

# Statistical Modeling for Enhanced Microbiome Biomarker Discovery

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Jing Ma

Associate Professor of Biostatistics Division of Public Health Sciences

# My Journey





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You can read more about my story here.





- My thesis: graphical models, high-dimensional data analysis
- My postdoctoral training: graphical models for microbiome data, high-dimensional data analysis
- Now: statistics in microbiome, neuroscience, and aging





Fred Hutch is an independent, nonprofit organization, that also serves as UW Medicine's cancer program.

#### **Research Institutes**

- Independent research
- Collaborative research
- Mentoring students

#### Universities

- Independent research
- Collaborative research
- Mentoring students
- Teaching

### What We Do



#### We develop statistical methods to study the human microbiome.



Figure 1: Composition of the human microbiome varies by body sites. They play important roles in human health and have been associated with many diseases. Most of the microbes are bacteria and live in human gut.

#### What We Do





# Microbiome and Cancer Treatment



- Allogeneic Hematopoietic-Cell Transplantation (allo-HCT) is a curative therapy for hematologic cancers, but complications such as graft-versus-host disease (GVHD) remain a major cause of illness and death.
- Lower diversity predicts poor overall survival<sup>1</sup>.



Interventions to restore integrity to the intestinal microbiota?

<sup>&</sup>lt;sup>1</sup>Peled et al., NEJM. 20'

### Scientific Question





Which bacterial species are associated with poor outcome (e.g.,  $\mathsf{GVHD}$  status)?



	Sample1	Sample2	Sample3
ASV1	17	0	335
ASV2	231	1180	45
ASV3	30	0	0
Age	25	48	65
Disease	yes	no	yes

Table 1: A typical microbiome contingency table



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- high-dimensional: # of taxa > # of samples
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- etc.



















Output:

• *p*-value for testing each bacterial species (after correcting for multiple comparisons)

 $^{2}$ Paulson et al. Nat Meth. 13'  $^{3}$ Martin et al. AoAS. 20'  $^{4}$ Ling et al. Microbiome. 21'



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Options

- different normalization methods
- different noise models for bacterial abundances (e.g., zero-inflated log normal<sup>2</sup>, beta-binomial<sup>3</sup>, zero-inflated quantile regression<sup>4</sup>, etc.)

<sup>2</sup>Paulson et al. Nat Meth. 13' <sup>3</sup>Martin et al. AoAS. 20'

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# Application to Yatsunenko 12'



Which bacteria are associated with age?

- *n* = 100
- *p* = 149
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Which bacteria should I target?

### Two Possible Explanations



1 Many bacteria are *directly* associated with age





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Bacteria are correlated and only a few bacteria are *directly* associated with age

### Conditional Associations





Figure 2: Conditional on Bacteria 2, Bacteria 1 is independent of Age.

Multiple linear regression

$$y_i = X_{i,1}\beta_1 + \ldots + X_{i,p}\beta_p + \operatorname{error}_i,$$

- Coefficients  $\beta_i$ : conditional association between bacteria *j* and *y*
- When  $p \ll n$ , inference for  $\beta$  is straightforward by large sample theory.

# Curse of Dimensionality





If the number of unknown parameters exceeds the sample size, we have identifiability issue!

# Curse of Dimensionality





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In reality, we do not know which coefficients are nonzero, nor do we know if the coefficients are sparse!

## Use Prior to Improve Power





Figure 3: A simple phylogenetic tree

Bacteria closer on the tree are more similar in their DNA content and have similar effects on the outcome (a reasonable assumption).

#### Use Prior to Improve Power





Assume coefficients are smooth with respect to the prior!

# Are Observations Independent?



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Figure 4: Correlation among (A) Yatsunenko samples; (B) independent samples

In Yatsunenko 12', subjects include individuals from the same household (twins, parent-offspring relationships).



If a treatment works in a person's microbiome, it is more likely to work in the microbiome of their twin siblings.

It is unfair to count good outcomes in both individuals as 2 independent pieces of evidence for the treatment's effectiveness.

Doing so artificially increases the sample size, decreases the P values, and potentially results in effects being deemed significant when they should not be (a type I error).

Accounting for Correlated Observations **Fred Hutch** 



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In the absence of this oracle, we can derive a prior on sample correlation from auxiliary data.

# Accounting for Correlated Observations **Fred Hutch**





Figure 5: Sample correlation in Yatsunenko 12' from (A) 16S abundance and (B) metagenomic pathway abundance

#### **GMDR**



Generalized Matrix Decomposition Regression

$$y_i = X_{i,1}\beta_1 + \ldots + X_{i,p}\beta_p + \operatorname{error}_i,$$



Yue Wang

subject to the constraints that

- the coefficients  $\beta$  are smooth with respect to a variable similarity network  ${\it Q}$
- the error covariance is smooth with respect to a sample similarity network *H*

# **Prior Misspecification**



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We propose robust GMDR:

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We propose robust GMDR:

- Test the association between given prior and observed correlations using the Kernel RV (KRV) coefficient. KRV rejects the null → prior is at least partially informative.
- Pror partially informative prior, use a likelihood criterion to weight the prior against an uninformative baseline.

# Revisit Yatsunenko 12'



Which bacteria are associated with age?

- *n* = 100
- *p* = 149
- FDR = 0.1
- Results from robust GMDI.



GMDI-1: discrete shrinkage; GMDI-2: continuous shrinkage







Figure 6: Dialister and Veillonella are phylogenetically close.

- Dialister has been shown to play a role in age-related diseases, such as obesity and diabetes<sup>5</sup>.
- Veillonella is a signature of infant (4-month old) microbiome and breast feeding<sup>6</sup>.

 $<sup>^5 \</sup>rm Xu$  et al., 20'; Gurung et al., 20'  $^6 \rm Backhed$  et al., 15'



Network biology

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Microbiome

- gut-brain association: how to define the association and perform valid inference?
- microbiome and cancer: what features of the microbiome are correlated with cancer diagnosis and treatment?

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