#### Lecture 20

- 1. Types of missing values
- 2. Making example missing-value datasets: MCAR, MAR, and MNAR
- 3. Common methods for missing data
- 4. Compare results on example MCAR, MAR, MNAR data

1

### **Missing Data Methods**

Clinical trial randomly assigned 100 patients with major depression to an experimental drug (D) or to placebo (P). (Source: Dmitrienko *et. al.* (2005).

Participants completed the Hamilton depression rating scale (HAMD) at baseline and again after 9-week treatment. Study outcome was HAMD at end; higher scores mean worse depression. Participants at 5 centers:

drug	center					
Frequency	1	2	3	4	5	Total
Drug	11	7	16	9	7	50
Placebo	13	7	14	10	6	50
Total	24	14	30	19	13	100

The first 5 observations from the Depression Study data

ID	baseline	final	drug	center
1	27	4	D	1
2	27	9	D	1
3	26	8	D	1
4	27	5	D	1
5	36	8	D	1

Model(s) to compare final HAMD between treatments, adjusted for baseline and center:

We'll return to these models to analyze this data.

3

# **Missing Values**

Suppose that some final surveys were missing—not completed.

What happens to these participants' data in the fitting the adjusted model?

What if patients with the worst side-effects to the experimental drug (D) dropped out and didn't complete the final survey?

#### **Types of Missing Data**

**Missing completely at random (MCAR)**: data are missing independently of both observed and unobserved data.

*Example:* a participant flips a coin to decide whether to complete the depression survey.

**Missing at random (MAR)**: given the observed data, data are missing independently of unobserved data.

*Example:* male participants are more likely to refuse to fill out the depression survey, but it does not depend on the level of their depression.

5

MCAR implies MAR, but not the other way round. Most methods assume MAR.

We can ignore missing data ( = omit missing observations) if we have MAR or MCAR.

**Missing Not at Random (MNAR)**: missing observations related to values of unobserved data.

*Example:* participants with severe depression, or side-effects from the medication, were more likely to be missing at end.

*Informative missingness:* the fact that data is missing contains information about the response.

Observed data is biased sample. Missing data cannot be ignored.

Cannot distinguish MAR from MNAR without additional information.
SAS default is to omit cases with missing data = ignore missing data.
With MNAR, you get a non-representative sample and biased estimates.
References:
Dmitrienko et. al. (2005) Analysis of Clinical Trials Using SAS, Chapter 5
R Little and D Rubin (2002) Statistical Analysis with Missing Data, Second Edition
7
Plan:
1. Delete observations from HAMD data to make an example of each type of missing data.
2. Discuss approaches to handling missing data.
3. Compare these approaches on our constructed examples from HAMD.

# Make missing completely at random (MCAR) example

MCAR: data are missing independently of both observed and unobserved data.

Example: participant flips a coin to decide whether to complete final survey.

Randomly select 30% of the observations in HAMD, set to missing.

```
data MCAR;
  set ph6470.hamd2;
  missing = 0;
  if (ranuni(457392) < .3) then do;  select 30% random sample
      final =.;
      missing=1;  label missing values
end;</pre>
```

9

MCAR example, first 10 observations.

Obs	missing	baseline	final	drug	center
1	0	27	4	D	1
2	0	27	9	D	1
3	0	26	8	D	1
4	0	27	5	D	1
5	0	36	8	D	1
6	0	39	18	D	1
7	0	25	14	D	1
8	0	33	8	D	1
9	0	38	9	D	1
10	1	39		D	1

```
proc freq data=MCAR;
tables missing;
```

missing	Frequency	Percent	Frequency	Percent
0	67	67.00	67	67.00
1	33	33.00	100	100.00

What percent are actually missing?

11

### Missing at random (MAR) example

**Missing at random (MAR)**: given the observed data, data are missing independently of unobserved data.

*Example:* male participants more likely to refuse to fill out final survey, independent of their level of their depression.

Data does not include gender. Missing values related to observed data: only at centers 1, 2, and 3.

Need to get  $\approx$  33 missing cases. Centers 1, 2, 3 together have 64/100 patients in study. What proportion p should be missing?

$$p * 64 = 33$$
 gives  $x = .516$ 

```
data MAR;
  set ph6470.hamd2;
  missing = 0;
  if (ranuni(457392) < .516 and center IN (1, 2, 3)) then do;
    final =.;
    missing=1;
  end;

proc freq data=MAR;
  tables missing;</pre>
```

missing	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	63	63.00	63	63.00
	37	37.00	100	100.00

13

Adjusting the cutoff for the uniform random number gives:

```
data MAR;
  set ph6470.hamd2;
  missing = 0;
  if (ranuni(457392) < .435 and center IN (1, 2, 3)) then do;
    final =.;
    missing=1;
  end;</pre>
```

This produces 34 missing values, nearly the same number as the MCAR example.

MAR example, first 10 observations.

0bs	missing	baseline	final	change	drug	center
1	1	27		23	D	1
2	0	27	9	18	D	1
3	0	26	8	18	D	1
4	0	27	5	22	D	1
5	0	36	8	28	D	1
6	0	39	18	21	D	1
7	1	25		11	D	1
8	0	33	8	25	D	1
9	1	38		29	D	1
10	1	39		18	D	1

15

### Missing not at random (MNAR) example

MNAR: missing observations related to values of unobserved data.

*Example:* participants with most severe depression were less likely to complete final HAMD survey.

Identify "high" final values.

Randomly select 33 among these to delete—want same amount of missing data as other examples.

How do we identify top 50% of baseline values?

```
Proc univariate data=ph6470.hamd2;
  var final;
```

Quantile	Estimate
100% Max	35.0
99%	34.0
95%	28.0
90%	23.5
75% Q3	19.0
50% Median	14.5
25% Q1	8.0
10%	4.0
5%	2.0
1%	1.0
0% Min	1.0

17

What proportion do we remove? p \* 50 = 33 gives p = .66

```
data MNAR;
  set ph6470.hamd2;
  missing=0;
  if (final GE 14.5 and ranuni(884739) < .66 ) then do;
     final =.;
     missing=1;
  end;
proc freq data=MNAR;
  tables missing;</pre>
```

This gives only 30 missing values, and we want 33 or 34.

What do we adjust to get a few more missing values?

Trial and error leads to:

```
data MNAR;
  set ph6470.hamd2;
  missing=0;
  if (final GE 14.5 and ranuni(884739) < .69 ) then do;
     final =.;
     missing=1;
  end;</pre>
```

which gives 33 missing values.

19

# MNAR example, first 10 observations:

Obs	missing	baseline	final	change	drug	center
1	0	27	4	23	D	1
2	0	27	9	18	D	1
3	0	26	8	18	D	1
4	0	27	5	22	D	1
5	0	36	8	28	D	1
6	1	39	•	21	D	1
7	0	25	14	11	D	1
8	0	33	8	25	D	1
9	0	38	9	29	D	1
10	1	39		18	D	1

Review the plan:

- 1. Delete observations from HAMD data to make an example of each type of missing data: MCAR, MAR, MNAR.
  - All data sets have 33% missing data.
- 2. Overview: approaches to handling missing data.
- 3. Compare these approaches on our constructed examples from HAMD.

  Results will depend on type of missingness, not amount of missing data.

21

#### Common methods for MAR data

MAR property: missing-ness related only to observed data, not the missing data.

Complete case analysis. Omit observations missing any part of the data.
 SAS default for many procedures.

Requires MCAR to be unbiased.

2. **Last observation carried forward (LOCF).** Longitudinal data collection where early measurements are not missing but final measurements are missing. Use each subject's last non-missing measurement to fill in later missing values. Reduces apparent change in response.

Requires strong assumptions about response; does not account for uncertainty of missing data.

Better approach: use Proc Mixed which can handle missing values in longitudinal data.

23

- 3. **Imputation.** This means filling in each missing value with a guess.
  - Many ways to impute, such as:
    - Use mean of individual's other values.
    - Replace missing value in a group with group mean.
    - Predict missing values in a variable *V* from regression of *V* on other variables.

Requires strong assumptions about response; does not account for uncertainty of missing data.

### 4. Multiple imputation:

- (a) Impute observations for all missing values in a variable *V*: use random samples from normal distribution with mean and SD of *V*.(Or use regression to predict mean and SD, then sample from this normal distribution.)
- (b) Do the imputation *M* times, creating *M* complete data sets.
- (c) Analyze each of the *M* complete data sets.
- (d) Combine the results of the *M* analyses to draw conclusions.

Requires MAR to be unbiased. Partially accounts for uncertainty of missing data.

25

### Compare these approaches on our constructed missing-data examples from HAMD

Estimate treatment means, test treatment×center interaction from full data, and constructed examples of MCAR, MAR, and MNAR.

For MCAR, MAR, and MNAR, apply

- 1. complete case analysis
- 2. last observation carried forward (LOCF)
- 3. multiple imputation

# Full data analysis

Test interaction between treatments and centers:

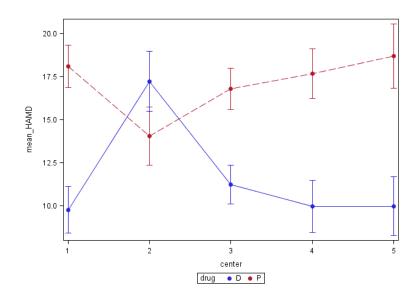
```
Proc GLM data=ph6470.hamd2;
    class drug center;
    model final = baseline drug center drug*center;
```

Estimate treatment means using main-effect model:

```
Proc GLM data=ph6470.hamd2;
    class drug center;
    model final = baseline drug center;
    LSmeans drug / stderr;
```

27

Source	DF	Type III SS	Mean Square	F Value	Pr > F
baseline	1	2937.733457	2937.733457	145.94	<.0001
drug	1	665.325939	665.325939	33.05	<.0001
center	4	33.166939	8.291735	0.41	0.7996
drug*center	4	348.644165	87.161041	4.33	0.0030



From the main-effects model (parallel lines), which assumes no interaction:

			Standard		
•	Estimate		Error	t Value	Pr >  t
;	-5.029306548	В	2.40541540	-2.09	0.0393
	0.732392169		0.06750514	10.85	<.0001
D	-5.780464986	В	0.96279506	-6.00	<.0001
P	0.00000000	В		•	•
1	-0.140497046	В	1.65460640	-0.08	0.9325
2	1.282776802	В	1.85476395	0.69	0.4909
3	-0.125739959	В	1.59580285	-0.08	0.9374
4	-0.092401374	В	1.75244924	-0.05	0.9581
5	0.00000000	В		•	•
	D P 1 2 3 4	-5.029306548 0.732392169 D -5.780464986 P 0.000000000 1 -0.140497046 2 1.282776802 3 -0.125739959 4 -0.092401374	-5.029306548 B 0.732392169 D -5.780464986 B P 0.000000000 B 1 -0.140497046 B 2 1.282776802 B 3 -0.125739959 B 4 -0.092401374 B	Estimate Error  -5.029306548 B	Estimate Error t Value  -5.029306548 B 2.40541540 -2.09 0.732392169 0.06750514 10.85 D -5.780464986 B 0.96279506 -6.00 P 0.000000000 B 1 -0.140497046 B 1.65460640 -0.08 2 1.282776802 B 1.85476395 0.69 3 -0.125739959 B 1.59580285 -0.08 4 -0.092401374 B 1.75244924 -0.05

Least Squares Means

drug	final LSMEAN	Standard Error	HO:LSMEAN=O Pr >  t	HO:LSMean1= LSMean2 Pr >  t
D	11.4640040	0.6960627	<.0001	<.0001
P	17.2444690	0.6983823	<.0001	

Where is estimate of treatment difference?

29

Higher scores on HAMD mean worse depression.

Drug effect shown by higher final scores with placebo than with drug.

		Interaction	Drug Effect	Drug Effect
Data	Method	P-value	$(Pbo-Drug)\pm SE$	P-value
Full		.003	5.8 ± 1	< .0001
MCAR				
MAR				
MNAR				

# **Complete Case (CC)**

Proc GLM omits any observations with missing values for the response or any predictors in the model *or class statement*.

Apply interaction and main-effects Proc GLM to MCAR, MAR, MNAR data sets.

MCAR complete case

The GLM Procedure

Class Level Information

Class	Levels	Values
drug	2	DΡ
center	5	1 2 3 4 5

Number of Observations Read 100 Number of Observations Used 67

31

Source		DF	Type III SS	Mean Square	F Value	Pr > F
baseline		1	1859.138751	1859.138751	81.53	<.0001
drug		1	402.153831	402.153831	17.63	<.0001
center		4	81.206129	20.301532	0.89	0.4759
drug*cen	ter	4	292.270566	73.067641	3.20	0.0194
			Standard			
Paramete	r	Estimate	Error	t Value	Pr >  t	
Intercep	t	-6.020340071 B	3.15225778	-1.91	0.0609	
baseline		0.764130773	0.09024947	8.47	<.0001	
drug	D	-7.111619538 B	1.29954422	-5.47	<.0001	
drug	P	0.00000000 B				
center	1	0.477570916 B	2.28410457	0.21	0.8351	
center	2	0.027583323 B	2.65767011	0.01	0.9918	
center	3	1.384149384 B	2.26772684	0.61	0.5439	
center	4	-0.437788226 B	2.41622554	-0.18	0.8568	
center	5	0.000000000 B	•	•	•	
				HO:LS	Mean1=	
		Star	ndard HO:LSME	AN=O LSM	lean2	

Repeat this analysis with MAR and MNAR examples.

final LSMEAN

9.8085482

16.9201677

drug D

Р

Error Pr > |t| 0.9973089 <.0001 0.8911077 <.0001

Pr > |t|

<.0001

	Intera		Drug Effect	Drug Effect
Data	Method	P-value	$(Pbo-Drug)\pm SE$	P-value
Full		.003	5.8 ± 1	< .0001
MCAR	CC	.019	7.1 ± 1	< .0001
MAR	CC	.071	$7.4 \pm 1$	< .0001
MNAR	CC	.001	5.7 ± 1	< .0001

33

# Last observation carried forward (LOCF)

Fill in the missing final values with baseline in a data step.

#### MCAR last value carried forward

#### The GLM Procedure

Class	Levels	Values
drug	2	D P
center	5	1 2 3 4 5

Number	of	Observations	Read	100
Number	of	Observations	Used	100

The GLM Procedure

Dependent Variable: final\_lcf

D

17.8405100

21.7923162

No missing data now, because we have filled all the holes.

35

Source			DF	Type II	I SS	Mean Square	F Value	Pr > F
baseline			1	5248.65	0484	5248.650484	74.77	<.0001
drug			1	114.62	:0844	114.620844	1.63	0.2046
center			4	313.98	4729	78.496182	1.12	0.3531
drug*cent	er		4	1387.79	2987	346.948247	4.94	0.0012
				St	andard			
Parameter	•	Estim	ate		Error	t Value	Pr >  t	
Intercept		-5.502658	173 B	4.54	351199	-1.21	0.2289	
baseline		0.974066	666	0.12	750829	7.64	<.0001	
drug	D	-3.951806	237 B	1.81	1859271	-2.17	0.0323	
drug	P	0.000000	000 B	•				
center	1	-3.996833	406 B	3.12	533295	-1.28	0.2041	
center	2	-0.042933	940 B	3.50	340413	-0.01	0.9902	
center	3	-2.298745	160 B	3.01	426080	-0.76	0.4476	
center	4	-4.075868	689 B	3.31	014514	-1.23	0.2213	
center	5	0.000000	000 B			•		
						HO:L	SMean1=	
	fi	nal_lcf	Star	ndard	HO:LSME	AN=O LS	Mean2	
drug		LSMEAN	F	Error	Pr >	t  P	r >  t	

1.3147705

1.3191518

<.0001

<.0001

0.0323

Repeating this analysis with MAR and MNAR examples gives:

Data	Method	Interaction P-value	Drug Effect (Pbo – Drug) ± SE	Drug Effect P-value
Full		.003	5.8 ± 1	< .0001
MCAR	CC	.019	7.1 ± 1	< .0001
	LOCF	.001	4.0 ± 2	.032
MAR	CC	.071	$7.4 \pm 1$	< .0001
	LOCF	.233	$5.9 \pm 2$	.0003
MNAR	CC	.001	5.7 ± 1	< .0001
	LOCF	.006	8.1 ± 2	< .0001

37

### Multiple Imputation: Proc MI + Proc Mlanalyze

We want to estimate a parameter  $\theta$  (eg. adjusted mean or regression coefficient) from data with missing values.

- 1. Proc MI For each missing value  $Y_i$ , generate M estimates  $y_{im}$ , m = 1,...,M using the distribution of observed values.
  - Use MAR property: missingness related only to observed data.
  - Fill in missing values in the data using each set  $\{y_{im}\}$ , to produce M complete data sets.
- 2. Fit a model to each of the M complete data sets to get a parameter estimate  $\hat{\theta}_m$  with variance  $V_m$  (squared standard error).

3. Proc Mlanalyze Combine the results of the M analyses.

Combined estimate of  $\theta$  is the average of the M estimates  $\{\hat{\theta}_m\}$ :

$$\bar{\theta}_M = rac{1}{M} \sum_{1}^{M} \hat{\theta}_m.$$

Variance of this estimate comes from the *within-imputation* variance, estimated by the mean  $\bar{V}_M$  of the variances  $\{V_m\}$ ,

and the between-imputation variance

$$B_M = \frac{1}{M-1} \sum_{1}^{M} (\hat{\theta}_m - \bar{\theta}_M)^2,$$

and so its standard error is:

$$SE(\bar{\theta}_M) = \sqrt{\bar{V}_M + \frac{M+1}{M}B_M}.$$

Little & Rubin (2002) Statistical Analysis with Missing Data, Second Edition

39

For Depression Study example, imputation code will have 3 steps:

- 1. Proc MI generates M complete data sets, indexed by \_Imputation\_
- 2. Proc GLM fits the model, BY \_Imputation\_ , and outputs the results as a dataset (use ODS close listing to prevent writing them to the output window)
- 3. Proc Mlanalyze reads output dataset, makes combined estimate  $\bar{\theta}_M$  and  $\mathrm{SE}(\bar{\theta}_M)$

An additional problem is that drug and center are CLASS variables and Mlanalyze has problems with these. Need to add these indicators to data.

Make indicators for CLASS variables in MCAR, MAR, and MNAR data sets:

```
data ph6470.hamd_MCAR;
  set mar;
  drugD = (drug="D");    logical variables to make indicators
  center1=(center=1);
  center2=(center=2);
  center3=(center=3);
  center4=(center=4);
  drugcenter_1 = drugD * center1;
  drugcenter_2 = drugD * center2;
  drugcenter_3 = drugD * center3;
  drugcenter_4 = drugD * center4;
```

41

### **Multiple Imputation SAS code**

### Step 1. Make 20 complete datasets using imputation

```
Proc MI data=ph6470.hamd_mcar out=C output data set

nimpute=20 number of filled-in datasets

seed=74950631

minimum= 0 maximum= 40 reject values outside 0 - 40, range of HAMD

round=1.0; round to integer

var final; variables to fill in
```

#### The MI Procedure

#### Model Information

Data Set	PH6470.HAMD_MCAR			
Method	MCMC			
Multiple Imputation Chain	Single Chain			
Initial Estimates for MCMC	EM Posterior Mode			
Start	Starting Value			
Prior	Jeffreys			
Number of Imputations	20			
Number of Burn-in Iterations	200			
Number of Iterations	100			
Seed for random number generator	74950631			

### Missing Data Patterns

					Group	Means
Group	baseline	final	Freq	Percent	baseline	final
1	X	Х	67	67.00	29.641791	13.686567
2	X	ě	33	33.00	31.212121	

43

Step 2. Fit model in Proc GLM to each of the 20 imputed datasets.

Write results to output datasets—see examples in Help Documentation for Proc Mlanalyze.

```
ODS listing close;
Proc GLM data=C;

model final = baseline drugD center1 center2 center3 center4
    drugcenter_1 drugcenter_2 drugcenter_3 drugcenter_4
    / inverse solution;

by _Imputation_;

ODS output ParameterEstimates=glmparms InvXPX=glmxpxi;
run;
ODS listing;
```

Step 3. Combine estimates.

```
Proc MIanalyze parms=glmparms xpxi=glmxpxi;

modeleffects Intercept baseline drugD

center1 center2 center3 center4

drugcenter_1 drugcenter_2 drugcenter_3 drugcenter_4;
```

Very difficult to figure out what output should be passed from procedures (step 2) to Proc Mlanalyze.

Follow examples given in documentation for Mlanalyze or use Google to look for examples.

45

### Mlanalyze: interaction model

#### The MIANALYZE Procedure

#### Parameter Estimates

	Parameter	Estimate	Std Ei	ror	95% Confider	nce Limits	DF
	drugD	-3.860516	3.986	366	-11.7520	4.03099	121.86
	center1	1.196681	3.582	2645	-5.9081	8.30146	103.68
	center2	-2.553557	3.543	3349	-9.5269	4.41982	295.71
	center3	0.812648	3.467	7136	-6.0503	7.67560	123.06
	center4	1.073320	3.369	9253	-5.5580	7.70464	289.65
	drugcenter_1	-3.860369	4.912	2036	-13.5889	5.86821	116.38
	drugcenter_2	6.867292	5.583	3987	-4.1853	17.91987	123.66
	drugcenter_3	-1.096627	4.830	0671	-10.6706	8.47731	109.3
	drugcenter_4	-2.212305	4.919	9742	-11.9263	7.50166	164.53
					t for HO:		
Parameter drugcenter_1 drugcenter_2 drugcenter 3		Theta0	Para	meter=Theta0	Pr >  t		
		0		-0.79	0.4335		
		0		1.23	0.2211		
		0		-0.23	0.8208		
	drugo	center_4	0		-0.45	0.6535	

Interaction significant?

# From main-effects model:

The MIANALYZE Procedure

#### Parameter Estimates

		a	0=0/ 0 0.1		
Parameter	Estimate	Std Error	95% Confidence	e Limits	DF
Intercept	-4.967379	3.421668	-11.7158	1.78101	194.27
baseline	0.709821	0.098281	0.5157	0.90391	160.63
drugD	-4.540941	1.288706	-7.0748	-2.00704	379.39
center1	-0.600204	2.325569	-5.1838	3.98341	216.81
center2	0.764762	2.596219	-4.3512	5.88071	225.56
center3	0.277993	2.152946	-3.9567	4.51271	341.24
center4	0.143256	2.413208	-4.6081	4.89457	267.26
		t for HO	:		
Parameter	Theta0	Parameter=Theta	) Pr >  t		
Intercept	0	-1.4	0.1482		
baseline	0	7.22	<.0001		
drugD	0	-3.5	0.0005		

47

Data	Mathad	Interaction	Drug Effect	Drug Effect P-value
Data	Method	P-value	(Pbo – Drug) ± SE	P-value
Full		.003	5.8 ± 1	< .0001
MCAR	CC	.019	7.1 ± 1	< .0001
	LOCF	.001	$4.0 \pm 2$	.032
	MI	NS	4.5 ± 1	.0005
MAR	CC	.071	7.4 ± 1	< .0001
	LOCF	.233	$5.9 \pm 2$	.0003
	MI	NS	4.8 ± 1	.0001
MNAR	CC	.001	5.7 ± 1	< .0001
	LOCF	.006	8.1 ± 2	< .0001
	MI	NS	3.7 ± 1	.0036

Imputing values when data are not missing at random can lead to severe bias.

Difficult questions with missing data imputation:

- 1. Do you have missing at random? How do you know?
- 2. How do you choose an imputation method?
  How can you use what you know to improve the process of imputation?

### References:

Dmitrienko *et. al.* (2005) *Analysis of Clinical Trials Using SAS*, Chapter 5

R Little and D Rubin (2002) *Statistical Analysis with Missing Data, Second Edition*Lachin JM. Worst-rank score analysis with informatively missing observations in clinical trials. *Control Clin Trials* 1999; 20:408–422.