

Treatment-Effects for Survival-Time Outcomes: Theory and Applications using Stata 14

Rebecca Pope

Health Econometrician
StataCorp

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A research question

- ▶ Do post-release support programs decrease recidivism?
 - ▶ Does not identify an intervention or the effect we are interested in
- ▶ What is the effect of participation in a supported work program after release from prison on the time until a subsequent arrest?
 - ▶ Identified a treatment
 - ▶ Question is about the time to an event
 - ▶ Implies that we want our effect estimate in easy-to-understand units of time
- ▶ We could choose a randomized design or an observational design
 - ▶ Not always feasible

Random-assignment case

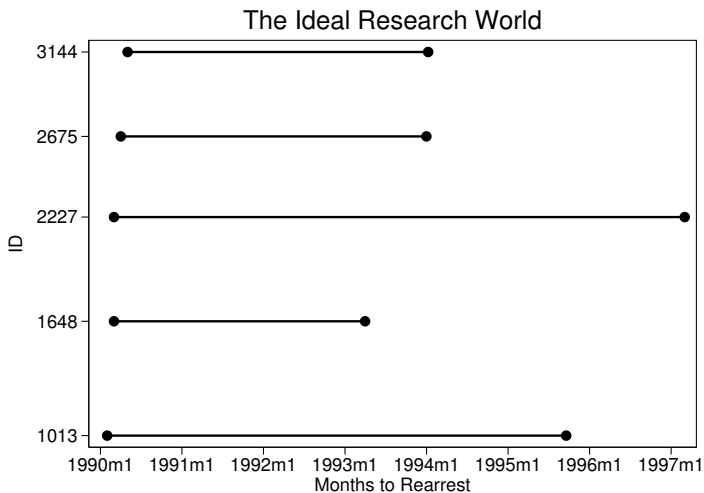
- ▶ When the treatment is randomly assigned, the outcome we observe is independent of the treatment assignment process
- ▶ This simplifies our calculation of the treatment effect
 - ▶ The average time until rearrest for ex-prisoners who were assigned to the supported-work program would be a good estimator of what we would expect to happen for all the participating ex-prisoners in the population
 - ▶ The average time until rearrest for ex-prisoners who were not assigned to the supported-work program would be a good estimator of what we would expect to happen for all nonparticipating ex-prisoners in the population
- ▶ The average treatment effect is just the difference between two observed averages

$$ATE = \mathbf{E}[t_i(\textit{treatment})] - \mathbf{E}[t_i(\textit{notreatment})]$$

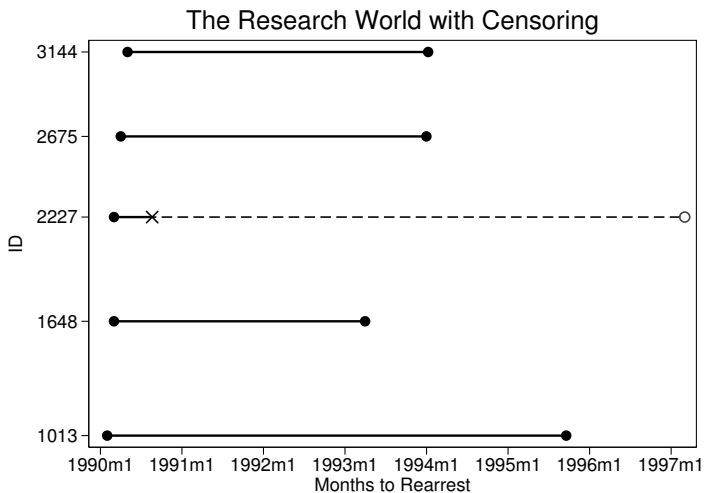
Observational case

- ▶ Many questions require using observational data, because experimental data would be unethical
 - ▶ We could not ask a random selection of women to smoke after having a heart attack to see if smoking decreased the time to a second heart attack
- ▶ Other questions may use observational data because while assignment could be random, participation will not be
 - ▶ We could study time to rearrest between prisoners who chose to participate and those who did not
- ▶ We may wish to understand the relationship between variables that select individuals into treatment if we could affect those variables
- ▶ A randomized study may be cost- or time-prohibitive

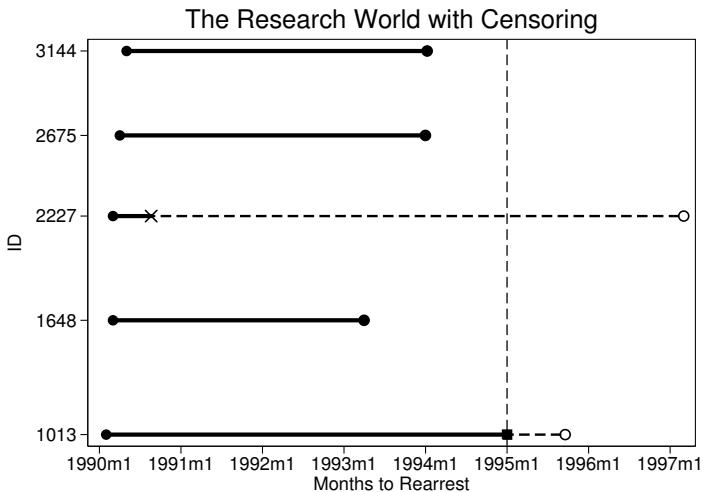
Survival-time data



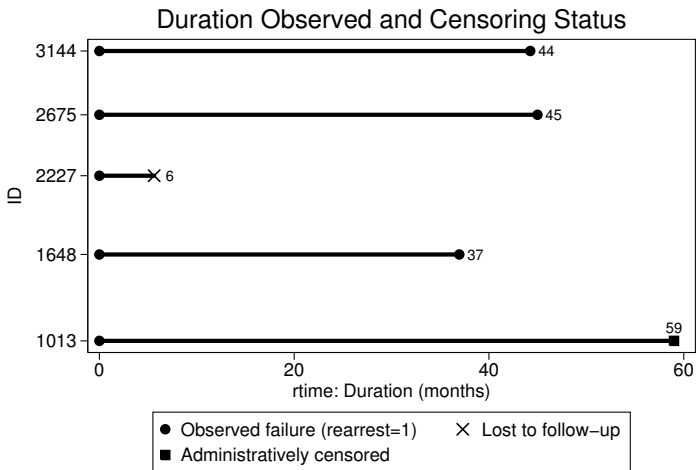
Right-censored survival-time data



Right-censored survival-time data



Time as we see it



Administrative censoring shown for illustration purposes only

stset the data

```
. stset rtime, failure(rearrest) noshow
      failure event:  rearrest != 0 & rearrest < .
obs. time interval:  (0, rtime]
exit on or before:  failure
```

```
      4260 total observations
       0  exclusions
```

```
      4260 observations remaining, representing
      3766 failures in single-record/single-failure data
70570.174 total analysis time at risk and under observation
              at risk from t =           0
earliest observed entry t =           0
              last observed exit t =    308.702
```

3,766 of the 4,260 observations record actual time to rearrest;
 remaining 494 were censored (11.6%)

The data at hand

```
. describe
```

```
Contains data from recidivism.dta
```

```
obs:      4,260
vars:      10
size:     80,940
```

```
Rearrest data (simulated)
11 Sep 2015 11:30
```

variable name	storage type	display format	value label	variable label
id	int	%9.0g		Subject ID
age	byte	%9.0g		Age (years)
married	byte	%11.0g	mstat	Marital status
educ	byte	%9.0g		Years of education
wrkhis	int	%9.0g		Longest job duration (months)
parrest	byte	%9.0g		Number of prior arrests
crime	byte	%14.0g	crime	Type of crime
partic	byte	%9.0g	treat	Participation status
rearrest	byte	%9.0g		Rearrested (1=yes)
rtime	double	%10.0g		Months to rearrest (w/ rand. cens.)

```
Sorted by: id
```

A Cox model for the treatment effect

- ▶ Many researchers would start by fitting a Cox model
- ▶ The Cox model leaves the baseline hazard unspecified
 - ▶ Increases the flexibility of the model
- ▶ Estimate the probability that the event will occur in the next moment, given that it has not yet happened
- ▶ Our estimated effect is a ratio of the hazard for those in the treatment group to the hazard for those in the control group

Our question answered by the Cox PH model

- ▶ Include age at the time of release (`age`) and the number of prior arrests (`parrest`) as covariates in our model
- ▶ The estimated hazard ratio is

$$\frac{\lambda(t|\mathbf{x}, \text{partic} = 1)}{\lambda(t|\mathbf{x}, \text{partic} = 0)} = \frac{\lambda_0(t) \exp(\beta_{partic} + \mathbf{x}_o \boldsymbol{\beta}_o)}{\lambda_0(t) \exp(\mathbf{x}_o \boldsymbol{\beta}_o)} = \exp(\beta_{partic})$$

where $\mathbf{x}_o \boldsymbol{\beta}_o = \text{age} \beta_{age} + \text{parrest} \beta_{parrest}$

Our research question

What is the effect of participation in a supported work program after release from prison on the time until a subsequent arrest?

- ▶ Effect we are estimating is the ratio of the hazard of rearrest for those who participate in the program to the hazard of rearrest those who do not participate in the program

Example: Cox PH model

```
. stcox i.partic age parrest, nolog
```

```
Cox regression -- no ties
```

```
No. of subjects =          4,260
```

```
Number of obs      =          4,260
```

```
No. of failures =          3,766
```

```
Time at risk      = 70570.17407
```

```
LR chi2(3)         =          405.10
```

```
Prob > chi2        =          0.0000
```

```
Log likelihood     = -27517.455
```

_t	Haz. Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
1.partic	.5662226	.019774	-16.29	0.000	.528763	.606336
age	1.038272	.0035322	11.04	0.000	1.031372	1.045218
parrest	1.081966	.0082901	10.28	0.000	1.065839	1.098337

- ▶ Participating decreases the hazard of rearrest by a factor of about 0.57 relative to not participating
 - ▶ But how many months of delay is that?

Problems to solve

1. We wanted our effect in terms of units of time, but we got a hazard ratio instead
 - ▶ It can be hard for nontechnical audiences to understand the units of the hazard ratio
2. The interpretation of the hazard ratio for the treatment variable as the effect of the treatment is only true if the treatment enters the $\mathbf{x}\beta$ term linearly
 - ▶ If the treatment is interacted with other covariates, the effect of the treatment varies over individuals

A parametric survival model for the treatment effect

- ▶ PH models can also be estimated by specifying a distribution for the hazard function
 - ▶ Gompertz, Weibull, exponential
- ▶ Using a parametric method allows us to also obtain an estimate of the baseline hazard
- ▶ We can make predictions about mean survival time that rely on this baseline hazard use them in subsequent calculations
- ▶ The hazard ratio has the same interpretation as in the Cox model

Example: Weibull PH model

```
. streg i.partic age parrest, distribution(weibull) nolog
Weibull regression -- log relative-hazard form
```

```
No. of subjects =      4,260          Number of obs   =      4,260
No. of failures =      3,766
Time at risk    = 70570.17407
Log likelihood  = -7242.5323          LR chi2(3)       =      416.38
                                          Prob > chi2      =      0.0000
```

_t	Haz. Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
1.partic	.5642147	.0195953	-16.48	0.000	.5270867	.603958
age	1.038531	.0035222	11.15	0.000	1.031651	1.045458
parrest	1.082521	.0082692	10.38	0.000	1.066434	1.09885
_cons	.0414343	.0042275	-31.20	0.000	.0339245	.0506065
/ln_p	-.2314783	.0125867	-18.39	0.000	-.2561477	-.2068089
p	.7933599	.0099857			.7740276	.813175
1/p	1.260462	.015865			1.229748	1.291944

- ▶ Participating decreases the hazard of rearrest by a factor of about 0.56 relative to not participating

Example: Weibull PH model with an interaction

```
. streg i.partic#c.parrest c.age, distribution(weibull) nolog
Weibull regression -- log relative-hazard form
```

```
No. of subjects =      4,260          Number of obs   =      4,260
No. of failures =      3,766
Time at risk    = 70570.17407

Log likelihood  =   -7238.858          LR chi2(4)       =      423.72
                                          Prob > chi2      =      0.0000
```

_t	Haz. Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
1.partic	.6836782	.0540455	-4.81	0.000	.5855491	.7982523
parrest	1.110348	.0133167	8.73	0.000	1.084552	1.136757
partic#c.parrest						
1	.9588852	.0148206	-2.72	0.007	.9302729	.9883775
age	1.038525	.0035235	11.14	0.000	1.031641	1.045453
_cons	.0368276	.0040948	-29.69	0.000	.0296162	.0457948
/ln_p	-.2300976	.0125948	-18.27	0.000	-.2547829	-.2054122
p	.7944561	.010006			.7750847	.8143116
1/p	1.258723	.0158534			1.228031	1.290182

- ▶ Hazard ratio must now be interpreted conditional on the number of prior arrests

Conditional vs. marginal

- ▶ Conditional interpretation is helpful for questions that focus on individuals
 - ▶ What is the probability that a patient will live 15 years past diagnosis if she gets the treatment given that she is 45 years old?
 - ▶ What is the probability that a former prisoner will be rearrested before 18 months if he participates in the supported work program given that he has 3 prior convictions?
- ▶ Marginal interpretation is helpful for questions that focus on populations
 - ▶ What is the average increase in life expectancy for patients that get this new treatment?
 - ▶ What is the average increase in time-to-rearrest for former prisoners who participate in a supported work program?

By switching to a potential-outcomes framework for analysis of observational survival-time data we gain

1. Estimation techniques that deal with inherently missing information
 - ▶ What would have happened had an individual who was not treated been treated instead
 - ▶ What would have happened had an individual who was treated not been treated instead
2. Effects that are easier to interpret
 - ▶ The estimated effect will be the average difference in time until the event occurs when everyone gets the treatment instead of when no one gets the treatment
3. Effects that are population-averaged, even when the treatment is interacted with a covariate

Missing outcome data

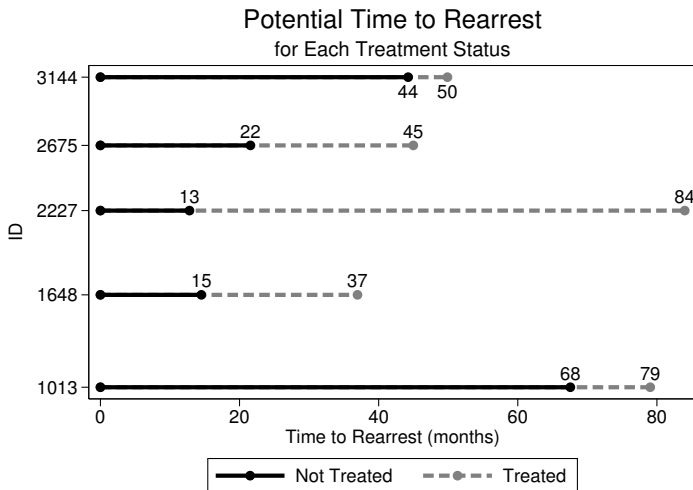
- ▶ The “fundamental problem of causal inference” (Holland (1986)) is that we only observe one of the potential outcomes
 - ▶ The other potential outcome is missing
 1. We only see t_{partic} for ex-prisoners who participated in the supported-work program
 2. We only see $t_{nopartic}$ for ex-prisoners who did not participate in the supported-work program
- ▶ We can use classic tools for missing-data analysis to estimate treatment effects
 - ▶ Regression adjustment
 - ▶ Weighting observations for the probability that they were observed

Goal: Find the missing potential outcome

- ▶ For each treatment level, there is a potential outcome that we would observe if a subject received that treatment level
- ▶ Potential outcomes are the data that we wish we had to estimate causal treatment effects
- ▶ Suppose that we could see
 1. the time to rearrest for each ex-prisoner when he participated in the post-release supported-work program, and
 2. the time to rearrest for each ex-prisoner when he did not participate in the post-release supported-work program

Potential outcomes

For example, we wish we had data like



Average treatment effect

- ▶ The average difference in the (observed) potential outcomes would estimate the population average treatment effect
- ▶ The average of a potential outcome in the population is known as the potential-outcome mean (POM) for a treatment level
 - ▶ The ATE is a difference in POMs

$$\begin{aligned}ATE &= POM_{participate} - POM_{noparticipate} \\ &= \mathbf{E}[t_i(\text{partic})] - \mathbf{E}[t_i(\text{nopartic})]\end{aligned}$$

$t_i(\text{partic})$ is the time to rearrest when person i participates
and

$t_i(\text{nopartic})$ is the time to rearrest when person i does not participate

- ▶ The ATE provides a measure of the effect in the units of time in which the time to event is measured

As good as random

- ▶ The conditional independence (CI) assumption says that the potential outcomes must be independent of the treatment assignment process once we condition on observable covariates
 - ▶ The random-assignment methods used with experimental data are useful, because observational-data methods build on them
 - ▶ Instead of assuming that the treatment is randomly assigned, we assume that the treatment is as good as randomly assigned after conditioning on covariates
- ▶ More formally, we only need conditional mean independence which says that after conditioning on covariates, the treatment does not affect the means of the potential outcomes

A positive probability of treatment

- ▶ The predicted probability of treatment must be sufficiently greater than 0 and cannot be too close to certainty
 - ▶ Formally, for each possible \mathbf{x}_i in the population and each treatment level t , $0 < \mathbf{P}(t_i = t|\mathbf{x}) < 1$
- ▶ Could weaken this assumption when calculating the average treatment effect on the treated
 - ▶ Individuals cannot be treated with certainty, or formally, $\mathbf{P}(t_i = t|\mathbf{x}) < 1$
- ▶ When the overlap assumption is not satisfied, the estimators perform poorly because
 - ▶ For estimators that use regression adjustment, we're making predictions that are based on little or no data
 - ▶ For estimators that use weighting, our weights become very large or very small and thus unstable

Correct censoring model

If our data is censored, then we must assume

1. The censoring time is fixed or that the process that determines when an observation is censored is independent of the outcome, conditional upon covariates
 - ▶ Standard assumption in survival analysis
 - ▶ For example, we rule out ex-prisoners who anticipate being rearrested soon dropping out of our study early
2. That the method used to adjust for censoring is correct
 - ▶ For estimators that do not require an explicit model of the censoring process, this is not any more restrictive than what we assumed for conditional mean independence
 - ▶ For estimators that do require a model of the censoring process, this means that we must correctly specify that model

We can broadly divide the survival-time treatment effects estimators by

1. Whether we want to model the outcome, the treatment, or both
2. Whether or not we must specify a model for the censoring process

No censoring model

Model	Estimator
outcome	→ Regression adjustment (RA)
outcome & treatment	→ Inverse-probability weighted RA with likelihood-adjusted censoring (LAC-IPWRA)

Censoring model required

Model	Estimator
outcome	→ Weighted regression adjustment (WRA)
treatment	→ Inverse-probability weighted (IPW)
outcome & treatment	→ Inverse-probability weighted RA with weighting-adjusted censoring (WAC-IPWRA)

Auxiliary models

- ▶ Recall that the potential-outcomes framework formulates the estimation of the ATE as a missing-data problem
- ▶ We use the parameters of auxiliary models to solve the missing-data problem
 - ▶ How we condition on covariates so that the treatment is as good as randomly assigned
 - ▶ Also handles the data lost to censoring
- ▶ For the following examples, our auxiliary models will be

Outcome Weibull model with covariates `parrest` (number of prior arrests) and `age`

Treatment Logit model with covariates `married` (whether or not the former prisoner is married at the time of release), `wrkhis` (number of months of work history prior to incarceration), and `educ` (years of completed schooling)

Censoring Weibull model with covariates `crime` (type of crime for most recent arrest) and `age`, which we allow to be nonlinear

Regression adjustment estimators

- ▶ RA estimators fit separate survival models for each treatment level and then
 1. Estimate each POM_i as the predicted time to event using the estimated coefficients from the model for those who got treatment level i
 2. Use differences between the POMs to estimate the ATE
- ▶ RA estimators model the outcome without any assumptions about the functional form for the probability of treatment model
- ▶ Censoring is handled in the log-likelihood functions of the survival models

Example: RA – modeling the outcome

```
. stteffects ra (parrest age) (partic), nolog
Survival treatment-effects estimation
Estimator      : regression adjustment
Outcome model  : Weibull
Treatment model: none
Censoring model: none
```

Number of obs = 4,260

_t	Coef.	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
ATE partic (1 vs 0)	12.23334	.8485777	14.42	0.000	10.57016	13.89652
POmean partic 0	12.34105	.4430541	27.85	0.000	11.47268	13.20942

If no ex-prisoners participated in the supported-work program,
then the average time to rearrest would be 12.3 months

If all ex-prisoners participated in the program,
then the average time to rearrest would increase by 12.2 months

Inverse-probability-weighted estimators

- ▶ Inverse-probability-weighted (IPW) estimators
 1. Account for the missing potential outcome by estimating the treatment-assignment model and creating a weight for each observation equal to the inverse of the probability that it is observed
 2. Account for data lost to censoring by estimating the censoring model and creating a weight that is equal to the inverse of the probability that the observation is censored
 3. Use both weights to create weighted averages of the outcomes for each treatment level (the POMs)
 4. Use differences between the POMs to estimate the ATE
- ▶ Observations that are not likely to contain missing data get a weight close to one; and the converse
- ▶ IPW do not make any assumptions about the functional form for the outcome model

Special properties of estimators with a censoring model

- ▶ Fixed censoring processes, such as administrative censoring, are precluded
- ▶ Time to censoring must be random conditional on covariates
 - ▶ We must correctly specify our censoring model
- ▶ The random censoring process cannot vary by treatment level
 - ▶ These estimators are not appropriate, for example, with risky treatments where the risk is modified by some covariate
- ▶ These estimators require the overlap assumption to be extended so that the probability of not being censored is also sufficiently greater than 0 and less than 1

Example: IPW – modeling treatment assignment and censoring

```
. stteffects ipw (partic i.married age wrkhis educ)
      (i.crime c.age##c.age), nolog
```

```
Survival treatment-effects estimation      Number of obs      =      4,260
Estimator      : inverse-probability weights
Outcome model  : weighted mean
Treatment model: logit
Censoring model: Weibull
```

	_t	Coef.	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
ATE	partic (1 vs 0)	12.36087	1.119836	11.04	0.000	10.16603	14.55571
POmean	partic 0	12.95968	.5959098	21.75	0.000	11.79172	14.12764

If no ex-prisoners participated in the supported-work program,
then the average time to rearrest would be 13 months

If all ex-prisoners participated in the program,
then the average time to rearrest would increase by 12.4 months

IPW RA estimators

- ▶ Inverse probability weighted regression adjustment (IPWRA) estimators combine the methods of RA with weights derived from a model for treatment assignment and possibly a censoring model, just like IPW
- ▶ IPWRA estimators come in two varieties, distinguished by the method used for censoring
 1. Likelihood-adjusted censoring IPWRA (LAC-IPWRA) estimators
 2. Weighted-adjusted censoring IPWRA (WAC-IPWRA) estimators
- ▶ LAC-IPWRA estimators handle censoring like the RA estimators, by including a term in the log-likelihood function for the outcome
- ▶ WAC-IPWRA estimators handle censoring like the IPW estimators, by adjusting the weights for data lost to censoring

Fitting the IPWRA model

- ▶ To use the LAC-IPWRA estimator, we just specify the outcome and treatment model

```
. stteffects ipwra (parrest age)  
                  (partic i.married wrkhis educ)
```

- ▶ To use the WAC-IPWRA estimator, we need to also specify the censoring model

```
. stteffects ipwra (parrest age)  
                  (partic i.married wrkhis educ)  
                  (i.crime c.age##c.age)
```

- ▶ Stata automatically switches between the two methods for handling censoring for IPWRA estimators

Example: IPWRA – modeling the outcome and treatment assignment

```
. stteffects ipwra (parrest age) (partic i.married age wrkhis educ), nolog
Survival treatment-effects estimation      Number of obs      =      4,260
Estimator      : IPW regression adjustment
Outcome model  : Weibull
Treatment model: logit
Censoring model: none
```

	_t	Coef.	Robust Std. Err.	z	P> z	[95% Conf. Interval]	
ATE	partic (1 vs 0)	12.41034	.8772714	14.15	0.000	10.69092	14.12976
POmean	partic 0	12.41359	.4667908	26.59	0.000	11.4987	13.32849

If no ex-prisoners participated in the supported-work program,
then the average time to rearrest would be 12.4 months

If all ex-prisoners participated in the program,
then the average time to rearrest would increase by 12.4 months

Example: Our various model specifications

```
. estimates table RA IPW IPWRA_LAC IPWRA_WAC,
      keep(ATE: POmean:) b(%8.1f) se(%8.1f) modelwidth(9)
```

Variable	RA	IPW	IPWRA_LAC	IPWRA_WAC
ATE				
r.partic				
1	12.2	12.4	12.4	12.6
	0.8	1.1	0.9	1.1
POmean				
r.partic				
0	12.3	13.0	12.4	12.8
	0.4	0.6	0.5	0.6

legend: b/se

Testing the overlap assumption: Predictions

- ▶ Recall that we want the predicted probability of treatment at each treatment level to be sufficiently greater than 0 and sufficiently less than 1

```
. quietly stteffects ipw (partic i.married age wrkhis educ)
                          (i.crime c.age##c.age)
```

```
. predict ps0 ps1, ps
```

```
. summarize ps0 if partic==0
```

Variable	Obs	Mean	Std. Dev.	Min	Max
ps0	1,605	.4178441	.1242475	.1202521	.8840557

```
. summarize ps1 if partic==1
```

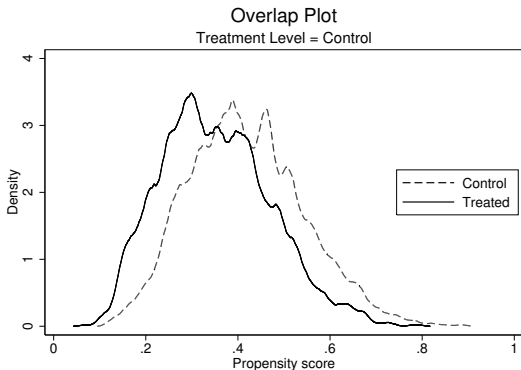
Variable	Obs	Mean	Std. Dev.	Min	Max
ps1	2,655	.6480752	.1187267	.2051178	.9346817

There is no evidence that the overlap assumption is violated

Testing the overlap assumption: Plots

- ▶ We can also examine treatment probabilities using an overlap plot

```
. teffects overlap
```



What we want is for the densities to span the x axis without massing near 0 or 1 and to overlap, as we see here

Testing the overlap assumption: Censoring

- ▶ Also recall that we want the predicted probability of treatment at each treatment level to be sufficiently greater than 0 and less than 1

```
. predict prnotcens, censurv
. summarize prnotcens if rearrest==1
```

Variable	Obs	Mean	Std. Dev.	Min	Max
prnotcens	3,766	.9036242	.1128106	.2329026	.9999843

The smallest probability of not being censored is 0.233

We might be a little concerned about how close maximum is to 1

Summing up

- ▶ The potential-outcomes framework gives us
 1. Estimation techniques that deal with counterfactuals, the inherently missing information about what would have happened had a subject received a different treatment
 2. Effects that are on the same time scale as the time in which the outcome is measured
 3. Population-averaged effects
- ▶ Using Stata for treatment-effects analysis of survival-time data gives you
 1. Access to a variety of estimators
 2. A range of postestimation commands to check the assumptions of the models
 3. The world's greatest manuals for a statistical software package should you have any questions

Now what?

- ▶ Go to **[TE] teffects intro advanced** for more information and lots of links to literature and examples
<http://www.stata.com/manuals14/teteffectsintroadvanced.pdf>
- ▶ Also check out **[TE] stteffects intro** for more information about survival-time treatment-effects estimators, including additional specification tests and multivalued treatments
<http://www.stata.com/manuals14/testteffectsintro.pdf>

Thank you

- ▶ The ratio of hazards of unconditional (marginal) distributions is not the same as an average of conditional hazard ratios

$$\frac{\lambda_{partic}(t)}{\lambda_{nopartic}(t)} = \frac{\frac{f_{partic}(t)}{S_{partic}(t)}}{\frac{f_{nopartic}(t)}{S_{nopartic}(t)}} \neq \mathbf{E} \left[\frac{\lambda_{partic}(t|\mathbf{x}\beta_{partic})}{\lambda_{nopartic}(t|\mathbf{x}\beta_{nopartic})} \right]$$

$\lambda_{partic}(t)$	is the unconditional hazard when everyone participates
$\lambda_{nopartic}(t)$	is the unconditional hazard when no one participates
$f_{partic}(t)$	is the unconditional density when everyone participates
$f_{nopartic}(t)$	is the unconditional density when no one participates
$S_{partic}(t)$	is the unconditional survival function when everyone participates
$S_{nopartic}(t)$	is the unconditional survival function when no one participates

- ▶ Have a multistep estimator
- ▶ Example based on RA, same logic works for IPW and IPWRA
 1. Model outcome conditional on covariates for treated observations
 2. Model outcome conditional on covariates for not treated observations
 3. Estimate predicted mean survival time of all observations given covariates from treated model estimates
 4. Estimate predicted mean survival time of all observations given covariates from not-treated model estimates
 5. Difference in means of predicted means estimates ATE

- ▶ Each step can be obtained by solving moment conditions yielding a method of moments estimator known as an estimating equation (EE) estimator
 - ▶ $\mathbf{m}_i(\boldsymbol{\theta})$ is vector of moment equations and $\mathbf{m}(\boldsymbol{\theta}) = 1/N \sum_{i=1}^N \mathbf{m}_i(\boldsymbol{\theta})$
- ▶ The estimator for the variance-covariance matrix of the estimator has the form $1/N(DMD')$ where $D = \left(\frac{1}{N} \frac{\partial \mathbf{m}(\boldsymbol{\theta})}{\partial \boldsymbol{\theta}} \right)^{-1}$ and
$$M = \frac{1}{N} \sum_{i=1}^N \mathbf{m}_i(\boldsymbol{\theta}) \mathbf{m}_i(\boldsymbol{\theta})'$$
- ▶ Stacked moments do not yield a symmetric D , so no simplification under correct specification

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