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Systematic review & meta-analysis of prediction model studies

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Prediction

Estimate the absolute risk in individual patients of ...

- an outcome's presence (**diagnosis**)
- an outcome's future occurrence (**prognosis**)

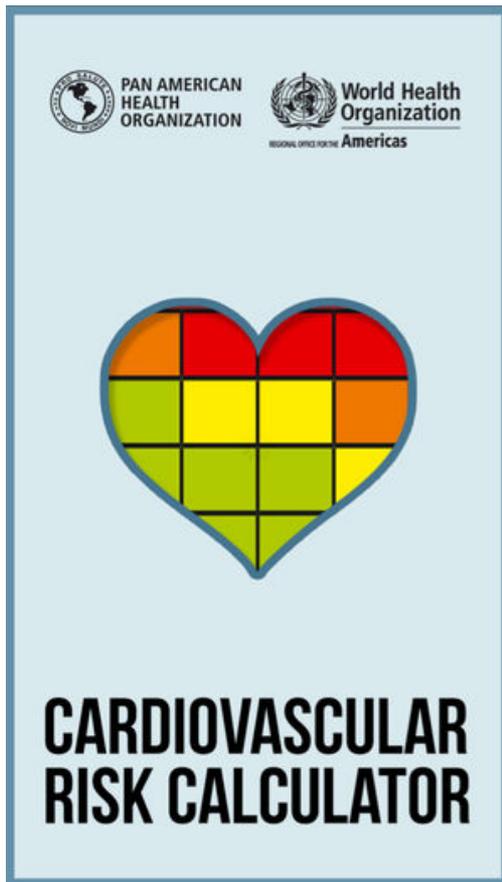
Example

"What is the 10-year risk of cardiovascular disease in a visiting primary care patient?"



Prediction models

Combine information from multiple predictors



This screenshot shows the input screen of the Cardiovascular Risk Calculator. At the top, it features the logos for the Pan American Health Organization and the World Health Organization Regional Office for the Americas, along with a question mark icon and a gear icon. The main heading is "Enter your information and press Calculate". Below this, there are several input fields: "Gender:" with a dropdown menu set to "FEMALE"; "Age:" with a text input field containing "40"; "Smoker:" with a dropdown menu set to "NO"; "Systolic blood pressure (mmHg):" with a text input field containing "120"; "Diabetes:" with a dropdown menu set to "NO"; and "Cholesterol (mg/dl):" with a text input field containing "200". A large blue "Calculate" button is positioned at the bottom of the input section. At the very bottom of the screen, there is a navigation bar with five tabs: "RISK CALCULATOR" (which is highlighted), "BODY MASS INDEX", "RECOMMENDATIONS", and "ALARM".

This screenshot shows the results screen of the Cardiovascular Risk Calculator. At the top, there is a back arrow and the word "RESULTS". The main heading is "10 year risk of CV event:" followed by "CV risk is Low." in green text. To the right of this text is a vertical bar chart with four colored segments: red at the top, orange, yellow, and green at the bottom. Below the bar chart, it says "<10%". There is a link for "More recommendations >". Below this, the "Input data" section lists the user's input: "Gender: Female", "Age: 40", "Cholesterol (mg/dl): 200", "Systolic blood pressure (mmHg): 120", "Smoker: No", and "Diabetes: No". The "What would happen if..." section shows a dropdown menu for "Smoker:" set to "NO", and a text input field for "Systolic blood pressure (mmHg):" containing "120". Below that, there is a text input field for "Cholesterol". At the bottom, there is a navigation bar with five tabs: "CV RISK" (which is highlighted), "BODY MASS INDEX", "RECOMMENDATIONS", and "ALARM".

Prediction models are abundant

- > 350 models for cardiovascular disease
- > 100 models for brain trauma patients
- > 100 diabetes type 2 models
- > 100 models for prostate cancer
- > 60 models for breast cancer prognosis



The reality

Poor understanding of

- The validity of model predictions in new patients
- The generalizability of prediction models across different settings and populations
- The comparative performance of prediction models
- The clinical impact of prediction models

“All models are wrong, but some are useful”

George Box



The need for evidence synthesis

Maarten van Smeden @MaartenvSmeden · Mar 17
When are we going to stop using the word *validated* for prediction models to mean *valid*? Very few validated prediction models are actually valid

15 replies 9 retweets 65 likes

Ewout Steyerberg @ESteyerberg [Follow](#)

Replying to @MaartenvSmeden

Yes! We should assess performance of [#clinicalpredictionmodels](#) across a wide range of settings, and even then it is usually a leap of faith that a model is "valid" for a specific, new, setting.

7:05 AM - 17 Mar 2019

1 Retweet 14 Likes

1 retweet 14 likes



The need for evidence synthesis

Synthesis of **published** prognosis studies may help

- To identify promising markers
 - By summarizing their (incremental) prognostic value
 - By exploring sources of between-study heterogeneity
- To identify promising prediction models
 - By summarizing their predictive performance
 - By exploring generalizability across different settings and populations
 - By evaluating the need for further improvements
- To improve estimation of prediction models
 - By avoiding overfitting in small samples



Summarizing prognosis evidence

Research Methods & Reporting

A guide to systematic review and meta-analysis of prognostic factor studies

BMJ 2019 ; 364 doi: <https://doi.org/10.1136/bmj.k4597> (Published 30 January 2019)

Cite this as: *BMJ* 2019;364:k4597

Research Methods & Reporting

A guide to systematic review and meta-analysis of prediction model performance

BMJ 2017 ; 356 doi: <https://doi.org/10.1136/bmj.i6460> (Published 05 January 2017)

Cite this as: *BMJ* 2017;356:i6460

Summarizing prognosis evidence

Formal review steps and tools

- Defining the review question (**PICOTS**)
- Defining the search strategy
- Quantitative data extraction (*)
- Quality appraisal (**PROBAST**)
- Meta-analysis (*)
- Investigating heterogeneity
- Interpretation (**GRADE**)
- Reporting (guidelines: **REMARK, PRISMA, TRIPOD**)

(*) Debray TP et al. A framework for meta-analysis of prediction model studies with binary and time-to-event outcomes. Stat Methods Med Res. <https://doi.org/10.1177/0962280218785504>

Summarizing prognosis evidence

An illustrative example

Performance of the Framingham risk models and pooled cohort equations for predicting 10-year risk of cardiovascular disease: a systematic review and meta-analysis

[Johanna A. Damen](#) , [Romin Pajouheshnia](#), [Pauline Heus](#), [Karel G. M. Moons](#), [Johannes B. Reitsma](#), [Rob J. P. M. Scholten](#), [Lotty Hoof](#) & [Thomas P. A. Debray](#)

BMC Medicine 17, Article number: 109 (2019) | [Cite this article](#)

1578 Accesses | 1 Citations | 9 Altmetric | [Metrics](#)

An illustrative example

PICOTS

- **P**opulation = a general (unselected) population setting
- **I**ntervention = Framingham Wilson 1998
- **C**omparator = Framingham ATP III 2002
- **O**utcome = fatal or nonfatal coronary heart disease
- **T**iming = 10 year
- **S**etting = disease prevention in general population

An illustrative example

Search & identification of eligible studies

- Two previously published systematic reviews
- Search in MEDLINE and Embase
- Citation search in Scopus and Web of Science

Search results: 304 eligible papers

Eligible unique validations with information of the original model's predictive performance:

- Total OE ratio (N = 74)
- Concordance statistic (N = 77)

An illustrative example

Data extraction

- Study design, participant enrolment, study dates
- Population characteristics
- Sample size
- Predictors
- Predicted horizon, predicted outcomes
- Model updating methods
- Model performance (before and after updating)

If relevant information was missing, we contacted the authors and, if unsuccessful, used previously proposed approximations (implemented in R package *metamisc*)

An illustrative example

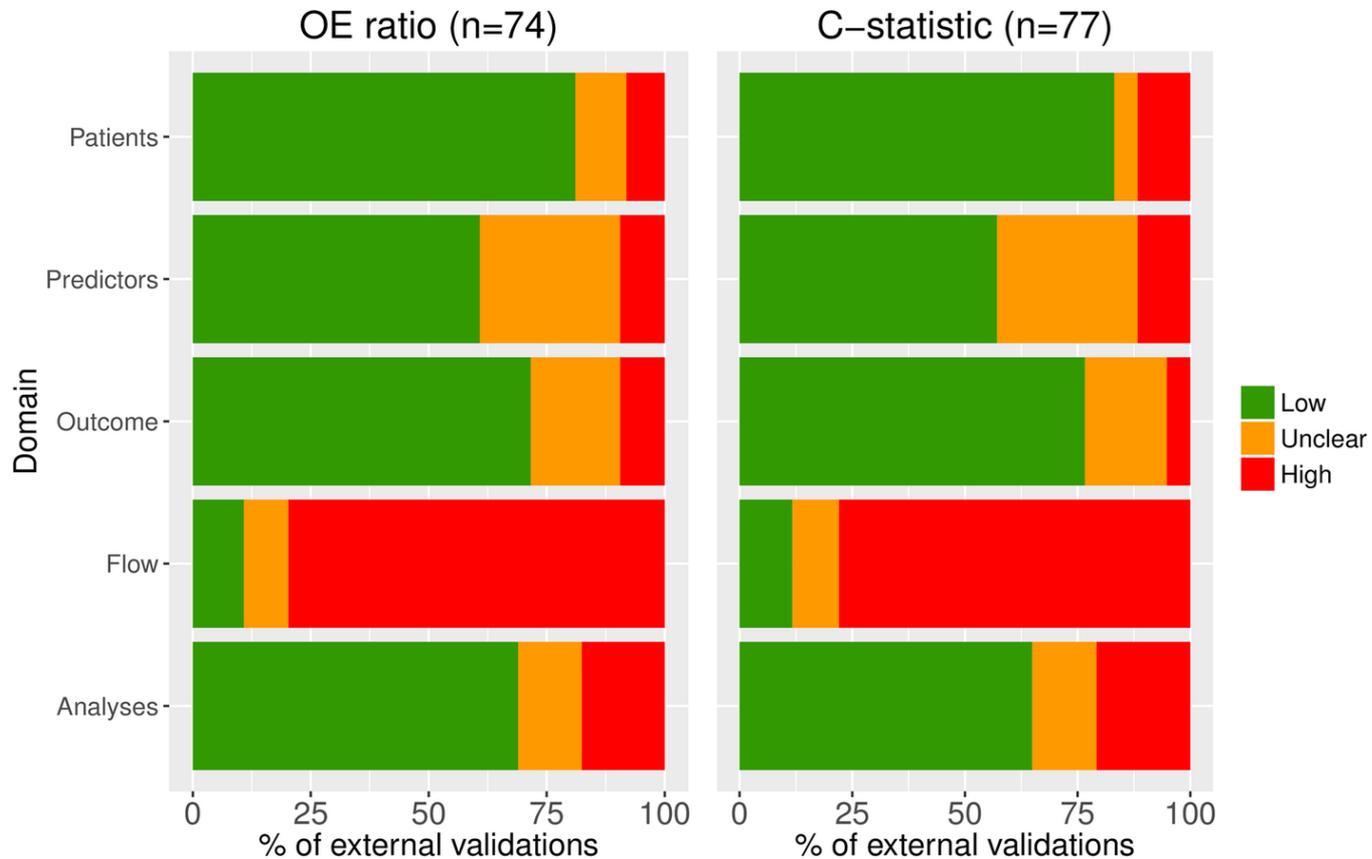
Critical appraisal (PROBAST)

Key findings

- Most validations scored low risk of bias
- Risk of bias for **predictors** was often unclear due to poor reporting of predictor definitions and measurement methods
- Risk of bias for **sample size and participant flow** often high due to inadequate handling of missing data

An illustrative example

Critical appraisal (PROBAST)

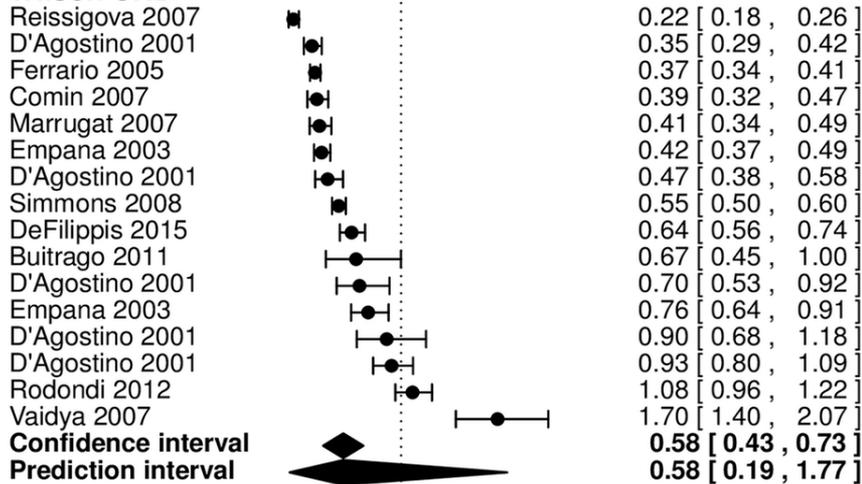


An illustrative example

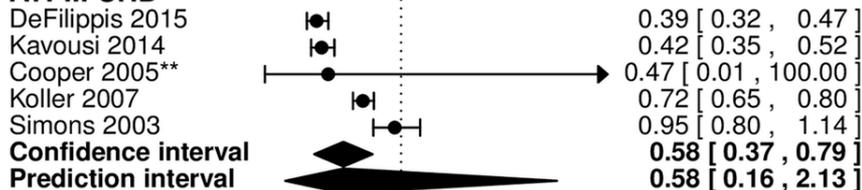
Meta-analysis (Total O:E ratio)

Men

Wilson CHD

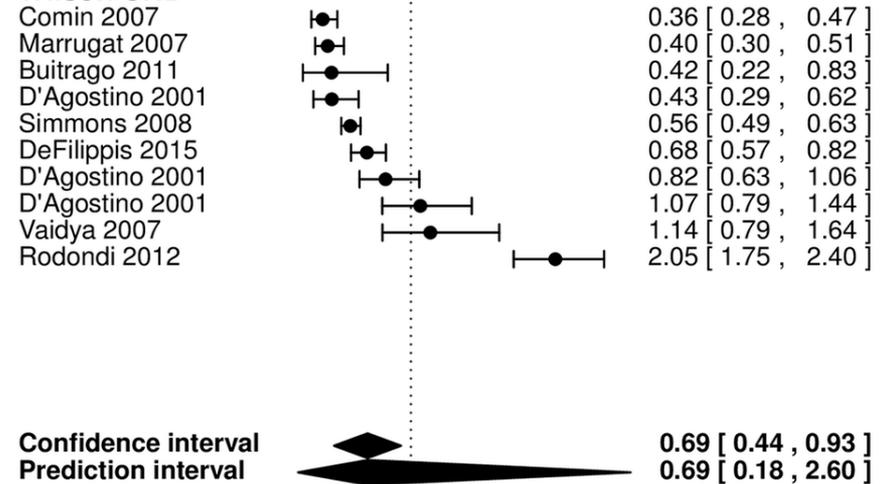


ATPIII CHD

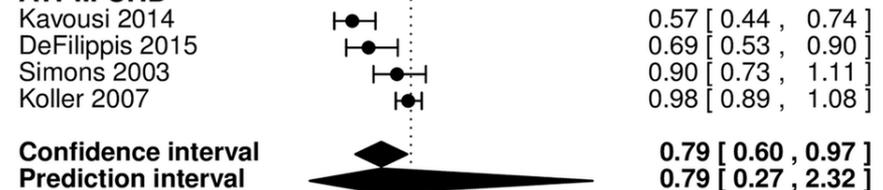


Women

Wilson CHD



ATPIII CHD



An illustrative example

Meta-analysis (concordance statistic)

- Framingham Wilson
 - Men: 0.68 (95% PI: 0.61 to 0.73)
 - Women: 0.71 (95% PI: 0.51 to 0.85)
- Framingham ATP III
 - Men: 0.64 (95% PI: 0.48 to 0.77)
 - Women: 0.66 (95% PI: 0.63 to 0.69)

An illustrative example

Meta-analysis (calibration slope)

- Framingham Wilson
 - Men: 1.01 (95% PI: 0.95 to 1.07)
 - Women: 0.97 (95% PI: -0.06 to 2.00)
- Framingham ATP III
 - Men: 1.29 (95% PI: 0.14 to 2.45)
 - Women: 0.95 (95% PI: 0.87 to 1.03)

An illustrative example

Heterogeneity & interpretation

- Small differences in pooled performance (except between men and women)
- Overestimation of CHD risk (particularly in EU populations as compared to US)
- Mis-calibration appears to occur in baseline risk only
- Discrimination increases as populations become more diverse

Conclusion: Framingham models appear adequate for risk prediction, but local revisions are necessary.

What next?

Following the results of a systematic review & meta-analysis, we may decide to:

- Directly implement an existing model
 - Is any mis-calibration acceptable in terms of decision making?
- Update an existing model (e.g. Framingham Wilson)
 - Which model should be chosen? (e.g. model with best overall performance, or model with least heterogeneity in performance?)
- Develop a new model from scratch
 - Ignore prior research & sustain overfitting?
- Combine and update multiple existing models

Aggregation of prediction models

Research Article |  Full Access |

Meta-analysis and aggregation of multiple published prediction models

Thomas P.A. Debray , Hendrik Koffijberg, Daan Nieboer, Yvonne Vergouwe, Ewout W. Steyerberg, Karel G.M. Moons

First published: 14 January 2014 | <https://doi.org/10.1002/sim.6080> | Citations: 20



Research Article |  Full Access |

Aggregating published prediction models with individual participant data: a comparison of different approaches

Thomas P.A. Debray , Hendrik Koffijberg, Yvonne Vergouwe, Karel G.M. Moons, Ewout W. Steyerberg

First published: 26 June 2012 | <https://doi.org/10.1002/sim.5412> | Citations: 22

Aggregation of prediction models

General idea

- Identify promising literature models
 - Systematic review
 - Critical appraisal
- Collect a small sample of the target population
 - Intended for validation & updating purposes
- Combine the literature models into a single model
 - The predictor–outcome associations from the original models are weighted according to their performance in the validation sample
 - The aggregated model is adjusted for the local circumstances.

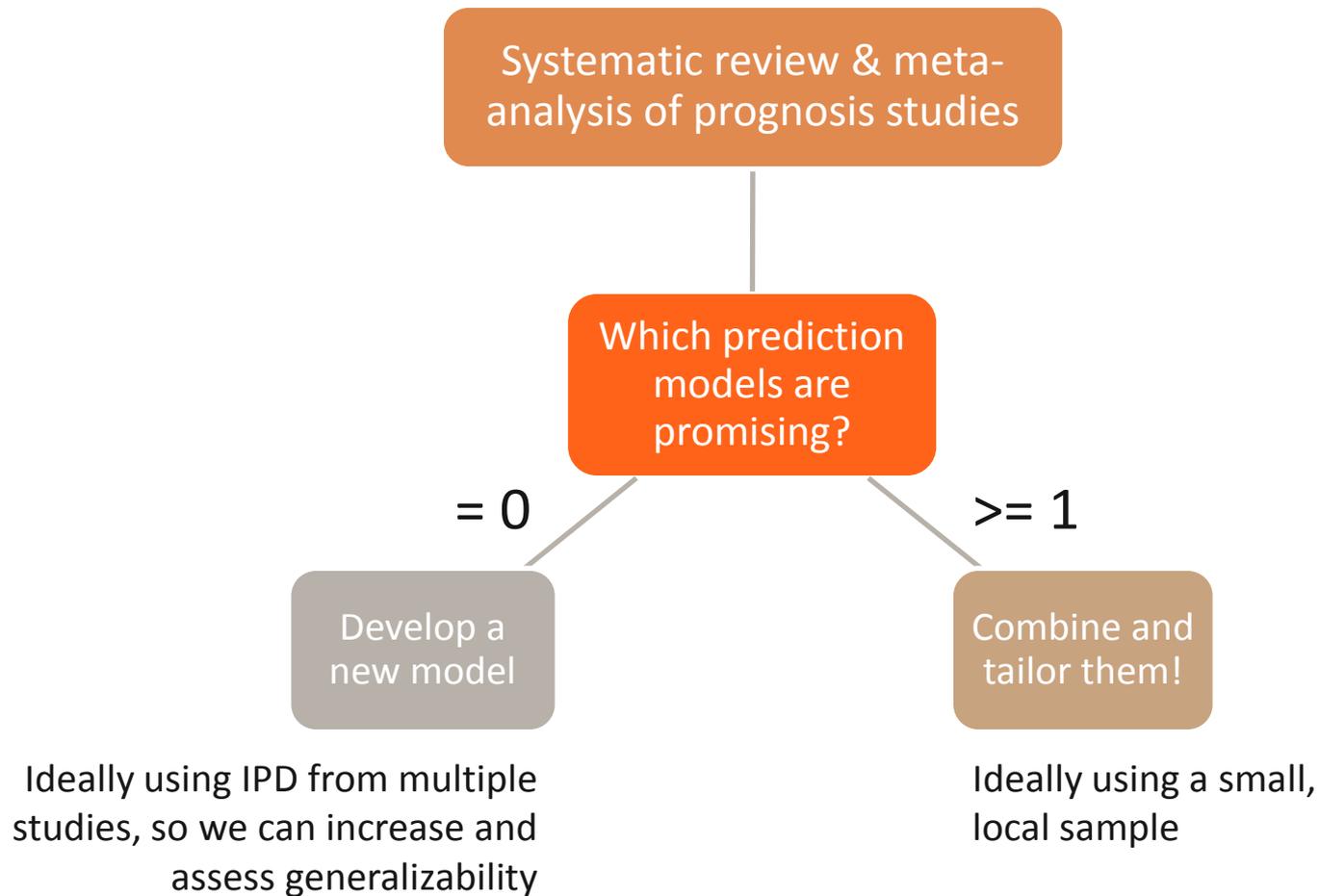
Aggregation of prediction models

Proposed approach

Stacked regressions

- Simultaneously updates, weights, and estimates the (aggregated) meta-model
- Can be viewed as a generalization of model updating
- Can be used to combine models that are poorly reported
- Effective in small samples
- Recent extensions to facilitate revision of specific predictors

The bigger picture



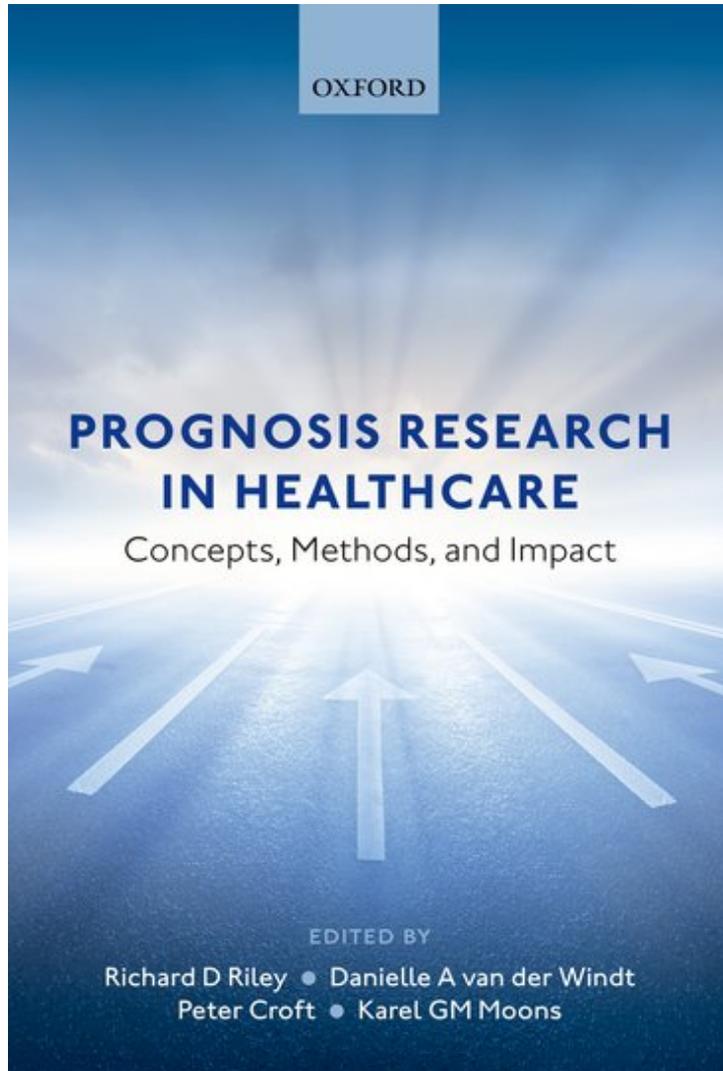
Summary points

- No need to develop new models
 - Systematic review and meta-analysis may help to establish whether existing models are promising
 - Identify, refine and combine promising models
 - Methods, guidance & software widely available
- Meta-analysis of individual participant data
 - Increase sample size and diversity in case-mix
 - Allow investigation of generalizability across different settings and populations
 - Research ongoing to address heterogeneity, missing data, measurement error, and other challenges.

Key references

- A framework for developing, implementing, and evaluating clinical prediction models in an individual participant data meta-analysis.
[Debray TP, et al. Stat Med. 2013.](#)
- A new framework to enhance the interpretation of external validation studies of clinical prediction models.
[Debray TP, et al. J Clin Epidemiol. 2015.](#)
- External validation of clinical prediction models using big datasets from e-health records or IPD meta-analysis: opportunities and challenges.
[Riley RD, et al. BMJ. 2016.](#)
- Construction and validation of a prognostic model across several studies, with an application in superficial bladder cancer.
[Royston P, et al. Stat Med. 2004.](#)
- Assessment of heterogeneity in an individual participant data meta-analysis of prediction models: an overview and illustration.
[Steyerberg EW, et al. Stat Med. Under Review.](#)

Key references



RESEARCH

Meta-analysis in prognosis research

Thomas PA Debray^{1,2*†}, Valentijn MT de Jong^{1†}, Karel GM Moons^{1,2} and Richard D Riley³

BMC Diagnostic and Prognostic Research 2019 (Under Review)

 OPEN ACCESS

GUIDELINES AND GUIDANCE



Individual Participant Data (IPD) Meta-analyses of Diagnostic and Prognostic Modeling Studies: Guidance on Their Use

Thomas P. A. Debray , Richard D. Riley, Maroeska M. Rovers, Johannes B. Reitsma, Karel G. M. Moons, Cochrane IPD Meta-analysis Methods group 

Published: October 13, 2015 • <https://doi.org/10.1371/journal.pmed.1001886>

 **metamisc**
Diagnostic and Prognostic Meta-Analysis

<https://CRAN.R-project.org/package=metamisc>

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