Case Study

Using the cohort of patients who were diagnosed with Stage IV adenocarcinoma NSCLC, we will:

1. **Process data** into a analysis-ready matrix of gene alteration events

2. **Summarize genomic alteration frequencies** and analyze differences between males and females

```r
nsclc_cohort <- create_analytic_cohort(
  data_synapse =
    nsclc_synapse_data$NSCLC_v2.0,
  stage_dx = c("Stage IV"),
  histology = "Adenocarcinoma",
  regimen_drugs =
    c("Carboplatin, Pemetrexed Disodium",
      "Cisplatin, Pemetrexed Disodium",
      "Bevacizumab, Carboplatin, Pemetrexed Disodium",
      "Bevacizumab, Cisplatin, Pemetrexed Disodium"),
  regimen_type = "Exact",
  regimen_order = 1,
  regimen_order_type = "within cancer",
  return_summary = TRUE
)
```

Characteristic	N = 241[1]
naaccr_sex_code	
Female	145 (60%)
Male	96 (40%)

[1] n (%)

Overview of Genomic Data

We will be processing and analyzing data on:

1) Mutations

```
1  mutations <- nsclc_synapse_data$NSCLC_v2.0$mutations_extended
```

2) Discrete Copy Number Alterations

```
1  cna <- nsclc_synapse_data$NSCLC_v2.0$cna
```

3) Fusions

```
1  fusions <- nsclc_synapse_data$NSCLC_v2.0$fusions
```

Processing Data

Issues When Processing Multi-Institutional Genomic Data

Issues When Processing Multi-Institutional Genomic Data

> ⓘ   1. **Multiple Samples Per Patient**

> ⓘ

> ⓘ

> ⓘ

Issues When Processing Multi-Institutional Genomic Data

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   - We often need to select a single sample per patient for analyses

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ⓘ 3. **Cohort Inclusion**

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4. **Multi-Institutional Studies Use Several Gene Panels**

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4. **Multi-Institutional Studies Use Several Gene Panels**
   - Samples may be sequenced using different panels, therefore the non-overlapping genes have to be annotated as missing

Select One Sample Per Patient

> (i) 1. **Multiple Samples Per Patient**
>
>   - We often need to select a single sample per patient for analyses

Argument	Description
data_cohort	Output object of the create_analytic_cohort function.
oncotree_code	Character vector specifying which sample OncoTree codes to keep. See 'cpt_oncotree_code' column of data_cohort.
sample_type	Character specifying which type of genomic sample to prioritize. Options are 'Primary', 'Local', and 'Metastasis'. Default is to not select a NGS sample based on the sample type.
min_max_time	Character specifying if the first or last genomic sample recorded should be kept. Options are 'min' (first) and 'max' (last).

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  1. Aggregate information across sequencing reports (e.g. "ever" altered)

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  2. Select one unique sequencing report -> **We focus on this approach**

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- Two approaches to analysis:

  1. Aggregate information across sequencing reports (e.g. "ever" altered)

  2. Select one unique sequencing report -> **We focus on this approach**

- We can use `select_unique_ngs()` to select 1 sample per patient

Argument	Description
data_cohort	Output object of the create_analytic_cohort function.
oncotree_code	Character vector specifying which sample OncoTree codes to keep. See 'cpt_oncotree_code' column of data_cohort.
sample_type	Character specifying which type of genomic sample to prioritize. Options are 'Primary', 'Local', and 'Metastasis'. Default is to not select a NGS sample based on the sample type.
min_max_time	Character specifying if the first or last genomic sample recorded should be kept. Options are 'min' (first) and 'max' (last).

Select One Sample Per Patient

```
1  nrow(nsclc_cohort$cohort_ngs)
```

[1] 262

```
1  nsclc_samp <- select_unique_ngs(
2    data_cohort = nsclc_cohort$cohort_ngs,
3    oncotree_code = "LUAD",
4    sample_type = "Metastasis",
5    min_max_time = "max"
6  )
7
8  nrow(nsclc_samp)
```

[1] 241

Format Data in Analysis-ready Matrix

sample_id	CREBBP	GLI2	KRAS	MAP3K1	PIK3C2B	PBRM1	MYC.Del
GENIE-DFCI-004022-1313	0	0	0	0	0	NA	0
GENIE-DFCI-000013-8840	0	0	1	0	0	0	0
GENIE-DFCI-000136-6004	0	0	1	0	0	0	0
GENIE-DFCI-000215-8010	0	0	0	0	0	0	0
GENIE-DFCI-000381-9526	0	0	0	0	0	0	0

Format Data in Analysis-ready Matrix

- Next we want to get our genomic data in an **analysis-friendly format**.

sample_id	CREBBP	GLI2	KRAS	MAP3K1	PIK3C2B	PBRM1	MYC.Del
GENIE-DFCI-004022-1313	0	0	0	0	0	NA	0
GENIE-DFCI-000013-8840	0	0	1	0	0	0	0
GENIE-DFCI-000136-6004	0	0	1	0	0	0	0
GENIE-DFCI-000215-8010	0	0	0	0	0	0	0
GENIE-DFCI-000381-9526	0	0	0	0	0	0	0

Format Data in Analysis-ready Matrix

- Next we want to get our genomic data in an **analysis-friendly format**.

- `create_gene_binary()` from {gnomeR} will give us a data frame of *n* **patients x** *p* **alterations**.

sample_id	CREBBP	GLI2	KRAS	MAP3K1	PIK3C2B	PBRM1	MYC.Del
GENIE-DFCI-004022-1313	0	0	0	0	0	NA	0
GENIE-DFCI-000013-8840	0	0	1	0	0	0	0
GENIE-DFCI-000136-6004	0	0	1	0	0	0	0
GENIE-DFCI-000215-8010	0	0	0	0	0	0	0
GENIE-DFCI-000381-9526	0	0	0	0	0	0	0

Format Data in Analysis-ready Matrix

- Next we want to get our genomic data in an **analysis-friendly format**.

- `create_gene_binary()` from {gnomeR} will give us a data frame of *n* **patients** x *p* **alterations**.

- Alteration columns are denoted by the **gene name** if mutation (e.g. TP53) or **gene name + .Amp, .fus, .Del** (`TP53.Del`) for other alterations types.

sample_id	CREBBP	GLI2	KRAS	MAP3K1	PIK3C2B	PBRM1	MYC.Del
GENIE-DFCI-004022-1313	0	0	0	0	0	NA	0
GENIE-DFCI-000013-8840	0	0	1	0	0	0	0
GENIE-DFCI-000136-6004	0	0	1	0	0	0	0
GENIE-DFCI-000215-8010	0	0	0	0	0	0	0
GENIE-DFCI-000381-9526	0	0	0	0	0	0	0

Format Data in Analysis-ready Matrix

- Next we want to get our genomic data in an **analysis-friendly format**.

- `create_gene_binary()` from {gnomeR} will give us a data frame of *n* **patients x *p* alterations**.

- Alteration columns are denoted by the **gene name** if mutation (e.g. TP53) or **gene name + .Amp, .fus, .Del** (`TP53.Del`) for other alterations types.

- Each cell will have 0 if no alteration, 1 if altered, or NA if that gene was not tested in that patient.

sample_id	CREBBP	GLI2	KRAS	MAP3K1	PIK3C2B	PBRM1	MYC.Del
GENIE-DFCI-004022-1313	0	0	0	0	0	NA	0
GENIE-DFCI-000013-8840	0	0	1	0	0	0	0
GENIE-DFCI-000136-6004	0	0	1	0	0	0	0
GENIE-DFCI-000215-8010	0	0	0	0	0	0	0
GENIE-DFCI-000381-9526	0	0	0	0	0	0	0

Get Data in Standardized Format

> (i) 2. **Data Formats & Gene Standards Often Inconsistent**
>
> - Column names, data formats and gene names may differ between studies or even within studies!

{gnomeR} functions are designed to work with standard alteration data formats used in common platforms like cBioPortal.

GENIE CNA and fusion data are slightly different than this standard, therefore we need to reformat it using:

- `gnomeR::reformat_fusions()`
- `gnomeR::pivot_cna_longer()`

Documentation on data formats: https://docs.cbioportal.org/file-formats/

Get Data in Standardized Format

Format fusions to follow the cBioPortal standard:

Before:

```
1  fusions
```

Hugo_Symbol	Tumor_Sample_Barcode	Fusion
TP53	GENIE-MSK-P-0004827-T01-IM5	TP53-intragenic
XPO1	GENIE-MSK-P-0004827-T01-IM5	XPO1-USP34 fusion
USP34	GENIE-MSK-P-0004827-T01-IM5	XPO1-USP34 fusion

After:

```
1  reformat_fusion(fusions)
```

sample_id	site_1_hugo_symbol	site_2_hugo_symbol	fusion
GENIE-MSK-P-0004827-T01-IM5	TP53	NA	TP53
GENIE-MSK-P-0004827-T01-IM5	USP34	XPO1	USP34-XPO1

Get Data in Standardized Format

Format CNA to follow the cBioPortal standard:

Before:

```
1  cna
```

Hugo_Symbol	GENIE.DFCI.003908.234520	GENIE.DFCI.002183.6917
APC	1	0
ARID1B	-1	0
BCL2	-1	0
TP53	0	0

After:

```
1  gnomeR::pivot_cna_longer(cna)
```

hugo_symbol	sample_id	alteration
APC	GENIE-DFCI-003908-234520	gain
ARID1B	GENIE-DFCI-003908-234520	loss
BCL2	GENIE-DFCI-003908-234520	loss
BCL6	GENIE-DFCI-002183-6917	gain
CARD11	GENIE-DFCI-002183-6917	gain

Documentation on data formats: https://docs.cbioportal.org/file-formats/

Get Data in Standardized Format

```
1  mutations <- nsclc_synapse_data$NSCLC_v2.0$mutations_extended
2  cna <- nsclc_synapse_data$NSCLC_v2.0$cna
3  fusions <- nsclc_synapse_data$NSCLC_v2.0$fusions
```

```
1  reformat_fusions <- gnomeR::reformat_fusion(fusions)
2
3  nrow(reformat_fusions)
```

[1] 538

```
1  reformat_cna <- gnomeR::pivot_cna_longer(cna)
2
3  nrow(reformat_cna)
```

[1] 38163

Format Data in Analysis-ready Matrix

Basic code:

```
1  gnomeR::create_gene_binary(
2    mutation = mutations,
3    cna = reformat_cna,
4    fusion = reformat_fusions)
```

Format Data in Analysis-ready Matrix

- Data is now in standardized format and can be processed using {gnomeR} `create_gene_binary()`

Basic code:

```
1  gnomeR::create_gene_binary(
2    mutation = mutations,
3    cna = reformat_cna,
4    fusion = reformat_fusions)
```

Format Data in Analysis-ready Matrix

- Data is now in standardized format and can be processed using {gnomeR} `create_gene_binary()`

- We will add additional arguments to `create_gene_binary()` to help address remaining data processing issues

Basic code:

```
1  gnomeR::create_gene_binary(
2    mutation = mutations,
3    cna = reformat_cna,
4    fusion = reformat_fusions)
```

Cohort Inclusion

```
1  gnomeR::create_gene_binary(
2    mutation = mutations,
3    cna = reformat_cna,
4    fusion = reformat_fusions
5    samples = nsclc_samp$cpt_genie_sample_id)
```

The `samples` argument will ensure all study IDs have a row in resulting analysis data, even if they are not present in genomic files

Not All Patients Tested on Same Panel

> (i) 4. **Multi-Institutional Studies Use Several Gene Panels**
>
> - Samples may be sequenced using different panels therefore the non overlapping genes have to be annotated as missing

```r
gnomeR::create_gene_binary(
  mutation = mutations,
  cna = reformat_cna,
  fusion = reformat_fusions,
  samples = nsclc_samp$cpt_genie_sample_id,
  specify_panel = nsclc_panels)
```

The `specify_panels` argument can insert NAs when we know that gene was not tested for a specific set of patients.

Not All Patients Tested on Same Panel

To use `specify_panels`, we first need to create a data frame indicating which patient IDs were sequenced on which panels.

```
1  nsclc_panels <- data.frame(
2    sample_id = nsclc_samp$cpt_genie_sample_id,
3    panel_id = nsclc_samp$cpt_seq_assay_id) %>%
4    mutate(panel_id = ifelse(!is.na(panel_id),
5                             panel_id, "no"))
6
7  nsclc_panels %>% head()
```

sample_id	panel_id
GENIE-DFCI-000013-8840	DFCI-ONCOPANEL-2
GENIE-DFCI-000136-6004	DFCI-ONCOPANEL-2
GENIE-DFCI-000215-8010	DFCI-ONCOPANEL-2
GENIE-DFCI-000381-9526	DFCI-ONCOPANEL-2
GENIE-DFCI-000410-10003	DFCI-ONCOPANEL-2
GENIE-DFCI-000583-11175	DFCI-ONCOPANEL-2

Not All Patients Tested on Same Panel

Without Panel Annotation

```
1  binmat1 <- gnomeR::create_gene_binary(
2    mutation = mutations,
3    cna = reformat_cna,
4    fusion = reformat_fusions,
5    samples = nsclc_samp$cpt_genie_sample_id,
6    specify_panel = "no")
```

sample_id	panel_id	GLI2	KRAS	PIK3C2B	PBRM1
GENIE-DFCI-004022-1313	DFCI-ONCOPANEL-1	0	0	0	0
GENIE-DFCI-000013-8840	DFCI-ONCOPANEL-2	0	1	0	0
GENIE-MSK-P-0002725-T01-IM3	MSK-IMPACT341	0	1	0	0
GENIE-MSK-P-0017722-T02-IM6	MSK-IMPACT468	0	0	0	0

With Panel Annotation

```
1  binmat2 <- gnomeR::create_gene_binary(
2    mutation = mutations,
3    cna = reformat_cna,
4    fusion = reformat_fusions,
5    samples = nsclc_samp$cpt_genie_sample_id,
6    specify_panel = nsclc_panels)
```

sample_id	panel_id	GLI2	KRAS	PIK3C2B	PBRM1
GENIE-DFCI-004022-1313	DFCI-ONCOPANEL-1	0	0	0	NA
GENIE-DFCI-000013-8840	DFCI-ONCOPANEL-2	0	1	0	0
GENIE-MSK-P-0002725-T01-IM3	MSK-IMPACT341	NA	1	NA	0
GENIE-MSK-P-0017722-T02-IM6	MSK-IMPACT468	NA	0	NA	0

Ensure Gene Names Are Consistent Across Studies

> (i) 2. **Data Formats & Gene Standards Often Inconsistent**
>
> - Column names, data formats and gene names may differ between studies or even within studies.

```r
1  no_recode <- gnomeR::create_gene_binary(
2    samples = nsclc_samp$cpt_genie_sample_id,
3    mutation = mutations,
4    cna = reformat_cna,
5    fusion = reformat_fusions,
6    specify_panel = nsclc_panels,
7    recode_aliases = "no")
```

```r
1  recode <- gnomeR::create_gene_binary(
2    samples = nsclc_samp$cpt_genie_sample_id,
3    mutation = mutations,
4    cna = reformat_cna,
5    fusion = reformat_fusions,
6    specify_panel = nsclc_panels,
7    recode_aliases = "impact")
```

```r
1  setdiff(names(no_recode), names(recode)) %>% head()
```

[1] "MRE11A" "RFWD2" "H3F3A" "FAM46C" "HIST1H3D" "WHSC1L1"

Process Data: Final Dataset

Let's run `create_gene_binary()` with the `samples`, `specify_panel` and `recode_aliases` arguments.

First we create `nsclc_panels`:

```
1  nsclc_panels <- data.frame(
2    sample_id = nsclc_samp$cpt_genie_sample_id,
3    panel_id = nsclc_samp$cpt_seq_assay_id) %>%
4    mutate(panel_id = ifelse(!is.na(panel_id),
5                             panel_id, "no"))
```

Then run `create_gene_binary()`:

```
1  gene_binary <- gnomeR::create_gene_binary(
2    mutation = mutations,
3    cna = reformat_cna,
4    fusion = reformat_fusions,
5    samples = nsclc_samp$cpt_genie_sample_id,
6    specify_panel = nsclc_panels,
7    recode_aliases = "impact")
```

Analyzing Data

Issues When Analyzing Multi-Institutional Genomic Data

Issues When Analyzing Multi-Institutional Genomic Data

1. **Multiple Testing and False Positives**

Issues When Analyzing Multi-Institutional Genomic Data

ⓘ 1. **Multiple Testing and False Positives**

- Many hypothesis tests done simultaneously can lead to false positive findings.

ⓘ

Issues When Analyzing Multi-Institutional Genomic Data

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- Very low prevalence genes are often not very informative.

i

Issues When Analyzing Multi-Institutional Genomic Data

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> - Many hypothesis tests done simultaneously can lead to false positive findings.
> - Very low prevalence genes are often not very informative.
> - Choose a threshold (e.g. 1% or 5 %) *a priori* and consider reporting a q-value (adjusted for multiple testing).

> ⓘ

Issues When Analyzing Multi-Institutional Genomic Data

1. **Multiple Testing and False Positives**

   - Many hypothesis tests done simultaneously can lead to false positive findings.

   - Very low prevalence genes are often not very informative.

   - Choose a threshold (e.g. 1% or 5 %) *a priori* and consider reporting a q-value (adjusted for multiple testing).

2. **Limited Power To Detect Clinical Associations When Sparse Alterations**

Issues When Analyzing Multi-Institutional Genomic Data

1. Multiple Testing and False Positives

- Many hypothesis tests done simultaneously can lead to false positive findings.
- Very low prevalence genes are often not very informative.
- Choose a threshold (e.g. 1% or 5 %) *a priori* and consider reporting a q-value (adjusted for multiple testing).

2. Limited Power To Detect Clinical Associations When Sparse Alterations

- If biologically meaningful, you may want to summarize on gene or pathway level

Case Study

Case Study

- We will use the processed binary data frame data (`gene_binary`) to **summarize genomic alterations** overall in the cohort, and **by sex**.

Case Study

- We will use the processed binary data frame data (`gene_binary`) to **summarize genomic alterations** overall in the cohort, and **by sex**.

- First, we need to join clinical data on `sex` to genomic data

Add Clinical Variable To Data

```r
 1  # get patient IDs and sample IDs
 2  patient_index <-  nsclc_cohort$cohort_ngs %>%
 3    select(record_id, cpt_genie_sample_id)
 4
 5  # Join sex data to patient ID index
 6  select_clinical <- nsclc_cohort$cohort_pt_char %>%
 7    select(record_id, naaccr_sex_code) %>%
 8    left_join(patient_index)
 9
10  # Join all to gene binary data
11  gene_binary <- gene_binary %>%
12    left_join(select_clinical,
13              by = c("sample_id"= "cpt_genie_sample_id")) %>%
14    select(-record_id)
15
16  gene_binary <- gene_binary %>%
17    select(sample_id, naaccr_sex_code, everything())
18
19  gene_binary %>%
20    select(naaccr_sex_code) %>%
21    tbl_summary()
```

Characteristic	N = 241[1]
naaccr_sex_code	
Female	145 (60%)
Male	96 (40%)
[1] n (%)	

Subset By a Prevalence Threshold

- Use `subset_by_frequency(t)` to **subset genes** above a given threshold

- `t` indicates a **prevalence threshold** between 0 (`t = 0`) and 100% (`t = 1`)

- `other_vars` retains the clinical variable of interest in the resulting data set

Subset By 40% Threshold

```r
1  ncol(gene_binary)
```

[1] 1403

```r
1  nsclc_subset <- gene_binary %>%
2    subset_by_frequency(t = .4, other_vars = naaccr_sex_code)
3
4  ncol(nsclc_subset)
```

[1] 6

Subset by a Panel

Use `subset_by_panel()` to subset genes in a given targeted panel.

```
1  ncol(gene_binary)
```

[1] 1403

```
1  nsclc_subset_panel <- gene_binary %>%
2    subset_by_panel(panel_id = 'IMPACT300', other_vars = naaccr_sex_code)
3
4  ncol(nsclc_subset_panel)
```

[1] 220

Summarize Alterations with tbl_genomic()

- `tbl_genomic()` is a wrapper function for `gtsummary::tbl_summary()` specifically designed for presenting genomic data

- You can use any **{gtsummary}** function on top of `tbl_genomic()` to customize the table (e.g. `bold_labels()`)

Summarize Alterations with tbl_genomic

Create a simple `tbl_genomic` object, then bold the labels.

```
1  nsclc_subset %>%
2    select(-naaccr_sex_code) %>%
3    tbl_genomic() %>%
4    bold_labels()
```

Characteristic	N = 241[1]
TP53	124 (51%)
GBA.Amp	17 (46%)
Unknown	204
KRAS	98 (41%)
JAZF1.Amp	15 (41%)
Unknown	204
[1] n (%)	

Summarize Genes with tbl_genomic()

You may want to analyze on the **gene level** instead of the alteration level.

Use `summarize_by_gene()` first, then pass to `tbl_genomic()`:

> ⚠ Note: `summarize_by_gene()` should come before passing to `subset_by_frequency()`

```
1  tbl_gene <- gene_binary %>%
2    select(-naaccr_sex_code) %>%
3    summarize_by_gene() %>%
4    subset_by_frequency(t = .4) %>%
5    tbl_genomic()
6
7  tbl_gene
```

Characteristic	N = 241[1]
TP53	135 (56%)
GBA	17 (46%)
Unknown	204
PTK2B	17 (46%)
Unknown	204
KRAS	107 (44%)
WRN	38 (41%)
Unknown	149
JAZF1	15 (41%)
Unknown	204

[1] n (%)

Summarize Oncogenic Pathways

> (i) 2. **Limited Power To Detect Clinical Associations When Sparse Alterations**
>
> - If biologically meaningful, you may want to summarize on Alteration, Gene or Pathway Level

Often we want to analyze alterations on the pathway level.
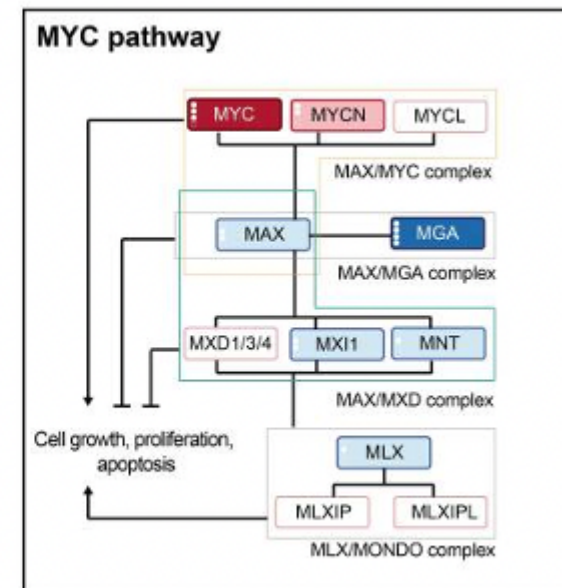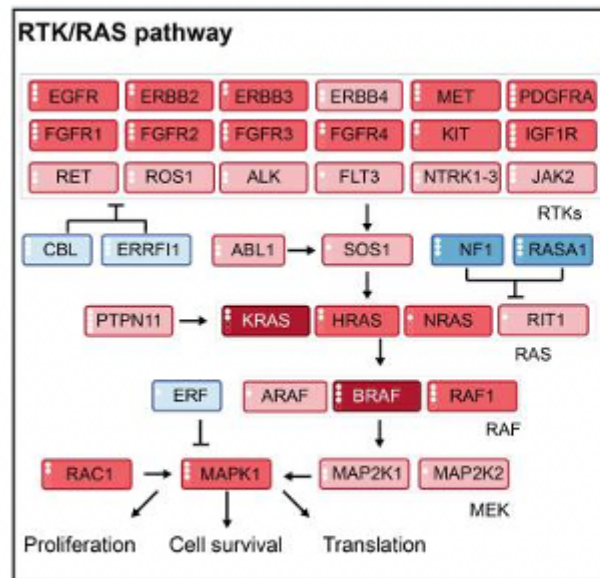
Summarize Oncogenic Pathways

> (i) 2. **Limited Power To Detect Clinical Associations When Sparse Alterations**
>
> - If biologically meaningful, you may want to summarize on Alteration, Gene or Pathway Level

{gnomeR} offers several default pathways that can be added with `add_pathways()`

```
1  paths <- gnomeR::pathways %>% names()
2  paths
```

[1] "RTK/RAS" "Nrf2" "PI3K" "TGFB" "p53"
[6] "Wnt" "Myc" "Cell cycle" "Hippo" "Notch"

Summarize Oncogenic Pathways

You can also add a custom pathway:

```r
1  path_df <- gene_binary %>%
2    add_pathways(custom_pathways = c("SPOP.mut", "FOXA1.mut"))
3
4  path_df %>% select("pathway_custom") %>%
5    tbl_summary()
```

Characteristic	N = 241[1]
pathway_custom	2 (0.8%)
[1] n (%)	

Note: You must specify `.mut`, `.Amp`, `.Del` for alterations `custom_pathways`

Summarize Alteration Pathways

```r
path_df <- gene_binary %>%
  select(-naaccr_sex_code) %>%
  add_pathways()

path_df %>%
  select(contains("pathway")) %>%
  tbl_summary() %>%
  bold_labels()
```

Summarize Alteration Pathways

```r
1  path_df <- gene_binary %>%
2    select(-naaccr_sex_code) %>%
3    add_pathways()
4
5  path_df %>%
6    select(contains("pathway")) %>%
7    tbl_summary() %>%
8    bold_labels()
```

Characteristic	N = 241[1]
pathway_RTK/RAS	217 (90%)
pathway_Nrf2	48 (20%)
pathway_PI3K	114 (47%)
pathway_TGFB	34 (14%)
pathway_p53	181 (75%)
pathway_Wnt	51 (21%)
pathway_Myc	70 (29%)
pathway_Cell cycle	90 (37%)
pathway_Hippo	31 (13%)
pathway_Notch	72 (30%)
[1] n (%)	

Comparing Alteration Frequencies Across Clinical Data

We can easily compare frequencies by sex using the by argument:

```
1  tbl_gene <- gene_binary %>%
2    subset_by_frequency(
3      t = .4,
4      other_vars = naaccr_sex_code) %>%
5    tbl_genomic(by = naaccr_sex_code) %>%
6    bold_labels()
7
8  tbl_gene
```

Comparing Alteration Frequencies Across Clinical Data

We can easily compare frequencies by sex using the by argument:

```r
tbl_gene <- gene_binary %>%
  subset_by_frequency(
    t = .4,
    other_vars = naaccr_sex_code) %>%
  tbl_genomic(by = naaccr_sex_code) %>%
  bold_labels()

tbl_gene
```

Characteristic	Overall, N = 241[1]	Female, N = 145[1]	Male, N = 96[1]
TP53	124 (51%)	72 (50%)	52 (54%)
GBA.Amp	17 (46%)	8 (36%)	9 (60%)
Unknown	204	123	81
KRAS	98 (41%)	66 (46%)	32 (33%)
JAZF1.Amp	15 (41%)	9 (41%)	6 (40%)
Unknown	204	123	81

[1] n (%)

Comparing Alteration Frequencies Across Clinical Data

> (i) 1. **Multiple Testing and False Positives**

We can use {gtsummary}'s add_p() and add_q() for hypothesis testing

```r
tbl_gene <- gene_binary %>%
  subset_by_frequency(
    t = .4,
    other_vars = naaccr_sex_code) %>%
  tbl_genomic(
    by = naaccr_sex_code) %>%
  bold_labels() %>%
  add_p() %>%
  add_q()

tbl_gene
```

Characteristic	Overall, N = 241[1]	Female, N = 145[1]	Male, N = 96[1]	p-value[2]	q-value[3]
TP53	124 (51%)	72 (50%)	52 (54%)	0.5	0.7
GBA.Amp	17 (46%)	8 (36%)	9 (60%)	0.2	0.3
Unknown	204	123	81		
KRAS	98 (41%)	66 (46%)	32 (33%)	0.059	0.2
JAZF1.Amp	15 (41%)	9 (41%)	6 (40%)	>0.9	>0.9
Unknown	204	123	81		

[1] n (%)

[2] Pearson's Chi-squared test

[3] False discovery rate correction for multiple testing

Comparing Alteration Frequencies Across Clinical Data

```r
 1  tbl_gene <- gene_binary %>%
 2    subset_by_frequency(
 3      t = .4,
 4      other_vars = naaccr_sex_code) %>%
 5    tbl_genomic(by = naaccr_sex_code) %>%
 6    bold_labels() %>%
 7    add_p() %>%
 8    add_q()
 9
10  tbl_gene
```

| Characteristic	Overall, N = 241[1]	Female, N = 145[1]	Male, N = 96[1]	p-value[2]	q-value[3]
TP53	124 (51%)	72 (50%)	52 (54%)	0.5	0.7
GBA.Amp	17 (46%)	8 (36%)	9 (60%)	0.2	0.3
Unknown	204	123	81		
KRAS	98 (41%)	66 (46%)	32 (33%)	0.059	0.2
JAZF1.Amp	15 (41%)	9 (41%)	6 (40%)	>0.9	>0.9
Unknown	204	123	81		

[1] n (%)

[2] Pearson's Chi-squared test

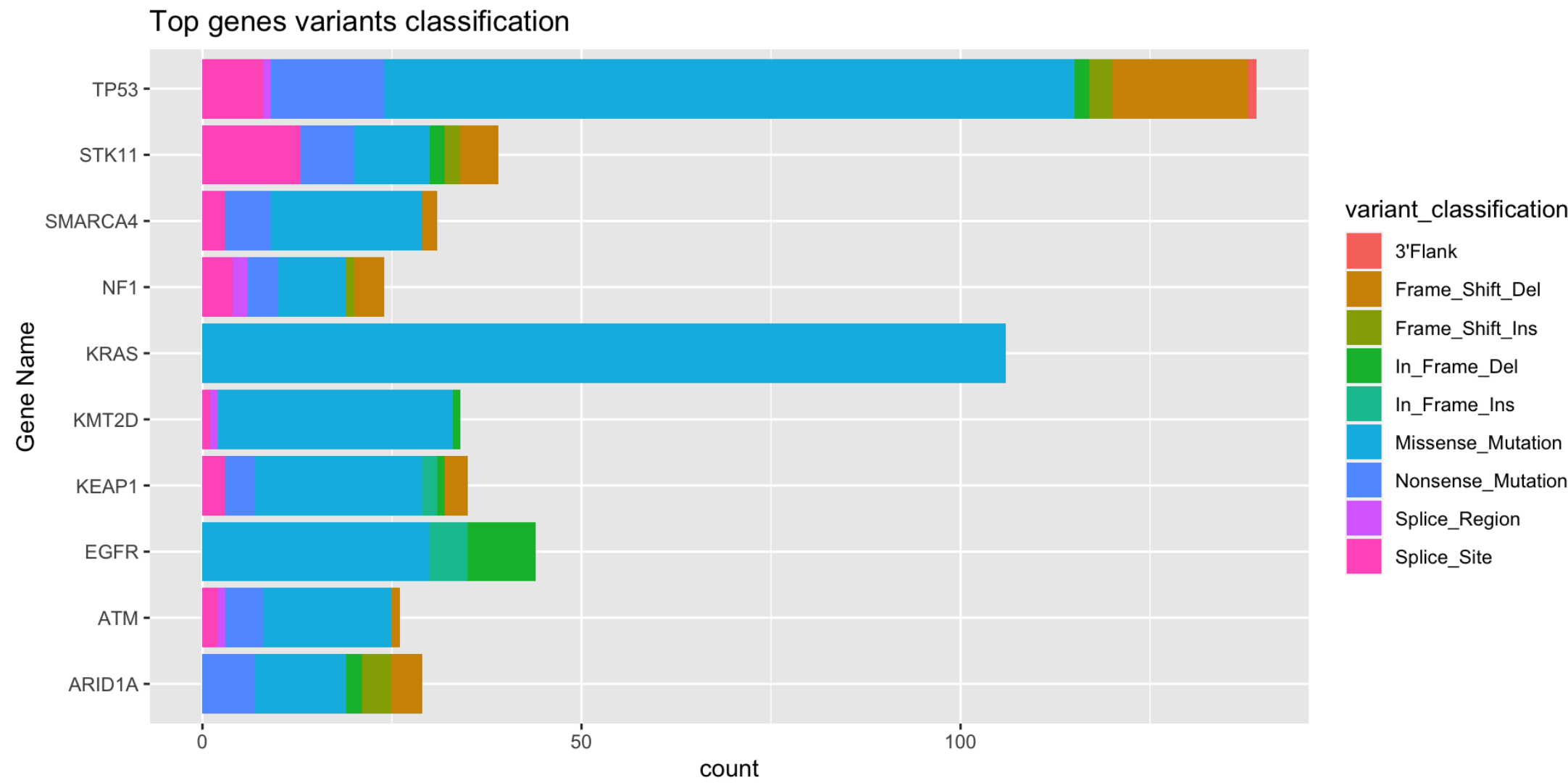[3] False discovery rate correction for multiple testing

Visualize Data

```
1  gnomeR::ggcomut(nsclc_cohort$cohort_mutations_extended)
```
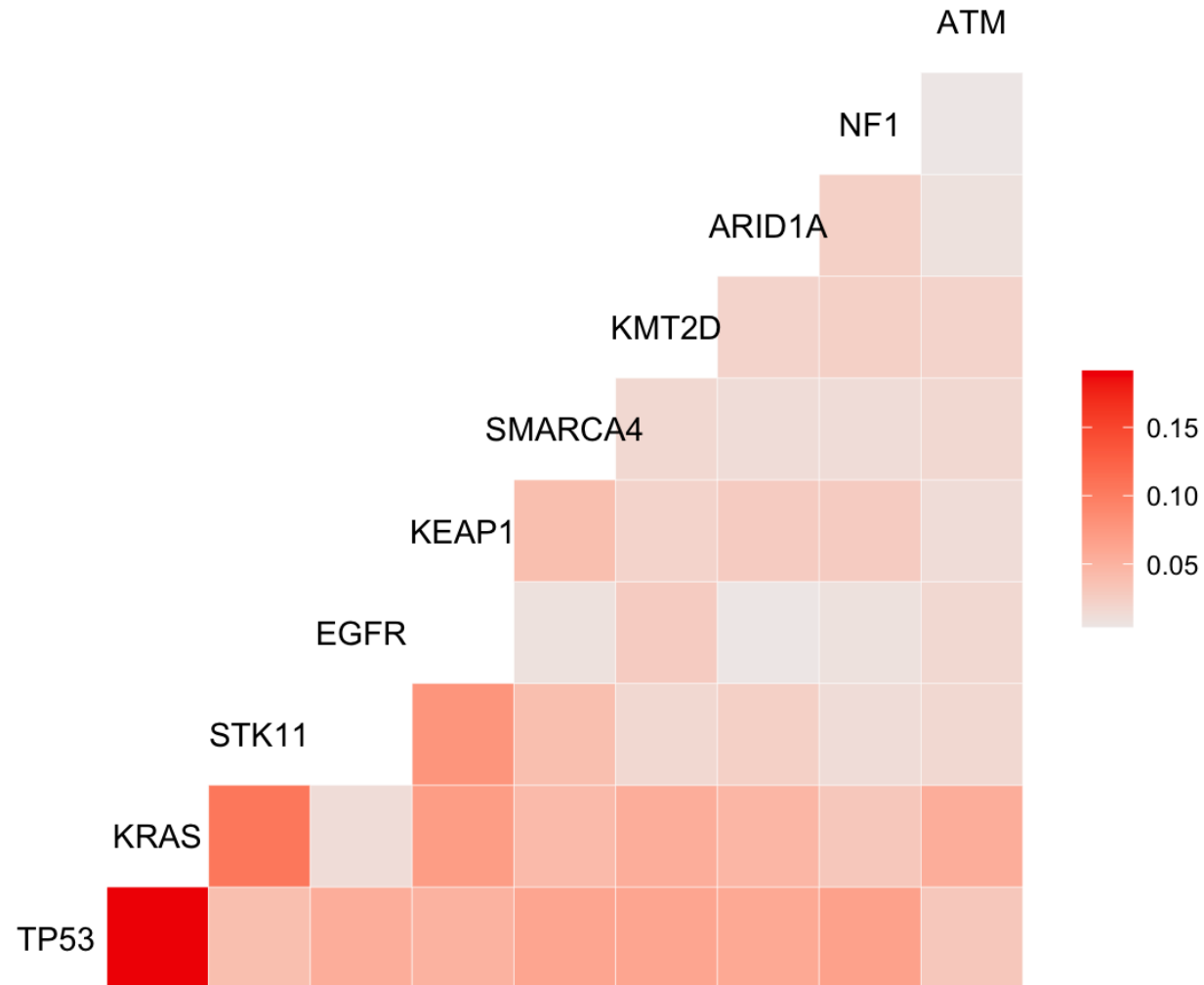
Visualize Data

```
1  gnomeR::ggtopgenes(nsclc_cohort$cohort_mutations_extended)
```


Top genes variants classification

Additional Items & Next Steps

- Additional **visualizations** and **color palettes** useful for genomic data are available in {gnomeR} package

- Some data may require additional data checks. See {gnomeR vignette} for helpful tips on data QA.

- It may be appropriate to **oncoKB annotate** your data and only analyze oncogenic mutations (see oncoKB.org for more information).

- Some projects may utilize CNA Segmentation data. See {gnomeR documentation} for more information on available tools.

Conclusion

- The **{genieBPC}** & **{gnomeR}** R packages offer a reproducible pipeline to create cohorts for clinico-genomics analyses

- **{genieBPC}** streamlines data access and clinical data processing from multiple clinical data files of varying structure to create analytic cohorts

- **{gnomeR}** facilitates annotation and analysis of complicated genomic data.

Note: {gnomeR} can be used for genomic data processing and analyses outside of the GENIE BPC project!

Thank You!

Thanks to all {gnomeR} & {genieBPC} authors & contributors:

Michael Curry, Axel Martin, Arshi Arora, Allie Reiner, Akriti Mishra, Dan Sjoberg, Jessica Flynn, Caroline Kostrzewa, Christine Zhou, Esther Drill, Margie Hannum, and more.