Goodness of Fit in Logistic Regression

As in linear regression, goodness of fit in logistic regression attempts to get at how well a model fits the data. It is usually applied after a "final model" has been selected.

As we have seen, often in selecting a model no single "final model" is selected, as a series of models are fit, each contributing towards final inferences and conclusions. In that case, one may wish to see how well more than one model fits, although it is common to just check the fit of one model. This is not necessarily bad practice, because if there are a series of "good" models being fit, often the fit from each will be similar.

Recall once again the quote from George Box:

"All Models are wrong, but some are useful."

It is not clear how to judge the fit of a model that we know is in fact wrong. Much of the goodness of fit literature is based on hypothesis testing of the following type:

> H_0 : model is exactly correct H_A : model is not exactly correct

This type of testing provides no useful information. If the null hypothesis is rejected, then we have learned nothing, because we already knew that it is impossible for any model to be "exactly correct".

On the other hand, if we do not reject the model, it is almost surely because of a lack of statistical power, and as the sample size grows larger, we will eventually surely reject H_0 .

These tests can be seen not only as not useful, but as harmful if non-rejection of a null hypothesis is misinterpreted as proof that the model "fits well", which is of course can be far from the truth.

If these tests are not useful (despite their popularity in some circles), what else can we do?

We can attempt to derive various descriptive measures of how well a model fits,

and then try to make a judgement concerning whether any discrepancies we see will likely affect our use of the model for its intended purpose (e.g., predictions for future subjects, or the association between any particular independent variable and the outcome).

The above is a difficult task, no perfect solutions exist, and much methodological research is still ongoing in this area.

We will look at some solutions that have been proposed, and see some examples of their use.

Goodness Of Fit Measures for Logistic Regression

The following measures of fit are available, sometimes divided into "global" and "local" measures:

- Chi-square goodness of fit tests and deviance
- Hosmer-Lemeshow tests
- Classification tables
- ROC curves
- Logistic regression \mathbb{R}^2
- Model validation via an outside data set or by splitting a data set

For each of the above, we will define the concept, see an example, and discuss the advantages and disadvantages of each.

Chi-Square Goodness Of Fit Tests and Deviance

In linear regression, residuals can be defined as

$$y_i - \hat{y}_i$$

where y_i is the observed dependent variable for the i^{th} subject, and \hat{y}_i the corresponding prediction from the model.

The same concept applies to logistic regression, where y_i is necessarily equal to either 1 or 0, and

$$\hat{y}_i = \hat{\pi}_i(x_i) = \frac{\exp(\alpha + \beta_1 x_{i1} + \ldots + \beta_p x_{ip})}{1 + \exp(\alpha + \beta_1 x_{i1} + \ldots + \beta_p x_{ip})}$$

Two tests can be based on these residuals:

Chi-square test: Define a standardized residual as (recall the standard deviation of the binomial distribution to be p(1-p)):

$$r_i = \frac{y_i - \hat{y}_i}{\sqrt{\hat{y}_i(1 - \hat{y}_i)}}$$

One can then form a χ^2 statistic as

$$X^2 = \sum_{i=1}^n r_i^2$$

The X^2 statistic follows a χ^2 distribution with n - (p + 1) degrees of freedom, so that *p*-values can be calculated (if desired, see above note about such tests).

Note how similar this is to the situation for linear regression χ^2 tests.

- **Technical Point:** If some "covariate patterns" are repeated more than once, so that there are J < n patterns, then the above test statistic changes to a sum over J rather than over n, and y_i changes to the number of successes over all individuals with that pattern. The term \hat{y}_i remains the same, as it is the same across individuals with the same covariate pattern anyway.
- Second Technical Point: The χ^2 distribution is not very accurate when $J \approx n$, so tests not very accurate. One way around this is to group "similar" covariate patterns together, so that J < n.

This is not a big concern for us, as we avoid testing anyway. However, the idea of combining similar covariate patterns is a useful one for logistic regression goodness of fit checking. In fact, we have already seen this idea used when we examined a plot of age versus CHD incidence earlier on in the course.

In general, it is likely that J = n if there are one or more continuous covariates, but most often J < n if all covariates are categorical.

Deviance test: A very similar test, also χ^2 distribution with n - (p + 1) degrees of freedom (and same technical point above) can be derived from "deviance residuals". See Hosmer and Lemeshow, page 146 for details.

Hosmer-Lemeshow methods

Continuing with the above idea re grouping, consider fitting a logistic regression model, calculating all fitted values \hat{y}_i , and grouping the covariate patterns according to the ordering of \hat{y}_i , from lowest to highest, say.

For example, if there are 100 different covariate patterns, each with fitted value \hat{y}_j , $j = 1, 2, \ldots, J$, create ten groupings, the first with the 10 lowest \hat{y}_j 's, then the next ten lowest, and so on. In this way, one can create a (2 by 10, in this case) table of observed numbers of successes in each group (or average number, if one divides by 10 in this case) versus average prediction, $\overline{\pi_k}$, $k = 1, 2, \ldots, g = 10$.

One can then either plot observed versus expected (much like the age versus CHD graph we have previously seen), or create yet another χ^2 test based on the table (we will tend not to use such tests, see Hosmer and Lemeshow page 148 for specific formulae).

This is a nice idea, and such graphs can give a nice picture of overall fit across the spectrum of predicted probabilities but beware of combining categories that may in fact be quite different in observations, even if predictions are close.

Classification tables

In an idea similar to that above, one can again start by fitting a model and calculating all fitted values. Then, one can choose a cutoff value on the probability scale, say 50%, and classify all predicted values above that as predicting an event, and all below that cutoff value as not predicting the event.

Now, we construct a two-by-two table of data, since we have dichotomous observed outcomes, and have now created dichotomous "fitted values", when we used the cutoff.

Thus, we can create a table as follows:

	Observed positive	Observed negative
Predicted positive (above cutoff)	a	b
Predicted negative (below cutoff)	С	d

Of course, we hope for many counts in the a and d boxes, and few in the b and c boxes, indicating a good fit.

In an analogy with medical diagnostic testing, we can consider the following quantities:

sensitivity
$$= \frac{a}{a+c}$$

and

specificity
$$= \frac{d}{b+d}$$

Higher sensitivity and specificity indicate a better fit of the model.

ROC curves

Extending the above two-by-two table idea, rather than selecting a single cutoff, we can examine the full range of cutoff values from 0 to 1. For each possible cutoff value, we can form a two-by-two table.

Plotting the pairs of sensitivity and specificities (or, more often, sensitivity versus one minus specificity) on a scatter plot provides an ROC (Receiver Operating Characteristic) curve.

The area under this curve (AUC of the ROC) provides an overall measure of fit of the model.

In particular, the AUC provides the probability that a randomly selected pair of subjects, one truly positive, and one truly negative, will be correctly ordered by the test. By "correctly ordered", we mean that the positive subject will have a higher fitted value (i.e., higher predicted probability of the event) compared to the negative subject.

Logistic regression R^2

As we have seen above, having defined residuals for logistic regression, we can form the usual R^2 statistic, although it is rarely used. It is almost always rather low, since observed values need to be either 0 or 1, but predicted values are always in between these extremes. See Hosmer and Lemeshow page 164 for details (they themselves recommend not using this method).

Model validation via an outside data set or by splitting a data set

As in linear regression, one can attempt to "validate" a model built using one data set by finding a second independent data set and checking how well the second data set outcomes are predicted from the model built using the first data set.

Our comments there apply equally well to logistic regression. To summarize: Little is gained by data splitting a single data set, because by definition, the two halves must have the same model. Any lack of fit is then just by chance, and any evidence for good fit brings no new information. One is better off using all the data to build the best model possible.

Obtaining a new data set improves on the idea of splitting a single data set into two parts, because it allows for checking of the model in a different context.

If the two contexts from which the two data sets arose were different, then, at least, one can check how well the first model predicts observations from the second model. If it does fit, there is some assurance of generalisability of the first model to other contexts. If the model does not fit, however, one cannot tell if the lack of fit is owing to the different contexts of the two data sets, or true "lack of fit" of the first model.

In practice, these types of validation can proceed by deriving a model and estimating its coefficients in one data set, and then using this model to predict the Y variable from the second data set. One can then check the residuals, and so on.

Example

We will now apply several of the above methods in an example.

We will use the icu data previously used when we looked at multiple logistic regression.

Description	Coding	variable name
Vital Status	0 = Lived	STA
(Main outcome)	1 = Died	
Age	Years	AGE
Sex	0 = Male	SEX
	1 = Female	
Race	1 = White	RACE
	2 = Black	
	3 = Other	
Service at ICU Admission	0 = Medical	SER
	1 = Surgical	
Cancer Part of Present	0 = No	CAN
Problem	1 = Yes	
History of Chronic Renal	O = No	CRN
Failure	1 = Yes	
Infection Probable at ICU	0 = No	INF
Admission	1 = Yes	
CPR Prior to ICU Admission	0 = No	CPR
	1 = Yes	
Systolic Blood Pressure at	mm Hg	SYS
ICU Admission		
Heart Rate at ICU Admission	Beats/min	HRA
Previous Admission to an ICU	0 = No	PRE
within 6 Months	1 = Yes	
Type of Admission	0 = Elective	TYP
	1 = Emergency	
Long Bone, Multiple, Neck,	0 = No	FRA
Single Area, or Hip Fracture	1 = Yes	
PO2 from Initial Blood Gases	0 > 60	PO2
	$1 \le 60$	
PH from Initial Blood Gases	$0 \ge 7.25$	PH
	1 < 7.25	
PCO2 from initial Blood	$0 \le 45$	PCO
Gases	1 > 45	
Bicarbonate from Initial	$0 \ge 18$	BIC
Blood Gases	1 < 18	
Creatinine from Initial Blood	$0 \le 2.0$	CRE
Gases	1 > 2.0	
Level of Consciousness at ICU	O = No Coma	LOC
Admission	or Stupor	
	1 = Deep	
	stupor	
	2 = Coma	

```
# Read in full data set
> icu.dat <- read.table(file="g:\\icudat.txt", header = T)</pre>
>
> summary(icu.dat)
      sta
                     age
                                      sex
                                                       race
                                                                        ser
Min.
        :0.0
                Min.
                       :16.00
                                 Min.
                                         :0.00
                                                 Min.
                                                         :1.000
                                                                  Min.
                                                                          :0.000
 1st Qu.:0.0
                1st Qu.:46.75
                                 1st Qu.:0.00
                                                 1st Qu.:1.000
                                                                  1st Qu.:0.000
 Median :0.0
                Median :63.00
                                                                  Median :1.000
                                 Median :0.00
                                                 Median :1.000
 Mean
        :0.2
                Mean
                       :57.55
                                 Mean
                                         :0.38
                                                         :1.175
                                                 Mean
                                                                  Mean
                                                                          :0.535
 3rd Qu.:0.0
                3rd Qu.:72.00
                                 3rd Qu.:1.00
                                                 3rd Qu.:1.000
                                                                  3rd Qu.:1.000
 Max.
        :1.0
                Max.
                       :92.00
                                 Max.
                                         :1.00
                                                         :3.000
                                                                          :1.000
                                                 Max.
                                                                  Max.
      can
                     crn
                                      inf
                                                       cpr
                                                                        sys
        :0.0
                       :0.000
                                         :0.00
                                                         :0.000
 Min.
                Min.
                                 Min.
                                                 Min.
                                                                  Min.
                                                                          : 36.0
                                                 1st Qu.:0.000
                                                                  1st Qu.:110.0
 1st Qu.:0.0
                1st Qu.:0.000
                                 1st Qu.:0.00
 Median :0.0
                Median :0.000
                                 Median :0.00
                                                 Median :0.000
                                                                  Median :130.0
 Mean
        :0.1
                Mean
                       :0.095
                                 Mean
                                         :0.42
                                                         :0.065
                                                 Mean
                                                                  Mean
                                                                          :132.3
 3rd Qu.:0.0
                3rd Qu.:0.000
                                 3rd Qu.:1.00
                                                 3rd Qu.:0.000
                                                                  3rd Qu.:150.0
 Max.
        :1.0
                Max.
                       :1.000
                                        :1.00
                                                         :1.000
                                                                          :256.0
                                 Max.
                                                 Max.
                                                                  Max.
```

hra	pre	typ	fra	po2
Min. : 39.00	Min. :0.00	Min. :0.000	Min. :0.000	Min. :0.00
1st Qu.: 80.00	1st Qu.:0.00	1st Qu.:0.000	1st Qu.:0.000	1st Qu.:0.00
Median : 96.00	Median :0.00	Median :1.000	Median :0.000	Median :0.00
Mean : 98.92	Mean :0.15	Mean :0.735	Mean :0.075	Mean :0.08
3rd Qu.:118.25	3rd Qu.:0.00	3rd Qu.:1.000	3rd Qu.:0.000	3rd Qu.:0.00
Max. :192.00	Max. :1.00	Max. :1.000	Max. :1.000	Max. :1.00

ph	pco	bic	cre	loc
Min. :0.000	Min. :0.0	Min. :0.000	Min. :0.00	Min. :0.000
1st Qu.:0.000	1st Qu.:0.0	1st Qu.:0.000	1st Qu.:0.00	1st Qu.:0.000
Median :0.000	Median :0.0	Median :0.000	Median :0.00	Median :0.000
Mean :0.065	Mean :0.1	Mean :0.075	Mean :0.05	Mean :0.125
3rd Qu.:0.000	3rd Qu.:0.0	3rd Qu.:0.000	3rd Qu.:0.00	3rd Qu.:0.000
Max. :1.000	Max. :1.0	Max. :1.000	Max. :1.00	Max. :2.000

We will use just three covariates in this example, age, sex, and typ.
Two of these are dichotomous, and one is continuous.

First run the logistic regression model, and get the fitted values.
> output <- glm(sta ~ age + sex + typ, family=binomial, data = icu.dat)
> summary(output)

Call: glm(formula = sta ~ age + sex + typ, family = binomial, data = icu.dat) Deviance Residuals: Min 1Q Median ЗQ Max -1.2455 -0.7898 -0.4122 -0.2292 2.5102 Coefficients: Estimate Std. Error z value Pr(>|z|)(Intercept) -5.50146 1.03524 -5.314 1.07e-07 *** 0.03489 0.01088 3.206 0.001345 ** age -0.22173 0.39154 -0.566 0.571185 sex 2.48540 0.75489 3.292 0.000993 *** typ ___ Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1 (Dispersion parameter for binomial family taken to be 1) Null deviance: 200.16 on 199 degrees of freedom Residual deviance: 172.75 on 196 degrees of freedom AIC: 180.75 Number of Fisher Scoring iterations: 6 # Get the fitted values and plot them > fit <- output\$fitted</pre> > hist(fit)

Histogram of fit





$$r_i = \frac{y_i - \hat{y}_i}{\sqrt{\hat{y}_i(1 - \hat{y}_i)}}$$

across all individuals, and then go on to other goodness of fit methods.

```
# Sum of squares of these residuals follows a chi-square
# with 200 - 4 = 196 degrees of freedom
> sum(r^2)
[1] 190.7172
  Calculate the p-value from the test
#
> 1- pchisq(190.7172, df=196)
[1] 0.5930901
 So, we cannot reject the null hypothesis that this
#
# model is exactly correct...but then again, we know that
# the model is wrong! So, not too useful a method!
  On to something a bit more useful.
#
# Hosmer-Lemeshow tests
# Strategy to calculate the Hosmer-Lemeshow groupings:
# Form a matrix with the outcome and fitted values,
# and re-order according to fitted value probabilities.
  Get indices of vector fit, from smallest to greatest
#
> index <- sort.list(fit)</pre>
# Look at 10 smallest indices
> index[1:10]
 [1] 61 58 102 141 110 55 12 11 16 36
# Create a matrix of sta and fit, using this index
> hosmer <- matrix(c(icu.dat$sta[index], fit[index]), byrow=F, nrow=200)</pre>
> hosmer
      [,1]
                 [,2]
  [1,]
         0 0.006303336
  [2,]
         0 0.007588489
  [3,]
         0 0.007588489
  [4,]
      0 0.010722396
  [5,]
      0 0.019904908
  [6,]
         0 0.020597020
```

[7,] 0 0.021312675 [8,] 0 0.021786470etc..... [100.] 1 0.183401019 [101,] 1 0.188683609 [102,] 0 0.190591487 [103,] 0 0.196031469 [104,] 1 0.199597241 [105,] 0 0.201588052etc..... [196,] 0 0.466823972 [197,] 1 0.513483787 [198,] 0 0.539569019 [199,] 1 0.539569019 [200,] 1 0.548223198 Now to group into 10 groups each with 20 observations, say, and graph: # Create a blank vector to store results # > observed <- rep(NA, 10)</pre> > for (i in 1:10) {observed[i] <- sum(hosmer[(20*(i-1)+1):(20*i),1])/20} Look at observed rates # > observed [1] 0.00 0.10 0.00 0.10 0.20 0.20 0.25 0.40 0.30 0.45 # Do same for predicted rates Create a blank vector to store results # > predicted <- rep(NA, 10) > for (i in 1:10) {predicted[i] <- sum(hosmer[(20*(i-1)+1):(20*i),2])/20} # Look at predicted rates > predicted [1] 0.02350724 0.04103168 0.06069354 0.08979742 0.15623928 0.22267946 0.27641412 [8] 0.30829473 0.36543618 0.45590633

Now plot observed versus predicted

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- > plot(predicted, observed, type="b")
- # Add 45% line to plot
- > abline(a=0, b=1)



Note the generally reasonable fit, maybe a bit of trouble predicting some categories.

```
#
 Classification tables
If we choose a cutoff of 50%, from the hosmer matrix,
#
 we can see ...
#
> hosmer
    [,1]
            [,2]
      0 0.006303336
 [1,]
 [2,]
      0 0.007588489
........etc.....
[195,]
      0 0.461235253
```

[196,]	0 0.466823972
[197,]	1 0.513483787
[198,]	0 0.539569019
[199,]	1 0.539569019
[200,]	1 0.548223198
#tha	t only the last four are above 50%,
# but 3/4	4 were in fact positive.

So, our two-by-two table becomes:

	Observed positive	Observed negative
Predicted positive (above cutoff)	3	1
Predicted negative (below cutoff)	37	159

So that sensitivity = 3/40 = 7.5%, and specificity = 159/160 = 99.4%. So, it seems a cutoff of 50% will perform very badly here, missing over 90% of all true positive cases.

Let's see how some other cutoff values perform.

```
#
 ROC curves
#
 Again using the hosmer matrix, we can calculate
 sensitivity and specificity for different
#
  cutoff values, say from 0 to 1, by 10% increments.
#
  We will fill in these blank vectors:
#
> sens <- rep(NA, 11)
> spec <- rep(NA, 11)
#
 The first entries need no calculation
 as they represent the extreme case of a 0%
#
  cutoff for positivity. So, by definition:
#
> sens[1] <- 1
> spec[1] <- 0
```

```
Cutoff of 10% for positivity (occurs at index 79)
#
> sens[2] = sum(hosmer[79:200,1])/40
> spec[2] = sum(1-hosmer[1:78,1])/160
  Cutoff of 20% for positivity (occurs at index 105)
#
> sens[3] = sum(hosmer[105:200,1])/40
> spec[3] = sum(1-hosmer[1:104,1])/160
  Cutoff of 30% for positivity (occurs at index 146)
#
> sens[4] = sum(hosmer[146:200,1])/40
> spec[4] = sum(1-hosmer[1:145,1])/160
  Cutoff of 40% for positivity (occurs at index 178)
#
> sens[5] = sum(hosmer[178:200,1])/40
> spec[5] = sum(1-hosmer[1:177,1])/160
  Cutoff of 50% for positivity (occurs at index 197)
#
> sens[6] = sum(hosmer[197:200,1])/40
> spec[6] = sum(1-hosmer[1:196,1])/160
# Cutoff of 60% for positivity
> # Since no points above this, rest all the same
> sens[7] = 0
> spec[7] = 1
> sens[8] = 0
> spec[8] = 1
> sens[9] = 0
> spec[9] = 1
> sens[10] = 0
> spec[10] = 1
> sens[11] = 0
> spec[11] = 1
> sens
 [1] 1.000 0.900 0.750 0.525 0.250 0.075
```

- [7] 0.000 0.000 0.000 0.000 0.000
 > spec
 [1] 0.00000 0.46250 0.58750 0.78750 0.91875 0.99375 1.00000 1.00000
 [8] 1.00000 1.00000
 # Plot the graph of sons versus 1-spec to get the POC surve
- # Plot the graph of sens versus 1-spec to get the ROC curve

```
> plot(1-spec, sens, type="b")
```



- # We can also calculate the Area Under the ROC Curve as follows:
- # First, create separate vectors of the predicted fits
- # for positive and negative subjects
- > fit.pos <- fit[icu.dat\$sta==1]</pre>
- > fit.neg <- fit[icu.dat\$sta==0]</pre>

```
#
  Now use nonparametric Wilcoxon test on these two samples
> wilcox.test(x=fit.pos, y=fit.neg)
        Wilcoxon rank sum test with continuity correction
data: fit.pos and fit.neg
W = 4789.5, p-value = 1.213e-06
alternative hypothesis: true mu is not equal to 0
# Take the value of the W statistic, and divide by
# the total number of all possible pairs
> 4789.5/(160*40)
[1] 0.7483594
  So, AUC = 74.8\%.
#
# Why does this work? May have seen in 607 that Mann-Whitney
  statistic is equivalent to probability of correctly
#
# selecting the higher of a pair of numbers, which is equivalent
  to the definition of the AUC of an ROC curve.
#
```

Final Note

Do not forget, amidst all these statistical ideas, that substantive knowledge and knowledge about a study design can and should play a role in thinking about a model, and how well it suits a given purpose.

If you have good *a priori* reasons to believe a variable should be in a model then simply include it, unless the evidence against it is very strong.

If the main point of a model is prediction, you might not care too much about which independent variables are included, as long as the model "fits well". But if the purpose of your model is to see which variables are important, then much attention needs to be paid to this issue.

Goodness of fit is closely related to model selection, which we will cover in the next lecture.