Classifiers!!!

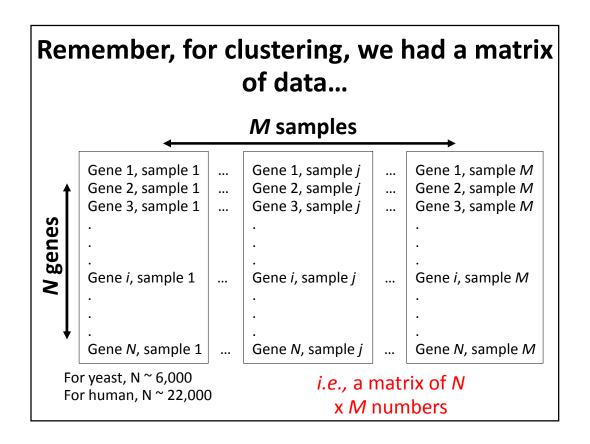
BCH339N Systems Biology / Bioinformatics – Spring 2016 Edward Marcotte, Univ of Texas at Austin

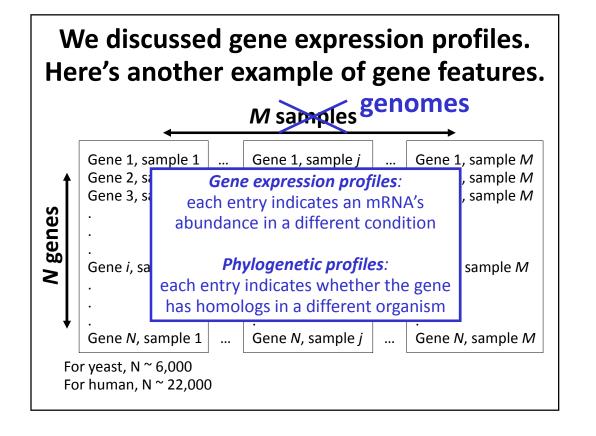
Clustering = task of <u>grouping</u> a set of objects in such a way that objects in the same group (a **cluster**) are more similar (in some sense) to each other than to those in other groups (clusters).

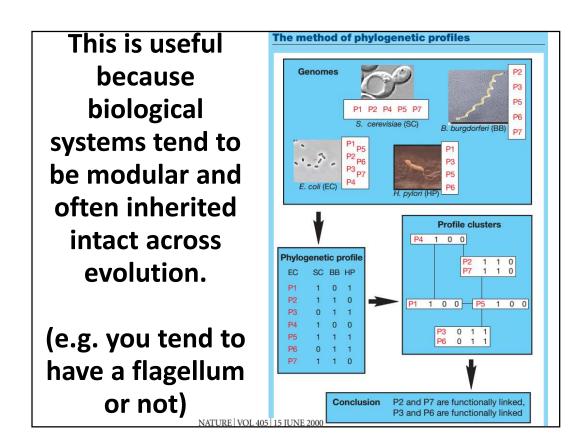
VS.

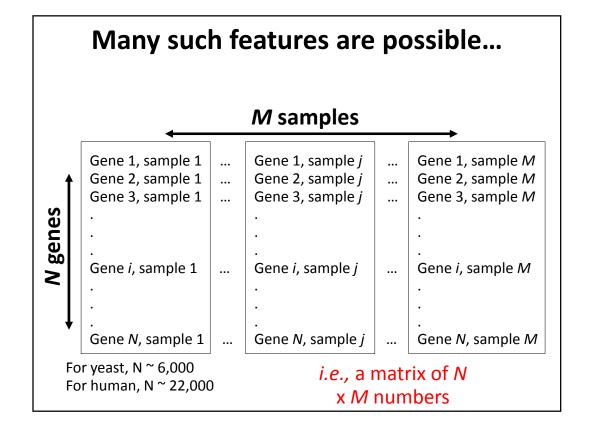
Classification = task of <u>categorizing</u> a new observation, on the basis of a training set of data with observations (or instances) whose categories are known

Adapted from Wikipedia









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

Names	Formula
Euclidean distance	$ a - b _2 = \sqrt{\sum_i (a_i - b_i)^2}$
Manhattan distance	$ a - b _1 = \sum_i a_i - b_i $
cosine similarity	$\frac{a \cdot b}{\ a\ \ b\ }$

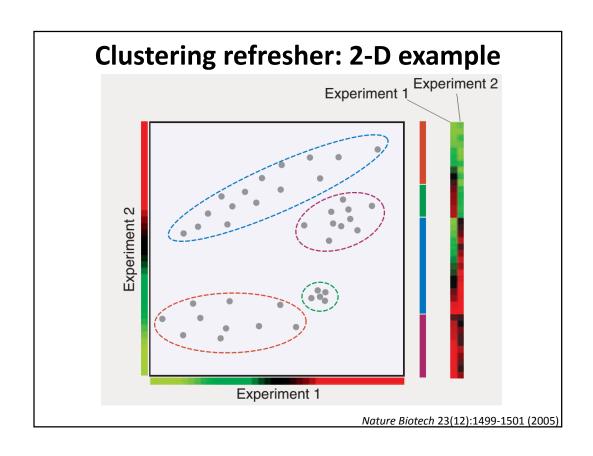
Wikipedia

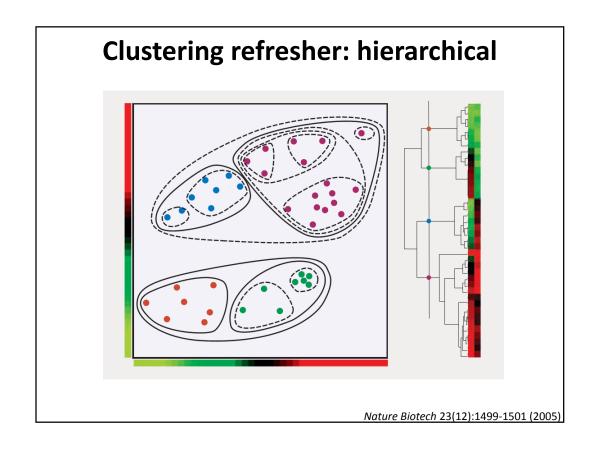
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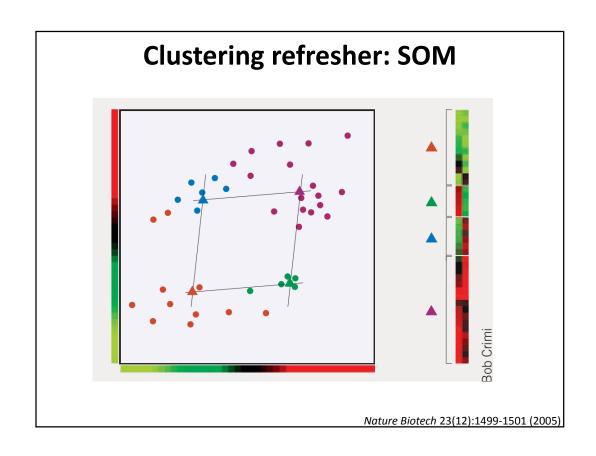
classifying

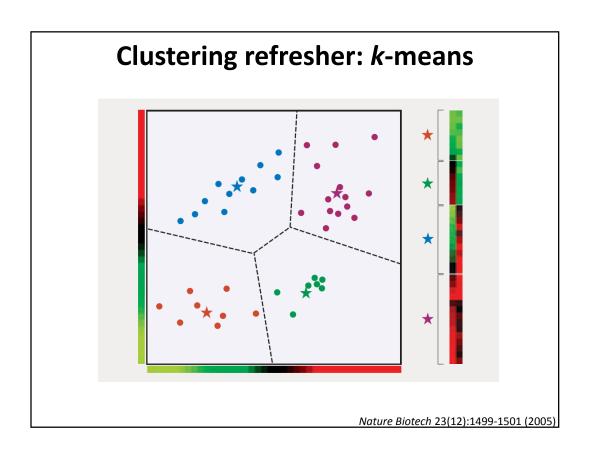
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Manhattan distance	$ a-b _1 = \sum_i a_i - b_i $
	7
cosine similarity	$a \cdot b$
	a b

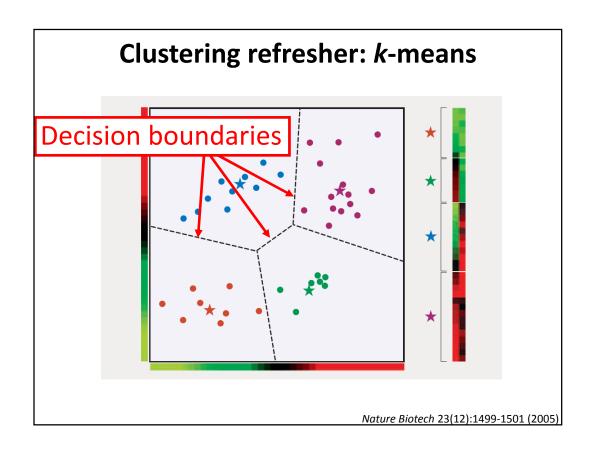
Wikipedia

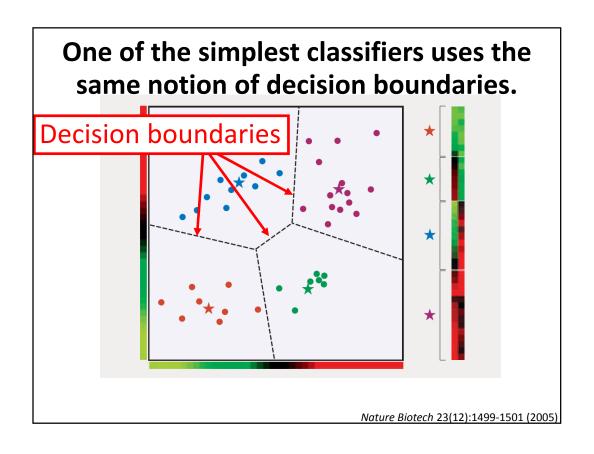


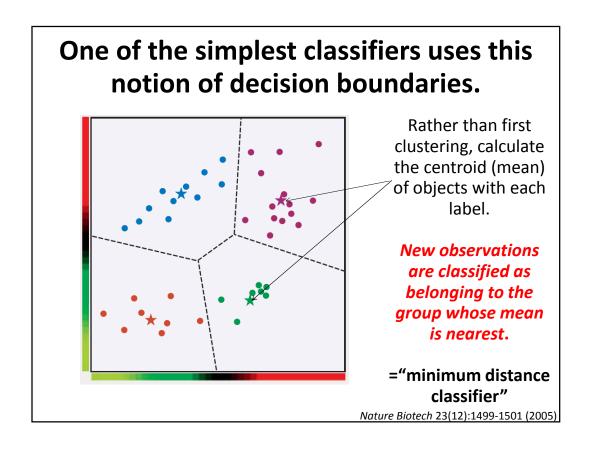


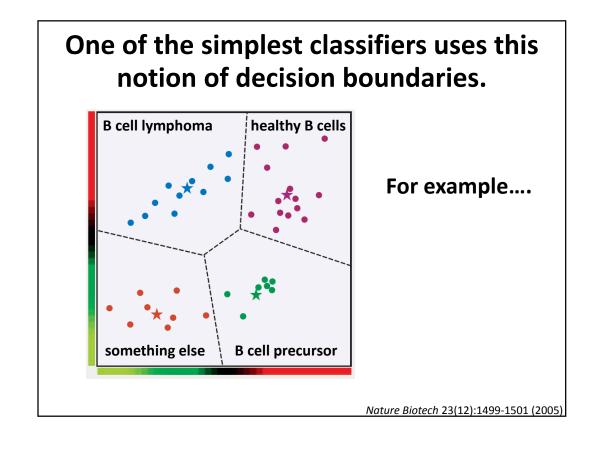












Molecular Classification of Cancer: Class Discovery and Class Prediction by Gene Expression Monitoring

T. R. Golub, ^{1,2}*† D. K. Slonim, ¹† P. Tamayo, ¹ C. Huard, ¹ M. Gaasenbeek, ¹ J. P. Mesirov, ¹ H. Coller, ¹ M. L. Loh, ² J. R. Downing, ³ M. A. Caligiuri, ⁴ C. D. Bloomfield, ⁴ E. S. Lander ^{1,5}*

Let's look at a specific example:

"Enzyme-based histochemical analyses were introduced in the 1960s to demonstrate that some leukemias were periodic acid-Schiff positive, whereas others were myeloperoxidase positive...

This provided the first basis for classification of acute leukemias into those arising

from <u>lymphoid</u> precursors (acute lymphoblastic leukemia, ALL), or from myeloid precursors (acute myeloid leukemia, AML)."

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Let's look at a specific 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."

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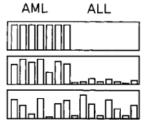
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Let's look at a specific example:



gene₁ =
$$(e_1, e_2, e_3, ..., e_{12})$$

$$gene_2 = (e_1, e_2, e_3, ..., e_{12})$$



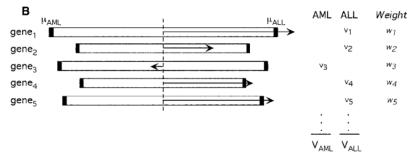
Take labeled samples, find genes whose abundances separate the samples...

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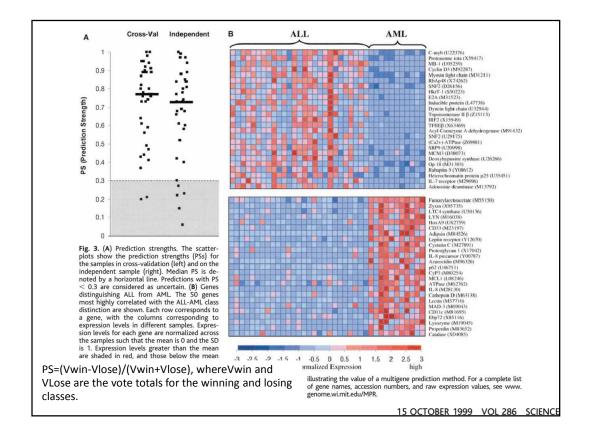
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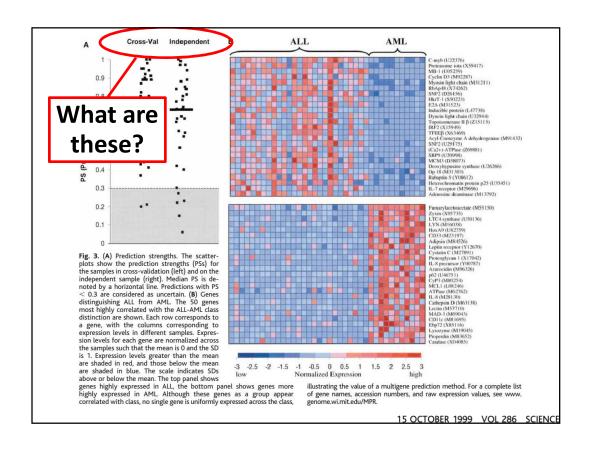
Let's look at a specific example:



Calculate weighted average of indicator genes to assign class of an unknown

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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.

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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 a fully independent measure of performance.

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You already know how to measure how well these algorithms work (way back in our discussion of gene finding!)...

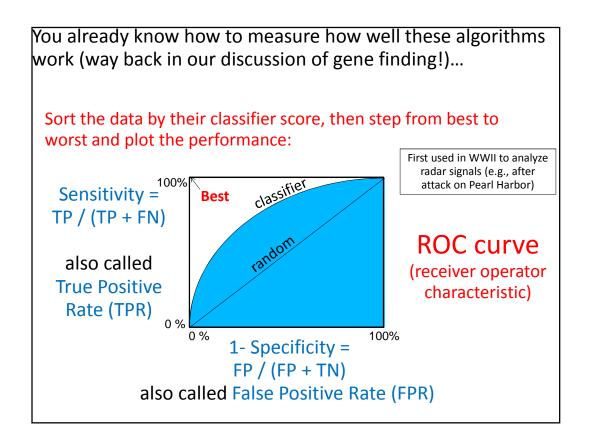
True answer:

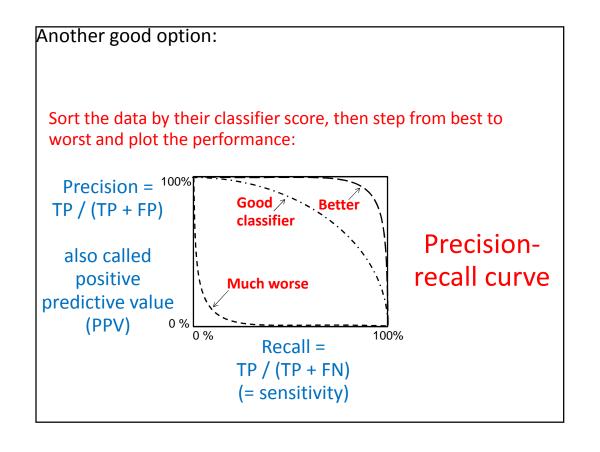
Algorithm predicts:

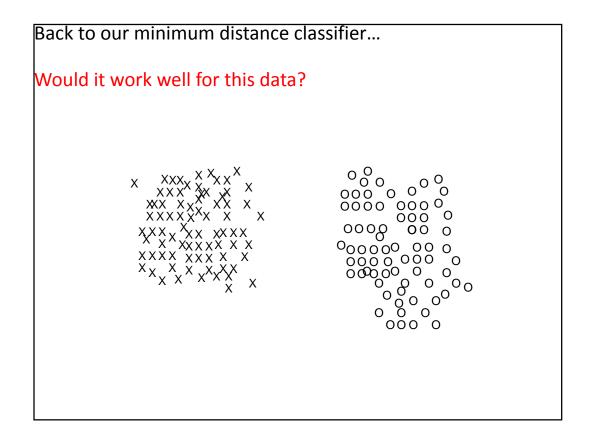
	Positive	Negative
Positive	True positive	False positive
Negative	False negative	True negative

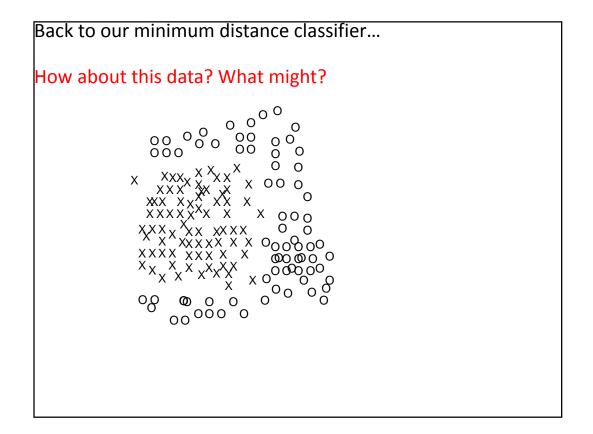
Specificity = TP / (TP + FP)

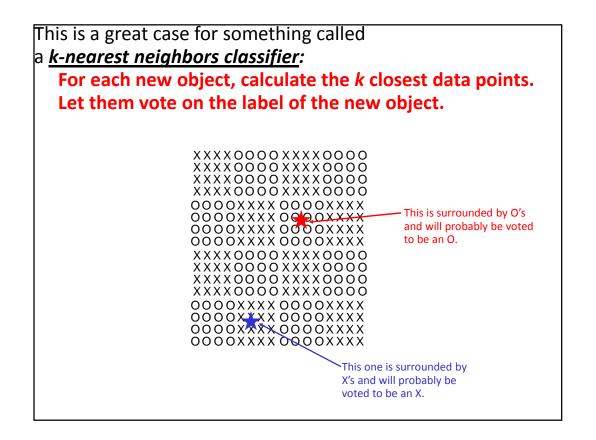
Sensitivity = TP / (TP + FN)











& back to the leukemia samples. There was a follow-up study in 2010: Clinical Utility of Microarray-Based Gene Expression

Clinical Utility of Microarray-Based Gene Expression Profiling in the Diagnosis and Subclassification of Leukemia: Report From the International Microarray Innovations in Leukemia Study Group

Torsten Haferlach, Alexander Kohlmann, Lothar Wieczorek, Giuseppe Basso, Geertruy Te Kronnie, Marie-Christine Béné, John De Vos, Jesus M. Hernández, Wolf-Karsten Hofmann, Ken I. Mills, Amanda Gilkes, Sabina Chiaretti, Sheila A. Shurtleff, Thomas J. Kipps, Laura Z. Rassenti, Allen E. Yeoh, Peter R. Papenhausen, Wei-min Liu, P. Mickey Williams, and Robin Foà

- · Assessed clinical utility of gene expression profiling to subtype leukemias into myeloid and lymphoid
- 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 diagnostic methods 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