## Package 'SAMBA'

January 20, 2025

Title Selection and Misclassification Bias Adjustment for Logistic Regression Models

Version 0.9.0

Description Health research using data from electronic health records (EHR) has gained popularity, but misclassification of EHR-derived disease status and lack of representativeness of the study sample can result in substantial bias in effect estimates and can impact power and type I error for association tests. Here, the assumed target of inference is the relationship between binary disease status and predictors modeled using a logistic regression model. 'SAMBA' implements several methods for obtaining bias-corrected point estimates along with valid standard errors as proposed in Beesley and Mukherjee (2020) <doi:10.1101/2019.12.26.19015859>, currently under review.

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approxdist	Estimate parameters in the disease model approximating the observed
	data distribution

#### Description

approxdist estimates parameters in the disease model given a previously-estimated marginal sensitivity. This estimation is based on approximating the distribution of D\* given Z.

#### Usage

```
approxdist(Dstar, Z, c_marg, weights = NULL)
```

#### Arguments

Dstar	Numeric vector containing observed disease status. Should be coded as 0/1
Z	Numeric matrix of covariates in disease model
c_marg	marginal sensitivity, $P(D^* = 1   D = 1, S = 1)$
weights	Optional numeric vector of patient-specific weights used for selection bias ad- justment. Default is NULL

#### Details

We are interested in modeling the relationship between binary disease status and covariates Z using a logistic regression model. However, D may be misclassified, and our observed data may not well-represent the population of interest. In this setting, we estimate parameters from the disease model using the following modeling framework.

Notation:

- D Binary disease status of interest.
- **D**\* Observed binary disease status. Potentially a misclassified version of D. We assume D = 0 implies  $D^* = 0$ .
- S Indicator for whether patient from population of interest is included in the analytical dataset.
- Z Covariates in disease model of interest.
- W Covariates in model for patient inclusion in analytical dataset (selection model).
- X Covariates in model for probability of observing disease given patient has disease (sensitivity model).

Model Structure:

#### nonlogistic

**Disease Model** 

$$logit(P(D = 1|X)) = theta_0 + theta_Z Z$$

Selection Model

P(S=1|W,D)

Sensitivity Model

$$logit(P(D*=1|D=1, S=1, X)) = beta_0 + beta_X X$$

#### Value

a list with two elements: (1) 'param', a vector with parameter estimates for disease model (logOR of Z), and (2) 'variance', a vector of variance estimates for disease model parameters. Results do not include intercept.

#### References

Statistical inference for association studies using electronic health records: handling both selection bias and outcome misclassification Lauren J Beesley and Bhramar Mukherjee medRxiv 2019.12.26.19015859

#### Examples

nonlogistic	Estimate parameters in the disease model given sensitivity as a func-
	tion of covariates.

#### Description

non-logistic link function for D\* given Z and sensitivity. This function assumes that sensitivity as a function of X is known or has been estimated

#### Usage

```
nonlogistic(Dstar, Z, c_X, weights = NULL)
```

#### Arguments

Dstar	Numeric vector containing observed disease status. Should be coded as 0/1
Z	numeric matrix of covariates in disease model
c_X	sensitivity as a function of X, $P(D^* = 1   D = 1, S = 1, X)$
weights	Optional numeric vector of patient-specific weights used for selection bias adjustment. Default is NULL

#### Details

We are interested in modeling the relationship between binary disease status and covariates Z using a logistic regression model. However, D may be misclassified, and our observed data may not well-represent the population of interest. In this setting, we estimate parameters from the disease model using the following modeling framework.

Notation:

- D Binary disease status of interest.
- **D**\* Observed binary disease status. Potentially a misclassified version of D. We assume D = 0 implies  $D^* = 0$ .
- **S** Indicator for whether patient from population of interest is included in the analytical dataset.
- Z Covariates in disease model of interest.
- W Covariates in model for patient inclusion in analytical dataset (selection model).
- X Covariates in model for probability of observing disease given patient has disease (sensitivity model).

Model Structure:

**Disease Model** 

$$logit(P(D=1|X)) = theta_0 + theta_Z Z$$

**Selection Model** 

P(S = 1 | W, D)

Sensitivity Model

$$logit(P(D*=1|D=1, S=1, X)) = beta_0 + beta_X X$$

#### Value

a list with two elements: (1) 'param', a vector with parameter estimates for disease model (logOR of Z), and (2) 'variance', a vector of variance estimates for disease model parameters. Results do not include intercept.

#### References

Statistical inference for association studies using electronic health records: handling both selection bias and outcome misclassification Lauren J Beesley and Bhramar Mukherjee medRxiv 2019.12.26.19015859

#### obsloglik

#### Examples

```
obsloglik
```

Estimate parameters in the disease model using observed data loglikelihood using direct maximization.

#### Description

obsloglik jointly estimates the disease model and sensitivity model parameters using profile likelihood methods. Estimation involves direct maximization of the observed data log-likelihood.

#### Usage

```
obsloglik(Dstar, Z, X, start, beta0_fixed = NULL, weights = NULL,
expected = TRUE, itnmax = 5000)
```

#### Arguments

Dstar	Numeric vector containing observed disease status. Should be coded as 0/1
Z	Numeric matrix of covariates in disease model. 'Z' should not contain an inter- cept
Х	Numeric matrix of covariates in sensitivity model. Set to NULL to fit model with no covariates in sensitivity model. 'X' should not contain an intercept
start	Numeric vector of starting values for theta and beta (theta, beta). Theta is the parameter of the disease model, and beta is the parameter of the sensitivity model
beta0_fixed	Optional numeric vector of values of sensitivity model intercept to profile over. If a single value, corresponds to fixing intercept at specified value. Default is NULL
weights	Optional vector of patient-specific weights used for selection bias adjustment. Default is NULL
expected	Whether or not to calculate the covariance matrix via the expected fisher infor- mation matrix. Default is TRUE
itnmax	Maximum number of iterations to run optimx

#### Details

We are interested in modeling the relationship between binary disease status and covariates Z using a logistic regression model. However, D may be misclassified, and our observed data may not well-represent the population of interest. In this setting, we estimate parameters from the disease model using the following modeling framework. Notation:

- **D** Binary disease status of interest.
- **D**<sup>\*</sup> Observed binary disease status. Potentially a misclassified version of D. We assume D = 0 implies  $D^* = 0$ .
- **S** Indicator for whether patient from population of interest is included in the analytical dataset.
- Z Covariates in disease model of interest.
- W Covariates in model for patient inclusion in analytical dataset (selection model).
- X Covariates in model for probability of observing disease given patient has disease (sensitivity model).

Model Structure:

**Disease Model** 

 $logit(P(D=1|X)) = theta_0 + theta_Z Z$ 

Selection Model

P(S = 1 | W, D)

Sensitivity Model

 $logit(P(D*=1|D=1, S=1, X)) = beta_0 + beta_X X$ 

#### Value

A "SAMBA.fit" object with nine elements: 'param', the maximum likelihood estimate of the coeficients, 'variance', the covariance matrix of the final estimate, param.seq', the sequence of estimates at each value of beta0, and 'loglik.seq', the log likelihood at each value. The rest of the elements are Dstar', 'X', 'Z', and 'weights'.

#### References

Statistical inference for association studies using electronic health records: handling both selection bias and outcome misclassification Lauren J Beesley and Bhramar Mukherjee medRxiv 2019.12.26.19015859

#### Examples

```
library(SAMBA)
# These examples are generated from the vignette. See it for more details.
# Generate IPW weights from the true model
expit <- function(x) exp(x) / (1 + exp(x))
prob.WD <- expit(-0.6 + 1 * samba.df$D + 0.5 * samba.df$W)
weights <- nrow(samba.df) * (1 / prob.WD) / (sum(1 / prob.WD))
# Get initial parameter estimates</pre>
```

#### obsloglikEM

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Estimate parameters in the disease model using observed data loglikelihood using the expectation-maximization algorithm

#### Description

obsloglikEM jointly estimates the disease model and sensitivity model parameters using profile likelihood methods. Estimation involves an expectation-maximization algorithm.

#### Usage

```
obsloglikEM(Dstar, Z, X, start, beta0_fixed = NULL, weights = NULL,
expected = TRUE, tol = 1e-06, maxit = 50)
```

#### Arguments

Dstar	Numeric vector containing observed disease status. Should be coded as 0/1
Z	Numeric matrix of covariates in disease model. 'Z' should not contain an intercept
Х	Numeric matrix of covariates in sensitivity model. Set to NULL to fit model with no covariates in sensitivity model. 'X' should not contain an intercept
start	Numeric vector of starting values for theta and beta (theta, beta). Theta is the parameter of the disease model, and beta is the parameter of the sensitivity model
beta0_fixed	Optional numeric vector of values of sensitivity model intercept to profile over. If a single value, corresponds to fixing intercept at specified value. Default is NULL

weights	Optional vector of patient-specific weights used for selection bias adjustment. Default is NULL
expected	Whether or not to calculate the covariance matrix via the expected fisher infor- mation matrix. Default is TRUE
tol	stop estimation when subsequent log-likelihood estimates are within this value
maxit	Maximum number of iterations of the estimation algorithm

#### Details

We are interested in modeling the relationship between binary disease status and covariates Z using a logistic regression model. However, D may be misclassified, and our observed data may not well-represent the population of interest. In this setting, we estimate parameters from the disease model using the following modeling framework. Notation:

- D Binary disease status of interest.
- **D**\* Observed binary disease status. Potentially a misclassified version of D. We assume D = 0 implies  $D^* = 0$ .
- **S** Indicator for whether patient from population of interest is included in the analytical dataset.
- Z Covariates in disease model of interest.
- W Covariates in model for patient inclusion in analytical dataset (selection model).
- X Covariates in model for probability of observing disease given patient has disease (sensitivity model).

Model Structure:

**Disease Model** 

$$logit(P(D=1|X)) = theta_0 + theta_Z Z$$

**Selection Model** 

P(S = 1 | W, D)

Sensitivity Model

$$logit(P(D*=1|D=1, S=1, X)) = beta_0 + beta_X X$$

#### Value

A "SAMBA.fit" object with nine elements: 'param', the final estimate of the coeficients organized as (theta, beta), 'variance', the covariance matrix of the final estimate, param.seq', the sequence of estimates at each step of the EM algorithm, and 'loglik.seq', the log likelihood at each step. The rest of the elements are Dstar', 'X', 'Z', and 'weights'.

#### References

Statistical inference for association studies using electronic health records: handling both selection bias and outcome misclassification Lauren J Beesley and Bhramar Mukherjee medRxiv 2019.12.26.19015859

#### samba.df

#### Examples

```
library(SAMBA)
# These examples are generated from the vignette. See it for more details.
# Generate IPW weights from the true model
expit <- function(x) exp(x) / (1 + exp(x))
prob.WD <- expit(-0.6 + 1 * samba.df$D + 0.5 * samba.df$W)</pre>
weights <- nrow(samba.df) * (1 / prob.WD) / (sum(1 / prob.WD))</pre>
# Get initial parameter estimates
logit <- function(x) log(x / (1 - x))
fitBeta <- glm(Dstar ~ X, binomial(), data = samba.df)</pre>
fitTheta <- glm(Dstar ~ Z, binomial(), data = samba.df)</pre>
sens <- sensitivity(samba.df$Dstar, samba.df$X, mean(samba.df$D), r = 2)</pre>
start <- c(coef(fitTheta), logit(sens$c_marg), coef(fitBeta)[2])</pre>
# Direct observed data likelihood maximization without fixed intercept
fit1 <- obsloglikEM(samba.df$Dstar, samba.df$Z, samba.df$X, start = start,</pre>
                  weights = weights)
obsloglik1 <- list(param = fit1$param, variance = diag(fit1$variance))</pre>
# Direct observed data likelihood maximization with fixed intercept
fit2 <- obsloglikEM(samba.df$Dstar, samba.df$Z, samba.df$X, start = start,</pre>
                  beta0_fixed = logit(sens$c_marg), weights = weights)
# since beta0 is fixed, its variance is NA
list(param = fit2$param, variance = diag(fit2$variance))
```

samba.df

Synthetic example data for SAMBA adapted from the vignette

#### Description

'samba.df' is the sampled data from the entire population

#### Usage

samba.df

#### Format

- A synthetic data.frame with 4999 observations on 5 variables:
- X Covariate for sensitivity model.
- Z Covariate for disease model.
- W Selection Covariate
- **D** True disease status.
- Dstar Observed disease status.

sensitivity

#### Description

sensitivity estimates (1) marginal sensitivity and (2) sensitivity as a function of covariates X for a misclassified binary outcome.

#### Usage

sensitivity(Dstar, X, prev, r = NULL, weights = NULL)

#### Arguments

Dstar	Numeric vector containing observed disease status. Should be coded as 0/1
Х	Numeric matrix with covariates in sensitivity model. Set to NULL to fit model with no covariates in sensitivity model. 'X' should not contain an intercept
prev	marginal disease prevalence $P(D=1)$ or patient-specific $P(D=1 X)$ in population
r	(optional) marginal sampling ratio, $P(S = 1 D = 1)/P(S = 1 D = 0)$ . Only one of 'r' and 'weights' can be specified. Default is 'NULL'
weights	Optional vector of patient-specific weights used for selection bias adjustment. Only one of r and weights can be specified. Default is 'NULL'

#### Details

We are interested in modeling the relationship between binary disease status and covariates Z using a logistic regression model. However, D may be misclassified, and our observed data may not wellrepresent the population of interest. In this setting, we estimate parameters from the disease model using the following modeling framework.

#### Notation:

- D Binary disease status of interest.
- **D**<sup>\*</sup> Observed binary disease status. Potentially a misclassified version of D. We assume D = 0 implies  $D^* = 0$ .
- **S** Indicator for whether patient from population of interest is included in the analytical dataset.
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- W Covariates in model for patient inclusion in analytical dataset (selection model).
- **X** Covariates in model for probability of observing disease given patient has disease (sensitivity model).

Model Structure:

#### **Disease Model**

$$logit(P(D=1|X)) = theta_0 + theta_Z Z$$

sensitivity

**Selection Model** 

P(S = 1 | W, D)

**Sensitivity Model** 

$$logit(P(D*=1|D=1, S=1, X)) = beta_0 + beta_X X$$

Value

a list with two elements: (1) 'c\_marg', marginal sensitivity estimate P(D\* = 1|D = 1, S = 1), and (2) 'c\_X', sensitivity as a function of X P(D\* = 1|D = 1, S = 1, X)

#### References

Statistical inference for association studies using electronic health records: handling both selection bias and outcome misclassification Lauren J Beesley and Bhramar Mukherjee medRxiv 2019.12.26.19015859

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