

HIGHER ORDER COMPONENT SCORES FOR THE QLQ-C30:

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on behalf of
the EORTC and the Quality of Life Cross-Cultural Analysis Group

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Why “higher order” component scores?

- 15 dimensions are unwieldy for clinicians, patients, and researchers
- Reduces complexity of analyses (multiple end-points) and problems with multiple testing
- Frequent requests from users
- The competition is doing it!
- Theory formation –relating 15 dimensions in a meaningful way- may be a way forward.

Extra Requirements: Generalizable Results

- Measurement Equivalence over (patient and language) groups: identical item thresholds, factor structures, and factor loadings

...essential in order to make comparisons over groups: if equivalence (partially) fails, then some comparisons between groups may not be justifiable...

- Cross Validation
- Predictive Validity

Data

The CCA project has gathered QLQ-C30 data from 38,000 patients in 100+ studies from various:

- countries,
- primary disease sites,
- disease stages, and
- treatment phases.

Data

Split into 4 analysis groups:

- a 10% sample for exploratory purposes
 - a 30% sample for model fitting
 - a 30% sample for cross validation
- and
- a 30% sample for testing of measurement equivalence.

Data

However, only those cancer patients using the QLQ-C30 version 3.0 at “pre-treatment” were utilized, leaving:

2500 patients for model fitting.

*Sufficient sample size, even for “robust”
estimation methods!*

Methods

Confirmatory Factor Analysis (CFA)/
Structural Equation Modeling(SEM)

what is that?

Methods (1)

- CFA/SEM is a general statistical method to model relationships between Observable variables and Non-observable (latent) variables.
- Latent variables are measured/defined by observables, and may incorporate (estimates of) measurement error.
- Latent variables may correlate with, predict or be predicted by other latents or observables.

Methods (2)

- One posits a theoretical model (of latents and observables, and their relationships), which results in fixing some model parameters (possibly to zero) and freeing others. (“model architecture”)
- Values of the free parameters are estimated (on the basis of the observed data), minimizing the difference between the model predictions (given a set of specific estimates) and the data. (“model estimation”)

Methods (3)

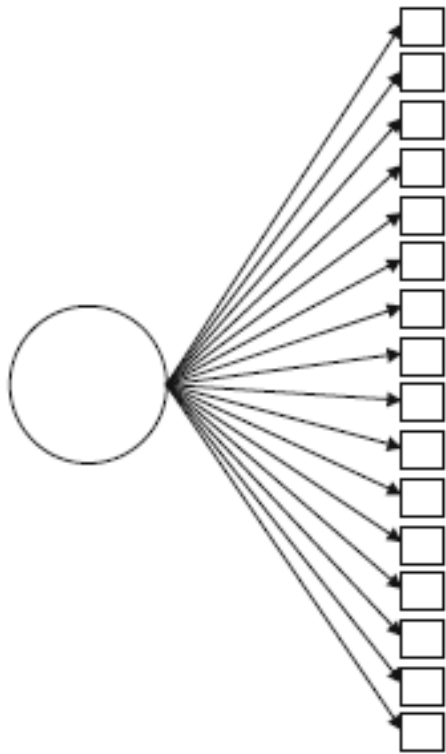
- The model fit (as measured by various indices/tests) is evaluated, and “problems” examined.
- The model may be rejected as insufficient. It may be modified, or it may be accepted as adequate/good.
- If the model is accepted, one may proceed with the model and its parameter estimates.

Examples

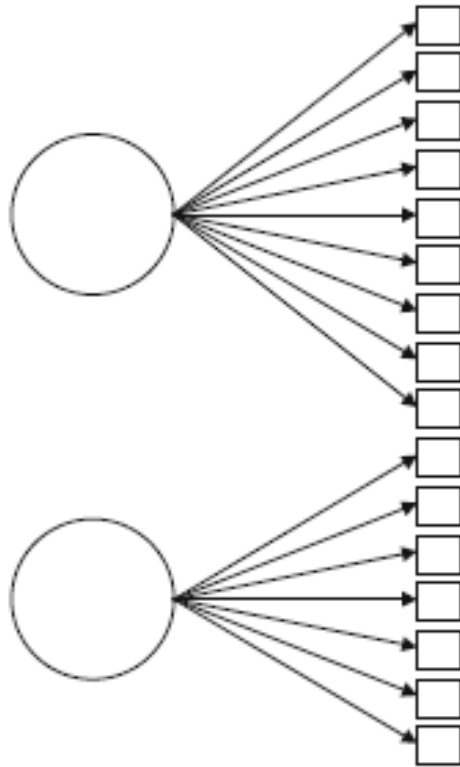
- Simple CFA models
- Higher Order & Bi-Factor Models
- Reflective and Formative Models
- Multiple Indicators-Multiple Causes (MIMIC) Models
- Hybrid Model

Simple CFA Models

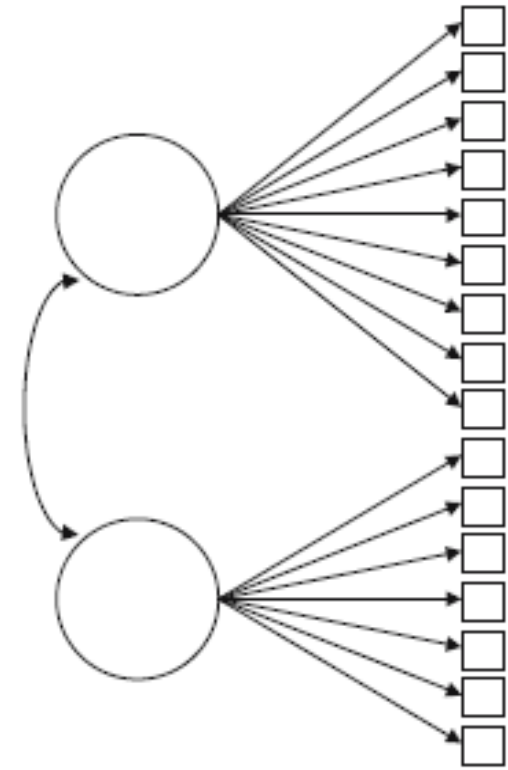
MODEL A



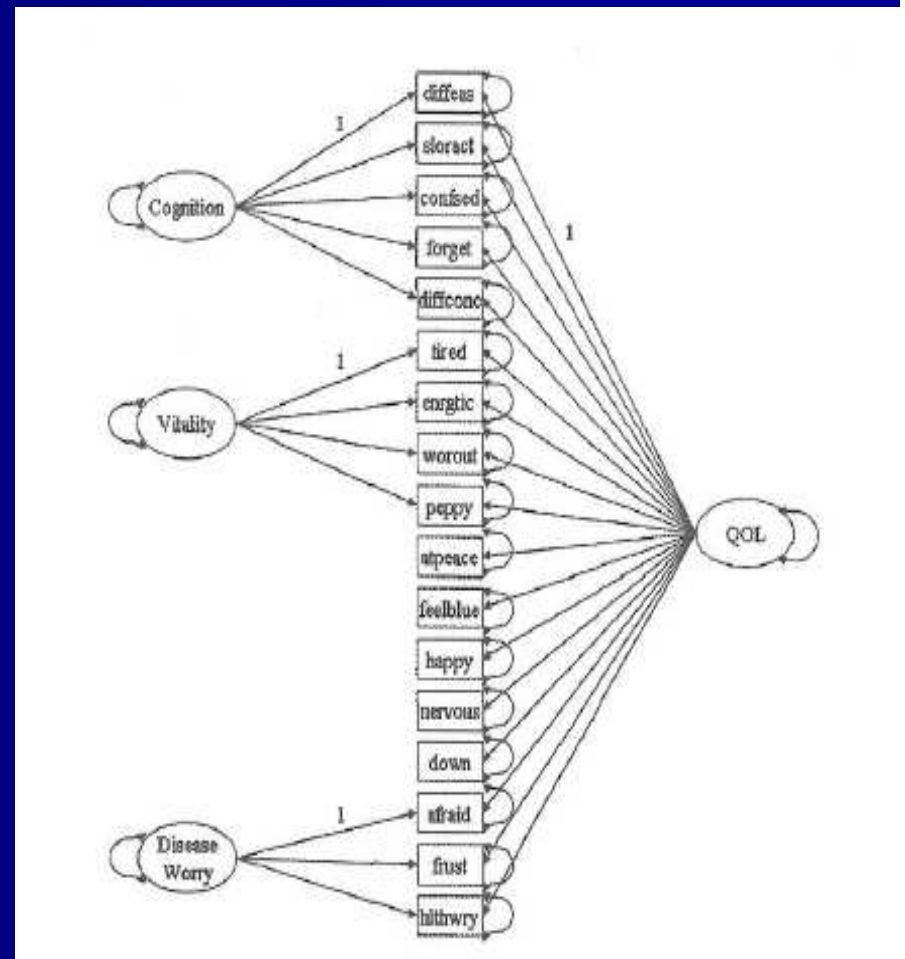
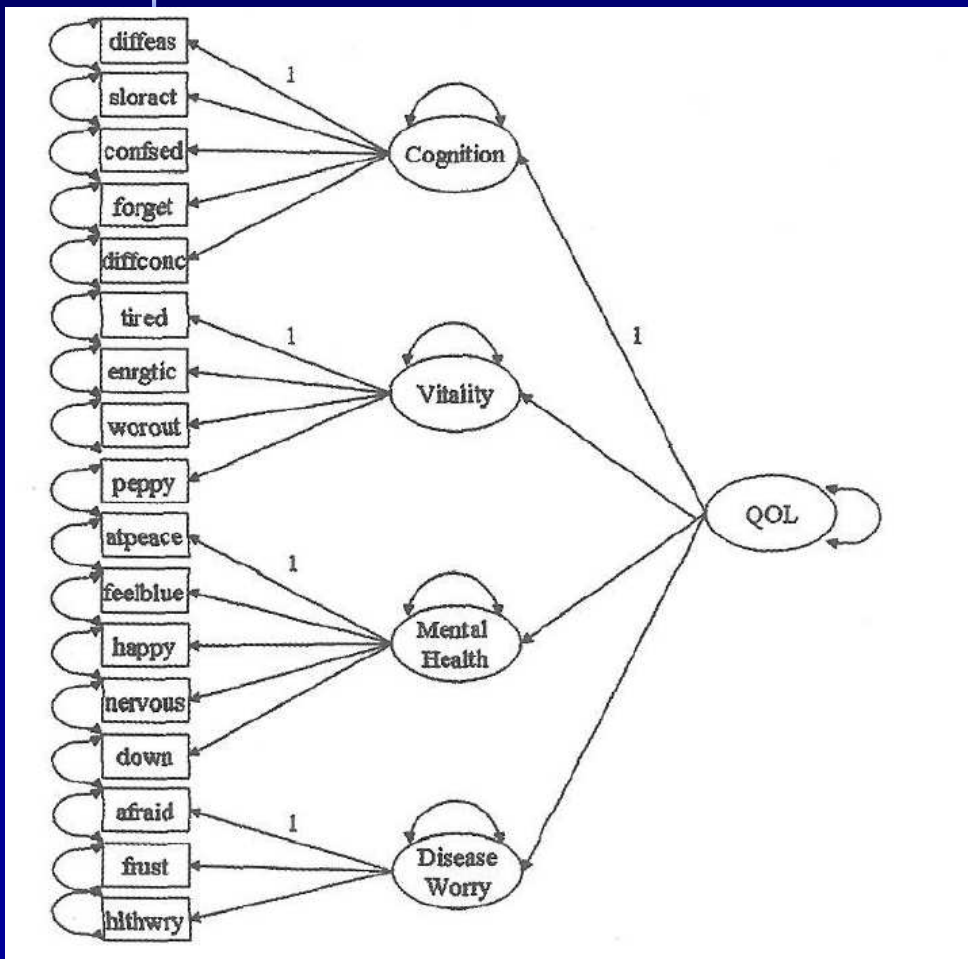
MODEL B



MODEL C

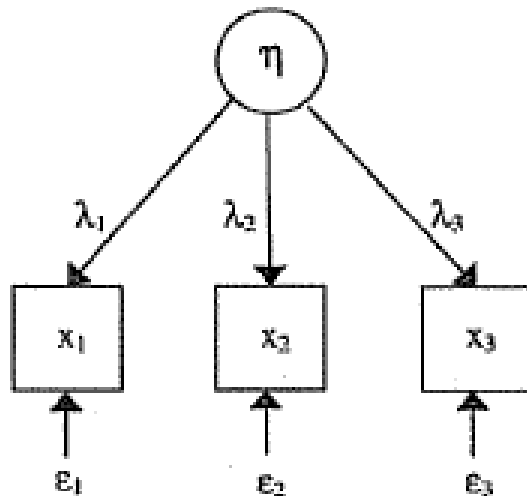


Higher Order & Bi-Factor Models

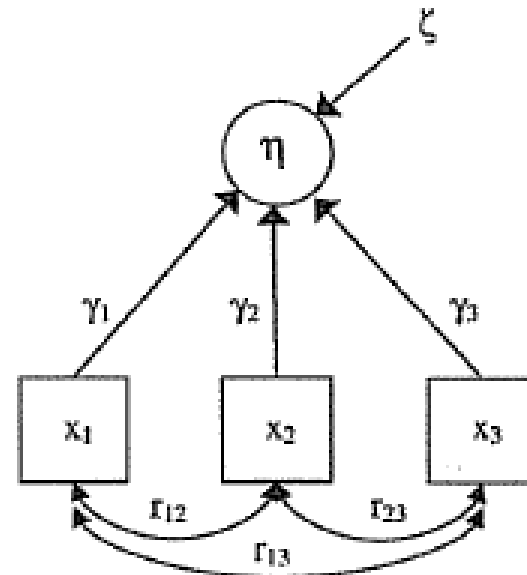


Reflective and Formative Models

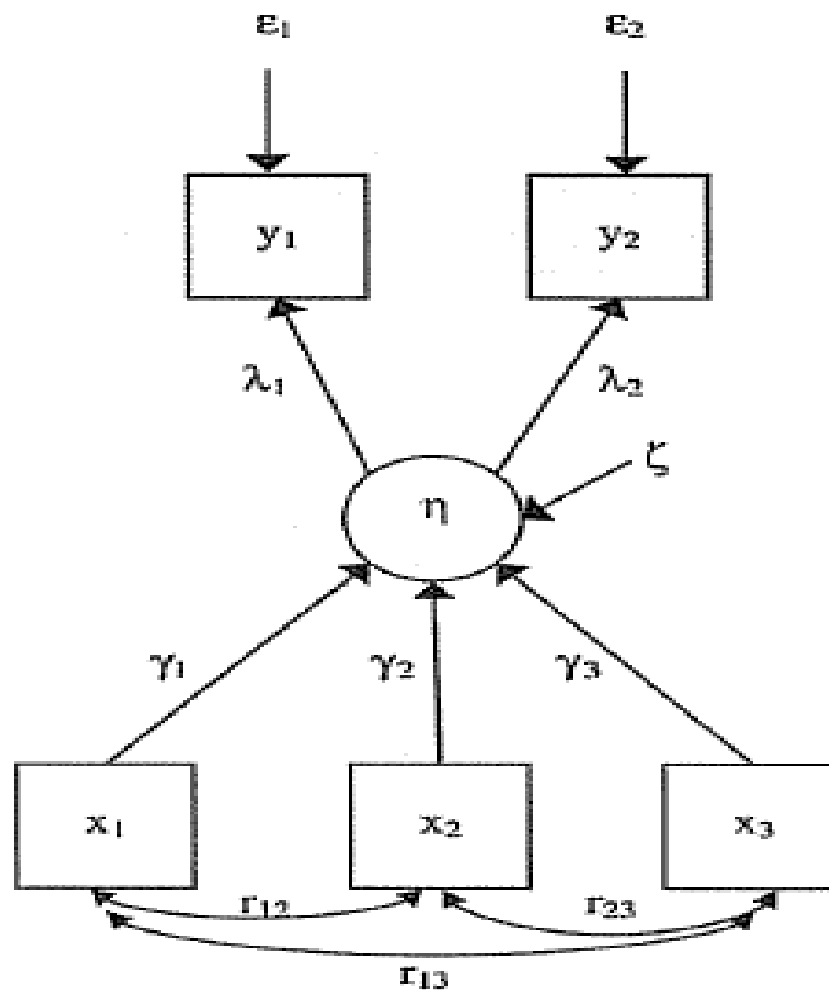
Panel 1: Reflective measurement model



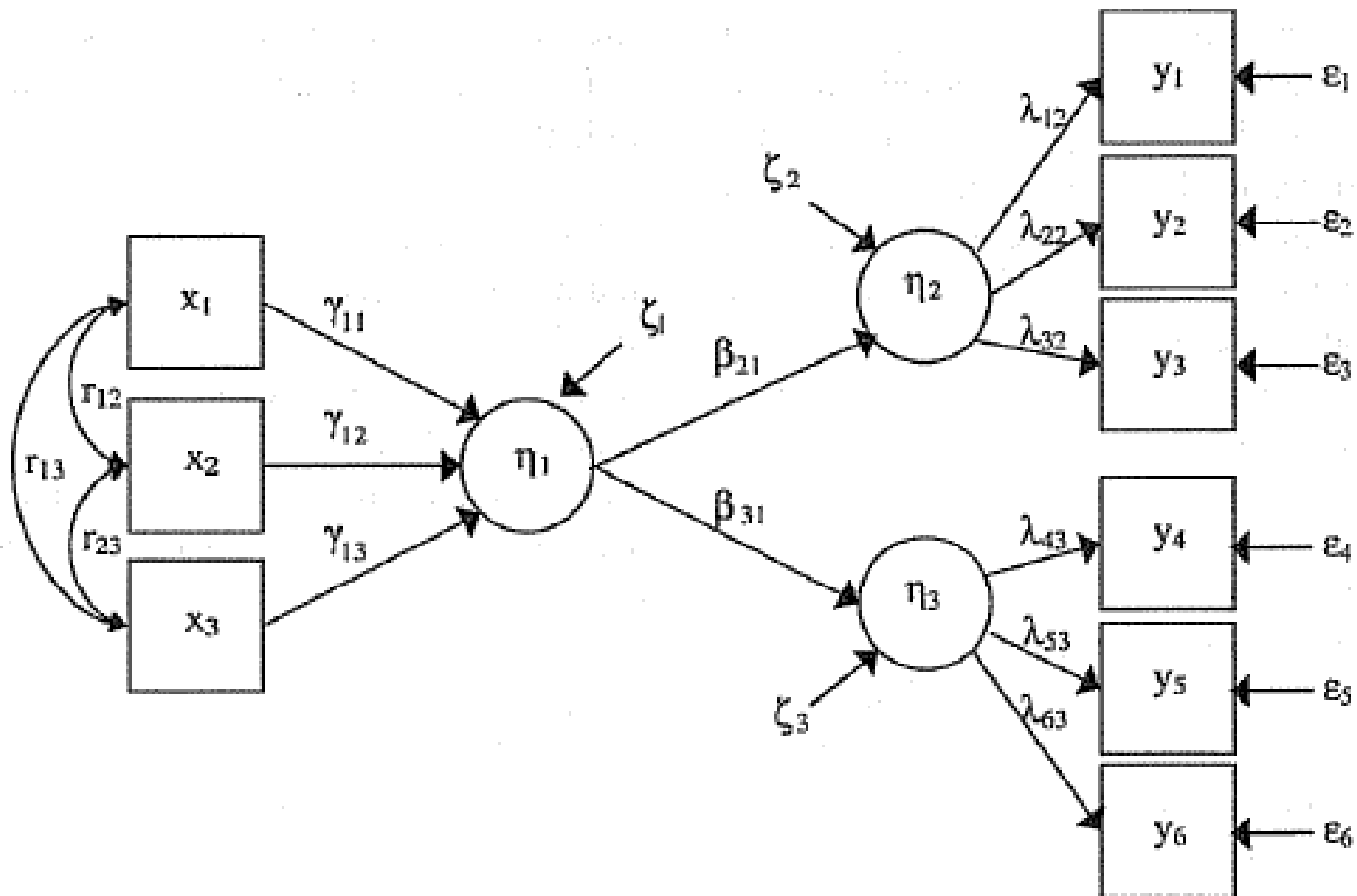
Panel 2: Formative measurement model



Multiple Indicators-Multiple Causes (MIMIC) (SEM) Models



Hybrid Model



Modeling Issues (1)

- QLQ-C30 version 3.0 only
- Pre-treatment/ baseline (initially)
- Include/exclude healthy S's?
- Estimates for single-item scale error variance (test-retest correlations)
- Exclude FI (and QL?) scales
- Standard QLQ-C30 model architecture

Modeling Issues (2)

- “Robust WLSMV” (ADF) estimators (also MLR if possible, for comparing non-nested models)
- Treatment of missing data (pair-wise, FIML)
- Ordinal items (polychoric correlations)
- Correction for clustering
- Formative-reflective symptom modeling

- **Which (theoretical) models?**

Theoretical QLQ-C30 Factor Models (1)

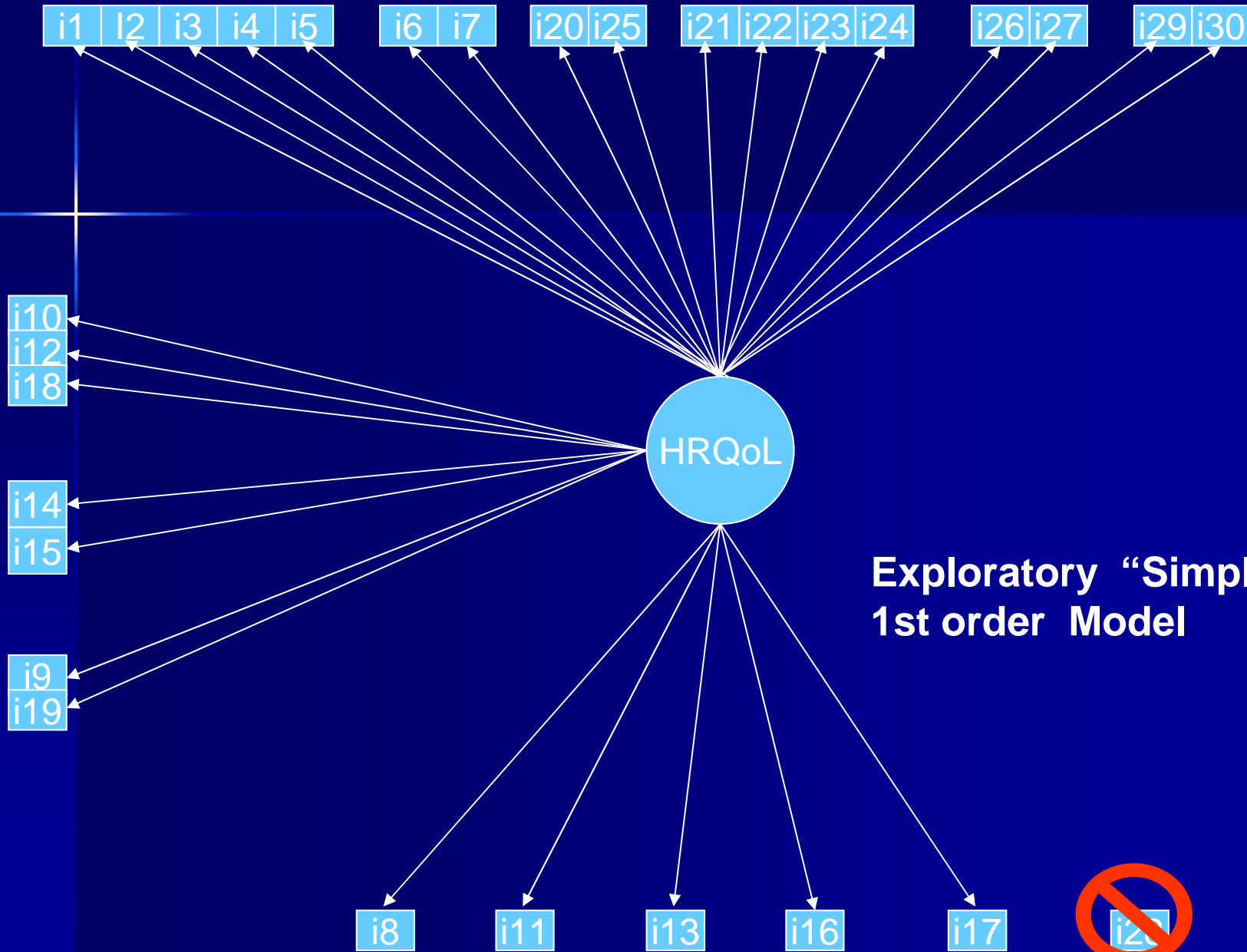
- “standard” QLQ 14D 1st order model
- 1D 2nd order model (e.g., Pagano & Gotay)
- 2D 2nd order model Symptom & Function (formative and/or reflective symptoms) (e.g., Sousa et al., Boehmer & Luszczynska)
- 2D 2nd order Burden-Mental Model (pers.comm. NKA)

Theoretical QLQ-C30 Factor Models (2)

- 2D 2nd order Physical-Mental Model (pers.comm. MS)
- Multiple Indicators-Multiple Causes (MIMIC) Models
- Bi-Factor models (relaxed or completely orthogonal)

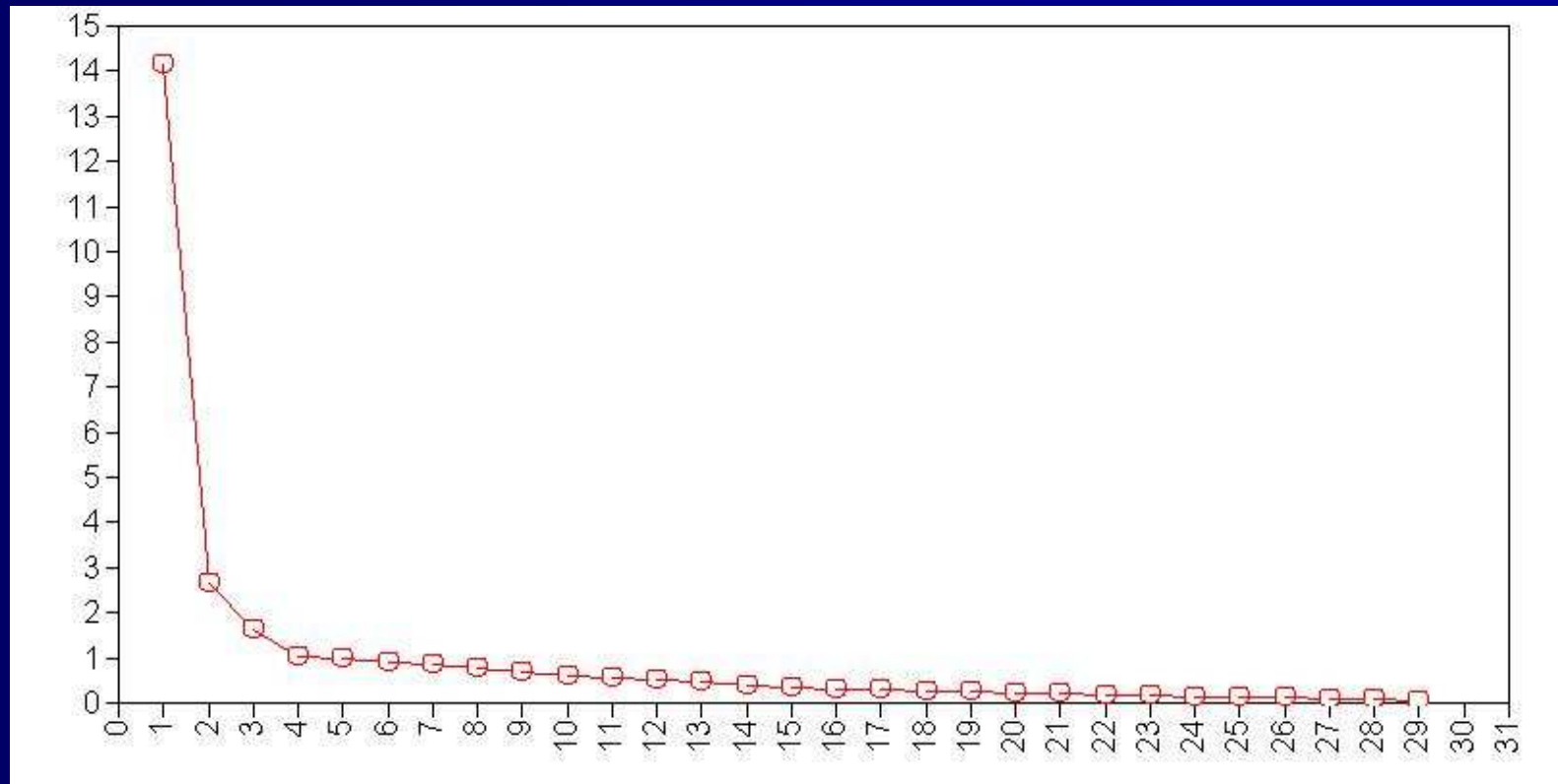
RESULTS

Simple 1D First Order HRQoL (e.g., Pagano & Gotay, 2006)



**Exploratory “Simple” 1D
1st order Model**

“Explained” Variance (eigenvalues) per factor in EFA for 29 QLQ-C30 items (“scree plot”)



i1 | i2 | i3 | i4 | i5

PF

i6 | i7

RF

i20 | i25

CF

i21 | i22 | i23 | i24

EF

i26 | i27

SF

i29 | i30

QL

i10
i12
i18

FA

i14
i15

NV

i9
i19

PA

“Standard” 14D 1st order Model

Dy

i8

Sl

i11

Ap

i13

Co

i16

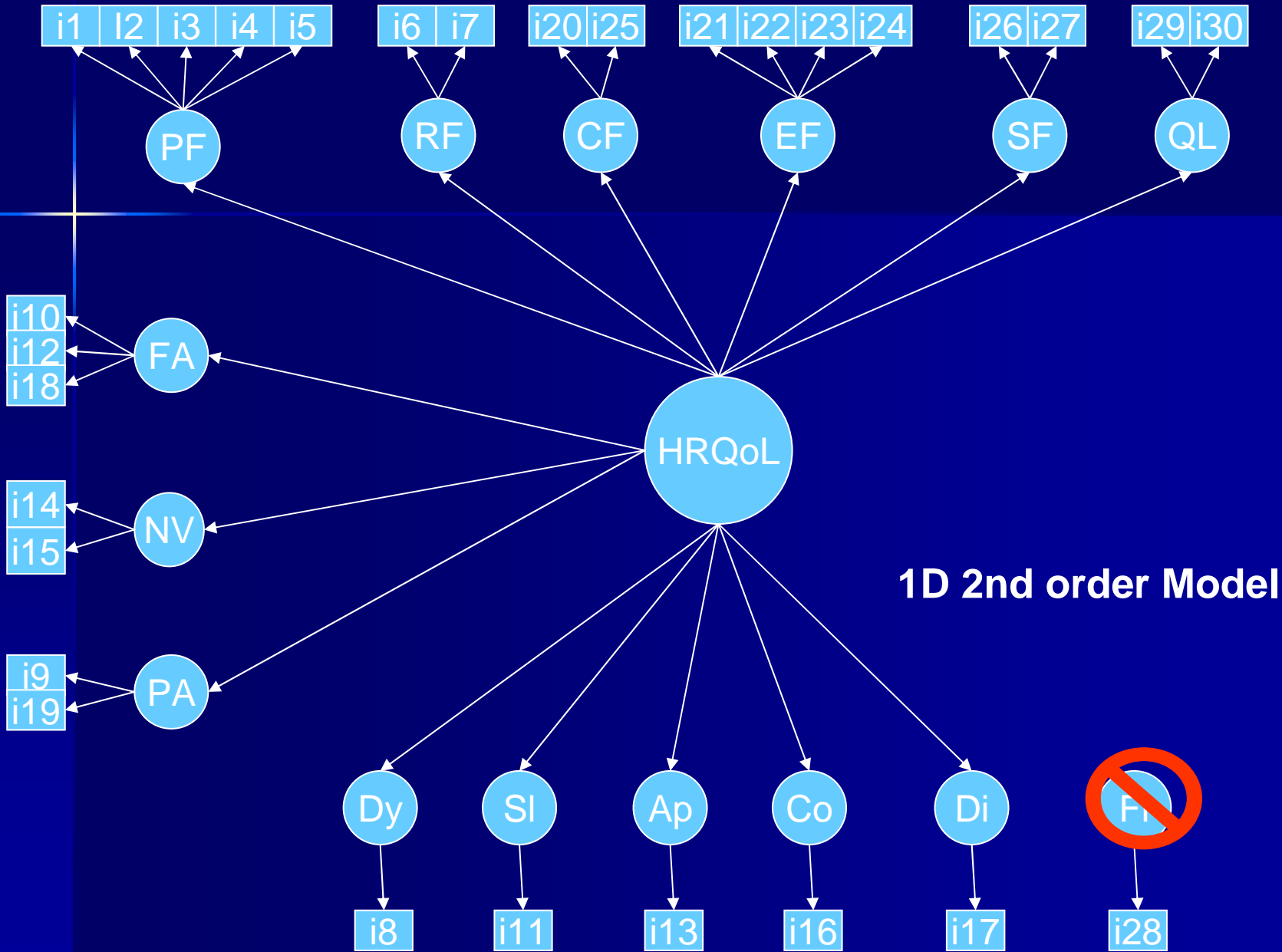
Di

i17

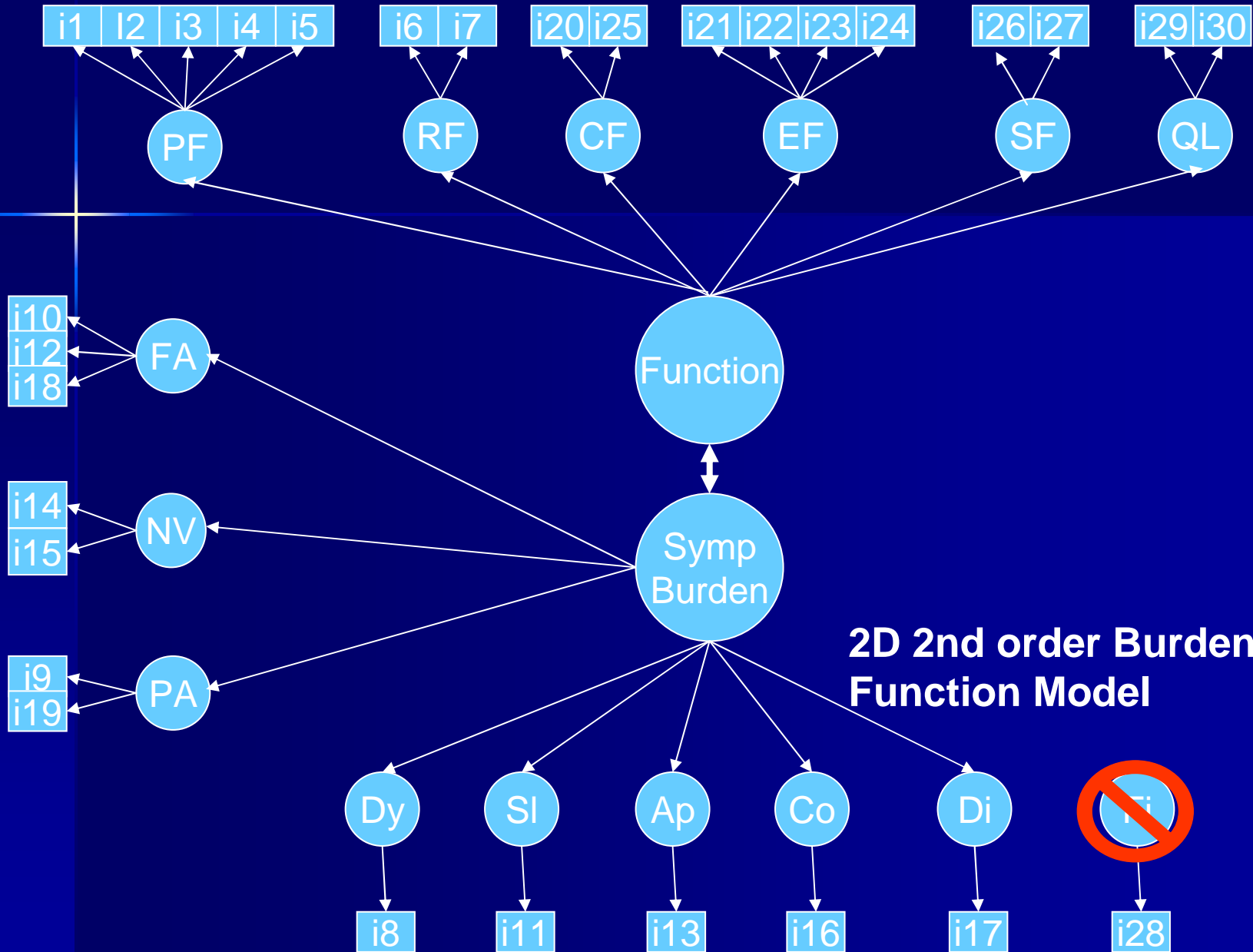
~~Fi~~

i28

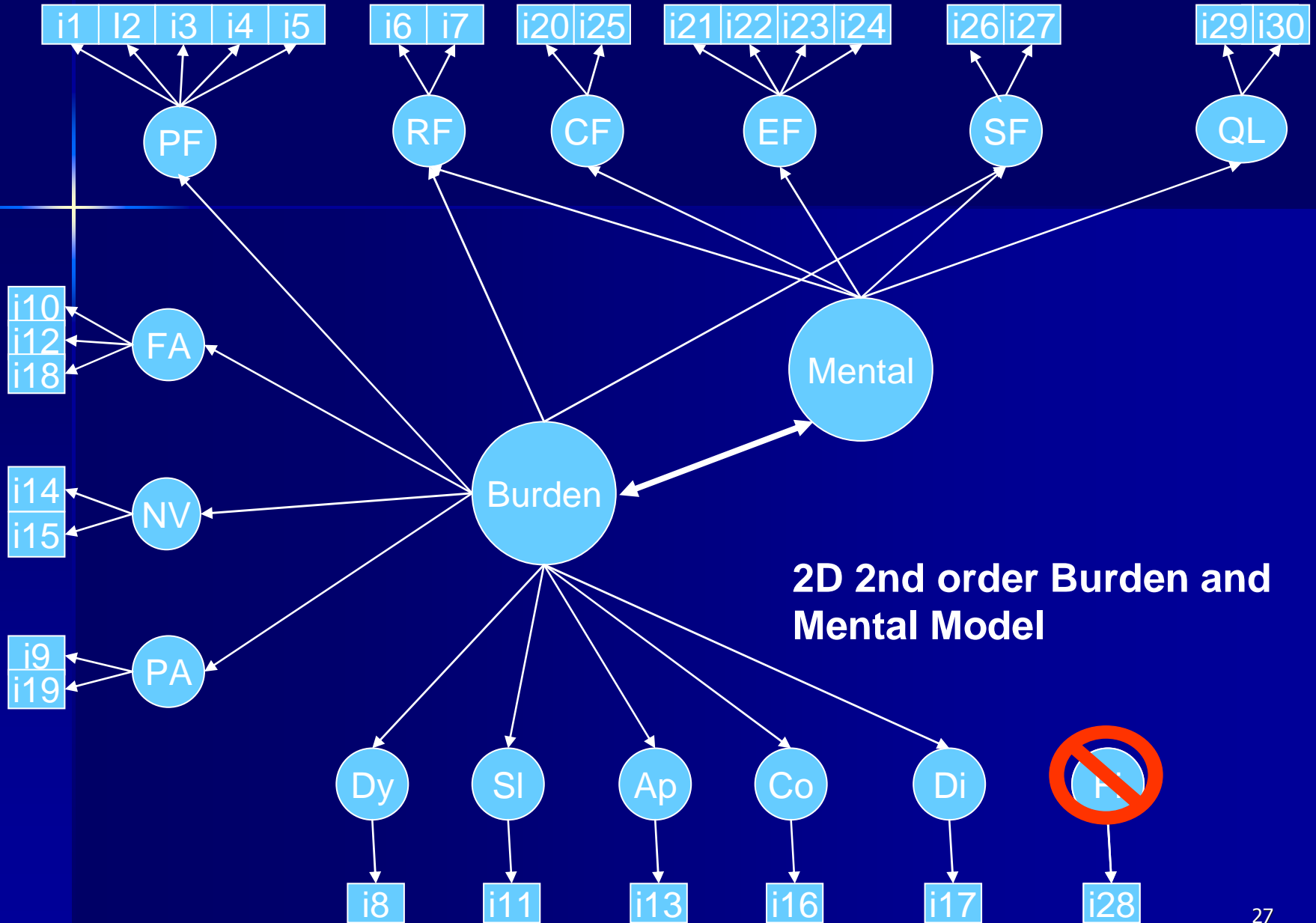
1D HRQoL (inspired by Pagano & Gotay, 2006)



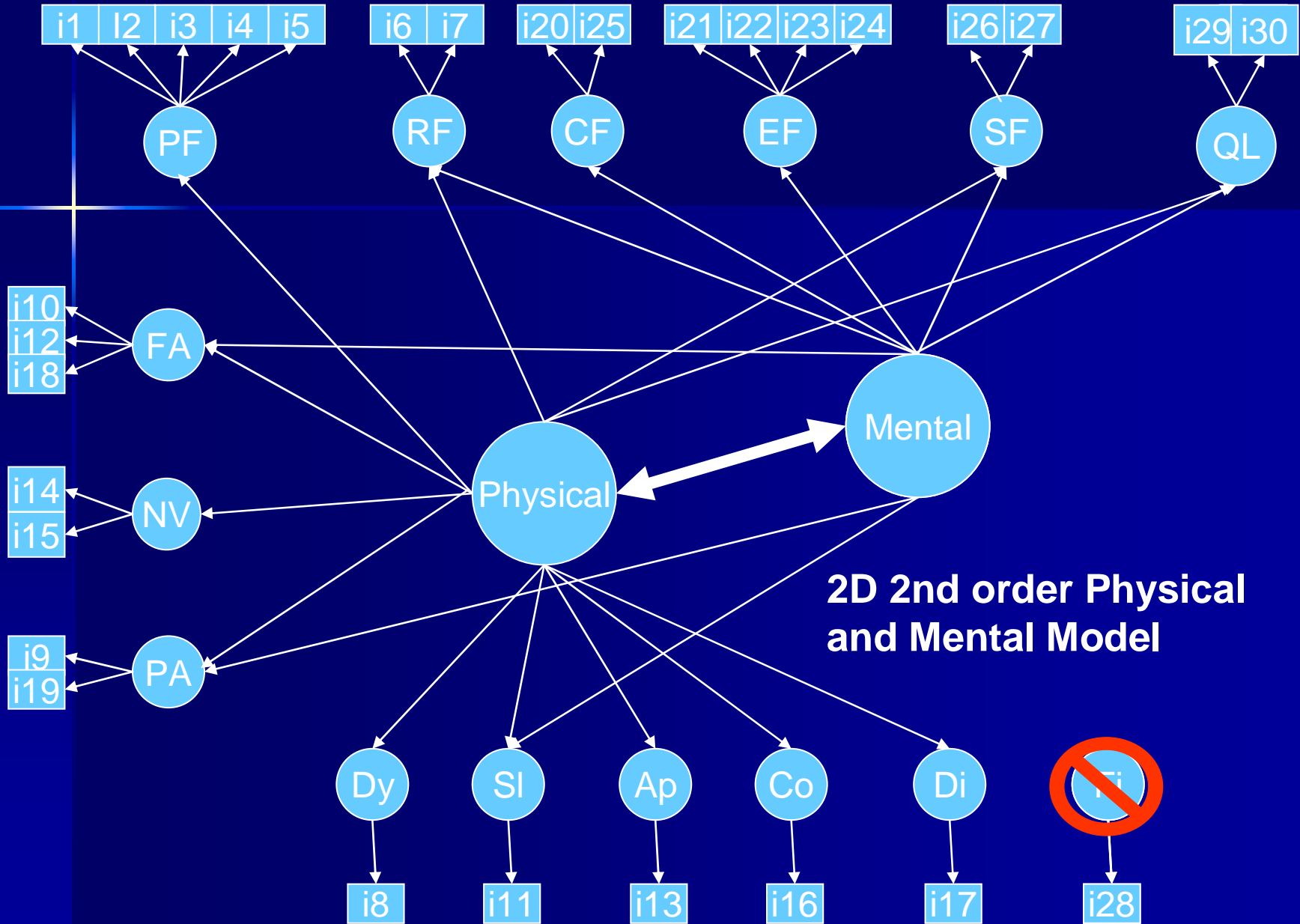
Burden-Function (inspired by Sousa & Kwok, 2006, Putting Wilson and Cleary to the test)



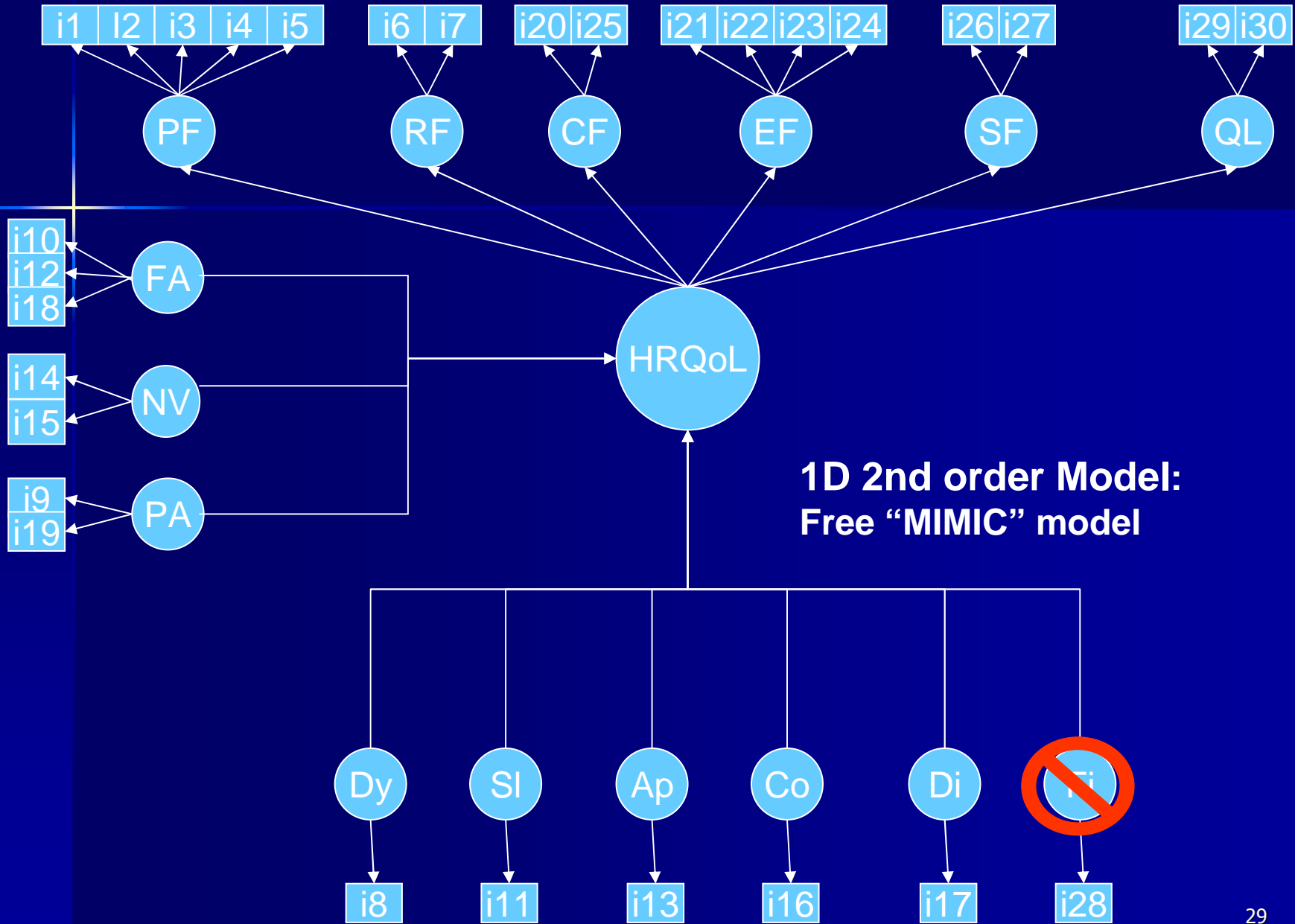
Burden-Mental hypothesis N.Aaronson 09/09/08



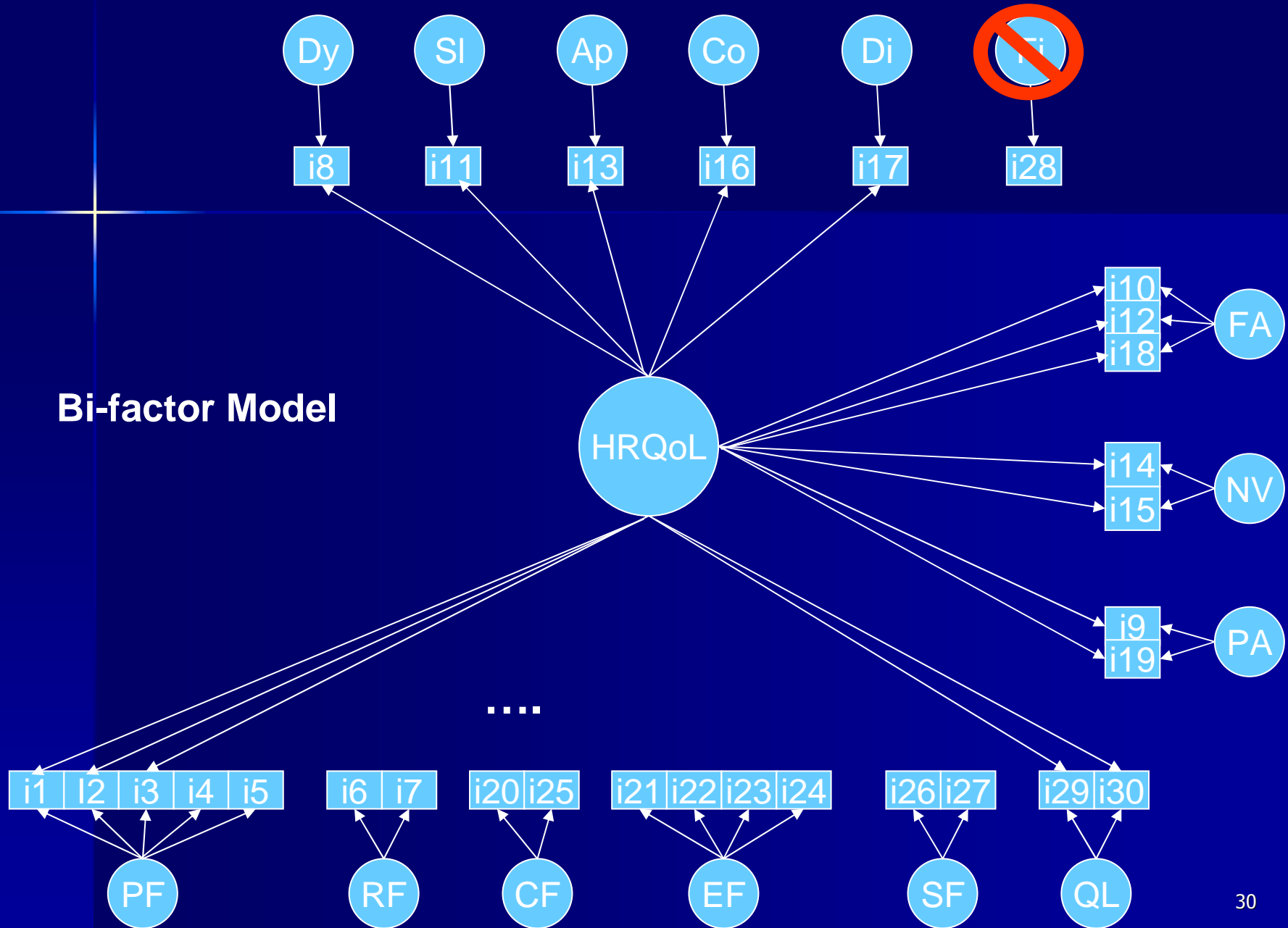
Physical-Mental hypothesis M. Sprangers 25/09/08



Free MIMIC (inspired by Boehmer & Luszczynska, 2006)



Bi-Factor Model (inspired by Chen, West, and Sousa, 2006)



Bi-factor Model

Fit Indices/Tests for Various Models*

Model	χ^2	df	CFI/TLI	RMSE A	Remarks
1) Basic Model with 14 Latents	109	12	0.93/0.98	0.047	Ordinal items; 1-item scale error variances based on test-retest correlations
2) 1D Burden	208	14	0.89/0.97	0.058	
3) 2D Burden & Function	208	14	0.89/0.97	0.058	Correlation B&F= 0.97
4) 2D Physical & Mental (MS)	167	15	0.91/0.98	0.049	Correlation P&M=0.72
5) 2D Burden & Mental (NKA)	192	14	0.90/0.97	0.055	Correlation B&M=0.92
6) 1D MIMIC (free)	190	13	0.90/0.97	0.057	Correlation FA&HRQoL=0.95
7) 1D MIMIC (fixed)	npd	--	--	--	no solution could be found
8) 2D formative Burden,Function free	187	13	0.90/0.97	0.057	Correlation B&F=0.97
9) 2D formative Burden,Function fixed	204	13	0.89/0.97	0.060	Correlation B&F=0.9
10) 1D (relaxed) Bi-factor	83	16	0.96/0.99	0.032	Correlation "Bi-factor" and other factors set to zero

*WLSMV estimator

Discussion/Conclusions

- Exploratory Factor Analysis show important 1st dimension, yet requires extra dimensions for “good” fit.
- “Basic Model” has “adequate-good” fit.
- Model fit for all “higher order” models is “adequate”, yet clearly poorer than basic model.

Discussion/Conclusions

- None of the higher order models is substantially superior, wrt “fit”. Multiple dimensions tend to correlate quite highly!
- (Relaxed) bi-factor model has best fit of all!
- However, statistics are not the only criterium for model selection. (e.g., parisimony, usability, compabitibility with other schemes, ...)

Alternatives

- **1D 2nd order Model:** parsimonious, fit is “adequate”, “summarizes” QLQ-C30 dimensions
- **2D 2nd order Mental-Physical Model:** relatively simple, “summarizes” QLQ-C30, fit is somewhat better than other 2nd order models, dimensions are more distinct, similar rationale to SF-36 higher order model

Alternatives

- **(relaxed) Bi-Factor Model:** “good fit”, parsimonious (latents), “in addition to” QLQ-C30 dimensions, skirts reflective-formative problem.
- **MIMIC Model:** adequate fit, parsimonious, combines reflective and formative models; has (some) support in literature.

Request

- Data set with external criteria (e.g. in trial or longitudinal study)

and

- QLQ-C30

for validation study.

Suggestions?
Remarks?