# Patient stratification from somatic mutation profiles using gene networks

## Jean-Philippe Vert



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## Team's rationale





Machine learning Learning with complex data Regularization Scalable algorithms



Molecules (Epi)-Genomics Systems biology Drug design



**Cells** High-content screening Single-cell genomics Tumour heterogeneity



People Precision medicine GWAS Patient monitoring

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Marine Le Morvan



Andrei Zinovyev

# Somatic mutations in cancer



## Large-scale efforts to collect somatic mutations

- 3,378 samples with survival information from 8 cancer types
- downloaded from the TCGA / cBioPortal portals.



Cancer type	Patients	Genes
LUAD (Lung adenocarcinoma)	430	20 596
SKCM (Skin cutaneous melanoma)	307	17 463
GBM (Glioblastoma multiforme)	265	14 750
BRCA (Breast invasive carcinoma)	945	16 806
KIRC (Kidney renal clear cell carcinoma)	411	10 609
HNSC (Head and Neck squamous cell carcinoma)	388	17 022
LUSC (Lung squamous cell carcinoma)	169	13 590
OV (Ovarian serous cystadenocarcinoma)	363	10 195

# Survival prediction from raw mutation profiles

- Each patient is a binary vector: each gene is mutated (1) or not (0)
- Silent mutations are removed
- Survival model estimated with sparse survival SVM
- Results on 5-fold cross-validation repeated 4 times

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Can we replace

 $x \in \{0, 1\}^p$  with *p* very large, very sparse

by a representation with more information shared between samples

 $\Phi(x) \in \mathcal{H}$ 

that would allow better supervised and unsupervised classification?

# NetNorm Overview (Le Morvan et al., 2017)

Take

$$\mathcal{H} = \left\{ x \in \{0,1\}^p \, : \, \sum_{i=1}^p x_i = K 
ight\}$$



and use a gene network to transform x to  $\phi(x) \in \mathcal{H}$  by adding/removing mutations



Gene-gene interaction network

## NetNorm detail (k=4)

Add mutations for patients with few (less than K) mutations



Remove mutations for patients for many (more than K) mutations



In practice, K is a free parameter optimized on the training set, typically a few 100's.

## Related work (Hofree et al., 2013)

## Network-based stratification of tumor mutations

#### Matan Hofree<sup>1</sup>, John P Shen<sup>2</sup>, Hannah Carter<sup>2</sup>, Andrew Gross<sup>3</sup> & Trey Ideker<sup>1-3</sup>

<sup>1</sup>Department of Computer Science and Engineering, University of California, San Diego, La Jolla, California, USA. <sup>2</sup>Department of Medicine, University of California, San Diego, La Jolla, California, USA. <sup>3</sup>Department of Bioengineering, University of California, San Diego, La Jolla, California, USA. Correspondence should be addressed to 11. (tichefer@usci.detu).

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#### d Network-based stratification



## Results: survival prediction



Use Pathway Commons as gene network. NSQN = Network Smoothing / Quantile Normalization (Hofree et al., 2013)

# NetNorM and NSQN benefit from biological information in the gene network

### Comparison with 10 randomly permuted networks:



## Selected genes represent "true" or "proxy" mutations



Genes selected in at least 50% of the cross-validated sparse SVM model

# Proxy mutations encode both total number of mutations and local mutational burden



## Adding good old clinical factors



Combination by averaging predictions

## Performance on unsupervised patient stratification



• Somatic mutation profiles are challenging because

- Little overlap between patients
- Large variability in number of mutations
- Network smoothing / local averaging sometimes helps
  - but with current methods, looking at the direct neighbors is good enough
- Normalizing for total number of mutations is important
  - through QN or NetNorm, for example
  - this is not for biological reasons, but for mathematical reasons
  - Much room for improvement to find a good representation  $\Phi(x)$
- Try it!
  - https://github.com/marineLM/NetNorM

## Thanks







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# Patient stratification (unsupervised) from raw mutation profiles



### Ø Desired behaviour:



Observed behaviour:

 Non-Negative matrix factorisation (NMF)



Patients share very few mutated genes!

## QN matters...

Both NetNorm and NSQN transforms follow a 2-step a approach:

Smooth the raw data onto the gene network (NS)

Quantile normalize the smoothed profile (QN)



## QN after network smoothing



Sorted genes