# **AACR GENIE Variant Summary Report**

### Overview

This document contains analysis summarizing variant, sample, and patient information from the AACR Project GENIE data set. This is among the largest public cancer data sets with data from over 160,000 patients.

Data have been are aggregated from multiple institutions and multiple NGS panels were used to collect mutation data.

### Loading data

```
bDir <- "../../data/processed/balderResultsDb"
figDir <- "../../output/actionability_db_curration_20231220"
mydb <- DBI::dbConnect(RSQLite::SQLite(), paste0(bDir,"/actionable-biomarker-db.sqlite"))

genie <- RSQLite::dbGetQuery(mydb, 'SELECT * FROM GeniePatientVarients')
sample.genie <- RSQLite::dbGetQuery(mydb, 'SELECT * FROM GenieClinicalSampleData')
patient.genie <- RSQLite::dbGetQuery(mydb, 'SELECT * FROM GeniePatientData')

genie.full <- genie %>%
    dplyr::left_join(sample.genie,by=c("Tumor_Sample_Barcode"="SAMPLE_ID")) %>%
    dplyr::left_join(patient.genie,by="PATIENT_ID")
dim(genie.full)
```

[1] 1712997 81

### to do: print out column names. What is there in terms of variant info and annotations

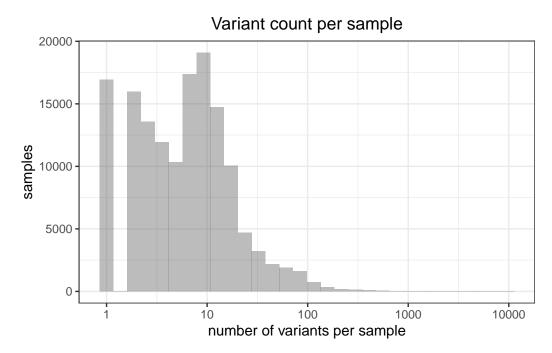
# **Results summary**

what proportion of all patients are in the variant table?

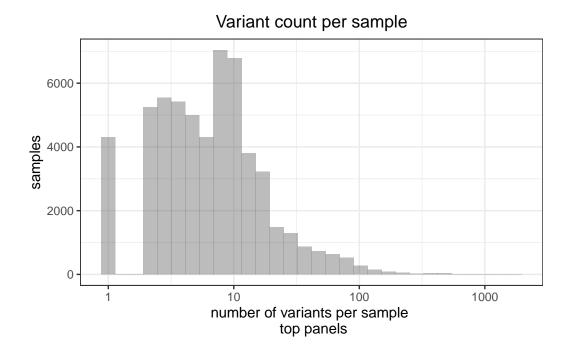
FALSE TRUE 15746 145219

### **Variant counts**

Variants per sample for all available data:



Variants per sample for three top panels: "MSK-IMPACT468", "DFCI-ONCOPANEL-3.1", "MSK-IMPACT505".



Panels

Patients per panel type

SEQ_ASSAY_ID	number.patients.per.pan c lumber.genes.per.pan c lumber.distinct. AA. changes					
MSK-IMPACT468	30713	478	182817			
DFCI-	13976	498	116329			
ONCOPANEL-3.1						
MSK-IMPACT505	13413	510	97813			
PROV-TSO500HT-	9076	535	100986			
V2						
MSK-IMPACT410	8759	414	52770			
DFCI-	8154	383	50080			
ONCOPANEL-2						
DFCI-	6647	489	61895			
ONCOPANEL-3						
MSK-IMPACT-	5547	396	17981			
HEME-400						
JHU-50GP	4984	51	3709			
UCSF-IDTV5-TO	4406	574	71184			

SEQ_ASSAY_ID	number.patients.per.pan@umbe	er.genes.per.pan <b>e</b> lumber	distinct.AA.changes
DFCI-	2976	284	17842
ONCOPANEL-1			
MSK-IMPACT341	2463	344	13229
CRUK-TS	2345	174	9676
UCSF-NIMV4-TO	2163	500	34204
DUKE-F1-DX1	1942	319	16347
COLU-CSTP-V1	1709	47	3732
MSK-IMPACT-	1635	431	4982
HEME-468			
UCSF-NIMV4-TN	1635	500	27257
VICC-01-T7	1590	325	16114
NKI-CHPV2-	1316	41	763
SOCV2-NGS			
VICC-01-MYELOID	1271	35	1720
MDA-50-V1	1266	47	953
JHU-500STP	1216	49	640
UHN-48-V1	1181	48	1179
DUKE-F1-T7	1047	324	9793
UHN-54-V1	1014	53	1586
YALE-OCP-V3	998	144	2838
MDA-46-V1	944	45	532
UCSF-IDTV5-TN	928	555	15215
VICC-01-	844	31	605
SOLIDTUMOR			
COLU-CCCP-V1	758	469	9577
GRCC-MOSC3	739	66	1038
SCI-PMP68-V1	723	66	1435
NKI-TSACP-	678	41	560
MISEQ-NGS			
COLU-CSTP-V2	630	29	1661
PROV-FOCUS-V1	554	34	212
COLU-TSACP-V1	531	52	2619
UHN-555-V1	490	561	16752
VICC-02-XTV4	428	707	7477
CHOP-STNGS	407	226	1777
VICC-01-T5A	396	242	3226
MDA-409-V1	395	348	2038
WAKE-CLINICAL-	395	80	214
T7			
PROV-TRISEQ-V2	387	310	2750
UHN-OCA-V3	379	45	241

SEQ_ASSAY_ID	number.patients.per.pan@umber.genes.per.pan@umber.distinct.AA.changes					
VHIO-300	341	413	4028			
GRCC-MOSC4	302	71	510			
WAKE-CLINICAL-	296	127	521			
DX1						
WAKE-CA-NGSQ3	281	283	759			
UCHI-	269	56	737			
ONCOHEME55-V1						
VICC-02-XTV3	267	694	5223			
UHN-TSO500-V1	261	225	836			
UHN-555-GYNE-V1	259	563	20390			
VHIO-	241	30	283			
COLORECTAL-V01						
YALE-HSM-V1	234	35	288			
UHN-555-V2	209	564	7780			
UCHI-	194	42	257			
ONCOSCREEN50-						
V1						
VICC-01-DX1	188	297	1942			
CHOP-COMPT	179	188	653			
NKI-CHP-V2-PLUS	174	34	154			
WAKE-CA-01	172	19	136			
VHIO-PANCREAS-	167	23	140			
V01						
VICC-01-D2	159	359	1795			
UHN-555-PAN-GI-	117	550	6499			
V1						
CHOP-HEMEP	113	98	379			
GRCC-CHP2	99	25	130			
DUKE-F1-T5A	84	202	778			
NKI-CHPV2-NGS	74	19	96			
VHIO-OVARY-V01	74	14	89			
VHIO-BREAST-V02	69	22	76			
WAKE-CLINICAL-	69	122	216			
R2D2						
VHIO-GENERAL-	63	19	64			
V01						
VHIO-HEAD-	58	14	73			
NECK-V01						
VHIO-LUNG-V01	58	20	81			
UHN-555-BREAST-	54	514	3006			
V1						

SEQ_ASSAY_ID	number.patients.per.pan@dumber.genes.per.pan@dumber.distinct.AA.changes					
VHIO-BREAST-V01	54	22	74			
VHIO-GASTRIC-	51	18	74			
V01		-	·			
YALE-OCP-V2	44	33	105			
VHIO-BRAIN-V01	36	10	48			
UHN-555-HEAD-	34	490	2378			
NECK-V1						
VHIO-BILIARY-V01	31	13	43			
NKI-PATH-NGS	28	9	36			
VHIO-	27	17	56			
ENDOMETRIUM-						
V01						
GRCC-CP1	26	13	40			
UHN-555-LUNG-V1	26	473	2163			
VICC-02-XTV2	24	340	671			
VHIO-URINARY-	21	14	38			
BLADDER-V01						
VHIO-KIDNEY-V01	16	7	21			
VHIO-SKIN-V01	16	10	17			
VICC-01-T4B	14	116	261			
UHN-555-	13	352	923			
PROSTATE-V1						
WAKE-CLINICAL-	13	69	105			
T5A						
UHN-555-	10	345	806			
MELANOMA-V1						
UHN-555-GLIOMA-	9	345	805			
V1						
UHN-555-RENAL-	8	287	574			
V1						
UHN-50-V2	7	5	5			
UHN-555-	4	219	363			
BLADDER-V1						
VHIO-PAROTIDE-	4	4	7			
V01						
VICC-01-T6B	4	30	34			
COLU-CCCP-V2	2	46	54			
WAKE-CLINICAL-	1	4	4			
AB2						
WAKE-CLINICAL-	1	3	3			
AB3						

SEQ_ASSAY_ID	number.patients.per.pan@umber.	genes.per.pan <b>e</b> lumber.d	listinct.AA.changes
WAKE-CLINICAL- CF3	1	4	4
WAKE-CLINICAL- R2	1	4	4

The following plot shows the number of genes tested in each panel

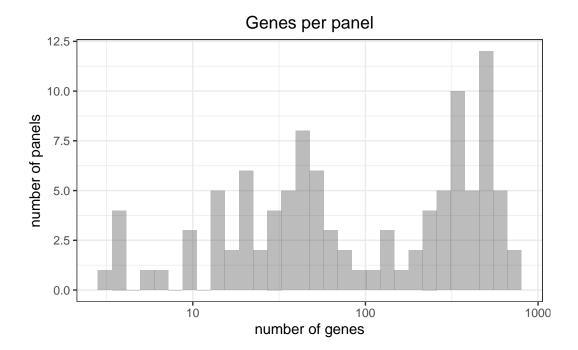


Figure 1: Number of genes tested across all assay panels in GENIE

How many samples (or patients) have been tested with more than one panel? To-do: Is the coverage across panels? 10X-30X? Tumor and normal coverage?

## Variant Effect and Protein annotation

Variant type

Variant_Type	variant_count	Percentage
DEL	141736	8.2741534
DNP	18308	1.0687701

Variant_Type	variant_count	Percentage
INS	61449	3.5872217
ONP	2403	0.1402805
SNP	1487530	86.8378637
TNP	1571	0.0917106

### Variant Classifications

Variant_Classification	variant_count	Percentage
3'Flank	6314	0.3685938
3'UTR	3626	0.2116758
5'Flank	23870	1.3934642
5'UTR	3491	0.2037949
$Frame\_Shift\_Del$	96194	5.6155381
$Frame\_Shift\_Ins$	43753	2.5541784
$In\_Frame\_Del$	23505	1.3721565
In_Frame_Ins	9187	0.5363115
Intron	51690	3.0175184
Missense_Mutation	1123523	65.5881476
Nonsense_Mutation	118828	6.9368481
Nonstop_Mutation	908	0.0530065
RNA	1846	0.1077643
Silent	115459	6.7401753
Splice_Region	47540	2.7752530
Splice_Site	41399	2.4167585
Translation_Start_Site	1864	0.1088151

### Concordance between Polyphen and SIFT predictions

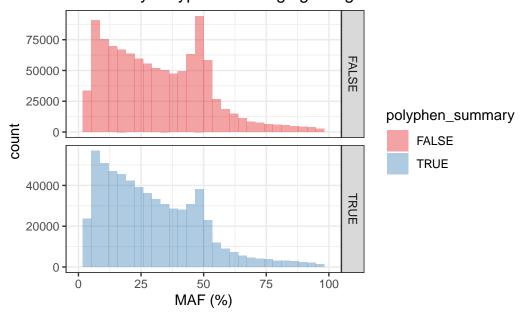
table(genie.full\$Polyphen\_Prediction,genie.full\$SIFT\_Prediction)

#### deleterious\_low\_confidence tolerated benign possibly\_damaging probably\_damaging unknown

# tolerated\_low\_confidence 0 benign 47420 possibly\_damaging 4178 probably\_damaging 3299 unknown 80

MAF by Polyphen "probably damaging" or "possibly damaging"

### MAF of variants by Polyphen Damaging assignment



MAF by SIFT "deleterious" or "deleterious low confidence"

To do: Look at SIFT/polyphen scores for TSG genes only but leave out ONC

• read in Vogelstein list of genes

To do: read recent GENIE manuscripts. Have they looked at prevalence of common cancer biomarkers already? can we reproduce their findings?

To do: apply cancer type ontology scheme

To do: perform actionability matching (with and without cancer type matching)

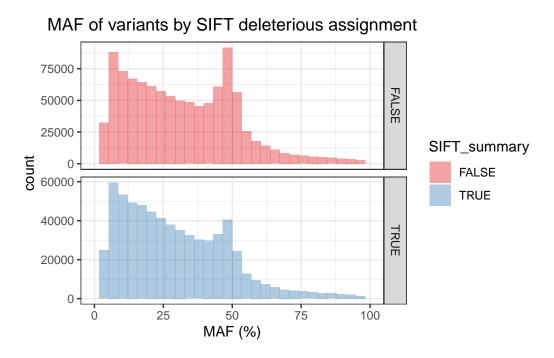


Figure 2: Variant MAF values for variants with and without SIFT deleterious assignments

### Variant signatures by assay type

Perform demintionality reduction on base pair transition signatures

Background: Different assays can show different profiles of background variants based. If background signals vary substantially, this could represent an important confounding factor in interpreting mutaitonal signatures

Goal: The goal of this work is to identify different clusters of assay signature types by performing clustering on base pair transition signatures.

Assumptions: This works assumes that a large proportion of listed signatures are assay artifacts and that these background mutations drive clustering patterns. Other contributors could also influence the signature results include the diversity of cancer types tested and the segments of the genome tested by each panel.

### **Procedure**

- 1. Filter to the GENIE variant set to SNV events only
- 2. Filter out any variants coming from assays that contribute fewer than 1,000 variants across all patients

- 3. Create a table that has a profile of variant counts for every combination of ref—>alt for each assay
- 4. Calculate what percentage of variants for a given assay type fit into any given combination of [ref base, tumor alt 2 base, strand].
- 5. Pivot these data into a matrix where rows are the different base pair combinations and columns are the different assay types. Each entry contains the percentage of variants that match a given base pair transition (e.g. A->T) for that assay type.
- 6. Normalize the matrix
- 7. Perfrom tsNE clustering
- 8. Visualize clusters

The following table shows the results of step (3):

$SEQ_{-}$	ASSAY <u>Re</u> Ference_	_Allel&umor_\$	${ m Seq\_Alle}$ Alle Set 2 and	nVariants	as say Variants Tot	capterc Variants
CHOP	P- A	С	+	51	2064	2.470930
STNG	$\mathbf{S}$					
CHOP	P- A	G	+	161	2064	7.800388
STNG						
CHOP		${ m T}$	+	126	2064	6.104651
STNG	S					
CHOP		A	+	116	2064	5.620155
STNG						
CHOP	P- C	G	+	117	2064	5.668605
STNG	$\mathbf{S}$					
CHOP		${ m T}$	+	508	2064	24.612403
STNG						
CHOP		A	+	480	2064	23.255814
STNG	S					
CHOP	P- G	$\mathbf{C}$	+	123	2064	5.959302
STNG	$\mathbf{S}$					
CHOP	P- G	${ m T}$	+	103	2064	4.990310
STNG						
CHOP	P- T	A	+	60	2064	2.906977
STNG	$\mathbf{S}$					

```
#Convert data to matrix form
assaySigTbl$ID <- pasteO(assaySigTbl$Reference_Allele,"-",assaySigTbl$Tumor_Seq_Allele2,"-
sigMtrx <- assaySigTbl[,c("ID","SEQ_ASSAY_ID","percVariants")] %>%
   tidyr::pivot_wider(names_from = SEQ_ASSAY_ID,values_from=percVariants)
sigMtrx2 <- sigMtrx[,!colnames(sigMtrx) %in% c("ID")]</pre>
```

Perform dimentionality reduction on mutational signature vector space

```
sigMtrxScale <- t(scale(sigMtrx2))</pre>
  # Run t-SNE
  set.seed(144) # For reproducibility
  tsne results <- Rtsne(sigMtrxScale, perplexity = 5, theta = 0.5, max iter = 1000)
  # Create a data frame for plotting
  tsne_data <- data.frame(X = tsne_results$Y[,1], Y = tsne_results$Y[,2], assay = colnames(s
  # Plot using ggplot2
  ggplot(tsne_data, aes(x = X, y = Y, color = assay)) +
    geom_point() +
    theme_minimal() +
    ggtitle("t-SNE Plot of Assay signatures")
                               ■ IVION-IIVIFAC I - ПЕIVIE - 400 ■ UПIV- UUU - 1 IVE - V I
    t-SNE Plot of Assay signatures COLU-CSTP-V1
                                                      UHN-555-HEAD-NE
          COLU-CSTP-V2

    MSK-IMPACT410

    UHN-555-LUNG-V1

          COLU-TSACP-V1

    MSK-IMPACT468

                                                       UHN-555-PAN-GI-V
        CRUK-TS

    MSK-IMPACT505

    UHN-555-PROSTATE

    DFCI-ONCOPANEL-1
    NKI-CHPV2-SOCV2-NGS
    UHN-555-V1

    DFCI-ONCOPANEL-2
    NKI-TSACP-MISEQ-NGS
    UHN-555-V2

    PROV–TRISEQ–V2

    DFCI–ONCOPANEL–3

                                                     VHIO–300
          DFCI-ONCOPANEL-3.1 • PROV-TSO500HT-V2

    VICC-01-D2

        DUKE-F1-DX1
                               SCI-PMP68-V1

    VICC-01-DX1

        DUKE-F1-T7

    UCHI-ONCOHEME55-V1
    VICC-01-MYELOID

    UCSF-IDTV5-TN

    GRCC-MOSC3

    VICC-01-SOLIDTUM

        JHU-500STP

    UCSF-IDTV5-TO

                                                       VICC-01-T5A
        JHU-50GP

    UCSF-NIMV4-TN

                                                      VICC-01-T7
    EEE COORE
    Χ
        MDA-409-V1

    UCSF-NIMV4-TO

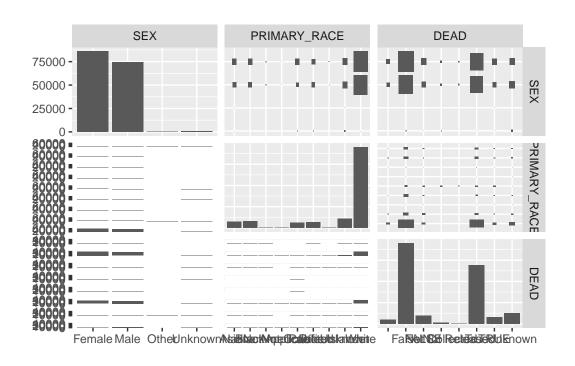
    VICC-02-XTV3

  ### Why do the ref/alt calls not always match the bases listed in HGVSc?
  head(genie.full[,c("Reference_Allele","Tumor_Seq_Allele1","Tumor_Seq_Allele2","HGVSc")])
 Reference_Allele Tumor_Seq_Allele1 Tumor_Seq_Allele2
1
                 C
                                                     Α
2
                                                     Τ
```

Α

```
3
                 С
                                                     Т
4
                 С
                                                     Т
5
                 Т
                                                     С
6
                 Α
                                                     G
                        HGVSc
   ENST00000256078.4:c.34G>T
2 ENST00000288602.6:c.1799T>A
3 ENST00000275493.2:c.2369C>T
4 ENST00000269305.4:c.818G>A
5 ENST00000369535.4:c.182A>G
6 ENST00000263967.3:c.3140A>G
```

# Review of patient data



### patient\_py = reticulate::r\_to\_py(patient.genie)

Print data from python

r.patient\_py.head()

	PATIENT_ID	SEX	PRIMARY_RACE	 YEAR_CONTACT	DEAD	YEAR_DEATH
0	GENIE-VICC-101416	Female	White	 2014	False	Not Applicable
1	GENIE-VICC-102225	Female	White	 2015	True	2017
2	GENIE-VICC-102424	Female	White	 2016	True	2016
3	GENIE-VICC-102966	Male	White	 2015	True	2015
4	GENIE-VICC-103244	Female	Unknown	 2014	True	2014

[5 rows x 10 columns]

```
import pandas as pd
import matplotlib.pyplot as plt
#import seaborn as sns
```

```
# Load the dataset
  data = r.patient_py
  # Display basic information about the dataset
  data_info = data.info()
<class 'pandas.core.frame.DataFrame'>
RangeIndex: 160965 entries, 0 to 160964
Data columns (total 10 columns):
     Column
                  Non-Null Count
                                   Dtype
    ----
                   -----
                  160965 non-null object
0
    PATIENT ID
 1
     SEX
                   160965 non-null object
 2
    PRIMARY_RACE 160965 non-null object
    ETHNICITY
                   160965 non-null object
                   160965 non-null object
 4
    CENTER
 5
    INT_CONTACT
                   160965 non-null object
 6
    INT_DOD
                   160965 non-null object
7
    YEAR_CONTACT 160965 non-null object
8
    DEAD
                   160965 non-null object
 9
                   160965 non-null object
    YEAR_DEATH
dtypes: object(10)
memory usage: 12.3+ MB
  # Summarize categorical data
  categorical_summary = data.describe(include=['object'])
  # Displaying the first few rows of the dataset for a quick overview
  first_rows = data.head()
  data_info, categorical_summary, first_rows
(None,
                     PATIENT_ID
                                     SEX
                                         . . .
                                                 DEAD
                                                           YEAR_DEATH
                                        160965
                                                        160965
count
                   160965
                          160965
unique
                   160965
                                4
                                                            54
                                             8
top
        GENIE-VICC-101416
                          Female
                                         False
                                                Not Applicable
freq
                            86078
                                         76021
                                                         83681
                                  . . .
```

PATIENT\_ID

White ...

SEX PRIMARY\_RACE ... YEAR\_CONTACT

2014 False Not Applicable

DEAD

[4 rows x 10 columns],

O GENIE-VICC-101416 Female

1	GENIE-VICC-102225	Female	White	 2015	True	2017
2	GENIE-VICC-102424	Female	White	 2016	True	2016
3	GENIE-VICC-102966	Male	White	 2015	True	2015
4	GENIE-VICC-103244	Female	Unknown	 2014	True	2014

[5 rows x 10 columns])

### Review of survival data

```
table(as.numeric(patient.genie$YEAR_DEATH),exclude=NULL)
```

Warning in table(as.numeric(patient.genie\$YEAR\_DEATH), exclude = NULL): NAs introduced by coercion

1900	1950	1977	1980	1981	1982	1983	1984	1985	1986	1987
1	1	1	1	4	3	2	3	6	6	7
1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
9	8	14	16	33	36	51	57	79	77	64
1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
59	67	62	72	62	64	68	62	78	73	50
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
44	36	72	352	1669	3781	5453	6835	7901	8310	9092
2021	2022	2023	<na></na>							
8075	5758	493	101898							

# Additional modeling ideas

- Does having an actionable mutation correlate with better or worse survival outcomes?
- Supervised
  - Tissue of origin prediction based on various biomarkers
  - Identifying mutational signatures that correlate with outcomes and/or cancer types
  - Mutational signatures that correlate with a given assay type
- Unsupervised modeling
  - Clustering of mutation patterns for each assay by tsne or PCA