Xue, Mi

STAT 586

Final Project

Statistical Analysis of Plasma Retinol Levels

May. 05, 2017

#### Introduction

It is well known that dietary intake, beta-carotene, retinol are strongly associated with the risk of developing cancer, however, due to the insufficient or conflicting evidences, the relationship between, personal factors, carotenoids and diseases are still inconclusive. In order to find out the determinants of plasma concentration of these micronutrients, we use the data acquired from the "patients who had an elective surgical procedure during a three-year period to biopsy or remove a lesion of the lung, colon, breast, skin, ovary or uterus that was found to be non-cancerous." The purpose of this project is to derive an appropriate regression models to summarize the characteristics between personally factors, micronutrients and plasma Retinol level.

## Data

The dataset can be referenced at American Journal of Epidemiology 1989; 130:511- 521. It has not been published yet but a related reference is Nierenberg DW, Stukel TA, Baron JA, Dain BJ, Greenberg ER. This dataset has 13 variables, consists of 3 categorical variables and 9 quantitative variables.

### **Quantitative Variables:**

AGE: age (years);

QUETELET: weight height 2;

CALORIE: number of calories consumed per day;

FAT: grams of fat consumed per day; FIBER: grams of fiber consumed per day;

ALCOHOL: number of alcoholic drinks consumed per day;

CHOLESTEROL: Cholesterol consumed (mg per day);

BETADIET: Dietary beta-carotene consumed (mcg per day);.

RETDIET: Dietary retinol consumed (mcg per day);

RETPLASMA: Plasma Retinol (ng/ml), the response variable;

# **Categorical Variables:**

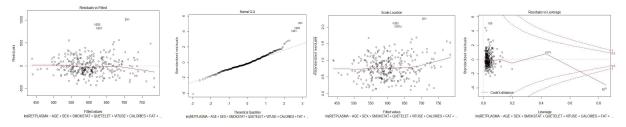
SEX: sex (1=male, 2=female);

SMOKESTAT: smoking status (1=never, 2=former, 3=current);

VITUSE: Vitamin Use (0= No, 1=Yes, fairly often, 2=Yes, not often).

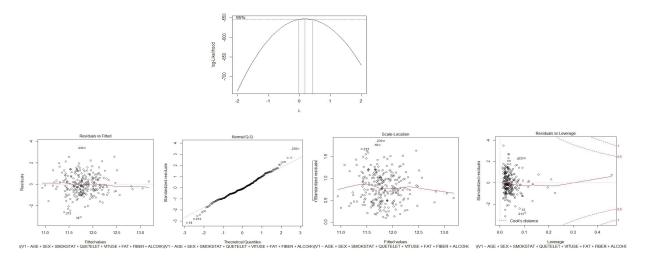
# Interpretation

Plotting the original dataset can show a much more indicative view of the data's consistence and normality. Four graphs are shown below, suggesting that the QQ plot (2) is heavy tailed, suggesting how the data depart from normality. Residuals VS leverage (4) graph has a high leverage and large standardized residuals point out of Cook's distance. Therefore, transformation is needed so as to make the data approximately normal as well as to delete the outlier out the special point #62.



Besides boxcox transformation and deleting outliers, there is one more step need to be done. In order to build linear regression models, it is necessary to check collinearity among variables because it can interfere the correctness of the final models. Hence I did the VIF test to check the data and found that variable CALORIES shows a suspicious value 13.305254( >10), indicating CALORIES truly can cause the collinearity problem with other variables, so that I need to delete CALORIES from the full model.

After assigned the value of  $\lambda$  =0.18( the peak of log-likelihood graph), we can successfully do the transformation, After removing point 62#, the four graphs are shown below, which can be seen that the data is almost follow a normal distribution and no point has a outlier influence now:



The next step is checking the significant of all the variables in the full model (after deleting the variable CALORIES), we use stepwise selection to allow moves in each direction. The result is

However, some variables may be removed from the model, when they are deemed important to be included. So I use another method to select the variables. We know that two independent variables interact if the effect of one of the variables differs depending on the level of the other variable. So I use the normal ANOVA analysis and then add all interaction effects into the model, and the outcome is shown below:

						Coefficients:					
Coefficients:						Coerricients:	Estimate	Std. Error	t value	pr(sltl)	
Coeff (Crent:						(Intercept)	2.173e+01	7.211e+00		0.00292	**
	Estimate	Std. Error	t value	Pr(> t )		AGE	-1.065e-02	5.316e-02	-0.200	0.84140	
(					000	SEX		3.310e+00	-1.477	0.14139	
(Intercept)	1.1286+01	6.905e-01				SMOKSTAT		1.355e+00	0.454		
AGE	1.199e-02	4.559e-03	2.630	0.00909	***	QUETELET		1.770e-01	-1.142		
		2.203e-01		0.93549		VITUSE		1.079e+00	-0.049	0.96136	
SEX	1.784e-02		0.081			FAT FIBER		3.988e-02 2.011e-01	0.384	0.70134	
SMOKSTAT	7.656e-02	8.967e-02	0.854	0.39406		ALCOHOL	-1.086e-01	2.363e-01	-0.460	0.64630	
	4.367e-03	1.043e-02	0.419	0.67580		CHOLESTEROL	-2.528e-02		-2.510	0.01286	*
QUETELET						RETDIET	4.766e-03	2.365e-03	2.016	0.04517	w
VITUSE	1.090e-01	8.142e-02	1.338	0.18203		AGE:SEX		2.074e-02	0.423	0.67296	
FAT	-3.224e-03	2.792e-03	-1.155	0.24935		AGE: SMOKSTAT	-5.524e-04	7.791e-03	-0.071	0.94354	
FAI	-3.2240-03			0.24933		AGE:QUETELET	1.061e-03	8.292e-04	1.280	0.20203	
FIBER	-1.132e-02	1.333e-02	-0.849	0.39688		AGE:VITUSE AGE:FAT	-4.247e-03 -4.142e-04		-1.700	0.09073	
	4.117e-02	1.290e-02	3.192	0.00160	**	AGE:FIBER		1.098e-03	0.726	0.46883	
ALCOHOL						AGE : ALCOHOL		1.508e-03	-0.152	0.87967	
CHOLESTEROL	-1.811e-04	6.867e-04	-0.264	0.79220		AGE: CHOLESTEROL			1.290	0.19846	
RETDIET	-3.417e-05	1.134e-04	-0.301	0.76341		AGE:RETDIET		1.451e-05	-1.444		
KEIDTEI	-3.41/e-U3	1.1546-04	-0.301	0.70541		SEX:SMOKSTAT	-4.794e-01	4.726e-01		0.31157	
						SEX:QUETELET	6.048e-02	7.854e-02	0.770	0.44219	
						SEX:VITUSE SEX:FAT	3.705e-01	3.801e-01 1.307e-02	0.029	0.33090	
						SEX:FIBER	9.124e-02			0.22475	
						SEX:ALCOHOL	2.960e-02	5.218e-02	0.567	0.57109	
						SEX:CHOLESTEROL		3.226e-03		0.02292	*
						SEX:RETDIET	-9.007e-04		-1.329	0.18524	
						SMOKSTAT: QUETELET		1.985e-02	0.669	0.50408	
						SMOKSTAT: VITUSE		1.312e-01	-0.662	0.50850	
						SMOKSTAT:FAT SMOKSTAT:FIBER	1.553e-02	5.609e-03 2.228e-02	-1.547 0.697	0.12348	
						SMOKSTAT: FIBER		2.570e-02	0.813		
						SMOKSTAT: CHOLESTEROL	3.382e-03		2.743	0.00664	**
						SMOKSTAT: RETDIET		2.823e-04	-1.121	0.26360	
						QUETELET: VITUSE		1.488e-02	-1.194		
						QUETELET: FAT	7.566e-04	6.815e-04		0.26822	
						QUETELET: FIBER	1.552e-04			0.95953	
						QUETELET:ALCOHOL QUETELET:CHOLESTEROL		4.621e-03 1.547e-04		0.68215	
						QUETELET: RETDIET	-4.066e-05	3.419e-05		0.23571	
						VITUSE:FAT	5.146e-04			0.91577	
						VITUSE:FIBER	1.716e-02		0.760	0.44806	
						VITUSE:ALCOHOL	1.223e-02		0.598	0.55048	
						VITUSE: CHOLESTEROL		1.300e-03		0.56826	
						VITUSE:RETDIET	-3.618e-04		-1.398		
						FAT:FIBER FAT:ALCOHOL	-1.036e-03 6.441e-05		-1.183	0.23823	
						FAT: CHOLESTEROL	-4.326e-06	1.980e-05		0.82729	
						FAT:RETDIET	-2.837e-06	7.785e-06	-0.364		
						FIBER:ALCOHOL	1.615e-03	4.074e-03	0.396	0.69226	
						FIBER: CHOLESTEROL	1.898e-04		0.787	0.43209	
						FIBER:RETDIET	9.815e-06	4.984e-05	0.197		
						ALCOHOL:CHOLESTEROL ALCOHOL:RETDIET	1.987e-04 -6.448e-05	2.567e-04 4.476e-05	0.774		
						CHOLESTEROL: RETDIET				0.61670	
						CHOLLDIENOL REIDIE!	0.00/E-0/	1.1146-00	0.301	0.010/0	

As seen from the normal ANOVA table on the left, we can keep the variables of AGE and ALCOHOL, and this outcome is already being included in the stepwise selection conclusion. Then, we analysis the ANOVA table contained the interaction effects on the right side. As a result, CHOLESTEROL, RETDIET, AGE\*FAT, SEX\*CHOLESTEROL, SMOKSTAT\*CHOLESTEROL are significant (in order to be more conservative, we assign the significant level =0.1). As a common sense, if main effect of A is not significant while its interaction effect is significant, we cannot deny its impact on the dependent variable. Based on the combined conclusion, we can keep the variable AGE, SEX, SMOKSTAT, FAT,

ALCOHOL, CHOLESTEROL and RETDIET and run the ANOVA table to determine its regression model.

```
Coefficients:
                    Estimate Std. Error
1.135e+01 6.019e-01
1.099e-02 4.512e-03
                                                       18.865 < 2e-16 ***
2.435 0.01558 *
(Intercept) 1.135e+01
                                                     18.865
SEX
SMOKSTAT
                    6.127e-02
7.047e-02
                                    2.180e-01
8.794e-02
FAT -3.930e-03 2.699e-03
ALCOHOL 4.046e-02 1.276e-02
CHOLESTEROL -5.864e-05 6.811e-04
RETDIET -4.407e-05 1.125e-04
                                                      -1.456
                                                                  0.14666
                                                        3.171
                                                                   0.00171
                                                      -0.392 0.69554
Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
Residual standard error: 0.976 on 246 degrees of freedom
Multiple R-squared: 0.09062, Adjusted R-squared: (F-statistic: 3.502 on 7 and 246 DF, p-value: 0.001337
```

Hence, the final model is

RETDIET=11.35+0.011AGE+0.0613SEX+0.07SMOKSTAT-0.0039FAT+0.0405ALCOHOL-0.00006CH OLESTEROL-0.000044RETDIET.

To validate this conclusion, we can use 5-fold cross validation method to compare the full model (after boxcox transformation) and final model.

The average MSE of full model (after boxcox transformation) is:

```
> cv.errorfull

[1] 1.358676 1.513175 1.383760 1.481889 1.447914

> plot(cv.errorfull)

> sum(cv.errorfull)/5

[1] 1.437083

The average MSE of final model is:

> cv.error
```

[1] 0.9998226 0.9830486 0.9806730 0.9881346 0.9865430 > sum(cv.error)/5 [1] 0.9876444

As a result, the final model have a smaller MSE compared with the full model. Moreover, the adjusted R square of the final model is 0.06475, bigger than the adjusted R square of full model (after boxcox transformation) 0.04406, which means the final model delete some useless terms and can make more accurate prediction.

### **Conclusion**

There is wide variability in plasma concentration of the micronutrients in human, and the variability is tightly associated with person's characteristics and habits. As seen from the final model, we can find out that AGE, SEX, SMOKSTAT, FAT, ALCOHOL, CHOLESTEROL and RETDIET are determine the level of Plasma Retinol Level. However, it is important to note that some information was inconsistent and over reported. For example, male may have a higher smoking rate than female, whether variable QUETELET may have a relationship with calories, fat and cholesterol, males in this database have a higher Plasma Retinol Level (700.7381 ng/ml) than female (579.618 ng/ml). In addition, even the adjusted R square of our final model is bigger than the full model's, but the value is still very small, which means so more detailed checking should be made.

#### Reference

Plasma Retinol Dataset

staff.pubhealth.ku.dk/~tag/Teaching/share/data/Plasma.html

Nierenberg DW, Stukel TA, Baron JA, Dain BJ, Greenberg ER. Determinants of plasma levels of beta-carotene and retinol. American Journal of Epidemiology 1989;130:511-521