

Probabilistic Analysis of Genetic Associations with Clinical Features in Cancer

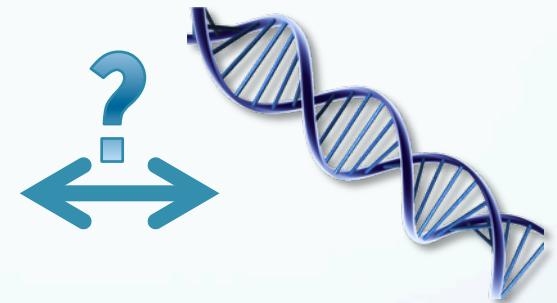
Melanie F. Pradier, Julia E. Vogt, Stefan Stark, Theofanis Karaletsos, Fernando Perez-Cruz, Gunnar Rätsch

University Carlos III in Madrid & Memorial Sloan-Kettering Cancer Center



Motivation

- Objective: Find meaningful genotype-phenotype relationships.

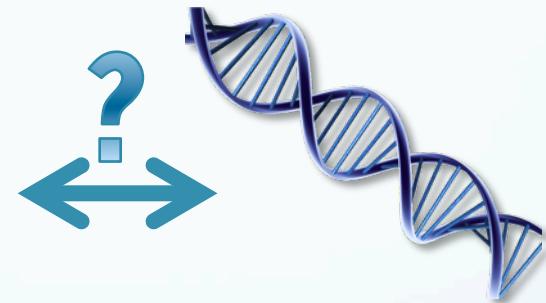


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Why does it matter?

- Improved Diagnosis 
- Risk Identification 
- Biological Insight 

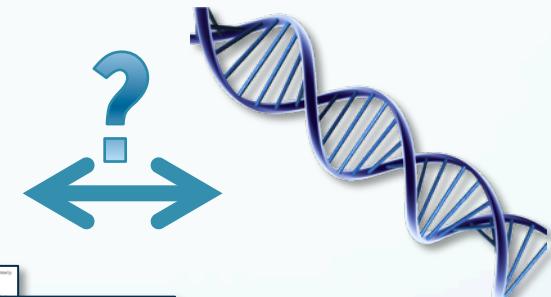
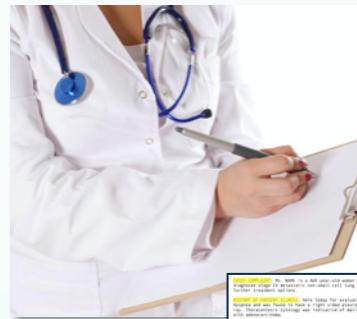


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HISTORICAL: Dr. [REDACTED] is a 40-year-old male who presents with [REDACTED]. He presents with a 10-year history of hypertension, [REDACTED]. The patient has a history of smoking, [REDACTED]. The patient has a history of alcohol abuse, [REDACTED]. The patient has a history of [REDACTED].

SOCIAL: The patient is a non-smoker, [REDACTED]. The patient has a history of alcohol abuse, [REDACTED]. The patient has a history of [REDACTED].

PATIENT: The patient is a non-smoker, [REDACTED]. The patient has a history of alcohol abuse, [REDACTED]. The patient has a history of [REDACTED].

PHYSICAL EXAM: The patient is a non-smoker, [REDACTED]. The patient has a history of alcohol abuse, [REDACTED]. The patient has a history of [REDACTED].

TESTS: The patient is a non-smoker, [REDACTED]. The patient has a history of alcohol abuse, [REDACTED]. The patient has a history of [REDACTED].

DISCUSSION: The patient is a non-smoker, [REDACTED]. The patient has a history of alcohol abuse, [REDACTED]. The patient has a history of [REDACTED].

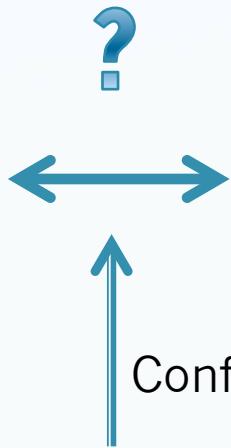
CONCLUSION: The patient is a non-smoker, [REDACTED]. The patient has a history of alcohol abuse, [REDACTED]. The patient has a history of [REDACTED].

We should be aware of...

We should be aware of...



We should be aware of...



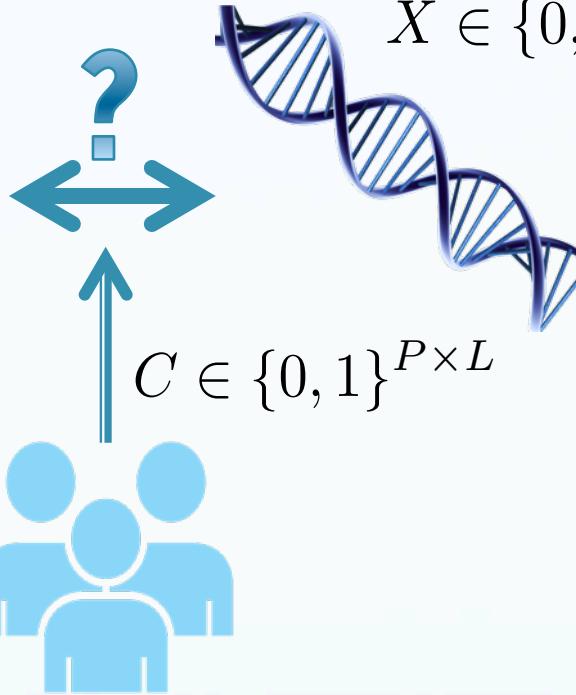
Problem Description

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$$Y \in \mathbb{N}^{P \times Q}$$



$$X \in \{0, 1\}^{P \times G}$$

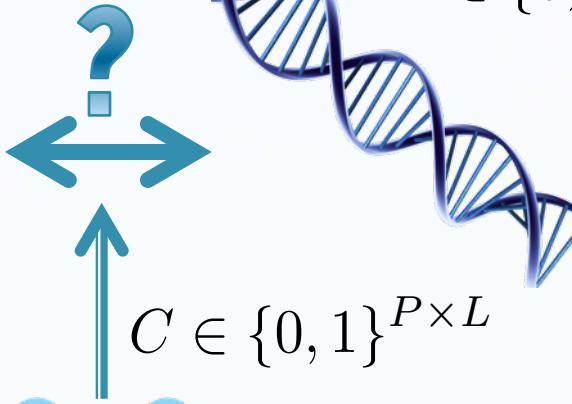


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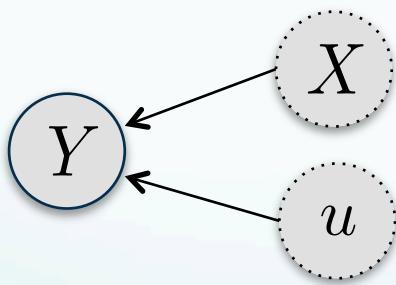
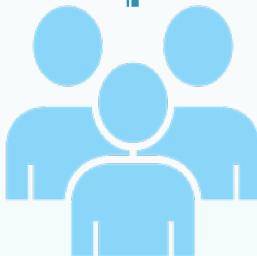
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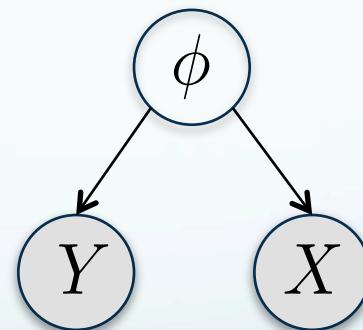


$$C \in \{0, 1\}^{P \times L}$$



Linear Mixed Model

$$y = X\beta + u + \epsilon$$



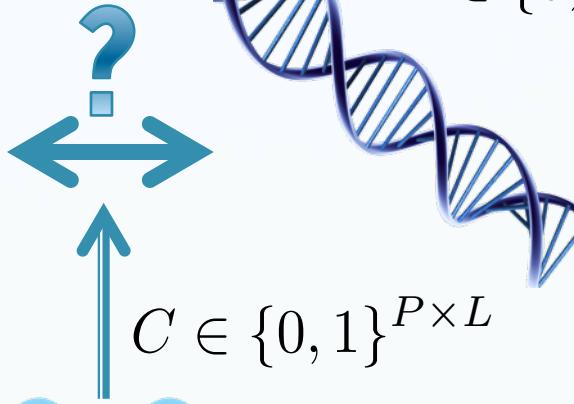
Poisson Factorization Model

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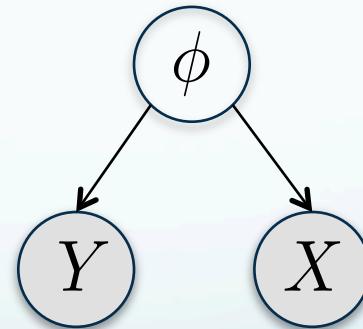
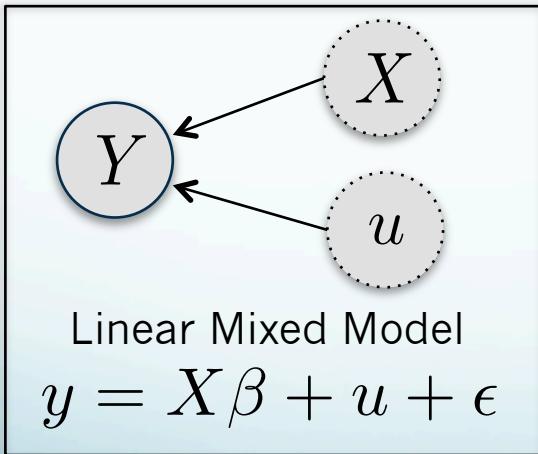
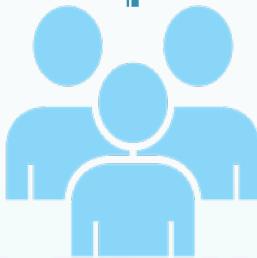
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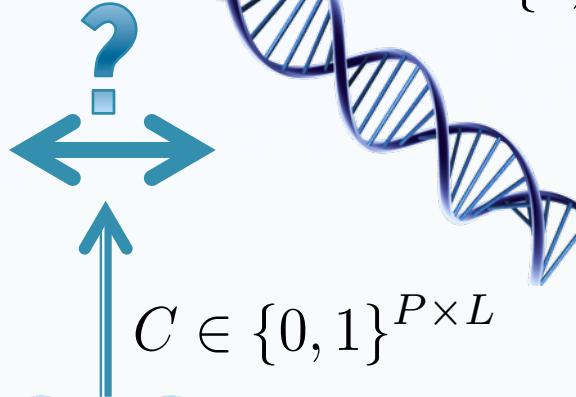
[1] C. Lippert, J. Listgarten, Y. Liu, C. M. Kadie, R. I. Davidson, and D. Heckerman, “FaST linear mixed models for genome-wide association studies,” *Nat Meth*, vol. 8, no. 10, pp. 833–835, Oct. 2011.

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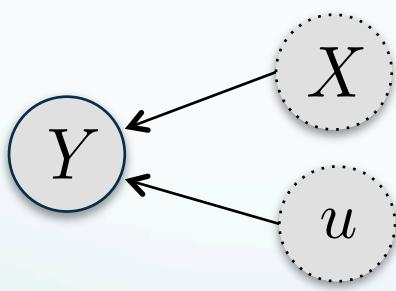
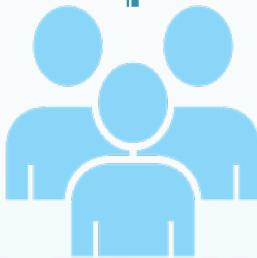
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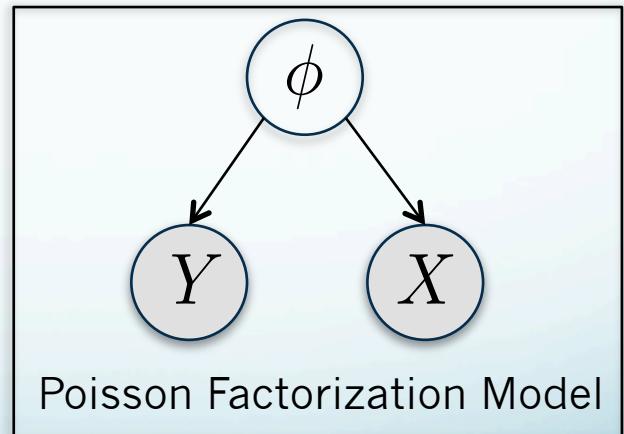


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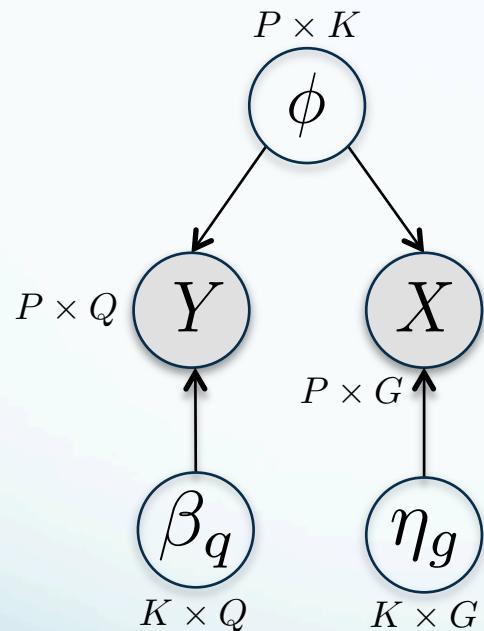
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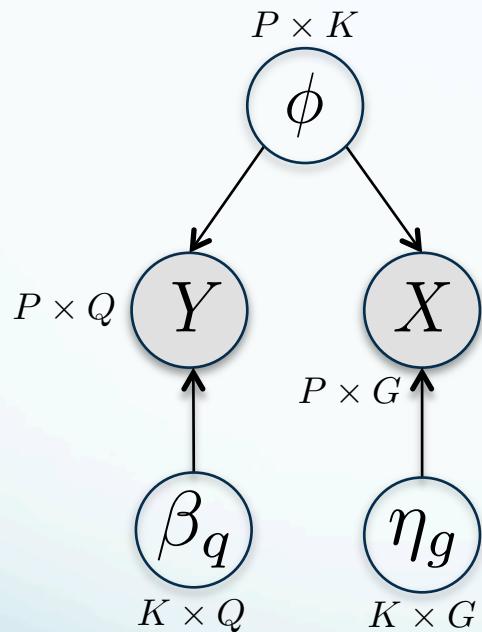
Poisson Factorization Model

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- [2] P. Gopalan, D. Blei, “Content-based recommendations with Poisson factorization,” presented at the Advances in Neural Information Processing Systems 27, 2014.

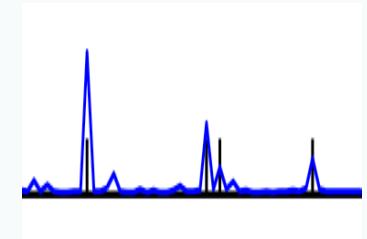
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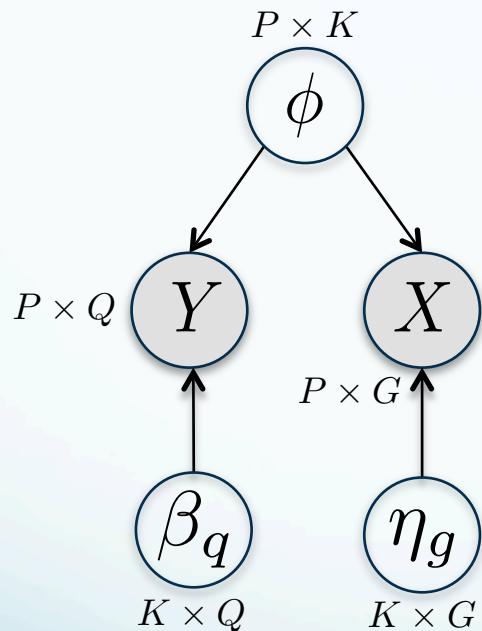
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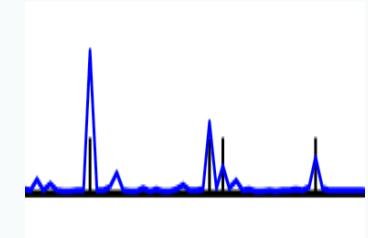
- Clinical factors β_q
- Genetic factors η_g



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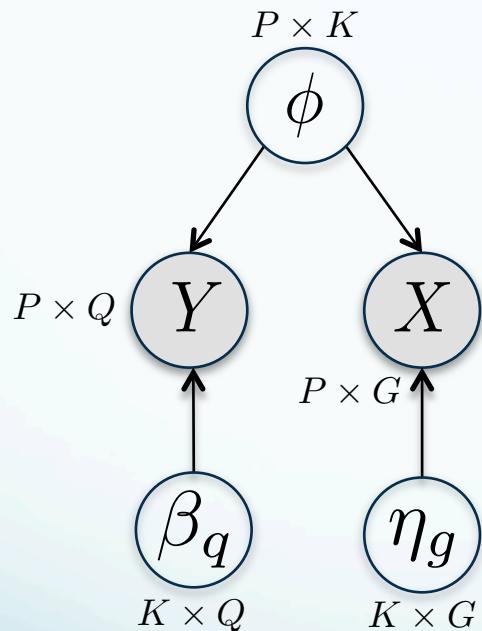


$$x_{pg} \sim \text{Poisson}(\phi_p \eta_g)$$

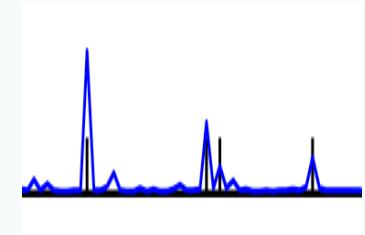
$$y_{pq} \sim \text{Poisson}(\phi_p \beta_q)$$

$$\text{others} \sim \text{Gamma}(a, b)$$

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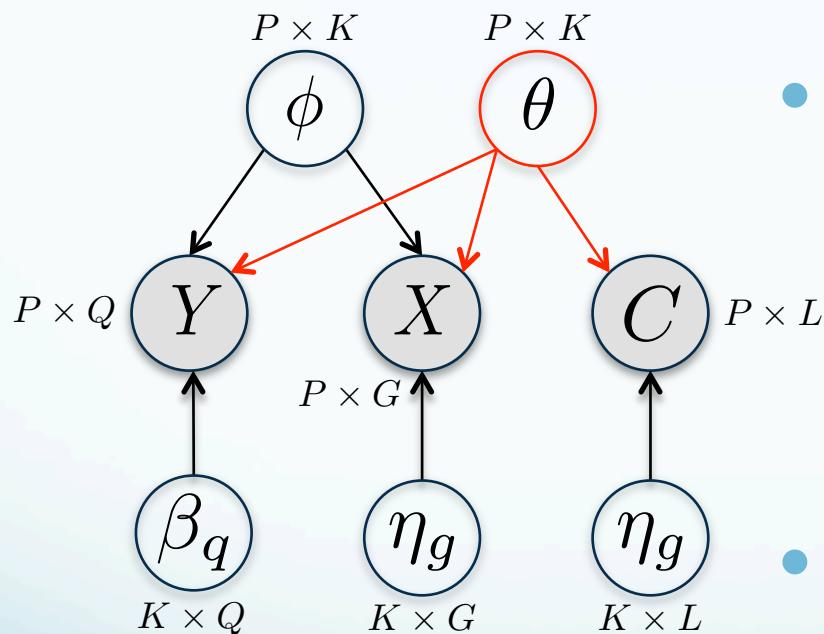
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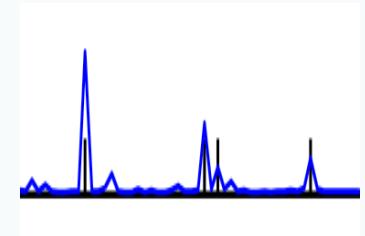
others $\sim \text{Gamma}(a, b)$

- ϕ captures structure

Poisson Factorization Model



- Clinical factors β_q
- Genetic factors η_g



$$x_{pg} \sim \text{Poisson}(\phi_p \eta_g + \theta_p \eta'_g)$$
$$y_{pq} \sim \text{Poisson}(\phi_p \beta_q + \theta_p \beta'_q)$$

others $\sim \text{Gamma}(a, b)$

- ϕ captures **interesting** structure
- θ explains away **confounders**

Some Results

| | |
|----------------|----------|
| pelvic | 0.033652 |
| <u>ovarian</u> | 0.031157 |
| vaginal | 0.022970 |
| endometria | 0.022705 |
| woman | 0.019036 |
| recurrent | 0.017424 |
| absent | 0.016078 |
| ca | 0.015917 |
| female | 0.014931 |
| surgically | 0.013436 |

| | |
|-----------------|----------|
| <u>prostate</u> | 0.119886 |
| psa | 0.062841 |
| gleason | 0.030116 |
| prostatectomy | 0.018958 |
| adenocarcinoma | 0.017361 |
| androgen | 0.012359 |
| protocol | 0.011871 |
| lupron | 0.011870 |
| urinary | 0.011405 |
| radical | 0.011151 |

| | |
|--------------|----------|
| <u>colon</u> | 0.061547 |
| folfox | 0.032459 |
| woman | 0.021636 |
| vemurafenib | 0.017319 |
| appreciated | 0.014151 |
| cea | 0.013780 |
| folfiri | 0.013745 |
| braf | 0.013290 |
| involving | 0.011781 |
| bevacizumab | 0.010973 |

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|---------|----------|
| TP53 | 0.026025 |
| KRAS | 0.023327 |
| ARID1A | 0.017346 |
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| PIK3CA | 0.011006 |

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| SPOP | 0.015479 |
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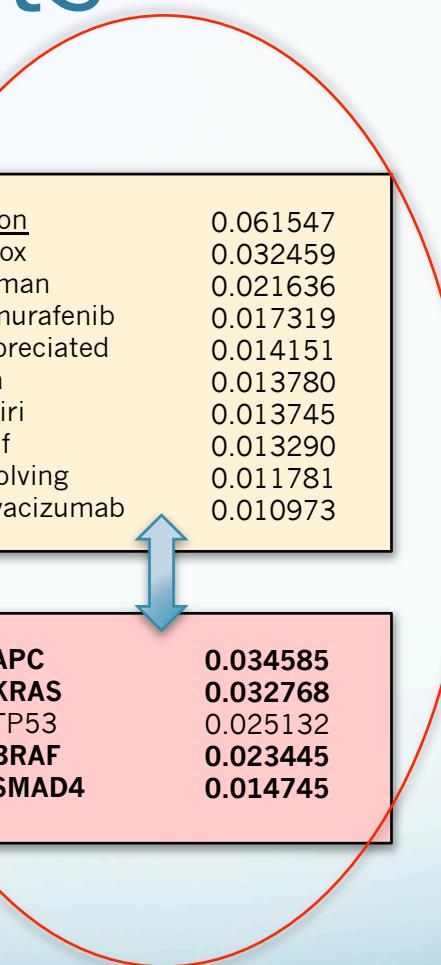
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| | |
|----------------|----------|
| rectal | 0.043272 |
| colorectal | 0.031520 |
| adenocarcinoma | 0.030553 |
| folfox | 0.025718 |
| anal | 0.021779 |
| cea | 0.013466 |
| rectum | 0.013129 |
| colon | 0.012224 |
| sooner | 0.011782 |
| bevacizumab | 0.011074 |

| | |
|-------------|-----------------|
| APC | 0.054803 |
| KRAS | 0.033947 |
| TP53 | 0.019144 |
| ATM | 0.008594 |
| MLL2 | 0.007733 |

Confounders considered



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- Extension of PFM to deal with covariates
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- Non-parametric Extension

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For more details and results, please come to my poster!!

Acknowledgements

- Julia Vogt
- Stefan Stark
- Theofanis Karaletsos
- Gunnar Rätsch
- Fernando Perez-Cruz
- Rätsch Lab

