

Clustering Leukemia Patients

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Introduction

- Clustering partitions a set of observations into groups where similar observations are grouped together.
- Our Clustering Methods
 - k-means

$$\arg_{\mathbf{S}} \min \sum_{i=1}^k \sum_{x_j \in S_i} ||x_j - \mu_i||^2$$

- Initialization → Assignment and Update → Termination
- Nonnegative Matrix Factorization (NMF)
 - Factor a nonnegative data matrix into two nonnegative matrices

 $\min \| V_{mxn} - W_{mxr} H_{rxn} \|_F^2$

Update Steps

$$H_{ij} \longleftarrow H_{ij} \frac{(W^T V)_{ij}}{(W^T W H)_{ij}}$$

$$W_{ij} \longleftarrow W_{ij} \frac{(VH^T)_{ij}}{(WHH^T)}$$

Motivation

Determine the number of clusters present in a data set and use that information to cluster Leukemia patients

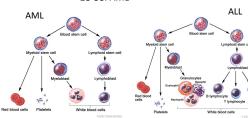
Data from the Broad Institute

Types of Leukemia

- · Acute Lymphoblastic Leukemia B cells (ALL B)
- · Acute Lymphoblastic Leukemia T-cells (ALL T)
- Acute Myeloid Leukemia (AML)

5000 genes x 38 leukemia patients' microarray data

- 1-19: ALL B
- 20-27: ALL T
- 28-38: AML



Methodology

Steps: NMF and K-means → Consensus Matrix → Sinkhorn Knopp →
Eigen decomposition

Consensus Matrix

- For Leukemia data set A = 38 x 38 matrix
- A: $a_{ij} = 1$ if i and j are in the same cluster $a_{ii} = 0$ if not
- Symmetric
- Consensus matrix: for n runs of a clustering method, $C = \frac{1}{n} \sum_{i=1}^{n} A_{i}$

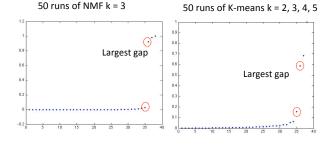
Sinkhorn Knopp Algorithm

- Create a matrix S by adjusting column sums and row sums of the consensus matrix to 1
- Alternate scaling rows by their row sums and the columns by their column sums
- Preserves the symmetry of a matrix and places the eigenvalues in the interval [0 1]
- · Preserves the block structure of a consensus matrix

Results

Eigenvalues

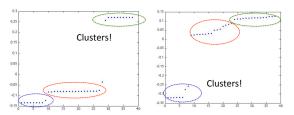
We used the location of the largest gap in the eigenvalues of the matrix S to determine the number of clusters k. Here the largest gap occurs between the third and fourth, implying k = 3



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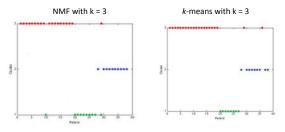
Eigenvectors

The eigenvectors may reveal information about which cluster each observation belongs.



Conclusions

- The location of the largest gap in the eigenvalues reveals the number of clusters *k*.
- Then we may re-cluster the data based on that information.



- Our results corroborate with those of the Broad Institute of Harvard and MIT.
- Information from the Broad Institute suggests that the "mis-clustering" of patients 10 and 29 is due to misdiagnoses.

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