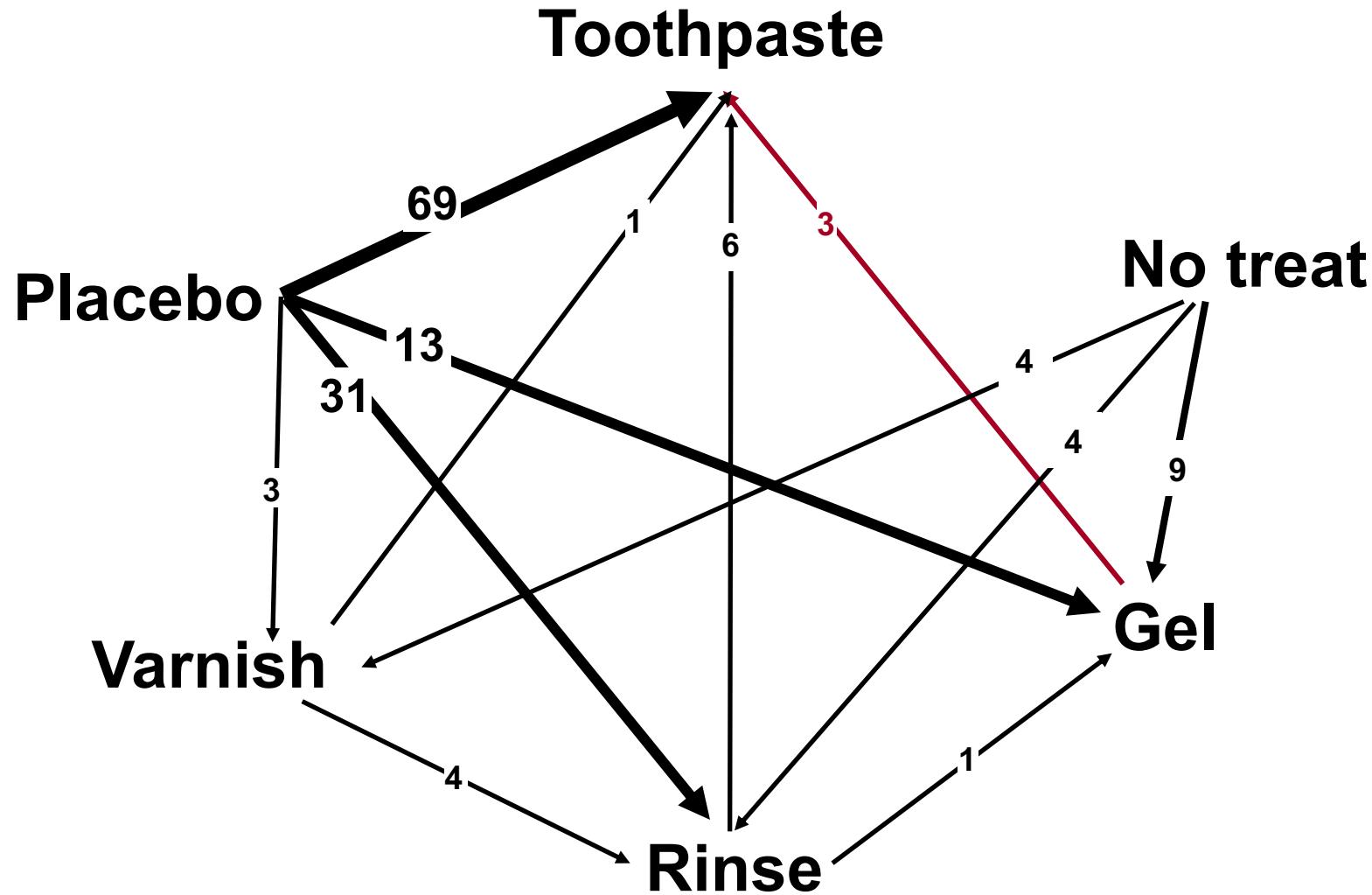
$$\mu_{BC} = \mu_{AC} - \mu_{AB}$$

$$Var(\mu_{BC}) = Var(\mu_{AC}) + Var(\mu_{AB})$$

Example: Toothpaste versus Gel

- Indirect $SMD_{GvsT} = SMD_{PvsT} - SMD_{PvsG}$
- Indirect $SMD_{GvsT} = -0.34 - (-0.19) = \boxed{-0.15}$
- Variance Indirect $SMD_{GvsT} = Var(SMD_{PvsT}) + Var(SMD_{PvsG})$
- Variance $SMD_{PvsT} = ((high\ CI - low\ CI)/3.92)^2$
- Variance $SMD_{PvsT} = ((-0.28 - (-0.41))/3.92)^2 = 0.0011$
- Variance $SMD_{PvsG} = ((-0.10 - (-0.30))/3.92)^2 = 0.0026$
- Variance Indirect $SMD_{GvsT} = 0.0011 + 0.0026 = \mathbf{0.0037}$
- SE Indirect $SMD_{GvsT} = \sqrt{0.0037} = \mathbf{0.061}$
- 95% CI for Indirect $SMD_{GvsT} = (-0.15 - 1.96 \times 0.061, -0.15 + 1.96 \times 0.061)$
- 95% CI for Indirect $SMD_{GvsT} = \boxed{(-0.27, -0.03)}$

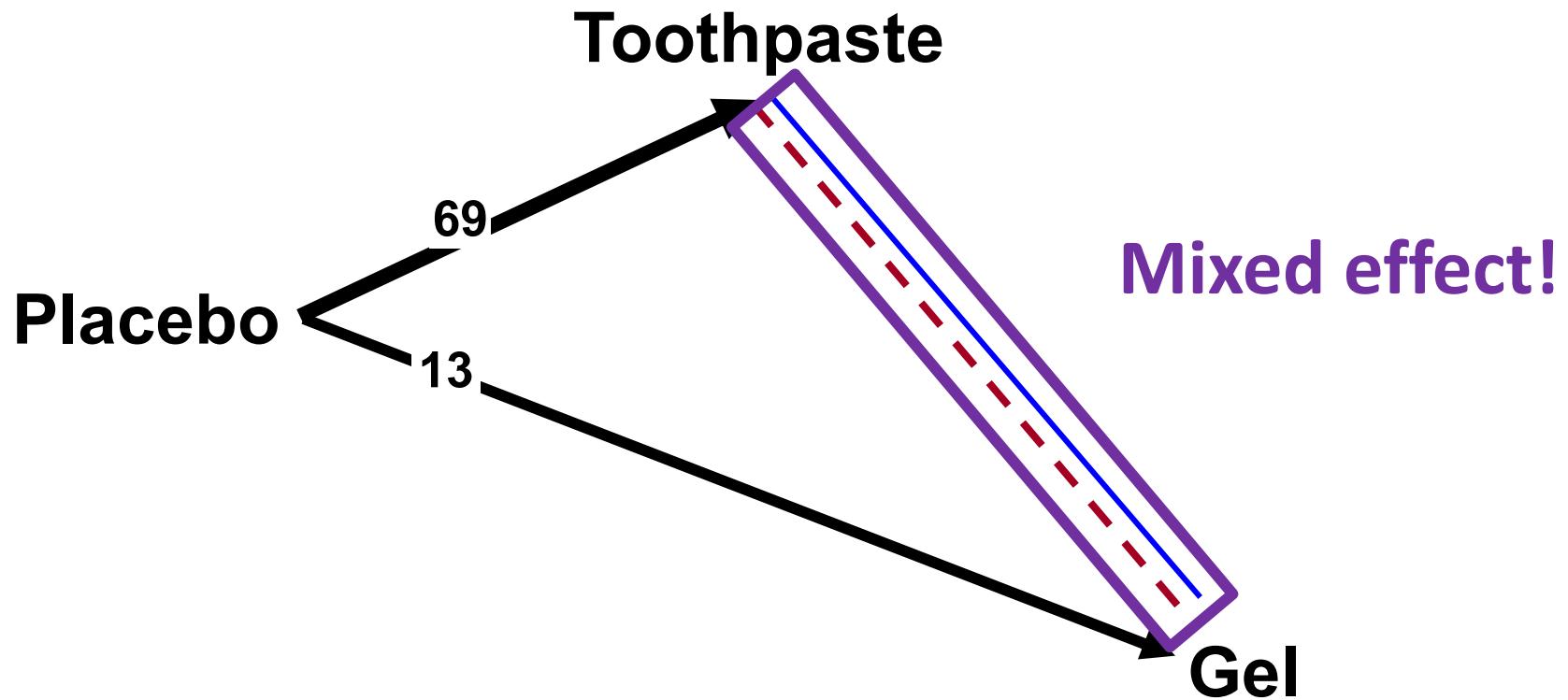
Example: Toothpaste versus Gel



3 additional studies that **directly** compare toothpaste to gel

- Can we include all available information the analysis?

Example: Toothpaste versus Gel



Direct + Indirect → Mixed

Mixed comparator: combining direct and indirect comparison

- Use the Inverse Variance method
- Each estimate is ‘weighted’ by the inverse of the variance
- A ‘mixed’ result is obtained

$$\mu^{Mixed} = \frac{\frac{1}{var(\mu^{Direct})}\mu^{Direct} + \frac{1}{var(\mu^{Indirect})}\mu^{Indirect}}{\frac{1}{var(\mu^{Direct})} + \frac{1}{var(\mu^{Indirect})}}$$

$$var(\mu^{Mixed}) = \frac{1}{\frac{1}{var(\mu^{Direct})} + \frac{1}{var(\mu^{Indirect})}}$$

Example: Toothpaste versus Gel

Indirect $SMD_{GvsT} = -0.15$

Variance Indirect $SMD_{GvsT} = 0.0037$

Direct $SMD_{GvsT} = 0.04$

Variance Direct $SMD_{GvsT} = 0.011$

- Mixed SMD_{GvsT}^M ?
- Variance of Mixed SMD_{GvsT}^M ?
- 95% CI ?

Example: Toothpaste versus Gel

Indirect $SMD_{GvsT} = -0.15$

Variance Indirect $SMD_{GvsT} = 0.0037$

Direct $SMD_{GvsT} = 0.04$

Variance Direct $SMD_{GvsT} = 0.011$

- Mixed SMD_{GvsT}^M ?
- Variance of Mixed SMD_{GvsT}^M ?
- 95% CI ?

$$SMD_{GvsT}^M = \frac{\frac{1}{0.011}0.04 - \frac{1}{0.0037}0.15}{\frac{1}{0.011} + \frac{1}{0.0037}}$$

$$var(SMD_{GvsT}^M) = \frac{1}{\frac{1}{0.011} + \frac{1}{0.0037}}$$

- Mixed $SMD_{GvsT}^M = -0.102$
- Variance Mixed $SMD_{GvsT}^M = 0.0028$
- 95%CI: (-0.205, 0.001)

Mixed estimate: more precise!

Indirect $SMD_{GvST} = -0.15$

Variance Indirect $SMD_{GvST} = 0.0037$

Direct $SMD_{GvST} = 0.04$

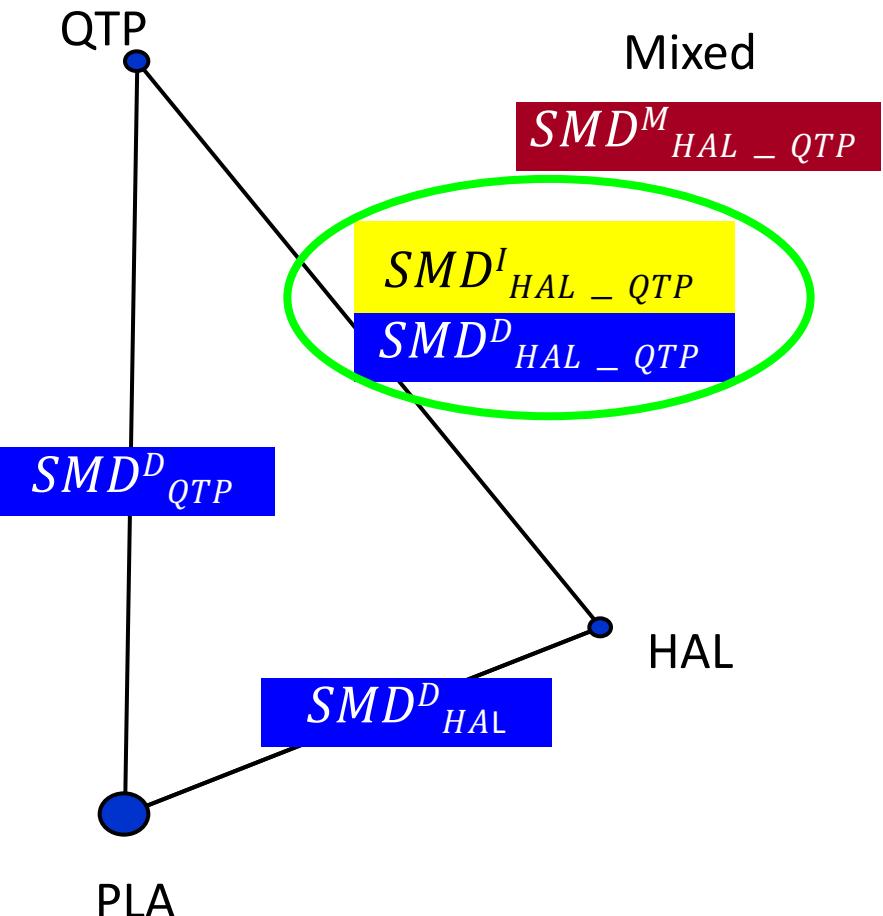
Variance Direct $SMD_{GvST} = 0.011$

- Mixed $SMD_{GvST}^M = -0.102$
- Variance(SMD_{GvST}^M) = 0.0028
- 95%CI: (-0.205, 0.001)

- Mixed estimates are **more precise** than the direct or the indirect estimate as they use both sources of information
- This might not be the case in the full NMA models when:
 - ✗ Direct and indirect estimates **disagree**
 - ✗ There is larger **heterogeneity** in the indirect rather in the direct evidence (for random effects NMA)

Summary of the two steps approach to estimate mixed effects

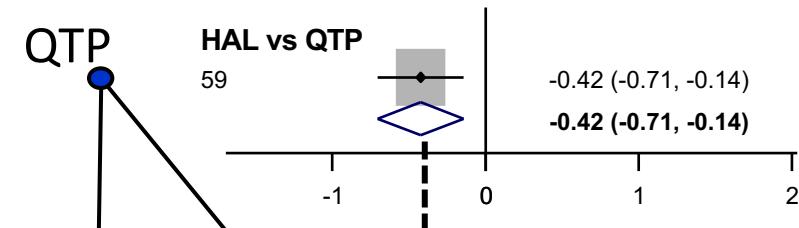
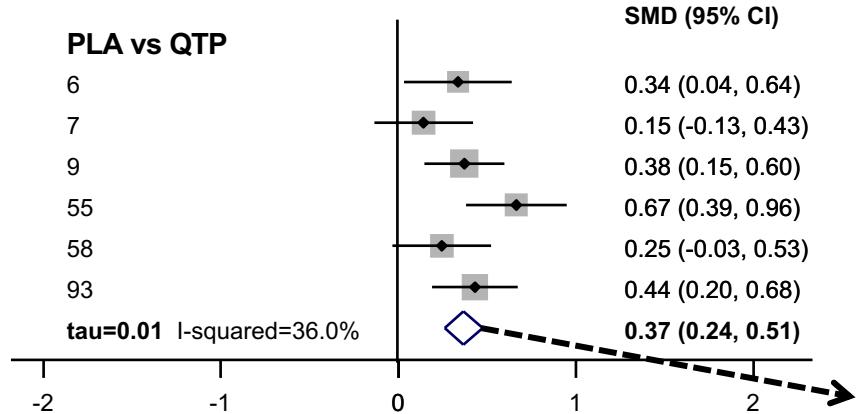
Response to treatment with antimanic drugs



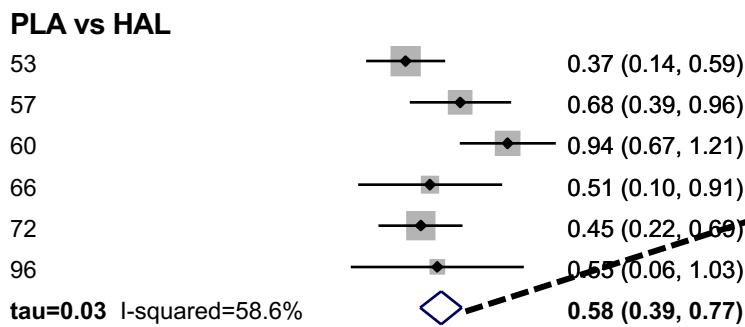
Summary of the two steps approach to estimate mixed effects

Response to treatment with antimanic drugs

Do three separate meta-analyses



SMD^D_{QTP}



PLA

QTP

SMD^D_{HAL}

HAL

$SMD^D_{HAL - QTP}$

Summary of the two steps approach to estimate mixed effects

Response to treatment with antimanic drugs

Do a meta-analysis in three subgroups

