Dynamic Treatment Regimes and Interference: Recent Developments in Estimation and Implementation

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Slide deck available at: mpwallace.github.io

Smoking Cessation

Motivating example:

- Goal: Reduce cigarette dependence.
- Intervention: e-cigarette use.
- Method: Personalized decision-making.
- Challenge: Interference.



A personalized treatment rule example:

"If age ≥ 35, recommend e-cigarettes, otherwise recommend alternative therapy."
Question: How do we choose the best decision rule? Should age cut-off be 25, 35, 45?

The Data

Some hypothetical data:

		e-cigarette	Dependence at
Participant	Age	use?	3 months
1	53	No	57
2	25	Yes	35
3	28	Yes	40
4	41	Yes	21
5	27	No	42



Goal: Identify treatment A that optimizes E[Y|X, A]

Identifying the best treatment regime



 $\circ\,$ We might propose the following model

 $E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 X + A(\psi_0 + \psi_1 X)$

"Recommend e-cigarettes (A = 1) if $\psi_0 + \psi_1 X > 0$ "

• More generally:



• Simplifies focus: choose A that maximizes $\gamma(X, A; \psi)$.

 $\circ~$ Suppose the true outcome model is:

 $E[Y|X,A;\beta,\psi] = \beta_0 + \beta_1 X + \beta_2 X^2 + A(\psi_0 + \psi_1 X)$

• But we propose:

 $E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 X + A(\psi_0 + \psi_1 X)$

- \circ Problem: A depends on $X \implies \psi_0, \psi_1$ mis-estimated.
- Solution: Account for this dependency.



Dynamic WOLS (dWOLS)

$$E[Y|X, A; \beta, \psi] = G(X; \beta) + \gamma(X, A; \psi)$$

- \circ Three models to specify:
 - 1. Treatment-free model: $G(X; \beta)$.
 - 2. Blip model: $\gamma(X, A; \psi)$.
 - 3. Treatment model: $P(A = 1|X; \alpha)$.
- Estimate ψ via WOLS of Y on covariates in blip and treatment-free models, with weights $w = |A - P(A = 1|X; \hat{\alpha})| = |A - \pi(X)|.$



 $\circ~$ Suppose the true outcome model is:

 $E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 X + \beta_2 X^2 + A(\psi_0 + \psi_1 X)$

But we propose:

$$E[Y|X, A; \beta, \psi] = \beta_0 + \beta_1 X + A(\psi_0 + \psi_1 X)$$

- WOLS with weights $w = |A P(A = 1|X; \hat{\alpha})| = |A \pi(X)|$ will still yield consistent estimators of ψ_0, ψ_1 .
- Estimators are "doubly robust": consistent if at least one of treatment-free or treatment components correctly specified.
- The blip must always be correct.



Interference



Challenge: Account for others.

Interference



Challenge: Interference between neighbours.

Interference



Approach: Identify study unit ('ego') and neighbours ('alters').

 \circ We might propose the following model

 $E[Y_1|X_1, X_2, A_1, A_2; \beta, \psi] = \beta_0 + \beta_1 X_1 + \beta_2 A_2 + A_1(\psi_0 + \psi_1 X_1 + \psi_2 A_2)$



- \circ More generally, let \mathcal{N}_i denote neighbours of ego i.
- Let $t(A_{\mathcal{N}_i})$ = some function of neighbours' treatments, e.g.:
 - The number or proportion of treated neighbours.
 - The existence of a treated neighbour.
- $\circ\,$ Then can generalize outcome model to:

 $E[Y_i|\cdot] = \beta_0 + \beta_1 X_i + \beta_2 t(A_{\mathcal{N}_i}) + A_i(\psi_0 + \psi_1 X_i + \psi_2 t(A_{\mathcal{N}_i}))$

Network propensity function for individual *i* with neighbours N_i and treated neighbours $S_{i,A}$:

 $\pi_{i,\mathcal{A}_i,\mathcal{S}_{i,\mathcal{A}}}(X_i,\mathcal{N}_i,X_{\mathcal{N}_i}) = P(\mathcal{A}_i \cap \mathcal{S}_{i,\mathcal{A}}|X_i,\mathcal{N}_i,X_{\mathcal{N}_i})$



dWOLS may be extended using the network propensity function, for example, WOLS for the outcome model

 $E[Y_i|X_i, X_{\mathcal{N}_i}, A_i, A_{\mathcal{N}_j}; \beta, \psi] = \beta_0 + \beta_1 X_i + \beta_2 t(A_{\mathcal{N}_i}) + A_i(\psi_0 + \psi_1 X_i + \psi_2 A_{\mathcal{N}_i})$

with weights

$$w_{i} = \overbrace{|A_{i} - P(A_{i} = 1 | X_{i} = x_{i})|}^{\text{Absolute weight}} \cdot \overbrace{\prod_{j \in \mathcal{N}_{i}} |A_{j} - P(A_{j} = 1 | X_{j})|}^{\text{Absolute weight}}$$

which retains the double robustness property.

Note: This is not the only viable weight function!

Extension: Simultaneous Optimization

• Limitation: Assumes an 'ego' setup:



Extension: Simultaneous Optimization

• Extension in a dyadic structure: identify and optimize a *dyad-health function*.



- Limitation: Assumes a continuous outcome.
- $\circ\,$ dWOLS: Extended to numerous other outcome types in the absence of interference.
- dWPOM: A dWOLS extension for ordinal outcomes with interference, via proportional odds model.

Hierarchical structures of interference can evolve.



- Interference an important challenge for precision medicine.
- Progress in addressing interference for continuous, ordinal, and utility-based outcomes.
- Methods have been applied to the **Population Assessment** of Tobacco Heatlh (PATH) Study.
- Upcoming work to address hierarchical structures.
- Future work concerns logistical challenges such as cost constraints and implementation of treatment regimes.

Acknowledgments



Cong Jiang cong.jiang@umontreal.ca dWOLS extensions



Marzieh Mussavi Rizi mmussavirizi@uwaterloo.ca Dyad-health function



Alexandra Mossman a2mossman@uwaterloo.ca Hierarchical models



- dWOLS: M. P. Wallace and E. E. M. Moodie (2015). Doubly-robust dynamic treatment regimen estimation via weighted least squares. *Biometrics* 71(3) 636-644.
- Network Propensity Weights (main result presented): C. Jiang, M. P. Wallace and M. E. Thompson (2023). Dynamic treatment regimes with interference. *Canadian Journal of Statistics* 51(2) 469-502.
- Ordinal outcomes: C. Jiang, M. E. Thompson, and , M. P. Wallace (2024). Estimating dynamic treatment regimes for ordinal outcomes with household interference: Application in household smoking cessation. *arXiv:2306.12865, Statistical Methods in Medical Research (Accepted).*
- Dyadic Networks: M. Mussavi Rizi, J. A. Dubin, and M. P. Wallace (2023). Dynamic Treatment Regimes on Dyadic Networks. *Statistics in Medicine (in review, please contact me!)*.

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