#### 431 Class 09

Thomas E. Love

2017-09-26

#### Today's Agenda

- Discussion of Assignment 2
- Silver, Chapters 2 and 3
- Associations, Using Linear Models (Notes: Ch 11)
  - A study of von Hippel-Lindau disease
  - Associations, Correlation and Scatterplots
  - Fitting a Linear Model
- Setting Up Project Task B Groups

# Assignment 2 feedback

https://github.com/THOMASELOVE/431homework/tree/master/HW2 has the (password-protected pdf) answer sketch, and will also house

- the grades
- the grading rubric

I'm no longer suggesting people use  $gg_qq$ , and I've removed it from the Course Notes.

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# The Signal and The Noise

#### **Chapter 2: Political Predictions**

When forecasting political events,

- Pundits and experts usually do no better than chance
- Pundits and experts usually do worse than crude statistical models.

What are the characteristics of experts who **are** substantially more accurate? How can you tell a *fox* from a *hedgehog*?

#### Chapter 3: Baseball

When you have a whole lot of data, that's one thing. But what if you have a truly **rich** collection of data?

- How can you build a simple model to describe how the performance of a baseball player varies with age?
- Why is age such an important predictor of future performance?

# The Signal and The Noise: Coming Up

#### Read by October 10 for in-class discussion

- Chapter 4: Weather Predictions
- Chapter 5: Earthquake Predictions

#### Read by October 17

- Chapter 7: Disease Outbreaks
- Chapter 8: Bayes' Theorem

```
library(forcats); library(tidyverse)

## source("Love-boost.R")

## isn't needed today

VHL <- read.csv("vonHippel-Lindau.csv") %>% tbl_df
```

# Von Hippel - Lindau study Codebook

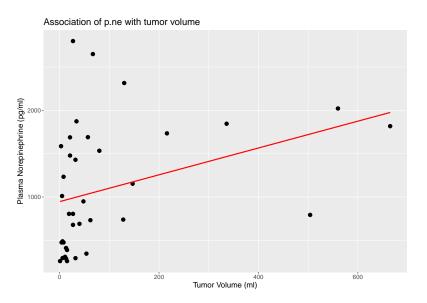
- p.ne = plasma norepinephrine (pg/ml)
- tumorvol = tumor volumne (ml)
- ullet disease =1 for patients with multiple endocrine neoplasia type 2
- disease = 0 for patients with von Hippel-Lindau disease

#### VHL

```
A tibble: 37 \times 4
     id disease p.ne tumorvol
        <int> <int> <int>
  <int>
    101
               0
                   289
                              13
               1
    102
                   294
                              32
3
    103
               0 2799
                              27
    104
               0 2649
                              67
5
    105
               0
                   346
                              54
6
    106
               0
                  1690
                              57
    107
               0
                   805
                              19
```

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# A Linear Model for the p.ne - volume relationship



```
model1 <- lm(p.ne ~ tumorvol, data = VHL)
model1</pre>
```

```
Call:
lm(formula = p.ne ~ tumorvol, data = VHL)
Coefficients:
(Intercept) tumorvol
   946.185 1.547
```

The (simple regression / prediction / ordinary least squares) model is

• p.ne = 946.2 + 1.55 \* tumorvol.

# Using the model to make predictions (PI)

To predict the p.ne for a subject with tumor volume 100 ml, we have

```
• p.ne = 946.2 + 1.55 * 100
```

A 95% prediction interval for a single subject with volume 100 ml...

```
fit lwr upr
1 1100.925 -308.7478 2510.598
```

# Using the model to make predictions (CI)

To predict the p.ne for a subject with tumor volume 100 ml, we have

```
• p.ne = 946.2 + 1.55 * 100
```

A 95% confidence interval for the population average of all subjects with volume  $100 \text{ ml.} \dots$ 

```
fit lwr upr
1 1100.925 872.0323 1329.818
```

```
> summary(model1)
Call:
lm(formula = p.ne ~ tumorvol, data = VHL)
Residuals:
  Min 10 Median 30 Max
-933.1 -555.3 -170.6 453.6 1811.0
Coefficients:
           Estimate Std. Error t value Pr(>|t|)
(Intercept) 946.1846 130.4810 7.252 1.81e-08 ***
tumorvol 1.5474 0.7079 2.186 0.0356 *
Signif. codes: 0 '*** 0.001 '** 0.01 '* 0.05 '.' 0.1 ' 1
Residual standard error: 685.2 on 35 degrees of freedom
Multiple R-squared: 0.1201, Adjusted R-squared: 0.09497
F-statistic: 4.778 on 1 and 35 DF, p-value: 0.03561
```

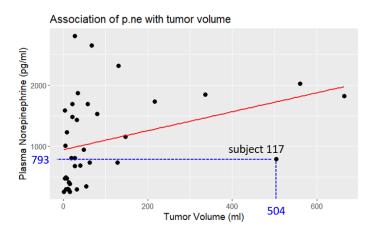
# **Key Elements of the Summary (1)**

- The straight line model for these data fitted by ordinary least squares is p.ne = 946 + 1.55 tumorvol.
- The slope of tumorvol is positive, which indicates that as tumorvol increases, we expect that p.ne will also increase.
- Specifically, we expect that for every additional ml of tumorvol, the p.ne is increased by 1.55 pg/ml.

# Key Elements of the Summary (2)

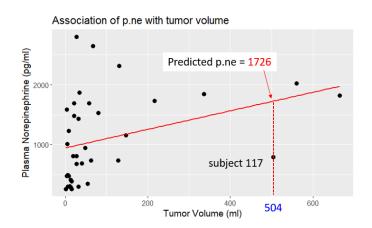
- Here, the outcome is p.ne, and the predictor is tumorvol.
- The residuals are the observed p.ne values minus the model's predicted p.ne. The sample residuals are the prediction errors.
- The biggest miss is for a subject whose observed p.ne was 1,811 pg/nl higher than the model predicts based on the subject's tumor volume.
- The mean residual will always be zero in an OLS model.

# **Understanding Regression Residuals (A)**



Subject 117 has tumorvol = 504, and observed p.ne = 793 pg/nl.

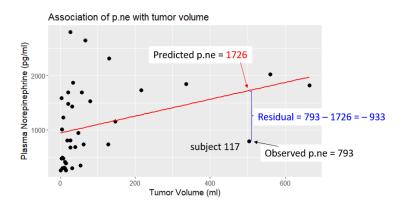
# **Understanding Regression Residuals (B)**



Subject 117 has tumorvol = 504, and observed p.ne = 793 pg/nl. Model predicts p.ne is 946.2 + 1.55(504) = 1726 pg/nl.

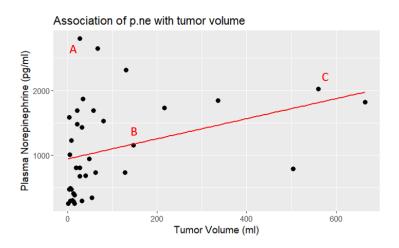
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# **Understanding Regression Residuals (C)**



Subject 117 has  $\underline{\text{tumorvol}} = 504$ , and observed p.ne = 793 pg/nl. Model predicts p.ne is 946.2 + 1.55(504) = 1726. So, residual = 793 - 1726 = -933

# Understanding Regression Residuals (D)



Which point (A, B or C) has the largest positive residual?

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# **Key Elements of the Summary (3)**

```
Residual standard error: 685.2 on 35 degrees of freedom
Multiple R-squared: 0.1201, Adjusted R-squared: 0.09497
F-statistic: 4.778 on 1 and 35 DF, p-value: 0.03561
```

- The multiple R-squared (squared correlation coefficient) is 0.12, which implies that 12% of the variation in p.ne is explained using this linear model with tumorvol.
- It also implies that the Pearson correlation between p.ne and tumorvol is the square root of 0.12, or 0.347.

```
cor(VHL$p.ne, VHL$tumorvol)
```

[1] 0.3465646

#### **Correlation Coefficients**

Two key types of correlation coefficient to describe an association between quantities.

- The one most often used is called the *Pearson* correlation coefficient, symbolized r or sometimes rho  $(\rho)$ .
- Another is the Spearman rank correlation coefficient, also symbolized by  $\rho$ .

```
cor(VHL$p.ne, VHL$tumorvol)
```

```
[1] 0.3465646
```

```
cor(VHL$p.ne, VHL$tumorvol, method = "spearman")
```

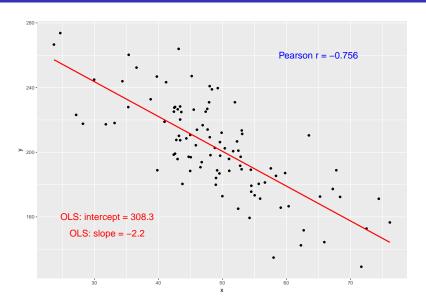
[1] 0.5414319

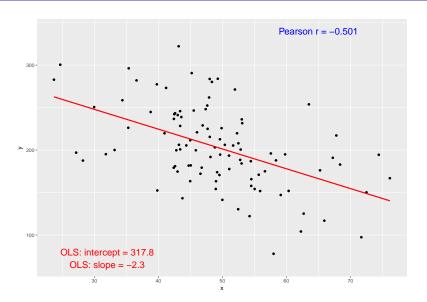
# Meaning of Pearson Correlation

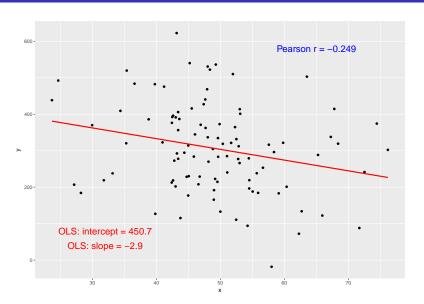
The Pearson correlation coefficient assesses how well the relationship between X and Y can be described using a linear function.

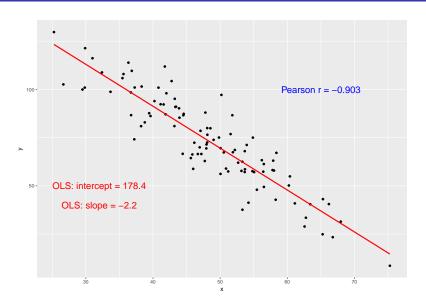
- The Pearson correlation is dimension-free.
- It falls between -1 and +1, with the extremes corresponding to situations where all the points in a scatterplot fall exactly on a straight line with negative and positive slopes, respectively.
- A Pearson correlation of zero corresponds to the situation where there is no linear association.
- Unlike the estimated slope in a regression line, the sample correlation coefficient is symmetric in x and y, so it does not depend on labeling one of them (y) the response variable, and one of them (x) the predictor.

$$r_{XY} = \frac{1}{n-1} \sum_{i=1}^{n} (\frac{x_i - \bar{x}}{s_x}) (\frac{y_i - \bar{y}}{s_y})$$

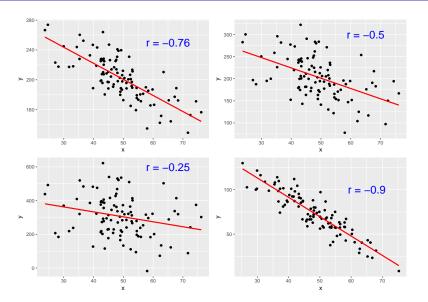


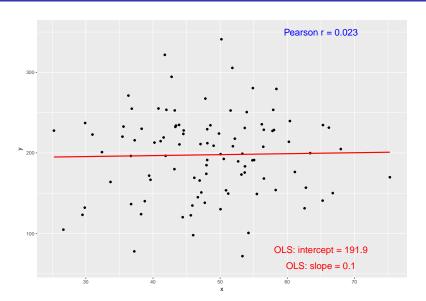


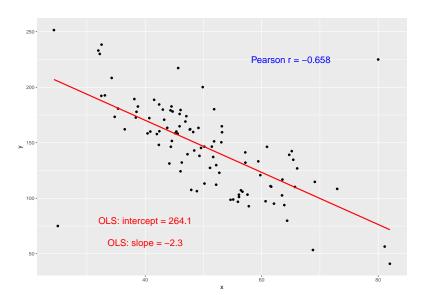




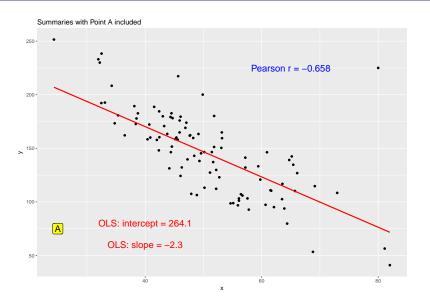
#### **Calibrate Yourself on Correlation Coefficients**



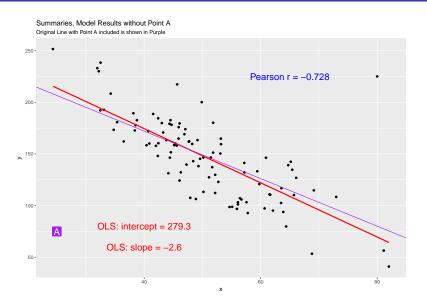




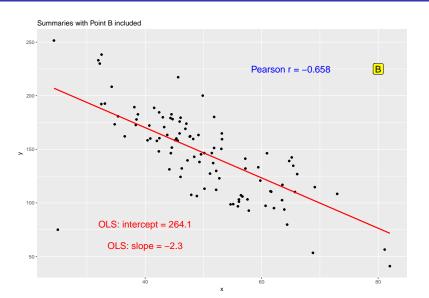
# Example 6: What would happen if we omit Point A?



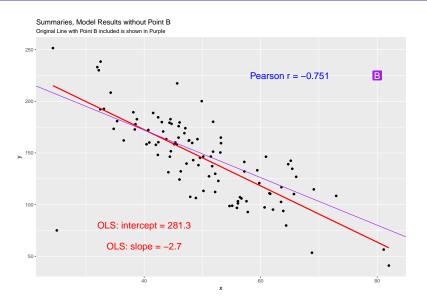
#### **Example 6: Result if we omit Point A**



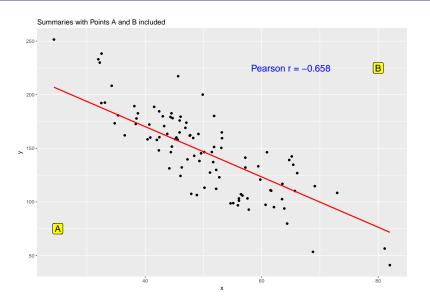
# Example 6: What would happen if we omit Point B?



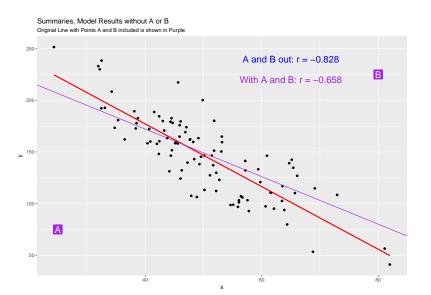
#### **Example 6: Result if we omit Point B**



#### **Example 6: What if we omit Point A AND Point B?**



#### Example 6: Result if we omit Points A and B

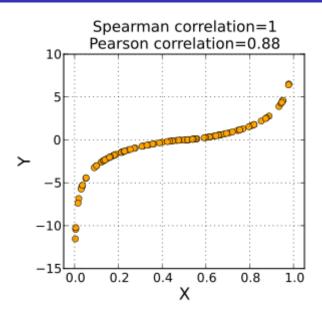


# The Spearman Rank Correlation

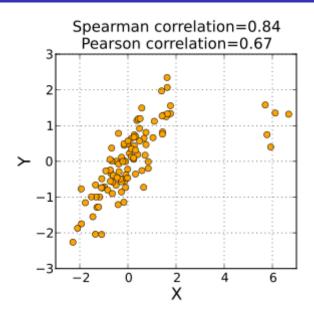
The Spearman rank correlation coefficient assesses how well the association between X and Y can be described using a **monotone function** even if that relationship is not linear.

- A monotone function preserves order that is, Y must either be strictly increasing as X increases, or strictly decreasing as X increases.
- A Spearman correlation of 1.0 indicates simply that as X increases, Y always increases.
- Like the Pearson correlation, the Spearman correlation is dimension-free, and falls between -1 and +1.
- A positive Spearman correlation corresponds to an increasing (but not necessarily linear) association between X and Y, while a negative Spearman correlation corresponds to a decreasing (but again not necessarily linear) association.

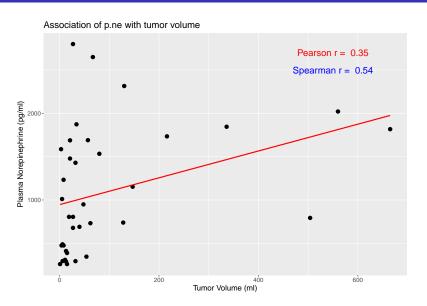
# Monotone Association (Source: Wikipedia)



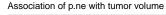
### Spearman correlation reacts less to outliers

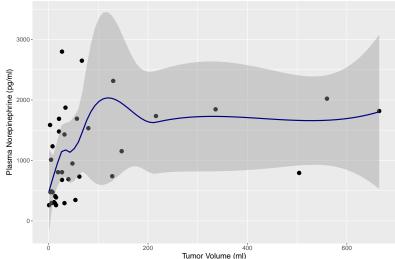


## Our Key Scatterplot again

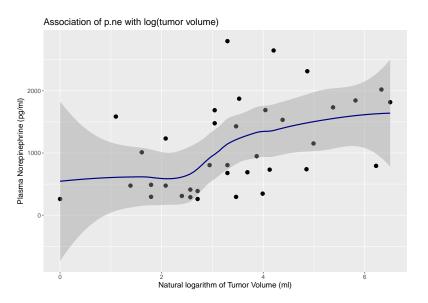


## Smoothing using loess, instead

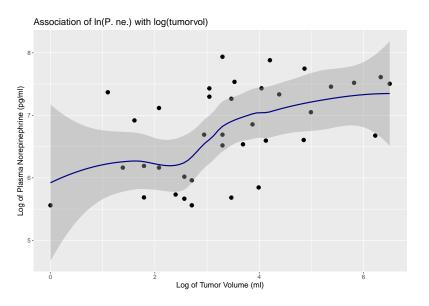




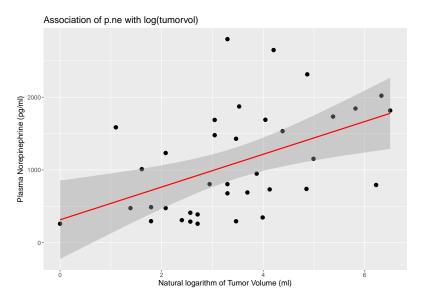
## Using the Log transform to spread out the Volumes



## Does a Log-Log model seem like a good choice?



### **Linear Model for p.ne using log(tumor volume)**



## Creating a Factor to represent disease diagnosis

We want to add a new variable, specifically a factor, called diagnosis, which will take the values von H-L or neoplasia.

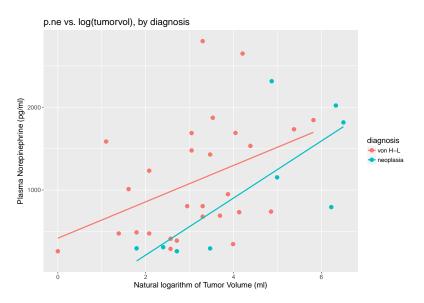
- Recall disease is a numeric 1/0 variable (0 = von H-L, 1 = neoplasia)
- Use fct\_recode from the forcats package...

### Now, what does VHL look like?

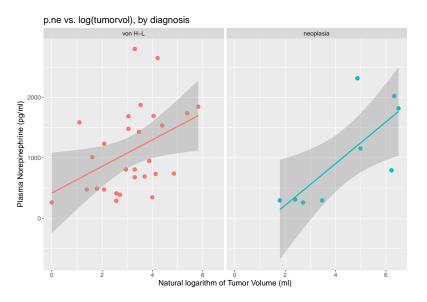
VHL

```
A tibble: 37 \times 5
      id disease p.ne tumorvol diagnosis
   <int>
            <int> <int>
                            <int>
                                      <fctr>
     101
                0
                    289
                                13
                                     von H-L
     102
                1
                    294
                               32 neoplasia
 3
     103
                0
                  2799
                               27
                                     von H-L
4
     104
                   2649
                               67
                0
                                     von H-L
 5
     105
                0
                    346
                                54 von H-L
6
     106
                0
                   1690
                               57
                                    von H-L
     107
                0
                    805
                                19
                                     von H-L
8
     108
                1
                   1153
                               147 neoplasia
9
     109
                    678
                0
                                27
                                     von H-I.
10
     110
                   1817
                              665 neoplasia
  ... with 27 more rows
```

## Compare the patients by diagnosis



# **Facetted Scatterplots by diagnosis**



```
model2 <- lm(p.ne ~ log(tumorvol) * diagnosis, data = VHL)
model2</pre>
```

```
Call:
lm(formula = p.ne ~ log(tumorvol) * diagnosis, data = VHL)
Coefficients:
                      (Intercept)
                            417.2
                   log(tumorvol)
                            220.0
              diagnosisneoplasia
                           -893.3
log(tumorvol):diagnosisneoplasia
                            124.8
```

```
 \texttt{p.ne} = 417 + 220 \, \log(\texttt{tumorvol}) - 893 \, (\texttt{diagnosis} = \texttt{neoplasia}) + 125 \, (\texttt{diagnosis} = \texttt{neoplasia}) * \log(\texttt{tumorvol})
```

where the indicator variable (diagnosis = neoplasia) = 1 for neoplasia subjects, and 0 for other subjects...

- Model for p.ne in von H-L patients:
  - 417 + 220 log(tumorvol)
- Model for p.ne in neoplasia patients:
  - $(417 893) + (220 + 125) \log(tumorvol)$
  - -476 + 345 log(tumorvol)

What is the predicted p.ne for a single new subject with tumorvol = 55 ml (so log(tumorvol) = 4.01) in each diagnosis category?

```
fit lwr upr
1 905.7322 -456.1596 2267.624
```

```
fit lwr upr
1 1299.003 -23.21001 2621.215
```

### Setting up the Task B Groups

- We want ten groups, each with 4-6 people. 5 is ideal.
- You need the full names of your group members.
- And their email addresses.
- Select a group reporter and a group name.
- Have the reporter fill out the Google Form from the Project Task B instructions.

Google Form for Project Task B groups is linked at https://github.com/thomaselove/431project

### The Form's Questions...

#### Fall 2017 Drainet Took D Crause

Fall 2017 Project Task B	Groups
This is the form to specify the group name and membership for Task B. Only one person from yo group should fill out this form. The Task B groups will be formed in class on 2017-09-26. This for needs to be submitted by noon on 2017-09-27. If you have questions, contact Dr. Love directly.	
Your email address (tel3@case.edu) will be recorded when you su account	ubmit this form. Not you? Switch
* Required	
What is the name of your Task B group? * 100 characters or less, please.	
Your answer	
Please select the names of the members of your group from th list below.  Your group must include 4-6 people, in total. Be sure to check the box for each group member, including yourself.	
	In Our Group
Albar, Zainab	
Asagba, Oghenerukema	