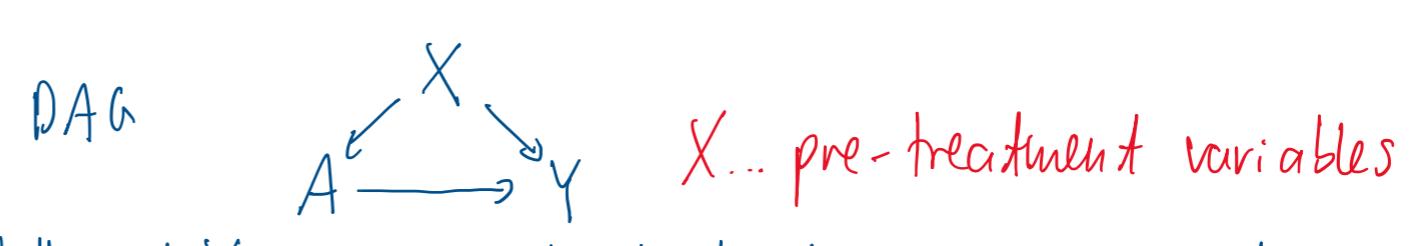


Observational studies

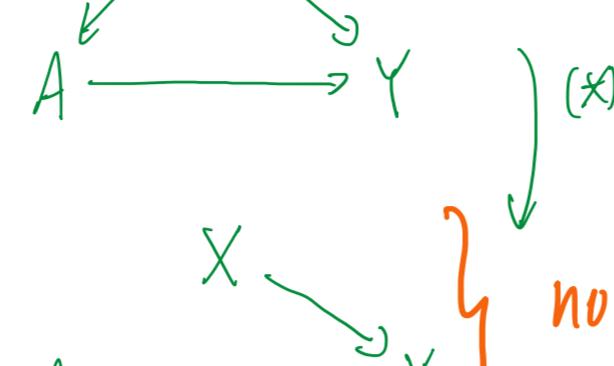
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- ignorability assumption: $Y^0, Y^1 \perp\!\!\!\perp A \mid X$ implies that treatment assignment A is randomized given the set of confounders X .

↳ in a randomized trial, treatment assignment A would be determined by a coin toss
 => effectively "erasing" the arrow from X to A in the DAG (x)

(1) observational:



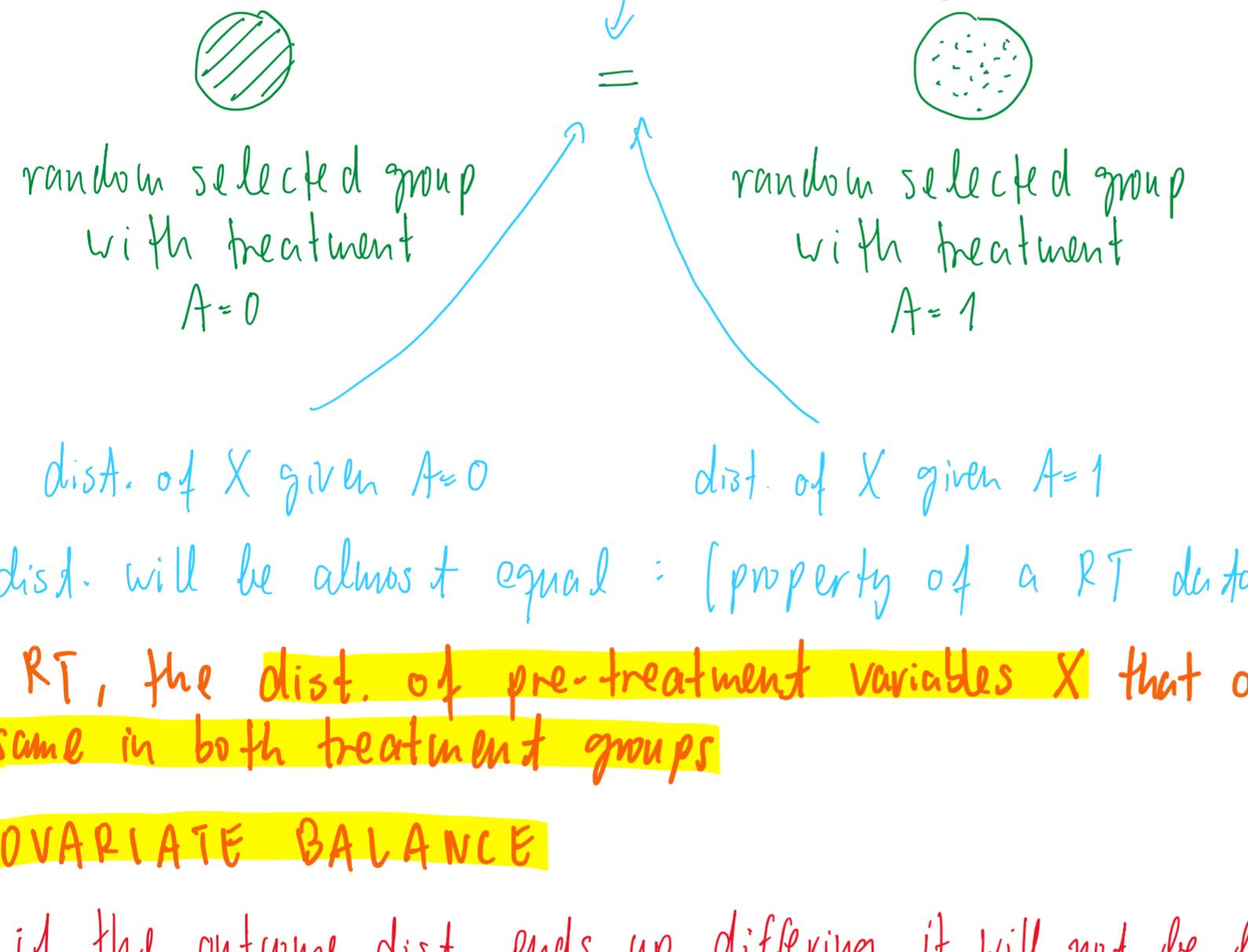
(2) randomization:



- other benefits of randomized trial (RT)

- (1) treatment assignment A is random (unbiased e.g. like a fair coin toss)
- (2) dist. of X same in both treatment groups

↳ ex.:



⇒ all dist. will be almost equal: (property of a RT dataset)

⇒ in a RT, the dist. of pre-treatment variables X that affect Y are the same in both treatment groups

COVARIATE BALANCE

↳ thus, if the outcome dist. ends up differing, it will not be because of differences in X

- covariate balance is dealt with at the study design phase.

Issues with RT:

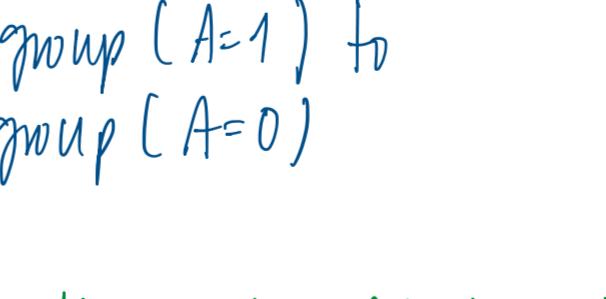
- expensive
- treatment/exposure sometimes unethical
- takes too much time (need to wait for outcome to happen)

Reasons for doing observational studies instead:

- | | |
|-------------------------------------|--|
| a) faster to get results / outcomes | c) larger sample sizes |
| b) active & passive data collection | d) inexpensive |
| ↓ | ↓ |
| prospective, active data collection | retrospective, passive data collection: e.g. databases (EHR, registries) |
- Observational "study" Observational "dataset"

Issues with observational data:

- dist. of X differs btw. treatment groups :



↳ old people more likely to receive $A=0$.

Matching:

- motivation: attempt to make the observational study / data more like a randomized trial (RT) study / data.

- main idea: match individuals in treatment group ($A=1$) to individuals in control group ($A=0$) based on covariates X

⇒ b/c in RT, for any particular value of X , there should be about the same number of people in each treatment group ($A=0, A=1$)

↳ by matching treated to control group of the same/similar X values (e.g. age), there will be approx. same # of treated and control at any particular X (e.g. age) value.

Advantages of matching:

- simplifies outcome analysis a lot!
- Once data is matched, we can treat the problem / data as a randomized trial (RT)
- allows us to control / deal with confounding at the design phase (i.e. w/o knowing Y)
- it can reveal a lack of overlap in the X dist.

↳ excluding individuals that cause lack of overlap, helps with meeting the positivity assumption of causal inference