

All else being equal: Implications of measurement error for precision medicine and health equity

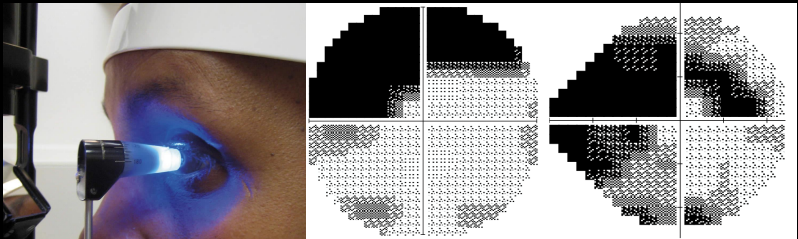
Michael Wallace, University of Waterloo

Slide deck and Shiny app links available at:
`mpwallace.github.io`

Glaucoma: One Disease, Many Treatments

Glaucoma: group of eye diseases associated with elevated intraocular pressure (IOP).

Elevated IOP can lead to vision loss.



Glaucoma: One Disease, Many Treatments

Treatment options attempt to lower IOP (and by extension preserve visual field), they include:

- Lifestyle changes.
- Eye drops (numerous options).
- Surgery.



Treatment decisions based on numerous factors.

Example: Patient is currently taking Azarga eye drops. A personalized treatment rule could be:

“If current IOP exceeds 15, add Alphagan eye drops, otherwise continue with only Azarga.”

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“If current IOP exceeds 15, add Alphagan eye drops, otherwise continue with only Azarga.”

- Question: How do we choose the best decision rule?

Should our IOP cut-off be 13, 15, 20?

Some hypothetical data:

Patient	Observed IOP	Drop added?	VF% at 3 months
1	16	No	73
2	20	Yes	55
3	21	Yes	50
4	16	Yes	61
5	15	No	42
...

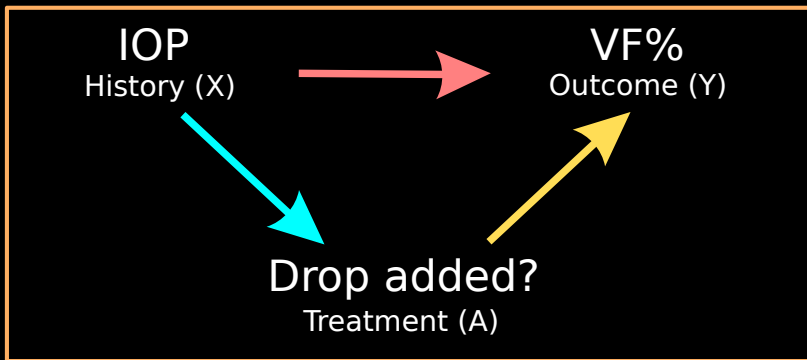
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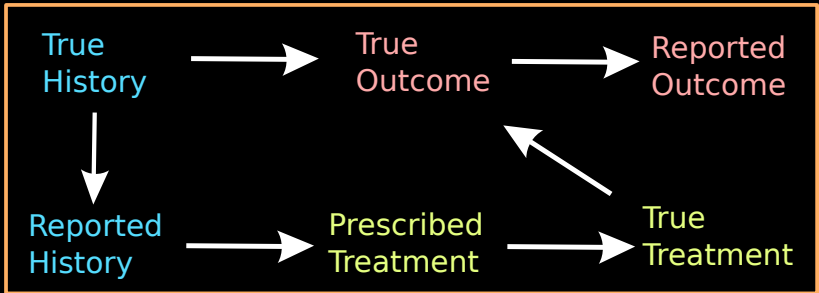
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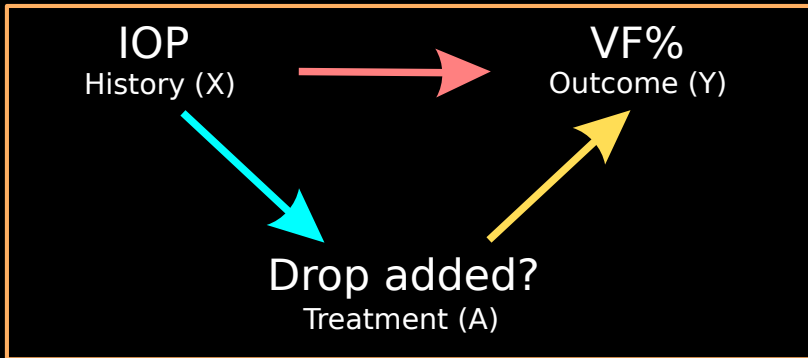
Question: How do these variates relate?



Goal: Identify treatment A that optimizes $E[Y|X, A]$



Problem: Measurement error



First: error-free setting using dWOLS.

Identifying the best treatment regime

$$\underbrace{E[Y|X, A]}_{\text{Expected outcome (to be maximized)}} \quad A \in \{0, 1\}$$

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$$E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 \text{IOP} + A(\psi_0 + \psi_1 \text{IOP})$$

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- More generally:

$$\underbrace{E[Y|X, A; \beta, \psi]}_{\text{Expected outcome (to be maximized)}} = \underbrace{G(X; \beta)}_{\text{Impact of patient history in the absence of treatment}} + \underbrace{\gamma(X, A; \psi)}_{\text{Impact of treatment on outcome}}$$

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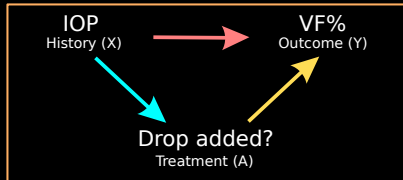
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- Simplifies focus: choose A that maximizes $\gamma(X, A; \psi)$.

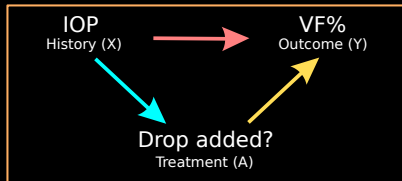
$$E[Y|X, A; \beta, \psi] = G(X; \beta) + \gamma(X, A; \psi)$$

- We specify a third model, the treatment model:
 1. Treatment-free model: $G(X; \beta)$.
 2. Blip model: $\gamma(X, A; \psi)$.
 3. Treatment model: $P(A = 1|X; \alpha)$.



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 2. Blip model: $\gamma(X, A; \psi)$.
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- Estimate ψ via WOLS of Y on covariates in blip and treatment-free models, with weights $w = |A - P(A = 1|X; \hat{\alpha})|$.



Identifying the best treatment regime

- Suppose the true outcome model is:

$$E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 \text{IOP} + \beta_2 \text{IOP}^2 + A(\psi_0 + \psi_1 \text{IOP})$$

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- Estimators are “doubly robust”: consistent if at least one of treatment-free or treatment components correctly specified.
- The blip must always be correct.

Identifying the best treatment regime

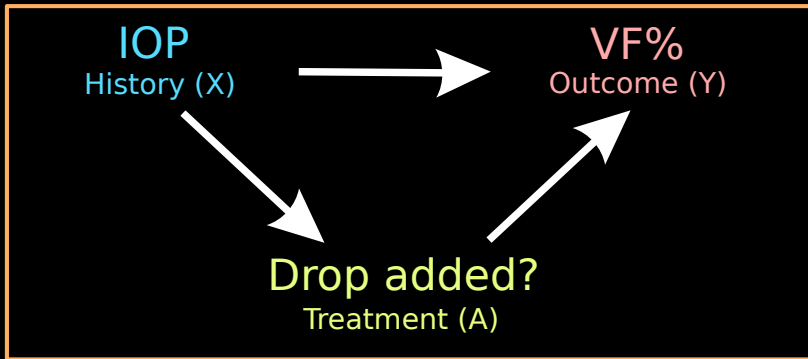
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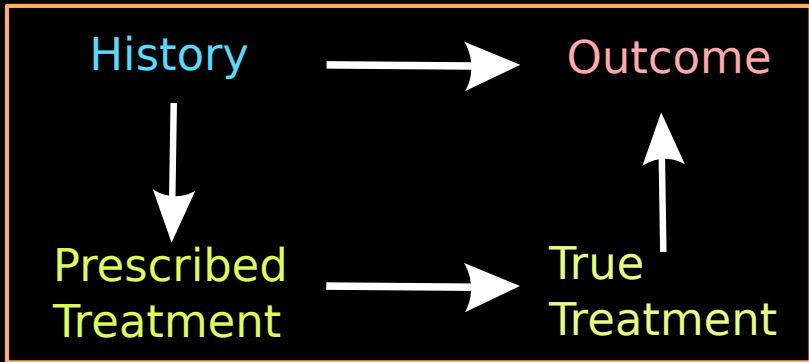
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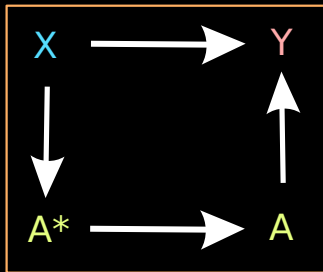
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- WOLS with weights $w = |A - P(A = 1|X; \hat{\alpha})|$ will still yield consistent estimators of ψ_0, ψ_1 .
- Estimators are “doubly robust”: consistent if at least one of treatment-free or treatment components correctly specified.
- The blip must always be correct.
- Critical point: Our treatment decisions depend only on ψ



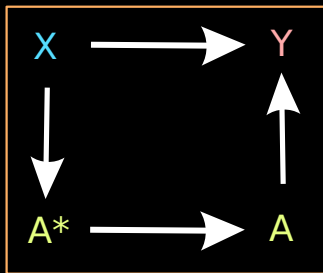




Suppose the true outcome model is:

$$E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 X + \beta_2 X^2 + A(\psi_0 + \psi_1 X)$$

but we observe an error-prone A^*



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For binary A , misclassification can be characterized by the positive and negative predictive values:

$$PPV = P(A = 1 | A^* = 1) \quad NPV = P(A = 0 | A^* = 0)$$

← → ↻ shiny.math.uwaterloo.ca/sas/mwallace/ME/dwols/

Measurement Error and dWOLS

Explore the impact of measurement error on treatment decision rule estimation. Specify which variates are measured with error then click 'Simulate' to generate results. See 'Manual' tab for full details of simulations and input settings. For help or feedback, please contact Michael Wallace at the University of Waterloo through their [webpage](#) or [Twitter](#).

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☒ Error in treatment (A)?

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☐ Show advanced options?

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Is there measurement error in:

- Pre-treatment information? **NO** (error-free)
- Treatment information? **YES** (independent of X)
- Outcome? **NO** (error-free)

Across 100 simulated datasets of size $n = 500$, median (IQR) treatment accuracy:

All links available at <https://mpwallace.github.io/>

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- Using error-free data: **88.40%** (84.20-92.25%)
- Using error-prone data: **87.90%** (84.20-91.40%)

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Depends on:

☒ X ☐ X*

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Is there measurement error in:

- Pre-treatment information? **NO** (error-free)
- Treatment information? **YES** (not independent of X)
- Outcome? **NO** (error-free)

Across 100 simulated datasets of size $n = 500$, median (IQR) treatment accuracy:

- Using error-free data: **89.60%** (85.00-93.40%)
- Using error-prone data: **31.40%** (24.45-72.50%)

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$$E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 X + \beta_2 X^2 + A(\psi_0 + \psi_1 X)$$

If misclassification does not depend on X , then our estimates of ψ_0, ψ_1 will be biased:

$$\psi_0^* = (PPV + NPV - 1)\psi_0 \quad \psi_1^* = (PPV + NPV - 1)\psi_1$$

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However: our treatment rule is of the form

$$A = 1 \text{ if } \psi_0 + \psi_1 X > 0$$

which is unaffected if ψ_0, ψ_1 are biased by the same factor.

We have $A = 1$ if $\psi_0 + \psi_1 X > 0$ or, if $\psi_1 > 0$

$$A = 1 \text{ if } X > -\frac{\psi_0}{\psi_1}$$

We call $\tau = -\frac{\psi_0}{\psi_1}$ a treatment threshold.

(WLOG if $\psi_1 < 0$)

Looking Ahead: Future Treatment

Suppose we conclude that our treatment rule should be:

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What is the probability I receive the wrong treatment?

$$P(X \leq 15 | X^* = 16)$$

Looking Ahead: Future Treatment

Exploring these probabilities through a Shiny app:

shiny.math.uwaterloo.ca/sas/mwallace/ME/decisionrule/

Mistreatment Probabilities

This app explores the probability that an incorrect treatment decision is made as a result of measurement error in a tailoring covariate. Error-prone data of the form $X^* = X + U$ are generated, with X and U normally distributed. A treatment rule of the form "Treat if $X > t$ " is applied, for some treatment threshold t . The resulting graph shows the probability that an incorrect treatment decision is made if it is based on the error-prone X^* . For example, if $X^* = 16$, $X = 14$, and the treatment rule is "treat if $X > 15$ ".

Enter mean of X

16

Enter variance of X

2

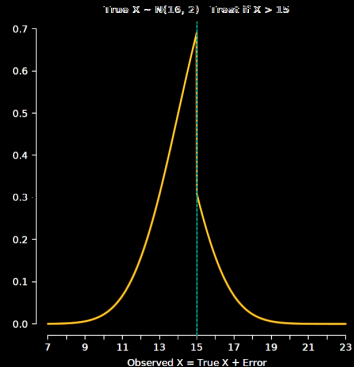
Enter variance of U

2

Enter treatment threshold

15

Adjust plot range



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Essential consideration: What drives measurement error?

- Larger measurement error increases probability of mis-treatment.
- Size of error can depend on numerous factors, including sociodemographic status, symptom severity/disability, and tailoring variates themselves.
- Easy to show in simulation: Challenging to account for in practice.

Looking Ahead: Future Treatment

Further consideration: What if we estimate our treatment threshold based on error-prone data?

True rule: $A = 1$ if $X > \tau = 15$

Estimated Rule: $A = 1$ if $X > \tau^* = 12$

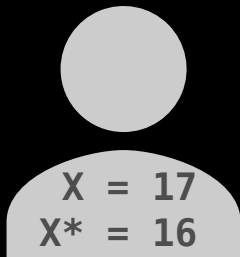
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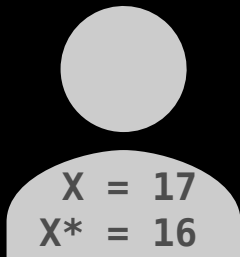
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- $X = 17, X > \tau = 15, A^{opt} = 1$

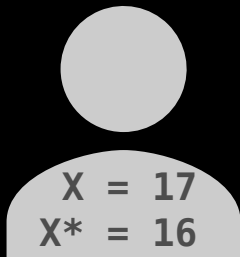
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- $X = 17, X > \tau = 15, A^{opt} = 1$
- $X = 17, X > \tau^* = 12 \implies A = 1 \checkmark$

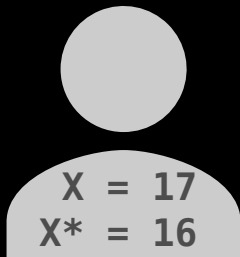
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- The correct treatment is recommended in all scenarios!

Looking Ahead: Future Treatment

True rule: $A = 1$ if $X > \tau = 15$

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And sometimes, measurement error can even help!



$X = 14$

$X^* = 11$

- $X = 14, X < \tau = 15, A^{opt} = 0$

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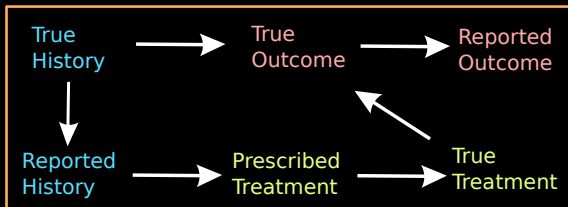
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- $X^* = 11, X^* < \tau = 15 \implies A = 0 \checkmark$
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So where are we now?

- Measurement error an important consideration in all elements of precision medicine problems.
- There are some special cases where errors have limited impact, or may be corrected for with standard theory.
- Critical to understand impact of using error-prone measurements for treatment decision making, especially where error may depend on individual characteristics.
- But: many more cases to explore.



- **dWOLS**: M. P. Wallace and E. E. M. Moodie (2015). Doubly-robust dynamic treatment regimen estimation via weighted least squares. *Biometrics* **71**(3) 636-644.
- **Precision Medicine and Measurement Error in Tailoring Variates**: D. Spicker and M. P. Wallace (2020). Measurement error and precision medicine: error-prone tailoring covariates in dynamic treatment regimes. *Statistics in Medicine* **39**(26)
- **R Package DTRreg**: Available on CRAN.
- **Precision Medicine and Measurement Error More Broadly**: M. P. Wallace. Measurement error and precision medicine. In Cai T., Chakraborty B., Laber E., Moodie E. and van der Laan M. (Eds), Handbook of Statistical Methods for Precision Medicine. Chapman & Hall/CRC Handbooks of Modern Statistical Methods. 2024.

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Across 100 simulated datasets of size $n = 500$, median (IQR) treatment accuracy:

- Using error-free data: **88.10%** (84.40-92.00%)
- Using error-prone data: **83.00%** (81.40-84.40%)

Error independent of X, A

$$E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 X + \beta_2 X^2 + A(\psi_0 + \psi_1 X)$$

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- Treatment information? **NO** (error-free)
- Outcome? **YES** (not independent of X, independent of A)

Across 100 simulated datasets of size $n = 500$, median (IQR) treatment accuracy:

- Using error-free data: **88.50%** (84.35-91.80%)
- Using error-prone data: **82.10%** (80.60-83.40%)

Error independent of A

$$E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 X + \beta_2 X^2 + A(\psi_0 + \psi_1 X)$$

$$Y^* = Y + U \quad U \sim N(\mu_{uy}, \sigma_{uy}^2)$$

Measurement Error and dWOLS

Explore the impact of measurement error on treatment decision rule estimation. Specify which variates are measured with error then click 'Simulate' to generate results. See 'Manual' tab for full details of simulations and input settings. For help or feedback, please contact Michael Wallace at the University of Waterloo through their [webpage](#) or [Twitter](#).

☐ Error in pre-treatment information (X)?

☐ Error in treatment (A)?

☒ Error in outcome (Y)?

☒ Depends on X?

☒ Depends on A?

Simulate

☐ Show advanced options?

Summary

Table

Plot

Weights

Manual

Is there measurement error in:

- Pre-treatment information? **NO** (error-free)
- Treatment information? **NO** (error-free)
- Outcome? **YES** (not independent of X, not independent of A)

Across 100 simulated datasets of size $n = 500$, median (IQR) treatment accuracy:

- Using error-free data: **88.00%** (84.15-90.45%)
- Using error-prone data: **57.50%** (46.65-68.40%)

Error not independent of A

“Isn't this just a prediction problem?”

Data availability will vary by study and by variable:

Scenario	Analysis	Application
1: “We never observe the truth.”	X^*	X^*

“Isn't this just a prediction problem?”

What if error-free data are possible, but expensive?

Scenario	Analysis	Application
1: “We never observe the truth.”	X^*	X^*
2: “Past data are error-prone, but future data may not be.”	X^*	X
3: “Past data are not error-prone, but future data may be.”	X	X^*

“Isn't this just a prediction problem?”

Only Scenario 4 is well-studied.

Scenario	Analysis	Application
1: “We never observe the truth.”	X^*	X^*
2: “Past data are error-prone, but future data may not be.”	X^*	X
3: “Past data are not error-prone, but future data may be.”	X	X^*
4: “We always observe the truth.”	X	X