

# TREATMENT EFFECT ESTIMATION WITH NEURAL NETWORK-BASED MODELS

AIDD SCHOOL

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# QUESTIONS

- We have a potential new treatment  $D$  for disease  $X$ . Does it work?
- Alice has been diagnosed with disease  $X$ . Should she be treated with  $D$ ?
- What if Bob had not been treated?
- ...

# OVERVIEW

- RCT vs OS—*Don't we already have a perfect solution?*
- Potential Outcomes—*How to formally speak about the task?*
- Estimators—*What do we estimate and how?*
- Approaches—*An Overview on proposals in the literature*
- Outlook—*What remains to be done*

# RCT vs OS: THE “*GOLD STANDARD*”, RANDOMIZED CONTROLLED TRIALS

- ✓ principled approach reducing potential bias
- ✓ well structured, specific data collection
- ⚡ expensive, time consuming
- ⚡ ethical constraints
- ⚡ rarity of disease
- ⚡ biased populations

# RCT vs OS: EFFECT ESTIMATION WITH ELECTRONIC HEALTH RECORDS

- ✓ abundant data
- ✓ representative of the wider population
- ⚡ confounding issues
- ⚡ worse data quality

# RCT vs OS: EFFECT ESTIMATION WITH ELECTRONIC HEALTH RECORDS

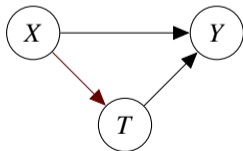
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- ⚡ confounding issues
- ⚡ worse data quality

⇒ Today: Focus on treatment effect estimation via observational data

# NOTATION

For a patient  $i$  we observe...

- covariates  $X_i \in \mathcal{X}$  (e.g., age, gender, medical history, lab measurements,...)
- a treatment assignment  $T_i \in \mathcal{T}$  (e.g., receive an operation, a specific drug dosage,...)
  - Assume throughout that  $\mathcal{T} = \{0, 1\}$
- an outcome  $Y_i \in \mathcal{Y}$  (e.g., time until death, recovery,...)



## EXAMPLE

Patient	Age	Gender	Lab <sub>1</sub>	...	Treated	Untreated
Alice	25	f	30 mg/l	...	?	?
Bob	32	m	13 mg/l	...	12 months	?
Charlie	21	m	58 mg/l	...	?	7 months
Denise	27	f	23 mg/l	...	?	14 months
Eve	40	f	17 mg/l	...	34 months	?



## POTENTIAL OUTCOMES (I)

- Assume  $Y_i = T_i Y_i(1) + (1 - T_i) Y_i(0)$
- $Y(0), Y(1) \in \mathcal{Y}$  are potential outcomes
  - *We observe only  $Y_{Bob}(1)$ , never the counterfactual  $Y_{Bob}(0)$*
- Conditional average treatment effect (CATE)

$$\tau(x) \triangleq \mathbb{E} [Y_i(1) - Y_i(0) | X = x]$$

- Average treatment effect (ATE):  $\mathbb{E}_{p(x)} [\tau(x)]$
- Average treatment effect on the treated (ATT):  $\mathbb{E}_{p(x)} [\tau(x) | T = 1]$

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See e.g., Peters et al. (2017) for a discussion on the relation to the do-calculus

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  - *We are interested in the conditional average treatment effect*

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# ATE vs CATE

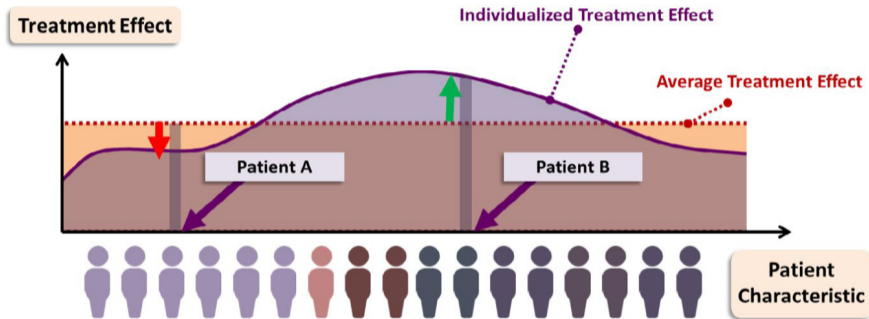


Figure via Bica et al. (2021)

## POTENTIAL OUTCOMES (II)

Assumptions for identifiability of causal effects

(I) CONSISTENCY  $Y = TY(1) + (1 - T)Y(0)$

*the potential outcome is the observed given a specific treatment*

(II) UNCONFOUNDEDNESS  $(Y(0), Y(1)) \perp\!\!\!\perp T|X$  (in an RCT:  $(Y(0), Y(1)) \perp\!\!\!\perp T$ )

*no hidden confounders  $\rightarrow$  can't be tested in practice*

(III) OVERLAP  $0 < \pi(x) < 1, \forall x \in \mathcal{X}$  where  $\pi(x) \triangleq \mathbb{P}(T_i = 1|X_i = x)$  (Propensity score)

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Unconfoundedness encourages a high dimensionality  $\leftrightarrow$  Overlap encourages a low one

## POTENTIAL OUTCOMES (III) — SIDENOTE ON PROPENSITY SCORES

- Propensity score:  $\pi(x) \triangleq \mathbb{P}(T_i = 1|X_i = x)$
- Balancing score:  $b(X)$  such that  $X \perp\!\!\!\perp Z|b(X)$
- Theorem: If  $(Y(1), Y(0)) \perp\!\!\!\perp T|X$ , then  $(Y(1), Y(0)) \perp\!\!\!\perp T|b(X)$
- Theorem:<sup>1</sup>  $\pi(x)$  is balancing and it is the “optimal” one.
- Use this to:
  1. Construct an estimator  $\hat{\pi}(x)$
  2. Match two groups by the closeness of their estimated propensity scores
  3. Estimate the average treatment effect using the matched observations

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<sup>1</sup>Rosenbaum and Rubin (1983)

# ESTIMATORS – TWO BROAD PATHS

TERMINOLOGY FOLLOWING CURTH ET AL., (2021)

The target:  $\tau(x) = \mathbb{E}[Y(1) - Y(0)|X = x] = \mathbb{E}[Y(1)|X = x] - \mathbb{E}[Y(0)|X = x]$

## 1. *one-step plug-in learners*

- Consider estimating  $\mu_t(x) = \mathbb{E}[Y(t)|X = x]$
- get  $\hat{\tau}(x) = \hat{\mu}_1(x) - \hat{\mu}_0(x)$

## 2. *two-step learners*

- (I) Estimate  $\eta = (\mu_0(x), \mu_1(x), \pi(x))$
- (II) Construct pseudo-outcomes  $Y_\eta$  such that  $\tau(x) = \mathbb{E}[Y_\eta|X = x]$

## ESTIMATORS – ONE-STEP PLUGIN LEARNERS

$$\hat{\tau}(x) = \hat{\mu}_1(x) - \hat{\mu}_0(x)$$

Two broad approaches:

1. T-Learner: Learn separate models  $\mu_0, \mu_1 : \mathcal{X} \rightarrow \mathcal{Y}$
2. S-Learner:
  - (I) Augment the covariate space:  
Learn a joint model  $\mu : \mathcal{X} \times \mathcal{T} \rightarrow \mathcal{Y}$ , s.t.,  $\mu_t(x) \triangleq \mu(x, t)$
  - (II) Use a shared representation space:  
Learn  $f_0(\cdot), f_1(\cdot), h(\cdot)$ , s.t.,  $\mu_t(x) = f_t(h(x))$



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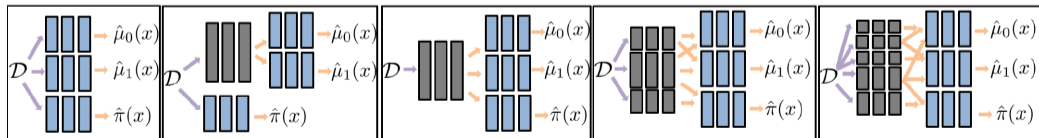
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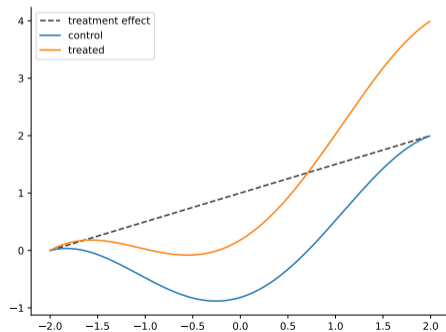
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## ESTIMATORS – PSEUDO-OUTCOMES

Why might we not be happy with them?

- T-Learners cannot take shared representations into account
- $\tau(x)$  might be simpler than  $\mu_0(x), \mu_1(x)$



## ESTIMATORS – PSEUDO-OUTCOMES: REGRESSION ADJUSTMENT

Reminder, we consider two steps:

(i) Estimate  $\mu_0(\cdot), \mu_1(\cdot), \pi(\cdot)$ ;      (ii) Construct pseudo-observations  $Y_\eta$  to learn  $\hat{\tau}$

$$\text{Target: } \tau(x) = \mathbb{E}[Y_\eta | X = x]$$

Three approaches for this task are...

- ... Regression adjustment  $\rightarrow$  *unbiased if  $\hat{\mu}$  is correct*
- ... Inverse Propensity weighting  $\rightarrow$  *unbiased if  $\hat{\pi}$  is correct*
- ... Doubly Robust Learner  $\rightarrow$  *unbiased if either is unbiased*

# ESTIMATORS – PSEUDO-OUTCOMES: REGRESSION ADJUSTMENT

X-LEARNER (KÜNZEL ET AL., 2019)

1. Given  $\hat{\mu}_0, \hat{\mu}_1$  impute treatment effects

$$D_i^1 = Y_i^1 - \hat{\mu}_0(X_i^1) \quad D_i^0 = \hat{\mu}_1(X_i^0) - Y_i^0$$

2. Construct estimators  $\hat{\tau}_1(x), \hat{\tau}_0(x)$
3. Estimate CATE as  $\hat{\tau}(x) = g(x)\hat{\tau}_0(x) + (1 - g(x))\hat{\tau}_1(x) \quad (g(x) \in [0, 1])$

A simpler variant (Curth et al., 2021)

$$Y_{\hat{\eta}} = T(Y - \hat{\mu}_0(X)) + (1 - T)(\hat{\mu}_1(X) - Y)$$

# ESTIMATORS – PSEUDO-OUTCOMES: INVERSE PROPENSITY SCORE WEIGHTING

Our pseudo-outcomes are given as

$$Y_{\hat{\eta}} = \left( \frac{T}{\hat{\pi}(X)} - \frac{1-T}{1-\hat{\pi}(X)} \right) Y$$

# ESTIMATORS – PSEUDO-OUTCOMES: INVERSE PROPENSITY SCORE WEIGHTING

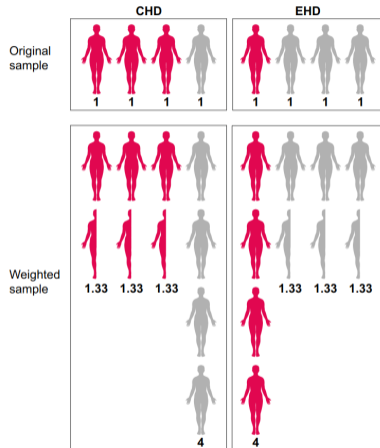


Figure due to Chesnaye et al. (2022)

## ESTIMATORS – PSEUDO-OUTCOMES: INVERSE PROPENSITY SCORE WEIGHTING

Our pseudo-outcomes are given as

$$Y_{\hat{\eta}} = \left( \frac{T}{\hat{\pi}(X)} - \frac{1-T}{1-\hat{\pi}(X)} \right) Y$$

We get that

$$\mathbb{E}[Y_{\hat{\eta}}|X=x] = \frac{\pi(x)}{\hat{\pi}(x)}\mu_1(x) - \frac{1-\pi(x)}{1-\hat{\pi}(x)}\mu_0(x) = \tau(x),$$

if  $\hat{\pi}(x) = \pi(x)$ .

A downside: The variance explodes if  $\pi(x)$  is close to zero/one

# ESTIMATORS – PSEUDO-OUTCOMES: DOUBLY ROBUST ESTIMATOR

DR-LEARNER (KENNEDY, 2020)

Combining the first two approaches we get

$$Y_{\hat{\eta}} = \left( \frac{T}{\hat{\pi}(X)} - \frac{1-T}{1-\hat{\pi}(X)} \right) Y + \left[ \left( 1 - \frac{T}{\hat{\pi}(X)} \right) \hat{\mu}_1(x) - \left( 1 - \frac{1-T}{1-\hat{\pi}(X)} \right) \hat{\mu}_0(x) \right]$$

If  $\hat{\pi} = \pi$  or  $\hat{\mu}_t = \mu_t$  we get  $\mathbb{E}[Y_{\hat{\eta}}|X = x] = \tau(x)$



## A QUICK SUMMARY

- CATE:  $\tau(x) = \mathbb{E}[Y(1) - Y(0)|X = x]$
- Step 1: Build estimators for  $\mu_0, \mu_1, \pi$
- Step 2:
  - Estimate  $\tau$  indirectly.  
Potential problems due to unnecessary complexity, but complete usage of  $\mathcal{D}$
  - Estimate  $\tau$  directly.  
Two step approach requires data split

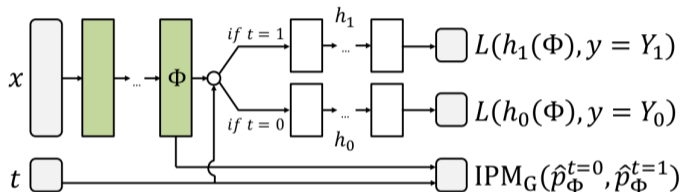
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*Note: So far we have not really cared about the estimation method*

# COMMON APPROACHES – VARIATIONS IN THE ARCHITECTURAL STRUCTURE

- Regularization within the representation space (Shalit et al., 2017)



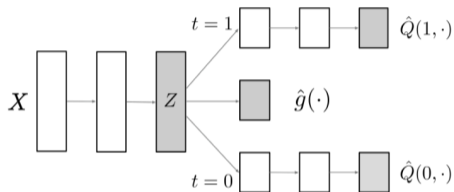
Increase the overlap by minimizing an Integral Probability Metric (IPM)

$$\min \text{IPM}(p(\Phi|t = 1), p(\Phi|t = 0))$$

Known as *TARNet* and *CFRNet* (with/without IPM)

# COMMON APPROACHES – VARIATIONS IN THE ARCHITECTURAL STRUCTURE

- Increasing the predictive constraints in the latent space (*Shi et al., 2019*)



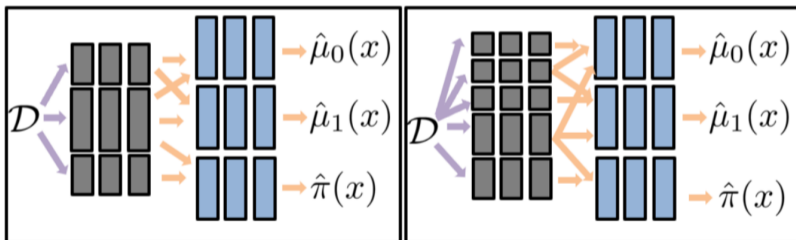
- $Q \triangleq \mu$  and  $g \triangleq \pi$
- Predict the propensity score via the representation space
- (as well as an additional regularization on the loss)

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Known as *DragonNet*

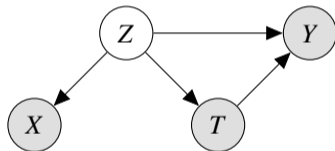
# COMMON APPROACHES – VARIATIONS IN THE ARCHITECTURAL STRUCTURE

- Splitting the representation space (*Hassanpour and Greiner, 2020, Curth et al., 2021*)



## COMMON APPROACHES – GENERATIVE MODELS

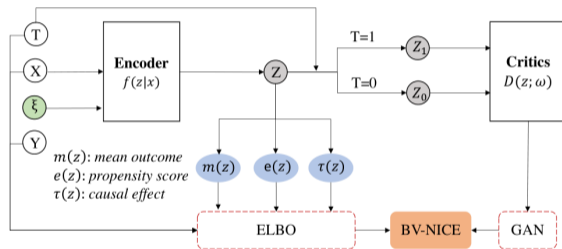
- Causal Effect Variational Autoencoder (*Louizos et al., 2017*)
  - Covariates  $X$  are a noisy view of latent covariates  $Z$



- Inference via amortized variational inference by optimizing the ELBO
- But: See also Rissanen and Marttinen (2021) for a critique

# COMMON APPROACHES – GENERATIVE MODELS

- Balancing Variational Neural Inference for Causal Effects (Lu et al., 2020)



$$\mathbb{E}_{q(z)} [\log p(x|z) + \log p(y|z, t) + \log p(t|z)] - \text{KL} (q(z|x, y, t) \parallel p(z)) - D(q_0, q_1)$$

(leave  $\log p(x|z)$  optional;  $m(\cdot), \tau(\cdot)$  part of R-learner for  $\log p(y|z, t)$ )

## OUTLOOK: OTHER QUESTIONS TO TACKLE

- Interpretability of the learned estimators (*E.g., Crabbé et al., 2022*)  
*Doctors won't trust black-box predictors*
- Uncertainty-aware models (*E.g., Jesson et al., 2020; 2021; 2022*)  
*What about predictive uncertainties?*
- Missing treatment information (*E.g., Kuzmanovic et al., 2023*)  
*What about missing observations*



## OUTLOOK: OTHER QUESTIONS TO TACKLE

- Further combinations of trial data with observational data
  - Combining RCT data with OS (*E.g., Hatt et al., 2022*)  
*Can we use the complementary strengths?*
  - External controls: Combination of single-arm trial data with hospital records
- Longitudinal structures (*E.g., Bica et al., 2020; Frauen et al., 2023*)  
*What about time?*
- Predictive guarantees (generalization bounds, etc.)
- ...

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