

# Class 08: Breast Cancer Mini-Project

Aadhya Tripathi (PID: A17878439)

## Table of contents

Background . . . . .	1
Data Import . . . . .	1
Principal Components Analysis (PCA) . . . . .	3
Hierarchical Clustering . . . . .	8
Combining methods . . . . .	10
Prediction . . . . .	12

## Background

In today's class we will be employing all the R techniques for data analysis we have covered so far (including machine learning methods of clustering and PCA) to analyze real breast cancer biopsy data.

## Data Import

The data is in CSV format.

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

Look at the first few rows of the data

```
head(wisc.df, 3)
```

```

diagnosis radius_mean texture_mean perimeter_mean area_mean
842302      M      17.99      10.38      122.8      1001
842517      M      20.57      17.77      132.9      1326
84300903      M      19.69      21.25      130.0      1203
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
symmetry_mean fractal_dimension_mean radius_se texture_se perimeter_se
842302      0.2419      0.07871      1.0950      0.9053      8.589
842517      0.1812      0.05667      0.5435      0.7339      3.398
84300903      0.2069      0.05999      0.7456      0.7869      4.585
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
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
perimeter_worst area_worst smoothness_worst compactness_worst
842302      184.6      2019      0.1622      0.6656
842517      158.8      1956      0.1238      0.1866
84300903      152.5      1709      0.1444      0.4245
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
fractal_dimension_worst
842302      0.11890
842517      0.08902
84300903      0.08758

```

Q1. How many observations are in this data set?

```
nrow(wisc.df)
```

```
[1] 569
```

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

```
# either option below works
sum(wisc.df$diagnosis == "M")
```

```
[1] 212
```

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

```
B      M
357 212
```

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

```
# names(wisc.df)
length(grep("_mean", names(wisc.df)))
```

```
[1] 10
```

We need to remove the `diagnosis` column (column #1) before we do any further analysis of the dataset. We don't want to pass the answer to PCA. We will save it as a separate vector to access later for comparing our findings to the clinical diagnosis from experts.

```
diagnosis <- wisc.df$diagnosis
wisc.data <- wisc.df[ , -1]
```

## Principal Components Analysis (PCA)

The main function in base R is called `prcomp()`. We will use the optional argument `scale=T` here, as the data columns/features/dimensions are on very different scales in the original dataset. Use `scale=T` when the standard deviations of the variables have a large differences in range.

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

```
attributes(wisc.pr)
```

```

$names
[1] "sdev"      "rotation" "center"   "scale"     "x"

$class
[1] "prcomp"

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					

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

44.27%

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

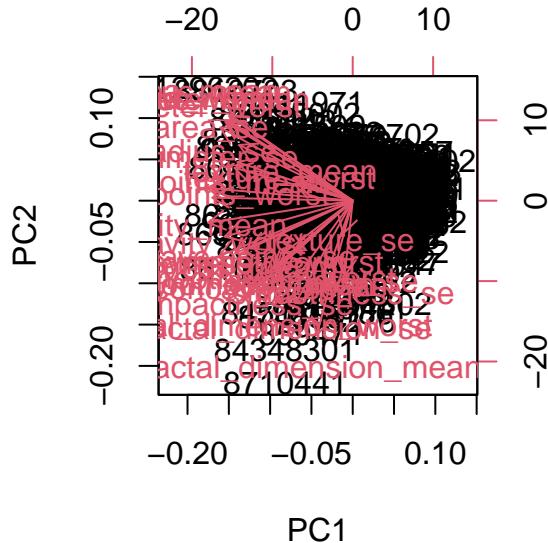
3 PCs

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

7 PCs

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

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

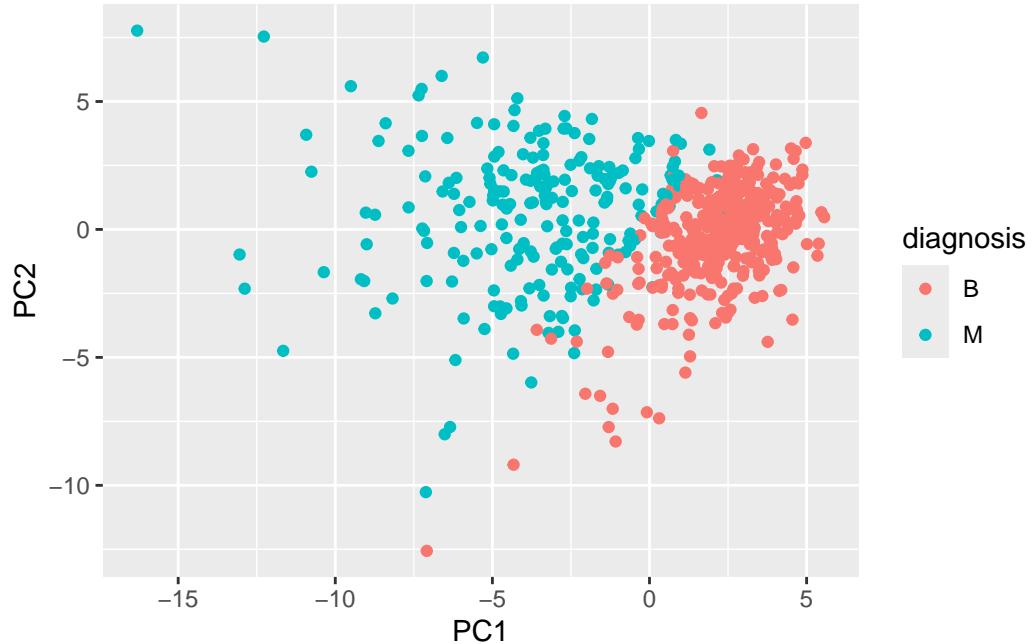


The biplot is very difficult to read due to the overlapping data and labels.

We use ggplot to make a scatter plot of PC1 vs PC2. Color the plot by diagnosis.

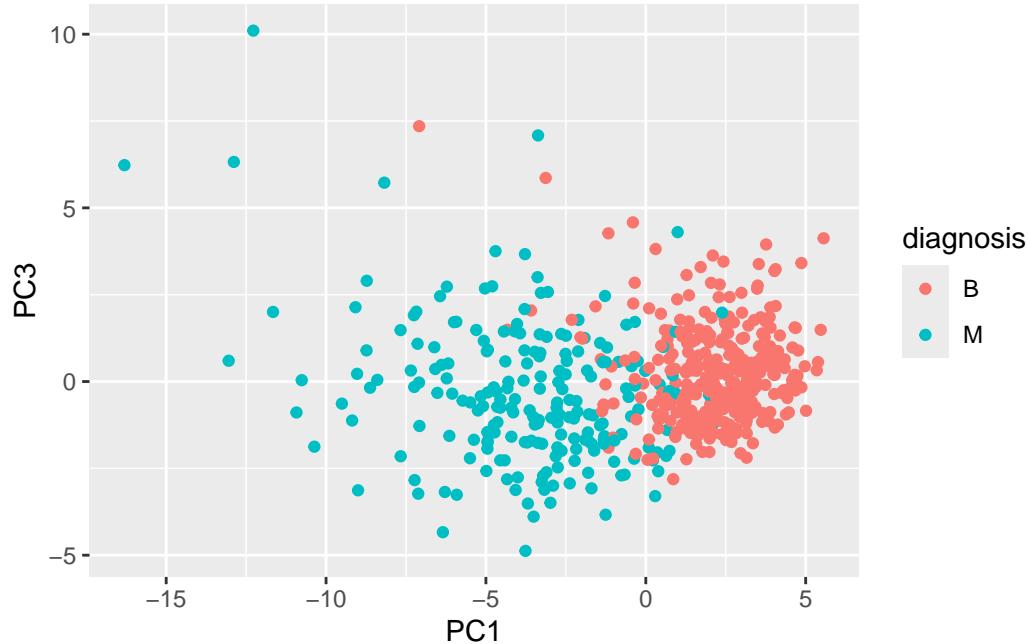
```
library(ggplot2)

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



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

```
ggplot(wisc.pr$x) +
  aes(PC1, PC3, col=diagnosis) +
  geom_point()
```



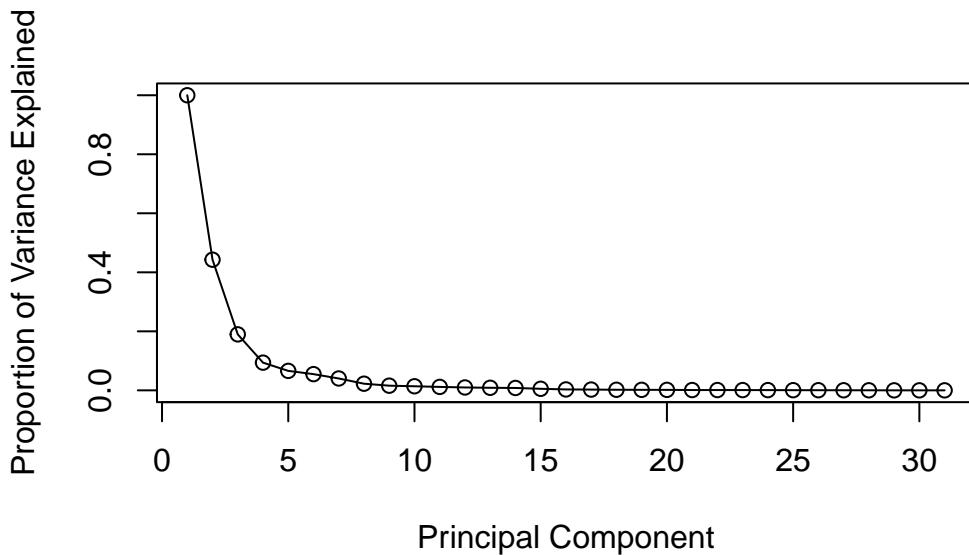
This plot shows some more overlap between the diagnosis colors compared to PC2 vs PC1. Most of the separation between the diagnosis is along the PC1 axis.

```
pr.var <- wisc.pr$sdev^2
head(pr.var)
```

```
[1] 13.281608 5.691355 2.817949 1.980640 1.648731 1.207357
```

```
#Variance explained by each principal component:
pve <- pr.var / sum(pr.var)

# Plot variance explained for each principal component
plot(c(1,pve), xlab = "Principal Component",
      ylab = "Proportion of Variance Explained",
      ylim = c(0, 1), type = "o")
```



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`? This tells us how much this original feature contributes to the first PC. Are there any features with larger contributions than this one?

```
wisc.pr$rotation["concave.points_mean", 1]
```

```
[1] -0.2608538
```

## Hierarchical Clustering

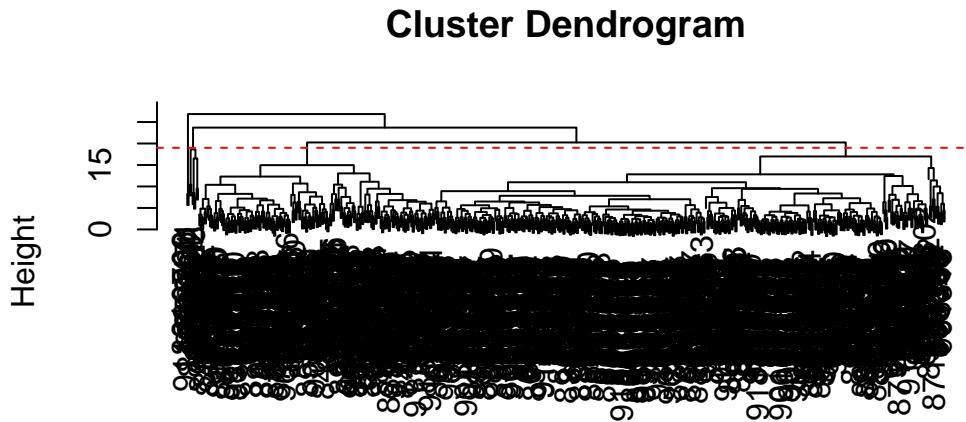
The goal of this section is to do hierarchical clustering of the original data to see if there is any obvious grouping into malignant and benign clusters.

Start by scaling `wisc.data` and then pass to `hclustw()`

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

Q10. Using the `plot()` and `abline()` functions, what is the height at which the clustering model has 4 clusters?

```
plot(wisc.hclust)
abline(h=19, col="red", lty=2)
```



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

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

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

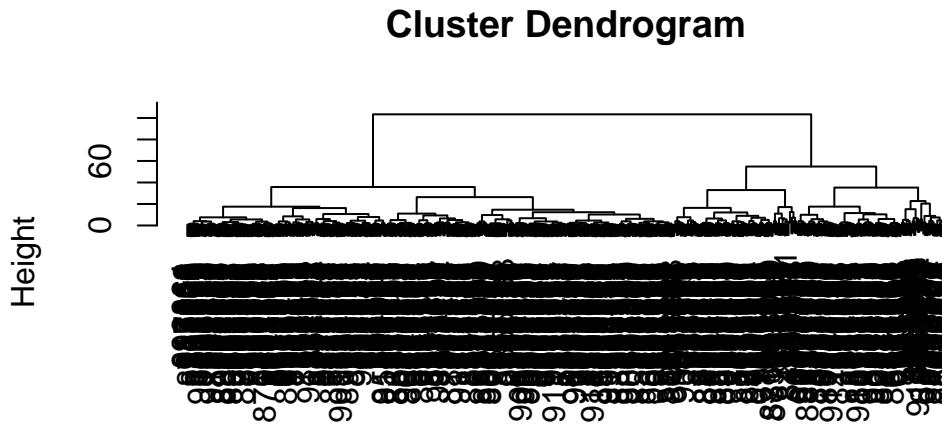
Q12. Which method gives your favorite results for the same data.dist dataset?  
Explain your reasoning

I liked “complete” because it gave distinct clusters at the top of the dendrogram compared to “single” and “average”.

## Combining methods

We can take our new variables (the PCs, `wisc.pr$x`) that are better descriptors of the dataset than the original features (the 30 columns in `wisc.data`) and use these as a basis for clustering.

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



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

```
grps <- cutree(wisc.pr.hclust, k=2)
table(grps)
```

```
grps
 1   2
203 366
```

Q13. How well does the newly created hclust model with two clusters separate out the two “M” and “B” diagnoses?

We can now run `table()` with both my clustering `grps` and the expert `diagnosis`

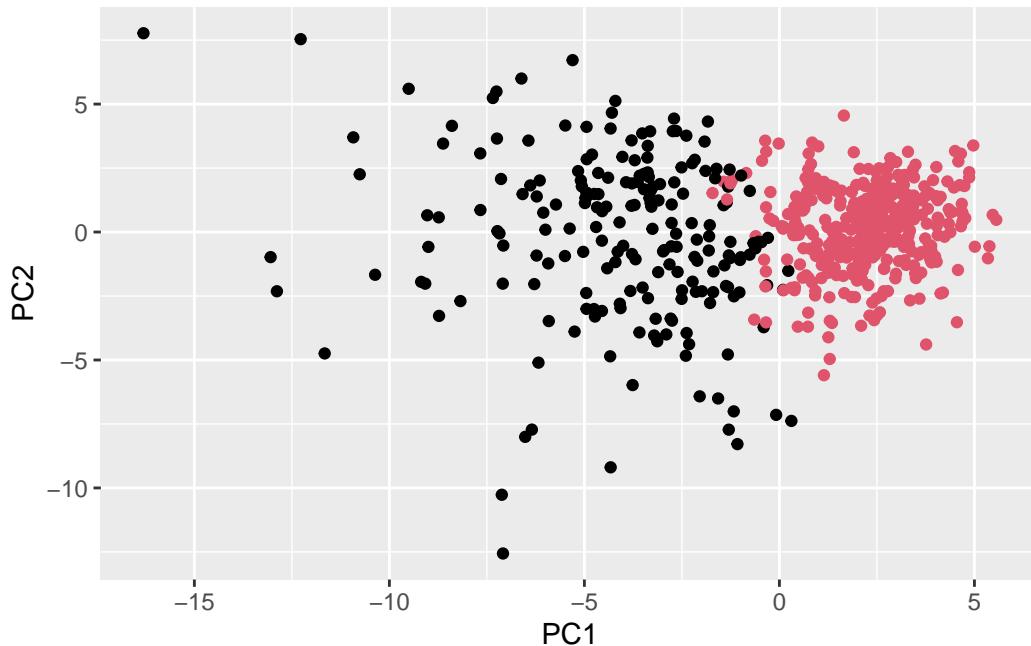
```
table(grps, diagnosis)
```

grps	B	M
1	24	179
2	333	33

Cluster “1” has 179 “M” diagnosis Cluster “2” has 333 “B” diagnosis

179 TP 24 FP 333 TN 33 FN

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



Sensitivity: TP/(TP+FN)

```
179/(179+33)
```

```
[1] 0.8443396
```

Specificity: TN/(TN+FP)

```
333/(333+24)
```

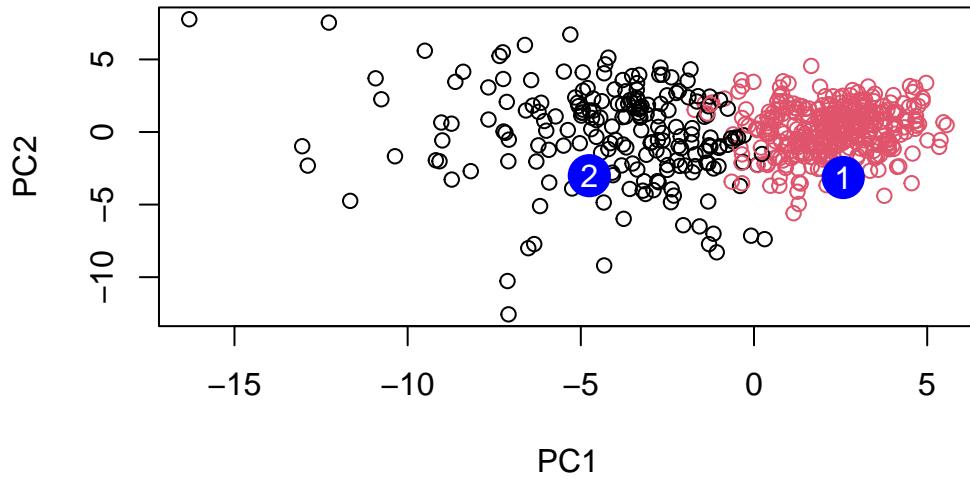
```
[1] 0.9327731
```

## Prediction

```
#url <- "new_samples.csv"
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=grps)
points(npc[,1], npc[,2], col="blue", pch=16, cex=3)
text(npc[,1], npc[,2], c(1,2), col="white")
```



Q16. Which of these new patients should we prioritize for follow up based on your results?

Since patient 2 is in Cluster 1, which has a high amount of malignant “M” diagnoses, they should be prioritized for follow-up.