Identifying publication bias in meta-analysis of continuous outcomes

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Cochrane Learning Live Webinar

9\textsuperscript{th} July 2020

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Outline

• Introduction
• Motivating example: Postoperative pain
• Proposed new approach for identifying funnel plot asymmetry
• Simulation study
• Conclusions
• References
“The conclusions of the review may be compromised when decisions about how, when and where to report results of eligible studies are influenced by the nature and direction of the results.”

Introduction

• Cochrane Handbook recommends assessing meta-analyses for evidence of publication bias
  – The GRADE approach, grades the certainty in the estimate of the treatment effect in a meta-analysis (high, moderate, low or very low)
  – If publication bias present, downgrade the certainty of evidence

• To date, little work on assessing publication bias in meta-analyses of continuous outcomes
Publication Bias

- Studies with positive findings are more likely to be published and are published more quickly than studies with negative findings.
- Often assessed using Egger’s linear regression test and visualised using funnel plots.
- Egger’s test = regression of effect size on its standard error weighted by inverse variance.
Egger’s test

- Egger’s test = regression of observed treatment effect size from trial \(i\) \((y_i)\) on its standard error \((se_i)\) weighted by inverse variance

\[
y_i = \alpha + \beta \times se_i + \varepsilon_i \text{ where } \varepsilon_i \sim N(0, se_i^2 \times \varphi)
\]

- \(\varphi\) is a multiplicative dispersion parameter estimated from the data which allows for heterogeneity inflation
Funnel Plots
Funnel Plots
Funnel Plots

- Mean Difference
- Standard Error

Studies:
- \( p < 1\% \)
- \( 1\% < p < 5\% \)
- \( 5\% < p < 10\% \)
- \( p > 10\% \)
Funnel Plots

Studies with non-significant results appear to be missing.
Funnel Plots

Note: Funnel plot asymmetry may not be caused by publication bias
Funnel Plots

Asymmetry

No asymmetry

Assumption: Asymmetry in funnel plot = evidence of publication bias
Postoperative Pain Example

- Large systematic review (339 RCTs; 25,348 patients) compared nine different postoperative analgesics to placebo in a series of pairwise meta-analyses.

- Outcome: 24 hour morphine consumption (in milligrams)
Postoperative Pain Funnel Plots

Mean difference in morphine consumption (mg)

- Control group morphine consumption <20 mg
- Control group morphine consumption 20-50 mg
- Control group morphine consumption >50 mg
Baseline Risk

• “Average risk of a patient to experience the outcome of interest if they have not been treated” (Achana et al. 2013)

• Often measured as the response in the control group

• Trials with a greater outcome in the control group offer greater potential for larger absolute reductions in the outcome
  – Treatment effect size is dependent on the outcome in the control group
Baseline Risk

- “Average risk of a patient to experience the outcome of interest if they have not been treated” (Achana et al. 2013)

- Often measured as the response in the control group

- Trials with a greater outcome in the control group offer greater potential for larger absolute reductions in the outcome
  - Treatment effect size is dependent on the outcome in the control group

Example: Postoperative length of stay in hospital

Baseline risk = Treatment interaction with baseline response
Postoperative Pain Example

Conclusion: Control group morphine consumption was a significant cause of heterogeneity for all nine postoperative analgesics.
The problem with Egger’s test in the presence of baseline risk?

• Reductions in morphine consumption are dependent on the amount of morphine consumed in the control group (i.e. baseline risk)

• Studies with higher baseline risks will have larger standard deviations

• If treatment effect estimates are also dependent on baseline risk then this may cause correlation between mean differences (x-axis) and standard errors (y-axis) which could result in funnel plot asymmetry even in the absence of publication bias
Postoperative Pain Funnel Plots

Mean difference in morphine consumption (mg)

Standard Error

Control group morphine consumption <20 mg
Control group morphine consumption 20-50 mg
Control group morphine consumption >50 mg
Proposed New Approach

- Two steps:
  1. Fit meta-regression including baseline risk as a study-level covariate
  2. Regression test of the residuals

- Plot residuals on x-axis against standard error, sample size or inverse sample size on y-axis
Step 1: Meta-regression including BR

Residuals are generated from:

\[ \hat{y}_i = \alpha + \beta \hat{\mu}_i + u_i + \hat{\sigma}_i \epsilon_i \]

Where:

\( \hat{y}_i \) is the observed mean difference from study \( i \)
\( \alpha \) and \( \beta \) are the intercept and slope of the regression, respectively
\( \hat{\mu}_i \) is the observed mean response of the control arm in study \( i \)
\( u_i \) is a random effect term, \( u_i \sim N(0, \tau^2) \)
\( \hat{\sigma}_i \epsilon_i \) is the random error term where \( \hat{\sigma}_i^2 \) is the sample variance of \( \hat{y}_i \)
Step 2: Regression Test

- Regression test on residuals following adjustment for BR with standard error as the predictor
- Regression test on residuals following adjustment for BR with sample size as the predictor
- Regression test on residuals following adjustment for BR with inverse sample size as the predictor
Step 2: Regression Test

- Regression test on residuals following adjustment for BR with **standard error** as the predictor

\[ \text{residual}_i = \alpha + \beta (\text{se}(\text{residual}_i)) + \varepsilon_i \text{ where } \varepsilon_i \sim N(0, \text{se}(\text{residual}_i)^2 \varphi) \]

- Regression test on residuals following adjustment for BR with **sample size** as the predictor

\[ \text{residual}_i = \alpha + \beta (\text{sample. size}_i) + \varepsilon_i \text{ where } \varepsilon_i \sim N(0, s.e. (\text{residual}_i)^2 \varphi) \]

- Regression test on residuals following adjustment for BR with **inverse sample size** as the predictor

\[ \text{residual}_i = \alpha + \beta (1/\text{sample. size}_i) + \varepsilon_i \text{ where } \varepsilon_i \sim N(0, s.e. (\text{residual}_i)^2 \varphi) \]
Postoperative Pain Example - Gabapentin

Proposed New Approach
p = 0.55

Residuals from meta-regression accounting for baseline risk

Traditional Funnel Plot
p < 0.001

Mean Difference
Standard Error
Postoperative Pain Example

<table>
<thead>
<tr>
<th>Drug</th>
<th>Residuals p-value</th>
<th>Egger’s Test p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha-2 agonists</td>
<td>0.17</td>
<td>0.02</td>
</tr>
<tr>
<td>Gabapentin</td>
<td>0.55</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Lidocaine</td>
<td>0.60</td>
<td>0.02</td>
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<tr>
<td>NSAIDs</td>
<td>0.002</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>0.20</td>
<td>0.02</td>
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<tr>
<td>Pregabalin</td>
<td>0.01</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
Simulation study: Aims

1. Evaluate the proposed new two-step approach to establish its performance

2. Compare performance between different measures of study ‘size’ (standard error, sample size and inverse sample size)
Data Generating Mechanisms

- Four scenarios, two settings:
  - 30 trials (Scenarios 1, 2, 3 & 4)
  - 15 trials (Scenarios 5, 6, 7 & 8)

PB = Publication Bias, BR = Baseline Risk
Data Generation

No baseline risk

- Individual patients responses in control arm assumed to be normally distributed

\[ c_i \sim N(\mu_c, \sigma^2) \]

- Individual patient responses in the treatment arm assumed to be normally distributed but with a treatment effect added

\[ t_i \sim N(\mu_c + \text{trt. diff}, \sigma^2) \]
Data Generation

Baseline risk

- Individual patients responses in control arm assumed to be normally distributed with the standard deviation assumed to depend on the mean response of the control arm

\[ c_i \sim N(\mu_c, (\sigma + (0.5 \times \mu_c))^2) \]

- In the treatment arm both the treatment effect and standard deviation are assumed to depend on the mean response of the control arm

\[ t_i \sim N(\mu_c + trt. \ diff \ - (b. \ interaction \times \mu_c), (\sigma + (0.5 \times \mu_c))^2) \]

Data Generation

Publication bias

- Following generation of the control and treatment arms the estimated mean difference and associated variance were calculated for each trial.

- All trials with a treatment effect for which $p>0.05$ excluded from the meta-analysis with further trials generated until the pre-specified number of trials was reached.
Methods

1. Egger’s regression test on observed data *(standard error as the predictor)*

2. Regression test on residuals following adjustment for BR with standard error as the predictor

3. Regression test on observed data with sample size as the predictor

4. Regression test on residuals following adjustment for BR with sample size as the predictor

5. Regression test on observed data with inverse sample size as the predictor

6. Regression test on residuals following adjustment for BR with inverse sample size as the predictor
Other Details

- Estimand: Proportion of times the p-value for the funnel plot asymmetry test is ≤ 0.05
- Number of simulations = 10,000 meta-analyses per scenario
- $\mu_c$ took one of the values 20, 25, 30, 35, 40, 45 or 50
- Trial arm size took one of the values 15, 25 or 50 patients
- Data analysed using `metafor` package in R v3.6.0
Results: 30 trials

<table>
<thead>
<tr>
<th>Scenario</th>
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<tr>
<td></td>
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<td>Two-stage (Test meta-regression residuals adjusting for baseline risk)</td>
<td>Naïve / Conventional on observed data (Egger’s test)</td>
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<tr>
<td>1. no BR, no PB</td>
<td>0.0444</td>
<td>0.0438</td>
<td>0.0558</td>
</tr>
<tr>
<td>2. BR, no PB</td>
<td>0.6026</td>
<td>0.0780</td>
<td>0.0089</td>
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<tr>
<td>3. no BR, PB</td>
<td>0.6324</td>
<td>0.6249</td>
<td>0.5892</td>
</tr>
<tr>
<td>4. BR &amp; PB</td>
<td>0.9860</td>
<td>0.0067</td>
<td>0.3547</td>
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Results: 30 trials – No BR or PB

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- All tests for funnel plot asymmetry produce a significant result approximately 5% of the time
Results: 30 trials – BR only

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- Egger’s test incorrectly identifies funnel plot asymmetry 60% of the time
### Results: 30 trials – BR only

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<td>Two-stage (Test meta-regression residuals adjusting for baseline risk)</td>
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- Egger’s test incorrectly identifies funnel plot asymmetry 60% of the time
- After accounting for BR, sample size/inverse sample size correctly identifies funnel plot asymmetry 5-6% of the time
Results: 30 trials – PB only

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- All tests correctly identify evidence of PB approximately the same number of times
Results: 30 trials – BR & PB

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- Egger’s test identified asymmetry 99% of the time (but with only BR it identifies asymmetry 60% of the time anyway)
Results: 30 trials – BR & PB

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- After adjustment for baseline risk the asymmetry test on the residuals with sample size and inverse sample size is significant 36-40% of the time
Results: 15 trials

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</table>

Reduced from 60%

Reduced from 36-40%

- Otherwise, similar results to 30 trials
Funnel Plots from Simulation Study

Residuals/Mean Difference

Inverse Sample Size/Standard Error

Scenario 1
Scenario 2
Scenario 3
Scenario 4
Summary

• Meta-analyses often inform clinical decision making
  – Important to assess for evidence of publication bias
  – Publication bias can lead to the downgrading of evidence using GRADE

• However, little work to date on publication bias using continuous outcomes

• In the presence of baseline risk meta-analyses of continuous outcomes can exhibit considerable heterogeneity

• Tendency in postoperative pain for trials with higher control group morphine consumption to have larger standard deviations
  – Dependency between the mean difference (larger with higher baseline risk) and the standard errors (larger with higher baseline risk)
  – Can result in asymmetric funnel plots even in the absence of publication bias (scenarios 2 & 6)
Summary

• We proposed a new approach
  1. Meta-regression accounting for baseline risk
  2. Regression test on the residuals with sample size or inverse sample size as the predictor

• Simulation study showed the new proposed approach:
  – Performs similarly to conventional methods when baseline risk is not present
  – Reduces type 1 errors in the presence of baseline risk
  – Low power to detect publication bias in the presence of baseline risk if there are 30 or less studies
  – Performance of inverse sample size marginally better than sample size
Limitations

- Postoperative pain data from previously published reviews – only a small number searched for unpublished studies
  - Our sample likely susceptible to publication bias

- We did not consider extra unexplainable heterogeneity on top of that induced by the dependency of outcome on baseline risk in simulation study
  - We suspect such extra variability would reduce the power of the regression testing

- We used a two-stage approach (i.e. regression model followed by regression test)
  - Would be possible to achieve similar results with a one-stage approach
  - But one-stage would remove ability to plot residuals
  - Unclear whether the regression should have additive or multiplicative heterogeneity parameters
Conclusions

• Traditional funnel plots are not reliable for detecting asymmetric study effects for morphine consumption

• For mean difference outcomes, we recommend, first accounting for baseline risk in a meta-regression and then assess funnel plot asymmetry by regressing the residuals on inverse sample size
  – Present the results using a funnel plot with inverse sample size (y-axis) and residuals (x-axis)

• More research needed for other continuous outcomes e.g. standardised mean differences, ratio of means
References


Funnel plots may show asymmetry in the absence of publication bias with continuous outcomes dependent on baseline risk: presentation of a new publication bias test

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Funding: The Complex Reviews Support Unit (CRSU) is funded by the National Institute for Health Research (project number 14/178/29). The views and opinions expressed are those of the authors and do not necessarily reflect those of NIHR, NHS or the Department of Health.