ssPATHS: Single Sample PATHway Score (version 0.1.0)

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1 Introduction

Precision oncology requires that a single patient can be accurately and meaningfully characterized in order to tailor treatments. Using our method, ssPATHS, we are able to estimate pathway deviations for a single patient, by first learning a discriminative gene weighting from a reference cohort. In this vignette, we use TCGA gene expression data to learn a weighting on hypoxia-related genes then apply it to PDAC cancer cell lines to estimate the level of hypoxia within each sample.

2 Formatting Data

First, we load the appropriate packages we will need.

```
> library("ROCR")
> library("ggplot2")
> library("ssPATHS")
```

Next, we will read in the TCGA data and format it appropriately.

> data(tcga_expr_df)

Let's look at the format of our data. To learn our gene weights we will need a Y column and a $sample_id$ column.

>	<pre>tcga_expr_df[1:6,1:5]</pre>		
	tcga_id	study	is_normal
1	TCGA-CQ-6224-01A-11R-1915-07	HNSC	FALSE
2	TCGA-TQ-A7RP-01A-21R-A34F-07	LGG	FALSE
3	TCGA-13-1510-01A-02R-1565-13	OV	FALSE
4	TCGA-HC-8265-01A-11R-2263-07	PRAD	FALSE

5 TCGA-H	HC-7079-01A-11R-	1965-07	PRAD	FALSE	
6 TCGA-4	1X-A9FC-01A-11R-	A42C-07	THYM	FALSE	
libsize_75percent ENSG00000078369					
1	0.5201350	14619	0.89		
2	0.4887488	10525	0.39		
3	0.5159627	5877	3.63		
4	0.3658994	10133	6.60		
5	0.4617693	8139	3.47		
6	0.3735174	10147	3.18		

Now we will need to transform the data.frame into a SummarizedExperiment object.

Since we are interested in hypoxia, we want to learn a weighting only on genes associated with hypoxia. In this package we have a helper function to retreive these genes, but other gene sets can be used for different pathways of interest. Gene sets can be easily fetched using the package *msigdbr*.

```
> hypoxia_gene_ids <- get_hypoxia_genes()
> hypoxia_gene_ids <- intersect(hypoxia_gene_ids, rownames(tcga_se))</pre>
```

Now we will need to identify how we want to discriminate our samples. Here, we use the assumption that normal samples are less hypoxic than tumor samples. Therefore, we will use the *is_normal* column as our Y column. We set normal samples to 0 and tumor samples to 1. This implies that a higher score indicates a more hypoxic sample.

```
> colData(tcga_se)$Y <- ifelse(colData(tcga_se)$is_normal, 0, 1)
>
```

3 Get Reference Gene Weightings

Now that our data is in the appropriate format, we can learn the weightings. Within the method *get_gene_weights*, there is a normalization step where we scale across all the genes available in the SummarizedExperiment assay. For this to be stable and consistent, we recommend that the assay contain at least 500 genes that are consistently expressed across all samples in addition to the genes in the pathway of interest. We also assume the most of the genes in our hypoxia geneset are increasing, meaning that our genes move unidirectionally.

```
> res <- get_gene_weights(tcga_se, hypoxia_gene_ids, unidirectional=TRUE)
> gene_weights <- res[[1]]
> sample_scores <- res[[2]]</pre>
```

Now let's see how well we did in separating the two classes defined by Y.





4 Apply Gene Weightings to New Samples

Now, using the gene weightings learned from the reference set, we can apply it to a new sample.

```
> data(new_samp_df)
> new_samp_se <- SummarizedExperiment(t(new_samp_df[ , -(1)]),</pre>
                                        colData=new_samp_df[ , 1, drop=FALSE])
> colnames(colData(new_samp_se)) <- "sample_id"</pre>
> new_score_df <- get_new_samp_score(gene_weights, new_samp_se)</pre>
> new_score_df
DataFrame with 12 rows and 2 columns
            sample_id pathway_score
         <character>
                           <numeric>
     exp_norm_ctrl_C
                           -0.344500
1
2
     exp_norm_ctrl_A
                           -0.335998
3
     exp_norm_ctrl_B
                           -0.282953
4
                           -0.256307
     exp_hyp_noHIF_A
5
                           -0.225995
    exp_norm_noHIF_C
. . .
                  . . .
                                 . . .
8
     exp_hyp_noHIF_C
                          -0.0822687
```

9	exp_norm_noHIF_B	-0.0717889
10	exp_hyp_ctrl_C	0.1123652
11	exp_hyp_ctrl_A	0.1177899
12	exp_hyp_ctrl_B	0.2467603

pathway_score

Now lets see if the derived score match our experimental expectations. Samples with **hyp** or **norm** in the sample id are cell lines that were exposed to hypoxic or normoxic conditions respectively. Samples with **ctrl** or **noHIF** were samples that were able to produce a HIF-mediated hypoxic response or not, respectively.

```
> plot_scores <- function(hif_scores){</pre>
       # format the sample IDS
       hif_scores$sample_type <- substr(hif_scores$sample_id, 1,</pre>
                                            nchar((hif_scores$sample_id))-2)
       colnames(hif_scores)[2] <- "pathway_score"</pre>
       gg <- ggplot(hif_scores, aes(x=sample_type, y=pathway_score,</pre>
                                            fill=sample_type)) +
            geom_boxplot() +
            theme(axis.text.x = element_text(angle = 90, hjust = 1)) +
            theme_bw()
            return(gg)
  }
 > gg <- plot_scores(as.data.frame(new_score_df))</pre>
 > print(gg)
0.2
                                                sample_type
                                                exp_hyp_ctrl
0.0
                                                   exp_hyp_noHIF
                                                  exp_norm_ctrl
                                                  exp_norm_noHIF
                                                Ė
-0.2
               exp_hyp_noHIF
                         exp_norm_ctrl
                                   exp_norm_noHIF
     exp hyp ctr
                    sample type
```

Accordingly, we find the **hyp_ctrl** samples have the highest pathway score. According to our labeling (tumor/hypoxic is 1 and normal/normoxic is 0), this implies that these samples are the most hypoxic. Furthermore, we see that the samples that were not able to produce a hypoxic response, even in the absence of oxygen (**hyp_noHIF**) are found to have similar score to the normoxic samples.