Finding consistent disease subnetworks in data with extremely small sample sizes

Limsoon Wong





Affymetrix GeneChip Array



Talk given at QBRI, 30/3/2014



Typical Analysis Workflow

- Gene expression data collection
- DE gene selection by, e.g., t-statistic
- Classifier training based
 on selected DE genes
- Apply the classifier for diagnosis of future cases

Signal Selection Basic Idea

- Choose a signal w/ low intra-class distance
- Choose a signal w/ high inter-class distance



Image credit: Golub et al., *Science*, 286:531–537, 1999

Terminology: DE gene = differentially expressed gene



Hierarchical Clustering





Percentage of Overlapping Genes

- Low % of overlapping genes from diff expt in general
 - Prostate cancer
 - Lapointe et al, 2004
 - Singh et al, 2002
 - Lung cancer
 - Garber et al, 2001
 - Bhattacharjee et al, 2001
 - DMD
 - Haslett et al, 2002
 - Pescatori et al, 2007

Datasets	DEG	POG		
Prostate	Тор 10	0.30		
Cancer	Тор 50	0.14		
	Top100	0.15		
Lung	Тор 10	0.00		
Cancer	Тор 50	0.20		
	Top100	0.31		
DMD	Тор 10	0.20		
DIVID	Тор 50	0.42		
	Top100	0.54		

Zhang et al, Bioinformatics, 2009

 $log_{10}(0.05)$



"Most random gene expression signatures are significantly associated with breast cancer outcome"

Venet et al., PLoS Comput Biol, 7(10):e1002240, 2011.



-15

-10

p-value (log₁₀)

-5

0



Individual Genes

- Suppose
 - Each gene has 50% chance to be high
 - You have 3 disease and 3 normal samples
- Prob(a gene is correlated)
 = 1/2⁶
- # of genes on array = 30,000
- ⇒ E(# of correlated genes) = 469
- How many genes on a microarray are expected to perfectly correlate to these samples?
- \Rightarrow Many false positives
- These cannot be eliminated based on pure statistics!



Gene Regulatory Circuits



- Each disease phenotype has some underlying cause
- There is some unifying biological theme for genes that are truly associated with a disease subtype
- Uncertainty in selected genes can be reduced by considering biological processes of the genes
- The unifying biological theme is basis for inferring the underlying cause of disease subtype



Overlap Analysis: ORA



threshold), and checking the significance of the size of the intersection using the hypergeometric test

S Draghici et al. "Global functional profiling of gene expression". *Genomics*, 81(2):98-104, 2003.



Disappointing Performance

upregulated in DMD





Issue #1 with ORA

- Its null hypothesis basically says "Genes in the given pathway behaves no differently from randomly chosen gene sets of the same size"
- This may lead to lots of false positives



• A biological pathway is a series of actions among molecules in a cell that leads to a certain product or a change in a cell. Thus necessarily the behavour of genes in a pathway is more coordinated than random ones



Issue #2 with ORA

- It relies on a predetermined list of DE genes
- This list is sensitive to the test statistic used and to the significance threshold used
- This list is unstable regardless of the threshold used when sample size is small



t-test p.value(s)



Issue #3 with ORA

- It tests whether the entire pathway is significantly differentially expressed
- If only a branch of the pathway is relevant to the phenotypes, the noise from the large irrelevant part of the pathways can dilute the signal from that branch





GSEA in Gene Permutation Mode



Note: Class label permutation mode cannot be used when sample size is small

A Subramanian et al. "Gene set enrichment analysis: A knowledge-based approach for interpreting genome wide expression profiles". *PNAS*, 102(43):15545-15550, 2005

Issue #2 is mostly solved

- Does not need pre-determined list of DE genes
- But gene ranking (based on t-test p-value) is still unstable when sample size is small



Better Performance

upregulated in DMD



Copyright 2014 © Limsoon Wong,

ORA-Paired: Paired Test and New Null Hypothesis



16

- Let g_i be genes in a given pathway P
- Let p_j be patients
- Let q_k be normals
- Let $\Delta_{i,j,k} = \text{Expr}(g_i,p_j) \text{Expr}(g_i,q_k)$
- Test whether $\Delta_{i,j,k}$ is a distribution with mean 0

Issue #1 is solved

The null hypothesis is now "If a pathway P is irrelevant to the difference between patients and normals, then the genes in P are expected to behave similarly in patients and normals"

Issue #2 is solved

- No longer need a pre-determined list of DE genes
- Sample size is now much larger
 - # patients + # normals
 - # patients * # normals * # genes in P



Much Better Performance

upregulated in DMD



NEA-Paired: Paired Test on Subnetworks

- Given a pathway P
- Let each node and its immediate neighbourhood in P be a subnetwork
- Apply ORA-Paired on each subnetwork individually

- Issues #1 & #2 are solved as per ORA-Paired
- Issue #3 is partly solved
 - Testing subnetworks instead of whole pathways
 - But subnetworks derived in fragmented way



Even Better Performance

upregulated in DMD



Copyright 2014 © Limsoon Wong,



ESSNet: Larger Subnetworks

- Compute the average rank of a gene based on its expression level in patients
- Use the top α% to extract large connected components in pathways
- Test each component using ORA-Paired



- Gene rank is very stable
- Issues #1 #3 solved



Fantastic Performance

upregulated in DMD



Copyright 2014 © Limsoon Wong,



More Datasets Tested



Talk given at QBRI, 30/3/2014



Do ESSNet results agree on small datasets vs big datasets?

		Precision						Recall						
		DMD		Al	ALL		BCR		DMD		ALL		BCR	
		D	$\neg D$	D	$\neg D$	D	$\neg D$	D	$\neg D$	D	$\neg D$	D	$\neg D$	
sample size (N)	2	0.96	0.88	0.87	0.95	0.93	0.91	0.45	0.31	0.34	0.25	0.19	0.17	
	3	0.93	0.86	0.99	0.89	0.90	0.87	0.56	0.45	0.56	0.41	0.21	0.16	
	4	0.88	0.88	0.97	0.92	0.91	0.87	0.67	0.50	0.51	0.53	0.35	0.48	
	5	0.89	0.88	0.94	0.90	0.89	0.90	0.73	0.52	0.74	0.55	0.36	0.38	
	6	0.82	0.88	0.93	0.92	0.89	0.91	0.78	0.62	0.74	0.62	0.44	0.438	
	7	0.85	0.86	0.95	0.93	0.90	0.87	0.75	0.59	0.66	0.64	0.55	0.53	
	8	0.84	0.89	0.97	0.94	0.90	0.92	0.81	0.69	0.74	0.66	0.61	0.66	
	9	0.88	0.90	0.94	0.92	0.89	0.89	0.90	0.67	0.76	0.74	0.65	0.67	
	10	0.88	0.93	0.97	0.92	0.90	0.90	0.86	0.84	0.89	0.74	0.66	0.73	

- The table above uses ESSNet's results on entire datasets as the benchmark to evaluate ESSNet's results on small subsets of the datasets
- The precision (i.e., agreement) is superb, though some subnetworks are missed when smaller datasets are analysed

Talk given at QBRI, 30/3/2014



Leukemias: IL-4 Signaling in ALL

mRNA



For the Leukemia dataset (in which patients are either classified to have acute lymphoblastic leukemia or acute myeloid leukemia), one of the significant subnetworks that is biologically relevant is part of the Interleukin-4 signaling pathway; see figure 6b (supplementary material). The binding of Interleukin-4 to its receptor (Cardoso et al., 2008) causes a cascade of protein activation involving JAK1 and STAT6 phosphorylation. STAT6 dimerizes upon activation and is transported to the nucleus and interacts with the RELA/NFKB1 transcription factors, known to promote the proliferation of T-cells (Rayet and Gelinas, 1999). In contrast, acute myeloid leukemia does not have genes in this subnetwork up-regulated and are known to be unrelated to lymphocytes.

IL4

IL4R | IL2RG



Concluding Remarks

- Consistent successful gene expression profile analysis needs deep integration of background knowledge
- Most gene expression profile analysis methods fail to give reproducible results when sample size is small (and some even fail when sample size is quite large)
- Logical analysis to identify key issues and simple logical solution to the issues can give fantastic results



Acknowledgements

- My students
 - Donny Soh
 - Dong Difeng
 - Kevin Lim
 - Li Zhenhua
- & collaborator
 - Choi Kwok Pui
- MOE

- Donny Soh, Difeng Dong, Yike Guo, Limsoon Wong. Finding Consistent Disease Subnetworks Across Microarray Datasets. BMC Genomics, 12(Suppl. 13):S15, November 2011
- Kevin Lim, Limsoon Wong. Finding consistent disease subnetworks using PFSNet. *Bioinformatics*, 30(2):189--196, January 2014
- Kevin Lim, Zhenhua Li, Kwok Pui Choi, Limsoon Wong. ESSNet: Finding consistent disease subnetworks in data with extremely small sample sizes. In preparation