Appropriateness of some resampling-based inference procedures for assessing performance of prognostic classifiers derived from microarray data

Lara Lusa^{1,2}, Lisa M. McShane^{3,*}, Michael D. Radmacher⁴, Joanna H. Shih³, George W. Wright³, and Richard Simon³

¹Department of Experimental Oncology, Istituto Nazionale per lo Studio e la Cura dei Tumori, Milano, Italy
²Molecular Cancer Genetics Group, Fondazione Istituto FIRC di Oncologia Molecolare (IFOM), Milano, Italy
³Biometric Research Branch, National Cancer Institute, Bethesda, MD 20892-7434, U.S.A.

⁴Center for Biostatistics, The Ohio State University, Columbus, OH 43210

*Correspondence to: Lisa M. McShane

Biometric Research Branch, EPN 8126 National Cancer Institute 6130 Executive Blvd. Bethesda, MD 20892-7434 Email: <u>Lm5h@nih.gov</u> Phone: 301-402-0636 Fax: 301-402-0560

Summary

The goal of many gene-expression microarray profiling clinical studies is to develop a multivariate classifier to predict patient disease outcome from a gene expression profile measured on some biological specimen from the patient. Often some preliminary validation of the predictive power of a profile-based classifier is carried out using the same data set that was used to derive the classifier. Techniques such as cross-validation or bootstrapping can be used in this setting to assess predictive power, and if applied correctly, can result in a less biased estimate of predictive accuracy of a classifier. However, some investigators have attempted to apply standard statistical inference procedures to assess the statistical significance of associations between true and crossvalidated predicted outcomes. We demonstrate in this paper that naïve application of standard statistical inference procedures to these measures of association can result in greatly inflated testing type I error rates and confidence intervals with poor coverage probabilities. Our results suggest that some of the claims of exceptional prognostic classifier performance that have been reported in prominent biomedical journals in the past few years should be interpreted with great caution.

Key words: cross-validation, microarray, gene expression, classification, resampling, molecular profiling

1. Introduction

A frequent goal in gene expression microarray clinical studies is to develop a multivariate classifier of disease outcome [1-9]. In these studies, gene expression microarray assays are performed on tissue or other biological material from patients for whom clinical outcomes such as survival are known. The results of the microarray assays are thousands of gene expression measures, comprising a "profile", for each of the patient samples assayed. Mathematical methods are applied to the expression profile data to develop a multivariate classifier to predict disease outcome. For example, van't Veer et al. [1] conducted gene expression microarray analyses on breast tumors and used the data from 78 of the lymph node-negative tumors to build a 70-gene classifier of clinical outcome; they reported it had excellent ability to distinguish between breast cancer patients who did versus did not develop distant metastases within 5 years. Beer et al. [3] developed a 50-gene risk index using gene expression profiles from 86 primary lung adenocarcinomas and demonstrated that their risk index could separate patients into subgroups with distinct overall survival probabilities.

An important question is how one can reliably assess the performance of microarray-based classifiers. For example, suppose that patient outcomes are classified as "good prognosis" (long survival) versus "poor prognosis" (short survival). A common approach to assessing the performance of a multivariate classifier is to estimate its prediction accuracy, defined as the proportion of samples it correctly classifies. Ideally, this assessment of the classifier would be carried out on a completely independent set of patient specimens, but rarely are there readily available sufficiently large numbers of specimens that are amenable to microarray analysis and accompanied by the necessary

clinical information. The alternative is to estimate prediction accuracy using the same data from which the classifier was derived. However, when re-using the same data, proper application of resampling methods such as cross-validation [10] or bootstrapping [11-12] is essential in order to avoid seriously overestimating the prediction accuracy.

As an alternative to, or in addition to, estimating the proportion of correct classifications, some authors have chosen to estimate the association of the true (known) classes with the classes predicted from the cross-validated classifier and to perform a test of the statistical significance of that association. For example, this is an approach that was taken in the study by van't Veer et al. [1] that has received much attention. In the simplest case of a two-class prediction problem, this measure of association might take the form of an odds ratio calculated from a 2×2 table with one dimension of the table representing the true class (0 versus 1) and the other dimension representing the crossvalidated classifier-predicted class (0 versus 1). A similar approach is to perform a logistic regression analysis considering the true class as the dependent binary variable and the cross-validated predicted class as an independent variable in the model, and then test the regression coefficient. When the disease outcomes are survival times, sometimes they are dichotomized into "poor" and "good" prognosis groups to convert the problem into a standard classification problem, and then the methods described above could be used. If one prefers to use the actual survival times rather than just "poor" and "good" outcome categories, survival analysis methods such as log rank tests or Cox proportional hazards regression could be employed to examine how well the cross-validated classifier can divide patients into two groups with well-separated survival curves. For example, Beer et al. [3] took such an approach in part of their analyses. A potential advantage of

the logistic and Cox regression approaches would be their flexibility to allow adjustment for other covariates. For simplicity, we consider here only the case with no additional covariates.

The questions we explore in this paper are whether standard statistical inference procedures applied to measures of association between true and cross-validated predicted classes are valid and whether inferences judging the significance of survival differences between predicted groups are valid. While it is true that properly performed crossvalidation or bootstrapping will lead to less biased estimates of prediction accuracy or association, several researchers have assumed in error that standard inference procedures performed on cross-validated measures of association are valid. As we will demonstrate through a series of selected simulation studies, these naïve inference procedures for testing the significance of measures of association can suffer from severely inflated type I errors and poor confidence interval coverage. Furthermore, our simulations will clearly demonstrate the difficulty in interpreting measures of association such as the odds ratio for purposes of gauging performance of a classifier.

2. Methods

2.1 Class prediction method

Many methods have been used to construct multivariate predictors of class membership using microarray data, including linear and quadratic discriminant analysis, logistic regression, decision trees, support vector machines, and numerous others. For example, see Dudoit at el. [13] and Simon et al. [14]. The data required to construct these classifiers includes class membership designations for each of a number of subjects

(e.g., patients) along with a set of measured characteristics for each subject, for example a gene expression profile. The purpose of developing a classifier is to allow the classification of a new subject for whom measured characteristics are known but class membership is unknown. Simple classification methods such as diagonal linear discriminant analysis have been shown to work well for microarray data [13], where a very large number of measured characteristics compared to the number of subjects is available. For purposes of our simulation studies, we use diagonal linear discriminant analysis, but we expect the results would be similar if we were to use other class prediction methods.

In brief, diagonal linear discriminant analysis is performed as follows. Suppose we have a collection of *n* subjects. Some of these subjects are known to belong to class 1 (e.g., poor prognosis), and the rest belong to class 2 (e.g., good prognosis). Let x_{ij} = measurement of the *j*th characteristic (e.g., gene expression value) on the *i*th subject where these measurements collectively form the gene expression profile for subject *i*. Apply a feature selection step to reduce the number of candidate predictor variables to a limited set of *G* genes that are the most informative about the class distinction. For subject *i* we denote the set of selected features by $\mathbf{x}_i = (x_{i1}, x_{i2}, ..., x_{iG})$. For example, feature selection might be accomplished using univariate two-sample t-tests to test, for each gene, if its mean expression level differs between the two prognosis classes. Let $\overline{x}_j^{(1)}$ and $\overline{x}_j^{(2)}$ denote the mean expression of gene *j* in class 1 and 2, respectively. The value s_j^2 denotes the pooled estimate of the within class variance for gene *j*. The diagonal linear discriminant rule assigns a new sample, represented by a vector \mathbf{x}^* of expression measurements, to class 1 if

$$\sum_{j=1}^{G} \left[\frac{\left(x_{j}^{*} - \overline{x}_{j}^{(1)} \right)^{2}}{s_{j}^{2}} \right] \leq \sum_{j=1}^{G} \left[\frac{\left(x_{j}^{*} - \overline{x}_{j}^{(2)} \right)^{2}}{s_{j}^{2}} \right]$$

and otherwise the new sample is assigned to class 2. In this formula, x_j^* denotes the expression for gene *j* in the new sample to be classified.

2.2 Cross-validation

The entire linear discriminant analysis procedure, including the feature selection step, is subjected to cross-validation in order to obtain cross-validated class predictions. *K*-fold cross-validated class predictions are obtained by dividing the data into *K* parts. One of the *K* parts is set aside (test set) and a prediction rule is built on the remaining data (training set). The procedure is repeated until all specimens are included in a test set exactly once and their class membership is predicted using the prediction rule developed on the training set that excludes that test set. A special case of *K*-fold cross-validation is leave-one-out (LOO) cross-validation in which there are *n* test sets, each consisting of a single subject. Leave-one-out cross validation has been described as a logical choice for relatively small sample sizes [15] and has been frequently used in microarray studies. At the completion of the cross-validated classification process, each subject has an associated true class membership and a cross-validated predicted class membership.

2.3 Cross-validated measures of association

One measure of the association between the cross-validated classifier-predicted class (CV-class) and the true class is the odds ratio formed from a 2×2 table such as the one displayed in Table 1.

(Insert Table 1 about here.)

The usual estimate of the log odds ratio is the logarithm of the cross-product ratio, log(ad/bc). Ignoring for the moment the fact that the CV-class designations are dataderived, a typical test of no association (odds ratio equals one or log odds ratio equals zero) would be based on the statistic $z = log((ad)/(bc))/(1/a + 1/b + 1/c + 1/d)^{1/2}$ which, under standard conditions, is assumed to have an approximate standard normal distribution under the null hypothesis that the odds ratio is equal to 1. A 95% confidence interval is given by $log((ad)/(bc)) \pm 1.96 \times (1/a + 1/b + 1/c + 1/d)^{1/2}$. Calculations similar to these were performed in the papers by van't Veer et al. [1] and van de Vijver et al. [2].

If survival times in addition to "poor" versus "good" prognosis designations are available for all subjects, survival analysis methods can be used. The performance of the classifier can be assessed by comparing survival curves between the groups of patients classified as poor versus good prognosis groups. This can be accomplished by performing a log rank test to compare the two predicted classes or by conducting a Cox proportional hazards regression analysis using the known survival times as the dependent variable and the cross-validated predicted class indicator as the independent variable in the regression equation. Ignoring the fact that the CV-class designations are dataderived, a typical test of the statistical significance of the regression coefficient in Cox proportional hazards regression would be based, for example, on likelihood methods. In our simulations, we use the likelihood-based inference for the regression coefficient (log

hazard ratio) as implemented by the **coxph** function of the **survival** library in the R statistical package (<u>http://www.r-project.org</u>).

2.4 Data Simulation

To simulate data under the null case, gene expression profiles for each patient were generated independently of the patients' survival times. Expression measurements for each of 10,000 genes were generated independently from the standard normal distribution. All survival times were generated independently from an exponential distribution with parameter lambda = $-\log(0.5)/10$. This parameter was chosen to produce an overall survival curve with probability of survival equal to 50% at 10 years.

Under the alternative case, survival times were generated to depend on gene expression profiles. For each patient, 9900 genes were generated independently from a standard normal distribution, while the remaining 100 genes were generated independently from a normal distribution with mean μ_1 and variance 1 for half of the patients and from a normal distribution with mean μ_2 and variance 1 for the other half. The expression measures for these 100 genes were averaged for each patient to produce scores s_1, s_2, \ldots, s_n . These scores were then used as the mean parameter (on the log-scale) of the log normal distribution with variance 1, from which survival times were simulated. Similarly to the null case, paired values of μ_1 and μ_2 were chosen so that on average half of the subjects would have a survival time longer than 10 years.

The classifier building procedure was simulated as follows for both the null and alternative cases. Patients were divided into poor and good prognosis groups on the basis of their observed survival times. Subjects with observed survival time shorter than 10

years were assigned to poor prognosis class; others were assigned to the good prognosis class. Survival times greater than 20 years were censored at 20 years. These assigned outcome classes represented the "true" prognostic classes. On average, specimens were equally distributed among the two classes due to the choice of parameters of the distributions used to generate survival times. Univariate two-sample pooled variance tstatistics comparing the good versus poor prognosis groups were computed for each gene, and the 100 genes with largest absolute t-statistics were selected as the "informative features" to be used in building the classifier. Fisher's diagonal linear discriminant analysis was used to build the multivariate prediction rule using the 100 informative genes to classify the specimens into the two prognosis groups. This entire classifier building process was embedded in a cross-validation loop. For each training set, informative genes were re-selected, the classifier was re-calculated, and the classifier was used to make predictions on the test set. Note that the 100 gene sets selected as the informative features in the training data sets were not guaranteed to be the genes that, under the alternative case, were truly generated from two different distributions for the good and poor prognosis groups. At the end of each simulated cross-validation, there were true and cross-validated predicted prognosis classes assigned to each patient.

All simulations were repeated 10,000 times. For the null cases, situations with 25, 50, 100 and 500 subjects were considered, and leave-one-out, 10-fold and 5-fold cross-validation were all examined. For simulations under alternative cases, the number of subjects was always 100, and only leave-one-out cross-validation was considered. While we would not usually advocate building classifiers using sample sizes as small as 25 or 50, we include them in our simulations because they cover the range of sample

sizes that have been used in published studies that developed microarray-based classifiers. Also, we note that there were some iterations of the simulations for the small sample size cases in which odds ratios or Cox regression coefficients could not be calculated (e.g., empty cells in the 2×2 table), and we treated these as missing in the simulation result summaries.

Under the null case, gene expression profiles are generated from the same distribution for all patients, and class membership is defined independently from gene expression profiles; therefore, there should be no significant association between true and CV-class membership (log odds ratio = 0), and the regression coefficient of the CV-class indicator variable in the Cox regression should not be statistically significantly different from zero. For the null cases, our simulation studies examine for potential bias in the estimates and problems with the level of tests of hypotheses of no association.

Under the alternative case, we expect there will be some association between the CV-class and true class and survival. Therefore, we would expect a non-zero log odds ratio and a non-zero regression coefficient for the cross-validated predicted class indicator in the Cox regression. Due to the complexity of the classifier derivation, the true values of the log odds ratio and regression coefficient are not easily calculated and must be empirically determined by simulation. The true quantities were obtained through an "inner" simulation loop, where at each "outer loop" of the primary simulation we simulated 100 data sets of 100 subjects each from the same population from which the original sample, on which the classifier was developed, was drawn. The classifier derived on the full original data set was applied to each new ("inner loop") data set. For each of the 100 "inner loop" data sets, predicted (from full original sample classifier) class

memberships were obtained and log-odds ratios and Cox regression parameters were estimated. These estimates were then averaged over the 100 inner loop data sets to empirically determine the true log odds ratio and Cox regression coefficient. These true quantities were compared to the cross-validated estimates obtained in the outer loop in order to estimate bias and confidence interval coverage for the log odds ratio and Cox regression coefficient. For confidence interval coverage, the coverage percentage was broken into components, recording how often the true value falls completely below the lower confidence bound (overestimation) and how often the true value falls completely above the upper confidence bound (underestimation).

3. Results

3.1 Null case

Table 2 presents simulation results for the log odds ratio estimates calculated under a null situation using various cross-validation methods. For leave-one-out cross-validation, the mean estimated log odds ratio approached the correct value of zero as the sample size increased but was strongly biased for small sample sizes. The estimated median log odds ratio estimates suggested a trend of slightly more departure from the true value of zero for 5-fold and 10-fold cross-validation compared to leave-one-out (LOO) cross-validation, but there were no statistically significant differences in bias based on the mean log odds ratio estimates. All of these cross-validation methods yielded log odds ratio estimates with SDs substantially larger than the theoretical SD of $(16/n)^{1/2}$ that would apply to the situation in which all observations were independent and the predictions for the *n* subjects were random "coin flips". Additionally, we note that the use of 10-fold or

5-fold cross-validation resulted in considerably smaller estimated SD of the log odds ratio estimate for sample size of 100. This may be related to the claim in the context of prediction error estimation that LOO cross-validation often results in estimates with large variance [11]. However, it is interesting to note that the degree of inflation of the SD under LOO cross-validation (as a multiplier of the theoretical SD under independence) may be less for smaller sample sizes.

(Insert Table 2 about here.)

Most dramatic and disturbing were the findings regarding the level of the tests of significance of the log odds ratio. Table 3 shows that the observed rejection rates for the z-test for no association greatly exceeded their nominal values. For example, if one were to use leave-one-out cross-validation for a study of 100 subjects, a nominal 5% two-sided z-test would reject the null hypothesis an estimated 41% of the time (23% lower rejection, 18% upper rejection). The 18% upper rejection rate is probably of greatest concern, as these might represent classifiers likely to be falsely reported as promising, whereas classifiers exhibiting negative association with truth are unlikely to ever be published. The problem with leave-one-out cross-validation is exacerbated with a larger sample size. For a study of 500 subjects, the estimated rejection rate increased to nearly 55%. In part, this may be explained by greater inflation of the variance of the cross-validated odds ratio estimate resulting from the proportion of overlapping observations ((n-2)/(n-1)) between any two leave-one-out training sets increasing with sample size (n). Although the performance of the test is not quite as bad when 5-fold or 10-fold cross-

validation is used, the rejection rates for a study with sample size 100 still exceed the nominal values by an unacceptably large margin. Similar results (not shown) were observed for estimates and tests using the logistic regression-based estimate of log odds ratio.

(Insert Table 3 about here.)

Table 4 presents simulation results for the log hazard ratio (Cox regression coefficient) estimates calculated under the null situation using various cross-validation methods. The results show trends analogous to those presented earlier for the log odds ratio. For leaveone-out cross-validation, the mean estimated regression coefficient approached the correct value of zero as the sample size increased. The estimated median regression coefficient estimates suggested a trend of slightly more departure from the true value of zero for 5-fold and 10-fold cross-validation compared to leave-one-out (LOO) crossvalidation, but there were no statistically significant differences in bias based on the mean regression coefficient estimates. The use of 10-fold or 5-fold cross-validation resulted in substantially smaller estimated SD of the regression coefficient estimate. All of these cross-validation methods yielded coefficient estimates with SDs substantially larger than the theoretical regression coefficient SD of $(4/(expected number of events))^{1/2}$ that would apply to the situation in which all observations were independent and the predictions for the *n* subjects were random "coin flips". (The expected number of events under the simulation parameters considered is 0.75*n*.)

(Insert Table 4 about here.)

Similar to the case of testing the significance of the log odds ratio, our simulation results presented in Table 5 show that the level of the likelihood ratio test for the Cox regression coefficient was greatly inflated.

(Insert Table 5 about here.)

3.2 Alternative case

Table 6 presents results demonstrating properties of the odds ratio estimates, including confidence interval coverage, under alternative cases in which there was a positive association between gene expression profiles and survival outcomes. The degree of separation of survival curves between the good and poor prognosis groups is controlled by the two means used to generate the gene expression data which, in turn, influence the means of the lognormal distributions generating the survival times. As the difference in means decreases, the true log odds ratio between the true and predicted classes decreases toward zero.

(Insert Table 6 about here.)

The results presented in table 6 show that for extremely large odds ratios, the confidence interval coverage is not too far from the intended coverage probability. However, for moderate or smaller odds ratios, confidence interval coverage can be quite poor. In any

case, it is noteworthy that the SDs of the estimated log odds ratios are very large relative to the magnitude of the log odds ratios for a sample of size 100 which is typical of the size of many gene expression microarray profiling studies. This implies that even if the confidence intervals had correct coverage probabilities, the large variance of the estimators may result in confidence intervals too wide to be helpful. In addition, it is clear that the odds ratio can provide a misleading impression of the performance of the predictor. For example, an odds ratio as large 17 (third case presented in Table 6) would appear extremely impressive in the context of an epidemiologic study, but we see from Table 6 that the corresponding classifier misclassification rate was a rather unsatisfying 20%.

4. Discussion

Cross-validation has been widely used to adjust for bias in estimates of prediction accuracy of classifiers built from gene expression microarray profiling data when independent data sets have not been available for testing the classifier. It performs well for this purpose, although estimators may have large variance. Some authors of gene expression microarray papers published in prominent biomedical medical journals have attempted to take cross-validation one step further. Specifically, some authors have made claims about the strength of a classifier by testing the statistical significance of association between the true and cross-validated predicted prognostic classes. For example, in Table 2 of the paper by van de Vijver et al. [2], some of the odds ratio estimates presented are based on cross-validation, and confidence intervals and highly significant p-values are reported. Our results in the present paper suggest that several of

these confidence intervals and p-values cannot be trusted. Particularly, we are concerned that in the null case (classifier is completely uninformative), application of standard inference procedures to test for significance of the association when cross-validation has been used to determine predictions carries with it a very high likelihood of obtaining false positive statistical significance. Our results also show that even if there is some modest predictive value in the data-derived classifier, confidence intervals for the true association between predicted and true prognostic class may be very wide and not have the reported coverage properties. The problems arise from the fact that the data pairs (CV-class, Trueclass) are not independent across subjects, and their dependency derives from re-use of the true classes in the cross-validation process. This type of dependency violates the assumptions of the standard statistical procedures for performing tests and constructing confidence intervals for the measures of association. Finally, our results emphasized a point made by others [16, 17] that measures of association such as an odds ratio are generally poor gauges of classifier performance.

The next question is whether there are satisfactory remedies for these problems. The most important point is to recognize that the prime interest is to evaluate the classifier's predictive accuracy and to determine if the accuracy is better than expected by chance. Radmacher et al. [15] provide a valid method of testing whether the classifier accuracy is better than expected by chance. They propose a permutation test on the cross-validated misclassification rate. This test is performed directly on the crossvalidated prediction accuracy estimate and therefore avoids use of difficult to interpret measures of association such as the odds ratio. The permutation approach involves considering many possible permutations of assignments of clinical outcomes to profiles,

calculating for each permuted data set the cross-validated prediction accuracy. The proportion of permutations for which the cross-validated accuracy calculated on the original data set is better (larger) is a valid p-value for testing the null hypothesis that the predictor performance is no better than chance.

If it is desired to assess predictor performance when adjusted for other covariates, the permutation method of Radmacher et al. [15] cannot be directly applied. Tibshirani and Efron [18] discuss the idea of "pre-validation" in logistic regression models in which one of the variables in the model is a predicted class indicator obtained through crossvalidation and additional covariates can be incorporated into the regression model. They point out a problem with the degrees of freedom in the test of the regression coefficient for the predicted class indicator that is related to the problems with type I error rate and confidence interval coverage we observed. We have elaborated on their findings to show how seriously type I error rates and confidence interval non-coverage rates can be inflated; we demonstrated the roles that sample size and method of cross-validation play, and we presented results for Cox regression. The dependency problem we described in the previous paragraph is essentially the phenomenon they describe as "information leak". They explore a bootstrap method to approximately correct the degrees of freedom for testing regression coefficients. This seems like a promising approach, but would require further investigation to determine how successfully the bootstrap-estimated degrees of freedom can correct for problems in testing levels and confidence interval coverage. Troendle et al. [19] demonstrated that bootstrap procedures may not perform well in moderate to small samples of very high dimensional data. In addition, we would be remiss if we did not point out that even if one were able to appropriately correct the

problems with the inference procedures, the variances of the measures of association obtained through resampling of typical size gene expression microarray data sets would still be very large. Also, it would be desirable to base the procedure on a more interpretable alternative to the logistic regression coefficient such as gain in predictive accuracy above predictive accuracy afforded by standard covariates.

In summary, our results provide further evidence that concerns recently expressed [20, 21] about the reproducibility and validity of microarray-based prognostic classifiers are warranted. Our findings support the notion that more and larger independent data sets on which to develop and validate these classifiers are needed if microarray-based or other molecular classifiers based on high-dimensional biologic data are ever to be important clinical tools.

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Table 1. 2×2 table for estimation of odds ratio.

		True-class			
		Class 1 Class			
CV-class	Class 1	а	b		
	Class 2	С	d		

Table 2. Null case results for estimated odds ratio relating true and cross-validated predicted outcome class for studies with varied numbers of subjects and using different cross-validation methods.

Cross-validation	Number of	Mean log odds	Median log odds	Estimated SD of	Theoretical SD ^a of
method	study subjects (n)	ratio estimate	ratio estimate	log odds ratio estimate	log odds ratio estimate
					under independence
LOO	500	-0.008	0.014	0.5979	0.1789
LOO	100	-0.108	-0.083	1.0363	0.4000
LOO	50	-0.237	-0.198	1.3406	0.5657
LOO	25	-0.446	-0.470	1.5274	0.8000
10-fold	100	-0.104	-0.096	0.6540	0.4000
5 fold	100	0.105	0.101	0.0540	0.4000
3-101d	100	-0.105	-0.101	0.3001	0.4000

^aTheoretical SD of log odds ratio estimate under the simulated settings in the case of independent observations is given by the formula $(16/n)^{1/2}$.

Cross-	Number	Estimated		Estimated		Estimated	
validation	of study	rejection rates		rejection rates		rejection rates	
method	subjects	(in %) f	or	(in %) for		(in %) for	
	<i>(n)</i>	nomina	l 1%	nominal 5%		nominal 10%	
		two-sid	ed test	two-sided test		two-sided test	
		(nominal 0.5%		(nominal 2.5%		(nominal 5%	
		per tail)		per tail)		per tail)	
		lower	upper	lower	upper	lower	upper
LOO	500	21.9	21.3	27.2	27.6	30.2	30.9
LOO	100	15.6	11.2	23.5	17.9	27.1	21.2
LOO	50	10.4	6.2	19.2	11.6	24.5	15.9
LOO	25	5.6 1.6		14.0	5.8	21.6	9.6
10-fold	100	5.4	3.1	13.0	7.8	17.8	10.9
5-fold	100	3.1	1.5	8.9	4.9	13.4	7.6

Table 3. Null case results for probability of rejection of two-sided z-test for odds ratio relating true and cross-validated predicted outcome class for studies with varied numbers of subjects and using different cross-validation methods.

Table 4. Null case results for estimated Cox regression coefficient relating cross-validated predicted outcome class to survival for studies with varied numbers of subjects and using different cross-validation methods.

Cross-validation	Number of	Mean regression	Median regression	Estimated SD of	Theoretical SD ^a of
method	study subjects (<i>n</i>)	coefficient estimate	coefficient estimate	regression	regression coefficient
				coefficient estimate	estimate under independence
LOO	500	0.004	-0.004	0.2828	0.1033
LOO	100	0.047	0.042	0.4173	0.2309
LOO	50	0.138	0.116	1.1381	0.3266
LOO	25	0.753	0.385	3.9019	0.4619
10-fold	100	0.044	0.048	0.3292	0.2309
5-fold	100	0.045	0.048	0.2930	0.2309

^aTheoretical SD of regression coefficient estimate under the simulated settings in the case of independent observations is given by the formula $(4/(0.75n))^{1/2}$.

Table 5. Null case results for probability of rejection of likelihood ratio test for regression coefficient relating cross-validated predicted outcome class to survival for studies with varied numbers of subjects and using different cross-validation methods.

Cross-	Number	Estimated		Estimated		Estimated	
validation	of study	rejectio	n rates	rejection rates		rejection rates	
method	subjects	(in %) f	or	(in %) for		(in %) for	
	(<i>n</i>)	nomina	l 1%	nominal 5%		nominal 10%	
		two-sid	ed test	two-sided test		two-sided test	
		(nomina	al 0.5%	(nominal 2.5%		(nominal 5%	
		per tail ^a)		per tail ^a)		per tail ^a)	
		lower	upper	lower	upper	lower	upper
LOO	500	16.1	17.3	22.9	22.9	27.3	26.6
LOO	100	7.9	11.5	14.3	19.0	17.9	23.4
LOO	50	4.8	9.6	9.6	17.2	13.0	22.1
LOO	25	2.0	8.9	4.9	18.2	7.2	24.5
10-fold	100	2.2	3.7	5.8	9.5	9.0	14.0
5-fold	100	1.2	2.2	3.8	6.9	6.7	11.5

^aFor the likelihood ratio test, we loosely use the terms "lower tail" and "upper tail" to denote cases in which the estimated regression coefficient is negative versus positive, respectively.

					1		
Parameters	True ^b	Mean	Media	Mean rate	SD of	Estimated rates (in %)	
used in data	log odds	log	n log	of mis-	log odds	of nominal 95% CI	
generation	ratio	odds	odds	classif-	ratio	non-coverag	ge
$(\mu_{1}, \mu_{2})^{a}$	(odds	ratio	ratio	ications	estimate	(nominal 2.	5% per tail)
	ratio)	estima	estima	(in %)		CI < true	CI > true
		te	te			(under-	(over-
						estimate)	estimate)
(3.58, 1.02)	4.559	4.571	4.435	10.1	0.757	4.8	0.6
	(95.488)						
(3.34, 1.27)	3.574	3.585	3.509	15.1	0.615	3.8	1.3
	(35.659)						
(3.14, 1.46)	2.840	2.843	2.782	20.1	0.532	3.7	1.5
	(17.116)						
(2.98, 1.63)	2.167	2.164	2.210	25.9	0.640	5.4	2.1
	(8.732)						
(2.83, 1.78)	1.094	1.069	1.161	37.1	0.985	15.5	6.9
	(2.986)						
(2.69, 1.62)	0.270	0.168	0.182	47.05	1.026	22.6	17.2
	(1.310)						
	0.001	0.110	0.001	50.1	1.020	22.6	17.6
(2.30, 2.30)	0.001	-0.119	-0.091	50.1	1.039	23.0	17.0
1	(1.000)				1		

Table 6. Properties of odds ratio estimates and associated confidence intervals under situations with various degrees of association between true and predicted outcomes for sample size of 100 when leave-one-out cross-validation is used.

^aSee Section 2.4 for description of data generation methods and definitions of μ_1 and μ_2 .

^bTrue values determined empirically as described in Section 2.4.