020 - Logistic Regression I

EPIB 607 - FALL 2020

Sahir Rai Bhatnagar Department of Epidemiology, Biostatistics, and Occupational Health McGill University

sahir.bhatnagar@mcgill.ca

slides compiled on November 17, 2020



Logistic Regression

Log-linear model for risk

Kidney stone removal procedures:

Kidney stone removal procedures 2

Diabetes cohort data 1

Diabetes cohort data 2

Logistic Regression 2/43

Confounding revisited

- The study on success of different kidney stone removal procedures reported by Charig et al. (1986) provides a nice and clean example of confounding, where the direction of the estimated effect size is reversed by introducing stratification.
- The procedure, either open surgery, percutaneous nephrolithotomy (PN, a keyhole surgery procedure) or extracorporeal shock wave lithotripsy (ESWL), was defined to be successful if stones were eliminated or reduced to less than 2 mm after three months.
- The study collected cases of kidney stones treated at a particular UK hospital during 1972 – 1985.
- 350 of these cases were treated with open surgery and 350 with percutaneous nephrolithotomy.

Logistic Regression 3/42 ·

Outcome data

The counts of successes for the two surgical procedures were:

	Unsuccessful	Successful	Total
Open surgery	77	273	350
PN	61	289	350
Total	138	562	700

Empirical odds ratio for the failure of the procedure is given by

$$\log\left(\frac{77/273}{61/289}\right) = \log\left(\frac{77 \times 289}{61 \times 273}\right) \approx 0.290$$

and its standard error by

$$\sqrt{\frac{1}{77} + \frac{1}{61} + \frac{1}{273} + \frac{1}{289}} \approx 0.191$$

• Open surgery appears to have higher odds of failure, although the log-odds ratio estimate is smaller than two times the standard error.

Logistic Regression 4/42.

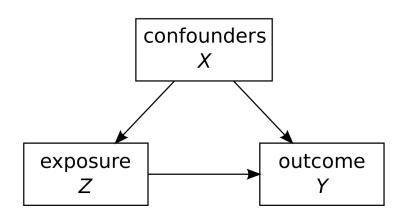
Interpretation

- Based on these results, do we have evidence that percutaneous nephrolithotomy is more effective than open surgery?
- It certainly is less invasive.
- Similar pattern can be observed for instance for kidney (and other)
 cancer surgeries; the patients treated with the less invasive procedure
 have better outcomes, at least in the short term.
- What is really going on here?
- Remember that the treatment procedure was not randomized; the cases were ascertained from the hospital records.

Recall 'the triangle'.

Logistic Regression 5/42.

The triangle



What are X, Y and Z in the present example?

Logistic Regression 6/42 •

Outcomes by kidney stone size

 Below are the same outcomes tabulated by the size of the kidney stone (smaller than 2 cm/ at least 2 cm in diameter)

$< 2 \mathrm{~cm}$	Unsuccessful	Successful	Total
Open surgery	6	81	87
PN	36	234	270
Total	42	315	357
$\geq 2~\mathrm{cm}$	Unsuccessful	Successful	Total
Open surgery	71	192	263
PN	25	55	80
Total	96	247	343

Logistic Regression 7/42 •

Stratum-specific odds ratios

 The empirical odds ratio and its standard error in the < 2 cm group are

$$\log\left(\frac{6\times234}{36\times81}\right)\approx-0.731$$

and

$$\sqrt{\frac{1}{6} + \frac{1}{36} + \frac{1}{81} + \frac{1}{234}} \approx 0.459$$

• Similarly, these numbers in the ≥ 2 cm group are

$$\log\left(\frac{71\times55}{25\times192}\right)\approx-0.206$$

and

$$\sqrt{\frac{1}{71} + \frac{1}{25} + \frac{1}{192} + \frac{1}{55}} \approx 0.278$$

 Now open surgery appears to have lower odds of failure within the strata.

Logistic Regression 8/42 ·

Interpretation

- Open surgery was much more common in the ≥ 2 cm group, as was the failure of surgery.
- This is not surprising; presumably larger stones are more difficult to remove, whilst also requiring a more invasive procedure.
- Prima facie this seems to be an example of confounding by indication, with kidney stone size being part of the indication for the choice between open and keyhole surgery.
- Was kidney stone size known before the choice of the procedure, or was the indication related to something else, perhaps symptomatic of the size?
- How exactly were the cases selected?

Logistic Regression 9/42.

Stratified analysis

- It is obvious that the first pooled analysis was confounded.
- Within stratum estimates are more valid.
- How can we combine the results across strata without re-introducing the confounding?
- We have to take a weighted average of the stratum-specific log-odds ratios.
- Let now $\log \hat{\theta}_0$ and $\log \hat{\theta}_1$ be the empirical log-odds ratios within the < 2 cm and ≥ 2 cm groups, respectively.
- Weighted average of these is given by

$$\log \hat{\theta} = \frac{w_0 \log \hat{\theta}_0 + w_1 \log \hat{\theta}_1}{w_0 + w_1} = \frac{\sum_{j=0}^1 w_j \log \hat{\theta}_j}{\sum_{j=0}^1 w_j}$$

How to choose the weights?

Logistic Regression 10/42 ·

The Woolf 1955 method

- Presumably the choice of the weights must depend on the stratum sizes since a large stratum would be more informative than a small one, requiring larger weight in the combined estimate.
- In fact, the quantity $\frac{1}{S^2}$ is known as the observed information.
- Accordingly, in the Woolf 1955 method for stratified analysis, the weights are chosen as

$$w_j = \frac{1}{\frac{1}{D_{1j}} + \frac{1}{D_{0j}} + \frac{1}{H_{1j}} + \frac{1}{H_{0j}}}$$

Now we have

$$w_0 = \frac{1}{\frac{1}{6} + \frac{1}{36} + \frac{1}{81} + \frac{1}{234}} \approx 4.738$$

and

$$w_1 = \frac{1}{\frac{1}{71} + \frac{1}{25} + \frac{1}{192} + \frac{1}{55}} \approx 12.907$$

Logistic Regression 11/42 ·

Combined estimate and its standard error

With these weights, the combined estimate is given by

$$\log \hat{\theta} = \frac{4.738 \times -0.731 + 12.907 \times -0.206}{4.738 + 12.907} \approx -0.347$$

- Standard error is the square root of the inverse of the total information.
- Information is additive.
- Thus, the standard error of the combined estimate is given by

$$\sqrt{\frac{1}{\frac{1}{S_0^2} + \frac{1}{S_1^2}}} = \sqrt{\frac{1}{w_0 + w_1}} = \sqrt{\frac{1}{4.738 + 12.907}} \approx 0.238$$

Logistic Regression 12/42 ·

Limitations of stratified analysis

- In the similar Mantel-Haenszel method, the stratum-specific weights are given by $w_j = \frac{H_{1j}D_{0j}}{N_i}$, where N_j is the total N of table j
- The Woolf and Mantel-Haenszel methods are applicable only when there are no zero cell counts in any of the confounder-conditional 2×2 -tables.
- This becomes an issue whenever there are a large number of confounder strata.
- Usually one would have a large number of potential confounders, some of which are continuous-valued, so cross-stratifying across all of these quickly becomes infeasible.
- The problem needs to be re-parametrized in more parsimonious way.

Logistic Regression 13/42 -

Another example

 Senn (2003) used these diabetes cohort data to demonstrate Simpson's paradox:

	Dead	Censored	Total
Type II	218	326	544
Type I	105	253	323
Total	323	579	902

Empirical all-cause mortality odds ratio is given by

$$\log\left(\frac{218\times253}{105\times326}\right)\approx0.477$$

and its standard error by

$$\sqrt{\frac{1}{218} + \frac{1}{105} + \frac{1}{326} + \frac{1}{253}} \approx 0.145$$

• Type II diabetes patients seem to have higher mortality.

Logistic Regression 14/42.

Mortality outcomes by age group

Below are the same outcomes tabulated by age:

≤ 40	Dead	Censored	Total
Type II	0	15	15
Type I	1	129	130
Total	1	144	145

> 40	Dead	Censored	Total
Type II	218	311	529
Type I	104	124	228
Total	322	435	757

- There is only one death and very few type II diabetes patients in the <40 age group.
- Obviously, age is a determinant of both the type of diabetes and mortality.

Logistic Regression 15/42.

Stratum-specific log-odds ratios

• The empirical log-odds ratio and its standard error in the ≤ 40 group are

$$\log\left(\frac{0\times129}{1\times15}\right) = -\infty$$

and

$$\sqrt{\frac{1}{0} + \frac{1}{1} + \frac{1}{15} + \frac{1}{129}} = \text{ undefined}$$

• These numbers in the > 40 group are

$$\log\left(\frac{218\times124}{104\times311}\right)\approx-0.179$$

and

$$\sqrt{\frac{1}{71} + \frac{1}{25} + \frac{1}{192} + \frac{1}{55}} \approx 0.160$$

 Type II diabetes patients over 40 years of age seem to have lower mortality (although not significantly so).

Logistic Regression 16/42 ·

Interpretation

- Now stratified analysis is not feasible; the ≤ 40 table is not informative of the mortality log-odds ratio.
- Given the row totals, the observed data comprise four death counts, with the numbers of censored given by the row total minus death count.
- From four observations, we can estimate at most four parameters; the stratum-specific odds ratios both involve two odds parameters.
- However, now one of the observed counts is zero, so we are reduced to estimating only three parameters.
- The problem needs to be re-parametrized in a more parsimonious way.

Logistic Regression 17/42 .

Parametrization in terms of risk

- Introduce a variable X to denote the age group, with X = 0 for the ≤ 40 group and X = 1 for the > 40 group.
- Now we have four risk parameters π_{ZX} , one for each level of Z and X:

• Risk parameter is a probability, taking values in the [0, 1]-interval.

Logistic Regression 18/42.

Parametrization in terms of odds

 Alternatively, we may opt to parametrize in terms of odds, that is, risk divided by one minus itself:

$$X = 0: \quad Z = 1 \quad \frac{\pi_{10}}{1 - \pi_{10}} \quad \frac{1 - \pi_{10}}{\pi_{10}} \\ Z = 0 \quad \frac{\pi_{00}}{1 - \pi_{00}} \quad \frac{1 - \pi_{00}}{\pi_{00}} \\ X = 1: \quad Z = 1 \quad \frac{\pi_{11}}{1 - \pi_{11}} \quad \frac{1 - \pi_{11}}{\pi_{11}} \\ Z = 0 \quad \frac{\pi_{01}}{1 - \pi_{01}} \quad \frac{1 - \pi_{01}}{\pi_{01}}$$

• An odds parameter may take values in the $[0, \infty]$ -interval.

Logistic Regression 19/42.

Parametrization in terms of log odds

• Or we may prefer log-odds:

- A log-odds parameter may take values in the $[-\infty, \infty]$ -interval.
- Whichever way, there are still four parameters.
- How to reduce the number of parameters?

Logistic Regression 20/42 •

Regression

• Clayton & Hills (1993, p. 217)

A common theme in all these situations is change from the original parameters to new parameters which are more relevant to the comparisons of interest. This change can be described by the equations which express the old parameters in terms of the new parameters. These equations are referred to as **regression** equations, and the statistical model is called a **regression model**.

• Now the old parameters are the four log-odds:

$$\log \frac{\pi_{Z\!X}}{1-\pi_{Z\!X}}$$

Logistic Regression 21/42.

Regression equation

- Reparametrizing the log-odds is referred to as logistic regression.
- In the ongoing example we may take

$$\log\left(\frac{\pi_{ZX}}{1-\pi_{ZX}}\right) = \alpha + \beta Z + \gamma X$$

- The original four parameters are now expressed in terms of three new parameters: an intercept term α and regression coefficients β and γ .
- The function $\log \frac{\pi}{1-\pi}$ is referred to as the logit transformation of the risk parameter π .
- Thus, the same model can be specified as a reparametrization of the risk parameter together with the *logit link* function:

$$logit(\pi_{ZX}) = \alpha + \beta Z + \gamma X$$

Logistic Regression 22/42 •

Parametrization in terms of regression parameters

Through the previous model specification we get the log-odds tables

		Dead	Censored
X=0:	Z = 1		
	Z = 0		
		Dead	Censored
X = 1:	Z = 1		
	Z=0		

- How to interpret the new parameters?
- Suppose that we are interested in the mortality odds ratio for type II vs. type I diabetes patients, controlling for age.
- In other words, our parameter of interest is

π_{1X}	
$1-\pi_{1\lambda}$	
π_{0X}	
$1-\pi_{0\lambda}$	

Logistic Regression 23/42 •

Interpretation of the regression coefficient

Through the regression equation we get

$$\begin{split} \frac{\frac{\pi_{1X}}{1-\pi_{1X}}}{\frac{\pi_{0X}}{1-\pi_{0X}}} &= \frac{e^{\alpha+\beta+\gamma X}}{e^{\alpha+\gamma X}} \\ &= \frac{e^{\alpha}e^{\beta}e^{\gamma X}}{e^{\alpha}e^{\gamma X}} \\ &= e^{\beta} \\ \Leftrightarrow \log\left(\frac{\frac{\pi_{1X}}{1-\pi_{1X}}}{\frac{\pi_{0X}}{1-\pi_{0X}}}\right) &= \beta \end{split}$$

- The regression coefficient β is a log-odds ratio.
- Exponentiating it gives the odds ratio of interest.
- Having understood regression as a transformation of the original parameters, where and when does the observed outcome data come into play?

Logistic Regression 24/42 ·

Observed data

• The observed data are the four death counts:

These data entered into R are:

Logistic Regression 25/42.

Deterministic and stochastic model components

- The regression equation specifies the deterministic part of the model.
- This is defined in terms of parameters, conditional on the values of *Z* and *X*.
- To complete the model specification, we need to specify the stochastic component of the model, a statistical distribution for the outcome D_{ZX}.
- It is already obvious that the appropriate distribution is

$$D_{ZX} \sim \text{Binomial}(N_{ZX}, \pi_{ZX})$$

• Here the risk π_{ZX} is given by the regression equation as (verify)

$$\pi_{ZX} = \frac{e^{\alpha + \beta Z + \gamma X}}{1 + e^{\alpha + \beta Z + \gamma X}} = \frac{1}{1 + e^{-(\alpha + \beta Z + \gamma X)}}$$

• This inverse transformation is the so-called *expit* function:

$$\pi_{ZX} = \text{logit}^{-1}(\alpha + \beta Z + \gamma X) = \text{expit}(\alpha + \beta Z + \gamma X)$$

Logistic Regression 26/42 •

Fitting the model

- We have now specified the model; next we need to fit it to the data, in order to obtain the estimates $\hat{\alpha}, \hat{\beta}, \hat{\gamma}$ and their standard errors.
- In R, logistic regression models are fitted using the glm function, as

- Here the outcome data were entered as frequency records.
- Alternatively, we could have entered the data as individual level records; the results would be equivalent (verify).

Logistic Regression 27/42 •

Results

```
model <- glm(cbind(dead, censored) ~ z + x,
             familv=binomial(link="logit"))
print(summary(model), signif.stars = FALSE)
##
## Coefficients:
              Estimate Std. Error z value Pr(>|z|)
##
## (Intercept) -4.952 1.004 -4.93 8.0e-07
             -0.182 0.159 -1.14 0.25
## z
## x
               4.778 1.011 4.73 2.3e-06
##
   (Dispersion parameter for binomial family taken to be 1)
##
      Null deviance: 133.81237 on 3 degrees of freedom
##
## Residual deviance: 0.18471 on 1 degrees of freedom
## ATC: 20.74
##
## Number of Fisher Scoring iterations: 5
```

Logistic Regression 28/42 •

Confidence interval for the odds ratio

• As usual, we can transform a 95% confidence interval on the log-odds ratio scale to the odds ratio scale as

$$e^{-0.1816\pm1.96\times0.1595}$$

= $0.834 \times e^{\pm0.313}$
= $(0.610, 1.140)$

- The null value is included in the interval.
- After adjusting for age, these data do not give evidence against the null

$$\frac{\frac{\pi_{1X}}{1-\pi_{1X}}}{\frac{\pi_{0X}}{1-\pi_{0X}}} = 1$$

Logistic Regression 29/42.

Logistic Regression

Log-linear model for risk

Kidney stone removal procedures

Kidney stone removal procedures 2

Diabetes cohort data 1

Diabetes cohort data 2

Log-linear model for risk 30 / 42 -

Log-linear model for risk

- Is there some particular reason why we *have* to use the logit link when modeling risk?
- Why could we not just parametrize the log-risk as

$$\log(\pi_{ZX}) = \alpha + \beta Z + \gamma X?$$

• We can; in this case the regression coefficient β would be interpreted as a log-risk ratio:

$$\begin{split} \frac{\pi_{1X}}{\pi_{0X}} &= \frac{e^{\alpha + \beta + \gamma X}}{e^{\alpha + \gamma X}} \\ &= \frac{e^{\alpha} e^{\beta} e^{\gamma X}}{e^{\alpha} e^{\gamma X}} \\ &= e^{\beta} \\ \Leftrightarrow \log\left(\frac{\pi_{1X}}{\pi_{0X}}\right) &= \beta \end{split}$$

Log-linear model for risk 31/42 .

Fitting the log-linear model

To fit this model, we only need to change the link function:

• Using the parameter estimates $\hat{\alpha}$, $\hat{\beta}$, and $\hat{\gamma}$, risk estimates could then be obtained through the back-transformation

$$\hat{\pi}_{ZX} = e^{\hat{\alpha} + \hat{\beta}Z + \hat{\gamma}X}$$

- However, note that there is nothing here bounding the risk to values below one.
- The log-linear model does bound the risk to non-negative values, so as long as the risk is small, log-linear and logistic regression models give similar results.

Log-linear model for risk 32/42 •

Results

```
model <- glm(cbind(dead, censored) ~ z + x,
            family=binomial(link="log"))
print(summary(model), signif.stars = FALSE)
##
## Coefficients:
##
              Estimate Std. Error z value Pr(>|z|)
## (Intercept) -4.967 0.997 -4.98 6.2e-07
             -0.102 0.089 -1.15 0.25
## z
## x
               4.182 0.999 4.19 2.8e-05
##
  (Dispersion parameter for binomial family taken to be 1)
##
      Null deviance: 133.81237 on 3 degrees of freedom
##
## Residual deviance: 0.19892 on 1 degrees of freedom
## ATC: 20.76
##
## Number of Fisher Scoring iterations: 5
```

Log-linear model for risk 33/42.

Interpretation

- The results from the log-linear model differ somewhat from the logistic model.
- This is unsurprising since the risk in the present example is not small, so we cannot approximate risk ratios by odds ratios.
- A 95% confidence interval for the risk ratio would be calculated in the usual way as

$$\begin{split} e^{-0.10229\pm1.96\times0.08898} \\ &= 0.903\times e^{\pm0.174} \\ &= (0.759, 1.075) \end{split}$$

Log-linear model for risk 34/42 .

Logistic Regression

Log-linear model for risk

Kidney stone removal procedures

Kidney stone removal procedures 2

Diabetes cohort data

Diabetes cohort data 2

The 1986 BMJ article Comparison of reatment of renal calculi by open surgery, percutaneous nephrolithotomy, and extracorporeal shockwave lithotripsy by Charig et. al, was a study designed to compare different methods of treating kidney stones in order to establish which was the most cost effective and successful. The procedure, either open surgery, or percutaneous nephrolithotomy (PN, a keyhole surgery procedure), was defined to be successful if stones were eliminated or reduced to less than 2 mm after three months. The study collected cases of kidney stones treated at a particular UK hospital during 1972-1985. The counts of successes for the two surgical procedures were:

		Unsuccessiui	Successiui	Total	
	Open surgery	77	273	350	
	PN	61	289	350	
•	Total	138	562	700	

```
##
## Coefficients:
##
              Estimate Std. Error z value Pr(>|z|)
## (Intercept) -1.556
                            0.141 -11.04
                                           <2e-16
## open
                 0.290
                            0.191 1.52
                                             0.13
##
## (Dispersion parameter for binomial family taken to be 1)
##
##
      Null deviance: 2.3148e+00 on 1 degrees of freedom
## Residual deviance: 9.9920e-15 on 0 degrees of freedom
## AIC: 15.7
##
## Number of Fisher Scoring iterations: 3
```

Logistic Regression

Log-linear model for risk

Kidney stone removal procedures

Kidney stone removal procedures 2

Diabetes cohort data

Diabetes cohort data 2

Below are the same outcomes tabulated by the size of the kidney stone (smaller than 2cm/at least 2cm in diameter):

< 2cm	Unsuccessful	Successful	Total	
Open surgery	6	81	87	
PN	36	234	270	
Total	42	315	357	
≥ 2cm	Unsuccessful	Successful	Total	
Open surgery	71	192	263	
PN	25	55	80	
Total	96	247	343	

```
##
## Coefficients:
##
             Estimate Std. Error z value Pr(>|z|)
## (Intercept) -1.937
                          0.170 -11.36 < 2e-16
## open
             -0.357
                          0.229 -1.56
                                       0.12
## size
             1.261
                          0.239
                                  5.27 1.3e-07
##
## (Dispersion parameter for binomial family taken to be 1)
##
      Null deviance: 33.1239 on 3 degrees of freedom
## Residual deviance: 1.0082 on 1 degrees of freedom
## AIC: 26.36
##
## Number of Fisher Scoring iterations: 3
```

Logistic Regression

Log-linear model for risk

Kidney stone removal procedures

Kidney stone removal procedures 2

Diabetes cohort data 1

Diabetes cohort data 2

Diabetes cohort data 1 39/42 -

	Total	323	579	902
##				
## Coefficients:				
## Estimate Std. Error z v	alue Pr(> z)		
## (Intercept) -0.879 0.116 -	7.58 3.6e-1	4		
## type 0.477 0.145	3.28 0.00	1		
71		-		
##				
## (Dispersion parameter for binomial	family taken	to be 1)		
		,		
##				
## Null deviance: 1.0978e+01 on 1	degrees of	freedom		
## Residual deviance: 1.4033e-13 on 0	degrees of	freedom		
## ATC: 16.86				
## AIC. 10.00				

Total

544

323

Dead

218

105

Type II

Type I

Number of Fisher Scoring iterations: 2

Censored

326

253

Logistic Regression

Log-linear model for risk

Kidney stone removal procedures

Kidney stone removal procedures 2

Diabetes cohort data 1

Diabetes cohort data 2

Diabetes cohort data 2 41/42 •

Below are the same outcomes tabulated by age:

≤ 40	Dead	Censored	Total
Type II	0	15	15
Type I	1	129	130
Total	1	144	145
> 40	Dead	Censored	Total
Type II	218	311	529
Type I	104	124	228
Total	322	435	757

```
##
## Coefficients:
              Estimate Std. Error z value Pr(>|z|)
##
## (Intercept) -4.952 1.004 -4.93 8.0e-07
            -0.182 0.159 -1.14 0.25
4.778 1.011 4.73 2.3e-06
## type
## age
##
## (Dispersion parameter for binomial family taken to be 1)
##
##
      Null deviance: 133.81237 on 3 degrees of freedom
## Residual deviance: 0.18471 on 1 degrees of freedom
## AIC: 20.74
##
## Number of Fisher Scoring iterations: 5
```