

The Negative Control Approach to Detect and Control for Unobserved Confounding

Eric J Tchetgen Tchetgen
Professor of Biostatistics and Epidemiologic Methods,
Harvard University

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- In experimental biology, the manipulation of experimental conditions prevents many of the noncausal associations that arise in observational studies.
- Nonetheless, experimental biologists routinely question whether they have correctly inferred causal relationships from the results of their experiments.
- **Biologists employ “negative controls” as a means of ruling out possible noncausal interpretations of their results.**

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- An experiment is devised in which neutrophils, bacteria, and growth medium are mixed together.
- In condition 1, the cytokine is added, and in condition 2, some inert substance such as saline solution is added. After incubation, the bacteria are enumerated and the number of live bacteria compared between conditions 1 and 2.
- fewer live bacteria in condition 1 than in 2 is consistent with the hypothesis that the cytokine enhanced neutrophil-mediated killing.

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 - or perhaps the cytokine itself kills bacteria,
 - or perhaps some other unintended difference between the treated and untreated conditions (e.g., temperature or pH) caused the differential survival of the bacteria.
- Each of these unintended differences is broadly similar to a *confounder* – a characteristic associated with the exposure (presence or absence of the cytokine) and causes the outcome (differences in bacterial counts).

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 - (i) attempt to eliminate unwanted differences between the compared groups (in the design) and
 - (ii) to measure and account for any unavoidable differences (in the analysis).
- The second general approach is to perform *negative controls (exposures or outcomes)*: to repeat the experiment under conditions in which it is expected to produce a null result and verify that it does indeed produce a null result.

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 - Check for an effect that would be impossible by the hypothesized mechanism: species of bacteria completely impervious to the actions of neutrophils.
- the list of possible non-causal explanations for an experimental result is almost endless and so is the list of possible negative controls, judgment is required to assess how many such noncausal explanations are plausible and which negative controls are of greatest value in ruling out key threats to valid inference.

Negative controls in observational studies

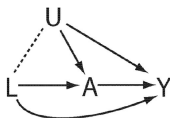


FIGURE 1. Causal diagram for the effect of an exposure of interest (A) on an outcome of interest (Y), with confounders L (assumed measured) and U (assumed uncontrolled) that cause both A and Y. The dashed line between L and U indicates that either may cause the other, and they may share common causes.

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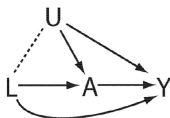


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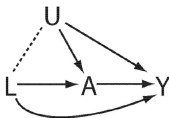


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- Example 1: Observational analysis of the effect of vaccination in the elderly suggest a remarkably large reduction in one's risk of pneumonia/influenza hospitalization and also in one's risk of all cause mortality in the following season.
- This large observed effect, combined with the lack of measurable vaccine effect in ecological studies, have led to a suspicion that uncontrolled confounding has exaggerated the impact of influenza vaccination on mortality and on pneumonia/influenza hospitalization

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- Thus they could assess the risk of pneumonia/influenza hospitalization and all-cause mortality among vaccinated vs. unvaccinated persons both before, during and after influenza season.
- The only biologically plausible mechanism by which influenza vaccine could protect against mortality or pneumonia/influenza hospitalization is by preventing influenza or its consequences; therefore, Jackson and colleagues reasoned that if the effect measured in prior studies were causal, it should be most prominent during influenza season.

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- They concluded that this is evidence that confounding, rather than protection against influenza, accounts for a substantial part of the observed “protection.”
- The use of this negative control outcome approach is formally similar to the “leave-out-an-essential-ingredient” control described above, as influenza is essential in the proposed causal pathway

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- They found that influenza vaccination was also “protective” against injury or trauma hospitalization.
- This, too, was interpreted as evidence that some of the protection observed for pneumonia/influenza hospitalization or mortality was due to inadequately controlled confounding.
- This second negative control outcome is formally similar to the “check-for-an-effect-impossible-by-the-hypothesized mechanism” approach described in the experimental setting.

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- If, however, there is an intrauterine influence, then only the maternal exposure would be expected to show an independent association with the outcome.

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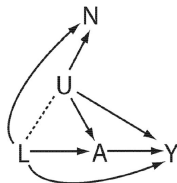


FIGURE 2. Causal diagram showing an ideal negative control outcome N for use in evaluating studies of the causal relationship between exposure A and outcome Y. N should ideally have the same incoming arrows as Y, except that A does not cause N; to the extent this criterion is met, N is called U-comparable to Y.

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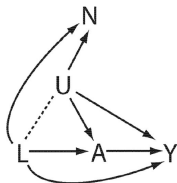


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- To the extent that the set of unobserved common causes of A and Y overlaps with the set of unobserved common causes (U) of A and N, we call the negative control outcome N “U-comparable” to Y.

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- If N and Y are U -comparable outcomes (i.e. with an identical set of common causes that are associated with A), and assuming that N is not caused by A , an association A - N when analyzed according to the same procedure used to analyze A - Y would indicate bias in the association A - Y .

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- If N and Y are perfectly U -comparable and N is not caused by A , then a null finding of A - N implies that the A - Y association is not likely biased by the pathways examined through this negative control.

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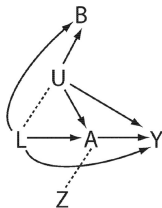


FIGURE 3. Causal diagram showing an ideal negative control exposure B for use in evaluating studies of the causal relationship between exposure A and outcome Y. B should ideally have the same incoming arrows as A; to the extent this criterion is met, B is called U-comparable to A. Z is an instrumental variable of the A-Y relationship and is depicted to illustrate the difference between an instrumental variable and a negative control variable.

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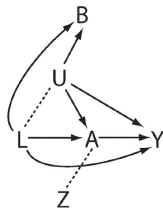


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- To the extent that the set of unobserved common causes U of A and Y overlaps with the set of unobserved common causes of B and Y, we call the negative control exposure B “U-comparable” to A.

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- If A and B are perfectly U-comparable and B does not cause Y, then a null finding of A-N means that the A-Y association is unbiased.

Other examples of negative controls

- Exposure: Occupational radon exposure in miners; outcome: lung cancer: Negative control outcome: COPD (Richardson et al, 2014)

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- Exposure: Air pollution week t , outcome: mortality/hospitalizations week $t+1$, negative control outcome: mortality/hospitalizations week $t-1$, negative control exposure: Air pollution week $t+1$.

Difference-in-differences as a NOC method:

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 - (i) One has observed the outcome pre- and post-exposure for each person (or repeated samples), and
 - (ii) the association of the unobserved confounder with the outcome is assumed equal across exposure groups and constant over time.
- Then, the approach entails estimating the effect of exposure by taking a difference between exposure groups of the average change in outcome over time.

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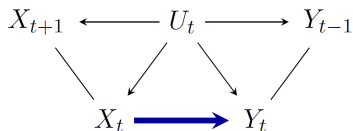
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- This estimated exposure-free outcome is a strong surrogate measure of the unmeasured confounder, and can be used to adjust for confounding between exposure and NCO
- Find all possible values of ACE such that adjusting for the corresponding estimated exposure-free outcome minimizes association between exposure and NCO. See Tchetgen Tchetgen (American Journal of Epidemiology, 2013)

Indirect confounding adjustment

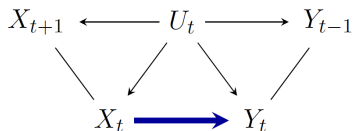
Double Adjustment by Negative Outcome-Negative Exposure (DANONE):



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- The causal effect of X_t on Y_t is nonparametrically identified under rank conditions restricting the number of levels the unobserved confounder can take relative to the number of levels of the negative control exposure and outcome. See Miao and Tchetgen Tchetgen