

Patients with presumed tuberculosis in sub-Saharan Africa that are not diagnosed with tuberculosis: a systematic review and meta-analysis (statistical appendix)

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Contents

Pre-ambble	1
Dependencies	1
Main analysis	2
Meta-regressions	7
TB prevalence	7
HIV prevalence	9
Sensitivity analyses	11
Regional groupings	11
Dorman by country	11

Pre-ambble

This document is generated from an R script in literate programming fashion. Some code, output and figures are specified for inclusion of the output document. The script and data are publicly available on GitHub at <https://github.com/petedodd/NotTB> and once the repository is downloaded, it should be possible to generate this document using R with the command `rmarkdown::render('NotTBmeta.R')` within R, or from a unix-like command line with `R -q -e "rmarkdown::render(\"NotTBmeta.R\",output_dir=\"./output\")"`. Alternatively, the R script can be run in whole or part as a conventional R script.

Dependencies

To compile this document, the rmarkdown & knitr packages must be installed. The other R packages required to run this analysis should be installed if necessary, and loaded, with:

```
pkgs.needed <- c("ggplot2","scales","cowplot","ggpubr", #graphs
                 "data.table","here",                  #data mgt
                 "metafor")                             #metaanalysis
install.packages(setdiff(pkgs.needed, rownames(installed.packages())))
suppressMessages(
  devnull <- lapply(pkgs.needed, require, character.only = TRUE) #load for use
)
```

This analysis was run using:

```

sI <- sessionInfo()
dI <- data.frame(
  item=c('R version','platform','OS','metafor version'),
  version=c(
    sI$R.version$version.string, #R version
    sI$platform,                 #platform
    sI$running,                  #OS
    sI$otherPkgs$metafor$Version #metafor version
  )
)
knitr::kable(dI)

```

item	version
R version	R version 4.1.0 (2021-05-18)
platform	x86_64-pc-linux-gnu (64-bit)
OS	Pop!_OS 21.04
metafor version	3.0-2

Main analysis

We use a random-effects meta-analysis assuming a binomial response and logit link.

$$k_i \sim \text{Binomial}(N_i, p_i)$$

$$\text{logit}(p_i) = \mu + \varepsilon_i$$

$$\varepsilon_i \sim \mathcal{N}(0, \sigma)$$

where $k = 1, \dots, S$ indexes the numbers of studies.

Use of arcsine or double arcsine transformations has been criticized in this context, with the binomial model above recommended.¹

check formulae

Read in the data and ensure that factors behave as intended:

```

DD <- fread(file=here('SRMAdat.csv'))
DD[,lab:=factor(lab,levels=rev(DD[order(bac)]$lab),ordered = TRUE)]

```

Create exact binomial confidence intervals:

```

ciz <- function(x,y){
  x <- as.integer(x); y <- as.integer(y)
  list(binom.test(x,y)$conf.int[1],binom.test(x,y)$conf.int[2])
}
DD[,`NotTB Proportion`:=NnotTB/N]
for(i in 1:nrow(DD)){ DD[i,c('lo','hi'):=ciz(NnotTB,N)]; }
DD[,SE:=(hi-lo)/3.92]

```

Meta-analysis for passively found TB patients with bacteriologically unconfirmed TB included:

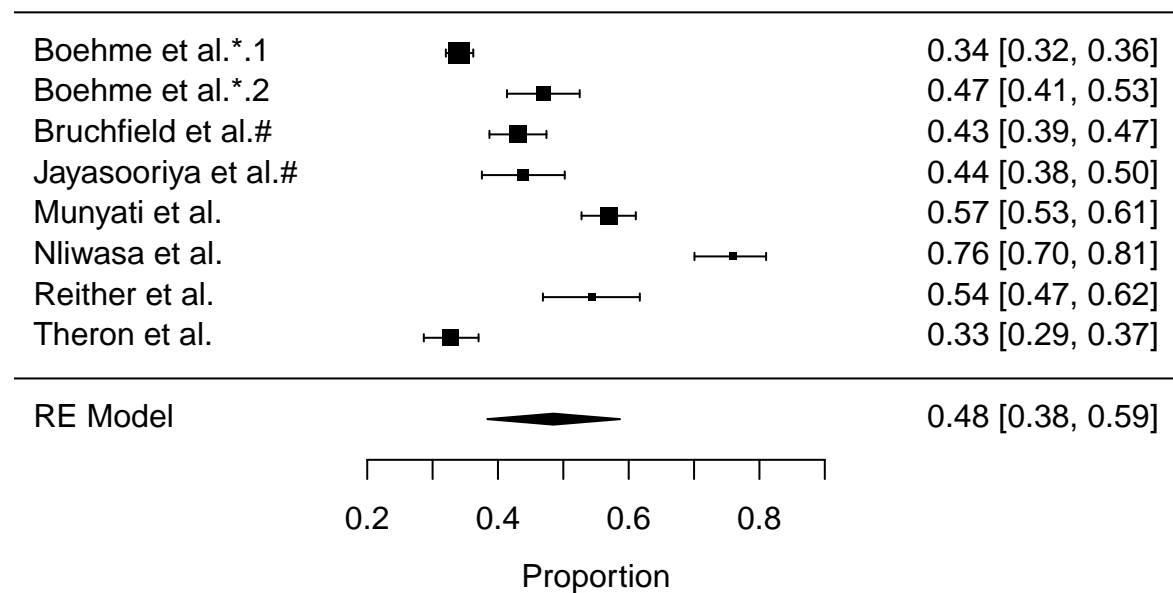
¹link to paper

```

maPU <- rma(measure = "PLO", # binomial w/ logit link
            xi = NnotTB,      # numerator
            ni = N,           # denominator
            data = DD[mode=="Passive" &
                      clinical=="(Unconfirmed TB included)"],
            slab = Author)     # what to use as labels on graphs
summary(maPU)

##
## Random-Effects Model (k = 8; tau^2 estimator: REML)
##
##   logLik deviance      AIC      BIC      AICc
##   -6.3265  12.6530  16.6530  16.5448  19.6530
##
## tau^2 (estimated amount of total heterogeneity): 0.3403 (SE = 0.1888)
## tau (square root of estimated tau^2 value):      0.5833
## I^2 (total heterogeneity / total variability):    97.41%
## H^2 (total variability / sampling variability):    38.63
##
## Test for Heterogeneity:
## Q(df = 7) = 221.8886, p-val < .0001
##
## Model Results:
##
## estimate      se      zval      pval      ci.lb      ci.ub
##  -0.0614  0.2101  -0.2920  0.7703  -0.4732  0.3505
##
## ---
## Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
forest(maPU,transf = transf.ilogit,refline=NA)

```



Meta-analysis for passively found TB patients with bacteriologically unconfirmed TB excluded:

```

maPN <- rma(measure = "PLO", # binomial w/ logit link
            xi = NnotTB,      # numerator

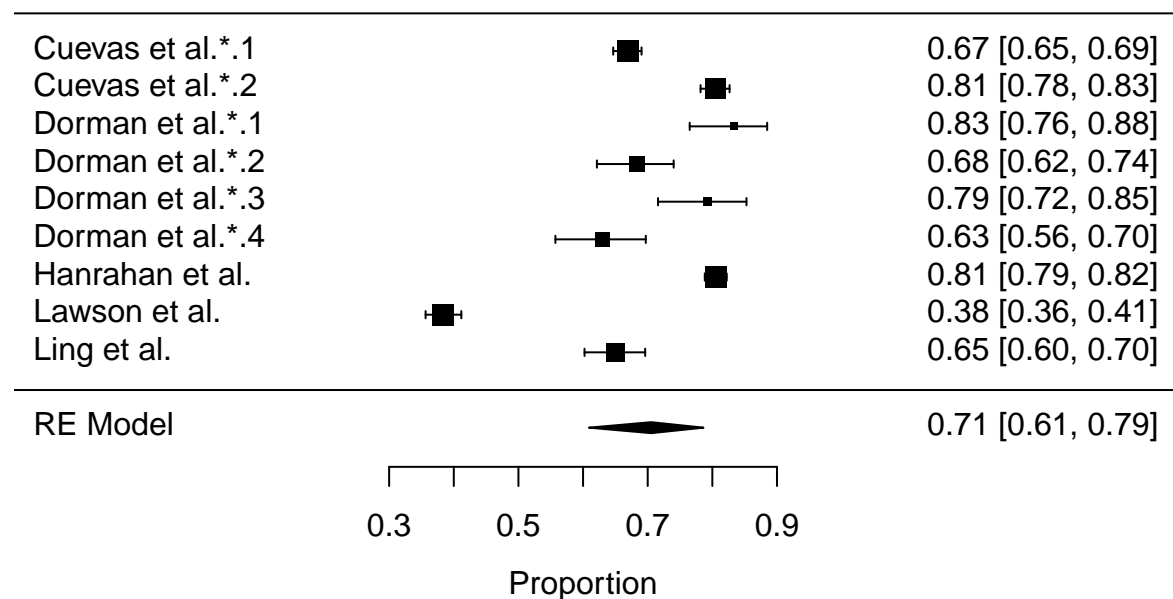
```

```

ni = N,          # denominator
data = DD[mode=='Passive' &
          clinical=='(No unconfirmed TB)'],
slab = Author)   # what to use as labels on graphs
summary(maPN)

##
## Random-Effects Model (k = 9; tau^2 estimator: REML)
##
##   logLik deviance      AIC      BIC      AICc
##   -7.9621  15.9243  19.9243  20.0832  22.3243
##
## tau^2 (estimated amount of total heterogeneity): 0.4153 (SE = 0.2163)
## tau (square root of estimated tau^2 value):      0.6445
## I^2 (total heterogeneity / total variability):    98.34%
## H^2 (total variability / sampling variability):    60.10
##
## Test for Heterogeneity:
## Q(df = 8) = 679.9414, p-val < .0001
##
## Model Results:
##
## estimate      se      zval      pval      ci.lb      ci.ub      ***
## 0.8728 0.2193 3.9803 <.0001 0.4430 1.3025 ***
##
## ---
## Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
forest(maPN,transf = transf.ilogit,refline=NA)

```



Meta-analysis for actively found TB patients:

```

maA <- rma(measure = "PLO", # binomial w/ logit link
           xi = NnotTB,     # numerator
           ni = N,          # denominator
           data = DD[mode=='Active'],

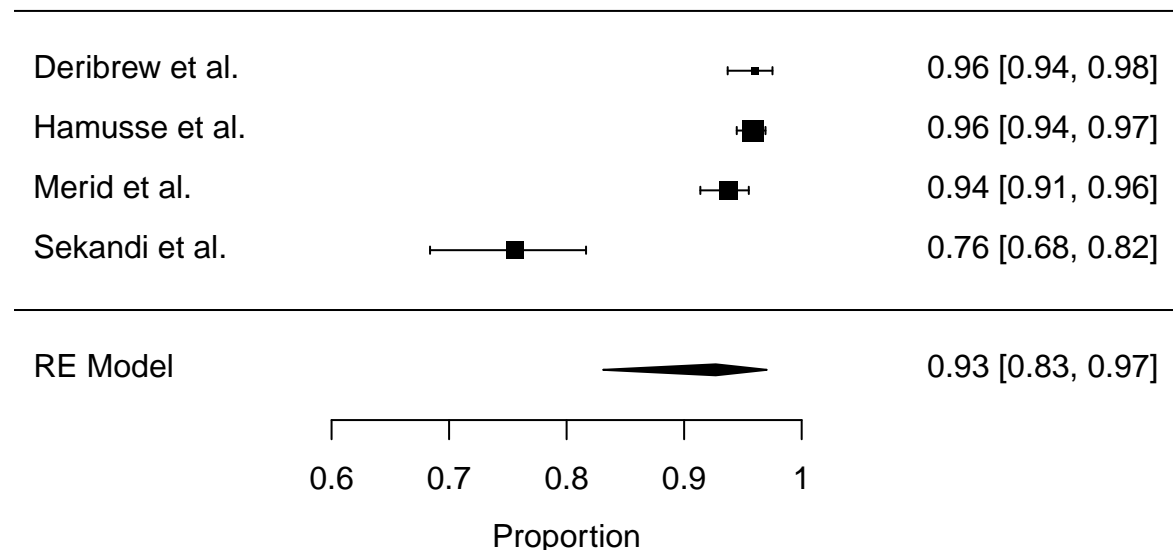
```

```

      slab = Author)      # what to use as labels on graphs
summary(maA)

##
## Random-Effects Model (k = 4; tau^2 estimator: REML)
##
##   logLik  deviance      AIC      BIC      AICc
##   -4.1508    8.3015   12.3015   10.4987   24.3015
##
## tau^2 (estimated amount of total heterogeneity): 0.8952 (SE = 0.7615)
## tau (square root of estimated tau^2 value):      0.9462
## I^2 (total heterogeneity / total variability):    96.27%
## H^2 (total variability / sampling variability):    26.82
##
## Test for Heterogeneity:
## Q(df = 3) = 81.2135, p-val < .0001
##
## Model Results:
##
## estimate      se      zval      pval      ci.lb      ci.ub
##    2.5396    0.4829    5.2593    <.0001    1.5932    3.4861    ***
##
## ---
## Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
forest(maA,transf = transf.ilogit,refline=NA)

```



Make predictions for plot data:

```

map <- predict(maA,transf = transf.ilogit)
mup <- predict(maPU,transf = transf.ilogit)
mnp <- predict(maPN,transf = transf.ilogit)

```

Summary data for combined forest plot:

```

f1 <- function(x)format(round(x,1),nsmall=1)
cnz <- c('(Unconfirmed TB included)',
        '(No unconfirmed TB)',

```

```

      '(No unconfirmed TB)')
predz <- data.table(mode=c('Passive','Passive','Active'),
                    clinical=cnz,
                    `NotTB Proportion` = c(mup$pred,mnp$pred,map$pred),
                    lo = c(mup$ci.lb,mnp$ci.lb,map$ci.lb),
                    hi = c(mup$ci.ub,mnp$ci.ub,map$ci.ub),
                    lab=paste0('SUMMARY (',expression(I^2), '=',
                               f1(c(maA$I2,maPN$I2,maPU$I2)), '%')')
                    )
predz[,SE:=(hi-lo)/3.92]
predz[,qty:='summary']
predz[,bac:=0]
predz[,mid:='NotTB Proportion`]
predz[,CI:=paste0(f1(1e2*mid), ' (',f1(1e2*lo), ' - ',f1(1e2*hi), ')')]
predz[,wt:='100.0%']
predz[,w:=1]

```

Appending plot data to inputs:

```

DD[,qty:='study']
DD[,mid:='NotTB Proportion`]
DD[,CI:=paste0(f1(1e2*mid), ' (',f1(1e2*lo), ' - ',f1(1e2*hi), ')')]
DD[,wt:=1/SE^2]
DD[,wtt:=sum(wt),by=(mode,clinical)]
DD[,wt:=1e2*wt/wtt]
DD[,wt:=paste0(f1(wt), '%')]
DD[,w:=0]

```

Combined plot data:

```

B <- rbind(
  DD[,.(lab,`NotTB Proportion`,lo,hi,SE,mode,clinical,
        qty,bac,CI,wt,w)],
  predz[,.(lab,`NotTB Proportion`,lo,hi,SE,mode,clinical,
            qty,bac,CI,wt,w)]
)
lbz <- as.character(B[order(bac)]$lab)
lbz2 <- c(lbz[1:3],rev(lbz[-c(1:3)]))
B[,lab:=factor(lab,levels=lbz2,ordered = TRUE)]
B[,clinical.g:='Clinically diagnosed tuberculosis included']
B[clinical=='(No unconfirmed TB)',
  clinical.g:='No clinically diagnosed tuberculosis included']
B[mode=='Active',clinical.g:='']
B[,mode:=factor(mode,levels=c('Passive','Active'),ordered = TRUE)]
B[,clinical.g:=factor(clinical.g,levels=unique(clinical.g))]
labdat <- B[1]
labdat[,txt:=' weight (%)']

```

Create publication forest plot figure:

```

SA <- ggplot(B,aes(lab,y=`NotTB Proportion`,
                  ymin=lo,
                  ymax=hi,
                  col=qty)) +
  geom_point(aes(size=1/SE^2,shape=qty)) +
  geom_errorbar(aes(width=w/2)) +

```

```

scale_y_continuous(label=percent,limits = c(0,NA))+
scale_color_manual(values=c('study'="black", 'summary'="blue"))+
scale_shape_manual(values=c('study'=22, 'summary'=23))+
xlab('') +
ylab('Proportion of patients with presumptive tuberculosis not diagnosed as tuberculosis')+
facet_grid(mode + clinical.g ~ .,
            scales = 'free',space='free',
            switch='x'
            )+
coord_flip() +
guides(size='none',color='none',shape='none')+
theme_classic() +
theme(panel.spacing = unit(2, "lines"), #or 3
      strip.background = element_blank(),
      strip.placement = "outside") +
geom_text(aes(x=lab,y=1.2,label=CI,hjust='right')) +
geom_text(aes(x=lab,y=0.0,label=wt))+
geom_text(data=labdat,aes(x=9.5,y=0,label=txt))+
ggpubr::grids()

ggsave(SA,file=here('output/ForestPlot.pdf'),h=13,w=12)
ggsave(SA,file=here('output/ForestPlot.eps'),h=13,w=12)

```

Meta-regressions

TB prevalence

The burden of TB in a population might reasonably be expected to influence the proportion of presumptive TB that is not TB.

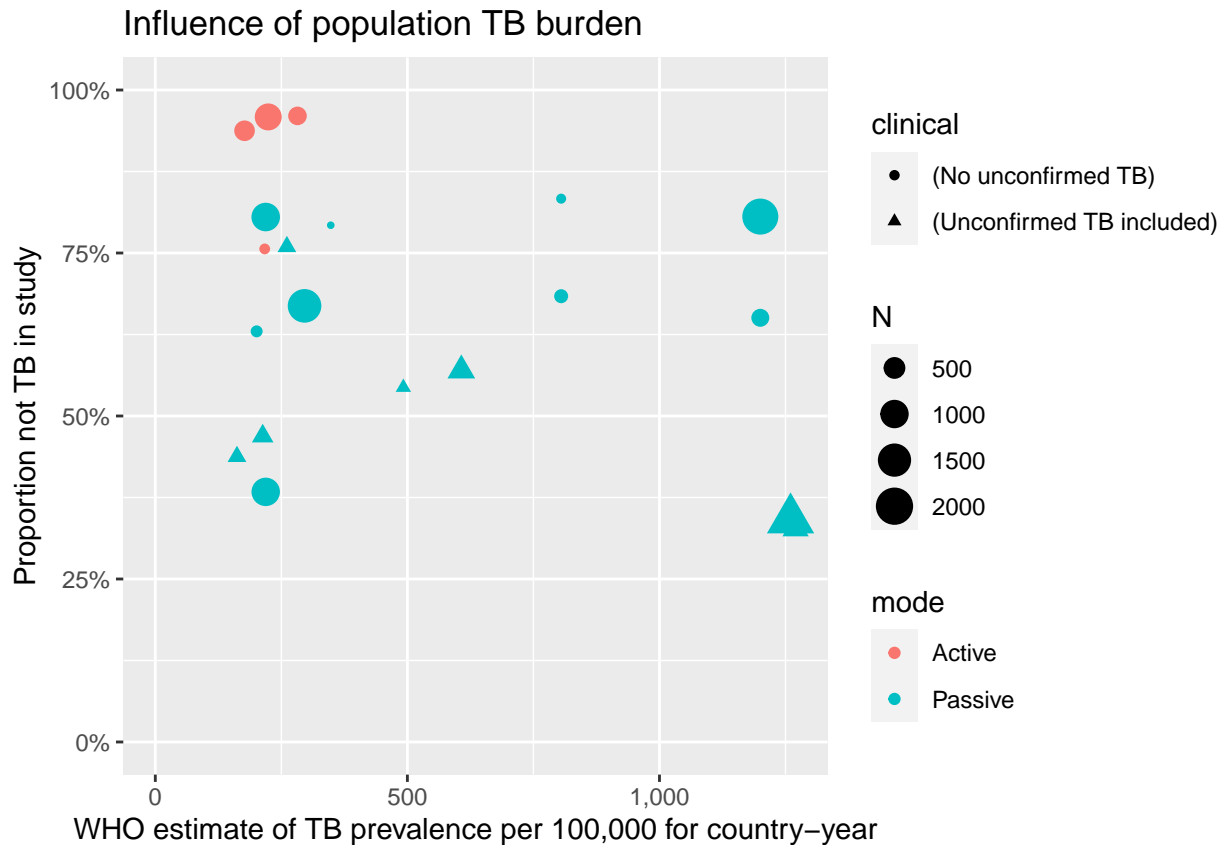
```
DD[,tb:=`WHO TB estimate (per 100 000 year of study)`]
```

```

ggplot(DD,aes(tb,`NotTB Proportion`,
              size=N,col=mode,shape=clinical))+
  scale_x_continuous(label=comma,limits=c(0,NA))+
  scale_y_continuous(label=percent,limits=c(0,1))+
  geom_point()+
  xlab('WHO estimate of TB prevalence per 100,000 for country-year')+
  ylab('Proportion not TB in study')+
  ggtitle('Influence of population TB burden')

```

```
## Warning: Removed 1 rows containing missing values (geom_point).
```



We can formally investigating the influence of TB burden in explaining heterogeneity with a meta-regression:

```
tbmr <- rma(measure = "PLO", #binomial w/ logit link
            xi = NnotTB,    # numerator
            ni = N,         # denominator
            data = DD,      # what data to use
            mods = ~mode*clinical + tb)
```

```
## Warning: Studies with NAs omitted from model fitting.
```

```
## Warning: Redundant predictors dropped from the model.
```

```
summary(tbmr)
```

```
##
```

```
## Mixed-Effects Model (k = 20; tau^2 estimator: REML)
```

```
##
```

```
##   logLik deviance      AIC      BIC    AICc
```

```
## -17.6992  35.3984  45.3984  49.2614  51.3984
```

```
##
```

```
## tau^2 (estimated amount of residual heterogeneity): 0.5137 (SE = 0.1887)
```

```
## tau (square root of estimated tau^2 value): 0.7167
```

```
## I^2 (residual heterogeneity / unaccounted variability): 98.12%
```

```
## H^2 (unaccounted variability / sampling variability): 53.20
```

```
## R^2 (amount of heterogeneity accounted for): 60.59%
```

```
##
```

```
## Test for Residual Heterogeneity:
```

```
## QE(df = 16) = 973.5088, p-val < .0001
```

```
##
```

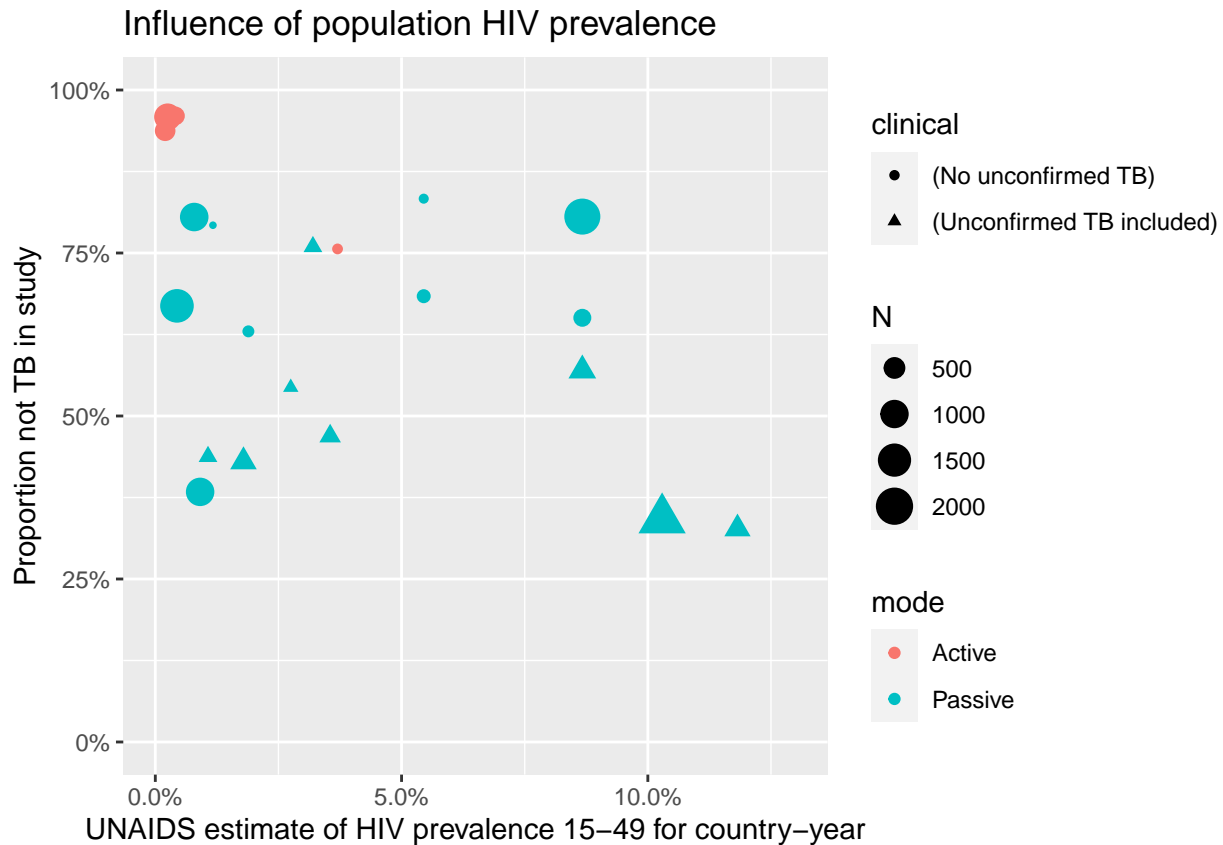


```
## Test of Moderators (coefficients 2:4):
## QM(df = 3) = 30.9942, p-val < .0001
##
## Model Results:
##
##               estimate      se      zval      pval      ci.lb
## intrcpt           2.5734  0.3838   6.7055 <.0001   1.8212
## modePassive       -1.6053  0.4710  -3.4080  0.0007  -2.5286
## clinical(Unconfirmed TB included) -0.8972  0.3667  -2.4465  0.0144  -1.6159
## tb                -0.0002  0.0004  -0.3650  0.7151  -0.0010
##               ci.ub
## intrcpt           3.3256 ***
## modePassive       -0.6821 ***
## clinical(Unconfirmed TB included) -0.1784 *
## tb                0.0007
##
## ---
## Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

HIV prevalence

Population HIV prevalence may plausibly influence the proportion of presumptives not diagnosed with TB both by influencing TB burden, but also by changing the typical clinical characteristics of TB and most importantly, the burden of other illness that could be designated presumptive TB.

```
ggplot(DD,aes(hiv/1e2,`NotTB Proportion`,
              size=N,col=mode,shape=clinical))+
  scale_x_continuous(label=percent,limits=c(0,0.13))+
  scale_y_continuous(label=percent,limits=c(0,1))+
  geom_point()+
  xlab('UNAIDS estimate of HIV prevalence 15-49 for country-year')+
  ylab('Proportion not TB in study')+
  ggtitle('Influence of population HIV prevalence')
```



We can formally investigating the influence of HIV in explaining heterogeneity with a meta-regression:

```
hivmr <- rma(measure = "PLO", #binomial w/ logit link
             xi = NnotTB,    # numerator
             ni = N,         # denominator
             data = DD,      # what data to use
             mods = ~mode*clinical + hiv)
```

Warning: Redundant predictors dropped from the model.

```
summary(hivmr)
```

```
##
## Mixed-Effects Model (k = 21; tau^2 estimator: REML)
##
##   logLik  deviance      AIC      BIC     AICc
## -18.1622  36.3244  46.3244  50.4904  51.7789
##
## tau^2 (estimated amount of residual heterogeneity): 0.4756 (SE = 0.1697)
## tau (square root of estimated tau^2 value): 0.6896
## I^2 (residual heterogeneity / unaccounted variability): 98.02%
## H^2 (unaccounted variability / sampling variability): 50.50
## R^2 (amount of heterogeneity accounted for): 63.48%
##
## Test for Residual Heterogeneity:
## QE(df = 17) = 973.1809, p-val < .0001
##
## Test of Moderators (coefficients 2:4):
```

```

## QM(df = 3) = 36.2039, p-val < .0001
##
## Model Results:
##
##               estimate      se      zval      pval      ci.lb
## intrcpt          2.5749  0.3620   7.1120 <.0001   1.8653
## modePassive      -1.5794  0.4443  -3.5546 0.0004  -2.4502
## clinical(Unconfirmed TB included) -0.8771  0.3497  -2.5085 0.0121  -1.5624
## hiv              -0.0327  0.0467  -0.7010 0.4833  -0.1242
##               ci.ub
## intrcpt          3.2845 ***
## modePassive      -0.7085 ***
## clinical(Unconfirmed TB included) -0.1918  *
## hiv              0.0587
##
## ---
## Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

```

Sensitivity analyses

Regional groupings

TODO

Dorman by country

TODO

Grouping blah as a single study