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Predicting disease outcome using penalised regression

Regression

Logistic model

We have observed expression data for p genes in nindividuals, forming a data matrix $\mathbf{X} \in \mathbb{R}^{n \times p}$, where p >> n. We are interested in discovering relationships between the genes and the disease outcome of a patient $y \in \{0,1\}^n$, enabling prediction. The probability of having the disease is modelled as $\mathbb{P}(y = 1 | \mathbf{X}) = 1/(1 + \exp(-\mathbf{X}\beta))$, where **Sparse-group models** $\beta \in \mathbb{R}^p$ are the coefficients of the relationships.

Penalised regression

To solve the above problem, we fit a **penalised logistic model**, solving the optimisation problem

$$\hat{\beta} = \max_{b \in \mathbb{R}^p} \left\{ \underbrace{\sum_{i=1}^n \left[y_i \left(b^\top x_i \right) - \log \left(1 + e^{b^\top x_i} \right) \right]}_{\text{loss function}} - \lambda \underbrace{f(b)}_{\text{penalty}} \right\},$$

where $\lambda > 0$ is the penalisation parameter, and f is the penalty function. The most popular penalty function is the least absolute shrinkage and selection operator (lasso) [5]: $f_{\text{lasso}}(b) = \sum_{i=1}^{p} |b_i|$. The form of this penalty (Figure 1) allows variable selection to occur through shrinkage of the coefficients exactly to zero. That is, we obtain a set of associated genes $\{i \in \{1, \ldots, p\} : \beta_i \neq 0\}$.



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Tuning

The parameter λ requires tuning, as it defines the level of sparsity in the model. We fit the model to an *l*-length path of parameters $\lambda_1 \geq \ldots \geq \lambda_l \geq 0$, where λ_1 is the point at which the first coefficient becomes non-zero and λ_l is some fraction of λ_1 . We apply k-fold cross-validation to these *l* models and pick the best predictive model.

Genes are naturally found in groups called pathways. We want to be able to exploit this grouping information in our prediction. To do this, assume that the genes sit in *m* non-overlapping groups $\mathcal{G}_1, \ldots, \mathcal{G}_m$ of sizes p_1, \ldots, p_m . An extension of the lasso to incorporate this grouping information is given by the group lasso (gLasso) [6]: $f_{glasso}(b) = \sum_{g=1}^{m} \sqrt{p_g} \|b^{(g)}\|_2$, where $b^{(g)} \in \mathbb{R}^{p_g}$ is a vector of coefficients. The gLasso shrinks whole groups to zero, performing group selection.

To avoid shrinking whole groups to zero, the sparse-group lasso (SGL) [4] combines the strengths of the lasso and gLasso convexly: $f_{sql}(b; \alpha) = \alpha f_{lasso}(b) + (1 - \alpha) f_{glasso}(b)$, where $\alpha \in [0, 1]$, but is chosen subjectively at $\alpha = 0.99$.

SLOPE

The Sorted L-One Penalised Estimation (**SLOPE**) model [1] is an adaptive version of the lasso with the penalty: $f_{slope}(b) = \sum_{i=1}^{p} v_i |b|_{(i)}$, where $|b|_{(1)} \ge \ldots \ge |b|_{(p)}$ are matched to $v_1 \ge \ldots \ge v_p \ge 0$. SLOPE is motivated by genetics, as the weights, v,

are set to the Benjamini-Hochberg critical values, to provide false-discovery rate (FDR) control.

Sparse-group SLOPE We incorporate the SLOPE penalty into a sparse-group framework by introducing sparse-group SLOPE (**SGS**), defined as

 $f_{sgs}(b;$

where $|b|_{(i)}$ are matched as for SLOPE and additionally $\sqrt{p_1} \|b^{(1)}\| \ge \ldots \ge \sqrt{p_g} \|b^{(g)}\|_2$ are matched to $w_1 \ge \ldots \ge w_m \ge 0$. The weights, (v, w), were theoretically derived to provide bi-level (variable and group) FDR control. The SGS optimisation is solved using the Adaptive Three Operator Splitting (ATOS) algorithm [3].



ation of SLOPE and gSLOPE

Predicting diseases

Using these models, we tackled the problem of predicting two diseases: ulcerative **colitis** and breast **cancer**. The colitis dataset contained blood cell gene expression data for n = 127 patients, of which 85 had colitis, with p = 12031 genes, grouped into 1408 pathways. The cancer dataset was of dimensions n = 60, p = 12071, and m = 1132, where

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$$\alpha) = \alpha \sum_{i=1}^{p} v_i |b|_{(i)} + (1-\alpha) \sum_{g=1}^{m} \sqrt{p_g} w_g ||b^{(g)}||_2,$$

the patients were treated with tamoxifen and classified into whether the cancer recurred.

Both datasets were split into train/validation sets to calculate the accuracy of the models by predicting the disease status of the patients in the validation sets. The models were fit along a path of 100λ values. Figure 3 shows the peak classification scores of the SLOPE models and Table 1 for both SLOPE and lasso-based models.



ure 3: Validation classification scores (%) on the colitis and cancer datasets as a function of the penalisation parameter (λ) for the SLOPE-based models

Fable 1: Peak validation classification scores (%) achieved for each SLOPE and lasso-based model on the two genetics datasets.

| | SLOPE-based models | | | Lasso-based model | | |
|---------|--------------------|-------|--------|-------------------|-------|--------|
| Dataset | SGS | SLOPE | gSLOPE | SGL | Lasso | gLasso |
| Colitis | 97.4 | 94.8 | 84.4 | 92.2 | 93.5 | 89.6 |
| Cancer | 66.7 | 60.0 | 56.7 | 50.0 | 56.7 | 36.7 |

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Funders



UK Research and Innovation

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