

Statistical Divergence

And application to discrete probability distributions of mutation in cancer

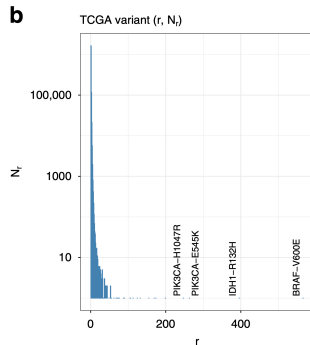
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Goal: use mutations to classify tumor primary site

- Cancer is a malady caused and characterized by mutation.
- Mutation frequency and spectra varies dramatically across tissue type.
 - In 27 different cancer types, median mutation frequency varied 1000 fold.¹
- The preponderance of mutation in human cancer is **rare**²



¹Lawrence et al., 2013

²Chakraborty et al., 2019

Statistical divergence measures the "distance" between probability distributions

Intuition: *divergence* measures the average differences between probability functions, P and Q , weighted by a function f of the odds ratio between P and Q . More formally:

Statistical divergence measures the "distance" between probability distributions

Theorem 1

Let C be a thrice differentiable, convex function with positive support s.t. $C(0) = 0$. Define the Pearson residual at x to be:

$$\delta(x) = \frac{d_n(x)}{f_\theta(x)} - 1 \quad (1)$$

Then the **disparity**, **ϕ -divergence**, or **f -divergence** between d and f_θ is given by:

$$\rho_C(d_n, f_\theta) = \sum_{x=0}^{\infty} C(\delta(x)) f_\theta(x) \quad (2)$$

Statistical divergence is a weak measure of distance

Theorem 2

C , or the **disparity generating function**, meets the requirements of a statistical distance.

- The disparity defined in Theorem 1 is nonnegative ($\rho_C(d_n, f_\theta) \geq 0$)

- The disparity is only 0 iff $d_n = f_\theta$

However, C need not satisfy symmetry ($\rho_C(d_n, f_\theta) = \rho_C(f_\theta, d_n)$), nor must C satisfy the triangle inequality

The disparity generating function yields many classical divergences

Supplying different convex, thrice differentiable functions C in Theorem 1 give different divergences.

$C(\delta)$	Formula	Divergence
$(\delta + 1) \log(\delta + 1) - \delta$	$\sum d_n \log(d_n/f_\theta)$	Likelihood Disparity
$\delta - \log(\delta + 1)$	$\sum f_\theta \log(f_\theta/d_n)$	Kullback-Liebler
$2((\delta + 1)^{1/2} - 1)^2$	$2 \sum [d_n^{1/2} - f_\theta^{1/2}]^2$	(twice) squared Hellinger Distance
$\delta^2/2$	$\sum \frac{(d_n - f_\theta)^2}{2f_\theta}$	(half) Pearson's chi-square
$\frac{\delta^2}{2(\delta+1)}$	$\sum \frac{(d_n - f_\theta)^2}{2d_n}$	(half) Neyman's chi-square

Subfamilies of divergences generate classic divergences

The **Cressie-Read** family of power divergences is indexed by a real parameter $\lambda \in (-\infty, \infty)$:

$$\text{PD}_\lambda(d_n, f_\theta) = \frac{1}{\lambda(\lambda + 1)} \sum d_n \left[\left(\frac{d_n}{f_\theta} \right)^\lambda - 1 \right] \quad (3)$$

λ	Divergence
1	PCS
0	LD
-1/2	HD
-1	KLD
-2	NCS

Rényi divergence: another intriguing family

We define the **Rényi divergence**, or alpha divergence, or the information of order α obtained if the distribution Q is replaced by P as:

$$D_{\alpha}(P||Q) = \frac{1}{\alpha - 1} \log_2 \left(\sum_{k=1}^n \frac{p_k^{\alpha}}{q_k^{\alpha-1}} \right) \quad (4)$$

Note that as $\alpha \rightarrow 1$, we obtain the KLD. As $\alpha \rightarrow 1/2$, we obtain double the Bhattacharyya distance (related to the Bhattacharyya coefficient, the approximate overlap between two distributions). As $\alpha \rightarrow 0$, the probabilities (regardless of their value) are weighted equally. As $\alpha \rightarrow \infty$, the Rényi entropy (and therefore the divergence) is determined by the higher probabilities.

Smoothed Good-Turing frequency estimation generates mutation probabilities

Good-Turing frequency estimation allows assignment of probabilities to events (mutations) we've never seen before:

$$\hat{q}_r^{GT} = \frac{r+1}{m+1} \frac{S(N_{r+1})}{S(N_r)} \quad (5)$$

where \hat{q}_r is the estimated probability (in a new tumor) of occurrence of a variant that has been observed r times in m previous tumors.

$$1 - e^{-\frac{N_1}{m+1}} \quad (6)$$

yields an exponential approximation of the probability of encountering *at least one previously unseen variant* in a new tumor.

The challenge: how proximal is Gene A to Gene B?

Gene A:

Tiss. Type	A	B	...	K
$P(\text{mut} \text{type})$	0.1	0.15	...	0.01

Gene B:

Tiss. Type	A	B	...	K
$P(\text{mut} \text{type})$	0.6	0.4	...	0.05

Approach 1: Describe each gene as a bivariate joint distribution

Tiss. Type	A	...	K
$P(x_j = 1)$	$P(x_j = 1 A)P(A)$...	$P(x_j = 1 A)P(K)$
$P(x_j = 0)$	$P(x_j = 0 A)P(A)$...	$P(x_j = 0 A)P(K)$

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Benefits:

- Interpretable probabilities
- Defines prob dist that we can apply divergences to

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Drawbacks:

- In general, second row values $>$ first row values. We want to focus on the "middle values" (i.e. largest values in first row).
- A good divergence scheme would assign the second row no weight, and only define distance based on first row signal. So why include the second row?

Approach 2: Flip conditional probabilities using Bayes Rule

Bayes Rule:

$$P(C|x_j) = \frac{P(x_j|C)P(C)}{P(x_j)} \quad (7)$$

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Drawbacks:

- Bias small genes and common cancer types?
- How do we measure tissue specificity?

Approach 3: Use softmax function to transform GT probs to pdf

The **softmax function** is a generalization of the logistic function and is often used in the last layer of a neural network to normalize the output to a probability distribution.

$$\sigma(\mathbf{z})_i = \frac{e^{z_i}}{\sum_{j=1}^K e^{z_j}} \quad (8)$$

A larger base of the exponent creates a probability distribution more concentrated around the larger input values.

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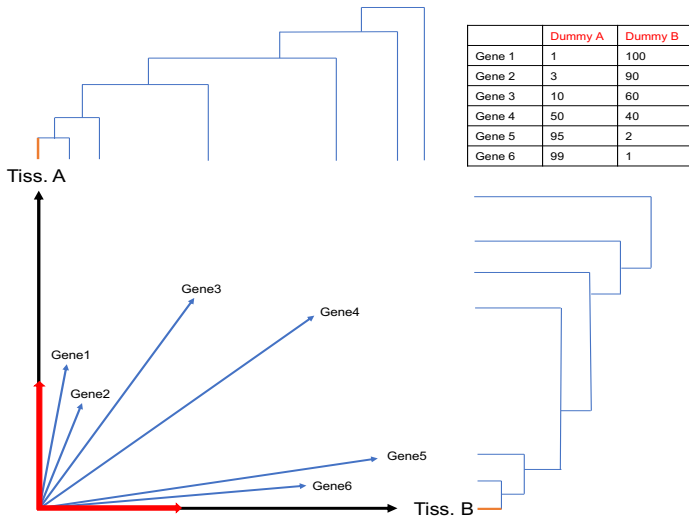
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Drawbacks:

- Loss of interpretability of probs
- Distorts the tissue specific geometry

Semi-supervised hierarchical clustering to identify metagenes



Some divergence measures that we should consider

- Jensen-Rényi
 - Tuneable
- Jensen-Shannon
 - Information Theoretic Interpretation
- Cosine
 - preserves tissue specific geometry
- Skew divergence/Jensen-Shannon- α divergence
 - tuneability and information theoretic interpretation