Antibody Responses to Different Proteins in Prostate Cancer Patients

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1 Introduction

This project aims to characterize antibody responses to a wide variety of proteins in prostate cancer patients at different stages of the disease. 16-mer peptides spanning the amino acid sequences of these 1611 gene products, and overlapping by 12 amino acids, were used to generate a microarray comprising 177,604 peptides. In this study, there were healthy subjects and patients with different stages of prostate cancer

- new_dx: newly diagnosed,
- nmCSPC: non-metastatic castration-sensitive,
- mCSPC: metastatic castration-sensitive,
- nmCRPC: non-metastatic castration-resistant,
- mCRPC: metastatic castration-resistant

| stage | n |
|-------------------------|----|
| normal | 17 |
| new_dx | 19 |
| nmCSPC | 52 |
| mCSPC | 16 |
| nmCRPC | 15 |
| mCRPC | 35 |

Note that these are not distinct patient counts, because there were 11 patients who were measured at two different stages. Number of replicates for each patient, rep could 1, 2, or 3. Hemanth removed patients with rep = 1. He also kept the latest distinct patient records only, so the distinct patient counts are:

| stage | n |
|-----------|----|
| normal | 15 |
| new_dx | 15 |
| nmCSPC | 33 |
| nmCRPC | 13 |
| mCRPC | 15 |
| | |

Next, we take \log_2 transformation of the fluorescence intensity and compute the median of the replicates of each patient.

2 One-Way ANOVA

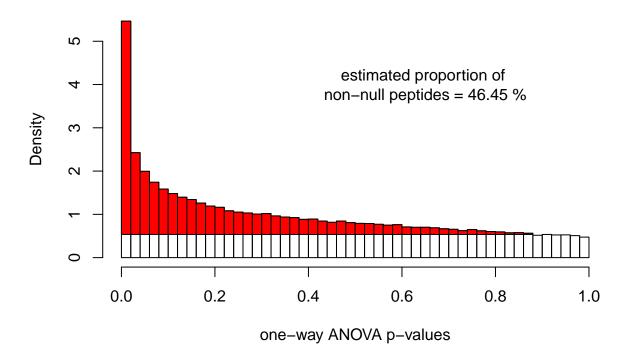
We would like to investigate if patients at different stages of prostate cancer exhibit different antibody responses to certain peptide chains or proteins. Let μ_i be the average fluorescence level (on \log_2 scale) of patients, with subscript i indexing the different stages of prostate cancer as explained in Introduction section. We want to test

 H_0 : All μ_i 's are the same, ie. Antibody responses are the same for patients at different stages of prostate cancer.

 H_1 : NOt all μ_i 's are the same, ie. Antibody responses are not the same for patients at different stages of prostate cancer.

For each peptide, we perform one-way ANOVA (analysis of variance). After getting p-values for all 177k peptides, we plot the p-value histogram.

p-values distribution for peptides



The estimation of proportion of non-null peptides is based on Storey's q-values computed with the R package fdrtool. The q-value is similar to the well known p-value, except it is a measure of significance in terms of the false discovery rate rather than the false positive rate. The peptide counts at various FDR thresholds are tabulated below.

| FDR threshold | 0.01 | 0.02 | 0.03 | 0.04 | 0.05 | 0.06 | 0.07 | 0.08 | 0.09 | 0.1 |
|----------------|------|------|------|------|------|-------|-------|-------|-------|-------|
| Peptide counts | 181 | 2623 | 5235 | 7471 | 9510 | 11570 | 13603 | 15706 | 17900 | 19886 |

As a comparison, we also apply the Benjamini-Hochberg (BH) method on the ANOVA p-values to control for false discovery rate. The peptide counts at various FDR thresholds are tabulated below.

| FDR threshold | 0.01 | 0.02 | 0.03 | 0.04 | 0.05 | 0.06 | 0.07 | 0.08 | 0.09 | 0.1 |
|----------------|------|------|------|------|------|------|------|------|------|-------|
| Peptide counts | 40 | 194 | 1426 | 3012 | 4538 | 5716 | 6881 | 8032 | 9157 | 10236 |

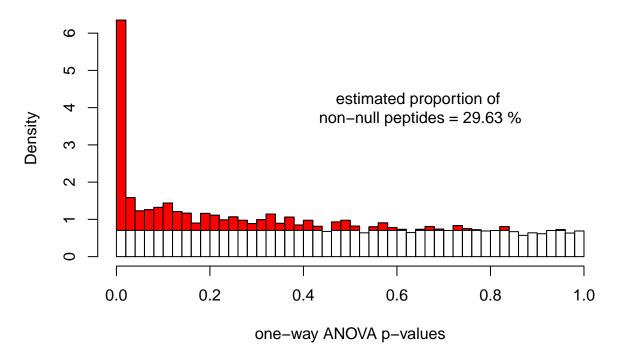
3 Marginal Variance Filtering

Next, for every protein, we would like to filter the top few peptides with the largest marginal variance of \log_2 fluorescence among all patients.

3.1 Top 5 peptides with largest marginal variance

First, we filter top 5 peptides with largest marginal variance in each protein. Then we plot histogram of p-values.

p-values distribution for top 5 peptide(s) with largest variance within protein



Next, we tabulate peptide counts at different BH-adjusted p-values thresholds.

| FDR threshold | 0.01 | 0.02 | 0.03 | 0.04 | 0.05 | 0.06 | 0.07 | 0.08 | 0.09 | 0.1 |
|----------------|------|------|------|------|------|------|------|------|------|-----|
| Peptide counts | 3 | 386 | 522 | 595 | 671 | 715 | 762 | 799 | 833 | 861 |

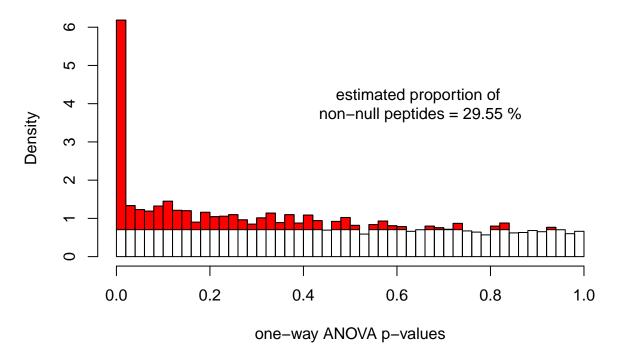
Then, we tabulate peptide counts at different Storey's q-values thresholds.

| FDR threshold | 0.01 | 0.02 | 0.03 | 0.04 | 0.05 | 0.06 | 0.07 | 0.08 | 0.09 | 0.1 |
|----------------|------|------|------|------|------|------|------|------|------|-----|
| Peptide counts | 171 | 510 | 626 | 703 | 766 | 816 | 861 | 905 | 933 | 977 |

3.2 Top 3 peptides with largest marginal variance

Now, we filter top 3 peptides with largest marginal variance in each protein. Then we plot histogram of p-values.

p-values distribution for top 3 peptide(s) with largest variance within protein



Next, we tabulate peptide counts at different BH-adjusted p-values thresholds.

| FDR threshold | 0.01 | 0.02 | 0.03 | 0.04 | 0.05 | 0.06 | 0.07 | 0.08 | 0.09 | 0.1 |
|----------------|------|------|------|------|------|------|------|------|------|-----|
| Peptide counts | 49 | 242 | 320 | 363 | 402 | 428 | 446 | 472 | 491 | 510 |

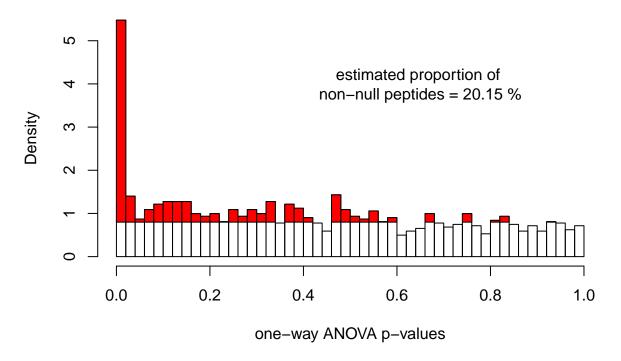
Then, we tabulate peptide counts at different Storey's q-values thresholds.

| FDR threshold | 0.01 | 0.02 | 0.03 | 0.04 | 0.05 | 0.06 | 0.07 | 0.08 | 0.09 | 0.1 |
|----------------|------|------|------|------|------|------|------|------|------|-----|
| Peptide counts | 122 | 316 | 379 | 423 | 452 | 485 | 506 | 532 | 550 | 577 |

3.3 Top peptide with largest marginal variance

Now, we filter top peptide with largest marginal variance in each protein. This can be taken as protein-level analysis as we take the peptide with largest marginal variance a representative of its corresponding protein. Then we plot histogram of p-values.

p-values distribution for top 1 peptide(s) with largest variance within protein



Next, we tabulate peptide counts at different BH-adjusted p-values thresholds.

| FDR threshold | 0.01 | 0.02 | 0.03 | 0.04 | 0.05 | 0.06 | 0.07 | 0.08 | 0.09 | 0.1 |
|----------------|------|------|------|------|------|------|------|------|------|-----|
| Peptide counts | 21 | 65 | 88 | 101 | 106 | 112 | 121 | 124 | 131 | 138 |

Then, we tabulate peptide counts at different Storey's q-values thresholds.

| FDR threshold | 0.01 | 0.02 | 0.03 | 0.04 | 0.05 | 0.06 | 0.07 | 0.08 | 0.09 | 0.1 |
|----------------|------|------|------|------|------|------|------|------|------|-----|
| Peptide counts | 34 | 78 | 98 | 106 | 114 | 124 | 130 | 138 | 151 | 157 |

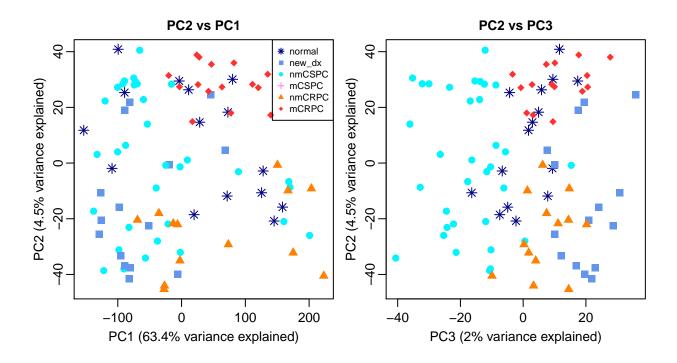
4 Visualization of One-Way ANOVA

We have identified 4538 peptides at 5% Benjamini-Hochberg(BH) false discovery rate (FDR). We would like to obtain some graphical representations to illustrate how the \log_2 fluorescence levels differ across different cancer stages for these 4538 peptides.

For each peptide, we remove the grand mean (row mean) of the \log_2 fluorescence levels for all patients, before applying the following visualization techniques.

4.1 Principal Component Analysis (PCA)

First we apply principal component analysis (PCA).

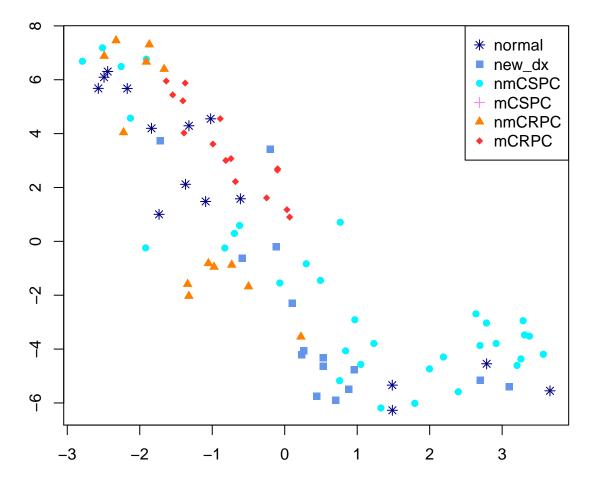


From the "PC2 vs PC1" plot, we observe that all mCRPC points are clustered at the top of the panel, whereas nmCRPC observations hover at the bottom of panel. Normal (healthy) and new_dx (newly diagnosed) subjects are "all over the place". In the "PC2 vs PC3" plot, we observe the same patterns, and most of the nmCSPC patients take up the left part of the panel. The percentage of variance explained for each principal component (PC) is shown on the axis.

4.2 t-SNE (t-distributed Stochastic Neighbor Embedding)

Just like PCA, t-SNE is a dimensionality reduction technique which was first introduced by van der Maaten and Hinton in 2008.

t-SNE plot

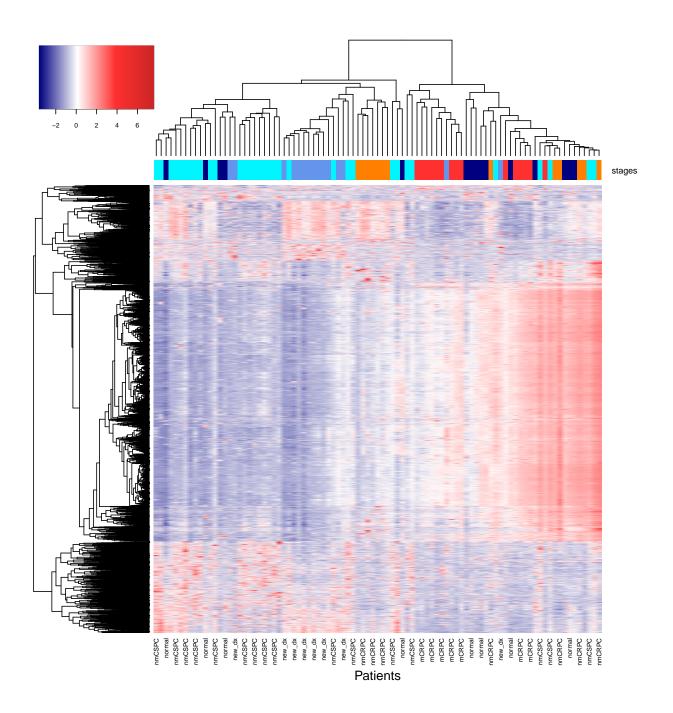


From the t-SNE plot, we observe that:

- The mCRPC points are clustered together near top-left of the plot.
- The nmCRPC patients are not too far off from the mCRPC subjects. There seems to be 2 clusters of nmCRPC patients.
- Most of the nmCSPC patients are clustered at the bottom right of the plot.
- Normal and new_dx subjects are somewhat "all over the place".

4.3 HeatMap

Finally we plot the heatmap of the \log_2 fluorescence (after removing row means) of the 4538 peptides at 5% BH-FDR.



Again, we observe similar patterns that nmCSPC (colored turquoise) and new_dx (colored cornflowerblue) subjects are mostly clustered to the left part of the heatmap, whereas the mCRPC (colored red) patients and most of the nmCRPC patients (colored darkorange) are clustered to the right part of the heatmap. Again, normal subjects (colored navy) are all over the place.

5 Tukey HSD (Honest Significant Difference)

The one-way ANOVA is helpful in revealing peptides that exhibit significant difference in the group means of fluorescence levels among different groups of patients. We may be interested to find out which group or groups of patients that actually contribute to the significant difference in antibody responses.

For the 4538 peptides at 5% BH FDR, we proceed to perform the Tukey HSD analysis. Basically, it is a pairwise t-test (with standard error obtained from the previous one-way ANOVA and degrees of freedom adjusted for proper family-wise error rate) for all the possible contrasts:

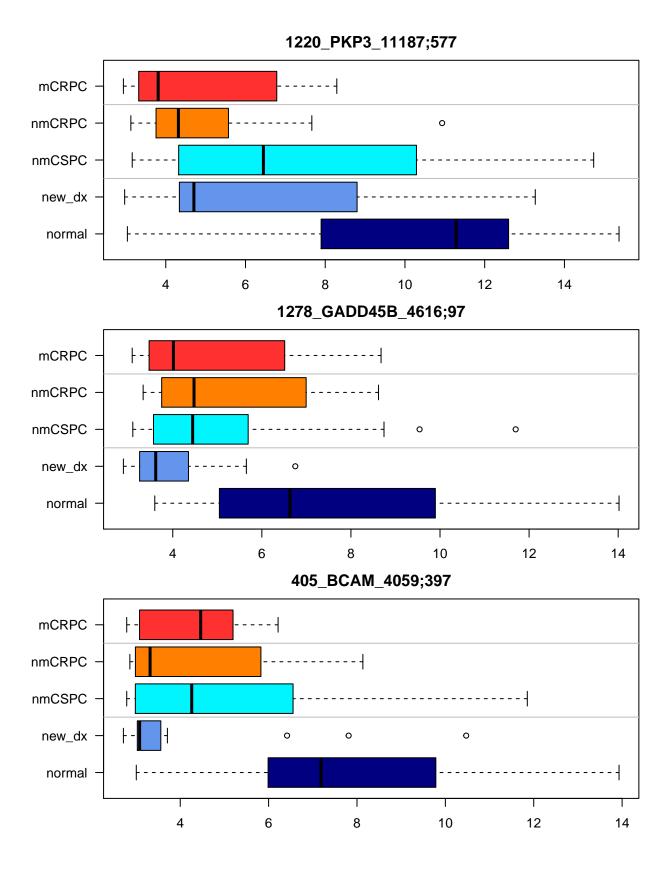
```
## [1] "new_dx-normal" "nmCSPC-normal" "nmCRPC-normal" "mCRPC-normal"
## [5] "nmCSPC-new_dx" "nmCRPC-new_dx" "mCRPC-new_dx" "nmCRPC-nmCSPC"
## [9] "mCRPC-nmCSPC" "mCRPC-nmCRPC"
```

Among the 4538 peptides at 5% BH FDR, we tabulate the number of peptides that are found to be significant at 5% Tukey HSD under the various contrasts:

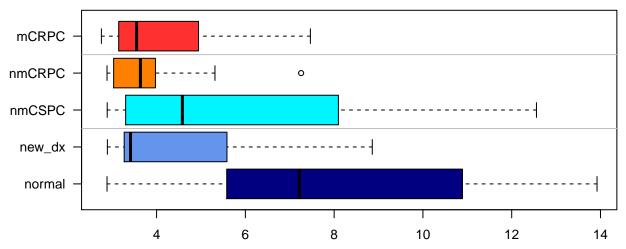
| | X |
|-------------------------|------|
| new_dx-normal | 1153 |
| nmCSPC-normal | 837 |
| nmCRPC-normal | 487 |
| mCRPC-normal | 245 |
| $nmCSPC\text{-}new_dx$ | 702 |
| $nmCRPC\text{-}new_dx$ | 2846 |
| $mCRPC-new_dx$ | 3041 |
| nmCRPC-nmCSPC | 2578 |
| mCRPC-nmCSPC | 2743 |
| mCRPC-nmCRPC | 598 |

We could also plot the boxplots of a few peptides deemed significant under some interesting contrasts. For example, we want to find peptides that are significantly different between healthy subjects and cancer patients (but not significant among the different stages of patients).

```
ind <- which(
   tukey_pairwise_pattern$"new_dx-normal" == 1 &
    tukey_pairwise_pattern$"nmCSPC-normal" == 1 &
   tukey_pairwise_pattern$"nmCRPC-normal" == 1 &
   tukey_pairwise_pattern$"mCRPC-normal" == 1 &
   tukey_pairwise_pattern$"nmCSPC-new_dx" == 0 &
   tukey_pairwise_pattern$"nmCRPC-new_dx" == 0 &
   tukey pairwise pattern$"mCRPC-new dx" == 0 &
   tukey pairwise pattern$"nmCRPC-nmCSPC" == 0 &
    tukey pairwise pattern$"mCRPC-nmCSPC" == 0 &
   tukey_pairwise_pattern$"mCRPC-nmCRPC" == 0 &
    rank variance[one way anova BH <= 0.05] <= 3</pre>
boxplot_mat <- anova_dat[ind,]</pre>
for (i in 1:nrow(boxplot_mat)){
  boxplot_func(mat = boxplot_mat, draw = i)
}
```



59_MLPH_79083;461



We can also look at peptides that are significantly different between mCRPC patients and the other subjects.

```
ind <- which(
    tukey_pairwise_pattern$"mCRPC-normal" == 1 &
    tukey_pairwise_pattern$"mCRPC-new_dx" == 1 &
    tukey_pairwise_pattern$"mCRPC-nmCSPC" == 1 &
    tukey_pairwise_pattern$"mCRPC-nmCRPC" == 1 &
    rank_variance[one_way_anova_BH <= 0.05] <= 13
)
boxplot_mat <- anova_dat[ind,]
for (i in 1:nrow(boxplot_mat)){
    boxplot_func(mat = boxplot_mat, draw = i)
}</pre>
```

430_NPC2_10577;33

