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Attached Documents:

1. Unofficial Transcript (Proof of academic status),
2. Presentation Poster.

Unofficial Transcript - Not an Official Transcript

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MSH	CTP	MHP
44.00	46.00	176.20

Remarks	05/13/2019 Successful completion of the Foundations of Public Health Practice requirement in May 2019
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Academic Previous Experience

End of Unofficial Transcript



TransPRECISE: Personalized Network Modeling of the Pan-Cancer Patient and Cell Line Interactome

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Introduction

The Problem

- **Precision Medicine:** Optimizing treatment to each individual patient.
- Large and informative datasets available.

Patients	ICGC, TCGA, TCPA
Cell Lines	CCLE, MCLP, GDSC
Drugs	NCI60, LINCS, DepMap

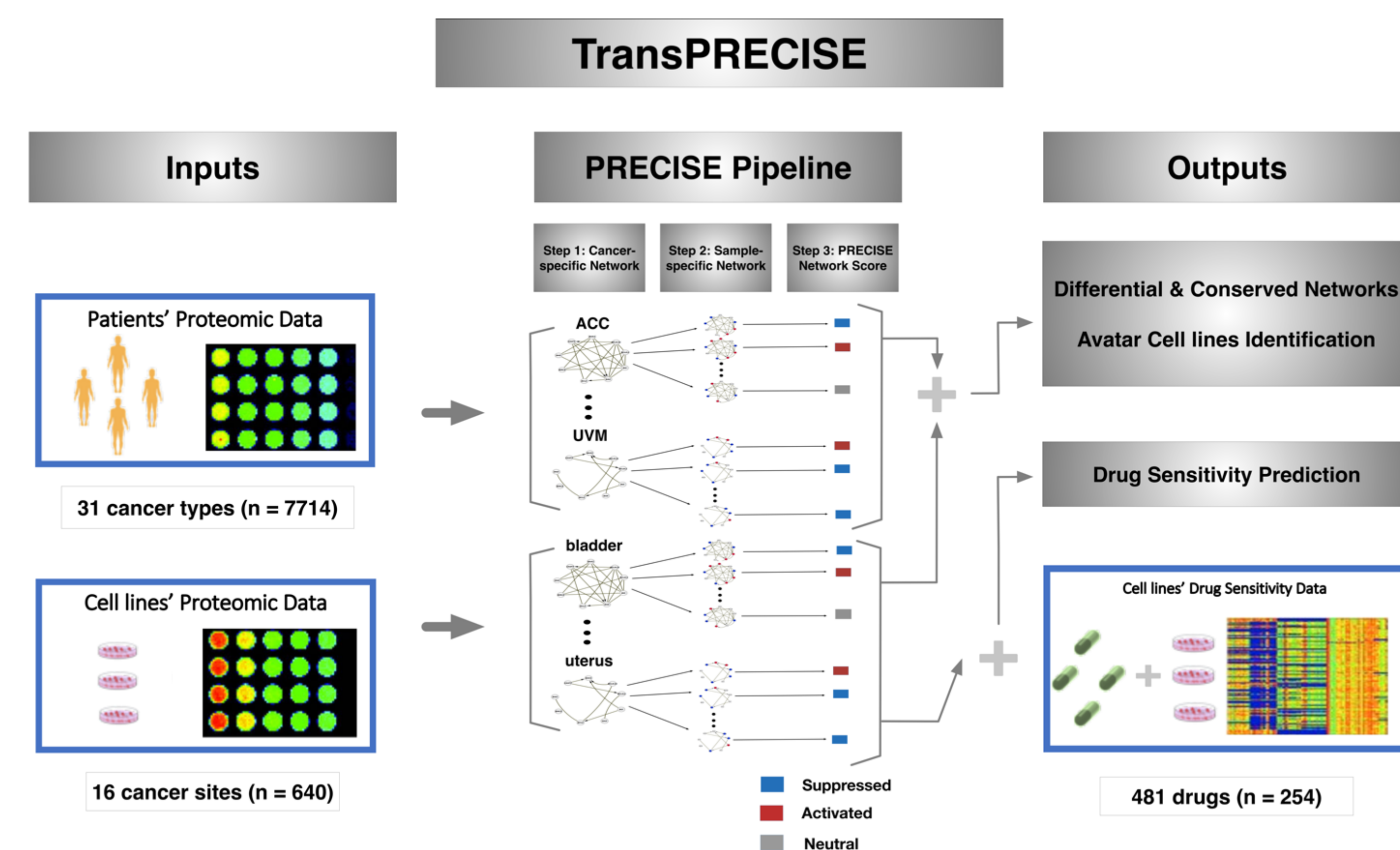
Challenges

- Bridge anticancer pharmacological data to large-scale omics.
- Utilize patient heterogeneity in clinical decision-making.

Features

- Interaction of genes and accumulation of small effects in functional pathways.
- Variation between (and possibly within) cancer lineages.
- Variation across model systems.

Datasets and Methods



- **Data Sources:** Patients – The Cancer Proteome Atlas (TCPA), Cell Lines – M D Anderson Cell Lines Project (MCLP), Drugs – Genomics of Drug Sensitivity in Cancer (GDSC).
- Twelve functional pathways used – including apoptosis, breast reactive, cell cycle, EMT, hormone signaling, RAS/MAPK, RTK.

Published Paper:



R Shiny App:



Model Formulation

y_{xi} : expressions for protein i , x = cancer type for cell lines/patients.

$$y_{xi} = \sum_{j \neq i} \beta_{ij} y_{xj} + \epsilon_i = \mathbf{Z}_{xi} \boldsymbol{\beta}_i + \epsilon_i, \epsilon_i \sim N_n(\mathbf{0}_n, \sigma_i^2 I_n),$$

$$\boldsymbol{\beta}_i | g \sim N_{p-1} \left(\mathbf{0}_{p-1}, \sigma_i^2 \left(\frac{1}{g} \mathbf{Z}_i^T \mathbf{Z}_i \right)^{-1} \right), g = n; p(\sigma_i) \propto \sigma_i^{-1}.$$

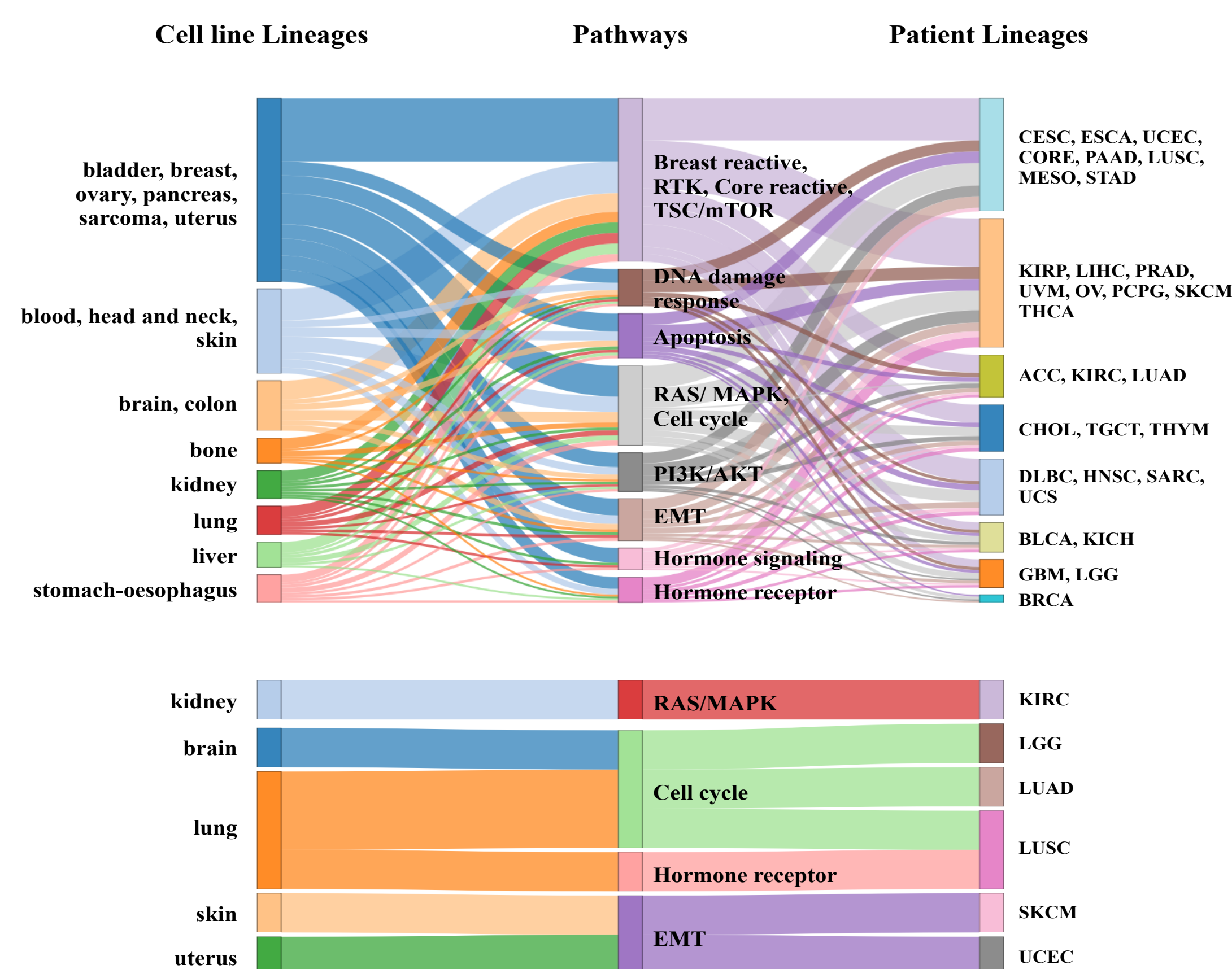
TransPRECISE scores based on inclusion probabilities computed as:

$$\kappa_j^* := \frac{1}{p} \sum_{i=1}^p p_{ij}^* (C_i + 1), \quad * = +, - \text{ or } 0,$$

(activated, suppressed or neutral), C_i = connectivity of protein i .

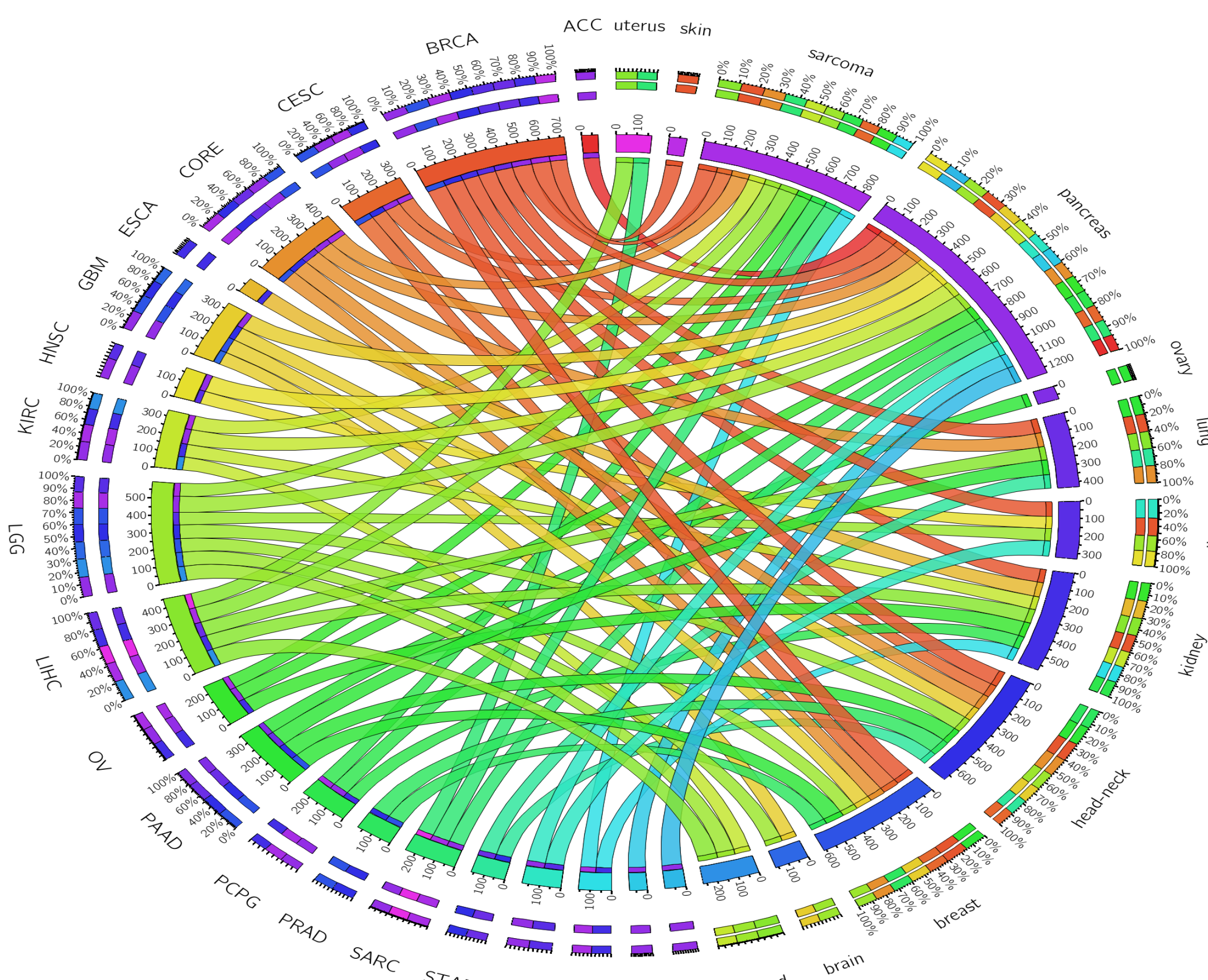
Results

Patient-Cell Line Network Similarity



Ovary and uterus cell lines were connected via the **hormone signaling** pathway to **BRCA**.

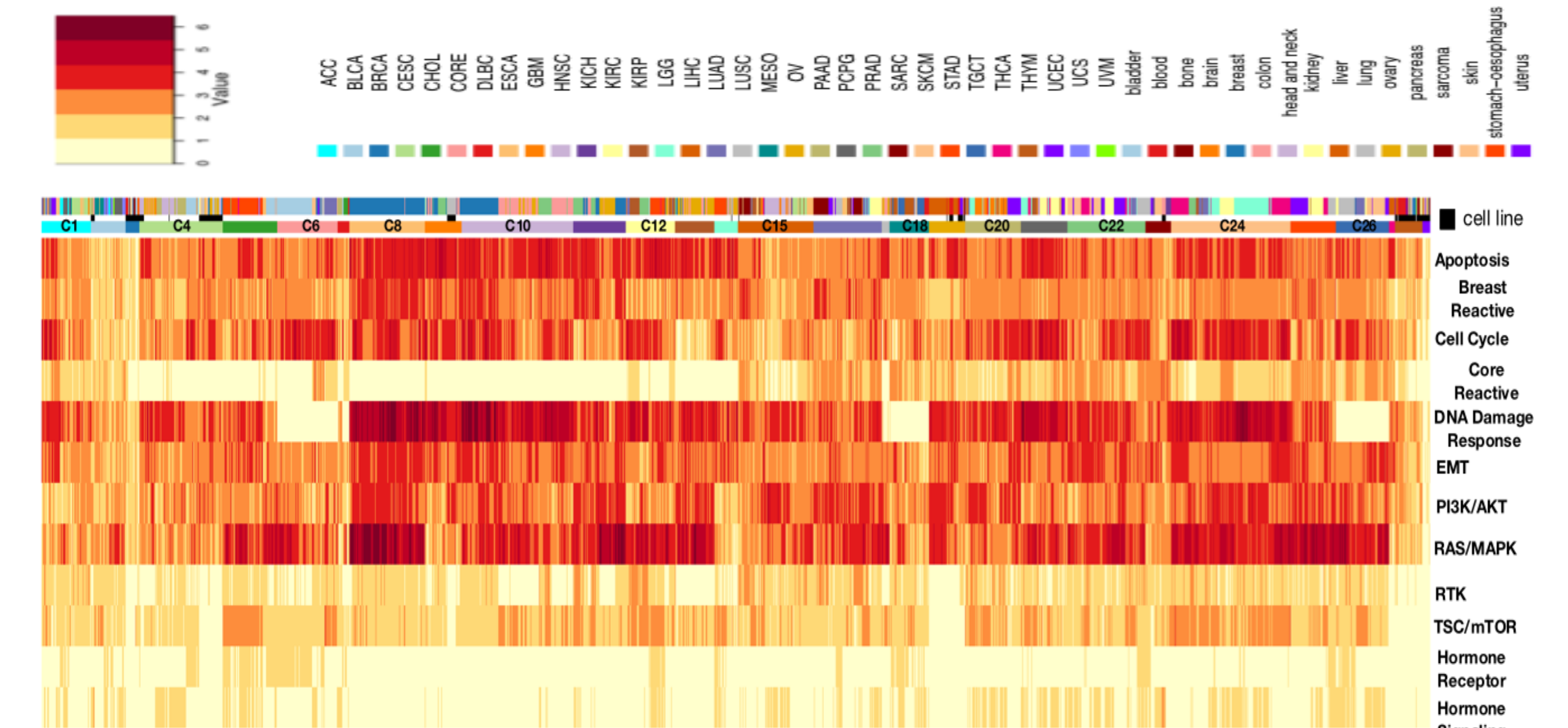
Bladder cell lines were connected to **BLCA** via the **core reactive** pathway.



sarcoma-SARC (green), **kidney-KIRC** (light green), **breast-BRCA** (orange), among other pairs, had highly correlated TransPRECISE scores.

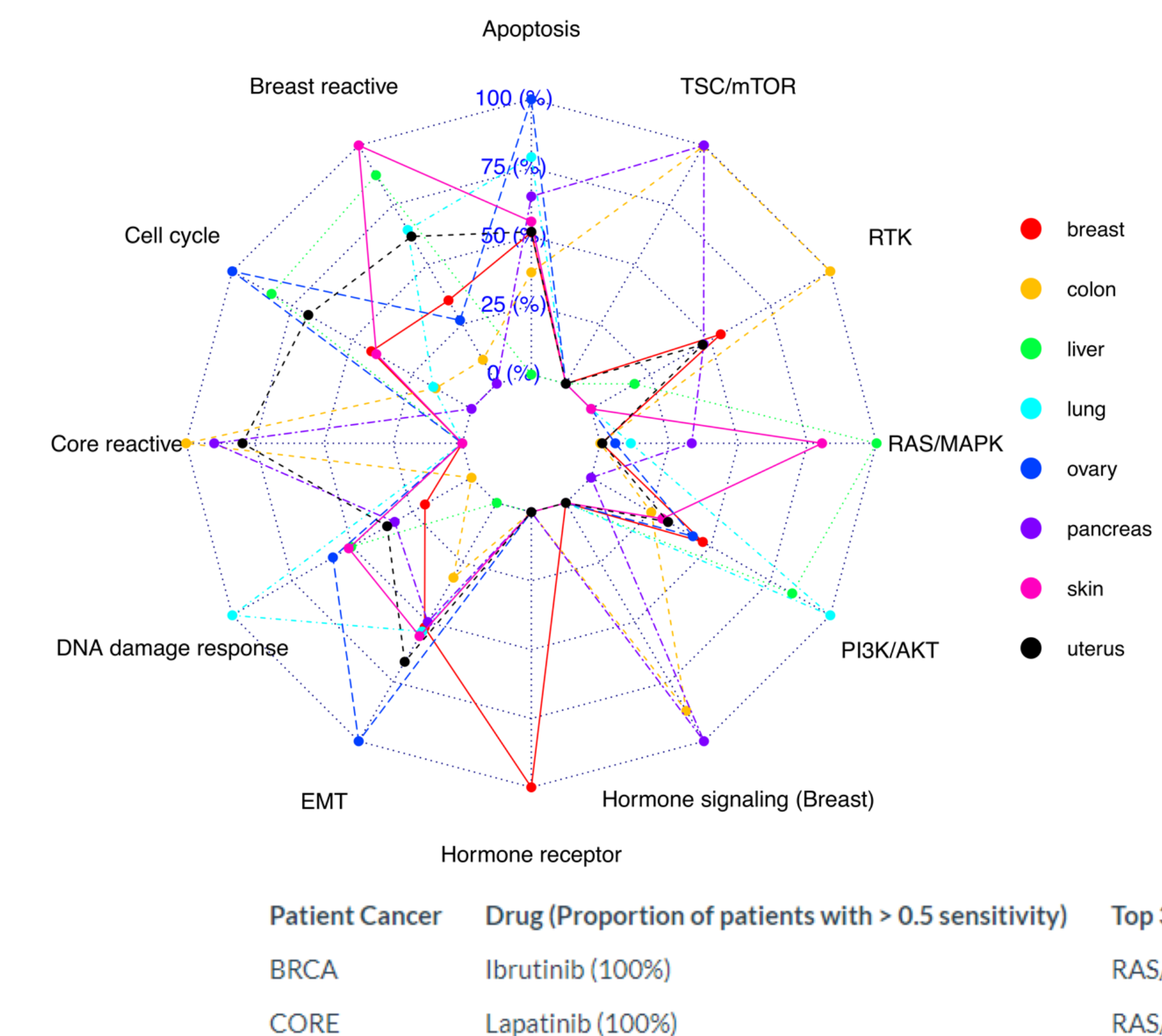
Results

Identifying Avatar Cell Lines



Hierarchical clustering on TransPRECISE pathway activity scores yielded cluster **C4** and **C15** with high fidelity of lineages.

Drug Response Prediction



Pathways exhibit predictive affinity to certain cell line cancer types. Examples:

RTK and **TSC/mTOR** in **colon**, **RAS/MAPK** in **liver**.

Drugs on clinical trials exhibit high predicted response rates for relevant cancers.

Future Research

- More proteins and pathways can be included, thanks to larger datasets, e.g. Clinical Proteomic Tumor Analysis Consortium(CPTAC).
- Extensions to data from other model systems (Patient-Derived Xenografts, organoids, ...) is a viable option.
- Other omics or trans-omics data may also be used in the regression modeling step.

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