

# consICA: a package for parallel consensus ICA of multi-omics data and interpretation of the results

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## Challenges

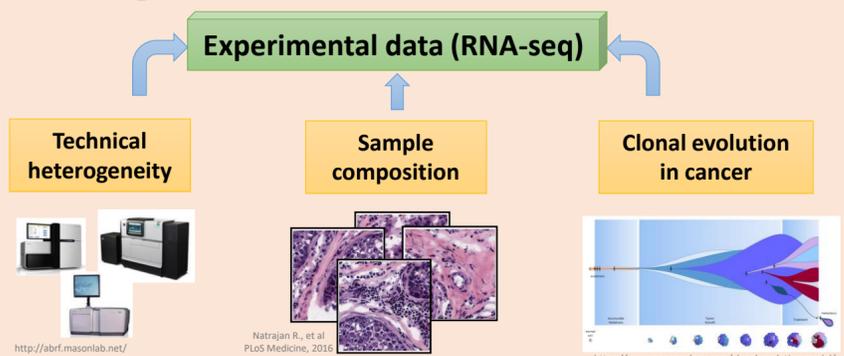


FIGURE 1. Sources of biases that limit comparison between transcriptomics data of cancer patients.

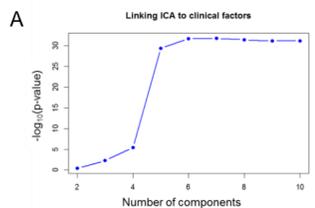
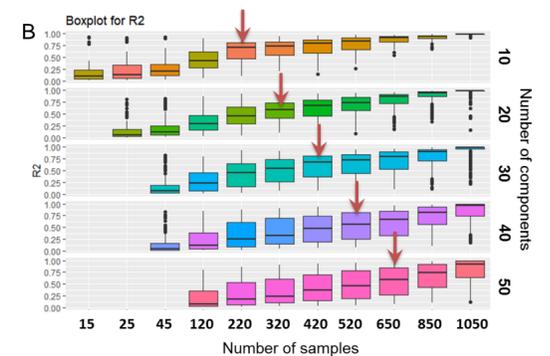


FIGURE 3. (A) Detection of a confounding factor (gender) by ICA. (B) The stability of ICA increases with growth of the dataset and decreases with increase of the number of components.



SKCM  
(melanoma)

Discovery: 472  
Validation: 44  
Investigation: 5

GBM/LGG  
(gliomas)

Discovery: 701  
Validation: 325  
Investigation: 58

LUAD/LUSC  
(lung cancers)

Discovery: 1128  
Validation: 490  
Investigation: 36

PAAD  
(pancreas cancers)

Discovery: 457  
Validation: 96  
Investigation: 183

## Method

<https://gitlab.com/biomodlih/consica>

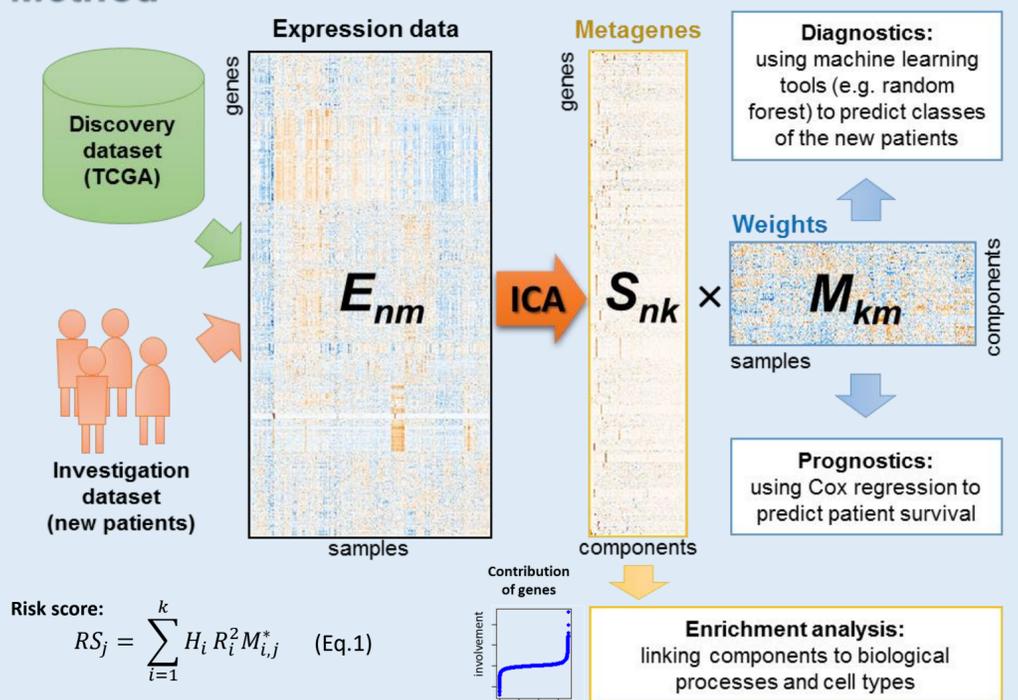


FIGURE 2. ICA decomposes combined gene expression matrix from multiple bulk samples into meaningful signals in the space of genes (metagenes,  $S$ ) and weights in the space of samples (weight matrix,  $M$ ). Biological processes and signatures of cell subtypes can be found in  $S$ , while  $M$  could be linked to patient groups and patient survival (Cox regression and Eq.1).

## Platform bias / biological processes

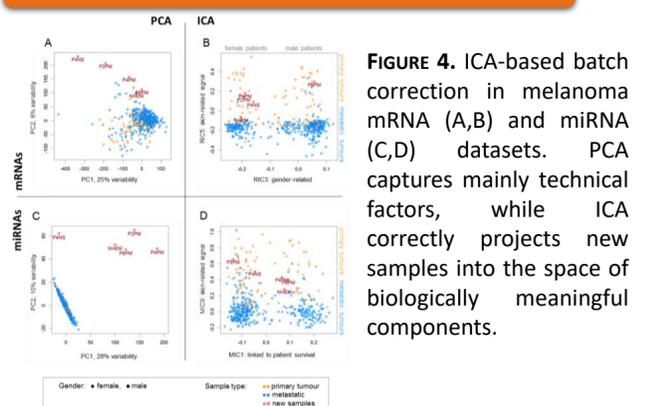


FIGURE 4. ICA-based batch correction in melanoma mRNA (A,B) and miRNA (C,D) datasets. PCA captures mainly technical factors, while ICA correctly projects new samples into the space of biologically meaningful components.

## Diagnostics & prognostics

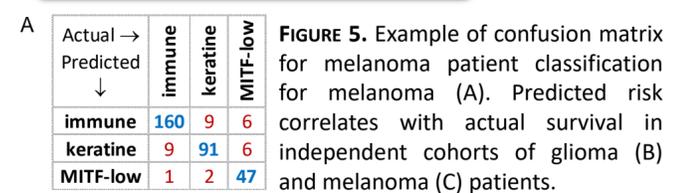
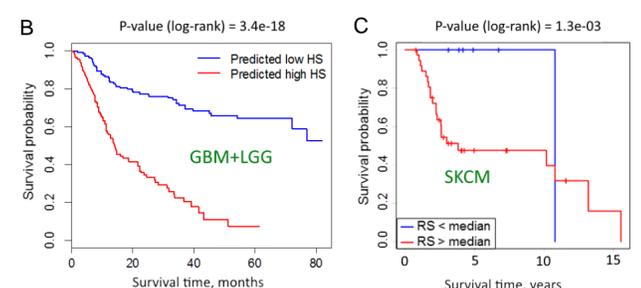


FIGURE 5. Example of confusion matrix for melanoma patient classification for melanoma (A). Predicted risk correlates with actual survival in independent cohorts of glioma (B) and melanoma (C) patients.



## Multi-omics data integration

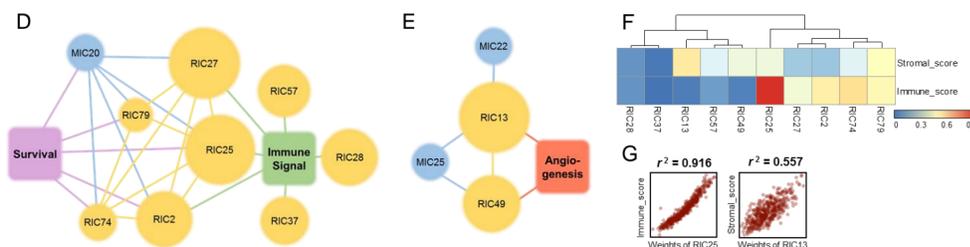
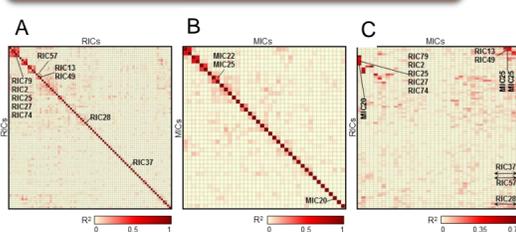


FIGURE 6. Heatmaps of  $r^2$  between weights ( $M$ -matrix) of RIC-RIC (A), MIC-MIC (B) and RIC-MIC (C). Clusters of components linked to immune response (D) and to angiogenesis and stroma (E). Components were compared with ESTIMATE scores and corresponding  $r^2$  are shown in (F). RIC25 and RIC13 components correlated best to immune and stromal scores (G).

## Conclusions

- Consensus ICA corrects technical biases and improves comparability of the new data to the reference dataset.
- ICA provides information about biological processes in the new samples and allows scoring them.
- Weights of the ICA-derived components can be used to predict patient survival and classes, as was demonstrated on an independent datasets.
- Finally, ICA can be used for data integration, when several levels of omics data are available.

## Acknowledgements

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## References

- Sompairac et al., (2019) Int. J. Mol. Sci, 20(18): 4414
- Nazarov et al., (2019) BMC Medical Genomics
- <https://gitlab.com/biomodlih/consica>

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