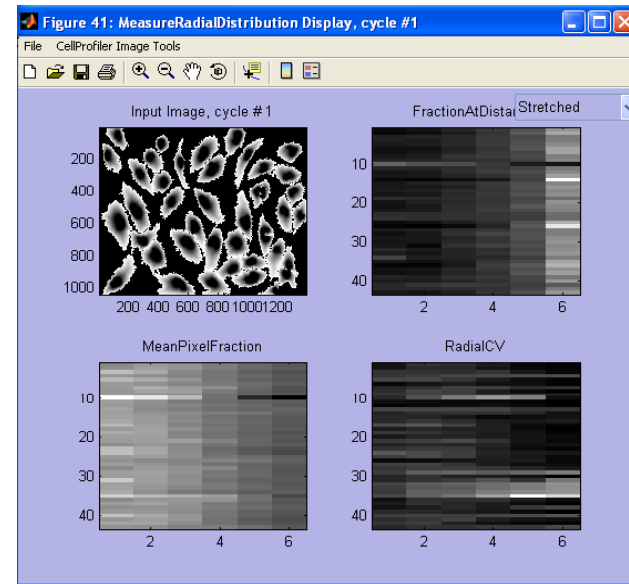
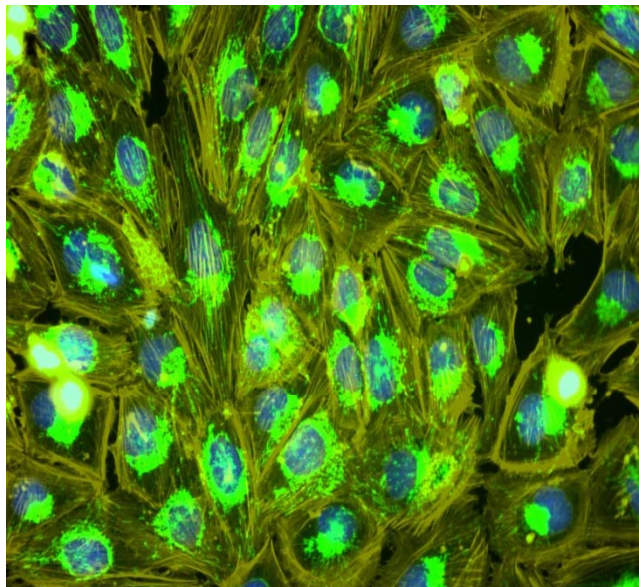


Fingerprinting Cellular Physiology Using Multiparametric Immunofluorescent Cytometry



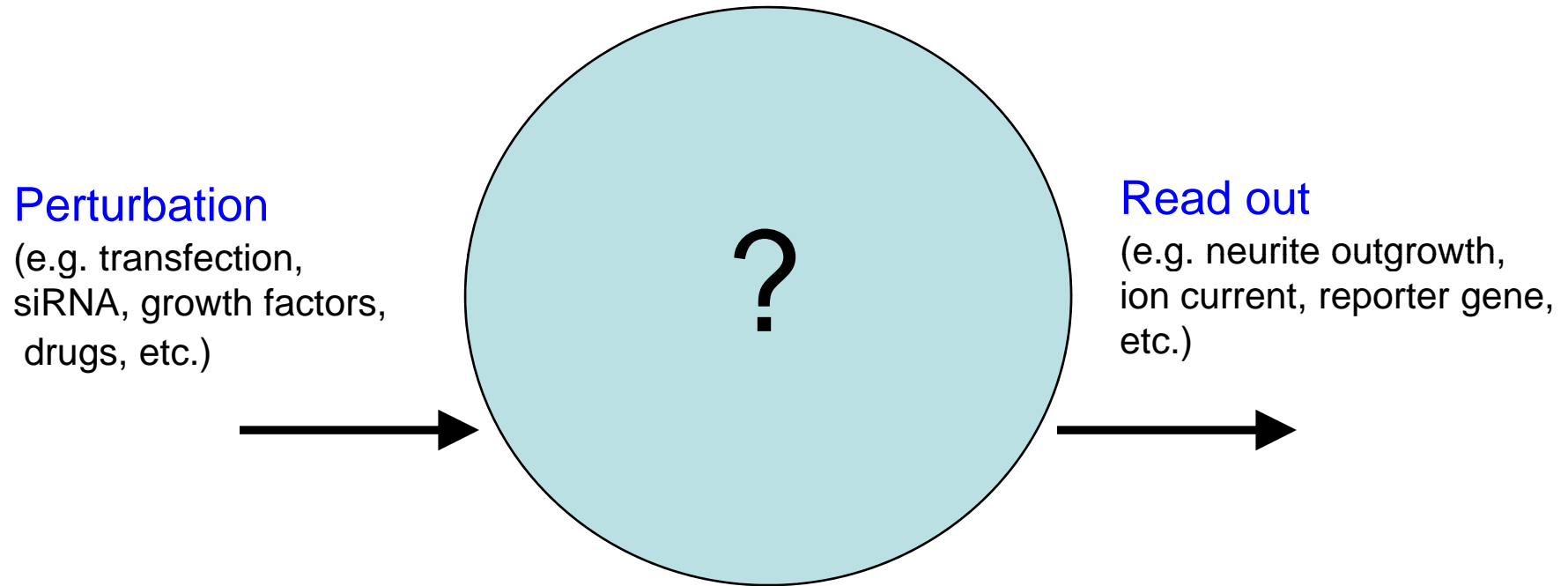
Erik Gunther & Steve Strittmatter

11-26-08

Outline

- High dimensionality data in physiology fingerprinting
- Multiparametric immunocytometry as a source of high dimensionality data
- Multiparametric immunocytometry as a means of drug action analysis

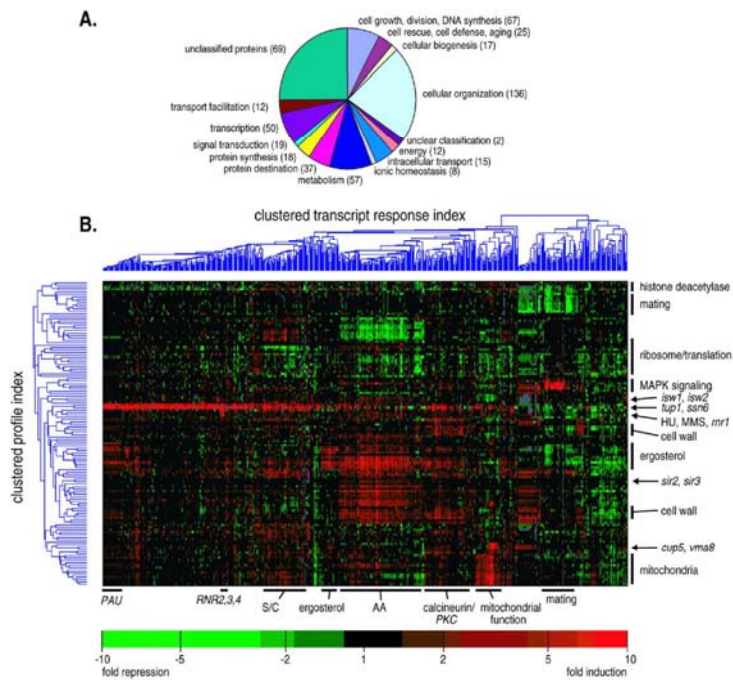
Experimental Strategy of the Cell Biologist



Problem: limited scope/understanding

Functional discovery by statistical classification of gene expression profiles (“fingerprinting”)

e.g. Functional discovery via a compendium of expression profiles.
Hughes et al, Cell. 2000 Jul 7;102(1):109-26.



Method

1. Mutate 300 genes independently
2. Derive microarray expression profiles
3. Cluster per changes in overall expression
4. Infer function on basis of clustering

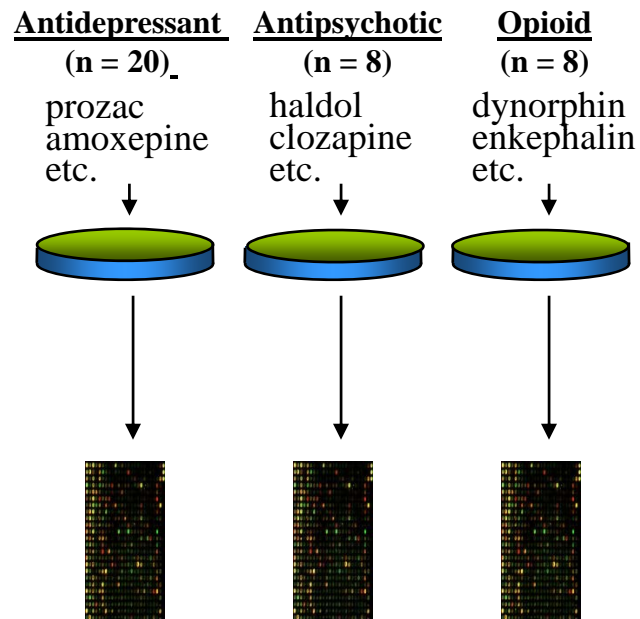


Discovery of genes involved in cell wall synthesis, ergosterol synthesis & mitochondrial respiration.

Listening to the cells with chips – a *lingua franca* of drug action

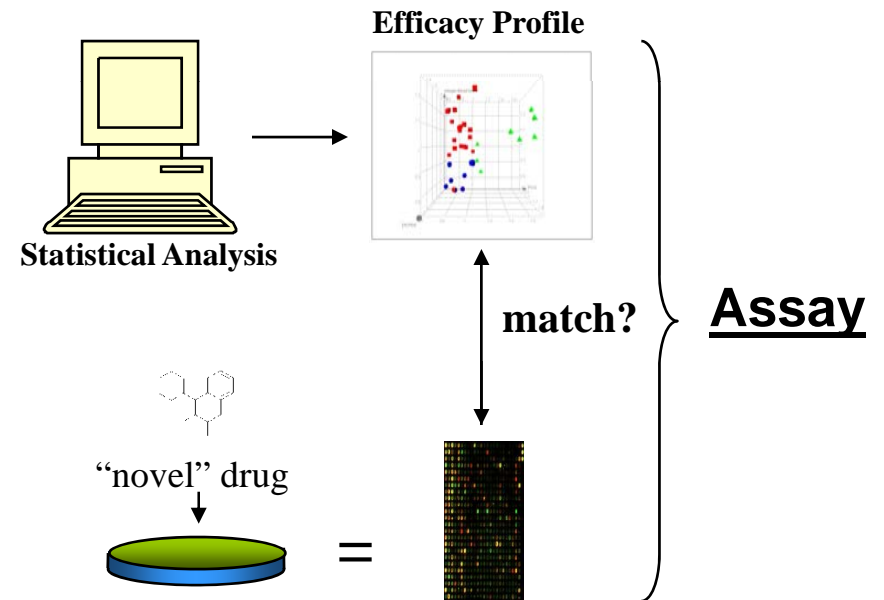
Method

1. Treat neurons with multiple antidepressants, antipsychotics and opioid drugs



2. Generate microarray expression data for multiple members of each class

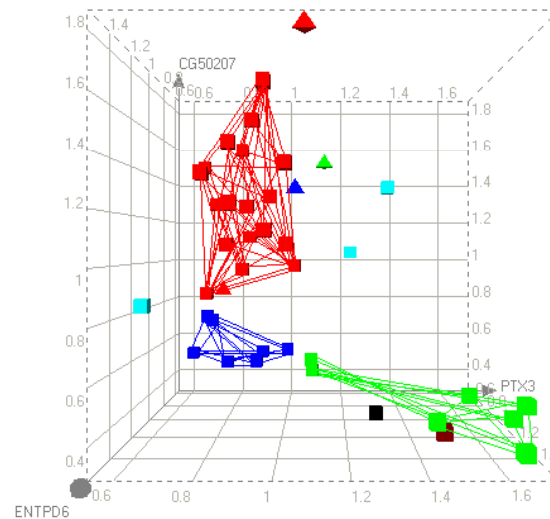
3. Statistically analyze biomarker expression: establish signature "efficacy profiles" of drug action



4. Novel therapeutic compounds are recognized by the signature expression profile they induce.

Pharmacogenomic derivation of drug efficacy biomarker profiles

Supervised Classification Picks Out Class-Distinguishing Features



Drug class separation provided by three example biomarkers

- antidepressant
- antipsychotic
- opioid agonist
- control

Result: “Classification Tree” statistical method identifies biomarkers that separate drug classes in n-dimensional gene space.

Gunther et al., PNAS, 2003 Aug 5; 100(16):9608-13.

Prediction of clinical drug efficacy by classification of drug-induced genomic expression profiles *in vitro*.

Drug efficacy profiles predict drug class

Compound	“True” Class	CT Prediction	RF Prediction	Functional Subclass
amoxapine	AD	AD	AD	tricyclic
clomipramine	AD	AD	AD	tricyclic
desipramine	AD	OP	AD	tricyclic
doxepin	AD	AD	AD	tricyclic
imipramine	AD	AD	AD	tricyclic
maprotiline	AD	AD	AD	tricyclic
nortriptyline	AD	AD	AD	tricyclic
protriptyline	AD	AD	AD	tricyclic
trimipramine	AD	AD	AD	tricyclic
amitriptyline	AD	AD	AD	tricyclic
citalopram	AD	AD	AD	SSRI
paroxetine	AD	AD	AD	SSRI
sertraline	AD	AD	AD	SSRI
fluoxetine	AD	AD	AD	SSRI
fluvoxamine	AD	AD	AD	SSRI
tranylcypromine	AD	AD	AD	MAOI
phenylzine	AD	AP	AP	MAOI
iproniazid	AD	AD	AP	MAOI
trazadone	AD	AD	AD	atypical
bupropion	AD	AD	AD	atypical
chlorpromazine	AP	AP	AP	classic
trifluoperazine	AP	AP	AP	classic
triflupromazine	AP	AP	AP	classic
pimozide	AP	AP	AP	classic
clozapine	AP	AD	AD	atypical
haloperidol	AP	AP	AP	atypical
risperidone	AP	AP	AP	atypical
loxapine	AP	AP	AD	atypical
BW373U86	OP	OP	AD	δ OPR
Enkephalin	OP	AD	AD	δ OPR
U50488	OP	OP	OP	κ OPR
U62066	OP	OP	OP	κ OPR
Endomorphin	OP	OP	OP	κ OPR
DALDA	OP	OP	OP	μ OPR
DAMGO	OP	OP	OP	μ OPR
Dynorphin A	OP	OP	AD	μ OPR
% “correct”		88.9	83.3	

Process: Statistical models built with each individual drug left out, then predicted

Result: Biomarker efficacy profiles correctly identify clinical utility of “novel” psychiatric drugs with **88.9%** accuracy

Significance: Robust signatures of drug efficacy are recognizable

Gunther et al., PNAS, 2003 Aug 5; 100(16):9608-13.

Prediction of clinical drug efficacy by classification of drug-induced genomic expression profiles *in vitro*.

Prediction of “novel” drug subclasses

Compound	“True” Class	RF Prediction	Functional Subclass
amoxapine	AD	AD	tricyclic
clomipramine	AD	AD	tricyclic
desipramine	AD	AD	tricyclic
doxepin	AD	AD	tricyclic
imipramine	AD	AD	tricyclic
mapprotiline	AD	AD	tricyclic
nortriptyline	AD	AD	tricyclic
protriptyline	AD	AD	tricyclic
trimipramine	AD	AD	tricyclic
amitriptyline	AD	AD	tricyclic
citalopram	AD	AD	SSRI
paroxetine	AD	AD	SSRI
sertraline	AD	AD	SSRI
fluoxetine	AD	AD	SSRI
fluvoxamine	AD	AD	SSRI
tranylcypromine	AD		MAOI
phenylzine	AD		MAOI
iproniazid	AD		MAOI
trazadone	AD		atypical
bupropion	AD		atypical
chlorpromazine	AP		classic
trifluoperazine	AP		classic
triflupromazine	AP		classic
pimozide	AP		classic
clozapine	AP		atypical
haloperidol	AP		atypical
risperidone	AP		atypical
loxapine	AP		atypical
BW373U86	OP		δ OPR
Enkephalin	OP		δ OPR
U50488	OP		κ OPR
U62066	OP		κ OPR
Endomorphin	OP		κ OPR
DALDA	OP		μ OPR
DAMGO	OP		μ OPR
Dynorphin A	OP		μ OPR

Tricyclic correct: 100%

Process: Statistical models built with entire Tricyclic or SSRI subclasses left out, then asked to predict

Result: Tricyclic-naïve model predicts antidepressant efficacy of tricyclics with 100% accuracy. Same with SSRIs.

Significance: “Higher-order” signatures of drug efficacy make clinical utility predictable without knowledge of target

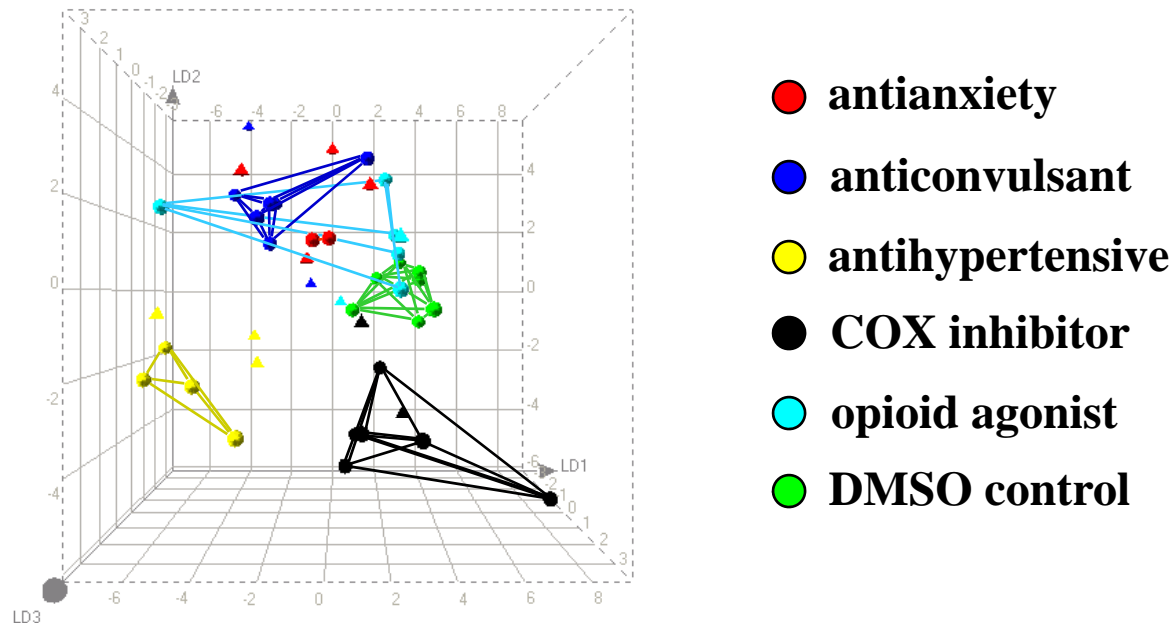
Gunther et al., PNAS, 2003 Aug 5; 100(16):9608-13.

Prediction of clinical drug efficacy by classification of drug-induced genomic expression profiles *in vitro*.

Biomarkers define numerous drug efficacies

Process: Statistical models (linear discriminant analysis; LDA) built from drug classes active in HCN1A cells

Result: Multiple drug efficacies are separable in gene space

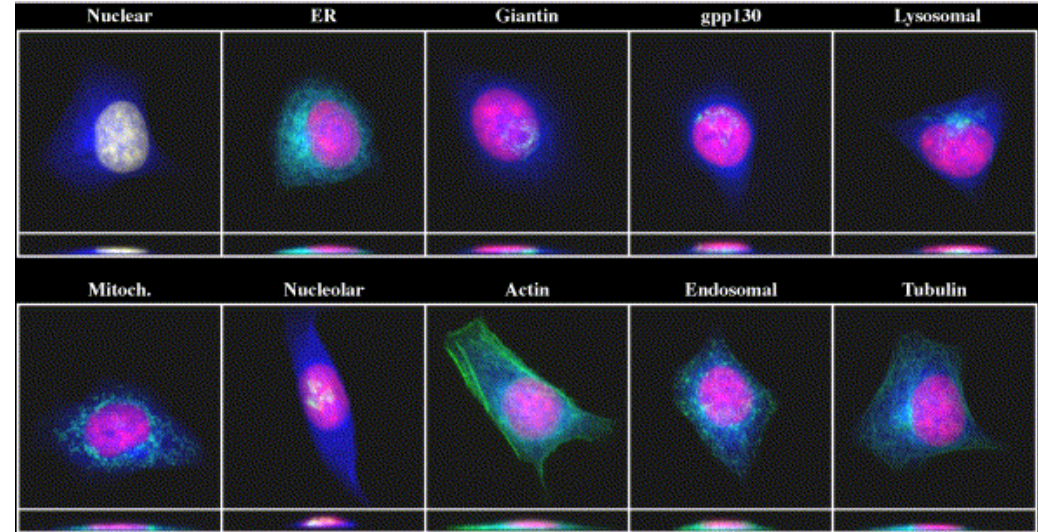


Axes represent 1st three linear discriminants of top 12 biomarkers identified by LDA

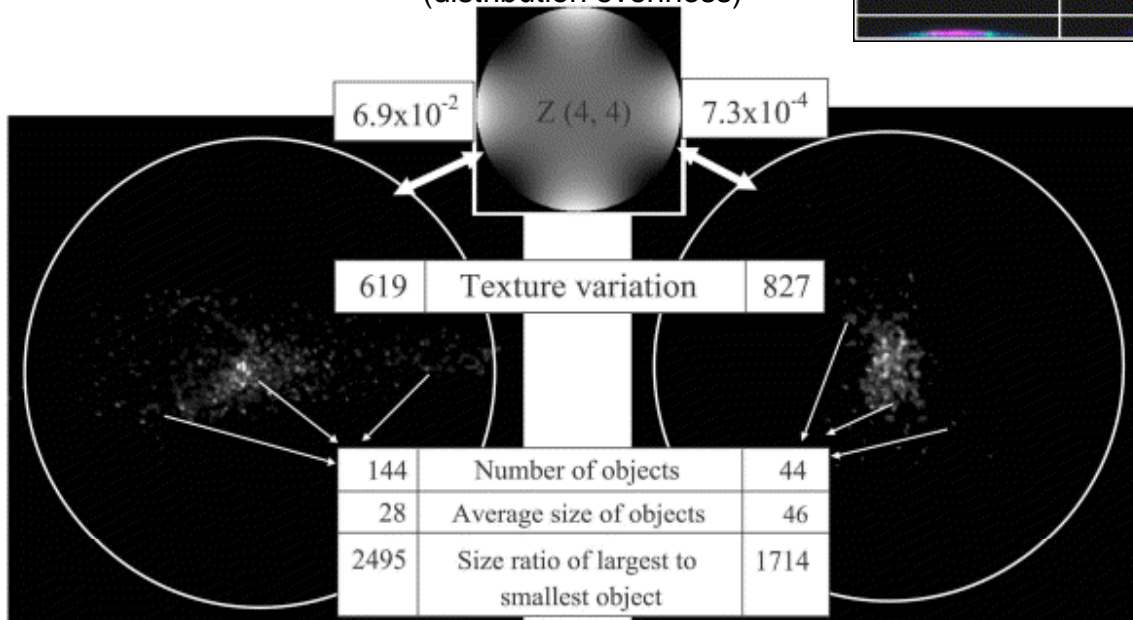
Multiparametric Immunofluorescent Cytometry

Geometric descriptors of texture can distinguish different antibody staining patterns

Hela cells stained with marker α -bodies



Zernike moment (4,4)
(distribution evenness)



transferrin receptor

lysosomal protein LAMP2

Procedure:

1. Find objects (the individual endosomes or lysosomes) by thresholding the image
2. Count and measure the objects.

Automated interpretation of subcellular patterns from immunofluorescence microscopy
Yanhua Hu and Robert F. Murphy
[Journal of Immunological Methods Volume 290, Issues 1-2](#), July 2004, Pages 93-105

High-throughput multidimensional cell imaging platform

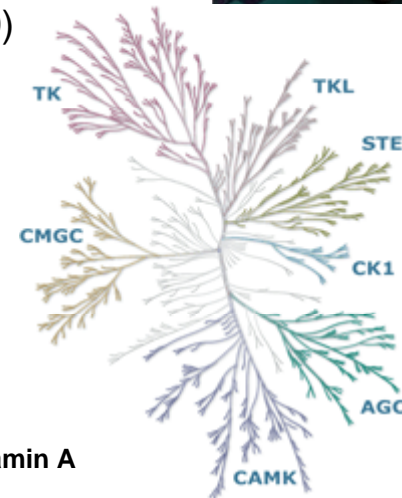
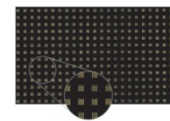
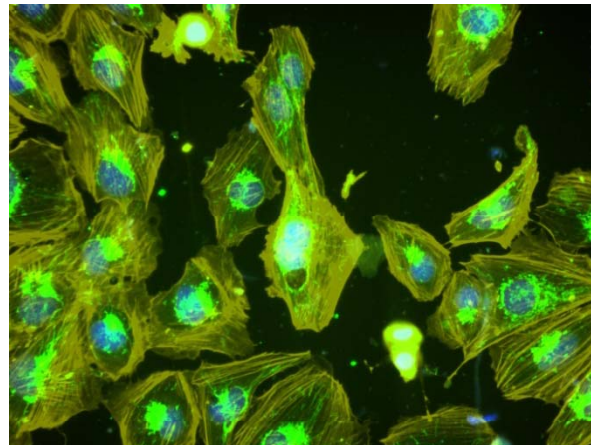
CNNR Cell Imaging Resource (BCMM 402)

Instrument: Molecular Devices ImageXpress Micro (25,000 images/day)
Robotic plate handling/bar code reading
3 cytometric workstations (CellProfiler software)

Materials: Cell Signaling Technology antibodies (currently 320)
384-well plates



DAOY medulloblastoma cells



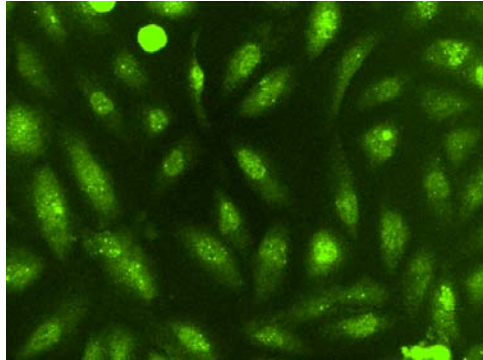
Cleaved Lamin A
SRC-3
Phospho-EGF Receptor
HER2/ErbB2
c-Jun
S6 Ribosomal Protein
Chk1
CEA/CD66e
HSP27
PCNA
Alpha-Synuclein
Zap-70
Neurofilament-L
Etc....

Cyclin D1
Smac/Diablo
Akt
Ezh2
NQO1
CD56 (NCAM)
GFAP
Phospho-Myosin Light Chain
Tau
Cyclin B1
Etc....

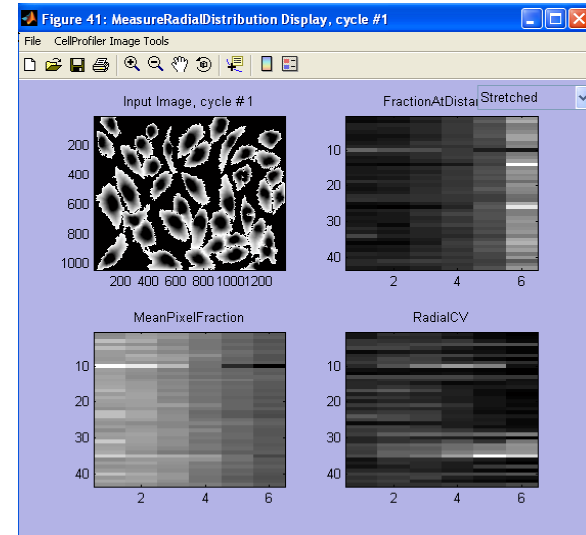
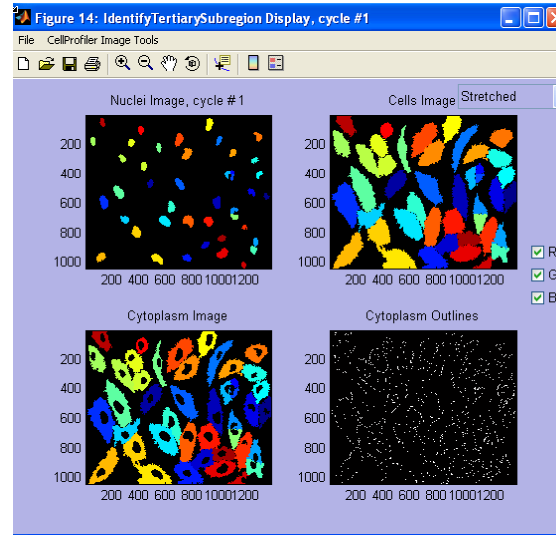
Multiparametric Analysis with CellProfiler

Step 1: cell segmentation

Step 2: feature extraction



Performed on FITC channel



For nucleus, cytoplasm
& whole cell (2 wavelengths):

Shape

Area
Eccentricity
Solidity
Perimeter
Form factor
Major axis
Minor axis

Intensity

Integrated
Mean
Std
Min
Max
Edge
Mass displacement
Ratios nuc/cyt
Correlation FITC,DAPI

Texture

Angular second moment
Contrast
Correlation
Variance
Inverse difference moment
Sum entropy
Info measure 1
Info measure 2
Gabor X
Gabor Y

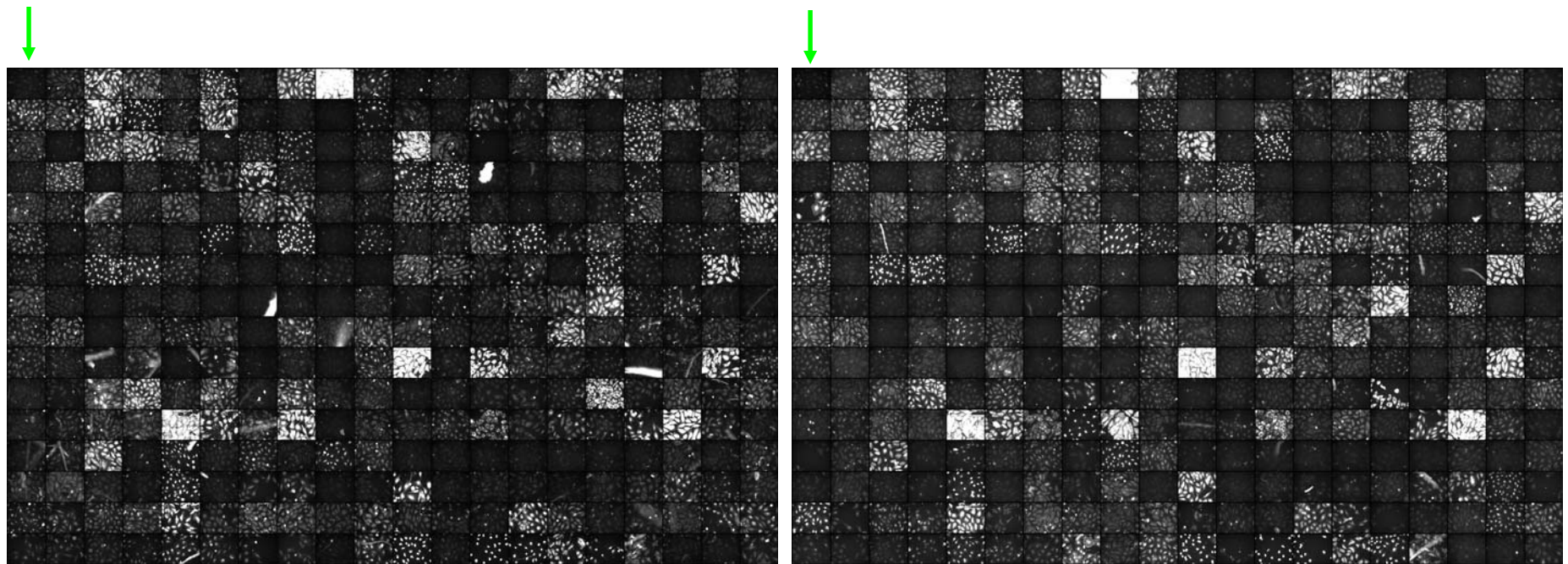
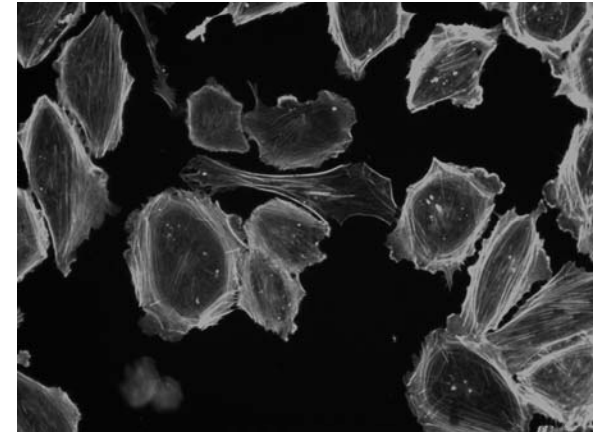
Data Dimensionality

- 233 descriptors (parameters)
- 300 α bs
- 233 descriptors x 300 α bs = 70,000 data points/treatment (similar scale to microarray)

Antibody Immunoreactivity/CAMP Responsiveness

Pilot experiment:

- two conditions: 8-Br-CAMP, DMSO control
- triplicate treatments, three images/well
- stain each treatment with all 320 antibodies
(six 384-well plates; 5400 images total)
- image
- extract features (CellProfiler)
- quantify differences

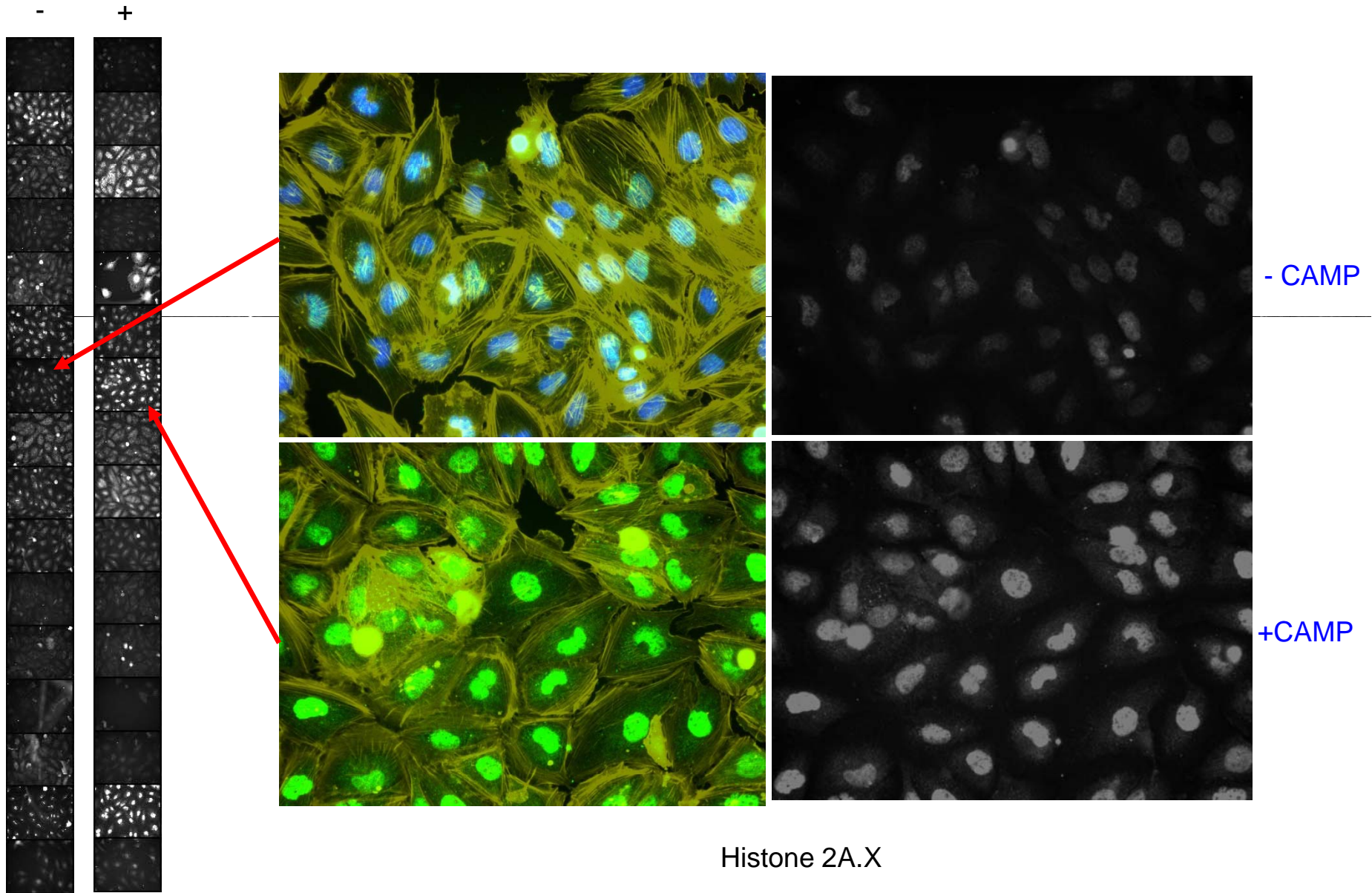


- CAMP

Daoy Mosaic
320 antibodies, 2 conditions

+CAMP

Daoy CAMP Responsiveness



Clustering of data from 8-Br-CAMP treatment

Data Dimensionality

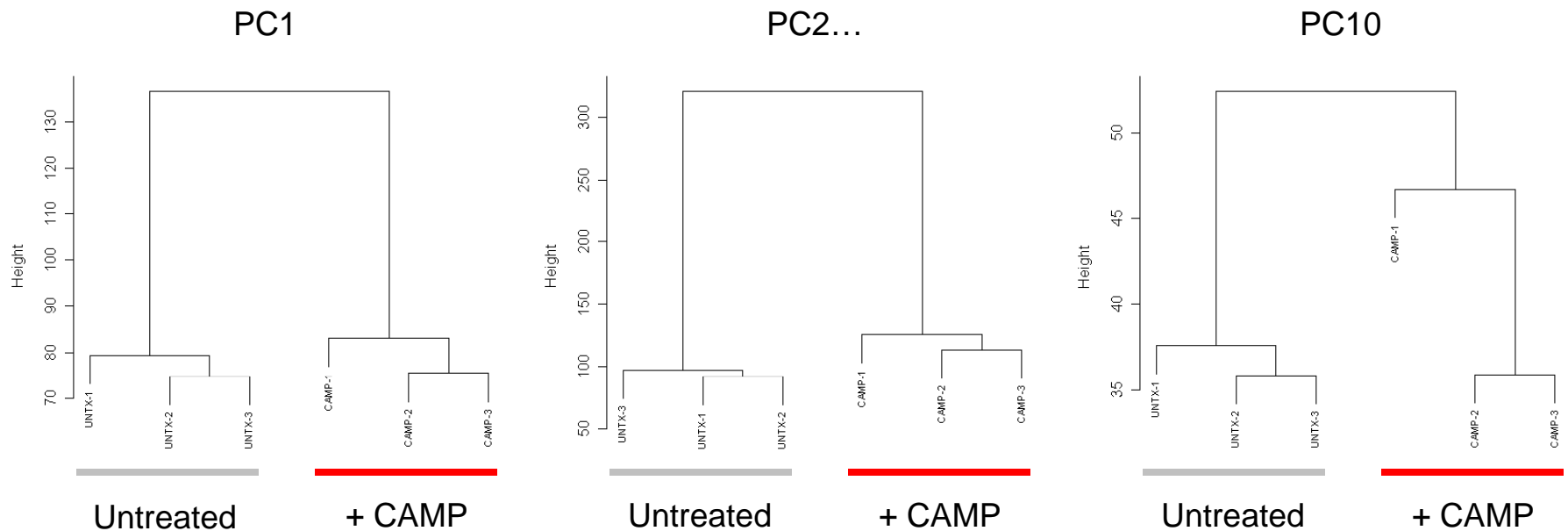
- 233 descriptors (parameters)
- 300 α bs
- 233 descriptors x 300 α bs = 70,000 data points/treatment (similar scale to microarray)

Analysis

- Principle components analysis (PCA) used to identify the first 10 linear combinations of antibody characteristics that maximize variance explained.
- Cluster the data, see how samples segregate on basis of treatment.

Result

- 75% of the variance is explained by the first 10 components.
- All 10 components form discrete clusters when using unsupervised hierarchical clustering.



Generalization Across Multiple Distinct Drug Classes

Experimental Design

42 drugs in 9 drug classes, quadruplicate replicates

160 plates (61,440 wells), 300 α bs (Yale Center for Genomics & Proteomics)

368,640 images, 1.2 terabytes of data (CNNR Cell Imaging Resource)

70 hrs supercomputer time (90 nodes) (262 CPU days) (HPCC)

Random Forest analysis

Drug Classes

adenosine agonist

aldose reductase inhibitor

COX inhibitor

dihydrofolate reductase inhibitor

DMSO control

glucocorticoid receptor agonist

phosphodiesterase inhibitor

protein kinase A activator

vitamin D receptor agonist

Predicted Class

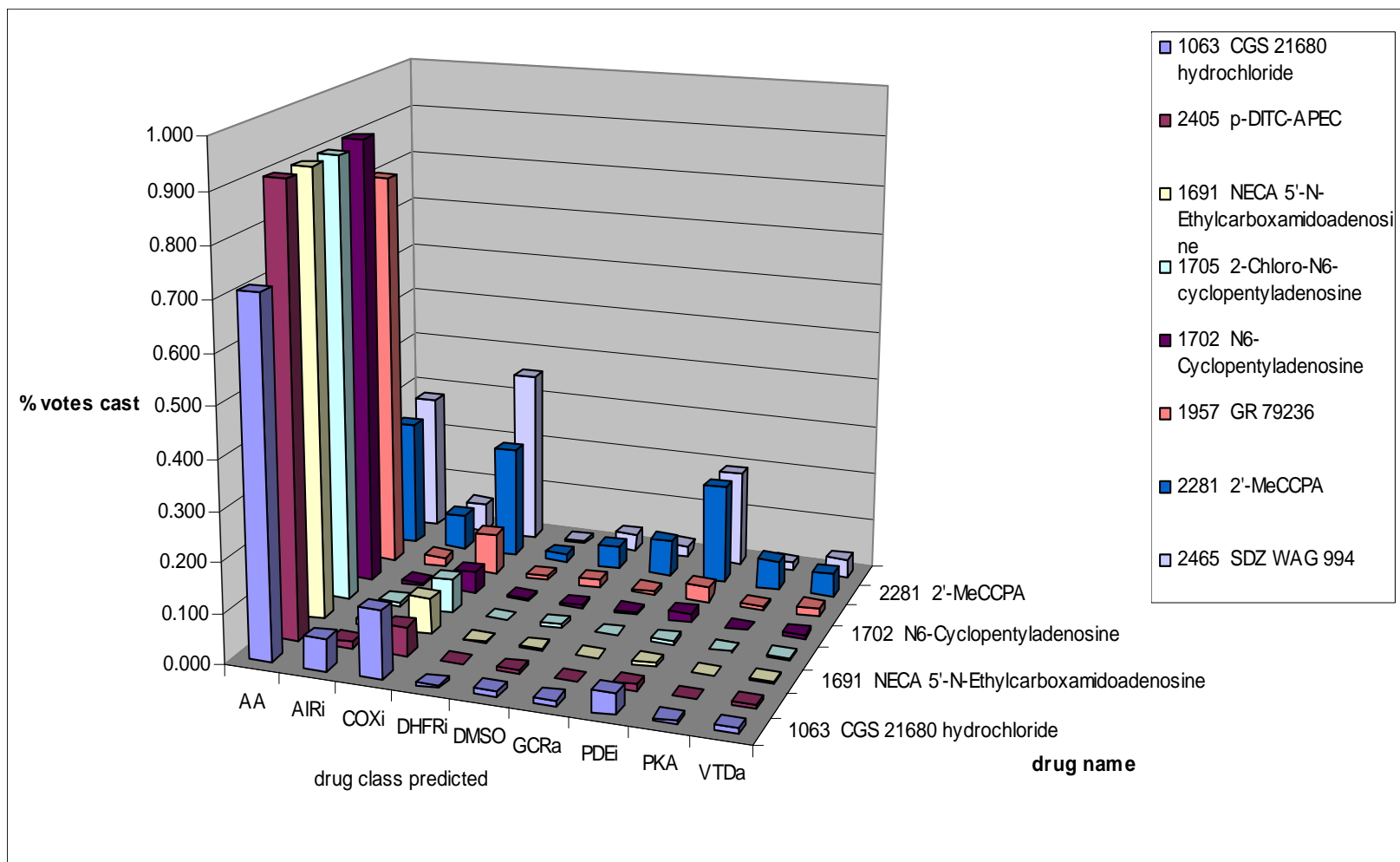
	AA	AIRi	COXi	DHFRi	DMSO	GCRa	PDEi	PKA	VTDa	class error
AA	28	0	4	0	0	0	0	0	0	0.125
AIRi	0	10	0	0	0	0	1	0	1	0.166
COXi	0	0	21	0	0	0	7	0	0	0.250
DHFRi	0	0	0	7	1	0	0	0	0	0.125
DMSO	0	0	0	0	15	0	0	0	1	0.062
GCRa	0	0	0	0	0	12	3	0	1	0.250
PDEi	0	0	2	0	0	2	19	0	1	0.208
PKA	0	0	0	0	0	0	0	16	0	0.000
VTDa	0	1	0	0	0	0	2	0	13	0.187

composite accuracy: 84.0%

Conclusion: Multiple Drug Classes Can be Accurately Discriminated
in a Single Experiment by a Single Objective Statistical Model

Prediction Distributions

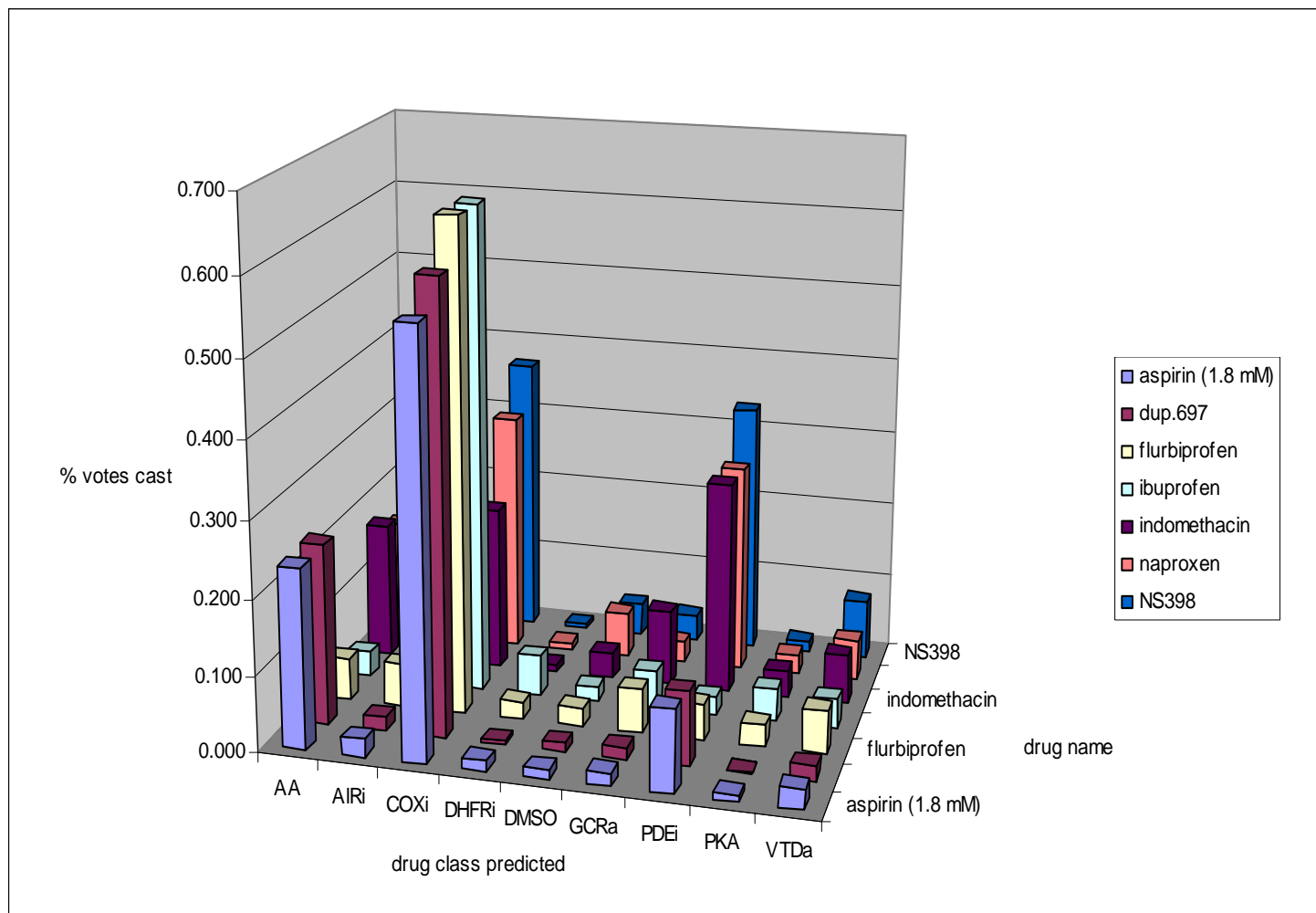
ADENOSINE RECEPTOR AGONISTS



Six strong predictions, two weak ones (one misprediction)

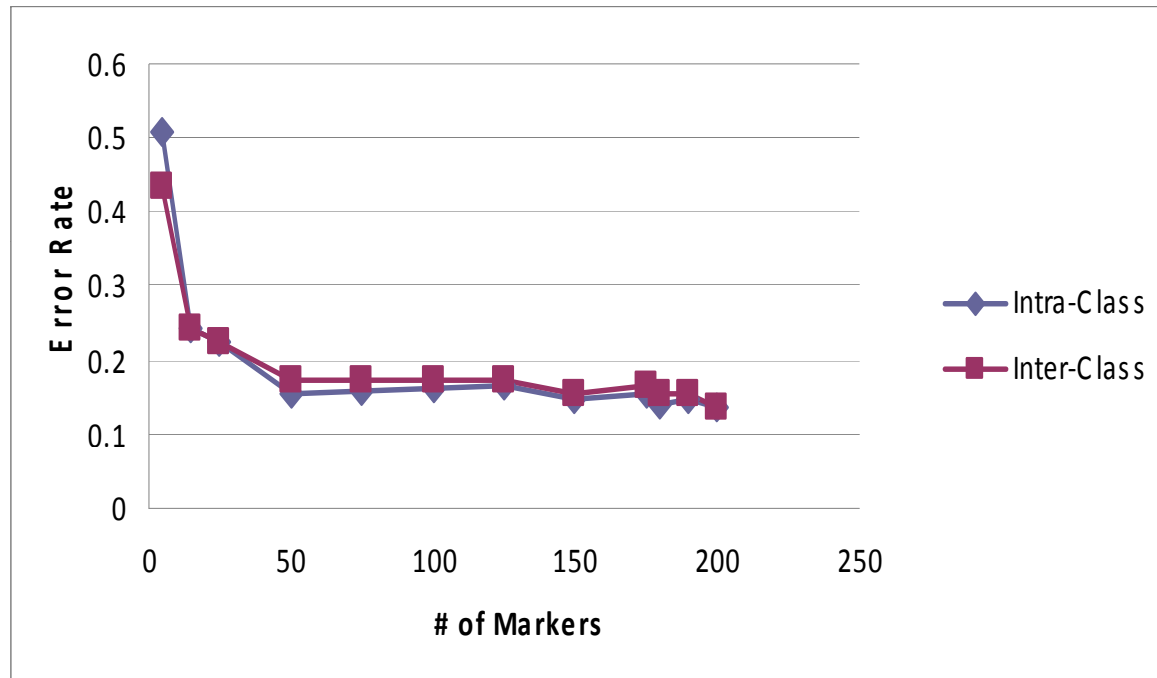
Prediction Distributions

CYCLOOXYGENASE INHIBITORS



three drugs with PDE inhibitor class votes

Sufficient antibody number = 50



six-fold increase in throughput efficiency

Scale-up:

- A) create as many (therapeutically relevant) physiologies as possible
- B) Screen unknowns against panel of physiology fingerprints

Easily manipulable targets expressed by DAOY cells

45 Receptors for:

EGF	Interferon a2
Erythropoietin	IGF1, 2
Oncostatin	Insulin
Activin A	Atrial nautreic peptide
Inhibin	TGF a
BMP2, 7	TGF b
GDF9	Hepatocyte GF
Cardiotrophin	Angiopoietin
LIF	IL6, 7
TNF α	Semaphorin
TNF β	CGRP
Pleiotrophin	SDF
PDGF	Adiponectin
Melanocortin	Ghrelin
Relaxin	Cholecystokinin
Nodal	Robo
FGF1	VEGF
FGF2	Netrin
RGMB	etc.

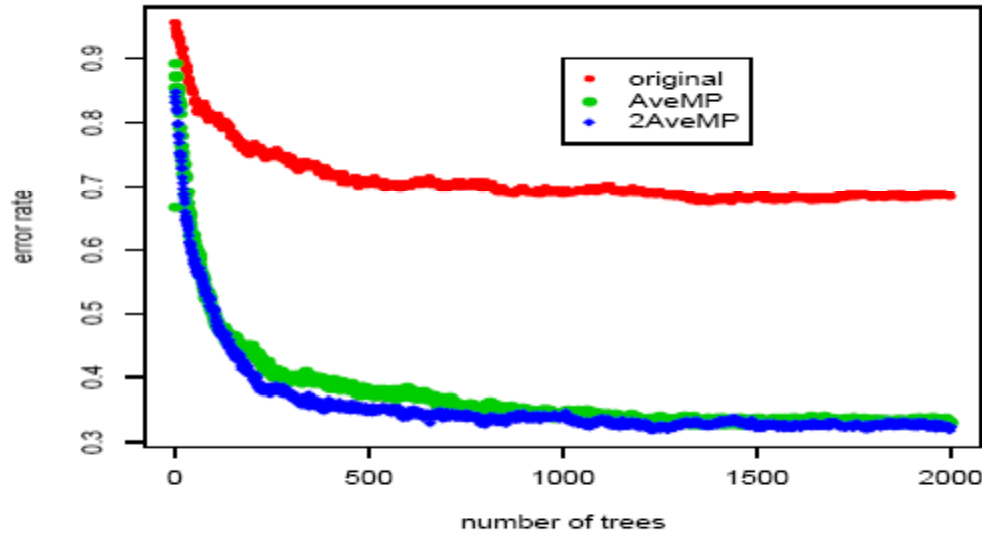
60 Targets with available drugs:

ADRB2 beta 2	GABBR1
Butyrylcholinesterase	histone deacetylases
lipoprotein lipase	MAOA
carboxypeptidase A4	cytochrome P450
carbonic anhydrase	cysteinyl leukotriene receptor 2
endothelin receptor B	glucocorticoid receptor alpha-2
oxytocin receptor	ceramide glucosyltransferase
citrate transporter	ATPase, Na+/K+ trans, alpha 1
adenosine receptors	dihydroorotate dehydrogenase
beta tubulin 1	epoxide hydrolase
5-alpha-reductase	guanylate cyclase
Tissue plasminogen activator	Vitamin K reductase
prostaglandin E receptor 2	vacuolar ATP synthase
IkB kinase-a	PPAR alpha
NFKB	PPAR gamma
topoisomerase (DNA) II alpha	NMDAR 2A
retinoic acid receptor	vitamin D receptor
PDE3, 4	Cyclooxygenase 2
PKA	etc.

45 receptors + 60 targets = 105 physiologies

105 drug class experiment

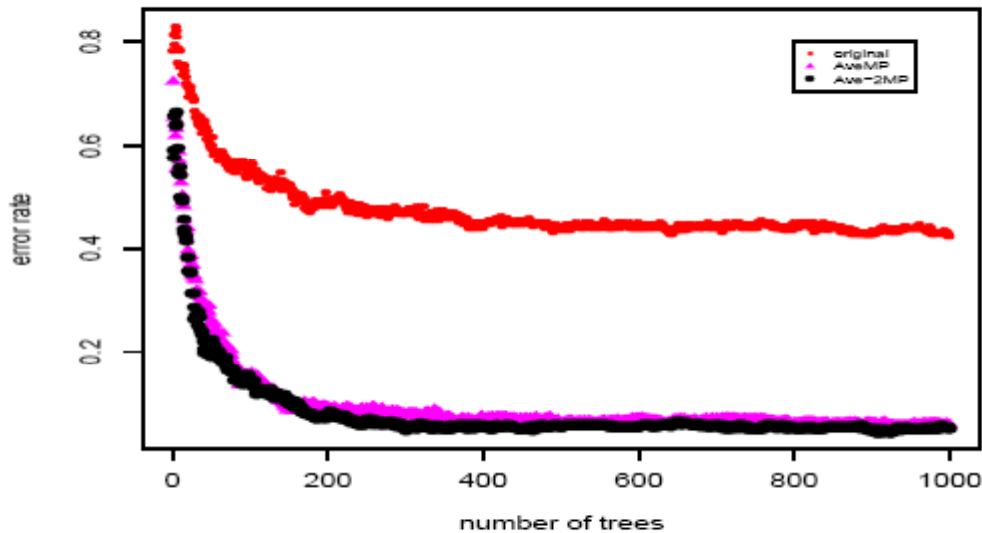
Error Rate Trace: All Drugs



un-normalized: 32% accuracy

normalized: 67% accuracy

Error Rate Trace: 24 Top Drugs



un-normalized: 55% accuracy

normalized: 95% accuracy

Ruiyan Luo

SUMMARY

- Drug action can be precisely fingerprinted with high-dimensionality data (e.g. microarrays)
- Multiparametric cytometry provides suitably high-dimensionality proteomic data
- Single platform for recognizing hundreds of distinct drug physiologies in a single experiment

FUTURE

- Screening novel compounds for therapeutic profiles
- Screening active compounds for toxic/undesirable profiles (e.g. addictive potential)
- Elucidating mechanisms of therapeutic/toxic/undesirable profiles

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