# Comparative Effectiveness and Personalized Medicine Research Using Real-World Data

Thomas P. A. Debray, Tri-Long Nguyen, and Robert W. Platt

5/3/23

## Table of contents

Pr	reface	4
1	Confounding adjustment using propensity score methods	5
2	Comparing baseline characteristics	6
3	Estimating the propensity score  3.1 Logistic regression	<b>7</b> 7
4	Propensity score matching 4.1 1:1 Optimal full matching without replacement	11 11 11 14
5	Propensity score stratification  5.1 Divide sample into quintiles of propensity scores  5.2 Assess balance within each propensity score stratum  5.2.1 Propensity Score Stratum #1  5.2.2 Propensity Score Stratum #2  5.2.3 Propensity Score Stratum #3  5.2.4 Propensity Score Stratum #4  5.2.5 Propensity Score Stratum #5  5.3 Estimating and pooling of stratum-specific treatment effects	166 166 166 177 177 188 189
6	Propensity score weighting 6.1 Calculate propensity score weights for ATT	23 23 25 26
7	Regression adjustment for the propensity score for the ATE	28
8	Overview	30
9	Effect Modification Analysis within the Propensity score Framework  9.1 Effect measure assessment via adding interaction term	31 32

		Effect measure assessment via stratified approach	
10	Deal	ling with irregular and informative visits	35
	10.1	Example dataset	35
	10.2	Estimation of treatment effect	36
		10.2.1 Original data	36
		10.2.2 Doubly-weighted marginal treatment effect	36
		10.2.3 Multilevel multiple imputation	37
	10.3	Reproduce the results using all data to compute the marginal effect with IIV-	
		weighted	38
		10.3.1 Doubly -weighted marginal treatment effect total	38
	10.4	Results	39
Re	feren	ces	40

## **Preface**

This is a Quarto book.

To learn more about Quarto books visit https://quarto.org/docs/books.

1 + 1

[1] 2

## 1 Confounding adjustment using propensity score methods

The purpose of this document is to provide example R code that demonstrates how to estimate the propensity score and implement matching, stratification, weighting, and regression adjustment for the continuous propensity score. In this example using simulated data, we have two disease modifying therapies (DMT1 and DMT0) and the outcome is the number of post-treatment multiple sclerosis relapses during follow-up. We will estimate the average treatment effect in the treated (ATT) using propensity score matching, stratification, and weighting. We will estimate the average treatment effect in the population (ATE) using regression adjustment for the continuous propensity score. The treatment effects can be interpreted as annualized relapse rate ratios (ARR).

We consider an example dataset with the following characteristics:

head(dat)

		£1-					
	age	remare	prevbMieiii	cacy prem	edicalcost	numsymptoms	<pre>prerelapse_num</pre>
1:	50	1	]	None	3899.61	1	1
2:	51	0	1	None	9580.51	1	0
3:	56	0	1	None	4785.89	1	0
4:	44	1	1	None	8696.80	1	1
5:	63	0	1	None	2588.03	1	0
6:	28	1	1	None	5435.57	1	0
	trea	atment y	years	Isc	ore		
1:		DMT1 C	1.78507871	${\tt Moderate}$	A1		
2:		DMT1 C	0.01368925	High	A1		
3:		DMT1 2	2 3.25530459	High	A1		
4:		DMT1 2	2 5.73853525	Neut:	ral		
5:		DMT1 C	1.31143053	High	A1		
6:		DMT1 C	0.59137577	Moderate	AO		

## 2 Comparing baseline characteristics

- $\bullet\,$  DMT1 is the treatment group and DMT0 is the control group
- prevDMTefficacy is previous DMT efficacy (none, low efficacy, and medium/high efficacy)
- prerelapse\_num is the number of previous MS relapses

	DMT0	DMT1
n	2300	7700
age (mean (SD))	51.39(8.32)	44.25 (9.79)
female = 1 (%)	$1671\ (72.65)$	5915 (76.82)
prevDMTefficacy (%)		
None	1247 (54.22)	3171 (41.18)
Low_efficacy	$261\ (11.35)$	858 (11.14)
Medium_high_efficacy	792 (34.43)	3671 (47.68)
prerelapse_num (mean (SD))	0.39 (0.62)	0.46 (0.68)

## 3 Estimating the propensity score

## 3.1 Logistic regression

We sought to restore balance in the distribution of baseline covariates in patients treated with DMT1 (index treatment) and DMT0 (control tratment). We fit a multivariable logistic regression model in which treatment was regressed on baseline characteristics including age, sex, previous DMT efficacy, and previous number of relapses.

```
# Fit logistic regression model
  ps.model <- glm(treatment ~ age + female + prevDMTefficacy + prerelapse_num,</pre>
                  data = dat, family = binomial())
  # Summary of logistic regression model
  summary(ps.model)
Call:
glm(formula = treatment ~ age + female + prevDMTefficacy + prerelapse_num,
    family = binomial(), data = dat)
Deviance Residuals:
                 Median
    Min
              1Q
                                3Q
                                        Max
-2.7949
          0.2585
                   0.5220
                            0.7478
                                     1.5033
Coefficients:
                                     Estimate Std. Error z value Pr(>|z|)
(Intercept)
                                                0.157127 30.609 < 2e-16 ***
                                     4.809473
                                    -0.086708
                                                0.002996 -28.939 < 2e-16 ***
age
female1
                                     0.253611
                                                0.057664
                                                           4.398 1.09e-05 ***
prevDMTefficacyLow_efficacy
                                                           3.739 0.000185 ***
                                     0.310394
                                                0.083022
prevDMTefficacyMedium_high_efficacy
                                     0.660266
                                                0.054393 12.139 < 2e-16 ***
                                                0.039288 3.979 6.93e-05 ***
prerelapse_num
                                     0.156318
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

```
(Dispersion parameter for binomial family taken to be 1)

Null deviance: 10786 on 9999 degrees of freedom
Residual deviance: 9597 on 9994 degrees of freedom
AIC: 9609

Number of Fisher Scoring iterations: 5

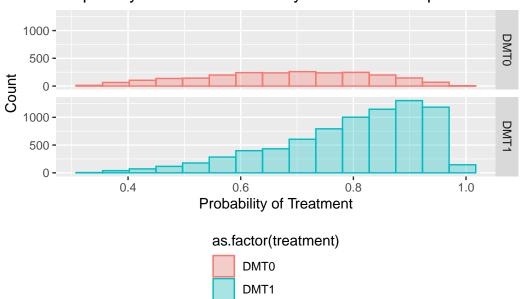
# Extract propensity scores
dat$ps <- predict(ps.model, data = dat, type = "response")
```

## 3.2 Assessing overlap

We examined the degree of overlap in the distribution of propensity scores across treatment groups using histograms and side-by-side box plots.

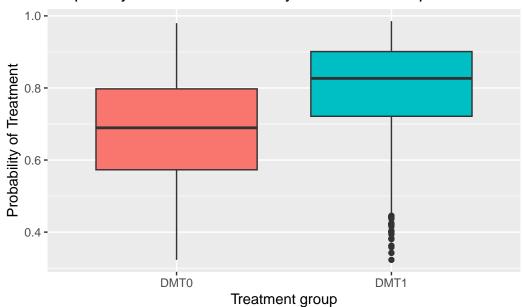
```
# Histogram
ggplot(dat, aes(x = ps, fill = as.factor(treatment), color = as.factor(treatment))) +
    geom_histogram(alpha = 0.3, position='identity', bins = 15) +
    facet_grid(as.factor(treatment) ~ .) +
    xlab("Probability of Treatment") +
    ylab("Count") +
    ggtitle("Propensity Score Distribution by Treatment Group") +
    theme(legend.position = "bottom", legend.direction = "vertical")
```

## Propensity Score Distribution by Treatment Group



```
# Side-by-side box plots
ggplot(dat, aes(x=as.factor(treatment), y=ps, fill=as.factor(treatment))) +
    geom_boxplot() +
    ggtitle("Propensity Score Distribution by Treatment Group") +
    ylab("Probability of Treatment") +
    xlab("Treatment group") +
    theme(legend.position = "none")
```

## Propensity Score Distribution by Treatment Group



```
# Distribution of propensity scores by treatment groups
summary(dat$ps[dat$treatment == "DMT1"])
```

```
Min. 1st Qu. Median Mean 3rd Qu. Max. 0.3230 0.7214 0.8265 0.7970 0.9010 0.9854
```

```
summary(dat$ps[dat$treatment == "DMTO"])
```

Min. 1st Qu. Median Mean 3rd Qu. Max. 0.3230 0.5730 0.6894 0.6795 0.7975 0.9799

## 4 Propensity score matching

## 4.1 1:1 Optimal full matching without replacement

## 4.2 Assess balance after matching

```
Call:
matchit(formula = treatment ~ age + female + prevDMTefficacy +
    prerelapse_num, data = dat, method = "full", estimand = "ATT")
Summary of Balance for All Data:
```

	Means Treated	Means Cor	ntrol Std.	Mean Diff.
distance	0.7970	0.	6795	0.8943
age	44.2496	51.	. 3883	-0.7289
female0	0.2318	0.	. 2735	-0.0987
female1	0.7682	0.	7265	0.0987
prevDMTefficacyNone	0.4118	0.	.5422	-0.2649
prevDMTefficacyLow_efficacy	0.1114	0.	.1135	-0.0065
<pre>prevDMTefficacyMedium_high_efficacy</pre>	0.4768	0.	.3443	0.2651
prerelapse_num	0.4595	0.	.3930	0.0976
	Var. Ratio eCI	DF Mean eC	CDF Max	
distance	0.7873	0.1917	0.3379	
age	1.3868	0.1519	0.3085	
female0		0.0417	0.0417	
female1	•	0.0417	0.0417	
${\tt prevDMTefficacyNone}$		0.1304	0.1304	
<pre>prevDMTefficacyLow_efficacy</pre>	•	0.0020	0.0020	
<pre>prevDMTefficacyMedium_high_efficacy</pre>		0.1324	0.1324	
prerelapse_num	1.1990	0.0133	0.0383	
Summary of Balance for Matched Data				
	Means Treated			
distance	0.7970	0.	.7970	0.0001
age	44.2496		1364	0.0116
female0	0.2318	0.	. 2517	-0.0470
female0 female1	0.2318 0.7682	0. 0.	. 2517 . 7483	-0.0470 0.0470
<pre>female0 female1 prevDMTefficacyNone</pre>	0.2318 0.7682 0.4118	0. 0. 0.	.2517 .7483 .4157	-0.0470 0.0470 -0.0079
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy	0.2318 0.7682 0.4118 0.1114	0. 0. 0.	.2517 .7483 .4157 .1224	-0.0470 0.0470 -0.0079 -0.0347
<pre>female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy</pre>	0.2318 0.7682 0.4118 0.1114 0.4768	0. 0. 0. 0.	.2517 .7483 .4157 .1224 .4619	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595	0. 0. 0. 0.	.2517 .7483 .4157 .1224 .4619	-0.0470 0.0470 -0.0079 -0.0347
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCl	0. 0. 0. 0. 0. DF Mean eC	.2517 .7483 .4157 .1224 .4619 .4654 CDF Max	-0.0470 0.0470 -0.0079 -0.0347 0.0297
<pre>female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy</pre>	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955	0. 0. 0. 0. 0. 0. 0. 0. 0.0012	.2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCl	0. 0. 0. 0. 0. 0. 0. 0.0012 0.0076	.2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955	0. 0. 0. 0. 0. 0. 0. 0. 0.0012 0.0076 0.0199	.2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955	0. 0. 0. 0. 0. 0. 0. 0. 0.0012 0.0076 0.0199 0.0199	.2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1 prevDMTefficacyNone	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.0012 0.0076 0.0199 0.0199	.2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199 0.0039	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955 1.0161	0.00.00.00.00.00.00.00.00.00.00.00.00.0	.2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199 0.0039 0.0109	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955 1.0161	0.00.00.00.00.00.00.00.00.00.00.00.00.0	2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199 0.0039 0.0109 0.0148	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955 1.0161	0.00.00.00.00.00.00.00.00.00.00.00.00.0	.2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199 0.0039 0.0109	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyHedium_high_efficacy prevelapse_num	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955 1.0161 	0.00.00.00.00.00.00.00.00.00.00.00.00.0	2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199 0.0039 0.0109 0.0148	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prevelapse_num  distance	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCl 0.9955 1.0161 0.9530 Std. Pair Dist	0.00.00.00.00.00.00.00.00.00.00.00.00.0	2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199 0.0039 0.0109 0.0148	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy preveDMTefficacyLow_efficacy preveDMTefficacyMedium_high_efficacy prerelapse_num  distance age	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCI 0.9955 1.0161 	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.0012 0.0076 0.0199 0.0199 0.0039 0.0109 0.0148 0.0057 t.	2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199 0.0039 0.0109 0.0148	-0.0470 0.0470 -0.0079 -0.0347 0.0297
female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prerelapse_num  distance age female0 female1 prevDMTefficacyNone prevDMTefficacyLow_efficacy prevDMTefficacyMedium_high_efficacy prevelapse_num  distance	0.2318 0.7682 0.4118 0.1114 0.4768 0.4595 Var. Ratio eCl 0.9955 1.0161 0.9530 Std. Pair Dist	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.0012 0.0076 0.0199 0.0199 0.0199 0.0109 0.0148 0.0057 t.	2517 .7483 .4157 .1224 .4619 .4654 CDF Max 0.0116 0.0260 0.0199 0.0199 0.0039 0.0109 0.0148	-0.0470 0.0470 -0.0079 -0.0347 0.0297

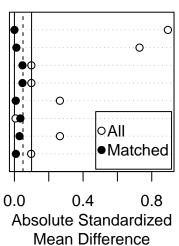
prevDMTefficacyNone	0.1816
<pre>prevDMTefficacyLow_efficacy</pre>	0.5944
<pre>prevDMTefficacyMedium_high_efficacy</pre>	0.4731
prerelapse_num	0.3893

#### Sample Sizes:

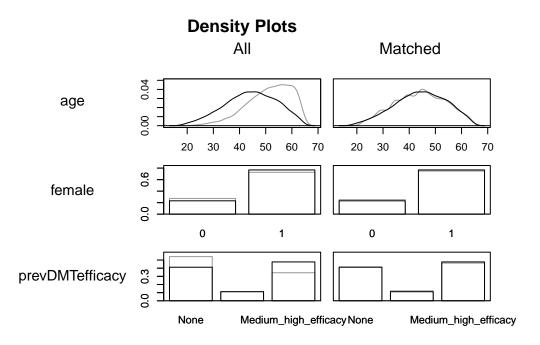
	${\tt Control}$	Treated
All	2300.	7700
Matched (ESS)	198.89	7700
Matched	2300.	7700
Unmatched	0.	0
Discarded	0.	0

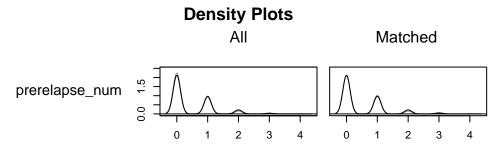
### plot(summary(opt))

distance
age
female0
female1
prevDMTefficacyNone
prevDMTefficacyLow\_efficacy
prevDMTefficacyMedium\_high\_efficacy
prerelapse\_num



```
# black line is treated group, grey line is control group
plot(opt, type = "density", which.xs = vars)
```





## 4.3 Estimating the ATT

We can estimate the ATT in the matched sample using Poisson regression in which the number of post-treatment relapses is regressed on treatment status and follow-up time for each patient (captured by the variable years). More details are provided at https://cran.r-project.org/web/packages/MatchIt/vignettes/estimating-effects.html.

```
data = matched.data,
              weights = weights)
  # Treatment effect estimation
  opt.comp <- comparisons(opt.fit,</pre>
                           variables = "treatment",
                           vcov = ~subclass,
                           newdata = subset(matched.data, treatment == "DMT1"),
                           wts = "weights",
                           transform_pre = "ratio")
  opt.comp |> tidy()
# A tibble: 1 x 9
                                estim~1 std.e~2 stati~3 p.value conf.~4 conf.~5
           term
                     contrast
  type
                                                   <dbl>
                                                             <dbl>
  <chr>
           <chr>
                     <chr>
                                   <dbl>
                                           <dbl>
                                                                     <dbl>
                                                                             dbl>
1 response treatment mean(DMT1~
                                   0.761
                                           0.100
                                                    7.59 3.21e-14
                                                                     0.564
                                                                             0.958
# ... with abbreviated variable names 1: estimate, 2: std.error, 3: statistic,
    4: conf.low, 5: conf.high
```

As indicated in the summary output above, the annualized relapse rate ratio for DMT1 vs DMT0 among patients treated with DMT0 (ATT) is given as 0.76 with a 95% confidence interval ranging from 0.56 to 0.96.

## 5 Propensity score stratification

### 5.1 Divide sample into quintiles of propensity scores

We will form five mutually exclusive groups of the estimated propensity score.

## 5.2 Assess balance within each propensity score stratum

Within each propensity score stratum, treated and control patients should have similar values of the propensity score and the distribution of baseline covariates should be approximately balanced between treatment groups.

#### 5.2.1 Propensity Score Stratum #1

	DMT0	DMT1	SMD
n	901	1101	
age (mean (SD))	58.38 (3.67)	57.45 (3.73)	0.251
female = 1 (%)	605 (67.15)	775 (70.39)	0.070
prevDMTefficacy (%)			0.056
None	650 (72.14)	771 (70.03)	
Low_efficacy	106 (11.76)	130 (11.81)	
Medium_high_efficacy	145 (16.09)	200 (18.17)	
$prerelapse\_num~(mean~(SD))$	$0.29 \ (0.53)$	$0.33 \ (0.56)$	0.074

### 5.2.2 Propensity Score Stratum #2

	DMT0	DMT1	SMD
n	617	1398	
age (mean (SD))	52.18(4.35)	51.97(4.22)	0.049
female = 1 (%)	458 (74.23)	1048 (74.96)	0.017
prevDMTefficacy (%)			0.054
None	292(47.33)	624 (44.64)	
Low_efficacy	69 (11.18)	162 (11.59)	
Medium_high_efficacy	256 (41.49)	612 (43.78)	
prerelapse_num (mean (SD))	$0.40 \ (0.64)$	$0.41\ (0.66)$	0.004

### 5.2.3 Propensity Score Stratum #3

	DMT0	DMT1	SMD
n	392	1599	
age (mean (SD))	46.73(4.06)	46.36(4.08)	0.092
female = 1 (%)	305 (77.81)	1193 (74.61)	0.075
prevDMTefficacy (%)			0.041
None	168 (42.86)	687 (42.96)	
Low_efficacy	52 (13.27)	191 (11.94)	
Medium_high_efficacy	172(43.88)	721 (45.09)	
$prerelapse\_num~(mean~(SD))$	$0.49 \ (0.68)$	0.47(0.66)	0.031

### 5.2.4 Propensity Score Stratum #4

	DMT0	DMT1	SMD
n	269	1728	
age (mean (SD))	41.07(4.11)	40.88(4.29)	0.046
female = 1 (%)	$203\ (75.46)$	1356 (78.47)	0.071
prevDMTefficacy (%)			0.084
None	105 (39.03)	634 (36.69)	
Low_efficacy	22 (8.18)	181 (10.47)	
Medium_high_efficacy	142 (52.79)	913 (52.84)	
prerelapse_num (mean (SD))	$0.50 \ (0.69)$	$0.51 \ (0.71)$	0.012

### 5.2.5 Propensity Score Stratum #5

$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
$\begin{array}{llllllllllllllllllllllllllllllllllll$		DMT0	DMT1	SMD
female = 1 (%) 100 (82.64) 1543 (82.34) 0.003 prevDMTefficacy (%) 0.056 None 32 (26.45) 455 (24.28) Low_efficacy 12 ( 9.92) 194 (10.35) Medium_high_efficacy 77 (63.64) 1225 (65.37)	n	121	1874	
prevDMTefficacy (%)       0.056         None       32 (26.45)       455 (24.28)         Low_efficacy       12 (9.92)       194 (10.35)         Medium_high_efficacy       77 (63.64)       1225 (65.37)	age (mean (SD))	33.26 (4.95)	32.04(5.58)	0.233
None       32 (26.45)       455 (24.28)         Low_efficacy       12 (9.92)       194 (10.35)         Medium_high_efficacy       77 (63.64)       1225 (65.37)	female = 1 (%)	100 (82.64)	$1543 \ (82.34)$	0.008
Low_efficacy 12 ( 9.92) 194 (10.35) Medium_high_efficacy 77 (63.64) 1225 (65.37)	prevDMTefficacy (%)			0.050
Medium_high_efficacy 77 (63.64) 1225 (65.37)	None	32(26.45)	455 (24.28)	
	Low_efficacy	12 ( 9.92)	$194 \ (10.35)$	
prerelapse_num (mean (SD)) $0.52 (0.66)$ $0.52 (0.73)$ $0.004$	Medium_high_efficacy	77(63.64)	$1225 \ (65.37)$	
	$prerelapse\_num\ (mean\ (SD))$	$0.52 \ (0.66)$	$0.52 \ (0.73)$	0.004

#### 5.3 Estimating and pooling of stratum-specific treatment effects

The overall ATT across strata can be estimated by weighting stratum-specific estimates by the proportion of treated patients in each stratum over all treated patients in the sample.

We first define a function att.strata.function() to calculate stratum-specific estimates of the treatment effect:

```
att.strata.function <- function(data, stratum, confint = TRUE) {</pre>
  fit <- glm("y ~ treatment + offset(log(years))",</pre>
      family = poisson(link = "log"),
      data = data %>% filter(ps.strata == stratum))
  arr <- round(as.numeric(exp(coef(fit)["treatmentDMT1"])), digits = 3)</pre>
  11 <- ul <- NA
  if (confint) {
    11 <- round(exp(confint(fit))["treatmentDMT1",1], digits = 3)</pre>
    ul <- round(exp(confint(fit))["treatmentDMT1",2], digits = 3)</pre>
  }
  return(c("stratum" = stratum,
            "arr" = arr,
            "ci_lower" = 11,
            "ci_upper" = ul))
}
arr.strata <- as.data.frame(t(sapply(1:5, att.strata.function, data = dat)))</pre>
arr.strata
```

```
stratum
            arr ci_lower ci_upper
1
        1 0.904
                    0.760
                              1.076
2
        2 0.822
                    0.696
                             0.975
3
        3 0.798
                    0.666
                             0.961
4
        4 0.716
                    0.587
                             0.881
        5 0.589
                             0.761
                    0.463
```

Subsequently, we define a function weights.strata.function() to calculate the weights for each stratum. The weight is the proportion of treated patients in each stratum over all treated patients in the sample:

```
weights.strata.function <- function(data, stratum) {</pre>
    n_DMT1_stratum <- nrow(data %>% filter(ps.strata == stratum & treatment == "DMT1"))
    n_DMT1_all <- nrow(data %>% filter(treatment == "DMT1"))
    weight <- n_DMT1_stratum/n_DMT1_all</pre>
    return(c("stratum" = stratum, "weight" = weight))
  }
  weights.strata <- as.data.frame(t(sapply(1:5, weights.strata.function, data = dat)))</pre>
  weights.strata
 stratum
             weight
        1 0.1429870
1
2
        2 0.1815584
3
        3 0.2076623
        4 0.2244156
        5 0.2433766
  # Create table with ARRs and weights for each PS stratum
  arr.weights.merged <- merge(arr.strata, weights.strata, by = "stratum")</pre>
  # Calculate the weighted ARR for each stratum
  arr.weights.merged <- arr.weights.merged %>%
    mutate(weighted.arr = as.numeric(arr) * weight)
  # Sum the weighted ARRs across strata to get the overall ATT
  sum(arr.weights.merged$weighted.arr)
```

[1] 0.7482462

We now define a new function ps.stratification.bootstrap() that integrates estimation of the ATT and the PS weights for bootstrapping purposes:

We can now estimate the treatment effect and its confidence interval using the bootstrap procedure:

## 6 Propensity score weighting

## 6.1 Calculate propensity score weights for ATT

Propensity score weighting reweights the study sample to generate an artificial population (i.e., pseudo-population) in which the covariates are no longer associated with treatment, thereby removing confounding by measured covariates. For the ATT, the weight for all treated patients is set to one. Conversely, the weight for patients in the control group is set to the propensity score divided by one minus the propensity score, that is, (PS/(1 - PS)). We estimated stabilized weights to address extreme weights.

```
library(WeightIt)
  w.out <- weightit(treatment ~ age + female + prevDMTefficacy + prerelapse_num,
                    data = dat,
                    method = "ps",
                    estimand = "ATT")
                    #stabilize = TRUE)
  w.out
A weightit object
- method: "ps" (propensity score weighting)
- number of obs.: 10000
- sampling weights: none
- treatment: 2-category
- estimand: ATT (focal: DMT1)
 - covariates: age, female, prevDMTefficacy, prerelapse_num
  summary(w.out)
                 Summary of weights
- Weight ranges:
```

```
Min Max
DMT0 0.4772 |-----| 48.6856
DMT1 1.0000 || 1.0000
```

- Units with 5 most extreme weights by group:

	9492	8836	6544	9610	4729
DMTO	32.1027	32.1027	34.3126	38.1817	48.6856
	6	4	3	2	1
DMT1	1	1	1	1	1

- Weight statistics:

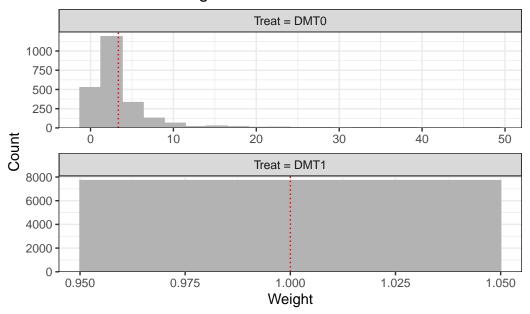
DMT0 Coef of Var MAD Entropy # Zeros
DMT0 1.098 0.673 0.383 0
DMT1 0.000 0.000 -0.000 0

- Effective Sample Sizes:

DMT0 DMT1 Unweighted 2300. 7700 Weighted 1043.16 7700

plot(summary(w.out))

## Distribution of Weights



## 6.2 Assess balance in the weighted sample

```
bal.tab(w.out, stats = c("m", "v"), thresholds = c(m = .05))
```

#### Balance Measures

Туре	Diff.Adj	M.Thre	eshold
Distance	-0.0045	${\tt Balanced,}$	<0.05
Contin.	0.0054	${\tt Balanced,}$	<0.05
Binary	0.0005	Balanced,	<0.05
Binary	-0.0003	Balanced,	<0.05
Binary	0.0023	Balanced,	<0.05
Binary	-0.0020	Balanced,	<0.05
Contin.	-0.0034	Balanced,	<0.05
V.Ratio.	Adj		
0.99	926		
1.01	102		
	•		
	•		
1.09	941		
	Distance Contin. Binary Binary Binary Contin. V.Ratio.A	Distance -0.0045 Contin. 0.0054 Binary 0.0005 Binary -0.0003 Binary -0.0023 Binary -0.0020 Contin0.0034 V.Ratio.Adj 0.9926 1.0102 .	Contin. 0.0054 Balanced, Binary 0.0005 Balanced, Binary -0.0003 Balanced, Binary 0.0023 Balanced, Binary -0.0020 Balanced, Contin0.0034 Balanced, V.Ratio.Adj 0.9926 1.0102

```
Balance tally for mean differences
                    count
Balanced, <0.05
                        7
Not Balanced, >0.05
Variable with the greatest mean difference
 Variable Diff.Adj
                       M.Threshold
            0.0054 Balanced, <0.05
      age
Effective sample sizes
              DMTO DMT1
Unadjusted 2300.
                   7700
Adjusted
           1043.16 7700
```

#### 6.3 Estimate the ATT

One way to estimate the ATT is to use the survey package. The function <code>svyglm()</code> generates model-robust (Horvitz-Thompson-type) standard errors by default, and thus does not require additional adjustments.

As indicated above, propensity score weighting yielded an ATT estimate of 0.71 (95% CI: 0.62; 0.8).

An alternative approach is to use glm() to estimate the treatment effect and calculate robust standard errors.

```
# Alternative way to estimate treatment effect
  weighted.fit2 <- glm(y ~ treatment + offset(log(years)),</pre>
                family = poisson(link = "log"),
                data = dat,
                weights = w.out$weights)
  # Extract the estimated ARR
  exp(coef(weighted.fit2))["treatmentDMT1"]
treatmentDMT1
   0.7083381
  # Calculate robust standard error and p-value of the log ARR
  coeftest(weighted.fit2, vcov. = vcovHC)["treatmentDMT1",]
                 Std. Error
                                  z value
                                               Pr(>|z|)
     Estimate
-3.448337e-01 6.442745e-02 -5.352280e+00 8.685284e-08
  # Derive 95% confidence interval of the ARR
  exp(lmtest::coefci(weighted.fit2,
         level = 0.95, # 95% confidence interval
         vcov. = vcovHC)["treatmentDMT1",])
   2.5 %
             97.5 %
0.6243094 0.8036767
```

Using this approach, the ATT estimate was 0.71 (95% CI: 0.62; 0.8).

## 7 Regression adjustment for the propensity score for the ATE

In this approach, a regression model is fitted to describe the observed outcome as a function of the received treatment and the estimated propensity score:

```
ps.reg.fit <- glm(y ~ treatment + ps + offset(log(years)),</pre>
                 family = poisson(link = "log"),
                 data = dat)
  summary(ps.reg.fit)
Call:
glm(formula = y ~ treatment + ps + offset(log(years)), family = poisson(link = "log"),
   data = dat)
Deviance Residuals:
   Min 1Q Median
                           3Q
                                  Max
-2.0160 -0.7336 -0.4441 -0.1352
                               4.2634
Coefficients:
           Estimate Std. Error z value Pr(>|z|)
(Intercept) -1.99585 0.10359 -19.266 < 2e-16 ***
ps
___
Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
(Dispersion parameter for poisson family taken to be 1)
   Null deviance: 7514.7 on 9999 degrees of freedom
Residual deviance: 7443.0 on 9997 degrees of freedom
AIC: 12378
```

```
Number of Fisher Scoring iterations: 6
  # ATE
  exp(coef(ps.reg.fit))["treatmentDMT1"]
treatmentDMT1
    0.7741606
Waiting for profiling to be done...
Waiting for profiling to be done...
Bootstrapped confidence intervals can be obtained as follows:
  # Function to bootstrap for 95% CIs
  ps.reg.bootstrap <- function(data, inds) {</pre>
    d <- data[inds,]</pre>
    fit <- glm(y ~ treatment + ps + offset(log(years)),</pre>
                 family = poisson(link = "log"),
                 data = d)
    return(exp(coef(fit))["treatmentDMT1"])
  set.seed(1854)
  # Generate 1000 bootstrap replicates
  arr.boot <- boot(dat, statistic = ps.reg.bootstrap, R = 1000)</pre>
  # Extract the median annualized relapse rate across 1000 bootstrap replicates
  median(arr.boot$t)
[1] 0.7750426
  # Take 2.5th and 97.5th percentiles to be 95% CI
  quantile(arr.boot$t[,1], c(0.025, 0.975))
     2.5%
0.7010540 0.8545169
```

## 8 Overview

			95% CI	95% CI
Method	Estima	and Estimate	(lower)	(upper)
Optimal full matching	ATT	0.7610138	0.5644807	0.9575469
Propensity score stratification	ATT	0.7482462	NA	NA
Propensity score stratification (with	ATT	0.7558609	0.6835885	0.8362947
bootstrapping)				
Propensity score weighting	ATT	0.7083381	0.6245507	0.8033662
Propensity score weighting (robust SE)	ATT	0.7083381	0.6243094	0.8036767
PS regression adjustment	ATE	0.7741606	0.7101080	0.8448218
PS regression adjustment (bootstrapping)	ATE	0.7750426	0.7010540	0.8545169

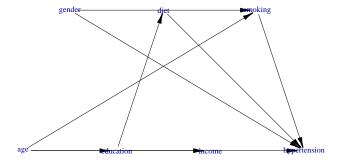
## 9 Effect Modification Analysis within the Propensity score Framework

First, we need to install the R package simcausal, which can be obtained from GitHub:

```
devtools::install_github('osofr/simcausal', build_vignettes = FALSE)
```

We will use the following data-generation model:

```
require(simcausal)
D <- DAG.empty()</pre>
D <- D +
  node("age", distr = "rnorm",
       mean = 2, sd = 4) +
  node("gender", distr = "rbern",
       prob = plogis(4)) +
  node("education", distr = "rbern",
       prob = plogis(3 + 5* age)) +
  node("diet", distr = "rbern",
       prob = plogis(1 -3 * education)) +
  node("income", distr = "rbern",
       prob = plogis(2 - 5 * education - 4 * age)) +
  node("smoking", distr = "rbern",
       prob = plogis(1 + 1.2 * gender + 2 * age)) +
  node("hypertension", distr = "rbern",
       prob = plogis(1 + log(3) * diet +
                        log(1.3) * age +
                        log(3.5) * smoking +
                        log(0.5) * gender))
Dset <- set.DAG(D)</pre>
plotDAG(Dset)
```



We can now generate an example dataset:

```
Obs.Data <- sim(DAG = Dset, n = 50000, rndseed = 123)
Obs.Data$smoking <- as.character(Obs.Data$smoking)
Obs.Data$income <- as.factor(Obs.Data$income)
Obs.Data$income <- relevel(Obs.Data$income, ref = "1")</pre>
```

Sample data from the hypothetical example of association between hypertension and smoking, where other variables such as income, age [centered], gender, education and diet also plays a role in the data generation process.

	age	gender	education	diet	income	smoking	hypertension
34901	12.288936	1	1	1	0	1	1
149	10.400436	1	1	0	0	1	1
10060	2.991820	1	1	0	0	1	0
22220	-4.311952	0	0	0	1	0	1
9979	-6.435549	0	0	0	1	0	1

## 9.1 Effect measure assessment via adding interaction term

Below, we estimate a logistic regression model to assess whether the effect of smoking (the exposure) on hypertension is modified by income. The covariates age and gender are confounders.

```
exp = TRUE)
results.model
```

	exp(Est.)	2.5%	97.5%	z val.	p
(Intercept)	5.46	4.37	6.82	14.97	0.00
smoking1	2.93	2.60	3.30	17.69	0.00
income0	0.48	0.41	0.57	-8.28	0.00
age	1.29	1.27	1.31	36.77	0.00
gender	0.54	0.43	0.67	-5.55	0.00
smoking1:income0	1.27	1.04	1.56	2.33	0.02

Standard errors: MLE

The interaction term in results.model is statistically significant.

#### Presentation of effect measures

We can generate a summary report from aforementioned effect modification analysis. The table below depicts the adjusted odds ratios for income levels (high = 0, and low = 1)

## 9.2 Effect measure assessment via stratified approach

Summary report from an effect modification analysis by income via stratified approach when investigating association between one exposure variable (smoking) and outcome hypertension. Adjusted odds ratios are reported for income levels (low = 1, and high = 0)

```
Value of income exp(Est.) 2.5% 97.5% z val. p [1,] 1 3.066878 2.707961 3.473366 17.64728 1.067842e-69 [2,] 0 3.590260 3.023124 4.263792 14.57113 4.287200e-48
```

## 10 Dealing with irregular and informative visits

We first load the required packages

```
library(dplyr)
library(broom)
library(ggplot2)
library(mice)
```

## 10.1 Example dataset

In this example dataset, we have a discrete outcome y that is affected by its baseline value edss, age, sex, and the treatment duration time.

```
set.seed(9843626)
dataset <- sim_data_EDSS(npatients = 500,</pre>
                          ncenters = 10,
                          follow_up = 12*5, # Total follow-up (number of months)
                          sd_a_t = 0.5,  # DGM - Within-visit variation in EDSS scores
                          baseline_EDSS = 1.3295,  # DGM - Mean baseline EDDS score
                          sd_alpha_ij = 1.46,  # DGM - Between-subject variation in base
                          sd_beta1_j = 0.20,  # DGM - Between-site variation in baseline
                          mean_age = 42.41,
                          sd_age = 10.53,
                         min_age = 18,
                          beta_age = 0.05, # DGM - prognostic effect of age
                          beta_t = 0.014,  # DGM - prognostic effect of time
                          beta_t2 = 0,  # DGM - prognostic effect of time squared
                          delta_xt = 0, # DGM - interaction treatment time
                          delta_xt2 = 0, # 0.0005
                                                   # DGM - interaction treatment time2
                          p_female = 0.75,
                          beta_female = -0.2 , ## DGM - prognostic effect of male sex
                          delta_xf = 0, ## DGM - interaction sex treatment
```

We remove y according to the informative visit process that depends on the received treatment, gender, and age.

```
dataset_visit <- censor_visits_a5(dataset, seed = 12345) %>%
  dplyr::select(-y) %>%
  mutate(time_x = time*x)
```

In the censored data, a total of 17 out of 5000 patients have a visit at time=60.

#### 10.2 Estimation of treatment effect

We will estimate the marginal treatment effect at time time=60.

#### 10.2.1 Original data

#### 10.2.2 Doubly-weighted marginal treatment effect

```
obsdat60 <- dataset_visit %>% mutate(visit = ifelse(is.na(y_obs),0,1)) %>% filter(time ==
gamma <- glm(visit ~ x + sex + age + edss, family = 'binomial', data = obsdat60)$coef</pre>
```

#### 10.2.3 Multilevel multiple imputation

We impute the entire vector of y\_obs for all 61 potential visits and generate 10 imputed datasets. Note: mlmi currently does not support imputation of treatment-covariate interaction terms.

```
imp <- impute_y_mice_31(dataset_visit, seed = 12345)</pre>
```

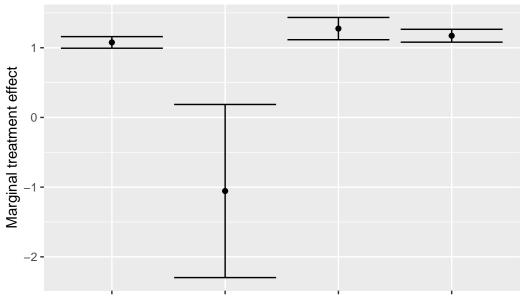
We can now estimate the treatment effect in each imputed dataset

```
Q[i] <- fit %>% filter(term == "x") %>% pull(estimate)
U[i] <- (fit %>% filter(term == "x") %>% pull(std.error))**2
}
fit_mlmi <- pool.scalar(Q = Q, U = U)</pre>
```

## 10.3 Reproduce the results using all data to compute the marginal effect with IIV-weighted

#### 10.3.1 Doubly -weighted marginal treatment effect total

## 10.4 Results



Doubly weighted all times combuinbed weighteld the Multiple Imputation t=6 Reference method

## References