

Confounding adjustment and estimating treatment effects

With models

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1. What your dataset needs to look like

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- 2. Fitting models for the weights
- 3. Fitting the outcome model

1. Dataset requirements

Dataset in longitudinal format

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Temporality is key

Within each row, need to ensure temporality (L_k, A_k, Y)

2. Fitting weight models

IPTW (weights to adjust for time-varying confounding)

Goal: A_k is not predicted anymore by the past (L_k) at each timepoint How: Give everyone IPTW

$$
W^{A} = \prod_{t=0}^{59} \frac{1}{Pr[A_{k}|\bar{C}_{k} = \overline{0}, \overline{Y}_{k-1} = \overline{0}, \overline{A}_{k-1}, L_{0}, \overline{L}_{k}]}
$$

 $logit[pr(A_k = 1 | \bar{C}_k = \bar{0}, \bar{Y}_{k-1} = \bar{0}, \bar{A}_{k-1}, = a, L_0, \bar{L}_k)] =$ $\alpha_{0t} + \alpha_1^T L_0 + \alpha_2^T L_k$ Fit the following pooled logistic model:

R code

IPTW (weights to adjust for time-varying confounding)

Weights ensure L^k no longer predicts A^k for every timepoint k

"Association is causation"

Note that we are making a lot of assumptions!

mod <- glm(A_k \sim Time + I(Time^2) + L_0 + L_k, family = binomial(), $data = dat)$

We fit one model on the entire tree… Is it realistic we can properly model the entire treatment process with one parametric model?

- Could model time more flexibly (e.g. restricted cubic spline)
- Could add interactions (between time and confounders)
- Could fit separate models for each treatment group
- Could fit separate model for each timepoint

Model misspecification (bias-variance trade-off)

Assumptions about recency of confounders

If we only put most recent time-varying confounder value (+ baseline confounder) in our weighting model

Misspecified model leads to remaining red arrow after weighting, so residual confounding! (even if all time-varying confounders are measured)

Solutions

1. Truncate the weights at the nth percentile (e.g. 99th) or at a certain value dat\$w.trunc <- ifelse(dat\$w>10, 10, dat\$w)

2. Use stabilized weights

$$
SW_{v1}^A = \prod_{t=0}^{59} \frac{\Pr[A_k | \overline{C}_k = \overline{0}, \overline{A}_{k-1}]}{\Pr[A_k | \overline{C}_k = \overline{0}, \overline{D}_{k-1} = \overline{0}, \overline{A}_{k-1}, L_0, \overline{L}_k]} \qquad SW_{v2}^A = \prod_{t=0}^{59} \frac{\Pr[A_k | \overline{C}_k = \overline{0}, \overline{A}_{k-1}, L_0]}{\Pr[A_k | \overline{C}_k = \overline{0}, \overline{D}_{k-1} = \overline{0}, \overline{A}_{k-1}, L_0, \overline{L}_k]}
$$

Fit two pooled logistic models:

Numerator: $logit[pr(A_k = 1 | \bar{C}_k = \bar{0}, \bar{Y}_{k-1} = \bar{0}, \bar{A}_{k-1}, = a, \bar{L}_k)] = \alpha_{0t} (+\alpha_1^T L_0)$ Denominator: $logit[pr(A_k = 1 | \bar{C}_k = \bar{0}, \bar{Y}_{k-1} = \bar{0}, \bar{A}_{k-1}, = a, \bar{L}_k)] = \alpha_{0t} + \alpha_1^T L_0 + \alpha_2^T L_k$

Checking covariate balance at each timepoint

JW Jackson, *Am J Epidemiol (2019)*, Diagnosing Covariate Balance Across Levels of Right-Censoring Before and After Application of Inverse-Probability-of-Censoring Weights

Repeat same process for IPCW

$$
W^{C} = \prod_{t=0}^{59} \frac{1}{Pr[C_{k}|\bar{C}_{k-1} = \overline{0}, \overline{Y}_{k-1} = \overline{0}, \overline{A}_{k-1}, L_{0}, \overline{L}_{k}]}
$$

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 $logit[pr(C_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{Y}_{k-1} = \bar{0}, \bar{A}_{k-1} = a, L_0, \bar{L}_k)] =$ $\alpha_{0t} + \alpha_1^T L_0 + \alpha_2^T L_k + \alpha_3 A_{k-1}$ Fit the following pooled logistic model:

3. Fitting outcome models

Artificial censoring

Determine artificial censoring based on assigned strategy:

"Start treatment and always use" vs. "Never start treatment"

Fit the outcome model

Fit the following **weighted** pooled logistic model:

 $logit[pr(Y_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{C}_{k-1}(art) = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_0)] =$ $\alpha_{0t} + \alpha_1 A_0$

Then, the marginal ln(HR) for treatment is given by α_1 (under the assumption that outcome incidence is <10% in each time interval)

If baseline confounders were used in the numerator of the stabilized weights, then they have to be added to the outcome model:

$$
logit[pr(Yk = 1 | \bar{C}_{k-1} = \overline{0}, \bar{C}_{k-1}(art) = \overline{0}, \overline{Y}_{k-1} = \overline{0}, A_0, L_0)] =
$$

$$
\alpha_{0t} + \alpha_1 A_0 + \alpha_2^T L_0
$$

R code

$$
logit[pr(Y_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{C}_{k-1}(art) = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_0)] = \alpha_{0t} + \alpha_1 A_0
$$

```
# fit outcome model
outcome_mod <- g/m(Y_k \sim Time + I(Time \sim 2) + A_0 + L_0,
family = binomial(), weight = IPTW*IPCW,
data = subset(dat, C_k == 0 & C_k = -1 art == 0))
```
obtain hazard ratio exp(coef(outcome_mod))

Assessing effect modification by baseline variable

$$
logit[pr(Y_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{C}_{k-1}(art) = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_0, V)] = \alpha_{0t} + \alpha_1 A_0 + \alpha_2 V + \alpha_3 A_0 V
$$

fit outcome model outcome_mod <- $g/m(Y_k \sim Time + I(Time \sim 2) + A_0 + V + A_0 : V,$ $family = binomial()$, weight = IPTW*IPCW, data = subset(dat, $C_k == 0$ & $C_k = 1$ art == 0))

Need to account for use of IPTW/IPCW (and perhaps repeated use of same individual through sequential trials or cloning)

Solutions:

```
1. Robust standard error (e.g. survey package in R)
outcome_mod <- svyglm(Y_k \sim Time + I(Time^2) + A_0 + L_0,
family = binomial(), design = svydesign(id = \simid, weights = \simIPTW*IPCW,
data = subset(dat, C_k==0 & C_k_art == 0))
exp(confint(outcome_mod))
```
2. Nonparametric bootstrap

Questions

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- Dose-response models
- Constructing inverse probability weighted survival curves

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- Competing risks
- Implementing clone-censor-weight
- Implementing sequential trials

4. Dose-response models

Fitting a dose-response model instead of censoring

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Fitting a dose-response model instead of censoring

Censoring vs. dose-response model

Artificial censoring approach

Fit the following **weighted** pooled logistic model:

 $logit[pr(Y_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{C}_{k-1}(art) = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_0)] =$ α_{0t} + $\alpha_1 A_0$

HR for always treat vs. never treat: e^{α_1}

Dose-response approach

Fit the following **weighted** pooled logistic model:

 $logit[pr(Y_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_k)] =$ ${\gamma}_{0 t}$ + ${\gamma}_1 A_{tot}$ + ${\gamma}_2 (A_{tot})^2$

HR for each additional month of treatment: $e^{\gamma_1 A_{tot} + \gamma_2(A_{tot})^2}$

HR for always treat vs. never treat: $e^{\gamma_1 * 60 + \gamma_2 * 60^2}$

Different dose-response models

Total duration of treatment

$$
logit[pr(Y_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_k)] = \gamma_{0t} + \gamma_1 \sum_{k=0}^{t} A_k + \gamma_2 \left(\sum_{k=0}^{t} A_k\right)^2
$$

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Average duration of treatment

$$
logit[pr(Y_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_k)] = \delta_{0t} + \delta_1 \left(\frac{1}{t} \sum_{k=0}^t A_k\right) + \delta_2 \left(\frac{1}{t} \sum_{k=0}^t A_k\right)^2
$$

Sometimes dose-response model not needed

Hazard at each timepoint k depends on cumulative treatment history

$$
logit[pr(Yk = 1 | \bar{C}_{k-1} = \bar{0}, \bar{Y}_{k-1} = \bar{0}, Ak)] =
$$

$$
\gamma_{0t} + \gamma_1 \sum_{k=0}^{t} A_k + \gamma_2 \left(\sum_{k=0}^{t} A_k\right)^2
$$

Hazard at each timepoint k only depends on most recent treatment

 $logit[pr(Y_k = 1 | \bar{C}_{k-1} = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_k)] =$ $\beta_{0t} + \beta_1 A_k$

- Danaei G, Rodríguez LA, Cantero OF, Logan R, Hernán MA. Observational data for comparative effectiveness research: an emulation of randomised trials of statins and primary prevention of coronary heart disease. Stat Methods Med Res. 2013 Feb;22(1):70-96. doi: 10.1177/0962280211403603. Epub 2011 Oct 19. PMID: 22016461; PMCID: PMC3613145.
- Toh S, Hernán MA. Causal inference from longitudinal studies with baseline randomization. Int J Biostat. 2008 Oct 19;4(1):Article 22. doi: 10.2202/1557- 4679.1117. PMID: 20231914; PMCID: PMC2835458.

5. Parametric estimation of weighted survival curves

Making survival curves

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How is survival calculated?

Survival

\n
$$
\Pr[Y_k = 0] = \prod_{m=1}^{k} \Pr[Y_m = 0 | Y_{m-1} = 0]
$$
\n
$$
\Pr[Y_2 = 0] = \Pr[Y_2 = 0 | Y_1 = 0] * \Pr[Y_1 = 0] - 0.95 * 0.90 - 0.855
$$

$$
Pr[Y_2 = 0] = Pr[Y_2 = 0 | Y_1 = 0] * Pr[Y_1 = 0]
$$

= 0.95 * 0.90 = 0.855

Hazard

 $Pr[Y_k = 1 | Y_{k-1} = 0]$

 $Pr[Y_2 = 1 | Y_1 = 0] =$ no.of deaths during interval 2 no.of people alive during interval 2 $= 0.05$ $Pr[Y_2 = 0 | Y_1 = 0] = 1 - Pr[Y_2 = 1 | Y_1 = 0] = 1 - 0.05 = 0.95$

Calculating survival from hazards

Survival from hazard

$$
\Pr[Y_k = 0] = \prod_{\substack{m=1\\k}}^k \Pr[Y_m = 0 | Y_{m-1} = 0]
$$

$$
= \prod_{m=1}^k (1 - \Pr[Y_m = 1 | Y_{m-1} = 0])
$$

Estimating hazards from a weighted logistic model

 $logit[pr(Y_{k+1} = 1 | Y_k = 0, C_k = 0, C_{k_art} = 0, A_0)] =$ $\alpha_{0,k} + \alpha_1 A_0 + \alpha_2 A_0 * k + \alpha_3 A_0 * k^2$

where $\alpha_{0,k} = \alpha_0 + \alpha_4 * k + \alpha_5 * k^2$

Use model to predict hazards at each timepoint

Dataset 1: Prediction under **always treatment**

$$
logit[pr(Y_{k+1} = 1 | Y_k = 0, C_k = 0, C_{k_art} = 0, A_0 = 1)] =
$$

$$
\alpha_{0,k} + \alpha_1 + \alpha_2 * k + \alpha_3 * k^2
$$

Dataset 2: Prediction under **never treatment**

$$
logit[pr(Y_{k+1} = 1 | Y_k = 0, C_k = 0, C_{k_art} = 0, A_0 = 1)] = \alpha_{0,k}
$$

R code (1/2)

fit of weighted hazards model

outcome mod <- glm(Y k==1 \sim Time + Timesq + A_0 + I(A_0*Time) + I(A_0*Timesq),

```
family = binomial(), weight = IPTW*IPCW,
```
data = subset(dat, C_k==0 & C_k_art == 0))

creation of "treated" and "untreated" empty datasets dat_notreat <- data.frame(cbind(0, seq(0, 59), (seq(0, 59))^2)) dat treat \leq - data.frame(cbind(1, seq(0, 59), (seq(0, 59))^2))

colnames(dat_notreat) <- c("A_0", "Time", "Timesq") colnames(dat treat) <- c("A 0 ", "Time", "Timesq")

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R code (2/2)

Calculating hazard in each person-month

dat_notreat\$h_k <- predict(outcome_mod, dat_notreat, type="response") dat_treat\$h_k <- predict(outcome_mod, dat_treat, type="response")

Calculating survival in each person-month

dat_notreat\$S_k <- 1-dat_notreat\$h_k dat_treat\$S_k <- 1- dat_treat\$h_k

Calculating cumulative survival

dat_notreat\$S_k_cum <- cumprod(dat_notreat\$ S_k) dat treat\$S k cum <- cumprod(dat treat\$S k)

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- Hernán MA, Robins JM (2020). Causal Inference: What If. Boca Raton: Chapman & Hall/CRC. Chapter 17 Causal survival analysis
- <https://remlapmot.github.io/cibookex-r/causal-survival-analysis.html> (R code)
- Cole SR, Hernán MA. Adjusted survival curves with inverse probability weights. Comput Methods Programs Biomed. 2004 Jul;75(1):45-9. doi: 10.1016/j.cmpb.2003.10.004. PMID: 15158046.

6. Competing risks

What is a competing event?

• A competing (risk) event is any event that makes it impossible for the event of interest to occur

• E.g., if interested in the effect of SGLT-2 inhibitors vs. placebo on dialysis, then death is a competing event

• Similarly applies to randomized trials and observational studies

How to handle competing events?

1. Total effect of treatment $Pr[Y^{a=1} = 1]$ vs. $Pr[Y^{a=0} = 1]$

"*What is the total effect of treatment on the outcome, part of which may be mediated by the competing event*?"

2. Controlled direct effect of treatment

$$
Pr[Y^{a=1,d=0} = 1] \, vs. Pr[Y^{a=0,d=0} = 1]
$$

"*What is the direct effect of treatment on the outcome, in a world where we eliminate the competing event*?"

Total effect

1. Total effect of treatment $Pr[Y^{a=1} = 1]$ vs. $Pr[Y^{a=0} = 1]$

 $\Delta \longrightarrow D \longrightarrow Y$

"*What is the total effect of treatment on the outcome, part of which may be mediated by the competing event*?"

- Can be easily identified in a perfect randomized trial
- However, does not answer question about mechanism: if we find $Pr[Y^{a=1} = 1] < Pr[Y^{a=0} = 1]$, is this due to treatment A lowering Y, due to A increasing D (thereby preventing A), or a combination of both?

$$
A \qquad D \longrightarrow Y \qquad A \xrightarrow{+} D \longrightarrow Y \qquad A \xrightarrow{+} D \longrightarrow Y
$$

Most extreme example

- We conduct a RCT testing a new pill vs. placebo on the 5-year risk of dialysis
	- Assume that the trial is perfect (infinite sample size, perfect adherence, no loss to followup etc)

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- After completing the trial, we find $Pr[Y = 1 | A = 1] = 0$ and $Pr[Y = 1 | A = 0] = 0.4$
- We conclude that the new pill is very effective in preventing dialysis
- However, the pill is poisonous and kills those that ingest it within 1 minute
- Are we still interested in the total effect?

Less extreme example

Dataset to fit the **outcome model**

Dataset to fit the **weight model**

Controlled direct effect

2. Controlled direct effect of treatment $Pr[Y^{a=1,d=0} = 1]$ vs. $Pr[Y^{a=0,d=0} = 1]$

"*What is the direct effect of treatment on the outcome, in a world where we eliminate the competing event*?"

- Helps to elucidate mechanisms
- However, also difficult to interpret: "a world where we eliminate the competing event" \rightarrow How are we going to eliminate this in the real world? What is this potential intervention?
- Additional assumptions are required to identify $Y^{a,d=0}$: $Y^{a,d=0} \perp A$ and $Y^{a,d=0} \perp D$

Controlled direct effect

- Competing event is considered a censoring event: value of $Y^{a=1,d=0}$ is unknown after competing event occurs
- "A censoring event is any event occurring in the study that ensures the values of all future counterfactual outcomes under treatment level *a* that are of interest are unknown/missing, even for an individual who actually received treatment level *a*."
- Thus, if you censor for competing events you are implicitly targeting the CDE
- We try to simulate what would have happened, had the competing event not occurred
	- Intuitively, we upweight people without the competing event who have similar characteristics as those with the competing event

Assumptions for censoring

- Unbiased estimation requires absence of backdoor paths between A and Y_4 and no backdoor paths between D_3 and Y_4 (data shown below are from a randomized controlled trial)
- Use IPCW to remove arrow between L_2 and D_3

Violation of assumptions

If there are unmeasured common causes of D_3 and Y_4 , then we cannot validly estimate the controlled direct effect

How to estimate the controlled direct effect

Dataset format

Step 1: Fit weight model for censoring due to competing event

$$
W^{D} = \prod_{t=0}^{59} \frac{1}{Pr[D_{k}|\overline{D}_{k-1} = \overline{0}, \overline{Y}_{k-1} = \overline{0}, \overline{A}_{k-1}, L_{0}, \overline{L}_{k}]}
$$

Step 2: Use this model to calculate IPCW

Step 3: Fit outcome model adding these additional IPCW (on top of IPTW and IPCW for loss-to-follow-up)

Introductory:

• Rojas-Saunero LP, Young JG, Didelez V, Ikram MA, Swanson SA. Considering Questions Before Methods in Dementia Research With Competing Events and Causal Goals. Am J Epidemiol. 2023 Aug 4;192(8):1415-1423. doi: 10.1093/aje/kwad090. PMID: 37139580; PMCID: PMC10403306.

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• Mansournia MA, Nazemipour M, Etminan M. A practical guide to handling competing events in etiologic time-to-event studies. Glob Epidemiol. 2022 Jul 11;4:100080. doi: 10.1016/j.gloepi.2022.100080. PMID: 37637022; PMCID: PMC10446108.

Technical:

• Young JG, Stensrud MJ, Tchetgen Tchetgen EJ, Hernán MA. A causal framework for classical statistical estimands in failure-time settings with competing events. Stat Med. 2020 Apr 15;39(8):1199-1236. doi: 10.1002/sim.8471. Epub 2020 Jan 27. PMID: 31985089; PMCID: PMC7811594.

Separable effects

- Decompose medication into two separable components (N and O): one only affecting competing event death, the other component affecting only the outcome of interest
	- E.g. with the poisonous pill, one component (ACE) directly reduces risk of dialysis, whereas the other component (K+) leads to cardiac arrest and death
- The effect of this new medication is our separable direct effect: $E[Y^{n=0, o=1}]$ - $E[Y^{n=0, o=0}]$
- Using data from a trial of the original medication to try to emulate the trial of a hypothetical yet-to-xist treatment

 $Y^{a=1} = Y^{n=1, o=1}$ $Y^{a=0} = Y^{n=0, o=0}$

Y^{n=0,0=1} can be identified by the mediation formula and is equivalent to $Y^{a=1, \text{ Ma}=0}$

- Define separable direct effects/indirect effects in potential outcomes notation
- **We can use information on A, D and Y to identify the separable effects of N and O**
	- Assumptions: (i) no unmeasured common causes of mediator D and outcome Y and (ii) no direct effects of component O on mediator D and of component N on outcome Y
- This is an interventionist way of thinking

G-formula for identification of Yn=0,o=1

- In our randomized trial, where we randomize to A=1 and A=0, we can readily identify $Y^{n=1,0=1}$ (because Y^{n=1,o=1} = Y^{a=1}) and we can also readily identify Y^{n=0,o=0} (because Y^{n=0,o=0} = Y^{a=0})
- However, nobody in our population has $Y^{n=0, o=1}$, but we need this quantity since we are interested in the causal effect Y^{n=0,0=1}-Y^{a=0}
- If data on N and O were available, then we could identify $E[Y^{n=0,o=1}]$ with

$$
E[Y^{n=0, o=1}] = \sum_{m} E[Y|O=1, M=m] Pr[M=m, N=0]
$$

However, we don't have data about N and O. Nevertheless, $O = 1$ iff A = 1, and N = 0 iff A = 0, so we can replace M and N by A! There is a deterministic relationship between A and N/O

$$
E[Y^{n=0, o=1}] = \sum_{m} E[Y|A = 1, M = m] Pr[M = m, A = 0]
$$

7. Clone-censor-weight implementation

Step 0. **Fit the following pooled logistic model** on the dataset before cloning and censoring: $logit[pr(A_k = 1 | \bar{C}_k = \bar{0}, \bar{Y}_{k-1} = \bar{0}, \bar{A}_{k-1}, = a, \bar{L}_k]$ $= \alpha_{0t} + \alpha_1^T L_0 + \alpha_2^T L_k$

(We already know how to do this)

Step 1. **Duplicate the dataset**, and assign each individual to each of the strategies he is compatible with (cloning)

Step 2. **Artificially censor** if and when the individual no longer follows his assigned strategy. Next, remove the rows that are artificially censored

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(here, illustrated on one of the cloned datasets)

Step 3. **Calculate the IPTW** (we could also call them IPCW) using the model we previously fit on the remaining rows

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Step 4. **Fit the weighted outcome model** using pooled logistic regression:

$$
logit[pr(Yk = 1 | \bar{C}_{k-1} = \bar{0}, \bar{C}_{k-1}(art) = \bar{0}, \bar{Y}_{k-1} = \bar{0}, A_0)]
$$

= $\alpha_{0t} + \alpha_1 A_0$

Implementation 1:

Step 0: Fit weight model on dataset before cloning/censoring

Step 1: Clone/duplicate dataset and assign to strategies

Step 2: Artificially censor

Step 3: Calculate weights

Step 4: Fit outcome model

Implementation 2: Step 1: Clone/duplicate dataset and assign to strategies

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Step 2: Artificially censor

Step 3a: Estimate weight models (separately for each cloned dataset)

Step 3b: Calculate weights

Step 4: Fit outcome model

Both approaches are equivalent non-parametrically

Difference between implementations

8. Sequential trial implementation

Target trial specification

Emulating this trial

- First trial starts January 2000: check eligibility and do treatment assignment
- Second trial starts February 2000: check eligibility and do treatment assignment Etc. etc. for a total of 83 trials

People can be eligible for multiple trials and hence have multiple time zeros

Sequential trial design

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Data format (longitudinal history) – weight models

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Table A2. Data for three hypothetical individuals

$$
W_{m+t}^{A} = \prod_{k=m}^{m+t} \frac{1}{Pr[A_k | \bar{C}_k = \overline{0}, \overline{Y}_{k-1} = \overline{0}, \overline{A}_{k-1}, L_0, \overline{L}_k]}
$$

Fit the following logistic model: $logit[pr(A_k = 1 | \bar{C}_k = \bar{0}, \bar{Y}_{k-1} = \bar{0}, \bar{A}_{k-1}, = a, L_0, \bar{L}_k)] = \alpha_{0t} + \alpha_1^T L_0 + \alpha_2^T L_k$

Expand dataset and create replicates

Table A3. The expanded dataset for the three hypothetical individuals in Table A2

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Artificially censor & Calculate weights on expanded dataset

Fit weighted outcome model

$$
logit[pr(Y_{m+t+1} = 1 | \bar{C}_{m+t+1}(art) = \bar{0}, \bar{Y}_{m+t} = \bar{0}, A_m)] = \alpha_{0,m+t} + \alpha_1 A_m
$$

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where
$$
\alpha_{0,m+t} = \alpha_0 + \alpha_2 * m + \alpha_3 * m^2 + \alpha_4 * t + \alpha_5 * t^2
$$

Table A3. The expanded dataset for the three hypothetical individuals in Table A2

Individual	Trial (m)	Follow-up month (t)	Eligible (E_m)	Initiator (A_m)	Current user (A_{m+t})	Baseline LDL (L_m)	Time-varying LDL (L_{m+t})	Event (D_{m+t})
	12	O		0	Ω	2.47	2.47	O
	12					2.47	2.47	
	13					2.47	2.47	
	24					2.77	2.77	
	24					2.77	2.77	
	24					2.77	2.84	
	25					2.77	2.77	
	25					2.77	2.84	
	43					2.88	2.88	
	43					2.88	2.88	
	43					2.88	2.77	
	43							
	43	26				2.88	2.73	
	43	27				2.88	2.73	
	68	0				2.71	2.71	
	68					2.71	2.73	O
	68					2.71	2.73	
	69					2.73	2.73	
	69					2.73	2.73	