Barry Grant UC San Diego http://thegrantlab.org/bggn239/

BGGN 239 Bioinformatics for Immunologists









bjgrant@ucsd.edu

http://thegrantlab.org/bggn239





Introduce Yourself!

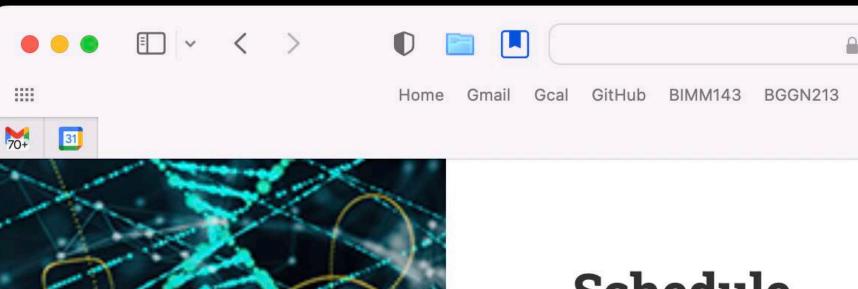
Introduce Yourself!

- Your **neighbor's** name &
- [2]
- [3] Fun fact or favorite joke!



Place they identify with most, Major area of study/research, &

http://thegrantlab.org/bggn239



BGGN/239

A dedicated course to teach bioinformatics with a specific focus on its applications to important problems in immunology from the Program in Immunology, UCSD I

Overview

Schedule

Computer Setup

Schedule

For the Spring 2023 quarter we will meet twice a week on Monday and Wednesday at 4:30-6:20 pm in TATA 2501 (Map ID). Clicking on the topics below will take you to supporting class content in Google Drive, hands-on "lab session" sheets, walk-through screencasts, required reading material and homework assignments.

#	Date	Торіс
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2	Monday 04/10/23 & Wednesday 04/12/23	Ferha conce gene analy analy

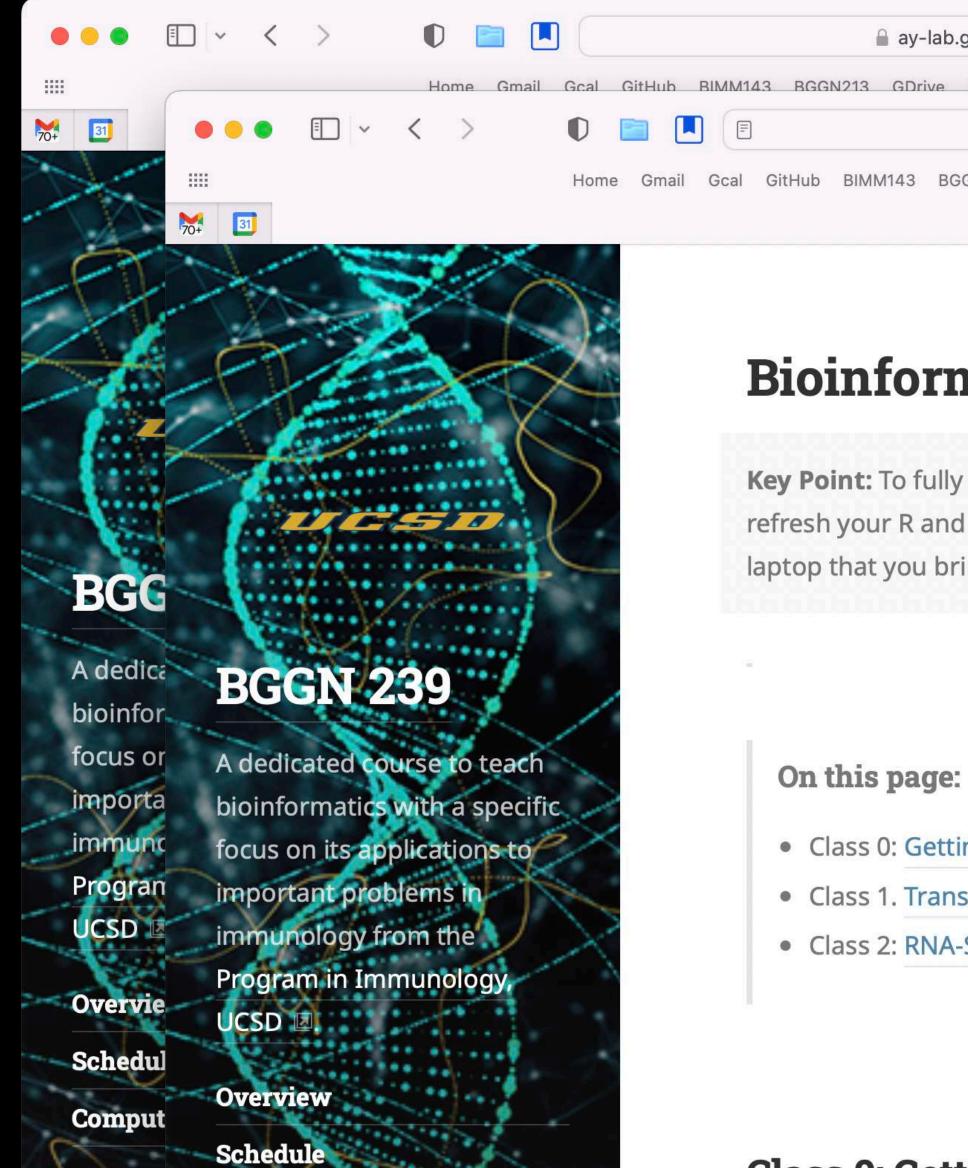
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A Scl	hedule · BGGN	239									

cs for Spring 2023

ry Grant - Recap of foundations of bioinformatics I. Topics: orking with UNIX. - Sequence alignment. - Key online urces. - Data analysis and visualization with R and onductor. - annotation of Gene lists (GO term and pathway chment). DriveFolder I.

Topics: - RNA-seq cepts and basics. - Processing RNA-seq data. - Differential e expression and relevant statistics. - Gene co-expression ysis. - Visualization of RNA-seq data. - Single-cell RNAseq ysis.

http://thegrantlab.org/bggn239



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Bioinformatics Foundations

Key Point: To fully participate in the hands-on sections of this course you will need to refresh your R and UNIX skills as well as have access the specific software on your own laptop that you bring to each class.

- Class 0: Getting oriented.
- Class 1. Transcriptomics and the analysis of RNA-Seq data.
- Class 2: RNA-Seq analysis mini-project.

Class 0. Cotting oriented

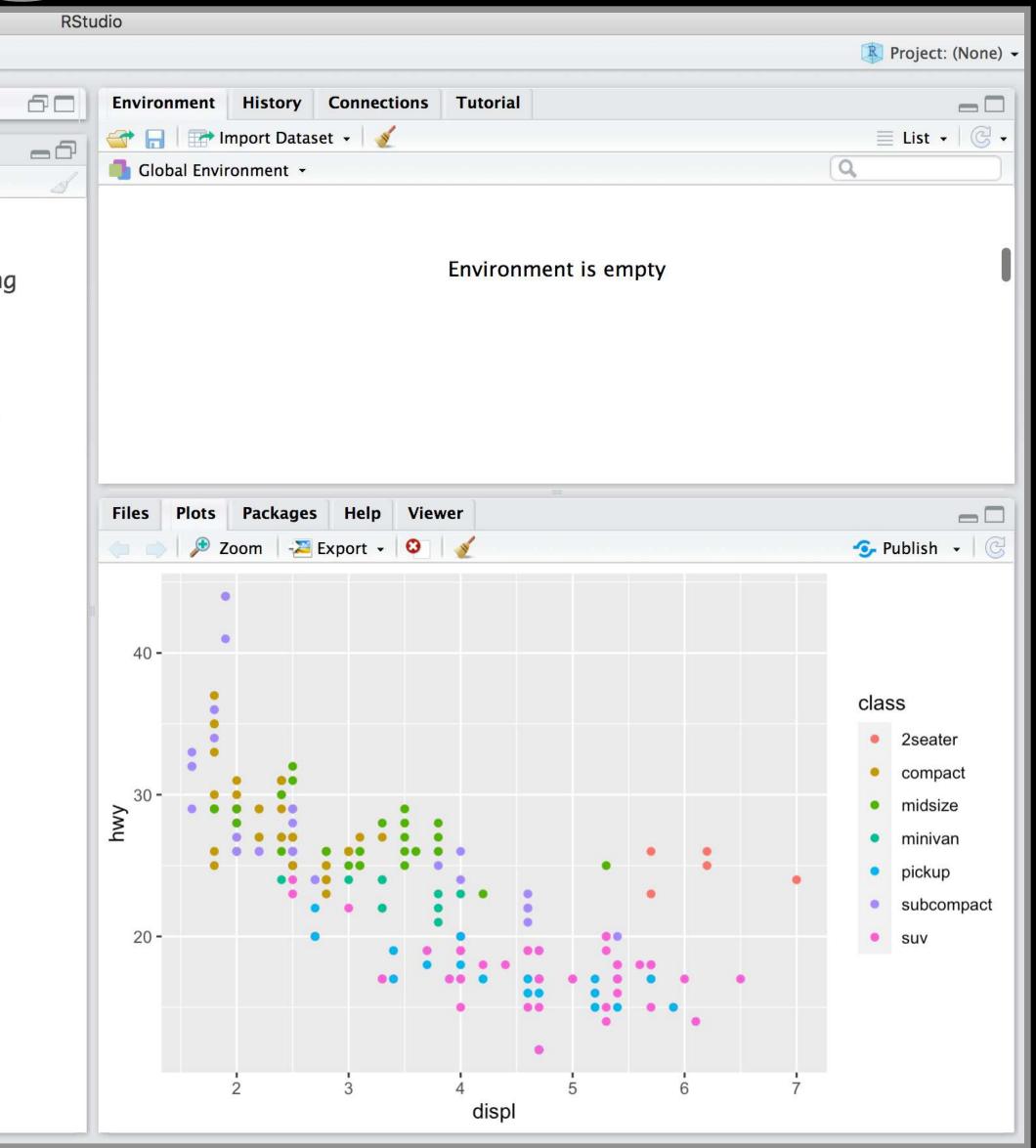
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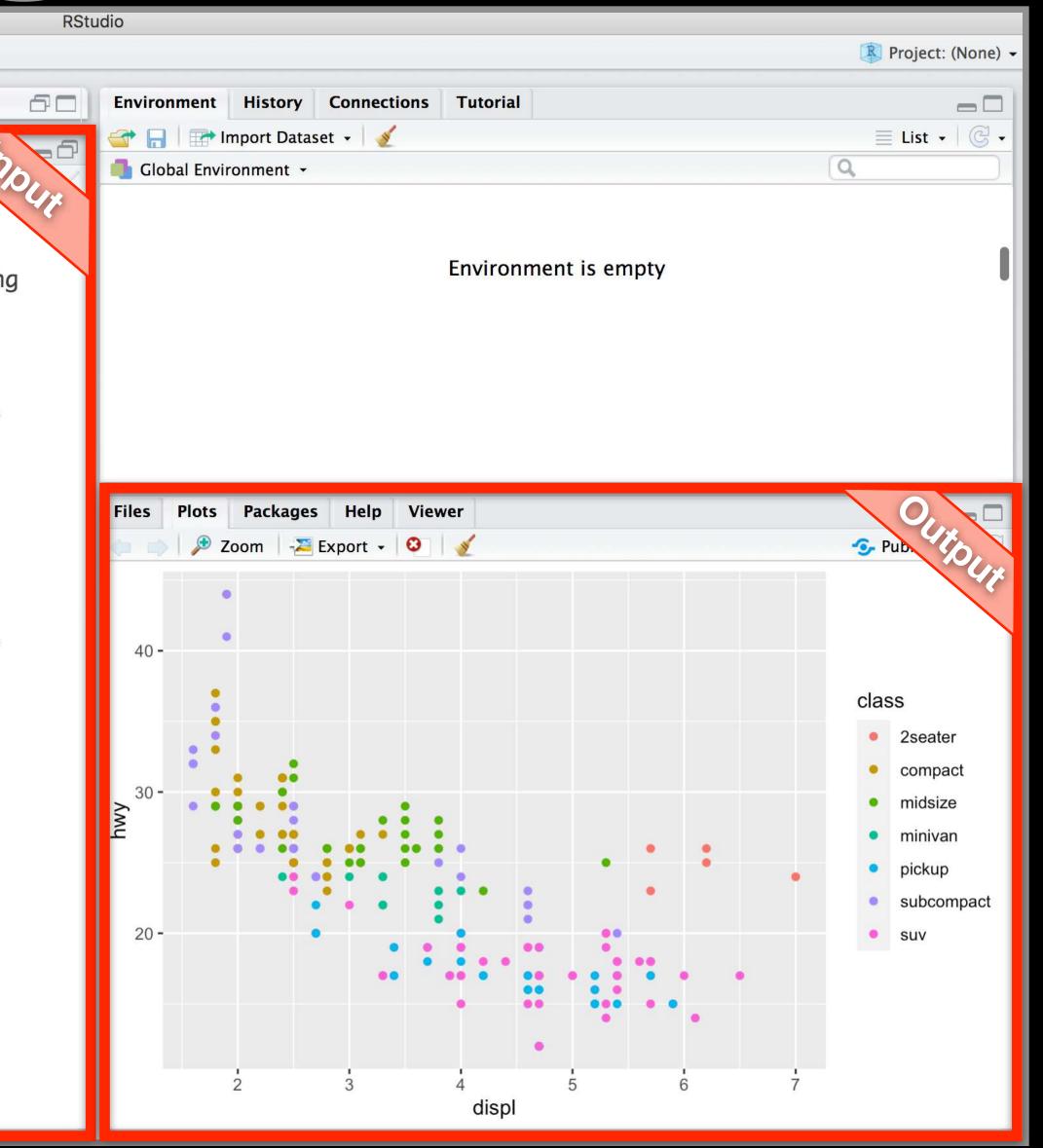
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R is a collaborative project with many contributors. Type 'contributors()' for more information and 'citation()' on how to cite R or R packages in publications.
Type 'demo()' for some demos, 'help()' for on-line help, or 'help.start()' for an HTML browser interface to help. Type 'q()' to quit R.
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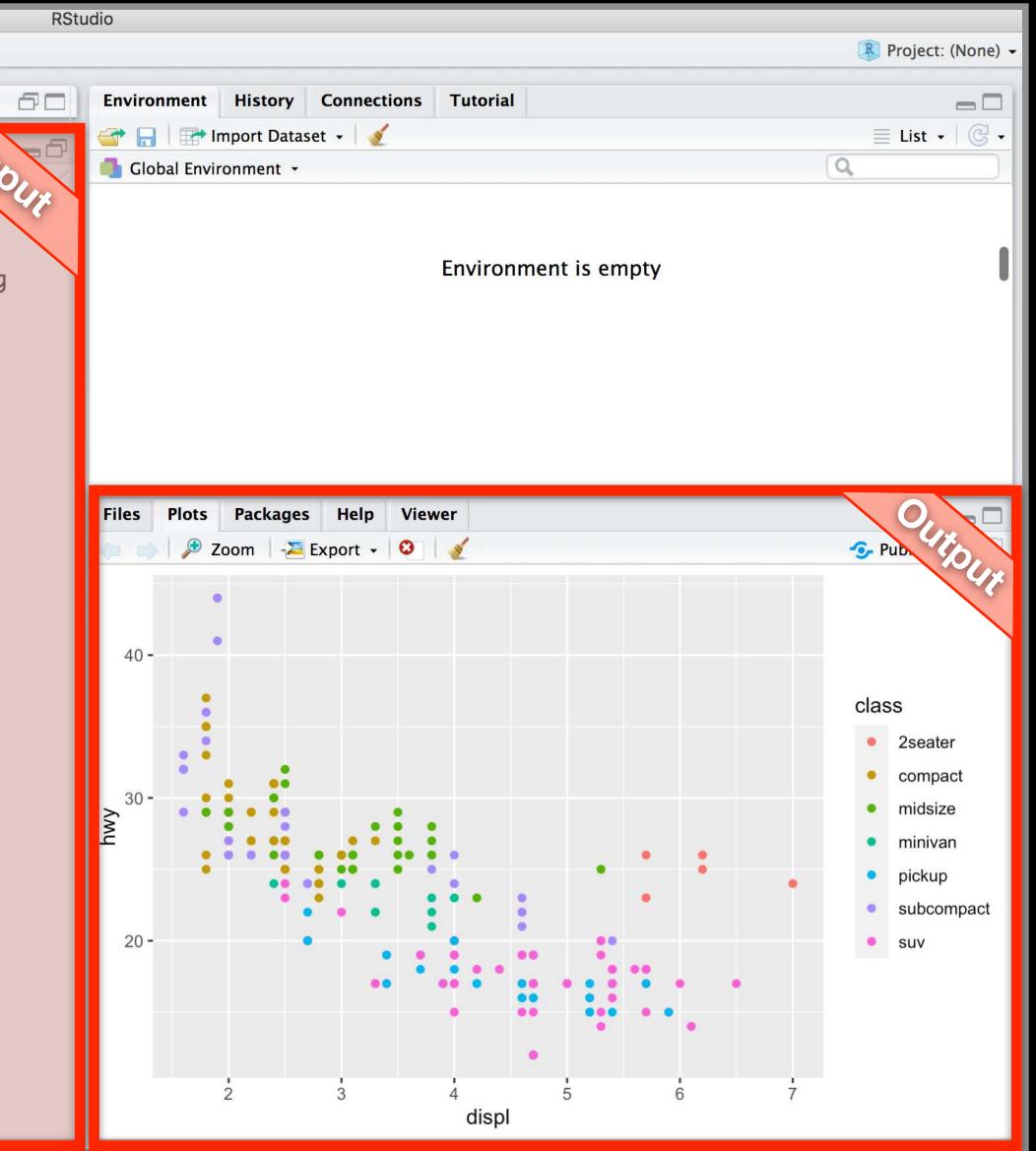
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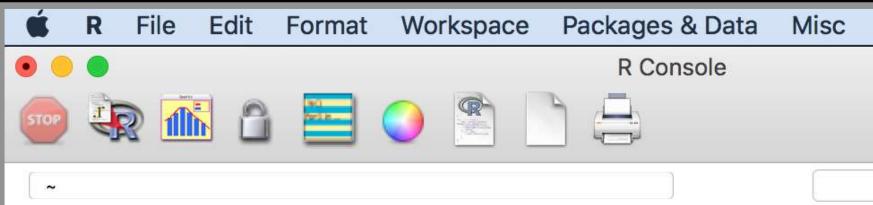
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Rapp GUI is **NOT** what we want!



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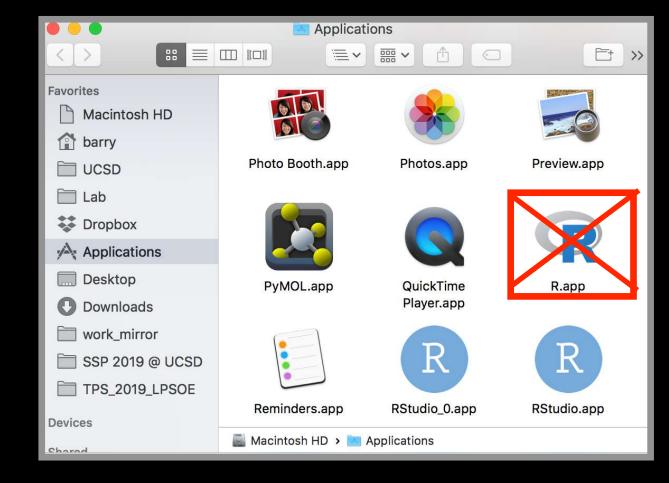
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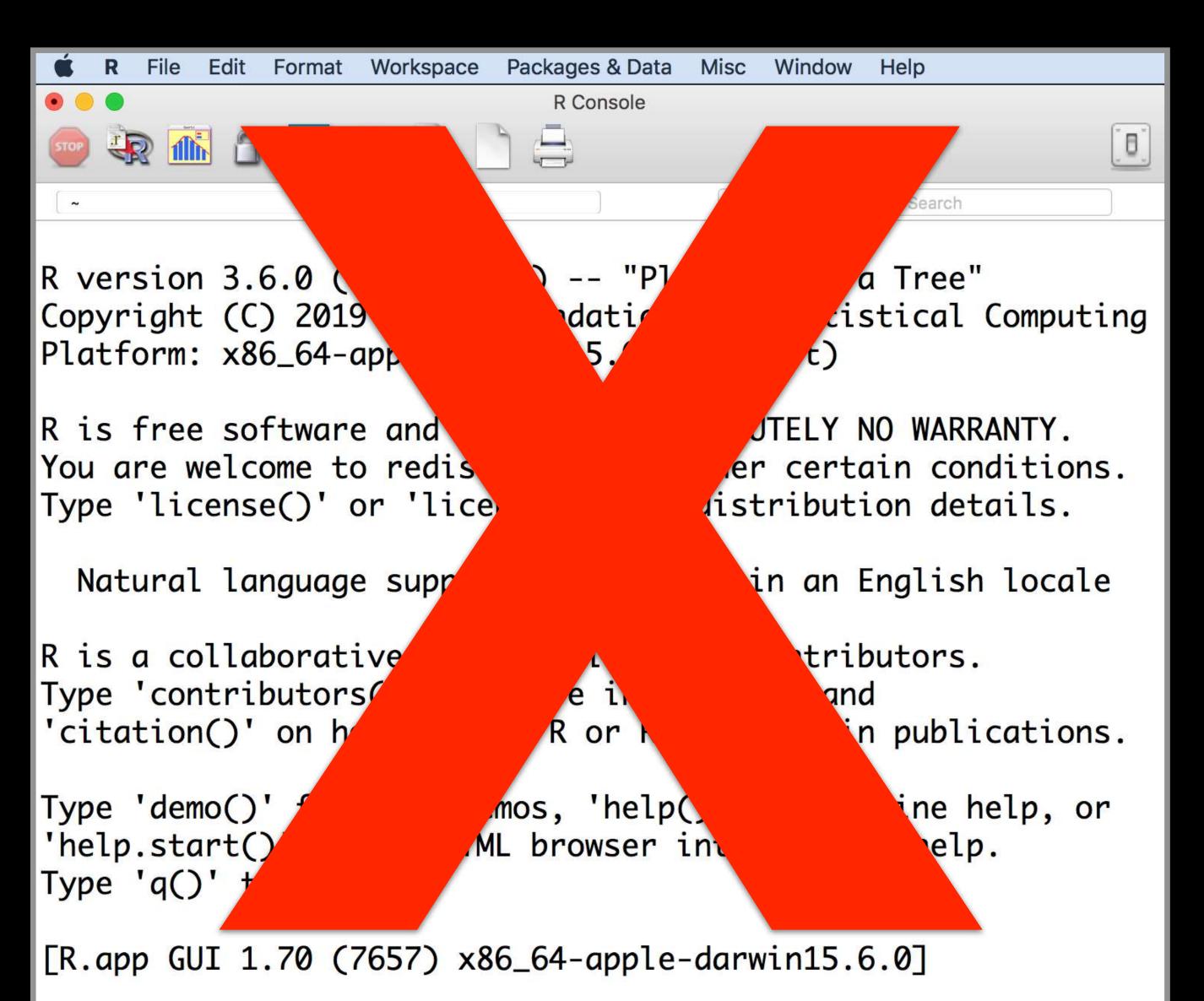
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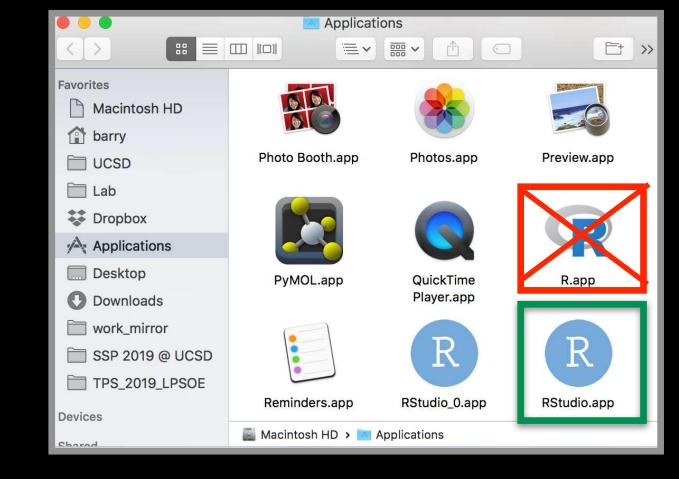
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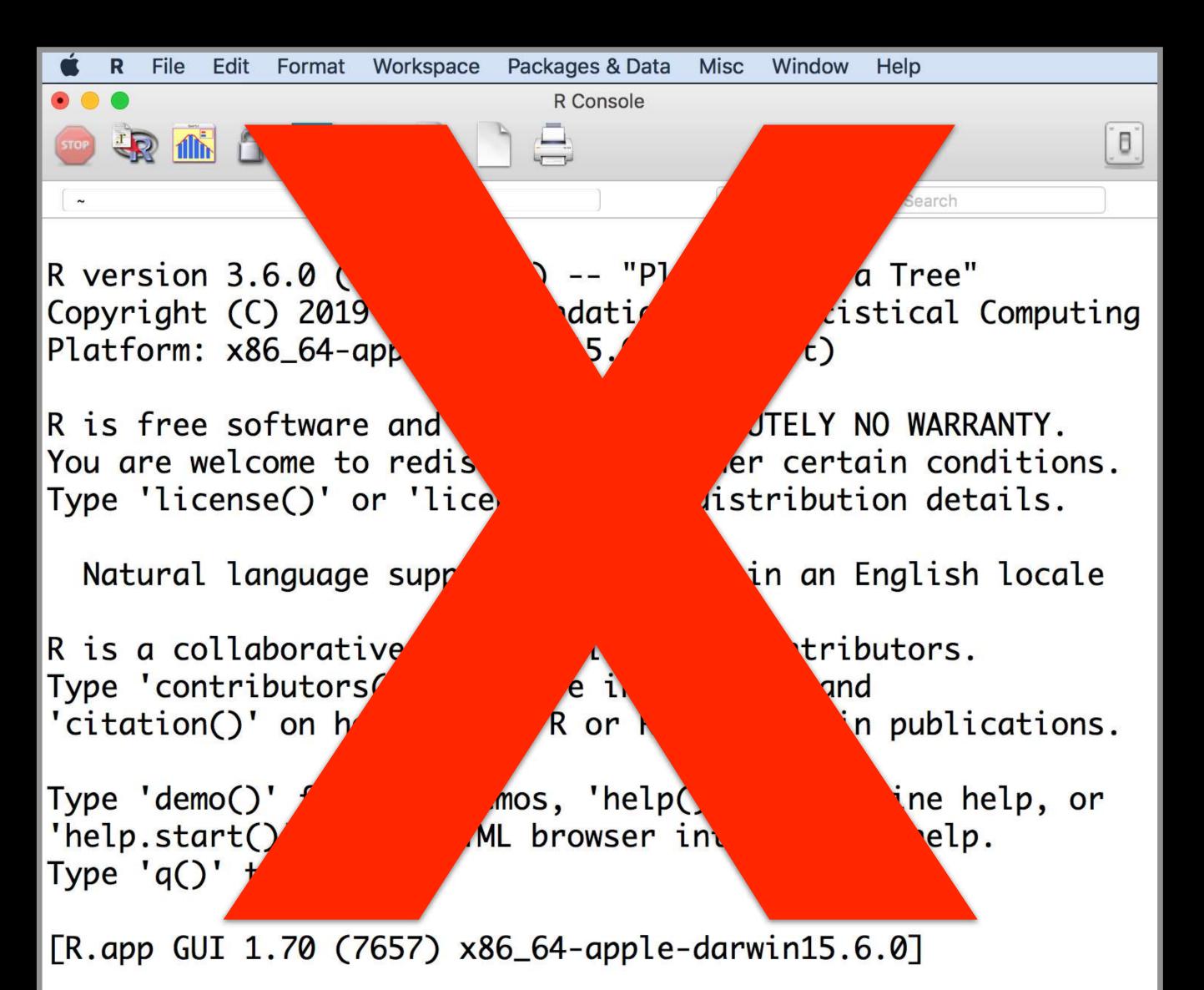


Rapp GUI is **NOT** what we want!





Rapp GUI is **NOT** what we want!





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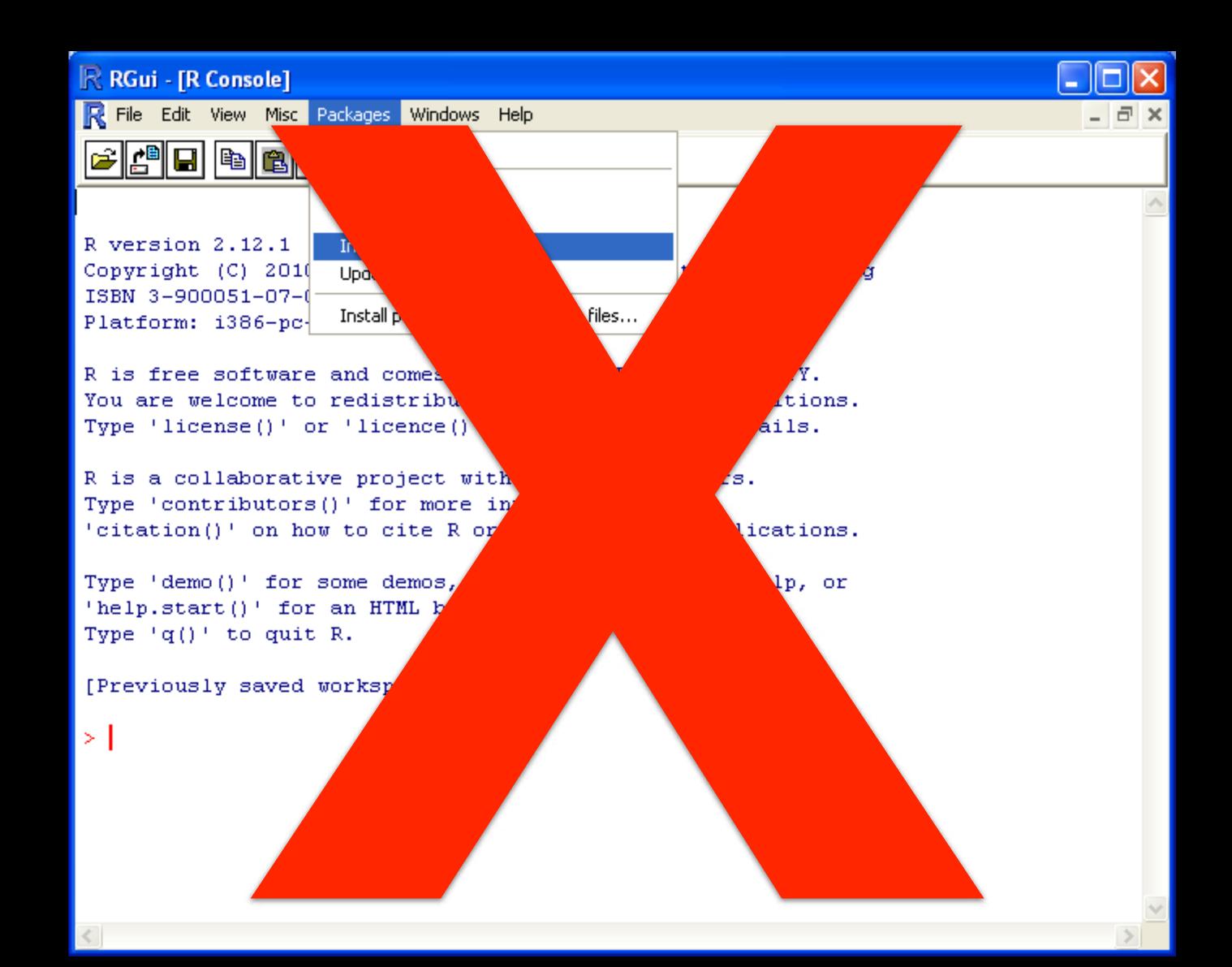
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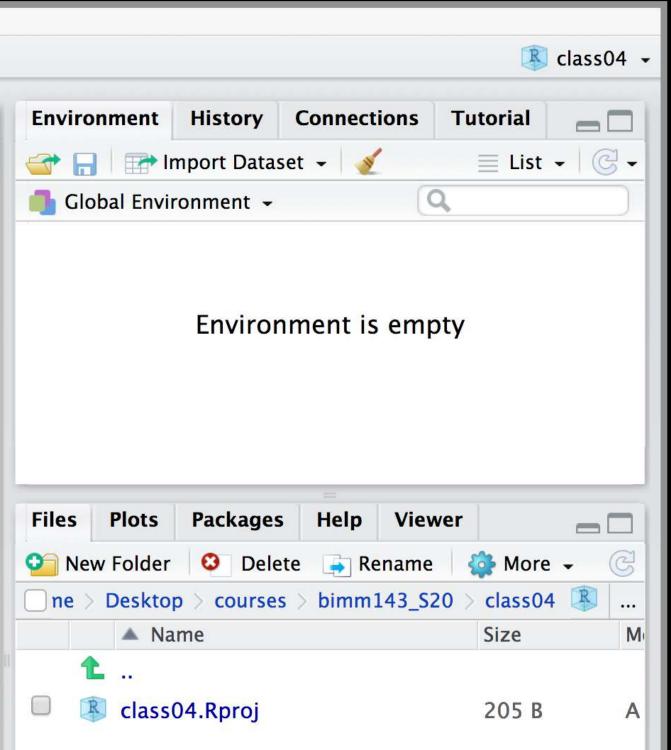
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R Studio

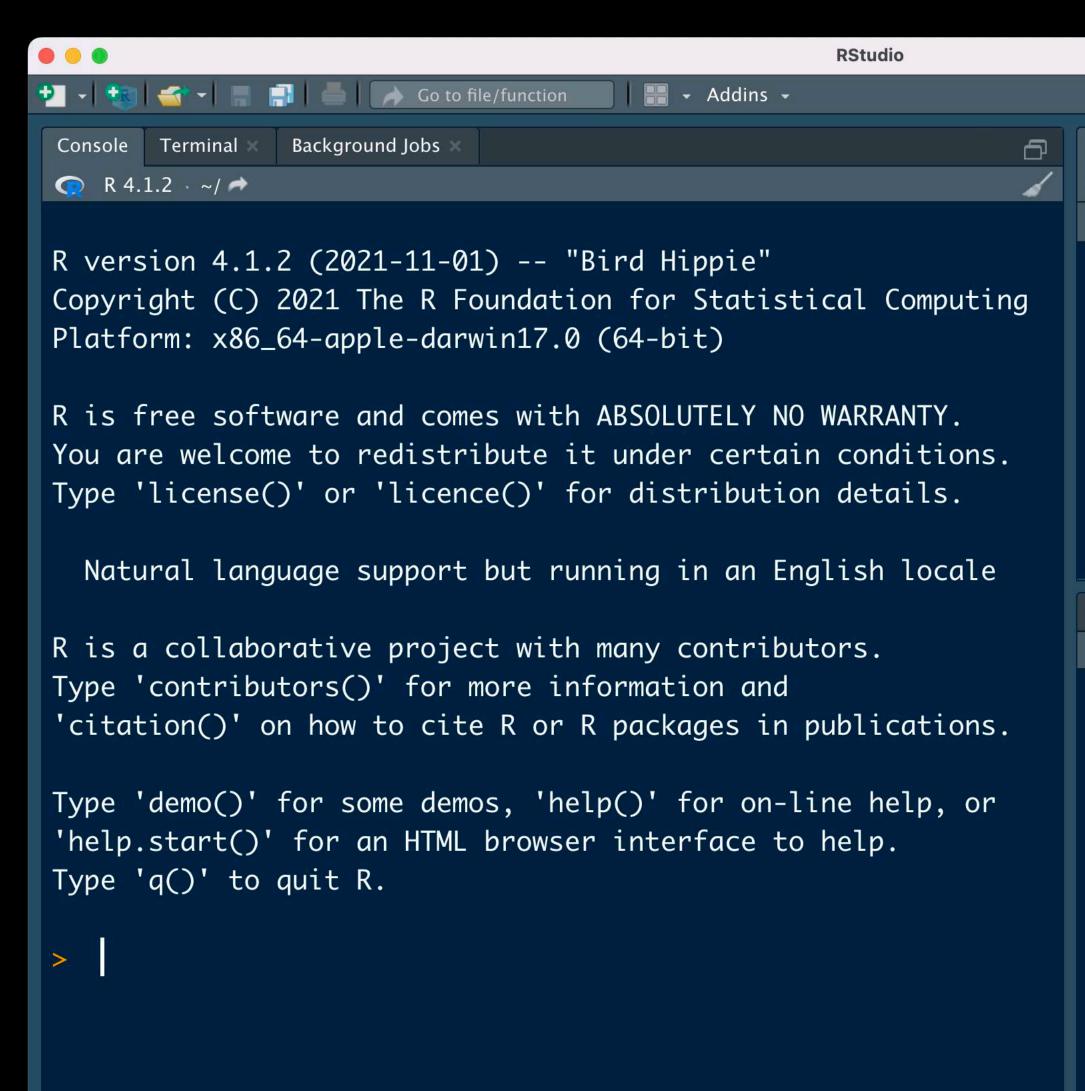


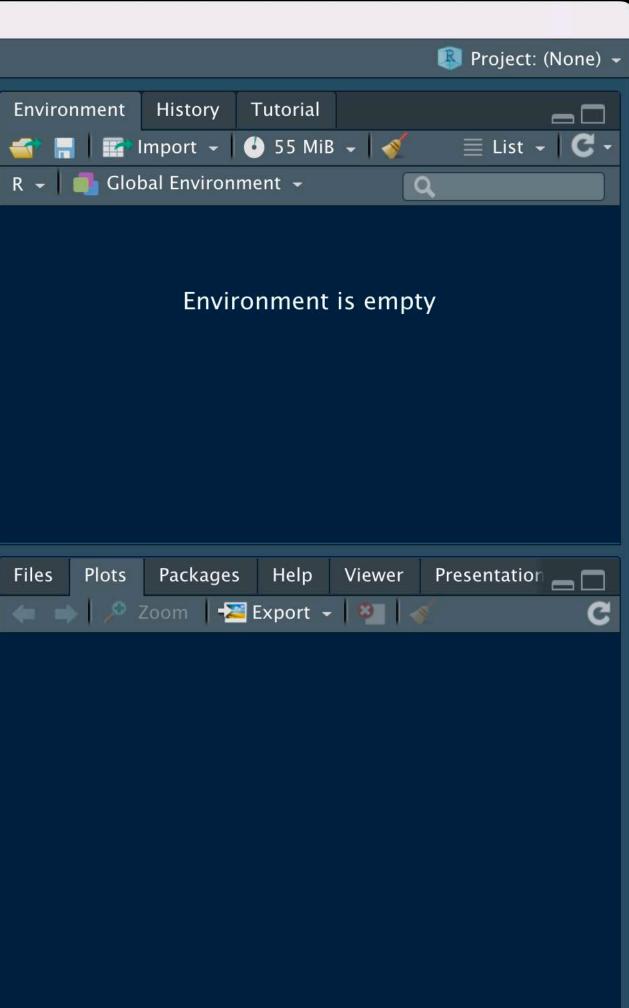


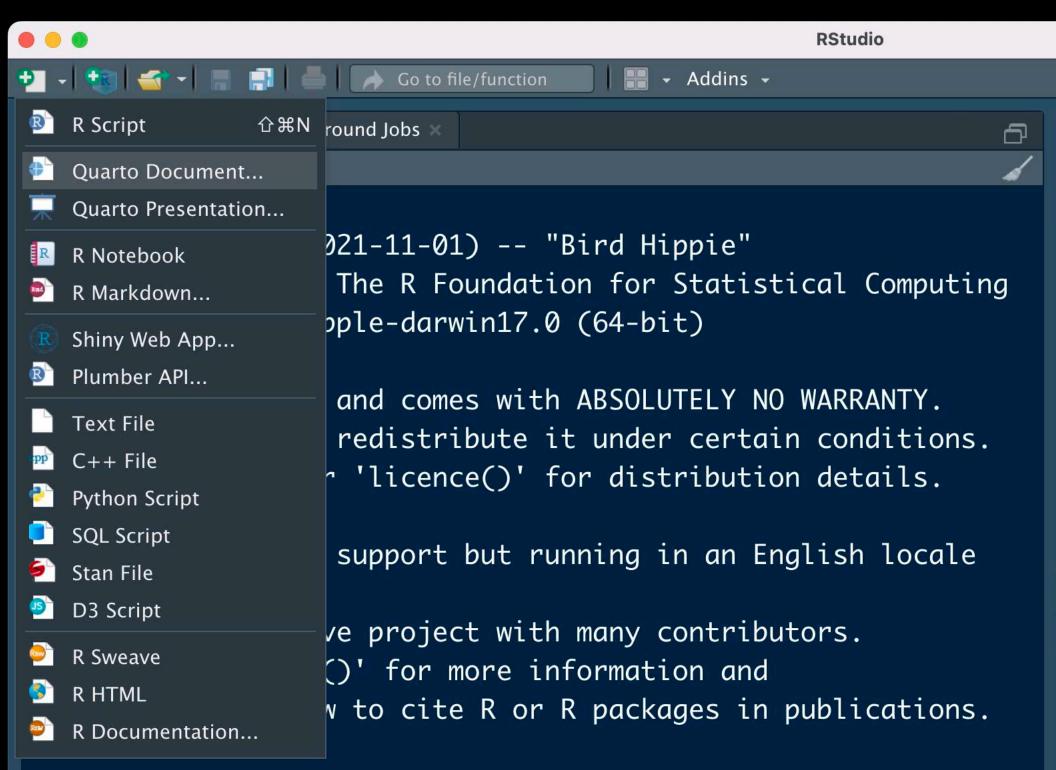
Separate IDE for R!



We can customize later...







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RStudio

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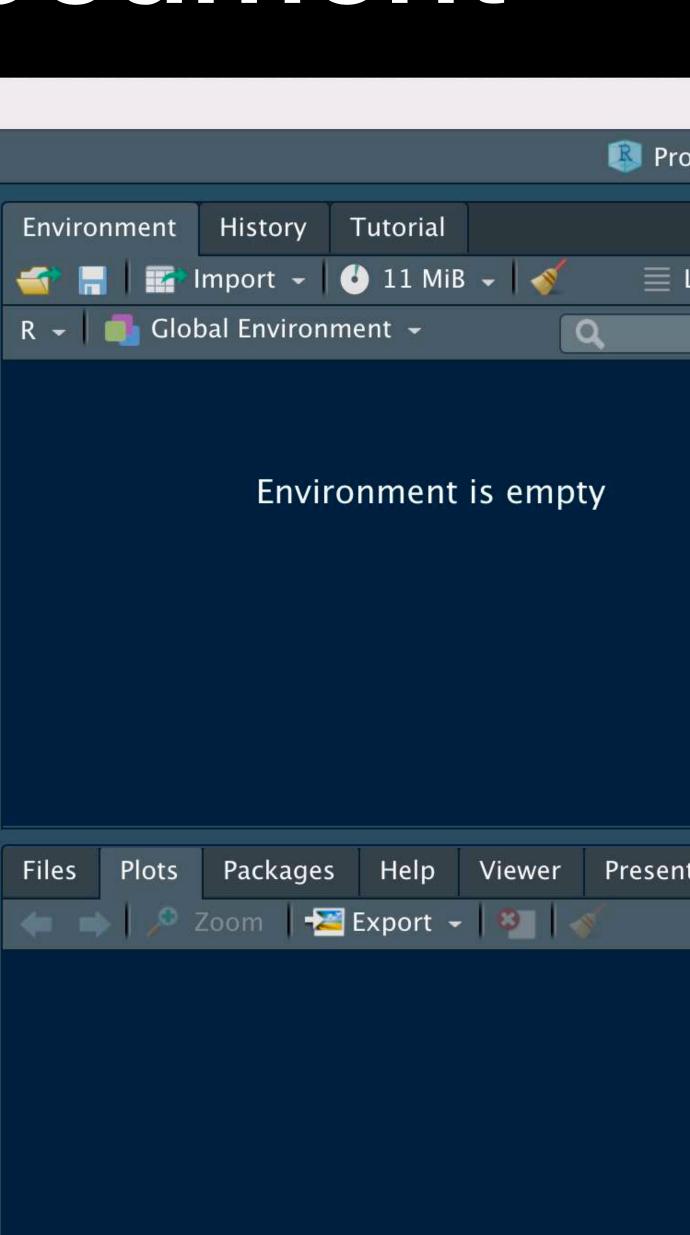
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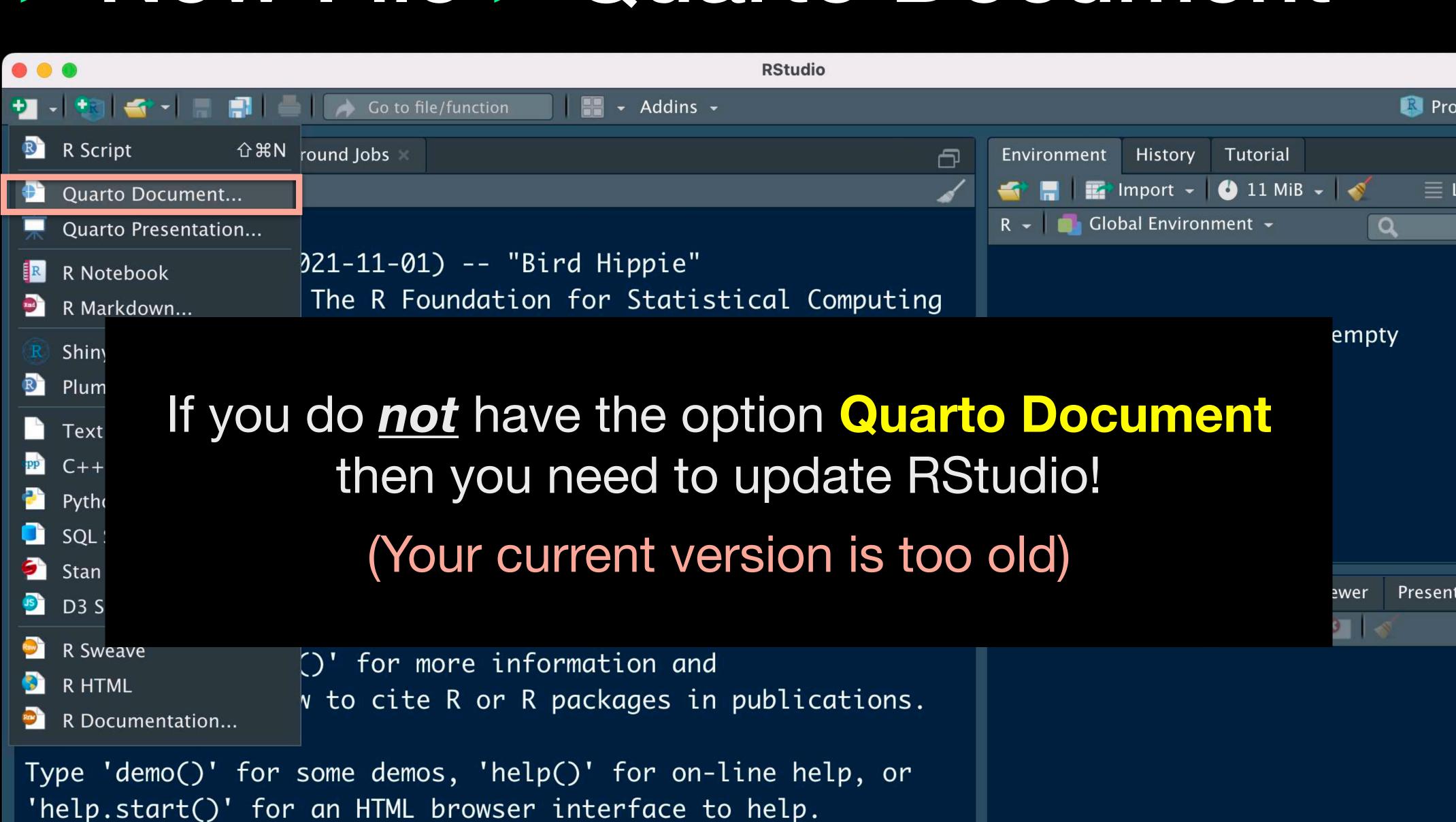
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ABSOLUTELY NO WARRANTY. under certain conditions. or distribution details.

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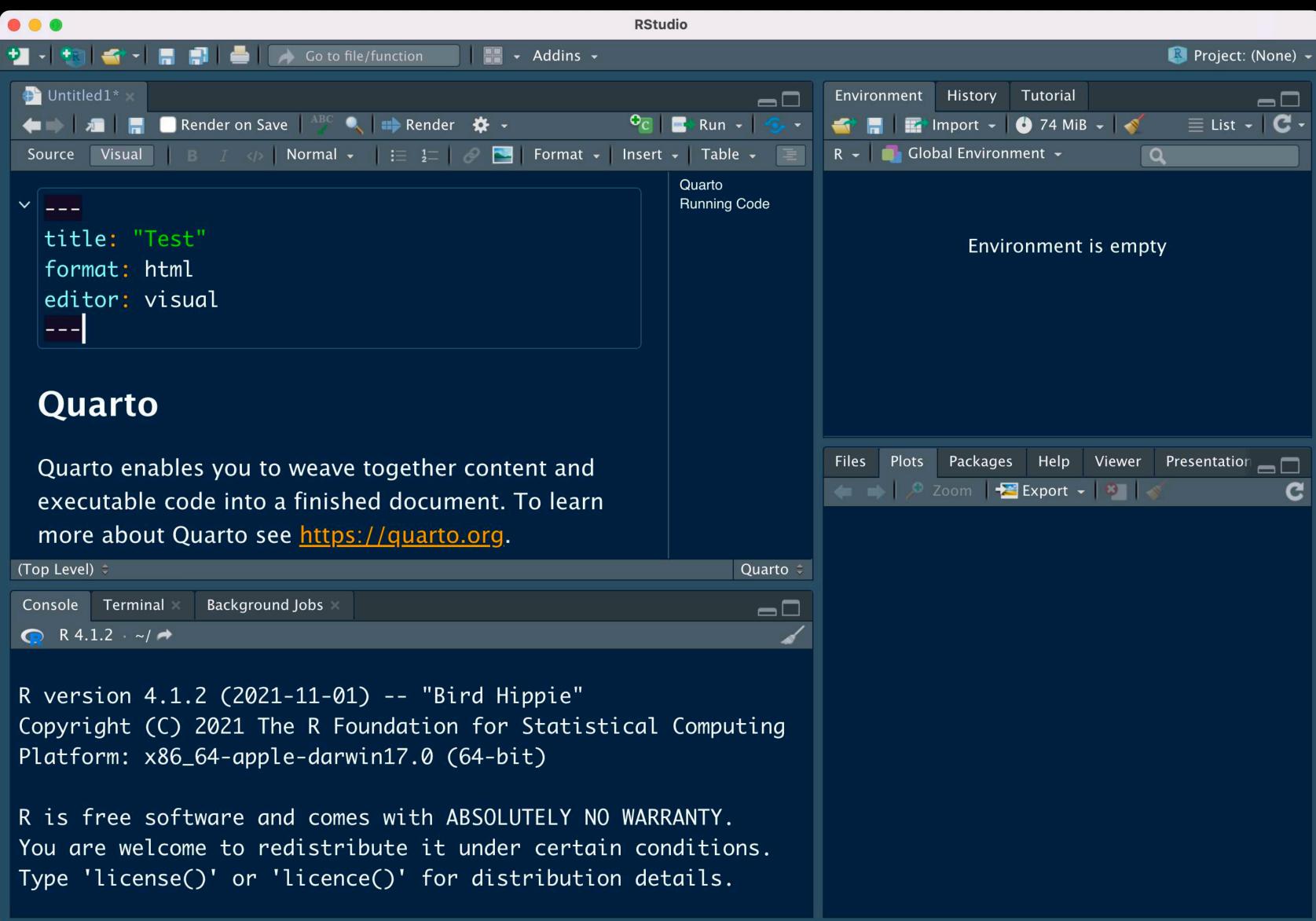


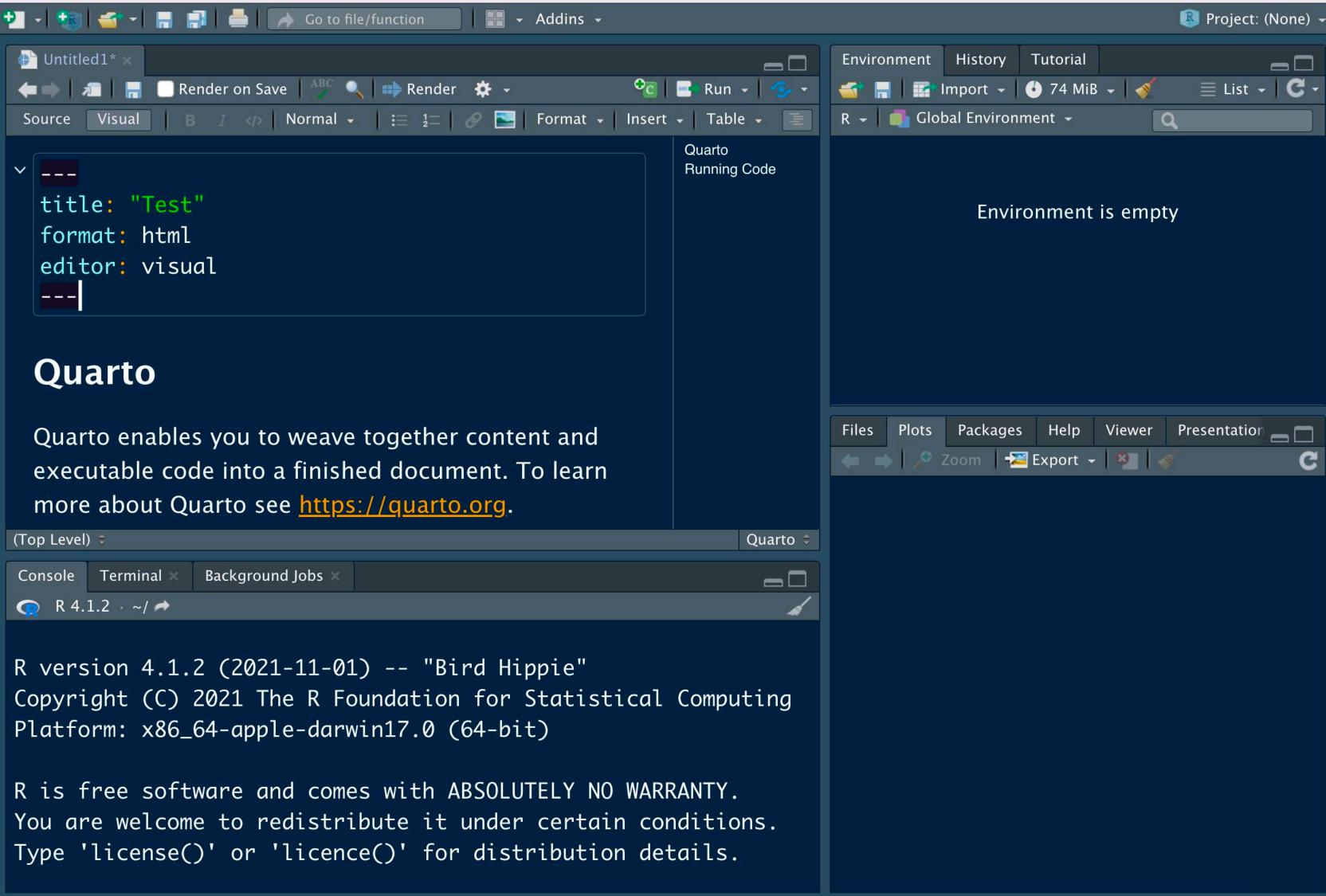
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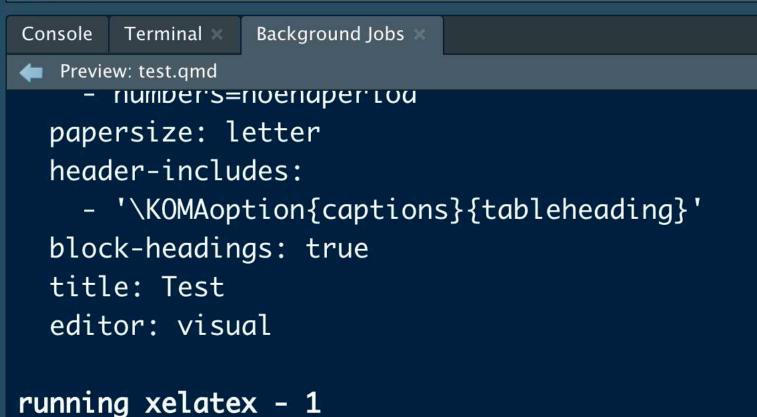
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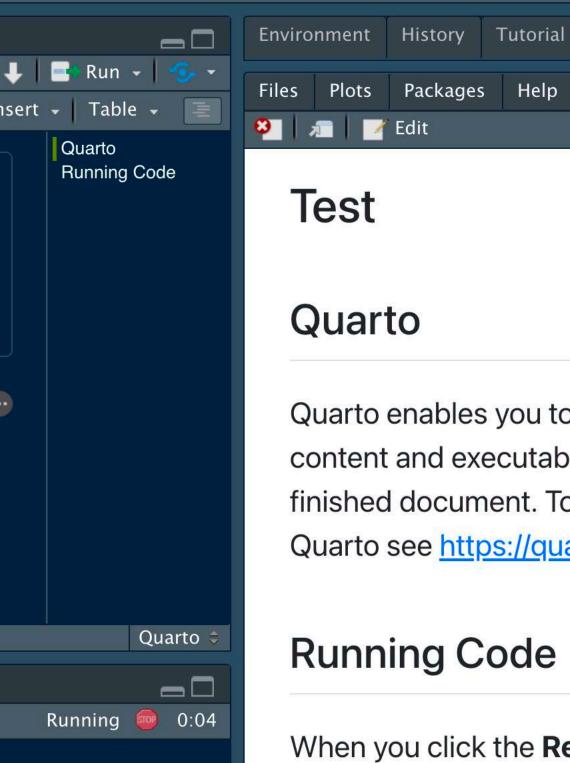
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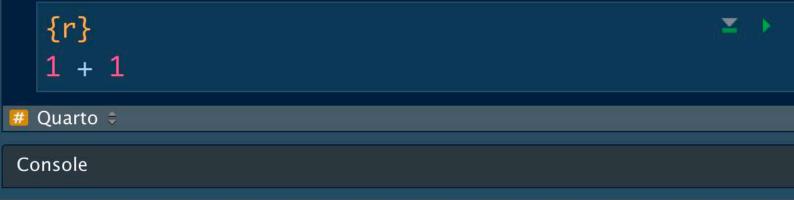
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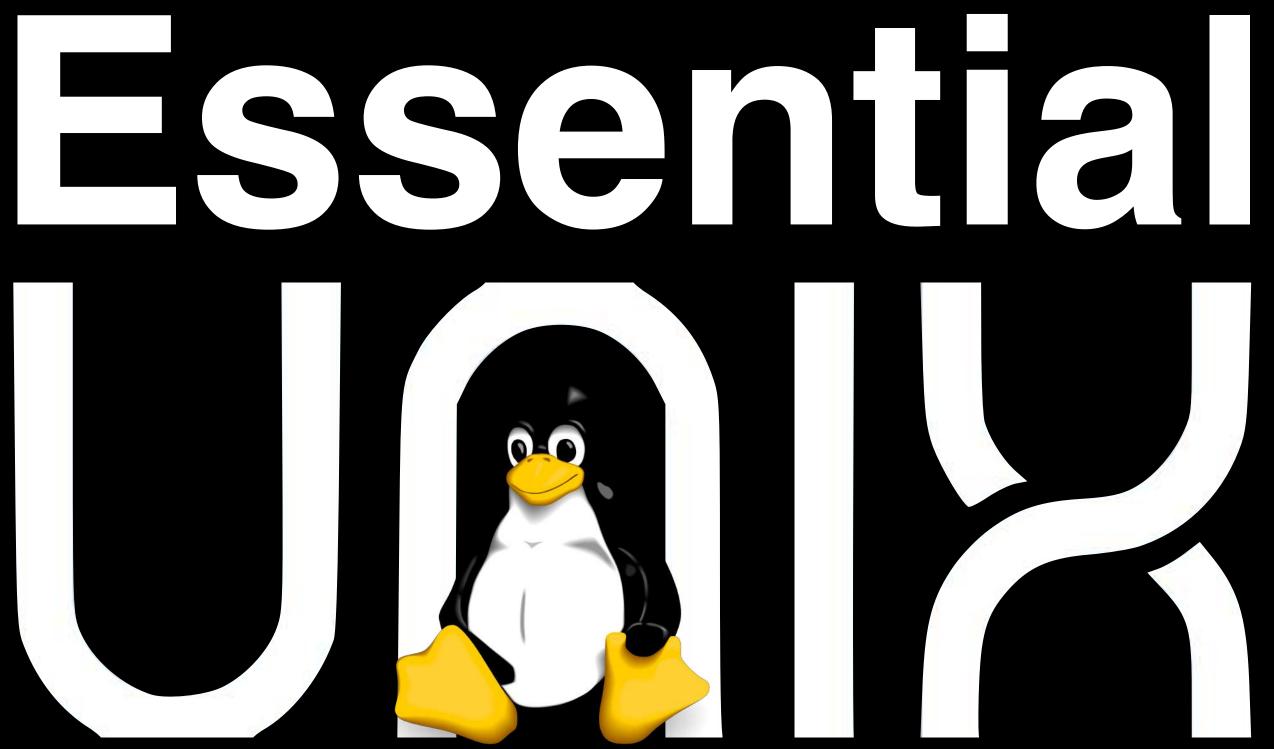
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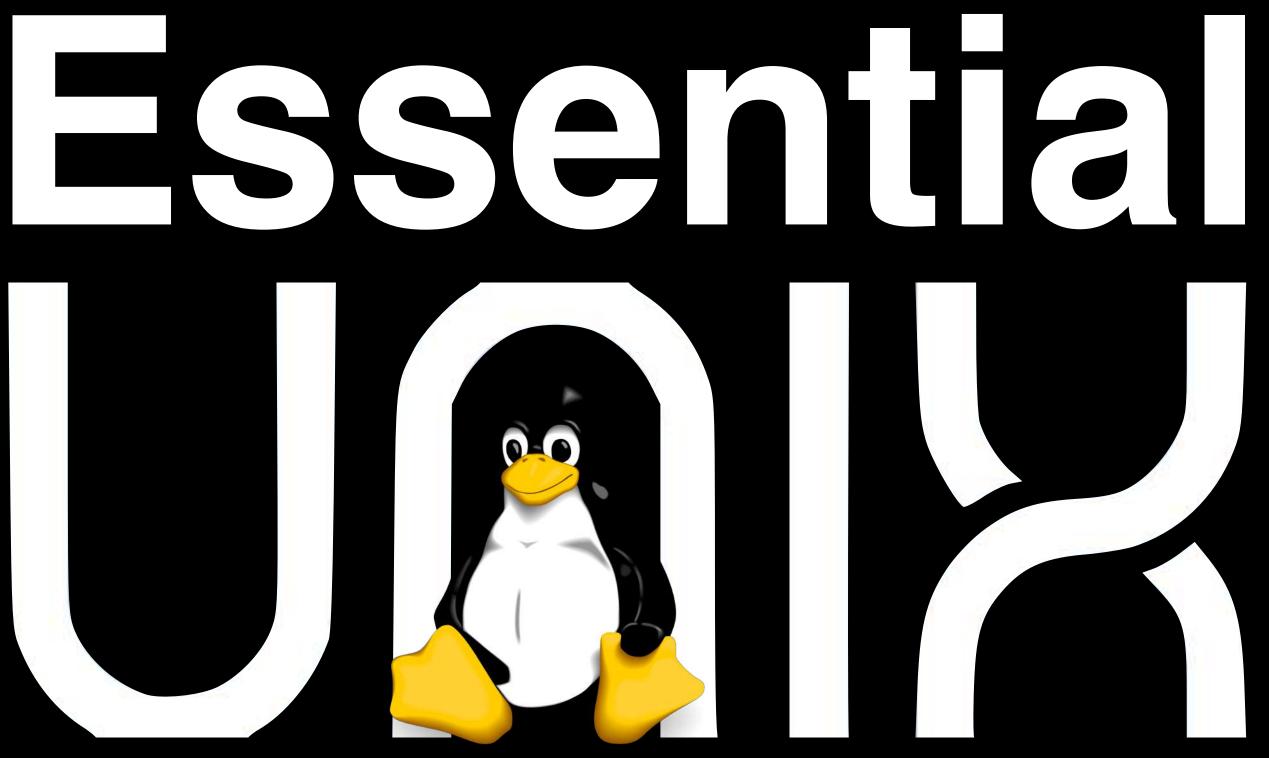
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For Bioinformatics

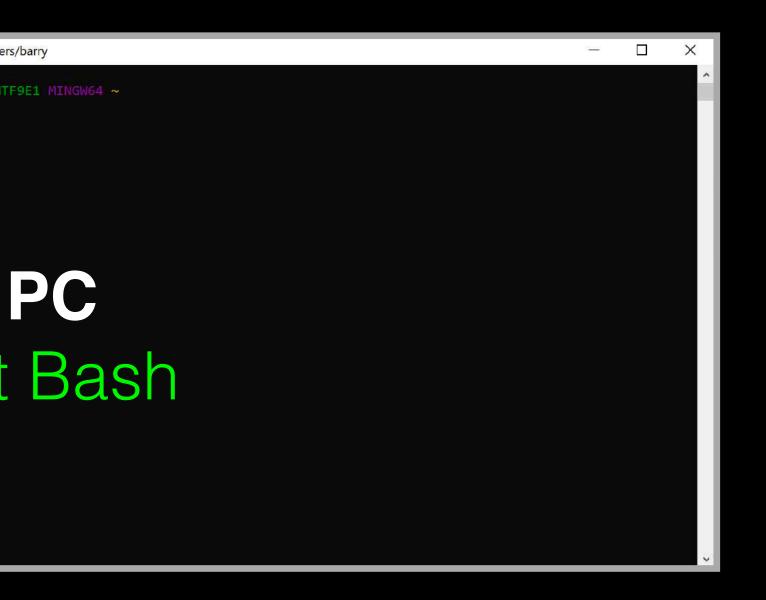
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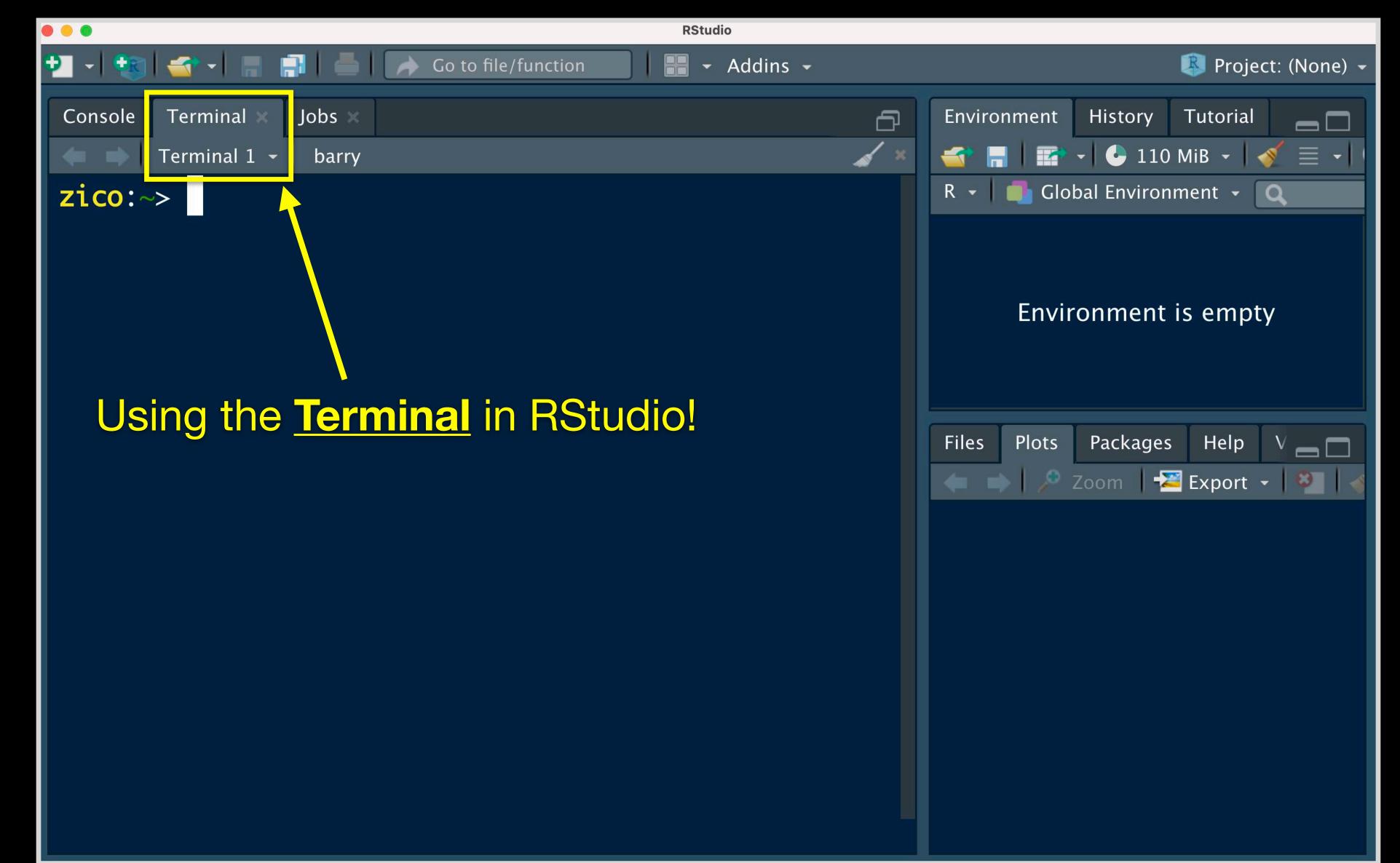
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We can also use UNIX in RStudio...



Being organized is key to being successful in this class

- Make a new class folder (a.k.a. Directory) called **BGGN239** for storing your lab work
- Within this folder make sub-folders for each class (e.g. class01)
 - Review the Computer Setup class page and the optional Recap videos under class00



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cycling).

- manipulation.

Supporting material:

- Handout: Class Syllabus 🗷,
- Computer Setup Instructions.

Optional Recap Videos from BGGN213:

- 0.2.2 Introduction to ggplot I,

BGGN 239

A dedicated course to teach bioinformatics with a specific focus on its applications to important problems in immunology from the Program in Immunology, JCSD 🗵

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Overview

Schedule

Computer Setup

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Be able to install R packages from CRAN and BioConductor.

• Use UNIX command-line tools for file system navigation and text file

• 0.1.1 - Introduction to bioinformatics (what, where and why of bioinformatics)

• 0.1.2 - Major bioinformatics resource providers (NCBI and EBI) ,

• 0.1.3 - A quick tour of the GENE, UniProt, GO, OMIM, PDB and PFAM .

• 0.2.1 - Major R data structures, data types, and using functions **I**,

• 0.2.3 - Introduction to CRAN & BioConductor I,

• 0.2.4 - Quick introduction to RMarkdown **Z**,

• 0.3.1 - Essential UNIX for bioinformatics I

• 0.3.2 - Essential UNIX for bioinformatics II
,

0.3.3 - Manipulating files on UNIX machines

• 0.3.4 - UNIX superpowers: using pipes and conecting to remote machines .



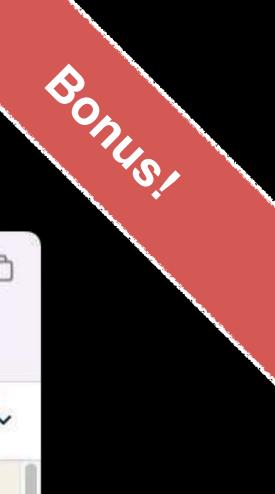
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Assignments				
♀ Leaderboard	dzangwil@ucsd.edu	BGGN239 Classroom	Classroom MEMBER Barry Grant	Apr 3, 10:25 PDT 🛛
Insights & Analytics				
Reporting Custom Reports	svandenburgh@ucsd.edu	BGGN239 Classroom	Classroom MEMBER Barry Grant	Apr 3, 10:25 PDT
Skill Matrix	ktakehar@ucsd.edu	BGGN239 Classroom	Classroom MEMBER Barry Grant	Apr 3, 10:25 PDT 🛛 💟
	bstack@ucsd.edu	BGGN239 Classroom	Classroom MEMBER Barry Grant	Apr 3, 10:25 PDT 🛛





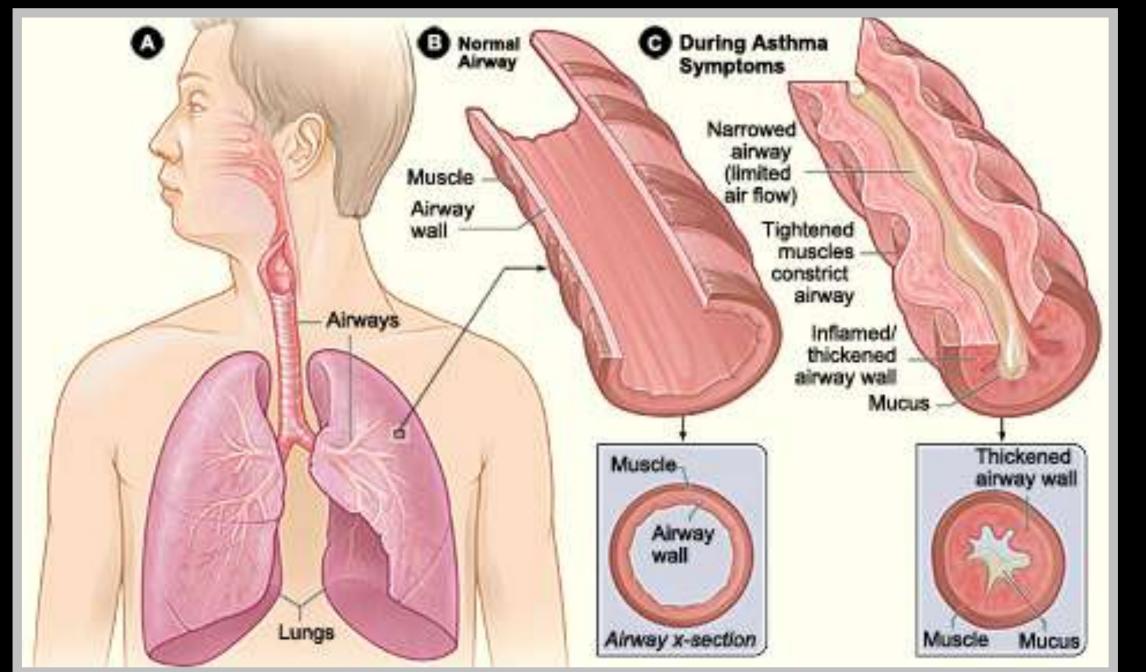
Class 01 Hands-on Lab Session

Barry Grant UC San Diego http://thegrantlab.org/bggn239/





Glucocorticoids inhibit inflammatory processes and are often used to treat **asthma** because of their anti-inflammatory effects on airway smooth muscle (ASM) cells.



Data from: Himes et al. "RNA-Seq Transcriptome Profiling Identifies CRISPLD2 as a Glucocorticoid Responsive Gene that Modulates Cytokine Function in Airway Smooth Muscle Cells." PLoS ONE. 2014 Jun 13;9(6):e99625.

Mechanism?

The NEW ENGLAND JOURNAL of MEDICINE

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VOL. 384 NO. 8

Dexamethasone in Hospitalized Patients with Covid-19

The RECOVERY Collaborative Group*

ABSTRACT

BACKGROUND

Coronavirus disease 2019 (Covid-19) is associated with diffuse lung damage. Glucocorticoids may modulate inflammation-mediated lung injury and thereby reduce progression to respiratory failure and death.

METHODS

In this controlled, open-label trial comparing a range of possible treatments in patients who were hospitalized with Covid-19, we randomly assigned patients to receive oral or intravenous dexamethasone (at a dose of 6 mg once daily) for up to 10 days or to receive usual care alone. The primary outcome was 28-day mortality. Here, we report the final results of this assessment.

RESULTS

A total of 2104 patients were assigned to receive dexamethasone and 4321 to receive usual care. Overall, 482 patients (22.9%) in the dexamethasone group and 1110 patients (25.7%) in the usual care group died within 28 days after randomization (age-adjusted rate ratio, 0.83; 95% confidence interval [CI], 0.75 to 0.93; P<0.001). The proportional and absolute between-group differences in mortality varied considerably according to the level of respiratory support that the patients were receiving at the time of randomization. In the dexamethasone group, the incidence of death was lower than that in the usual care group among patients receiving invasive mechanical ventilation (29.3% vs. 41.4%; rate ratio, 0.64; 95% CI, 0.51 to 0.81) and among those receiving oxygen without invasive mechanical ventilation (23.3% vs. 26.2%; rate ratio, 0.82; 95% CI, 0.72 to 0.94) but not among those who were receiving no respiratory support at randomization (17.8% vs. 14.0%; rate ratio, 1.19; 95% CI, 0.92 to 1.55).

CONCLUSIONS

In patients hospitalized with Covid-19, the use of dexamethasone resulted in lower 28-day mortality among those who were receiving either invasive mechanical ventilation or oxygen alone at randomization but not among those receiving no respiratory support. (Funded by the Medical Research Council and National Institute for Health Research and others; RECOVERY ClinicalTrials.gov number, NCT04381936; ISRCTN number, 50189673.)

The members of the writing committee (Peter Horby, F.R.C.P., Wei Shen Lim, F.R.C.P., Jonathan R. Emberson, Ph.D., Marion Mafham, M.D., Jennifer L. Bell, M.Sc., Louise Linsell, D.Phil., Natalie Staplin, Ph.D., Christopher Brightling, F.Med.Sci., Andrew Ustianowski, Ph.D., Einas Elmahi, M.Phil., Benjamin Prudon, F.R.C.P., Christopher Green, D.Phil., Timothy Felton, Ph.D., David Chadwick, Ph.D., Kanchan Rege, F.R.C.Path., Christopher Fegan, M.D., Lucy C. Chappell, Ph.D., Saul N. Faust, F.R.C.P.C.H., Thomas Jaki, Ph.D., Katie Jeffery, Ph.D., Alan Montgomery, Ph.D., Kathryn Rowan, Ph.D., Edmund Juszczak, M.Sc., J. Kenneth Baillie, M.D., Ph.D., Richard Haynes, D.M., and Martin J. Landray, F.R.C.P.) assume responsibility for the overall content and integrity of this article.

The affiliations of the members of the writing committee are listed in the Appendix. Address reprint requests to Drs. Horby and Landray at RECOVERY Central Coordinating Office, Richard Doll Bldg., Old Road Campus, Roosevelt Dr., Oxford OX3 7LF, United Kingdom, or at recoverytrial@ ndph.ox.ac.uk.

*A complete list of collaborators in the RECOVERY trial is provided in the Supplementary Appendix, available at NEJM.org.

Drs. Horby, Lim, and Emberson and Drs. Haynes and Landray contributed equally to this article.

A preliminary version of this article was published on July 17, 2020, at NEJM.org.

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The New England Journal of Medicine

Downloaded from nejm.org at SAN DIEGO (UCSD) on November 4, 2022. For personal use only. No other uses without permission. Copyright © 2021 Massachusetts Medical Society. All rights reserved. For COVID-19 patients on ventilators, dexamethasone treatment was shown to reduce mortality by about one third

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N ENGL J MED 384;8 NEJM.

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Corticosteroids for COVID-19: the search for an optimum duration of therapy

Michael A Matthay and B Taylor Thompson¹ have very nicely summarised the evidence-based role of dexamethasone in hospitalised patients with COVID-19. Their pertinent analysis is based on the background of the RECOVERY trial,² which concluded that therapy with dexamethasone at a dose of 6 mg once daily for up to 10 days decreased 28-day mortality in patients with COVID-19 on respiratory support. Patients not requiring oxygen showed no benefit but had a possibility of harm with corticosteroid therapy.²

One crucial feature of corticosteroid therapy is its duration, particularly in patients with COVID-19 with sustained persistence of ground-glass opacities. Currently, an extended course of corticosteroids beyond 10 days is considered only in select cases of

thrombi and microthrombi were seen.⁴ Dexamethasone (6 mg per day) tends to increase clotting factor and fibrinogen concentrations. Thus, it is plausible for exogenous glucocorticoids to precipitate clinical thrombosis.5 In addition, protracted corticosteroid therapy might contribute to the so-called long COVID syndrome that manifests with fatigue and psychological symptoms, in which steroid-related adverse drug reactions such as myopathy, neuromuscular weakness, and psychiatric symptoms might have a part to play.6.7 Late in the disease course,

Late in the disease course, corticosteroids do not appear to have a role in managing acute respiratory distress syndrome (ARDS). Routine use of methylprednisolone for persistent ARDS is not recommended despite improving cardiopulmonary physiology. Even initiating methylprednisolone therapy more than 2 weeks after the onset of ARDS might increase the risk of death.⁷ A meta-analysis of 21350 patients

Correspondence

W

such an extended course of steroids could be detrimental.

We declare no competing interests.

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- Matthay MA, Thompson BT. Dexamethasone in hospitalised patients with COVID-19: addressing uncertainties. Lancet Respir Med 2020; 8: 1170–72.
- 2 The RECOVERY Collaborative Group. Dexamethasone in hospitalized patients with Covid-19—preliminary report. N Engl J Med 2020; published online Jul 17. https://www. nejm.org/doi/full/10.1056/NEJMoa2021436.
- 3 Villar J, Confalonieri M, Pastores SM, Meduri GU. Rationale for prolonged corticosteroid treatment in the acute respiratory distress syndrome caused by coronavirus disease 2019. Crit Care Explor 2020; 2: e0111.
- 4 Maiese A, Manetti AC, La Russa R, et al. Autopsy findings in COVID-19-related deaths: a literature review. Forensic Sci Med Pathol 2020; published online Oct 7. https://doi.org/10.1007/ s12024-020-00310-8.
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Published Online November 26, 2020 https://doi.org/10.1016/ S2213-2600(20)30530-0

Himes et al. used RNA-seq to profile gene expression changes in 4 ASM cell lines treated with **dexamethasone** (a common synthetic glucocorticoid).

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Our starting point is a count matrix: each cell indicates the number of reads originating from a particular gene (in rows) for each sample (in columns).

counts

<u>countData</u>

gene	ctrl_1	ctrl_2	exp_1	exp_2
geneA	10	11	56	45
geneB	0	0	128	54
geneC	42	41	59	41
geneD	103	122	1	23
geneE	10	23	14	56
geneF	0	1	2	0
			••••	

<u>countData</u> is the count matrix (Number of reads coming from each gene for each sample)

counts + metadata

<u>countData</u>

1

gene	ctrl_1	ctrl_2	exp_1	exp_2
geneA	10	11	56	45
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countData is the count matrix (Number of reads coming from each gene for each sample)

2



<u>colData</u>

counts + metadata

<u>countData</u>

gene	ctrl_1	ctrl_2	exp_1	exp_2
geneA	10	11	56	45
geneB	0	0	128	54
geneC	42	41	59	41
geneD	103	122	1	23
geneE	10	23	14	56
geneF	0	1	2	0

2	<u>colDa</u>		
id	treatment	sex	•••
ctrl_1	control	male	
ctrl_2	control	female	
exp_1	treated	male	•••
exp_2	treated	female	

colData describes metadata about the columns of countData

countData is the count matrix (Number of reads coming from each gene for each sample)

counts + metadata

<u>countData</u>

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geneF	0	1		0	
	••••				

2 ct ct ех ех

<u>countData</u> is the count matrix (Number of reads coming from each gene for each sample)

N.B. First column of <u>colData</u> must match column names (i.e. sample names) of <u>countData</u>

<u>colData</u>

d	treatment	sex	
1_1	control	male	•••
ʻl_2	control	female	
p_1	treated	male	
p_2	treated	female	••••

<u>colData</u> describes metadata about the columns of countData

install.packages("BiocManager") BiocManager::install()

For this class, you'll also need DESeq2: BiocManager::install("DESeq2")

Note: Answer <u>NO</u> to prompts to install from source or update...

Install DESec 2 **Bioconductor Setup Link**



Do this in your <u>CONSOLE</u> not an Qmd document!

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Instal DESec 2

Bioconductor Setup Link

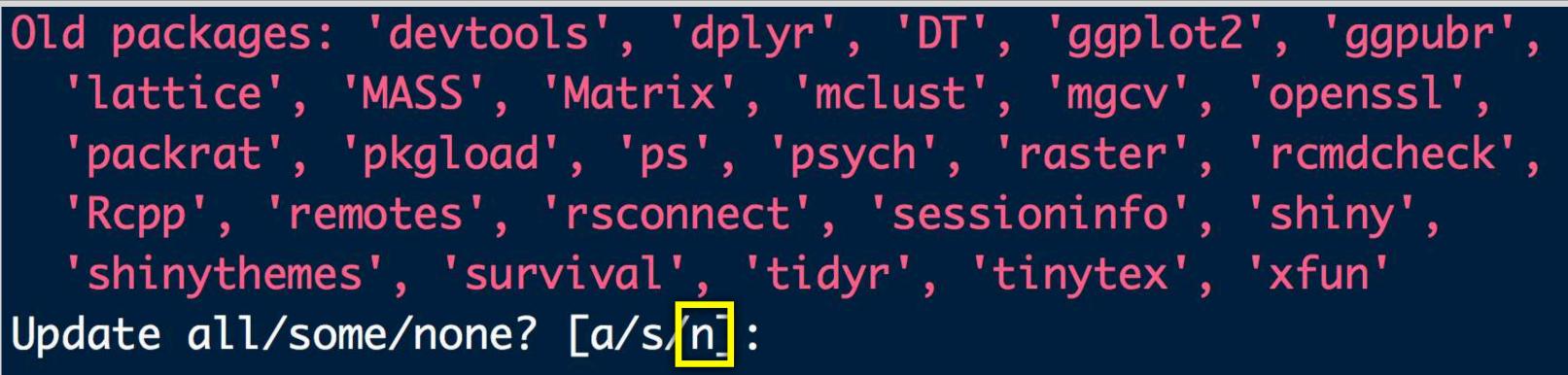


Update all/some/none? [a/s/n]:

install.packages("BiocManager") BiocManager::install()

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Note: Answer **NO** to prompts to install from source or update...



Instal DESec 2

Bioconductor Setup Link



metaFile <- "data/GSE37704 metadata.csv"</pre> countFile <- "data/GSE37704_featurecounts.csv"</pre>

colData = read.csv(metaFile, row.names=1) countData = read.csv(countFile, row.names=1)

dds = **DESeqDataSetFromMatrix**(countData=countData, colData=colData, design=~condition)

dds = DESeq(dds)

res <- results(dds)</pre>

res



Input file names

Read files

Setup required DESeq object

Run the DESeq pipeline

x ‡	baseMean 🗘	log2FoldChange 🗘	lfcSE ‡	stat 🗘	pvalue 🗘	padj 🗘 🗘	symbol 🗘
ENSG00000152583	954.77093	4.3683590	0.23713648	18.421286	8.867079e-76	1.342919e-71	SPARCL1
ENSG00000179094	743.25269	2.8638885	0.17555825	16.313039	7.972621e-60	6.037267e-56	PER1
ENSG00000116584	2277.91345	-1.0347000	0.06505273	-15.905557	5.798513e-57	2.927283e-53	ARHGEF2
ENSG00000189221	2383.75371	3.3415441	0.21241508	15.731200	9.244206e-56	3.500088e-52	MAOA
ENSG00000120129	3440.70375	2.9652108	0.20370277	14.556557	5.306416e-48	1.607313e-44	DUSP1
ENSG00000148175	13493.92037	1.4271683	0.10036663	14.219550	6.929711e-46	1.749175e-42	STOM
ENSG00000178695	2685.40974	-2.4890689	0.17806407	-13.978501	2.108817e-44	4.562576e-41	KCTD12
ENSG00000109906	439.54152	5.9275950	0.42819442	13.843233	1.397758e-43	2.646131e-40	ZBTB16
ENSG00000134686	2933.64246	1.4394898	0.10582729	13.602255	3.882769e-42	6.533838e-39	PHC2
ENSG00000101347	14134.99177	3.8504143	0.28490701	13.514635	1.281894e-41	1.941428e-38	SAMHD1
ENSG0000096060	2630.23049	3.9450524	0.29291821	13.468102	2.409807e-41	3.317866e-38	FKBP5
ENSG00000166741	7542.25287	2.2195906	0.16673544	13.312050	1.970000e-40	2.486304e-37	NNMT
ENSG00000125148	3695.87946	2.1985636	0.16700546	13.164621	1.402400e-39	1.633797e-36	MT2A
ENSG00000162614	5646.18314	1.9711402	0.15020631	13.122885	2.434854e-39	2.633990e-36	NEXN
ENSG00000106976	989.04683	-1.8501713	0.14778657	-12.519211	5.861471e-36	5.918132e-33	DNM1
ENSG00000187193	199.07694	3.2551424	0.26090711	12.476250	1.006146e-35	9.523804e-33	MT1X
ENSG00000256235	1123.47954	1.2801193	0.10547438	12.136779	6.742862e-34	6.007096e-31	SMIM3
ENSG00000177666	2639.57020	1.1399947	0.09606884	11.866436	1.768422e-32	1.487930e-29	PNPLA2
ENSG00000164125	7257.00808	1.0248523	0.08657600	11.837603	2.494830e-32	1.988642e-29	FAM198B
ENSG00000198624	2020.04495	2.8141014	0.24063429	11.694515	1.359615e-31	1.029569e-28	CCDC69
ENSG00000123562	5008.55294	1.0045453	0.08901501	11.285123	1.554241e-29	1.120904e-26	MORF4L2
ENSG00000144369	1283.77980	-1.3090041	0.11714863	-11.173875	5.473974e-29	3.768333e-26	FAM171B
ENSG00000196517	241.91536	-2.3456877	0.21047366	-11.144804	7.591120e-29	4.998588e-26	SLC6A9
ENSG00000135821	19973.40000	3.0413943	0.27601796	11.018828	3.100706e-28	1.956675e-25	GLUL

x ‡	baseMean 🗘	log2Fo	ldChange 🗘	lfcSE 🗘	stat 🗘	pvalue 🗘	padj 🗘 🗘	symbol 🗘
ENSG00000152583	954.77093		4.3683590	0.23713648	18.421286	8.867079e-76	1.342919e-71	SPARCL1
ENSG00000179001	742 25260		2.8638885	0.17555825	16.313039	7.972621e-60	6.037267e-56	PER1
LINSGOODOIIIO	mean coun		-1.0347000	0.06505273	-15.905557	5.798513e-57	2.927283e-53	ARHGEF2
ENSG00000189 fro	om all sam	ples	3.3415441	0.21241508	15.731200	9.244206e-56	3.500088e-52	MAOA
ENSG00000120129	3440.70375		2.9652108	0.20370277	14.556557	5.306416e-48	1.607313e-44	DUSP1
ENSG00000148175	13493.92037		log2 fold	0.10036663	14.219550	6.929711e-46	1.749175e-42	STOM
ENSG00000178695	2685.40974		change	0.17806407	-13.978501	2.108817e-44	4.562576e-41	KCTD12
ENSG00000109906	439.54152		5.9275950	0.42819442	13.843233	1.397758e-43	2.646131e-40	ZBTB16
ENSG00000134686	2933.64246		1.4394898	standard	13.602255	3.882769e-42	6.533838e-39	PHC2
ENSG00000101347	14134.99177		3.8504143	error		1.281894e-41	1.941428e-38	SAMHD1
ENSG00000096060	2630.23049		3.9450524	0.29291821	13.468102	2.409807e-41	3.317866e-38	FKBP5
ENSG00000166741	7542.25287		2.2195906	0.16673544	Wald	.970000e-40	2.486304e-37	NNMT
ENSG00000125148	3695.87946		2.1985636	0.16700546	statistic	.402400e-39	1.633797e-36	MT2A
ENSG00000162614	5646.18314		1.9711402	0.15020631		434854e-39	2.633990e-36	NEXN
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ENSG00000256235	1123.47954		1.2801193	0.10547438	12.136779	p-value	6.007096e-31	SMIM3
ENSG00000177666	2639.57020		1.1399947	0.09606884	11.866436	1.768422e-3		PLA2
ENSG00000164125	7257.00808		1.0248523	0.08657600	11.837603	2.494830e-3	3H adjuste	d M198B
ENSG00000198624	2020.04495		2.8141014	0.24063429	11.694515	1.359615e-3	p-values	DC69
ENSG00000123562	5008.55294		1.0045453	0.08901501	11.285123	1.554241e-29	1.120904e-26	MORF4L2
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ENSG00000135821	19973.40000		3.0413943	0.27601796	11.018828	3.100706e-28	1.956675e-25	GLUL

x ‡	baseMean 🗘	log2FoldChange 🗘	
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ENSG00000179001	742 25260	2.8638885	
ENSG00000116	mean cour	nts –1.0347000	×.
ENSG00000189 fro	om all sam	ples 3.3415441	80
ENSG00000120129	3440.70375	2,9652108	3
ENSG00000148175	13493.92037	log2 fold	
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ENSG00000109906	439.54152	5.9275950	
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ENSG00000101347	14134.99177	3.8504143	
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ENSG00000166741	7542.25287	2.2195906	
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ENSG00000187193	199.07694	3.2551424	3
ENSG00000256235	1123.47954	1.2801193	
ENSG00000177666	2639.57020	1.1399947	
ENSG00000164125	7257.00808	1.0248523	
ENSG00000198624	2020.04495	2.8141014	
ENSG00000123562	5008.55294	1.0045453	
ENSG00000144369	1283.77980	-1.3090041	
ENSG00000196517	241.91536	-2.3456877	
ENSG00000135821	19973.40000	3.0413943	

≑ stat padj \$ pvalue symbol **lfcSE** 0.23713648 18.421286 8.867079e-76 1.342919e-71 SPARCL1 0.17555825 16.313039 7.972621e-60 6.037267e-56 PER1 0.06505273 -15.905557 5.798513e-57 2.927283e-53 ARHGEF2 0.21241508 15.731200 9.244206e-56 3.500088e-52 MAOA 14.556557 5.306416e-48 1.607313e-44 DUSP1 0.20370277 0.10036663 14.219550 6.929711e-46 1.749175e-42 STOM -13.978501 2.108817e-44 4.562576e-41 KCTD12 0.17806407 0.42819442 13.843233 1.397758e-43 2.646131e-40 ZBTB16 13.602255 3.882769e-42 6.533838e-39 PHC2 standard 13.514635 1.281894e-41 1.941428e-38 SAMHD1 error 13.468102 2.409807e-41 3.317866e-38 FKBP5 0.29291821 0.16673544 .970000e-40 2.486304e-37 NNMT Wald 0.16700546 .402400e-39 1.633797e-36 MT2A statistic 0.15020631 .434854e-39 2.633990e-36 NEXN 0.14778657 -12.519211 5.918132e-33 DNM1 Wald 9.523804e-33 MT1X 0.26090711 12.476250 p-value 12.136779 0.10547438 6.007096e-31 SMIM3 0.09606884 11.866436 1.768422e-3 PLA2 BH adjusted 11.837603 2.494830e-3 0.08657600 M198B p-values 11.694515 1.359615e-3 **DC69** 0.24063429 11.285123 1.554241e-29 1.120904e-26 MORF4L2 0.08901501 0.11714863 -11.173875 5.473974e-29 3.768333e-26 FAM171B 0.21047366 -11.144804 7.591120e-29 4.998588e-26 SLC6A9 0.27601796 11.018828 3.100706e-28 1.956675e-25 GLUL

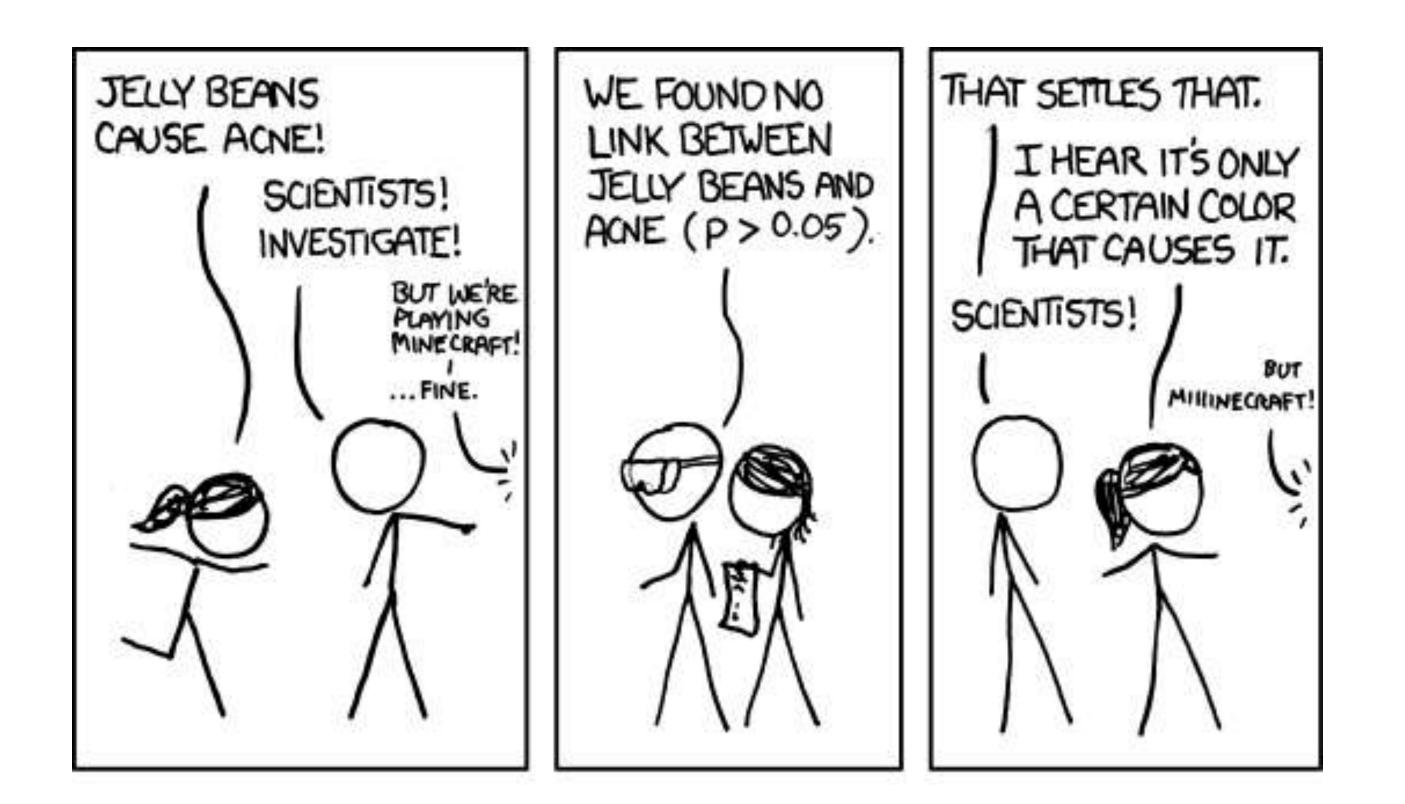
We need to add gene names (a.k.a. gene symbols) and other database identifiers

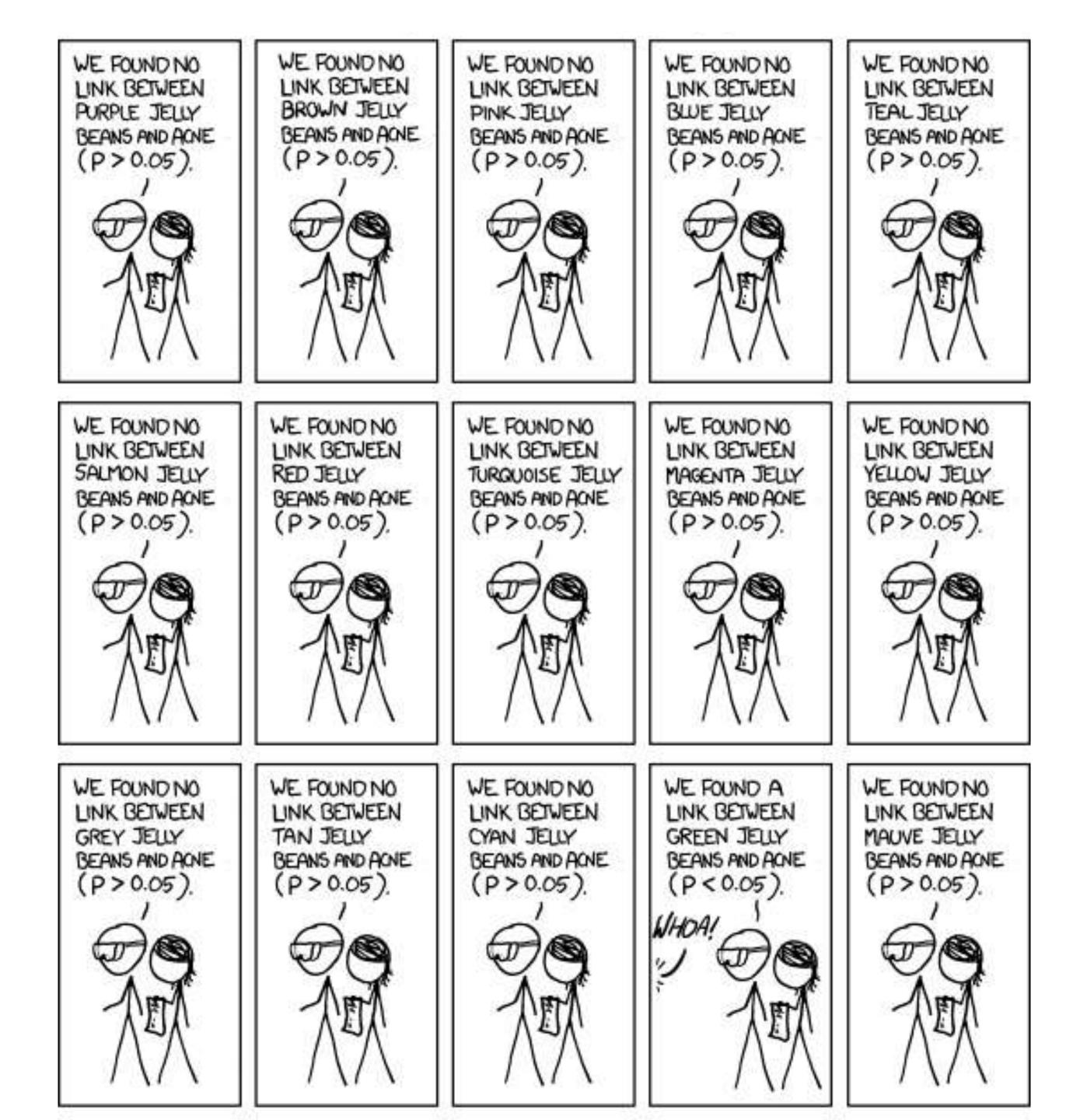
x ‡	baseMean 🗧	log2FoldChange 🗘 🗘	lfcSE 🗧 🗘	stat 🗘	pvalue 🗘 🗘	padj 🗘 🗘	symbol 🗘
ENSG00000152583	954.77093	4.3683590	0.23713648	18.421286	8.867079e-76	1.342919e-71	SPARCL1
ENSG00000179094	743.25269	2.8638885	0.17555825	16.313039	7.972621e-60	6.037267e-56	PER1
ENSG00000116584	2277.91345	-1.0347000	0.06505273	-15.905557	5.798513e-57	2.927283e-53	ARHGEF2
ENSG00000189221	2383.75371	3.3415441	0.21241508	15.731200	9.244206e-56	3.500088e-52	MAOA
ENSG00000120129	3440.70375	2.9652108	0.20370277	14.556557	5.306416e-48	1.607313e-44	DUSP1
ENSG00000148175	13493.92037	1.4271683	0.10036663	14.219550	6.929711e-46	1.749175e-42	STOM
ENSG00000178695	2685.40974	-2.4890689	0.17806407	-13.978501	2.108817e-44	4.562576e-41	KCTD12
ENSG00000109906	439.54152	5.9275950	0.42819442	13.843233	1.397758e-43	2.646131e-40	ZBTB16
ENSG00000134686	2933.64246	1.4394898	0.10582729	13.602255	3.882769e-42	6.533838e-39	PHC2
ENSG00000101347	14134.99177	3.8504143	0.28490701	13.514635	1.281894e-41	1.941428e-38	SAMHD1
	2620 22040	2.0450524	0 20201021	12 469102	2 4009070 41	2 21 7000 - 20	FUDDE

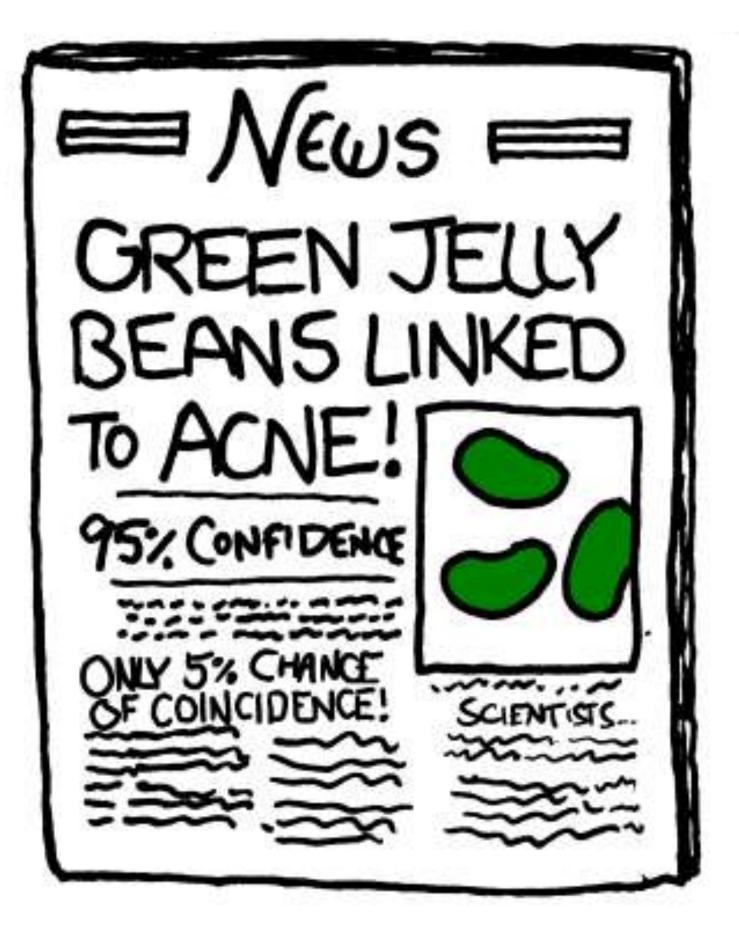
Genomics = Lots of Data = Lots of Hypothesis Tests

20,000 separate hypothesis tests with a standard p-value cut-off of 0.05, we'd expect 1,000 genes to be deemed "significant" by chance!

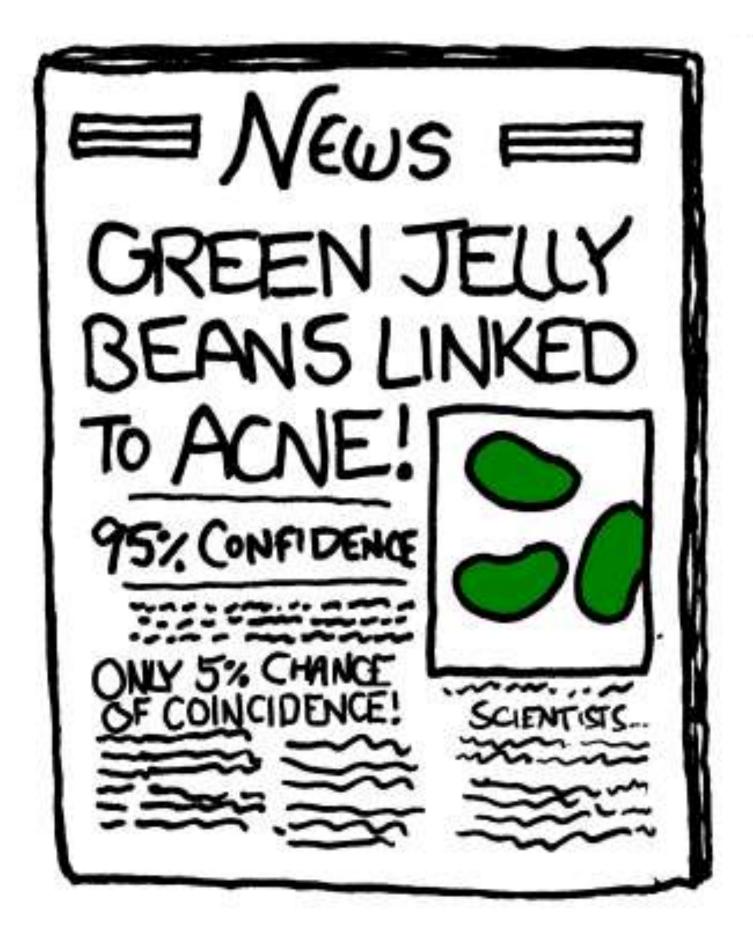
ENSG00000256235	1123.47954	1.2801193	0.10547438	12.136779	6.742862e-34	6.007096e-31	SMIM3
ENSG00000177666	2639.57020	1.1399947	0.09606884	11.866436	1.768422e-32	1.487930e-29	PNPLA2
ENSG00000164125	7257.00808	1.0248523	0.08657600	11.837603	2.494830e-32	1.988642e-29	FAM198B
ENSG00000198624	2020.04495	2.8141014	0.24063429	11.694515	1.359615e-31	1.029569e-28	CCDC69
ENSG00000123562	5008.55294	1.0045453	0.08901501	11.285123	1.554241e-29	1.120904e-26	MORF4L2
ENSG00000144369	1283.77980	-1.3090041	0.11714863	-11.173875	5.473974e-29	3.768333e-26	FAM171B
ENSG00000196517	241.91536	-2.3456877	0.21047366	-11.144804	7.591120e-29	4.998588e-26	SLC6A9
ENSG00000135821	19973.40000	3.0413943	0.27601796	11.018828	3.100706e-28	1.956675e-25	GLUL







Key Point: Torture the data long enough, and it will confess



padj: Adjustment of p-values for doing multiple tests

• "Torture the data long enough, and it will confess"

- With each *question* you are increasing the chance of being fooled by chance (20,000 tests @ alpha=0.05; 20,000 x 0.05 = 1,000).
- You increase your type 1 errors mistakenly concluding that an effect is statistically significant.
- In DESeq2, the p-values are corrected for multiple testing using the **Benjamini and Hochberg method:**
 - First, rank the genes by p-value. Then multiply each p-value by (total number of tests)/rank.
 - p-value x (total number of tests) Alternative Bonferroni method:

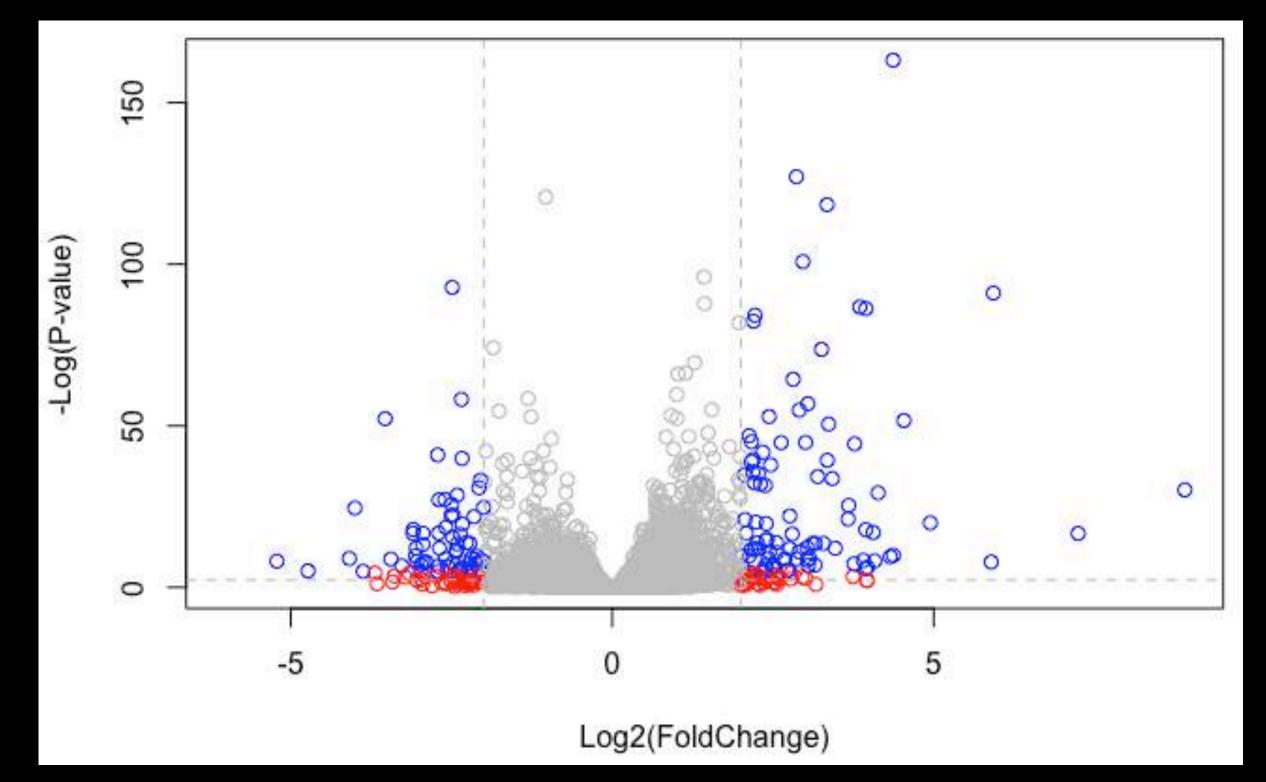
Fold change (log ratios)

To a statistician fold change is sometimes considered meaningless.

- Fold change can be large (e.g. >>two-fold up- or down-regulation) without being statistically significant (e.g. based on p-values).
- To a biologist fold change is almost always considered important for two main reasons.
 - First, a very small but statistically significant fold change might not be relevant to a cell's function.
 - Second, it is of interest to know which genes are most dramatically regulated, as these are often thought to reflect changes in biologically meaningful transcripts and/or pathways.

Volcano plot

A common summary figure used to highlight genes that are both significantly regulated and display a high fold change

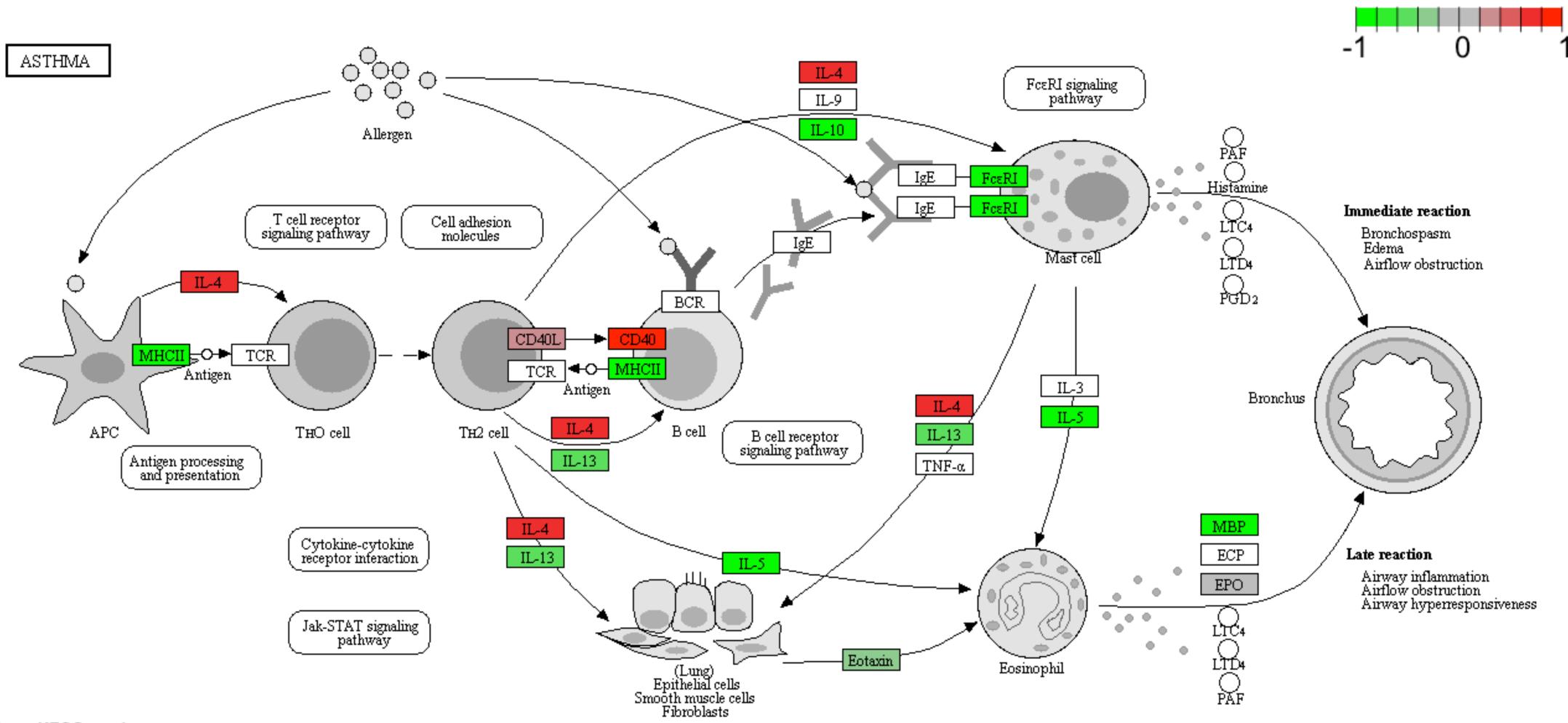


A volcano plot shows fold change (x-axis) versus -log of the *p-value* (yaxis) for a given transcript. The more significant the *p-value*, the larger the -log of that value will be. Therefore we often focus on 'higher up' points.



OPTIONAL: Next steps Annotation and gene set enrichment (a.k.a. pathway analysis)

Pathway Analysis



Data on KEGG graph Rendered by Pathview

N.B. Render your lab report to PDF and upload to GradeScope

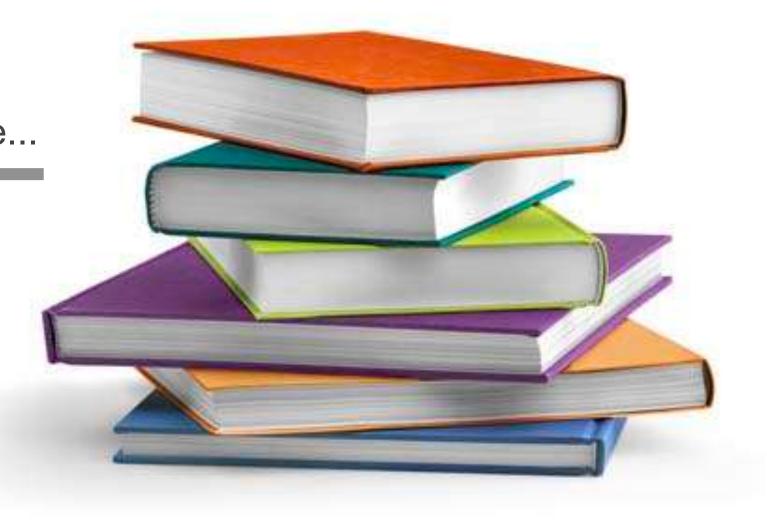
Basic idea: Pathway analysis

Differentially Expressed Genes (**DEGs**)

x ‡	baseMean 🗘	log2FoldChange 🗘	lfcSE 🗘	stat 🗘	pvalue 🗘	padj 🗘	symbol 🗘
ENSG00000152583	954.77093	4.3683590	0.23713648	18.421286	8.867079e-76	1.342919e-71	SPARCL1
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ENSG00000120129	3440.70375	2.9652108	0.20370277	14.556557	5.306416e-48	1.607313e-44	DUSP1
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ENSG00000134686	2933.64246	1.4394898	0.10582729	13.602255	3.882769e-42	6.533838e-39	PHC2
ENSG00000101347	14134.99177	3.8504143	0.28490701	13.514635	1.281894e-41	1.941428e-38	SAMHD1
ENSG00000096060	2630.23049	3.9450524	0.29291821	13.468102	2.409807e-41	3.317866e-38	FKBP5
ENSG00000166741	7542.25287	2.2195906	0.16673544	13.312050	1.970000e-40	2.486304e-37	NNMT
ENSG00000125148	3695.87946	2.1985636	0.16700546	13.164621	1.402400e-39	1.633797e-36	MT2A
ENSG00000162614	5646.18314	1.9711402	0.15020631	13.122885	2.434854e-39	2.633990e-36	NEXN
ENSG00000106976	989.04683	-1.8501713	0.14778657	-12.519211	5.861471e-36	5.918132e-33	DNM1
ENSG00000187193	199.07694	3.2551424	0.26090711	12.476250	1.006146e-35	9.523804e-33	MT1X
ENSG00000256235	1123.47954	1.2801193	0.10547438	12.136779	6.742862e-34	6.007096e-31	SMIM3
ENSG00000177666	2639.57020	1.1399947	0.09606884	11.866436	1.768422e-32	1.487930e-29	PNPLA2
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Annotate...

Gene-sets (Pathways, annotations, etc...)

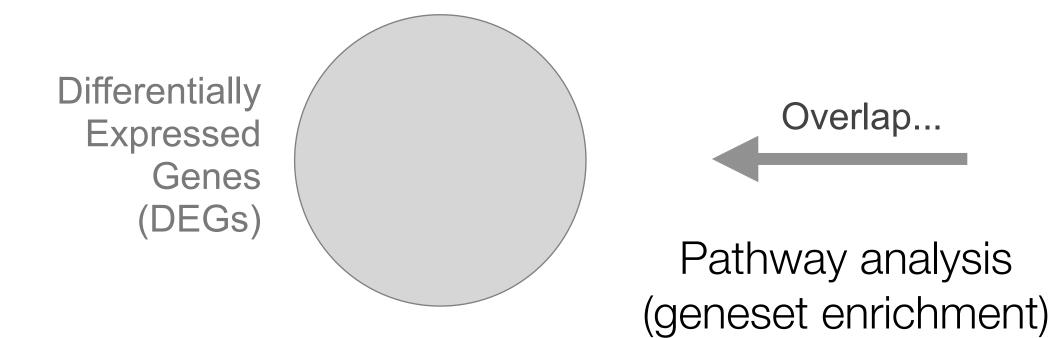


Basic idea: Pathway analysis

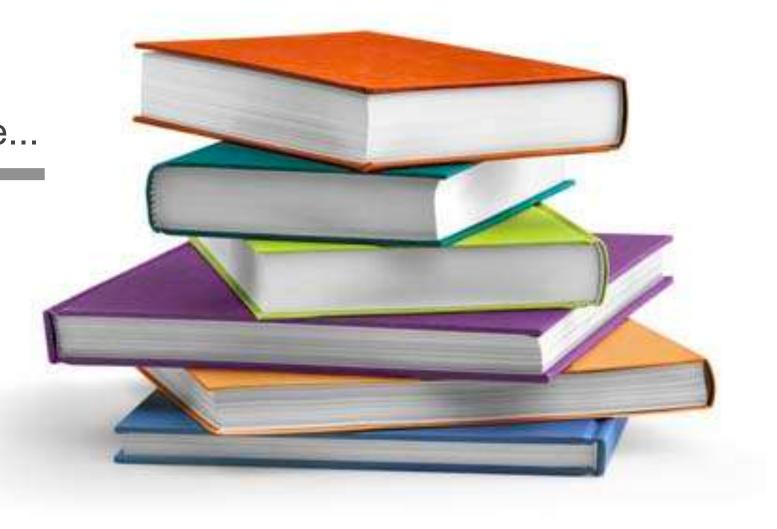
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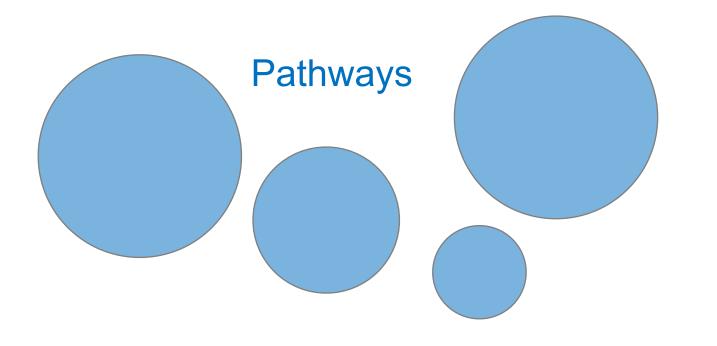
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ENSG00000135821	19973.40000	3.0413943	0.27601796	11.018828	3.100706e-28	1.956675e-25	GLUL

Annotate...

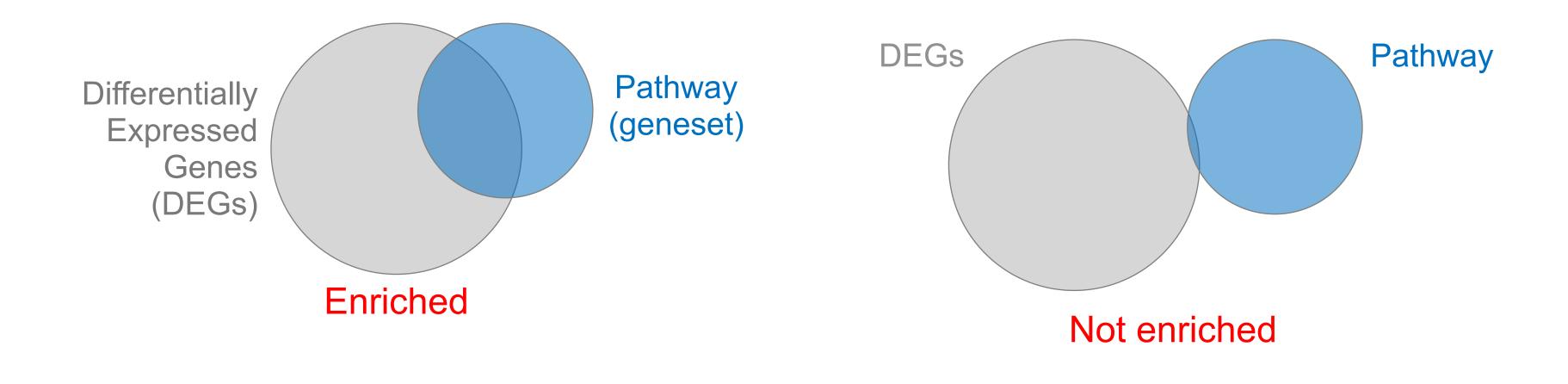


Gene-sets (Pathways, annotations, etc...)





Principle: Pathway analysis



- DEGs come from your experiment
- Pathway genes ("geneset") come from annotations
- Variations of the math: overlap, ranking, networks... > Not critical, different algorithms show similar performances

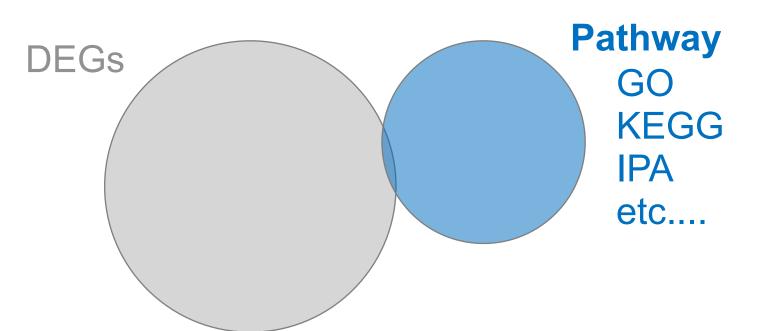
 \succ Critical, needs to be as clean as possible > Important, but typically not a competitive advantage

What functional set databases do you want?

- Most commonly used:
 - Gene Ontology (GO)
 - **KEGG Pathways** (mostly metabolic)
 - GeneGO MetaBase



- Ingenuity Pathway Analysis (IPA)
- Many others...
 - Enzyme Classification, PFAM, Reactome,
 - Disease Ontology, MSigDB, Chemical Entities of Biological Interest, Network of Cancer Genes etc...
 - See: Open Biomedical Ontologies (<u>www.obofoundry.org</u>)



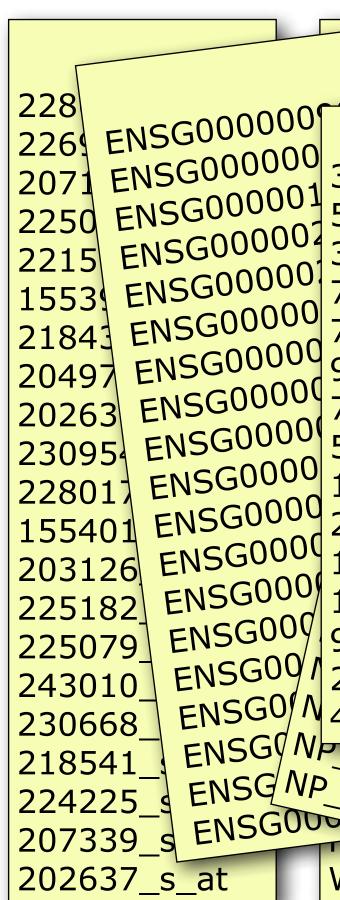
Pathway analysis (a.k.a. geneset enrichment) Limitations

- Geneset annotation bias: can only discover what is already known
- Non-model organisms: no high-quality genesets available
- Post-transcriptional regulation is neglected
- Tissue-specific variations of pathways are not annotated
 - e.g. NF-κB regulates metabolism, not inflammation, in adipocytes
- Size bias: stats are influenced by the size of the pathway
 - Many pathways/receptors converge to few regulators
 e.g. Tens of innate immune receptors activate four TFs: NF-kB, AP-1, IRF3/7, NFAT



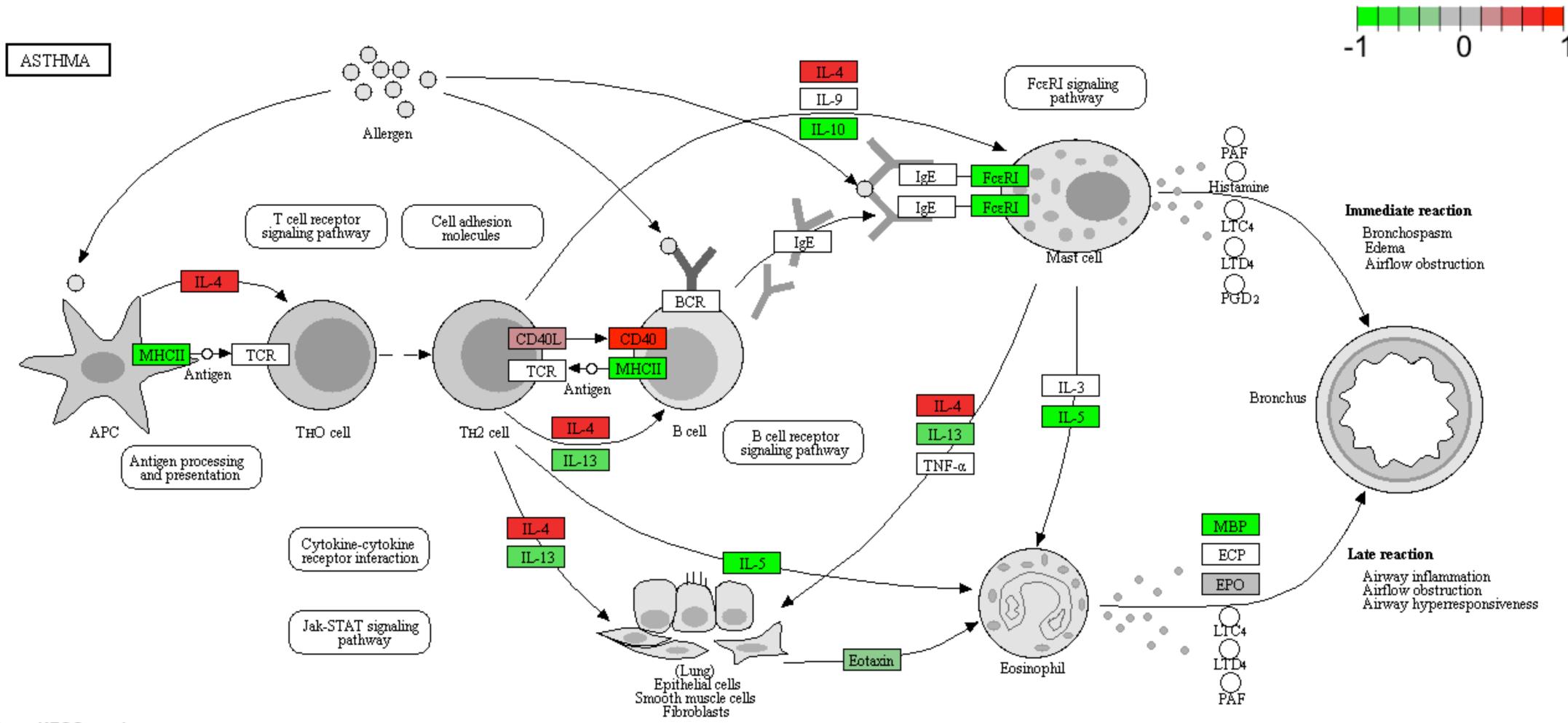
Starting point for pathway analysis: Your gene list

- You have a list of genes/proteins of interest
- You have quantitative data for each gene/protein
 - Fold change
 - p-value
 - Spectral counts
 - Presence/absence



220/ND _000192 057219 3383 055029 ENSG00000251513 000585 006125 89495 7124 757 01032249 ENSG00000 92370 ENSG0000 8870 79646 ENSG0000 4515 56892 Dorf112 ENSG0000 839 124540 **0**orf58 ENSG0000 412 253982 PNMB P69 140688 MPA2 ENSG000 10457 83 MEM50B ENSG009 9518 EMP2)5340 5 ENSG00/2013 ENSG0/4050 MSI2 C20orf58 ENSG NP_033666 ENSG NP_002332 C8orf4 ETV7 207339_s ENSGOUD 2332 LTB W03F8.6 ICAM1

Pathway Analysis



Data on KEGG graph Rendered by Pathview