

# COMPARING PENALIZATION METHODS FOR LINEAR MODELS ON LARGE OBSERVATIONAL HEALTH DATA

Egill Axfjord Fridgeirsson  
Postdoctoral researcher  
Erasmus University Medical Center  
Rotterdam

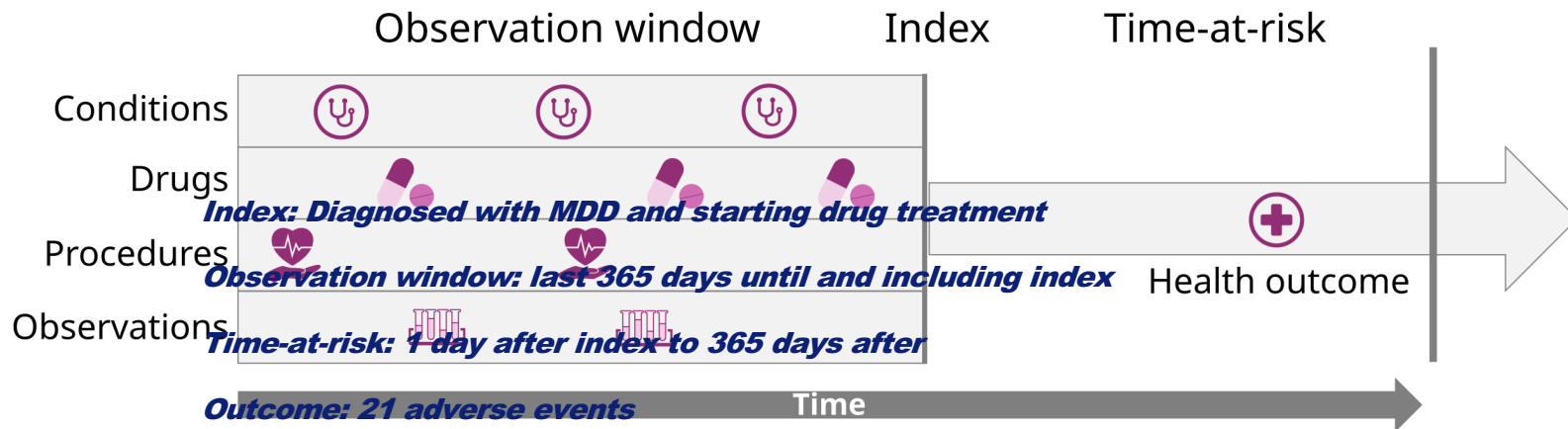
Erasmus MC  
University Medical Center Rotterdam

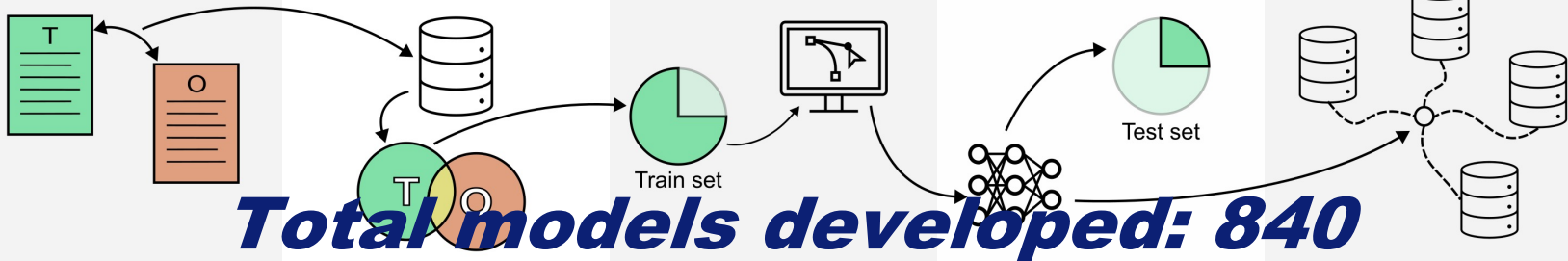


# Motivation

- Least absolute shrinkage and selection operator (LASSO) is a heavily used penalized regression model for large observational health data
  - Performs regularization and feature selection at the same time
- While it has strong predictive capabilities it has some weaknesses
  - LASSO selects one feature from the group as a representative
  - It is not a stable feature selector
- There have been developed modelling methods in the literature to deal with these
  - Correlations: ElasticNet can do group selection
  - Feature Selection stability: Adaptive regularization methods
- Gap: No one has compared these on large observational health data or during external validation

# Prediction problem





**Step 1**  
*Prediction problem*

Definition of target-outcome pairs for onset prediction.

- T** Target cohort
- O** Outcome cohort

*Prediction problems*

- 21 outcomes in patients recently diagnosed with major depressive disorder

**Step 2**  
*Database extraction*

Extract target and outcome cohort data from source database intersection of cohorts as persons with the outcome in the target.

*Databases*

- CCAE
- MDCR
- MDCD
- Optum EHR
- Clinformatics®

**Step 3**  
*Model development*

Partition data into train and test sets. Develop models for various prediction methods on train set.

*Prediction methods*

- LASSO
- L2 penalized logistic regression (Ridge)
- L1/L2 penalized logistic regression (ElasticNet)
- Adaptive LASSO
- Adaptive ElasticNet
- Broken adaptive ridge (BAR)
- Iterative hard thresholding (IHT)

**Step 4**  
*Internal validation*

Evaluate discrimination and calibration performance of models on test set.

*Evaluation metrics*

- Discrimination: Area under the receiver operating characteristic curve (AUC)
- Calibration: Expected calibration error (Eavg)
- Model size ( # of nonzero coefficients)

**Step 5**  
*External validation*

Evaluate discrimination and calibration performance of models on external data sources.

*Databases*

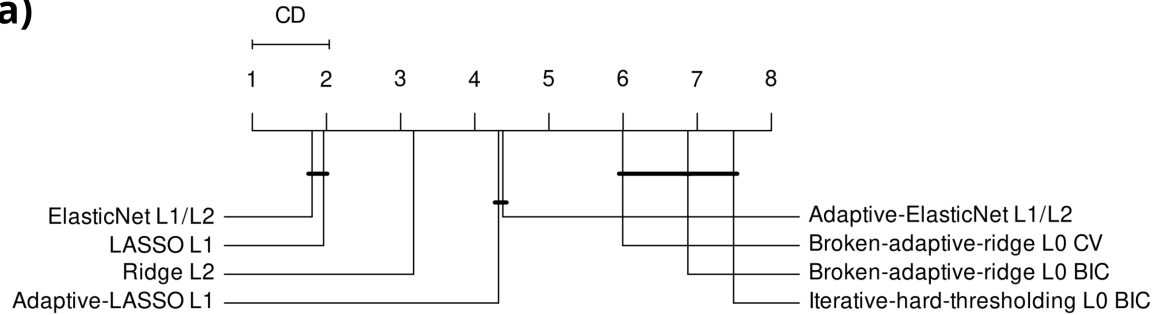
- CCAE
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**Total patients: 7.8 million**

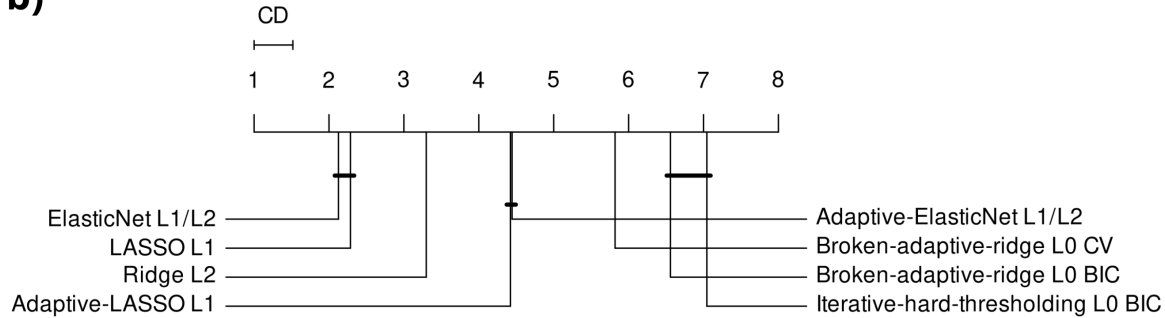
**Validations performed: 3360**

# Critical difference diagram discrimination (AUC)

a)

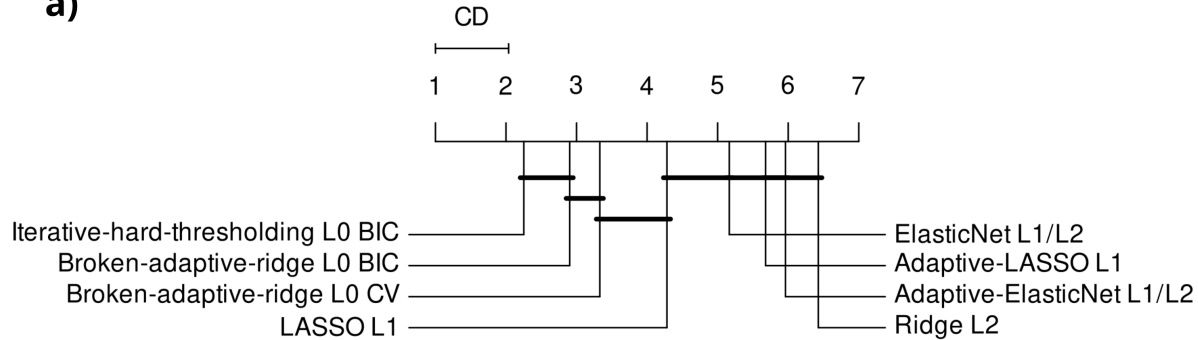


b)

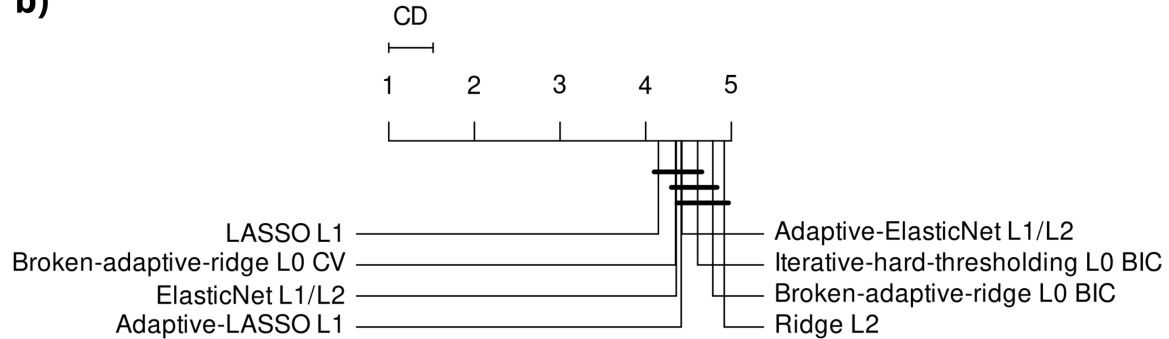


## Critical difference diagram discrimination (ECE)

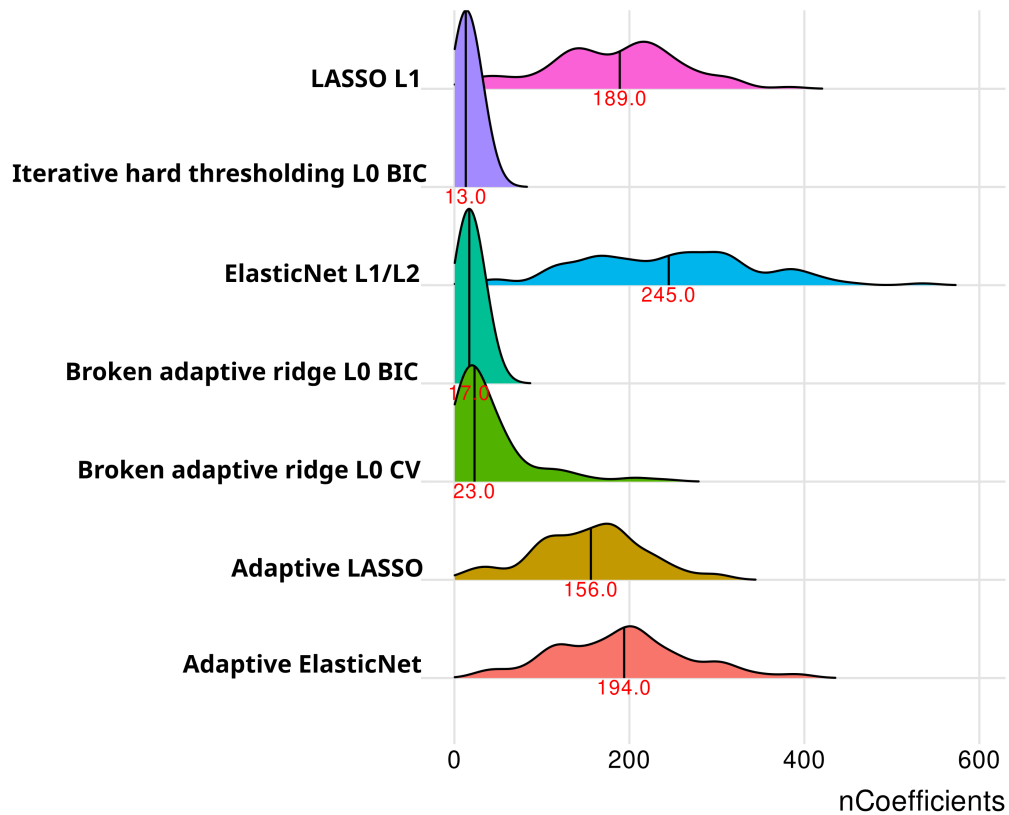
a)



b)



# Results – model sizes



# Discussion

- LASSO and ElasticNet lead in AUC performance
  - LASSO with smaller model sizes
- L0 methods, BAR and IHT lead in internal calibration
- L0 methods give by far the smallest models with median sizes  $< 20$  coefficients.
  - Data driven parsimonious models
- Broken adaptive ridge is 2.5 percentage points AUC worse on average than LASSO during internal validation
  - With  $\sim 8\%$  of the coefficients LASSO has



# Thank you

Thanks to my co-authors!

Ross Williams

Peter Rijnbeek

Marc Suchard

Jenna Reps



*Scan QR to read paper*