We can get the break-even f(x) to be $rac{L_{FP}}{L_{FN}+L_{FP}}$, so \hat{P} is $rac{L_{FP}}{L_{FN}+L_{FP}}$

If we try to the probability of Y=1 is below \hat{P} , then we should predit it to be Y=0, otherwise we should predict it to be Y=1

Problem 3

```
In [1]:
         # Train Logistic Regression model using training set data.
         import numpy as np
         import pandas as pd
         from plotnine import gaplot
         fram train = pd.read csv('framingham train.csv')
         fram test = pd.read csv('framingham test.csv')
         fram train.head()
         print(fram train.info)
         fram no = fram train[fram train['TenYearCHD'] == 0]
         fram yes = fram train[fram train['TenYearCHD'] == 1]
         print("No Disease: " + str(len(fram_no)))
         print("Yes Disease: " + str(len(fram yes)))
         #Baseline training set prediction: Always No Disease
         #Baseline accuracy:
         base accur = len(fram no)/len(fram train)
         print(base accur)
        <bound method DataFrame.info of</pre>
                                                                education currentSmoker cigsPerDay BPMeds \
                                              male age
        0
                     41 Some high school
                                                       1
                                                                  43
                                                                           0
        1
                                                                  15
                     38
                          High school/GED
        2
                          High school/GED
        3
                          High school/GED
        4
                    53
                         High school/GED
        2555
                 1 39
                         Some high school
                                                       1
                                                                  40
                 0 52 Some high school
        2556
        2557
                         Some high school
        2558
                         High school/GED
                                                                  50
        2559
                     64 Some high school
              prevalentStroke prevalentHyp diabetes totChol
                                                                sysBP
                                                                       diaBP
                                                                                BMI \
        0
                            0
                                          1
                                                           306
                                                               199.0
                                                                       106.0
                                                                              38.75
        1
                            0
                                          0
                                                           176 110.0
                                                                        80.0 24.03
```

2	0	0	0	205	110.0	73.0	22.40
3	0	1	0	263	150.0	88.0	23.68
4	0	1	0	272	146.0	89.0	25.50
• • •	• • •	• • •	• • •		• • •		
2555	0	0	0	209	134.0	82.0	28.34
2556	0	0	0	292	125.0	87.0	31.92
2557	0	0	0	188	105.0	65.0	22.85
2558	0	0	0	252	156.0	91.0	25.35
2559	0	0	0	280	127.0	77.0	30.39

	heartRate	glucose	TenYearCHD
0	100	75	0
1	100	113	0
2	61	66	0
3	96	78	0
4	73	67	0
2555	70	75	0
2556	75	67	0
2557	63	76	0
2558	70	114	1
2559	56	78	1

[2560 rows x 16 columns]>

No Disease: 2178 Yes Disease: 382

0.85078125

i) The Logistic Regression Model on Training Set

The fitted logistic regression is

```
y = \frac{1}{1 + exp(-(-9.274 - 0.1053*eduHigh/GED - 0.1025*eduCol + 0.061*eduHigh + 0.56*male + 0.07*age + 0.15*currSmoker + 0.008*eduHigh + 0.008*eduHigh + 0.0045*eduHigh + 0.0
```

```
corr = fram_train.corr()
print(corr)
import seaborn as sns
sns.heatmap(corr,xticklabels = corr.columns.values, yticklabels=corr.columns.values)
```

Optimization terminated successfully.

Current function value: 0.365281

Current Iteratio	function value: 0.365	281						
		ssion Result						
Dep. Variable: Model: Method:	TenYearCHD Logit MLE	No. Observ Df Residua Df Model:	ations:		 2560 2542 17			
Date:	Tue, 05 Oct 2021	Pseudo R-s	au.:		0.1331			
Time:	17:29:41	Log-Likeli	_		-935.12			
converged:	True	LL-Null:			-1078.7			
Covariance Type:	nonrobust	LLR p-valu			5.181e-51			
			coef	std err	z	P> z	[0.025	0.975
Intercept		-9 .	2740	0.882	-10 . 516	0.000	-11.002	-7 . 546
education[T.High	school/GED]	-0.	1053	0.217	-0.485	0.628	-0.531	0.32
education[T.Some	college/vocational sc	hool] -0 .	1025	0.241	-0.425	0.671	-0.575	0.37
education[T.Some]	high school]	0.	0610	0.202	0.302	0.762	-0.334	0.45
male		0.	5621	0.134	4.189	0.000	0.299	0.82
age		0.	0689	0.008	8.303	0.000	0.053	0.085
currentSmoker		0.	1539	0.189	0.816	0.415	-0.216	0.524
cigsPerDay		0.	0155	0.007	2.077	0.038	0.001	0.030
BPMeds		0.	1528	0.281	0.544	0.587	-0.398	0.704
prevalentStroke		0.	8209	0.570	1.441	0.150	-0.296	1.938
prevalentHyp		0.	2075	0.167	1.246	0.213	-0.119	0.534
diabetes		-0.	2975	0.395	-0.753	0.452	-1.072	0.47
totChol		0.	0020	0.001	1.445	0.148	-0.001	0.005
sysBP		0.	0181	0.005	3.900	0.000	0.009	0.02
diaBP		-0.	0045	0.008	-0.584	0.560	-0.020	0.01
BMI		0.	0136	0.016	0.867	0.386	-0.017	0.044
heartRate			0046	0.005	-0.888	0.374	-0.015	0.006
glucose			0096	0.003	3.439	0.001	0.004	0.01
=======================================	======================================	urrentSmoker			======= BPMeds \	=======	=========	=======
male	1.000000 -0.029909	0.204207		27397 -0.				
age .	-0.029909 1.000000	-0.212590	-0.1	89122 0.	136687			
currentSmoker	0.204207 -0.212590	1.000000		69880 -0.	069135			
cigsPerDay	0.327397 -0.189122	0.769880		00000 -0.	057161			
_	-0.041037 0.136687	-0.069135		57161 1.				
	-0.006701 0.046245	-0.043744		40217 0.				
				,	·			

-0.062643 0.264434

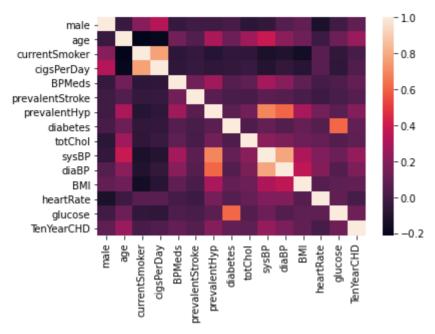
-0.093215

-0.005309 0.302459

prevalentHyp

diabetes totChol sysBP diaBP BMI heartRate glucose	0.018548 -0.076278 -0.046821 0.056319 0.094351 -0.127251 -0.005773	0.123349 0.265056 0.388899 0.208740 0.130222 -0.014015 0.122493	-0.056 -0.123 -0.105 -0.154 0.063	5851 -0.0 3977 -0.0 5782 -0.0 1004 -0.0 3123 0.0	0.28286 0.0 097569 0.2 051435 0.3 079980 0.0	056487 081220 280192 196694 086536 008832	
TenYearCHD	0.087473	0.249548				096434	
male age currentSmoker cigsPerDay BPMeds prevalentStroke prevalentHyp diabetes totChol sysBP diaBP BMI heartRate	0. -0. -0. 0. 1. 0. 0. 0.	EStroke p.006701 .046245 .043744 .040217 .134277 .000000 .069614 .019806 .016979 .071750 .058465 .022100		0.123349 -0.054224 -0.049984 0.056487 0.019806 0.076278 1.000000 0.037066 0.101584 0.048151 0.106759 0.054499	totChol -0.076278 0.265056 -0.056851 -0.028286 0.081220 0.016979 0.140809 0.037066 1.000000 0.206660 0.169206 0.119180 0.104704	0.388899 -0.123977	\
glucose TenYearCHD		.020678 .054035	0.073367 0.190281	0.614267 0.090978	0.049336 0.085381	0.119062 0.239592	
male age currentSmoker cigsPerDay BPMeds prevalentStroke prevalentHyp diabetes totChol sysBP diaBP BMI heartRate glucose TenYearCHD <axessubplot:></axessubplot:>	diaBP 0.056319 0.208740 -0.105782 -0.051435 0.196694 0.058465 0.607500 0.048151 0.169206 0.783140 1.000000 0.359543 0.183339 0.052196 0.162136	BMI 0.094351 0.130222 -0.154004	heartRate -0.127251 -0.014015 0.063123 0.070557 0.008832 -0.014379 0.148294 0.054499 0.104704 0.177102 0.183339 0.058991 1.000000 0.088158	glucose	0.085381 TenYearCl 0.0874 0.2495 0.01490 0.0964: 0.0540: 0.1902: 0.0909 0.08538 0.2395: 0.1621: 0.0905 0.0130 0.1261 1.00000	HD 73 48 60 88 34 35 81 78 81 92 36 59	

Out[2]: <AxesSubplot:>



ii)

The variables that will have significant impact on the probability of getting CHD are 'male', 'age', 'cigsPerDay', 'sysBP' and 'glucose'.

The coefficient of 'male' is 0.5621, which means that holding other variables constant, if a person is male, his odds of getting CHD within 10 years would multiply by $e^{0.5621}$, which means the odds would increase by 75.44%.

iii)

The expected cost of prescribing medication is 775000*0.15p+75000*(1-0.15p)

The expected cost of not prescribing medication is 700000 * p

$$775000 * 0.15p + 75000 * (1 - 0.15p) = 700000 * p$$

We can achieve the break-even P should be 0.1261

So if the probability of a patient getting CHD is larger than 0.1261, we should give the medicine to the patient. If the probability is lower than 0.1261, then we shouldn't give the medication to the patient.

iv)

The accuracy of logistic regression model using threshold value of 0.126 is 0.627. This suggests that the possibility of our model correctly predicting whether the patient would get CHD within 10 years is 62.7%.

The TPR is 0.68, suggesting that given that a patient would get CHD in reality, there is a probability of 68% that our model would predict it correctly.

The FPR is 0.38, suggesting that given that a patient wouldn't get CHD in reality, there is a probability of 38% that our model would wrongfully classify him to be in the group that would get CHD.

```
In [3]:
         print(fram test)
         print(fram test['education'].dtypes)
         fram test.dtypes
         y predProb = logreg.predict(fram test)
         print(y predProb)
         y predResult = pd.Series([1 if i > 0.1261 else 0 for i in y predProb], index = y predProb.index)
         y realResult = fram test['TenYearCHD']
         from sklearn.metrics import confusion matrix
         cm = confusion matrix(y realResult, y predResult)
         print(cm)
         print(type(cm))
         cm result = cm.ravel()
         print(cm result)
         #Accuracy
         acc = (cm result[0]+cm result[3])/(sum(cm result))
         print(acc)
         tpr = cm result[3]/(cm result[2]+cm result[3])
         print(tpr)
         #FPR
```

```
fpr = cm_result[1]/(cm_result[1]+cm_result[0])
print(fpr)
```

0 1 2 3 4 1093 1094 1095	1 0 0 0 0 0	41 39 51 64 54	ollege/vo	Some high ocational	sche sche sche sche	ool ool ege ool ool ool	curre	ntSmoker 1 0 0 0 0 0	cigsPe	rDay \ 20 0 0 0 0 0 0 0	
1096 1097		64 46	;	Some high	Colle sch	_		0 1		0 40	
0 1 2 3 4 1093 1094 1095 1096 1097	BPMeds 0 0 0 0 0 0 0 0 0 0 0 0 0 0	prevalent		prevalent			Detes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	totChol 219 216 159 229 225 273 250 260 210 253	sysBP 118.0 163.0 119.0 125.0 155.0 155.0 123.0 136.5 123.0 118.0	diaBP 79.0 102.0 76.0 80.0 92.5 86.0 75.0 87.5 81.0 74.0	\
	BMI	heartRate	glucose	TenYear	CHD						
0	24.17	70	90		0						
1	30.12	91	73		0						
2	27.49	55	70		0						
3	24.10	75	58		0						
4	23.84	72	63		0						
1093	27.53	100	91		0						
1094	25.91	65	71		0						
1095	25.41	75	60		0						
1096	26.49	60	75		1						
1097	26.42	75	64		1						
[1098 objec 0 1 2		170	1								

```
3
        0.025976
4
        0.113625
1093
        0.301143
1094
        0.141394
1095
        0.082371
1096
        0.228751
        0.088837
1097
Length: 1098, dtype: float64
[[569 354]
[ 56 119]]
<class 'numpy.ndarray'>
[569 354 56 1191
0.6265938069216758
0.68
0.38353196099674974
```

v)

If the outcomes in the test set aren't affected by the treatment decision, then the expected cost per patient would be:

$$\frac{\frac{775000*119+75000*354+700000*56+0*569}{569+354+56+119} = 143875.23$$

This assumption is not reasonable because the prescribtion of medicine is supposed to prevent the CHD and therefore less people would catch CHD after the prescribtion, which is expected to decrease the cost per person. But now that this is not taken into consideration, the expected cost per person would be estimated to be higher than it should be.

If the effect of treatment decision is taken into consideration, only 15% of those prescribed would be expected to catch CHD. The expected cost per patient would be calculated as below:

$$\frac{\frac{775000*119*0.15+75000*(119+354-119*0.15)+700000*56+0*569}{569+354+56+119} = 79389.80$$

vi)

The baseline model uses the principle of majority to do the prediction. Since most people in the training set doesn't have CHD, the baseline model predicts everyone in the testing set doesn't have CHD.

This model has high accuracy of 84%, which is higher than the logistic regression model produced. But its True Positive Rate is 0 and its False Positive Rate is also 0.

Although this model has higher accuracy, suggesting this model may be more accurate in predicting whether a person would have CHD or not

than the logistic regression. But the cost per person in the baseline model would be:

$$\frac{775000*0+75000*0+700000*175+0*569}{569+354+56+119} = 111566.48$$

This is significantly higher than cost per person in logistic regression, which means if our overall goal is to minimize cost per person, then we should choose the logistic regression although its prediction may be less accurate.

```
In [4]:
         fram test2 = fram test['TenYearCHD']
         fram basePredict = pd.Series([0 for i in fram test2], index = fram test2.index)
         cm base = confusion matrix(fram test2, fram basePredict)
         print(cm base)
         cm resultB = cm base.ravel()
         #Acc
         acc b = (cm resultB[0]+cm resultB[3])/(sum(cm resultB))
         print(acc b)
         tpr b = cm resultB[3]/(cm resultB[2]+cm resultB[3])
         print(tpr b)
         fpr b = cm resultB[1]/(cm resultB[1]+cm resultB[0])
         print(fpr b)
        [[923
                0]
         [175 0]]
        0.8406193078324226
        0.0
        0.0
```

vii)

print(newData['male'])

```
print(type(newData['male']))
 newPred = logreg.predict(newData)
 print(newPred)
 #newPredict = logreg.predict(df new)
Index(['male', 'age', 'education', 'currentSmoker', 'cigsPerDay', 'BPMeds',
       'prevalentStroke', 'prevalentHyp', 'diabetes', 'totChol', 'sysBP',
       'diaBP', 'BMI', 'heartRate', 'glucose', 'TenYearCHD'],
      dtype='object')
{'male': [0], 'age': [45], 'education': ['College'], 'currentSmoker': [1], 'cigsPerDay': [9], 'BPMeds': [1], 'prevalentS
troke': [1], 'prevalentHyp': [0], 'diabetes': [1], 'totChol': [220], 'sysBP': [140.0], 'diaBP': [100.0], 'BMI': [33.0],
'heartRate': [69], 'glucose': [74], 'TenYearCHD': [0]}
<class 'pandas.core.series.Series'>
male
                        45
age
education
                   College
currentSmoker
                         1
                         9
cigsPerDay
BPMeds
                         1
prevalentStroke
                         1
                         0
prevalentHyp
diabetes
                         1
totChol
                       220
sysBP
                     140.0
                     100.0
diaBP
BMT
                      33.0
                        69
heartRate
glucose
                        74
TenYearCHD
Name: 0, dtype: object
     0
Name: male, dtype: int64
<class 'pandas.core.series.Series'>
     0.137213
dtype: float64
```

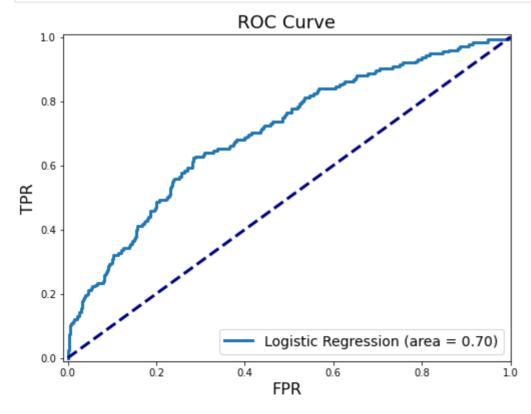
b)

The AUC is 0.7 in the test set, which suggests that there is 70% probability that the model can successfully distinguish a person that will get CHD in 10 years from a person that won't catch CHD in 10 years.

The AUC in our model is larger than the naive bayes model and therefore our model is better than the Naive Bayes Model in the discriminative ability.

```
import matplotlib.pyplot as plt
from sklearn.metrics import roc_curve, auc

fpr, tpr, _ = roc_curve(y_realResult, y_predProb)
roc_auc = auc(fpr,tpr)
plt.figure(figsize = (8,6))
plt.title('ROC Curve', fontsize=18)
plt.xlabel('FPR', fontsize=16)
plt.ylabel('TPR', fontsize=16)
plt.ylabel('TPR', fontsize=16)
plt.ylim([-0.01, 1.00])
plt.ylim([-0.01, 1.00])
plt.plot(fpr, tpr, lw=3, label='Logistic Regression (area = {:0.2f})'.format(roc_auc))
plt.plot([0, 1], [0, 1], color='navy', lw=3, linestyle='--')
plt.legend(loc='lower right', fontsize=14)
plt.show()
```



c)

For the scenario discussed in part a, if the probability of a patient getting CHD is larger than 0.1261, then we should prescribe the patient with the medication.

Suppose the co-payment amount is C.

If this threshold is still true, the probability of people who prescribe the medicine but still catch CHD would be 0.15 * 0.1261. The cost incurred for the patient would be 500000+C.

The probability of person who prescribes the medicine but doesn't catch CHD would be 1-0.15*0.1261. The cost incurred for the patient would be C.

The probability of person who doesn't prescribes the medicine but catched CHD would be 0.1261. The cost incurred for the patient would be 500000 since the treatment cost is covered by the insurance company.

The probability of person who doesn't prescribes the medicine and doesn't catched CHD would be 1-0.1261. The cost incurred for the patient would be 0.

Set the expected cost incurred to person prescribed with medicine equal to the expected cost incurred to person that's not prescribed with medicine, we can solve the following equation:

$$(500000 + C) * 0.15 * 0.1261 + (1 - 0.15 * 0.1261) * C = 500000 * p$$

And we get that

$$C = 53592.5$$

When the co-payment cost is set to be 53592.5, then if the co-payment is larger than 53592.5, there would be a group of people not prescribing the medicine and the number of people in this group is the same as the number of people predicted by our logistic regression model to have lower than 0.1261 probability of catching CHD within future 10 years.

In this way, the co-payment cost of 53592.5 could match with the optimal strategy we have raised in part (a).

d)

I think one key issue here is that if we predict the patient to have the probability of less than 0.126 to catch CHD in 10 years, then we would not let the patient prescribe medication even though there is still a chance for them to catch the disease, which is unfair because everyone deserves the right to receive medication not to mention they have a chance to get infected.

So I think one way to solve this question is the approach discussed in part c, which is to give everyone the right to prescribe the medical prescription but setting a co-payment amount so that this cost would do self selection.