

# Dealing with missing data in an Individual Participant Data Meta-Analysis



UMC Utrecht

TPA Debray<sup>1,2</sup>, S Jolani<sup>3</sup>, A Schierenberg<sup>1</sup>, KGM Moons<sup>1,2</sup>

<sup>1</sup>Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, The Netherlands

<sup>2</sup>Cochrane Netherlands, University Medical Center Utrecht, The Netherlands

<sup>3</sup>Department of Methodology and Statistics, Maastricht University, Maastricht, The Netherlands

## Background & Objective

- ▶ It is well known that the presence missing data may lead to substantial bias and reduced statistical power
- ▶ Multiple imputation is generally recommended to adequately propagate uncertainty arising from missing data
- ▶ Lack of guidance for dealing with missing data across multiple data sources, such as individual participant data meta-analyses (IPD-MA)

**Aim:** To compare several methods for imputing missing data in an IPD-MA and synthesizing the corresponding results.

## Available Methods

### Dealing with missing data

- ▶ **Complete case analysis:** Remove individuals with missing values.
- ▶ **Within-study imputation:** Impute each study dataset separately
- ▶ **Stratified imputation:** Stack all study datasets and impute them together. Imputation is based on generalized linear effects models where the study variable is treated as a dummy factor.
- ▶ **Hierarchical imputation:** Stack all study datasets and impute them together. Imputation is based on generalized linear *mixed* effects models where random effects are assumed for one or more coefficients.

### Synthesis of data sources

- ▶ **One-stage meta-analysis:** Each completed version of the IPD-MA dataset is analysed using a single statistical model that accounts for potential between-study heterogeneity.
- ▶ **Two-stage meta-analysis:** A separate model is first fitted in each completed study dataset. Afterwards,
  - ▶ Apply meta-analysis for each completed version of the IPD-MA, and combine the meta-analysis results using Rubin's rules (MA-RR).
  - ▶ Combine study-specific estimates using Rubin's rules and then meta-analyse the combined estimates across studies (RR-MA).

Method	Imputation	Meta-Analysis	Order of Pooling
Acronym	Symbol	Description	Description
CO	△	Complete case analysis	One-stage -
HO <sup>†</sup>	□	Hierarchical imputation	One-stage -
HO <sup>‡</sup>	○	Hierarchical imputation	One-stage -
SO	◇	Stratified imputation	One-stage -
WO	▽	Within-study imputation	One-stage -
HT <sup>†</sup> <sub>marr</sub>	+	Hierarchical imputation	Two-stage MA-RR
HT <sup>†</sup> <sub>rrma</sub>	×	Hierarchical imputation	Two-stage RR-MA
WT <sub>marr</sub>	⊞	Within-study imputation	Two-stage MA-RR
WT <sub>rrma</sub>	⊠	Within-study imputation	Two-stage RR-MA

<sup>†</sup> Imputation allows for heteroscedastic within-study error variances is achieved using a fully Bayesian Gibbs sampler

<sup>‡</sup> Imputation assumes homoscedastic within-study error variances and is achieved using large sample approximations.

## Simulation study

Generation of IPD-MA with 10 studies of 250 participants each

- ▶ Binary outcome
- ▶ Two continuous covariates with varying mean, covariance and covariate-outcome association across studies
- ▶ Missing values for one or more covariates according to MAR

Analysis: Five imputations were created for each incomplete data set. All meta-analysis models allowed for joint random effects on the intercept term and regression coefficients.

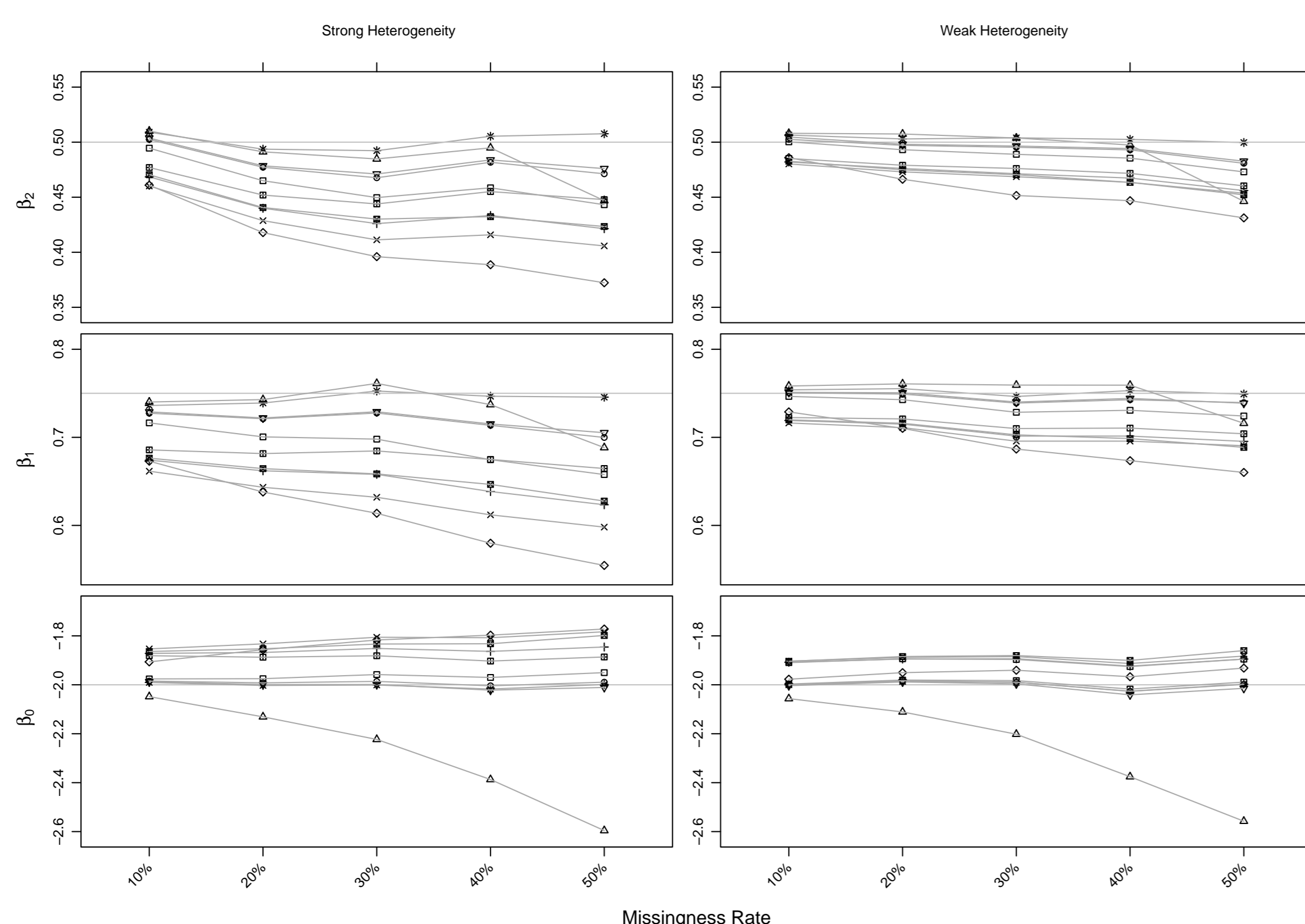


Figure 1: Results for fixed effects estimates in the simulation study.

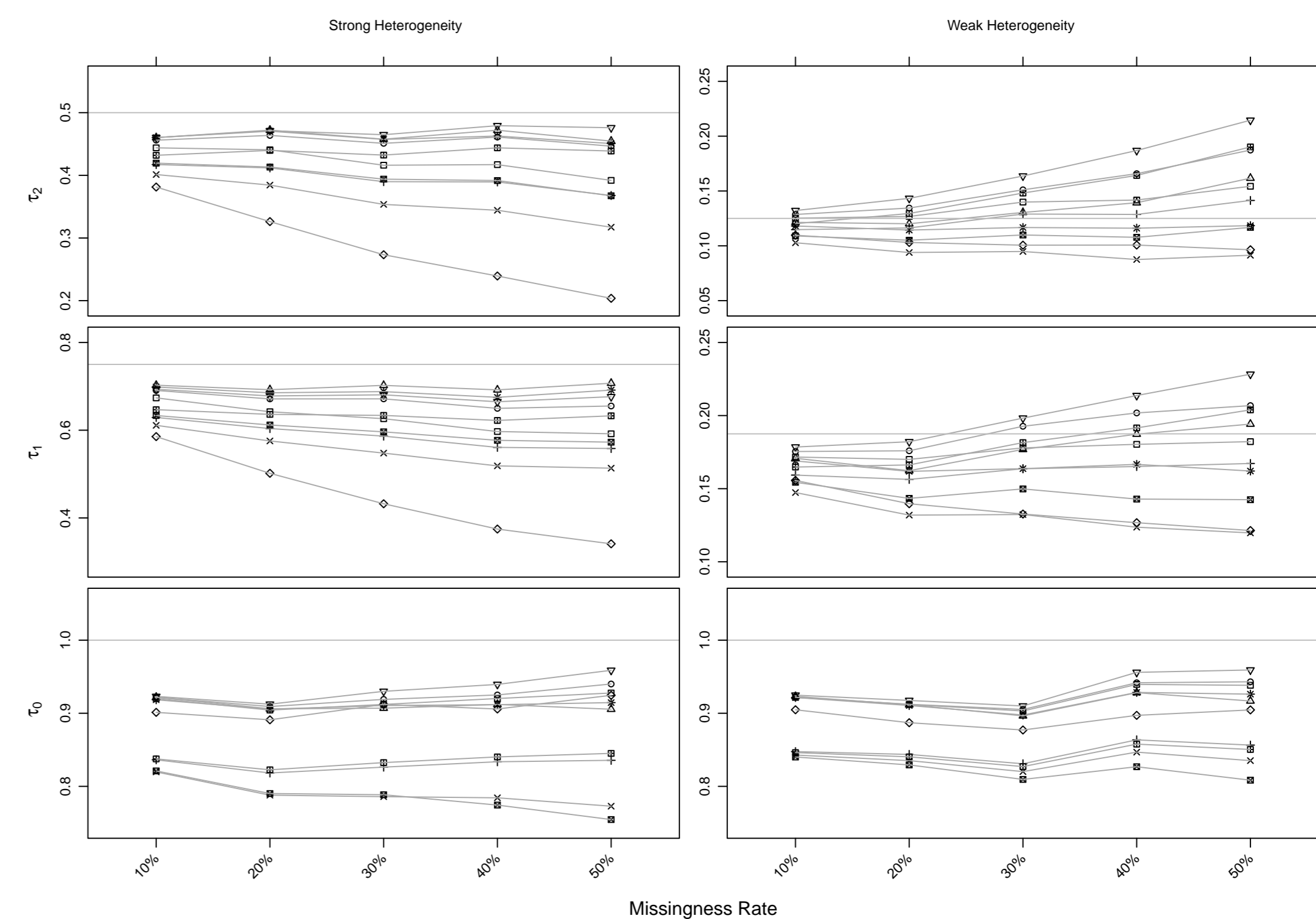


Figure 2: Results for estimates of between-study variability of the regression coefficients in the simulation study.

## Case Study

- ▶ **Data:** IPD from 7 cross-sectional studies examining the diagnostic accuracy of the inflammation marker C-reactive protein (CRP) in capillary blood
- ▶ **Primary outcome:** community acquired pneumonia (CAP) in primary care, determined by chest radiography.
- ▶ **Covariate of interest:** multivariable coefficient of CRP, modeled as  $\ln(1 + \text{CRP})$ .
- ▶ **Adjustment covariates:** age, sputum production, dyspnoea, and current temperature
- ▶ **Introduction of missing data:** Random missing values in each study dataset for CRP and temperature measurements (subjects with one or more missing values: 12 – 34% per dataset).

One-stage IPD-MA	Ref.	CO	HO <sup>†</sup>	HO <sup>‡</sup>	SO	WO
$\beta$	0.90	0.88	0.93	0.86	0.91	0.89
$SE(\beta)$	0.07	0.06	0.06	0.08	0.05	0.09
$\tau_\beta$	0.10	0.07	0.06	0.12	0.05	0.16
Two-stage IPD-MA	Ref.	CT	HT <sup>†</sup> <sub>marr</sub>	HT <sup>†</sup> <sub>rrma</sub>	WT <sub>marr</sub>	WT <sub>rrma</sub>
$\beta$	0.89	0.84	0.91	0.91	0.85	0.87
$SE(\beta)$	0.08	0.07	0.06	0.06	0.11	0.07
$\tau_\beta$	0.14	0.10	0.08	0.07	0.22	0.12

Table 1: Multivariable regression coefficient for transformed CRP values.

Ref = Results obtained by analyzing the original data, before missing values are introduced.

## Conclusions

- ▶ Use of complete case analysis or stratified imputation (by extending the imputation model with a dummy variable indicating study membership) is flawed and may lead to substantial bias.
- ▶ Hierarchical imputation and within-study imputation perform similarly, although the former tends to yield more accurate results.
- ▶ When the amount of studies and participants per study is sufficiently large, within-study imputation followed by two-stage meta-analysis may be preferred to avoid difficult modeling choices and speed up the estimation procedure.
- ▶ Two-stage IPD-MA that are based on imputed datasets should first apply meta-analysis for each completed version of the IPD-MA, and then combine the meta-analysis results using Rubin's rules (MA-RR).

## Contact

Please do not hesitate to get in touch with us during the ISCB!



Thomas Debray, PhD  
Assistant Professor  
T.Debray@umcutrecht.nl



Shahab Jolani, PhD  
Assistant Professor  
s.jolani@maastrichtuniversity.nl