

Project 2: Cellular Response to Drug Perturbations

Analysis of the effects of Gemcitabine

Group 3

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- **Gene expression** of 819 samples, 13299 entries
 - treated
 - untreated
- **Metadata**: cell, drug, dose, time and tissue
- **Somatic mutations** from cell lines
- **GI50** values of 61 cancer cell lines treated with 15 drugs
- **Gene copy-number** alterations
- **Basal gene expression** of the cell lines
- Annotation charts with **additional information** about the **cell lines** and **drugs**

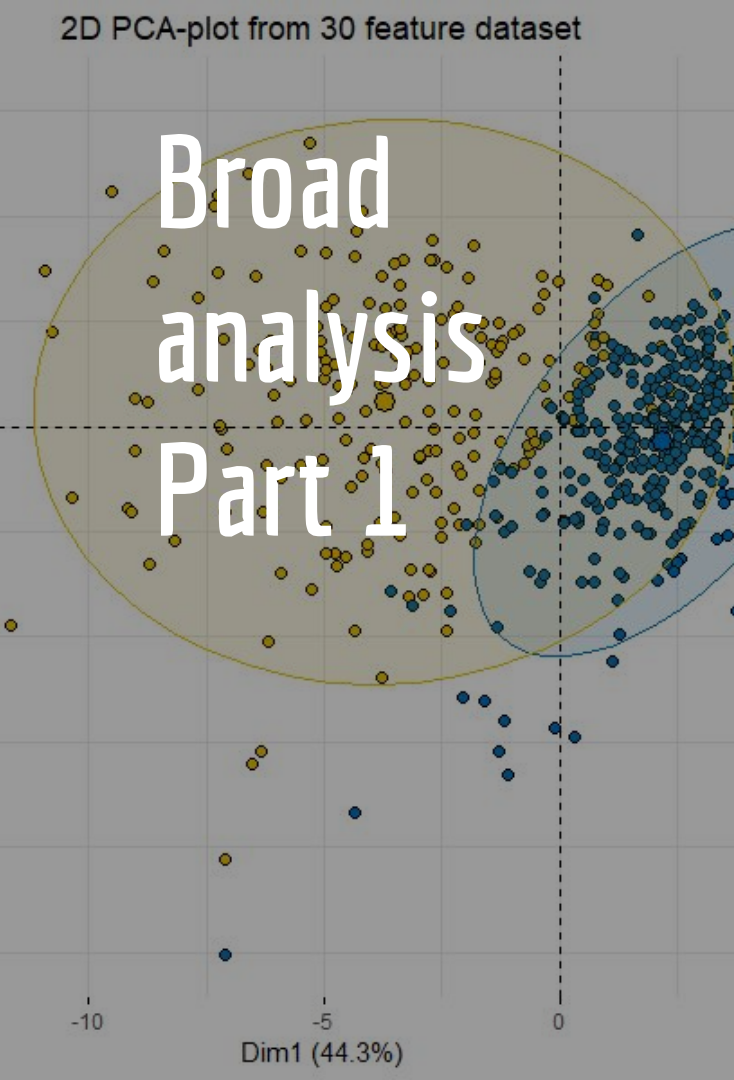


2D PCA-plot from 30 feature dataset

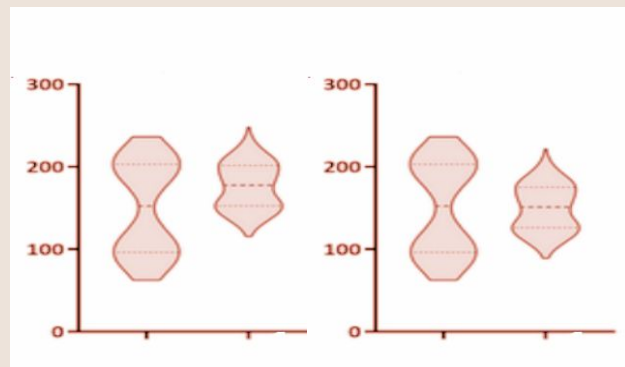
Broad analysis Part 1

- Two paired samples test (treated and untreated) are available.
- Ensure that they are normalised.
- Reduce dimensions to eliminate data redundancy. (using PCA)

Is a batch effect or any relation between the sets of data identified?



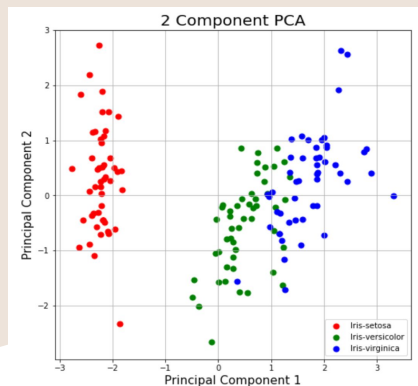
Broad Analysis Part 1



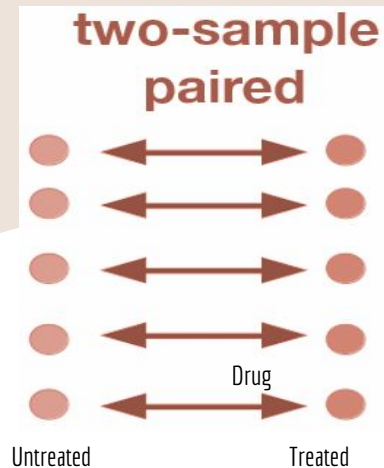
Before Normalisation

After Normalisation

Normalisation



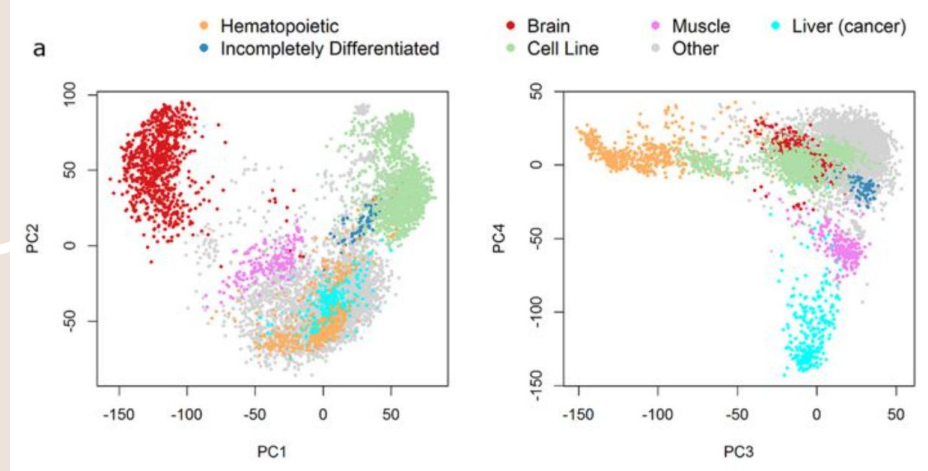
PCA associated
with metadata



Paired two samples
t-test

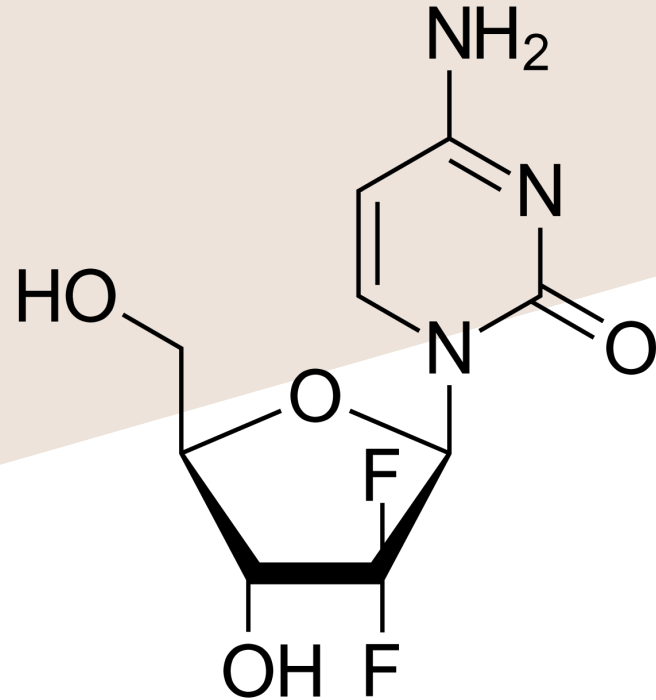
Broad analysis Part 2 - Influence of drug treatment

- Fold Change
- Heatmap (Sample = celllines, rows= mean of gene expression difference after drug treatment): Are there drugs with a similar pattern?
- PCA of all genes (for example tissue associated?)



Gemcitabine

- Chemotherapy medication
- Faulty base
- Incorporated into DNA with normal nucleoside added next to it → base-excision repair cannot recognize it → irreparable error
- inhibition of further DNA synthesis
- Ultimately leads to cell death

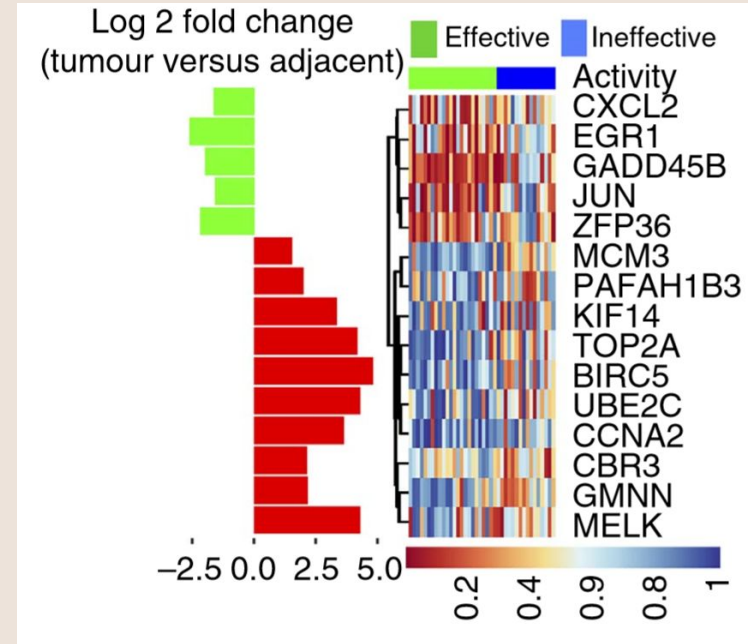


<https://en.wikipedia.org/wiki/Gemcitabine>

Finding drug response biomarkers

Comparison of gene expression

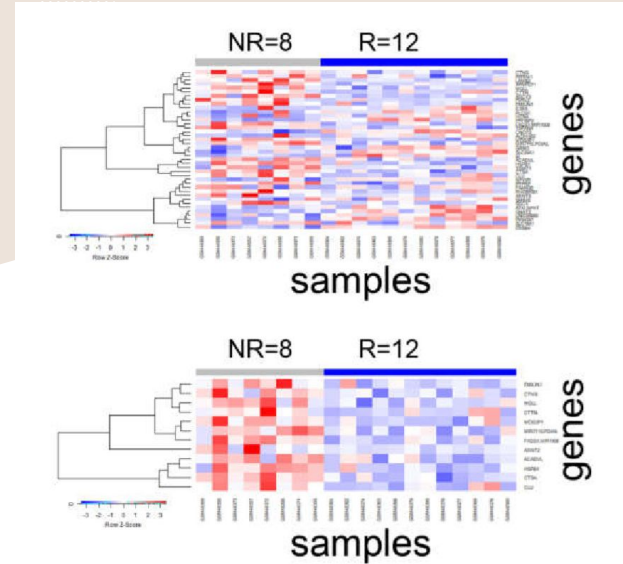
- Databases used: treated and untreated
- Look at difference between cell lines
- Filter out the 20 Genes with the biggest difference → Biomarkers
- Which genes are up or downregulated by Gemcitabine?



Reversal of cancer gene expression correlates with drug efficacy and reveals therapeutic targets (Chen *et al.*, 2017)

Does microsatellite instability (MSI) affect the impact of gemcitabine?

1. **High GI_{50} Values** → rather MSI-H (High)?
→ Violinplots
2. **MSI-H celllines** → more mutations ? (2 Violinplots: MSI-H, MSI-L/mutations)
3. Heatmap separated by MSI-H/L; colour → Fold change of biomarkers



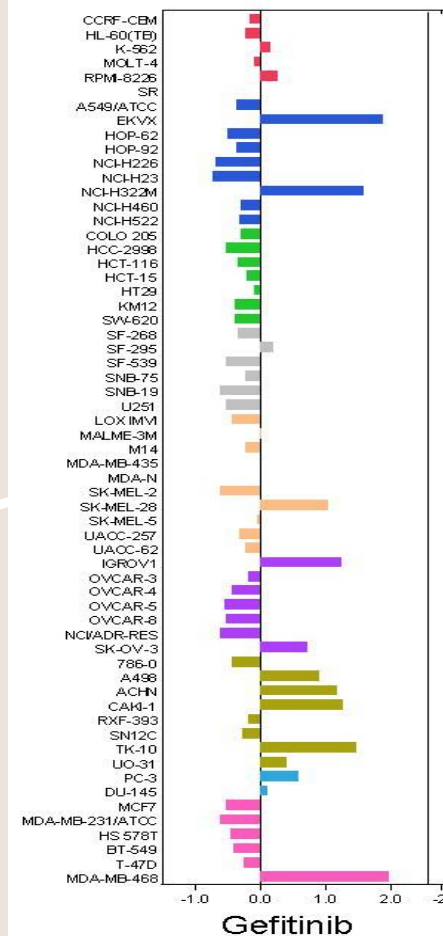
What is the effect of the somatic mutation type on gemcitabine sensitivity?

1. Sub Question: Is the drug sensitivity for gemcitabine dependent on the cell line?

- Using NegLogGI50.rds data
- Values are $-\log_{10}$ transformes \rightarrow higher values indicate higher sensitivity
- mean graph plot of GI50 values for Gemcitabine
- coding according to tissue of origin

2. Sub Question: Is there a relation between mutation type and cell line?

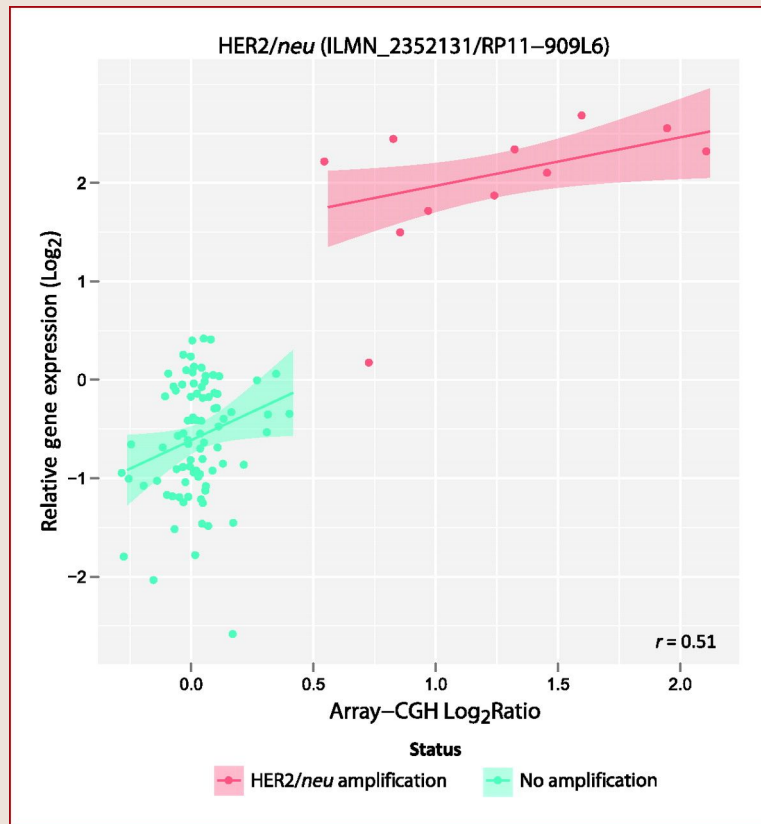
- Using CCLE_mutations.rds data
- several variables as criteria for mutation type eg: Hugo symbol , codon_change, protein_change
- create a matrix which counts of the same type of mutation
- **Chi square test** to investigate relationship between variables and different cell lines



Holbeck, Susan L et al. "Analysis of Food and Drug Administration-approved anticancer agents in the NCI60 panel of human tumor cell lines." *Molecular cancer therapeutics* vol. 9,5 (2010): 1451-60. doi:10.1158/1535-7163.MCT-10-0106

Can the drug sensitivity be predicted based on gene expression and gene copy-number?

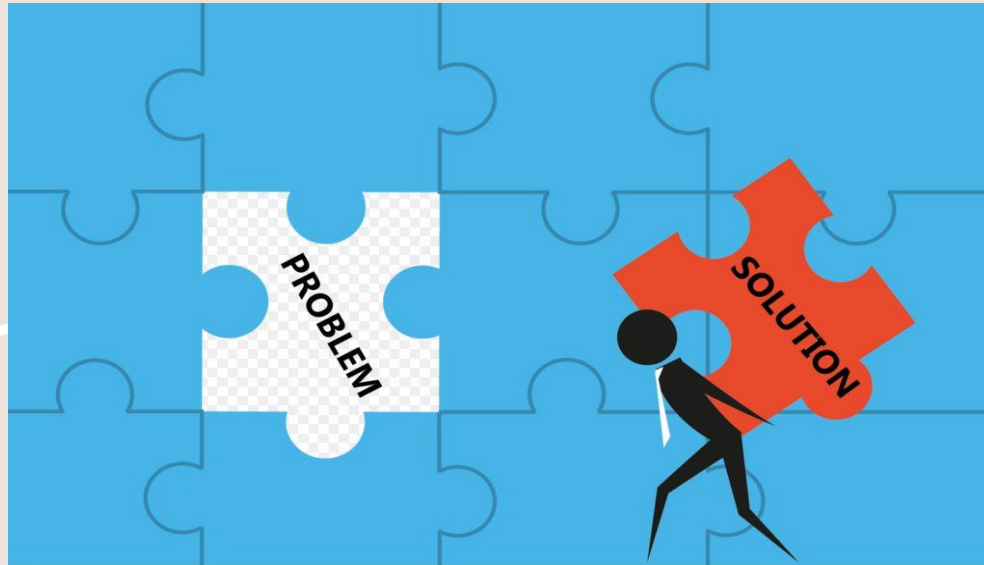
- Check correlation between gene expression and gene copy number
- Predict drug sensitivity using **linear regression**
 - Two separate LR if correlation is low
 - Only one LR if correlation is high



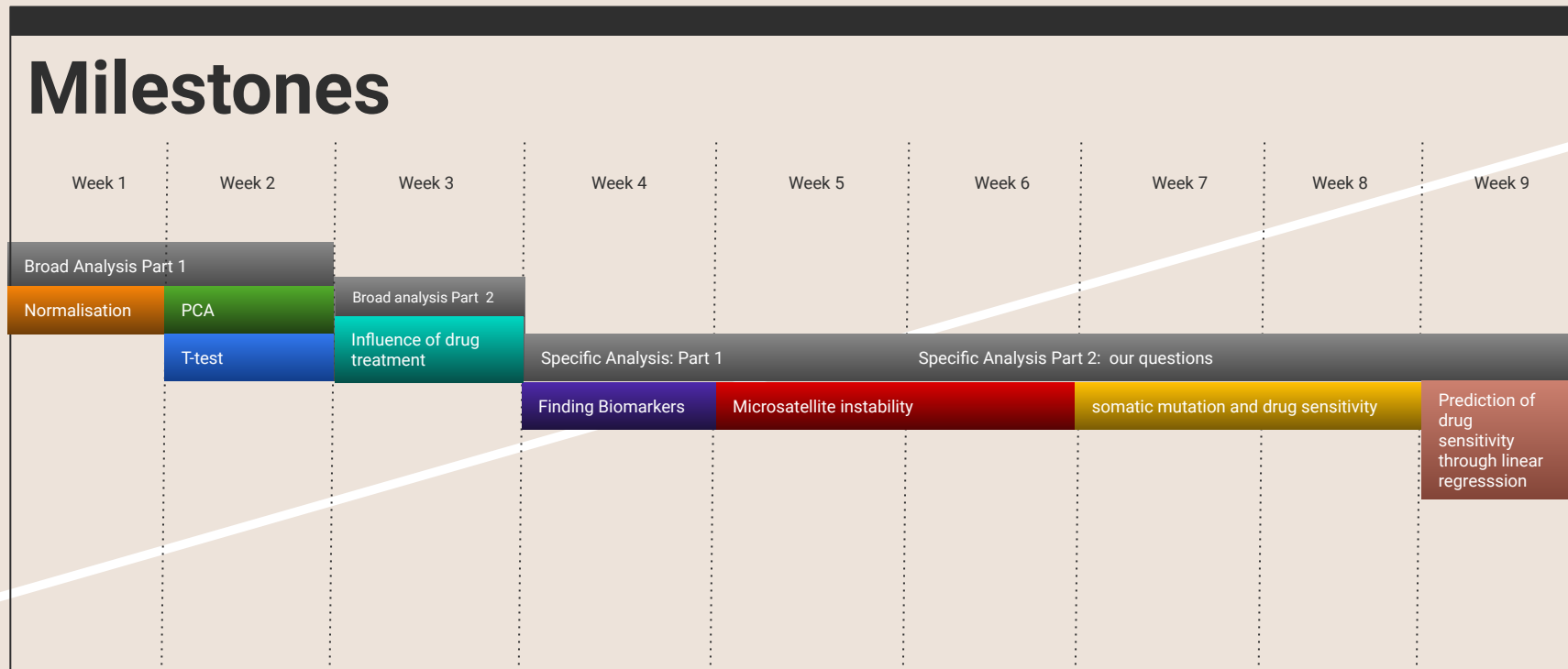
Clinical implications of Gene Dosage and Gene Expression Patterns in Diploid Breast Carcinoma (Parris *et al.*, 2010)

Specific analysis - Final step

- Conduct extra tests if the results give rise to any new interesting questions.
- Analyze results, compare with literature and solve any unforeseen problems that come up.



Timeline



Thank you for your
attention

