Meta-Analysis Workshop

Wolfgang Viechtbauer Evidence Synthesis & Meta-Analysis in R Conference March 24, 2023

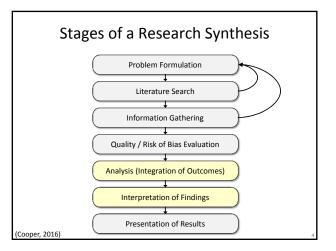
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Systematic Reviews

- research synthesis as a scientific process
- based on replicable and systematic methods that are meant to "limit bias in the assembly, critical appraisal, and synthesis of all relevant studies on a specific topic" (Last, 2001)
- · methods should be made explicit
- synthesis part can make use of qualitative or quantitative methods
- for some history, see Chalmers et al. (2002)

Meta-Analysis

- a set of statistical methods and techniques for aggregating, summarizing, and drawing inferences from collections of related studies
- key idea: quantify the size, direction, and/or strength of the effect or association in each study and use this as primary data in further analyses



Analysis and Interpretation

- what is the overall (average) size and direction of the effect or association?
- · is the effect or association constant?
- if it varies across studies, by how much?
- does the effect or association depend on the characteristics of the studies?

Outcome Measures for Meta-Analysis

- a measure that quantifies the phenomenon of interest so that it is comparable across studies
- some commonly used outcome measures:
 - · raw or standardized mean differences
 - risk differences, log risk ratios, log odds ratios
 - raw or r-to-z transformed correlation coefficients
 - raw means, proportions, Cronbach's alpha values
 - regression coefficients, (semi)partial correlations
 - · standard deviations, coefficients of variation
 - ..

Terminology

- 'effect size' seems a bit strange for measures that reflect the association between variables or some property of individual groups
- effect size ≠ standardized mean difference (or any kind of standardized measure in general) (e.g., raw mean differences and raw regression coefficients are effect sizes as well)
- hence prefer 'outcome measure' (but not to be confused with the DV in a primary study!)

Observed vs. True Outcomes

- y_i = observed outcome in the ith study
- θ_i = true outcome in the *i*th study
- assumption: $E[y_i] = \theta_i$ (i.e., unbiasedness)
- bias adjustments may be necessary:
 - · standardized mean difference (Hedges, 1981)
 - log risk/odds ratio (Haldane, Anscombe, Gart, ...)
 - · correlation coefficient (Olkin & Pratt, 1958)
 - ...

Sampling Distribution / Variance

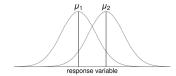
- theoretical distribution of the outcome measure that would arise if one were to repeat a study (repeatedly sample) under identical circumstances (with constant θ_i)
- **sampling variance**: the variance of the values in a sampling distribution
- standard error: the square root of the sampling variance (i.e., the standard deviation of the values in a sampling distribution)

Assumptions

- · normal sampling distribution
 - often only true asymptotically
- · known sampling variance
 - often based on an asymptotic approximation
 - often we need to substitute observed values into the equation, so we really only get an estimate

Two Groups + Quantitative Variable

- subjects in two groups are measured on some quantitative response variable within a study
- assume that the response variable is normally distributed with variance σ^2 and that:
 - the true mean in group 1 is μ_1
 - the true mean in group 2 is μ_2



Standardized Mean Difference

• standardized mean difference (Cohen's d):

$$d = \frac{\bar{x}_1 - \bar{x}_2}{SD_p} \ \ \text{is an estimate of} \ \ \theta = \frac{\mu_1 - \mu_2}{\sigma}$$

• bias correction:

$$y \approx \left[1 - \frac{3}{4(n_1 + n_2) - 9}\right] d \qquad \text{(also known as Hedges' g}$$

• asymptotic sampling variance:

$$v = \frac{1}{n_1} + \frac{1}{n_2} + \frac{\theta^2}{2(n_1 + n_2)}$$

Standardized Mean Difference

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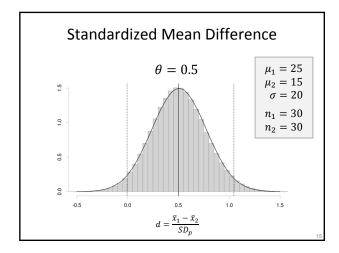
• bias correction:

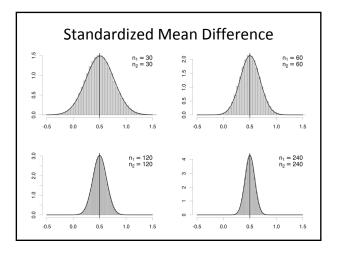
$$y pprox \left[1 - rac{3}{4(n_1 + n_2) - 9}
ight] d$$
 (also known as Hedges' g

• estimated sampling variance:

$$v = \frac{1}{n_1} + \frac{1}{n_2} + \frac{y^2}{2(n_1 + n_2)}$$

Example						
	Sample Size	Mean (SD) Depression Score	Std. Mean Difference	Sampling Variance		
Treatment	70	34.5 (14.62)	0.50	0.030		
Control	70	42.8 (15.04)	-0.56	0.030		
Treatment	43	4.4 (1.77)				
Control	42	5.3 (2.04)	-0.47	0.048		
	Control Treatment	Sample Size Treatment 70 Control 70 Treatment 43	Sample Size Mean (SD) Depression Score Treatment 70 34.5 (14.62) Control 70 42.8 (15.04) Treatment 43 4.4 (1.77)	Sample Mean (SD) Std. Mean		





Interpretation of SMDs

- often cited: 0.2/0.5/0.8 = small/medium/large
- better: relate SMD value back to a familiar scale with known standard deviation
- example: cognitive functions in children have been found to be negatively affected by lead exposure (d = -0.20)
- SD of IQ scores ≈ 15
- hence, this implies a $-0.20 \times 15 = -3$ point difference in IQ scores (on average)

Two Groups + Dichotomous Variable

- subjects in two groups are measured on some dichotomous response variable (with categories out1 and out2) in a study
- let out1 be the 'outcome of interest'
- assume that:
 - the true probability of out1 in group 1 is π_1
 - the true probability of out1 in group 2 is π_2

2 × 2 Table Data

		out1	out2
Table of True	grp1	π_1	$1-\pi_1$
Probabilities	grp2	π_2	$1-\pi_2$

Table with Observed Counts

	out1	ou
grp1	а	b
grp2	С	d

Observed Probabilities/Risks

$$\begin{vmatrix}
n_1 & p_1 = a/n_1 \\
n_2 & p_2 = c/n_2
\end{vmatrix}$$

Log Risk Ratio

• log risk ratio (also called log relative risk):

$$y = \ln \left[\frac{a/n_1}{c/n_2} \right]$$
 is an estimate of $\theta = \ln \left[\frac{\pi_1}{\pi_2} \right]$

• bias correction:

$$y \approx \ln \left[\frac{(a+\frac{1}{2})/(n_1+1)}{(c+\frac{1}{2})/(n_2+1)} \right] \qquad \begin{array}{l} \text{(often only applied} \\ \text{when one of the } 2x \\ \text{table cells is a 0;} \\ \text{sometimes } n_1+\frac{1}{2} \end{array}$$

and $n_2 + \frac{1}{2}$ are used)

· asymptotic sampling variance:

$$v = \frac{1}{\pi_1 n_1} - \frac{1}{n_1} + \frac{1}{\pi_2 n_2} - \frac{1}{n_2}$$

Log Risk Ratio

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• estimated sampling variance:

$$v = \frac{1}{a + \frac{1}{2}} - \frac{1}{n_1 + 1} + \frac{1}{c + \frac{1}{2}} - \frac{1}{n_2 + 1} \leftarrow$$

Example

		Sample Size	Patients (%) with Complications	RR	In(<i>RR</i>)	Sampling Variance
C. I.A.	Treatment	52	12 (23.1%)	0.64	0.44	0.400
Study 1	Control	50	18 (36.0%)	0.64	-0.44	0.100
	Treatment	123	37 (30.1%)			
Study 2	Control	130	42 (32.3%)	0.93	-0.07	0.035

Expressing RRs in Words

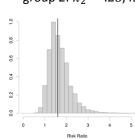
- first study: RR = 0.64 for complications in the treatment versus the control group
 - "The risk of complications in the treatment group is .64 times (or 64% of) the risk of complications in the control group"
 - "The risk of complications is 36% (1 .64 = .36)lower in the treatment group compared to the control group"
 - "The risk of complications is 1.56 (1/.64 \approx 1.56) times higher (= 56% higher) in the control group compared to the treatment group"

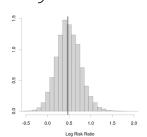
Why Use the Logarithm?

- to get a symmetrical measure:
 - study 1: $p_1 = .50$ and $p_2 = .25 \rightarrow RR = 2.0$
 - study 2: p_1 = .25 and p_2 = .50 \rightarrow RR = 0.5
 - the average of the two RR values is 1.25
 - the ln[RR] values are .6932 and -.6932
 - the average of the two ln[RR] values is 0
 - back-transformation: $e^0 = 1$
- · to get approximate normality

Why Use the Logarithm?

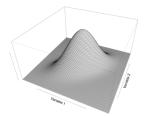
true RR = .40 / .25 = 1.6true $ln(RR) \approx 0.47$





Association of Quantitative Variables

- two quantitative variables are measured in a single group of subjects
- assume that the variables have a bivariate normal distribution with true correlation ρ



Correlation Coefficient

• Pearson product-moment correlation coefficient:

y = r is an estimate of $\theta = \rho$

bias correction:

$$y \approx r + \frac{r(1 - r^2)}{2(n - 4)}$$

(not very common

· asymptotic sampling variance:

$$v = \frac{\left(1 - \rho^2\right)^2}{n - 1}$$

Correlation Coefficient

• Pearson product-moment correlation coefficient:

y = r is an estimate of $\theta = \rho$

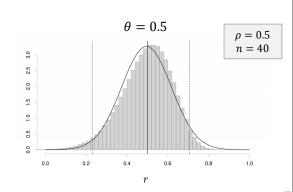
· bias correction:

$$y \approx r + \frac{r(1 - r^2)}{2(n - 4)}$$

· estimated sampling variance:

$$v = \frac{\left(1 - y^2\right)^2}{n - 1}$$





r-to-z Transformed Correlation

• Fisher's r-to-z transformed correlation coefficient:

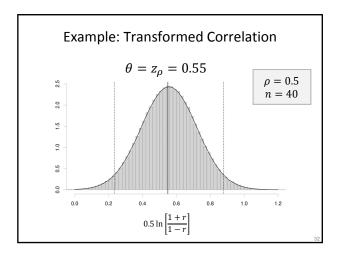
$$y=z_r=\frac{1}{2}\ln\left[\frac{1+r}{1-r}\right] \text{ is an estimate of } \theta=\frac{1}{2}\ln\left[\frac{1+\rho}{1-\rho}\right]$$

• bias correction:

$$y \approx \frac{1}{2} \ln \left[\frac{1+r}{1-r} \right] - \frac{r}{2(n-1)} \qquad \begin{array}{c} \text{(not very common} \\ \text{to apply this bias} \\ \text{correction)} \end{array}$$

• asymptotic / estimated sampling variance:

$$v = \frac{1}{n-3}$$



Literature

- Borenstein, M. (2009). Effect sizes for continuous data. In H. Cooper, L. V. Hedges,
 & J. C. Valentine (Eds.), The handbook of research synthesis and meta-analysis
 (2nd ed., pp. 221-235). New York: Russell Sage Foundation.
- Cooper, H. M. (2016). Research synthesis and meta-analysis: A step-by-step approach (5th ed.). Thousand Oaks, CA: Sage.
- Chalmers, I., Hedges, L. V., & Cooper, H. (2002). A brief history of research synthesis. Evaluation and the Health Professions, 25(1), 12-37.
- Fleiss, J. L., & Berlin, J. A. (2009). Effect sizes for dichotomous data. In H. Cooper, L. V. Hedges, & J. C. Valentine (Eds.), The handbook of research synthesis and meta-analysis (2nd ed., pp. 237-253). New York: Russell Sage Foundation.
- Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). How to do a systematic review: A best practice guide for conducting and reporting narrative reviews, meta-analyses, and meta-syntheses. *Annual Review of Psychology*, 70, 747-770.

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Meta-Analytic Data

- i = 1, ..., k studies
- have y_i and corresponding v_i
- · we assume:

$$y_i \mid \theta_i \sim N(\theta_i, v_i)$$

- and independence of the estimates
- approx. 95% CI for θ_i : $y_i \pm 1.96\sqrt{v_i}$

Example: BCG Vaccine

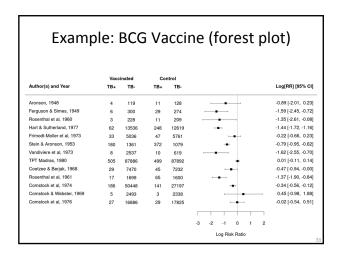
- BCG: Bacillus Calmette-Guérin (BCG)
- BCG is a vaccine against tuberculosis (TB)
- effectiveness study: compare proportion of TB positive cases in a vaccinated and a nonvaccinated group

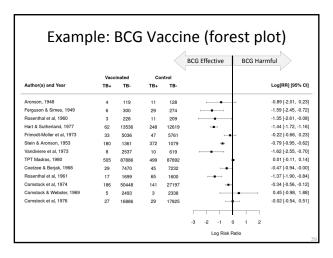
Example: BCG Vaccine

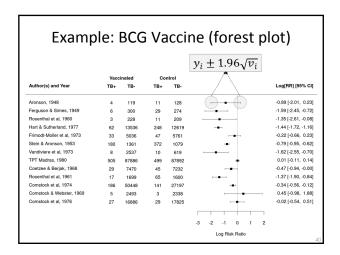
·			
	Positive	Negative	
Vaccinated	4	119	123
Not Vaccinated	11	128	139

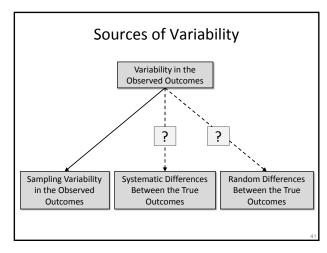
$p_T = 4/123 = .0325$ $p_C = 11/139 = .0791$	$y = \ln[RR] = \left[\frac{4/123}{11/139}\right] =89$
$RR = \frac{4/123}{11/139} = .41$	$v = \frac{1}{4} - \frac{1}{123} + \frac{1}{11} - \frac{1}{139} = .326$

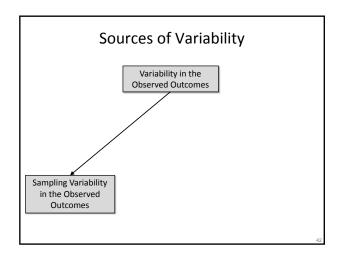
Example: BCG Vaccine								
Study	Year	RR	$y = \ln(RR)$	v	w = 1/v	Latitude	Allocation	
1	1948	.41	89	.326	3.071	44	random	
2	1949	.20	-1.59	.195	5.139	55	random	
3	1960	.26	-1.35	.415	2.408	42	random	
4	1977	.24	-1.44	.020	49.975	52	random	
5	1973	.80	22	.051	19.527	13	alternate	
6	1953	.46	79	.007	144.810	44	alternate	
7	1973	.20	-1.62	.223	4.484	19	random	
8	1980	1.01	.01	.004	252.425	13	random	
9	1968	.63	47	.056	17.720	27	random	
10	1961	.25	-1.37	.073	13.694	42	systematic	
11	1974	.71	34	.012	80.566	18	systematic	
12	1969	1.56	.45	.533	1.878	33	systematic	
13	1976	.98	02	.071	14.005	33	systematic	
							3	

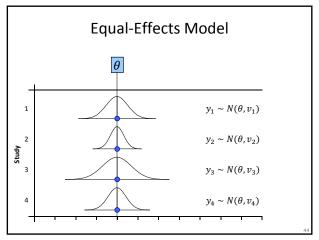


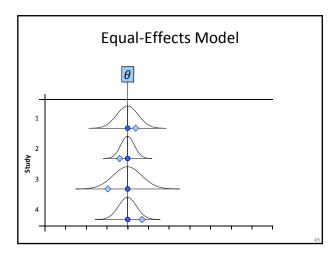


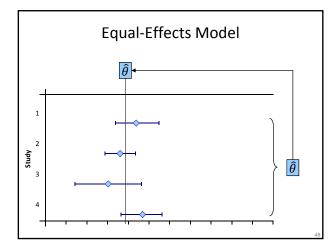












Equal-Effects Model

Model

$$v_i = \theta + \epsilon$$

 $y_i = \theta + \epsilon_i$ $\epsilon_i \sim N(0, v_i)$

<u>Parameter</u> **Estimate**

$$\hat{\theta} = \frac{\sum w_i y_i}{\sum w_i} \qquad \qquad w_i = \frac{1}{v_i}$$

$$w_i = \frac{1}{v_i}$$

Var and SE of the Estimate

$$Var[\hat{\theta}] = \frac{1}{\sum w_i}$$

$$Var[\hat{\theta}] = \frac{1}{\sum w_i}$$
 $SE[\hat{\theta}] = \sqrt{\frac{1}{\sum w_i}}$

<u>Inference</u>

$$z = \frac{\hat{\theta}}{SE[\hat{\theta}]}$$

$$z = \frac{\hat{\theta}}{SE[\hat{\theta}]} \qquad \hat{\theta} \pm 1.96SE[\hat{\theta}]$$

Example: BCG Vaccine

$$\hat{\theta} = -.4303$$

$$e^{-.4303} \approx .65$$

(estimated log risk ratio)

(estimated risk ratio)

$$SE[\hat{\theta}] = .0405$$

$$z = -10.62$$

95%
$$CI$$
: $(-.5097, -.3509)$ $(e^{-.5097} \approx .60, e^{-.3509} \approx .70)$

(95% CI for the true risk ratio)

Reverse Transformation

- reverse the transformation when working with a transformed effect size or outcome measure for easier interpretation of results
 - $log risk ratio \rightarrow exponentiation$
 - log odds ratio → exponentiation
 - r-to-z transformed correlation $\rightarrow r = \frac{e^{2z_r}-1}{e^{2z_r}+1}$

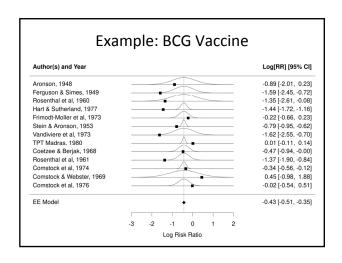
Testing for Heterogeneity

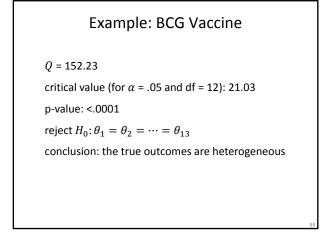
$$H_0: \theta_1 = \theta_2 = \cdots = \theta_k$$

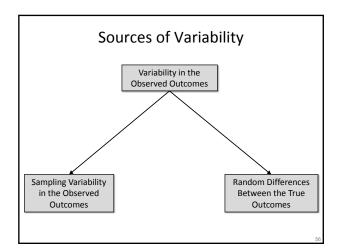
$$w_i=1/v_i$$

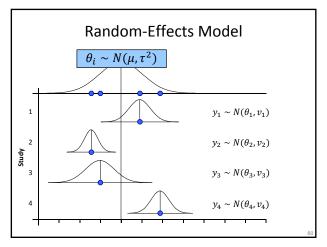
$$Q = \sum w_i (y_i - \hat{\theta})^2$$

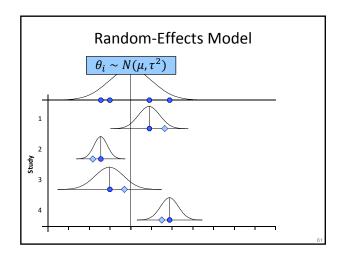
if the true outcomes are really homogeneous, then the *Q*-statistic follows a chi-square distribution with k-1 degrees of freedom

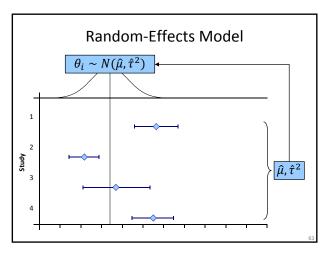












Random-Effects Model

$$\underline{\textit{Model}} \hspace{1cm} y_i = \underbrace{\frac{\theta_i}{\mu + u_i}}_{} + \epsilon_i \hspace{1cm} u_i \sim N(0, \tau^2)$$

$$\frac{\textit{Parameter}}{\textit{Estimate}} \qquad \qquad \hat{\mu} = \frac{\sum w_i y_i}{\sum w_i} \qquad \qquad w_i = \frac{1}{\hat{\tau}^2 + v_i}$$

$$\frac{\textit{Var and SE of}}{\textit{the Estimate}} \qquad \textit{Var}[\hat{\mu}] = \frac{1}{\sum w_i} \qquad \textit{SE}[\hat{\mu}] = \sqrt{\frac{1}{\sum w_i}}$$

Inference
$$z = \frac{\hat{\mu}}{SE[\hat{\mu}]}$$
 $\hat{\mu} \pm 1.96SE[\hat{\mu}]$

Estimators for τ^2

- · DerSimonian-Laird estimator
- · Hedges estimator
- Hunter-Schmidt estimator
- · Sidik-Jonkman estimator
- · maximum likelihood estimator
- · restricted maximum likelihood estimator
- empirical Bayes / Paule-Mandel estimator

DerSimonian-Laird Estimator for τ^2

- · method of moments estimator
 - can show $E[Q] = c\tau^2 + (k-1)$
 - solve for τ^2 and then substitute Q for E[Q]

$$\hat{\tau}^{2} = \frac{Q - (k - 1)}{\sum w_{i} - \frac{\sum w_{i}^{2}}{\sum w_{i}}} \qquad w_{i} = \frac{1}{v_{i}}$$

• if estimate is negative, set to 0

Example: BCG Vaccine

$$\hat{\tau}^2 = \frac{Q - (k - 1)}{\sum w_i - \frac{\sum w_i^2}{\sum w_i}} = \frac{152.23 - (13 - 1)}{609.7007 - \frac{94820.58}{609.7007}} = 0.3088$$

estimated variance in the true log risk ratios

Example: BCG Vaccine

$$\hat{\mu} = -.7141$$

 $e^{-.7141} \approx .49$

(estimated average log risk ratio)

(estimated average risk ratio)

 $SE[\hat{\mu}] = .1787$

z = -4.00

95%
$$CI$$
: $(-1.0644, -.3638)$ $(e^{-1.0644} \approx .34, e^{-.3638} \approx .70)$
(95% CI for the true (95% CI for the true

average log risk ratio)

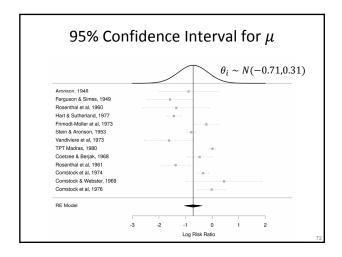
(95% CI for the true average risk ratio)

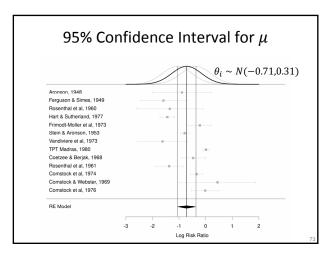
	Vacc	inated	Co	ntrol		
Author(s) and Year	TB+	TB-	TB+	TB-		Log[RR] [95% CI]
Aronson, 1948	4	119	11	128		-0.89 [-2.01, 0.23]
Ferguson & Simes, 1949	6	300	29	274		-1.59 [-2.45, -0.72]
Rosenthal et al, 1960	3	228	11	209		-1.35 [-2.61, -0.08]
Hart & Sutherland, 1977	62	13536	248	12619	H e H	-1.44 [-1.72, -1.16]
Frimodt-Moller et al, 1973	33	5036	47	5761		-0.22 [-0.66, 0.23]
Stein & Aronson, 1953	180	1361	372	1079	H = 4	-0.79 [-0.95, -0.62]
Vandiviere et al, 1973	8	2537	10	619		-1.62 [-2.55, -0.70]
TPT Madras, 1980	505	87886	499	87892	+	0.01 [-0.11, 0.14]
Coetzee & Berjak, 1968	29	7470	45	7232	⊢	-0.47 [-0.94, -0.00]
Rosenthal et al, 1961	17	1699	65	1600	⊢	-1.37 [-1.90, -0.84]
Comstock et al, 1974	186	50448	141	27197	Hert	-0.34 [-0.56, -0.12]
Comstock & Webster, 1969	5	2493	3	2338		0.45 [-0.98, 1.88]
Comstock et al, 1976	27	16886	29	17825	-	-0.02 [-0.54, 0.51]
RE Model					•	-0.71 [-1.06, -0.36]
						٦
					-3 -2 -1 0 1	2

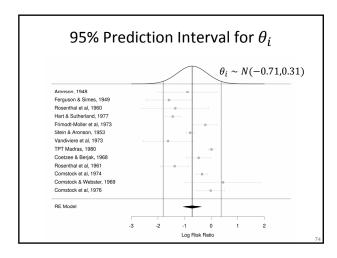
	Vaccinated		Control			
Author(s) and Year	TB+	TB-	TB+	ТВ-		RR [95% CI]
Aronson, 1948	4	119	11	128		0.41 [0.13, 1.26]
Ferguson & Simes, 1949	6	300	29	274		0.20 [0.09, 0.49]
Rosenthal et al, 1960	3	228	11	209		0.26 [0.07, 0.92]
Hart & Sutherland, 1977	62	13536	248	12619	HEH	0.24 [0.18, 0.31]
Frimodt-Moller et al, 1973	33	5036	47	5761	H-	0.80 [0.52, 1.25]
Stein & Aronson, 1953	180	1361	372	1079	-	0.46 [0.39, 0.54]
Vandiviere et al, 1973	8	2537	10	619		0.20 [0.08, 0.50]
TPT Madras, 1980	505	87886	499	87892	+	1.01 [0.89, 1.14]
Coetzee & Berjak, 1968	29	7470	45	7232		0.63 [0.39, 1.00]
Rosenthal et al, 1961	17	1699	65	1600		0.25 [0.15, 0.43]
Comstock et al, 1974	186	50448	141	27197	H a rt	0.71 [0.57, 0.89]
Comstock & Webster, 1969	5	2493	3	2338		1.56 [0.37, 6.53]
Comstock et al, 1976	27	16886	29	17825	-	0.98 [0.58, 1.66]
RE Model					•	0.49 [0.34, 0.70]
					0.05 0.25 1 4	
					Risk Ratio (log scale)	

Interpreting $\hat{\mu}$ and $\hat{ au}^2$ in the RE Model

- $\hat{\mu}$ is the estimated **average** outcome (while $\hat{\theta}$ in the EE model is **the** estimated outcome)
- $\hat{\tau}^2$ estimates the **total** amount of variability (heterogeneity) among the true outcomes
- heterogeneity may be due to random or systematic differences between the θ_i 's
- $\hat{\tau}^2$ does not differentiate between sources







Prediction Interval for θ_i

• interval where approximately 95% of the true outcomes are estimated/predicted to fall:

$$\hat{\mu} \pm 1.96\sqrt{\hat{\tau}^2}$$

· example:

$$-0.71 \pm 1.96\sqrt{0.31} = -1.80$$
 to 0.37

back-transformed: 0.16 to 1.45

Prediction Interval for θ_i

- interval ignores uncertainty in $\hat{\mu}$ (i.e., $Var[\hat{\mu}]$)
- an improved 95% interval:

$$\hat{\mu} \pm 1.96\sqrt{\hat{\tau}^2 + Var[\hat{\mu}]}$$

• example:

$$-0.71 \pm 1.96\sqrt{0.31 + 0.032} = -1.86$$
 to 0.43

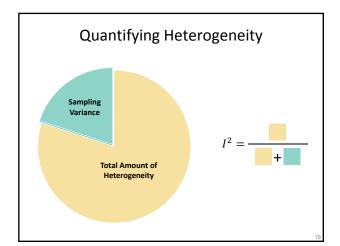
back-transformed: 0.16 to 1.54

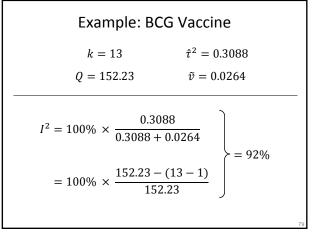
Quantifying Heterogeneity

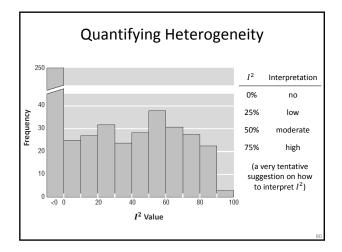
I² estimates (in %) how much of the total variability in the observed outcomes is due to heterogeneity among the true outcomes

$$I^2 = 100\% \times \frac{\hat{\tau}^2}{\hat{\tau}^2 + \tilde{v}} \qquad \tilde{v} = \frac{(k-1)\sum w_i}{(\sum w_i)^2 - \sum w_i^2} \quad w_i = 1/v_i$$

$$= 100\% \times \frac{Q - (k-1)}{Q} \qquad \text{(when estimating τ^2 with the DL estimator)}$$







Relative vs. Absolute Heterogeneity

- I² is a relative measure of heterogeneity (but is often interpreted as an absolute measure)
- it can also be thought of as a measure to what extent the CIs in the forest plot do not overlap
- if you want to know in absolute terms how much heterogeneity there is, look at the prediction interval

Literature

- Colditz, G. A., Brewer, T. F., Berkey, C. S., Wilson, M. E., Burdick, E., Fineberg, H. V., et al. (1994). Efficacy of BCG vaccine in the prevention of tuberculosis: Metaanalysis of the published literature. *Journal of the American Medical Association*, 271(9), 698-702.
- Higgins, J. P. T., Thompson, S. G., Deeks, J. J., & Altman, D. G. (2003). Measuring inconsistency in meta-analyses. *British Medical Journal*, 327(7414), 557-560.
- Normand, S. T. (1999). Meta-analysis: Formulating, evaluating, combining, and reporting. Statistics in Medicine, 18(3), 321-359.
- Riley, R. D., Higgins, J. P., & Deeks, J. J. (2011). Interpretation of random effects meta-analyses. *British Medical Journal*, 342, d549.

Meta-Analysis Software

- MA not typically available in general purpose statistical software (SPSS, Stata, SAS, ...) (but there were add-ons and now SPSS and Stata do include routines)
- specialized software: CMA, MetaWin, ...
- · we will use R

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What is R? Why use it?

- R is a software package for the manipulation, statistical analysis, and graphical display of data https://www.r-project.org
- a (statistical) programming language
- freely available under the GNU General Public License (GPL) → open-source
- cross-platform (can be used under Windows, macOS, Unix/Linux, ...)
- extremely powerful, huge/active/enthusiastic user community, 'lingua franca' of statistics

Meta-Analysis with R

- several R packages for meta-analysis exist:
 - · meta (Guido Schwarzer)
 - rmeta (Thomas Lumley)
 - metafor (Wolfgang Viechtbauer)
 - ...
- meta-analysis 'task view' on CRAN:

https://cran.r-project.org/view=MetaAnalysis

• we will work with the metafor package:

https://www.metafor-project.org

Meta-Analysis with R (metafor)

- install with: install.packages("metafor")
- load package with: library(metafor)
- · put your commands in a script file!!!
- if you are new to R, consider using RStudio
- comments start with # (use them!)

Loading External/Internal Datasets

- can use external software (Excel, SPSS, etc.) for data preparation and management
- for an external dataset, first change working directory to where the script and data file are stored (Session – Set Working Directory)
- can read in external data with read.table()
 (plain text files), readxl::read_excel() (Excel files), haven::read_sav() (SPSS files), ...
- metafor also comes with a bunch of datasets we can make use of (and we mostly will!)

Loading the BCG Data

 set the working directory to where the data file is stored (RStudio: Menu Session → Set Working Directory → To Source File Location)

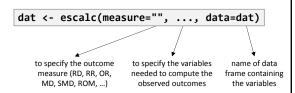
```
> # read in data from data_bcg.txt
> dat <- read.table("data_bcg.txt", header=TRUE)
> 
> # examine data
> dat
```

 header=TRUE indicates that the first row of the dataset includes the variables names

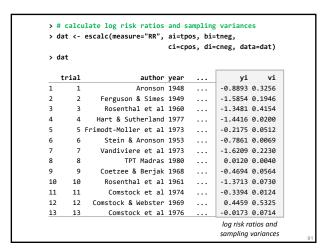
							Т	B+ TB-
	# or !!!	se the built-in dataset				treate	d tr	oos tneg
		BCG vaccine data to 'dat'			_ ,	contro	1 cr	oos cneg
		dat.bcg						
>	dat	· ·						
_	trial	author year	tpos	tneg	cpos	cneg	ablat	alloc
1	1	Aronson 1948	4	119	11	128	44	random
2	2	Ferguson & Simes 1949	6	300	29	274	55	random
3	3	Rosenthal et al 1960	3	228	11	209	42	random
4	4	Hart & Sutherland 1977	62	13536	248	12619	52	random
5	5	Frimodt-Moller et al 1973	33	5036	47	5761	13	alternate
6	6	Stein & Aronson 1953	180	1361	372	1079	44	alternate
7	7	Vandiviere et al 1973	8	2537	10	619	19	random
8	8	TPT Madras 1980	505	87886	499	87892	13	random
9	9	Coetzee & Berjak 1968	29	7470	45	7232	27	random
10	10	Rosenthal et al 1961	17	1699	65	1600	42	systematic
11	11	Comstock et al 1974	186	50448	141	27197	18	systematic
12	12	Comstock & Webster 1969	5	2493	3	2338	33	systematic
13	13	Comstock et al 1976	27	16886	29	17825	33	systematic
								89

Calculate Outcome Measures

- to compute outcomes: escalc() command
- basic syntax (see help(escalc) for details):

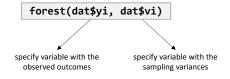


 this will add variables yi (observed outcomes) and vi (sampling variances) to the dataset



Drawing Forest Plots

- to draw forest plots: forest() command
- basic syntax:



 the look of the plot can be heavily customized (see help(forest.default) for details)

Equal-Effects Model · basic syntax: res <- rma(yi, vi, method="EE", data=dat)</pre> name of variable name of variable for to fit an equalname of data for the observed the corresponding effects model frame containing (EE=equal-effects) outcomes sampling variances the variables • to print results, type: res • or use: print(res, digits=2)

Equal-Effects Model

- use predict() to apply back-transformation
 - for exponentiation: transf=exp
 - for z-to-r transformation: transf=transf.ztor

```
predict(res, transf=<>, digits=2)
```

 use forest(res) to obtain a forest plot with the results from the model added

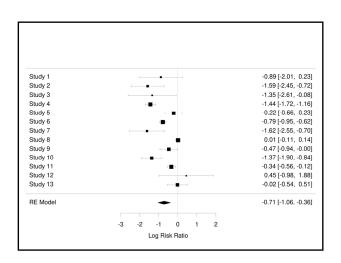
Random-Effects Model · basic syntax: res <- rma(yi, vi, method="DL", data=dat) to select the $\boldsymbol{\tau}^2$ name of variable name of variable for name of data estimator (DL, ML, frame containing for the observed the corresponding sampling variances REML, PM, EB, ...) the variables outcomes to print results, type: res • or use: print(res, digits=2)

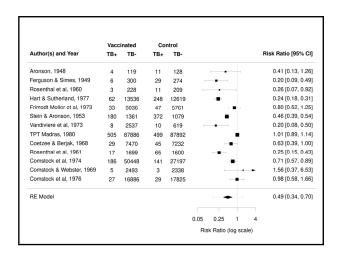
Random-Effects Model

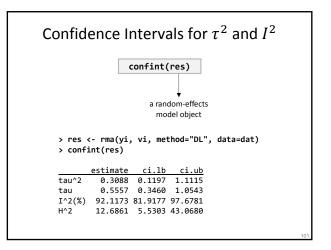
- default is method="REML"
- use predict() to get prediction interval (and apply back-transformation)

```
predict(res, digits=2)
predict(res, transf=<>>, digits=2)
```

- use level argument to change the CI/PI level (the default is 95 for a 95% CI/PI)
- again use forest(res) to obtain a forest plot







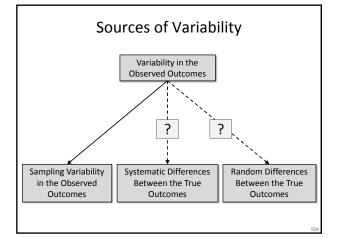
Literature

- Viechtbauer, W. (2010). Conducting meta-analyses in R with the metafor package. *Journal of Statistical Software*, 36(3), 1-48. https://doi.org/10.18637/jss.v036.i03
- package website: https://www.metafor-project.org

Exercises

- look at: exercises.r
- complete the syntax and think about the interpretation of the results (writing the syntax is the easy part!)
- have not yet covered 'meta-regression' so skip those parts

Meta-Analysis	Outcome Measure
effectiveness of writing-to-learn interventions on academic achievement (Bangert-Drowns et al., 2004)	standardized mean differences
relationship between class attendance and class performance in college students (Credé et al., 2010)	correlation coefficients (r-to-z transformed)

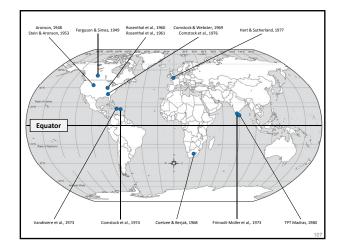


Moderator Variables

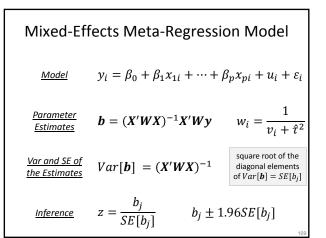
- study-level variables that may be associated with the size of the outcomes
- these may be:
 - substantive variables (characteristics of the treatment, context, subjects)
 - methodological variables (e.g., randomized versus non-randomized study)
 - 'extrinsic' variables (e.g., publication year, published/unpublished)

Example: BCG Vaccine

- nonpathogenic environmental mycobacteria
 - · may provide a natural immunity against TB
 - · are more prevalent closer to the equator
- therefore, BCG vaccine may appear to be less effective when closer to the equator
- absolute latitude of study site may therefore be a moderator of BCG vaccine efficacy



Example: BCG Vaccine Author(s) and Year Absolute Latitude Log[RR] [95% CI] Frimodt-Moller et al, 1973 -0.22 [-0.66, 0.23] Comstock et al. 1974 -0.34 [-0.56, -0.12] Vandiviere et al, 1973 -1.62 [-2.55, -0.70] Coetzee & Berjak, 1968 -0.47 [-0.94, -0.00] Comstock & Webster, 1969 0.45 [-0.98, 1.88] Comstock et al, 1976 -0.02 [-0.54, 0.51] Rosenthal et al. 1960 -1 35 [-2 61 -0 08] -1.37 [-1.90, -0.84] Rosenthal et al, 1961 Aronson, 1948 -0.89 [-2.01, 0.23] Stein & Aronson, 1953 -0.79 [-0.95, -0.62] Hart & Sutherland, 1977 Ferguson & Simes, 1949 -1.59 [-2.45, -0.72] Log Risk Ratio



DerSimonian-Laird Estimator for au^2

$$P = W - WX(X'WX)^{-1}X'W \qquad w_i = 1/v_i$$

$$\hat{\tau}^2 = \frac{\mathbf{y}' \mathbf{P} \mathbf{y} - (k - p - 1)}{tr[\mathbf{P}]}$$

(if the estimate is negative, then set it equal to 0)

Example: BCG Vaccine

$$\hat{\tau}^2 = \frac{y'Py - (k - p - 1)}{tr[P]} = \frac{30.7331 - (13 - 2)}{311.7367} = 0.0633$$

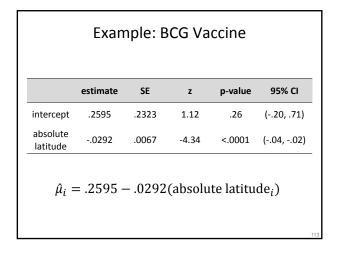
estimated variance in the true log risk ratios not accounted for by absolute latitude

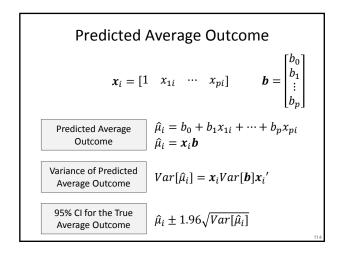
Example: BCG Vaccine
$$y = \begin{bmatrix} -.89 \\ -1.59 \\ \vdots \\ -.02 \end{bmatrix} X = \begin{bmatrix} 1 & 44 \\ 1 & 55 \\ \vdots & \vdots \\ 1 & 33 \end{bmatrix} W = \begin{bmatrix} \frac{1}{.326 + .0633} \\ \frac{1}{.195 + .0633} \\ \vdots \\ \frac{1}{.071 + .0633} \end{bmatrix}.$$

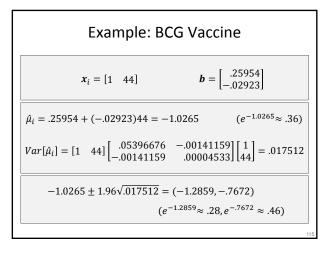
$$b = \begin{bmatrix} .25954 \\ -.02923 \end{bmatrix} SE[b_0] = \sqrt{.05396676} = .2323$$

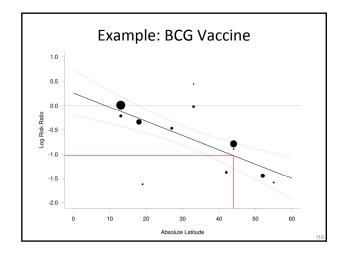
$$SE[b_1] = \sqrt{.00004533} = .0067$$

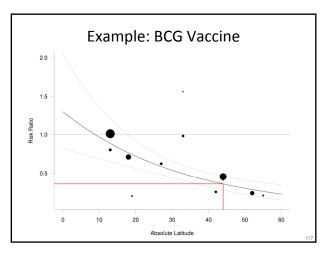
$$Var[b] = \begin{bmatrix} .05396676 - .00141159 \\ -.00141159 & .00004533 \end{bmatrix}$$

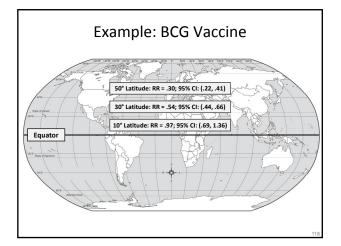












Interpreting $\hat{\mu}_i$ and $\hat{ au}^2$ in the ME Model

- $\hat{\tau}^2$ estimates the **residual** amount of heterogeneity among the true outcomes
- $\hat{\mu}_i$ is the estimated **average** outcome for a particular set of moderator values
- residual heterogeneity may be random or systematic but $\hat{\tau}^2$ does not differentiate between sources

Meta-Analytic Questions

- what is the overall/average effectiveness?
- is the effectiveness the same for all studies?
- if the effectiveness is not the same, then:
 - · how much does it vary?
 - is that variability a result of systematic differences between the characteristics of the studies?

Mixed-Effects Meta-Regression Model

name of variable to

use as moderator

• basic syntax:

res <- rma(yi, vi, mods = ~ var, method="DL", data=dat)

- single moderator: mods = ~ var
- multiple moderators: mods = ~ var1 + var2 + ...
- moderators can be categorical (\rightarrow dummy coded)
- treat numerical variables categorically: factor(var)
- can also examine interactions, polynomial terms, etc.

Pseudo R² Value

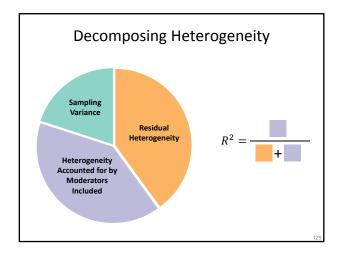
estimates the proportion of heterogeneity in the true outcomes that is accounted for by the moderator(s) included in the model

$$R^2 = \frac{\hat{\tau}_{RE}^2 - \hat{\tau}_{ME}^2}{\hat{\tau}_{RF}^2}$$

Example: BCG Vaccine

$$\hat{\tau}_{RE}^2 = 0.3088$$
 $\hat{\tau}_{ME}^2 = 0.0633$

$$R^2 = \frac{0.3088 - 0.0633}{0.3088} = .80$$



Predicted Values with CIs

- by default the function provides the predicted/fitted values for all of the studies included in the analysis
- use newmods to specify the value of the moderator
- use transf as before to transform values

Omnibus Test of Moderators

$$H_0: \beta_1 = \dots = \beta_p = 0$$

$$Q_M = \boldsymbol{b}_{[2]}' (Var[\boldsymbol{b}]_{[2]})^{-1} \boldsymbol{b}_{[2]}$$

if the moderators included in the model are not at all related to the outcomes, then Q_M follows a chi-square distribution with p degrees of freedom


```
newmods=c() with comma-separated values for the moderator variables

> predict(res, newmods=c(10, 1970), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.95 0.63 1.44 0.48 1.90

> predict(res, newmods=c(30, 1970), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.54 0.43 0.66 0.30 0.97

> predict(res, newmods=c(50, 1970), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.30 0.20 0.45 0.15 0.60
```

Subgrouping

- · often interested in subgroups
- two options:
 - fit RE model within subgroups
 - fit ME model with categorical moderator
- difference: whether we want to allow for different τ^2 values within subgroups or not

```
> # create dummy variable (1 for random, 0 otherwise)
> dat$random <- ifelse(dat$alloc=="random", 1, 0)
>
> res <- rma(yi, vi, method="DL", subset=c(random==0), data=dat)
> res

Random-Effects Model (k = 6; tau^2 estimator: DL)

tau^2 (estimated amount of total heterogeneity): 0.1357
tau (square root of estimated tau^2 value): 0.3684
I^2 (total heterogeneity / total variability): 82.33%
H^2 (total variability / sampling variability): 5.66

Test for Heterogeneity:
Q(df = 5) = 28.2980, p-val < .0001

Model Results:

estimate se zval pval ci.lb ci.ub
-0.4947 0.1819 -2.7194 0.0065 -0.8512 -0.1381</pre>
```

```
> res <- rma(yi, vi, method="DL", subset=c(random==1), data=dat)
> res

Random-Effects Model (k = 7; tau^2 estimator: DL)

tau^2 (estimated amount of total heterogeneity): 0.7631
tau (square root of estimated tau^2 value): 0.8735
I^2 (total heterogeneity / total variability): 94.56%
H^2 (total variability / sampling variability): 18.37

Test for Heterogeneity:
Q(df = 6) = 110.2133, p-val < .0001

Model Results:

estimate se zval pval ci.lb ci.ub
-1.0042 0.3621 -2.7731 0.0056 -1.7139 -0.2944</pre>
```

```
> # predicted average log risk ratio for random=0
> predict(res, newmods=0)

pred se ci.lb ci.ub pi.lb pi.ub
-0.4578 0.2881 -1.0224 0.1069 -1.8391 0.9236

> # predicted average log risk ratio for random=1
> predict(res, newmods=1)

pred se ci.lb ci.ub pi.lb pi.ub
-0.9741 0.2817 -1.5263 -0.4220 -2.3504 0.4021

> # predicted average risk ratio for random=0
> predict(res, newmods=0, digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.63 0.36 1.11 0.16 2.52

> # predicted average risk ratio for random=1
> predict(res, newmods=1, digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.38 0.22 0.66 0.10 1.50
```

```
> # mixed-effects meta-regression model with a categorical moderator
> res <- rma(yi, vi, mods = ~ alloc, method="DL", data=dat)</pre>
Mixed-Effects Model (k = 13; tau^2 estimator: DL)
tau^2 (estimated amount of residual heterogeneity):
tau (square root of estimated tau^2 value):
                                                                            0.7480
H^2 (unaccounted variability / sampling variability): 92.45%
H^2 (unaccounted variability / sampling variability): 13.24
R^2 (amount of heterogeneity accounted for): 0.00%
Test for Residual Heterogeneity:
QE(df = 10) = 132.3676, p-val < .0001
Test of Moderators (coefficients 2:3):
QM(df = 2) = 1.4349, p-val = 0.4880
Model Results:
                                                                        ci.lb
                       estimate
                                                   zval
                                                             pval
                                                                                   ci.ub
                        intrcpt
allocrandom
                         0.1042 0.6822 0.1528 0.8786 -1.2329 1.4414
allocsystematic
```

```
> # predicted average risk ratio for 'alternate'
> predict(res, newmods=c(0,0), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.60 0.21 1.73 0.10 3.66

> # predicted average risk ratio for 'random'
> predict(res, newmods=c(1,0), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.37 0.20 0.69 0.08 1.83

> # predicted average risk ratio for 'systematic'
> predict(res, newmods=c(0,1), digits=2, transf=exp)

pred ci.lb ci.ub pi.lb pi.ub
0.66 0.30 1.50 0.12 3.55
```

Sample Size Issues

- a FAQ: how many studies do I need to conduct a meta-regression analysis?
- some say: 5 or 10 studies per moderator [1]
- too simplistic; better would be a proper power calculation (Hedges & Pigott, 2004), but this is difficult in practice
- could also look into the metapower package: https://cran.r-project.org/package=metapower

 $\hbox{[1]}\ \underline{https://training.cochrane.org/handbook/current/chapter-10\#section-10-11-5-1}$

Literature

- Hedges, L. V., & Pigott, T. D. (2004). The power of statistical tests for moderators in meta-analysis. Psychological Methods, 9(4), 426-445.
- Raudenbush, S. W. (2009). Analyzing effect sizes: Random-effects models. In H. Cooper, L. V. Hedges, & J. C. Valentine (Eds.), The handbook of research synthesis and meta-analysis (2nd ed., pp. 295-315). New York: Russell Sage Foundation.
- Thompson, S. G., & Higgins, J. P. T. (2002). How should meta-regression analyses be undertaken and interpreted? Statistics in Medicine, 21(11), 1559-1573.
- Viechtbauer, W. (2007). Accounting for heterogeneity via random-effects models and moderator analyses in meta-analysis. Zeitschrift für Psychologie / Journal of Psychology, 215(2), 104-121.

Exercises

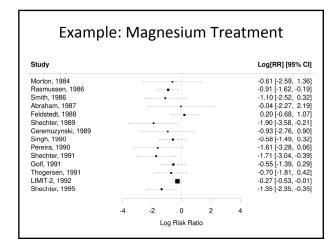
- back to: exercises.r
- conduct the suggested meta-regression analyses (or others you are interested in) for the Bangert-Drowns et al. (2004) and Credé et al. (2010) meta-analyses and think about the interpretation of the results

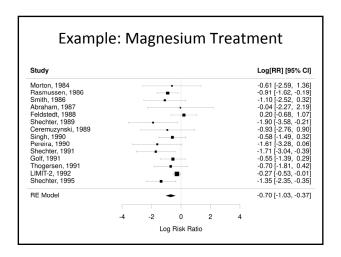
 meta-analysis on the effectiveness of intravenous magnesium treatment in acute myocardial infarction for reducing the risk of mortality and arrhythmias

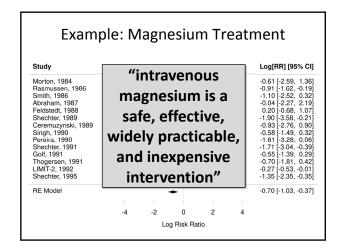
Example: Magnesium Treatment

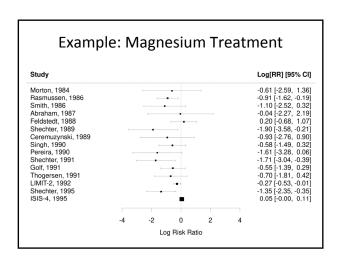
Heart Attack Fatal? Yes No Magnesium 9 126 135 Control 23 112 135 32 238 270

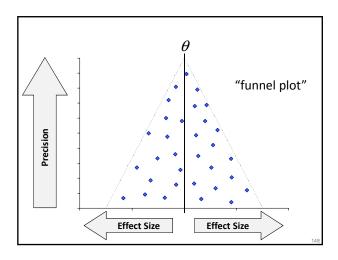
- $p_T = 9/135 = .067$
- $p_C = 23 / 135 = .170$
- risk ratio = .067 / .170 = .39

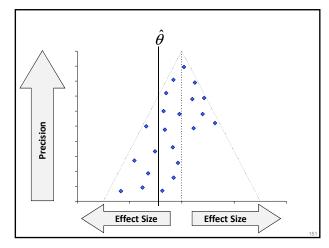


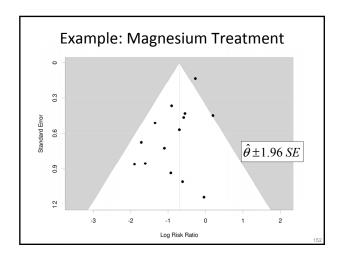


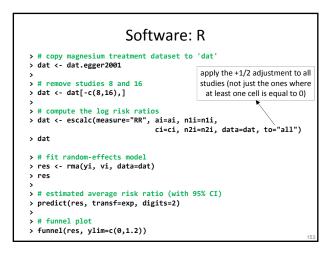












Software: R Random-Effects Model (k = 14; tau^2 estimator: REML) tau^2 (estimated amount of total heterogeneity): 0.1087 tau (square root of estimated tau^2 value): 0.3296 I^2 (total heterogeneity / total variability): 33.61% H^2 (total variability / sampling variability): 1.51 Test for Heterogeneity: Q(df = 13) = 18.1711, p-val = 0.1511 Model Results: estimate se zval pval ci.lb ci.ub -0.7011 0.1686 -4.1572 <.0001 -1.0316 -0.3706 pred ci.lb ci.ub pi.lb pi.ub 0.50 0.36 0.69 0.24 1.02

Potential Sources of Bias

- · statistically significant findings are:
 - more likely to be published
 - · more likely to be published quicker
 - more likely to be cited in English journals
 - more likely to be published more than once
 - more likely to be cited by others
 - ...

Dealing with Publication Bias

- getting a sense of the data
 - funnel plot (but see Terrin et al., 2005)
- · assessing robustness to publication bias
 - failsafe-N ("file drawer analysis")
- · checking for evidence of publication bias
 - rank correlation test (Begg & Mazumdar)
 - regression test (Egger)
 - · test of excess significance
- adjusting for publication bias
 - · trim and fill method
 - · selection models
 - PET and PEESE

Robustness to Publication Bias

- if a number of (unpublished) studies with null effects were found, they could reverse the conclusions of a meta-analysis
- how many such studies would it take?
- if this number is large, results are robust
- idea due to Rosenthal (1979), later extended by Orwin (1983) and Rosenberg (2005)
- sometimes called a 'failsafe N' calculation

Stouffer Method

test of H_0 : $\theta_i = 0$ in the *i*th study

$$z_i = \frac{y_i}{\sqrt{v_i}}$$

test of H_0 : $\theta_i = 0$ for all k studies

$$z = \frac{\sum z_i}{\sqrt{k}}$$

Failsafe-N ("file drawer analysis")

test of
$$H_0$$
: $\theta_i = 0$ for all k studies
$$N > k \left(\frac{Z}{1.645}\right)^2 - k$$
 Critical z-Value (one-tailed) Number of Studies in the Meta-Analysis

Example: Magnesium Treatment

$$z = \frac{-20.271}{\sqrt{14}} = -5.418$$

$$N > 14 \left(\frac{-5.418}{1.645} \right)^2 - 14 \approx 138$$

138 studies with null results would be needed to reverse the claim that magnesium treatment significantly reduces the risk of heart attack mortality (in at least one study)

Software: R fsn(yi, vi, data=dat) yi = name of variable for the observed outcomes vi = name of the variable for the sampling variances data = name of data frame with the variables > fsn(yi, vi, data=dat) Fail-safe N Calculation Using the Rosenthal Approach Observed Significance Level: <.0001 Target Significance Level: 0.05 Fail-safe N: 138

Robustness to Publication Bias

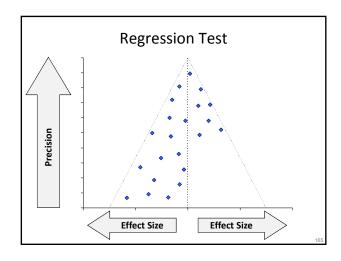
Rosenthal method: 138 studies
Orwin method: 14 studies
Rosenberg method: 69 studies

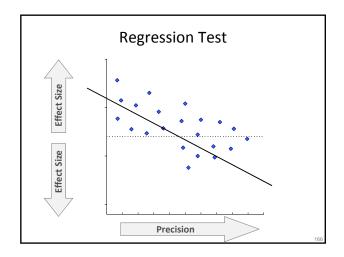
- discrepancies due differences in underlying methods (and their purpose)
- are these numbers 'large'?
- method not used much anymore in practice

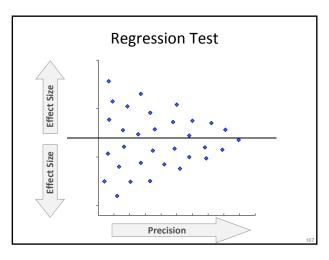
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Dealing with Publication Bias

- getting a sense of the data
 - funnel plot
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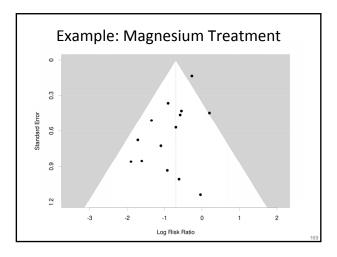


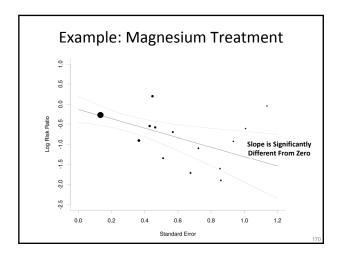


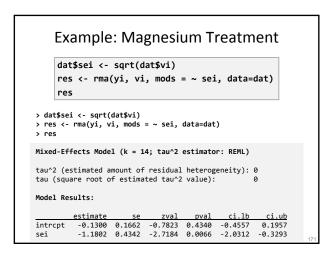


Regression Test

- use $se_i = \sqrt{v_i}$ as a moderator in a (mixed-effects) meta-regression model and test whether the slope of this "moderator" is significantly different from 0
- there are various versions of the regression test (all based on the same principle)
- sometimes called "Egger's test" (Egger et al., 1997)
- it is **test for funnel plot asymmetry**, not publication bias per se; there are many possible reasons for funnel plot asymmetry (Sterne et al., 2011; Coburn & Vevea, 2015)





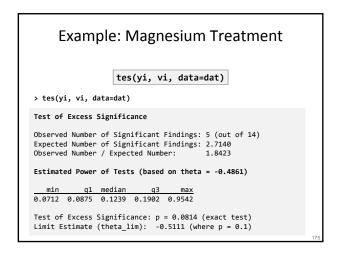


Example: Magnesium Treatment res <- rma(yi, vi, data=dat) regtest(res) > res <- rma(yi, vi, data=dat) > regtest(res) Regression Test for Funnel Plot Asymmetry model: mixed-effects meta-regression model predictor: standard error Test for Funnel Plot Asymmetry: z = -2.7184, p = 0.0066 Limit Estimate (as sei -> 0): b = -0.1300 (CI: -0.4557, 0.1957)

Test of Excess Significance

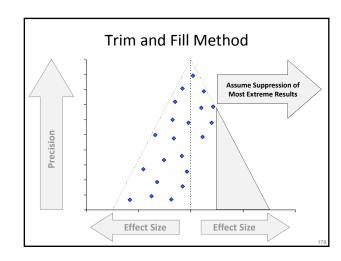
- recall: can test H_0 : $\theta_i = 0$ with $z_i = y_i / \sqrt{v_i}$
- 0: observed number of significant tests
- compute the power of each test, $1-\beta_i$, given some (estimated) value of θ
- $E = \sum (1 \beta_i)$: expected number of significant tests
- test if O is significantly larger than E (exact test, Pearson test, or binomial test)
- Ioannidis & Trikalinos (2007)

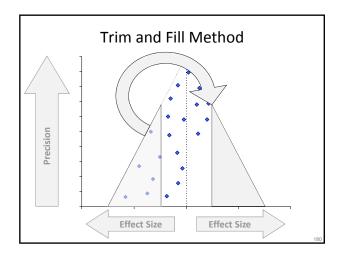
- 5 significant findings in 14 studies
- power ranges from .07 to .95 (median = .12)
- expected number of significant findings: 2.71
- test of excess significance: p = 0.081

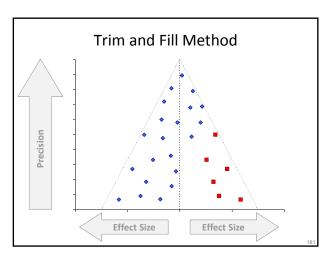


Dealing with Publication Bias

- getting a sense of the data
 - funnel plot
- · assessing robustness to publication bias
 - failsafe-N ("file drawer analysis")
- checking for evidence of publication bias
 - rank correlation test (Begg & Mazumdar)
 - regression test (Egger)
 - test of excess significance
- · adjusting for publication bias
 - trim and fill method
 - · selection models
 - PET and PEESE







```
res <- rma(yi, vi, data=dat)
taf <- trimfill(res)
taf
funnel(taf)
```

can specify the side of the funnel plot where suppression is suspected via the 'side' argument (side="right" or "left")

Example: Magnesium Treatment > res <- rma(yi, vi, data=dat)</pre> > taf <- trimfill(res) > taf Estimated number of missing studies on the right side: 5 Random-Effects Model (k = 19; tau^2 estimator: REML) tau^2 (estimated amount of total heterogeneity): 0.2434 tau (square root of estimated tau^2 value): 0.4933 1.72 (total heterogeneity / total variability): 50.18 H^2 (total variability / sampling variability): 2.01 50.18% Test for Heterogeneity: Q(df = 18) = 32.6731, p-val = 0.0183Model Results:

Example: Magnesium Treatment .3 9.0 0.9

Example: Magnesium Treatment

<u>stimate</u> <u>se</u> <u>zval pval ci.lb ci.ub</u> -0.4318 0.1799 -2.4002 0.0164 -0.7844 -0.0792

estimate

• meta-analysis based on the 14 studies:

$$\hat{\mu} = -0.70 \text{ (95\% CI:} -1.03 \text{ to } -0.37)$$

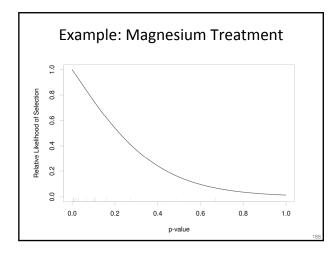
• trim and fill method (14 + 5 studies):

$$\hat{\mu} = -0.43$$
 (95% CI: -0.78 to -0.08)

Selection Models

- assume an inverse relationship between the p-value of the test H_0 : $\theta_i = 0$ and the probability that study is included in MA
- this induces bias in meta-analytic findings
- · with enough studies, can estimate this relationship and remove the bias from the meta-analytic findings
- · difficult in practice (models are complicated and k must be quite large, especially when using RE models)

Example: Magnesium Treatment > res <- rma(yi, vi, method="EE", data=dat) > sav <- selmodel(res, type="logistic", alternative="less") > sav either "less", "greater", or Equal-Effects Model (k = 14)"two.sided" depending on the expected direction of the selection <u>estimate</u> <u>se zval pval ci.lb ci.ub</u> -0.3184 0.1384 -2.3001 0.0214 -0.5898 -0.0471 * Test for Selection Model Parameters: LRT(df = 1) = 5.7300, p-val = 0.0167 Selection Model Results: estimate se zval pval ci.lb ci.ub 4.9703 2.1251 2.3388 0.0193 0.8051 9.1355 > plot(sav)



• meta-analysis based on the 14 studies:

$$\hat{\mu} = -0.70 \text{ (95\% CI:} -1.03 \text{ to } -0.37)$$

• selection model (based on EE model):

$$\hat{\theta} = -0.32$$
 (95% CI: -0.59 to -0.05)

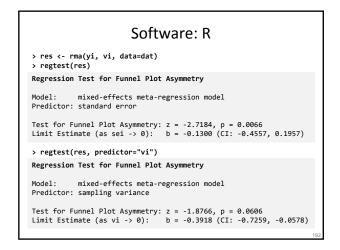
- test of selection model: p = .02
- (RE selection model gives similar results with $\hat{\tau}^2 \approx 0$, but can't get the SE and CI of μ)
- see code for other selection models

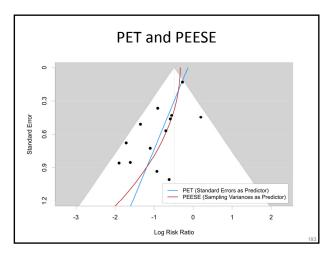
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PET and PEESE

- PET (precision-effect test) and PEESE (precision-effect estimate with SE) are methods for estimating/testing the 'true' effect in the presence of publication bias (Stanley & Doucouliagos, 2014)
- in essence: the intercept of the 'regression test' model with either se_i or v_i as moderator
- PET-PEESE: if PET estimate is not significant (at lpha=.10), use it; otherwise use PEESE

		301	tware	:. N		
> rma(yi	, vi, mods	= ~ sei	, data=da	it)		
Model Re	esults:					
	estimate	se	zval	pval	ci.lb	ci.ub
	-0.1300 -1.1802					
> rma(yi	, vi, mods	= ~ vi,	data=dat	:)		
Model Re	esults:					
	estimate	se	zval	pval	ci.lb	ci.ub
	-0.3918 -0.9449					





• meta-analysis based on the 14 studies:

$$\hat{\mu} = -0.70 \text{ (95\% CI:} -1.03 \text{ to } -0.37)$$

PFT:

$$\hat{\mu} = -0.13$$
 (95% CI: -0.46 to 0.20)

• PEESE:

$$\hat{\mu} = -0.39 (95\% \text{ CI:} -0.73 \text{ to } -0.06)$$

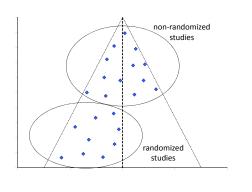
Comparison of Methods

Method/Model	Estimate	Lower	Upper
RE Model	-0.7011	-1.0316	-0.3706
Trim and Fill	-0.4318	-0.7844	-0.0792
Selection Model	-0.3184	-0.5898	-0.0471
PET	-0.1300	-0.4557	0.1957
PEESE	-0.3918	-0.7259	-0.0578
p-uniform	-0.3468	-1.2306	0.8068

 generally quite similar estimates (except for PET) and CI of p-uniform is very wide

. . . .

Asymmetry Due to Moderators

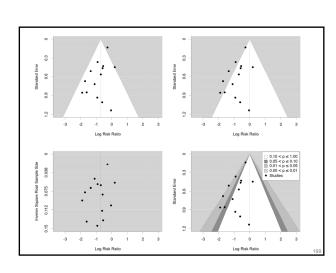


Funnel Plot Variations

- use some other measure of precision on the y-axis besides the SE (but SE recommended)
- exception: when y_i and SE_i are known to be correlated in the absence of publication bias
- then may want to use just the sample size (or some function thereof) on the y-axis
- center the funnel plot at 0 (instead of $\hat{\theta}$ or $\hat{\mu}$)
- · contour-enhanced funnel plots

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Software: R



Publication Bias

- affects all review methods (not a problem specific to meta-analysis!)
- in fact, due to meta-analysis:
 - increased awareness of publication bias
 - development of systematic methods to detect and address publication bias
 - continued emphasis on the importance of trial registries and registered reports (to eliminate publication bias)

Gold Standard

- · meta-analysis of registered reports
- same as a 'prospective meta-analysis' (Simes, 1995; Berlin & Colditz, 1999)
- if not (yet) possible, acknowledge/examine the multitude of possible results (multiverse analysis; Voracek et al., 2019)

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Literature

- Duval, S. J., & Tweedie, R. L. (2000). A nonparametric "trim and fill" method of accounting for publication bias in meta-analysis. *Journal of the American Statistical* Association, 95(449), 89-98.
- Egger, M., Davey Smith, G., Schneider, M., & Minder, C. (1997). Bias in metaanalysis detected by a simple, graphical test. *British Medical Journal*, 315(7109), 629-634.
- Ioannidis, J. P. A. & Trikalinos, T. A. (2007). An exploratory test for an excess of significant findings. Clinical Trials, 4(3), 245-253.
- Preston, C., Ashby, D., & Smyth, R. (2004). Adjusting for publication bias: Modelling the selection process. *Journal of Evaluation in Clinical Practice*, 10(2), 313-322.
- Rosenthal, R. (1979). The "file drawer problem" and tolerance for null results. Psychological Bulletin, 86(3), 638-641.
- Rothstein, H. R., Sutton, A. J., & Borenstein, M. (Eds.). (2005). Publication bias in meta-analysis: Prevention, assessment, and adjustments. Chichester, England: Wiley. (an entire book about publication bias!)
- Stanley, T. D., & Doucouliagos, H. (2014). Meta-regression approximations to reduce publication selection bias. Research Synthesis Methods, 5(1), 60-78.

Exercises

- back to: exercises.r
- meta-analysis of studies examining the risk of lung cancer due to environmental tobacco smoke (ETS) exposure
- conduct a meta-analysis of the studies and try out the various methods discussed in this lecture (has there been some publication bias in favor of studies showing that ETS is associated with an increased lung cancer risk?)
- note: meta-analysis is based on (log) odds ratios; in this example, you can think of these values as (log) risk ratios (but that's not true in general!)

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Standard Random-Effects Model

$$\begin{array}{lll} y_i &=& \mu & & \text{average true outcome} \\ & & & \text{random effect that makes the true outcome} \\ & & & \text{for a particular study larger/smaller by some} \\ & & & \text{amount (heterogeneity between studies)} \\ & & & & \text{sampling error} \end{array}$$

$$e_i \sim N(0, v_i)$$
 $u_i \sim N(0, \tau^2)$

>						
> # show data					standardized mean	
> dat					differences and sampling variances	
	44.44.44	1				
	district	school	study	year	yi	vi
1	11	1	1	1976	-0.18	0.118
2	11	2	2	1976	-0.22	0.118
3	11	3	3	1976	0.23	0.144
4	11	4	4	1976	-0.30	0.144
5	12	1	5	1989	0.13	0.014
6	12	2	6	1989	-0.26	0.014
7	12	3	7	1989	0.19	0.015
8	12	4	8	1989	0.32	0.024
9	18	1	9	1994	0.45	0.023
10	18	2	10	1994	0.38	0.043
11	18	3	11	1994	0.29	0.012
12						
56	644	4	56	1994	-0.05	0.067

The rma.mv() Function

- more flexible model fitting function, but must specify random effects manually
- for now, let's replicate the previous results

```
res <- rma.mv(yi, vi, random = ~ 1 | study,
method = "REML", data = dat)
```

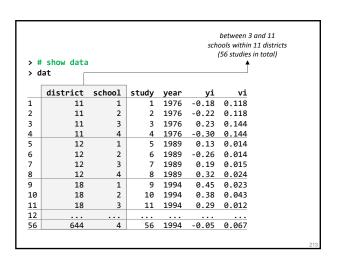
- random = ~ 1 | study adds a random effect for each level of the study variable
- method = "REML" is default (other option: ML)

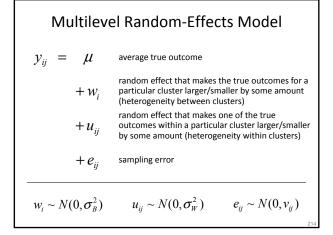
Independence Assumption

- the methods presented assume that all of the observed outcomes are independent
- this assumption may not hold, for example:
 - when there are multiple observed outcomes from the same study, article, author, or lab
 - when we calculate observed outcomes for more than one dependent variable or multiple measurement occasions in the same group
 - when there are two or more treatment groups in a single study and we contrast each treatment group against a common control group

Data Reduction

- traditional approaches to handle dependencies:
 - select one observed outcome from each study or article (should be done in some reproducible way!)
 - take average of dependent outcomes
 - conduct separate analyses in subsets that only contain independent estimates
- easy to analyze, but wastes information





The rma.mv() Function

- rma.mv() allows for the addition of multiple nested random effects
- random = ~ 1 | var1/var2 adds a random effect for each level of var1 and a random effect for each level of var2 within each level of var1

Correlation due to Multilevel Structure

• the multilevel structure implies that the true outcomes within a cluster are correlated:

$$\rho = \frac{\sigma_B^2}{\sigma_B^2 + \sigma_W^2}$$

• in example:

$$\hat{\rho} = \frac{0.0651}{0.0651 + 0.0327} = .67$$

• also note: 0.0651 + 0.0327 = 0.0978

```
> # variance components
> res$sigma2
[1] 0.0651 0.0327
> # within cluster correlation of true outcomes
> res$sigma2[1] / sum(res$sigma2)
[1] 0.6653
> # total heterogeneity
> sum(res$sigma2)
[1] 0.0978
```

A Common Error

- random effect at the level of the clustering variable does not replace random effect at the observation/estimate level!
- we add the clustering level random effect to the standard random/mixed-effects model
- (otherwise you assume that there is no heterogeneity within clusters = assuming that the within-cluster correlation is 1)

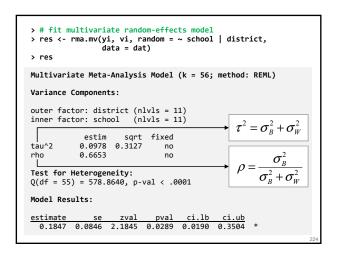
Multivariate Parameterization

$$y_{ij} = \mu$$
 average true outcome
$$+ u_{ij} \quad {
m correlated \ random \ effects \ for \ the \ true \ outcomes \ within \ the \ same \ cluster}$$
 $+ e_{ij} \quad {
m sampling \ error}$

$$\begin{bmatrix} u_{i1} \\ u_{i2} \\ u_{i3} \end{bmatrix} \sim MVN \begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix}, \begin{bmatrix} \tau^2 & \rho \tau^2 & \rho \tau^2 \\ \tau^2 & \rho \tau^2 \\ \tau^2 \end{bmatrix} \qquad e_{ij} \sim N(0, v_{ij})$$

The rma.mv() Function

- rma.mv() allows for the addition of correlated random effects within a variable
- random = ~ var1 | var2 adds correlated random effects for each level of var1 within each level of var2



Notes

- models assume independent sampling errors within clusters (sensible if no overlap in the data/subjects used to compute outcomes)
- · examples:
 - multiple independent studies reported in paper
 - multiple papers published by the same group
 - · results reported for different subgroups
- but true outcomes within clusters may be more similar to each other than those from different clusters (correlated true outcomes)

Multiple (Correlated) Outcomes • multivariate data also arise when multiple outcomes are measured within the studies Study 1 Study 2 Study k V11 V21 V22 Note: not all studies have to measure all outcomes

Multiple (Correlated) Outcomes

- since the outcomes are measured in the same subjects, the sampling errors are correlated
- · true outcomes may also be correlated
- equations for the covariance between the sampling errors of various outcome measures can be found in Gleser & Olkin (2009), Wei & Higgins (2013), Steiger (1980), ...
- common problem: information needed to compute covariances not available

Multivariate Random-Effects Model

$$y_{ij} = \mu_{j} \qquad \text{average true outcome for } j \text{th outcome} \\ + u_{ij} \qquad \text{correlated random effects corresponding to the true outcomes of the same study} \\ + e_{ij} \qquad \text{correlated sampling errors of the observed outcomes for the same study (with known var-cov matrix)} \\ Var \begin{bmatrix} u_{i1} \\ u_{i2} \end{bmatrix} = \begin{bmatrix} \tau_{1}^{2} & \rho \tau_{1} \tau_{2} \\ & \tau_{2}^{2} \end{bmatrix} \qquad Var \begin{bmatrix} e_{i1} \\ e_{i2} \end{bmatrix} = \begin{bmatrix} v_{i1} & \text{cov}_{i} \\ & v_{i2} \end{bmatrix}$$

```
> # copy data into 'dat'
> dat <- dat.berkey1998</pre>
                                                                mean differences
                                                               and corresponding
> # show data
                                                                var-cov matrix of
                                                              the sampling errors
         al author year ni outcome
1 Pihlstrom et al. 1983 14 PD
1 Pihlstrom et al. 1983 14 AL
                                                                       v1i
                                                           0.47 0.0075 0.0030
                                                           -0.32 0.0030 0.0077
                Lindhe et al. 1982 15
                                                           0.20 0.0057 0.0009
               Lindhe et al. 1982 15
Knowles et al. 1979 78
                                                          -0.60 0.0009 0.0008
                                                           0.40 0.0021 0.0007
             Knowles et al. 1979 78
Ramfjord et al. 1987 89
                                                           -0.12 0.0007 0.0014
                                                           0.26 0.0029 0.0009
            Ramfjord et al. 1987 89
Becker et al. 1988 16
                                                           -0.31 0.0009 0.0015
                                                           0.56 0.0148 0.0072
                                                      AL -0.39 0.0072 0.0304
                Becker et al. 1988 16
```

```
The rma.mv() Function

name of object with the var-cov matrix of the sampling errors (and remove intercept)

res <- rma.mv(yi, V, mods = ~ outcome - 1,

random = ~ outcome | study,

struct = "UN", data = dat)

structure of var-cov matrix of the random effects (UN = unstructured)
```

```
> res
Multivariate Meta-Analysis Model (k = 10; method: REML)
Variance Components:
outer factor: trial (nlvls = 5) inner factor: outcome (nlvls = 2)

        estim
        sqrt
        k.1vl
        fixed
        level

        0.0327
        0.1807
        5
        no
        AL

        0.0117
        0.1083
        5
        no
        PD

rho.AL rho.PD AL PD
AL 1 0.6088 - no
PD 0.6088 1 5 -
Test for Residual Heterogeneity:
QE(df = 8) = 128.2267, p-val < .0001</pre>
Test of Moderators (coefficients 1:2): QM(df = 2) = 108.8616, p-val < .0001
Model Results:
```

```
> # contrast for differences in outcomes
> anova(res, L=c(1,-1))
Hypothesis:
1: outcomeAL - outcomePD = 0
Results:
   estimate
               se
                     zval
                            pval
1: -0.6926 0.0744 -9.3120 <.0001
Test of Hypothesis:
QM(df = 1) = 86.7139, p-val < .0001
```

The V Matrix

- V = var-cov matrix of the sampling errors
- roughly: whenever a subject contributes data to the computation of more than one estimate, we have correlated sampling errors
- V matrix is then not just a diagonal matrix (with the sampling variances), but also has off-diagonal elements (covariances)
- · computing the covariances is often difficult

Alternative Methods

- 1. fit multilevel random-effects model ignoring the covariances in the V matrix (= assume they are 0)
- 2. use cluster-robust inference methods (also know as 'robust variance estimation')
- 3. approximate the V matrix, fit model, and do sensitivity analyses
- 4. combine approaches 2. and 3.
- · see code_r_ml_mv.r for an illustration of these different approaches

Literature

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 Berkey, C. S., Hogglin, D. C., Antzach-Bouckoms, A., Mosteller, F., & Colditz, G. A. (1998). Meta-analysis of multiple outcomes by regression with random effects. Satistiss in Medicine, 17(22), 2537-2550.

 Gleser, L. J., & Olikin, 1 (2009). Stochastically dependent effect sizes. In H. Cooper, L. V. Hedges, & J. C. Valentine (Eds.). The handbook of research synthesis and meta-analysis (2nd ed., pp. 357-376). New York: Russell Sage Foundation.
- Ishak, K. J., Platt, R. W., Joseph, L., Hanley, J. A., & Caro, J. J. (2007). Meta-analysis of longitudinal studies. Clinical Trials, 4(5), 525-539.
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Exercises

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- meta-analysis on relationship between class attendance and class performance in college students (Credé et al., 2010): actually has a multilevel structure
- meta-analysis on the difference between schizophrenia patients and healthy controls with respect to planning performance (Knapp et al., 2017): an example of a metaanalysis with correlated sampling errors