

Introduction à la causalité

Théorie des DAGs

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AP-HP

Objectifs

- Rappels sur notion de causalité
- Introduire la théorie des directed acyclic graphs (DAGs)
- Représenter les indépendances conditionnelles par les DAGs
- Présenter l'approche structurelle (par DAGs) pour décrire les biais:
 - En situation observationnelle
 - En situation interventionnelle
- Introduction à la Causal discovery

Some causal questions

	Exposure	Outcome
1	Matches in the pocket	VO2 Max
1	Sprinkling water	Grass humidity
2	Yellow fingers	Lung cancer
3	Butterbeer	Happiness in wizards at Hogwarts
4	Ice cream sales	Burglaries

1. Hernan course
2. Maathuis course
3. Petersen exercice <http://www.ucbbiostat.com/#!labs/c10ce>
4. Boston university Causal inference

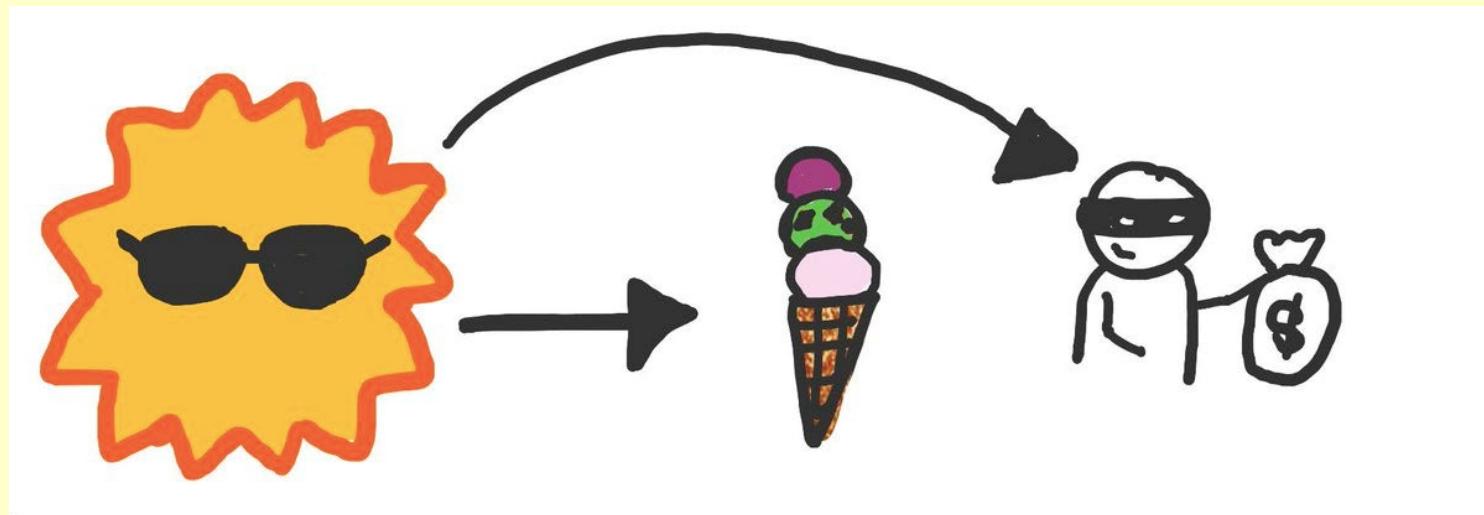
Some causal questions

	Exposure	Outcome	Confounder(s)
1	Matches in the pocket	VO2 Max	Smoking status
1	Sprinkling water	Grass humidity	Rain
2	Yellow fingers	Lung cancer	Smoking status
3	Butterbeer	Happiness in wizards at Hogwarts	Age, house, gender, friendship with Dumbledore, enemy with Snape

1. Hernan course
2. Maathuis course
3. Petersen exercice <http://www.ucbbiostat.com/#!labs/c10ce>

background (I)

Ellie Murray twitter @EpiEllie
Epidemiology assistant prof [@BUSPH](#)
| Associate editor for social media [@amjepi](#)
| cohost [@casualinfer](#) sites.bu.edu/causal
podcast | [#epitwitter](#) | <http://github.com/eleanormurray>



Some causal questions in oncology

Exposure	Outcome	Confounder(s)
Red meat consumption	Occurrence of cancer	BMI, smoking status, etc.
Professional occupation : air hostess	Occurrence of breast cancer	Socio-professional status, age of first child's birth
Sedentary lifestyle	Occurrence of cancer	BMI, gender, food intakes, ...
EGFR mutation	Response to treatment in NSCLC	ECOG, TNM stage, ...



◆ DAGs theory

◆ Directed Acyclic Graph

✉ Judea Pearl, UCLA (1988,1995,2000)

◆ Unknown effect of T on M

$$T \longrightarrow M$$

◆ No causal effect of T on M

$$T \qquad \qquad M$$

◆ Information is in lack of arrow

◆ NB : under H_0 , T and M are independent then lack of arrow (conventional notation)

DAGs (2)

▲ Open pathway between A and B

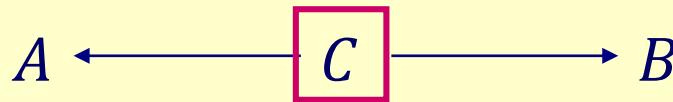


▲ C collider between A and B : close pathway



▲ Conditionning on C (put a box)

/// Close the pathway



/// Open the pathway (if collider)



⌘ Aim: to know how to treat? For example, to compare two first line treatments

⌘ Measuring causal effect of treatment T on occurrence of event M

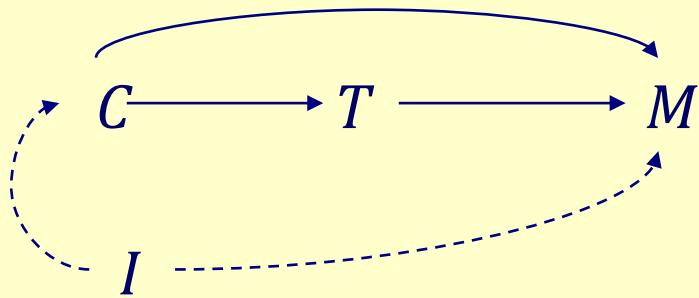
$$T \longrightarrow M$$

⌘ T : treatment (experimental drug vs. standard, bilateral vs. unilateral graft)

⌘ M : death, progression

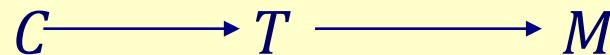
⌘ Statistically, association between T and M will be assessed. Does it mean a causal effect of T on M ?

Given C , vector of measured factors associated with T and M

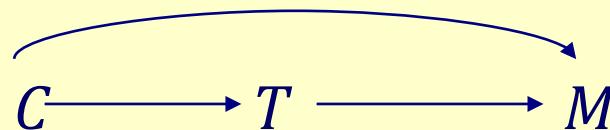


- /// T : treatment by experimental or reference drug combination
- /// M : occurrence of serious morbidity
- /// I : real biological and clinical status
- /// C : biomarkers measurement, prognosis score, Karnofsky index, body composition, ...

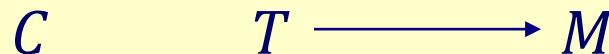
❖ **Potential confounder**: variable associated with treatment allocation

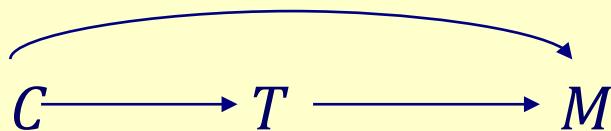


❖ **True confounder**: variable associated with both treatment allocation and prognosis



❖ **Non confounder** : variable neither associated with treatment nor with prognosis

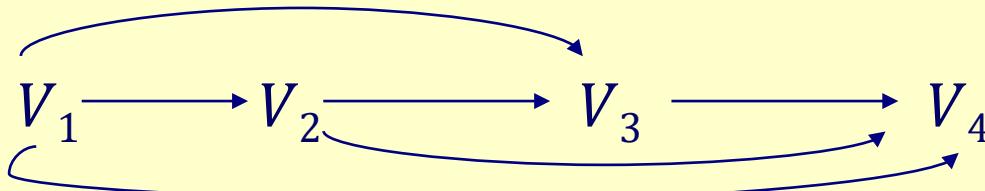


 Causal effect of T on M 

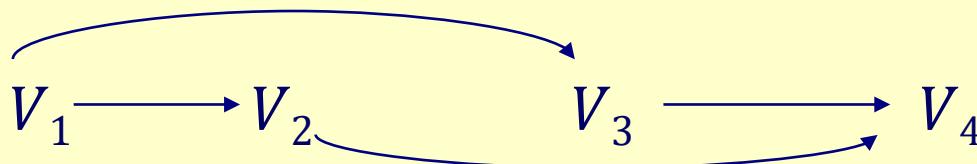
-  Part of association between T and M are associated, partly because they are common effects of C
 -  Ex: expression of molecular alteration by the tumor could be associated with higher morbidity risk and could guide treatment choice
-  Exposed (treated) and unexposed (untreated) non exchangeables
-  Indication bias*: C confounder
-  How to measure causal effet of T on M ?

*indication bias Epidemiology \Leftrightarrow selection bias Statistic

❖ Statistical DAG = complete DAG with all possible directed arrows



❖ Causal DAG = DAG in which all the information is in missing arrows



❖ Causal Markov assumption: any variable not caused by a given variable V_i will be independent of V_i conditional on the direct causes of V_i

◆ DAG as screening tool for selection bias



FIGURE 1. Common cause L of exposure E and outcome D.

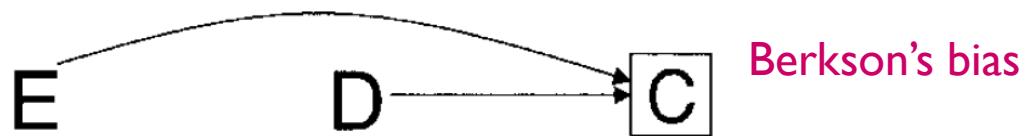
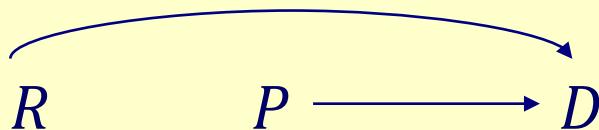


FIGURE 3. Conditioning on a common effect C of exposure E and outcome D. Berkson's bias



Hernan, Epidemiology 2004

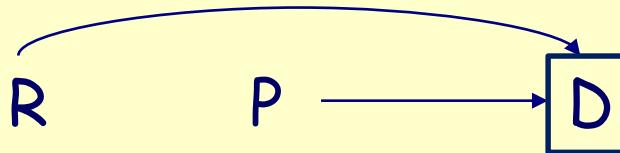
 Berkson's bias

-  R: rareness of a stamp
-  P: prettiness of a stamp
-  D: stamp on display

ALL COLLECTION		Prettiness		Total
		Pretty	Not pretty	
Rareness	Rare	50	50	100
	Not rare	450	450	900
Total		500	500	1000

$$P(R = 1) = P[(R = 1)/(P = 1)] = P[(R = 1)/(P = 0)] = 10\%$$

[https://en.wikipedia.org/wiki/Berkson's paradox](https://en.wikipedia.org/wiki/Berkson%27s_paradox)

 Berkson's bias

-  R: rareness of a stamp
-  P: prettiness of a stamp
-  D: stamp on display

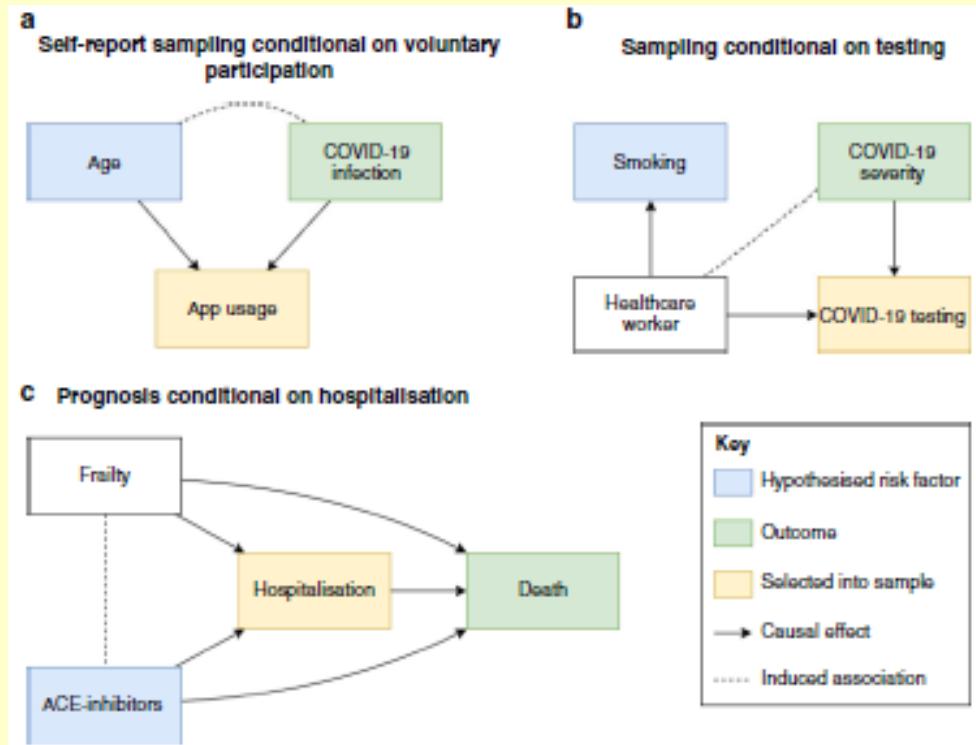
ON DISPLAY		Prettiness		Total
		Pretty	Not pretty	
Rareness	Rare	50	50	100
	Not rare	450	0	450
Total		500	50	550

$$P(R = 1) = 18\%$$

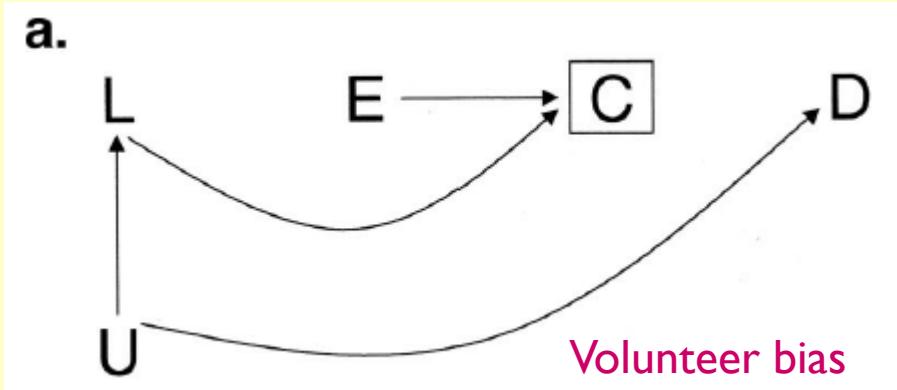
$$P[(R = 1)/(P = 1)] = 10\% \neq P[(R = 1)/(P = 0)] = 100\%$$

https://en.wikipedia.org/wiki/Berkson's_paradox

⚠ (...)en particulier le redoutable biais de collision (collider bias), par exemple en fondant ces analyses uniquement sur des données de dépistage spontané [les personnes demandant un test de dépistage ne sont pas représentatives de l'ensemble des personnes vaccinées/non vaccinées]. S Korsia-Meffre
<https://www.vidal.fr/actualites/27895-vaccins-contre-la-covid-19-la-troisieme-dose-pourquoi-pour-qui.html>

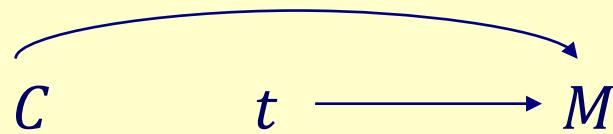


◆ DAG as screening tool for selection bias



◆ Hernan, Epidemiology 2004

◆ Comparative randomized controlled trial RCT



- ◆ Treatment t is allocated randomly and independently of patient's characteristics (ex: prognostic score)
- ◆ Gold-standard method
- ◆ Measured association between T and M corresponds to causal effect of T on M

⌘ Randomly assigned treatment

- ⌘ to avoid selection bias
- ⌘ characteristics balanced across the groups

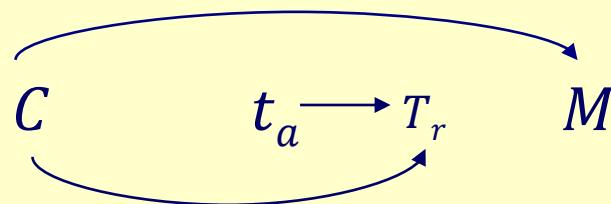
⌘ RCT limitations

- ⌘ Feasibility questionable when many treatment arms
- ⌘ Difficult for endpoints occurring rarely or after very long follow-up duration
- ⌘ Loss to follow-up depending on treatment arm could introduce selection bias



Per protocol analyses in which protocol deviation are excluded

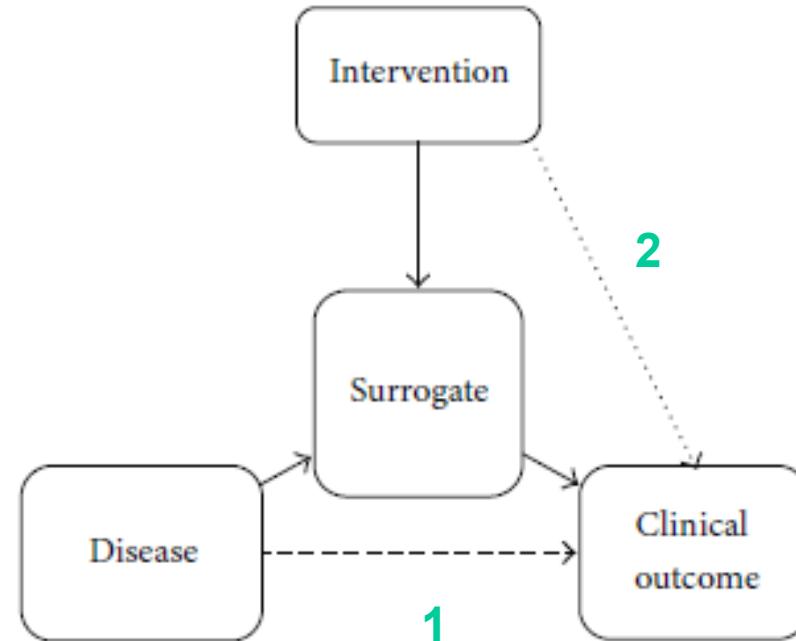
- /// loss to follow-up, non-compliance or poor observance
- /// bias risk +++ : loss of randomization and comparability of groups
- /// question results credibility
- /// decrease number of patients: loss of precision and power



T_r : treatment actually received depends on allocated treatment t_a and confounders C pronostic of M

Interventional DAGs (4)

Surrogate endpoints



After Lavery Mult Scler Int. 2014

Prentice Stat Med. 1989

Validation of surrogate endpoint if:

1. All effect of disease on clinical outcome mediated by the surrogate endpoint
2. All causal effect of intervention on clinical outcome mediated by the surrogate

Perfect surrogate endpoint represented on a DAG



How to measure causal effect of treatment on OS when:

1. primary outcome=surrogate
2. cross-over allowed after occurrence of surrogate endpoint

ITT analysis unbiased but dilution of treatment effect

How to deal with informative censoring at cross-over?

Etudes observa- tionnelles

Aspirine et
accident
vasculaire
cérébral
cf. Miguel
Hernan

- Traitement par aspirine en prévention de accident vasculaire cérébral
- Artères détériorées cause sous-jacente (non connue) de maladie cardio-vasculaire
- Maladie cardio-vasculaire entraîne traitement par aspirine
- Artères détériorées entraînent accident vasculaire cérébral
- L'aspirine est-elle un traitement efficace de prévention de l'accident vasculaire cérébral ?

Etudes observационnelles

Aspirine et accident vasculaire cérébral
cf. Miguel Hernan

- L'aspirine évite-t-elle l'accident vasculaire cérébral ?
C'est-à-dire, l'aspirine a-t-elle un effet causal sur la survenue d'accident vasculaire cérébral ?
- Les traités par aspirine ont plus souvent des maladies cardiovasculaires et ne sont pas comparables aux non traités
- Biais d'indication

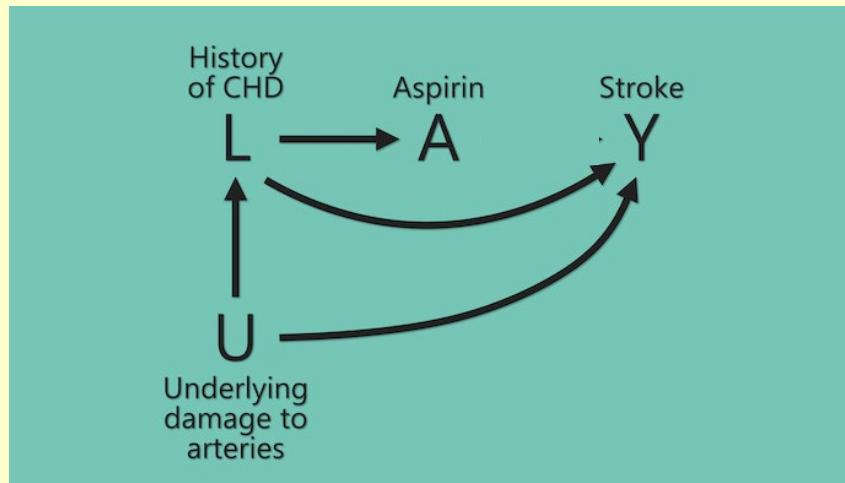


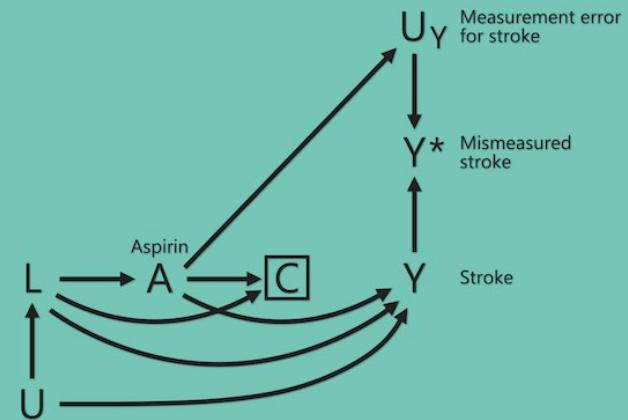
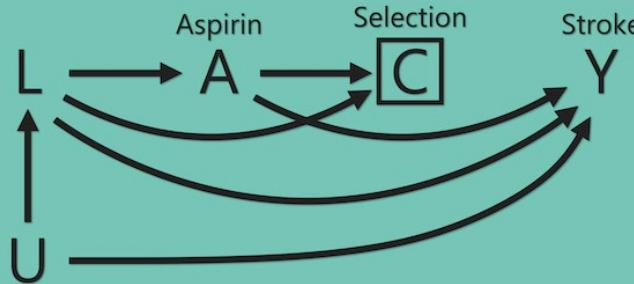
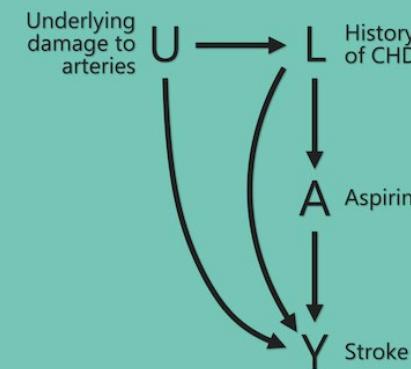
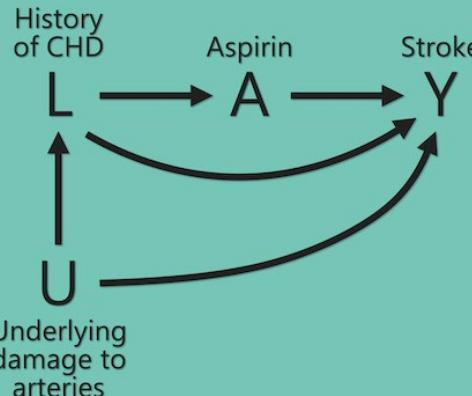
Figure by Miguel Hernan

Etudes observationnelles

Aspirine et accident vasculaire cérébral
cf. Miguel Hernan

De + en + complexe

Aspirin
A → **Y**
Stroke

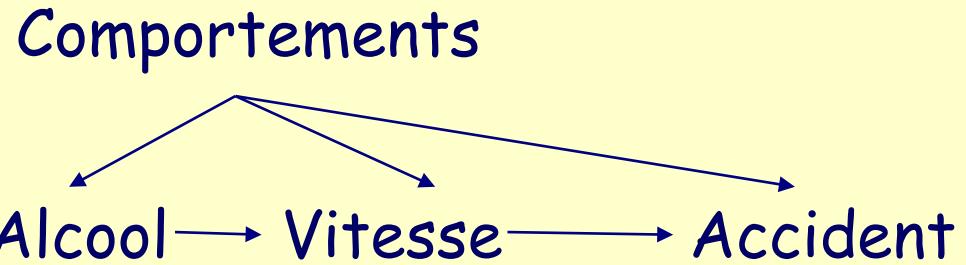


+ lire thread intéressant sur survenue d'extrasystole ventriculaire après infarctus et risque de décès : <https://twitter.com/FZores/status/1243459929618423808>

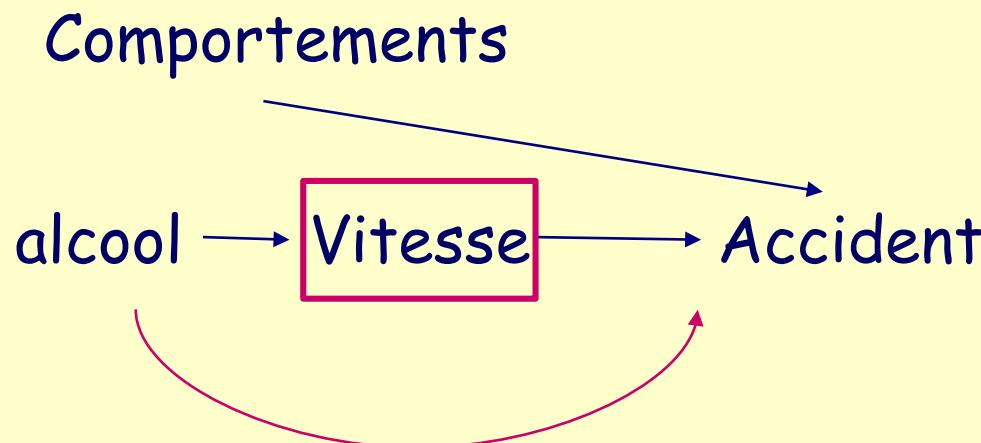
Etudes observa- tionnelles

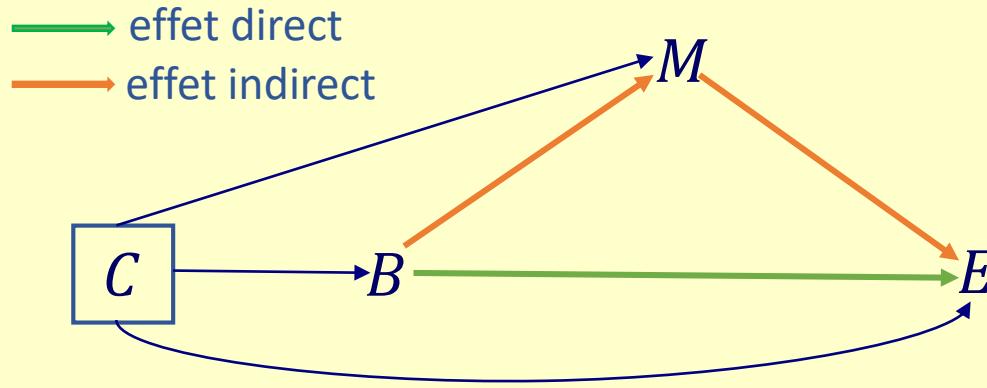
Médiation et
sécurité
routière
Thèse de
Marine
Dufournet
supervisée
par Vivian
Vialon

- Alcool augmente risque d'accident
 - Vitesse excessive augmente risque d'accident
 - Personne exposée à l'alcool roule à une vitesse inadaptée à la situation
-
- Effet direct de l'alcool et effet médié par la vitesse en présence de facteur de confusion (comportements)



↗ Design d'essai interventionnel pour identifier l'effet non médié



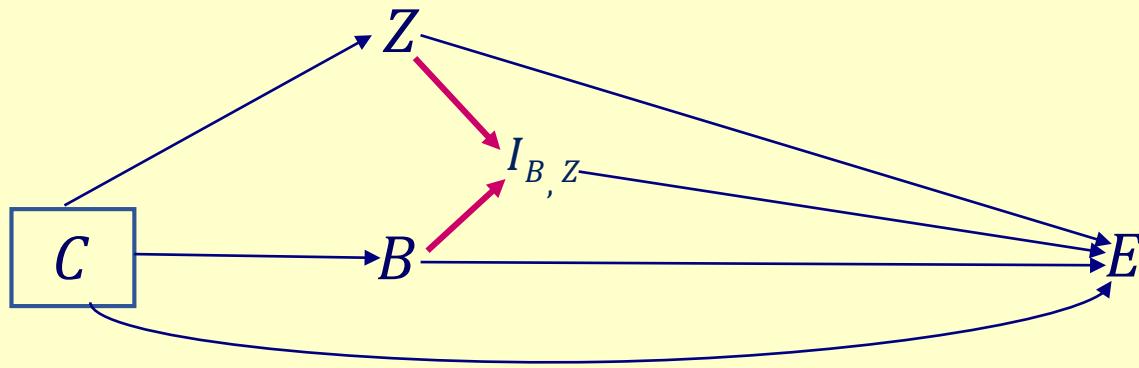


B : exposition au bruit des avions

M : médiateur : gène occasionnée par le bruit

E : événement de santé (état de santé perçu)

C : facteurs de confusion (facteurs socio-démographiques, lieu d'habitation, etc.)



B : exposition au bruit des avions

Z : modérateur : sensibilité au bruit

$I_{B,Z}$: interaction entre le facteur d'exposition et le modérateur

E : événement de santé (état de santé perçu)

C : facteurs de confusion (facteurs socio-démographiques, lieu d'habitation, etc.)

Typologie MCAR, MAR, MNAR

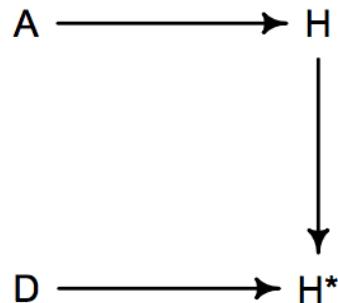
H: Homework

H*: Homework with missing values

A: Attribute of student

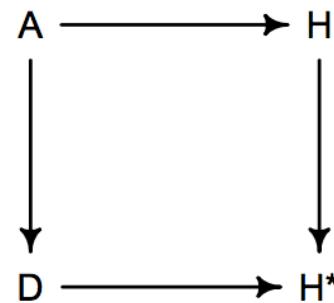
D: Dog (missingness mechanism)

DOG EATS
ANY
HOMEWORK



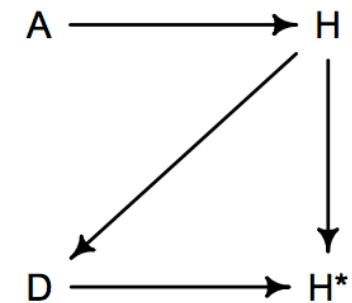
MISSING COMPLETELY
AT RANDOM

DOG EATS
STUDENTS'
HOMEWORK



MISSING
AT RANDOM

DOG EATS
BAD
HOMEWORK



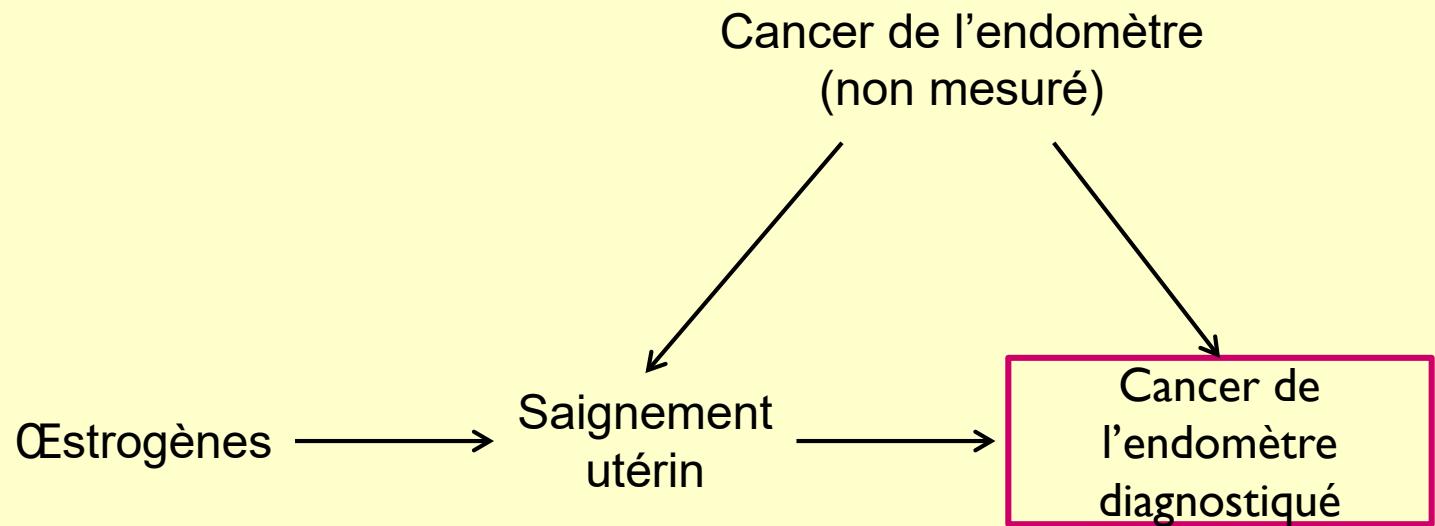
MISSING NOT
AT RANDOM

Etudes observa- tionnelles

œstrogènes
et cancer
endométrial
cf. Miguel
Hernan

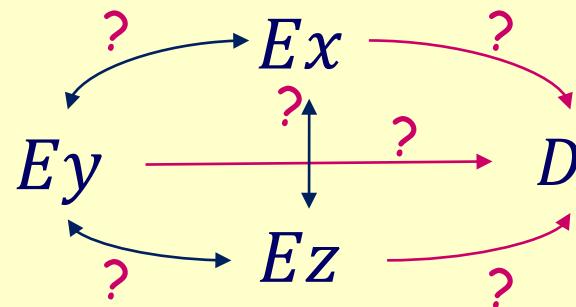
- Traitement hormonal substitutif de la ménopause par œstrogènes et survenue d'un cancer utérin
 - Association trouvée dès le milieu des années 90
- Cancer utérin entraîne saignements
- œstrogènes entraîne saignements qu'il y ait cancer utérin ou non
- Beaucoup de cancers non diagnostiqués
- Saignements entraîne dépistage et diagnostic de cancer utérin
- œstrogènes sont-ils un facteur de risque de cancer utérin ?

- Quel est l'effet de l'exposition aux œstrogènes sur la survenue de cancer utérin ?
- On dispose des données sur les traitements et les **diagnostics** de cancer utérin
- Biais de diagnostic, de surveillance



Modélisation des effets causaux de biomarqueurs multidimensionnels

↗ Données de grande dimension : Intégration de biomarqueurs (E) par approche causale

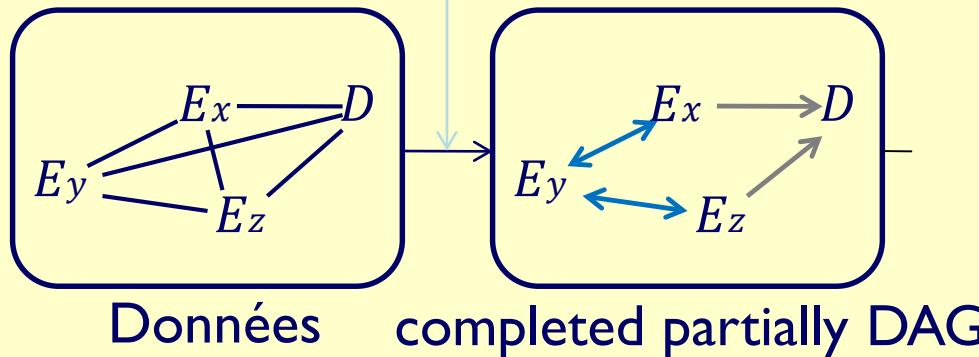


1. Relations d'ordre inconnues
2. Intervention impossible

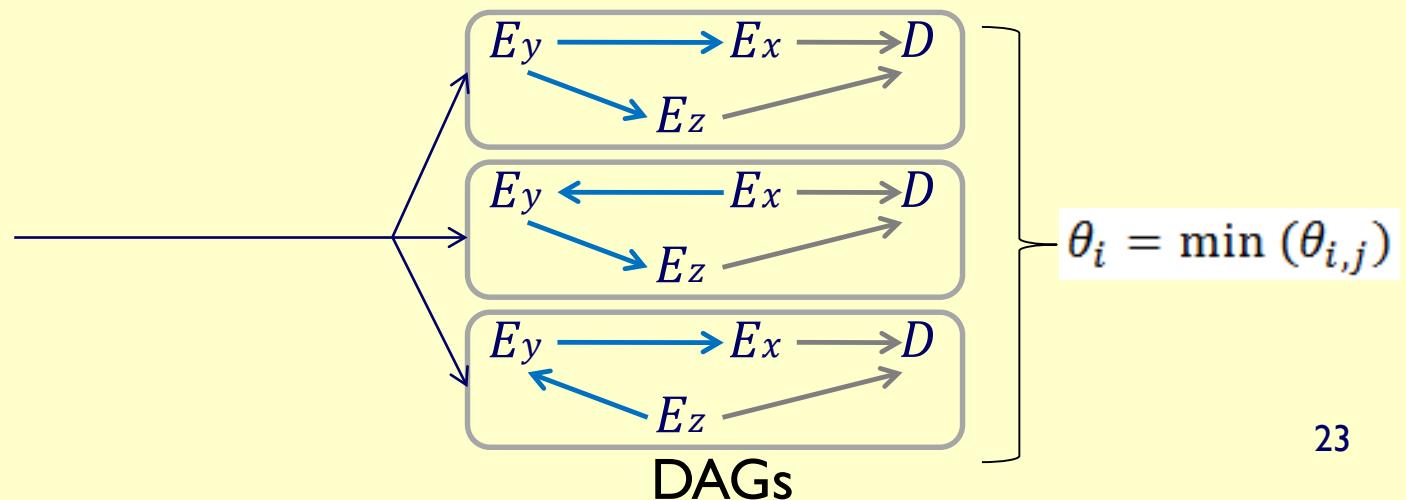
Modélisation des effets causaux de biomarqueurs multidimensionnels

干预 calculus when the DAG is absent (IDA
Maathuis 2009)

① PC-algorithm Peter Spirtes and Clark Glymour ; 2000



② Do-calculus

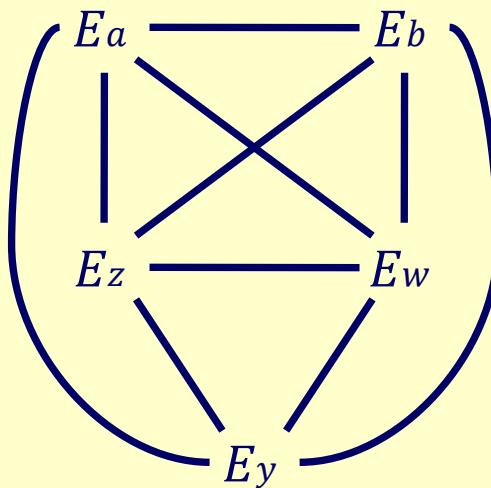


Modélisation des effets causaux de biomarqueurs multidimensionnels

IDA : ① *PC-algorithm*

Objectif :

A partir d'un graphe non orienté, supprimer un lien si indépendance au seuil α



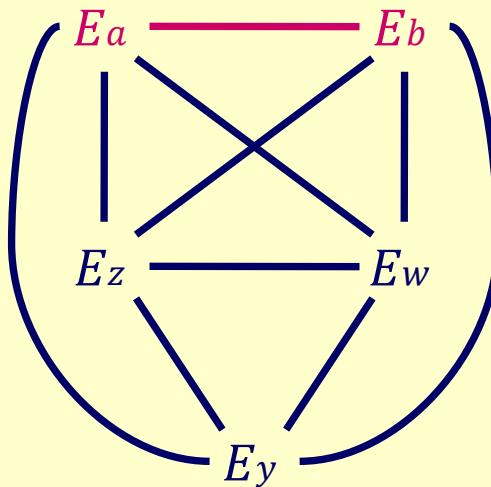
Modélisation des effets causaux de biomarqueurs multidimensionnels

IDA : ① *PC-algorithm*

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$E_a \perp\!\!\!\perp E_b | \emptyset?$



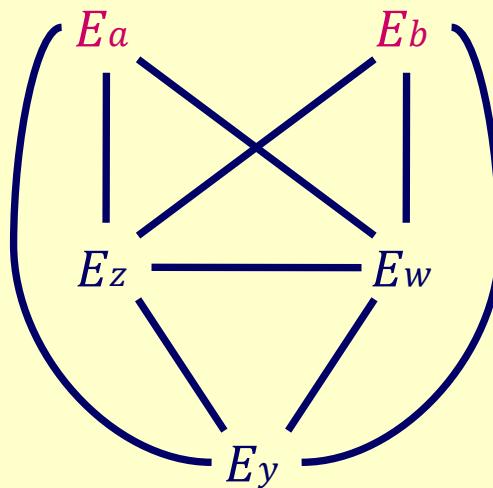
Modélisation des effets causaux de biomarqueurs multidimensionnels

IDA : ① *PC-algorithm*

Objectif :

A partir d'un graphe non orienté, supprimer un lien si indépendance au seuil α

$E_a \perp\!\!\!\perp E_b | \emptyset$? Oui



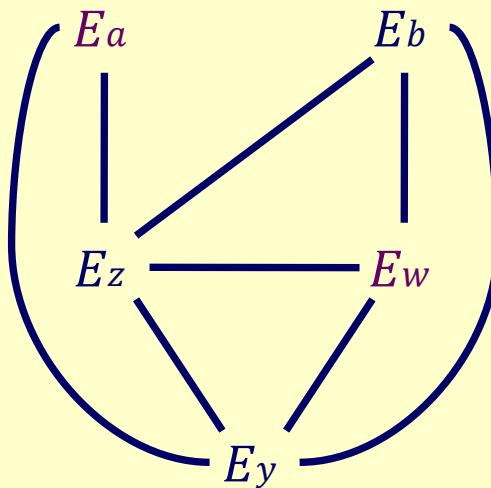
Modélisation des effets causaux de biomarqueurs multidimensionnels

IDA : ① PC-algorithm

Objectif :

A partir d'un graphe non orienté, supprimer un lien si indépendance au seuil α

$$E_a \perp\!\!\!\perp E_b | \emptyset? \text{Oui} \quad E_a \perp\!\!\!\perp E_w | \emptyset? \text{Oui}$$



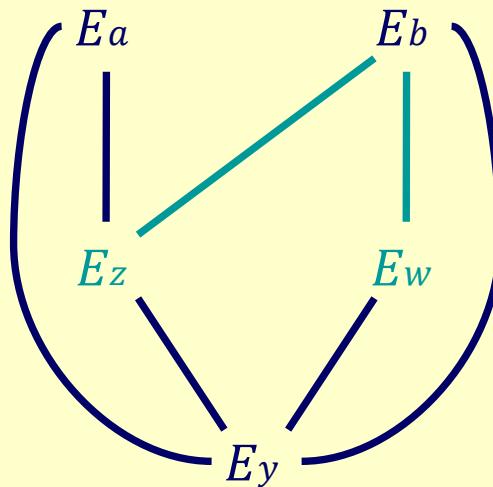
Modélisation des effets causaux de biomarqueurs multidimensionnels

IDA : ① *PC-algorithm*

Objectif :

A partir d'un graphe non orienté, supprimer un lien si indépendance au seuil α

$E_z \perp\!\!\!\perp E_w | E_b$? Oui



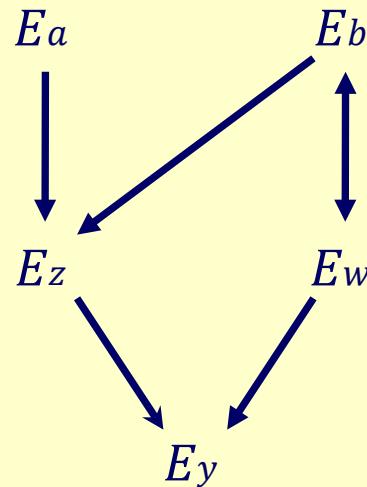
Modélisation des effets causaux de biomarqueurs multidimensionnels

IDA : ① *PC-algorithm*

Objectif :

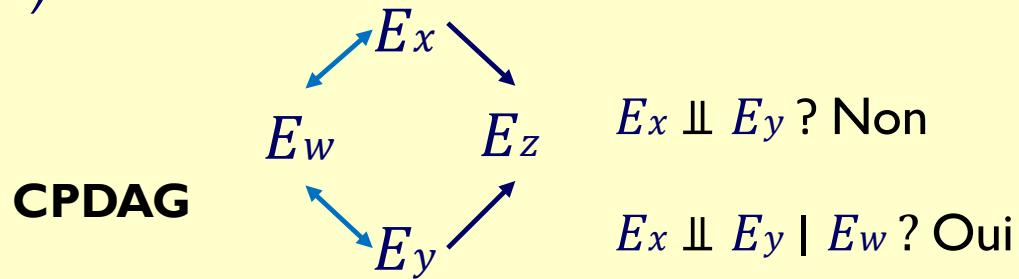
A partir d'un graphe non orienté, supprimer un lien si indépendance au seuil α

Completed partially DAG (CPDAG)

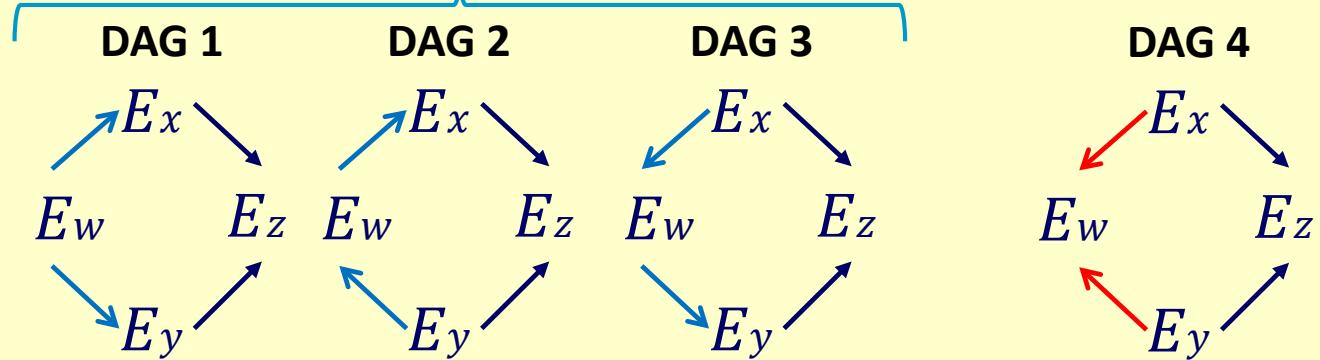


Modélisation des effets causaux de biomarqueurs multidimensionnels

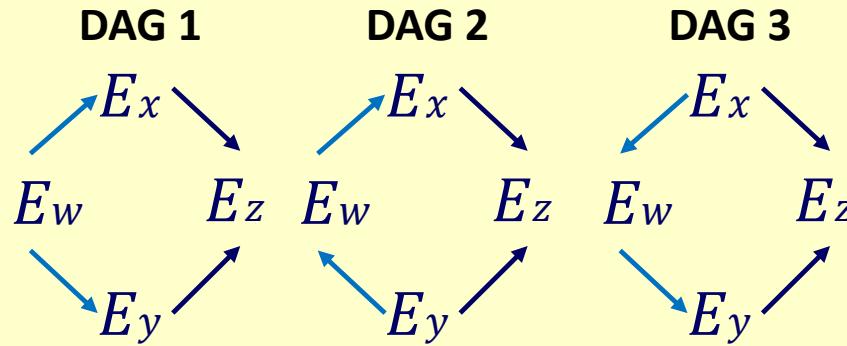
② *Do-calculus* : orienter les flèches bidirigées du CPDAG
 ⇒ Classe de DAGs équivalents (même squelette, même V-structure)



DAGs de classe Markov équivalente encodant
les mêmes indépendances conditionnelles



Modélisation des effets causaux de biomarqueurs multidimensionnels



Objectif : dans chaque DAG, estimer l'effet causal de chaque prédicteur sur l'événement

Estimateur unique : effet médian, effet minimal, etc..

Comparaison de méthodes statistiques d'analyse de données omics dans le traitement néoadjuvant dans le cancer du sein
(Ternès et al. 2014*)

Intégration de mesures répétées de biomarqueurs multidimensionnels

- ▲ Identifier des marqueurs immunologiques précoce des effets des traitements
 - ▲ Inférence causale dans l'analyse de biomarqueurs (laboratoire d'immunomonitoring en oncologie UMS CNRS 3655, Inserm US23)
 - ▲ Marqueurs mesurés avant et pendant le traitement
 - ▲ Critères de jugement : toxicité/réponse au traitement / survie
- ▲ Thèse de Vahé Asvatourian « Développer une approche causale dans l'évaluation des immunothérapies »

Take home message

- In DAGs, all information is in missing arrows
- Classical statistical inference could be represented with DAGs
- DAGs = screening tools to identify selection bias:
 - especially in observational settings
 - but also in interventional trials
- DAG have been developped in omics settings
- Expert knowledge is required +++ to draw DAGs

References

-  Harvard School Public Health causal inference program
<http://www.hsph.harvard.edu/causal/>
-  University of Berkeley M Petersen and L Balzer course
<http://www.ucbbiostat.com/#!lectures/cpk>
-  Pearl, J., 1995. Causal diagrams for empirical research. *Biometrika*, 82(4), pp.669–688.
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