# Data Mining For BI: Unsupervised Learning Methods

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# Unsupervised Learning on Breast Tumor Samples

# Background

# Data

```
library(MASS)
data("biopsy")
```

The biopsy from MASS package was used for this project.

Reading biopsy dataset from MASS package

### Libraries

The clustering functions (e.g., prcomp, hclust, and kmeans) used in this project are intrisic to R-Base package. Other packages were needed for managing, and visualizing data and results.

```
library(readr)
library(dplyr)
library(ggplot2)
library(stringr)
library(gridExtra)
library(grid)
library(cluster)
library(DT)
library(ggplot2)
library(plotly)
library(gapminder)
library(purrr)
library(repurrrsive)
library(tibble)
library(dplyr)
library(tidyr)
library(reshape)
library(ggpmisc)
library(naniar)
```

# biopsy Data Documentation

```
datatable(biopsy, filter = "top", options = list(pageLenght = 5, scrollX=T))
```

Data source: 'biopsy' data documentation

Data columns

- ID: sample code number (not unique)
- V1: clump thickness
- V2: uniformity of cell size.
- V3: uniformity of cell shape.
- V4: marginal adhesion.
- V5: single epithelial cell size.
- V6: bare nuclei (16 values are missing).
- V7: bland chromatin.
- V8: normal nucleoli.
- V9: mitoses.
- class: "benign" or "malignant".

Data obtained from the University of Wisconsin Hospitals, Madison (Wolberg). It is based on assessment of bx of breast tumours for 699 patients. Each of nine attributes V1-V9 is scored on a scale of 1 to 10. The outcome *class* is also known i.e., *benign/malignant*.

### **Objectives**

To cluster the biopsy samples based on features of histopathological slides into two distinct groups, that will correlate with clinical diagnosis (i.e., benign or malignant tumor).

Whether the membership of the cluster, i.e., the samples within the cluster, are distinctively benign or malignant.

In clustering - each cluster is distinct from each other cluster - objects within each cluster are broadly similar to each other.

# Aims

To use several unsupervised machine learning algorithms such as **Principal Component Analysis**, **Hierarchical Clustering**, and **K-Means Clustering** for building the unsupervised machine learning model and compare their clustering accuracies based on known diagnosis of the tumors.

### **Exploratory Data Analysis**

```
dim(biopsy)
```

### **Data Dimension**

```
## [1] 699 11
str(biopsy)
```

```
'data.frame':
                    699 obs. of 11 variables:
    $ ID
           : chr
                  "1000025" "1002945" "1015425" "1016277" ...
                  5 5 3 6 4 8 1 2 2 4 ...
##
   $ V1
             int
                  1 4 1 8 1 10 1 1 1 2 ...
##
     V2
            int
##
   $ V3
           : int
                  1 4 1 8 1 10 1 2 1 1 ...
     ۷4
           : int
                  1511381111...
                  2 7 2 3 2 7 2 2 2 2 ...
    $
     ۷5
##
           : int
   $ V6
           : int
                  1 10 2 4 1 10 10 1 1 1 ...
```

```
## $ V7 : int 3 3 3 3 3 9 3 3 1 2 ...
## $ V8 : int 1 2 1 7 1 7 1 1 1 1 ...
## $ V9 : int 1 1 1 1 1 1 1 5 1 ...
## $ class: Factor w/ 2 levels "benign", "malignant": 1 1 1 1 1 2 1 1 1 1 ...
```

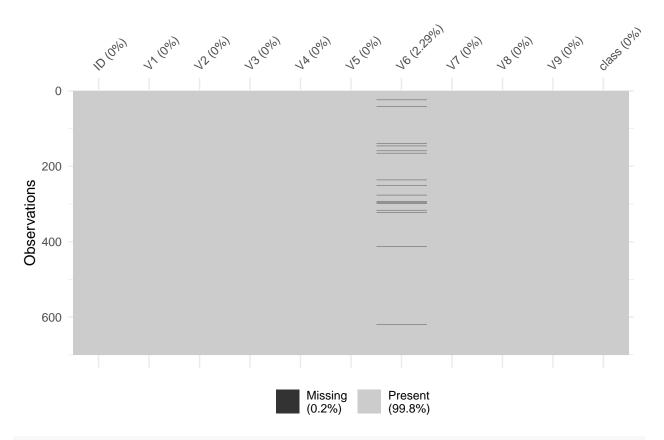
The original data has 699 rows and 11 columns.

```
# check if any missing values in the dat
anyNA(biopsy)
```

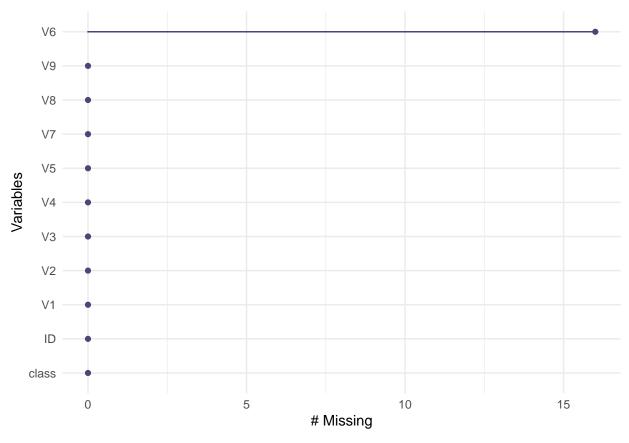
# Missingness

```
## [1] TRUE
```

```
# Visualizing missing values for the training data
par(mfrow=c(1,2))
vis_miss(biopsy)
```



gg\_miss\_var(biopsy) + theme\_minimal()



```
gg_miss_var(biopsy, facet = class) + theme_gray()
# list rows of data that have missing values
grid.table(biopsy[!complete.cases(biopsy),])
```

|             |                  | ID      | V1 | <b>V</b> 2 | ٧3 | V4 | V5 | V6 | <b>V</b> 7 | 8  | V9 | class     |
|-------------|------------------|---------|----|------------|----|----|----|----|------------|----|----|-----------|
|             | 24               | 1057013 | 8  | 4          | 5  | 1  | 2  | NA | 7          | 3  | 1  | malignant |
| V6 -        | 41               | 1096800 | 6  | 6          | 6  | 9  | 6  | NA | 7          | 8  | 1  | benign    |
| V9 <b>-</b> | • 140            | 1183246 | 1  | 1          | 1  | 1  | 1  | NA | 2          | 1  | 1  | benign    |
| V8 <b>-</b> | 146              | 1184840 | 1  | 1          | 3  | 1  | 2  | NA | 2          | 1  | 1  | benign    |
|             | 159              | 1193683 | 1  | 1          | 2  | 1  | 3  | NA | 1          | 1  | 1  | benign    |
| V7 -        | <b>1</b> 65      | 1197510 | 5  | 1          | 1  | 1  | 2  | NA | 3          | 1  | 1  | benign    |
| V5          | • 236            | 1241232 | 3  | 1          | 4  | 1  | 2  | NA | 3          | 1  | 1  | benign    |
| 5<br>V4-    | 250              | 169356  | 3  | 1          | 1  | 1  | 2  | NA | 3          | 1  | 1  | benign    |
|             | 276              | 432809  | 3  | 1          | 3  | 1  | 2  | NA | 2          | 1  | 1  | benign    |
| V3 <b>-</b> | • 293            | 563649  | 8  | 8          | 8  | 1  | 2  | NA | 6          | 10 | 1  | malignant |
| V2 -        | • 295            | 606140  | 1  | 1          | 1  | 1  | 2  | NA | 2          | 1  | 1  | benign    |
| V1 -        | 298              | 61634   | 5  | 4          | 3  | 1  | 2  | NA | 2          | 3  | 1  | benign    |
|             | 316              | 704168  | 4  | 6          | 5  | 6  | 7  | NA | 4          | 9  | 1  | benign    |
| ID -        | 322              | 733639  | 3  | 1          | 1  | 1  | 2  | NA | 3          | 1  | 1  | benign    |
|             | <sup>0</sup> 412 | 1238464 | 1  | 1          | 1  | 1  | 1  | NA | 2          | 1  | 1  | benign    |
|             | 618              | 1057067 | 1  | 1          | 1  | 1  | 1  | NΑ | 1          | 1  | 1  | henian    |

```
# create a subset of complete dataset without missing values
biopsy1 <- na.exclude(biopsy)
dim(biopsy1)</pre>
```

```
## [1] 683 11
```

## diagnosis

A total of 16 missing values; all for V6 (i.e.,  $missing\ not\ at\ random$ ). These observations were deleted before applying clustering algorithms. The  $complete\ data$  has **683 rows and 11 columns**.

```
table(biopsy$class)
Diagnosis (Benign/Malignant)
##
##
      benign malignant
##
# Assigning a numeric value to pathological diagnosis based on features on the complete dataset
diagnosis <- as.numeric(biopsy1$class == "benign")</pre>
table(biopsy1$class)
##
##
      benign malignant
         444
##
                    239
table(diagnosis)
```

```
## 0 1
## 239 444
```

The last-column i.e., *class* specifies the specific diagnosis of the tumors. This variable will be used to assess the *accuracy* of clustering.

```
biopsy2 <- as.matrix(biopsy1[, 2:10])</pre>
str(biopsy2)
Data-Matrix
   int [1:683, 1:9] 5 5 3 6 4 8 1 2 2 4 ...
   - attr(*, "dimnames")=List of 2
##
     ..$ : chr [1:683] "1" "2" "3" "4" ...
     ..$ : chr [1:9] "V1" "V2" "V3" "V4" ...
##
head(biopsy2)
     V1 V2 V3 V4 V5 V6 V7 V8 V9
##
## 1
     5
        1
            1
              1
                  2
                     1
## 2 5
        4
           4
              5
                 7 10
                        3
## 3 3 1
              1
                  2 2
## 4 6 8
           8
                  3
                     4
                           7
              1
                        3
                              1
## 5
     4 1
              3
                  2 1
           1
                        3
                           1
## 6 8 10 10 8 7 10 9 7
row.names(biopsy2) <- biopsy1$ID</pre>
datatable(biopsy2, filter = "top", options = list(pageLenght = 5, scrollX=T))
#head(biopsy2)
```

Creating a data matrix of the attributes (numeric). Unsupervised learning methods will be applied on this matrix.

```
mdata <- melt(biopsy, id=c("ID","class"))
p <- ggplot(data = mdata, aes(x=variable, y=value)) + geom_boxplot(aes(fill=class))
p + facet_wrap( ~ variable, scales="free")</pre>
```

### **Boxplots of Attributes**

Malignant tumors have higher values, on the scale of 1 to 10, for all the features compared to benign tumors.

### Unsupervised Learning Methods

### Principal Component Analysis

PCA is particularly handy when you're working with "wide" data sets. Where many variables are present, it is not easy to plot the data in its raw format, making it difficult to get a sense of the trends present within. PCA allows us to see the overall "shape" of the data, identifying which samples are similar to one another and which are very different. This can enable us to identify groups of samples that are similar and work out which variables make one group different from another. DataCamp

```
biopsy.pr <- prcomp(biopsy2, scale = T, center = T)</pre>
```

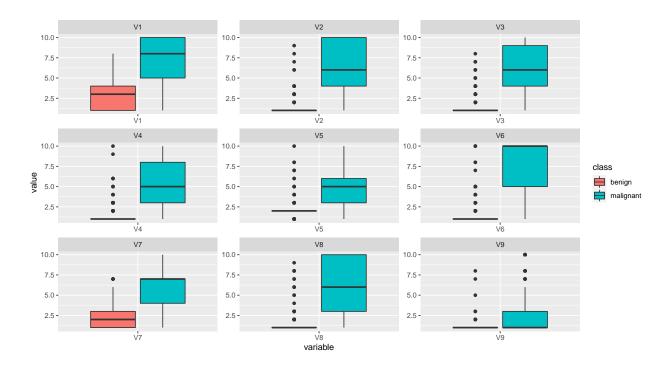


Figure 1: Box-plots of Attributes

### Execute

Applying *prcomp* function (from R-Base Package) to execute principal component analysis after scaling and centering the features The principal components are stored as an object *biopsy.pr*.

Summarizing Principal Components PCA is a type of linear transformation on a given data set that has values for a certain number of variables (coordinates) for a certain amount of spaces. This linear transformation fits this dataset to a new coordinate system in such a way that the most significant variance is found on the first coordinate, and each subsequent coordinate is orthogonal to the last and has a lesser variance. In this way, you transform a set of x correlated variables over y samples to a set of p uncorrelated principal components over the same samples.DataCamp

```
summary(biopsy.pr)
```

```
## Importance of components:
                                     PC2
                                              PC3
                                                      PC4
                                                              PC5
                                                                      PC6
##
                             PC1
                          2.4289 0.88088 0.73434 0.67796 0.61667 0.54943 0.54259
## Standard deviation
## Proportion of Variance 0.6555 0.08622 0.05992 0.05107 0.04225 0.03354 0.03271
  Cumulative Proportion
                          0.6555 0.74172 0.80163 0.85270 0.89496 0.92850 0.96121
##
                              PC8
                                      PC9
## Standard deviation
                          0.51062 0.29729
## Proportion of Variance 0.02897 0.00982
## Cumulative Proportion 0.99018 1.00000
```

There are nine principal comoponents of which the first component (PC1) itself explains about 65% of the variability in the data, as shown by *Proportion of Variance* = 0.65; and the first two components (PC1, PC2) explain about 74% (as shown by the *Cumulative proportion* = 0.74 under PC2) of the variability. Thus, variability explained by all nine features can be explained by values of PC1 and PC2 only (*dimensionality reduction*).

## Interpretation

```
library(ggbiplot)
biplot<- ggbiplot(biopsy.pr, pc.biplot = TRUE, scale= TRUE, obs.scale = 1, groups= diagnosis, labels = ggplotly(biplot)</pre>
```

# **Biplot** Biplot of PC1 and PC2

The correlation circle visualizes the correlation between the first two principal components and the 9 dataset features. All the 8 features (V1-V8) are aligned close together and parallel to PC1 axis. Only one feature, V9, is aligned orthogonal to others and parallel to PC2. Thus, PC1 alone explains most of the variability explained by all the 8 features (V1-V8) and combined with PC2, can explain all the variability in teh data and differentiate between benign and malignant tumors.

- Features with a positive correlation are grouped together.
- Uncorrelated feature (V9) is orthogonal to other features.
- Features with a negative correlation will be plotted on the opposing quadrants of this plot.

# PC: Scatterplots PC1 vs PC2

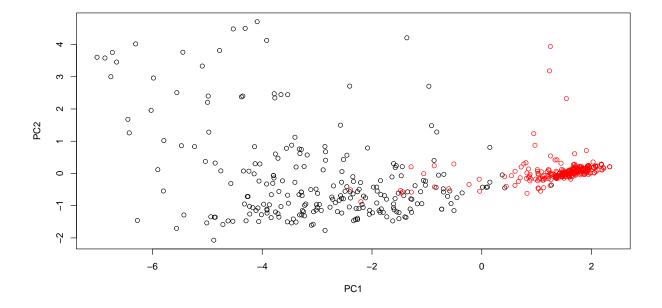


Figure 2: Scatter plot observations by components 1 and 2

### PC1 vs PC3

PC2 vs PC3

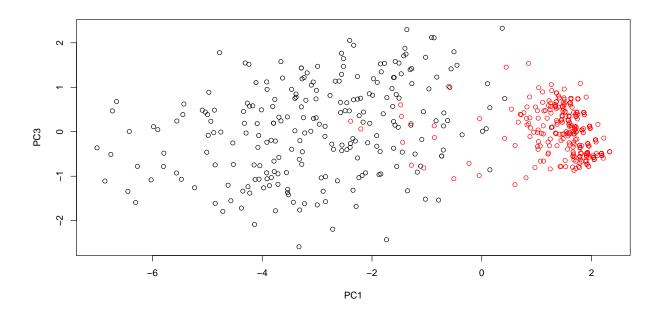


Figure 3: Scatter plot observations by components 1 and 3

# PC: Variance

The first two principal component explain most of the variability in the data

# **Hierarchical Clustering**

# Preprocessing

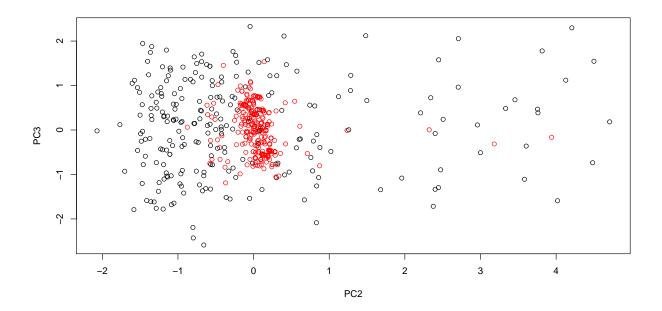


Figure 4: Scatter plot observations by components 2 and 3  $\,$ 

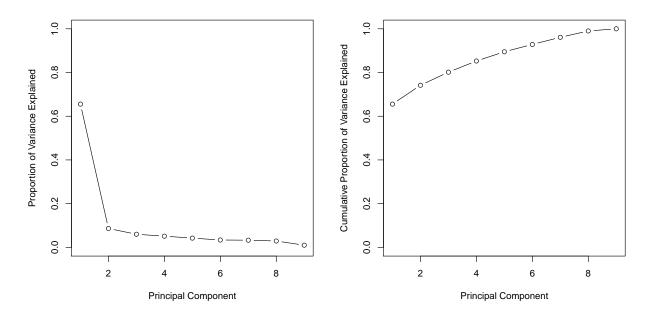


Figure 5: Variance explained by each component and cumulative variance by all components

```
# Scale the biopsy2 data: data.scaled
data.scaled <- scale(biopsy2)
head(data.scaled)</pre>
```

#### Scale

```
##
                ۷1
                          ٧2
                                    VЗ
                                               ٧4
                                                        V5
                                                                  V6
## 1000025 0.1977598 -0.7016978 -0.7412304 -0.63889730 -0.5552016 -0.6983413
## 1015425 -0.5112687 -0.7016978 -0.7412304 -0.63889730 -0.5552016 -0.4239068
## 1016277 0.5522740 1.5820442 1.6010185 -0.63889730 -0.1053763
## 1017023 -0.1567545 -0.7016978 -0.7412304 0.05928967 -0.5552016 -0.6983413
## 1017122 1.2613024 2.2345419 2.2702324 1.80475710 1.6939247 1.7715689
##
               ۷7
                         V8
## 1000025 -0.181694 -0.6124785 -0.3481446
## 1002945 -0.181694 -0.2848960 -0.3481446
## 1015425 -0.181694 -0.6124785 -0.3481446
## 1016277 -0.181694 1.3530163 -0.3481446
## 1017023 -0.181694 -0.6124785 -0.3481446
## 1017122 2.267589 1.3530163 -0.3481446
```

Scaling feature values before clustering process: Feature values from each row are represented as coordinates in n-dimensional space (n is the number of features) and then the distances between these coordinates are calculated. If these coordinates are not normalized, then it may lead to false results. Ref: Hierarchical Clustering in R

**Euclidean-Dist** Euclidean distance is used as an input for the clustering algorithm. The proximity matrix containing the distance between each point is determined using a distance function.

```
# Calculate similarity as Euclidean distance between observations
data.dist <- dist(data.scaled, method = "euclidean")</pre>
```

Calculated (Euclidean) distance is stored as an object data.dist

### H-clustering Model

```
biopsy.hclust <- hclust(data.dist, method = "complete")
biopsy.hclust2 <- hclust(data.dist, method = "mcquitty")</pre>
```

# Creating Model: Linkage

Create a hierarchical clustering model using *hclust* function and two separate methods (i.e. "complete" and "mcquitty"); both models are stored as objects: *biopsy.hclust* and *biopsy.hclust*2

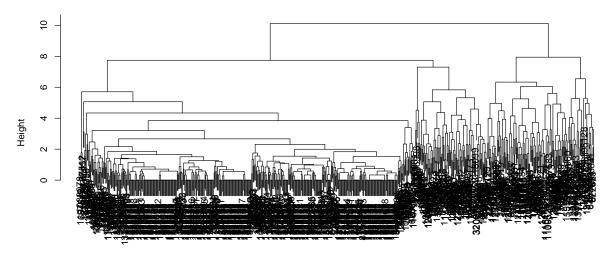
Details on helust

```
plot(biopsy.hclust)

plot(biopsy.hclust2)
```

**Dendrogram: H-Clusters** 

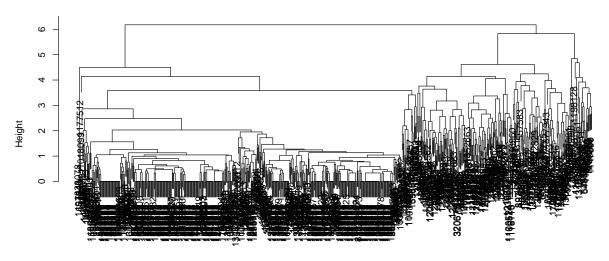
# Cluster Dendrogram



data.dist hclust (\*, "complete")

Figure 6: Results of hierarchical clustering

# **Cluster Dendrogram**



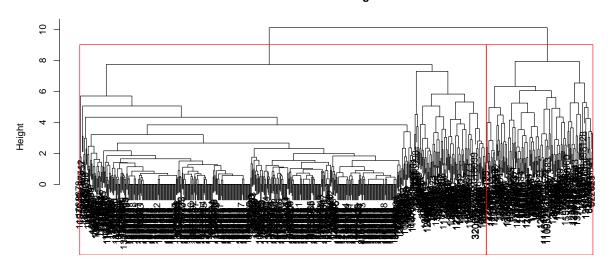
data.dist hclust (\*, "mcquitty")

Figure 7: Results of hierarchical clustering

Cutting the height at 9 will give 2 clusters

```
# Cut by number of clusters k
plot(biopsy.hclust)
biopsy.hclust.clusters <- cutree(biopsy.hclust, k = 2)
rect.hclust(biopsy.hclust, k=2, border="red")</pre>
```

### **Cluster Dendrogram**



data.dist hclust (\*, "complete")

Figure 8: Results of hierarchical clustering

```
plot(biopsy.hclust2)
biopsy.hclust2.clusters <- cutree(biopsy.hclust2, k = 2)
rect.hclust(biopsy.hclust2, k=2, border="red")</pre>
```

### **Dendrogram: Outlining H-Clusters**

Using cutree() on biopsy.hclust, assign cluster membership to each observation. Assumed two clusters and assigned the result to a vector called biopsy.hclust.clusters.

# Evaluating H-Clusters H-Clusters vs Actual

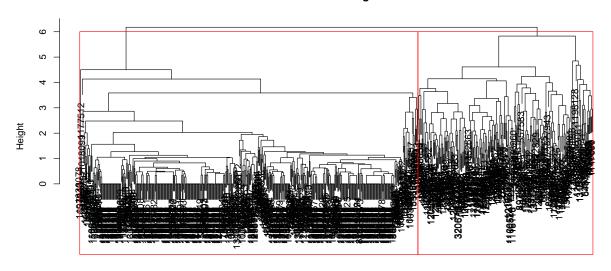
```
# Clusters using 'complete' method
table(biopsy.hclust.clusters)

## biopsy.hclust.clusters
## 1 2
## 541 142

thc <- table(biopsy.hclust.clusters, biopsy1$class)
thc

## ## biopsy.hclust.clusters benign malignant</pre>
```

### **Cluster Dendrogram**



data.dist hclust (\*, "mcquitty")

Figure 9: Results of hierarchical clustering

```
##
                               442
                                          99
##
                                          140
# Clusters using 'mcquitty' method
table(biopsy.hclust2.clusters)
## biopsy.hclust2.clusters
##
     1
         2
## 450 233
thc2 <- table(biopsy.hclust2.clusters, biopsy1$class)</pre>
thc2
##
## biopsy.hclust2.clusters benign malignant
##
                                435
                                            15
##
                                           224
```

Compare cluster membership to actual diagnoses based on 'complete' and 'mcquitty' method of hclust

Sample Errors By H-Clustering

```
sum(apply(table(biopsy.hclust.clusters, diagnosis), 1, min))
## [1] 101
```

sum(apply(table(biopsy.hclust2.clusters, diagnosis), 1, min))

## [1] 24

• Count out of place observations based on cluster by summing the row minimums

Based on "complete" h-clustering method, 101 tumors do not agree with the actual diagnosis Based on

"mcquitty" h-clustering method, 24 tumors do not agree with the actual diagnosis

H-Clustering Model Accuracy

```
complete method
```

```
torg<-table(biopsy1$class)</pre>
biop <- c("benign", "malignant")</pre>
actual <- factor(rep(biop, times = c(torg[1], torg[2])), levels = rev(biop))</pre>
predhc <- factor(</pre>
        c(
                 rep(biop, times = c(thc[1], thc[2])),
                 rep(biop, times = c(thc[3], thc[4]))),
        levels = rev(biop))
xtab.hclust <- table(predhc, actual)</pre>
library(caret)
## Loading required package: lattice
##
## Attaching package: 'caret'
## The following object is masked from 'package:purrr':
##
##
       lift.
cmhclust <- confusionMatrix(xtab.hclust)</pre>
cmhclust$overall['Accuracy']
## Accuracy
## 0.852123
     Accuracy H-Clust complete method is 0.85
mcquitty method
biop <- c("benign", "malignant")</pre>
actual <- factor(rep(biop, times = c(torg[1], torg[2])), levels = rev(biop))</pre>
predhc2 <- factor(</pre>
        c(
                 rep(biop, times = c(thc2[1], thc2[2])),
                 rep(biop, times = c(thc2[3], thc2[4]))),
        levels = rev(biop))
xtab.hclust2 <- table(predhc2, actual)</pre>
library(caret)
cmhclust2 <- confusionMatrix(xtab.hclust2)</pre>
cmhclust2$overall['Accuracy']
## Accuracy
## 0.9648609
```

# K-Means Clustering

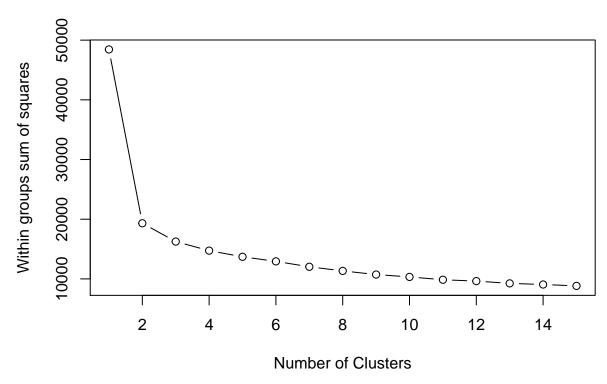
Accuracy H-Clust mcquitty method is **0.96** 

The data are clustered by the k-means method, which aims to partition the points into k groups such that the sum of squares from points to the assigned cluster centres is minimized.

# Find K

```
# Initialize total within sum of squares error: wss
wss <- 0
# Look over 1 to 15 possible clusters
for (i in 1:15) {
    # Fit the model: km.out
    km.out <- kmeans(biopsy2, centers = i, nstart = 20, iter.max = 50)
    # Save the within cluster sum of squares
    wss[i] <- km.out$tot.withinss
}</pre>
```

### **WSS** kmeans documentation



# Scree Plot

#### Build KMeans Model

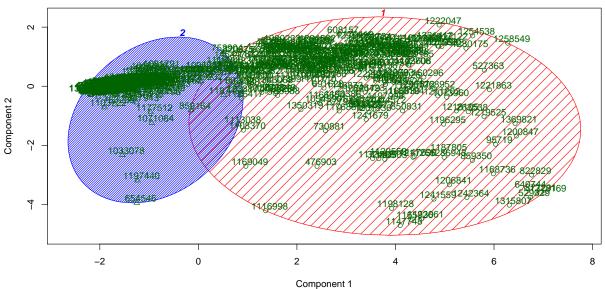
Fitting a k-means model to the data using 2 centers and run the k-means algorithm 20 times. The result will be stored in biopsy.km

```
set.seed(4)
# Select number of clusters
k <- 2
biopsy.km <- kmeans(scale(biopsy2), centers = 2, nstart = 20, iter.max = 10, algorithm = c("Hartigan-Wood)</pre>
```

KM Cluster Model created using kmeans function while applying scaling on features, and stored as an object biopsy.km

**Clusters** The cluster membership of the biopsy.km model object is contained in its cluster component and is accessed with the \$ operator.

### 2D representation of the Cluster solution



These two components explain 74.17 % of the point variability.

Figure 10: Results of K-Means clustering

# **Evaluating KM Clusters**

```
table(biopsy.km$cluster)
KM Clusters vs Actual
##
##
         2
     1
## 230 453
tkmc <- table(biopsy.km$cluster, biopsy1$class)</pre>
tkmc
##
##
       benign malignant
##
     1
            10
                      220
##
     2
           434
                       19
```

Compare cluster membership to actual diagnoses based on K-Means clustering Based on K-Means Clustering, two clusters of 453 and 230 samples are created. In the former group of 453, the actual number of benign samples are 434 and malignant samples are 19. Of the 230 samples in the second cluster, there are 10 benign samples and 220 malignant samples

```
sum(apply(table(biopsy.km$cluster, diagnosis), 1, min))
```

### Errors in KM-Clusters

### ## [1] 29

Number of Counts out of place observations based on cluster by summing the row minimums Based on the K-Means clustering, 29 tumors do not agree with the actual diagnosis

KMeans Model Accuracy

## Accuracy ## 0.9575403

Accuracy of K-Means clustering method is 0.957

### H-Clustering Using Principal Components

```
summary(biopsy.pr)
```

# Recall PCA Summary

```
## Importance of components:
##
                             PC1
                                     PC2
                                             PC3
                                                     PC4
                                                              PC5
                                                                      PC6
                                                                              PC7
                          2.4289 0.88088 0.73434 0.67796 0.61667 0.54943 0.54259
## Standard deviation
## Proportion of Variance 0.6555 0.08622 0.05992 0.05107 0.04225 0.03354 0.03271
## Cumulative Proportion 0.6555 0.74172 0.80163 0.85270 0.89496 0.92850 0.96121
##
                              PC8
## Standard deviation
                          0.51062 0.29729
## Proportion of Variance 0.02897 0.00982
## Cumulative Proportion 0.99018 1.00000
biopsy.pr.hclust <- hclust(dist(biopsy.pr$x[, 1:9]), method = "complete")
biopsy.pr.hclust2 <- hclust(dist(biopsy.pr\$x[, 1:9]), method = "mcquitty")
```

# PC: HC Model

Create a hierarchical clustering model and stored as object biopsy.pr.hclust

```
biopsy.pr.hclust.clusters <- cutree(biopsy.pr.hclust, k = 2)
biopsy.pr.hclust2.clusters <- cutree(biopsy.pr.hclust2, k = 2)</pre>
```

### Cut Model

Cut model into 2 clusters and stored as an object biopsy.pr.hclust.clusters

### **Evaluation**

```
Matrix complete method
```

```
# Compare to actual diagnoses
table(biopsy.pr.hclust.clusters)
## biopsy.pr.hclust.clusters
   1 2
## 544 139
tpc <- table(biopsy.pr.hclust.clusters, biopsy1$class)</pre>
tpc
##
## biopsy.pr.hclust.clusters benign malignant
                                  442
##
                            1
                                            102
                            2
                                            137
##
sum(apply(tpc, 1, min))
## [1] 104
104 observations were not clustered accurately using the hierarchical clustering of principal components
mcquitty method
# Compare to actual diagnoses
table(biopsy.pr.hclust2.clusters)
## biopsy.pr.hclust2.clusters
##
   1 2
## 450 233
tpc2 <- table(biopsy.pr.hclust2.clusters, biopsy1$class)</pre>
tpc2
##
## biopsy.pr.hclust2.clusters benign malignant
                                   435
##
                             1
                                              15
##
                             2
                                     9
                                             224
sum(apply(tpc2, 1, min))
## [1] 24
```

Accuracy complete method

24 observations were not clustered accurately using the hierarchical clustering of principal components

```
rep(biop, times = c(tpc[1], tpc[2])),
                 rep(biop, times = c(tpc[3], tpc[4]))),
        levels = rev(biop))
xtab.pc <- table(predpc, actual)</pre>
library(caret)
cmpc<-confusionMatrix(xtab.pc)</pre>
cmpc$overall['Accuracy']
## Accuracy
## 0.8477306
mcquitty method
torg<-table(biopsy1$class)</pre>
biop <- c("benign", "malignant")</pre>
actual <- factor(rep(biop, times = c(torg[1], torg[2])), levels = rev(biop))</pre>
predpc2 <- factor(</pre>
        c (
                 rep(biop, times = c(tpc2[1], tpc2[2])),
                 rep(biop, times = c(tpc2[3], tpc2[4]))),
        levels = rev(biop))
xtab.pc2 <- table(predpc2, actual)</pre>
library(caret)
cmpc2<-confusionMatrix(xtab.pc2)</pre>
cmpc2$overall['Accuracy']
## Accuracy
## 0.9648609
```

# Comparision Between Methods

### Compare Clustering Models

```
cluster_models <- as.data.frame(list(
    'K Means' = round(cmkmeans$overall, 3),
    'H Clust complete' = round(cmhclust$overall, 3),
    'H Clust mcquitty' = round(cmhclust2$overall, 3),
    'Pr.Comp HClust.comp' = round(cmpc$overall, 3),
    'Pr.Comp HClust.mcquitty' = round(cmpc2$overall, 3)
    ))
datatable(t(cluster_models))</pre>
```

• Hierarchical Clustering model based on *mcquitty* method was the most accurate followed by K-Means clustering for clustering benign and malignant breast tumor samples.

### Compare hclust() and kmeans()

```
table(biopsy.km$cluster, biopsy.hclust2.clusters)

## biopsy.hclust2.clusters
## 1 2
## 1 6 224
## 2 444 9
```

Using table(), compare cluster membership between the two clustering methods. The different components of k-means model objects were accessed with the \$ operator.

# Conclusion

- The different methods produce different cluster memberships.
- The algorithms make different assumptions about how the data is generated.
- We can choose to use one model over another based on the quality of the models' assumptions.