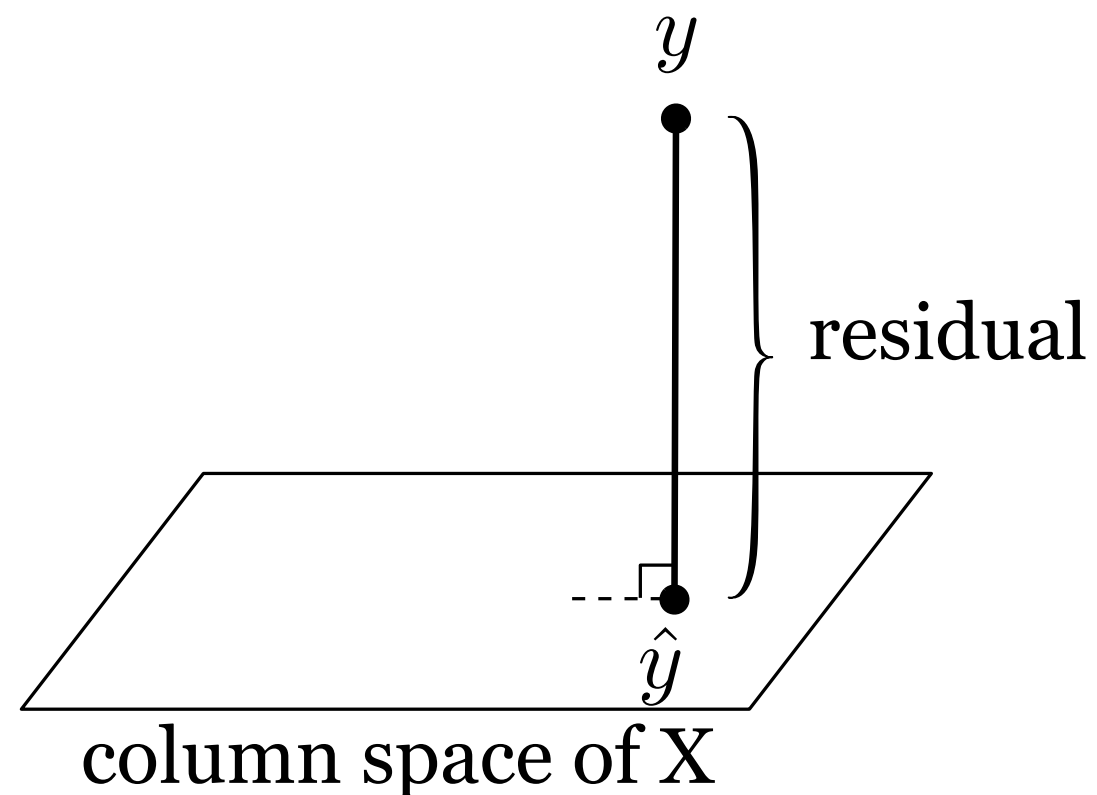


# CS109/Stat121/AC209/E-109

## Data Science

### Regression Continued

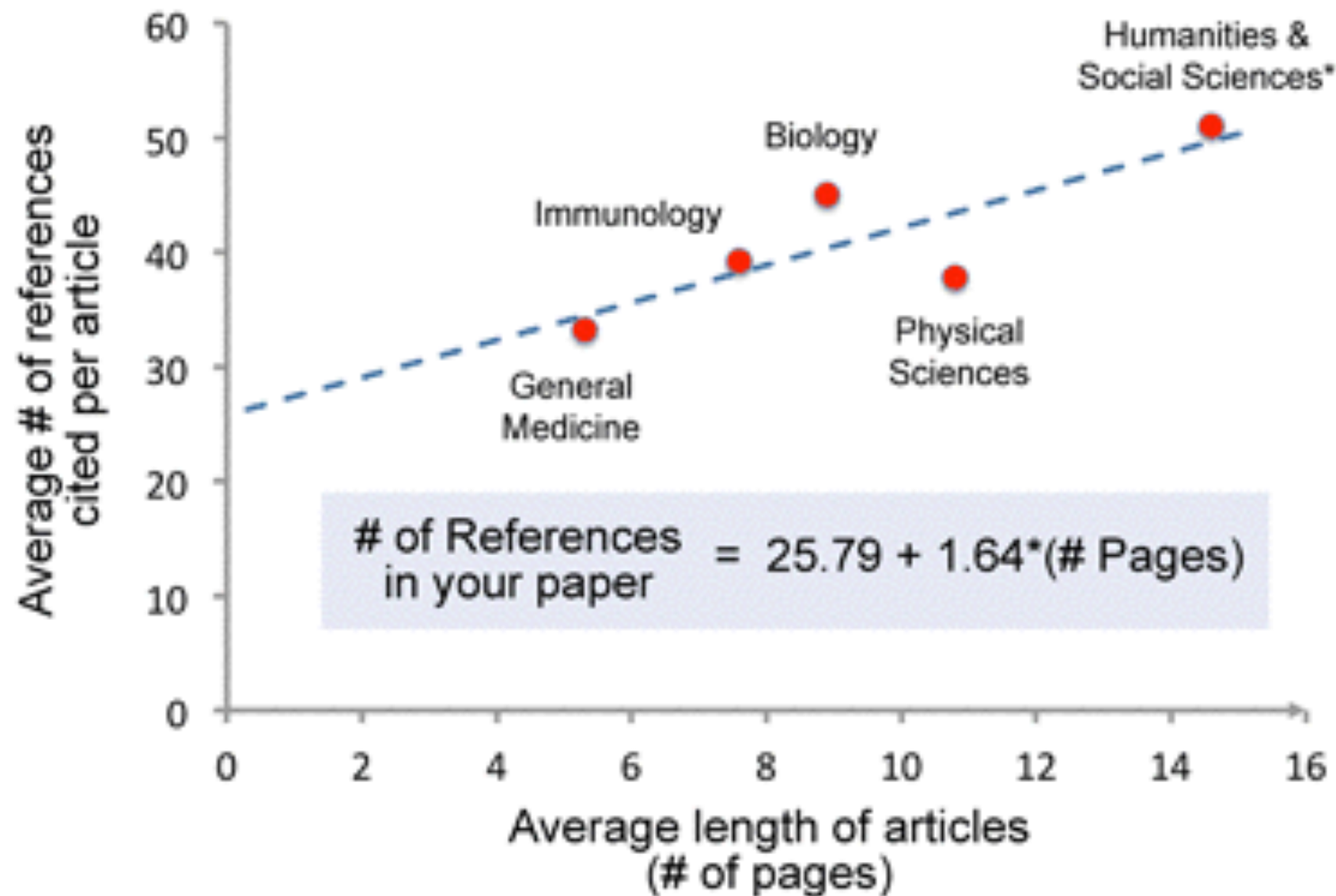
Hanspeter Pfister, Joe Blitzstein, and Verena Kaynig



# This Week

- HW2 due next Thursday (Oct 8) at 11:59 pm (Eastern Time)
- See updated Piazza posting guidelines (pinned note) and follow the format described there

# Need more References?



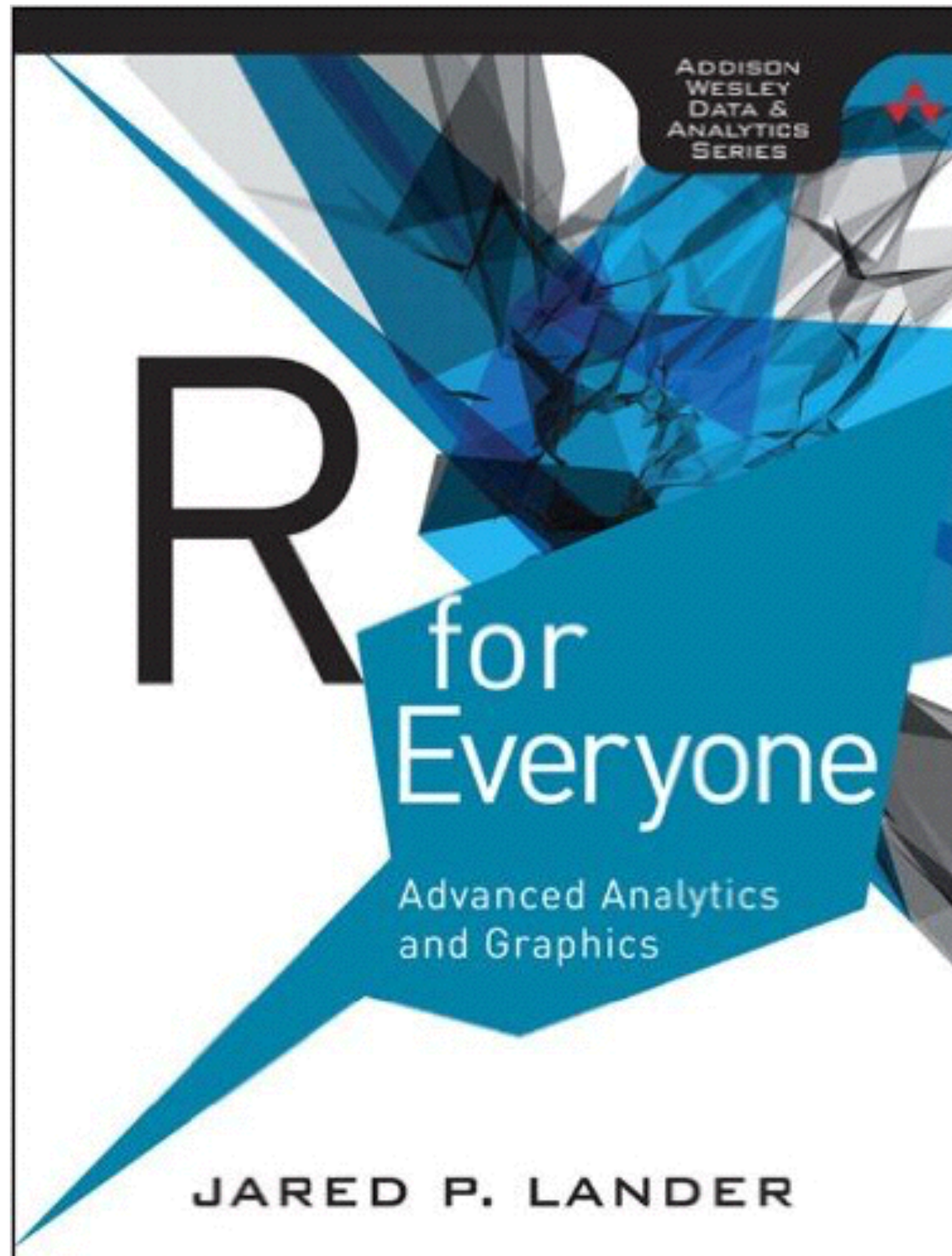
Sources: Abt, H. A. and Garfield, E. J. Am. Soc. for Info. Science & Tech. 53(13):1106-1112, Nov. 2002; Halevi, G. Res. Trends (32), March 2013; Beck, M., beckmw.wordpress.com July 2014. Humanities data estimated. Based on 1000-word pages.

JORGE CHAM © 2015

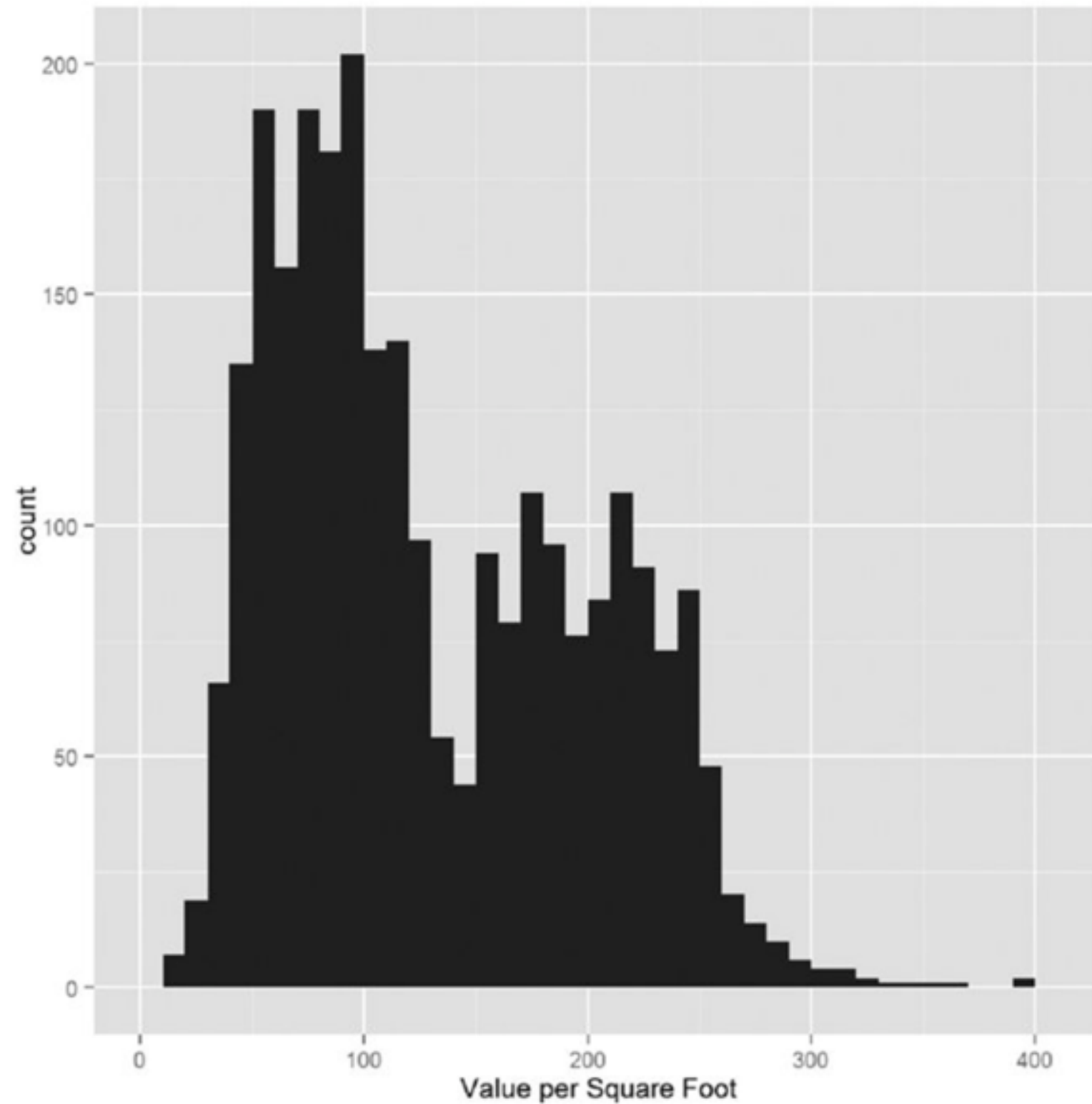
WWW.PHDCOMICS.COM

<http://www.phdcomics.com/comics.php?f=1823>

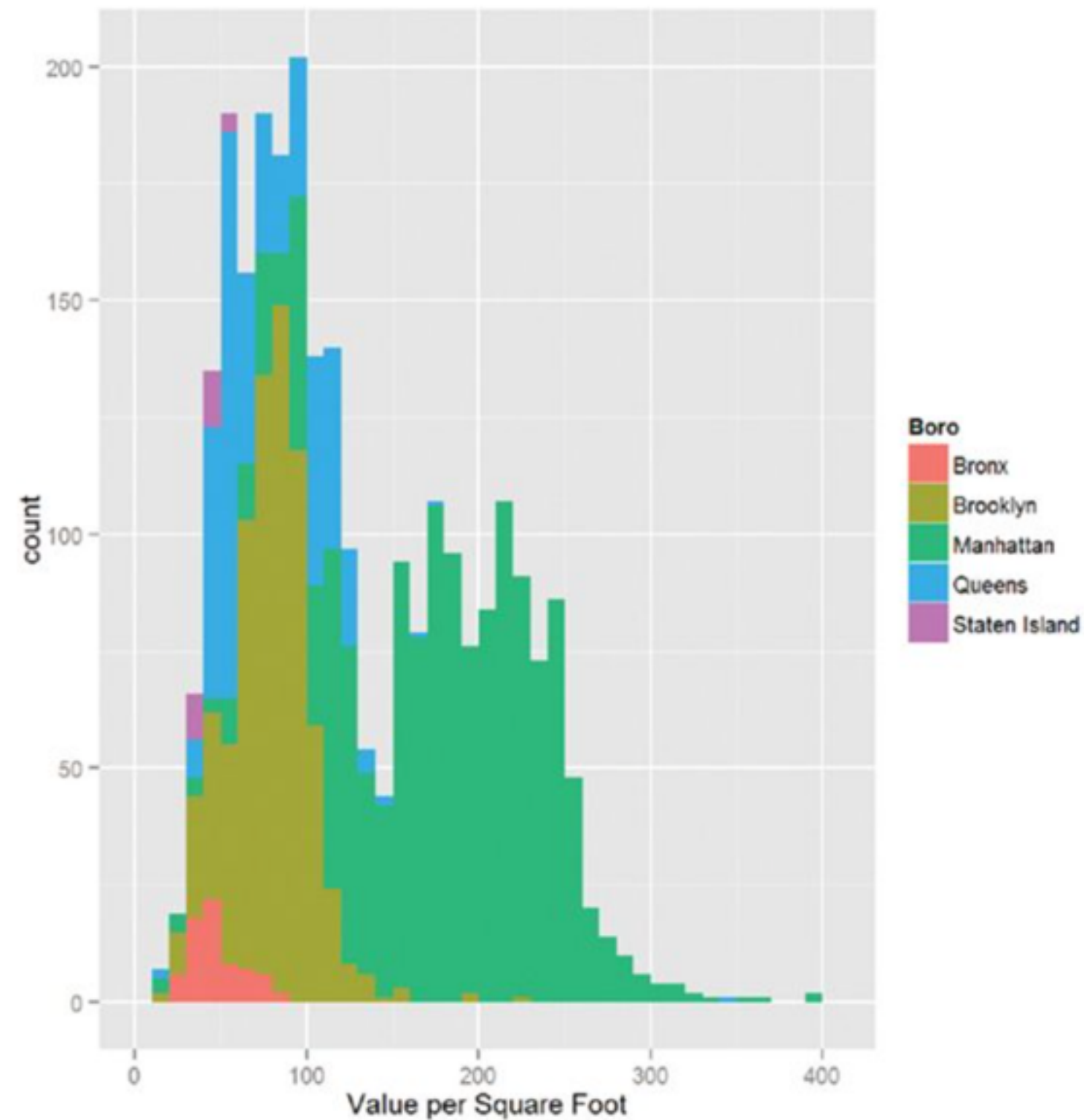
# NYC Housing Example



# NYC Housing Example



# NYC Housing Example



# NYC Housing Example

- Response variable ( $y$ ): price per square foot
- Predictor variables ( $x$ 's): number of units in complex, number of square feet, borough indicators
- Try linear regression; it may help to take logs of some of the continuous variables first

It's perfectly Ok for the predictor variables  $X$  to be discrete variables, it's important to make sure the response variable  $Y$  is continuous non-binary.

# NYC Housing Example

What matters more is what're the interpretation of the parameters and how large are the effects

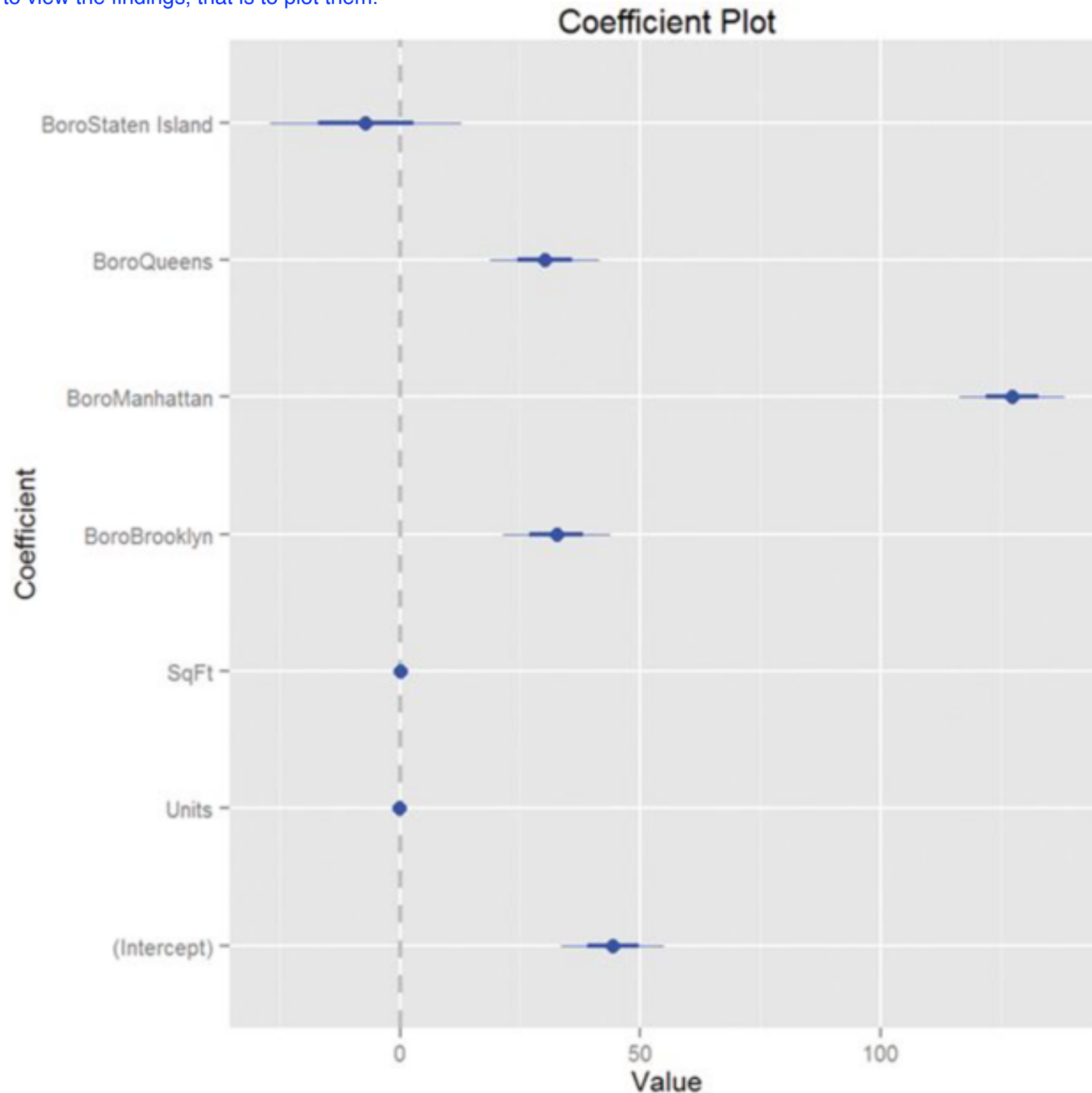
Coefficients:

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	4.430e+01	5.342e+00	8.293	<2e-16
***				
Units	-1.532e-01	2.421e-02	-6.330	2.88e-10
***				
SqFt	2.070e-04	2.129e-05	9.723	< 2e-16
***				
BoroBrooklyn	3.258e+01	5.561e+00	5.858	5.28e-09
***				
BoroManhattan	1.274e+02	5.459e+00	23.343	< 2e-16
***				
BoroQueens	3.011e+01	5.711e+00	5.272	1.46e-07
***				
BoroStaten Island	-7.114e+00	1.001e+01	-0.711	0.477
---				

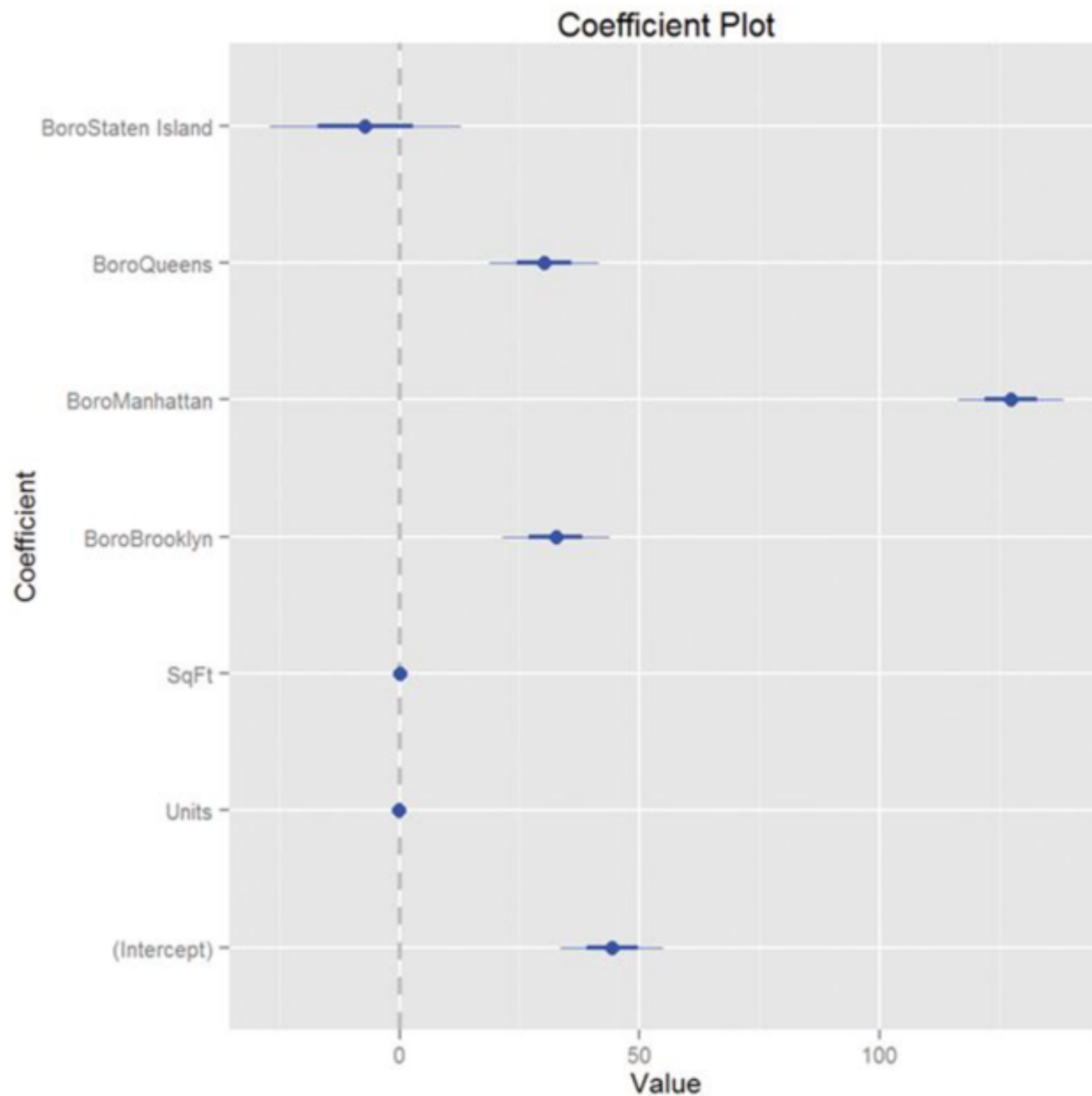


# NYC Housing Example

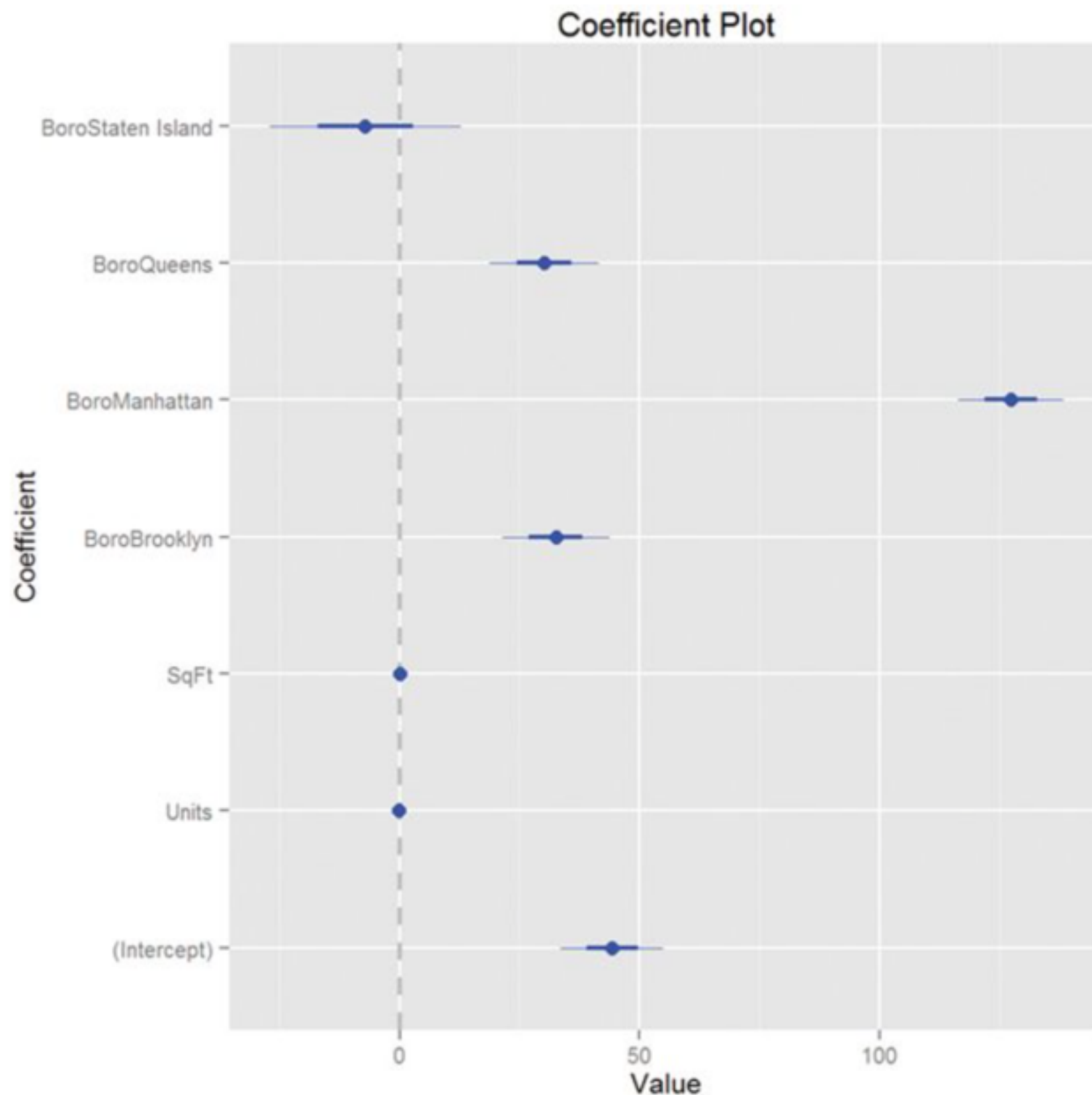
This is a much better way to view the findings, that is to plot them.



Point estimate surrounded by an error bar = estimations of probability.



Where did the Bronx go?  
Why are SqFT and Units so close to 0?



Why are SqFT and Units so close to 0?  
Where did the Bronx go?

There is an effect for each square foot but because of the scale, the movement in price is small per each square foot rather than the scale of the plot showing 50sq+ increments.

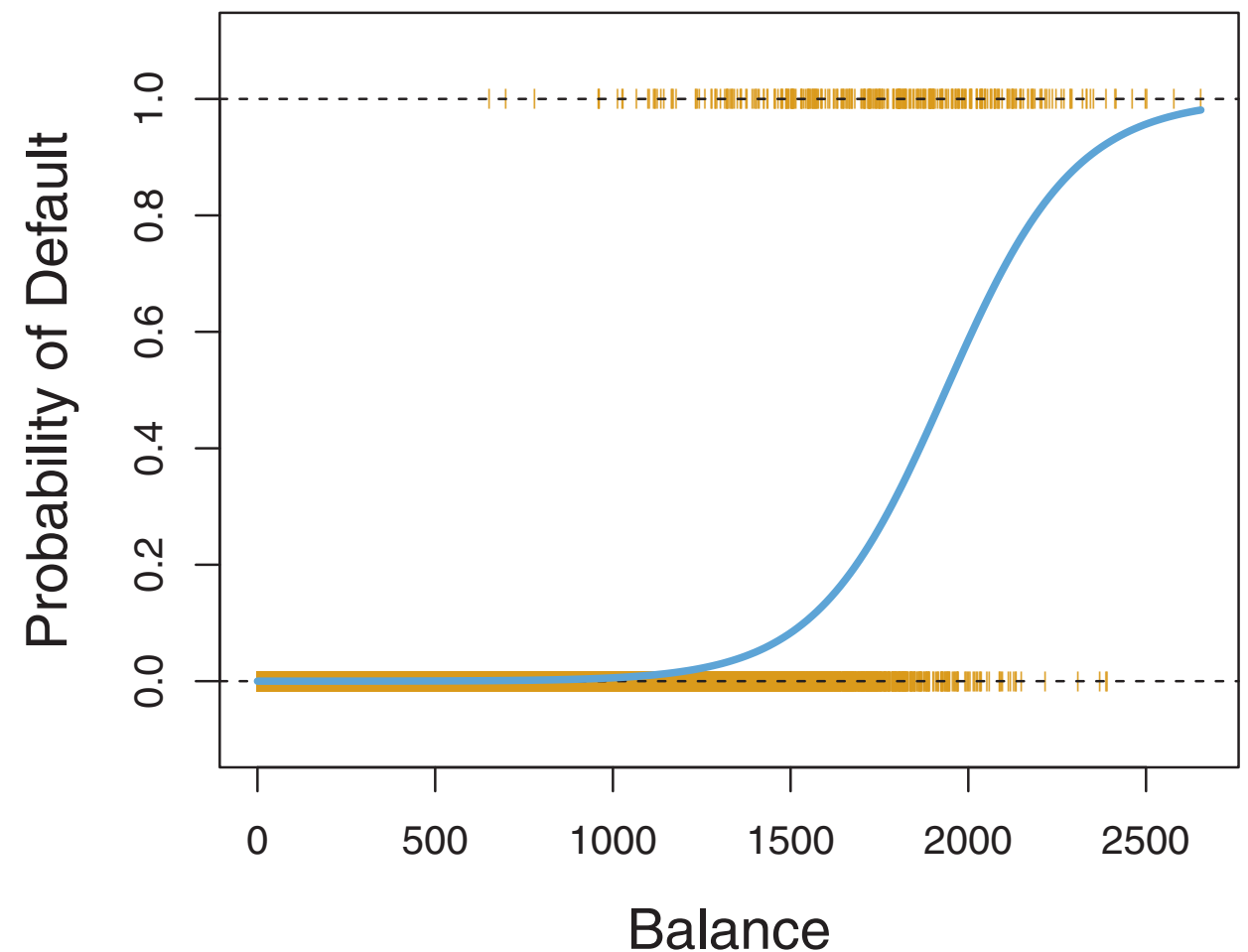
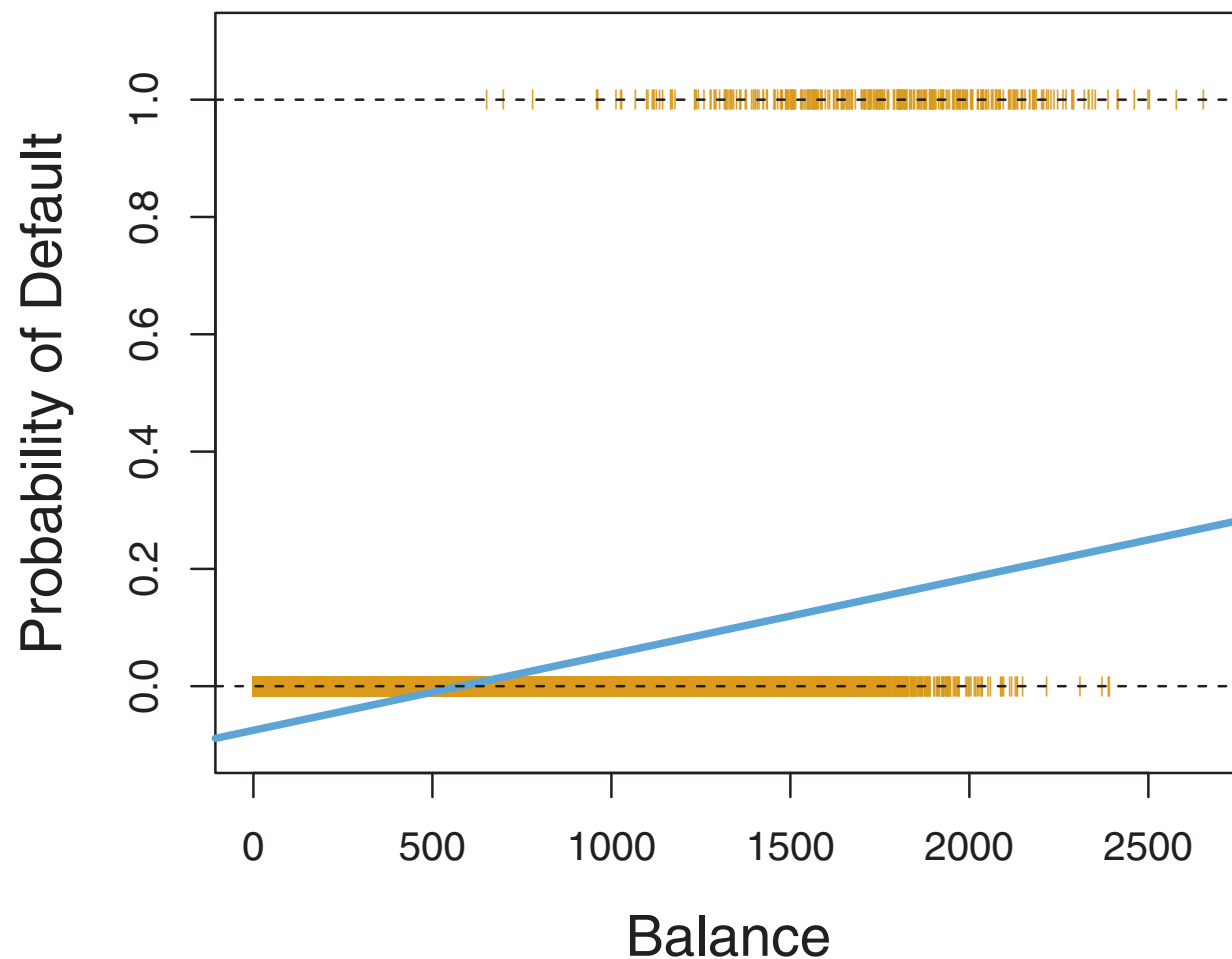
Standardization would've been another route where you rescale/center the variables where they have a mean of 0 and a standard deviation of 1.

Lander, R for Everyone; NYC Open Data

# Collinearity

- Should avoid having predictor variables that are highly correlated with each other (collinearity results in instability, high variances in estimates, and worse interpretability)
- An extreme case of collinearity would be also including a Bronx indicator in the NYC Housing example. Instead, use one borough as a baseline.

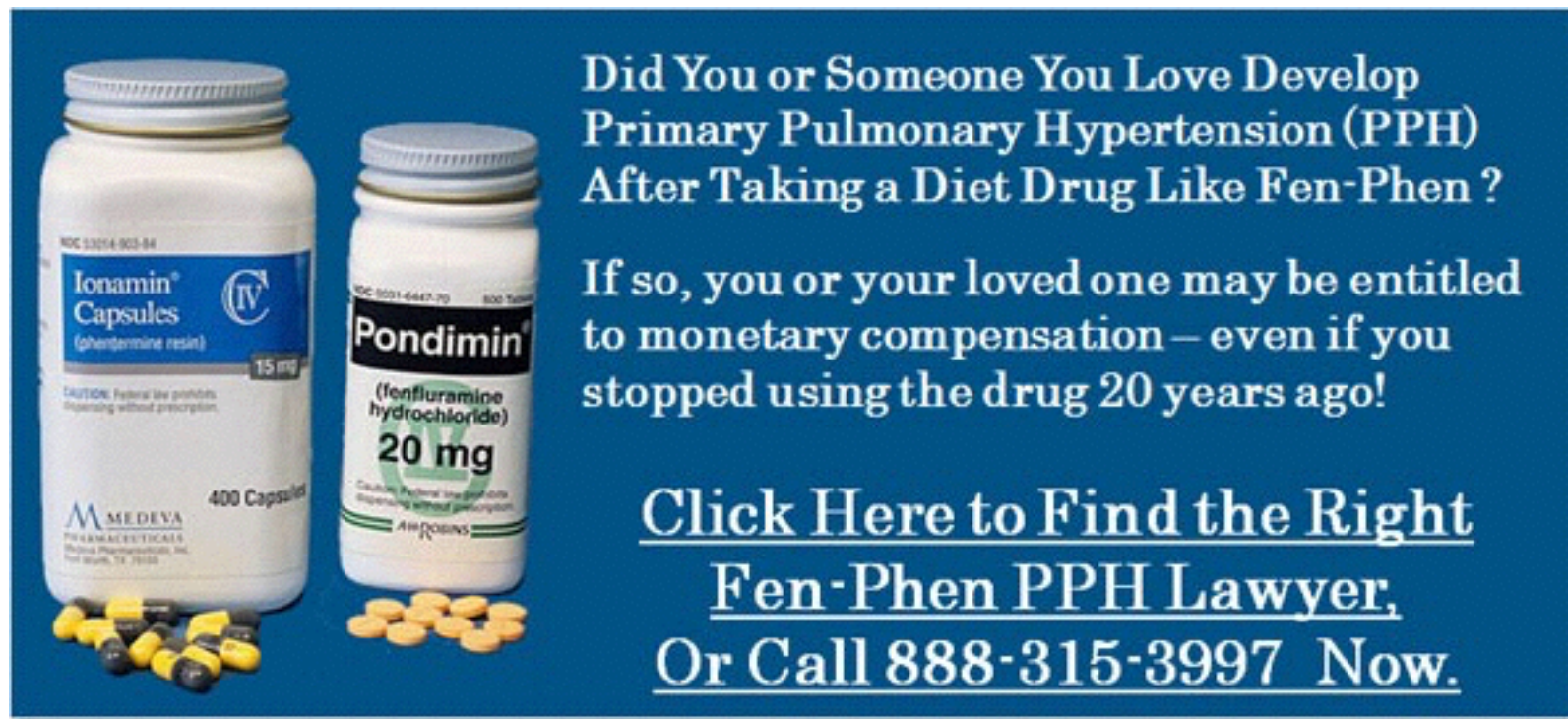
# Predicting a Binary Response



source: Introduction to Statistical Learning, James, Witten, Hastie, Tibshirani, <http://www-bcf.usc.edu/~gareth/ISL/>

# Fen-Phen Case Study

On July 8, 1997 Mayo Clinic investigators described 24 cases of valvular heart disease in patients taking the recently released appetite suppressant combination fen/phen (fenfluramine plus phentermine). The FDA issued an advisory to encourage reporting of similar cases.



The advertisement features two white plastic bottles of diet pills on a dark blue background. The bottle on the left is labeled 'Ionamin Capsules (phentermine resin) 15 mg' and '400 Capsules' by 'MEDEVA PHARMACEUTICALS'. The bottle on the right is labeled 'Pondimin (fenfluramine hydrochloride) 20 mg' and '300 Tablets' by 'Allergens'. Spilled capsules and tablets are shown at the base of each bottle. To the right of the bottles, white text on the blue background reads: 'Did You or Someone You Love Develop Primary Pulmonary Hypertension (PPH) After Taking a Diet Drug Like Fen-Phen ?', 'If so, you or your loved one may be entitled to monetary compensation – even if you stopped using the drug 20 years ago!', and a call to action: 'Click Here to Find the Right Fen-Phen PPH Lawyer, Or Call 888-315-3997 Now.'

Did You or Someone You Love Develop  
Primary Pulmonary Hypertension (PPH)  
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Fen-Phen PPH Lawyer,  
Or Call 888-315-3997 Now.

# Strong Association?

Recall we obtained the following sample of patients in a follow-up study:

	Heart disease	No heart disease	Total
Fen/phen	53	180	233
Control	3	230	233

- So do you think there is strong association between heart disease and fen/phen usage?
- How would you defend your assertion scientifically?  
Can you just say “Well,  $53/3=17.7$  is very large to me”?

# How about this one then?

Now suppose that instead of heart disease, you wanted to test whether fen/phen increased the risk of a rare type of cancer. Using the same patients, you observe that:

	cancer	No cancer	Total
Fen/phen	1	232	233
Control	0	233	233

Is that the strongest evidence of association one can ever get, since  $1/0$  is infinite?



# Measures of Association:

## Odds Ratio

If someone's probability of experiencing an outcome is  $p$  ,  
then that person's *odds* of the outcome are  $p/(1-p)$

The *odds ratio* is the ratio of two different people's odds of some outcome. If people in group A have probability  $p_A$  of disease, and people in group B have probability  $p_B$ , then the odds ratio of group A vs. group B is

$$\text{Odds Ratio} = \frac{p_A}{1 - p_A} \bigg/ \frac{p_B}{1 - p_B} = \frac{(1 - p_B)p_A}{(1 - p_A)p_B}$$

# Crude Odds Ratio Estimate

The data in one study were as follows:

Aortic Regurgitation	Fen/phen			
		+	-	
	+	6	162	168
	-	13	2343	2356
		19	2505	2524

A crude estimate of the odds ratio is

$$\frac{6 \times 2343}{13 \times 162} = 6.7$$

[Palmieri V](#), [Arnett DK](#), [Roman MJ](#), [Liu JE](#), [Bella JN](#), [Oberman A](#), [Kitzman DW](#), [Hopkins PN](#), [Morgan D](#), [de Simone G](#), [Devereux RB](#). Appetite suppressants and valvular heart disease in a population-based sample: the HyperGEN study. Am J Med. 2002 Jun 15;112(9):710-5.

# What about confounding factors?

But what if there are confounding factors? For example, what if fen/phen users are more likely to be obese, and obesity increases the risk of heart disease?

We can set up a *logistic regression model* to predict a person's odds of heart disease, given the predictor variables.

We can also use this to *compare* fen/phen users vs. non-fen/phen users, controlling for the other predictors.

Then we can use the data to estimate the parameters, using Maximum Likelihood Estimation (MLE).

# Variables in the model

$$Y = \begin{cases} 1, & \text{if cardiac valve abnormality} \\ 0, & \text{if not} \end{cases}$$

$$X_{fen} = \begin{cases} 1, & \text{if taking fen/phen} \\ 0, & \text{if not} \end{cases}$$

$$X_{age} = \text{subject's age}$$

$$X_{sex} = \begin{cases} 1, & \text{male} \\ 0, & \text{if female} \end{cases}$$

(plus other  $X$ -variables...)

$$p = P(Y = 1 \mid X_{fen}, X_{age}, X_{sex}, \dots, X_k)$$

So, how is  $p$  related to all of these factors?

# A logistic regression model

$$\text{logit}(p) = \ln \left( \frac{p}{1-p} \right) = \beta_0 + \beta_{fen} X_{fen} + \beta_{age} X_{age} + \beta_{sex} X_{sex} + \cdots + \beta_k X_k$$

The parameters of the model (the  $\beta$ 's) are unknown, and are estimate from the data using MLE.

This gave 1.84 as an estimate for the fen/phen parameter. How can that be interpreted?

Two patients, A and B, are the same age, same gender, and similarly identical on all other variables. Patient A has taken fen/phén and Patient B has not. The model predicts that

$$\text{logit}(p_A) = \ln \left( \frac{p}{1-p} \right) = \beta_0 + \beta_{age}X_{age} + \beta_{sex}X_{sex} + \cdots + \beta_kX_k + \beta_{fen}X_{fen}$$

$$\text{logit}(p_B) = \ln \left( \frac{p}{1-p} \right) = \beta_0 + \beta_{age}X_{age} + \beta_{sex}X_{sex} + \cdots + \beta_kX_k$$

$$\beta_{fen} = \text{logit}(p_A) - \text{logit}(p_B) = \ln \left( \frac{\frac{p_A}{1-p_A}}{\frac{p_B}{1-p_B}} \right)$$

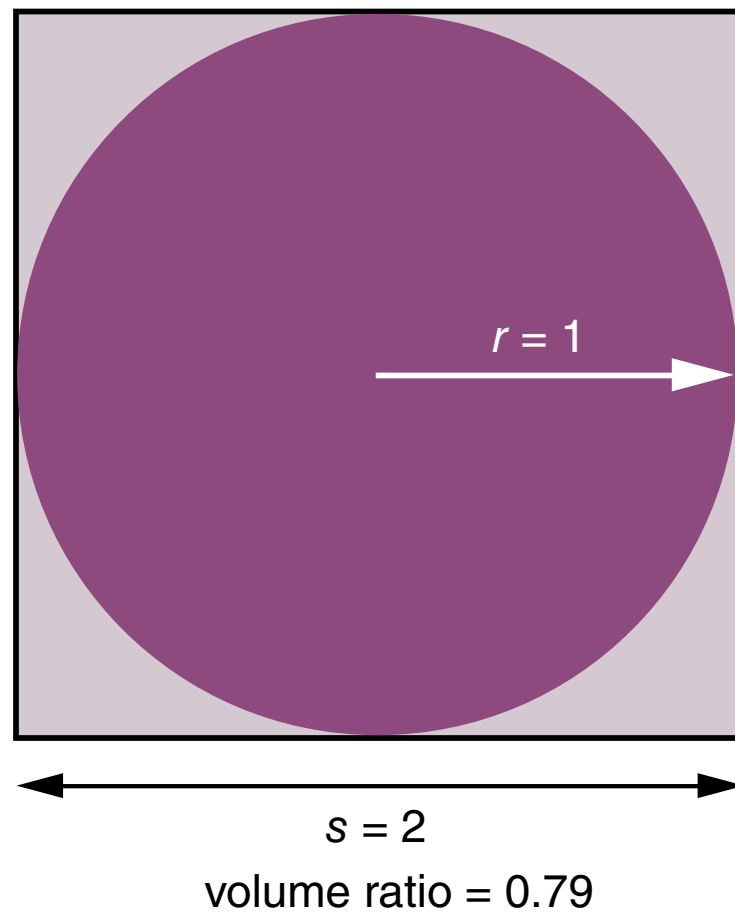
Using this model we can estimate an “adjusted” odds ratio that’s the odds ratio for two people with all other known factors held constant:

$$e^{\hat{\beta}_{fen}} = e^{1.84} \approx 6.3$$

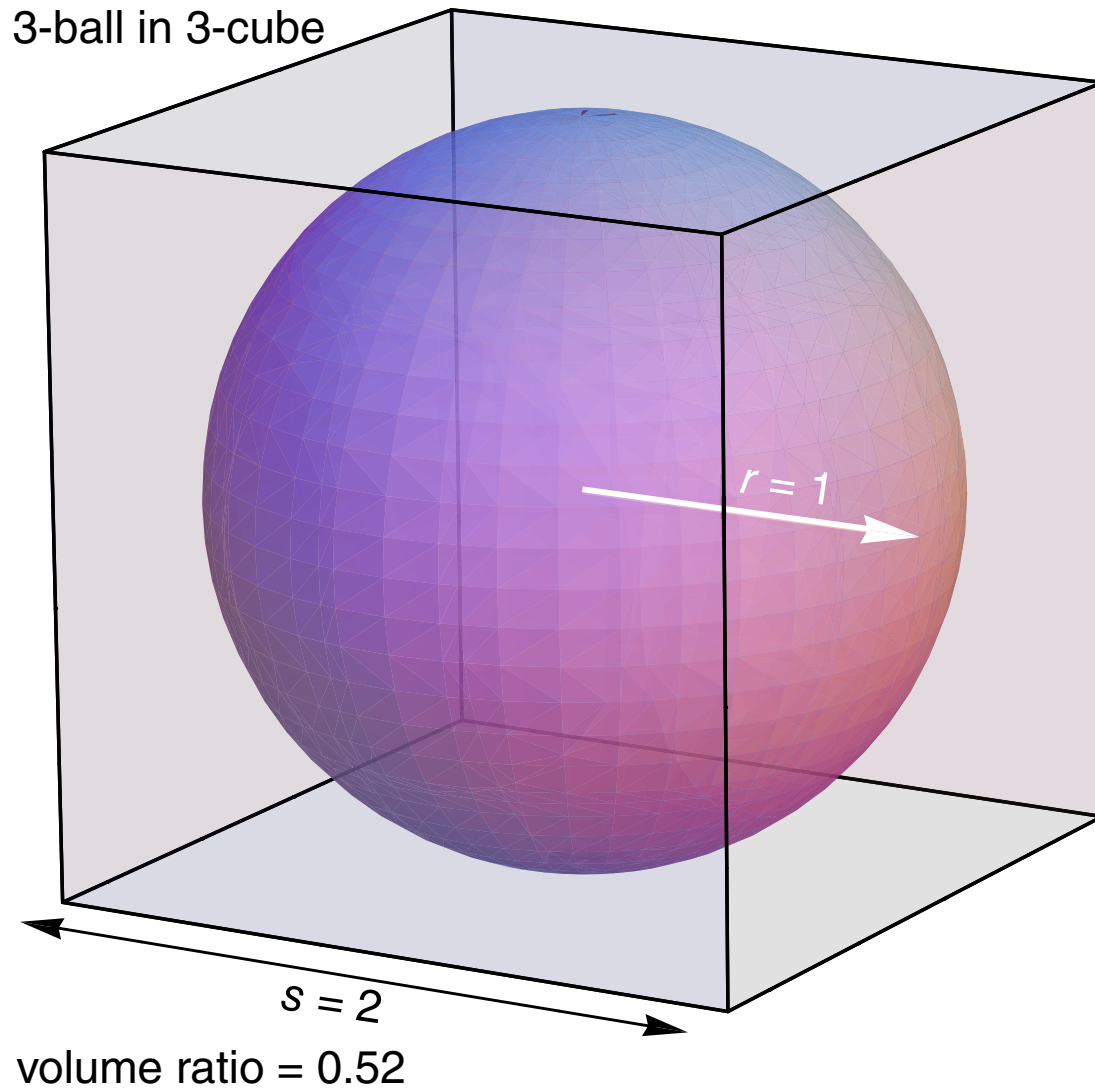
# Curse of Dimensionality

For a uniformly random point in a box with side length 2, what is the probability that the point is in the unit ball?

2-ball in 2-cube



3-ball in 3-cube



source: An Adventure in the nth Dimension, Brian Hayes, American Scientist 2011

# Curse of Dimensionality

For a uniformly random point in the box in  $d$  dimensions with length 2 in each dimension, what is the probability that the random vector is in the unit ball in  $d$  dimensions?

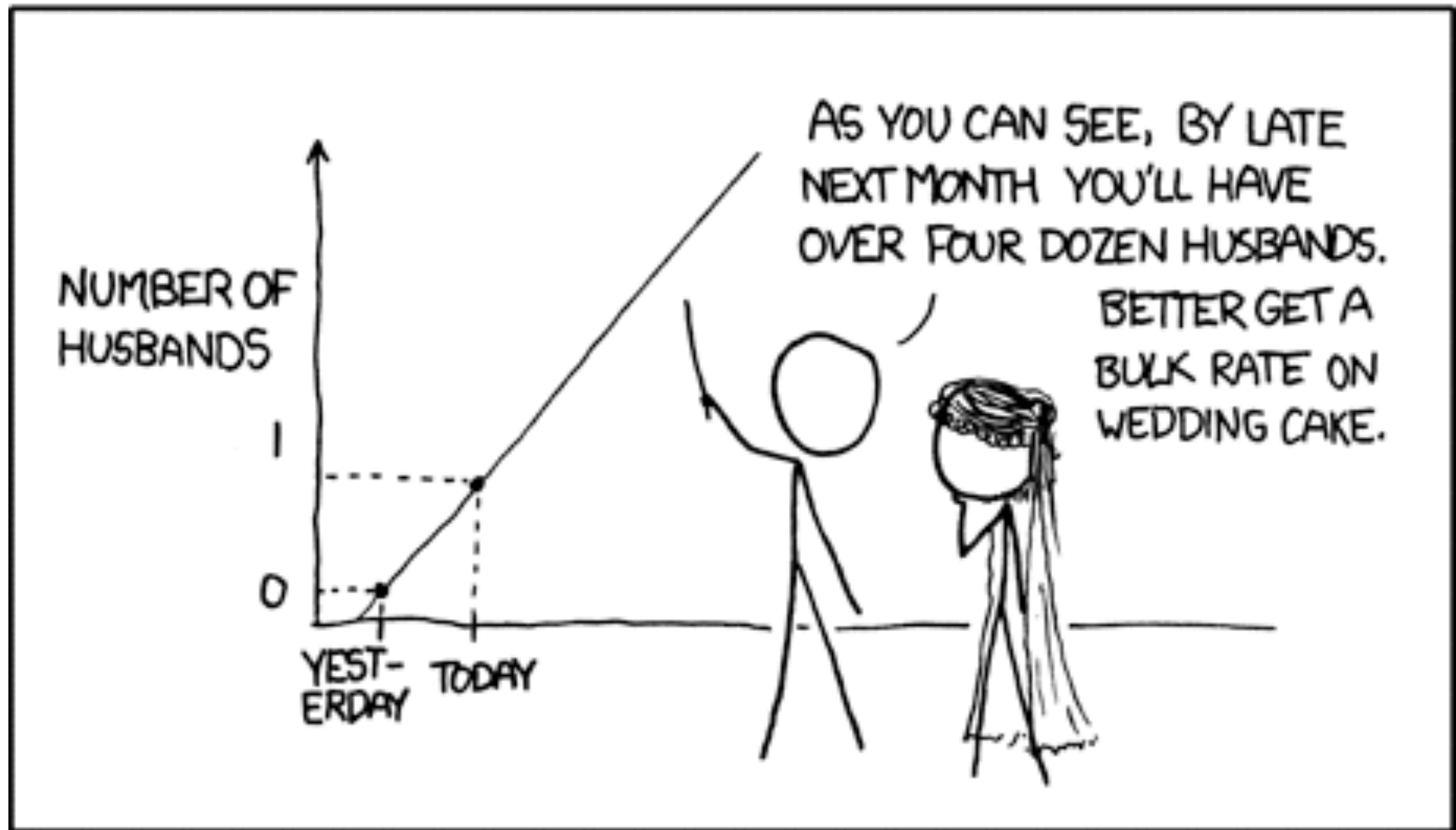
d	probability
2	0.79
3	0.52
6	0.08
10	0.002
15	0.00001
100	$1.87 \cdot 10^{-70}$

In many high-dimensional settings, the vast majority of data will be near the boundaries, not in the center.



# Interpolation vs. Extrapolation

MY HOBBY: EXTRAPOLATING



source: <https://xkcd.com/605/>

In high dimensions, nearest neighbor point tends to be very far away.  
May be very hard to interpolate well, even with a lot of data points.

# Blessing of Dimensionality

In statistics, “curse of dimensionality” is often used to refer to the difficulty of fitting a model when many possible predictors are available. But this expression bothers me, because more predictors is more data, and it should not be a “curse” to have more data....

With multilevel modeling, there is no curse of dimensionality. When many measurements are taken on each observation, these measurements can themselves be grouped. Having more measurements in a group gives us more data to estimate group-level parameters (such as the standard deviation of the group effects and also coefficients for group-level predictors, if available).

In all the realistic “curse of dimensionality” problems I’ve seen, the dimensions—the predictors—have a structure. The data don’t sit in an abstract  $K$ -dimensional space; they are units with  $K$  measurements that have names, orderings, etc.

Andrew Gelman, [http://andrewgelman.com/2004/10/27/the\\_blessing\\_of/](http://andrewgelman.com/2004/10/27/the_blessing_of/)

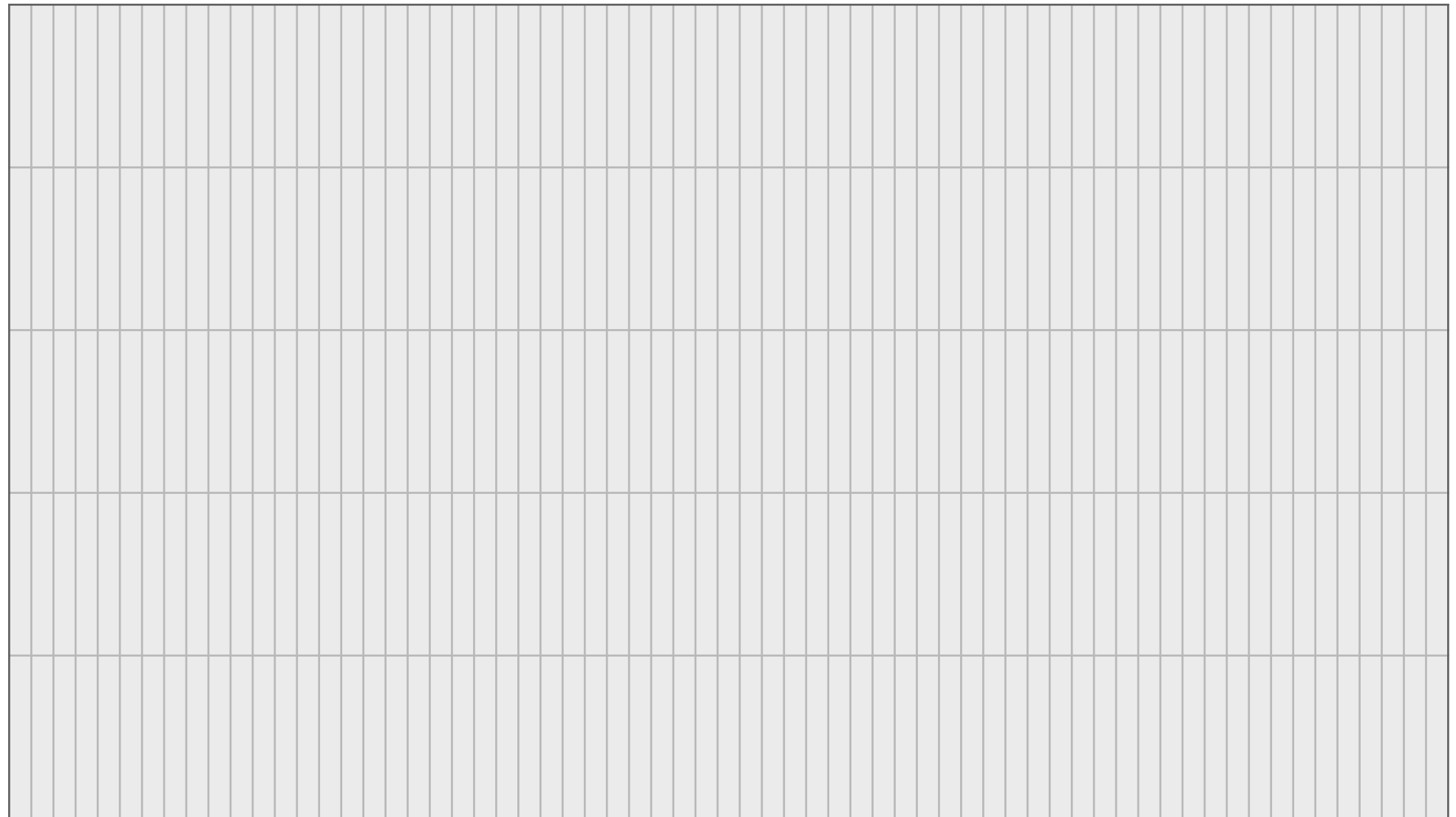
# Tall data vs. wide data

VS.

[illegible]

n rows (individuals), p columns (variables)

p measurements



n people

Wide data are increasingly common in applications, e.g., neuroimaging, microarrays, MOOC data. But many traditional statistical methods assume  $n$  greater than  $p$ .

# Ridge Regression and Shrinkage

In a linear regression model, in place of minimizing the sum of squared residuals, ridge regression says to minimize

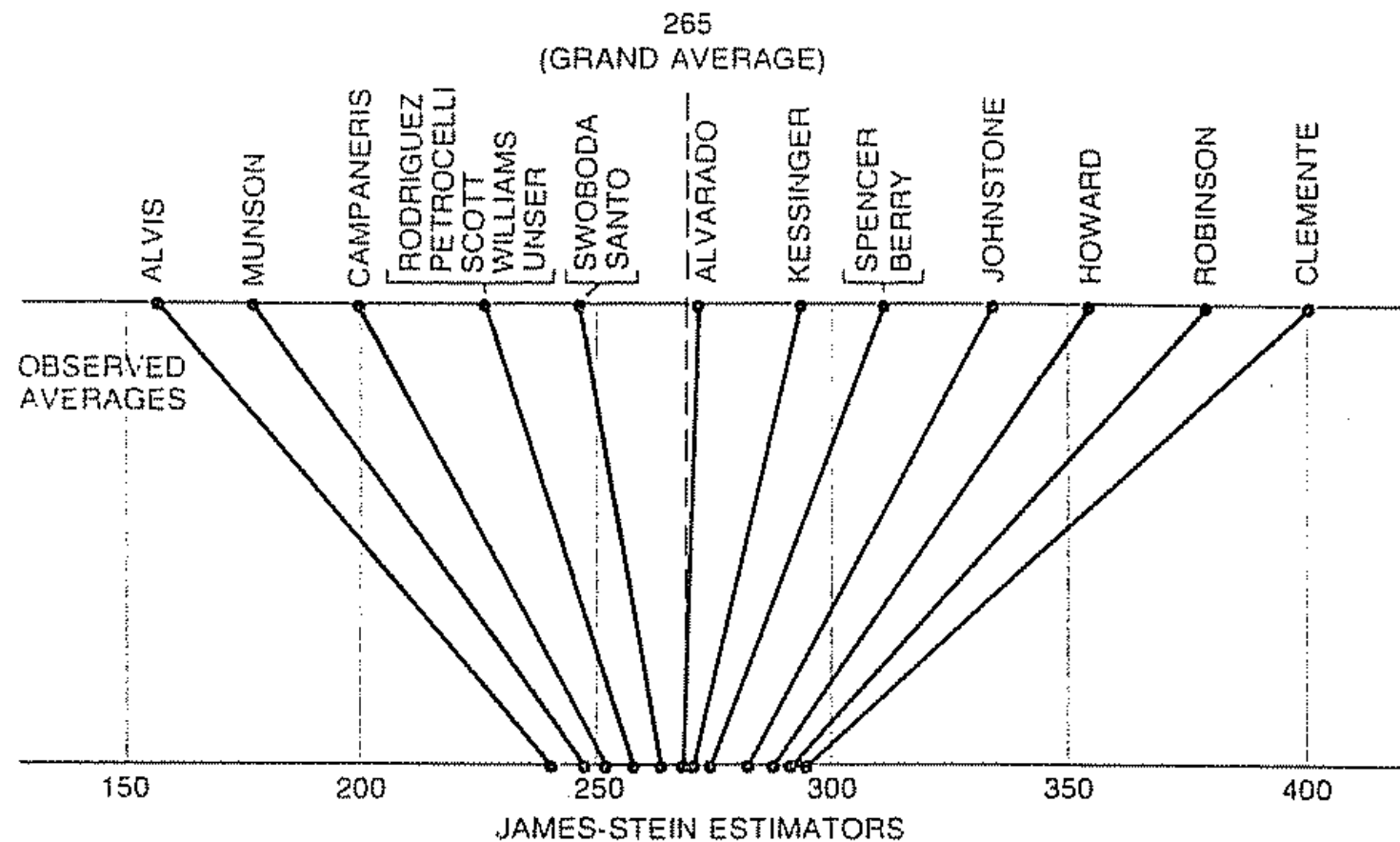
$$\sum_{i=1}^n \left( y_i - \beta_0 - \sum_{j=1}^p \beta_j x_{ij} \right)^2 + \lambda \sum_{j=1}^p \beta_j^2 = \text{RSS} + \lambda \sum_{j=1}^p \beta_j^2,$$

# Stein's Paradox and Shrinkage Estimation

Let  $y_1 \sim \mathcal{N}(\theta_1, 1), y_2 \sim \mathcal{N}(\theta_2, 1), \dots, y_k \sim \mathcal{N}(\theta_k, 1)$  with  $k \geq 3$ . How should we estimate the vector  $\theta$ , under sum of squared error loss?

Stein: the vector  $y$  is *inadmissible*; uniformly beaten by the James-Stein estimator

$$\hat{\theta}_j = \left(1 - \frac{k-2}{\sum_i y_i^2}\right) y_j.$$



**JAMES-STEIN ESTIMATORS** for the 18 baseball players were calculated by “shrinking” the individual batting averages toward the overall “average of the averages.” In this case the grand average is .265 and each of the averages is shrunk about 80 percent of the distance to this value. Thus the theorem on which Stein’s method is based asserts that the true batting abilities are more tightly clustered than the preliminary batting averages would seem to suggest they are.

Source: Efron-Morris, Scientific American 1977

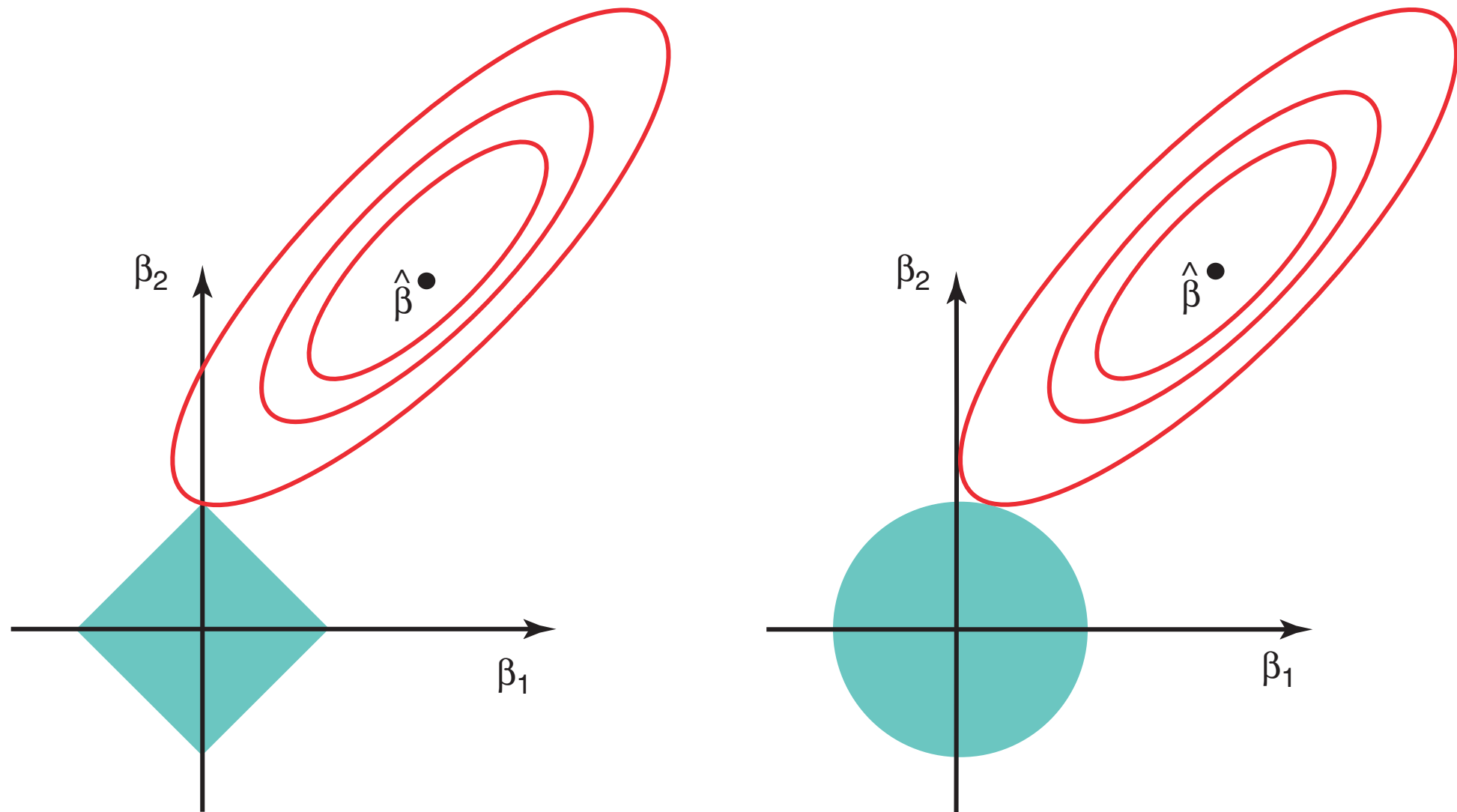
# LASSO and Sparsity

In a linear regression model, in place of minimizing the sum of squared residuals, LASSO says to minimize

$$\sum_{i=1}^n \left( y_i - \beta_0 - \sum_{j=1}^p \beta_j x_{ij} \right)^2 + \lambda \sum_{j=1}^p |\beta_j| = \text{RSS} + \lambda \sum_{j=1}^p |\beta_j|.$$

This helps induce *sparsity*, reducing the number of variables one has to deal with.

# LASSO vs. Ridge Constraints



source: Introduction to Statistical Learning, James, Witten, Hastie, Tibshirani, <http://www-bcf.usc.edu/~gareth/ISL/>