

# Goodness of fit in dose-response meta-analysis

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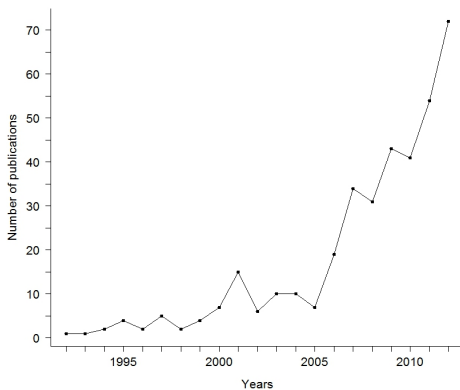
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## Introduction

### Dose-response meta-analysis

- ▶ Specific type of meta-analysis
- ▶ Define an overall trend from summarized data, where the exposure is categorized and the results presented in a tabular way
- ▶ Method first formalized by Greenland and Longnecker (1992)



- ▶ Number of published dose-response meta-analyses increases exponentially
- ▶ 42 in the first 4 months of 2013 (2 every week)
- ▶ 26 (60%) estimated linear trend
- ▶ Only 17 (40%) investigated non-linearity and provided a graphical presentation
- ▶ 39 (93%) assessed heterogeneity

- ▶ None overlaid the observed data points and the summary exposure-disease trend
- ▶ Define the degree of consistency of prior knowledge around a summary or pooled trend

## Aims

- ▶ Describe how to estimate dose-response relation
- ▶ Clarify how observed and fitted relative risks can be compared
- ▶ Propose a measure of goodness of fit

## Estimate dose-response relation

Two stage procedure:

### First stage

Define and estimate the dose-response association for each study  $j$  (linear, fractional polynomial, splines):

$p$ -th vector of estimates  $\beta_j$  and accompanying  $p \times p$  estimated covariance matrix  $\mathbf{V}_j$

### Second stage

Combine these estimates to obtain an overall measure of association

## Model definition

Log linear model for a single study (linear trend):

$$y_i = \beta_1 X_i + \epsilon_i \quad (1)$$

where  $y_i$  are the log of non referent relative risks,  $X_i$  the corresponding levels of exposure ( $x = 0$  correspond to the reference category).

NB: The model in equation (1) has no intercept: the log relative risk for the referent exposure is set equal to 0 (RR=1).

## GLS estimation

$\epsilon_j$  are not independent,  $Cov(\epsilon_j) = \Sigma$   
 $\Sigma$  can be estimated from the published data.

$\beta$  can be efficiently estimated by gls:

$$\hat{\beta} = (\mathbf{X}'\Sigma\mathbf{X})^{-1}\mathbf{X}'\Sigma^{-1}\mathbf{y} \quad (2)$$

$$\mathbf{V} = Cov(\hat{\beta}) = (\mathbf{X}'\Sigma\mathbf{X})^{-1} \quad (3)$$



## Second stage

Pool the estimates from the first stage:  $\hat{\beta} = [\hat{\beta}_1, \dots, \hat{\beta}_S]$

Multivariate random-effect meta-analysis:

$$\hat{\beta}_j \sim N_p(\beta, V_j + \psi) \quad (4)$$

Different methods for estimation: (full) maximum likelihood, restricted maximum likelihood or methods of moments

## Fit statistics

To assess and quantify presence of heterogeneity (second stage analysis):



$$Q = \sum_{j=1}^S [(\beta_j - \hat{\beta})' V_j^{-1} (\beta_j - \hat{\beta})] \quad (5)$$



$$I^2 = \frac{Q - df}{Q} \quad (6)$$

- ▶ Information Criteria, such as

$$AIC = -2l(\hat{\beta}, \hat{\psi}) + 2p \quad (7)$$

## Motivating example

**Table :** Case-control data on alcohol and breast cancer risk (Rohan and Michael 1988)

gday	dose	case	control	n	crudeor	adjrr	lb	ub
Ref.	0	165	172	337	1.00	1.00	1.00	1.00
<2.5	2	74	93	167	0.83	0.80	0.51	1.27
2.5-9.3	6	90	96	186	0.98	1.16	0.73	1.85
>9.3	11	122	90	212	1.41	1.57	0.99	2.51

Linear trend:

$$\log(\text{adjrr}) = \beta_1 X_i + \epsilon_i$$

```
library(dosresmeta)
data(cc_ex)

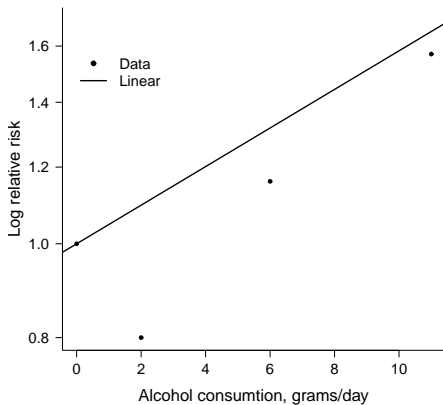
mod <- dosresmeta(formula = logrr~0 + dose, study="cc",
                  cov =c(case, n), se=c(loglb, logub), data=cc_ex)

mod$Param

  id      Estimate Std. Error  z value  Pr(>z)
1  1 dose  0.046      0.02051    2.24    0.025

mod$fit.stat

  id Q    Pr(>chi2)  log ll
1  1 1.93  0.382      0.790
```



**Figure :** Comparison between corrected and uncorrected prediction

## De-correlate data points: a single study

Consider  $y$ ,  $\mathbf{X}$  and  $\Sigma$ :

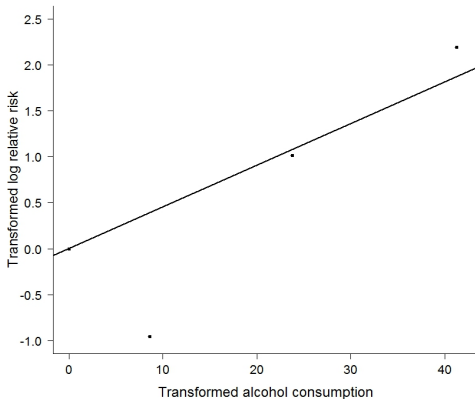
$\mathbf{L}$  is the Cholesky decomposition of  $\Sigma$ ,  $\Sigma = \mathbf{L}\mathbf{L}'$

$$\begin{aligned}y^* &= \mathbf{L}^{-1}y \\ \mathbf{X}^* &= \mathbf{L}^{-1}\mathbf{X}\end{aligned}\tag{8}$$

Model in equation (1) can be re-formulated as:

$$y^* = \mathbf{X}^*\beta^* + \epsilon^*\tag{9}$$

NB: Parameter estimates do not change:  $\hat{\beta}^* = \hat{\beta}$



**Figure :** Data points and fitted trend corrected for covariance of log relative risks, based on decorralate data

## De-correlate data points: several studies

Consider  $m$  studies:

First decorrelate observations in each study (eq. 8)

Pool data by concatenating  $y_j^*$  and  $\mathbf{X}_j^*$ :

$$y^* = \begin{bmatrix} y_1^* \\ \vdots \\ y_j^* \\ \vdots \\ y_m^* \end{bmatrix} \quad \mathbf{X}^* = \begin{bmatrix} \mathbf{X}_1^* \\ \vdots \\ \mathbf{X}_j^* \\ \vdots \\ \mathbf{X}_m^* \end{bmatrix}$$



## A measure of goodness of fit

(fixed effect) model in eq. 4 can be re-formulated as:

$$y^* = \mathbf{X}^* \beta^* + \epsilon^* \quad (10)$$

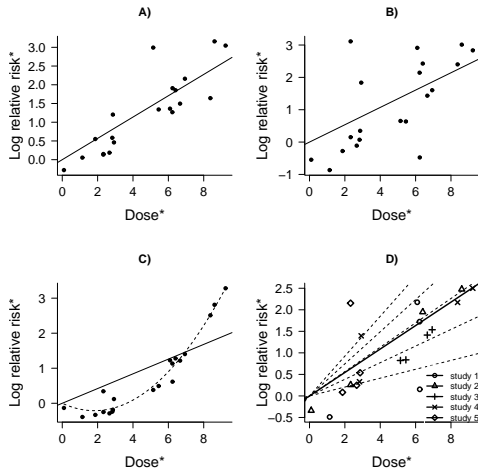
$R^2$  can be adopted to assess the fit of the analysis:

$$R^2 = 1 - \frac{\sum_{j=1}^S \sum_{i=1}^{n_j} (y_{ij}^* - \mathbf{X}_{ij}^* \beta)^2}{\sum_{j=1}^S \sum_{i=1}^{n_j} y_{ij}^{*2}} \quad (11)$$

where  $\beta$  is estimated from the fixed effect model in eq. 4.

## Properties

- ▶ Well known measure of goodness of fit in traditional context
- ▶ Simple computation
- ▶ Based on all data points
- ▶ Simple and intuitive interpretation
- ▶ Unit-less measure, range:  $[0,1]$
- ▶ Evaluate the agreement low, moderate, considerable and high to  $R^2$  in the range of  $[0,25]$ ,  $(25,50]$ ,  $(50,75]$  and  $(75,100]$



**Figure :** Different causes for disagreement

## Body Mass Index and renal cell cancer risk

$R^2$  can help to compare the fit of different analyses:

- ▶ Linear Trend

$$\log(RR_{ij}) = \beta_{1j}X_{ij} + \epsilon_{ij} \quad (12)$$

```
dosresmeta(formula = logor~dose, study=c(id, studyt),  
            cov=c(case ,n), se=selogor, data=bmi_rc)
```

- ▶ Non-linear relation (restricted cubic spline)

$$\log(RR_{ij}) = \beta_{1j}X_{1ij} + \beta_{2j}X_{2ij} + \epsilon_{ij} \quad (13)$$

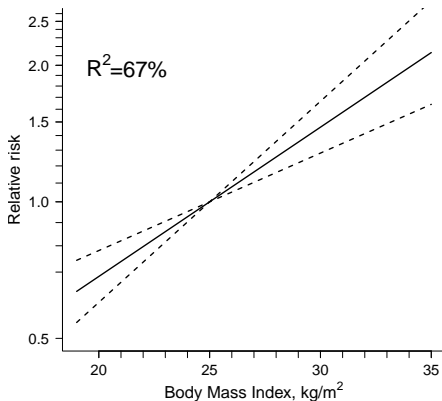
```
dosresmeta(formula = logor~dose+doses, study=c(id, studyt),  
            cov=c(case ,n), se=selogor, data=bmi_rc)
```

**Table :** Estimated coefficients for linear and non-linear dose-response meta-analysis of BMI and renal cancer risk

Estimate	Parameter	Estimate	Std. Error	z	Pr(> z )
Linear	$\beta_1$	0.076	0.013	5.6	<0.001
Non-linear	$\beta_1$	0.038	<0.001	1.6	0.100
	$\beta_2$	0.056	0.033	1.7	<b>0.084</b>

**Table :** Fit statistics for linear and non-linear dose-response for dose-response meta-analysis of BMI and renal cancer risk

	Q	p-value	I <sup>2</sup>	R <sup>2</sup>
Linear	14.1	<b>0.049</b>	<b>50</b>	<b>67</b>
Non-linear	22.4	<b>0.071</b>	<b>37</b>	<b>70</b>



**Figure :** Predicted dose-response association between BMI and risk of renal cell cancer

## Alcohol intake and colorectal cancer

$R^2$  may warn about lack of fit even if  $Q$  statistic and  $I^2$  do not reveal any problems.

We compare two analyses:

- ▶ Linear trend

$$\log(RR_{ij}) = \beta_j X_{ij} + \epsilon_{ij} \quad (14)$$

- ▶ Non-linear relation (restricted cubic spline):

$$\log(RR_{ij}) = \beta_{1j} X_{1ij} + \beta_{2j} X_{2ij} + \epsilon_{ij} \quad (15)$$

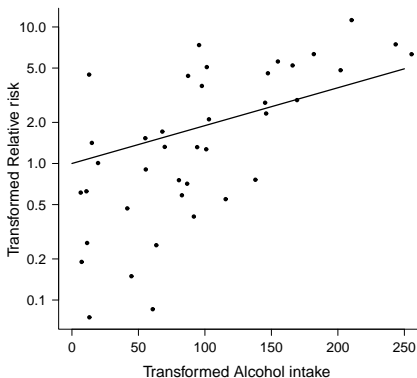
**Table :** Estimated coefficients for linear and non-linear dose-response meta-analysis of alcohol intake and risk of colorectal cancer

Estimate	Parameter	Estimate	Std. Error	z	Pr(> z )
Linear	$\beta_1$	0.006	0.001	4.7	<0.001
Non-linear	$\beta_1$	-0.001	<0.001	-0.3	0.800
	$\beta_2$	0.021	0.010	2.0	<b>0.045</b>

**Table :** Fit statistics for linear and non-linear dose-response meta-analysis between alcohol intake and risk of colorectal cancer

	Q	p-value	$I^2$	$R^2$
Linear	4.7	<b>0.702</b>	<b>0</b>	<b>32</b>
Non-linear	14.2	<b>0.432</b>	<b>2</b>	<b>38</b>





**Figure :** Predicted dose-response relation based on decorrelate data for dose-response meta-analysis between alcohol intake and colorectal cancer

## Alcohol consumption and risk of esophageal cancer

$R^2$  provides a different information from the usual fit statistics.

- ▶ Fractional Polynomials:

$$\log(RR_{ij}) = \beta_1 X_{ij} + \beta_2 X_{ij} \log(X_{ij}) + \epsilon_{ij} \quad (16)$$

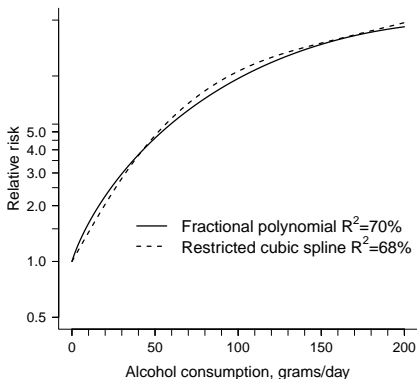
- ▶ Restricted cubic spline:

$$\log(RR_{ij}) = \beta_{1j} X_{1ij} + \beta_{2j} X_{2ij} + \epsilon_{ij} \quad (17)$$

**Table :** Fit statistics for fractional polynomial and spline analysis in dose-response meta-analysis between alcohol and esophageal cancer

	$R^2$	AIC
Fractional Polynomial	70	-115.5
Spline	68	-44.9

- ▶ AIC tells us which one is better
- ▶  $R^2$  evaluates how much the fit differ



**Figure :** Predicted dose-response relations based on fractional polynomial and restricted cubic spline models for dose-response meta-analysis between alcohol and esophageal cancer

## Conclusion

- ▶ Increasing number of published dose-response meta-analyses
- ▶ Fit statistics refer to statistical heterogeneity
- ▶ No measure of agreement between observed and modeled data

## Strengths

- ▶ A possible graphical comparison
- ▶  $R^2$  as summary measure of agreement
- ▶ Improve the current practice
- ▶ **dosresmeta** R package available at <http://cran.r-project.org/>

## Further investigations

- ▶ sensitivity analysis related to influential points;
- ▶ analysis of potential bias;
- ▶ development of robust methods;
- ▶ modeling risk instead of relative risk;
- ▶ including time dimension;
- ▶ improvements in the "**dosresmeta**" R package

# Thank you!

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