Regression Model Building 2: Model assessment

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BCCDC Biostats Session

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Session overview

- In this session we will continue to discuss
 - Key components in the model building process
 - Models as a tool for exploring and describing data

From last session...

- Building a regression model requires careful thought throughout, not simply a 'cookbook' activity of following predefined steps
- In general, you must consider and decide
 - What is the purpose of my model (describe, explain, predict)?
 - What type of model is appropriate for my purpose and data (ordinary linear, generalized linear, etc.)?
 - What is the **best fit model** for my data?

Descriptive modeling

- Here we focus on descriptive modeling, which aims to
 - summarise or represent data in a compact manner
 - capture associations between dependent and independent variables
 - generate hypotheses (but not test hypotheses)
- Different from
 - explanatory modeling: hypothesis testing based on underlying causal theory
 - predictive modeling: model as a tool for predicting new observations

Our data

- As an example, we consider individual-level clinic data from STI sentinel surveillance (provided by Clinical Prevention Services, BCCDC)
- Chlamydia and gonorrhea diagnoses (2006-17) were linked to infectious syphilis diagnoses (up to 12-months after)
- Patient-level information is based on case report forms and linkage to HIV surveillance data
- Our interest is to describe the associations between syphilis diagnosis and the patient characteristics

Our data

Variables available for modeling building:

- syph_dx Patient had a syphilis diagnosis during the study period (yes/no)
- earliest_age_grp patient age groups (15-19, 20-24, 25-29, 30-39, 40-59, 60+ years)
- hiv_atoc Patient had HIV at the time of syphilis diagnosis (yes/no)
- everlgv diagnosis with lgv anytime (lifetime or within study period)
- gender_bin Patient sex categories (M, F, NA)
- surveillance_region_ha Patient's Health Authority of residence
- ctgc_cat Number of chlamydia or gonorrhea diagnoses patient had during study period (1-2, 3-4, 5+)
- post2011 Chlamydia/gonorrhea diagnosis was after 2011 (yes/no)

What type of model?

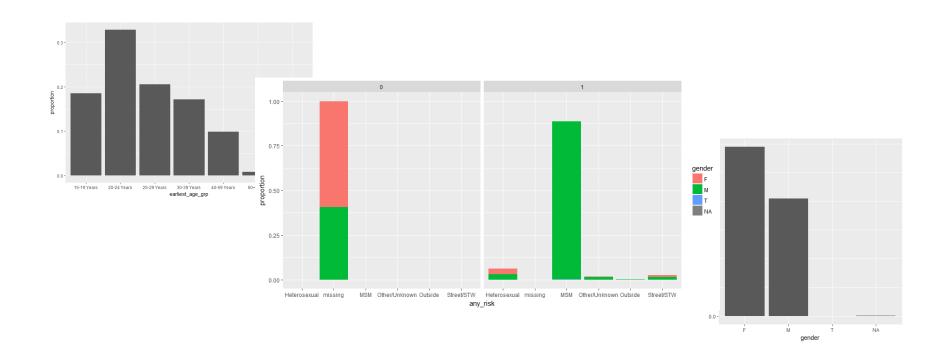
- The outcome of interest (syphilis dx: yes or no) is binary – what type of model would be an appropriate choice?
 - We use binomial (logistic) regression as an illustrative example
 - In the accompanying R script, we analyse the probability of syphilis diagnosis in association with patient-level covariates (demographics, previous STI diagnoses)

Building a model

- Although there are many approaches to model building, one always needs to
 - visualise the data: summary statistics, plots, etc.
 - choose a candidate model (simple model, full model, etc.) as a starting point, assess fit, add or remove covariates
 - compare the fit of candidate models against one another and against the observed data
 - generate predicted ('fitted') values and/or residuals ('errors') values from model and assess fit
 - Examine goodness-of-fit statistics (AIC, BIC, dispersion)

Visualise the data

• We looked at that last session...



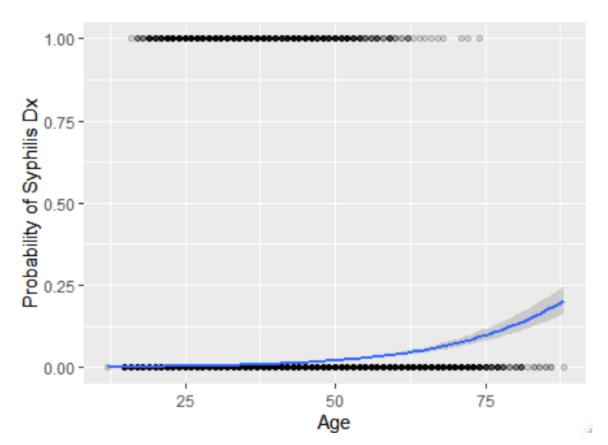
As an example, consider the age-only model:

Prob(syphilis dx) = patient age

```
age_only_model <- glm(syph_dx ~ earliest_age_yrs, family =
"binomial", data = analysis_data)</pre>
```

- Now what??
 - Often models are run without much attention to whether or not they are a good fit
 - Always consider visualisation what does my model fit look like? Is it a good fit to the underlying data?

 Visualise the model fit: plot probability of syph_dx as a function of patient age



 Assess model fit: summarise model fit, residuals and deviance (measure of goodness of fit in generalized linear models)

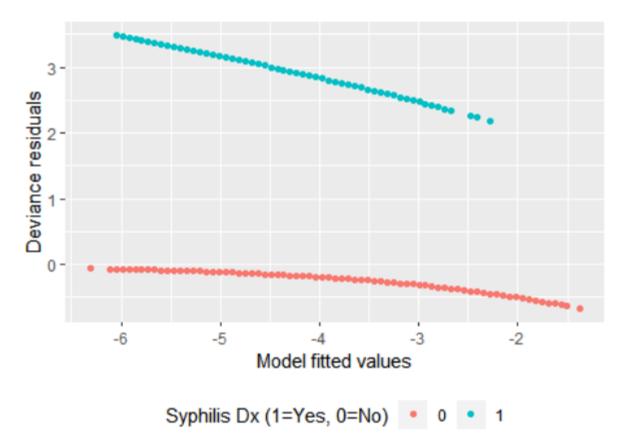
```
summary(age_only_model) #
anova(age_only_model, test="Chisq")
```

 Assess model fit: age is a significant predictor, with increased probability of syphilis dx with increasing age

```
Coefficients:
                     Estimate Std. Error z value
                                                       Pr(>|z|)
   (Intercept)
                    -7.090126 0.095191 -74.48
                                                       << 0.001***
   earliest age yrs
                     0.064993
                                0.002465
                                           26.37
                                                       << 0.001***
                   Df Deviance Resid. Df Resid. Dev
                                                       Pr(>Chi)
 NULL
                                 132901
                                             9938.7
# earliest age yrs 1
                       553.54
                                 132900
                                             9385.1
                                                       << 0.001***
```

 Assess model fit: but the distribution of residuals is quite skewed, suggesting a poor model fit

 Assess model fit: plotting the distribution of residuals can help assess model fit

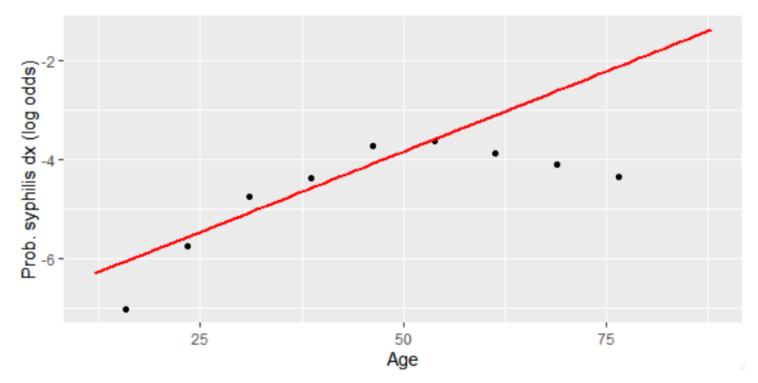


- Assess model fit: formal goodness-of-fit statistics can also help assess model fit
 - For example, Nagelkerke's pseudo R²

```
(1-exp( ((age_only_model$deviance)-(age_only_model$null.deviance)) / (age_only_model$df.null+1) )) /
   (1-exp( -(age_only_model$null.deviance) / (age_only_model$df.null+1) ))
[1] 0.05768332
```

- Proportion of deviance explained by model, similar to traditional \mathbb{R}^2 in simple linear models
 - In this case, only 6% of deviance explained by age-only model

• Assess model assumptions: check linearity



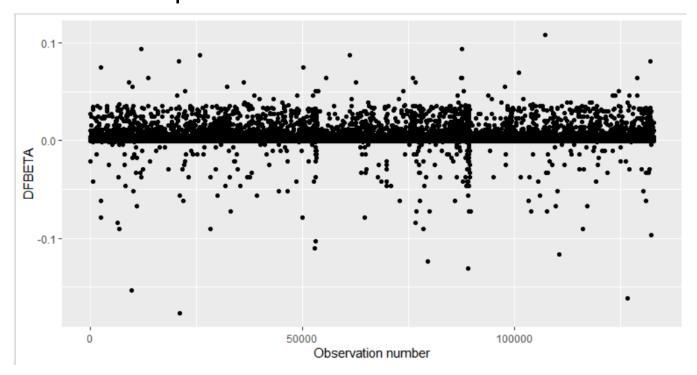
 Calculate observed proportions (as log odds) and compare with linear model fit – does the actual relationship look linear?

- Assess model assumptions: check outliers
 - In looking for unusual observations, it is helpful to calculate 'influence measures', which indicate impact of each data point on the overall model fit

```
inf.measures <- influence.measures(age_only_model)

as.data.frame(inf.measures$infmat) %>%
  rowid_to_column() %>%
  ggplot() + geom_point(aes(x = rowid, y = dfb.1_))
```

- Assess model assumptions: check outliers
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Next time

• Comparing the fit of differing models...