Lab8_mini_project

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1. Exploratory Data Analysis

Preparing the Data

Let's load the data from the breast mass samples:

```
# Save your input data file into your Project directory
fna.data <- "WisconsinCancer.csv"

# Complete the following code to input the data and store as wisc.df
wisc.df <- read.csv(fna.data, row.names=1)</pre>
```

We can remove the diagnosis from the data frame because that gives us the answers.

```
wisc.data <- wisc.df[,-1]
```

Let's save the diagnosis column as a vector that will be useful for plotting later.

```
diagnosis <- wisc.df[,1]</pre>
```

Exploratory data analysis

>Q1. How many observations are in this dataset?

```
nrow(wisc.data)
```

[1] 569

There are 569 observations in this dataset, represented by the rows.

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

```
table(diagnosis)
```

diagnosis
B M
357 212

There are 212 malignant observations.

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

```
#the numbers are the column numbers with the substring
grep("_mean", colnames(wisc.data))
```

```
[1] 1 2 3 4 5 6 7 8 9 10
```

There are 10 variables (columns) that are suffixed with _mean.

2. Principal Component Analysis

Performing PCA

Check if you need to scale the data.

```
# Check column means and standard deviations
colMeans(wisc.data)
```

radius_mean	texture_mean	perimeter_mean
1.412729e+01	1.928965e+01	9.196903e+01
area_mean	${\tt smoothness_mean}$	compactness_mean
6.548891e+02	9.636028e-02	1.043410e-01
concavity_mean	concave.points_mean	symmetry_mean
8.879932e-02	4.891915e-02	1.811619e-01
fractal_dimension_mean	radius_se	texture_se
6.279761e-02	4.051721e-01	1.216853e+00
perimeter_se	area_se	smoothness_se

```
2.866059e+00
                                 4.033708e+01
                                                         7.040979e-03
      compactness_se
                                 concavity_se
                                                    concave.points_se
        2.547814e-02
                                 3.189372e-02
                                                         1.179614e-02
         symmetry_se
                        fractal_dimension_se
                                                         radius_worst
        2.054230e-02
                                 3.794904e-03
                                                         1.626919e+01
       texture_worst
                             perimeter_worst
                                                           area_worst
        2.567722e+01
                                 1.072612e+02
                                                         8.805831e+02
    smoothness_worst
                           compactness_worst
                                                      concavity_worst
        1.323686e-01
                                 2.542650e-01
                                                         2.721885e-01
concave.points_worst
                              symmetry_worst fractal_dimension_worst
        1.146062e-01
                                 2.900756e-01
                                                         8.394582e-02
```

apply(wisc.data,2,sd)

perimeter_mean	texture_mean	radius_mean
2.429898e+01	4.301036e+00	3.524049e+00
compactness_mean	${\tt smoothness_mean}$	area_mean
5.281276e-02	1.406413e-02	3.519141e+02
symmetry_mean	concave.points_mean	concavity_mean
2.741428e-02	3.880284e-02	7.971981e-02
texture_se	radius_se	fractal_dimension_mean
5.516484e-01	2.773127e-01	7.060363e-03
smoothness_se	area_se	perimeter_se
3.002518e-03	4.549101e+01	2.021855e+00
concave.points_se	concavity_se	compactness_se
6.170285e-03	3.018606e-02	1.790818e-02
radius_worst	fractal_dimension_se	symmetry_se
4.833242e+00	2.646071e-03	8.266372e-03
area_worst	perimeter_worst	texture_worst
5.693570e+02	3.360254e+01	6.146258e+00
concavity_worst	${\tt compactness_worst}$	${\tt smoothness_worst}$
2.086243e-01	1.573365e-01	2.283243e-02
${\tt fractal_dimension_worst}$	symmetry_worst	concave.points_worst
1.806127e-02	6.186747e-02	6.573234e-02

Let's do PCA analysis using the prcomp() function.

```
# Perform PCA on wisc.data by completing the following code
wisc.pr <- prcomp(wisc.data, scale = TRUE)</pre>
```

Let's see a summary of the PCA analysis.

```
# Look at summary of results
summary(wisc.pr)
```

Importance of components:

```
PC1
                                 PC2
                                         PC3
                                                  PC4
                                                          PC5
                                                                  PC6
                                                                          PC7
                       3.6444 2.3857 1.67867 1.40735 1.28403 1.09880 0.82172
Standard deviation
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
                       0.69037 0.6457 0.59219 0.5421 0.51104 0.49128 0.39624
Standard deviation
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
                       0.99749 0.99830 0.9989 0.99942 0.99969 0.99992 0.99997
Cumulative Proportion
                          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)?

We can see from the summary in the proportion of variance that PC1 has 0.4427 proportion of original variance of the data set.

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

By looking at the PCA summary, we can look at the cumulative proportions and we see that PC1 to 3 cumulatively makes up 72.636% of the total variance. Therefore, we need the first three PCs to get at least 70% of the original variance in the data.

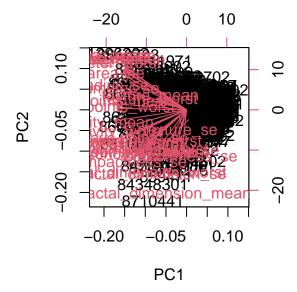
>Q6. How many principal components (PCs) are required to describe at least 90% of the original variance in the data?

Looking at the summary, we see that PC1 to 7 make up 91.01% of the total variance.

Interpreting PCA Results

Let's visualize the PCA analysis using a biplot.

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

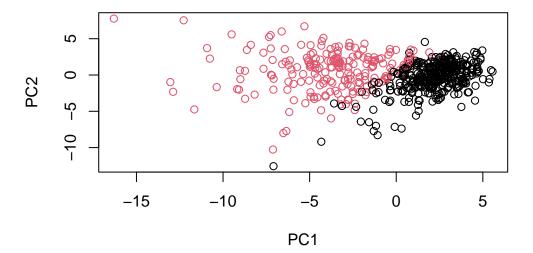


>Q7. What stands out to you about this plot? Is it easy or difficult to understand? Why?

This plot has the column names and sample numbers all in the same graph. The column names seem to all be connected in the middle. There are also additional axes on the right and the top which are unlabeled. This plot is very difficult to understand as there is so much text all centered in a small space which makes it impossible to see all the data at once.

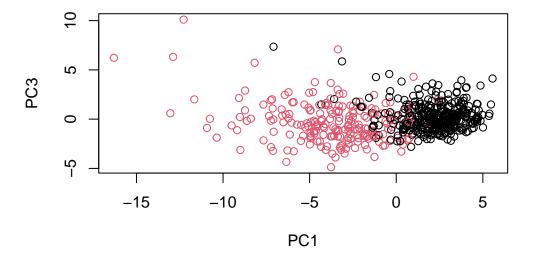
This plot is very bad so lets make another type of plot.

```
# Scatter plot observations by components 1 and 2
fdiag <- as.factor(diagnosis)
plot(wisc.pr$x[,1], wisc.pr$x[,2], col = fdiag, xlab = "PC1", ylab = "PC2")</pre>
```



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

```
# Scatter plot observations by components 1 and 3
plot(wisc.pr$x[,1], wisc.pr$x[,3], col = fdiag, xlab = "PC1", ylab = "PC3")
```



I noticed that the there is an axis for each PC and it is much easier to tell which samples are more closely related. You can also easily tell what the outlier samples are.

In the plot above, we can see that PC1 is differentiating between the malignant and benign samples.

ggplot2

Let's use ggplot2 to make even better plots. First we need to change our PCA analysis to a data frame and add the diagnosis column to used for the color aesthetic.

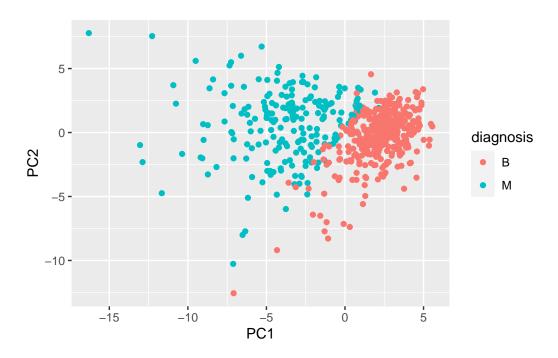
```
# Create a data.frame for ggplot
df <- as.data.frame(wisc.pr$x)
df$diagnosis <- diagnosis</pre>
```

Now we can make the plot.

```
# Load the ggplot2 package
library(ggplot2)

# Make a scatter plot colored by diagnosis
ggplot(df) +
```

```
aes(PC1, PC2, col=diagnosis) +
geom_point()
```



Variance Explained

We can look at more plots that show the variance of each PC. First we can look at variance of each principal component.

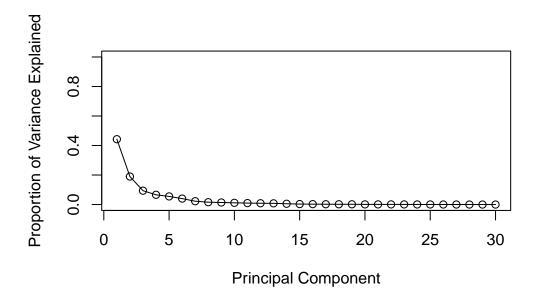
```
pr.var <- wisc.pr$sdev^2
head(pr.var)

[1] 13.281608 5.691355 2.817949 1.980640 1.648731 1.207357

pve <- pr.var/sum(pr.var)</pre>
```

Now we can create the scree plot.

```
ylim = c(0, 1), type = "o")
```



We can also make a barplot from the same data.



>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? This tells us how much this original feature contributes to the first PC.

sort(wisc.pr\$rotation[,1])

concave.points_worst	concavity_mean	<pre>concave.points_mean</pre>
-0.25088597	-0.25840048	-0.26085376
concavity_worst	perimeter_worst	compactness_mean
-0.22876753	-0.23663968	-0.23928535
area_worst	perimeter_mean	radius_worst
-0.22487053	-0.22753729	-0.22799663
perimeter_se	radius_mean	area_mean
-0.21132592	-0.21890244	-0.22099499
area_se	radius_se	compactness_worst
-0.20286964	-0.20597878	-0.21009588
concavity_se	compactness_se	<pre>concave.points_se</pre>
-0.15358979	-0.17039345	-0.18341740
<pre>fractal_dimension_worst</pre>	symmetry_mean	${\tt smoothness_mean}$
-0.13178394	-0.13816696	-0.14258969
texture_worst	symmetry_worst	smoothness_worst
-0.10446933	-0.12290456	-0.12795256

texture_mean	fractal_dimension_se	<pre>fractal_dimension_mean</pre>
-0.10372458	-0.10256832	-0.06436335
symmetry_se	texture_se	${\tt smoothness_se}$
-0.04249842	-0.01742803	-0.01453145

The concave.points_mean is the most important for PC1 and its component in the variance of PC1 is -0.26085376.

3. Hierarchical clustering

```
# Scale the wisc.data data using the "scale()" function
data.scaled <- scale(wisc.data)

data.dist <- dist(data.scaled)

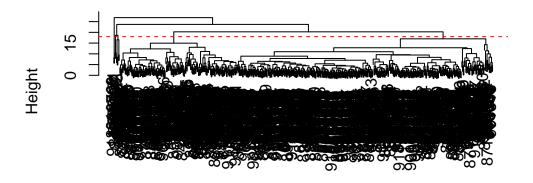
wisc.hclust <- hclust(data.dist, method = "complete")
wisc.hclust

Call:
hclust(d = data.dist, method = "complete")

Cluster method : complete
Distance : euclidean
Number of objects: 569</pre>
```

>Q10. Using the plot() and abline() functions, what is the height at which the clustering model has 4 clusters?

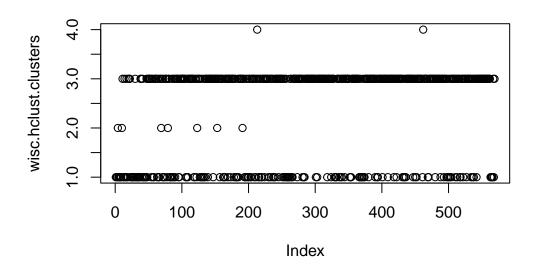
```
plot(wisc.hclust)
abline(wisc.hclust, col="red", lty=2, h=18)
```



data.dist hclust (*, "complete")

The height at which the clustering model has 4 clusters is 18. We can use cutree() so that our tree has 4 clusters.

```
wisc.hclust.clusters <- cutree(wisc.hclust, k=4)
plot(wisc.hclust.clusters)</pre>
```



Lets compare the assigned clusters to the actual diagnoses.

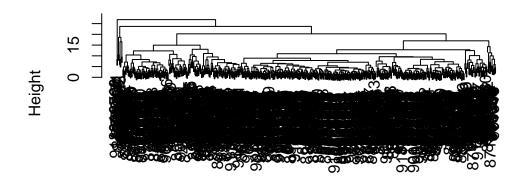
we can see that cluster 1 corresponds to malignant cells while cluster 3 corresponds to table(wisc.hclust.clusters, diagnosis)

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

Using different methods

We can use different methods of combining points in hclust.

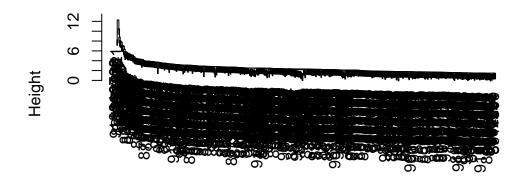
```
# this first plot is using "complete" as default
plot(wisc.hclust)
```



data.dist hclust (*, "complete")

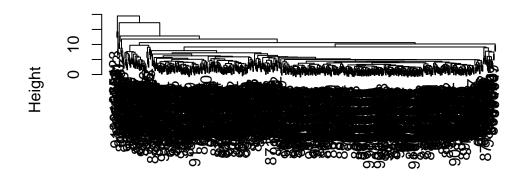
wisc.hclust.s <- hclust(data.dist, method = "single")
plot(wisc.hclust.s)</pre>

Cluster Dendrogram



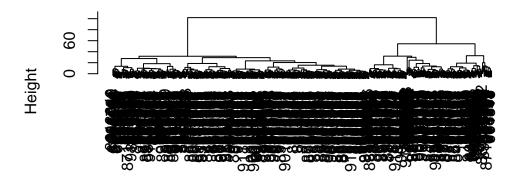
data.dist hclust (*, "single")

```
wisc.hclust.a <- hclust(data.dist, method = "average")
plot(wisc.hclust.a)</pre>
```



data.dist hclust (*, "average")

```
wisc.hclust.w <- hclust(data.dist, method = "ward.D2")
plot(wisc.hclust.w)</pre>
```



data.dist hclust (*, "ward.D2")

>Q12. Which method gives your favorite results for the same data.dist dataset? Explain your reasoning.

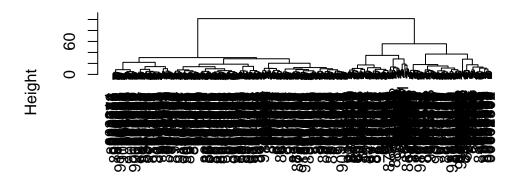
I liked the ward.D2 method because I can see the clusters more easily and it looks less messy.

4. Combining methods

Clustering on PCA results

We want to see if PCA will improve hclust clustering.

```
pca.dist = dist(wisc.pr$x[, 1:7])
wisc.pr.hclust = hclust(pca.dist, method="ward.D2")
plot(wisc.pr.hclust)
```



pca.dist hclust (*, "ward.D2")

Let's see if the two main branches of this dendrogram are indicating the diagnoses.

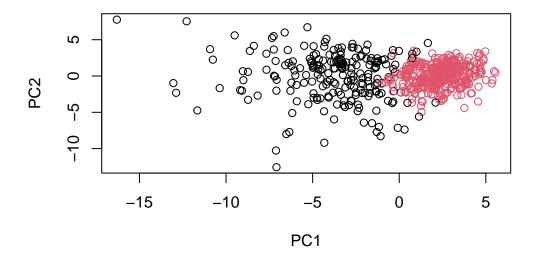
```
grps <- cutree(wisc.pr.hclust, k=2)
table(grps)

grps
     1      2
216 353

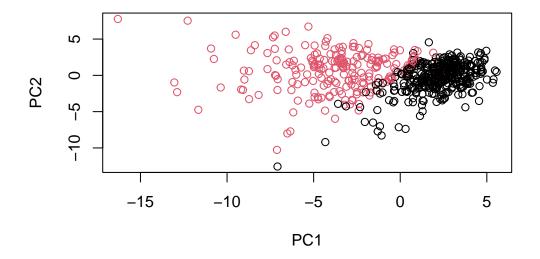
table(grps, diagnosis)

diagnosis
grps     B      M
     1      28 188
     2 329 24

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



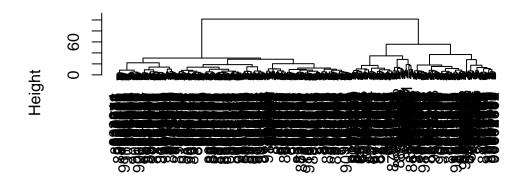
plot(wisc.pr\$x[,1:2], col=fdiag)



Let's use the distance along the first 7 PCs for clustering.

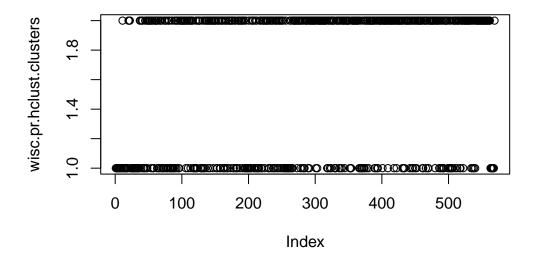
```
pca.dist.7 = dist(wisc.pr$x[, 1:7])
wisc.pr.hclust.7 = hclust(pca.dist.7, method="ward.D2")
plot(wisc.pr.hclust.7)
```

Cluster Dendrogram



pca.dist.7 hclust (*, "ward.D2")

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



Now let's compare our model to the actual diagnoses.

>Q13. How well does the newly created model with four clusters separate out the two diagnoses?

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

>Q14. How well do the 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.

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

diagnosis wisc.hclust.clusters B M

```
1 12 165
2 2 5
3 343 40
4 0 2
```

I believe that when we combined the PCA and hierarchical clustering models together this model did a better job at distinguishing the malignant samples since there is a higher number of malignant samples in cluster 1 of wisc.pr.hclust.clusters than wisc.hclust.clusters. However I believe the hclust model that separated the data into 4 clusters did a better job at distinguishing the number of benign samples. Overall the PCA and hclust model is more intuitive since we cut the tree into 2 clusters and it is easier to tell which cluster correlates with which diagnosis.

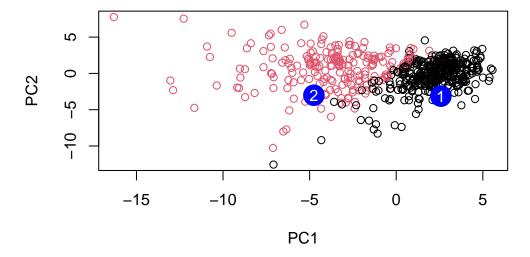
6. Prediction

We can compare old and new cancer cell data by using our PCA model to predict.

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

```
PC1
                     PC2
                                PC3
                                           PC4
                                                      PC5
                                                                 PC6
                                                                            PC7
     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
                     PC16
                                             PC18
                                                          PC19
          PC15
                                 PC17
                                                                     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
                      PC22
                                 PC23
                                                         PC25
           PC21
                                            PC24
                                                                      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
     0.220199544 -0.02946023 -0.015620933 0.005269029
[2,] -0.001134152 0.09638361 0.002795349 -0.019015820
```

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



>Q16. Which of these new patients should we prioritize for follow up based on your results?

We need to prioritize the patients who have the most variation according to PC1 because these are the ones who are clustered close to the malignant samples from our previous PCA model.