

# Support of temporal structure in the statistical analysis of high-throughput proteomic data

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# ▶ To cite this version:

Wilfried Heyse, Vincent Vandewalle, Philippe Amouyel, Guillemette Marot, Christophe Bauters, et al.. Support of temporal structure in the statistical analysis of high-throughput proteomic data. Journées de Statistique 2021, Jun 2021, Nice, France. hal-03525345

# HAL Id: hal-03525345 https://inria.hal.science/hal-03525345v1

Submitted on 13 Jan2022

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#### JDS2021 - JUNE 7, 2021

#### SUPPORT OF TEMPORAL STRUCTURE IN THE STATISTICAL ANALYSIS OF HIGH-THROUGHPUT PROTEOMIC DATA

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### Scientific Context

Survival predictive models

Taking into account temporal structure

k-means

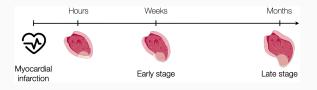
Mixture model

HEYSE W.

## SCIENTIFIC CONTEXT

**Heart failure (HF) :** multi-factor disease resulting in the incapacity of the heart to pump enough blood to supply all organs.

 $\rightarrow$  In France, 70 000 persons die from heart failure each year.



Left Ventricular Remodeling (LVR) : Progressive dilatation of the LV leading to a growth of the LV that occurs in response to myocardial infarction (MI).

LVR quantification is given by :

$$LVR = \frac{LV \text{ volume 1 year after MI} - LV \text{ volume after MI}}{LV \text{ volume after MI}}$$

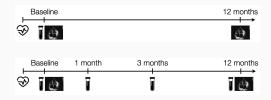
→ LVR is an indicator of a high risk of HF or death after MI. (St John Sutton et al., 1994) HEYSE W. JDS2021 - June 7, 2021 1 / 16

# **REVE-1 AND REVE-2 COHORTS**

In order to study LVR and longterm survival, two cohorts were designed by Pr. Bauters where included patients were :

- · Affected by a first myocardial infarction
- Monitored with blood samples (1 to 4 samples)
- Followed for up to 13 years for heart failure or death for cardiovascular reasons

**REVE-1**: (2002-2004) 255 patients 77 events observed **REVE-2**: (2006-2008) 238 patients 41 events observed



 $\rightarrow$  Over 5000 plasma proteins were measured out of each plasma sample collected during the two studies

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- 1. Can we predict longterm survival using baseline measurements of both cohorts ?
- 2. Can we build a selection method that support the temporal structure and the high dimension of the data in order to select proteins we could use for prediction based on REVE-2 measurements ?

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**Objective :** Selecting proteins in order to predict a clinical outcome using baseline measurements of the two cohorts.

### Statistical framework

• Construction of a predictive model for a variable Y with a set of variables  $X_1, \ldots, X_p$  measured over *n* individuals.

### Clinical framework

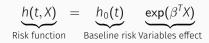
- · Y : Time before the occurrence of a event (survival analysis).
- ·  $X_1, \ldots, X_p$ : Clinical variables (~ 10) + Proteomic variables (~ 5000)

### **Statistical difficulties :** High dimension of the data $(n \ll p)$

 $\cdot$  Considered solution : variable selection and individual clustering  $\rightarrow$  identification of patients subtypes

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Used model : Cox proportional hazards regression model



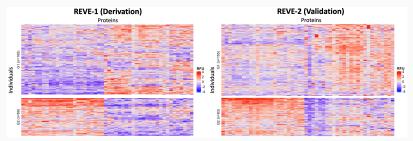
Variable Selection : Univariate analysis

Univariate Cox models were fitted for each protein and the **50 proteins** significantly associated to longterm survival were selected.

**Clustering of patients :** *k*-means clustering was used in order to identify groups of patients based on protein expression related to longterm survival.

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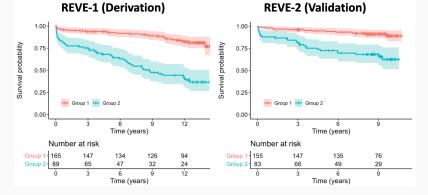
2 clusters of patients were identified on REVE-1 using k-means and were applied to REVE-2 showing **opposite proteomic expression profiles** and **distinct clinical profiles**.



 $\rightarrow$  Significant differences on Age, Diabetes, Hypertension and WMSI (Wall Motion Systolic Index) between patients of the 2 clusters for both cohorts.

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Clusters were used as a new variable to predict longterm survival :



 $\rightarrow$  Cluster effect was significant on both cohorts even when adjusted on clinical variables with significant **hazard ratio of 2.6** for both cohorts after adjusment on clinical variables.

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### PROBLEMATIC

### **Classic goal :** Prediction of Y with baseline measurement

#### Particularity of the data

Proteomic measures are available at baseline (for both cohorts) and at 3 other times for REVE-2.

#### Offered outlook :

- $\cdot$  Study of the temporal evolution of the protein measurements
- $\cdot$  Proteins clustering with measures at all times  $\rightarrow$  more meaningful groups

### Usefulness for the prediction of Y:

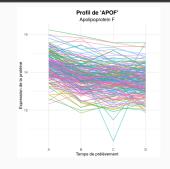
- Construction of a penalty taking in charge the temporal structure with the previously created groups
- · Selected proteins potentially more relevant

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### **PROTEINS CLUSTERING**

### Notation

- x<sub>ijt</sub> : measurement of protein *j* for patient *i* at time *t*
- $\mathbf{x}_j = (x_{ijt})_{i,t}$ : all measurements of protein *j* stored as a  $n(= 238) \times T(= 4)$  matrix.



### Considered clustering approaches

- · *k-means* algorithm
  - · on all the data  $\mathbf{x}_j$  which could be vectorized as a  $n \times T$  vector.
  - $\cdot$  on a summary of  $\mathbf{x}_j$  (mean slope for example)
- $\cdot\,$  Use of a mixture model based approach

$$g(\mathbf{x}) = \sum_{k=1}^{G} \pi_k f_k(\mathbf{x})$$

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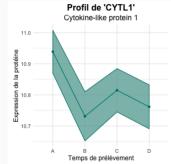
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### k-means

Idea : Create groups of proteins varying together  $\rightarrow$  Slope formula to sum-up  $\mathbf{x}_j$  to a vector of size T - 1:

$$d_{jl} = \frac{\overline{\mathbf{x}}_{jt_{l+1}} - \overline{\mathbf{x}}_{jt_l}}{\sqrt{\frac{\sigma_{jt_l}^2}{n} + \frac{\sigma_{jt_{l+1}}^2}{n}}},$$
where  $\overline{\mathbf{x}}_{jt_l} = \frac{1}{n} \sum_{i=1}^n x_{ijt_i}$  and  $\sigma_{jt_l}^2 = \frac{1}{n} \sum_{i=1}^n (x_{ijt_l} - \overline{\mathbf{x}}_{jt_l}).$ 



k-means criteria :

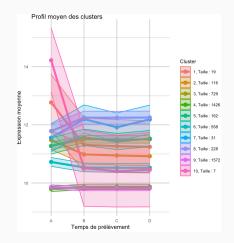
$$\underset{\mu_{1},\ldots,\mu_{G}}{\arg\min}\sum_{k=1}^{\scriptscriptstyle{G}}\sum_{d_{j}\in S_{k}}\|d_{j}-\mu_{k}\|^{2}$$

where  $\mathbf{d}_j = (d_{jt_1}, \dots, d_{jt_{T-1}})$ . HEYSE W. JDS2021 - June 7, 2021

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Number of groups : inertia criteria.

Groups obtained with *k*means algorithm are stable (specially for groups with distinctive profiles).



Huge sensitivity to data pre-treatment (slope modelization) and difficulties to interpret groups.

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Mixture model for G groups :

$$g(\boldsymbol{x}) = \sum_{k=1}^{G} \pi_k f_k(\boldsymbol{x})$$

where g is the law of a model to model proteins.

Using linear mixed models (Celeux, 2005) we could :

- $\cdot$  Use objective statistical criteria to compare models (and groups)
- $\cdot\,$  Control more accurately the temporal structure
- $\cdot$  Adapt the model to the data by adding multiple effects

Using a mixture model, for each protein  $\mathbf{x}_j$  we have :

- $\cdot$   $\mathbf{z}_j = (z_{j1},...,z_{jG}) \sim \mathcal{M}(\pi_1,...,\pi_G)$  the class of the variable  $\mathbf{x}_j$
- · Knowing  $\mathbf{x}_j | z_{jk} = 1 \sim MM(\theta_k)$ , the protein  $\mathbf{x}_j$  will be modeled by :

$$x_{ijt} = \mu_k + b_{ij} + \beta_{kt} + \varepsilon_{ijt}$$

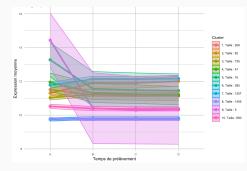
Where :

- $\cdot \mu_k$  the fixed effect of protein of class k
- ·  $b_{ij} \sim \mathcal{N}(0, \sigma_{1,k}^2)$  random effect of individual *i* for proteins of class *k*
- $\cdot \beta_{kt}$  the fixed effect of time t for proteins of class k
- $\cdot \ arepsilon_{ijt} \sim \mathcal{N}(0, \sigma_{2,k}^2)$  the error term for proteins of class k

Using this model we obtain classification like this one :

Number of group was decided a priory

High specificity of the groups depending on the effects of the linear mixed model.



Unlike *k*-means clusters, groups can be interpreted by interpreting the parameters of their linear mixed model.

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### Prediction of longterm survival

- · Selection of proteins
- · Meaningful clusters of individuals
- · Prediction of longterm survival

### Temporal Structure

- · Mixture model of mixed model
- $\cdot\,$  Very flexible modelisation of temporal structure
- $\cdot\,$  Use the created groups for the prediction of the outcome

## THANK YOU FOR YOUR ATTENTION !

