

Class 8: Breast Cancer Analysis Mini Project

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Background

The goal of this mini-project is for you to explore a complete analysis using the unsupervised learning techniques covered in class. You'll extend what you've learned by combining PCA as a preprocessing step to clustering using data that consist of measurements of cell nuclei of human breast masses. This expands on our RNA-Seq analysis from last day.

The data itself comes from the Wisconsin Breast Cancer Diagnostic Data Set first reported by K. P. Benne and O. L. Mangasarian: "Robust Linear Programming Discrimination of Two Linearly Inseparable Sets".

Values in this data set describe characteristics of the cell nuclei present in digitized images of a fine needle aspiration (FNA) of a breast mass.

Data import

Data was downloaded from the class website as a CSV file.

```
wisc.df <- read.csv("WisconsinCancer.csv", row.names=1)
head(wisc.df)
```

	diagnosis	radius_mean	texture_mean	perimeter_mean	area_mean
842302	M	17.99	10.38	122.80	1001.0
842517	M	20.57	17.77	132.90	1326.0
84300903	M	19.69	21.25	130.00	1203.0
84348301	M	11.42	20.38	77.58	386.1
84358402	M	20.29	14.34	135.10	1297.0
843786	M	12.45	15.70	82.57	477.1
	smoothness_mean	compactness_mean	concavity_mean	concave.points_mean	
842302	0.11840	0.27760	0.3001		0.14710
842517	0.08474	0.07864	0.0869		0.07017
84300903	0.10960	0.15990	0.1974		0.12790
84348301	0.14250	0.28390	0.2414		0.10520
84358402	0.10030	0.13280	0.1980		0.10430
843786	0.12780	0.17000	0.1578		0.08089
	symmetry_mean	fractal_dimension_mean	radius_se	texture_se	perimeter_se
842302	0.2419		0.07871	1.0950	0.9053
842517	0.1812		0.05667	0.5435	0.7339
84300903	0.2069		0.05999	0.7456	0.7869
84348301	0.2597		0.09744	0.4956	1.1560
84358402	0.1809		0.05883	0.7572	0.7813
843786	0.2087		0.07613	0.3345	0.8902
	area_se	smoothness_se	compactness_se	concavity_se	concave.points_se
842302	153.40	0.006399	0.04904	0.05373	0.01587
842517	74.08	0.005225	0.01308	0.01860	0.01340
84300903	94.03	0.006150	0.04006	0.03832	0.02058
84348301	27.23	0.009110	0.07458	0.05661	0.01867
84358402	94.44	0.011490	0.02461	0.05688	0.01885
843786	27.19	0.007510	0.03345	0.03672	0.01137
	symmetry_se	fractal_dimension_se	radius_worst	texture_worst	
842302	0.03003		0.006193	25.38	17.33
842517	0.01389		0.003532	24.99	23.41
84300903	0.02250		0.004571	23.57	25.53
84348301	0.05963		0.009208	14.91	26.50
84358402	0.01756		0.005115	22.54	16.67
843786	0.02165		0.005082	15.47	23.75
	perimeter_worst	area_worst	smoothness_worst	compactness_worst	
842302	184.60	2019.0	0.1622		0.6656
842517	158.80	1956.0	0.1238		0.1866
84300903	152.50	1709.0	0.1444		0.4245
84348301	98.87	567.7	0.2098		0.8663
84358402	152.20	1575.0	0.1374		0.2050
843786	103.40	741.6	0.1791		0.5249
	concavity_worst	concave.points_worst	symmetry_worst		

842302	0.7119	0.2654	0.4601
842517	0.2416	0.1860	0.2750
84300903	0.4504	0.2430	0.3613
84348301	0.6869	0.2575	0.6638
84358402	0.4000	0.1625	0.2364
843786	0.5355	0.1741	0.3985
fractal_dimension_worst			
842302	0.11890		
842517	0.08902		
84300903	0.08758		
84348301	0.17300		
84358402	0.07678		
843786	0.12440		

The first column `idgnosis` is the expert opinion on the sample(i.e. patient FNA).

```
head(wisc.df$diagnosis)
```

```
[1] "M" "M" "M" "M" "M" "M"
```

Remove the diagnosis from data for subsequent analysis

```
wisc.data <- wisc.df[,-1]
dim(wisc.data)
```

```
[1] 569 30
```

Store the diagnosis as a vector for use later when we compare our results to those from experts in the field

```
diagnosis <- factor(wisc.df$diagnosis)
```

Q1. How many observations are in this dataset?

There are 569 observations/patients in the dataset

Q2. How many of the observations have a malignant diagnosis?

```
table(wisc.df$diagnosis)
```

B M
357 212

Q3. How many variables/features in the data are suffixed with `_mean`?

```
#colnames(wisc.data)
length(grep("_mean",colnames(wisc.data)))
```

[1] 10

Principal Component Analysis (PCA)

The `prcomp()` function to do PCA has a `scale=FALSE` default. In general we nearly always want to set this to `TRUE` so our analysis is not dominated by columns/variables in our dataset that have high standard deviation and mean when compared to others just because the units of measurement are on different units/scales.

Q4. From your results, what proportion of the original variance is captured by the first principal components (PC1)?

```
wisc.pr <- prcomp(wisc.data, scale=T)
summary(wisc.pr)
```

Importance of components:

	PC1	PC2	PC3	PC4	PC5	PC6	PC7
Standard deviation	3.6444	2.3857	1.67867	1.40735	1.28403	1.09880	0.82172
Proportion of Variance	0.4427	0.1897	0.09393	0.06602	0.05496	0.04025	0.02251
Cumulative Proportion	0.4427	0.6324	0.72636	0.79239	0.84734	0.88759	0.91010
	PC8	PC9	PC10	PC11	PC12	PC13	PC14
Standard deviation	0.69037	0.6457	0.59219	0.5421	0.51104	0.49128	0.39624
Proportion of Variance	0.01589	0.0139	0.01169	0.0098	0.00871	0.00805	0.00523
Cumulative Proportion	0.92598	0.9399	0.95157	0.9614	0.97007	0.97812	0.98335
	PC15	PC16	PC17	PC18	PC19	PC20	PC21
Standard deviation	0.30681	0.28260	0.24372	0.22939	0.22244	0.17652	0.1731
Proportion of Variance	0.00314	0.00266	0.00198	0.00175	0.00165	0.00104	0.0010
Cumulative Proportion	0.98649	0.98915	0.99113	0.99288	0.99453	0.99557	0.9966
	PC22	PC23	PC24	PC25	PC26	PC27	PC28
Standard deviation	0.16565	0.15602	0.1344	0.12442	0.09043	0.08307	0.03987
Proportion of Variance	0.00091	0.00081	0.0006	0.00052	0.00027	0.00023	0.00005
Cumulative Proportion	0.99749	0.99830	0.9989	0.99942	0.99969	0.99992	0.99997

	PC29	PC30
Standard deviation	0.02736	0.01153
Proportion of Variance	0.00002	0.00000
Cumulative Proportion	1.00000	1.00000

The first principal component (PC1) captures 44.3% of the original variance in the data.

Q5. How many principal components (PCs) are required to describe at least 70% of the original variance in the data?

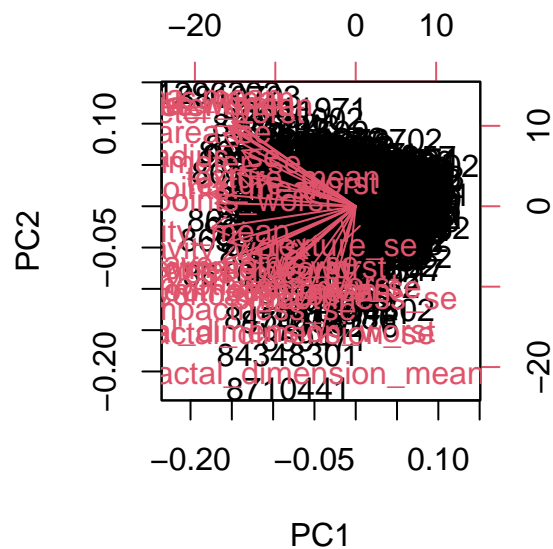
3 principal components.

Q6. How many principal components (PCs) are required to describe at least 90% of the original variance in the data?

7 principal components.

Q7. What stands out to you about this plot? Is it easy or difficult to understand? Why?

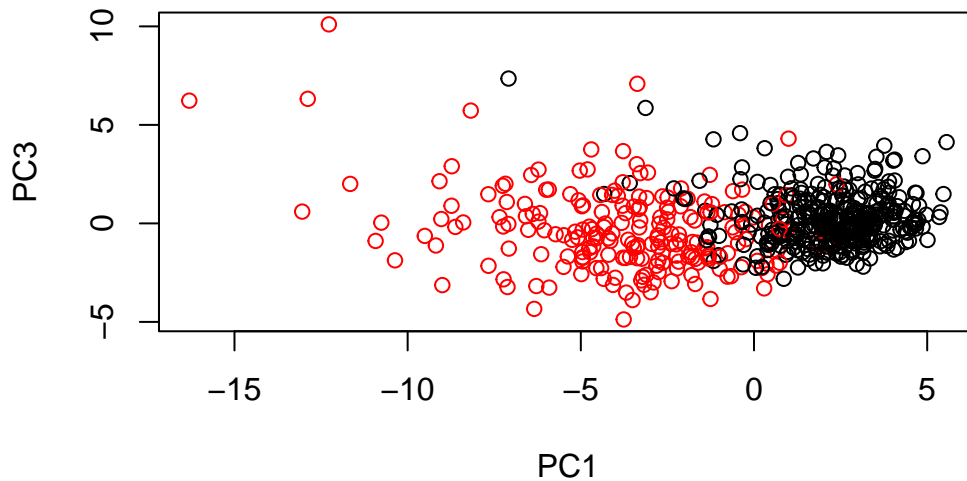
```
biplot(wisc.pr)
```



Q8. Generate a similar plot for principal components 1 and 3. What do you notice about these plots?

```
# Repeat for components 1 and 3
cols <- ifelse(wisc.df$diagnosis == "M", "red", "black")

plot(wisc.pr$x[, c(1, 3) ], col = cols,
      xlab = "PC1", ylab = "PC3")
```



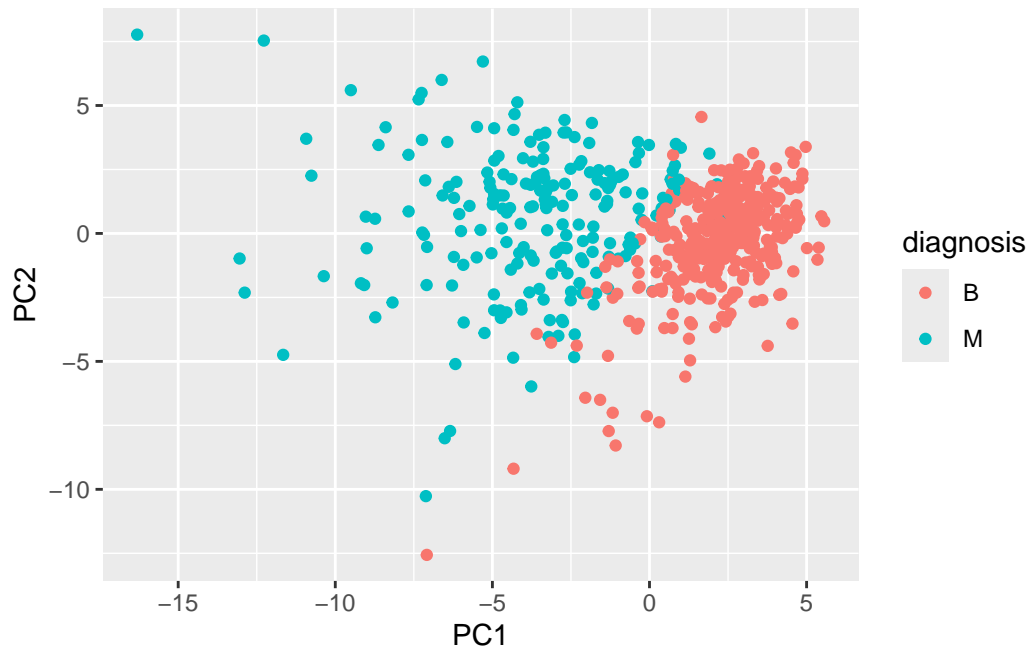
The main PC result figure is called a “score plot” or “OC plot” or “ordination plot” ...

```
library(ggplot2)
head(wisc.pr$x)
```

	PC1	PC2	PC3	PC4	PC5	PC6
842302	-9.184755	-1.946870	-1.1221788	3.6305364	1.1940595	1.41018364
842517	-2.385703	3.764859	-0.5288274	1.1172808	-0.6212284	0.02863116
84300903	-5.728855	1.074229	-0.5512625	0.9112808	0.1769302	0.54097615
84348301	-7.116691	-10.266556	-3.2299475	0.1524129	2.9582754	3.05073750
84358402	-3.931842	1.946359	1.3885450	2.9380542	-0.5462667	-1.22541641
843786	-2.378155	-3.946456	-2.9322967	0.9402096	1.0551135	-0.45064213
	PC7	PC8	PC9	PC10	PC11	PC12
842302	2.15747152	0.39805698	-0.15698023	-0.8766305	-0.2627243	-0.8582593
842517	0.01334635	-0.24077660	-0.71127897	1.1060218	-0.8124048	0.1577838
84300903	-0.66757908	-0.09728813	0.02404449	0.4538760	0.6050715	0.1242777

84348301	1.42865363	-1.05863376	-1.40420412	-1.1159933	1.1505012	1.0104267
84358402	-0.93538950	-0.63581661	-0.26357355	0.3773724	-0.6507870	-0.1104183
843786	0.49001396	0.16529843	-0.13335576	-0.5299649	-0.1096698	0.0813699
	PC13	PC14	PC15	PC16	PC17	
842302	0.10329677	-0.690196797	0.601264078	0.74446075	-0.26523740	
842517	-0.94269981	-0.652900844	-0.008966977	-0.64823831	-0.01719707	
84300903	-0.41026561	0.016665095	-0.482994760	0.32482472	0.19075064	
84348301	-0.93245070	-0.486988399	0.168699395	0.05132509	0.48220960	
84358402	0.38760691	-0.538706543	-0.310046684	-0.15247165	0.13302526	
843786	-0.02625135	0.003133944	-0.178447576	-0.01270566	0.19671335	
	PC18	PC19	PC20	PC21	PC22	
842302	-0.54907956	0.1336499	0.34526111	0.096430045	-0.06878939	
842517	0.31801756	-0.2473470	-0.11403274	-0.077259494	0.09449530	
84300903	-0.08789759	-0.3922812	-0.20435242	0.310793246	0.06025601	
84348301	-0.03584323	-0.0267241	-0.46432511	0.433811661	0.20308706	
84358402	-0.01869779	0.4610302	0.06543782	-0.116442469	0.01763433	
843786	-0.29727706	-0.1297265	-0.07117453	-0.002400178	0.10108043	
	PC23	PC24	PC25	PC26	PC27	
842302	0.08444429	0.175102213	0.150887294	-0.201326305	-0.25236294	
842517	-0.21752666	-0.011280193	0.170360355	-0.041092627	0.18111081	
84300903	-0.07422581	-0.102671419	-0.171007656	0.004731249	0.04952586	
84348301	-0.12399554	-0.153294780	-0.077427574	-0.274982822	0.18330078	
84358402	0.13933105	0.005327110	-0.003059371	0.039219780	0.03213957	
843786	0.03344819	-0.002837749	-0.122282765	-0.030272333	-0.08438081	
	PC28	PC29	PC30			
842302	-0.0338846387	0.045607590	0.0471277407			
842517	0.0325955021	-0.005682424	0.0018662342			
84300903	0.0469844833	0.003143131	-0.0007498749			
84348301	0.0424469831	-0.069233868	0.0199198881			
84358402	-0.0347556386	0.005033481	-0.0211951203			
843786	0.0007296587	-0.019703996	-0.0034564331			

```
ggplot(wisc.pr$x)+
  aes(PC1, PC2, col=diagnosis)+
  geom_point()
```



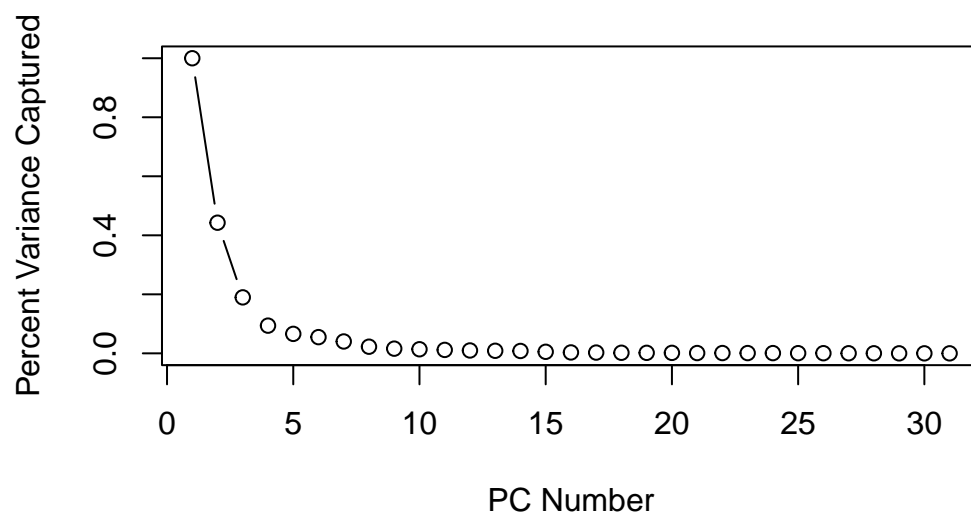
PCA Scree-plot

A plot of how much variance each PC captures. We can get this from `wisc.pr$sdev` from the output of `summary(wisc.pr)`

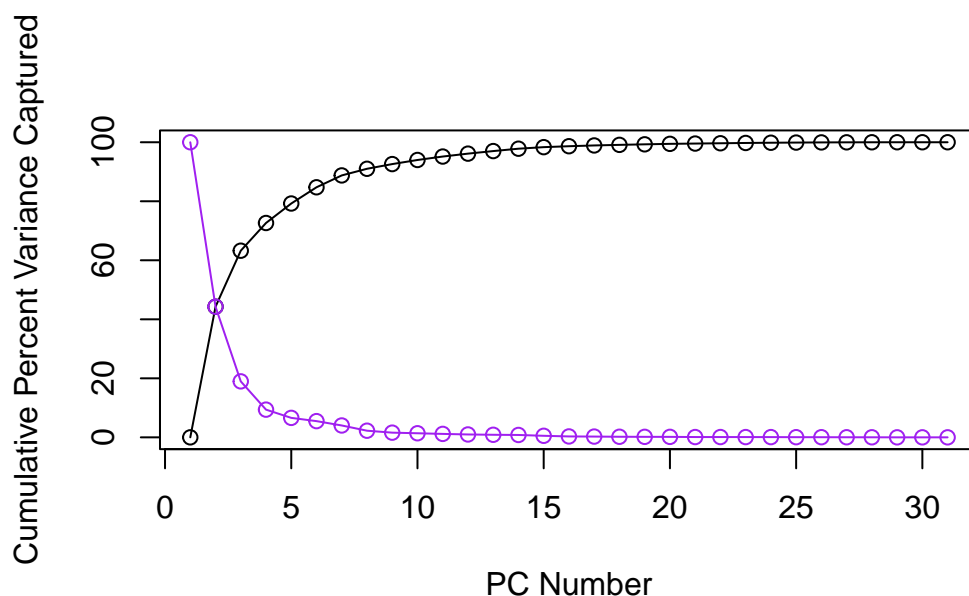
```
var.tbl <- summary(wisc.pr)
```

```
var = c(1,var.tbl$importance[2,])  
cum.var <- c(0,var.tbl$importance[3,])
```

```
plot(var, typ="b",  
      ylab="Percent Variance Captured",  
      xlab="PC Number")
```

```
plot(cum.var*100, typ="o",  
     ylab="Cumulative Percent Variance Captured",  
     xlab="PC Number",  
     ylim=c(0,100))  
points(var*100, col="purple", typ="o")
```



Communicating PCA results

Q9. For the first principal component, what is the component of the loading vector (i.e. `wisc.pr$rotation[,1]`) for the feature `concave.points_mean`?

```
wisc.pr$rotation["concave.points_mean","PC1"]
```

```
[1] -0.2608538
```

Q10. What is the minimum number of principal components required to explain 80% of the variance of the data?

We need 5 PCs to capture more than 80% variance

```
summary(wisc.pr)
```

Importance of components:

	PC1	PC2	PC3	PC4	PC5	PC6	PC7
Standard deviation	3.6444	2.3857	1.67867	1.40735	1.28403	1.09880	0.82172
Proportion of Variance	0.4427	0.1897	0.09393	0.06602	0.05496	0.04025	0.02251
Cumulative Proportion	0.4427	0.6324	0.72636	0.79239	0.84734	0.88759	0.91010

	PC8	PC9	PC10	PC11	PC12	PC13	PC14
Standard deviation	0.69037	0.6457	0.59219	0.5421	0.51104	0.49128	0.39624
Proportion of Variance	0.01589	0.0139	0.01169	0.0098	0.00871	0.00805	0.00523
Cumulative Proportion	0.92598	0.9399	0.95157	0.9614	0.97007	0.97812	0.98335
	PC15	PC16	PC17	PC18	PC19	PC20	PC21
Standard deviation	0.30681	0.28260	0.24372	0.22939	0.22244	0.17652	0.1731
Proportion of Variance	0.00314	0.00266	0.00198	0.00175	0.00165	0.00104	0.0010
Cumulative Proportion	0.98649	0.98915	0.99113	0.99288	0.99453	0.99557	0.9966
	PC22	PC23	PC24	PC25	PC26	PC27	PC28
Standard deviation	0.16565	0.15602	0.1344	0.12442	0.09043	0.08307	0.03987
Proportion of Variance	0.00091	0.00081	0.0006	0.00052	0.00027	0.00023	0.00005
Cumulative Proportion	0.99749	0.99830	0.9989	0.99942	0.99969	0.99992	0.99997
	PC29	PC30					
Standard deviation	0.02736	0.01153					
Proportion of Variance	0.00002	0.00000					
Cumulative Proportion	1.00000	1.00000					

Hierarchical clustering

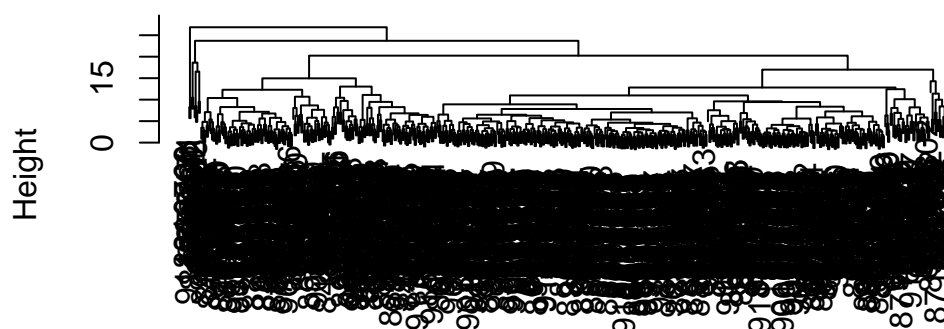
Just clustering the original data is not very informative of helpful.

```
data.scaled <- scale(wisc.data)
data.dist <- dist(data.scaled)
wisc.hclust <- hclust(data.dist)
```

View the clustering dendrogram result

```
plot(wisc.hclust)
```

Cluster Dendrogram



```
data.dist
hclust (*, "complete")
```

```
wisc.hclust.clusters <- cutree(wisc.hclust, k=4)
table(wisc.hclust.clusters)
```

```
wisc.hclust.clusters
```

```
  1  2  3  4
177  7 383  2
```

```
table(wisc.hclust.clusters, diagnosis)
```

	diagnosis	
wisc.hclust.clusters	B	M
1	12	165
2	2	5
3	343	40
4	0	2

Combining methods (PCA and Clustering)

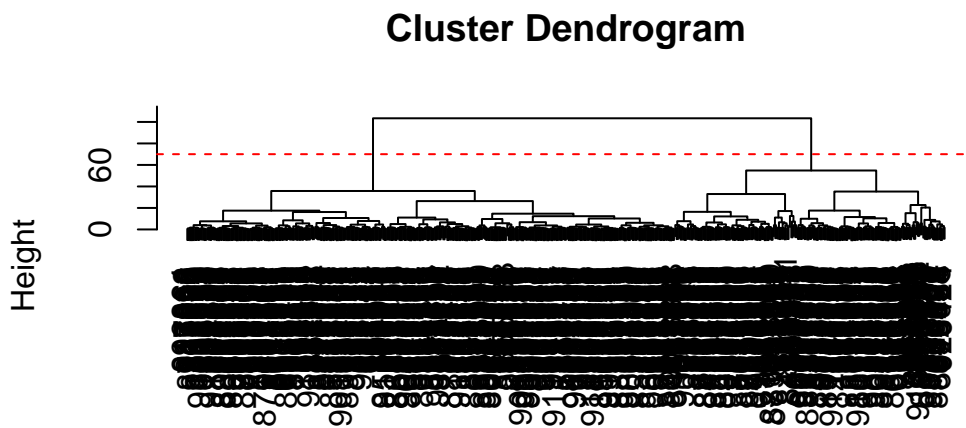
Q11. Using the `plot()` and `abline()` functions, what is the height at which the clustering model has 4 clusters?

Clustering the original data was not very productive. The PCA results looked promising. Here we combine these methods by clustering from our PCA results. In other words “clustering in PC space”...

```
dist.pc <- dist(wisc.pr$x[,1:3])
wisc.pr.hclust <- hclust(dist.pc, method="ward.D2")
```

View the tree

```
plot(wisc.pr.hclust)
abline(h=70, col="red", lty=2)
```



dist.pc
hclust (*, "ward.D2")

To get our clustering membership vector (i.e. our main clustering result) we “cut” the tree at a desired height or to yield a desired number of “k” groups.

```
grps <- cutree(wisc.pr.hclust, h=70)
table(grps)
```

```
grps
  1  2
203 366
```

How does this clustering grps compare to the expert diagnosis

```
table(grps,diagnosis)
```

```
      diagnosis
grps   B    M
  1   24 179
  2  333   33
```

Sensitivity: $TP/(TP+FN)$ Specificity: $TN/(TN+FN)$

Q12. Can you find a better cluster vs diagnoses match by cutting into a different number of clusters between 2 and 10?

By cutting into 2 clusters.

Q13. Which method gives your favorite results for the same data.dist dataset? Explain your reasoning.

The method that give my favorite result is `method="ward.D2"` because it maps better to class structure for this dataset compared to the other methods.

Q14. How well does k-means separate the two diagnoses? How does it compare to your hclust results? (OPTIONAL)

Q15. How well does the newly created model with four clusters separate out the two diagnoses?

```
# Compare to actual diagnoses
grps4 <- cutree(wisc.pr.hclust, k = 4)
table(grps4, diagnosis)
```

```
      diagnosis
grps4   B    M
  1     0 111
  2    24   68
  3   184   32
  4   149    1
```

It separates the two diagnoses pretty well with cluster 1 and 2 being mainly M and cluster 3 and 4 being mainly B.

Q16. How well do the k-means and hierarchical clustering models you created in previous sections (i.e. before PCA) do in terms of separating the diagnoses? Again, use the `table()` function to compare the output of each model (`wisc.km$cluster` and `wisc.hclust.clusters`) with the vector containing the actual diagnoses.

```
table(wisc.hclust.clusters, diagnosis)
```

```
      diagnosis
wisc.hclust.clusters  B  M
1      12 165
2       2   5
3     343  40
4       0   2
```

```
wisc.km <- kmeans(data.scaled, centers = 2)
table(wisc.km$cluster, diagnosis)
```

```
      diagnosis
      B  M
1     18 176
2    339  36
```

Overall both clustering models did okay in separating the diagnosis with some mixed results still.

Q17. Which of your analysis procedures resulted in a clustering model with the best specificity? How about sensitivity?

The model with the best specificity was the K-means clustering on the original scaled data and the model with the best sensitivity was the PCA-based hierarchical clustering.

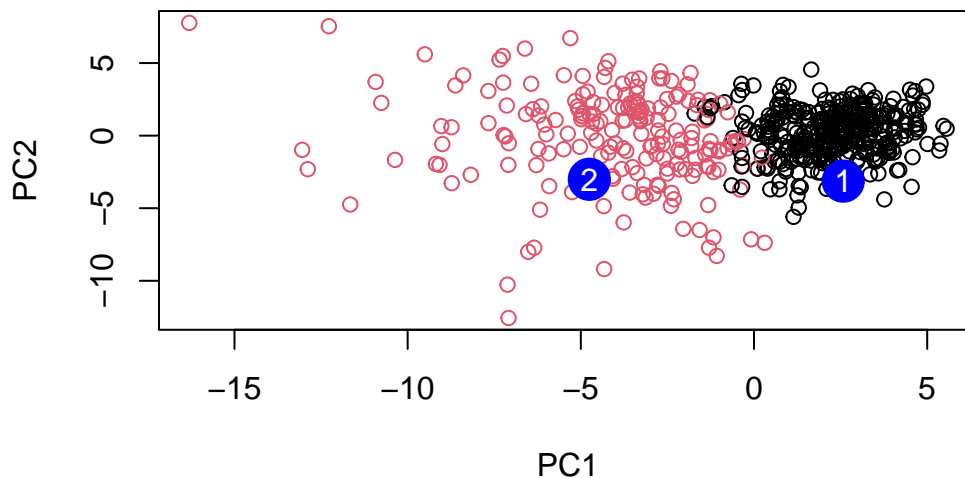
7. Prediction

We can use our PCA model for prediction with new input patient samples.

```
url <- "https://tinyurl.com/new-samples-CSV"
new <- read.csv(url)
npc <- predict(wisc.pr, newdata=new)
npc
```

	PC1	PC2	PC3	PC4	PC5	PC6	PC7
[1,]	2.576616	-3.135913	1.3990492	-0.7631950	2.781648	-0.8150185	-0.3959098
[2,]	-4.754928	-3.009033	-0.1660946	-0.6052952	-1.140698	-1.2189945	0.8193031
	PC8	PC9	PC10	PC11	PC12	PC13	PC14
[1,]	-0.2307350	0.1029569	-0.9272861	0.3411457	0.375921	0.1610764	1.187882
[2,]	-0.3307423	0.5281896	-0.4855301	0.7173233	-1.185917	0.5893856	0.303029
	PC15	PC16	PC17	PC18	PC19	PC20	
[1,]	0.3216974	-0.1743616	-0.07875393	-0.11207028	-0.08802955	-0.2495216	
[2,]	0.1299153	0.1448061	-0.40509706	0.06565549	0.25591230	-0.4289500	
	PC21	PC22	PC23	PC24	PC25	PC26	
[1,]	0.1228233	0.09358453	0.08347651	0.1223396	0.02124121	0.078884581	
[2,]	-0.1224776	0.01732146	0.06316631	-0.2338618	-0.20755948	-0.009833238	
	PC27	PC28	PC29	PC30			
[1,]	0.220199544	-0.02946023	-0.015620933	0.005269029			
[2,]	-0.001134152	0.09638361	0.002795349	-0.019015820			

```
plot(wisc.pr$x[,1:2], col=relevel(as.factor(grps),2))
points(npc[,1], npc[,2], col="blue", pch=16, cex=3)
text(npc[,1], npc[,2], c(1,2), col="white")
```



Q18. Which of these new patients should we prioritize for follow up based on your results?

Patient 2 should be prioritized for follow-up because patient 2 is in the M cluster.