

Meta-analysis using the `bayesmeta` package

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Overview

bayesmeta

- “Bayesian” probabilities
- the normal-normal hierarchical model
- priors
- overall effect
- prediction and shrinkage estimation
- meta-regression

Introduction

“Bayesian” probabilities

- approach to view / solve statistical problems ¹
- goes back to Thomas Bayes (1701–1761)
- central: “**Bayes’ theorem**”

$$P(A|B) = \frac{P(B|A) P(A)}{P(B)}$$

- of interest:
 $P(\text{parameters}|\text{data})$ (the *a-posteriori probability*)
- required:
 $P(\text{data}|\text{parameters})$ (the *likelihood (function)*)
 $P(\text{parameters})$ (the *a-priori probability distribution*)
- besides specification of likelihood:
formalizing a-priori-information

¹A. Gelman, J. B. Carlin, H. Stern, D. B. Dunson, A. Vehtari, D. B. Rubin. *Bayesian data analysis*. Chapman & Hall / CRC, 2014.

Introduction

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 $P(\text{parameters}|\text{data})$ (the *a-posteriori probability*)
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Introduction

“Bayesian” probabilities

- intuitive interpretation:²
 - probability distribution as **information**
 - likelihood $P(\text{data}|\text{parameters})$:
“what data do we expect given certain parameter values”
 - prior $P(\text{parameters})$:
“how probable are certain parameter values”
 - posterior $P(\text{parameters}|\text{data})$:
“how probable are certain parameter values in view of the data”
- (“logical”) **consistency**
(e.g.: posterior from one analysis may serve as a prior for a subsequent analysis...)

²E. T. Jaynes. *Probability Theory: The Logic of Science*. Cambridge University Press, 2003.

Introduction

“Bayesian” probabilities

- technically: integration (instead of optimization)
- often: fewer asymptotic arguments necessary
(few studies! few events!) ³
- often useful for complex models
(e.g.: nuisance parameters, hierarchical models) ⁴
- besides specification of *data model* (likelihood):
a-priori - distribution necessary
- relevant / accepted in regulatory contexts (e.g. ^{5, 6})

³D. Jackson, I. R. White. When should meta-analysis avoid making hidden normality assumptions? *Biometrical Journal*, **60**(6):1040–1058, 2018.

⁴A. Gelman, J. Hill. *Data analysis using regression and multilevel/hierarchical models*. Cambridge University Press, 2007.

⁵European Medicines Agency (EMEA). Guideline on clinical trials in small populations. CHMP/EWP/83561/2005, 2006.

⁶U.S. Department of Health and Human Services (HHS), Food and Drug Administration (FDA). Leveraging existing clinical data for extrapolation to pediatric uses of medical devices. FDA-2015-D-1376, 2016

Meta-analysis

Normal effect measures within bayesmeta

- bayesmeta package is based on **normal effect measures**
- single study's outcome, often: **estimate \pm standard error**
- **normal approximation** ("Wald" CI) often appropriate
("large" sample size within study)
- (standard errors are assumed **known**, fixed!)
- sometimes **transformations** are used; examples:
 - means, mean differences, standardized mean differences
 - risk differences
 - (log-) risk ratios, (log-) odds ratios
 - (log-) rate ratios
 - (log-) hazard ratios
 - correlation coefficients (Fisher-z transformed)
 - ...

Meta-analysis

Effect measures: COPD example

- COPD example:⁷
patients are treated with *tiotropium*;
interest was in quality-of-life and disease progression, measured in terms
of the **exacerbation rate**
- one study (Bateman *et al.*, 2010a) quotes:
“During the treatment period, 685 (35.3%) patients in the tiotropium group and 842 (43.1%) in the placebo group had at least one exacerbation.”

	exacerbation		
	yes	no	total
tiotropium patients	685	1304	1989
placebo patients	842	1160	2002

⁷C. Karner, J. Chong, P. Poole. Tiotropium versus placebo for chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews*, 7:CD009285, 2014.

Meta-analysis

Effect measures: COPD example

- general setup (2×2 contingency table):⁸

		event		
		yes	no	total
treatment	a	b	$n_1 = a + b$	
	c	d	$n_2 = c + d$	

- log-OR estimate: $y = \log\left(\frac{a/b}{c/d}\right)$
- standard error: $\sigma = \sqrt{\frac{1}{a} + \frac{1}{b} + \frac{1}{c} + \frac{1}{d}}$

⁸e.g.: J.L. Fleiss. The statistical basis of meta-analysis. *Statistical Methods in Medical Research*, 2(2):121–145, 1993.

Meta-analysis

Effect measures: COPD example

- data:

		exacerbation	
		yes	no
		total	
tiotropium patients		685	1304
placebo patients		842	1160
			1989
			2002

- compute log-OR and standard error:

```
R> (685/1304) / (842/1160)
[1] 0.7237005
R> log((685/1304) / (842/1160))
[1] -0.3233776
R> sqrt(sum(1 / c(685, 1304, 842, 1160)))
[1] 0.06539452
```

- using metafor package's escalc() function:

```
R> library("metafor")
R> escalc(measure="OR", ai=685, bi=1304, ci=842, di=1160)
      yi      vi
1 -0.3234 0.0043
```

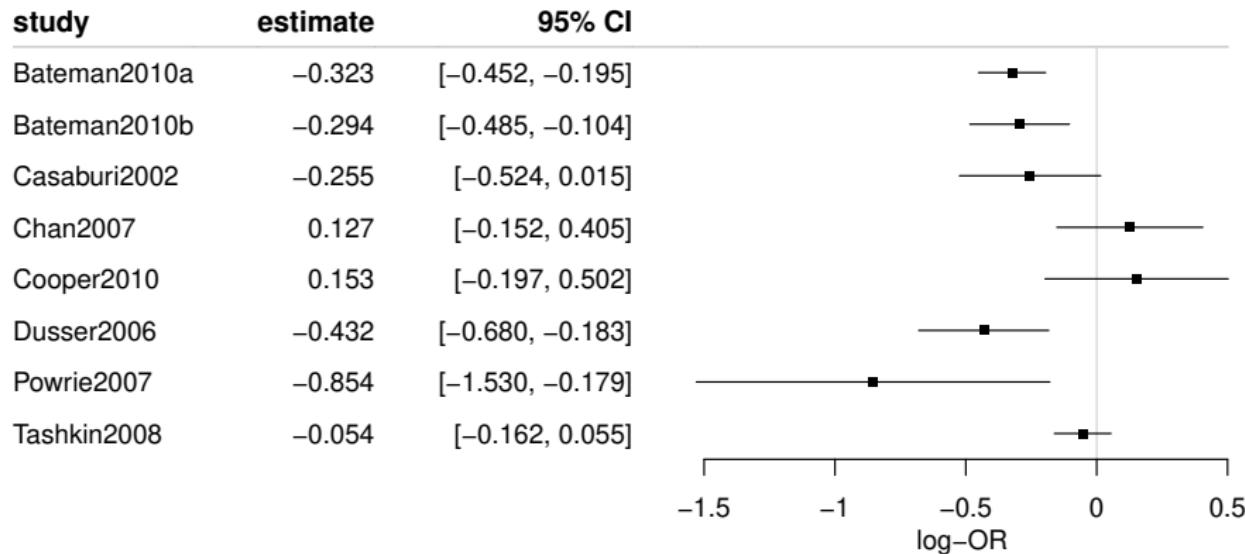
(note: returns *squared* standard error)

Meta-analysis

Effect measures: COPD example (forest plot)

- 8 “long” studies (≥ 1 year follow-up)

(Analysis 1.10.2, p. 73)



Meta-analysis

Combining estimates: the NNHM (likelihood)

- model (likelihood):

$$\begin{aligned}y_i | \theta_i &\sim \text{Normal}(\theta_i, \sigma_i^2) \\ \theta_i | \mu, \tau &\sim \text{Normal}(\mu, \tau^2)\end{aligned}$$

or (marginally):

$$y_i | \mu, \tau \sim \text{Normal}(\mu, \tau^2 + \sigma_i^2)$$

- random-effects (RE) model,
normal-normal hierarchical model (NNHM)
- “**study-specific effects**” θ_i
- **overall mean** parameter $\mu \in \mathbb{R}$
- (nuisance) **heterogeneity** parameter $\tau \geq 0$
- for $\tau = 0$, reduces to common-effect (fixed-effect, FE) model
($\tau = 0 \Rightarrow \theta_1 = \dots = \theta_k = \mu$)

Meta-analysis

Combining estimates: the random-effects model (prior, generally)

- **effect prior (μ):⁹**
 - location parameter
 - (informative or vague) $\mu \sim \text{Normal}(\mu_p, \sigma_p^2)$ often appropriate
 - (improper, non-informative) uniform prior often sensible
- **heterogeneity prior (τ):^{17,10}**
 - scale parameter
 - (improper, non-informative) uniform prior works for many studies (at least $k \geq 3$)
 - constraints on τ via weakly informative priors may be motivated (e.g., $\tau \sim \text{half-Normal}(\dots)$)
- commonly: $p(\mu, \tau) = p(\mu) \times p(\tau)$ (prior independence)

⁹C. Röver. Bayesian random-effects meta-analysis using the `bayesmeta` R package. *Journal of Statistical Software*, **93**(6), 2020.

¹⁰C. Röver, R. Bender, S. Dias, C. H. Schmid, H. Schmidli, S. Sturtz, S. Weber, T. Friede. On weakly informative prior distributions for the heterogeneity parameter in Bayesian random-effects meta-analysis. *Research Synthesis Methods*, **12**(4):448–474, 2021.

Meta-analysis

Combining estimates: the random-effects model (priors COPD example)

- how to specify priors?
- in general, prior specification requires consideration of **context** (e.g., log-ORs, COPD application)
- effect (μ):
 - obvious: (improper) uniform
 - weakly informative prior, e.g. $\mu \sim \text{Normal}(0, 2.82^2)$: centered at “neutral” value of 0
prior plausible (95%) OR range roughly $\frac{1}{250}$ to 250,
also empirically motivated ¹¹
 - “unit information prior” $\mu \sim \text{Normal}(0, 4^2)$:
log-OR standard errors (roughly) scale as $\sigma = \frac{4}{\sqrt{n}}$
standard deviation of 4: “*information conveyed by a single patient*”

¹¹B. K. Günhan, C. Röver, T. Friede. Random-effects meta-analysis of few studies involving rare events. *Research Synthesis Methods*, 11(1):74–91, 2020.

Meta-analysis

Combining estimates: the random-effects model (priors for log-OR)

- how to specify priors, e.g. for log-ORs? (cont.)
- heterogeneity (τ):
 - uniform / uninformative specifications available (usually requiring “large” k) ¹²
 - τ quantifies variation of θ_i relative to μ
→ how much variation in study-specific θ_i is expected?
 - consider implications, e.g.:

$p(\tau)$	heterogeneity τ		95% predictive interval	
	median	95%	$\theta_i - \mu$	$\exp(\theta_i - \mu)$
half-Normal(0.1)	0.07	0.20	[-0.22, 0.22]	[0.80, 1.24]
half-Normal(0.2)	0.13	0.39	[-0.44, 0.44]	[0.65, 1.55]
half-Normal(0.5)	0.34	0.98	[-1.09, 1.09]	[0.34, 2.98]
half-Normal(1.0)	0.67	1.96	[-2.18, 2.18]	[0.11, 8.89]
half-Normal(2.0)	1.35	3.92	[-4.37, 4.37]	[0.013, 79.0]

- more arguments available (e.g., considering empirical information) ¹³

¹²C. Röver. Bayesian random-effects meta-analysis using the `bayesmeta` R package. *Journal of Statistical Software*, **93**(6), 2020.

¹³C. Röver, R. Bender, S. Dias, C. H. Schmid, H. Schmidli, S. Sturtz, S. Weber, T. Friede. On weakly informative prior distributions for the heterogeneity parameter in Bayesian random-effects meta-analysis. *Research Synthesis Methods*, **12**(4):448–474, 2021.

Meta-analysis

Combining estimates: the random-effects model (posterior(s), the technical bits)

- posterior (density) results as product of likelihood and prior:

$$p(\mu, \tau | y_1, \dots, y_k) \propto p(y_1, \dots, y_k | \mu, \tau) \times p(\mu, \tau)$$

- bivariate probability distribution
- relevant (marginal, univariate) posteriors result via **integration**, e.g.:

$$p(\mu | y_1, \dots, y_k) = \int p(\mu, \tau | y_1, \dots, y_k) d\tau$$

- posterior inferences (e.g., mean, median, quantiles, intervals) require further integration
- often approached via MCMC (approximating integrals/expectations by sample averages)
- in `bayesmeta`: semi-analytically

Meta-analysis

Combining estimates: the random-effects model (application)

- NNHM implemented in `bayesmeta` package
- required input: estimates (y_i), standard errors (σ_i), effect prior ($p(\mu)$), heterogeneity prior ($p(\tau)$)
- check `bayesmeta()` function:

```
R> ?bayesmeta
```

- perform analysis:

```
R> exa.long <- escalc(measure="OR", [...],  
+ subset = (duration=="1 year or longer"),  
+ slab=study, data=KarnerEtAl2014)  
R> bma01 <- bayesmeta(y=exa.long$yi, sigma=sqrt(exa.long$vi),  
+ labels=exa.long$study,  
+ mu.prior=c(0,4),  
+ tau.prior=function(t){dhalfnormal(t,scale=0.5)})
```

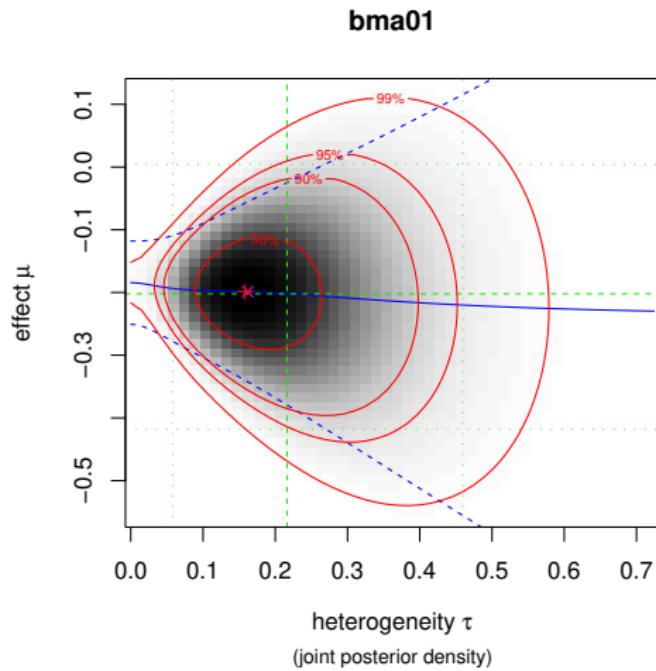
or simply

```
R> bma01 <- bayesmeta(exa.long,  
+ mu.prior=c(0,4),  
+ tau.prior=function(t){dhalfnormal(t,scale=0.5)})
```

Meta-analysis

Combining estimates: the random-effects model (application)

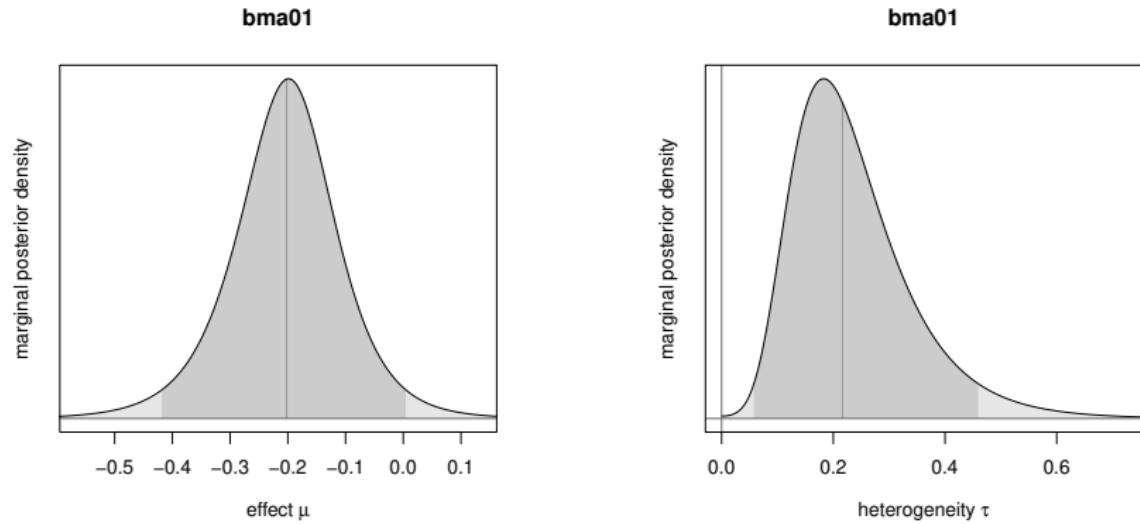
R> plot(bma01)



- (joint) posterior density

Meta-analysis

Combining estimates: the random-effects model (application)

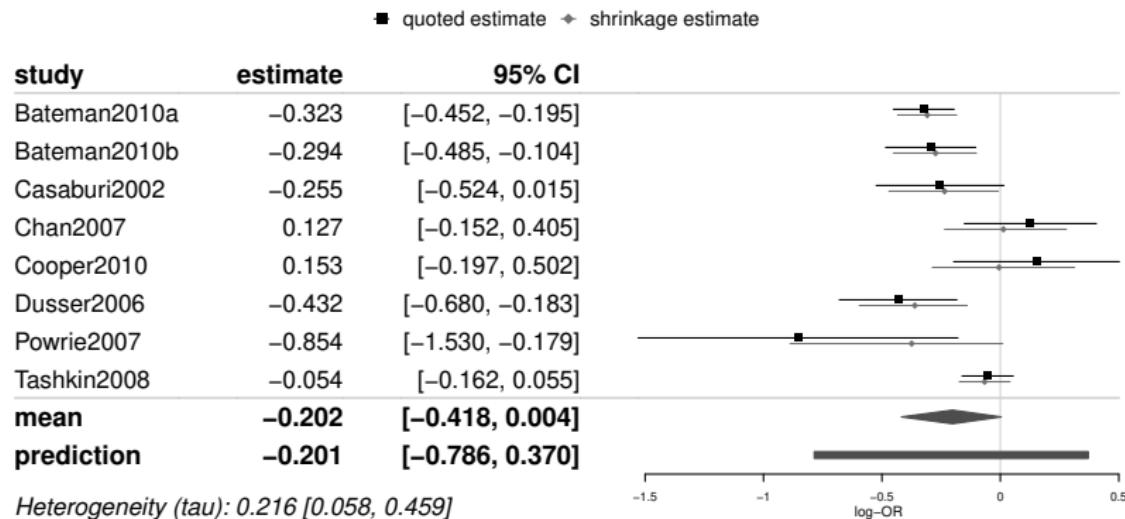


- (marginal) posterior densities

Meta-analysis

Combining estimates: the random-effects model (application)

```
R> forestplot(bma01, xlab="log-OR")
```



- forest plot: shrinkage estimates, overall mean, prediction, heterogeneity

Meta-analysis

Combining estimates: the random-effects model (application)

```
R> bma01
  'bayesmeta' object.

8 estimates:
Bateman2010a, Bateman2010b, Casaburi2002, Chan2007,
Cooper2010, Dusser2006, Powrie2007, Tashkin2008

tau prior (proper):
function(t){dhalfnormal(t,scale=0.5)}
<bytecode: 0x560ae715e468>

mu prior (proper):
normal(mean=0, sd=4)

ML and MAP estimates:
      tau        mu
ML joint 0.1620103 -0.1988699
ML marginal 0.1879257 -0.1988890
MAP joint 0.1585792 -0.1986505
MAP marginal 0.1827378 -0.1988048

marginal posterior summary:
      tau        mu
mode 0.18273777 -0.198804845
median 0.21640336 -0.202032865
mean 0.23622412 -0.204219500
sd 0.11053165 0.104357370
95% lower 0.05787102 -0.418091441
95% upper 0.45946622 0.004282775

(quoted intervals are shortest credible intervals.)
```

- default printout: parameter estimates, intervals, ...

Meta-analysis

Combining estimates: the random-effects model (application)

- returned object is a `list` object
- access to summary figures via `...$summary` element
- access to (marginal) posterior distribution (densities etc.) via
`...$dposterior()`, `...$pposterior()`, `...$qposterior()`
functions:

```
R> # posterior CDF:
```

```
R> bma01$pposterior(mu=0)
[1] 0.9746926
```

```
R> # posterior quantile:
```

```
R> bma01$qposterior(mu.p=0.90)
[1] -0.08287674
```

```
R> # posterior density plot:
```

```
R> x <- seq(from=-1.0, to=0.5, length=200)
R> plot(x, bma01$dposterior(mu=x), type="l")
R> abline(h=0, v=0, col="grey")
```

Meta-analysis

Shrinkage estimation

- recall: model involves μ , τ and θ_i parameters

$$\begin{aligned}y_i | \theta_i &\sim \text{Normal}(\theta_i, \sigma_i^2) \\ \theta_i | \mu, \tau &\sim \text{Normal}(\mu, \tau^2)\end{aligned}$$

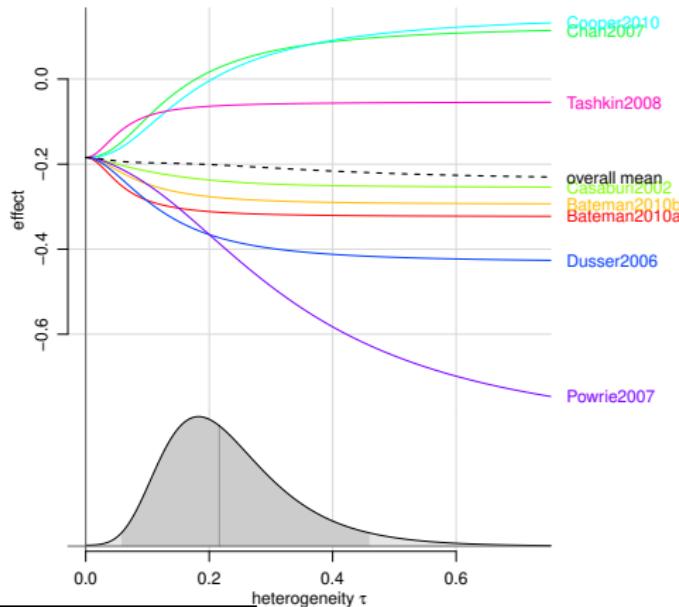
- θ_i are the study-specific means
- information on θ_i originates from study-specific data (y_i , σ_i) as well as overall model parameters (μ , τ)
- a “compromise”; original estimates (y_i) are shrunk towards overall mean (μ)

Meta-analysis

Shrinkage estimation: trace plot

- trace plot, showing *conditional* estimates:¹⁴

```
R> traceplot(bma01)
```

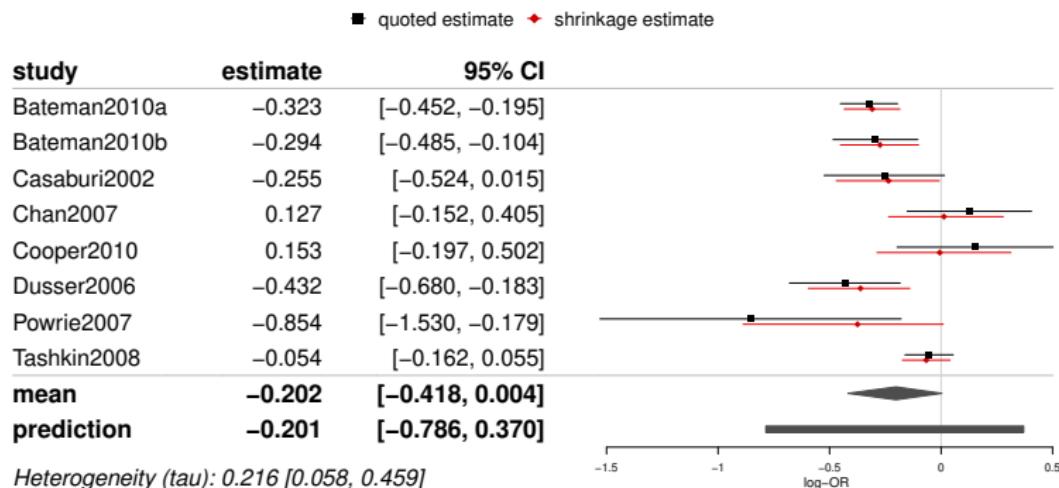


¹⁴C. Röver, D. Rindskopf, T. Friede. How trace plots help interpret meta-analysis results. arXiv: 2306.17043, 2023.

Meta-analysis

Shrinkage estimation

- shrinkage estimates also shown in forest plot



- quantification of θ_i “in the light of remaining estimates”
- precision gain especially for small studies or small heterogeneity

Meta-analysis

Shrinkage estimation

- **summary** statistics quoted in “...\$theta” element

```
R> bma01$theta
      Bateman2010a Bateman2010b Casaburi2002     Chan2007    Cooper2010
y      -0.32337763 -0.29428538 -0.254582124 0.12668448 0.152559590
sigma   0.06539452  0.09705565  0.137669290 0.14222544 0.178489990
mode    -0.30840910 -0.27089496 -0.230346479 -0.08294548 -0.082945479
median   -0.30888137 -0.27366544 -0.235537664 0.01299017 -0.005908566
mean    -0.30913967 -0.27484627 -0.237257561 0.01738271 0.002560609
sd      0.06375413  0.08937384  0.117014284 0.13276673 0.155096413
95% lower -0.43420554 -0.45146744 -0.470289654 -0.23541576 -0.287440349
95% upper -0.18442168 -0.10112218 -0.008360574 0.27892657 0.313289531
      Dusser2006 Powrie2007 Tashkin2008
y      -0.4317214 -0.854415328 -0.05355778
sigma   0.1267174  0.344546794  0.05519895
mode    -0.3282845 -0.309703501 -0.08294548
median   -0.3612026 -0.374533284 -0.06636582
mean    -0.3643220 -0.402724962 -0.06630907
sd      0.1169852  0.230981508  0.05463051
95% lower -0.5952293 -0.887465067 -0.17337550
95% upper -0.1399293  0.009802466  0.04079575
```

- access e.g. to **density** via “...\$dposterior ()” function by setting individual=... argument
- similarly for **quantiles**, **intervals**, etc.

Meta-analysis

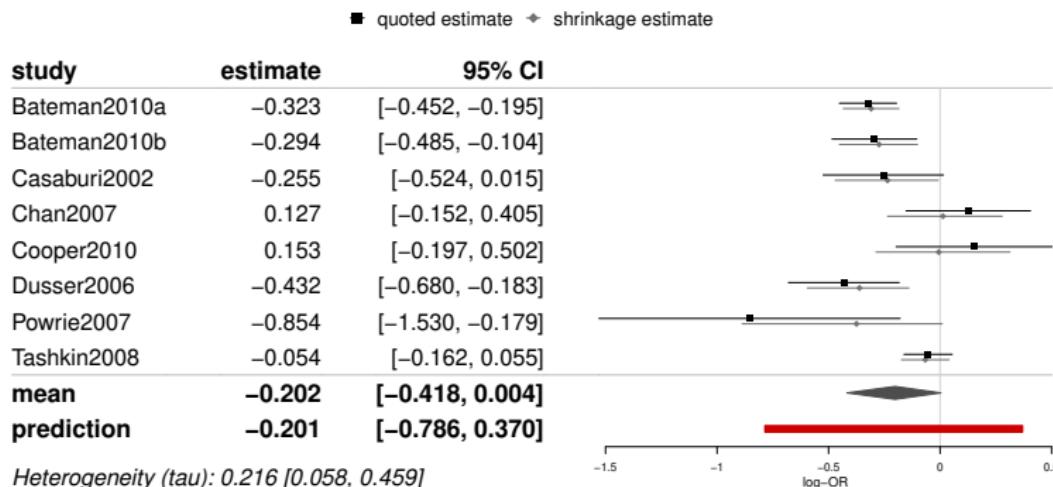
Prediction

- besides the (k) included studies, often of interest:
implications for “new” or “future” study (denoted as θ_{k+1} or θ^*)
- conditionally:

$$\theta_{k+1} | \mu, \tau \sim \text{Normal}(\mu, \tau^2)$$

(for inference, need to marginalize over uncertain (posterior) μ, τ)

- **prediction** also shown in forest plot



Meta-analysis

Prediction

- **summary** statistics quoted in “...\$summary” table
- access e.g. to **density** via “...\$dposterior()” function by setting predict=TRUE argument
- similarly for **quantiles**, **intervals**, etc.

¹⁵H. Schmidli *et al.* Robust meta-analytic-predictive priors in clinical trials with historical control information. *Biometrics*, **70**(4):1023–1032, 2014.

Meta-analysis

Prediction

- **summary** statistics quoted in “...\$summary” table
 - access e.g. to **density** via “...\$dposterior()” function by setting predict=TRUE argument
 - similarly for **quantiles**, **intervals**, etc.
-
- **predictive distribution** plays a central role when using MA of historical data to inform a future study
(via a meta-analytic-predictive (MAP) prior)
 - equivalently: joint MA of all studies, consideration of **shrinkage estimate** (meta-analytic-combined (MAC) approach)¹⁵
 - (more in following presentation!)

¹⁵H. Schmidli *et al.* Robust meta-analytic-predictive priors in clinical trials with historical control information. *Biometrics*, **70**(4):1023–1032, 2014.

Meta-analysis

Meta-regression

- meta-*regression*: generalization of NNHM to include (study-level) **covariates** $x_{i,1}, \dots, x_{i,d}$
- model (likelihood):

$$\begin{aligned}y_i | \theta_i &\sim \text{Normal}(\theta_i, \sigma_i^2) \\ \theta_i | \beta_1, \dots, \beta_d, \tau &\sim \text{Normal}(\beta_1 x_{i,1} + \dots + \beta_d x_{i,d}, \tau^2)\end{aligned}$$

Meta-analysis

Meta-regression: example (binary covariates)

- consider COPD data set;
two study types: *short* (< 1 year) and *long* (\geq 1 year) follow-up

i	name	follow-up	log-OR	
			y_i	σ_i
1	Bateman (2010a)	long	-0.32	0.07
2	Bateman (2010b)	long	-0.29	0.10
3	Beeh (2006)	short	-0.37	0.15
4	Brusasco (2003)	short	-0.30	0.15
5	Casaburi (2003)	long	-0.25	0.14
:	:	:	:	:

- besides estimates (y) and standard errors (σ), specify regressor matrix:

$$X = \begin{pmatrix} 0 & 1 \\ 0 & 1 \\ 1 & 0 \\ 1 & 0 \\ 0 & 1 \\ \vdots & \vdots \end{pmatrix}$$

Meta-analysis

Meta-regression: R code

- need to specify regressor matrix

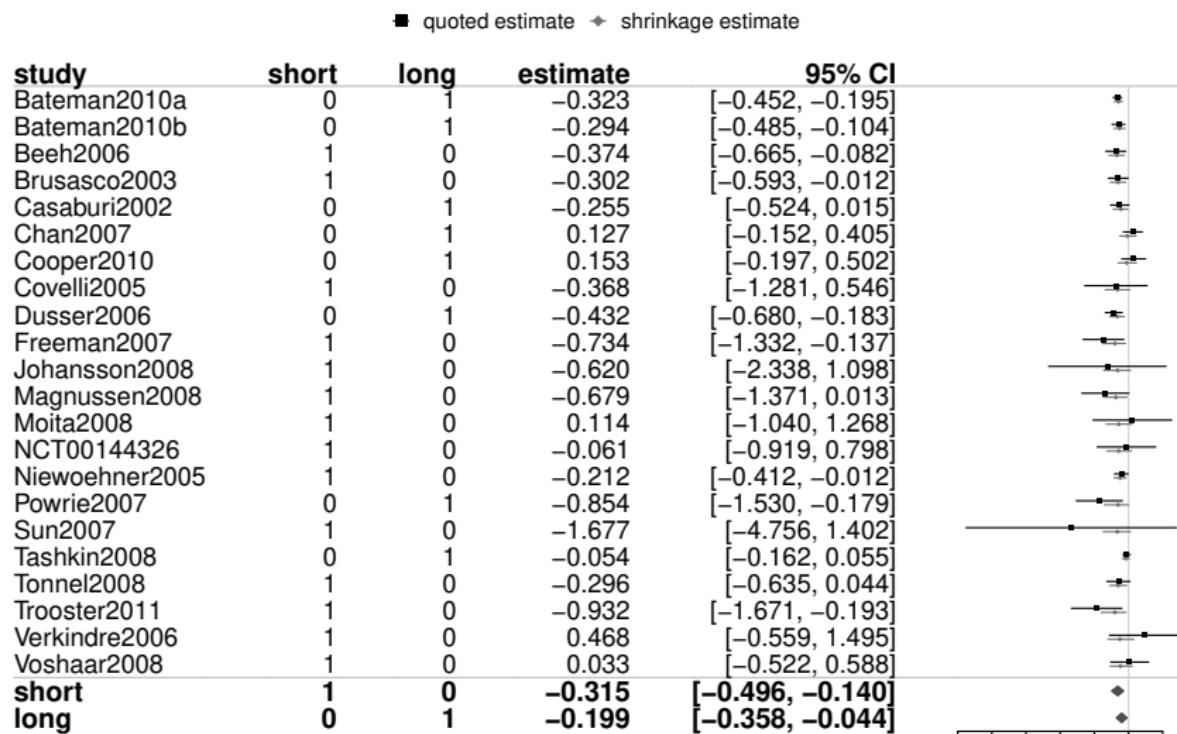
```
R> # assemble regressor matrix:  
R> X <- cbind("short"=as.numeric(exa.all$duration=="up to 1 year"),  
+               "long" =as.numeric(exa.all$duration=="1 year or longer"))  
R> head(X)  
    short long  
[1,]    0    1  
[2,]    0    1  
[3,]    1    0  
[4,]    1    0  
[5,]    0    1  
[6,]    0    1
```

- bmr() function for meta-regression
(behaviour mostly analogous to bayesmeta())

```
R> # perform analysis:  
R> bmr01 <- bmr(exa.all, X=X,  
+                  tau.prior=function(tau) {dhalfnormal(tau, scale=0.5)})
```

Meta-analysis

Meta-regression: forest plot



Meta-analysis

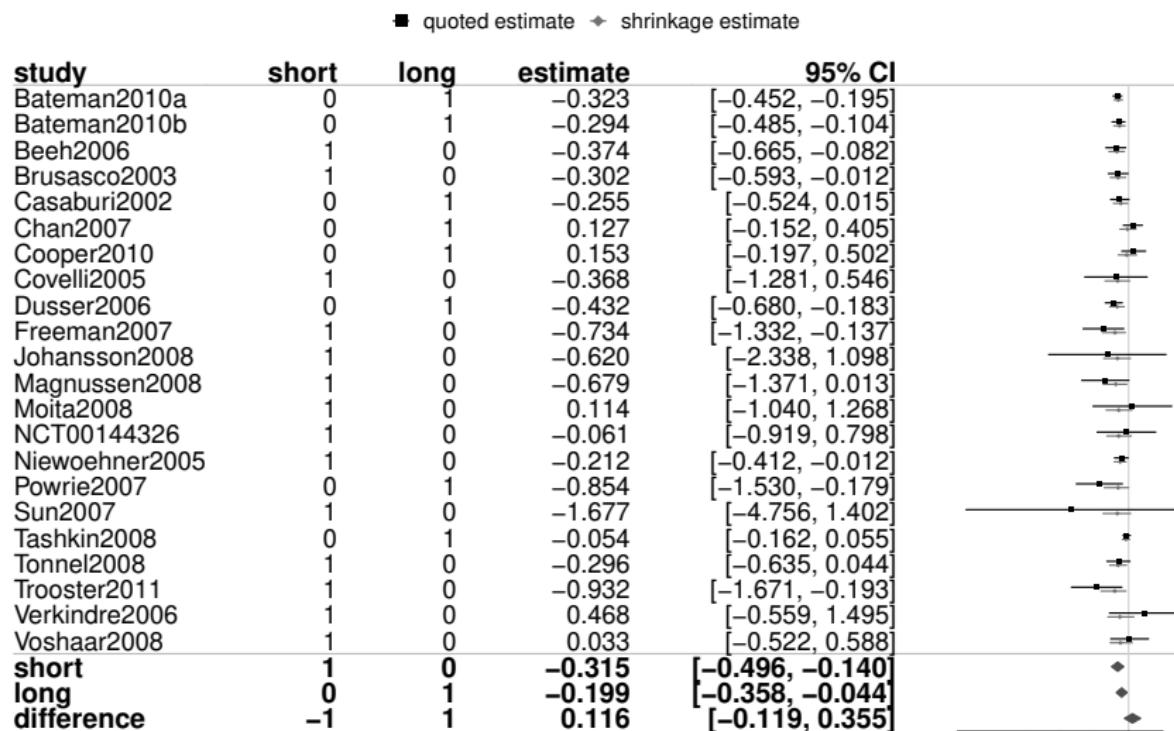
Meta-regression: coefficients and linear combinations

- besides “main” coefficients, other linear combinations of interest
- e.g.: treatment effect for “short” and “long” follow-up, and their **difference**

```
R> # default forest plot:  
R> forestplot(bmr01,  
+                 xlab="log-OR")  
  
R> # forest plot with additional estimates:  
R> forestplot(bmr01,  
+                 X.mean=rbind("short"      =c(1,0),  
+                               "long"       =c(0,1),  
+                               "difference"=c(-1,1)),  
+                 xlab="log-OR")  
  
R> # show estimates only:  
R> summary(bmr01,  
+             X.mean=rbind("short"      =c(1,0),  
+                               "long"       =c(0,1),  
+                               "difference"=c(-1,1)))
```

Meta-analysis

Meta-regression: forest plot, additional estimates



Meta-analysis

Meta-regression: example (continuous covariates)

- consider COPD data set;
differing disease severity (as measured through FEV₁)

study		log-OR		
<i>i</i>	name	FEV ₁ (%)	<i>y_i</i>	σ_i
1	Bateman (2010a)	40	-2.31	0.60
2	Bateman (2010b)	38	-0.46	0.56
3	Beeh (2006)	45	-2.30	0.88
4	Brusasco (2003)	39	-1.76	0.46
5	Casaburi (2003)	39	-1.26	0.64
:	:	:	:	:

- regressor matrix (intercept / slope):

$$X = \begin{pmatrix} 1 & 40 \\ 1 & 38 \\ 1 & 45 \\ 1 & 39 \\ 1 & 39 \\ \vdots & \vdots \end{pmatrix}$$

Meta-analysis

Meta-regression: R code

- need to specify regressor matrix

```
R> # assemble regressor matrix:  
R> X <- cbind("intercept" = 1,  
+                 "FEV1"       = exa.all$baseline.fev1pp)  
R> head(X)  
    intercept FEV1  
[1,]          1    40  
[2,]          1    38  
[3,]          1    45  
[4,]          1    39  
[5,]          1    39  
[6,]
```

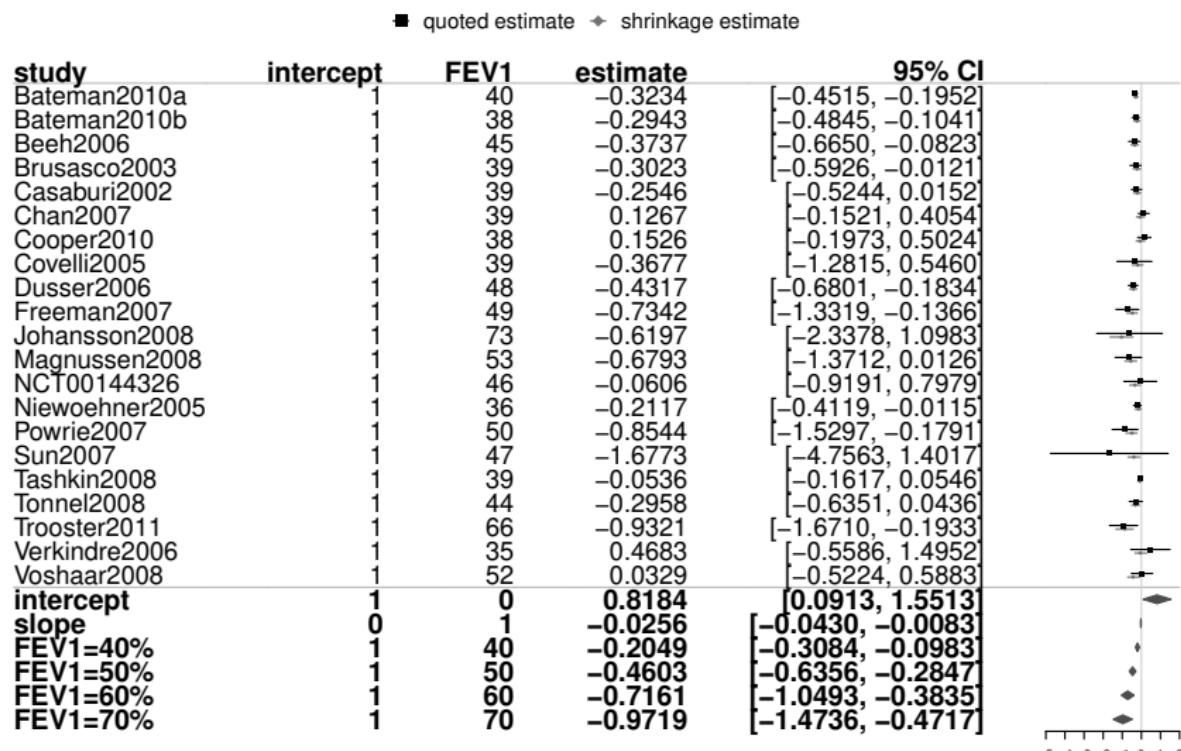
(may also use “model.matrix()” function and formula interface)

- again, bmr() function

```
R> # perform analysis:  
R> bmr02 <- bmr(exa.all[-13,], X=X[-13,],  
+                   tau.prior=function(t) {dhalfnormal(t, scale=0.5)})  
R> # (note: missing data for 13th study)
```

Meta-analysis

Meta-regression: forest plot



Heterogeneity (τ^2): 0.117 [0.018, 0.239]

Meta-analysis

Meta-regression: deriving estimates

- again, may derive “plain” estimates, or sensible linear combinations

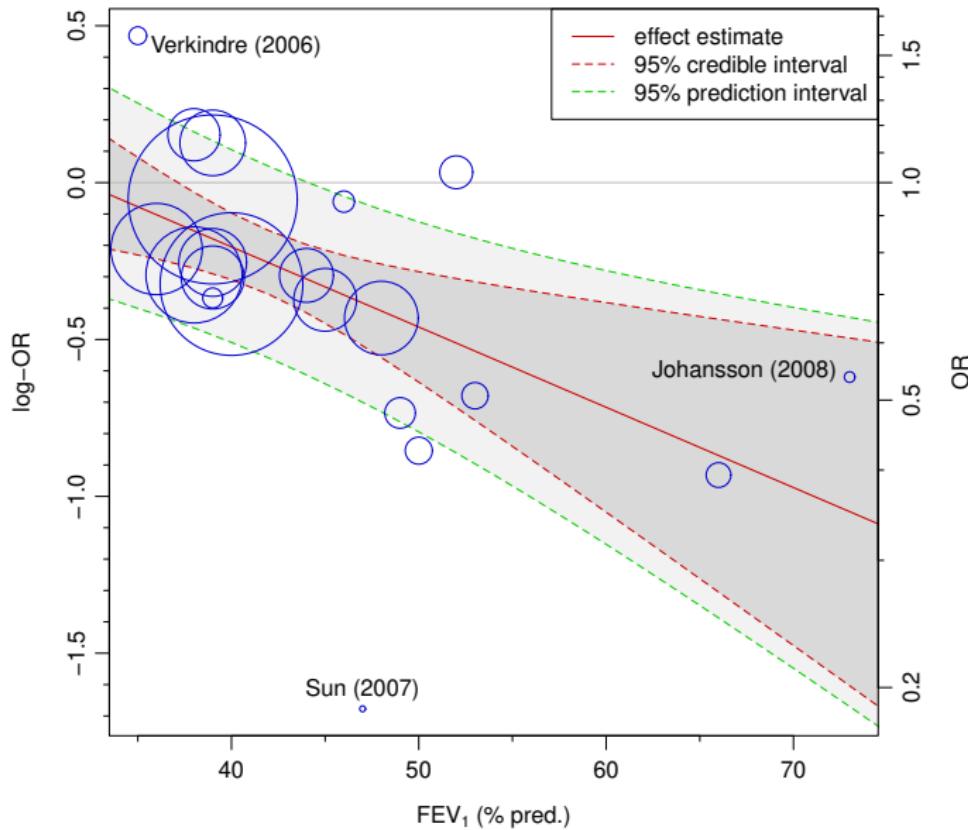
```
R> forestplot(bmr02, xlab="log-OR",
+               X.mean=rbind("intercept"=c(1,0),
+                           "slope"      =c(0,1),
+                           "FEV1=40%"  =c(1,40),
+                           "FEV1=50%"  =c(1,50),
+                           "FEV1=60%"  =c(1,60),
+                           "FEV1=70%"  =c(1,70)))
```



```
R> summary(bmr02,
+            X.mean=rbind("intercept" = c(1,0),
+                         "slope"      = c(0,1),
+                         "FEV1=40%"  = c(1,40),
+                         "FEV1=50%"  = c(1,50),
+                         "FEV1=60%"  = c(1,60),
+                         "FEV1=70%"  = c(1,70))))
```

Meta-analysis

Meta-regression: bubble plot



Meta-analysis

Meta-regression: general remarks

- meta-regression allows to approach range of interesting models, e.g.
 - several intercepts (study subgroups)
 - intercept / slope (effect moderators / interactions)
 - network meta-analysis (simple cases)
 - Bayes factors (variable selection / model averaging)
 - ...

Outlook

Issues not covered here

- discussion of prior distributions
(uninformative, weakly informative, empirical, . . .)
- alternative setups for regressor matrices (x)
- (multivariate) priors for regression parameters
- indirect comparisons, network meta-analysis
- Bayes factors, model selection
- computational details
- ...

References

Bayesian meta-analysis & meta-regression using `bayesmeta`

- C. Röver. Bayesian random-effects meta-analysis using the `bayesmeta` R package. *Journal of Statistical Software*, **93**(6), 2020.
- C. Röver, T. Friede. Using the `bayesmeta` R package for Bayesian random-effects meta-regression. *Computer Methods and Programs in Biomedicine*, **229**:107303, 2023.
- C. Röver, R. Bender, S. Dias, C. H. Schmid, H. Schmidli, S. Sturtz, S. Weber, T. Friede. On weakly informative prior distributions for the heterogeneity parameter in Bayesian random-effects meta-analysis. *Research Synthesis Methods*, **12**(4):448–474, 2021.
- D.J. Spiegelhalter, K.R. Abrams, J.P. Myles. *Bayesian approaches to clinical trials and health-care evaluation*, John Wiley & Sons, 2004.
- S. G. Thompson, J. P. T. Higgins. How should meta-regression analyses be undertaken and interpreted? *Statistics in Medicine*, **21**(11):1559–1573, 2002.