

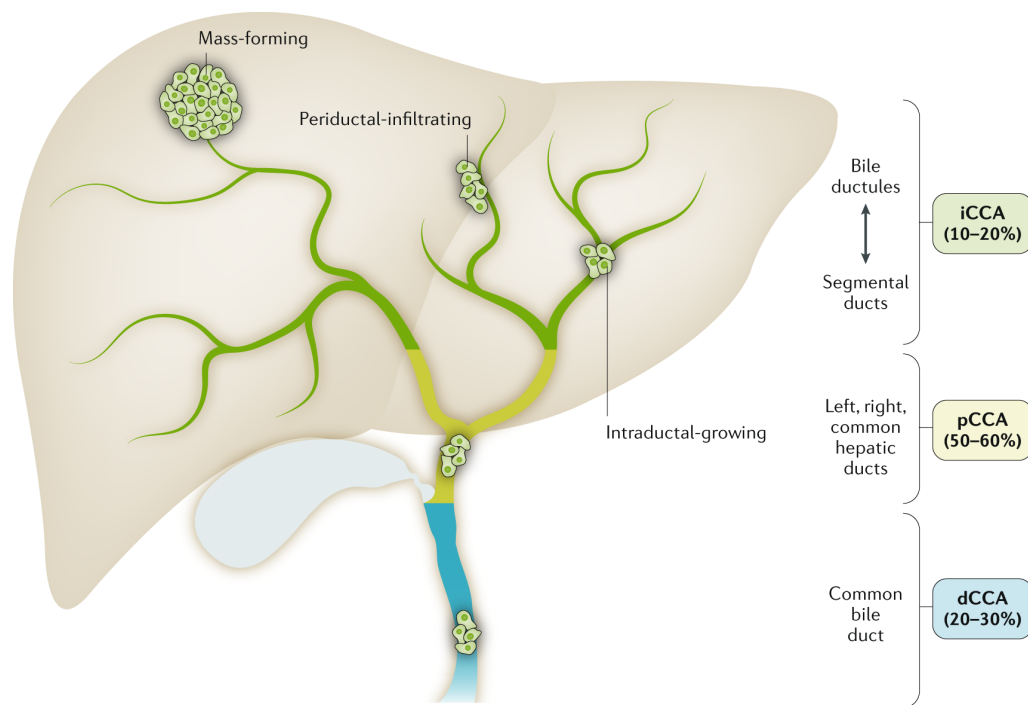
Chemotherapy in biliary tract cancer: Application of graph theory

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Biliary tract cancer (BTC) or Cholangiocarcinoma (CC)

Cluster of highly heterogeneous & aggressive malignant tumours that can arise at any point of the biliary tree.



Highlights:

- Low survival rates (5-year survival rate for metastatic disease being only 2%).
- Prevalence increasing globally (accounts for ~15% of all primary liver cancers and ~3% of gastrointestinal malignancies).
- High heterogeneity at the genomic, epigenetic and molecular levels severely compromises the efficacy of the available therapies.
- Limited treatment options.

Fig 1. Anatomic classification of BTC. Reproduced from *Banales et al*¹

Overview of BTC gene landscape

Massive sequencing studies have improved our understanding of the causal mechanisms in CCA, emphasizing the genomic complexity in prevalent oncogenic modules affecting: cell cycle regulation

1. DNA damage and genomic instability (TP53, CDKN2A, CCND1, ATM, ROBO2, BRCA1 and BRAC2);
2. MYC amplification; epigenetic regulation including NADPH metabolism (IDH1 and IDH2),
3. de-ubiquitination (BAP1), SWI-SNF complex (PBRM1, ARID1A, ARID1B, ARID2, SMARCA2, SMARCA4 and SMARCA4)
4. histone (de-)methylation (MLL2, MML3, KMT2C, KDM4A, KDM5D, KDM6A and KDM6B);
5. kinase signalling (KRAS, ERBB1-3, BRAF, PIK3CA, PTEN, STK11, SMAD4 and FGFR1-3);
6. immune dysregulation (JAK-STAT3 signalling); FGFR2 and PRKCA-PRKCB fusions;
7. WNT-CTNNB1 pathway (APC); Hippo signalling (NF2, SAV1 deletion); METLL13 amplifications;

Mutational signature analysis in BTC

There are marked differences in the genomic features depending on the anatomical location and risk factors.

- Some examples of the differences in the mutations include:^{1,2}.

Small bile duct iCCA can be characterized by isocitrate dehydrogenase (IDH1, IDH2) mutations or fibroblast growth factor receptor 2 (FGFR2) fusions.

By contrast, large bile duct iCCA, similar to pCCA and dCCA, shows a high frequency of mutations in KRAS and/or TP53 genes.

- Growing evidence demonstrates that distinct cells of origin within an organ can give rise to different sub-types of cancer, typically tissue-specific stem and progenitor cells
- These findings could be useful to establish treatment and diagnostic strategies for BTCs based on genetic profile.

Therapeutic and prognostic importance of genetic signature.

- Liquid biopsy detection of cfDNA and miRNAs of mutated genes is a routine clinical diagnostic procedure and/or prognostic indicator of BTC.
- Immunotherapy with either chemotherapy or targeted therapy or loco regional therapies such as transarterial chemoembolization (TACE), cryotherapy, radiofrequency ablation (RFA), and radiotherapy is done based on the genetic mutations.
- Relevant genes and proteins involved in chemoresistance have been identified.

Problem statement

Different anatomical sites and genetic aberrations contribute to BTC heterogeneity. These BTC sub types have different prognosis and response to therapy. This analysis seeks to identify the common genes in the BTC and thereafter estimate identify chemotherapeutic compounds with site-specific importance.

Objectives

Identify therapeutic opportunities: Which therapeutic compounds can potentially be associated with site specific BTC based on shared genes?

1. What are the most essential genes associated with BTC?
2. Which therapeutic compound can potentially be used to treat BTC based on the shared genes?
3. Which are the potential site specific therapeutic compounds based on the shared genes?

Methodology

1. Social network analysis

- Network level measures:
 - Size
- Node-level measures(Centrality)
 - Degree centrality.
 - Betweenness centrality.
 - Closeness centrality.
- Link prediction: Common neighbors.

2. Tools: Neo4j and R.

Metagraph

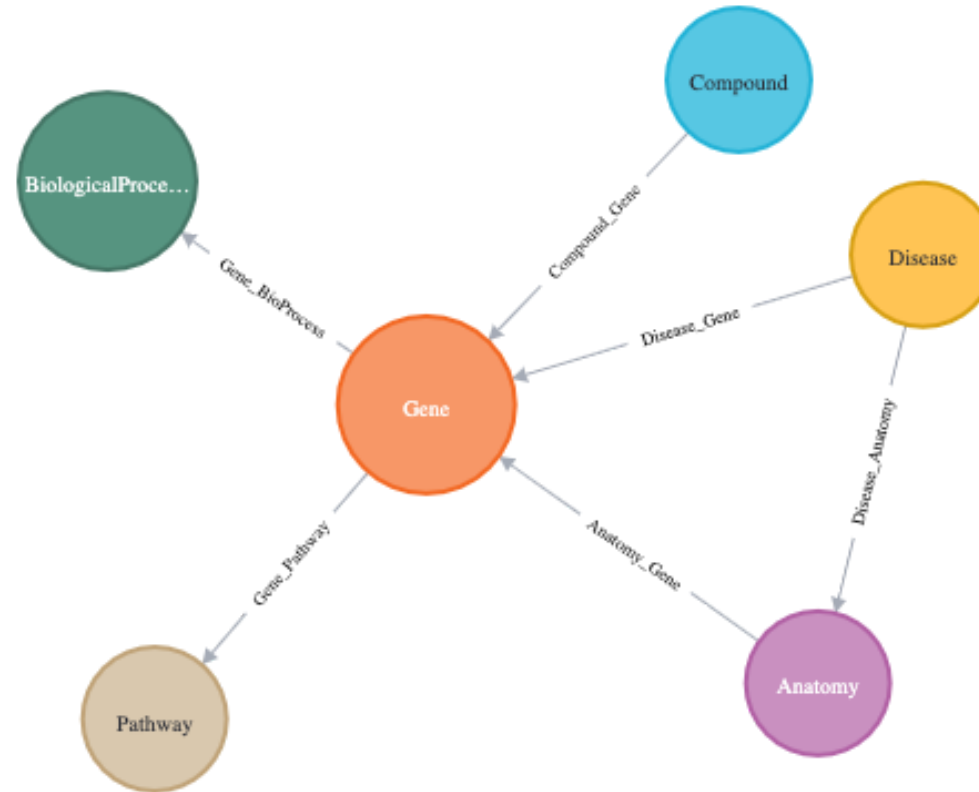


Fig 1. Metagraph showing the types of nodes used to build the network and the types of links defined to connect the nodes. Reproduced as provided by ALI DAWOOD

Dataset

Subset of Hetionet data centered on Biliary Tract Cancer.

Hetionet is an integrative network of biomedical knowledge combining information from 29 public databases. The network combines over 50 years of biomedical information into a single resource, consisting of 47,031 nodes (11 types) and 2,250,197 relationships (24 types)³.

	Dataset	Triples	Node1	Relationship	Node2
1	compound_disease	0	Compound	TREATS_CtD	Disease
2	gene_bioprocess	11187	Gene	PARTICIPATES_GpBP	BiologicalProcess
3	disease_gene	42	Disease	ASSOCIATES_DaG	Gene
4	gene_pathway	8089	Gene	PARTICIPATES_GpPW	Pathway
5	disease_anatomy	16	Disease	LOCALIZES_DlA	Anatomy
6	compound_gene	8596	Compound	BINDS_CbG	Gene
7	gene_anatomy	13695	Anatomy	EXPRESSES_AeG	Gene

Network level measures

**This was a directed graph with a total of 17535 nodes and 94950 edges.

Measure	Value
Gene nodes	13730
Compound nodes	1313
Disease nodes	1
Biological Process nodes	1026
Pathway nodes	1449

Measure	Value
Genes and Diseases	42
Compounds and Diseases	0
Disease and Anatomy	16
Anatomy and Gene	13695
Gene and Biological Process	11187
Gene and Pathway	13376

Link prediction of drugs with potential effect on BTC using near neighbors.

The strength of the linkage is represented by the size of the word.



Genomic landscape of BTC

Influential genes

UBC

FYN

NUP85

SHC1

MYC

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Drug target prediction by leveraging on gene network.

Varenicline

Varenicline is a synthetic chemical substance produced from the alkaloid cytisine, used for smoking treatment.

Varenicline attenuated abstinence-induced negative affect among cancer patients.

Infliximab and Dexamethasone

Has been shown to cause chronic hepatic injury is accompanied by a ductular response that is strongly correlated with disease severity and progression of fibrosis.

Lapatinib

While targeting HER2/neu in BTCs shows considerable promise, there are also significant limitations and unmet challenges to overcome. Thus, it remains unclear how to best distinguish in a given case between a HER2/neu oncogenic driver alterations and mere passenger events.

Captopril

Conclusion

Although there were no therapeutic candidates, there certain medications which are more likely to cause harm in patients with BTC were identified.

References:

1. Banales, J.M., Marin, J.J.G., Lamarca, A. et al. Cholangiocarcinoma 2020: the next horizon in mechanisms and management. Nat Rev Gastroenterol Hepatol 17, 557–588 (2020). <https://doi.org/10.1038/s41575-020-0310-z>
2. Farshidfar, Farshad et al. “Integrative Genomic Analysis of Cholangiocarcinoma Identifies Distinct IDH-Mutant Molecular Profiles.” Cell reports vol. 18,11 (2017): 2780-2794. doi:10.1016/j.celrep.2017.02.033
3. Heterogeneous Network Edge Prediction: A Data Integration Approach to Prioritize Disease-Associated Genes Himmelstein DS, Baranzini SE PLOS Computational Biology (2015) DOI: 10.1371/journal.pcbi.1004259 · PMID: 26158728 · PMCID: PMC4497619

Thanks!

Project repository:

[gadenbuie/xaringanther](#)