# Predictive Modeling Lecture I

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## Agenda

## Learning objectives

- 1. Understand how predictions differ from associations
- 2. Understand the term "machine learning" and its role in medical research
- 3. Describe a predictive model, comparing and contrasting single-variable and multi-variable models
- 4. Name and recognize common measures of predictive accuracy
- 5. Understand the difference between in-sample and out-of-sample prediction
- 6. Be aware of terminology related to prediction models in medical research
- 7. Identify problems related to overfitting in the development of a predictive model
- 8. List statistical strategies to avoid overfitting and overoptimisim bias

## Resources

See handout for bibliography

## Agenda

- 1. Introduction
- 2. Prediction models and their role in the clinic
- 3. The ROC curve and AUC
- 4. Study designs

#### Break

- 5. Predictive signatures
- 6. Tools for avoiding overfitting and bias
- 7. Signature development methods
- 8. Case study

#### Lunch

- Lab session
- Epilogue

#### Lab session

- Review paper on prediction model for CORUS
- ► Analyze and interpret results and conclusions
- ▶ Discussion on alternative strategies and limitations based on what we've learned

## Introduction

#### Review

#### Types of research questions (in statistical terms):

- 1. Description/quantifying distributions, e.g., what is the distribution of X in the population?
- 2. Comparing distributions/estimating associations, e.g., what is the relationship between X and Y? Does the relationship between X and Y differ by Z?
- 3. Clustering of observations
- 4. Clustering of variables
- 5. Prediction, e.g., can I predict future/unobserved values of Y using X?

## Why prediction?

- Wish to know an unknown or future event
  - Underlying disease state (diagnosis/classification)
  - ► Future disease outcome (prognosis)
  - Response to treatment
- Form predictions based on observations
  - Medical tests
  - Questionnaires
  - Genetic mutations/expression
  - ▶ Predictions from a multivariable model = signature
- Statistical applications
  - Propensity scores, probability of receiving treatment
  - Imputation of missing data
  - Forecasting

Are the predictions "good"?

## Answer: It depends

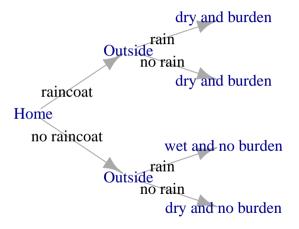
What is the intended use of the predictions?

- ▶ Implement a new policy or screening program on a population level
- Guide treatments for individual patients
- Allocate funds for further research and development?

A prediction by itself is not clinically useful unless it leads to an action

The role of predictions in the clinic

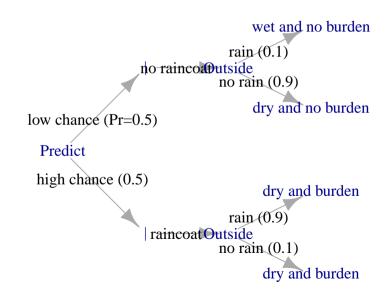
#### Decision trees



## Incorporating probabilities and utilities

```
dry and burden
                  rain (0.5)
Outside
no rain (0.5)
                                dry and burden
 raincoat (Pr=0.5)
  Home
no raincoat (Pr=0.5)
                              wet and no burden
                  rain (0.5)
Outside
no rain (0.5)
                              dry and no burden
```

## Incorporating a prediction



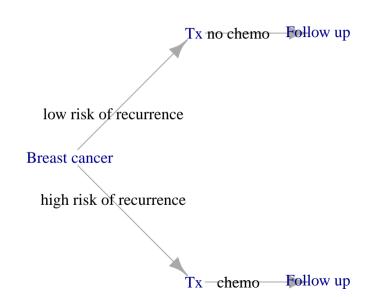
## **Analysis**

Does using the prediction lead to reduced suffering, on average?

- ▶ Utility values are personal and not easy to define, and may vary over time
- As with drugs, we don't expect predictions to benefit everyone, every time, but on averge, yield benefit

A biomedical example

## Oncotype DX



#### Case studies

**Oncotype DX.** A gene expression signature used to predict breast cancer recurrence.

**Corus CAD.** A gene expression signature used to predict existing obstructive coronary artery disease.

- What are the predictions used for?
- ► How was the signature developed?
- What observations go into the signature?
- ► How useful are the predictions?

## Demystifying some jargon

#### Machine learning, artificial intelligence, deep learning, ..., oh my

- ► All of these refer to classes of algorithms that take training data and output models for generating predictions
- ► They may be distinguised from statistical models because they do not necessarily imply probability models for the data
  - Do not model the data generating process but rather attempts to learn from the dataset at hand
  - ▶ Do not yield interpretable estimates of associations (which variables are important)
- The algorithms are generally flexible, allowing interactions and non-linearities

## So you want to use machine learning

"I've heard about machine learning and I don't want to miss out, can you help me apply it to my data?"

## Wrong!

The goal of medical studies is to produce the evidence that can be used to

- ▶ Identify methods to diagnose disease
- Identify risk factors for disease
- Identify treatments for disease
- Identify methods for disease prognosis
- Identify strategies for prevention of disease
- Improve understanding of basic science

#### Start with a hypothesis!