

A Quantitative Bias Analysis Framework for Real-World Comparative-Effectiveness Studies using Bayesian Data Augmentation and Restricted Survival

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Introduction

- Real-world comparative-effectiveness studies can generate evidence of relative efficacy for novel clinical treatments, when implementation of a randomised controlled trial is infeasible.
- However, non-random treatment assignment and unrecorded confounding variables in real-world data sources can lead to residual bias in the form of **unmeasured confounding**¹.
- If suspected, **quantitative bias analysis** (QBA) has been recommended to investigate the potential impact of unmeasured confounding on a study's conclusions².
- As many novel treatments now involve complex mechanisms of action or delivery, survival trends **frequently violate** the proportional hazards (PH) assumption³. Therefore, flexible QBA methods are required which can **be applied under PH violation**. However, there is a lack of such methods.

Methods

QBA Framework

The **difference in restricted mean survival time** (dRMST) has been proposed as an alternative to the hazard ratio (HR) when the PH assumption is violated⁴.

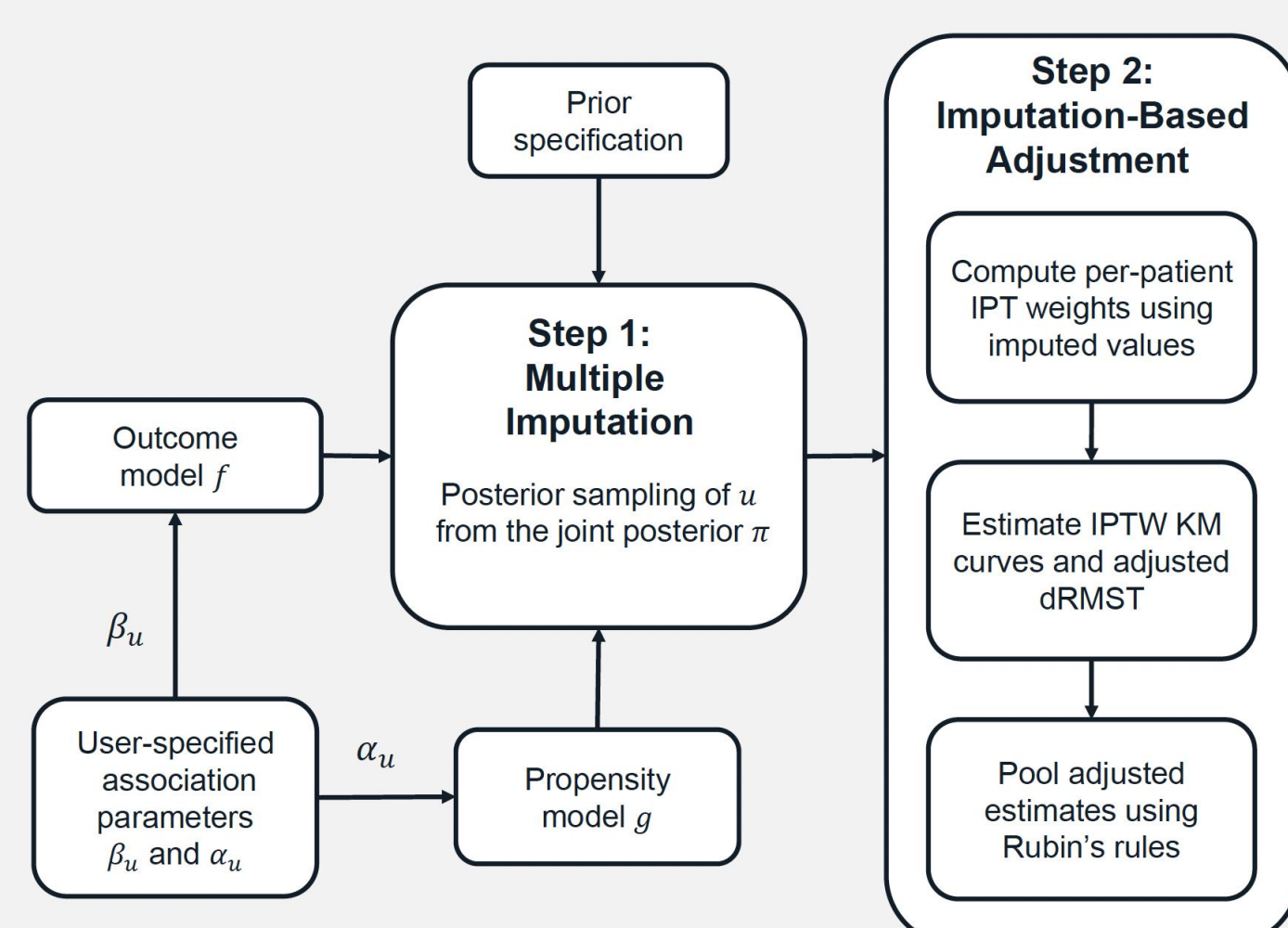
- Therefore, we proposed a two-step QBA framework (Figure 1) which assess the sensitivity of dRMST to unmeasured confounders u .
- In step 1, **multiple imputation** (MI) of u with user-specified association parameters β_u and α_u is implemented.
- By combining **Bayesian data augmentation**⁵ with Markov chain Monte Carlo sampling, imputed values are drawn from the joint posterior π given below:

$$\pi(\theta, u | t, z, \dots) \propto f(t | \theta, u, z, \beta_u, \dots) g(z | u, \alpha_u, \dots) p(u) p(\theta)$$

Outcome model
Propensity model
Prior specification

- In step 2, imputation-based adjustment of dRMST is implemented through inverse probability of treatment weighted (IPTW) Kaplan-Meier (KM) curves.

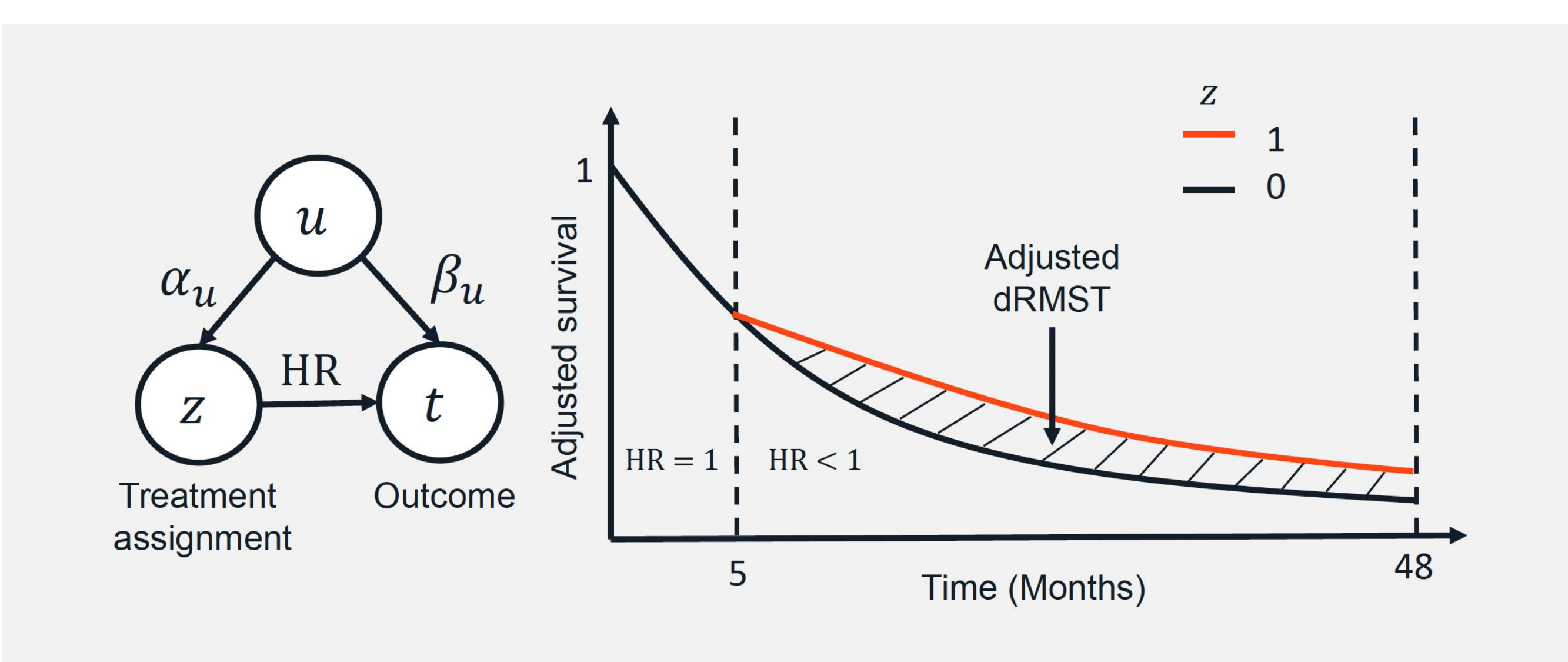
Figure 1: Proposed QBA Framework. Steps 1 and 2 are iterated for different values of β_u and α_u and the sensitivity of the dRMST examined.



Simulation Study

- Data was simulated using a **delayed treatment effect model** with exponential survival and a binary confounder $u \sim \text{Bernoulli}(0.5)$ (Figure 2).
- Imputation-based adjustment (Imputed) was compared against adjustment using the actual simulated u (Actual) and a naive analysis where confounding was ignored (Naive).
- Regression parameters β_u and α_u were varied across 8 scenarios to simulate 100 datasets of 300 patients each. 1000 imputations were drawn for each dataset using the statistical software JAGS⁶.

Figure 2: Simulation Model



Objectives

- Develop a flexible QBA framework which is **valid under PH violation**.
- Assess the proposed framework's ability for **accurate and precise** effect estimation which is adjusted for unmeasured confounding.
- Design and implement a **simulation study** to perform this assessment under PH violation and different forms of unmeasured confounding.

Results

Figure 3: Comparison of estimated dRMST between all 3 methods

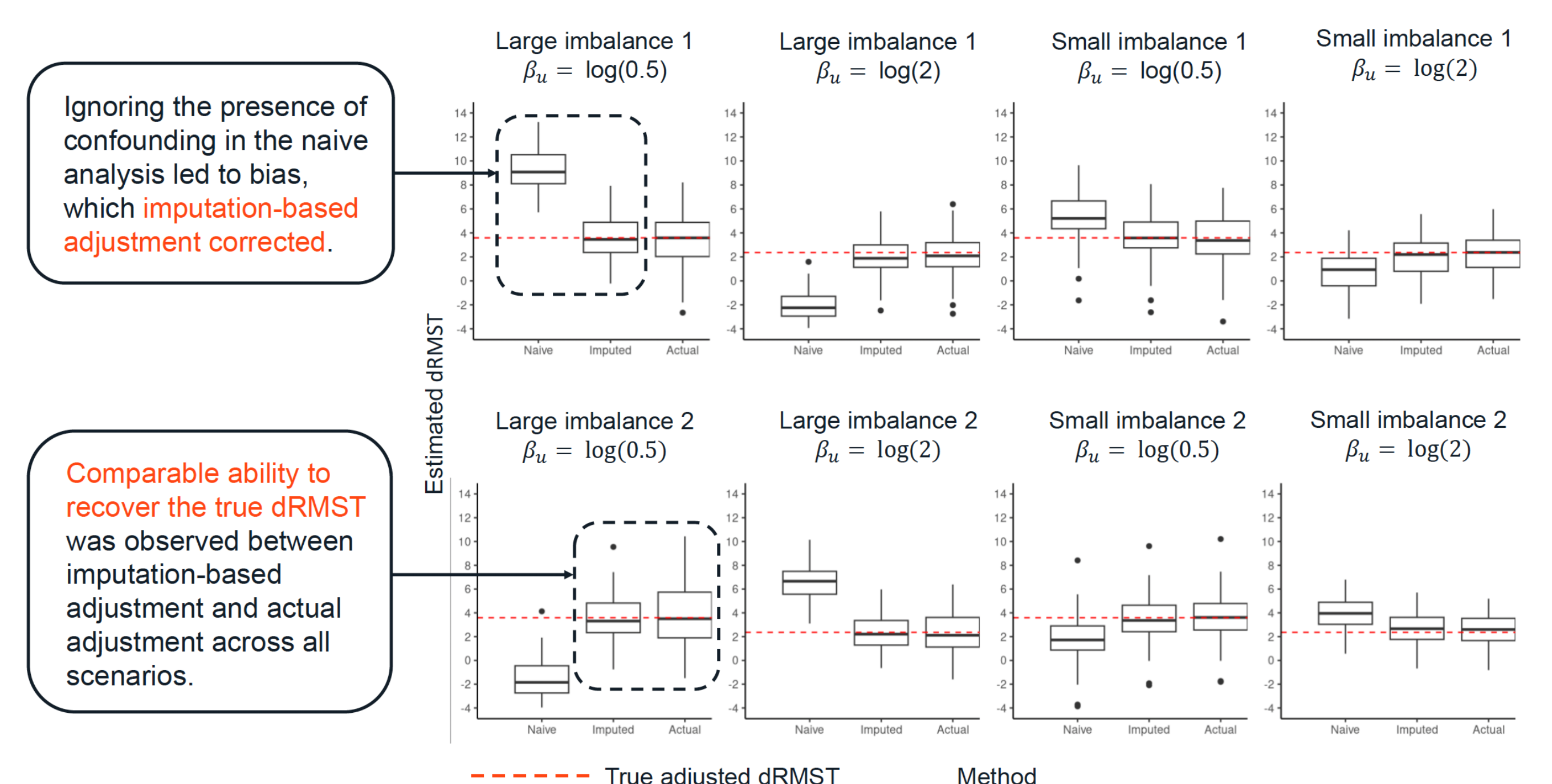


Table 1: Comparison of bias and standard error (SE) between imputation-based adjustment (Imputed) and actual adjustment (Actual).

α_u ³	β_u ⁴	Bias ^{1,2}		SE ¹	
		Imputed	Actual	Imputed	Actual
Small 1	log(0.5)	0.12	-0.207	1.957	1.914
	log(2)	-0.330	-0.110	1.423	1.399
Small 2	log(0.5)	-0.140	0.065	1.949	1.905
	log(2)	0.299	0.133	1.399	1.366
Large 1	log(0.5)	0.012	-0.065	2.667	2.328
	log(2)	-0.283	-0.268	1.911	1.701
Large 2	log(0.5)	-0.040	0.122	2.671	2.337
	log(2)	-0.022	-0.056	1.863	1.673

- Averaged over 100 simulations. 2: Bias is defined as estimate - truth.
- Parameters for the logistic propensity model: Values induce the following imbalances: Small 1: $\Pr(Z = 1 | U = 1) = 0.4$. Small 2: $\Pr(Z = 1 | U = 1) = 0.6$. Large 1: $\Pr(Z = 1 | U = 1) = 0.2$. Large 2: $\Pr(Z = 1 | U = 1) = 0.8$.
- Conditional $\log(\text{HR})$ capturing the effect of u on survival: Values correspond to a either doubling ($\log(2)$) or a halving of the hazard ($\log(0.5)$).

Conclusions

- Imputation-based adjustment using Bayesian data augmentation can **accurately recover** the adjusted dRMST when confounding variables are unmeasured.
- Hence, our proposed QBA framework can **correctly** identify the characteristics required by an unmeasured confounder to overturn a study's conclusions.
- Therefore, our proposed QBA framework is a **valid sensitivity analysis** to investigate the robustness of real-world comparative-effectiveness studies displaying PH violation, when unmeasured confounding is suspected.
- The proposed QBA framework is **modular in nature** and can be implemented under a wide range of non-PH settings, effect measures, and adjustment methods.
- Bayesian modelling allows for the **inclusion of prior information** into the analysis.
- Future work will investigate further the performance of our proposed QBA framework under different simulation scenarios and apply the framework to empirical data.

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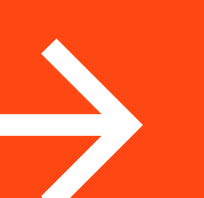
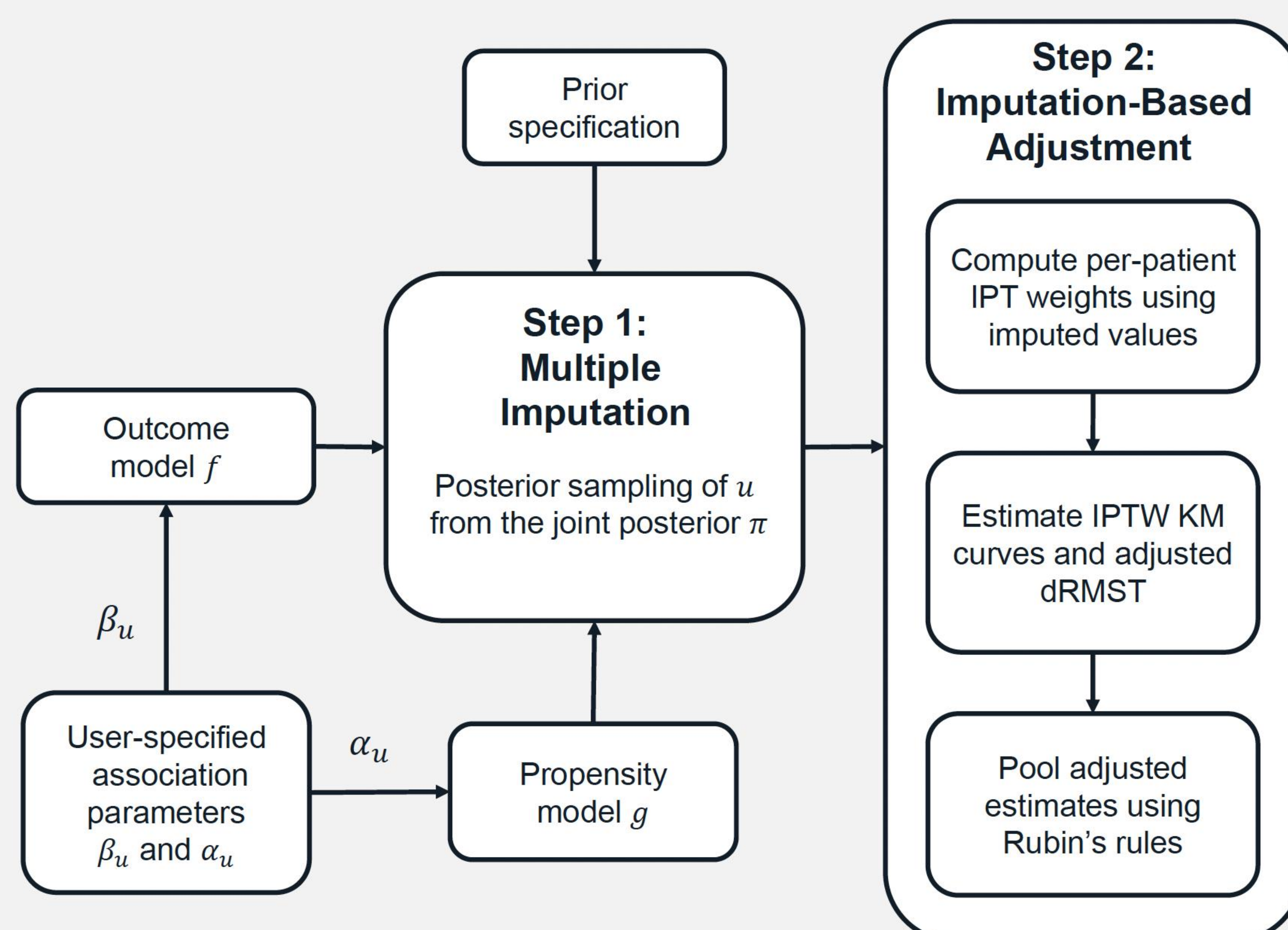


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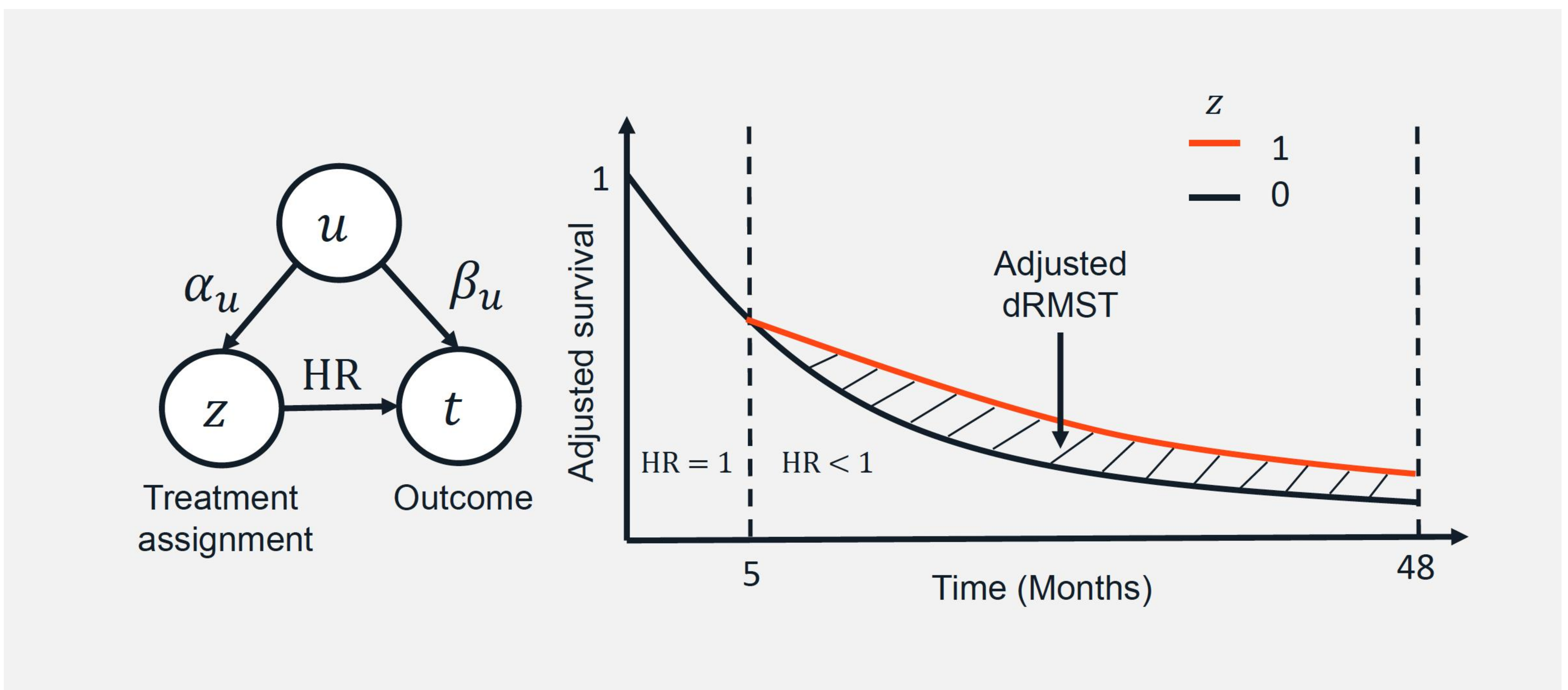


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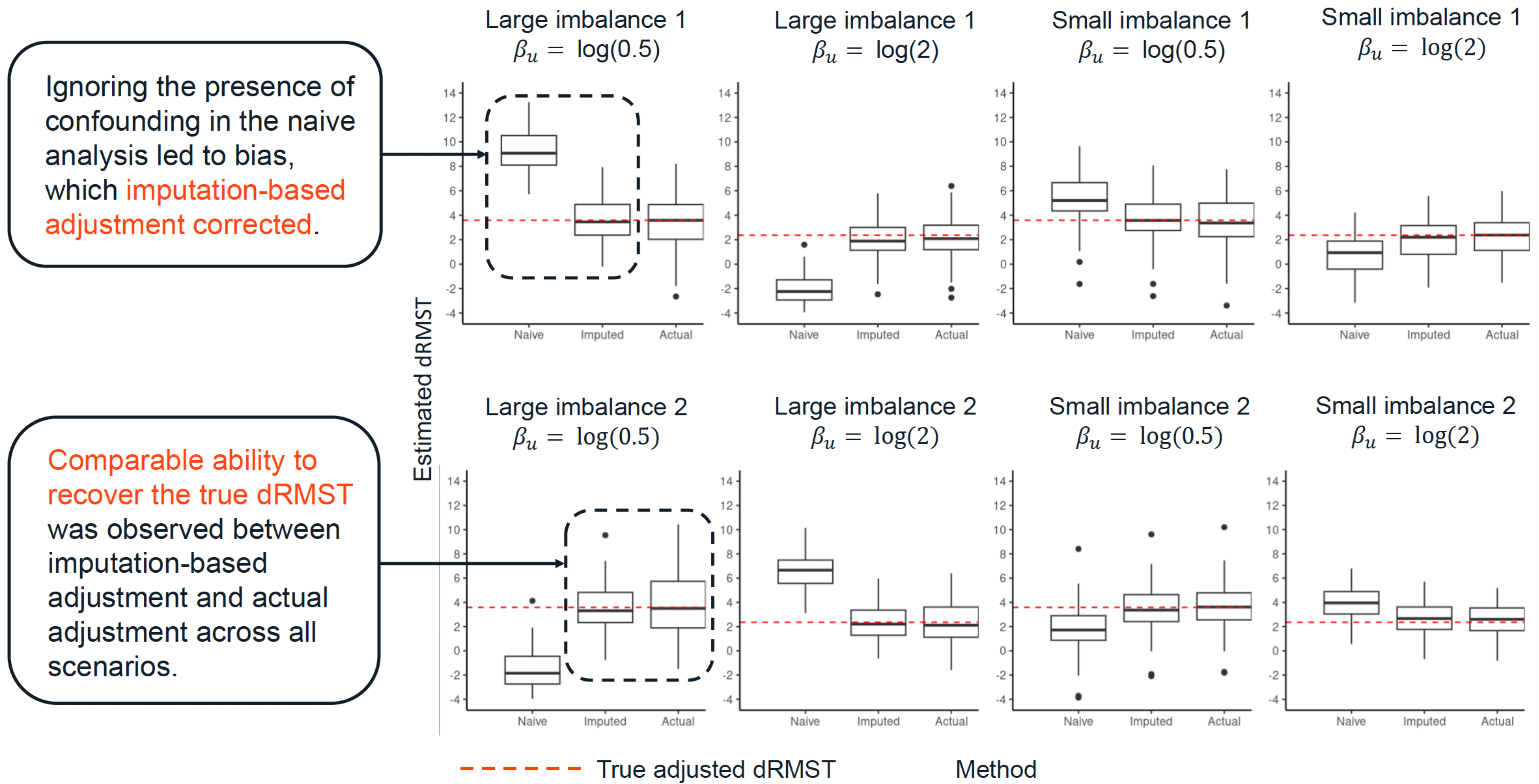
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