

# A Cautionary Tale about Genomic Biomarkers in Cancer

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The Princess Margaret  
Cancer Centre

University Health Network

**(Random) Prognostic Biomarkers**

# Prognostic gene signatures (aka *genesets*)

- Thanks to high-throughput technologies, the number of publications reporting biomarkers in cancer literally **exploded**
- >3500 gene expression *signatures* have been published so far (MSigDB, GeneSigDB)
- Roughly 300 signatures per year, almost one new signature published every day ...

# Prognostic value of genesets

- Common practice to claim **biological relevance** for a signature/geneset yielding significant prognostic value
- Venet et al. showed that most **random** genesets can be used to significantly discriminate between low and high-risk breast cancer patients

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PLoS COMPUTATIONAL BIOLOGY

## Most Random Gene Expression Signatures Are Significantly Associated with Breast Cancer Outcome

David Venet<sup>1</sup>, Jacques E. Dumont<sup>2</sup>, Vincent Detours<sup>2,3\*</sup>

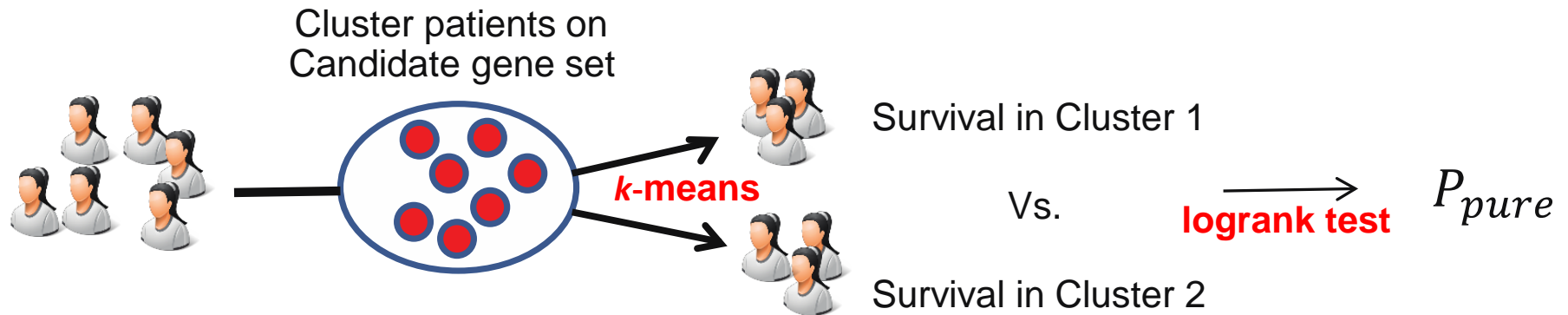
Citation: Venet D, Dumont JE, Detours V (2011) Most Random Gene Expression Signatures Are Significantly Associated with Breast Cancer Outcome. PLoS Comput Biol 7(10): e1002240. doi:10.1371/journal.pcbi.1002240

# Generalization of Venet's results

- We first checked whether these results still hold when analyzing **(much) more** datasets
- We used a compendium of 36 breast cancer microarray datasets (~4000 patients with survival information)

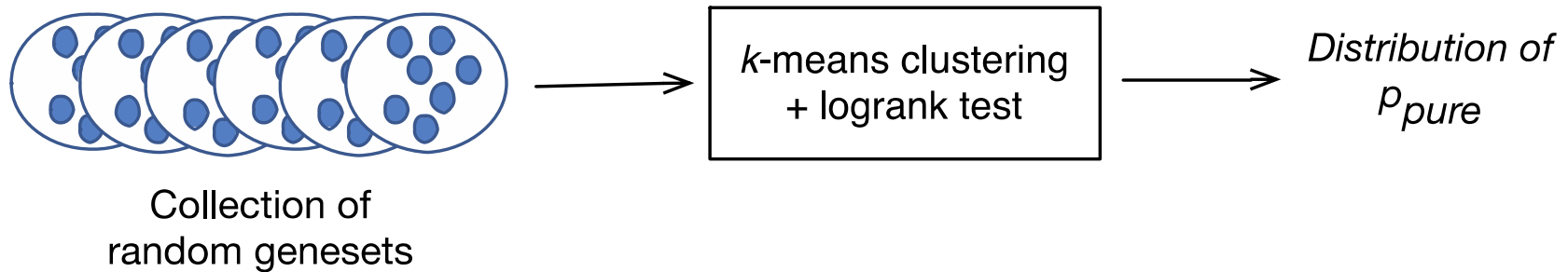
*These collection of curated datasets  
will be available soon in **InSilicoDB***

- Prognostic

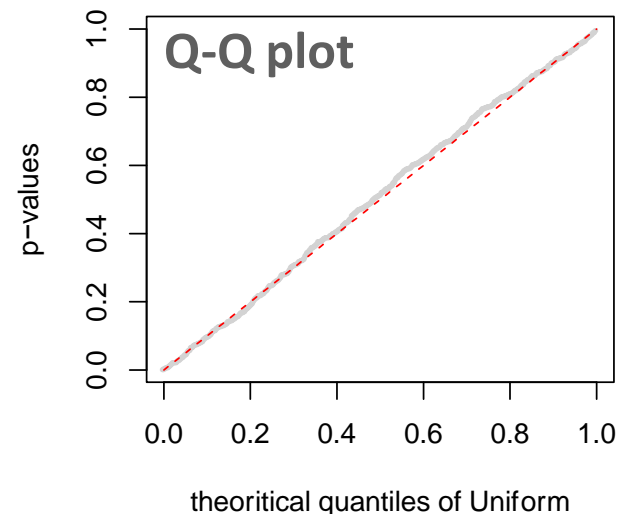
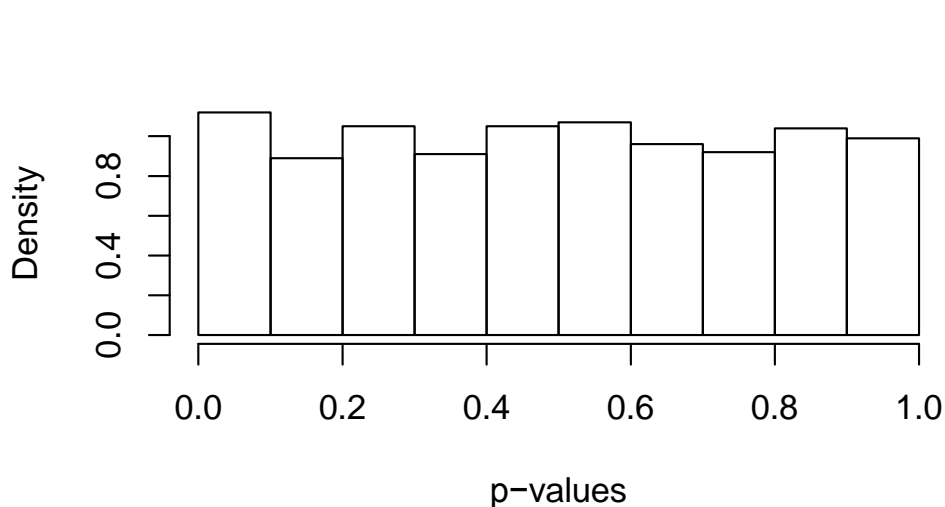


# Are random genesets prognostic?

- We generated 1000 random genesets for each size and tested their prognostic value



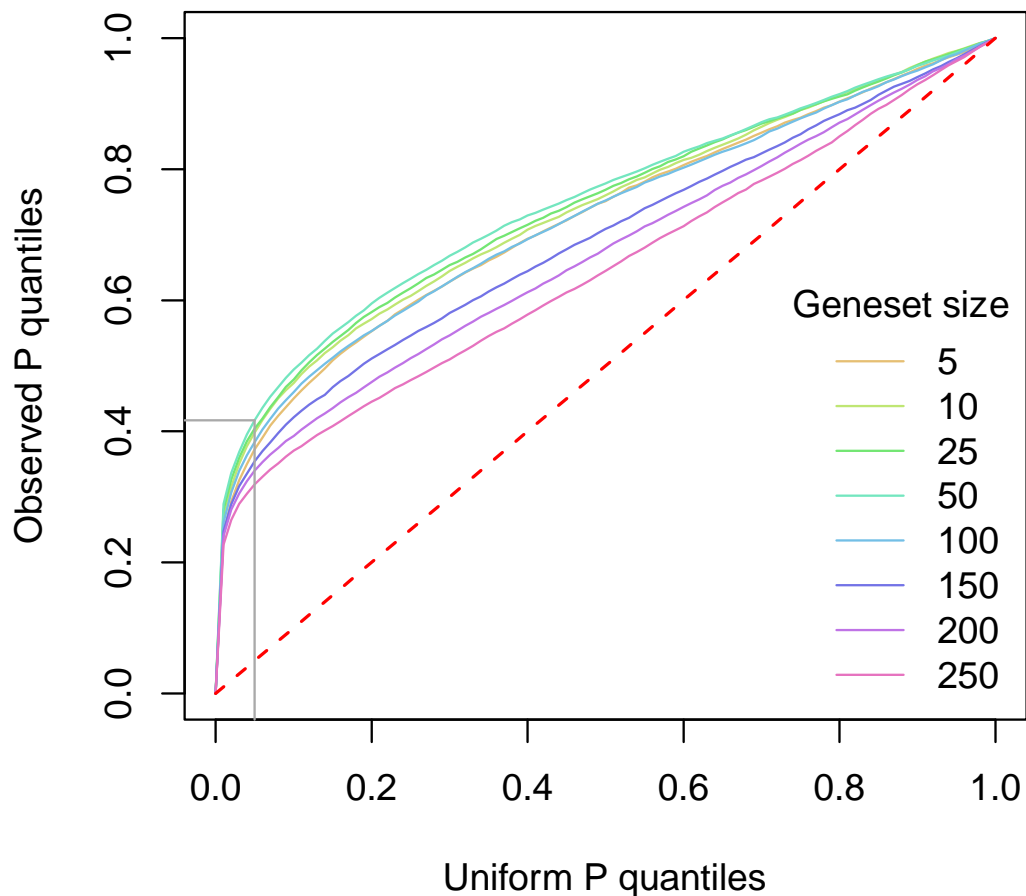
- If the assumptions of the log-rank test are met, p-values for random genesets should be approx. uniformly distributed



# Many random genesets are prognostic

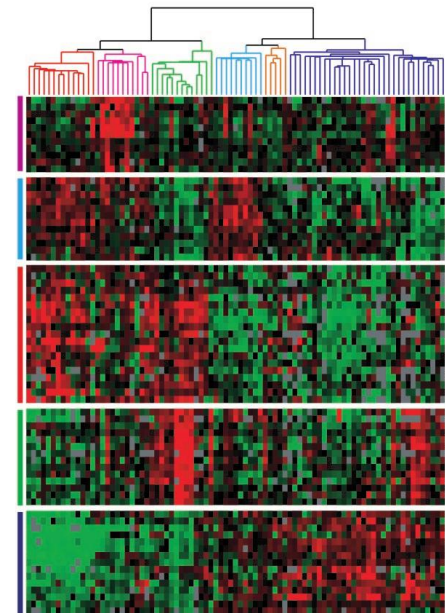
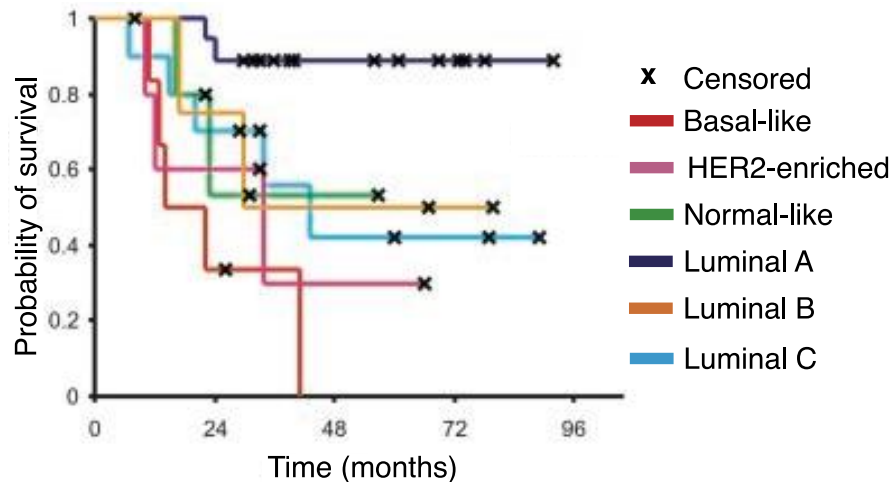
Global population of breast cancer patients

## All breast tumors



# WARNING Breast cancers are heterogeneous

- Breast cancers are clinically diverse
  - Tumors with identical clinical parameters may lead to different outcomes
- And **molecularly** heterogeneous
  - Identification of subtypes based on gene expressions
- Perou et al. identified 4-6 subtypes exhibiting different clinical outcome





# Stratification by molecular subtypes

- Are the results confounded by the presence of molecular subtypes?
- Subtyping using the robust **SCMGENE** classification model

**JNCI** JOURNAL OF THE NATIONAL CANCER INSTITUTE

## **A Three-Gene Model to Robustly Identify Breast Cancer Molecular Subtypes**

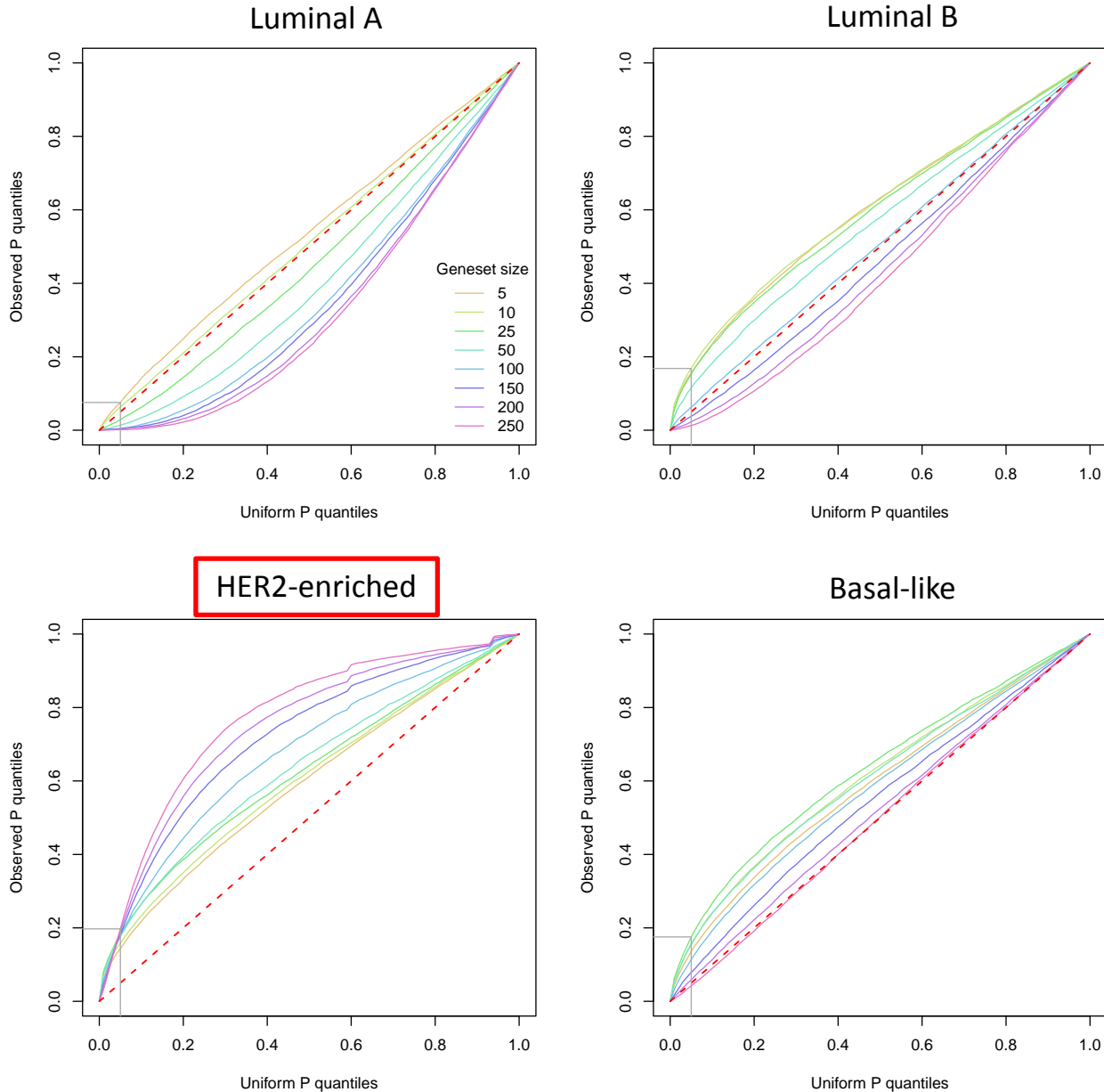
Benjamin Haibe-Kains, Christine Desmedt, Sherene Loi, Aedin C. Culhane, Gianluca Bontempi, John Quackenbush, Christos Sotiriou

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- Four main subtypes:
  - ER+/HER2- Low Proliferation (**Luminal A**)
  - ER+/HER2- High Proliferation (**Luminal B**)
  - HER2+ (**HER2-enriched**)
  - ER-/HER2- (**Basal-like**)


# Prognostic value depends on the subtypes

Breast cancer molecular subtypes



# Analysis of ovarian cancer

- Collection of 11 datasets including ~1700 high-grade serous ovarian tumors
- Subtyping using the **AngioS** classification model

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## Angiogenic mRNA and microRNA Gene Expression Signature Predicts a Novel Subtype of Serous Ovarian Cancer

Stefan Bentink<sup>1,6</sup>, Benjamin Haibe-Kains<sup>1,6</sup>, Thomas Risch<sup>1</sup>, Jian-Bing Fan<sup>3</sup>, Michelle S. Hirsch<sup>4,7</sup>, Kristina Holton<sup>1</sup>, Renee Rubio<sup>1</sup>, Craig April<sup>3</sup>, Jing Chen<sup>3</sup>, Eliza Wickham-Garcia<sup>3</sup>, Joyce Liu<sup>2,7</sup>, Aedin Culhane<sup>1,6</sup>, Ronny Drapkin<sup>4,5,7</sup>, John Quackenbush<sup>1,2,6\*</sup>, Ursula A. Matulonis<sup>5,7</sup>

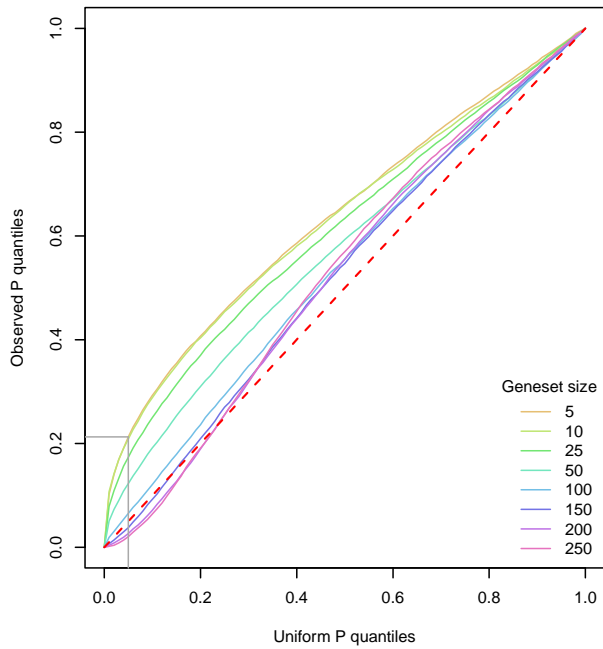
Citation: Bentink S, Haibe-Kains B, Risch T, Fan JB, Hirsch MS, et al. (2012) Angiogenic mRNA and microRNA Gene Expression Signature Predicts a Novel Subtype of Serous Ovarian Cancer. PLoS ONE 7(2): e30269. doi:10.1371/journal.pone.0030269

- Two main subtypes:
  - Angiogenic
  - NonAngiogenic

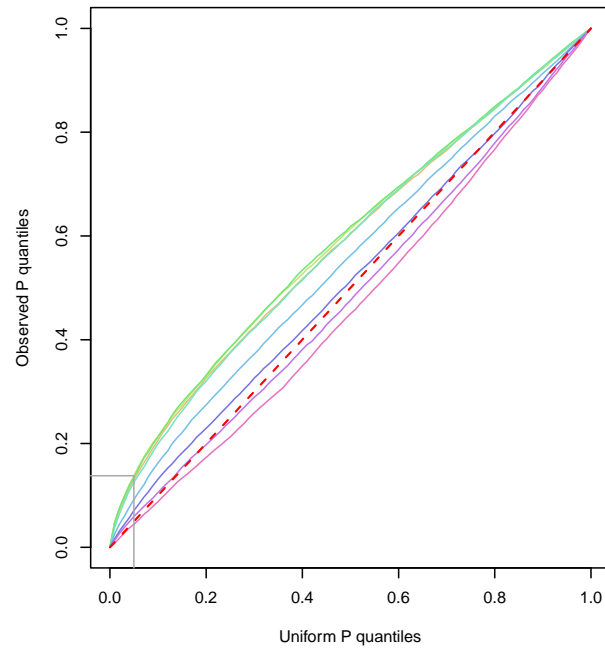
# Prognostic value depends on the disease

Global population of ovarian cancer patients and molecular subtypes

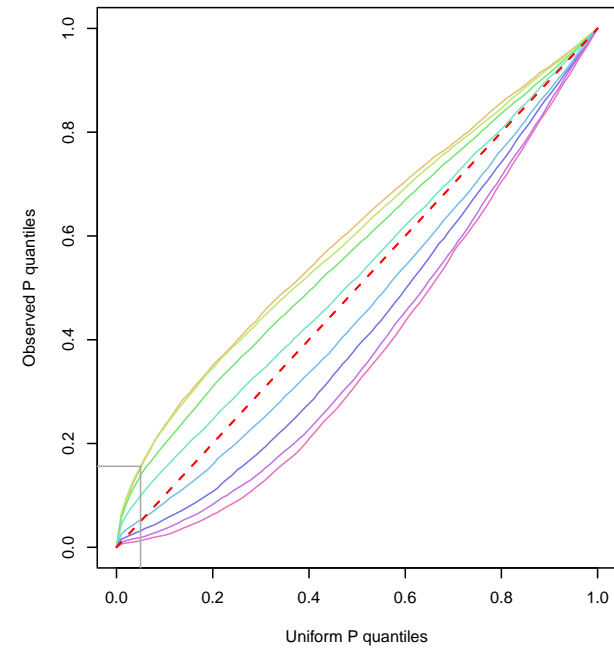
All ovarian tumors



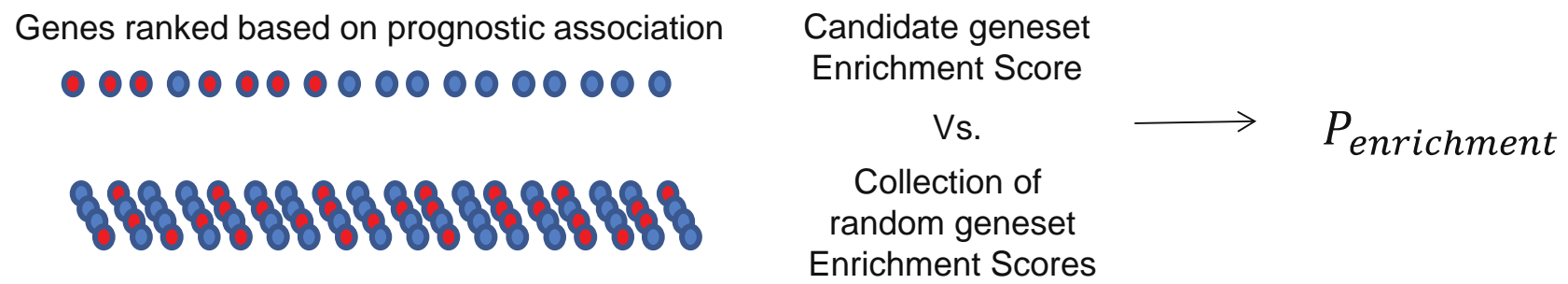
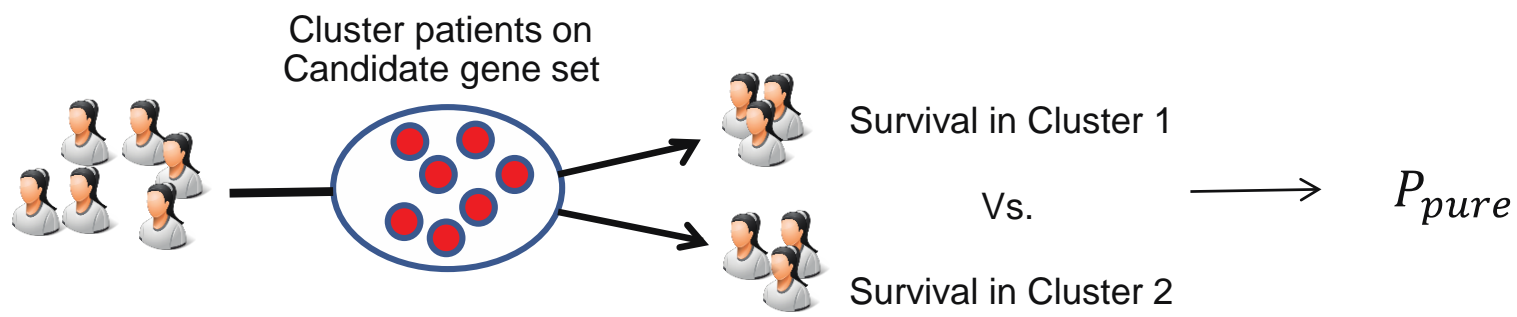
Angiogenic



NonAngiogenic



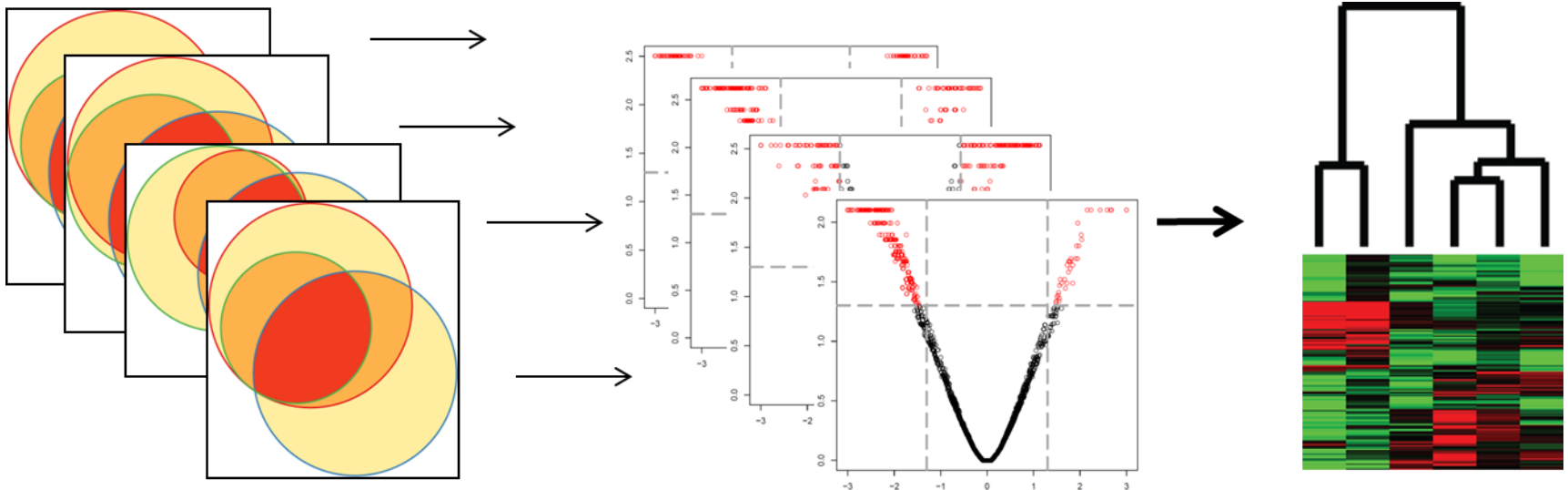
# Significance analysis of prognostic signatures (SAPS)



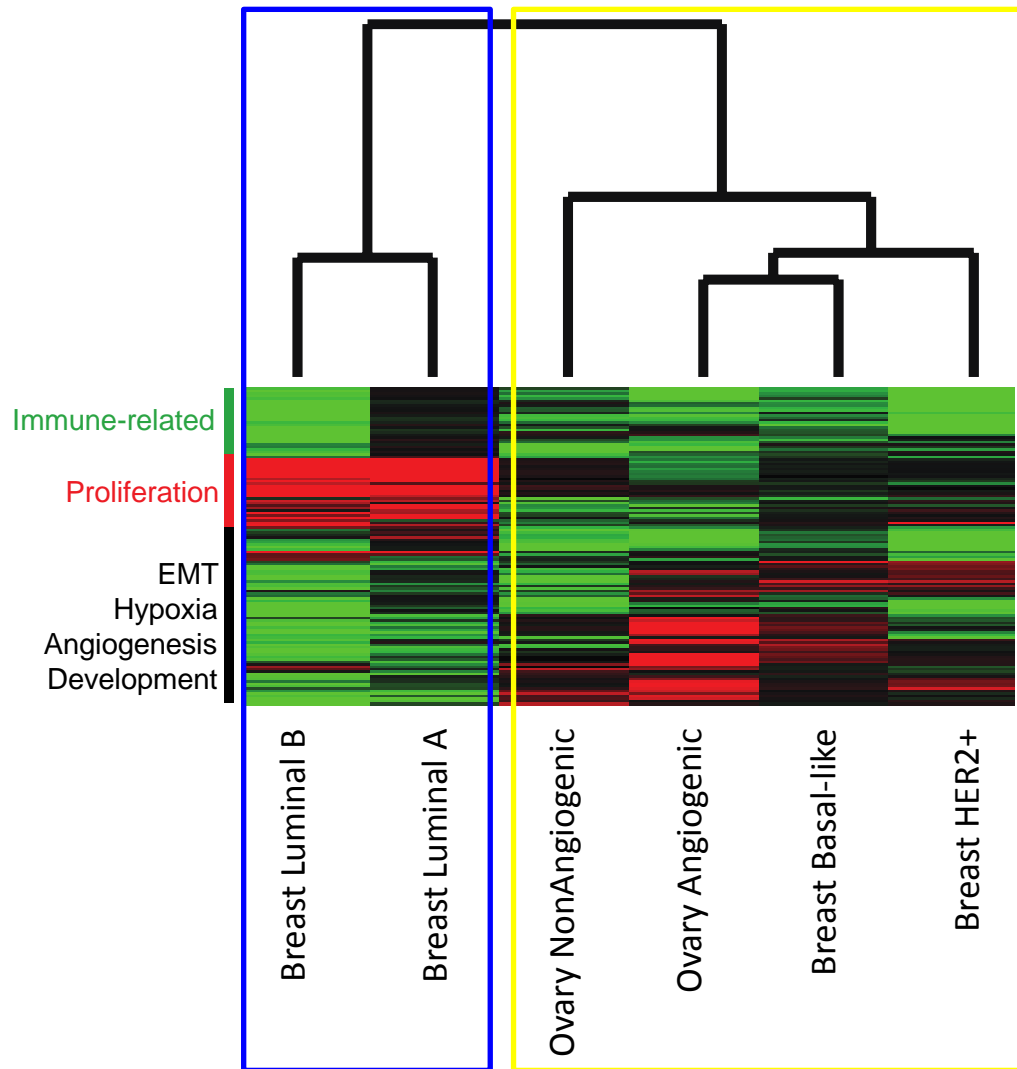
→  $SAPS\ score = -\log_{10} \max(P_{pure}, P_{random}, P_{enrichment}) \times Direction$

# Genesets identified by SAPS

- We identified 1300 genesets (out of 5320, MSigDB) which yielded significant SAPS scores in at least one cancer subtype
- We clustered genesets and disease subtypes using hierarchical clustering



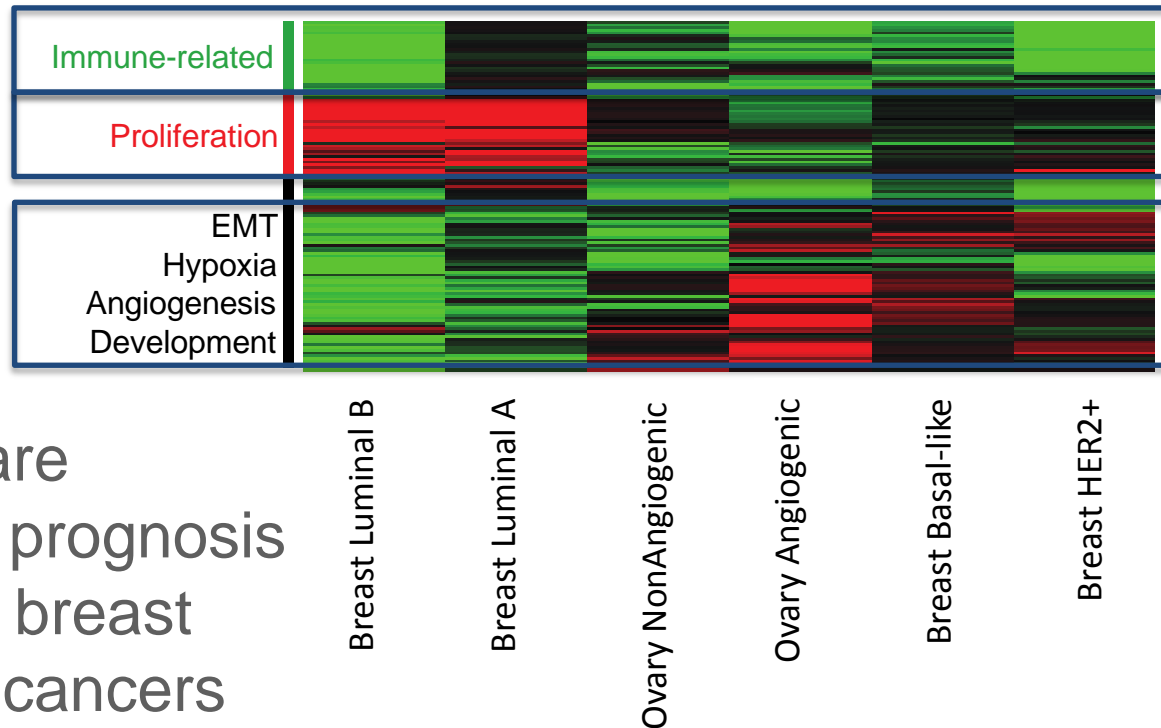
# Prognostic genesets in ovarian and breast cancers



- 2 main clusters of subtypes, **not based on cancer type**

# Prognostic genesets in ovarian and breast cancers

- Proliferation-related genesets are highly prognostic in luminal breast cancers
- Immune-related genesets are associated with good prognosis in all subtypes but Lumina A breast cancers

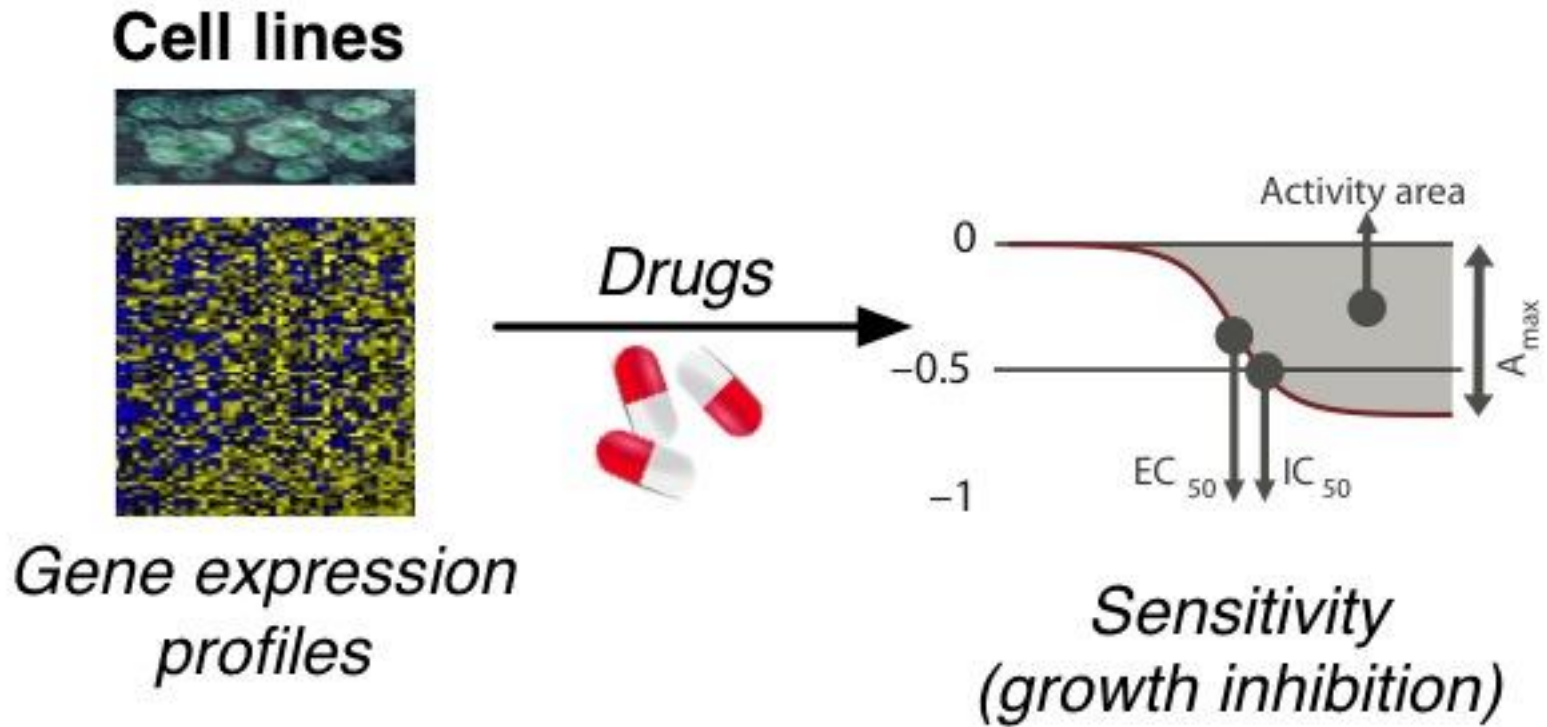


- The other genesets are associated with poor prognosis in Basal-like, HER2+ breast cancers and ovarian cancers



# **(Random) Predictive Biomarkers**

# Pharmacogenomic data



**Resistant vs. sensitive cell lines**

# Large pharmacogenomic datasets

- Large-scale studies have been published recently in *Nature*
  - The Cancer Genome Project (**CGP**) initiated by the Sanger Institute
    - **131** drugs ( $IC_{50}$ )
    - **727** cancer cell lines
  - The Cancer Cell Line Encyclopedia (**CCLE**) initiated by Novartis/Broad Institute
    - **24** drugs ( $IC_{50}$ )
    - **1036** cancer cell lines



# CGP ∩ CCLE

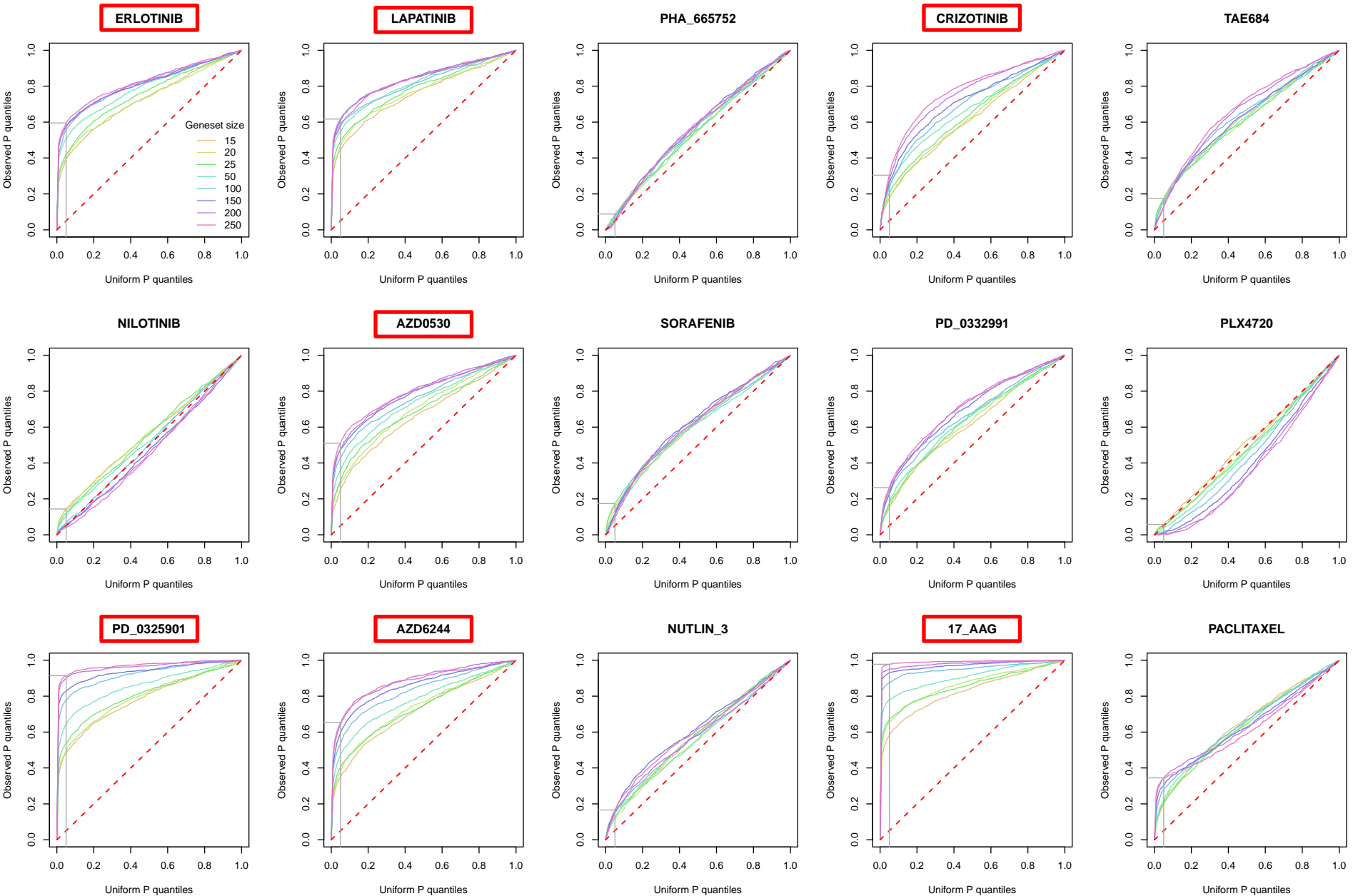
- Drugs: **15** drugs have been investigated both in CGP and CCLE

<b>Paclitaxel</b>	Microtubules depolymerization inhibitor
<b>PD-0325901, AZD6244</b>	Mitogen-activated protein kinase kinase (MEK) inhibitor
<b>AZD0530 (Saracatinib)</b>	Proto-oncogene tyrosine-protein Src inhibitor
<b>Nutlin-3</b>	Ubiquitin-protein ligase MDM2 inhibitor
<b>Nilotinib</b>	BCR-ABL fusion protein inhibitor
<b>17-AAG (Tanespamycin)</b>	Heat shock protein (Hsp90) inhibitor
<b>PD-0332991</b>	CDK4/6-Cyclin D inhibitor
<b>PLX4720, Sorafenib</b>	RAF kinase inhibitors
<b>Crizotinib, TAE684</b>	ALK kinase inhibitors
<b>Erlotinib, Lapatinib</b>	EGFR/HER2 kinase inhibitors
<b>PHA-665752</b>	Proto-oncogene c-MET kinase inhibitor

# Significant Analysis of Predictive Signatures

- Joint analysis of CGP and CCLE in a meta-analysis framework
- Genesets are summarized by their first principal component
- Significance is computed using a linear regression model controlled for tissue type
- We generated 1000 random genesets for each size and tested the significance of their predictive value

# Are random genesets predictive of drug sensitivity?



**Wrap-up**

# Take home messages

## Prognostic biomarkers

- Cancers are molecularly heterogeneous
  - ➔ subtypes should be taken into account
- Many, many genes might be prognostic
  - ➔ Prognostic value of genesets should be tested against random sets of genes

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## Significance Analysis of Prognostic Signatures

Andrew H. Beck<sup>1\*</sup>, Nicholas W. Knoblauch<sup>1</sup>, Marco M. Hefti<sup>1</sup>, Jennifer Kaplan<sup>1</sup>, Stuart J. Schnitt<sup>1</sup>, Aedin C. Culhane<sup>2,3</sup>, Markus S. Schroeder<sup>2,3</sup>, Thomas Risch<sup>2,3</sup>, John Quackenbush<sup>2,3,4</sup>, Benjamin Haibe-Kains<sup>5\*</sup>

➔ Experimental artifacts?



# Acknowledgements



- Nehme Hachem
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- Nicolas De Jay



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- David Weiss
- David Steenhoff
- Robin Duque



- Hugo Aerts
- John Quackenbush



- Andrew Beck
- Pier Paolo Pandolfi
- Nina Seitzer

***Thank you for your attention!***

# Appendix

# Published gene signatures



## GeneSigDB

Curated Gene Signatures

Home Browse Analyze My Genes Download Support Contact Us

### Publication Search ?

Search the full text of articles to retrieve a list of publications and the gene signatures they describe. Enter one or more search terms, such as author name, article title, journal name, or keywords.

Search Publications

(e.g.: basal breast cancer)

OR

### Gene Search ?

Search gene annotations to retrieve genes listed in GeneSigDB gene signatures.

Search Genes

(e.g.: BRCA\*, BRCA1)

The **Gene Signature DataBase** is a searchable database of fully traceable, standardized, annotated gene signatures which have been manually curated from publications that are indexed in [PubMed](#). Enter a search term above to get started.

### News

September, 2011: GeneSigDB Data and Website Update

We continue to expand. So far we have read and processed almost 3,000 publications to extract 3,515 genes signatures from 1,604 publications. See [GeneSigDB Release 4 release notes](#)

We have a new tag cloud [Browse](#) feature to enable easy browsing of GeneSigDB.

Additional [download](#) formats. Download GeneSigDB as an R/Bioconductor data file, gmt or compressed flat file formats.

### GeneSigDB Data Release 4

Gene Signatures: 3515  
Published Articles: 1604  
Genes (Human): 20,523  
Tissues and Diseases: More than 50  
Species: 3

<http://compbio.dfci.harvard.edu/genesigdb/>

# Compendium of datasets

## The smart way to manage genomics data

Export genomics datasets to your favorite analysis tools.

FREELY BROWSE 1000S OF PUBLIC PROFILES



READ OUR PAPER

The screenshot shows the InSilico DB website interface. It features a search bar with the query 'lung cancer' and a results table. The table lists several datasets with columns for 'Dataset', 'Sharing', and '#Samples'. The datasets listed are:

Dataset	Sharing	#Samples
GEO GSE1000 Osteosarcoma TE85 cell tissue culture study	Public	10
GEO GSE10000 Age-dependent aorta transcriptomes in wild-type and apoE-deficient C57BL/6J mice	Public	18
GEO GSE10006 Decreased Expression of Intelectin 1 in The High Airway Epithelium of Smokers Compared to Nonsmokers	Public	87
GEO GSE1001 retina injury timecourse	Public	18
GEO GSE10011 Expression data from NIH-3T3 cells used for half-life determination	Public	45

Numbered callouts in the screenshot indicate: 1. DataSets source (My safe, Public); 2. Curation (Manually curated, To curate); 3. Search query; 4. Export button; 5. User profile (alain.coletta@gmail.com).

1. Store, manage and share your datasets
2. Access 1000s of pre-installed public datasets
3. Search and find genomics datasets
4. Export to the best analysis tools
5. Group samples from various datasets

MY SAFE



Follow @InSilicoDB

<http://insilicodb.org>

# Advantages of InSilicoDB

- One of the main issues in meta-analysis is data curation
- InSilicoDB allows you to store and access your **own** curation
- You can download R workspaces directly from the web interface
- Even better, you can programmatically download and access the curated genomic and clinical data

# Advantages of InSilicoDB

Example of code:

```
> library(inSilicoDb2)
> InSilicoLogin(login="bhaibeka@gmail.com",
password="747779bec8a754b91076d6cc1f700831")
> platf <- inSilicoDb2::getPlatforms(dataset="GSE2034")
> esets <- inSilicoDb2::getDatasets(dataset="GSE2034",
norm="FRMA", curation="22068", features="PROBE")
> InSilicoLogout()
```

# Advantages of InSilicoDB

Output:

```
> print(esets)
```

```
ExpressionSet (storageMode: lockedEnvironment)
```

```
assayData: 22283 features, 286 samples
```

```
  element names: exprs
```

```
protocolData: none
```

```
phenoData
```

```
  Measurements: GSM36777 GSM36778 ... GSM37062 (286 total)
```

```
  varLabels: tissue age ... e.dmfs (19 total)
```

```
featureNames: 1007_s_at 1053_at ... AFFX-r2-P1-cre-5_at (22283 total)
```

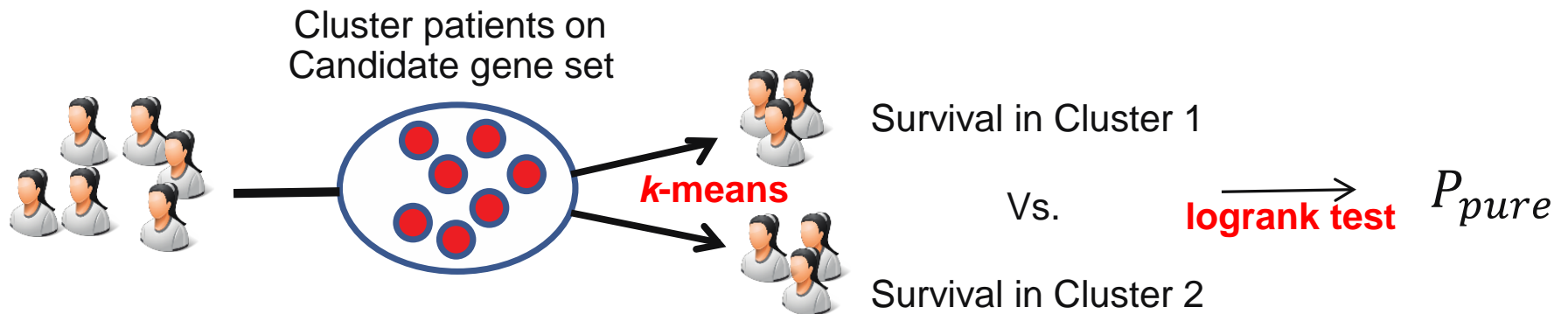
```
  fvarLabels: ENTREZID SYMBOL GENENAME
```

```
Annotation: hgu133a
```



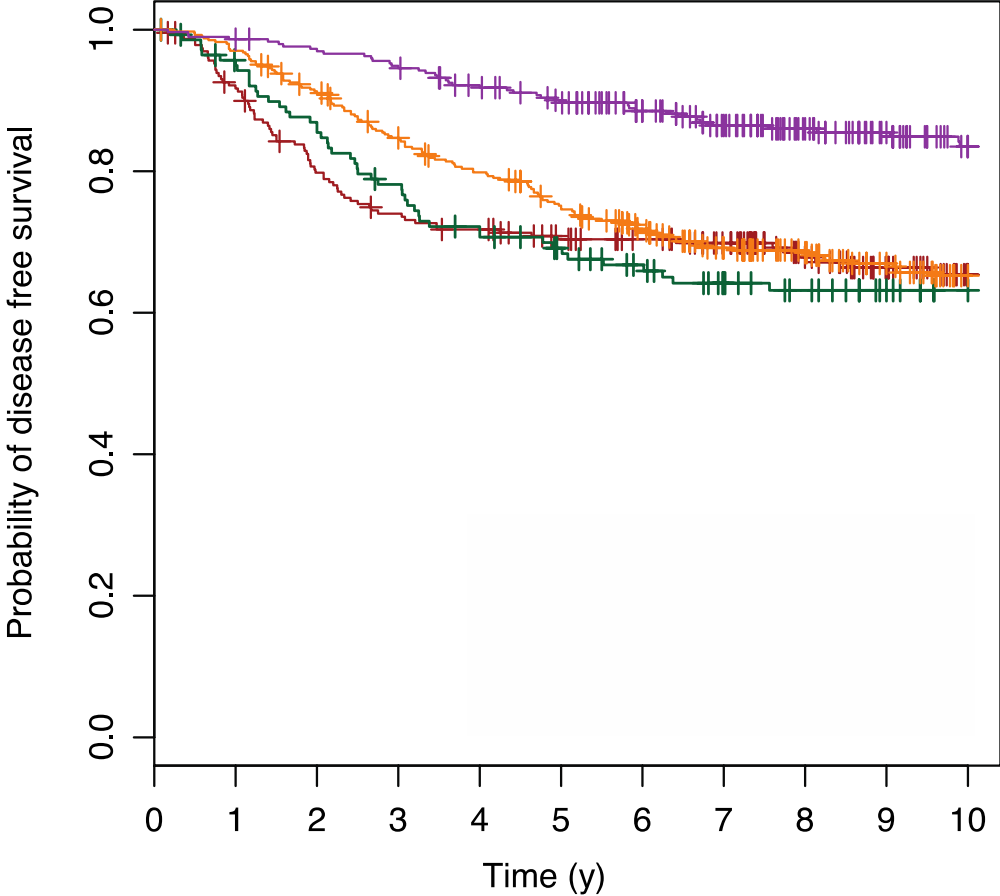
# Generalization of Venet's results (cont'd)

- We scaled all the datasets to make them “comparable”
  - Z score ( $\mu=0$  and  $sd=1$ ) for each gene
- We used **k-means** ( $k=2$ ; unsupervised learning) to classify patients into low- and high-risk group
  - Significance computed using **logrank test**



# Subtypes exhibit different clinical outcome

## SCMGENE



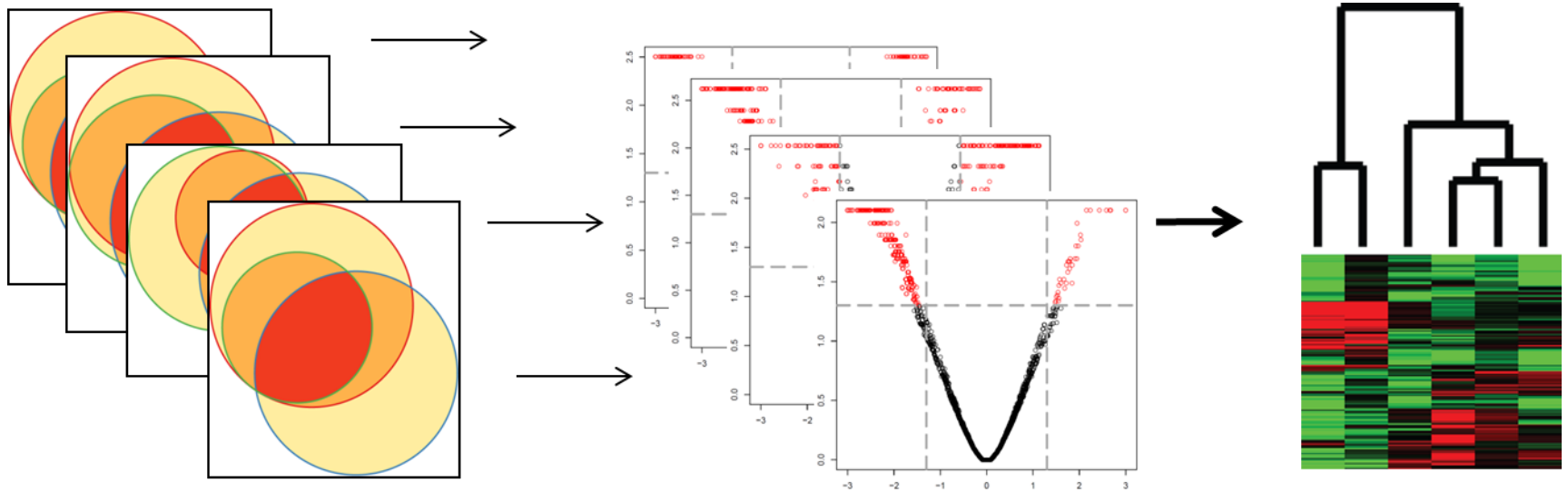
	No. at risk										
	0	1	2	3	4	5	6	7	8	9	10
Basal-like	231	210	181	166	160	149	141	130	98	78	56
HER2-enriched	141	131	119	106	96	89	80	69	61	52	44
Luminal B	405	393	364	333	311	284	249	218	189	161	135
Luminal A	296	292	286	278	264	251	225	202	172	143	117

# Predictive biomarkers

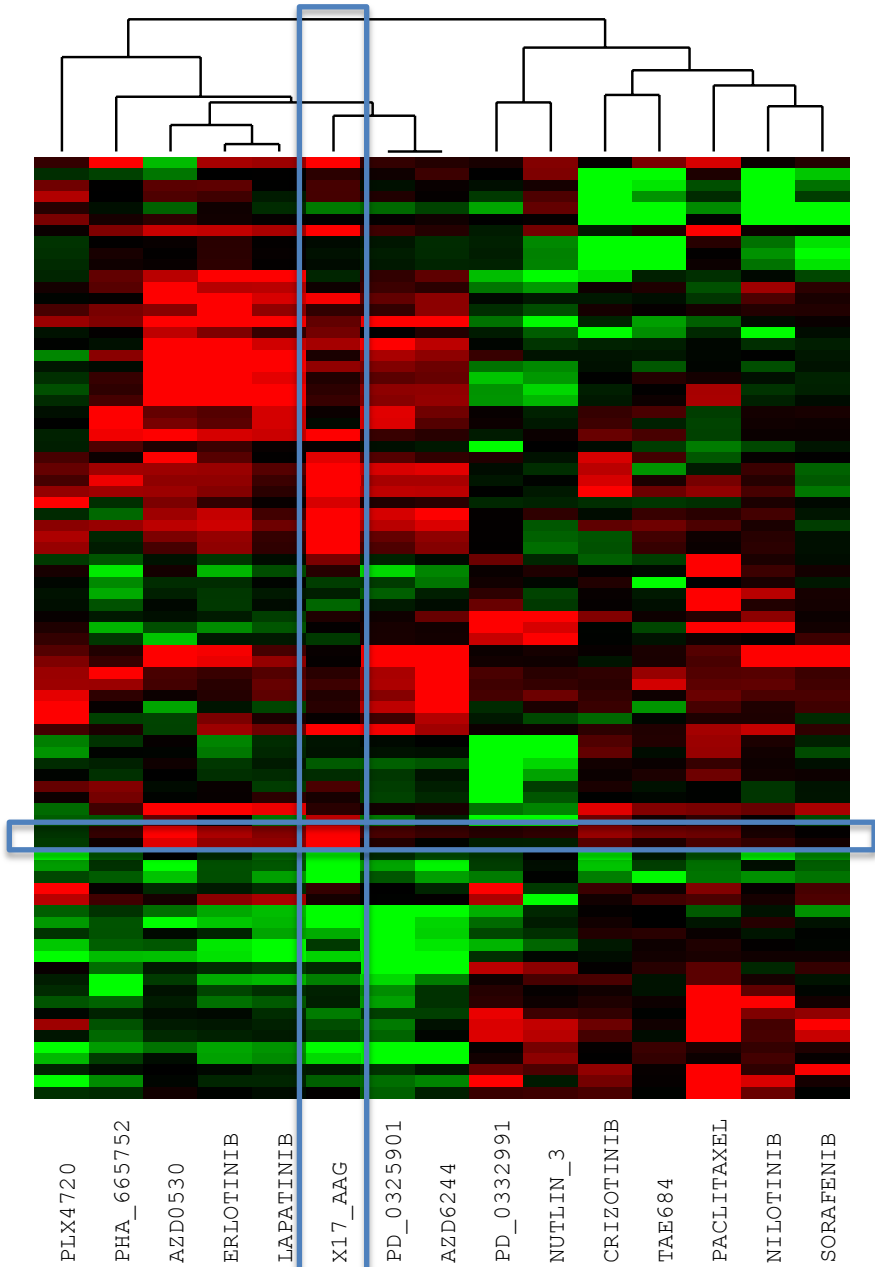
- Numerous drug compounds have been designed and many others are under development
- Cancer cell lines can be used as preclinical models to screen thousands of drugs
- **Pros:**
  - Cheap and high-throughput
  - Simple models to investigate drugs' mechanisms of action
- **Cons:**
  - No cell lines are like tumors but they represent well the molecular diversity of cancer

# Genesets identified by SAPS

- We identified 83 genesets (out of 518 GO biological processes) which yielded significant SAPS scores for at least one drug
- We clustered genesets and drugs using hierarchical clustering



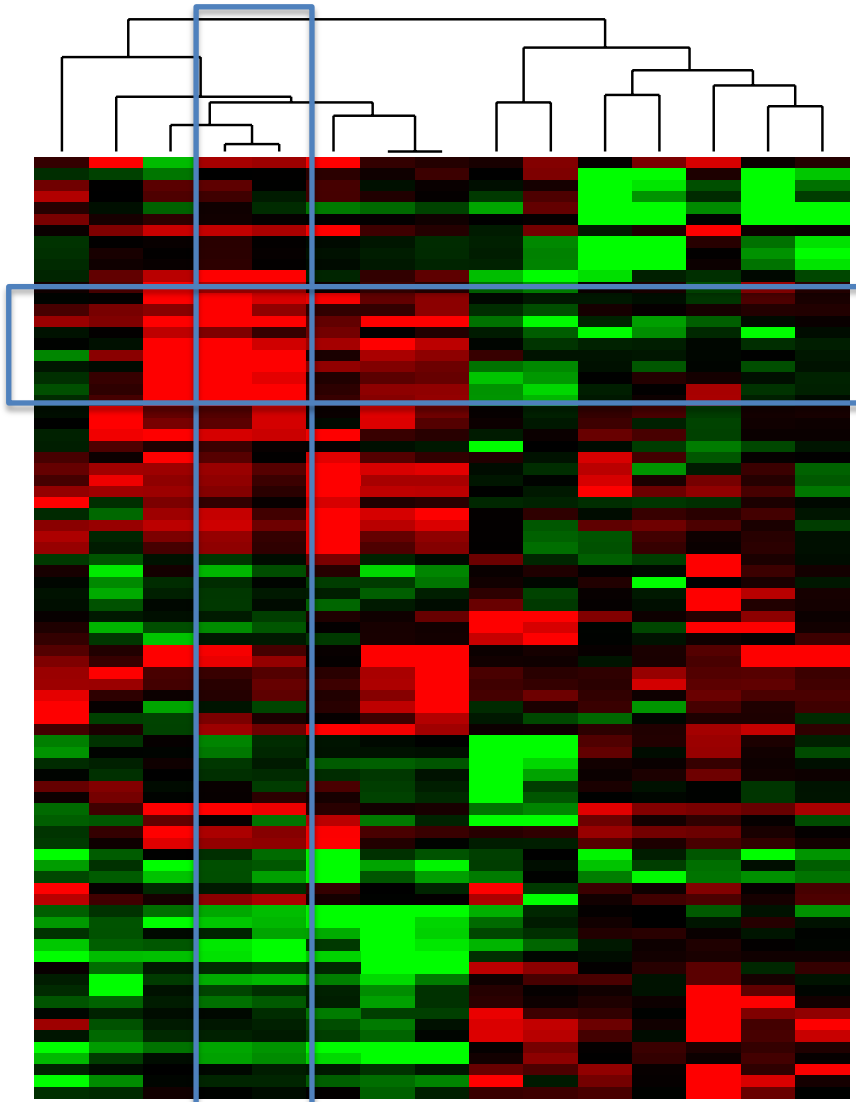
# Predictive genesets



NQO1 is associated with **sensitivity** [FDR < 10<sup>-54</sup>] as it metabolizes the drug to its active hydroquinone form

HSP90 inhibitor

# Predictive genesets

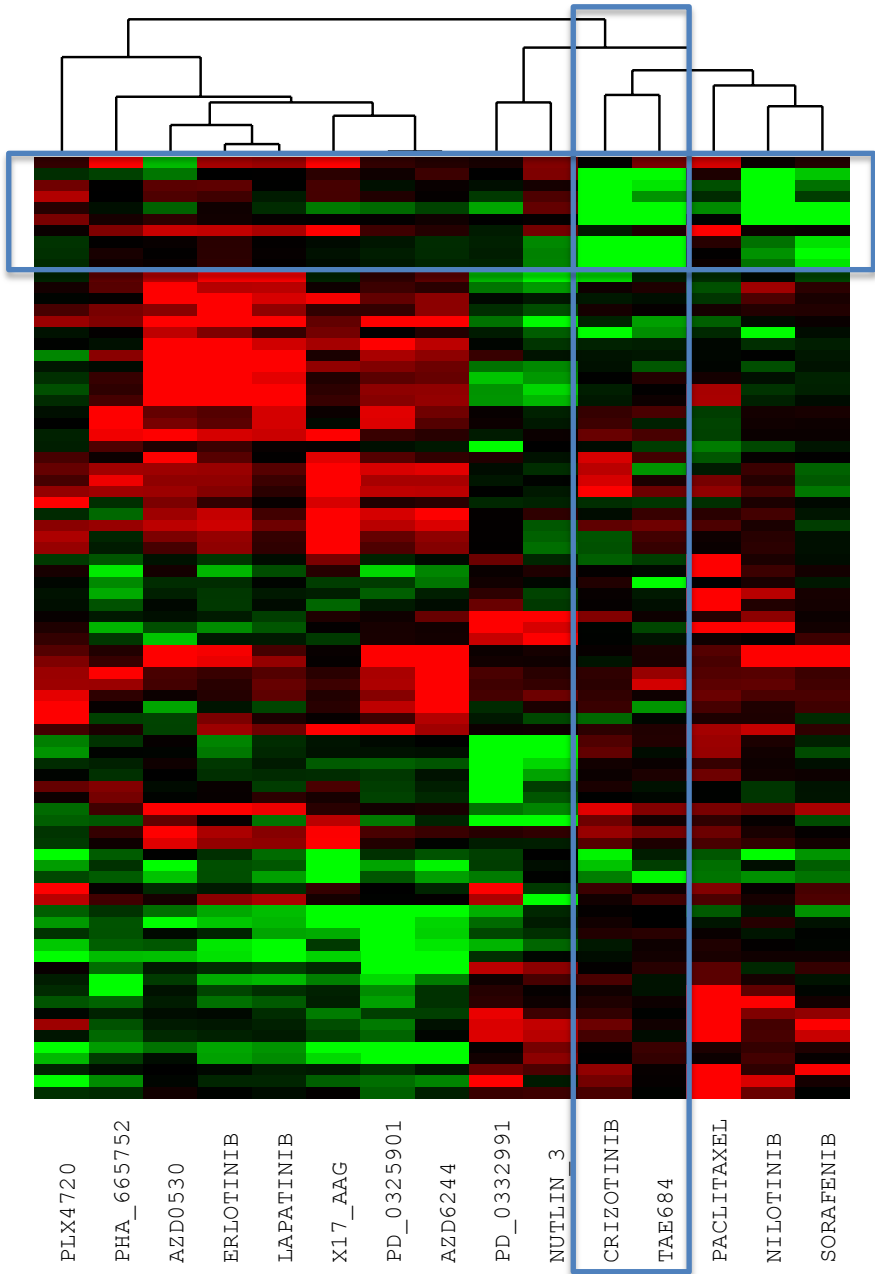


EGFR dependent pathways and downstream regulators are associated to **sensitivity**

- PLX4720
- PHA\_665752
- AZD0530
- ERLOTINIB**
- LAPATINIB**
- X17\_AAG
- PD\_0325901
- AZD6244
- PD\_0332991
- NUTLIN\_3
- CRIZOTINIB
- TAE684
- PACLITAXEL
- NILOTINIB
- SORAFENIB

EGFR/HER2 kinase inhibitors

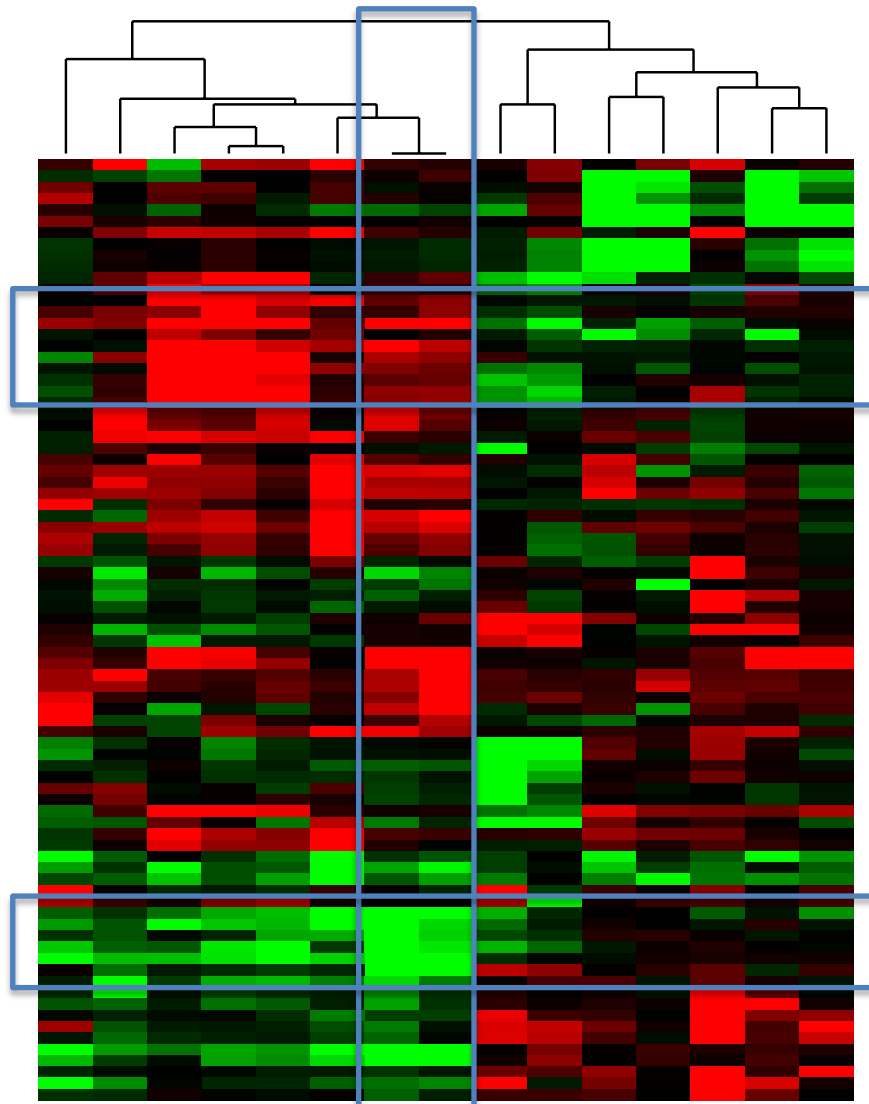
# Predictive genesets



Genes involved in immune response are associated to resistance

ALK inhibitors

# Predictive genesets



EGFR dependent pathways and downstream regulators are associated to **sensitivity**

Genes involved in cytoskeleton organization and microtubules are associated to **resistance**

**MEK inhibitors**

PLX4720  
PHA\_665752  
AZD0530  
ERLOTINIB  
LAPATINIB  
X17 AAG  
PD\_0325901  
AZD6244  
PD\_0332991  
NUTLIN\_3  
CRIZOTINIB  
TAE684  
PACLITAXEL  
NILOTINIB  
SORAFENIB