Logistic Regression with the Lindner Data

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```
library(here); library(janitor); library(magrittr)
library(knitr)
library(rms)
library(caret)
library(ROCR)
library(pROC)
library(broom)
library(tidyverse)
theme_set(theme_bw())
lind <- readRDS(here("data", "lind.Rds"))</pre>
str(lind)
Classes 'spec_tbl_df', 'tbl_df', 'tbl' and 'data.frame':
                                                              970 obs. of 8 variables:
           : chr "1001" "1002" "1003" "1004" ...
                  3563 4694 7366 8247 8319 8410 8517 8763 8823 8970 ...
 $ cardbill: int
 $ abcix
                  1 1 1 1 1 1 1 1 1 1 ...
          : int
 $ stent
           : int
                  0 0 0 0 0 0 0 0 0 0 ...
 $ acutemi : int  0 0 0 0 0 0 0 0 0 ...
 $ ejecfrac: int 56 50 50 55 50 58 30 60 60 60 ...
 $ ves1proc: int 1 1 1 1 1 1 1 1 1 ...
 $ diabetic: int 0 0 1 0 0 0 0 0 0 ...
  • Note that the abcix variable is represented as an integer, with possible values 0 and 1, as is stent.
lind %>% count(abcix, stent)
# A tibble: 4 x 3
  abcix stent
  <int> <int> <int>
      0
            0
                118
2
                165
      0
            1
3
                203
      1
            1
                484
```

• The ejecfrac is a quantitative variable, and the units for ejecfrac are percentage points. All of the values are integers, and we observe 29 distinct values.

```
lind %$% Hmisc::describe(ejecfrac)
ejecfrac
                                 Info
                                          Mean
                                                     Gmd
                                                               .05
                                                                        .10
         missing distinct
       n
                               0.976
                                                                         40
     970
                0
                         29
                                         51.18
                                                   10.49
                                                               30
```

```
.25
          .50
                     .75
                                .90
                                           .95
45
           55
                      56
                                 60
                                            60
```

lowest: 0 15 19 20 25, highest: 69 70 75 80 90

• The ves1proc is represented here as an integer, but only has 6 possible values (0, 1, 2, 3, 4 and 5), since it is really a count.

```
lind %>% tabyl(ves1proc)
```

```
ves1proc
           n
                 percent
           4 0.004123711
       1 661 0.681443299
       2 249 0.256701031
         41 0.042268041
         14 0.014432990
           1 0.001030928
```

• I want to have a multi-categorical factor for the demonstrations that follow, so I will create a factor version of ves1proc, and place it in a new variable called ves_f. I'm not implying this is a great idea for these data. As we'll see, it leads to disaster.

```
lind_new <- lind %>%
   mutate(ves_f = factor(ves1proc))
```

model_1: What do I mean by a logistic regression model exploding?

Let's run a logistic regression model to predict abcix, a numeric (1/0) variable on the basis of stent, ejecfrac and ves_f.

```
model_1 <- lind_new %$%
    glm(abcix ~ stent + ejecfrac + ves_f,
        family = binomial)
summary(model_1)
```

```
Call:
```

```
glm(formula = abcix ~ stent + ejecfrac + ves_f, family = binomial)
```

Deviance Residuals:

```
1Q
                    Median
                                 3Q
                                          Max
-2.3076 -1.2448
                    0.6510
                             0.8795
                                       1.2461
```

Coefficients:

```
Estimate Std. Error z value Pr(>|z|)
(Intercept)
             2.43469
                        1.22536
                                 1.987 0.046931 *
stent
             0.59332
                        0.15191
                                  3.906 9.39e-05 ***
                        0.00790 -3.293 0.000991 ***
ejecfrac
            -0.02601
                        1.16294 -0.728 0.466439
ves_f1
            -0.84696
ves f2
            -0.02341
                        1.17136 -0.020 0.984056
ves_f3
             0.77859
                        1.27354
                                 0.611 0.540963
                                  0.852 0.394379
ves_f4
             1.32605
                        1.55694
ves_f5
            12.43202 535.41242
                                 0.023 0.981475
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

(Dispersion parameter for binomial family taken to be 1)

```
Null deviance: 1171.2 on 969 degrees of freedom Residual deviance: 1106.7 on 962 degrees of freedom AIC: 1122.7
```

Number of Fisher Scoring iterations: 12

Notice the very, very large estimate for the **ves_f5** coefficient, and the huge standard error? What's the explanation?

```
lind_new %>% tabyl(abcix, ves_f)

abcix 0  1  2  3  4  5
     0  1  230  47  4  1  0
     1  3  431  202  37  13  1
```

Some of the levels of our ves_f variable are very, very small, and one of them (5) is so small that we have zero subjects with abcix = 0 and $ves_f = 5$.

Collapsing the ves1proc to a factor with three levels

So, what should we do? we'll collapse the <code>ves_f</code> factor to just three levels, so we don't have any really tiny sample sizes.

```
ves_f Low Mid High
    0
        4
             0
    1 661
             0
                  0
        0 249
    2
                  0
    3
        0
             0
                 41
    4
        0
             0
                 14
    5
        0
                  1
             0
```

```
# check that abcix can be 1 or 0 at each level of new factor ves_fix
lind_new %>% tabyl(abcix, ves_fix)
```

```
abcix Low Mid High
0 231 47 5
1 434 202 51
```

model_2: A main effects model

```
OK. Let's try again, now.
```

```
model_2 <- lind_new %$%</pre>
   glm(abcix ~ stent + ejecfrac + ves_fix,
       family = binomial)
summary(model_2)
Call:
glm(formula = abcix ~ stent + ejecfrac + ves_fix, family = binomial)
Deviance Residuals:
   Min
                 Median
                            3Q
            1Q
                                    Max
-2.2825 -1.2507
                 0.6522
                         0.8793
                                 1.2445
Coefficients:
           Estimate Std. Error z value Pr(>|z|)
(Intercept) 1.596272 0.429099 3.720 0.000199 ***
stent
           0.580387
                     0.151295 3.836 0.000125 ***
          ejecfrac
          ves fixMid
ves_fixHigh 1.777070 0.479854 3.703 0.000213 ***
Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
(Dispersion parameter for binomial family taken to be 1)
   Null deviance: 1171.2 on 969 degrees of freedom
Residual deviance: 1107.8 on 965 degrees of freedom
AIC: 1117.8
Number of Fisher Scoring iterations: 4
tidy(model_2, exponentiate = TRUE, conf.int = TRUE) %>%
   select(term, estimate, conf.low, conf.high) %>%
   kable(digits = 3)
```

term	estimate	conf.low	conf.high
(Intercept) stent ejecfrac ves fixMid	4.935 1.787 0.974 2.267	2.168 1.328 0.959 1.594	11.685 2.404 0.989 3.275
ves_fixHigh	5.913	2.533	17.295

The odds ratio estimates specify the following model_2 predictions...

- Subjects with a stent have 1.78 times the odds of being in the abcix = 1 group (treated with abcix) than subjects without a stent who have the same ejection fraction and same level of the ves_fix variable. The 95% CI for that odds ratio is (1.33, 2.40).
- Suppose Harry and Larry have the same status in terms of stent and ves_fix but Harry's ejection fraction is one percentage point larger than Larry's. Harry's predicted odds of abcix treatment will be

- 97.4% of Larry's, with a 95% CI of (0.959, 0.989).
- Subjects with a Middle level of ves_fix have 2.27 times the odds (with 95% CI 1.59, 3.28) of receiving about treatment as compared to subjects in the Low ves_fix group, assuming that they have the same stent status and ejection fraction.
- Subjects with High ves_fix have 5.91 times the odds of receiving abcix (with 95% CI 2.53, 17.30) as compared to Low ves_fix subjects with the same stent and ejecfrac values.

Make a prediction from model_2

Suppose we have a subject named Harry with ejecfrac = 60%, with a stent and a High ves_fix. What is that subject's predicted probability of being treated with abcix?

```
harry <- tibble(ejecfrac = 60, stent = 1, ves_fix = "High")
predict(model_2, newdata = harry, type = "response")</pre>
```

1 0.9167082

Note that model_2 is a glm model, and so we use type = "response" to get a predicted probability. As we'll see later, if our logistic model had been fit using lrm, we'd have to select a different type of prediction in order to get a predicted probability.

Confusion Matrix for model_2

What are the predicted probabilities of abcix = 1 that we get from model_2?

```
mod2_aug <- augment(model_2, type.predict = "response")
summary(mod2_aug$.fitted)</pre>
```

```
Min. 1st Qu. Median Mean 3rd Qu. Max. 0.4139 0.6505 0.7015 0.7082 0.8084 0.9669
```

Let's build a confusion matrix with decision rule "we predict that the subject received abcix if the predicted probability that (abcix = 1) is greater than or equal to 0.5"

```
mod2_aug %$%
  confusionMatrix(
    data = factor(.fitted >= 0.5),
    reference = factor(abcix == 1),
    positive = "TRUE"
)
```

Confusion Matrix and Statistics

```
Reference
Prediction FALSE TRUE
FALSE 8 3
TRUE 275 684

Accuracy: 0.7134
95% CI: (0.6838, 0.7417)
No Information Rate: 0.7082
P-Value [Acc > NIR]: 0.377

Kappa: 0.0333
```

```
Mcnemar's Test P-Value : <2e-16

Sensitivity : 0.99563
Specificity : 0.02827
Pos Pred Value : 0.71324
Neg Pred Value : 0.72727
Prevalence : 0.70825
Detection Rate : 0.70515
Detection Prevalence : 0.98866
Balanced Accuracy : 0.51195

'Positive' Class : TRUE
```

With a decision rule setting our cutoff for a positive prediction at 0.5, we have over 99% sensitivity but only 3% specificity. The sum is 0.996 + 0.028 = 1.024. Can we do meaningfully better with a different rule?

Comparing Decision Rules

Let's try a decision rule with a cutoff of 0.7 instead.

```
mod2_aug %$%
    confusionMatrix(
        data = factor(.fitted >= 0.7),
        reference = factor(abcix == 1),
        positive = "TRUE"
)
```

```
Confusion Matrix and Statistics
         Reference
Prediction FALSE TRUE
    FALSE
            178 283
    TRUE
            105 404
              Accuracy: 0.6
                95% CI : (0.5684, 0.631)
   No Information Rate: 0.7082
   P-Value [Acc > NIR] : 1
                 Kappa : 0.1832
Mcnemar's Test P-Value : <2e-16
           Sensitivity: 0.5881
           Specificity: 0.6290
        Pos Pred Value: 0.7937
        Neg Pred Value: 0.3861
            Prevalence: 0.7082
        Detection Rate: 0.4165
```

'Positive' Class : TRUE

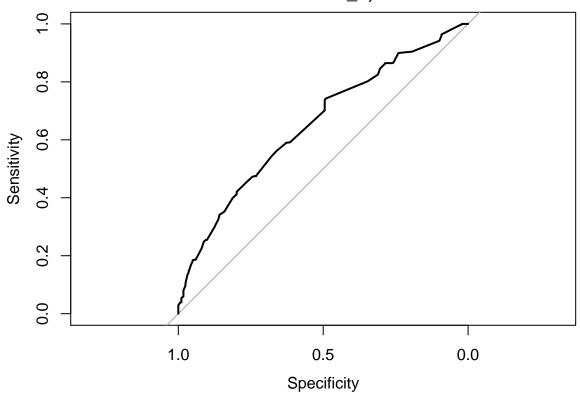
Detection Prevalence : 0.5247 Balanced Accuracy : 0.6085 I've run a few other options, too, and the results are summarized below.

Cutpoint	Sensitivity	Specificity	Sens + Spec
0.5	0.996	0.028	1.024
0.6	0.863	0.286	1.149
0.7	0.588	0.629	1.217
0.8	0.325	0.862	1.187
0.9	0.060	0.982	1.042

So it seems like 0.7 might be a reasonable decision rule here if we care equally about sensitivity and specificity.

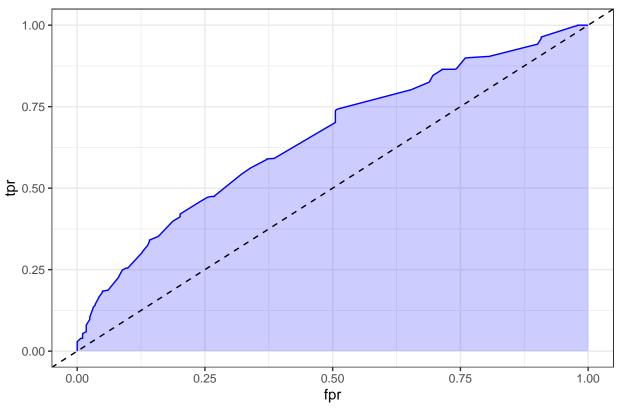
Plotting the ROC curve for model_2: A Simple Strategy using the pROC package

ROC curve for model_2, AUC = 0.653



Plotting the ROC curve for model_2: Using the ROCR package

ROC Curve for model_2, AUC=0.653



model_3: An augmented model

We'll add a spline with four knots in ejecfrac and an interaction between the main effect of ejecfrac and stent. When fitting this model, I will always do most of the work using 1rm.

Logistic Regression Model

```
lrm(formula = abcix ~ rcs(ejecfrac, 4) + stent + ejecfrac %ia%
    stent + ves_fix, data = lind_new, x = TRUE, y = TRUE)
```

		Model Lik	elihood	Discrim	ination	Rank Di	iscrim.
		Ratio Test		Indexes		Indexes	
0bs	970	LR chi2	67.75	R2	0.096	C	0.656
0	283	d.f.	7	g	0.721	Dxy	0.312
1	687	Pr(> chi2)	<0.0001	gr	2.056	gamma	0.325
max deriv	1e-09			gp	0.133	tau-a	0.129
				Brier	0.193		

```
Coef
                                Wald Z Pr(>|Z|)
                         S.E.
                                       0.7281
Intercept
                  0.3014 0.8670 0.35
ejecfrac
                  0.0034 0.0214 0.16
                                       0.8750
ejecfrac'
                 -0.0112 0.0278 -0.40
                                       0.6869
ejecfrac''
                 -0.1226 0.4102 -0.30
                                      0.7650
stent
                  1.4846 0.8223 1.81
                                       0.0710
ejecfrac * stent -0.0173 0.0156 -1.11
                                       0.2665
ves fix=Mid
                  0.8110 0.1837
                                4.41
                                       <0.0001
ves_fix=High
                  1.7934 0.4807 3.73 0.0002
```

Summarizing the Effect Sizes

```
summary(model_3)
```

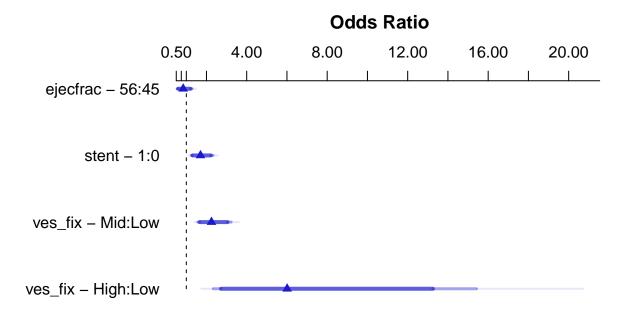
Effects	S]	Response	: abcix		
Factor	Low	High	Diff	Fffect	SF	Lower 0.95	Unner 0 95
ejecfrac	45	56	11			-0.58990	0.25191
Odds Ratio	45	56	11	0.84451	NA	0.55438	1.28650
stent	0	1	1	0.53330	0.15889	0.22187	0.84472
Odds Ratio	0	1	1	1.70450	NA	1.24840	2.32730
<pre>ves_fix - Mid:Low</pre>	1	2	NA	0.81101	0.18372	0.45092	1.17110
Odds Ratio	1	2	NA	2.25020	NA	1.56980	3.22560
<pre>ves_fix - High:Low</pre>	1	3	NA	1.79340	0.48073	0.85114	2.73560
Odds Ratio	1	3	NA	6.00960	NA	2.34230	15.41900

Adjusted to: ejecfrac=55 stent=0

Interpreting those results, we see that in model_3...

- If we have two subjects, each with stent = 0 and the same status for ves_fix, but Harry has an ejection fraction of 56, while Larry's is 45, then Harry is predicted to have 0.845 times the odds of being treated with abcix that Larry does. The 95% CI for the odds ratio is (0.554, 1.287).
 - Note that because of the interaction term between stent and ejecfrac, we have to look at the bottom to see which value of stent we're adjusting the results to in order to interpret the ejecfrac odds ratio.
- If we have two subjects each with ejecfrac = 55, but Harry has a stent and Barry does not, then Harry is predicted to have 1.70 times the odds of being treated with about that Barry does. The 95% CI for the odds ratio is (1.25, 2.33).
 - Again, because of the interaction between stent and ejecfrac, we cannot interpret the stent effect until we specify the level of ejecfrac, which we read off from the "Adjusted to:" section of
- If we have two subjects with the same values of ejecfrac and the same stent status, then having Middle ves_fix is associated with 2.25 times the odds of abcix treatment as compared to Low ves_fix, with 95% CI (1.57, 3.23) for the odds ratio.
 - Since ves_fix is not included in a product term with the other variables, we can simply assume those other variables are the same, and do not, for instance, have to assume they are exactly equal to the values in the Adjusted to section.
- Finally, if we have two subjects with the same values of ejecfrac and the same stent status, then having High ves_fix is associated with 6.01 times the odds of abcix treatment as compared to Low ves_fix, with 95% CI (2.34, 15.42) for the odds ratio.

Here is the plot of those effect size results...



Adjusted to:ejecfrac=55 stent=0

ANOVA for model_3

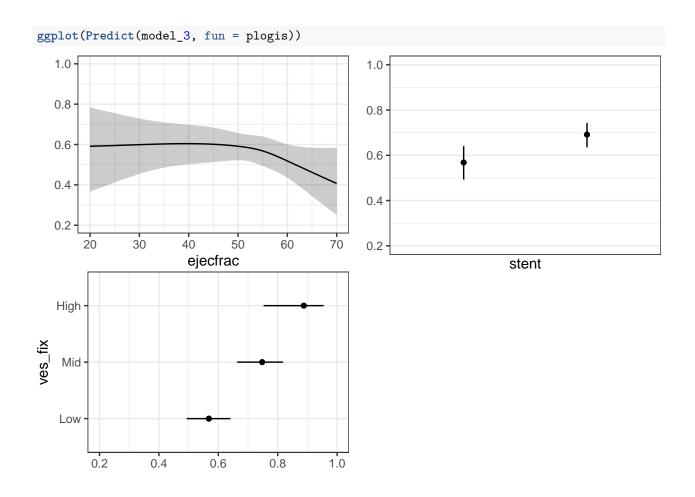
Here's the ANOVA table for $model_3$. It doesn't appear that the non-linear + interaction terms added statistically detectable predictive value.

anova(model_3)

Wald Statistics Respon	nse: abcix		
Factor	Chi-Square	d.f.	P
ejecfrac (Factor+Higher Order Factors)	15.37	4	0.0040
All Interactions	1.23	1	0.2665
Nonlinear	2.81	2	0.2449
stent (Factor+Higher Order Factors)	16.21	2	0.0003
All Interactions	1.23	1	0.2665
ejecfrac * stent (Factor+Higher Order Factors	s) 1.23	1	0.2665
ves_fix	31.04	2	<.0001
TOTAL NONLINEAR + INTERACTION	4.44	3	0.2181
TOTAL	57.63	7	<.0001

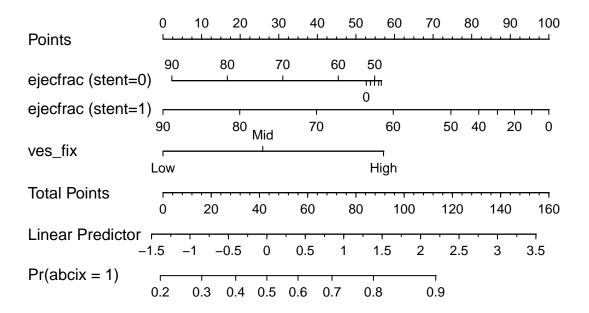
Plotting the Predicted Values and Confidence Limits at Each Coefficient

The predicted values and confidence limits at each level of ejecfrac, stent and ves_fix implied by model_3 are of some interest. I like to plot these in terms of the probabilities of experiencing our outcome (treatment with abcix) so I use the fun = plogis code below to help with that.



The Nomogram for model_3

```
plot(nomogram(model_3, fun = plogis, funlabel = "Pr(abcix = 1)"))
```



Validation of model_3 summary statistics

```
set.seed(432)
validate(model_3, B = 100)
```

	index.orig	training	test	optimism	<pre>index.corrected</pre>	n
Dxy	0.3123	0.3282	0.3060	0.0221	0.2901	100
R2	0.0962	0.1068	0.0883	0.0184	0.0778	100
Intercept	0.0000	0.0000	0.0750	-0.0750	0.0750	100
Slope	1.0000	1.0000	0.8979	0.1021	0.8979	100
Emax	0.0000	0.0000	0.0370	0.0370	0.0370	100
D	0.0688	0.0768	0.0629	0.0139	0.0549	100
U	-0.0021	-0.0021	0.0011	-0.0032	0.0011	100
Q	0.0709	0.0789	0.0618	0.0171	0.0538	100
В	0.1929	0.1907	0.1943	-0.0037	0.1965	100
g	0.7207	0.7715	0.6806	0.0910	0.6298	100
gp	0.1331	0.1377	0.1253	0.0123	0.1208	100

- Our validated C statistic is 0.5 + (0.2901/2) = 0.645
- Our validated Nagelkerke R-square is 0.078.

Make a prediction from model_3

Suppose we have a subject named Harry with ejecfrac = 60%, with a stent and a High ves_fix . What is that subject's predicted probability of being treated with abcix?

Since we have a spline here and an interaction term using that spline, we will need to use the ols model to fit our prediction, and that requires the approach below.

```
harry <- tibble(ejecfrac = 60, stent = 1, ves_fix = "High")
predict(model_3, newdata = harry, type = "fitted")

1
0.910042</pre>
```

Run model_3 with glm to get some other pieces

```
model_3glm <- lind_new %$%
   glm(abcix ~ rcs(ejecfrac, 4) + stent + ejecfrac %ia% stent + ves_fix,
   family = binomial)</pre>
```

Confusion Matrix for model_3glm

What are the predicted probabilities of abcix = 1 that we get from model_3glm?

```
model_3glm_aug <- augment(model_3glm, type.predict = "response")
summary(model_3glm_aug$.fitted)</pre>
```

```
Min. 1st Qu. Median Mean 3rd Qu. Max. 0.2057 0.6043 0.7199 0.7082 0.7911 0.9594
```

Let's build a confusion matrix with decision rule "we predict that the subject received abcix if the predicted probability that (abcix = 1) is greater than or equal to 0.5"

```
model_3glm_aug %%%
  confusionMatrix(
    data = factor(.fitted >= 0.9),
    reference = factor(abcix == 1),
    positive = "TRUE"
)
```

Confusion Matrix and Statistics

```
Reference
Prediction FALSE TRUE
    FALSE
            279
                 650
     TRUE
               4
                   37
               Accuracy: 0.3258
                 95% CI: (0.2963, 0.3563)
   No Information Rate : 0.7082
   P-Value [Acc > NIR] : 1
                  Kappa: 0.0238
Mcnemar's Test P-Value : <2e-16
            Sensitivity: 0.05386
            Specificity: 0.98587
```

Pos Pred Value: 0.90244

Neg Pred Value : 0.30032 Prevalence : 0.70825 Detection Rate : 0.03814 Detection Prevalence : 0.04227 Balanced Accuracy : 0.51986

'Positive' Class : TRUE

Comparing Decision Rules

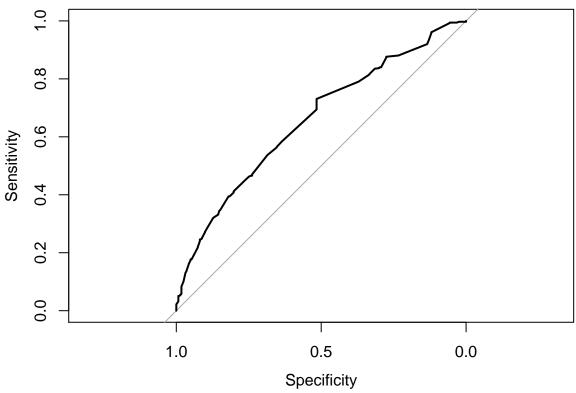
Results from trying varying cutpoints in model_3glm prediction follow:

Cutpoint	Sensitivity	Specificity	Sens + Spec
0.5	0.993	0.056	1.049
0.6	0.836	0.311	1.147
0.7	0.583	0.636	1.219
0.8	0.250	0.912	1.162
0.9	0.054	0.986	1.040

So it again seems like 0.7 might be a reasonable decision rule here if we care equally about sensitivity and specificity.

Plotting the ROC curve for model_3glm: A Simple Strategy using the pROC package





Note that this matches the value produced by the 1rm package for model 3. This plots the original ROC curve, not the results after validation.

Plotting the ROC curve for model_3glm: Using the ROCR package

