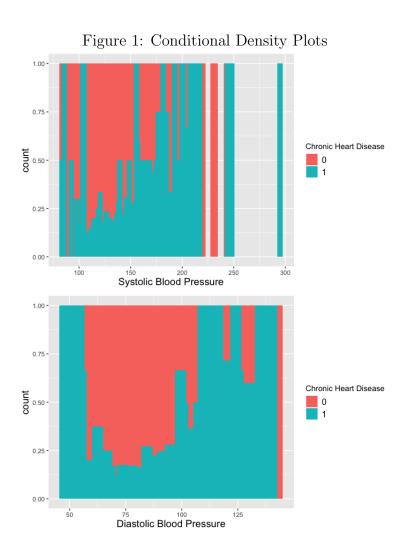
## Short HW #2

## $\begin{array}{c} {\rm Bennett\ Hellman} \\ 15.072 \text{ - Advanced\ Analytics\ Edge} \\ {\rm MIT} \end{array}$

October 8, 2021



## 1. (a) i.

ii. When looking at the middle ranges of blood pressures, larger values are associated with more occurrences of chronic heart disease. Additionally, both the lowest and highest values for each blood pressure is associated with a relative increase in proportion of those with chronic heart disease.

(b) i. The raw coefficients are the associated effect of a one-unit increase in a specific variable in terms of a change in log odds of having chronic heart disease. In order to calculate the change in probability, one would need to calculate  $\Delta p_i = \frac{\exp(\beta_i \times \Delta x_i)}{1+\exp(\beta_i \times \Delta x_i)}$ . The one unit increase interpretation is simple for continuous variables. For indicator variables, such as male, the estimate is associated with being in that category (e.g. being a male).

Figure 2: Saturated Logit Model Coefficients

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Coefficients:					
	Estimate	Std. Error	z value	Pr(> z )	
(Intercept)	-8.324218	0.706554	-11.781	< 2e-16	***
male1	0.534965	0.109901	4.868	1.13e-06	***
age	0.062229	0.006756	9.211	< 2e-16	***
educationHigh school/GED	-0.132187	0.177604	-0.744	0.45671	
educationSome college/vocational schoo	1 -0.136310	0.197512	-0.690	0.49011	
educationSome high school	0.059625	0.164620	0.362	0.71720	
currentSmoker1	0.073036	0.156749	0.466	0.64126	
cigsPerDay	0.018005	0.006234	2.888	0.00387	**
BPMeds1	0.165206	0.234484	0.705	0.48109	
prevalentStroke1	0.704867	0.491479	1.434	0.15152	
prevalentHyp1	0.233424	0.138202	1.689	0.09122	
diabetes1	0.025920	0.316132	0.082	0.93465	
totChol	0.002377	0.001129	2.105	0.03527	*
sysBP	0.015456	0.003812	4.054	5.03e-05	***
diaBP	-0.004121	0.006444	-0.640	0.52247	
BMI	0.005215	0.012786	0.408	0.68338	
heartRate	-0.003004	0.004213	-0.713	0.47592	
glucose	0.007216	0.002234	3.229	0.00124	**

(c) i. 5 Fold Cross Validation:

Computational Time = 3.629 s

Outputs: Figure 3 Selected  $\lambda = 0.0074$ Coefficients: Figure 4

ii. 10 Fold Cross Validation:

Computational Time = 5.366 s

Outputs: Figure 5 Selected  $\lambda = 0.0033$ Coefficients: Figure 6

iii. Leave-out-one Cross Validation:

Computational Time = 858.748 s

Outputs: Figure 7 Selected  $\lambda = 0.0048$ Coefficients: Figure 8

Figure 3: 5 Fold CV  $\lambda$ 

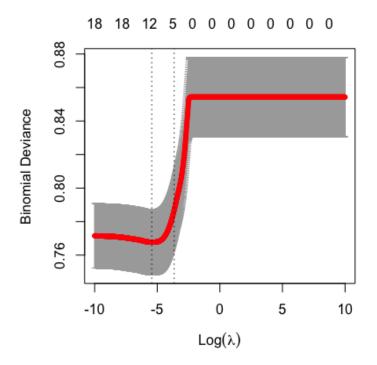


Figure 4: 5 Fold CV Coefficients

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(Intercept)	-3.444853023
male0	
male1	
age	0.022844842
educationHigh school/GED	
educationSome college/vocational school	
educationSome high school	
currentSmoker1	
cigsPerDay	
BPMeds1	
prevalentStroke1	
prevalentHyp1	
diabetes1	
totChol	
sysBP	0.004360719
diaBP	
BMI	
heartRate	
glucose	

Figure 5: 10 Fold CV  $\lambda$ 

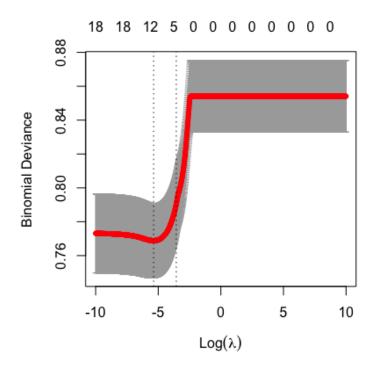


Figure 6: 10 Fold CV Coefficients

(Intercept)	-5.056235e+00
male0	-5.832977e-02
male1	8.346919e-16
age	3.980607e-02
educationHigh school/GED	
educationSome college/vocational school	
educationSome high school	
currentSmoker1	
cigsPerDay	
BPMeds1	
prevalentStroke1	
prevalentHyp1	3.701117e-02
diabetes1	
totChol	
sysBP	9.190603e-03
diaBP	
BMI	
heartRate	
glucose	1.211505e-03

Figure 7: Leave-Out-One CV  $\lambda$ 

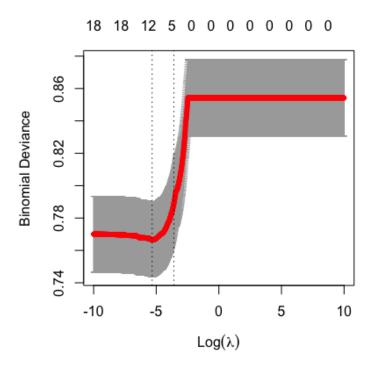
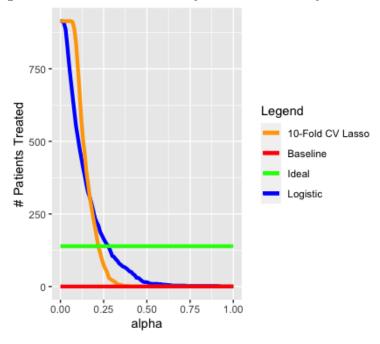


Figure 8: Leave Out One CV Coefficients

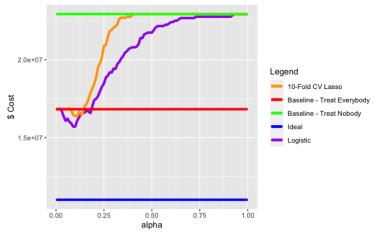
1 Iguie of Ecuve Out One CV Coc	1110101100
(Intercept)	-5.180587326
male0	-0.092590157
male1	
age	0.041157927
educationHigh school/GED	
educationSome college/vocational school	
educationSome high school	
currentSmoker1	
cigsPerDay	
BPMeds1	
prevalentStroke1	
prevalentHyp1	0.053178011
diabetes1	
totChol	
sysBP	0.009414093
diaBP	
BMI	
heartRate	
glucose	0.001636845
	· ·

Figure 9: Patients Treated by CHD Probability Threshold



(d) i.

Figure 10: Model's Cost Curve by CHD Probability Threshold



ii.

1.00 -0.75 True Positive Rate Legend 10-Fold CV Lasso 0.50 Baseline Ideal Logistic 0.25 0.00 0.00 0.25 0.50 0.75 1.00

False Positive Rate

Figure 11: Model ROC Curves

iii.

iv. Logistic Regression AUC = 0.7510-Fold CV AUC = 0.72Baseline AUC = 0.5Ideal AUC = 1

For Figure 9, our 10-fold cross-validated lasso model predicts the most patients needing to be treated for lower thresholds but eventually predicts less than a logistic regression. Both models predict the correct number, but not necessarily the correct patients, around  $\alpha = .25$ .

Figure 10 demonstrates that both our lasso and logistic models cost more than they ideally should. However, for lower thresholds they cost less than treating everybody and for most thresholds cost less than treating nobody. For every threshold, lasso outperforms logistic regression in terms of expected

Conversely, logistic regression proves to be superior when examining the ROC curve and AUC.

Based on these figures, no single model proves to be definitively superior. Recommendations should be made based on the stakeholder's preferences and priorities in terms of cost, patients treated, and accuracy.