

Gene expression

Logistic regression for disease classification using microarray data: model selection in a large p and small n caseJ.G. Liao^{1,*} and Khew-Voon Chin²¹Drexel University School of Public Health, Philadelphia, PA 19102 and ²The University of Toledo, Toledo, OH 43614, USA

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ABSTRACT

Motivation: Logistic regression is a standard method for building prediction models for a binary outcome and has been extended for disease classification with microarray data by many authors. A feature (gene) selection step, however, must be added to penalized logistic modeling due to a large number of genes and a small number of subjects. Model selection for this two-step approach requires new statistical tools because prediction error estimation ignoring the feature selection step can be severely downward biased. Generic methods such as cross-validation and non-parametric bootstrap can be very ineffective due to the big variability in the prediction error estimate.

Results: We propose a parametric bootstrap model for more accurate estimation of the prediction error that is tailored to the microarray data by borrowing from the extensive research in identifying differentially expressed genes, especially the local false discovery rate. The proposed method provides guidance on the two critical issues in model selection: the number of genes to include in the model and the optimal shrinkage for the penalized logistic regression. We show that selecting more than 20 genes usually helps little in further reducing the prediction error. Application to Golub's leukemia data and our own cervical cancer data leads to highly accurate prediction models.

Availability: R library *GeneLogit* at http://geocities.com/jg_liao

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1 INTRODUCTION

DNA microarray is a new technology that measures the expression levels of thousands of genes simultaneously and has emerged as an important tool in biomedical research. Golub *et al.* (1999) show that microarray gene expression can be used to classify between acute myeloid leukemia (AML) and acute lymphocytic leukemia. Since then, disease classification using microarray data has been the focus of intensive research with the aim of providing more accurate diagnostic tools than what the traditional pathological method alone can provide. Gene expression can also be used to predict survival

time, disease prognostics and response to treatment, all with important clinical implications.

The mathematical and statistical methodologies for building such classification models, from the classical statistical methods to machine learning theory to classification trees, are reviewed and compared by Dudoit *et al.* (2002), Lee *et al.* (2005) and Li *et al.* (2004). This article considers the logistic regression approach, a standard method for binary classification that has been extended for use in microarray data in Eilers *et al.* (2001), Fort and Lambert-Lacroix (2005), Nguyen and Rocke (2002), Shen and Tan (2005), Zhou *et al.* (2004), Zhu and Hastie (2005). Let y be an array's binary disease status (1 for cancer and 0 for normal as a general example) and let $\mathbf{x} = (x_1, \dots, x_p)$ be the expression vector, where x_j is the expression level of the j th gene. A logistic prediction model for $\pi(\mathbf{x})$, the probability of $y=1$ given \mathbf{x} , is constructed from a training dataset, which can then be applied to the gene expression of a new array to estimate its cancerous probability. Building a logistic prediction model using microarray data, however, is fundamentally different from standard logistic modeling because the number of genes (predictors) p can be thousands while the number of arrays (subjects) n is usually no more than 100. A popular approach is to combine a gene selection step with penalized likelihood inference (Eilers *et al.*, 2001; Shen and Tan, 2005; and Zhu and Hastie, 2004). Step 1, called feature selection, selects a subset of genes to include in the logistic regression. For ease of exposition, we will focus on the method of selecting the q most univariately significant genes (Dudoit *et al.*, 2002) and let $x_j^*, j = 1, \dots, q$, be the expression of the j th selected gene. Let $y_i, i = 1, \dots, n$, be the binary disease status of the i th array in the training dataset and let $\mathbf{x}_i = (x_{i1}, \dots, x_{ip})$ be its gene expression vector. Step 2 fits the logistic model

$$\text{logit}\{\pi(\mathbf{x})\} = \beta_0 + \sum_{j=1}^q \beta_j x_j^* \quad (1)$$

by maximizing the penalized log-likelihood

$$l(\beta_0, \beta) = \sum_{i=1}^n \{y_i \log(\pi_i) + (1 - y_i) \log(1 - \pi_i)\} - \frac{1}{2\tau^2} \|\beta\|^2, \quad (2)$$

where $\pi_i = \pi(\mathbf{x}_i)$ as given by model (1), $\|\beta\|$ is the Euclidean length of $\beta = (\beta_1, \dots, \beta_q)$, and $\tau \in (0, \infty)$ is the shrinkage

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parameter that controls the degree of shrinkage of β toward 0 (Cessie and Van Houwelingen, 1990; Van Houwelingen, 2001). There are two key unresolved model selection issues here. The first is how to choose the number of genes q in Step 1. A smaller q makes the prediction model (1) easier and less costly to use but may lead to a larger prediction error. The second is how to find the optimal shrinkage parameter τ for a chosen q . To address these issues, we need to be able to estimate the prediction error of a model building strategy. Ambroise and McLachlan (2002) and Simon *et al.* (2003) show that methods in earlier publications that ignored the feature selection step in the evaluation can severely underestimate the prediction error. To incorporate both Steps 1 and 2 for valid assessment, they use the generic cross-validation and non-parametric bootstrap. Recently, however, Braga-Nato and Dougherty (2004) demonstrated that the prediction error estimation using cross-validation can be too variable to be useful. Efron (2004), in a significant theoretical advance, shows that cross-validation and non-parametric bootstrap, while broadly applicable, pay a substantial price in terms of decreased estimating efficiency, which is especially acute for a large p and small n problem. The parametric bootstrap method, based on models tailored to the specific problem, can offer substantially better accuracy if the model is justified.

This article proposes and develops a parametric bootstrap method for more accurate and reliable estimation of the prediction error for the two-step procedure of building a logistic model, which provides the critically needed guidance on the choice of q and τ . For any given q , our method finds the optimal τ and the corresponding prediction error. We show that including $q = 20$ genes in the model is usually sufficient as additional genes help little in further reducing the prediction error. Application to Golub's leukemia data (Golub *et al.*, 1999) and our own breast cancer data (Wong *et al.*, 2003) leads to highly accurate prediction models. A carefully crafted R library, *GeneLogit*, is supplied on our web-site (http://geocities.com/jg_liao) that can be readily used for data analysis.

2 PARAMETRIC BOOTSTRAP MODEL SELECTION

2.1 A parametric bootstrap model

The parametric bootstrap (Efron and Tibshirani, 1993), unlike cross-validation and non-parametric bootstrap, requires a more detailed model for the underlying process that generated data $\mathbf{y} = (y_1, \dots, y_n)$. We now propose such a model in a hierarchical form.

Stage 1: given the gene expression vector \mathbf{x}_i , $y_i \sim \text{Bernoulli}(\pi_i)$ with

$$\text{logit}(\pi_i) = b_0 + \sum_{j=1}^p b_j x_{ij}, i = 1, \dots, n, \quad (3)$$

where b_1, \dots, b_p are the regression coefficients to be further modeled in Stage 2 and b_0 is the intercept. Note that Equation (3) is different from Equation (1) in that (3) is the assumed true model for π_i while (1) is the working model for building a prediction rule. In Section 2.1, π_1, \dots, π_n are always

as given in (3). Usually, only a small percentage of genes from (3) are needed in (1) because the expression levels of many genes are collinear.

Let n_1 be the total number of cancer arrays and $n_0 = n - n_1$ be the total number of normal arrays in the training sample. It can often be more appropriate to model \mathbf{y} as drawn conditional on $y_1 + \dots + y_n = n_1$ because n_1 and n_0 are fixed by design (see Section 4 for more discussion). Let

$$\Pr(\mathbf{y}|\pi) = \prod_{i=1}^n \pi_i^{y_i} (1 - \pi_i)^{1-y_i},$$

where $\pi = (\pi_1, \dots, \pi_n)$. Let $\mathbf{u} = (u_1, \dots, u_n)$, where each u_i is either 0 or 1, and let $S = \{\mathbf{u} : \sum_{i=1}^n u_i = n_1\}$. The conditional probability of \mathbf{y} given $y_1 + \dots + y_n = n_1$ is then

$$\frac{\Pr(\mathbf{y}|\pi)}{\sum_{\mathbf{u} \in S} \Pr(\mathbf{u}|\pi)}, \quad (4)$$

which depends on b_1, \dots, b_p but not on intercept b_0 and is often the likelihood of choice in statistical inference when n_1 is fixed by design or when the intercept b_0 is considered a nuisance parameter (Agresti, 2002; McCullagh and Nelder, 1989; Chapter 6.7.1). We will therefore use this conditional distribution for the inference and simulation subsequently.

Stage 2: to develop a model for coefficients b_1, \dots, b_p in (3), let $M = \{j : b_j \neq 0\}$ be the subset of genes with a non-zero regression coefficient. Rewrite (3) as

$$\text{logit}(\pi_i) = b_0 + \sum_{j \in M} s_j |b_j| x_{ij}, \quad (5)$$

where $s_j = |b_j|/b_j$ is the sign of b_j for $j \in M$. Note that Equation (3) is ill-posed in that infinitely many solutions of b_0, \dots, b_p exist for any given π . To put a reasonable structure on b_j , we shall seek insight from a formulation of the gene expression vector \mathbf{x} that leads to logistic regression (3). Assume that $\mathbf{x} \sim N(\mu_1, V)$ for a tissue drawn from the cancer group and $\mathbf{x} \sim N(\mu_0, V)$ for a tissue drawn from the normal group, where $\mu_1 = (\mu_{11}, \dots, \mu_{1p})$ and $\mu_0 = (\mu_{01}, \dots, \mu_{0p})$. This leads to logistic regression (3) with $(b_1, \dots, b_p)^T = V^{-1}(\mu_1 - \mu_0)$ and intercept b_0 that depends on the relative sampling probabilities from the normal and cancer groups (Hastie, *et al.*, 2001). Assume further that the gene expression is independent across genes so that $V = \text{diag}(v_1, \dots, v_p)$. We then have $b_j = (\mu_{1j} - \mu_{0j})/v_j$. Note that b_j is a multivariate regression coefficient in (3) while $\mu_{1j} - \mu_{0j}$ represents the marginal relationship between the j th gene's expression and the outcome y . Let $H_j, j=1, \dots, p$, be the hypothesis that the j th's gene expression has no difference between the cancer and normal arrays, H_j^+ be the alternative hypothesis that expression is stronger in the cancer arrays and H_j^- be the hypothesis that the expression is stronger in the normal arrays. It follows that H_j, H_j^+ and H_j^- correspond to $b_j = 0, s_j = 1$ and $s_j = -1$, respectively. We can now borrow from the extensive research on identifying differentially expressed genes based on the false discovery rate (FDR) framework (Benjamini and Hochberg, 1995). Let z_j be the P -value from testing H_j that summarizes the strength of statistical evidence against H_j . Efron *et al.* (2001) and

Efron and Tibshirani (2002) model $z_j, j = 1, \dots, p$, as generated from the mixture distribution

$$\eta_0 f_0(z) + (1 - \eta_0) f_1(z),$$

where η_0 is the proportion of genes that do not express differentially, f_0 is the uniform density on $[0, 1]$ for P -values under the null hypothesis and f_1 is the density for P -values under the alternative. The local FDR, which quantifies the plausibility of individual H_j being true, is given by

$$\widehat{\text{fdr}}_j = \Pr(H_j \text{ is true} | z_j) = \frac{\eta_0}{\eta_0 + (1 - \eta_0) f_1(z_j)}, \quad (6)$$

and can be estimated using the method either in Liao *et al.* (2004) or in Scheid and Spang (2005). To model the subset M , we shall generate it as a random set so that each j has probability $1 - \widehat{\text{fdr}}_j$ of being in M independently for $j = 1, \dots, p$. To determine a reasonable value for s_j , for $j \in M$, or to choose between H_j^+ and H_j^- after H_j is rejected, note that it is common practice to conclude that the direction of difference in the population is the same as what it is in the sample when a two-sided null hypothesis is rejected (Leventhal and Huynh, 1996). We will thus assign, for $j \in M$, $s_j = 1$ or $s_j = -1$ depending on the direction of the gene's expression in the training dataset. Because of the adjustment for multiple comparisons, a gene is only usually included in M when the P -value z_j is much smaller than the usual cut point 0.05. This way of modeling $b_j \neq 0$ and assigning s_j is based on the marginal relationship between the outcome y and the j th gene's expression level. We show that it is justified by assuming normal distribution for gene expression vector \mathbf{x} and by assuming independent expression across genes within the normal group and within the cancer group. While this is somewhat a strong assumption, we think it provides a useful approximation to an otherwise intractable problem. Similar approach is adopted in Barbieri and Berger (2002) and Ishwaran and Rao (2005) where variables in a multivariate model are selected based on their individual performance instead of their joint posterior distribution in Bayesian analysis of large p and small n data. Further research is needed on the best ways to model b_j for a group of highly correlated genes.

To complete the specification for b_j , we shall model $|b_j|, j \in M$, as independent random effects from normal distribution $N(0, \theta_0^2)$ truncated on $(0, \infty)$. The variance component θ_0 , to be estimated from the data, quantifies the size of $|b_j|$. This follows the established statistical tradition of modeling parameters of similar characteristics as random effects (Laird and Ware, 1982) and also naturally motivates penalized likelihood (2) (Cessie and Van Houwelingen, 1990; Van Houwelingen, 2001).

It is easy to draw a bootstrap sample $y^* = (y_1^*, \dots, y_n^*)$ from the proposed two-stage model. To do this, first get an estimate of the local FDR as $\widehat{\text{fdr}}_j$. Obtain an estimate of θ_0 as $\hat{\theta}_0$ by maximizing (7) as discussed subsequently. We can then draw y^* as follows.

Step 1: generate M so that each j has probability of $1 - \widehat{\text{fdr}}_j$ of being in M . Assign, for $j \in M$, $s_j = 1$ if the gene's expression is stronger in cancer arrays for the training dataset and $s_j = -1$

otherwise. Draw $|b_j|$ from $N(0, \hat{\theta}_0^2)$ truncated on $(0, \infty)$ for $j \in M$. Model (3) or (5) is now specified except the intercept b_0 .

Step 2: draw y^* from the conditional logistic distribution (4) with π given by model (5) as generated in Step 1. Note that both Steps 1 and 2 need to be performed for each bootstrap sample y^* as Step 1 models the uncertainty in regression coefficients in (3) or (5).

Finally, to estimate the variance component θ_0 , let \tilde{y} be a bootstrap sample generated with $|b_j|$ in Step 1 drawn from the truncated $N(0, \theta^2)$ instead. Let $h(\theta)$ be the probability of $\tilde{y} = y$, where the probability incorporates both Steps 1 and 2 in drawing \tilde{y} . Our estimate $\hat{\theta}_0$ maximizes

$$\theta^{-1/3} h(\theta), \quad (7)$$

where the factor $\theta^{-1/3}$ is added to the likelihood function $h(\theta)$ to improve the stability of the maximization and can be seen as the kernel of a prior density on, say $[10^{-6}, 1]$, that mildly favors a smaller θ .

2.2 Estimation of the prediction error

With what is proposed in Section 2.1, the prediction error of a model building procedure can be easily evaluated using parametric bootstrap. For ease of exposition, we will denote the two-step procedure for building a logistic model in Section 1 by logistic (q, τ) , where q is the number of the most significant genes included in working model (1) and τ is the shrinkage parameter in penalized likelihood (2). For any given pair (q, τ) , the prediction error of procedure logistic (q, τ) can be estimated as follows:

Step 1: draw a bootstrap sample $y^* = (y_1^*, \dots, y_n^*)$ as described in Section 2.1. Note that the intercept b_0 in (5) was left unspecified there but its value is needed here. Given the generated M, s_j and $|b_j|$, we will choose b_0 so that (5) satisfies $\pi_1 + \dots + \pi_n = n_1$, which is the maximum likelihood estimate of b_0 . The π_1, \dots, π_n are now completely specified in (5).

Step 2: apply the two-step procedure logistic (q, τ) to bootstrap sample y^* . To be more specific, first test the gene expression difference between arrays with $y_i^* = 1$ and arrays with $y_i^* = 0$ for each of the p genes and select the q most significant genes. Then fit logistic regression (1) with y in penalized likelihood (2) replaced by y^* . Let $\hat{\pi}^* = (\hat{\pi}_1^*, \dots, \hat{\pi}_n^*)$ be the estimated π_1, \dots, π_n from the resulting model.

Step 3: compute the expected Brier score

$$n^{-1} \sum_{i=1}^n \left\{ (\hat{\pi}_i^* - \pi_i)^2 + \pi_i(1 - \pi_i) \right\}, \quad (8)$$

which is smaller if the estimate $\hat{\pi}^*$ is closer to the true π . To derive (8), let $y' = (y'_1, \dots, y'_n)$ be n independent Bernoulli trials with each y'_i having success probability π_i . The Brier score (Brier, 1950) of using $\hat{\pi}^*$ to predict y' is

$$\text{Brier score} = n^{-1} \sum_{i=1}^n (\hat{\pi}_i^* - y'_i)^2.$$

Formula (8) is the expected Brier score over y' .

Repeat Steps 1–3 here a large number of times (10 000 times for the two examples below) and the average of (8) over

these replications serves as an estimate of the prediction error of procedure logistic (q, τ).

As mentioned earlier, the closer the bootstrap estimate $\hat{\pi}^*$ is to the underlying true π , the smaller the expected Brier score (8) is. The true π from Step 1, however, is a random quantity determined by the generated values of M , s_j and $|b_j|$, which models our uncertainty about π . The prediction error estimate of procedure logistic (q, τ) averages (8) over π . Our parametric bootstrap method can therefore be alternatively motivated from the perspective of Bayesian model averaging (Hoeting *et al.*, 1999).

2.3 Software implementation

Our proposed method is implemented in software library *GeneLogit* that runs on the open source R environment (R Development Core Team, 2006) and is available at http://geocities.com/jg_liao. For our implementation, the local FDR estimator in Liao *et al.* (2004) is used. The conditional probability (4) is generally computationally onerous because the probability of $y_1 + \dots + y_n = n_1$ in the denominator may involve the sum of a large number of terms. To simplify the computation, normal approximation $\Phi(n_1 + 0.5) - \Phi(n_1 - 0.5)$ is used, where Φ is the cumulative distribution of normal distribution with mean $\pi_1 + \dots + \pi_n$ and variance $\pi_1(1-\pi_1) + \dots + \pi_n(1-\pi_n)$. The free parameter b_0 in (3) is chosen so that $\pi_1 + \dots + \pi_n = n_1$ for more accurate approximation, which works well when $n > 30$ and n_1 is not too close to 0 or n . The likelihood $h(\theta)$ in (7) is computed by averaging conditional probability (4) over 5000 simulated b_1, \dots, b_p , where b_1, \dots, b_p are generated as in Step 1 in Section 2.1 except $|b_j|$ are drawn from $N(0, \theta^2)$ truncated on $(0, \infty)$. The resulting library *GeneLogit* is easy to use but still computationally intensive (~20 hours of total computing time on today's dual core CPU from Intel or AMD for either the leukemia or the cervical cancer dataset subsequently). As input, it requires the disease outcome y as a vector and the gene expression as an $n \times p$ matrix. No missing values are allowed. The gene expression matrix needs to be standardized so that each column (the expression of a gene across all subjects) has variance of 1. There is no need, however, to center the gene expression to 0 as it does not impact on the regression coefficients b_1, \dots, b_p . The program seems numerically stable as same result is obtained from many different runs. We now illustrate the use of the library in two datasets.

3 TWO EXAMPLES

3.1 Golub leukemia data: classification between ALL and AML

Golub *et al.* (1999) use gene expression to classify between acute lymphoblastic leukemia (ALL) and AML. Their data have since been analyzed by many authors using different classification methodologies. The training dataset consists of 27 ALL and 11 AML subjects and the test dataset consists of 20 ALL and 14 AML subjects. The expression of 7129 genes were originally measured. We applied the pre-processing procedures in Dudoit *et al.* (2002) to filter out genes that do

Table 1. The optimal τ and the prediction error for different q , leukemia data

q	1	10	20	50	100
Optimal τ	4.542	1.041	0.628	0.524	0.487
Prediction error	0.0191	0.0167	0.0152	0.0142	0.0141

not exhibit significant variation across the samples, followed by thresholding and the logarithmic transformation. A total of 3051 genes remain after the pre-processing. Our proposed method is applied to the training dataset ($n = 38$ and $p = 3051$) in the following steps using *GeneLogit* library:

- (1) Run function *localFDR* to estimate fdr_j and assign s_j .
- (2) Run function *model.estimation* to estimate θ_0 by maximizing (7), which gives $\hat{\theta}_0 = 0.0123$.
- (3) Use function *bootstrap.prediction* to find the optimal τ and the corresponding prediction error for different values of q . The result for $q = 1, 10, 20, 50$ and 100 is given in Table 1. For example, the optimal τ for $q = 1$ is found to be 4.542 with a corresponding prediction error estimated to be 0.0191 and the optimal τ for $q = 20$ is 0.628 with a corresponding prediction error of 0.0152. A larger q leads to a smaller optimal τ (more shrinkage) and smaller prediction error. Increasing q beyond 20, however, does not help much in further reducing the prediction error. Note that the estimated prediction error is the average over 10 000 expected Brier scores defined in Equation (8) from 10 000 bootstrapped models. For $q = 20$ and $\tau = 0.628$, the 5th and 95th percentiles of these expected Brier score are 0.0116 and 0.0381, respectively.
- (4) Based on the result in Table 1, we choose procedure logistic ($q = 20, \tau = 0.628$) to build our prediction model by running function *pena.logit*. The 20 selected genes and the penalized logistic regression coefficients are given in Table 2. Note that the regression coefficients are all close to 0 due to the shrinkage effect.

To assess the prediction capacity of the model in Table 2 for independent samples, we apply it to Golub's test dataset of 20 ALL and 14 AML subjects. For each of the 34 subjects in the test dataset, we compute $\hat{\pi}_i$, the estimated probability of the i th subject being ALL, by applying the prediction model to the array's expression vector. Note, however, the number of cases over the number of normal subjects is 27/11 for the training dataset and 20/14 for the test dataset. The estimated intercept -0.278 needs to be adjusted to $-0.278 - \log(27/11) + \log(20/14)$ to account for the different sampling ratios (McCullagh and Nelder, 1989, Chapter 4.3.3). The $\hat{\pi}_i$ and the true disease status y_i (1 for ALL and 0 for AML) are given in Table 3 for $i = 1, \dots, 34$. We see that $\hat{\pi}_i > 0.5$ for every subject with $y_i = 1$ and $\hat{\pi}_i < 0.5$ for every subject with $y_i = 0$ except one with $\hat{\pi}_i = 0.506$. The Brier Score for predicting y_1, \dots, y_{34} using $\hat{\pi}_1, \dots, \hat{\pi}_{34}$ is 0.015. As comparison, Nguyen and Rocke (2002) report 1–3 classification errors; Lee *et al.*

Table 2. Logistic prediction model using procedure logistic($q = 20$, $\tau = 0.629$), leukemia data

Gene coefficient	Intercept	M55150.at	X95735.at	M27891.at	HG1612-HT1612.at	M16038.at
	-0.278	-0.261	-0.240	-0.265	0.223	-0.252
Gene coefficient	M27783.s.at	M31523.at	Z15115.at	D88422.at	X51521.at	M21551.rnal.at
	-0.165	0.224	0.260	-0.177	0.257	-0.240
Gene coefficient	U22376.cds2.s.at	M23197.at	X62320.at	Y12670.at	U50136.rnal.at	M63138.at
	0.263	-0.268	-0.177	-0.365	-0.246	-0.256
Gene coefficient	L09209.s.at	M31166.at	M31166.at			
	-0.237	-0.268	-0.299			

Table 3. The true disease status y_i and the estimated $\hat{\pi}_i$ for the 34 arrays in Golub's test dataset

y_i	1	1	1	1	1	1	1	1	1	1	1	1
$\hat{\pi}_i$	0.991	0.914	0.983	0.845	0.991	0.963	0.995	0.965	0.993	0.979	0.991	0.987
y_i	1	1	1	1	1	1	1	1	0	0	0	0
$\hat{\pi}_i$	0.939	0.960	0.986	0.980	0.728	0.903	0.961	0.986	0.012	0.034	0.008	0.004
y_i	0	0	0	0	0	0	0	0	0	0		
$\hat{\pi}_i$	0.046	0.027	0.036	0.244	0.212	0.122	0.506	0.023	0.035	0.021		

(2003) and Zhou *et al.* (2004) report one classification error and Yeung *et al.* (2005) have two classification errors. The result reported here can be reproduced by running the R code included in our *GeneLogit* library.

3.2 Classification between cervical cancer and normal tissues

Wong *et al.* (2003) study the gene expression of 26 cervical cancer tissues and 9 normal cervical tissues. The data is also analyzed in Liao *et al.* (2004) in the context of estimating the local FDR. We now use the data to build a logistic prediction model for classifying between cervical cancer and normal tissues. We use the 3670 genes, among 10 692 assessed, that have complete data for all the 35 subjects. Applying our *GeneLogit* library using the same steps as for the Golub's data, we obtain $\hat{\theta}_0 = 0.00901$. The optimal τ and the corresponding prediction error for $q = 1, 10, 20, 50$ and 100 are given in Table 4. Again, the optimal τ decreases as q increases and choosing q beyond 20 does not help much in further reducing the prediction error. We thus choose procedure logistic ($q = 20$, $\tau = 0.384$) to build our prediction model with result given in Table 5. For this dataset, however, there is no separate test dataset to reliably assess the prediction error for independent samples. To overcome this problem, we shall borrow idea from cross-validation. For $i = 1, \dots, 35$, we apply procedure logistic ($q = 20$, $\tau = 0.384$) to the cervical dataset with data from the i th subject removed. The resulted logistic model is then applied to the i th tissue's gene expression to compute the estimate $\hat{\pi}_i^{-i}$. The result is given in Table 6. We see that all the cervical cancer tissues ($y_i = 1$) have $\hat{\pi}_i^{-i} > 0.5$

Table 4. The optimal τ and the prediction error for different q , cervical cancer

q	1	10	20	50	100
Optimal τ	2.73	0.795	0.384	0.279	0.207
Prediction error	0.082	0.059	0.057	0.054	0.053

and all the normal tissues ($y_i = 0$) have $\hat{\pi}_i^{-i} < 0.5$. The Brier score for predicting y_1, \dots, y_{35} using $\hat{\pi}_i^{-i}, i = 1, \dots, 35$, is 0.023. Note that y_i does not contribute to the value of $\hat{\pi}_i^{-i}$. The high agreement between y_i and $\hat{\pi}_i^{-i}$ in Table 6 for all 35 subjects indicates that the procedure logistic ($q = 20$, $\tau = 0.338$) is a good choice.

4 CONCLUSION AND DISCUSSION

Building a logistic prediction model using microarray data poses considerable technical challenge because of the larger p and small n . Infinitely number of solutions of b_0, b_1, \dots, b_p exist for any given π_1, \dots, π_n for logistic model (3). Consequently, any observed data y_1, \dots, y_n is subject to infinitely many interpretations. Additional structure on b_0, b_1, \dots, b_p is required for effective data analysis. We propose such a structure in Section 2.1 by writing (3) in the form of (5) and by borrowing from the extensive research on FDR. In our model, the probability of $b_j \neq 0$ or $j \in M$ is taken to be $1 - \widehat{\text{fdr}}_j$ with the sign $s_j, j \in M$, obtained from the

Table 5. Logistic prediction model using procedure logistic ($q=20$, $\tau = 0.384$), cervical cancer

Gene coefficient	Intercept 7.458	AA598513 0.174	N73975 −0.269	AA160783 −0.197	R41779 0.168	AI220203 0.200
Gene coefficient	H54629 0.190	AA148737 0.158	AA450265 0.160	AA669557 0.188	H88540 0.187	AI313031 0.182
Gene coefficient	AA027161 0.212	AA488627 0.153	AA865342 0.153	AA487488 0.139	AI368402 0.210	H65335 0.193
Gene coefficient	AA447797 0.173	AA452556 −0.177	R85257 0.137			

Table 6. The true disease status y_i and the estimated π_i for the 38 arrays in the cervical cancer dataset

y_i	1	1	1	0	1	1	1	1	1	1	1
$\hat{\pi}_i$	0.959	0.752	0.967	0.188	0.974	0.912	0.693	0.983	0.982	0.977	0.918
y_i	1	0	1	1	0	1	1	1	1	0	1
$\hat{\pi}_i$	0.975	0.222	0.994	0.992	0.261	0.953	0.973	0.936	0.988	0.0376	0.976
y_i	1	0	0	1	0	0	1	1	1	1	1
$\hat{\pi}_i$	0.946	0.122	0.173	0.658	0.272	0.280	0.965	0.876	0.987	0.967	0.975

direction of the j th gene expression in the training dataset and $|b_j|$ modeled as random effects. The prediction error of procedure logistic (q, τ) can then be estimated using parametric bootstrap to guide the choice of q and τ . Application of the proposed method to the leukemia and cervical cancer datasets results in excellent prediction models. Biomedical researchers, we interacted with, found the method intuitive and easy to understand.

We now briefly discuss a few issues. First, the number of cancer arrays n_1 and the number of normal arrays n_0 in a microarray study are often chosen to be of similar size to increase statistical efficiency even though the underlying normal population can be much larger than the cancer population. This is similar to the case-control design in epidemiology in which individuals in the disease population are often sampled for inclusion in study in greater proportion than subjects in the control population. For such design, the intercept β_0 in (1) depends on the ratio of the sampling proportions but β_1, \dots, β_q do not (Agresti, 2002; McCullagh and Nelder, 1989, Chapter 6.7.1). In applying the logistic prediction model to new arrays, it is prudent to find out if the same ratio of sampling proportions is used as in the training dataset. The relatively cancerous risk, however, can be determined from only β_1, \dots, β_q . Second, we have focused on the model-building procedure logistic(q, τ) in which the q univariately most significantly genes are included in the logistic model. Other feature selection methods can also be used. One may consider, e.g. to include the q jointly most significant genes. Our proposed bootstrap method can be used in the same way in evaluating its prediction error. Computationally, however, it is much more intensive to find the q jointly most significant genes. Third Yeung, *et al.* (2005) use Bayesian model

averaging for building microarray classification models. As discussed in Section 2.2, our proposed bootstrap method can also be motivated from the same perspective. But Yeung *et al.* method is, in our opinion, a somewhat *ad hoc* adaptation of standard Bayesian model averaging to the large p and small n microarray data while we have developed a coherent model specifically tailored to such data. Indeed, they report more misclassified arrays for Golub’s leukemia data.

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