Class 8: Breast Cancer Analysis Mini Project

Le, Sarah (PID: A18518276)

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Background

The goal of this mini-project is to explore a complete analysis using the unsupervised learning techniques covered in our last class.

The data itself comes from the Wisconsin Breast Cancer Diagnostic Data Set first reported by K. P. Benne and O. L. Mangasarian: "Robust Linear Programming Discrimination of Two Linearly Inseparable Sets".

Values in this data set describe characteristics of the cell nuclei present in digitized images of a five needle aspiration (FNA) of a breast mass.

Data import

Data was downloaded from the class website as a CVS file.

```
wisc.df <- read.csv("WisconsinCancer.csv", row.names = 1)
head(wisc.df)
```

```
         diagnosis radius_mean texture_mean perimeter_mean area_mean
842302           M       17.99        10.38         122.80    1001.0
842517           M       20.57        17.77         132.90    1326.0
84300903         M       19.69        21.25         130.00    1203.0
84348301         M       11.42        20.38          77.58     386.1
84358402         M       20.29        14.34         135.10    1297.0
843786           M       12.45        15.70          82.57     477.1
         smoothness_mean compactness_mean concavity_mean concave.points_mean
842302           0.11840          0.27760         0.3001             0.14710
842517           0.08474          0.07864         0.0869             0.07017
84300903         0.10960          0.15990         0.1974             0.12790
84348301         0.14250          0.28390         0.2414             0.10520
84358402         0.10030          0.13280         0.1980             0.10430
843786           0.12780          0.17000         0.1578             0.08089
         symmetry_mean fractal_dimension_mean radius_se texture_se perimeter_se
842302          0.2419                0.07871    1.0950     0.9053        8.589
842517          0.1812                0.05667    0.5435     0.7339        3.398
84300903        0.2069                0.05999    0.7456     0.7869        4.585
84348301        0.2597                0.09744    0.4956     1.1560        3.445
84358402        0.1809                0.05883    0.7572     0.7813        5.438
843786          0.2087                0.07613    0.3345     0.8902        2.217
         area_se smoothness_se compactness_se concavity_se concave.points_se
842302    153.40      0.006399        0.04904      0.05373           0.01587
842517     74.08      0.005225        0.01308      0.01860           0.01340
84300903   94.03      0.006150        0.04006      0.03832           0.02058
84348301   27.23      0.009110        0.07458      0.05661           0.01867
84358402   94.44      0.011490        0.02461      0.05688           0.01885
843786     27.19      0.007510        0.03345      0.03672           0.01137
         symmetry_se fractal_dimension_se radius_worst texture_worst
842302       0.03003             0.006193        25.38         17.33
842517       0.01389             0.003532        24.99         23.41
84300903     0.02250             0.004571        23.57         25.53
84348301     0.05963             0.009208        14.91         26.50
84358402     0.01756             0.005115        22.54         16.67
843786       0.02165             0.005082        15.47         23.75
```

```
         perimeter_worst area_worst smoothness_worst compactness_worst
842302            184.60     2019.0           0.1622            0.6656
842517            158.80     1956.0           0.1238            0.1866
84300903          152.50     1709.0           0.1444            0.4245
84348301           98.87      567.7           0.2098            0.8663
84358402          152.20     1575.0           0.1374            0.2050
843786            103.40      741.6           0.1791            0.5249
         concavity_worst concave.points_worst symmetry_worst
842302            0.7119               0.2654         0.4601
842517            0.2416               0.1860         0.2750
84300903          0.4504               0.2430         0.3613
84348301          0.6869               0.2575         0.6638
84358402          0.4000               0.1625         0.2364
843786            0.5355               0.1741         0.3985
         fractal_dimension_worst
842302                   0.11890
842517                   0.08902
84300903                 0.08758
84348301                 0.17300
84358402                 0.07678
843786                   0.12440
```

The first column `diagnosis` is the expert opinion on the sample (i.e. patient FNA).

```
wisc.df$diagnosis
```

```
  [1] "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M"
 [19] "M" "B" "B" "B" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M" "M"
 [37] "M" "B" "M" "M" "M" "M" "M" "M" "M" "M" "B" "M" "B" "B" "B" "B" "B" "M"
 [55] "M" "B" "M" "M" "B" "B" "B" "B" "M" "B" "M" "M" "B" "B" "B" "B" "M" "B"
 [73] "M" "M" "B" "M" "B" "M" "M" "B" "B" "B" "M" "M" "B" "M" "M" "M" "B" "B"
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[163] "M" "B" "M" "B" "B" "M" "M" "B" "B" "M" "M" "B" "B" "B" "B" "M" "B" "B"
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[217] "B" "B" "M" "M" "B" "B" "B" "M" "B" "B" "B" "B" "B" "M" "M" "B" "B" "M"
[235] "B" "B" "M" "M" "B" "M" "B" "B" "B" "B" "M" "B" "B" "B" "B" "B" "M" "B"
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[271] "B" "B" "M" "B" "M" "B" "B" "M" "B" "B" "M" "B" "M" "M" "B" "B" "B" "B"
```

```
 [289] "B" "B" "B" "B" "B" "B" "B" "B" "B" "M" "B" "B" "M" "B" "M" "B" "B" "B"
 [307] "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "M" "B" "B" "B" "M" "B" "M"
 [325] "B" "B" "B" "B" "M" "M" "M" "B" "B" "B" "B" "M" "B" "M" "B" "M" "B" "B"
 [343] "B" "M" "B" "B" "B" "B" "B" "B" "B" "M" "M" "M" "B" "B" "B" "B" "B" "B"
 [361] "B" "B" "B" "B" "B" "M" "M" "B" "M" "M" "M" "B" "M" "M" "B" "B" "B" "B"
 [379] "B" "M" "B" "B" "B" "B" "B" "M" "B" "B" "B" "M" "B" "B" "M" "M" "B" "B"
 [397] "B" "B" "B" "B" "M" "B" "B" "B" "B" "B" "B" "B" "M" "B" "B" "B" "B" "B"
 [415] "M" "B" "B" "M" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "M" "B"
 [433] "M" "M" "B" "M" "B" "B" "B" "B" "B" "M" "B" "B" "M" "B" "M" "B" "B" "M"
 [451] "B" "M" "B" "B" "B" "B" "B" "B" "B" "B" "M" "M" "B" "B" "B" "B" "B" "B"
 [469] "M" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "M" "B" "B" "B" "B" "B" "B"
 [487] "B" "M" "B" "M" "B" "B" "M" "B" "B" "B" "B" "B" "M" "M" "B" "M" "B" "M"
 [505] "B" "B" "B" "B" "B" "M" "B" "B" "M" "B" "M" "B" "M" "M" "B" "B" "B" "M"
 [523] "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "M" "B" "M" "M" "B" "B" "B"
 [541] "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B" "B"
 [559] "B" "B" "B" "B" "M" "M" "M" "M" "M" "M" "B"
```

Remove the diagnosis from data for subsequent analysis.

```
wisc.data <- wisc.df[,-1]
dim(wisc.data)
```

```
[1] 569  30
```

Store the diagnosis as a vector for use later when we compare our results to those from experts in the field.

```
diagnosis <- factor(wisc.df$diagnosis)
```

Exploratory data analysis

Q1. How many observations are in this dataset?

There are 569 observations/ patients in the dataset.

Q2. How many of the observations have a malignant diagnosis?

```
table(wisc.df$diagnosis)
```

```
  B   M
357 212
```

Q3. How many variables/features in the data are suffixed with _mean?

```
#colnames(wisc.data)
length(grep("_mean", colnames(wisc.data)))
```

```
[1] 10
```

Principal Component Analysis (PCA)

The `prcomp()` function to do PCA has a `scale= FALSE` default. In general, we nearly always want to set this to TRUE so our analysis is not dominated by columns/ variables in our dataset that have high standard deviation and mean when compared to others just because the units of measurement are on different units/ scales.

```
wisc.pr <- prcomp(wisc.data, scale= TRUE)
summary(wisc.pr)
```

```
Importance of components:
                          PC1    PC2     PC3     PC4     PC5     PC6     PC7
Standard deviation     3.6444 2.3857 1.67867 1.40735 1.28403 1.09880 0.82172
Proportion of Variance 0.4427 0.1897 0.09393 0.06602 0.05496 0.04025 0.02251
Cumulative Proportion  0.4427 0.6324 0.72636 0.79239 0.84734 0.88759 0.91010
                           PC8    PC9    PC10   PC11    PC12    PC13    PC14
Standard deviation     0.69037 0.6457 0.59219 0.5421 0.51104 0.49128 0.39624
Proportion of Variance 0.01589 0.0139 0.01169 0.0098 0.00871 0.00805 0.00523
Cumulative Proportion  0.92598 0.9399 0.95157 0.9614 0.97007 0.97812 0.98335
                          PC15    PC16    PC17    PC18    PC19    PC20   PC21
Standard deviation     0.30681 0.28260 0.24372 0.22939 0.22244 0.17652 0.1731
Proportion of Variance 0.00314 0.00266 0.00198 0.00175 0.00165 0.00104 0.0010
Cumulative Proportion  0.98649 0.98915 0.99113 0.99288 0.99453 0.99557 0.9966
                          PC22    PC23   PC24    PC25    PC26    PC27    PC28
Standard deviation     0.16565 0.15602 0.1344 0.12442 0.09043 0.08307 0.03987
Proportion of Variance 0.00091 0.00081 0.0006 0.00052 0.00027 0.00023 0.00005
Cumulative Proportion  0.99749 0.99830 0.9989 0.99942 0.99969 0.99992 0.99997
                          PC29    PC30
Standard deviation     0.02736 0.01153
Proportion of Variance 0.00002 0.00000
Cumulative Proportion  1.00000 1.00000
```

> Q4. From your results, what proportion of the original variance is captured by the first principal components (PC1)?

Proportion of Variance (PC1): 0.4427. The first principal component (PC1) captures 44.27% of the total variance in the data.

> Q5. How many principal components (PCs) are required to describe at least 70% of the original variance in the data?

Cumulative Proportion: PC1 0.4427 PC2 0.6324 PC3 0.7264 3 principal components (PC1–PC3) are required to describe at least 70% of the variance.

> Q6. How many principal components (PCs) are required to describe at least 90% of the original variance in the data?

Cumulative Proportion: PC6 0.8876 PC7 0.9101 7 principal components (PC1–PC7) are required to describe at least 90% of the total variance.

Interpreting PCA results

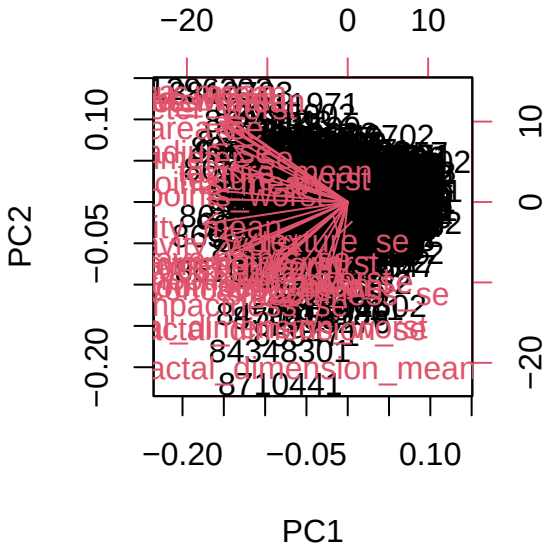
A common visualization for PCA results is the so-called biplot.

Create a biplot of the wisc.pr using the biplot() function.

> Q7. What stands out to you about this plot? Is it easy or difficult to understand? Why?

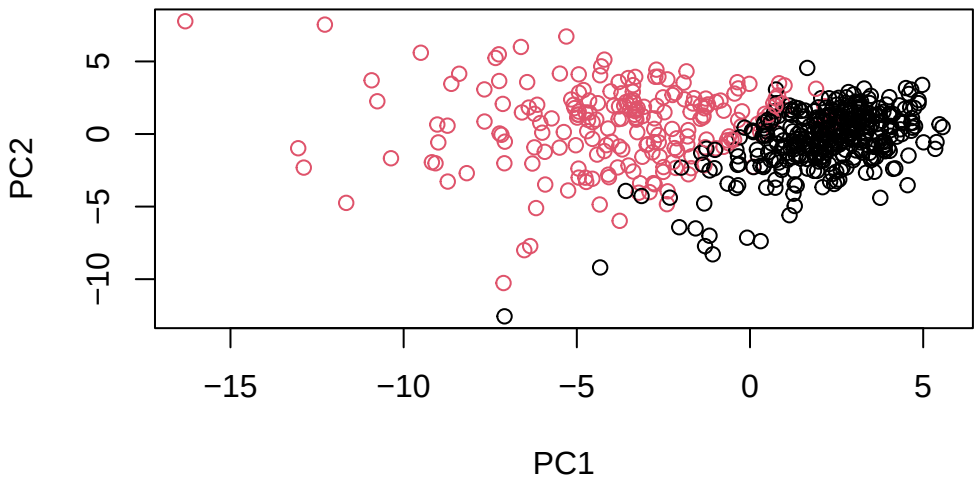
The biplot is very cluttered due to overlapping texts with arrows so it makes it too difficult to interpret. There are many variables so it makes this look messy and uninformative.

```
biplot(wisc.pr)
```



Lets generate a more standard scatter plot of each observation along principal components 1 and 2 (i.e. a plot of PC1 vs PC2 available as the first two columns of wisc.pr$x) and color the points by the diagnosis (available in the diagnosis vector you created earlier).

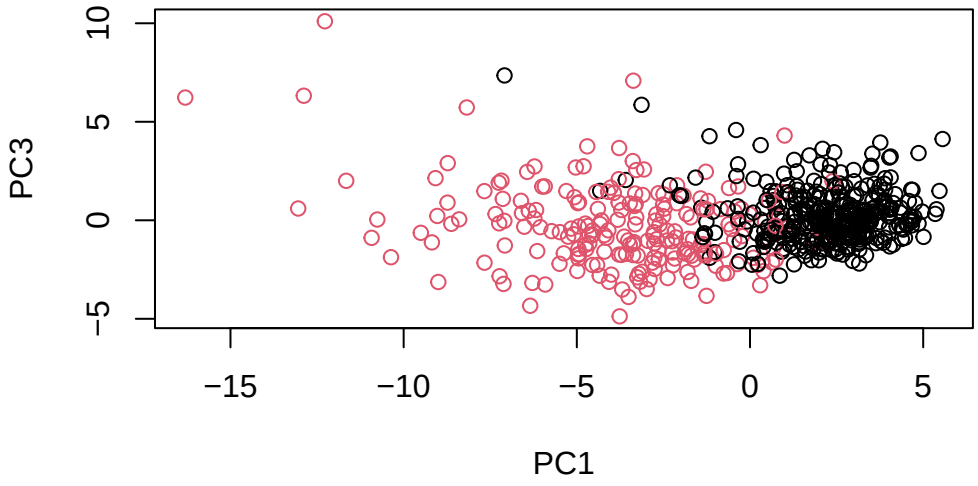
```
# Scatter plot observations by components 1 and 2
plot( wisc.pr$x[,1], wisc.pr$x[,2], col = diagnosis ,
     xlab = "PC1", ylab = "PC2")
```



Q8. Generate a similar plot for principal components 1 and 3. What do you notice about these plots?

PC1 vs PC2 shows clear separation between malignant and benign samples while PC1 vs PC3 shows less separation which shows that PC2 explains more useful information comparing to PC3.

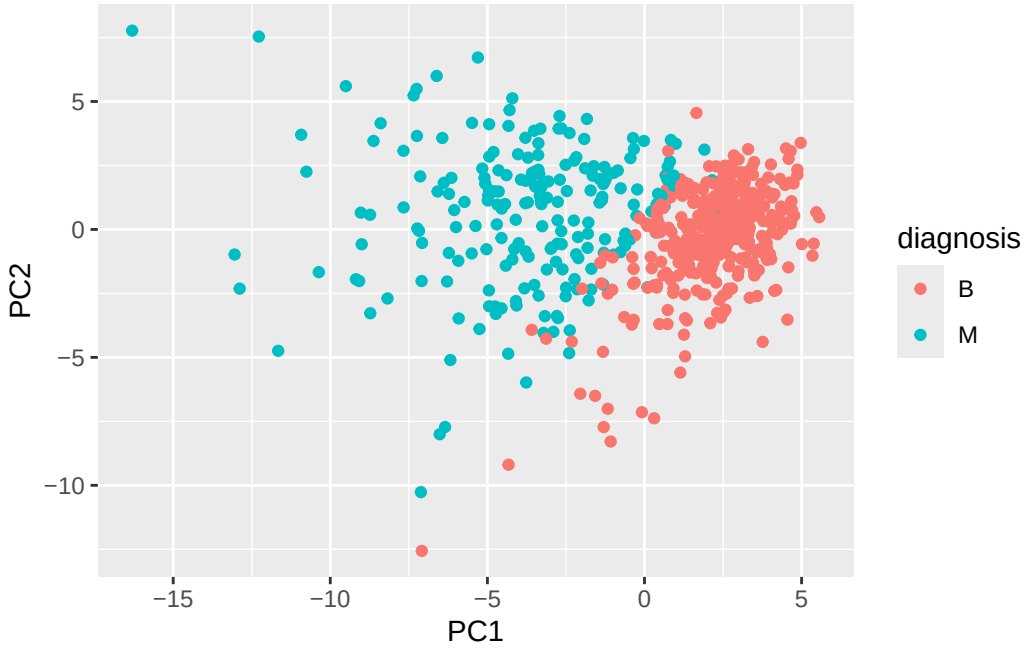
```
# Repeat for components 1 and 3
plot(wisc.pr$x[,1], wisc.pr$x[,3], col = diagnosis,
     xlab = "PC1", ylab = "PC3")
```



The main PC result figure is called a “score plot” or “PC plot” or “ordination plot”...

```
library(ggplot2)

ggplot(wisc.pr$x, aes(PC1, PC2, col= diagnosis)) +
  geom_point()
```



PCA Scree-plot

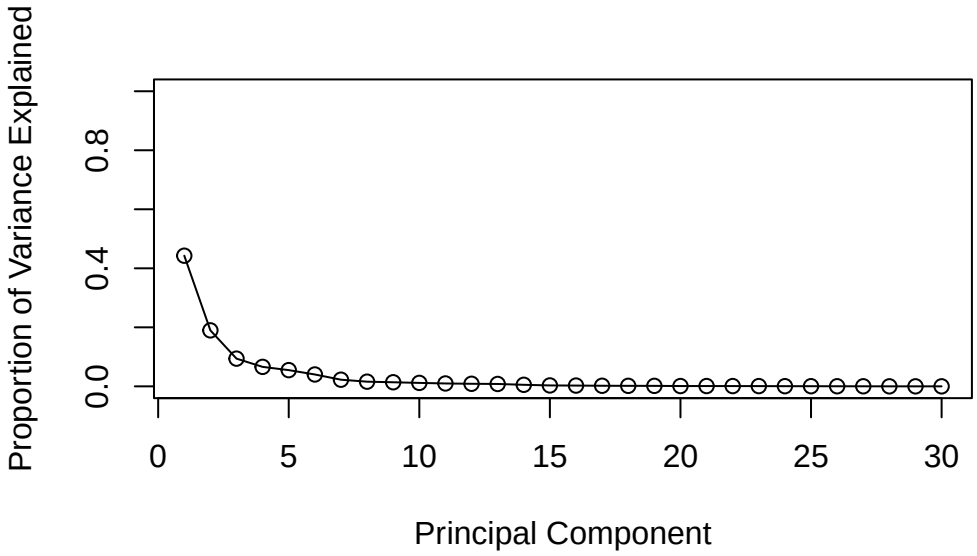
A plot of how much variance each PC captures. We can get this from `wisc.pr$sdev` or from the output of `summary(wisc.pr)`.

```
# Calculate variance of each component
pr.var <- wisc.pr$sdev^2
head(pr.var)
```

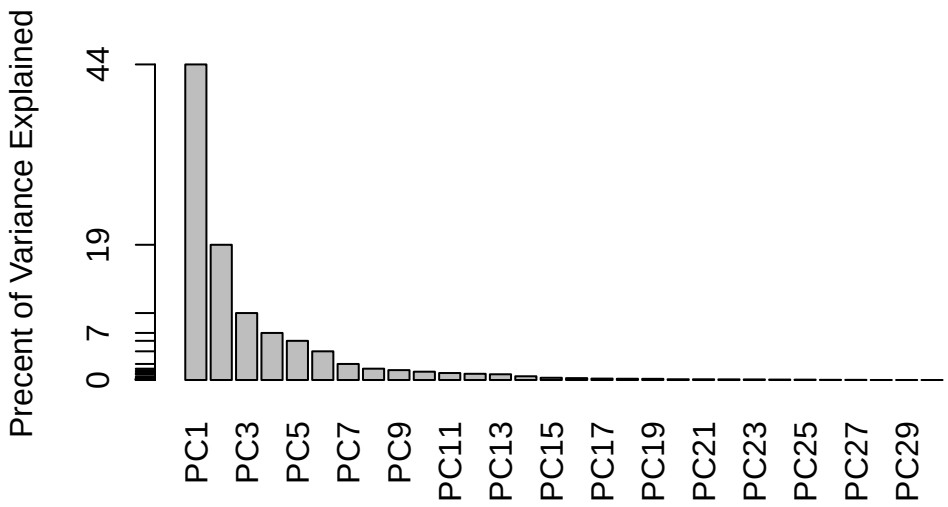
```
[1] 13.281608  5.691355  2.817949  1.980640  1.648731  1.207357
```

```
# Variance explained by each principal component: pve
pve <- pr.var /sum(pr.var)

# Plot variance explained for each principal component
plot(pve, xlab = "Principal Component",
     ylab = "Proportion of Variance Explained",
     ylim = c(0, 1), type = "o")
```




```
# Alternative scree plot of the same data, note data driven y-axis
barplot(pve, ylab = "Precent of Variance Explained",
     names.arg=paste0("PC",1:length(pve)), las=2, axes = FALSE)
axis(2, at=pve, labels=round(pve,2)*100 )
```



Communicating PCA results

Q9. For the first principal component, what is the component of the loading vector (i.e. wisc.pr$rotation[,1]) for the feature concave.points_mean?

```
wisc.pr$rotation["concave.points_mean", 1]
```

```
[1] -0.2608538
```

Q10. What is the minimum number of principal components required to explain 80% of the variance of the data?

We need 5 PCs in order to get 80% of the variance of the data.

```
summary(wisc.pr)
```

```
Importance of components:
                          PC1    PC2     PC3     PC4     PC5     PC6     PC7
Standard deviation     3.6444 2.3857 1.67867 1.40735 1.28403 1.09880 0.82172
Proportion of Variance 0.4427 0.1897 0.09393 0.06602 0.05496 0.04025 0.02251
Cumulative Proportion  0.4427 0.6324 0.72636 0.79239 0.84734 0.88759 0.91010
```

```
                            PC8    PC9    PC10   PC11    PC12    PC13    PC14
Standard deviation     0.69037 0.6457 0.59219 0.5421 0.51104 0.49128 0.39624
Proportion of Variance 0.01589 0.0139 0.01169 0.0098 0.00871 0.00805 0.00523
Cumulative Proportion  0.92598 0.9399 0.95157 0.9614 0.97007 0.97812 0.98335
                           PC15    PC16    PC17    PC18    PC19    PC20   PC21
Standard deviation     0.30681 0.28260 0.24372 0.22939 0.22244 0.17652 0.1731
Proportion of Variance 0.00314 0.00266 0.00198 0.00175 0.00165 0.00104 0.0010
Cumulative Proportion  0.98649 0.98915 0.99113 0.99288 0.99453 0.99557 0.9966
                           PC22    PC23   PC24    PC25    PC26    PC27    PC28
Standard deviation     0.16565 0.15602 0.1344 0.12442 0.09043 0.08307 0.03987
Proportion of Variance 0.00091 0.00081 0.0006 0.00052 0.00027 0.00023 0.00005
Cumulative Proportion  0.99749 0.99830 0.9989 0.99942 0.99969 0.99992 0.99997
                           PC29    PC30
Standard deviation     0.02736 0.01153
Proportion of Variance 0.00002 0.00000
Cumulative Proportion  1.00000 1.00000
```

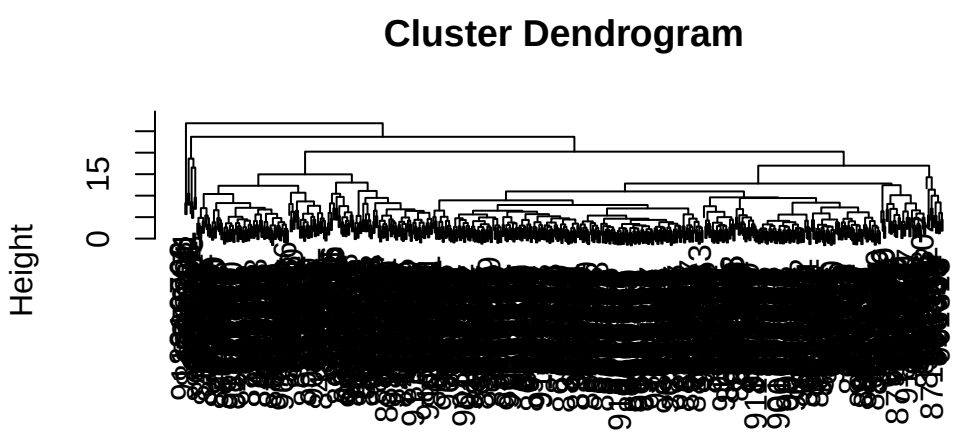
Hierachical clustering

Just clustering the original data is not very informative or helpful.

```
data.scaled <- scale(wisc.data)
data.dist <- dist(data.scaled)
wisc.hclust <- hclust(data.dist)
```

View the clustering dendrogram result.

```
plot(wisc.hclust)
```



Combining methods (PCA and Clustering)

Clustering the original data was not very productive. The PCA results looked promising. Here we combine these methods by clustering from our PCA results. In other words, "clustering in PC space"...

```
## Take the first 3 PCs
dist.pc <- dist(wisc.pr$x[, 1:3])
wisc.pr.hclust <- hclust(dist.pc, method= "ward.D2")
```

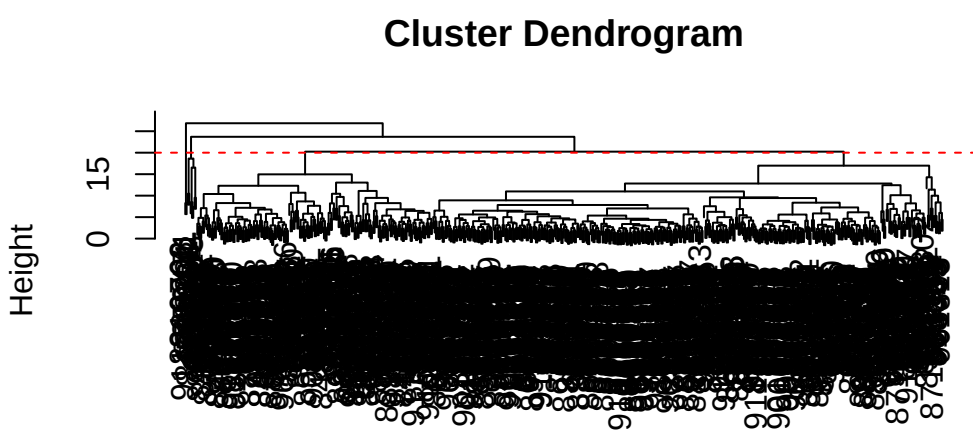
View the tree...

Results of hierarchical clustering

> Q11. Using the plot() and abline() functions, what is the height at which the clustering model has 4 clusters?

Height of approximately 20.

```
plot(wisc.hclust)
abline(h=20, col="red", lty=2)
```



Selecting number of clusters

Use `cutree()` to cut the tree so that it has 4 clusters. Assign the output to the variable wisc.hclust.clusters.

```
wisc.hclust.clusters <- cutree(wisc.hclust, k=4)
table(wisc.hclust.clusters)
```

```
wisc.hclust.clusters
  1   2   3   4
177   7 383   2
```

Use the `table()` function to compare the cluster membership to the actual diagnoses.

```
table(wisc.hclust.clusters, diagnosis)
```

```
                    diagnosis
wisc.hclust.clusters   B   M
                   1  12 165
                   2   2   5
                   3 343  40
                   4   0   2
```

Q12. Can you find a better cluster vs diagnoses match by cutting into a different number of clusters between 2 and 10?

By cutting into a different number of clusters between 2 and 10, 4 clusters already give good separation between malignant (M) and benign (B) samples where cluster 1 mainly has M and cluster 3 has mostly B so 4 clusters already remain the best choice for separation for cluster vs diagnosis match.

Using different methods

There are number of different "methods" that can use to combine points during the hierarchical clustering procedure. These include "single", "complete", "average" and "ward.D2".

Q13. Which method gives your favorite results for the same data.dist dataset? Explain your reasoning.

The `ward.D2` method gives the best results as it minimizes the variance within the clusters to have well separated groups which makes it easy to see the M and B samples compared to other methods.

K-means clustering

K-means clustering and comparing results

```
wisc.km <- kmeans(scale(wisc.data), centers= 2, nstart= 20)
```

```
table(wisc.km$cluster, diagnosis)
```

```
   diagnosis
      B   M
  1 343  37
  2  14 175
```

Q14. How well does k-means separate the two diagnoses? How does it compare to your hclust results?

K-means separates the two diagnoses well, with 1 cluster mainly corresponds to Malignant and the other aligns with Benign. However, there is still some overlap and it shows that the hclust still provides a slightly better separation between the 2 samples.

```
table(wisc.hclust.clusters, wisc.km$cluster)
```

```
wisc.hclust.clusters   1   2
                   1  17 160
                   2   0   7
                   3 363  20
                   4   0   2
```

Combining methods (PCA and Clustering)

To get our clustering membership vector (i.e. our main clustering result) we "cut" the tree at a desired height or to yield a desired number of "k" groups.

```
grps <- cutree(wisc.pr.hclust, k=2)
table(grps)
```

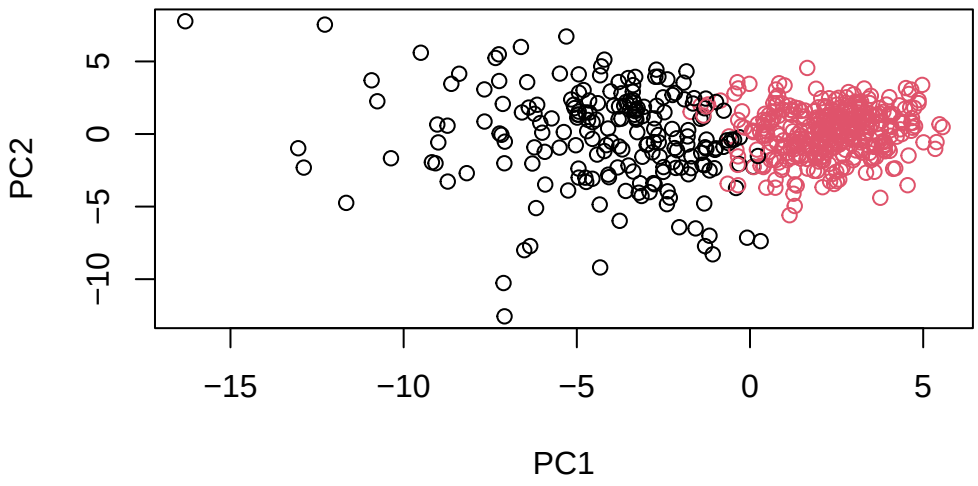
```
grps
  1   2
203 366
```

How does this clustering grps compare to the expert diagnosis?

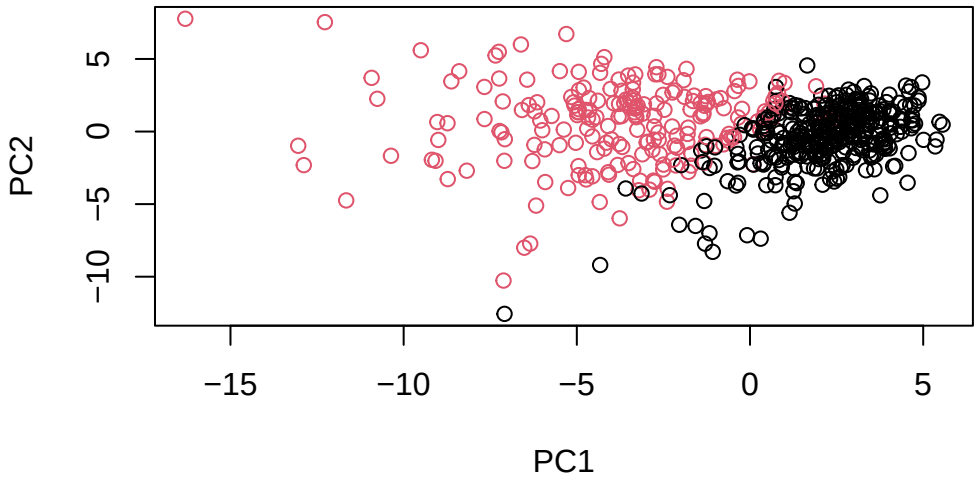
```
table(grps, diagnosis)
```

```
    diagnosis
grps   B   M
   1  24 179
   2 333  33
```

```
plot(wisc.pr$x[,1:2], col=grps)
```




```
plot(wisc.pr$x[,1:2], col=diagnosis)
```



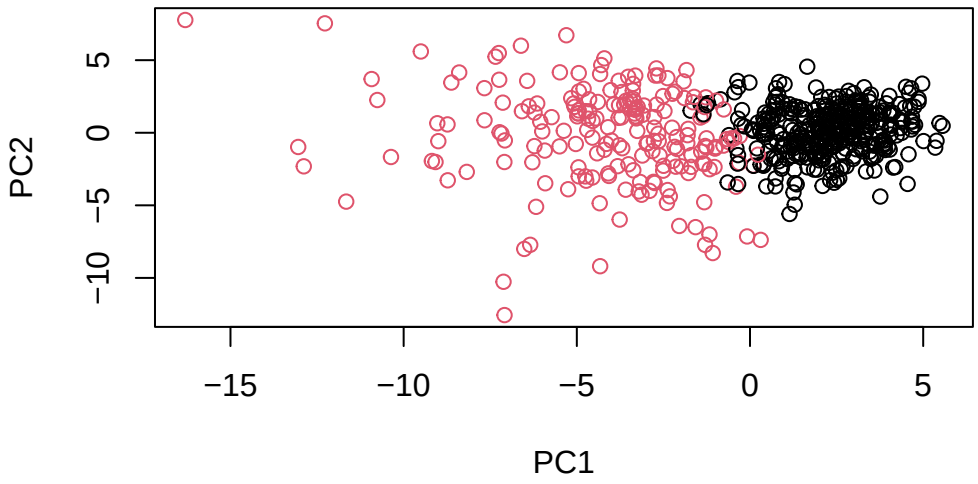
```
g <- as.factor(grps)
levels(g)
```

```
[1] "1" "2"
```

```
g <- relevel(g,2)
levels(g)
```

```
[1] "2" "1"
```

```
# Plot using our re-ordered factor
plot(wisc.pr$x[,1:2], col=g)
```




```
library(rgl)
plot3d(wisc.pr$x[,1:3], xlab="PC 1", ylab="PC 2", zlab="PC 3", cex=1.5, size=1, type="s", col
```

```
## Use the distance along the first 7 PCs for clustering i.e. wisc.pr$x[, 1:7]
wisc.pr.hclust <- hclust(dist(wisc.pr$x[, 1:7]), method="ward.D2")
```

```
wisc.pr.hclust.clusters <- cutree(wisc.pr.hclust, k=2)
```

> Q15. How well does the newly created model with four clusters separate out the two diagnoses?

The new hierarchical model with 2 clusters mostly separates malignant and benign samples correctly with each cluster contains mostly of each sample.

```
# Compare to actual diagnoses
table(wisc.pr.hclust.clusters, diagnosis)
```

```
                     diagnosis
wisc.pr.hclust.clusters   B   M
                      1  28 188
                      2 329  24
```

> Q16. How well do the k-means and hierarchical clustering models you created in previous sections (i.e. before PCA) do in terms of separating the diagnoses? Again, use the table() function to compare the output of each model (wisc.km$cluster and wisc.hclust.clusters) with the vector containing the actual diagnoses.

Both methods separate pretty well but the hierarchical clustering `Ward.D2` produces a slightly clearer grouping with fewer misclassified samples compared to `K-means`.

```
table(wisc.km$cluster, diagnosis)
```

```
   diagnosis
      B   M
  1 343  37
  2  14 175
```

```
table(wisc.hclust.clusters, diagnosis)
```

```
                    diagnosis
wisc.hclust.clusters   B   M
                   1  12 165
                   2   2   5
                   3 343  40
                   4   0   2
```

Sensitivity/ Specificity

Sensitivity refers to a test's ability to correctly detect ill patients who do have the condition. In example here the sensitivity is the total number of samples in the cluster identified as predominantly malignant (cancerous) divided by the total number of known malignant samples. In other words: TP/(TP+FN).

Specificity relates to a test's ability to correctly reject healthy patients without a condition. In example specificity is the proportion of benign (not cancerous) samples in the cluster identified as predominantly benign that are known to be benign. In other words: TN/(TN+FN).

> Q17. Which of your analysis procedures resulted in a clustering model with the best specificity? How about sensitivity?

The ward.D2 hierarchical clustering model produces the best specificity with around 96.6% and high sensitivity around 96.5% meaning that this has high accuracy in identifying both malignant and benign so this will be the most reliable clustering method for separating 2 samples in the data set.

```
TP <- 165
FN <- 6
TN <- 343
FP <- 12

# Sensitivity and Specificity calculations:
sensitivity <- TP / (TP + FN)
specificity <- TN / (TN + FP)

sensitivity
```

```
[1] 0.9649123
```

```
specificity
```

```
[1] 0.9661972
```

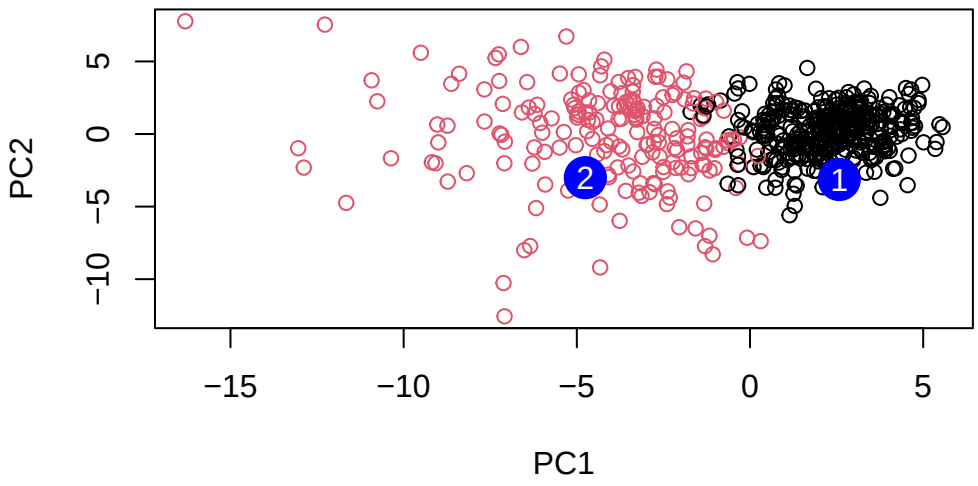
Prediction

We can use our PCA model for prediction with new input patient samples.

```
#url <- "new_samples.csv"
url <- "https://tinyurl.com/new-samples-CSV"
new <- read.csv(url)
npc <- predict(wisc.pr, newdata=new)
npc
```

```
          PC1       PC2        PC3        PC4       PC5        PC6        PC7
[1,]  2.576616 -3.135913  1.3990492 -0.7631950  2.781648 -0.8150185 -0.3959098
[2,] -4.754928 -3.009033 -0.1660946 -0.6052952 -1.140698 -1.2189945  0.8193031
           PC8       PC9       PC10       PC11      PC12      PC13     PC14
[1,] -0.2307350 0.1029569 -0.9272861 0.3411457  0.375921 0.1610764 1.187882
[2,] -0.3307423 0.5281896 -0.4855301 0.7173233 -1.185917 0.5893856 0.303029
          PC15       PC16        PC17        PC18        PC19       PC20
[1,] 0.3216974 -0.1743616 -0.07875393 -0.11207028 -0.08802955 -0.2495216
[2,] 0.1299153  0.1448061 -0.40509706  0.06565549  0.25591230 -0.4289500
          PC21       PC22       PC23       PC24        PC25         PC26
[1,]  0.1228233 0.09358453 0.08347651  0.1223396  0.02124121  0.078884581
[2,] -0.1224776 0.01732146 0.06316631 -0.2338618 -0.20755948 -0.009833238
             PC27        PC28         PC29         PC30
[1,]  0.220199544 -0.02946023 -0.015620933  0.005269029
[2,] -0.001134152  0.09638361  0.002795349 -0.019015820
```

```
plot(wisc.pr$x[,1:2], col=g)
points(npc[,1], npc[,2], col="blue", pch=16, cex=3)
text(npc[,1], npc[,2], c(1,2), col="white")
```



Q18. Which of these new patients should we prioritize for follow up based on your results?

In the plot, patient #2 looks like it falls closer to the Malignant cluster (red) where the patient #1 lies near the benign (black) so we should prioritize patient #2 for follow-up.