

# Education corner Session 3

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## Back to school: Confounding and selection bias



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# Objective of epidemiologic research

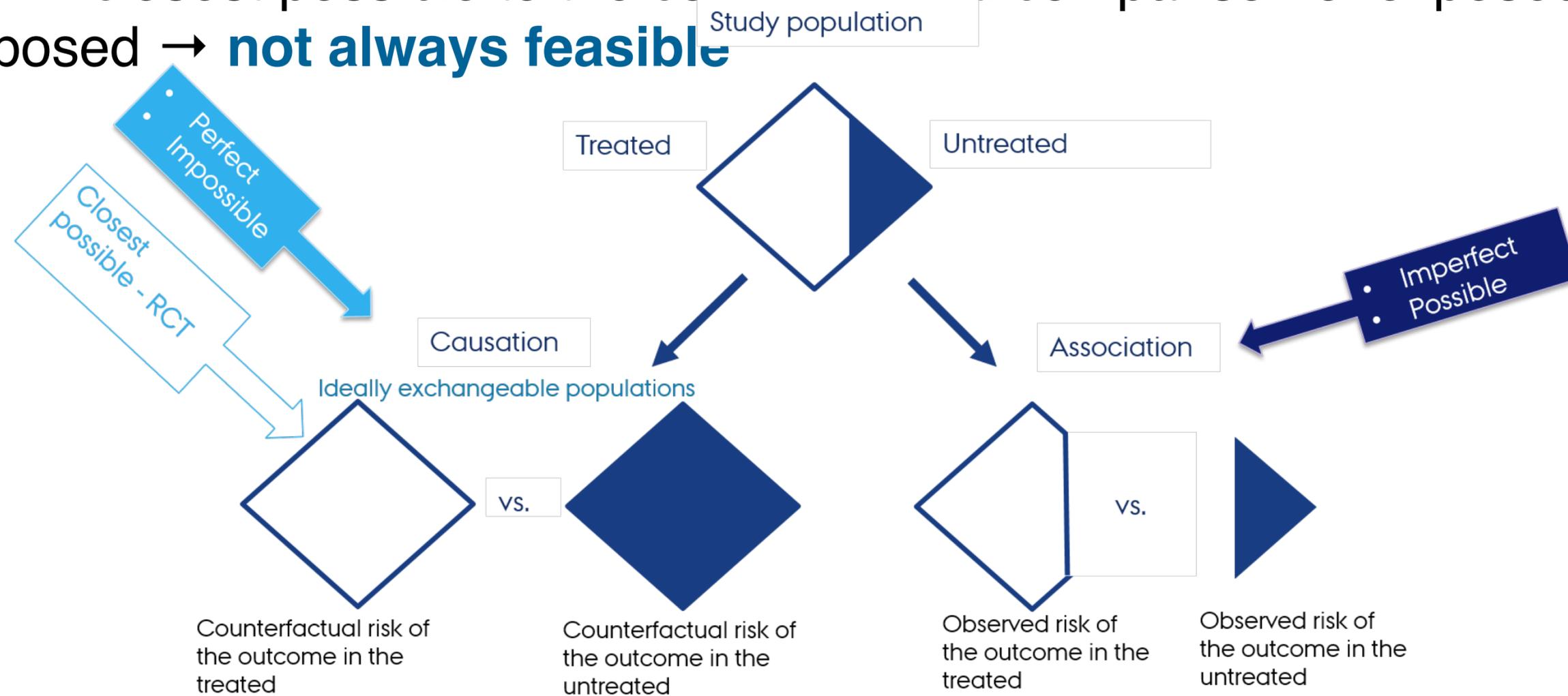
- Valid, precise, and generalizable estimate
- Internal validity: precision and validity of the effect estimate in the analytic sample
  - Analytic sample is the observed portion of the study sample
- External validity: correspondence between the analytic sample and the target population



\*It may be possible to extrapolate (transport) study results to a target population that is partially or completely nonoverlapping with the study sample.

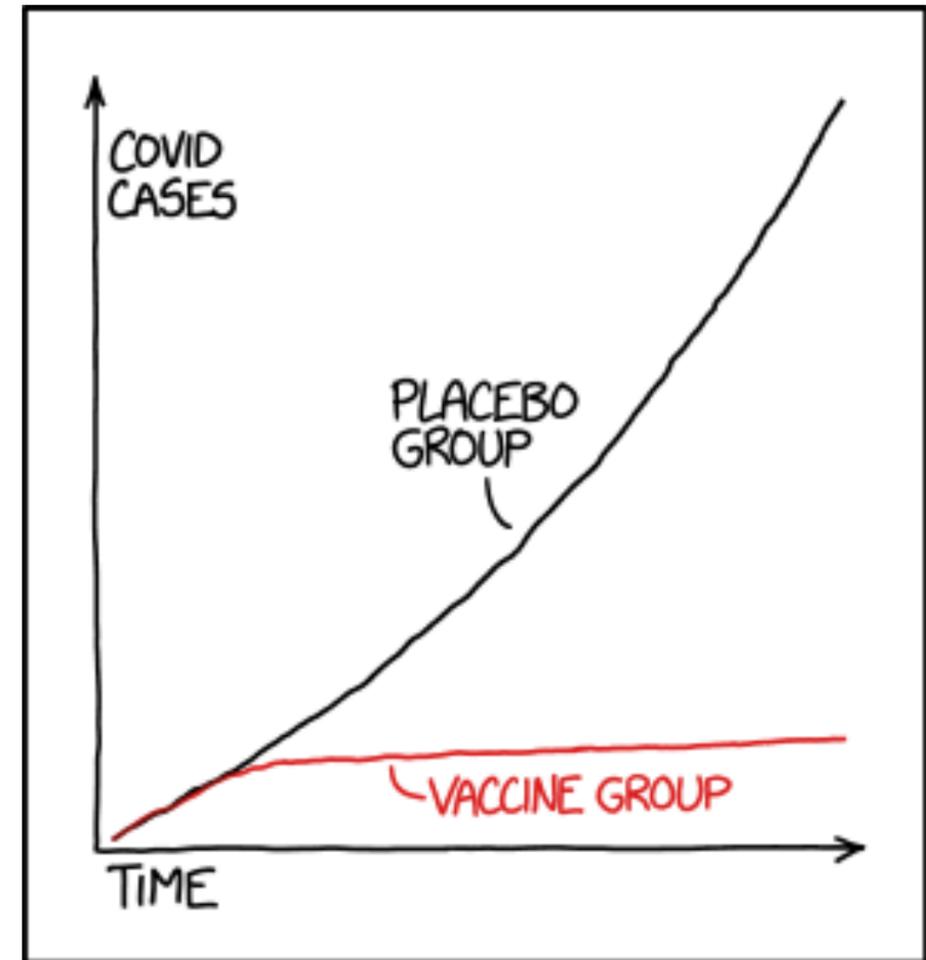
# Counterfactual vs factual 'worlds'

- Counterfactual comparisons of exposed and unexposed → perfect and **impossible**
- RCTs → closest possible to the counterfactual comparison of exposed vs unexposed → **not always feasible**



# Estimating magnitude of effect in pharmacoepidemiologic studies

- Design
- Data
- Statistical analyses

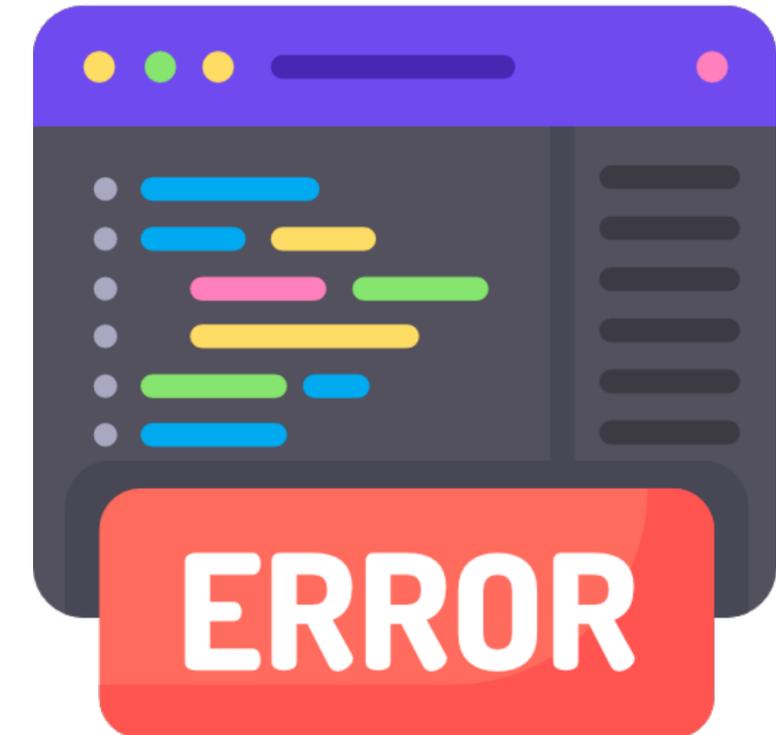


STATISTICS TIP: ALWAYS TRY TO GET DATA THAT'S GOOD ENOUGH THAT YOU DON'T NEED TO DO STATISTICS ON IT



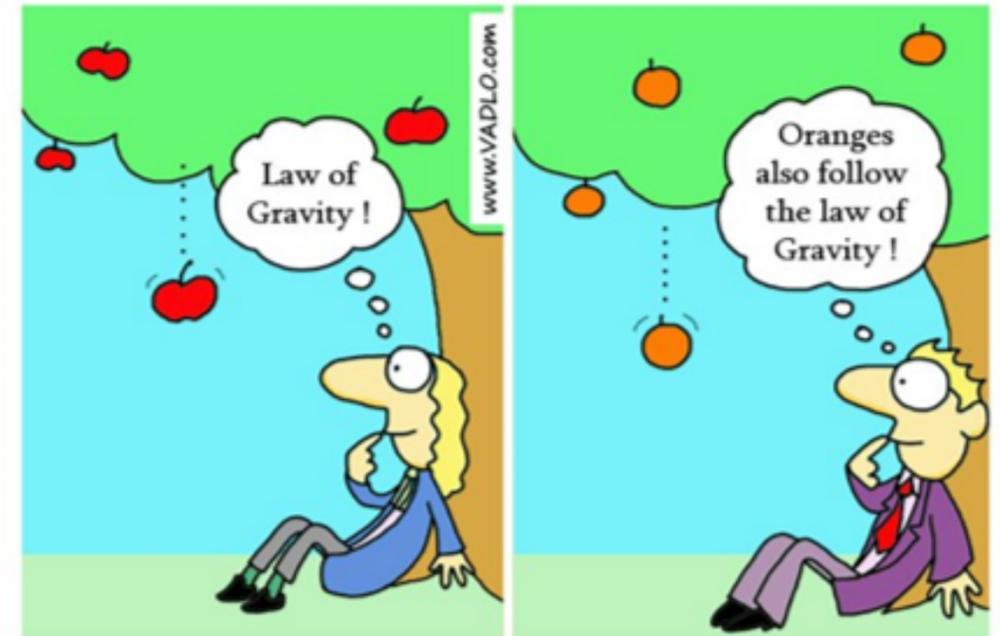
# Error in epidemiologic research

- Random error
  - Sampling (random) variability
  - Chance
- Systematic error (bias)
  - Selection bias
  - Confounding
  - Measurement (information) bias



# Selection bias

- Strict inclusion/exclusion criteria or sampling from a subset of a population
- Not representative of population as a whole
  - “Representativeness does not, in itself, deliver valid scientific inference”
- May enhance internal validity



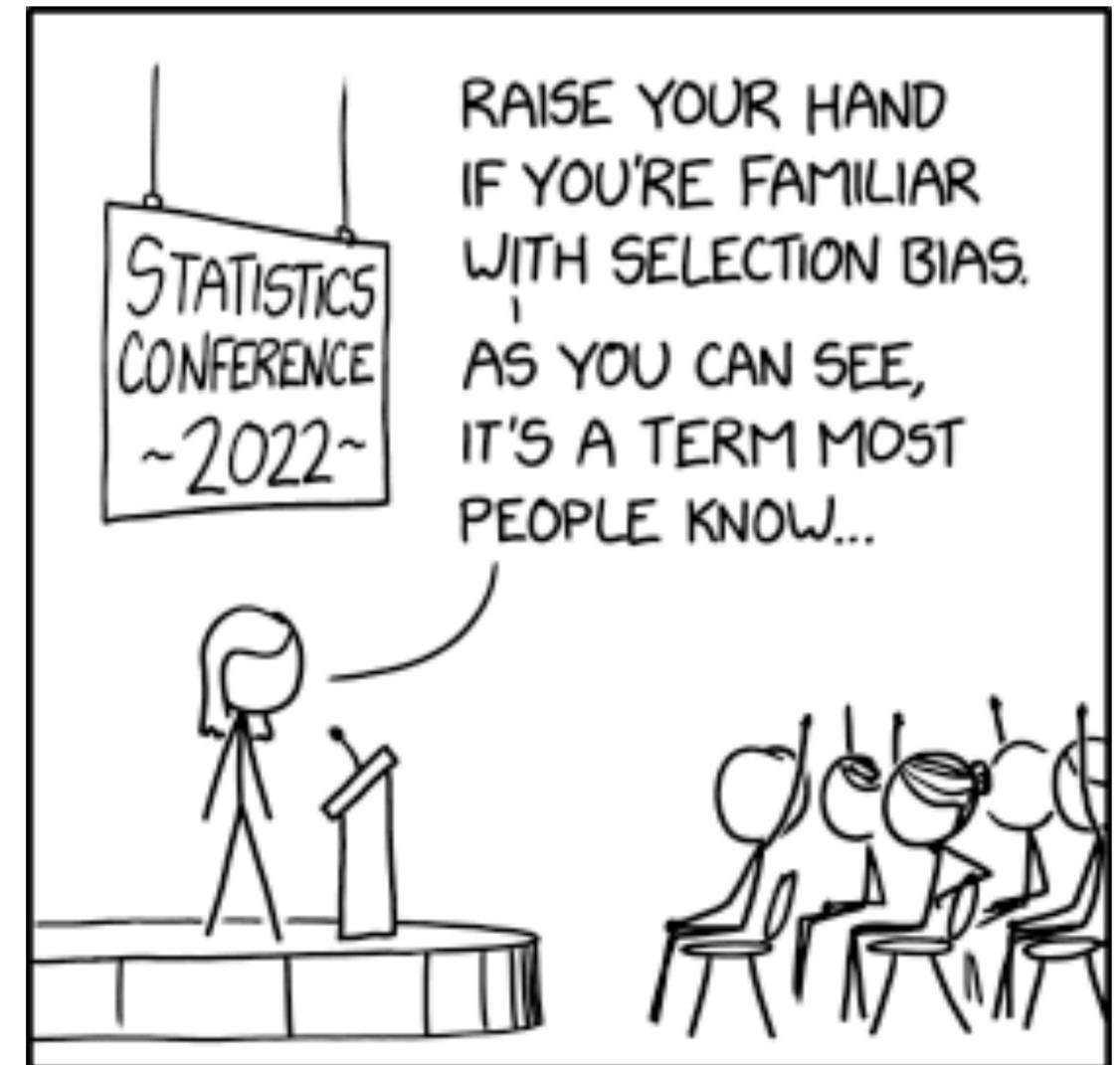
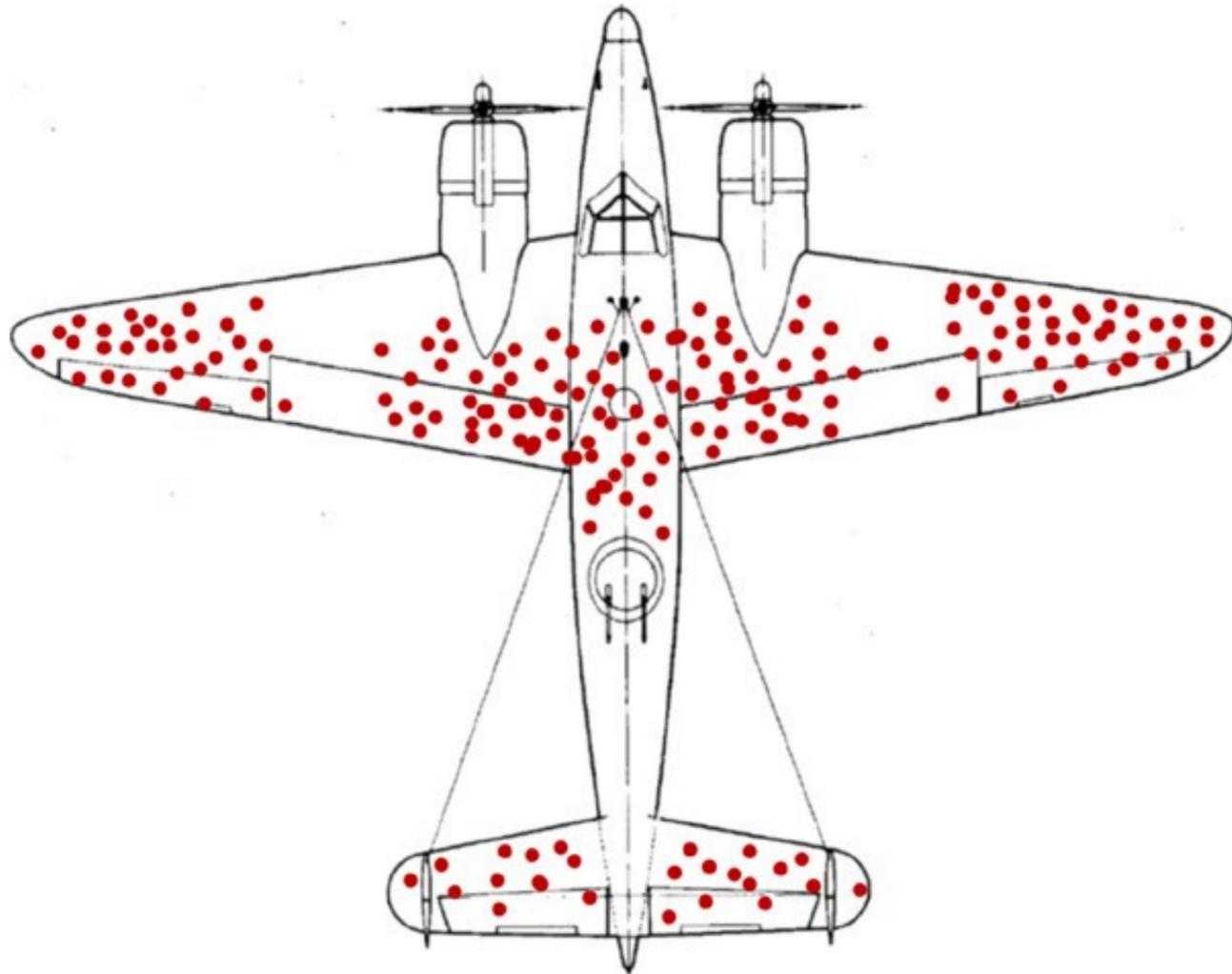
# Selection bias

- Risk of the outcome in exposed and unexposed in all eligible:
  - $100/1000 = 10\%$
- Exposure-Outcome association in all eligible:
  - $RR = (100/1000) / (100/1000) = 1.0$
- Exposure-Outcome association in **participants**
  - $RR = (80/480) / (60/260) = 0.72$

	Outcome+		Outcome-	
	Exposure +	Exposure-	Exposure+	Exposure-
<b>Participants</b>	<b>80</b>	<b>60</b>	<b>400</b>	<b>200</b>
Non-participants	20	40	500	700
All eligible	100	100	900	900

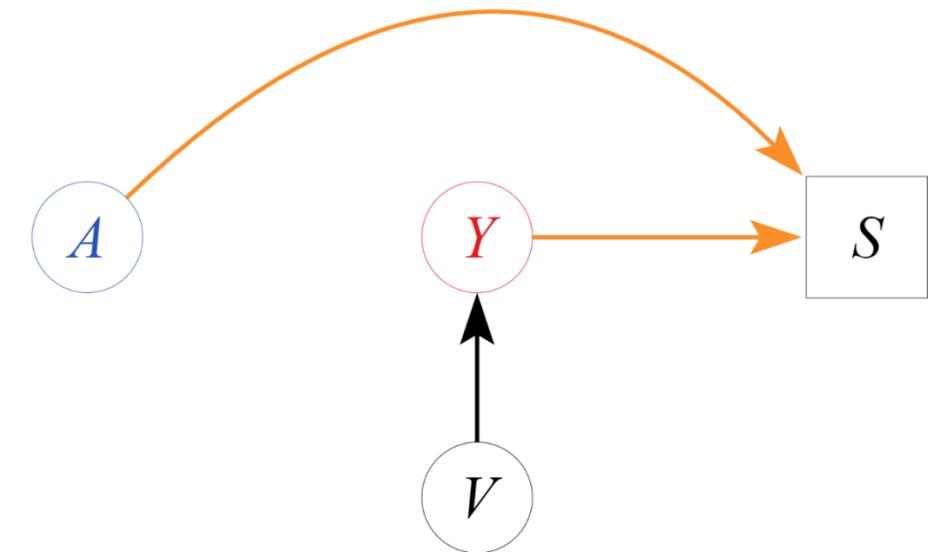
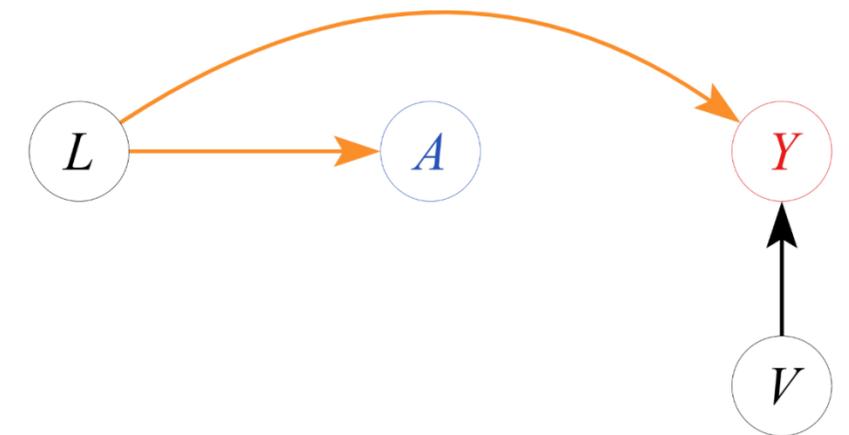
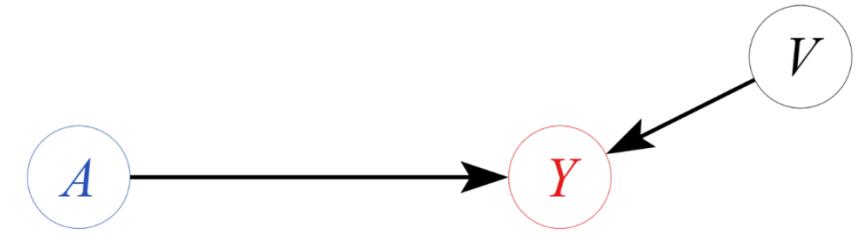
# Selection bias

- Association is measured among participants only
  - Survivorship bias



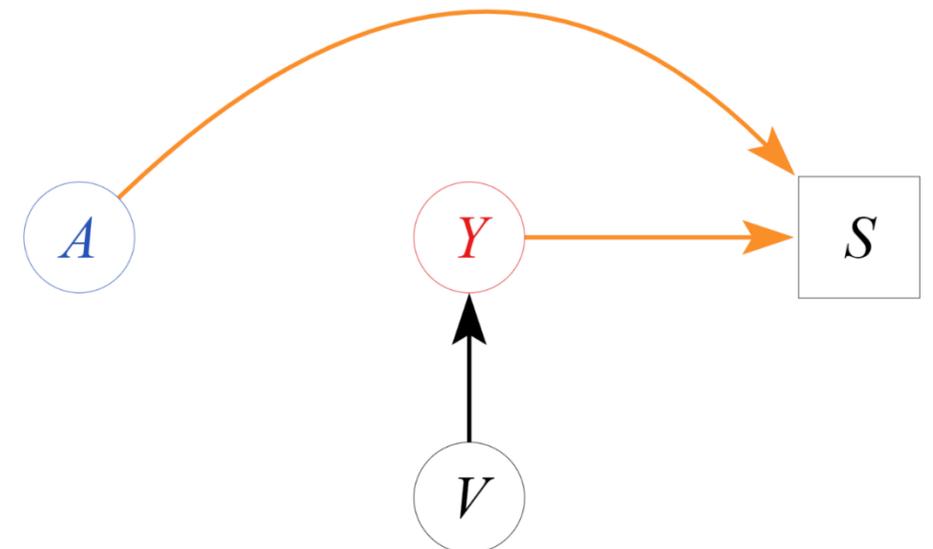
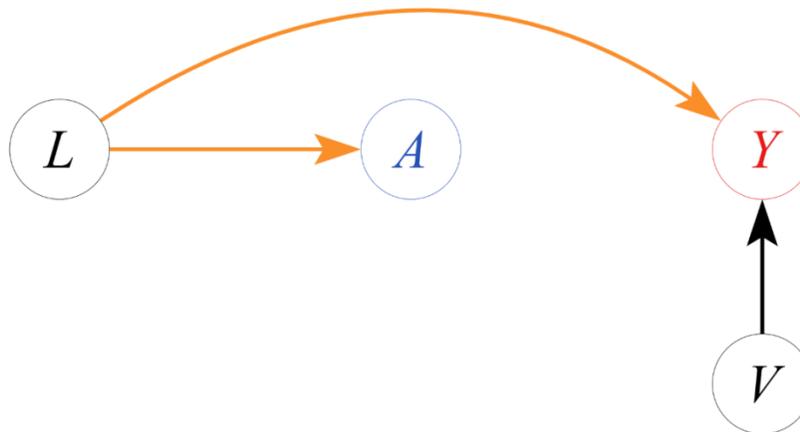
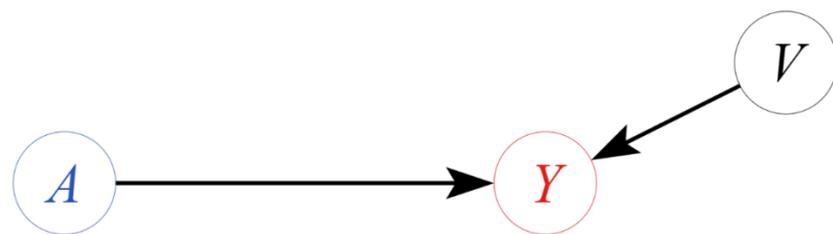
# DAGs

- **D**irected **A**cyclic **G**raphs (causal graphs)
- Drawing causal graphs: how world works
- Very (very-very-very) quick introduction
  - **A**: exposure/treatment status
  - **Y**: outcome
  - **L**: confounder
  - **S**: selection/collider variable
  - **V**: effect measure modifier



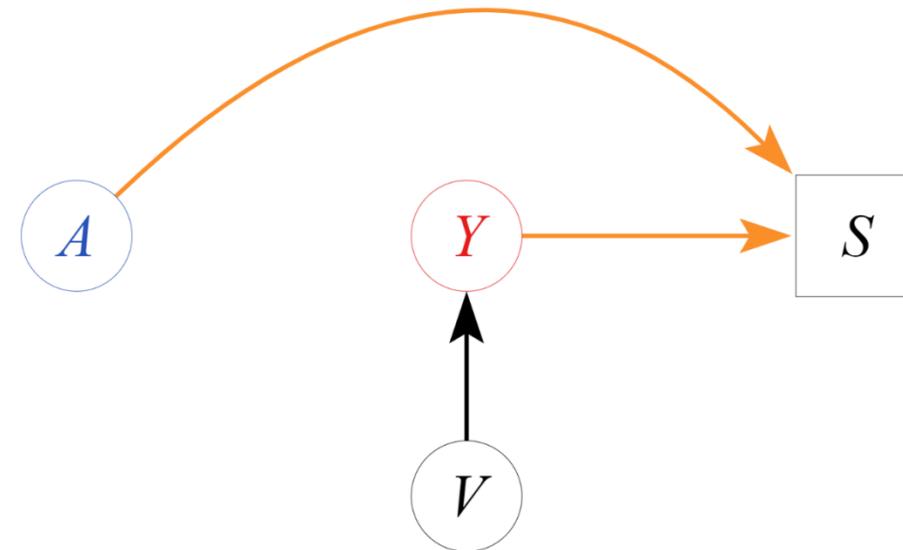
# DAGs

- Variables are associated in the data when:
  1. One causes another:  $A \rightarrow Y$
  2. They have a common cause (confounding):  $A \leftarrow L \rightarrow Y$
  3. They have a common consequence that has been conditioned on (selection bias/collider stratification bias):  $A \rightarrow [S] \leftarrow Y$



# Collider stratification bias

- Variables are associated in the data when:
  - They have a common consequence that has been conditioned on (selection bias/collider stratification bias):  $A \rightarrow [S] \leftarrow Y$



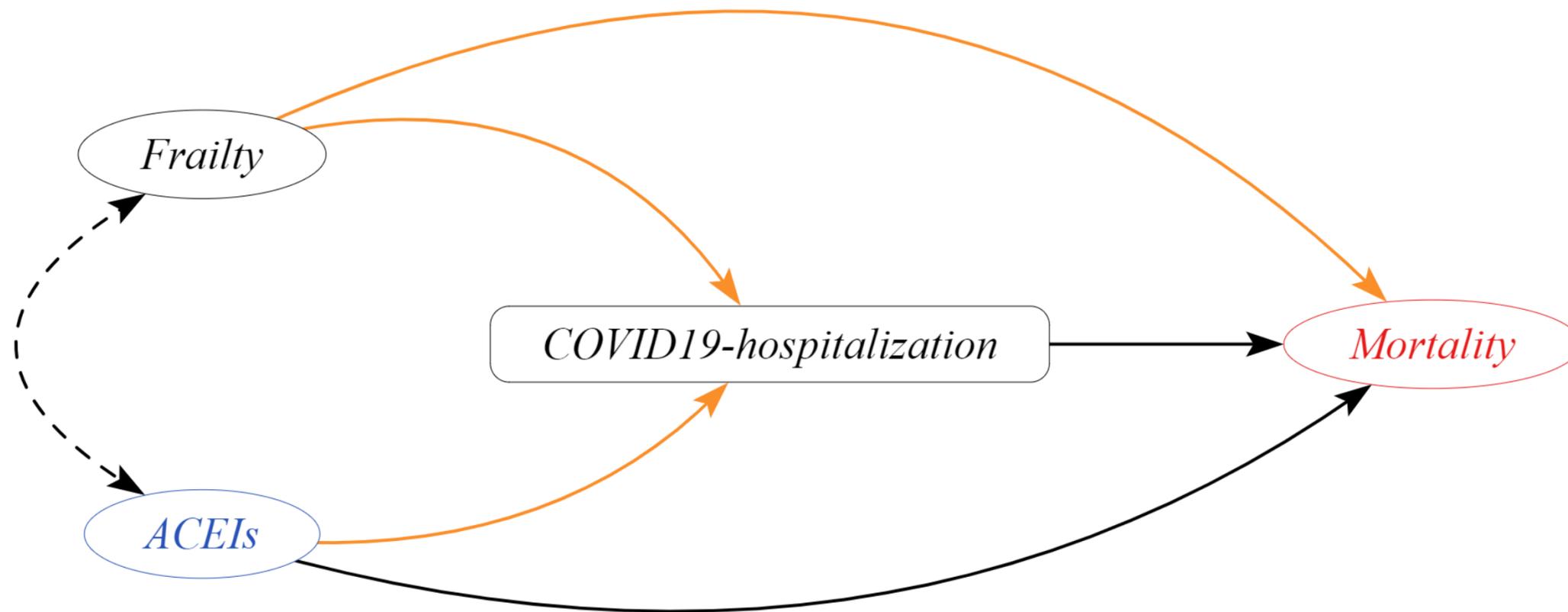
# Selection bias

- Bias away from the true effect in the underlying population, due to selecting the sample of it.



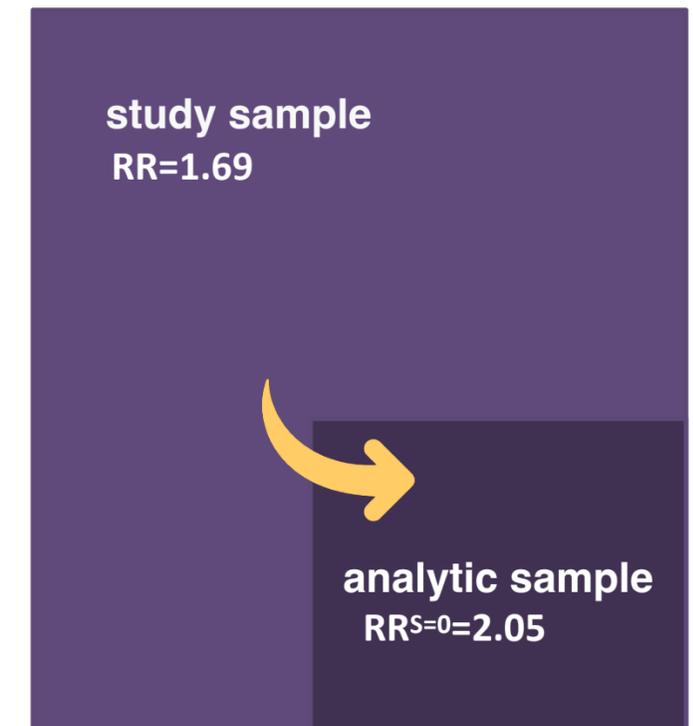
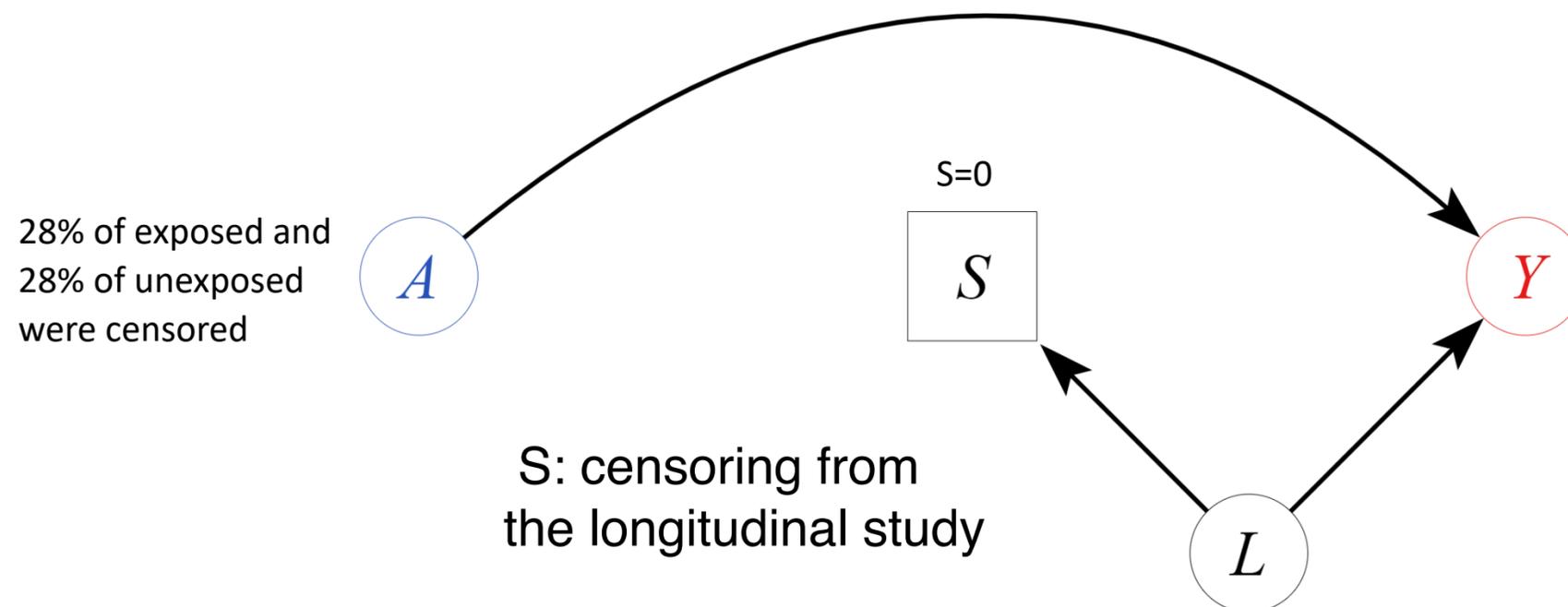
# Selection bias with colliders

- “Type 1” selection bias
  - Restricting to one or more level(s) of a **collider** (or a descendant of a collider)
  - Affects internal validity
  - May be accounted for analytically



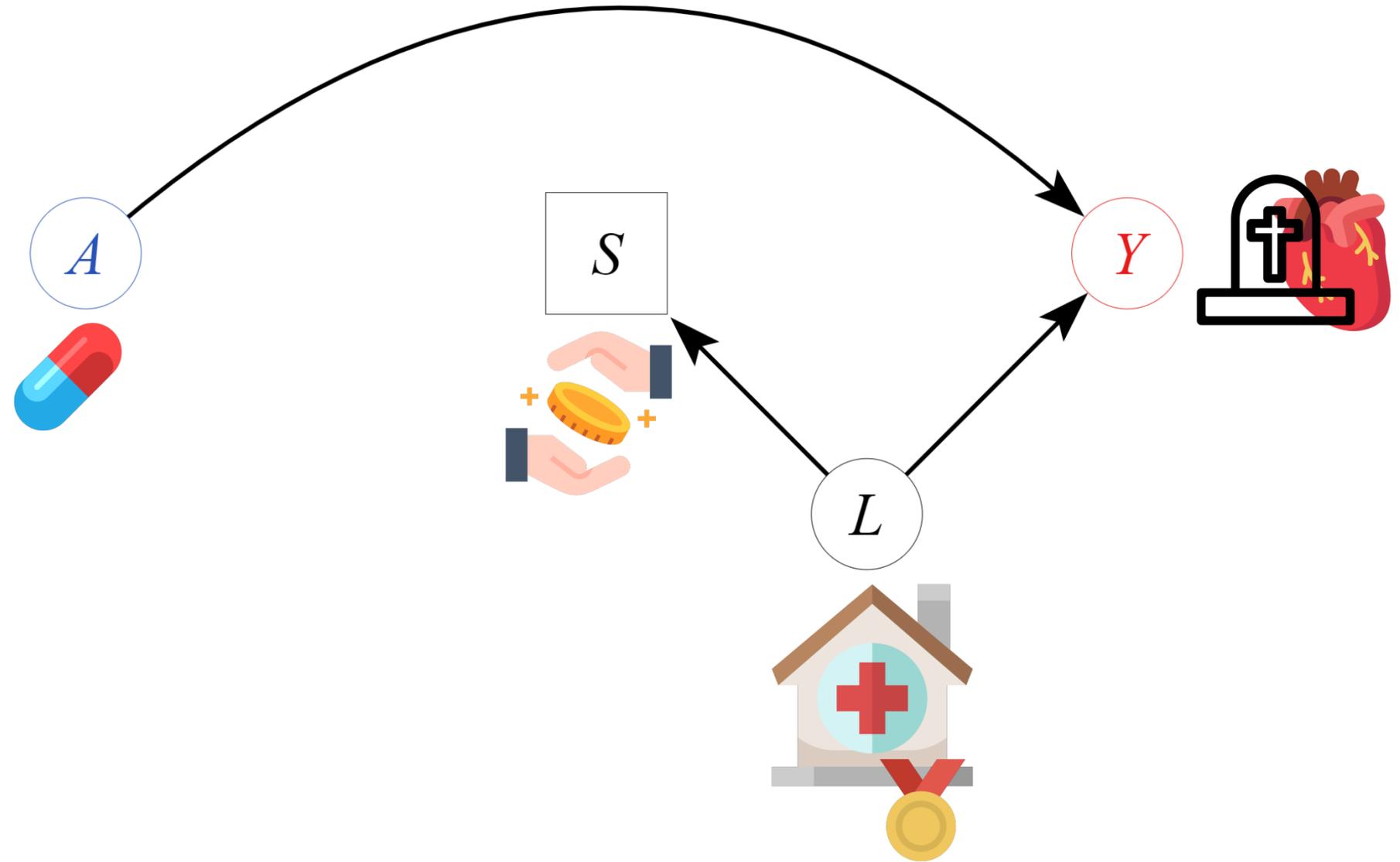
# Selection bias without colliders

- “Type 2” selection bias
  - Restricting to one or more level(s) of an **effect measure modifier**
  - Affects external validity
    - May affect internal validity
  - Does not occur when there is **no effect** of exposure on the outcome
  - Scale dependent (additive vs multiplicative)
  - May be accounted for analytically



# Selection bias without colliders

- **A:** Medical treatment
- **Y:** Cardiovascular mortality
- **L:** Quality of healthcare
- **S:** Costs of treatment



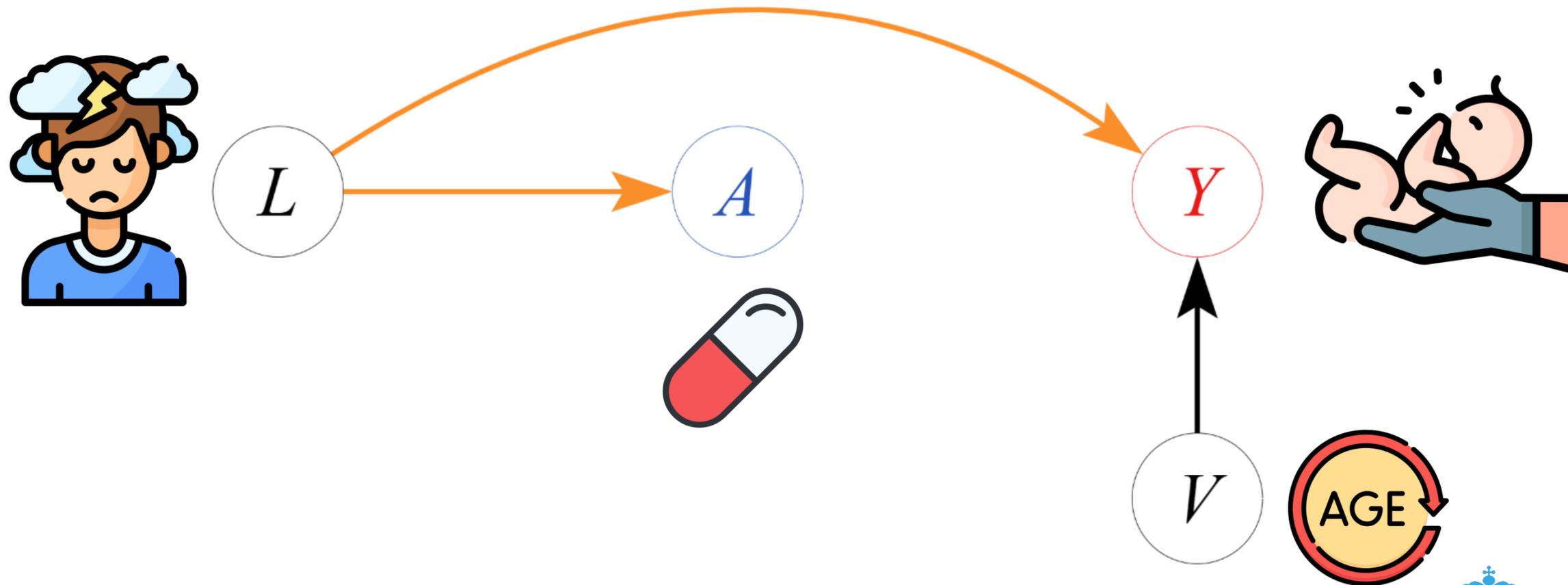
# Selection bias with versus without colliders

Selection bias	Type 1	Type 2
Definition	Restricting to one or more level(s) of a collider (or a descendant of a collider)	Restricting to one or more level(s) of an effect measure modifier
Other names	Collider stratification bias; collider restriction bias	generalizability bias
Can occur on sharp null?	Yes	No
Bias in the referent population?	Yes	Yes
Bias in the selected sample?	Yes	No
Can affect internal validity?	Yes	Yes
Can affect external validity?	No	Yes
Effect measure scale dependent?	No	Yes

- Simultaneously adjusting for confounding and adjusting for type 1 and type 2 selection bias may induce new collider bias

# Confounding

- Affects internal validity
  - When unaddressed, inferences about exposure-outcome association are limited if at all possible



# Selection vs confounding bias

- **Selection bias**

- May affect internal and external validity
- May be addressed by
  - Avoiding conditioning (adjusting, restricting, stratifying, or matching) on the colliders on the path between the exposure and the outcome
  - Inclusion/exclusion criteria (design and analysis-motivated)

- May be addressed analytically

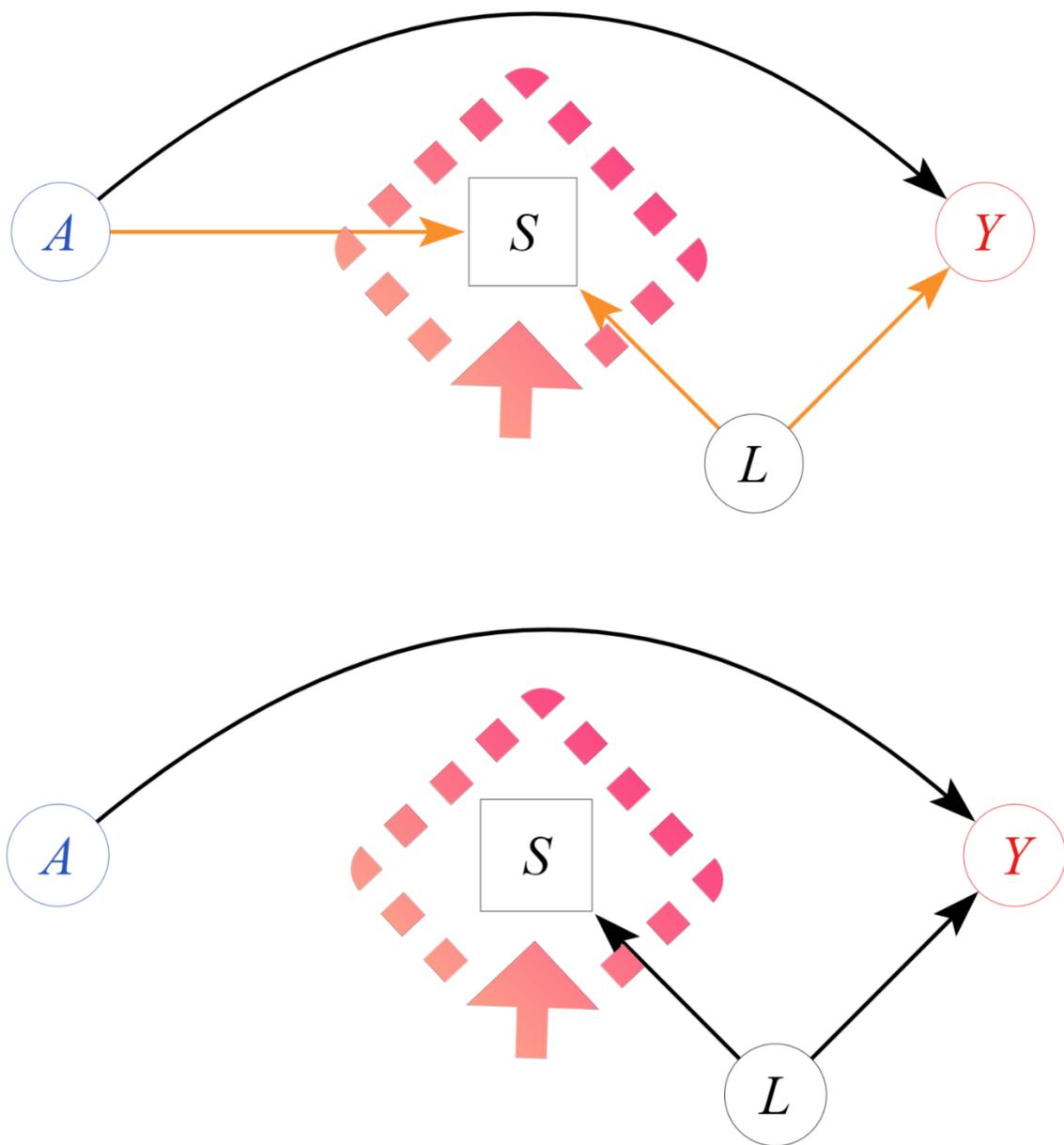
- Data quality
- Availability of prognostic and participation-related variables

- **Confounding**

- Affects internal validity
  - External validity relevance is low in the absence of internal validity
- May be addressed by design:
  - Randomization
- May be addressed analytically (adjustment, restriction, stratification, standardization, matching)
  - Data quality
  - Availability of common causes of exposure and outcome
  - Strong untestable assumptions

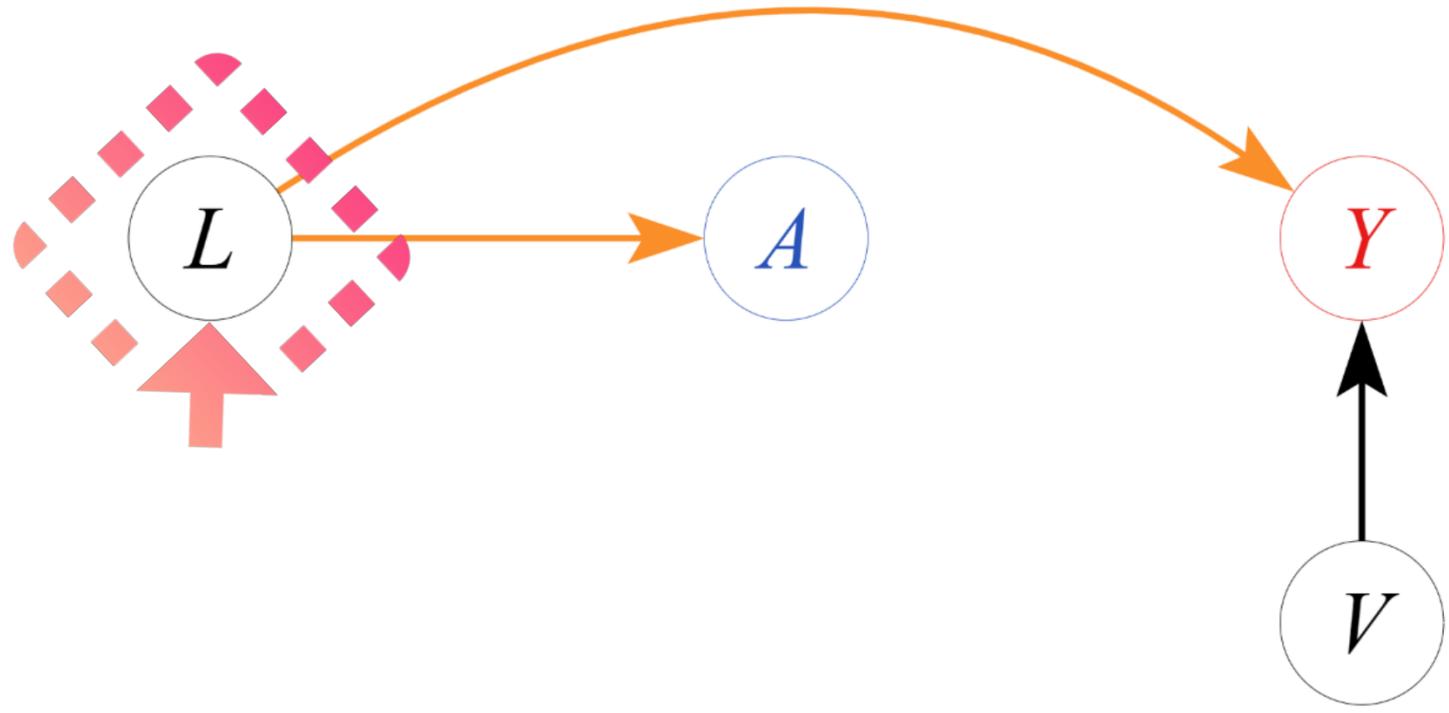


# Selection bias

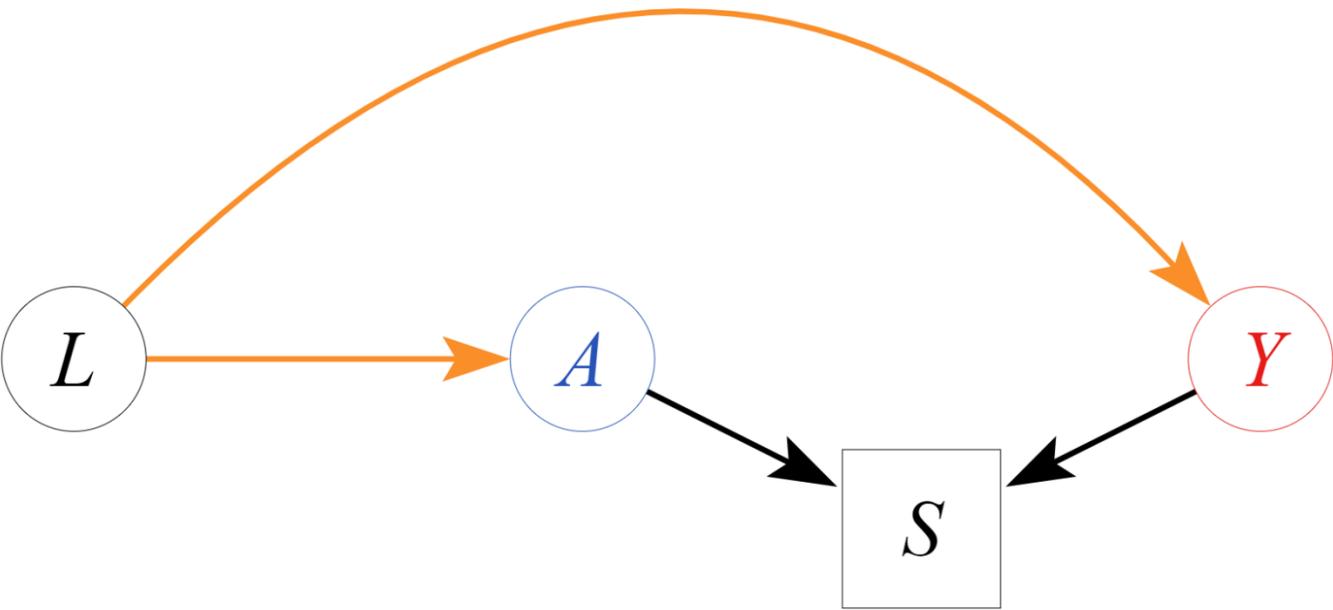
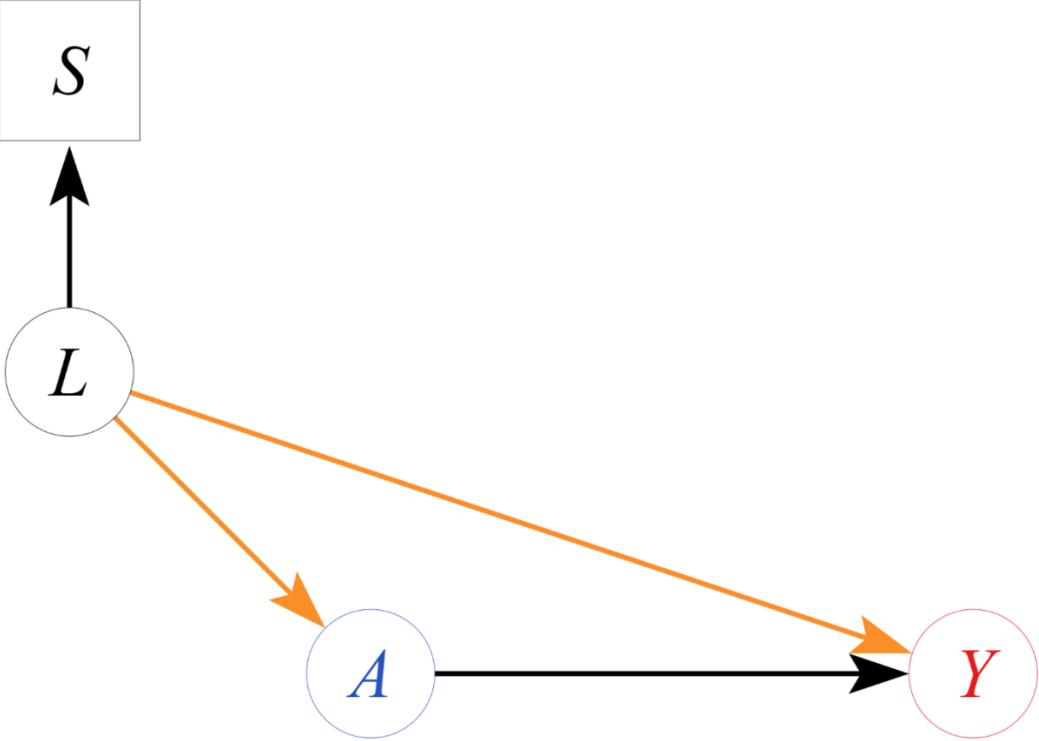


vs

# Confounding



# Selection and confounding bias



# Estrogen/progestin therapy and coronary heart disease (CHD) in women

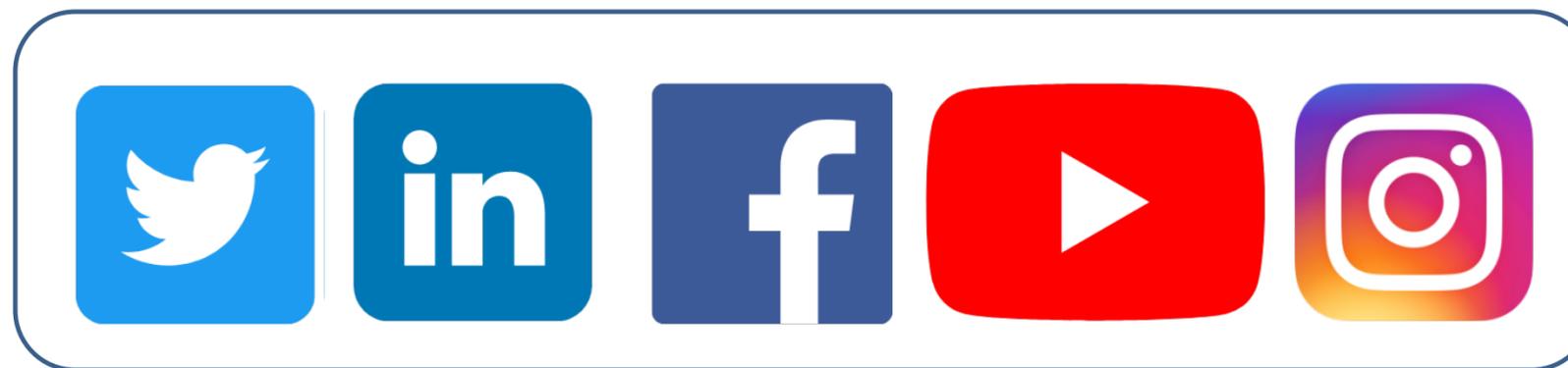
- Women's Health Initiative randomized trial
  - 68% greater in the first two years after **initiation vs no initiation**, 24% greater after an average of 5.6 years
- Observational studies were based on the Nurses' Health Study:
  - 32% reduced risk of CHD among postmenopausal hormone **users vs never users**
- Confounding vs selection bias?
  - Users vs never users analyses:
    - No adjustment for non-adherence
    - Selection bias due to “attrition of susceptibles”
  - “Confounding for the effect of therapy initiation in the NHS seems to play little role”

# Summary

- Selection bias and confounding have distinct definitions
- Selection bias and confounding are threats to internal validity
- Selection bias arises from restricting to one or more level(s) of a collider (or a descendant of a collider) or of an effect measure modifier
- Selection bias is a threat to the external validity
- Simultaneous presence of selection bias and confounding (and measurement error) and their joint impact on the study results should be considered



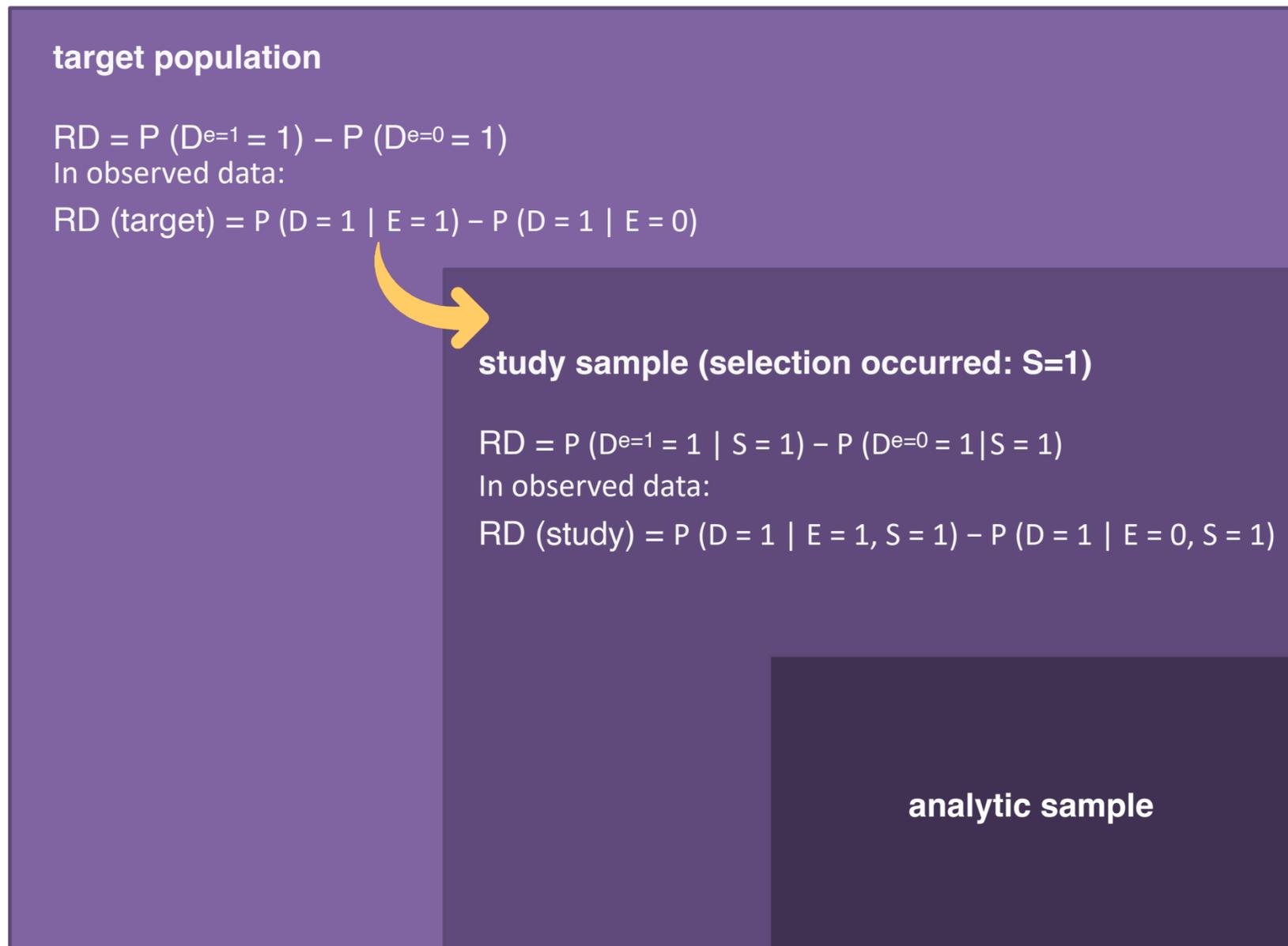
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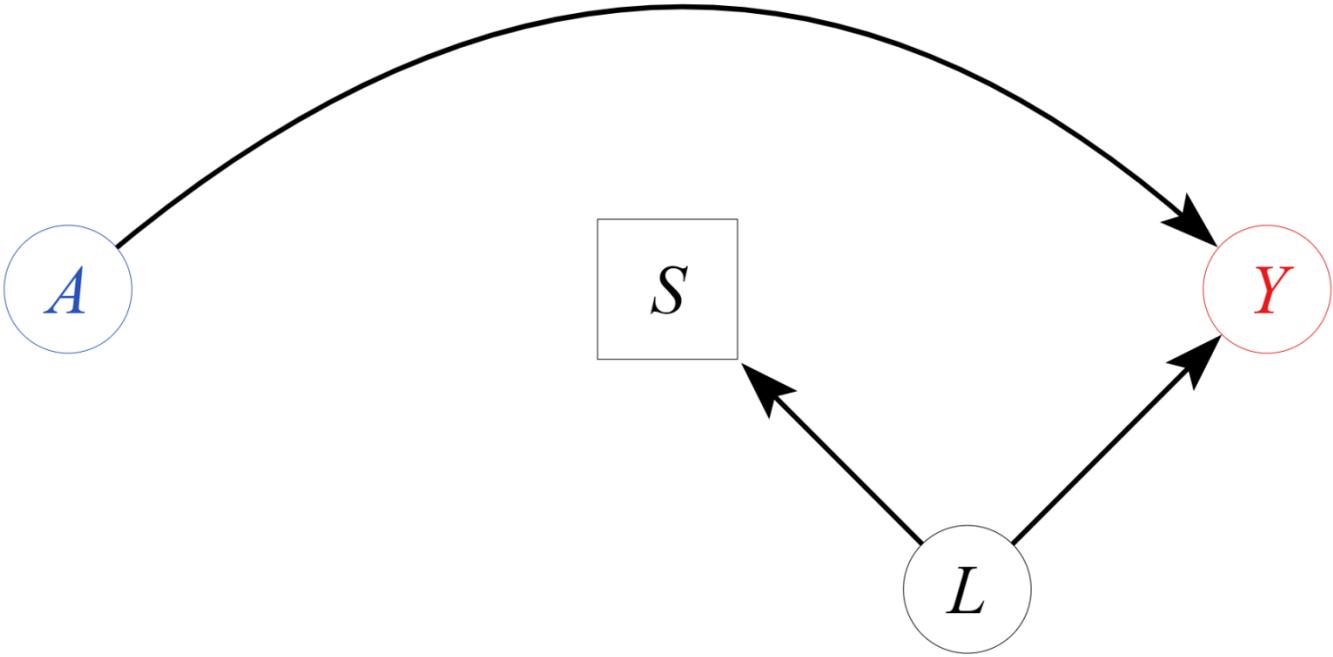
# Selection bias formulas

Selection bias is defined as the difference between the true causal effect in the underlying (referent) population and the effect estimate in the selected sample.

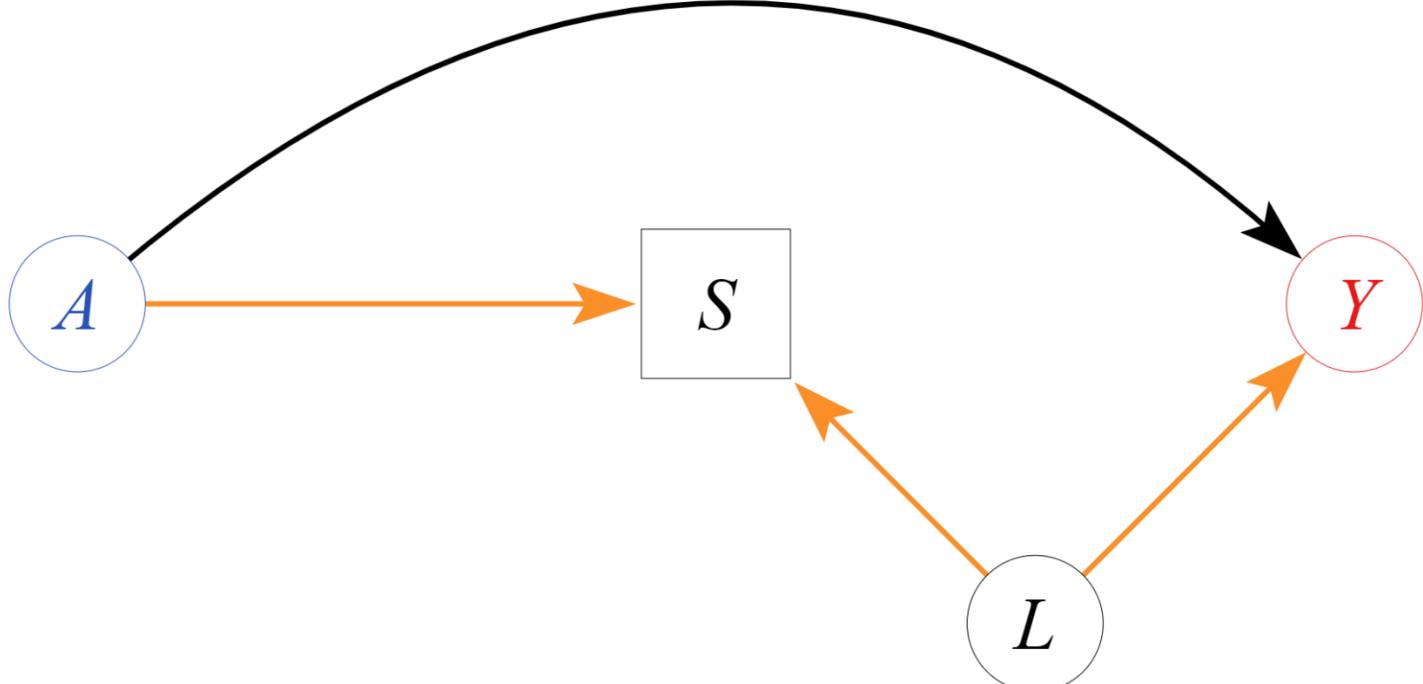


Selection bias = RD (target) - RD (study)

# Selection bias



“Type 2” selection bias (without collider)



“Type 1” selection bias (collider stratification bias)