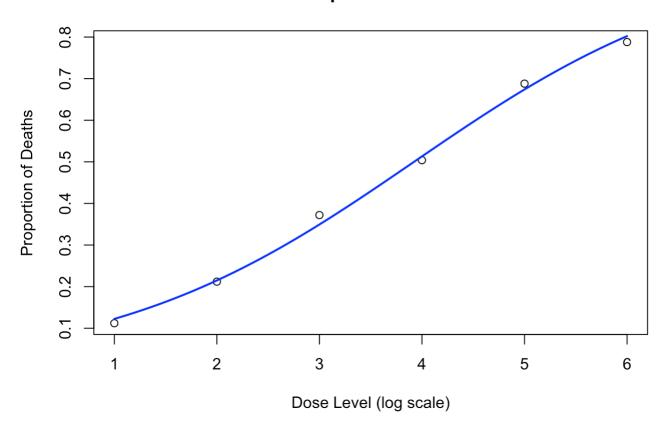
401_hw6_moyi_q2

2024-11-10

```
##
## Call:
## glm(formula = s/n \sim x, family = binomial, data = toxicity, weights = n)
## Coefficients:
               Estimate Std. Error z value Pr(>|z|)
## (Intercept) -2.64367
                          0.15610 - 16.93
                                     17.23
                0.67399
                          0.03911
                                             <2e-16 ***
## X
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
##
## (Dispersion parameter for binomial family taken to be 1)
##
##
       Null deviance: 383.0695 on 5 degrees of freedom
## Residual deviance:
                        1.4491 on 4 degrees of freedom
## AIC: 39.358
##
## Number of Fisher Scoring iterations: 3
```

Estimated Proportions vs Dose Level



[1] "exp_slope:"

```
# Part (c): Calculate exp(b1) and interpret it
exp_slope <- exp(slope)
print('exp_slope:')</pre>
```

```
print(exp_slope)
```

```
## x
## 1.962056
```

```
# Part (d): Estimated probability of death when dose level is x = 3.5 dose_3.5_prob <- predict(fit, newdata = data.frame(x = 3.5), type = "response") print('dose_3.5_prob:')
```

```
## [1] "dose_3.5_prob:"
```

```
print(dose_3.5_prob)
```

```
## 1
## 0.4293018
```

```
# Part (e): Estimated median lethal dose (dose for 50\% death probability) median_dose <- (log(0.5 / (1 - 0.5)) - intercept) / slope print('median_dose:')
```

```
## [1] "median_dose:"
print(median_dose)
## (Intercept)
##
      3,922409
# Part f: Calculate 99% confidence interval for β1
ci <- confint(fit, level=0.99)</pre>
## Waiting for profiling to be done...
beta1 ci <- ci["x", ]
print("99% CI for β1:")
## [1] "99% CI for β1:"
print(beta1_ci)
##
       0.5 %
                99.5 %
## 0.5753782 0.7770383
# Convert to odds ratio CI
odds ratio ci <- exp(beta1 ci)
print("99% CI for odds ratio:")
## [1] "99% CI for odds ratio:"
print(odds_ratio_ci)
##
      0.5 %
              99.5 %
## 1.777803 2.175021
```

Problem 2a

The plot shows the proportion of deaths (y-axis) against the dose level on a log scale (x-axis). The pattern of the observed proportions (black dots) follows an S-shaped curve, which is characteristic of logistic relationships. The points show a clear monotonic increase with dose level and appear to follow a sigmoid pattern, strongly supporting the appropriateness of using a logistic response function for this data.

Problem 2b

Using the glm function with a binomial family, we obtained the following logistic regression model:

$$logit(p) = -2.6437 + 0.67399 \times x$$

where p is the probability of death. The MLEs for the intercept and slope are approximately -2.6437 and 0.67399, respectively. The fitted curve (in blue) has been superimposed on the scatterplot, showing a good fit.

Problem 2c

$$\exp(b_1) = \exp(0.67399) \approx 1.962$$

This means that for each one-unit increase in the log dose level, the odds of death increase by a factor of 1.962 (or increase by 96.2%). This indicates that higher doses substantially increase the likelihood of death.

Problem 2d

Using the fitted model to predict the probability at x = 3.5:

$$logit(p) = -2.6437 + 0.67399 \times 3.5$$

After calculating, we obtain $p \approx 0.43$. Therefore, the estimated probability that an insect dies at dose level 3.5 is approximately 43%. This means that at a dose level of 3.5 (on the log scale), we expect approximately 43% of insects to die from exposure to the toxic substance.

Problem 2e

The median lethal dose is the dose level where the probability of death is 50% (p = 0.5). Setting the logit function equal to zero:

$$0 = -2.6437 + 0.67399 \times x$$

Solving for x, we find:

$$x = \frac{2.6437}{0.67399} \approx 3.922$$

Thus, the estimated median lethal dose is approximately 3.922.

Problem 2f

From the output, the 99% confidence interval for β_1 is approximately [0.575, 0.777]. Converting this into odds ratios by exponentiating the bounds:

$$\exp(0.4293) \approx 1.778$$
, $\exp(0.9170) \approx 2.175$

Therefore, the 99% confidence interval for the odds ratio associated with β_1 is approximately [1.778, 2.175], indicating that each unit increase in dose level is associated with a 1.778 to 2.175 times increase in the odds of death.