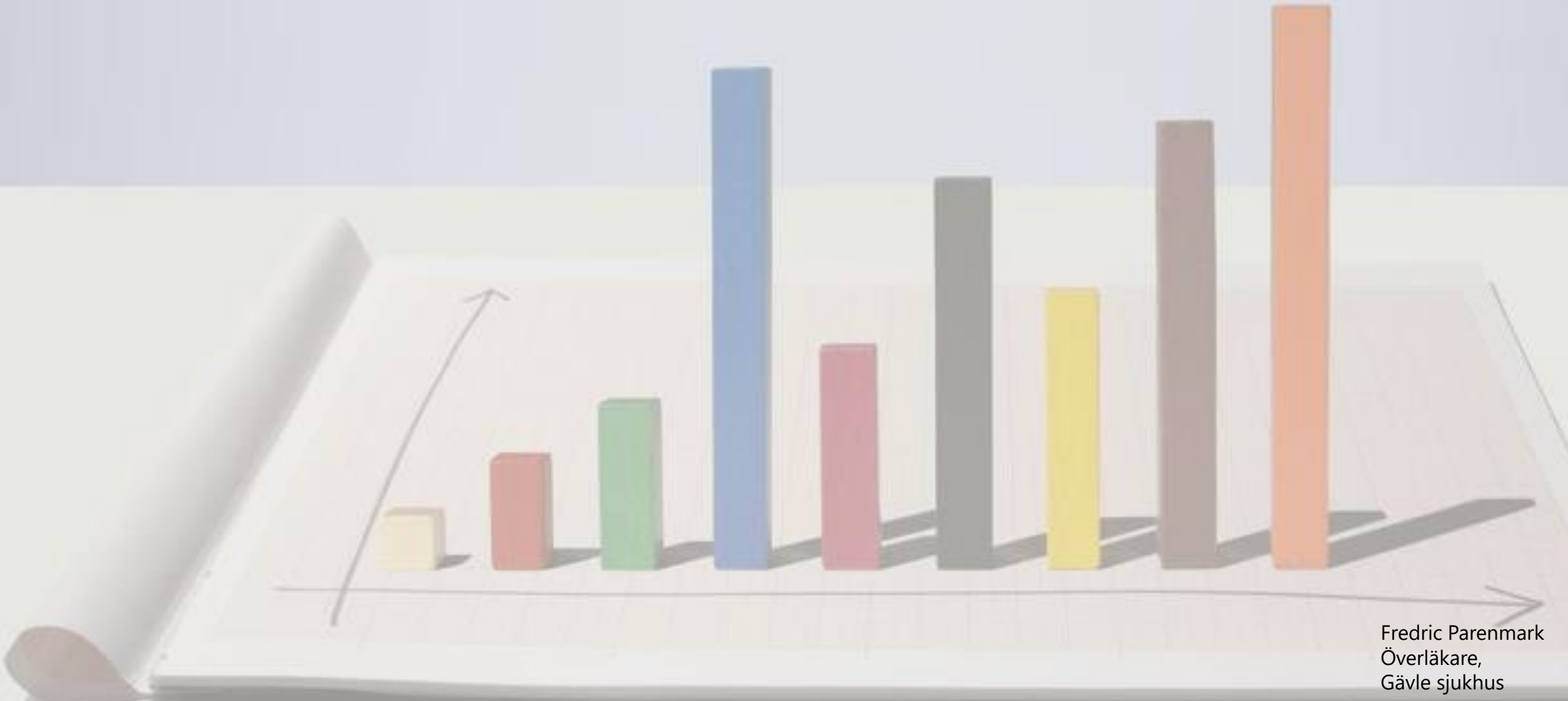
Galla, gråt och grafer



Fredric Parenmark
Överläkare,
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Clinical Review & Education

JAMA | Special Communication

Causal Inference About the Effects of Interventions From Observational Studies in Medical Journals

Issa J. Dahabreh, MD, ScD; Kirsten Bibbins-Domingo, PhD, MD, MAS

Editor's Note page 1812

IMPORTANCE Many medical journals, including *JAMA*, restrict the use of causal
the reporting of randomized clinical trials. Although well-conducted randomize
remain the preferred approach for answering causal questions, methods for ob
studies have advanced such that causal interpretations of the results of well-co
observational studies may be possible when strong assumptions hold. Further
observational studies may be the only practical source of information for answ
questions about the causal effects of medical or policy interventions, can supp
interventions in populations and settings that reflect practice, and can help ide
interventions for further experimental investigation. Identifying opportunities
appropriate use of causal language when describing observational studies is im
communication in medical journals.

OBSERVATIONS A structured approach to whether and how causal language ma
when describing observational studies would enhance the communication of r
support the assessment of assumptions and design and analytic choices, and a
clear and accurate interpretation of results. Building on the extensive literature
inference across diverse disciplines, we suggest a framework for observational
aim to provide evidence about the causal effects of interventions based on 6 c
what is the causal question; what quantity would, if known, answer the causal
is the study design; what causal assumptions are being made; how can the obs
used to answer the causal question in principle and in practice; and is a causal i
of the analyses tenable?

CONCLUSIONS AND RELEVANCE Adoption of the proposed framework to identif
interpretation is appropriate in observational studies promises to facilitate bet
communication between authors, reviewers, editors, and readers. Practical im
will require cooperation between editors, authors, and reviewers to operationa
framework and evaluate its effect on the reporting of empirical research.

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Editor's Note

What Does the Proposed Causal Inference Framework for Observational Studies Mean for *JAMA* and the JAMA Network Journals?

Annette Flanagin, RN, MA; Roger J. Lewis, MD, PhD; Christopher C. Muth, MD; Gregory Curfman, MD

The Special Communication "Causal Inferences About the Effects of Interventions From Observational Studies in Medical Journals," published in this issue of *JAMA*,[1] provides a rationale and framework for considering causal inference from observational studies published by medical journals. Our intent is to invite discussion of this framework, explore its application in the context of specific study designs, and actively examine how this framework could be implemented and used by authors, peer reviewers, and editors of medical journals, including *JAMA* and the journals of the JAMA Network. Our overarching goal is to ensure that findings from observational designs may be appropriately interpreted in thoughtful and circumspect manners and applied by readers, other researchers, and clinicians, with the ultimate goal of improving patient care and public and global health.

Related article page 1845

Two points are worth underscoring in describing our intention with this publication. First, the proposal for causal interpretation of some observational studies should not be interpreted as diminished enthusiasm at *JAMA* for well-conducted randomized clinical trials that remain the foundation of evidence-based medicine. More than half of the Original Investigations published in *JAMA* last year were randomized clinical trials, and our examination of the reporting of observational studies does not signal an intent to depart from this practice.[2] *JAMA* and all of the journals of the JAMA Network also publish observational studies, many intending to provide evidence that addresses important causal clinical or public health questions, and some using designs and analytic approaches that produce results that may have a causal interpretation when key assumptions are plausible. Our responsibility to readers is to report scientific findings with precision and clarity. Part of this responsibility is to keep pace with methodological advances and to provide guidance and flexibility to authors to enable this precision and clarity in communicating the intent of the research and the carefully structured interpretation of the findings.

Second, while this framework could be applied to all observational studies published in *JAMA* and the JAMA Network, we anticipate that causal interpretations will be possible only in a select subset of these studies. Many observational studies do not address causal questions, and for some with this intent, causal inference may not be relevant, sufficiently well supported, or even possible. As acknowledged in the Special Communication: "For some observational studies that start with causal goals, causal inference may prove impossible; in these cases, estimates may be given associational interpretations. In addition, many important descriptive and predictive research questions can be answered by observational studies that do not require causal notions."[1]

So with excitement and trepidation, we will now consider how best to balance methodologic advances and semantic and interpretive flexibility in the reporting of research with the principles in our long-standing and often discussed reporting policy that generally limits use of causal language to well-done randomized clinical trials.[3] We anticipate that this will be a multistep process of considering potential changes, including how and when we can apply the proposed causal inference framework to select observational studies. Next steps will include reviewing when and how specific observational study designs and analyses can support causal inferences. To support this part of our process, *JAMA* will publish a new set of articles in the Guide to Statistics and Methods series that address how the proposed causal inference framework may be applied to specific study designs and methods. These guides will build on previous guidance[4-10] and include practical tips and concrete examples of specific study designs and analyses, such as target trial emulation, instrumental variable analysis, regression discontinuity, interrupted time series, difference-in-difference, and mediation analysis. Reports of these studies as well as nonrandomized controlled studies (or other "quasi-experimental" studies) will require specific conditions be met to support casual inferences, including clearly discussing the necessary assumptions in view of background knowledge; incorporating design elements to improve plausibility of assumptions; implementing statistical methods to address bias due to confounding, selection, missing data, and measurement error; and properly quantifying uncertainty.

In parallel, there will be continued discussion among our journal editors and statistical editors, engagement with researchers and authors, and plans to retain and identify additional peer reviewers with understanding of causal inference methods as well as knowledge to adequately judge the appropriateness of these methods as explicated in reports of studies.

We look forward to readers' and other stakeholders' comments about the proposed framework as we continue exploring how best to apply casual inference concepts and provide recommendations for authors, reviewers, editors, and readers.

RESEARCH AND REPORTING METHODS **Annals of Internal Medicine**

The Target Trial Framework for Causal Inference From Observational Data: Why and When Is It Helpful?

Miguel A. Hernán, MD, DrPH; Issa J. Dahabreh, MD, ScD; Barbra A. Dickerman, PhD; and Sonja A. Swanson, ScD

When randomized trials are not available to answer a causal question about the comparative effectiveness or safety of interventions, causal inferences are drawn using observational data. A helpful 2-step framework for causal inference from observational data is 1) specifying the protocol of the hypothetical randomized pragmatic trial that would answer the causal question of interest (the target trial), and 2) using the observational data to attempt to emulate that trial. The target trial framework can improve the quality of observational analyses by preventing some common biases. In this article, we discuss the utility and scope of applications of the framework. We clarify that target trial emulation resolves problems related to incorrect design but not those related to data limitations. We also describe some settings in which adopting this approach is advantageous to generate effect estimates that can close the gaps that randomized trials have not filled. In these settings, the target trial framework helps reduce the ambiguity of causal questions.

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For author, article, and disclosure information, see end of text.
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JOURNAL ARTICLE

Four targets: an enhanced framework for guiding causal inference from observational data

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Haidong Lu ✉, Fan Li, Catherine R Lesko, David S Fink, Kara E Rudolph, Michael O Harhay, Christopher T Rentsch, David A Fiellin, Gregg S Gonsalves

International Journal of Epidemiology, Volume 54, Issue 1, February 2025, dyaf003, https://doi.org/10.1093/ije/dyaf003
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Transparent reporting of observational studies emulating a target trial: the TARGET Statement

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Additional material is published online only. To view please visit the journal online.
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ABSTRACT

IMPORTANCE
When randomized trials are unavailable or not feasible, observational studies can be used to answer causal questions about the comparative effects of interventions by attempting to emulate a hypothetical pragmatic randomized trial (target trial). Published guidance to aid reporting of these studies is not available.

OBJECTIVE
To develop consensus based guidance for reporting observational studies performed to estimate causal effects by explicitly emulating a target trial.

DESIGN, SETTING, AND PARTICIPANTS
The Transparent Reporting of Observational Studies Emulating a Target Trial (TARGET) guideline was developed using the Enhancing the Quality and Transparency of Health Research (EQUATOR) framework. The development included (1) a systematic review of reporting practices in published studies that had explicitly aimed to emulate a target trial; (2) a two round online survey (August 2023 to March 2024; 18 expert participants from six countries) to assess the importance of candidate items selected from previous research and to identify additional items; (3) a three day, expert consensus meeting (June 2024; 18 panelists) to refine the scope of the guideline and draft the checklist; and (4) pilot of the draft checklist with stakeholders (n=108; September 2024 to February 2025). The checklist was further refined based on feedback on successive drafts.

FINDINGS
The 21-item TARGET checklist is organized into six sections (abstract, introduction, methods, results, discussion, other information). TARGET provides guidance for reporting observational studies of interventions explicitly emulating a parallel group, individually randomized target trial, with adjustment for baseline confounders. Key recommendations are to (1) identify the study as an observational emulation of a target trial; (2) summarize the causal question and reason for emulating a target trial; (3) clearly specify the target trial protocol (ie, the causal estimand, identifying assumptions, data analysis plan) and how it was mapped to the observational data; and (4) report the estimate obtained for each causal estimand, its precision, and findings from additional analyses to assess the sensitivity of the estimates to assumptions, and design and analysis choices.

CONCLUSIONS AND RELEVANCE
Application of the TARGET guideline recommendations aims to improve reporting transparency and peer review and help researchers, clinicians, and other readers interpret and apply the results.

SUMMARY POINTS

The TARGET (Transparent Reporting of Observational Studies Emulating a Target Trial) Statement provides guidance for reporting observational studies performed to estimate causal effects of interventions by explicitly emulating a target trial
The guideline consists of a checklist of 21 essential items and additional information for each item to be used when writing or reading research reports
The guideline provides authors with a tool to help them report essential information so that readers, peer reviewers, and editors can more easily evaluate the validity and usefulness of their work

Introduction

When randomized trials are unavailable or not feasible, observational (non-randomized) data can be used in an attempt to emulate a hypothetical pragmatic randomized trial—the target trial.[1-4] The target trial framework has 2 steps: (1) specifying the causal questions in the form of the target trial protocol defining the causal effect of interest (causal estimand), the key assumptions, and the data analysis plan, and (2) describing how each component of the target trial protocol is mapped to the observational data. When followed correctly, the framework should eliminate some biases that are due to an incorrect use of the observational data (eg, selection bias due to inclusion of individuals after initiation of treatment or other biases that generate "immortal time"[5 6]), so that investigators can focus on other sources of bias due to limitations of the observational data (eg, confounding, measurement error, and missing data).[1]

The target trial framework aims to improve the conduct of comparative effectiveness studies that use observational data by providing a structured approach to study design, data analysis, reporting, and assessing risk of bias.[7] The framework's value is increasingly recognized by investigators,[8 9] regulators,[10 11] research organizations[12] and journals.[2] However, published studies using the target trial framework have been inconsistently reported, often not reporting key aspects of the target trial protocol.[13 14] Guidelines for observational studies such as STROBE (Strengthening the Reporting of Observational Studies in Epidemiology),[15] RECORD (Reporting of Studies Conducted Using Observational Routinely Collected

Matchningar i registerstudier?

Balansering av kovariater

	Helt randomiserat	Block
Kända kovariater	Genomsnitt	Exakt
Okända kovariater	Genomsnitt	Genomsnitt

Hur ska man matcha?

Numerär 1:4-5 (eller fler)

Kasta eller återvinna?

Caliper (dvs distans eller tröskel)

Standardisering?

Vilken matchning?

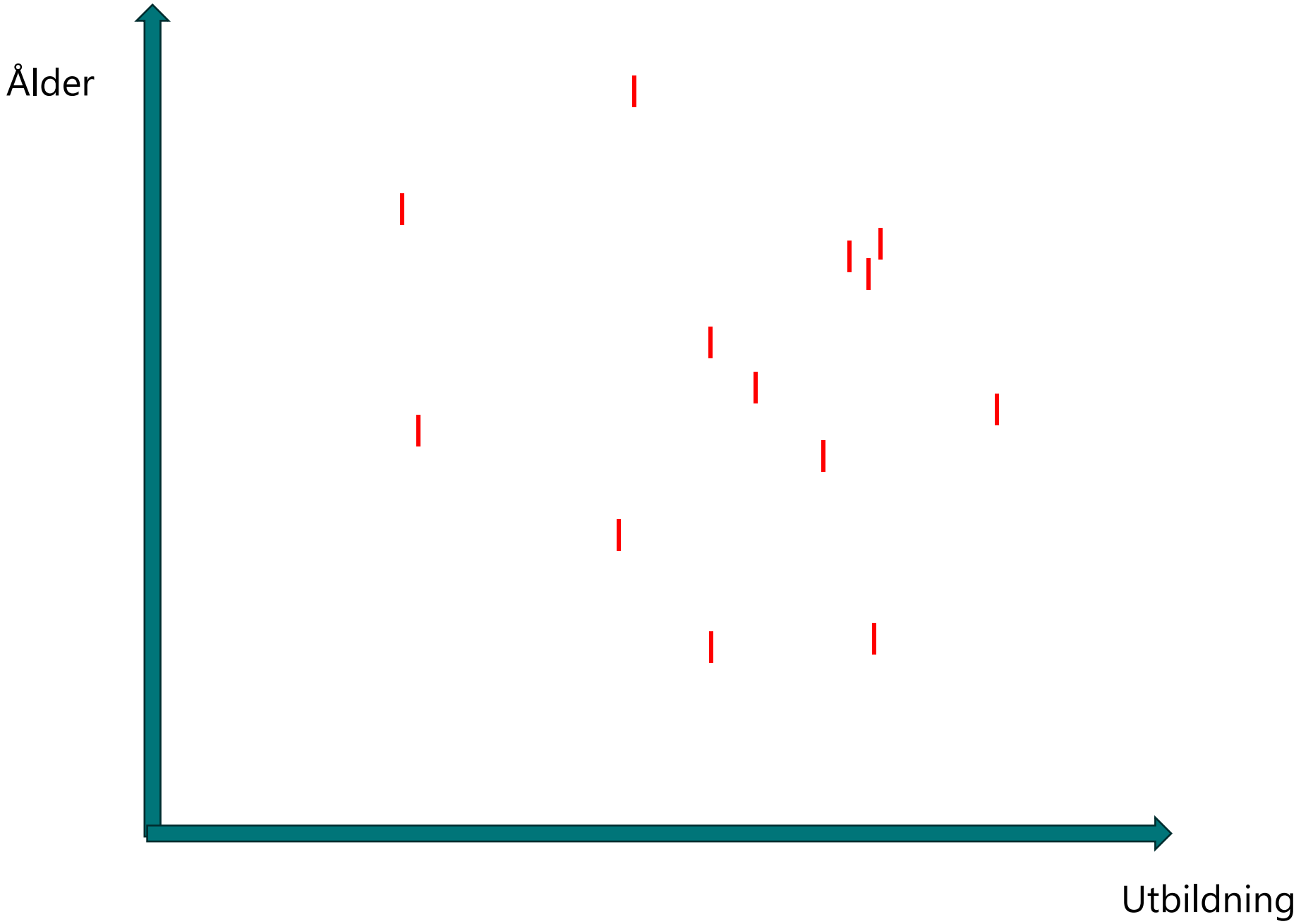
Mahalanobis Distance Matching - Distans

Coarse Exact matching - Viktning

Propensity Score - Vanligast

Propensity Score försöker efterlikna ”helt randomiserad” medan alla andra matchningsvarianter siktar på blockrandomisering

Mahalanobis distance matching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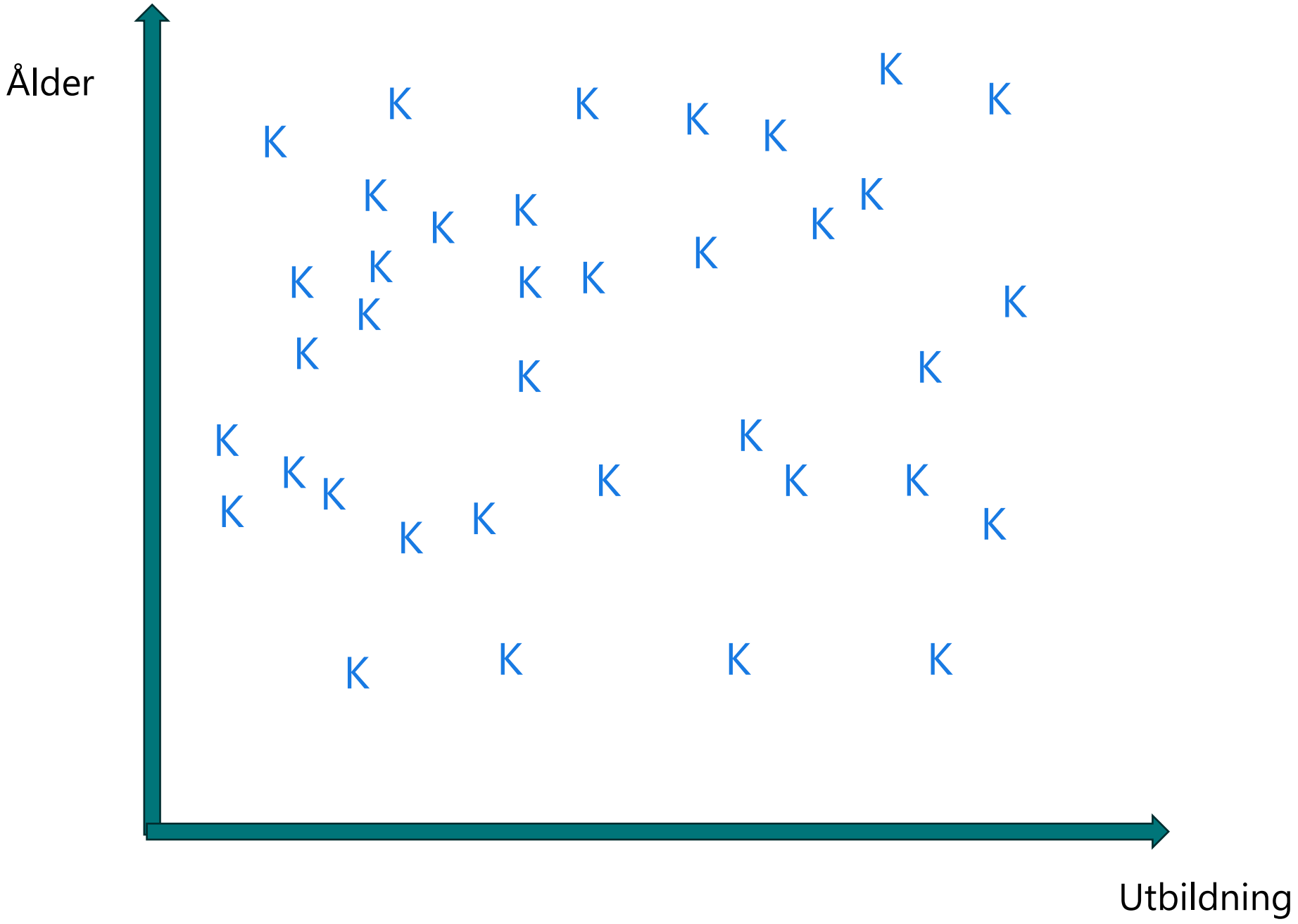
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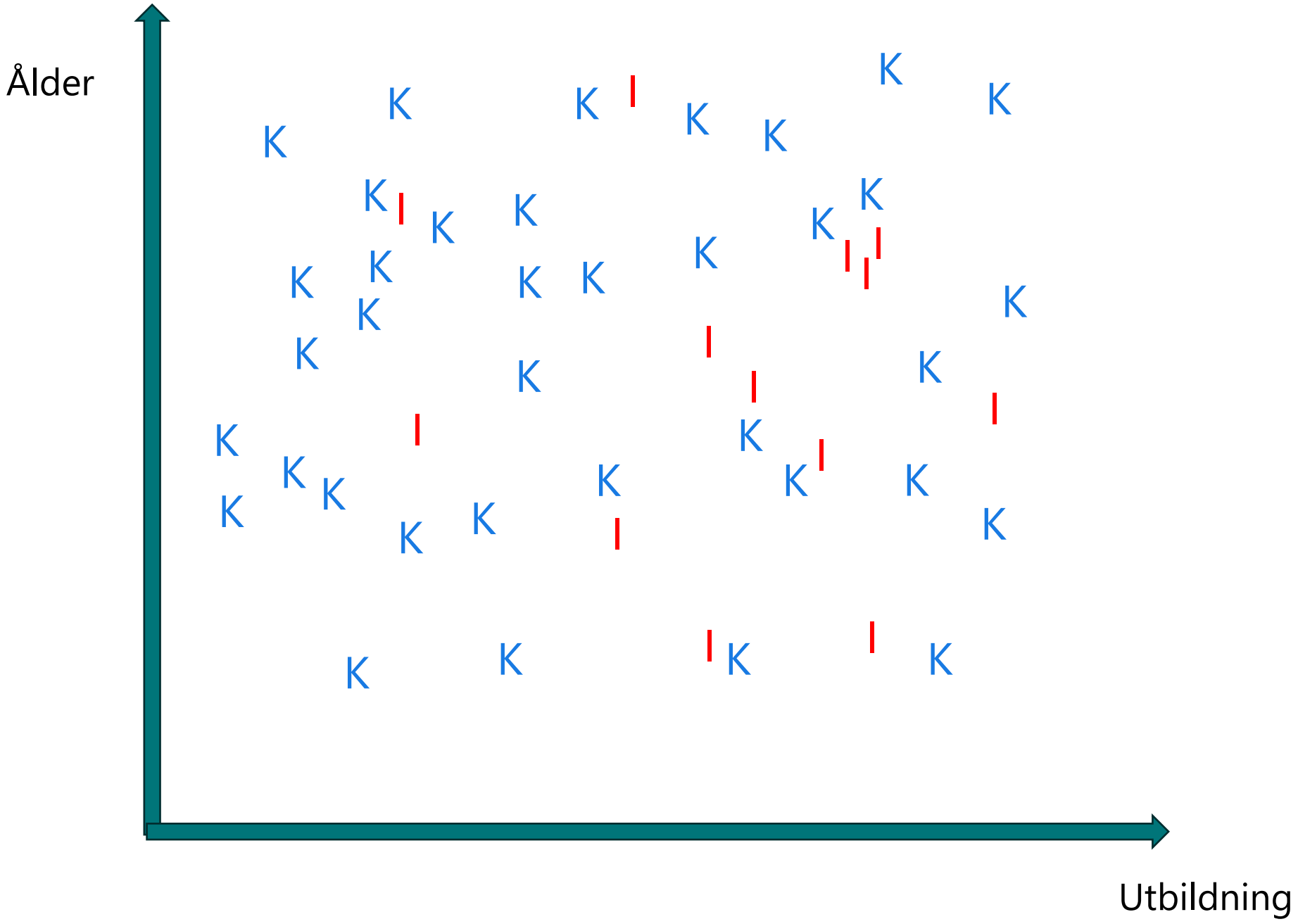
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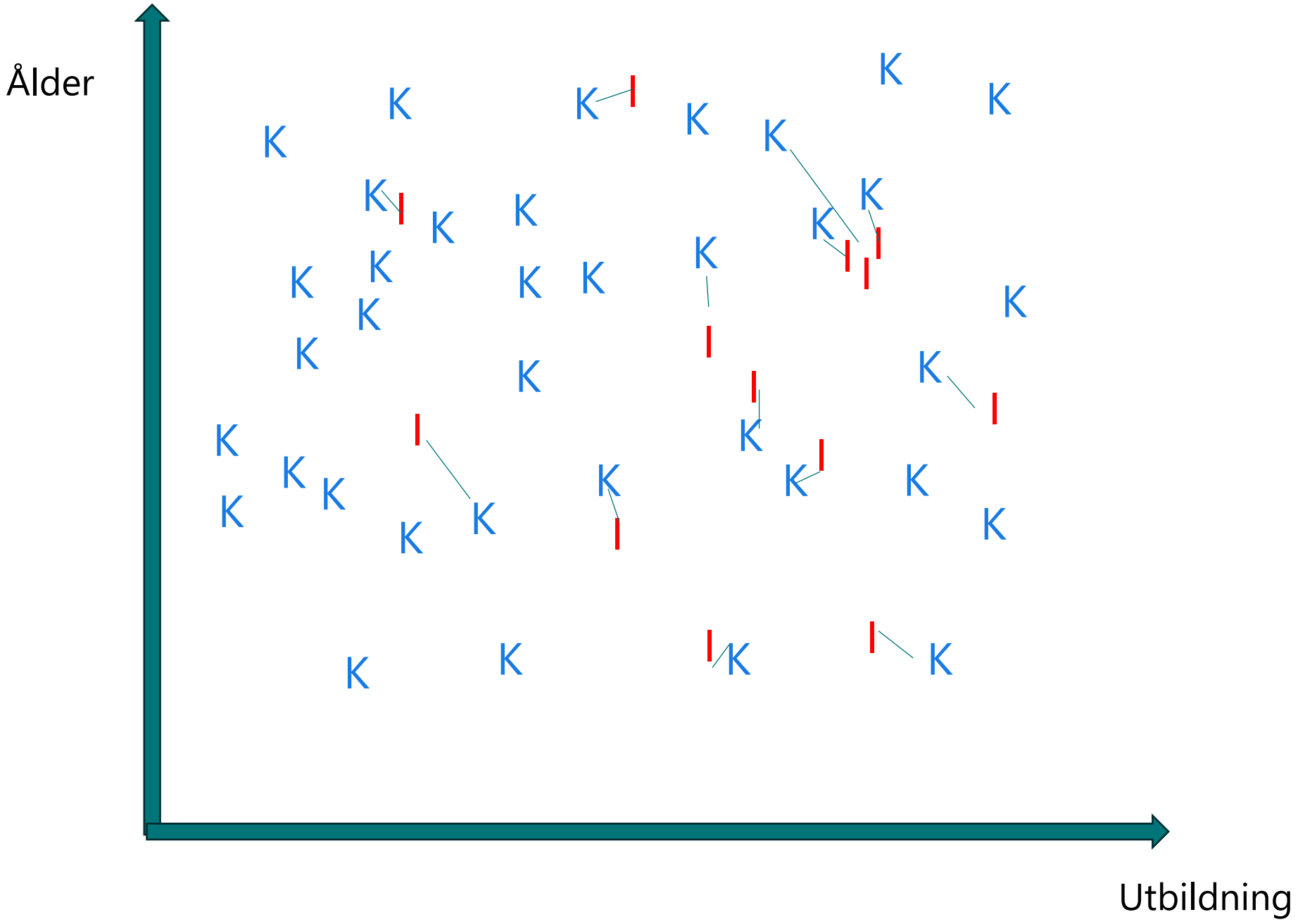
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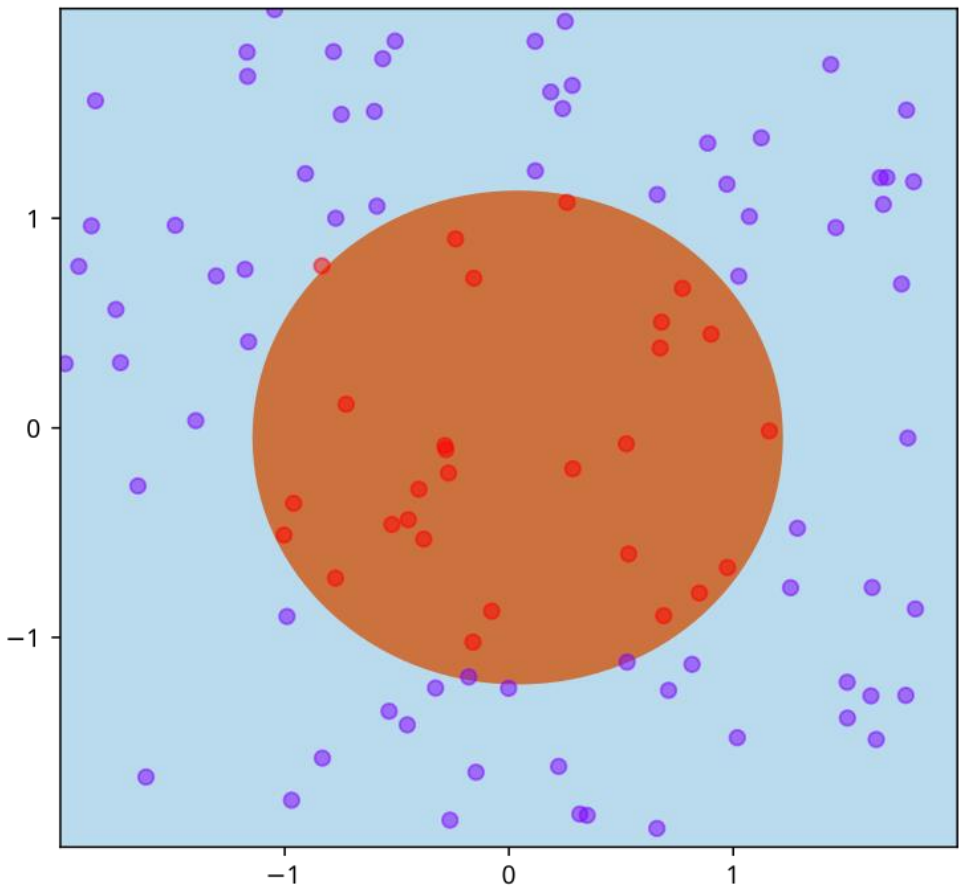

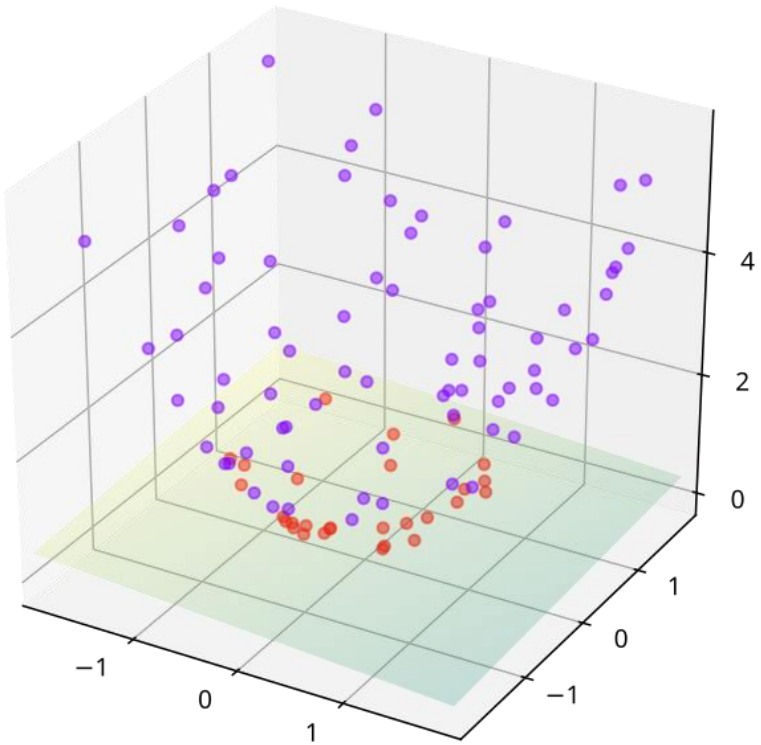

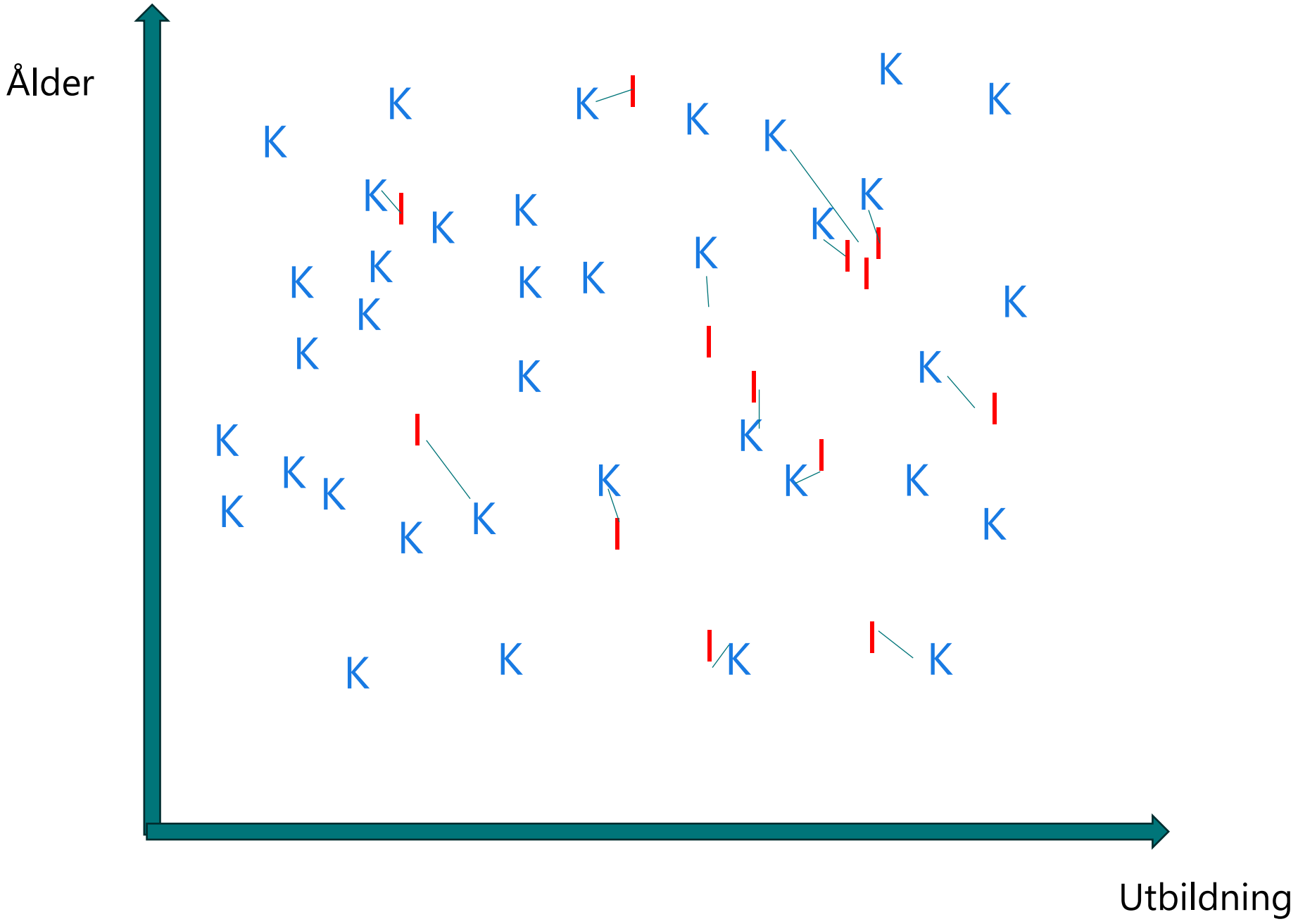
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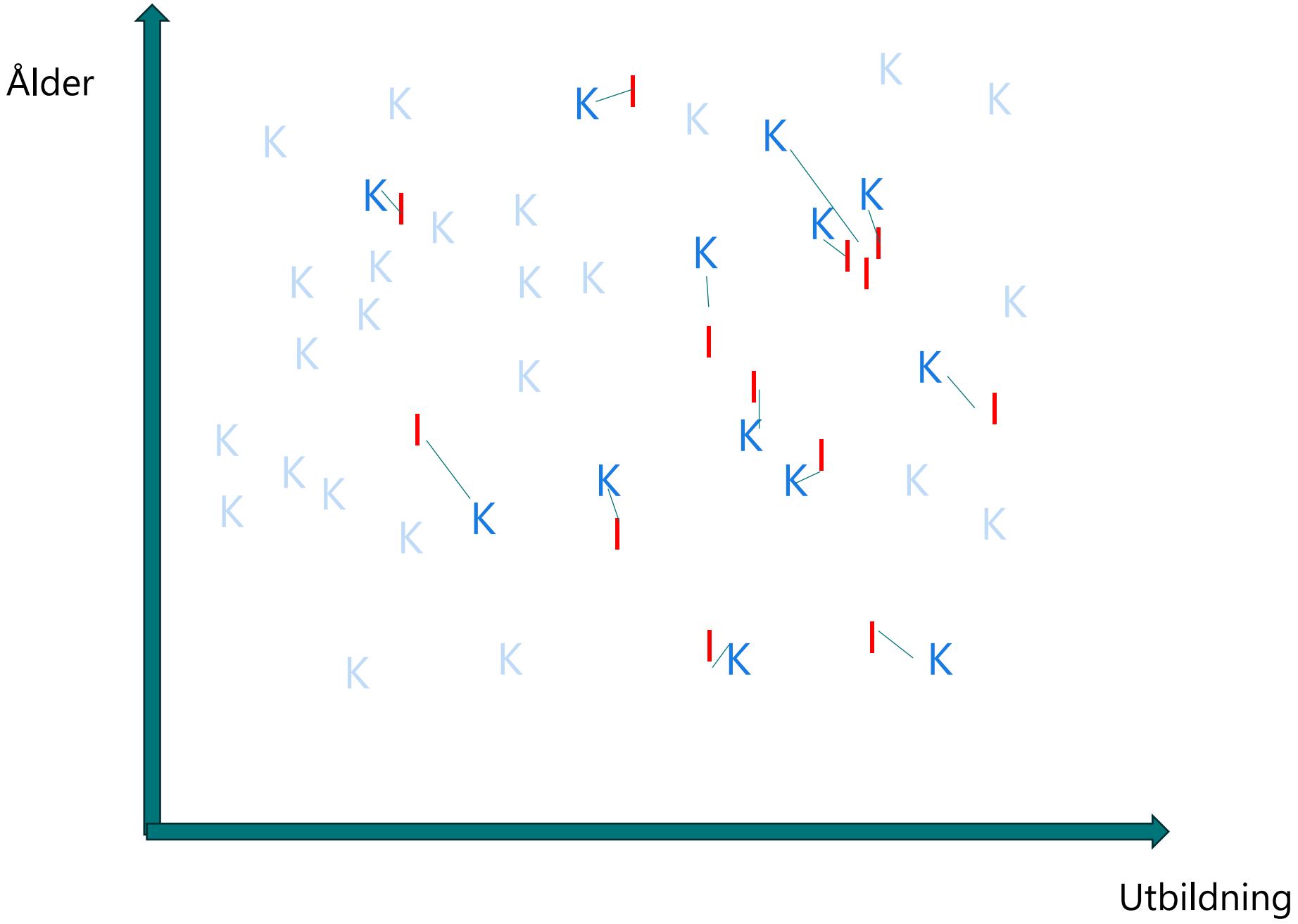
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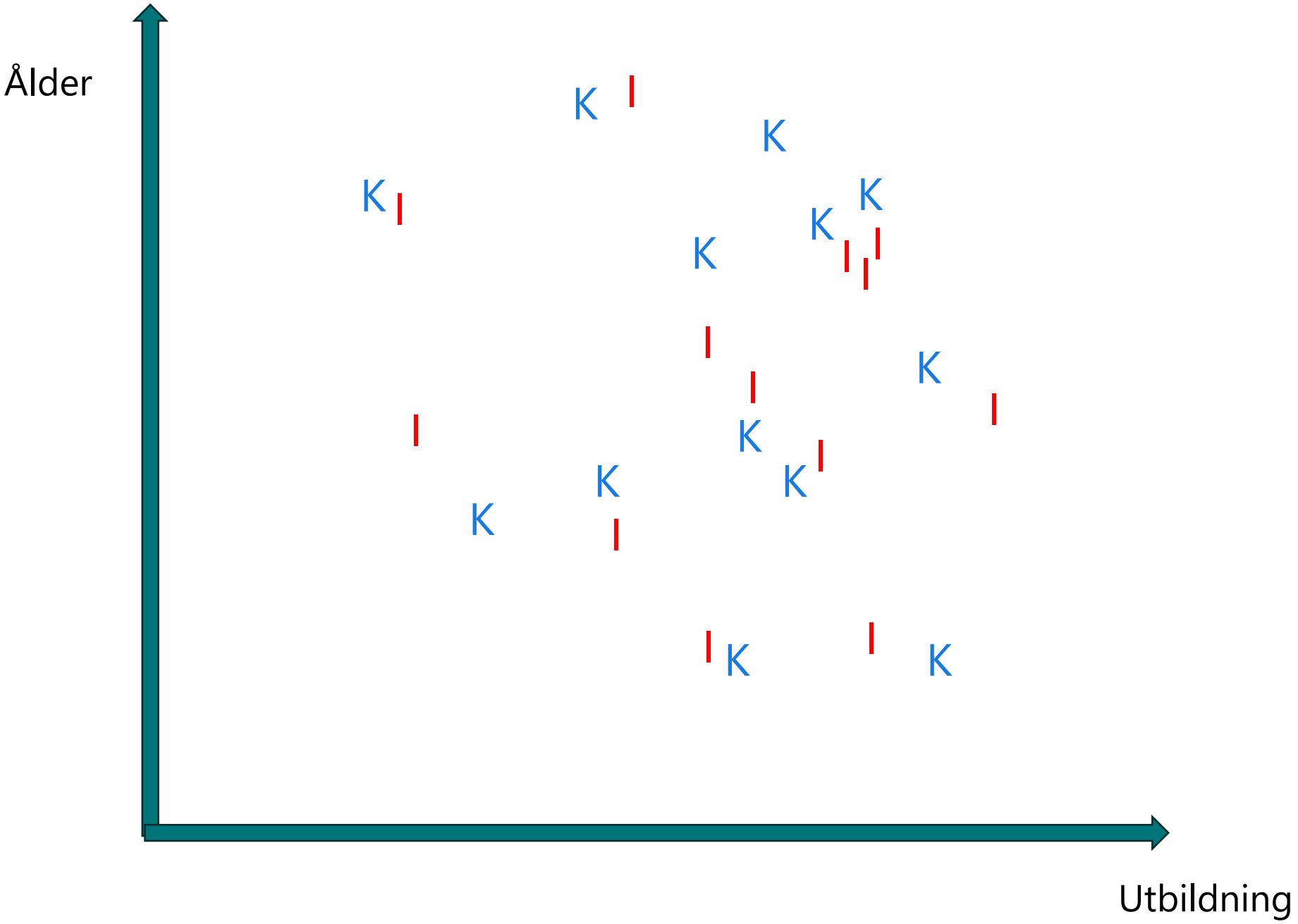
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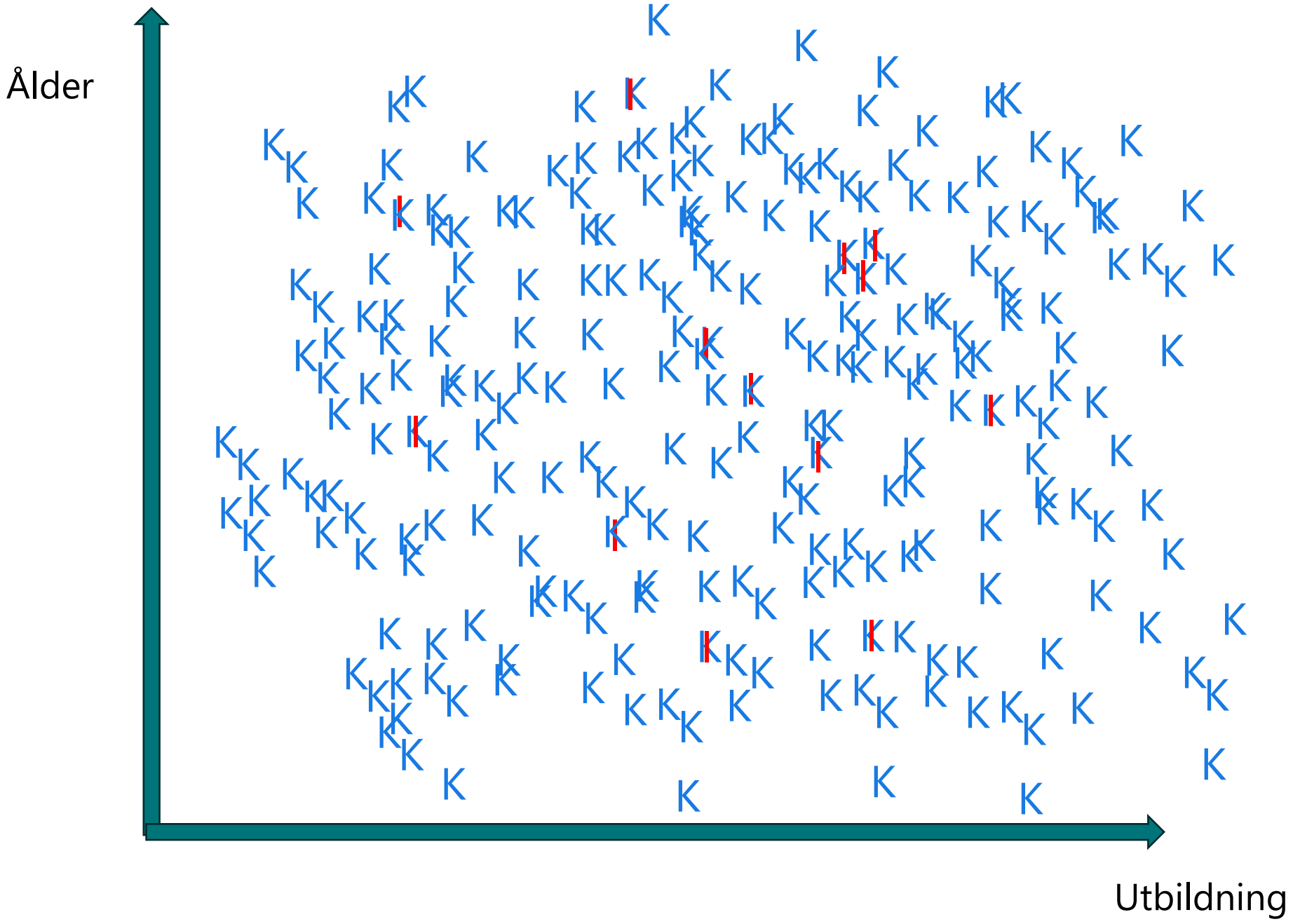
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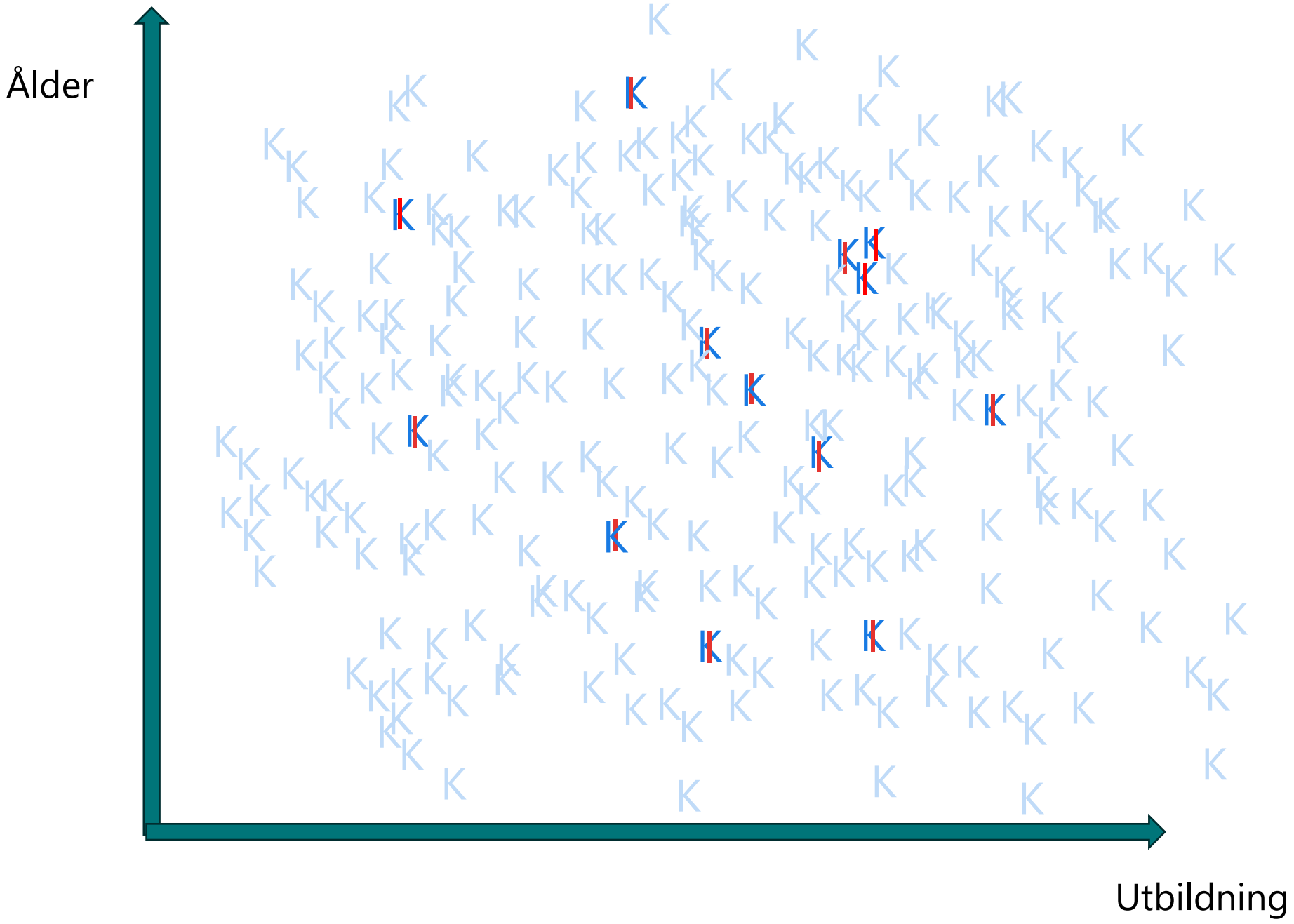
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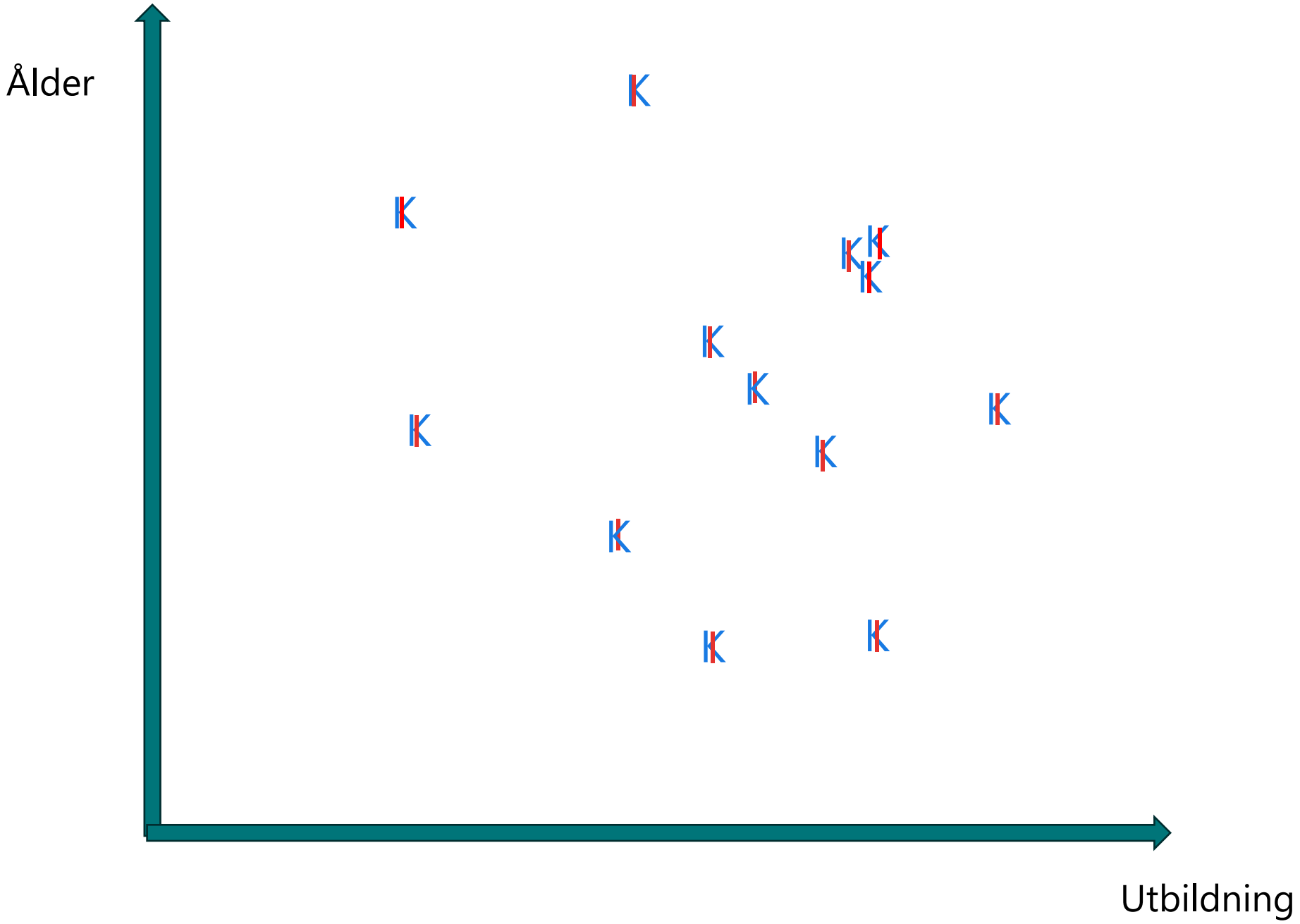
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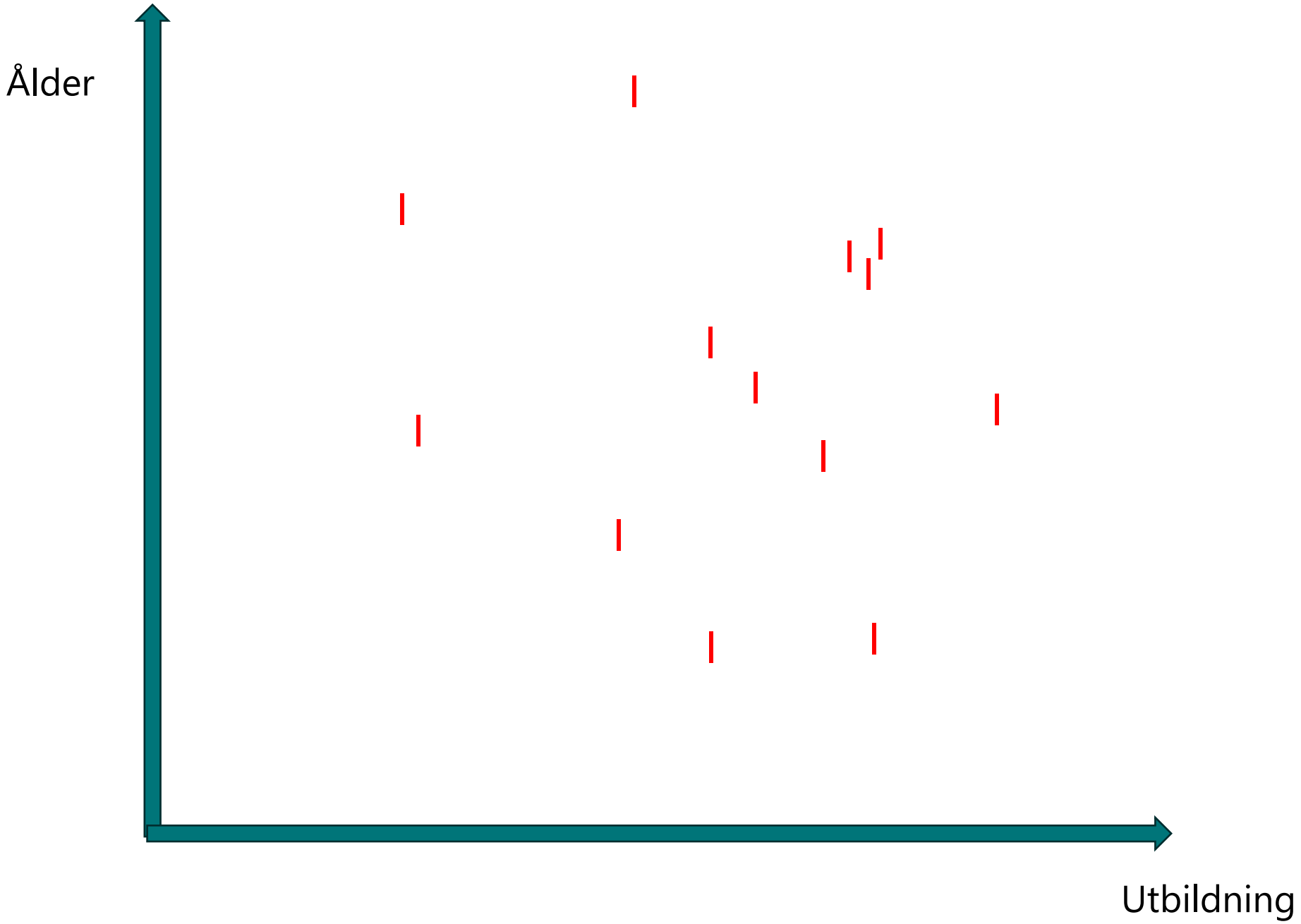
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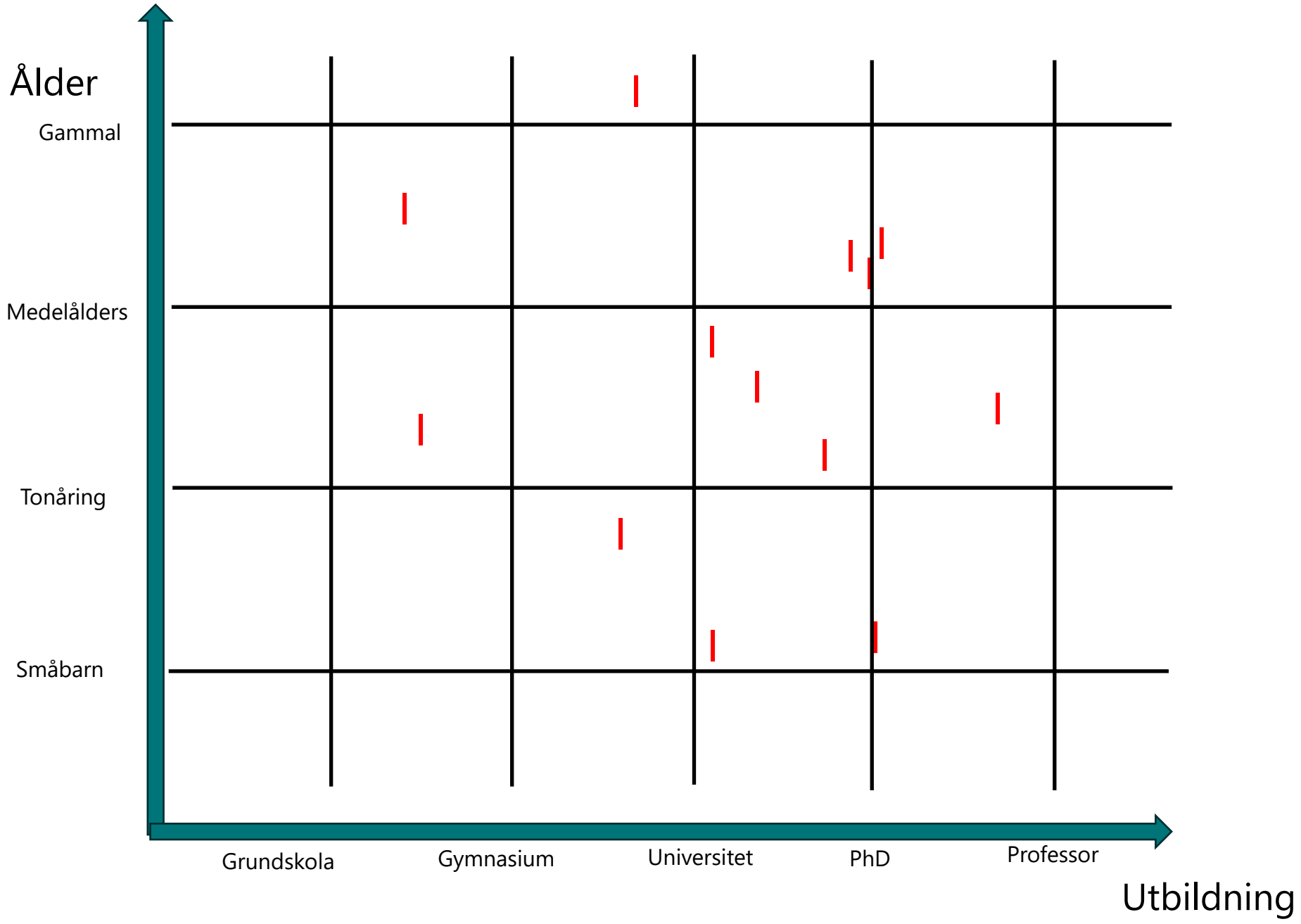
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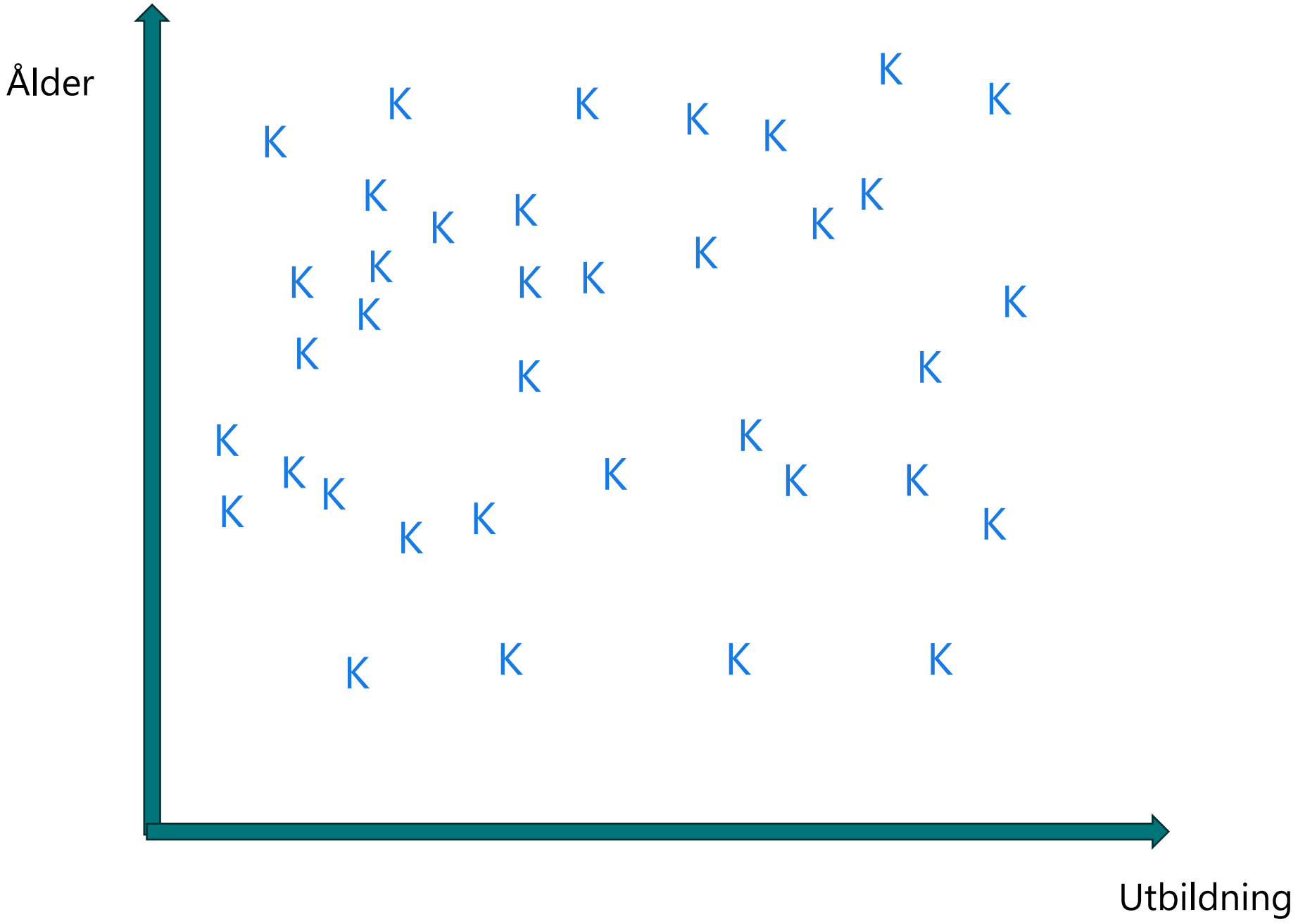
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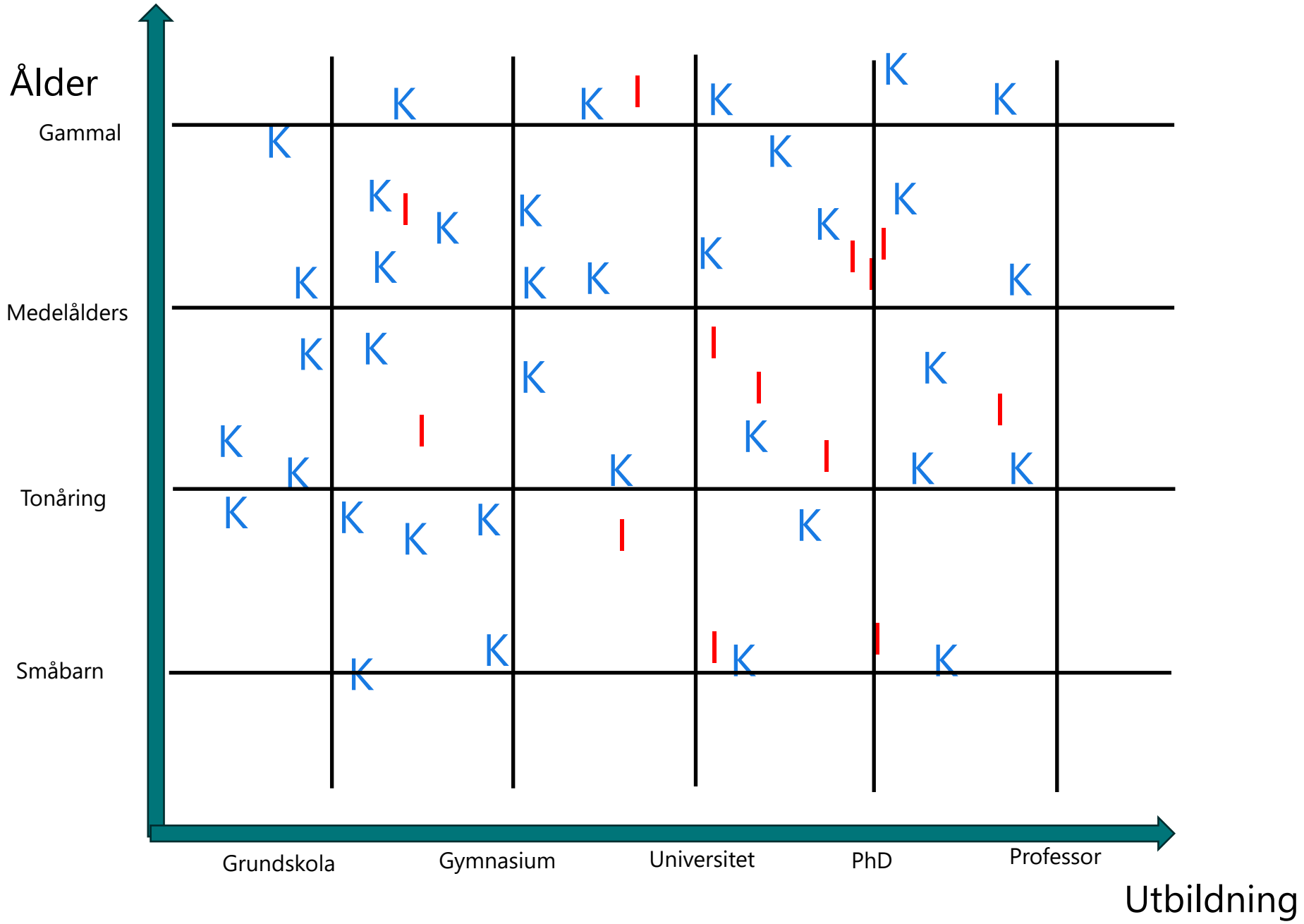
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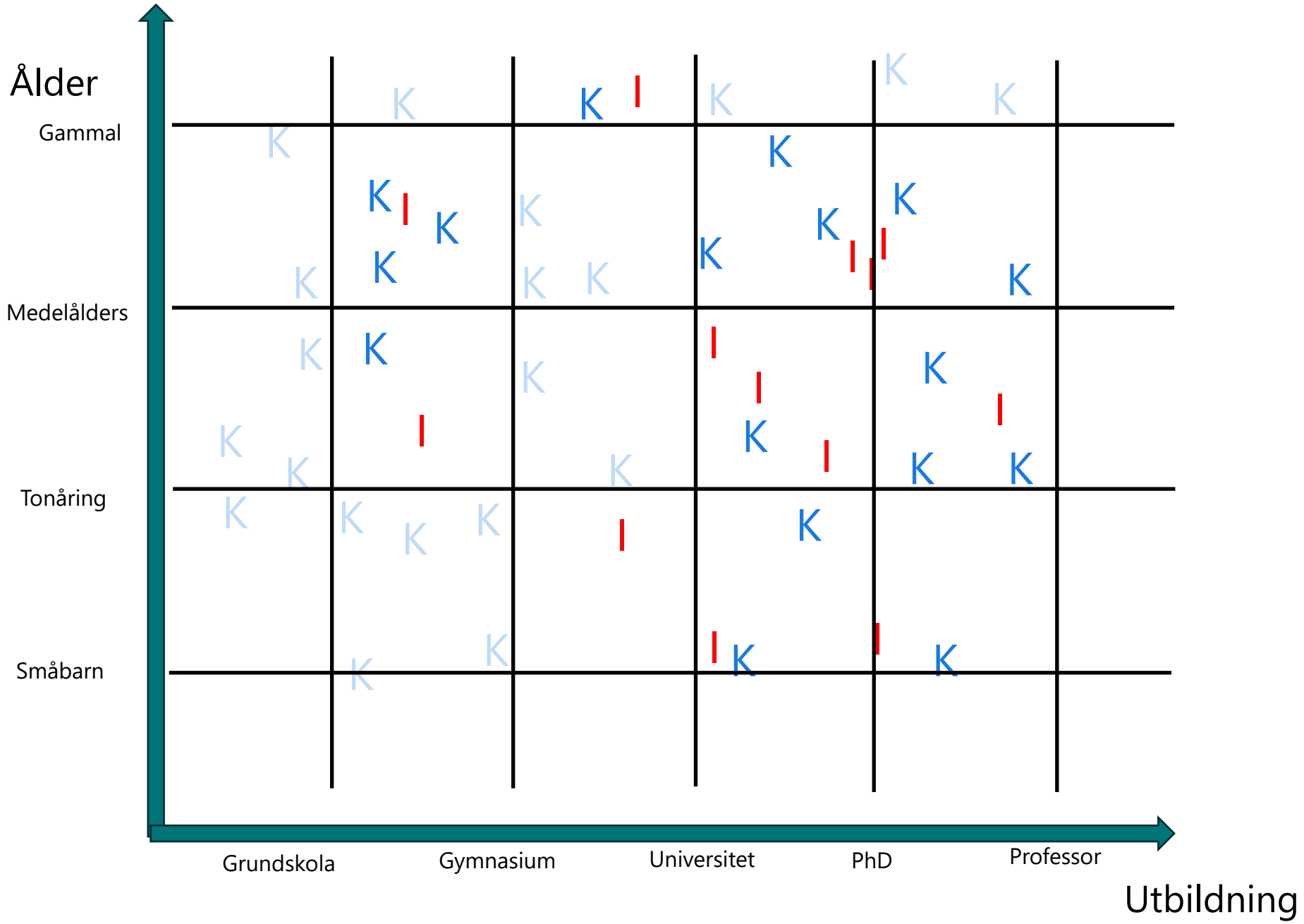
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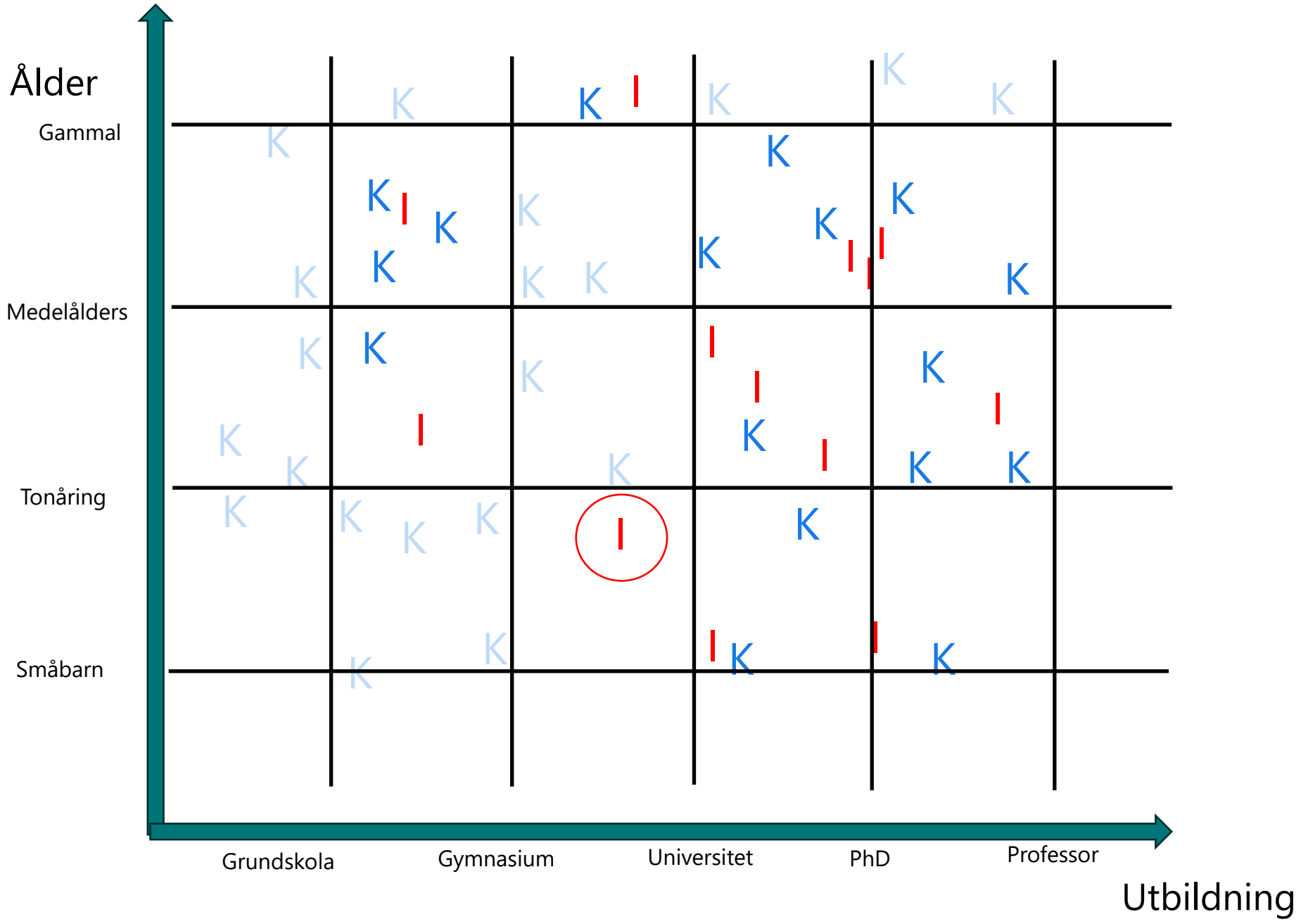
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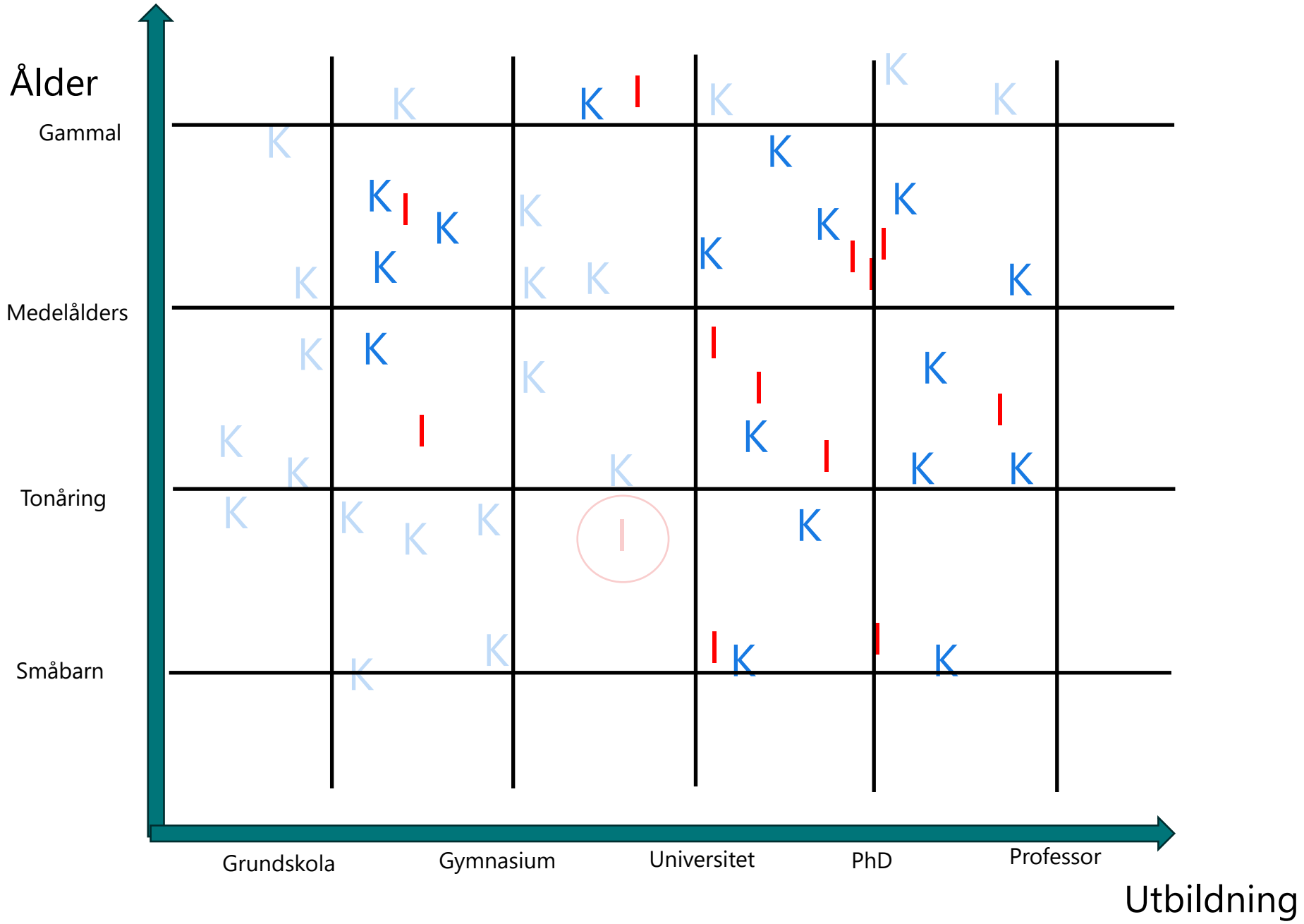
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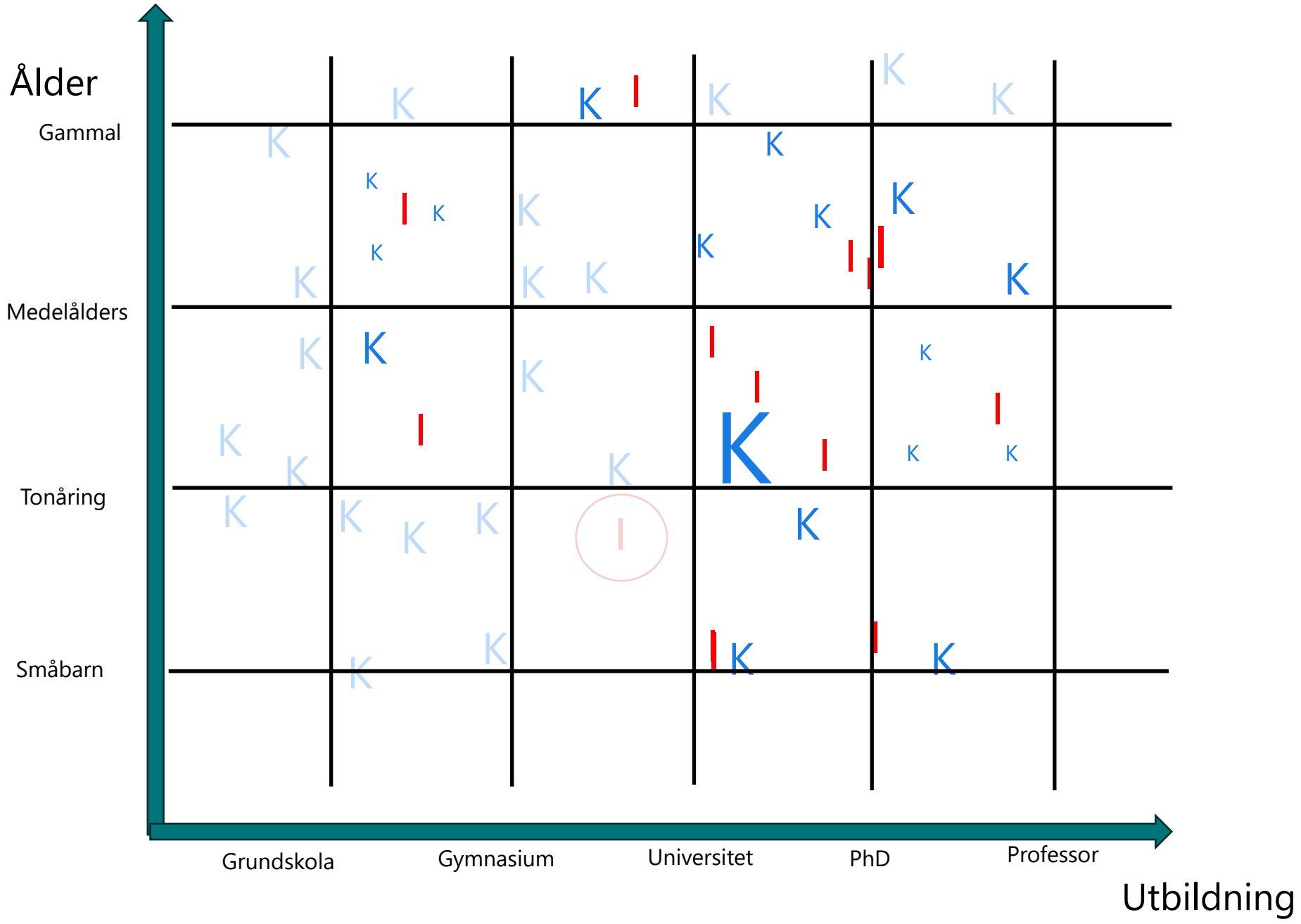
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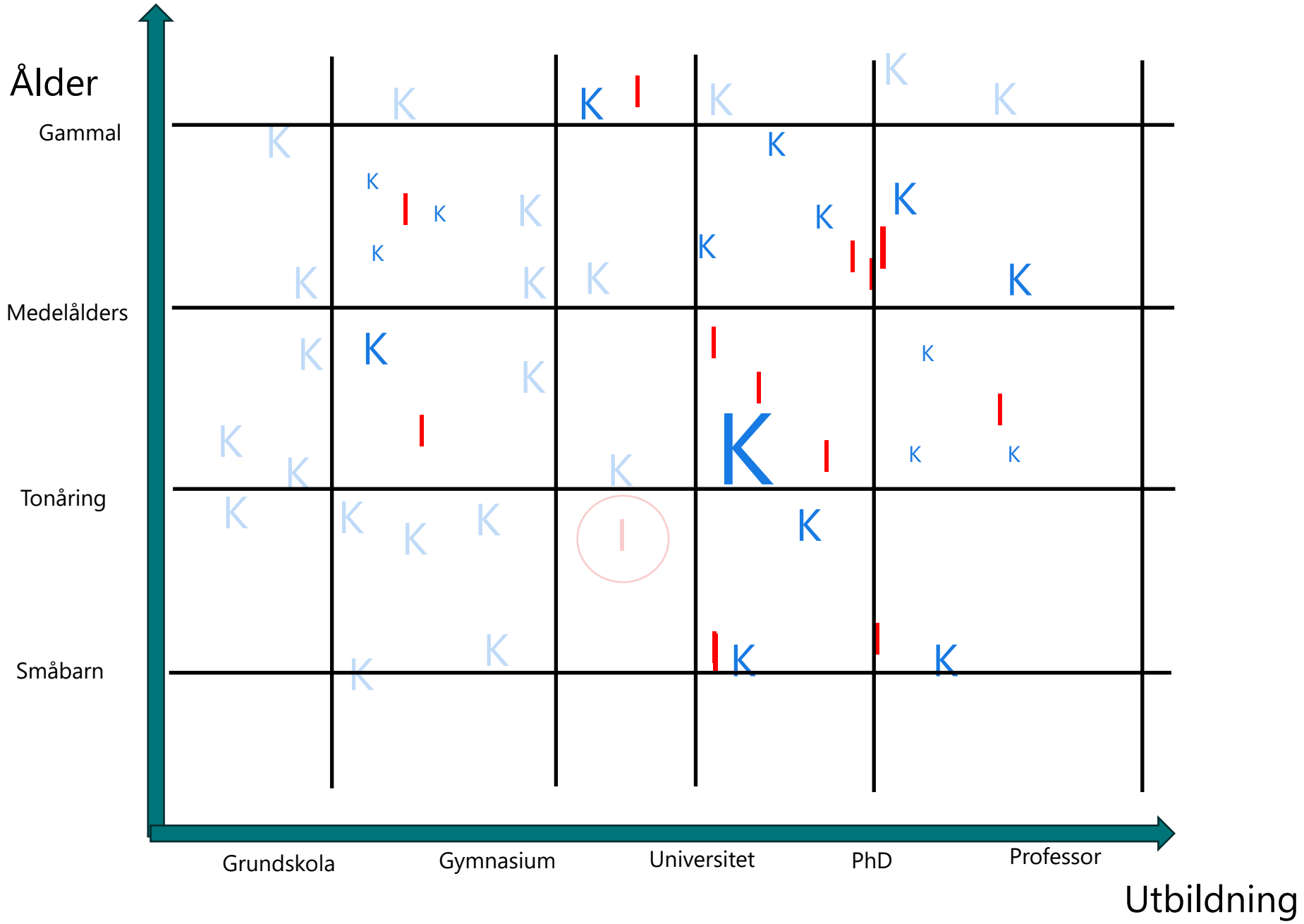
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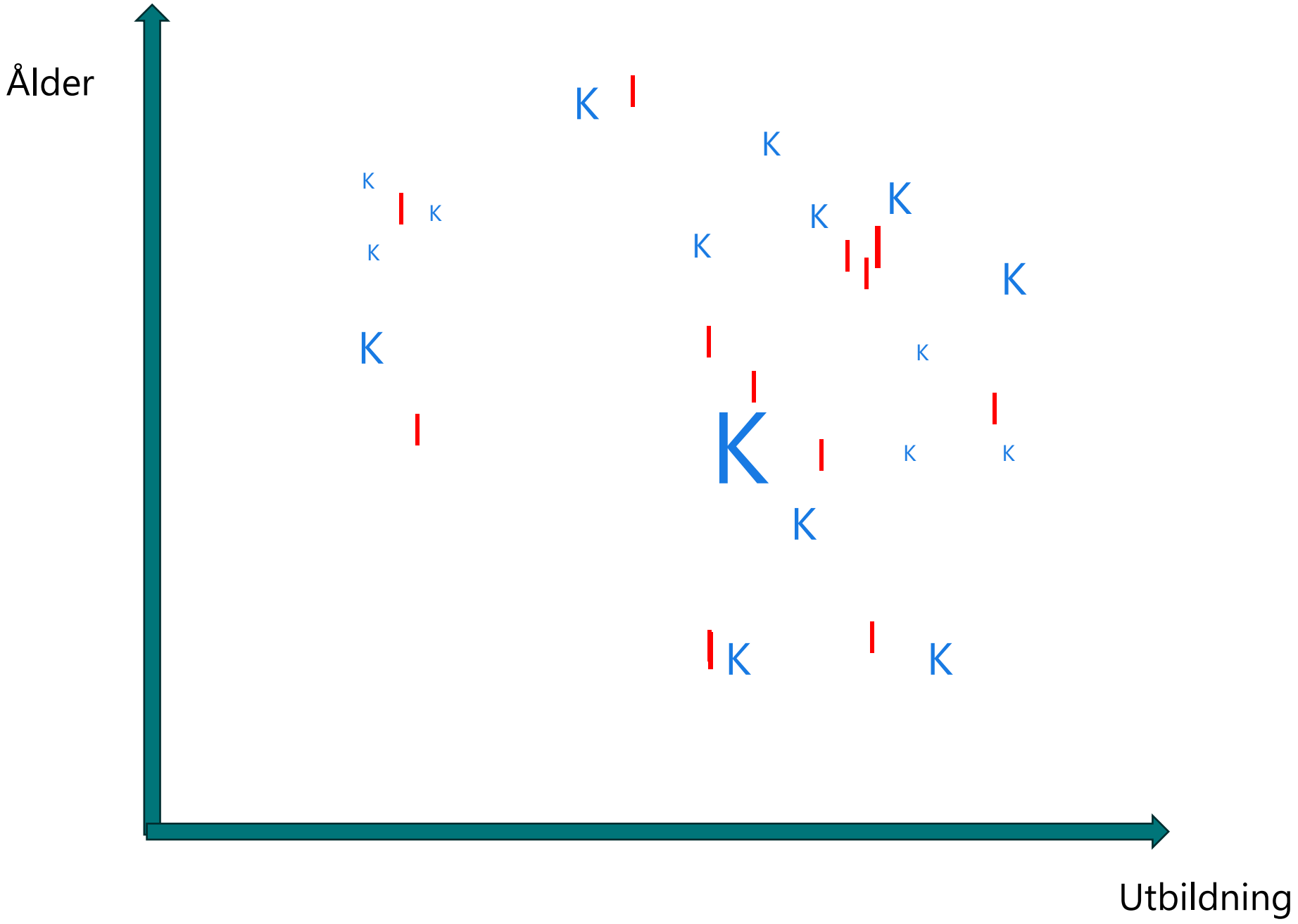
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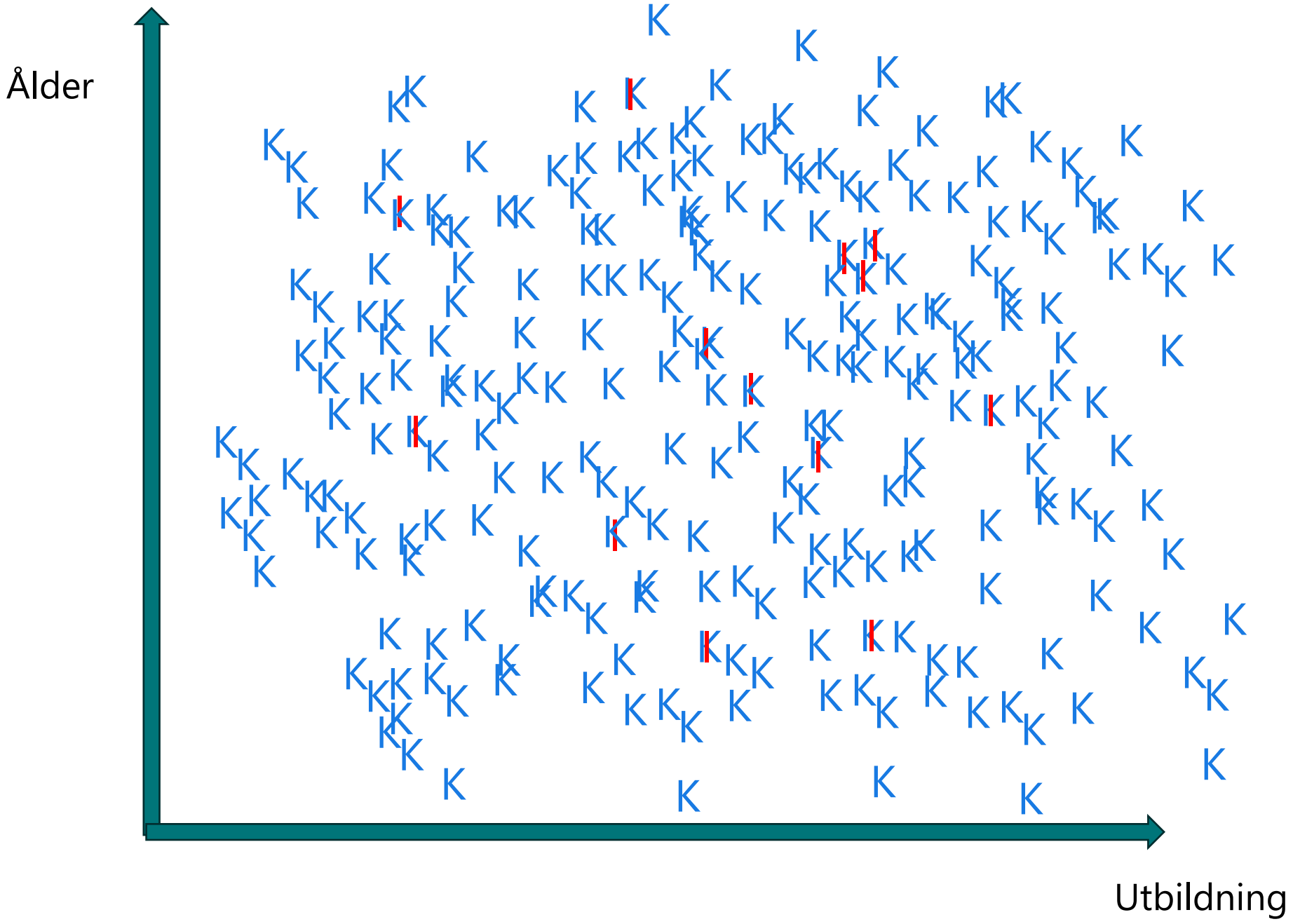
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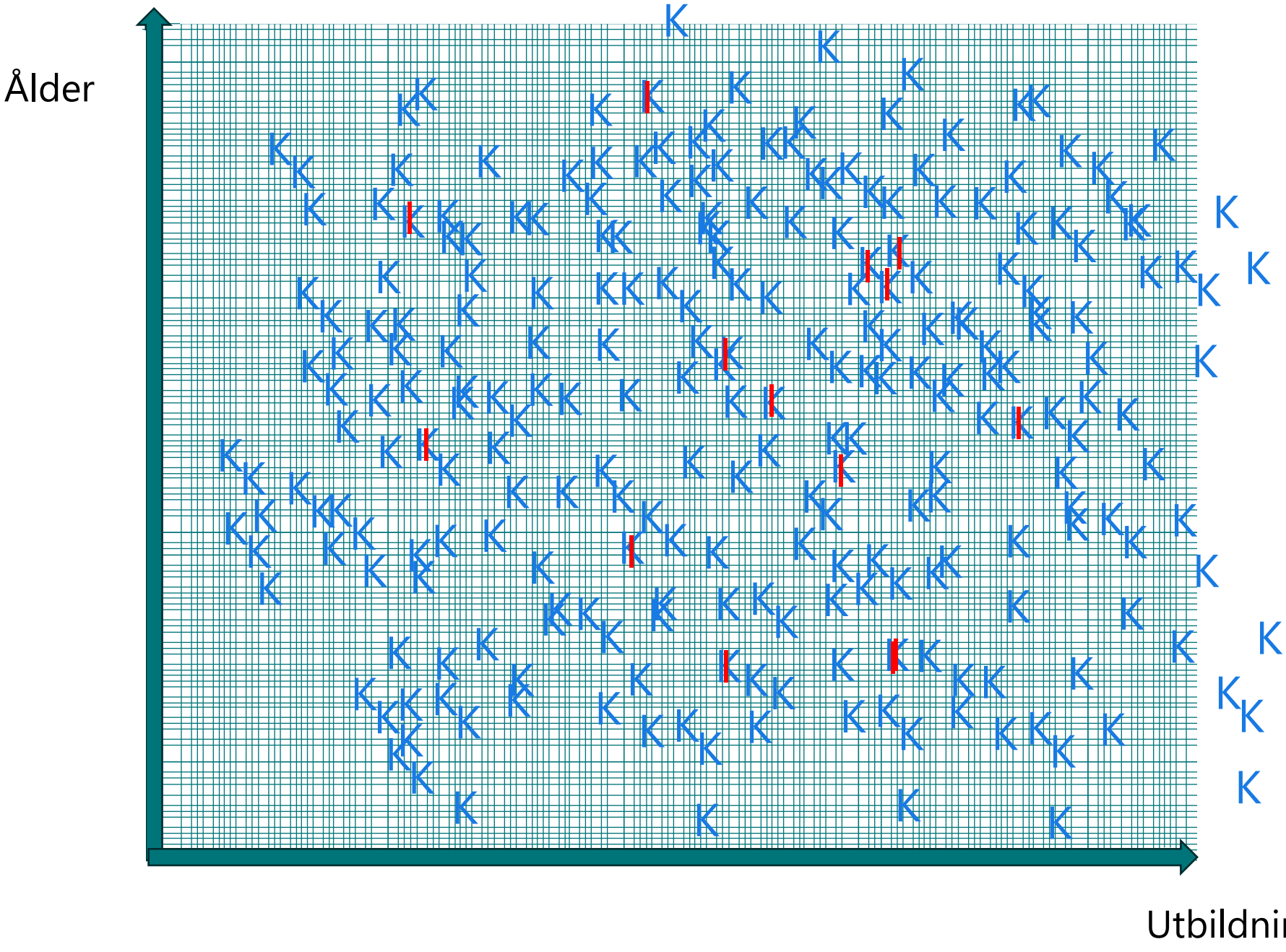
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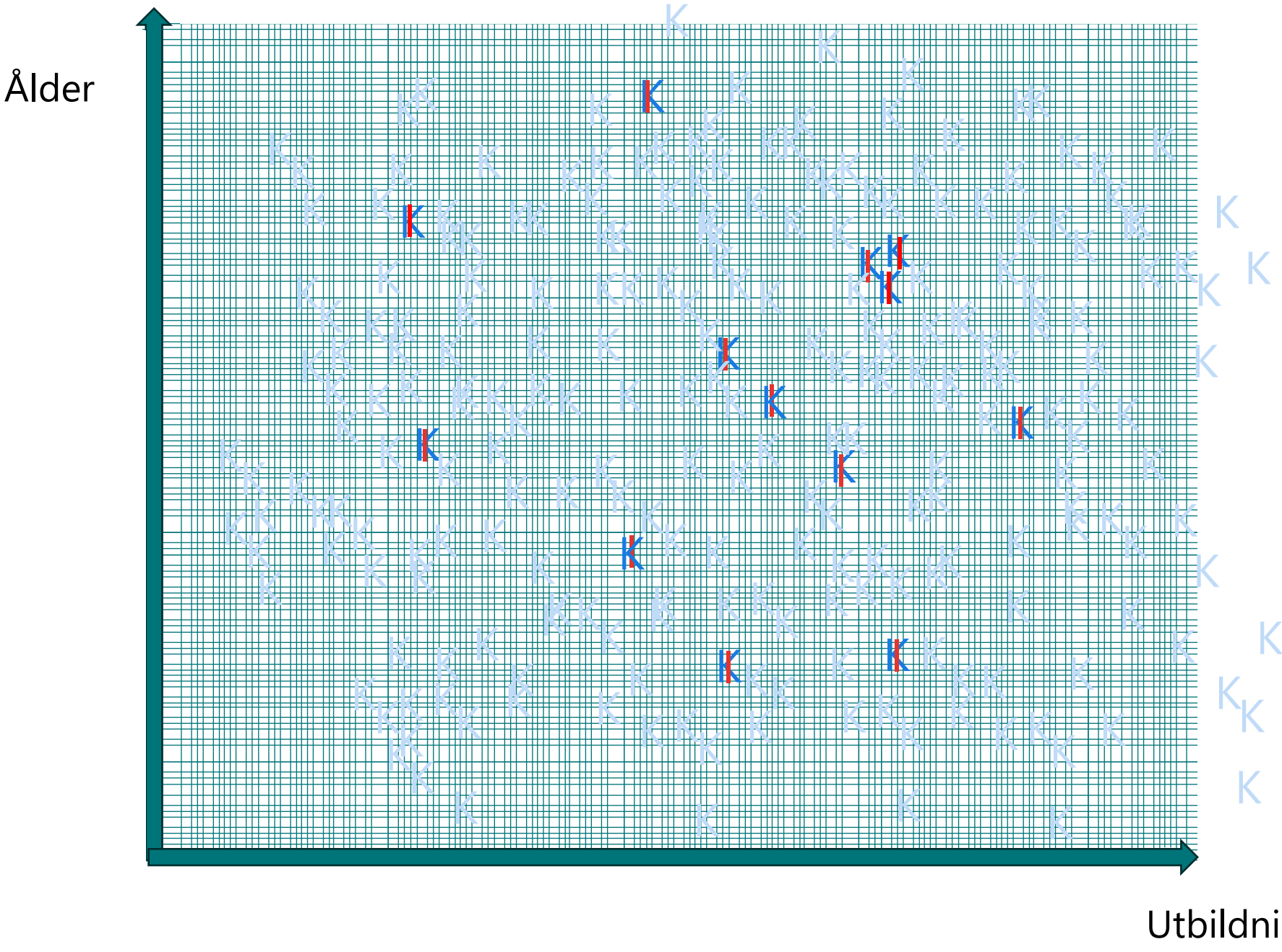
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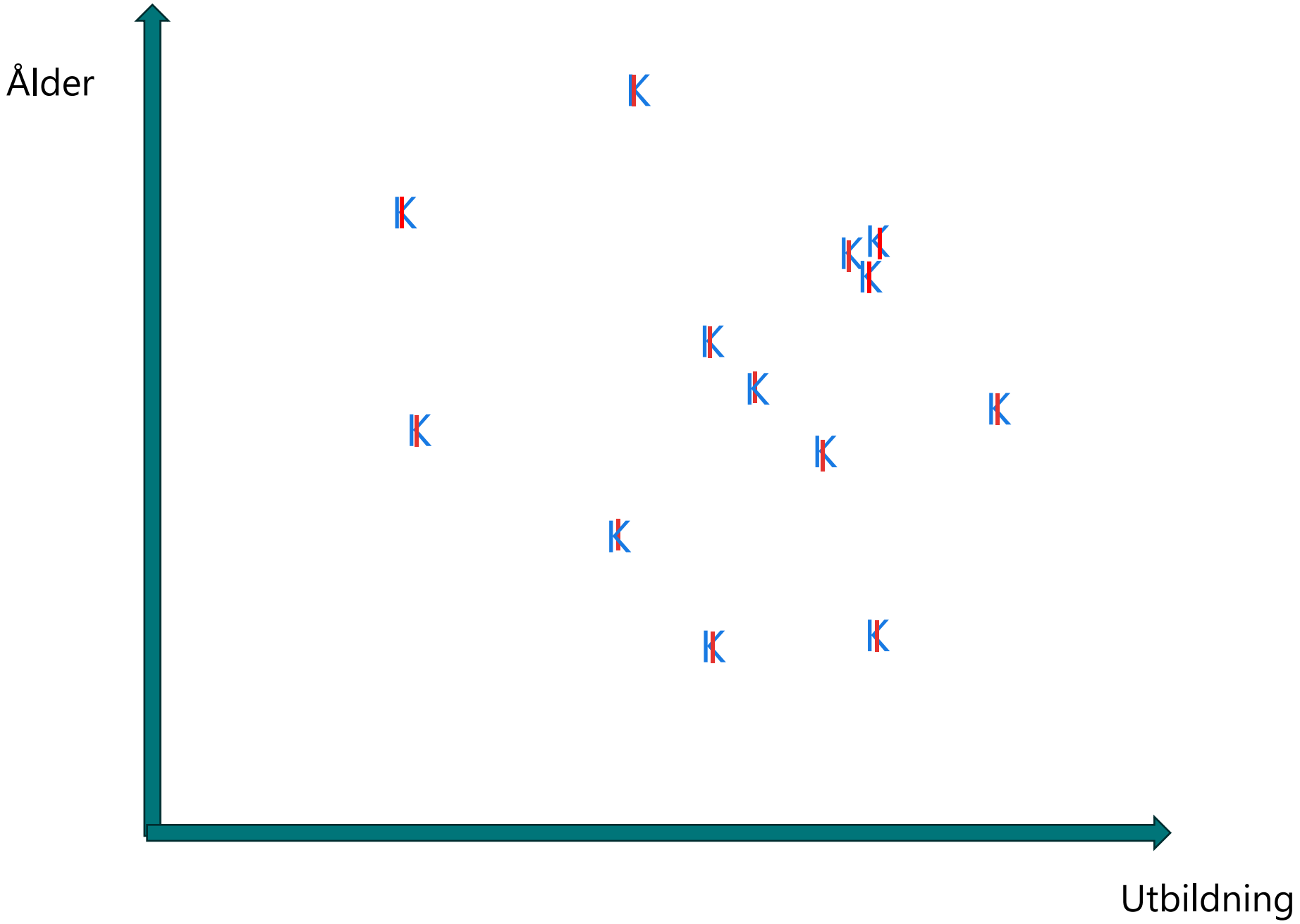
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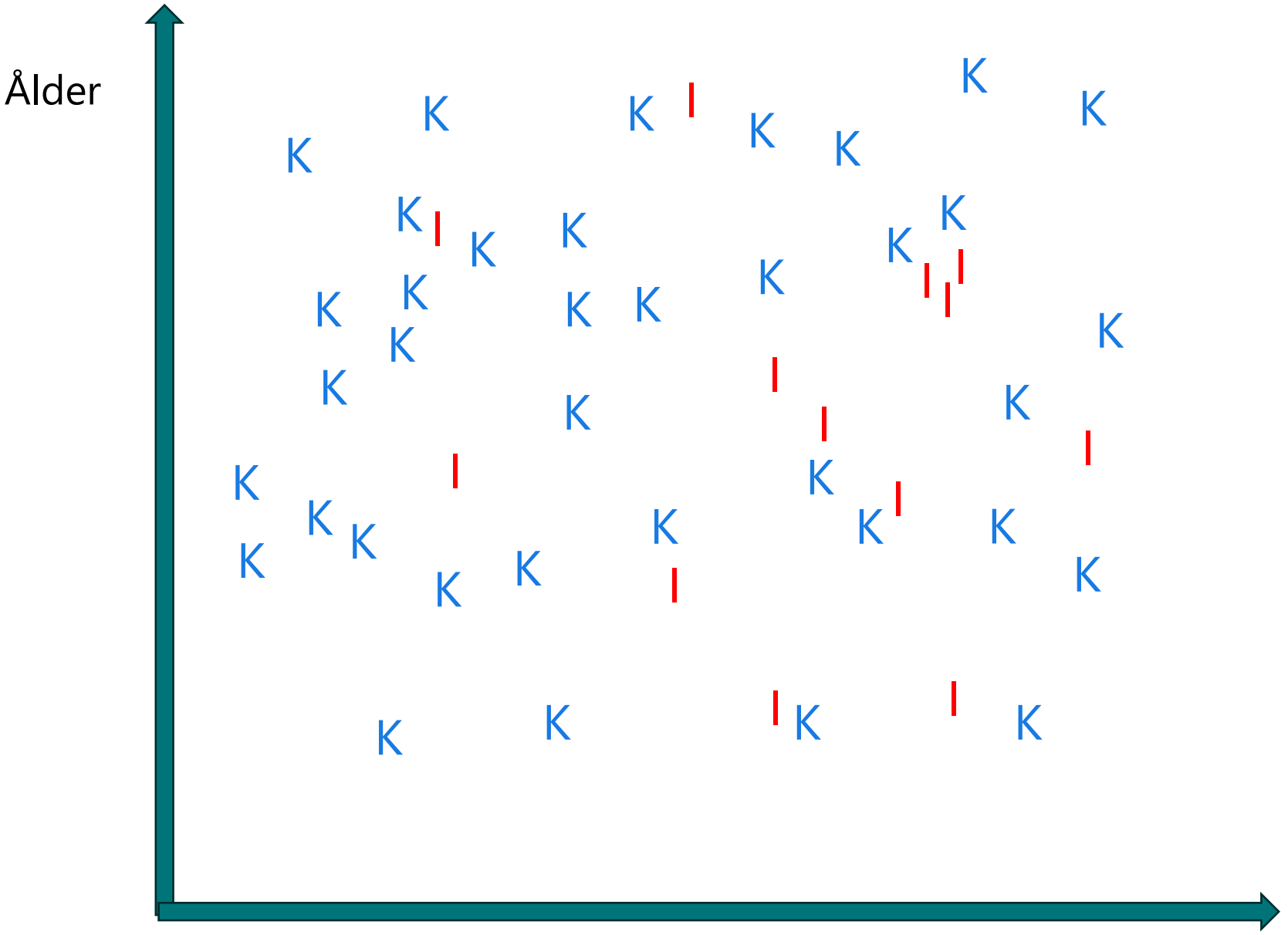
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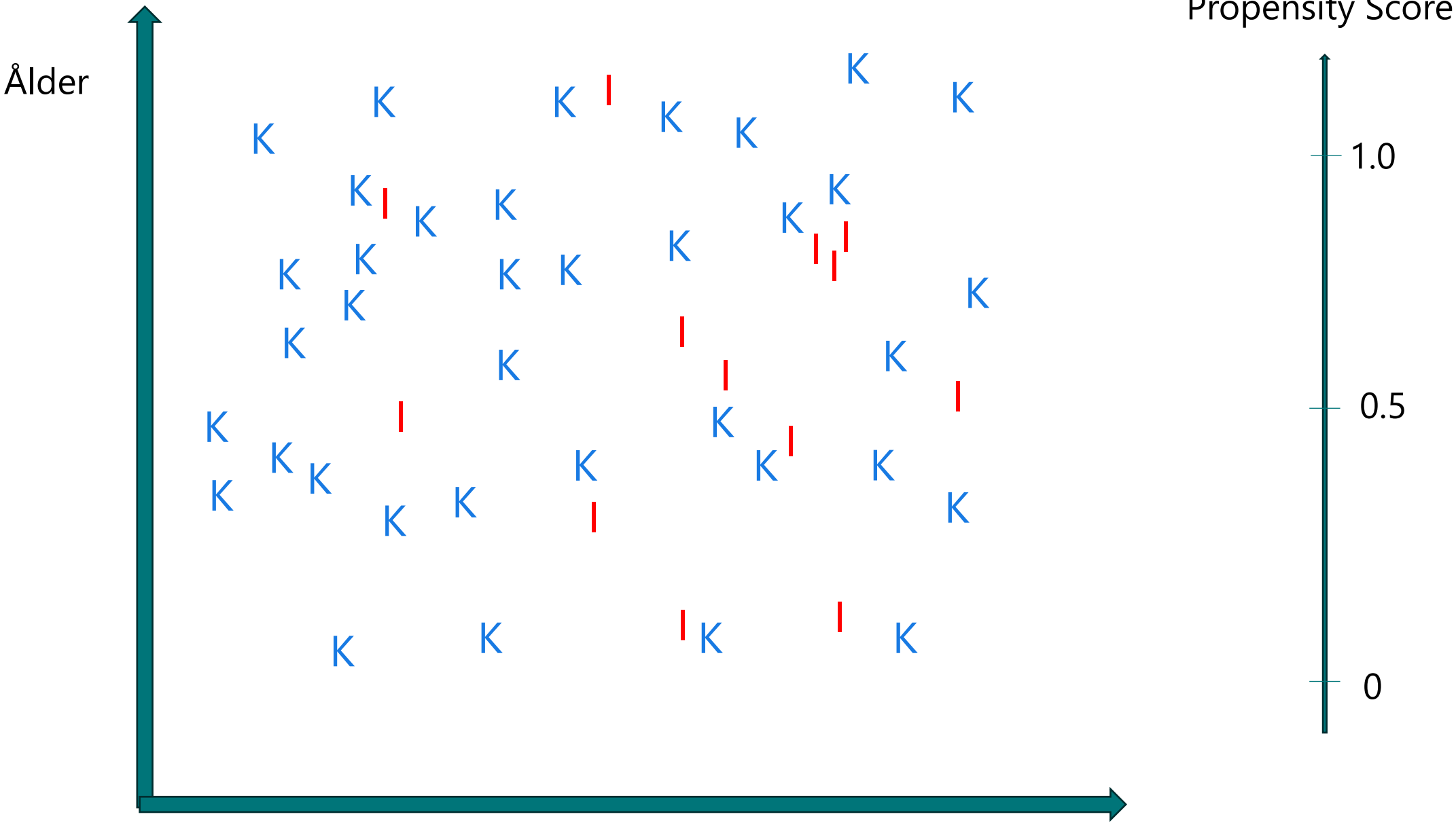
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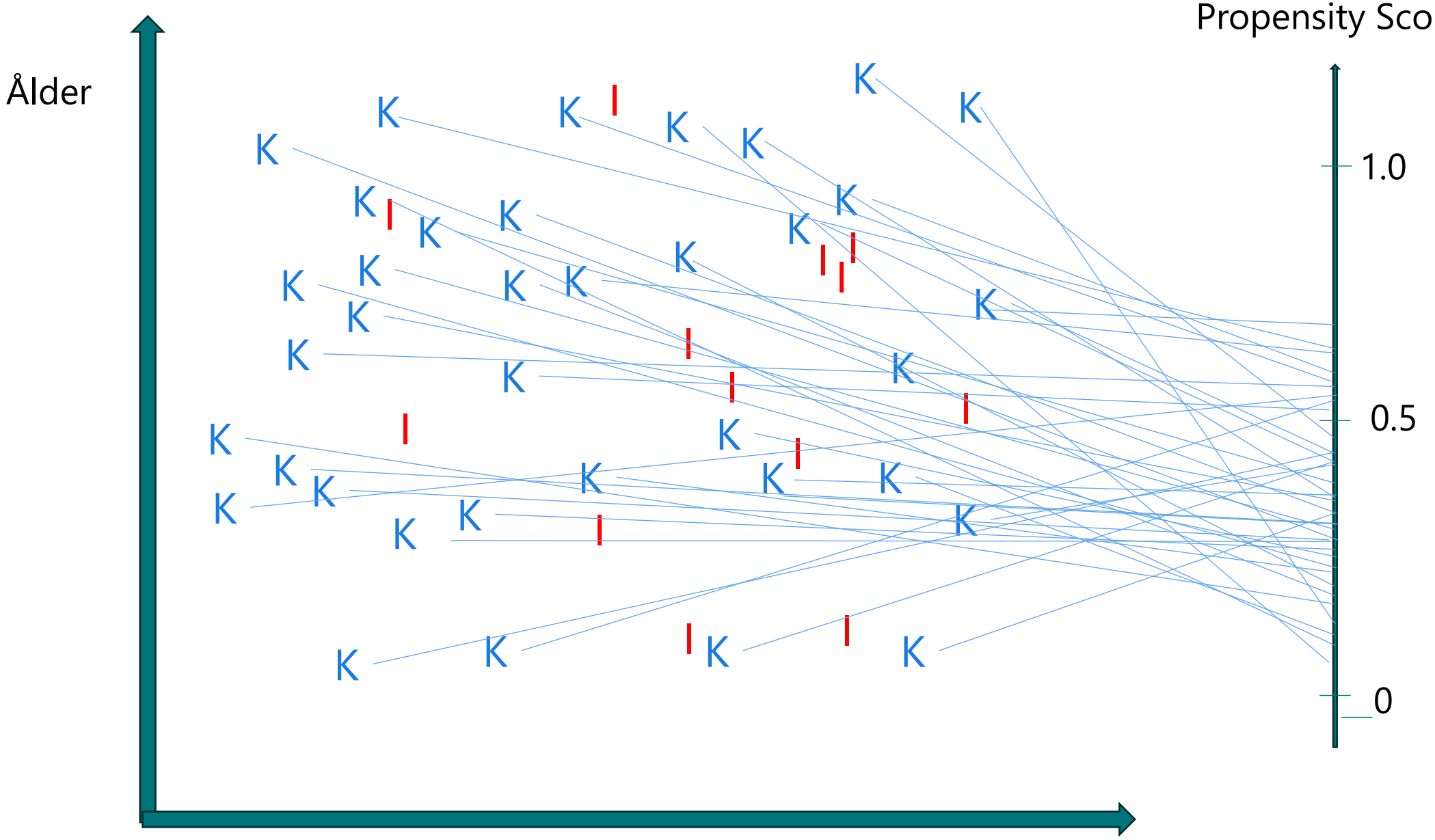
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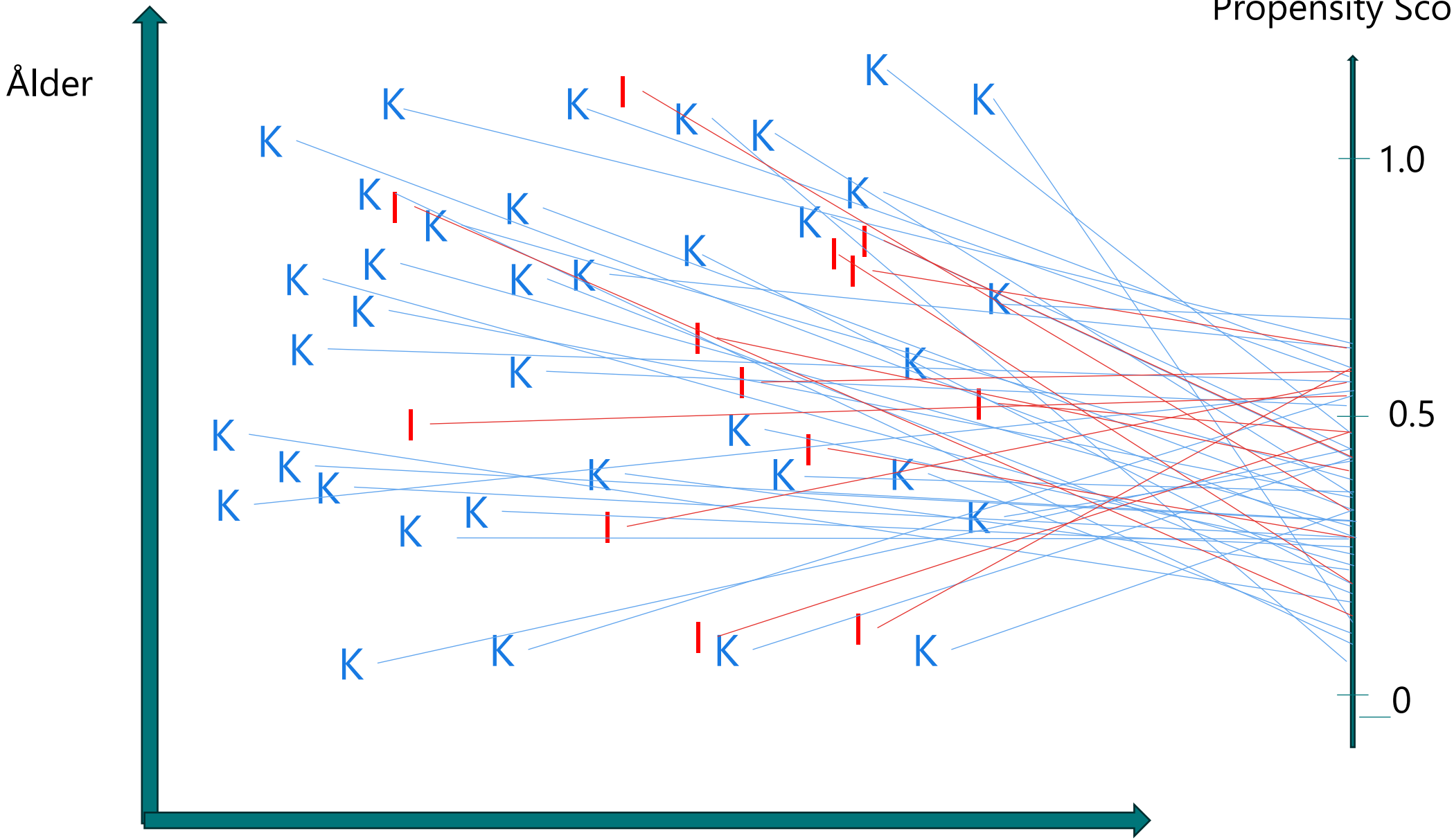
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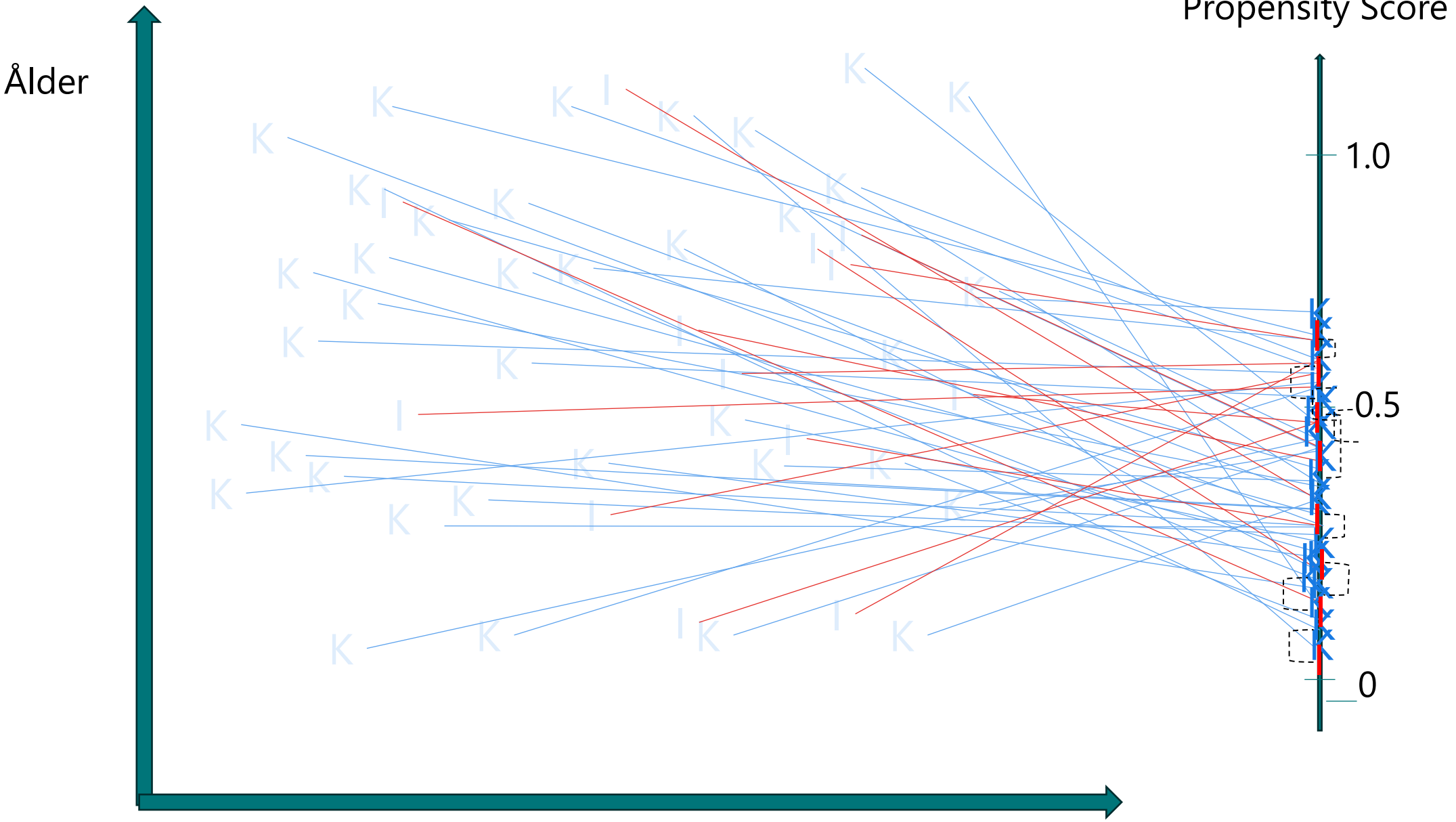
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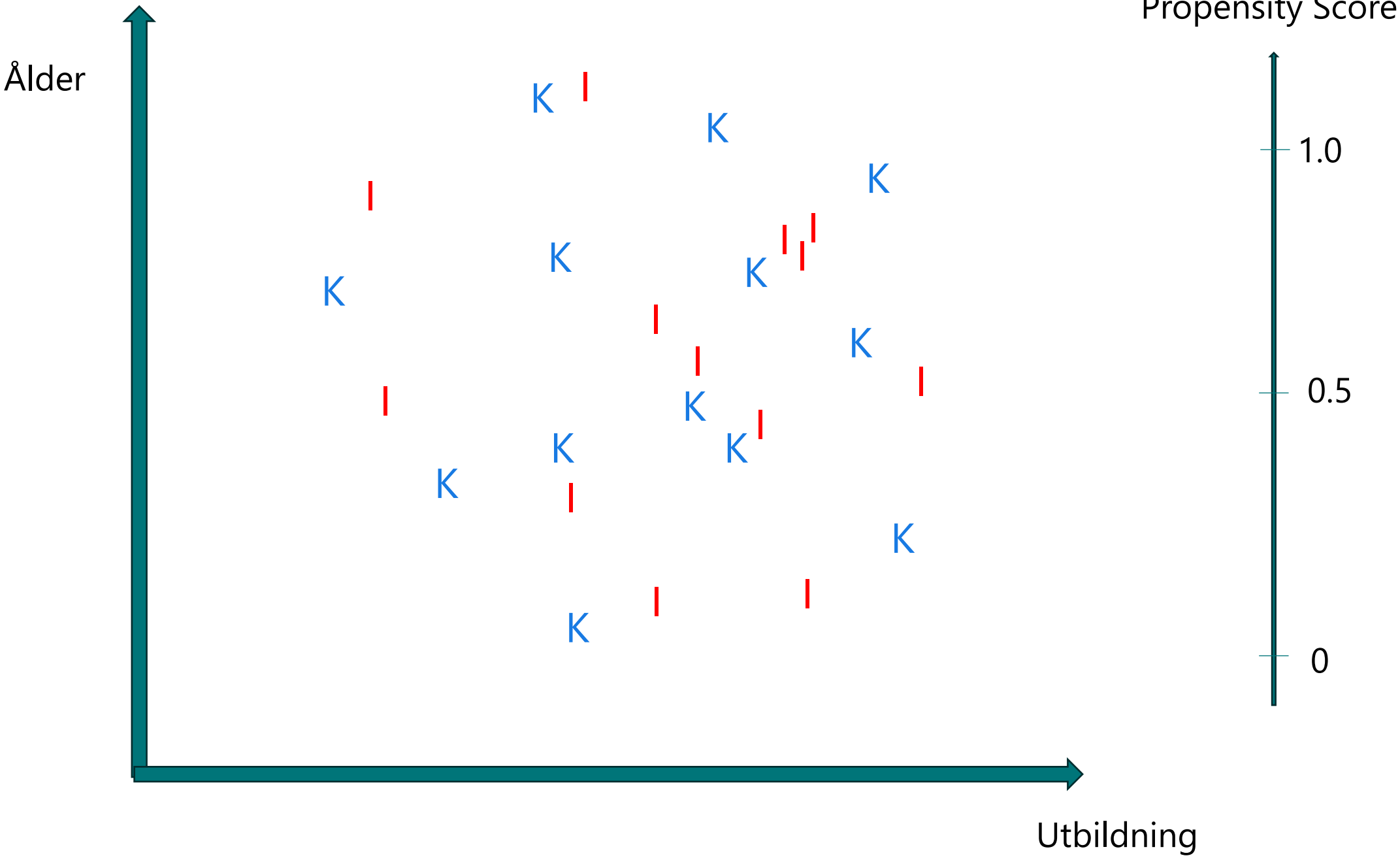
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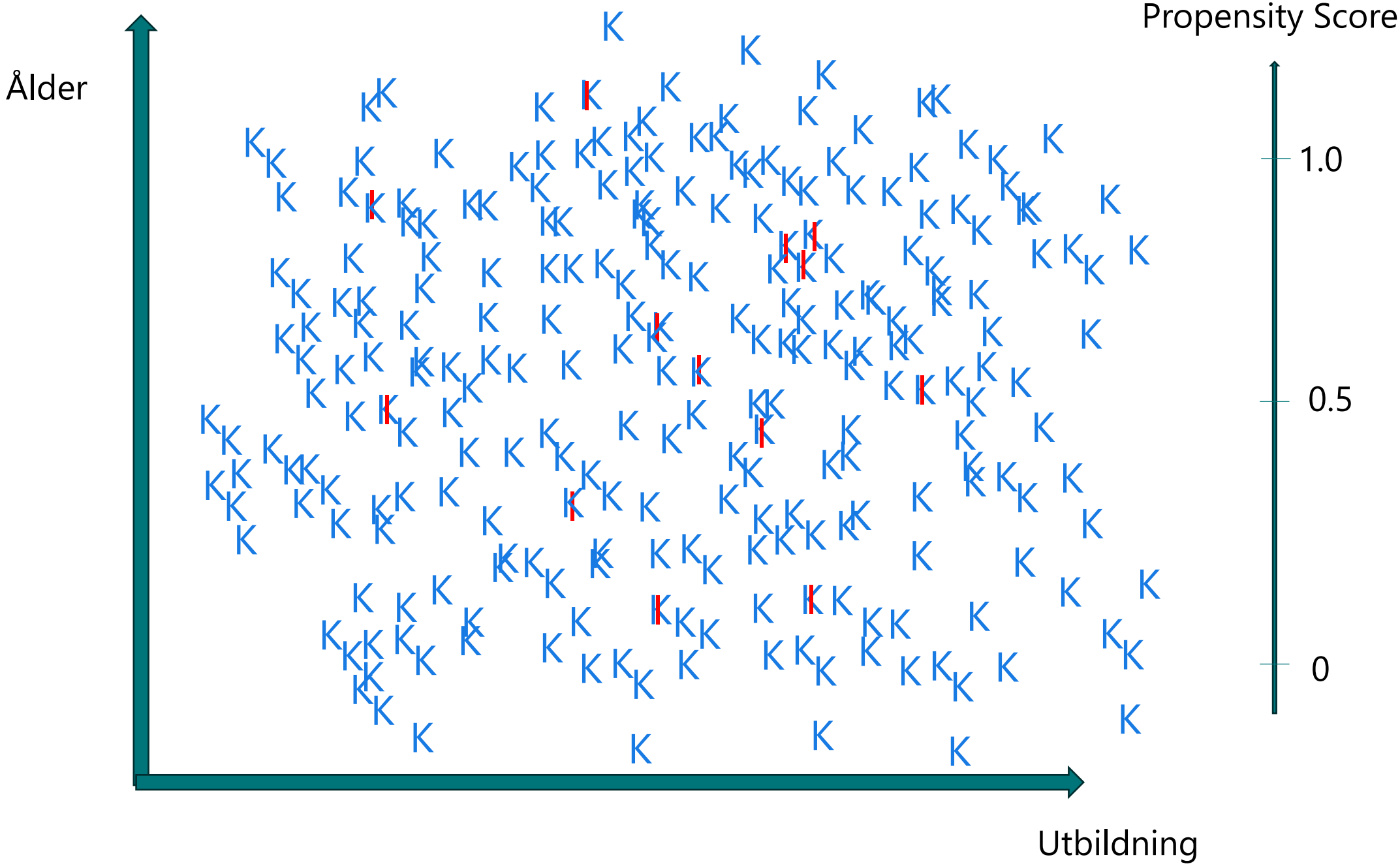
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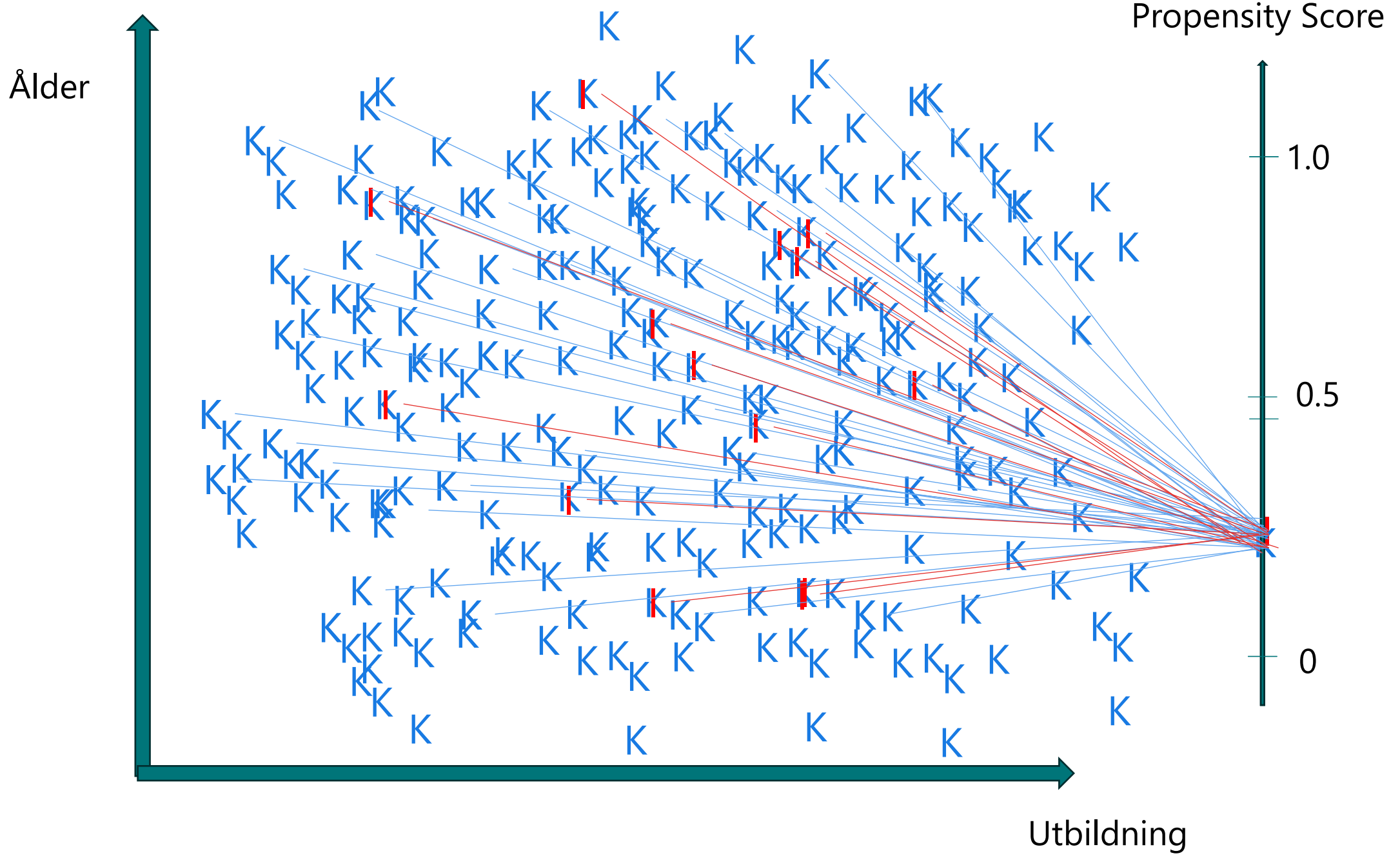
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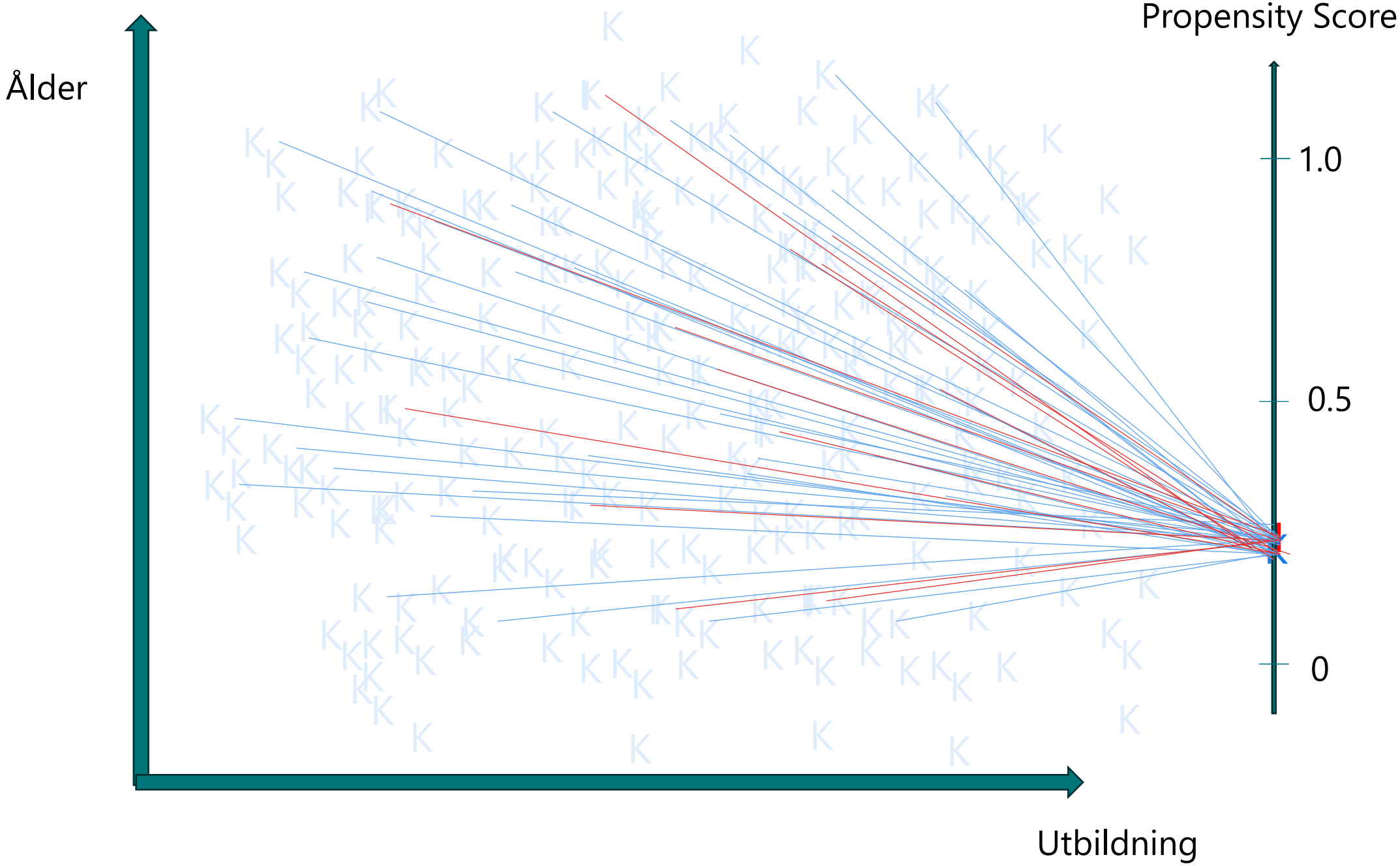
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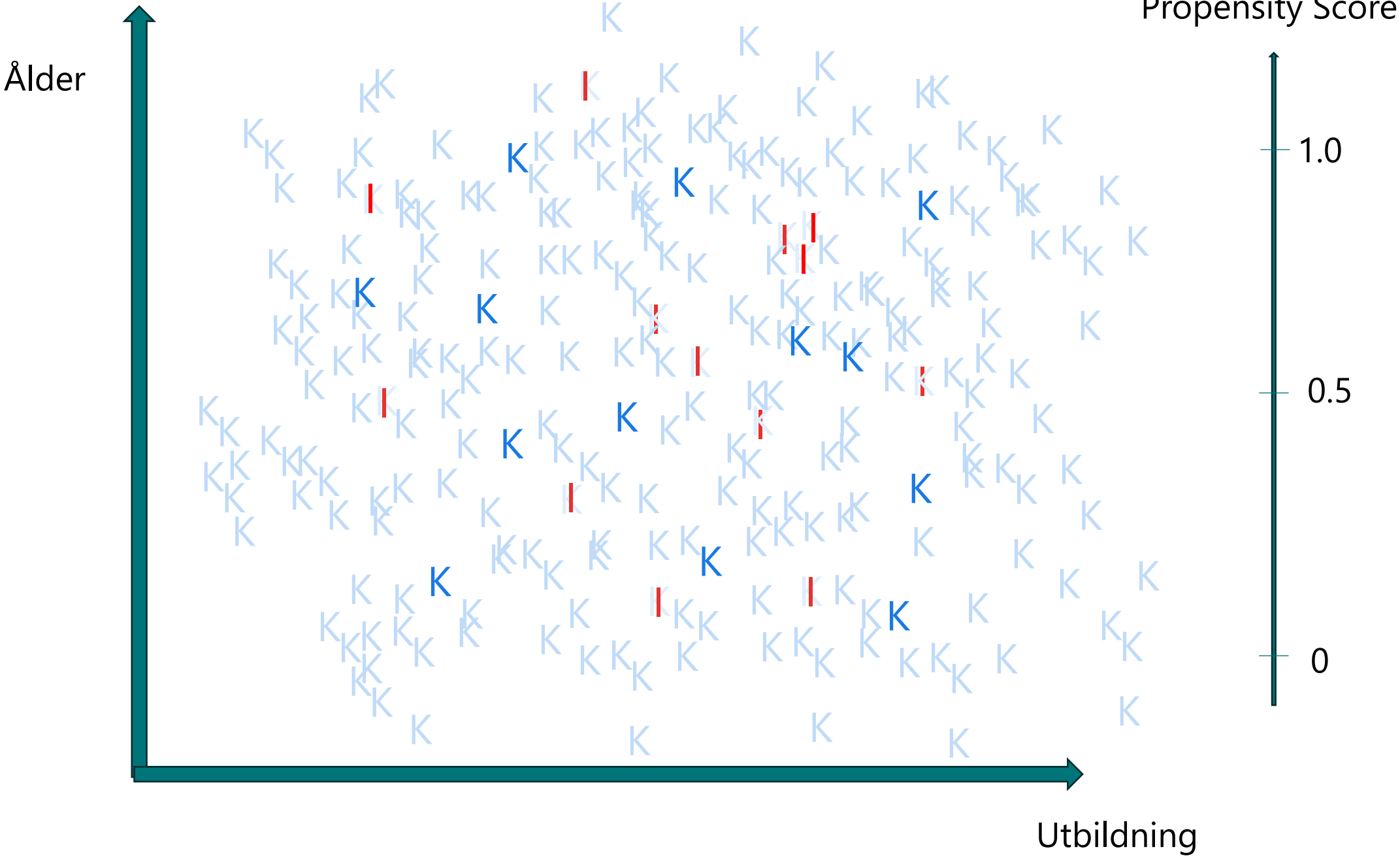
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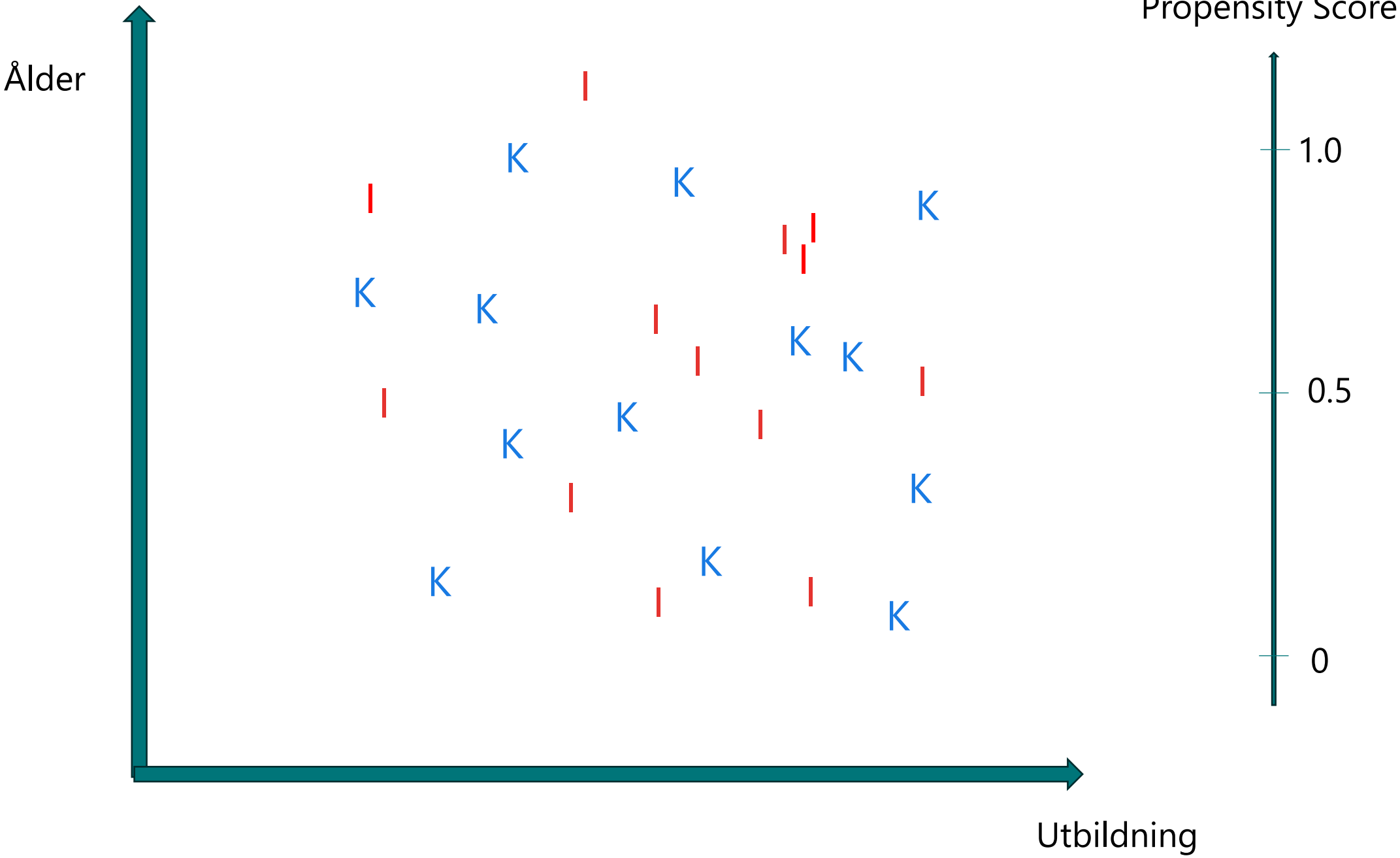
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Gary King and Richard Nielsen. 2019.
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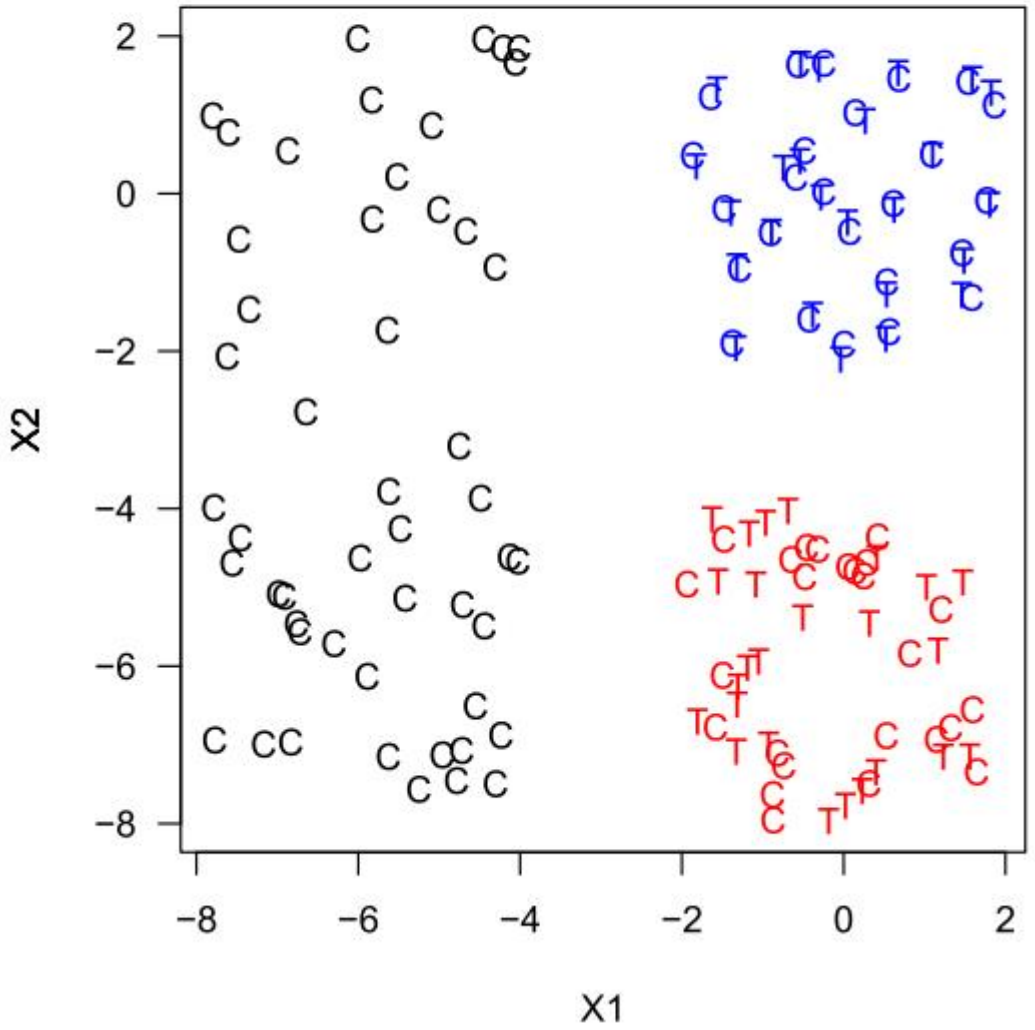
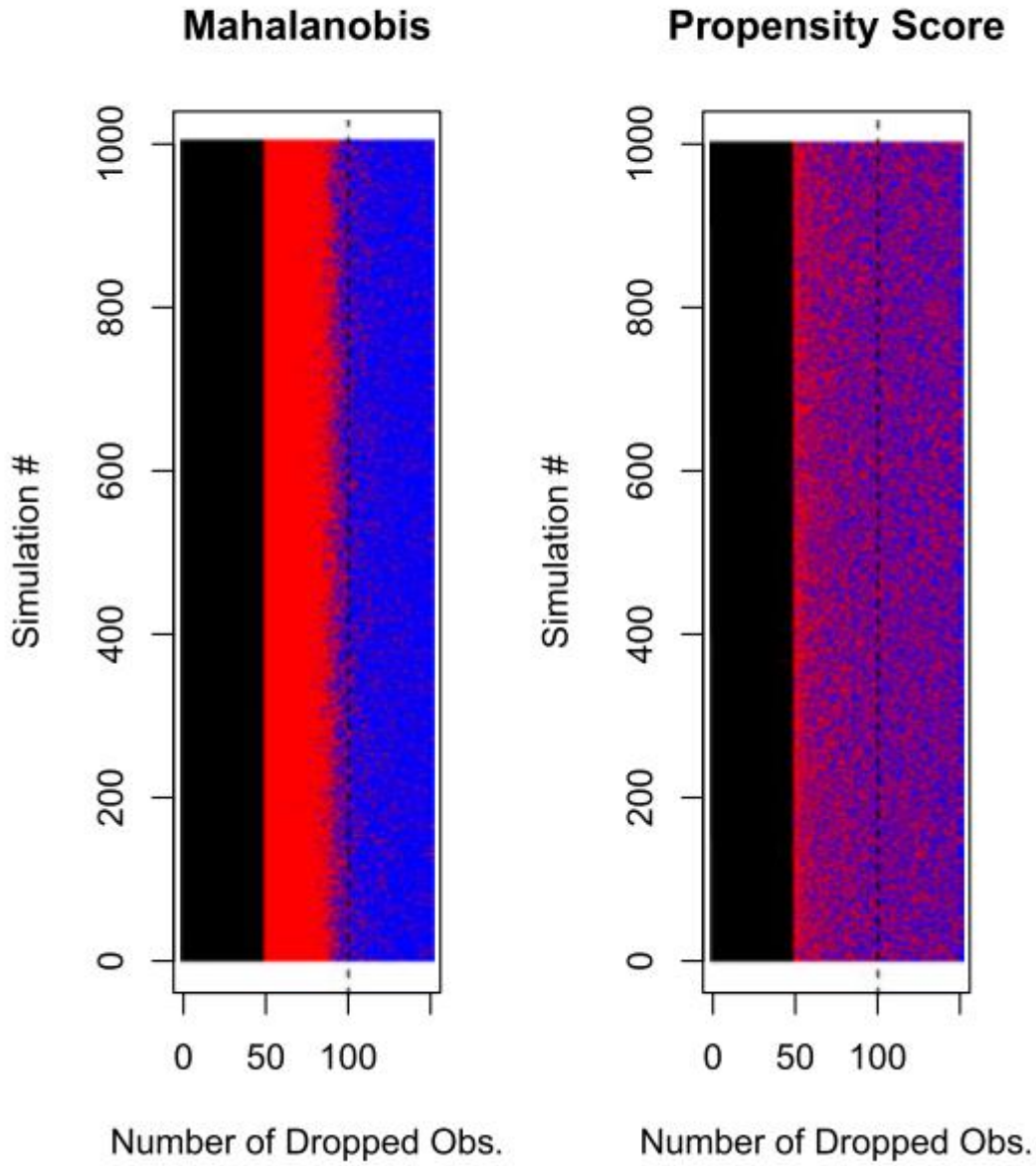
Political Analysis, 27, 4, Pp. 435-54. https://doi.org/10.1017/pan.2019.11.





Lästips

PA

Why Propensity Scores Should Not Be Used for Matching

Gary King[1] **and Richard Nielsen**[2]

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[2] *Department of Political Science, Massachusetts Institute of Technology, 77 Massachusetts Avenue, Cambridge, MA 02139, USA. Email: rnielsen@mit.edu, URL: http://www.mit.edu/~rnielsen*

Abstract

We show that propensity score matching (PSM), an enormously popular method of preprocessing data for causal inference, often accomplishes the opposite of its intended goal—thus increasing imbalance, inefficiency, model dependence, and bias. The weakness of PSM comes from its attempts to approximate a completely randomized experiment, rather than, as with other matching methods, a more efficient fully blocked randomized experiment. PSM is thus uniquely blind to the often large portion of imbalance that can be eliminated by approximating full blocking with other matching methods. Moreover, in data balanced enough to approximate complete randomization, either to begin with or after pruning some observations, PSM approximates random matching which, we show, increases imbalance even relative to the original data. Although these results suggest researchers replace PSM with one of the other available matching methods, propensity scores have other productive uses.

Keywords: matching, propensity score matching, coarsened exact matching, Mahalanobis distance matching, model dependence

1 Introduction

Matching is an increasingly popular method for preprocessing data to improve causal inferences in observational data (Ho *et al.* 2007; Morgan and Winship 2014). The goal of matching is to reduce imbalance in the empirical distribution of the pretreatment confounders between the treated and control groups (Stuart 2010, p. 13). Lowering imbalance reduces, or reduces the bound on, the degree of model dependence in the statistical estimation of causal effects (Ho *et al.* 2007; Imai, King, and Stuart 2008; Iacus, King, and Porro 2011), and, as a result, reduces inefficiency, and bias. The resulting process amounts to a search for a data set that might have resulted from a randomized experiment but is hidden in an observational data set. When matching can reveal this "hidden experiment", many of the problems of observational data analysis vanish.

Propensity score matching (PSM) (Rosenbaum and Rubin 1983) is the most commonly used matching method, possibly even "the most developed and popular strategy for causal analysis in observational studies" (Pearl 2009). It is used or referenced in over 141,000 scholarly articles.[1]

We show here that PSM, as it is most commonly used in practice (or with many of the refinements that have been proposed by statisticians and methodologists), increases imbalance, inefficiency, model dependence, research discretion, and statistical bias at some point in both real data and in data generated to meet the requirements of PSM theory. In fact, the more balanced the

Political Analysis (2019)

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Gary King

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1 Count according to Google Scholar, accessed 3/5/2019, searching for: "propensity score" AND (matching OR matched OR match).

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Open access Opinion

An Observation on Mortality Rate with Intensive Care Unit to Unit Capacity Transfers

Fredric Parenmark*

Department of Anaesthesia and Intensive Care, Gaevle Hospital, Gaevle, Sweden

INTRODUCTION

Moving from one emergency unit to one more expands the length of serious consideration and hospitalization. We show that asset compelled non-clinic moves (limit moves) in ICUs during moves are related with expanded 30-and 180-day mortality contrasted and bringing home. ICU moves between medical clinics happen for three principal reasons: Clinical Exchange, Ability Move and Bringing home. Information from 75 ICUs of the public ICU, Swedish ICU, was utilized for the examination (89% of every Swedish ICU). Incorporates neighborhood local area medical clinics, general region clinics and tertiary consideration clinics. We included grown-up patients (16 years and more seasoned) who were confessed to an ICU and accordingly moved to another ICU and released. Just the principal recording was utilized. The openness was one more release to her ICU (ICU-to-ICU move), whether in a similar clinic or another emergency clinic. Since moved patients are altogether not quite the same as their partners, various procedures are utilized to adapt to jumbling in the two points of view. Nonetheless, a few significant contrasts may not be settled in the examination. A reference happens when you really want unique consideration that isn't accessible at the reference emergency clinic.

DESCRIPTION

These are generally connected with explicit clinical necessities, like intense neurosurgery or heart mediations. Since these exchanges are for explicit required medicines, finding appropriate non-move controls is troublesome. Restricting life support distinguishes such patients however is frequently ineffectively recorded. Albeit the misclassification of moves might have brought predisposition into our examination, we accept that the task of moves to the three classifications enrolled in the SIR is right. This end depends on populace conveyance. For instance, clinical exchanges have short clinic stays and high Couch scores, and most clinical exchanges are from more modest emergency clinics to bigger clinics. To some degree shockingly, an unadjusted examination found that his 30-day mortality after limit move was higher than after clinical exchange and bringing home. In changed examinations, the distinction in results among facilities and limit moves vanished however persevered for follow-up. In up to half of transport-related unfavorable occasions, her pre-transport ICU doctor's proposals were overlooked. A few examinations address the requirement for efficient and helpful handoffs in basically sick patients. Nonetheless, more examination is expected to affirm whether unfortunate correspondence smaller affects result in returning cases contrasted with clinical and capability move.

CONCLUSION

A more probable clarification is that patients moved for clinical and capability reasons are bound to endure extra exchanges contrasted with bringing home. An exhaustive comprehension of a patient's course of care that goes through ICU-to-her ICU moves is basic to working on their possibilities of endurance, particularly as such exchanges might increment later on. Staying away from the requirement for limit shifts by expanding the quantity of beds and staff in escalated care units is an undeniable arrangement. Nonetheless, not all tops in ICU request can be obliged, so moves because of organic market bungles are as yet fundamental. Future examination ought to investigate whether chance can be limited through cautious patient determination and legitimate hand-off and move.

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Corresponding author Fredric Parenmark, Department of Anaesthesia and Intensive Care, Gaevle Hospital, Gaevle, Sweden, Tel: 7418529634; E-mail: fparenmark@123.com

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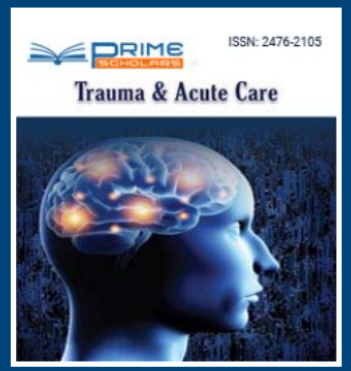

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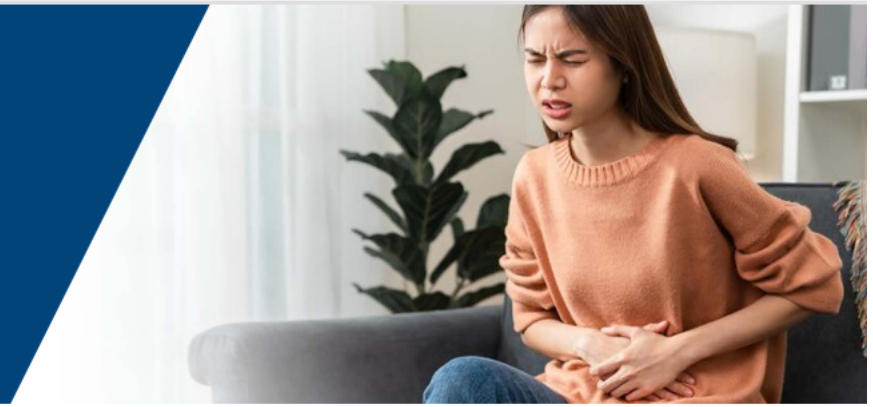
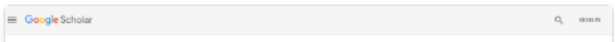


James Stoxen

James Stoxen
Editor-in-Chief
FWSSEM President, FSSEMM (hon) , Team Doctors
USA

Biography

Dr. James Stoxen has his honors in FSSEMM and FWSSEM. He is the President of Masters Academy Publishing Chicago Inc since 2015. He has finished his Bachelors in Human Biologic Sciences from National College of

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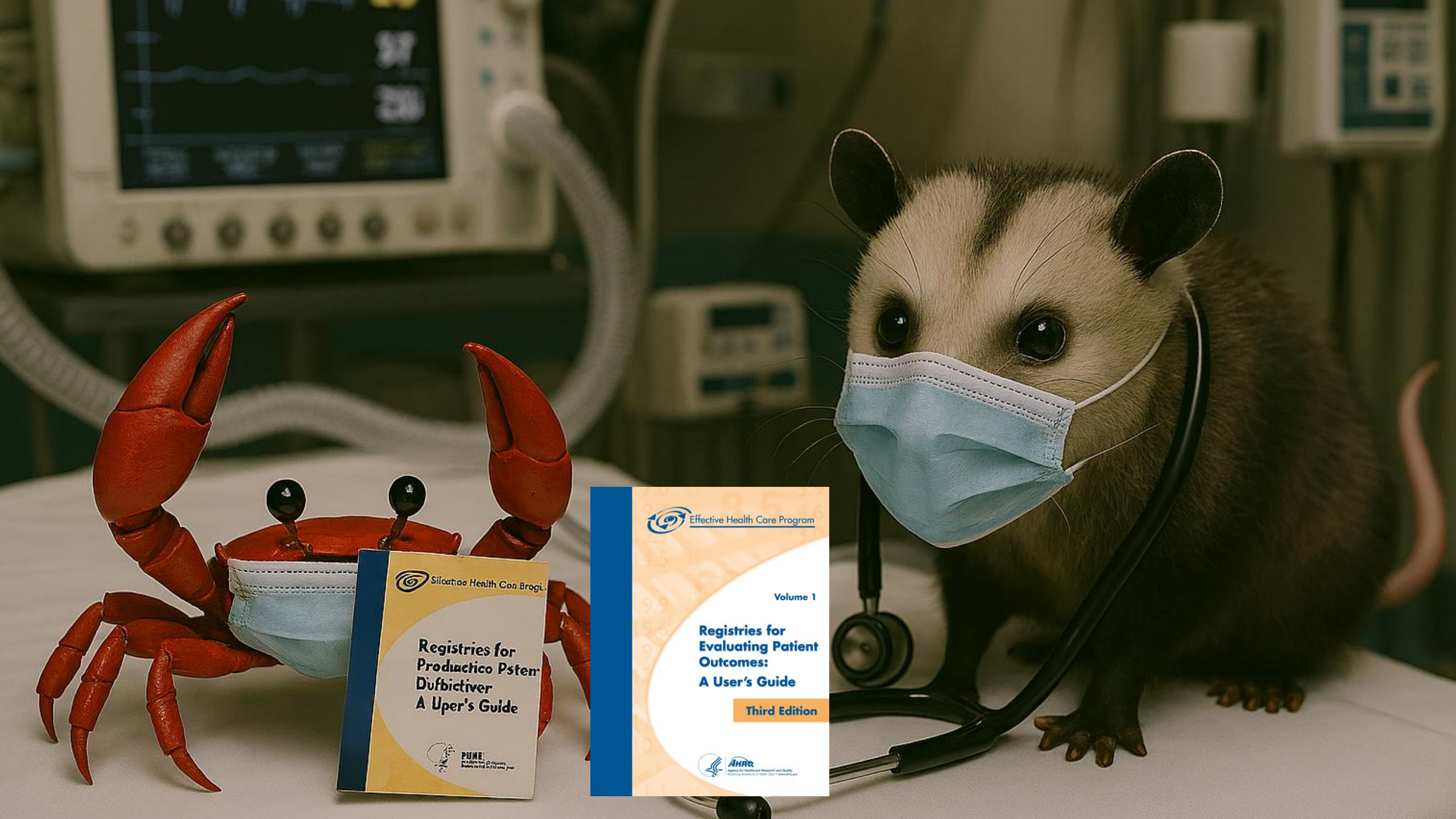
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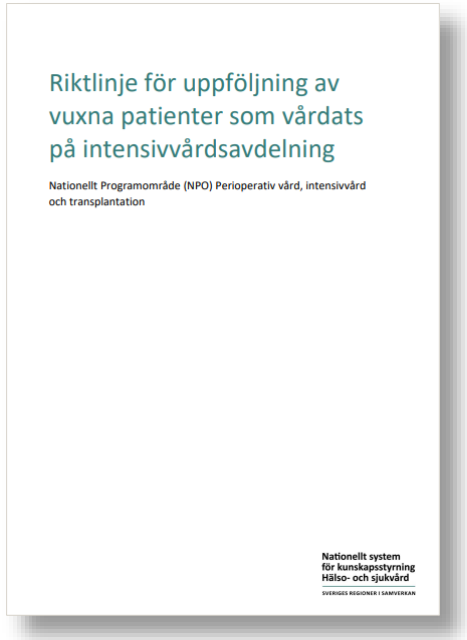
Kvalitetsuppföljning



"I Svenska Intensivvårdsregistret (SIR) finns i dagsläget vissa data från uppföljning av patienter som vårdats på intensiven. Några av de variabler som ingår i uppföljningsprogrammet saknas i SIR idag och behöver utvecklas i framtiden. Om registreringen av produktionsdata (vårddata från intensivvården) och insamling av patientrelaterade utfallsmått (PROM) implementeras på alla uppföljningsmottagningar så kommer ett underlag finnas för att följa kvalitet på erhållen data från patientens perspektiv"

Kvalitetsuppföljning

" Det vore önskvärt att kunna hitta metoder för att identifiera patienter som har störst risk att utveckla långvariga och allvarliga funktionsnedsättningar för att kunna sätta in rätt åtgärder vid rätt tidpunkt. Det finns ett fåtal prediktionsinstrument för det syftet, men dessa behöver genomgå extern validering innan de kan användas i klinisk praxis [41]."

NHS & C2Ai

"There are several areas where this tool has been beneficial for the hospitals. It helps them to plan which patients might need to be near intensive support services during their treatment, and also which ones are not likely to need significant aftercare. This knowledge makes planning the surgical waiting lists much easier and safer and has been used this to identify which patients might benefit."

"In Cheshire and Merseyside, the system identified high-risk patients, leading to an 8% reduction in A&E presentations, a two-thirds drop in ICU dependency, and significant capacity benefits"