

Group Projects on Newton-Rapson Optimization.

P8160 Advanced Statistical Computing

Project 1: Analyses of daily COVID-19 cases, hospitalization, death in NYC

Background:

Over the past two years, the COVID-19 pandemic has changed many aspects of our life. One positive change is the push for the open data policy. It has become a new norm for governments, health care facilities, and academic institutes to collect data timely and share them publicly. Those public-available data at all levels empowered COVID-19 research and also helped policy-makers make informed decisions.

New York Department of Health has published city-wide and borough-specific daily counts of COVID cases, hospitalizations, and death since February 29, 2020, when the Health Department classifies the start of the COVID-19 outbreak in NYC (i.e., date of the first laboratory-confirmed case).

The attached data-by-day.csv, is a subset of the NYC open data, which recorded the following variables:

```
##
##
## |varnames                |vardefs                |
## |:-----|:-----|
## |DATE_OF_INTEREST        |Date                   |
## |CASE_COUNT              |Count of confirmed cases citywide |
## |HOSPITALIZED_COUNT      |Count of confirmed HOSPITALIZED citywide |
## |DEATH_COUNT             |Count of confirmed deaths citywide |
## |BX_CASE_COUNT           |Count of confirmed cases in the Bronx |
## |BX_HOSPITALIZED_COUNT   |Count of confirmed HOSPITALIZED in the Bronx |
## |BX_DEATH_COUNT          |Count of confirmed deaths in the Bronx |
## |BK_CASE_COUNT           |Count of confirmed cases in the Brooklyn |
## |BK_HOSPITALIZED_COUNT   |Count of confirmed HOSPITALIZED in the Brooklyn |
## |BK_DEATH_COUNT          |Count of confirmed deaths in the Brooklyn |
## |MN_CASE_COUNT           |Count of confirmed cases in the Manhattan |
## |MN_HOSPITALIZED_COUNT   |Count of confirmed HOSPITALIZED in the Manhattan |
## |MN_DEATH_COUNT          |Count of confirmed deaths in the Manhattan |
## |QN_CASE_COUNT           |Count of confirmed cases in the Queens |
## |QN_HOSPITALIZED_COUNT   |Count of confirmed HOSPITALIZED in the Queens |
## |QN_DEATH_COUNT          |Count of confirmed deaths in the Queens |
## |SI_CASE_COUNT           |Count of confirmed cases in the Staten Island |
## |SI_HOSPITALIZED_COUNT   |Count of confirmed HOSPITALIZED in the Staten Island |
## |SI_DEATH_COUNT          |Count of confirmed deaths in the Staten Island |
```

Richard growth curve

Richard's growth function is a four-parameter nonlinear S -shaped function that has been commonly used in biology to model the growth of a population; Let $N(t)$ be a population at time t , Richard's growth function takes the form

$$N(t) = \frac{a}{\{1 + d \exp\{-k(t - t_0)\}\}^{1/d}},$$

where t is the time since the beginning of a population, $c(a, k, d, t_0)$ are shape parameters with specific geometric meanings. The parameter a is the upper bound of the function ($a = \lim_{t \rightarrow \infty} N(t)$, i.e., the largest

population it could reach); The parameter k is the growth rate, which controls the slope at an inflection; The parameter t_0 is the time at an inflection, where the curve changes from convex to concave; and finally, the parameter d is another shape parameter. The four-parameter Richard function is a generalization of the logistic curve since it does not enforce symmetry before and after the inflection point.

Model the number of cumulative cases in a pandemic wave by the Richard growth curve

Let $(y_i, t_i)_{i=1, \dots, n}$ be a sequence of the observed daily cases at time t_i , where t_i is the number of days since the beginning of a pandemic wave. Let $Y_i = \sum_{k=1}^i y_k$ be cumulative number of cases by time t_i , we assume that (Y_i, t_i) follows the following non-linear model

$$Y_i = N(t_i, \theta) + \epsilon_i$$

where $\theta = c(a, k, d, t_0)$ is the parameters in the Richard's function, and ϵ_i is the random error with mean zero.

Task 1.1: Develop a strategy of choosing starting values $\theta = c(a, k, d, t_0)$. Wrong starting values result in longer iterations, greater execution time, non-convergence, or wrong-convergence. So it is important to have a strategy to select starting values sensibly. Can you “guess” good starting values of $c(a, k, d, t_0)$, using the observed daily cases and the knowledge of the shape parameters in the Richard function? Propose a strategy and state your rationals.

Task 1.2: Using the proposed starting values, develop an optimization algorithm to fit a Richard curve to the cumulative number of cases in each pandemic wave and each NYC borough; Present your fitted curves and estimated parameters, compare them across different pandemic waves and five NYC boroughs.

Task 1.3: Apply the optimization algorithms you develop in 1.1 and 1.2 to the cumulative hospitalizations and deaths, and compare them across different pandemic waves and five NYC boroughs.

Task 1.4: Write a summary report to share your experience in your nonlinear optimization, and also share with us what you learned from comparing the fitted curves across different waves and ?

#Includes your R codes

Project 2: Breast Cancer Diagnosis

Background

The data *breast-cancer.csv* have 569 row and 33 columns. The first column **ID** labels individual breast tissue images; The second column **Diagnosis** identifies if the image is coming from cancer tissue or benign cases (M=malignant, B = benign). There are 357 benign and 212 malignant cases. The other 30 columns correspond to mean, standard deviation and the largest values (points on the tails) of the distributions of the following 10 features computed for the cellnuclei;

- radius (mean of distances from center to points on the perimeter)
- texture (standard deviation of gray-scale values)
- perimeter
- area
- smoothness (local variation in radius lengths)
- compactness ($\text{perimeter}^2 / \text{area} - 1.0$)
- concavity (severity of concave portions of the contour)
- concave points (number of concave portions of the contour)
- symmetry
- fractal dimension ("coastline approximation" - 1)

The goal of the exercise is to build a predictive model based on logistic regression to facilitate cancer diagnosis;

Tasks:

1. Build a logistic model to classify the images into malignant/benign, and write down your likelihood function, its gradient and Hessian matrix.
2. Develop a Newton-Raphson algorithm to estimate your model;
3. Build a logistic-LASSO model to select features, and implement a path-wise coordinate-wise optimization algorithm to obtain a path of solutions with a sequence of descending λ 's.
4. Use 5-fold cross-validation to select the best λ . Compare the prediction performance between the 'optimal' model and 'full' model
5. Write a report to summarize your findings.