



Methods for meta-analysis in medical research

Aurelio Tobias

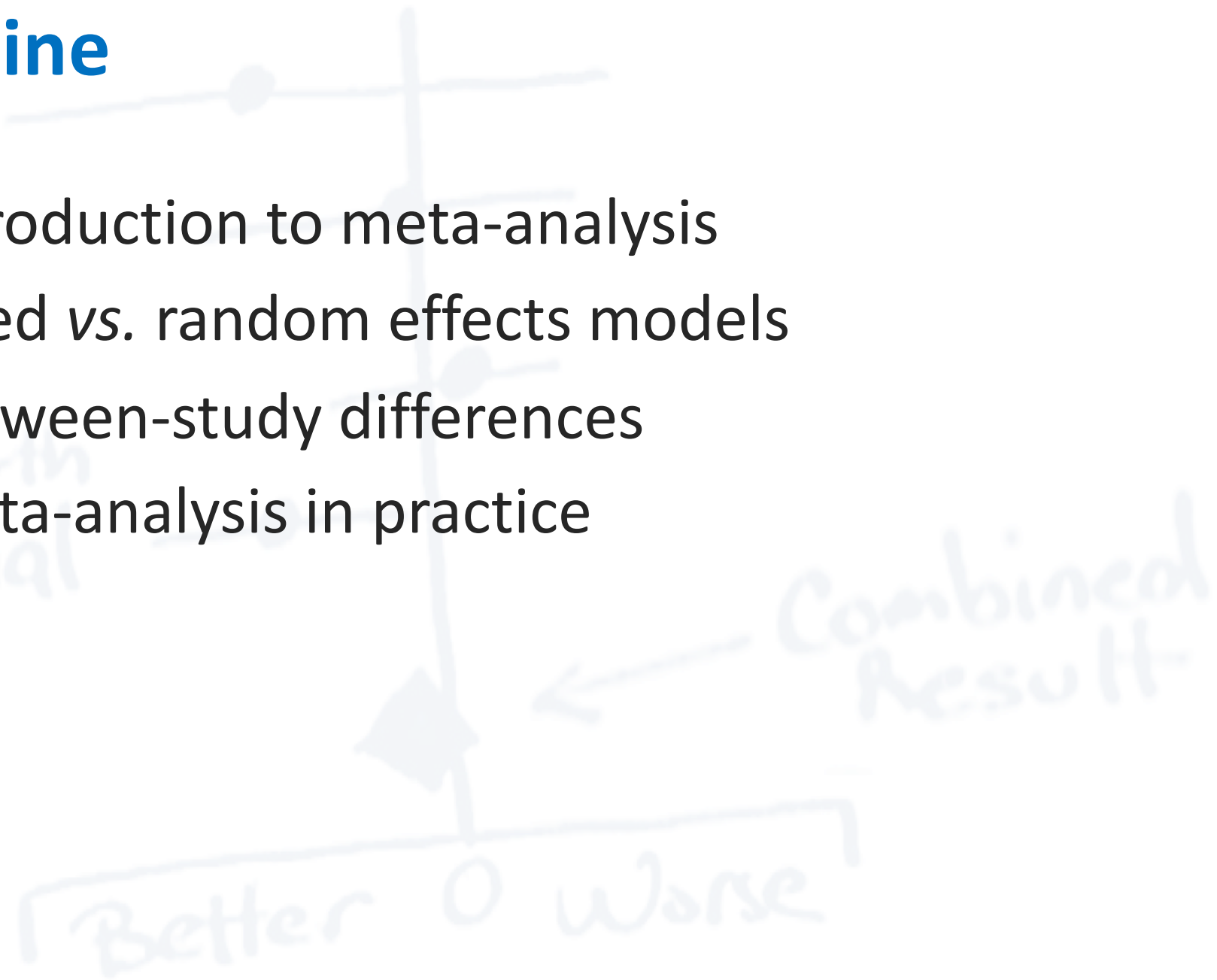
Spanish Council for Scientific Research (CSIC)



Better 0 worse

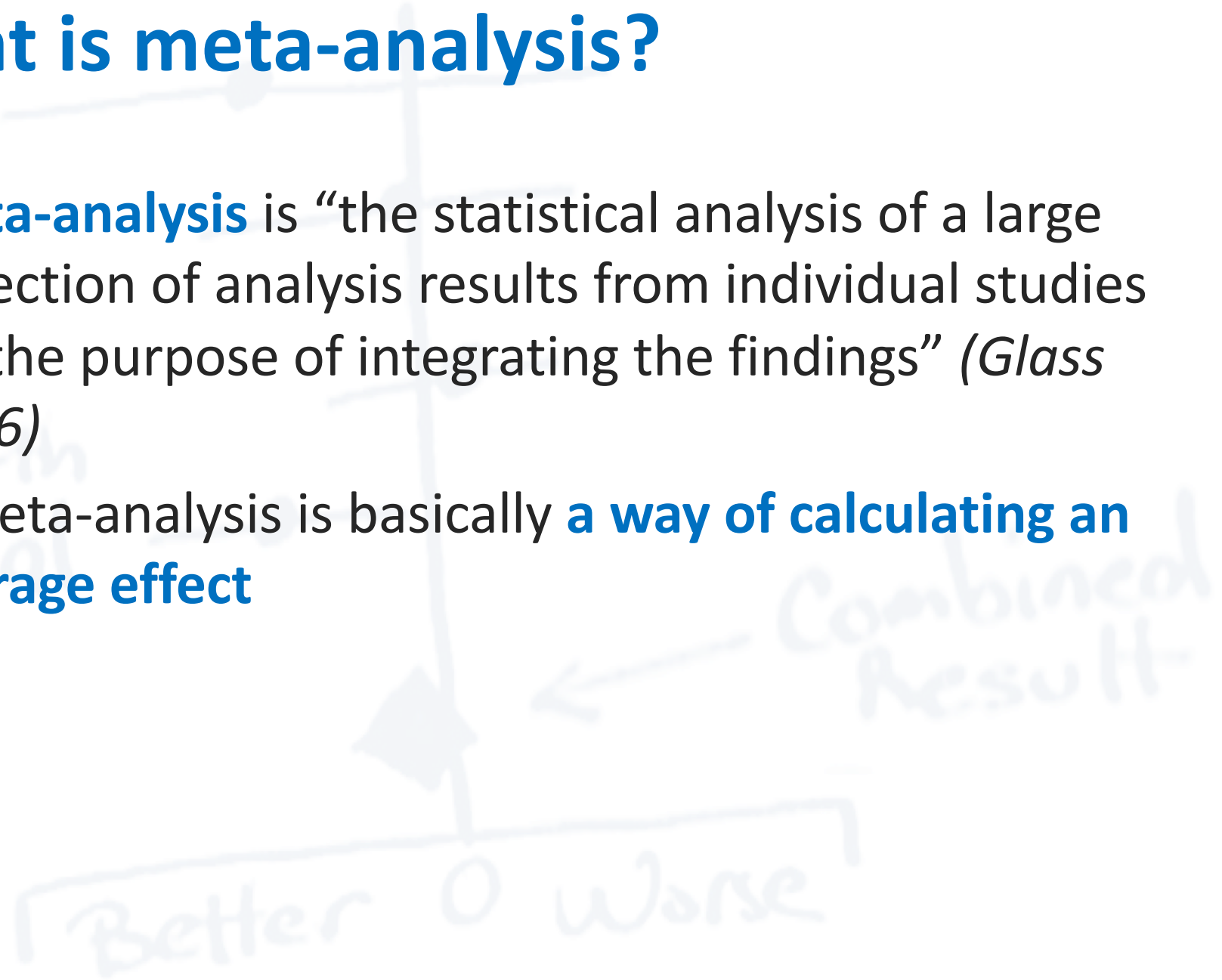
Outline

- Introduction to meta-analysis
- Fixed vs. random effects models
- Between-study differences
- Meta-analysis in practice



What is meta-analysis?

- **Meta-analysis** is “the statistical analysis of a large collection of analysis results from individual studies for the purpose of integrating the findings” (*Glass 1976*)
- A meta-analysis is basically **a way of calculating an average effect**



Usual meta-analysis *slang*

Statistical analysis. We estimated a pooled RE with 95% CI based on fixed- and random-effects models depending on the heterogeneity of the analysis. Statistical heterogeneity among studies included in the meta-analysis was assessed using the Q (10) and I^2 statistics (11).

Better 0 worse'

Where to use meta-analysis?

- Systematic reviews
 - Identification and evaluation of all the **available relevant scientific evidence**
 - Meta-analysis may be appropriate to **combine the estimates of studies** included in the systematic review

Forest
trial

Combined
Result

Better 0 Worse

Where to use meta-analysis?

- Systematic reviews
 - Identification and evaluation of all the **available relevant scientific evidence**
 - Meta-analysis may be appropriate to **combine the estimates of studies** included in the systematic review
- Multi-centre studies
 - Each participating **centre analyses its own individual data** under the same (or not) protocol
 - Meta-analysis may be appropriate to **combine the estimates reported** from each study-centre

Why do a meta-analysis?

- Objectives
 - To **increase statistical power** and precision
 - To **assess consistency** of results
 - To **answer questions** not comprised by the individual studies
- Views
 - Synthetic** view to summarise study results
 - Analytic** view to identify differences between study results

Better 0 Worse

Summarized data

- Effect size
 - i) Binary outcome
 - **Odds Ratio** (OR)
 - **Risk Ratio** (RR)
 - **Risk Difference** (RD)
 - ii) Continuous outcome
 - **Mean Difference** (D)
- Variability
 - i) **95% CI** (low, upp)
 - ii) Standard error (se)
 - iii) Variance (s^2)
- Converting between scales
 - 95% CI = effect size \pm 1.96 \times se
 - se = (upp – low)/(2 \times 1.96)
 - s^2 = se \times se

Better 0 Worse

Row data

- **Binary outcome**

<i>Group</i>	<i>Outcome</i>		$P_{(yes)}$
	<i>Yes</i>	<i>No</i>	
<i>Treat.</i>	a	b	$a/(a+b)$
<i>Control</i>	c	d	$c/(c+d)$

- Absolute risk (symmetric scale)

- **DR** = $(a/(a+b)) - (c/(c+d))$

- Relative risk (asymmetric scale)

- **RR** = $(a/(a+b)) / (c/(c+d))$

Row data

- **Binary outcome**

<i>Group</i>	<i>Outcome</i>		<i>Odds_(yes)</i>
	<i>Yes</i>	<i>No</i>	
<i>Treat.</i>	a	b	a/b
<i>Control</i>	c	d	c/d

- Absolute risk (symmetric scale)

- **DR** = $(a/(a+b)) - (c/(c+d))$

- Relative risk (asymmetric scale)

- **RR** = $(a/(a+b)) / (c/(c+d))$

- **OR** = $(a/b) / (c/d)$

Row data

- **Binary outcome**

<i>Group</i>	<i>Outcome</i>	
	<i>Yes</i>	<i>No</i>
<i>Treat.</i>	a	b
<i>Control</i>	c	d

- Absolute risk (symmetric scale)

- **DR** with $s^2_{DR} = (ab/(a+b)^3) - (cd/(c+d)^3)$

- Relative risk (asymmetric scale)

- **RR** with $s^2_{\log(RR)} = (1/a) - (1/(a+b)) + (1/c) - (1/(c+d))$

- **OR** $s^2_{\log(OR)} = (1/a) + (1/b) + (1/c) + (1/d)$

Row data

- **Continuous outcome**

<i>Group</i>	<i>Outcome</i>		
	<i>n</i>	<i>mean</i>	<i>(sd)</i>
<i>Treat.</i>	n_1	m_1	(s_1)
<i>Control</i>	n_2	m_2	(s_2)

- Mean difference

- $D = m_1 - m_2$ with $s^2_D = ((n_1-1)s_1^2 + (n_2-1)s_2^2) / (n_1+n_2-2)$

- Standardized mean difference

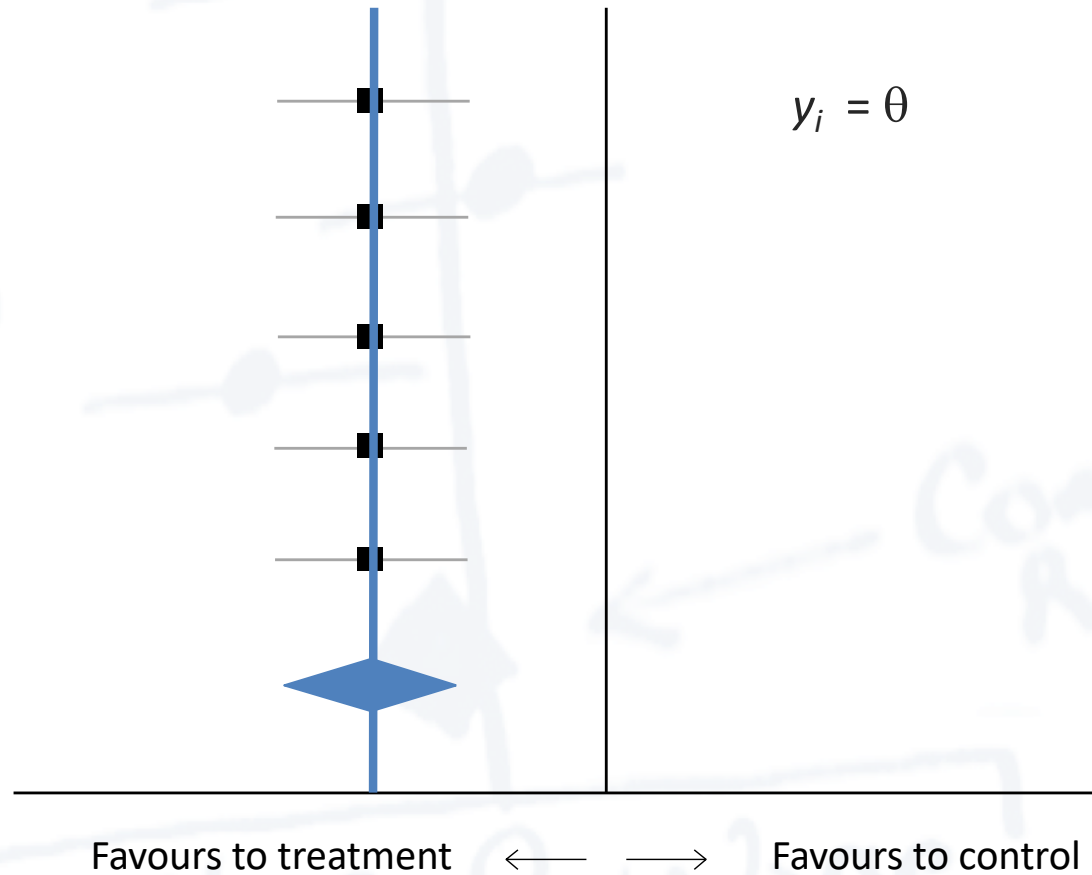
- $d = (m_1 - m_2) / s$ with $s^2_d = (n_1+n_2) / (n_1n_2) + d^2 / 2(n_1+n_2-2)$

and $v((n_1-1)s_1^2 + (n_2-1)s_2^2) / (n_1+n_2-2)$

Fixed effects model

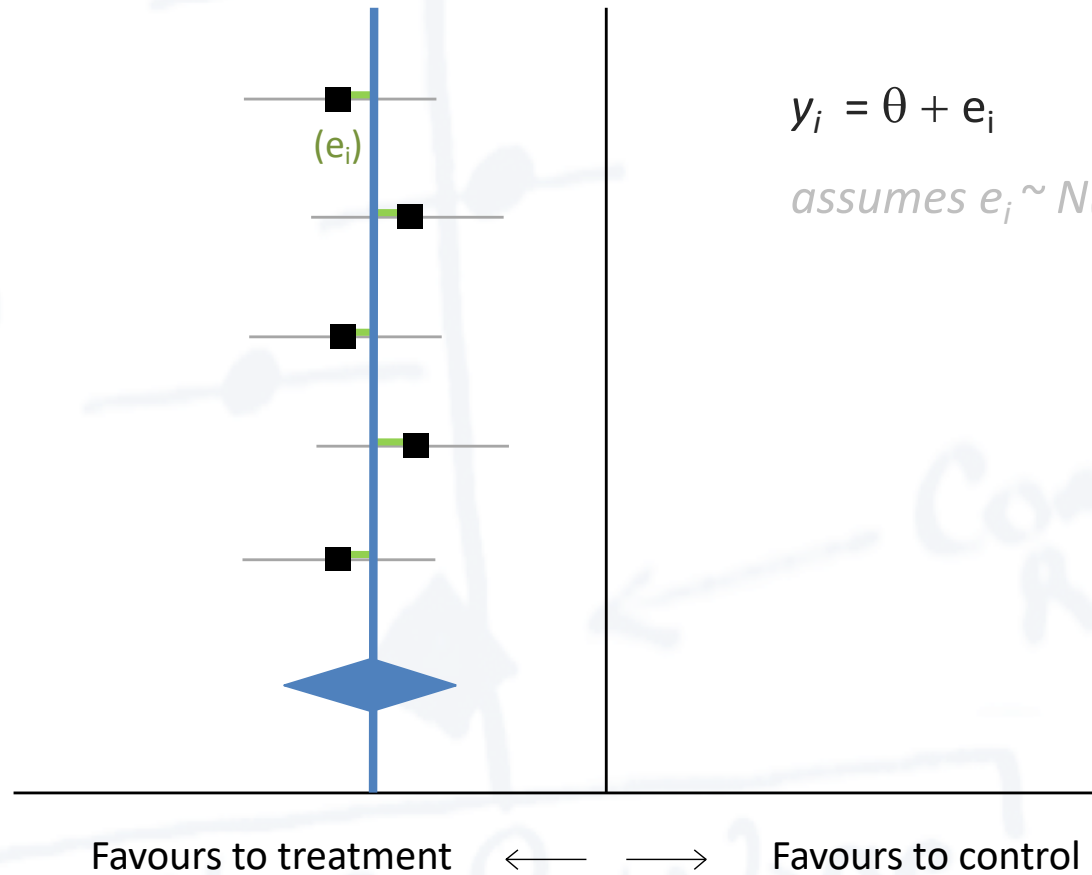
Common fixed effect (θ)

$$y_i = \theta$$



Fixed effects model

Common fixed effect (θ)



Fixed effects model

- Assumes **homogeneity of effects**

$$H_0: y_1 = y_2 = \dots = y_k$$

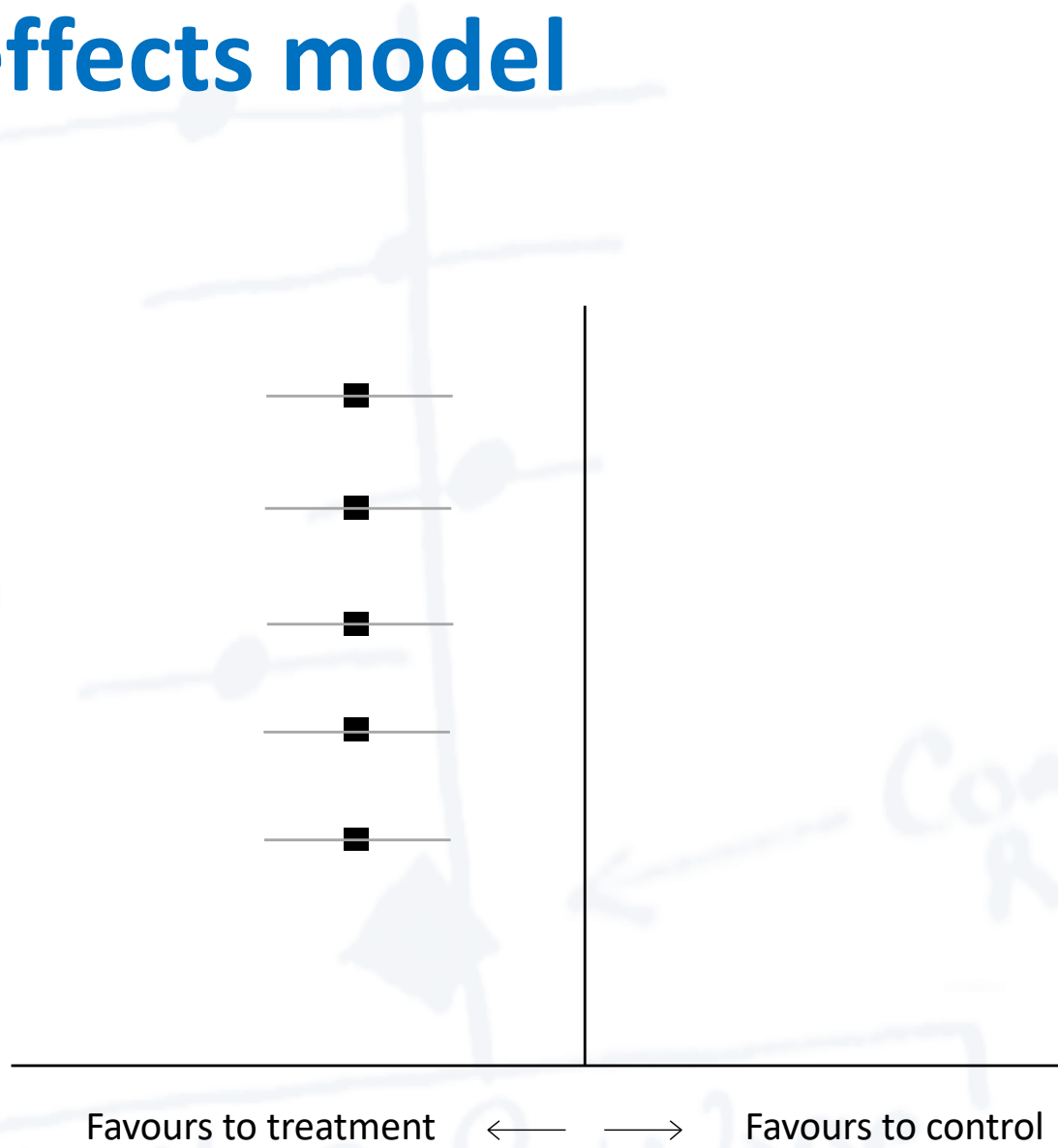
- Meta-analysis **pooled estimate**

$$\hat{\theta} = \sum w_i y_i / \sum w_i \quad \text{with } s_{\hat{\theta}}^2 = 1 / \sum w_i$$

- With weights as $w_i = 1/s_i^2$
- **Inverse variance weight** method (Cochran 1937)

Fixed effects model

Fourth trial



Combined Result

Favours to treatment

Favours to control

Better 0 Worse

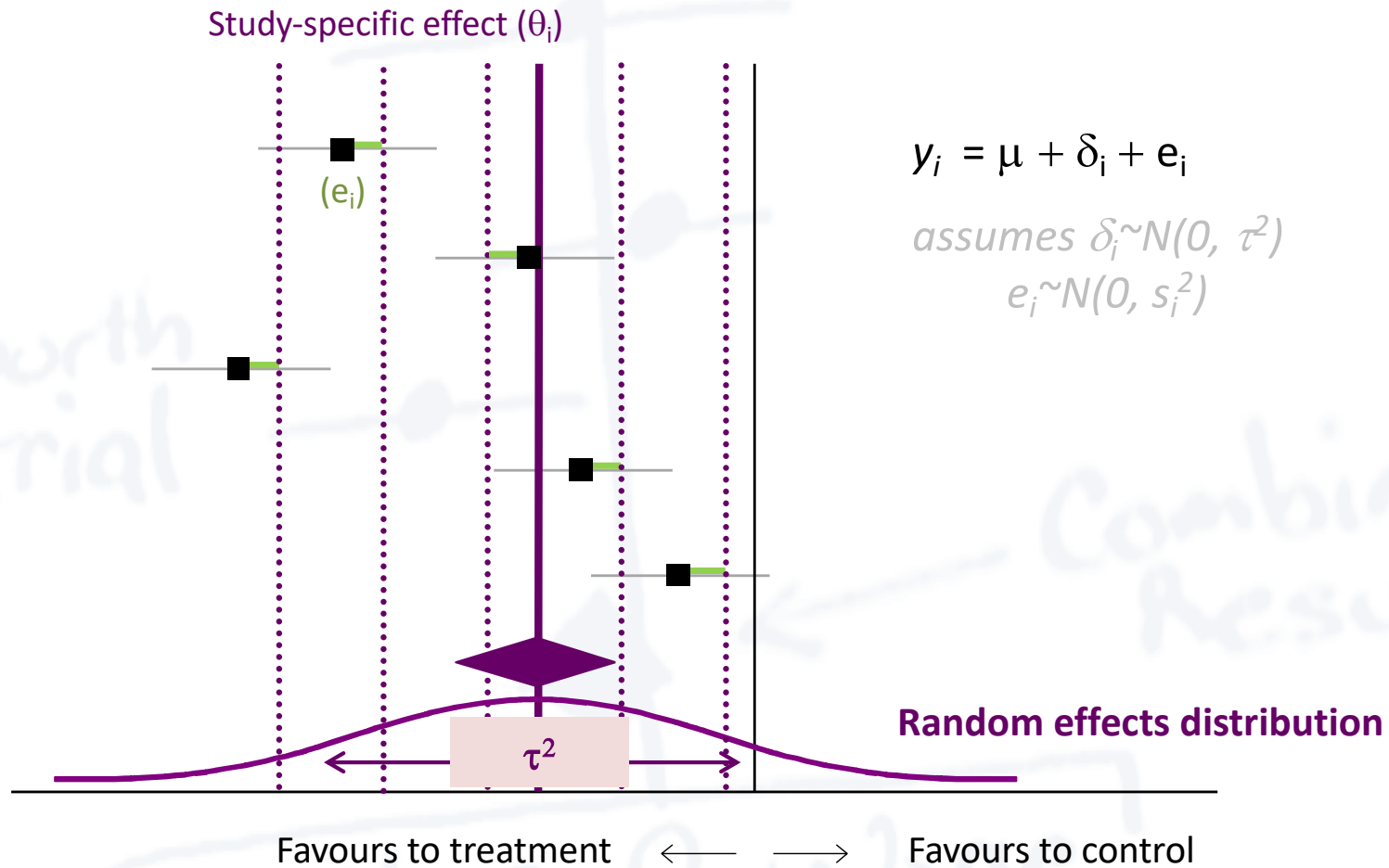
Fixed effects model



Random effects models



Random effects models



Random effects model

- Assumes that the **treatment effect in each study is randomly distributed** across studies, with a given mean and variance (τ^2)
- Meta-analysis **pooled estimate**

$$\hat{\mu} = \sum w_i^* y_i / \sum w_i^* \quad \text{with } s_{\hat{\mu}}^2 = 1 / \sum w_i^*$$

- With weights as $w_i^* = 1/(s_i^2 + \tau^2)$
- **DerSimonian & Laird's** method (1986)

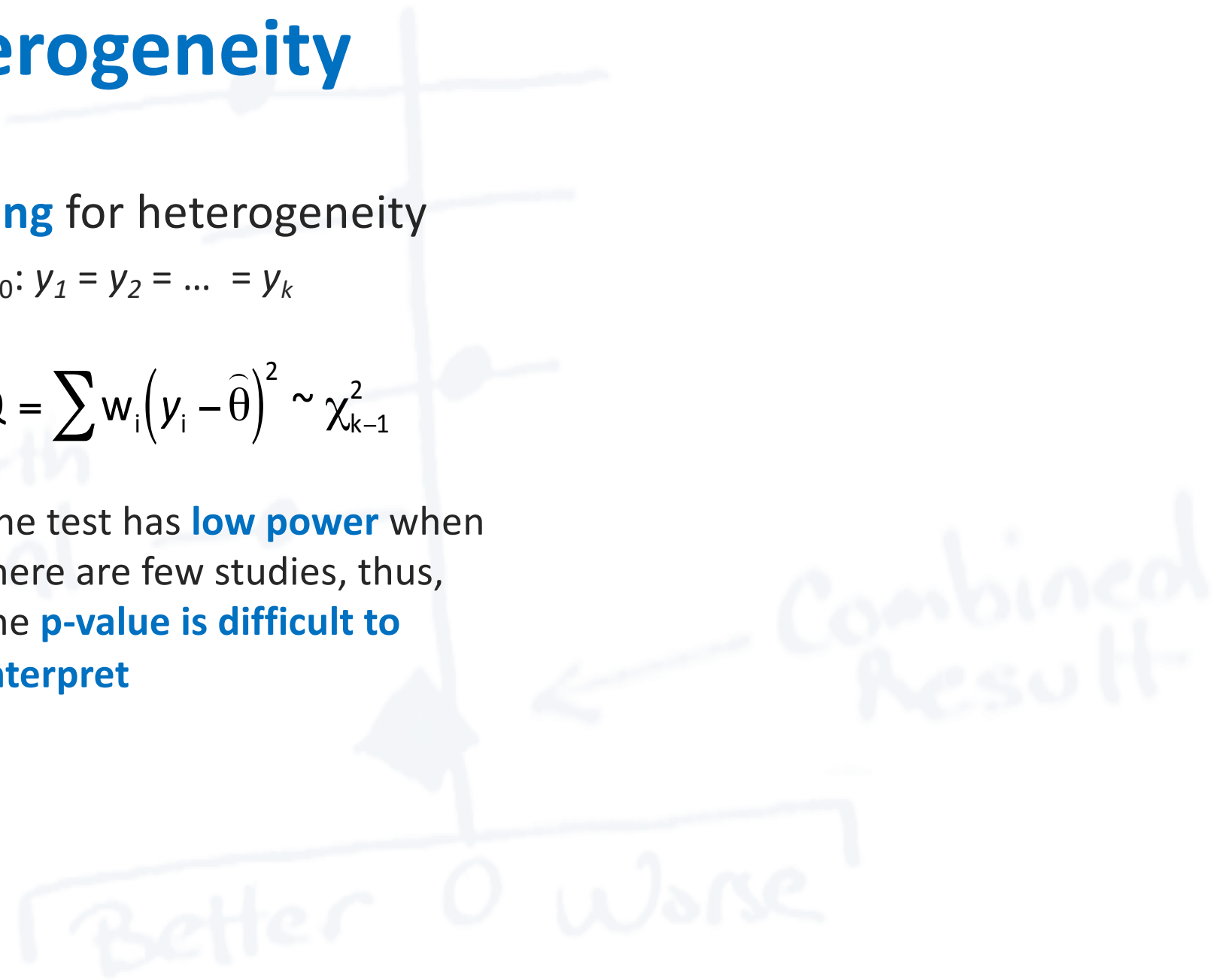
Heterogeneity

- **Testing** for heterogeneity

- $H_0: y_1 = y_2 = \dots = y_k$

$$Q = \sum w_i (y_i - \hat{\theta})^2 \sim \chi_{k-1}^2$$

- The test has **low power** when there are few studies, thus, the **p-value is difficult to interpret**



Heterogeneity

- **Testing for heterogeneity**

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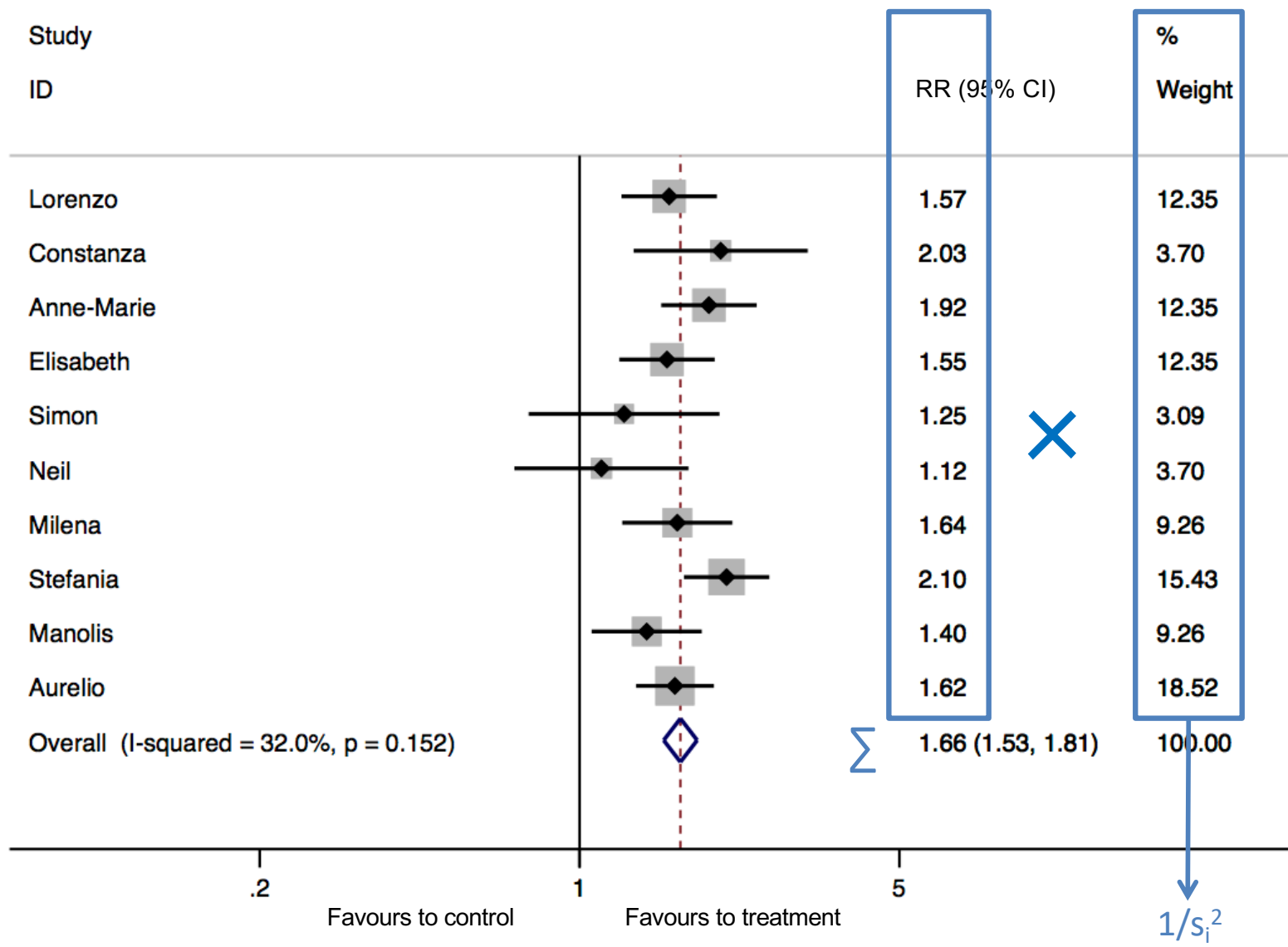
- The test has low power when there are few studies, but high when there are many, so the **p-value is difficult to interpret**

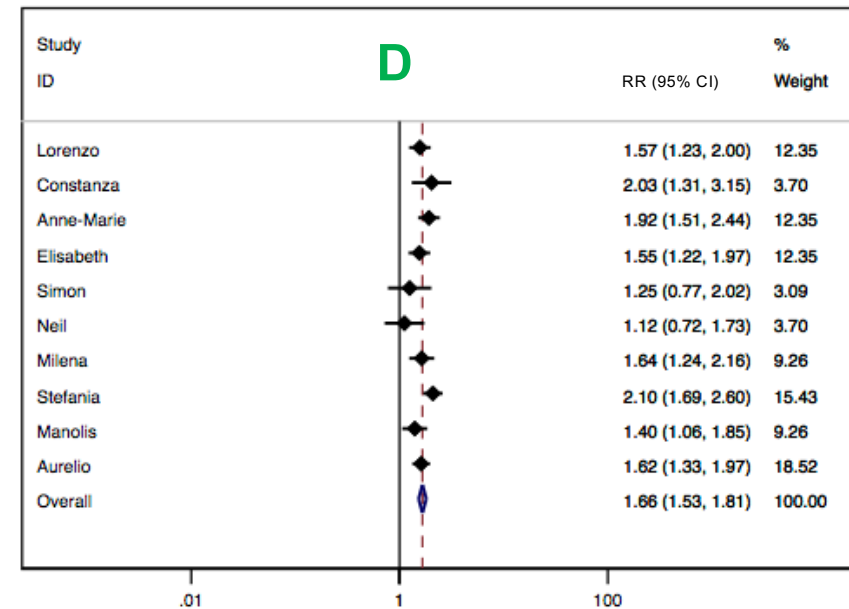
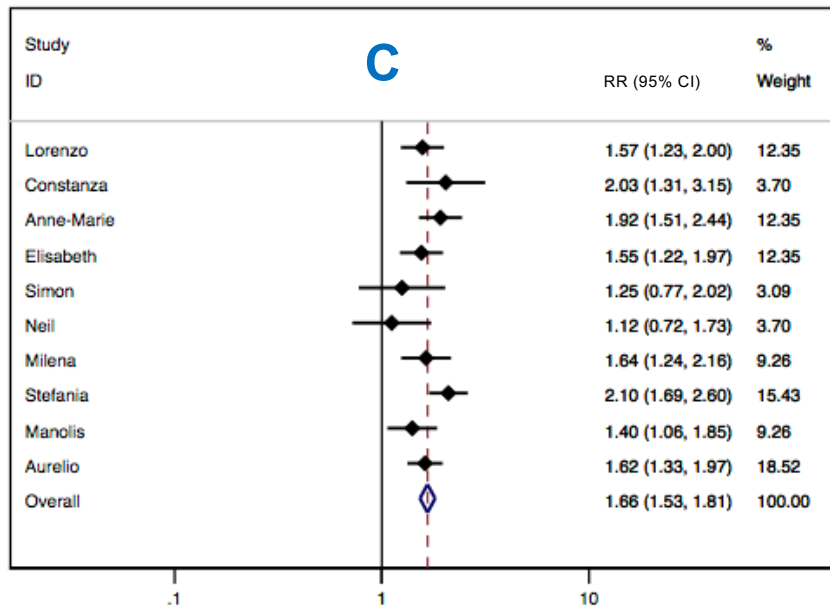
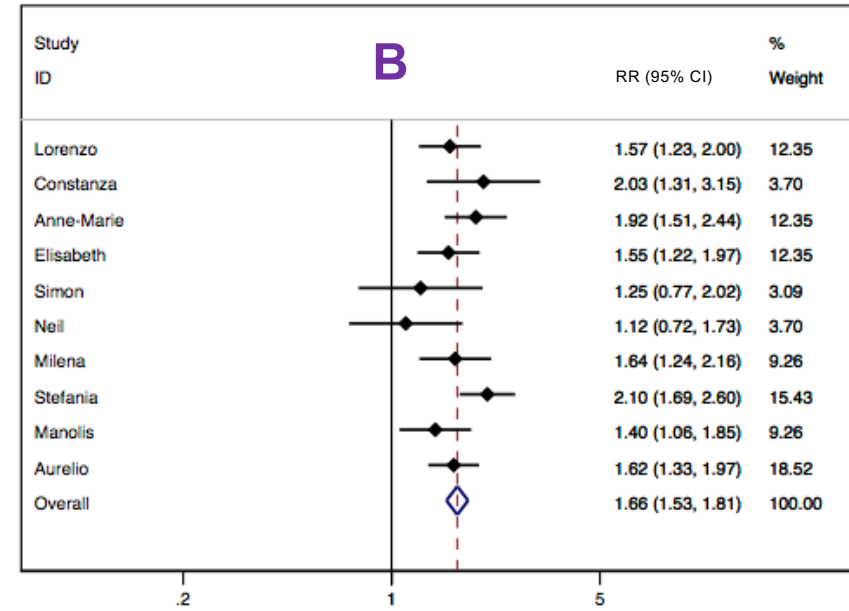
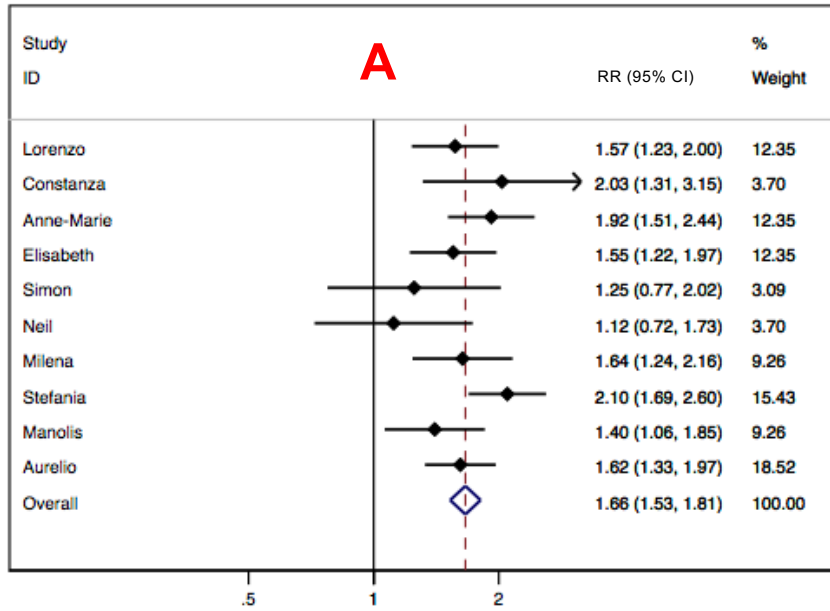
- **Quantifying** heterogeneity

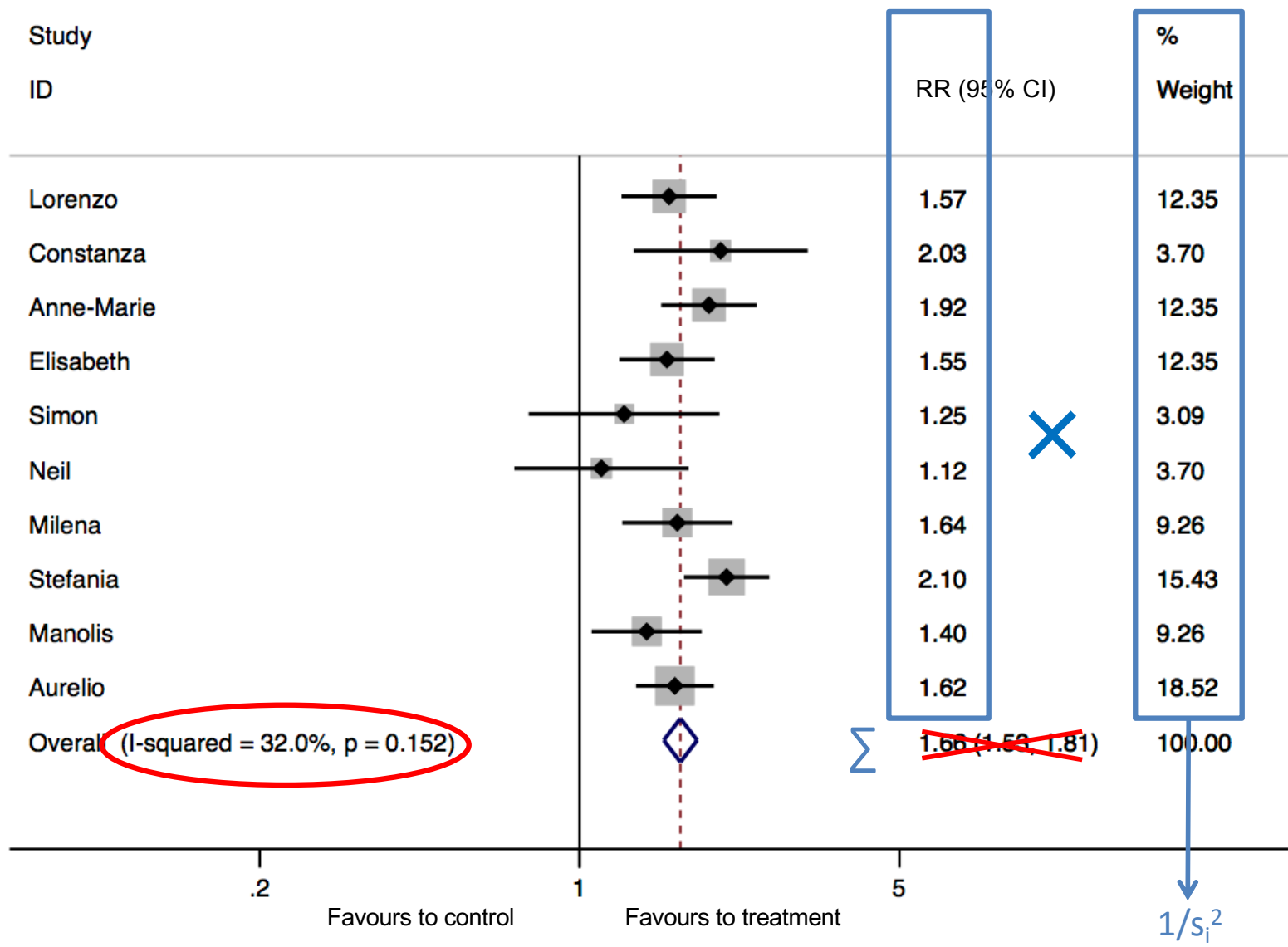
- Based on Q s

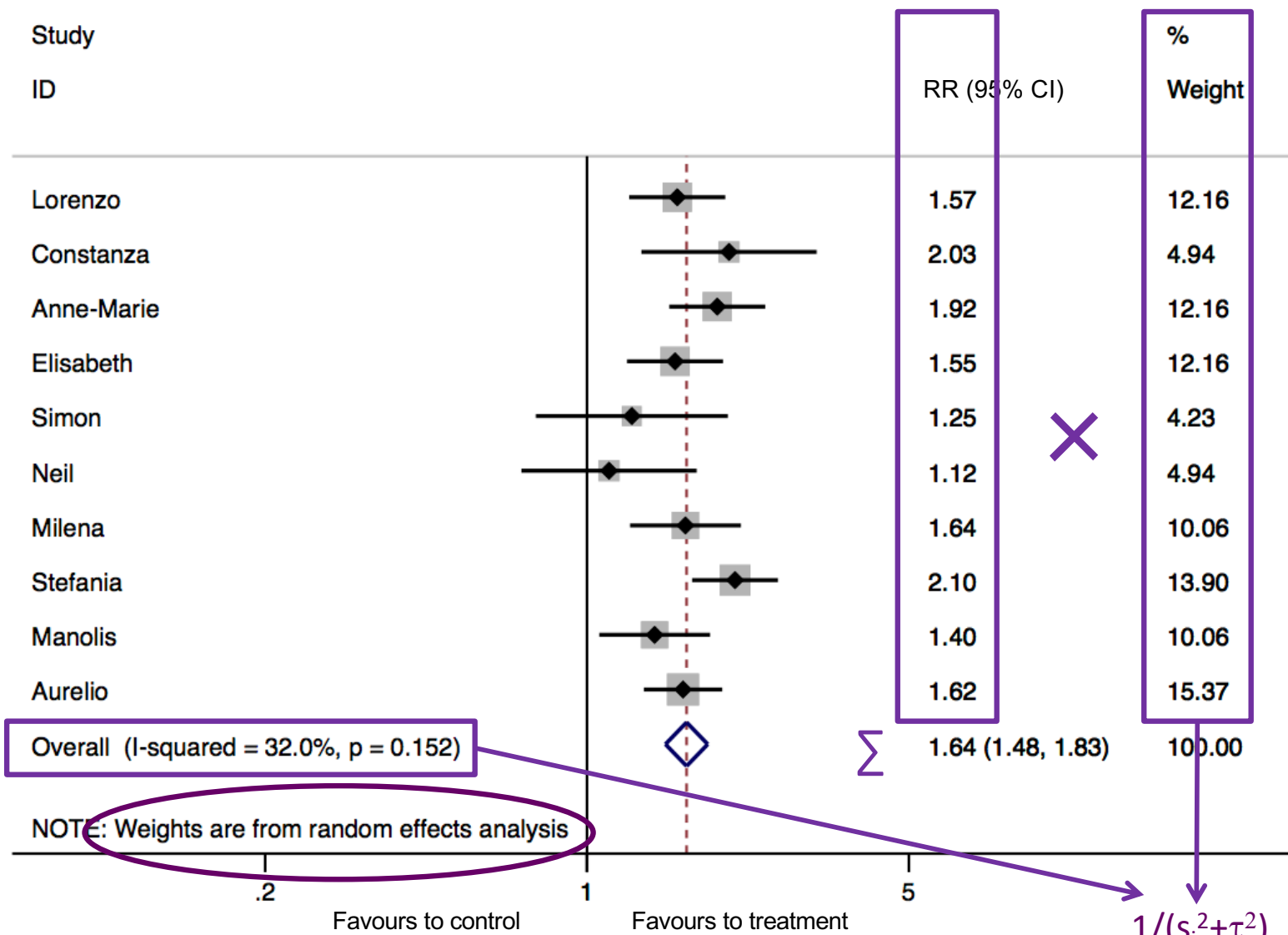
$$I^2 = \frac{Q - (k - 1)}{Q} \times 100\%$$

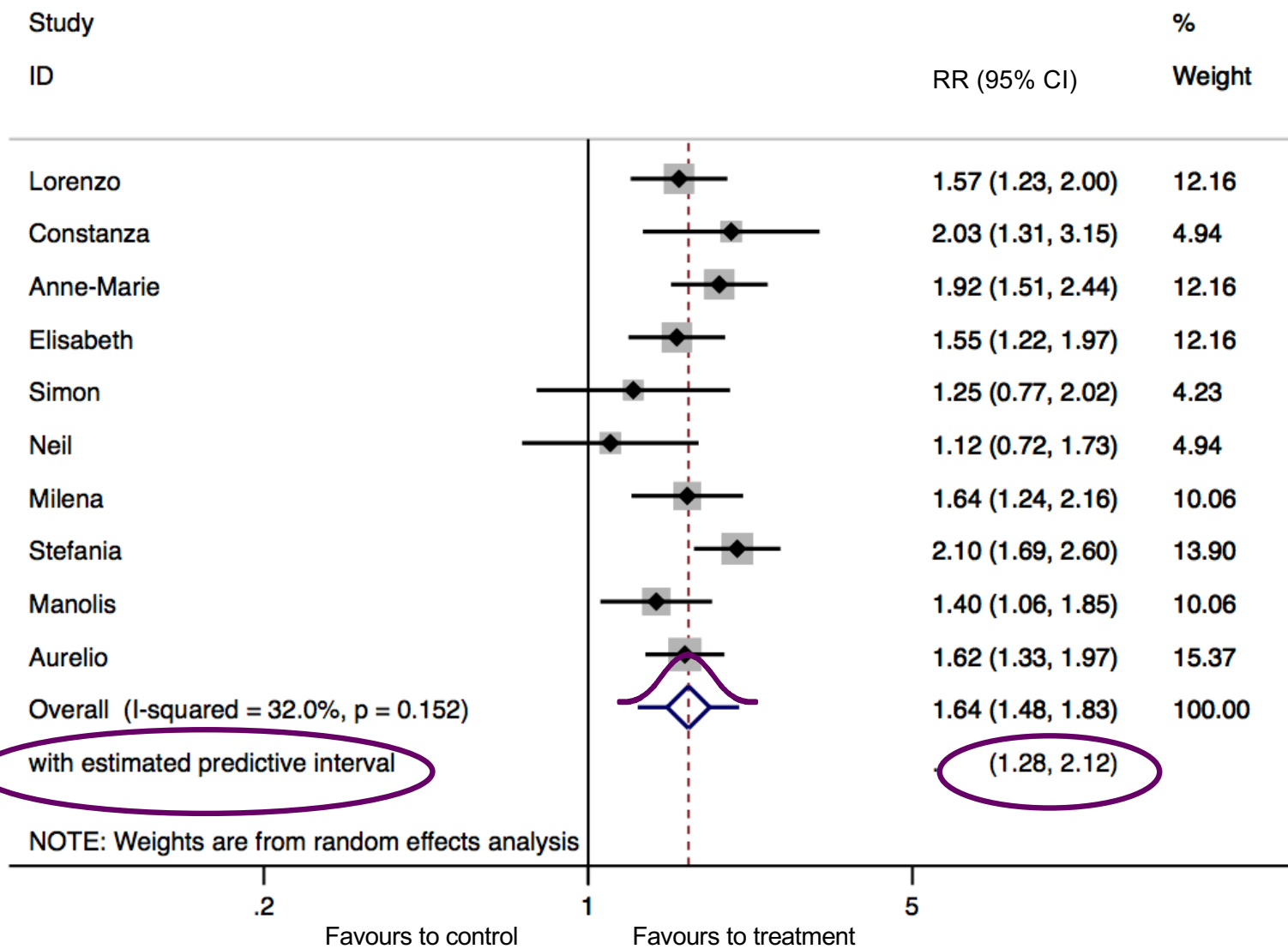
- Proportion of total variability explained by heterogeneity
 - Cut-off values of **25%, 50% and 75%** might be considered as **low, moderate, high and very high** heterogeneity, respectively



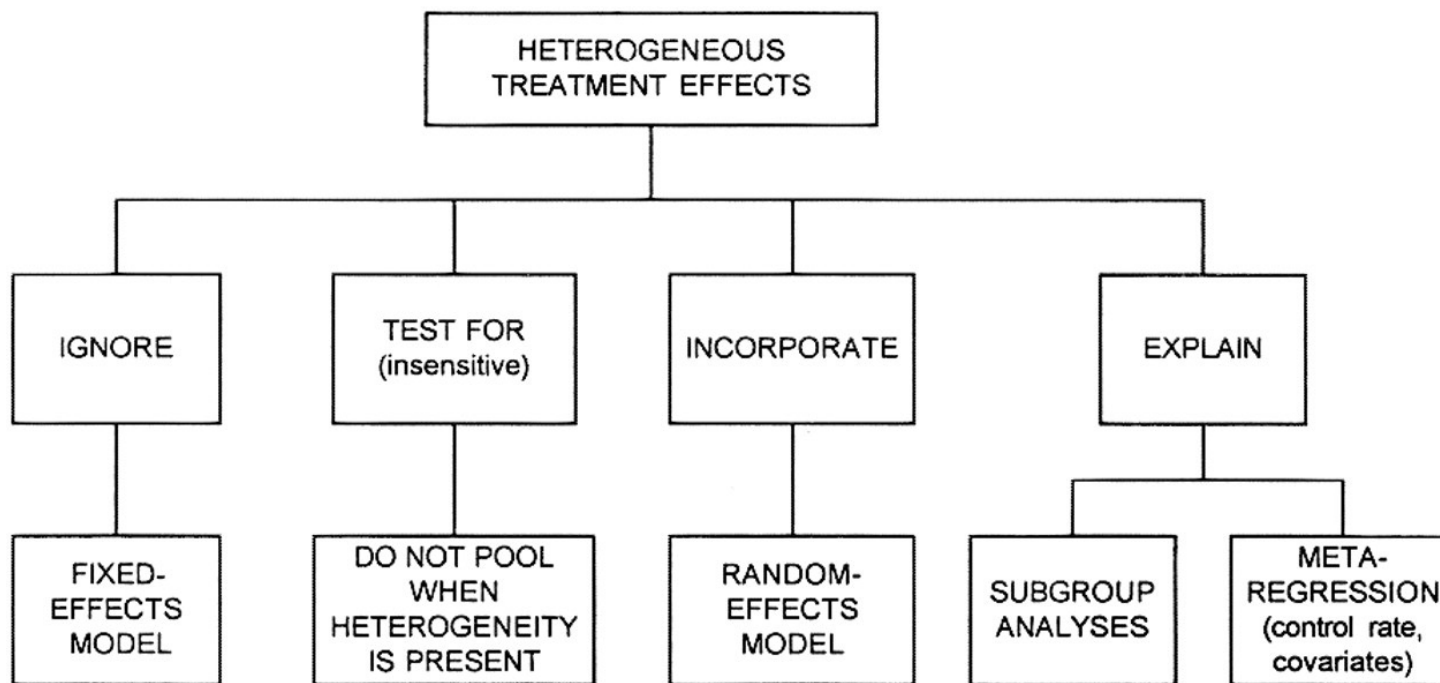








Heterogeneity



(Lau et al. 1997)

Heterogeneity

- Is the variation in the *true* effect which may be shown in **more observed variation than expected by chance**

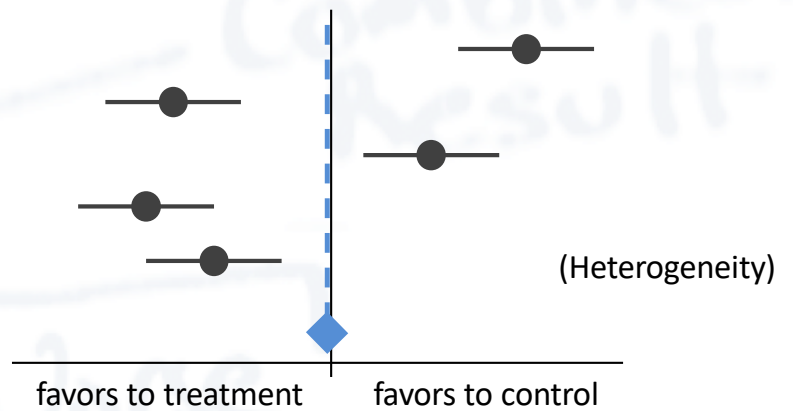
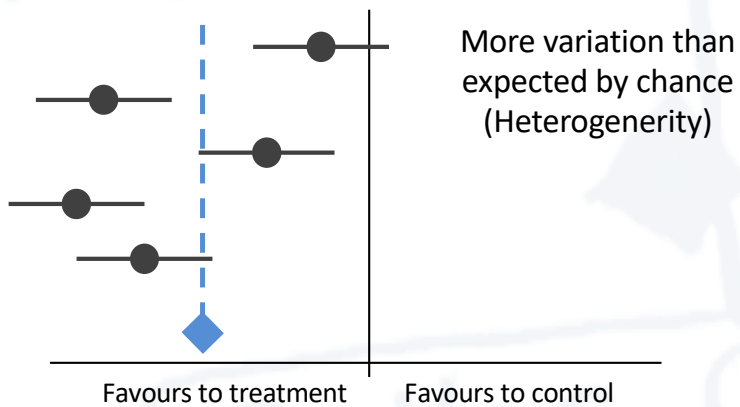
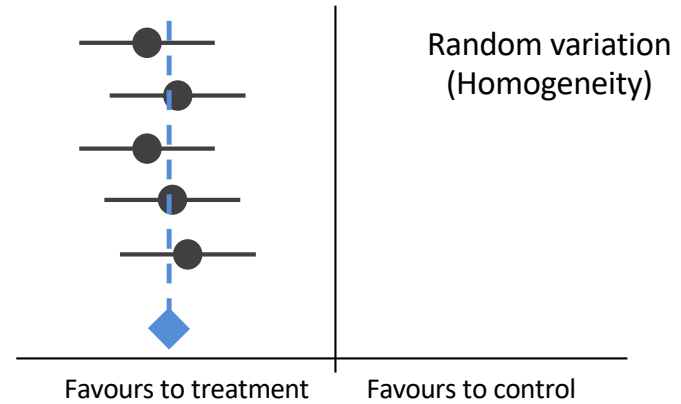
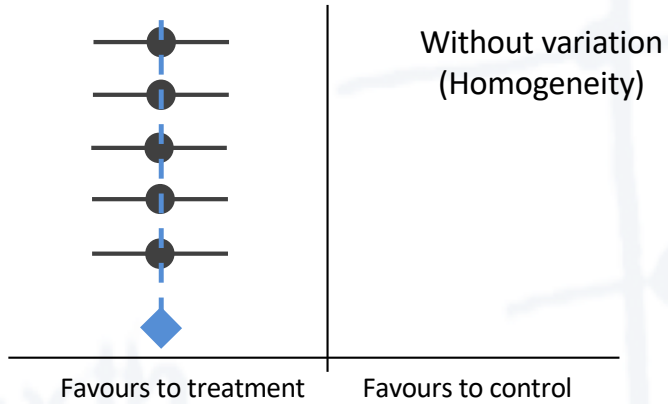
Fourth trial

Combined Result

Better 0 Worse



Heterogeneity



Heterogeneity

- Is the variation in the *true* effect which may be shown in **more observed variation than expected by chance**
- Heterogeneity should **not be ignored**, it must be explained
- Studies are conducted in **different places, times and populations**, leading to different between-study estimates

Causes of heterogeneity

1) **Study** characteristics

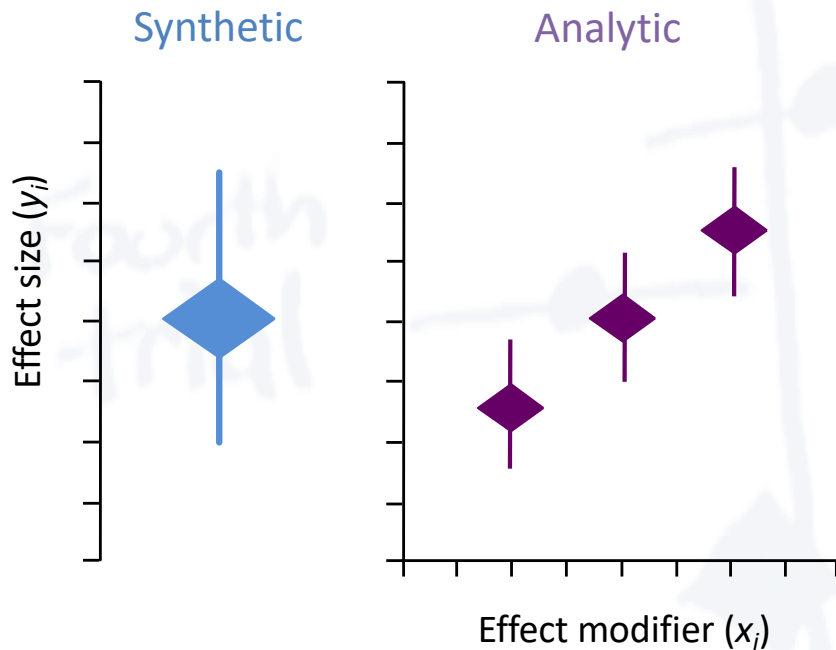
- Variations in the study designs
- Development of studies
- Attrition
- Methodological (statistical) heterogeneity due to **bias**

2) **Population** characteristics

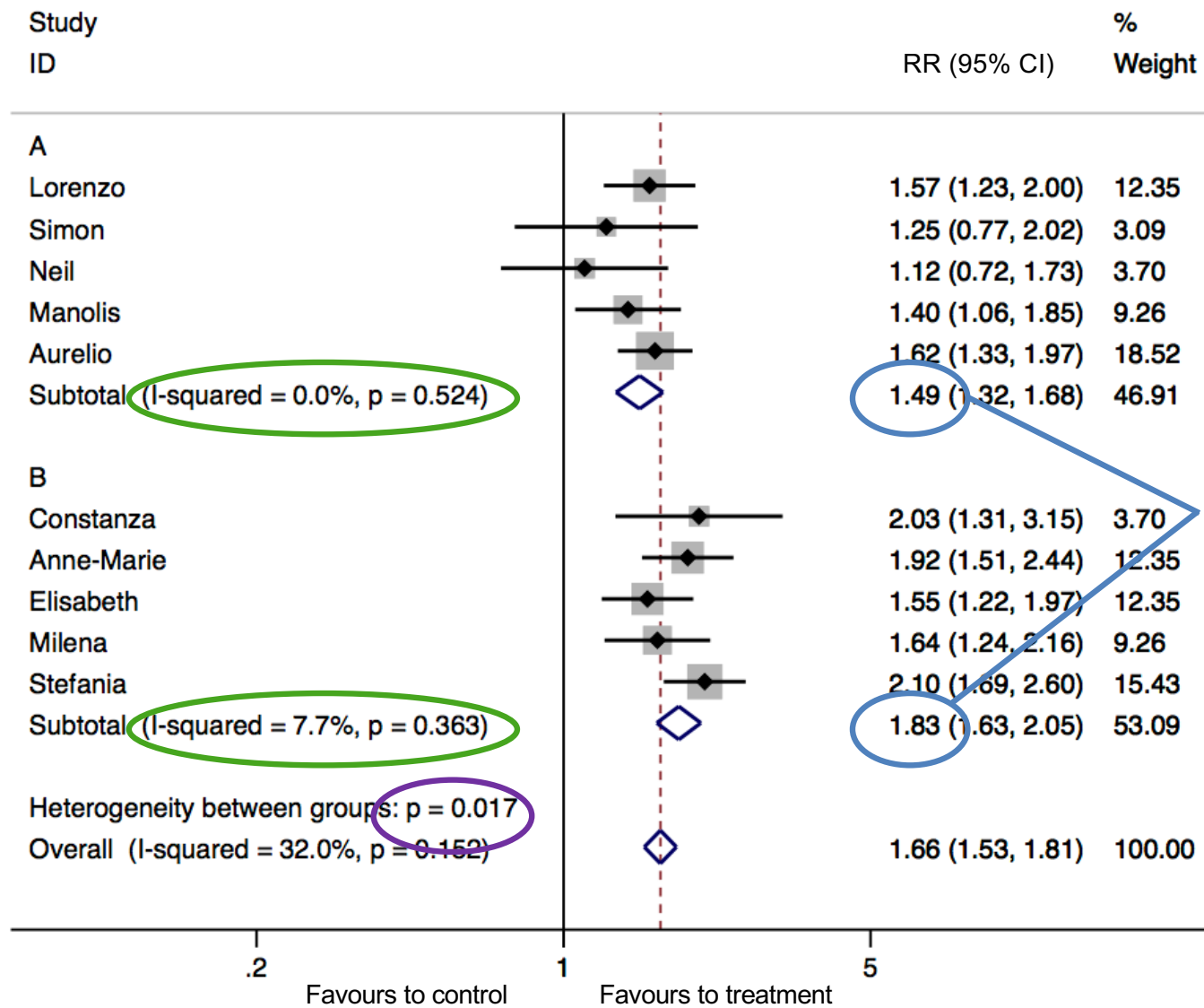
- Type of participants
- Temporal/geographical settings
- Treatment (or exposure) and outcome measures
- Clinical heterogeneity due to biological **diversity**

Subgroup meta-analysis

- Synthetic vs. analytic views
 - **Stratified meta-analysis** by study/population characteristics



- Clear definitions of subgroups is essential
- Identify **homogeneity within** each subgroup, but **heterogeneity between** subgroups

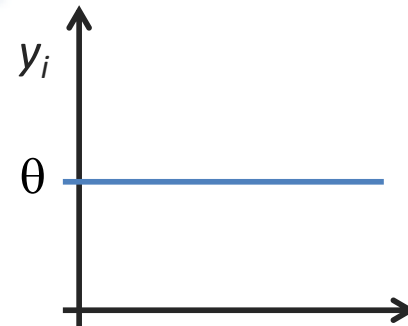


Meta-analysis as a linear model

- Fixed effects

$$y_i = \theta + e_i$$

$$e_i \sim N(0, s_i^2)$$

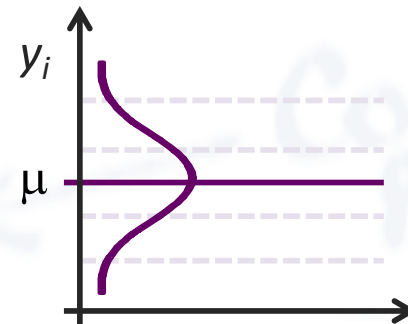


- Random effects

$$y_i = \mu + \delta_i + e_i$$

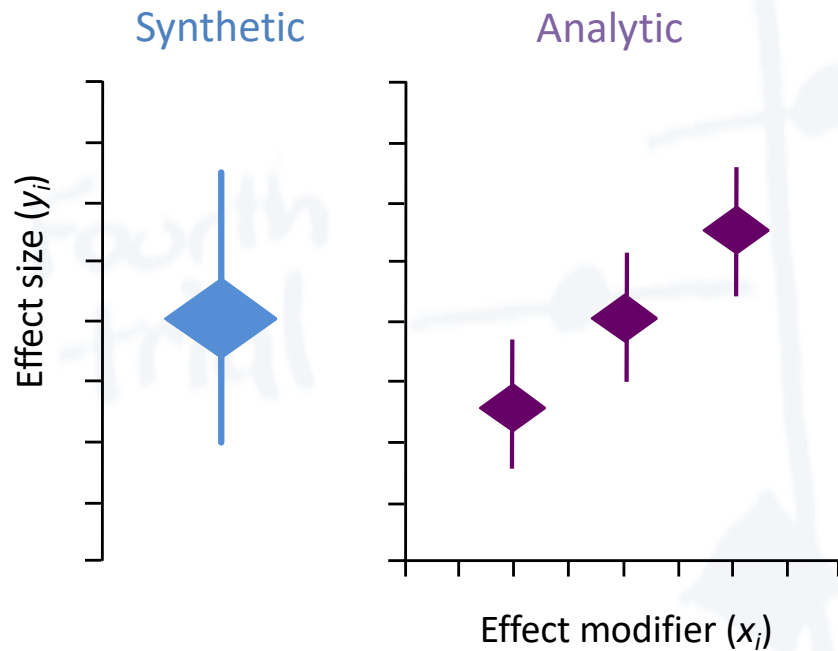
$$\delta_i \sim N(0, \tau^2)$$

$$e_i \sim N(0, s_i^2)$$



Subgroup meta-analysis

- Synthetic vs. analytic views

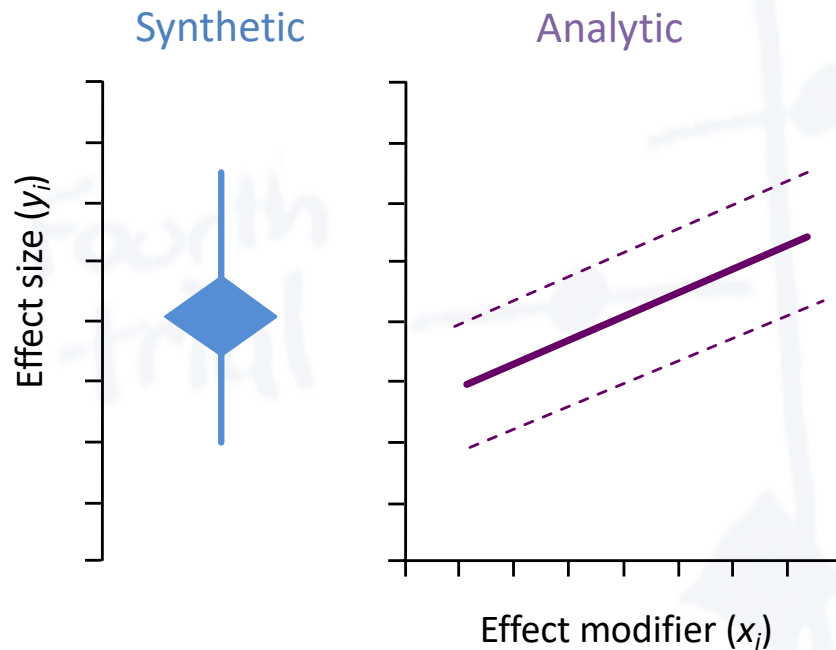


Combined Result

Better 0 Worse

Meta-regression

- Synthetic vs. analytic views
 - **Weighted random effects linear regression** model



$$y_i = \mu + \beta x_i + \delta_i + e_i$$

y_i is the i -study effect size

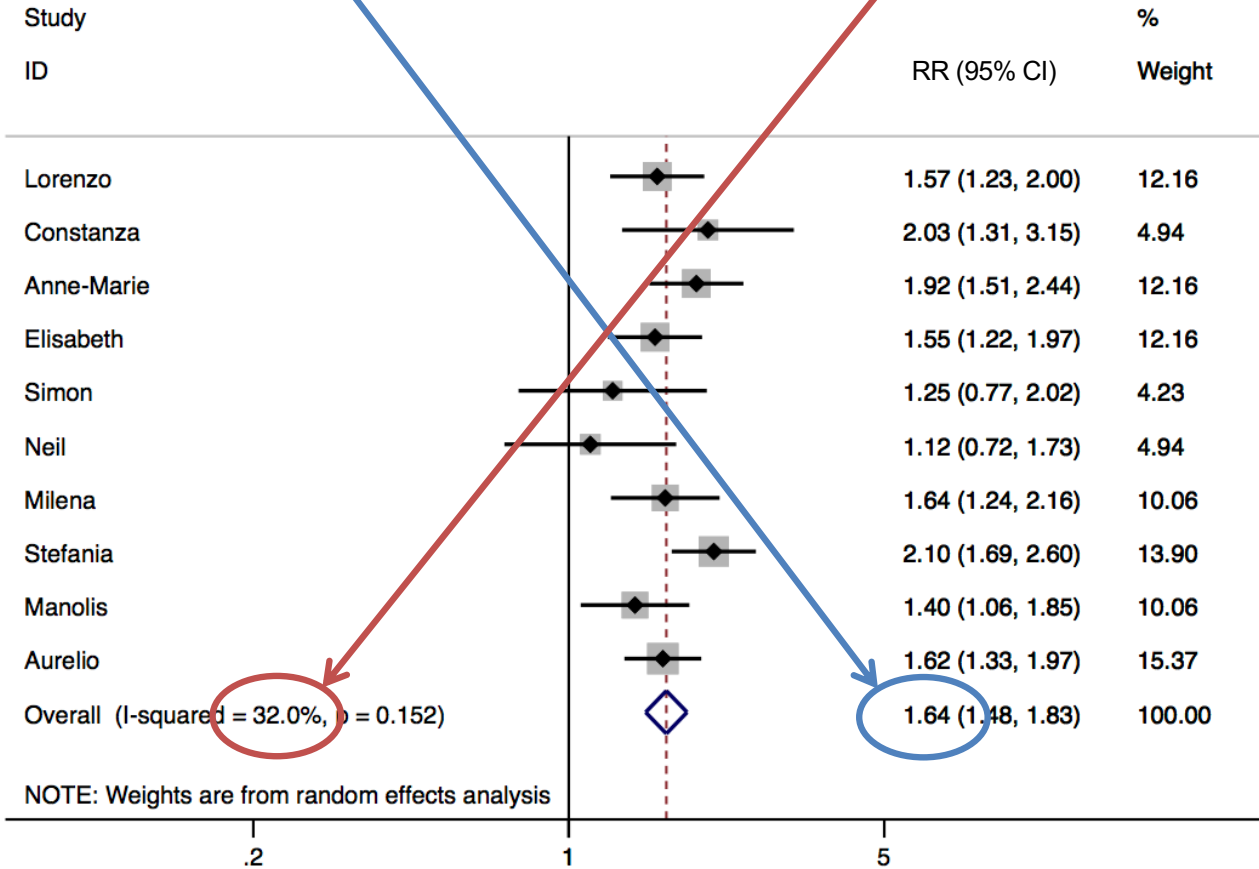
x_i is a covariate for a given study/population characteristic

- Explain great part of heterogeneity and the remaining as **residual heterogeneity**

I-squared_res = 32.01%

log(RR)	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
_cons	.4977309	.0539899	9.22	0.000	.3919126 .6035491

$RR = \exp(0.4977309) = 1.64$



NOTE: Weights are from random effects analysis

I-squared_res = 0.00%

[y]	log(RR)	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
[x]	group_B	.2058966	.0862307	2.39	0.017	.0368874	.3749057
	_cons	.3982895	.0628281	6.34	0.000	.2751487	.5214303

group_A: $\exp(0.3982895) = 1.49$

Fourth trial

Combined Result

Better 0 Worse

I-squared_res = 0.00%

log(RR)	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
group_B	.2058966	.0862307	2.39	0.017	.0368874	.3749057
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group_A: $\exp(0.3982895) = 1.49$

group_B: $\exp(0.3982895 + 0.2058966) = 1.83$

Fourth trial

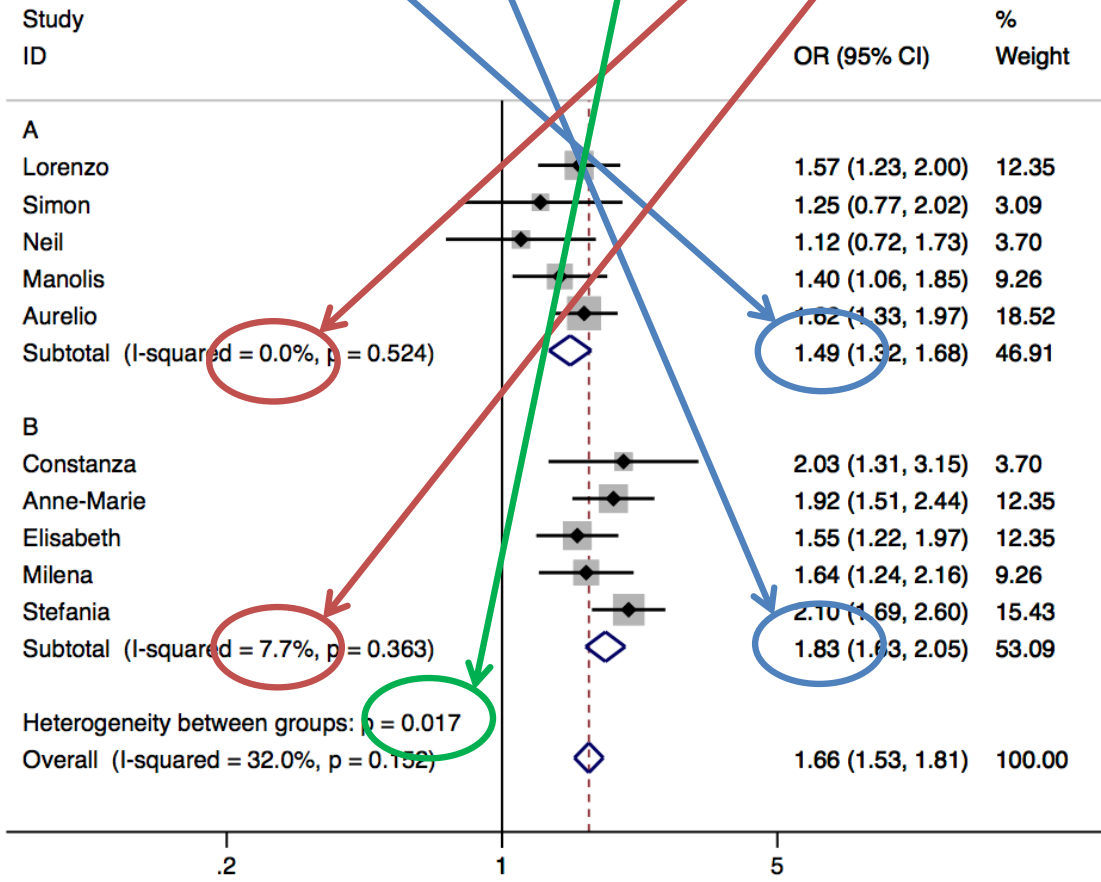
Combined Result

Better 0 Worse

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group_A: $\exp(0.3982895) = 1.49$
 group_B: $\exp(0.3982895 + 0.2058966) = 1.83$



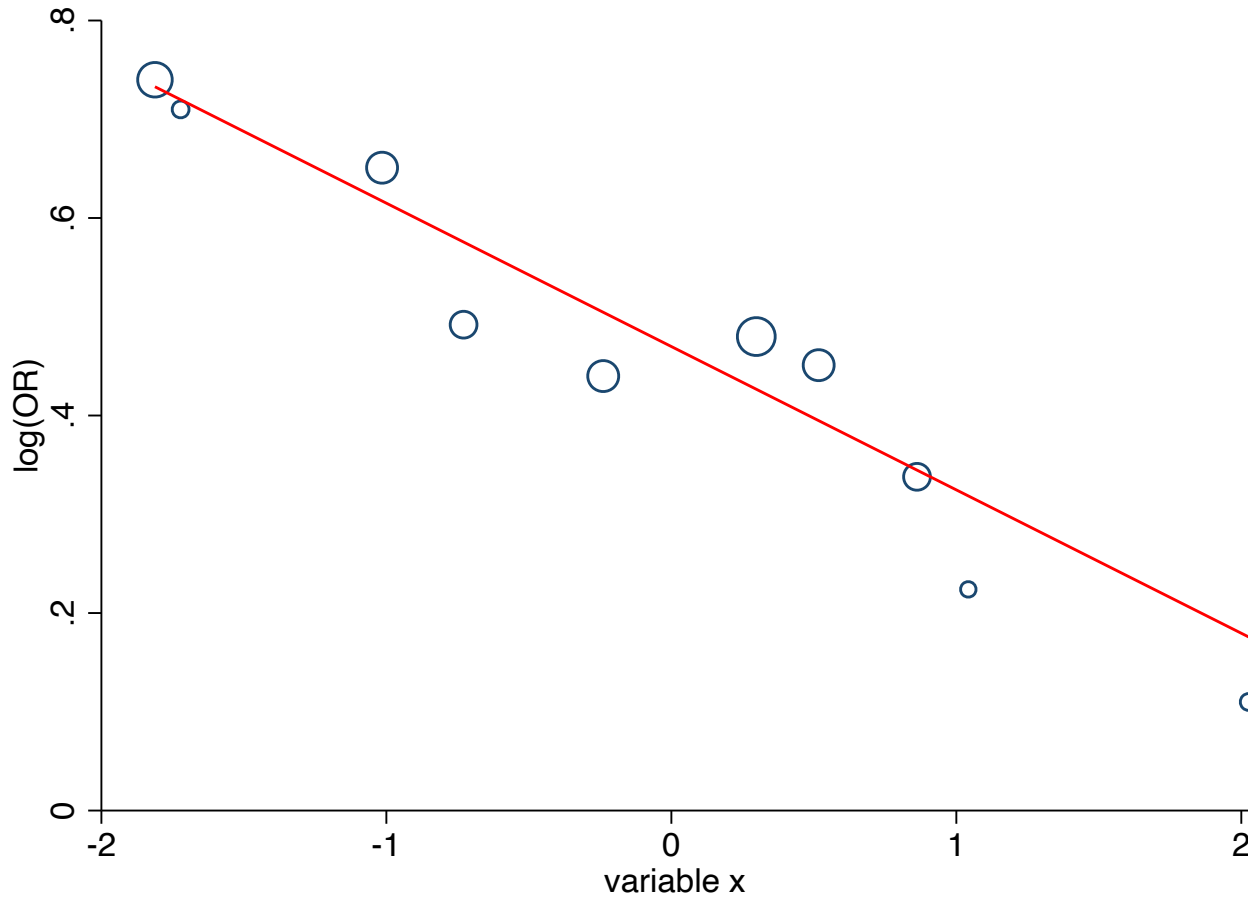
Fourth trial

signed soft

I-squared_res = 0.00%

log(RR)	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
xcont	-.145176	.0422727	-3.43	0.001	-.2280291	-.062323
_cons	.4698907	.0444114	10.58	0.000	.382846	.5569354

OR per 1 unit increase of x = $\exp(-.145176) = 0.86$
When x=0 the OR = $\exp(0.4698907) = 1.60$



Limitations

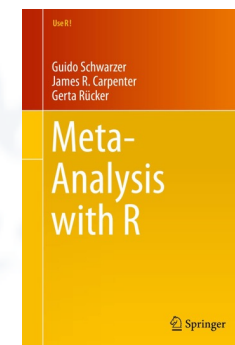
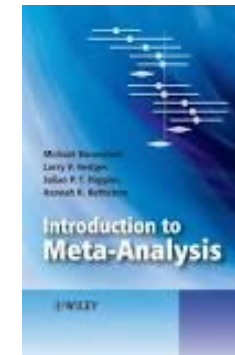
- Small number of studies – **low statistical power**
- Observational relationship *between* studies – **confounding bias**
- Definition of sub-groups and use of aggregated covariates – **information bias**
- Too many sources of methodological and clinical heterogeneity – **interpretation bias**

Summary

- Simple **statistical basis** for meta-analysis
 - Homogeneity of effects assumption
 - Weighted mean
- In case of **heterogeneity** between studies
 - The fixed effects model is clearly inappropriate ... but the random effects models is inappropriate too
 - Heterogeneity should not be ignored, must be explained, but avoid over-interpretation of findings

Further readings

- Borenstein M, Hedges LV, Higgins JPT, Rothstein HR. ***Introduction to Meta-analysis*** (mainly Chapters 4, 5, 11, 12, 13, 16, 19 and 20). Wiley, 2009
- Schwarzer G, Carpenter JR, Rücker G. ***Meta-analysis with R*** (mainly Part II). Springer, 2015





Institute of Environmental
Assessment and
Water Research



IDAEA – CSIC
C/ Jordi Girona 18–26
08034 Barcelona, Spain

Tel. (+34) 93 400 61 00
Fax (+34) 93 204 59 04



aurelio.tobias@idaea.csic.es
<http://www.idaea.csic.es/>

Better 0 worse