Overview of empirical evidence

SELECTING THE APPROPRIATE EFFECT SIZE FOR NETWORK META-ANALYSIS

INTRODUCTION

- Dichotomous data is the most frequent type of data in network meta-analyses
 - Database including 186 networks:
 - 60% with dichotomous data
 - 28% with continuous data
 - 9% and 3% with survival and rate data
 - Effect measures used in dichotomous networks:
 - 59% OR
 - 40% RR
 - 0% RD
 - 1 network used all three effect measures [Ballesteros 2005]

We could not find any rationale provided for the choice of the effect measure!

DICHOTOMOUS EFFECT MEASURES IN META-ANALYSIS

Choosing an effect measure (OR, RR, RD) based on:

- the mathematical properties
- the level of interpretability
 - Do the analysis in one measure, and transform it into another!
 - Focus here is measure of analysis, not measure of presentation (see Stream 3)
- Heterogeneity
 - RD more heterogeneous than RR and OR [Deeks et al. 2002]
- Remember that RR...
 - RRb & RRh can give different results (magnitude of effect and precision)

IMPLICATIONS FOR INDIRECT COMPARISONS

Because RRb and RRh can give different results

- Indirect effects using RRb and RRh can differ in magnitude & direction of effect! [Eckerman et al. 2009]
 - two illustrative examples of indirect comparisons:
 - RR(no stroke) warfarin vs. aspirin warfarin marginally more effective RR(stroke) – 56% reduction in risk of stroke with warfarin
 - RR(no progression) natalizumab vs. interferon natalizumab 16% less effective RR(progression) – natalizumab 30% more effective
- Inconsistency
 - No important 'a priori' differences between the different measures (loop-specific & design-by-treatment approach) [Veroniki et al. 2013]
 - empirical data on 40 networks of trials
- Treatment ranking
 - The three effect measures (OR, RR, RD) can give different results [Norton et al. 2012]
 - Graphical presentation & mathematical proof of the issue
 - This study prompted a reply...

HOW TO SELECT THE APPROPRIATE MEASURE?

Exchangeability & additivity of treatment effects

- The assumptions cannot hold for all measures simultaneously [van Valkenhoef & Ades 2013]
- Choice of effect measure should be based
 - not on convenience and interpretation criteria
 - on scientific grounds; heterogeneity and goodness-of-fit measures [Caldwell et al. 2012]
- Scale of analysis is
 - specific for each dataset
 - greater consideration on HR for time-to-event data
 - OR sometimes gives larger effects and can be misinterpreted
 - a different issue than the scale of reporting

[Caldwell et al. 2012]

More details and discussion (see Tony Ades' presentation that follows)

REFERENCES

- Ballesteros J: Orphan comparisons and indirect meta-analysis: a case study on antidepressant efficacy in dysthymia comparing tricyclic antidepressants, selective serotonin reuptake inhibitors, and monoamine oxidase inhibitors by using general linear models. J Clin Psychopharmacol 2005, 25: 127-131.
- Caldwell DM, Welton NJ, Dias S, Ades AE: Selecting the best scale for measuring treatment effect in a network meta-analysis: a case study in childhood nocturnal enuresis. Res Synth Meth 2012, 3: 126-141.
- Deeks JJ: Issues in the selection of a summary statistic for meta-analysis of clinical trials with binary outcomes. Stat Med 2002, 21: 1575-1600.
- Eckermann S, Coory M, Willan AR: Indirect comparison: relative risk fallacies and odds solution. J Clin Epidemiol 2009, 62: 1031-1036.
- Norton EC, Miller MM, Wang JJ, Coyne K, Kleinman LC: Rank reversal in indirect comparisons. Value Health 2012, 15: 1137-1140.
- van Valkenhoef G, Ades AE: Evidence synthesis assumes additivity on the scale of measurement: response to "Rank reversal in indirect comparisons" by Norton et al. Value Health 2013, 16: 449-451.
- Veroniki AA, Vasiliadis HS, Higgins JP, Salanti G: Evaluation of inconsistency in networks of interventions. Int J Epidemiol 2013, 42: 332-345.