

Class 8: Mini Project

Eli Haddad (A16308227)

Today we will apply the machine learning methods we introduced in the last class on breast cancer biopsy data from fine needle aspiration (FNA).

Data input

The data is supplied on CSV format:

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

head(wisc.df)
```

	diagnosis	radius_mean	texture_mean	perimeter_mean	area_mean
842302	M	17.99	10.38	122.80	1001.0
842517	M	20.57	17.77	132.90	1326.0
84300903	M	19.69	21.25	130.00	1203.0
84348301	M	11.42	20.38	77.58	386.1
84358402	M	20.29	14.34	135.10	1297.0
843786	M	12.45	15.70	82.57	477.1

	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
84348301	0.14250	0.28390	0.2414	0.10520
84358402	0.10030	0.13280	0.1980	0.10430
843786	0.12780	0.17000	0.1578	0.08089

	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
84348301	0.2597	0.09744	0.4956	1.1560	3.445

84358402	0.1809		0.05883	0.7572	0.7813	5.438
843786	0.2087		0.07613	0.3345	0.8902	2.217
	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
84348301	27.23	0.009110	0.07458	0.05661		0.01867
84358402	94.44	0.011490	0.02461	0.05688		0.01885
843786	27.19	0.007510	0.03345	0.03672		0.01137
	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
84348301	0.05963		0.009208	14.91		26.50
84358402	0.01756		0.005115	22.54		16.67
843786	0.02165		0.005082	15.47		23.75
	perimeter_worst	area_worst	smoothness_worst	compactness_worst		
842302	184.60	2019.0		0.1622		0.6656
842517	158.80	1956.0		0.1238		0.1866
84300903	152.50	1709.0		0.1444		0.4245
84348301	98.87	567.7		0.2098		0.8663
84358402	152.20	1575.0		0.1374		0.2050
843786	103.40	741.6		0.1791		0.5249
	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
84348301	0.6869		0.2575			0.6638
84358402	0.4000		0.1625			0.2364
843786	0.5355		0.1741			0.3985
	fractal_dimension_worst					
842302		0.11890				
842517		0.08902				
84300903		0.08758				
84348301		0.17300				
84358402		0.07678				
843786		0.12440				

Now I will store the diagnosis column for later and exclude it from the data set I will actually do things with that I will call `wisc.data`

```
diagnosis <- as.factor(wisc.df$diagnosis)
wisc.data <- wisc.df[,-1]
```

Q1. How many observations are in this dataset?

```
nrow(wisc.data)
```

```
[1] 569
```

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

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

```
  B    M
357 212
```

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

```
x <- colnames(wisc.df)
length(grep("__mean$", x))
```

```
[1] 10
```

2. Principal Component Analysis

We need to scale our input data before PCA as some of the columns are measured in terms of very different units with different means and different variances. The upshot here is we set `scale=TRUE` argument to `prcomp()`.

```
wisc.pr <- prcomp(wisc.data, scale =TRUE)
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 components (PC1)?

From my results, 44.27% of the original variance is captured by PC1.

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

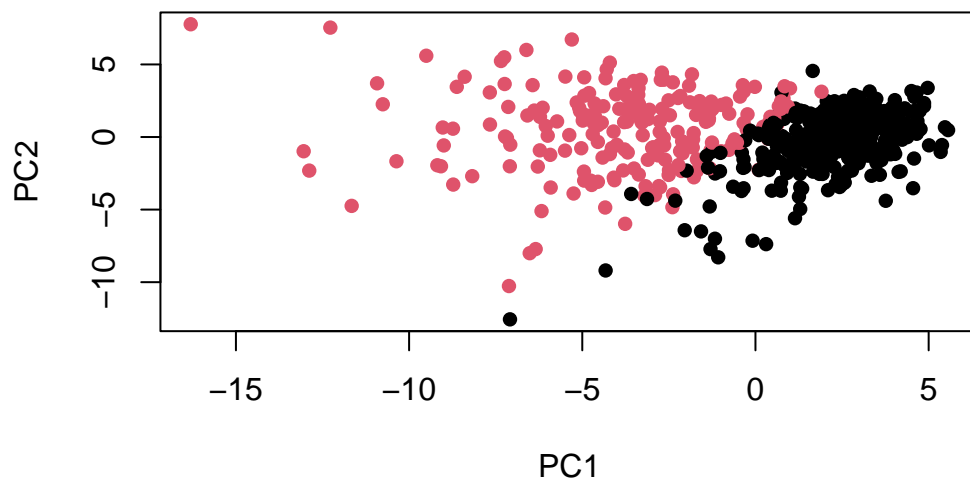
Three principal components are required to describe at least 70% of the original variance in the data (The cumulative proportion at PC3 is 72.64%)

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

Seven principal components are required to describe at least 90% of the original variance in the data (The cumulative proportion at PC7 is 91.01%)

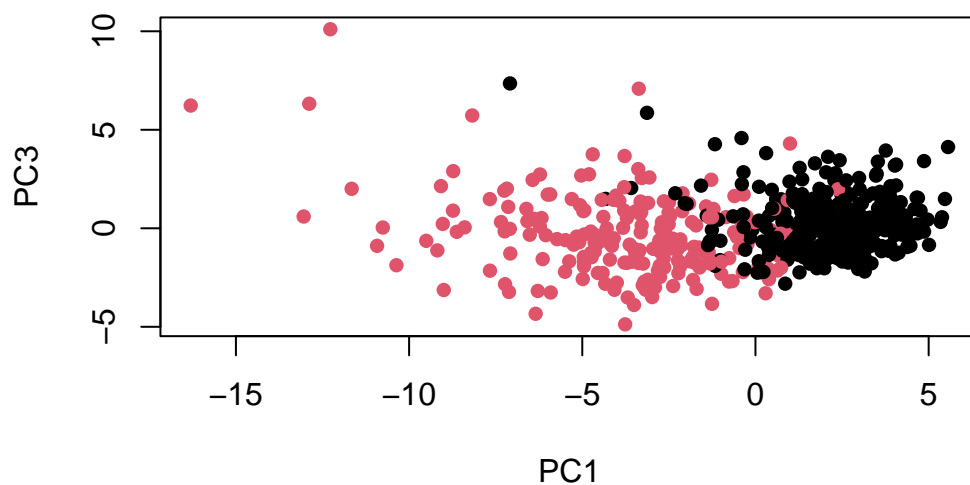
Visualizing my PCA results with a biplot

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

Scatter plot for PC1 and PC3

```
plot(wisc.pr$x[,1], wisc.pr$x[,3], col=diagnosis,pch=16, xlab="PC1", ylab="PC3")
```



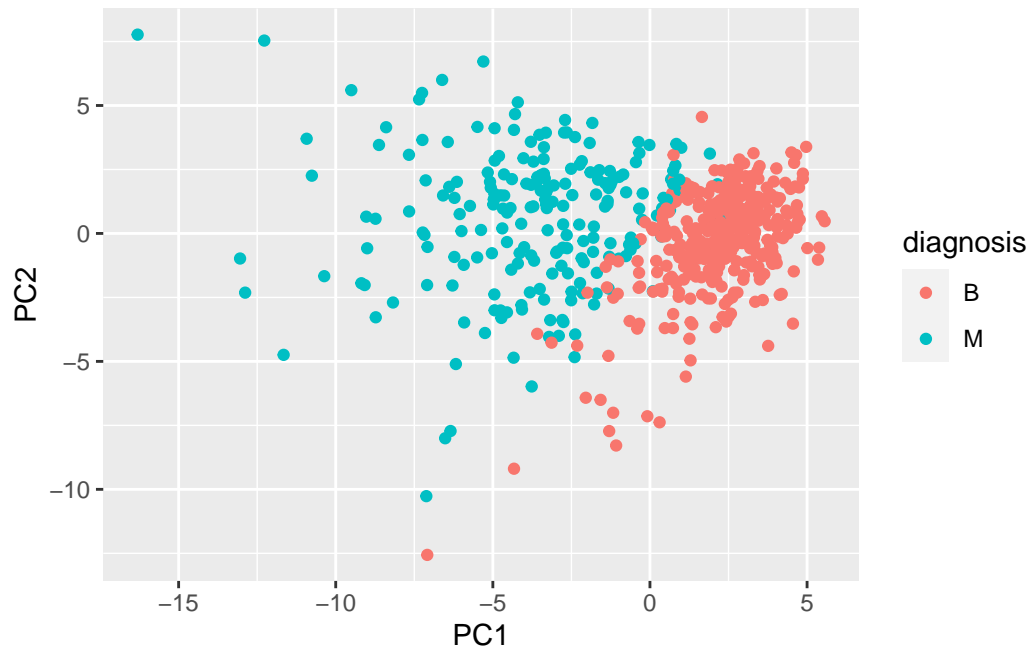
Q8. Generate a similar plot for principal components 1 and 3. What do you notice about these plots?

The similarity I notice about these plots are that there is evident clustering between the two diagnoses. In addition, there is a greater separation of clusters in the PC1 and PC2 plot versus the PC1 and PC3 plot.

A more fancy figure of these results:

```
library(ggplot2)
df <- as.data.frame(wisc.pr$x)
df$diagnosis <- diagnosis

ggplot(df) +
  aes(PC1, PC2, col=diagnosis) +
  geom_point()
```

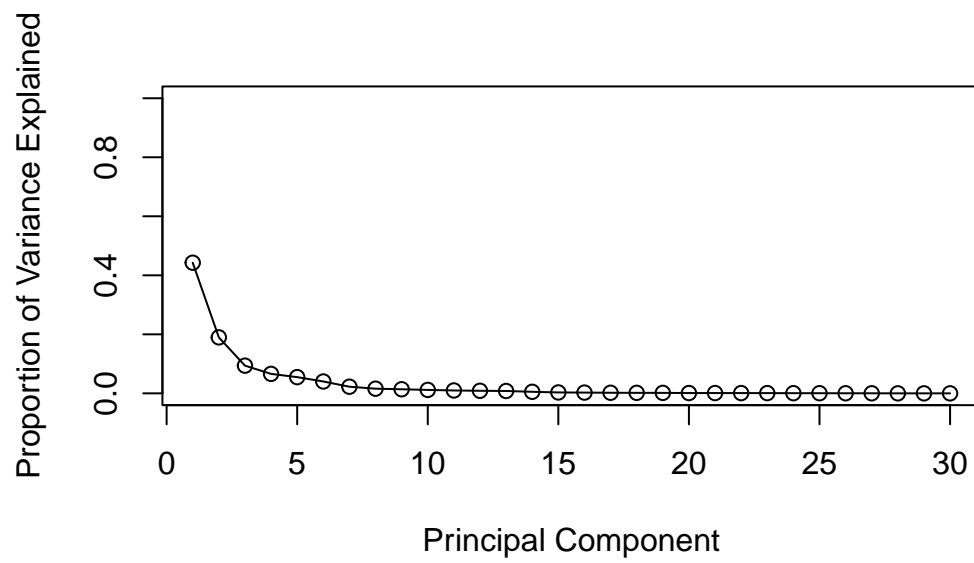


Variance explained

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

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

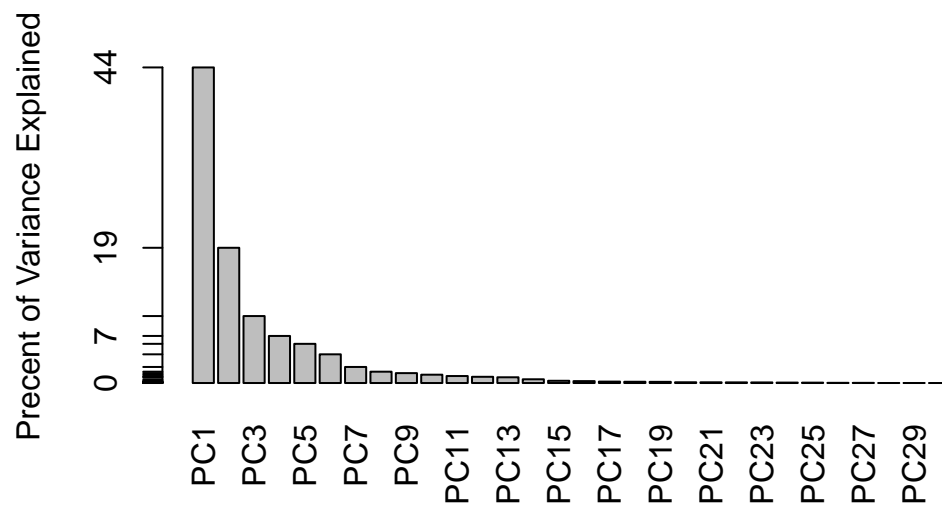
```
pve <- pr.var / sum(pr.var)  
  
plot(pve, xlab = "Principal Component",  
     ylab = "Proportion of Variance Explained",  
     ylim = c(0, 1), type = "o")
```

```

barplot(pve, ylab = "Precent of Variance Explained",
        names.arg=paste0("PC",1:length(pve)), las=2, axes = FALSE)
axis(2, at=pve, labels=round(pve,2)*100 )

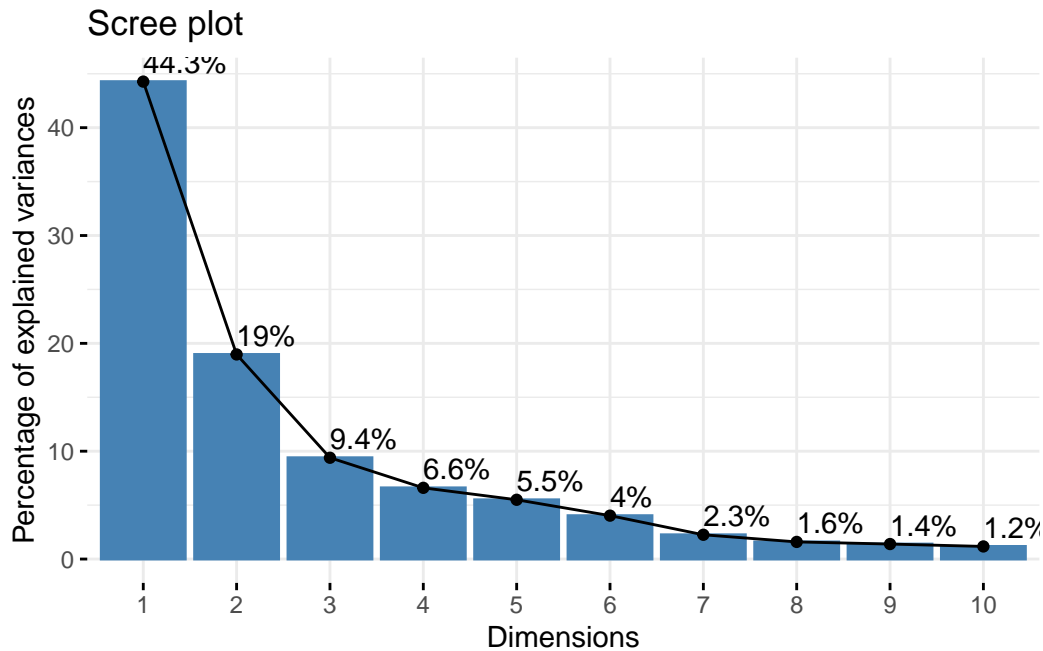
```



```
library(factoextra)
```

Welcome! Want to learn more? See two factoextra-related books at <https://goo.gl/ve3WBa>

```
fviz_eig(wisc.pr, addlabels = TRUE)
```



Communicating PCA results

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`?

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

```
concave.points_mean  
-0.2608538
```

Q10. What is the minimum number of principal components required to explain 80% of the variance of the data?

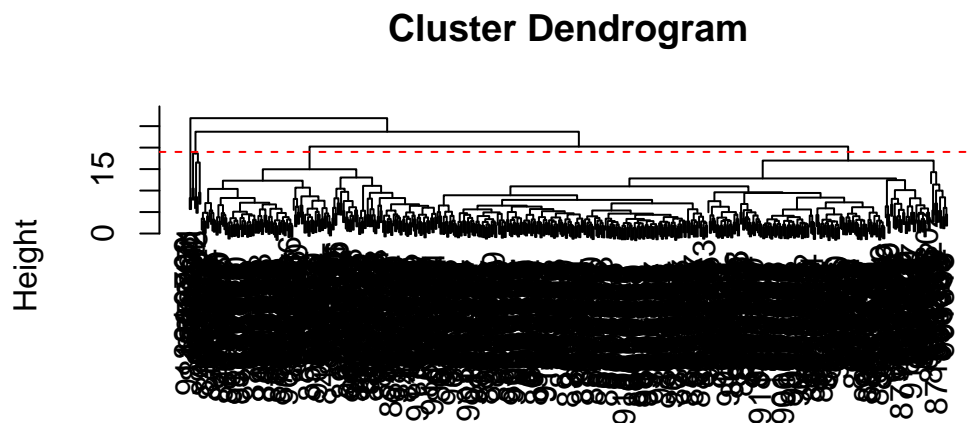
The minimum number of principal components required to explain 80% of the variance of the data are five. (Cumulative proportion at PC5 is 84.73%)

3. Hierarchical clustering

```
data.scaled <- scale(wisc.data)
data.dist <- dist(data.scaled)
wisc.hclust <- hclust(data.dist, method = "complete")
```

Q11. 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")
```

The height at which the clustering model has 4 clusters is at height 19.

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

```
              diagnosis
wisc.hclust.clusters  B  M
1             12 165
```

2	2	5
3	343	40
4	0	2

Q12. Can you find a better cluster vs diagnoses match by cutting into a different number of clusters between 2 and 10

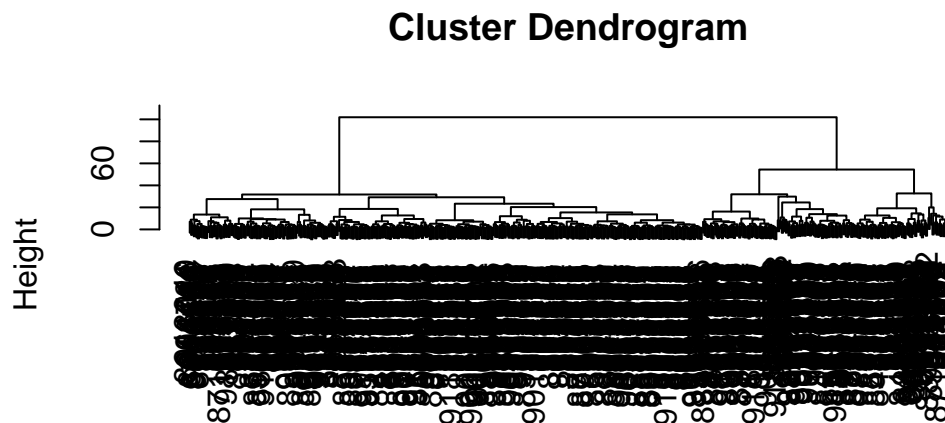
```
wisc.hclust.clusters.better <- cutree(wisc.hclust,k=4)
table(wisc.hclust.clusters.better, diagnosis)
```

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

I did not find a better cluster vs diagnoses match. At clusters 2-3, B and M are clustered into the same group which is not desired. At clusters 4-7, B and M are clustered into two distinct groups, so the lowest cluster (4) is ideal. At clusters 8-9, the M group clusters into multiple groups which is not desired.

Q13. Which method gives your favorite results for the same data.dist dataset?
Explain your reasoning.

```
wisc.hclust <- hclust(data.dist, method = "ward.D2")
plot(wisc.hclust)
```



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

“ward.D2” is my favorite for the same data.dist dataset because it makes very clear, symmetrical, and clean clustering. The dendrogram has a lot of “field goal” line depictions, which is ideal.

4. Optional: K-Means clustering

```
wisc.km <- kmeans(data.scaled, centers= 2, nstart= 20)
table(wisc.km$cluster, diagnosis)
```

```
diagnosis
  B  M
1 14 175
2 343 37
```

Q14. How well does k-means separate the two diagnoses? How does it compare to your hclust results?

```
wisc.km <- kmeans(data.scaled, centers= 2, nstart= 20)
table(wisc.km$cluster, wisc.hclust.clusters)
```

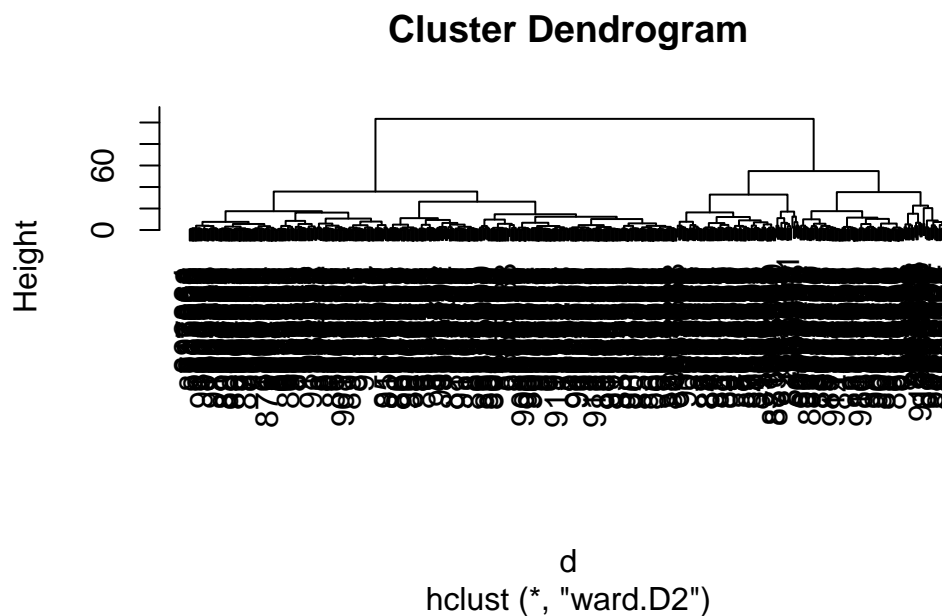
```
wisc.hclust.clusters
  1  2  3  4
1 160  7 20  2
2  17  0 363 0
```

The k-means separates the diagnoses pretty well. Two distinct clusters can be seen when tabling `wisc.km$cluster` and `diagnosis`. It is comparable to the `hclust` results, except that the `hclust` results had to create 4 clusters in order to achieve the same result. Cluster 1 from the k-means algorithm can be interpreted as the cluster equivalent to Cluster 1 from the `hclust` algorithm, while Cluster 2 from the k-means algorithm can be interpreted as the cluster equivalent to Cluster 3 from the `hclust` algorithm.

5. Combining methods

This approach will take not original data, but our PCA results and work with them.

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



Generate 2 cluster groups from this `hclust` object.

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

```
table(grps)
```

```
grps
  1  2
203 366
```

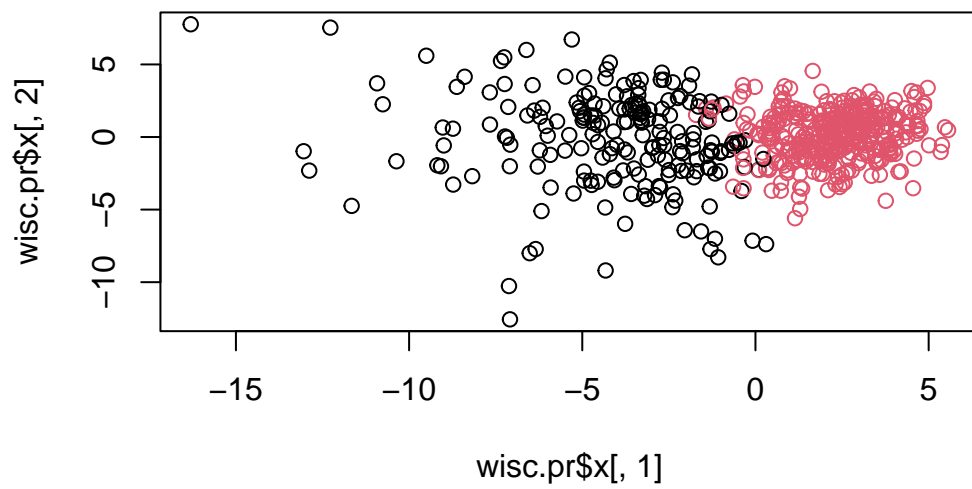
```
table(diagnosis)
```

```
diagnosis
  B  M
357 212
```

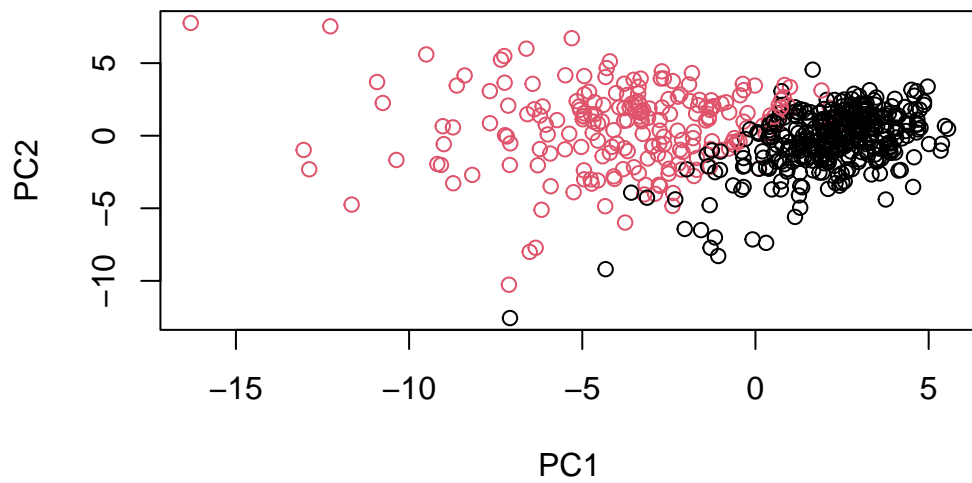
```
table(diagnosis, grps)
```

```
      grps
diagnosis  1  2
  B   24 333
  M  179  33
```

```
plot(wisc.pr$x[,1], wisc.pr$x[,2], col=grps)
```

```
plot(wisc.pr$x[,1:2], col=diagnosis)
```



Re-ordering the colors so they are more comparable

```
g <- as.factor(grps)
levels(g)
```

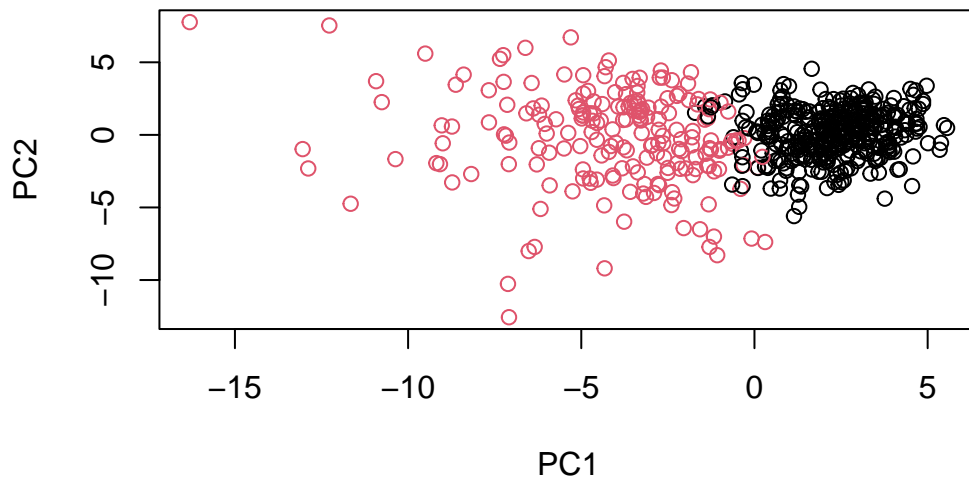
```
[1] "1" "2"
```

```
g <- relevel(g,2)
levels(g)
```

```
[1] "2" "1"
```

Plotting with the re-ordered factor

```
plot(wisc.pr$x[,1:2], col=g)
```



```
## Use the distance along the first 7 PCs for clustering i.e. wisc.pr$x[, 1:7]
wisc.pr.hclust <- hclust(dist(wisc.pr$x[, 1:7]), method="ward.D2")
wisc.pr.hclust.clusters <- cutree(wisc.pr.hclust, k=2)
```

```
table(wisc.pr.hclust.clusters, diagnosis)
```

	diagnosis	
wisc.pr.hclust.clusters	B	M
1	28	188
2	329	24

Q15. How well does the newly created model with four clusters separate out the two diagnoses?

The newly created model with four clusters separates out the two diagnoses very well. It is very distinct to see that B and M are in two different clusters based on the table.