

Computational Systems Biology

... Biology X - Lecture 11...

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## What is Cancer?

- Cancer develops when cells in a part of the body begin to grow out of control.
  - Although there are many kinds of cancer, they all start because of out-of-control growth of abnormal cells.
- Normal body cells grow, divide, and die in an orderly fashion. Cancer cells do not follow this order.
  - During the early years of a person's life, normal cells divide more rapidly until the person becomes an adult.
  - After that, cells in most parts of the body divide only to replace worn-out or dying cells and to repair injuries

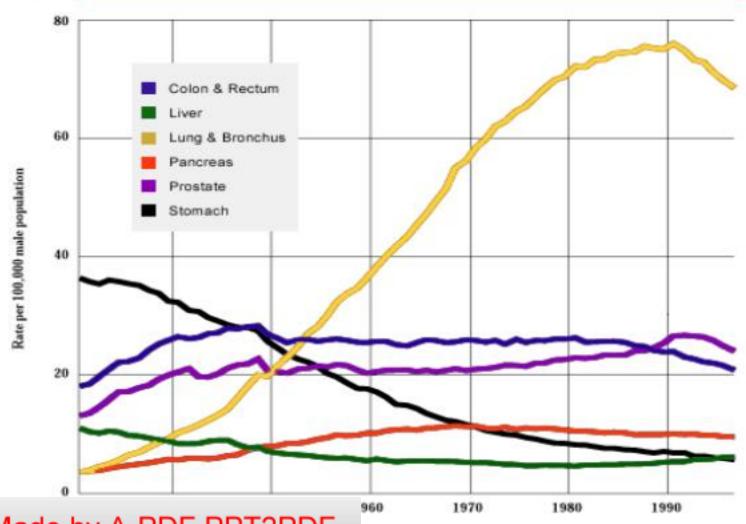


### What is Cancer?

- Unlike normal cells, cancer cells continue to grow and divide, and instead of dying, they outlive normal cells and continue to form new abnormal cells.
- Cancer cells develop because of damage to DNA.
  - Most of the time when DNA becomes damaged the body is able to repair it. In cancer cells, the damaged DNA is not repaired.
  - People can inherit damaged DNA, which accounts for inherited cancers. Many times though, a person's DNA becomes damaged by exposure to something in the environment, like smoking.

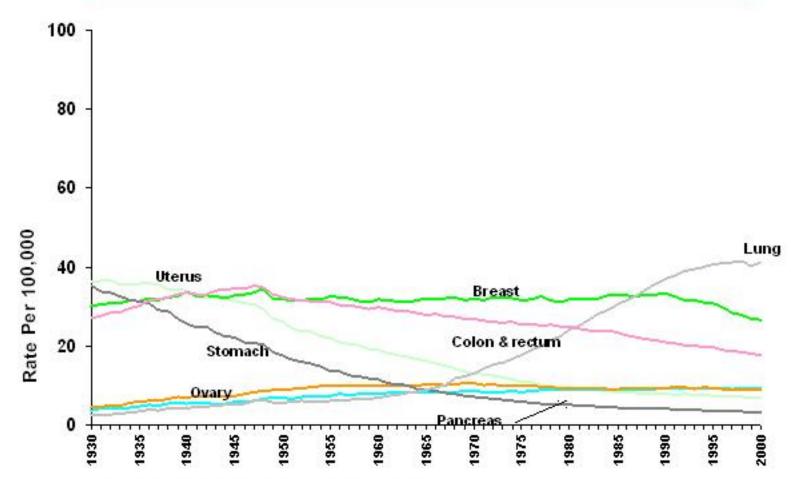


## Male Cancer Death Rates





# Cancer Death Rates, for Women



\*Age-adjusted to the 2000 US standard population.

es 1960-2000, US Mortality Volumes 1930-1959, ers for Disease Control and Prevention, 2003.



# What is the molecular basis of cancer?

# Cancer is a genetic disease.

- -Mutations in genes result in altered proteins
  - During cell division
  - External agents
  - -Random event
- Most cancers result from mutations in somatic cells
- Some cancers are caused by mutations in germline cells



# Theories of cancer genesis

## Standard Dogma

- Proto-oncogenes (Ras melanoma)
- Tumor suppressor genes (p53 various cancers)

# Modified Dogma

 Mutation in a DNA repair gene leads to the accumulation of unrepaired mutations (Loeb, 1974) (xeroderma pigmentosum)

## Early-Instability Theory

- Master genes required for adequate cell reproduction are disabled, resulting in an analysis (Dhiladelphia chromosome)



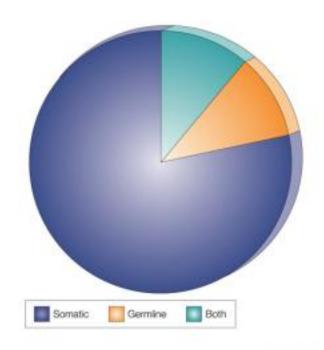
# Types of Cancers

- Based on cells in which they originate
  - Carcinomas (skin, digestive tract)
  - Leukemia (blood forming tissue)
  - Melanoma (epidermis)
  - Sarcoma (connective tissue)
  - Teratoma (germ cells)



# Some oncogene statistics

Approx. 291 genes (1% of the genome)

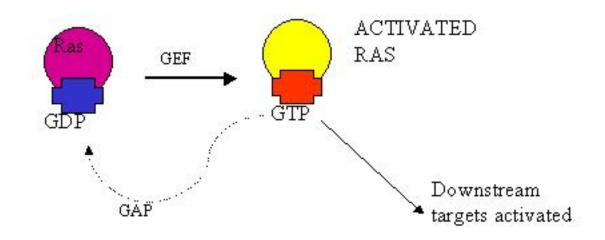


ture Reviews | Cancer



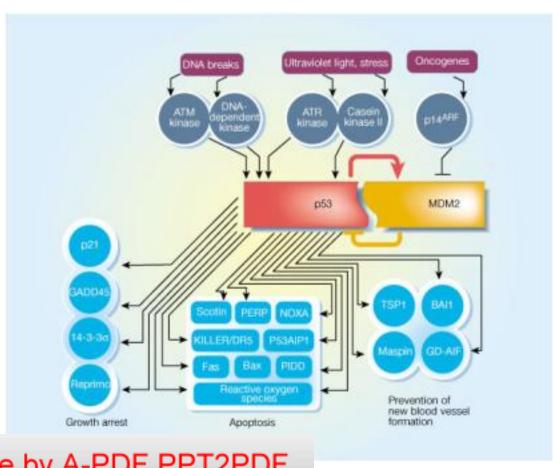
### ras oncogene

### ■Point mutation in codon 12: GGC->GTC





# p53 network





# The Cancer Genome Atlas

- Obtain a comprehensive description of the genetic basis of human cancer.
  - Identify and characterize all the sites of genomic alteration associated at significant frequency with all major types of cancers.
  - Increase the effectiveness of research to understand
    - tumor initiation and progression,
    - susceptibility to carcinogensis,
    - development of cancer therapeutics,
    - approaches for early detection of tumors and
    - o the design of clinical trials.



## Biomedical Rationale

- Cancer is a heterogeneous collection of heterogeneous diseases.
  - For example, prostate cancer can be an indolent disease remaining dormant throughout life or an aggressive disease leading to death.
  - However, we have no clear understanding of why such tumors differ.
- Cancer is fundamentally a disease of genomic alteration.
  - Cancer cells typically carry many genomic alterations that confer on tumors their distinctive
    - abilities (such as the capacity to proliferate and metastasize, ignoring the normal signals that block cellular growth and migration) and
    - liabilities (such as unique dependence on certain cellular pathways, which potentially render them sensitive to certain treatments that



#### Scientific Foundation for a Human Cancer Genome Project

#### Genomic loss and amplification.

 Consistent association with genomic loss or amplification in many specific regions, indicating that these regions harbor key cancer associated genes

#### Gene resequencing.

 Specific gene classes (such as kinases and phosphatases) in particular cancer types.

#### Chromosome rearrangements.

- Activate kinase pathways through fusion proteins or inactivating differentiation programs through gene disruption.
- Hematological malignancies: a single stereotypical translocation in some diseases (such as CML) and as many as 20 important translocations in others (such as AML).
- Adult solid tumors have not been as well characterized, in part owing to technical hurdles.

#### Epigenetic changes.

 Loss of function of tumor suppressor genes by epigenetic modification of the genome — such as DNA methylation and histone modification.

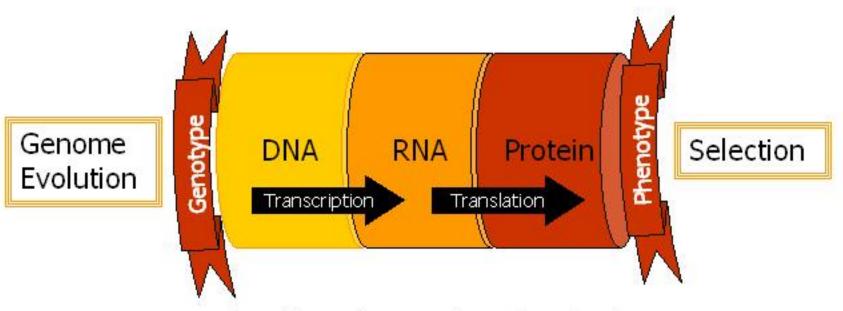


## Genomic Basis

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# The New Synthesis



Part-lists, Annotation, Ontologies



### Cancer Initiation and Progression

Mutations, Translocations, Amplifications, Deletions

Epigenomics (Hyper & Hypo-Methylation)

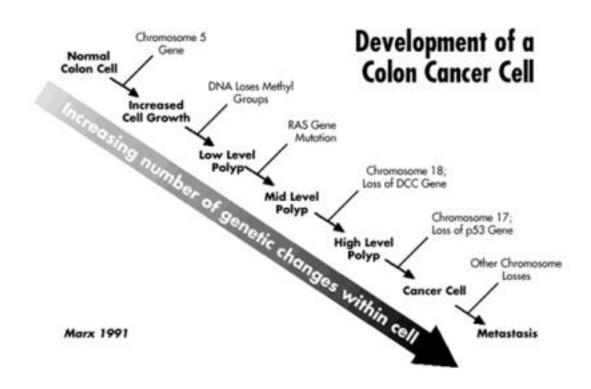
Alternate Splicing

Cancer Initiation and Progression

Proliferation, Motility, Immortality, Metastasis, Signaling



# Amplifications & Deletions





## Human Genome Structure



### EBD



Sun on Ohno

### J.B.S. Haldane (1932):

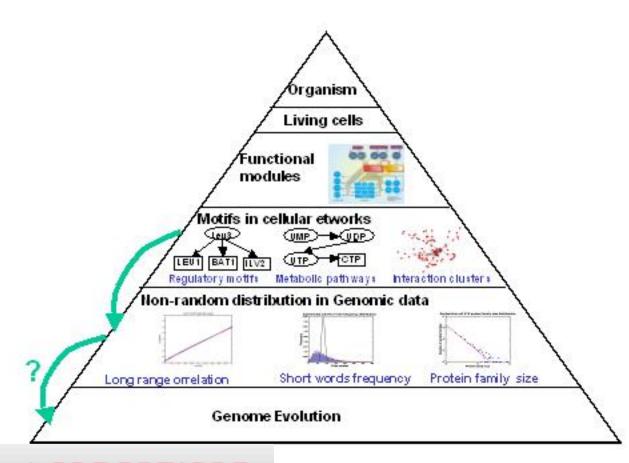
 "A redundant duplicate of a gene may acquire divergent mutations and eventually emerge as a new gene."

### Susumu Ohno (1970):

 "Natural selection merely modified, while redundancy created."

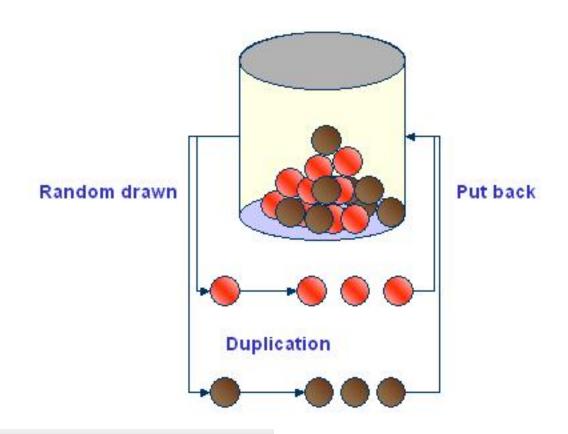


# Evolution by Duplication





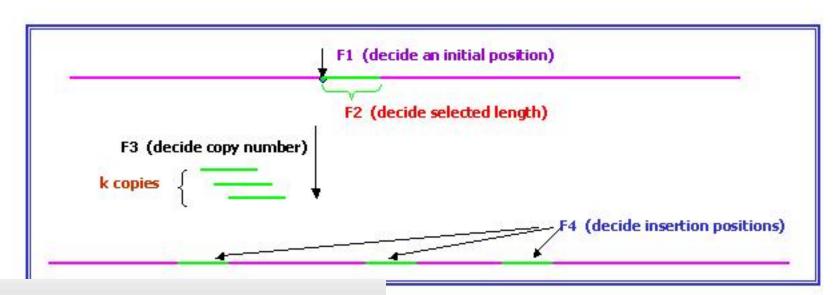
# Polya's Urn





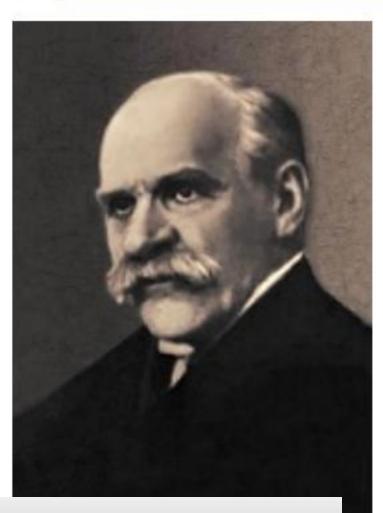
#### Repetitive Random Eccentric GOD

- Genome Organizing Devices (GOD)
- Polya's Urn Model:
  - F's: functions deciding probability distributions





## J.B.S. Haldane



- "If I were compelled to give my own appreciation of the evolutionary process.... I should say this: In the first place it is very beautiful. In that beauty, there is an element of tragedy...In an evolutionary line rising from simplicity to complexity, then often falling back to an apparently primitive condition before its end, we perceive an artistic unity ...
- "To me at least the beauty of evolution is far more striking than its purpose."
  - J.B.S. Haldane, The Causes of Evolution. 1932.

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## Human Cancer Genome



### Cancer



Normal epithelial mucosa Neoplastic polyp



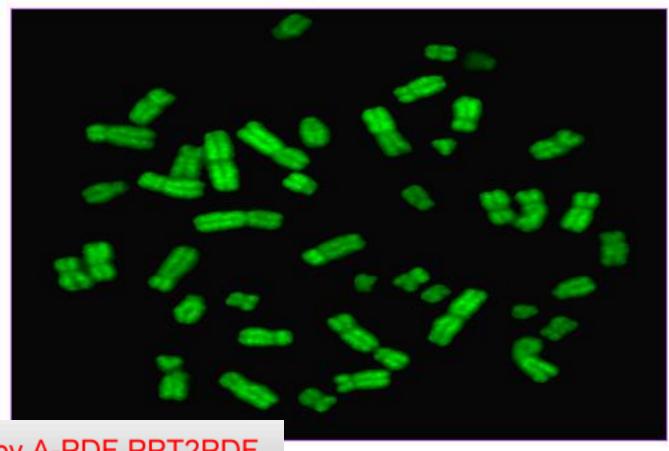
# A Challenge

- At present, description of a recently diagnosed tumor in terms of its underlying genetic lesions remains a distant prospect. Nonetheless, we look ahead 10 or 20 years to the time when the diagnosis of all somatically acquired lesions present in a tumor cell genome will become a routine procedure."
  - Douglas Hanahan and Robert Weinberg
    - Cell, Vol. 100, 57-70, 7 Jan 2000



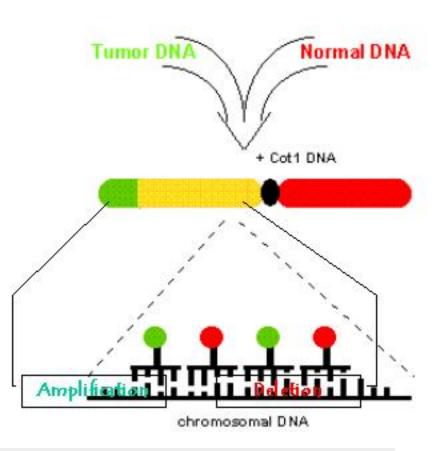


# Karyotyping





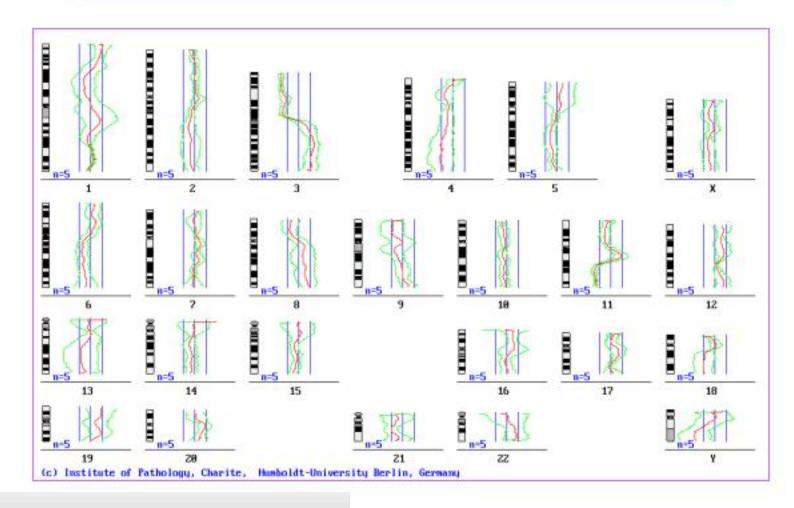
### CGH:Comparative Genomic Hybridization.



- Equal amounts of biotin-labeled tumor DNA and digoxigenin-labeled normal reference DNA are hybridized to normal metaphase chromosomes
- The tumor DNA is visualized with fluorescein and the normal DNA with rhodamine
- The signal intensities of the different fluorochromes are quantitated along the single chromosomes
- The over-and underrepresented DNA segments are quantified by computation of tumor/normal ratio images and average ratio profiles

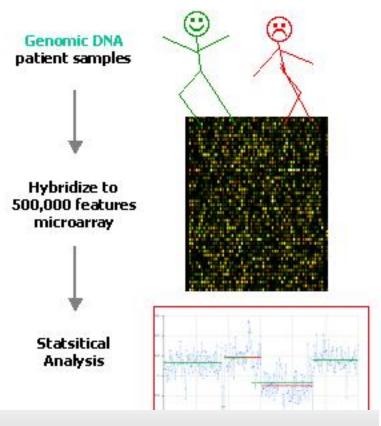


### CGH: Comparative Genomic Hybridization.





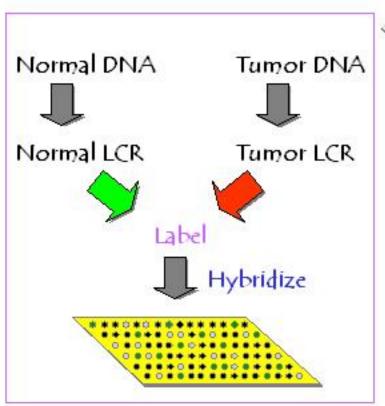
# Measuring gene copy number differences between complex genomes



- Compare the genomes of diseased and normal samples
- Error Control:
  - The use of representations augmenting microarrays
  - Representations reproducibly sample the genome thereby reducing its complexity. This increases the signal-to-noise ratio and improves sensitivity
  - Statistical Modeling the sources of Noise
  - Bayesian Analysis



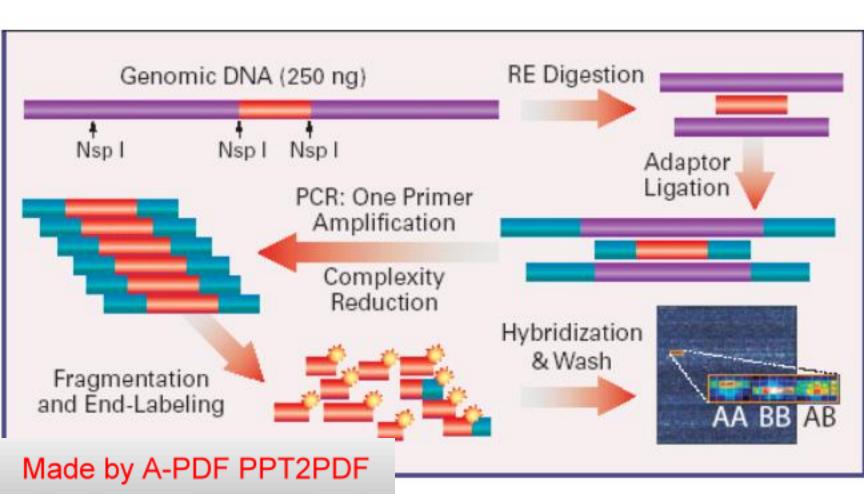
## Microarray Analysis of Cancer Genome



- Representations are reproducible samplings of DNA populations in which the resulting DNA has a new format and reduced complexity.
  - Wearray probes derived from low complexity representations of the normal genome
  - We measure differences in gene copy number between samples ratiometrically
  - Since representations have a lower nucleotide complexity than total genomic DNA, we obtain a stronger specific hybridization signal relative to non-specific and noise

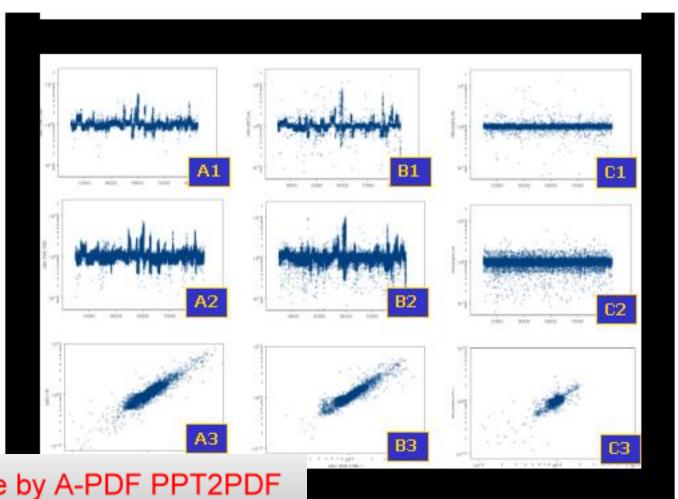


### Minimizing Cross Hybridization (Complexity Reduction)





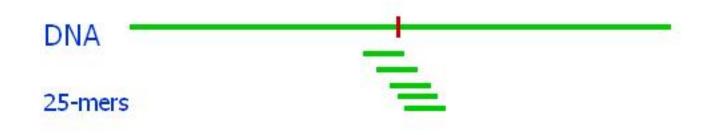
# Copy Number Fluctuation





# Oligo Arrays: SNP genotyping

 Given 500K human SNPs to be measured, select 10 25-mers that over lap each SNP location for Allele A.



- Select another 10 25-mers corresponding to SNP Allele B.
- Problem : Cross Hybridization

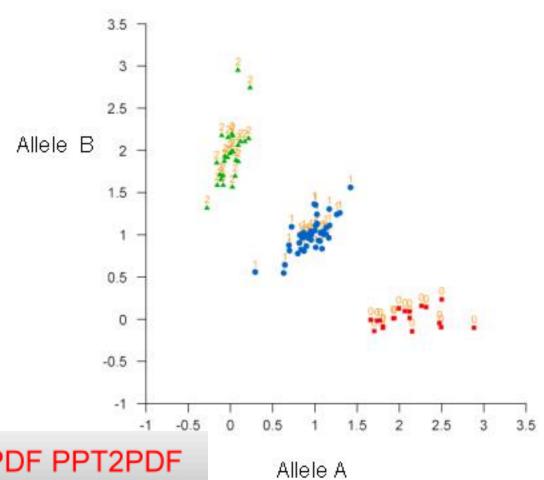


### Using SNP arrays to detect Genomic Aberrations

- Each SNP "probeset" measures
   absense/presence of one of two Alleles.
- If a region of DNA is deleted by cancer, one or both alleles will be missing!
- If a region of DNA is duplicated/amplified by cancer, one or both alleles will be amplified.
- Problem: Oligo arrays are noisy.

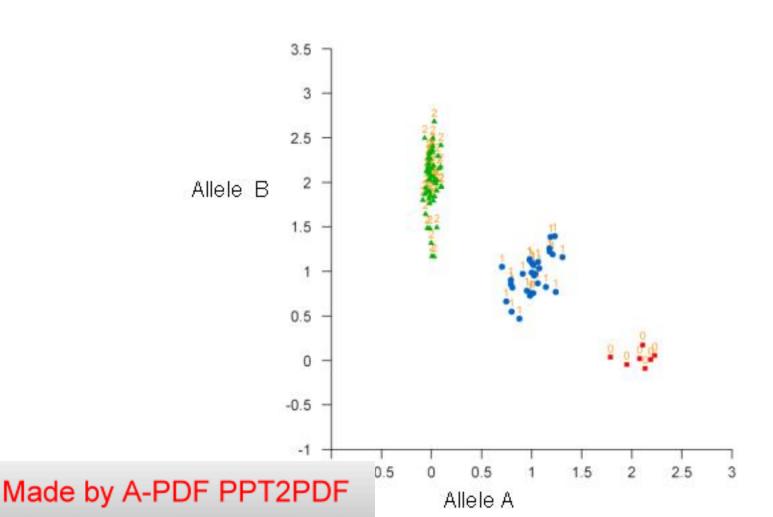


## 90 humans, 1 SNP (A=0.48)



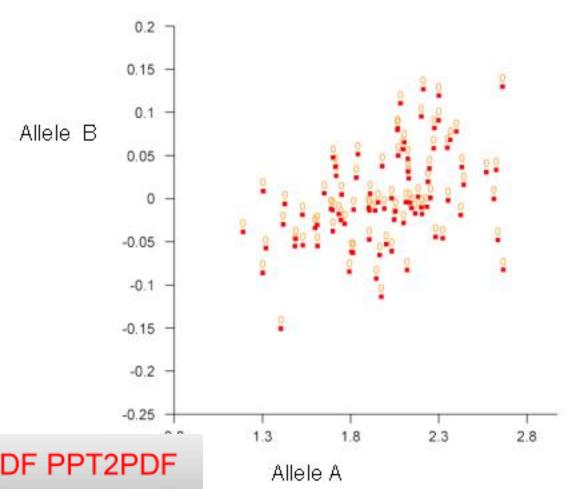


## 90 humans, 1 SNP (A=0.24)





# 90 humans, 1 SNP (A=0.96)





#### Background Correction & Normalization

- Consider a genomic location L and two "similar" nucleotide sequences s<sub>L,x</sub> and s<sub>L,y</sub> starting at that location in the two copies of a diploid genomes...
  - E.g., they may differ in one SNP.
  - Let θ<sub>x</sub> and θ<sub>y</sub> be their respective copy numbers in the whole genome and all copies are selected in the reduced complexity representation. The gene chip contains four probes p<sub>x</sub> ∈ s<sub>L,x</sub>; p<sub>y</sub> ∈ s<sub>L,y</sub>; p<sub>x</sub>, p<sub>y</sub> ¬∈ G.
  - After PCR amplification, we have some  $K_x + \theta_x$  amount of DNA that is complementary to the probe  $p_x$ , etc.  $K'(\approx K'_x)$  amount of DNA that is additionally approximately complementary to the probe  $p_x$ .



### Normalize using a Generalized RMA

$$\begin{split} I' &= U - \mu_n \\ &- \left[\alpha \, \sigma_n^{\ 2} - \varphi_{N(O,1)}(a'/b')/\Phi_{N(O,1)}(a'/b')\right] \\ &\times \left\{(1 + \beta' \, B_{\sigma_n}/\Phi_{N(O,1)}(a'/b')\right\}^{-1} \\ &+ \left[b_{\sigma_n}/B_{\sigma_n}\right] \,)\right] \\ &\times \left\{(1 + \Phi_{N(O,1)}(a'/b')/(\beta' \, B_{\sigma_n})\right\}^{-1}, \\ &- \text{Where } a' = U - \mu_n - \alpha \, \sigma_n^{\ 2}; \, b' = \sigma_n, \, \text{and} \\ &- b_{\sigma_n} = \sum \left[I_{i,j} - U + \mu_n\right] \, \varphi_{N(O,1)}(\left[I_{i,j} - U + \mu_n\right]) \\ &- B_- = \sum \Phi_{N(O,1)}(\left[I_{i,j} - U + \mu_n\right]) \end{split}$$



#### Background Correction & Normalization

• If the probe has an affinity  $\phi_x$ , then the measured intensity is can be expressed as

$$[K_x \theta_x + K'] \phi_x + noise$$

$$= [\theta_x + K'/K_x] \phi'_x + noise$$

- With Exp[μ1 + ε σ1], a multiplicative logNormal noise,
   [μ2 + ε σ2] an additive Gaussian noise,
   and φ' = K, φ, an amplified affinity.
- A more general model:

$$I_x = [\theta_x + K'/K_x] \phi'_x e^{\mu \mathbf{1} + \epsilon \sigma \mathbf{1}} + \mu 2 + \epsilon \sigma 2$$



# Mathematical Model

In particular, we have four values of measured intensities:

$$I_x = [\theta_x \, \phi'_x + N_x] e^{\mu I_{+\epsilon \sigma I}} + \mu I_x + \epsilon \sigma I_x$$

$$I_{x'} = [N_x] e^{\mu I_{+\epsilon \sigma I}} + \mu I_x + \epsilon \sigma I_x$$

$$I_y = [\theta_y \, \phi'_y + N_y] e^{\mu I_{+\epsilon \sigma I}} + \mu I_x + \epsilon \sigma I_x$$

$$I_{y'} = [N_y] e^{\mu I_{+\epsilon \sigma I}} + \mu I_x + \epsilon \sigma I_x$$



# Bioinformatics: Data modeling

- Good news: For each 25-bp probe, the fluorescent signal increases linearly with the amount of complementary DNA in the sample (up to some limit where it saturates).
- Bad news: The linear scaling and offset differ for each 25-bp probe. Scaling varies by factors of more than 10x.
- Noise: Due to PCR & cross hybridization and measurement noise.



# Scaling & Offset differ

- Scaling varies across probes:
  - Each 25-bp sequence has different thermodynamic properties.
- Scaling varies across samples:
  - The scanning laser for different samples may have different levels.
  - The starting DNA concentrations may differ; PCR may amplify differently.
- Offset varies across probes:
  - Different levels of Cross Hybridization with the rest of the Genome.
- Offset varies across samples:
  - Different sample genomes may differ slightly (sample degradation; impurities, etc.)



# Linear Model + Noise

$$i = \text{sample}$$
 $k = \text{probe in probeset}$ 
 $j$ 
 $pM_{ik} = \text{Observed DNA level}$ 
 $\theta_{ik} = \text{True DNA level}$ 

$$PM_{ik} = K_i(N_k + \theta_{ik}\phi_k)e^{s\sigma_{ik}} + C_i + \varepsilon'\sigma'_{ik}$$
  
where  
 $\varepsilon, \varepsilon'$  are gaussian noise sources  
 $\sigma_{ik}, \sigma'_{ik}$  are noise scaling factors



### Noise minimization

Just estimate  $\theta_{ik}$  and parameters given  $PM_{ik}$  using Maximum Likelihood Estimate (MLE).

This is much simpler if we have only one noise term. We can approximate with a single multiplicative noise term:

$$PM_{ik} \cong K_i (N_k + \theta_{ik} \phi_k + F_i) e^{\varepsilon \sigma_{ik}} + C_i - K_i F_i$$



# Final Data Model

$$A_{i}(PM_{ik} + B_{i}) = (N_{k} + \theta_{ik}\phi_{k} + F_{i})e^{\varepsilon_{ik}\sigma_{ik}}$$

where

$$\sigma_{ik} = s_i t_k \& \theta_{ik}$$
 are the same for all probes  $k$  in the same probeset  $j$ .

The corresponding probability density is:

$$P(PM_{ik} \mid \Theta) = \frac{e^{-\varepsilon_{ik}^{2}/2}}{(PM_{ik} + B_i)\sqrt{2\pi\sigma_{ik}^{2}}}$$



# MLE using gradients

Overall log likelihood (no priors):

$$L = \sum_{i,k} \log(PM_{ik} + B_i) + \log(s_i t_k) +$$

$$\log^{2} \left( \frac{A_{i}(PM_{ik} + B_{i})}{N_{k} + \theta_{ik} \phi_{k} + F_{i}} \right) / \left( 2s_{i}^{2} t_{k}^{2} \right)$$

For each parameter  $\theta \in \Theta$ , gradient update :

$$\theta \to \theta - \frac{\partial L/\partial \theta}{\partial^2 L/\partial^2 \theta}$$



### Data Outliers

- Our data model fails for few data points ("bad probes")
  - Soln (1): Improve the model...
  - Soln (2): Discard the outliers
  - Soln (3): Alternate model for the outliers...
     Weight the data approprately.



## Outlier Model

$$P(PM_{ik}) = w_1 P_1(PM_{ik}) + (1 - w_1) P_2(PM_{ik})$$

where

$$P_2(PM_{ik}) =$$
Uniform Distributi on

 $w_1$  = Prior probability that data is NOT outlier.



### Problem with MLE: No unique maxima

The following have no effect on probability:

- 1. Increase all  $F_i$  and decrease all  $N_k$  by C.
- 2. In any probeset j: Increase  $\theta_{ik}$  by N and decrease  $N_k$  by  $N\phi_k$
- 3. Scale all  $A_i, N_k, F_i, \theta_{ik}$  by same factor C
- 4. Scale  $s_i$  and unscale  $t_k$  by same factor C
- 5.In any probeset j: Scale  $\phi_k$  and unscale

 $\theta_{ik}$  by same factor C



# Scaling of MLE estimate

The MLE estimate of  $\theta_{ii}$  must be rescaled:

$$\theta_{ij}^{'} = C_j \theta_{ij} + D_j$$

The correct scaling factors  $C_j$ ,  $D_j$  cannot be inferred from the data model.

However we can use priors on the copy number  $\theta_{ij}$  and the relative frequency of alleles A and B.

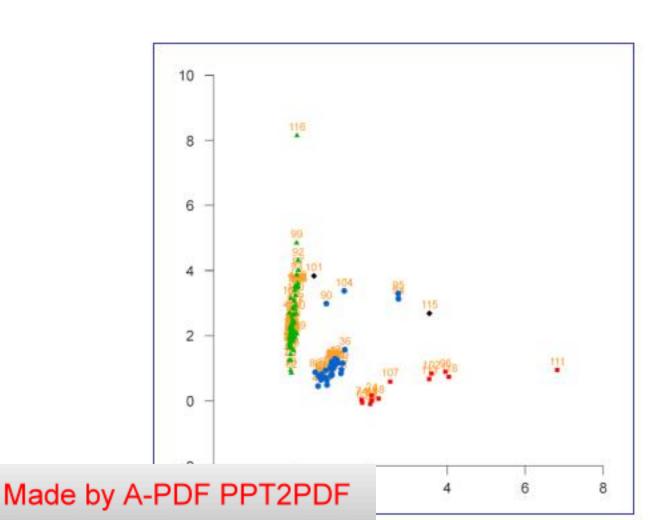


# Segmentation to reduce noise

- The true copy number (Allele A+B) is normally 2 and does not vary across the genome, except at a few locations (breakpoints).
- Segmentation can be used to estimate the location of breakpoints and then we can average all estimated copy number values between each pair of breakpoints to reduce noise.

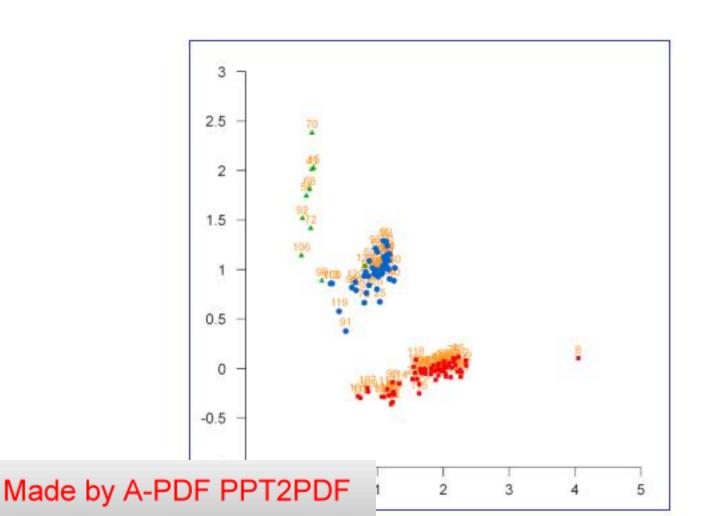


#### Allelic Frequencies: Cancer & Normal





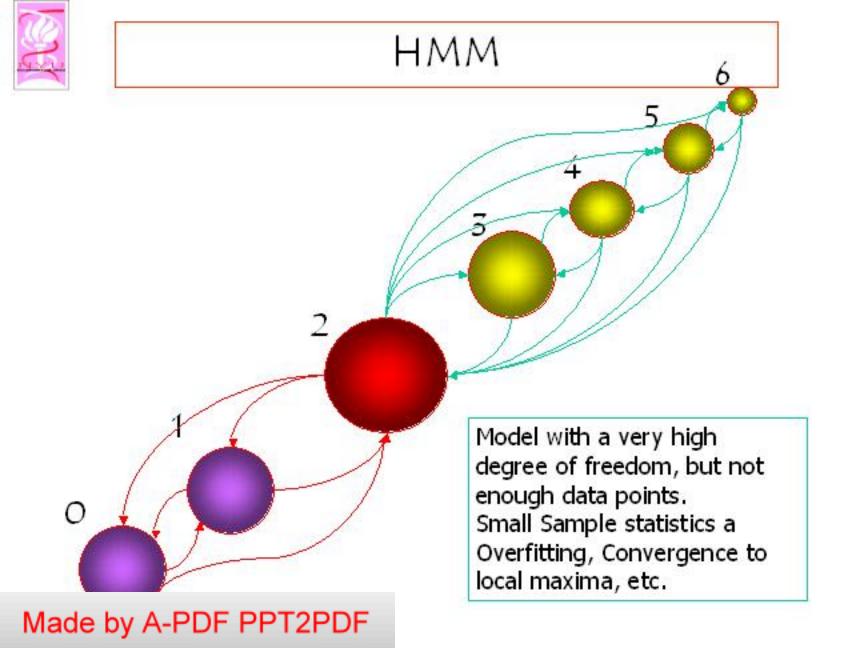
#### Allelic Frequencies: Cancer & Normal





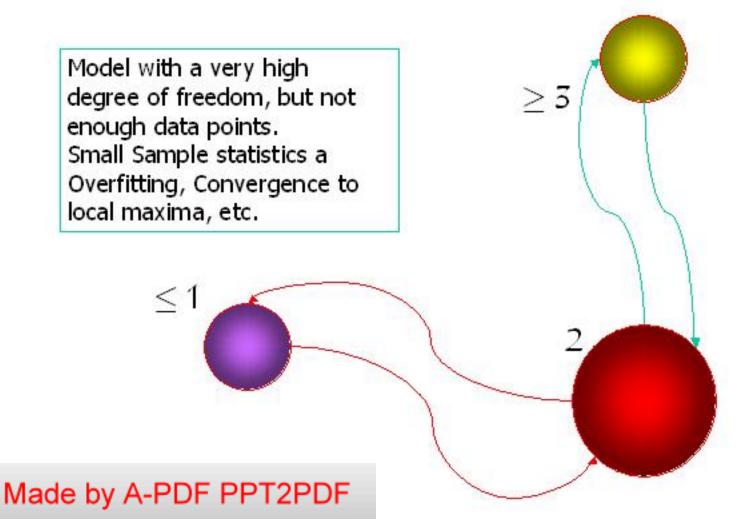
#### Segmentation & Break-Point Detection

- Local Approach
  - Change-point Detection
    - ◊ (QSum, KS-Test, Permutation Test)
- Global Approach
  - HMM models
  - Wavelet Decomposition
- · Bayesian & Empirical Bayes Approach
  - Generative Models
    - (One- or Multi-level Hierarchical)
  - Maximum A Posteriori





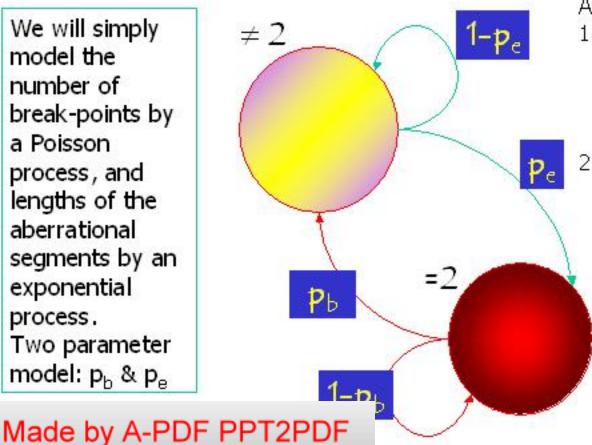
# HMM, finally...





## HMM, last time

We will simply model the number of break-points by a Poisson process, and lengths of the aberrational segments by an exponential process. Two parameter model: p<sub>h</sub> & p<sub>e</sub>

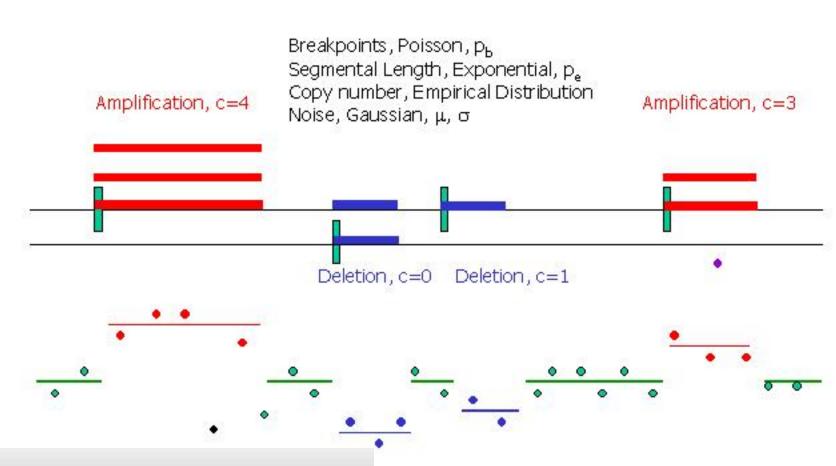


#### Advantages:

- Small Number of parameters. Can be optimized by MAP estimator. (EM has difficulties).
  - Easy to model deviation from Markvian properties (e.g., polymorphisms, power-law, Polya's urn like process, local properties of chromosomes, etc.)

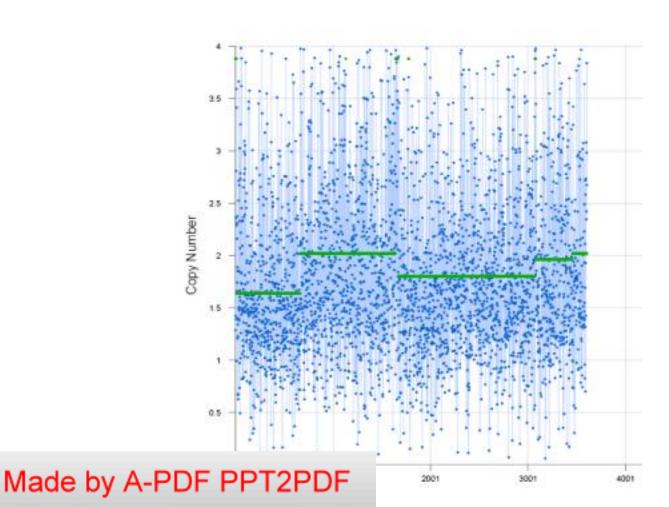


## Generative Model



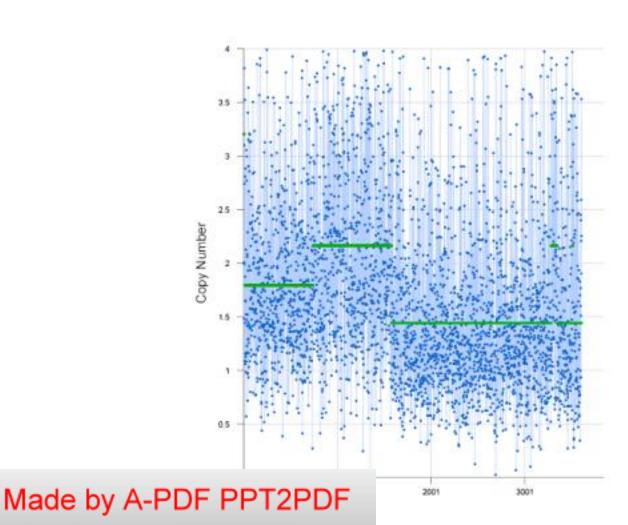


### Segmentation Normal $\chi_7$



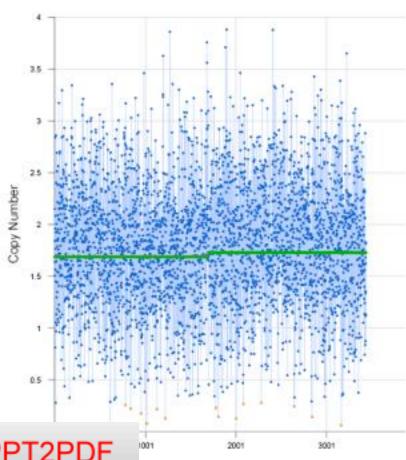


### Segmentation Cancer $\chi_7$



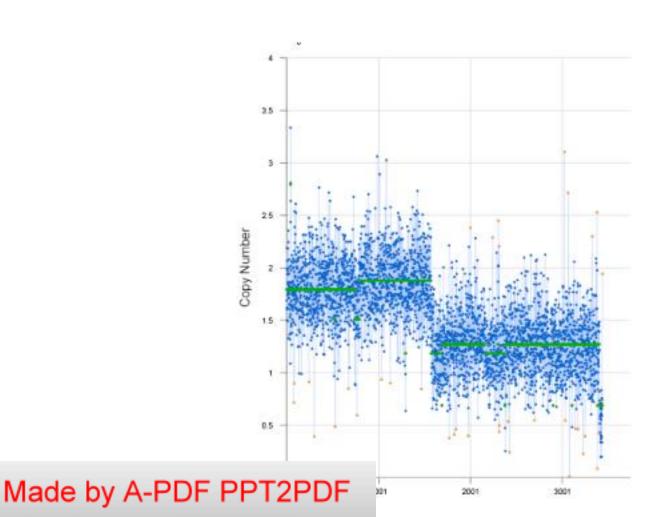


### Corrected Segmentation Normal χ<sub>7</sub>





### Corrected Segmentation Cancer χ<sub>7</sub>





## Likelihood Function

- The likelihood function for first n probes:
- $L(\langle i_1, \mu_1, ..., i_k, \mu_k \rangle)$   $= Exp(-p_b n) (p_b n)^k$

× 
$$(2 \pi \sigma^2)^{(-n/2)} \prod_{i=1}^n \exp[-(v_i - \mu_i)^2/2\sigma^2]$$
  
×  $p_e^{(\#global)} (1-p_e)^{(\#local)}$ 

- Where ik = n and i belongs to the jth interval.
- Maximum A Posteriori algorithm
   (implemented as a Dynamic Programming Solution) optimizes L to get the best segmentation
- $\diamond L(\langle i^*_1, \mu^*_1, ..., i^*_k, \mu^*_k \rangle)$



# Dynamic Programming Algorithm

- Generalizes Viterbi and Extends.
- Vses the optimal parameters for the generative model:
- Adds a new interval to the end:
- $\langle i_1, \mu_1, \dots, i_k, \mu_k \rangle \circ \langle i_{k+1}, \mu_{k+1} \rangle = \langle i_1, \mu_1, \dots, i_k, \mu_k, i_{k+1}, \mu_{k+1} \rangle$
- Incremental computation of the likelihood function:

- Log L(
$$\langle i_1, \mu_1, ..., i_k, \mu_{k_i} i_{k+1}, \mu_{k+1} \rangle$$
)  
= -Log L( $\langle i_1, \mu_1, ..., i_k, \mu_k \rangle$ )

- + new-res./ $2\sigma^2$  Log(p<sub>b</sub>n) +(i<sub>k+1</sub> i<sub>k</sub>) Log ( $2\pi\sigma^2$ )
  - $(i_{k+1} i_k) [I_{dlobal} Log p_e + I_{local} Log (1 p_e)]$

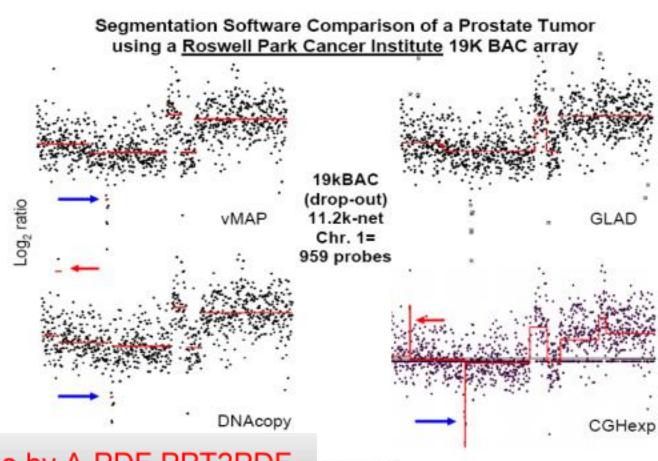


# Segmentation Analysis

NAME	Algorithm	Front-end	Published
VMAP	Bayes / t-statistic	WEB	Daruwala et al. PNAS Sci U S A, 2004
DNAcopy	Circular binary segmentation	R, Java	Olshen, AB et al. Biostatistics, 2004
GLAD	Adaptive Weights Smoothing	R, Java	Lingjaerde, OC et al. Bioinformatics, 2005
CGH-explorer	Analysis of Copy Errors	Java	Hupe, P et al. Bioinformatics, 2004
Recent reviews:	Willenbrock & Fridlyand, Bioinformatics, 2005; Weil et al. Bioinformatics, 2005		



## Comparative Analysis: BAC Array

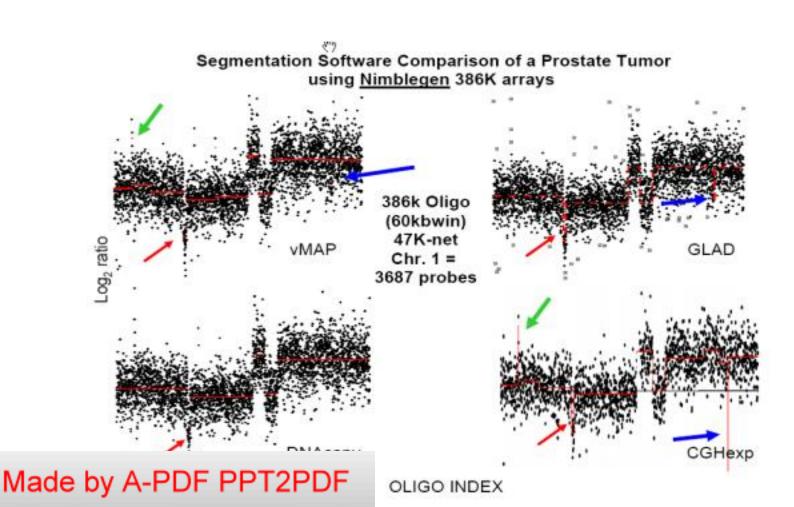


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AC INDEX

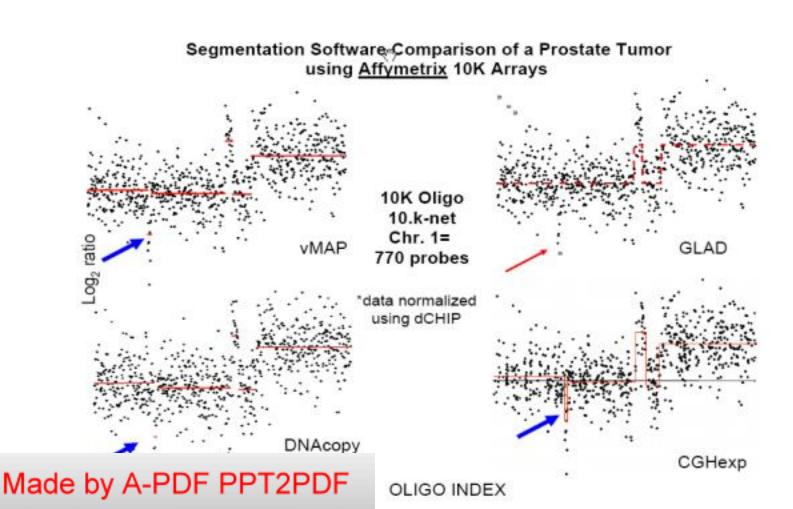


# Comparative Analysis: Nimblegen





# Comparative Analysis: Affy 10K





## Simulated Data

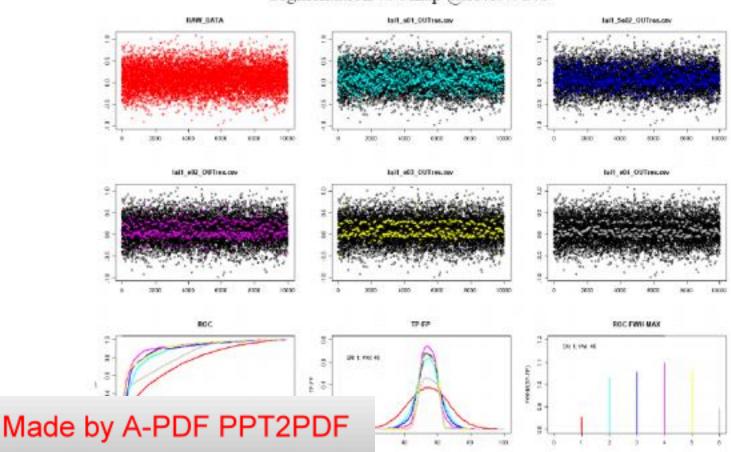
- Array CGH simulations and an "ROC analysis"
  - Using the same scheme as Lai et al.
    - Weil R. Lai, Mark D. Johnson, Raju Kucherlapati, and Peter J. Park (2005), "Comparative analysis of algorithms for identifying amplifications and deletions in array CGH data," Bioinformatics, 21(19): 3763-3770.
- Segmented by Vmap and DNAcopy
  - Vmap algorithm was tested at 11 segmentation Pvalues of:

     0.1, 5 10-2, 10-2, 10-3, 10-4, ..., 10-10.
  - DNAcopy algorithm was tested at 9 segmentation alpha values of: .9, .5, .1, 10-2, 10-3, 10-4, ..., 10-7.
- Analysis by Alex Pearlman et al. (2006)



#### VMAP

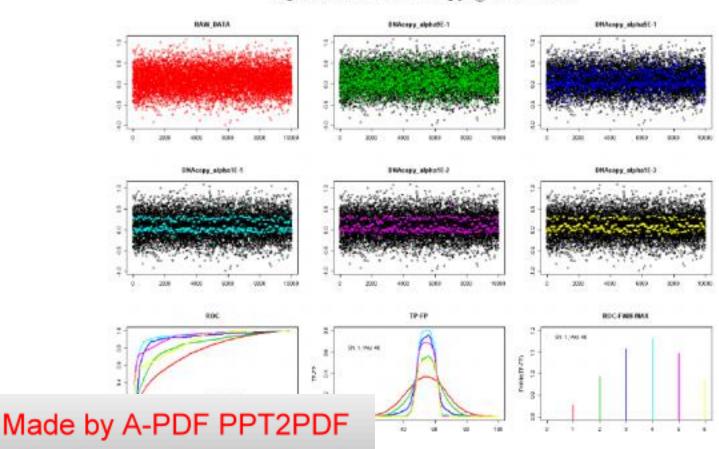
#### Segmentation w/Vmap @SN1:Wd40

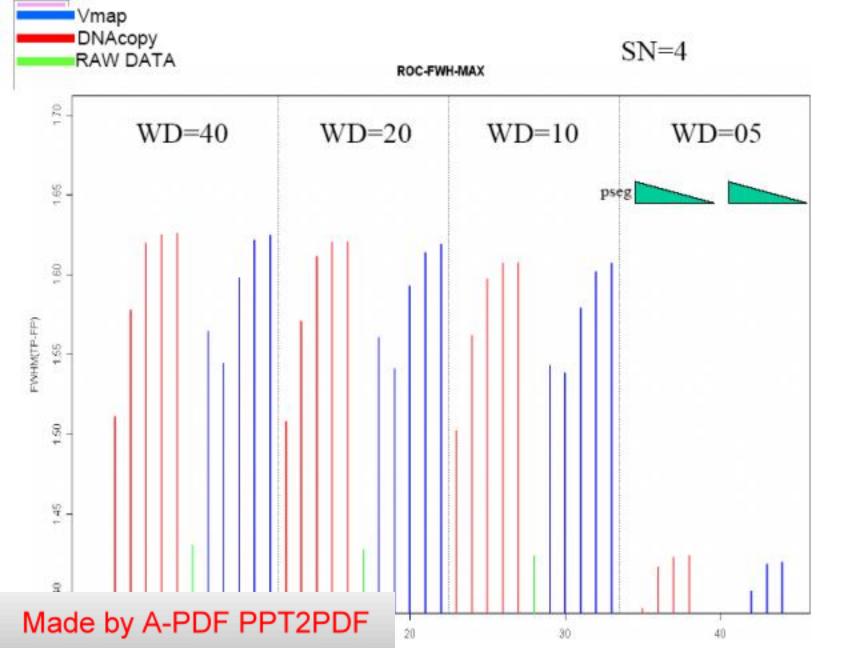




# DNACopy

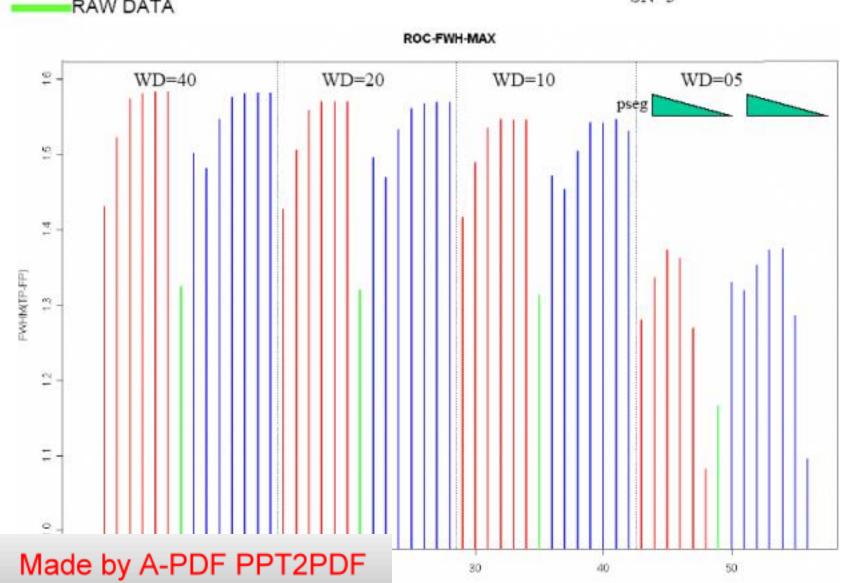
#### Segmentation w/DNAcopy @SN1:Wd40

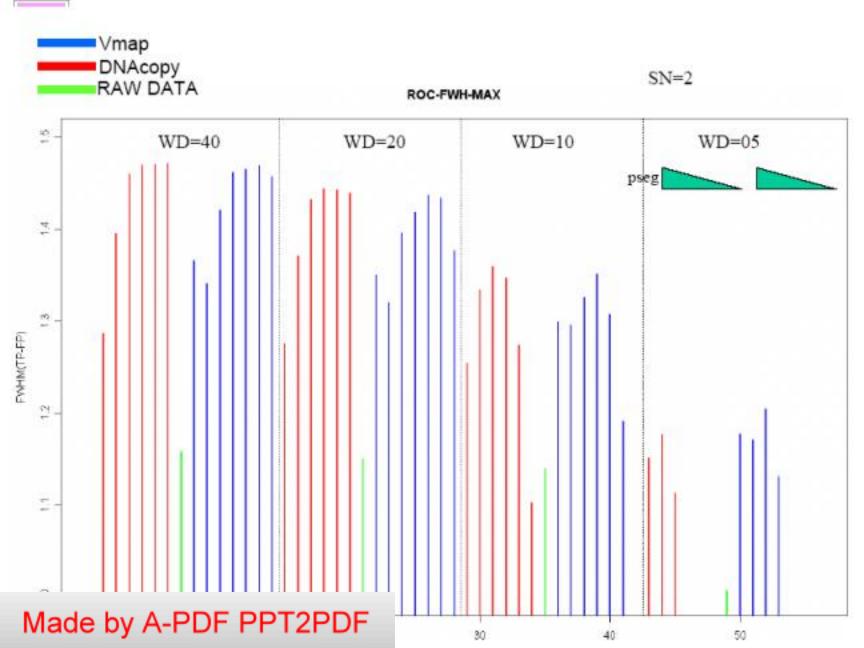


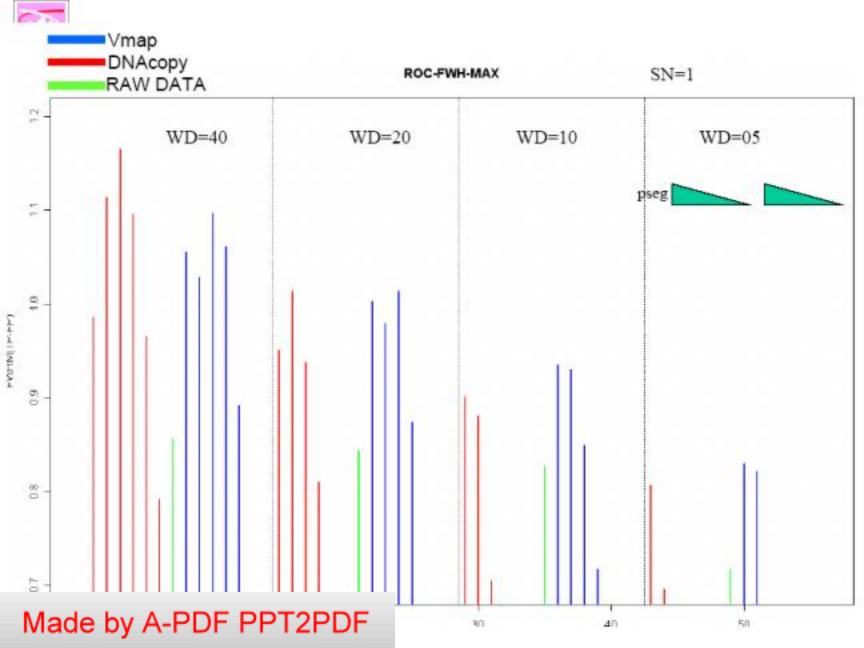




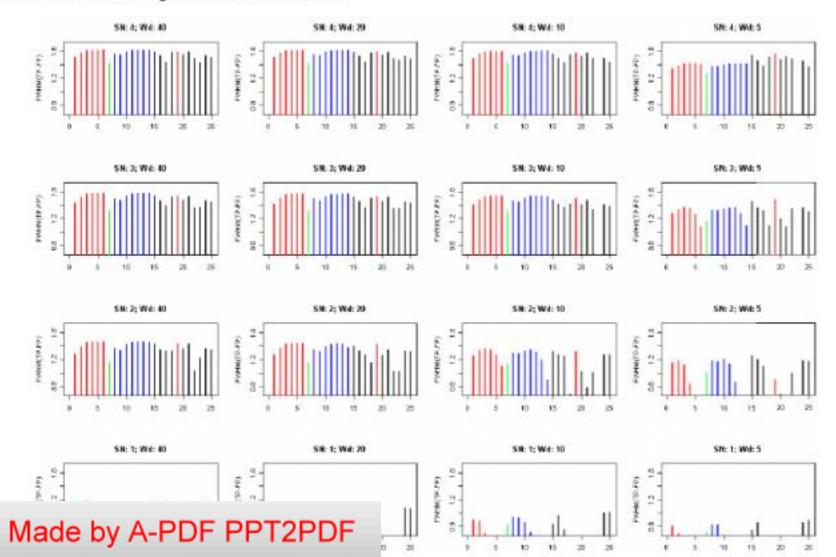
SN=3







■All other algorithms from Lai etal





#### Cancer Initiation and Progression

Genomics (Mutations, Translocations, Amplifications, Deletions)

Epigenomics (Hyper & Hypo-Methylation)

Transcriptomics (Alternate Splicing, µRNA)

Proteomics (Synthesis, Post-Translational Modification, Degradation)

Signaling

Cancer Initiation and Progression

Proliferation, Motility, Immortality, Metastasis, Signaling

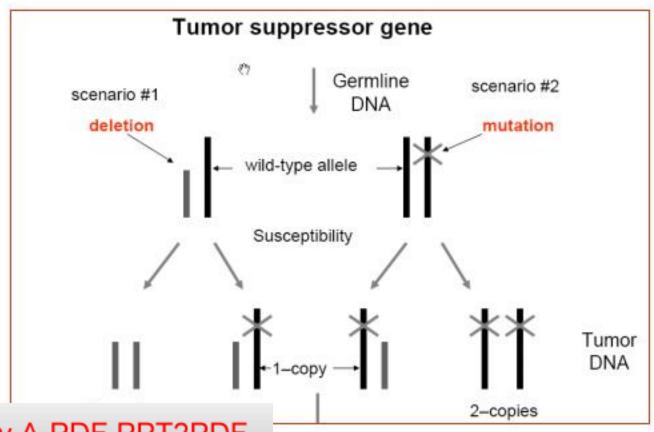


## Finding Cancer Genes

- LOH/Deletion Analysis analysis
- Hypothesize a TSG (Tumor Suppressor Gene)
- Score function for each possible genomic region containing the TSG
  - Evolutionary history
  - Interactions
  - Parameters
- This score can be computed using estimation from data and also prior information on how the deletions arise. We use a simple approximation; we assume there is a Poisson process that generates breakpoints along the genome and an Exponential process that models the length of the deletions.



## Genetics of LOH





#### Relative Risk Score

 For an interval I (set of consecutive probes) we define a multipoint score quantifying the strength of associations between disease and copy number changes in I.

$$RR_{\rm f} = \ln \frac{P({\rm disease} \mid A)}{P({\rm disease} \mid \overline{A})} = \ln \left( \frac{P(A \mid {\rm disease})}{P(\overline{A} \mid {\rm disease})} \times \frac{P(\overline{A})}{P(A)} \right)$$

$$= \ln \frac{P(A \mid {\rm disease})}{P(\overline{A} \mid {\rm disease})} - \ln \frac{P(A)}{P(\overline{A})}$$
where A is the event "I amplified" (for oncogenes) and

suppressor genes).



## Relative Risk Score (cont)

The first part can be estimated from data:

$$\frac{P (A \mid disease)}{P (\overline{A} \mid disease)} = \frac{n_A}{n_{\overline{A}}}$$

P(A | disease)

The second part depends on the marginal probability of amplification (for oncogenes) and deletion (for tumor suppressor denes)



## Relative Risk Score: Marginal

- In order to compute the marginal, we rely on the generative model assumed to have produced the data, as follows:
  - Breakpoints occur as a Poisson process at a certain rate  $\mu_a$ ,  $\mu_d$
  - At each of these breakpoints, there is an amplification / deletion with length distributed as an Exponential random variable with parameter  $\lambda_a$ ,  $\lambda_d$



# Relative Risk Score: Marginal

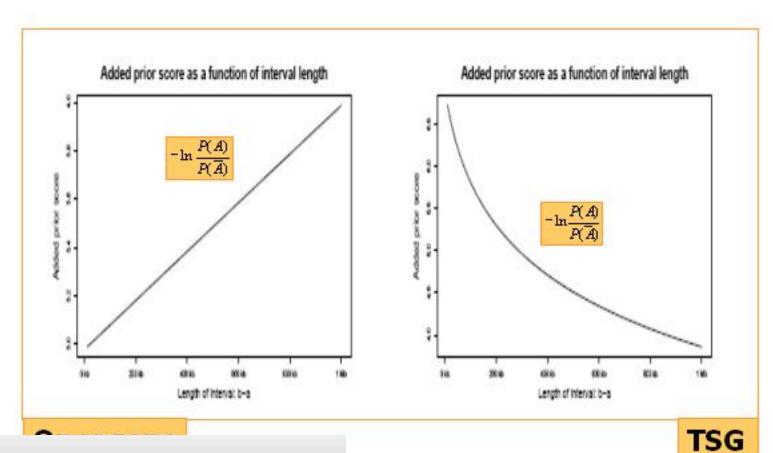
 Assuming the generative process above, we can compute the second part. It depends on the parameters of the Poisson and Exponential random variables. These parameters are estimated from data.

1. 
$$P([a,b] \text{ amplified}) = 1 - e^{-\mu a e^{-\lambda(b-a)} \frac{1 - e^{-\lambda a}}{2\lambda a}} e^{-\mu(G-b)e^{-\lambda(b-a)} \frac{1 - e^{-\mu(G-b)}}{2\mu(G-b)}}$$

 $e^{-\mu(b-a)}e^{-\mu a\frac{1-e^{-\lambda a}}{2\lambda a}}e^{-\mu(G-b)\frac{1-e^{-\mu(G-b)}}{2\mu(G-b)}}$ 



#### Prior Score





## Finding the Cancer Genes

 So far we have shown how to compute the score for a certain genomic intervals

Intervals with high scores are interesting

- Given a larger genomic region, for example a chromosome arm, we compute the scores for all possible intervals up to a certain length
- The maximum scoring interval in a region is the most likely location for a cancer gene
- We propose two methods to estimate the location of possible cancer genes in this region:

The Max method &

The LR (left-right) method



## High Scoring Intervals

- High scoring intervals are obvious candidates for cancer genes.
  - We assign significance based on the estimated number of breakpoints in a genomic region with high score.
  - We obtain an approximate p-value using results from scan statistics.



## Finding the TSG

- The Max Method: choose the maximum-scoring interval as the candidate tumor suppressor gene: namely, that interval I with maximum RR<sub>I</sub> deleted in a genomic region of interest (e.g., a chromosome or a chromosomal arm) is the most plausible location of a causative tumor suppressor gene
  - The LR method: estimate the left margin and the right margin of the tumor suppressor gene as follows. We assign two scores, SL<sub>x</sub> and SR<sub>x</sub>, to a marker x ∈ [0, G]. The former, SL<sub>x</sub>, is the confidence that the point x is the left margin of a tumor suppressor gene and the latter, SR<sub>x</sub>, is the confidence that the point x is the right margin of a tumor suppressor gene. These scores are defined as follows:

$$SL_x = \sum_{I \in IC_x} RR_I \text{ deleted},$$

where  $IL_x$  is the set of intervals that have as the left margin marker x. Similarly,

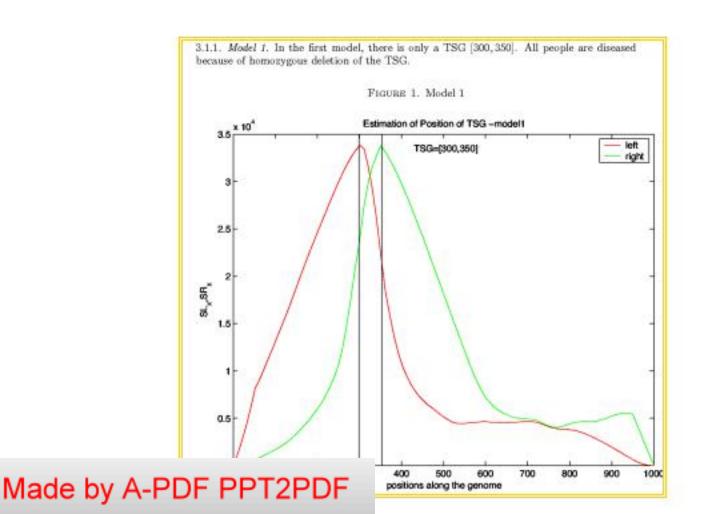
$$SR_x = \sum_{I \in IR_x} RR_I \text{ deleted},$$

where  $IR_x$  is the set of intervals with the right margin x.

 Using these two scores we can obtain an estimation of the true position of the tumor suppressor gape as follows: As left (respectively, right) margin we choose vely, SR<sub>r</sub>) score.

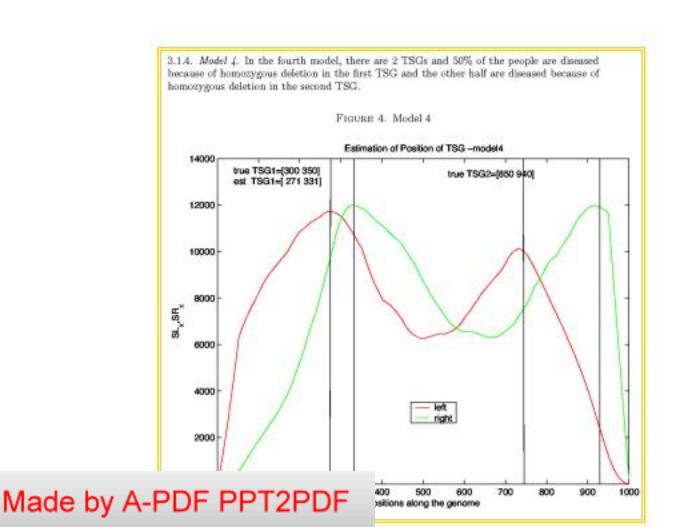


## Model Simulation





## Model Simulation





# Significance Testing

- We now know how to estimate the most likely location of a cancer gene in a genomic region of interest.
  - Call the interval Imax

# Is this finding statistically significant?

 We rely on an empirical way to compute an approximate p-value



# Significance Testing (for TSG)

- The p-value is estimated from the observed distribution of breakpoints along the chromosome
  - Intuitively, in the null hypothesis, which
    assumes that no tumor suppressor gene
    resides on the chromosome, the breakpoints
    are expected to be uniformly distributed
  - However if indeed Itsg is a tumor suppressor gene, then its neighborhood should contain an unusually large number of breakpoints, signifying a region with many deletions



#### Scan Statistics

If N is the total number of breakpoints on the chromosome and k is the number of breakpoints in I<sub>tsg</sub>, then we can compute the probability of observing k out of N breakpoints in a window of length II<sub>tsg</sub>I(=w) if these breakpoints are uniformly distributed ≥ p-value

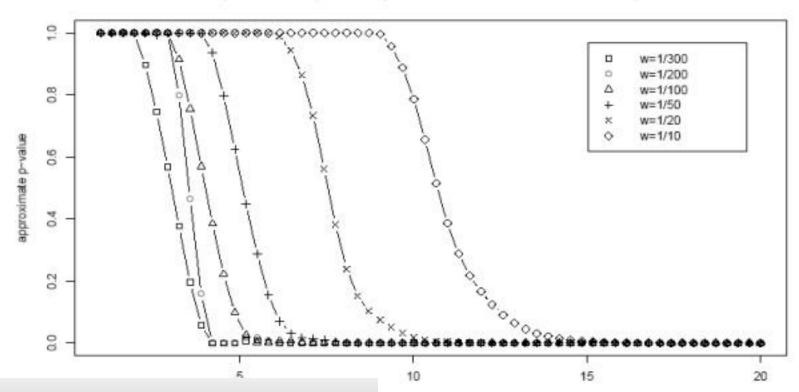
$$P(S_{w} \ge k) \approx (kw^{-1} - N - 1)b(k; N, w) + 2G_{b}(k; N, w) \text{ where}$$

$$b(k; N, w) = C(n, k)w^{k}(1 - w)^{N-k} \text{ and } G_{b}(k; N, w) = \sum_{i=k}^{N} b(i; N, w)$$



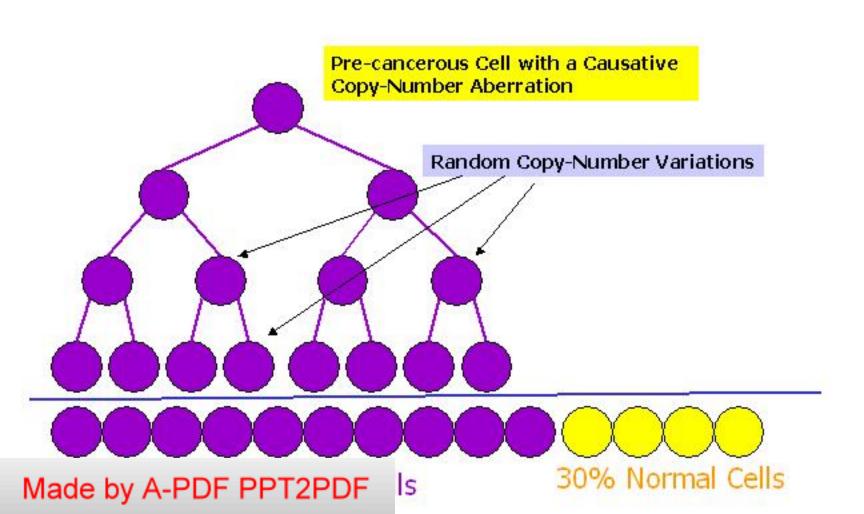
#### Scan Statistics

#### p-values for (k=#breakpoints in window, w=size of window)





## Simulation Model





#### Results - Simulated Data

- We simulated data on diseased people assuming different scenarios. We vary the relative proportions of types of patients in a sample; some patients are diseased because of homozygous deletions of the tumor suppressor gene (a), other because of hemizygous deletions (b) and the rest are diseased because of other causes (c).
- We measure the performance using the Jacard measure of overlap between the estimated TSG and the true position:

$$J(E,T) = \frac{|E \cap T|}{|E \cup T|}$$



#### Results

Model	$P_{\text{homozygous}}$	$p_{\text{hemizygous}}$	$p_{\text{sporadic}}$
1	100%	0%	0%
2	50%	50%	0%
3	0%	100%	0%
4	50%	0%	50%
5	25%	25%	50%
6	0%	50%	50%

Table 1: Six simulated models.

Model	Jaccard M. LR	Jaccard M. Max	Sensitivity LR	Sensitivity Max
1	$0.82 \pm 0.11$	$0.72 \pm 0.23$	$0.80 \pm 0.08$	$0.79 \pm 0.10$
-2	$0.84 \pm 0.12$	$0.67 \pm 0.24$	$0.69 \pm 0.10$	$0.67 \pm 0.13$
3	$0.84 \pm 0.10$	$0.62 \pm 0.30$	$0.56 \pm 0.11$	$0.54 \pm 0.13$
4	$0.74 \pm 0.15$	$0.23 \pm 0.19$	$0.80 \pm 0.14$	$0.69 \pm 0.12$
5	$0.73 \pm 0.16$	$0.33 \pm 0.25$	$0.69 \pm 0.12$	$0.59 \pm 0.16$
6	$0.74 \pm 0.17$	$0.26 \pm 0.25$	$0.54 \pm 0.12$	$0.46 \pm 0.12$

Table 2: Overlap between true location and estimated location of the TSG and the resulting sensitivity. Average inter-marker distance is 10 Kb.

Model	Jaccard M. LR	Jaccard M. Max	Sensitivity LR	Sensitivity Max
1	$0.70 \pm 0.15$	$0.44 \pm 0.27$	$0.59 \pm 0.16$	$0.56 \pm 0.16$
2	$0.70 \pm 0.19$	$0.38 \pm 0.30$	$0.46 \pm 0.14$	$0.43 \pm 0.15$
3	$0.68 \pm 0.20$	$0.43 \pm 0.30$	$0.38 \pm 0.14$	$0.34 \pm 0.16$
+	$0.60 \pm 0.21$	$0.25 \pm 0.21$	$0.60 \pm 0.18$	$0.55 \pm 0.15$
5	$0.65 \pm 0.20$	$0.24 \pm 0.22$	$0.46 \pm 0.15$	$0.40 \pm 0.14$
6	$0.58 \pm 0.28$	$0.27 \pm 0.28$	$0.37 \pm 0.15$	$0.33 \pm 0.14$

Table 3: Overlap between true location and estimated location of the TSG and the resulting sensitivity. Average inter-marker distance is 20 Kb.



#### Results

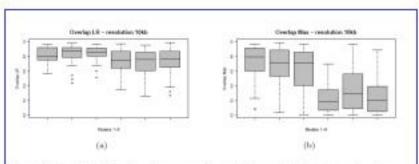


Figure 2: Boxplots of the Jaccard measure of overlap for each of the six models. Average inter-marker distance is 10 Kb. (a) LR, (b) Max.

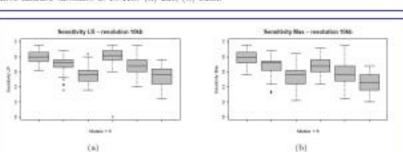


Figure 3: Bexplots of the sensitivity measure for each of the six models. Average intermarker distance is 10 Kb. (a) LR, (b) Max.

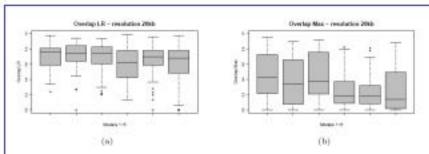


Figure 4: Boxplots of the Jaccard measure of overlap for each of the six models. Average inter-marker distance is 20 Kb. (a) LR, (b) Max.

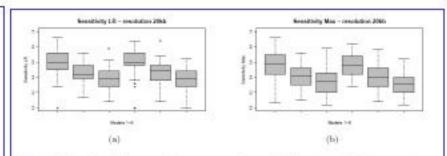


Figure 5: Boxplots of the sensitivity measure for each of the six models. Average intermarker distance is 20 Kb. (a) LR. (b) Max.



## Lung Cancer Dataset

- Dataset of Zhao et al. 2005
  - 70 lung tumors
  - DNA copy number changes across 115,000 SNPs
- First, we infer the copy-number values at these probes and decide which of them are deleted or amplified...



#### Results

- Most of the regions detected have been previously reported as implicated in lung cancer (e.g. 5q21, 14q11).
- Most significantly, some of the intervals found overlap some good candidate genes, that may play a role in lung cancer (e.g. MAGI3, HDAC11, PLCB1).
- Also, the regions 3q25 and 9p23 have been found for the first time to be homozygously deleted by Zhao et al. (2005).



**TSG** 

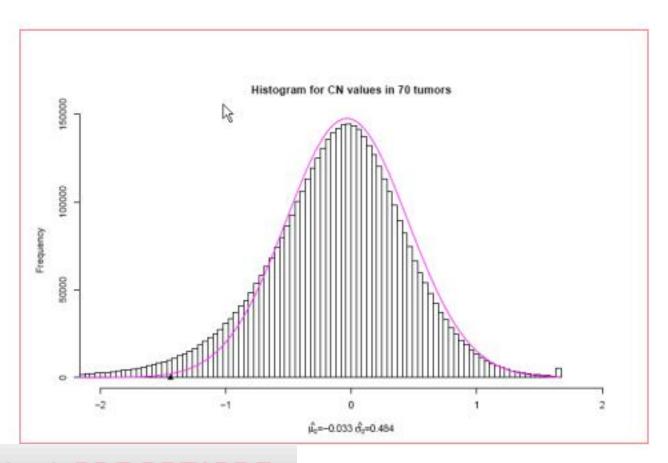
	Chromosome	Comments
	1p13.2	MAGI3
	3p25.1	HDAC11
	3q25.1	Homozygous Del
í	4q34.1	Del Lung Cancer
m	5q14.1	
	5q21.3	Del Lung Cancer
	16q24	CDH13
	17q21	BRCA1, HDAC5
	19p13.3	LKB1
	20p12	PLCB1
hv	A-PDF PPT2PD	:   Lung Cancer



	Chromosome	Comments
	3q28	Over-expression in LC
	5p15.3	LOC389267 (similar to MUC4)
Onco- gene	6p22.3	/VIUC4/
	8q24	PVT1/MYC
	11p15	OR51A2
	12p11	Amplification in Zhao et al. (2005)
	20q11.23	Amplification in Zhao et al. (2004)

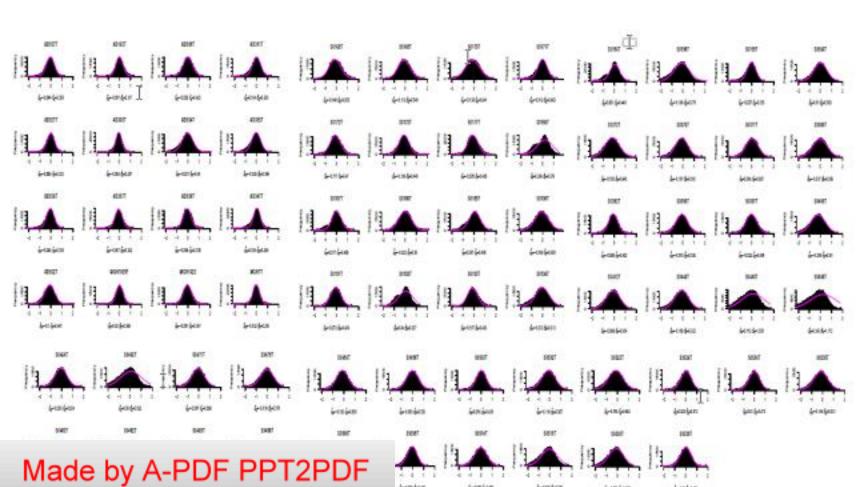


# Copy Number Data





## All 70 Patients





#### Breast Cancer Dataset

- We tested our algorithm on a real dataset on breast cancer (Pollack et. al 2002).
  - The dataset consists of DNA copy number changes across 6,691 human genes in 44 primary breast tumors and 15 breast cancer cell lines.
  - We detected several interesting regions, many of which have previously been implicated in breast cancer or other cancers.



## Results-Breast Cancer

Chromosome	Exact interval	p-value	Previous findings in literature
1q24.2	$165.9 - 166.0 \mathrm{Mb}$	$4.8 \cdot 10^{-6}$	
2p24.2-2p24.3	15.8 Mb	$1.3 \cdot 10^{-5}$	TALL OF THE PROPERTY OF THE PARTY OF THE PAR
4q25	112.1 - 112.7Mb	$8.6 \cdot 10^{-6}$	-harbours TSGs (Wang et al., [16])
5p13.2	34.6 - 35.3 Mb	$5 \cdot 10^{-6}$	-del - Bladder C. (Boehm et al., [1]);
			-DOC2 is a putative TSG in Ovarian C.
6p25	642 - 723 Kb	$6 \cdot 10^{-3}$	-del - Cervical C. (Chatterjee et al., [2]
7p14.2	36.40 - 36.44Mb	$10^{-6}$	-del - Breast C. (Kurose et al., [9])
11q12-11q13	61.8Mb	10-6	-BRMS1 - metastasis suppressor gene maps to 11q13
			-putative TSG located in this region
			(INT-2/PYGM) (Zhuang et al., [18])
16p13.3	261 - 381Kb	$5.4 \cdot 10^{-6}$	-TSC2/PKD1 region del in Breast C. (Lininger et al., [11])
17p13.1	7.82 - 7.87 Mb	$3 \cdot 10^{-4}$	-TP53, GABARAP ([7]) map to this region
19p13.13	$12.90 - 12.94 \mathrm{Mb}$	$4 \cdot 10^{-3}$	-del - Breast C. (Yang et al., [17])
20p12.3	8.20 - 8.36 Mb	$6 \cdot 10^{-8}$	-del - Breast C. (Li et al., [10])
22q12.3	29.80 - 34.40Mb	$7 \cdot 10^{-2}$	-del - Lioblastomas and others; putative TSG on 22q12.3:
27			TIMP3 (Nakamura et al., [12]);
			-NF2 (neurifibromatosis 2) on 22q12.2
Xq24-Xq25	119.8 - 121.3 Mb	$1.8 \cdot 10^{-2}$	-Xq25 del in Breast C. (Piao and Malkhosyan, [13])

Table 4: Significant Deleted Regions on the Real Dataset. Pointwise p-values are given for each region. In order to obtain a chromosomal p-value of 0.05 using a Bonferroni ultiplied by 10.



#### Extensions

- Combining with Gene Expression data
  - Uses a pathway model (Inferred with a Truncated Stein Shrinkage)
  - Uses Scan-statistics on a graph to determine genes associated with CNVs, cascades in pathways, & "Others" (mutations, translocations or epigenomics)
- Generalizes to other datasets (e.g. proteomics etc.)

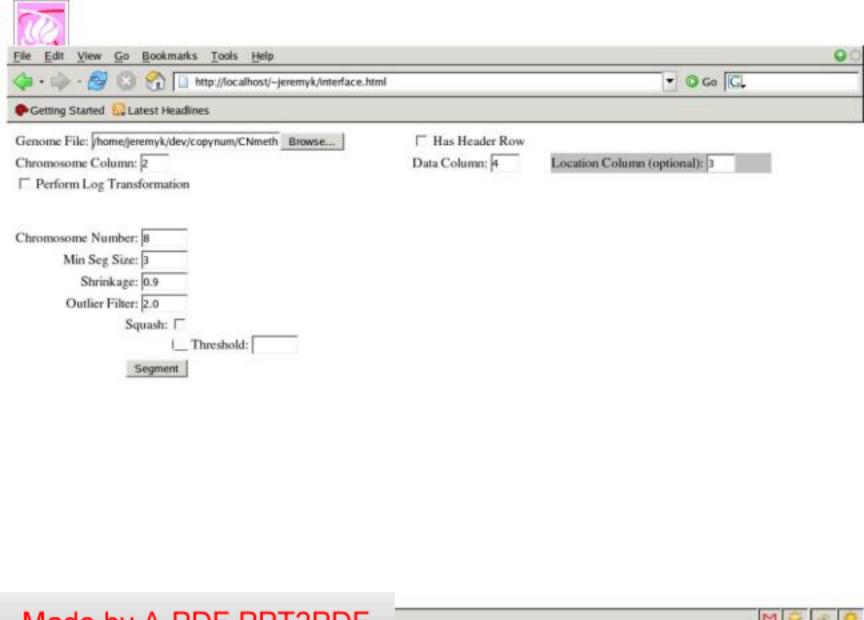


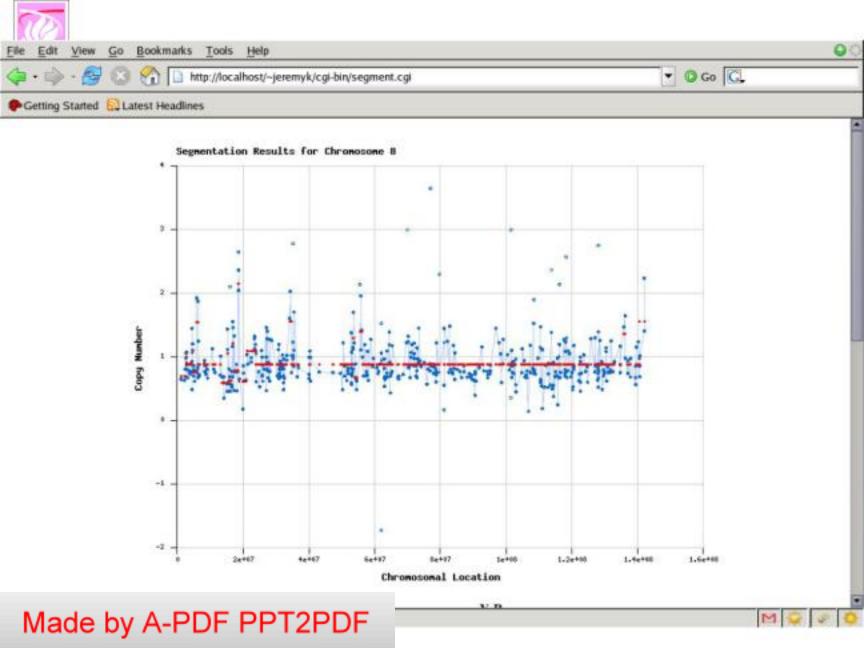
### Software Architecture

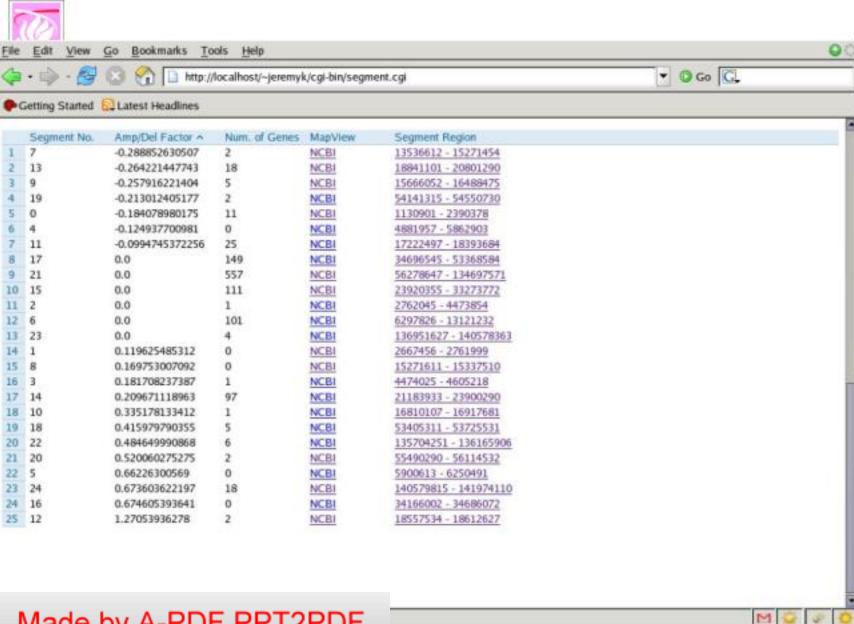


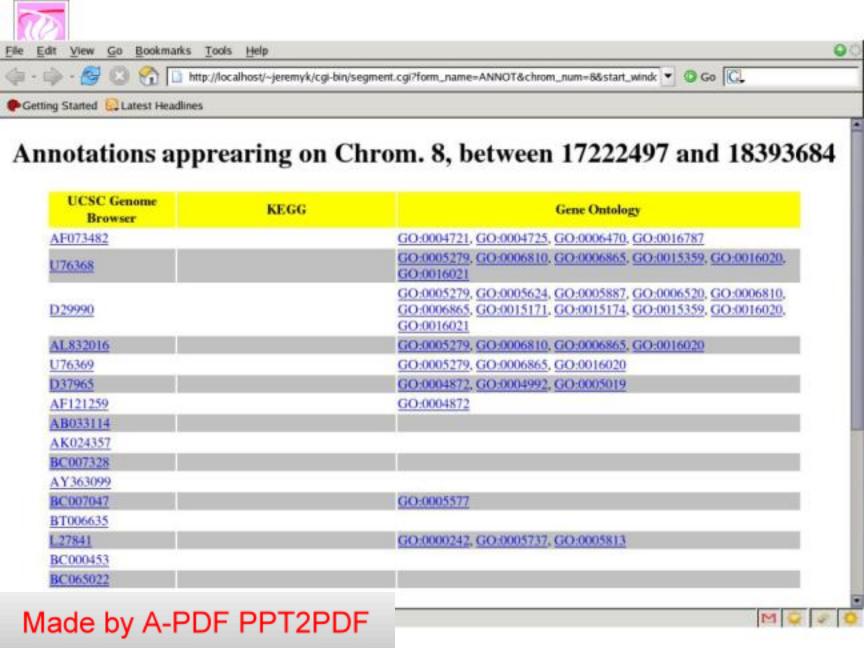
#### Current Implementation

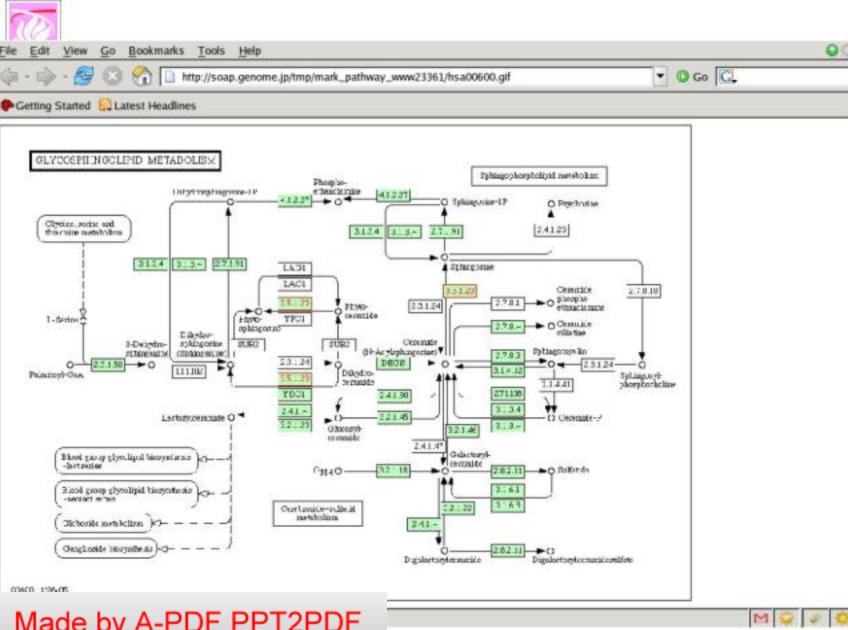
- NYU Array CGH
- Agnostic to Technology:
  - Works well for BAC array, ROMA, Agilent, Affymetrix
  - Raw Affymetrix data is noisier, but our new algorithm for "background correction and summarization (BCS)" makes Affymetrix-data significantly better.
- Scalable: Fast implementation, with visualization and integration (Publicly Available)
- Generalized Global Analysis (LOH analysis, detecting TSG and oncogenes)





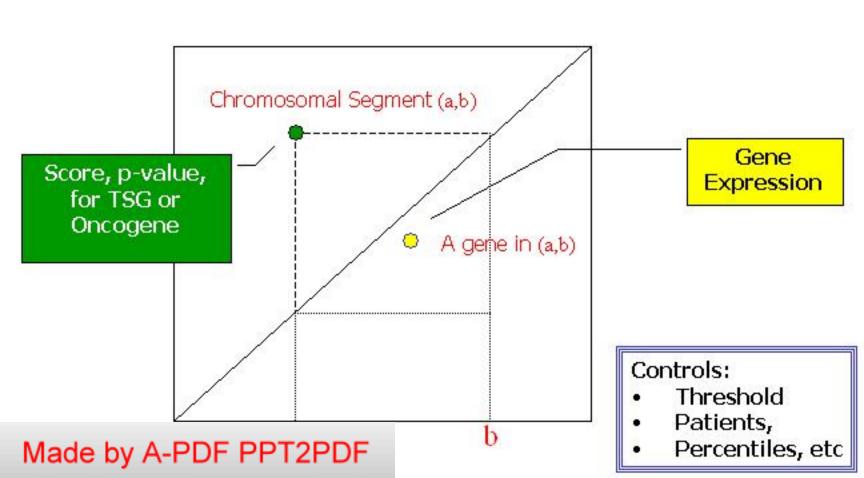








# Display





### Preliminary Analysis

- 22 32530895 33077888; pvalue: 1.310680e-01
  - LARGE like-glycosyltransferase
  - GOOD CANDIDATE?
  - "The function of this gene has not yet been established; however, it may involve a role in tumorspecific genomic rearrangements. Mutations in this gene may be involved in the development and progression of meningioma through modification of ganglioside composition and other glycosylated molecules in tumor cells."
  - http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=g --ene&cmd=retrieve&dopt=full\_report&list\_uids=9215



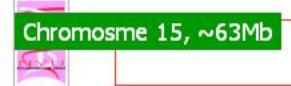
### Preliminary Analysis

- 9 5890426 6019644; pvalue: 4.344025e-44
  - MLANA melan-A
  - role is unclear
  - Entrez gene: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=g ene&cmd=retrieve&dopt=full\_report&list\_uids=2315
    - Paper 1: "Newly established clear cell sarcoma (malignant melanoma of soft parts) cell
      line expressing melanoma-associated Melan-A antigen and overexpressing C-MYC
      oncodene."—? Melan-A is expressed in sarcoma?
    - http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed&cmd=Retrieve&list\_uids =12072203
    - Paper 2: "The lack of melanoma -associated antigen (MAA) expression has been
      associated with the reduced overall survival in melanoma patients"
    - -- lower expression --> lower survival rate
    - http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed&cmd=Retrieve&list\_uids =153O5155

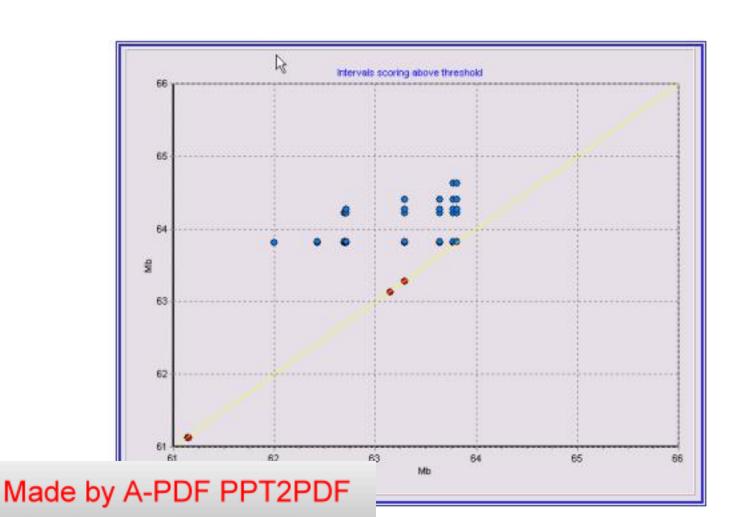


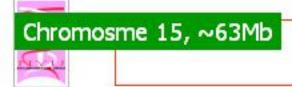
### Preliminary Analysis

- 15 63803230 63817520;pvalue: 1.433303e-33
  - DENND4A DENN/MADD domain containing 4A
  - "c-myc promoter binding protein"
  - http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=g ene&cmd=retrieve&dopt=full\_report&list\_uids=1026
     O
  - interacts with TP73, tumor protein 73
  - http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=g ene&cmd=Retrieve&dopt=full\_report&list\_uids=7161

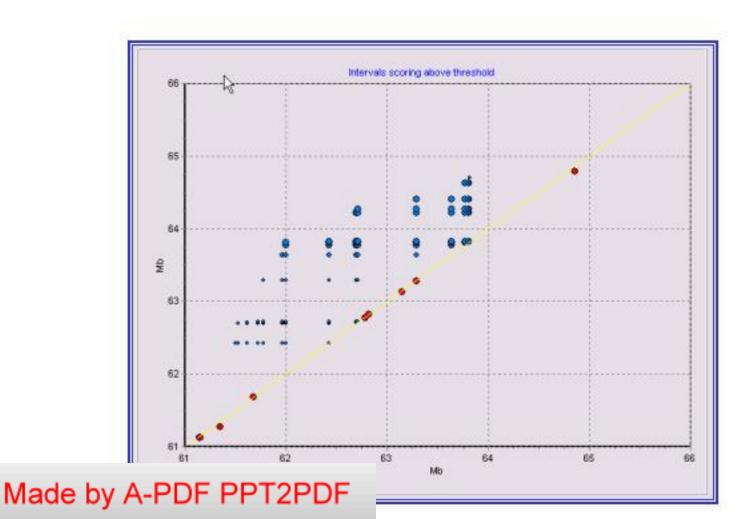


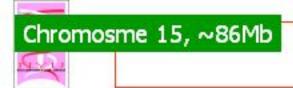
## Example



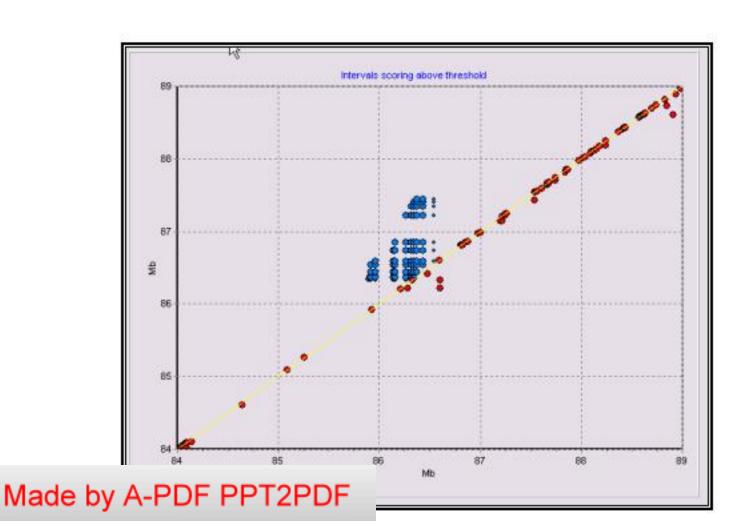


## Example





## Example



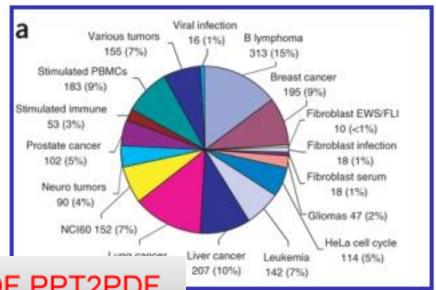


# Global Maps



#### Data

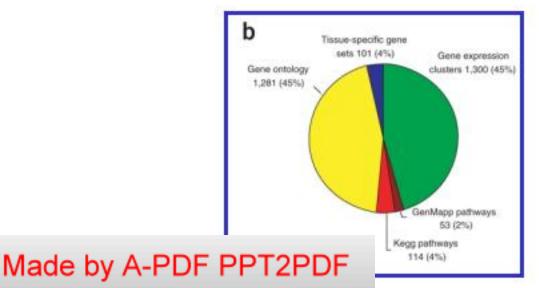
- 14,145 genes
- 1,975 microarrays
- spanning 17 categories (according to the condition they present)





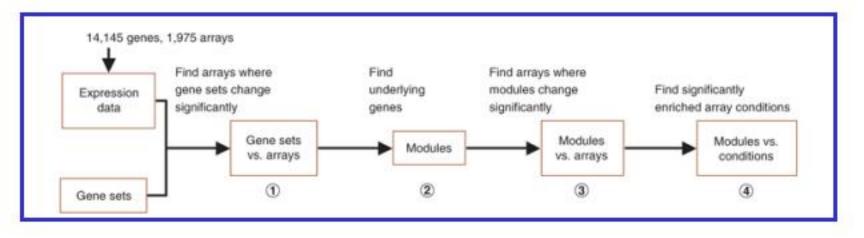
#### Data (contd.)

- 2,849 biologically meaningful gene sets
  - coexpressed genes
  - genes expressed in specific tissue types
  - genes belonging to the same functional category or pathway





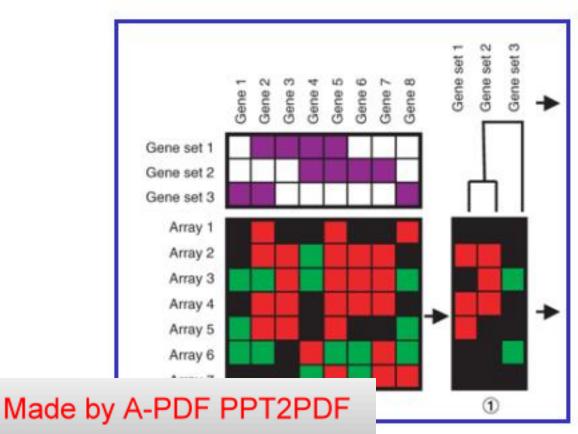
### Computational Pipeline





#### Step 1

#### Find arrays where gene sets change significantly



Repressed Induced



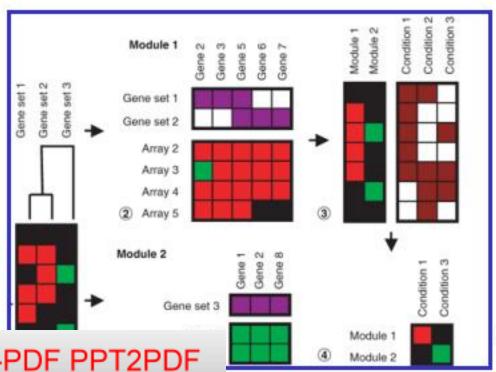
#### From Gene Sets to Modules

- Gene sets reflect biological modules only approximately
- Only a subset of genes in a set may contribute to its expression signature
- Different gene sets may have similar signature across the arrays
  - Overlap btw the gene sets
  - coregulation of nonoverlaping gene sets
- Module: combines several related gene sets



#### Steps 2-4

- Find arrays where modules change significantly
- Find significantly enriched array conditions

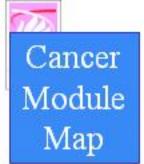


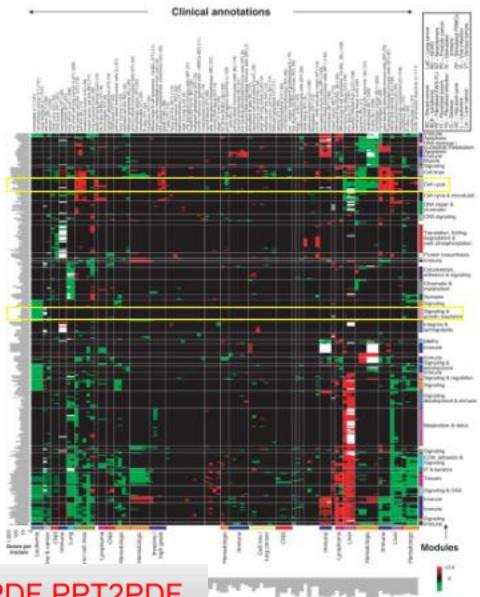
Repressed Induced



#### Modules and Conditions

- 456 statistically significant modules, spanning various processes and functions
  - metabolism, transcription, translation
  - growth, cell cycle, apoptosis
- 263 biological and clinical conditions
  - tissue and tumor type
  - diagnostic and prognostic information





Cell cycle

Signaling& growth regulation



#### Some Observations

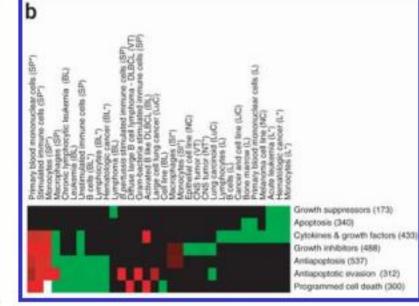
- Some modules are shared across multiple tumor types
  - cell cycle
- Some modules are more specific to the tissue origin or progression of particular tumors
  - modules related to neural processes are repressed in a subset of brain tumors (relative to other central nervous system tumors)



#### Examples

- Related modules such as cell cycles modules (a)
- More specialized modules such as growth regulatory (b)







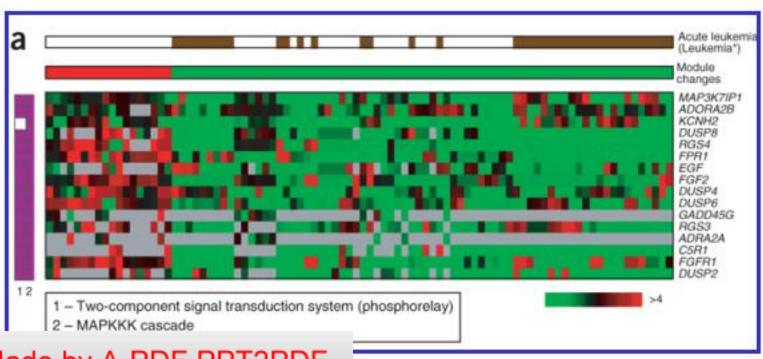
### Uses of Module Map

- Characterizes each condition by a particular combination of modules
- Indicates that related conditions involve related modules, although in distinct ways
  - the pattern of involvement separates different tumor types and subtypes
- Gives important insights into the mechanism underlying specific malignancies



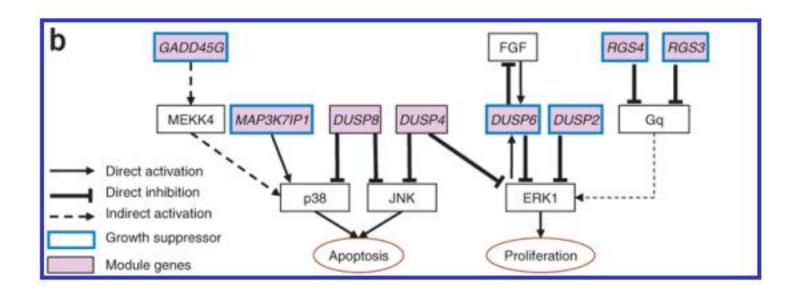
# Growth Inhibitory Module

- Responds significantly to one specific condition:
  - acute Leukemia





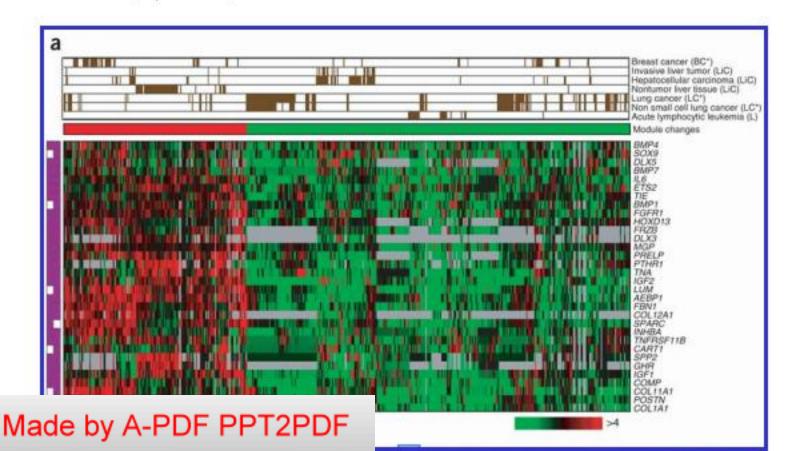
### From Module to Pathway





#### Bone Osteopathic Module

 Responds significantly to multiple conditions:





#### Take aways

- > Provides global view of cancer
- Shows Tumors can be characterized by combinations of a relatively small number of modules
- Uses existing biological knowledge directly, in the form of gene sets and clinical annotations
- Provides a valuable tool for understanding the molecular basis of cancer
  - specific tumors
  - tumoriaenic processes in general



### Redescription mining

- Our own expressive algorithm (CARTwheels) for relating biological vocabularies [KDD 2004]
- ⋄ Input
  - Gene set
  - Gene subsets (multiple vocabularies)
- ◇ Output
  - Equivalence relationships



# To be continued...

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