

# CfDNAfragmentomics R Package for Analysing cfDNA data<sup>\*</sup>

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**Abstract.** cfDNA (cell-free DNA) fragments in liquid biopsies have a great potential to be used as a diagnostic tool for diseases like cancer. These cfDNA molecules have cancer properties that are intensely explored in research. This information can be used as biomarkers for detecting and subtyping cancer. ctDNA (circulating tumour DNA) are cfDNA fragments that circulate the blood with specific fragmentation features that are specific to blood samples coming from tumour effected patient. This paper presents a novel R package, called "cfDNAfragmentomics" that utilizes fragmentation features of circulating cell-free DNA to detect the presence of circulating tumor DNA (ctDNA) and identify cancerous blood samples. cfDNAfragmentomics is a R package that utilizes ctDNA framgent features to detect if a set of sequenced genes are potentially from a cancerous origin. This package also includes a R Shiny app for an easy to use graphic user interface for users to input their data.cfDNAfragmentomics analyzes the length distribution of cfDNA fragments, and also utilizes nucleosome occupancy features which are known to be altered in cancer patients. Using simple statistical models, cfDNAfragmentomics identifies ctDNA and classifies cancerous versus non-cancerous blood samples. We evaluated the performance of cfDNAfragmentomics using real-world datasets from Snyder et. al. and demonstrated its sensitivity and specificity compared to existing methods. Furthermore, cfDNAfragmentomics provides user-friendly interfaces for data preprocessing and result interpretation, making it accessible to researchers and clinicians with varying levels of expertise. We believe that cfDNAfragmentomics has the potential to advance the field of non-invasive cancer detection and personalized medicine, by providing a reliable and cost-effective tool for early diagnosis and monitoring of cancer patients.

**Keywords:** cfDNA, ctDNA, R package, Liquid Biopsies

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# 1 Introduction

Cancer is a life threatening condition with an estimated burden of almost 10.0 million cancer deaths in the year 2020 alone (21). Detecting the early signs of cancer and providing treatment for it before its evolution can have a significant impact on the survival and improvement of the condition of the patient, as well as helping reduce the rate of mortality. This is due to the fact that early detected cancer is more often curable and manageable with less life-threatening treatments such as chemotherapy necessary for the patient. Also, radiation therapy, and surgery are less needed if the cancer is detected early (22). On the other hand, late stage cancer is more likely to evolve quickly, can spread more rapidly throughout the body due to metastasis, and is less likely to have a treatment that targets the cancerous cells directly (1). Late stage cancer can reduce the chances of survival of the patient and can have a significant financial impact on the healthcare system.

There is a large body of evidence supporting the necessity of early cancer detection to improve the negative effects of it on the patient. For instance, a paper published by Myers et.al. discussed that screening for breast cancer reduced the mortality of patients by approximately 20 percent (23). There is a growing body of research analysing less invasive screening strategies such as using blood samples in order to detect cancer early on in the tumour's life span. The use of liquid biopsies and the analysis of cfDNA (cell-freeDNA) in the blood using machine learning models has shown to have great potential for early cancer detection. These machine learning models can predict the possibility of the blood being originated from a cancer effected body versus a healthy blood sample. Examples of three such models include Griffin, DELFI, and ichorCNA which are explained in further detail under section 1.2 Current Technologies.

## 1.1 Motivation

This article is motivated by a proposal written by the author. This section refreshes some details of the introduction to the research geared towards the development of the cfDNAfragmentomics package.

The early detection and monitoring of cancer is crucial in the long-term survival of patients (1). Cancer subtyping is also an essential step in clinical oncology to identify the tissue of origin and develop a treatment regimen (2). Tissue biopsies are important for tumour subtyping and can guide treatment and prognosis strategies (3). However, there exist clinical impracticalities in using tissue biopsies, such as the complications caused for immunosuppressant patients (4). This makes tissue biopsies less common to be performed in the clinic and can result in a diagnosis to be based on the primary tumour (3). In metastatic cancer, basing the treatment on the primary tumour can be lethal as the tumour might evolve, and using previous biopsy analyses may lead to treatment resistance (3). There exist minimally invasive techniques such as liquid biopsies, which allow for the detection of cancer and are practical for use in the clinic (5). Liquid biopsies are samples from the blood, which contain small fragments of DNA called cfDNA (cell-free DNA) (5). These short DNA fragments are released into the blood due to cell death, are commonly 150-200 base pairs in length, and are packaged as nucleosomes (5). In healthy individuals, the cfDNA typically originates from hematopoietic cells because they are abundant, have high turnover, and have close access to the vasculature (5). In cancer patients, there exists a subset of cfDNA called ctDNA (circulating tumour DNA) (5). The ctDNA cell of origin affects their

fragmentation pattern which can be useful in cancer subtyping (5). The phenotype of ctDNA is often very different from healthy cfDNA because of the epigenetic and genetic alterations in tumour cells and many chromosomal abnormalities (14).

cfDNA is typically originated from apoptosis of cells in the body that are ruptured to maintain the homeostasis for the number of cells that exist in a healthy individual (6, 15). In apoptosis, cfDNA is fragmented by intracellular endonucleases and is commonly short ( $< 150$  base pairs) in length (6, 15). Healthy tissues can also undergo damage which can lead to necrosis (unplanned cell death). In this case, the cell ruptures, and long DNA fragments exit the cell (4).

One of the hallmarks of cancer is the inhibition of apoptosis to induce tumorigenesis (7). When apoptosis is suppressed, there is an increase in metabolic stress due to ATP depletion that can increase necrosis (8). This may result in increased concentrations of long ( $> 150$  base pairs) cfDNA fragments in the plasma of cancer patients (15). Long fragments of cfDNA due to necrosis are potential biomarkers in cancer, and their high concentrations have been correlated with an increased chance of cancer recurrence (15). Due to the low concentration of cfDNA in the blood, especially in early-stage cancer, there is a need for very sensitive detection methods to be able to identify these molecules (5). There are several challenges to using cfDNA for cancer detection, including the low abundance of tumor-derived cfDNA in the bloodstream, the need for sensitive detection methods, and the potential for false positives and false negatives.

Methods of detection for cfDNA include Polymerase Chain Reaction (PCR) assays and Next Generation Sequencing (NGS) (5). Although NGS has less sensitivity, it is preferred over PCR because it allows for Whole Genome Sequencing (WGS) and a broad assessment of the genome (5). Moreover, in cfDNA, Transcription Factor (TF) binding sites can be aggregated and used to find sequencing coverage of the cfDNA and identify the tissue of origin (3). Hence, NGS can be useful in the detection of cancer and subtyping. To sequence genes, technologies such as Illumina which uses bisulfite approaches for methylation analysis, and Oxford Nanopore Technologies (ONT) are used (9). ONT is used for shallow whole genome sequencing to find genetic differences among DNA molecules using features such as methylation and fragmentation (9). Hence, ONT can be used to identify cancer-associated fragmentation signatures. ONT is an ion membrane channel that receives blood samples, captures the DNA fragments, and allows for a single strand of DNA to enter the nanopore (10). The ionic current of each nucleotide is detected in the pore and is used for sequencing (10).

Another method for detecting ctDNA is using nucleosome occupancy profiles. Nucleosomes are the basic units of chromatin, which is the complex of DNA and proteins that form the chromosomes in eukaryotic cells. Each nucleosome consists of a segment of DNA wrapped around a core of histone proteins, and the spacing and occupancy of nucleosomes along the DNA strand can have a significant impact on gene expression, transcription factor binding, and cellular function. Nucleosome occupancy refers to the frequency and distribution of nucleosomes along a particular region of the genome. High nucleosome occupancy corresponds to regions of DNA that are tightly packaged and inaccessible, such as heterochromatin or regions with low transcriptional activity. Conversely, low nucleosome occupancy often corresponds to regions that are more accessible and actively transcribed. Every tissue has specific patterns in which the cfDNA is packaged around the nucleosomes (3). Different nucleosome profiles exist because each tissue requires its DNA to interact with certain TFs (Transcription Factors) necessary for transcription (3). The regions for TF binding sites are not tightly packed with nucleosomes to allow for binding (3). At Euchromatin (open chromatin regions that contain genes for transcription and TF binding), DNA is exposed to DNase

molecules and hence it is vulnerable to degradation (3). In these regions, nucleosome profile plots show loss of coverage, whereas these plots show high coverage at the Heterochromatin regions of DNA that are tightly bound to nucleosomes (3). Generating plots for cfDNA coverage can be used to detect TF binding sites. Since each cell has a specific function and hence different nucleosome packaging, the pattern of the cfDNA nucleosome coverage is indicative of the cell type and tissue of origin of the cfDNA molecule.

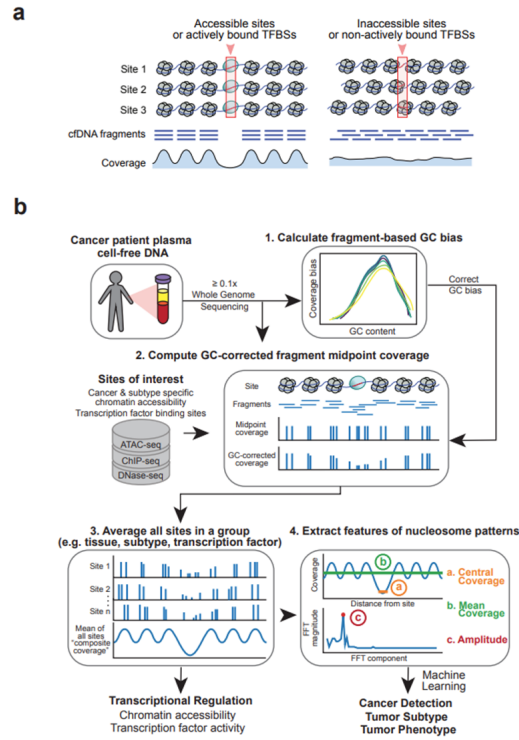
Katsman et.al. demonstrated that cfDNA fragments are primarily composed of mono-nucleosome fragments, although di-nucleosomes also exist in plasma samples (9). The positioning of the nucleosomes has shown to be cell-type specific, and the patterns are used to detect the cell of origin of the cfDNA (9). In fragmentation length analysis, ctDNA has been shown to have specific fragmentation features (9). These features include having a higher ratio of shorter mono-nucleosome cfDNA in cancer patients (100- 150 BP) than normal mono-nucleosomes (100-220 base pairs) (9). Also, ctDNA contains a higher fraction of shorter di-nucleosomes (275-325 BP) than regular di-nucleosomes (275-400 BP) (9). This is a biomarker in cancer that can be used to decipher cancerous versus healthy blood samples. Nucleosome occupancy plots can be generated to provide a pattern and detect differences between cancer and healthy blood samples(3).

Our R package, utilizes the fragmentation patterns and nucleosome occupancy of circulating cell-free DNA (cfDNA) to detect the presence of circulating tumor DNA (ctDNA) and identify cancerous blood samples. The package analyzes the length distribution of cfDNA fragments and incorporates nucleosome occupancy data to identify characteristic changes in chromatin structure that are specific to cancer cells. The inclusion of nucleosome occupancy data enhances the performance of our R package, as changes in nucleosome occupancy patterns have been shown to be associated with cancer development and progression. By leveraging the fragmentation patterns and nucleosome occupancy of cfDNA, cfDNAfragmentomics has the potential to advance the field of non-invasive cancer detection and personalized medicine, providing a reliable and cost-effective tool for early diagnosis and monitoring of cancer patients.

## 1.2 Current Technologies

Due to the great potential in tumour detection and subtyping, there are many technologies developing to use properties of cfDNA to perform analysis on cancer samples as biomarkers. Below are three tools, specifically DELFI (14), Griffin (3), and ichorCNA (used by Berman, developed by Adalsteinsson et. al)(24). These tools were used as inspiration for the cfDNAfragmentomics platform, to bring together different methods of analysing cfDNA from blood samples into one program that the user is able to input their bed files of their samples of interest, and receive statistics and graphs corresponding to their data. These output statistics can be used as a predictor for whether or not the liquid biopsy is cancerous.

Methylation features and fragmentation patterns are both common cfDNA biomarkers in cancer detection (9). Analysis of fragmentation features alongside methylation allows for accurate detection of ctDNA and identification of the cell of origin (9). Technologies such as Griffin and DELFI use WGS to detect ctDNA and their tissues of origin (3, 14). Firstly, Griffin is a computational framework that uses nucleosome profiling to classify the tumour subtypes. (3). The tissue source of DNA is often detected from transcription regulation and nucleosome patterns because each tissue has



**Fig. 1.** We will developed sequence coverage plots and TF binding sites taking inspiration from the pipeline described in Doebley et. al (Image from: Figure 1: Doebley et. al.)

a certain function, and based on that function, the accessibility of its DNA is modified for transcription (3). Griffin detects differences in chromatin accessibility and uses it to determine transcription regulation and the cell of origin of the DNA (3). Another technology in the fragmentation profile detection of cfDNA is called DELFI: a machine learning model that detects cancer and healthy cells with high sensitivity and specificity (sensitivity of 57-99, specificity of 98. Detected 91 of patients with cancer) (14). DELFI gives a score to the cfDNA to classify it as cancerous or healthy (14). For analysis with DELFI, blood is first collected from cancer patients and healthy individuals to train the machine learning model (14). Then, the cfDNA to be classified is given to the model to identify it as healthy or cancerous, and to detect the tissue of origin (14). The sensitivity of the model depends on the number of genomic and epigenomic alterations assessed (14). Hence, it is crucial to examine high numbers of abnormalities in the cfDNA when working with low coverage WGS (14, 16). Cristiano et. al. demonstrated that ctDNA fragment length is more variable compared to cfDNA because of the epigenomic, genomic, and chromosomal abnormalities in cancer (14). Also, cancer cells have altered nucleosome patterns and transcription start and end

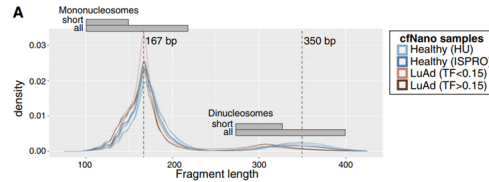
sites (14). These unique features in cancerous ctDNA are useful in DELFI to identify cancerous cells (14).

**DELFI (DNA evaluation of fragments for early interception)** The authors of this paper developed a machine learning model and method to analyze the fragmentation pattern of cfDNA in cancer patients and used this method to identify tumor-specific fragmentation patterns. This approach allowed them to distinguish between tumor-derived and non-tumor-derived cfDNA, and to detect genomic alterations that are characteristic of cancer. The researchers analyzed the cell-free DNA (cfDNA) from the blood of patients with different types of cancer, and compared it to the cfDNA of healthy individuals. The researchers used whole-genome sequencing to analyze the fragmentation pattern of cfDNA, and found that the cfDNA of cancer patients had an altered nucleosome pattern of white blood cells as compared to healthy individuals. Furthermore, the degree of fragmentation was found to be specific to the type of cancer and aberrant as compared to healthy cells, which suggests that the fragmentation pattern of cfDNA can be used as a biomarker for cancer diagnosis. DELFI showed to have high sensitivity compared to other approaches in the field. Overall, the study provides important insights into the characteristics of cfDNA in cancer patients, and suggests that genome-wide cfDNA fragmentation analysis may have diagnostic and prognostic potential in cancer management. The findings of this study may also have implications for the development of non-invasive machine learning methods for cancer diagnosis and treatment monitoring (14).

**GRIFFIN** The technology described in the paper by Doeably et.al. is a computational framework for analyzing nucleosome profiles of cell-free DNA (cfDNA) to classify cancer subtypes. The software uses machine learning algorithms to identify nucleosome fragmentation patterns associated with different cancer subtypes. The authors of the paper used a technique called ultra low-pass whole-genome sequencing to obtain nucleosome profiles from cfDNA samples collected from patients with different types of cancer. They then used these profiles to train a machine learning model to classify the cancer samples into different subtypes. The Griffin framework has the potential to be used as a non-invasive diagnostic tool for cancer, because it can identify cancer subtypes from a blood test. This could be useful for patients who are unable to undergo invasive tumor biopsies, or for monitoring cancer progression and treatment response over time. Nucleosome profiling can be used to identify fragmentation patterns of different cancer subtypes because cancer cells have modifications in chromatin structure which can result in changes in nucleosome positioning and fragmentation patterns. The authors of the Griffin framework designed the algorithms to identify nucleosome fragmentation patterns associated with different cancer subtypes, and developed a model for subtyping cancer based on these patterns. The work presented in the Griffin paper is focused on developing a computational framework for subtyping cancer based on nucleosome profiling of cfDNA samples. This approach has the potential to improve cancer diagnosis and monitoring, particularly for patients who are unable to undergo invasive tumor biopsies (3).

**ichorCNA and Berman Analysis** ichorCNA is a tool discussed by Adalstensson et. al. and is a software tool that identifies tumour cells from ultra Low Pass WGS of

cfDNA data. ichorCNA uses a hidden Markov model (HMM) and a Bayesian statistical framework to predict Copy Number Alterations (CNAs) and to estimate tumour fraction of the cfDNA data. In the paper by Berman et. al., they create a a Fragment length density plot for the healthy and LUAD cancerous cfDNA samples. The fraction of tumour cfDNA was then estimated using ichorCNA software (9, 24).



**Fig. 2.** We developed genome wide fragment size distribution for software validation if cancerous samples (Image from: Figure 4: Katsman et.al.)

## 2 Methods

Drawing influence from different tools for analyzing cancer cells using cfDNA such as DELFI, Griffin, and IchorCNA, I have created a comprehensive platform for cancer analysis that integrates some features of each tool. Our platform provides an accurate and reliable prediction of cancer diagnosis and progression. We have also incorporated novel features such as analysis of nucleosome occupancy and DNA fragmentation patterns to enhance the sensitivity and specificity of cancer detection. Taking inspiration from different tools for analysing cfDNA as targets for diagnosis of cancer, a tool called cfDNA fragmentomics is developed that uses analysis methods from different research articles, and clusters them to a user-friendly interface. The app to analyse data was developed in R. However, with larger datasets, python scripts are written to be performed from the command line. We will discuss the development of our R package as well as the shiny app feature, the input of our tool, the output, and results that are provided for the user in the next section.

In order to install the cfDNAfragmentomics R package, the following code must be run:

```
require("devtools")
devtools::install_github("Yasamin-Nourijelyani/CfDNAfragmentomics")
library("CfDNAfragmentomics")
```

To run the Shiny app:

```
runShinyCfDNAfragmentomics()
```

To get an overview of the available functions:

```
ls("package:CfDNAfragmentomics")
data(package = "CfDNAfragmentomics")
```



## 2.1 R Package Development

Our R package is designed with a focus on usability and functionality. One of the main features of the package is its well-documented functions, which provide clear and concise explanations of their usage and inputs. This makes it easy for users to quickly learn how to use the package and integrate it into their workflows. The package includes functions for analyzing bed files or tsv files, a common format for storing genomic data, allowing for analysis and manipulation of such files. Overall, the package is designed to make genomic analysis more accessible and user-friendly, helping researchers and clinicians to more effectively explore and understand their data.

The R package was developed using the packages devtools, roxygen2, testthat, knitr, and shiny.

## 2.2 Shiny App

Our R Shiny app is designed to provide a user-friendly interface for comparing nucleosome length ratios between control and sample data. Note that nucleosome occupancy plots were not generated in the R shiny app and are created only using the python scripts. The significance of the difference will allow us to determine whether or not the sample of patient cfDNA are potentially cancerous. The app takes as input two tab-separated bed files containing data from the control and sample experiments. These files must include the fragment start and end positions as the second and third column for the calculations to be performed correctly. The user can then specify the p-value that is deemed significant in their analysis, and the app will calculate the mono-nucleosome and di-nucleosome length ratios for both the control and sample data. The app presents the results in a plot, showing the distribution of nucleosome length ratios for both datasets, along with summary statistics of the wilcoxon rank sum test and a boolean output answering the question: Is the sample provided, considered to be cancerous? This app provides a simple and intuitive way to analyze nucleosome length ratios, and can be a useful tool for researchers studying epigenetic biomarkers in cancer.

## 2.3 Input Data

All data performed in this analysis by the python scripts come from <http://finaldb.research.cchmc.org> and the test data for the shiny app come from the Alikdosti et. al. R package. It queries for lung cancer and healthy samples from the paper by Snyder et.al. These data are downloaded and used in the commandline for analysis. The data downloaded from finalDb is Fragment ".tsv" files using hg38 latest assembly of the human genome.

## 2.4 Processing of Data

The data that is inputted to cfDNA fragmentomics is analysed for fragmentation features and nucleosome occupancy. These are potential cancer biomarkers and can be used to detect ctDNA in the blood.

**Fragment Analysis** In our R package, we utilized the Wilcoxon rank sum test to compare mononucleosome and dinucleosome fragment lengths in cancerous samples against those in healthy samples. It is important to note that di-nucleosome fragment



lengths are not always present in cfDNA samples and might result in NA p-value for comparing the sample and control DNA fragment lengths. The Wilcoxon rank sum statistical test is particularly well-suited to handling non-normally distributed data, making it ideal for analyzing fragment length data for cfDNA. By comparing fragment lengths between cancerous and healthy samples, we can identify significant differences in fragmentation patterns that are indicative of cancerous liquid biopsies. This analysis is a crucial step in identifying potential cancer biomarkers that can be used to develop more accurate and effective cancer detection and treatment strategies. By utilizing the Wilcoxon rank sum test in our package, we are able to provide a powerful statistical tool for the detection and analysis of cfDNA fragmentation patterns. The Wilcoxon rank sum test, also known as the Mann-Whitney U test, is a non-parametric test used to determine significance of the difference in fragment size of the control and patient cfDNA lengths to determine if the patient data contains the cancer biomarker. Here, we are comparing two independent samples, which are the population of healthy control cfDNA data and population of patient cfDNA data, and we are making inference about the state of being cancer positive or negative of the population of cfDNA molecules in the patient as being potentially cancer positive or negative. Both control and patient data inputted to the functions are assumed to be reads for the specific loci corresponding to the cancer type of interest. Hence, both the control and patient data are required in the analysis to ensure the loci being analysed are corresponding to the specific cancer type of interest. Additionally, performing a non-parametric wilcox-test does not assume that the data is normally distributed (5). It is also assumed that the data is real human data and contains both mono-nucleosome and di-nucleosome length data. Otherwise, the p-values that are returned are NaN. The Wilcoxon rank sum test is commonly used in bioinformatics and genomics research to compare fragment lengths between two populations of cell-free DNA (cfDNA) in order to detect differences that may be indicative of cancer. One advantage of using the Wilcoxon rank sum test is that it does not require assumptions about the underlying distribution of fragment lengths in the two populations being compared, making it robust to non-normality. Another advantage is that it does not require equal variances between the two populations, unlike some parametric tests such as the t-test (19). For example, in a study by Katsman et al. the Wilcoxon rank sum test was used to identify variability of methylation of cfDNA between cancer patients and healthy controls.

To perform fragmentation length analysis, the R package takes as input the sample data as a bed file or tsv file (tab separated file). These files must store the fragment start location and end location as the second and third column which is standard practice in all cfDNA data storage. This sample data contains potentially cancerous blood sample from the patient which we want to perform statistical analysis on it to determine whether or not the given sample is from a cancerous source. A control sample bed file is also passed into the function which is cfDNA from a healthy blood sample used to compare the mono-nucleosome and di-nucleosome fragment lengths with the patient sample. The wilcoxon rank sum test is then performed to determine if the sample patient data has significantly shorter cfDNA mononucleosome and dinucleosome fragment lengths as compared to the control. If sample patient cfDNA has statistically significantly shorter mononucleosome and dinucleosome fragment lengths, than the sample data like comes from a cancerous patient. Threshold p-values are also passed into the function as optional arguments to output a decision variable output in identifying whether or not the sample patient fragment lengths are significantly shorter in mononucleosome and dinucleosome ratios. Due to the limitation of the size of the files that can be inputted into R Shiny app, a command line script using python was

developed for analysing large bed file fragment length ratios coming from the finaleDB database. The script is called `nuc-ratio.py` and is used to perform the same wilcoxon rank sum test analysis on the sample and control data to compare their mononucleosome and dinucleosome ratios.

The analysis can be performed using

```
python <./location/nuc_ratio.py> <control_data.tsv> -s <sample_data.tsv>
```

The results give p-value for comparing the mononucleosome and di-nucleosome ratios between the sample and control data. These p-values can be used to determine whether or not the data potentially has a source of cancer.

**Nucleosome Occupancy** The analysis of the nucleosome occupancy is performed by the `nucleosome-occupancy.py` python script developed by Jonathan Broadbent, University of Toronto (16)

To run the script, put the following code in the command line:

```
python <./location/nucleosome_occupancy.py> -t <./location/TFBS_loc.tsv>
-w <Window size> -n <name> <./locationdata/gene.hg38.frag.bed>
```

for instance, in the directory

```
~/ynourijelyani/CfDNAfragmentomics/dev
```

We can run:

```
python ../python/nucleosome_occupancy.py -t TFBS_loc.tsv
-w 500 -n example data/EE87865.hg38.frag.tsv
```

The files that are used as the input parameter bed files from finaleDB come from the Lung cancer or healthy samples from Snyder et.al. 2016 and Cristiano et.al. 2019 data files. These data are in .bgz format. TO make the data usable by this function, it must be processed in the command line:

```
mv <filename.bgz> <filename.gz>
gunzip <filename.gz>
mv <filename.tsv> <filename.bed>
```

This way, bed files are generated from the finaleDB data, and can be used for the nucleosome coverage plotting analysis. This analysis takes as input the transcription factor binding site (TFBS) locations from the csv file retrieved from the paper by Fang et.al additional file 4 (17). The TFBS CSV for the specific cancer type being analysed should be used. The `nucleosome-occupancy.py` file is a Python script that performs functions related to the analysis of nucleosome occupancy data. The script takes as input a bed file containing genomic intervals, and uses this to calculate the coverage at every locus within the genome, given the midpoint of the transcription factor binding site from the Fang et. al. TFBS locations and a specific window size (17). The coverage is stored in a dictionary where each chromosome is a key and the corresponding value is a numpy array representing the coverage at each position along the chromosome given the TFBS location.

The script then takes as input a file containing transcription factor binding site (TFBS) data, and uses this to aggregate the coverage vectors across every window in the TFBS file. The size of the window is specified by the user as an argument. The aggregated coverage vector is returned as a numpy array.

Finally, the script uses the aggregated coverage vector to plot the coverage of the nucleosome occupancy in a line plot. The plot is smoothed using a Savitzky-Golay filter before being saved as a PNG file.

### 3 Results

**Fragment Analysis** The fragmentation analysis in our R shiny package was initially performed using small test data samples from `alikhosti` package located in the `/inst/extdata` folder to demonstrate the results from the `cfDNAfragmentomics` R shiny package. However, to validate the robustness and applicability of the package to larger datasets, we also used our method to analyze the nucleosome fragmentation patterns in the Snyder et.al. data from the Finale DB database. For this, we employed the Python `nuc-ratio.py` script to compare nucleosome length distributions in the healthy and cancer samples using a Wilcoxon rank sum test. That script only included p-value calculations upon wilcoxon rank sum test so that the algorithm can be validated using larger real world samples. The integration of these different methods and data sets in our analysis showcases the versatility and usefulness of our package in diverse genomics applications.

Below are some plot generated from running `p1.bed` for patient data and `d1.bed` for control data in the shiny app:

**Nucleosome Occupancy** The python script `nucleosome-occupancy.py` was used to develop the nucleosome coverage plots. This script uses the bed file to obtain the coverage at each locus in the specified interval, and then smooths the coverage values using a Savitzky-Golay filter. The script then aggregates the coverage vectors across every window in the transcription factor binding sites (TFBS) file to provide an aggregated coverage vector. Finally, it plots the nucleosome occupancy line plot using the matplotlib library. By using this script, we were able to generate informative and visually appealing nucleosome occupancy plots for our analysis.

In this figure above, the unique fingerprint of the nucleosome occupancy for lung cancer from the Cristiano et.al. data is demonstrated. The dips in the plot demonstrate the lack of nucleosome coverage which causes the cfDNA fragments to be susceptible to nuclease enzymes which lead to low coverage of the data in those regions. The peaks represent high nucleosome coverage due to the tight nucleosome binding, resulting in euchromatin regions.

Another example of nucleosome coverage plots are demonstrated in the figure below using the lung cancer TFBS and lung cancer cfDNA sequenced files from the 2016 Snyder et.al. research.

### 4 Discussion

There are several positive aspects of our cancer analysis package, `cfDNAfragmentomics`. Firstly, the integration of different techniques and algorithms from existing

## Fragmentomic Analysis of cfDNA for Cancer Detection and Subtyping: Finding Variation in Sample and Patient Data

This is a Shiny App that is part of the cfDNAfragmentomics package in R. Its purpose is to perform Wilcoxon Rank Sum-test analysis and plotting of cfDNA fragmentome data.

**Description:** cfDNAfragmentomics is an R package used to find significance of difference in cfDNA length fragments between patient and control data. This Shiny App is part of the cfDNAfragmentomics package. It permits to calculate the Wilcoxon Rank Sum-test for the variation in cfDNA fragment sizes, and significance of difference between patient and control data, and compares the sizes of the cfDNA to predict if the patient data is potentially cancerous. This app also allows for plotting of the cfDNA fragment sizes to allow for a visual comparison of the cfDNA fragment lengths. For more details, see ?nucleosomeRatio

**Instructions:** Below, enter or select values required to perform the analysis. Default values are shown. Then press 'Run'. Navigate through the two tabs to the right to explore the results.

Download: [Example Dataset 1 \(p1.bed\)](#)  
 Dataset 1 Details

Download: [Example Dataset 2 \(p1.bed\)](#)  
 Dataset 2 Details

Select a cfDNA bed file of patient data. File should be in .bed or .txt format rows corresponding to chromosome regions and tab separated columns corresponding to chromosome, start, and end points.

Select a cfDNA bed file of control data. File should be in .bed or .txt format with rows corresponding to chromosome regions and tab separated columns corresponding to chromosome, start, and end points.

Enter dinucleosome p\_value. This should be a positive decimal value less than 1:

Enter mononucleosome p\_value. This should be a positive decimal value less than 1:

Plot of cfDNA length Dataset    Result of the Wilcoxon-test    Plot of cfDNA coverage    cfDNA coverage array

Instructions: Enter values and click 'Run' at the bottom left side.

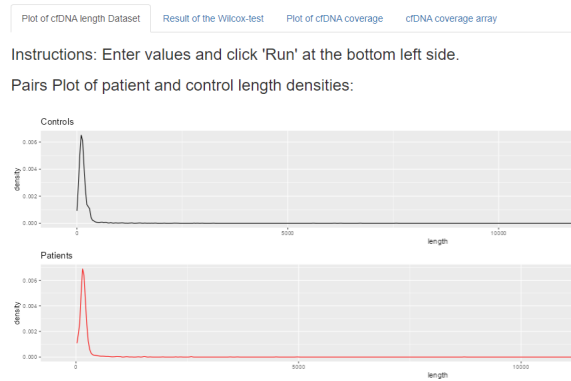
Pairs Plot of patient and control length densities:

**Fig. 3.** R shiny app interface for running the files

tools such as DELFI, Griffin, and IchorCNA allows our package to benefit from the strengths of each approach. This results in a more comprehensive and robust platform for cancer analysis. Additionally, our package includes innovative features such as the analysis of nucleosome occupancy and DNA fragmentation patterns, which can enhance the sensitivity and specificity of cancer detection. Another positive aspect of our package is its user-friendly interface developed using the R shiny app, which makes it accessible to researchers and clinicians with varying levels of expertise. By offering a powerful yet easy-to-use tool for cancer analysis, our package has the potential to accelerate progress in the field of cancer research and improve patient outcomes. Overall, we are optimistic about the potential of our package to make a positive impact in analysing cfDNA data.

The code for this package uses clean architecture techniques to ensure that it is maintainable in the future. Clean architecture emphasizes the separation of concerns, with each layer of the system responsible for a specific aspect of the software. In our package, the core logic is separated from the user interface. The core logic layer contains the business logic and the algorithms used for cfDNA fragmentation analysis, while the user interface layer contains the code responsible for interacting with users in the R shiny app.

By separating these concerns, our code becomes more modular, making it easier to test, maintain and extend. Additionally, clean architecture helps reduce dependencies between different components of the system, making it easier to make changes to the code without impacting other parts of the software. Our code also follows the Single Responsibility Principle (SRP), which is a key aspect of clean architecture. Each func-



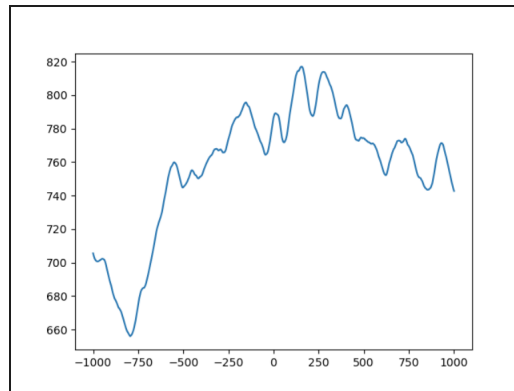
**Fig. 4.** Visualization of fragment ratios, where the first peak represents mononucleosome fragment lengths. Sample and control data plots using the data from the ctDNAtools package (18). Used to visually compare the healthy and sample data. These plots follow the plots that were developed in the paper by Berman et.al. seen in fig.2

tion in the code has only one responsibility, which helps to keep the code modular and easy to maintain. For example, the function responsible for fragmentation length analysis are separate from those responsible for the user interface or plotting, ensuring that each component has a clear responsibility and is not responsible for more than one task was closely followed in our code. Each data analysis technique such as fragmentation analysis and nucleosome occupancy are also in separate files to ensure that each file contains only analysis for one cancer bio-marker.

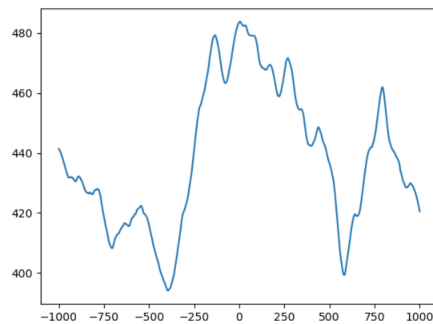
One potential weakness of our package is that it only utilizes statistical models and does not incorporate machine learning algorithms. While statistical models are powerful tools for data analysis, they may not be as effective at identifying complex patterns in large datasets. By not including machine learning algorithms in our package, we may be limiting its ability to accurately predict complex cancer epigenomic features and outcomes. Additionally, R is not powerful enough to analyse very large cfDNA datasets using its interface. Hence, the large data files cannot be processed by the R scripts. Python files were developed to ensure that the user can obtain output data for larger datasets such as those coming from the finaleDB database. However, our package may still be useful for certain types of cancer analysis and may provide a valuable contribution to the field of cancer research.

## 5 Conclusion

In conclusion, cfDNAfragmentomics package which uses fragmentation analysis is a promising approach for cancer detection, and our R package provides a powerful tool for researchers and clinicians working in this area. By using innovative techniques such as nucleosome occupancy analysis and DNA fragmentation pattern analysis, our package provides a comprehensive platform for the detection and analysis of ctDNA and cancerous blood samples. Although our package may have limitations, such as its reliance on statistical models rather than machine learning algorithms, it has the po-



**Fig. 5.** Nucleosome Occupancy plots for lung cancer data from Christiano et.al finaleDB for sample EE88183.hg38.frag



**Fig. 6.** Nucleosome Occupancy plots for lung cancer data from Snyder et.al finaleDB for sample EE86229.hg38.frag.bed

tential to make a significant contribution to the field of cancer research. As cfDNA data slowly leads its way to clinical settings and starts being used by clinicians to analyse patient liquid biopsies for detecting potentially cancerous blood samples, we hope that this package inspires researchers to create user-friendly and easy to use packages for the analysis of cfDNA data. These packages should involve great documentation, an interactive app, as well as command line features to allow for easy use and analysis for people who are not familiar with data manipulation. We hope to develop more powerful tools for analysing cfDNA fragments in the future such as ones which use better analysis techniques, are more optimized in terms of speed, and have user-friendly graphical user interface to be used by clinicians. Overall, we are optimistic that this package will help accelerate progress in the accessibility and availability of cancer detection tools, ultimately improving outcomes for patients worldwide and easing the process of early cancer detection.

Data is accessed from of lung cancer and healthy from snyder et.al 2016 paper available on finaleDB and from Christiano et.al. 2019 (20).

Also, TFBS from the paper by Fang et.al. (17) under additional files 4.

## 6 Code Availability

All code is available from <https://github.com/Yasamin-Nourijelyani/CfDNAfragmentomics.git>

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