CLASSIFYING CLINICALLY ACTIONABLE GENETIC MUTATIONS

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OUR PROBLEM STATEMENT

- Cancer is a top public health issue[1]:
  - Globally, about 1 in 6 deaths is due to cancer
  - One in every 4-5 people in Singapore may develop cancer in their lifetime
- Today, clinical pathologists can perform genomic sequencing on a patient's tumour sample to determine if it carries mutations that could aid in treatment, or clinical trials[2]
- Once these genes and mutations (variations) have been identified, clinical pathologists manually review a growing corpus of related biomedical literature to classify the mutations – this process is tedious and time consuming
- Our problem statement: to build a model that can help to automate this classification
- Metrics: balanced (weighted) accuracy and F1 scores, micro-average AUC
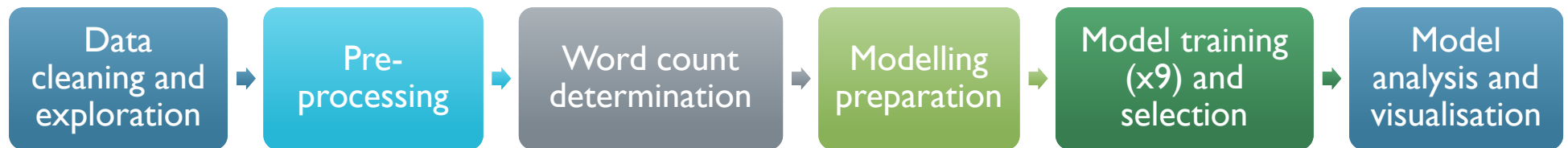- Success measure: beat baseline accuracy (0.287) by ≥ 10%

Sources:
[1] - https://www.nccs.com.sg/patient-care/cancer-types/cancer-statistics, https://www.who.int/news-room/fact-sheets/detail/cancers
[2] - https://www.mskcc.org/cancer-care/diagnosis-treatment/diagnosing/role-pathology
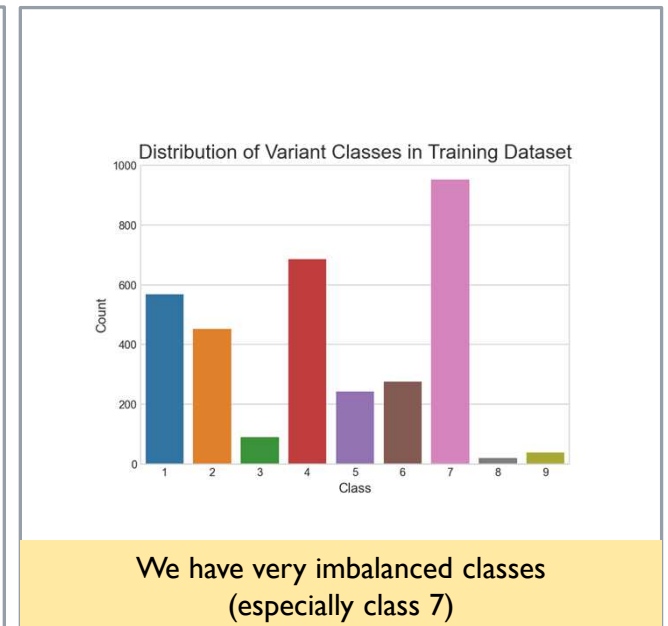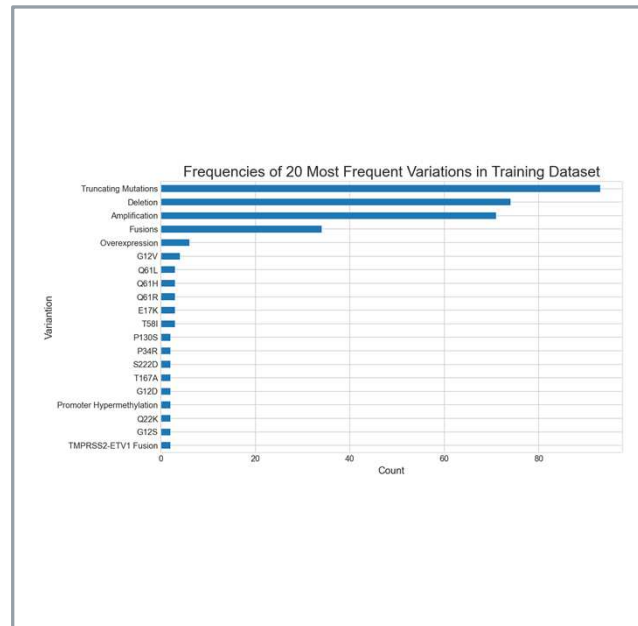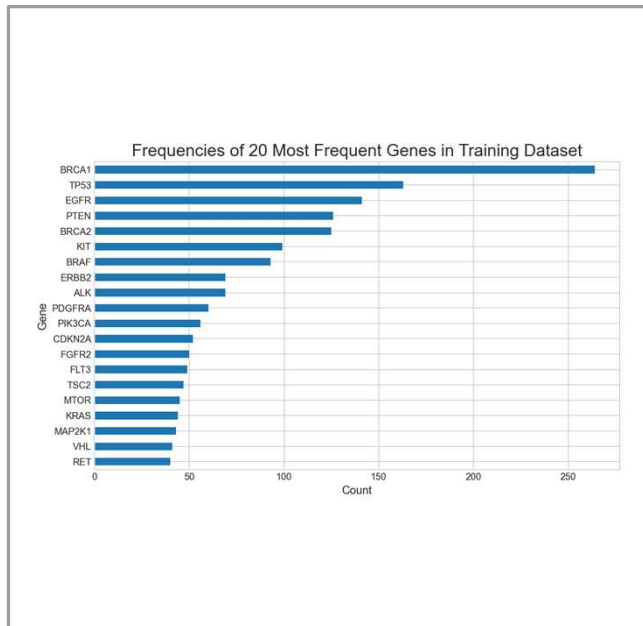
THE CHALLENGE …

3,321 Training Samples

The incidence of breast cancer is increasing in China in recent decades, and familial breast cancer accounts for 5–10% of the total patients in Chinese women. Germline mutations in breast cancer susceptibility genes, BRCA1(MIM# 113705) and BRCA2(MIM# 600185), are responsible for only approximately 10% of Chinese breast cancer families [Liede and Narod, 2002]; …

+ CHEK2 + H371Y = 9

An unselected series of 310 colorectal carcinomas, stratified according to microsatellite instability (MSI) and DNA ploidy, was examined for mutations and/or promoter hypermethylation of five components of the WNT signaling cascade [APC, CTNNB1 (encoding β-catenin), AXIN2, TCF4, and WISP3] and three genes indirectly affecting this pathway [CDH1 (encoding E-cadherin), PTEN, and TP53]. APC and TP53 mutations were each present more often in microsatellite-stable (MSS) tumors ...

+ AXIN2 + Q1537R = 7

986 Test Samples

Mycosis fungoides and Sézary syndrome are primary cutaneous T cell malignancies derived from CD4+ skin-homing T cells1, 2. Mycosis fungoides cases with limited skin involvement have a favorable prognosis; however, the median survival time for cases with cutaneous tumors and generalized erythroderma is approximately 4 years, and patients with Sézary syndrome fare even worse …

+ WNT4 + E216G = ?

Regulated progression through the cell cycle requires sequential expression of a family of proteins called cyclins. Upon their induction, cyclins form complexes with specific cyclin-dependent kinases (CDKs), creating active holoenzymes that phosphorylate target proteins that are required for cell-cycle progression. Induction of the proto-oncogene cyclin D1, and its binding to …

+ GJB3 + E183K = ?

Legend: Clinical Text | Gene | Variation | Class

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OUR APPROACH – AT A GLANCE

Data cleaning and exploration → Pre-processing → Word count determination → Modelling preparation → Model training (x9) and selection → Model analysis and visualisation

WHAT WE NOTICED – GENES, VARIANTS & CLASSES

Frequencies of 20 Most Frequent Genes in Training Dataset

Frequencies of 20 Most Frequent Variations in Training Dataset

Distribution of Variant Classes in Training Dataset

We have very imbalanced classes (especially class 7)
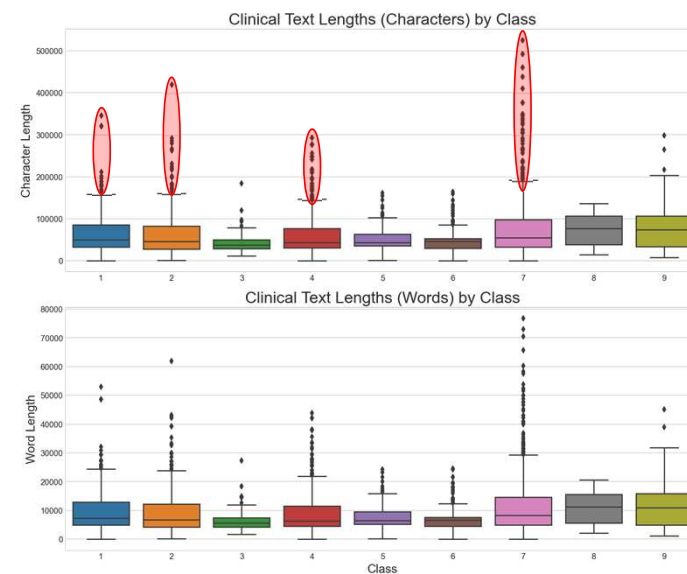
WHAT WE NOTICED – CLINICAL TEXT
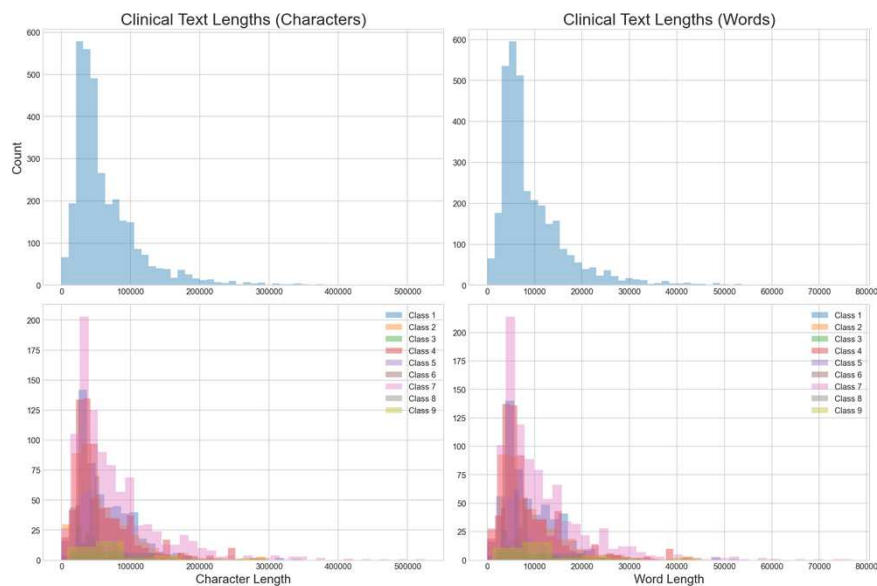
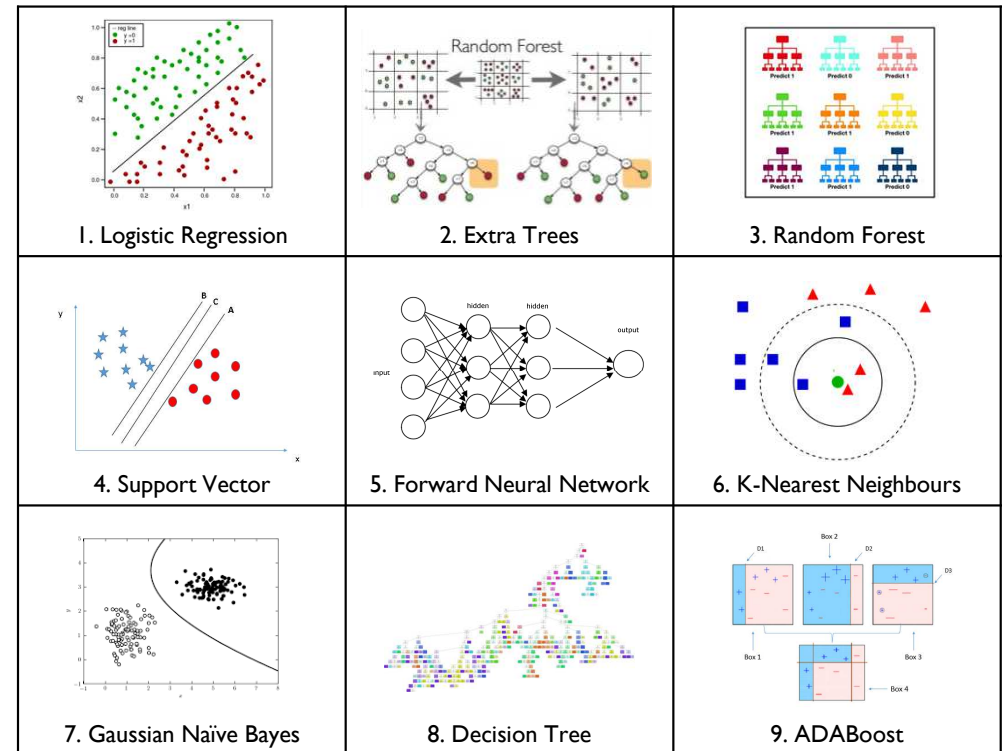Average # of words

9,543

Maximum # of words

76,708

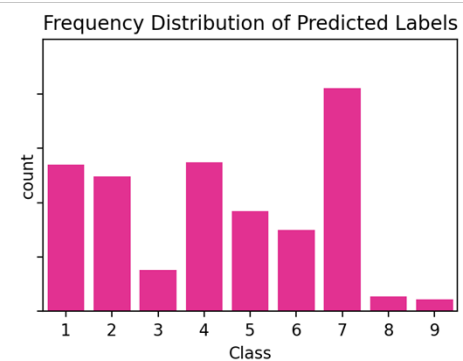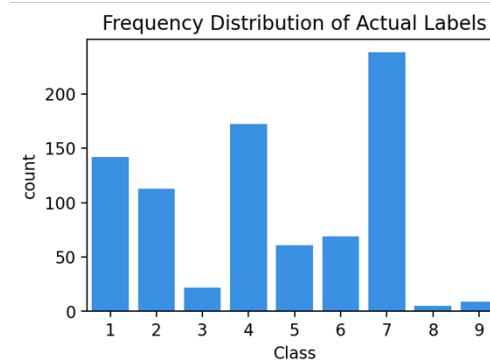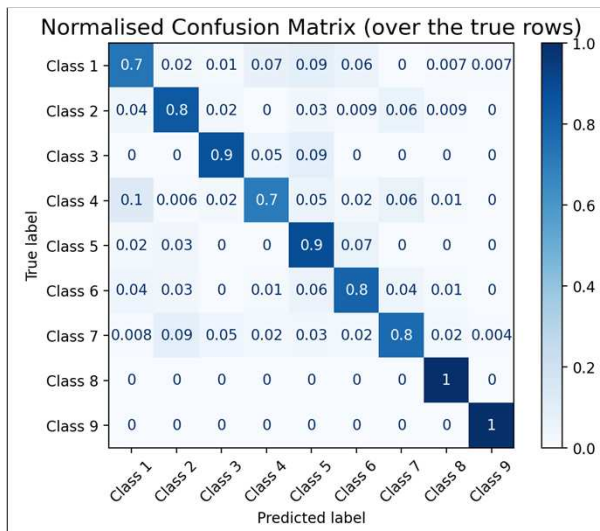We decided not to remove any of the outliers given the importance of retaining as many words as possible for training our models

PREPARING THE CLINICAL TEXT FOR PROCESSING

An unselected series of 310 colorectal carcinomas, ==stratified== according to microsatellite instability (MSI) and DNA ploidy, was ==examined== for mutations and/or promoter hypermethylation of five components of the WNT signaling cascade [APC, CTNNB1 (encoding β-catenin), AXIN2, TCF4, and WISP3] and three genes indirectly ==affecting== this pathway [CDH1 (encoding E-cadherin), PTEN, and TP53]. APC and TP53 mutations were each present more often in microsatellite-stable (MSS) tumors.

↓

Case conversion + Text extraction

↓

an unselected series of colorectal carcinomas stratified according to microsatellite instability msi and dna ploidy was examined for mutations and or promoter hypermethylation of five components of the wnt signaling cascade apc ctnnb encoding catenin axin tcf and wisp and three genes indirectly affecting this pathway cdh encoding e cadherin pten and tp apc and tp mutations were each present more often in microsatellite stable mss tumors

→

Tokenisation + Part-of-speech (POS) tagging + Lemmatisation + Stop-word removal

~5 hrs for training text
~1.5 hrs for test text

↑

unselected series colorectal carcinoma ==stratify== accord microsatellite instability msi dna ploidy ==examine== promoter hypermethylation five component wnt signal cascade apc ctnnb encode catenin axin tcf wisp three gene indirectly ==affect== pathway cdh encode e cadherin pten tp apc tp present often microsatellite stable ms

Word Clouds for Clinical Text (by Class)

HOW WE BUILT OUR MODEL

- The key steps we took

  - We addressed our imbalanced classes – by creating more samples for selected classes (using ADASYN)

  - We made our model more generalisable – by 'pivoting' our data to reduce the number of features to just 1,800 (using PCA)

  - We systematically searched for the right model parameters – by identifying optimal parameters for 9 different candidates and ranking their performance

- We built a model consisting of a logistic regression classifier trained on weighted word counts

Best Performing Classifiers (1=Best)

1. Logistic Regression	2. Extra Trees	3. Random Forest
4. Support Vector	5. Forward Neural Network	6. K-Nearest Neighbours
7. Gaussian Naïve Bayes	8. Decision Tree	9. ADABoost

Normalised Confusion Matrix (over the true rows)

Frequency Distribution of Actual Labels / Frequency Distribution of Predicted Labels

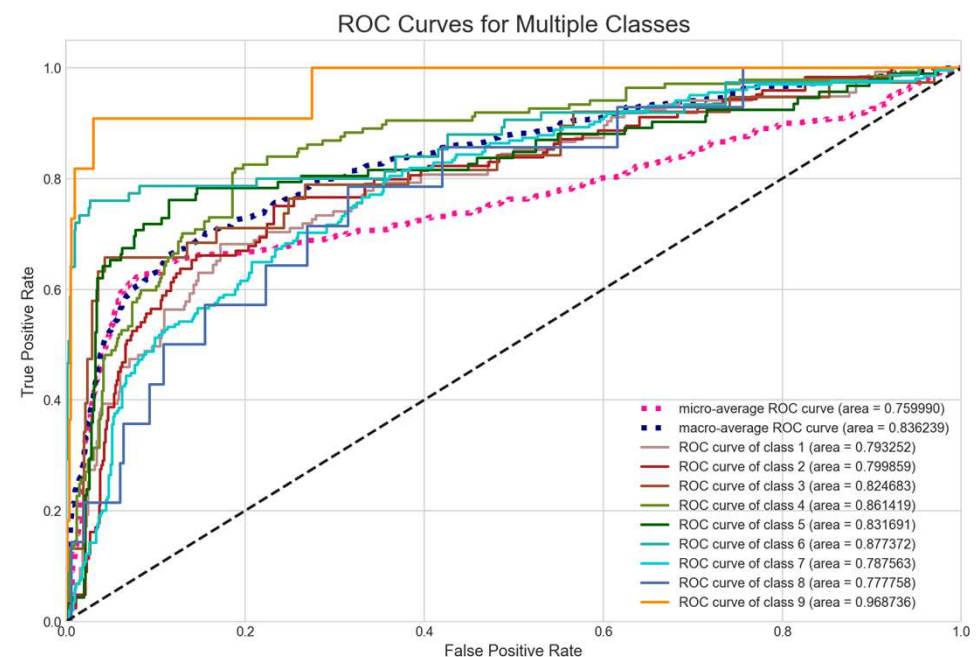ROC Curves for Multiple Classes

HOW DID OUR MODEL DO?

- Correctly predicts an average of ~54% of actual positives across all classes

- Has an average F1 score of ~62% for each class (weighted by the number of true instances of each class)
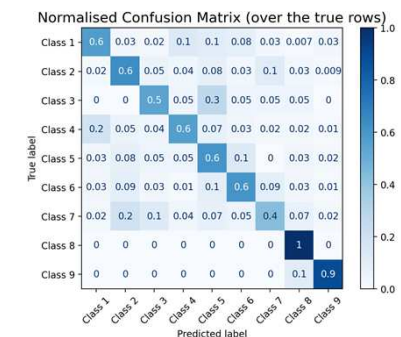
- Has an average AUC score of ~76% across all classes

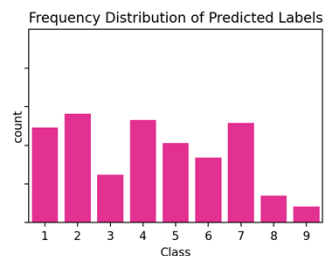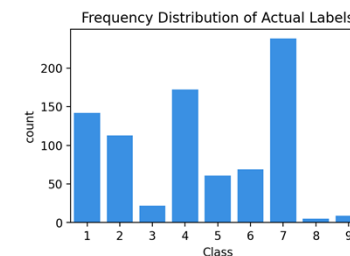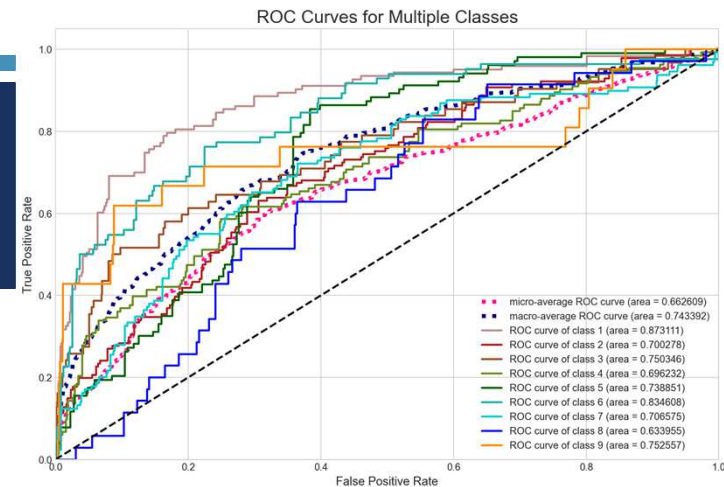# CAN WORD EMBEDDINGS IMPROVE OUR MODEL?

ROC Curves for Multiple Classes

- The problem: we have too many features to begin with (~76k) because we are creating a feature for every unique word in all the training text

- The idea: use word embeddings that need fewer features (in our case we use 100-dimensional embeddings)

- The hope: we can train a model faster and achieve higher accuracy

unselected series colorectal carcinoma stratify accord microsatellite instability msi dna ploidy examine promoter hypermethylation five component wnt signal cascade apc ctnnb encode catenin axin tcf ...

Text Instance	100-dimensional word embeddings					
	1	2	3	...	99	100
1	1.624678	-0.914357	-0.074222	...	0.997731	-0.449048
2	1.724697	-0.940365	-0.251819	...	1.002514	-0.585488
3	1.692799	-0.932071	-0.164691	...	0.950496	-0.45507
4	1.70435	-0.86725	-0.223373	...	1.00146	-0.539931
5	1.677125	-0.908731	-0.161353	...	0.99578	-0.496753
...	...	...	...	...	...	...

Frequency Distribution of Actual Labels

Frequency Distribution of Predicted Labels

Normalised Confusion Matrix (over the true rows)

- The outcome: the best-trained alternative model had lower scores than our baseline model

- The conclusion: our baseline model is still a better choice

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HOW OUR MODEL CAN BE USED IN FUTURE

- Model predictions can be incorporated into reports that a molecular tumour board can use to make decisions on treatment
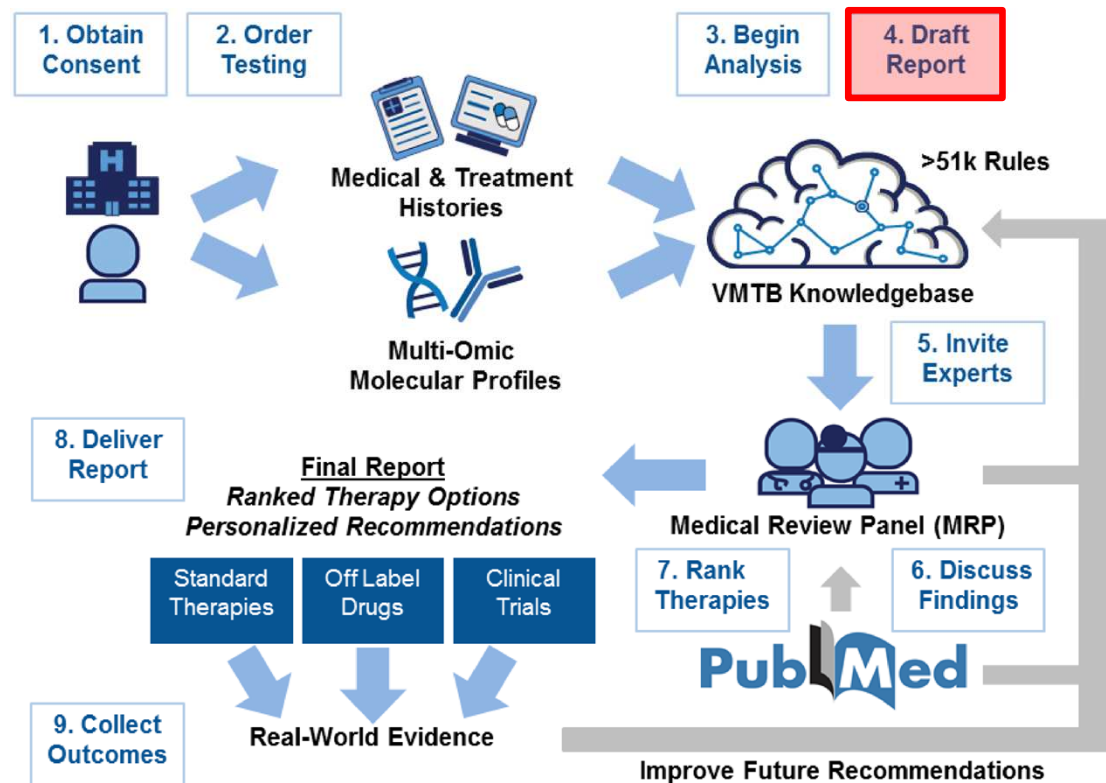
Source: JAMIA Open, Volume 2, Issue 4, December 2019, Pages 505–515, https://doi.org/10.1093/jamiaopen/ooz045
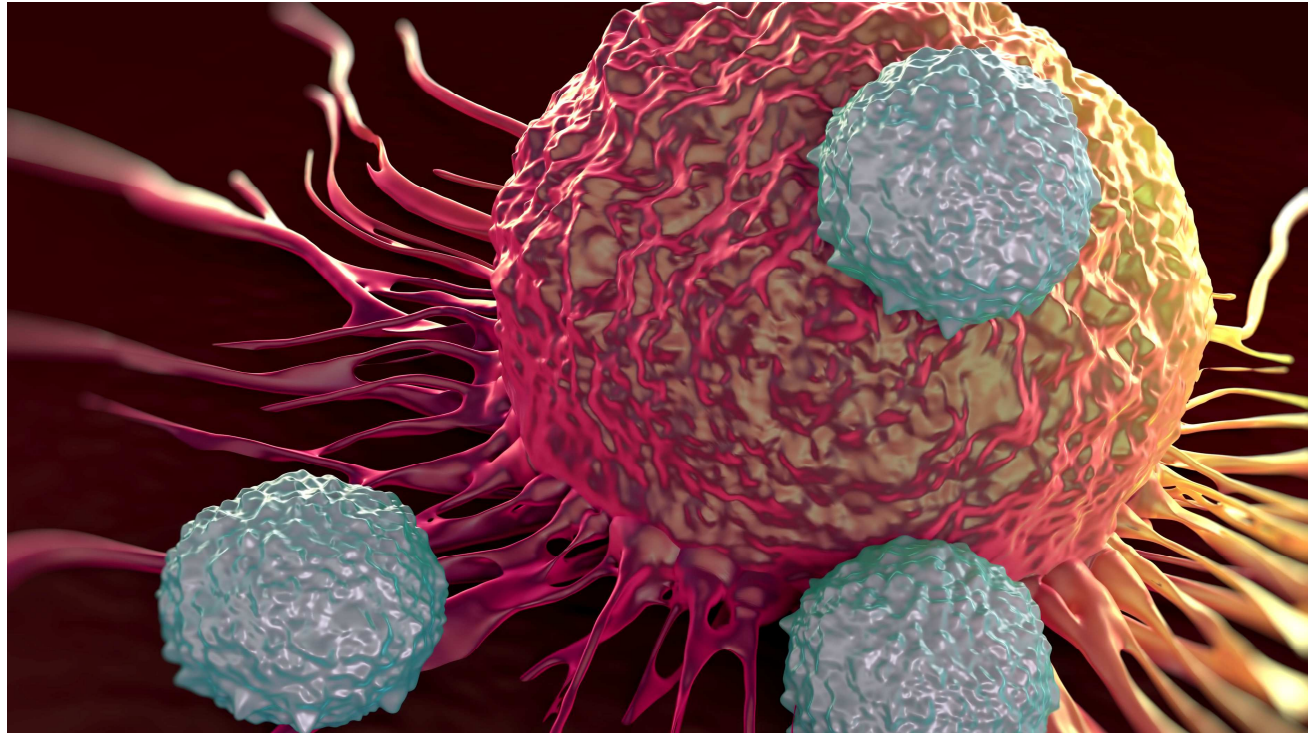
LIMITATIONS & RISKS

- Limitations
  - Character replacement approach – removal of potentially important characters (e.g. "E-cadherin" → "e cadherin", "β-catenin" → "catenin, "TP53" → "tp")
  - Subjective oversampling – a better approach may exist
  - Lack of biomedical context – significance or relatedness of keywords may not have been fully accounted for
  - Limited processing power and memory – we could not carry out a complete search for best classifier parameters
- Risks
  - No way to independently validate whether the predictions are correct

CONCLUSION

- We have successfully built a model that can help to automate the classification of biomedical literature relating to cancer mutations

- The model comprises a logistic regression classifier trained on weighted word counts

- Clinical pathologists can use the model to accelerate the classification process

- The model can help to reduce the time it takes to bring relevant therapies or clinical trials to patients

THANK YOU

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