

# **Knowledge-Oriented Analysis of Microarray Data**

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## **Avoiding Paralysis of Analysis: Building an Intellectual Prosthesis**

I. Jurisica

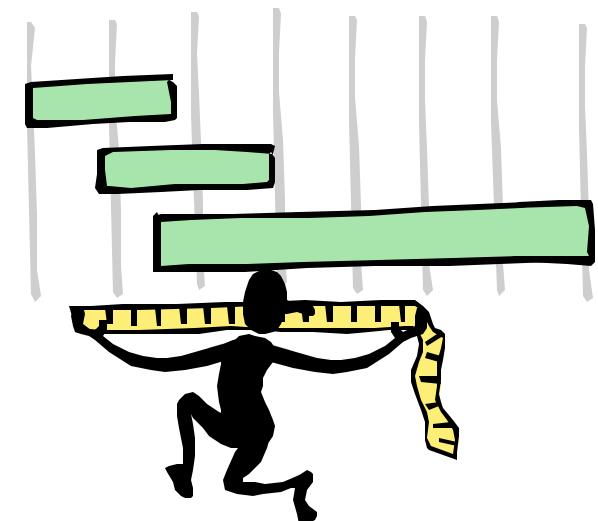
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# Goals

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- ▶ Parallel analysis of gene expressions
  - ▶ Improved understanding of tumorigenesis
  - ▶ Tumor classification
- ▶ Individualized medicine
  - ▶ Improved diagnosis, prognostics, treatment planning & adjustment
  - ▶ Targetted therapy & drug design/use
  - ▶ Informed patient



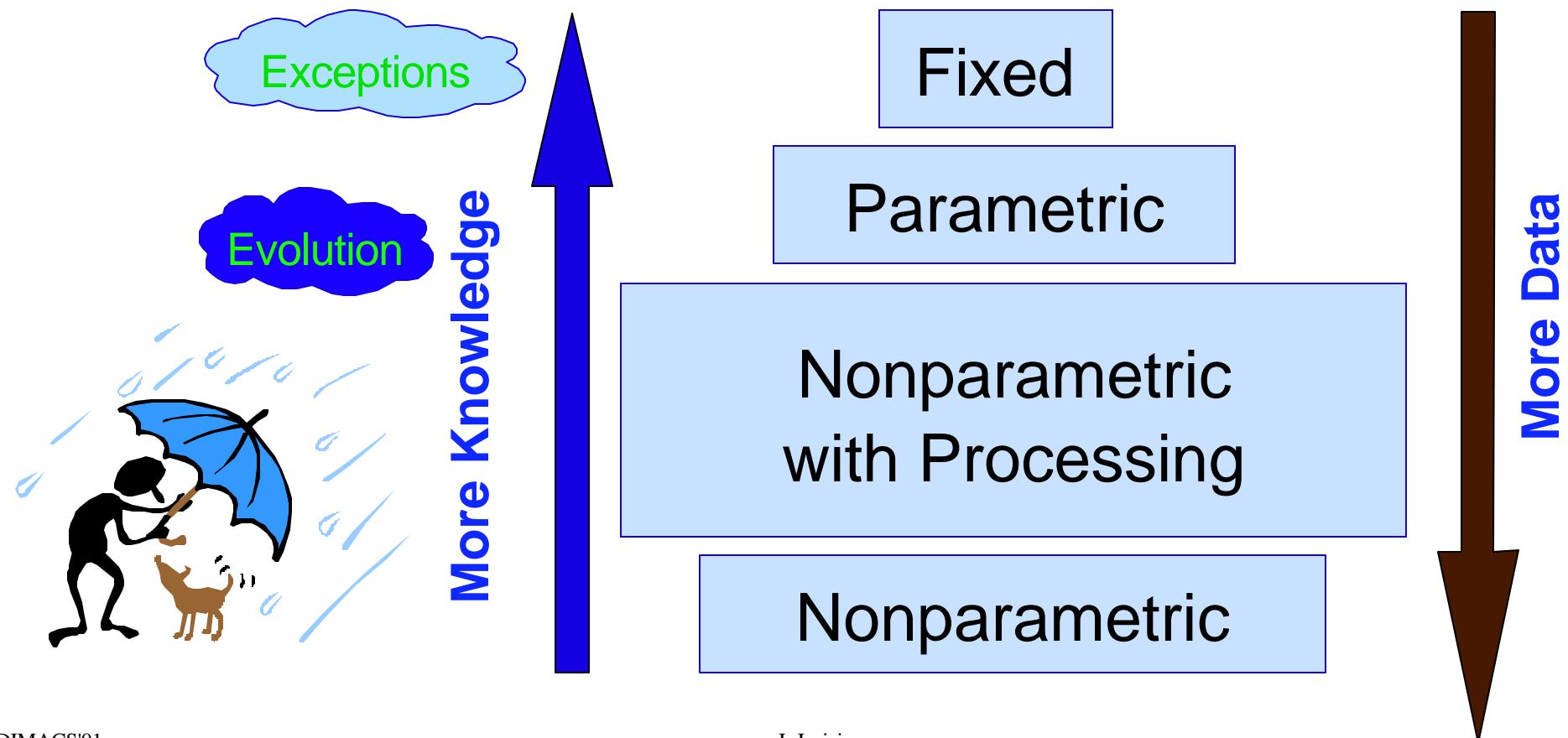
# *Problems*

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- ▶ Multi-dimensionality
  - ▶ many degrees of freedom, few datapoints
- ▶ Noise
  - ▶ Imprecision, variation
  - ▶ Low number of repeats
- ▶ Non-independebility
- ▶ Non-linearity
- ▶ DBs change
- ▶ Integration of results with other DBs & multiple experiments

# *Intellectual Prosthesis*

- ▶ Finding appropriate model to support reasoning



# *Analysis*

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- ▶ Clustering organizes observations into groups by max. iner-cluster and min. inter-cluster similarity
- ▶ Classification/prediction assigns an observation to a class (finite/infinite)
- ▶ Comparison describes the item by comparing it to other items
- ▶ Summarization describes common characteristics of a subset
- ▶ Discrimination describes minimum features needed to differentiate among classes
- ▶ Association finds common occurrence of observations

# *Paralysis*

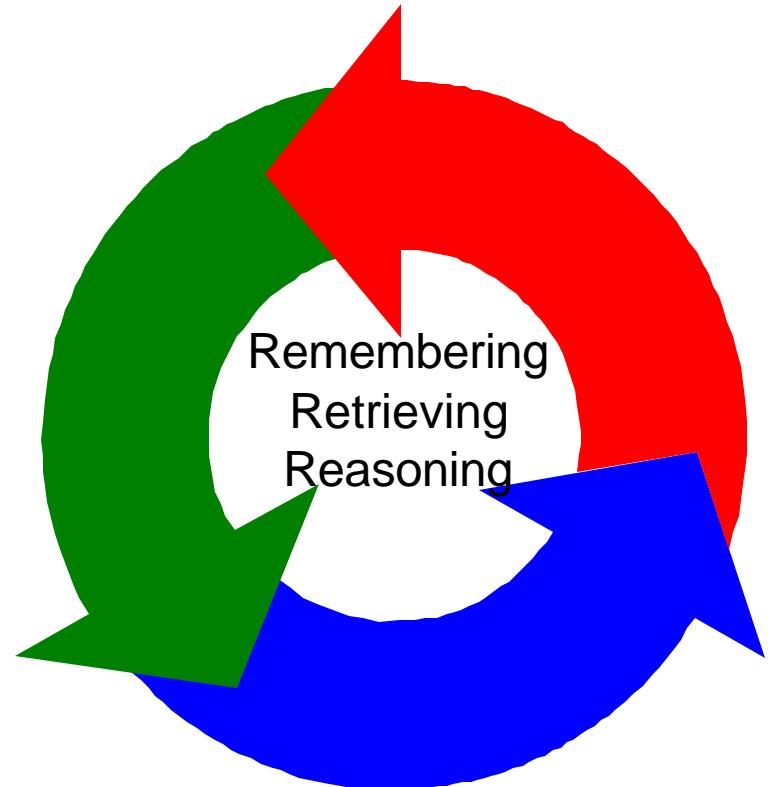


- ▶ Source
  - ▶ too slow to search the problem space
  - ▶ not enough data/processing time available for a system to generate a NP model
  - ▶ lack of domain knowledge
  - ▶ too much data (including noise) from HTP (high dimensionality)
- ▶ A solution
  - ▶ HTP & computation
  - ▶ Generate - analyze - reduce - test - validate

# *HTP*

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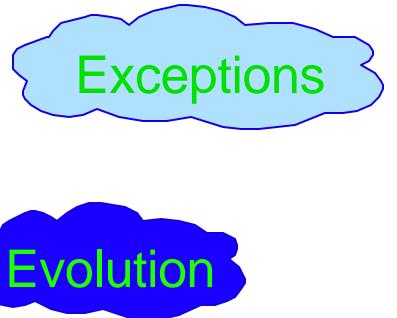
- ▶ Modified CBR approach
  - ▶ symbolic similarity
  - ▶ lazy learning combined with
    - ▶ clustering & classification
    - ▶ summarization
- ▶ Analysis-based research
  - ▶ DNA microarray analysis
  - ▶ annotation



# *Model-Building Solutions*

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- ▶ Eager approach
  1. analyze data
  2. create a model
  3. use the model
- ▶ Lazy approach - data-driven model
  1. incrementally accumulate data
  2. incrementally analyze & evolve
- ▶ Generate - analyze - reduce - test - validate

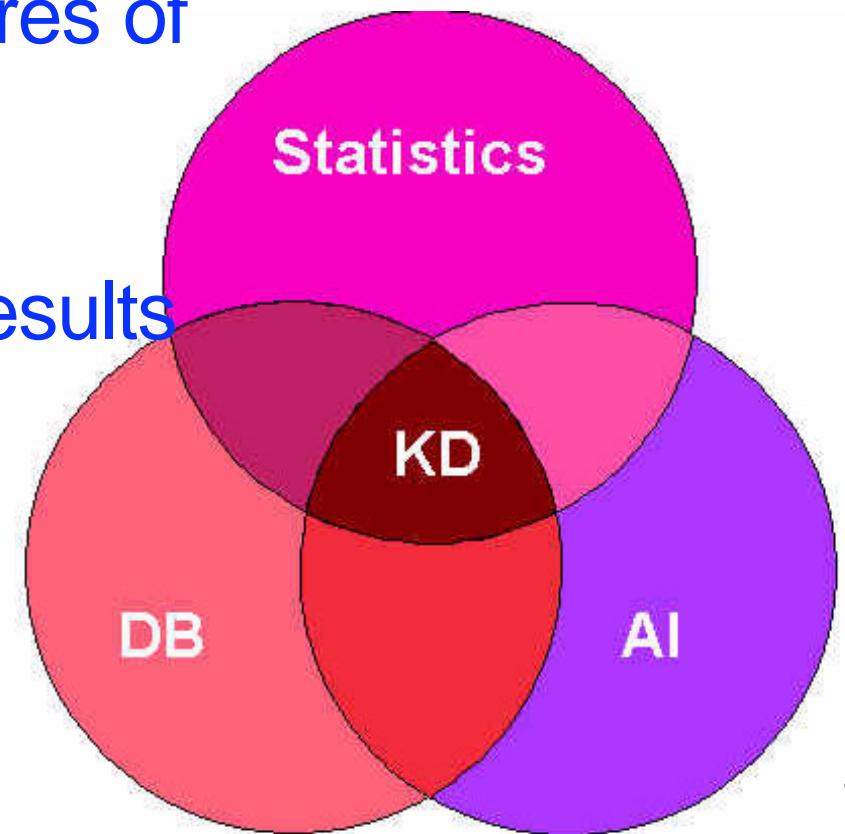


# *Analyzing and Using MA Data*

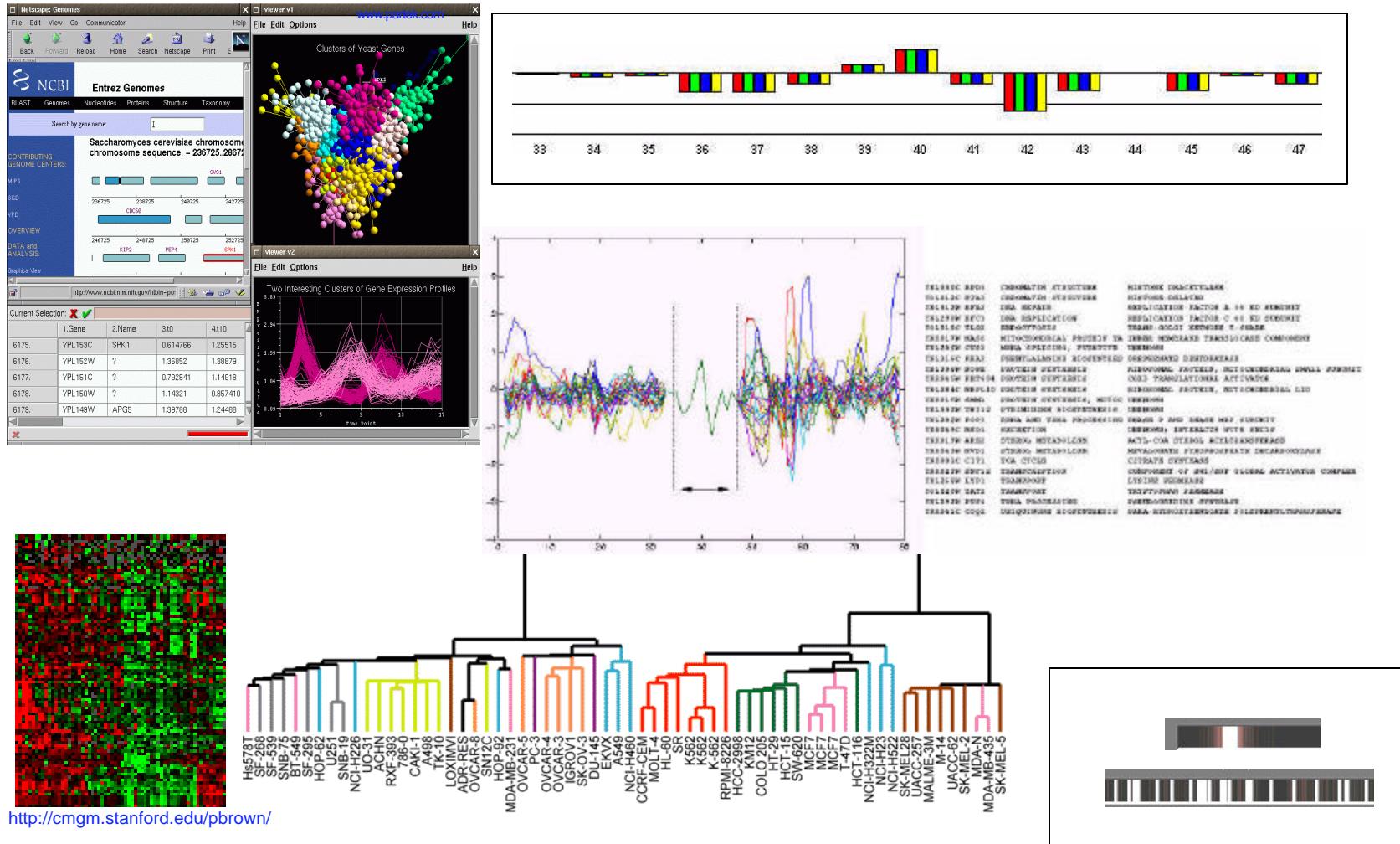
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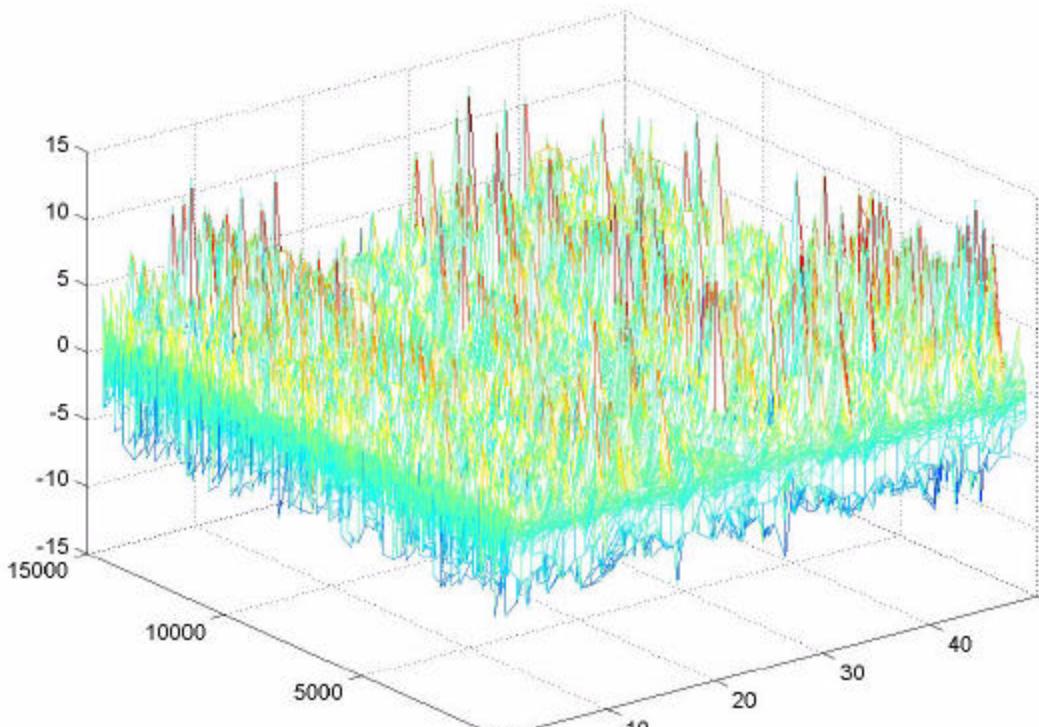
- ▶ Problems

- ▶ Knowledge of classes
- ▶ Providing parameters
- ▶ Clinical attributes as measures of "meaningfulness"
- ▶ Scalability
- ▶ Annotating and explaining results
- ▶ Quality assurance
- ▶ Integratability

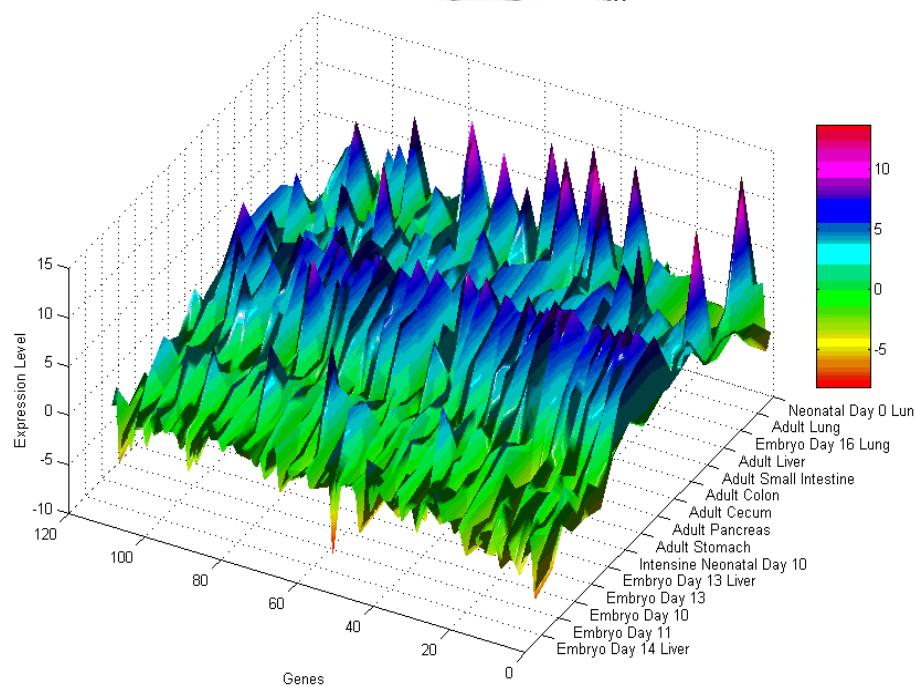
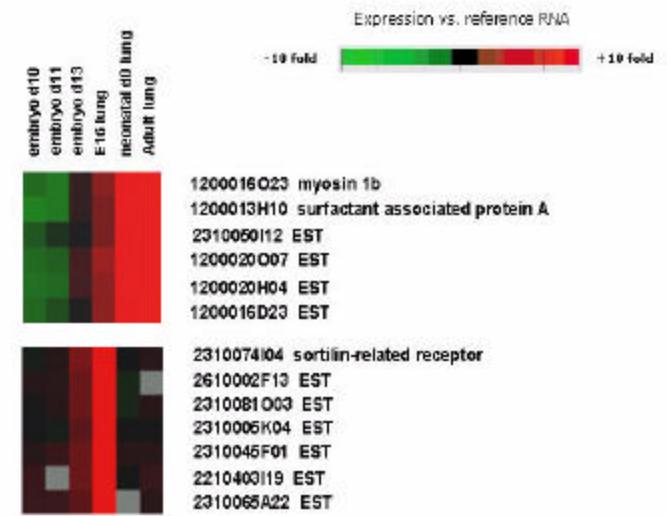


# Discovery Algorithms

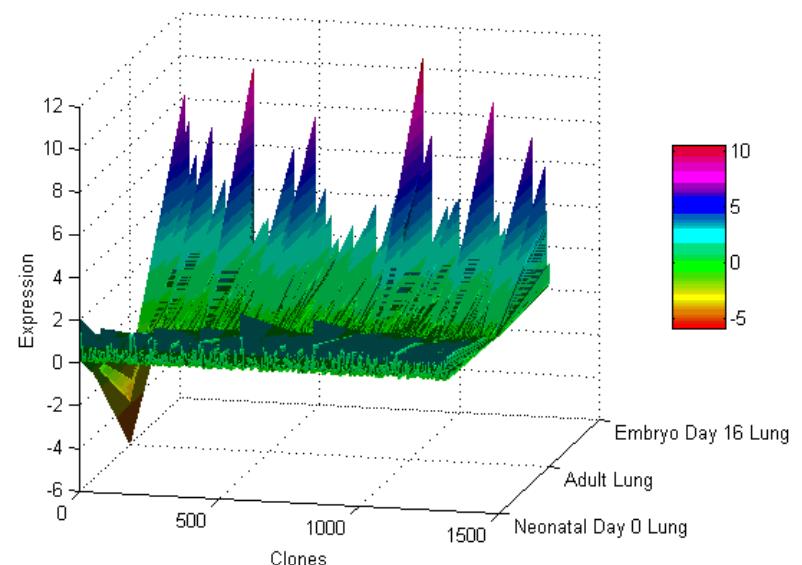




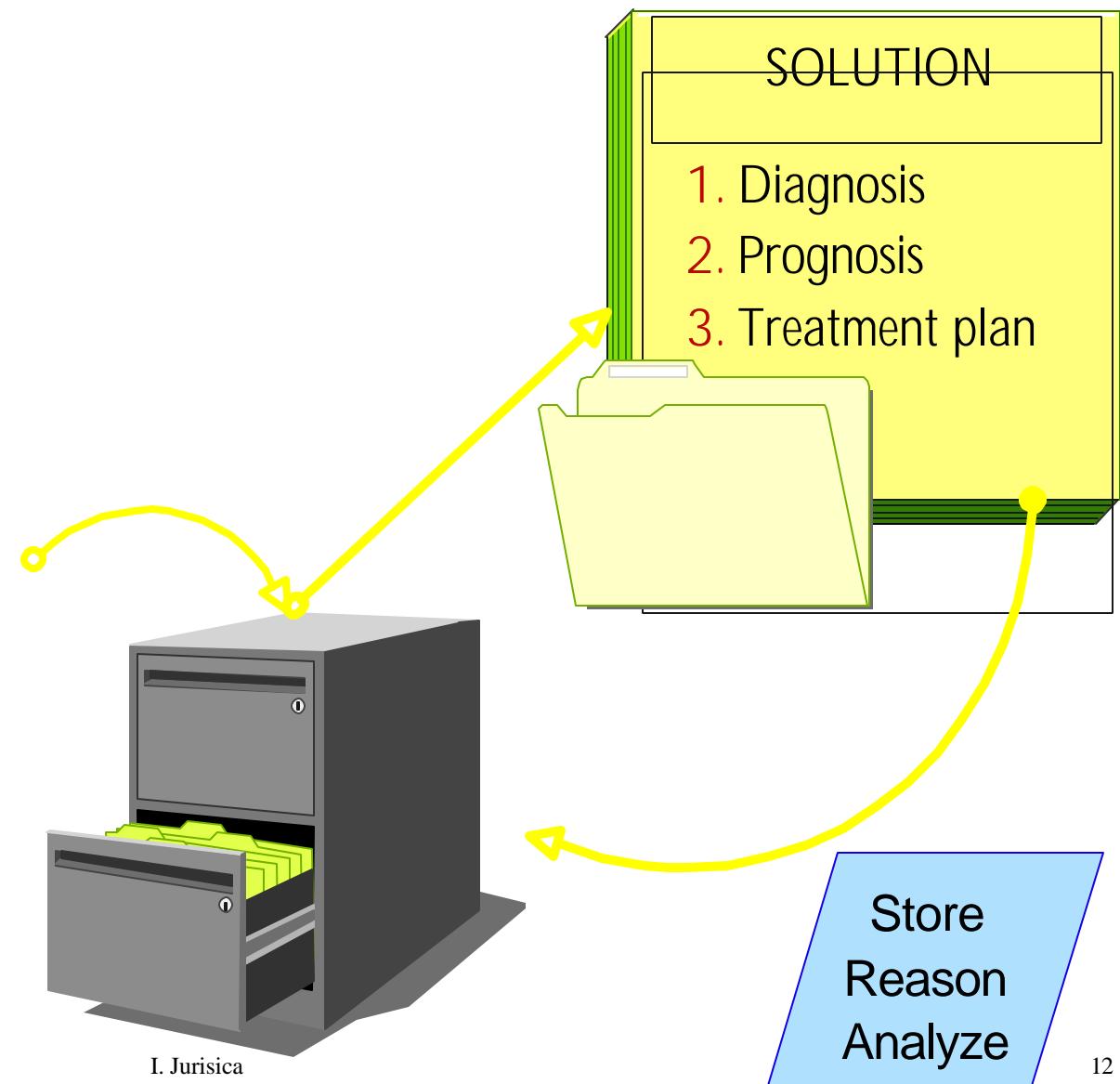
A)



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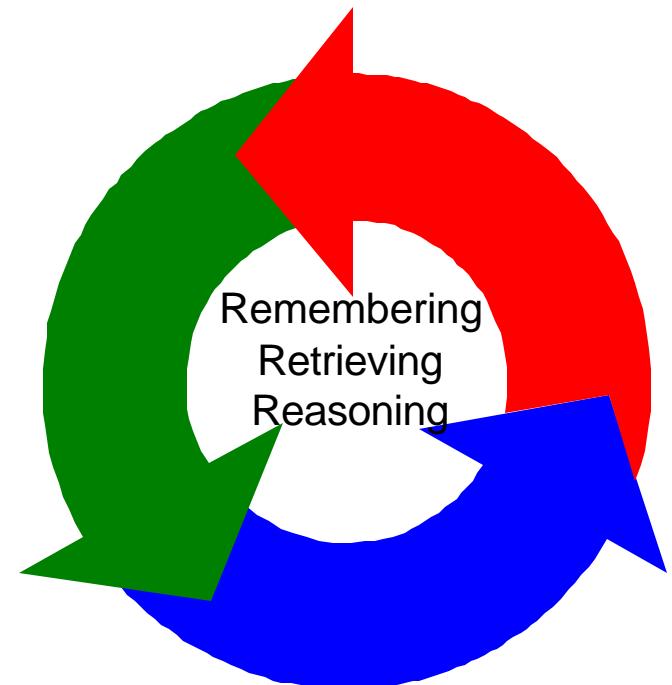
# Case-Based Reasoning



# ***Case-Based Reasoning***

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- ▶ DSS
  - ▶ Cases represent experiential knowledge
  - ▶ Cases are patterns: context, problem, solution
  - ▶ Symbolic similarity - context-based
  - ▶ Retrieval - k-NN with context and structure
  - ▶ Anytime algorithm
- ▶ KM for evolving domains
  - ▶ Documenting, analyzing, transferring & sharing experience
  - ▶ Classification, prediction, guidance in hypothesis discovery
  - ▶ Clustering, summarization
  - ▶ Acquire now, process later



# *Patient Information Management*

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- ▶ we need detailed disease classification
- ▶ we need markers to improve diagnosis, prognosis and treatment planning
- ▶ we need new and systematic methods



# ***CBR for DNA Micro Arrays***

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- ▶ Gene expression signature
- ▶ Find patients with similar signature
  - ▶ *k*-NN approach - without prior domain knowledge
- ▶ Provide diagnosis, prognosis & treatment by analogy
- ▶ Apply *Explain* function for marker & cancer subtype summarization



# *Advantage of CBR*

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- ▶ Supports reasoning, not just analysis
- ▶ Measure of similarity is based on gene expression profile
- ▶ Does not require prior knowledge
- ▶ Supports evolution & is more flexible
- ▶ Handles inconsistencies
  - ▶ Inconsistencies get resolved at run-time with contextual information
  - ▶ CBR can be used to find inconsistencies
- ▶ Supports discovery & validation

# *Outliers*

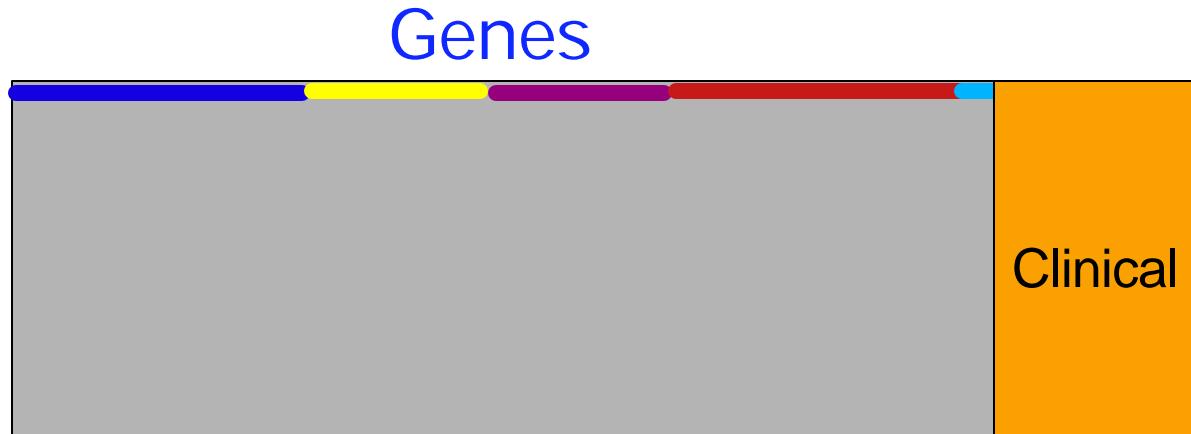
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- ▶ Represent change and deviation
  - ▶ data outside of normal region of input
    - ▶ unusual but correct
    - ▶ unusual & incorrect
  - ▶ for numeric attributes
    - ▶ detect with histogram
      - ▶ remove with threshold filter
    - ▶ identify by calculating the mean & stdev
      - ▶ remove by specifying "window", e.g., 2 standard deviations from the mean

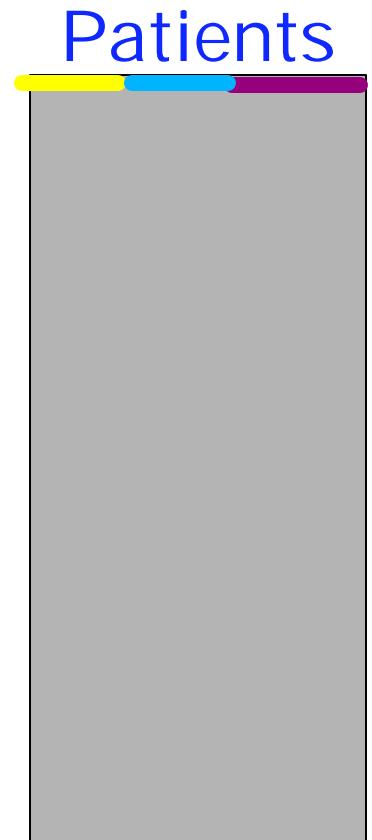
# *KD and CBR*

- ▶ Organize genes into groups
- ▶ Organize attribute values into taxonomies

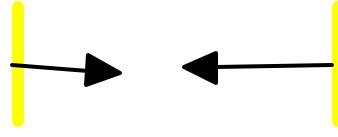
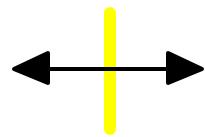
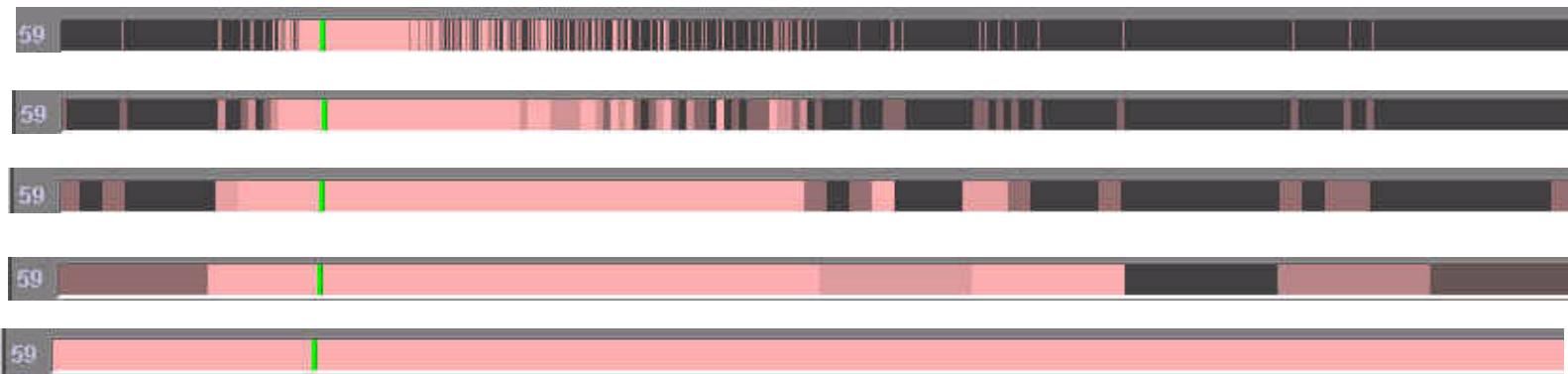
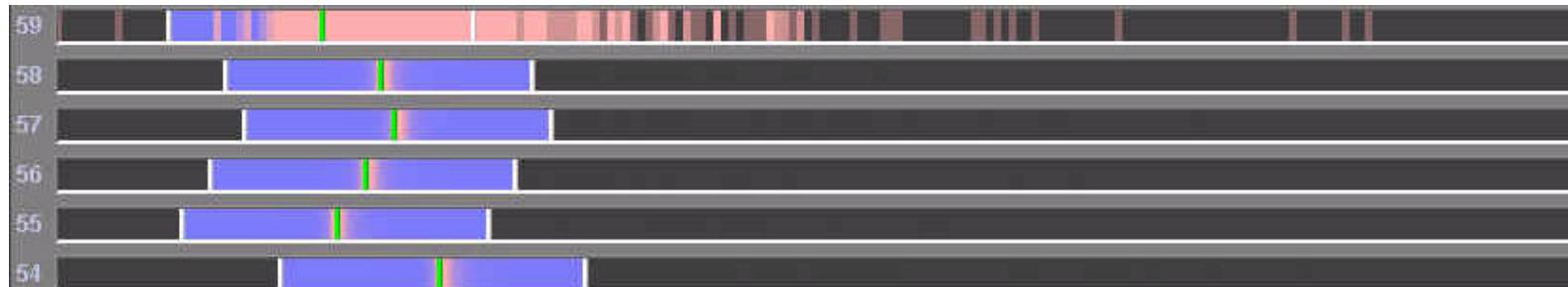
Patients



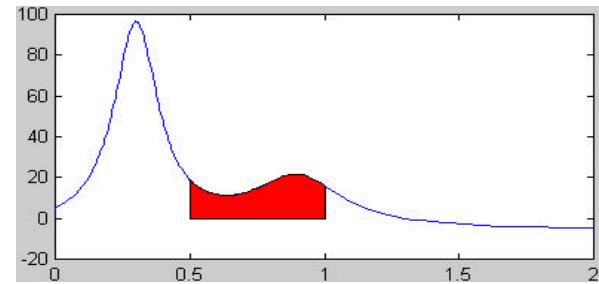
Genes & clinical attributes



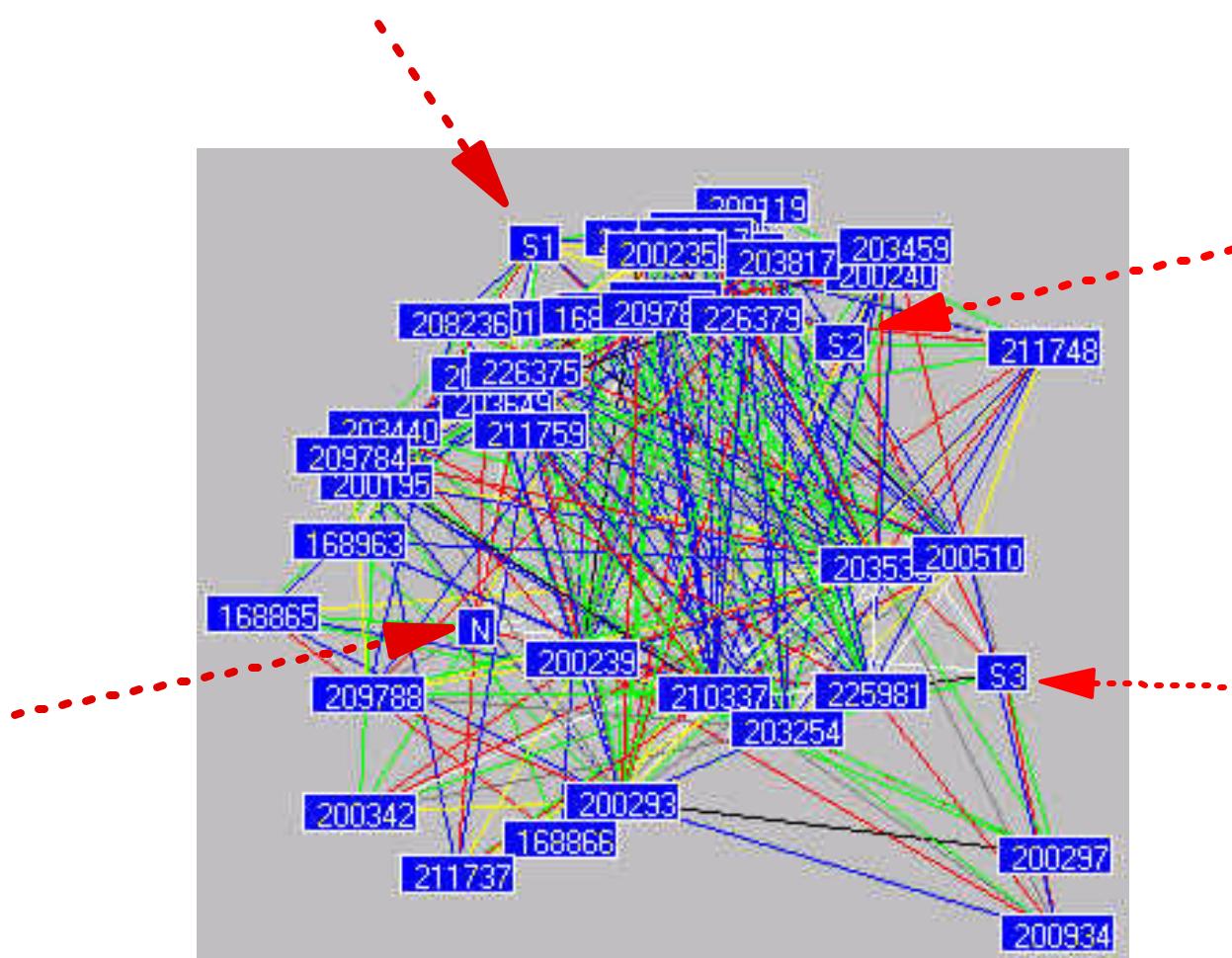
# *Context Relaxation*

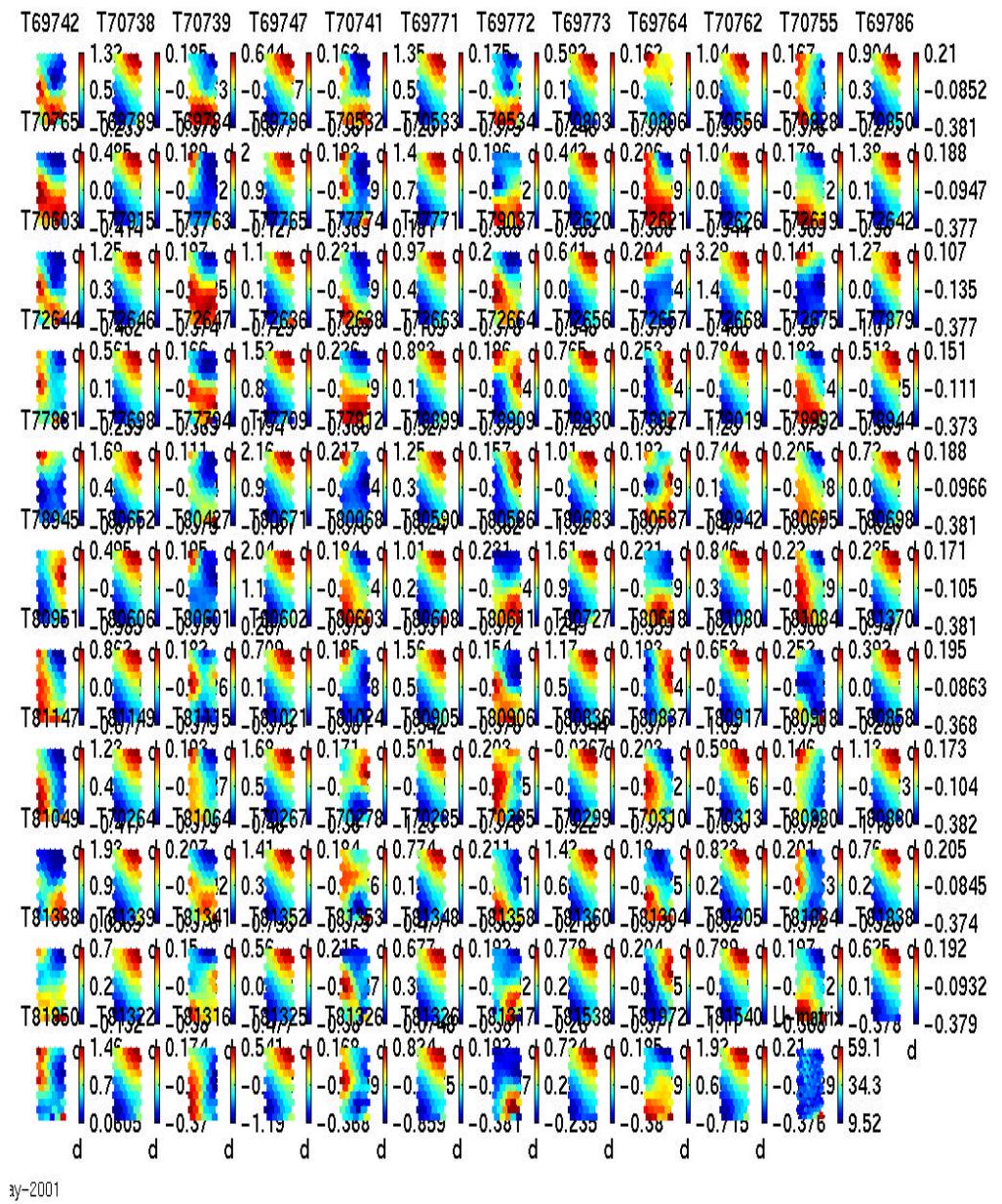
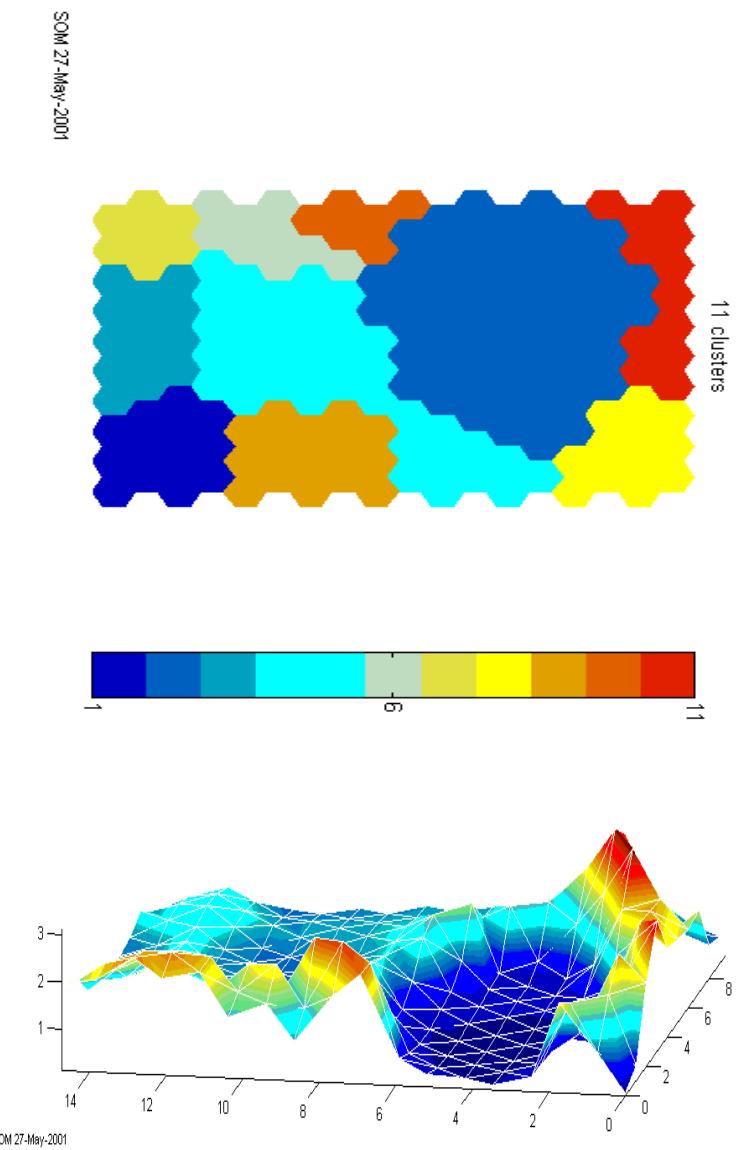


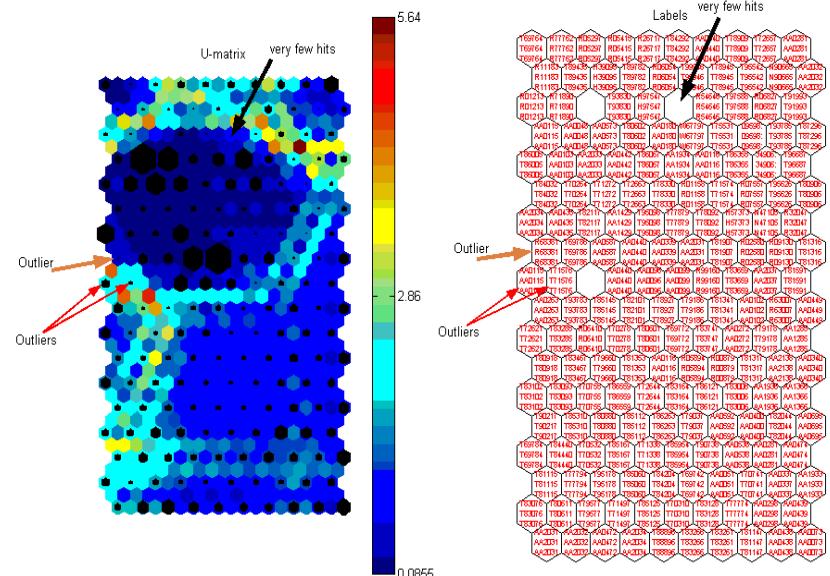
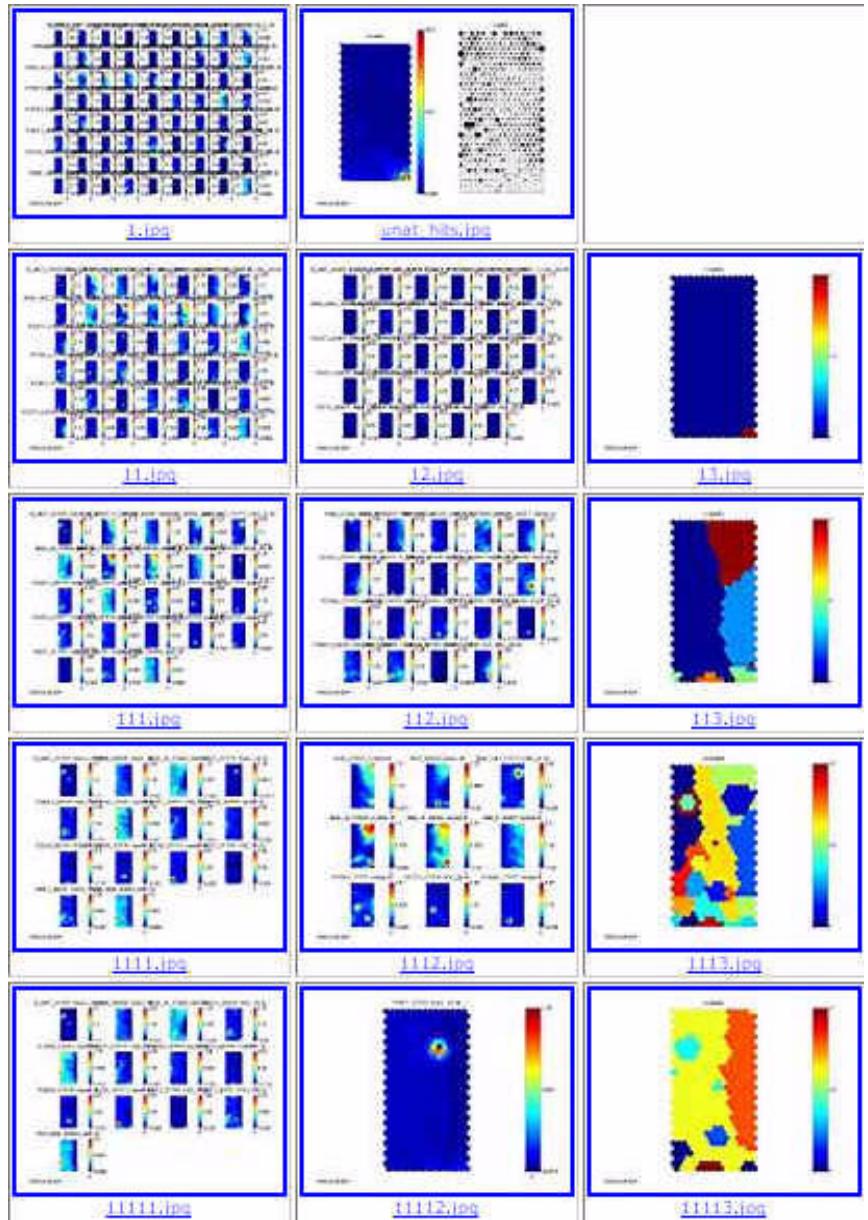
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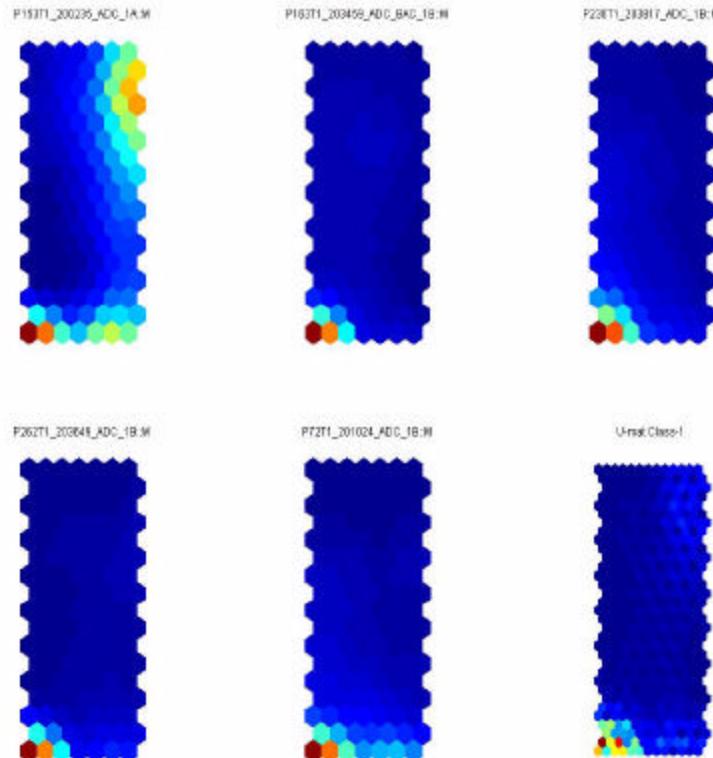
# Patient-Patient Similarity







SOM 27-May-2001

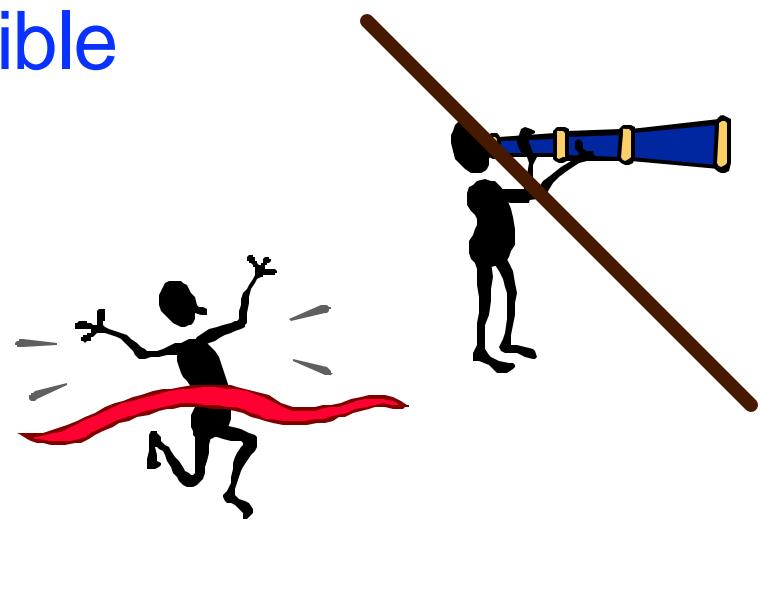
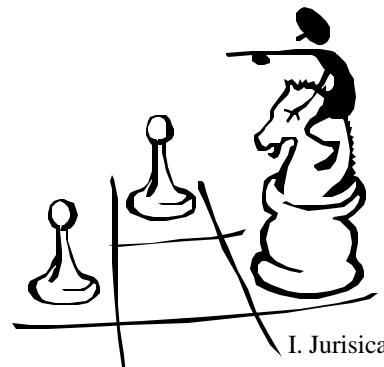


I. Jurisica SOM 16-Jul-2001

# *Open Source BI Odb*

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- ▶ Automated annotation
- ▶ Schema integration, info validation
- ▶ Querying and analysis
- ▶ Reasons for local source:
  - ▶ certain tasks are more efficient and effective
  - ▶ certain tasks become possible



# *WebOQL*

<http://www.cs.toronto.edu/~weboql>

- ▶ A system for supporting data restructuring operations
  - ▶ to integrate data from different sources (documents, relational tables, hypertexts)
  - ▶ to restructure an instance of a given source into an instance of another one
- ▶ We used WebOQL to write wrappers for UniGene
  - ▶ more generic, dynamic, incremental

# *Autoannotations*

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- ▶ Information may not be downloadable
- ▶ Information may not be complete

D=1

TITLE=Hippocampus,\_Stratagene\_(cat.\_\_936205)

TISSUE=brain, hippocampus

VECTOR=lambdaZAP-II

Lib.1

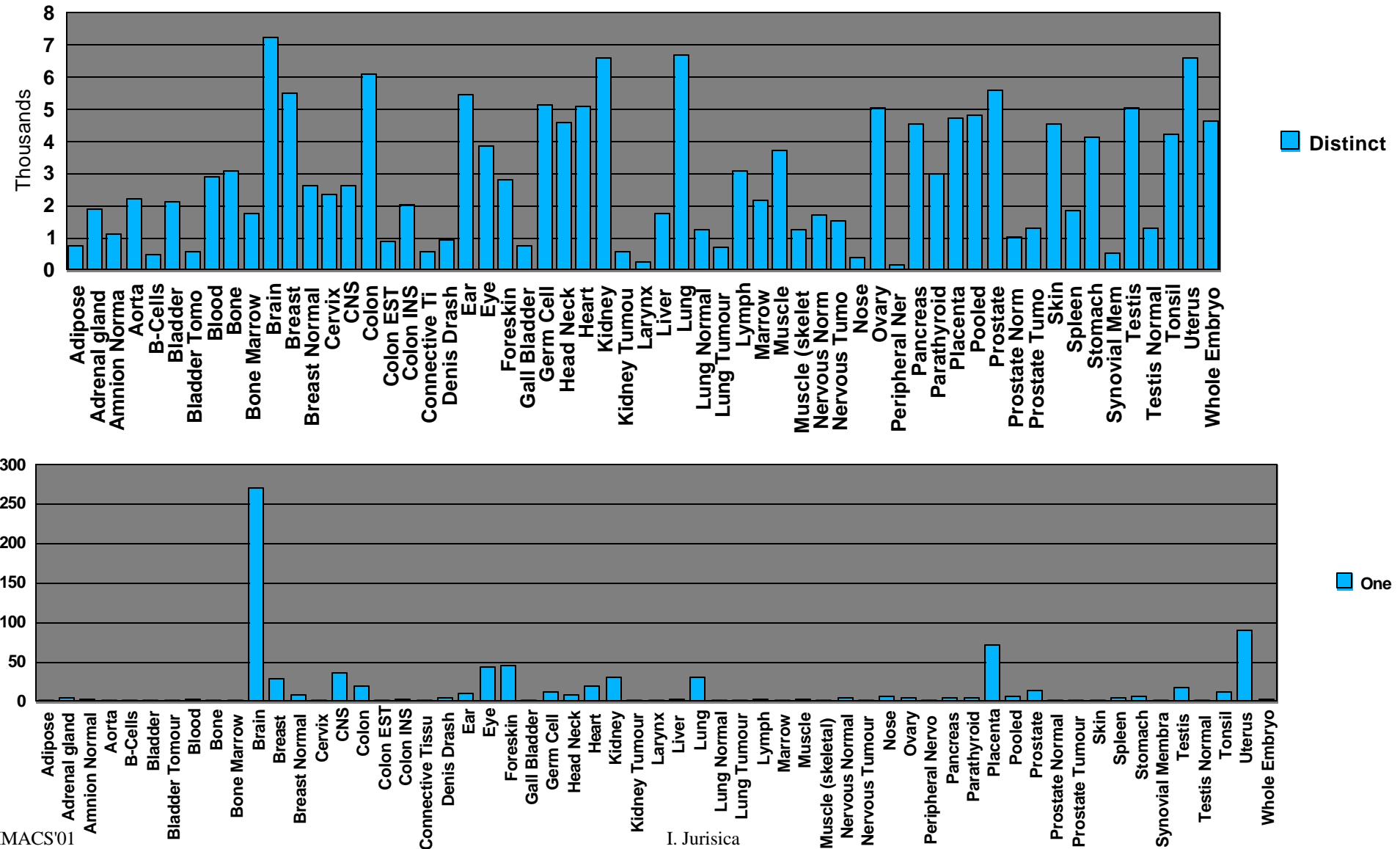
Infant, 2 yrs, female

brain, hippocampus

lambdaZAP-II

453 ESTs have been classified, 411 gene sets

# Expression Distribution



# Lung

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|                             |        |
|-----------------------------|--------|
| Lung                        | 15,410 |
| Lung-tumor                  | 67     |
| Lung-tumor & suppressor     | 26     |
| Lung-tumor & necrosis       | 20     |
| Lung-tumor & antigen        | 5      |
| Lung-tumor & susceptibility | 3      |

|           |             |              |   |      |       |
|-----------|-------------|--------------|---|------|-------|
| Hs.241493 | M. musculus | PIR:B47328   | B47328 natural killer cell tumor-recognition protein - mouse" | 1511 | 79 %  |
| Hs.241493 | H. sapiens  | SP:P30414    | NKCR_HUMAN NK-TUMOR RECOGNITION PROTEIN"                      | 1461 | 100 % |
| Hs.19074  | H. sapiens  | PID:g7212790 | large tumor suppressor 2"                                     | 1045 | 100 % |
| Hs.48499  | H. sapiens  | PID:g7144644 | AF102177 1 tumor antigen SLP-8p"                              | 965  | 100 % |
| Hs.116875 | M. musculus | PID:g7637845 | AF172722 1 tumor-rejection antigen SART3"                     | 962  | 87 %  |
| Hs.211600 | M. musculus | SP:Q60769    | TNP3 MOUSE TUMOR NECROSIS FACTOR, ALPHA-INDUCED PROTEIN 3"    | 789  | 88 %  |
| Hs.211600 | H. sapiens  | SP:P21580    | TNP3_HUMAN TUMOR NECROSIS FACTOR, ALPHA-INDUCED PROTEIN 3"    | 789  | 100 % |

# ***Conclusions***

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- ▶ Management - representation - reasoning - discovery
  - ▶ moving from hypothesis-driven to exploration-driven research (analysis)
  - ▶ systematically analyzing the problem space
- ▶ HTP
  - ▶ automation, systematicity, reproducibility
  - ▶ hypothesis search - generation & evaluation

# *The Future*

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- ▶ "Most disease processes and treatments are manifested at the protein level"
- ▶ "Gene-based expression analysis alone will (in certain cases) be totally inadequate for drug discovery"
- ▶ "Only 2% of diseases are believed to be monogenic - we need to understand protein-protein interactions"

DDT 4(3):129-133, 1999



# *Thanks*

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- ▶ P. Rogers, M. Sultan
- ▶ A. Rehaag, G. Quon
- ▶ D. Wigle, O. Huner
- ▶ P. Macgregor, M. Albert



- ▶ J. Glasgow



- ▶ A. Barta
- ▶ M. Maziarz
- ▶ W. Andreopoulos



**NSERC, CITO,  
NIH, IBM, OCI**

<http://www.cs.utoronto.ca/~juris>

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