



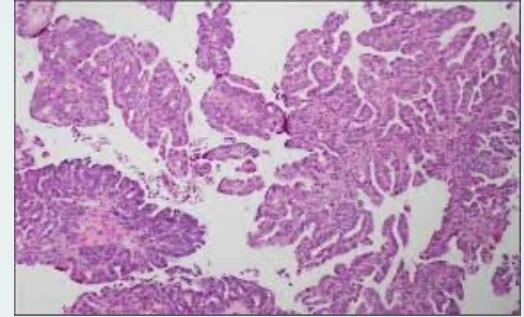
# UNSUPERVISED MACHINE LEARNING FOR SEROUS OVARIAN CANCER SUBTYPING

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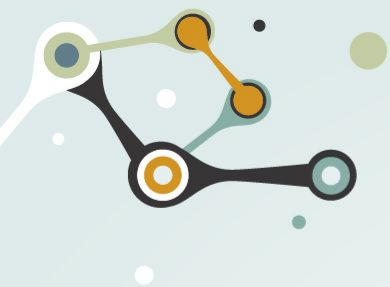
# Ovarian Cancer

## ❖ Ovarian Cancer

- A cancer that affects the reproductive system.
- 5th overall deadliest type of cancer
  - Late prognosis and lack of symptoms
- Age at Diagnosis: 55-64 years
- 5 year survival rate : 49.7% (2011-2018)



Lisio, et. al, 2019



# Serous Ovarian Cancer

## Serous Ovarian Cancer

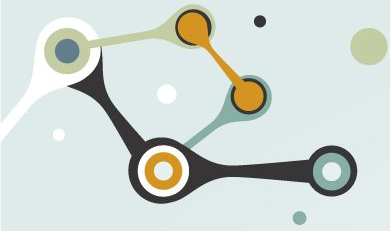
- ❖ Epithelial cancer cell
- ❖ 75% of overall cases

### Low Grade Serous Ovarian Cancer (LGSOC)

- ❖ Slower abnormal cell growth
- ❖ Cancer cells are more similar

### High Grade Serous Ovarian Cancer (HGSOC)

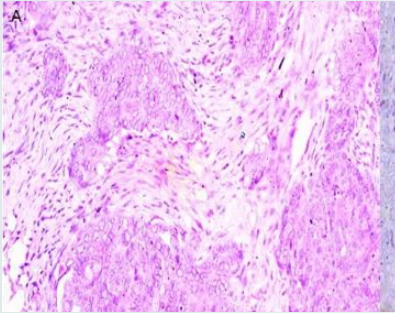
- ❖ More common within Serous subtype
- ❖ Faster abnormal cell growth
- ❖ High metastasis rate



# HGSOC Subtypes

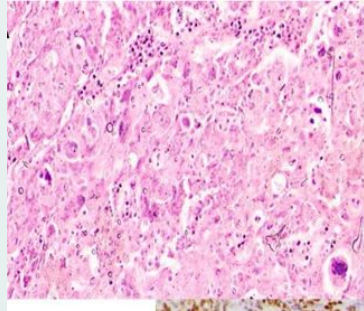
## • Mesenchymal

- ❖ Cellular stroma



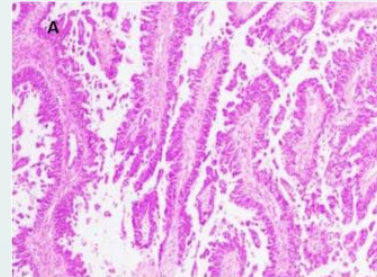
## Proliferative

- ❖ Mitotic figures
- ❖ Nuclear aggregates



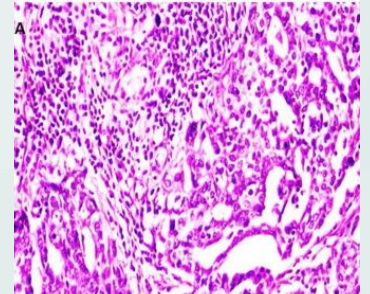
## Differentiated

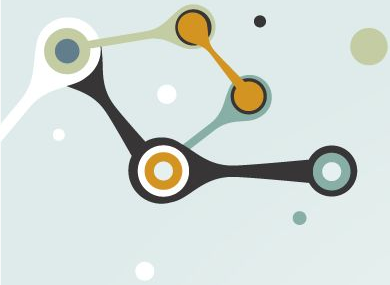
- ❖ Papillary structures
- ❖ Intratumoral lymphocytes



## Immunoreactive

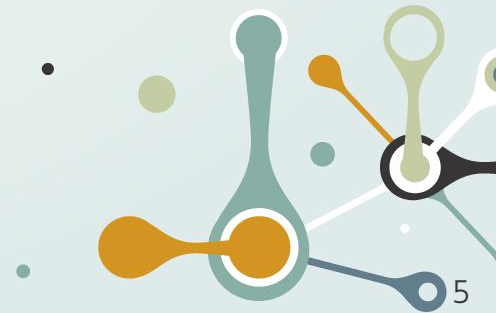
- ❖ Lymphocytes-infiltrating tumors





# Motivations

- Identify genetic markers for subtype characterization
- No existing test for Ovarian Cancer detection
  - Current diagnosis is invasive
- Optimize treatment and predict prognosis



# Research Question

Using transcriptomic TCGA data of **High-Grade Serous Ovarian Cancer**, can an **unsupervised machine learning** model cluster the data into distinct **molecular subtypes**?

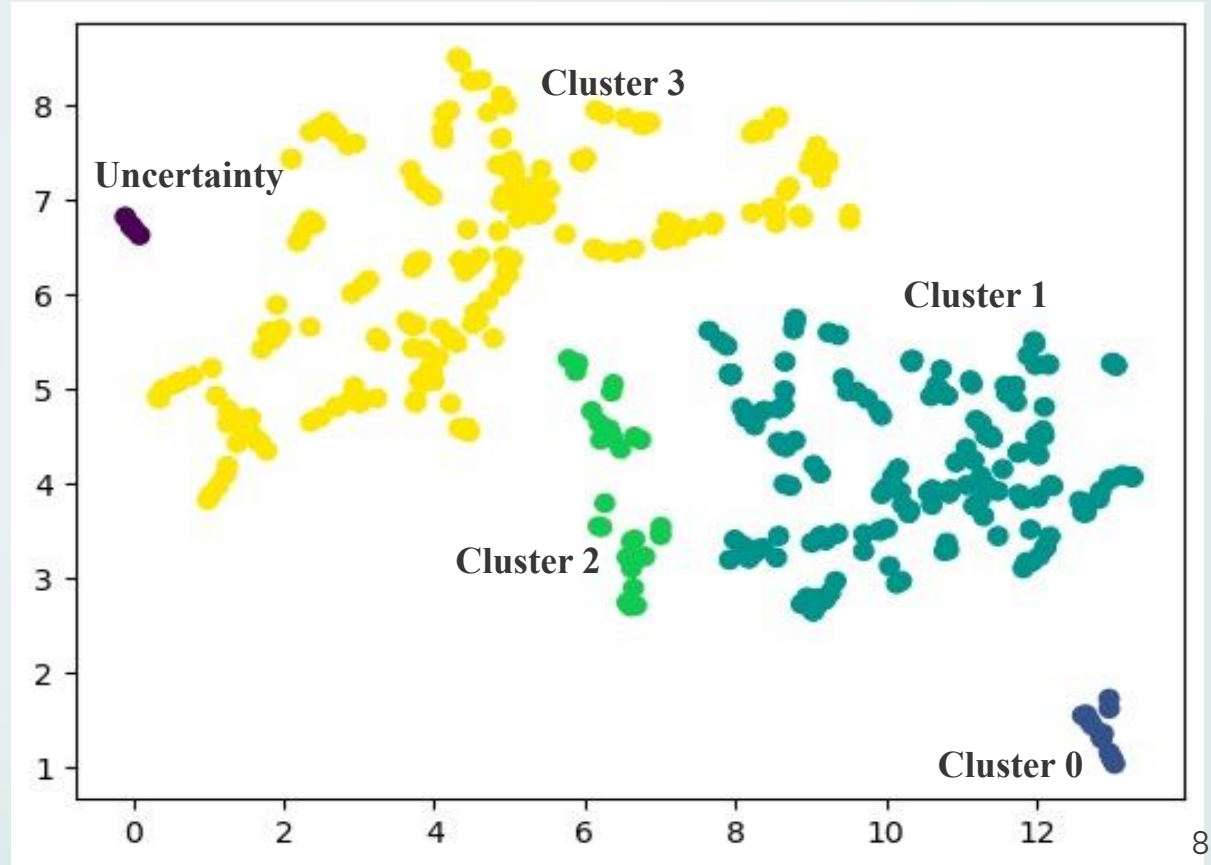


# Methods

- "TCGA-OV" dataset (**n=429**)
  - RNAseq
  - R and Python
- Principal Feature Analysis: **246 genes selected**
  - 95% variance
- Clustering
  - 5 clusters– 1 outlier cluster (n=5)
- Analysis- **4 clusters**
  - Clinical factors: age and survival
  - Pathway analysis
  - Specific gene expression

# Figure 1 : Clusters

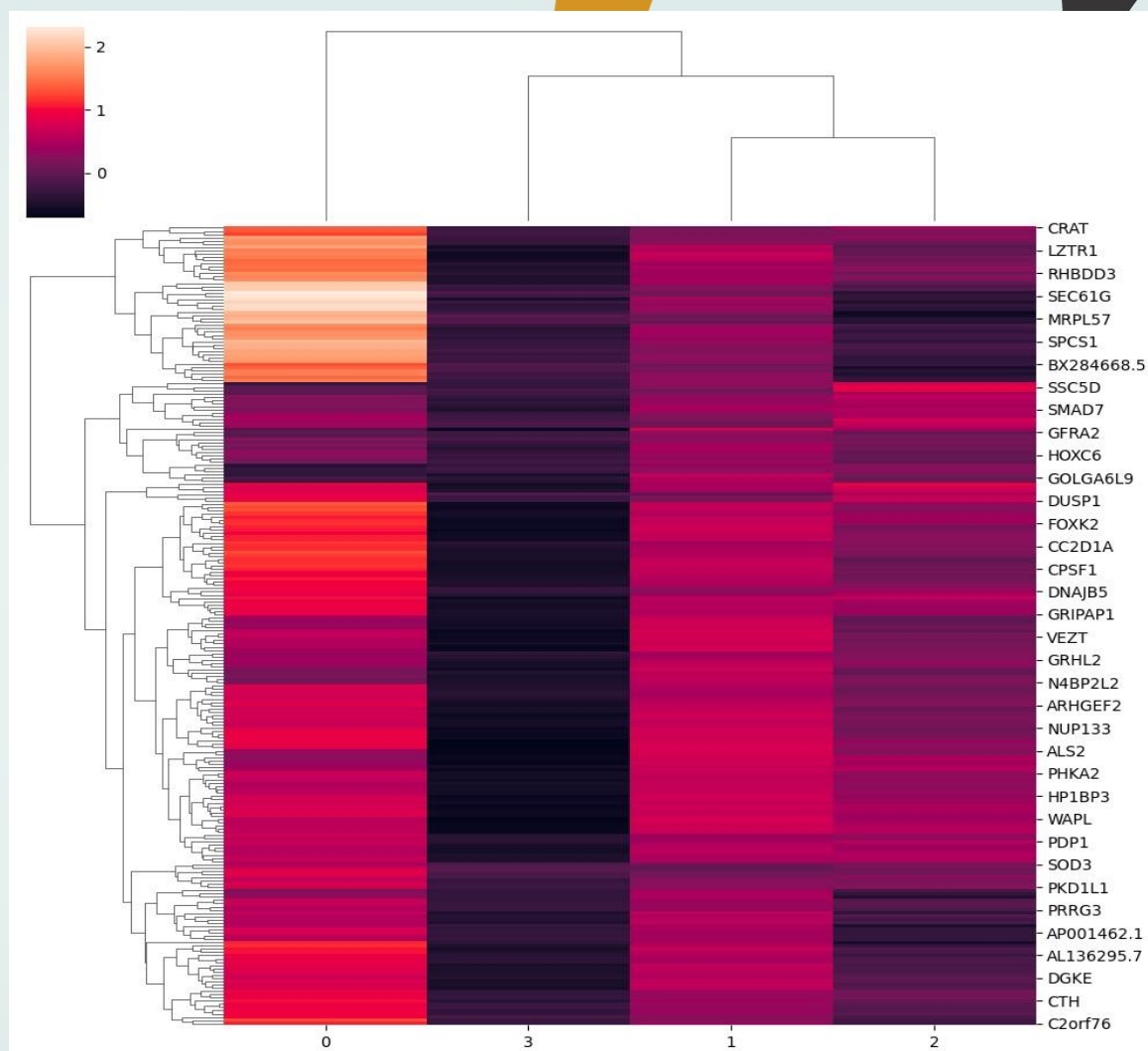
- ❖ Cluster 0 (dark blue),  $n = 13$
- ❖ Cluster 1 (teal),  $n = 166$
- ❖ Cluster 2 (green),  $n = 36$ ;
- ❖ Cluster 3 (yellow),  $n = 209$ .
- ❖ Uncertainty (dark purple),  $n = 5$  .





# Figure 2: Gene Expression by Cluster

Heat-map for gene expression by clusters (labeled at the bottom)



# Common Identifiers

<u><b>mesenchymal</b></u>	<u><b>immunoreactive</b></u>	<u><b>differentiated</b></u>	<u><b>proliferative</b></u>
<ul style="list-style-type: none"> <li>• ⬆stromal components</li> <li>• ⬆epithelial-mesenchymal transition (EMT)</li> <li>• <b>Angiogenesis</b></li> <li>• <b>More likely to be metastatic</b></li> </ul>	<ul style="list-style-type: none"> <li>• Immune-related</li> <li>• ⬆T-cell markers</li> <li>• ⬆cell death protein PD1                             <ul style="list-style-type: none"> <li>○ PDCD1</li> </ul> </li> <li>• ⬆programmed death-ligand (PDL1)                             <ul style="list-style-type: none"> <li>○ <b>CD274</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• ⬆ <b>ovarian tumor markers</b> <ul style="list-style-type: none"> <li>○ <b>MUC1</b></li> <li>○ <b>MUC16</b></li> </ul> </li> <li>• <b>high expression of transcription factors/proliferative markers</b></li> </ul>	<ul style="list-style-type: none"> <li>• ⬆<b>MKI67</b></li> <li>• ⬆<b>PCNA</b></li> <li>• <b>high expression of transcription factors and proliferative markers</b></li> </ul>

# Mesenchymal Analysis

- *No TCGA samples are defined as metastatic*

## PANTHER Analysis – pathway

UNIQUE genes from  
Top 50 most  
expressed in  
**Cluster 3**

2 / 21 genes related  
to angiogenesis  
pathway

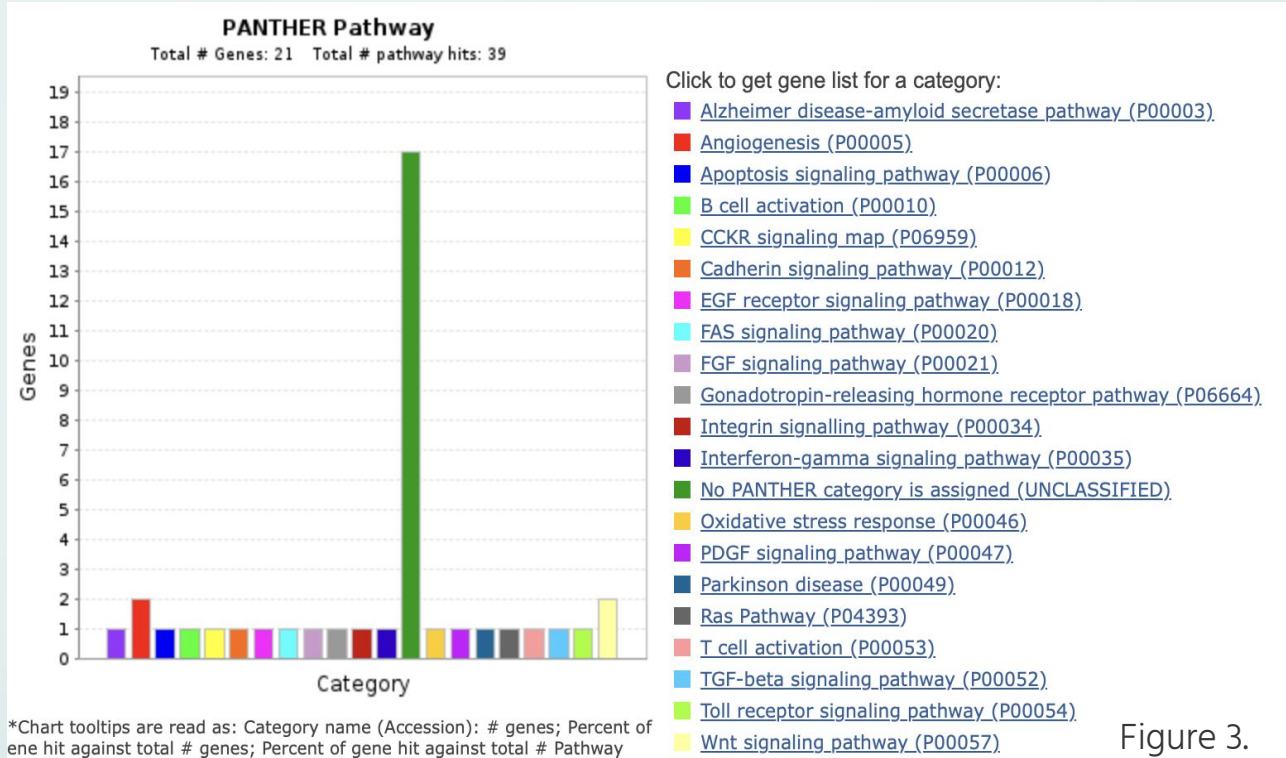
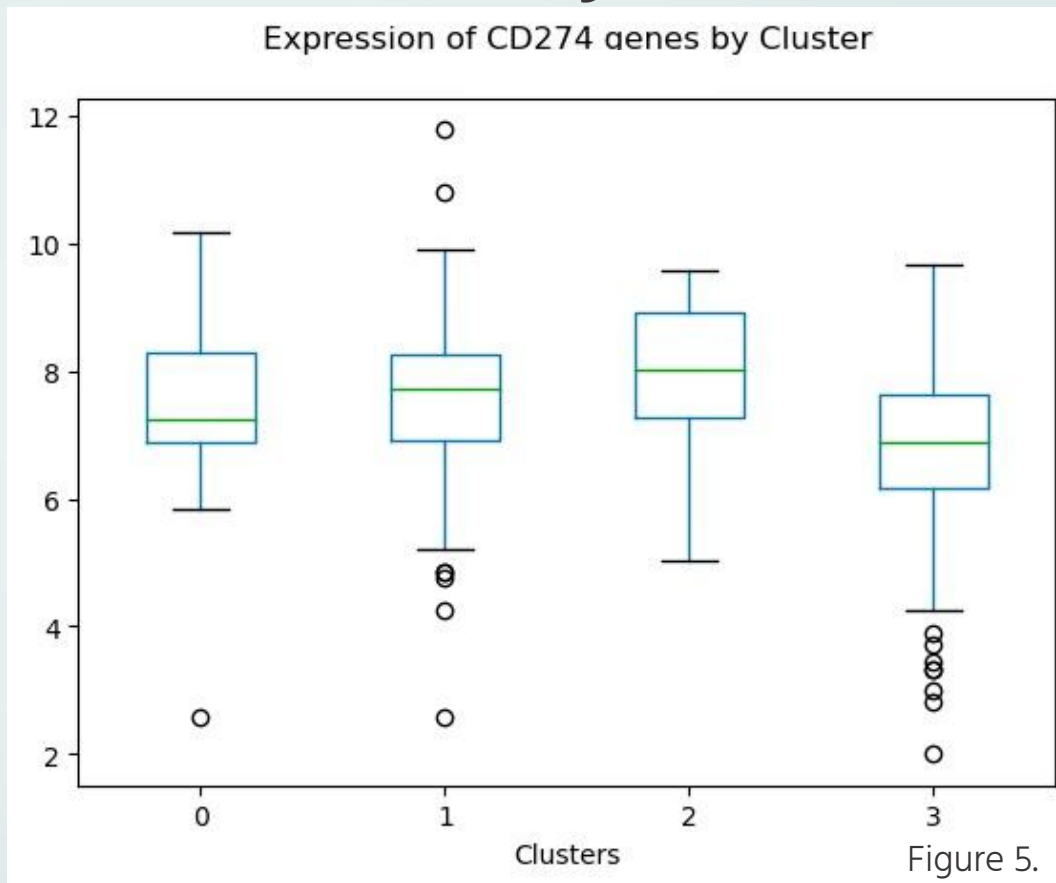


Figure 3.

# Immunoreactive Analysis

## Analysis of PDL1 Protein (gene CD274):

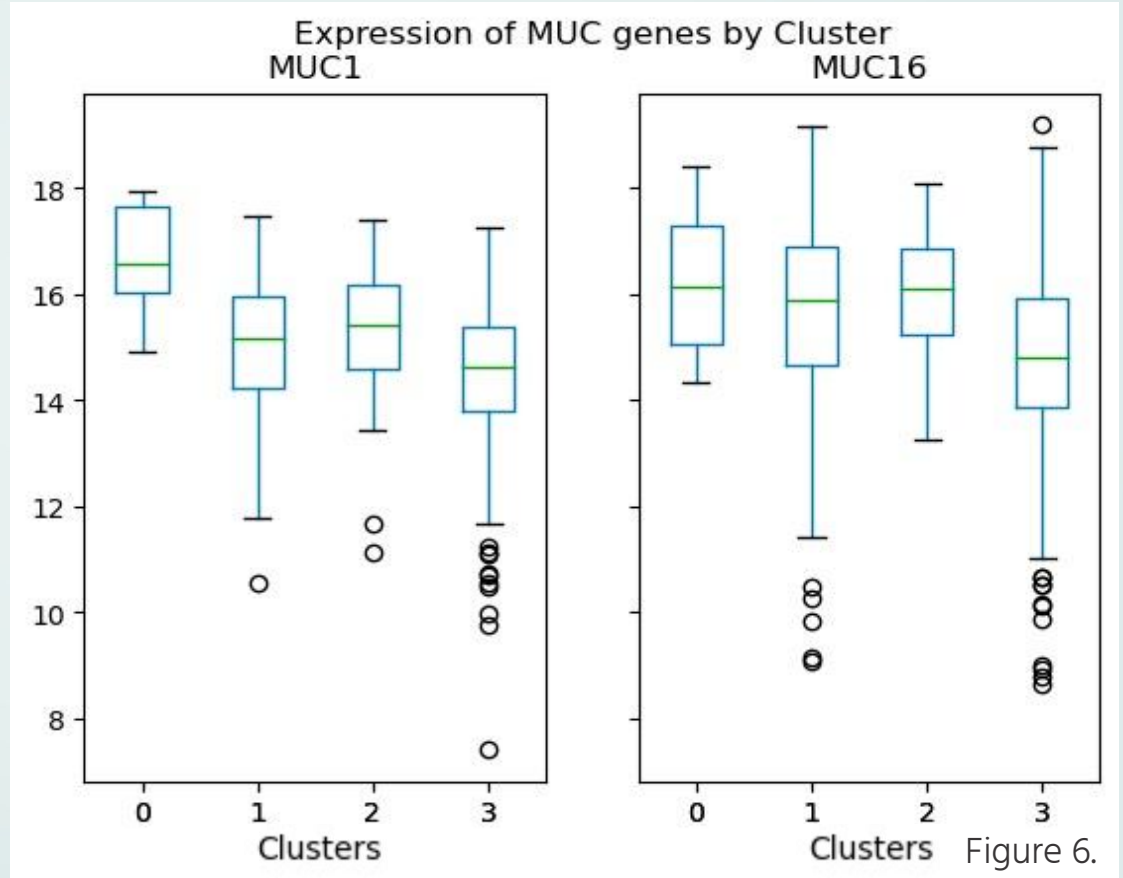
- ★ Relatively similar expression
- ★ High outliers in **Cluster 1** have possible significance



# Differentiated Analysis

## Analysis of MUC1 and MUC16 levels:

- ★ **Cluster 0** has higher levels of MUC1
- ★ Range of **Cluster 0** is higher & smaller
- ★ High spread in **Cluster 3**
- ★ Similar levels of MUC16



# Proliferative Analysis

## Analysis of MKI67 and PCNA levels:

- ★ **Cluster 0** has higher levels of PCNA
- ★ Range of **Cluster 0** is smaller
- ★ High spread in **Cluster 3**

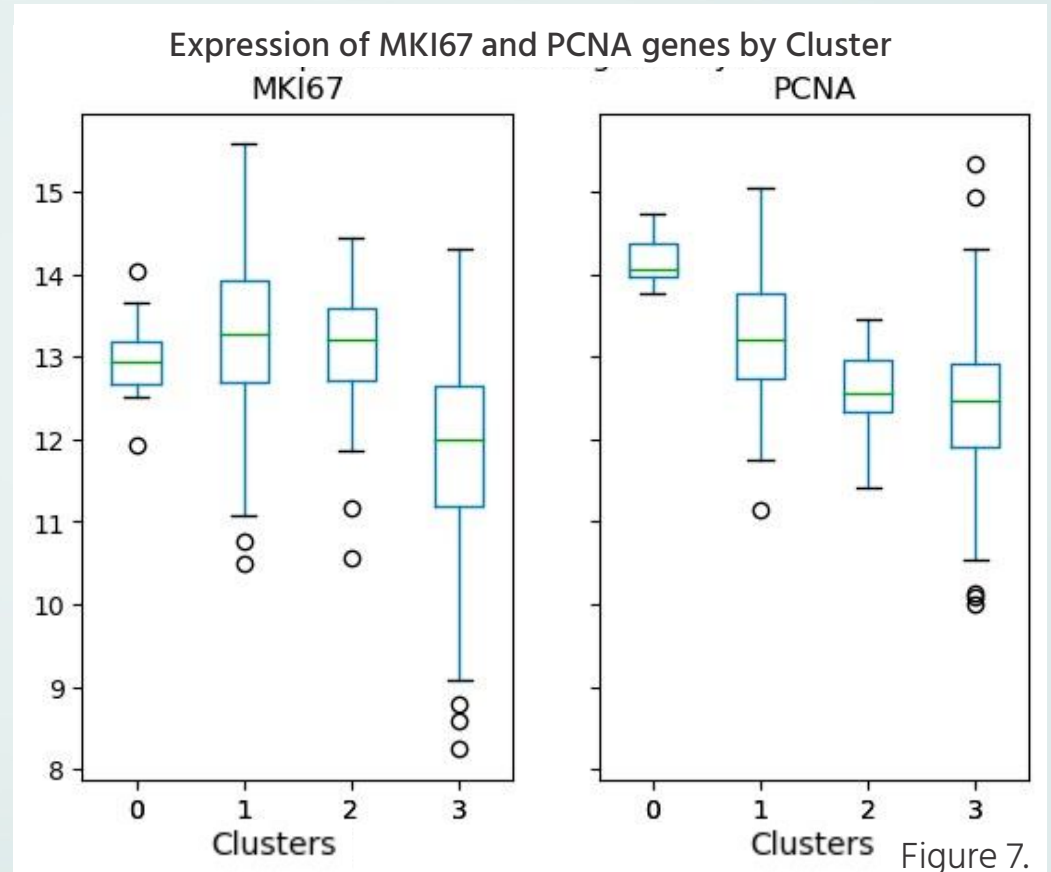


Figure 7.

# Transcription Factors

## PANTHER Analysis – protein class

- ★ UNIQUE genes from Top 50 most expressed in **Cluster 1**
- ★ 11/35 related to transcription
- ★ 1-2 in other clusters

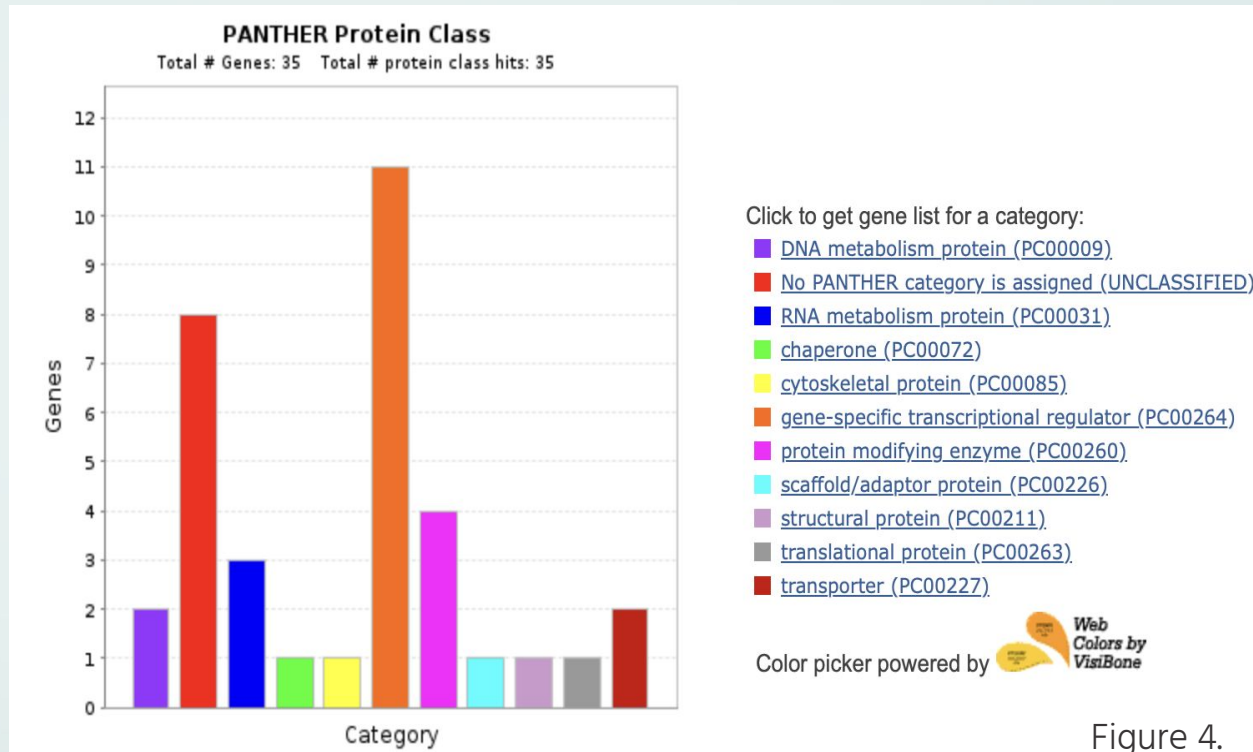


Figure 4.

# Clinical Variables: Age, KM plots

Cluster	0	1	2	3	Overall
Mean Age (yrs)	55.46	60.36	59.33	60.35	60.12

Table 1.

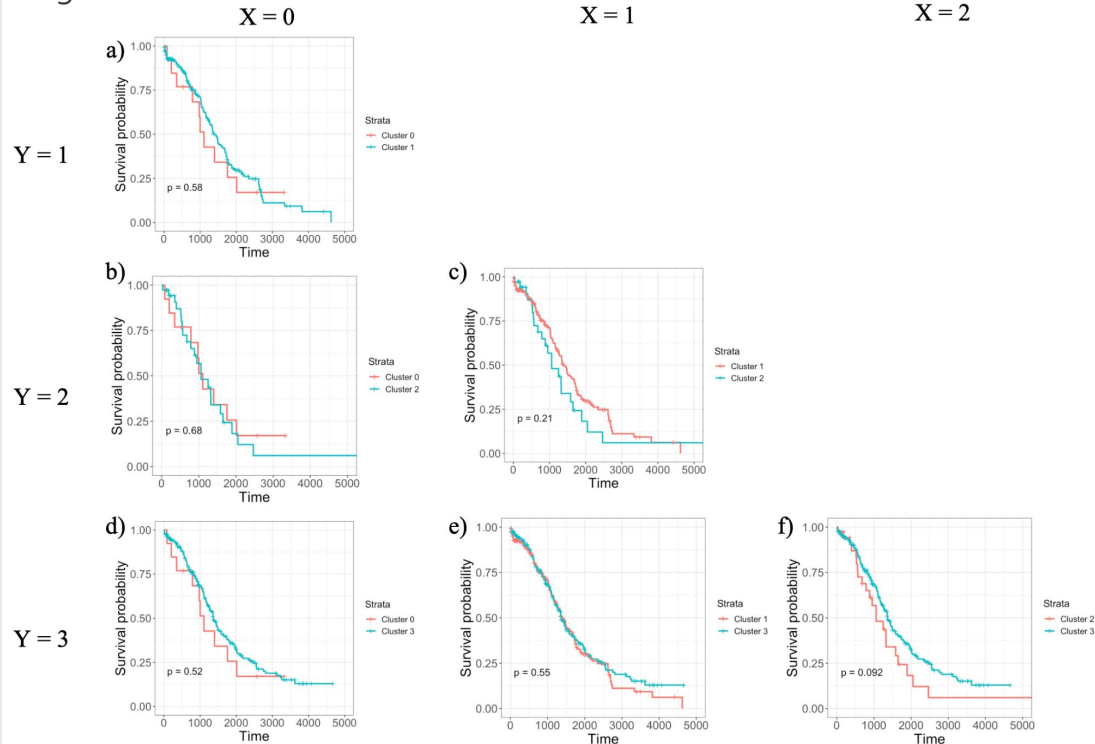
★ similar average age -> clustering not based on age



# Clinical Variables: Age, KM plots

Figure 8a-f.

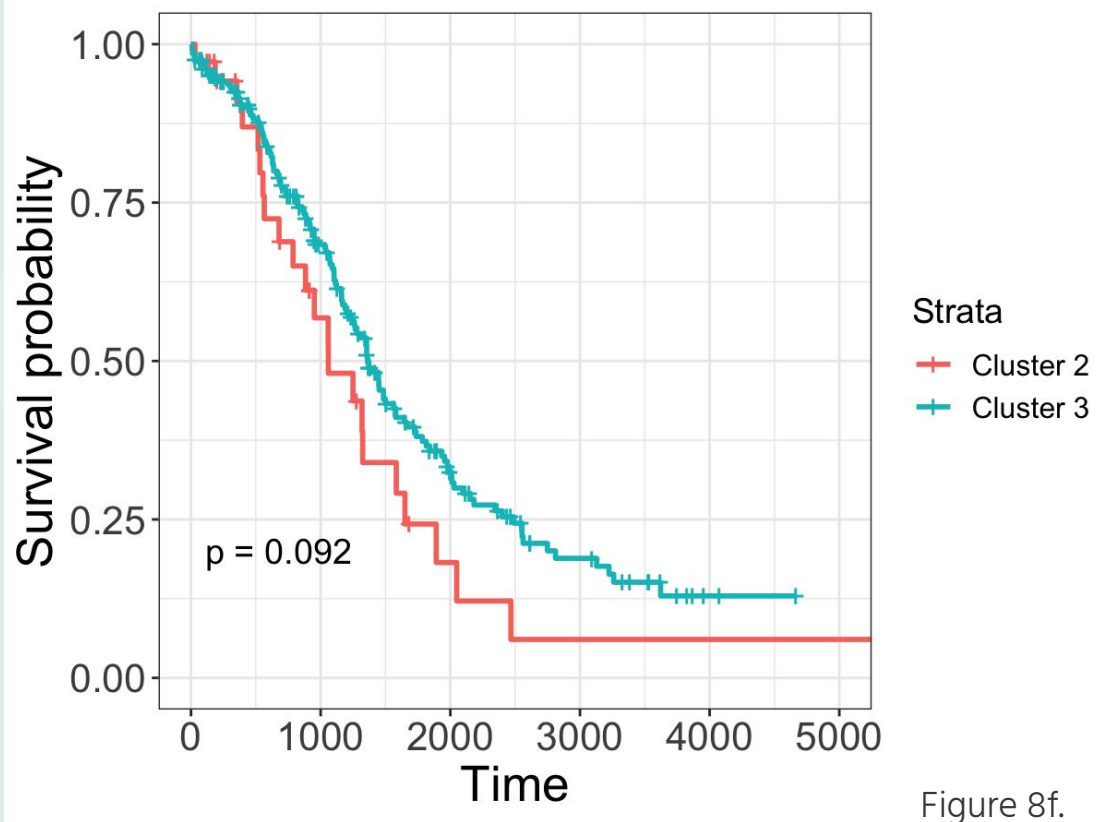
KM Plots Comparing Survival Time of Cluster X vs Y



**Pairwise Analysis of Survival Time** for every combination of clusters

P-values between 0.5-0.6

# Clinical Variables: Age, KM plots



Most significant finding.

**p-value = 0.092**

Figure 8f.

# Discussion

Cluster	0	1	2	3
Possible Subtype	<ul style="list-style-type: none"><li>● Differential</li><li>● Proliferative</li></ul>	<ul style="list-style-type: none"><li>● Immunoreactive</li><li>● Proliferative/ Differentiated</li></ul>	<ul style="list-style-type: none"><li>● None</li></ul>	<ul style="list-style-type: none"><li>● Mesenchymal</li></ul>

- ★ Clusters show traits of multiple subtypes
- ★ Cluster 2 showed no traits
- ★ Unclear, no consensus
- ★ Cluster accuracy?



# Future Research Opportunities



- ❖ Connection to Existing Literature
- ❖ Machine Learning
  - Supervised ML could be useful for a starting point
- ❖ Subtype characterization
  - Combine histopathological analysis and omic data currently
- ❖ Explore
  - Treatment outcomes in clusters

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