

Hierarchical models

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2025-11-03

Conflicts of interest

No conflicts of interest

To the best of my knowledge I'm equally disliked, or at best deemed irrelevant, by all drug and device companies



AI generated image

Objectives

Review of probability concepts

Review of hierarchical modeling concepts

Realization of their practical applications

Hierarchical models (models with memory)

Data often not iid (e.g. repeat or clustered measurements) and must account for the dependency structure

Examples include:

- nested data (patients within hospitals, within regions, with countries)
- longitudinal (panel) studies or time-series cross-sectional data
- meta-analysis

Simple averaging can be dangerous leading to false confidence e.g. [Simpson's paradox](#)

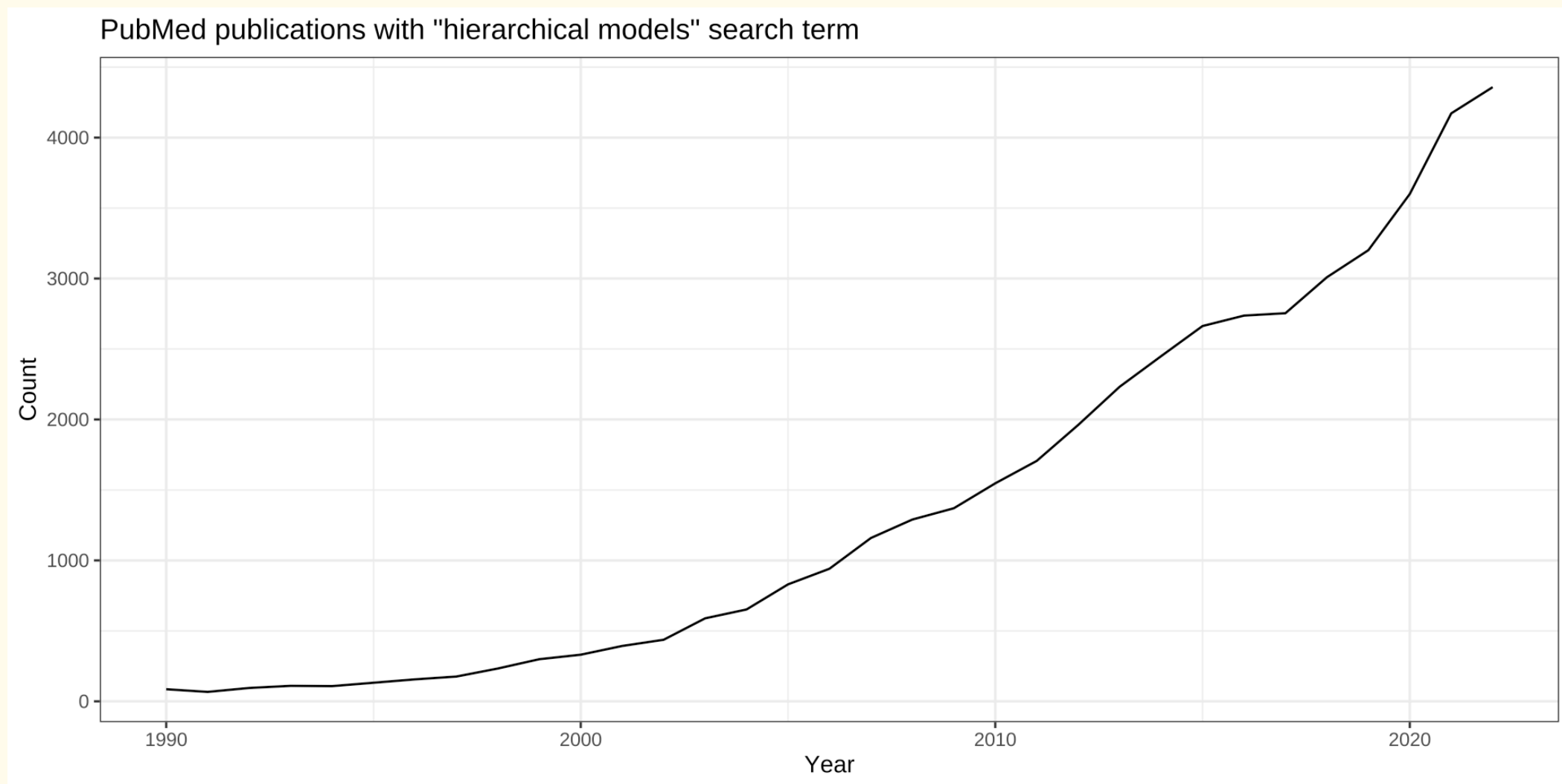
Hierarchical models (benefits)

Benefits of the multilevel approach

- (1) Provide robust and conservative estimates across groups
- (2) Estimate variation on all groups of the model
- (3) Predict new values, even for groups not originally present
- (4) Model complex data structures (e.g., nested, crossed)
- (5) Avoid multiple comparisons problems
- (6) Allow for partial pooling of information across groups

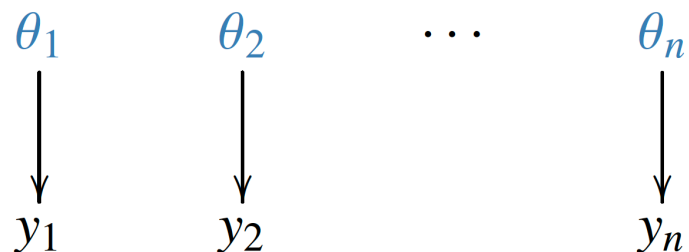
Multilevel models allow us to preserve all uncertainties & should be default models

Increasing use of hierarchical models

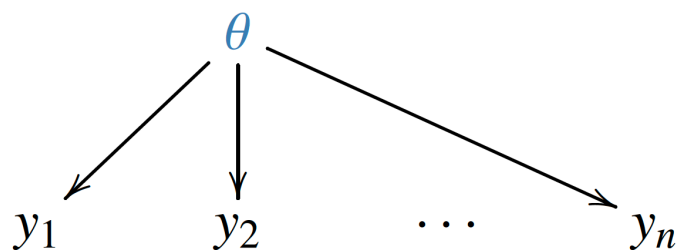


Model comparisons

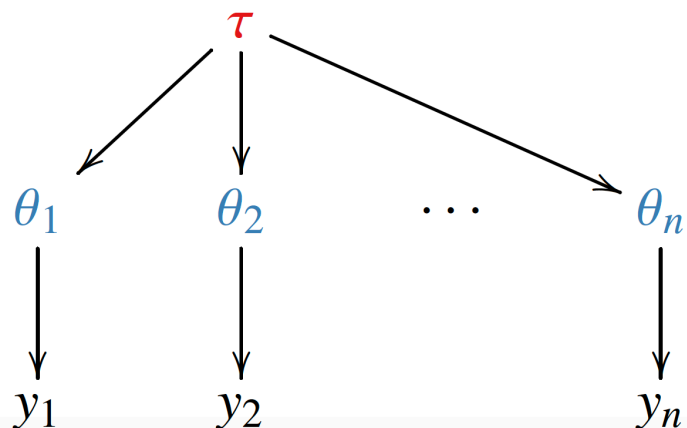
- "Separate model" (model with separate/independent effects)



- "Joint model" (model with a common effect / pooled model)



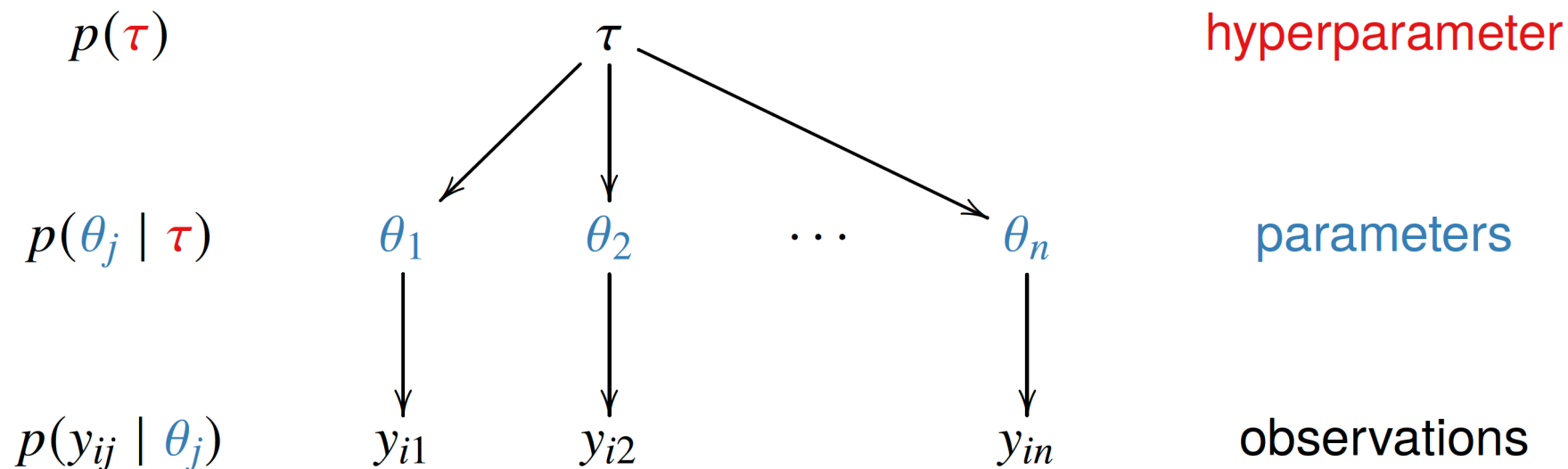
- Hierarchical model



Hierarchical model: terms

Level 1: observations given parameters $p(y_{ij} | \theta_j)$

Level 2: parameters given hyperparameters $p(\theta_j | \tau)$

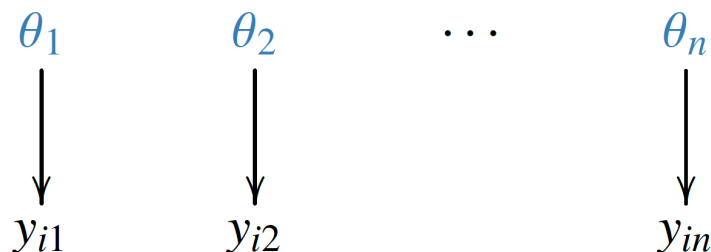


Joint posterior

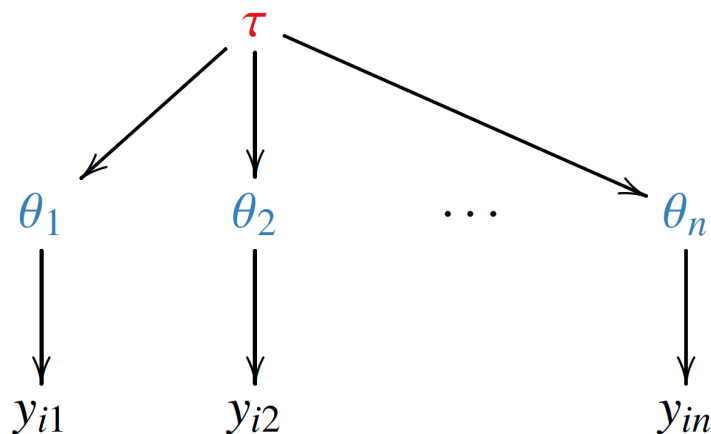
$$\begin{aligned}
 p(\theta, \tau | y) &\propto p(y | \theta, \tau)p(\theta, \tau) \\
 &\propto p(y | \theta)p(\theta | \tau)p(\tau)
 \end{aligned}$$

Hierarchical model example

- Example: CVD treatment effectiveness
 - in hospital j the survival probability is θ_j
 - observations y_{ij} tell whether patient i survived in hospital j



- sensible to assume that θ_j are similar



- natural to think that θ_j have common population distribution
- θ_j is not directly observed and the population distribution is unknown

Hierarchical model: meta-analysis

Bayesian random effects meta-analysis model follows the same hierarchical approach

Level 1

$y_j = \theta_j + \epsilon$ where error term $\epsilon_j \sim \text{normal}(0, s_j)$ models the uncertainty of the effect from each individual study, θ_j .

Assumes estimate y_j from the j -th study is unbiased and normally distributed with standard error s_j .

Level 2

$\theta_j = \mu + \mu_j$ where error term $\mu_j \sim \text{normal}(0, \tau)$

Assumes μ estimates the average treatment effect in the (hypothetical) superpopulation of similar studies, θ_j is the effect in the j -th individual study and the variance τ^2 is referred to as the heterogeneity

Stein's paradox (1997)

Stein's Paradox in Statistics

The best guess about the future is usually obtained by computing the average of past events. Stein's paradox defines circumstances in which there are estimators better than the arithmetic average

by Bradley Efron and Carl Morris



Save on Calculators

Hewlett-Packard

Model	Your Cost	Model	Your Cost
HP 21	\$ 64.00	HP 55 (was \$335.00)	149.00
HP 22	100.00	HP 67	369.00
HP 25	116.00	HP 80	236.00
HP 25 C	160.00	HP 91 Scient. Printer	249.00
HP 27	140.00	HP 97	629.00

Free Reserve Power Pack with purchase of HP-21, -22, -25, -25C and -27 if bought before May 31. We are an H-P franchised dealer. We carry all accessories at a discount.

Baseball

Early application of hierarchical models in statistics



Calculating each player's batting average based on early season performance to predict end-of-season performance

Which model to predict final average?

3 possible predictive models

(a) **complete pooling**, which assumes each player is the same, \mathbf{y} , corresponds to zero population variance

(b) **no pooling**, which assumes the players are unrelated, y_i , corresponds to infinite population variance

(c) **partial pooling (hierarchical)**, where each player is assumed to have a different chance of success, but the data for all of the observed players informs the estimates for each individual player

Pooling = f(variance in the population), more variance -> less pooling

Stein's paradox: New Stein/James (partial) estimators, $(z_i = \mathbf{y} + c(y_i - \mathbf{y}))$, predict better than individual averages, y_i , or the global average, \mathbf{y} where c is the shrinkage factor

Stein's paradox (1977)

If > 3 means, estimating each by its own mean is not the most efficient

Essence of the Stein method is that of “borrowing” of information or “shrinkage” will produce “better” estimates, meaning lowered mean squared errors

Baseball data for early season average (hits (successes) / 45 chances (AB)) for 18 players

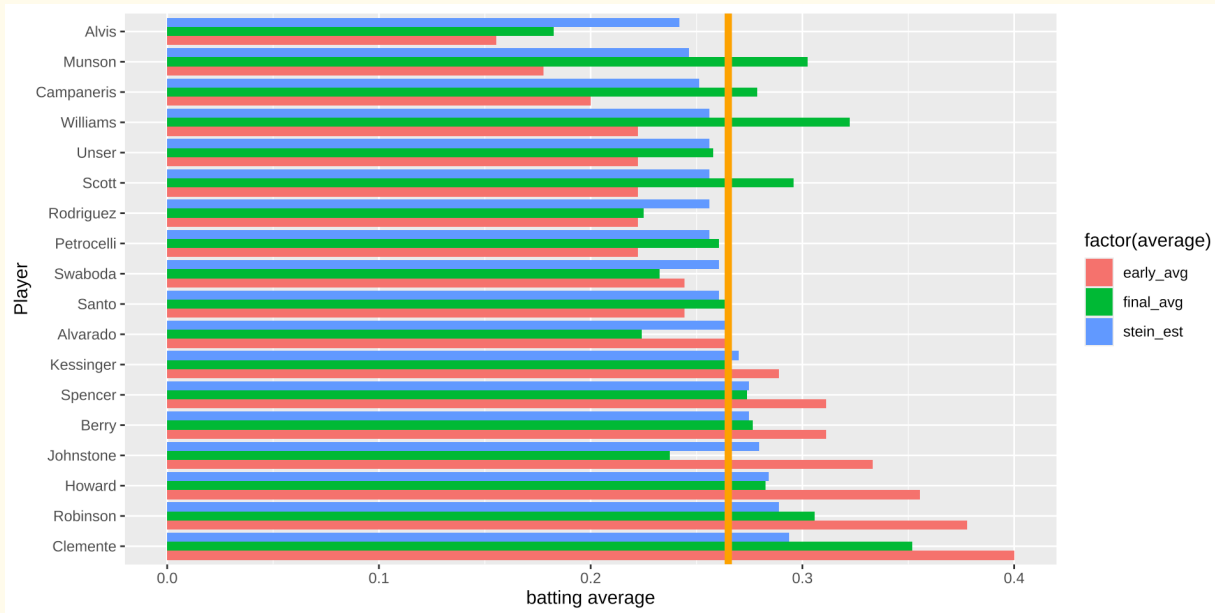
```

1 library(rstanarm)
2 data(bball1970)
3 bball <- bball1970
4 # graph on next slide
5 bball_graph <- bball %>%
6   mutate(final_avg = (Hits + RemainingHits) / (AB + RemainingHits),
7          stein_est = .265 + .212*(early_avg-.265)) %>%
8   dplyr::select(Player, final_avg, early_avg, stein_est) %>%
9   pivot_longer(!Player, names_to = "average", values_to = "count")
10  ggplot(aes(x=Player, y=count, fill=factor(average)))+
11  ylab("batting average") +
12  geom_col(position='dodge') +
13  geom_hline(yintercept = .265, linewidth=2, color = "orange")
14  # geom_hline(yintercept = .269, linewidth=2, color = "black")
15  coord_flip()

```

	Player	AB	Hits	RemainingAB	RemainingHits
1	Clemente	45	18	367	127
2	Robinson	45	17	426	127
3	Howard	45	16	521	144
4	Johnstone	45	15	275	61
5	Berry	45	14	418	114
6	Spencer	45	14	466	126
7	Kessinger	45	13	586	155
8	Alvarado	45	12	138	29
9	Santo	45	11	510	137
10	Swaboda	45	11	200	46
11	Petrocelli	45	10	538	142
12	Rodriguez	45	10	186	42
13	Scott	45	10	435	132
14	User	45	10	277	73
15	Williams	45	10	591	195
16	Campaneris	45	9	558	159
17	Munson	45	8	408	129
18	Alvis	45	7	70	14

Which average is better?



Key points

1. Stein estimators (blue bar) closer to early global mean than individual early averages (red bar) (“shrinkage”)
2. Shrinkage is greatest for points farthest from the early global mean
3. Stein estimators (blue bar) closer to individual final avg (green bar) 14 vs 4 times than for the individual early avg (red bar) (i.e beats separate model)
4. Stein estimators (blue bar) closer to individual final avg (green bar) 13 vs 5 times than for the early global mean (i.e beats pooled model)

Bayesian approach

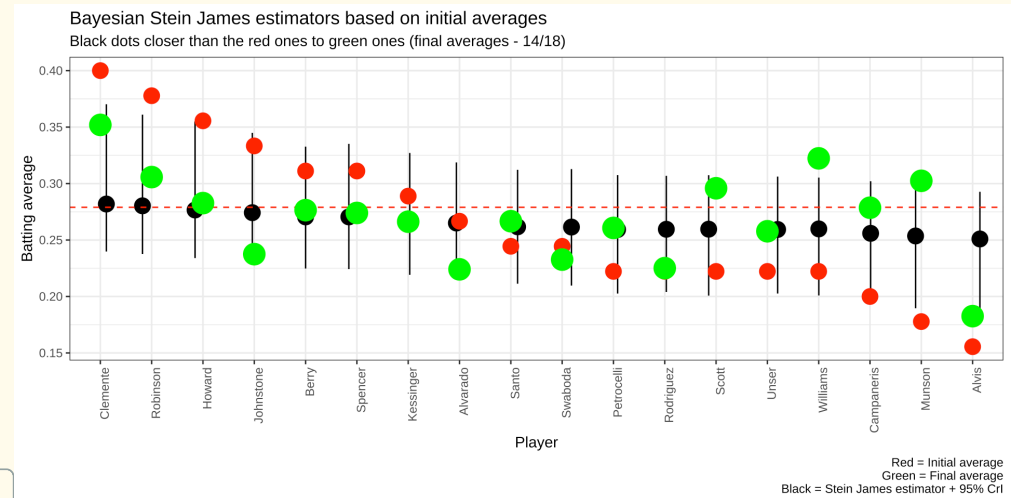
Stein estimator is not Bayesian as it is not dependent on priors, but it is a precursor to Bayesian multilevel models (shrinkage, borrowing information)

Full Bayesian analysis (with weakly informative priors) is possible and follows using `rstanarm` package

```

1 SEED <- 101
2 fit_partialpool <- stan_glm(cbind(Hits, AB - Hits) ~ (1 | F
3   family = binomial("logit"), seed = SEED, refresh=0)
4 # shift each player's estimate by intercept (and then drop in
5 shift_draws <- function(draws) {sweep(draws[, -1], MARGIN = 1
6 summary_stats <- function(posterior) {x <- invlogit(posterior
7   t(apply(x, 2, quantile, probs = c(0.05, 0.5, 0.95))) }
8 alphas <- shift_draws(as.matrix(fit_partialpool));partialpool
9 partialpool <- partialpool[-nrow(partialpool),];rownames(part
10 batting_avg <- function(x) print(format(round(x, digits = 3),

```



James-Stein estimators -> implications on ML era - Efron 2023

Epidemiology / Public Health Example - Radon

Radon, radioactive gas, highest cause of lung cancer in non-smokers.

Believed to enter houses through the basement

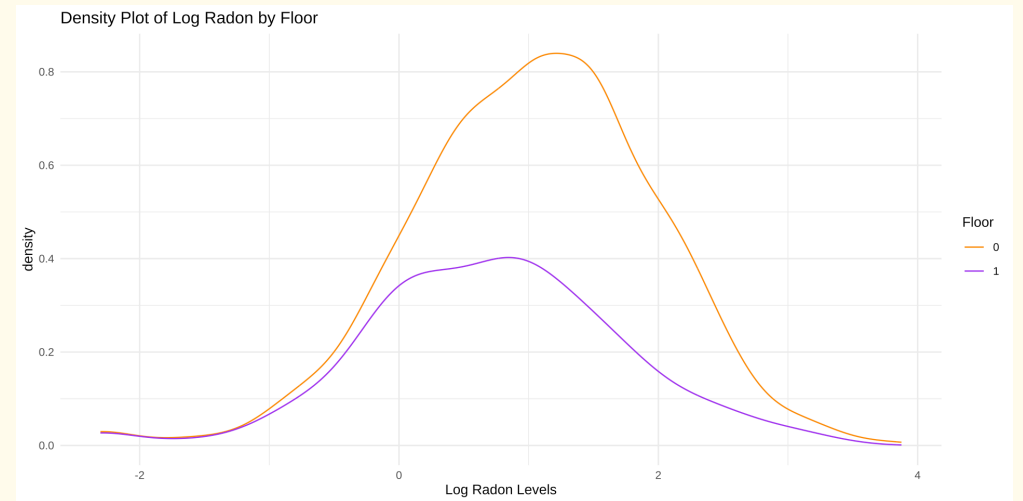
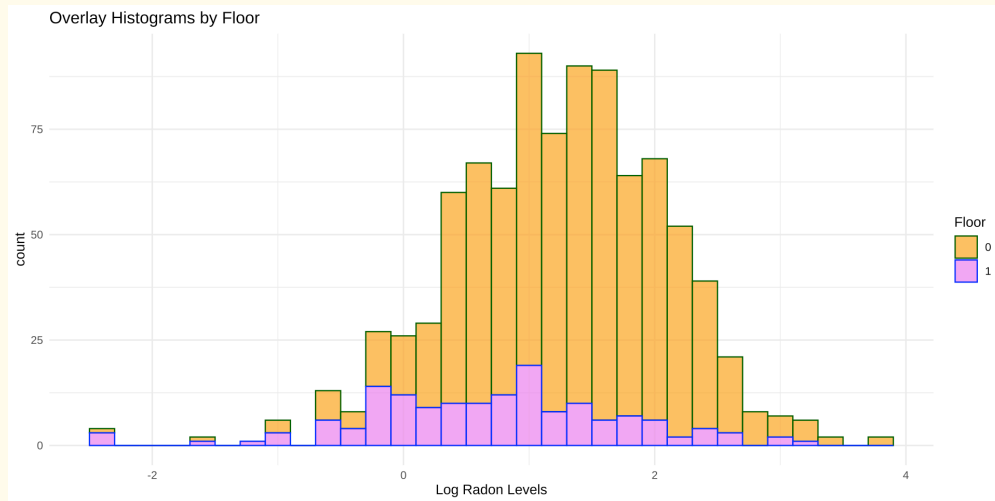
Concentration differ regionally due to different soil types

919 obs. of 4 variables from houses in 85 counties in Minnesota

- `log_radon` - - **log_radon**: Radon measurement from the house (log scale)
- **floor**: 0 = basement, 1 = first floor
- **county**: County name (factor)
- **log_uranium**: Uranium level in the county (log scale)

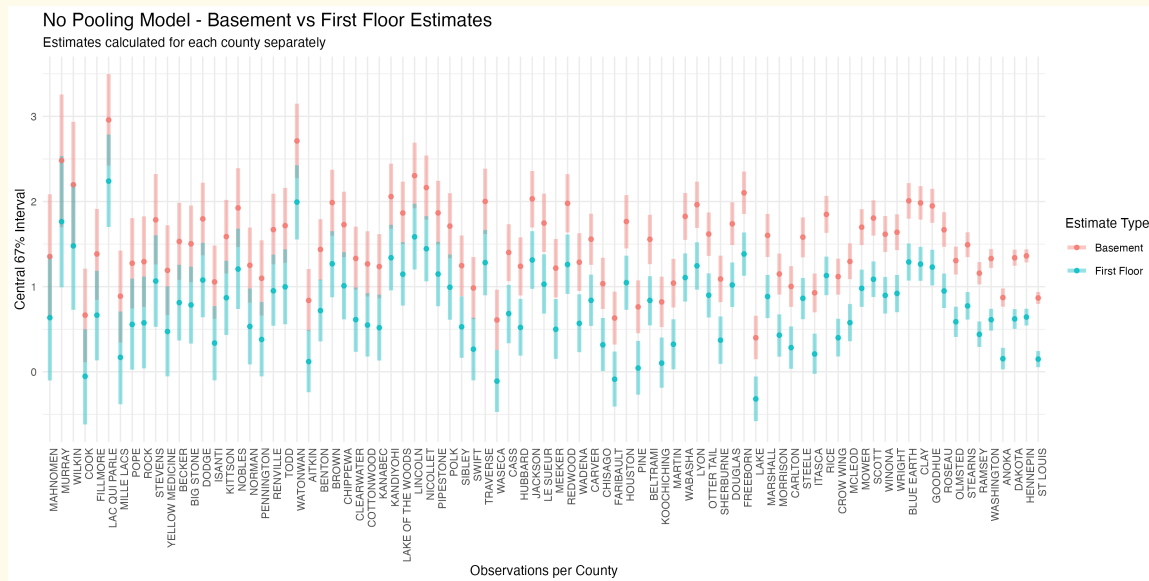
```
1 # Load required libraries
2 pacman::p_load(tidyverse, cmdstanr, ggplot2, ggthemes, rstanarm, brms)
3 xlabels_90 <- theme(axis.text.x = element_text(angle = 90, hjust = 1))
4 mn_radon <- read_csv("data/mn_radon.csv", show_col_types = FALSE) # Read data
```

Radon Exploratory Data Analysis



Radon models - no pooling

- No pooling; assumes counties are completely different
- Assumes nothing to be gained from borrowing information across groups
- Builds separate models for each county



Math speak $radon_{i,c} = \alpha_c + \beta_c * floor_{i,c} + \epsilon_c$

Where i represents the measurement and c the county
IOW each county c has its own intercept α and slope β

Hierarchical models

Radon models - complete pooling

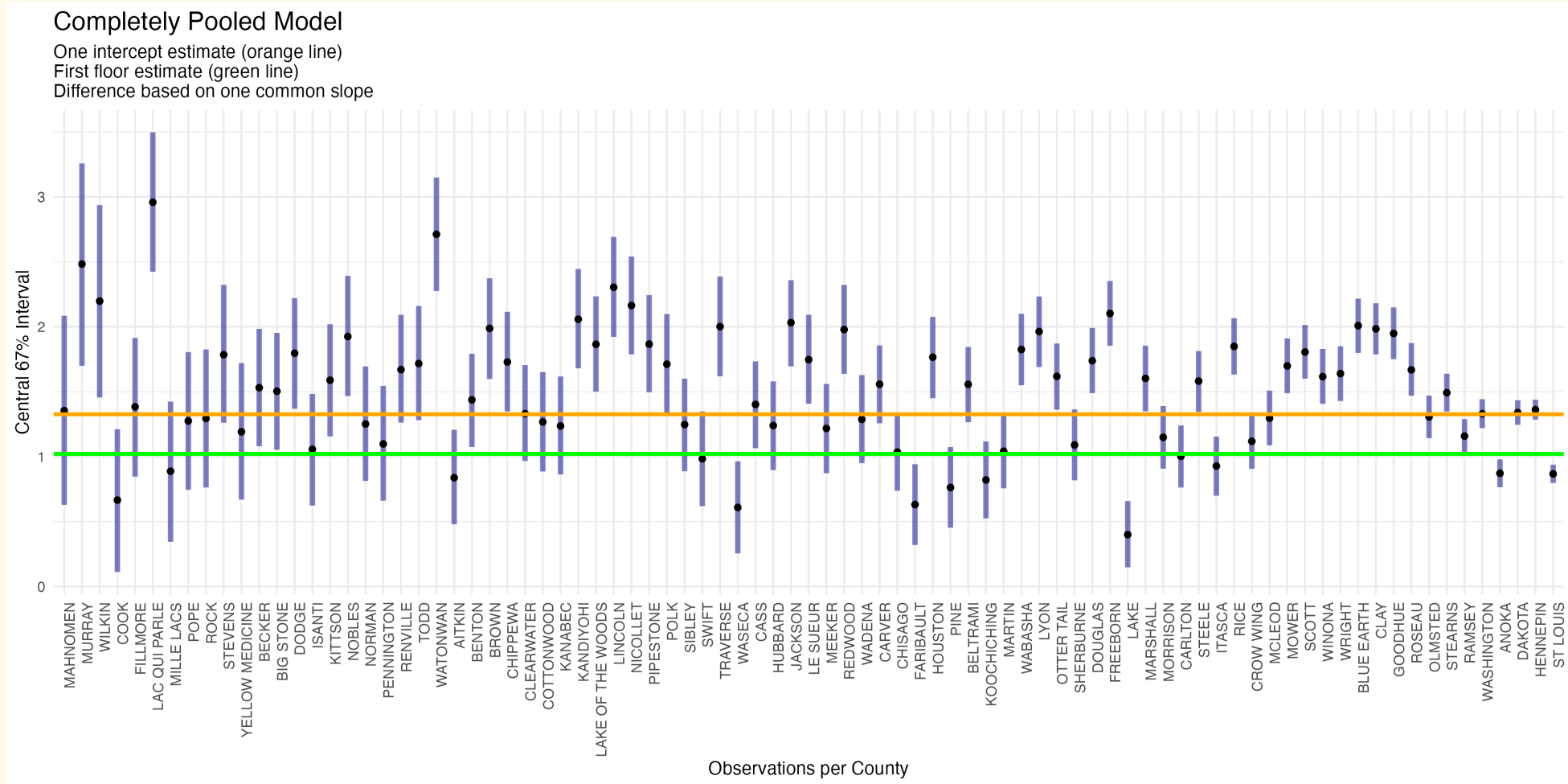
Pooled model, $\log_radon \sim floor$, ignores any grouping structure (e.g., counties), assumes observations are iid, $\eta(\cdot)$ sufficient provided no priors to include

Straightforward interpretation $floor$ coefficient = average (uniform) effect across all observations, ignores any variation between different counties.

Provides overall average effect but can lead to biased or misleading conclusions if significant group-level variability exists, underestimates the standard errors of the estimated effects by ignoring intra-group correlation.

Radon models - complete pooling

- Pool into one big regression model with 1 intercept and 1 slope, δ between orange & green lines
- Assumes all counties are identical
- Opposite extreme to no pooling



Math speak

*radon*_{*i*} = α + β * *floor*_{*i*} + ϵ

Hierarchical models

Radon models - partial pooling

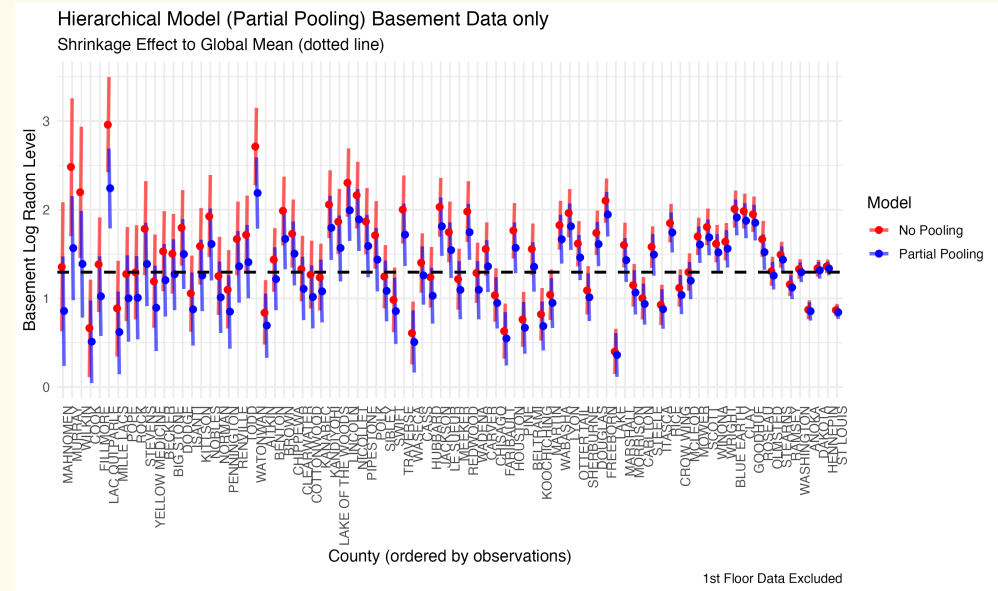
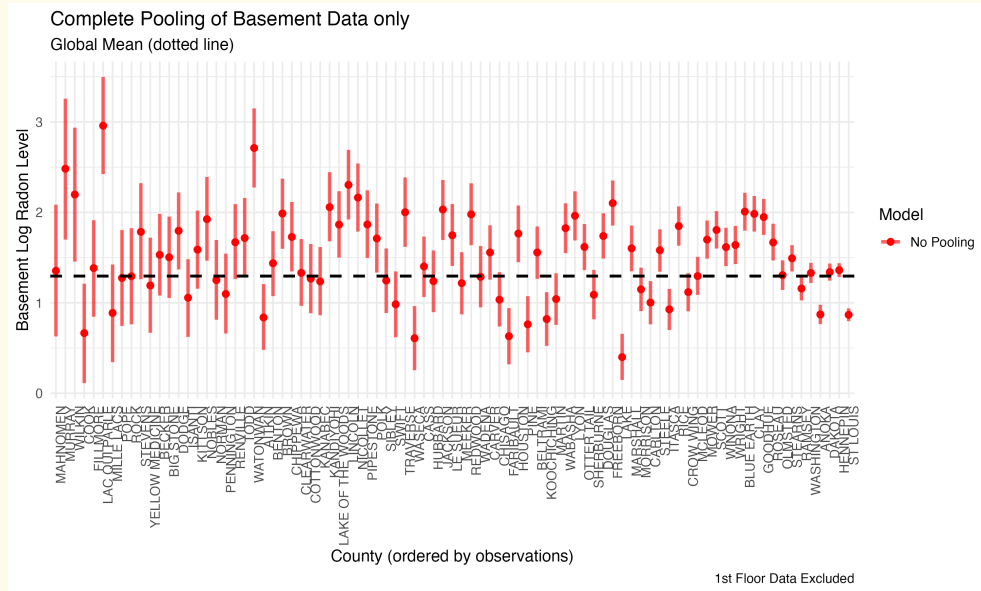
Hierarchical, AKA mixed-effects, model, $\log_radon \sim floor + (1|county_id)$, intercept varies by county around the overall average radon level

$\log_radon \sim floor + (1 + floor | county_id)$, both intercept and slope vary by county around the overall average radon level and floor effect

Balances between pooling and separation

If completely pooled & hierarchical models are very different, -> high between-group variation, more complex hierarchical model is likely better.

Radon models - complete vs. partial pooling plots



Math speak $\alpha_c \sim N(\mu_\alpha, \sigma_\alpha^2)$

1. More movement of point estimate toward global mean with
 - i. "trials" farther away from global mean
 - ii. smaller sample size
2. More shrinkage of credible intervals with smaller studies

Radon Bayesian models

Easiest to use front end packages like `rstanarm` and `brms`, especially designed for Bayesian hierarchical analyses

These packages are not necessary for no pooling case (provided no prior info to include) as `lm()` or `glm()` sufficient

```

1 library(brms)
2 library(loo)
3 # ===== Complete Pooling =====
4 model_cp_brms <- brm(log_radon ~ floor, data = mn_radon, fami
5
6 # ===== Partial Pooling =====
7 model_pp_brms <- brm(log_radon ~ floor + (1|county_id), data
8
9 brms_comp <- loo_compare(loo(model_cp_brms), loo(model_pp_br
10 save(brms_comp, file="output/brms_comp.RData")

```

```

1 library(rstanarm)
2 library(loo)
3 mn_radon <- read_csv("data/mn_radon.csv", show_col_types = FA
4
5 # ===== Complete Pooling =====
6 model_cp_rstanarm <- stan_glm(log_radon ~ floor, data = mn_ra
7
8 # ===== Partial Pooling =====
9 model_pp_rstanarm <- stan_glm(log_radon ~ floor + (1|county
10
11 save(model_pp_rstanarm, file="output/model_pp_rstanarm.RData"
12 rstan_comp <- loo_compare(loo(model_cp_rstanarm), loo(model_p
13 save(rstan_comp, file="output/rstan_comp.RData")

```

Radon models - partial pooling model

These front end packages use Stan code, not exactly trivial to write

But can be visualized with `brms::stancode(model_pp_brms)`

```

1 # Example Stan code:
2 data {
3   int<lower=1> N; // observations
4   int<lower=1> J; // counties
5   array[N] int<lower=1, upper=J> county;
6   vector[N] x; // floor
7   vector[N] y; // radon
8 }
9 parameters {
10  vector[J] alpha;
11  real beta;
12  real<lower=0> sigma;
13 }
14 model {
15  // Model specifications
16  alpha ~ normal(0, 10);
17  beta ~ normal(0, 10);
18  sigma ~ normal(0, 10);
19
20  // Likelihood
21  y ~ normal(alpha[county] + beta * x, sigma);
22 }
23 generated quantities {
24  array[N] real log_lik; // Log-likelihood for each observation
25  array[N] real y_rep; // Posterior predictive checks
26  for (i in 1:N) {
27    log_lik[i] = normal_lpdf(y[i] | alpha[county[i]] + beta * x[i], sigma);
28    y_rep[i] = normal_rng(alpha[county[i]] + beta * x[i], sigma); // Generate predictive samples
29  }

```

Radon models - which is better?

```
1 load("rstan_comp.RData")
2 rstan_comp
```

	elpd_diff	se_diff
model_pp_rstanarm	0.0	0.0
model_cp_rstanarm	-53.2	10.6

```
1 load("brms_comp.RData")
2 brms_comp
```

	elpd_diff	se_diff
model_pp_brms	0.0	0.0
model_cp_brms	-52.8	10.6

Explanation of elpd_diff

Δ **expected log pointwise predictive density (elpd)** between two statistical models measures model predictive performance

Metric used with the `loo` (leave-one-out cross-validation) package when comparing Bayesian models with higher values \rightarrow better predictive performance.

elpd_diff = -53.2 (52.8) suggests that the first model (hierarchical) likely to be a better predictor of new data than completely pooled model with $z \approx 5$

Interpretation: Strong evidence that a hierarchical model is preferred over the completely pooled model.

Radon models

What about other possible confounders e.g. `log_uranium`

```

1 # The subset of the radon data we need is included in rstanarm
2 library("rstanarm"); data(radon)
3 # Now adjust the pooled model for the county-level uranium predictor
4 modelA <- stan_lmer(
5   log_radon ~ floor + log_uranium + floor:log_uranium + (1 + floor | county),
6   data = radon, cores = 4, iter = 2000, chains = 4
7 )
8 saveRDS(modelA, file = "output/modelA.rds")
9 # Recall the hierarchical model without the county-level uranium predictor
10 modelB <- update(modelA, formula = log_radon ~ floor + (1 + floor | county))
11 saveRDS(modelB, file = "output/modelB.rds")

```

```

1 # loading outcome to save repeating MCMC calculations
2 modelA <- readRDS("output/modelA.rds"); modelB <- readRDS("output/modelB.rds")
3 # Compare models needs to separate code block from preceeding (why?)
4 looA <- loo(modelA); looB <- loo(modelB)
5 print(loo_compare(looA, looB))

```

```
elpd_diff se_diff
```

modelA 0.0 0.0

modelB -9.8 5.1

`elpd_diff = -9.8` suggests that the including the variable `log_uranium` in the hierarchical likely leads to better predictor compared to the baseline hierarchical model without it, but `se = 5.1` suggesting some uncertainty ($z = -1.92$)

Interpretation: Although there is some uncertainty does suggest hierarchical model including county uranium levels (model A) is preferred.

Radon output table

```
1 head(summary(modelA))
```

	mean	mcse	sd	10%
(Intercept)	1.49961323	0.0005561482	0.03486938	1.4554032
floor	-0.65714227	0.0010488821	0.07912519	-0.7557767
log_uranium	0.78698453	0.0014784930	0.09189782	0.6686785
floor:log_uranium	-0.43203819	0.0027913042	0.20460791	-0.6922567
b[(Intercept) county:AITKIN]	-0.01533251	0.0015191119	0.12560828	-0.1696316
b[floor county:AITKIN]	0.01564660	0.0028778328	0.21529226	-0.2296711

	50%	90%	n_eff	Rhat
(Intercept)	1.499581802	1.5436340	3931	1.0004394
floor	-0.659742443	-0.5542719	5691	0.9992758
log_uranium	0.789064497	0.9040145	3863	0.9997451
floor:log_uranium	-0.431594916	-0.1716113	5373	0.9998638
b[(Intercept) county:AITKIN]	-0.011744665	0.1349220	6837	0.9995214
b[floor county:AITKIN]	0.005217733	0.2764645	5597	0.9998745

The effect of floor is therefore $\exp^{-0.66} = 0.51$ decrease in radon measurements from basement to first floor

Multinational RCT

PLATO NEJM 2009 multinational RCT of antiplatelets, ticagrelor vs. clopidogrel > 5,000 citations

Results Primary end point — composite of death from vascular causes, myocardial infarction, or stroke — occurred in 9.8% of ticagrelor subjects vs. 11.7% of clopidogrel subjects (HR, 0.84; 95% CI 0.77 to 0.92; P<0.001)

Conclusion Ticagrelor significantly reduced the primary outcome

Data - 862 centers, 43 countries, 6 geographic regions (iid?)?

```
1 library(epiR)
2 dat <- read.csv("data/Plato_FDA_470.csv", header = TRUE)
3 kable(dat)
```

Region	tic_N	tic_O	clo_N	clo_O
US	707	84	706	67
Eastern Europe	3820	299	3825	394
Western Europe	2725	240	2704	281
Asia	819	90	812	114
Latin America	621	91	615	104
Other	641	60	628	54

Reproduce NEJM results

NEJM -> time to event analysis. With only aggregate data, limited to cumulative RR
(`epiR::epi.2by2`)

```
1 nt <- sum(dat$tic_N); nc <- sum(dat$clo_N); et <- sum(dat$tic_0); ec <- sum(dat$clo_0)
2 total <- matrix(c(et,nt-et,ec,nc-ec), nrow = 2, byrow = TRUE, dimnames = list(c("Ticagrelor", "Clopidogrel"), c("Died", "Alive"
3 epi.2by2(dat = as.table(total), method = "cohort.count", conf.level = 0.95, units = 100, outcome = "as.columns")
```

	Outcome+	Outcome-	Total	Inc risk *
Exposure+	864	8469	9333	9.26 (8.68 to 9.86)
Exposure-	1014	8276	9290	10.91 (10.29 to 11.57)
Total	1878	16745	18623	10.08 (9.66 to 10.53)

Point estimates and 95% CIs:

Inc risk ratio	0.85 (0.78, 0.92)
Inc odds ratio	0.83 (0.76, 0.92)
Attrib risk in the exposed *	-1.66 (-2.52, -0.79)
Attrib fraction in the exposed (%)	-17.90 (-28.50, -8.18)
Attrib risk in the population *	-0.83 (-1.60, -0.06)
Attrib fraction in the population (%)	-8.24 (-9.89, -6.55)

Uncorrected chi2 test that OR = 1: $\chi^2(1) = 14.106$ Pr> $\chi^2 = <0.001$

Fisher exact test that OR = 1: Pr> $\chi^2 = <0.001$

Wald confidence limits

CI: confidence interval

* Outcomes per 100 population units

Results concordant with reported (HR, 0.84; 95% CI 0.77 to 0.92; P<0.001)

Data clustering

Original treated observations as iid, ignores possible clustering within specific geographic regions -> error underestimation -> over confidence in results precision

US data

```
1 # to get individual non-pooled results for each region
2 dat2 <- dat[dat$Region=="US",]
3 mat <- matrix(c(dat2$tic_0, dat2$tic_N - dat2$tic_0, dat2$cl
4             dimnames = list(c("Ticagrelor", "Clopidogrel"),
5 tt <- epi.2by2(dat = as.table(mat), method = "cohort.count",
6 tt$massoc.summary[1,1:4]
```

	var	est	lower	upper
1 Inc risk ratio	1.251958	0.9241111	1.696115	

Eastern Europe data

```
1 # to get individual non-pooled results for each region
2 dat2 <- dat[dat$Region=="Eastern Europe",]
3 mat <- matrix(c(dat2$tic_0, dat2$tic_N - dat2$tic_0, dat2$cl
4             dimnames = list(c("Ticagrelor", "Clopidogrel"),
5 tt <- epi.2by2(dat = as.table(mat), method = "cohort.count",
6 tt$massoc.summary[1,1:4]
```

	var	est	lower	upper
1 Inc risk ratio	0.7598766	0.6583074	0.8771167	

Are these differences statistically significant?

Data clustering

Are these differences statistically significant?

Quick R function to test interaction btw 2 RR using their CIs

```

1 # Tests for interaction between two risk ratios using their confidence intervals.
2 test_interaction <- function(risk_1, ci_1, risk_2, ci_2, alpha = 0.05) {
3   # Calculate the log-odds (log risk ratios) & variances for 1 and 2
4   log_odds_1 <- log(risk_1); log_odds_2 <- log(risk_2)
5   var_1 <- ((log(ci_1[2]) - log(ci_1[1])) / (2 * 1.96))^2; var_2 <- ((log(ci_2[2]) - log(ci_2[1])) / (2 * 1.96))^2
6   # Compute the difference in log-odds (interaction effect) & variance
7   diff_log_odds <- log_odds_2 - log_odds_1; var_diff <- var_1 + var_2
8   # Compute the z-statistic, p-value
9   z_stat <- diff_log_odds / sqrt(var_diff); p_value <- 2 * (1 - pnorm(abs(z_stat)))
10  risk_ratio_interaction <- exp(diff_log_odds) # Convert back to risk ratio & 95% CI
11  lower_ci <- exp(diff_log_odds - 1.96 * sqrt(var_diff))
12  upper_ci <- exp(diff_log_odds + 1.96 * sqrt(var_diff))
13  significant <- ifelse(p_value < alpha, "Significant", "Not Significant") # Check significance
14  return(list(z_statistic = z_stat, p_value = p_value,
15            significant = significant,
16            risk_ratio_interaction = risk_ratio_interaction,
17            ci_interaction = c(lower_ci, upper_ci)
18  ))
19 }
20
21 result <- test_interaction(0.75, c(0.66,0.88), 1.25, c(0.92,1.69))
22 print(result)

```

```
$z_statistic
[1] 2.976605
```

```
$p_value
[1] 0.002914594
```

```
$significant
[1] "Significant"
```

```
$risk_ratio_interaction
[1] 1.666667
```

```
sci_interaction  
[1] 1.190607 2.333077
```

Different models

Possible solution - hierarchical modeling approach to account for clustering by region
 Separate regions (like Bayesian MA of RCTs), can be modeled as follows $y_j = \log(\text{RR})$

$$y_j \sim N(\theta_j, \sigma_j^2)$$

$$\theta_j \sim N(\mu, \tau)$$

where $y_j = \log(\text{RR}_j)$ and σ_j^2 is assumed to be known with certainty (large sample sizes)
 Meta-analyses are typically concerned with the overall mean, μ

Recall, in general, three ways to estimate θ_j ;

1. **No-pooling**: there is a separate model for each study and $\theta_j = y_j$. i.e. hierarchical model in which the between study variation $\tau = \infty$
2. **Complete-pooling**: patients in each study are random samples from a common distribution so $\theta_j = \mu$. i.e. hierarchical model in with $\tau = 0$
3. **Partial-pooling**: a compromise between 1. and 2. In this case τ is estimated from the data and θ_j is closer to μ when τ is small relative to σ_j^2 and closer to y_j when the reverse is true

Meta-analysis

Random effects meta-analysis is a form of hierarchical modeling (regression analysis) where both within and between group variations are considered

A relevant statistic is the relative risk ratio, or p_{1j}/p_{0j} , where $p_{1j} = d_{1j}/n_{1j}$ and $p_{0j} = d_{0j}/n_{0j}$
 Log relative risk ratio, $y_j = \log(p_{1j}) - \log(p_{0j})$ preferred, since $\approx N(\mu, \sigma)$

Variance of each y_j calculated by treating p_{1j} and p_{0j} as sample proportions and using the delta method, so y_j variance is

$$\sigma_j^2 \approx \frac{1 - p_{1j}}{n_{1j}p_{1j}} + \frac{1 - p_{0j}}{n_{0j}p_{0j}}$$

```

1 # hand calculation of rr and se
2 dat$p1 <- dat$t1c_0/dat$t1c_N; dat$p0 <- dat$c1o_0/dat$c1o_N; dat$rr <- dat$p1/dat$p0; dat$lrr <- log(dat$rr)
3 dat$se <- sqrt((1 - dat$p1)/(dat$p1 * dat$t1c_N) + (1 - dat$p0)/(dat$p0 * dat$c1o_N)); dat$lower <- exp(dat$lrr - qnorm(.975)
4 # easier would be
5 # dat <- metafor::escalc(measure="RR", ai=t1c_0, n1i = t1c_N, ci=c1o_0, n2i =c1o_N, data=dat)
  
```

Rather than doing this by hand, `escalc` from `metafor` package also works well

Meta-analysis - Tabular data

Based on hand calculations from previous slide

```
1 dat
```

	Region	tic_N	tic_0	clo_N	clo_0	p1	p0	rr
1	US	707	84	706	67	0.11881188	0.09490085	1.2519580
2	Eastern Europe	3820	299	3825	394	0.07827225	0.10300654	0.7598766
3	Western Europe	2725	240	2704	281	0.08807339	0.10392012	0.8475105
4	Asia	819	90	812	114	0.10989011	0.14039409	0.7827260
5	Latin America	621	91	615	104	0.14653784	0.16910569	0.8665459
6	Other	641	60	628	54	0.09360374	0.08598726	1.0885769
	lrr	lse	lower	upper				
1	0.22470875	0.15491700	0.9241111	1.6961153				
2	-0.27459929	0.07320748	0.6583074	0.8771167				
3	-0.16545202	0.08359779	0.7194267	0.9983979				
4	-0.24497252	0.13202467	0.6042688	1.0138866				
5	-0.14324021	0.13178799	0.6692886	1.1219402				
6	0.08487123	0.17897700	0.7665026	1.5459826				

where $lrr = \log(RR_i)$

e.g. for US $lrr = \log((84/707)/(67/706)) = 0.2247$

US $RR = \exp(.2247) = 1.25$

Meta-analysis tabular results

Quantitative results from packages `metafor::rma` or `meta::metabin`

```
1 library(metafor)
2 me.fe <- rma(dat$rr, sei=dat$lse, method = "FE") # exponentiation c(exp(me.fe$b), exp(me.fe$ci.lb), exp(me.fe$ci.ub))
3 me.re <- rma(dat$rr, sei=dat$lse, method = "REML") # exponentiation c(exp(me.re$b), exp(me.re$ci.lb), exp(me.re$ci.ub))
4 plot_Plato <- meta::metabin(dat$tic_0, dat$tic_N, dat$clo_0, dat$clo_N, sm="RR", method = "I", studlab=dat$Region, prediction=TRUE)
5 print(summary(plot_Plato, prediction=TRUE), digits=2)
```

	RR	95%-CI	%W(common)	%W(random)
US	1.25	[0.92; 1.70]	8.1	12.8
Eastern Europe	0.76	[0.66; 0.88]	36.1	23.8
Western Europe	0.85	[0.72; 1.00]	27.6	22.2
Asia	0.78	[0.60; 1.01]	11.1	15.3
Latin America	0.87	[0.67; 1.12]	11.1	15.3
Other	1.09	[0.77; 1.55]	6.0	10.6

Number of studies: $k = 6$

Number of observations: $o = 18623$ (o.e = 9333, o.c = 9290)

Number of events: $e = 1878$

	RR	95%-CI	z	p-value
Common effect model	0.85	[0.78; 0.92]	-3.75	0.0002
Random effects model	0.88	[0.77; 1.02]	-1.73	0.0842
Prediction interval		[0.61; 1.29]		

Quantifying heterogeneity (with 95%-CIs):

$\tau^2 = 0.0162$ [0.0000; 0.2158]; $\tau = 0.1272$ [0.0000; 0.4645]

$I^2 = 54.2\%$ [0.0%; 81.6%]; $H = 1.48$ [1.00; 2.33]

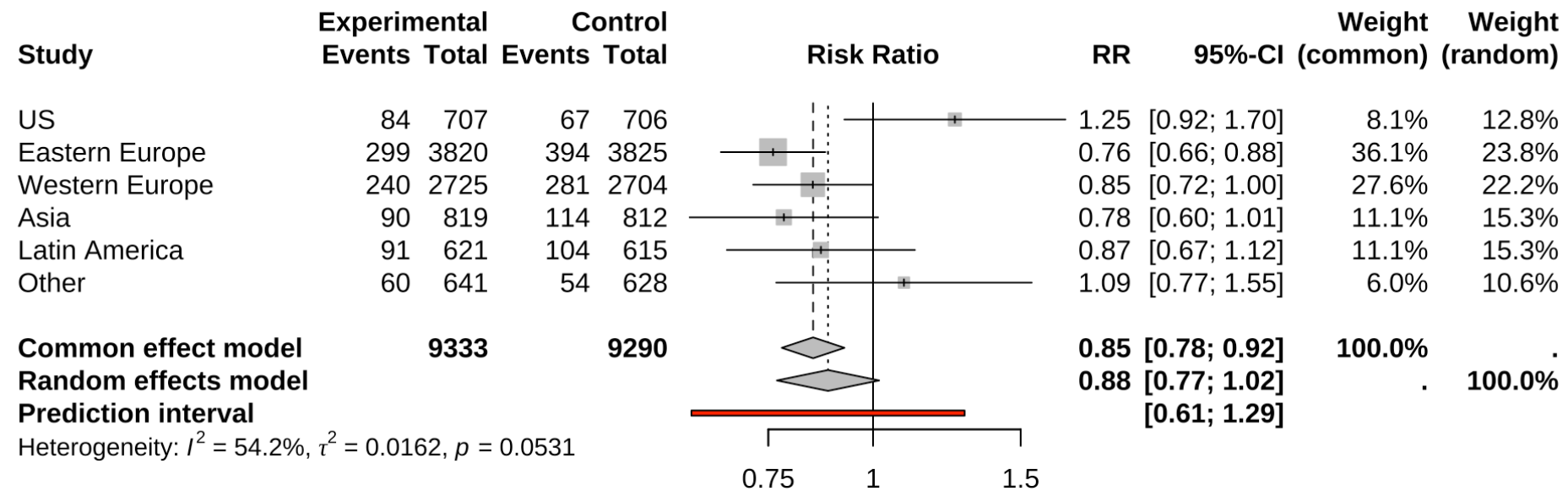
Test of heterogeneity:

Q	d.f.	p-value
10.91	5	0.0531

Meta-analysis - Forest plot

possible plotting functions `metafor::forest` or `meta::forest`

```
1 meta::forest(plot_Plato)
```



Do we understand these summary statistics and their difference?

Hierarchical models

Summary statistics

Fixed effect meta-analysis assumes a common treatment effect in each study and variation in observed study estimates is due only to chance, **within study variation**. The summary result provides the best estimate of an **assumed common treatment effect**

Random effects meta-analysis assumes the true treatment effect differs from study to study and provides an estimate of the average treatment effect (considers both **within and between study variation**). The summary result gives the **average from the distribution of treatment effects across studies**

Prediction interval aids the interpretation of random effects meta-analysis by providing a predicted range for the true treatment effect in an individual (next) study

Bayesian meta-analysis

Maximum likelihood approach treats parameters as fixed
 Ignores uncertainty in τ and confidence intervals for μ are too narrow
 Bayesian model addresses this concern

```

1 library(tidybayes);library(brms)
2 # non-informative default prior
3 brm_out <- brm(lrr | se(lse) ~ 1 + (1|Region), #<<
4               data = dat, iter = 5000, warmup = 2000, cores = 4, refresh=0) # #prior = set_prior("normal(0,10)", class = "sc
5 post <- brm_out %>%
6   spread_draws(b_Intercept, r_Region[Region,]) %>%
7   median_qi(condition_mean = b_Intercept + r_Region, .width = c(.95)) %>%
8   mutate(Region=factor(Region, levels=c("Other","Latin.America","Asia", "Western.Europe", "Eastern.Europe","US" )))
9 cbind(post[,1], exp(post[,c(2:4)]))

```

```

1 cbind(post[,1], exp(post[,c(2:4)]))

```

	Region	condition_mean	.lower	.upper
1	Asia	0.8273285	0.6617992	1.0068940
2	Eastern.Europe	0.7910961	0.6807092	0.9035391
3	Latin.America	0.8678946	0.7072234	1.0732217
4	Other	0.9440098	0.7629654	1.3095628
5	US	1.0294626	0.8059452	1.4398276
6	Western.Europe	0.8548879	0.7400582	0.9872230

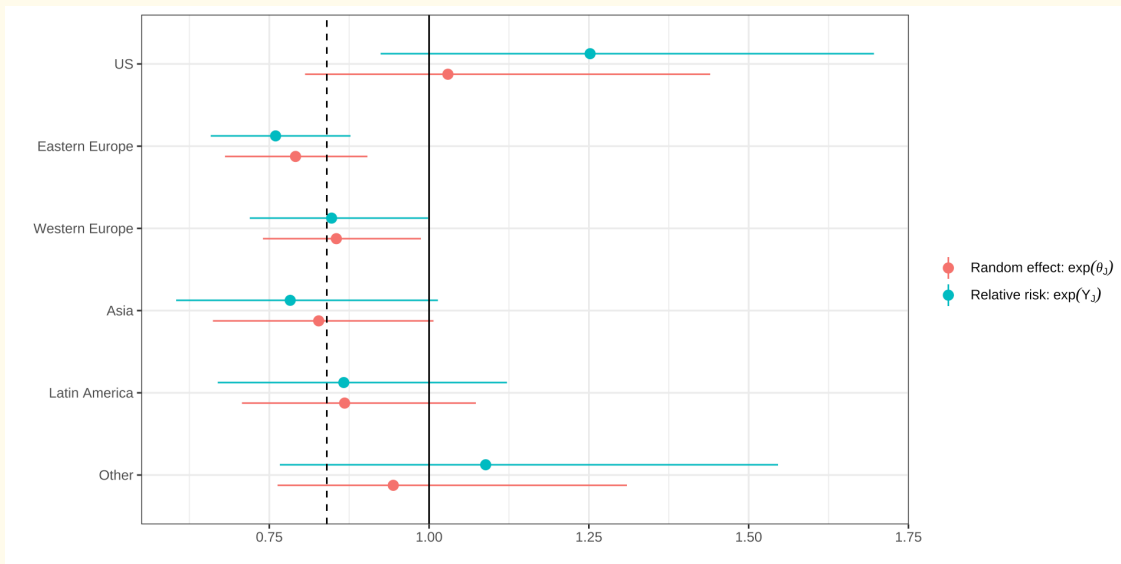
Notice shrinkage of individual region effects towards overall mean

Bayesian meta-analysis

Data Visualization of shrinkage -> global mean (dotted line) with improved variance 2^0
 borrowing of information

```

1 p.dat <- data.frame(lower = post$.lower, rr = post$condition_mean, upper = post$.upper)
2 p.dat <- exp(p.dat)
3 p.dat$Region <- factor(c("Asia","Eastern Europe", "Latin America", "Other", "US","Western Europe"))
4 p.dat <- rbind(p.dat, dat[, c("lower", "rr", "upper", "Region")])
5 p.dat$lab <- rep(c("Theta", "Y"), each = 6)
6 p.dat$id <- c(4,2,5,6,1,3,1,2,3,4,5,6)
7 ggplot(p.dat, aes(x = factor(Region, levels=c("Other", "Latin America", "Asia", "Western Europe", "Eastern Europe", "US")), y =
8   geom_pointrange(aes(col = lab), position = position_dodge(width = 0.50)) +
9   coord_flip() + geom_hline(aes(yintercept = 0.84), lty = 2) + xlab("") +
10  ylab("") + theme(legend.position="bottom") + geom_hline(aes(yintercept = 1), lty = 1) +
11  scale_colour_discrete(name="",
12    labels = c("Theta" = bquote("Random effect:"~exp(theta[J])~" "),
13      "Y"= bquote("Relative risk:"~exp(Y[J]))) +
14  theme_bw()
  
```



Bayesian meta-analysis - Predictions

Easy in a Bayesian framework since study effects are assumed to be exchangeable

Simulate the posterior of $\tilde{\theta}_j$ by drawing $\theta_j \sim N(\mu, \tau)$ using μ and τ from the posterior

```
1 library(bayesmeta)
2 ma01 <- bayesmeta(y = exp(dat[, "lrr"]), sigma = dat[, "lse"], labels = dat[, "Region"], mu.prior.mean = 0, mu.prior.sd = 4, tau.prior.mean = 0, tau.prior.sd = 4)
3 ma01$theta; ma01$summary # summary
```

	US	Eastern Europe	Western Europe	Asia	Latin America
y	1.2519580	0.75987655	0.84751053	0.7827260	0.86654589
sigma	0.1549170	0.07320748	0.08359779	0.1320247	0.13178799
mode	1.0003205	0.80668934	0.86023523	0.8502698	0.86891932
median	1.0344567	0.79999914	0.85972569	0.8398095	0.87445741
mean	1.0480330	0.79747707	0.85937876	0.8346058	0.87624220
sd	0.1530569	0.06993446	0.07175383	0.1015066	0.09956671
95% lower	0.7853382	0.65875763	0.71652872	0.6235269	0.67742674
95% upper	1.3458635	0.93052361	1.00151553	1.0321938	1.07999519

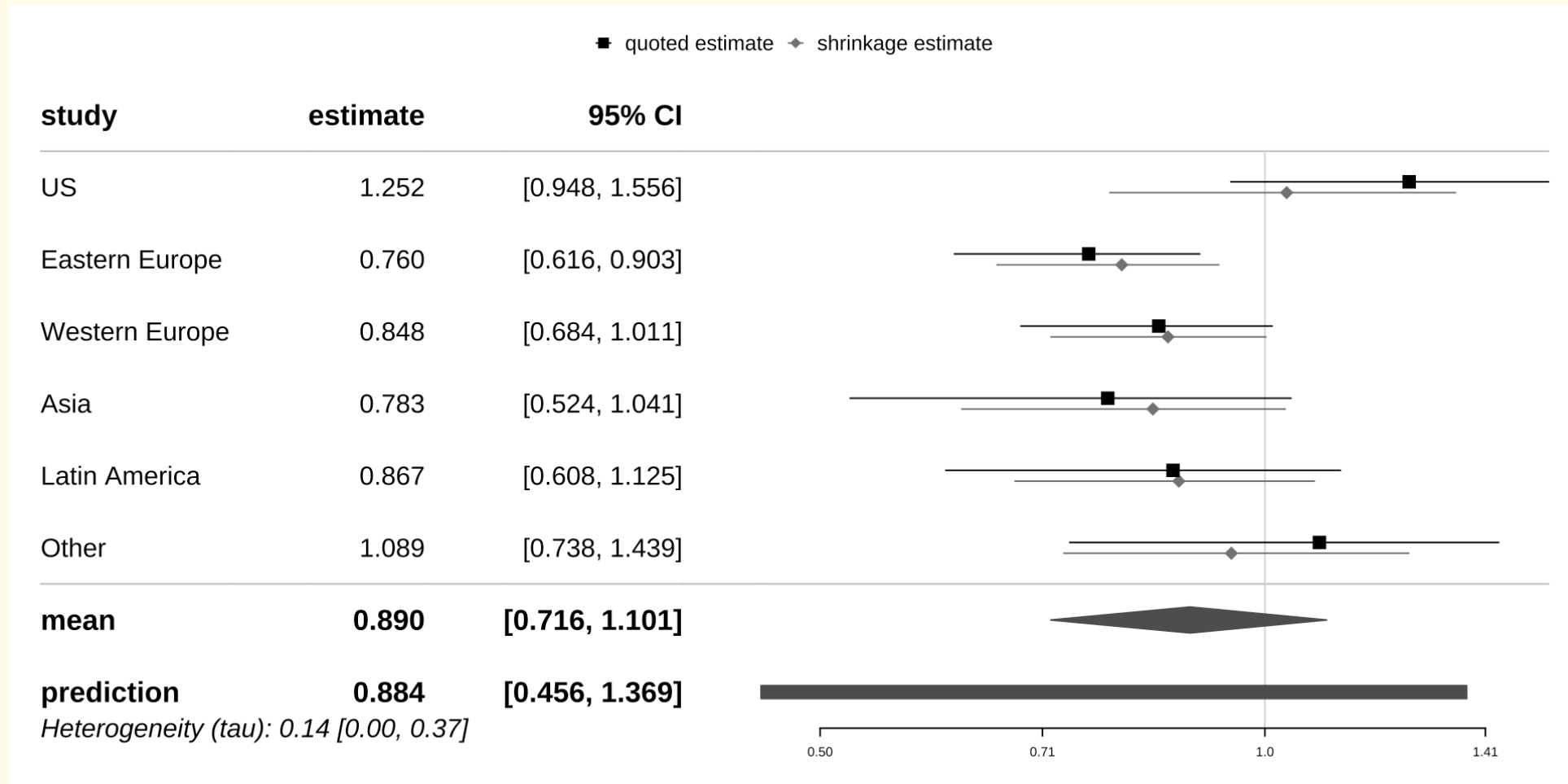
	Other
y	1.0885769
sigma	0.1789770
mode	0.8952275
median	0.9490039
mean	0.9666059
sd	0.1346969
95% lower	0.7308986
95% upper	1.2510222

	tau	mu	theta
mode	0.1151484	0.87873048	0.8669743
median	0.1411086	0.88993912	0.8843447
mean	0.1610604	0.89668778	0.8966878
sd	0.1128046	0.09628676	0.2190497
95% lower	0.0000000	0.71619581	0.4560304
95% upper	0.3708797	1.10094337	1.3694340

Bayesian meta-analysis - Predictions

Predictions can also be displayed graphically

```
1 forestplot(ma01, xlog=TRUE) #adds vertical line at x=1
```

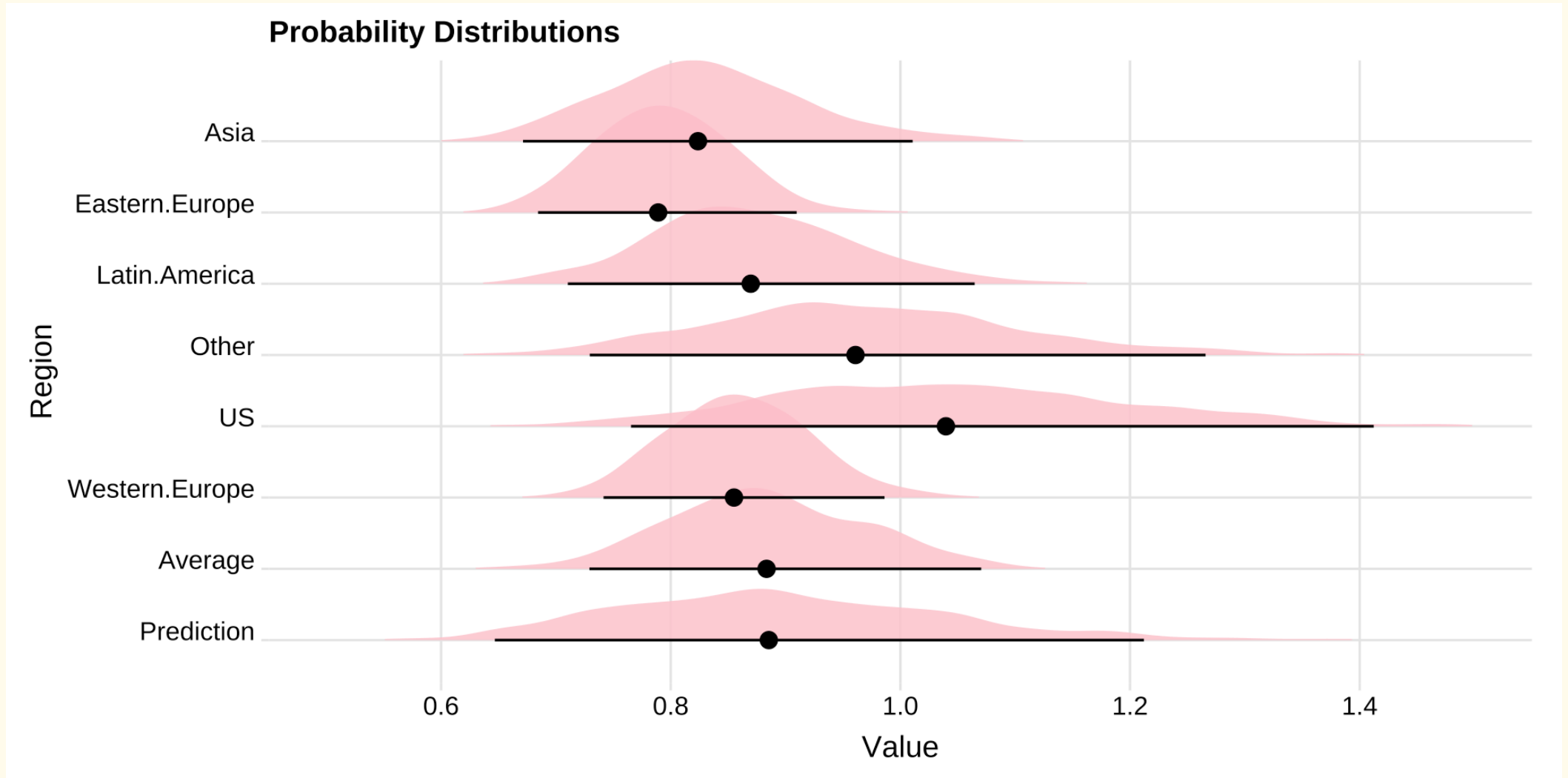


Compare to MLE - random effects 0.88 (0.77 - 1.02), prediction interval 0.88 (0.59 - 1.33)

Hierarchical models

Bayesian meta-analysis - Predictions

Predictions can also be displayed graphically using `ggridges` package



Bayesian meta-analysis

Standard Bayesian meta-analysis model follows a hierarchical approach

$$\beta_j = \mu + \mu_j \text{ where error term } \mu_j \sim \text{normal}(0, \tau)$$

μ is the average treatment effect in the (hypothetical) superpopulation of similar studies, β_j is the effect in the j -th individual study and the population variance τ^2 is referred to as the heterogeneity and

$$b_j = \beta_j + \epsilon \text{ where error term } \epsilon_j \sim \text{normal}(0, s_j)$$

models the uncertainty of the estimates from each individual study, assuming the estimate b_j from the j -th study is unbiased and normally distributed with standard error s_j .

Bayesian meta-analysis

While the observed treatment effect of a single unbiased clinical trial estimates the underlying “true” treatment effect, it is incorrect to view this as an immutable property of the treatment

Many reasons exist to expect additional variation among the underlying effects from differences between study populations, application of the treatment and measurement protocols among other factors if the study was repeated.

Leads to a paradox whereby the precision for a single trial (with less data) is better than for a meta-analysis of several trials (with more data) due to the consideration of the between study heterogeneity, τ , in the meta-analysis

Bayesian meta-analysis of a single trial!

To address this paradox Gelman has proposed using the distribution of treatment effects and heterogeneity among the 1,636 meta-analyses from the Cochrane Database of Systematic Reviews (CDSR) as prior information.

Using simulated data and cross validation, they show that their Bayesian “meta-analyses of single studies” perform much better than naively considering the single trial, which equates to setting $\tau = 0$.

The CDSR prior on the heterogeneity results in better quantification of the uncertainty, reducing the mean squared error both for estimating the study-level and population-level effects by about 60% on average, **the equivalent to more than doubling the sample size!**

Hierarchical modeling can aid in causal inference

Causal inference can be formulated statistically as a missing-data problem & hierarchical modeling aids in causal inference by

1. **Accounting for data collection:** In any data analysis, it is appropriate to account for any individual or group characteristics that are predictive of treatment assignment and inclusion in the dataset
2. **Adjusting for unmeasured covariates:** In structured data, multilevel modeling can yield more efficient estimates than classical no-pooling estimates
3. **Modeling variation in treatment effects:** Can model not only the expected treatment effect as a function of pre-treatment covariates x , but can also model the unexplained variance in the treatment effect

References

1. Bayes' Rules - Chapter 16 (Normal) Hierarchical Models
2. Bayesian Meta-Analysis with R and Stan

Session info

```
1 sessionInfo()
```

```
R version 4.5.2 (2025-10-31)
```

```
Platform: aarch64-apple-darwin20
```

```
Running under: macOS Sequoia 15.6.1
```

```
Matrix products: default
```

```
BLAS: /System/Library/Frameworks/Accelerate.framework/Versions/A/Frameworks/vecLib.framework/Versions/A/libBLAS.dylib
```

```
LAPACK: /Library/Frameworks/R.framework/Versions/4.5-arm64/Resources/lib/libRlapack.dylib; LAPACK version 3.12.1
```

```
locale:
```

```
[1] en_US.UTF-8/en_US.UTF-8/en_US.UTF-8/C/en_US.UTF-8/en_US.UTF-8
```

```
time zone: America/Toronto
```

```
tzcode source: internal
```

```
attached base packages:
```

```
[1] grid      stats      graphics  grDevices  utils      datasets  methods
```

```
[8] base
```

```
other attached packages:
```

```
[1] ggribges_0.5.6      epiR_2.0.85          survival_3.8-3
[4] ggthemes_5.1.0      loo_2.8.0            baggr_0.7.11
[7] brms_2.22.0         modelsummary_2.4.0   tidybayes_3.0.7
[10] bayesmeta_3.4       mvtnorm_1.3-3        metafor_4.8-0
[13] numDeriv_2016.8-1.1 metadat_1.4-0        forestplot_3.1.7
```