



THE UNIVERSITY OF
MELBOURNE

Visualizing and diagnosing spillover within randomized controlled trials using diagnostic test assessment methods in STATA

James Hurley

Oceania Stata Conference,

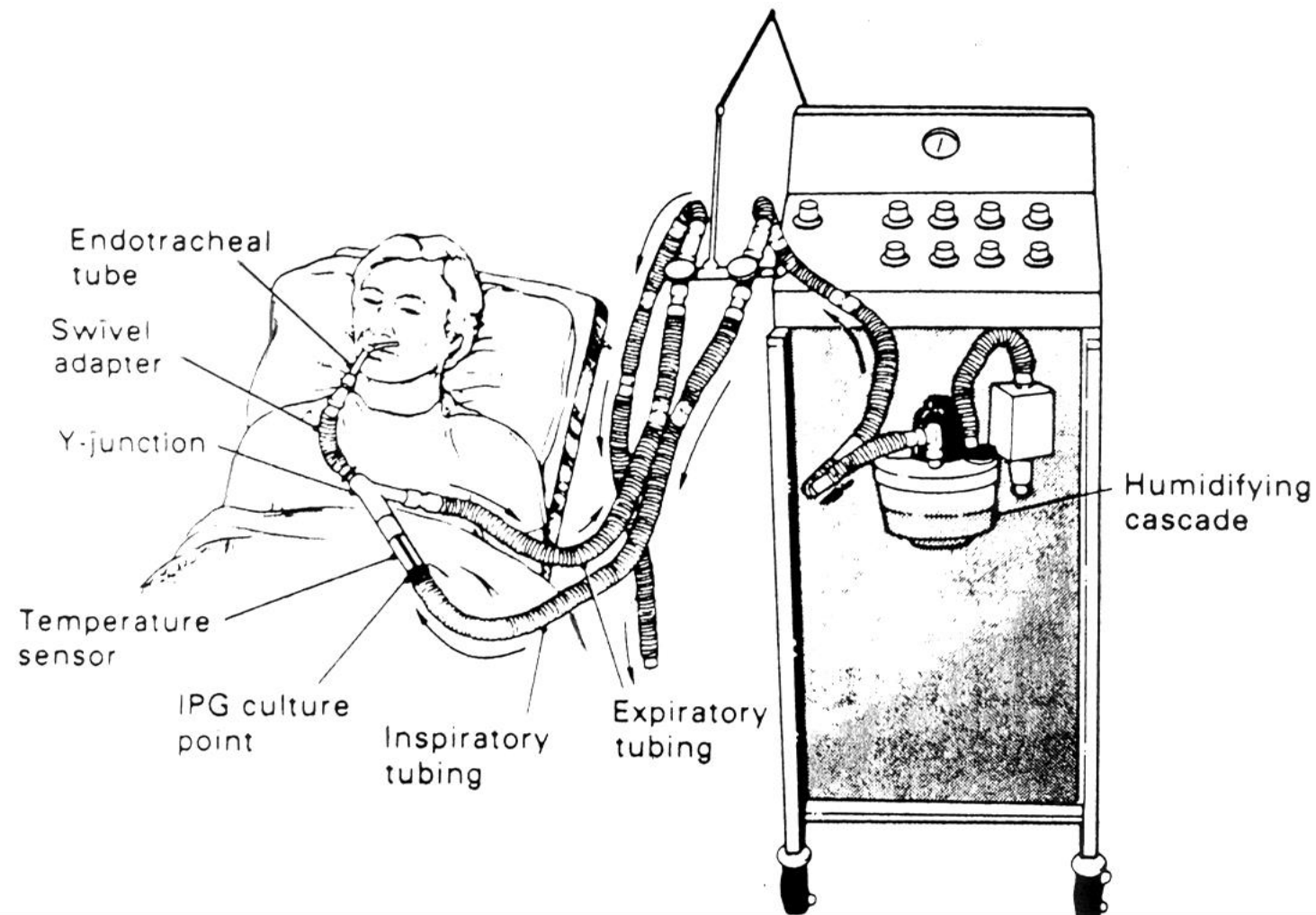
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Melbourne

Hurley JC. Visualizing and diagnosing spillover within randomized concurrent controlled trials through the application of diagnostic test assessment methods. BMC Medical Research Methodology. 2024 Aug 16;24(1):182.

Disclosures

James Hurley has no conflicts of interest to declare

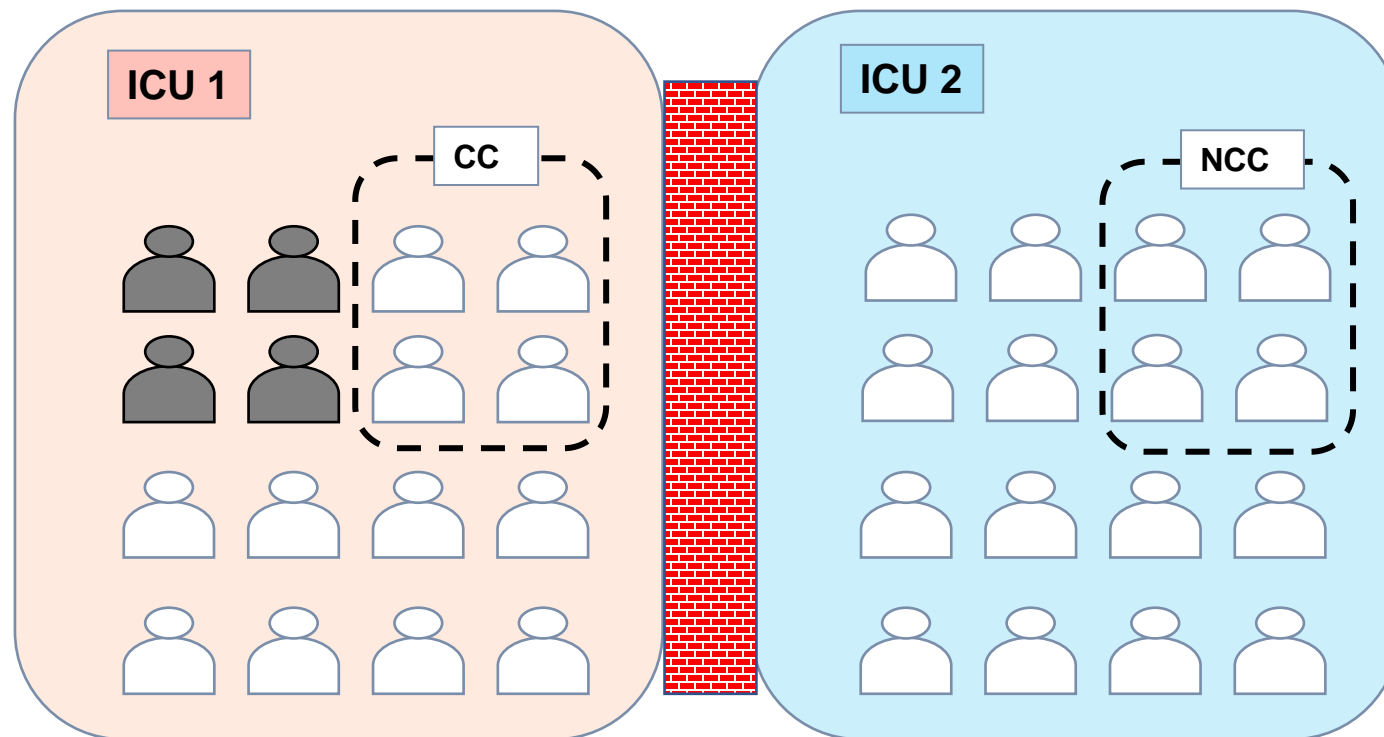


Pneumonia

- 5 to 40% of ICU patients receiving MV - [Expert range]
- Cross infection in the ICU is a driver
- Chastre J, Fagon JY. Ventilator-associated pneumonia. *Am J Res Crit Care Med.* 2002;165(7):867–903.

Research question:

Does spillover from intervention groups influence the event rate in concurrent control groups of antimicrobial interventions used to prevent pneumonia?



Pneumonia prevention interventions

- Non-antimicrobial based – ineffective
- Antimicrobial – effective

Inference from RCT's assume SUTVA

- SUTVA = Stable Unit treatment value assumption

1 ICU
 ○ = control
 ● = intervention

Conditions

a.) Pre-intervention
 Intervention = n/a
 Spillover = n/a

b.) Intervention ineffective
 Spillover = 0

c.) Intervention effective
 Spillover = 0

d.) Intervention effective
 Spillover [beneficial] = -

e.) Intervention effective
 Spillover [harmful] = +

f.) Intervention effective
 Spillover [partially harmful] = +/-

Heterogeneity

Control = +
 Intervention = +

Control = +
 Intervention = ++

Control = +
 Intervention = ++

Control = ++
 Intervention = ++

Control = ++
 Intervention = ++

Control = ++
 Intervention = ++

Pneumonia incidence changes & apparent effect size (ES)

Control = 0
 Intervention = 0
 ES [apparent] = 0

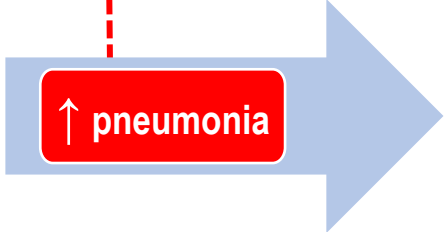
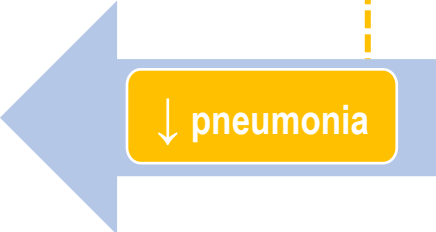
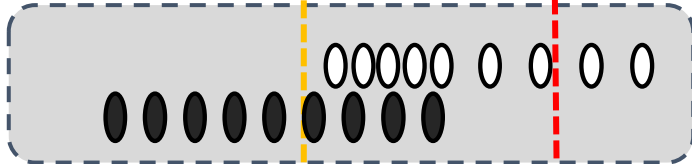
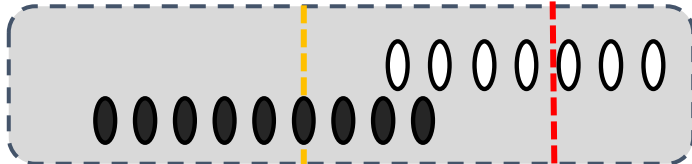
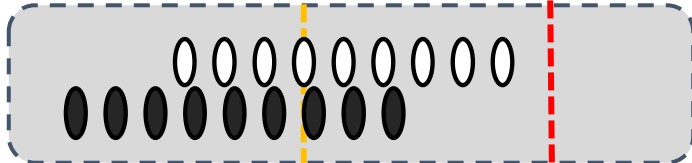
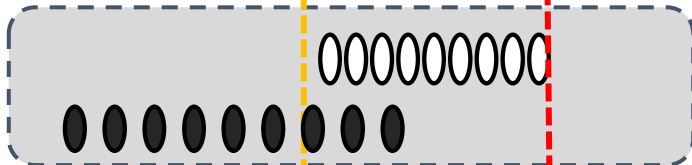
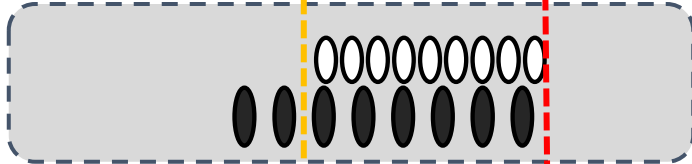
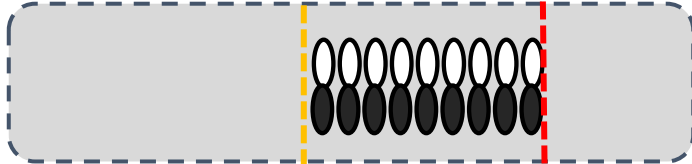
Control = 0
 Intervention = ±
 ES [apparent] = ±

Control = 0
 Intervention = - -
 ES [apparent] = - -

Control = - -
 Intervention = - -
 ES [apparent] = - -

Control = +
 Intervention = - -
 ES [apparent] = - - -

Control = +/-
 Intervention = - -
 ES [apparent] = - / - -



Heterogeneity

Q statistic

- Assesses whether observed differences in results are compatible with chance alone
- Null hypothesis: No between-studies heterogeneity (Homogeneity)
- Statistically significant when $p\text{-value} < 0.10$
 - Attention required!
 - Low power, when studies have small sample size or are few in number
 - High power to detect small amount of heterogeneity in presence of many studies

I² Statistic

The proportion (%) of total variability in effect estimates due to between study heterogeneity (rather than chance)

- Rough guide:
 - 0%-40%: might not important
 - 30%-60%: moderate heterogeneity
 - 50%-90%: substantial heterogeneity
 - 75%-100%: considerable heterogeneity

Interpretation and importance depend on

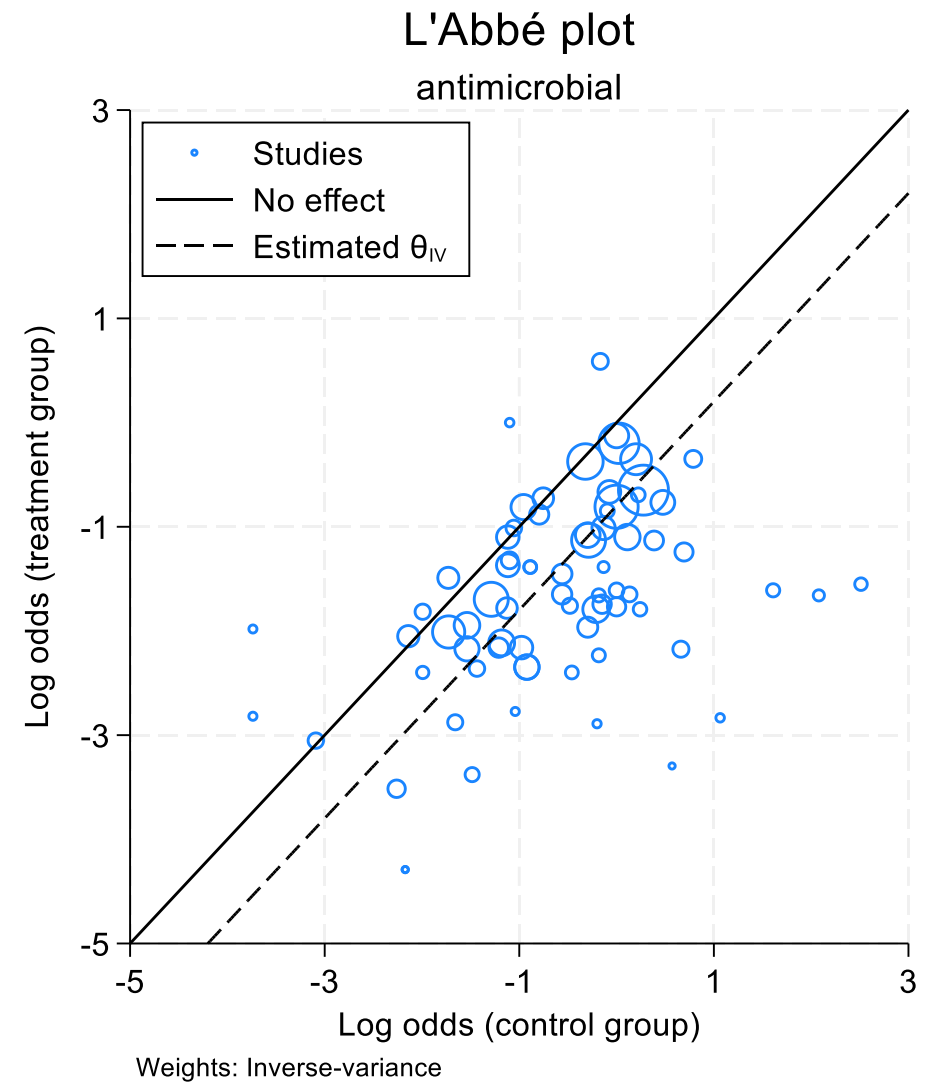
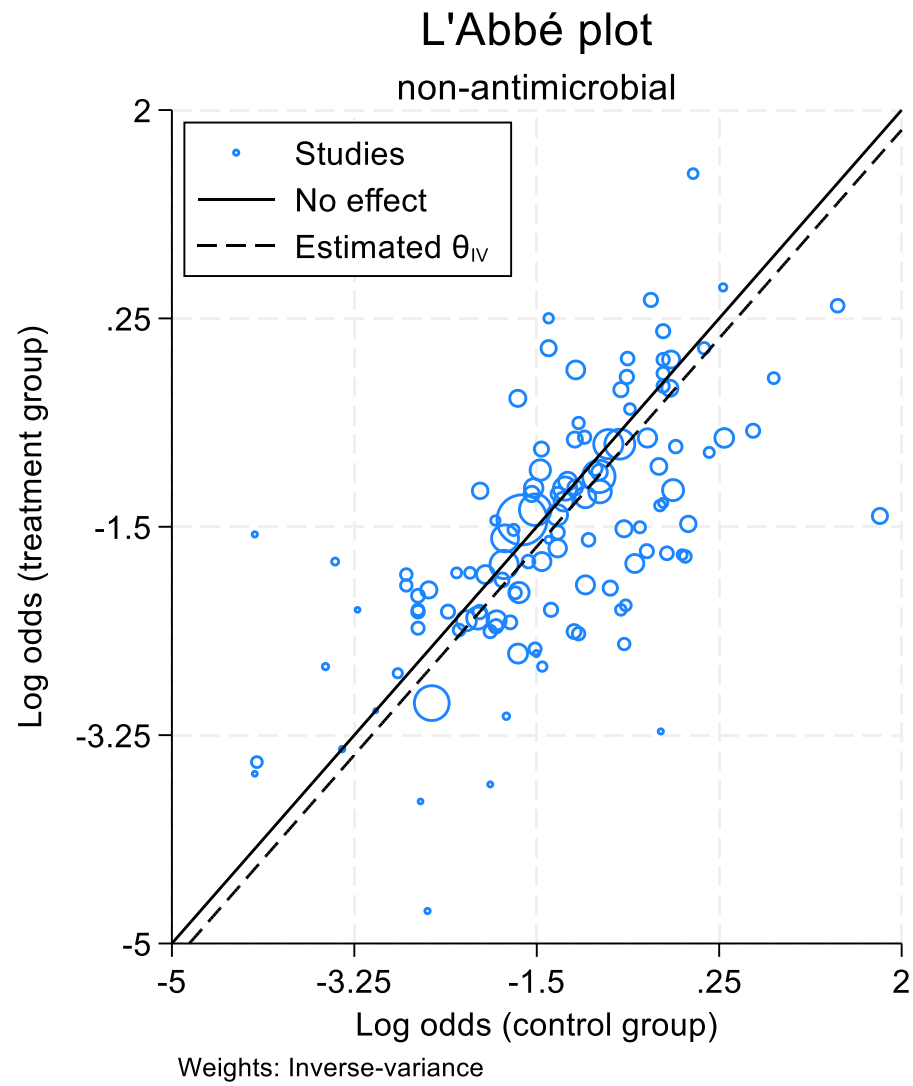
1. magnitude and direction of effects,
2. strength of evidence for heterogeneity

(e.g., p -value from the Chi^2 test, or a confidence interval for I^2 : uncertainty in the value of I^2 is substantial when the number of studies is small)

Visual

Non-antimicrobial

Antimicrobial



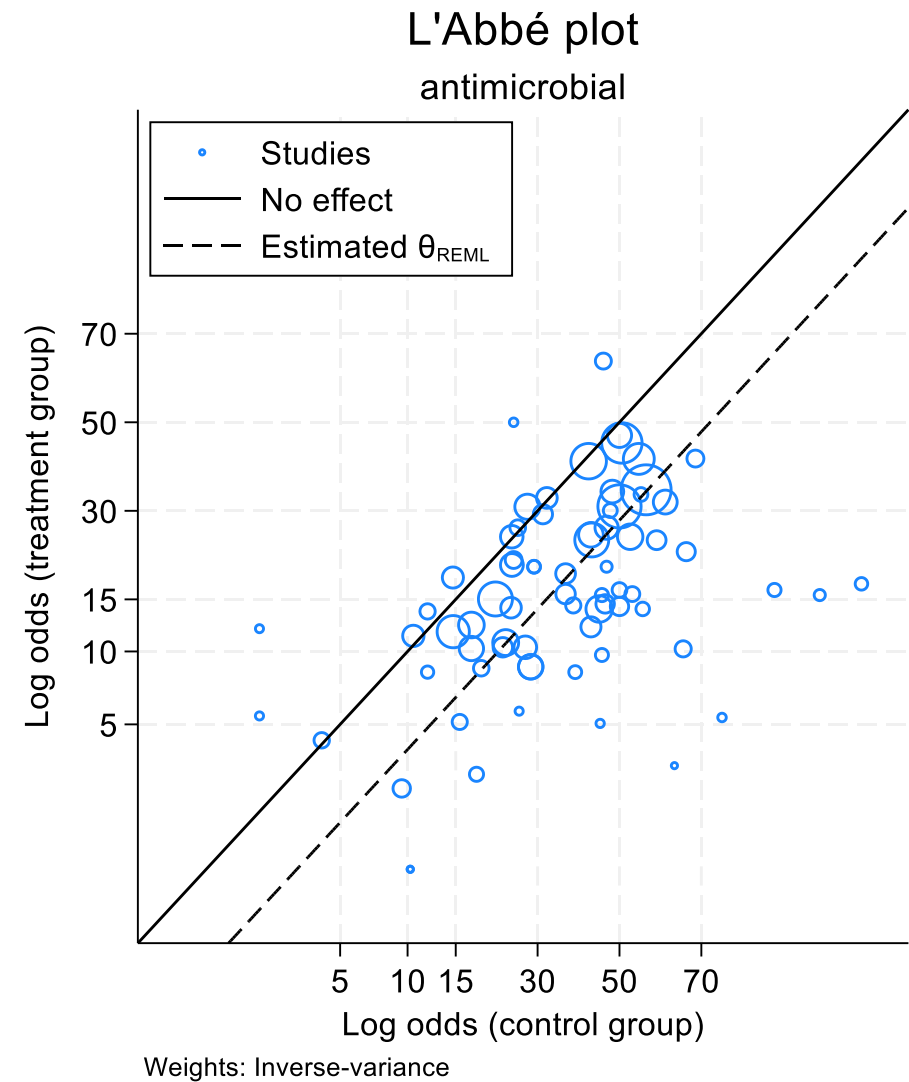
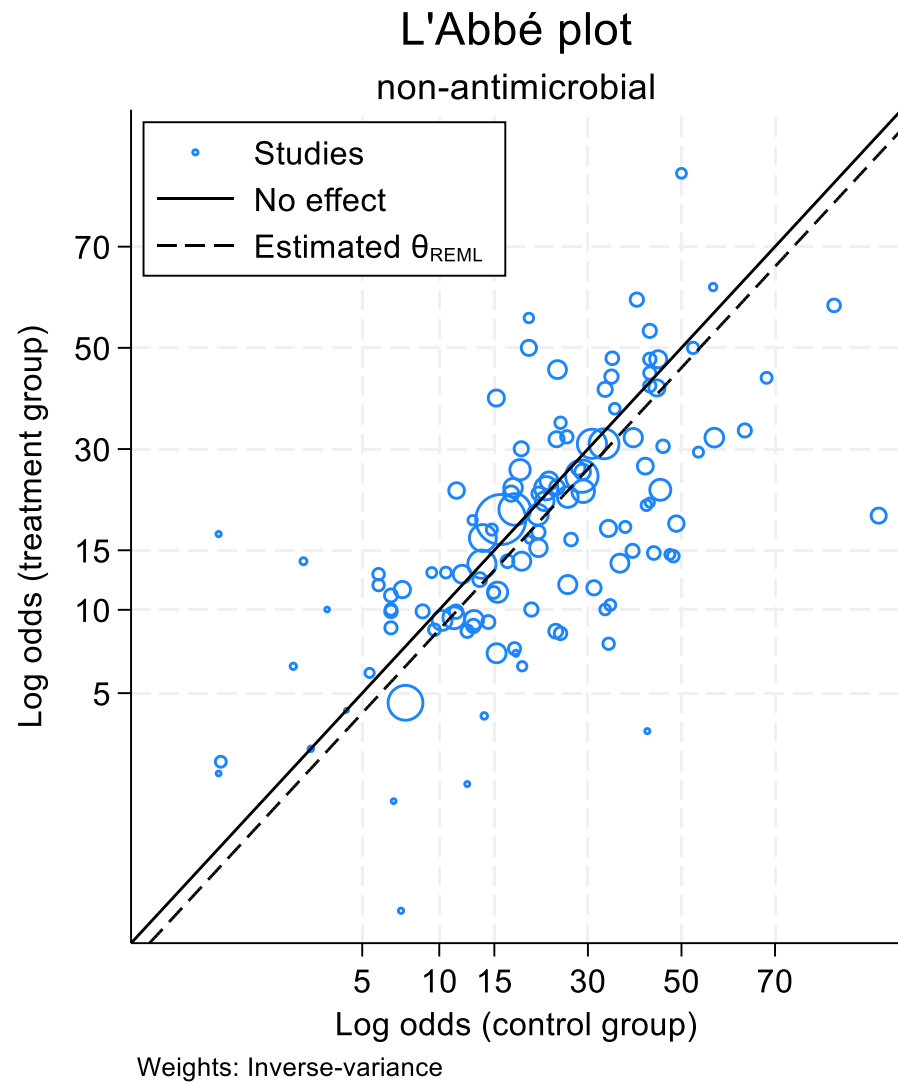
(Note default logit scales)

```
meta labbeplot if Cochrane0==100, sub(non-antimicrobial)
legend(pos(10) ring(0) region(lcolor(black))) xsize(5)
ysize(6)
```

```
meta labbeplot if Cochrane0==700, sub(antimicrobial)
legend(pos(10) ring(0) region(lcolor(black))) xsize(5) ysize
(6)
```


Non-antimicrobial

Antimicrobial



(Note user modified linear labels to logit scales)

```
meta labbeplot if Cochrane0==100, random ylabel(-2.9 "5" -2.2
"10" -1.7 "15" -.85 "30" 0 "50" .85 "70", angle(horizontal))
xlabel(-2.9 "5" -2.2 "10" -1.7 "15" -.85 "30" 0 "50" .85 "70")
sub(non-antimicrobial) legend(pos(10) ring(0)
region(lcolor(black))) xsize(5) ysize(6)
```

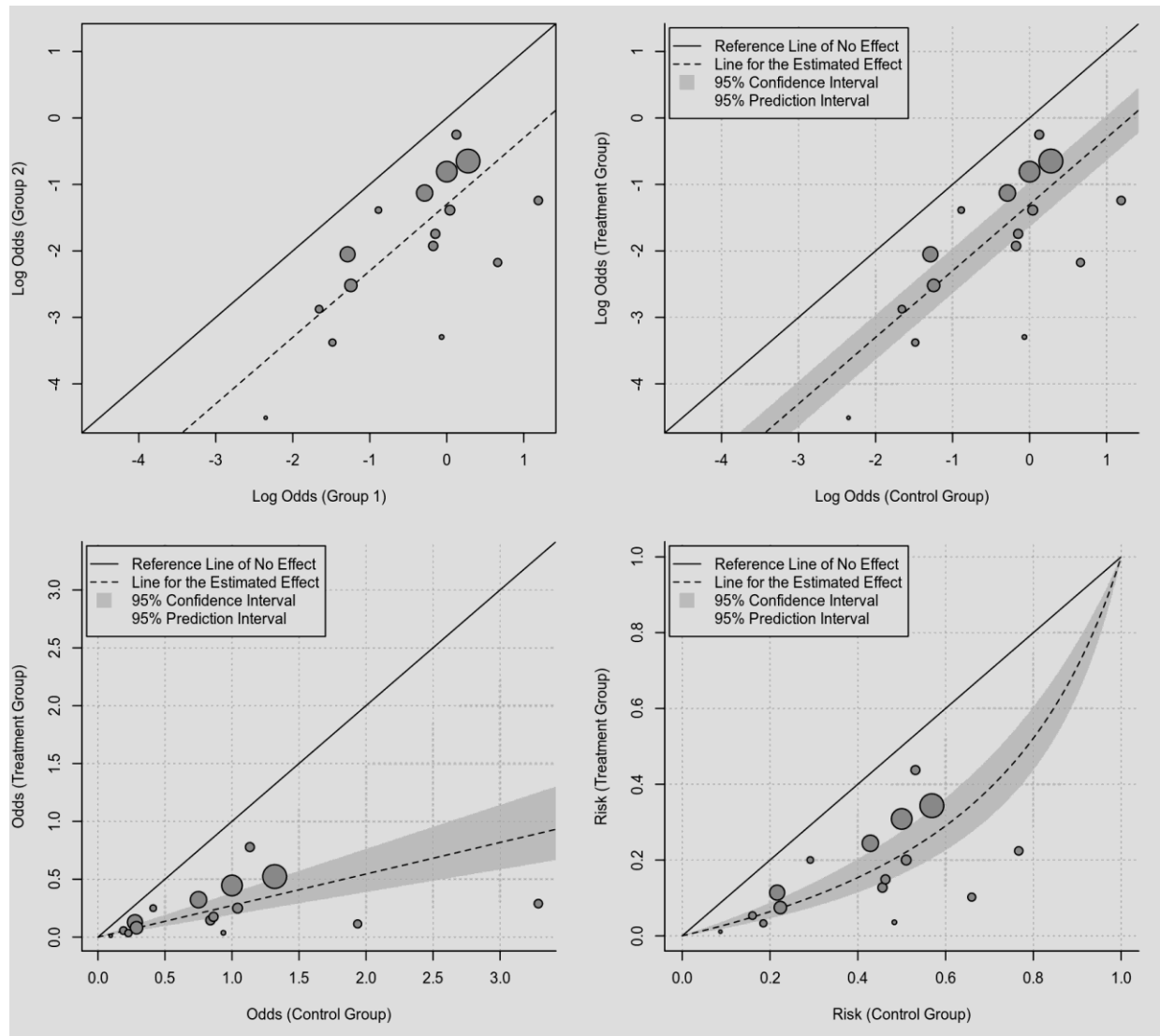
```
meta labbeplot if Cochrane0==700, random ylabel(-2.9 "5" -2.2
"10" -1.7 "15" -.85 "30" 0 "50" .85 "70", angle(horizontal))
xlabel(-2.9 "5" -2.2 "10" -1.7 "15" -.85 "30" 0 "50" .85 "70")
sub(antimicrobial) legend(pos(10) ring(0)
region(lcolor(black))) xsize(5) ysize(6)
```

L'abbe plot

- Data exploration
 - RR vs OR vs RD
 - 'J' curve effects

- 20th century tool i.e.
 - contrast meta-analysis
 - Ideal for RCCT's

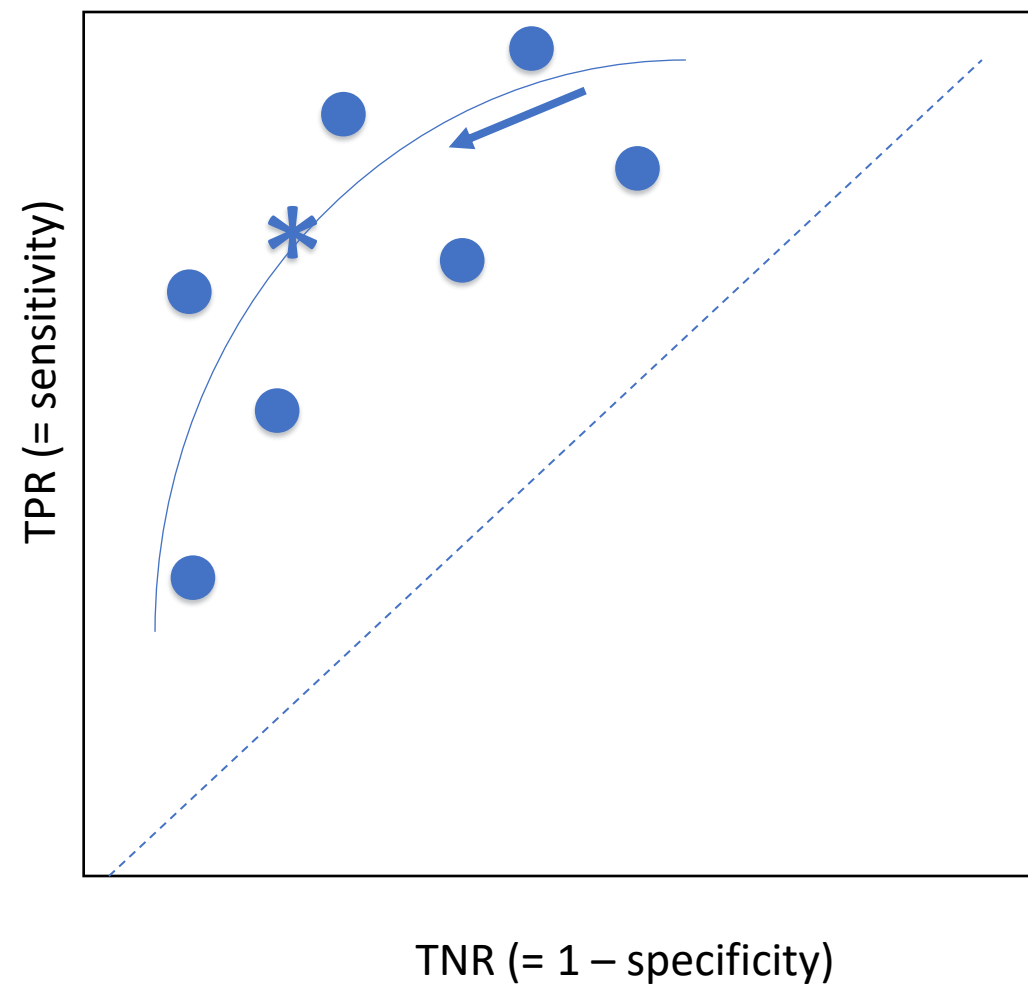
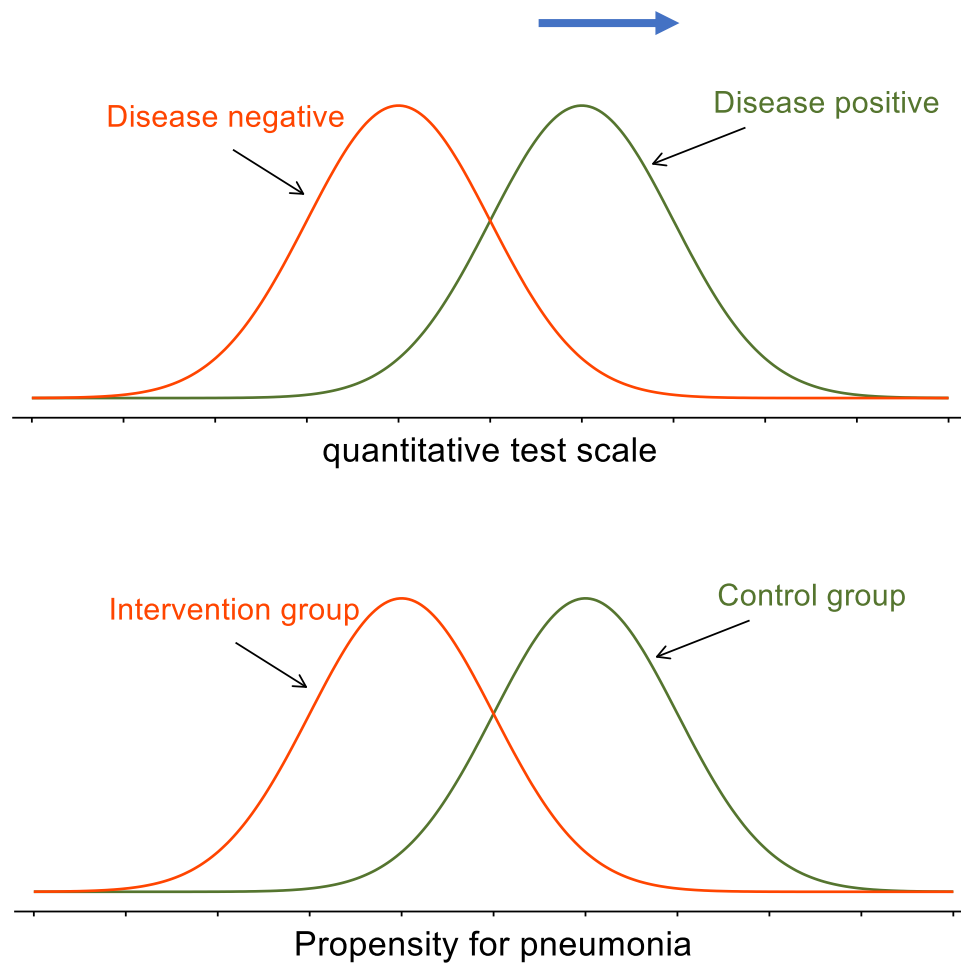
- Limitations
 - Visual impression
 - Axis scales



SROC

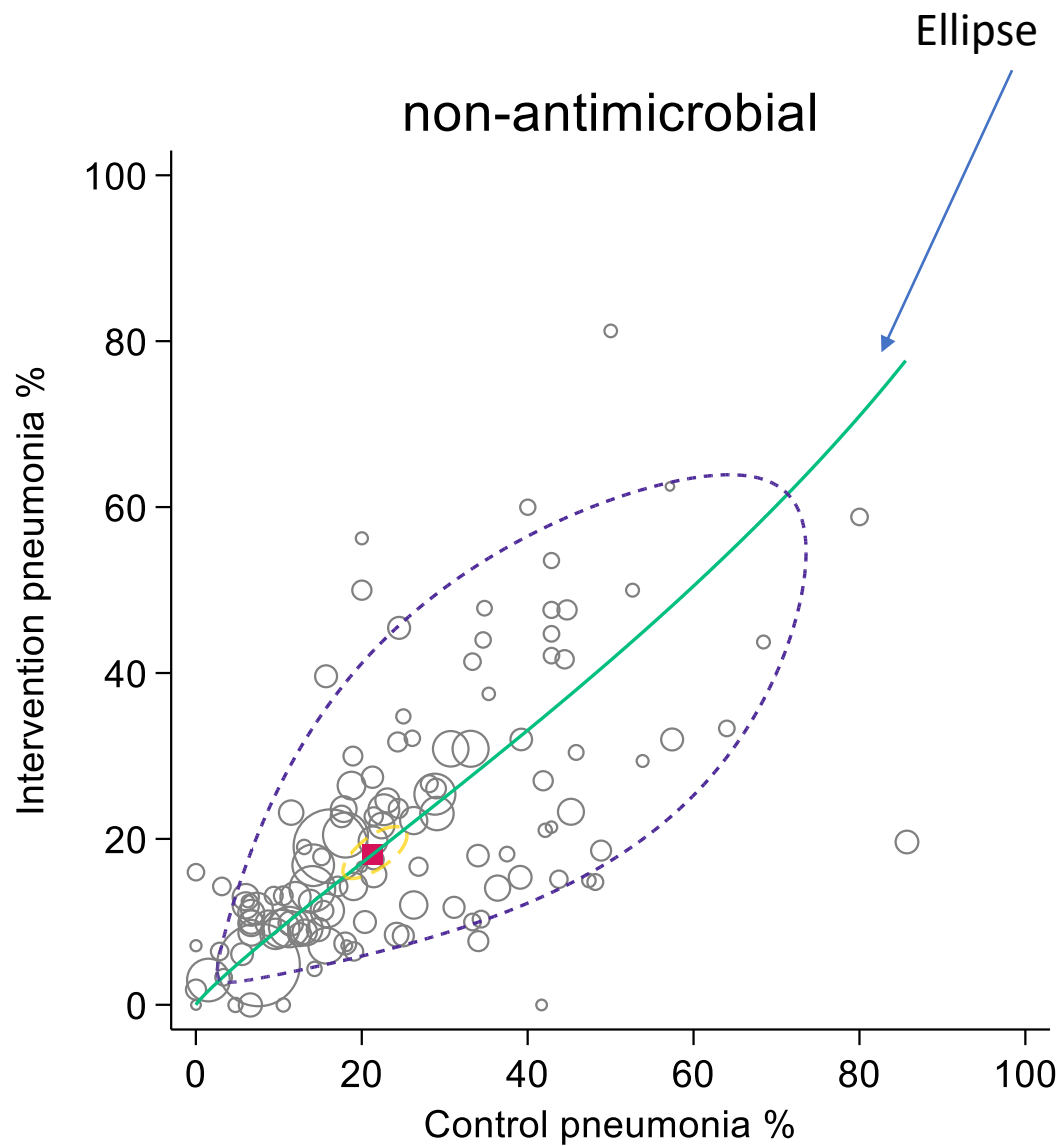
Interpretations

- Q^*
- SROC curve
- 95% confidence ellipse



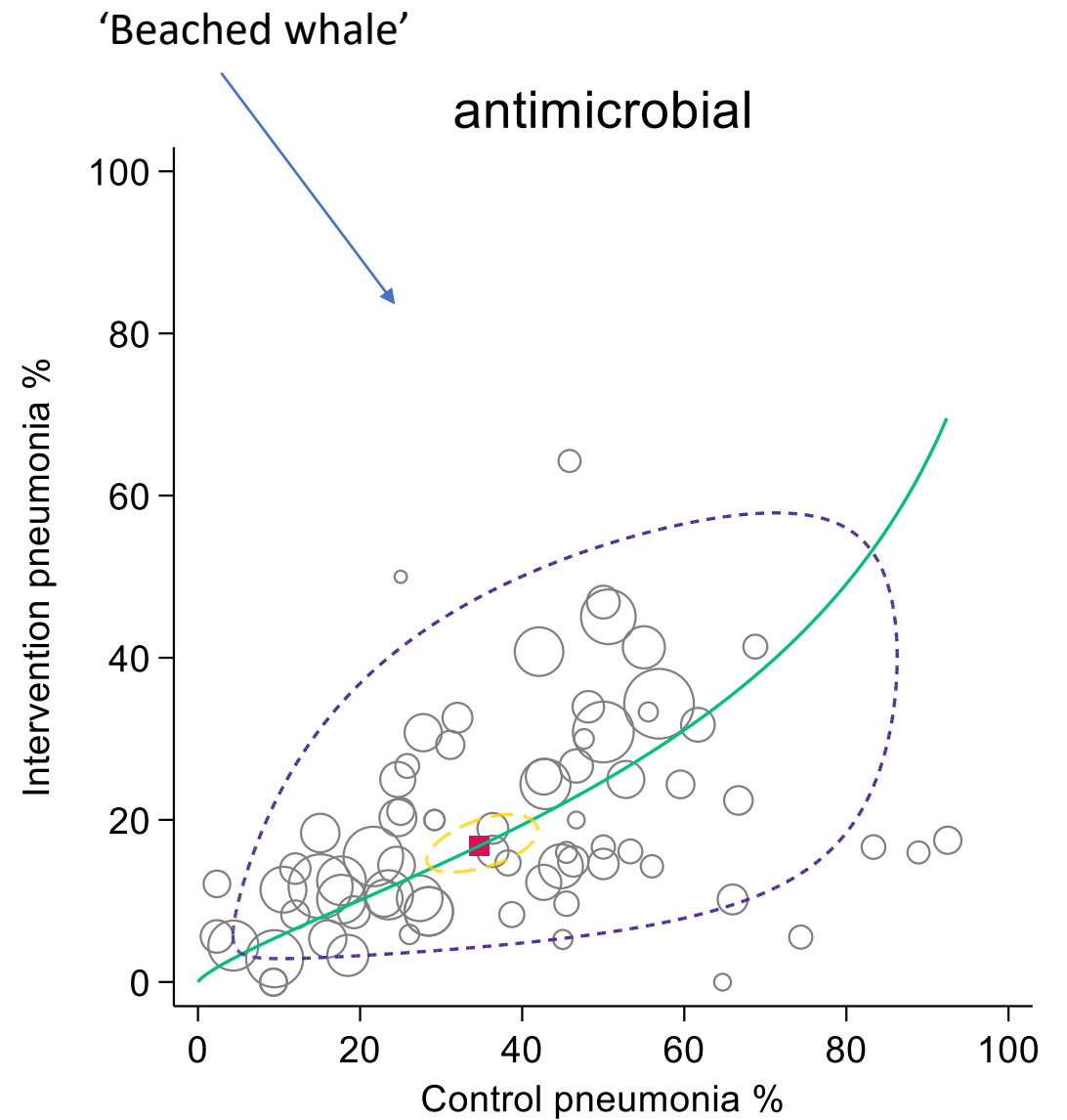
Harbord RM, Whiting P. **Metandi**: meta-analysis of diagnostic accuracy using hierarchical logistic regression. *Stata J.* 2009;9(2):211–29.

Nyaga VN, Arbyn M. **Metadta**: a Stata command for meta-analysis and meta-regression of diagnostic test accuracy data—a tutorial. *Archives of Public Health.* 2022;80(1):1–5.



Non-antimicrobial;
 DOR 0.82 (0.71-0.94)
 N = 122
 TPR = 'sensitivity' = 18.1
 TNR = (1-specificity) = 21.4

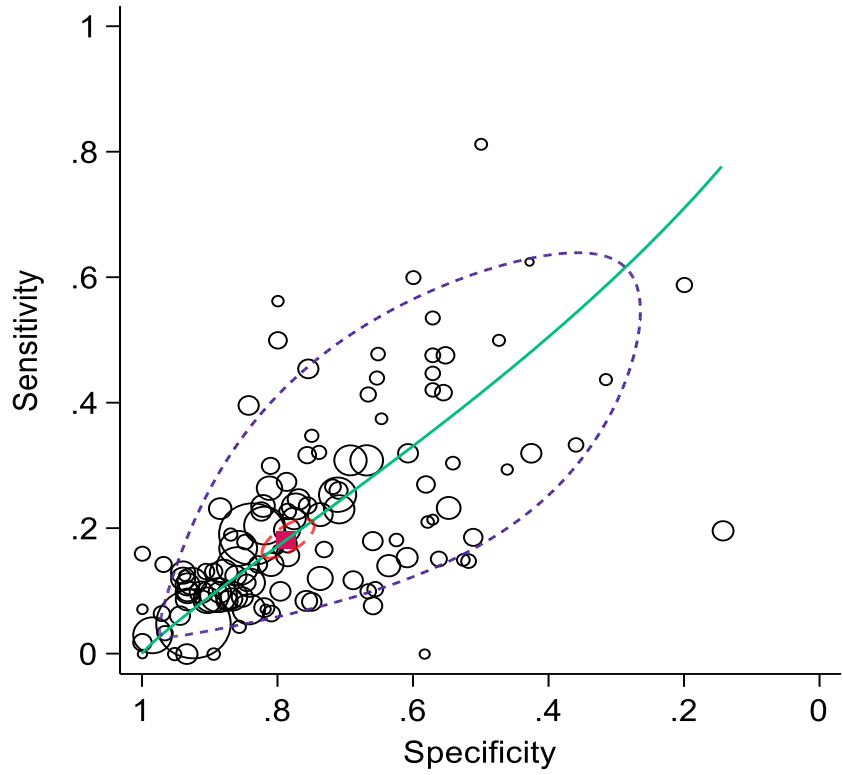
```
metandiplot vap_n cvapn vap_m cvapm if Cochrane0==100,
legend(off) ti(non-antimicrobial) xtitle(Control pneumonia %)
xlab(1 "0" .8 "20" .6 "40" .4 "60" .2 "80" 0 "100") ylab(0 "0"
.2 "20" .4 "40" .6 "60" .8 "80" 1 "100") ytitle(Intervention
pneumonia %)
```



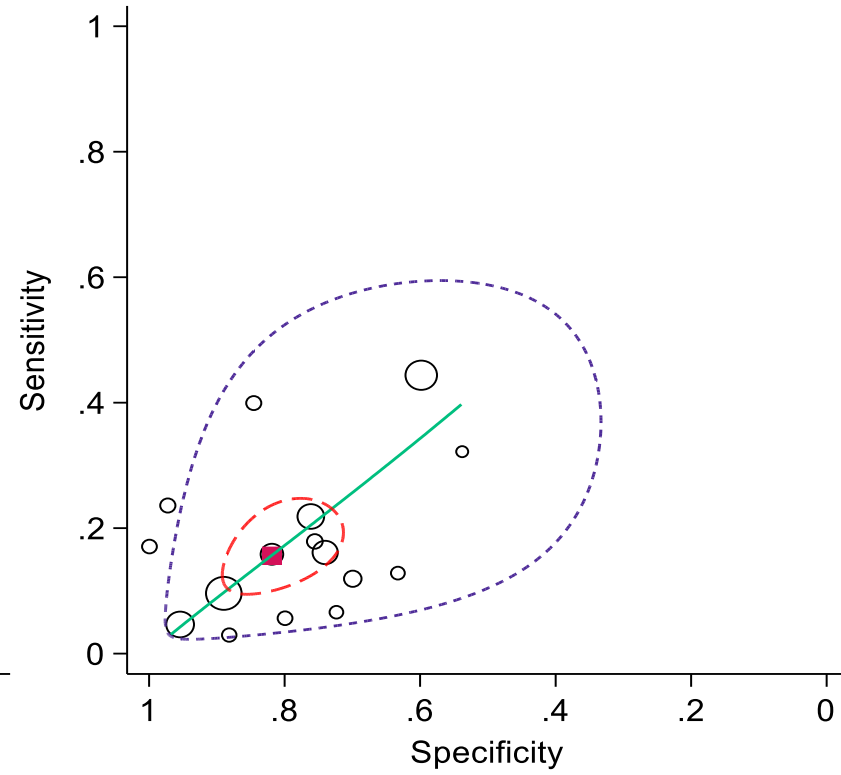
Antimicrobial;
 DOR 0.38 (0.31-0.47)
 N = 68
 TPR = 'sensitivity' = 16.8
 TNR = (1-specificity) = 34.8

```
metandiplot vap_n cvapn vap_m cvapm if Cochrane0==700,
legend(off) ti(antimicrobial) xtitle(Control pneumonia %)
xlab(1 "0" .8 "20" .6 "40" .4 "60" .2 "80" 0 "100") ylab(0 "0"
.2 "20" .4 "40" .6 "60" .8 "80" 1 "100") ytitle(Intervention
pneumonia %)
```

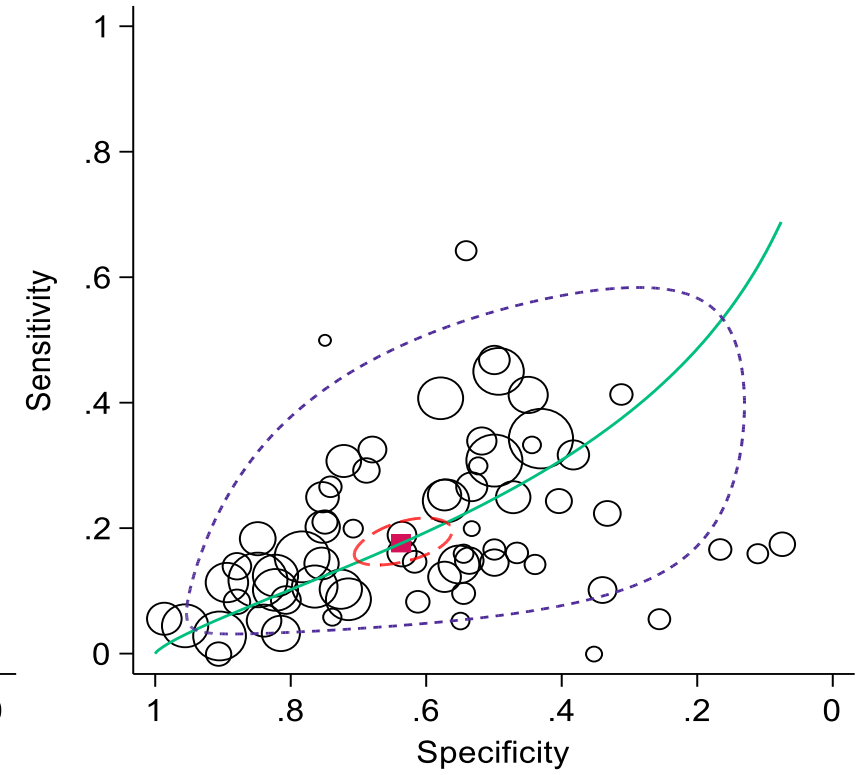
non-antimicrobial



antimicrobial - duplex



antimicrobial



Conclusion

- SUTVA (= spillover) no formal test exists
 - Visual?
- SROC enables a visual test (shape of 95% PI).
- SROC analogous to L'abbe plot
 - with improvement

References

- Hurley JC. Visualizing and diagnosing spillover within randomized concurrent controlled trials through the application of diagnostic test assessment methods. *BMC Medical Research Methodology*. 2024 Aug 16;24(1):182.
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