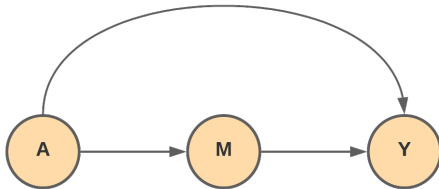


# Understanding “how” in a study of cause and effect: An introduction to mediation analysis in epidemiology

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# Outline

- 1 Introduction to causal inference
- 2 Potential outcomes framework
- 3 Mediation analysis
- 4 Examining cancer disparities using mediation analysis
- 5 References

# What is causal inference?

- Causal inference formalizes the assumptions needed to conclude that treatment A causes outcome Y and not just that A and Y are associated
- Methods in causal inference are often used to draw causal conclusions from observational datasets
- Examples of observational data:
  - Electronic health records
  - Insurance claims database
  - Customer purchasing database
  - Data from prospective studies where a treatment/exposure is not randomized
- The quantity of interest in many causal studies is called the **treatment effect** or **causal effect**

# Randomized controlled trials

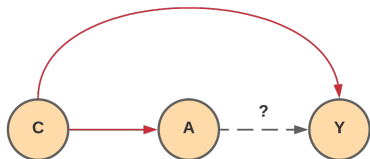
- Randomized controlled trials (RCT's) are experiments in which a treatment is randomized to patients
- Large and well-designed RCT's are often considered the “gold standard” for establishing causation between a treatment and outcome
- A key goal of randomization is to achieve covariate balance between groups
  - Covariate balance occurs when the distributions of other patient characteristics (sex, age, race, comorbidities, etc.) are similar between groups
  - An average treatment effect can be isolated if important covariates are balanced between groups
- However, RCT's are not always feasible

# Observational studies

- In observational studies, we often do not have covariate balance
- For example, say we are trying to use Electronic Health Records to provide preliminary evidence on whether an experimental therapy might be effective in treating patients with cancer
- The experimental therapy has not yet received FDA approval and is being used on a compassionate use basis
- **Discussion questions:**
  - What factors might influence who receives the experimental therapy?
  - Does every patient who is hospitalized with the condition have a positive probability of receiving this therapy?
- A series of causal assumptions (discussed in Hernán and Robins) can be used to conceptualize an observational study in an RCT framework

# Confounding variables

- Causal diagrams are used to visualize causal relationships between variables in an analysis
- In the causal diagram below,  $C$  is a **confounding variable**, since it is a common cause of both the treatment,  $A$ , and the outcome,  $Y$
- Not accounting for  $C$  would allow us to draw the conclusion that  $A$  and  $Y$  are associated but not that  $A$  causes  $Y$
- By accounting for  $C$  in our analysis, we can estimate the effect of  $A$  on  $Y$  (if there is one) that is not due to common cause  $C$



# Potential outcomes framework

- Let  $Y$  denote a subject's observed outcome. We will assume that  $Y$  is continuous
- The subject either received treatment level  $A = 1$  or  $A = 0$ , but we only observed one of these situations and the corresponding outcome
- In order to estimate a treatment effect, we need to know what the subject's outcome would have been under each level of treatment

<b>Potential outcomes (or counterfactuals)</b>		
$A = 0$	$Y_0$	The outcome a subject would have had if they had taken treatment 0
$A = 1$	$Y_1$	The outcome a subject would have had if they had taken treatment 1

- $Y = ZY_1 + (1 - Z)Y_0$  where  $Z = 1$  if the subject received treatment 1 and  $Z = 0$  if the subject received treatment 0

# Treatment Effects

- Using the counterfactual framework, a subject's treatment effect is defined as  $Y_1 - Y_0$
- Often, we cannot determine an individual treatment effect
- Much of causal inference is focused on estimating the **average treatment effect** or **average causal effect** in a population:

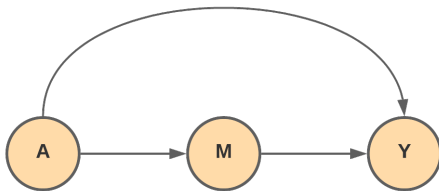
$$E(Y_1 - Y_0)$$

- Stable unit treatment value assumption (SUTVA):
  - Part 1: There cannot be multiple versions of the treatment
  - Part 2: There cannot be treatment interference (i.e. the treatment of one subject cannot affect the potential outcome of another subject)



# Mediation analysis: understanding “how”

- Mediation analysis aims to address an underlying causal mechanism
- It is likely already established that A causes Y, but we would like to know how and why that is
- Does A cause a change in intermediate outcome M (mediator), which in turn causes Y?
- How much of the total effect of A on Y occurs through M?



# Motivating example

- In a study of persons with a substance-use disorder, we would like to determine whether a rehabilitation program with methadone treatment (A) results in increased work activity (Y)
- It is of interest to determine whether some of this effect is mediated through level of illicit drug use (M)
- This example is described in Chapter 2 of VanderWeele's mediation textbook

# Potential outcomes framework in mediation analysis

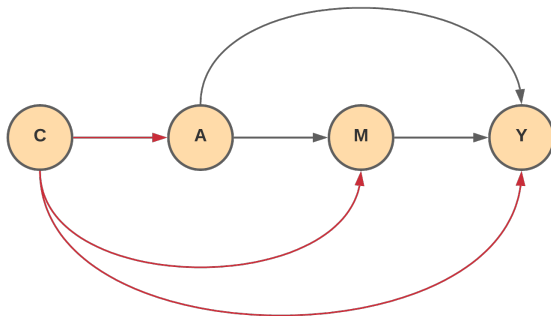
- $Y_1$  and  $Y_0$  denote the counterfactual outcomes for a subject when taking treatment 1 and treatment 0, respectively
- In a mediation analysis, we also define counterfactual outcomes for the mediator variable

Potential outcomes		
$A = 0$	$M_0$	The mediator value a subject would have had if they had taken treatment 0
$A = 1$	$M_1$	The mediator value a subject would have had if they had taken treatment 1

- $Y_{a,M_a}$  denotes the counterfactual outcome when the subject's treatment is fixed at level  $A = a$  and the subject's mediator value is the value that would have occurred if they had taken treatment  $A = a$
- We will assume that  $M$  is a continuous mediator

# Causation vs. association in mediation

- Let  $C$  represent a collection of confounding variables
- In our motivating example,  $A$  = rehab + methadone,  $M$  = level of illicit drug use,  $Y$  = amount of work activity
- What variables might confound the relationship between  $A$  and  $M$ ,  $M$  and  $Y$ , or  $A$  and  $Y$ ?



# Causal quantities of interest

- **Average total effect (TE):** The average difference in outcome (treatment effect) when the treatment is set to 1 vs. 0

$$E(Y_1 - Y_0 | c) = E(Y_{1,M_1} - Y_{0,M_0} | c)$$

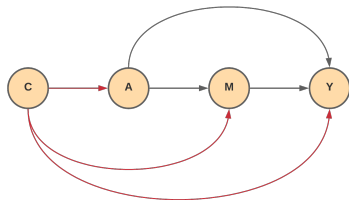
- **Average natural direct effect (NDE):** The average difference in outcome when the treatment is set to 1 vs. 0 and the mediator value is set to what it would have been under treatment 0

$$E(Y_{1,M_0} - Y_{0,M_0} | c)$$

- **Average natural indirect effect (NIE):** The average difference in outcome when the treatment is set to 1 and the mediator value changes from what it would have been under treatment 0 to what it would have been under treatment 1

$$E(Y_{1,M_1} - Y_{1,M_0} | c)$$

# Causal assumptions in mediation analysis



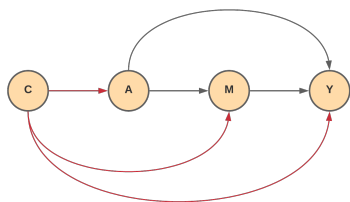
- Assumption 1: Conditional on C, there is no unmeasured confounding between the outcome and the treatment

$$Y_{a,m} \perp A \mid C$$

- Assumption 2: Conditional on A and C, there is no unmeasured confounding between the outcome and the mediator

$$Y_{a,m} \perp M \mid \{A, C\}$$

## Causal assumptions in mediation analysis (continued)



- Assumption 3: Conditional of  $C$ , there is no unmeasured confounding between the mediator and the treatment

$$M_a \perp A \mid C$$

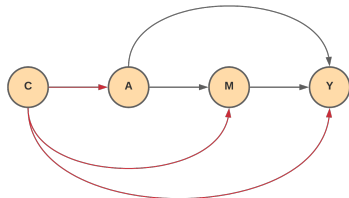
- Assumption 4: Conditional on  $C$ ,  $A$  does not cause an effect  $L$  that in turn affects both  $M$  and  $Y$

$$Y_{a,m} \perp M_{a^*} \mid C$$

- SUTVA assumption mentioned earlier also applies

# Regression-based approach for mediation analysis

- We can use multiple linear regression models to model the relationships in the causal diagram



- Regress  $Y$  on  $a$ ,  $m$ , and  $c$  to obtain an estimate of

$$E(Y \mid a, m, c) = \theta_0 + \theta_1 a + \theta_2 m + \theta_3 a m + \theta_4' c$$

- Regress  $M$  on  $a$  and  $c$  to obtain an estimate of

$$E(M \mid a, c) = \beta_0 + \beta_1 a + \beta_2' c$$



# Estimating the average causal quantities

$$\begin{aligned}
 NDE &= \int_{-\infty}^{\infty} E(Y | A = 1, M = m, C = c) f(m | A = 0, C = c) dm \\
 &- \int_{-\infty}^{\infty} E(Y | A = 0, M = m, C = c) f(m | A = 0, C = c) dm \\
 &= \theta_1 + \theta_3 \beta_0 + \theta_3 \beta_2' c
 \end{aligned}$$

$$\begin{aligned}
 NIE &= \int_{-\infty}^{\infty} E(Y | A = 1, M = m, C = c) f(m | A = 1, C = c) dm \\
 &- \int_{-\infty}^{\infty} E(Y | A = 0, M = m, C = c) f(m | A = 0, C = c) dm \\
 &= \beta_1 (\theta_2 + \theta_3)
 \end{aligned}$$

$$E(Y | a, m, c) = \theta_0 + \theta_1 a + \theta_2 m + \theta_3 a m + \theta_4' c$$

$$E(M | a, c) = \beta_0 + \beta_1 a + \beta_2' c$$

# Causal interpretation of effects

- Use of the regression models and the aforementioned causal assumptions collectively, allow for direct, indirect, and total effects to be estimated with a causal interpretation
- Interpret with caution as these assumptions will never be fully met in practice
- Several of these causal assumptions can be tested using sensitivity analysis methods

# How much of the total effect was mediated by M?

- Proportion mediated (PM) is one metric used to assess the amount of mediation
- Recall that the total effect is  $TE = NDE + NIE$
- $PM = \frac{NIE}{TE}$
- This metric has some limitations
  - It can have a wide confidence interval
  - If the direct and indirect effect have different signs, PM can exceed 100%

# Frequentist vs. Bayesian paradigm

- **Frequentist approach:**

- Estimates of the TE, NIE, NDE, and PM can be obtained by plugging in the estimated regression coefficients
- Bootstrapping is often the easiest way to obtain confidence intervals for these quantities in the frequentist setting

- **Bayesian approach:**

- Run the Bayesian version of each linear regression model
  - Prior distributions must be specified on each parameter
- Obtain posterior samples of the TE, NIE, NDE, and PM
- Use the posterior mean as the estimate and obtain 95% credible intervals using the sample values corresponding to the 2.5th and 97.5th percentile of each quantity

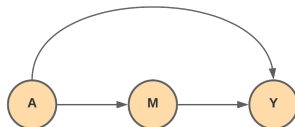
# Understanding cancer disparities with mediation analysis

- My dissertation research focuses on assessing patterns in cancer mortality rates at the county level using Bayesian hierarchical models
- In the Midwest, there are rural/urban differences in age-adjusted cancer mortality rates

<b>Cancer</b>	<b>Effect of rural vs. urban on age-adjusted mortality rate</b>	<b>95% credible interval</b>
Colorectal	1.093	(1.064, 1.122)
Lung	1.010	(0.987, 1.034)
All	1.016	(1.002, 1.030)

- We aim to understand which variables mediate the relationship between rural/urban status and age-adjusted cancer mortality rates using a Bayesian spatial modeling approach
- Working on this research with Dr. Jake Oleson and Dr. Mary Charlton

# Understanding cancer disparities with single mediator model



- $A$  represents the rurality of a county ( $A = 1$  is rural,  $A = 0$  is urban)
- $M$  represents the miles to the nearest Commission-on-Cancer-accredited hospital
- $Y$  represents a county's age-adjusted cancer mortality rate
- We focus on further explaining the association between  $A$  and  $Y$  rather than obtaining a causal interpretation

# Bayesian hierarchical models

Model 1:

$$Y_{ik} \sim \text{Poisson}(\lambda_{ik})$$

$$\log(\lambda_{ik}) = \log(n_{ik}) + \alpha_k + \theta_1 a_i + \theta_2 m_i + \theta_3 a_i m_i + \gamma_i + \epsilon_i$$

- Let  $i$  denote the county and  $k$  denote the age group
- $Y_{ik}$  denotes the number of cancer deaths in the corresponding group
- $\gamma_i$  is a spatial random effect for county  $i$  (has a conditional autoregressive prior)
  - Accounts for correlated age-adjusted rates between a county and its neighboring counties
- $\epsilon_i$  accounts for overdispersion in the Poisson model
- Vague prior distributions are assigned to all other parameters

# Bayesian hierarchical models (continued)

Model 2:

$$M_i \sim \text{Normal}(\mu_i, \sigma^2)$$

$$\mu_i = \beta_0 + \beta_1 a_i$$

- Vague prior distributions are assigned to all parameters



# Some challenges

- Treatment interference in the spatial setting
  - SUTVA assumption is violated!
  - A neighboring county's rural or urban status likely influences the county's cancer mortality rate
    - We therefore have "treatment" interference
  - Recent literature suggests ways to redefine potential outcomes when treatment interference occurs due to spatial or social network interference (see Forastiere et al)
- Count outcome
  - We need to re-derive the direct and indirect effects, as the set of effects based on the linear model do not hold for count outcomes
- Multiple mediators
  - Including additional mediators, especially correlated mediators, requires new expressions for the direct and indirect effects

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  - Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the National Science Foundation



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