# Vignette for *DeSousa2013*: Poor prognosis colon cancer is defined by a molecularly distinct subtype and precursor lesion

# Xin Wang

# January 10, 2013

# Contents

1	Introduction	2
2	Package installation	2
3	Overview	2
4	Subtype identification	3
	4.1 Microarray data preprocessing	3
	4.2 Computing GAP statistic	4
	4.3 Consensus clustering	6
	4.4 Collapsing probesets to unique genes	9
	4.5 Filtering patient samples	9
	4.6 Feature selection	10
	4.7 Build PAM classifier	12
5	Subtype characterization	14
	5.1 Survival analysis	14
6	Session info	17
7	References	18

### 1 Introduction

The vignette helps the user to reproduce main results and figures using the AMC-AJCCII-90 data set to discover and characterize three molecular distinct subtypes of colon cancer. Please refer to DeSousa et al. [1] for more details about the biological background, experimental design as well as bioinformatic analyses.

# 2 Package installation

Please run all analyses in this vignette under version 2.15 of R. The following packages are employed by the DeSousa2013 package: frma, hgu133plus2frmavecs (for microarray data preprocessing), cluster (for computing GAP statistics), sva (for correcting for non-biological batch effects), ConsensusClusterPlus (for consensus clustering), siggenes (for differential gene identification), pamr (for PAM classification), survival (for survival analysis and generating KM plots). These packages should be automatically installed when installing DeSousa2013 from bioconductor:

```
> if (!requireNamespace("BiocManager", quietly=TRUE))
+ install.packages("BiocManager")
> BiocManager::install("DeSousa2013")
```

### 3 Overview

De Sousa et al. interrogated the heterogeneity of colon cancer using an unsupervised classification strategy over 1100 patients. The main bioinformatic pipeline is focused on how to identify three main molecularly distinct subtypes based on the microarray data for 90 stage II colon cancer patients.

To begin, we need to load the package:

### > library(DeSousa2013)

All analyses included in this package are wrapped in a pipeline function *CRCPipeLine*:

```
> data(AMC)
> CRCPipeLine(celpath=".", AMC_sample_head, AMC_CRC_clinical,
```

```
+ preprocess=FALSE, gap.ntops = c(2, 4, 8, 12, 16, 20)*1000,
+ gap.K.max = 6, gap.nboot = 100, MADth=0.5, conClust.maxK=12,
+ conClust.reps=1000, diffG.pvalth=0.01, diffG.aucth=0.9,
+ savepath=".")
```

Although the pipeline function can also reproduce the preprocessing of microarray data, it is not recommended as it can take a long time and the results may change slightly due to different versions of annotation packages and analysis packages. Therefore, the user can choose to skip the preprocessing step and run the following analyses by setting the argument *preprocess* to *TRUE*. When the function finishes, all figures will be saved in a given directory *savepath*.

# 4 Subtype identification

Now we introduce step by step the computational workflow to perform microarray data preprocessing, computing GAP statistics, consensus clustering, sample and gene filtering, building a PAM classifier, classification, etc. using the AMC-AJCCII-90 data set. Finally, we will characterize the prognosis of three subtypes by survival analysis.

# 4.1 Microarray data preprocessing

The AMC-AJCCII-90 data set includes 90 stage II colon cancer patients (GSE33113), 13 adenomas and 6 normal samples. Microarrays of all samples were normalized and summarized using frozen robust multiarray analysis (fRMA)[2]. Probe-specific effects and variances are precomputed and frozen in fRMA, which facilitates batches analysis. Gene expression presence/absence was detected using the barcode algorithm[3] and genes that were not present in at least one sample were filtered out. Non-biological batch effects between cancer samples + normals and adenomas were corrected using ComBat [4].

The whole preprocessing analysis can be reproduced by function gene-ExpPre:

```
> data(AMC)
> ge.pre <- geneExpPre(celpath, AMC_sample_head)
> ge.all <- ge.pre[["ge.all"]]</pre>
```

```
> selPbs <- ge.pre[["selPbs"]]
> ge.CRC <- ge.all[selPbs, ]</pre>
```

where *celpath* is the path to the directory including '.CEL' files of all microarrays and *AMC\_sample\_head* is a data frame including mapping information between microarray ids and sample ids. *AMC\_sample\_head* is included in this package and can be loaded using function *data*.

Since we focus on subtype identification in this vignette, the preprocessed data *ge.all* returned by function *geneExpPre* only contains the 90 cancer samples, and selPbs is a vector of probesets that are expressed in at least one sample:

```
> length(selPbs)
[1] 37007
> dim(ge.CRC)
[1] 37007 90
```

### 4.2 Computing GAP statistic

GAP statistic[5] is a popular method to estimate the number of clusters in a set of data by comparing the change in observed and expected within-cluster dispersion. To identify the optimal number of clusters, GAP statistic was computed for k=1 to 6 for selected top variable genes. The function compGapStats can be used to reproduce this step:

```
> gaps <- compGapStats(ge.CRC, ntops=c(2, 4, 8, 12, 16, 20)*1000,
+ K.max=6, nboot=100)
> gapsmat <- gaps[["gapsmat"]]
> gapsSE <- gaps[["gapsSE"]]</pre>
```

The function figGAP can be used to compare the GAP scores across different numbers of clusters:

```
> figGAP(gapsmat, gapsSE)
```

As shown in Figure 1, a peak was consistently found at k=3, irrespective of the gene set size employed, indicating that three subtypes is ideal to explain the inherent data structure of the AMC-AJCCII-90 set.

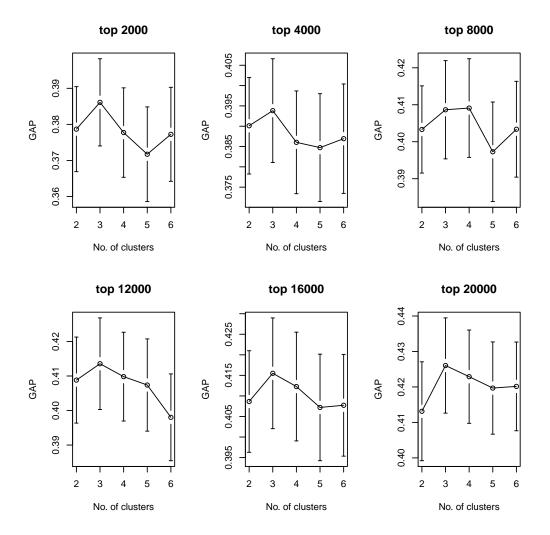


Figure 1: Graph depicts the GAP statistic for a range of 2000-20000 probesets. This analysis suggests optimal clustering at 3 clusters in the AMC-AJCCII-90 set, independent on the number of probesets used. Error bars indicate SEM.

### 4.3 Consensus clustering

Using the following function, probesets with most variability (Median absolute deviation >0.5) across samples were retained and median centred:

- > sdat <- selTopVarGenes(ge.CRC, MADth=0.5)
- > dim(sdat)
- [1] 7846 90

Using the 7846 most variable probesets, we performed hierarchical clustering with agglomerative average linkage to cluster these samples. Consensus clustering[6] was employed, with 1000 iterations and 0.98 subsampling ratio, to assess the clustering stability. The function *conClust* reproduces this step:

- > clus <- conClust(sdat, maxK=12, reps=1000)</pre>
- > clus

col004	co1003	co1008	co1009	col012	co1013	col016	co1020	col021	co1024
2	2	2	2	3	2	2	2	2	2
co1026	co1035	co1036	co1040	co1052	co1053	co1054	co1058	co1059	co1060
3	2	3	2	3	3	3	2	3	2
col061	co1064	co1066	co1069	co1073	co1075	co1079	co1081	co1082	co1084
3	3	3	3	3	3	3	2	3	2
co1085	col091	co1093	co1096	co1099	col100	co1045	co1037	col014	co1062
2	2	2	2	2	2	3	3	3	3
co1072	co1092	co1098	co1050	co1080	co1034	co1086	co1010	co1068	co1063
3	3	3	3	1	1	1	1	1	1
co1002	col001	co1005	co1006	co1007	col011	col015	col017	col018	col019
1	1	1	1	1	1	1	1	1	1
co1022	co1023	co1033	co1038	co1039	co1046	co1047	co1048	co1049	col051
1	1	1	1	1	1	1	1	1	1
co1055	co1057	co1065	co1070	co1074	co1076	co1078	co1083	co1090	co1094
1	1	1	1	1	1	1	1	1	1
	_	_	_						
co1095	co1097	col101	col102	co1056	col041	co1077	co1089	co1067	co1044

Figure 2 shows the consensus clustering results for k=2, 3, 4 and 5. As indicated in the cumulative density curves (Figure 3), a significant increase in clustering stability was observed from k=2 to 3, but not for k>3.

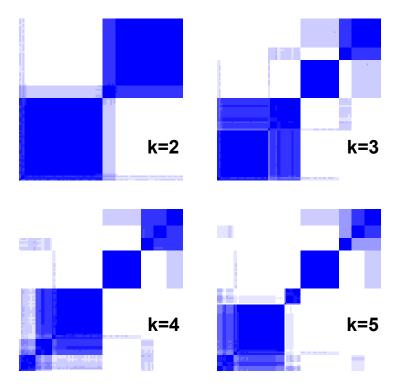


Figure 2: Consensus clustering for 2, 3, 4 and 5 clusters. The color is scaled to the frequency that two samples are in the same cluster.

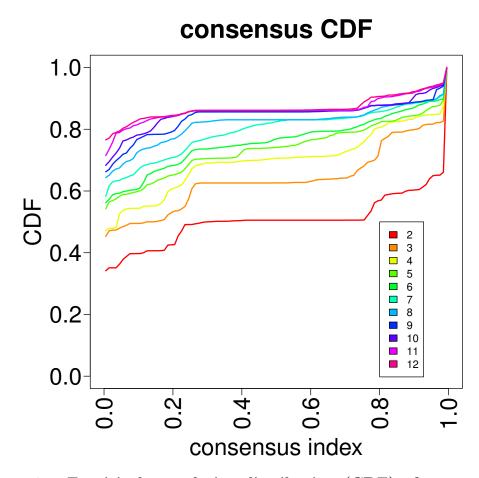


Figure 3: Empirical cumulative distribution (CDF) of consensus clustering for 2 to 12 clusters.

### 4.4 Collapsing probesets to unique genes

To facilitate the use of the classifier on other platforms, we collapsed the expression levels for probesets to genes. This was performed before selection of most representative genes (SAM and AUC) and generation of the classifier (PAM), for each gene the probeset with highest overall expression was selected. The following function can reproduce the annotation file to map from probesets to unique genes:

```
> uniGenes <- pbs2unigenes(ge.CRC, sdat)
> length(uniGenes)
[1] 4762
> print(uniGenes[1:20])
```

```
213418_at 1555759_a_at
                               204600_at 1552256_a_at
                                                          1552281_at
                                                           "SLC39A5"
     "HSPA6"
                    "CCL5"
                                              "SCARB1"
                                 "EPHB3"
 221646_s_at 1552309_a_at 1552312_a_at 1552316_a_at
                                                           227444_at
   "ZDHHC11"
                    "NEXN"
                                 "MFAP3"
                                              "GIMAP1"
                                                            "ARMCX4"
 218250_s_at
              225240_s_at
                              1552365_at
                                            1552370_at
                                                           212805_at
     "CNOT7"
                    "MSI2"
                                  "SCIN"
                                             "C4orf33"
                                                            "PRUNE2"
                               213050_at 1554897_s_at
                                                           222379_at
1552470_a_at 1552477_a_at
    "ABHD11"
                    "TRF6"
                                  "COBL"
                                              "RHBDI.2"
                                                             "KCNE4"
```

# 4.5 Filtering patient samples

Subsequently Silhouette width[7] was computed to identify the most representative samples within each cluster. Samples with positive silhouette width (n=85) were retained to build the classifier (Figure 4). The function filterSamples computes Silhouette width, based on which to select most representative samples:

```
> samp.f <- filterSamples(sdat, uniGenes, clus)
> silh <- samp.f[["silh"]]
> sdat.f <- samp.f[["sdat.f"]]
> clus.f <- samp.f[["clus.f"]]
> dim(sdat.f)
```

### [1] 4762 85

### > rownames(sdat.f)[1:20]

1552281_at	1552256_a_at	204600_at	1555759_a_at	213418_at
"SLC39A5"	"SCARB1"	"EPHB3"	"CCL5"	"HSPA6"
227444_at	1552316_a_at	1552312_a_at	1552309_a_at	221646_s_at
"ARMCX4"	"GIMAP1"	"MFAP3"	"NEXN"	"ZDHHC11"
212805_at	1552370_at	1552365_at	225240_s_at	218250_s_at
"PRUNE2"	"C4orf33"	"SCIN"	"MSI2"	"CNOT7"
222379_at	1554897_s_at	213050_at	1552477_a_at	1552470_a_at
"KCNE4"	"RHBDL2"	"COBL"	"IRF6"	"ABHD11"

As we see in this filtering step, probesets have been converted to genes. The function figSilh generates the Silhouette width figure:

> figSilh(silh)

### 4.6 Feature selection

To build the CCS classifier, we applied two filtering steps to select the most representative and predictive genes. First, we used Significance Analysis of Microarrays (SAM)[8] (R package siggenes) to identify genes significantly differentially expressed (FDR<0.01) between each subtype and the other two. The function findDiffGenes performs SAM analysis to search for top differential genes between three subtypes:

- > diffGenes <- findDiffGenes(sdat.f, clus.f, pvalth=0.01)</pre>
- > length(diffGenes)

[1] 2747

As we see, 2747 unique genes are highly differentially expressed between subtypes.

Second, we calculated AUC (area under ROC curve, R package *ROCR*) to assess each gene's ability to separate one subtype from the other two. The function *filterDiffGenes* filters differential genes based on AUC scores:

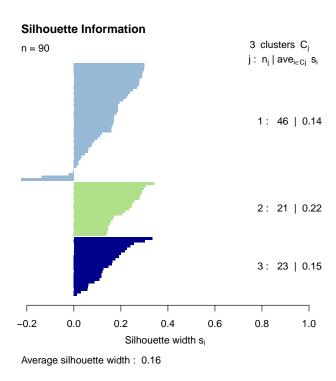


Figure 4: Silhouette widths of colon cancer samples. The figure shows Silhouette widths of samples in each cluster. Samples with positive Silhouette values were selected as core samples to build the classifier.

```
> diffGenes.f <- filterDiffGenes(sdat.f, clus.f, diffGenes, aucth=0.9)
> length(diffGenes.f)
[1] 323
```

After this step, we retained 323 unique genes that are most predictive.

### 4.7 Build PAM classifier

The retained 329 genes with AUC > 0.9 were trained by PAM[9] to build a robust classifier. To select the optimal threshold for centroid shrinkage, we performed 10-fold cross-validation over a range of thresholds for 1000 iterations, and selected the one yielding a good performance (error rate < 2%) with the least number of genes (Figure 5). Of note, the gene filtering steps do not have any significant influence on the selection of signature genes, as observed from PAM classification using various cut-offs on SAM FDR and AUC (data not shown).

The function buildClassifier builds the PAM classifier:

```
> sigMat <- sdat.f[diffGenes.f, names(clus.f)]
> classifier <- buildClassifier(sigMat, clus.f, nfold=10, nboot=100)
> signature <- classifier[["signature"]]
> pam.rslt <- classifier[["pam.rslt"]]
> thresh <- classifier[["thresh"]]
> err <- classifier[["err"]]</pre>
```

The function figPAMCV reproduces the PAM cross validation figure:

### > figPAMCV(err)

Using this strategy, we built a classifier of 146 unique genes and used it to classify the CRC samples (Figure 6).

The classifier is then applied to classify the 90 colon cancer samples. A posterior probability >0.5 for one of the subtypes was regarded as being indicative of association with that group. The following functions are used to reproduce the classification and figure:

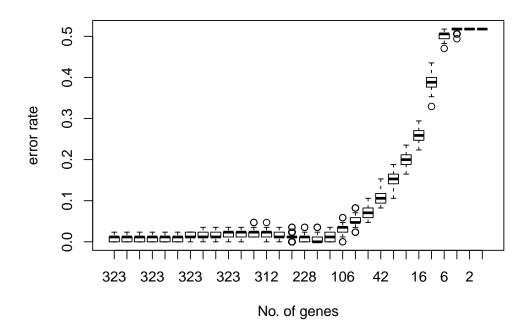


Figure 5: **PAM classification with cross validations.** The figure shows the cross validation error rate as a function of level of PAM shrinkage (number of genes left).

```
> datsel <- sdat[names(uniGenes), ]
> rownames(datsel) <- uniGenes
> datsel <- datsel[diffGenes.f, ]
> pamcl <- pamClassify(datsel, signature, pam.rslt, thresh, postRth=1)
> sdat.sig <- pamcl[["sdat.sig"]]
> pred <- pamcl[["pred"]]
> clu.pred <- pamcl[["clu.pred"]]
> nam.ord <- pamcl[["nam.ord"]]
> gclu.f <- pamcl[["gclu.f"]]</pre>
> figClassify(AMC_CRC_clinical, pred, clu.pred, sdat.sig, gclu.f, nam.ord)
```

# 5 Subtype characterization

# 5.1 Survival analysis

> figKM(surv, survstats)

The clinical relevance of this classification becomes evident when analysing the disease-free survival, which revealed a significantly poorer prognosis for CCS3 patients compared to CCS1-CIN and CCS2-MSI patients (Figure 7).

To reproduce the progression free survival analysis, we developed function progAMC:

```
> prog <- progAMC(AMC_CRC_clinical, AMC_sample_head, clu.pred)
survdiff(formula = Surv(time, status) ~ x, data = data4surv)
     N Observed Expected (O-E)^2/E (O-E)^2/V
x=1 44
              3
                    10.22
                              5.104
                                        11.107
x=222
              4
                     4.83
                              0.143
                                         0.191
                     3.95
x=3 24
             12
                             16.436
                                        21.049
 Chisq= 22 on 2 degrees of freedom, p= 2e-05
> surv <- prog[["surv"]]</pre>
> survstats <- prog[["survstats"]]</pre>
   The function figKM can be used to reproduce the KM plot:
```

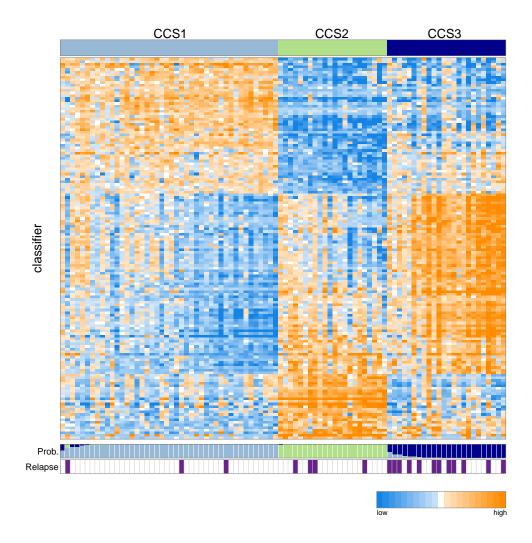


Figure 6: The AMC-AJCCII-90 set is classified in three subtypes according to the classifier. The top bar indicates the subtypes; light blue; CCS1, green; CCS2, dark blue; CCS3. In the heatmap, rows indicate genes from the classifier and columns represent patients. The heatmap is color-coded based on median centred log2 gene expression levels (orange, high expression; blue, low expression). The lower bar indicates the posterior probability of belonging to each respective subtype.

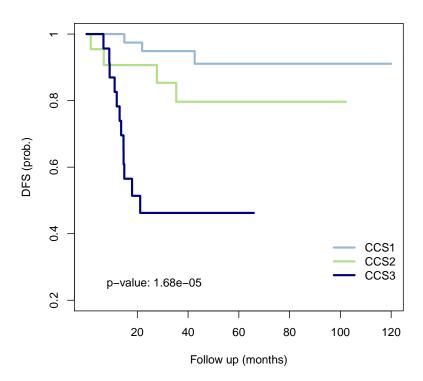


Figure 7: Kaplan-Meier graphs depicting Disease-free survival (DFS) within the AMC-AJCCII-90 set stratified by the CCS classification.

# 6 Session info

This document was produced using:

- > toLatex(sessionInfo())
  - R version 3.6.0 (2019-04-26), x86\_64-pc-linux-gnu
  - Locale: LC\_CTYPE=en\_US.UTF-8, LC\_NUMERIC=C,
     LC\_TIME=en\_US.UTF-8, LC\_COLLATE=C, LC\_MONETARY=en\_US.UTF-8,
     LC\_MESSAGES=en\_US.UTF-8, LC\_PAPER=en\_US.UTF-8, LC\_NAME=C,
     LC\_ADDRESS=C, LC\_TELEPHONE=C, LC\_MEASUREMENT=en\_US.UTF-8,
     LC\_IDENTIFICATION=C
  - Running under: Ubuntu 18.04.2 LTS
  - Matrix products: default
  - BLAS: /home/biocbuild/bbs-3.9-bioc/R/lib/libRblas.so
  - LAPACK: /home/biocbuild/bbs-3.9-bioc/R/lib/libRlapack.so
  - Base packages: base, datasets, grDevices, graphics, methods, stats, utils
  - Other packages: DeSousa2013 1.20.0
  - Loaded via a namespace (and not attached): AnnotationDbi 1.46.0, Biobase 2.44.0, BiocGenerics 0.30.0, BiocManager 1.30.4, BiocParallel 1.18.0, Biostrings 2.52.0, ConsensusClusterPlus 1.48.0, DBI 1.0.0, DelayedArray 0.10.0, GenomeInfoDb 1.20.0, GenomeInfoDbData 1.2.1, GenomicRanges 1.36.0, IRanges 2.18.0, KernSmooth 2.23-15, MASS 7.3-51.4, Matrix 1.2-17, RCurl 1.95-4.12, ROCR 1.0-7, RSQLite 2.1.1, Rcpp 1.0.1, S4Vectors 0.22.0, SummarizedExperiment 1.14.0, XML 3.98-1.19, XVector 0.24.0, affxparser 1.56.0, affy 1.62.0, affyio 1.54.0, annotate 1.62.0, bit 1.1-14, bit64 0.9-7, bitops 1.0-6, blob 1.1.1, caTools 1.17.1.2, cluster 2.0.9, codetools 0.2-16, compiler 3.6.0, digest 0.6.18, ff 2.2-14, foreach 1.4.4, frma 1.36.0, gdata 2.18.0, genefilter 1.66.0, gplots 3.0.1.1, grid 3.6.0, gtools 3.8.1, hgu133plus2.db 3.2.3, iterators 1.0.10, lattice 0.20-38, limma 3.40.0, matrixStats 0.54.0, memoise 1.1.0, mgcv 1.8-28,

multtest 2.40.0, nlme 3.1-139, oligo 1.48.0, oligoClasses 1.46.0, pamr 1.56.1, parallel 3.6.0, pkgconfig 2.0.2, preprocessCore 1.46.0, scrime 1.3.5, siggenes 1.58.0, splines 3.6.0, stats4 3.6.0, survival 2.44-1.1, sva 3.32.0, tools 3.6.0, xtable 1.8-4, zlibbioc 1.30.0

# 7 References

- [1] De Sousa E Melo, F. and Wang, X. and Jansen, M. et al. Poor prognosis colon cancer is defined by a molecularly distinct subtype and precursor lesion. *accepted* 2
- [2] McCall, Matthew N and Bolstad, Benjamin M and Irizarry, Rafael A (2010). Frozen robust multiarray analysis (fRMA). *Biostatistics*, **11**(2), 242–253. 3
- [3] McCall, Matthew N and Uppal, Karan and Jaffee, Harris A and Zilliox, Michael J and Irizarry, Rafael A (2011). The Gene Expression Barcode: leveraging public data repositories to begin cataloging the human and murine transcriptomes. *Nucleic acids research*, **39**(suppl 1), D1011–D1015. 3
- [4] Johnson, W Evan and Li, Cheng and Rabinovic, Ariel (2007). Adjusting batch effects in microarray expression data using empirical Bayes methods. *Biostatistics*, 8(1), 118–127. 3
- [5] Tibshirani, Robert and Walther, Guenther and Hastie, Trevor (2001). Estimating the number of clusters in a data set via the gap statistic. *Journal of the Royal Statistical Society: Series B (Statistical Methodology)*, **63**(2), 411–423. 4
- [6] Monti, Stefano and Tamayo, Pablo and Mesirov, Jill and Golub, Todd (2003). Consensus clustering: a resampling-based method for class discovery and visualization of gene expression microarray data. *Machine learning*, **52**(1), 91–118. 6

- [7] Rousseeuw, Peter J (1987). Silhouettes: a graphical aid to the interpretation and validation of cluster analysis *Journal of computational and applied mathematics*, **20**, 53–65. 9
- [8] Tusher, Virginia Goss and Tibshirani, Robert and Chu, Gilbert (2001). Significance analysis of microarrays applied to the ionizing radiation response. *PNAS*, **98**(9), 5116–5121. 10
- [9] Tibshirani, Robert and Hastie, Trevor and Narasimhan, Balasubramanian and Chu, Gilbert (2002). Diagnosis of multiple cancer types by shrunken centroids of gene expression. *PNAS*, **99**(10), 6567–6572. 12