

Comparing Modern Machine Learning Methods for Predicting Individual Treatment Effect

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July 24, 2024

- **not all participants will react equally to an intervention**

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- Characterizing this **heterogeneity in intervention effects** is key to improving patients outcomes.

to estimate **Individual Treatment Effects**.

To compare state-of-the-art **Statistical models and Machine Learning algorithms**.

The predicted individual treatment effects (**PITE**) framework

- **PITE is a method to estimate individual treatment effects.**
- PITE consists of the difference between **experimental(E)** and **control (C) prediction** for each individual [Jaki et al., 2024].

$$\text{PITE}_i = f_E(\mathbf{X}_i) - f_C(\mathbf{X}_i), \quad f(\cdot) \text{ is a predictor}$$

The predicted individual treatment effects (PITE) framework

challenge

PITE is unobserved.

The outcome is observed for a given patient only under either the **experimental (E)** $f_E(\mathbf{x}_i)$ or **control (C) condition** $f_C(\mathbf{x}_i)$

a natural question

Which method is the best to estimate PITE?

Can any approach for prediction be applied?

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- population heterogeneity,
- complex structures (linear/non-linear)
- and high-dimensionality [Lamont et al., 2016].

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important!

- The best method to estimate the PITE is not **necessarily** the best fitted model.
- An essential part is **to delineate this heterogeneity** based on the baseline covariates (features).

Regressions approaches applied



- Sensitivity (Detect PITE direction)

$$\text{Same Direction}_i = \begin{cases} 1 & \text{if } t\text{PITE}_i \times \text{PITE}_i > 0 \\ -1 & \text{otherwise} \end{cases}$$

true $t\text{PITE}_i$ and estimated PITE_i .

$$\frac{1}{n} \sum_{i=1}^n \mathbf{1}_{t\text{PITE}_i \times \text{PITE}_i > 0}$$

For each method, calculate the proportion of individuals whose estimated PITE have the same direction as the true PITE.

- Risk (Expected Squared Error)

$$\frac{1}{n} \sum_{i=1}^n (\text{tPITE}_i - \text{PITE}_i)^2 \times 100$$

Data generation mechanism

Sample size $n = 40, 70, 100, 300, 400, \mathbf{500}, \mathbf{1000}, 1200, 1500$ with allocation ratio 1:1 ($n_C = n_T = n/2$).

$$y = \mathbf{X}\beta + t\mathbf{Z}\gamma + \epsilon, \quad \epsilon \sim N(0, 1)$$

$t \in (0, 1) \Rightarrow$ benefit $\mathbf{Z}\gamma$

Leave-one-out cross-validation for validation

- \mathbf{Z} Normal, Linear, Independent

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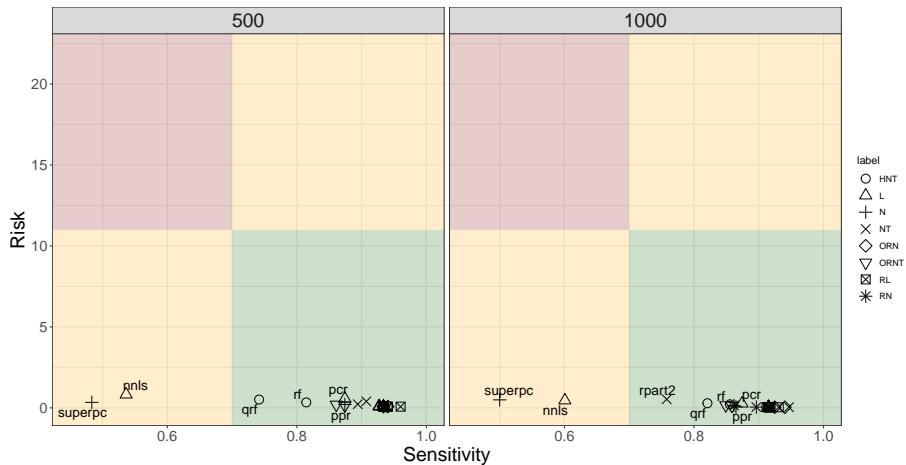
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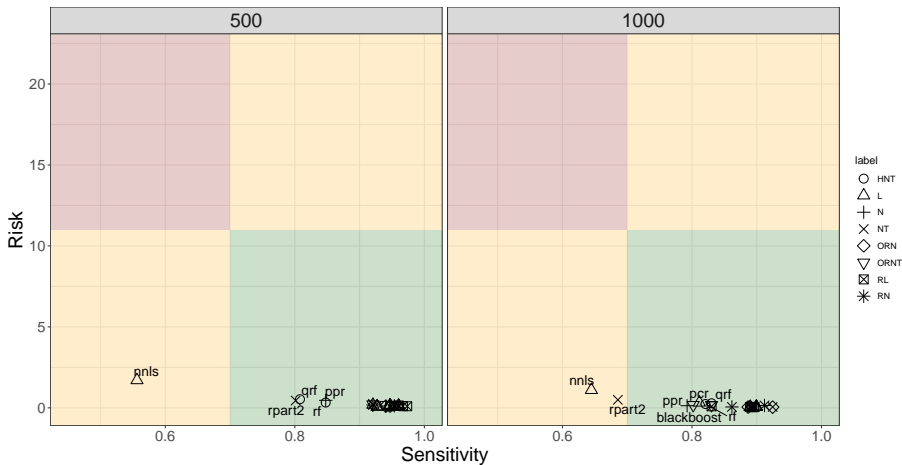
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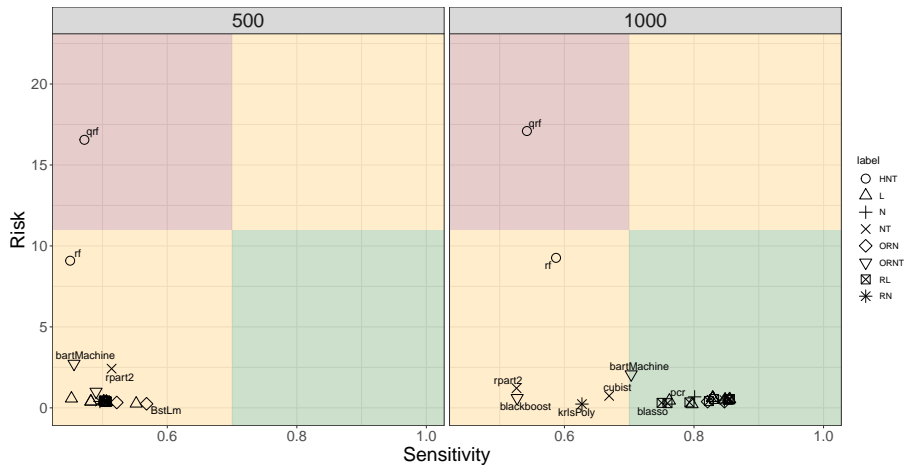
Linear, no Interaction



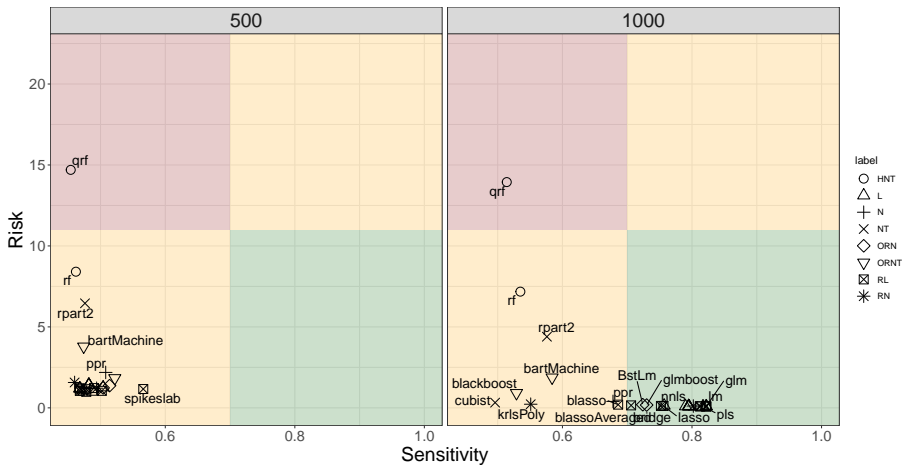
Linear, with Interaction



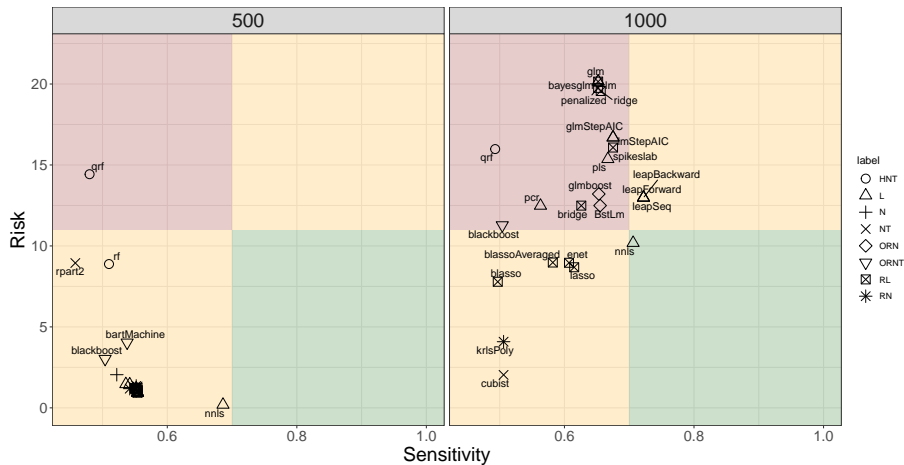
Linear, low Correlation



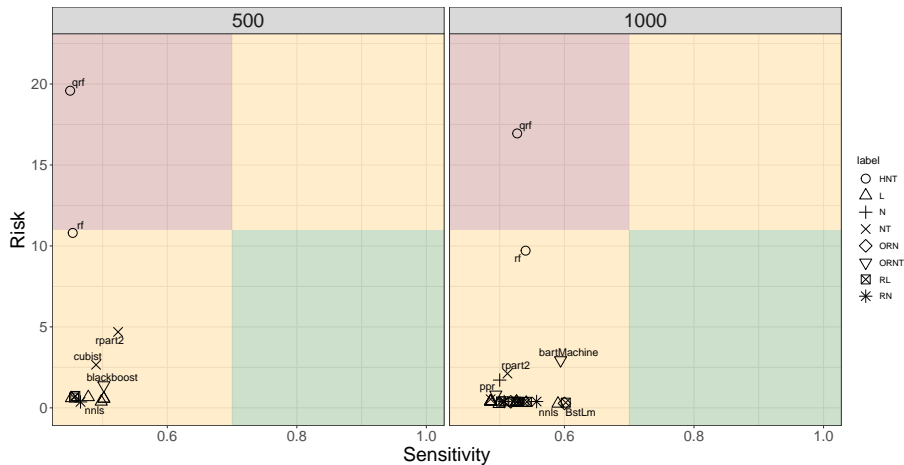
Linear, high Correlation



No-Linear, Simple

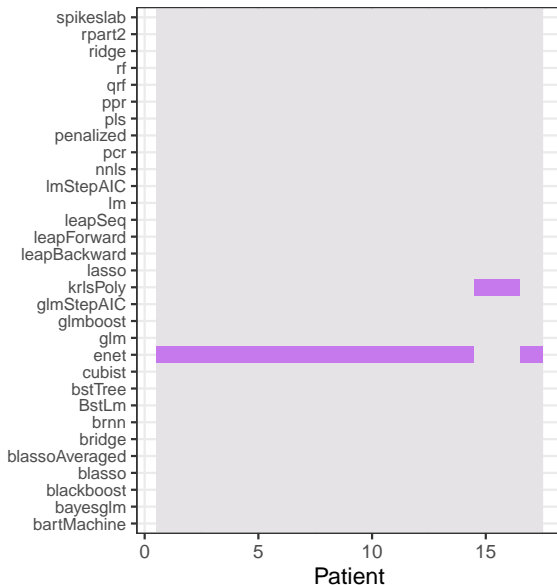


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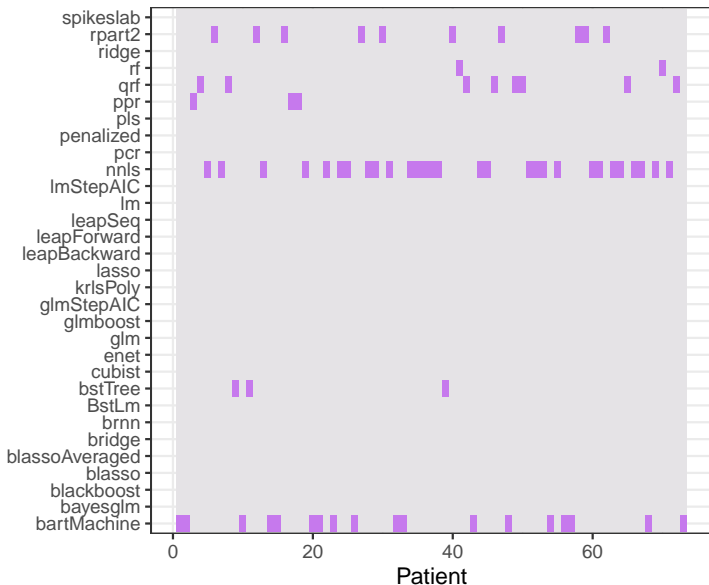
Difficult cases Non-linear Complex $n = 500$

only **one model** captures the PITE direction



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- Methods based on trees (blackboost, bartMachine, rpart2) present typically low risk in non-linear cases, while linear approaches struggle with risk in simple non-linear data.

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- An analyst should know what characteristics their dataset presents.
- Risk is more variable.
- RF approaches perform poorly in terms of risk across non-trivial scenarios.
- Effectiveness of Regularization in high-correlation scenarios.
- Methods based on trees (blackboost, bartMachine, rpart2) present typically low risk in non-linear cases, while linear approaches struggle with risk in simple non-linear data.
- Leave complex methods for large sample sizes.

- Thomas Jaki, Chi Chang, Alena Kuhlemeier, and M. Lee Van Horn. Predicting individual treatment effects: Challenges and opportunities for machine learning and artificial intelligence. *KI - Künstliche Intelligenz*, January 2024. ISSN 1610-1987. doi: 10.1007/s13218-023-00827-4. URL <http://dx.doi.org/10.1007/s13218-023-00827-4>.
- Andrea Lamont, Michael D Lyons, Thomas Jaki, Elizabeth Stuart, Daniel J Feaster, Kukatharmini Tharmaratnam, Daniel Oberski, Hemant Ishwaran, Dawn K Wilson, and M Lee Van Horn. Identification of predicted individual treatment effects in randomized clinical trials. *Statistical Methods in Medical Research*, 27(1):142–157, March 2016. doi: 10.1177/0962280215623981. URL <https://doi.org/10.1177/0962280215623981>.

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