

Machine Learning for Estimating Individualized Treatment Effect from Real World Data for Use in Health Technology Assessment

Yingying Zhang¹ Noemi Kreif¹ Vijay Gc² Andrea Manca¹

1. Centre for Health Economics, University of York, York, UK 2. School of Human and Health Sciences, University of Huddersfield, Huddersfield, UK

Contact email: yingying.zhang@york.ac.uk andrea.manca@york.ac.uk

Introduction

ATE are at the heart of clinical and policy decision making, used to derive ICER and INB. More nuanced decision-making accounting for heterogeneity in treatment effect may yield greater population health gains [1-3].

Clinicians and payers have focused more on considerations at the subgroup- and individual levels.

Patients and clinicians want to know what the outcomes of a treatment is for them, not for an average individual.

From ATE to ITE

The *ITE* for individual i with a vector of individual-specific predictors $X = x_i$ can be defined as:

$$ITE(x_i) = E[Y_i^{a=1}|X = x_i] - E[Y_i^{a=0}|X = x_i]$$

The *ATE* ($E[Y_i^{a=1}] - E[Y_i^{a=0}]$) is equal to the average of the *ITEs* ($E[Y_i^{a=1} - Y_i^{a=0}]$).

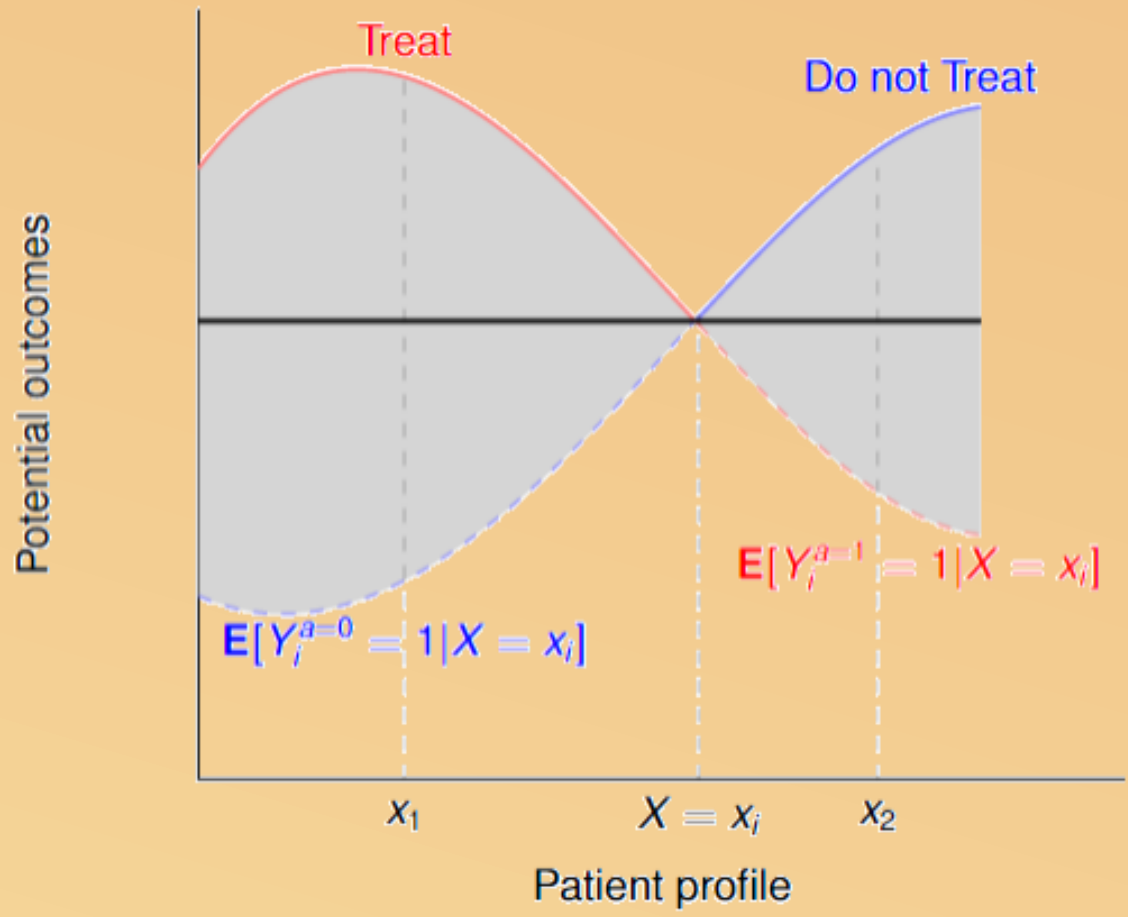


Figure 1: Optimal treatment strategy based on potential outcomes

Identification Assumptions of ITE are the same as ATE, including **consistency**,

conditional exchangeability, **positivity**, **no interference**.

Challenges in Estimating ITE

1. What Data Is Required for ITE Estimation?

ITE is essentially a highly conditional average treatment effect and can be realistically derived from large, well-designed, real-world studies.

2. Why use ML to Estimate ITE?

ML identify potential subgroups and select covariates (NICE real-world evidence framework June 2022). ML flexibly model complex interactions between treatment and high-dimensional individual characteristics. ML are not substitutes for content knowledge and clinicians' opinions.

3. Outcomes

ML should focus on the potential outcomes instead of just the difference between them

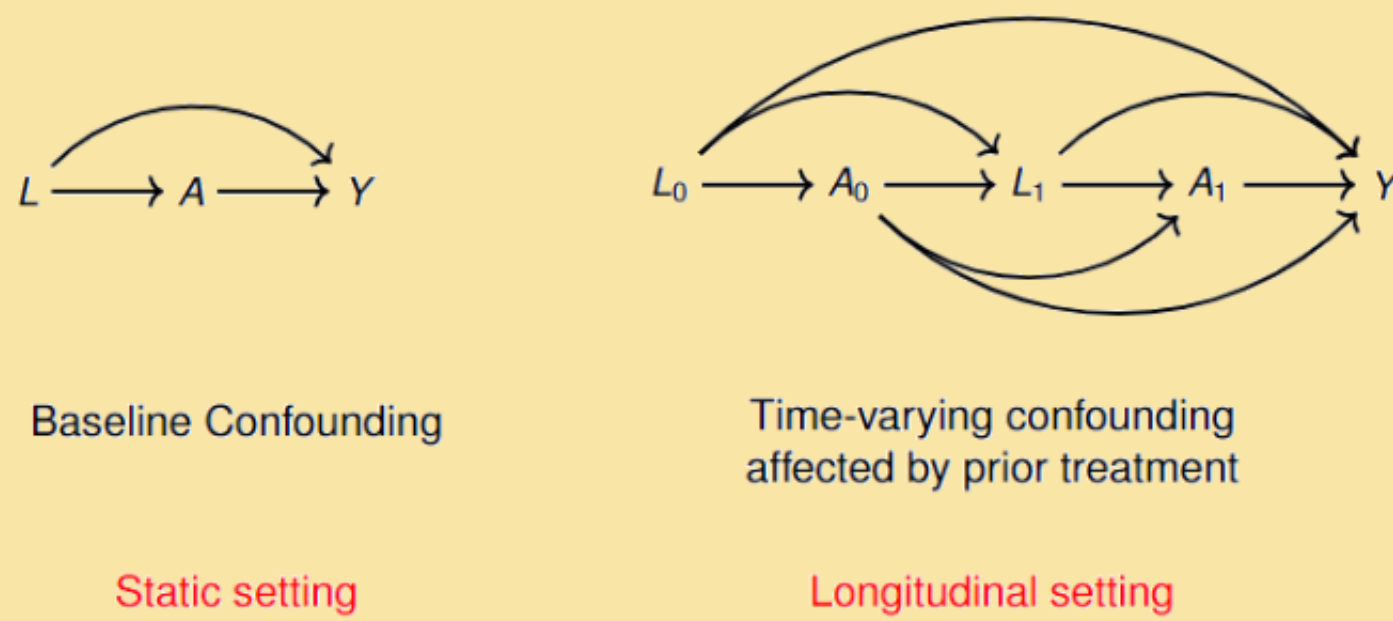
4. Uncertainty Quantification makes ML more trustworthy and facilitate safer and more consistent treatment decisions.

5. Parameters focus on TTE outcome, baseline risk, related measures of treatment effect, HRQoL and costs.

Risk of Bias in Causal Inference

General to All Observational Studies

1. Selection Bias
2. Confounding
3. Collider Bias
4. Measurement Error



Specific to Longitudinal Analysis

1. Loss to Follow-Up
2. Exposure Affected Time-varying Confounding
3. Immortal Time Bias

Summarize ML Algorithms

We **extract data** based on:

- the available data (cross-sectional or longitudinal);
- the outcome of interest (continuous, binary or TTE);
- whether handle observed or unobserved confounders;
- whether quantify uncertainties of treatment effects or predicted outcomes;
- software implementation (R, Python or Stata).

ML Methods to Estimate ITE in Static Setting

Most ML methods:

- are designed for binary or continuous outcomes, require large samples;
- handle baseline confounding, assume no hidden confounding;
- not quantify uncertainty of both the predicted outcomes and treatment.

Table 1: Methods to Estimate ITE in Static Settings

Method	Handles confounding	Outcome variable	Quantifies uncertainty	Software	Reference
Bayesian Additive Regression Trees(BART), Bayesian Causal Forest	O	B, C	uncertainty intervals for predicted counterfactual outcomes and treatment effects	R: BART bart Cause bcf	[33] [34] [60] [67]
Causal forest, Causal Multi-task Gaussian Processes(CMGPP), Non-stationary Gaussian Processes(NSGP), Virtual Twin Random Forests(VT), VT interaction, Counterfactual Random Forest(RF), counterfactual synthetic RP, Bivariate RP	O, U	B, C	confidence intervals for potential outcomes and treatment effects	R: RandomForestSRC ForestSRC grf HagerTree causalForest VirtualTwin model4you	[36-38] [40] [42] [43]
Balancing Neural Network(BNN)	O	B, C	No	No	[44]
Treatment-Agnostic Representation Network(TARNet)	O	B, C	No	Python: tfrnet	[45]
Local Similarity Preserved Individual Treatment Effect(SITE)	O	B, C	No	Python: SITE	[46]
Deep Counterfactual Networks with Propensity Dropout(DCN-PD)	O	B, C	uncertainty in the estimated treatment effect	Python: DCN	[47]
Multi-Task Deep Learning and K-Nearest Neighbours(MTDL-KNN)	O	B, C	No	Python: CNN	[47]
Generative Adversarial Nets for inference of Individualised Treatment Effects(GANITE)	O	B, C	only uncertainty in the counterfactual outcomes	Python: GANITE	[48]
Person-Centered Treatment Effects Using a Local Instrumental Variables(PETV)1	O, U	B, C	Yes	Stata: petiv	[49]
Counterfactual Survival Analysis(CSA)	O at baseline	TTE	uncertainty for the potential outcomes	Python only: Time_Series_Deconfounder	[12]
SurvITE	O at baseline	TTE	No	Python only: SurvITE	[11]
Cox Proportional Hazards Deep Neural Network(DeepSurv)	No	TTE	confidence intervals for predicted outcomes	Python only: DeepSurv	[51]
Non-Parametric Accelerated Failure Time(APFT)	O at baseline	TTE	Yes	Python only: APFTnet	[51] [52]
Non-Parametric Bayesian Additive Regression Trees within the framework of accelerated failure time model(APT-BART-NP)	O at baseline	TTE	Yes	R and Python codes	[53]
Random Survival Forest(RSF)	O at baseline	TTE	uncertainty for treatment effects	No	[54] [55]
Causal Survival Forest(CSF)	O at baseline	TTE	uncertainty for treatment effects	csf	[56]
Deep Multi-task Gaussian Processes(DMGPP)	O at baseline	TTE	No	Python only: DMGPP	[42] [53] [57]

Legend: O: observed confounding; U: unobserved confounding; B: binary outcome; C: continuous outcome, TTE: time-to-event outcome.

ML Methods to Estimate ITE in Longitudinal Setting

In chronic conditions, treatments are sustained over time and we study a dynamic treatment regime.

Table 2: Methods to Estimate ITE in Longitudinal Settings

Method	Time-varying confounding	Baseline confounding	Outcome variable	Quantifies uncertainty	Software	Reference
Bayesian Non-parametric Method(BNP)	O	O	C	uncertainty for treatment effects	No	[50]
Bayesian Treatment Response Curves(BTRC)	No	No	C	No	No	[50]
Counterfactual Gaussian Process(CGP)	O	O	C	confidence intervals for predicted outcomes	No	[51]
Recurrent Marginal Structural Networks(RMSN)	O	O	B, C	No	Python only: RMSN	[52]
Counterfactual Recurrent Network(CRN)	O	O	B, C	No	Python only: CRN	[53]
Deep Sequential Weighting(DSW)	O, U	O, U	C	No	Python only: DSW	[55]
SyncTwin	O	O	C	No	Python only: synth control	[54]
Time Series Deconfounder	O, U	O, U	B, C	No	Python only: Time Series Deconfounder	[55]
Causal Dynamic Survival Model(CDS)	No	O	TTE	Yes	Python only: CDS	[56]

Legend: O: observed confounding; U: unobserved confounding; B: binary outcome; C: continuous outcome, TTE: time-to-event outcome.

ML Methods to Estimate ITE for TTE Outcomes

Survival model should account for potential bias from:

- non-randomised treatment assignment (confounding),
- informative censoring,
- event-induced covariate shift [17].

Modeling competing risks is another challenge.

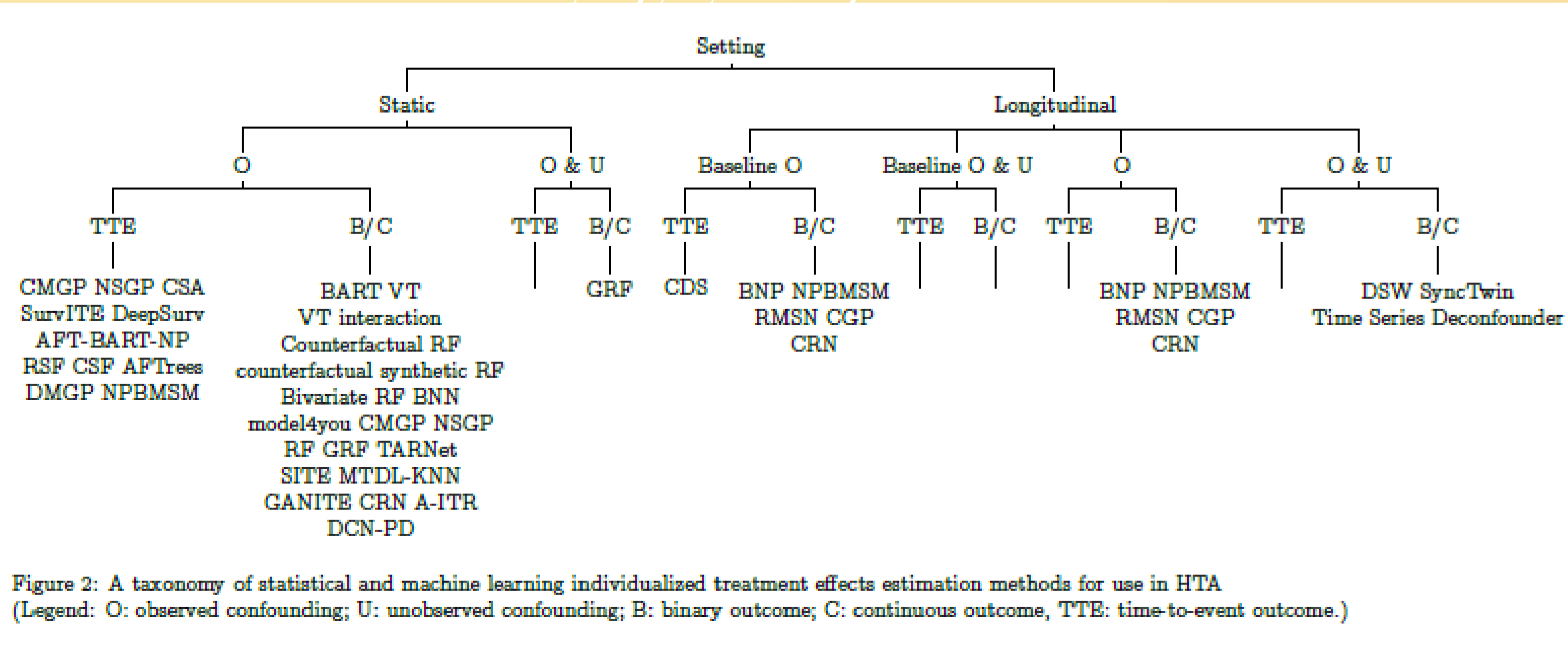


Figure 2: A taxonomy of statistical and machine learning individualised treatment effects estimation methods for use in HTA (Legend: O: observed confounding; U: unobserved confounding; B: binary outcome; C: continuous outcome, TTE: time-to-event outcome.)

Conclusions and Discussions

- Most ML for ITE estimation can handle **confounding at baseline** but **not time-varying or hidden confounding**.
- ML accounting for time-varying confounding are developed mostly for use with **continuous or binary outcomes**.
- Most ML methods do **not quantify uncertainty** of treatment effects estimates or predicted outcomes, especially in longitudinal settings.
- Modeling **assumptions** should be properly assessed before making causal conclusions.
- No ML can estimate **ITE for TTE outcomes AND account for time-varying confounders**.

[1] Douglas Coyle, Martin J Buxton, and Bernice J O'Brien. Stratified cost-effectiveness analysis: a framework for establishing efficient limited use criteria. *Health Economics*, 12(5):421–427, 2003.

[2] Mark Sculpher. Subgroups and heterogeneity in cost-effectiveness analysis. *Pharmacoeconomics*, 26(9): 799–806, 2008.

[3] Manuel A Espinoza, Andrea Manca, Karl Claxton, and Mark J Sculpher. The value of heterogeneity for cost-effectiveness subgroup analysis: conceptual framework and application. *Medical Decision Making*, 34(8): 951–964, 2014.

[4] Hugh A Chipman, Edward I George, and Robert E McCulloch. Bart: Bayesian additive regression trees. *The Annals of Applied Statistics*, 4(1):266–298, 2010.

[5] Jennifer L Hill. Bayesian nonparametric modeling for causal inference. *Journal of Computational and Graphical Statistics*, 20(1):217–240, 2011.

[6] Rodney Sparapani, Charles Spanbauer, and Robert McCulloch. Nonparametric machine learning and efficient computation with bayesian additive regression trees: the bart r package. *Journal of Statistical Software*, 97: 1–66, 2021.

[7] Susan Athey and Guido Imbens. Recursive partitioning for heterogeneous causal effects. *Proceedings of the National Academy of Sciences*, 113(27):7353–7360, 2016.

[8] Stefan Wager and Susan Athey. Estimation and inference of heterogeneous treatment effects using random forests. *Journal of the American Statistical Association*, 113(523):1228–1242, 2018.

[9] Ahmed Alaa and Mihaela van der Schaar. Bayesian inference of individualized treatment effects using multi-task gaussian processes. *arXiv preprint arXiv:1704.02801*, 2017.

[10] Ahmed Alaa and Mihaela van der Schaar. Survtite: Learning heterogeneous treatment effects from time-to-event data. In *International Conference on Machine Learning*, pages 129–138. PMLR, 2018.

[11] P. Richard Hahn, Jared S Murray, and Carlos M Carvalho. Bayesian regression tree models for causal inference: Regularization, confounding, and heterogeneous effects (with discussion). *Bayesian Analysis*, 15 (3):965–1056, 2020.

[12] Heidi Seibold, Achim Zeileis, and Tarsten Hofmann. Individual treatment effect prediction for amyotrophic lateral sclerosis patients. *Statistical Methods in Medical Research*, 27(10):3104–3125, 2018.

[13] Susan Athey, Julie Tibshirani, and Stefan Wager. Generalized random forests. *The Annals of Statistics*, 47(2): 1148–1178, 2019.

[14] Yanbo Xu, Yanxun Xu, and Suchi Sarin. A bayesian non-parametric approach for estimating individualized treatment effect response curves. In *Machine Learning for Healthcare Conference*, pages 282–300. PMLR, 2016.

[15] Hossein Soleimani, Adarsh Subbaswamy, and Suchi Sarin. Treatment response models for counterfactual reasoning with continuous-time, continuous-valued interventions. *arXiv preprint arXiv:1704.02038*, 2017.

[16] J Bica, A Alaa, and M Van Der Schaar. Time series deconfounder: Estimating treatment effects over time in the presence of hidden confounders. In *International Conference on Machine Learning*, pages 884–895. PMLR, 2020.

[17] Alicia Curth, Changhee Lee, and Mihaela van der Schaar. Survtite: Learning heterogeneous treatment effects from time-to-event data. In *Thirty-Fifth Conference on Neural Information Processing Systems*, 2021.

[18] Paidamoyo Chapfuwa, Serge Assaad, Shuxi Zeng, Michael J Pencina, Lawrence Carr, and Ricardo Henao. Enabling counterfactual survival analysis with balanced representations. In *Proceedings of the Conference on Health, Inference, and Learning*, pages 133–145, 2021.

[19] Liangyan Hu, Jiay J, and Fan U. Estimating heterogeneous survival treatment effect in observational data using machine learning. *Statistics in Medicine*, 2021.

[20] Jie Zhu and Blanca Gallego. Cds—causal inference with deep survival model and time-varying covariates. *arXiv preprint arXiv:2101.10643*, 2021.

[21] Nathan Kallus, Aahlad Manas Pilli, and Uri Shalit. Removing hidden confounding by experimental grounding. *Advances in neural information processing systems*, 31, 2018.

[22] Susan Athey and Stefan Wager. Policy learning with observational data. *Econometrica*, 89(1):133–161, 2021.