



HPTN

HIV Prevention
Trials Network

Alternatives to Randomized Designs

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Randomization

- Randomization “guarantees” that treatment and control groups are comparable
 - Individuals who select a treatment likely differ from those who don’t (“confounding”)
 - Provides estimate of causal effect
- Provides appearance of “fairness”

Randomization

- Not always possible to randomize
 - Unethical
 - Not feasible (e.g. intervention widely available)
 - Control group “unacceptable”
- Concerns about external validity of RCT
 - Trial participants are a selected group
 - May be more relevant for behavior interventions

Instrumental Variable

- Requires an “instrument” that affects intervention but not outcome (except through intervention);

$$Z \rightarrow T \rightarrow Y$$

- The stronger the relationship between the instrument and intervention, the better
- E.g. Smoking and health - tax rate on tobacco products may be an instrument

Instrumental Variable

Example (Oster, 2012, *J Health Economics*)

- **Question:** What is the relationship between HIV prevalence and sexual risk behavior in Africa?
 - Prediction: high HIV prevalence should lead to less risky sexual behavior
 - Observed: high HIV prevalence positively correlated with risky behavior (reverse causality?)
- **Instrument:** Distance from origin of HIV epidemic
 - Areas further from origin should have lower prevalence
- **Model:** Distance → Prevalence → Behavior
- **Results:** Using Distance as an IV, Oster found a negative relationship between HIV prevalence and risky sexual behavior

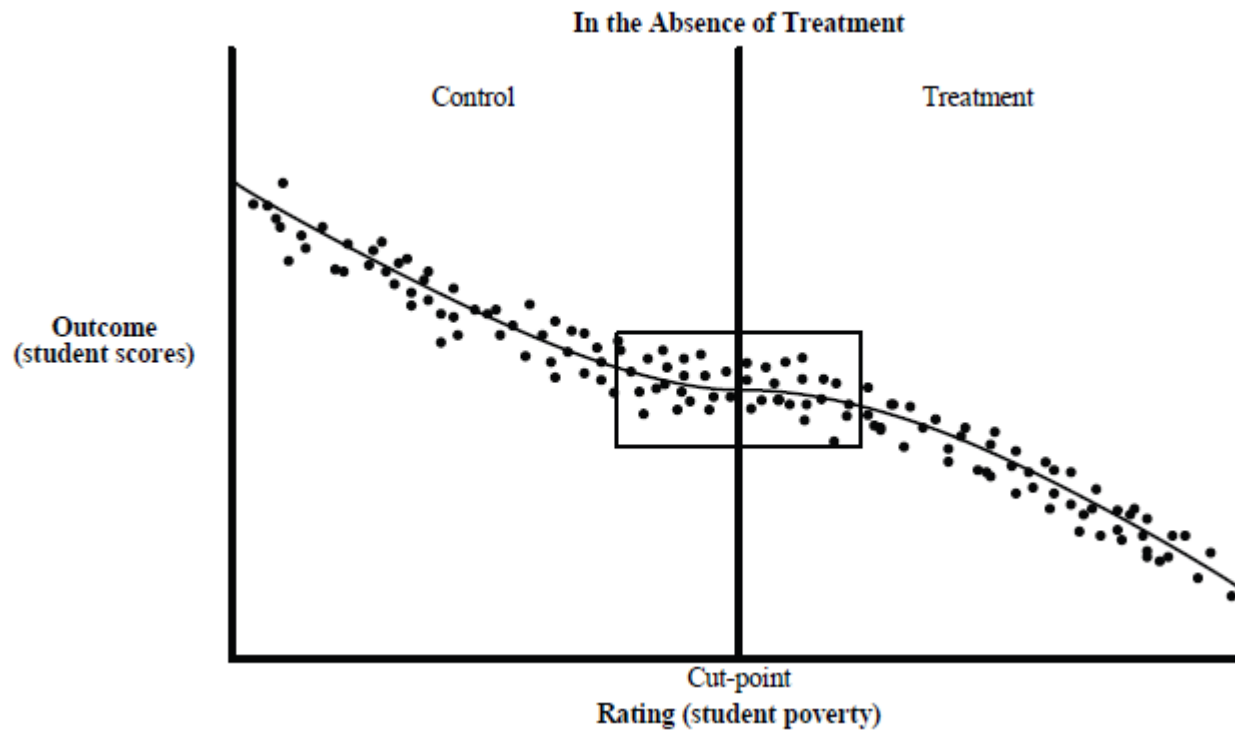
Instrumental Variable

- Requires detailed specification of causal diagram
- Instrumental variable often not available
 - Randomization is an ideal instrument!

Regression Discontinuity

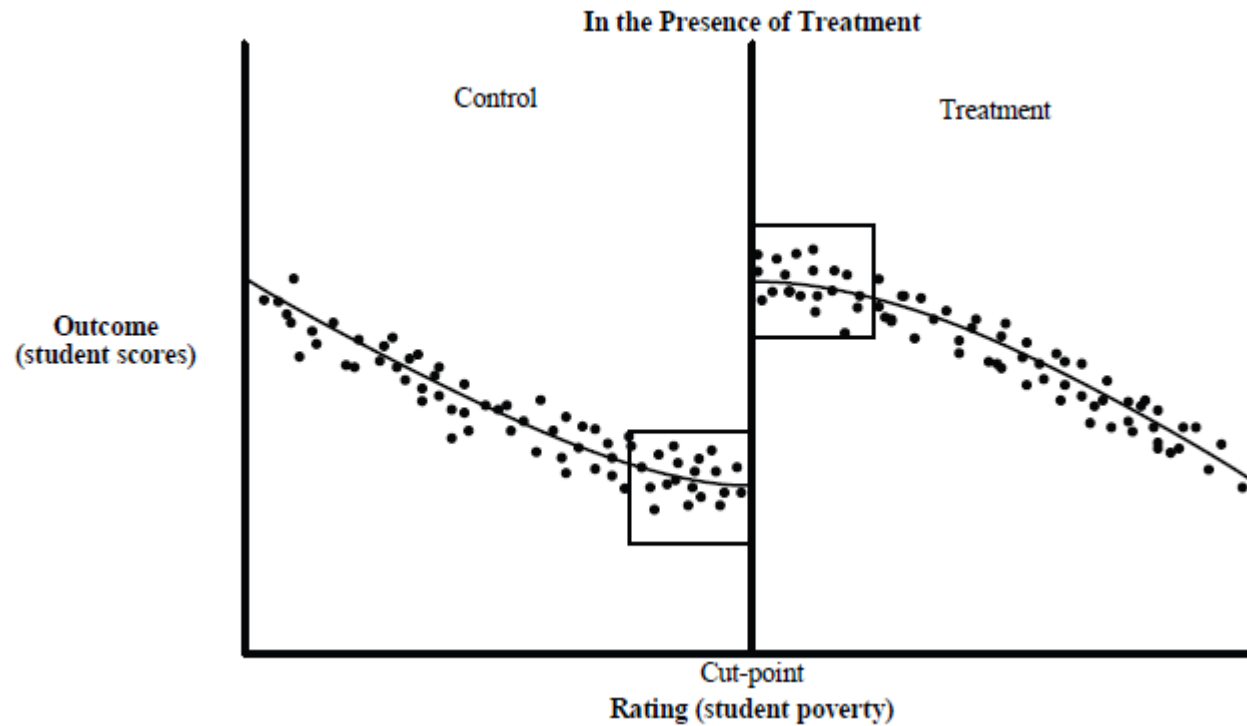
- Individuals assigned to treatment based on cut-off value of an “assignment score”
 - e.g. students with scores below a threshold on test receive remedial instruction
- Measure outcome
- Regress outcome on assignment scores
- Treatment effect is measured by a discontinuity in the regression line at the cutoff

REGRESSION DISCONTINUITY



Jacob R and Zhu P. A Practical Guide to Regression Discontinuity.

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Regression Discontinuity

- Assumptions:
 - Assignment score not influenced by treatment
 - Cut-point determined a priori
 - Treatment is the only factor that differs above and below cutpoint (control for other covariates possible)
 - Relationship between assignment score and outcome is continuous and correctly specified.

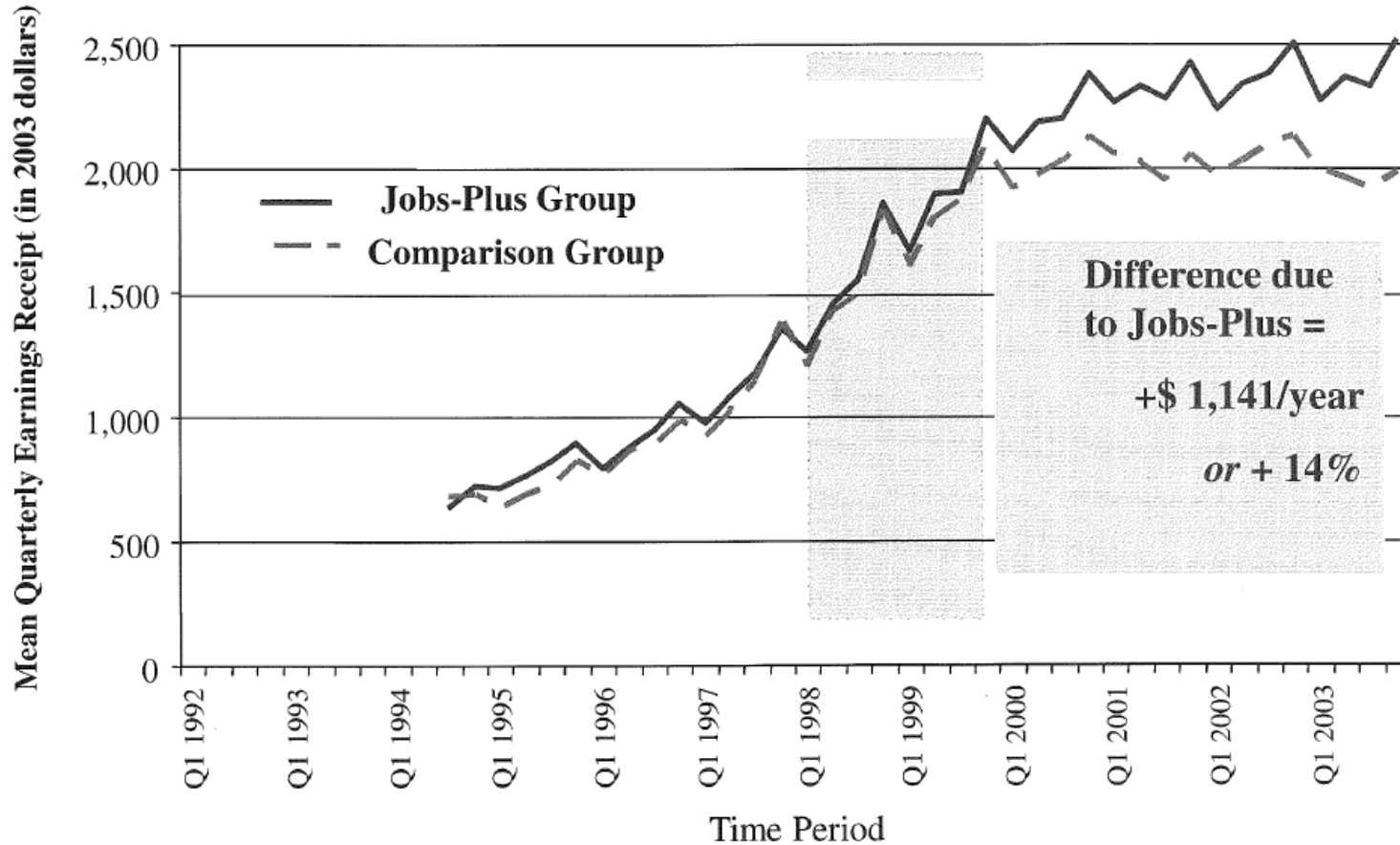
Regression Discontinuity

- Choose cutoff so it is “policy-relevant”
 - Treatment effect estimate may only be applicable to individuals with scores near the cutoff
- Strengthen design by adding a comparison group i.e. measure assignment score and outcome but don’t give intervention

Interrupted Time Series

- Compares values of an outcome before and after an intervention
 - e.g. Compare average earnings before and after job training program
- Useful for evaluating policy changes
- Strengthen design by adding comparison group where intervention was not applied

INTERRUPTED TIME SERIES



Interrupted Time Series

- Requirements
 - Outcome is measured consistently over time
 - Sufficiently long, stable baseline period
 - Impact of intervention is immediate
 - Other factors not changing during followup period

Interrupted Time Series

- May be used prospectively or retrospectively
- Often relies on administrative data
 - Aggregate or individual level
- Covariate adjustment may be used to account for changes in sample composition over time

Comparison Group

- Key idea: Compare outcomes in an intervention group to outcomes in a comparison group that did not receive intervention
- Need to ensure intervention group and comparison group are as similar as possible on baseline characteristics
 - Matching
 - Weighting (e.g. propensity score)
 - Regression adjustment

Comparison Group

- Key assumption: “No unmeasured confounders”
 - No differences between intervention and comparison groups (wrt factors affecting outcome) after balancing/adjusting for observed characteristics
- Assume that all participants **COULD** have received intervention or control
 - Exclude individuals not eligible for intervention

Comparison Group

Example (Donnell et al., 2010, *Lancet*)

- Compare (linked) HIV transmissions in discordant couples by ART status of HIV+ partner
 - ART not randomized
 - Those receiving ART tended to have lower CD4 levels
- Use regression adjustment
 - Unadjusted RR = .17
 - Adjusted RR = .08

Comparison Group

- Important considerations
 - Select comparison group carefully; understand why individuals did/did not get intervention
 - Measure variables same way in intervention and control groups
 - Large sample size in comparison group makes balancing easier
 - Do not adjust for/match on post-intervention measures

Summary

- Randomize when possible
 - Provides guarantee against confounding
 - Don't dismiss randomization because it is "hard"
- All non-randomized designs involve untestable assumptions
 - Confounding is the major concern; measure as many potential confounders as possible
 - Understand the intervention assignment process
 - Assess sensitivity to assumptions

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Instrumental Variable

Example

- Preschool children encouraged to watch Sesame Street, or not (randomly assigned)
- Outcome: Letter recognition test
- Results:
 - 45% of not encourage watch; average test score 73
 - 80% of encouraged watch; average test score 76
- ITT: $76 - 73 = 3$ point \uparrow due to encouragement
- IV: $3 / .35 = 8.6$ point \uparrow due to Sesame Street

INTERRUPTED TIME SERIES

