

Issues in Pharmacoepidemiology:

with special attention to immortal time bias

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23 February 2007

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Topics

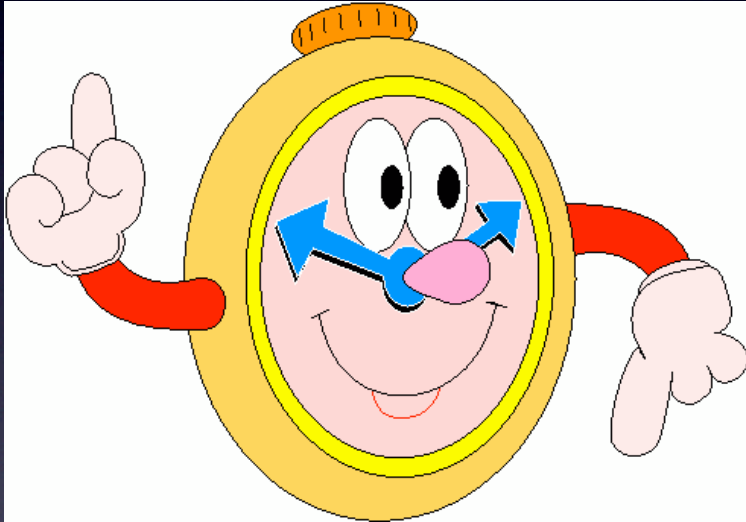
- Examples
- Cohort Definitions
- Control of Confounding
- Immortal Time Bias
- General Advice

The ideal study

- Enroll a large number of subject at risk
- Well-characterized with good baseline data
- Randomized them
- Complete long-term follow-up for events

Only **two** obstacles to that !!

A Couple of Obstacles



Time



Money

Faster Cheaper Alternative

- Use existing cohort(s) with disease and exposure information collected over time
- Advantages: relative ready dataset
- Disadvantages: not collected for research -- or at least not for your question

Treatment dispensed based on clinical rationale

Data collected for clinical, administrative or billing

Myriad Challenges

- Selecting subjects
- Data verification
- Valid comparisons

Follow-Up Time

- Defined start of follow-up for subjects
- Can be
 - Event based (enrolled after MI),
 - Age based (all subjects at least 50)
 - Date based (Jan 1, 1988)
- Choice attuned to your questions
- Wary of requiring FU (> 10 yr FU).
What if someone dies 3 years into Kaiser?

Confounding

- The largest threat to validity: confounding by indication
- Impossible to fully eliminate
- May have limited and uneven confounder data
- May have better predictor data on cases than controls: more visits, more attention

Keep in Mind

- Only a confounder if associated with exposure among the cases
- Two stage methods
- Verify or collect confounder data on random subset
- Can be incorporated into a regression analysis
- Only a confounder if associated with exposure among the cases

Immortal Time Bias

Why is this woman smiling?



*Annals of Internal Medicine
134: 955-962, 2001

Or can she?

more on this later.....

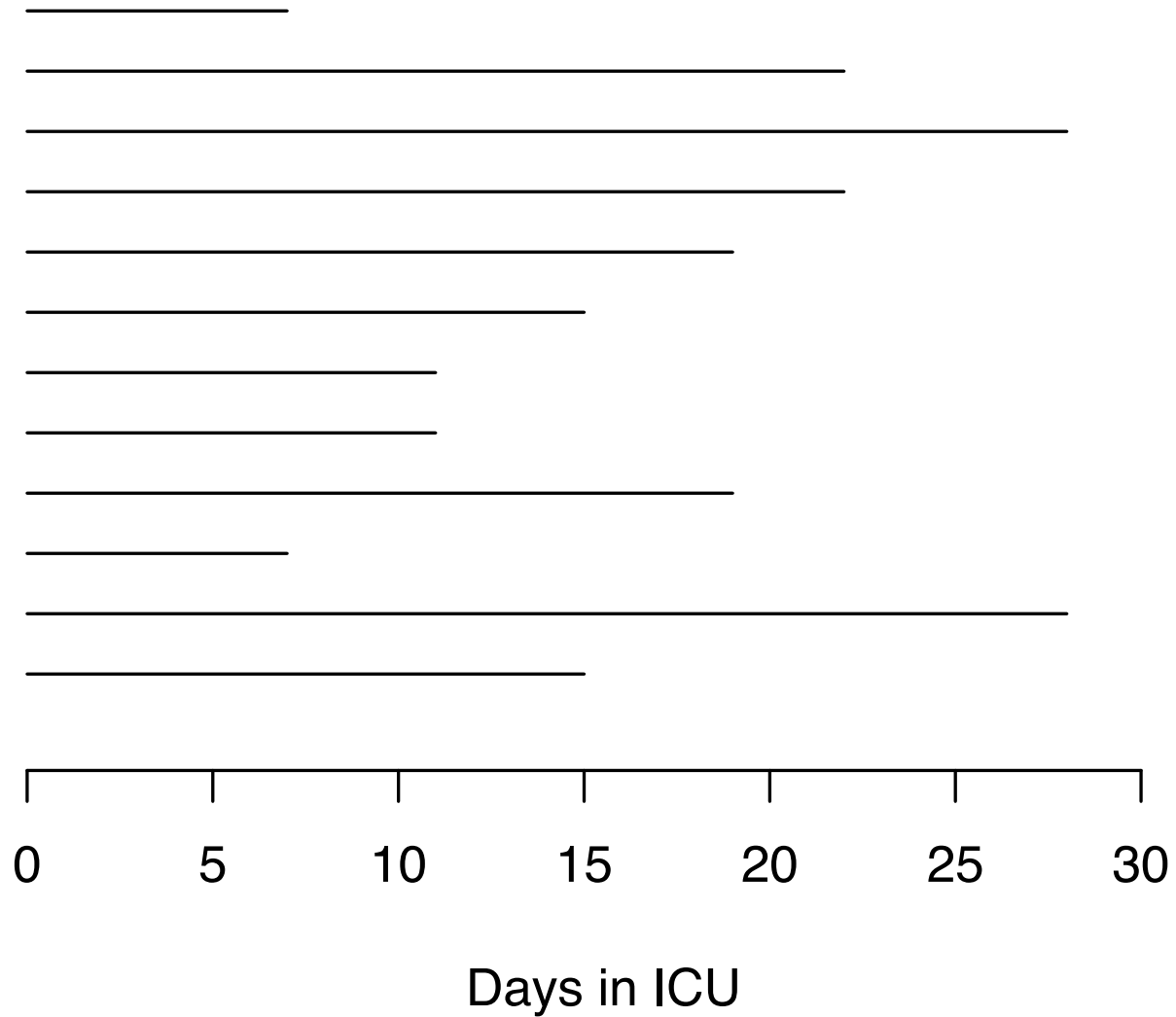
Data Example

- Collaboration with ICU investigators
- Cohort of ventilated patients
- Ventilator assisted pneumonia (VAP)
- Does it extend time on the ventilator?
Does it increase risk of death?
- VAP develops over clinical course in ICU

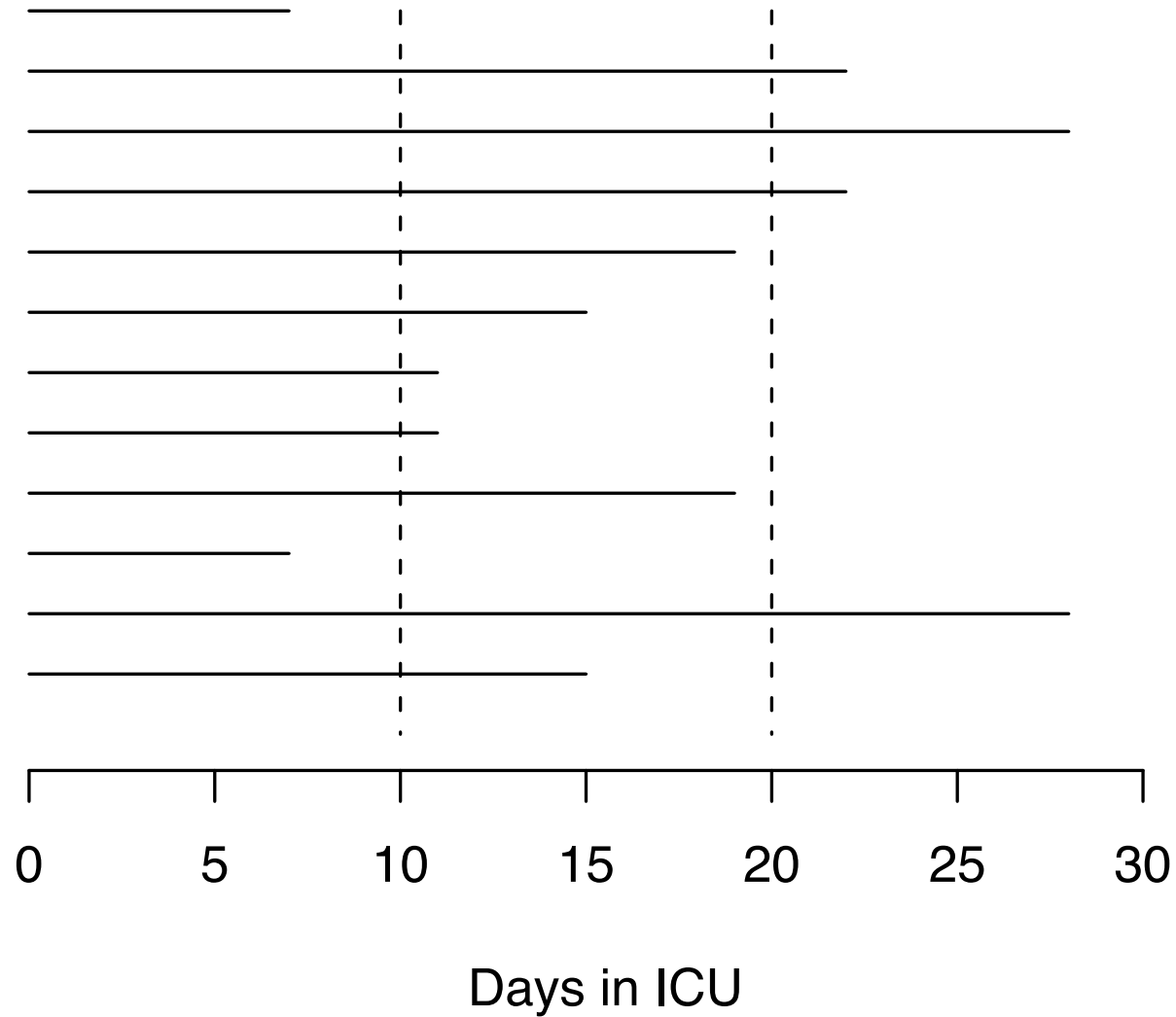
Simplistic Example

- Consider 12 ventilated patients
- VAP occurs at 10 or 20 days into ICU
- Do VAP patients have longer stay
- An example of immortal time bias

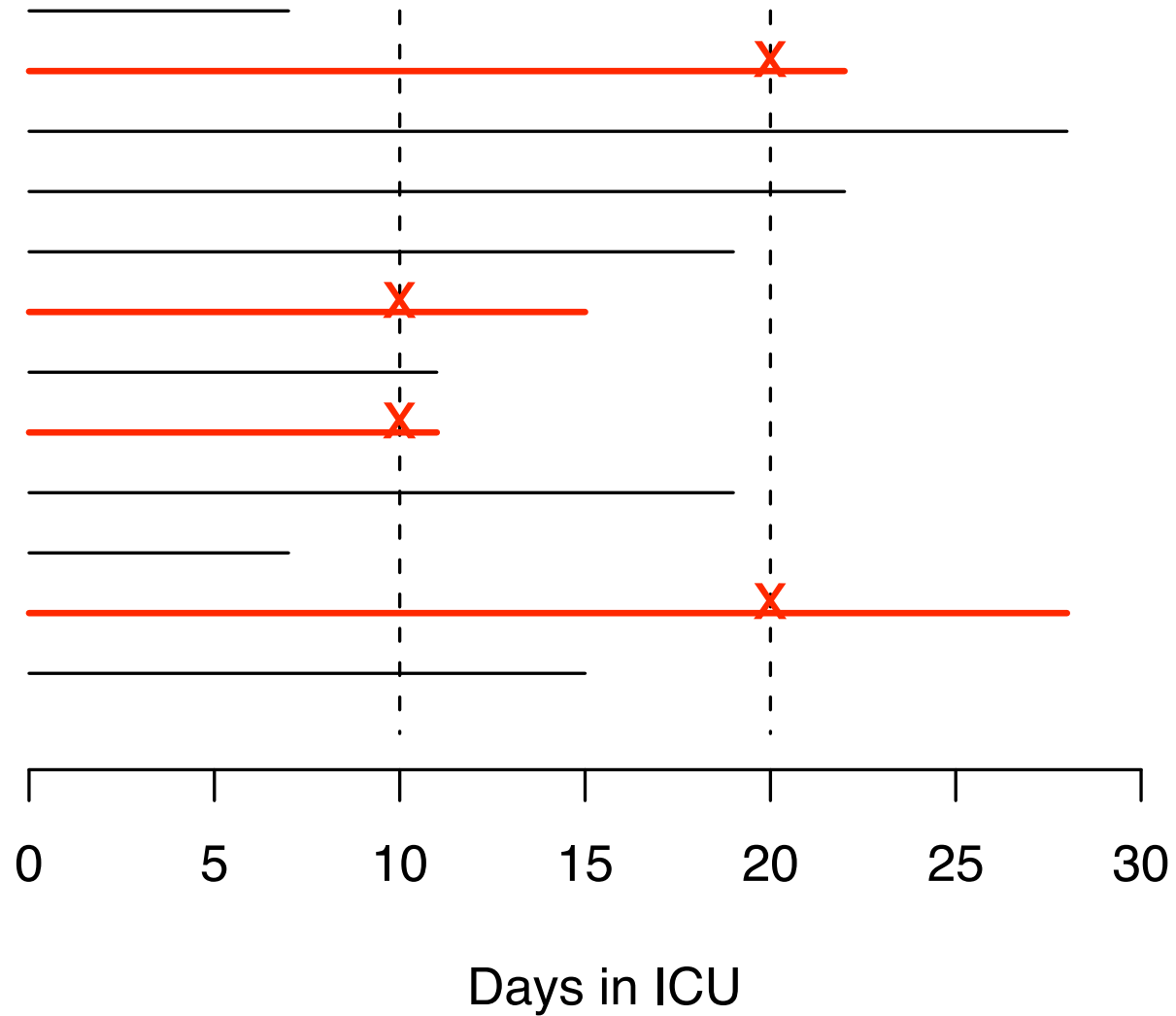
12 Ventilated ICU Patients



VAP Occurs at 10 or 20 days

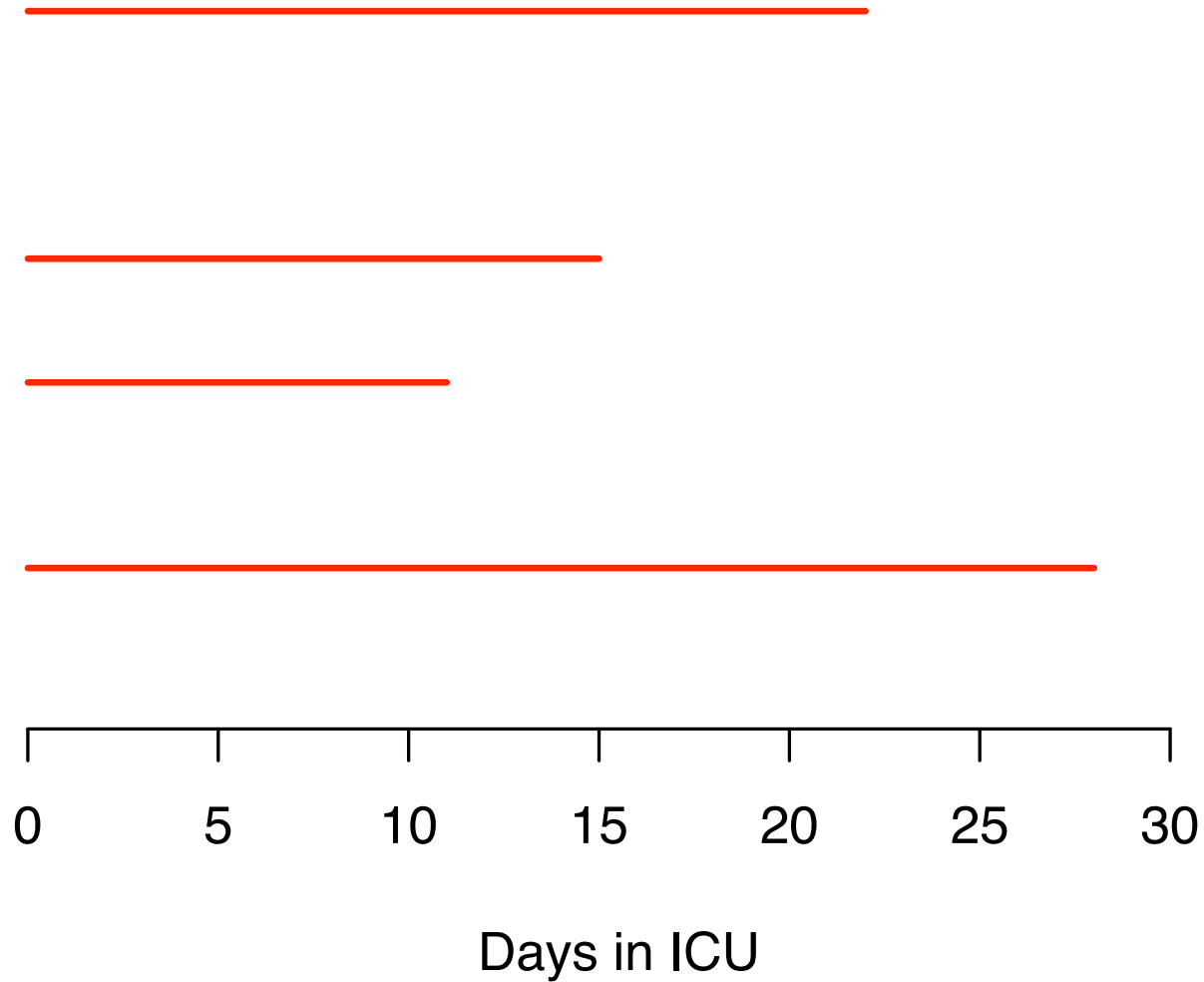


VAP Occurs at 10 or 20 days
Subjects Randomly Selected for VAP

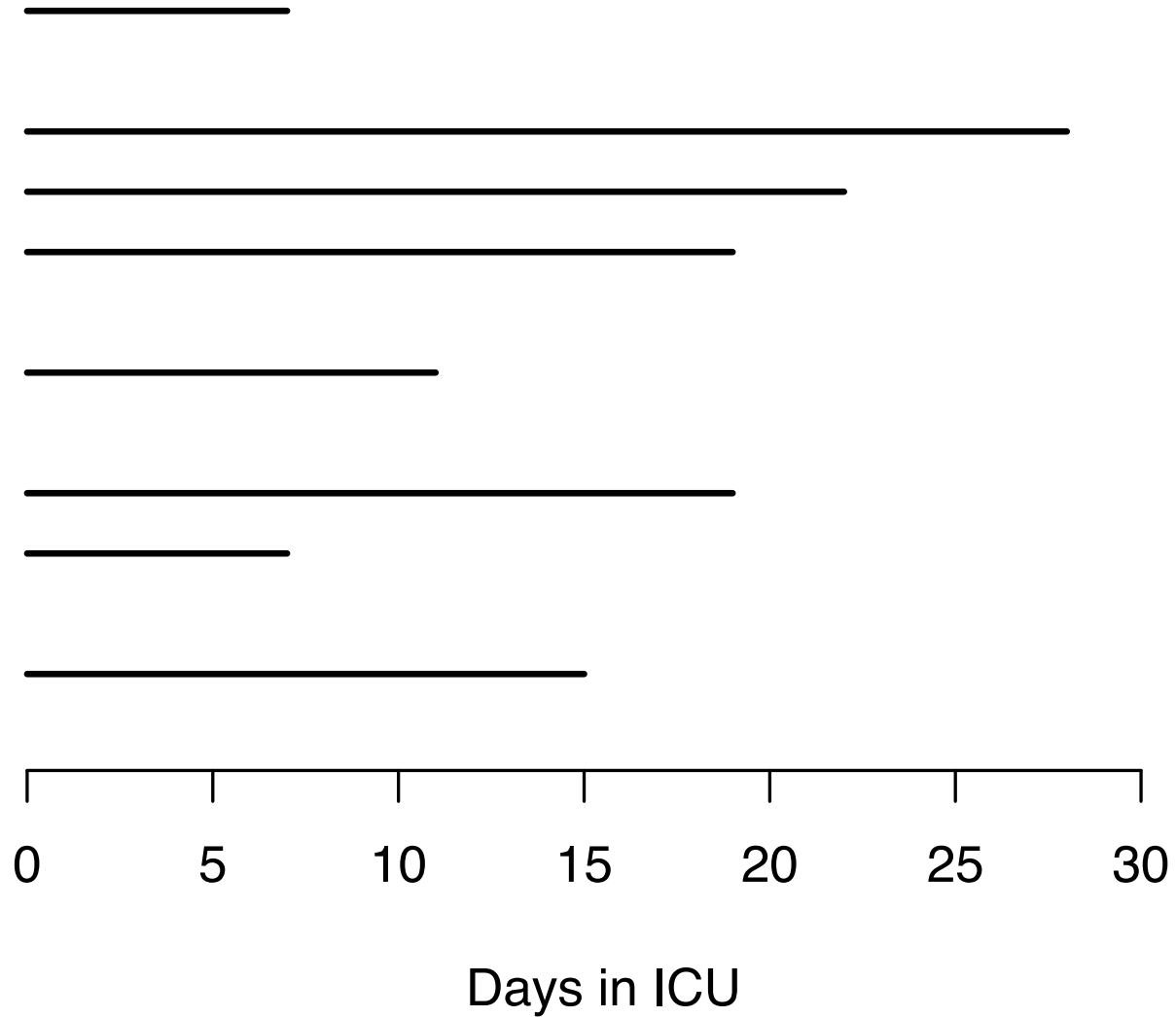


VAP subjects

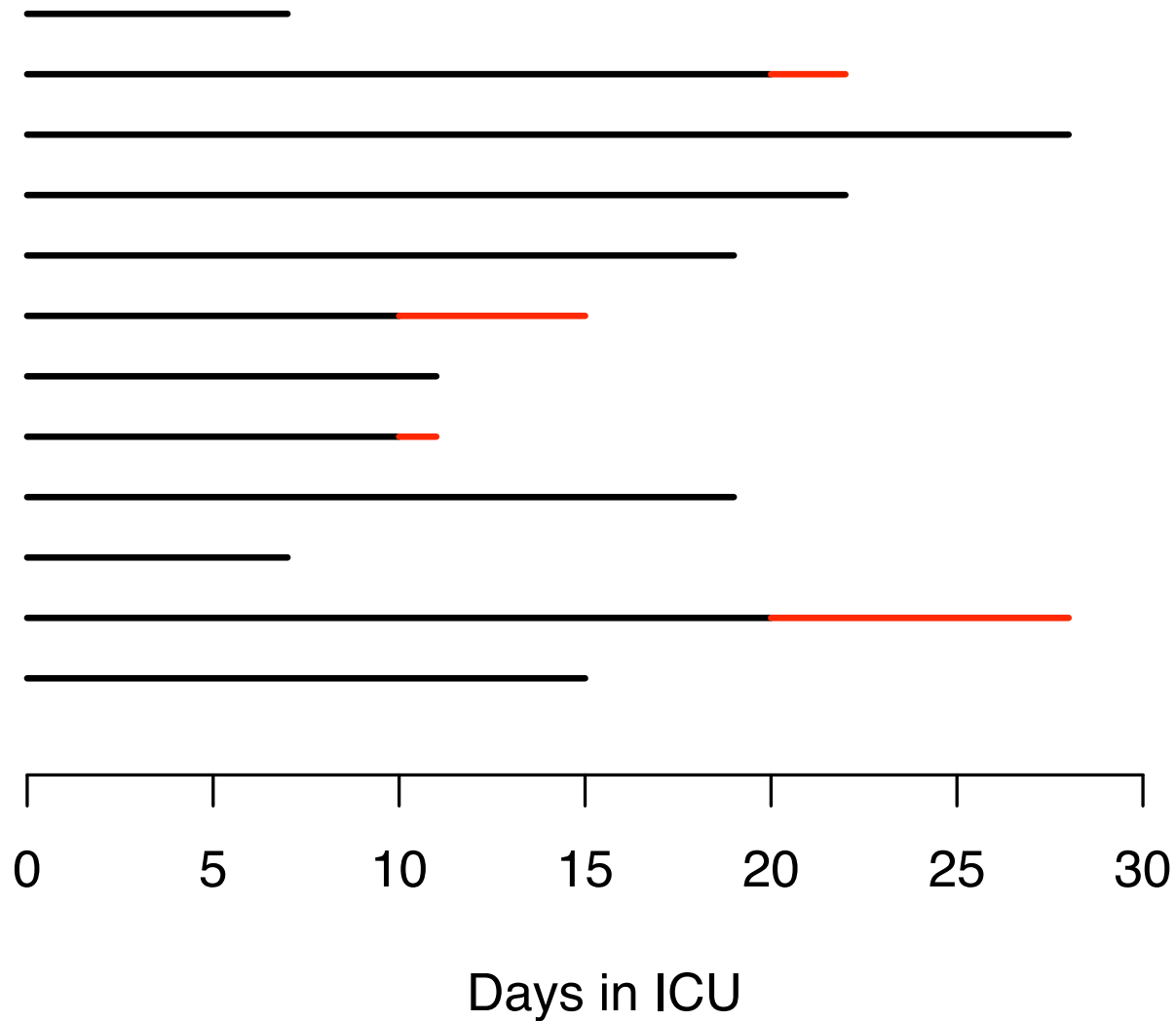
Mean ICU Stay: 19 days



Non-VAP subjects
Mean ICU Stay: 16 days

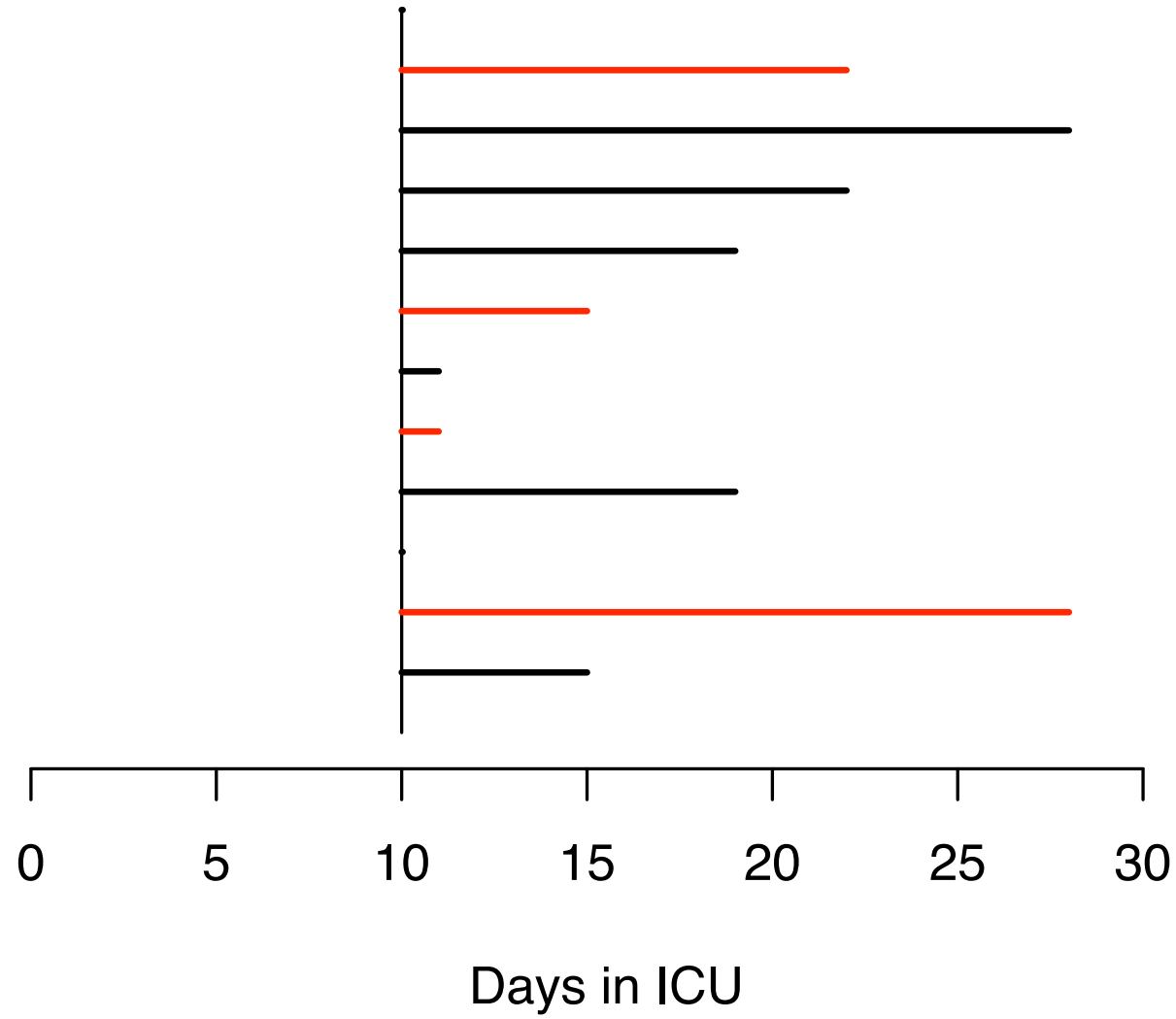


Exposed Time



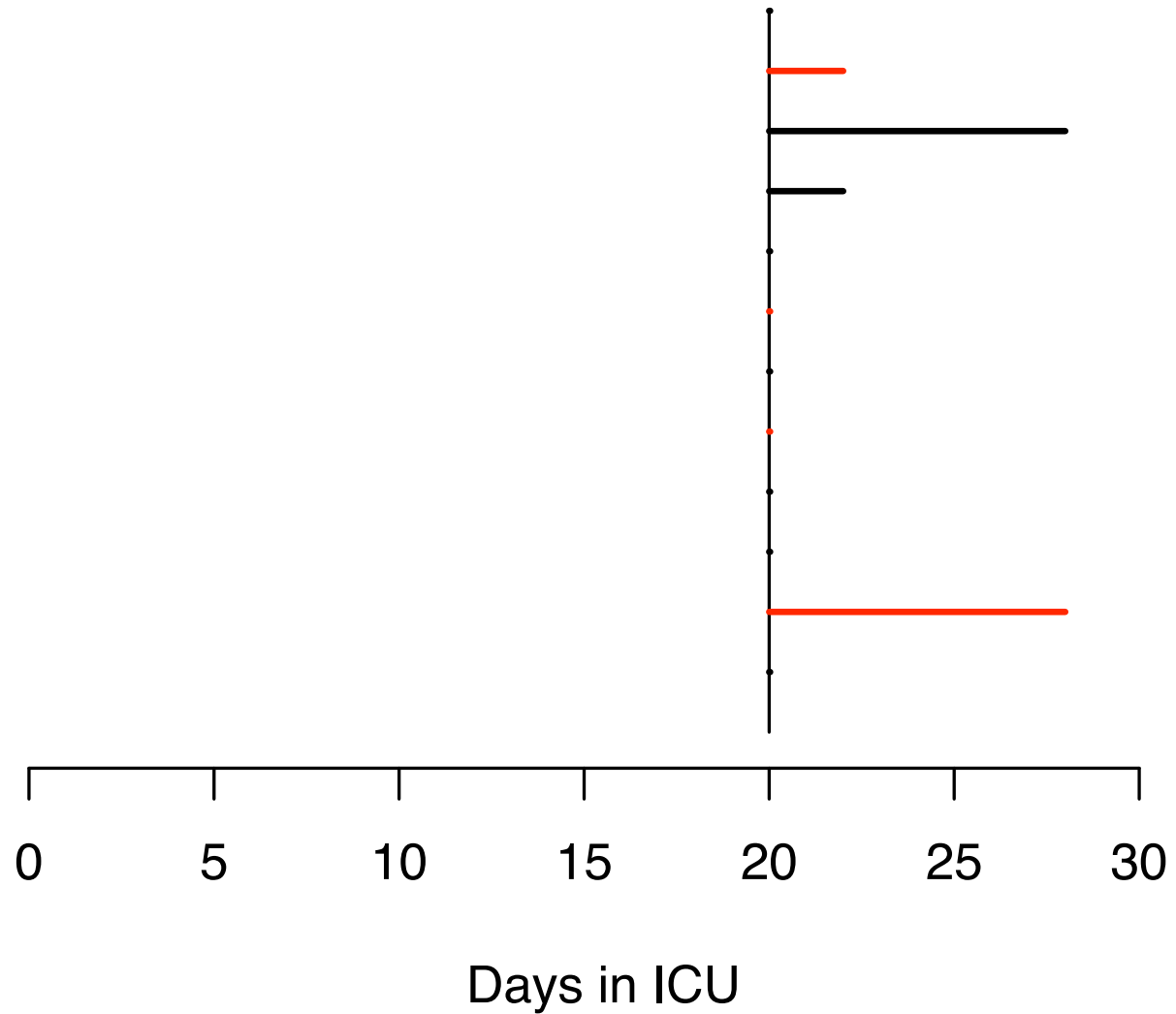
Mean Residual Stay (Non-VAP): 9 days

Mean Residual Stay (VAP): 9 days



Mean Residual Stay (Non-VAP): 5 days

Mean Residual Stay (VAP): 5 days



Example

- Patients ever exposed to VAP vented longer
- VAP patients: two kinds of vent time
- Time before VAP: longer than non-VAP
the so-called immortal time
- Time after VAP: same as VAP- subjects
- Should time before VAP count toward VAP+?

Other Examples

- PTLD increase risk of death in kidney tx?
- Does heart tx extend life in listed patients?
- Do OSCAR winners live longer?
- Common thread: exposure occurs sometime after follow-up
- PTLD, transplants, awards occur over time

Immortal Time Bias

Jean's Study

- Statin subjects develop BCC after starting statins: FU time before statins is immortal
- Adds time to statin+ group
- Will underestimate BCC rate in statin
- How can we handle this?

Steroids in COPD

A more subtle example

- Cohort patients discharged after COPD-related illness
- Exposure: inhaled corticosteroids (ICS)
- Outcome: death or hospitalization in 1 yr
- Exposed if filled ICS prescription in 90 days
- That 90 days leads to the bias

Two Classic Approaches

- Matching
- Regression

Matching

- Jean identifies cases of BCC
Case #156: BCC at 6 years, no statins
- Has matched control(s)
Cont. #156-1: BCC- at 6 years,
2 years statin use (years 8-10)
- Control is unexposed! Only count statin exposure up to year 6
- Fair: don't count statin exposure after BCC

Careful Matching

- Matched controls can become cases
- Control for case #156 selected at random from those with no BCC after 8 years
- Choosing from no BCC after 10 years induces slight bias
- If disease is rare, bias is negligible

Analysis

- Matched design requires matched analysis
- Conditional logistic regression (binary)
- Stratified Cox model (time-to-event)
- Makes comparisons within pairs only

Time Dependent Covariates

*A time-dependent covariate is a predictor
whose values may vary with time*

...and measured during the study

Regression Approach

- Creates exposure variable:
1: statins 0: no statins
- Acknowledges that exposure changes
- Time prior to exposure, statin=0
- Time after exposure: statin=1
- Time-dependent covariate!

Time dependent covariate

Treat statin as a time-dependent covariate

$$\text{statin} = \begin{cases} 0 & \text{before initiating statins} \\ 1 & \text{after initiating statins} \end{cases}$$

$$\text{risk} = \begin{cases} \text{baseline risk before statins} \\ \text{RR} * \text{baseline risk after statins} \end{cases}$$

two groups but membership changes

Two patients

- Case #156: BCC at 6 years, no statins
- Cont. #156-1: BCC- at 10 years, 2 years statin use (years 8-10)
- Can code as time-dependent covariates

Data

	idno	t_from	t_to	statin	bcc
218.	156	0	4	0	0
219.	156	4	6	1	1
200.	156-1	0	8	0	0
221.	156-1	8	10	1	0

idno: indicates subjects

t_from: start of interval

t_to: end of interval

statin: statins in interval

bcc: bcc in interval

Time-Dependent Covs

- Can be incorporated into Cox regression
- Use all the FU data
doesn't discard FU just for matching
- Takes duration into account
- Some delicate modeling issues
- Doesn't work for all outcomes
e.g., ventilator free days



Bad News

- Survival of OSCAR winners
*reanalysis show 1 year survival advantage
not significant*
- Inhaled steroids in COPD
*extensively studied and debated
appears advantage due to immortal time*
- Suissa (2007) documents 20 studies with this
possible bias

Principles

- Predictors can vary with time
use time-dependent covariate approach
- Beware of defining groups using future
patients with VAP vs. never developing VAP
patient using drug at baseline v. never
- Recall, exposure implies survival

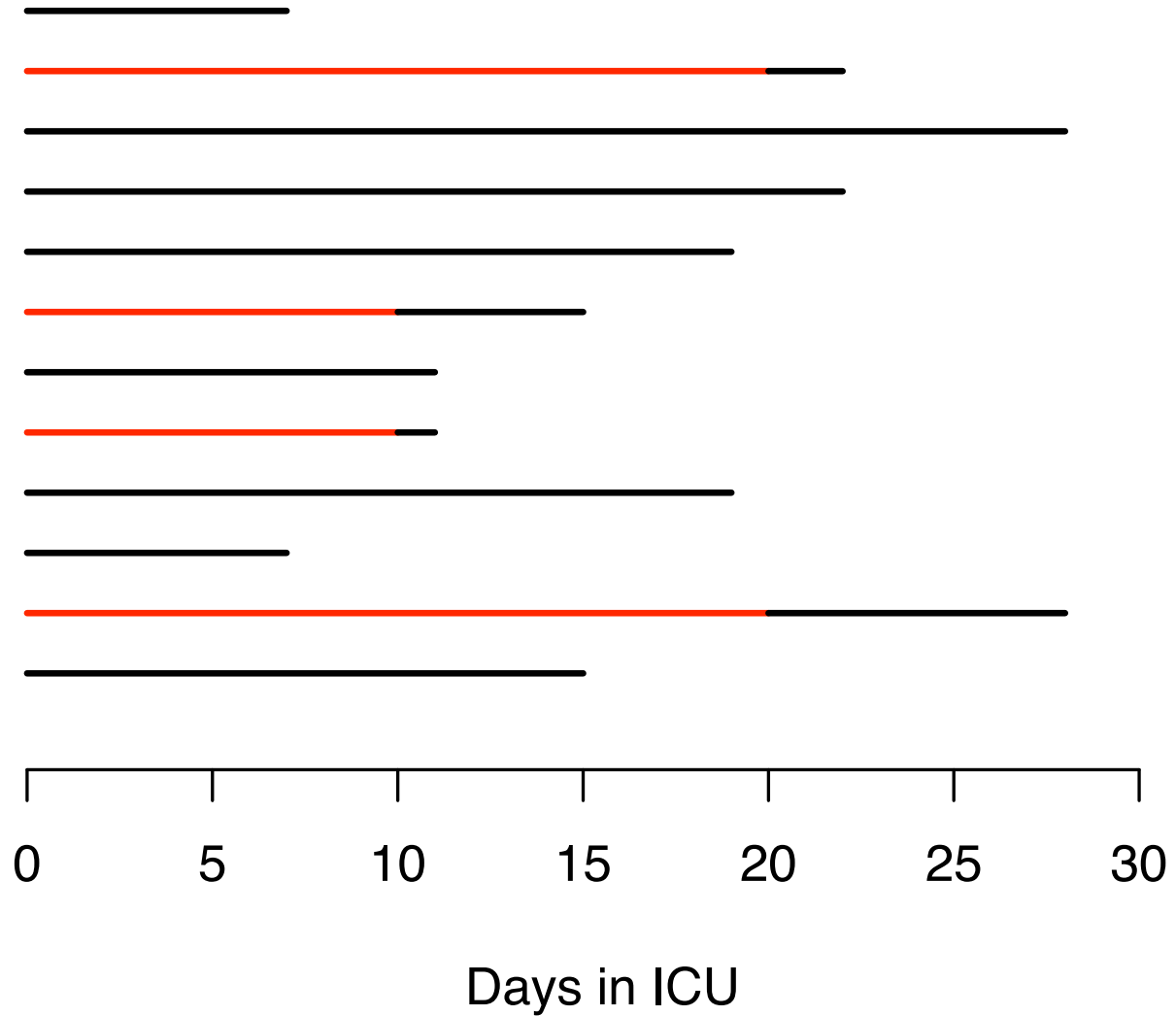
Readings

Suissa, S. Immortal time bias in observational studies of drug effects. *Pharmacoepidemiol Drug Saf.* 16(3): 241 - 249, 2007

Suissa, S. Observational studies of inhaled corticosteroids in chronic obstructive pulmonary disease: misconstrued immortal time bias. *Am J Respir Crit Care Med.* 173(4):464, 2006

Pharmacoepidemiology. Wiley: 2005.

Immortal Time



Mean Residual Stay (Non-VAP): 9 days

Mean Residual Stay (VAP): 9 days

