

Bioinformatics Analysis in R

Advanced Gene Expression: Analysis of Cancer Genome Atlas

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Summary

1. Obtain data from cancer patients from TCGA
2. Pre-process and analysis of RNA-seq data
3. Use machine learning to build a classifier for personalised medicine
4. Use interesting markers for survival analysis

The Cancer Genome Atlas

- TCGA is a NCI (US) funded project to generate cohorts of cancers:
 - Currently 33 cancers with 80-780 patients
- Comprehensive data from tissues:
 - Histology, clinical, gene expression profiling, copy number variation, DNA methylation using arrays or sequencing
- Data is publicly available upon generation and deposited in a portal (portal.gdc.cancer.gov)

The Cancer Genome Atlas - Portal

 **NATIONAL CANCER INSTITUTE**
GDC Data Portal

Home Projects Exploration Analysis Repository

Quick Search Manage Sets Login Cart 0 GDC Apps

Harmonized Cancer Datasets

Genomic Data Commons Data Portal

Get Started by Exploring:

Projects Exploration Analysis Repository

Data Portal Summary

[Data Release 13.0 - September 27, 2018](#)

PROJECTS

43

FILES

358,092

PRIMARY SITES

69

GENES

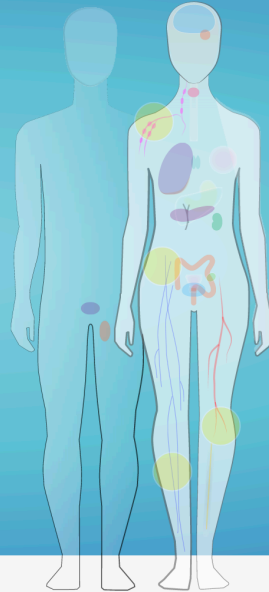
22,147

CASES

33,096

MUTATIONS

3,142,246



Cases by Major Primary Site

Adrenal Gland	100
Bile Duct	50
Bladder	100
Blood	1000
Bone	500
Bone Marrow	100
Brain	1000
Breast	3500
Cervix	500
Colorectal	2500
Esophagus	500
Eye	100
Head and Neck	1000
Kidney	2000
Liver	1000
Lung	4500
Lymph Nodes	500
Nervous System	2000
Ovary	1500
Pancreas	1000
Pleura	500
Prostate	1000
Skin	1000
Soft Tissue	100
Stomach	1000
Testis	100
Thymus	100
Thyroid	1000
Uterus	1000

GDC Applications

The GDC Data Portal is a robust data-driven platform that allows cancer researchers and bioinformaticians to search and download cancer data for analysis. The GDC applications include:

Data Portal

Website

Data Transfer Tool

API

Data Submission Portal

Documentation

Legacy Archive

The Cancer Genome Atlas - Portal

NIH NATIONAL CANCER INSTITUTE GDC Data Portal

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Q e.g. BRAF, Breast, TCGA-BLCA, TCGA-A5-A0G2

Data Portal Summary

Data Release 13.0 - September 27, 2018

Category	Count
PROJECTS	43
FILES	358,092
PRIMARY SITES	69
GENES	22,147
CASES	33,096
MUTATIONS	3,142,246

Cases by Major Primary Site

Primary Site	Cases
Adrenal Gland	10
Bile Duct	10
Bladder	10
Blood	10
Bone	10
Bone Marrow	10
Brain	10
Breast	10
Cervix	10
Colorectal	10
Esophagus	10
Eye	10
Head and Neck	10
Kidney	10
Liver	10
Lung	10
Lymph Nodes	10
Nervous System	10
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Data Portal Website Data Transfer Tool API Data Submission Portal Documentation Legacy Archive

Check a gene or cancer type!
I will try liver

[Explore Project Data](#)
[Biospecimen](#)
[Clinical](#)
[Manifest](#)

Project ID	TCGA-LIHC
Project Name	Liver Hepatocellular Carcinoma
Disease Type	Adenomas and Adenocarcinomas
Primary Site	Liver and intrahepatic bile ducts
Program	TCGA



Data Category	Cases (n=377)	Files (n=10,814)
Raw Sequencing Data	377	1,637
Transcriptome Profiling	376	2,122
Simple Nucleotide Variation	375	3,032
Copy Number Variation	376	1,536
DNA Methylation	377	430
Clinical	377	423
Biospecimen	377	1,634

Experimental Strategy	Cases (n=377)	Files (n=10,814)
Diagnostic Slide	365 <div><div></div></div>	379 <div><div></div></div>
Tissue Slide	377 <div><div></div></div>	491 <div><div></div></div>
WXS	376 <div><div></div></div>	3,820 <div><div></div></div>
RNA-Seq	371 <div><div></div></div>	1,696 <div><div></div></div>
miRNA-Seq	373 <div><div></div></div>	1,275 <div><div></div></div>
Genotyping Array	376 <div><div></div></div>	1,536 <div><div></div></div>
Methylation Array	377 <div><div></div></div>	430 <div><div></div></div>

LIHC - Liver Hepatocellular Carcinoma

[Explore Project Data](#)[Biospecimen](#)[Clinical](#)[Manifest](#)

Summary

Project ID	TCGA-LIHC
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CASES
[377](#)



FILES
[10,814](#)



ANNOTATIONS
[28](#)



Cases and File Counts by Data Category

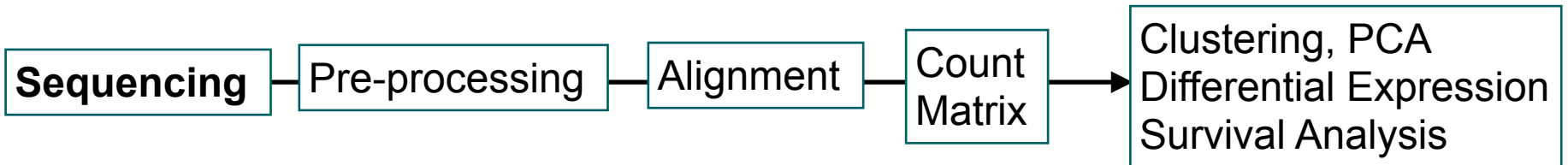
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Cases and File Counts by Experimental Strategy

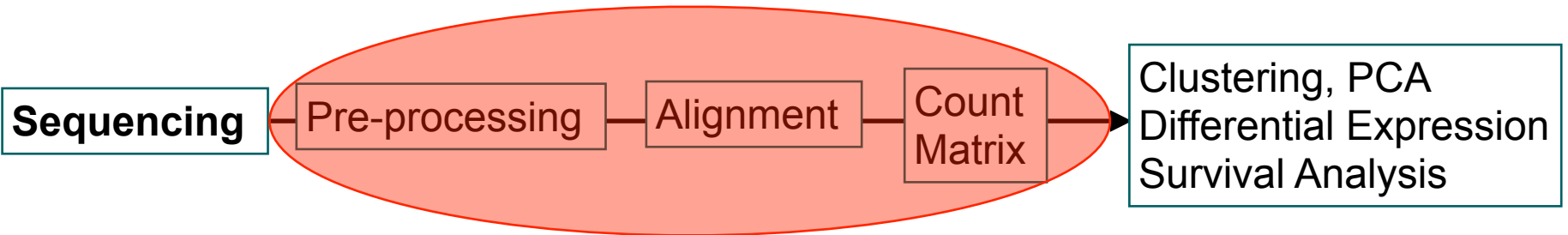
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Methylation Array	377	430

Gene expression data!

Bioinformatics Pipeline / RNA-seq

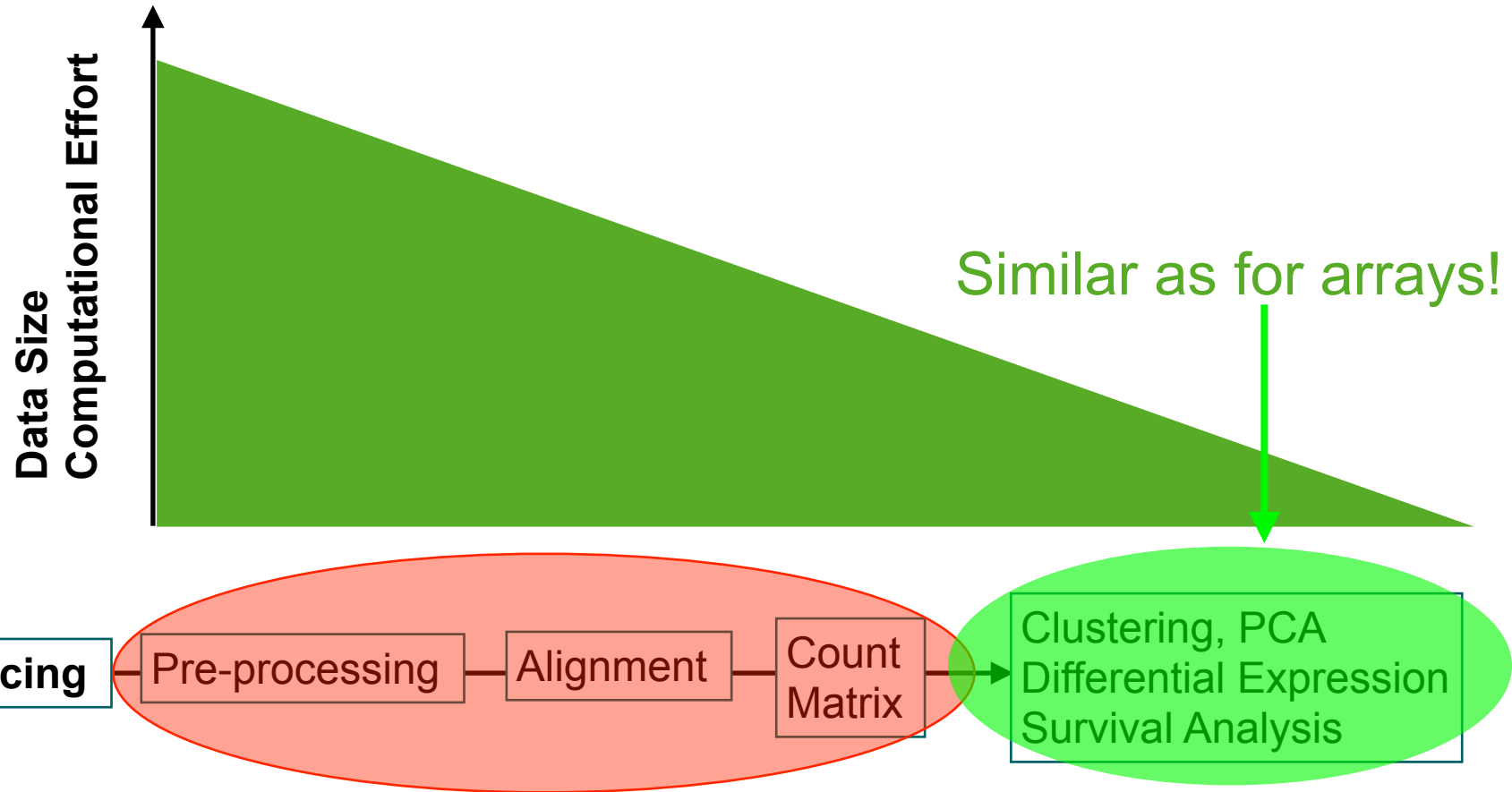


Bioinformatics Pipeline / RNA-seq



Practical part not covered!

Bioinformatics Pipeline / RNA-seq



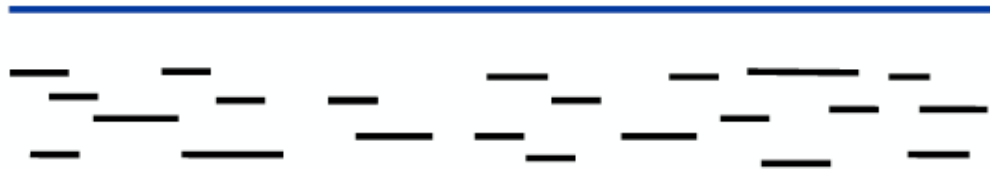
Next Generation Sequencing

- ▶ NGS take advantage of **parallelization**
 - ▶ reads millions/billions of reads per run
 - ▶ short reads (50-100 bps)
 - ▶ error rates (0.1-1%)



Read Types

Fragment DNA:

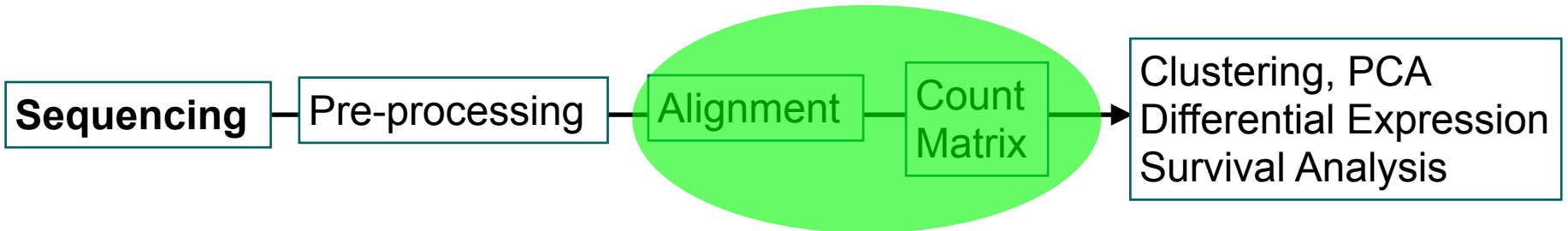


Single end



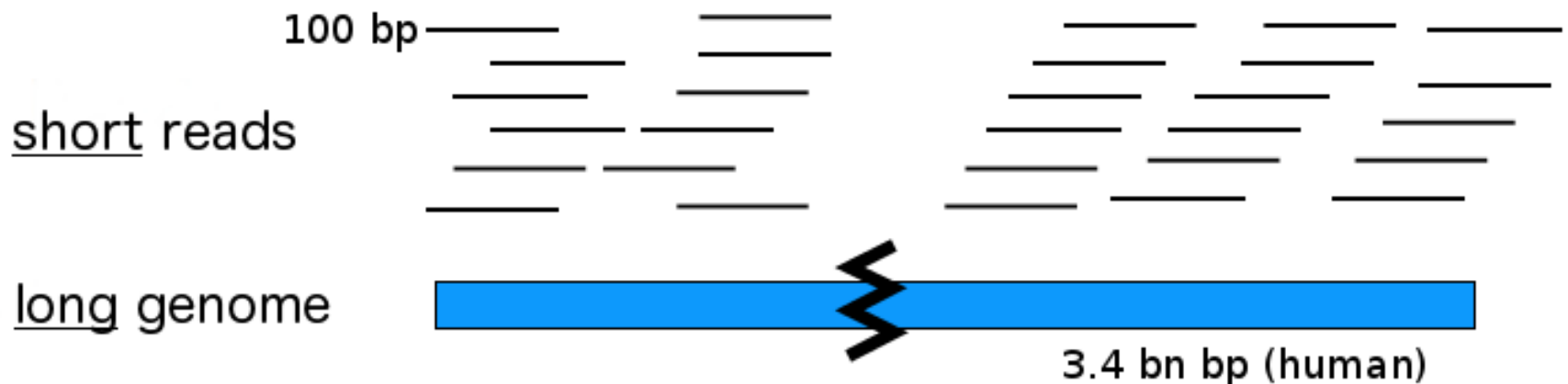
Paired end
Ins: 200-800 bp

Bioinformatics Pipeline / RNA-seq

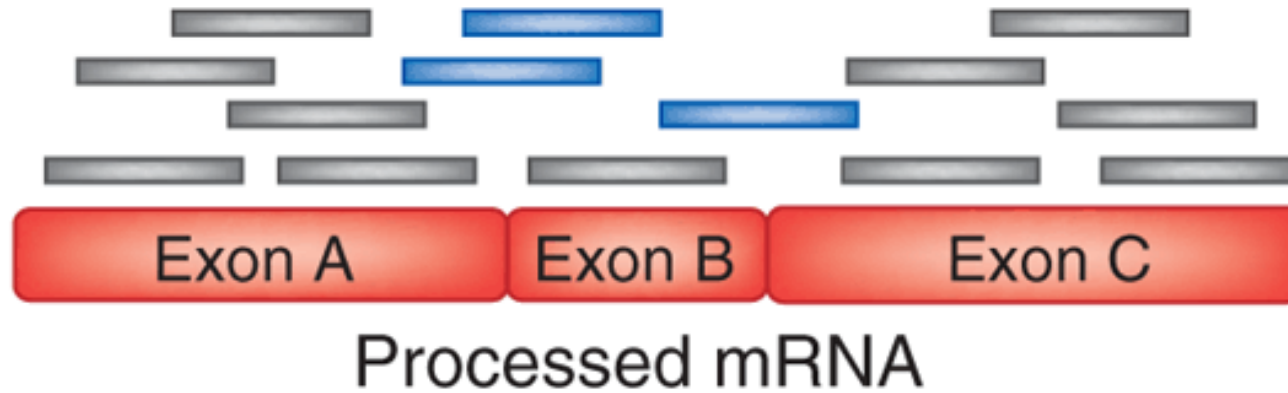


Alignment

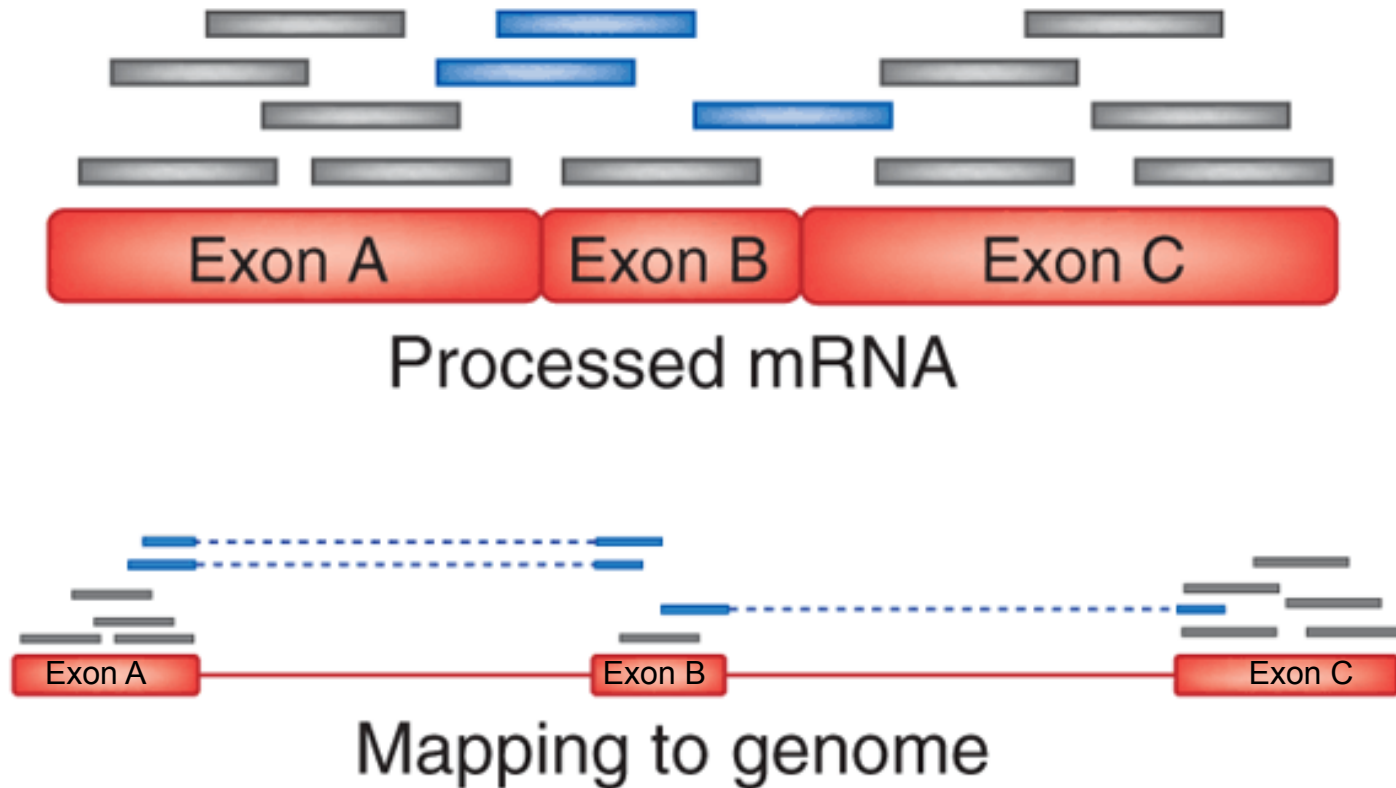
- a large reference sequence is given (genome)
 - up to billions of base pairs
- short reads (<200bps)
- find most probable position of the read in the genome (by inexact string matching)



Alignment - Split Read Mapping (RNA-Seq)



Alignment - Split Read Mapping (RNA-Seq)



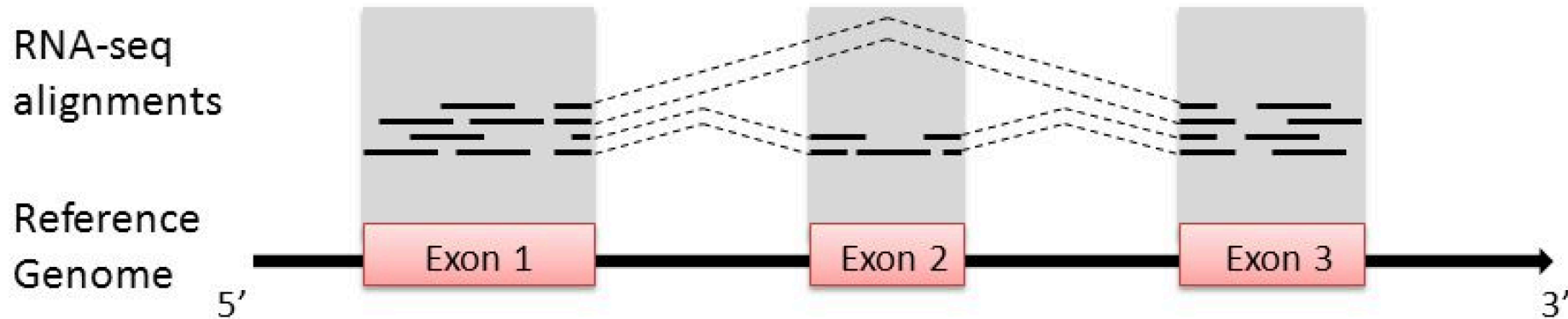
- reads are split between exons when mapped to genome
- aligners use transcript information or try to find splice events (STAR & TOPHAT)

Reference based aligners - Overview

	<i>Time</i>	<i>Precision</i>	<i>Pairs</i>	<i>GAPS</i>	<i>Phred</i>	<i>Memory</i>	<i>Application (Comments)</i>
BOWTIE	+		+	-	-	5GB	General (max. 3 missmatches)
BWA	+		+	+	+	8GB	General (max of 200bps reads)
NOVOALIGN		+	+	+	+	8GB	General (commercial license)
STAR	+		+	-	+	32GB	RNA-Seq (allow split-maps)
BISMARK	+		+	+	+	10GB	Bisulfite/reduced sequencing

Computers need large memory and a few hours of computation per experiment!

Quantification (Count Matrix)



Simple Counting Approaches

Gene Level - 17 reads

Exon level - exon 1 (8 reads), exon 2 (3 reads), exon 3 (6 reads)

Transcript Level - Exons 1,2 & 3 (10 reads) and exon 1 & 3 (7 reads) *

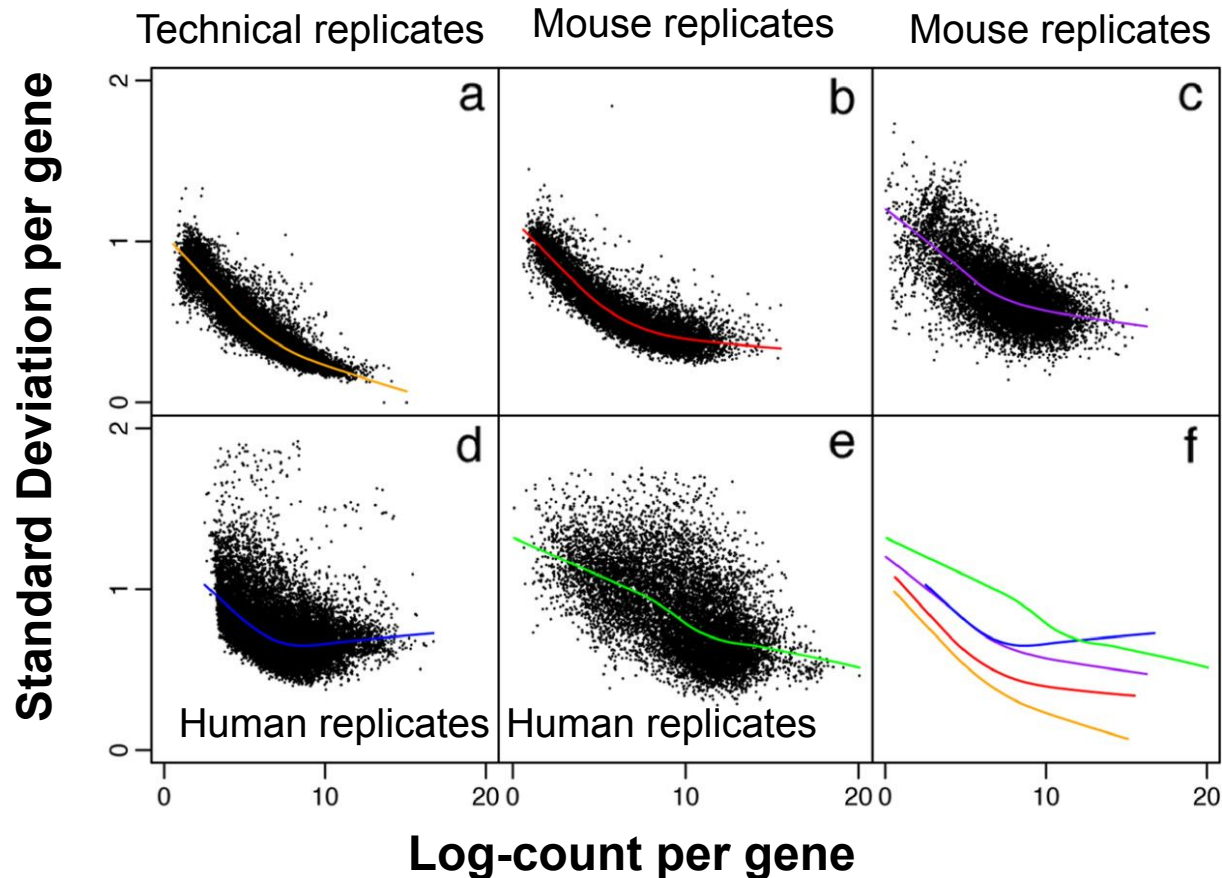
* complex computational methods required (RSe, or TopHAT needed for this)

Fragments per Kilobase (FPKM)

- normalize counts by read size (kb) and RNA-seq library size (mb)

RNA-seq and Differential Analysis

Arrays and RNA-seq have distinct distributions

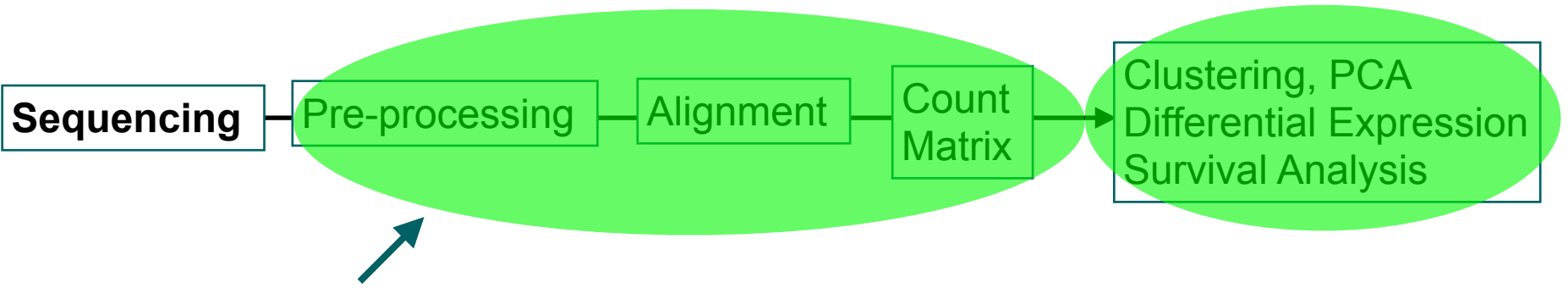


VOOM analysis is necessary to make variance similar to arrays.

Bioinformatics Pipeline / RNA-seq



We will see this today!



Provided by TGCA or your Core Facility!

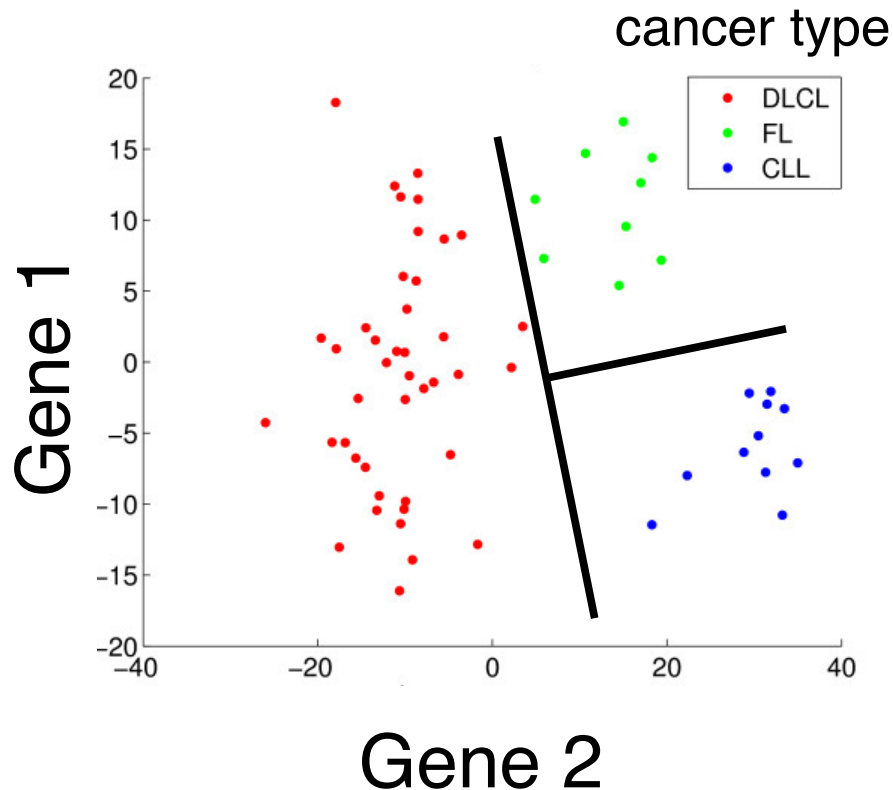
Personalized Medicine

Diagnosis and treatment choices is mostly carried on macromolecular features:

- morphology of tumours (image), symptoms, blood levels

Challenges: use molecular markers (expression or genetics) for diagnosis or treatment selection.

Machine Learning - Classifier



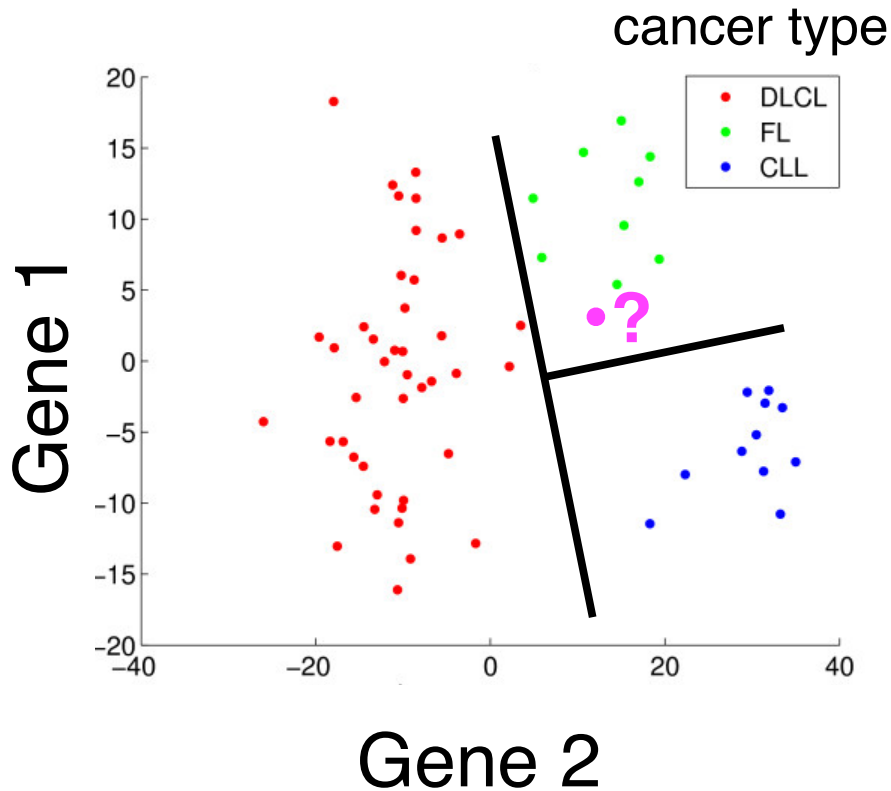
Data

Expression matrix X
(genes vs samples)
classification vector Y
(diagnosis)

Find a function:

$$f(x) \rightarrow y$$

Machine Learning - Classifier



Data

Expression matrix X
(genes vs samples)
classification vector Y
(diagnosis)

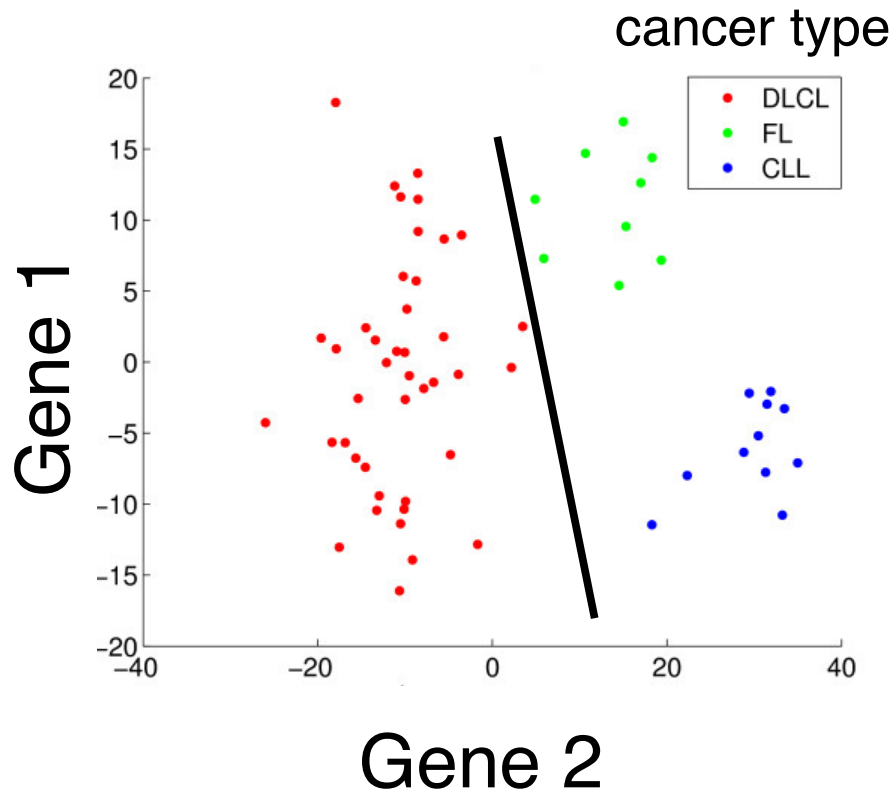
Find a function:

$$f(x) \rightarrow y$$

For new patients X' :

$$f(x') \rightarrow y'$$

Linear Classifier



Linear Function:

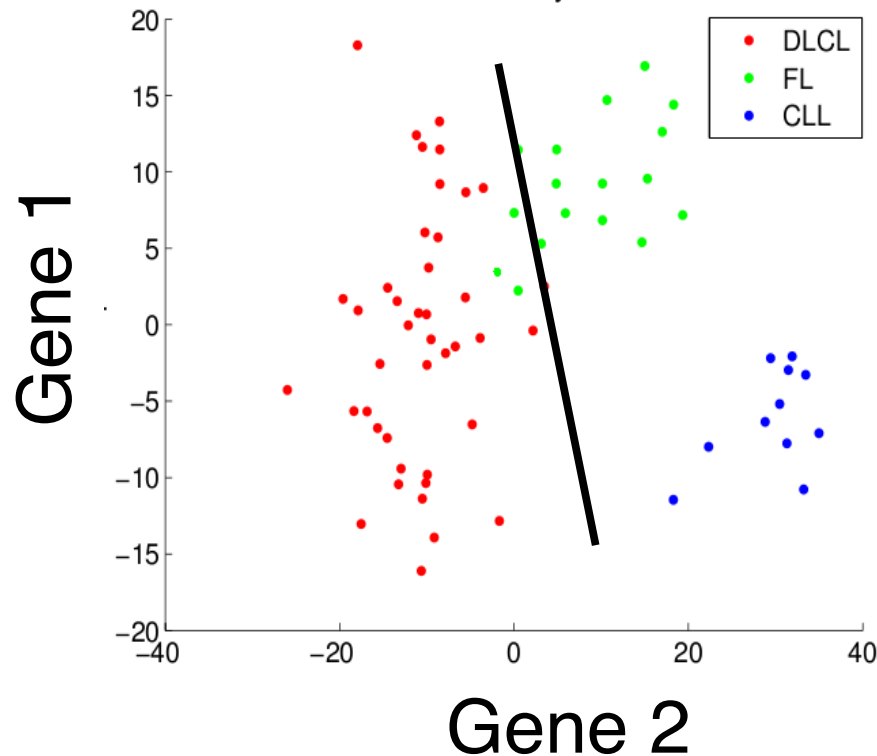
$$f(x, A) = a_0 + a_1x_1 + \dots + a_Lx_L$$

$$f(x, A) > 0 \Rightarrow \text{class A}$$

$$f(x, A) \leq 0 \Rightarrow \text{class B}$$

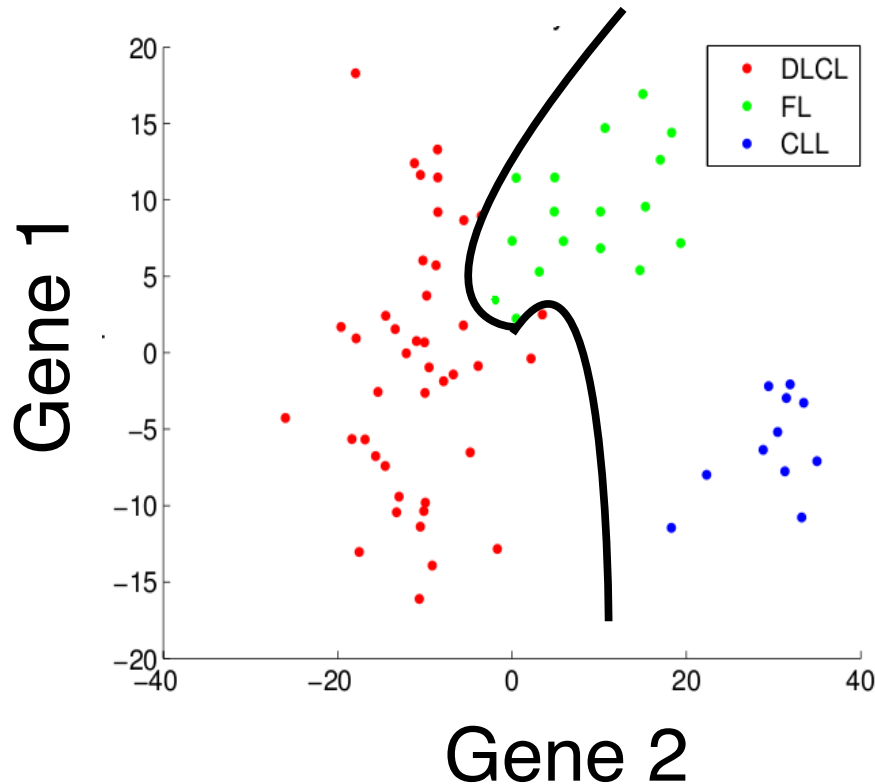
- Works for 2 classes only
 - Train a function for each cancer type
- Find coefficients A
 - estimated with neural networks or support vector machines

Linear Classifier - Problems



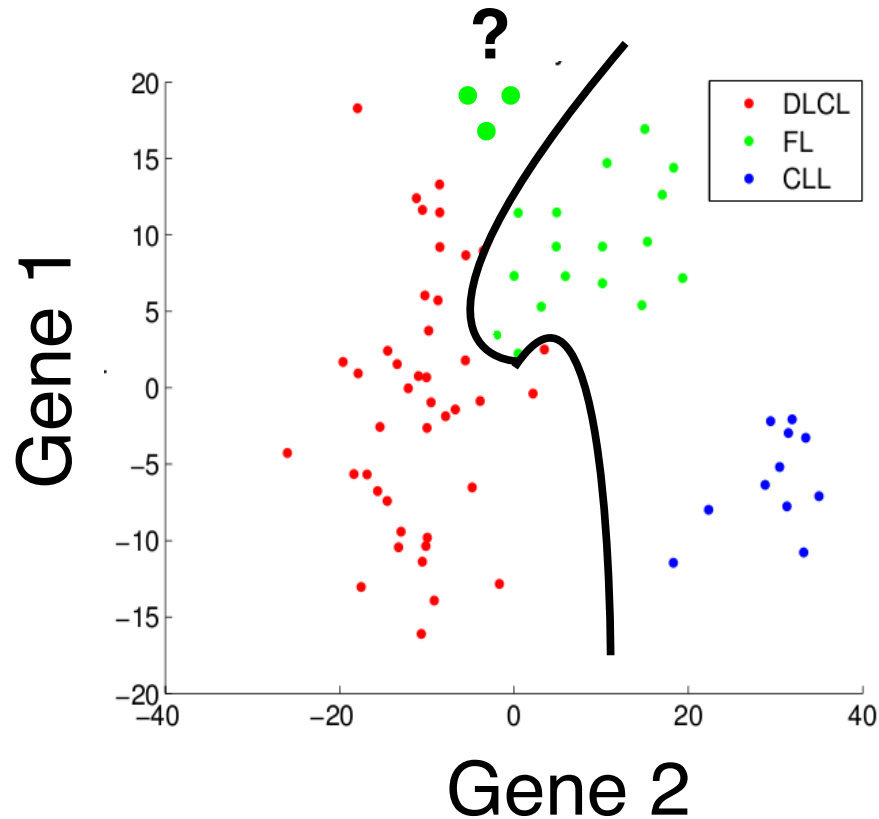
- Most real world problems are not linearly separable!
- There will be always some error!
- Solution: non-linear functions

Nonlinear Classifier - Problems



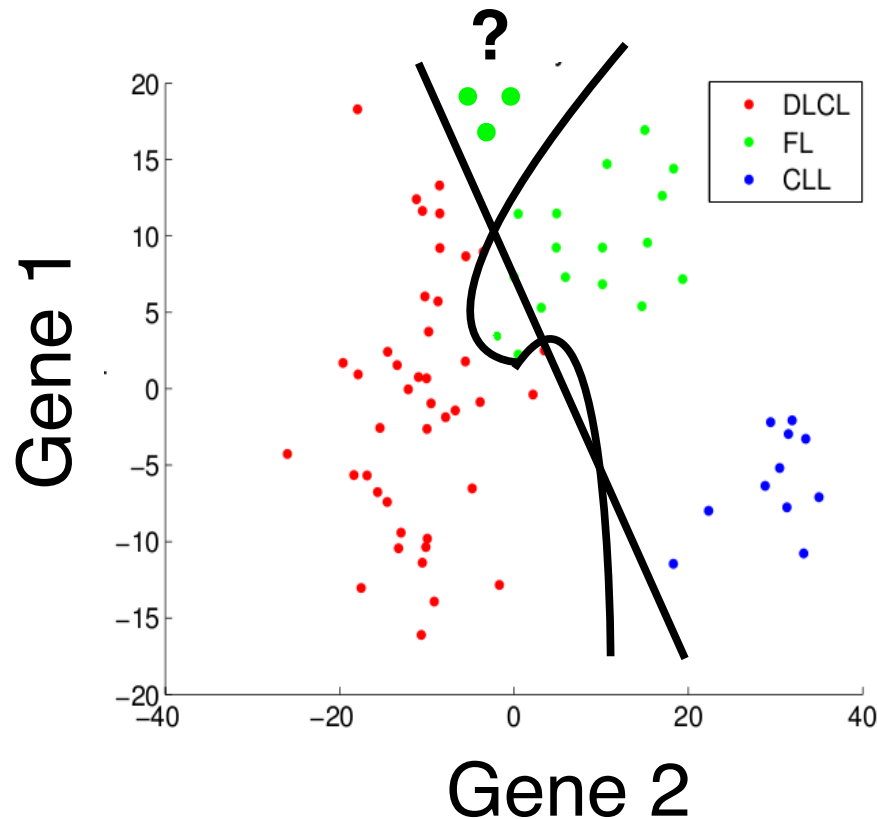
- Polynomial Function
- $$f(x, A) = a_0 + a_{11}x_1^3 + \dots + a_{L1}x_L^3 + a_{12}x_1^2 + \dots + a_{L2}x_L^2 + a_{12}x_1 + \dots + a_{L2}x_L$$
- Third order polynomial
- Problem: overfitting

Nonlinear Classifier - Problems



- Polynomial Function
- $$f(x, A) = a_0 + a_{11}x^3_1 + \dots + a_{L1}x^3_L$$
$$a_{12}x^2_1 + \dots + a_{L2}x^2_L$$
$$a_{12}x_1 + \dots + a_{L2}x_L$$
- Third order polynomial
- Problem: overfitting

Nonlinear Classifier - Problems



- Polynomial Function
- $f(x, A) = a_0 + a_{11}x^3_1 + \dots + a_{L1}x^3_L$
 $a_{12}x^2_1 + \dots + a_{L2}x^2_L$
 $a_{12}x_1 + \dots + a_{L2}x_L$
- Third order polynomial
- Problem: overfitting

Curse of Dimensionality

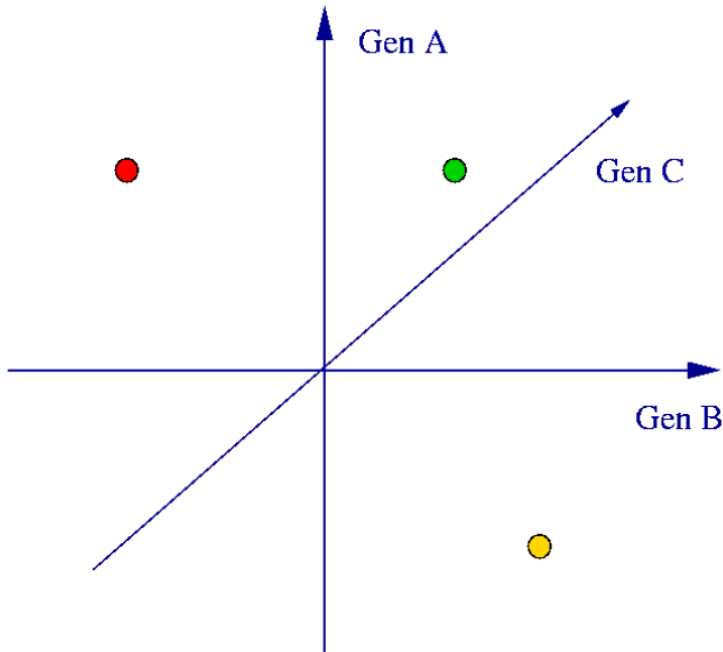
Size of a Euclidean space grows
with dimension (number of genes)

Dots (patients) are sparsely
distributed in space

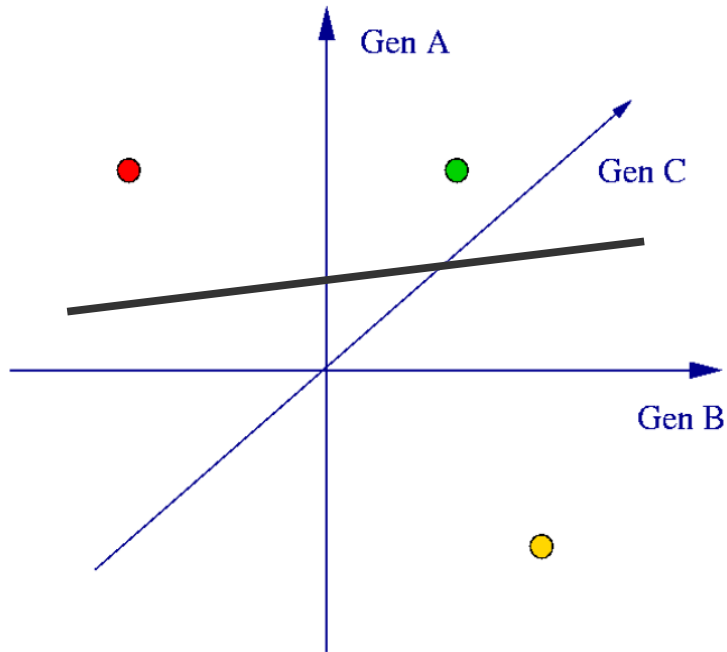
Curse of Dimensionality : Example

Sparse data

- three genes
- 2 patients with known cancer (red vs yellow)
- 1 unknown (green)



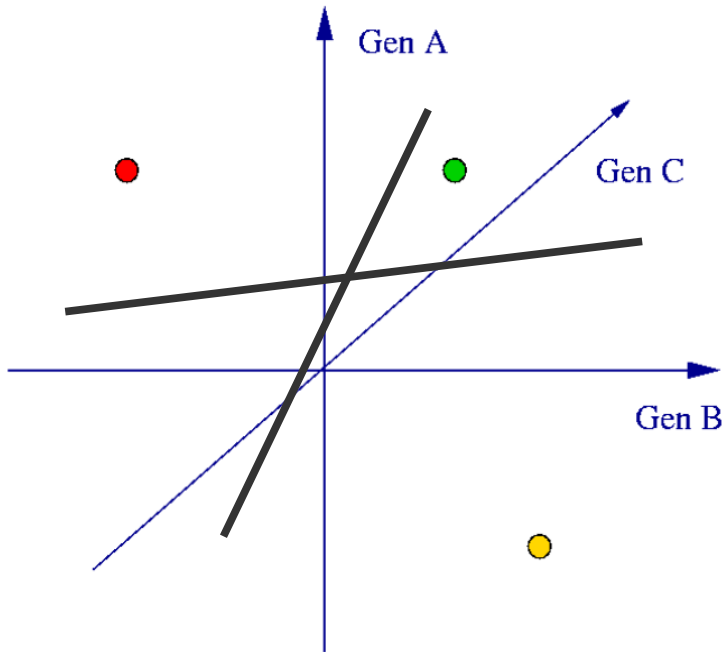
Curse of Dimensionality : Example



- Sparse data
 - three genes
 - 2 patients with known cancer (red vs yellow)
 - 1 unknown (green)

Perfect classifier (on training)

Curse of Dimensionality : Example

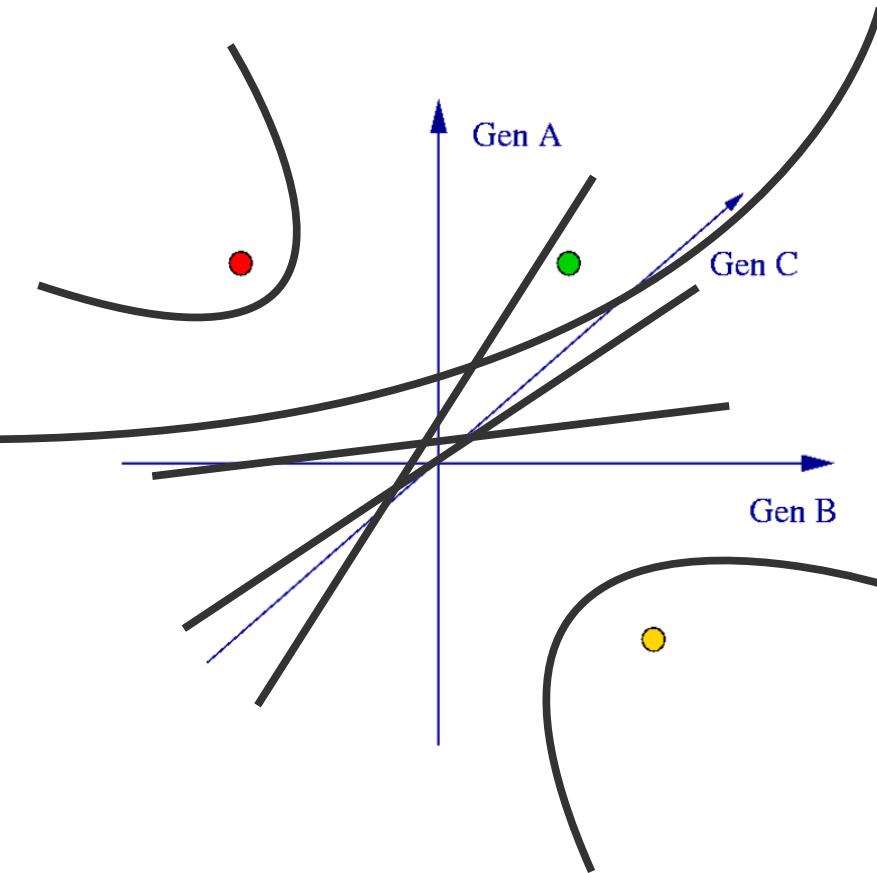


- Sparse data
 - three genes
 - 2 patients with known cancer (red vs yellow)
 - 1 unknown (green)

Both are perfect classifiers
(on training)

Hard to generalise!

Curse of Dimensionality : Example



- There are millions of perfect linear classifiers
- And even more non-linear classifiers!

Dealing with Curse of Dimensionality

- Have a proper training / test evaluation procedure
- Use classifiers which are as simple as possible
- Reduce the dimension of your data (feature selection or PCA)

Classifier Evaluation

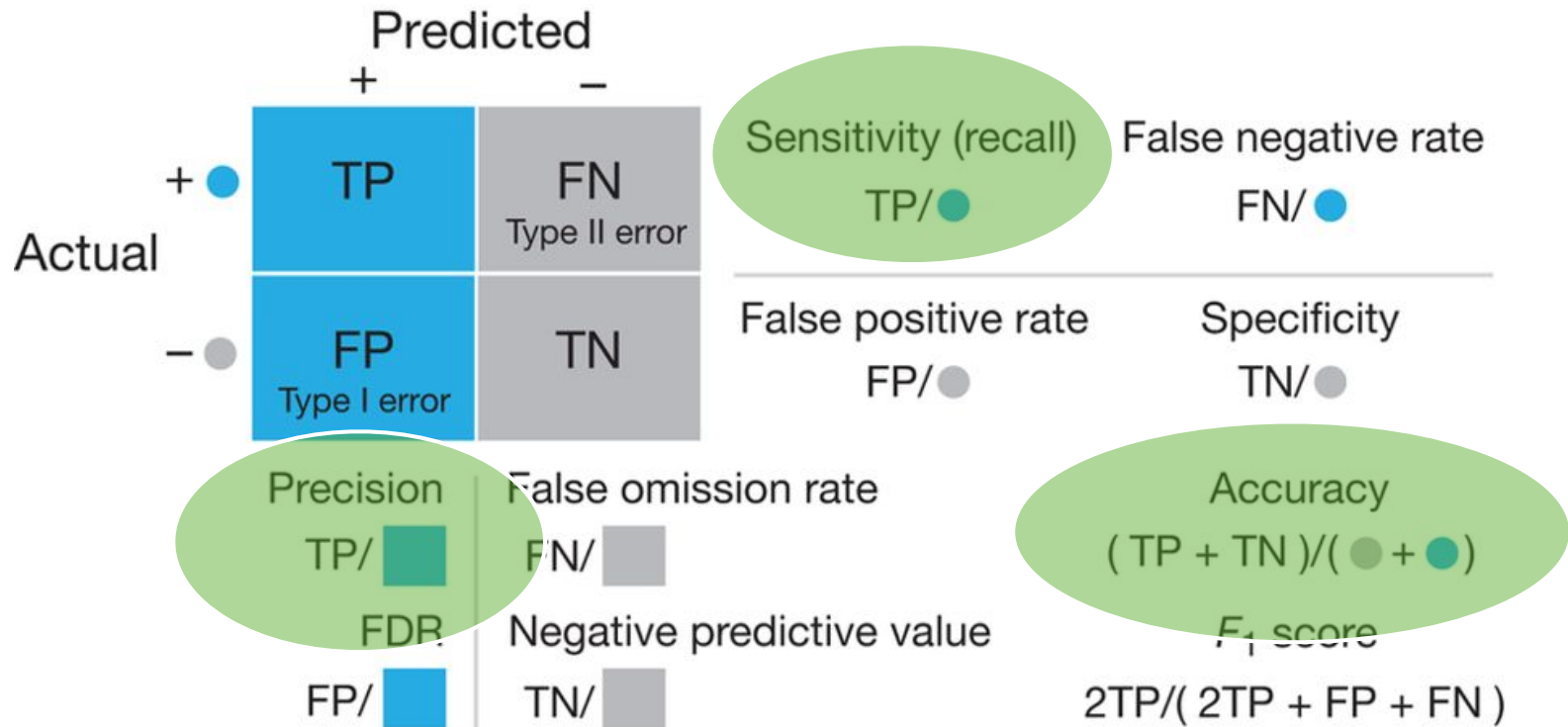
Measures for a two class problem (cancer + vs. non-cancer -)

		Predicted	
		+	-
Actual	+ ●	TP	FN Type II error
	- ●	FP Type I error	TN

Source: Lever et al., Nat. Methods (2016)

Classifier Evaluation

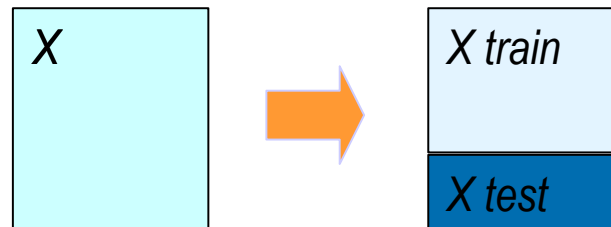
Measures for a two class problem (cancer + vs. non-cancer -)



Source: Lever et al., Nat. Methods (2016)

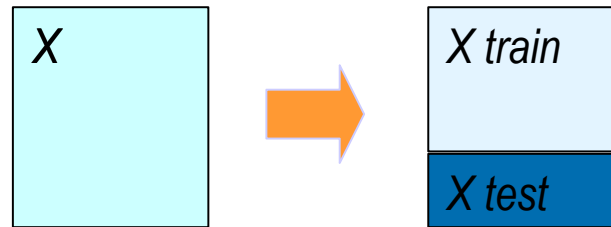
Classifier Evaluation

- The performance of your classifier needs to be evaluated on your test data:
 - an independent "validation cohort"
 - or retain a set of samples (1/3) that has similar distribution of classes of your total data



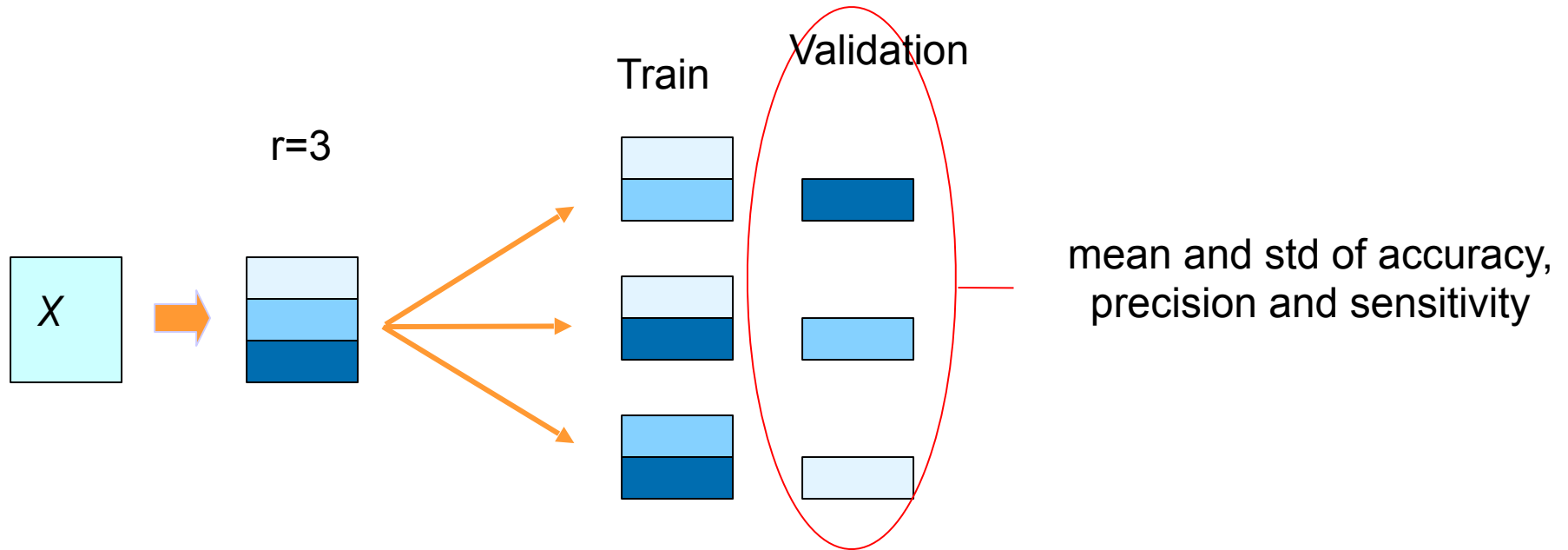
Classifier Evaluation

- The performance of your classifier needs to be evaluated on your test data:
 - an independent "validation cohort"
 - or retain a set of samples (1/3) that has similar distribution of classes of your total data



- Never use test data to improve classification (choose a better classifier or marker gene)
 - For this you need to establish validation data (or cross validation)

Cross-validation



Elastic Net

Is based on a linear function:

$$f(x, A) = a_0 + a_1x_1 + \dots + a_Lx_L$$

$$f(x, A) > 0 \Rightarrow \text{classe A}$$

$$f(x, A) \leq 0 \Rightarrow \text{classe B}$$

- Find coefficients A , *while most of them have 0*.
 - A shrinkage factor (λ) controls the number of genes selected.
 - Shrinkage factor can be automatically identified with cross-validation.

Hands on!

Exercise (after the handout)

You should perform clustering of tissues with liver cancer. Tip: use code similar to the one seen in gene expression data (day 3). Since, we are interested in grouping patients, you can transpose the matrix with the function `t`.

1. Can you see nice clusters in the dendrogram?
2. What about genes associated to each group? Are they associated to some particular biological function? Use differential expression analysis and GO enrichment analysis to solve this task.



Survival Analysis

Can be used to evaluate if characteristics of a patients indicates an increase/decrease risk of survival

- clinical: tumour type, gender
- Molecular: expression of a gene, mutation

Common Survival Tests:

- Cox proportional hazards regression (not seen here)
 - Compares survival with a numeric variable
- Kaplan-Meier graph / Log-rank test
 - compares the survival of groups of individuals

Kaplan-Meier graph / Log-rank test

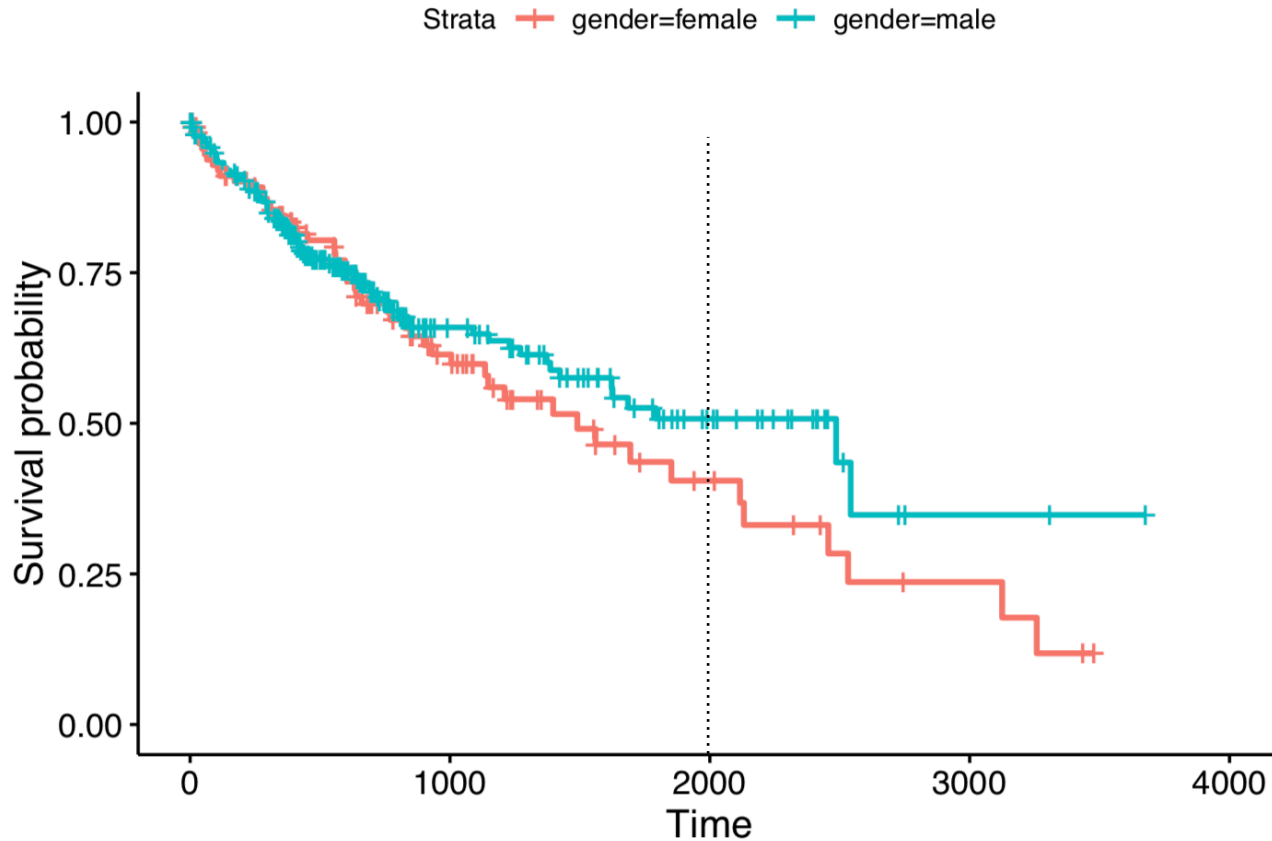
Data:

- **Event:** death / alive
- **Time:** period between first and last observation.
- **Characteristics:** sex, tumor grade

<i>Patient</i>	<i>Status</i>	<i>Time</i>	<i>Sex</i>
<i>1</i>	<i>Dead</i>	<i>343</i>	<i>Male</i>
<i>2</i>	<i>Alive</i>	<i>20</i>	<i>Male</i>
<i>3</i>	<i>Alive</i>	<i>300</i>	<i>Female</i>
<i>4</i>	<i>Dead</i>	<i>200</i>	<i>Male</i>

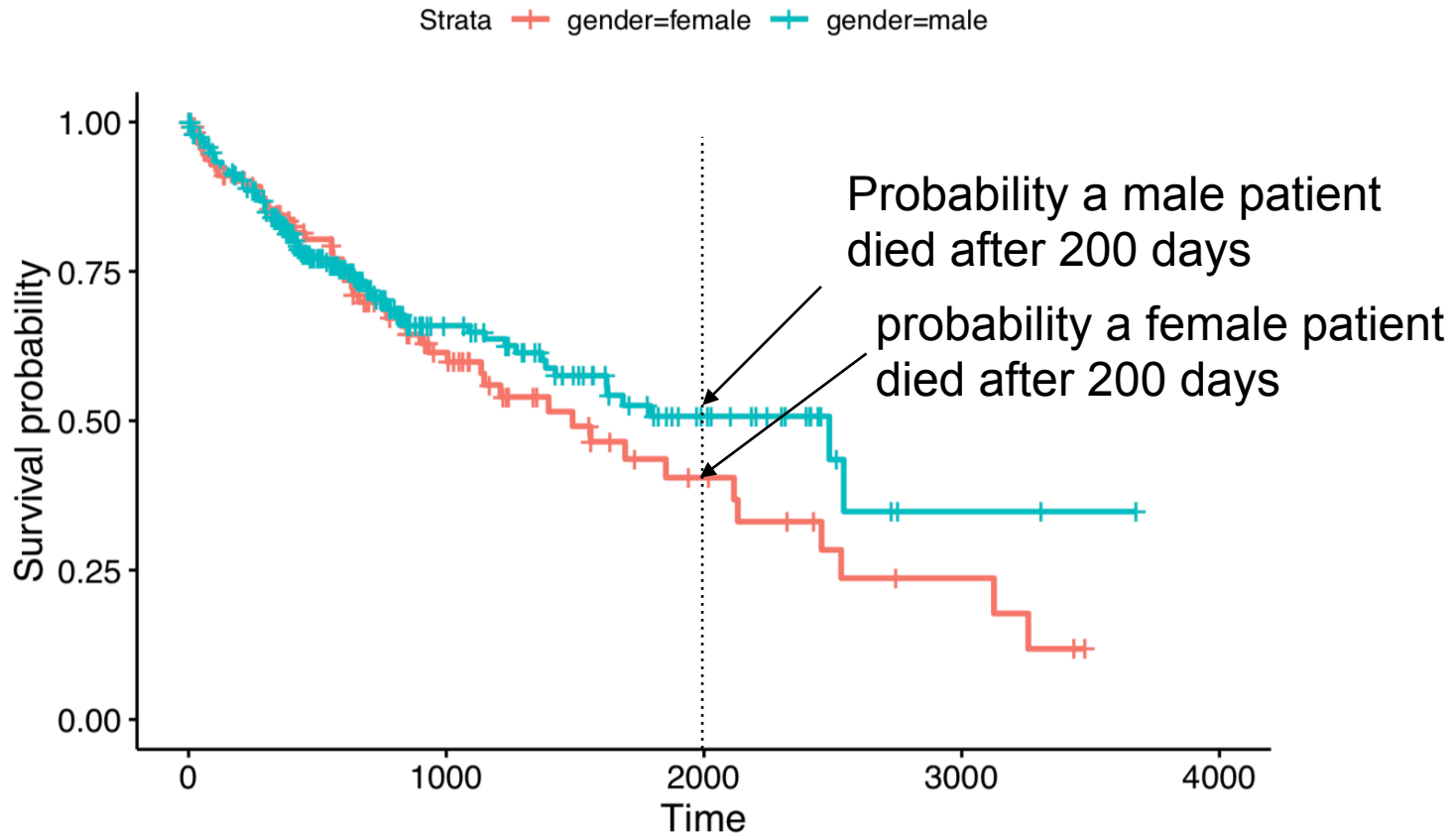
Kaplan-Meier plot

Survival of LIHC patients - male vs. Female



Kaplan-Meier plot

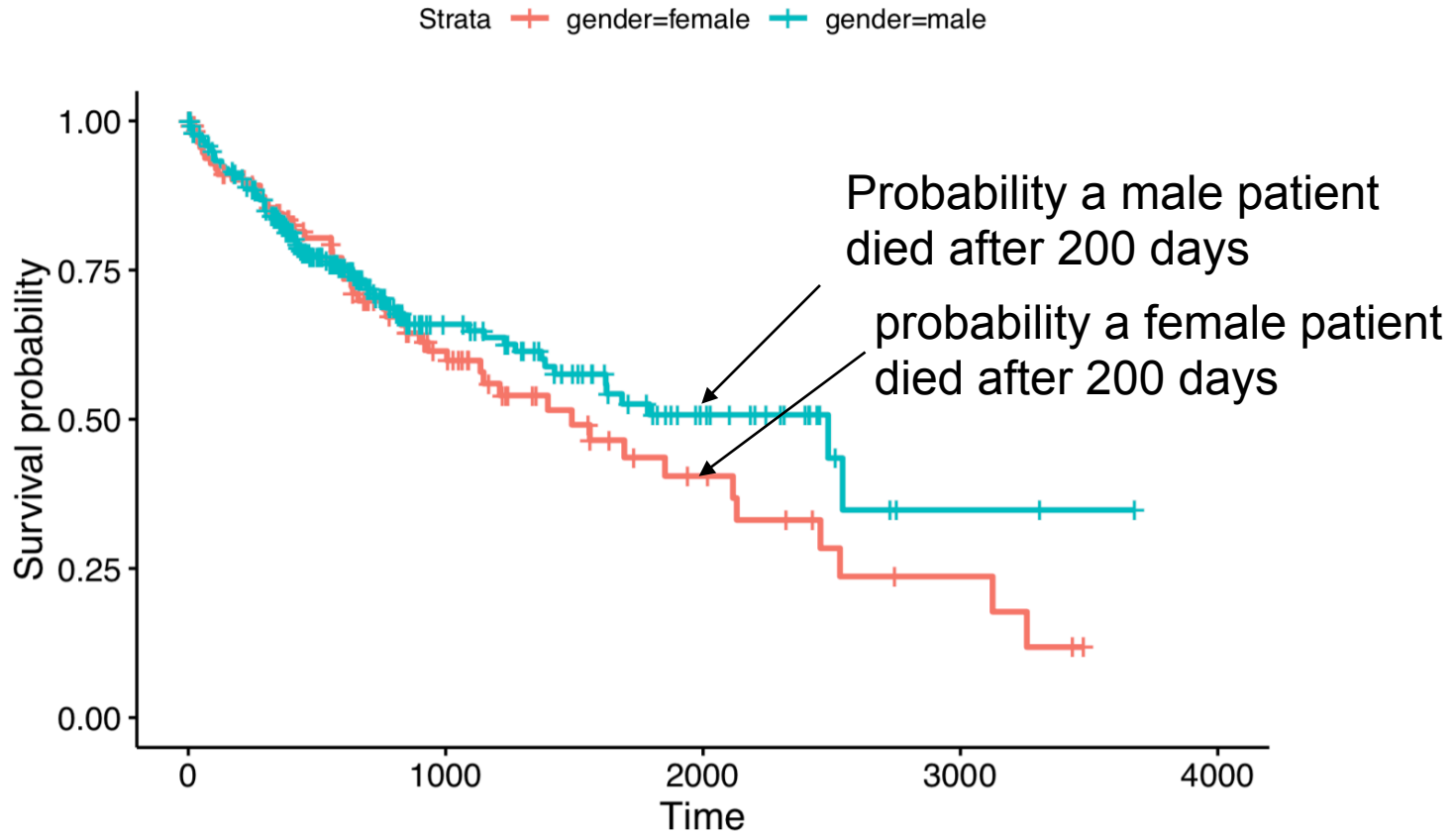
Survival of LHC patients - male vs. Female



$$\text{Probability (X days)} = \frac{\text{\# cases alive after X days}}{\text{\# cases measured after X days}}$$

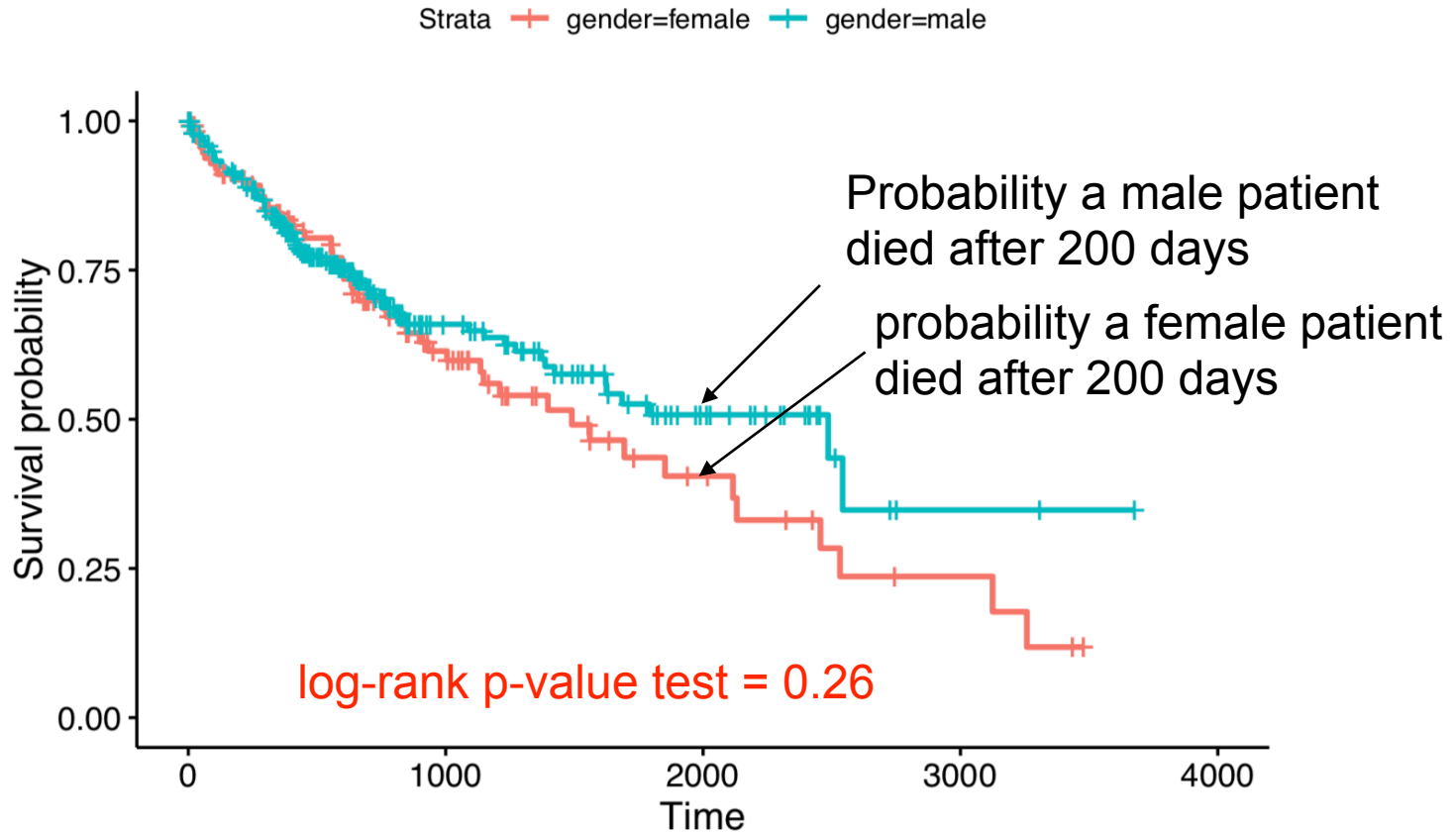
Log-rank test

Is the survival difference significant?

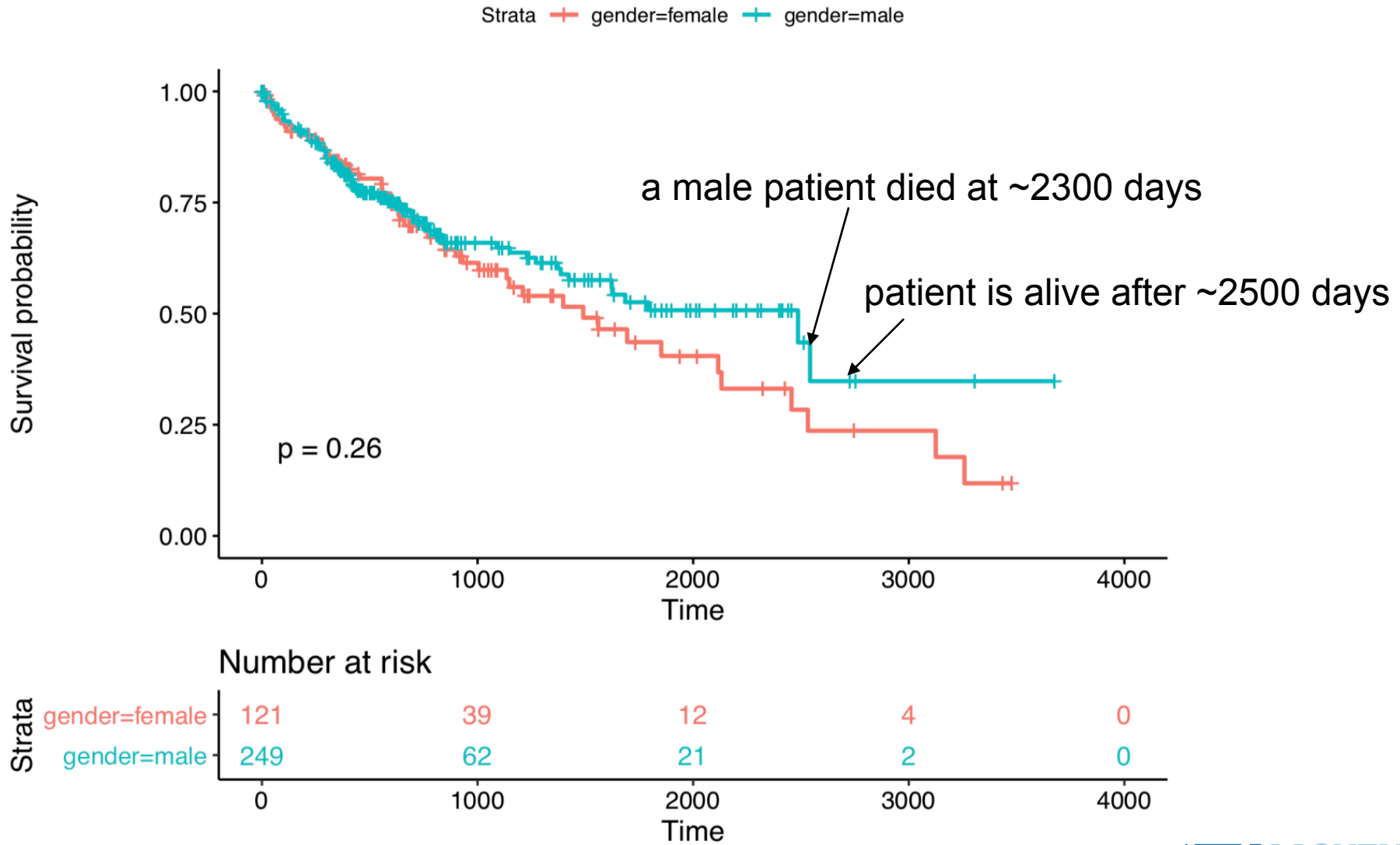


Log-rank test

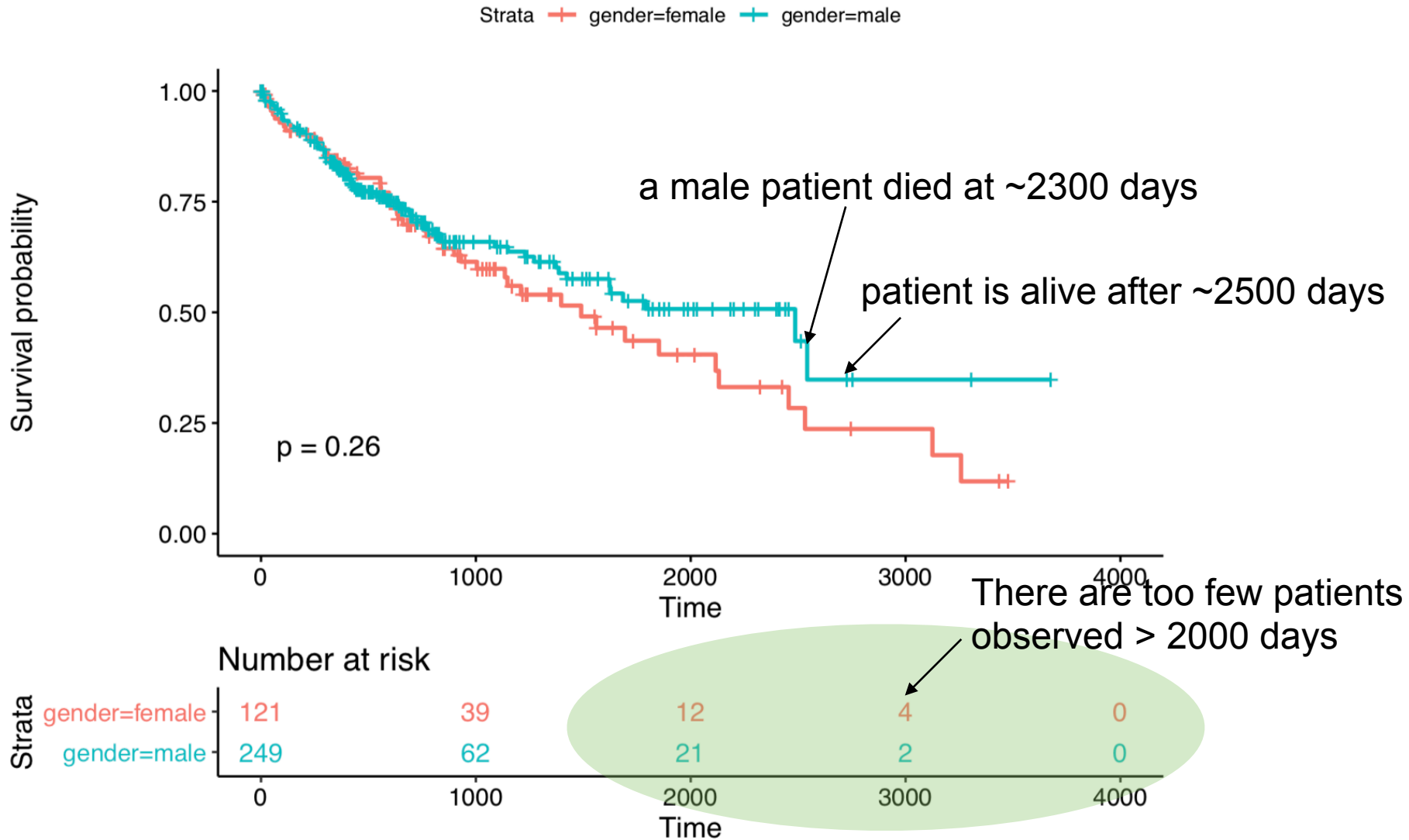
Is the survival difference significant?



Kaplan-Meier plot



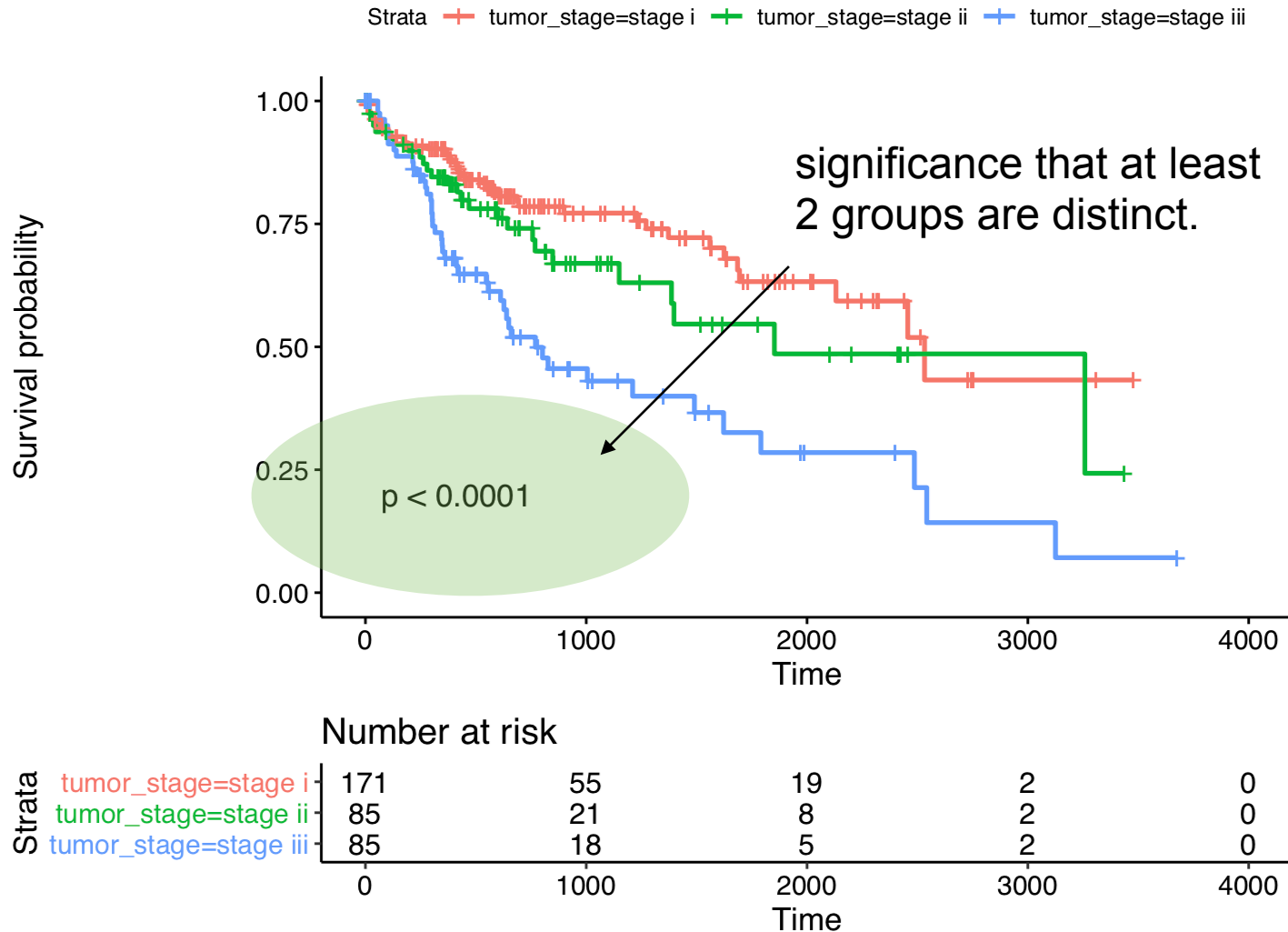
Kaplan-Meier plot



Kaplan-Meier / Log-Rank Test

KM and LRT can compare several groups at a time.

Survival vs Tumour stage at diagnosis



Survival Analysis and Biological Markers

How to perform survival analysis on biological markers?

1. Given their continuous nature of gene expression, Cox hazards test is recommended.
2. An alternative is to group patients by expression of a gene (low/high expression) and use Kaplan-Meier plots (seen in practical).

Important: if you test several markers you need to correct for multiple testing!!!

Next week - Final Project

Ideas:

- Perform an analysis of a real gene expression data set
- Project can be developed in groups of 2-3 students
- Groups need to create an R code and a 10 minutes presentation showing the analysis

Schedule:

9:30 - Problem explanation

15:00 - Delivery of code and presentation slides

15:00 to 17:00 - Presentations

Hands on!

Hands on!