

# **Evaluation of Clinical Endpoints as Potential Surrogates of Clinical Progression of ALS: A Causal Mediation Approach**

MGH Biostatistics Seminar Series

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November 18<sup>th</sup>, 2025

Background

Notation

Methods

Discussion

## Background

Amyotrophic lateral sclerosis (ALS) is a progressive, fatal neurodegenerative disease with no known cure

- Typical age of onset: 40-70 years
- Characterized by gradual loss of motor neurons controlling voluntary muscles
- Eventually causes paralysis and early death

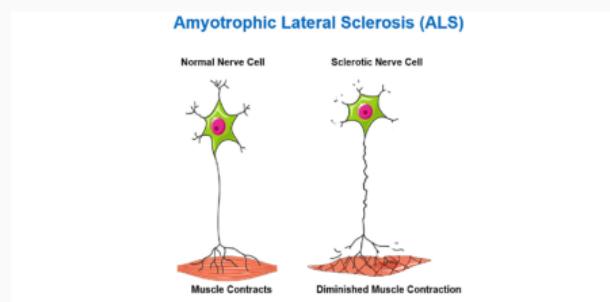


Figure 1: Diagram from Mentis et al. (2021).

Average survival length: 2-5 years

## Slow Clinical Development

**Key issue:** Development of drugs for ALS is **slow**

- Only 3 FDA-approved treatments, despite > 120 trials being conducted since 2000
  - One (Relyvrio) had approval revoked this year
- Existing treatments offer modest survival benefits, or targeted at rare ( $\approx 2\%$ ) genetically inherited cases

## Slow Clinical Development

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Above challenges are further compounded by **budgetary** constraints

- Difficult to detect differences in standard primary outcomes with typical trial durations (24-28 weeks)

## Ongoing Work: Surrogate Outcomes of Clinical Progression

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Growing calls for the use of **surrogate endpoints** which (1) are more responsive to treatment in the short-term, and (2) predictive of longer-term treatment response

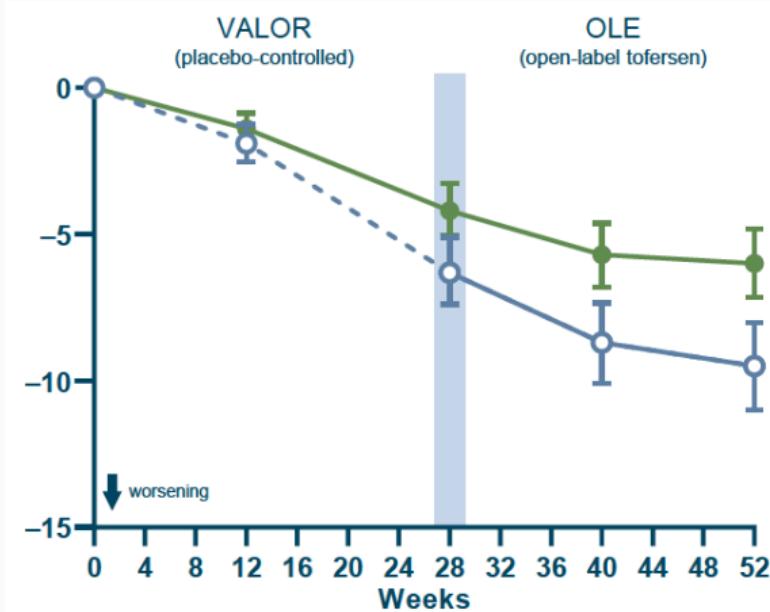
## Ongoing Work: Surrogate Outcomes of Clinical Progression

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Biogen's VALOR trial for **tofersen**, a treatment targeted toward ALS associated with mutations in the SOD1 gene, provides **some precedent** for this growing push

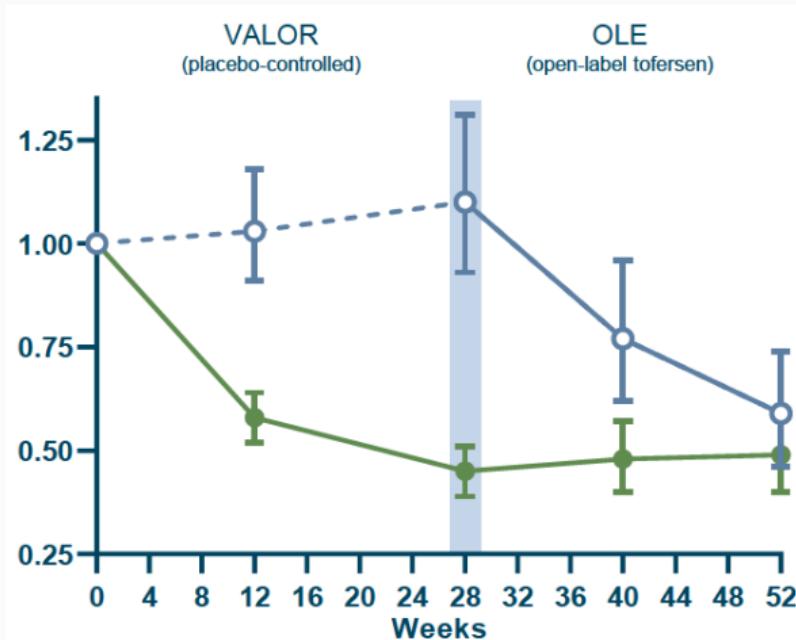
- Granted accelerated approval based on a surrogate analysis of serum neurofilament (NfL), an indicator of neural damage

## Tofersen failed to meet its primary endpoint...



**Figure 2:** Estimated mean ( $\pm$ SE) change from baseline in ALSFRS-R total score.  
Green=tolfersen at baseline, blue=placebo at baseline. Figure from Miller et al. (2022).

...but ultimately earned accelerated approval based on surrogate analysis of NfL



**Figure 3:** Estimated geometric mean ratio (95% CI) to baseline of NfL. Green=tofersen at baseline, blue=placebo at baseline. Figure from Miller et al. (2022).

## Surrogate Outcome Assessment

The statistical assessment of surrogate outcomes is an **active** research field with a long history

- Big picture goal: find **short term** outcomes that are predictive of treatment effects on the **longer-term** primary outcome
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Existing surrogate assessment approaches in ALS research are relatively **ad-hoc**

- No general sense of existing methods' relative merits

# Objectives

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1. Propose a **unifying framework** for assessing the quality of an endpoint for serving as a surrogate for long-term survival, using **modern tools** from causal mediation analysis
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  - E.g. open-label extensions + the use of external/historical controls

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Problem Setting

Joint Intervention Framework

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Stochastic Intervention Effects

Accommodating Open-Label Extension Data

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Suppose we obtain the following data from  $n$  total study participants:

$$(Y_i, S_i, A_i, \mathbf{X}_i), \quad i = 1, \dots, n,$$

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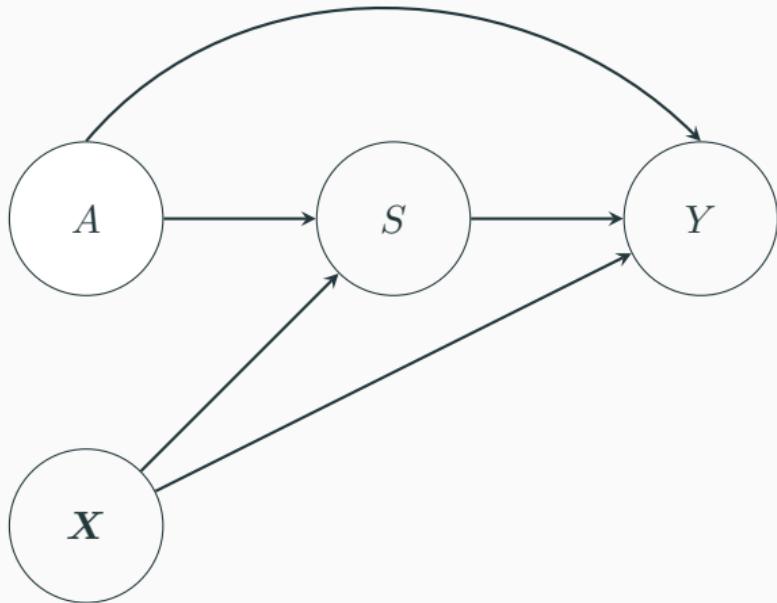
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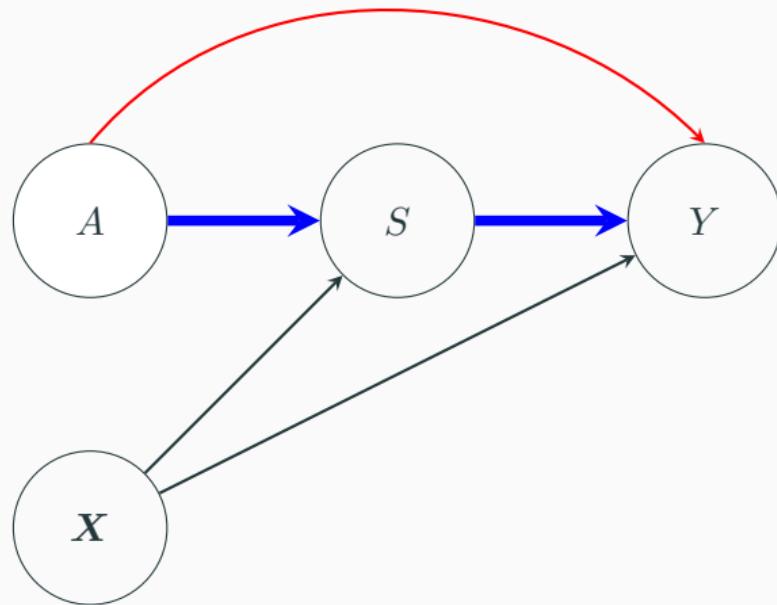
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- $S_i$  is a potential surrogate outcome: e.g. serum NfL levels measured 16 weeks post-baseline
- $A_i$  is a binary active treatment indicator:  $A_i = 1$  if participant  $i$  received active treatment (e.g. tofersen) at baseline
- $\mathbf{X}_i$  is a vector of covariates: e.g. age, location of onset, baseline ALSFRS-R, etc



Strong surrogate will have large indirect effects relative to size of direct effects



Strong surrogate will have large **indirect effects** relative to size of **direct effects**

## Statistical Approach (Baron and Kenny, 1986)

Standard approach to mediation analysis is purely statistical: one postulates linear models for both  $S$  and  $Y$ :

$$S_i = \alpha_0 + \mathbf{X}_i^\top \boldsymbol{\alpha}_{\mathbf{X}} + \color{orange}\alpha_{\textcolor{brown}{A}}\color{black} A_i + \epsilon_i, \quad \mathbb{E}[\epsilon] = 0$$

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Heuristically,  $\beta_A$  captures the **direct effect** of  $A$  on  $Y$ , whereas  $\alpha_A \cdot \beta_S$  captures the **indirect effect** of  $A$  on  $Y$  that flows through  $S$

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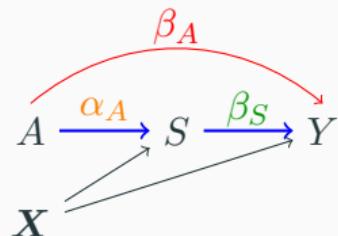
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**Intuition:**



## Drawbacks

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  - No straightforward extension to e.g. nonlinear conditional expectation functions
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1. Target model-agnostic **causal estimands**, while
2. Allowing for researchers to make context-specific modeling decisions

In turn, will work extensively with potential outcomes

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## Potential Outcomes

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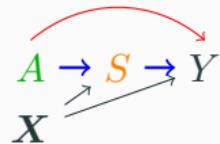
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The primary estimand in trials is often a **contrast** of these potential outcomes, e.g. the average treatment effect  $\mathbb{E}[Y^1 - Y^0]$

## Potential Outcomes in Mediation Analysis



To assess the strength of NfL as a **surrogate**, we ask *how much of the effect of tofersen on survival/function would remain if we could modify the NfL-dependent pathway?*

This means we need to consider potential outcomes under **joint interventions** which manipulate both **treatment assignment** and **the surrogate**

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Notice the surrogate itself has two potential outcomes:  $S^1$  and  $S^0$

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- $Y^{1,s}$ : Outcome experienced when given **tofersen** and surrogate is set to  $s$

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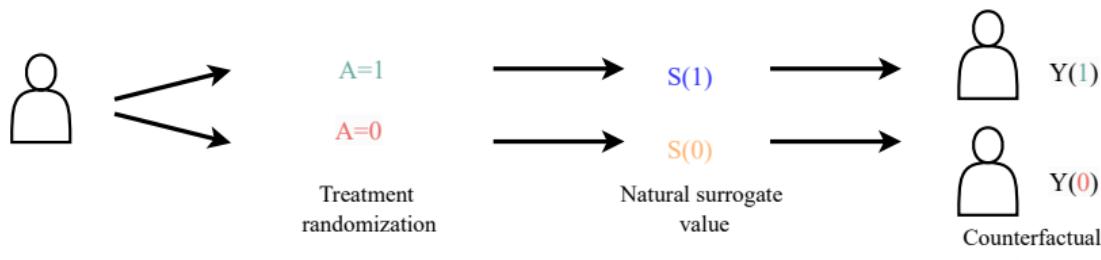
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Will consider two frameworks, which will differ in the joint interventions they conceptualize

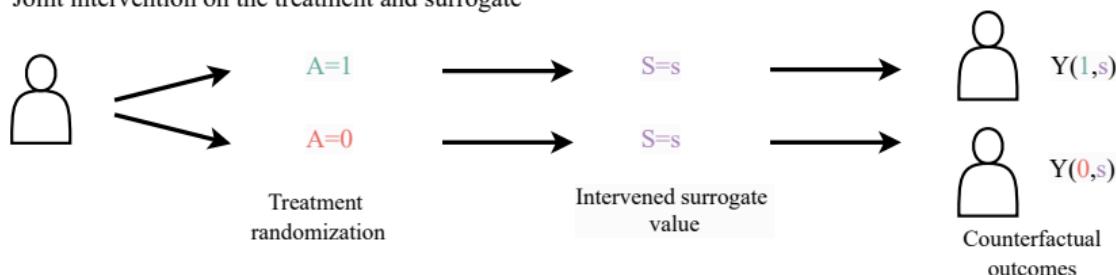
- Specifically, what values of  $s$  are imposed

# Joint Interventions

Intervention on the treatment variable only



Joint intervention on the treatment and surrogate



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The ATE can be decomposed into direct and indirect effects

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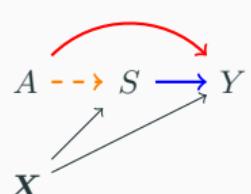
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## Quantifying Surrogate Strength

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This notion of surrogate strength has seen a spike in use in [vaccine efficacy trials](#) that aim to find immune markers that act as surrogates for long-term infection risk

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Above, care is required to identify + estimate  $\mathbb{E}[Y^{1,S^0}]$

## Assumptions

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1. Consistency: **(i)**  $Y = AY^1 + (1 - A)Y^0$ , **(ii)**  $S = AS^1 + (1 - A)S^0$ , and **(iii)**  $(A, S) = (a, s) \implies Y = Y^{a,s}$
2. Positivity:  
 $0 < \mathbb{P}(A = 1 | \mathbf{X}) < 1$ , and  
 $f_S(s | A = 1, \mathbf{X}) > 0 \iff f_S(s | A = 0, \mathbf{X}) > 0$  for all  $s$
3. Unconfoundedness:
  - $S^a \perp\!\!\!\perp A | \mathbf{X}$  for  $a = 0, 1$
  - $Y^{a,s} \perp\!\!\!\perp A | \mathbf{X}$  for all  $a, s$
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For identification of  $\mathbb{E}[Y^{1,S^0}]$ , we additionally require

4. Cross-world exchangeability:  $Y^{1,s} \perp\!\!\!\perp S^0 | \mathbf{X}$  for all  $s$

## Mediation Formula (Zheng and Van Der Laan 2012)

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Under these independence assumptions, it can be shown that

$$\mathbb{E}[Y^{1,S^0}] = \mathbb{E}\{ \mathbb{E}[\mathbb{E}(Y|S, A=1, \mathbf{X}) | A=0, \mathbf{X}] \}$$

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3. Take an average of these predicted values to obtain a final estimate:  
 $\frac{1}{n} \sum_{i=1}^n \hat{\mu}_0(\mathbf{X}_i)$

## Estimation: high-level

Once we've estimated  $\mathbb{E}[Y^{1,S^0}]$ , estimation of  $\frac{\text{NIE}}{\text{ATE}}$  is straightforward:

- Numerous off-the-shelf methods available to estimate  $\mathbb{E}[Y^1]$  and  $\mathbb{E}[Y^0]$
- Can then form the **final estimate** as

$$\widehat{\frac{\text{NIE}}{\text{ATE}}} = \frac{\hat{\mathbb{E}}[Y^1] - \hat{\mathbb{E}}[Y^{1,S^0}]}{\hat{\mathbb{E}}[Y^1] - \hat{\mathbb{E}}[Y^0]}$$

Can adopt an estimating equations framework, or base inference on the **influence functions** of the above estimators

# Roadmap

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## Stochastic intervention effects

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Consider estimands of the form

$$\text{STE}(\textcolor{red}{c}) \stackrel{\text{def}}{=} \mathbb{E}[Y^{1,\textcolor{red}{S^1+c}}] - \mathbb{E}[Y^{0,S^0}], \quad \textcolor{red}{c} \in \mathbb{R}$$

## Stochastic intervention effects

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Consider estimands of the form

$$\text{STE}(c) \stackrel{\text{def}}{=} \mathbb{E}[Y^{1,S^1+c}] - \mathbb{E}[Y^{0,S^0}], \quad c \in \mathbb{R}$$

Represents a contrast of potential outcomes under two interventions

- $Y^{1,S^1+c}$ : Provide treatment, and **shift** the resulting surrogate outcome by  $c$  units
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Relative to natural effects targeting  $Y^{1,S^0}$ , such interventions are more **plausible** to conceive scientifically

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**Interpretation:** If the treatment shifted each individual's surrogate by an additional  $c$  units, what would we expect the overall treatment effect to be?

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---

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Framework has been used to assess immune markers for surrogacy in **vaccine efficacy** trials (Hejazi et al., 2021; Huang et al., 2023; Hejazi et al., 2023)

STE( $c$ ) consists of two components:

- $\mathbb{E}[Y^{1,S^1+c}]$ : Identification requires **additional assumptions**
- $\mathbb{E}[Y^{0,S^0}] = \mathbb{E}[Y^0]$ : Identified by assumptions typically enforced by design in clinical trials

In turn, care required to identify + estimate  $\mathbb{E}[Y^{1,S^1+c}]$

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In turn, care required to identify + estimate  $\mathbb{E}[Y^{1,S^1+c}]$

Under a sequential exchangeability assumption  $Y(1, s) \perp\!\!\!\perp S|\mathbf{X}, A = 1$ ,

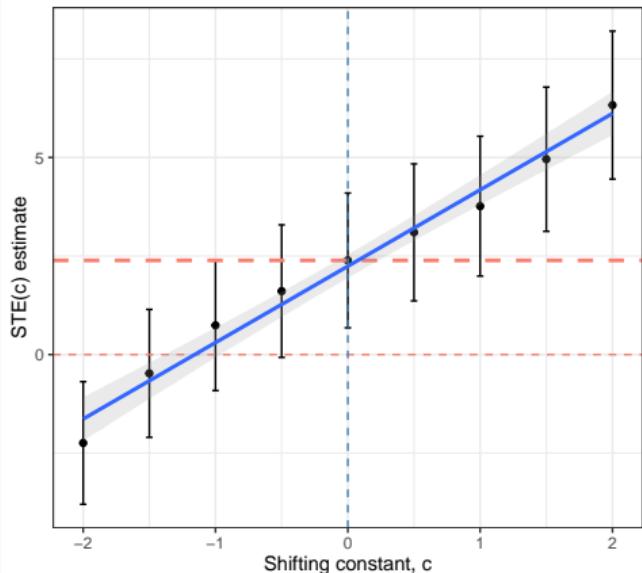
$$\mathbb{E}[Y^{1,S^1+c}] = \mathbb{E}[\mathbb{E}\{\mathbb{E}(Y|A=1, S+c, \mathbf{X}) | \mathbf{X}, A=1\}]$$

⇒ can base estimation + inference on the **efficient influence function** for the above statistical estimand (Hejazi et al., 2021)

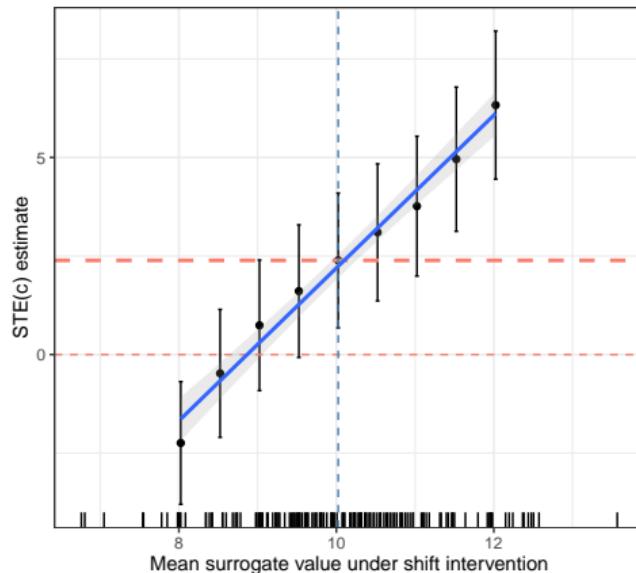
# Visualizing STE( $c$ )

## Trend in STE( $c$ ) estimates over provided shifting constants $c$

Reporting results indexed by the shift parameter

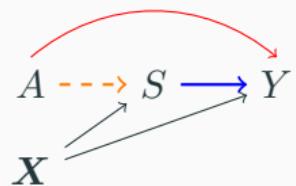


Reporting results on the scale of the surrogate variable



# Comparing the Two Frameworks

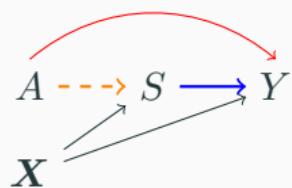
## Natural effects framework



Estimand:  $\mathbb{E}[Y^{1,S^0} - Y^0]$

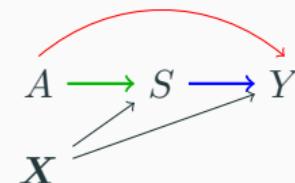
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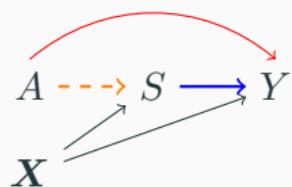
## Stochastic intervention framework



Estimand:  $\mathbb{E}[Y^{1,S^1+c} - Y^0]$

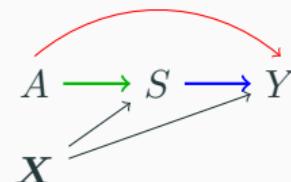
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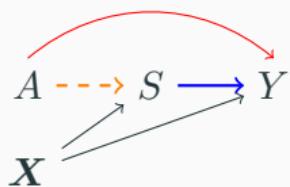


Estimand:  $\mathbb{E}[Y^{1,S^1+c} - Y^0]$

Both frameworks compare **(i)** average outcomes under placebo to **(ii)** average outcomes under a particular joint intervention

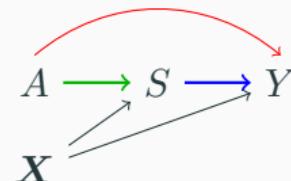
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## Stochastic intervention framework



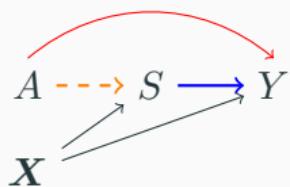
Estimand:  $\mathbb{E}[Y^{1,S^1+c} - Y^0]$

Both frameworks compare **(i)** average outcomes under placebo to **(ii)** average outcomes under a particular joint intervention

Natural effects: Give participant active treatment, and set their surrogate to the value it would take on under placebo (effectively **blocking** the effect of A on S)

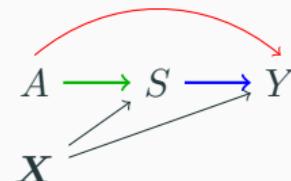
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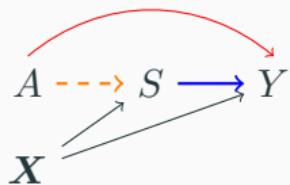
Estimand:  $\mathbb{E}[Y^{1,S^1+c} - Y^0]$

Both frameworks compare **(i)** average outcomes under placebo to **(ii)** average outcomes under a particular joint intervention

Stochastic interventions: Give participant active treatment, and **shift the resulting surrogate** by  $c$  total units

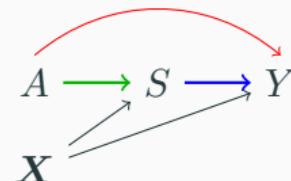
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## Stochastic intervention framework



Estimand:  $\mathbb{E}[Y^{1,S^1+c} - Y^0]$

Both frameworks compare **(i)** average outcomes under placebo to **(ii)** average outcomes under a particular joint intervention

The **stochastic intervention framework** requires a less stringent set of conditions to identify relative to the **natural effects** framework

Background

Notation

Problem Setting

Joint Intervention Framework

Methods

Natural Effects

Stochastic Intervention Effects

Accommodating Open-Label Extension Data

Discussion

## Short trial durations

---

ALS trials are often under-powered, typically due to short trial durations

- If ATE  $\approx 0$  with short trial durations...
- There may be little utility in asking how much of this ATE of  $\approx 0$  is explained by *S*?

## Short trial durations

---

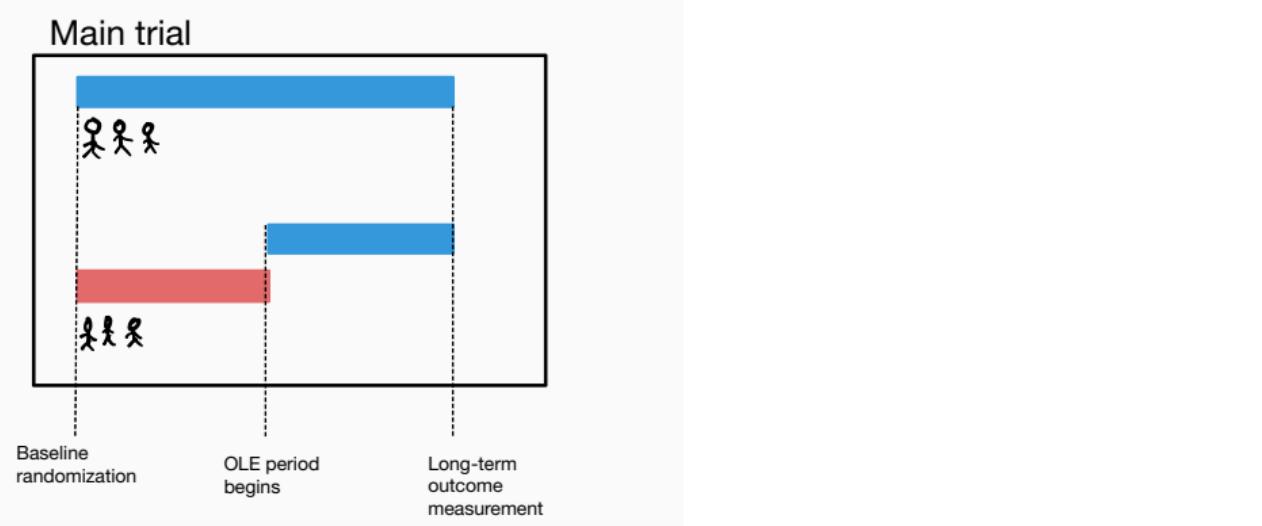
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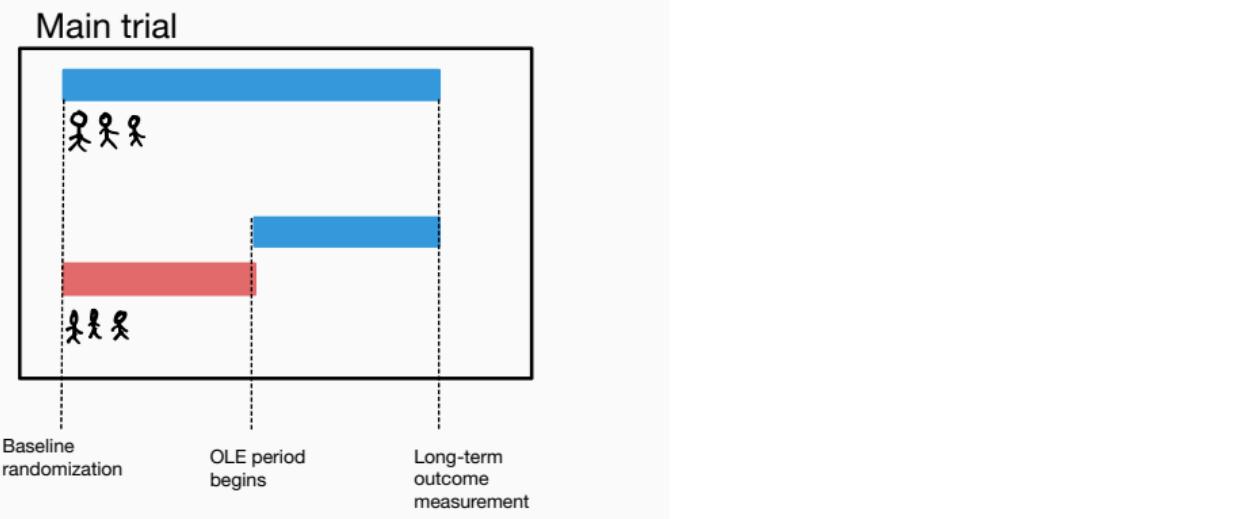
ALS trials commonly incorporate an open-label extension (OLE) period, during which all participants electing to continue in the trial are put on active treatment

- Provides opportunity to observe treatment responses under active treatment over long time horizons, where outcomes may be more responsive to treatments
- Also presents a set of statistical **challenges**

# Open-Label Extension + External Controls

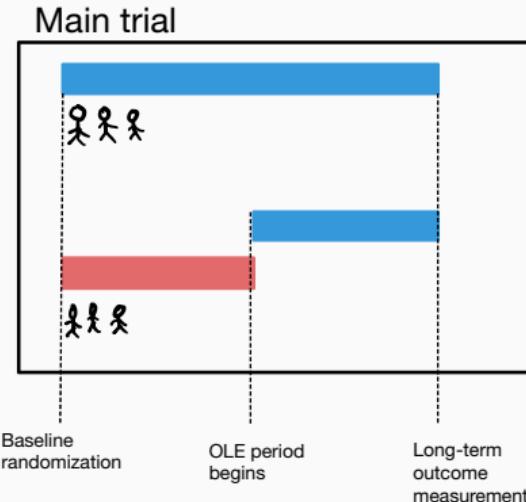


## Open-Label Extension + External Controls



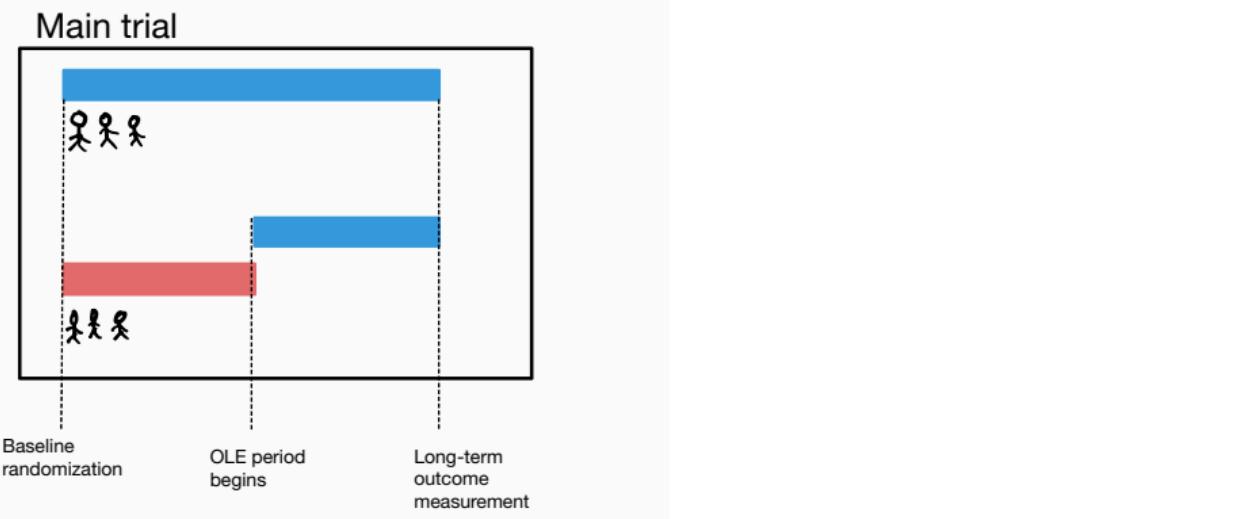
Observe both (i) the primary outcome at the end of the main trial ( $Y$ ) and (ii) a long-term outcome at the end of the OLE ( $\tilde{Y}$ )

## Open-Label Extension + External Controls



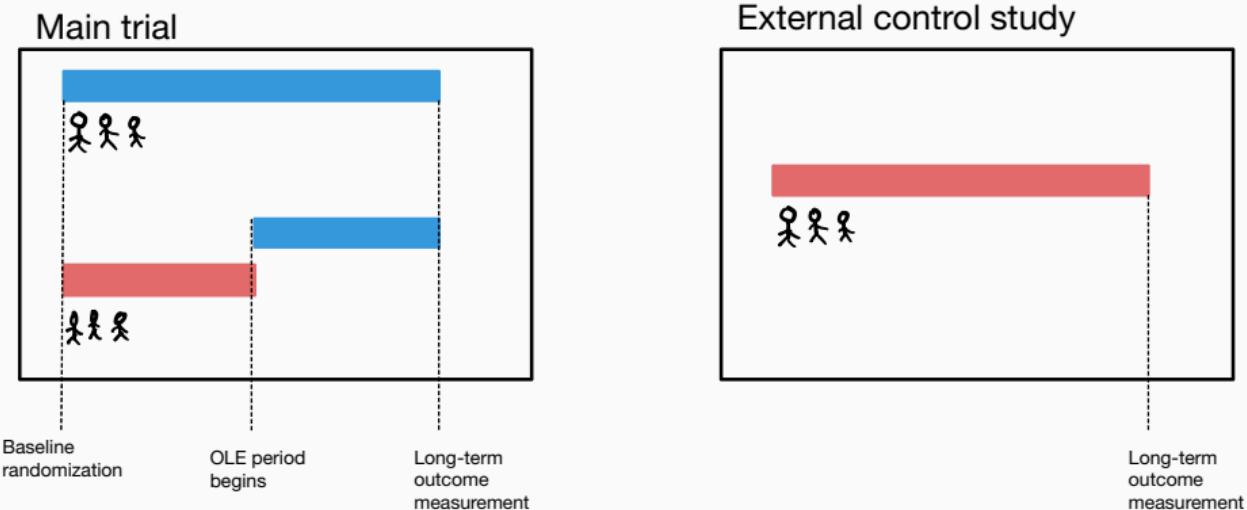
Three possible treatments: (i)  $A = 1$ : active treatment over duration of study, (ii)  $A = 0$ : placebo over duration of study, and (iii)  $A = -1$ : switch from placebo to treatment during the study

# Open-Label Extension + External Controls



**Challenge:**  $A = 0$  is never observed within the main trial

# Open-Label Extension + External Controls



**Workaround:** Incorporate long-term data from an external control study

## Main Idea

---

Suppose we observe data from two studies

$$(\tilde{Y}_i, Y_i, A_i, \mathbf{X}_i), \quad i = 1, \dots, n_0 \quad (\text{Main trial})$$

$$(\tilde{Y}_i, Y_i, A_i = 0, \mathbf{X}_i), \quad i = 1, \dots, n_1 \quad (\text{External controls})$$

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Implies the **pooled** data structure

$$(\tilde{Y}_i, Y_i, A_i, \mathbf{X}_i, \mathbf{R}_i), \quad i = 1, \dots, n_0 + n_1,$$

where  $\mathbf{R}_i = 1$  indicates participant  $i$  is a member of the external control study

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Target estimand:

$$\text{STE}_{R=0}(c) := \mathbb{E}[\tilde{Y}^{1,S^1+c} | \mathbf{R} = 0] - \mathbb{E}[\tilde{Y}^0 | \mathbf{R} = 0]$$

## Identification + Estimation: High-level

---

$\text{STE}_{R=0}(c) := \mathbb{E}[\tilde{Y}^{1,S^1+c}|R=0] - \mathbb{E}[\tilde{Y}^0|R=0]$  can be broken into two pieces

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The above statistical estimand can be estimated with methods proposed in Hejazi et al. (2021) + can be extended to account for informative study drop-out

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Identification is not impacted by the open-label extension design

- Not true for the NIE, since  $\mathbb{E}[Y^{1,S^0}|R=0]$  involves a joint intervention that includes  $S^0$ , an outcome under placebo

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**Does not require** measurement of  $S$  in the external control study

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**Intuition:** (i) Regress  $\tilde{Y}$  on  $\mathbf{X}$  in the **external controls** study, and (ii) average the predicted values over the **main trial** covariate distribution

Can construct plug-in or doubly-robust estimators using tools from the causal data fusion literature (Zeng et al., 2023)

In ongoing work, we're developing methods which additionally account for informative study dropout and censoring due to death

Background

Notation

Methods

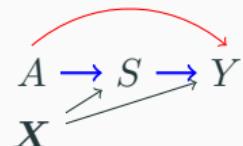
Discussion

## Stepping back

1. Since estimation of  $\mathbb{E}[Y^1 - Y^0]$  is often under-powered, we seek a surrogate outcome  $S$ , aiming to use  $\mathbb{E}[S^1 - S^0]$  as an alternative endpoint

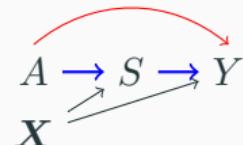
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3. Tools from **causal mediation** analysis provide **clinically interpretable** statistical estimands

## Acknowledgments

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- Eric Macklin
- Lori Chibnik
- Marie-Abele Bind
- Nima Hejazi
- HEALEY ALS Platform Trial Group
- Peng Sun
- Stephanie Fradette

Thank you!

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Additional information

## Extension: doubly-robust estimation (Tchetgen and Shpitser 2012)

As we saw, estimation of  $\mathbb{E}[Y^{1,S^0}]$  involved estimating multiple regression functions

- Incorrect specification of any of these models implies the resulting estimator will be **biased**

We can construct **doubly-robust** estimators of  $\mathbb{E}[Y^{1,S^0}]$  that take the form

$$\hat{\mathbb{E}}[Y^{1,S^0}] = \frac{1}{n} \sum_{i=1}^n \hat{\mu}_0(\mathbf{X}_i) + \widehat{\text{BC}}$$

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where the  $\widehat{BC}$  term can be thought of as a *bias correction* term that partially accounts for the bias arising from model misspecification

- Such estimators can allow for slight mis-specifications of  $\mu_0(\mathbf{X})$
- Can be crucial in small-sample settings that typically necessitate parsimonious models

## Doubly-robust estimation of the NIE

Recall the form of the estimator for  $\mathbb{E}[Y^{1,S^0}]$

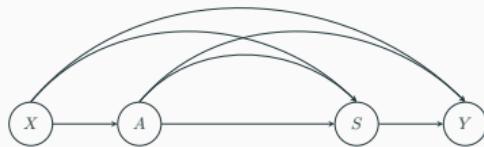
$$\hat{\mathbb{E}}[Y^{1,S^0}] = \frac{1}{n} \sum_{i=1}^n \hat{\mu}_0(\mathbf{X}_i) + \widehat{\text{BC}}$$

Recalling  $m_1(\mathbf{X}, S) = \mathbb{E}(Y|\mathbf{X}, S, A = 1)$  and letting  $g(\mathbf{X}) = \mathbb{P}(A = 1|\mathbf{X})$ ,  
 $e(\mathbf{X}, S) = \mathbb{P}(A = 1|\mathbf{X}, S)$ ,

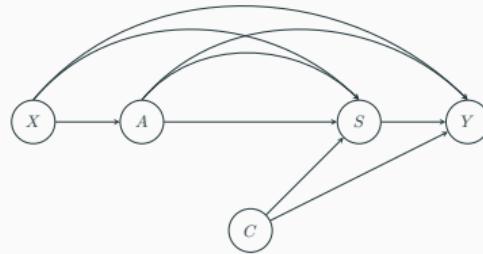
$$\widehat{\text{BC}} = \frac{1}{n} \sum_{i=1}^n \left( \frac{A_i \cdot (1 - \hat{e}(\mathbf{X}_i, S_i))}{(1 - \hat{g}(\mathbf{X}_i)) \cdot \hat{e}(\mathbf{X}_i, S_i)} \{Y_i - \hat{m}_1(\mathbf{X}_i, S_i)\} + \frac{(1 - A_i)}{1 - \hat{g}(\mathbf{X}_i)} \{\hat{m}_1(\mathbf{X}_i, S_i) - \hat{\mu}_0(\mathbf{X}_i)\} \right)$$

A few possible parameterizations for  $\text{BC}$  – above avoids need to estimate the conditional density for  $S|A, \mathbf{X}$

# Assumptions

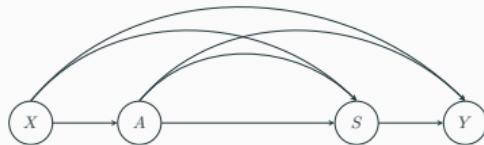


(a) Identifiable

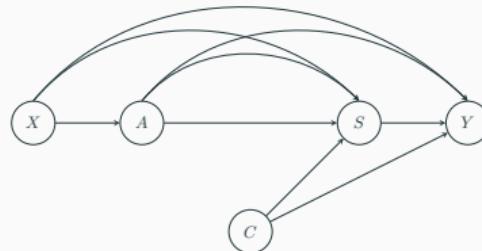


(b) Identifiable

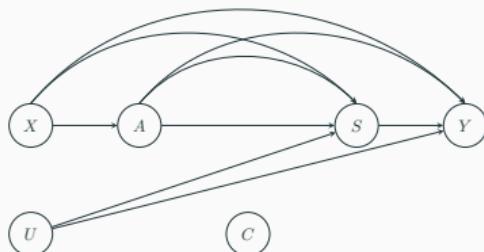
# Assumptions



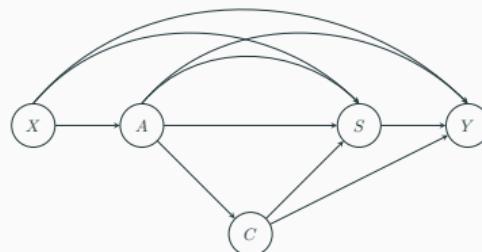
(a) Identifiable



(b) Identifiable



(c) Unidentifiable



(d) Unidentifiable

## Estimation Steps

$Y$	$A$	$S$	$\mathbf{X}$
33	0	1.3	1.2
15	1	2.1	1.3
20	0	1.2	0.8
38	1	3.5	2.1
27	1	0.6	0.6
8	1	4.2	1.2
11	0	0.9	3.0

Step 1a: Use the trial data to estimate  $m_A(\mathbf{X}, S) = \mathbb{E}(Y|A, \mathbf{X}, S)$  via regression

## Estimation Steps

$Y$	$A$	$S$	$\mathbf{X}$	$\hat{m}_1(\mathbf{X}, S)$
33	0	1.3	1.2	24.3
15	1	2.1	1.3	17.7
20	0	1.2	0.8	21.1
38	1	3.5	2.1	28.0
27	1	0.6	0.6	30.8
8	1	4.2	1.2	14.5
11	0	0.9	3.0	29.7

Step 1b: Use the fitted model to get predictions under treatment:

$$\hat{m}_1(\mathbf{X}, S) = \hat{\mathbb{E}}(Y|A = 1, \mathbf{X}, S)$$

## Estimation Steps

$Y$	$A$	$S$	$\mathbf{X}$	$\hat{m}_1(\mathbf{X}, S)$	$\hat{\mu}_0(\mathbf{X})$
33	0	1.3	1.2	24.3	
15	1	2.1	1.3	17.7	
20	0	1.2	0.8	21.1	
38	1	3.5	2.1	28.0	
27	1	0.6	0.6	30.8	
8	1	4.2	1.2	14.5	
11	0	0.9	3.0	29.7	

Step 2a: Regress  $\hat{m}_1(\mathbf{X}, S)$  on  $\mathbf{X}$  among those with  $A = 0$ . This gives an estimate of

$$\mu_0(\mathbf{X}) = \mathbb{E}[m_1(\mathbf{X}, S) | \mathbf{X}, A = 0]$$

## Estimation Steps

$Y$	$A$	$S$	$\mathbf{X}$	$\hat{m}_1(\mathbf{X}, S)$	$\hat{\mu}_0(\mathbf{X})$
33	0	1.3	1.2	24.3	22.1
15	1	2.1	1.3	17.7	19.5
20	0	1.2	0.8	21.1	25.9
38	1	3.5	2.1	28.0	24.9
27	1	0.6	0.6	30.8	32.0
8	1	4.2	1.2	14.5	17.3
11	0	0.9	3.0	29.7	26.2

Step 2b: Use the fitted model to get predictions for all participants

## Estimation Steps

$Y$	$A$	$S$	$\mathbf{X}$	$\hat{m}_1(\mathbf{X}, S)$	$\hat{\mu}_0(\mathbf{X})$
33	0	1.3	1.2	24.3	22.1
15	1	2.1	1.3	17.7	19.5
20	0	1.2	0.8	21.1	25.9
38	1	3.5	2.1	28.0	24.9
27	1	0.6	0.6	30.8	32.0
8	1	4.2	1.2	14.5	17.3
11	0	0.9	3.0	29.7	26.2

Step 3: Take the average of the predicted values

$$\hat{\mathbb{E}}[Y^{1,S^0}] = \frac{1}{n} \sum_{i=1}^n \hat{\mu}_0(\mathbf{X}_i)$$

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Provides a valuable resource for estimating long-term average outcomes under placebo.  
 $\tilde{Y}(0)$ , that are otherwise unobservable

## Science Table

$A$	$S^0$	$S^1$	$Y^{0,0}$	$Y^{0,1}$	$Y^{1,s}$
1	$S_1^0$	$S_1^1$	$Y_1^{0,0}$	$Y_1^{0,1}$	$Y_1^{1,s}$
1	$S_2^0$	$S_2^1$	$Y_2^{0,0}$	$Y_2^{0,1}$	$Y_2^{1,s}$
0	$S_3^0$	$S_3^1$	$Y_3^{0,0}$	$Y_3^{0,1}$	$Y_3^{1,s}$
0	$S_4^0$	$S_4^1$	$Y_4^{0,0}$	$Y_4^{0,1}$	$Y_4^{1,s}$

## Estimation of placebo means with external controls

Recall the identification

$$\mathbb{E}[\tilde{Y}^0|R=0] = \mathbb{E}\{\mathbb{E}(\tilde{Y}|A=0, \mathbf{X}, \textcolor{orange}{R=1}) \mid \textcolor{red}{R=0}\}$$

Letting  $\mu_0(\mathbf{X}) = \mathbb{E}(\tilde{Y}|A=0, \mathbf{X}, R=1)$ , and  $\kappa(\mathbf{X}) = \mathbb{P}(R=1|\mathbf{X})$ , a doubly-robust estimator for  $\mathbb{E}[\tilde{Y}^0|R=0]$  is

$$\hat{\mathbb{E}}[\tilde{Y}^0|R=0] = \hat{\psi}^{\text{PI}} + \frac{1}{n} \sum_{i=1}^n \frac{n}{n_0} \left( \{1-R_i\} \{\hat{\mu}_0 - \hat{\psi}^{\text{PI}}\} + \frac{R_i \cdot (1 - \hat{\kappa}(\mathbf{X}_i))}{\hat{\kappa}(\mathbf{X}_i)} \{\tilde{Y}_i - \hat{\mu}_0(\mathbf{X}_i)\} \right),$$

where  $\hat{\psi}^{\text{PI}} = \frac{1}{n} \sum_{i=1}^n \left( \frac{n}{n_0} \right) R_i \cdot \hat{\mu}_0(\mathbf{X}_i)$