

Class 08 Mini Project

Kiana Bohanon (PID: A18702316)

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Background

In today's class we will apply the methods and techniques clustering and PCA to help make sense of a real world breast cancer **FNA (fine needle aspirations)** biopsy data set.

Data Import

We start by importing our data. It is a CSV file, so we will use the `read.csv()` function. First, download the file containing the data, and place it in the project for this class on your computer.

```
#read.csv("WisconsinCancer.csv")  
  
# Save your input data file into your Project directory  
fna.data <- "WisconsinCancer.csv"  
wisc.df <- read.csv(fna.data, row.names=1)
```

```
head(wisc.df, 4)
```

	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
	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	
	symmetry_mean	fractal_dimension_mean	radius_se	texture_se	perimeter_se
842302	0.2419		0.07871	1.0950	0.9053
842517	0.1812		0.05667	0.5435	0.7339
84300903	0.2069		0.05999	0.7456	0.7869
84348301	0.2597		0.09744	0.4956	1.1560
	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
	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
	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	
	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	
	fractal_dimension_worst				
842302		0.11890			
842517		0.08902			
84300903		0.08758			
84348301		0.17300			

Omit the first column of `diagnosis` because I don't want to use this for my machine learning models. We will use it later on to compare our results to the expert diagnosis:

```
# We can use -1 here to remove the first column  
wisc.data <- wisc.df[,-1]  
  
# Create diagnosis vector for later  
diagnosis <- wisc.df$diagnosis
```

Exploratory Data Analysis

Q1. How many observations are in this dataset?

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

```
[1] 569
```

569 observations are in this dataset.

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

```
# Use the table() function:  
#table(diagnosis)  
table(diagnosis) ["M"]
```

```
M  
212
```

212 observations have a malignant diagnosis.

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

```
#colnames(wisc.data)  
length(grep("_mean", colnames(wisc.data)))
```

```
[1] 10
```

There are 10 variables/features in the data suffixed with `_mean`.

Principal Component Analysis

The main function here is `prcomp()` and we want to make sure we set the optional argument `scale=TRUE`: We will need to check if the data needs to be scaled before performing PCA by looking at the mean and standard deviation.

```
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 component (PC1)?

44.27%.

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

Three PCs are required to describe at least 70% of the original variance.

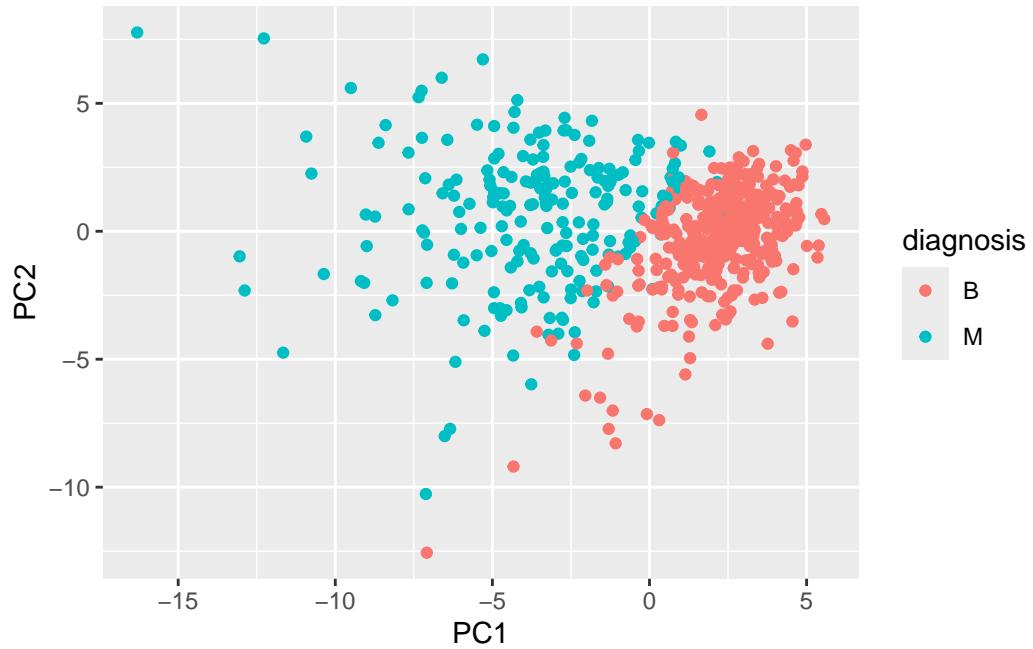
Q6. How many principal components (PCs) are required to describe at least 90% of the original variance in the data?

Seven PCs are required to describe at least 90% of the original variance.

Our main PCA “score plot” or “PC plot” of results:

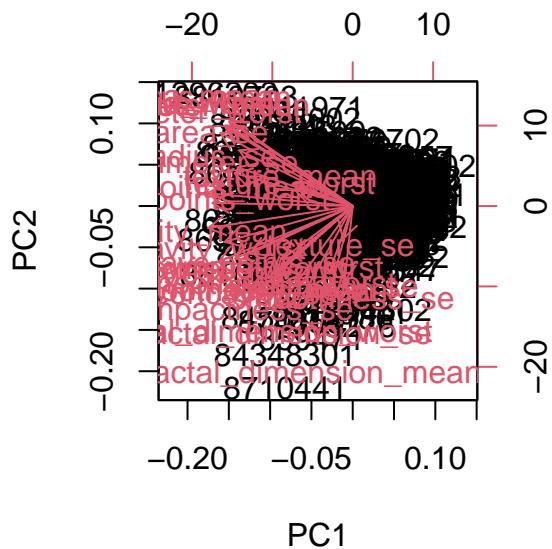
```
library(ggplot2)
```

```
ggplot(wisc.pr$x) + aes(PC1,PC2, col=diagnosis) + geom_point()
```



Biplot:

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

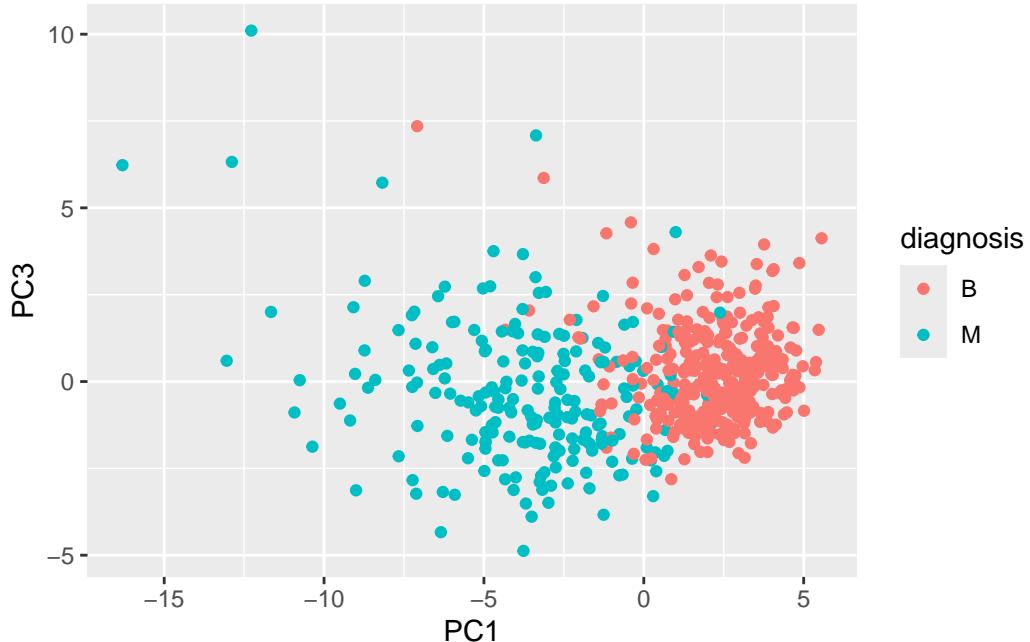


Q7. What stands out to you about this plot? Is it easy or difficult to understand? Why?

This plot is very confusing and not easy to understand. A lot of the data is on top of each other and you can't really tell anything or come to a conclusion easily.

Similar ggplot for PC1 and PC3:

```
ggplot(wisc.pr$x) + aes(PC1,PC3, col=diagnosis) + geom_point()
```



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

These plots are a lot easier to interpret and you can easily tell where the trends are. The data is organized much nicer as well.

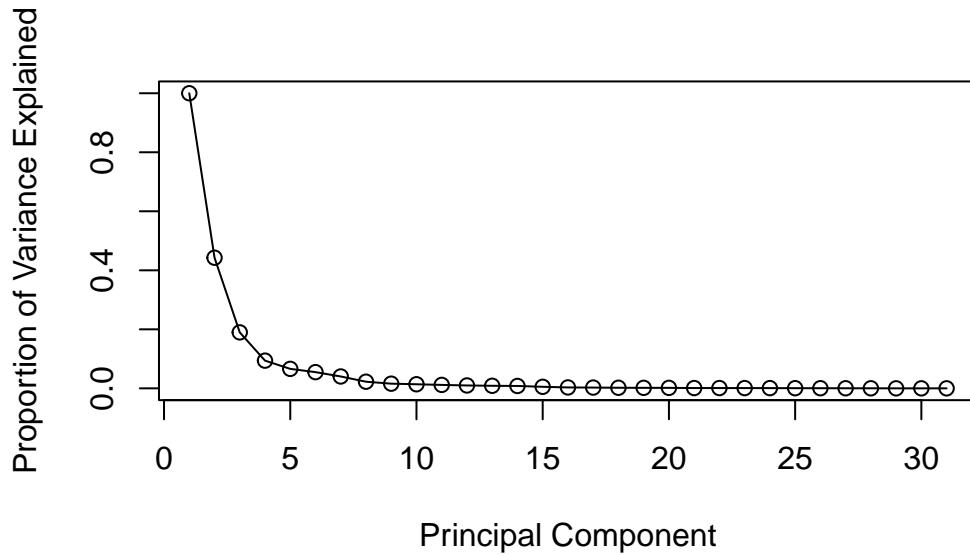
Variance Explained

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

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

```
# Variance explained by each principal component: pve
pve <- wisc.pr$sdev^2 / sum(wisc.pr$sdev^2)
```

```
# Plot variance explained for each principal component
plot(c(1,pve), xlab = "Principal Component",
      ylab = "Proportion of Variance Explained",
      ylim = c(0, 1), type = "o")
```



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`? This tells us how much this original feature contributes to the first PC. Are there any features with larger contributions than this one?

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

```
[1] -0.2608538
```

```
sort(abs(wisc.pr$rotation[, 1]), decreasing = TRUE)[1:5]
```

<code>concave.points_mean</code>	<code>concavity_mean</code>	<code>concave.points_worst</code>
0.2608538	0.2584005	0.2508860
<code>compactness_mean</code>	<code>perimeter_worst</code>	
0.2392854	0.2366397	

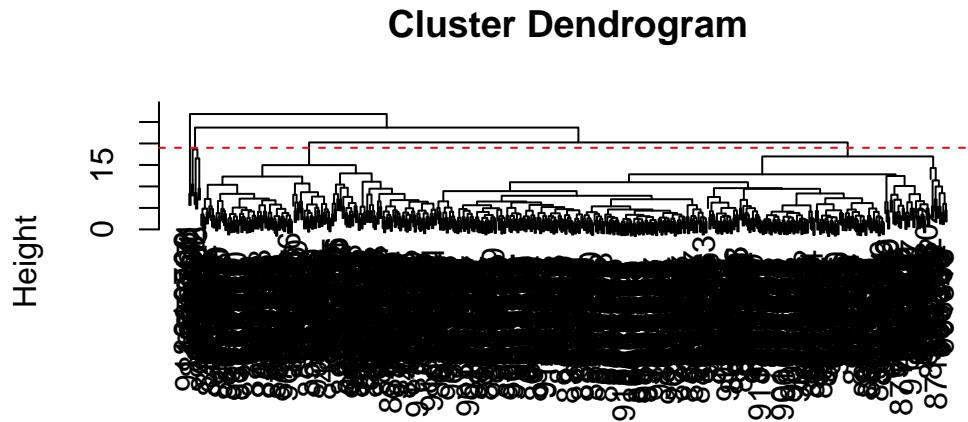
No, there are not any features with larger contributions than this one.

Hierarchical Clustering

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

Creating the cluster derogram:

```
plot(wisc.hclust)
abline(h=19, col="red", lty=2)
```



data.dist
hclust (*, "complete")

Q10. Using the `plot()` and `abline()` functions, what is the height at which the clustering model has 4 clusters?

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

Selecting number of clusters

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

The ward.D2 method gives the best results because it minimizes within-cluster variance, producing compact and well-separated clusters. Compared to single, complete, and average linkage, ward.D2 avoids chaining and creates clusters that better reflect the underlying structure of the data.

Combining Methods

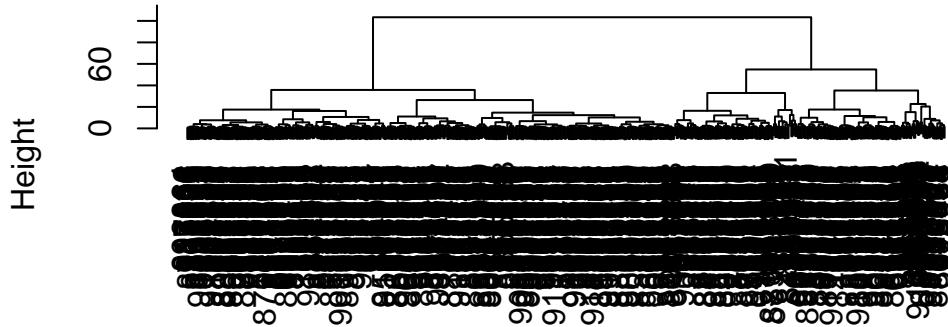
Here we will take our PCA results and use those as input for clustering. In other words our `wisc.pr$x` scores that we plotted above (the main output from PCA - how the data lie on our new principal component axis/variables) and use a subset of the PCs as input for `hclust()`.

```

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

```

Cluster Dendrogram



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

Cut the dendrogram/tree into two main groups/clusters:

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

```
grps  
1 2  
203 366
```

Q13. How well does the newly created hclust model with two clusters separate out the two “M” and “B” diagnoses?

I want to know how clustering into grps with values of 1 or 2 correspond to the expert diagnosis.

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

	diagnosis	
grps	B	M
1	24	179
2	333	33

My clustering **group 1** are mostly “M” diagnosis (179) and my clustering **group 2** are mostly “B” diagnosis.

24 False positives 179 True positives 333 True negatives 33 False negatives

Q14. How well do the hierarchical clustering models you created in the previous sections (i.e. without first doing PCA) do in terms of separating the diagnoses? Again, use the table() function to compare the output of each model (wisc.hclust.clusters and wisc.pr.hclust.clusters) with the vector containing the actual diagnoses.

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

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

These models do fairly well in terms of separating the diagnosis, as the numbers are fairly similar.

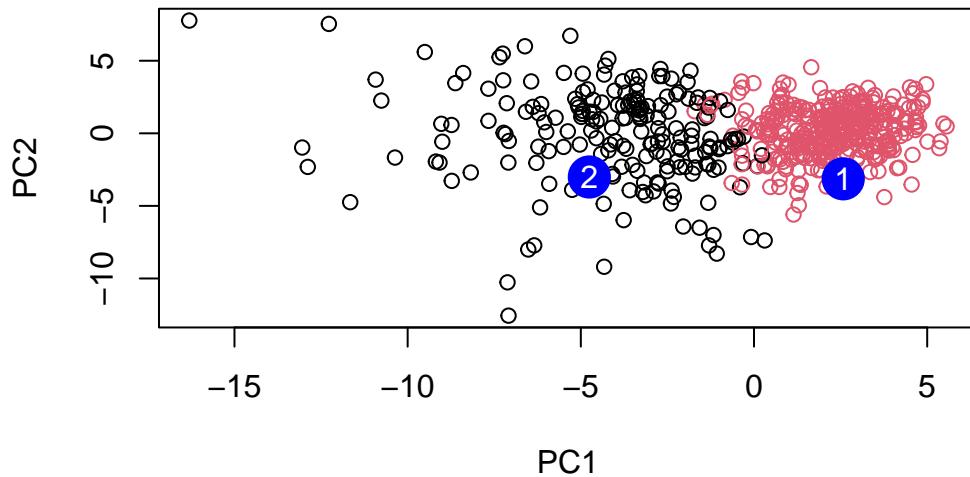
Prediction

```
url <- "new_samples.csv"
url <- "https://tinyurl.com/new-samples-CSV"
new <- read.csv(url)
npc <- predict(wisc.pr, newdata=new)
npc
```

	PC1	PC2	PC3	PC4	PC5	PC6	PC7
[1,]	2.576616	-3.135913	1.3990492	-0.7631950	2.781648	-0.8150185	-0.3959098
[2,]	-4.754928	-3.009033	-0.1660946	-0.6052952	-1.140698	-1.2189945	0.8193031
	PC8	PC9	PC10	PC11	PC12	PC13	PC14
[1,]	-0.2307350	0.1029569	-0.9272861	0.3411457	0.375921	0.1610764	1.187882
[2,]	-0.3307423	0.5281896	-0.4855301	0.7173233	-1.185917	0.5893856	0.303029
	PC15	PC16	PC17	PC18	PC19	PC20	
[1,]	0.3216974	-0.1743616	-0.07875393	-0.11207028	-0.08802955	-0.2495216	
[2,]	0.1299153	0.1448061	-0.40509706	0.06565549	0.25591230	-0.4289500	
	PC21	PC22	PC23	PC24	PC25	PC26	

```
[1,]  0.1228233 0.09358453 0.08347651  0.1223396  0.02124121  0.078884581
[2,] -0.1224776 0.01732146 0.06316631 -0.2338618 -0.20755948 -0.009833238
      PC27      PC28      PC29      PC30
[1,]  0.220199544 -0.02946023 -0.015620933  0.005269029
[2,] -0.001134152  0.09638361  0.002795349 -0.019015820
```

```
plot(wisc.pr$x[,1:2], col=grps)
points(npc[,1], npc[,2], col="blue", pch=16, cex=3)
text(npc[,1], npc[,2], c(1,2), col="white")
```



Q16. Which of these new patients should we prioritize for follow up based on your results?

We should prioritize Patient 2 because their results are more similar to the malignant plots than Patient 1, so it is more likely that they may have malignant cancer cells.