

Classifier construction via. Boosting

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1st

2nd

3rd

...



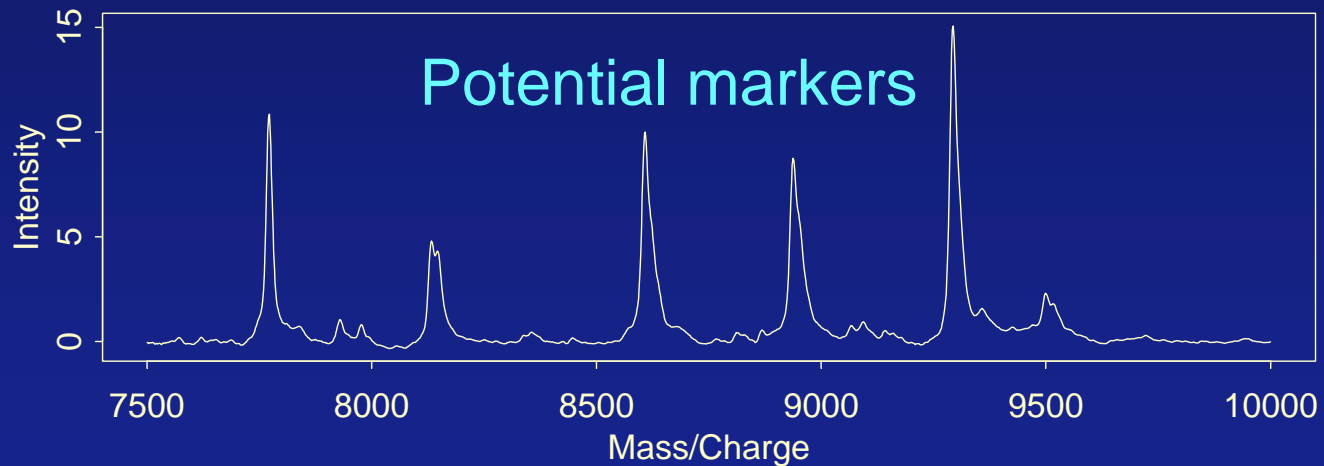
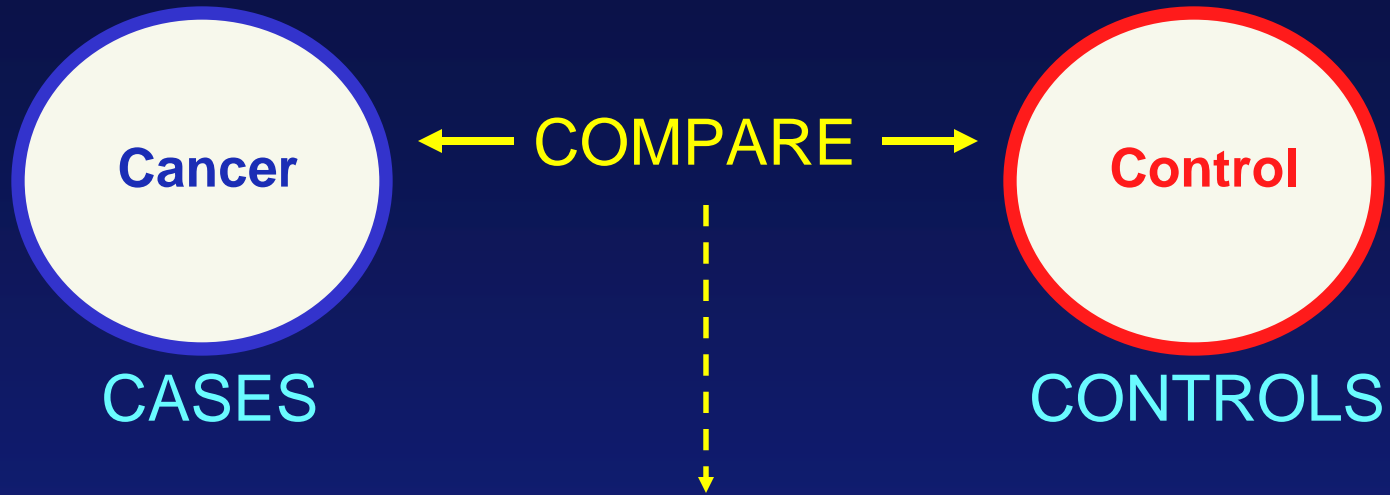
...

The aligned dataset
for
searching
signature markers
profiles

Completion of pre-
analysis processing

Yasui et al. J. Biomed. & Biotech
(Special Issue on Proteomics) 20

Basic Study Design



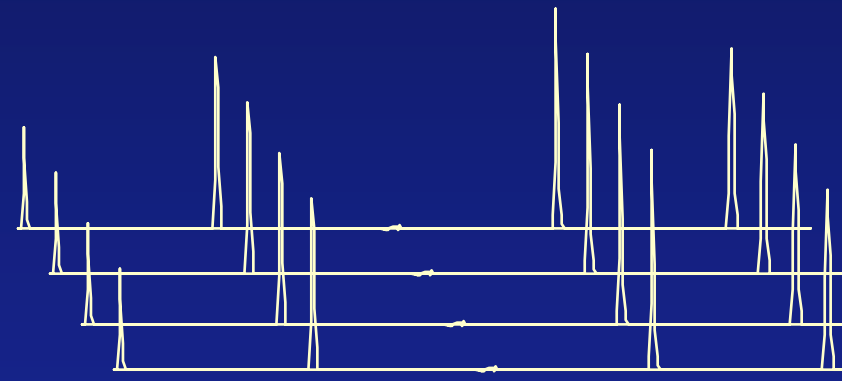
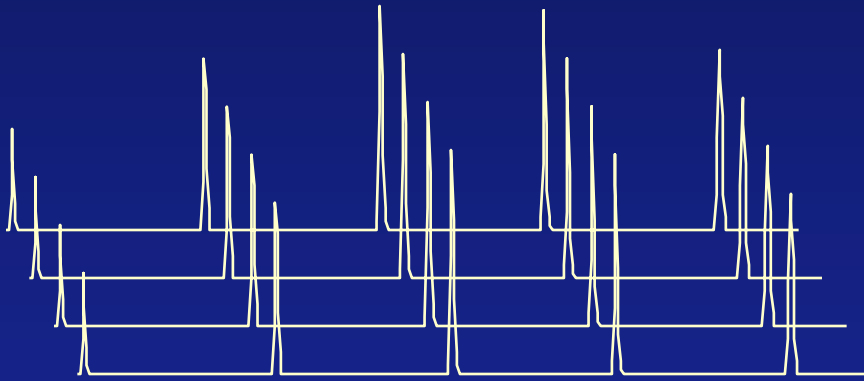
Biomarker Discovery

Cancer

Control

CASES

CONTROLS



A potential biomarker

Phases of Biomarker Discovery & Validation

Pepe et al. JNCI 2001

→
Pre-clinical
Exploratory

PHASE 1

Promising directions identified

→
Clinical
Assay
Validation

PHASE 2

*Clinical assay detects established
disease*

Retrospective
Longitudinal

PHASE 3

*Biomarker detects pre-clinical disease
and a “screen positive” rule defined*

Prospective
Screening

PHASE 4

*Extent and characteristics of disease
detected by the test and the false
referral rate are identified*

Cancer
Control

PHASE 5

*Impact of screening on reducing
burden of disease on population is
quantified*

100% sensitivity & specificity
in classifying cases vs. controls

≠

Identification of biomarkers for cases

Three Principles of Case-Control Design

(Wacholder et al. Am J Epidemiol 1992)

1. A common study base for cases and controls
2. Controlling for confounding effects
3. Comparable accuracy and precision in exposure measurements

1. Common Study Base

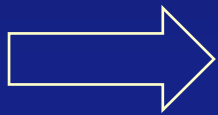
- Define a common study base (who, where, when) and sample both cases and controls from it
- × Cases and controls from different institutions
- × Cases from a past study, controls from an ongoing study



Disease is not the only difference between cases and controls

2. Controlling for confounding

- Balance age and race between cases and controls (or adjust for in the analysis)
- × Study base = 30-75 women in Montreal in 2003
Breast cancer cases = Tend to be older
Controls = Younger



Markers for age, not cancer, will distinguish cases and controls

3. Comparable measurement errors

- Unify the sample collection, processing, storage, and assay methods for cases and controls.

Balance the use of machines, technicians, chips, and wells between cases and controls.

If not,



True marker-disease relation is distorted

**Use of multiple markers
in classifying disease classes**

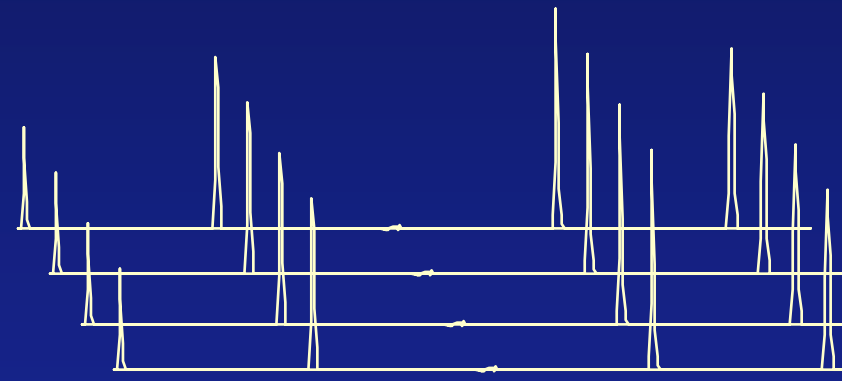
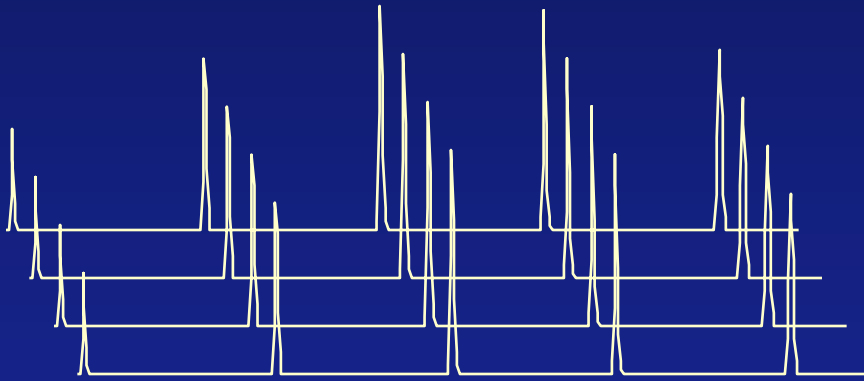
Biomarker Discovery

Cancer

Control

CASES

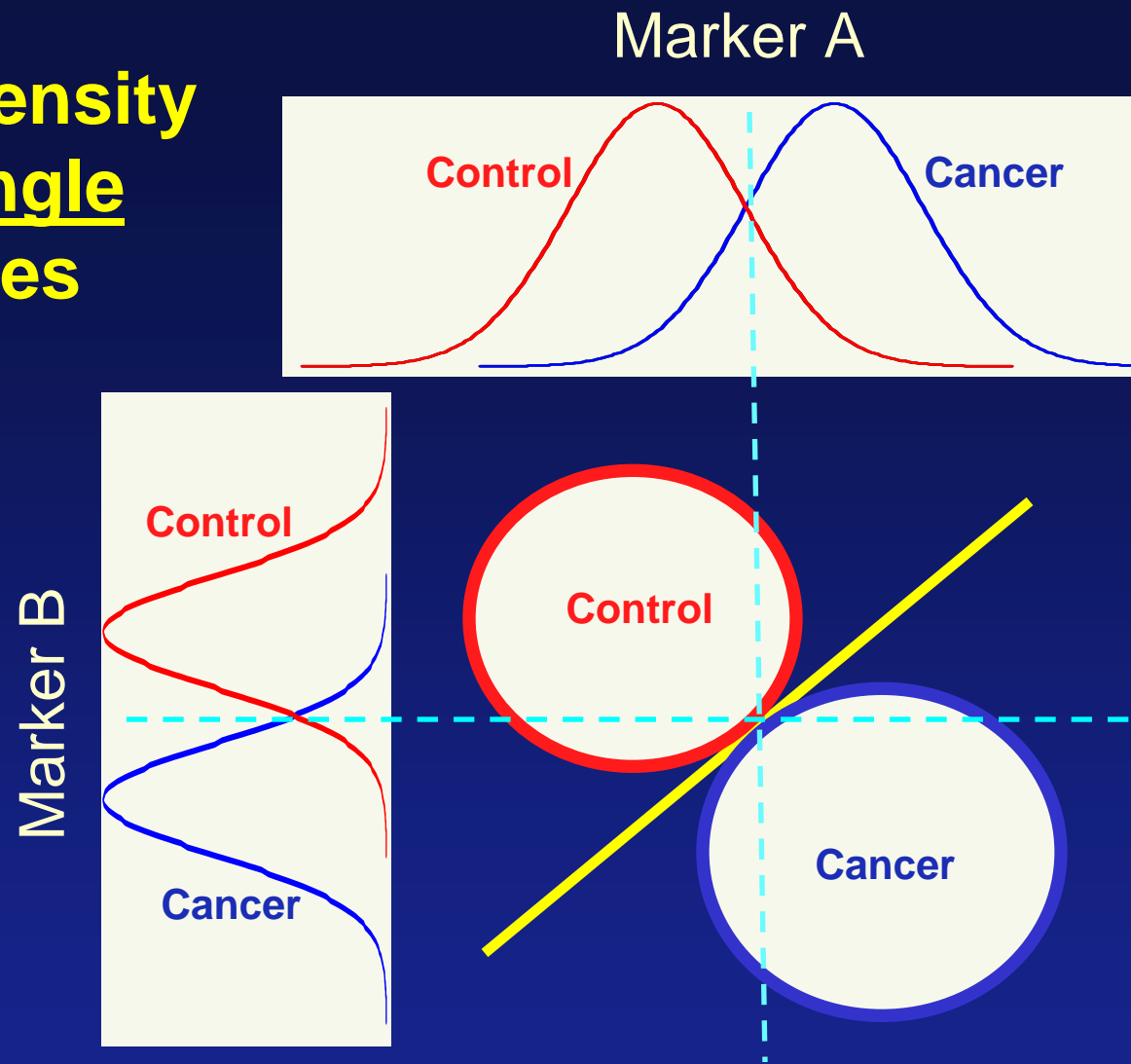
CONTROLS



A potential biomarker

Likely overlap of intensity distributions of a single marker between cases and controls

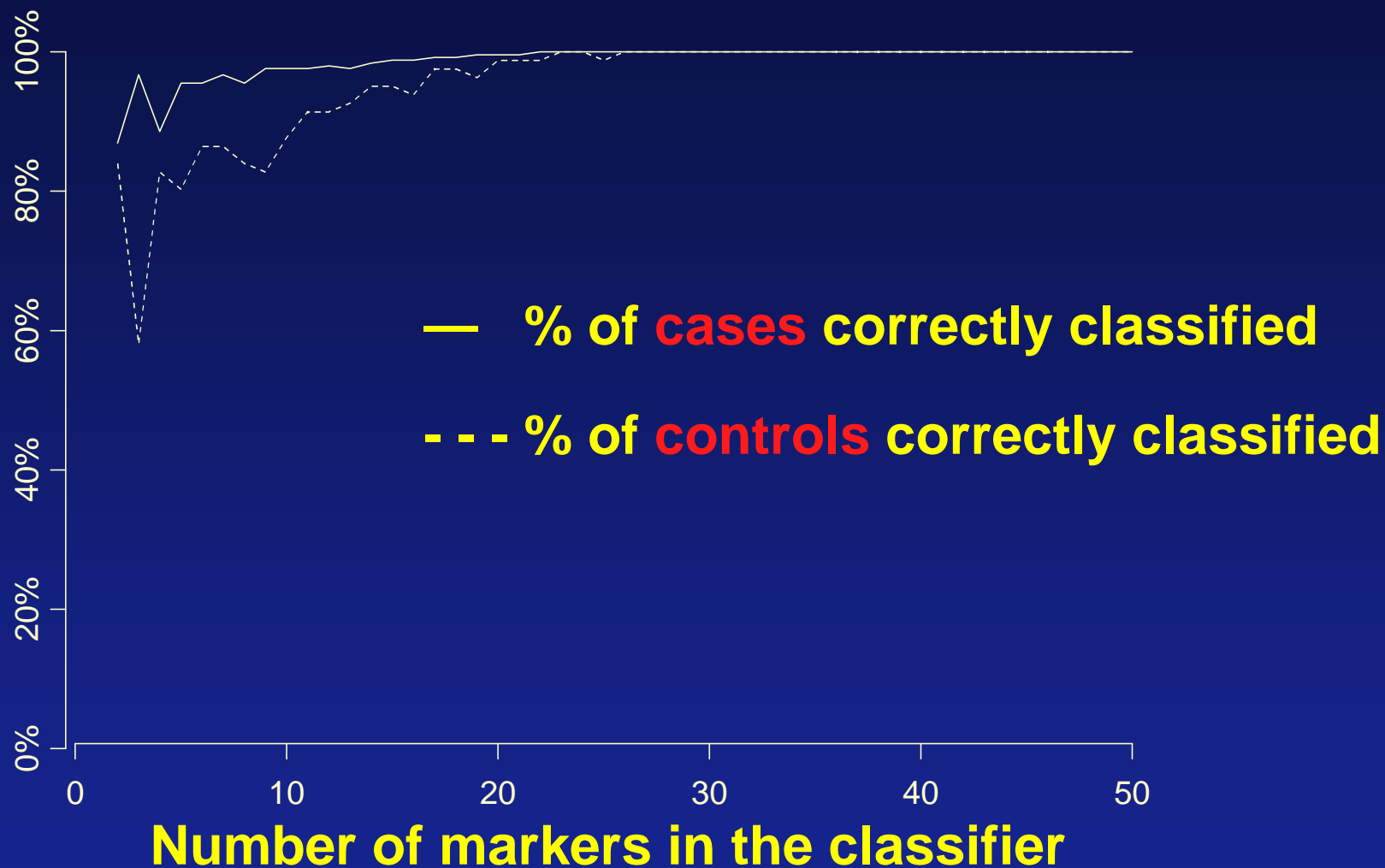
Need to combine information from multiple markers!



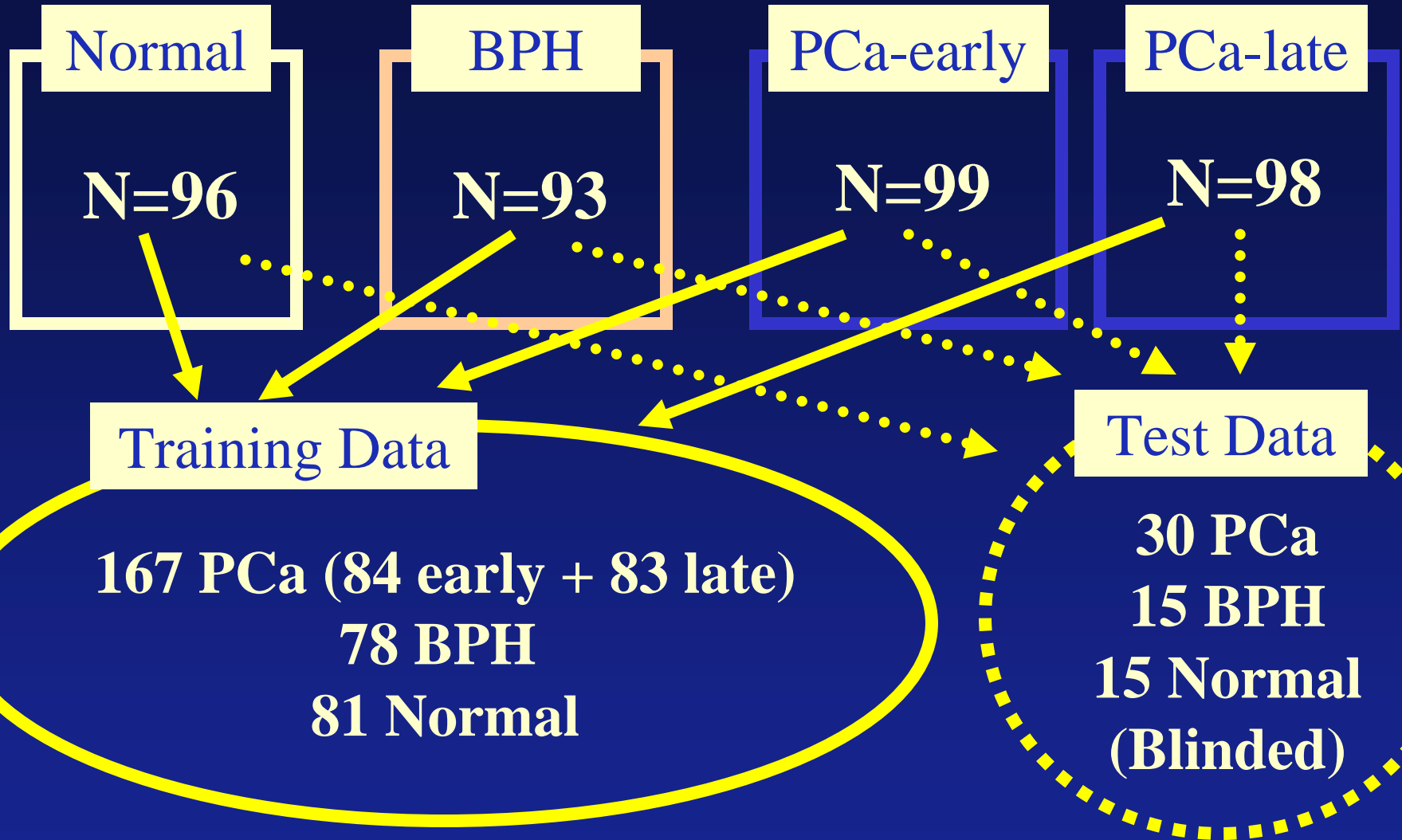
Building Classifiers

- Classical Discriminant Analysis
- Logistic Regression
- CART
- Neural Network
- Support Vector Machine
- Boosting
- ...

Cancer vs. control classification in a given dataset



The design of the EVMS biomarker analysis

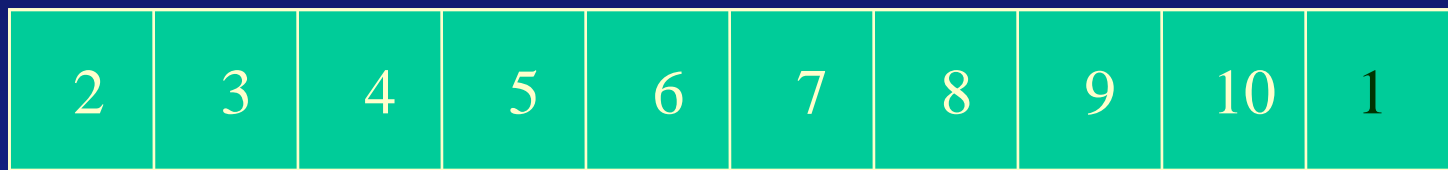


How to assess over-fitting in the training set ?

- Cross-validation of the training data

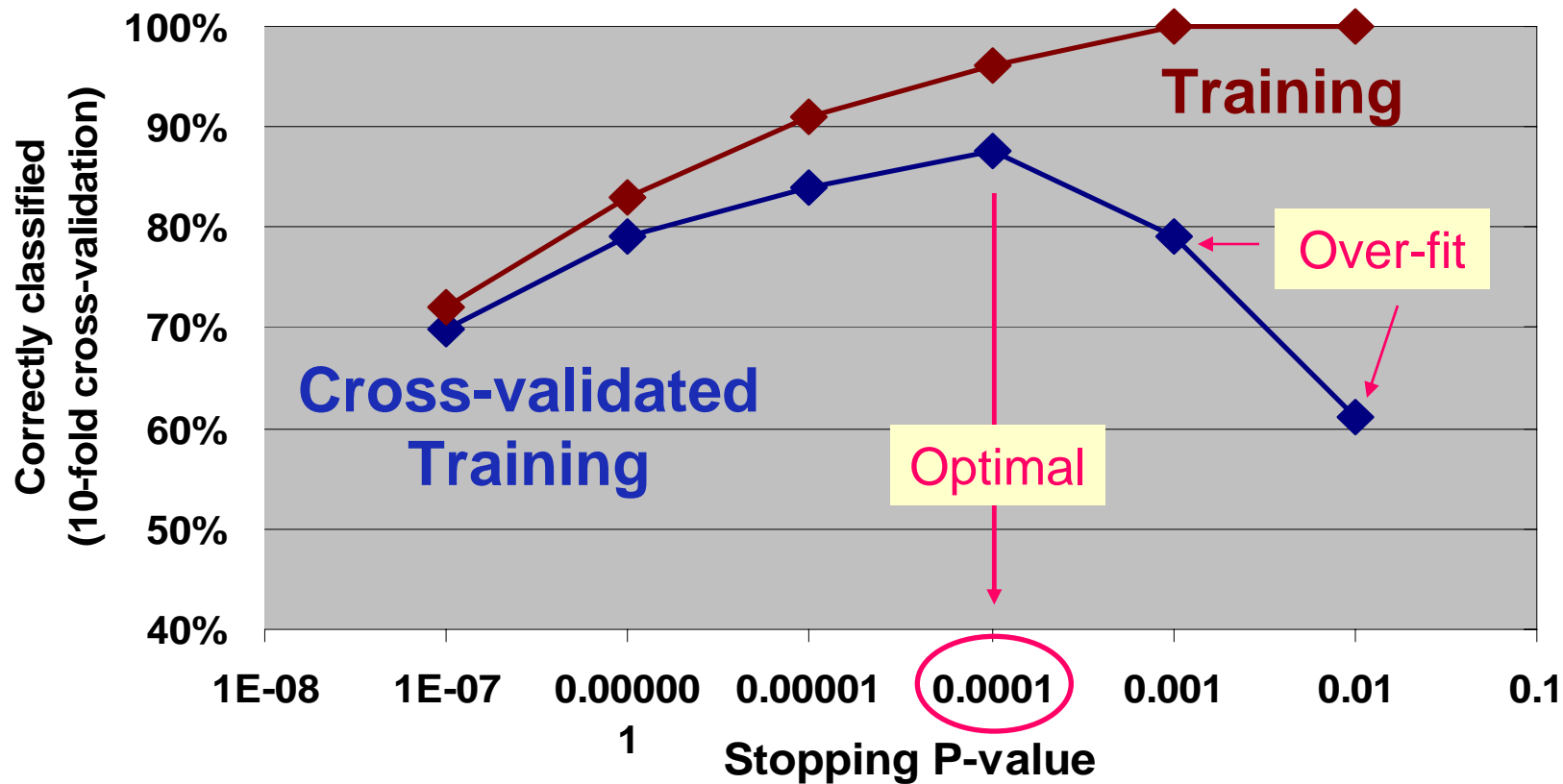
Use 90% to form the marker set & 10% to test

Repeat 10 times and summarize



Build a classifier with 90% and test in 10%

Logistic regression with forward variable selection with various stopping p-values



Use of the test set

Enable unbiased assessment of classification error

if no modification/selection of the classifier-
construction method is made with the test set

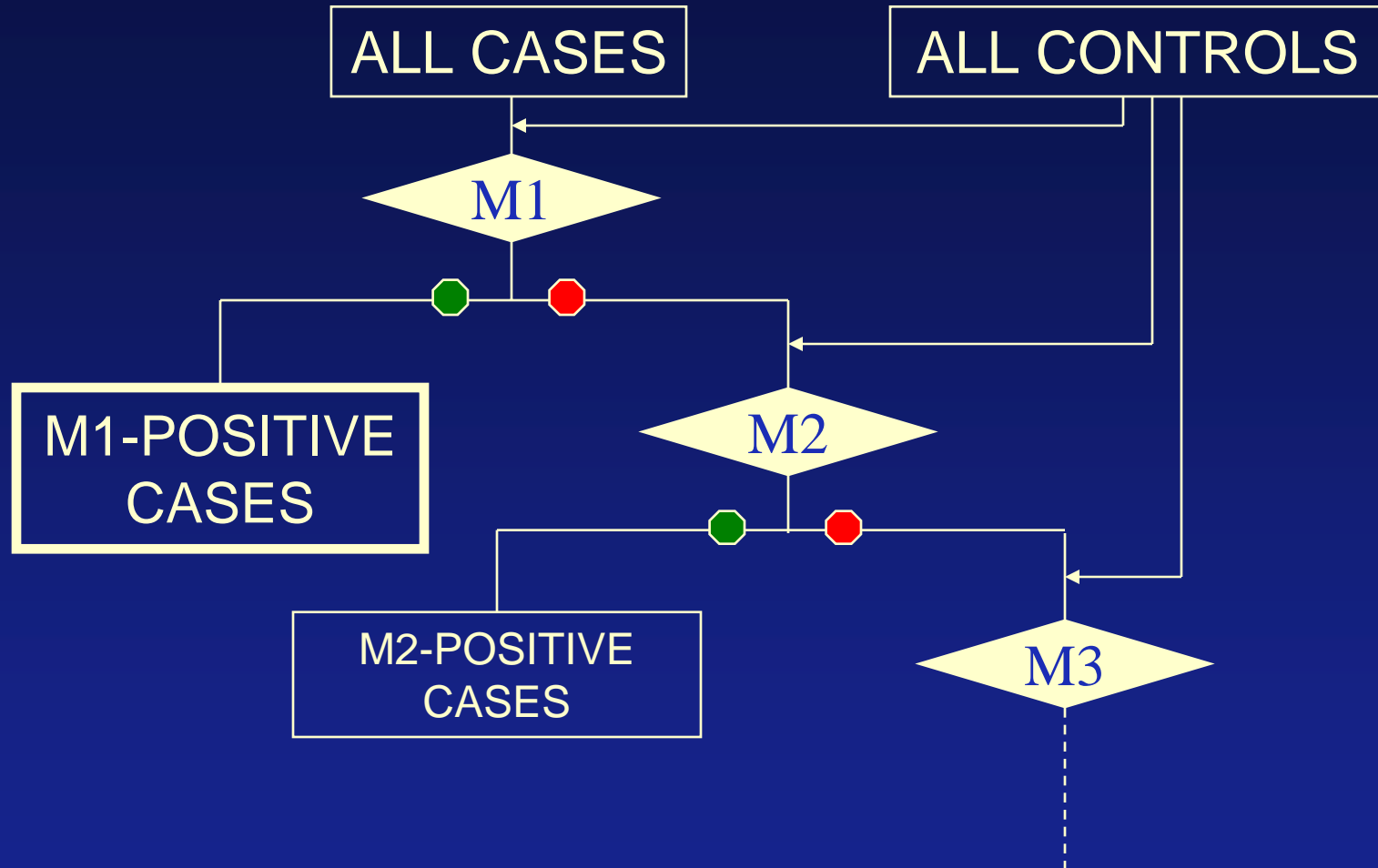
e.g., Construct 2 classifiers with the training set and
report the one with the better test-set performance

(2 feature selection methods, stepwise stopping, etc)

Boosting for supervised and partially supervised learning

Method for classifier building and its modification for partially-incorrect class labels

Heterogeneity / subtypes within cancer



Real AdaBoost Algorithm ($y^* = 1$ vs. $y^* = -1$)

Friedman, Hastie, Tibshirani (Annals of Statistics, 2000)

1. Let $w_i \equiv 1/N$ for $i = 1, 2, \dots, N$

2. Repeat for $m = 1, 2, \dots, M$

- Fit a classifier with weights $\{w_i\}$ to get

$$p_m(x) = \Pr(Y^*=1|x, \{w_i\})$$

- Set $w_i = w_i \times \exp\{-0.5 y_i^* \times \text{logit } p_m(x_i)\}$

- Renormalize $\{w_i\}$ such that $\sum_i w_i = 1$

3. The final classifier:

$$\eta_M(x) = \text{logit } p_1(x) + \text{logit } p_2(x) + \dots + \text{logit } p_M(x) > c$$

Real AdaBoost with Logistic Regression

$$(\alpha_m, \beta_m, X^{(m)}) = \arg \min_{(\alpha, \beta, X)} \sum_i e^{-\frac{y_i}{2} \sum_{j=1}^{m-1} (\hat{\alpha}_j + \hat{\beta}_j X_i^{(j)})} \ln\{1 + e^{-y_i (\alpha + \beta X_i)}\}$$

$$e^{-\frac{y_i}{2} \sum_{j=1}^{m-1} (\hat{\alpha}_j + \hat{\beta}_j X_i^{(j)})}$$

Weights

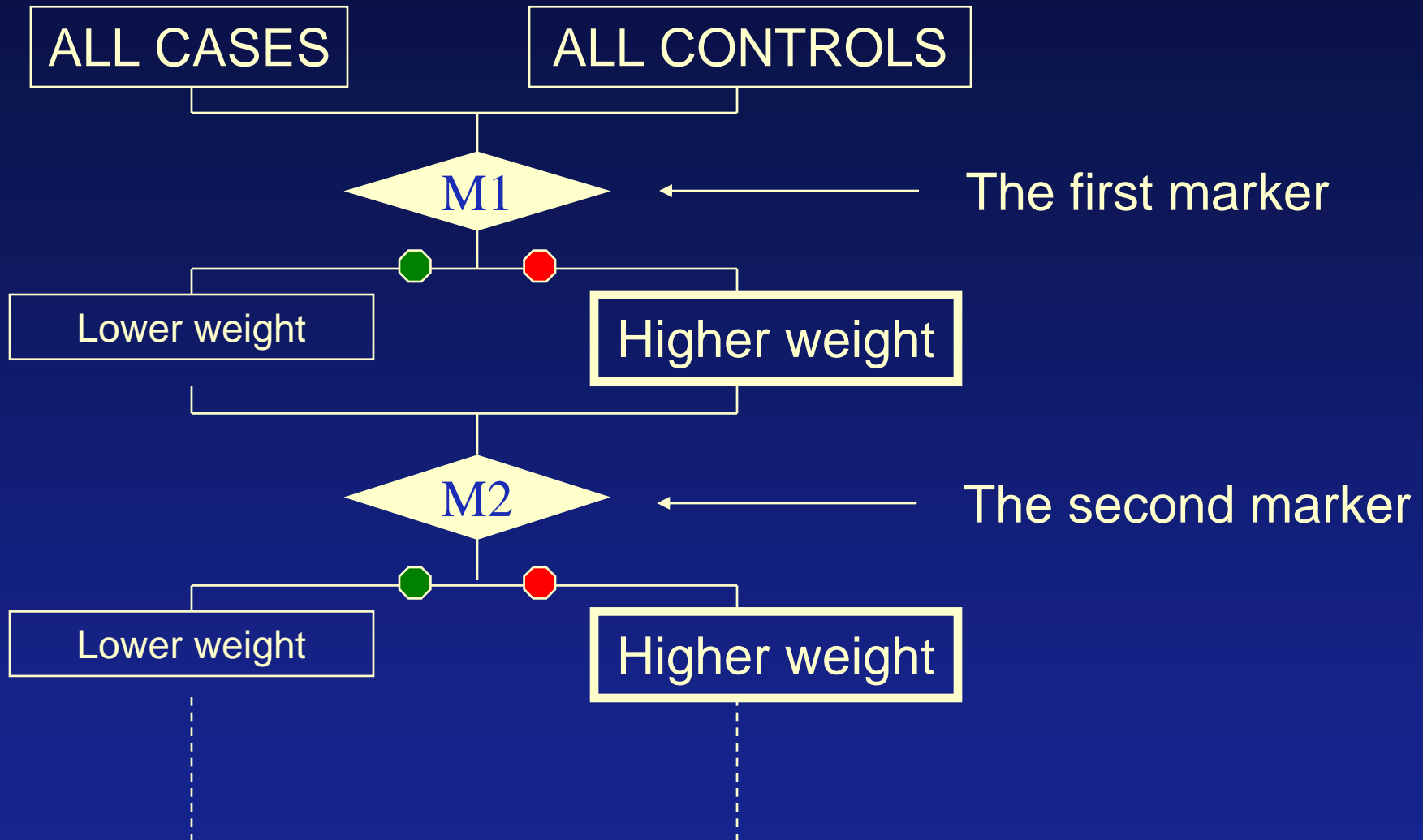
$$\ln\{1 + e^{-y_i (\alpha + \beta X_i)}\}$$

Negative log-likelihood

$$\begin{aligned} w_i &= w_i \times \exp\{-0.5 y_i \times \text{logit } p_{m-1}(x_i)\} \\ &= w_i \times \exp\{-0.5 y_i \times (\alpha_{m-1} + \beta_{m-1} x_i)\} \\ &= \exp\{-0.5 y_i \sum_{j=1, \dots, (m-1)} (\alpha_j + \beta_j x_i)\} \end{aligned}$$

Yasui et al. (Biostatistics, 2000)

Boosting algorithm



Performance of the boosting classifier

(1st stage: Abnormal vs. Normal)

Correct classification

	Training dataset	Test dataset
Cancer/BPH	245/245 (100%)	44/45 (97.8%)
Normal	81/ 81 (100%)	15/15 (100%)

Why does this work?

AdaBoost = “Best off-the-shelf classifier”

(Breiman)

$$(\alpha_m, \beta_m, X^{(m)}) = \arg \min \sum_i e^{-\frac{y_i^*}{2} \sum_{j=1}^{m-1} (\hat{\alpha}_j + \hat{\beta}_j X_i^{(j)})} \ln \{1 + e^{-y_i^* (\alpha + \beta X)}\}$$

Costing = Stage-wise minimization of a loss function

$$= \arg \min_{(\alpha, \beta, X)} \sum_i L_i^*(y_i^*, \eta_{\phi_m}^{\%} (X_{\%}^i))$$

$$(\alpha_m, \beta_m, X^{(m)}) = \arg \min_{(\alpha, \beta, X)} \sum_i L_i^*(y_i^*, \eta_{\phi_m} (X_{\%}^{(m)}))$$

$$= \arg \min_{(\theta = (\alpha, \beta), X)} \sum_i L_i^*(y_i^*, \eta_{(\theta, \phi_{m-1})} (X, X_{\%}^{(m-1)}))$$

$$\phi_{\%}^{(m-1)} = (\theta_{\%}^1, \dots, \theta_{\%}^{(m-1)})$$

Previous stages'
parameters

$$X_{\%}^{(m-1)} = (X^1, \dots, X^{(m-1)})$$

Previous stages'
biomarkers

FIXED

$$(\alpha_m, \beta_m, X^{(m)}) = \arg \min_{(\theta=(\alpha, \beta), X)} \sum_i L_i^*(y_i^*, \underbrace{\eta_{(\theta, \phi_{m-1})}}_{\text{fixed}}(\underbrace{X, X_i^{(m-1)}}_{\text{fixed}}))$$

Boosting = Stage-wise minimization of a loss function L^* given previously selected biomarkers $X^{(m-1)}$ and their parameters $\phi_{(m-1)}$

Classifier changes slightly at each stage = Slow learning

$$(\alpha_m, \beta_m, X^{(m)}) = \arg \min_{(\alpha, \beta, X)} \sum_i e^{-\frac{y_i^*}{2} \left[\sum_{j=1}^{m-1} (\hat{\alpha}_j + \hat{\beta}_j X_i^{(j)}) \right] + (\alpha + \beta X_i)}$$

$$= \arg \min_{(\alpha, \beta, X)} \sum_i e^{-\frac{y_i^* \eta_{\phi_m}^{\%}(X_{\%}^{(m)})}{2}}$$

$$= \arg \min_{(\alpha, \beta, X)} \sum_i L_i^*(y_i^*, \eta_{\phi_m}^{\%}(X_{\%}^{(m)}))$$

Does this form of the loss function make sense?

Large margin classifiers

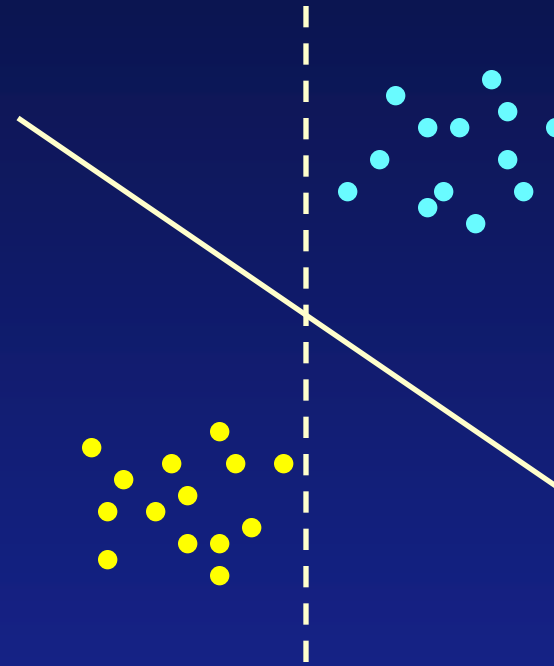
$$\text{Margin}_i \equiv y_i \eta(x_i)$$

> 0 if $\eta(x_i)$ is correct

< 0 if $\eta(x_i)$ is wrong

• Higher confidence in classification

• Increased generalizability



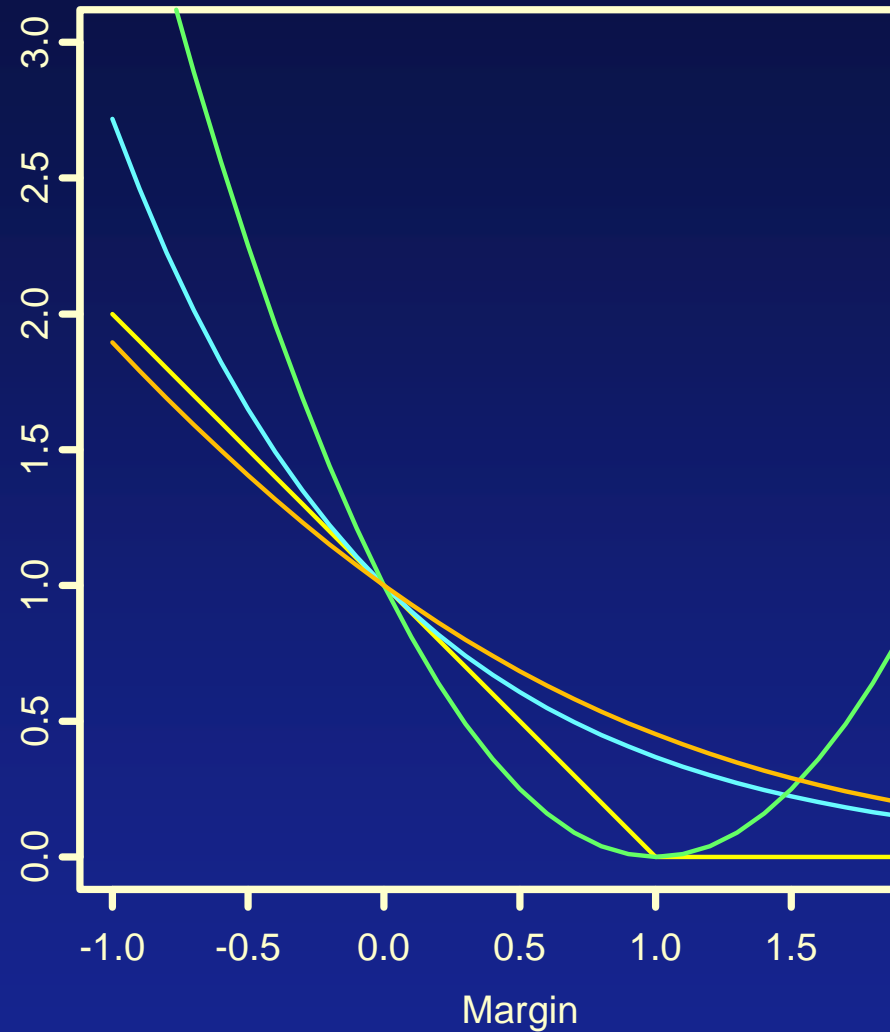
Large margin classifiers

$$\text{SVM} = \min \sum_i \max(0, 1 - \text{margin}_i)$$

$$\text{AdaBoost} = \min \sum_i e^{-\text{margin}_i}$$

$$\text{Logistic} = \min \sum_i \log(1 + e^{-\text{margin}_i})$$

$$\text{NN} = \min \sum_i (1 - \text{margin}_i)^2$$



Discrete AdaBoost Algorithm ($y^* = 1$ vs. $y^* = -1$)

1. Let $w_i \equiv 1/N$ for $i = 1, 2, \dots, N$
2. Repeat for $m = 1, 2, \dots, M$
 - Fit a base classifier $f_m(x_i) \in \{-1, 1\}$ (e.g., a decision tree) with weights $\{w_i\}$
 - $ERR_m = \sum w_i 1\{y_i \neq f_m(x_i)\}$
 - $C_m = \log\{(1-ERR_m)/ERR_m\}$
 - Set $w_i = w_i \times \exp\{-0.5 \underline{C_m y_i^* \times f_m(x_i)}\}$
 - Renormalize $\{w_i\}$ such that $\sum_i w_i = 1$
3. The final classifier: $C_1 f_1(x) + C_2 f_2(x) + \dots + C_M f_M(x) > c$

It worked well for Cancer/BPH vs. Normal

But ...

Performance of the boosting classifier

(2nd stage: Cancer vs. BPH)

Correct classification

	Training dataset	Test dataset
Cancer	160/167 (95.8%)	28/30 (93.3%)
BPH	70/ 78 (89.7%)	7/15 (46.7%)

European Prostate Cancer Detection Study

Protocol:

Biopsy 1,051 men with PSA 4-10 ng/ml

If negative, take another biopsy 6 weeks later

If negative again, take another 8 weeks later

Cancer detection:

231 were detected by Biopsy 1

83 were detected by Biopsy 2

36 were detected by Biopsy 3



119 cancers missed by Biopsy 1

∴ A single biopsy can miss > 1/3 of cancers in PSA 4-10 patients

{ Cancer label = 100% correct
{ Non-cancer label < 100% correct

≡ Partially Supervised Learning

How can we “learn” from potentially partially mislabeled data?

- If correct labels y_i^* 's are available:

$$(\alpha_m, \beta_m, X^{(m)}) = \arg \min_{(\alpha, \beta, X)} \sum_i e^{\frac{-y_i^*}{2} \sum_{j=1}^{m-1} (\hat{\alpha}_j + \hat{\beta}_j X_i^{(j)})} \ln \{1 + e^{-y_i^* (\alpha + \beta X_i)}\}$$

weights
- log-likelihood

High (low) weights for incorrectly (correctly) classified observation

Results of $(m-1)^{\text{th}}$ classification \Rightarrow

Who should “speak louder” at m^{th} stage

- If correct labels y_i^* 's are NOT available:

⇒ We cannot determine whether the $(m-1)^{\text{th}}$ classification was correct or not

⇒ Unclear who should speak louder at the m^{th} stage

PROPOSAL

Let the observations that are likely to be misclassified at $(m-1)^{\text{th}}$ stage speak louder at m^{th} stage

$$\Pr[\underline{y_i^*} = -1 \mid \phi_{(m-1)}, X_{(m-1)}, y] \times$$

$$e^{-\frac{-1}{2} \sum_{j=1}^{m-1} (\hat{\alpha}_j + \hat{\beta}_j X_i^{(j)})} \ln\{1 + e^{-\underline{-1}(\alpha + \beta X_i)}\}$$

Loss if $\underline{y_i^*} = -1$

+

$$\Pr[\underline{y_i^*} = 1 \mid \phi_{(m-1)}, X_{(m-1)}, y] \times$$

$$e^{-\frac{1}{2} \sum_{j=1}^{m-1} (\hat{\alpha}_j + \hat{\beta}_j X_i^{(j)})} \ln\{1 + e^{-\underline{1}(\alpha + \beta X_i)}\}$$

Loss if $\underline{y_i^*} = 1$

- If correct labels y_i^* 's are available:

$$\arg \min_{(\theta=(\alpha, \beta), X)} \sum_i L_i(\theta, X; \phi_{(m-1)}, X^{(m-1)}, y_i^*)$$

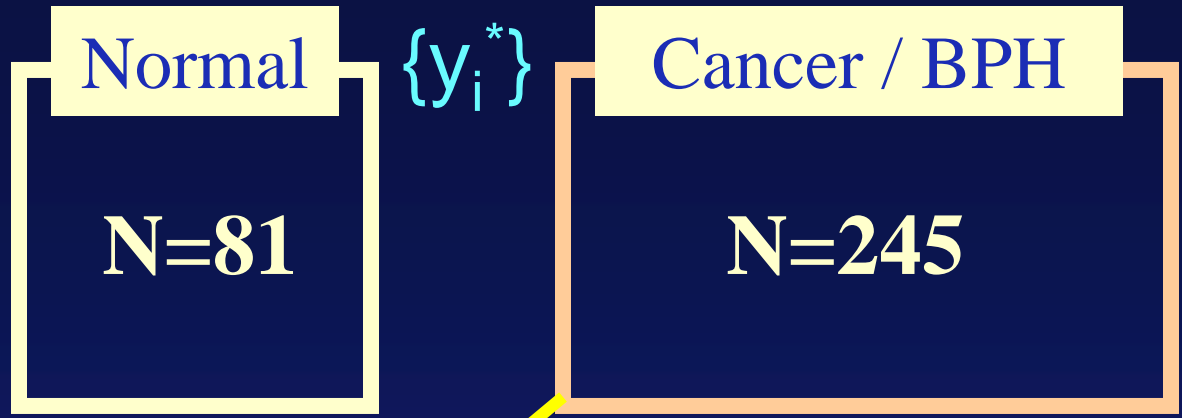
- If correct labels y_i^* 's are NOT available:

$$\arg \min_{\theta=(\alpha, \beta), X} \sum_i \sum_{y_i^*=-1}^{y_i^*=1} L_i(\theta, X; \phi_{(m-1)}, X^{(m-1)}, y_i^*) \Pr[y_i^* | \phi_{(m-1)}, X^{(m-1)}, y]$$

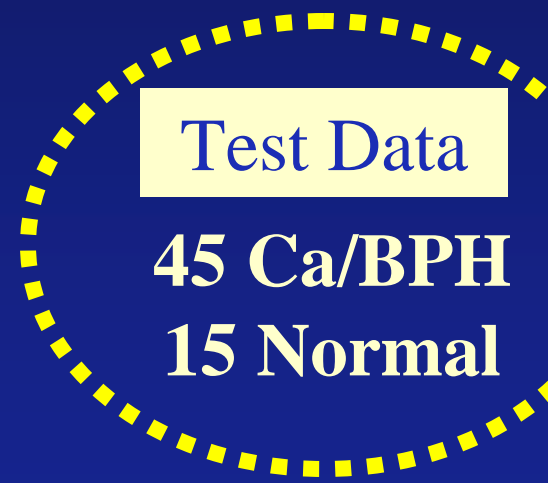
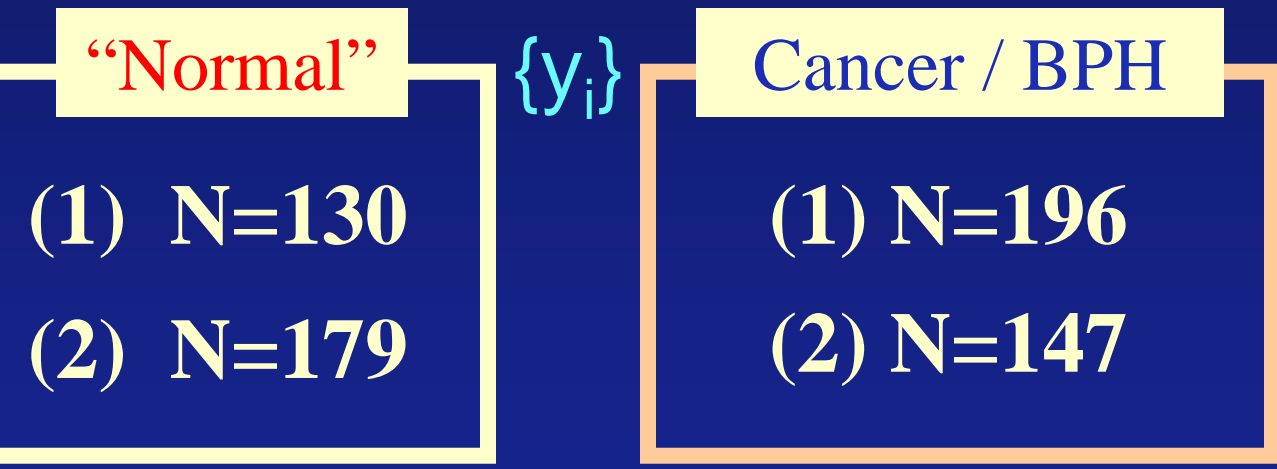
$$\arg \min_{\theta=(\alpha, \beta), X} \sum_i E[L_i(\theta, X; \phi_{(m-1)}, X^{(m-1)}, y_i^*) | \phi_{(m-1)}, X^{(m-1)}, y] \Rightarrow E$$

Yasui et al. (Biometrics, 2004)

Design of the simulation study



Study (1): N=49 (>50% of Normal)
Study (2): N=98 (>100% of Normal)



Questions in the simulation study

- Q1: Can we recover the cancer/BPH samples that were incorrectly labeled as “normal”?
- Q2: How do the classifiers constructed from the incorrectly labeled training dataset perform when tested against the test dataset?

Learning methods compared

- (1) Forward-selection logistic regression with BIC as the model-selection criteria
- (2) Real AdaBoost with logistic regression (stopped at $m=100^{\text{th}}$ iterations)
- (3) EM-Boost with $P_0 = 0.1, 0.3, 0.5$ (stopped at $m=100^{\text{th}}$ iterations)

Study (1): Training Dataset Results

LEARNING METHOD	AREA UNDER THE ROC CURVE (P-VALUE)	SENSITIVITY AT 95% SPECIFICITY
Forward-selection BIC	0.9584 (0.0393)	65.4
Real AdaBoost	0.9741 (Reference)	79.0
EM-Boost		
$P_0 = 0.1$	0.9926 (0.0024)	97.5
$P_0 = 0.3$	0.9932 (0.0040)	97.5
$P_0 = 0.5$	0.9919 (0.0068)	96.3

Study (1): Test Dataset Results

LEARNING METHOD	AREA UNDER THE ROC CURVE (N = 60)	PREDICTION ERROR (N = 60)
Forward-selection BIC	0.807	19 (31.7%)
Real AdaBoost	0.816	15 (25.0%)
EM-Boost		
$P_0 = 0.1$	0.925	6 (10.0%)
$P_0 = 0.3$	0.919	7 (11.7%)
$P_0 = 0.5$	0.936	5 (8.3%)

Study (2): Training Dataset Results

LEARNING METHOD	AREA UNDER THE ROC CURVE (P-VALUE)	SENSITIVITY AT 95% SPECIFICITY
Forward-selection BIC	0.9064 (0.0018)	50.6
Real AdaBoost	0.9462 (Reference)	58.0
EM-Boost		
$P_0 = 0.1$	0.9623 (0.0358)	75.3
$P_0 = 0.3$	0.9740 (0.0015)	80.2
$P_0 = 0.5$	0.9812 (0.0001)	82.7

Study (2): Test Dataset Results

LEARNING METHOD	AREA UNDER THE ROC CURVE (N = 60)	PREDICTION ERROR (N = 60)
Forward-selection BIC	0.671	28 (46.7%)
Real AdaBoost	0.790	26 (43.3%)
EM-Boost		
$P_0 = 0.1$	0.880	12 (20.0%)
$P_0 = 0.3$	0.913	8 (13.3%)
$P_0 = 0.5$	0.920	11 (18.3%)

Summary

- Pre-analysis processing is crucial for a proper analysis
- Avoiding overfitting is the key in classifier building with multiple biomarkers
- In biomedical applications, imperfect class labels are common
- EM-Boost modifies the boosting algorithm to accommodate potential mislabeling: allows “learning” in partially supervised settings



$$\frac{\Pr[y_i^* \mid \phi_{(m-1)}, X^{(m-1)}, y]}{\% \quad \% \quad \%}$$

$$\begin{cases} \Pr[y_i^* = 1 \mid \phi_{(m-1)}, X^{(m-1)}, \underline{y_i = 1}] = 1 \\ \Pr[y_i^* = -1 \mid \phi_{(m-1)}, X^{(m-1)}, \underline{y_i = 1}] = 0 \end{cases}$$

$$\pi_i^{(m)} = \Pr[y_i^* = 1 \mid \phi_{(m-1)}, X^{(m-1)}, \underline{y_i = -1}]$$

$$\ln \frac{\pi_i^{(m)}}{1 - \pi_i^{(m)}} = \ln \frac{\pi_i^{(m-1)}}{1 - \pi_i^{(m-1)}} + \beta_{m-1} (X_i^{(m-1)} - \overline{X^{(m-1)}})$$

$$\begin{array}{c} \xrightarrow{\hspace{10em}} \\ \boxed{\pi_i^{(0)}} \\ \xrightarrow{\hspace{10em}} \end{array} = \ln \frac{\pi_i^{(0)}}{1 - \pi_i^{(0)}} + \sum_{j=1}^{m-1} \beta_j (X_i^{(j)} - \overline{X^{(j)}})$$

Initial value: P_0