Disease mapping with Gaussian processes Liverpool, UK, 4–5 November 2013

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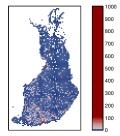


Department of Biomedical Engineering and Computational Science (BECS)

#### Outline

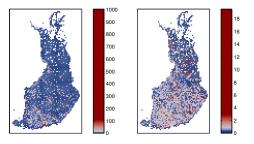
- Example: Alcohol related deaths in Finland
- Spatial priors and benefits of GP prior
- Computation and approximations
- Spatio-temporal
- Explanatory variables
- Integration over the latent space
- Hyperparameters

# Example: deaths in Finland



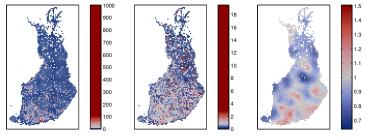
(a) Number of deaths

## Example: deaths in Finland



(d) Number of deaths (e) Raw relative risk

# Example: deaths in Finland



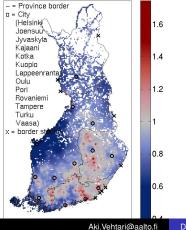
(g) Number of deaths

(h) Raw relative risk

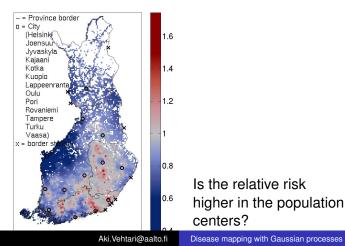
(i) Smoothed risk

- Collaboration: The National Institute for Health and Welfare
- Data: Statistics Finland
- Population of Finland:  $\approx$  5.3 million
- About 10 500 inhabited 5km  $\times$  5km cells in Finland
  - many cells with no inhabited neighbors
- In 2001–2005 about 7 900 died due to alcohol diseases (more than five times compared to deaths due to traffic)
  - expected death count less than one per cell

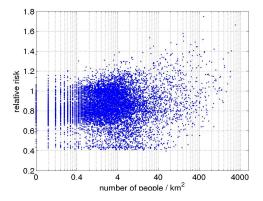
- Sex-age-education standardized expected death counts used to compute the raw risk
- Risk smoothed using GP with long and short length scale and negative-binomial observation model



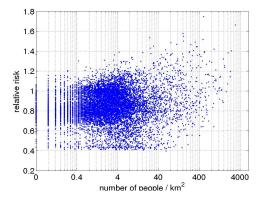
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The smoothed relative risks vs. the population density

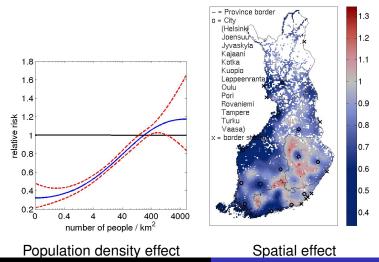


• The smoothed relative risks vs. the population density



Add population density as explanatory variable

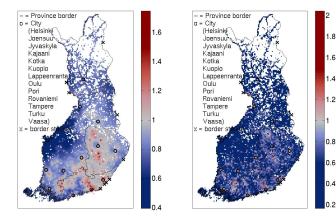
Population density and spatial variation explain the variation in the risk



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Disease mapping with Gaussian processes

#### Adding explanatory covariate can change the picture



1) Spatial

2) Spatial+covariate

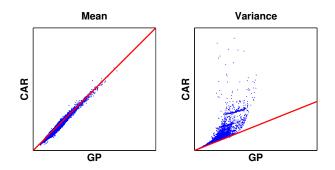
- Jarno Vanhatalo, Ville Pietiläinen and Aki Vehtari (2010). Approximate inference for disease mapping with sparse Gaussian processes. Statistics in Medicine, 29(15):1580-1607. http://dx.doi.org/10.1002/sim.3895
- Jarno Vanhatalo, Pia Mäkelä and Aki Vehtari (2010). Regional differences in alcohol mortality in Finland in the early 2000s. http://becs.aalto.fi/en/research/ bayes/publications/Vanhatalo\_etal\_Alcohol\_ mortality\_in\_Finland.pdf

### GP vs. Markov random field

- In spatial epidemiology CAR is most used model
- Correlation defined conditionally based on a neighborhood structure  $\rightarrow$  discrete definition
  - major computational speed-up if a precision matrix is sparse due to small neighborhoods
  - describes only local correlation
  - neighborhood definition may be difficult for irregularly spaced data and high dimensional data

#### Example: alcohol related diseases in Finland Comparison to CAR

- Compared to CAR computed with INLA software
  - CAR model lacks long range correlation part
  - CAR model has much higher variance, especially for cells having no or few inhabited neighbors
  - GP has a better predictive performance



- Markov random field prior can be good
  - e.g. INLA-software can approximate Matérn covariance function with MRF
  - but precision matrix is not going to be sparse in high dimensional cases (*d* ≥ 3), e.g. INLA-software doesn't support *d* > 3 and limited support for *d* = 3

## Computation and approximations

- Full *O*(*n*<sup>3</sup>)
- short range dependencies
  - Markov  $\rightarrow$  sparse precision matrix
  - compact support  $\rightarrow$  sparse covariance matrix
  - O(p<sup>3</sup>n<sup>3</sup>), where 0
- long range dependencies
  - reduced rank (e.g. FIC) O(nm<sup>2</sup>)
  - SVI-GP *O*(*m*<sup>3</sup>) (Hensman et al, 2013)

# Reduced rank approximations and inducing points

 The correlation structure of FIC with different choices of inducing inputs

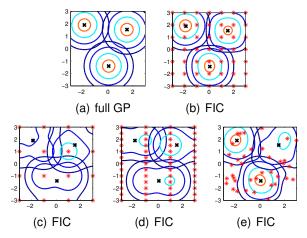


Figure: The correlation for 3 locations  $\mathbf{x}$ . Inducing inputs are marked with \*.

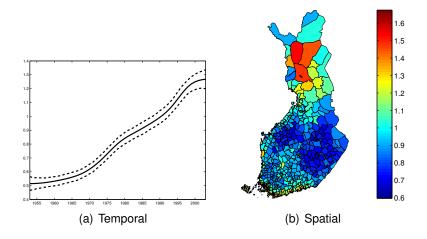
• No single approximation which works efficiently for both short and long range dependencies

- No single approximation which works efficiently for both short and long range dependencies
- Short and long range dependencies
  - e.g. compact support + FIC (used in alcohol study)
    Vanhatalo, Pietiläinen, Vehtari, Stat in med, 2010, http://dx.doi.org/10.1002/sim.3895

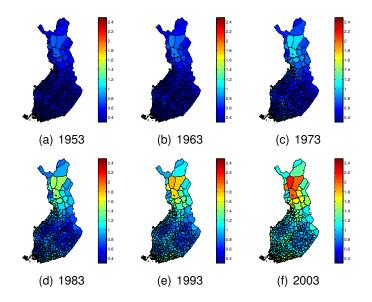
- Full  $O(n^3T^3)$
- Markov / compact support / reduced rank
- INLA-software: unstructured interaction (ie. no model for spatio-temporal jointly)
- Cseke et al discrete spato-temporal model, sparse precision, restricted sparse messages
- infinite-dimensional filtering  $O(n^3T)$  ( $O(nm^2T)$ ) Simo Särkkä talks about this tomorrow

- County incidences and background population for years 1953–2003.
- 51 years, 431 counties  $\rightarrow$  21 981 observations
- Data: Finnish Cancer Registry
- Model: GP with temporal + spatial + spatiotemporal component

### Example: lung cancer women



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Aki.Vehtari@aalto.fi Disease mapping with Gaussian processes

### Spatio-temporal

- Spatio-temporal GPs can be written as linear stochastic partial differential equations (SPDE)
- Reduces computational complexity from  $O(n^3T^3)$  to  $O(n^3T)$ , i.e. method scales linearily in T
- SPDEs make it easier to specify non-stationary temporal dynamics, which are necessary, for example, when performing future predictions
- n limited as for spatial GP
  - few thousand with no sparse aproximations
  - more than ten thousand with sparse approximations
- Has been tested with over million spatio-temporal points
- Simo Särkkä talks more about this tomorrow

### Spatio-temporal malaria models?

- Spatio-temporal GPs can be written as linear stochastic partial differential equations (SPDE).
- SPDEs make it easier to specify non-stationary temporal dynamics, which are necessary, for example, when performing future predictions
  - seasonal variation
  - transmission dynamics withs SPDEs?

- SPDEs make it easier to specify non-stationary temporal dynamics
- Spatial non-stationarity
  - deformations
  - additional GP for latent signal magnitude or length-scale

- Goal is to explain the spatial variation
- Spatial maps can be used to aid hypothesis generation
- Adding covariates hopefully makes the residual in spatial domain unstructured
- GP can model non-linearities and interactions implicitly

- 1043 cases of acute myeloid leukemia in adults
  - recorded between 1982 and 1998 in the North West Leukemia Register in the United Kingdom
  - log-logistic model for survival times (16% were censored)
  - predictors are
    - · age
    - · sex
    - $\cdot\,$  white blood cell count (WBC) at diagnosis
    - the Townsend score which is a measure of deprivation for district of residence

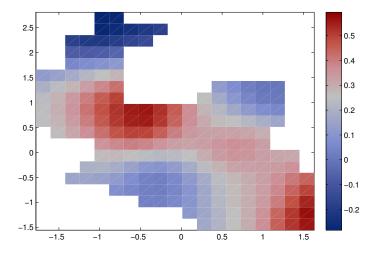
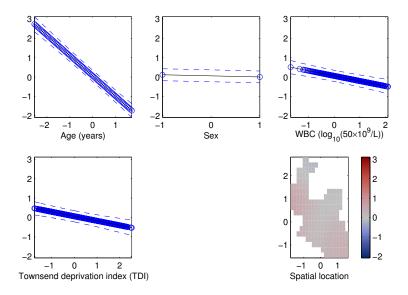
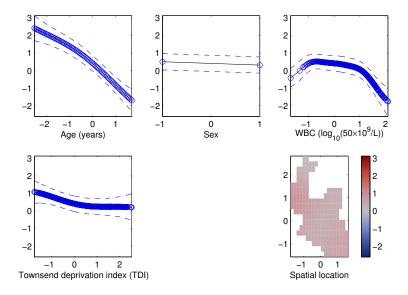
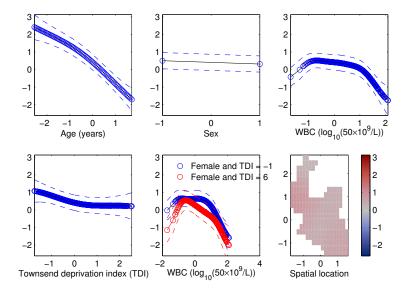


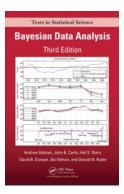
Figure: Posterior mean of the latent function







Analysis in GP chapter of



Andrew Gelman, John B. Carlin, Hal S. Stern, David B. Dunson, Aki Vehtari and Donald B. Rubin (2013). Bayesian Data Analysis, Third Edition. Chapman and Hall/CRC.

- GP can model non-linearities and interactions implicitly
- INLA-software using MRFs allows additive effects and 2D interactions

- Multitask / multioutput GPs
  - just add the disease type as a covariate

- Non-Gaussian models, e.g.,  $y \sim \text{Poisson}(\alpha \exp(f(s, \theta)))$
- We are interested in predictions  $p(y_i|s_i)$
- Integration over the latent variables  $f_i$  and hyperparameters  $\theta$  required

### Integration over the latent space

- In our experiments
  - EP about as good as MCMC, but much faster
  - Laplace almost as good as EP, but somewhat faster
  - VB not as good as EP, byt YMMV
  - difference is negligible for many likelihoods given larger datasets
  - differences in classification and with non-log-concave likelihoods

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- Mysterious Sheffield-method? (Hensman et al, submitted)
- I think that in most cases distributional approximations ok
  - If not, pseudo-marginal likelihood approach (Filippone & Girolami, 2013) might be the best choice for MCMC

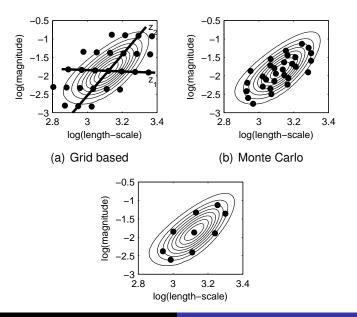
# Hyperparameter inference

- Type II MAP
  - works well when the number of hyperparameters is small and *n* is big
- Adaptive grid 1–3 hyperparameters
- CCD
  - 1–15 hyperparameters  $\rightarrow$  3–287 integration points
  - usually works well, but sometimes underestimates the uncertainty

# Hyperparameter inference

- Type II MAP
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- Adaptive grid 1–3 hyperparameters
- CCD
  - 1–15 hyperparameters  $\rightarrow$  3–287 integration points
  - usually works well, but sometimes underestimates the uncertainty
- Linear approximation (Garnett, Osborne, Hennig, 2013)
- EP can be used to integrate over noise and signal variances (other hyperparameters in theory, but not fast (yet?))
- MCMC

# Hyperparameters



Code available in Matlab/Octave (RccpOctave for R) toolbox GPstuff

Jarno Vanhatalo, Jaakko Riihimäki, Jouni Hartikainen, Pasi Jylänki, Ville Tolvanen and Aki Vehtari (2013). GPstuff: Bayesian Modeling with Gaussian Processes. In Journal of Machine Learning Research, 14(Apr):1175-1179. http://www.jmlr.org/papers/volume12/ jvlanki11a/jvlanki11a.pdf

GPstuff homepage: http:

//becs.aalto.fi/en/research/bayes/gpstuff/

## GPstuff

- Sparse models
  - Compactly supported covariance functions
  - Fully and partially independent conditional (FIC, PIC)
  - Compactly supported plus FIC (CS+FIC)
  - Variational sparse (VAR), Deterministic training conditional (DTC), Subset of regressors (SOR)
- Latent inference
  - Laplace, EP, Parallel EP, Robust-EP
  - marginal posterior corrections (cm2 and fact)
  - Scaled Metropolis, Scaled HMC, Elliptical slice sampling
- Hyperparameter inference
  - Type II ML/MAP
  - Leave-one-out cross-validation (LOO-CV)
  - Metropolis, HMC, No-U-Turn-Sampler (NUTS), Slice Sampling (SLS), Surrogate SLS, Shrinking-rank and Cov-matching SLS
  - Grid, CCD, Importance sampling

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