

## Module\_3: *Cancer*

### Team Members:

*Cecilia and Melanie*

### Project Title:

*A Study between the TERT Gene, Gender, and Prevalence of Cancer Types*

### Project Goal:

This project seeks to... *investigate the level of TERT gene in different genders and see A: are certain cancers more prone to specific levels of TERT and B: are specific levels of TERT found among different genders and therefore are certain genders more prone to a type of cancer with TERT as a metric.*

### Disease Background:

- Cancer hallmark focus: Limitless replicative potential
- Overview of hallmark: Limitless replicative potential is a hallmark of cancer cells where they achieve unlimited division and replication, essentially achieving immortality. While other acquired capabilities (growth signal autonomy, insensitivity to antigrowth signals, and apoptosis resistance) break cell growth away from the environment, alone will not always lead to expansive growth because cells have intrinsic pathways that limit their growth. Cells have limited replication each generation (Hayflick limit). Replicative generations are counted by loss of telomeric DNA from ends of every chromosome during the cell cycle. The eventual loss of telomeric DNA leads to cell senescence through a DNA damage response (p53 or RB). Even if a cell bypasses senescence, the lack of telomeres protecting the ends of the chromosomes causes genomic instability and then cell death. A reactivation of telomerase happens through a ribonucleoprotein enzyme that elongate telomeres using its own RNA template (TERC) and catalytic reverse transcriptase component (TERT). This happened in 80 to 95% of human cancers and allows continued replication.
- Genes associated with hallmark to be studied (describe the role of each gene, signaling pathway, or gene set you are going to investigate): TERT: TERT encodes the catalytic subunit of the enzyme telomerase, which is responsible for adding repetitive DNA sequences (TTAGGG) to the ends of chromosomes (telomeres). TERT expression is tightly controlled at the transcriptional level. In cancer, TERT promoter mutations (especially C228T and C250T) create new binding sites for transcription factors (e.g., ETS/TCF family), leading to abnormal upregulation of telomerase. Additionally, TERT can be influenced by MYC oncogene activation and Wnt/ $\beta$ -catenin signaling, both of which can enhance TERT transcription. This

reactivation allows cells to maintain chromosomal integrity while escaping senescence, providing a key mechanism for tumor immortality.

- Prevalence & incidence
  - Global burden (2022): ~20 million new cancer cases and 9.7 million deaths worldwide, a 0.25% rate of incidence; projections exceed 35 million new cases annually by 2050 as populations grow and age (ACS Journals+2Global Cancer Observatory+2).
  - United States: An estimated 2,041,910 new cancer cases and 618,120 deaths were reported in 2025, meaning a roughly 0.6% rate of incidence. Around 18 million Americans were alive as of 2022 and have been diagnosed with cancer, resulting in 5.4% of prevalence.
- Risk factors (genetic, lifestyle) & Societal determinants
  - Tobacco (Largest preventable driver of cancer deaths), Alcohol, Overweight/obesity, Infections (HPV, HBV/HCV, H. pylori, etc.) (IARC)
  - Environmental/occupational exposures (e.g., air pollution contributes substantially to lung adenocarcinoma burden). (The Guardian)
  - Genetic predisposition: Germline variants (e.g., BRCA1/2, MLH1/MSH2 in Lynch syndrome, APC in FAP) increase lifetime risk and often alter screening and prevention strategies (risk-reducing surgery, earlier surveillance). (General oncogenetics consensus; see NCI treatment/risk pages.) (cancer.gov)
  - Social determinants of health (SDOH): Neighborhood deprivation, housing/transportation barriers, insurance status, structural racism, language access, health literacy influence exposure, screening uptake, stage at diagnosis, treatment quality, and survival. Interventions addressing SDOH increase screening rates by a median 8.4 percentage points in U.S. studies
- Standard of care treatments (& reimbursement)
  - Core modalities (often combined, site- and stage-specific): Surgery (curative for many localized solid tumors) and Radiation therapy (definitive, adjuvant, or palliative)
  - Systemic therapy including: Chemotherapy (cytotoxic), Endocrine therapy (e.g., ER+ breast, prostate), Targeted therapy (e.g., EGFR/ALK in NSCLC; BRAF in melanoma), and Immunotherapy (checkpoint inhibitors, cytokines; cellular therapies for select hematologic malignancies) (cancer.gov+1)
  - Biomarker testing increasingly guides therapy selection (e.g., PD-L1, MSI-H/dMMR, NTRK fusions) (cancer.gov)
  - The official federal registry now has 100% coverage across all 50 American states and DC
- Biological mechanisms (anatomy, organ physiology, cell & molecular physiology)
  - Anatomy & organ physiology: Cancers arise from virtually all tissues; organ context shapes biology and therapy (e.g., barriers like the blood–brain barrier in glioma; hormonal milieus in breast/prostate; unique microenvironments in liver or pancreas).

- Cell & molecular physiology: Tumorigenesis reflects accumulated genomic/epigenomic alterations plus microenvironmental changes. Canonical processes include:
  - Oncogene activation (e.g., KRAS, EGFR, MYC) and tumor-suppressor loss (TP53, RB1, APC).
  - Genomic instability (defects in DNA repair—BRCA1/2, MLH1/MSH2).
  - Telomere maintenance enabling limitless replicative potential via TERT reactivation or ALT pathways.
  - Evasion of growth suppression (RB pathway), resistance to apoptosis (p53/BCL2 family), sustained proliferative signaling, angiogenesis, invasion & metastasis, deregulated cellular energetics (Warburg effect), and immune evasion (PD-L1 upregulation, MHC loss).
  - Tumor microenvironment: stromal cells, immune cells, vasculature, and extracellular matrix shape progression and drug response (e.g., immune checkpoints targeted by ICIs). (Mechanism overview aligned with NCI treatment framework.) (cancer.gov)

## Data-Set:

The dataset is derived from the The Cancer Genome Atlas (TCGA) program, which collected clinicopathologic annotation data together with multi-platform molecular profiling (genomic, transcriptomic, etc.) of human tumors. (PubMed+2NCI Genomic Data Commons+2.) Specifically, more than 11,000 human tumor samples, from 33 different cancer types are found in this dataset.

The authors created a standardized dataset named the TCGA Pan-Cancer Clinical Data Resource (TCGA-CDR). (ScienceDirect+1). TCGA-CDR includes four major clinical outcome endpoints:

- Overall Survival (OS)
- Progression-Free Interval (PFI)
- Disease-Free Interval (DFI)
- Disease-Specific Survival (DSS)

Source of molecular data and how TERT was measured: The TCGA-CDR itself primarily contains clinical outcome data (survival, follow-up, etc.), but it is directly linked to the TCGA molecular datasets, which include:

- RNA sequencing (RNA-seq) for gene expression
- Whole-exome sequencing (WES) for somatic mutations
- Copy number variation (CNV) from SNP arrays
- DNA methylation profiling (450K or 27K arrays)
- Promoter mutation data (notably for TERT in certain cancers)

## Data Analysis:

### Methods

The machine learning technique we are using is: *Classification, a supervised learning method*

What is this method optimizing? How does the model decide it is "good enough"? *The method optimizes by minimizing a logistic lost function, which is then scored for accuracy using a function from the sklearn module, as well as a confusion matrix.*

## Analysis

```
### Exploratory data analysis (EDA) on a cancer dataset
# Loading the files and exploring the data with pandas
import pandas as pd
import matplotlib.pyplot as plt
import seaborn as sns

# Load the data
data = pd.read_csv(
    '/Users/Melanie/Downloads/Comp_BME/Module3_Cancer/GSE62944_subsample_log2TPM.csv', index_col=0, header=0)
metadata_df = pd.read_csv(
    '/Users/Melanie/Downloads/Comp_BME/Module3_Cancer/GSE62944_metadata.csv', index_col=0, header=0)
print(data.head())

# Explore the data
print(data.shape)
print(data.info())
print(data.describe())

# Explore the metadata
print(metadata_df.info())
print(metadata_df.describe())

# Subset by index (genes)
desired_gene_list = ['TERT']
gene_list = [gene for gene in desired_gene_list if gene in data.index]
for gene in desired_gene_list:
    if gene not in gene_list:
        print(f"Warning: {gene} not found in the dataset.")
# .loc[] is the method to subset by index labels
# .iloc[] will subset by index position (integer location) instead
gene_data = data.loc[gene_list]
print(gene_data.head())

# Basic statistics on the subsetted data
print(gene_data.describe())
print(gene_data.var(axis=1)) # Variance of each gene across samples
# Mean expression of each gene across samples
print(gene_data.mean(axis=1))
# Median expression of each gene across samples
print(gene_data.median(axis=1))
```

TCGA-E9-A1NI-01A-11R-A14D-07	TCGA-E2-A1LK-01A-21R-A14D-07	\
A1BG	3.397369	3.466089

A1CF	0.008857	0.039562
A2M	7.575125	6.643613
A2ML1	0.397610	7.625124
A4GALT	5.277425	5.244677
TCGA-BH-A0B2-01A-11R-A10J-07		TCGA-E2-A107-01A-11R-A10J-07 \
A1BG	3.789771	3.967578
A1CF	0.065051	0.000000
A2M	9.024479	7.573842
A2ML1	0.428689	0.465410
A4GALT	4.072650	4.208381
TCGA-LL-A5YN-01A-11R-A28M-07		TCGA-BH-A0DQ-01A-11R-A084-07 \
A1BG	4.733007	3.011343
A1CF	0.014260	0.008014
A2M	7.459105	9.279760
A2ML1	1.126008	0.083225
A4GALT	5.249234	5.123996
TCGA-D8-A73X-01A-11R-A32P-07		TCGA-AR-A0TP-01A-11R-A084-07 \
A1BG	4.324578	3.687565
A1CF	0.021112	0.020984
A2M	7.526283	12.770294
A2ML1	0.274456	0.220169
A4GALT	5.465881	3.083101
TCGA-E2-A1IF-01A-11R-A144-07		TCGA-EW-A6SD-01A-12R-A33J-07 ... \
A1BG	2.399717	
4.233443	...	
A1CF	0.025614	
0.108061	...	
A2M	8.201515	
8.065138	...	
A2ML1	0.152375	
1.333526	...	
A4GALT	5.371876	
3.027163	...	
TCGA-N5-A4RF-01A-11R-A28V-07		TCGA-N6-A4VF-01A-31R-A28V-07 \
A1BG	4.434854	3.630666
A1CF	0.044659	0.007317
A2M	9.212672	10.137570
A2ML1	0.063074	0.546730
A4GALT	4.821015	5.287393
TCGA-N5-A4RN-01A-12R-A28V-07		TCGA-QM-A5NM-01A-11R-A28V-07 \
A1BG	3.575404	2.458971
A1CF	0.015572	0.035358
A2M	8.439769	5.508460

A2ML1	0.744056	2.409112
A4GALT	4.690114	4.438399
TCGA-N5-A4RJ-01A-11R-A28V-07		TCGA-N5-A4R0-01A-11R-A28V-07 \
A1BG	5.791871	3.535440
A1CF	1.949092	0.078157
A2M	6.958057	7.928136
A2ML1	0.686557	0.088065
A4GALT	4.914086	3.492874
TCGA-N5-A4RV-01A-21R-A28V-07		TCGA-N6-A4VD-01A-11R-A28V-07 \
A1BG	6.075494	4.383862
A1CF	0.021624	0.006336
A2M	9.668470	8.952802
A2ML1	3.002216	0.977974
A4GALT	2.089483	5.706015
TCGA-N5-A4RT-01A-11R-A28V-07		TCGA-ND-A4WC-01A-21R-A28V-07
A1BG	4.488649	3.182423
A1CF	0.019464	0.091276
A2M	6.137774	7.317486
A2ML1	0.568217	0.012821
A4GALT	4.227761	5.491313
[5 rows x 1802 columns]		
(15716, 1802)		
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Index: 15716 entries, A1BG to ZZZ3		
Columns: 1802 entries, TCGA-E9-A1NI-01A-11R-A14D-07 to TCGA-ND-A4WC-01A-21R-A28V-07		
dtypes: float64(1802)		
memory usage: 216.2+ MB		
None		
TCGA-E9-A1NI-01A-11R-A14D-07		TCGA-E2-A1LK-01A-21R-A14D-07 \
count	15716.000000	15716.000000
mean	3.819608	3.695116
std	2.367493	2.448152
min	0.000000	0.000000
25%	1.936472	1.630385
50%	3.906571	3.775523
75%	5.435952	5.426145
max	12.964224	14.202553
TCGA-BH-A0B2-01A-11R-A10J-07		TCGA-E2-A107-01A-11R-A10J-07 \
count	15716.000000	15716.000000
mean	3.990414	3.820167
std	2.285236	2.453945
min	0.000000	0.000000
25%	2.257207	1.747294
50%	4.136273	3.930274

75%	5.549962	5.587596
max	13.443264	13.090924
	TCGA-LL-A5YN-01A-11R-A28M-07	TCGA-BH-A0DQ-01A-11R-A084-07 \
count	15716.000000	15716.000000
mean	3.605881	4.011386
std	2.355658	2.326681
min	0.000000	0.000000
25%	1.711473	2.235622
50%	3.516790	4.192228
75%	5.211256	5.601328
max	14.282765	12.850413
	TCGA-D8-A73X-01A-11R-A32P-07	TCGA-AR-A0TP-01A-11R-A084-07 \
count	15716.000000	15716.000000
mean	3.989347	3.887523
std	2.340917	2.395201
min	0.000000	0.000000
25%	2.162130	1.930483
50%	4.200889	4.070886
75%	5.631869	5.570968
max	14.598147	13.806524
	TCGA-E2-A1IF-01A-11R-A144-07	TCGA-EW-A6SD-01A-12R-A33J-07 ...
\		
count	15716.000000	15716.000000 ...
mean	3.749432	3.807983 ...
std	2.324721	2.368889 ...
min	0.000000	0.000000 ...
25%	1.925552	1.848337 ...
50%	3.785585	3.938842 ...
75%	5.353088	5.461877 ...
max	15.469026	14.315320 ...
	TCGA-N5-A4RF-01A-11R-A28V-07	TCGA-N6-A4VF-01A-31R-A28V-07 \
count	15716.000000	15716.000000
mean	3.550416	3.983453
std	2.392339	2.259327
min	0.000000	0.000000
25%	1.572896	2.324922
50%	3.485249	4.075362
75%	5.189607	5.489849

max	14.453351	13.782161
	TCGA-N5-A4RN-01A-12R-A28V-07	TCGA-QM-A5NM-01A-11R-A28V-07 \
count	15716.000000	15716.000000
mean	3.788677	3.393325
std	2.345979	2.388829
min	0.000000	0.000000
25%	1.918349	1.421703
50%	3.895144	3.229124
75%	5.440074	4.995577
max	13.547581	14.285496
	TCGA-N5-A4RJ-01A-11R-A28V-07	TCGA-N5-A4R0-01A-11R-A28V-07 \
count	15716.000000	15716.000000
mean	3.766908	3.798477
std	2.317204	2.337397
min	0.000000	0.000000
25%	1.963479	1.893287
50%	3.703291	3.899546
75%	5.343319	5.440942
max	13.783820	13.375119
	TCGA-N5-A4RV-01A-21R-A28V-07	TCGA-N6-A4VD-01A-11R-A28V-07 \
count	15716.000000	15716.000000
mean	3.440556	4.015677
std	2.446317	2.240938
min	0.000000	0.000000
25%	1.339680	2.370121
50%	3.272553	4.110397
75%	5.136387	5.525538
max	14.163920	13.023853
	TCGA-N5-A4RT-01A-11R-A28V-07	TCGA-ND-A4WC-01A-21R-A28V-07
count	15716.000000	15716.000000
mean	4.029607	3.729629
std	2.289467	2.367788
min	0.000000	0.000000
25%	2.320842	1.807498
50%	4.103340	3.810268
75%	5.616946	5.354473
max	13.812769	13.594760
[8 rows x 1802 columns]		
<class 'pandas.core.frame.DataFrame'>		
Index: 1802 entries, TCGA-E9-A1NI-01A-11R-A14D-07 to TCGA-ND-A4WC-01A-21R-A28V-07		
Data columns (total 71 columns):		
#	Column	Non-Null Count Dtype
---	-----	-----
0	cancer_type	1802 non-null object



1	bcr_patient_barcode	1730	non-null	object
2	bcr_patient_uuid	1730	non-null	object
3	patient_id	1730	non-null	object
4	gender	1730	non-null	object
5	race	1730	non-null	object
6	ethnicity	1730	non-null	object
7	age_at_diagnosis	694	non-null	float64
8	age_at_initial_pathologic_diagnosis	1036	non-null	object
9	birth_days_to	1594	non-null	object
10	last_contact_days_to	1594	non-null	object
11	death_days_to	1594	non-null	object
12	clinical_stage	1219	non-null	object
13	clinical_T	1219	non-null	object
14	clinical_N	1219	non-null	object
15	clinical_M	1141	non-null	object
16	ajcc_pathologic_tumor_stage	1144	non-null	object
17	ajcc_staging_edition	1142	non-null	object
18	ajcc_nodes_pathologic_pn	1142	non-null	object
19	ajcc_metastasis_pathologic_pm	1142	non-null	object
20	ajcc_tumor_pathologic_pt	1142	non-null	object
21	pathologic_stage	366	non-null	object
22	ajcc_clinical_tumor_stage	225	non-null	object
23	tumor_status	1650	non-null	object
24	tumor_type	73	non-null	object
25	histologic_diagnosis	1272	non-null	object
26	neoplasm_histologic_grade	153	non-null	object
27	tumor_grade	536	non-null	object
28	nuclear_grade_III_IV	79	non-null	object
29	residual_tumor	908	non-null	object
30	residual_disease_largest_nodule	77	non-null	object
31	vital_status	1730	non-null	object
32	days_to_death	136	non-null	object
33	days_to_last_followup	136	non-null	object
34	tissue_source_site	1723	non-null	object
35	tissue_source_site.1	0	non-null	float64
36	tumor_tissue_site	1651	non-null	object
37	tumor_site	70	non-null	object
38	anatomic_neoplasm_subdivision	588	non-null	object
39	anatomic_neoplasm_subdivision_other	232	non-null	object
40	submitted_tumor_site	79	non-null	object
41	metastatic_tumor_site	158	non-null	object
42	metastatic_tumor_site.1	79	non-null	object
43	history_other_malignancy	1730	non-null	object
44	history_thyroid_disease	79	non-null	object
45	history_thyroid_disease_other	79	non-null	object
46	history_reflux_disease_indicator	80	non-null	object
47	history_exposure_leukemogenic_agents	16	non-null	object
48	history_neoadjuvant_treatment	1730	non-null	object
49	radiation_treatment_adjuvant	1650	non-null	object

50	treatment_outcome_first_course	1339 non-null	object
51	pharmaceutical_tx_adjuvant	1053 non-null	object
52	platelet_count	217 non-null	object
53	platelet_count_preresection	157 non-null	object
54	platelet_norm_range_lower	77 non-null	object
55	platelet_norm_range_upper	77 non-null	object
56	icd_o_3_site	1730 non-null	object
57	icd_o_3_histology	1730 non-null	object
58	icd_10	1730 non-null	object
59	disease_code	1730 non-null	object
60	project_code	1730 non-null	object
61	ajcc_pathologic_t	0 non-null	float64
62	history_hormonal_contraceptives_use	211 non-null	object
63	pregnancies_count_miscarriage	77 non-null	object
64	jewish_religion_heritage_indicator	77 non-null	object
65	tobacco_smoking_age_started	153 non-null	object
66	family_history_cancer_type	76 non-null	object
67	tumor_response	77 non-null	object
68	ecog_score	896 non-null	object
69	lymph_nodes_examined_count	991 non-null	object
70	residual_tumor.1	908 non-null	object
dtypes: float64(3), object(68)			
memory usage: 1013.6+ KB			
None			
	age_at_diagnosis	tissue_source_site.1	ajcc_pathologic_t
count	694.000000	0.0	0.0
mean	57.680115	NaN	NaN
std	14.887310	NaN	NaN
min	15.000000	NaN	NaN
25%	48.000000	NaN	NaN
50%	58.500000	NaN	NaN
75%	69.000000	NaN	NaN
max	90.000000	NaN	NaN
	TCGA-E9-A1NI-01A-11R-A14D-07	TCGA-E2-A1LK-01A-21R-A14D-07	\
TERT	0.121333	0.881043	
	TCGA-BH-A0B2-01A-11R-A10J-07	TCGA-E2-A107-01A-11R-A10J-07	\
TERT	0.101666	0.531254	
	TCGA-LL-A5YN-01A-11R-A28M-07	TCGA-BH-A0DQ-01A-11R-A084-07	\
TERT	0.741782	0.323436	
	TCGA-D8-A73X-01A-11R-A32P-07	TCGA-AR-A0TP-01A-11R-A084-07	\
TERT	0.113267	1.156543	
	TCGA-E2-A1IF-01A-11R-A144-07	TCGA-EW-A6SD-01A-12R-A33J-07	...
\			
TERT	0.200219	0.352796	...

TERT	TCGA-N5-A4RF-01A-11R-A28V-07 0.1819	TCGA-N6-A4VF-01A-31R-A28V-07 0.195208	\
TERT	TCGA-N5-A4RN-01A-12R-A28V-07 0.917643	TCGA-QM-A5NM-01A-11R-A28V-07 0.38555	\
TERT	TCGA-N5-A4RJ-01A-11R-A28V-07 0.966262	TCGA-N5-A4R0-01A-11R-A28V-07 1.953097	\
TERT	TCGA-N5-A4RV-01A-21R-A28V-07 0.252477	TCGA-N6-A4VD-01A-11R-A28V-07 1.002368	\
TERT	TCGA-N5-A4RT-01A-11R-A28V-07 1.759906	TCGA-ND-A4WC-01A-21R-A28V-07 0.428633	
[1 rows x 1802 columns]			
count	TCGA-E9-A1NI-01A-11R-A14D-07 1.000000	TCGA-E2-A1LK-01A-21R-A14D-07 1.000000	\
mean	0.121333	0.881043	
std	NaN	NaN	
min	0.121333	0.881043	
25%	0.121333	0.881043	
50%	0.121333	0.881043	
75%	0.121333	0.881043	
max	0.121333	0.881043	
count	TCGA-BH-A0B2-01A-11R-A10J-07 1.000000	TCGA-E2-A107-01A-11R-A10J-07 1.000000	\
mean	0.101666	0.531254	
std	NaN	NaN	
min	0.101666	0.531254	
25%	0.101666	0.531254	
50%	0.101666	0.531254	
75%	0.101666	0.531254	
max	0.101666	0.531254	
count	TCGA-LL-A5YN-01A-11R-A28M-07 1.000000	TCGA-BH-A0DQ-01A-11R-A084-07 1.000000	\
mean	0.741782	0.323436	
std	NaN	NaN	
min	0.741782	0.323436	
25%	0.741782	0.323436	
50%	0.741782	0.323436	
75%	0.741782	0.323436	
max	0.741782	0.323436	
count	TCGA-D8-A73X-01A-11R-A32P-07 1.000000	TCGA-AR-A0TP-01A-11R-A084-07 1.000000	\
mean	0.113267	1.156543	
std	NaN	NaN	

min	0.113267	1.156543
25%	0.113267	1.156543
50%	0.113267	1.156543
75%	0.113267	1.156543
max	0.113267	1.156543
TCGA-E2-A1IF-01A-11R-A144-07 TCGA-EW-A6SD-01A-12R-A33J-07 ...		
\		
count	1.000000	1.000000 ...
mean	0.200219	0.352796 ...
std	NaN	NaN ...
min	0.200219	0.352796 ...
25%	0.200219	0.352796 ...
50%	0.200219	0.352796 ...
75%	0.200219	0.352796 ...
max	0.200219	0.352796 ...
TCGA-N5-A4RF-01A-11R-A28V-07 TCGA-N6-A4VF-01A-31R-A28V-07 \		
count	1.0000	1.000000
mean	0.1819	0.195208
std	NaN	NaN
min	0.1819	0.195208
25%	0.1819	0.195208
50%	0.1819	0.195208
75%	0.1819	0.195208
max	0.1819	0.195208
TCGA-N5-A4RN-01A-12R-A28V-07 TCGA-QM-A5NM-01A-11R-A28V-07 \		
count	1.000000	1.000000
mean	0.917643	0.38555
std	NaN	NaN
min	0.917643	0.38555
25%	0.917643	0.38555
50%	0.917643	0.38555
75%	0.917643	0.38555
max	0.917643	0.38555
TCGA-N5-A4RJ-01A-11R-A28V-07 TCGA-N5-A4R0-01A-11R-A28V-07 \		
count	1.000000	1.000000
mean	0.966262	1.953097
std	NaN	NaN
min	0.966262	1.953097

25%	0.966262	1.953097
50%	0.966262	1.953097
75%	0.966262	1.953097
max	0.966262	1.953097
TCGA-N5-A4RV-01A-21R-A28V-07 TCGA-N6-A4VD-01A-11R-A28V-07 \		
count	1.000000	1.000000
mean	0.252477	1.002368
std	NaN	NaN
min	0.252477	1.002368
25%	0.252477	1.002368
50%	0.252477	1.002368
75%	0.252477	1.002368
max	0.252477	1.002368
TCGA-N5-A4RT-01A-11R-A28V-07 TCGA-ND-A4WC-01A-21R-A28V-07		
count	1.000000	1.000000
mean	1.759906	0.428633
std	NaN	NaN
min	1.759906	0.428633
25%	1.759906	0.428633
50%	1.759906	0.428633
75%	1.759906	0.428633
max	1.759906	0.428633

[8 rows x 1802 columns]

TERT 0.740426

dtype: float64

TERT 0.698498

dtype: float64

TERT 0.394489

dtype: float64

### Investigate potential correlation between TERT and gender

#Import necessary modules

import numpy as np

from sklearn.linear\_model import LogisticRegression

from sklearn.metrics import confusion\_matrix

# Clean the training data of NAN values

non\_NAN = metadata\_df['gender'].dropna().index

X1 = gene\_data.loc['TERT', non\_NAN]

y1 = metadata\_df.loc[non\_NAN, 'gender']

#Convert gender to binary to quantify gender feature

y\_label = [{"MALE": 0, "FEMALE": 1}[i] for i in y1]

# Combine TERT expression and gender into a DataFrame

plot\_df = pd.DataFrame({  
    "TERT\_expression": X1.values,

```

    "gender": y1.values
}, index=y1.index)

# Plot TERT against gender with stripplot
sns.stripplot(data=plot_df,
              x="gender",
              y="TERT_expression",
              palette="Set1")
plt.title("TERT Expression by Gender")
plt.show()

#Load testing data set
test_data = pd.read_csv(
    '/Users/Melanie/Downloads/Comp_BME/Module3_Cancer/TEST_SET_GSE62944_su
bsample_log2TPM.csv', index_col=0, header=0)
test_meta = pd.read_csv(
    '/Users/Melanie/Downloads/Comp_BME/Module3_Cancer/TEST_SET_GSE62944_me
tadata.csv', index_col=0, header=0)

#Clean the testing data set
test_non_NAN = test_meta['gender'].dropna().index
test_X1 = test_data.loc['TERT', test_non_NAN]
test_y1 = test_meta.loc[test_non_NAN, 'gender']

#Train Logistic regression then test with testing data set
X1_log = X1.values.reshape(-1,1)
model = LogisticRegression().fit(X1_log, y_label)
test_X1_log = test_X1.values.reshape(-1,1)
pred_gender = model.predict(test_X1_log)

# Encode test labels to binary
test_y_label = [{"MALE": 0, "FEMALE": 1}[i] for i in test_y1]
test_y1_binary = np.array(test_y_label)

# Compute accuracy and confusion matrix
print(f"Model accuracy: {model.score(test_X1_log, test_y1_binary)}")
cm = confusion_matrix(test_y1_binary, pred_gender)

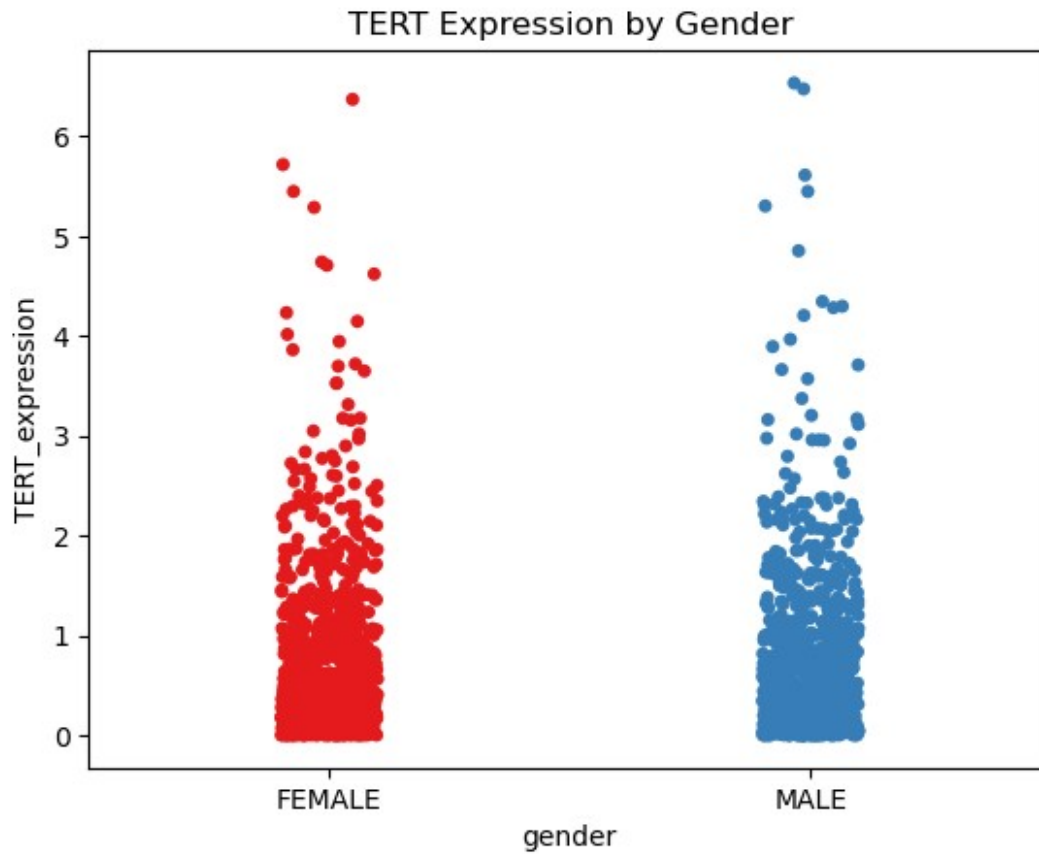
# Plot heatmap of confusion matrix
sns.heatmap(cm, annot=True, fmt='d', cmap="Blues",
            xticklabels=["Male", "Female"],
            yticklabels=["Male", "Female"])
plt.xlabel("Predicted")
plt.ylabel("Actual")
plt.title("Confusion Matrix for Gender Prediction")
plt.show()

/var/folders/9_/7k0ty_k13q13lv0m0h2syp3w0000gn/T/
ipykernel_15580/2441500197.py:22: FutureWarning:

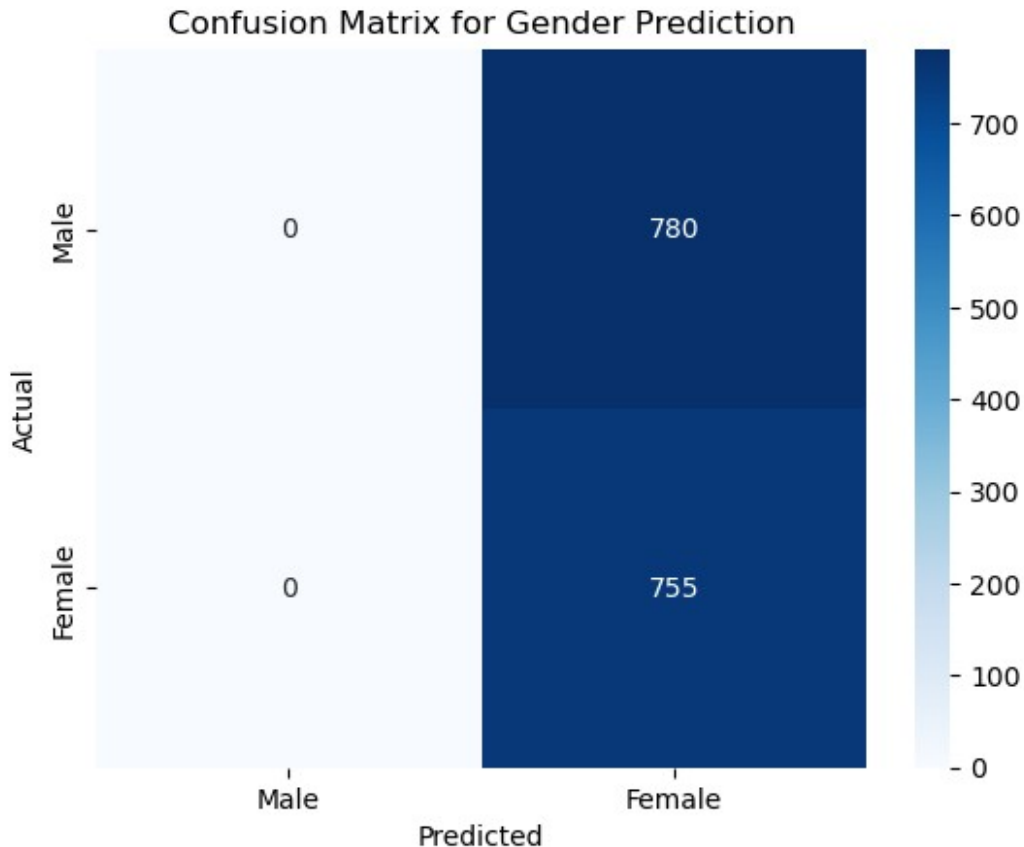
```

Passing `palette` without assigning `hue` is deprecated and will be removed in v0.14.0. Assign the `x` variable to `hue` and set `legend=False` for the same effect.

```
sns.stripplot(data=plot_df,
```



Model accuracy: 0.49185667752442996



```

### Investigate potential correlation between TERT and cancer types
from sklearn.preprocessing import LabelEncoder
from sklearn.metrics import classification_report

# Clean the data of NAN values
non_NAN = metadata_df['cancer_type'].dropna().index
X2 = gene_data.loc['TERT', non_NAN]
y2 = metadata_df.loc[non_NAN, 'cancer_type']

# Clean the testing data set
test_non_NAN = test_meta['cancer_type'].dropna().index
test_X2 = test_data.loc['TERT', test_non_NAN]
test_y2 = test_meta.loc[test_non_NAN, 'cancer_type']

# Convert cancer types into numeric labels for both training and testing sets
le_all = LabelEncoder()
le_all.fit(pd.concat([y2, test_y2]))

# Transform train and test labels consistently
y_quant2 = le_all.transform(y2)
test_y_quant2 = le_all.transform(test_y2)

```



```

# Combine TERT expression and cancer type into a DataFrame
plot_df2 = pd.DataFrame({
    "TERT_expression": X2.values,
    "cancer_type": y2.values
}, index=y2.index)

# Plot TERT against cancer type with stripplot
plt.figure(figsize=(12,6))
sns.stripplot(data=plot_df2,
              x="cancer_type",
              y="TERT_expression",
              palette="Set1")
plt.title("TERT Expression by Cancer Type")
plt.show()

#Train Logistic regression then test with testing data set
X2_log = X2.values.reshape(-1,1)
model = LogisticRegression(multi_class='multinomial', solver='lbfgs',
max_iter=1000)
model.fit(X2_log, y_quant2)
test_X2_log = test_X2.values.reshape(-1,1)
pred_cancer = model.predict(test_X2_log)

# Compute classification report and confusion matrix
unique_classes = np.unique(test_y_quant2) # Get the unique classes
present in the test set
print(f"Classification report: {classification_report(test_y_quant2,
pred_cancer,

labels=unique_classes,

target_names=le_all.classes_[unique_classes])}")
cm = confusion_matrix(test_y_quant2, pred_cancer)

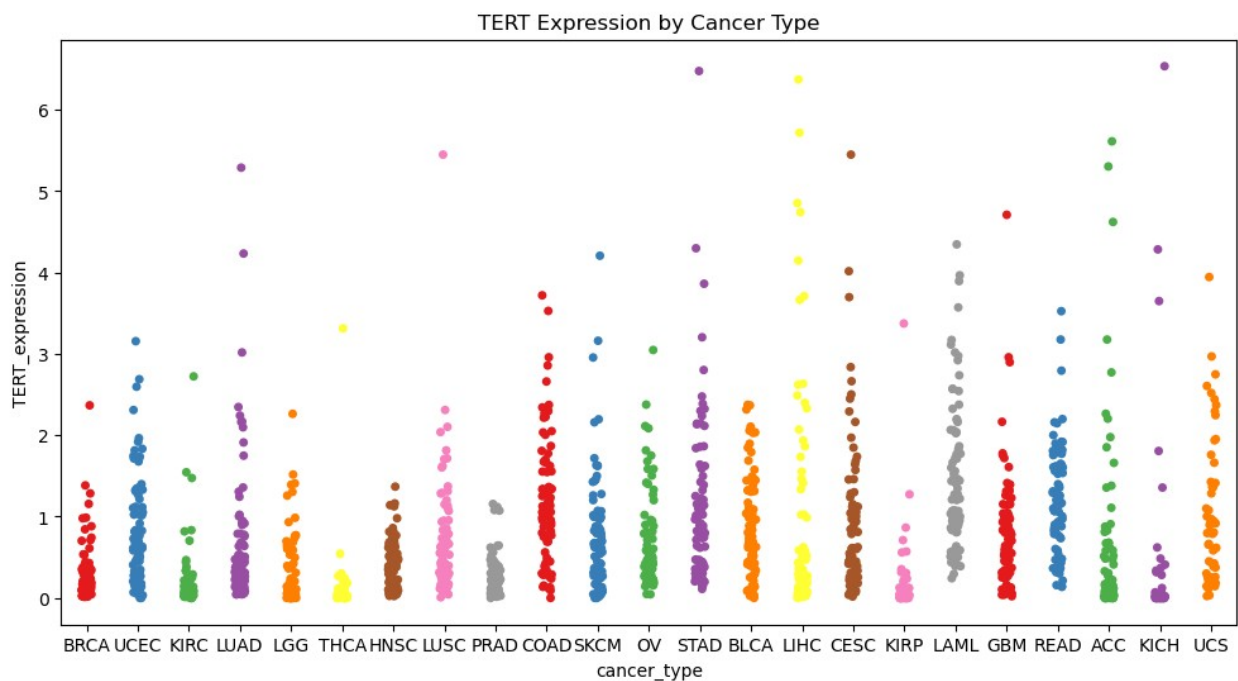
#Plot heatmap of confusion matrix
sns.heatmap(cm, annot=True, fmt='d', cmap="Blues",
            xticklabels=le_all.classes_,
            yticklabels=le_all.classes_)
plt.xlabel("Predicted")
plt.ylabel("Actual")
plt.title("Confusion Matrix for Cancer Type Prediction")
plt.show()

/var/folders/9_/7k0ty_k13q13lv0m0h2syp3w0000gn/T/
ipykernel_15580/1049369323.py:31: FutureWarning:

Passing `palette` without assigning `hue` is deprecated and will be
removed in v0.14.0. Assign the `x` variable to `hue` and set
`legend=False` for the same effect.

```

```
sns.stripplot(data=plot_df2,
```



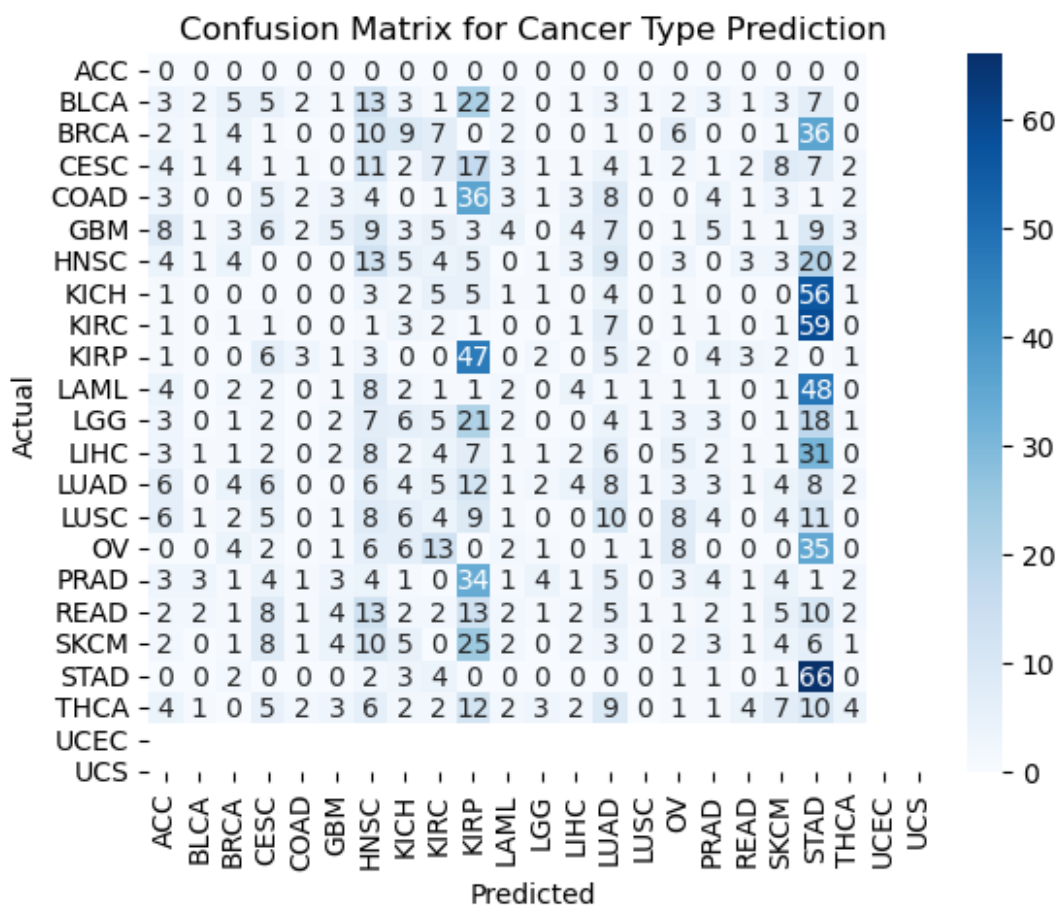
```
/Users/Melanie/Documents/anaconda3/lib/python3.13/site-packages/
sklearn/linear_model/_logistic.py:1247: FutureWarning: 'multi_class'
was deprecated in version 1.5 and will be removed in 1.7. From then
on, it will always use 'multinomial'. Leave it to its default value to
avoid this warning.
```

```
warnings.warn(
```

```
Classification report:          precision    recall  f1-score   support
```

BLCA	0.14	0.03	0.04	80
BRCA	0.10	0.05	0.07	80
CESC	0.01	0.01	0.01	80
COAD	0.13	0.03	0.04	80
GBM	0.16	0.06	0.09	80
HNSC	0.09	0.16	0.12	80
KIRC	0.03	0.03	0.03	80
KIRP	0.03	0.03	0.03	80
LAML	0.17	0.59	0.27	80
LGG	0.06	0.03	0.04	80
LIHC	0.00	0.00	0.00	80
LUAD	0.07	0.03	0.04	80
LUSC	0.08	0.10	0.09	80
OV	0.00	0.00	0.00	80
PRAD	0.15	0.10	0.12	80

READ	0.10	0.05	0.07	80
SKCM	0.05	0.01	0.02	80
STAD	0.07	0.05	0.06	80
THCA	0.15	0.82	0.25	80
UCEC	0.17	0.05	0.08	80
micro avg	0.11	0.11	0.11	1600
macro avg	0.09	0.11	0.07	1600
weighted avg	0.09	0.11	0.07	1600



## Verify and validate your analysis:

The methods we used to validate our data were model accuracy scores, reports, and confusion matrices.

The model accuracy score uses the determined optimized loss function and calculates out of how many predictions were correct when compared with the actual data. For the TERT vs. Gender classification model, the model predicted around half correct, while the other half was incorrect. Since the data was binary, the model was as good as randomly guessing between the two given genders.

The classification report uses the determined groupings to determine how many predictions were correct, and then using those figures to calculate the precision, recall, f1-score, and support. For the TERT vs. Cancer Type classification model, both the precision and recall rates were very low, meaning that the model was not accurate in predicting cancer type from TERT.

Confusion matrices were used for both the classification models as confusion matrices provide a practical way to study how well the models used TERT to classify the respective feature. It shows, very similarly to the aforementioned validation methods, how many predictions were mapped to the correct group, and how many predictions were falsely labeled as another. The model accuracy score for TERT vs. Gender is supported by its confusion matrix as the model correctly predicted half of the data as females, though falsely labeled the other half as male. The confusion matrix for the cancer types is slightly more complicated due to the many types of cancers in the dataset, and this complexity is reflected in the model accuracy itself. The number of false predictions are scattered across the confusion matrix, with STAD cancer having the highest number of true predictions. Oddly enough, there are also a lot of false predictions of STAD that were either KIRC or KICH. Overall, the matrix shows that the classification model's accuracy is poor as well.

Current literature has found that there are differing rates of TERT promoter mutations across different sexes shown in certain cancers, meaning that there could potentially be different amounts of TERT expression based on gender and cancer type. However, these trends are so far only found in specific studies such as gender and melanoma, gender and thyroid cancer, and gender and hepatocellular carcinoma (also known as liver cancer) (El Zarif et al.). These studies are much narrower than our method, which compared TERT expression across nearly 20 types of cancers independent of gender, then TERT expression across gender independent of cancer type. The few classifications that were predicted correctly may have coincidentally aligned with the specific studies that have linked TERT expression by gender to certain cancers, or may have predicted them correctly by chance. Additionally, TERT overexpression in cancer has only been shown to be found in 4% of cancers (Colebatch et al.), which could explain why using solely TERT as a biomarker to classify cancers in our model did not provide adequate results.

- Talal El Zarif, Marc Machaalani, Rashad Nawfal, Amin H Nassar, Wanling Xie, Toni K Choueiri, Mark Pomerantz, TERT Promoter Mutations Frequency Across Race, Sex, and Cancer Type, *The Oncologist*, Volume 29, Issue 1, January 2024, Pages 8–14, <https://doi.org/10.1093/oncolo/oyad208>
- Colebatch AJ, Dobrovic A, Cooper WATERT gene: its function and dysregulation in cancer *Journal of Clinical Pathology* 2019;72:281-284.

## Conclusions and Ethical Implications:

### CONCLUSION

Across the TCGA Pan-Cancer cohort, TERT expression alone did not yield predictive power for either sex classification or cancer-type classification. The TERT→sex model performed at ~50% accuracy (essentially random guessing for a binary task) and the TERT→cancer-type model showed uniformly poor precision and recall across >15 cancer types.

This aligns with prior research showing that while TERT can be profoundly important in specific tumor contexts, it is not universally dysregulated across cancer. Colebatch et al. report that clearly oncogenic TERT promoter driven-overexpression is only present in a minority of human

tumors ( $\approx 4\%$ ) (Colebatch et al., 2019). The pan-cancer null result we saw is actually consistent: most cancers do not depend on telomerase activation via promoter mutation for malignant fitness. In some cancer classes (e.g. ALT-driven sarcomas) the tumor does not rely on telomerase at all.

## ETHICAL IMPLICATIONS

No sex-stratified inference is justified. Our model showed no generalizable linkage between sex assignment and TERT expression with averaged pan-cancer. This matters ethically because there are published studies showing sex-differences within specific cancers (e.g. hepatocellular carcinoma (Nault et al., 2019), melanoma (Hodis et al., 2022)), but those findings cannot be naïvely generalized.

Single-biomarker AI should not be used for clinical triage. The idea that “high TERT” tells you “which cancer this is” or “which sex the patient is” is scientifically unsound. An AI built on only TERT would risk misclassification harm. Regulatory AI ethics frameworks (e.g. in oncology FDA guidance) explicitly warn against single-feature clinical models.

Context matters in genomics. TERT must not be interpreted without the other pathway context (p53, ATRX/DAXX, RAS/RAF pathway status, epigenome). Prior studies that did show strong TERT effects showed them in mechanistically coherent domains, not as standalone signals.

## Limitations and Future Work:

### LIMITATIONS

TCGA sex field is biological sex — TCGA does not have gender-identity, hormonal therapy exposure, menopausal state or gonadal hormonal axis variables (all of which strongly modulate telomerase activity). Telomerase activity is known to be estrogen-responsive in normal physiology and carcinogenesis (Bayne & Liu, Nature, 2020). Without hormone axis variables, our model cannot capture the whole picture.

Cancer-type classification is extremely imbalanced in TCGA. Some cancer classes have  $N > 1000$  (e.g. BRCA) while rare cancers have  $N < 100$ . Classifiers break under such regimes. Only a single molecular feature (TERT) was used — highly unlikely to be a sufficient biomarker. TCGA is not a random population sample — it is a convenience cohort and has known race and stage biases. Cancer-type classification is a multi-class task with highly imbalanced support in TCGA — most cancers have very small  $N$ . TERT expression is not normalized to tumor purity. Without purity correction (ABSOLUTE / ESTIMATE / CIBERSORT), you cannot tell transcription from cancer cells vs tumor microenvironment stromal cells. Additionally, there is no molecular subtype stratification. For example, BRCA has LumA / LumB / HER2 / basal-like — those subtypes have different telomerase pathway wiring. If you collapse across subtype, you destroy signal before modeling even begins.

TCGA is pre-immunotherapy era (samples collected  $\sim 2005$ – $2014$ ). Modern tumors under immune checkpoint blockade adapt telomere biology differently (Bussani et al., Cancer Cell, 2021), so the generalization to modern clinics may be limited.

### FUTURE WORK

Future iterations should not treat TERT as a stand-alone scalar feature. Instead, next work must move toward systems-level telomere biology modeling.

First, models should be cancer-type specific, not pan-cancer. Nearly every major telomerase study that has found a sex difference in TERT (melanoma, thyroid, HCC) showed those differences within a cancer type — not averaged across the entire human oncologic space. This mirrors what the Pan-Cancer Analysis of Whole Genomes consortium demonstrated: TERT-activating alterations are strongly tumor-type specific (PCAWG Consortium, Nature, 2020).

Second, future modeling should include other molecular axis variables required for telomerase biology: TERT promoter mutation calls (which are more stable than RNA expression; Huang et al., Nat Genet, 2023), ATRX/DAXX status, TP53 disruption, ALT phenotype estimates, and bulk telomere length metrics (Barthel et al., Nat Genet, 2017). Telomerase activation is not a single-gene RNA phenomenon — it is a circuit-level state.

Third, confounders must be explicitly modeled — especially age, hormonal exposure, and tumor purity. Telomerase activity is estrogen-modulated and age-modulated (Bayne & Liu, Nature, 2020), and TCGA sex is a coarse binary field that does not represent nuanced endocrine biology. Without controlling for these axes, any future sex-based inference will remain uninterpretable.

Finally, methodological advances should be used. Graph neural networks, Bayesian networks, or Cox-based deep survival models (DeepSurv / DeepHit) would allow modeling of telomere pathway state as a structured system, not a single marker. There is growing evidence that the future of precision oncology is multi-omic telomere-state modeling, not single gene biomarkers.

Barthel FP, Wei W, Tang M, et al. Systematic analysis of telomere length and somatic alterations in 31 cancer types. Nature Genetics. 2017;49(3):349–357. [doi:10.1038/ng.3781](https://doi.org/10.1038/ng.3781)

Bayne S, Liu JP. Telomeres and telomerase: from discovery to clinical cancer trials. Nature Review Molecular Cell Biology. 2020;21:407–428. [doi:10.1038/s41580-020-0233-7](https://doi.org/10.1038/s41580-020-0233-7)

Huang FW, Hodis E, Xu MJ, Strickland MR, et al. Functional landscapes of TERT promoter mutations in cancer. Nature Genetics. 2023;55:1408–1417. [doi:10.1038/s41588-023-01417-w](https://doi.org/10.1038/s41588-023-01417-w)

Nault JC, Martin Y, Caruso S, Hirsch TZ, et al. Clinical Impact of TERT Promoter Mutations in Hepatocellular Carcinoma. New England Journal of Medicine. 2019;380:2018–2020. [doi:10.1056/NEJMc1904522](https://doi.org/10.1056/NEJMc1904522)

PCAWG Consortium. Pan-cancer analysis of whole genomes. Nature. 2020;578:82–93. [doi:10.1038/s41586-020-1969-6](https://doi.org/10.1038/s41586-020-1969-6)

Zhou X, Zhang S. Telomerase reverse transcriptase in cancer molecular mechanisms and potential therapeutic target. Nature Reviews Molecular Cell Biology. 2022;23:318–337. [doi:10.1038/s41580-021-00452-y](https://doi.org/10.1038/s41580-021-00452-y)

## NOTES FROM YOUR TEAM:

- 10/21: Learned about optimization code and applications from guest lecturer Lavie
- 10/23: Met partner, learned about cancer, its hallmarks, and available datasets, decided on what to investigate and what future steps to take by checkin

- 10/25: First checkin due, finished background info, dataset info, and confirming that relevant metadata and genes are available in datasets
- 10/28: Learned about supervised machine learning
- 10/30: Learned about unsupervised machine learning
- 10/31-11/4: Implemented code to investigate question, ran into errors leading to changes in methods (regression to two separate classifications)
- 11/6: Learned about validation methods for supervised and unsupervised machine learning
- 11/7-8: Implemented a testing data set, improved visuals of data plots to make easier to understand, implemented validation methods with accuracy scores and confusion matrices, found external validation
- 11/11: Learned about regularization
- 11/13: Added conclusions, ethical implications, and future work

## QUESTIONS FOR YOUR TA:

N/A