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# Dealing with Heterogeneity in Network Meta-analysis

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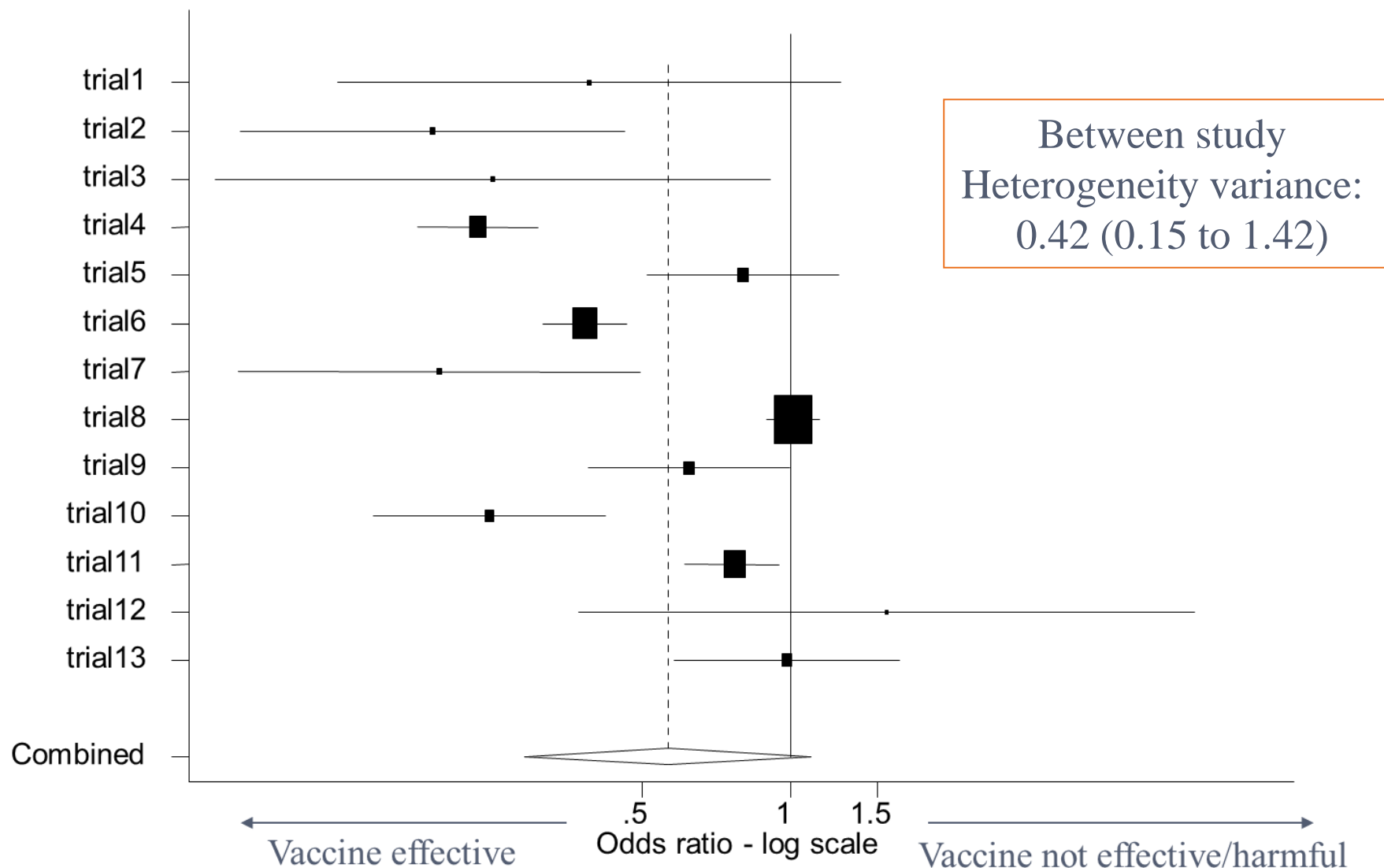


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# Heterogeneity

- What causes **between study heterogeneity**?
  - Differences in patients
  - Differences in study design/conduct
  - Chance
- Can fit **Random Effects** models but these **only account** for the heterogeneity – they do not **explain** it!

# Example: Vaccine for the prevention of TB



# Exploring Heterogeneity

- **Subgroup analyses** or **Meta-regression** methods can help to explain heterogeneity by examining associations between study characteristics and treatment effects
  - **Subgroup analysis**
    - Fits separate analyses to each subgroup; therefore, estimating the between-study heterogeneity ( $\tau^2$ ) separately for each subgroup
  - **Meta-regression**
    - Fits covariates within the meta-analysis framework; therefore assuming between-study heterogeneity ( $\tau^2$ ) to be the same for all subgroups
    - Estimates the difference in intervention effect between subgroups

# SUBGROUP ANALYSIS

## Pairwise and Network Meta-analysis

# Subgroup analyses

Two types of subgroup analyses are possible:

- i) Stratification by **study characteristics**
  - Subsets of “whole” studies defined by study (*e.g. length of follow-up*) or patient characteristics (*e.g. trial eligibility criteria*) can be combined separately
- ii) Stratification by **patient characteristics**
  - “Split” data from individual studies in an attempt to identify effect modifiers (*e.g. young/old, etc*)
  - Has more power than such analyses of individual trial which may be under-powered
  - Data may not be available in trial reports to do this

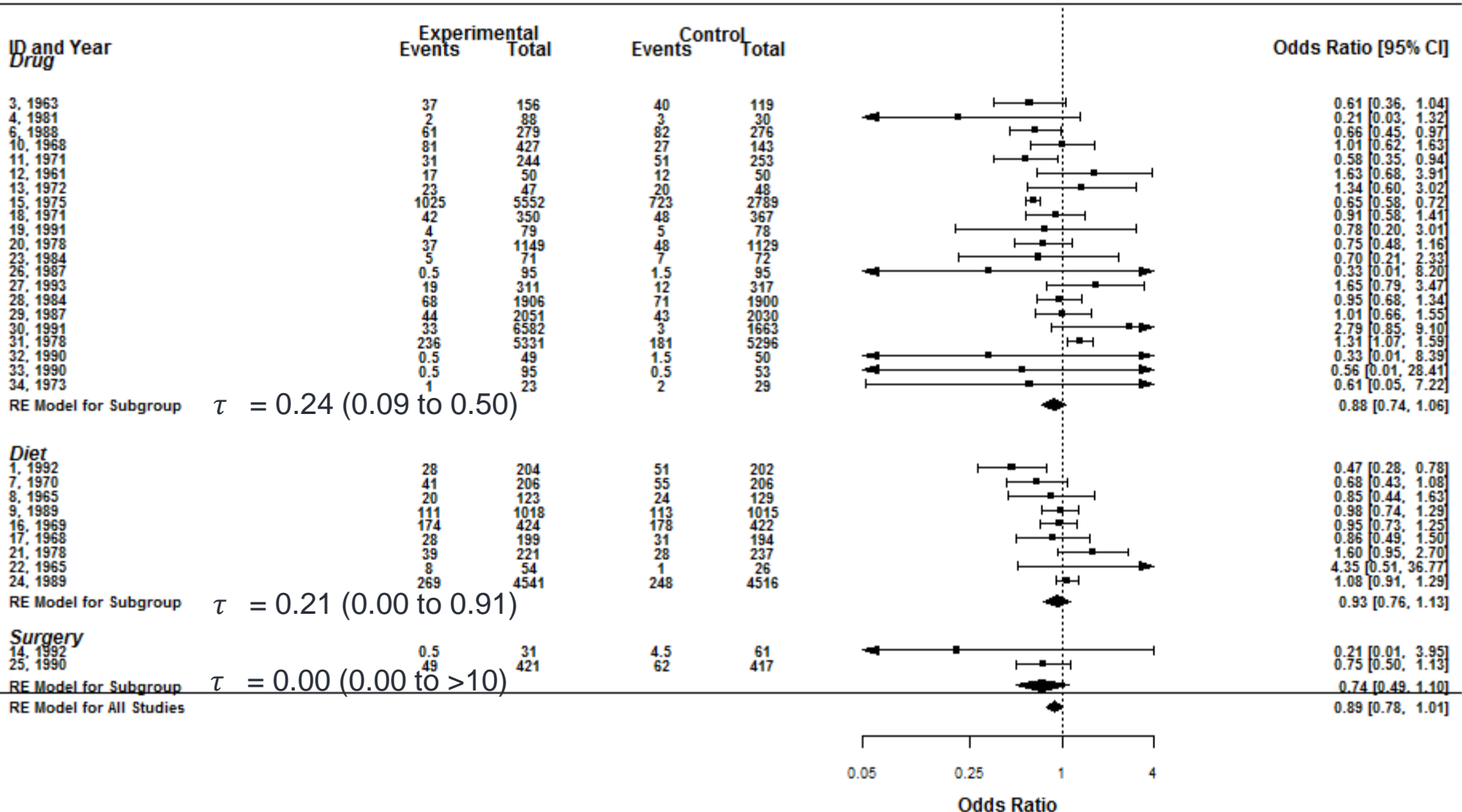
# Example: Cholesterol data

- Meta-analysis of 34 RCTs to assess the effect of cholesterol lowering interventions on overall mortality

1 = drug,  
2 = diet,  
3 = surgery

| id  | pub  | nt   | nc   | rt  | rc  | chol_red | treat | fup |
|-----|------|------|------|-----|-----|----------|-------|-----|
| 1   | 1992 | 204  | 202  | 28  | 51  | 7        | 2     | 2   |
| 3   | 1963 | 156  | 119  | 37  | 40  | 3        | 1     | 5   |
| 4   | 1981 | 88   | 30   | 2   | 3   | 8        | 1     | 1   |
| 6   | 1988 | 279  | 276  | 61  | 82  | 13       | 1     | 5   |
| 7   | 1970 | 206  | 206  | 41  | 55  | 14       | 2     | 5   |
| 8   | 1965 | 123  | 129  | 20  | 24  | 7        | 2     | 3   |
| 9   | 1989 | 1018 | 1015 | 111 | 113 | 4        | 2     | 2   |
| 10  | 1968 | 427  | 143  | 81  | 27  | 6        | 1     | 3   |
| ... |      |      |      |     |     |          |       |     |
| ... |      |      |      |     |     |          |       |     |
| ... |      |      |      |     |     |          |       |     |
| 30  | 1991 | 6582 | 1663 | 33  | 3   | 24       | 1     | 1   |
| 31  | 1978 | 5331 | 5296 | 236 | 181 | 9        | 1     | 5   |
| 32  | 1990 | 48   | 49   | 0   | 1   | 25       | 1     | 2   |
| 33  | 1990 | 94   | 52   | 1   | 0   | 25       | 1     | 3   |
| 34  | 1973 | 23   | 29   | 1   | 2   | 10       | 1     | 1   |

# Cholesterol data: Subgroup analysis stratified by treatment type (32 RCTs)



\*2 studies excluded due to missing covariate data



# META-REGRESSION

## Pairwise and Network Meta-analysis

# Meta-regression

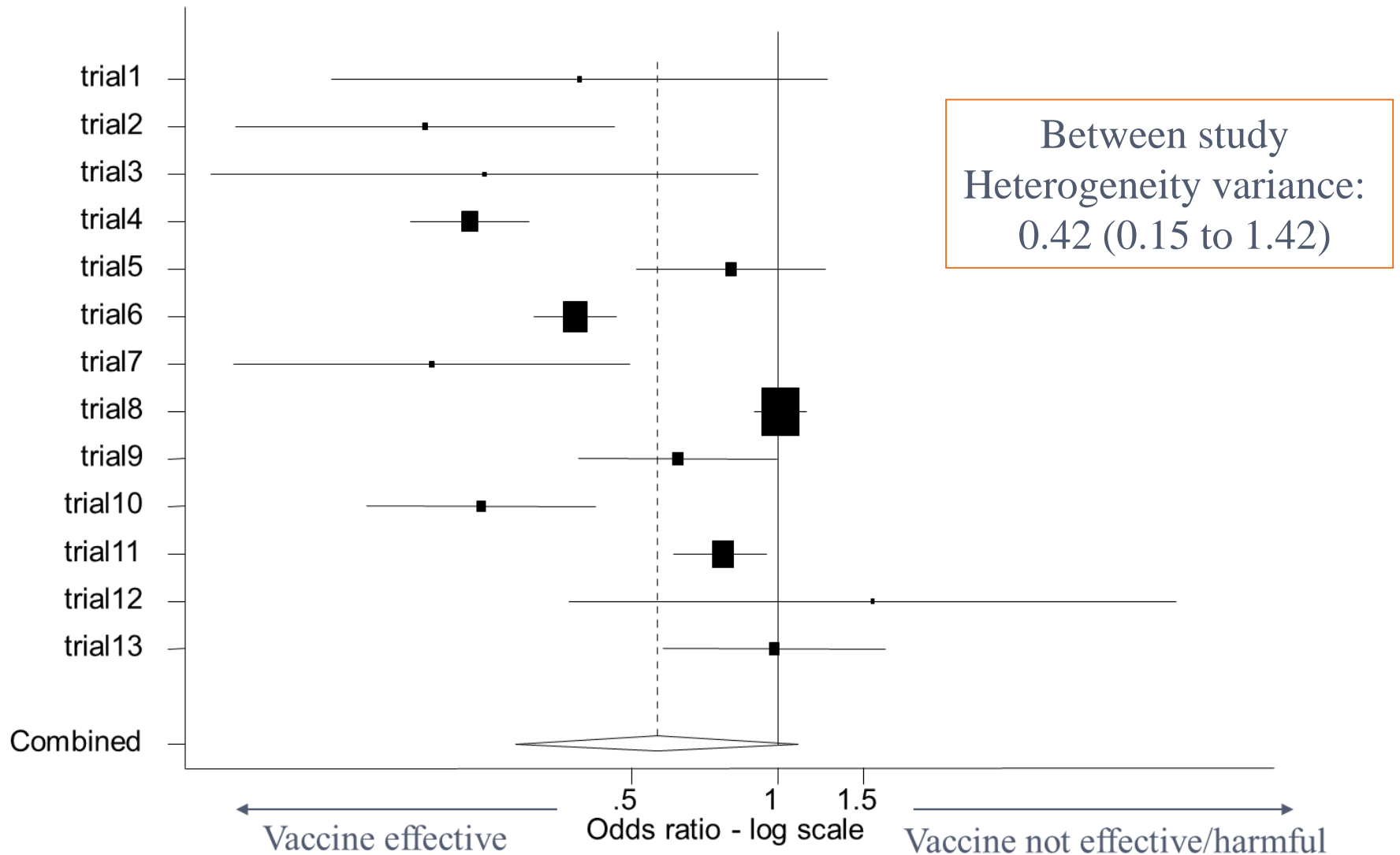
- Continuous or categorical study level covariates can be included in Pairwise and Network Meta-analysis models to explore/adjust for systematic differences between studies
  - e.g. average age, % of patients female
- In Network Meta-analysis incorporation of study-level covariates can reduce both **heterogeneity** and **inconsistency** by allowing systematic variability between-trials to be explained.
  - i) **Heterogeneity** - *variation in treatment effects between trials within pairwise contrasts, and*
  - ii) **Inconsistency** - *variation in treatment effects between pairwise contrasts*

# Example: BCG vaccine for the prevention of TB

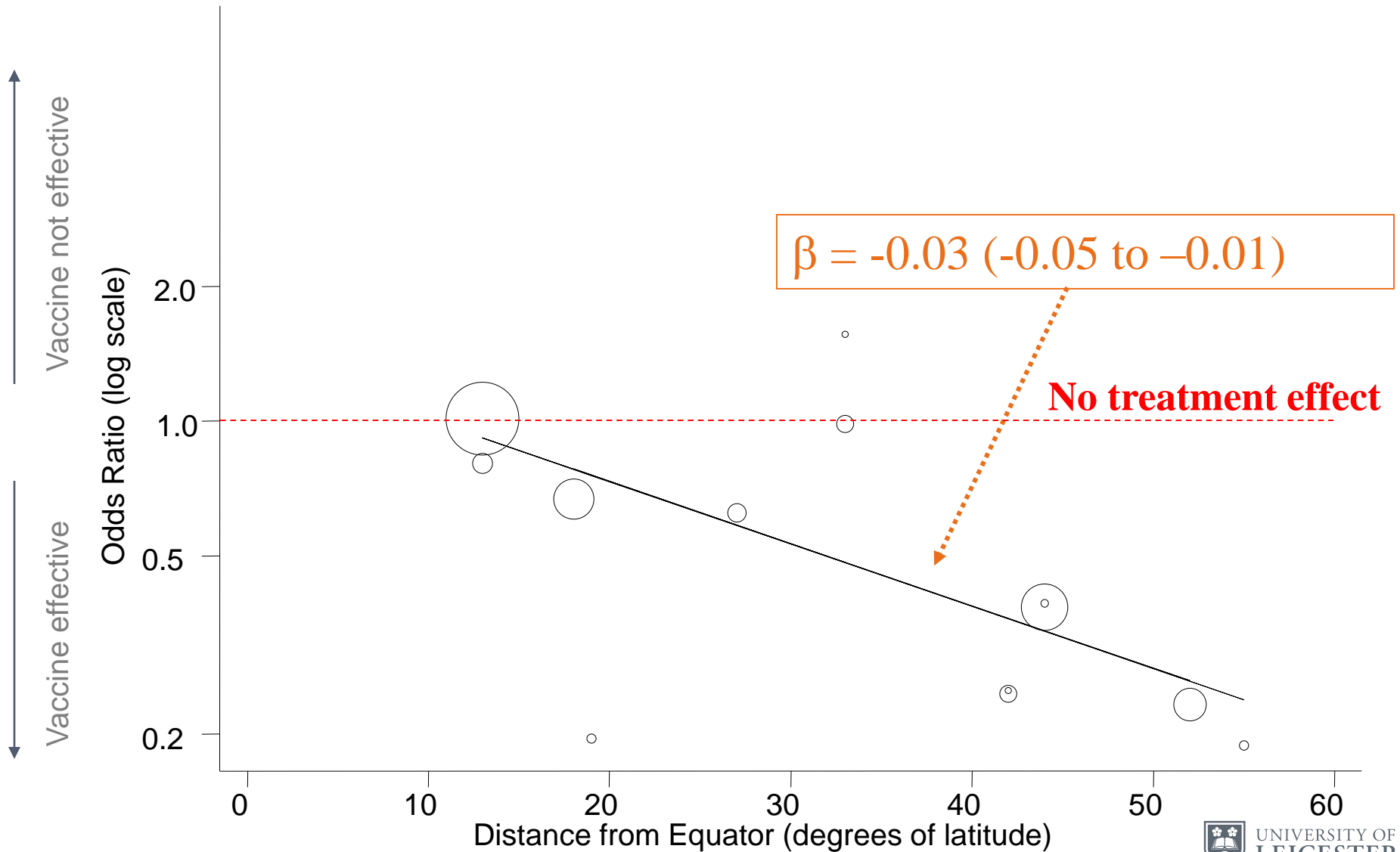
| Trial | Latitude<br>(degrees<br>from the<br>equator) | Vaccinated |               | Not vaccinated |               |
|-------|--|------------|---------------|----------------|---------------|
|       |  | Disease    | No<br>Disease | Disease        | No<br>Disease |
| 1     | 44   | 4          | 119           | 11             | 128           |
| 2     | 55   | 6          | 300           | 29             | 274           |
| 3     | 42   | 3          | 228           | 11             | 209           |
| 4     | 52   | 62         | 13,536        | 248            | 12,619        |
| 5     | 13   | 33         | 5,036         | 47             | 5,761         |
| 6     | 44   | 180        | 1,361         | 372            | 1,079         |
| 7     | 19   | 8          | 2,537         | 10             | 619           |
| 8     | 13   | 505        | 87,886        | 499            | 87,892        |
| 9     | -27  | 29         | 7,470         | 45             | 7,232         |
| 10    | 42   | 17         | 1,699         | 65             | 1,600         |
| 11    | 18   | 186        | 50,448        | 141            | 27,197        |
| 12    | 33   | 5          | 2,493         | 3              | 2,338         |
| 13    | 33   | 27         | 16,886        | 29             | 17,825        |

- It is suspected that the *absolute* distance from the equator affects the efficacy of the vaccine (*Berkey 1995*)

# Pairwise Meta-analysis: Vaccine for the prevention of TB



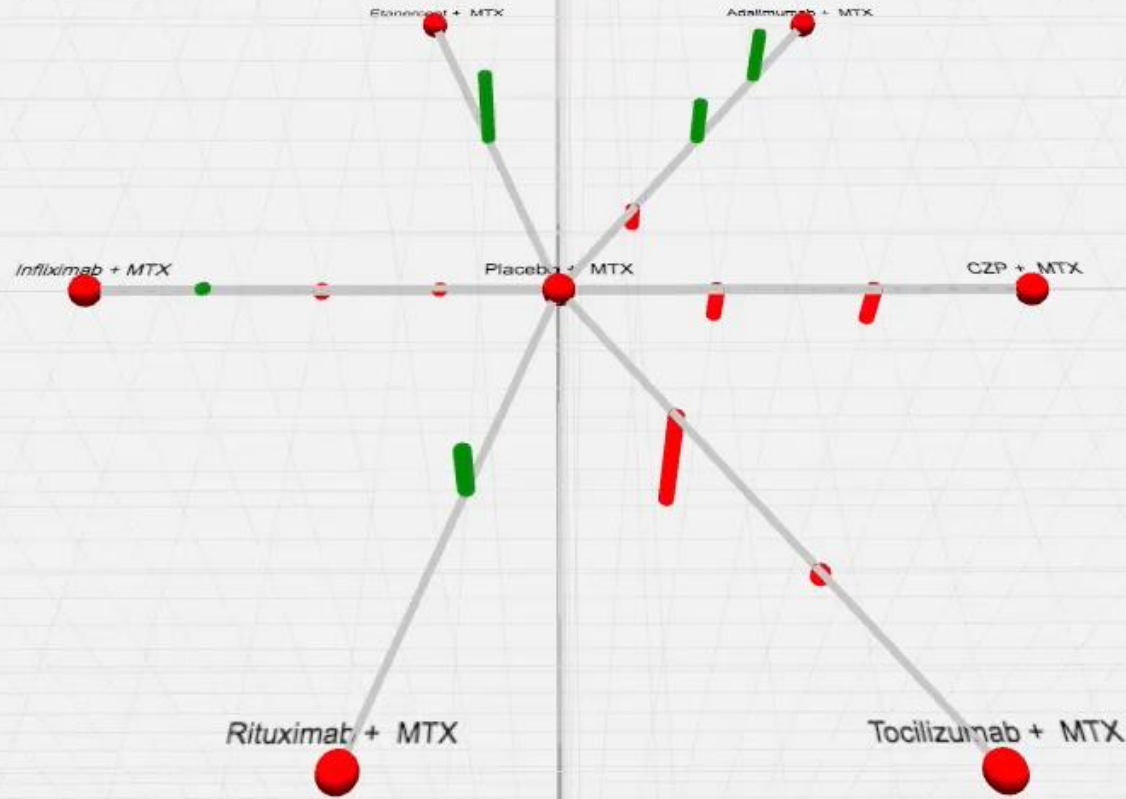
# Meta-regression Results



# Meta-regression – Network Meta-analysis

- In Network Meta-analysis, a study-level covariate can be seen as a variable that interacts with the intervention, but these interactions may differ for each intervention.

# VISUALISING COVARIATES IN NETWORK META-ANALYSIS: Duration of disease centred around mean



Batson et al 2017.

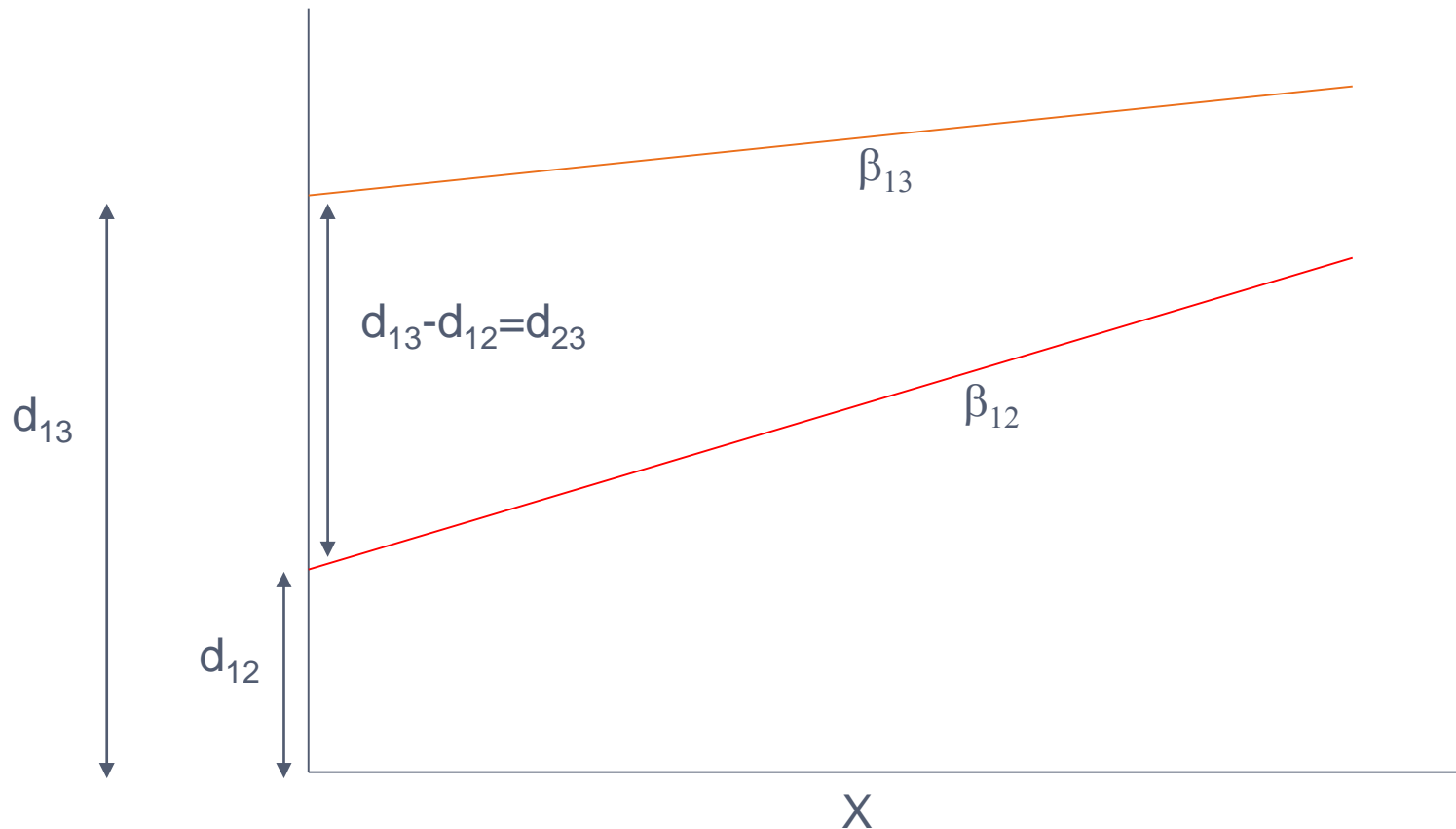
# Meta-regression – Network Meta-analysis

- In Network Meta-analysis, a study-level covariate can be seen as a variable that interacts with the intervention, but these interactions may differ for each intervention.
- Large number of different models with different assumptions for the interactions in a multiple intervention framework.
- Three potential models (not an exhaustive list):
  - **Independent, intervention-specific** interactions
  - **Exchangeable, related, intervention-specific** interactions:
  - **Same** interaction effect for all interventions:



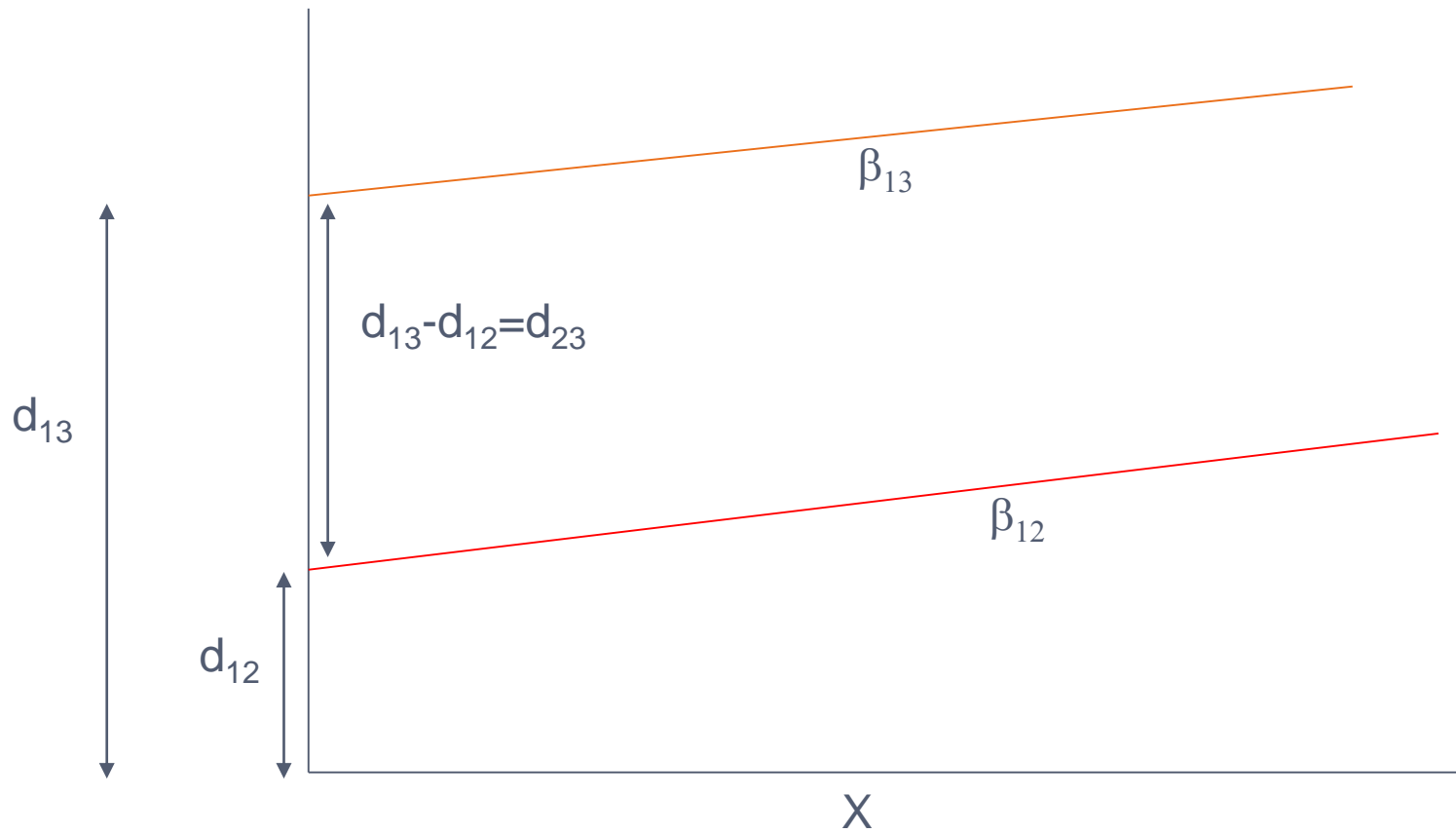
# Independent, intervention specific interactions

- Independent 'beta' for each *intervention x covariate* interaction compared to intervention 1 (e.g. placebo)



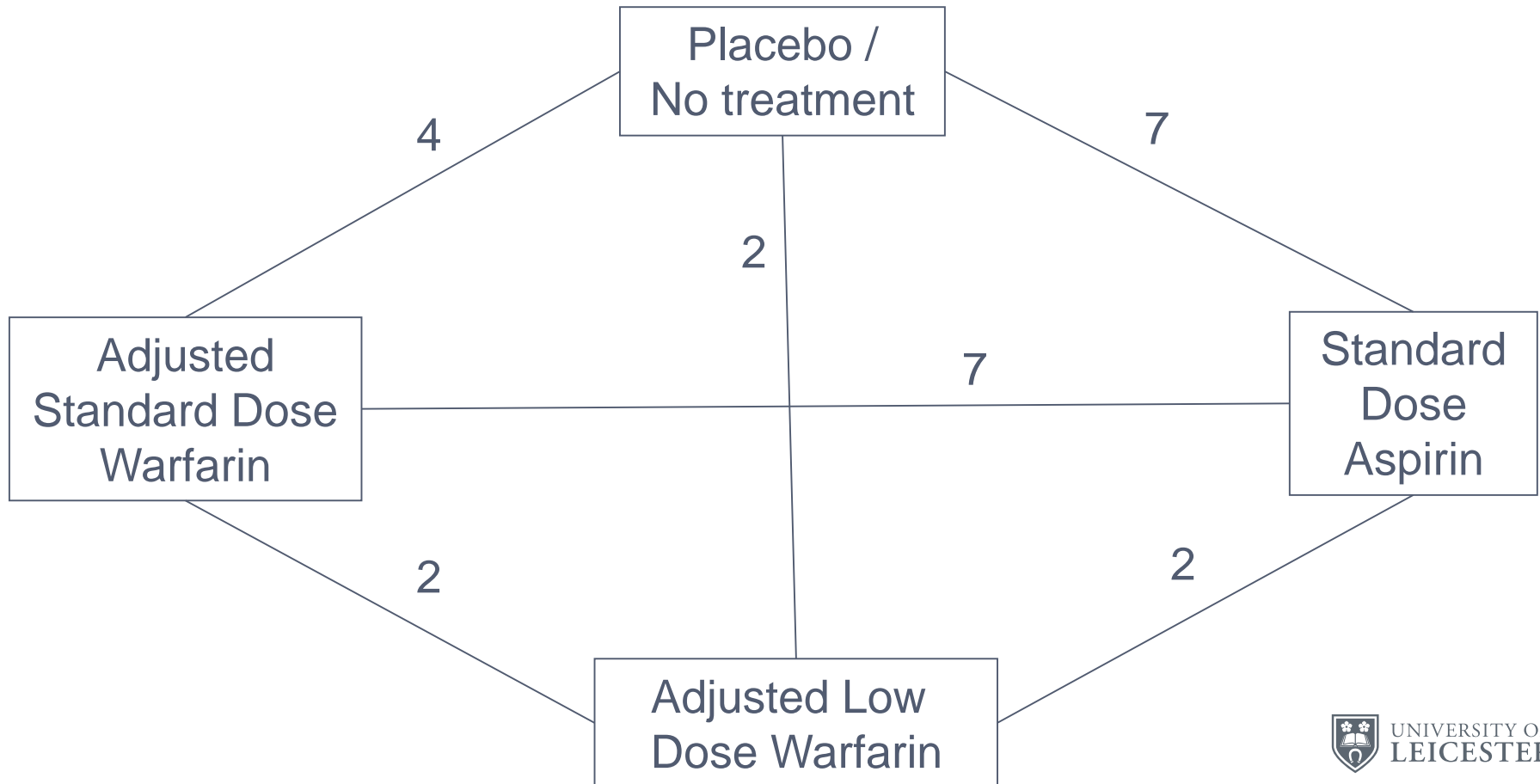
# Same interaction effect for all interventions

- Common 'beta' for each *intervention x covariate* interaction compared to intervention 1 (e.g. placebo)

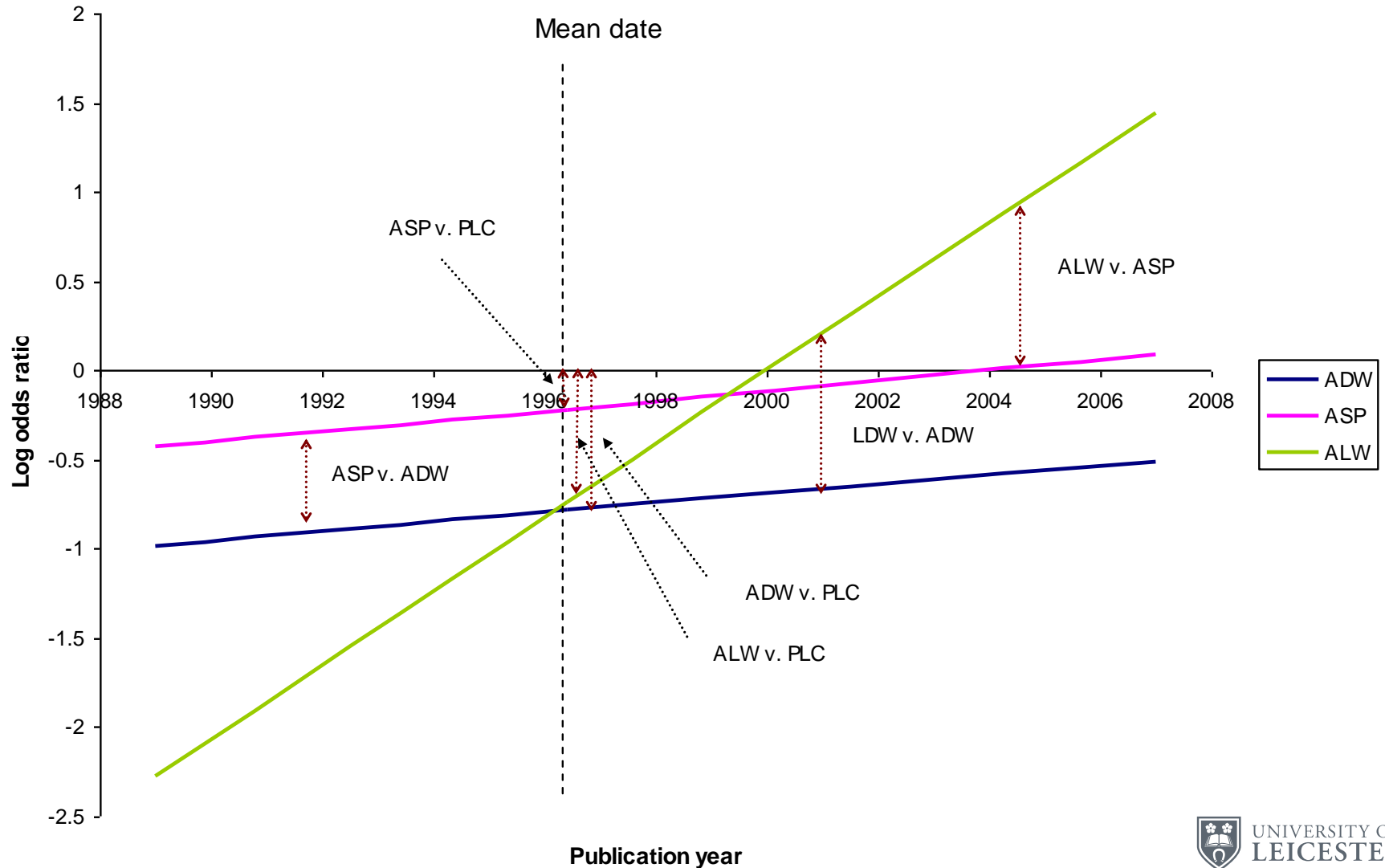


# Example: Treatments to prevent stroke in non-rheumatic atrial fibrillation patients

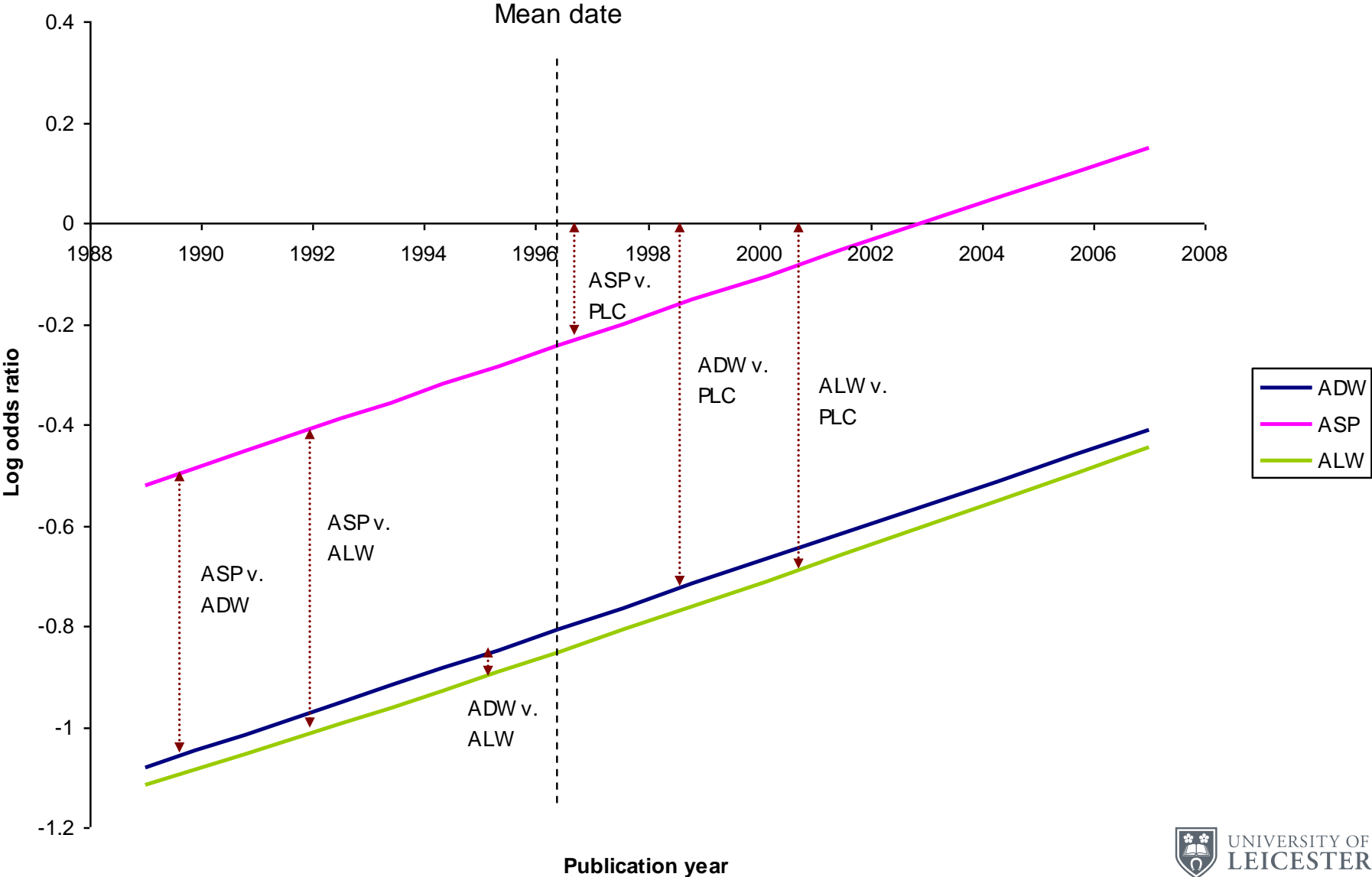
Does date of publication (*proxy for factors relating to change in clinical practice over time*) affect treatment effects?



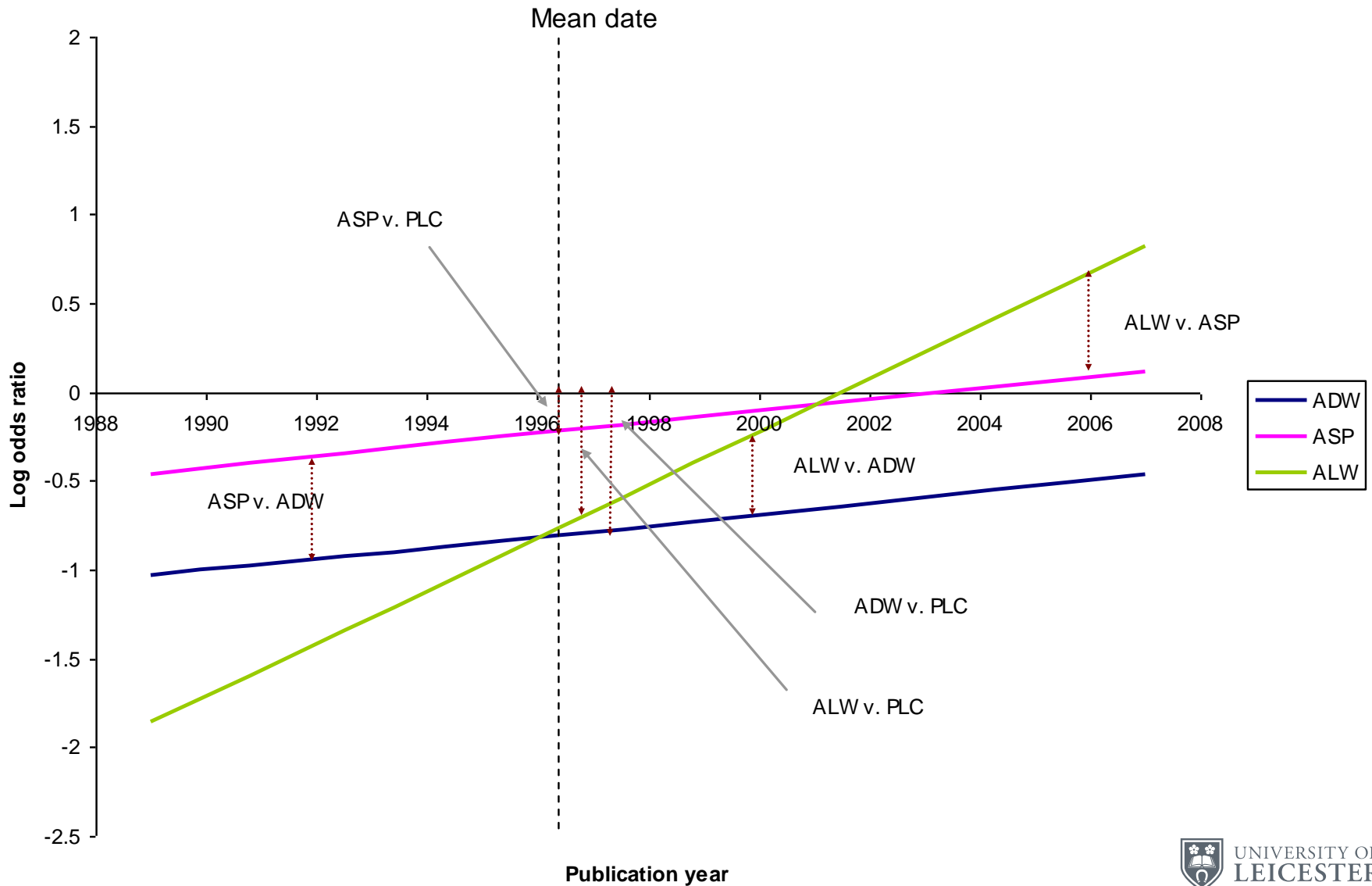
# Example: Independent 'beta' for each *treatment x covariate* interaction compared to placebo



# Example: Common 'beta' for *treatment x covariate* interactions compared to placebo



# Example: Exchangeable 'betas' for *treatment x covariate* interactions compared to placebo



# Adjusting for Baseline Risk

- Special kind of covariate, **Baseline risk** is often defined as a proxy for underlying patient-level covariates thought to modify the intervention effect, but which cannot be accounted for directly in the model (i.e. unmeasured or unknown – e.g. medical history, co-morbidities, etc. ).
  - That is, reflects the risk of an event for a patient under the reference intervention
- Need to take into account the correlation between the intervention effect and baseline risk.
  - Methods for including baseline risk as a covariate have been extended to Network Meta-analysis (*Dias et al. 2011, Achana et al. 2013*)

# Summary

- Focused on using **Meta-regression with aggregate data**; however, often too few studies resulting in insufficient data to detect *intervention x covariate* interactions (Lambert et al., 2002)
- If **Individual Patient Data (IPD)** available, alternative strategy to relate intervention effect to individual patient characteristics to investigate heterogeneity
  - More powerful than average effect vs. average covariate value meta-regression
  - Few examples of IPD meta-regression with network meta-analysis (Veroniki et al. 2016)
- Other analyses
  - **Component network meta-analysis** for complex interventions (Welton et al. 2009, Freeman et al. 2018)
  - **Multiple outcomes** (Riley et al. 2017)



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