

Building meaningful machine learning models for disease prediction

Dr Shirin Glander

Dep. of Genetic Epidemiology
Institute of Human Genetics
University of Münster

shirin.glander@wwu.de

<https://shiring.github.io>
<https://github.com/ShirinG>

Friday, 31st March 2017

About me

since 2015 Bioinformatics Postdoc
Next Generation Sequencing
autoinflammatory diseases &
innate immunity

2011 - 2015 PhD in Biology
Is the immune system of plants required to adapt to
flowering time change?

2005 - 2011 BSc and MSc of Science in Biology
evolutionary genetics,
immune memory in *Drosophila*



Table of contents

Building meaningful machine learning models for disease prediction

- 1 Machine Learning (ML) in disease modeling
- 2 What makes a model meaningful?
- 3 A quick recap of ML basics
- 4 How to build ML models in R
- 5 Evaluating model performance

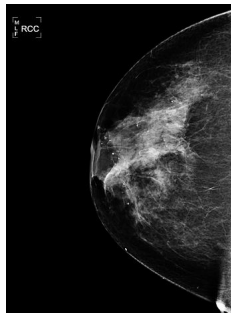
Machine Learning (ML) in disease modeling

ML in disease modeling

- tools that can interpret "big medical data"
- and provide fast, accurate and actionable information
- for precision or personalized medicine

Examples:

- computer-aided diagnosis of breast cancer from mammograms¹
- identifying gene defects with facial recognition software²
- identifying signatures of Brain Cancer from MRSI³
- ... and many more ...



¹Doi 2007.

²Levenson 2014.

³Sadja 2006.

Image source: Wikimedia Commons

What makes a model meaningful?

Can we trust a model?



- most ML algorithms model high-degree interactions between variables
- ML models are hard (or impossible) to interpret!
- we often don't know **WHY** they make decisions
- therefore, it is crucial that our models are **meaningful**

Image source: Pixabay

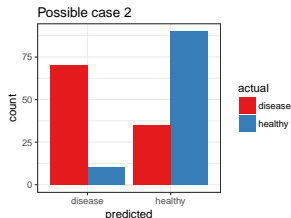
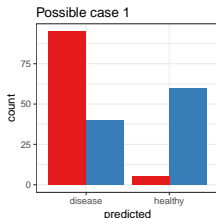
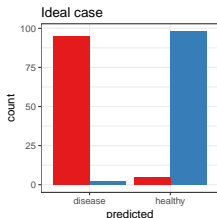
What makes a model meaningful?

- creating ML models is relatively easy
- creating **good or meaningful** models is hard

Meaningful models

- are generalizable
- answer the question(s) posed...
- ... with sufficient accuracy to be trustworthy

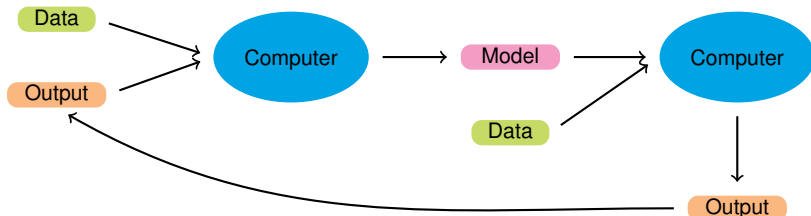
Accuracy depends on the problem!



A quick recap of ML basics

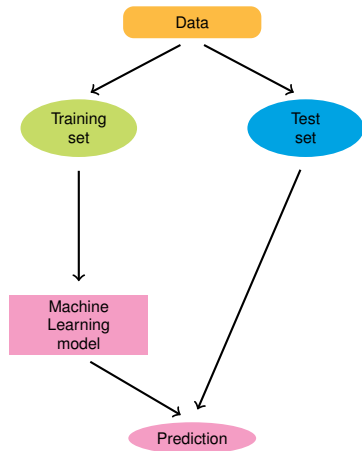
Machine learning

- artificial intelligence (AI)
- data-driven
- algorithms **learn** by being trained on observed data...
- ... and **predict unknown data**
- the increase in computational capacity has made ML more accessible

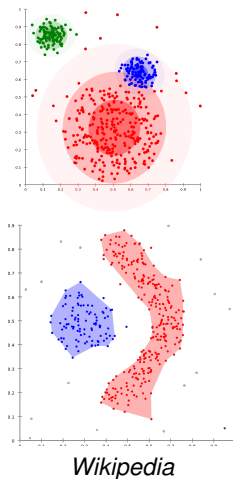


Supervised vs Unsupervised learning

Supervised

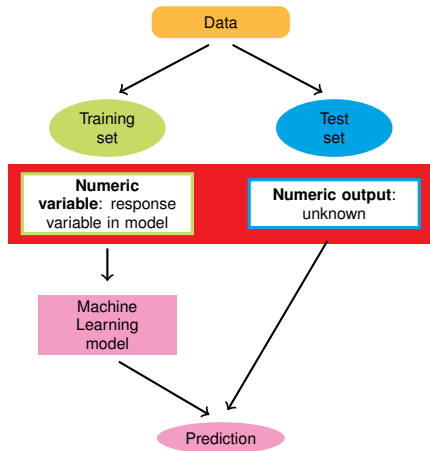


Unsupervised



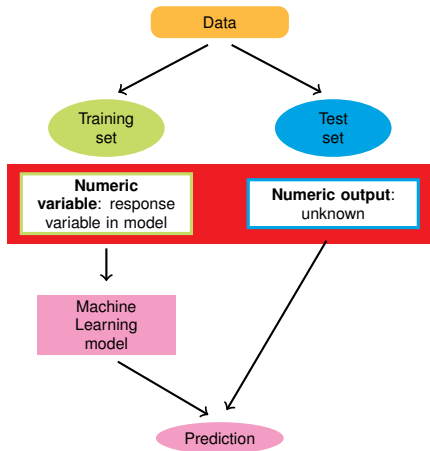
Classification vs Regression

Regression
e.g. weight loss

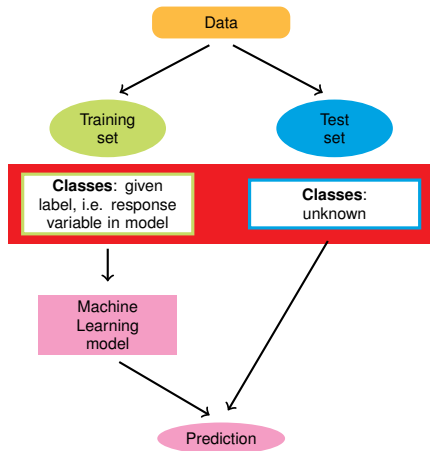


Classification vs Regression

Regression
e.g. weight loss



Classification
e.g. healthy vs disease



Features

- variables used for model training.
- using the right features is crucial.
- More is not necessarily better (overfitting)!
- feature selection
- feature extraction/ engineering

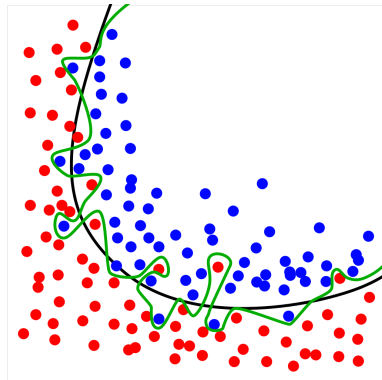
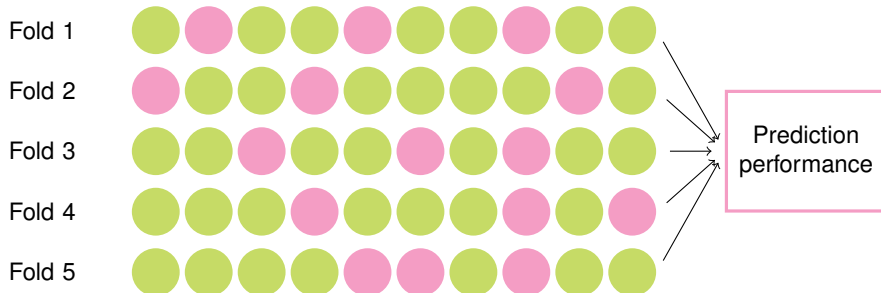


Image Source: Wikipedia

Training, (cross-) validation and test data



Cross-validation



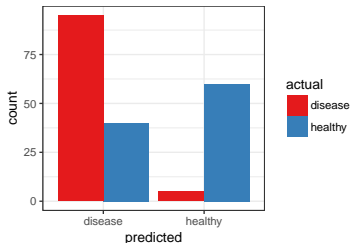
Take home messages:

- ML models learn on observed data
- and predict unknown data
- creating ML models is easy
- creating **good** models is hard

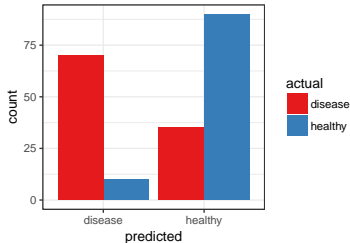
Meaningful models

- answer specific questions
- are able to generalize to unseen data
- can be trusted

Possible case 1



Possible case 2



How to build ML models in R

Session setup

- Breast Cancer Wisconsin Dataset⁴



- caret⁵
- h2o⁶

Code will be available on [my website](#) and on [Github](#)

⁴W. H. Wolberg and O. L. Mangasarian (1990). “Multisurface method of pattern separation for medical diagnosis applied to breast cytology.” In: *Proceedings of the National Academy of Sciences* 87.23, pp. 9193–9196.

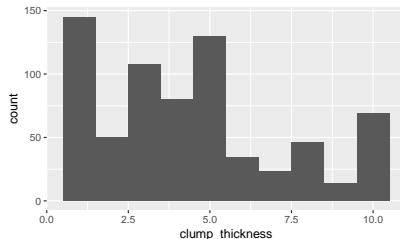
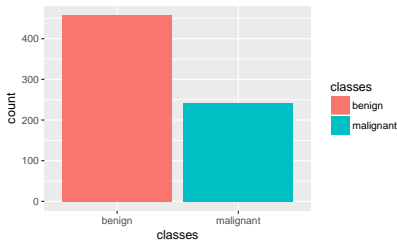
⁵M. Kuhn et al. (2016). *caret: Classification and Regression Training*. R package version 6.0-71.

⁶H2O.ai (2017). *h2o: R Interface for H2O*. R package version 3.10.3.6.

Get to know your data

Response variable

- Is it balanced?

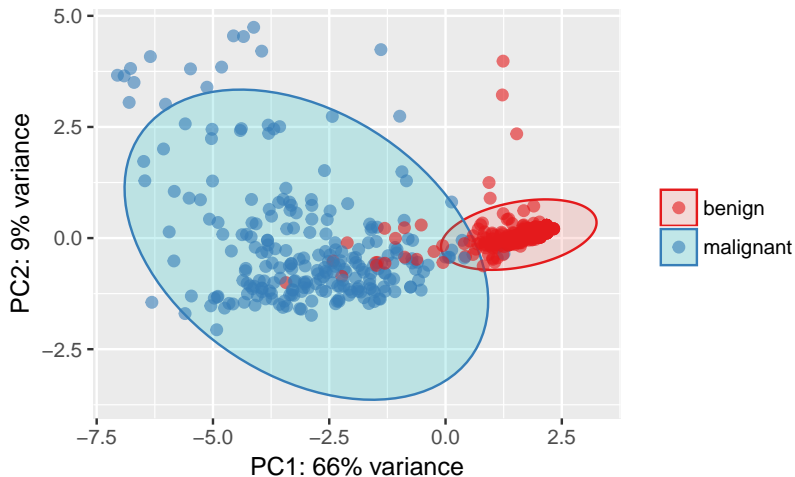


Missing data

- Is there missing data?
- Can we afford to loose data points?
- Or do we use imputation (and introduce additional uncertainty)?

Get to know your data

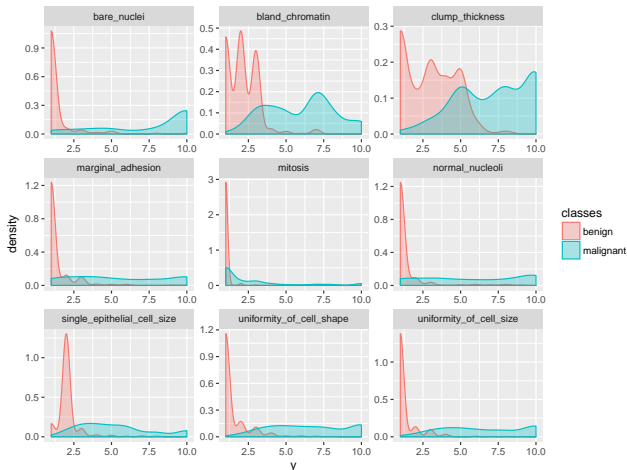
Principal Component Analysis (PCA)



Get to know your data

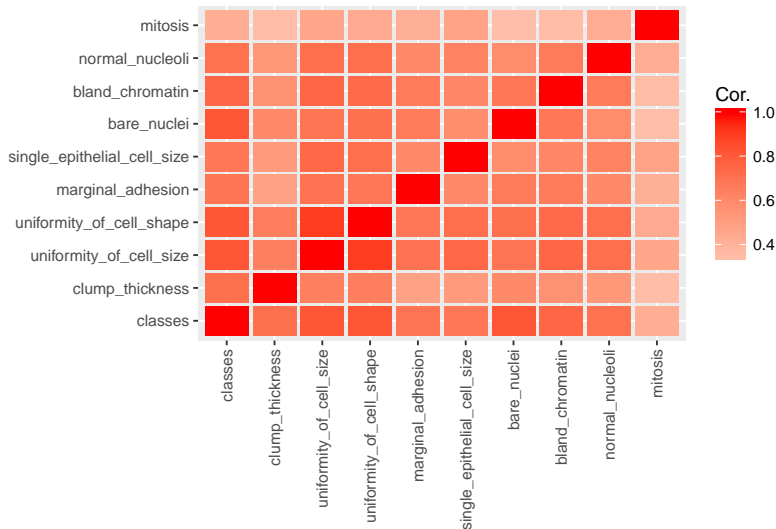
Features

- factors or numeric
- pre-processing



Get to know your data

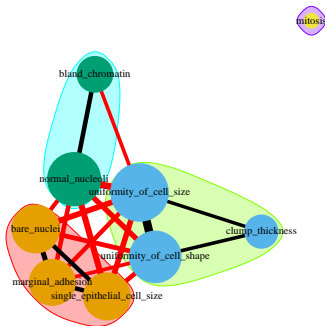
Correlation



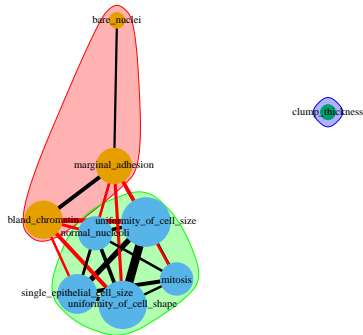
Get to know your data

Correlation graphs

Benign tumors



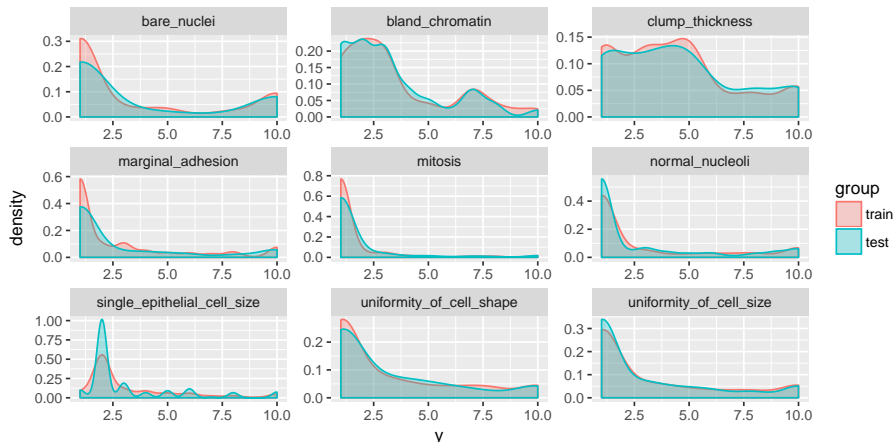
Malignant tumors



Training, validation and test data

We need to split the data into training and test sets - ideally **stratified** by response class.

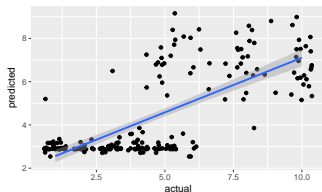
Density distribution



Model examples

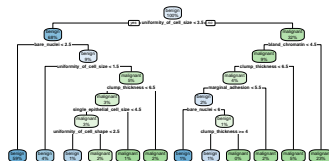
Regression with Linear Models

- e.g. Generalized Linear Models
- with *caret*



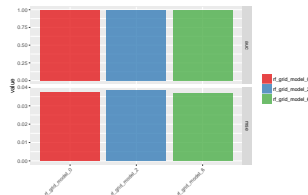
Tree-based classification

- Random Forest or Gradient boosting trees
- with *caret*



Hyper-parameter tuning

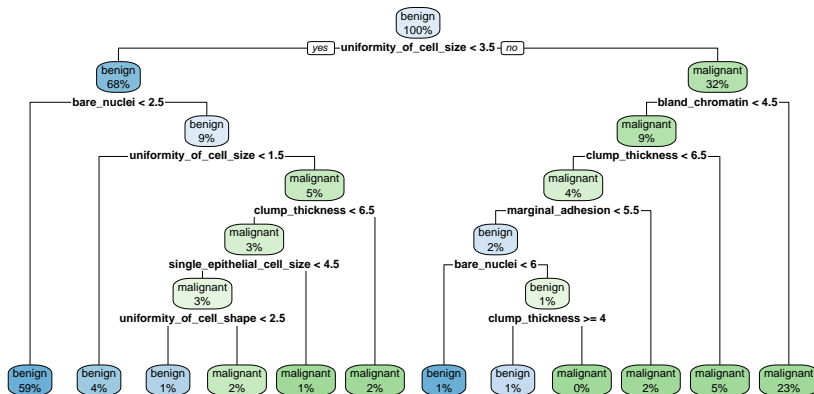
- Grid Search
- with *h2o*



Classification with tree-based models

Decision trees

e.g. Random Forest and gradient boosting trees



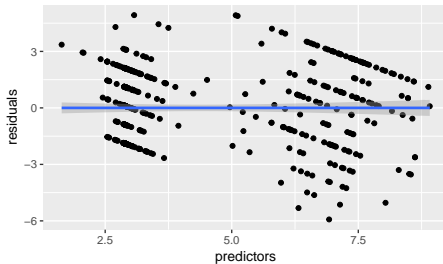
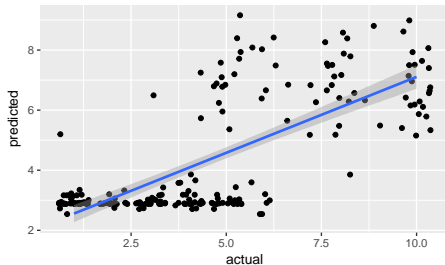
Evaluating model performance

**Never use the same data
for evaluation that you used
for training!**

Predictions on test data

Regression

- RMSE: 1.97
- R^2 : 0.50



Predictions on test data

Classification

```
## Confusion Matrix and Statistics
```

```
##
```

```
##           Reference
```

```
## Prediction  benign malignant
```

```
##   benign    133         2
```

```
##   malignant    4        70
```

```
##
```

```
##           Accuracy : 0.9713
```

```
##           95% CI : (0.9386, 0.9894)
```

```
##   No Information Rate : 0.6555
```

```
##   P-Value [Acc > NIR] : <2e-16
```

```
##
```

```
##           Kappa : 0.9369
```

```
##   McNemar's Test P-Value : 0.6831
```

```
##
```

```
##           Sensitivity : 0.9708
```

```
##           Specificity : 0.9722
```

```
##   Pos Pred Value : 0.9852
```

```
##   Neg Pred Value : 0.9459
```

```
##           Prevalence : 0.6555
```

```
##   Detection Rate : 0.6364
```

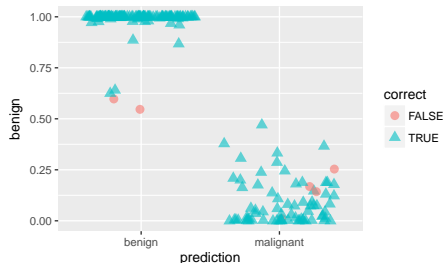
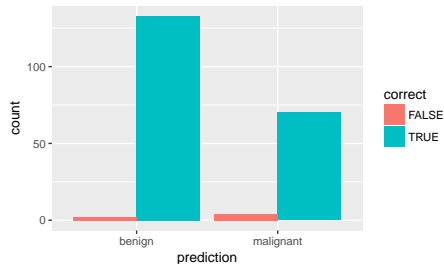
```
##   Detection Prevalence : 0.6459
```

```
##   Balanced Accuracy : 0.9715
```

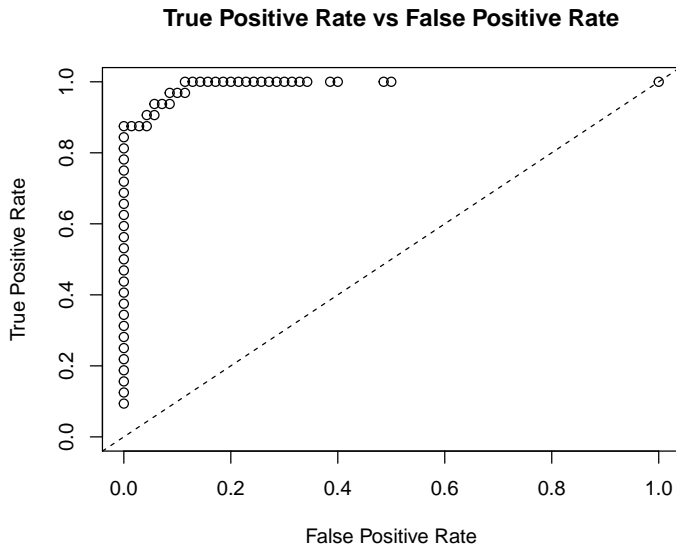
```
##
```

```
##   'Positive' Class : benign
```

```
##
```



Area Under the Curve (AUC)



Hyper-parameter tuning with grid search

- `h2o.grid()`
- Random Grid Search (RGS) or Cartesian Grid

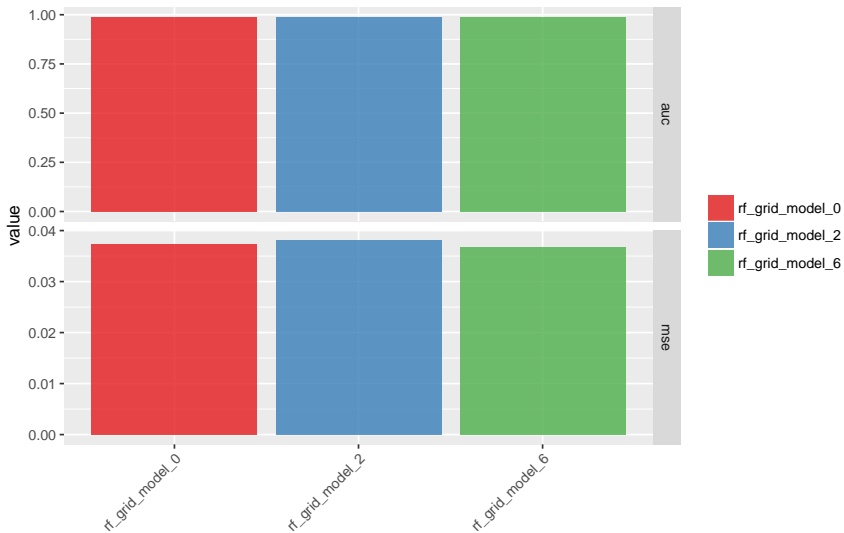
Define a set of hyper-parameters:

- number of trees
- maximum tree depth
- fewest allowed (weighted) observations in a leaf
- etc.

Choose best model from grid:

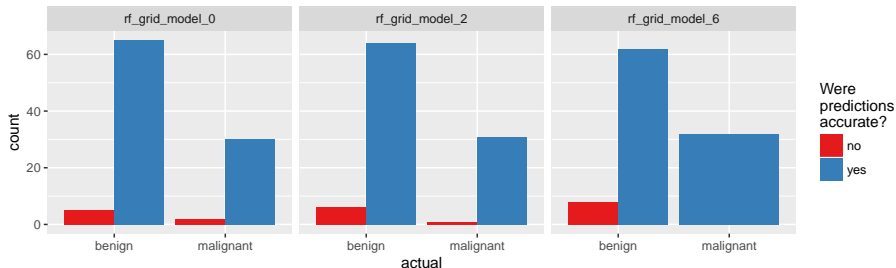
- `h2o.getGrid()`
- AUC, error, accuracy, etc.

AUC and mean squared error (MSE)

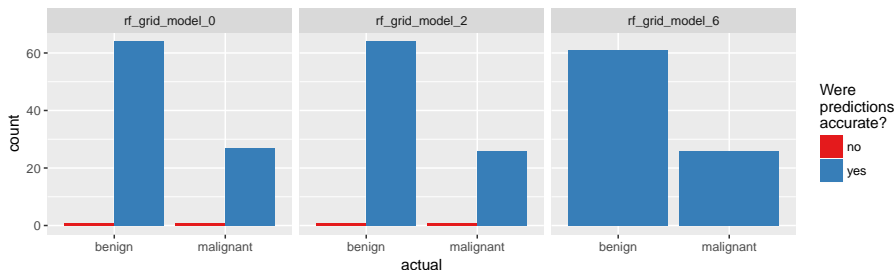


Predictions on test data

Default predictions

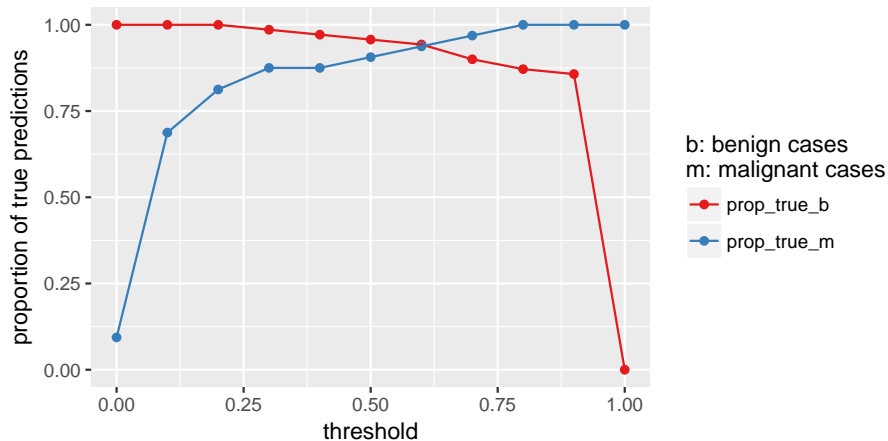


Stringent predictions



Predictions on test data

Choosing a prediction threshold



Take home messages:

- there is no 'one-size-fits-all' approach to ML
- We want to create **meaningful models** that we can trust to answer our specific questions!
- know your data well **before** modeling
- **take time to think** about pre-processing & features
- **test** different models & hyper-parameters
- **evaluate** model performance on independent data
- choose performance measure based on your specific problem
- choose prediction threshold based on your specific problem

Outlook

- 'Big Data' needs to be big!
- the more data, the more accurate the models will be
- for really meaningful models, data needs to be shared
- ML could make health care more cost-effective by reducing the energy required for interpretation
- issues: privacy, platform, quality standards

Thank you for your attention!

Questions?

Slides and code will be available on Github:

https://github.com/ShirinG/Webinar_ML_for_disease/share

Code will also be on my website:

<https://shiring.github.io>

You can contact me via

shirin.glander@wwu.de

