

FEDERATED CAUSAL INFERENCE: MULTI-SOURCE ATE ESTIMATION BEYOND META-ANALYSIS

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Joint work with **Rémi Khellaf** and Julie Josse

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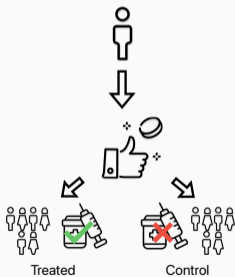
Session “Federated Causal Inference Meets Meta-Analysis”

December 17, 2024

Goal of causal inference: measure the **effect** of a **treatment** on an **outcome**

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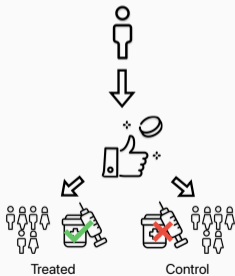
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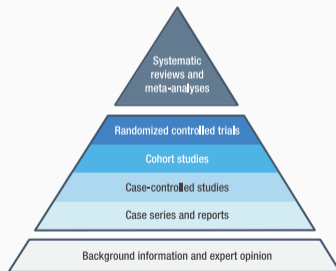
RANDOMIZED CONTROLLED TRIALS AND META-ANALYSIS

Goal of causal inference: measure the **effect** of a **treatment** on an **outcome**

Randomized Controlled Trials (RCTs) are the gold standard but **limited scope** (stringent eligibility criteria, limited sample size...)



Meta-analysis (aggregating estimated effects from multiple studies) is at the **top of the pyramid of evidence**



- Meta-analyses still face significant challenges:
 - **Data heterogeneity** across studies (sample sizes, populations, center effects...)
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 - **Data heterogeneity** across studies (sample sizes, populations, center effects...)
 - **Difficulty to share individual-level data** due to data silos and personal data regulations
- **Our work** bridges **causal inference** and **federated learning** [Kairouz et al., 2021] to better estimate **average treatment effects** from **decentralized data sources**
 1. We consider several **estimators with varying communication costs**
 2. We study their **statistical performance** under various types of **data heterogeneity**
 3. We validate on **numerical simulations** and provide **guidelines for practitioners**

- [Xiong et al., 2023] propose to use **one-shot aggregation to federate the outcome or propensity score model**, but it is unclear when these estimators should be preferred to other methods (e.g., traditional meta-analysis)
- [Vo et al., 2022b] employ a **Bayesian framework using Gaussian processes** but is restricted to uniform data distributions across sources
- [Vo et al., 2022a, Han et al., 2021, Han et al., 2023, Makhija et al., 2024, Guo et al., 2024] focus on **transferring causal estimates** from one source to another, while our work aims to estimate causal effects **across the joint population**

PROBLEM SETTING

REMINDER: CLASSIC RCT FRAMEWORK

- Estimate effect of **treatment** W on **outcome** Y given **covariates** X , with $W_i \sim \mathcal{B}(p)$
- Average Treatment Effect (ATE) measured as a **risk difference** $\tau = \mathbb{E}[Y_i(1) - Y_i(0)]$

Obs.	Covariates			Treatment	Outcome	Potential Outcomes	
i	X_1	X_2	X_3	W	Y	$Y^{(1)}$	$Y^{(0)}$
1	2.3	1.5	M	1	3.2	3.2	??
2	2.2	3.1	F	0	2.8	??	2.8
3	3.5	2.0	F	1	2.1	2.1	??
\vdots	\vdots	\vdots	\vdots	\vdots	\vdots	\vdots	\vdots
$n-1$	3.7	2.0	F	0	2.8	??	2.8
n	2.5	1.7	M	1	3.2	3.2	??

OUR SETTING: DECENTRALIZED HETEROGENEOUS RCTS

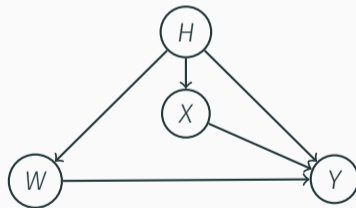
- We consider K decentralized and potentially heterogeneous RCTs (studies) from different sources and want to estimate the ATE given by $\tau = \mathbb{E}(\mathbb{E}(Y^{(1)} - Y^{(0)} | H))$

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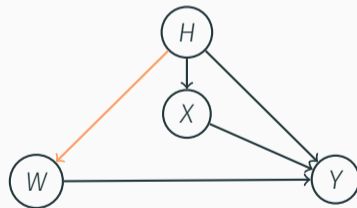


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Heterogeneity in
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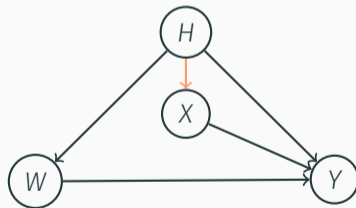


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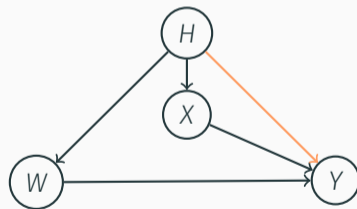


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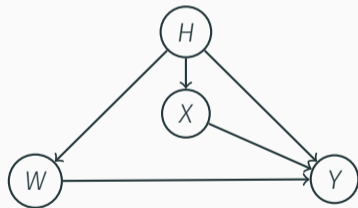
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How to estimate τ without pooling together individual-level data?

- For now, same **linear outcome model** for all studies:

$$\forall k : Y_{k,i}^{(w)} = c^{(w)} + X_{k,i} \beta^{(w)} + \varepsilon_{k,i}^{(w)}, \quad \text{with } \mathbb{E} [X_k^\top \varepsilon_{k,i}^{(w)}] = 0, \mathbb{V}(\varepsilon_{k,i}^{(w)} | X_k) = \sigma^2$$

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- $\hat{\tau}_{\text{pool}}$ **always has lower variance** than the simple difference-in-means estimator [Benkeser et al., 2021, Lei and Ding, 2021]

FEDERATED ESTIMATORS

THREE TYPES OF FEDERATED ESTIMATORS

Meta analysis

1. Estimate Model Parameters

K local OLS regressions



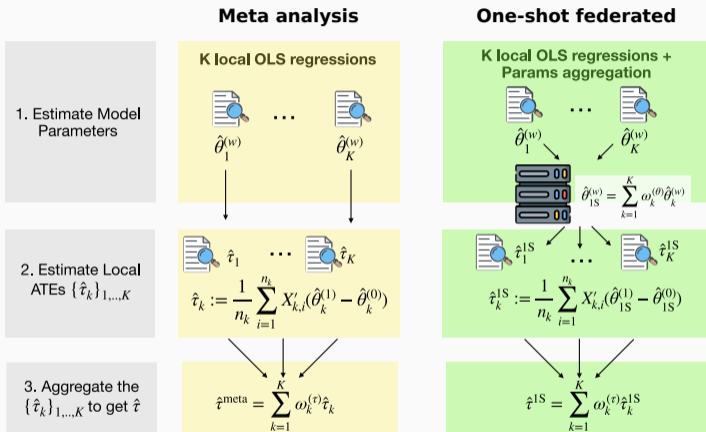
2. Estimate Local ATEs $\{\hat{\tau}_k\}_{1,\dots,K}$

$$\hat{\tau}_k := \frac{1}{n_k} \sum_{i=1}^{n_k} X'_{k,i} (\hat{\theta}_k^{(1)} - \hat{\theta}_k^{(0)})$$

3. Aggregate the $\{\hat{\tau}_k\}_{1,\dots,K}$ to get $\hat{\tau}$

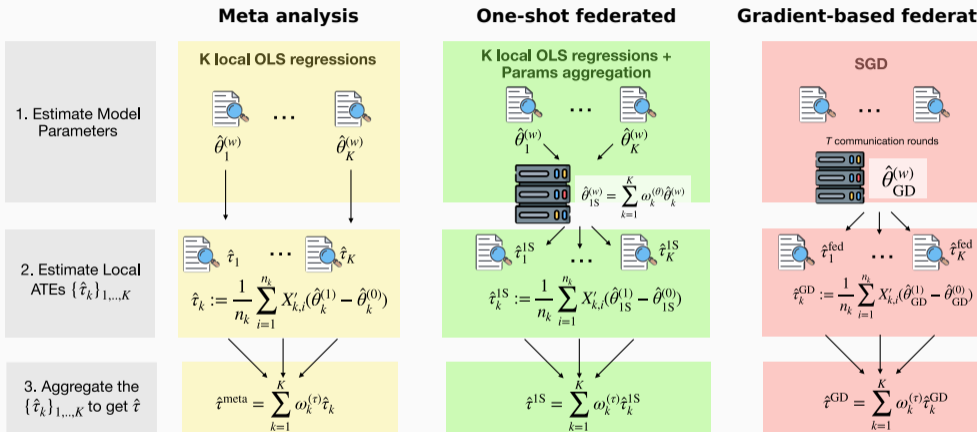
$$\hat{\tau}^{\text{meta}} = \sum_{k=1}^K \omega_k^{(\tau)} \hat{\tau}_k$$

THREE TYPES OF FEDERATED ESTIMATORS



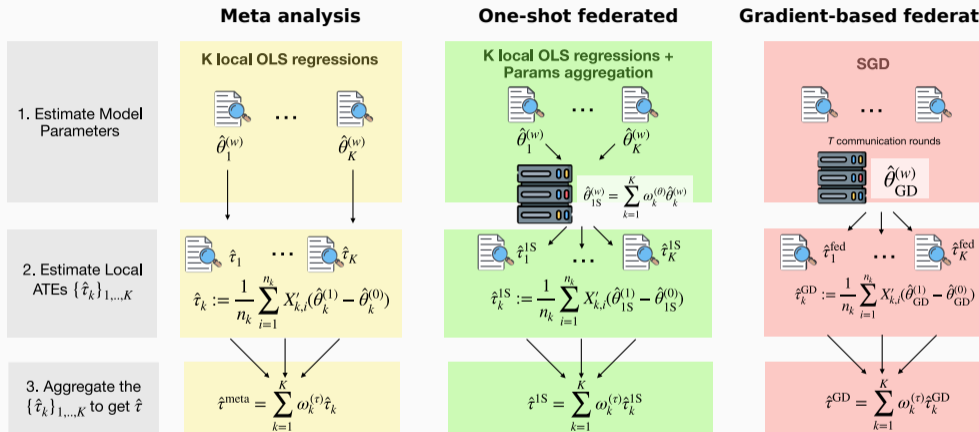
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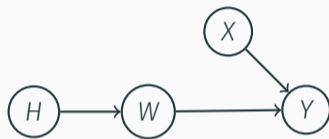


- Meta and one-shot require local sample size $n_k^{(w)} \geq d$ for k, w

- Aggregation: sample size weights (SW) or inverse variance weights (IVW)

COMPARISON OF THE ESTIMATORS

HOMOGENEOUS SETTING



- The source membership variable H only affects the **treatment allocation scheme**
- Let $W_{k,i} \sim \mathcal{B}(p_k)$

SUMMARY OF RESULTS

Estimators are **unbiased** but differ by their **asymptotic variance** and **communication costs**:

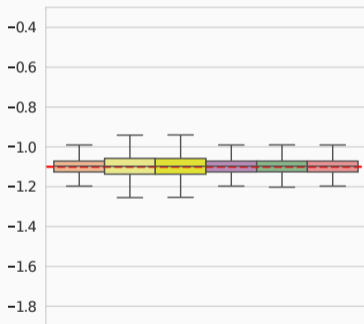
Estimator	Notation	\mathbb{V}^∞	Com. rounds	Com. cost
Meta-SW	$\hat{\tau}_{\text{Meta-SW}}$	$\frac{\sigma^2}{n} \sum_{k=1}^K \frac{\rho_k}{\rho_k(1-\rho_k)} + \frac{1}{n} \ \beta^{(1)} - \beta^{(0)}\ _\Sigma^2$	1	$O(1)$
Meta-IVW	$\hat{\tau}_{\text{Meta-IVW}}$	$\left(\sum_{k=1}^K \left(\sigma^2 \frac{n\rho_k}{\rho_k(1-\rho_k)} + \frac{1}{n_k} \ \beta^{(1)} - \beta^{(0)}\ _\Sigma^2 \right)^{-1} \right)^{-1}$	1	$O(1)$
1S-SW	$\hat{\tau}_{1\text{S-SW}}$	V_{pool}	2	$O(d)$
1S-IVW	$\hat{\tau}_{1\text{S-IVW}}$	V_{pool}	2	$O(d^2)$
GD	$\hat{\tau}_{\text{GD}}$	V_{pool}	$T+1$	$O(Td)$
Pool	$\hat{\tau}_{\text{pool}}$	$V_{\text{pool}} = \frac{\sigma^2}{n} \frac{1}{p(1-p)} + \frac{1}{n} \ \beta^{(1)} - \beta^{(0)}\ _\Sigma^2$	—	—

with $\rho_k = \mathbb{P}(H = k) = \mathbb{E} \left[\frac{n_k}{n} \right]$ and $p = \sum_{k=1}^K \frac{n_k}{n} \rho_k$

NUMERICAL ILLUSTRATION ($K = 5$ AND $d = 10$)

More data ($n_k = 100d$)

$p_1 = p_2 = p_3 = 0.9, p_4 = p_5 = 0.1$

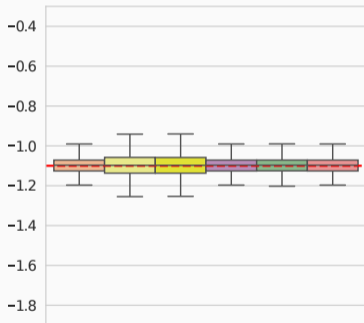


pool meta_SW meta_IVW 1S_IVW 1S_SW GD True Tau

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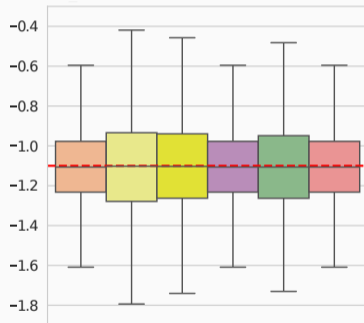
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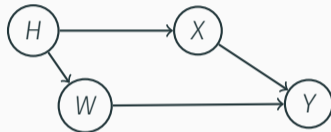
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pool meta_SW meta_IVW 1S_IVW 1S_SW GD True Tau

COMPARISON OF THE ESTIMATORS

HETEROGENEOUS DISTRIBUTIONS



- **Distributional shift** across sources: $H \not\perp X \implies \tau_k \neq \tau_{k'}$
- Global ATE is given by $\tau = \sum_{k=1}^K \rho_k \tau_k$ with $\rho_k = \mathbb{P}(H = k) = \mathbb{E} \left[\frac{n_k}{n} \right]$

- $\hat{\tau}_{\text{meta-IVW}}$ is biased because inverse variance weights give biased estimates of the ρ_k

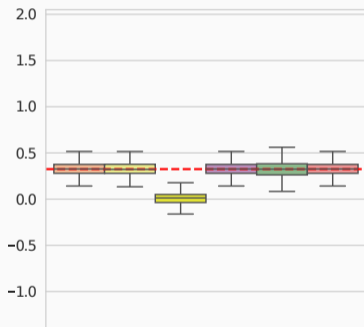
- $\hat{\tau}_{\text{meta-IVW}}$ is biased because inverse variance weights give biased estimates of the ρ_k
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- $\hat{\tau}_{\text{IS-SW}}$ is robust to heterogeneous covariances $\{\Sigma_k\}_k$ but has larger variance for different means $\{\mu_k\}_k$

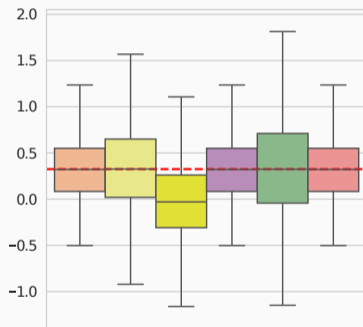
NUMERICAL ILLUSTRATION

$$X_k \sim \mathcal{N}(\mu_k, \Sigma_k)$$

More data ($n_k = 100d$)



Less data ($n_k = 5d$)

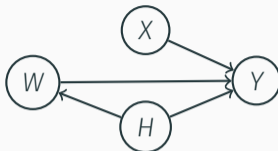


pool meta_SW meta_IVW 1S_IVW 1S_SW GD --- True Tau

COMPARISON OF THE ESTIMATORS

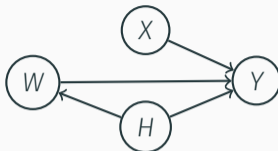
PRESENCE OF CENTER EFFECTS

HETEROGENEITY FROM CENTER EFFECTS



- Studies may have **different baselines in individual outcomes** due to varying practices or organizational contexts (e.g. hospital specialized in oncology)

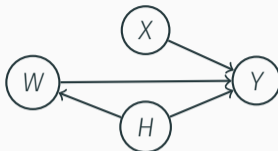
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- We model this by a **fixed effect of the source H onto the outcome Y** :

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- Caution: **H is now a confounder!**

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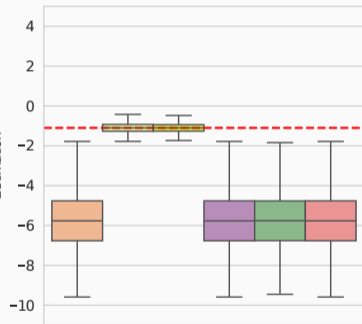
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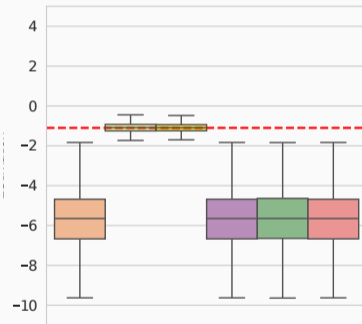
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 - **GD estimators**: add H as an additional covariate

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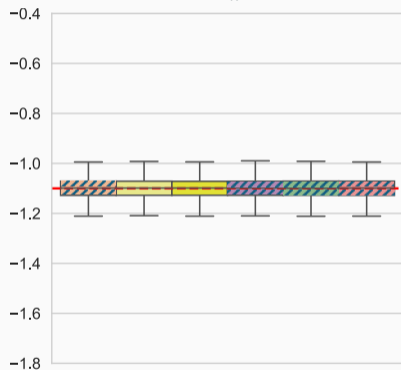
Less data ($n_k = 5d$)



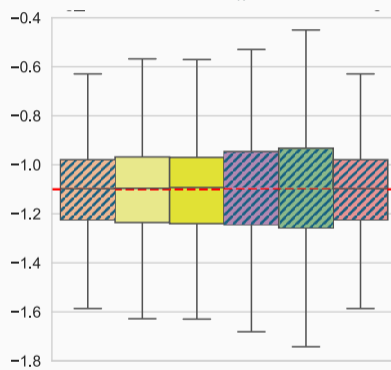
pool meta_SW meta_IVW 1S_IVW 1S_SW GD True Tau

NUMERICAL ILLUSTRATION

More data ($n_k = 100d$)



Less data ($n_k = 5d$)



Pool Meta-SW Meta-IWW IS-IWW IS-SW GD Adjusted True tau

CONCLUSION & PERSPECTIVES

SUMMARY: DECISION DIAGRAM FOR PRACTITIONERS

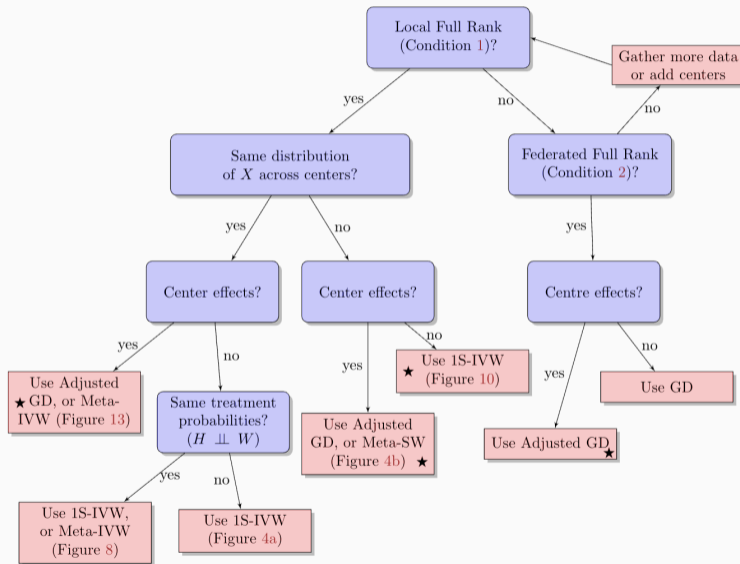


Figure 6: Decision Diagram for Practitioners. The sign ★ denotes scenarios where the DM estimator is biased.

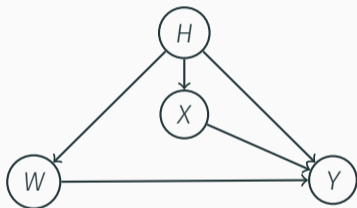
- Extend to **observational studies** (e.g., federated IPW and AIPW) and **nonlinear models**
- Handle **covariate mismatch** across sources
- Consider **non-collapsible causal measures** (e.g., odds ratio)
- Provide **robust privacy guarantees** (differential privacy)

THANK YOU FOR YOUR ATTENTION!
QUESTIONS?

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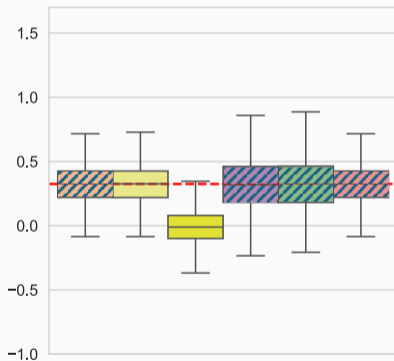
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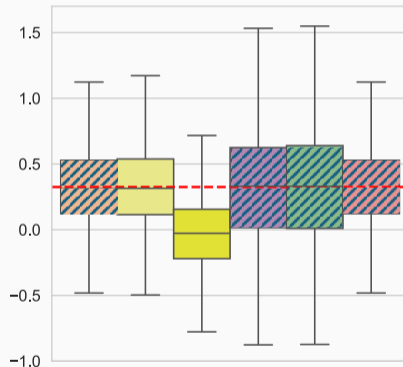
FULL HETEROGENEITY - NUMERICAL ILLUSTRATION

Different $h_k, \rho_k, \mu_k, \Sigma_k$

Large



Small



Pool Meta-SW Meta-IWW IS-IWW IS-SW GD Adjusted True tau