

Data integration in cancer research

An overview of the existing
approaches

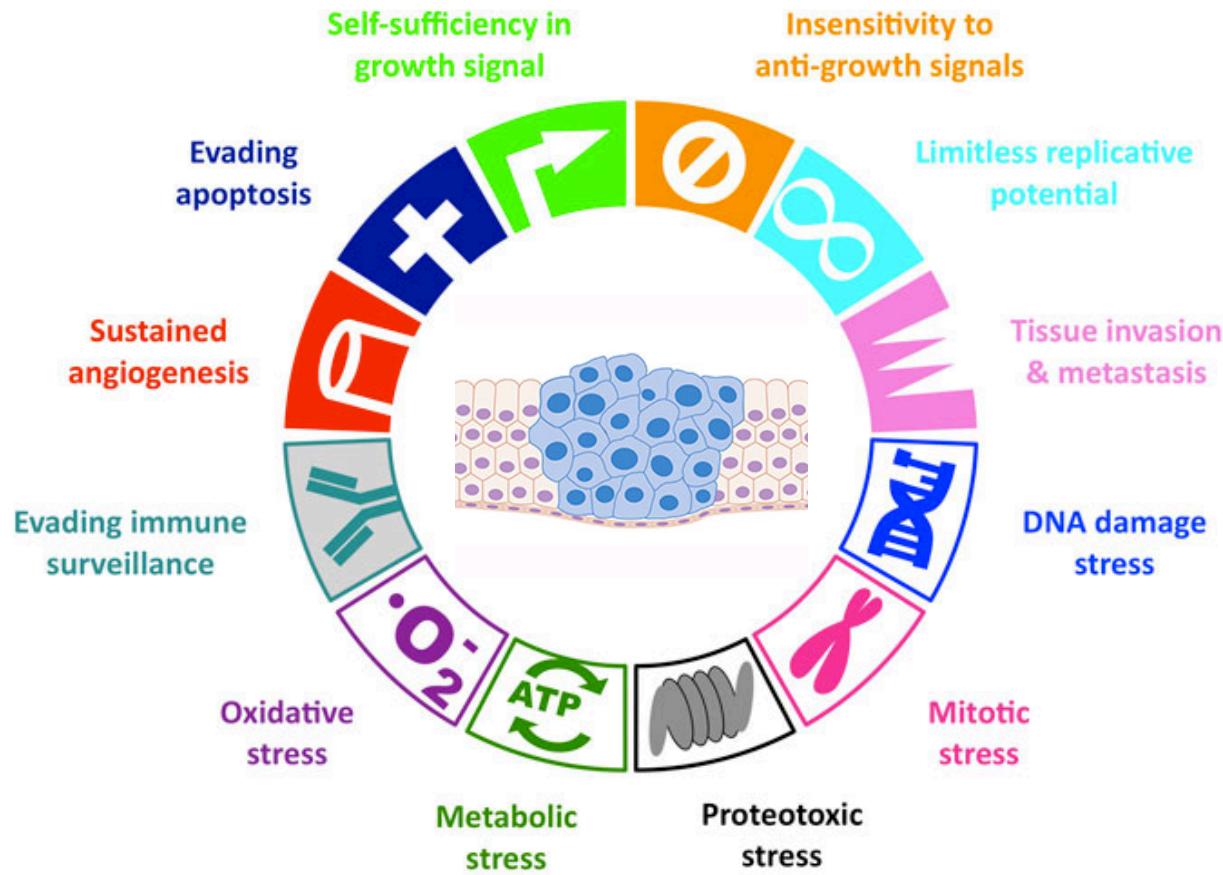
Laura Cantini
Computational Systems Biology Team
IBENS, Paris

26-02-2019

DU-Bii Integrative bioinformatics

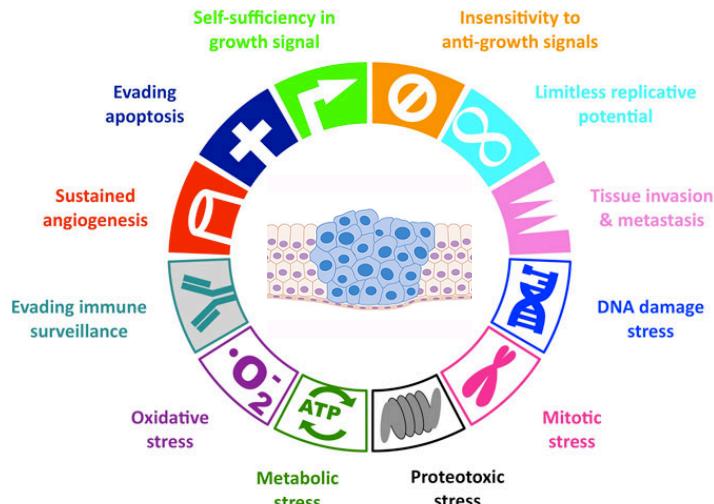


Cancer Hallmarks



Hanahan, Douglas, and Robert A. Weinberg. "Hallmarks of cancer: the next generation." *cell* 144.5 (2011): 646-674.

Cancer Hallmarks



2012> 2030

WORLDWIDE CANCER CASES
ARE PROJECTED TO INCREASE BY

50%

FROM 14 million TO 21 million

WORLDWIDE CANCER DEATHS
ARE PROJECTED TO INCREASE BY

63%

FROM 8 million TO 13 million

Source: American Cancer Society: Global Cancer Facts & Figures, Second Edition

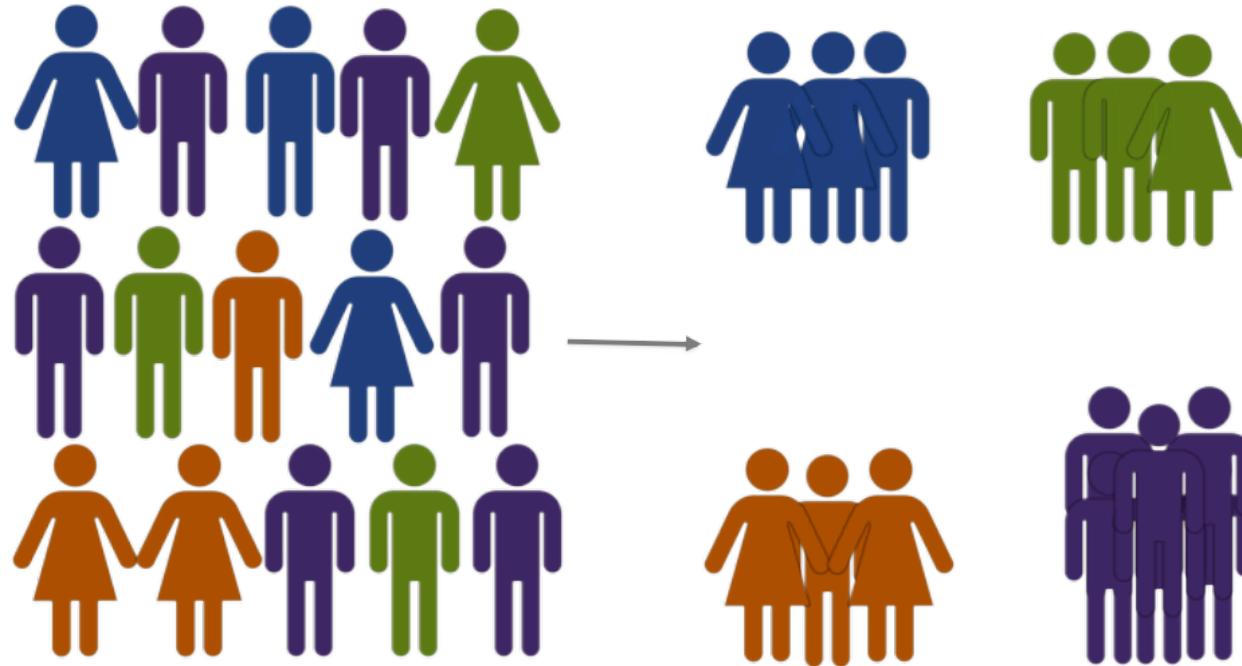
NIH
<https://www.cancer.gov/>

Hanahan, Douglas, and Robert A. Weinberg. "Hallmarks of cancer: the next generation." *cell* 144.5 (2011): 646-674.

Cancer precision medicine

Patients suffering from the same cancer can present:

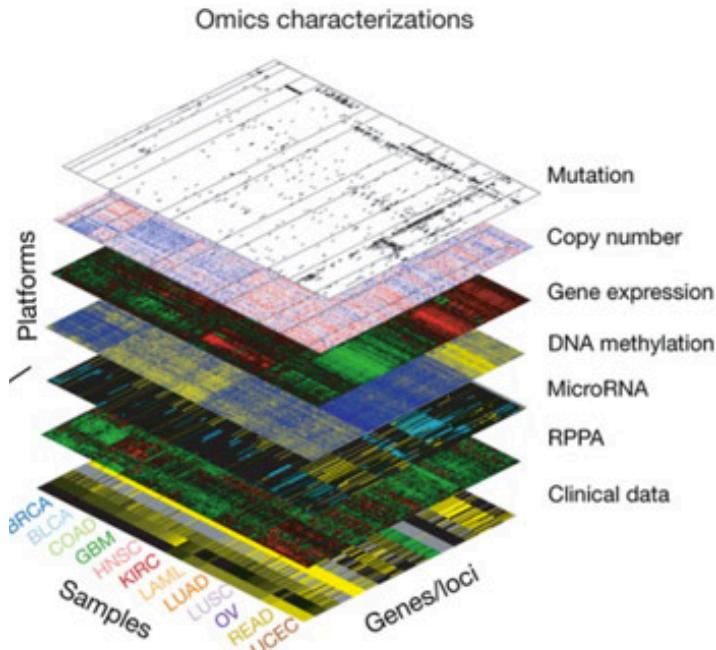
- Different prognosis
- Different response to the same treatment



→ Precision medicine is needed

Cancer « omics » data

The Cancer Genome Atlas (TCGA)



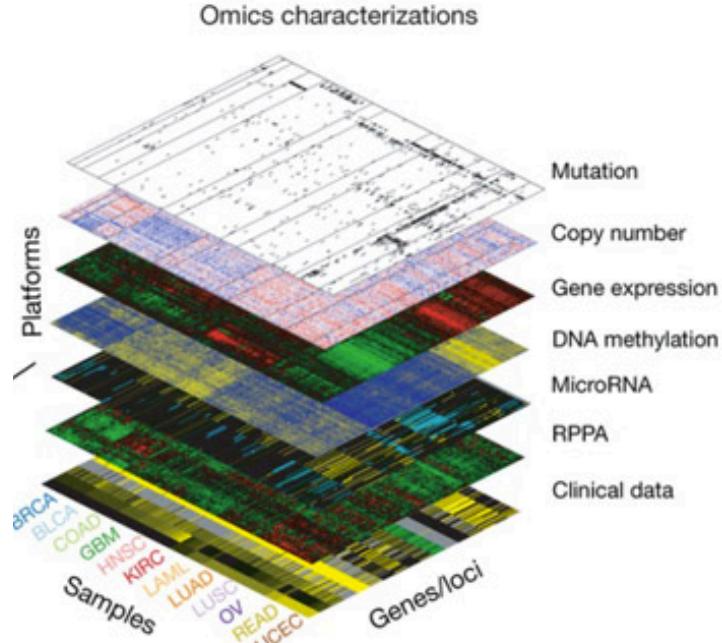
From single omics to **Multi-omics**

TCGA is the largest collection of multi-omics data:

- 10.000 cancer patients
- 33 cancer types
- 6 omics, plus clinical data

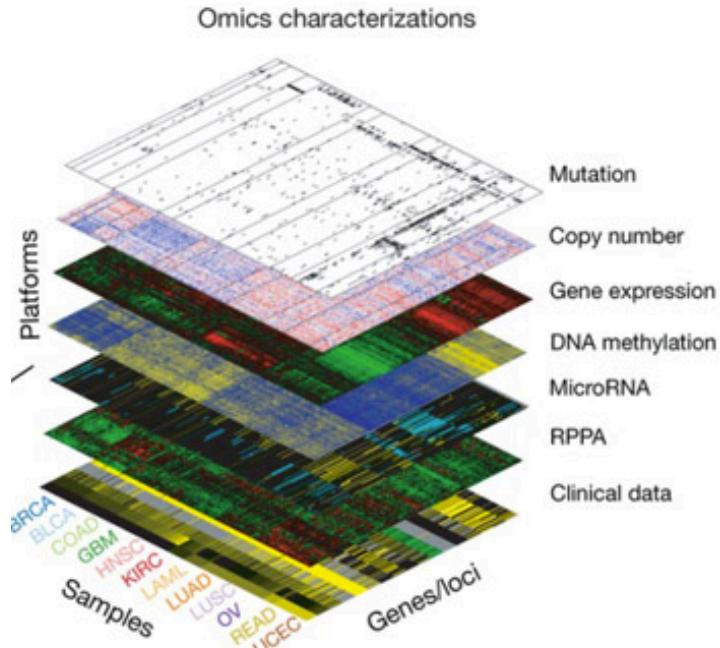
The Cancer Genome Atlas Research Network, Weinstein, J.N., Collisson, E.A., Mills, G.B., Shaw, K.M., Ozenberger, B.A., Ellrott, K., Shmulevich, I., Sander, C., and Stuart, J.M. (2013) The Cancer Genome Atlas Pan-Cancer analysis project. Nat Genet. doi: 10.1038/ng.2764

Multi-omics integration in cancer



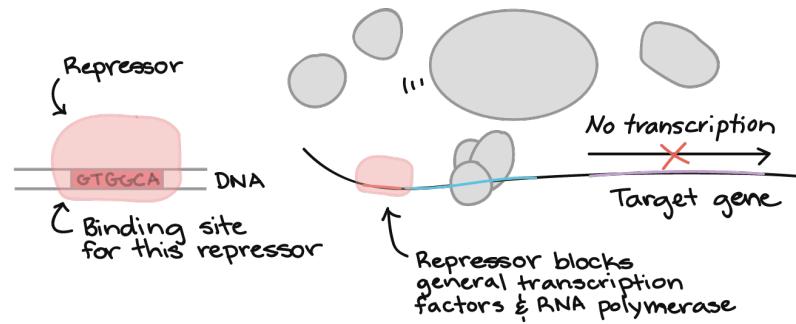
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Multi-omics integration in cancer



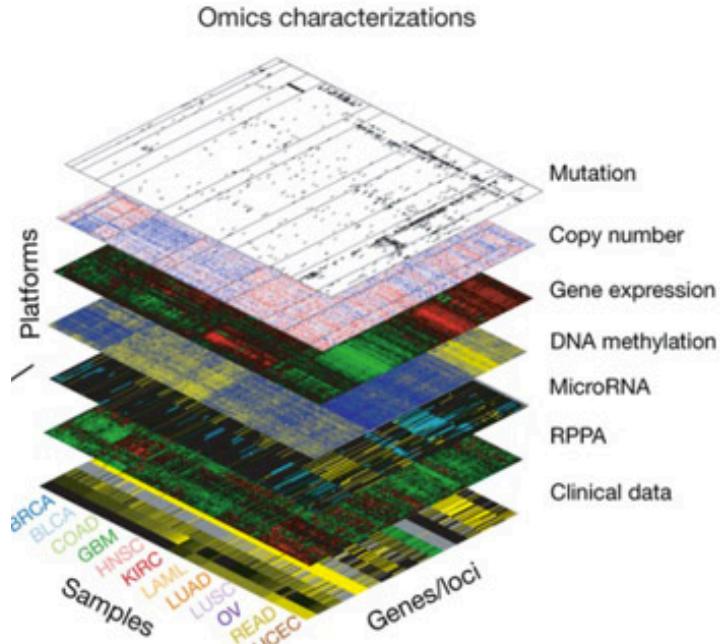
RPPA → Gene expression

(Transcription Factors)



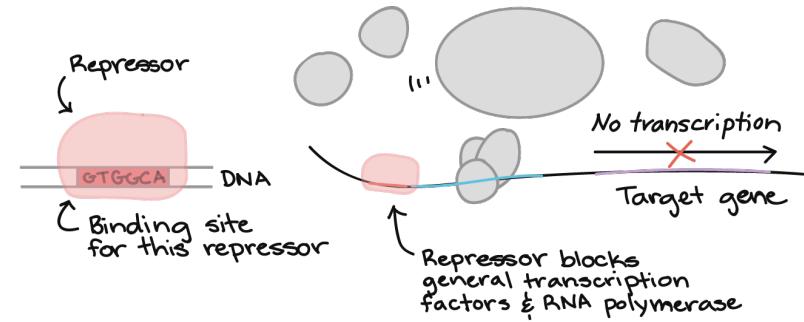
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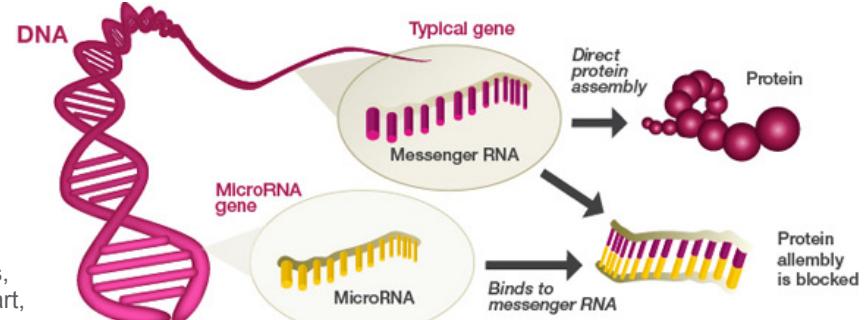
RPPA → Gene expression

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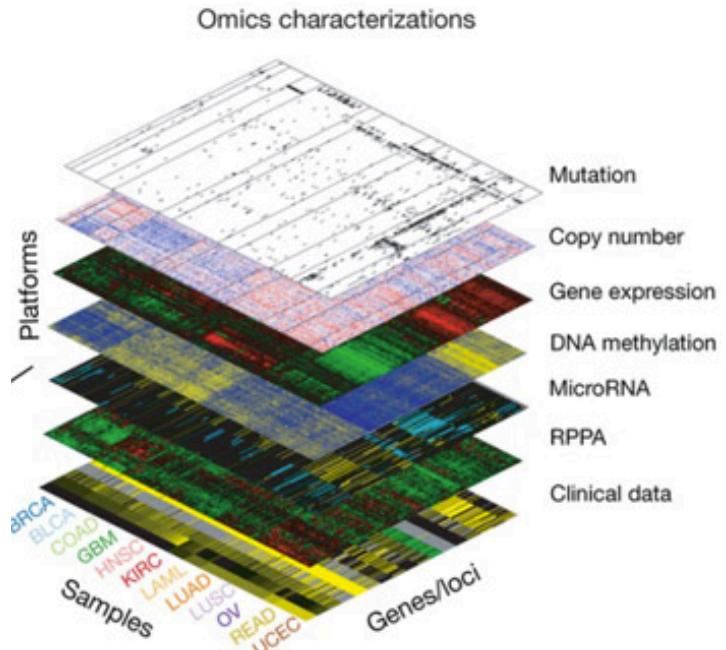
miRNA → RPPA

(microRNAs)



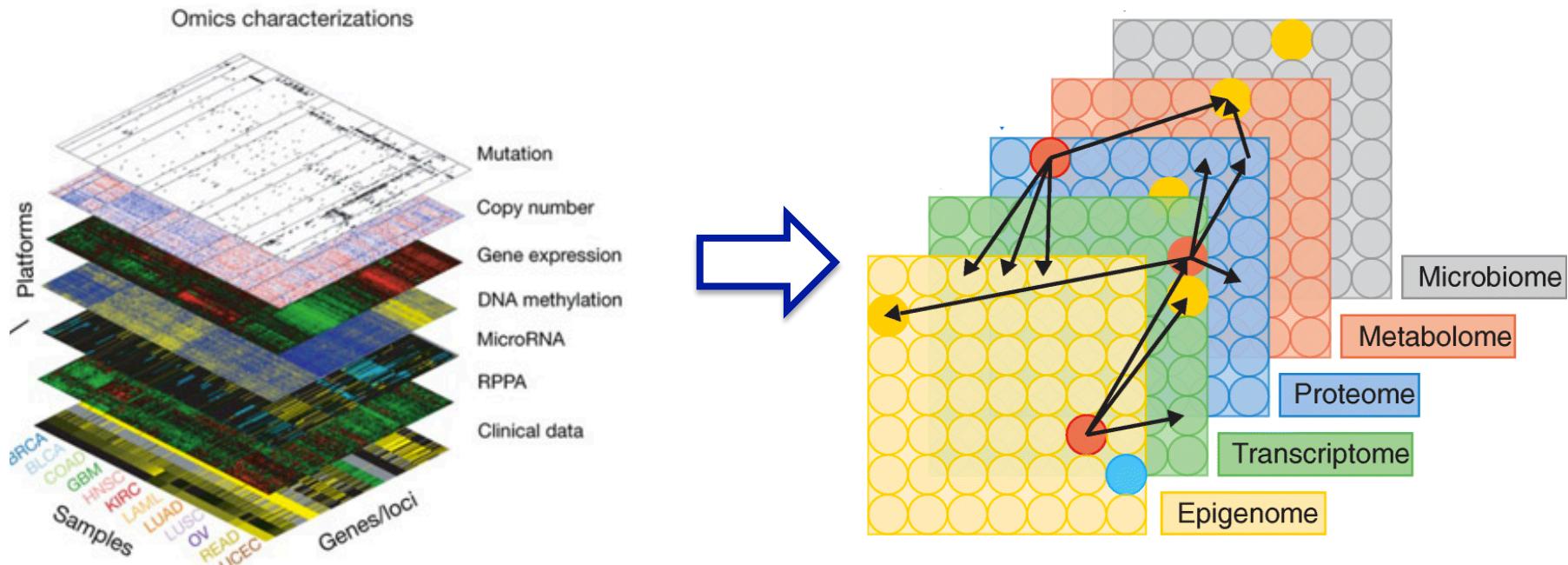
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Hasin, Yehudit, Marcus Seldin, and Aldons Lusis. "Multi-omics approaches to disease." Genome biology 18.1 (2017): 83.



**More omics is better,
but how many more?**



**Is it always good to consider
ALL the available omics?**

Choosing which omics to integrate

Aim: predicting drug response

Available input data:

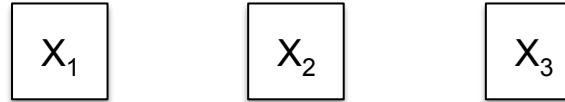
- Mutations
- Copy Number Alterations (CNA)
- Methylation
- Gene expression
- Proteomics
- Cancer types
- Drug response

Choosing which omics to integrate

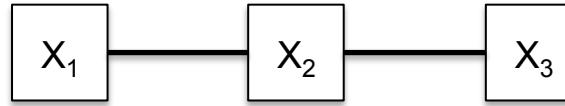
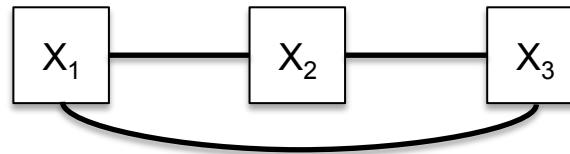
Aim: predicting drug response

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- Copy Number Alterations (CNA)
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Using correlation:

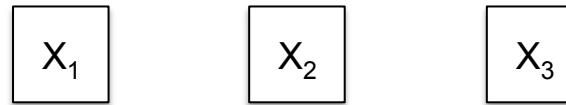


Choosing which omics to integrate

Aim: predicting drug response

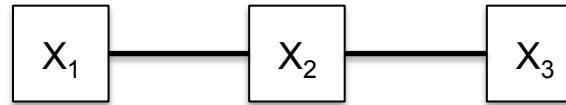
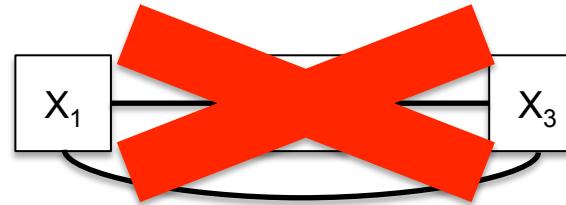
Available input data:

- Mutations
- Copy Number Alterations (CNA)
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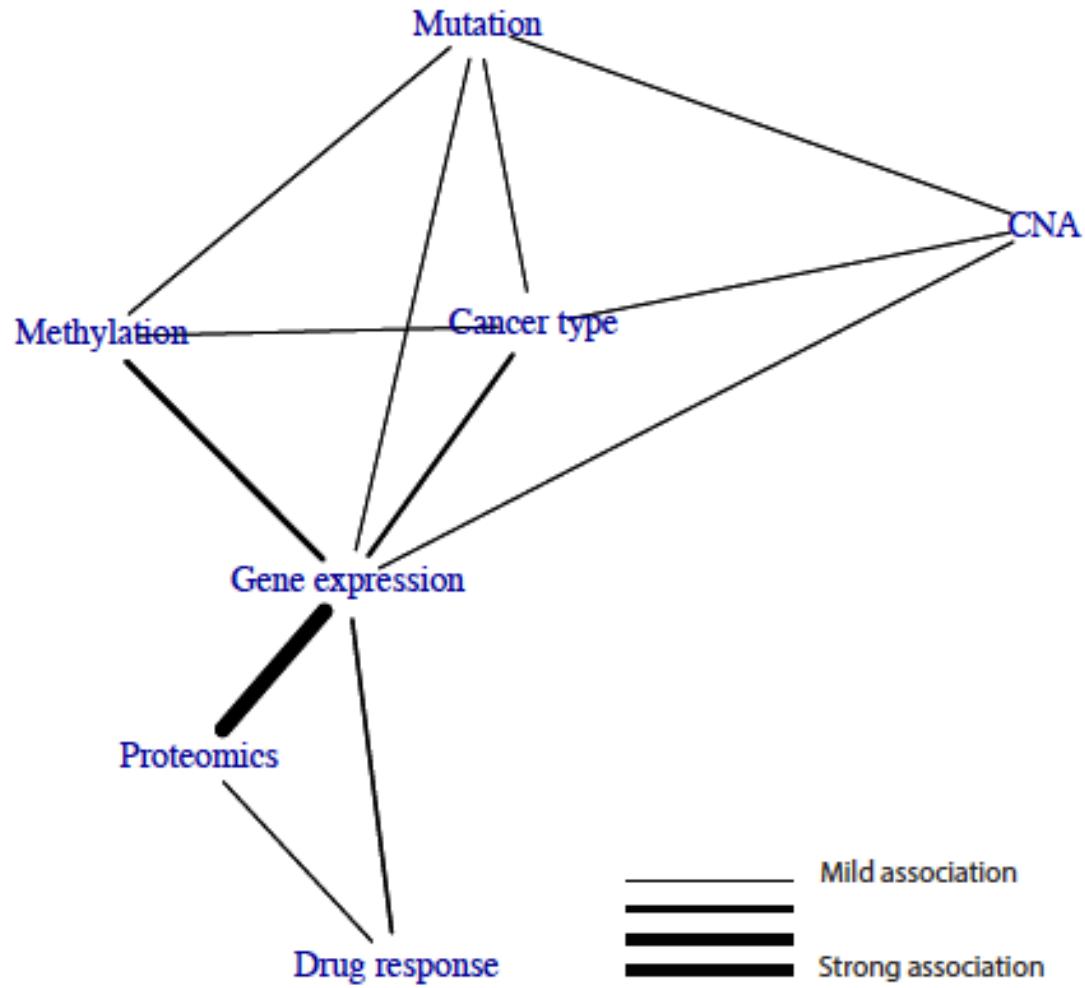


Using partial correlation (iTOP):

$$\text{e.g. } \text{cor}(X_1, X_3 | X_2) \approx 0$$

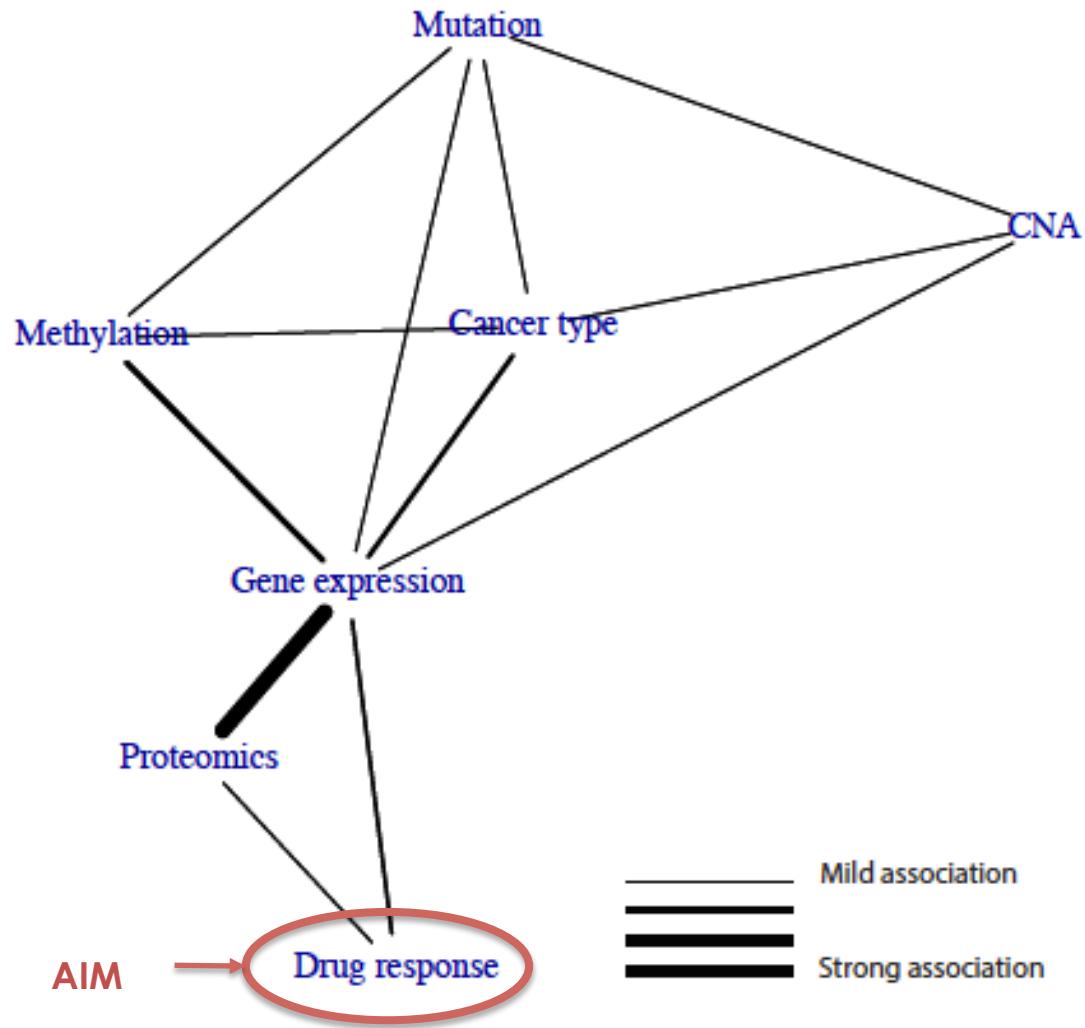


Choosing which omics to integrate



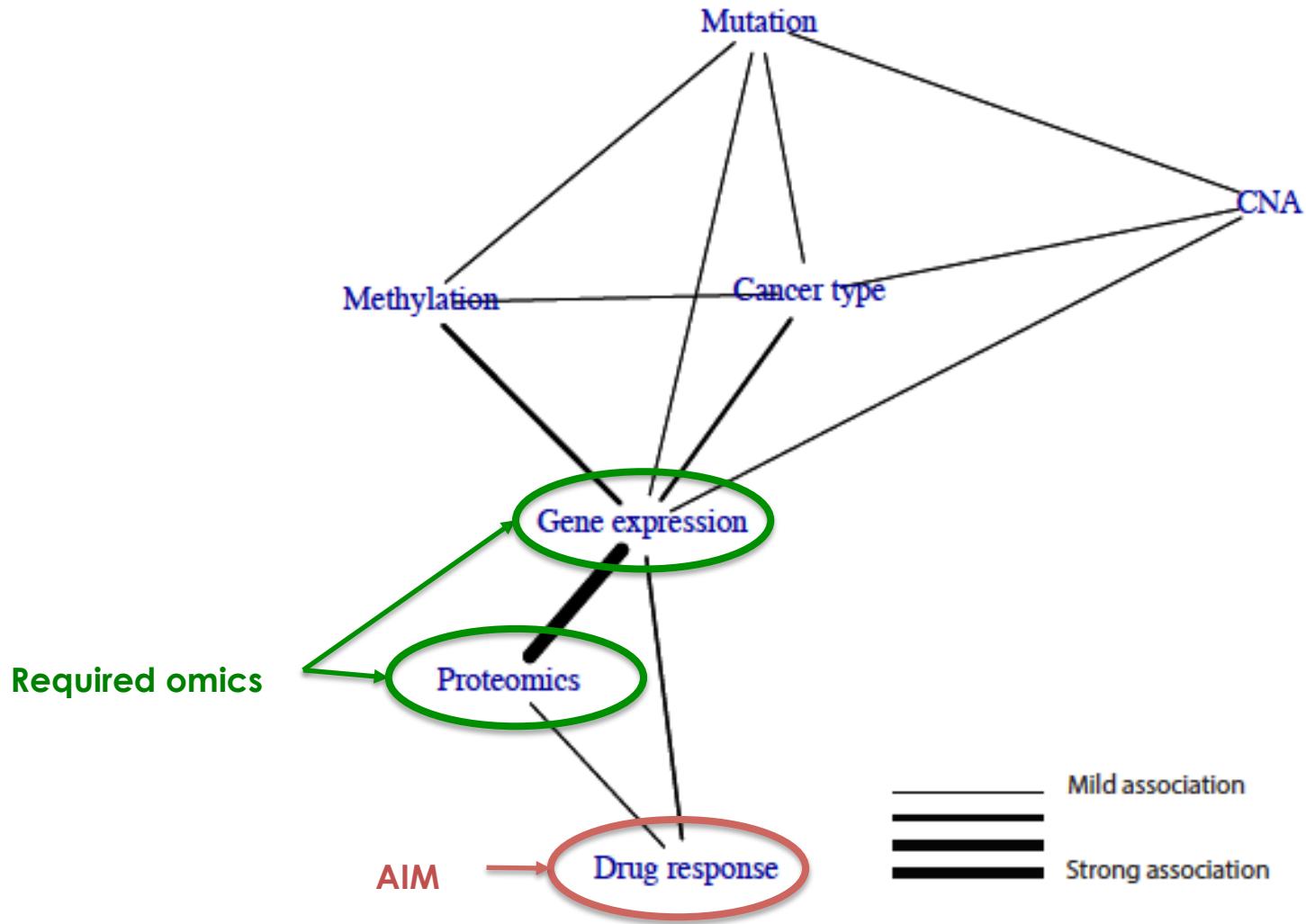
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Choosing which omics to integrate



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Choosing which omics to integrate

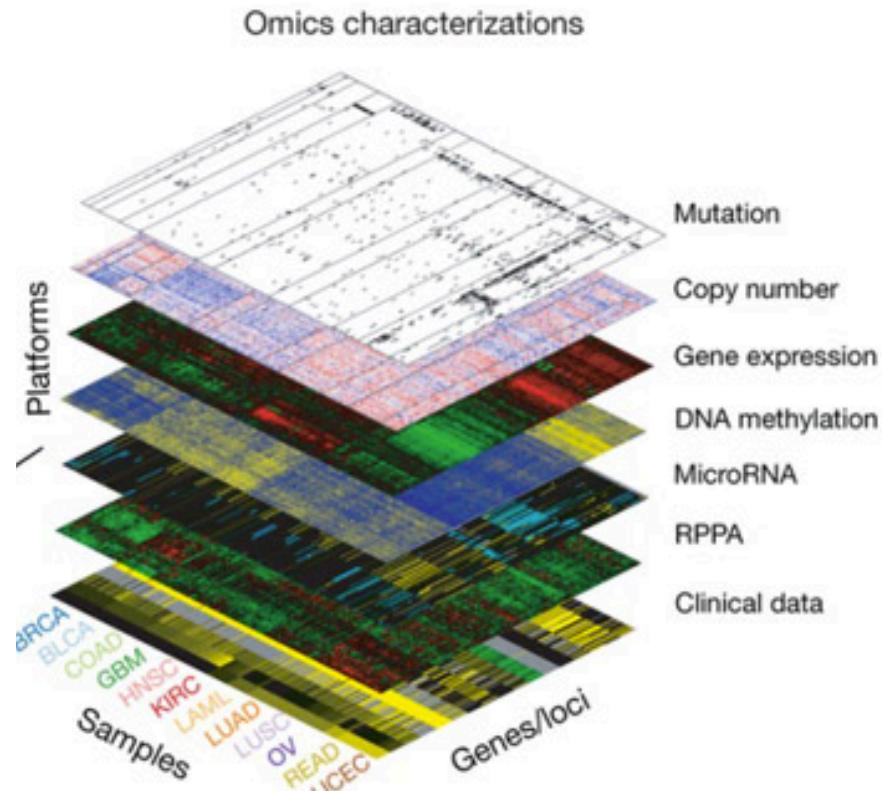




How omics should be combined?

Challenge: Multi-omics data are heterogeneous

- continuous (e.g. gene expression) vs. discrete (e.g. CNV).
- They have different dimension
- They have different ranges of variability
- Involving heterogeneous entities (e.g. genes, proteins, CpGs). -> matching entities drastically reduce the information

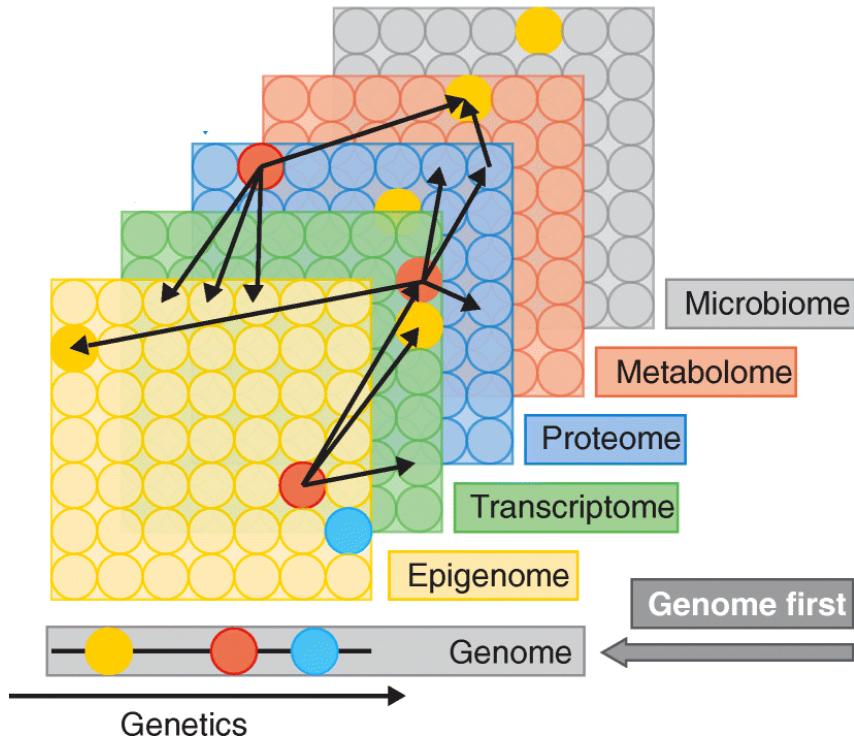


Integrating multi-omics data

Approach “Genome First”

Priority given to genome

Other omics are only used for interpretation

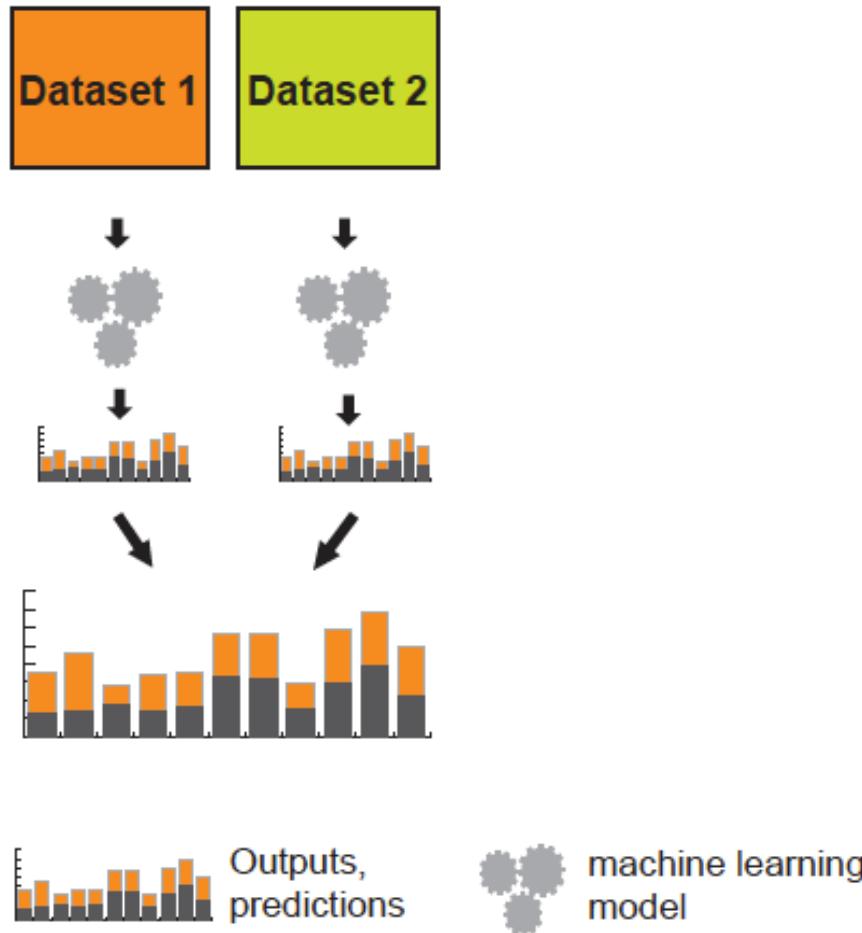


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Integrating multi-omics data

Late integration

output averaging, ensembles

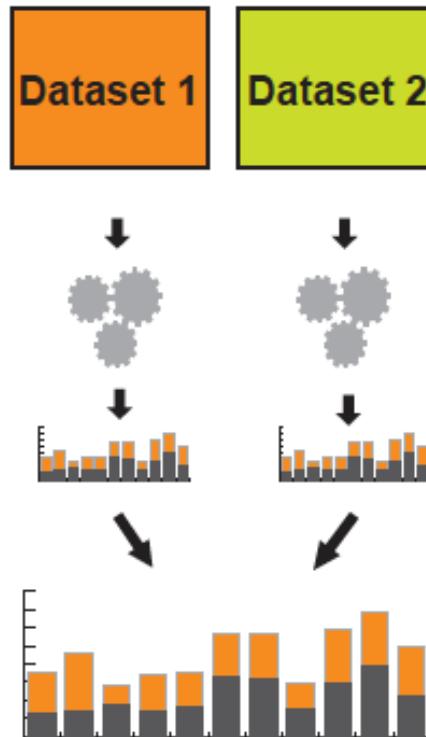


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Integrating multi-omics data

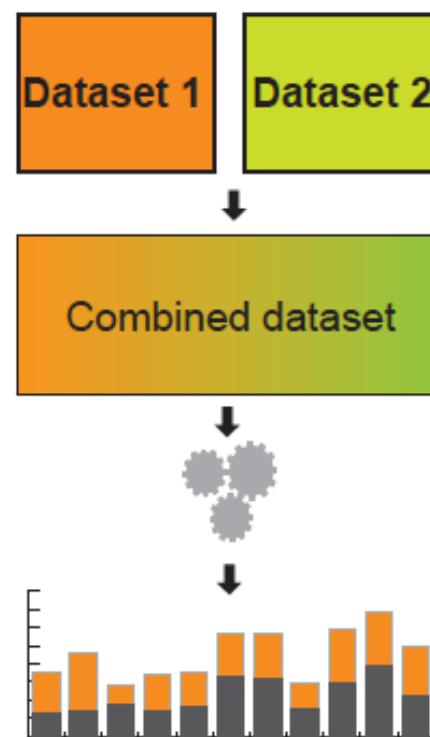
Late integration

output averaging, ensembles



Early integration

projection, concatenation



Outputs,
predictions

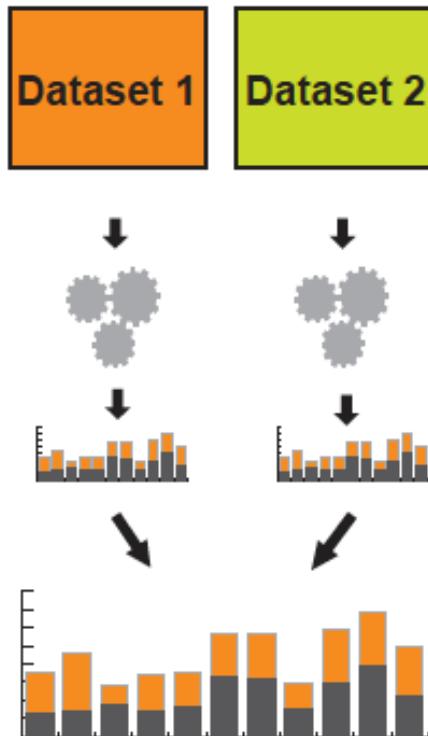
machine learning
model

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Integrating multi-omics data

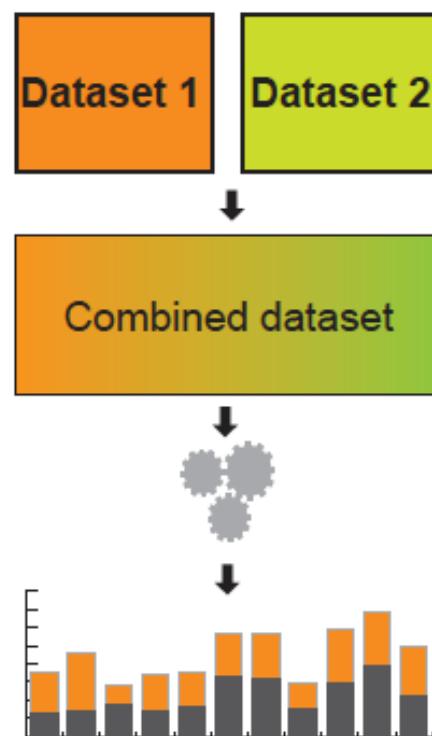
Late integration

output averaging, ensembles



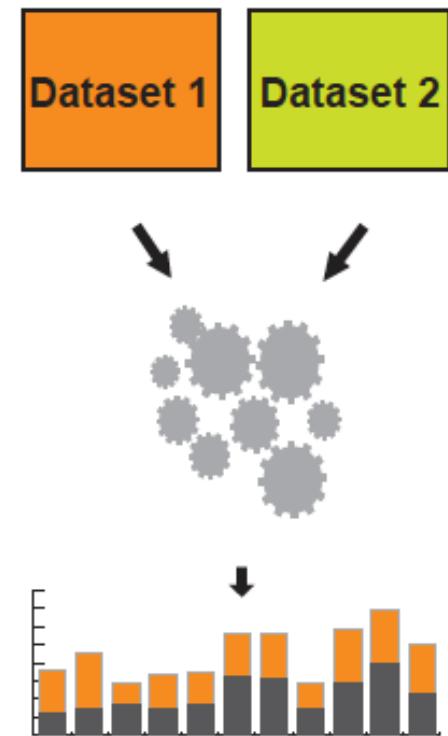
Early integration

projection, concatenation



Intermediate integration

multi-view, multi-modal



Outputs,
predictions
machine learning
model

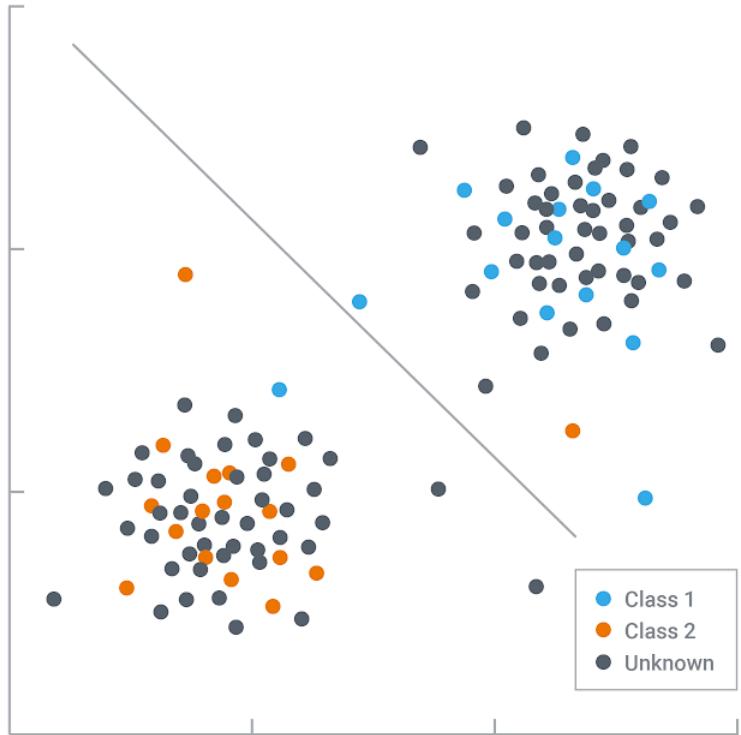
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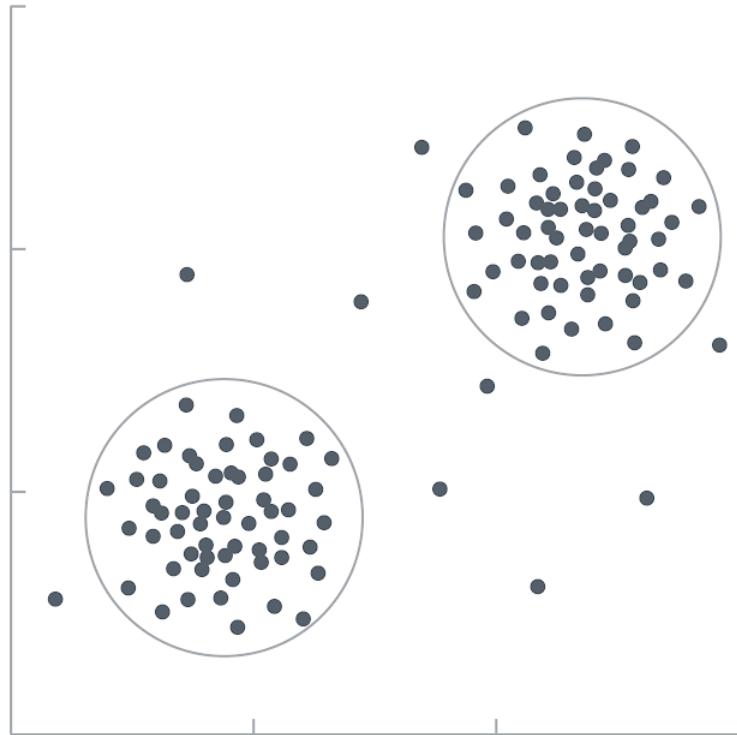
Main categories of existing multi-omics integrative approaches

Main categories of integrative approaches

Supervised
methods

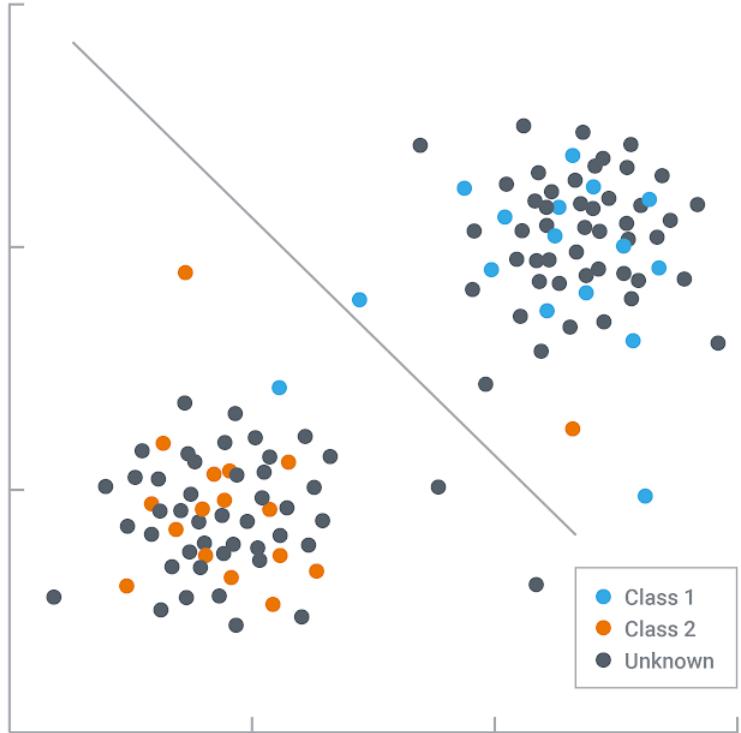


Unsupervised
methods



Main categories of integrative approaches

Supervised methods

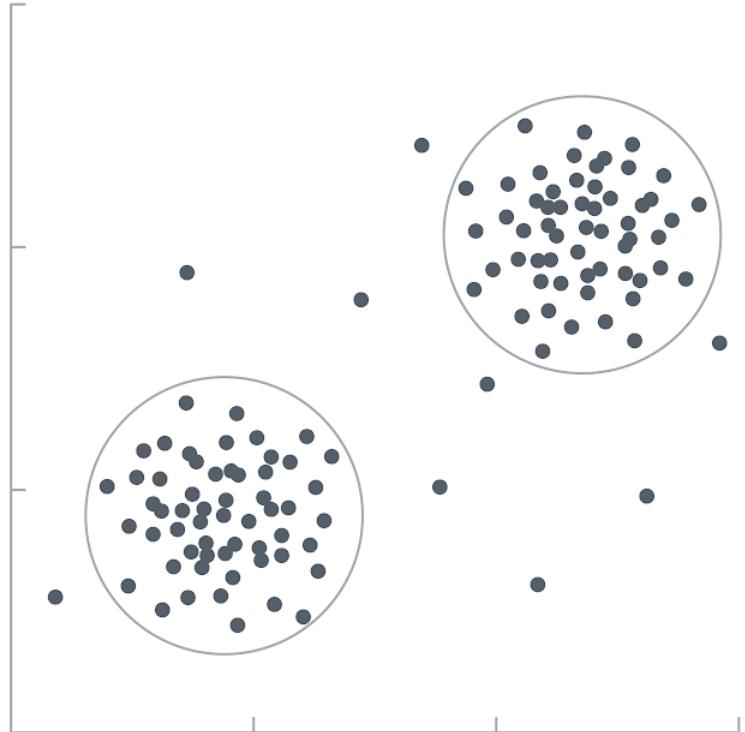


- They require 2 datasets in input: training and test datasets
- Labels must be available for the training dataset
- This information is used to infer labels on the test dataset

Main categories of integrative approaches

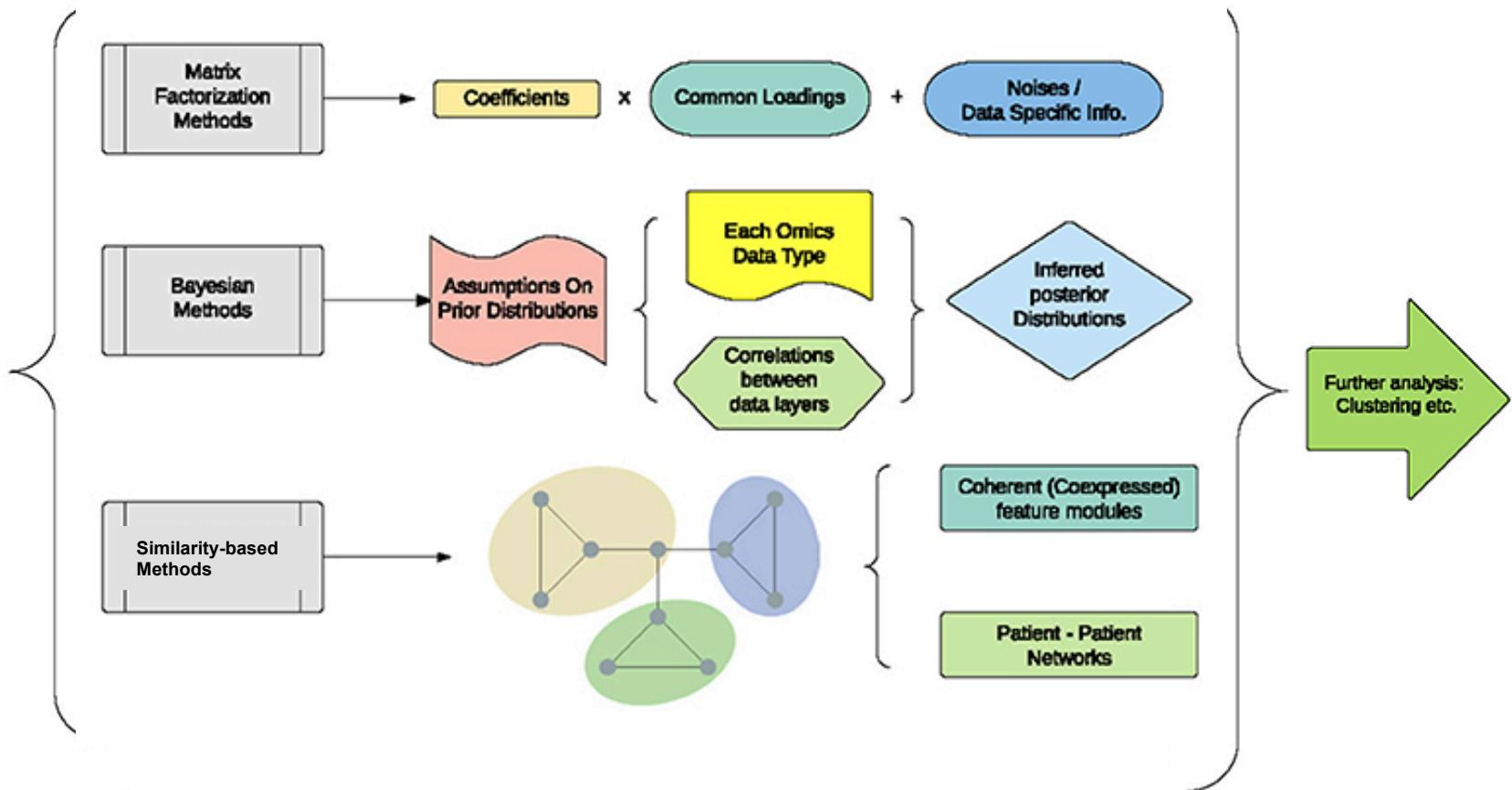
Unsupervised methods

- The methodology is directly applied to one dataset
- They infer information from the structure of the data without any label information



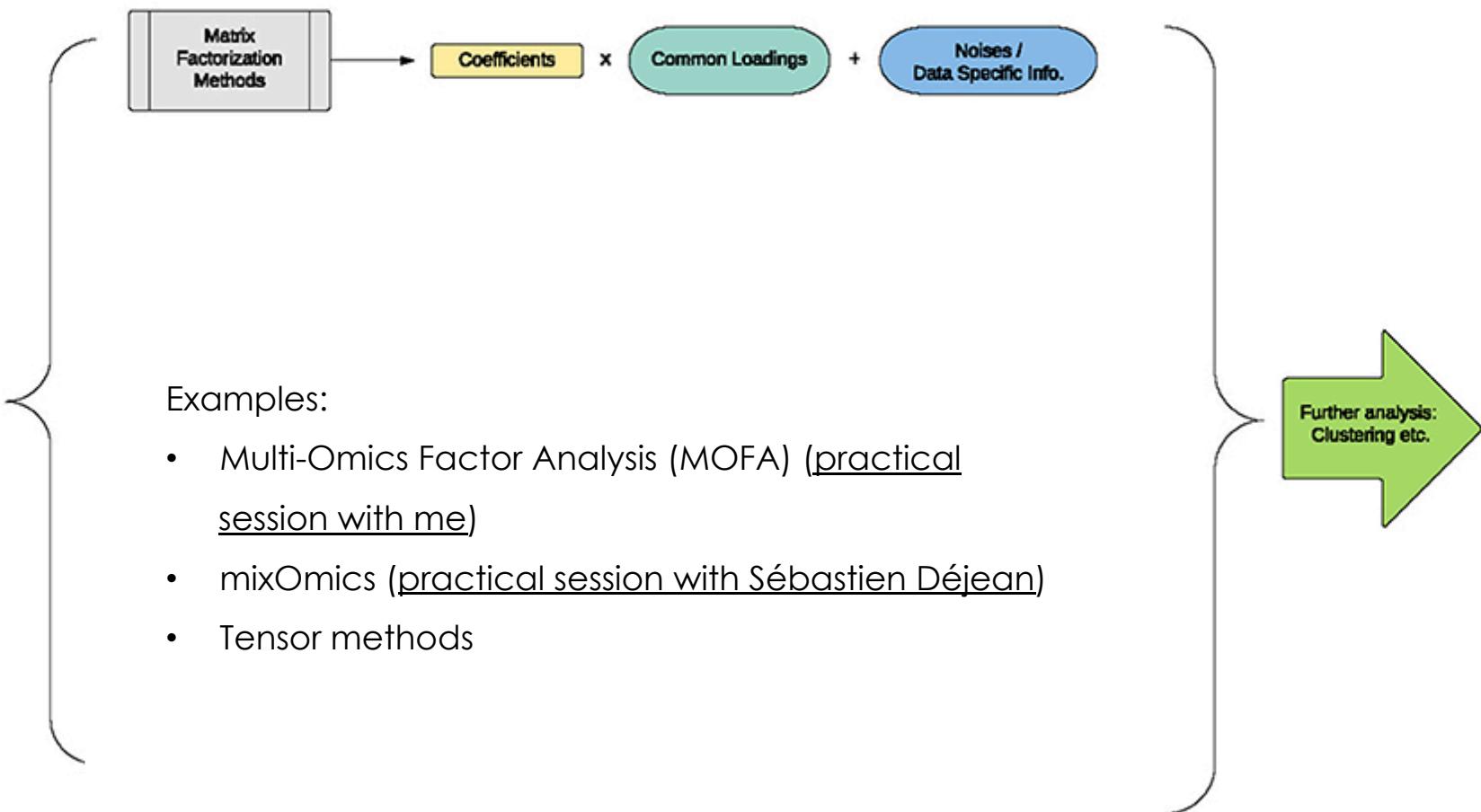
Unsupervised integrative approaches

Unsupervised data integration



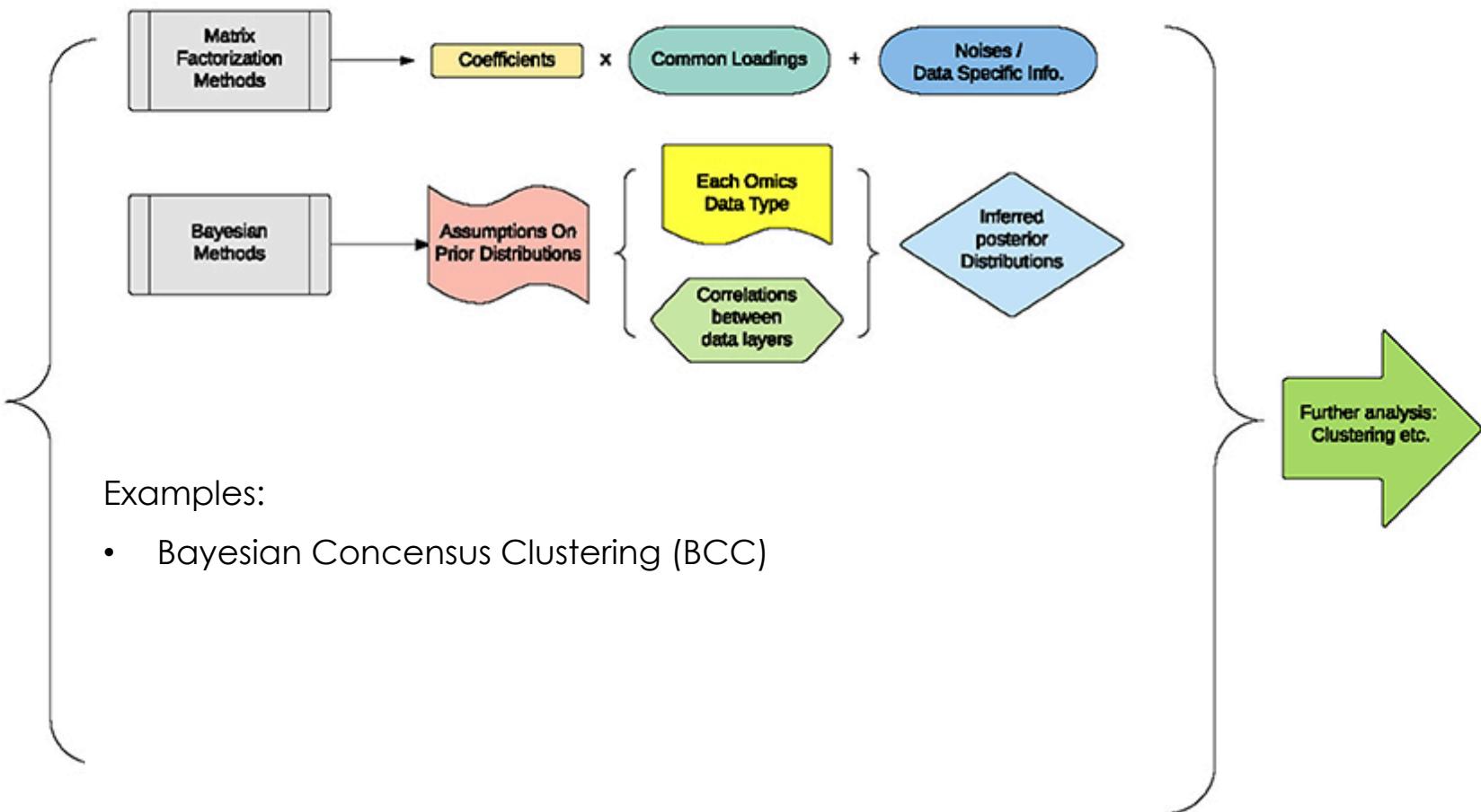
Unsupervised integrative approaches

Unsupervised data integration



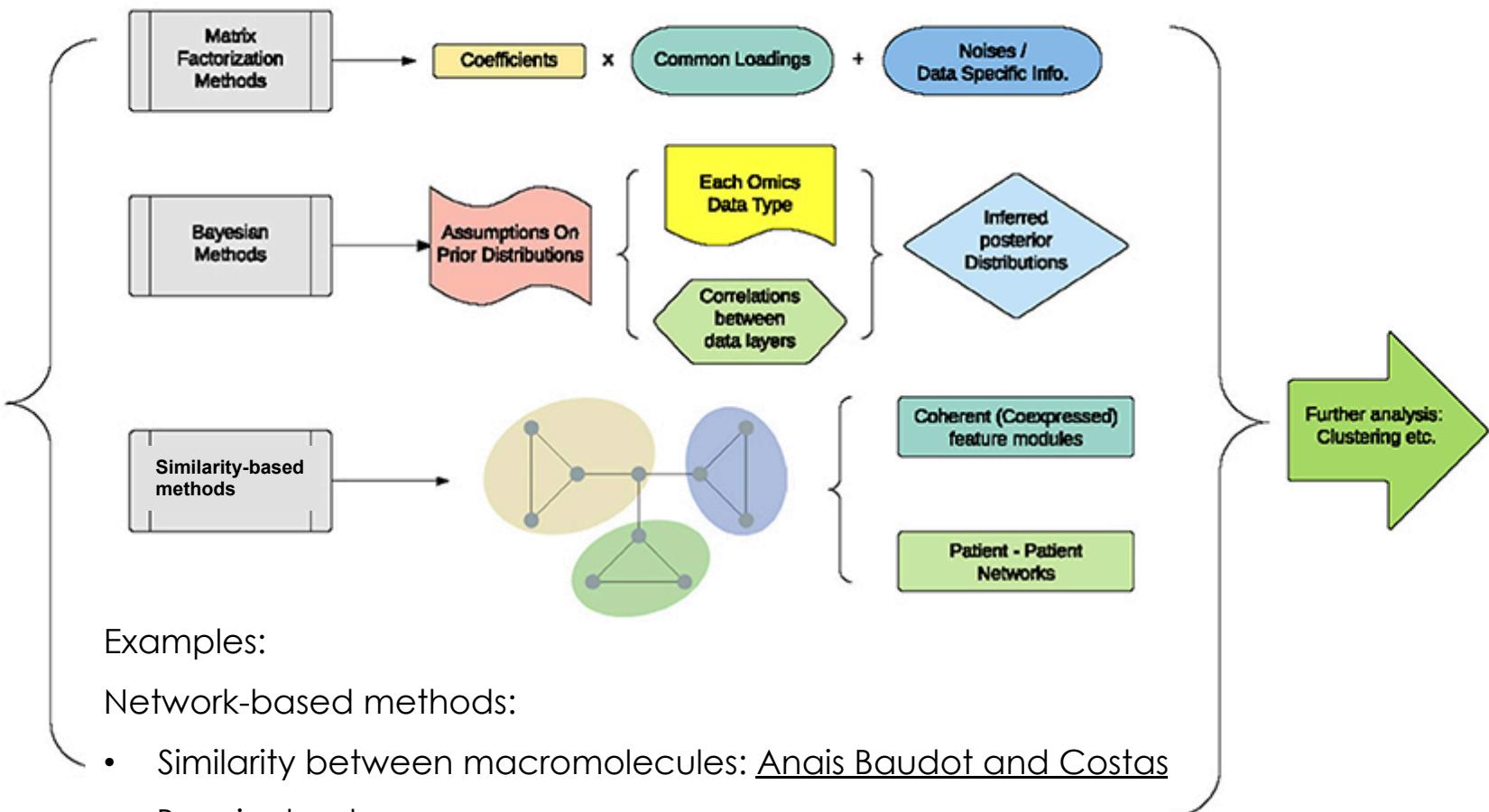
Unsupervised integrative approaches

Unsupervised data integration



Unsupervised integrative approaches

Unsupervised data integration



Examples:

Network-based methods:

- Similarity between macromolecules: Anais Baudot and Costas Bouyioukos tomorrow
- Similarity between samples: Similarity Network Fusion SNF

Kernel methods: practical session Jérôme Mariette

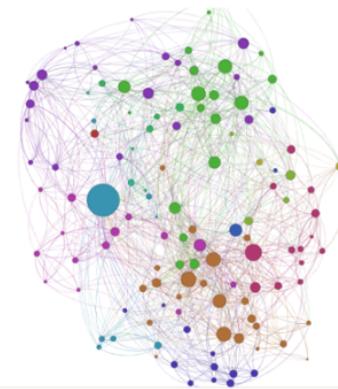
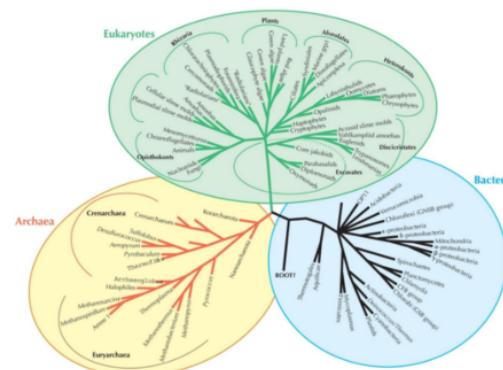
Unsupervised integrative approaches

Unsupervis

Of Note:

This last category of methods give the possibility to integrate heterogeneous sources of information, such as: data matrices, phylogenetic trees and networks

	Sample_a	Sample_b	Sample_c
OTU_1	3	3	3
OTU_2	5	2	3
OTU_3	2	0	2
OTU_4	4	3	0
OTU_5	0	2	2
OTU_6	0	2	2

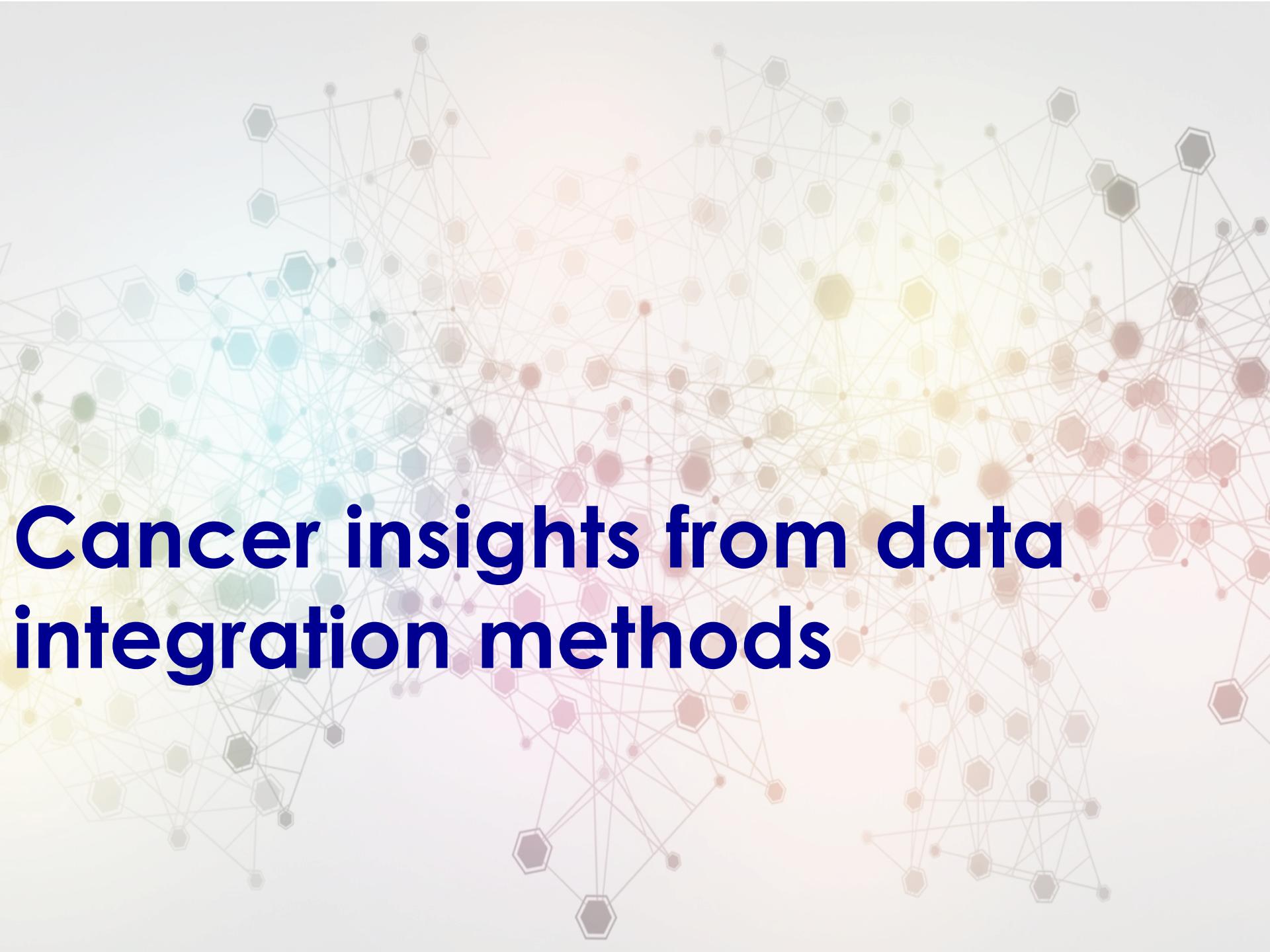


Examples:

Network-based methods:

- Similarity between macromolecules: [Anais Baudot tomorrow](#)
- Similarity between samples: Similarity Network Fusion SNF

Kernel methods: [practical session Jérôme Mariette](#)

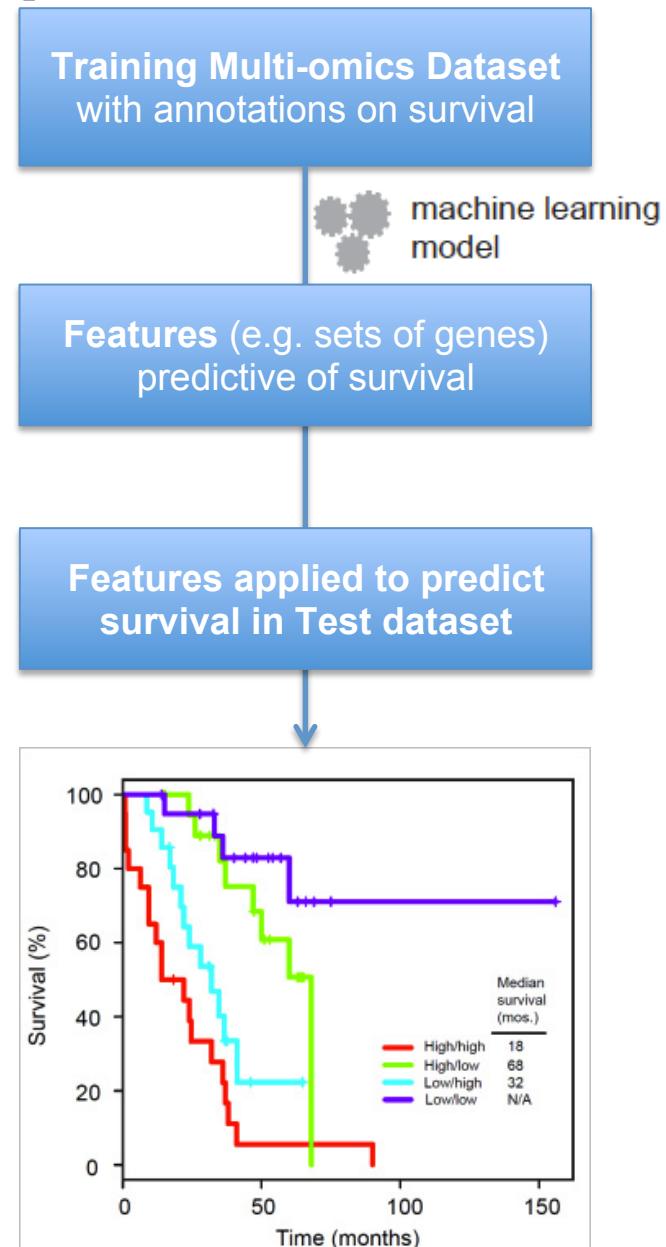


Cancer insights from data integration methods

Patients survival prediction

Given a set of cancer we want to predict patients' survival.

This problem is generally approached with supervised approaches.

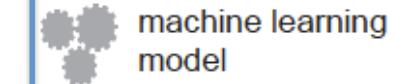


Drug response prediction

Given a set of cancer we want to patients predict which will respond to a given therapy.

This problem is generally approached with supervised approaches.

Training Multi-omics Dataset
with annotations on drug response



Features (e.g. sets of genes)
predictive of drug response

Features applied to predict
drug response in Test dataset



good efficacy,
no adverse
reactions



poor efficacy,
adverse reactions

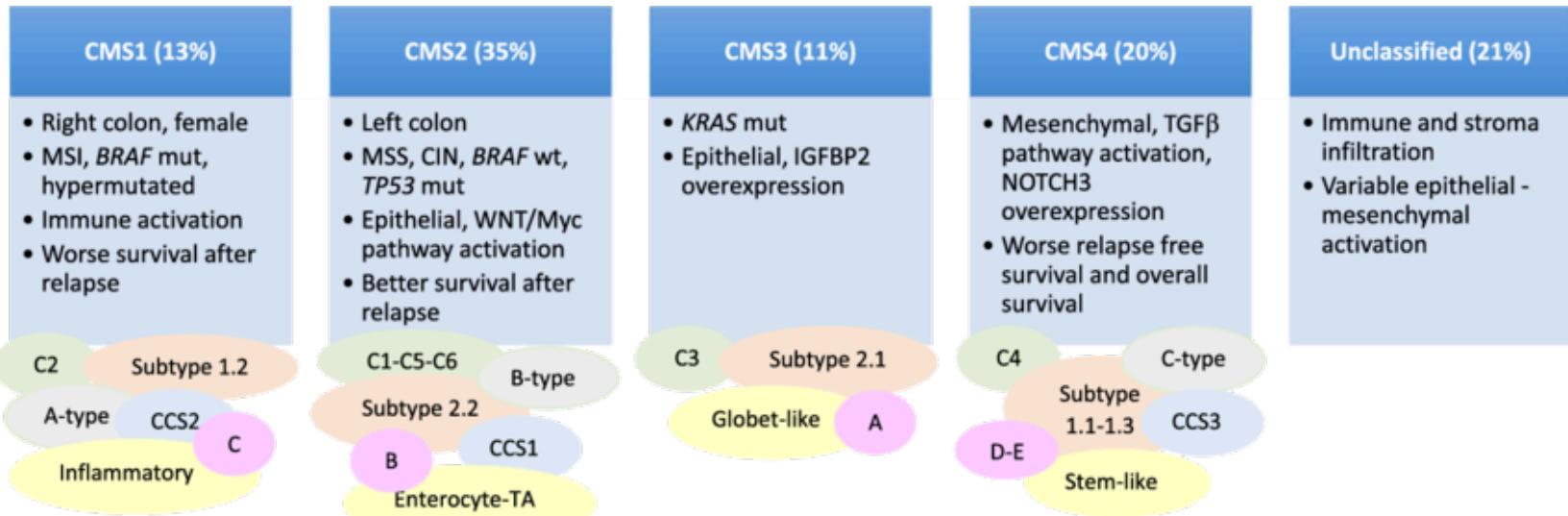
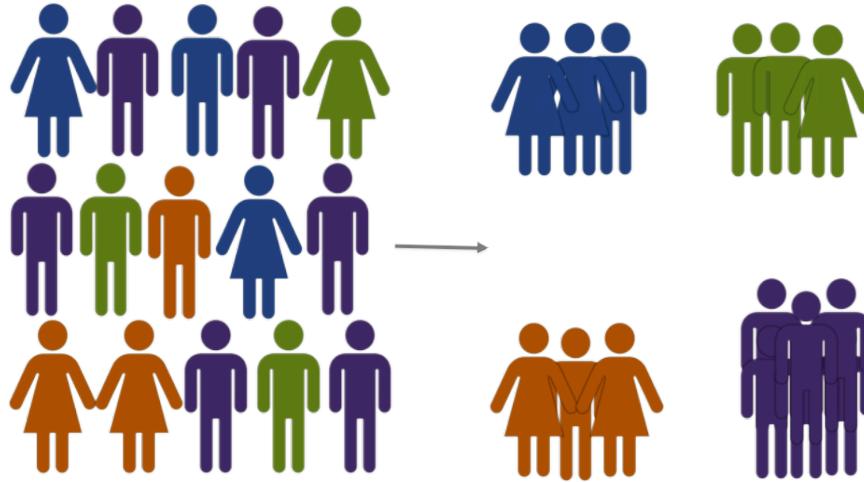


poor efficacy,
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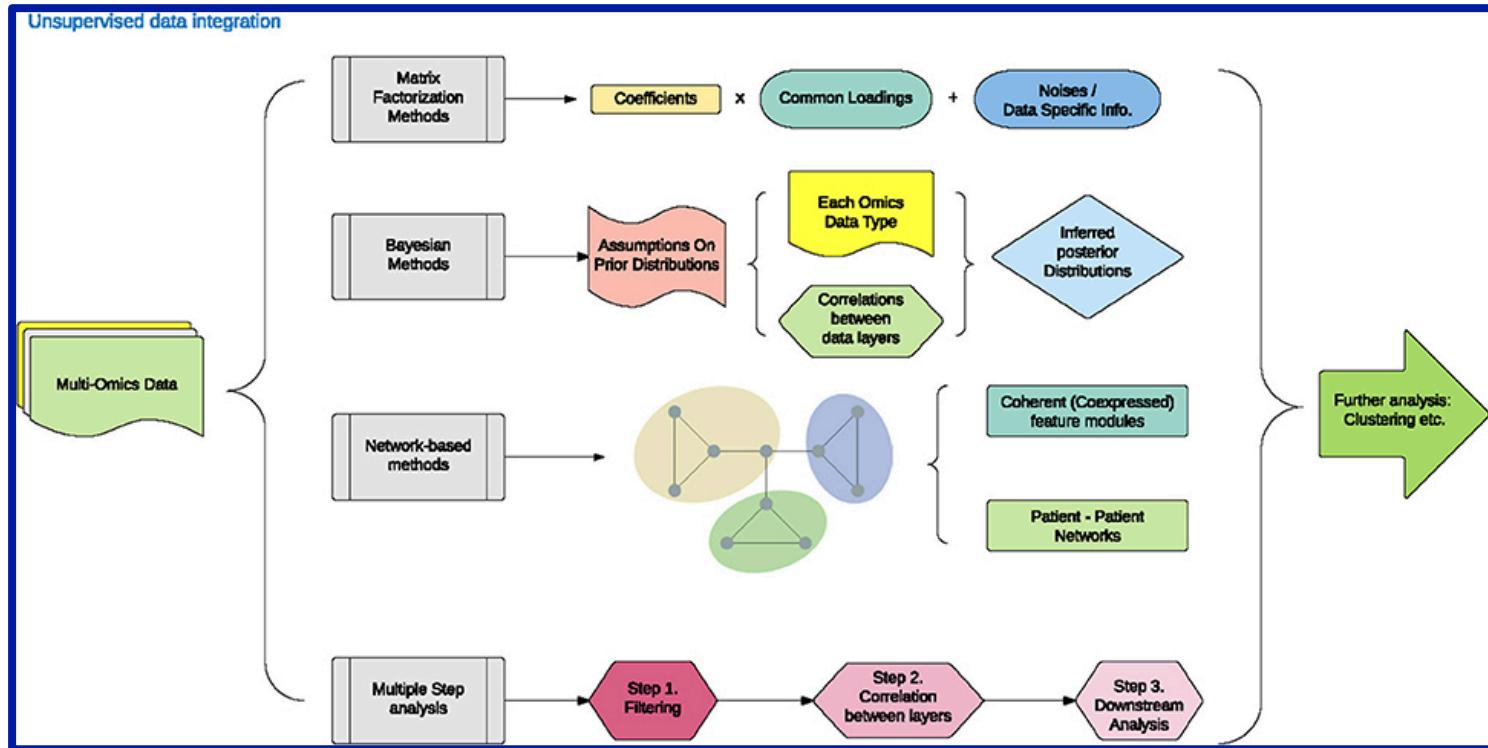
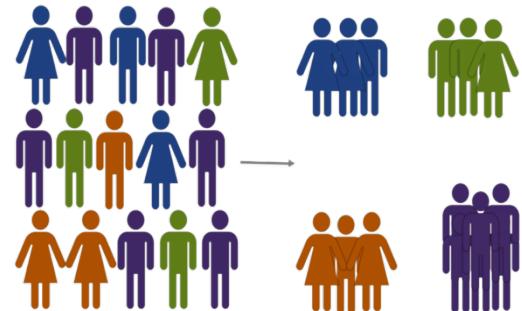
Cancer subtyping



Santos, Cristina, et al. "Intrinsic cancer subtypes-next steps into personalized medicine." Cellular oncology 38.1 (2015): 3-16.

Cancer subtyping

This problem is generally approached with unsupervised approaches.



Gene modules identification

Drug responding



Drug resistant

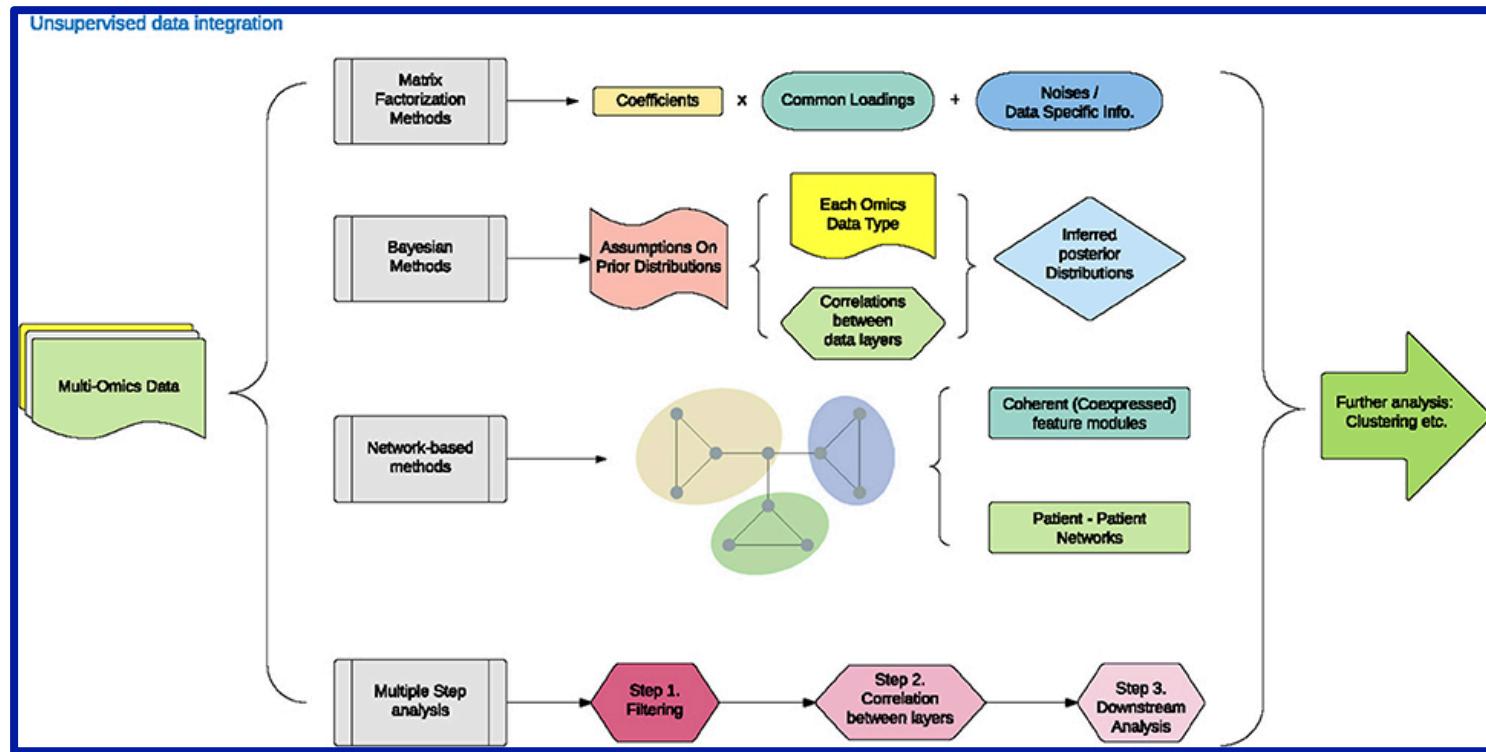
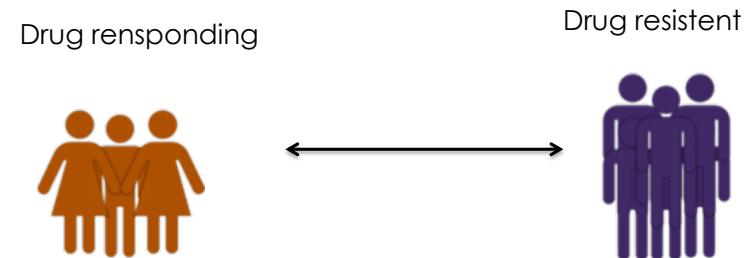


Which are the molecular mechanisms that make these two groups of patients having a different behaviour?

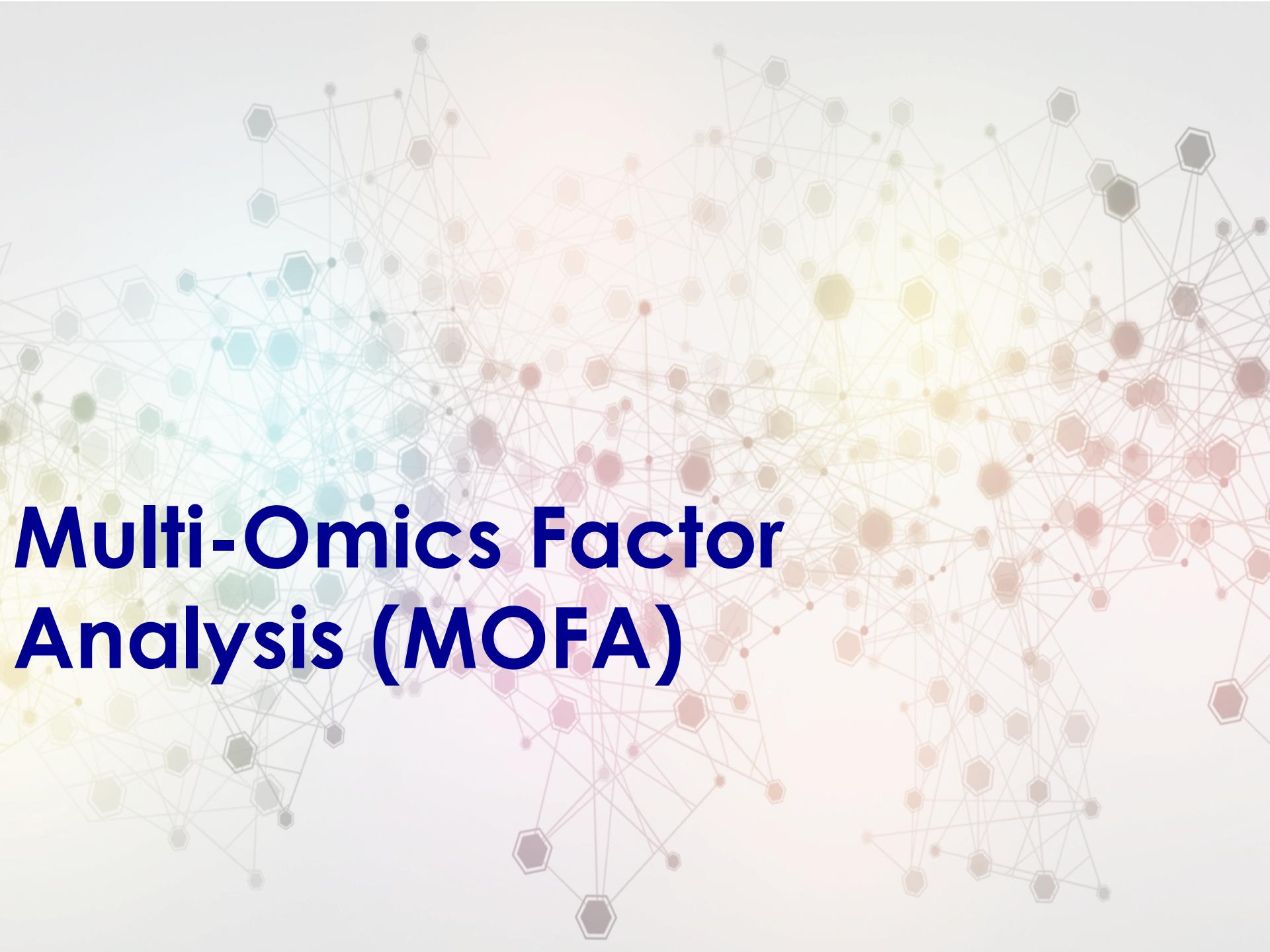
Can we identify a driver that can alter the behaviour of a set of patients?

Gene modules identification

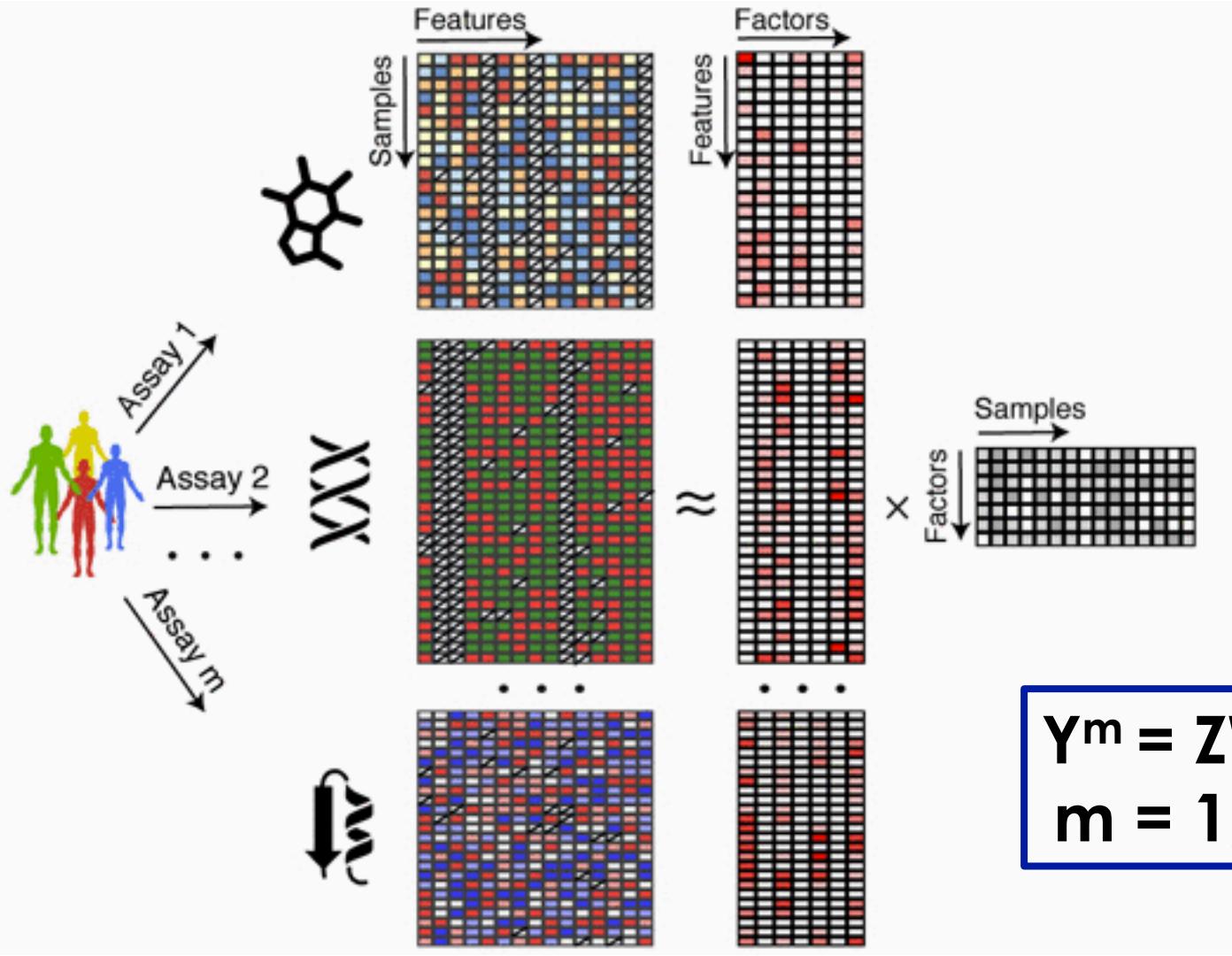
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Multi-Omics Factor Analysis (MOFA)

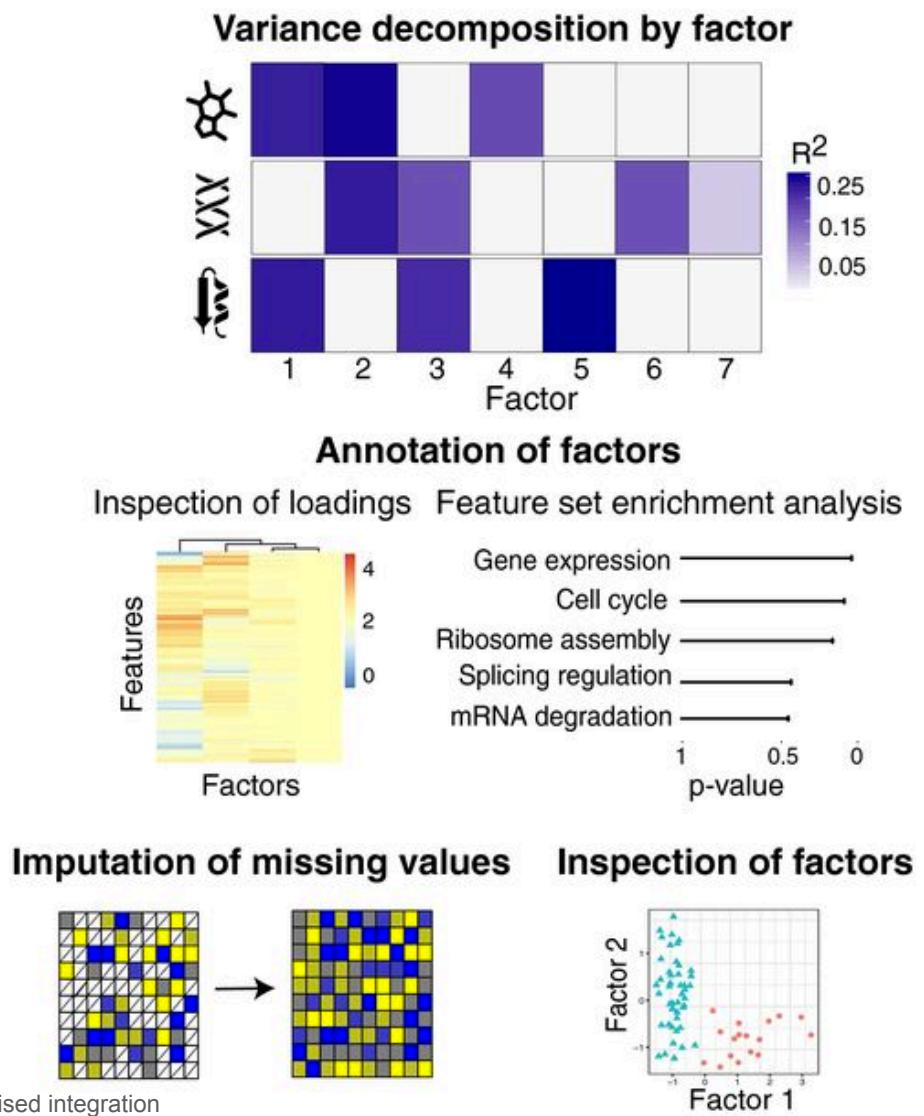
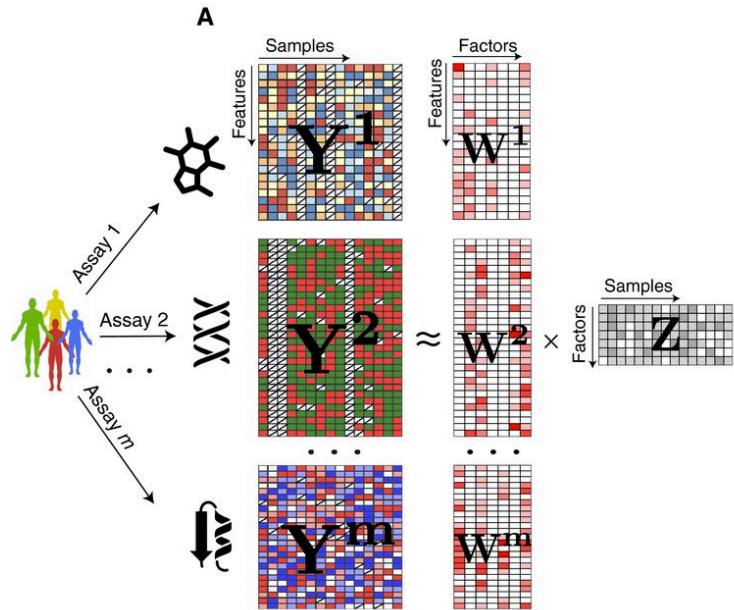


MOFA model



Argelaguet, Ricard, et al. "Multi-Omics Factor Analysis—a framework for unsupervised integration of multi-omics data sets." Molecular systems biology 14.6 (2018): e8124.

MOFA advantage: interpretability of factors



Argelaguet, Ricard, et al. "Multi-Omics Factor Analysis—a framework for unsupervised integration of multi-omics data sets." Molecular systems biology 14.6 (2018): e8124.