

# Propensity-based standardization methods for prediction model research

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## **Background**

Prediction models are commonly derived using statistical or machine learning methods to predict the risk of

- having a certain condition (e.g. diagnosis)
- developing a future condition (e.g. prognosis)

for distinct individuals







## **Generalizability of prediction models**

- Most prediction models are developed in relatively small samples from a specific setting (e.g. a single hospital)
- The performance of prediction models may vary when applied to new patients due to...
  - Differences in case-mix ("spectrum effect")
  - Differences in the magnitude of predictor effects





## **Generalizability of prediction models**

Need to disentangle the possible sources of variability in prediction model performance across multiple clusters (e.g. studies, or hospitals)

Use of propensity score weighting methods

- To identify heterogeneity in case-mix between the development and validation studies of a prediction model
- To standardize model performance with respect to the covariate distribution of the original development sample
- To assess whether changes in model performance can be attributed to invalid model coefficients



## Membership model

For individual i, the probability of being member of study sample j is

$$m_{S_i}(j) = \Pr(S_i = j | X_i, Y_i)$$

We can standardize each individual i from a validation sample v with respect to the original development sample d according to

$$w_i(d, v_i) = \frac{m_{v_i}(d)}{m_{v_i}(v_i)}$$

## Standardized performance estimates

#### Standardized calibration

- Calibration-in-the-large via weighted logistic regression using  $w_i$
- Calibration slope via weighted logistic regression using  $w_i$

#### Standardized discrimination

Concordance index using a weighted procedure:

$$c = \frac{1}{N_{+}N_{-}} \frac{1}{W} \sum_{i=1}^{N_{+}} \sum_{q=1}^{N_{-}} I(p_{i} > p_{q}) w_{i} w_{q}$$

- Validation of 8 prediction models used for calculating the risk of actual DVT in patients suspected of DVT.
- The eight models differed in the number of included predictors (ranging from one to eight), and the coefficients of each model equation
- All eight models were validated in each of 12 validation studies
- Meta-analysis of standardized prediction model performance



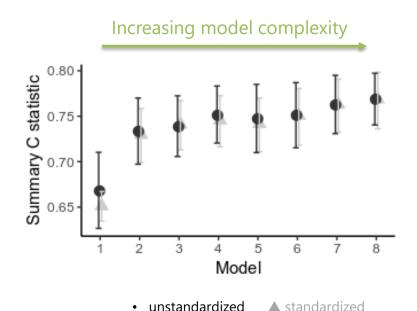
| Model | Estimated coefficients in each prediction model |         |      |      |        |         |      |        |      |
|-------|---|---------|------|------|--------|---------|------|--------|------|
|       | Intercept                                       | D-dimer | Cdif | OC   | Gender | notraum | Vein | Malign | Surg |
| 1     | -3.39   | 2.58    |      |      |        |         |      |        |      |
| 2     | -3.84   | 2.42    | 1.11 |      |        |         |      |        |      |
| 3     | -3.90   | 2.44    | 1.13 | 0.40 |        |         |      |        |      |
| 4     | -4.25   | 2.46    | 1.15 | 0.72 | 0.72   |         |      |        |      |
| 5     | -4.87   | 2.49    | 1.17 | 0.72 | 0.73   | 0.68    |      |        |      |
| 6     | -4.95   | 2.47    | 1.16 | 0.70 | 0.72   | 0.66    | 0.52 |        |      |
| 7     | -4.93   | 2.44    | 1.14 | 0.72 | 0.70   | 0.64    | 0.52 | 0.53   |      |
| 8     | -5.02   | 2.43    | 1.15 | 0.76 | 0.71   | 0.67    | 0.53 | 0.50   | 0.42 |

Empty cells indicate the coefficients for the respective predictor is assumed zero. D-dimer = D-dimer test results (0=normal, 1=abnormal), Cdif = calf difference (0 for < 3cm, 1 for > = 3 cm), OC = oral contraceptive or HST use (0 = no, 1 = yes), Gender (0=female, 1=male), notraum = Absence of leg trauma (0=leg trauma present, 1 = leg trauma absent), vein = vein distension (0 = no, 1 = yes), malign = presence of malignancy (0 = no, 1 = yes), surg = recent surgery or bedridden (0 = no, 1 = yes)



Random-effects meta-analysis of discrimination performance

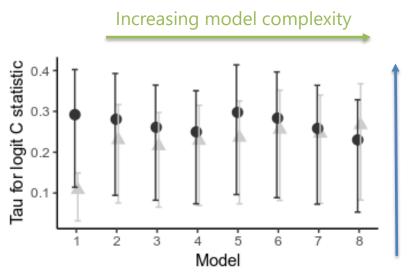
- Similar summary estimates of the C statistic between standardized and unstandardized approach
- On average, case-mix differences between development and validation sample have limited impact on the model discrimination





Random-effects meta-analysis of discriminative performance

- For "simple" model, heterogeneity in c-statistic mostly attributed to case-mix differences
- For models with >=2 predictors, case-mix differences no longer explain heterogeneity



unstandardized

standardized



## **Key points**

Use of standardization methods

- To facilitate the interpretation of multiple prediction model performance estimates (e.g. as obtained in a meta-analysis)
- To assess "genuine" transportability of model predictions (i.e. do model coefficients remain valid?)
- To identify which revision strategies should be prioritized
- Simulation studies underway (but suggestions welcome)



### **Contributors**



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