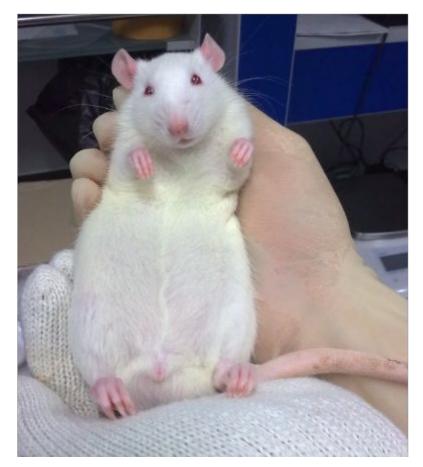
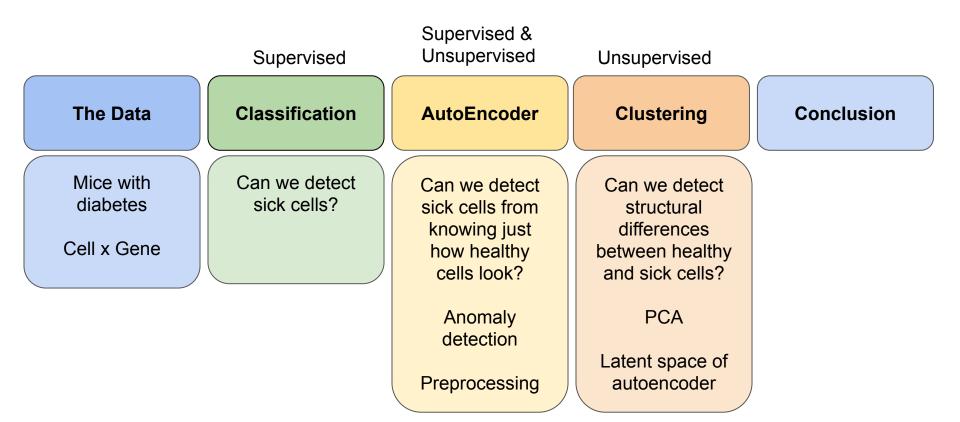
# Diabetes in mice

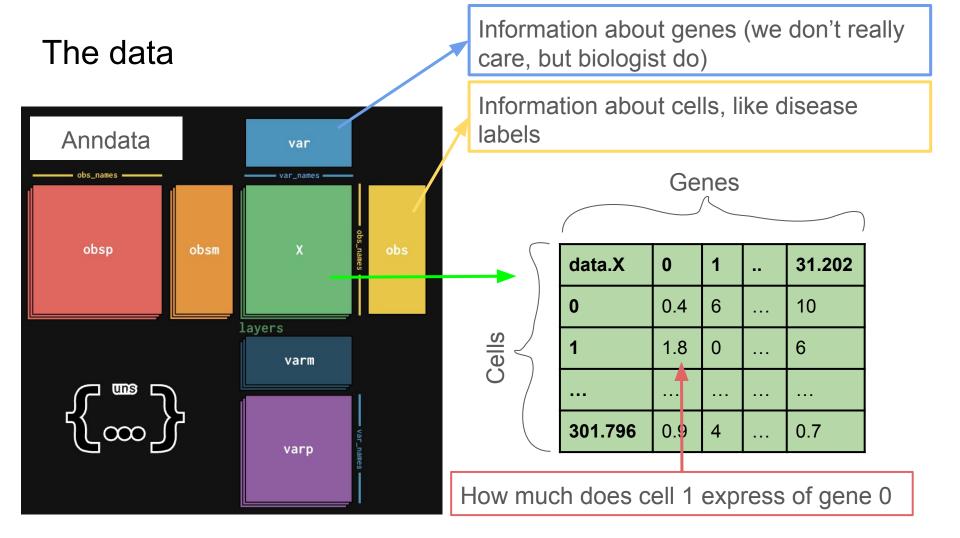
Detecting diabetes from gene expression with ML

By: Quinn Saul, Maja Lindholm, Jacob Flynn, Jakob B. Hansen and Ling Jun Zhou



# **Overview**





### Confusion matrix

disorder

endocrine par

lamor

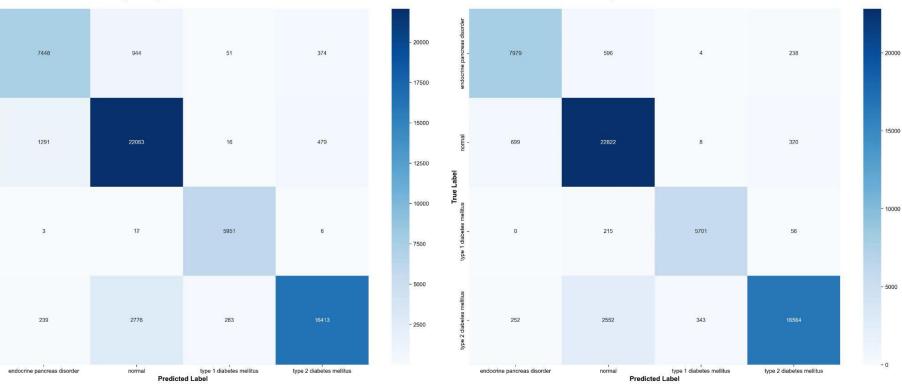
True Label

dia

ype

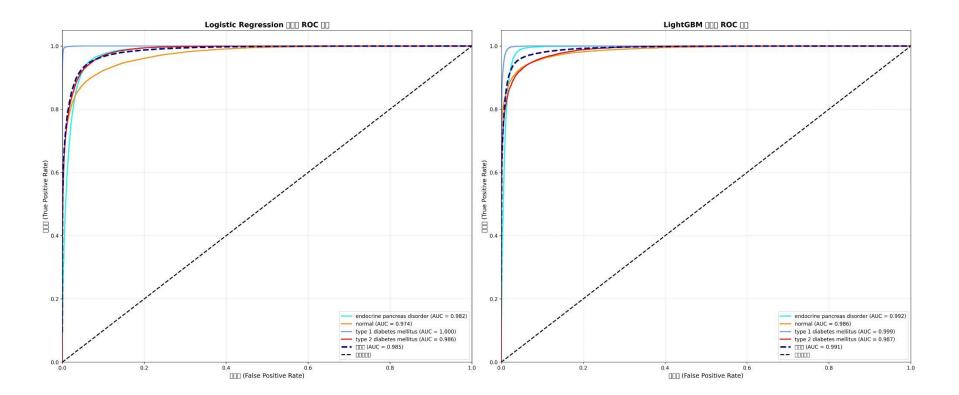
type 2 diabe

Logistic Regression Confusion Matrix

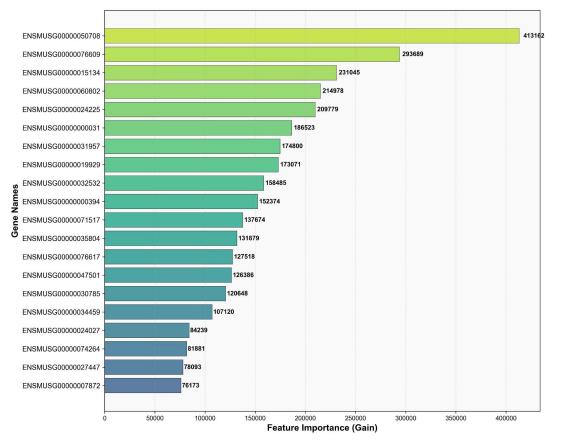


LightGBM Confusion Matrix

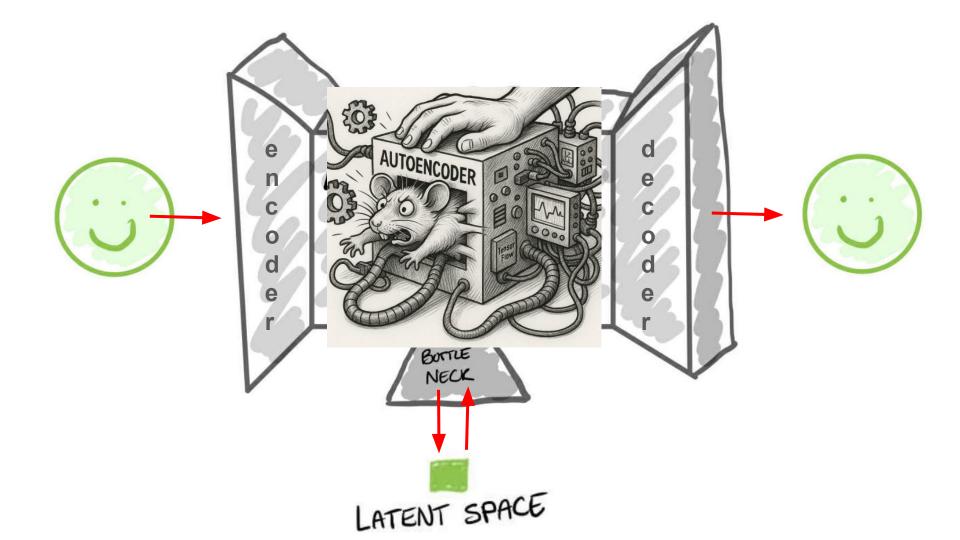
### **One-vs-Rest ROC Curves**

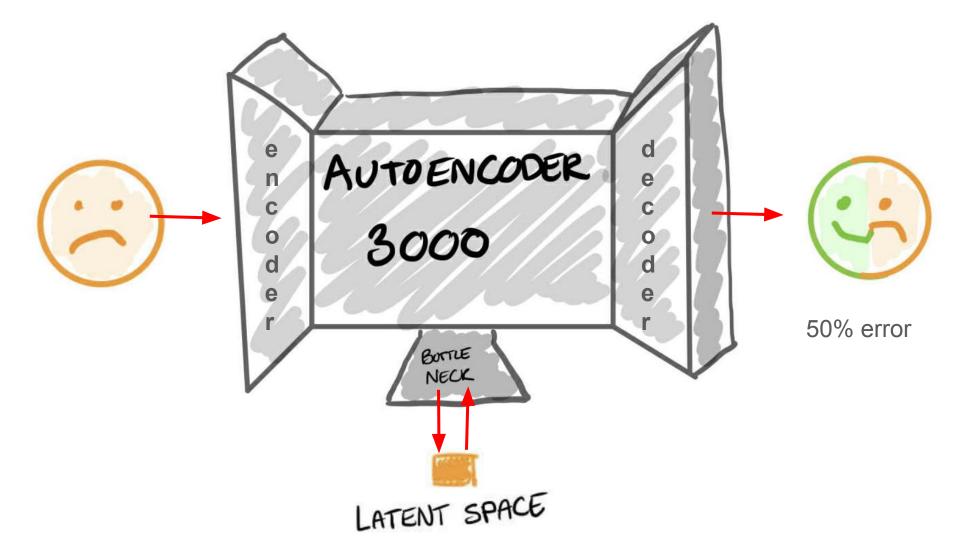


### LightGBM Feature Importance



LightGBM Feature Importance (Top-20)





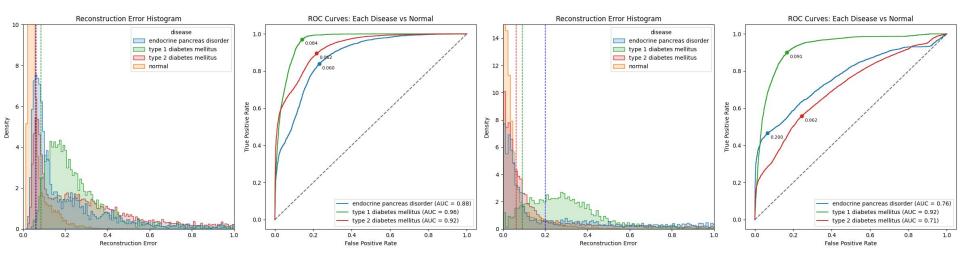
Initial processing of data	Training on <b>healthy</b> cells	Determine threshold
Different ways to do so: - Raw data - initial PCA	Optimizing HP with Bayesian Optimization	How many false positive or false negative do we accept?
- most important genes	Bayesian Optimization Progress	<ul> <li>endocrine pancreas disorder</li> <li>type 1 diabetes mellitus</li> <li>type 2 diabetes mellitus</li> <li>normal</li> </ul>
Should initial processing include sick cells?		0.25 - 0.00 - 2 - 4 - 6 - 8 - 10 - 12 - 14 Reconstruction Error
	Trial	sick

# Initial processing

	Raw data	PCA	Highly variable
Pros	No information loss	Reduces dimensionality, keeps main variation	Very fast, easy to interpret
Cons	Slow optimization, (10+ min pr. trial)	Linear method - misses nonlinear structure	Removes many genes without modeling relationships

# Results with preprocessing

### Does quite well, but the preprocessing includes sick cells

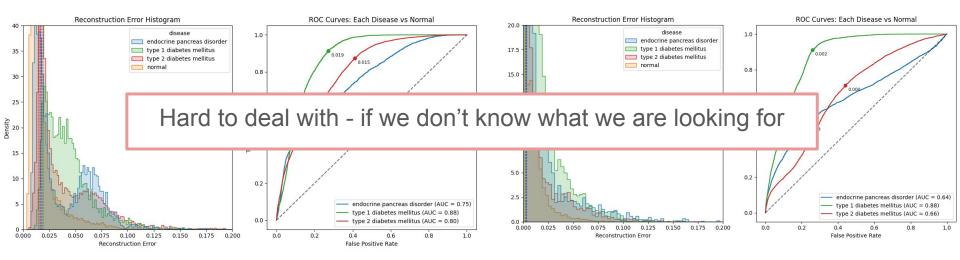


PCA 80 components

Highly variable top 80 genes

# Can it be made more general?

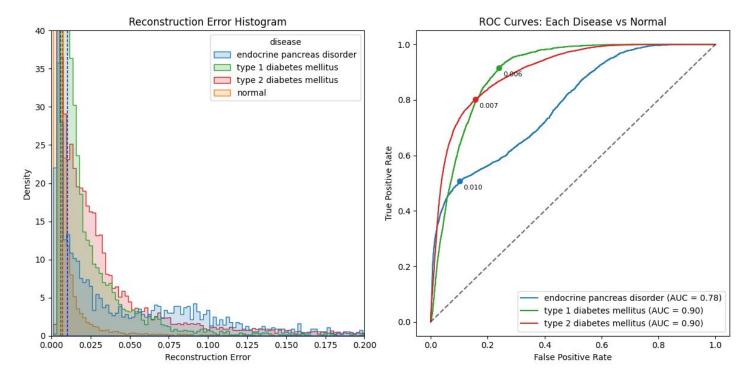
### Only seen healthy data, also in preprocessing data



PCA 80 components

Highly variable top 80 genes

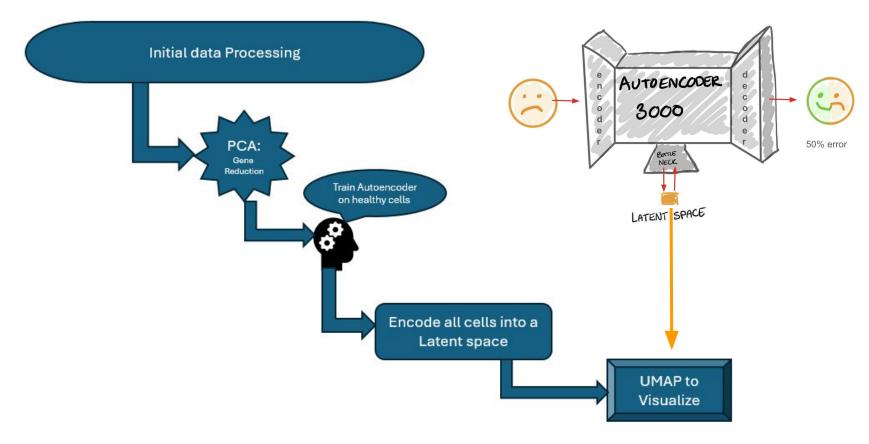
# Combined supervised and unsupervised



Better than top 80 variable, only slightly worse than PCA

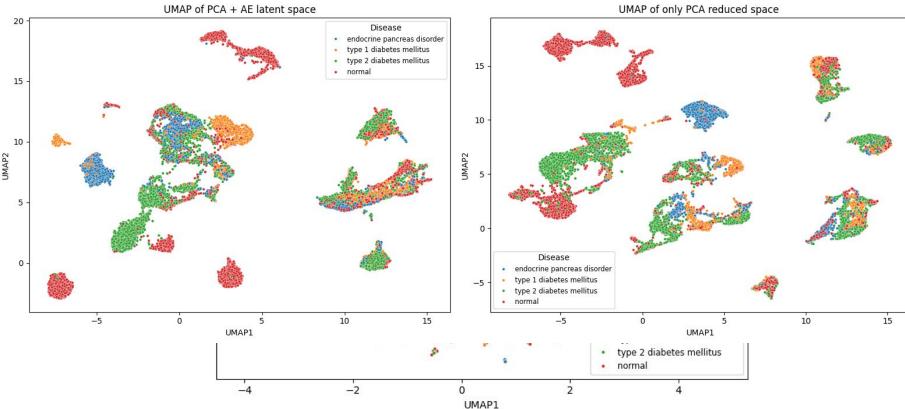
- actually, it wasn't top 80 shap, but random from top 1000 shap

# First use of Auto encoder $\rightarrow$ workflow



### UMAP Visualization of combined data

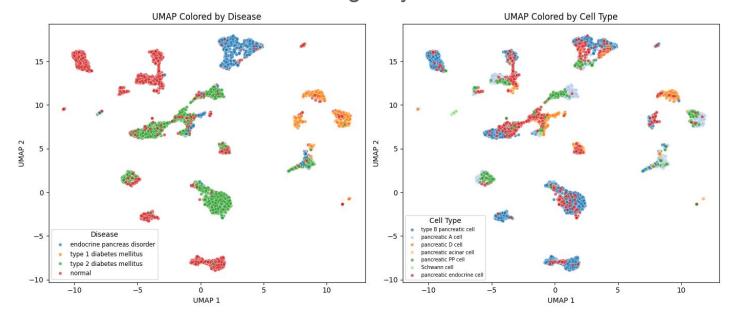
Only training on Normal Cells



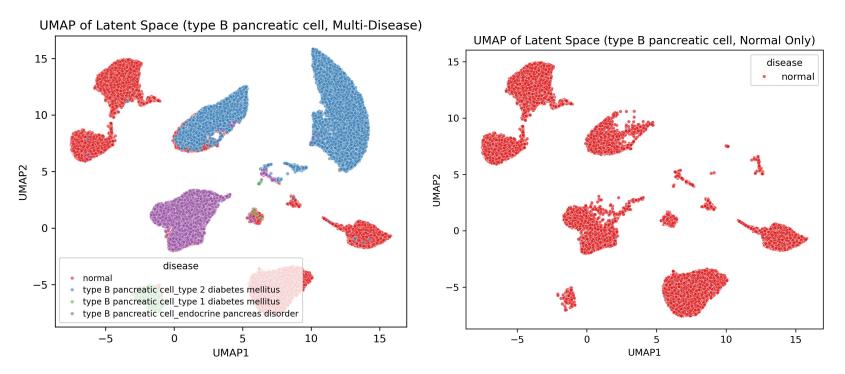
LIMAP of only AF latent space

### Can we find better clustering?

Using only PCA

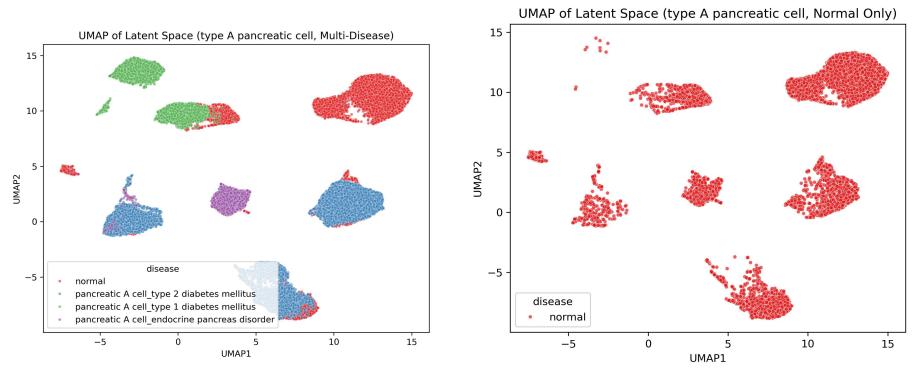


# **Visualization: Beta Cells**



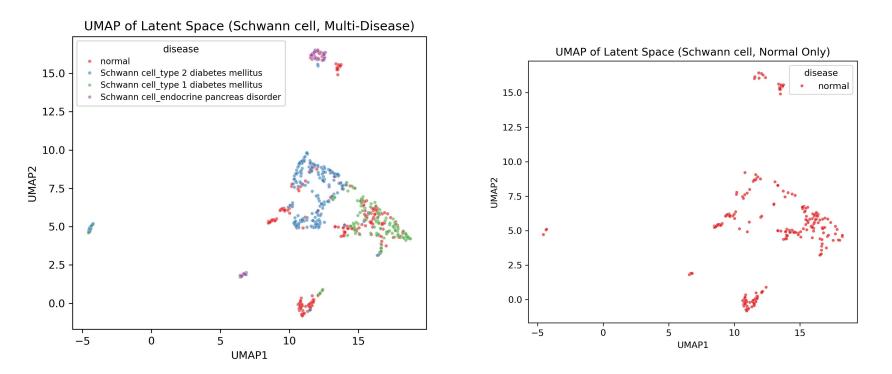
Indicating that beta cells with T2D behave differently from healthy ones, based on patterns learned by the model on healthy ones.

# **Visualization: Alpha Cells**



Providing insight on how Alpha cells with T1D behave differently from healthy ones, based on patterns learned by the model on healthy ones.

# **Visualization: Schwann cells**



Model has limited ability to distinguish or characterize disease behaviour in Schwann cells. BUT WHY?

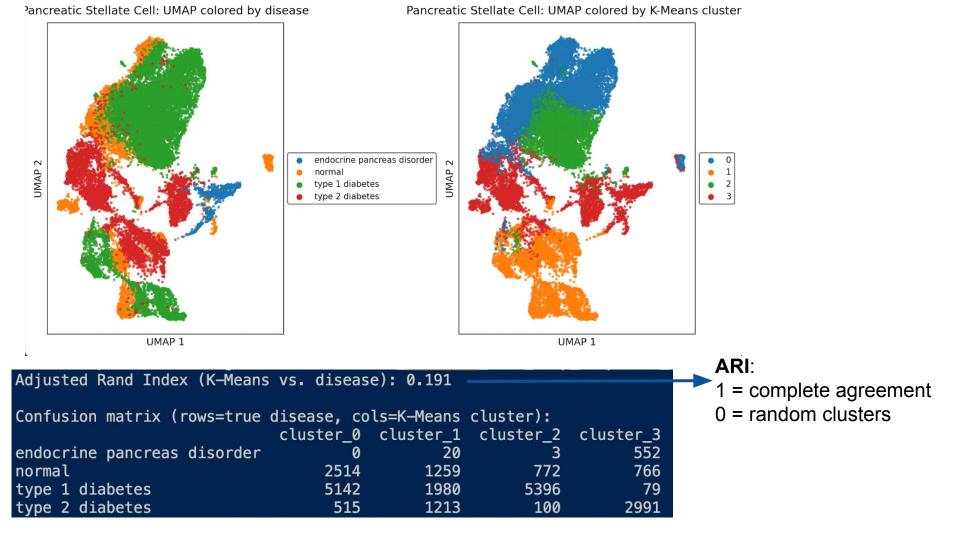
# $\textbf{Clustering} \rightarrow \textbf{Workflow}$

Initial Data → Grouped by cell type. Normalized and scaled. Kept 1000 most variable genes.



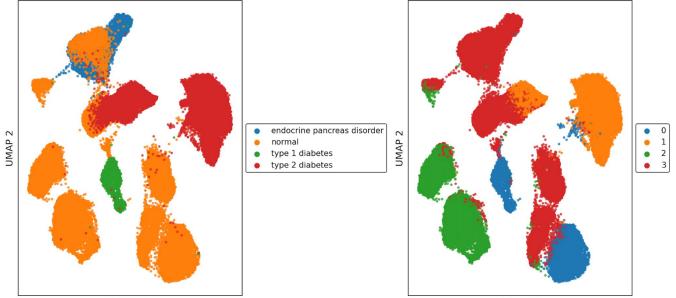
Unsupervised Clustering → K-Means (blind to disease labels) to cluster on the first 10 PCs

UMAP and Compare → Compare K-Means UMAP to true disease labels.



#### Type B Pancreatic Cell: UMAP colored by disease

Type B Pancreatic Cell: UMAP colored by K-Means cluster



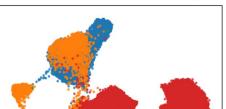
UMAP 1



Adjusted Rand Index (K-Means vs. disease): 0.364						
Confusion matrix:						
	cluster_0	<pre>/cluster_1</pre>	cluster_2	<u>cluster_3</u>		
endocrine pancreas disorder	1	0	20	5849		
normal	4192	26	10565	12417		
type 1 diabetes	1571	0,	/ 10	15		
type 2 diabetes	111	14140	16/	2139		

Type B Pancreatic Cell: UMAP colored by disease

Type B Pancreatic Cell: UMAP colored by K-Means cluster





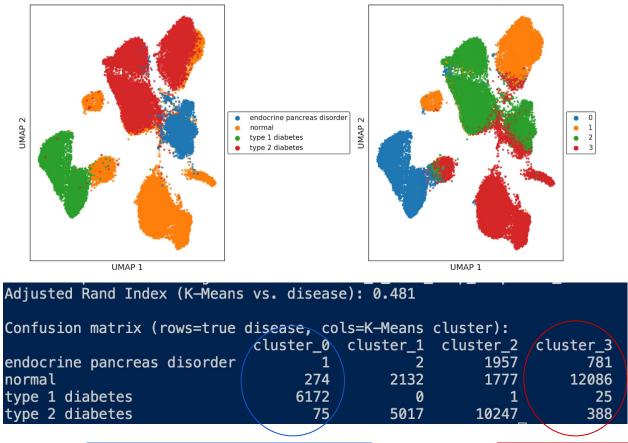
# Take-Away:

A cluster made up solely of T2D pancreatic B cells means these cells share a *distinct gene-expression signature* that the algorithm can spot <u>without knowing their diagnosis</u> (unsupervised - remember!). That signature could be a target for finding pathways that drive or mark type-2-diabetes con progression.

endocrine pancreas disorder	1 /	0	20	5849
normal	4192	26	10565	12417
type 1 diabetes	1571	0 /	10 /	15
type 2 diabetes	111 \	14140	16	2139

#### Pancreatic A Cell: UMAP colored by disease

Pancreatic A Cell: UMAP colored by K-Means clusters



### Cluster 0 = 95% T1D Accounts for 99% of total T1D

Cluster 3 = 91% Normal Accounts for 74% of total Normal

Disease State	<b>Cell types where the</b> <b>signature is very clear –</b> > 80% of the cells in at least one cluster are the same disease	Cell types where the signature is visible, but mixed – 50 – 80 % purity	Cell types where the signature is indistinguishable- < 50 % purity
T1D	A cells D cells	B cells Ductal cells PP cells	Stellate cells Endocrine cells
T2D	B cells Ductal cells	A cells PP cells D cells Endocrine cells	Stellate cells
Pancreatic Endocrine Disorder	Endocrine cells	PP cells Ductal cells	A cells B cells D cells Stellate cells
Normal	D cells A cells B cells Ductal Cells PP Cells	Endocrine cells	Stellate cells

# Concluding remarks

**Biological data is COMPLICATED** 

Can be good and optimized if the question is very specific

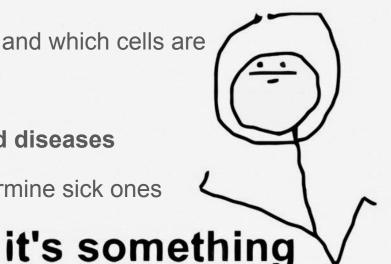
Know what disease we are looking for

different cross checks to see which genes and which cells are

important for that specific disease

Hard to generalize across different cells and diseases

Not able to just see healthy cells and determine sick ones



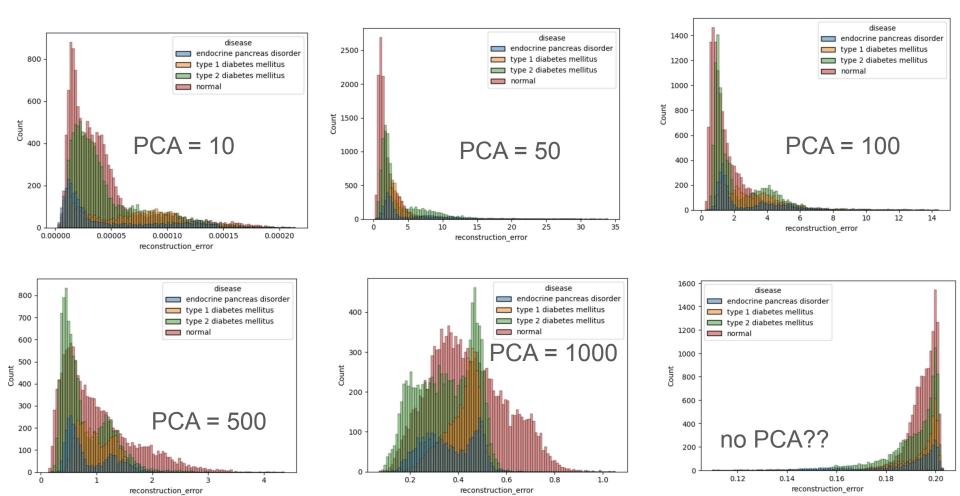
# **Appendix Slides**

# Top 5 important genes

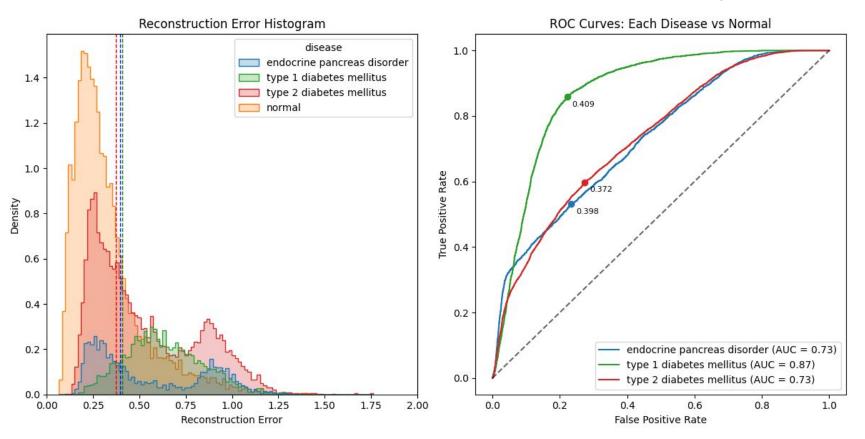
ENSMUSG0000050708	ferritin light polypeptide 1
	Study shows strong connection
	between ferritin levels and
	diabetes
ENSMUSG0000076609	immunoglobulin kappa constant
ENSMUSG0000015134	aldehyde dehydrogenase family 1, subfamily A3
ENSMUSG0000060802	beta-2 microglobulin
ENSMUSG0000024225	colipase, pancreatic

### input(50) - encode(64) - encode(16) - decode(64) - output(50)

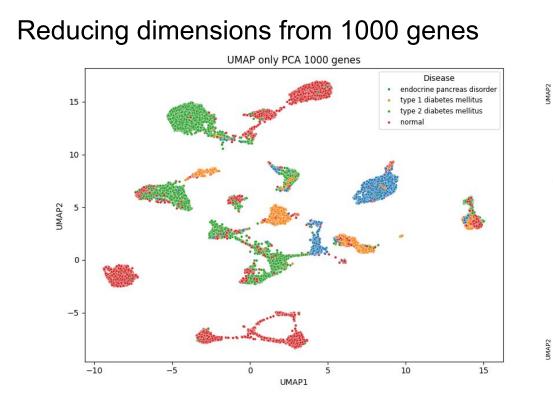
### Maja's (bonus) slide

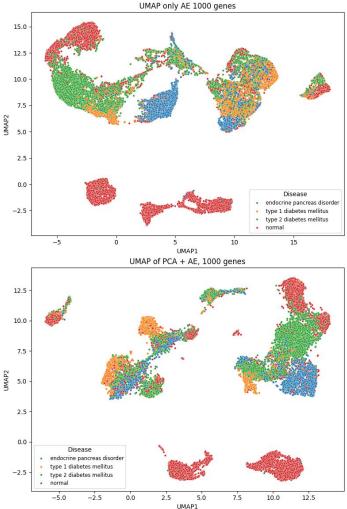


### Maja's (bonus) slide



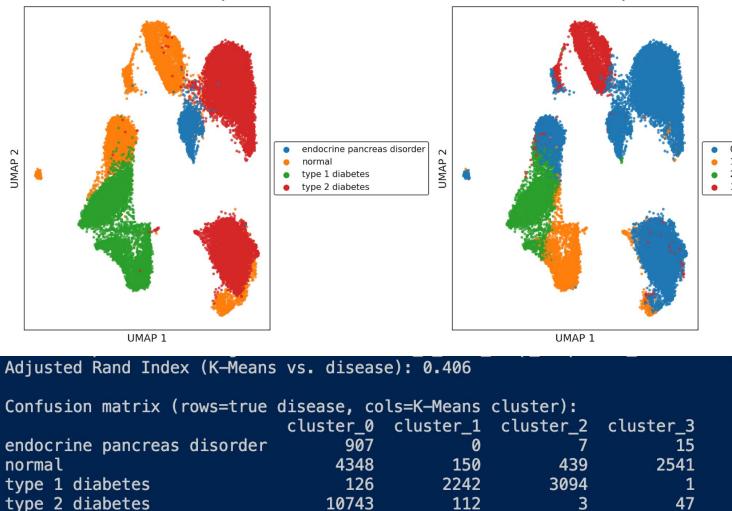
Top 1000 shap values on smaller AutoEncoder - too much noise, or needs larger AutoEncoder model





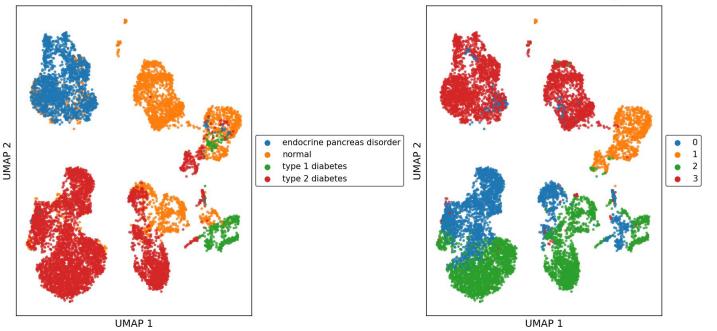
#### Pancreatic D Cell: UMAP colored by disease

#### Pancreatic D Cell: UMAP colored by K-Means clusters



ancreatic Endocrine Cell: UMAP colored by disease

Pancreatic Endocrine Cell: UMAP colored by K-Means cluste

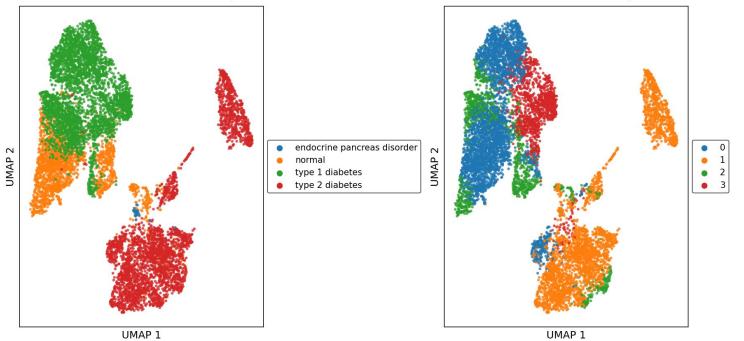


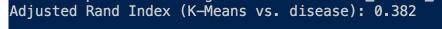
### Adjusted Rand Index (K-Means vs. disease): 0.303

Confusion matrix (rows=true	disease, co	ls=K-Means	cluster):	
	cluster_0	cluster_1	cluster_2	cluster_3
endocrine pancreas disorder	81	16	0	1836
normal	435	613	596	1617
type 1 diabetes	135	66	215	1
type 2 diabetes	2073	163	2986	20

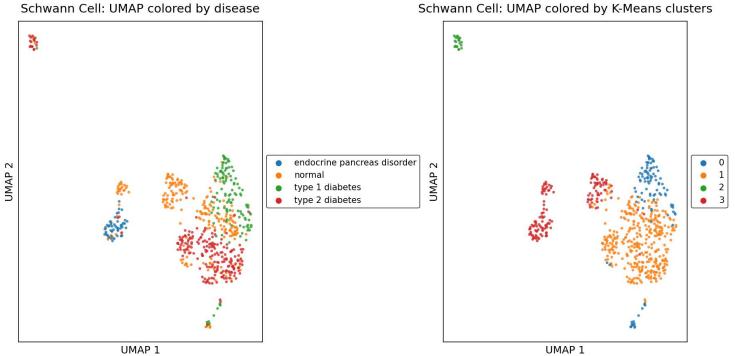
Pancreatic Ductal Cell: UMAP colored by disease

Pancreatic Ductal Cell: UMAP colored by K-Means clusters





Confusion matrix (rows=true	disease, co	ls=K-Means	cluster):	
	cluster_0	cluster_1	cluster_2	cluster_3
endocrine pancreas disorder	2	27	0	0
normal	1219	176	485	131
type 1 diabetes	1971	0	615	1013
type 2 diabetes	208	2702	150	_ 43

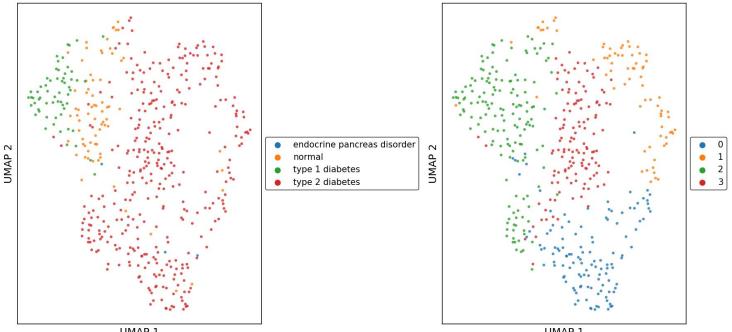


Schwann Cell: UMAP colored by K-Means clusters

### Adjusted Rand Index (K-Means vs. disease): 0.262 Confusion matrix (rows=true disease. cols=K-Means cluster):

	arscuse, co	Co-it incuito		
	cluster_0	cluster_1	cluster_2	cluster_3
endocrine pancreas disorder	0	0	0	50
normal	16	131	3	87
type 1 diabetes	85	34	2	0
type 2 diabetes	2	186	16	_ 5

#### Pancreatic Acinar Cell: UMAP colored by disease



UMAP 1

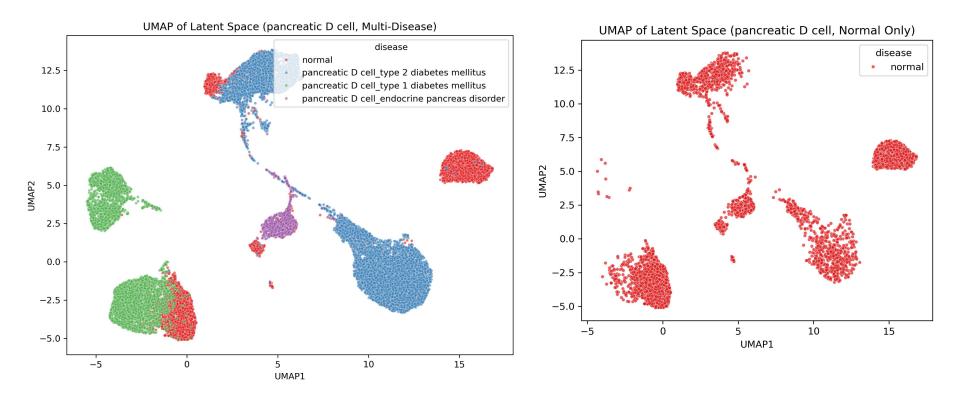
UMAP 1

aved composite UMAP figure to: Pancreatic\_Acinar\_Cell\_umap\_composite\_4diseases.png djusted Rand Index (K–Means vs. disease): 0.118

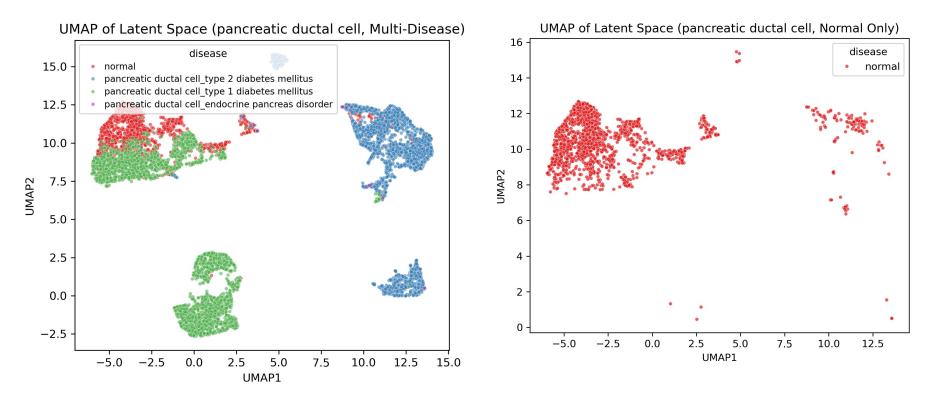
Confusion matrix (rows=true	disease, co	ls=K-Means	cluster):	
	cluster_0	cluster_1	cluster_2	cluster_3
endocrine pancreas disorder	3	0	0	0
normal	7	8	56	0
ype 1 diabetes	2	1	57	0
ype 2 diabetes	109	65	42	_130

Pancreatic Acinar Cell: UMAP colored by K-Means clusters

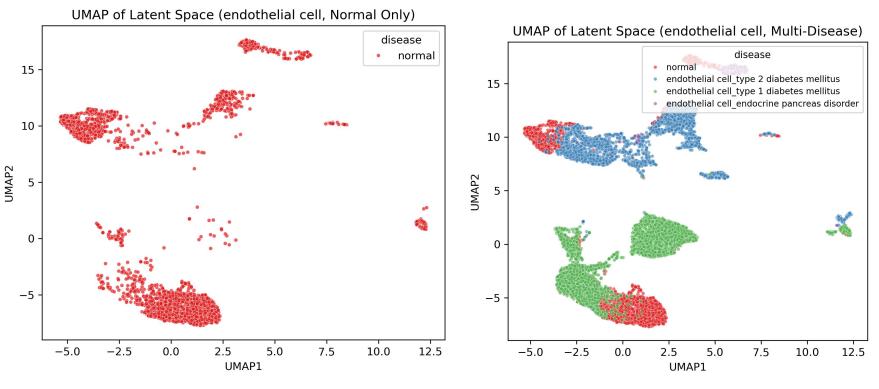
### Visualization: Pancreatic D Cell $\rightarrow$ Some information gained



### Visualization: Pancreatic Ductal Cell



### Visualization: Endothelial cell



No clear distinction