### Measuring Success in Prediction SPH 247 Statistical Analysis of Laboratory Data

## **Binary Classification**

- Suppose we have two groups for which each case is a member of one or the other, and that we know the correct classification ("truth"). We will call the two groups Disease and Healthy
- Suppose we have a prediction method that produces a single numerical value, and that small values of that number suggest membership in the Healthy group and large values suggest membership in the Disease group.
- How can we measure the success of the prediction method?
- First, consider the case when we have a cutoff that defines which group is predicted.

	Disease	Healthy	Total
Predict Disease	A (True Positive)	B (False Positive)	A+B (Positive Test)
Predict Healthy	C (False Negative)	D (True Negative)	C+D (Negative Test)
Total	A+C (Sick)	B+D (Healthy)	A+B+C+D

- A: True Positive (TP), hit
- D: True negative (TN), correct rejection
- B: False positive (FP), false alarm, Type I error
- C: False negative (FN), miss, Type II error

	Disease	Healthy	Total
Predict Disease	A (True Positive)	B (False Positive)	A+B (Positive Test)
Predict Healthy	C (False Negative)	D (True Negative)	C+D (Negative Test)
Total	A+C (Sick)	B+D (Healthy)	A+B+C+D

- Sensitivity, True Positive Rate (TPR), recall
  - TPR = TP/P = TP/(TP+FN) = A/(A+C) = TP/Sick
  - Fraction of those with the Disease that are correctly predicted
- Specificity (SPC), True Negative Rate
  - SPC = TN/N = TN/(TN+FP) = D/(B+D) = TN/Healthy
  - Fraction of those Healthy who are correctly predicted
- Precision, Positive Predictive Value (PPV)
  - PPV = TP/(TP+FP) = A/(A+B) = TP/Positive
  - Fraction of those predicted to have the Disease who do have it

	Disease	Healthy	Total	
Predict Disease	A (True Positive)	B (False Positive)	A+B (Positive Test)	
Predict Healthy	C (False Negative)	D (True Negative)	C+D (Negative Test)	
Total	A+C (Sick)	B+D (Healthy)	A+B+C+D	

- Negative Predictive value (NPV)
  - NPV = TN/(TN+FN) = D/(C+D) = TN/Negative
  - Fraction of those predicted to be healthy who are healthy
- Fall-out or False Positive Rate (FPR)
  - FPR = FP/N = FP/(FP+TN) = FP/Healthy = 1 SPC
  - Fraction of those healthy who are predicted to have the disease
- False Discovery Rate (FDR)
  - FDR = FP/(TP+FP) = FP/Positive = 1 PPV
  - Fraction of those predicted to have the disease who are healthy
- Accuracy (ACC)
  - ACC = (TP+TN)/(P+N)

## **Dependence on Population**

- Sensitivity and Specificity depend only on the test, not on the composition of the population, other figures are dependent
- Sensitivity = fraction of patients with the disease who are predicted to have the disease (p = 0.98).
- Specificity = fraction of patients who are healthy that are classified as healthy (q = 0.99).
- If the population is 500 Disease and 500 healthy, then TP = 490, FN = 10, TN = 495, FP = 5 and PPV = 490/(490 + 5) = 0.9899

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- If the population is 500 Disease and 500 healthy, then TP = 490, FN = 10, TN = 495, FP = 5 and PPV = 490/(490 + 5) = 0.9899
- If the population is 100 Disease and 1000 healthy, then TP = 98, FN = 2, TN = 990, FP = 10 and PPV = 98/(98 + 10) = 0.9074
- If the population is 100 Disease and 10,000 healthy, then TP = 98, FN = 2, TN = 9900, FP = 100 and PPV = 98/(98 + 100) = 0.4949

> mod3.glm <- glm(CHD~CHL\*CAT+SMK+HPT+HPT:CHL+HPT:CAT,binomial,evans)
> summary(mod3.glm)

#### Coefficients:

	Estimate	Std. Error	z value	Pr(> z )	
(Intercep	ot) -3.981678	1.307727	-3.045	0.00233	* *
CHL	0.003506	0.005848	0.599	0.54887	
CAT	-13.723211	3.213895	-4.270	1.96e-05	* * *
SMK	0.712280	0.326897	2.179	0.02934	*
HPT	4.603360	1.769643	2.601	0.00929	* *
CHL:CAT	0.075636	0.014704	5.144	2.69e-07	* * *
CHL:HPT	-0.016542	0.008186	-2.021	0.04330	*
CAT:HPT	-2.158014	0.746246	-2.892	0.00383	* *
Signif. d	codes: 0 `***'	0.001 `**'	0.01 '	· 0.05 `.	.′ 0.1 ` ′

(Dispersion parameter for binomial family taken to be 1)

Null deviance: 438.56 on 608 degrees of freedom Residual deviance: 348.80 on 601 degrees of freedom AIC: 364.8

Number of Fisher Scoring iterations: 6

#### EPI 204 Quantitative Epidemiology III

1



Histogram of predict(mod3.glm)



> table(fitted(mod3.glm)>0.5,evans\$CHD)

	0	1
FALSE	533	54
TRUE	5	17

Sensitivity = 17/71 = 23.9% Specificity = 533/538 = 99.1% Accuracy = (533+17)/609 = 90.3%

> table(fitted(mod3.glm)>0.1,evans\$CHD)

```
0 1
FALSE 421 22
TRUE 117 49
Sensitivity = 49/71 = 69.0%
Specificity = 421/538 = 78.3%%
Accuracy = (421+49)/609 = 77.2%
```

> 71/609 [1] 0.1165846 Predict all are non-CHD

```
Sensitivity = 0/71 = 0%
Specificity = 538/538 = 100%
Accuracy = (538)/609 = 88.3%%
```

> median(predict(mod3.gl	m))
[1] -2.554262	
<pre>&gt; median(fitted(mod3.glm</pre>	))
[1] 0.0721407	
<pre>&gt; table(fitted(mod3.glm)</pre>	>0.0721,evans\$CHD)
0 1	
FALSE 290 13	
TRUE 248 58	

### **ROC Curve (Receiver Operating Characteristic)**

- If we pick a cutpoint *t*, we can assign any case with a predicted value ≤ *t* to Healthy and the others to Disease.
- For that value of *t*, we can compute the number correctly assigned to Disease and the number incorrectly assigned to Disease (true positives and false positives).
- For *t* small enough, all will be assigned to Disease and for *t* large enough all will be assigned to Healthy.
- The ROC curve is a plot of true positive rate vs. false positive rate.
- If everyone is classified positive (t = o), then TPR = TP/(TP+FN) = FP/(FP + o) = 1 FPR = FP/(FP + TN) = FP/(FP + o) = 1
- If everyone is classified negative (t = 1), then TPR = TP/(TP+FN) = o/(o + FN) = o
   FPR = FP/(FP + TN) = o/(o + TN) = o

## **R** Packages for ROC Curves

- There seem to be many such packages.
- ROCR is the most comprehensive, but a simple ROC plot requires several steps.
- pROC seems easy to use.
- The package sm allows comparison of densities.
- > library(pROC)
- > mod3.roc <- roc(evans\$CHD,fitted(mod3.glm))</pre>
- > plot(mod3.roc)

```
Data: fitted(mod3.glm) in 538 controls (evans$CHD 0) <
71 cases (evans$CHD 1).</pre>
```

Area under the curve: 0.7839

- > library(sm)
- > sm.density.compare(fitted(mod3.glm),evans\$CHD)





# Statistical Significance and Classification Success

- It is easier for a variable to be statistically significant than for the classification using that variable to be highly accurate, measured, for example, by the ROC curve.
- Suppose we have 100 patients, 50 in each group (say disease and control).
- If the groups are separated by 0.5 times the within group standard deviation, then the p-value for the test of significance will be around 0.01 but the classification will only be 60% correct.



# Statistical Significance and Classification Success

• If the classification is to be correct 95% of the time, then the groups need to be separated by 3.3 times the within group standard deviation, and then the p-value for the test of significance will be around essentially o.

