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Multi-Tensor Decompositions for Personalized Medicine

Orly Alter





Omic Technologies Record Global Signals



The adoption of omic technologies in the cancer clinic is giving rise to an increasing number of large-scale high-dimensional datasets recording multiple patient-matched aspects of the disease.



Collins & Hamburg, *N Engl J Med* <u>369</u>, 2369 (2013).





A groundbreaking look at the nature of quantum mechanics

With new technologies permitting the observation and manipulation of single quantum systems, the quantum theory of measurement is fast becoming a subject of experimental investigation in laboratories worldwide. This original new work addresses open fundamental questions in quantum mechanics in light of these experimental developments.

Using a novel analytical approach developed by the authors, *Quantum Measurement of a Single System* provides answers to three long-standing questions that have been debated by such thinkers as Bohr, Einstein, Heisenberg, and Schrödinger. It establishes the quantum theoretical limits to information obtained in the measurement of a single system on the quantum wavefunction of the system, the time evolution of the quantum observables associated with the system, and the classical potentials or forces which shape this time evolution. The technological relevance of the theory is also demonstrated through examples from atomic physics, quantum optics, and mesoscopic physics.

Suitable for professionals, students, or readers with a general interest in quantum mechanics, the book features recent formulations as well as humorous illustrations of the basic concepts of quantum measurement. Researchers in physics and engineering will find *Quantum Measurement of a Single System* a timely guide to one of the most stimulating fields of science today.

ORLY ALTER, PhD, is currently a postdoctoral fellow in the Department of Genetics at Stanford University. **YOSHIHISA YAMAMOTO, PhD,** is a professor in the Departments of Applied Physics and Electrical Engineering at Stanford University. He is currently the director of the ICORP Quantum Entanglement Project of the Japanese Science and Technology (JST) Corporation. While they collaborated on the research presented in this book, Yamamoto was the director of the ERATO Quantum Fluctuation Project of JST, and Alter was a doctoral student at the Department of Applied Physics at Stanford. She was selected as a finalist for the American Physical Society Award for Outstanding Doctoral Thesis Research in Atomic, Molecular or Optical Physics for 1998 for this work.

Cover Illustration: David B. Oberman

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Quantum Measurement of a Single System

Orly Alter Yoshihisa Yamamoto KÁSE ...



Global Mathematical Vocabulary for Molecular Biological Discovery

The **singular value decomposition** (**SVD**) underlies the theoretical description of the physical world.

Alter & Yamamoto, *Quantum Measurement* of a Single System. New York, NY: Wiley-Interscience (2001); https://doi.org.10.1002/9783527617128





Global Mathematical Vocabulary for Molecular Biological Discovery

The singular value decomposition (SVD) underlies the theoretical description of the physical world, and possibly also the molecular biological world.

Generalizations of the SVD can be formulated that integrate and compare different data types.

The computations of the SVD and its generalizations scale with data sizes.

Alter & Golub, PNAS 103, 11828 (2006); https://alterlab.org/harmonic_oscillator/

(a) Singular Value Decomposition Uncovers Left Singular Vectors, Singular Values and Right Singular Vectors





Physics-Inspired Matrix and Tensor Models The SVD and its generalizations are interpretable in terms of the known biology and batch effects that underlie, i.e., compose, the data.



"x-" and "y-Eigengenes" and "eigenarrays" → interrelations among the processes and states of one higher-order dataset.





Experimental Verification of a Computationally Predicted Cellular Mechanism for **DNA Replication to Affect RNA Expression**

The SVD and its generalizations can correctly predict previously unknown and experimentally verifiable global mechanisms.

Replication origin licensing decreases the expression of genes with origins near their ends, revealing 3' that downstream origins can regulate the expression of upstream genes.



Omberg, Meyerson, Kobayashi, Drury, Diffley & Alter, MSB 5, 312 (2009); https://alterlab.org/verification_of_prediction/; Omberg, Golub & Alter, PNAS 104, 18371 (2007).

Computationally Predicted Evolutionary Mechanisms of **Convergence and Divergence of Substructures in rRNA** Muralidhara, Gross, Gutell & Alter, PLoS One 6, e18768 (2011); https://alterlab.org/rRNA/



The tensor SVD discovers nucleotide variations across the taxonomic groups, consistent among the 16S, 23S, and 5S ribosomal RNAs (rRNAs), that map out known and new insertions and deletions of secondary substructures enriched in, e.g., unpaired adenosines (As) that form tertiary interactions.







Retrospective Clinical Trial Experimentally Validates Glioblastoma Genome-Wide Pattern of DNA Copy-Number Alterations Predictor of Survival

Ponnapalli, Bradley, Devine, Bowen, Coppens, Leraas, Milash, Li, Luo, Qiu, Wu, Yang, Wittwer, Palmer, Jensen, Gastier-Foster, Hanson, Barnholtz-Sloan & Alter, APL Bioeng 4, 026106 (2020); https://alterlab.org/GBM_retrospective_clinical_trial/

- \rightarrow For 70 years, the best indicator of a patient's survival has been age at diagnosis. Gorlia, et int., Stupp, Lancet Oncol 9, 29 (2008).
- (TCGA) used other methods. Misra, et int., Feuerstein, *Clin Cancer Res* <u>11</u>, 2907 (2005).

Netsky et al., J Neurosurg 7, 269 (1950); Curran Jr., et int., Nelson, J Natl Cancer Inst 85, 704 (1993);

 \rightarrow Recurring DNA copy-number alterations (CNAs) have been recognized as a hallmark of cancer for over a century and have been observed in glioblastoma (GBM) tumors. Boveri, Concerning the Origin of Malignant Tumours. Jena, Germany: Gustav Fischer Verlag (1914).

 \rightarrow Repeated previous attempts to associate a GBM tumor's DNA CNAs with a patient's outcome failed, including previous studies of data from the Cancer Genome Atlas that

Weber, et int., Cremer, Lab Invest <u>74</u>, 108 (1996); Wiltshire, et int., Bigner, Neuro Oncol <u>2</u>, 164 (2000);









Invariably Uncovered by and Only by the Generalized SVD (GSVD)

Like the Agilent GBM and Affymetrix lower-grade astrocytoma patterns, the whole-genome sequencing (WGS) astrocytoma pattern is correlated with a shorter, roughly one-year median survival time.





TCGA Research Network, *Nature* <u>455</u>, 1061 (2008); *N Engl J Med* <u>372</u>, 2481 (2015).



Encodes for Transformation via Ras, Shh, and Notch

Includes most CNAs known in GBM, e.g., in the rat sarcoma (Ras) pathway, and as many previously unrecognized, e.g., in the Shh Notch EGFR Ras sonic hedgehog (Shh) and Notch signaling MET signaling signaling pathways in medulloblastoma and FRS2 pathway pathway pathway neuroblastoma.

CSNK1E

Some of these natural CNAs are analogous to artificial elements that transform human normal into tumor cells with grossly polyploid nuclei.

Waldman, et int., Vogelstein, <u>381</u>, 713 (1996); Nature et int., Weinberg, Hahn, <u>400</u>, 464 (1999); Nature Irianto, et int., Discher, Curr (2017); 210 Biol 27, Mukherjee, et int., Fonkem, J Neuropathol Exp Neurol <u>79</u>, 562 (2020).



GSVD Blind Separation of WGS Batch Effects



N = 80

N=5

Tissue Source Site



Copy Number

Guanine-cytosine (GC) content effects vary in magnitude between batches. Roberts, Carneiro & Schatz, Genome Biol 14, 405 (2013).



GSVD Blind Separation of Microarray Batch Effects



WGS with Affymetrix single-nucleotide polymorphism (SNP) and Agilent comparative genomic hybridization (CGH) microarrays represent the main genomic profiling technologies.

GSVD Blind Separation of Normal Variations

The normal male-specific X chromosome deletion is conserved in the tumors. TCGA gender labels were corrected. https://grants.nih.gov/grants/guide/notice-files/NOT-HG-11-021.html

The Utah set of 79 Patients is Statistically **Representative of the U.S. Adult GBM Population**

(a) Patient Set $P-value = 8.4 \times 10^{-1}$

Phenotype		Group	Utah	CWRU	TCGA	SEER	Utah vs. SEER	CWRU vs. SEER	TCGA vs. SEER
			Set	Set	Set	Set	χ^2 <i>P</i> -Value	χ^2 <i>P</i> -Value	χ^2 <i>P</i> -Value
Normal	Sex	Female	27	12	169	3331	1.8×10^{-1}	9.0×10^{-1}	1.5×10^{-1}
		Male	52	16	274	4670			
	Race	Not White	5	3	40	959	1.2×10^{-1}	8.4×10^{-1}	1.1×10^{-1}
		White	74	25	386	7042			
	Ethnicity	Hispanic	2	0	11	507	1.7×10^{-1}	1.7×10^{-1}	4.4×10^{-3}
		Not Hispanic	77	28	382	7494			
Disease	Age (Years)	<50	10	3	117	1164	6.4×10^{-1}	5.7×10^{-1}	1.2×10^{-11}
		≥ 50	69	25	326	6837			

Profiling Technology and Reference Human Genome Affect <1% of the Classifications

Experimental batch effects normally reduce the reproducibility, i.e., precision, of classifications based upon between one to a few hundred genomic loci by >30%.

Pinto, et int., Feuk, Nat Biotechnol <u>29</u>, 512 (2011).

Intratumor heterogeneity affects $\approx 11\%$ of the classifications.

(e) Relative DNA Copy Number

hazard ratio, and a 0.78 concordance index, i.e., accuracy.

Statistically Better Than and Independent of the Best Other Indicator, i.e., Age

In general as well as in patients who receive treatments, i.e., chemotherapy and radiation. Independent of chemotherapy and radiation and the post-surgical resection metrics, i.e., the Karnofsky performance score and the percent primary tumor resection.

With a 2.25-year Kaplan–Meier (KM) median survival difference, a 3.5 univariate Cox

Statistically Better Than and Independent of the Best Other Indicator, i.e., Age

Greater median survival differences, univariate hazard ratios and concordance indices, i.e., accuracies, and lower logrank and Wald *P*-values as well as Akaike information criterion (AIC) values.

Bivariate hazard ratios within 95% confidence intervals of univariate ratios.

Patients (Number)	Predictor	KM Group	Median (Months)	Log-Rank P-Value	Cox Model	Hazard Ratio	95% Confidence Interval	Wald P-Value	Concordance Index
79	GBM Pattern (Corr.)	Low		2.5×10^{-3}	Univariate	3.5	1.5 - 8.2	4.3×10^{-3}	0.78
		High	8						
	CWRU Age (Years)	$ \begin{array}{c} < 50 \\ \ge 50 \end{array} $	19 8	3.7×10^{-3}		3.3	1.4- 7.5	6.1×10^{-3}	0.78
	GBM Pattern (Corr.)	Low/<50		5.2×10^{-3}	Bivariate	2.6	1.1- 6.3	3.4×10^{-2}	0.76
	CWRU Age (Years)	$Low/{\geq}50$	20			2.4	1.0- 5.7	5.0×10^{-2}	
		$\begin{array}{ ligh <50\\ ligh \geq50\\ ligh \geq10\\ ligh <10\\ $	14 8						
47	GBM Pattern (Corr.)	Low	36	4.8×10^{-3}	Univariate	4.1	1.4- 11.8	8.7×10^{-3}	0.86
		High	14						
	CWRU Age (Years)	<50	28	7.9×10^{-3}		3.7	1.3- 10.5	1.3×10^{-2}	0.81
		≥ 50	14						
59	GBM Pattern (Corr.)	Low	36	2.0×10^{-3}		4.6	1.6- 13.0	4.3×10^{-3}	0.88
		High	12						0.70
	CWRU Age (Years)	<50		1.7×10^{-2}		2.7	1.2-6.4	2.2×10^{-2}	0.72
		<u> </u>							
75	GBM Pattern (Corr.)	Low		2.1×10^{-3}		4.0	1.6- 10.1	4.0×10^{-3}	0.79
	CWBU Chemotherapy	Ves	0 14	1.0×10^{-12}		6.0	35 - 104	7.0×10^{-11}	0.93
	e wite enemotierapy	No	4	1.0/(10		0.0	0.0 10.1	1.0/10	0.50
	CWRU Radiation	Yes	13	4.4×10^{-15}		10.8	5.3-22.1	7.6×10^{-11}	0.93
		No	2						
74/75	GBM Pattern (Corr.)	Low/Yes	36	1.5×10^{-12}	Bivariate	3.8	1.3-10.8	1.4×10^{-2}	0.91
,	CWRU Chemotherapy	High/Yes	14			5.0	2.9- 8.6	9.0×10^{-9}	
		High/No	4						
	GBM Pattern (Corr.)	Low/Yes	36	4.2×10^{-15}]	4.6	1.6-13.0	4.4×10^{-3}	0.92
	CWRU Radiation	High/Yes	12			9.3	4.5-19.3	1.6×10^{-9}	
		High/No	3						
52	GBM Pattern (Corr.)	Low	35	8.1×10^{-3}	Univariate	3.2	1.3- 7.9	1.1×10^{-2}	0.74
		High	12						
	CWRU Karnofsky Score	≥ 60	16	7.3×10^{-7}		5.8	2.7-12.4	8.0×10^{-6}	0.87
		<60	5						
51/52	GBM Pattern (Corr.)	$Low/\geq 60$	35	1.3×10^{-6}	Bivariate	3.5	1.3- 9.4	1.3×10^{-2}	0.83
	CWRU Karnofsky Score	$ \text{High}/\geq 60 $	14			4.5	2.0- 9.9	2.0×10^{-4}	
		High/<60	5						
28	GBM Pattern (Corr.)	Low		6.1×10^{-3}	Univariate	10.6	1.4-80.9	2.3×10^{-2}	0.97
	CWDU Devent Devention	High	6	2.0×10^{-2}		0.0		2.0×10^{-2}	0.72
	CWRU Percent Resection	≥ 30		3.0×10^{-2}		2.8	1.1- 7.0	3.9×10 -	0.73
				$\frac{1}{4 \times 10^{-3}}$				$\boxed{0.010^{-9}}$	
	GBM Pattern (Corr.)	$ Low/\geq 30 $		4.5×10^{-5}	Bivariate	9.8	1.3-76.2	2.9×10 ⁻²	0.80
	who resection	$\frac{\operatorname{Inign}}{\operatorname{High}} = \frac{230}{230}$	8 5						-
		111811/ \00	0						

Statistically Better Than and Independent
of the Best Other Indicator, i.e., Agein the TCGA Set of 443 Patientsin the TCGA Set of 243 Patients

Better than and independent of the existing pathology laboratory tests, i.e., for *MGMT* promoter methylation and *IDH1* mutation, as well as better than *TERT* gene expression.

Before progressing to GBM standard of care, *MGMT*, *IDH1*, and *TERT*, have already been used as indicators of survival and *MGMT* also as an indicator of response to alkalyting agents in other types of cancer.

Hegi et al., *NEJM* <u>352</u>, 997 (2005); Hotta, et int., Ikenaga, *J Neurooncol* <u>21</u>, 135 (1994); Parsons, et int., Kinzler, *Science* <u>321</u>, 1807 (2008); Nguyen, et int., Lai, *Neuro Oncol* <u>19</u>, 394 (2017); Batchelor & Louis, in *UpToDate*, eds. Loeffler & Wen. Waltham, MA: Wolters Kluwer (2018).

Patients (Number)	Predictor	KM Group	Median (Months)	Log-Rank P-Value	Cox Model	Hazard Ratio	95% Confid Interval	ence	Wald P-Value	Concordance Index
443	GBM Pattern (Corr.)	Low	29	1.4×10^{-6}	Univariate	2.5	1.7-	3.6	2.9×10^{-6}	0.75
	TCGA Age (Years)	$ < 50 \\ \geq 50$	21 12	4.9×10^{-10}		2.2	1.7-	2.8	1.1×10^{-9}	0.72
	GBM Pattern (Corr.) TCGA Age (Years)	$\begin{array}{ c c c } Low/<50\\ High/<50\\ Low/\geq 50\\ High/\geq 50\end{array}$	39 18 16 12	2.1×10 ⁻¹⁰	Bivariate	1.9 1.9	1.3– 1.4–	2.8 2.4	$\frac{1.7 \times 10^{-3}}{1.9 \times 10^{-6}}$	0.71
284	GBM Pattern (Corr.)	Low High	50 15	3.2×10^{-4}	Univariate	2.5	1.5-	4.1	4.9×10^{-4}	0.73
	TCGA Age (Years)	$ \begin{array}{c} < 50 \\ \geq 50 \end{array} $	22 15	3.3×10^{-5}		1.9	1.4-	2.6	4.3×10^{-5}	0.64
	GBM Pattern (Corr.) TCGA Age (Years)	Low/<50 High/<50 High/ \geq 50 Low/ \geq 50	$50 \\ 18 \\ 15 \\ 6$	5.5×10^{-5}	Bivariate	1.8 1.6	1.1-	3.2 2.2	$\frac{2.9 \times 10^{-2}}{6.8 \times 10^{-3}}$	0.64
327	GBM Pattern (Corr.)	Low High	39 15	2.8×10^{-5}	Univariate	2.4	1.6-	3.8	4.8×10^{-5}	0.73
	TCGA Age (Years)	$ \begin{array}{ } < 50 \\ \geq 50 \end{array} $	23 15	6.7×10^{-6}		1.9	1.4-	2.5	8.9×10^{-6}	0.66
	GBM Pattern (Corr.) TCGA Age (Years)	$\begin{array}{ } Low/<50 \\ High/<50 \\ Low/\geq 50 \\ High/>50 \end{array}$	47 20 16 15	2.7×10^{-6}	Bivariate	$ \begin{array}{c c} 2.0 \\ 1.6 \end{array} $	1.3– 1.2–	$\frac{3.1}{2.1}$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	0.65
255	GBM Pattern (Corr.)	Low High	34	3.2×10^{-4}	Univariate	2.5	1.5-	4.2	5.0×10^{-4}	0.73
	TCGA MGMT Methylation	Yes No	18 13	4.7×10^{-3}		1.5	1.1-	2.0	5.0×10^{-3}	0.58
	GBM Pattern (Corr.) TCGA MGMT Methylation	Low/Yes Low/No High/Yes High/No	$39 \\ 16 \\ 16 \\ 12$	3.0×10^{-4}	Bivariate	$\begin{array}{ c c }\hline 2.4\\\hline 1.4\end{array}$	1.4- 1.1-	4.0 1.9	$\frac{1.1 \times 10^{-3}}{1.7 \times 10^{-2}}$	0.61
329	GBM Pattern (Corr.)	Low High	34	5.5×10^{-5}	Univariate	2.4	1.6-	3.8	9.2×10^{-5}	0.77
	TCGA <i>IDH1</i> Mutation	Yes No	35 14	2.6×10^{-4}		2.4	1.5-	3.9	4.0×10^{-4}	0.78
	GBM Pattern (Corr.) TCGA <i>IDH1</i> Mutation	Low/Yes Low/No High/Yes High/No	$\begin{array}{c c} & 39 \\ & 25 \\ & 24 \\ & 14 \end{array}$	9.6×10^{-5}	Bivariate	1.9 1.7	1.2- 1.0-	3.1 3.0	$\frac{8.4 \times 10^{-3}}{4.1 \times 10^{-2}}$	0.77
107	GBM Pattern (Corr.)	Low	34	1.8×10^{-2}	Univariate	3.7	1.2-	12.1	2.7×10^{-2}	0.90
	TCGA <i>TERT</i> Expression	No Yes	25 13	9.5×10^{-3}		2.5	1.2-	5.1	1.2×10^{-2}	0.77
	GBM Pattern (Corr.) TCGA <i>TERT</i> Expression	Low/No Low/Yes High/No High/Yes	34 25 24 12	2.4×10^{-2}	Bivariate					0.80
335	GBM Pattern (Corr.)	Low	34	3.0×10^{-5}	Univariate	2.4	1.6-	3.6	4.9×10^{-5}	0.72
	TCGA Karnofsky Score	≥ 60 < 60	15	1.0×10^{-5}		4.1	2.1-	8.1	4.7×10^{-5}	0.81
	GBM Pattern (Corr.) TCGA Karnofsky Score	$Low/\geq 60$ High/ ≥ 60 High/ < 60	34 15 5	1.6×10 ⁻⁸	Bivariate	2.3	<u>1.5–</u> 1.9–	$3.5 \\ 7.6$	$\frac{6.9 \times 10^{-5}}{1.1 \times 10^{-4}}$	0.74

A Patient's Survival is the Outcome of Their Tumor's Whole Genome, i.e., Genetic Background

Chromosome 10 deletion, chromosome 7 amplification, and chromosome arm 9p deletion, appear in the tumor genomes of some but not all 70 patients with high and, separately, some but not all nine patients with low correlations of their tumor profiles with the pattern.

Personalized Prognostics, Diagnostics, and Therapeutics with a Genome-Wide Predictor of Survival

This is the first predictor that encompasses the whole tumor genome.

- American Pathologists (CAP) -accredited, i.e., technical clinical WGS. Rehm, et int., Lyon, Genet Med 15, 733 (2013).
- **Preclinically test in GBM**. Hayden Gephart, et int., Scott, J Neurooncol 115, 61 (2013).

→ The prognostic classification can help manage, e.g., GBM pseudoprogression: validate **Clinical Laboratory Improvement Amendments (CLIA) -certified and College of**

Patel, et int., Ellingson, J Neurooncol 139, 399 (2018); Walter, et int., Czernin, J Nucl Med 53, 393 (2012);

 \rightarrow The diagnostic classification could help therapies progress to regulatory approval. Even if a drug targets just one gene, the patient's response depends on the whole genome. Only one new drug has advanced from trials to care in 40 years: Predict long survivors in a personalized vaccine trial that are not explained by other factors. Threadgill, et int., Magnuson, Science 269, 230 (1995); Rich, et int., Friedman, J Clin Oncol 22, 133 (2004); Grossman & Ellsworth, J Clin Oncol 34, e13522 (2016); Liau, et int., Bosch, J Transl Med 16, 142 (2018).

 \rightarrow The therapeutic predictions, of previously unrecognized targets that are correlated with survival, e.g., the druggable METLL2A/B and TLK2, could lead to new drugs:

Kim, et int., Wang, Mol Cancer Res <u>14</u>, 920 (2016); Zhang, Guo & Boulianne, Gene <u>280</u>, 135 (2001);

Proof of Principle that the Multi-Tensor Decompositions are Uniquely Suited for Discovering Accurate, Precise, and Actionable Genotype-Phenotype Relationships **Relevant to the Population Based upon Small Cohorts**

They have overcome three distinct challenges that other methods had not.

- → They found consistent patterns across whole genomes, which have 3B nucleotides. Minimally preprocessed datasets with no feature engineering account for robustness to perturbations and are possible because of the computational scalability.
- \rightarrow They did that across the tumor and the matching normal genomes simultaneously. By using the complex structure of the datasets rather than simplifying or standardizing them as is commonly done, they can separate patterns which occur only in the tumor genomes from those that occur in the genomes of normal cells in the body and variations caused by experimental inconsistencies.
- \rightarrow They did so in small cohorts of patients, ~100, that are typical in clinical trials. The structure of the datasets accounts for sensitivity to relationships in small discovery sets and imbalanced validation sets of large genomic profiles, and is possible because of the mathematical formulation as frameworks of blind source separation (BSS).

High-Performance Computing

Protected cloud environments facilitate this work by providing on-demand access to storage and compute.

- \rightarrow This enables implementing numerical analysis algorithms at scale on massive and dense datasets. The size of the astrocytoma WGS raw binary alignment map (BAM) files, e.g., is >20T bytes.
- \rightarrow This enables testing the robustness of the results to hundreds or more perturbations to the datasets, e.g., due to changes in the preprocessing of the BAM files. In generating the astrocytoma read-count profiles, the changes to the preprocessing of the raw BAM files included varying the bin sizes in the range of 100–2.5K nucleotides.

memory (RAM) may be needed.

- → This in turn enables us to prognostically and diagnostically classify, e.g., GBM patients based upon the genome-wide pattern of DNA CNAs with >99% reproducibility, i.e., precision, among profiling technologies, and with $\geq 75\%$ concordance, i.e., accuracy, and therapeutically predict previously unrecognized GBM drug targets.
- To generate the profiles at the 3B nucleotide-level resolution, a 5T-byte random-access

Higher-Order GSVD for Comparative Analysis of Multiple Second-Order Datasets

Ponnapalli, Golub & Alter, in Stanford University and Yahoo! Research Workshop on Algorithms for Modern Massive Datasets (Stanford, CA, June 21–24, 2006).

$$D_{i} = U_{i} \Sigma_{i} V^{T}, \quad \Sigma_{i} = \operatorname{diag}(\sigma_{i,k}),$$
$$SV = V\Lambda,$$

$$S = \frac{1}{N(N-1)} \sum_{i=1}^{N} \sum_{j>i}^{N} (A_i A_j^{-1} + A_j A_i^{-1})$$

 $A_{i} = D_{i}^{T} D_{i}, \quad i = 1, 2, \dots, N.$

The matrix V, identical in all factorizations, is obtained from the balanced eigensystem of S, which does not depend upon the ordering of D_i .

Higher-Order GSVD for Comparative Analysis of Multiple Second-Order Datasets

Ponnapalli, Saunders, Van Loan & Alter, PLoS One 6, e28072 (2011); https://alterlab.org/HO_GSVD/

The exact HO GSVD directly extends to multiple matrices all mathematical properties of the GSVD except for complete orthogonality of U_i for all *i*.

Supplementary Theorems 1–5:

For N=2, the HO GSVD algebraically leads to the GSVD. Theorem 1: S has n independent eigenvectors, and its eigenvalues are real.

Theorem 2: The eigenvalues of *S* satisfy $\lambda_k \ge 1$. Theorem 3: The common HO GSVD subspace. An eigenvalue satisfies $\lambda_k=1$ if and only if the corresponding right basis vector v_k is of equal significance in all matrices D_i and D_j , i.e., $\sigma_{i,k} / \sigma_{j,k} = 1$ for all *i* and *j*, and the corresponding left basis vector $u_{i,k}$ is orthonormal to all other left basis vectors in U_i for all *i*. Corollary 1: $\lambda_k=1$ if and only if the corresponding right basis vector v_k is a generalized singular vector of all pairwise GSVD factorizations of the matrices D_i and D_j with equal corresponding generalized singular values for all for all *i* and *j*. Supplementary Theorem 6 and Conjecture 1: A role in iterative approximation algorithms.

Mathematically Universal **Biologically Consistent Global Genotype-Phenotype** Bradley, Aiello, Ponnapalli,* Hanson* & Alter, APL Bioeng 3, 036104

New tumors, e.g., metastasis, are the leading cause of death from lung, uterine, and ovarian adenocarcinomas, where most patients experience progression-free survival after the primary treatment.

Yet, no indicator existed that predicts the benefit of platinum in terms of overall survival past the primary treatment.

6p+12p primary tumor's genotypes predictive of the patient's overall survival phenotypes, in general as well as following platinum treatment of the primary tumor, and throughout the course of the disease, were discovered by the GSVD and tensor GSVD.

(2019); https://alterlab.org/adenocarcinomas_genotype-phenotype/

Tensor HO GSVD for Comparative Analysis of Multiple Higher-Order Datasets

Ponnapalli & Alter (in preparation); Ponnapalli, Saunders, Van Loan & Alter, *PLoS One* <u>6</u>, e28072 (2011).

$$\begin{aligned} \mathcal{D}_i &= \mathcal{R}_i \times_a U_i \times_b V_x \times_c V_y, \\ D_i &= (\dots, \mathcal{D}_{i,:lm}, \dots) \\ &= U_i \Sigma_i V^T, \end{aligned}$$

 $\mathcal{R}_{i} = \mathcal{D}_{i} \times_{a} U_{i}^{\dagger} \times_{b} V_{x}^{-T} \times_{c} V_{y}^{-T},$ $U_{i}U_{i}^{\dagger} = D_{i}D_{i}^{\dagger} \neq I,$ $U_{i}U_{i}^{\dagger}D_{i} = D_{i}D_{i}^{\dagger}D_{i} = D_{i},$

$$i = 1, 2, ..., N.$$

x-Columns						

Correlations to Causal Coordination: Global Patterns Underlie Principles of Nature Alter, PNAS 103, 16063 (2006);

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Computationally Predicted Physical Mechanism for Cells to Differentially Regulate Metabolism in a Transcript Length-Dependent Manner

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Oh et al., *Nat Struct Mol Biol* <u>24</u>, 993 (2017).

Computationally Predicted Physical Mechanisms for **Asymmetric Broadening of a Moving Transcript Band in Gel Electrophoresis and Asymmetric Evolutionary Restoring-Like Forces Acting on Transcript Length** Alter & Golub, PNAS <u>103</u>, 11828 (2006); https://alterlab.org/harmonic_oscillator/

- \rightarrow The distribution of the peaks of the transcript profiles fits an asymmetric Gaussian.
- \rightarrow The profile of a single transcript fits an asymmetric Gaussian.

Multi-Tensor Decompositions for Personalized Medicine

- Scale up mathematics. ? Edelman & Wang, *SIMAX* <u>41</u>, 1826 (2020).
- Scale up modeling. ? Palacios-Flores, et int., Palacios, PNAS <u>118</u>, e2025192118 (2021).
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Collaborators: Jill S. Barnholtz-Sloan Population Health Sciences, CWRU Jay Bowen & Julie M. Gastier-Foster Laboratory Medicine, NCH **Randy L. Jensen** Neurosurgery, Utah **Cheryl A. Palmer** Pathology, Utah **Carl T. Wittwer** Pathology, Utah **Huanming Yang** Medical Genetics, BGI John F. X. Diffley

Cancer Research UK, London Gene H. Golub Computer Science, Stanford **Michael A. Saunders Operations Research, Stanford Charles F. Van Loan Computer Science, Cornell Yoshihisa Yamamoto** Applied Physics, Stanford

Senior Research Affiliate & Ph.D. Alumna: Sri Priya Ponnapalli, ECE **K99 Postdoctoral Alumnus:** Jason M. Tennessen, Genetics **Ph.D. Alumni: Larsson Omberg, Physics** Kayta Kobayashi, Pharmacy Chaitanya Muralidhara, CMB **B.Sc. Alumni:** Joel R. Meyerson, BME & Gov Andrew M. Gross, BME & SSC Justin A. Drake, BME & SSC **Nicolas M. Bertagnolli, Mathematics** Support: **CDC 75D**301 21C11016 **NCI U01 CA-202144** https://physics.cancer.gov/network/UniversityofUtah.aspx **NSF CAREER DMS-0847173** NHGRI K01 HG-000038 & R01 HG-004302 **DOE FG03 99ER62836** Thank you!

Physics-Inspired Multi-Tensor Decompositions

commonly done, the multi-tensor decompositions can: \rightarrow blindly detect and remove experimental artifacts or batch effects; \rightarrow blindly identify and separate the biologically similar from the dissimilar; \rightarrow discover previously unknown phenomena.

Directly generalize the SVD from a single two-dimensional dataset to multiple threeand higher-dimensional datasets. The SVD underlies:

- \rightarrow theoretical physics;
- \rightarrow recommendation systems, e.g., PageRank and the Netflix challenge.

Create a single coherent model from multiple high-dimensional diverse datasets at

- once. By using the complex structure of the datasets, rather than simplifying them as is

Physics-Inspired Multi-Tensor Decompositions

Find what other methods miss, and outperform methods that:

- \rightarrow require large amounts of training data (e.g., deep learning);
- \rightarrow require training and are sensitive to imbalanced class representations (e.g., supervised learning);
- \rightarrow require data quantization and are sensitive to cutoff selections (e.g., Bayesian statistics) and topological data analysis);
- \rightarrow vary the one-dataset SVD and are, therefore, not exact or unique, rather than use the complex structure of the data (e.g., independent component analysis, sparse and nonnegative factorizations, and randomized decompositions);
- \rightarrow are unsupervised but require data cleaning and are sensitive to artifacts and batch effects (e.g., hierarchical clustering);
- \rightarrow are supervised and require a-priori knowledge (e.g., analysis of variance). Nielsen, West, Linn, Alter et al., Lancet 359, 1301 (2002).

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The SVD is Different Than PCA

- by the dataset with no a-priori assumptions; PCA cannot). Cadima & Jolliffe, *Pak J Statist* <u>25</u>, 473 (2009);
- rows and columns, ensuring consistent data interpretation.

Alter et al., in *Microarrays: Optical Technologies and Informatics*. Bellingham, WA: International Society for Optics and Photonics (SPIE) (2001); https://alterlab.org/SVD/ Fellenberg, et int., Vingron, PNAS <u>98</u>, 10781 (2001).

patterns, and not just for data classification.

The SVD is used for the stable computation of principal component analysis (PCA).

 \rightarrow PCA assumes preprocessing of the data, which limits the data interpretation (e.g., the SVD of a dataset can identify the probability distribution function that is sampled

Muralidhara, Gross, Gutell & Alter, PLoS One 6, e18768 (2011); https://alterlab.org/rRNA/

 \rightarrow PCA identifies patterns across the columns separately from patterns across the rows; the SVD simultaneously computes the corresponding sets of patterns across the

 \rightarrow PCA, as it is programmed in most computational packages, is limited to classifying the data based upon the two or three patterns that capture most of the information in the data (e.g., variance in the case of column centering); the SVD maintains all data

There are nontrivial connections between the GSVD and canonical correlations analysis (CCA).

The GSVD is Different Than CCA

Ewerbring & Luk, *J Comput Appl Math* <u>27</u>, 37 (1989).

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