

# Assumptions of NMA

Georgia Salanti

CMIMG meeting – Stream 2

Bristol, 16-17 July 2013

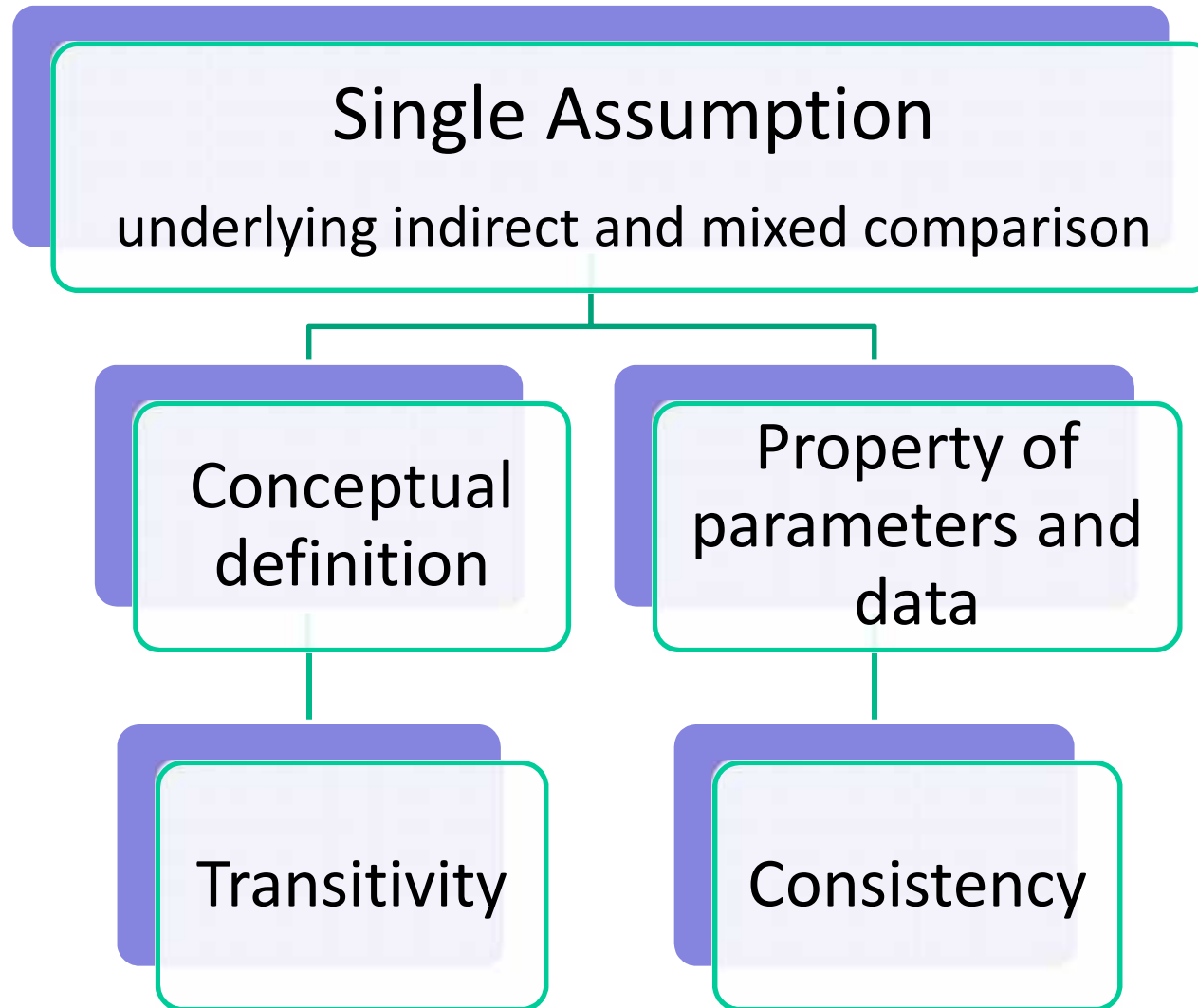
# Criticism of indirect comparison

- Indirect comparison respects randomisation but **it is not randomized evidence**
  - The treatment comparisons have not been randomized across studies
  - Indirect comparison is a special type of regression (using the comparison as explanatory variable)
  - Meta-regression and subgroup analysis provide **observational evidence** as the characteristic they regress on hasn't been randomized across studies
- Some would argue that pairwise meta-analysis is observational evidence

# Assumption in NMA

- Assumption 1: Homogeneity (as in pairwise meta-analysis)
- Assumption 2: Consistency-transitivity-congruence-coherence
- Consistency is a form of homogeneity
  - But we will reserve the term for a pairwise comparison
- More assumptions (such as normality in the RE, correct model, known variances etc)
- We will focus on Assumption 2

# Assumption underlying indirect/mixed comparison (on the top of homogeneity)



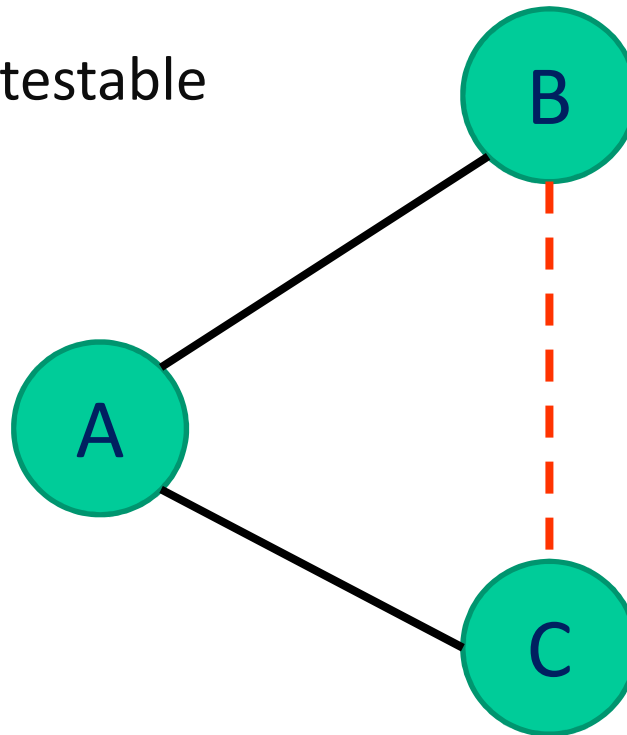
Clinical/method homogeneity

Statistical homogeneity

# Transitivity

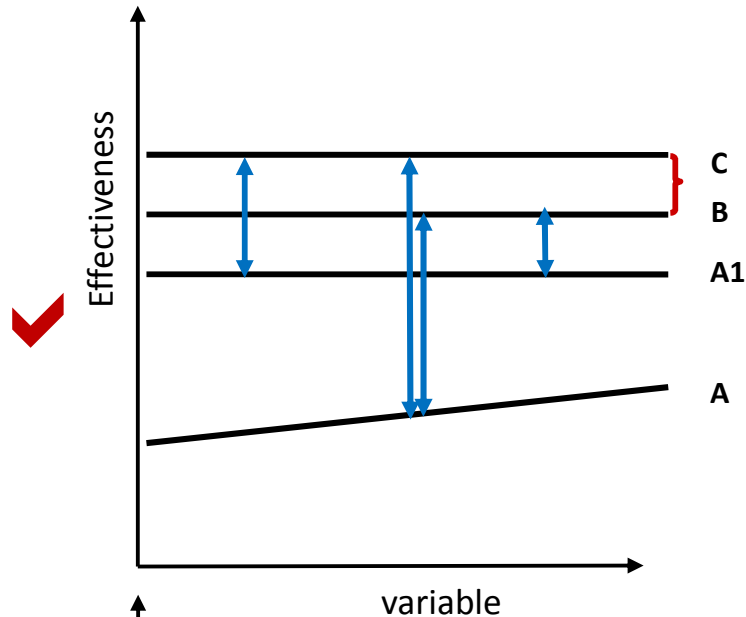
An underlying assumption when  $\mu'_{BC}$  is calculated is that one can learn about B versus C via A.

Sometime it is an untestable assumption

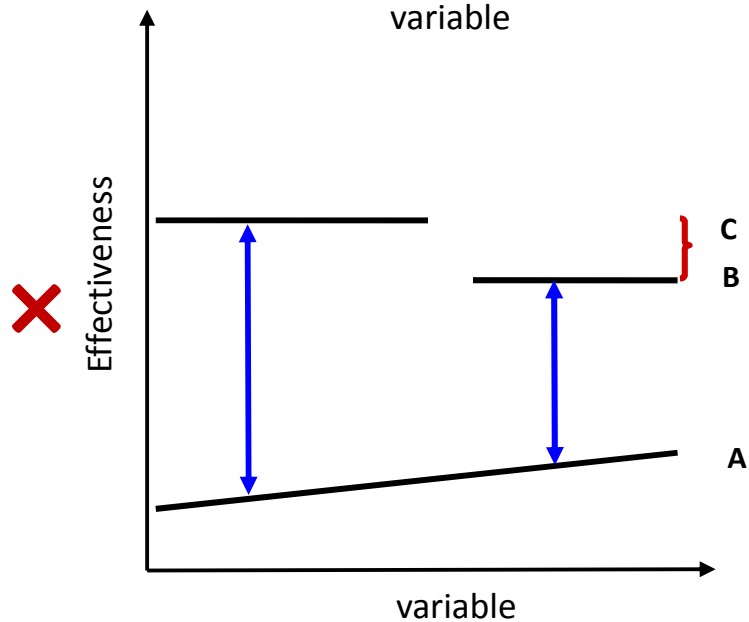


....but you can evaluate clinically and epidemiologically its plausibility

# Transitivity means... (1)



...that AC and AB trials do not differ with respect to the distribution of effect modifiers [not prognostic factors!]

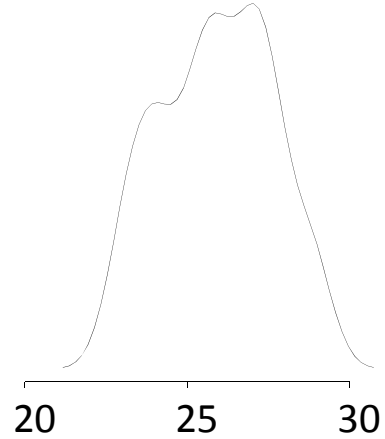


- Difficult to defend when you have older and newer treatments
- Variables are often unobserved

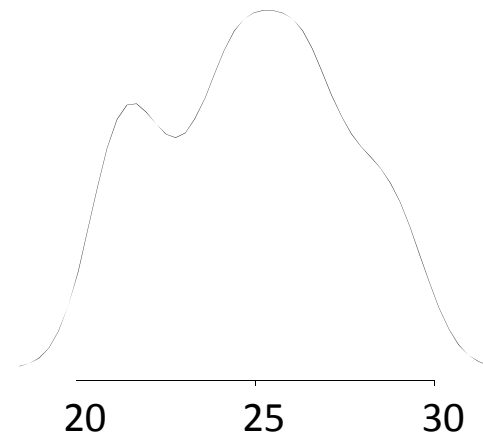
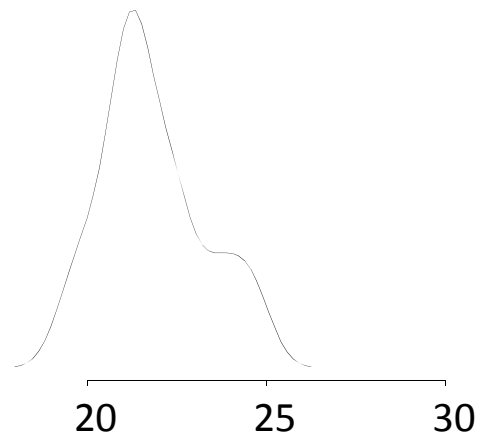
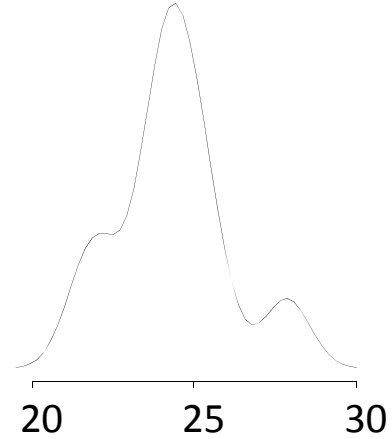
# Transitivity means... (1)



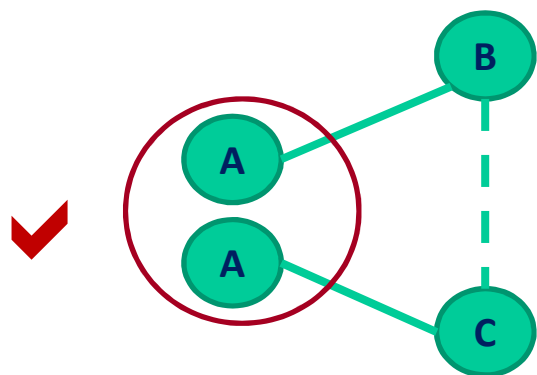
Placebo vs B



Placebo vs C

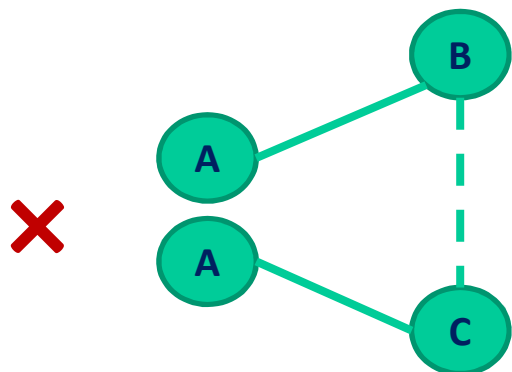


## Transitivity means... (2)



Treatment A is similar when it appears in AB and AC trials

Plausible when A is placebo given in different forms  
(e.g. injection versus pill )?





## Transitivity (3)

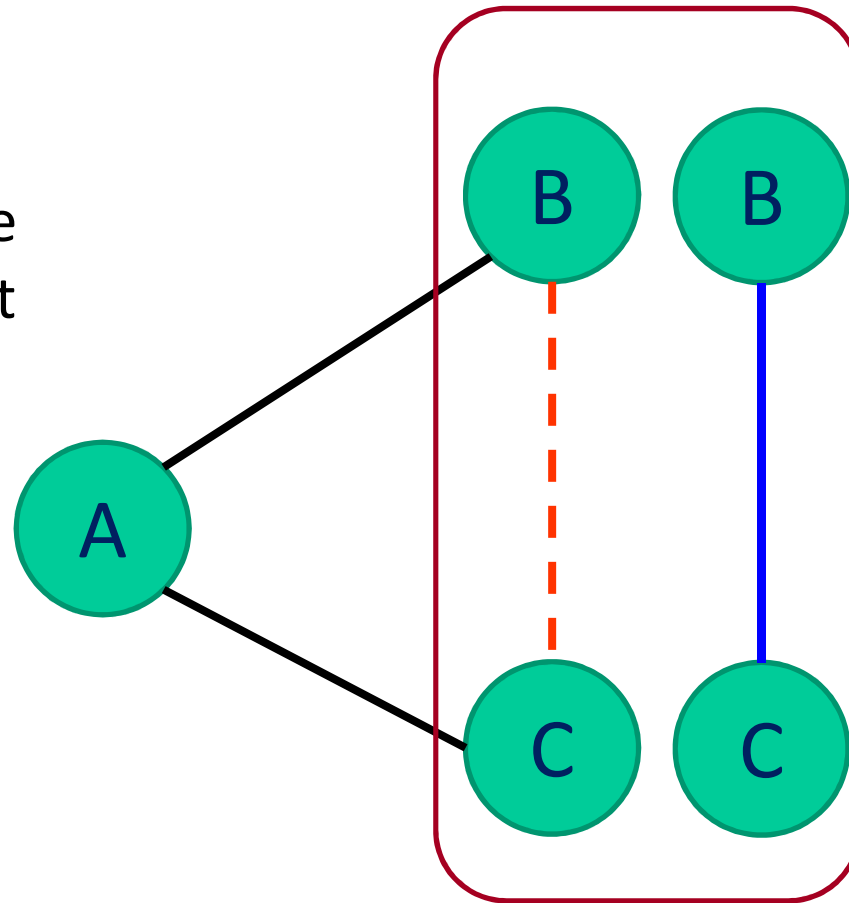
- The 'missing' arm is missing at random
- The AB studies do not have a 'C' arm and the AC studies do not have a 'C' arm.
  - This 'form' of transitivity is implicit when Ian suggests imputing the 'missing reference treatment' when fitting NMA via mvmeta

## Transitivity means... (4)

- ... that all treatments are “**jointly randomizable**”
- **This consideration is a fundamental one** and should be addressed when building the evidence network

# Consistency

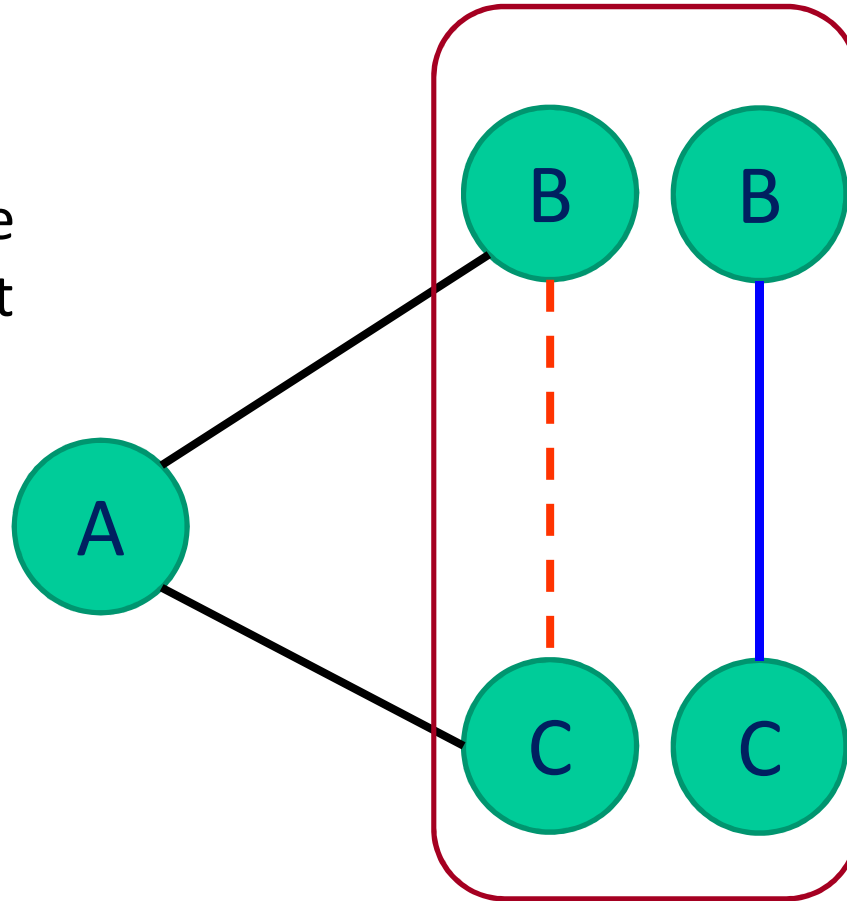
Direct and indirect evidence are in agreement



$$\mu_{BC}^I \quad \mu_{BC}^D \rightarrow \mu_{BC}^M$$

# Consistency

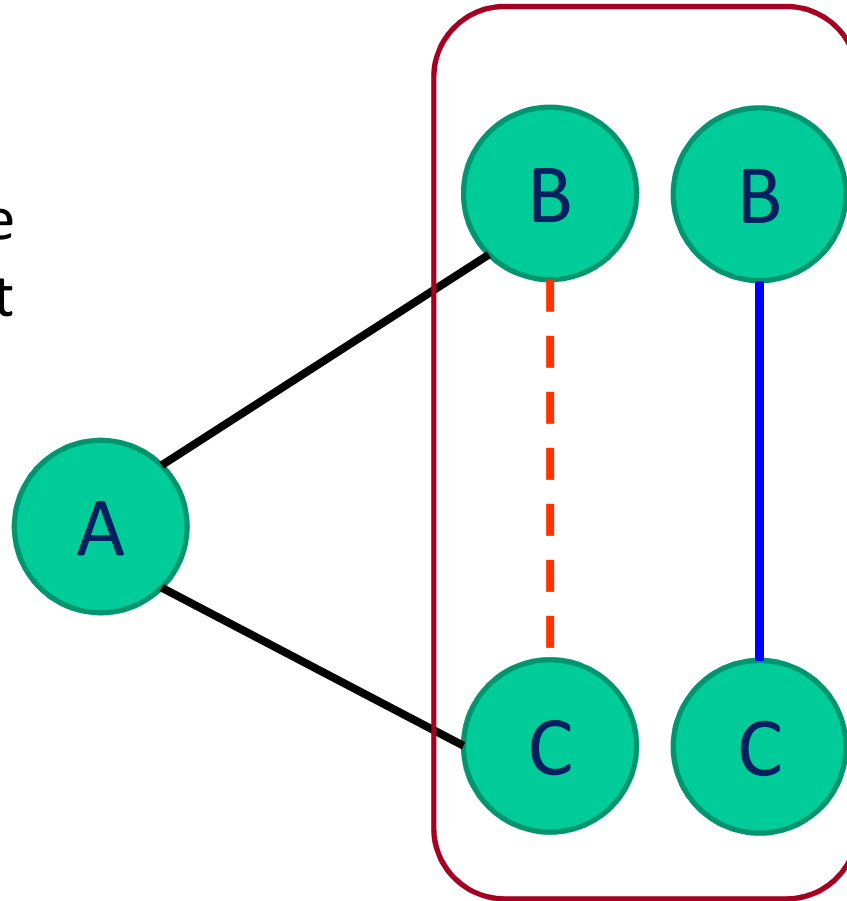
Direct and indirect evidence are in agreement



$$\mu_{BC}^I = \mu_{BC}^D$$

# Consistency

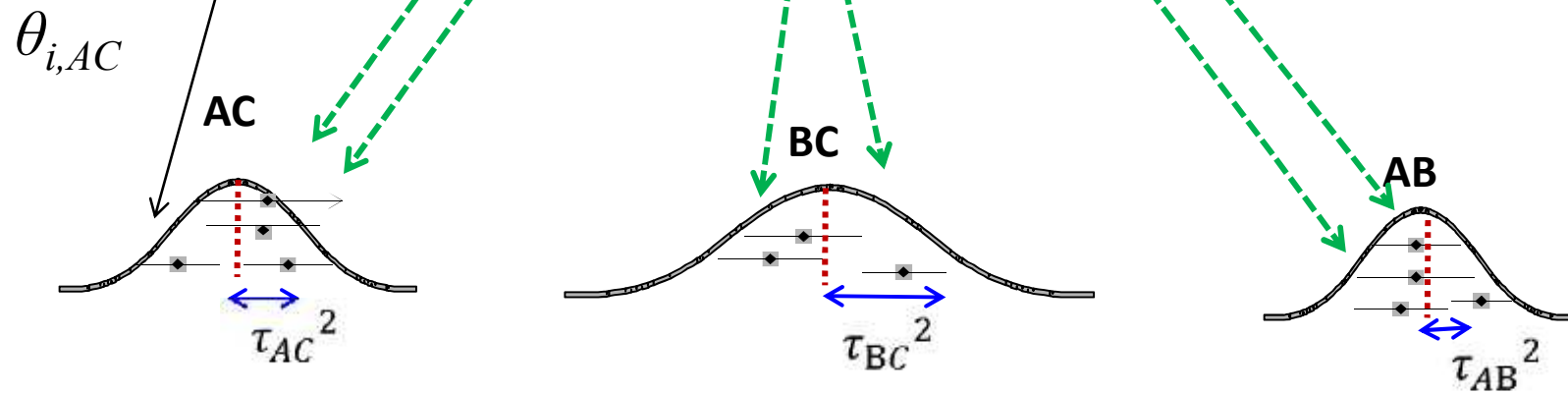
Direct and indirect evidence are in agreement



$$\mu^D_{AC} - \mu^D_{AB} = \mu^I_{BC} = \mu^D_{BC}$$

Study	Observed		
AC	$y_{i,AC}$		
BC		$y_{i,BC}$	
AB			$y_{i,AB}$

Study	If arm were included..	Observed and unobserved		
AC	B	$y_{i,AC}$	$y_{i,BC}$	$y_{i,AB}$
BC	A	$y_{i,AC}$	$y_{i,BC}$	$y_{i,AB}$
AB	C	$y_{i,AC}$	$y_{i,BC}$	$y_{i,AB}$



Consistency: Observed and unobserved estimates do not differ beyond what can be explained by heterogeneity

# Assumptions and NMA

- They need to be considered when building the network of evidence
  - Possibly there is a trade-off between large networks and the plausibility of the assumption