

# Sample-specific cancer pathway analysis using **PARADIGM**

Stephen Benz

Thesis Advancement  
June 15, 2010

# Outline

I. Introduction

II. Previous Work

III. Aim 1: PARADIGM - Integrated Pathway Analysis

IV. Aim 2: Modeling pathways using sequence data

V. Aim 3: Directing combination therapies

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**I. Introduction**

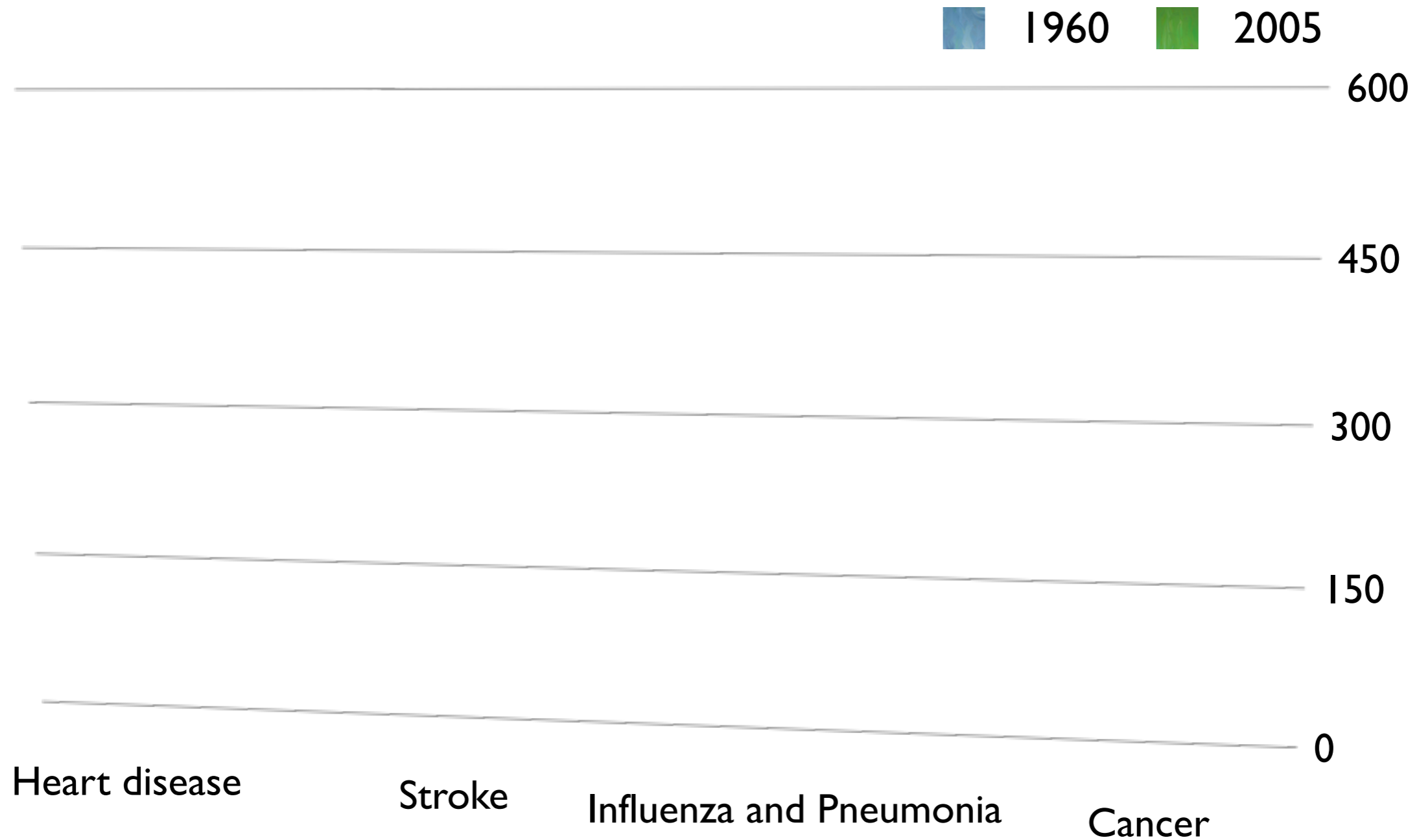
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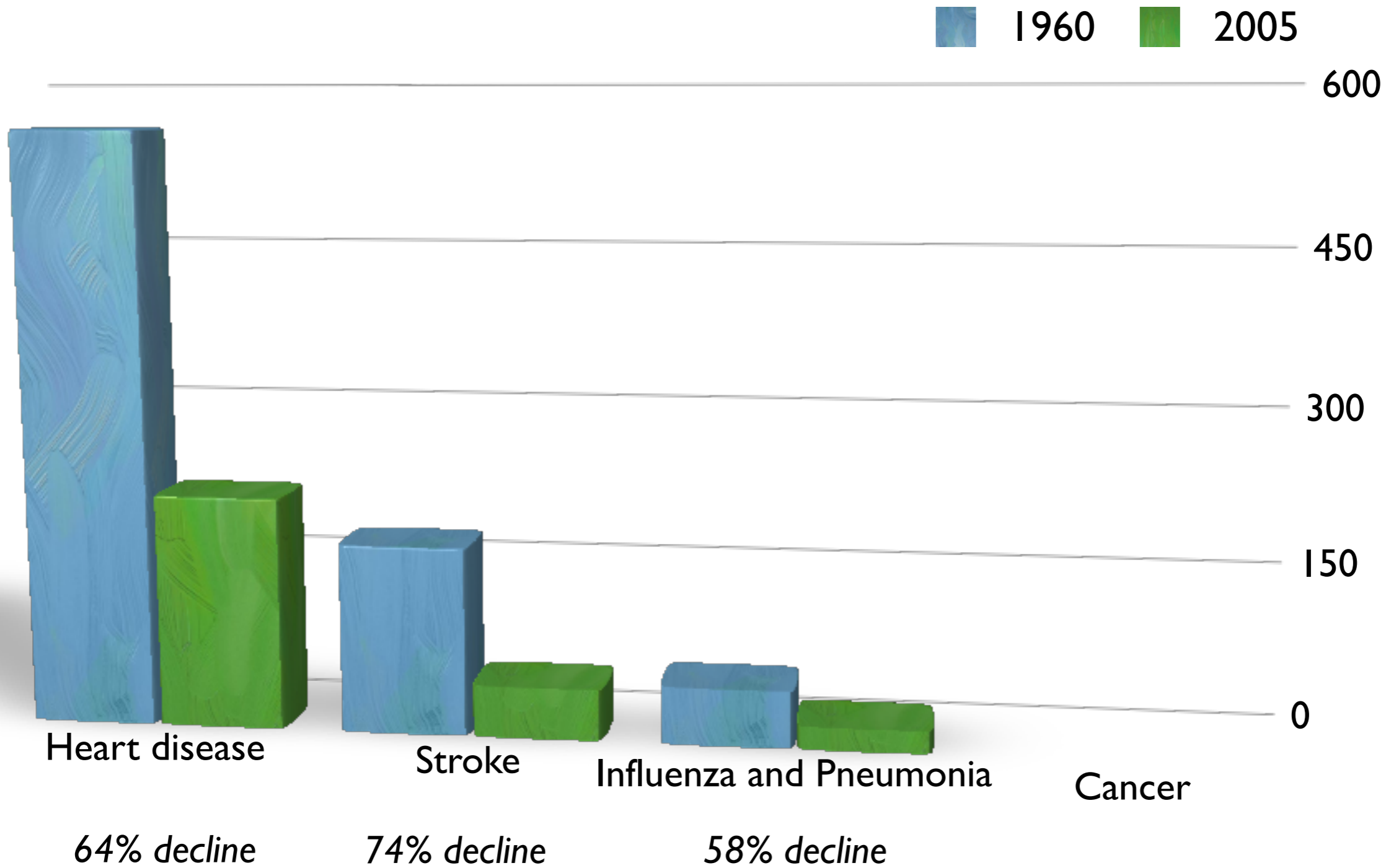
V. Aim 3: Directing combination therapies

# Deaths in the US



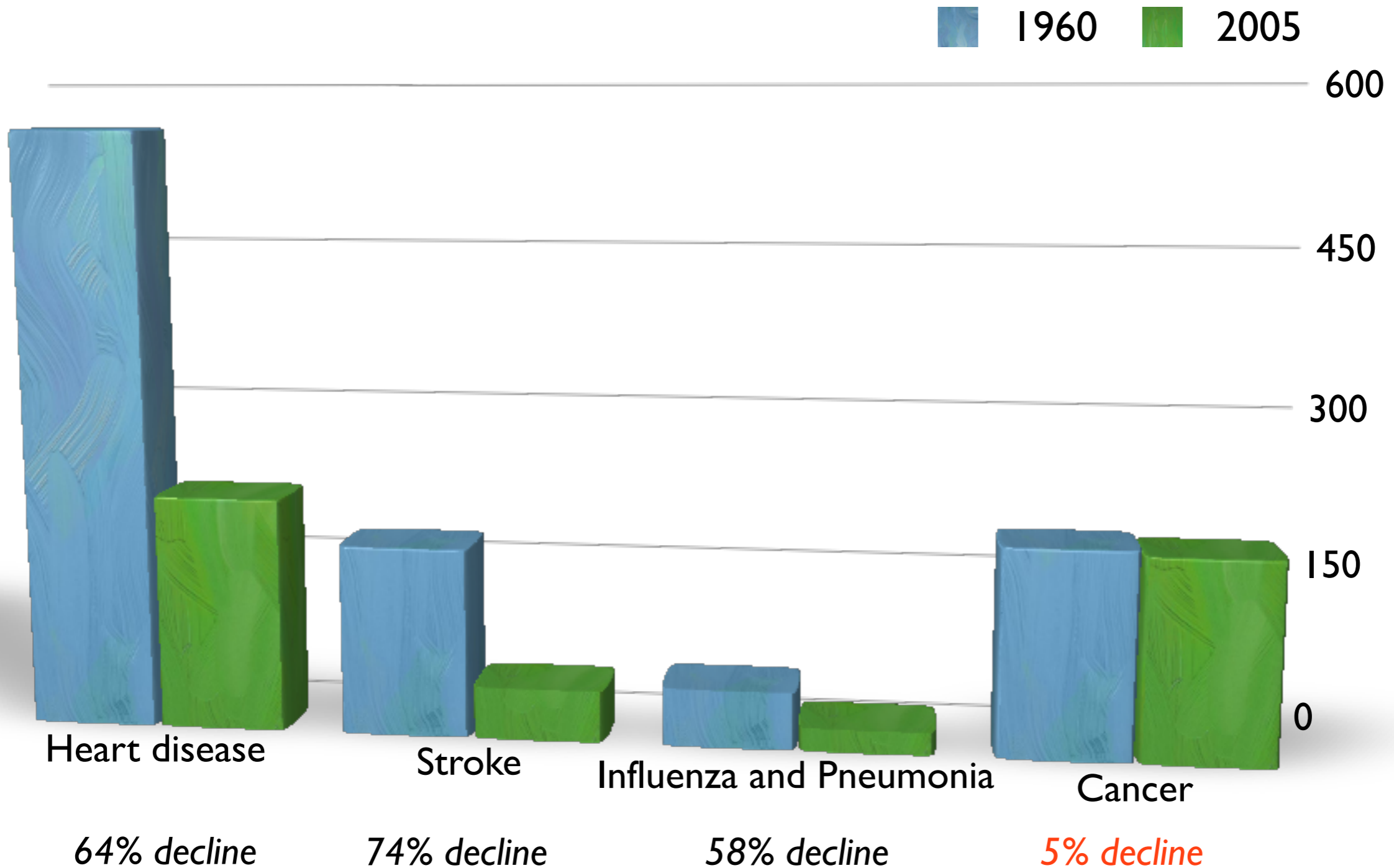
Source: U.S. National Center for Health Statistics, National Vital Statistics Reports, Vol. 54, No. 19, June 28, 2006. Obtained at <http://www.infoplease.com/ipa/A0005124.html>  
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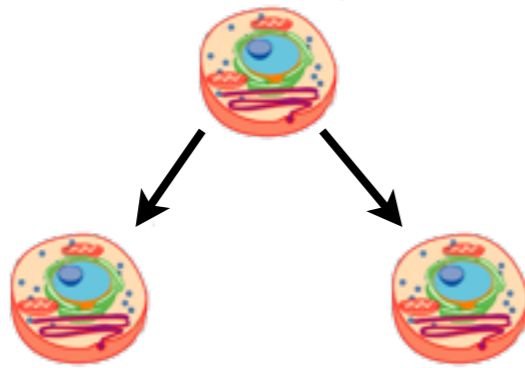
# Mechanics of Cancer

## Normal Cell Division



# Mechanics of Cancer

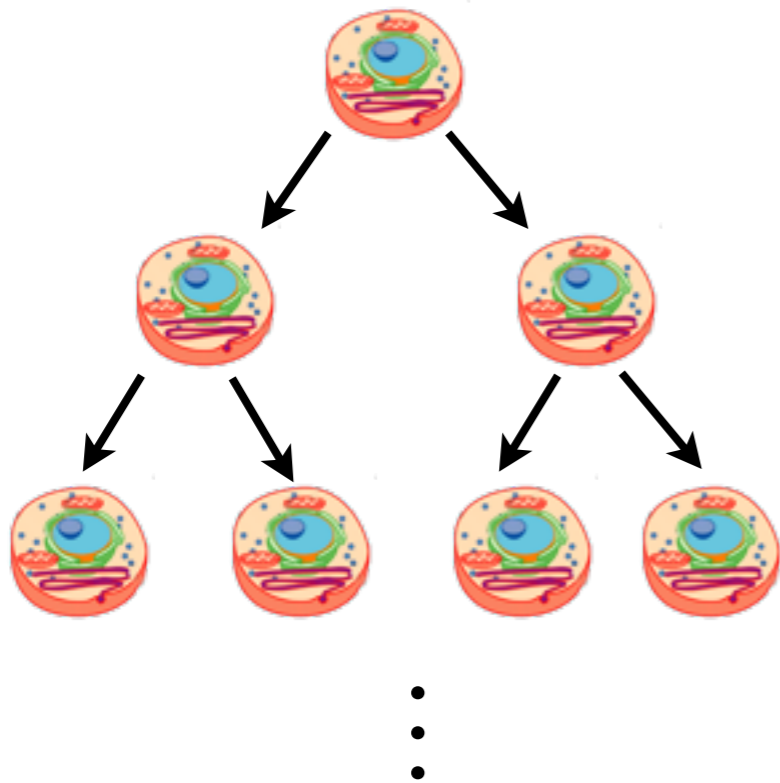
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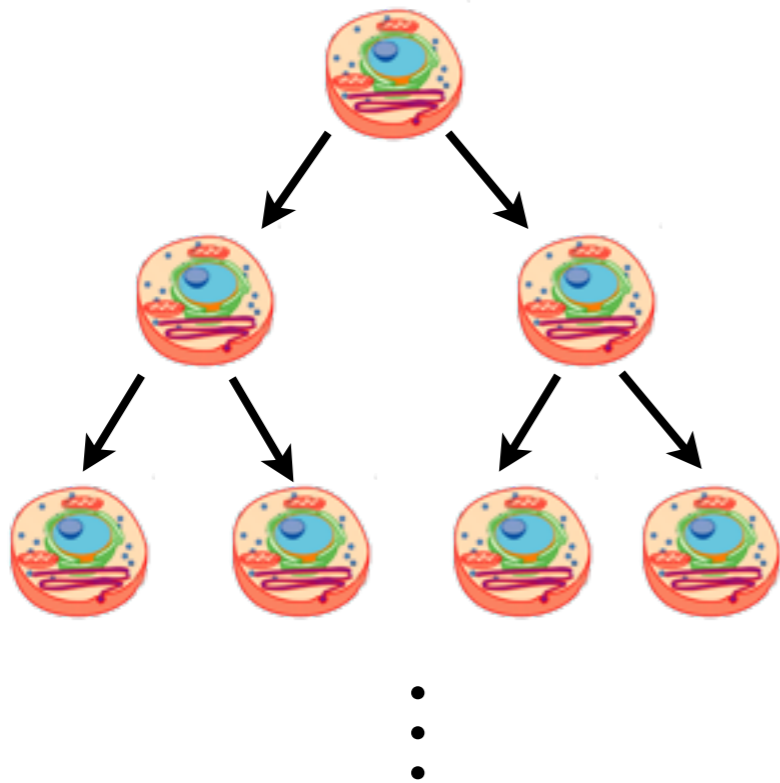
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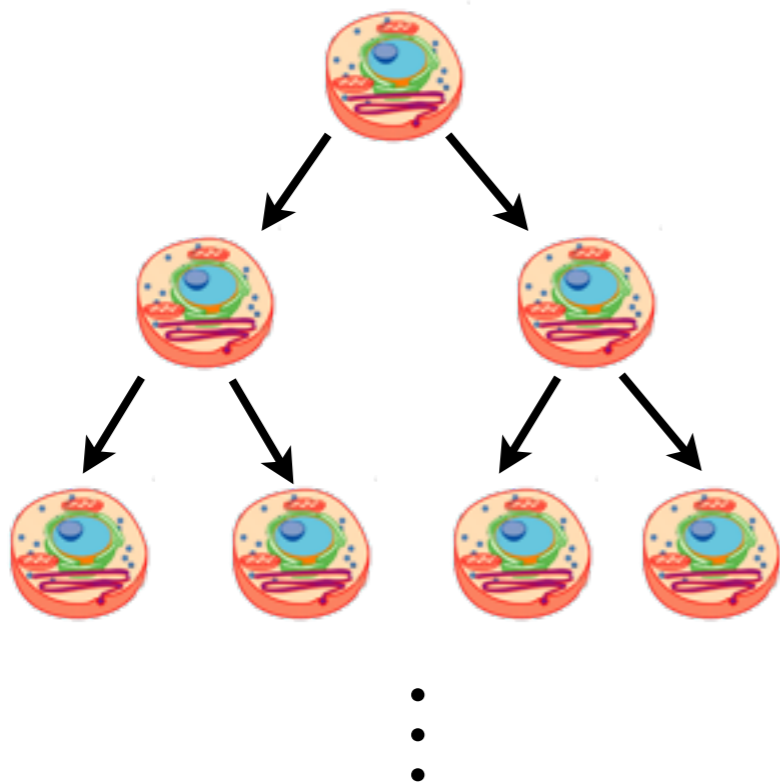


Cancer



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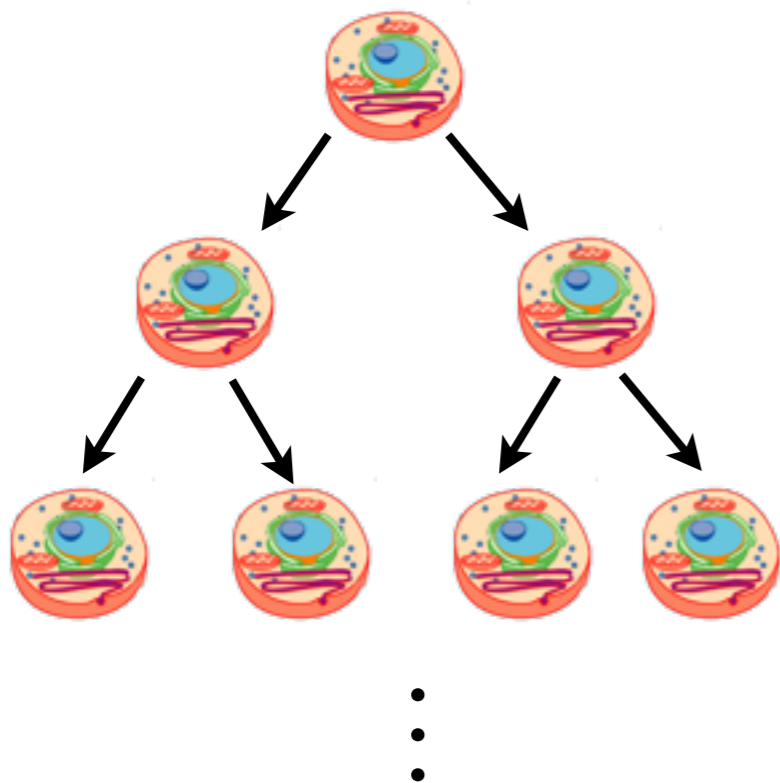
Cancer



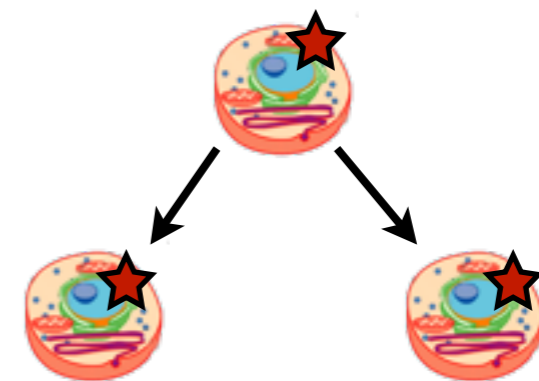
★ Inherited Mutation

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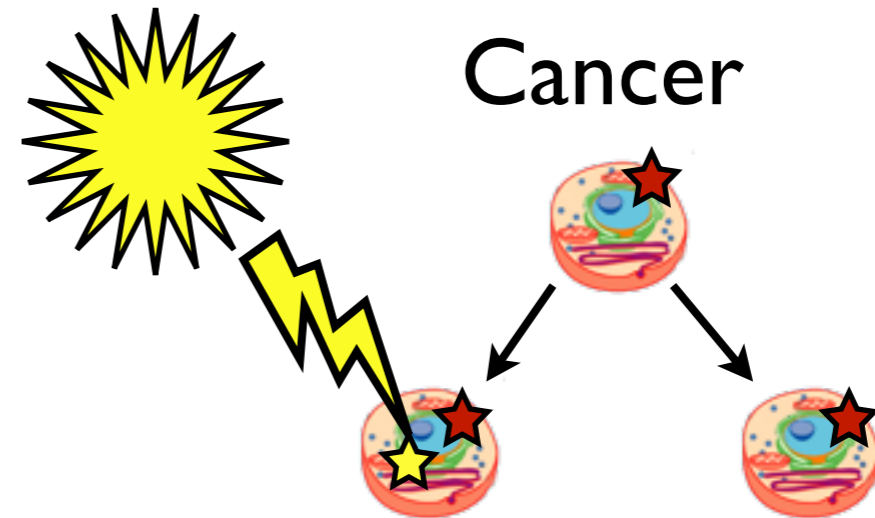
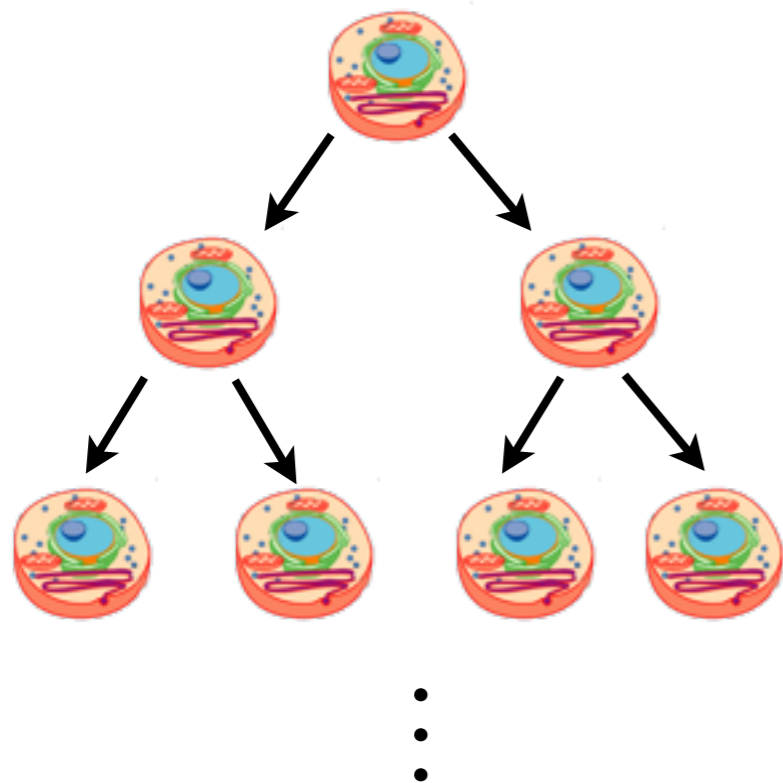
## Cancer



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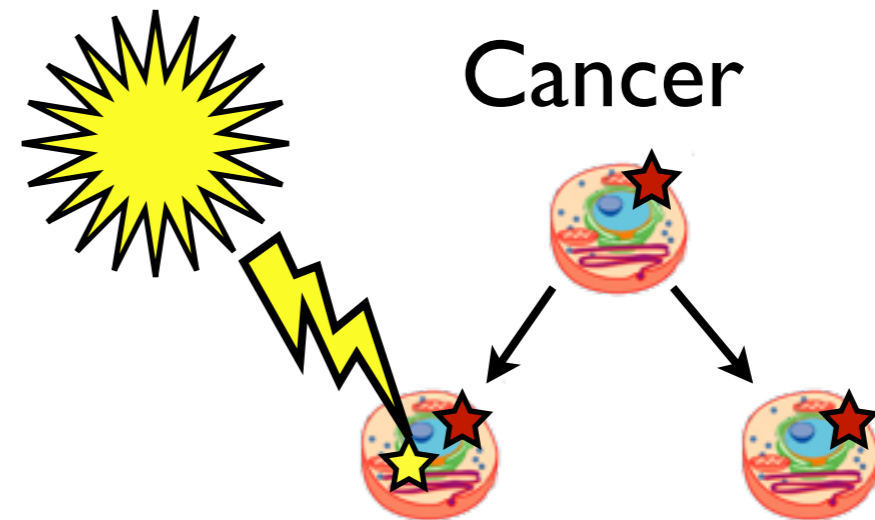
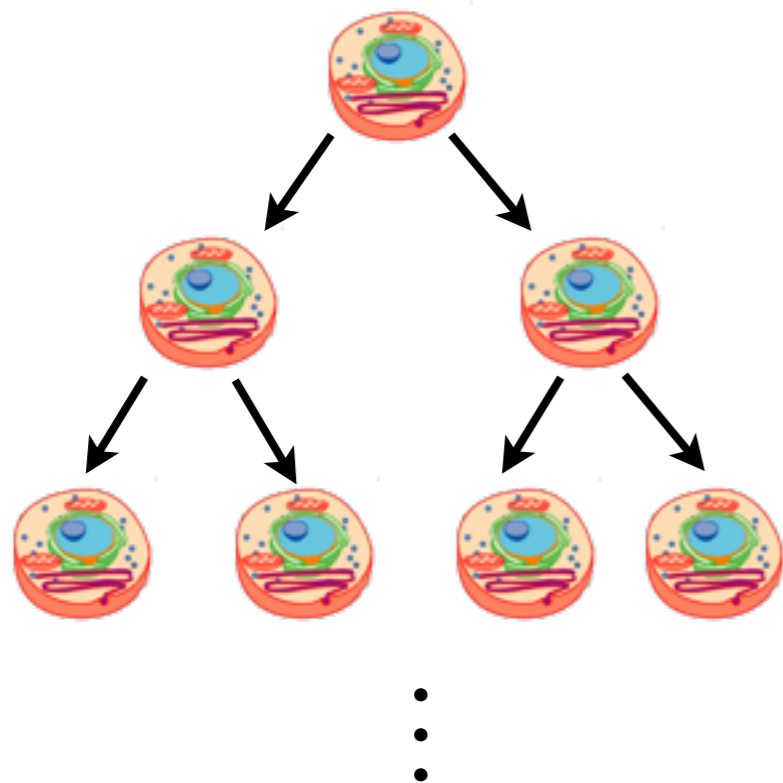
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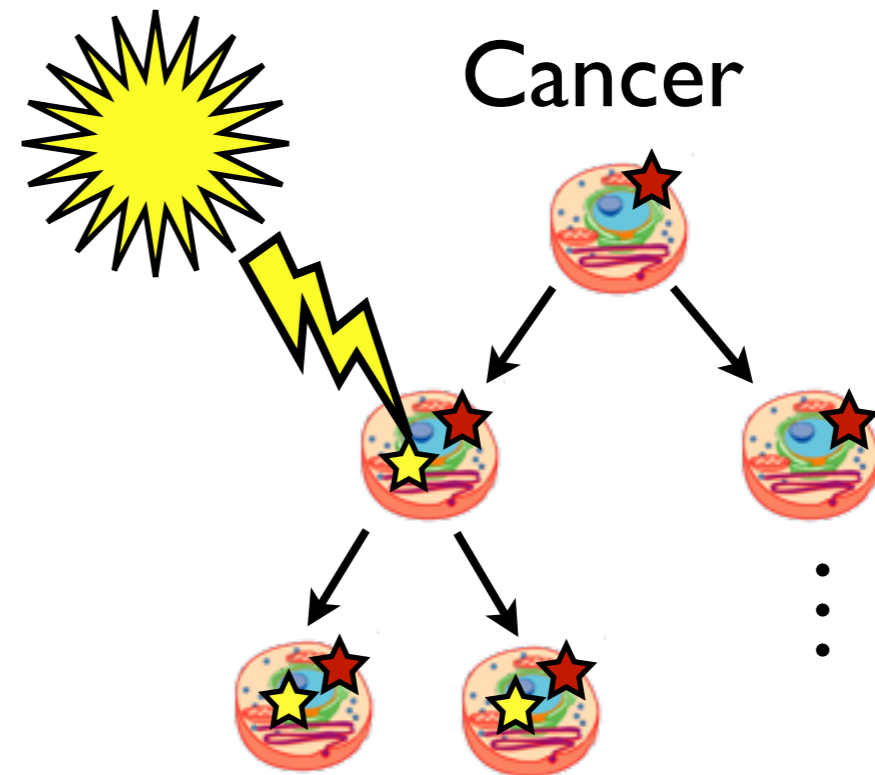
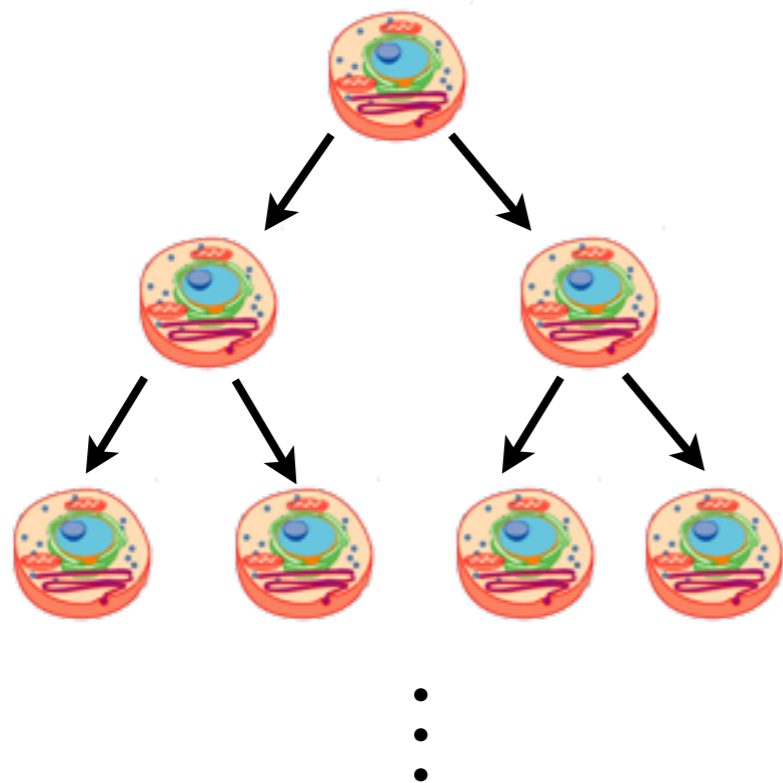
## Normal Cell Division



- ★ Inherited Mutation
- ★ Somatic Mutation

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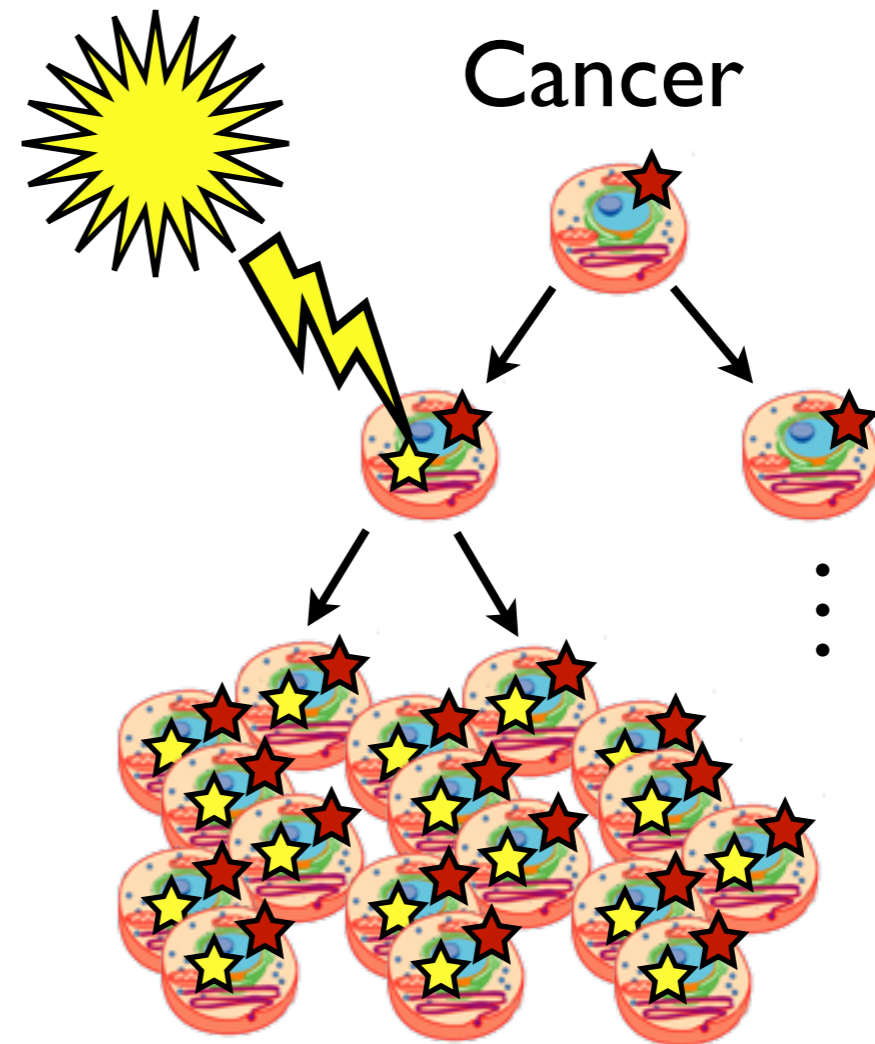
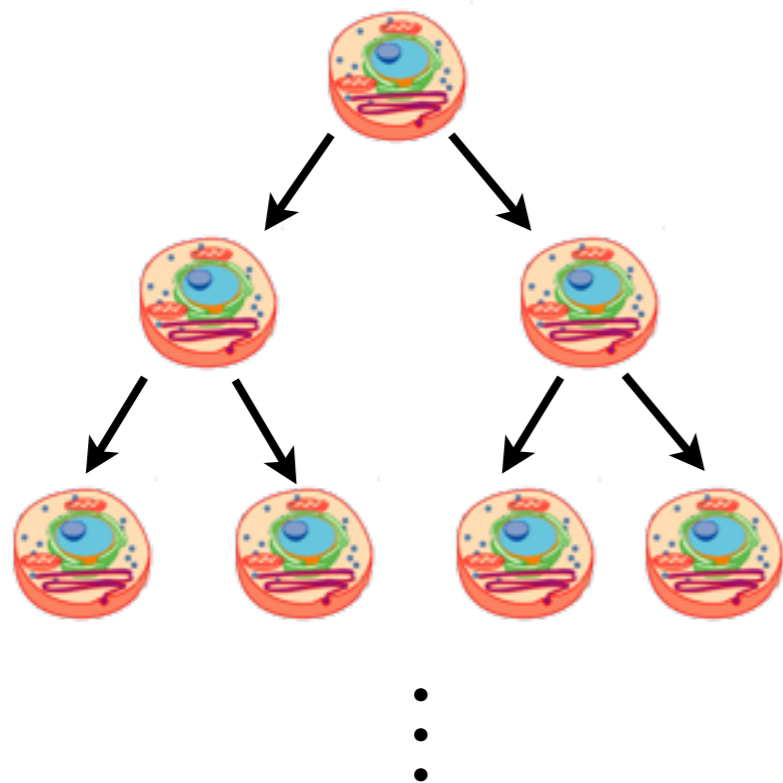
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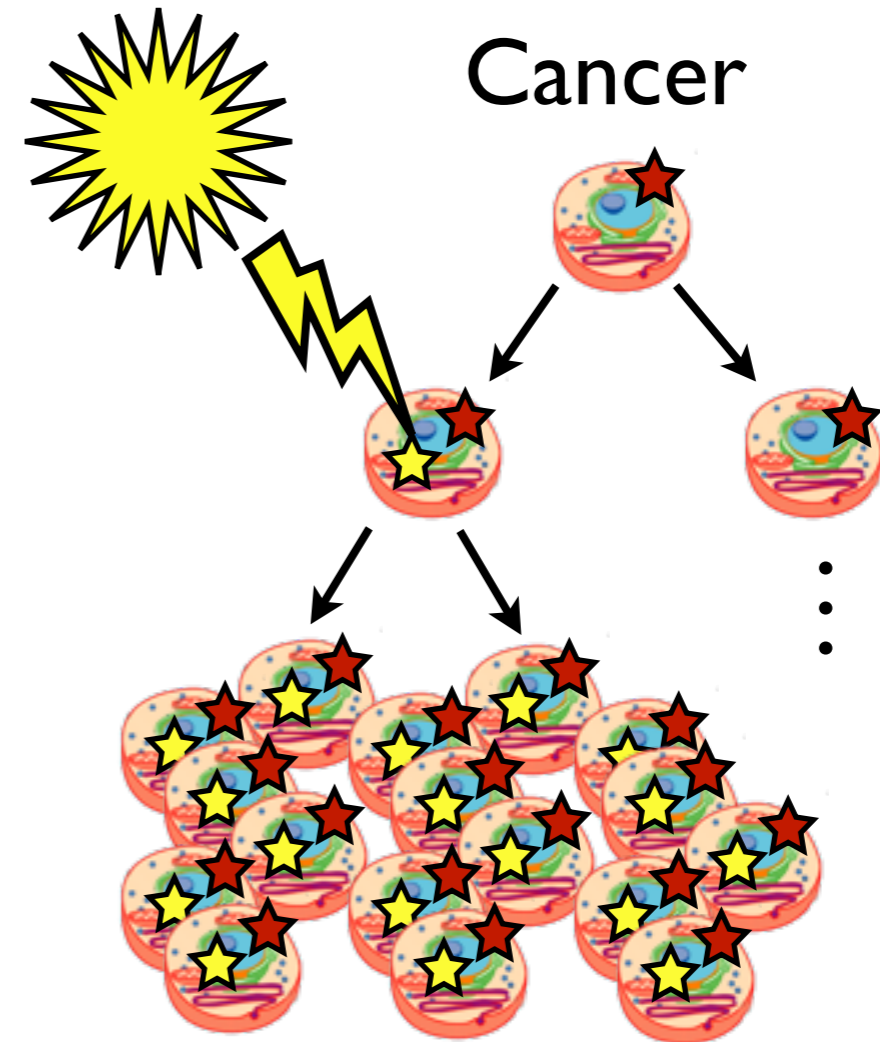
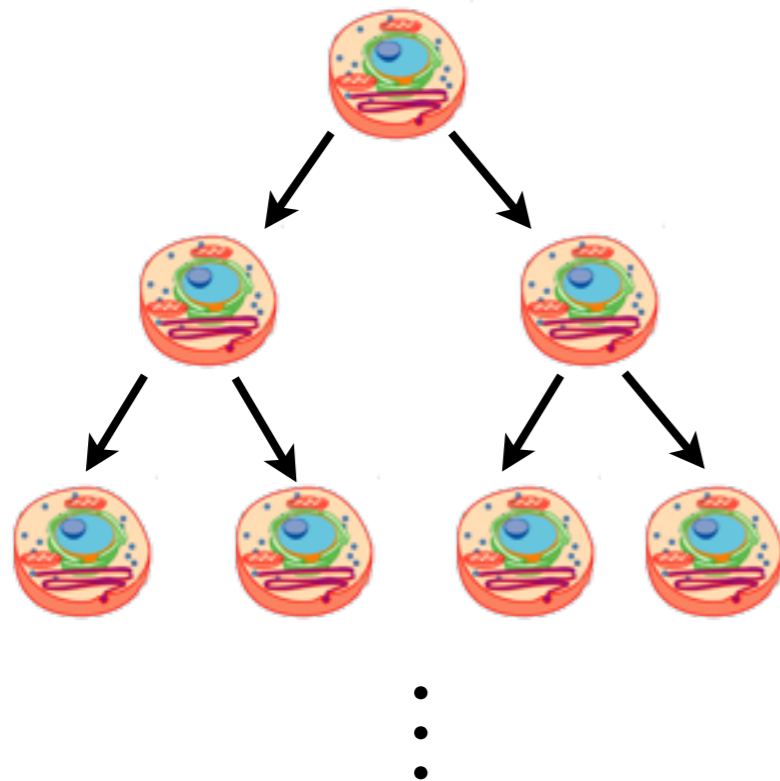


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# Mechanics of Cancer

Normal Cell Division



- ★ Inherited Mutation
- ☆ Somatic Mutation

Another Possibility: Over-activation of an oncogene

# Treatment Options

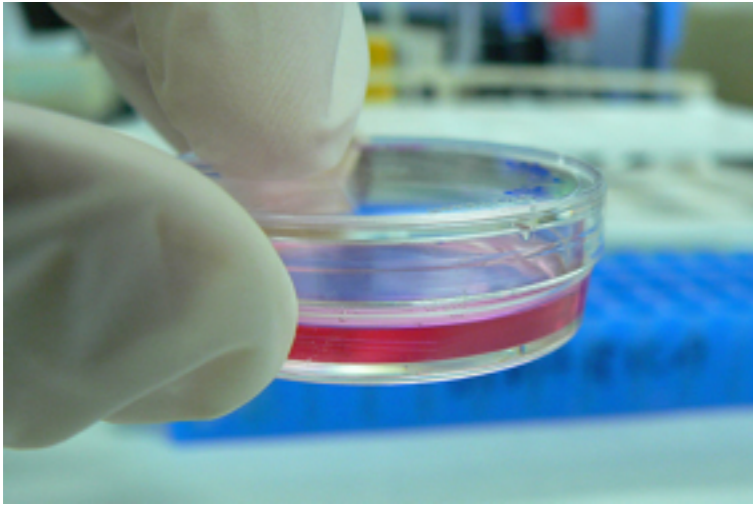
# Treatment Options

- Classical Treatments
  - Surgery
  - Chemotherapy

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- Classical Treatments
  - Surgery
  - Chemotherapy
- New Kids on the Block: Targeted Therapies
  - Tamoxifen (1977)
  - Trastuzumab (Herceptin) (1998)
  - 30+ targeted therapies now FDA approved

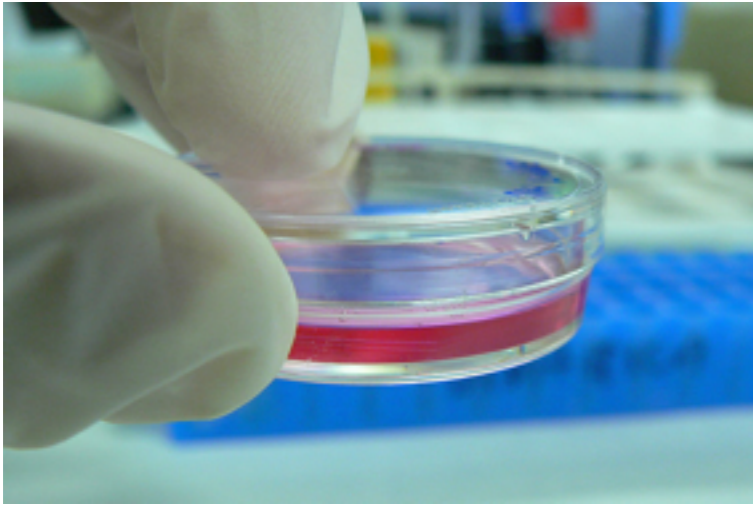
# Data Processing



## Single Gene Assays

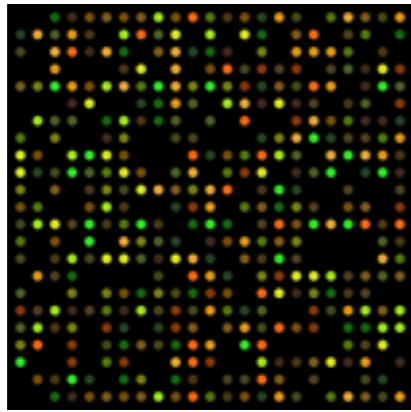
~1 datapoint

# Data Processing



## Single Gene Assays

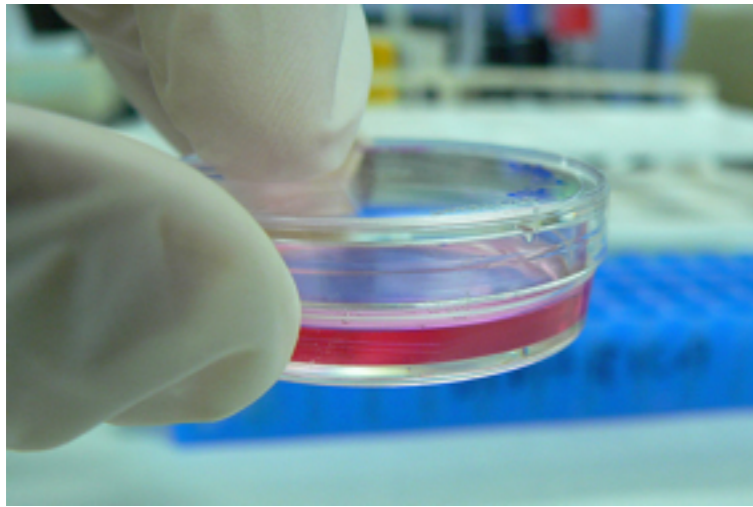
~1 datapoint



## Microarray Revolution (1990)

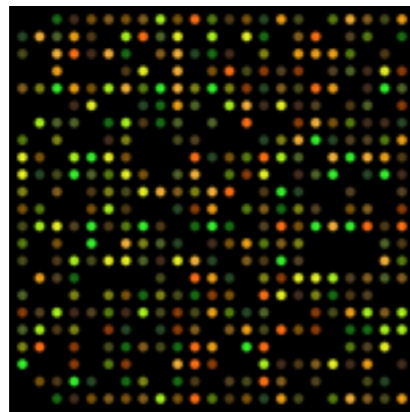
~1 million datapoints

# Data Processing



## Single Gene Assays

~1 datapoint



## Microarray Revolution (1990)

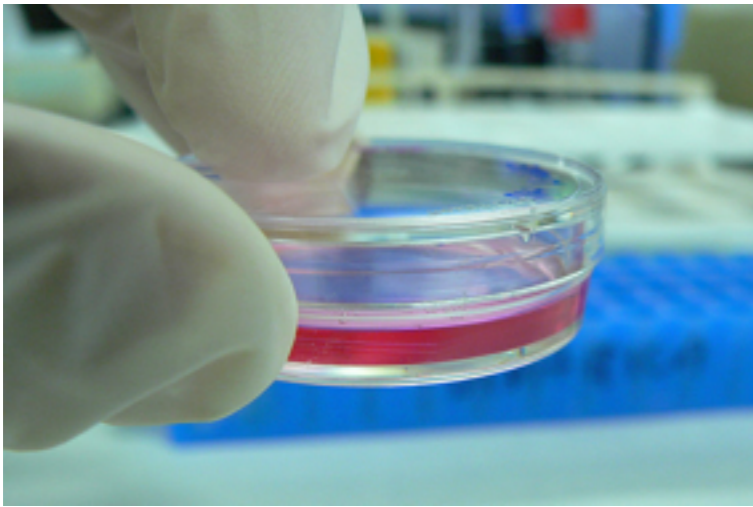
~1 million datapoints



## Sequencing Revolution (2010)

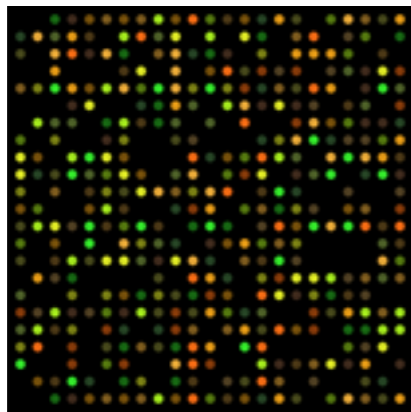
>200 billion datapoints

# Data Processing



## Single Gene Assays

~1 datapoint



## Microarray Revolution (1990)

~1 million datapoints



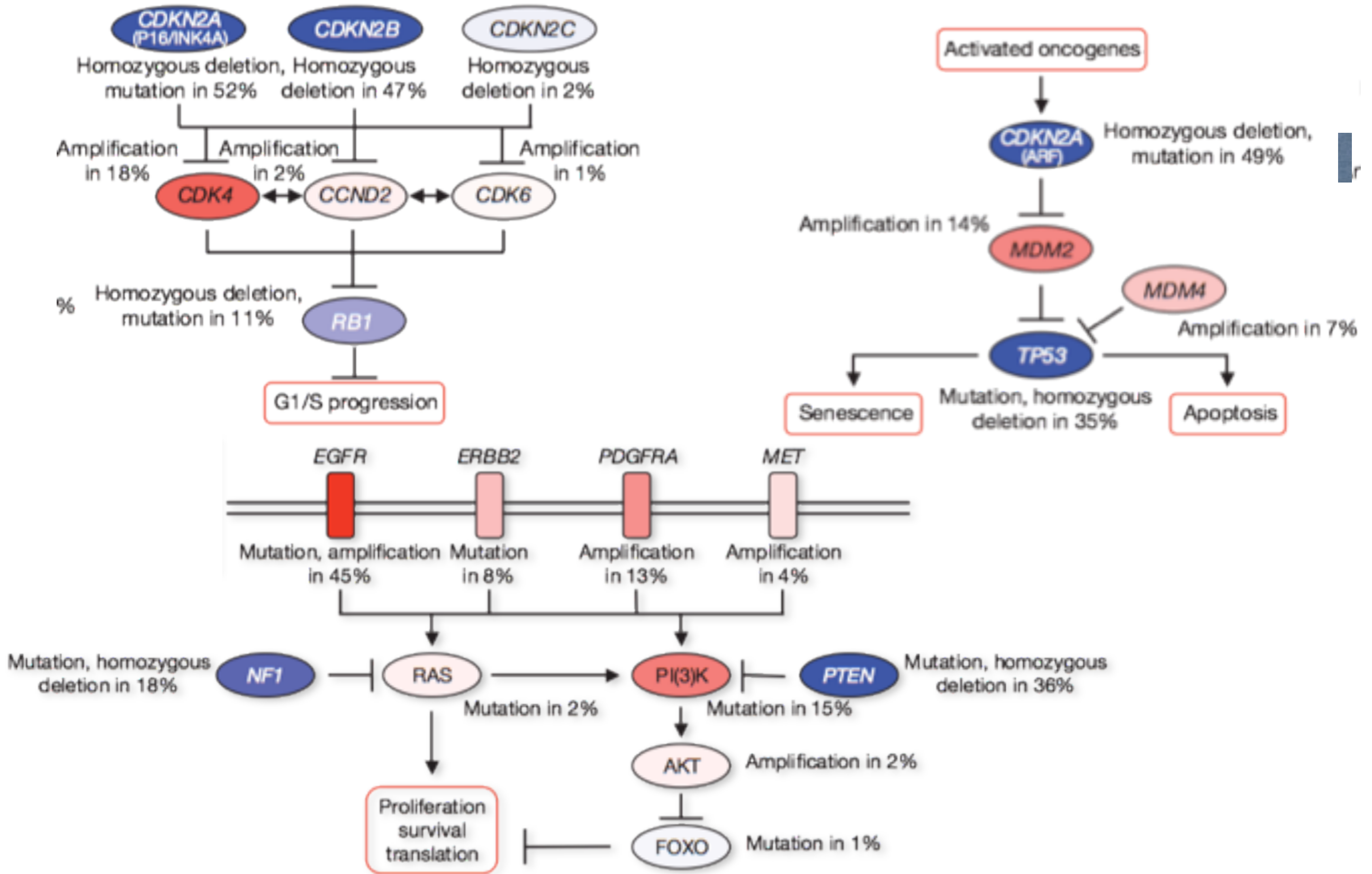
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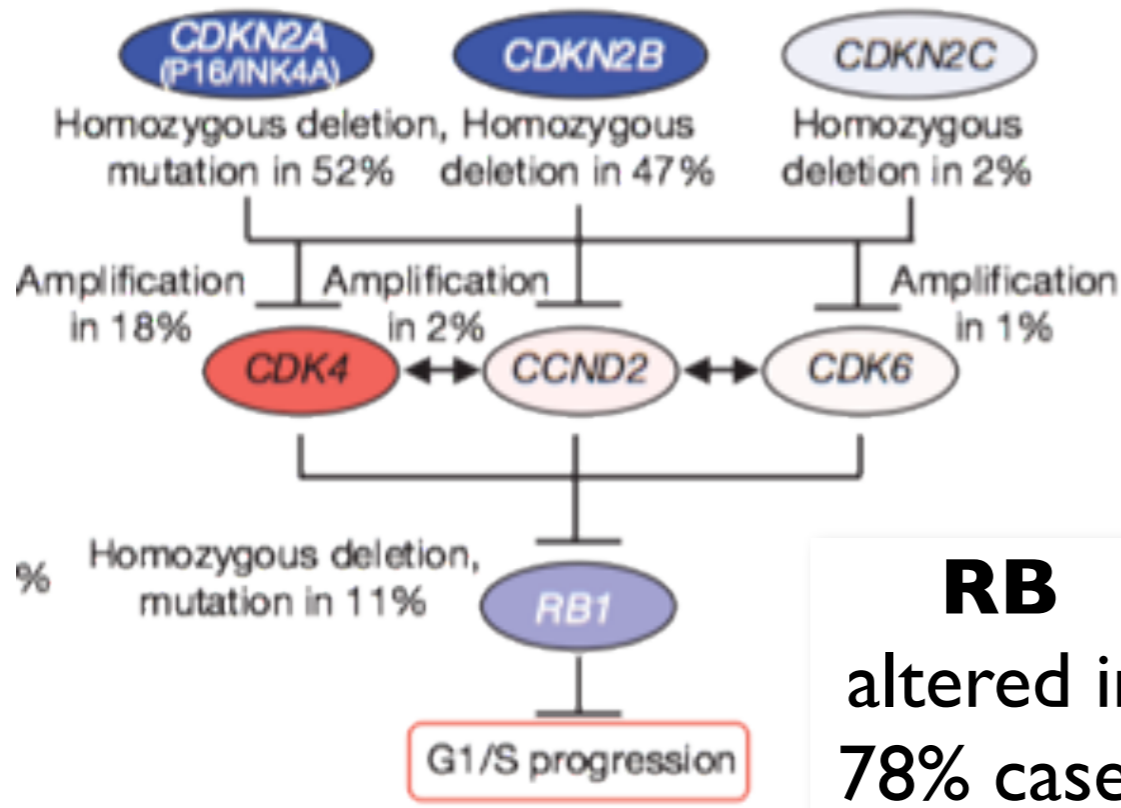
How do we make this information clinically actionable?



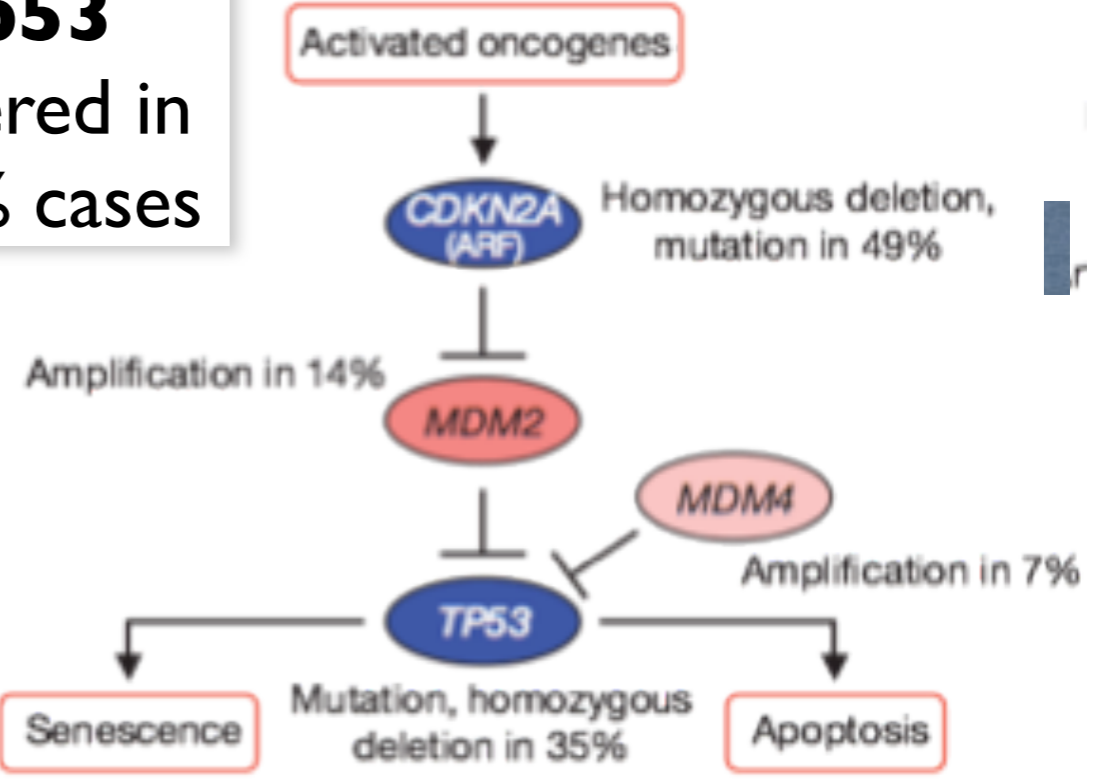
# Approach the Problem with Pathways



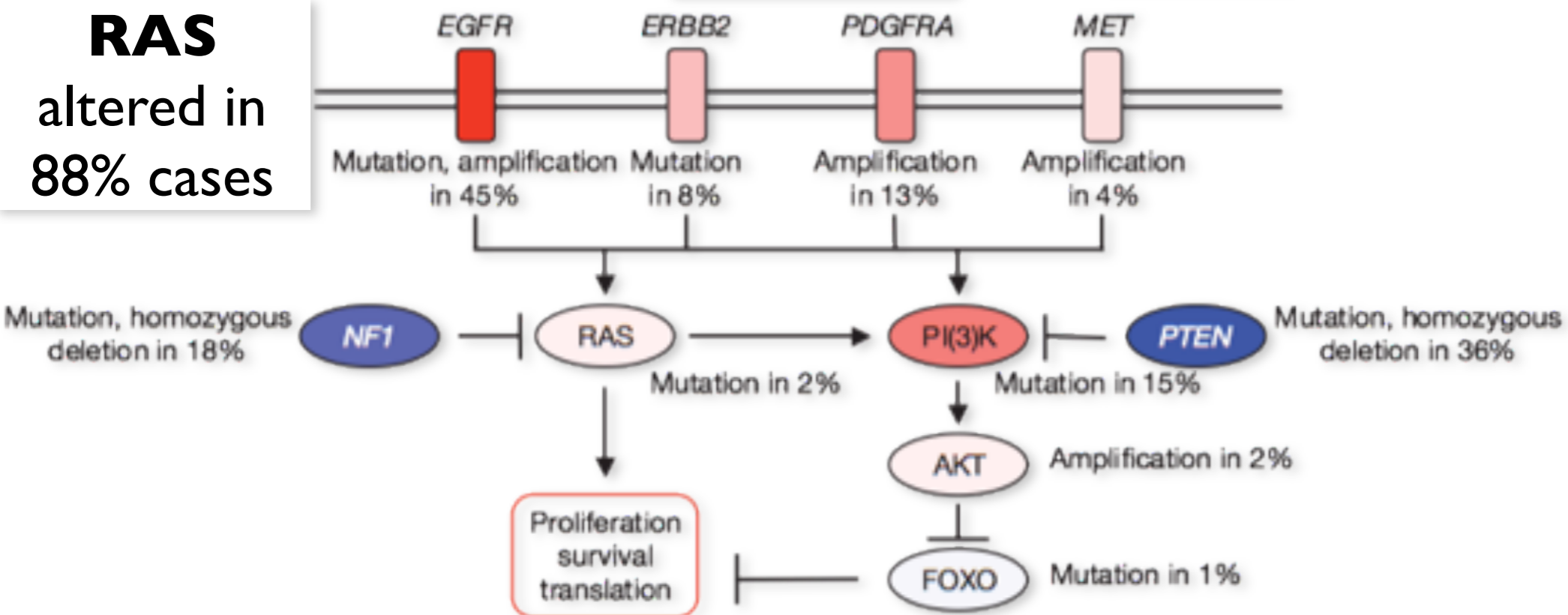
# Approach the Problem with Pathways



**p53**  
altered in  
87% cases



**RAS**  
altered in  
88% cases



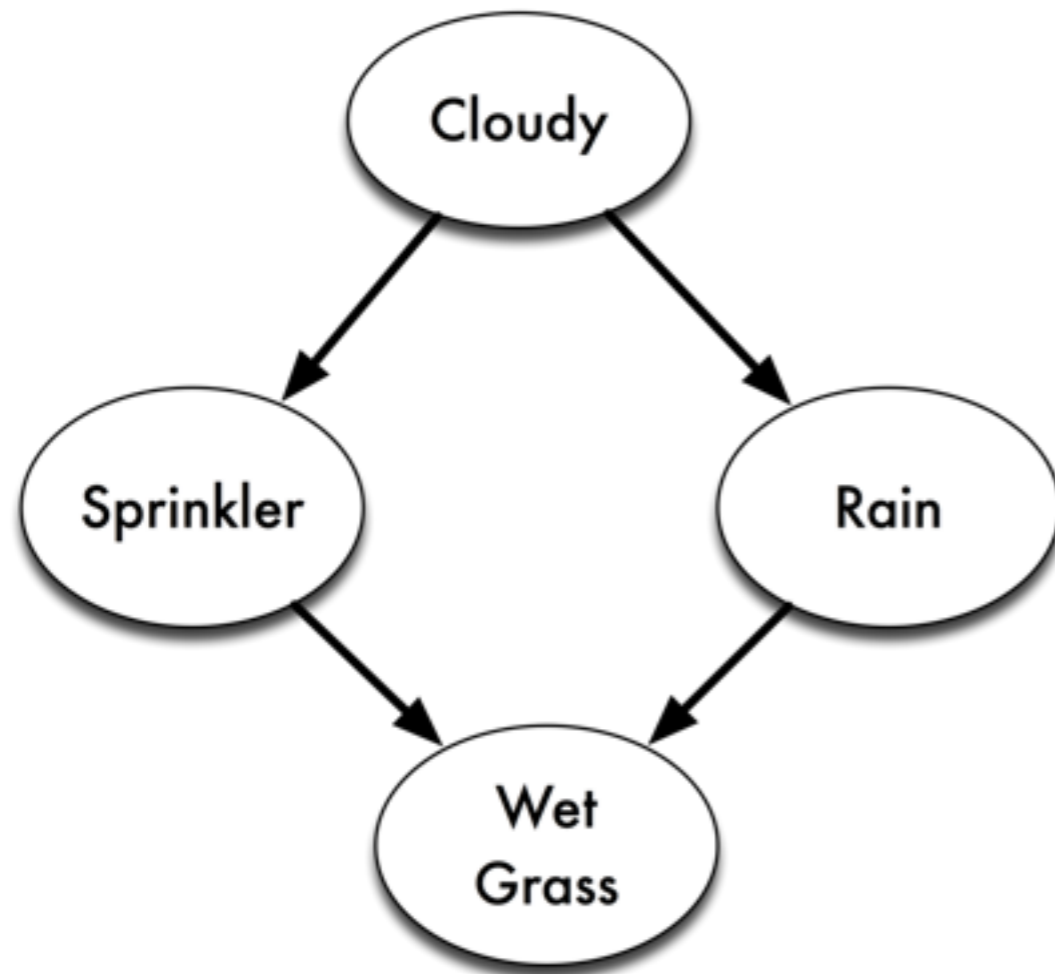
# Analyzing Pathways

- **Overlay data on curated pathway structure**
  - (TCGA Research Network, 2008)
- **Treat pathways as genesets (bags of genes)**
  - GSEA (Subramanian et al., 2005)
- **Bayesian Networks**
  - (Segal et al., 2001)

# Factor Graphs

Bipartite graph

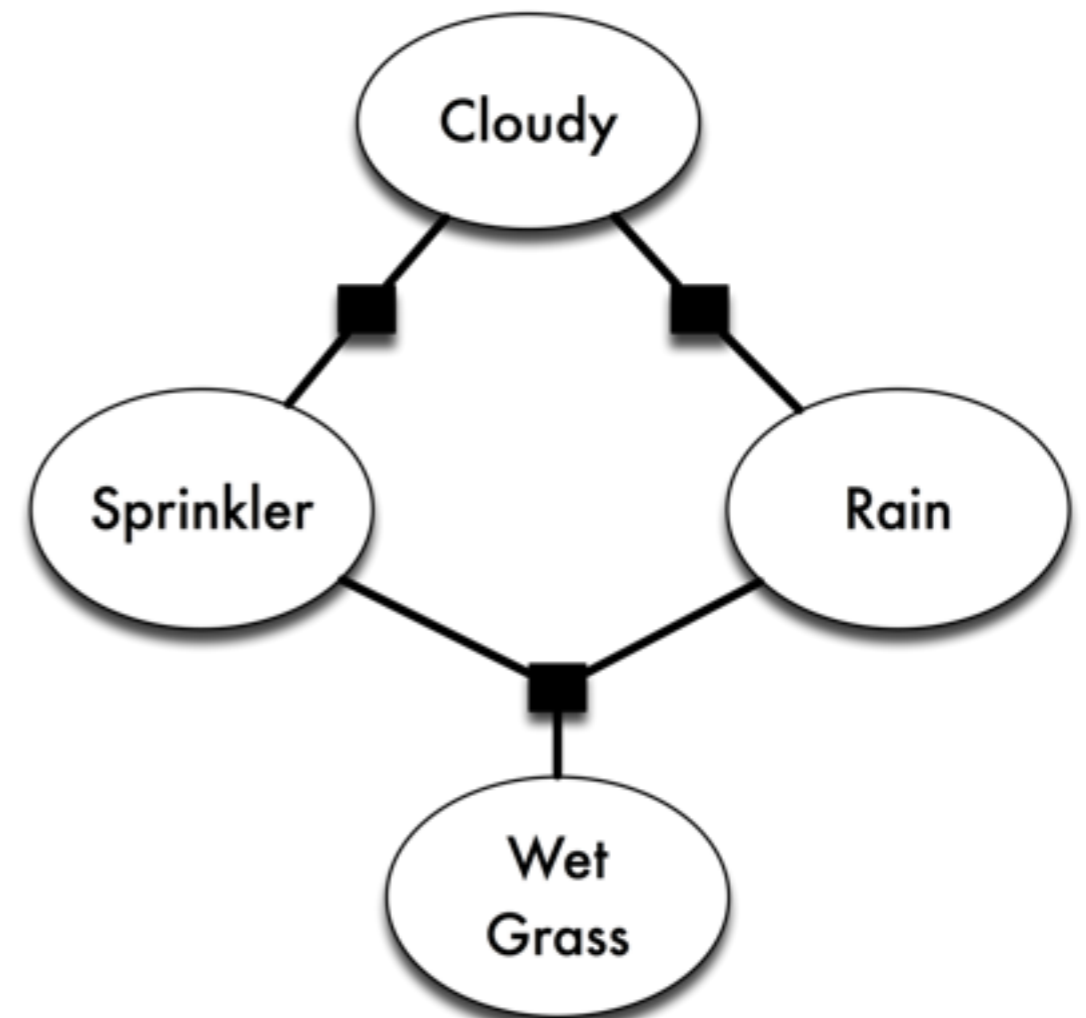
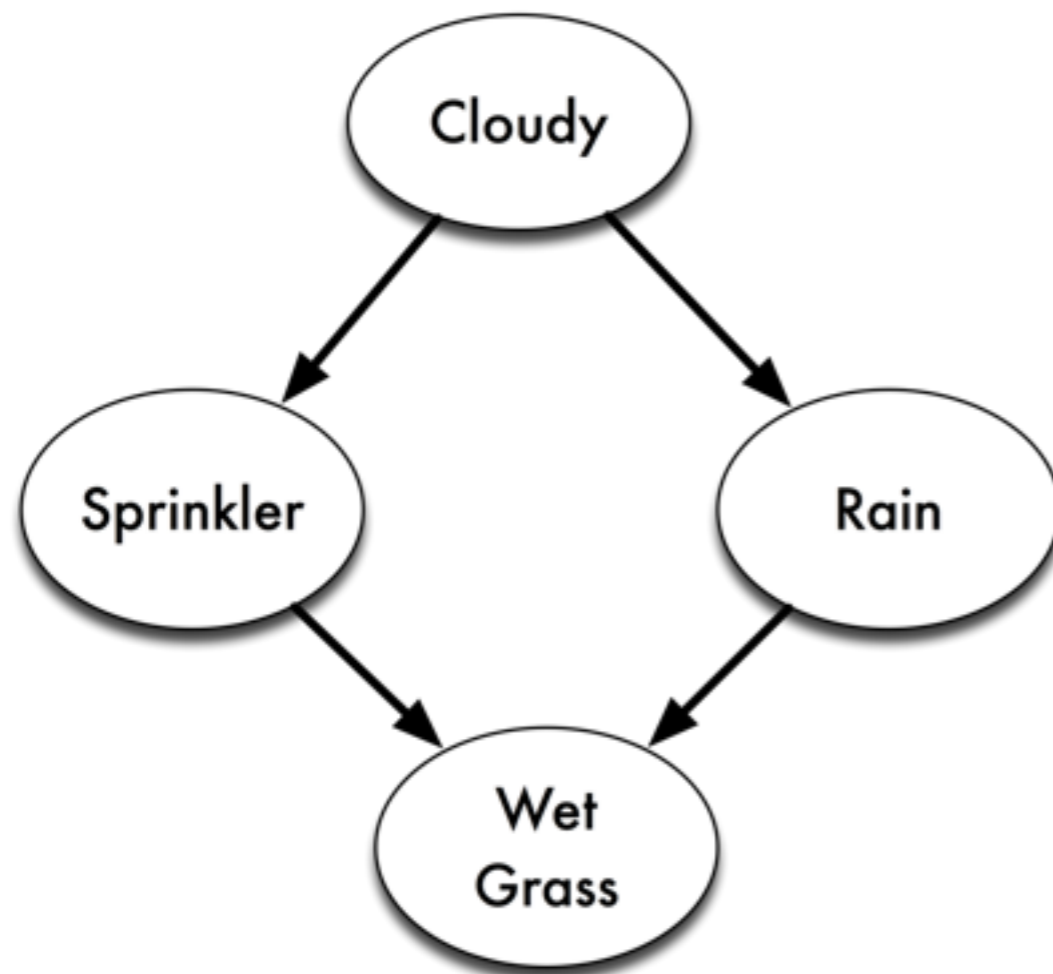
Generalization of Bayes and Markov Nets



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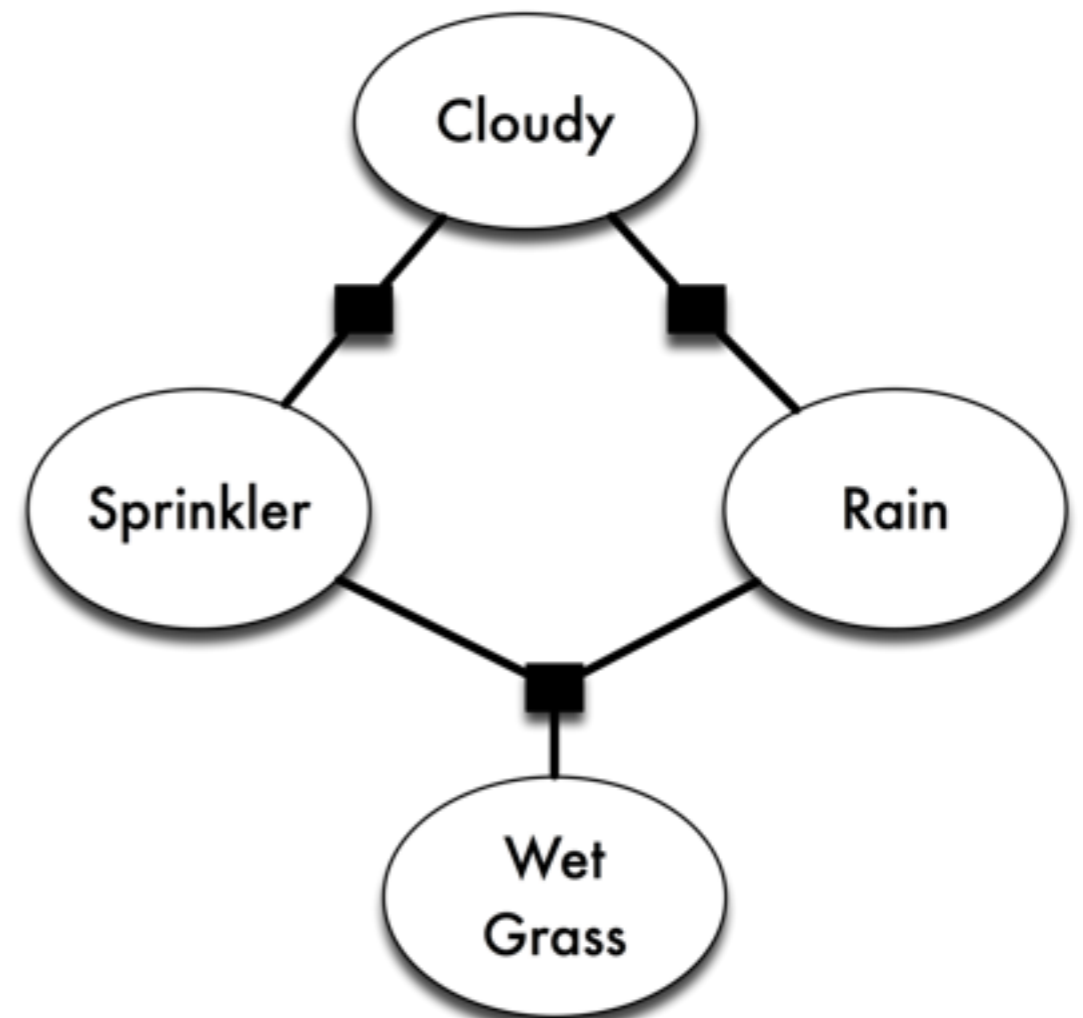
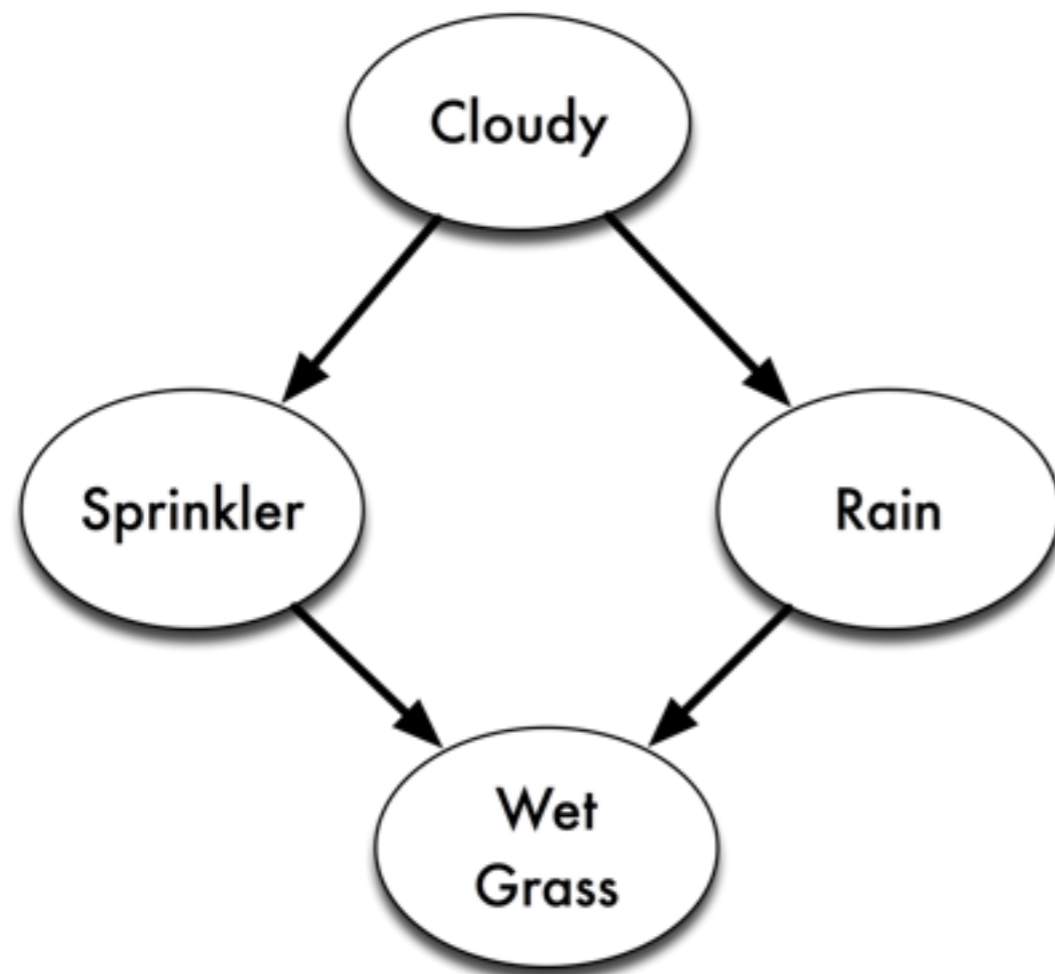
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# Factor Graphs

Bipartite graph

Generalization of Bayes and Markov Nets



Factor Graphs have been used successfully to model pathways, including thesis work of Charles Vaske

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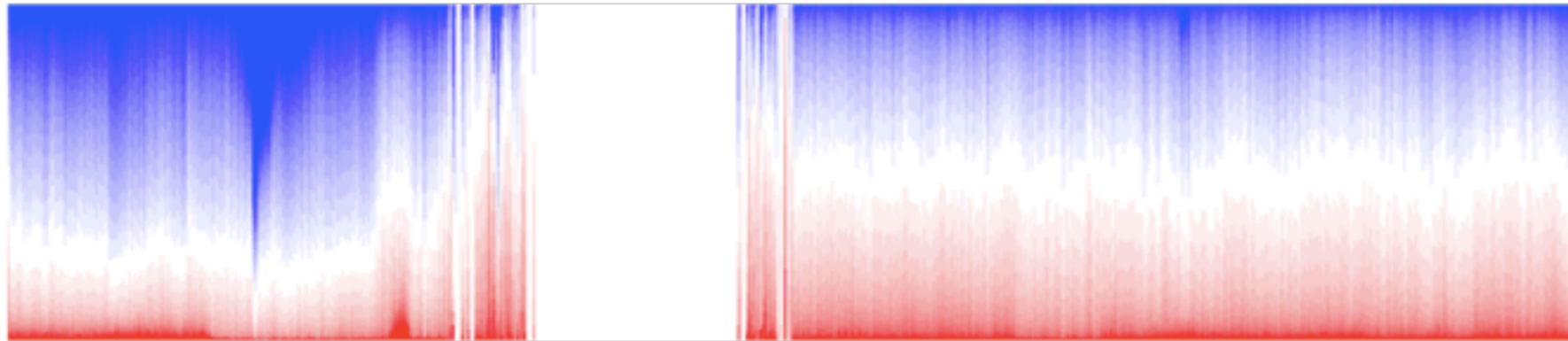
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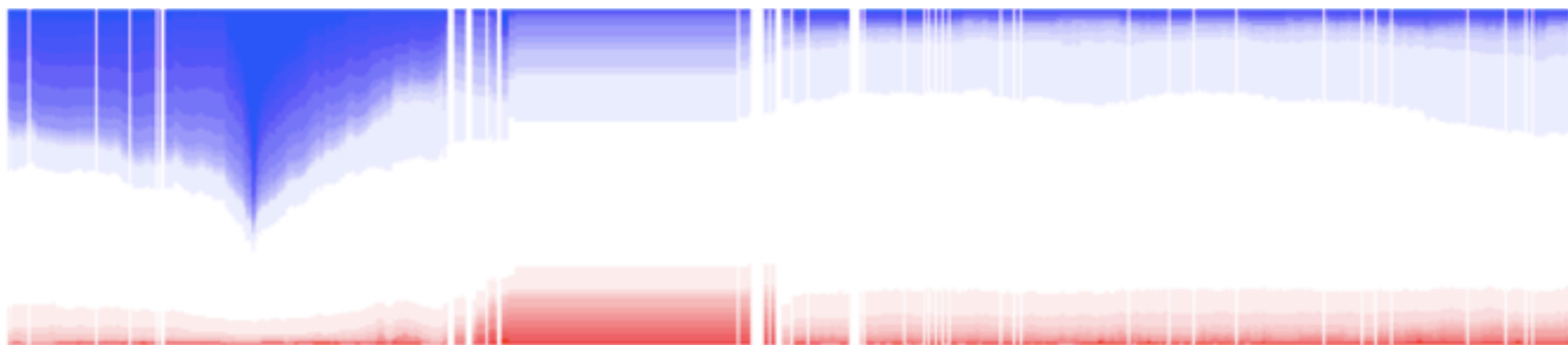
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# UCSC Cancer Genomics Browser

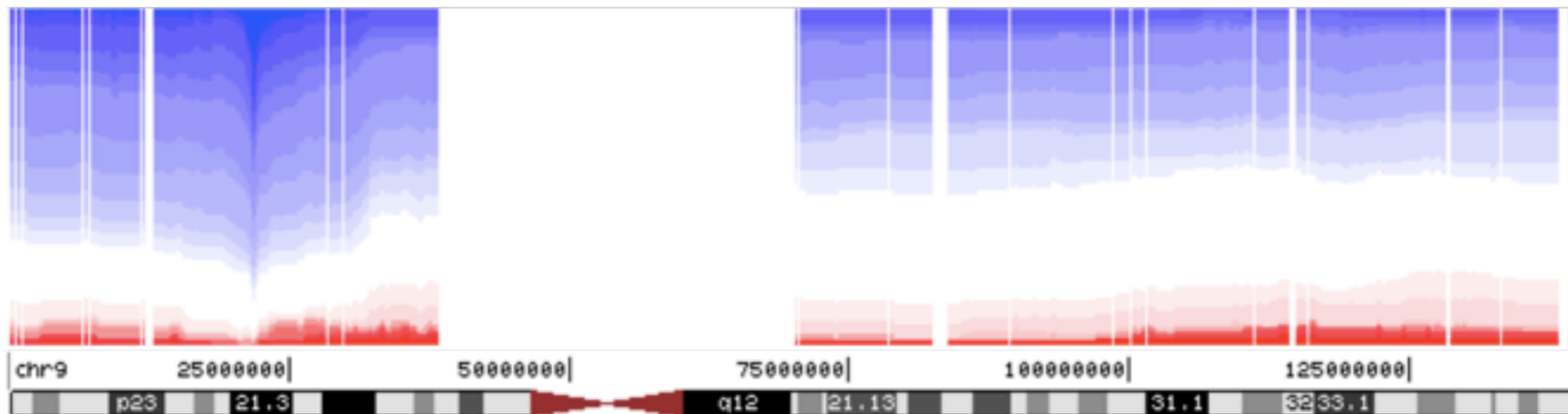
Pancreatic Cancer (Jones et al. 2008)



Glioblastoma multiforme (TCGA 2008)



Melanoma (Lin et al. 2008)

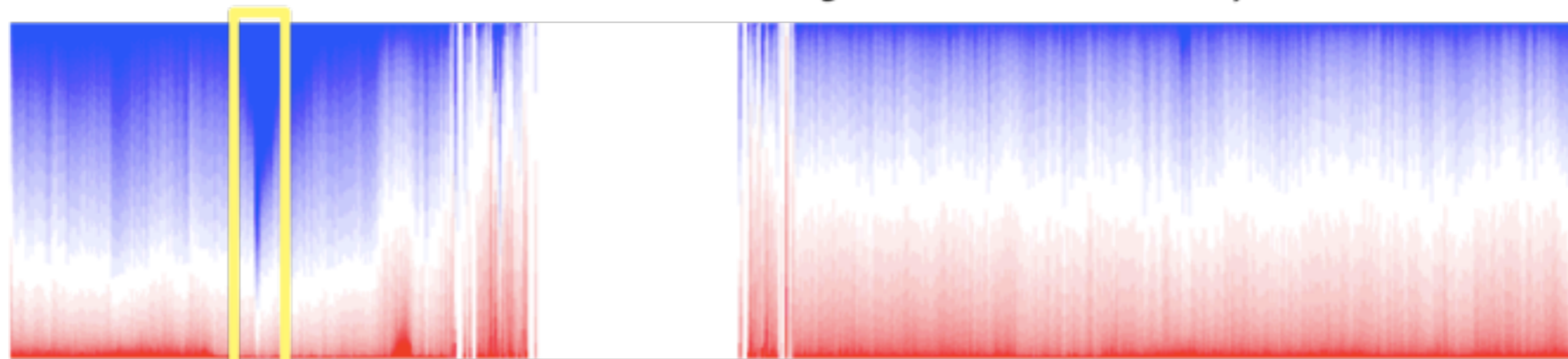


**Chromosome 9**

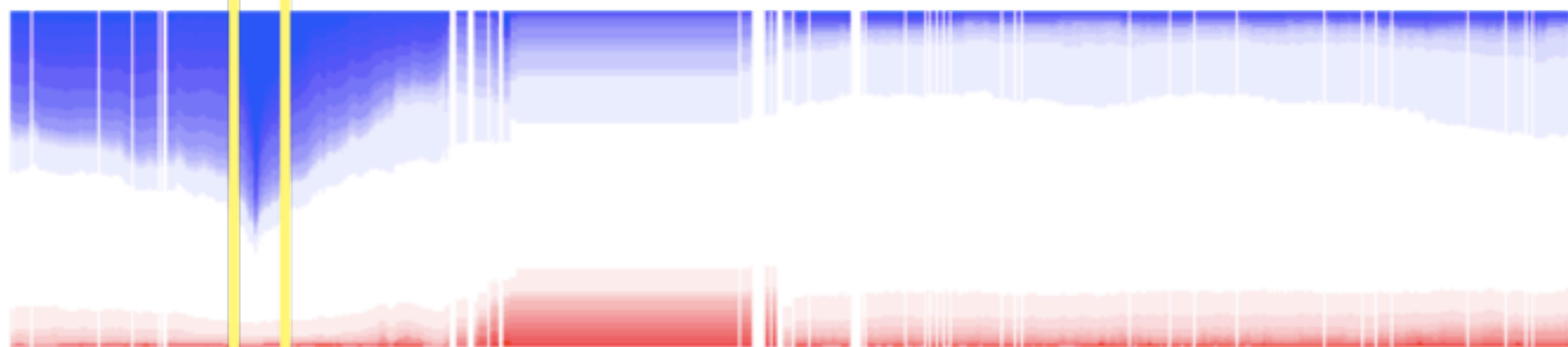


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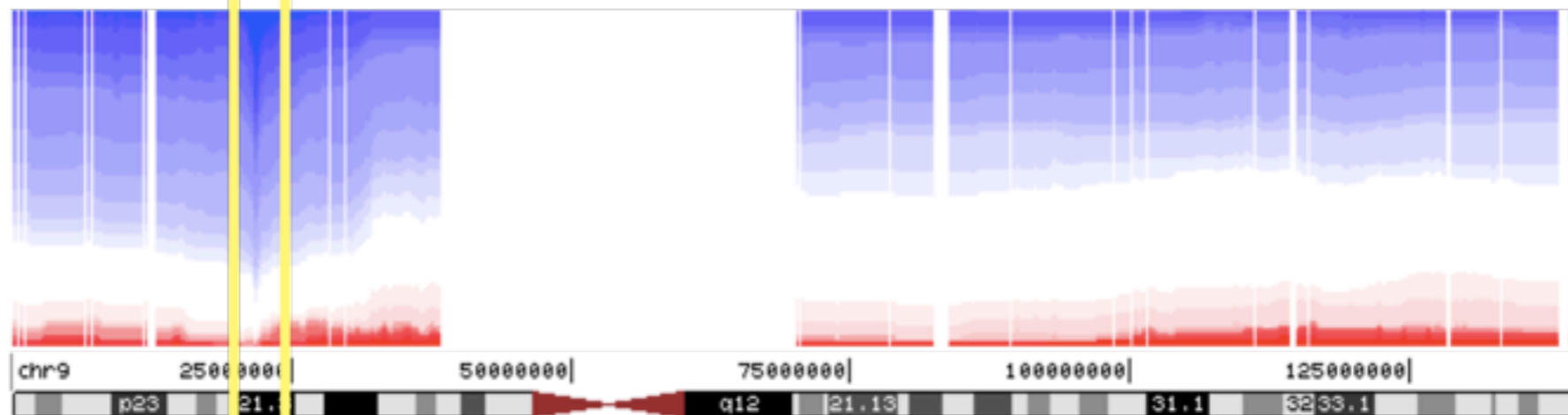
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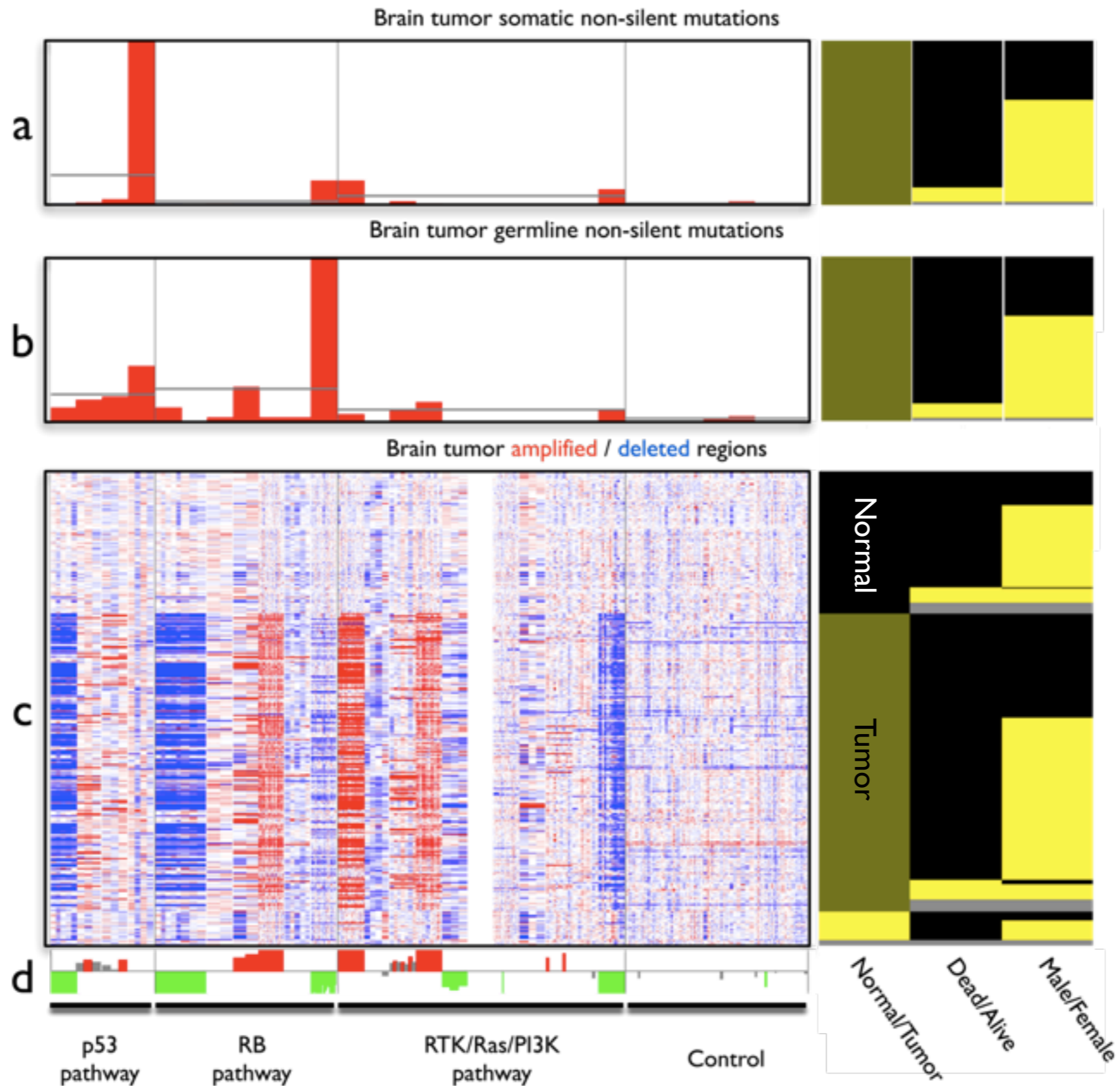


CDKN2A/B

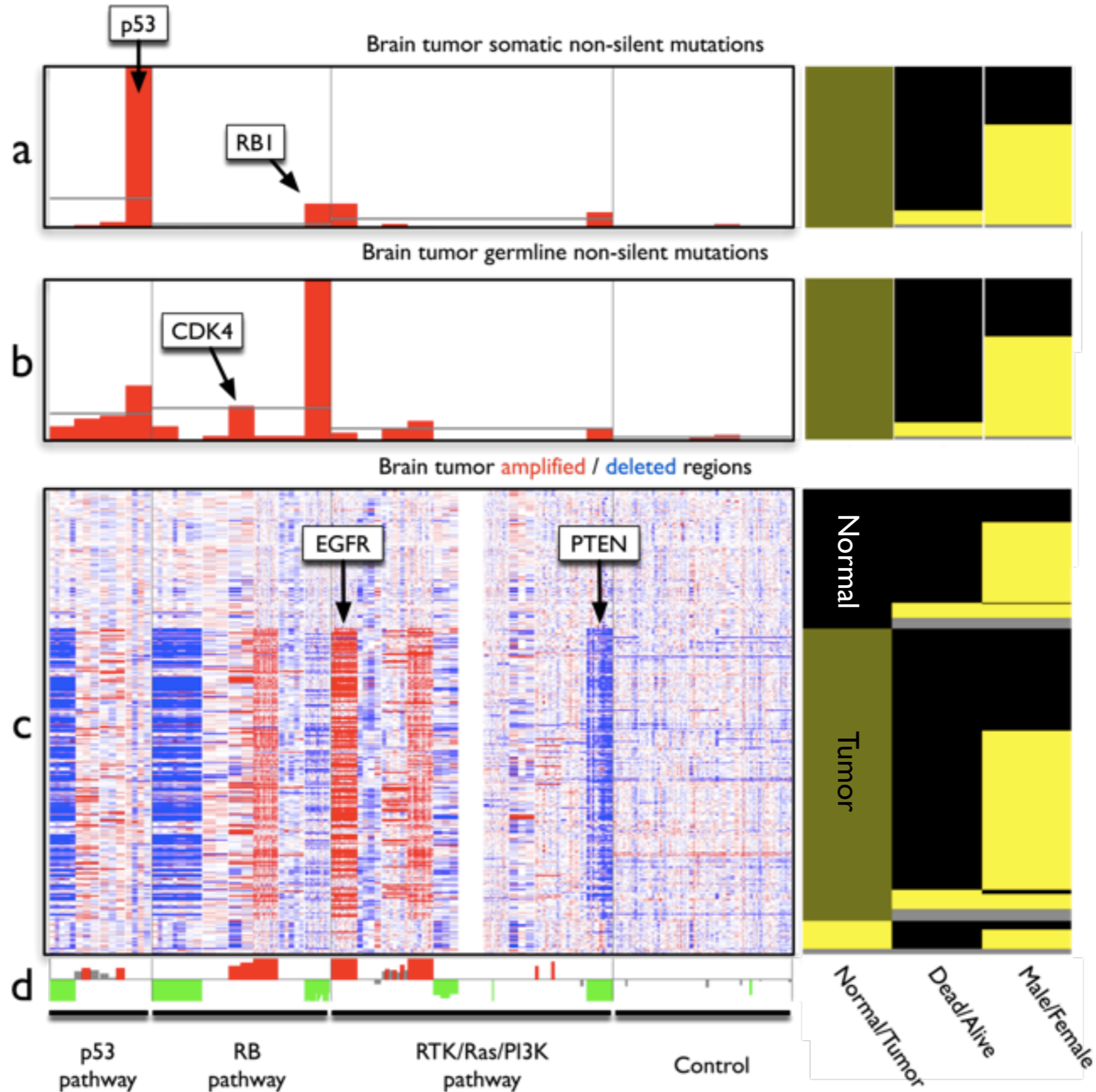
**Chromosome 9**

<http://genome-cancer.ucsc.edu>

# Visualizing Cancer Genesets



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genome-cancer.ucsc.edu

**TCGA**  
The Cancer Genome Atlas  
<https://tcga.l.cse.ucsc.edu>

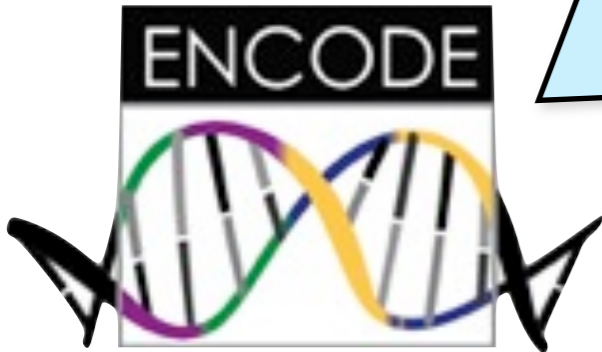
**SU2C Dream Team**  
Stand Up to Cancer  
<https://genome-cancer-su2c.cse.ucsc.edu>

**I-SPY TRIAL**  
Breast Cancer Clinical Trial  
<https://instinct.l.cse.ucsc.edu>

**UCSC Cancer Genomics Browser**

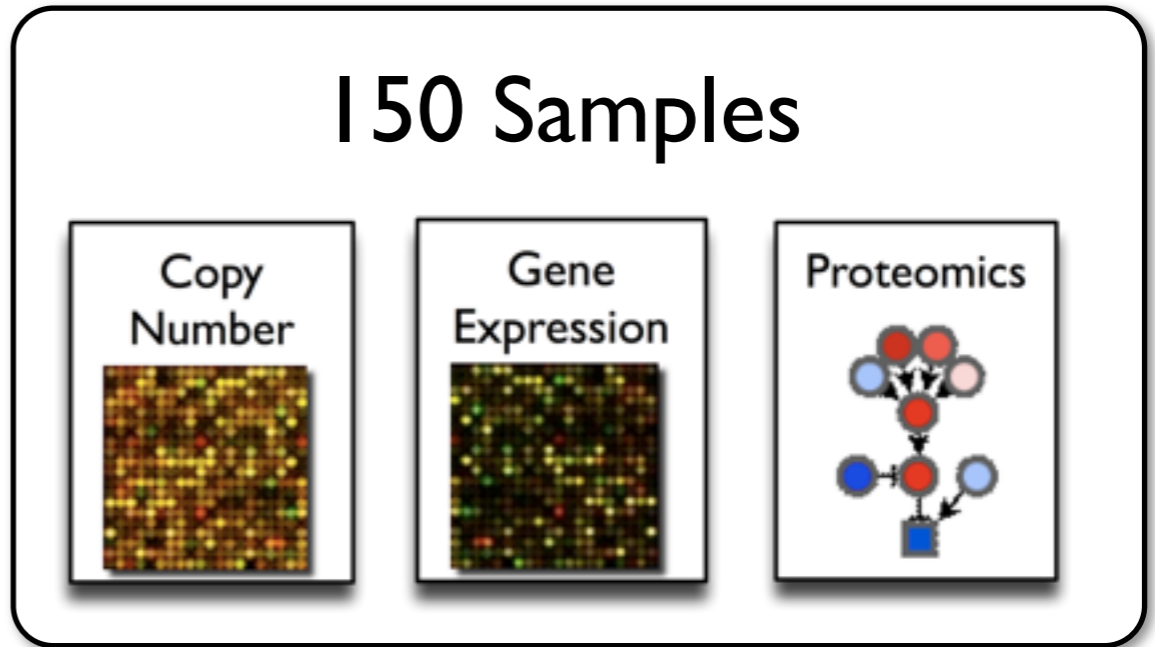
**Spin-off Browsers**  
*Immuno Browser*  
*Stem Cell Browser*

**Open Source:**  
First public deposit Oct. 2007  
Public access portal:  
All major published studies



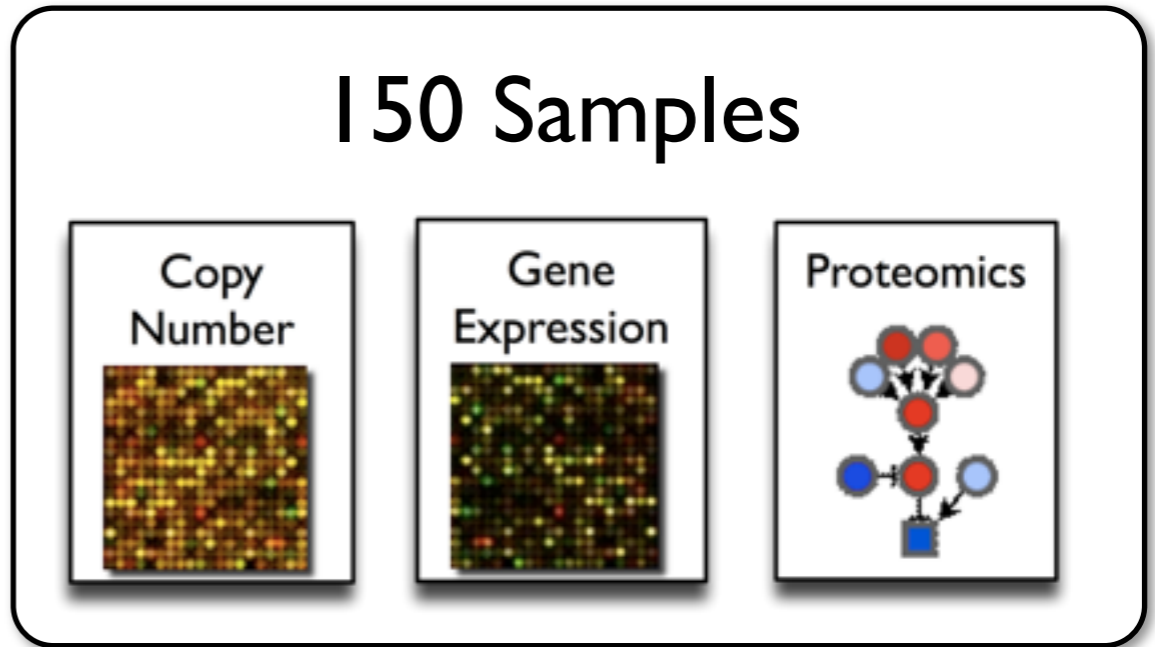
# Integrated Data

**I-SPY TRIAL**  
Breast Cancer Clinical Trial  
<https://instinct1.cse.ucsc.edu>

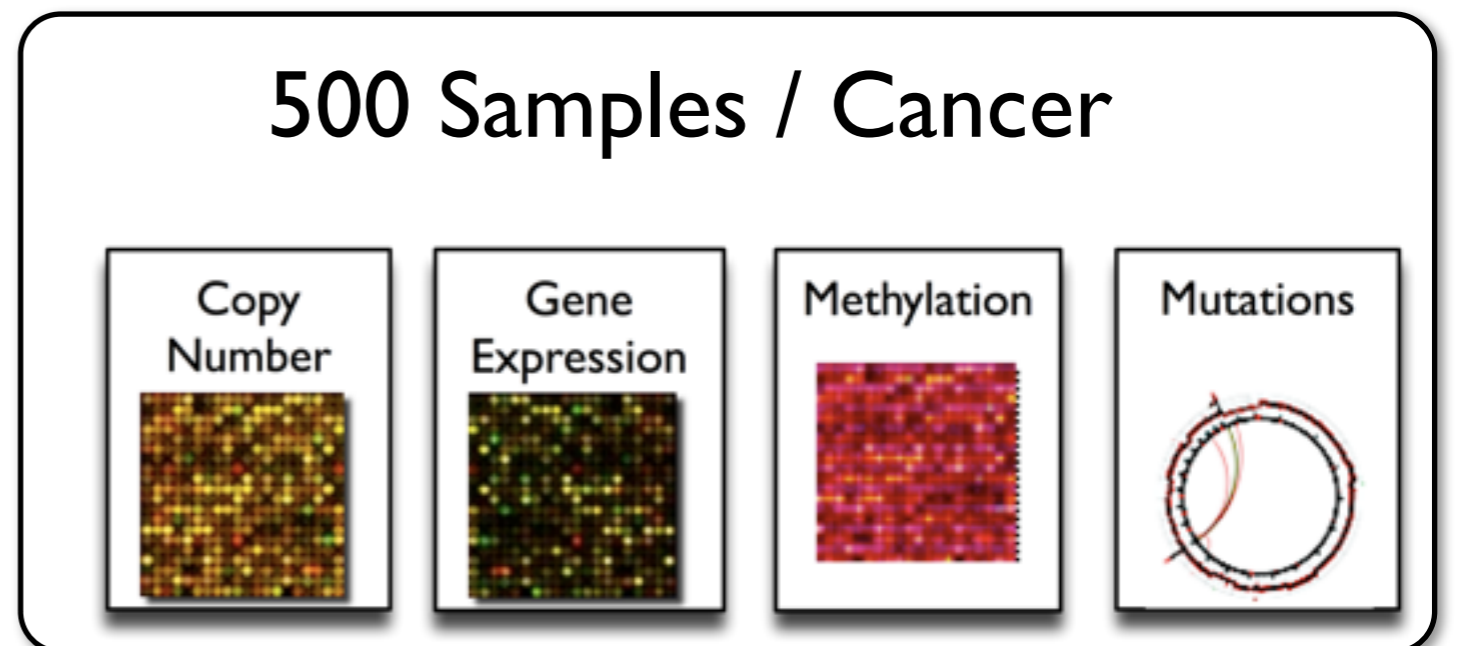


# Integrated Data

**I-SPY TRIAL**  
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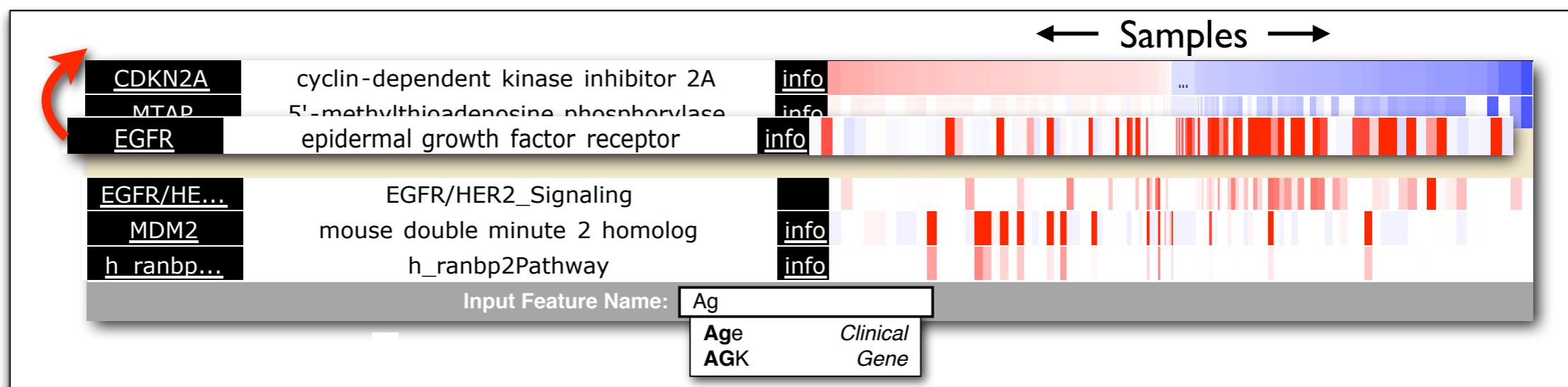
# BiIntegrator: Pipeline for Automated Cancer Sample Analysis

Database backend for storage efficiency and normalization

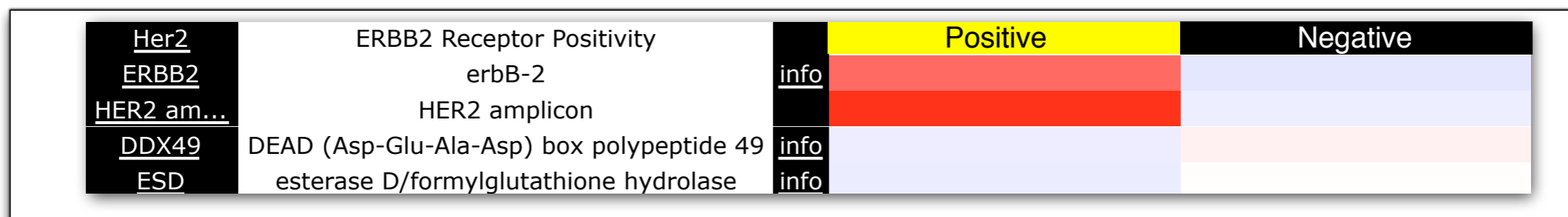
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Database backend for storage efficiency and normalization

## A Web Frontend for Data Visualization:

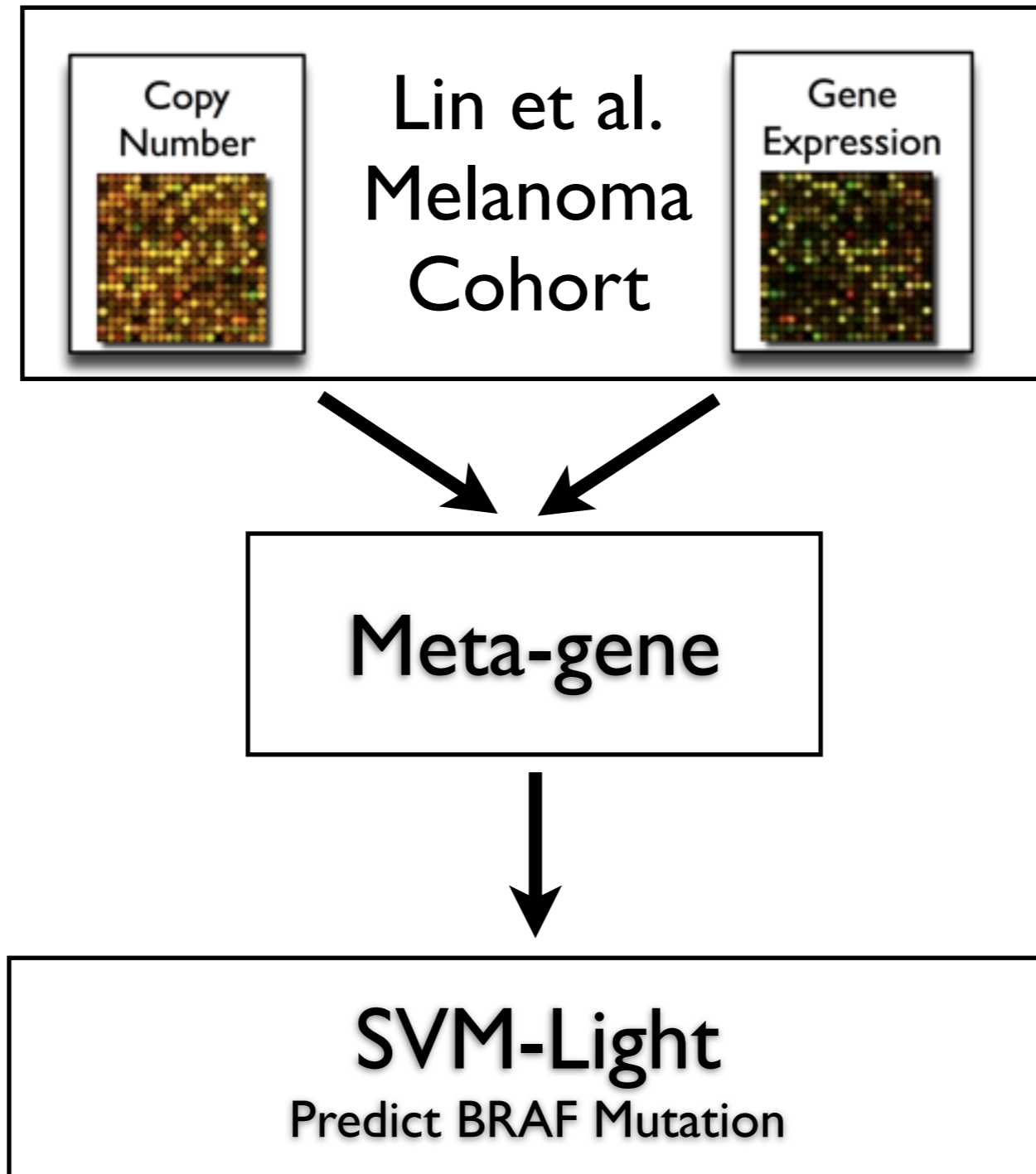


## B

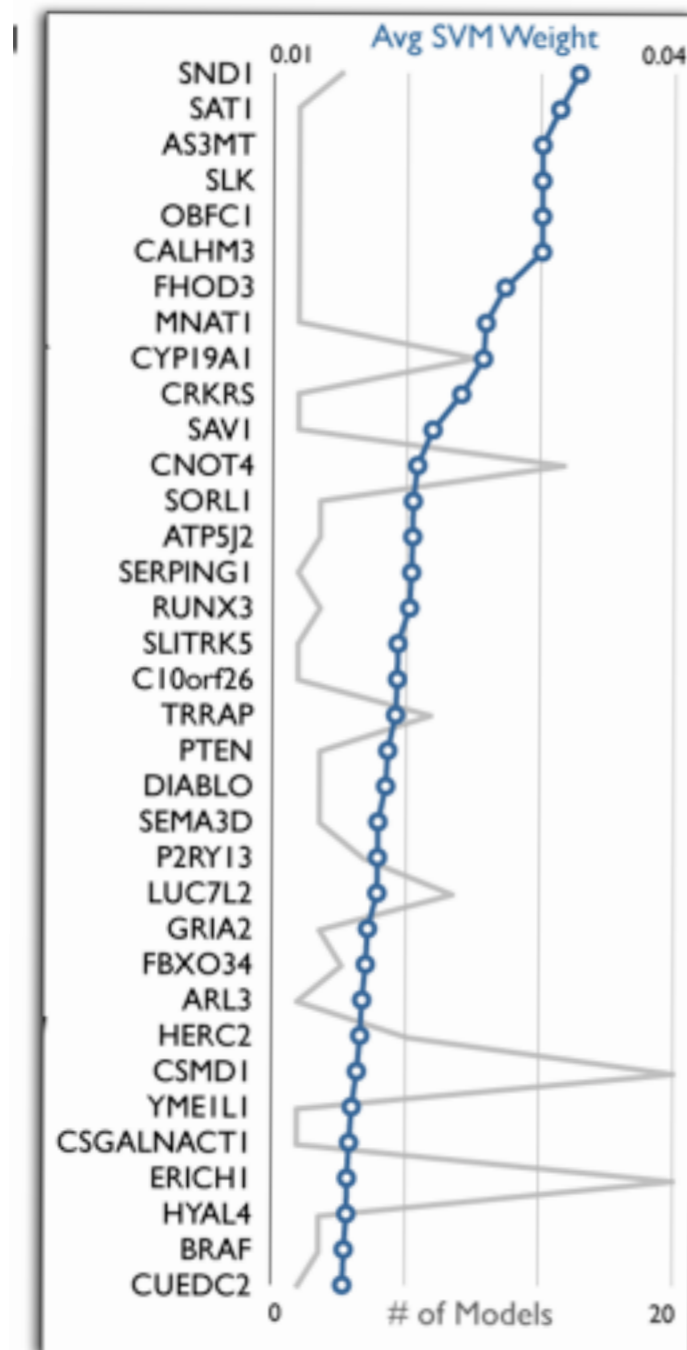




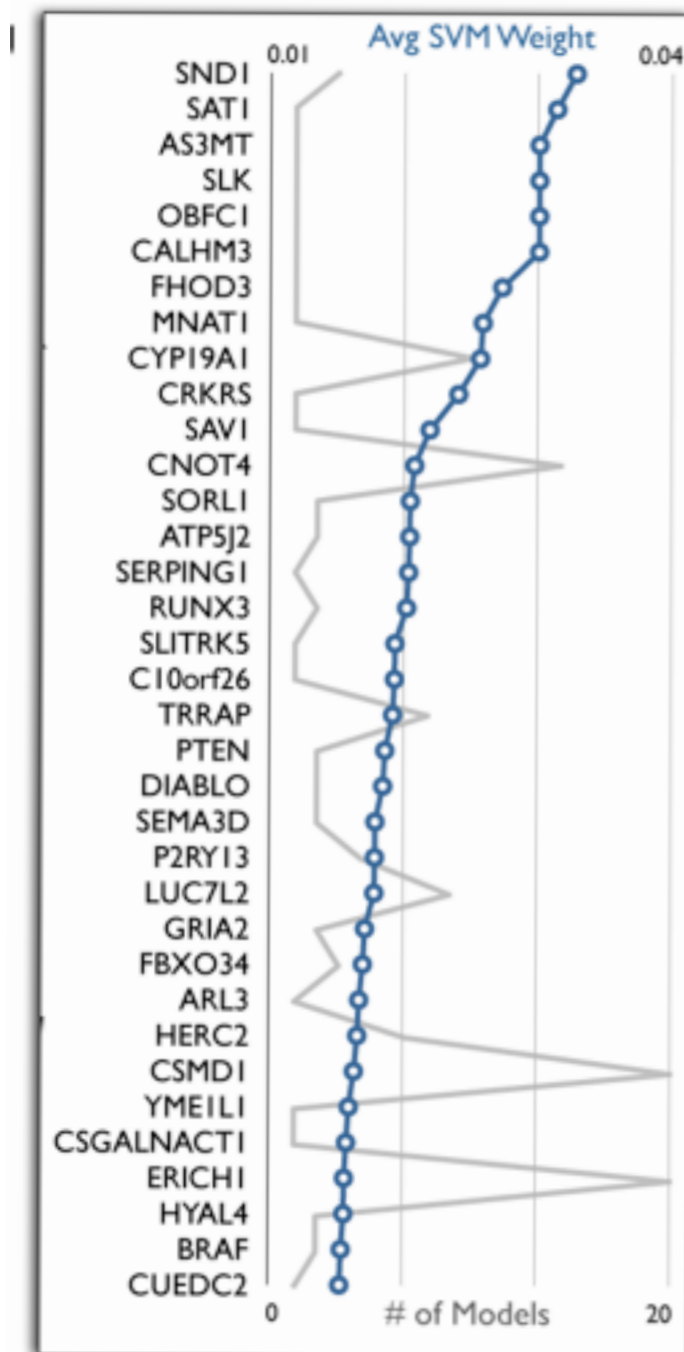
# BioIntegrator: Meta-Analysis Module



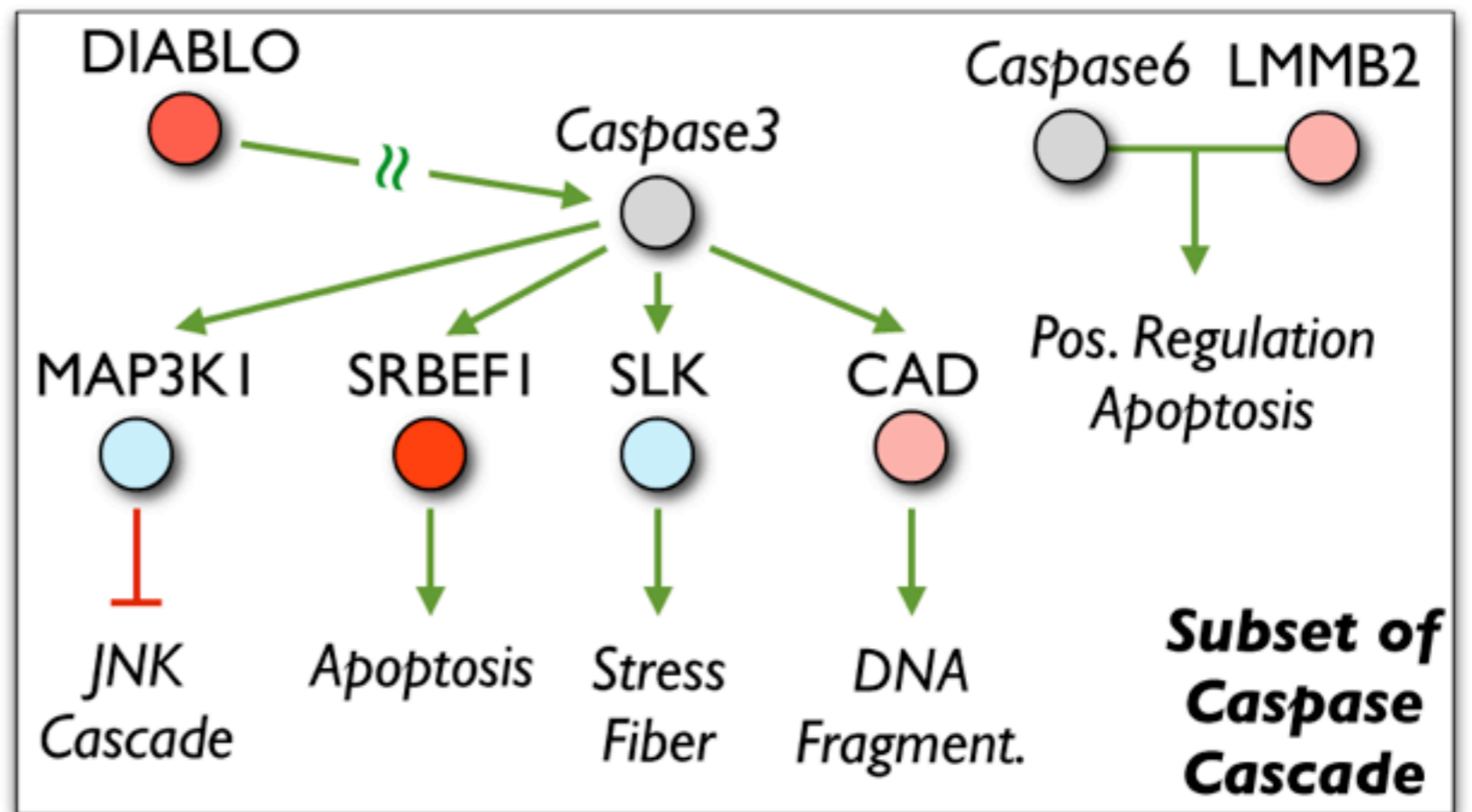
# BioIntegrator: Meta-Analysis Module



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Models > 91% accuracy



Enrichment:  $P < 4e-6$

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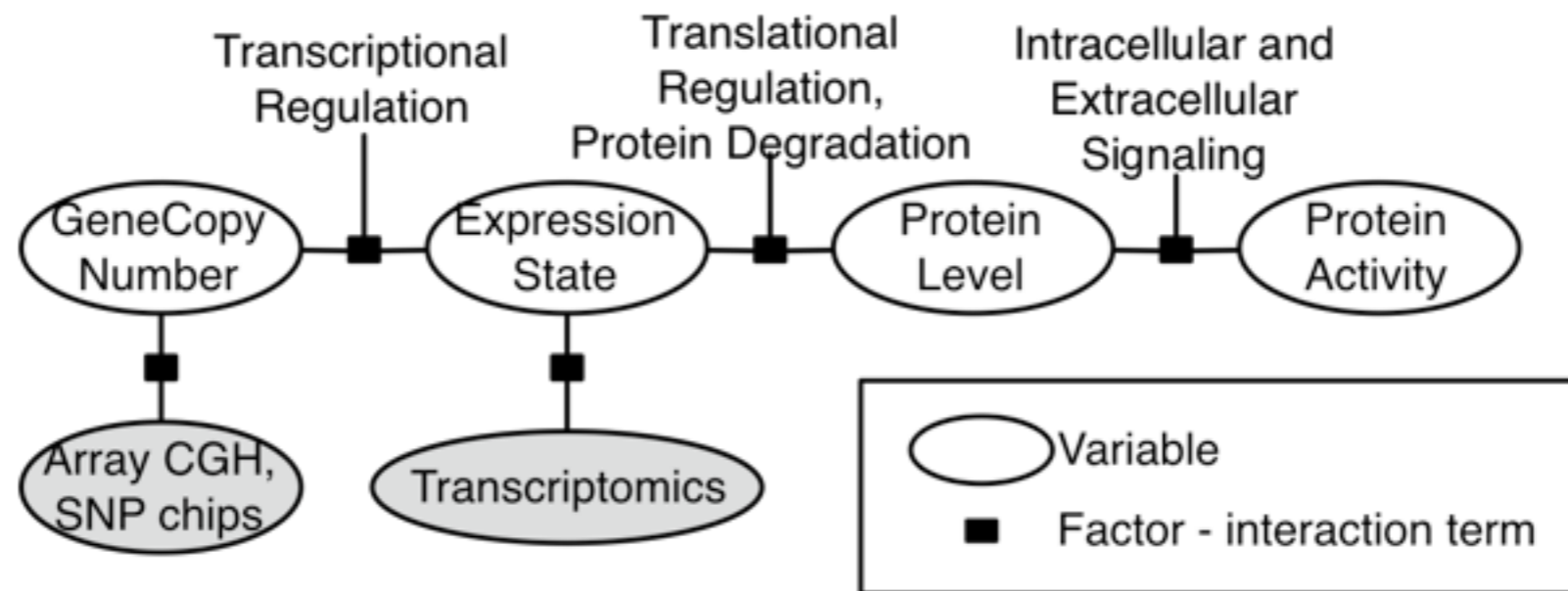
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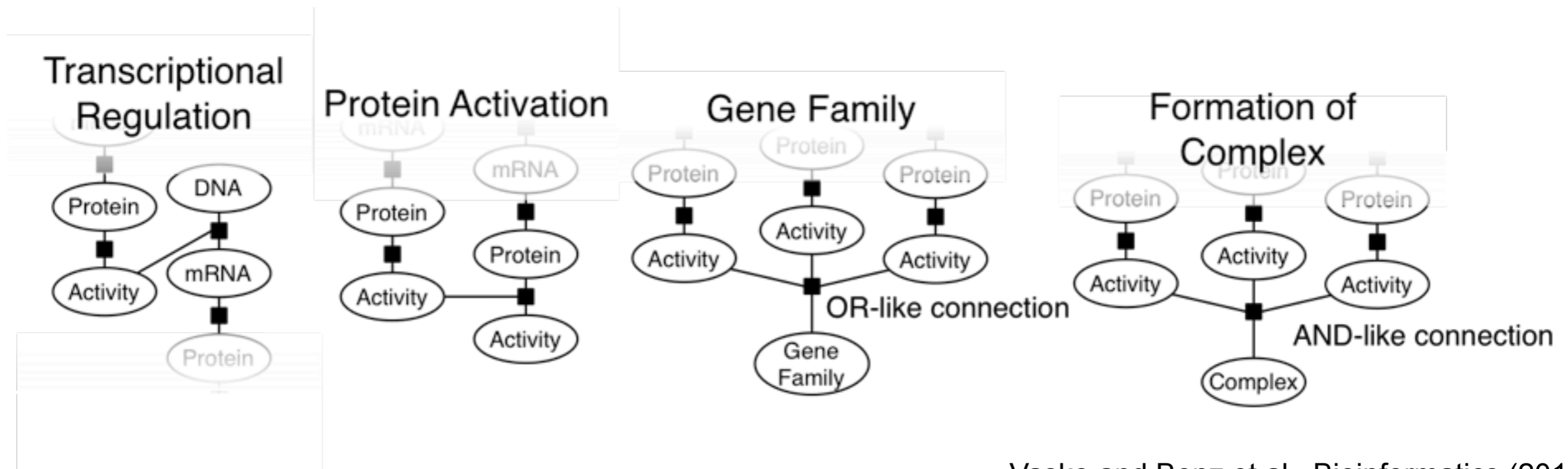
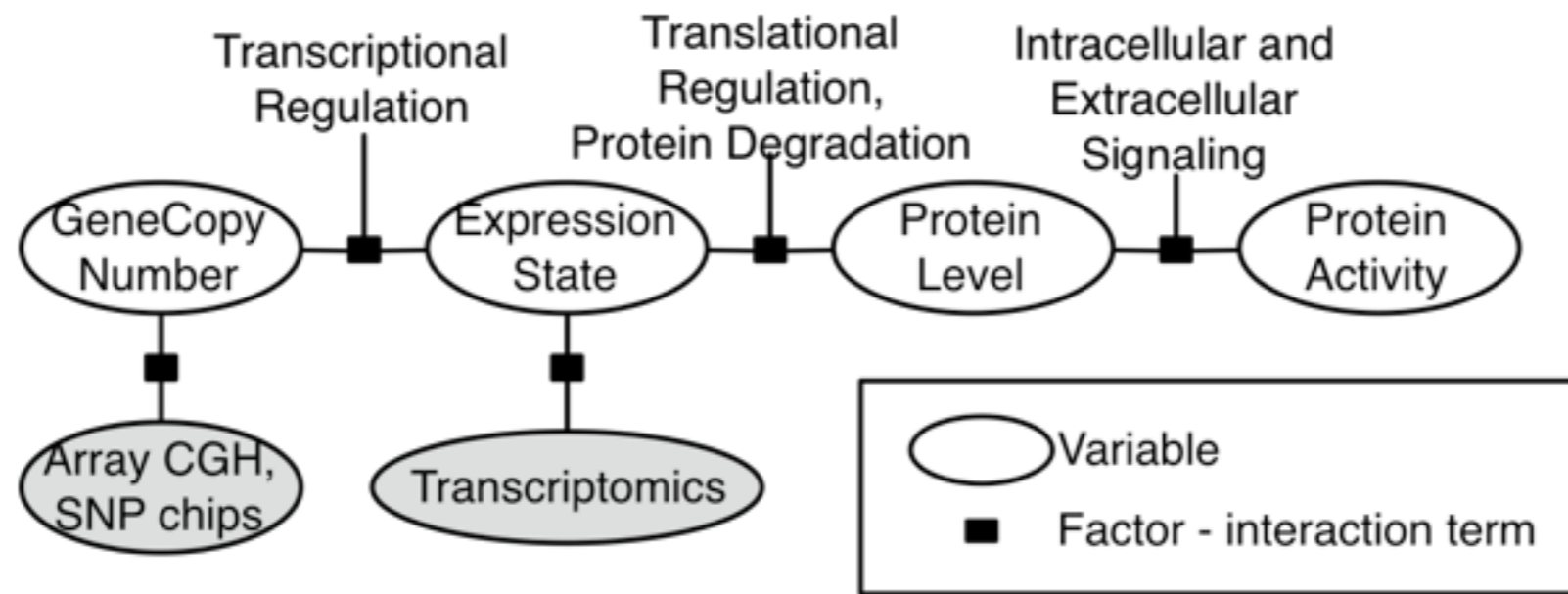
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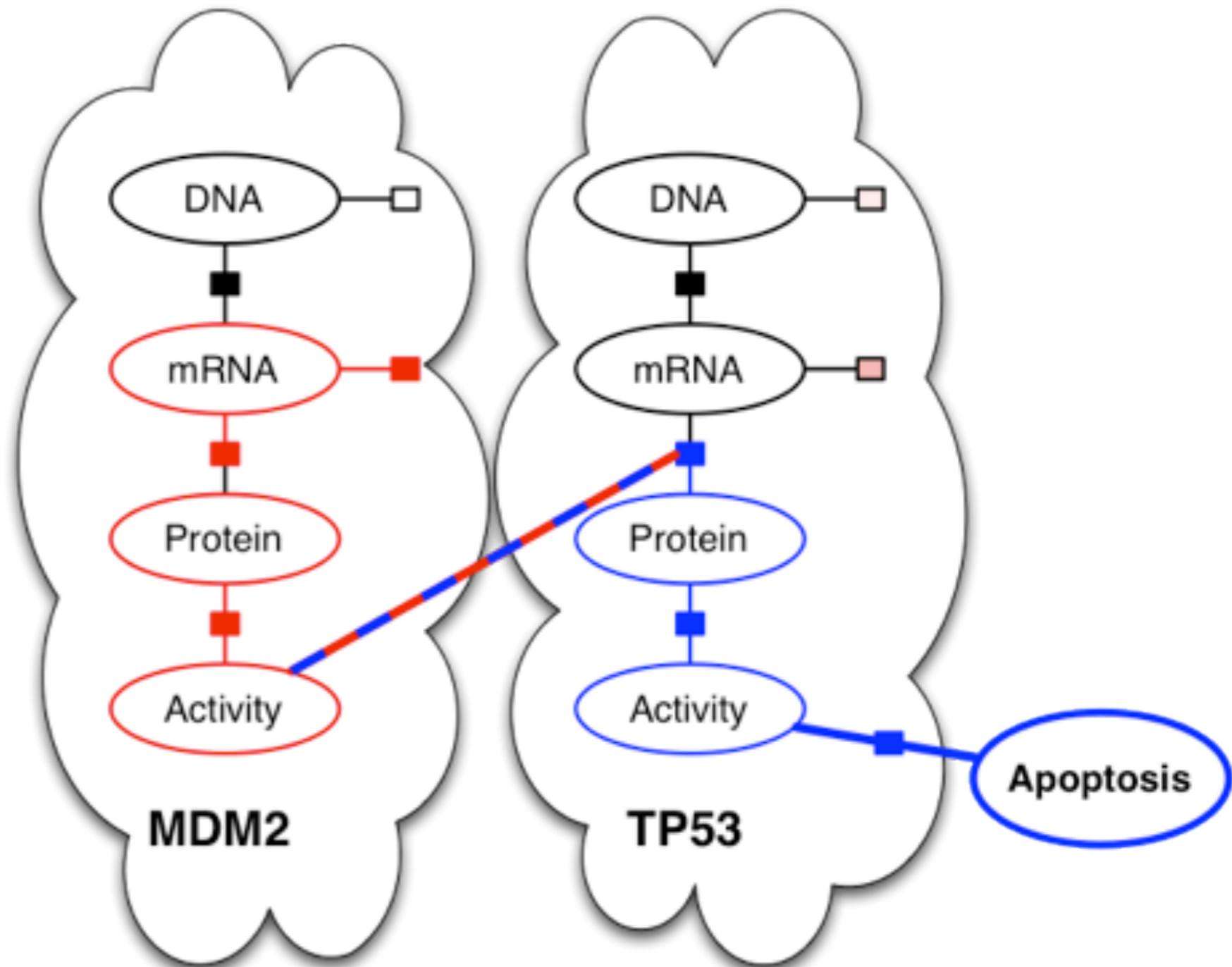
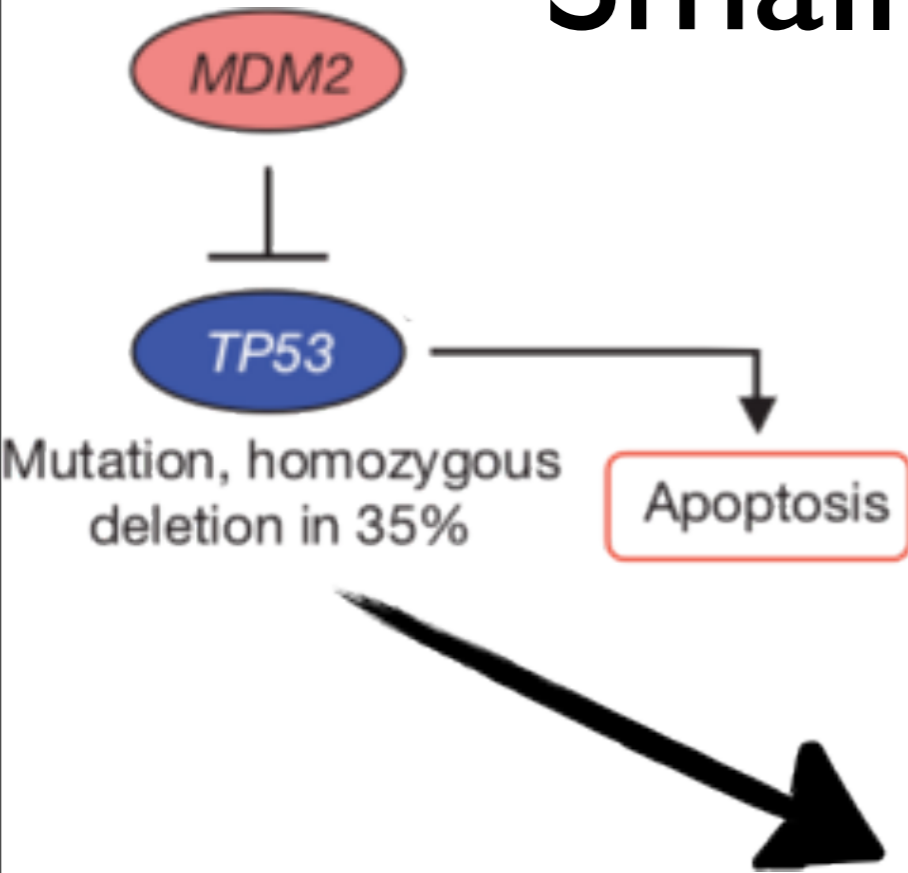
# PAthway Recognition Algorithm using Data Integration on Genomic Models (PARADIGM)



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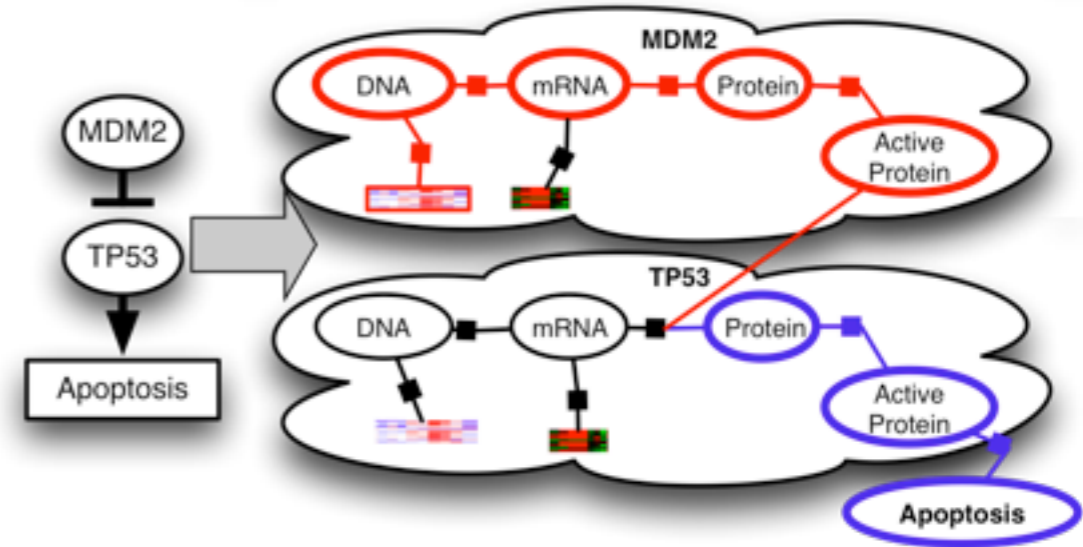
# Small Pathway Example



Pathway Schematic

# Integrated Pathway Activities (IPAs)

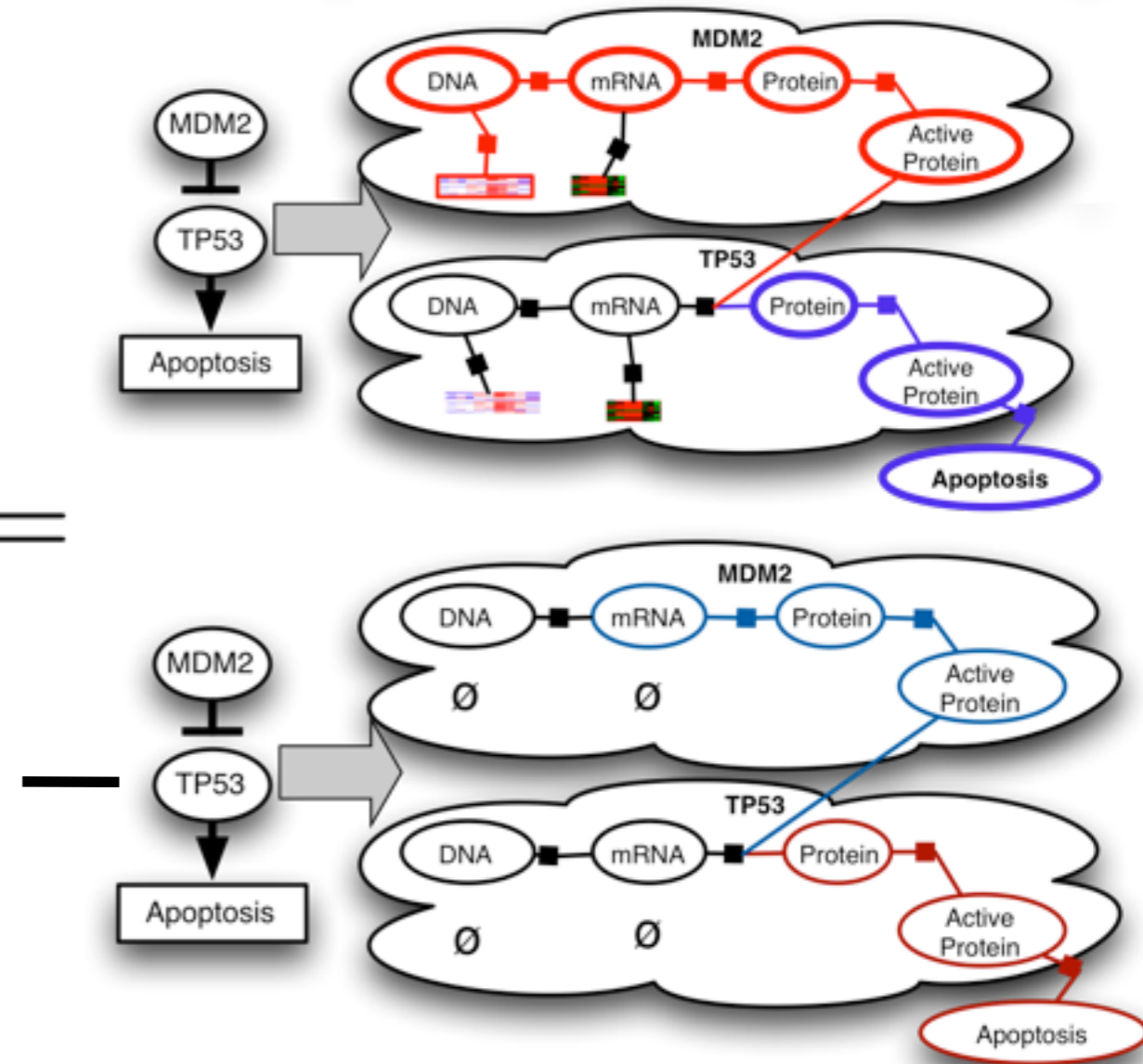
$$L(i, s) = \log\left(\frac{P(D, x_i = s | \Phi)}{P(D, x_i \neq s | \Phi)}\right) =$$





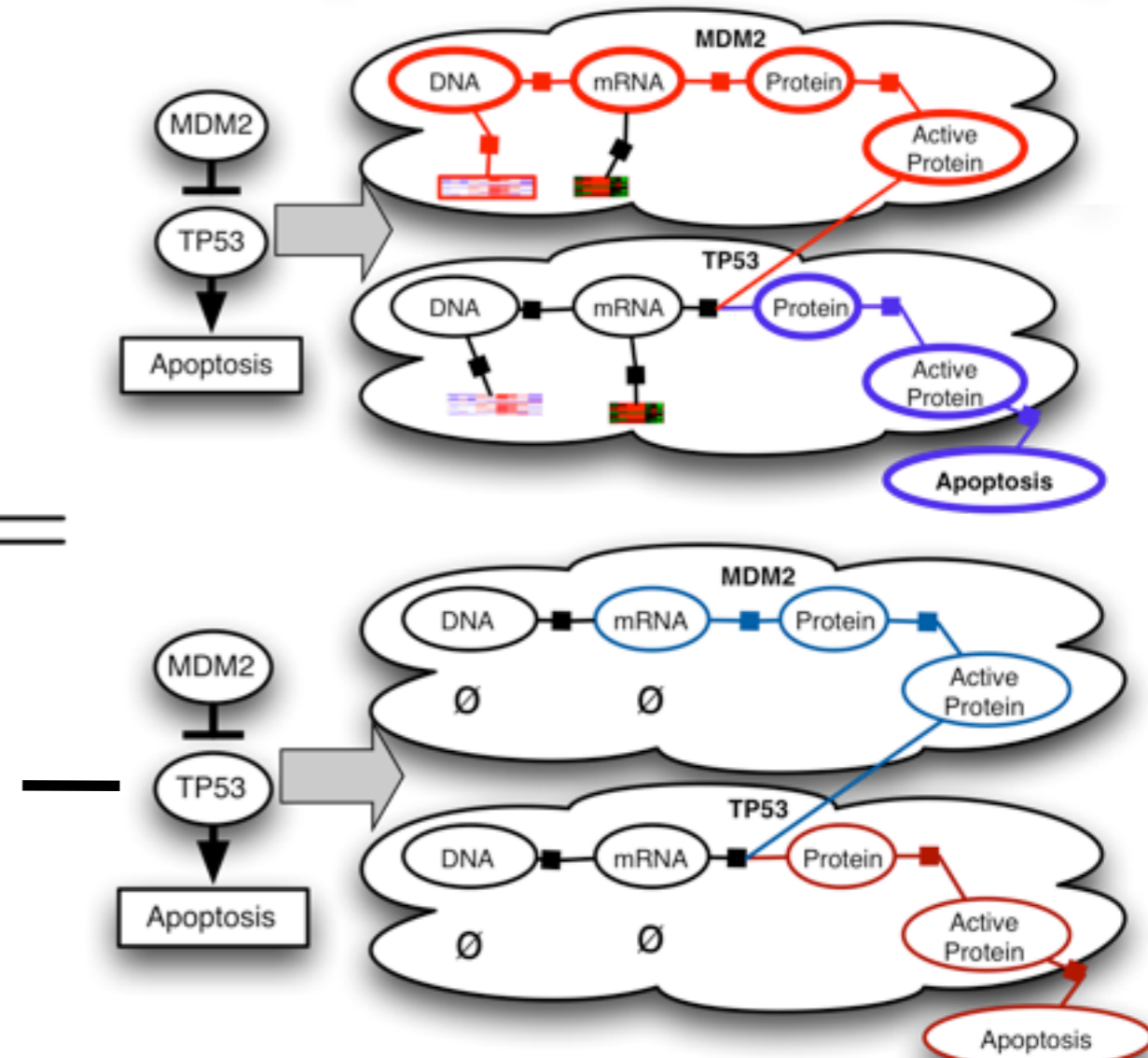
# Integrated Pathway Activities (IPAs)

$$L(i, s) = \log\left(\frac{P(D, x_i = s | \Phi)}{P(D, x_i \neq s | \Phi)}\right) - \log\left(\frac{P(x_i = s | \Phi)}{P(x_i \neq s | \Phi)}\right)$$



# Integrated Pathway Activities (IPAs)

$$L(i, s) = \log\left(\frac{P(D, x_i = s | \Phi)}{P(D, x_i \neq s | \Phi)}\right) = -\log\left(\frac{P(x_i = s | \Phi)}{P(x_i \neq s | \Phi)}\right)$$



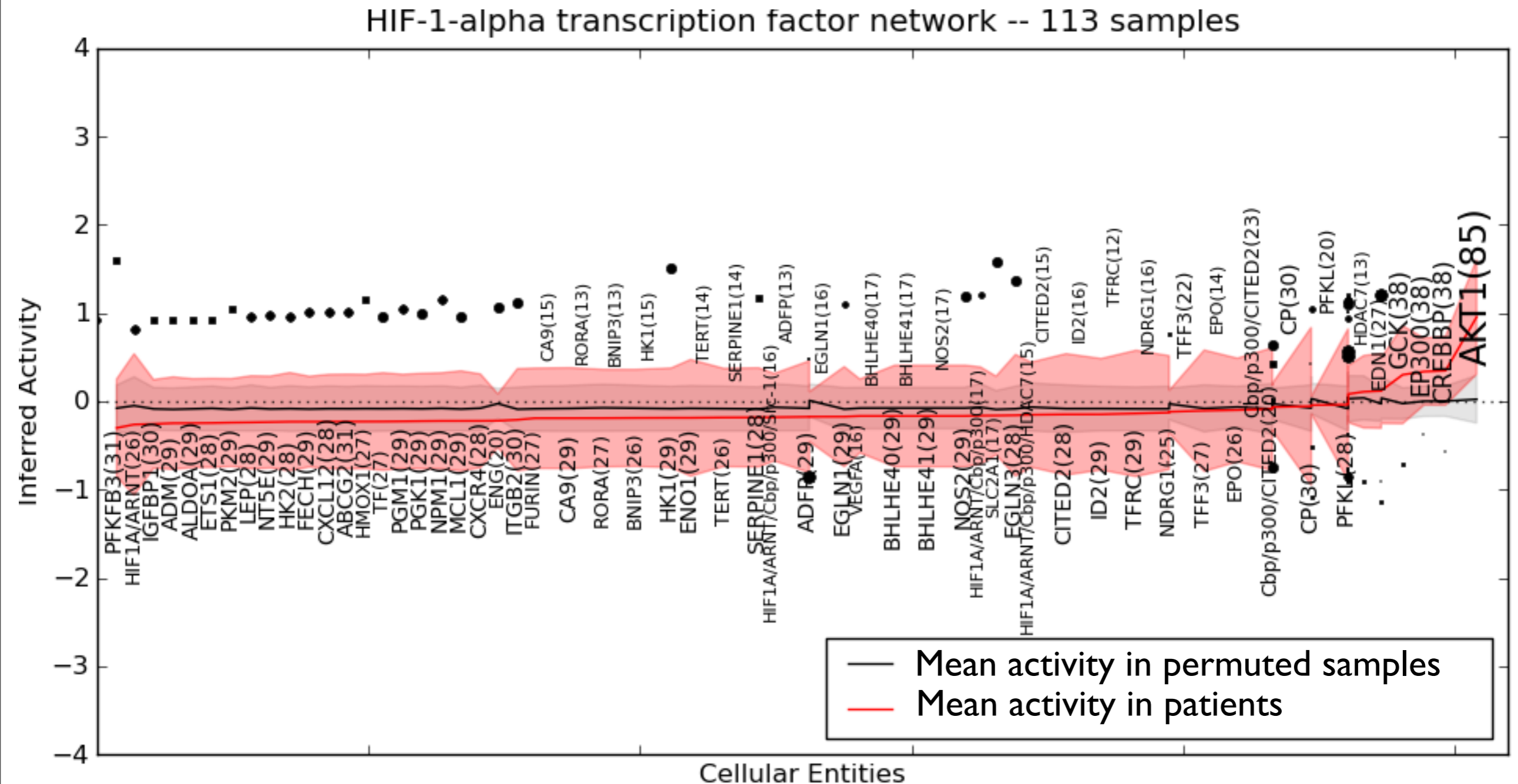
$$IPA(i) = \begin{cases} L(i, 1) & L(i, 1) > L(i, -1) \text{ and } L(i, 1) > L(i, 0) \\ -L(i, -1) & L(i, -1) > L(i, 1) \text{ and } L(i, -1) > L(i, 0) \\ 0 & \text{otherwise.} \end{cases}$$

# Detecting Top Pathways

Permute data to create “fake” samples across the dataset

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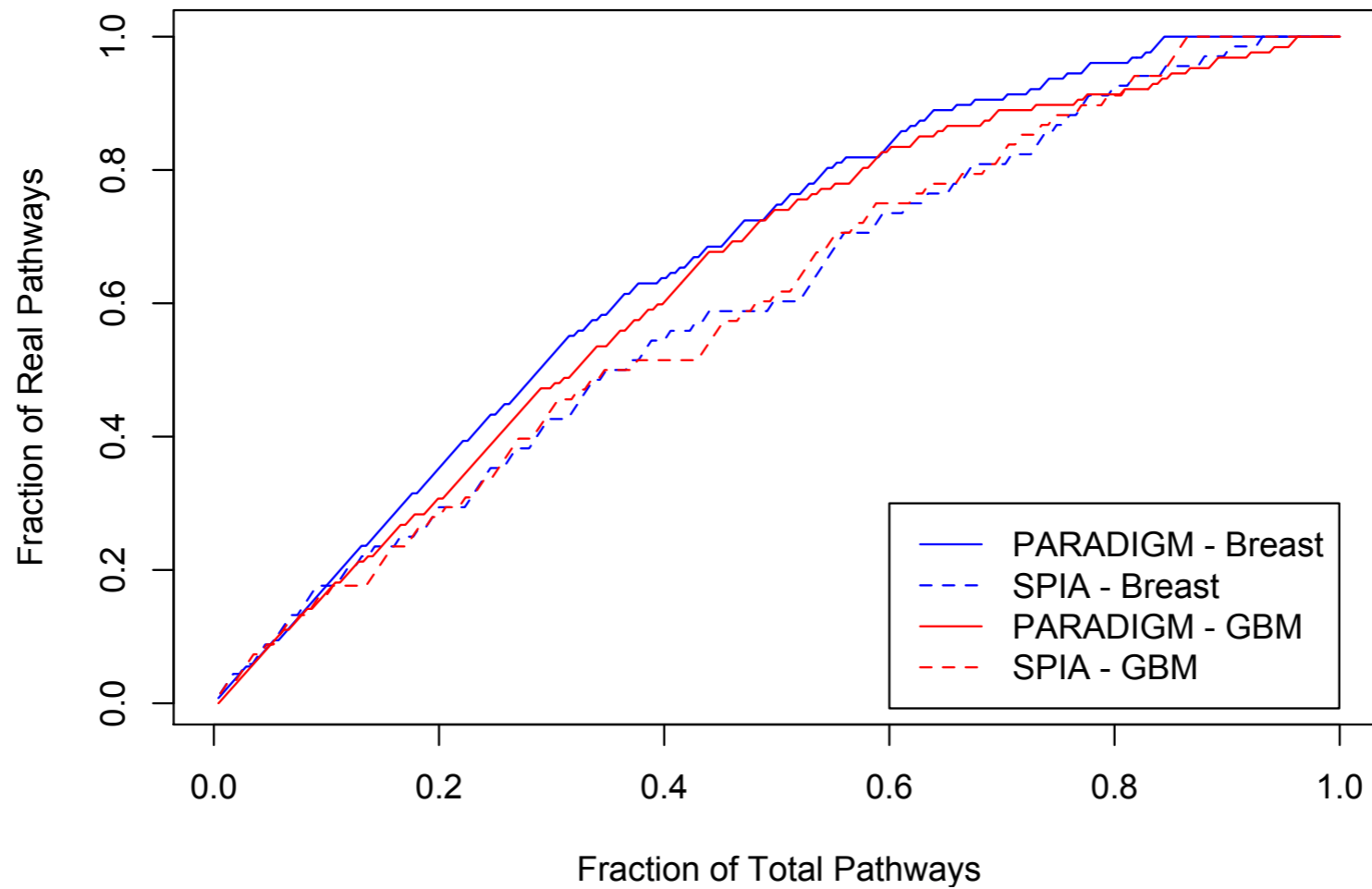


Breast Cancer Cohort: Chin et al. 2007 and Naderi et al. 2007

# Signaling Pathway Impact Analysis (SPIA)

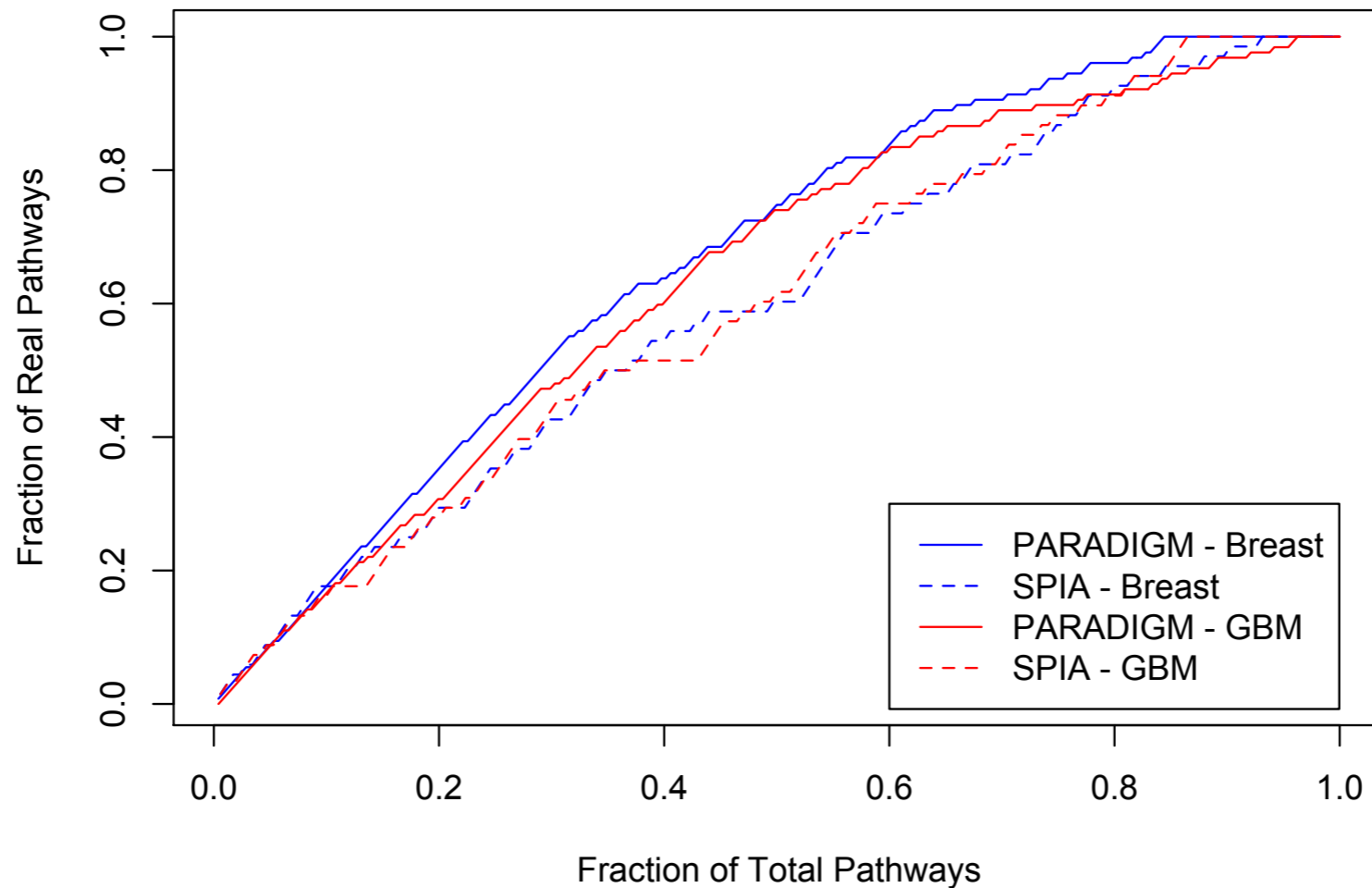
- Score pathways using expression data
- Weight genes by degree of connectivity
- Opposite of Google PageRank
- Compare by creating “decoy” pathways

# PARADIGM Outperforms SPIA



SPIA Implementation by Dent Earl

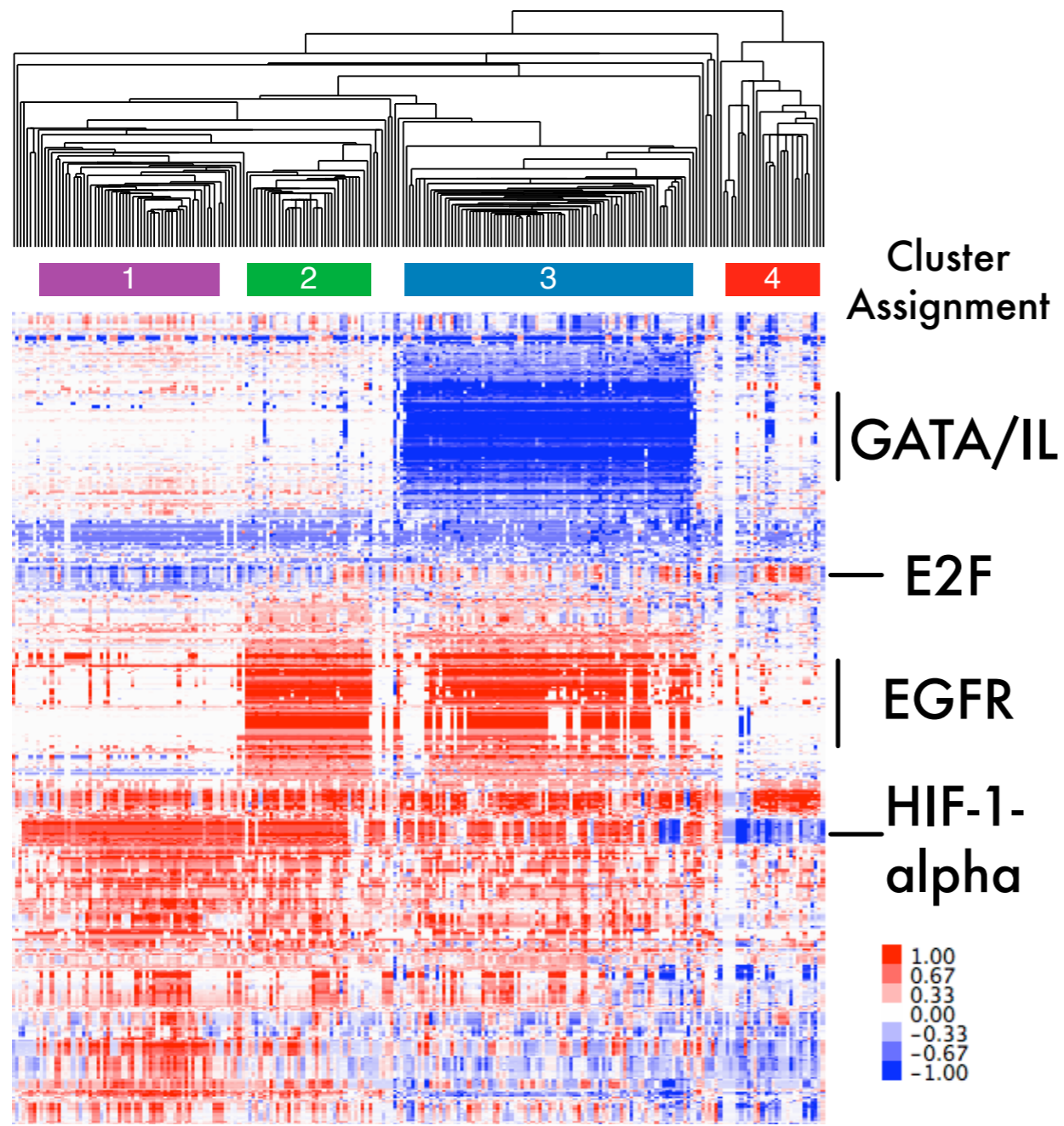
# PARADIGM Outperforms SPIA



AUCs	PARADIGM	SPIA
Breast	0.669	0.602
GBM	0.642	0.604

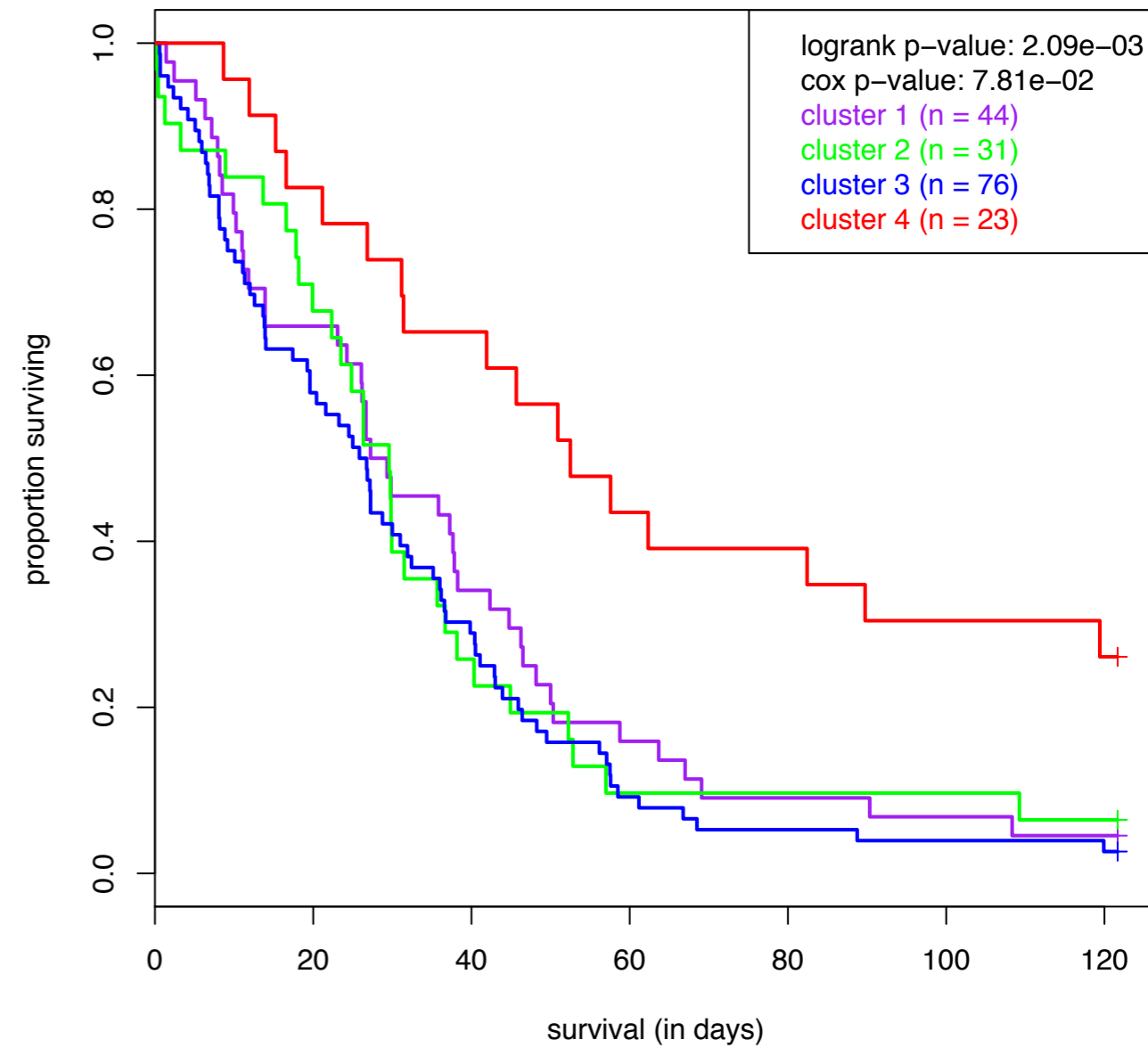
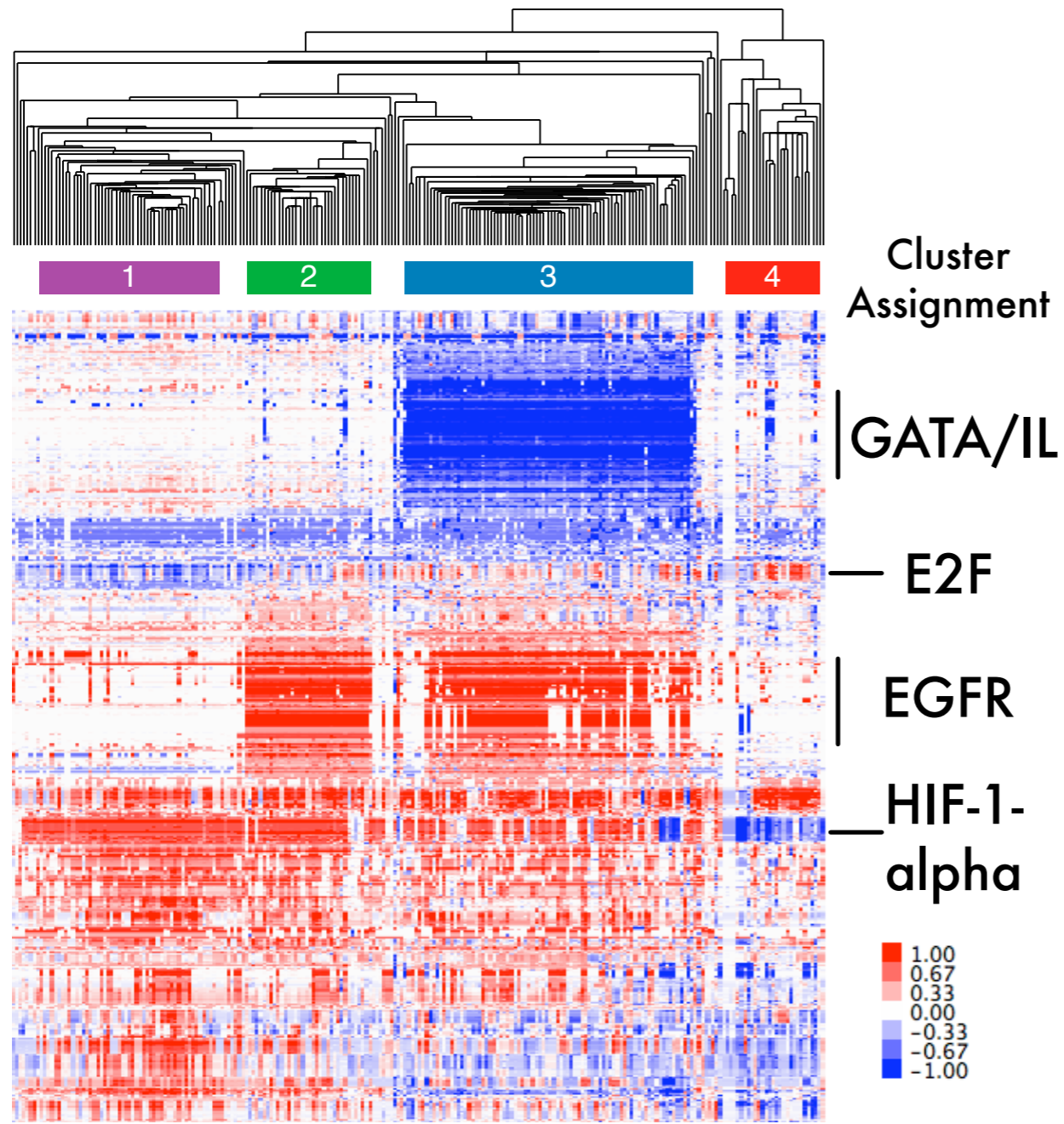
SPIA Implementation by Dent Earl

# Clustering IPAs Stratifies GBM Patients

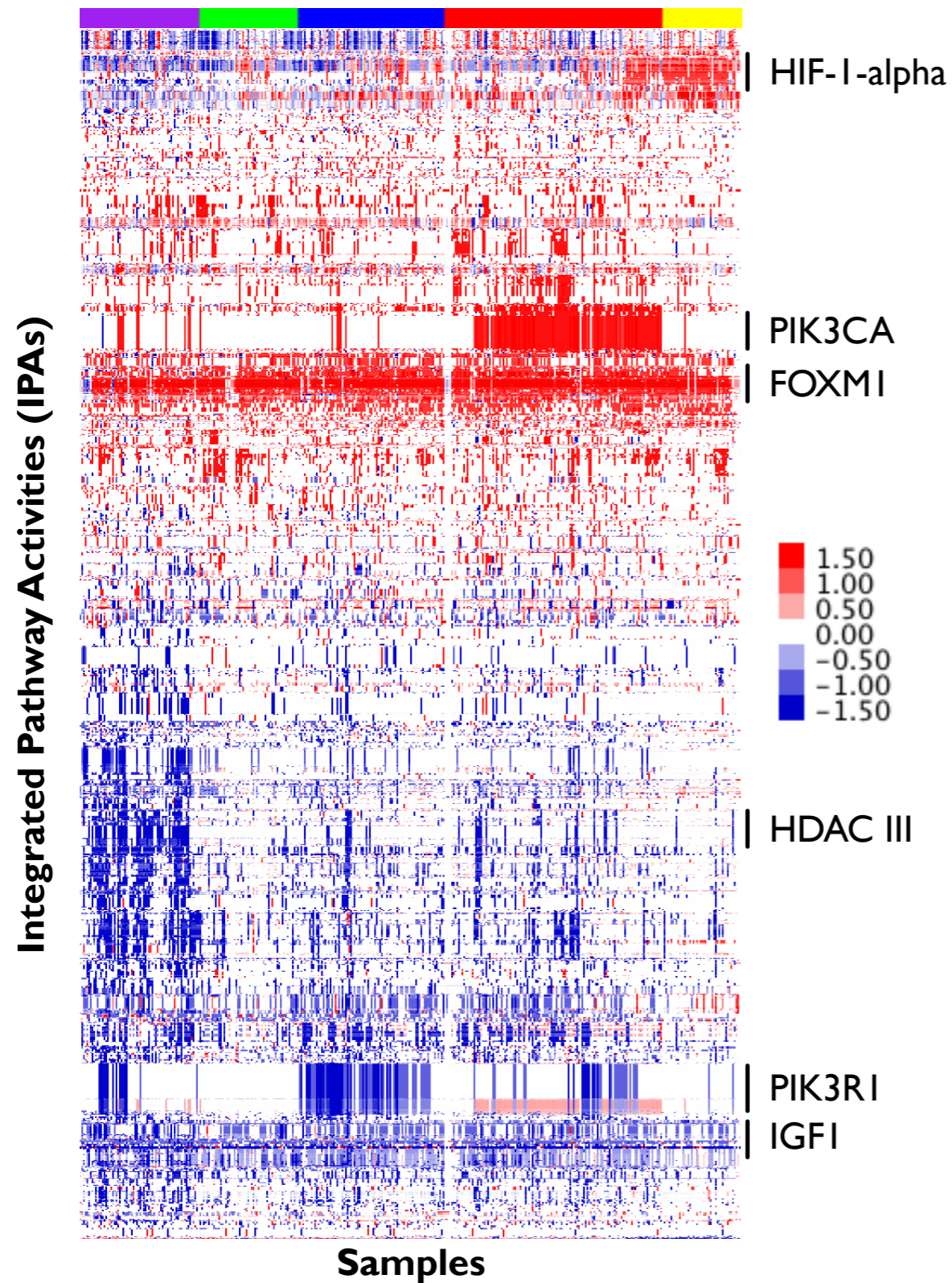




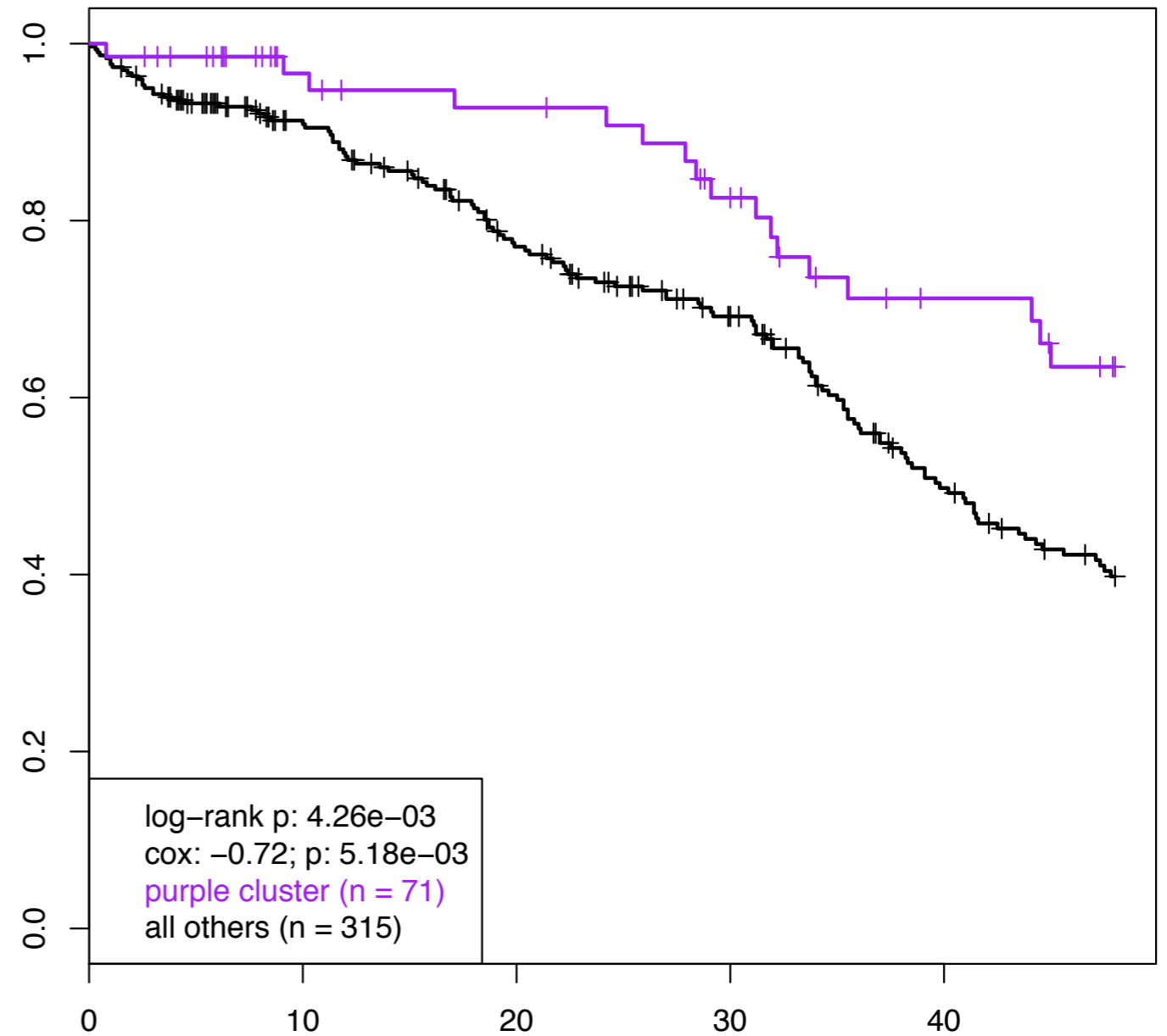
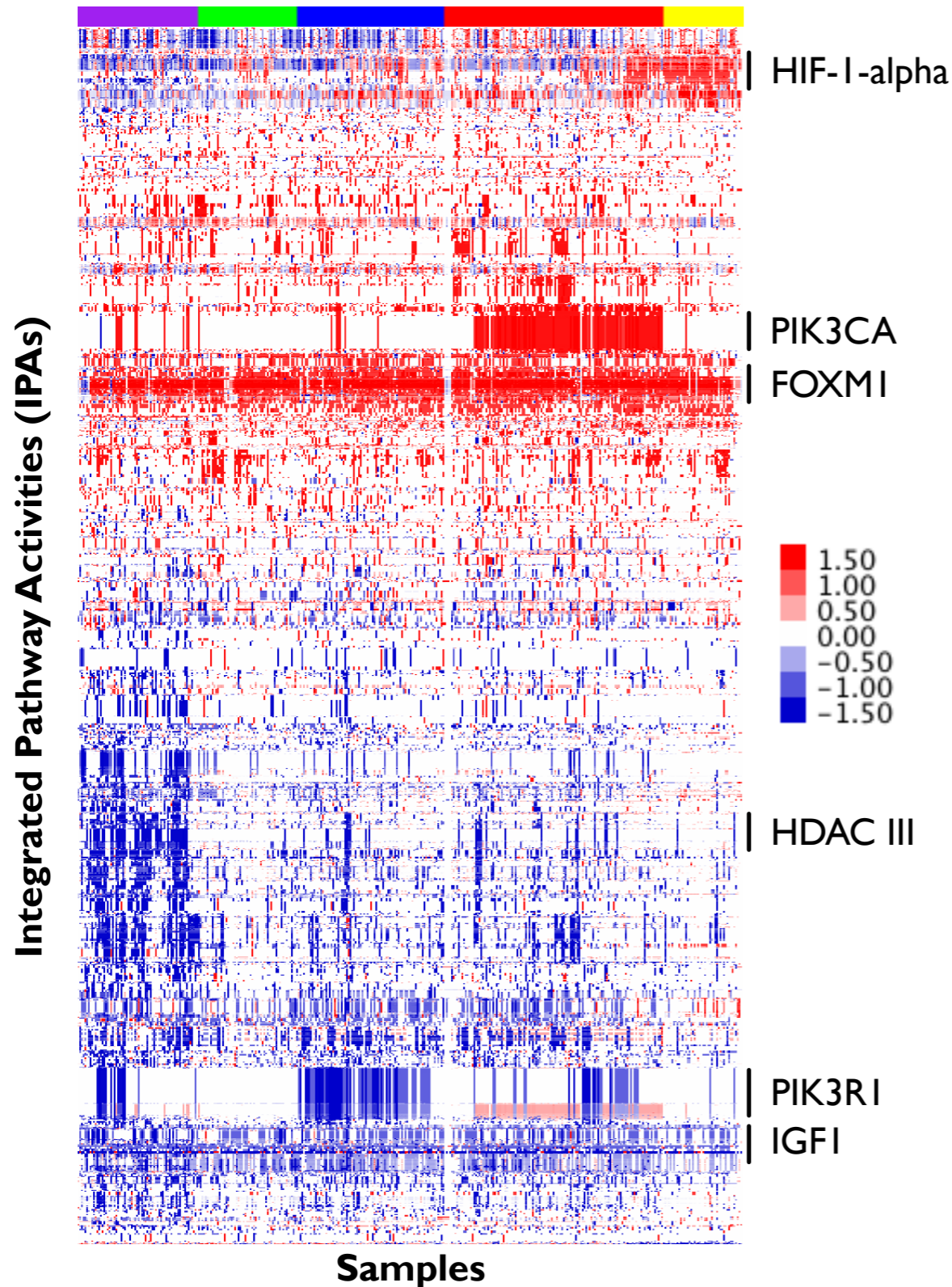
# Clustering IPAs Stratifies GBM Patients



# Clustering IPAs Stratifies OV Patients



# Clustering IPAs Stratifies OV Patients



# Future Work

- Incorporate Mutations, Methylation, miRNA
- More pathway sources - especially metabolic
- Try a “unified” pathway of cell

# Outline

I. Introduction

II. Previous Work

III. Aim 1: PARADIGM - Integrated Pathway Analysis

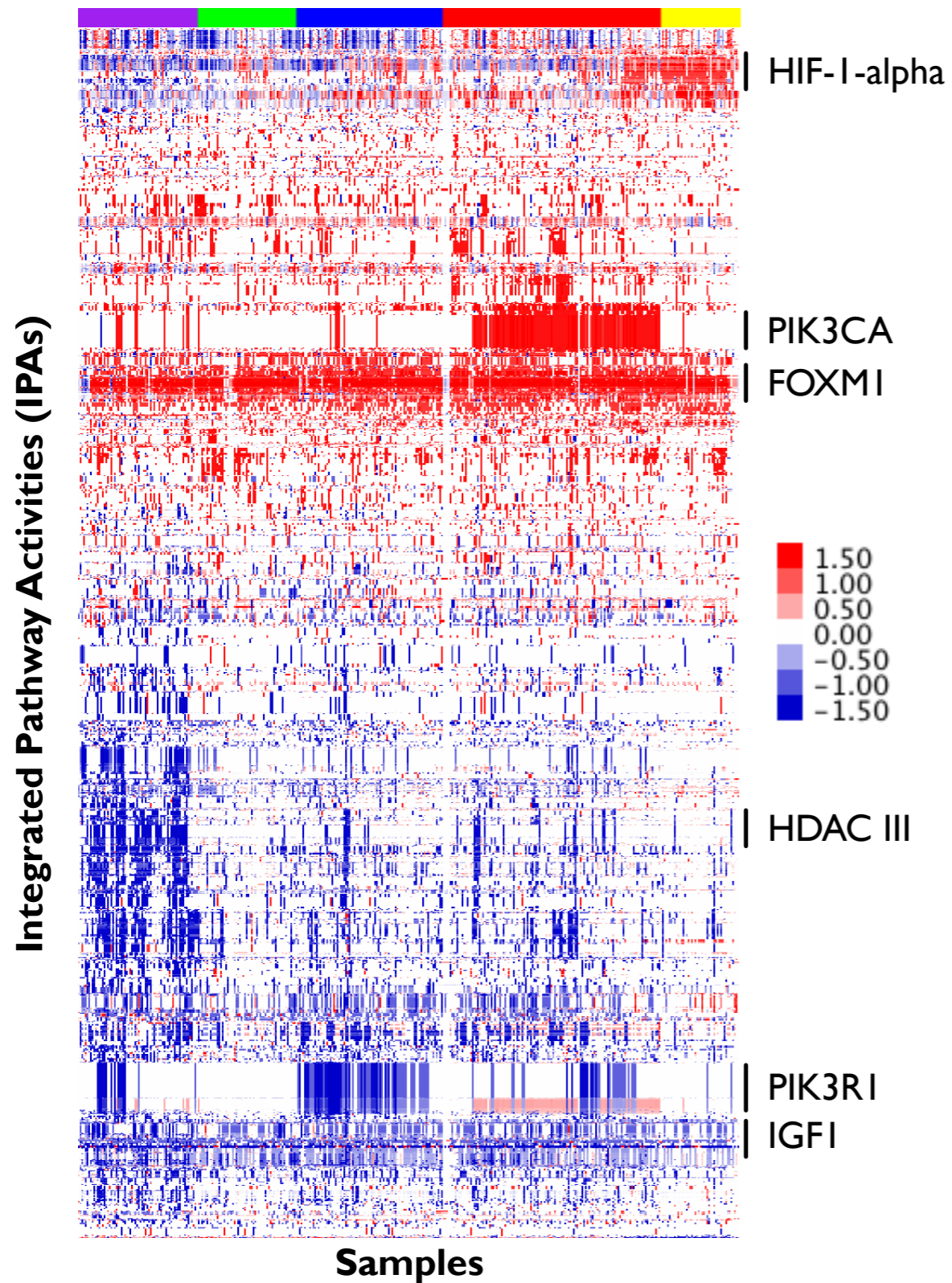
**IV. Aim 2: Modeling pathways using  
sequence data**

V. Aim 3: Directing combination therapies

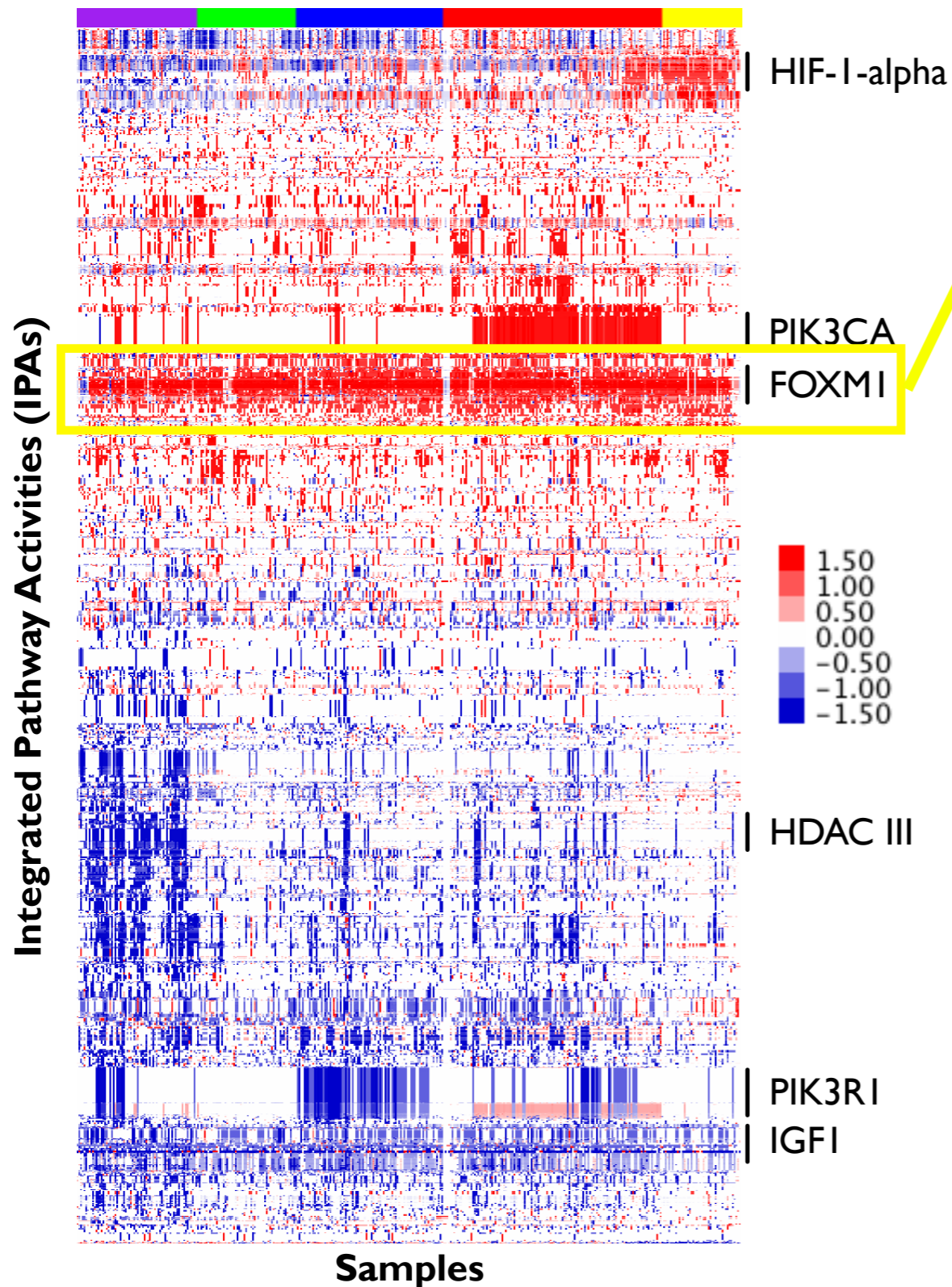
# Mainstream Sequencing Has Arrived

- 100 full genome sequences available
- TCGA: 50 per cancer type (20+ types)
- PARADIGM - underlying model still works!

# Ovarian IPA Heatmap



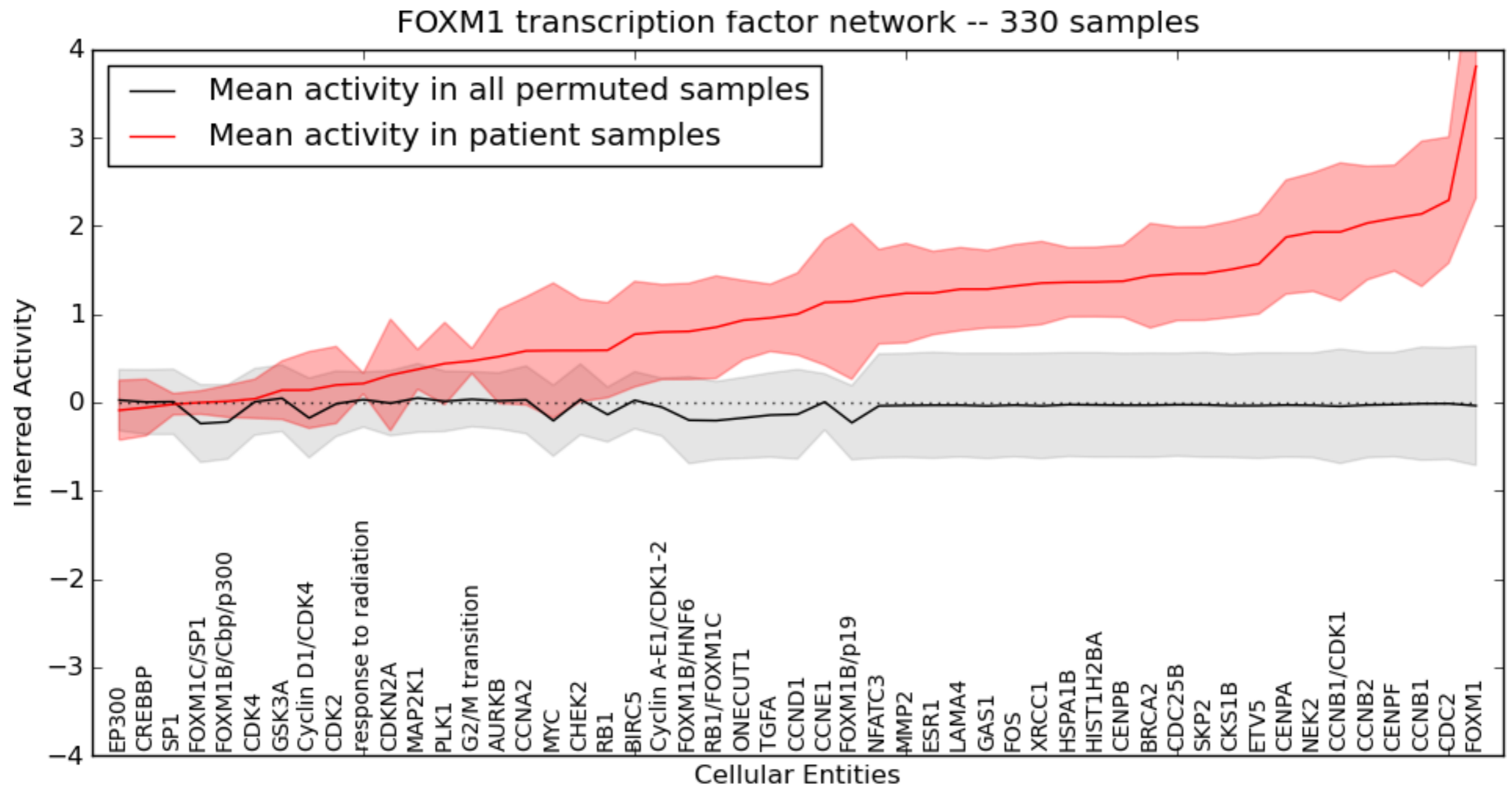
# Ovarian IPA Heatmap



Pathway Name	Percentage
FOXMI transcription factor network	49.79%
FOXA2 and FOXA3 transcription factor	14.06%
TCGA08 Retinoblastoma	11.78%
Endothelins	11.65%
Calcium signaling in the CD4+ TCR pathway	11.43%
Glucocorticoid receptor regulatory network	11.29%
TCR signaling in naïve CD4+ T cells	11.24%
TRAIL signaling pathway	10.95%
IL23-mediated signaling events	10.89%
ErbB4 signaling events	10.71%
IL12-mediated signaling events	10.53%
Canonical NF-kappaB pathway	10.49%
Regulation of cytoplasmic and nuclear	10.21%
Wnt signaling	10.17%
HIF-1-alpha transcription factor network	10.13%
PLK I signaling events	10.04%

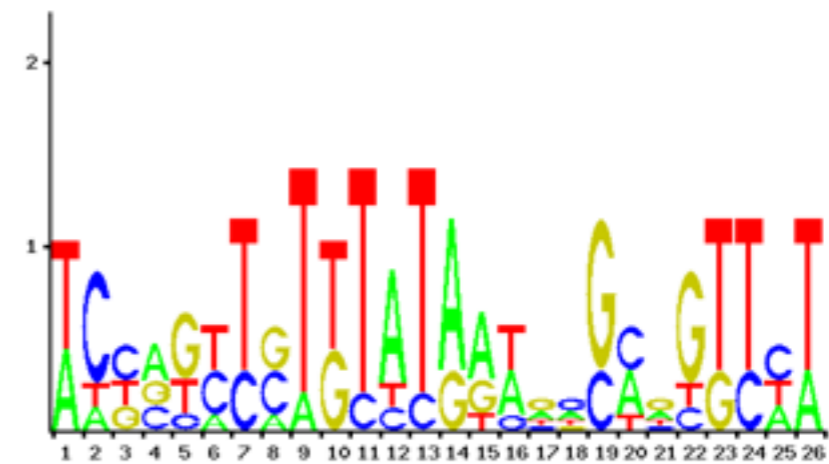
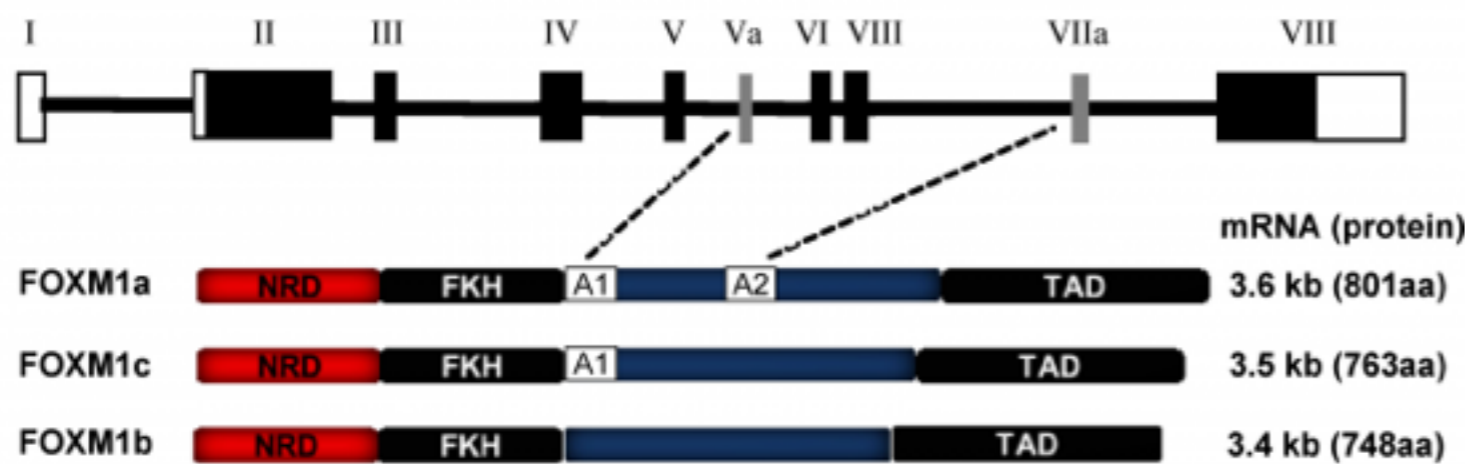


# Ovarian Samples Have Significantly Higher Activity

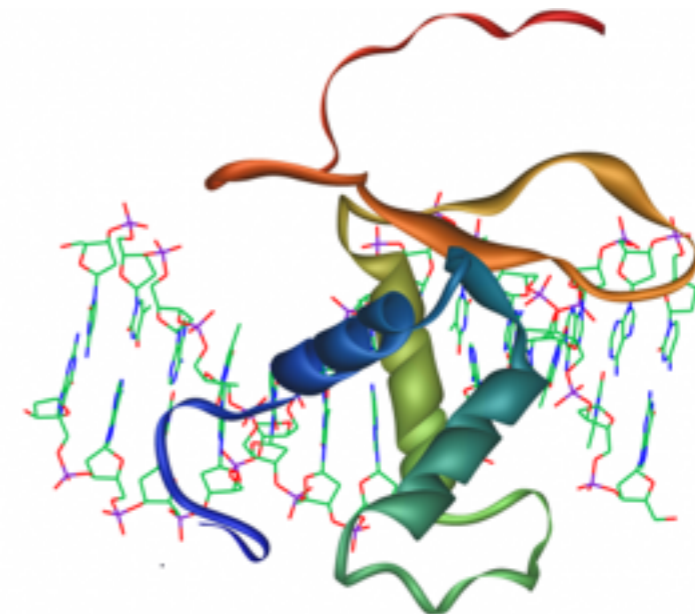
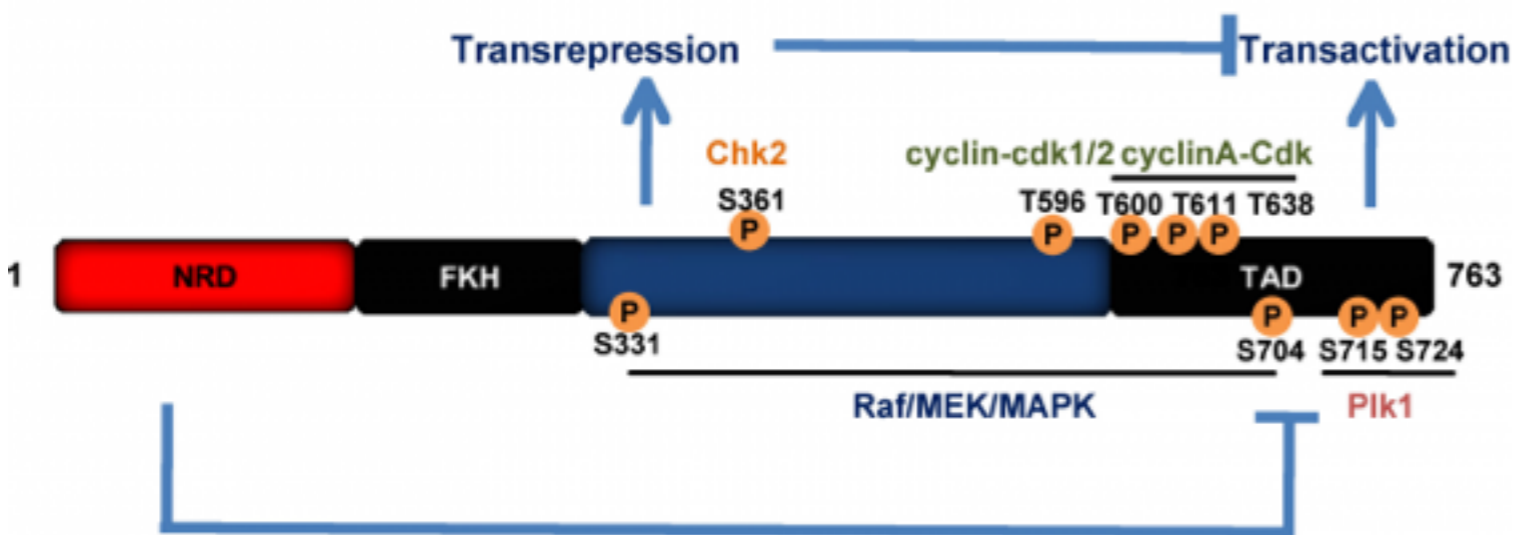


# Forkhead Box M1 (FOXM1)

## A. DNA/RNA

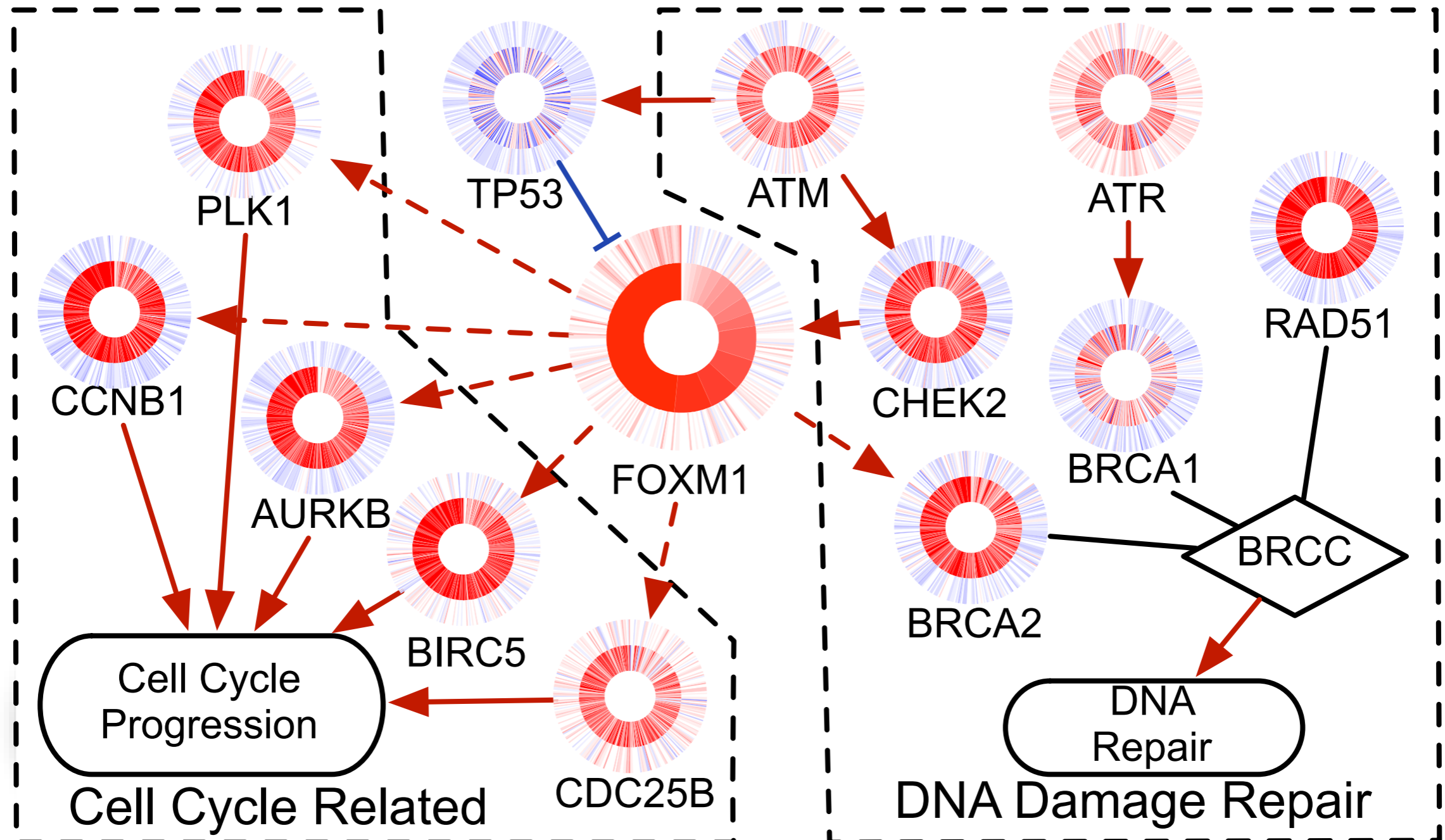


## B. Protein and Phosphorylation sites



Transcription Factor Encyclopedia (<http://www.cisreg.ca/cgi-bin/tfe/articles.pl?tfid=437>)

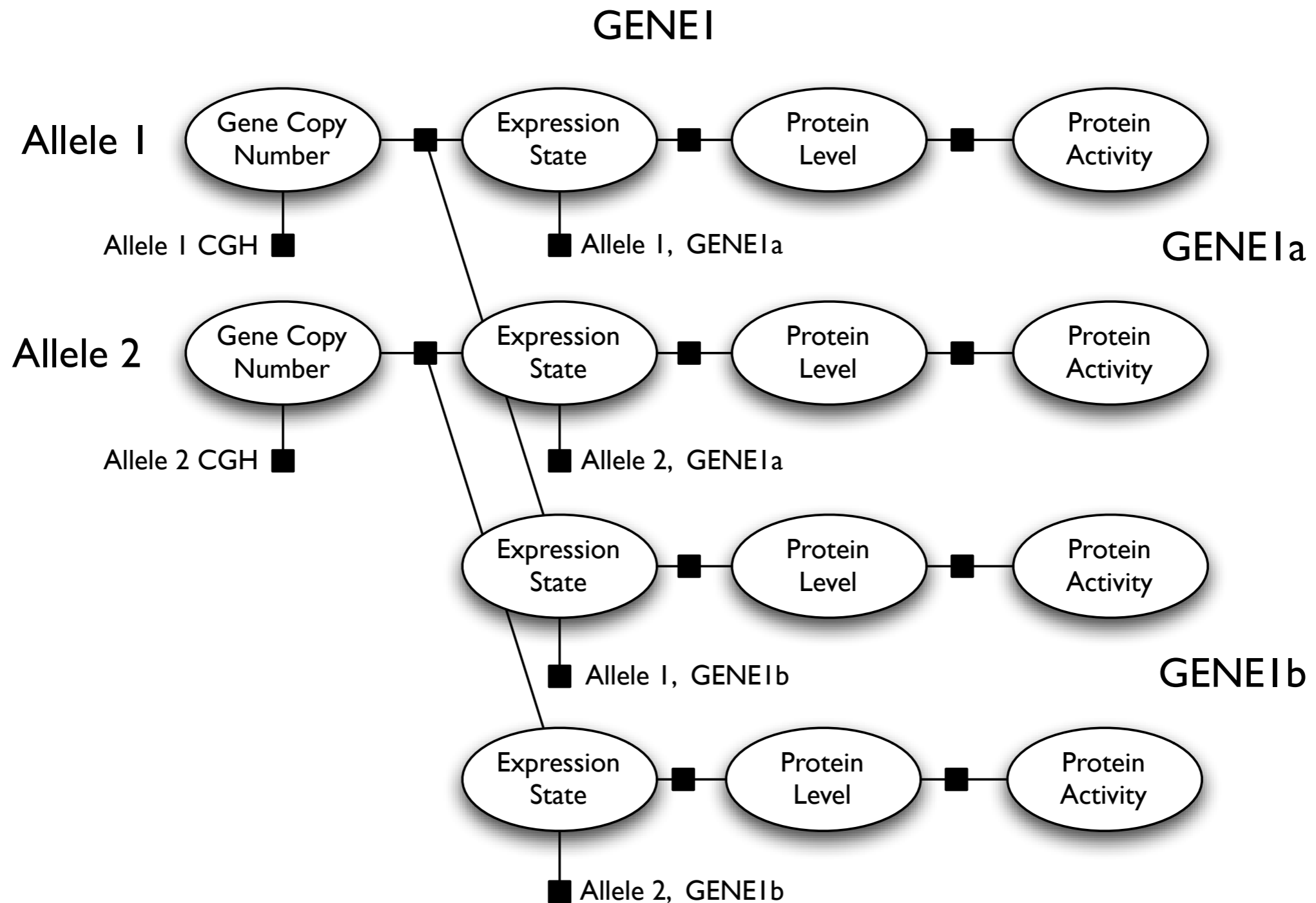
# Transcription Factor at the Crossroads of Repair and Cell Cycle



# Sequencing can help us!

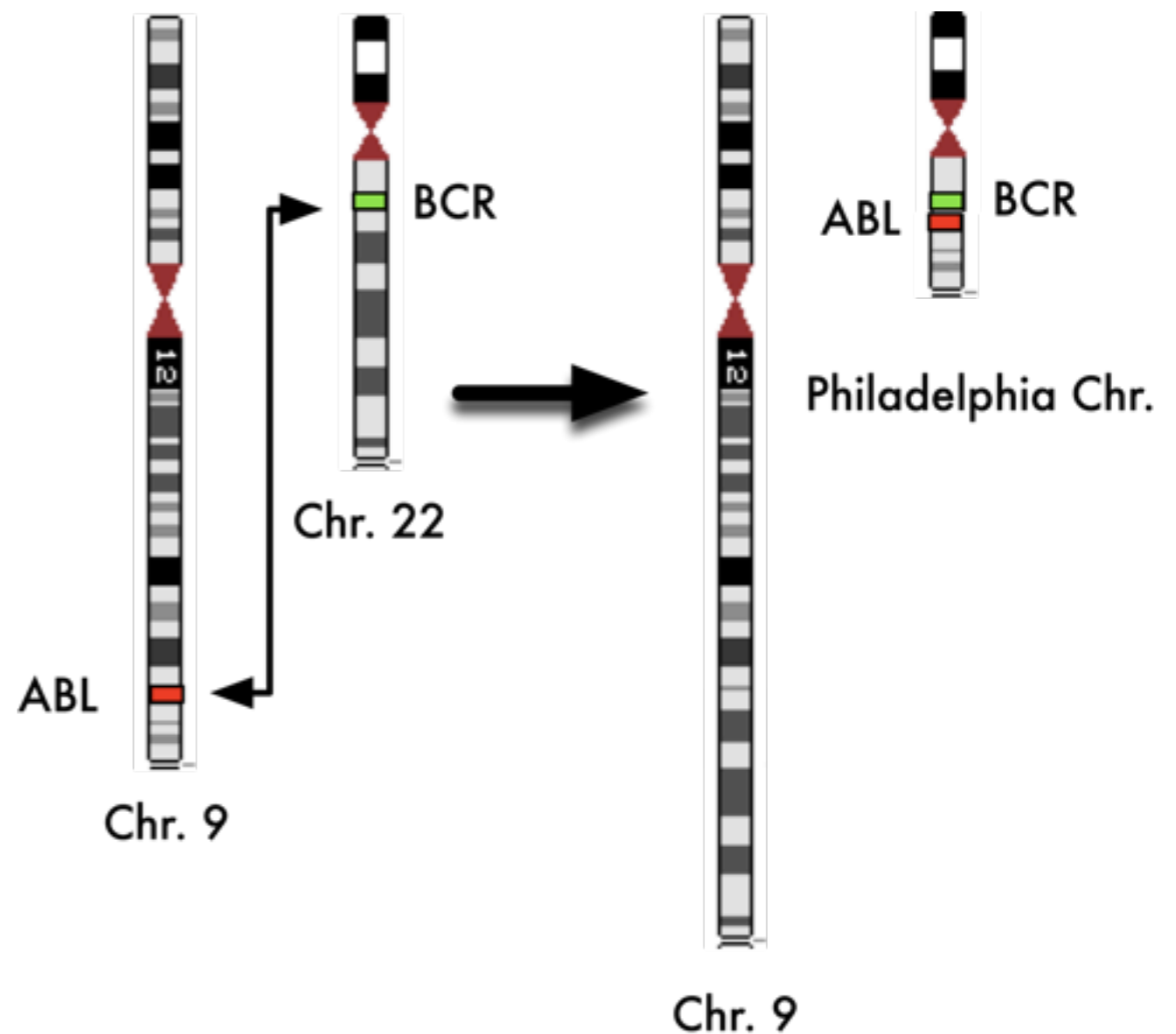
- Need to be able to detect isoform-specific transcripts
- RNA-Seq using Velvet/Columbus/Oasis pipeline and SOLAS\*
- Eventually move to allele-specific signals

# Isoform- and Allele-specific gene model



# Gene Fusions

- Detectible by RNA-Seq
- Uncommon, but critical to model
- Dynamically add new pathway representing fusion



# Future Work

- Work on regularizing sequencing data for attaching to the model
- Add support for allele- and isoform-specific central dogma
- Model Gene Fusions

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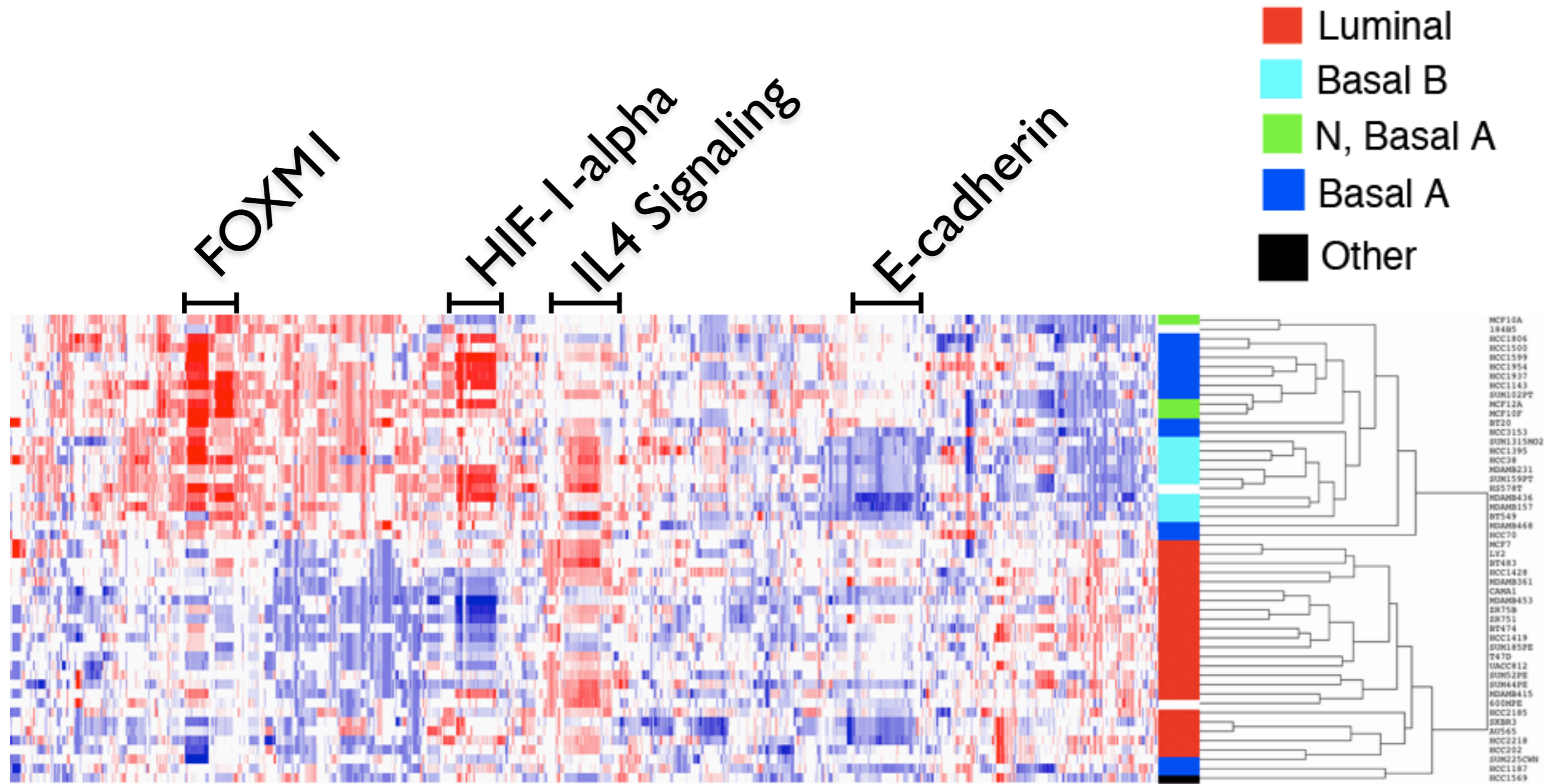


# Overview

**Goal:** Identify shRNAs that can be used to convert drug resistant samples into sensitive

- Identify critical points in pathway
- Simulate shRNA combinations *in silico*
- Use cell lines to test predictions

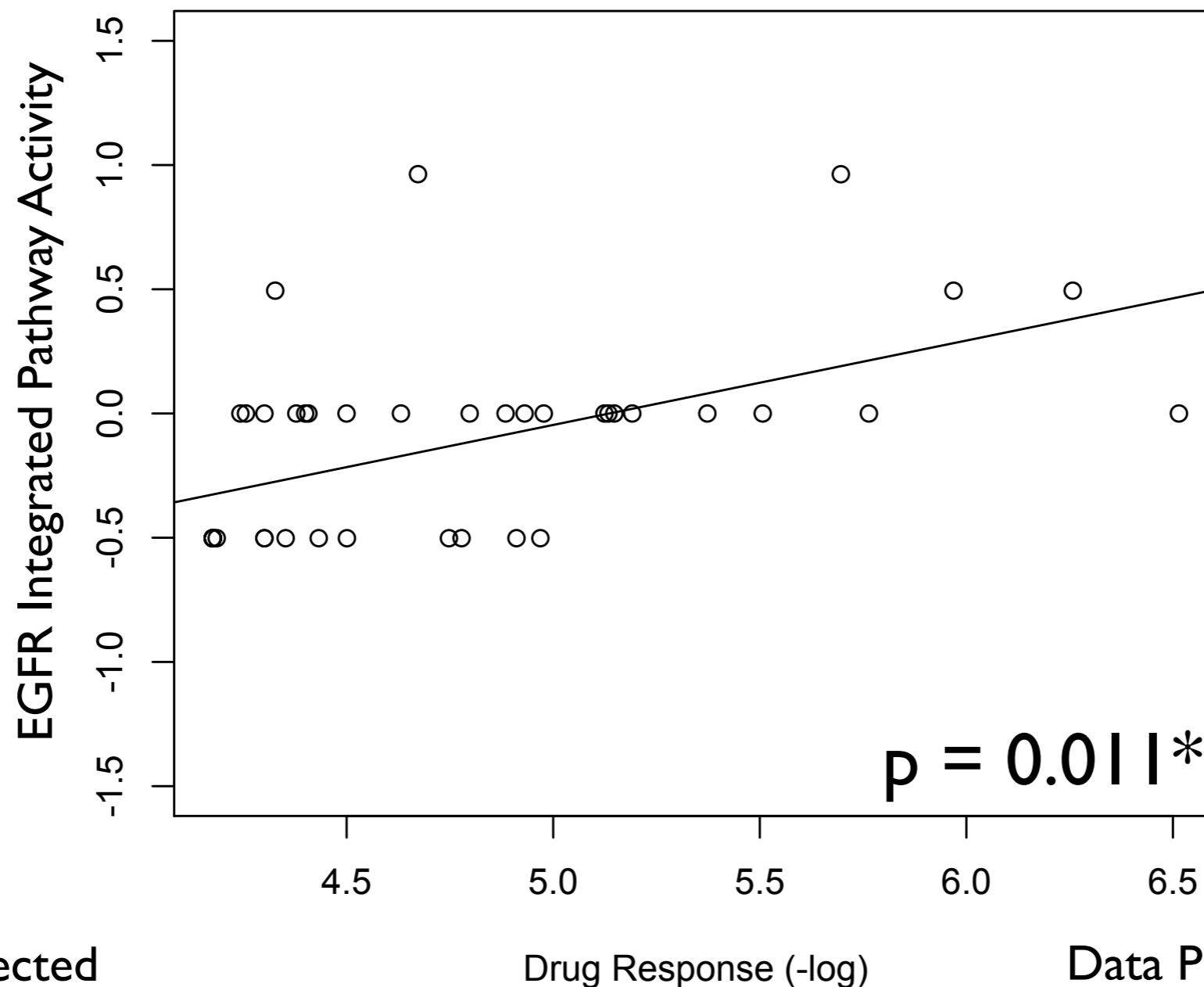
# IPAs of Breast Cancer Cell Lines



# Cell Line Drug Responses & Known Targets

50 breast cancer cell lines, 70 drugs

Erlotinib



\*Bonferroni Corrected

Data Provided by Gray Lab, LBNL

# Identify Key Pathway Entities

Feature Selection & Support Vector Machines to  
find all possible contributing entities

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Feature Selection & Support Vector Machines to find all possible contributing entities

	E1	E2	E3	E4	E5	E6	...
S	5	4	5	-3	-2	-3	...
S	6	5	5	-4	-5	-4	...

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Feature Selection & Support Vector Machines to find all possible contributing entities

	E1	E2	E3	E4	E5	E6	...
S	5	4	5	-3	-2	-3	...
S	6	5	5	-4	-5	-4	...
R	-2	-3	-3	4	5	5	...
R	-3	-4	-3	3	4	4	...
R	-2	-4	-6	5	5	3	...

# Find Targets to Test with shRNA

Use medioid of sensitive vectors as target

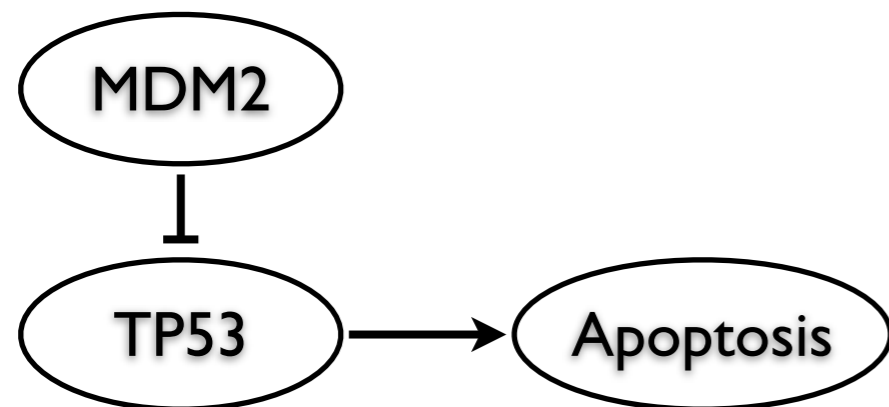
	E1	E2	E3	E4	E5	E6	...
M-S	5.5	4.5	5	-3.5	-3.5	-3.5	...

# Find Targets to Test with shRNA

Use medioid of sensitive vectors as target

	E1	E2	E3	E4	E5	E6	...
M-S	5.5	4.5	5	-3.5	-3.5	-3.5	...

Disconnect parents of each entity to simulate shRNA



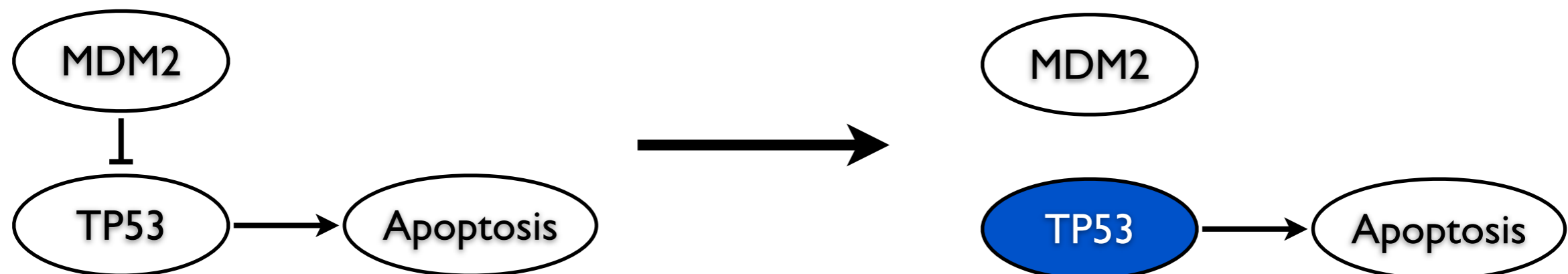


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	E1	E2	E3	E4	E5	E6	...
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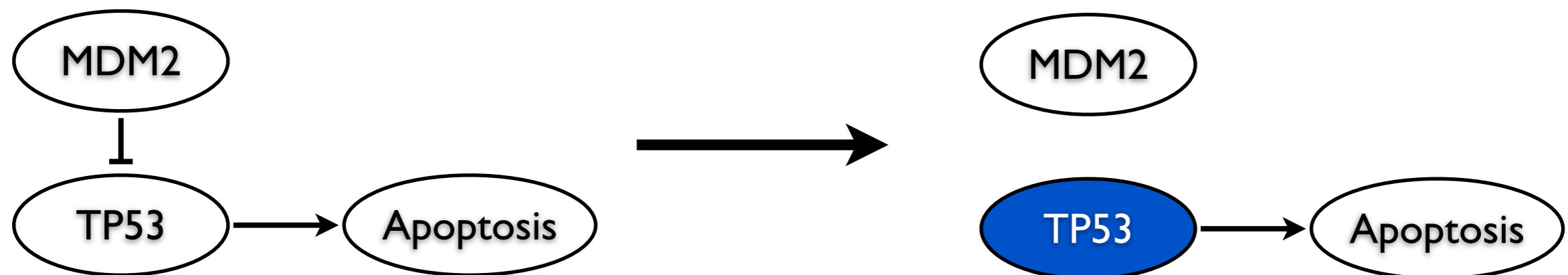


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Use medioid of sensitive vectors as target

	E1	E2	E3	E4	E5	E6	...
M-S	5.5	4.5	5	-3.5	-3.5	-3.5	...

Disconnect parents of each entity to simulate shRNA



Rank all entities and take the top targets to the wet lab

# Future Work

- Identify key pathways associated with treatment resistance
- Rank genes by disconnecting links
- Test targets using shRNA screens

# Bringing it all together...

**Goal:** Provide clinically relevant information

- Assist treatment decisions
- Find new targets
- Focus on the individual tumors

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- Cluster Admins

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