

76558 | CBIO | Hackathon

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1 Abstract

DNA methylation plays a significant role in many important biological processes. In general, methylation patterns between neighboring sites present co-methylation. As the distance between sites grows, co-methylation decreases. Methylation patterns change across different tissues. Additionally, cancerous processes cause aberrant methylation which leads to different methylation patterns within healthy and cancerous tissue. In our work, we examined pairs of close methylation sites (less than 100nt apart). Initially, we compared co-methylation of close sites in healthy and cancerous tissue. Subsequently, we compared co-methylation of close sites across different tissues. Our results suggest that the general trend in which co-methylation decreases as distance grows, holds for both healthy and sick tissues and across different tissues. In other words, even though in both cases methylation patterns are different, co-methylation of close sites is high and decreases as the distance between two sites grows.

2 Introduction

DNA methylation is an epigenetic mechanism in which a methyl group is added to cytosine. This mechanism causes silencing of gene expression and has an important role in multiple biological processes such as gene transcription regulation¹, aging^{2,3}, differentiation of stem cells^{4,5}, genomic imprinting⁶ and more. It has been shown that the patterns of DNA methylation are non-random, well regulated and tissue-specific⁷. These conclusions are consistent with the biological importance of DNA methylation. Given this notion, it is reasonable to think that the methylation status of close CpG sites is co-dependent. Indeed, several studies have demonstrated that there is a correlation in methylation status between neighboring CpG sites in healthy tissues⁸. In cancerous tissues, a different scenario holds in the sense of tissue methylation sites status. On one hand, during cancerous processes silencing of tumor suppressor genes occurs by methylating their promoter regions, where on the other hand, hypomethylation has been recognized as a cause of oncogenesis⁹. This relationship raises a question concerning the co-methylation patterns in cancerous tissues. It has been shown that the methylation status in cancerous tissues was aberrant, at least for CpG islands¹⁰, when compared to healthy tissue. In our work, we wish to delve into the data and get a better understanding of the phenomena of co-methylation between neighboring sites. Moreover, we aim to see if co-methylation holds in cancerous tissues. Additionally, it has been shown that different tissues exhibit different methylation patterns¹¹. Given this notion, we wish to investigate whether co-methylation of neighboring sites show to the same trend between different tissues.

3 Data

3.1 Data Description

Initially, we used data of breast tissue, from the breast cancer (BRCA) data base, extracted from The Cancer Genome Atlas (TCGA)¹². TCGA consist of thousands of cancerous and healthy samples using Illumina 450K array. Illumina is a methylation profiling platform providing quantitative methylation measurement at the single-CpG-site level. The 450K array covers only about 1.5% of CpGs in the human genome. Our data consists of three data-bases of methylation patterns of healthy tissue, primary tumor and metastatic tumor. Subsequently we used additional data from TCGA of eleven healthy tissues.

3.2 Pre-processing

The first issue we encountered is the missing data in the files - many features (methylation sites) had missing entries. To handle this issue we chose to remove features with low percentage of data (mostly missing values) and to fill the remaining features with an imputation method. To find the right threshold to remove entire features, we plotted the percentage of missing values over the number of features (~450K methylation sites, as mentioned) to make an educated decision:

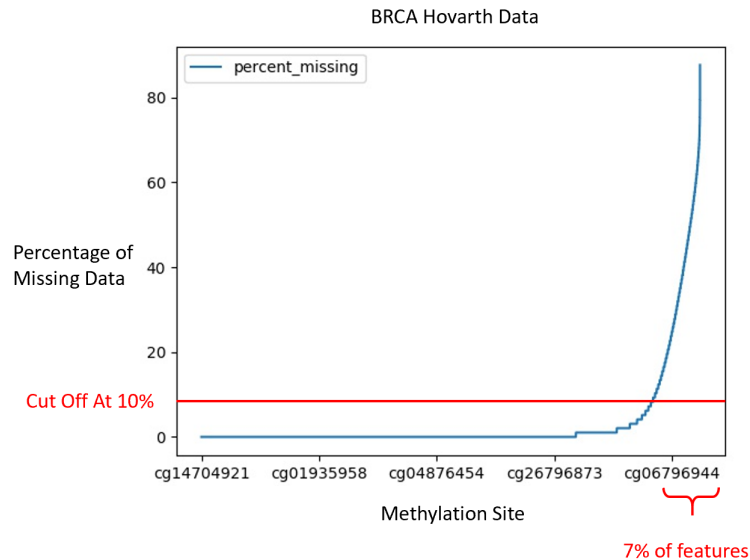


Figure 1: Example of missing data percentage in BRCA healthy file

As we can see, the features with most missing values do not take up much of the data itself and so we can intelligently remove some of the data and still keep most of it. In our work, we chose to remove features with more than 10% missing entries, which allowed us to retain 93% of the data. After removing those features, the next step we performed was filling the remaining missing values. There are many ways around this problem, and in our project we chose to replace the missing values with KNN imputation, which has been shown to provide generally effective results¹³. KNN imputation is not robust to features with a high percentage of missing values, but because we removed highly sparsed features, KNN imputation provides a good fit. Moreover, we assume that samples which are close in high dimensional space ($\sim 450K$) are similar, and so we can use a weighted sum of the 3 most nearest neighbors to fill the missing values. We chose $k = 3$ for the imputation due to the spacious nature of our data.

4 Co-methylation - Distance Analysis

4.1 Healthy Tissue Analysis

In this section, we wanted to analyze healthy tissue from the BRCA data base. We aimed to find the relation between the physical distance of methylation sites and their methylation correlation. In order to do so, we used data from USCS¹⁴ containing the methylation sites positions. We partitioned the data by chromosomes, sorted by the relative position in that chromosome and created a new table of all the sites pairs with a distance of less then 100nt. Previous studies have shown that co-methylation between neighboring sites exists within sites that are no distant than 50nt apart^{8,15}, and therefore we chose to use this cutoff. The next step was to calculate methylation correlation between all sites pairs. In this analysis we assumed that the relationship of methylation between sites is linear and therefore we chose to use Pearson correlation coefficient. We graphed the co-methylation per distance to visualized whether the aforementioned relationship holds in our data:

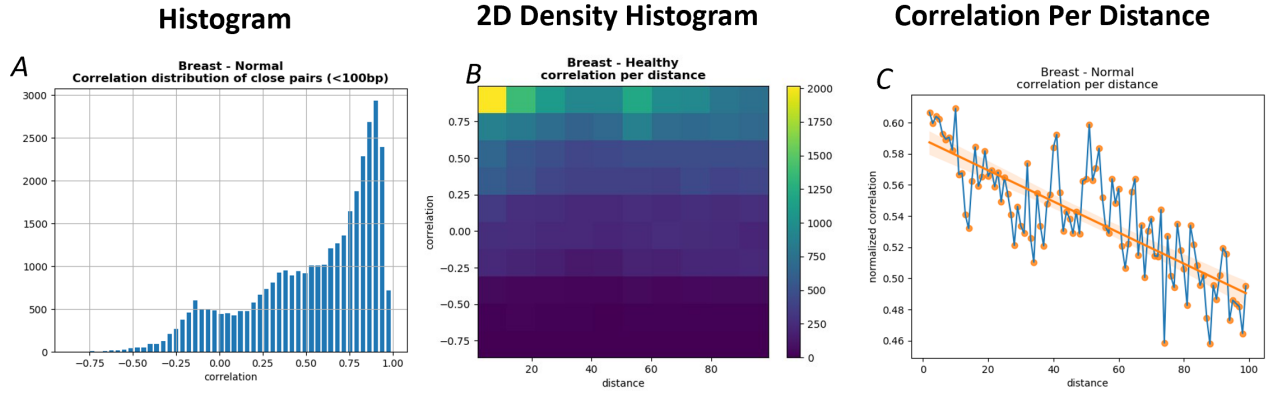


Figure 2: Healthy BRCA Tissue Analysis - (A) Histogram of correlations. This graph describes the correlation distribution of close methylation site pairs (distance smaller than 100nt). We can infer that close sites have mostly high correlation as expected. (B) 2D density histogram of correlation per distance. Here we present the number of entries into the same correlation region as a function of distance (e.g - the left upper cell shows that ~2000 sites pairs were in a distance of 2-10nt and with correlation 0.75-1). Specifically, for every distance range presented in the graph, the highest number of entries is in the highest region of correlation. (C) Normalized correlation (y axis) per distance (x axis) with regression line, $y = -9.9 \cdot 10^{-4} \cdot x$. In this graph we mapped the average correlation for each distance in range of 2-100, and normalized the correlations with relation to the number of pairs in each distance. This results is consistent with previous studies^{16,17,18}, who claimed co-methylation is high between neighboring sites and decreases as distance grows.

To see whether our results are significant, we used a permutation test. The null hypothesis is that physical distance and co-methylation are independent. In our test we chose to use the statistic $s = \text{mean}(f(d))$ s.t ($d < N$) where d is the distance value, $f(d)$ is the correlation between pair of methylation sites and $N = 50$ is the distance threshold given in nt. We chose $N = 50$ because several papers have demonstrated that two methylation sites which are less than 50nt apart, are likely to be co-methylated^{8,15}. The p-value is calculated by $p_{val} = \frac{\#(s_i \geq s)}{R}$ where R is the number of permutations and s_i is the statistic for the i 'th run. In our test, $\#(s_i \geq s) = 0$ which results in $p_{val} < \frac{1}{100000}$. Our results suggest that we can reject the null hypothesis, meaning that in sites closer than 50nt there exists a dependency between physical distance and co-methylation.

4.2 Comparing Healthy Tissues to Cancer Tissues

Next we wanted to analyze whether the patterns we saw in healthy tissues holds in cancerous tissues as well. It is known from previous studies that a property of cancer is that it may cause changes in methylation patterns^{19,20}. To visualize difference in methylation between healthy and cancerous tissues in our data, we ran a UMAP analysis. UMAP is non-linear dimensional reduction method which is capable of preserving both global & local structures in data. The result of this analysis are shown in Fig.3.

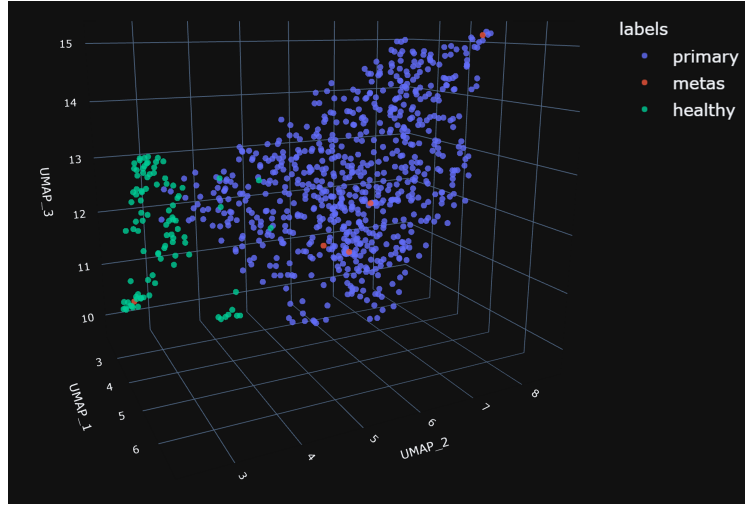


Figure 3: Methylation Patterns Comparison Between Healthy And Cancerous Tissues - using UMAP analysis to distinct between samples from healthy tissues (green) and samples from cancerous tissues (blue and red)

Indeed, the data plotted by this dimensional reduction method conforms with previous studies, as we can observe that there is a good separation between healthy and cancerous tissues. Due to this notion, one might expect to find that cancer produces different methylation pattern also in neighboring methylation sites. However, our analysis shows that this thought is incorrect. In our work, we ran the same analysis mentioned in section 4.1 for both primary tumor tissues and metastatic tissues. The results are shown in Fig. 4.

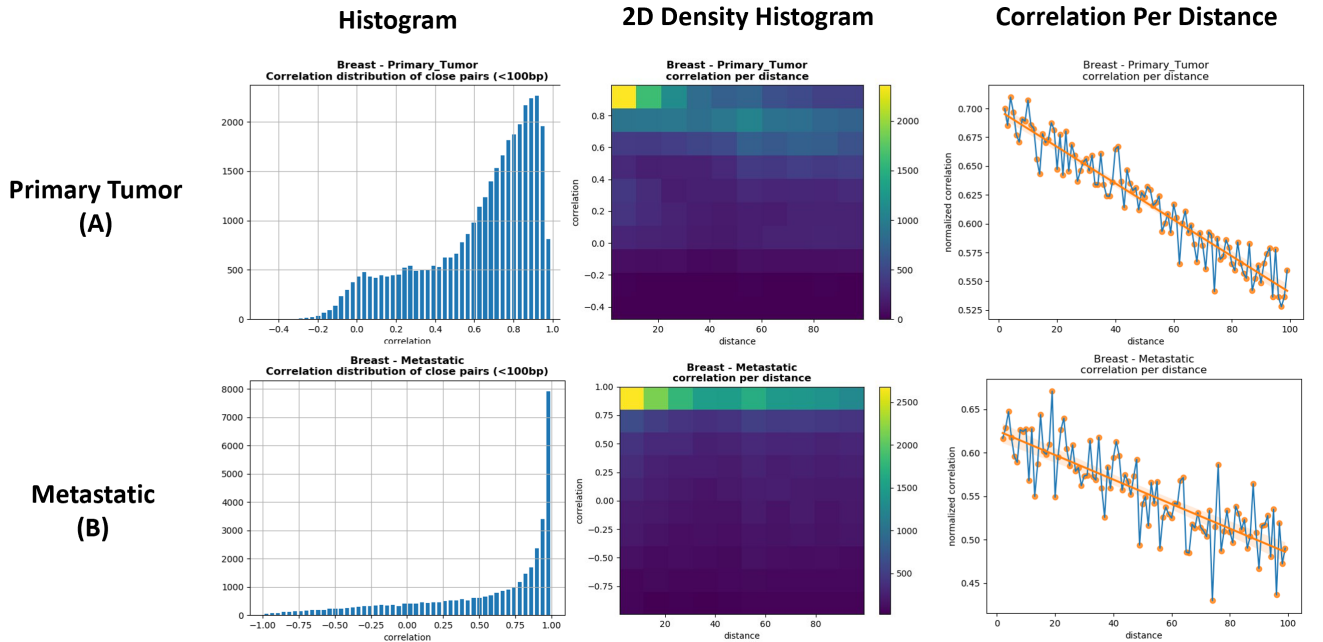


Figure 4: Cancerous BRCA Tissue Analysis - (A) Primary tumor analysis, normalized correlation per distance with regression line, regression function: $y = -1.58 \cdot 10^{-3} \cdot x$. (B) Metastatic tumor analysis, normalized correlation per distance with regression line, regression function: $y = -1.41 \cdot 10^{-3} \cdot x$.

As we can see, we get similar patterns for both primary tumor tissues and metastatic tissues in the histogram, density and correlation per distance analysis. Moreover we tried to reject the null hypothesis using the Kruskal-Wallis test (a non-parametric statistical test for multiple comparisons), which resulted in a $p_{value} = 6.6 \times 10^{-24}$. Our results show a significant difference between the tissues so we can reject the null hypothesis. To visualize the

differences between healthy and cancerous states of the tissue, we plotted the tissue slopes under one graph :

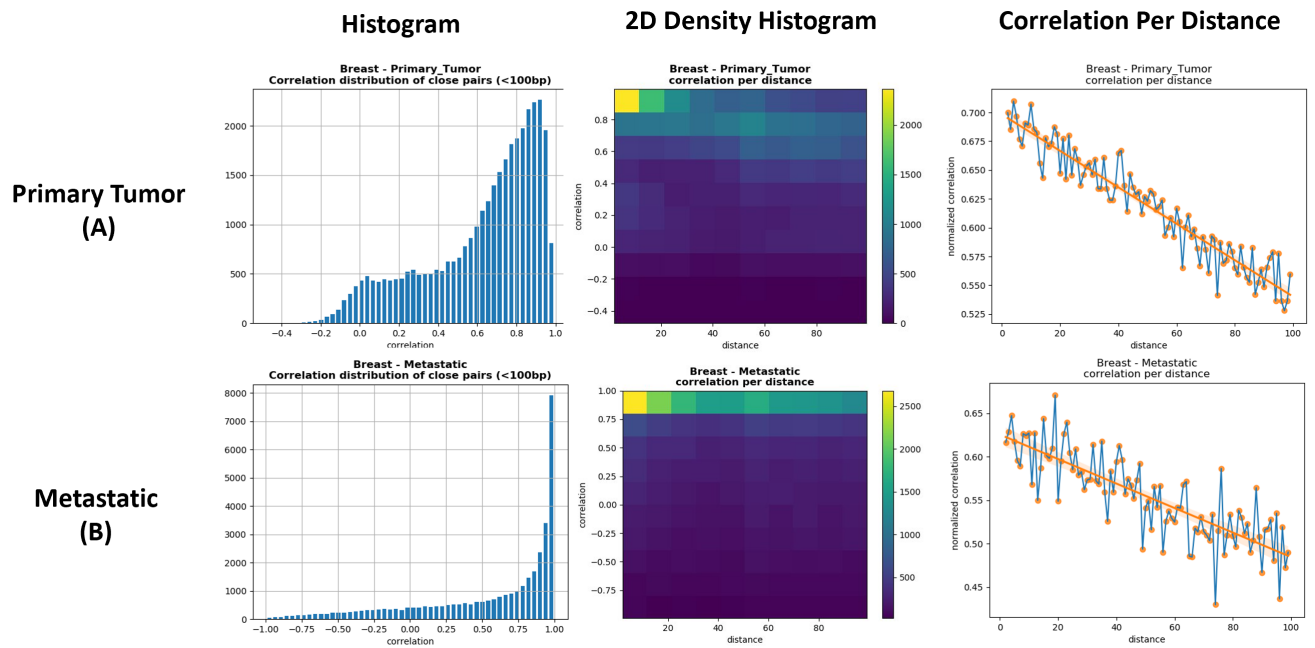


Figure 5: Healthy and cancerous states of the BRCA tissue - each slope represents a different state of the tissue

As we can see, the plot suggests that although we see a different slope for each state, the general trend is that co-methylation decreases as physical distance grows.

5 Highly Co-Methylated Sites Across Different Tissues

Next, we wanted to analyze if sites that were highly co-methylated in one tissue remain highly co-methylated across other tissues. It has been shown that different tissues produce distinctive methylation patterns²¹, however, we wanted to examine if highly co-methylated sites preserve over different tissues despite that notion. Prior to this step, we chose to visualize if different tissues indeed exhibit different methylation signal. Note that we ran the same pre-processing steps described under section 3.2 before approaching this question.

5.1 Tissue Separation Using UMAP

To visualize our data we chose to use UMAP, the same dimensionality reduction technique as before:

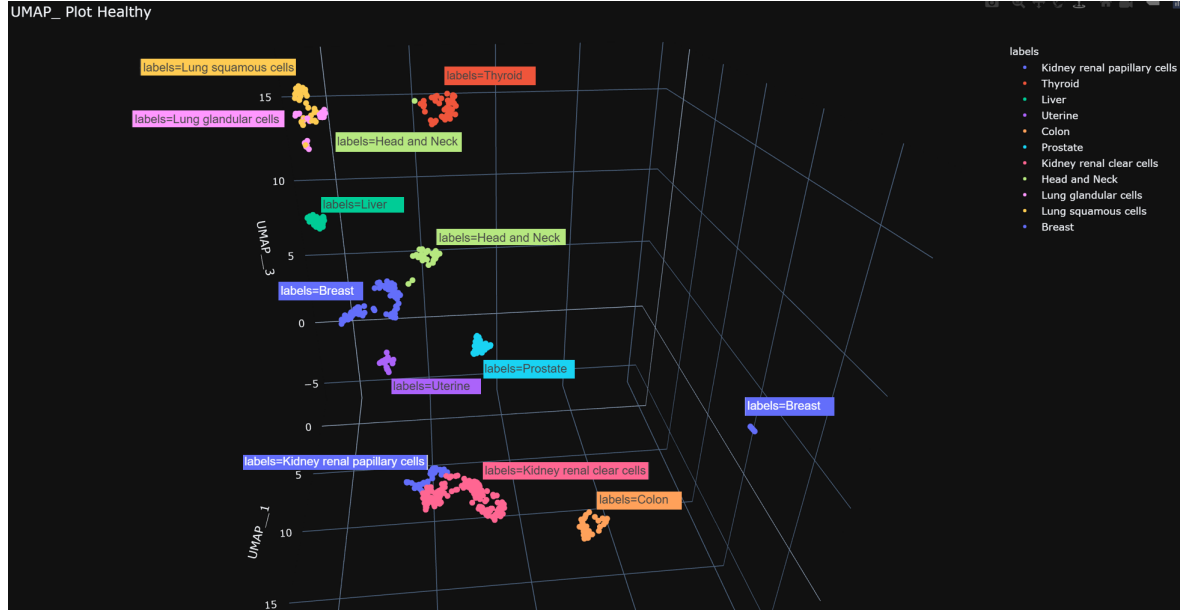


Figure 6: UMAP of Healthy Tissues Combined - data separation of 11 healthy tissues from TCGA data base

UMAP with its local and global manifold preserving capabilities was able to separate the tissues almost perfectly. In addition, it has also been able to capture the similarity of tissues, for example we can see that both “Kidney renal papillary cells” and “Kidney renal clear cells” are 2 clusters which are adjacent. This visualization is also available in 3D: https://www.cs.huji.ac.il/~guy_lutsker/UMAP_Plot_Healthy.html

5.2 Statistical Analysis

After seeing that these tissues indeed have a differentiating signal, we conducted a numerical statistical test. The test we chose once again was Kruskal-Wallis test to see whether it is capable of finding that these samples come from different groups. Unsurprisingly, the results show $p_{value} = 1.1 \times 10^{-171}$, which means that we can say with statistical significance that these indeed exhibit an unsupervised differentiating signal. In addition we wanted to calculate the distance to correlation analysis for all tissues, and got the following plots:

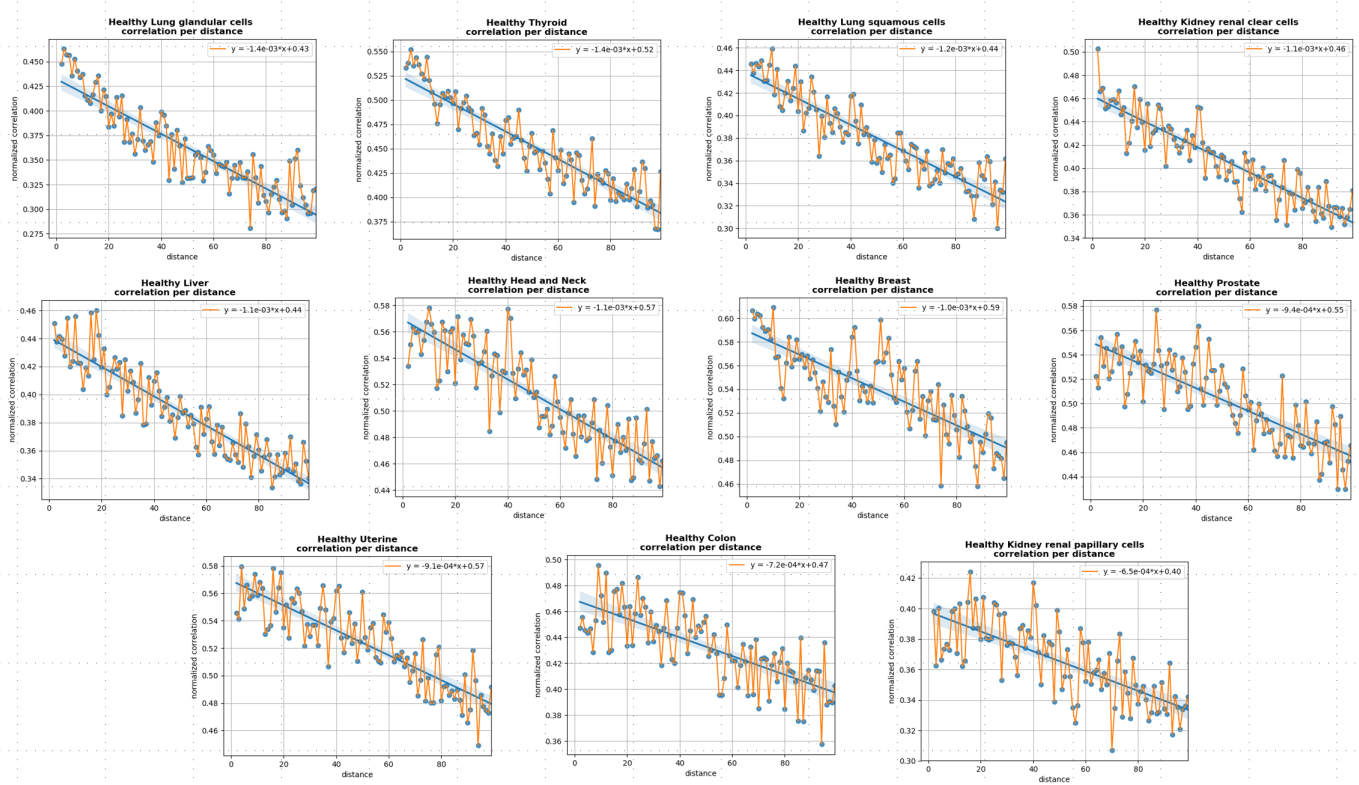


Figure 7: Normalized correlation (y axis) per distance (x axis) with regression lines of 11 healthy tissues from TCGA data base

Once again, even though we found that the tissues are distinct in a statistically significant way, the general trend appears again - co-methylation decreases as physical distance grows. To have a better visualization of this result we can see Fig.8:

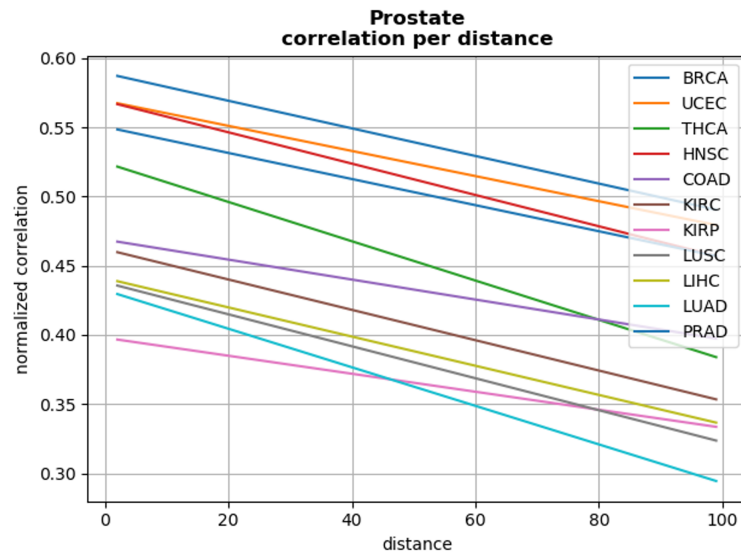


Figure 8: Co-methylation to physical distance relation comparison - overlay of 11 healthy tissues from TCGA data base

6 Future Work

This paper covered just the tip of the iceberg, and there is much more work to be done in this field. To begin with, as mentioned, our data is derived from the TCGA data base which uses Illumina 450K array. This data covers only about 1.5% of CpGs in the human genome which limits our data analysis capabilities. Using data that covers a larger percentage of the CpGs in the human genome could help us achieve higher quality results, as well as make new discoveries not present in our data. Additionally, we can extend the 100nt limit in order to see different behaviors of co-methylation. We expect to find that the relationship between physical distance and co-methylation will continue to be inverse, until a certain threshold in which we expect to see a random co-methylation pattern. In addition, if we extend the distance limit (in nt) to be wide enough, we might be able to discover new regulatory sites if we observe a high positive or negative correlation between two sites. Moreover, our analysis is based on a 2D correlation which means that we are only looking at the correlation of two sites at a time. This analysis can easily be expanded to n dimensions, which can lead us to discover more complex structures of co-methylation (n dimensional) in the data.

7 References

1. Chan, M. F., Liang, G., & Jones, P. A. (2000). Relationship between transcription and DNA methylation. *Current topics in microbiology and immunology*, 249, 75-86.
2. Zhang, Z., Deng, C., Lu, Q., & Richardson, B. (2002). Age-dependent DNA methylation changes in the ITGAL (CD11a) promoter. *Mechanisms of ageing and development*, 123(9), 1257-1268.
3. Ahuja, N., & Issa, J. P. (2000). Aging, methylation and cancer.
4. Li, E. (2002). Chromatin modification and epigenetic reprogramming in mammalian development. *Nature Reviews Genetics*, 3(9), 662-673.
5. Reik, W., Dean, W., & Walter, J. (2001). Epigenetic reprogramming in mammalian development. *Science*, 293(5532), 1089-1093.
6. Reik, W., & Walter, J. (1998). Imprinting mechanisms in mammals. *Current opinion in genetics & development*, 8(2), 154-164.
7. Chen, Z. X., & Riggs, A. D. (2011). DNA methylation and demethylation in mammals. *Journal of Biological Chemistry*, 286(21), 18347-18353.
8. Affinito, O., Palumbo, D., Fierro, A., Cuomo, M., De Riso, G., Monticelli, A., ... & Coccozza, S. (2020). Nucleotide distance influences co-methylation between nearby CpG sites. *Genomics*, 112(1), 144-150.
9. Das, P. M., & Singal, R. (2004). DNA methylation and cancer. *Journal of clinical oncology*, 22(22), 4632-4642.
10. Costello, J. F., Frühwald, M. C., Smiraglia, D. J., Rush, L. J., Robertson, G. P., Gao, X., ... & Plass, C. (2000). Aberrant CpG-island methylation has non-random and tumour-type-specific patterns. *Nature genetics*, 24(2), 132-138.
11. Lokk, K., Modhukur, V., Rajashekar, B., Märtens, K., Mägi, R., Kolde, R., ... & Tõnisson, N. (2014). DNA methylome profiling of human tissues identifies global and tissue-specific methylation patterns. *Genome biology*, 15(4), 1-14.
12. The results presented in this work are in whole or part based upon data generated by the TCGA Research Network: <https://www.cancer.gov/tcga>.
13. Beretta, L., & Santaniello, A. (2016). Nearest neighbor imputation algorithms: a critical evaluation. *BMC medical informatics and decision making*, 16 Suppl 3(Suppl 3), 74.
14. Navarro Gonzalez J, Zweig AS, Speir ML, Schmelter D, Rosenbloom KR, Raney BJ, Powell CC, Nassar LR, Maulding ND, Lee CM, Lee BT, Hinrichs AS, Fyfe AC, Fernandes JD, Diekhans M, Clawson H, Casper J, Benet-Pagès A, Barber GP, Haussler D, Kuhn RM, Haeussler M, Kent WJ. The UCSC Genome Browser database: 2021 update. *Nucleic Acids Res.* 2021 Jan 8; 49(D1):D1046-D1057.
15. Witzmann, S. R., Turner, J. D., Mériaux, S. B., Meijer, O. C., & Muller, C. P. (2012). Epigenetic regulation of the glucocorticoid receptor promoter 17 in adult rats. *Epigenetics*, 7(11), 1290-1301.
16. Sun, L., Namboodiri, S., Chen, E., & Sun, S. (2019). Preliminary Analysis of Within-Sample Co-methylation Patterns in Normal and Cancerous Breast Samples. *Cancer informatics*, 18, 1176935119880516.

17. Li, Y., Zhu, J., Tian, G., Li, N., Li, Q., Ye, M., ... & Zhang, X. (2010). The DNA methylome of human peripheral blood mononuclear cells. *PLoS biol*, 8(11), e1000533.
18. Eckhardt, F., Lewin, J., Cortese, R., Rakyan, V. K., Attwood, J., Burger, M., ... & Beck, S. (2006). DNA methylation profiling of human chromosomes 6, 20 and 22. *Nature genetics*, 38(12), 1378-1385.
19. Ghavifekr Fakhr, M., Farshdousti Hagh, M., Shanehbandi, D., & Baradaran, B. (2013). DNA methylation pattern as important epigenetic criterion in cancer. *Genetics research international*, 2013, 317569
20. Baylin, S. B., & Jones, P. A. (2016). Epigenetic Determinants of Cancer. *Cold Spring Harbor perspectives in biology*, 8(9), a019505
21. Løkk, K., Modhukur, V., Rajashekar, B., Märtens, K., Mägi, R., Kolde, R., ... & Tõnisson, N. (2014). DNA methylome profiling of human tissues identifies global and tissue-specific methylation patterns. *Genome biology*, 15(4), 1-14.