

# Demystifying causal inference in randomised trials

## Lecture 4: Mediation using IPW and other methods

ISCB 2016

Richard Emsley  
Centre for Biostatistics, University of Manchester

### Plan

- Introduction to causal mediation parameters
- Causal mediation analysis using parametric regression models
- Causal mediation analysis using inverse probability weighting

## Learning objectives

1. Understand the definitions of the causal mediation parameters
2. Understand how these definitions relate to statistical mediation approaches from lecture 3
3. Understand how to estimate these causal parameters using parametric regression methods and IPW
4. Understand the difference between causal mediation analysis and the statistical mediation approaches

IoPPN 4th – 8th July 2016

3

## Individual treatment effects

- An **individual causal treatment effect (ITE)** for the  $i$ th subject with potential outcomes  $Y_i(1)$  and  $Y_i(0)$  can be defined by the contrast

$$\text{ITE} := Y_i(1) - Y_i(0)$$

- Note that treatment effects are allowed to be **heterogeneous**.
  - ITE is not constrained to be the same for each subject.
  - In principle it can vary from one subject to another.
  - And we might be able to investigate what characteristics of the subject influence the size of the treatment effect; that is look at effect moderation. (Not the subject of today's workshop – but note the use of such "predictive markers/moderators" as instruments in lecture 3.)

ISCB Birmingham 2016

## Average treatment effects

- We can now define an average treatment effect in the target populations or in the subpopulations of those who ultimately will (or will not) receive treatment:

- **Average Treatment Effect (ATE):**

$$\text{ATE} := E(\text{ITE}) = E[Y(1) - Y(0)]$$

- **Average Treatment effect on the Treated (ATT):**

$$\text{ATT} := E(\text{ITE} \mid D=1) = E[Y(1) - Y(0) \mid D=1]$$

- **Average Treatment effect on the Untreated (ATU):**

$$\text{ATU} := E(\text{ITE} \mid D=0) = E[Y(1) - Y(0) \mid D=0]$$

- Clinicians are often interested in ATT.

## Causal mediation parameters

- In analogy with defining causal (total) treatment effects such as ATE we wish to define direct and indirect treatment effects that have a meaning as causal mediation parameters.
- We again employ a potential outcomes framework to define causal treatment effects.
  - But now we need to entertain potential outcomes for hypothetical levels of both the randomisation ( $Z$ ) and the mediator ( $M$ )
- So to start with need to define an individual direct and indirect effect....

## Causal effects

- Define outcome  $Y$  to be counterfactual in both the level of the randomisation  $Z$  and the level of the mediator  $M$ ; then for individual  $i$ :
  - $Y(Z=0, M=m) = Y(0, m)$ : The outcome that would be observed if the person was randomised to control  $Z=0$  and the level of the mediator was fixed to value  $M=m$ .
  - $Y(Z=1, M=m) = Y(1, m)$ : The outcome that would be observed if the person was randomised to treatment  $Z=1$  and the level of the mediator was fixed to value  $M=m$ .

## Controlled direct effect

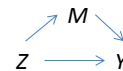
- The individual treatment effect can be written as:

$$\text{ITE} = Y(1) - Y(0) = Y(1, M(1)) - Y(0, M(0))$$

- We can define an individual's **controlled direct effect** as the direct effect of treatment on outcome at mediator set to  $M=m$ , i.e.  $Y(1, m) - Y(0, m)$  with average value:

$$\text{CDE} = E[ Y(1, m) - Y(0, m) ]$$

- In the first term,  $Z$  is set to 1
- In the second term,  $Z$  is set to 0
- In BOTH terms,  $M$  is set to  $m$
- This gives a direct effect, unmediated by  $M$

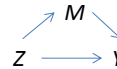


## Natural direct effects

- We might like to know the effect of treatment when the mediator takes its "natural" level under the control condition  $M(0)$ .
- This leads to the definition of the **natural direct effect (NDE)**:

$$\text{NDE} = E[ Y(1, M(0)) - Y(0, M(0)) ]$$

- In the first term,  $Z$  is set to 1
- In the second term,  $Z$  is set to 0
- In BOTH terms,  $M$  is set to  $M(0)$ , the value if  $Z=0$  (unexposed)
- Since  $M$  is the same within subject, this gives a direct effect, unmediated by  $M$
- If no individual level interaction between  $D$  and  $M$ ,



$$\text{CDE}(m) = \text{NDE} \forall m$$

## Natural direct and indirect effects

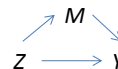
- This leads to the definition of the **natural indirect effect (NIE)**:

$$\text{NDE} = E[ Y(1, M(0)) - Y(0, M(0)) ]$$

$$\text{NIE} = E[ Y(1, M(1)) - Y(1, M(0)) ]$$

- The NIE is the effect of change in the mediator on clinical outcome if randomised to treatment ( $Z=1$ ).

- In the first term,  $M$  is set to  $M(1)$
- In the second term,  $M$  is set to  $M(0)$
- In both terms,  $Z$  is set to 1
- $Z$  is only allowed to influence  $Y$  through its influence on  $M$



## Natural direct, indirect and total effects

- For a continuous outcome, these definitions allow us to partition the average treatment effects:

$$ATE = NDE + NIE$$

- Also after conditioning on  $\mathbf{X}=x$ :

$$ATE|\mathbf{X} = NDE|\mathbf{X} + NIE|\mathbf{X} = ATE$$

- For a binary outcome, we have:

$$ATE = NDE * NIE$$

- After conditioning on  $\mathbf{X}=x$ :

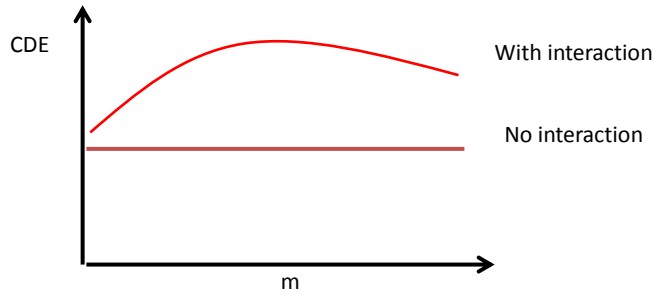
$$ATE|\mathbf{X} = NDE|\mathbf{X} * NIE|\mathbf{X}$$

## Suitable methods for 'target' and 'nuisance' mediators

- Controlled direct effects are a natural question for 'nuisance' mediators:
  - What is the direct effect of randomisation on outcome if everyone in the population has the value  $M=m$ ?
  - Interaction between  $R$  and  $M$  on  $Y$  might be important.
- For 'true' mediators, depends on question/subject matter:
  - Issues of confounding; non-linearity; interaction; etc.

## CDE with and without interaction

- **Controlled direct effect:**  $Y(1,m) - Y(0,m)$ 
  - Direct effect of randomisation on outcome at mediator level  $m$ .



## Policy implications of controlled direct effects

- Take the antidepressant medication example (PROSPECT):
  - Binary  $M$  ( $M=1$ , receives AD;  $M=0$ , does not receive AD)
  - Possible to intervene on  $M$  and set this to a value
- What is the direct effect of randomisation on outcome if everyone in the population receive antidepressant?
 
$$Y(1,1) - Y(0,1)$$
- What is the direct effect of randomisation on outcome if no-one in the population receives antidepressant?
 
$$Y(1,0) - Y(0,0)$$

## Traditional regression approach

- It is based on two regression models:
  - Model for mediator ( $M$ ):  $E[M|Z, X] = \mu + \alpha Z + \delta X$
  - Model for outcome ( $Y$ ):  $E[Y|Z, M, X] = \tau + \gamma Z + \beta M + \varphi X$
  - ( $X$  are baseline covariates that act as observed confounders.)
- Under these two linear regression models the indirect effect is given by:

$$\text{Natural indirect effect (NIE)} = \alpha * \beta$$

- In the absence of a  $Z \times M$  interaction the controlled direct effect equals the natural direct effect and is given by:

$$\text{CDE} = \text{NDE} = \gamma$$

## Traditional regression approach: problem with interaction

- It is based on two regression models:
  - Model for mediator ( $M$ ):  
 $E[M|Z, X] = \mu + \alpha Z + \delta X$
  - Model for outcome ( $Y$ ):  
 $E[Y|Z, M, X] = \tau + \gamma Z + \beta M + \omega Z * M + \varphi X$
- What is the direct effect?
  - Depends on the level of  $M$
- What is the indirect effect?
  - Depends on the level of  $R$



## IV and causal mediation parameter

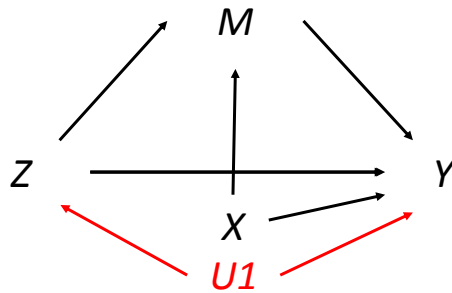
- IV methods applied to fit the regression model for  $Y$  estimate the controlled direct effect of treatment (CDE).
- Because we are assuming no interaction between randomised treatment and mediator in the model for  $Y$  the CDE is equal to the natural direct effect (NDE).
- We can derive an estimate of the natural indirect effect (NIE) by making use of e.g.  $NIE = ATE - NDE$ 
  - May need bootstrapping to get inferences for NIE.

## Estimating causal parameters

- Wide range of options for most combinations of  $M$  and  $Y$
- Work on identification and estimation of direct and indirect causal effects using parametric regression models
  - VanderWeele and Vansteelandt (2009, 2010):
    - Outcomes can be continuous, binary, poisson or negative binomial.
    - Mediators can binary or continuous.
- G-computation is flexible and efficient but requires parametric modelling assumptions:
  - correct specification of all relevant conditional expectations and distributions
  - `gformula` command in Stata (Daniel et al., 2011)
- Semi-parametric methods make fewer parametric assumptions:
  - Inverse probability of treatment weighting (IPTW):
  - G-estimation

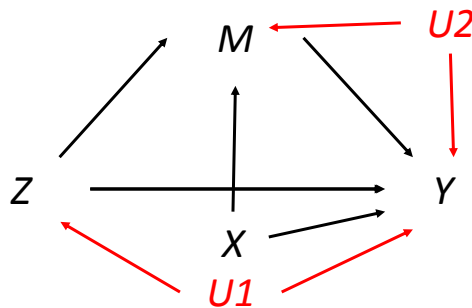
## Assumptions for identification

- Total effects require:
  - A1: no unmeasured Z-Y confounding ( $U1$ );
  - (satisfied by randomisation ☺)



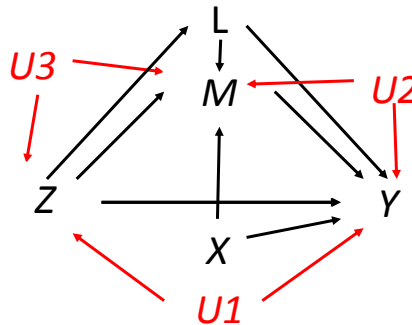
## Assumptions for identification

- Controlled direct effects require:
  - A1: no unmeasured Z-Y confounding ( $U1$ );
  - A2: no unmeasured M-Y confounding ( $U2$ ).



## Assumptions for identification

- Natural direct and indirect effects require A1, A2 and
  - A3: no unmeasured treatment-mediator confounding ( $U3$ );
  - (satisfied by randomisation ☺)
- Either
  - A4a: no mediator-outcome confounder affected by treatment ( $L$ )
  - A4b: restrictions on the  $Z$ - $M$  interactions



## Estimating causal parameters using parametric regression models

- Assume a continuous mediator and continuous outcome.
- Traditional method would use two regression models:

$$E[M|Z = z, X = x] = \mu + \alpha z + \delta x$$

$$E[Y|Z = z, M = m, X = x] = \tau + \gamma z + \beta m + \omega x$$

- The **NIE** is the usual indirect effect ( $\alpha\beta$ ), the **NDE=CDE** and is the usual direct effect ( $\gamma$ ).
- Allowing for interactions gives a new outcome model:
 
$$E[Y|Z = z, M = m, X = x] = \tau + \gamma z + \beta m + \omega z * m + \varphi x$$

## Estimating causal parameters using parametric regression models

- Using parameters from models 1 and 3, we can obtain the causal parameters as:

$$\begin{aligned}CDE &= (\gamma + \omega m)(z - z') \\NDE &= (\gamma + \omega \tau + \omega \alpha r' + \beta \delta x)(z - z') \\NIE &= (\beta + \alpha + \omega \alpha r)(z - z')\end{aligned}$$

- Without interactions ( $\omega=0$ ), these become the parameters obtained from the traditional method multiplied by levels of the exposure Z
  - For a binary exposure,  $Z=\{0,1\}$ ,  $(z-z')=1$  so this term disappears.
  - For continuous exposure, we can compare multiple levels of the exposure

## Estimating causal parameters using parametric regression models

- With a binary mediator, the model for the mediator becomes:

$$\begin{aligned}\text{logit}[\Pr(M = 1|Z = z, X = x)] &= \mu + \alpha z + \delta x \\E[Y|Z = z, M = m, X = x] &= \tau + \gamma z + \beta m + \omega z * m + \phi x\end{aligned}$$

- And the causal parameters are:

$$\begin{aligned}CDE &= (\gamma + \omega m)(z - z') \\NDE &= \{\gamma(z - z')\} + \{\omega(z - z')\} \frac{\exp[\mu + \alpha z' + \delta]}{1 + \exp[\mu + \alpha z' + \delta]} \\NIE &= (\mu + \omega z) \left\{ \frac{\exp[\mu + \alpha z + \delta]}{1 + \exp[\mu + \alpha z + \delta]} - \frac{\exp[\mu + \alpha z' + \delta]}{1 + \exp[\mu + \alpha z' + \delta]} \right\}\end{aligned}$$

## Estimating causal parameters using parametric regression models

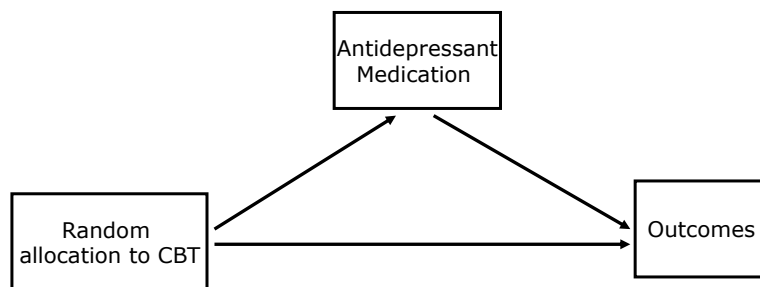
- With a binary mediator and outcome, the models are:

$$\begin{aligned} \text{logit}[\Pr(M = 1|Z = z, X = x)] &= \mu + \alpha z + \delta x \\ \text{logit}[\Pr(Y = 1)|Z = z, M = m, X = x] &= \tau + \gamma z + \beta m + \omega z * m + \varphi x \end{aligned}$$

- And the causal parameters are:

$$\begin{aligned} \log\{OR^{CDE|x}\} &= (\gamma + \omega m)(z - z') \\ \log\{OR^{NDE|x}\} &= \frac{\exp(\gamma z)\{1 + \exp(\beta + \omega z + \mu + \alpha z' + \delta x)\}}{\exp(\gamma z')\{1 + \exp(\beta + \omega z' + \mu + \alpha z' + \delta x)\}} \\ \log\{OR^{NIE|x}\} &= \frac{\{1 + \exp(\mu + \alpha z' + \delta x)\}\{1 + \exp(\beta + \omega z + \mu + \alpha z + \delta x)\}}{\{1 + \exp(\mu + \alpha z + \delta x)\}\{1 + \exp(\beta + \omega z + \mu + \alpha z' + \delta x)\}} \end{aligned}$$

## Example: SMaRT trial



- Trial of CBT for depression in patients with cancer diagnosis.
- The intervention is either randomisation to usual care or usual care plus the intervention (Depression Care for People with Cancer).
- We examine the role of therapeutic dose of AD. This is recorded for all participants at baseline, 3 and 6 months, and takes the form of a binary variable (therapeutic dose received, yes or no).

## Example: SMaRT trial

- The outcomes were measured at 3, 6 and 12 months. We consider the 6 month outcomes in this initial analysis.
  - Depression score (SCL-20)
  - Anxiety score (mean of items derived from SCL-90)
  - Fatigue score (EORTC QLQ C30).
- We use the following baseline variables:
  - sex
  - age ( $\leq 39$ , 40-79, and  $\geq 80$  years),
  - primary cancer site (breast, colorectal, gynaecological, and other cancer)
  - extent of disease (disease-free after initial treatment, local disease, and metastatic disease)
  - Measurements of outcome at baseline
  - whether the participants were receiving a therapeutic dose of AD at baseline.

## Example: SMaRT trial – ITT analysis

Outcome at 6 months	Effect Size	N	p-value
Depression score (0-4)	-0.55 (-0.77 to -0.33)	183	<0.001
Anxiety score (0-4)	-0.30 (-0.43 to -0.17)	172	<0.001
Fatigue score (0-100)	-11.68 (-18.61 to -4.75)	170	0.001

Data are differences (95% CI). Calculated from ANCOVA (mean differences as effect sizes).

## Example: SMaRT trial – mediators

Therapeutic Dose of AD	Usual Care (N=99)	Intervention (N=101)	Missing values
Baseline	20 (20%)	17 (17%)	0
3 months	42 (42%)	68 (69%)	2
6 months	32 (34%)	62 (65%)	12

We will use the 3 month measure of therapeutic dose. These are generally retrospective, but when considering 6 month outcomes this ensures temporality (mediator before outcome).

## Example: SMaRT trial – depression outcomes

Controlled Direct Effects: What is the direct effect of random allocation if everyone in the sample had the value  $M=m$ ?

Outcome scale: 0-4

Time	Parameter	Effect	SE	P-value	95% CI
6 months	CDE at M=0	-0.538	0.178	0.002	-0.887, -0.190
	CDE at M=1	-0.630	0.162	<0.001	-0.948, -0.311
	NDE	-0.548	0.123	<0.001	-0.788, -0.307
	NIE	0.018	0.442	0.968	-0.848, 0.883

## Example: SMaRT Trial

- Evidence for unmeasured confounding:  
wrong direction on coefficient for therapeutic dose;  
suggests detrimental effect!

dep6	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
interven	-.5383036	.1779271	-3.03	0.003	-.8895495    -.1870577
dose3	.1877437	.1754722	1.07	0.286	-.1586561    .5341435
__000001	-.0914497	.2432662	-0.38	0.707	-.5716816    .3887823
dep0	.5485273	.1273208	4.31	0.000	.2971833    .7998714
dose0	-.0950172	.1551008	-0.61	0.541	-.4012018    .2111674

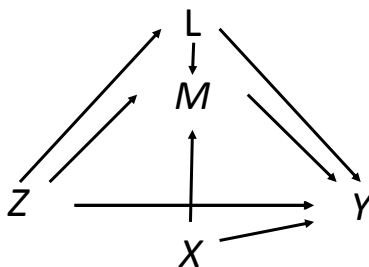
## Software for mediation analysis

- Statistical mediation analysis:
  - Stata: `sgmediation`, `binary_mediation`
  - Mplus, EQS, AMOS, R – any SEM package
  - SPSS: PROCESS (Hayes, Preacher)
- Causal mediation analysis in software;
  - Stata: `paramed` (Emsley et al.), `mediation` (Imai et al.), `gformula` (Daniel et al.)
  - SAS: `gformula` (Robins et al.), `mediation` (VanderWeele)
  - SPSS: `mediation` (VanderWeele)
  - R: `mediation` (Imai et al.)
  - Mplus: (Muthen)
  - Lange et al. (2012) and Vansteelandt et al. (2012).



## Assumptions for identification

- To estimate natural direct and indirect effects using the parametric regression models, we need the assumption that there is no effect of exposure that confounds the mediator-outcome relationship
  - this would be violated in the following causal diagram:



## Identification of Direct and Indirect Effects

- If there are effects of the exposure that confound the mediator-outcome relationship such as  $L$ , using the regression approach we can still estimate controlled direct effects but not natural direct and indirect effects (Avin et al., 2005).
- However, techniques such as marginal structural models for mediation (VanderWeele, 2009) or structural nested models for mediation (Vansteelandt, 2009) will be needed.
- Previously for controlled direct effects we required:
  - A1: no unmeasured  $Z$ - $Y$  confounding;
  - A2: no unmeasured  $M$ - $Y$  confounding.
- We need to extend the definition in A2 to control for  $L$  as well.

34

## Marginal structural models for direct effects

- A marginal structural model for controlled direct effects is given by:

$$E[Y(z,m)] = \beta_0 + \beta_1 z + \beta_2 m + \beta_3 zm$$

- Once we have fit the marginal structural model the controlled direct effect is simply given by:

$$CDE(z,z';m) = E[Y(z,m)] - E[Y(z',m)] = (\beta_1 + \beta_3 m)(z - z')$$

35

## Marginal structural models for direct effects

- We regress  $Y$  on  $Z, M, Z^*M$  where each subject is weighted by the product of the weights:

$$w_i^z = \frac{\Pr(Z = z_i)}{\Pr(Z = z_i | X = x_i)}$$

$$w_i^m = \frac{\Pr(M = m_i | Z = z_i)}{\Pr(M = m_i | Z = z_i, X = x_i, L = l_i)}$$

- If the mediator  $M$  is continuous then we have to replace the probabilities for the weight obtained by logistic regression with probability density functions obtained from linear regression

36

## Marginal structural models for direct effects

- For binary outcomes we could instead fit a marginal structural model logistic regression to obtain controlled direct effect odds ratios.
- We would calculate weights the same way but fit a weighted logistic regression rather than a weighted linear regression.

$$\text{Logit}\{\text{Pr}(Y(z, m) = 1)\} = \beta_0 + \beta_1 z + \beta_2 m + \beta_3 zm$$

- We might want to use the MSM approach even if we do not have time-dependent confounding if:
  - (i) We want marginal rather than conditional estimates
  - (ii) We might prefer to model  $Z$  and  $M$  (weights) rather than  $M$  and  $Y$

37

## Mediation analysis in survival analysis

- Suppose we aim to decompose a total effect comparing  $r$  and  $r'$  into direct and indirect effects, but we have a time-to-event outcome.
- Which of the methods that we have discussed can we use?
- It turns out, that we can estimate causal mediation parameters using survival analysis, under the same set of assumptions A1-A4.
- The interesting thing in survival data is that there are multiple scales we can use to decompose the total effect:
  - Survival function
  - Hazard function
  - Mean survival times

## Mediation analysis in survival analysis (2)

- Let  $T$  be the time-to event outcome.
  - $T(z)$  is the counterfactual event time if  $Z$  is set to  $z$ .
  - $T(z, m)$  is the counterfactual event time if  $Z$  is set to  $z$  and  $M$  is set to  $m$ .
  - $M(z)$  is the counterfactual mediator if  $Z$  is set to  $z$  (as before).
  - $T(z, M(z'))$  is the nested counterfactual if  $Z$  is set to  $z$ , and the mediator is set to the value it would have been had  $Z$  been set to  $z'$ .

## Mediation analysis in survival analysis (3)

- Let  $S_T(t)$  be the survival function at time  $t$ ,
  - $S_T(t) = \Pr(T > t)$
  - Conditional on covariates:  $S_T(t|X) = \Pr(T > t | X = x)$
- We could decompose a comparison of the survival functions  $S_{T(z)}(t)$  and  $S_{T(z')}(t)$  as follows:

$$S_{T(z)}(t) - S_{T(z')}(t) = [S_{T(z, M(z))}(t) - S_{T(z, M(z'))}(t)] + [S_{T(z, M(z'))}(t) - S_{T(z', M(z'))}(t)]$$

- The first expression is the **natural indirect effect** on the survival function scale;
- the second expression is the **natural direct effect** on the survival function scale.

## Mediation analysis in survival analysis (4)

- Let  $\lambda_T(t)$  and  $\lambda_T(t|X)$  be the hazard functions at time  $t$ .
  - i.e. the instantaneous rate of the event given  $T \geq t$ .
- Then we could decompose the total effect on the hazard function scale as:

$$\lambda_{T(z)}(t) - \lambda_{T(z')}(t) = [\lambda_{T(z, M(z))}(t) - \lambda_{T(z, M(z'))}(t)] + [\lambda_{T(z, M(z'))}(t) - \lambda_{T(z', M(z'))}(t)]$$

- On the mean survival times, the decomposition would be:

$$E[T(z)] - E[T(z')] = [E[T(z, M(z))] - E[T(z, M(z'))]] + [E[T(z, M(z'))] - E[T(z', M(z'))]]$$

- Each of these decompositions could be made conditional on covariates as well.

## Causal mediation analysis with an additive hazard model

- Lange and Hansen (2011) describe mediation analysis under an additive hazard model for  $T$ :

$$\lambda_T(t|z, m, x) = \theta_0 + \theta_1 z + \theta_2 m + \theta_4 x$$

- With a linear model for  $M$  as before,

$$E[M|Z = z, X = x] = \beta_0 + \beta_1 z + \beta_2 x$$

- Then:

$$NIE = \lambda_{T(z, M(z))}(t) - \lambda_{T(z, M(z'))}(t) = \beta_1 \theta_2 (z - z')$$

$$NDE = \lambda_{T(z, M(z'))}(t) - \lambda_{T(z', M(z'))}(t) = \theta_1 (z - z')$$

- Note that this is the same as we found in the statistical mediation analysis (Baron and Kenny).

## Causal mediation analysis with an accelerated failure time model

- Assuming an accelerated failure time model for  $T$  whilst allowing for an interaction between  $Z$  and  $M$ :

$$\log(T) = \theta_0 + \theta_1 z + \theta_2 m + \theta_3 zm + \theta_4 x + v\epsilon$$

where  $v$  is a scale parameter, and  $\epsilon$  can take any distribution. and a linear model for  $M$  and  $\sigma^2$  the variance of the error term:

$$E[M|Z = z, X = x] = \beta_0 + \beta_1 z + \beta_2 x$$

- VanderWeele (2011) derived the following results:

$$NIE = \log\{E[T(z, M(z)|x)]\} - \log\{E[T(z, M(z')|x)]\} = (\beta_1\theta_2 + \theta_3\beta_1 z)(z - z')$$

$$NDE = \log\{E[T(z, M(z')|x)]\} - \log\{E[T(z', M(z')|x)]\} = \{\theta_1 + \theta_3(\beta_0 + \beta_1 z' + \beta_2 x + \theta_2 \sigma^2)\}(z - z') + 0.5\theta_3^2 \sigma^2 (z^2 - z'^2)$$

## Causal mediation analysis with an accelerated failure time model

- These results hold for arbitrary distributions for  $\epsilon$  but require a normally distributed mediator  $M$ .
- When there is no interaction (so that  $\theta_3=0$ ), the expressions reduce to those we produced previously.
- These are also analogous to the results we had previously for a binary outcome.

## Causal mediation analysis with a proportional hazards model

- Assuming a proportional hazards model for  $T$  whilst allowing for an interaction between  $Z$  and  $M$ :

$$\lambda_T(t|z, m, x) = \lambda_T(t|0,0,0)e^{\theta_1 z + \theta_2 m + \theta_3 z m + \theta_4 x}$$

and a linear model for  $M$  and  $\sigma^2$  the variance of the error term:

$$E[M|Z = z, X = x] = \beta_0 + \beta_1 z + \beta_2 x$$

- VanderWeele (2011) derived the following results:

$$NIE = \log\{\lambda_{T(z, M(z))}(t|x)\} - \log\{\lambda_{T(z, M(z'))}(t|x)\} = (\beta_1 \theta_2 + \theta_3 \beta_1 z)(z - z')$$

$$NDE = \log\{\lambda_{T(z, M(z'))}(t|x)\} - \log\{\lambda_{T(z', M(z'))}(t|x)\} = \{\theta_1 + \theta_3(\beta_0 + \beta_1 z' + \beta_2 x + \theta_2 \sigma^2)\}(z - z') + 0.5\theta_3^2 \sigma^2 (z^2 - z'^2)$$

## Causal mediation analysis with a proportional hazards model

- These results **only** hold for a rare outcome.
- When there is no interaction (so that  $\theta_3=0$ ), the expressions reduce to those we produced previously.
- Again, these are also analogous to the results we had previously for a binary outcome.
- For a non-rare outcome, there is no clear interpretation of the indirect effect, so the recommendation is that the PH model should not be used.

## Software for mediation analysis in survival analysis

- Lange and Hansen (2011) present a general approach to performing these analysis in standard software:
  - Approach based on inverse probability weighting.
- The analysis could be performed manually by estimating the two regressions separately, and combining the results as described here:
  - Bootstrapping could be used for the standard errors, or the analytic terms from paramed.
- Valeri and VanderWeele have extended their SAS macro to include survival outcomes.
- We are aiming to produce a Stata command (survmed) to perform this analysis (in 2017).

## Some references (personal)

- Dunn G, **Emsley RA**, Liu H, Landau S, Green J, White I and Pickles A. (2015). Evaluation and validation of social and psychological markers in randomised trials of complex interventions in mental health. *Health Technology Assessment* 19(93).
- Dunn G, **Emsley RA**, Liu H & Landau S. (2013). Integrating biomarker information within trials to evaluate treatment mechanisms and efficacy for personalised medicine. *Clinical Trials*, 10(5):709-19.
- **Emsley RA** & Dunn G. Process evaluation using latent variables: applications and extensions of finite mixture models. (2013). In: *Advances in Latent Variables*. Eds. Brentari E., Carpita M., Vita e Pensiero, Milan, Italy. ISBN: 9788834325568.
- **Emsley RA** & Dunn G. (2012) Evaluation of potential mediators in randomized trials of complex interventions (psychotherapies). In: *Causal Inference: Statistical perspectives and applications*. Eds: Berzuini C, Dawid P & Bernardinelli, L. Wiley.
- **Emsley RA**, Green J, Dunn G. (2011). Designing trials of complex interventions for efficacy and mechanisms evaluation. *Trials*, 12(Suppl1), A143.
- **Emsley RA**, Dunn G & White IR. (2010). Modelling mediation and moderation of treatment effects in randomised controlled trials of complex interventions. *Statistical Methods in Medical Research*, 19(3), 237-270.
- VanderWeele TJ, **Emsley RA**. (2013). Discussion of "Experimental designs for identifying causal mechanisms". *JRSS-A*, 176(1), pp46.



## Some references (others)

- Albert JM (2008). Mediation analysis via potential outcomes models. *Statistics in Medicine* 27, 1282-1304.
- Daniel, R. M., De Stavola, B. L., and Cousens, S. N. (2011). gformula: Estimating causal effects in the presence of time-varying confounding or mediation using the g-computation formula. *The Stata Journal* 11(4):479-517.
- De Stavola B., Daniel, R., Ploubidis, G., Micali, N. (2015). Mediation Analysis With Intermediate Confounding: Structural Equation Modeling Viewed Through the Causal Inference Lens. *AJE*, 181(1), 64-80.
- Dunn G & Bentall R (2007). Modelling treatment-effect heterogeneity in randomized controlled trials of complex interventions (psychological treatments). *Statistics in Medicine*, 26, 4719-4745.
- Gallop R, Small DS, Lin JY, Elliot MR, Joffe MM & Ten Have TR (2009). Mediation analysis with principal stratification. *Statistics in Medicine* 28, 1108-1130.
- Gennetian, L.A., Morris, P.A., Bos, J.M. and Bloom, H.S. (2005). In H.S. Bloom (Ed.), *Learning More From Social Experiments* (pp75-114). New York: Russell Sage Foundation.
- Lynch K, Cary M, Gallop R, Ten Have TR (2008). Causal mediation analyses for randomized trials. *Health Services & Outcomes Research Methodology* 8, 57-76.
- Hicks R and Tingley D. Causal Mediation Analysis. *The Stata Journal*, 11(4):609-15, 2011.
- Imai, Kosuke, Luke Keele and Dustin Tingley (2010) A General Approach to Causal Mediation Analysis, *Psychological Methods* 15(4) pp. 309-334.
- Imai, Kosuke, Luke Keele and Teppei Yamamoto (2010) Identification, Inference, and Sensitivity Analysis for Causal Mediation Effects, *Statistical Sciences*, 25(1) pp. 51-71.

## Some references (others)

- MacKinnon DP (2008). *Introduction to Statistical Mediation Analysis*. New York: Taylor & Francis Group.
- Ten Have, T.R., Joffe, M. and Cary, M. (2003). Causal logistic models for non-compliance under randomized treatment with univariate binary response. *Statistics in Medicine* 22, 1255-1283.
- Ten Have TR, Joffe MM, Lynch KG, Brown GK, Maisto SA & Beck AT (2007). Causal mediation analyses with rank preserving models. *Biometrics* 63, 926-934.
- Valeri L and VanderWeele TJ. Mediation analysis allowing for exposure-mediator interactions and causal interpretation: theoretical assumptions and implementation with SAS and SPSS macros. *Psychological Methods*, 18(2):137-50, 2013.
- VanderWeele, T. J. & Vansteelandt, S. 2009, "Conceptual issues concerning mediation, interventions and composition", *Statistics and Its Interface*, vol. 2, no. 4, pp. 457-468.
- VanderWeele, T. J. & Vansteelandt, S. 2010, "Odds Ratios for Mediation Analysis for a Dichotomous Outcome", *American Journal of Epidemiology*, vol. 172, no. 12, pp. 1339-1348.
- VanderWeele, T. J. & Arah, O. A. 2011, "Bias Formulas for Sensitivity Analysis of Unmeasured Confounding for General Outcomes, Treatments, and Confounders", *Epidemiology*, vol. 22, no. 1, pp. 42-52.