

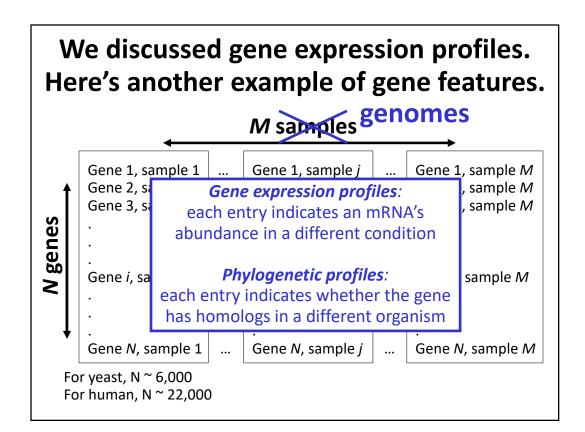
**Clustering** = task of <u>grouping</u> a set of objects in such a way that objects in the same group (a **cluster**) are more similar (in some sense) to each other than to those in other groups (clusters).

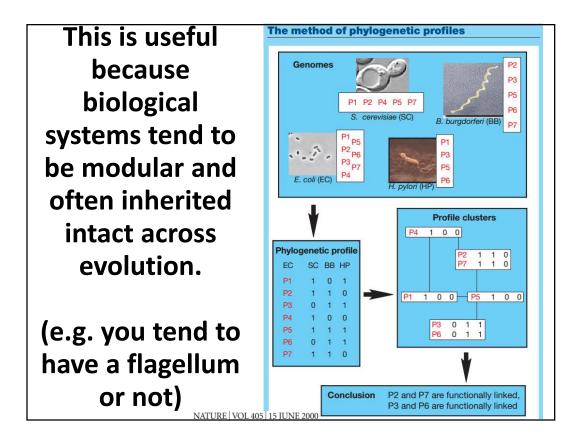
#### VS.

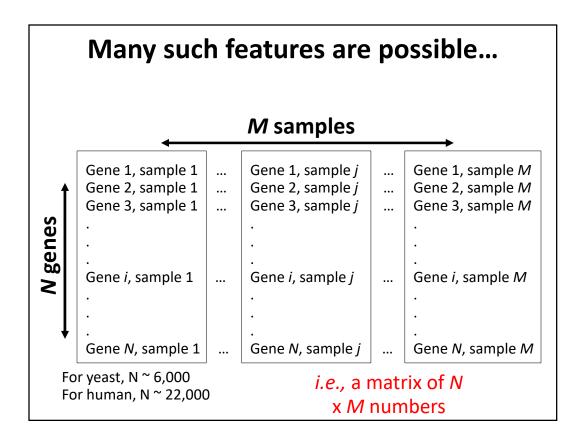
**Classification** = task of <u>categorizing</u> a new observation, on the basis of a training set of data with observations (or instances) whose categories are known

Adapted from Wikipedia

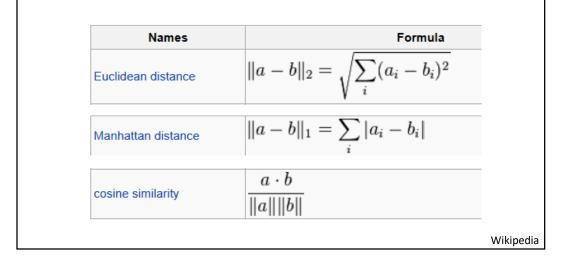
Remember, for clustering, we had a matrix of data								
	<b>~</b>		M samples					
	Gene 1, sample 1 Gene 2, sample 1 Gene 3, sample 1	···· ··· ···			Gene 1, sample <i>M</i> Gene 2, sample <i>M</i> Gene 3, sample <i>M</i>			

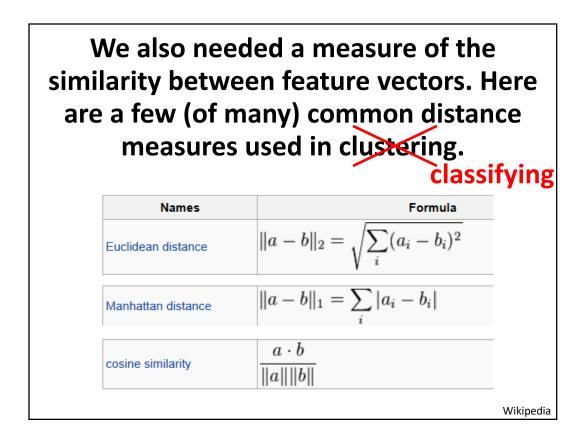


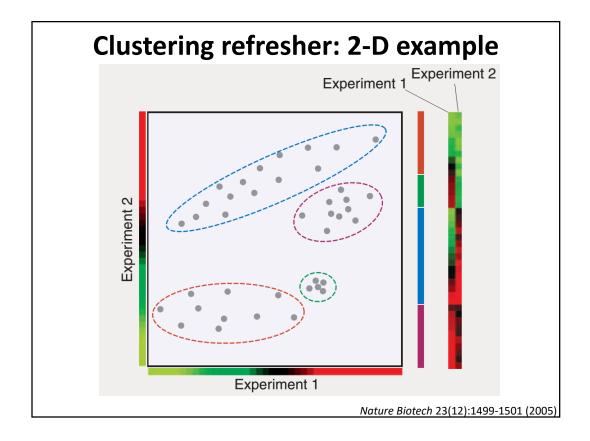


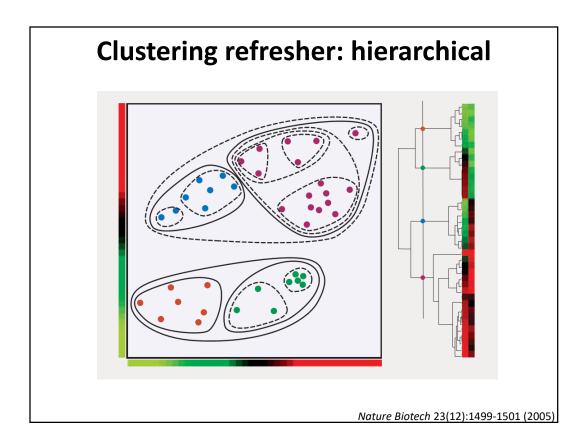


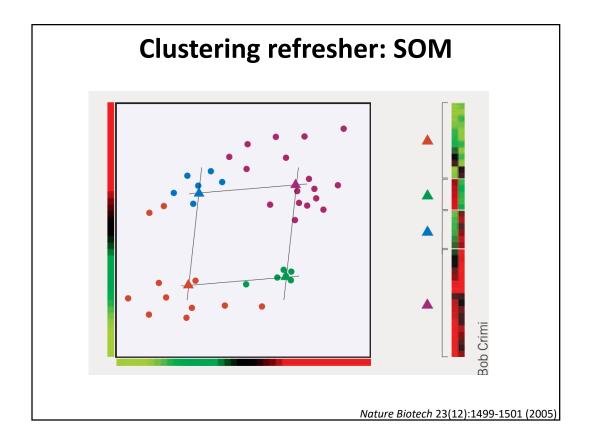
We also needed a measure of the similarity between feature vectors. Here are a few (of many) common distance measures used in clustering.

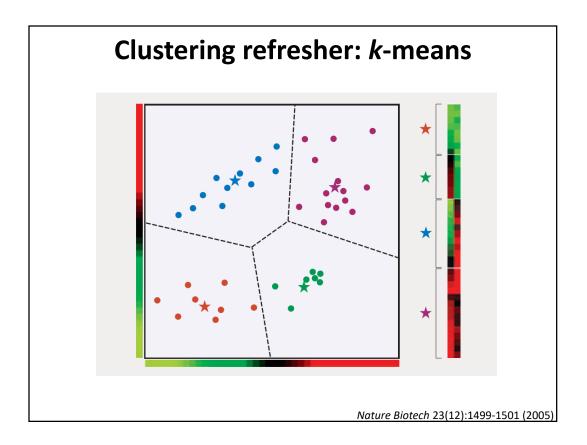


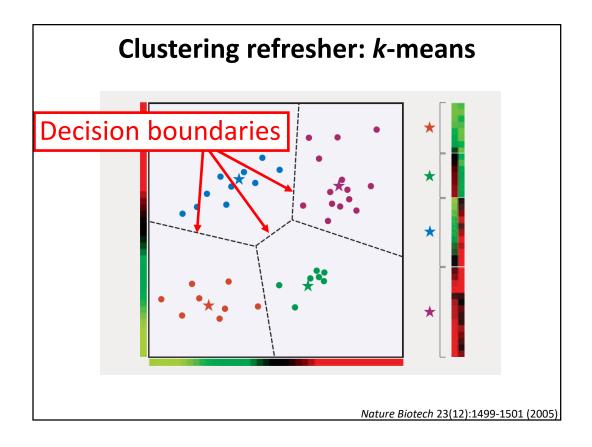


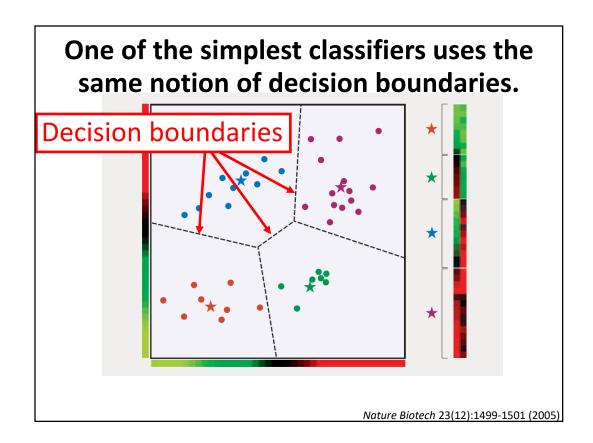


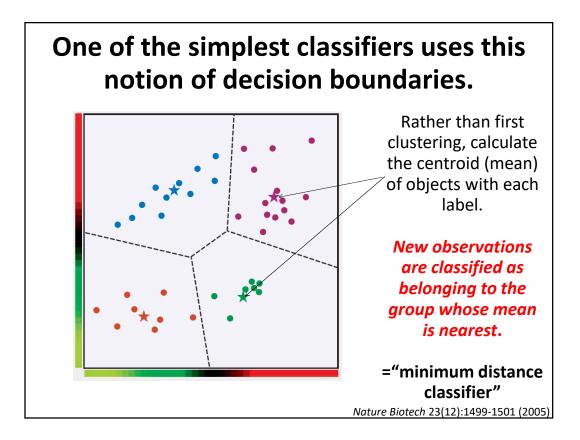


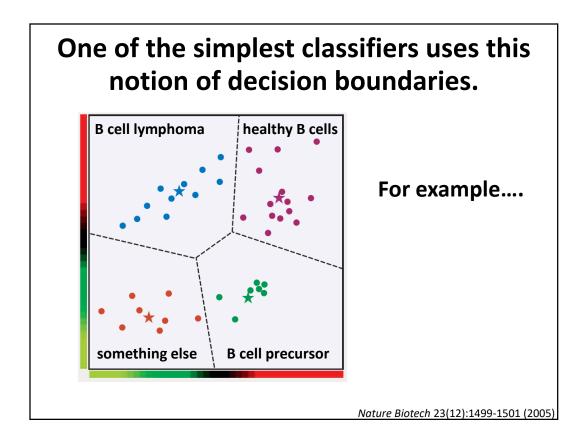


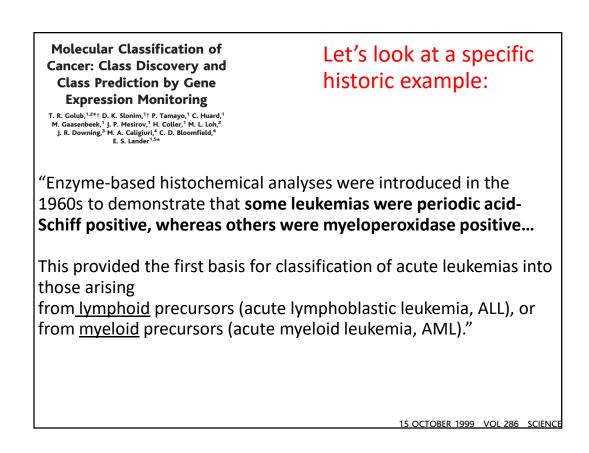












Molecular Classification of Cancer: Class Discovery and Class Prediction by Gene Expression Monitoring

T. R. Golub,<sup>1,2+†</sup> D. K. Slonim,<sup>1†</sup> P. Tamayo,<sup>1</sup> C. Huard,<sup>1</sup> M. Gaasenbeek,<sup>1</sup> J. P. Mesirov,<sup>1</sup> H. Coller,<sup>1</sup> M. L. Loh,<sup>2</sup> J. R. Downing,<sup>3</sup> M. A. Caligiuri,<sup>4</sup> C. D. Bloomfield,<sup>4</sup> E. S. Lander<sup>1,5+</sup>

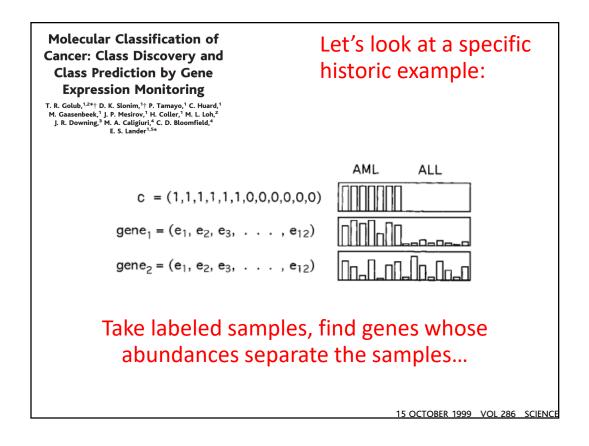
# Let's look at a specific historic example:

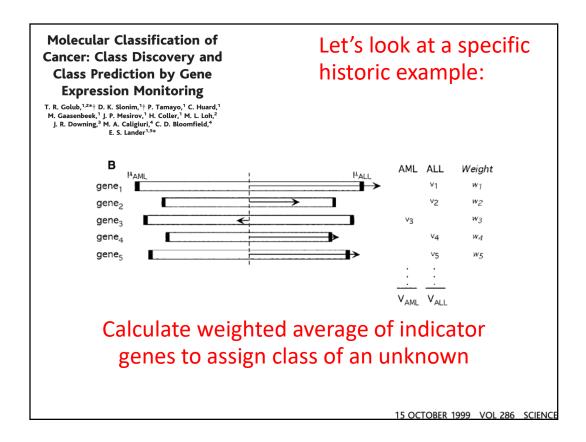
"Distinguishing ALL from AML is critical for successful treatment...

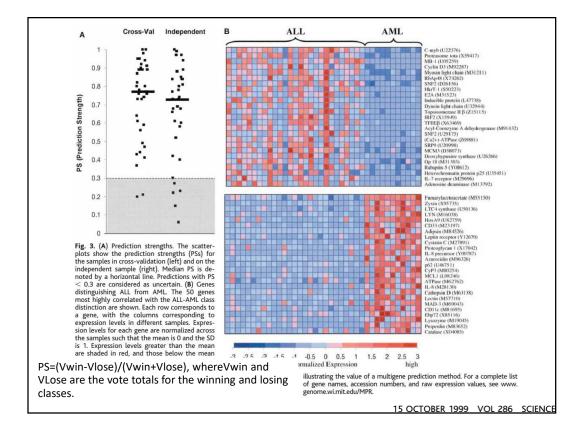
chemotherapy regimens for ALL generally contain corticosteroids, vincristine, methotrexate, and L-asparaginase, whereas

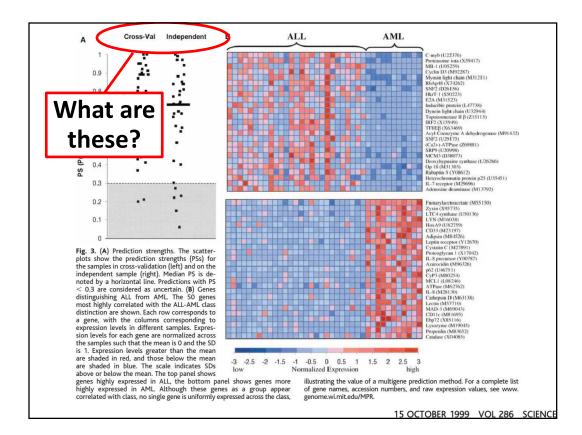
most AML regimens rely on a backbone of daunorubicin and cytarabine (8).

Although remissions can be achieved using ALL therapy for AML (and vice versa), <u>cure rates are markedly diminished</u>, and unwarranted toxicities are encountered."









## **Cross-validation**

Withhold a sample, build a predictor based only on the remaining samples, and predict the class of the withheld sample.

Repeat this process for each sample, then calculate the cumulative or average error rate.

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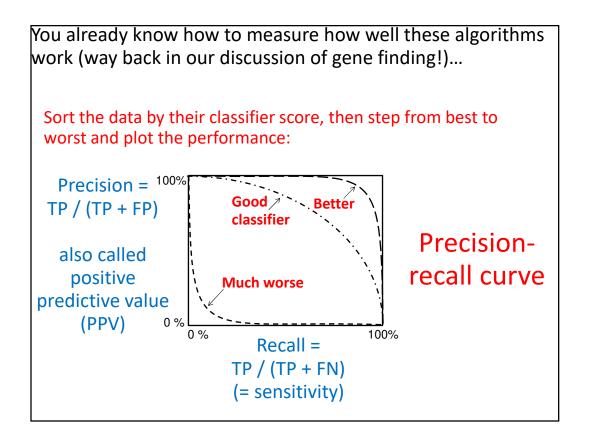
### X-fold cross-validation e.g. 3-fold or 10-fold

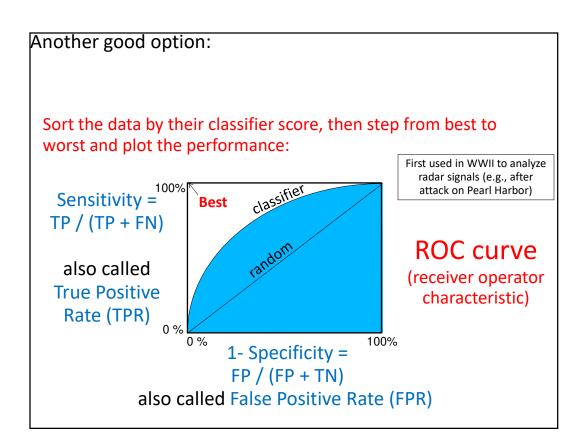
Can also withhold 1/X (e.g. 1/3 or 1/10) of sample, build a predictor based only on the remaining samples, and predict the class of the withheld samples.

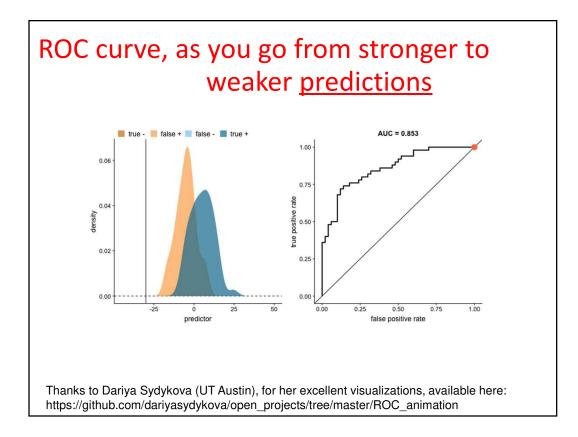
Repeat this process X times for each withheld fraction of the sample, then calculate the cumulative or average error rate.

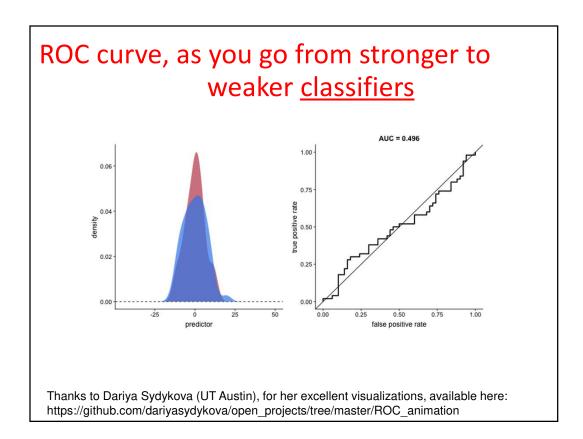
Independent data
Withhold <u>an entire dataset</u> , build a predictor based only on the remaining samples (the training data).
Test the trained classifier on the independent test data to give <u>a fully independent measure</u> of performance.

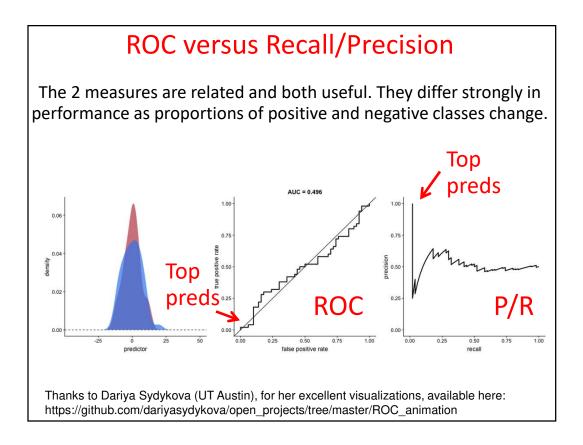
You already know how to measure how well these algorithms work (way back in our discussion of gene finding!)... True answer: Positive Negative Negative Positive True False positive positive Algorithm predicts: False True negative negative Specificity = TP / (TP + FP) Sensitivity = TP / (TP + FN)

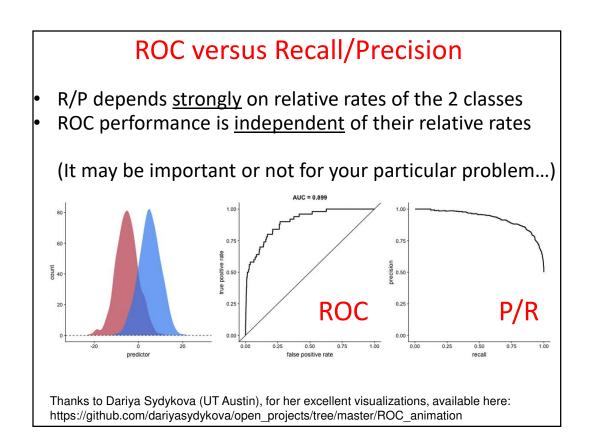


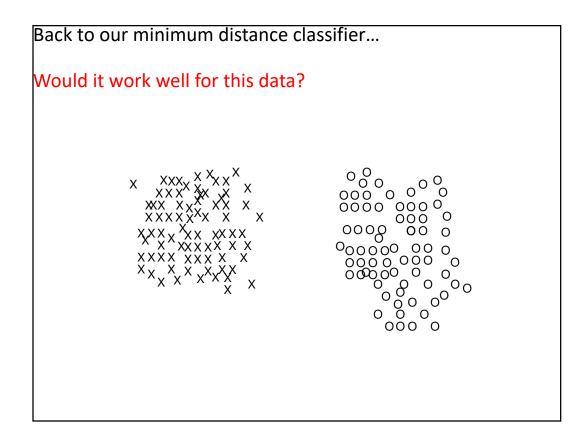


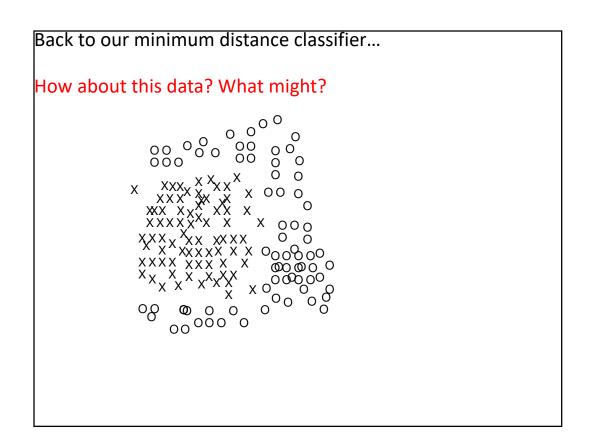


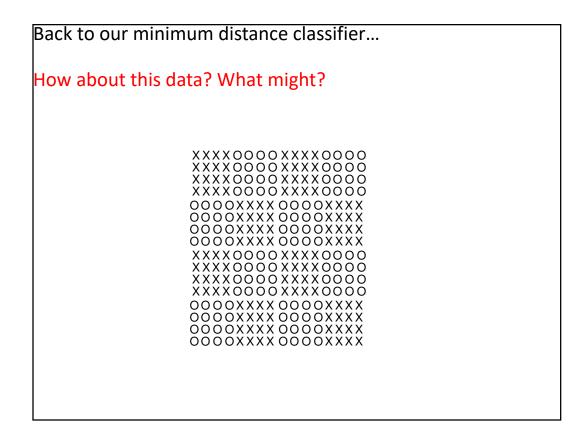


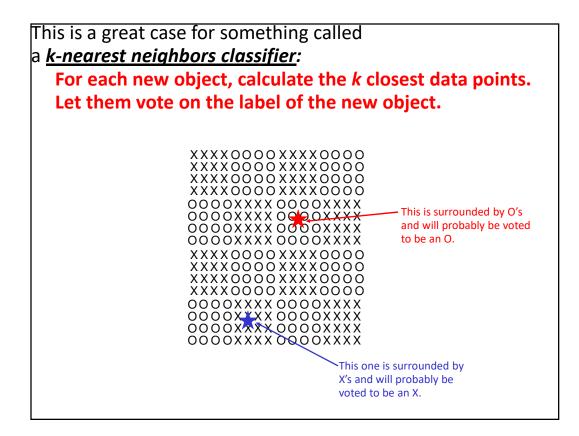












Back to leukemias. Clinical Utility of Microarray-Based Gene Expression Profiling in the Diagnosis and Subclassification of There was a follow-Leukemia: Report From the International Microarray Innovations in Leukemia Study Group up study in 2010: Torsten Haferlach, Alexander Kohlmann, Lothar Wiczork, Giuseppe Basso, Geertruy Te Kronnie, Marie-Christine Bene, John De Vos, Jesus M. Hernández, Wolf-Karsten Hofmann, Ken I. Mills, Anamala Gilkes, Sahina Chiarett, Sheila A. Shurelle, Thomae J. Kipes, Laura Z. Rassenti, Allen E. Yeoh, Peter R. Papenhausen, Wei-min Liu, P. Mickey Williams, and Robin Foù Tested clinical use of expression profiling to subtype leukemias • Meta-analysis of 11 labs, 3 continents, 3,334 patients • Stage 1 (2,096 patients): 92.2% classification accuracy for 18 leukemia classes (99.7% median specificity) • Stage 2 (1,152 patients): 95.6% median sensitivity and 99.8% median specificity for 14 subtypes of acute leukemia • Microarrays outperformed routine diagnostics in 29 (57%) of 51 discrepant cases **Conclusion: "Gene expression profiling is a robust technology** for the diagnosis of hematologic malignancies with high accuracy"

J Clin Oncol 28:2529-2537. © 2010

#### Current commercial breast cancer gene expression panels use this same strategy

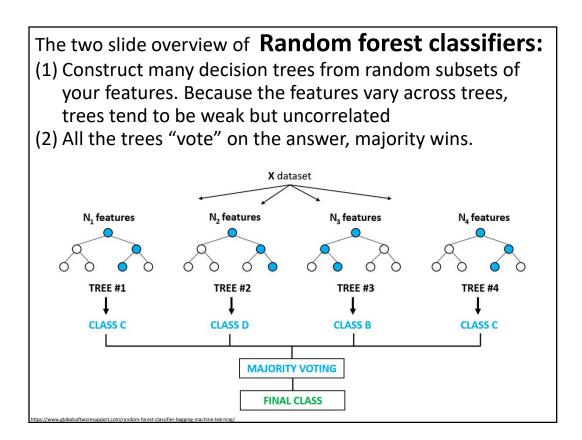
Gene Signature	Biomarker Sources	Analysis Type	Clinical Outcome	No. Genes	Reference
Oncotype DX Breast	Breast tumor tissue	mRNA	Survival, benefit of chemotherapy	21	2004 Paik [ <u>82]</u>
Mammaprint	Breast tumor tissue	mRNA	Survival	70	2002 van't Veer [ <u>83]</u>
Endopredict	Breast tumor tissue	mRNA	Survival	12	2017 Warf [ <u>84</u> ]
Prosigna/PAM50	Breast tumor tissue	mRNA	Survival	50	2009 Parker [ <u>85</u> ]
Breast Cancer Index	Breast tumor tissue	mRNA	Survival, benefit of hormone therapy after 5 years	7	2008 Ma, 2013 Sgroi [ <u>86,87]</u>

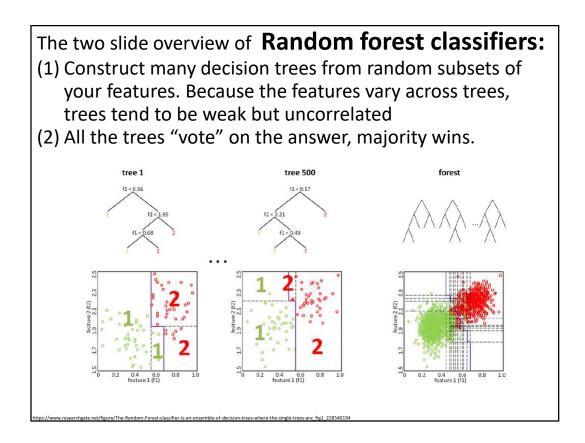
In practice, if you want to explore classifiers, I also <u>strongly</u> recommend always testing these classifiers:

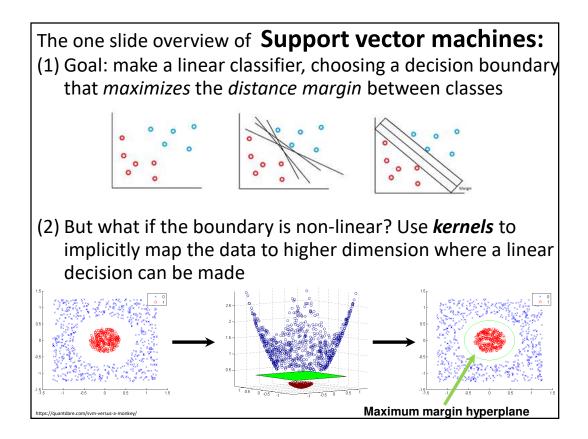
#### Random forests Support vector machines (SVM)

These two are surprisingly often the best for many biological classification problems. Weka can do both of them.

→ Note that I didn't say neural networks. Deep neural networks can be extremely powerful (e.g. AlphaFold) but are significantly more expert level and require extensive training examples. In general, you'll often be better off starting off with the above classifiers for many problems, only moving to deep neural networks if you really need to and only when you have data to support it.









I recommend combining it with the Pandas library for data analysis to make it easy to work with big, tabular datasets: https://pandas.pydata.org/