Integration of pathway knowledge into a reweighted recursive feature elimination approach for risk stratification of cancer patients

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ABSTRACT

Motivation: One of the main goals of high-throughput gene-expression studies in cancer research is to identify prognostic gene signatures, which have the potential to predict the clinical outcome. It is common practice to investigate these questions using classification methods. However, standard methods merely rely on gene-expression data and assume the genes to be independent. Including pathway knowledge a priori into the classification process has recently been indicated as a promising way to increase classification accuracy as well as the interpretability and reproducibility of prognostic gene signatures.

Results: We propose a new method called Reweighted Recursive Feature Elimination. It is based on the hypothesis that a gene with a low fold-change should have an increased influence on the classifier if it is connected to differentially expressed genes. We used a modified version of Google’s PageRank algorithm to alter the ranking criterion of the SVM-RFE algorithm. Evaluations of our method on an integrated breast cancer dataset comprising 788 samples showed an improvement of the area under the receiver operator characteristic curve as well as in the reproducibility and interpretability of selected genes.

Availability: The R code of the proposed algorithm is given in Supplementary Material.

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1 INTRODUCTION

Clinical cancer research is driven by two basic tasks. One is to elucidate the functions of genes and pathways to get mechanistic insights in tumor development and progression and to identify novel drug targets. Another task is the identification of prognostic and predictive gene signatures that allow the prediction of the clinical outcome and response to treatment.

In breast cancer, clinical predictors for relapse events (e.g. lymph-node status and histological grade) often fail to classify tumors according to their clinical behavior. The molecular heterogeneity of the tumors leads to differing outcomes in patients with the same disease stage. Therefore, several studies have been performed to identify prognostic gene signatures based on high-throughput gene-expression profiling. Various gene signatures have been identified, which have the potential to improve the current risk stratification of breast cancer patients (Desmedt et al., 2007; Liu et al., 2007; van’t Veer et al., 2002; Wang et al., 2005; Yu et al., 2007). Classification methods are used in this context to identify genes, which are able to discriminate between clinical relevant endpoints. One example is the support vector machine (SVM), which is a supervised learning algorithm that covers a broad range of applications (Vapnik, 1995; Vapnik and Cortes, 1995). Due to its ability to handle high-dimensional data, the SVM is a good tool for analyzing gene-expression data and its superior performance over other methods has been shown (Brown et al., 2000; Farey et al., 2000). However, genes identified by standard methods, which exclusively rely on gene-expression data, often lack stability, i.e. applying the same method to different datasets results in gene lists that have only a small number of genes in common (Ein-Dor et al., 2005). Recent studies have shown that standard methods can be improved in terms of classification accuracy as well as stability of gene lists by including a priori knowledge of pathways into the classification process (Bellazzi and Zupan, 2007; Binder and Schumacher, 2009; Chuang et al., 2007; Lee et al., 2008; Rapaport et al., 2007; Su et al., 2009; Yousef et al., 2009; Zha et al., 2009). These methods benefit from pathway knowledge since genes are not treated as independent. Most of the methods mentioned above are based on the hypothesis that genes in close proximity which are connected to each other should have similar expression profiles. Therefore, these algorithms look for predictive subnetworks instead of single genes. However, this hypothesis might not always be valid since pathways can be completely shut down by only one regulating gene and one would not observe a systematic effect in the whole pathway. Hence, the accuracy of predictions might be further
improved by algorithms that are adapted to use pathway knowledge and are able to choose single genes without demanding that these genes are within the same subnetwork.

In this article, we introduce a new algorithm called Reweighted Recursive Feature Elimination (RRFE). The task of including both, gene-expression data as well as pathway knowledge, is accomplished by using the recursive feature elimination (RFE) algorithm (Guyon et al., 2002), which is based on SVMs in combination with GeneRank (Morrison et al., 2005), a modified version of Google’s PageRank algorithm. The PageRank algorithm is based on the idea that a web page should be highly ranked if other highly ranked pages contain links to it. Morrison et al. (2005) transferred the idea of PageRank to genes, and we included it into the classification.

RFE was applied to four single datasets as well as an integrated dataset consisting of 788 breast cancer samples. Two distinct analyses were carried out. The purpose of the first analysis was to highlight differences in gene lists, when network knowledge is used or not. Therefore, the status of the human epidermal growth factor receptor 2 (ERBB2), which is a frequently amplified oncogene in breast cancer, was predicted. In the clinics, the ERBB2 status is routinely analyzed, since the ERBB2 receptor is linked to the prognosis and alternative treatment strategies exist for ERBB2 positive breast cancer patients. In a second analysis, one of the major challenges in current clinical cancer research (Ein-Dor et al., 2006) was addressed, i.e. the prediction of relapse events in breast cancer.

2 SYSTEM AND METHODS

2.1 Support vector machines (SVM)

The SVM is a statistical learning method for building classification models. Briefly, assume as training data, a set of examples \((x_1, y_1), \ldots, (x_n, y_n)\), where \(x_i \in \mathbb{R}^p\) represent n input vectors and \(y_i \in \{-1,1\}\) are the corresponding class labels. Any hyperplane can be defined as \(\langle w, x \rangle + b = 0\). The SVM searches for the pair \((w, b)\) that maximizes the margin between both classes. A new sample with input vector \(x\) is then assigned to class \(\text{sign}(\langle w, x \rangle + b)\). The maximum-margin hyperplane is found by the following optimization problem:

\[
\begin{align*}
\min_w & \quad \frac{1}{2} \|w\|^2 + C \sum_{i=1}^{n} \xi_i \\
\text{subject to} & \quad y_i (\langle w, x \rangle + b) \geq 1 - \xi_i, \forall i
\end{align*}
\]

where \(\xi_i\) are slack variables that measure the degree of misclassification. Hence, bounding the sum \(\sum_{i=1}^{n} \xi_i\) bounds the amount by which predictions are allowed to fall on the wrong side of the margin. Thus, \(C\) is a tuning parameter that controls the trade-off between the slack variable penalty and the size of the margin. The solution to (1) can be found by introducing Lagrangian variables. It can be shown that the weight vector \(w\) can be written as:

\[
w = \sum_{i=1}^{n} a_i y_i x_i,
\]

where \(a_i\) are the corresponding Lagrange multipliers.

The interested reader is referred to Vapnik (1995), Burges (1998) and Schölkopf and Smola (2001) for a more detailed introduction. All SVMs were trained and tested by using the kernlab package (Karatzoglou et al., 2004).

2.2 Recursive feature elimination (RFE)

In order to permit a feature selection when using SVMs, Guyon et al. (2002) introduced an algorithm called RFE.

Feature selection is performed in order to eliminate uninformative variables which, in turn, should lead to a better generalization performance, i.e. the SVM should achieve a better classification performance on previously unseen patterns. In addition to this, a reduced set of features may also give a better insight into the underlying model to be learned and a computational speedup. Other benefits might be cost reduction, in biological applications, for example, where only a smaller subset of genes has to be measured to detect a particular disease with the same accuracy as before.

For SVMs with a linear kernel, as used in this manuscript, RFE uses \(\|w\|^2\) as a ranking criterion for the importance of a feature, that is, the feature with the smallest impact on the norm of \(w\) is removed. Thus, in order to get the rank of the \(j\)-th feature, the \(j\)-th element of the weight vector has to be calculated as:

\[
[w_k] = \sum_{i=1}^{n} a_i y_i x_{ij}
\]

where \(w_k\) is the \(j\)-th element of the \(k\)-th feature vector. After calculating (3) for each of the \(P\) features they can be ordered according to their importance (high-value means more important). As a next step a specific amount of features from the bottom of the ordered list are discarded. This process of training the SVM, calculating (3) and removing of a specific amount of uninformative features is repeated until the set of surviving features is empty. For each SVM, trained on a certain number of features, a measure of performance has to be calculated in order to afterwards find the optimal number of features. This can, for example, be done by cross-validation or by using a theoretical concept such as the span estimate (Chapelle and Vapnik, 2000).

2.3 GeneRank

Morrison et al. (2005) recently introduced a modified version of Google’s PageRank algorithm (Brin and Page, 1998), which they called GeneRank. The authors adapted PageRank to use biological data: based on a biological network and a vector of expression changes, GeneRank calculates a rank for each node in the network. GeneRank increases the rank of a gene with a low fold change if it is connected to genes with a higher change in expression. The algorithm proposed in this article uses a transformed version of the GeneRank result to alter the ranking criterion of RFE and thus incorporates pathway knowledge into the classification.

In order to get a ranking for each node in the network, GeneRank, for \(r \in \mathbb{R}^P\), solves the following linear system:

\[
(I - dG)^{-1} p = \frac{1-d}{P} \cdot 1
\]

Here, \(I\) is the identity matrix, \(d \in (0,1)\) is a fixed parameter which is called the ‘damping factor’. It controls the influence of the network structure and their importance (high-value means more important). As a next step a specific amount of features from the bottom of the ordered list are discarded. This process of training the SVM, calculating (3) and removing of a specific amount of uninformative features is repeated until the set of surviving features is empty. For each SVM, trained on a certain number of features, a measure of performance has to be calculated in order to afterwards find the optimal number of features. This can, for example, be done by cross-validation or by using a theoretical concept such as the span estimate (Chapelle and Vapnik, 2000).

2.4 Protein-Protein interaction (PPI) networks

For the evaluations of the algorithm presented in this article (see Section 3.1), information about PPIs was used as prior knowledge. However, throughout...
the article the term pathway knowledge is used to refer to any kind of connectivity data, since the new algorithm is not limited to PPI data.

Information about PPI were obtained from the Human Protein Reference Database (HPRD: Prasad et al., 2009). The list of binary PPIs (Release 8.1: June 9, 2007) was obtained from their servers. After mapping the proteins to the genes present on the microarray used in the experiments (cf. Section 2.5), an interaction matrix $G$ of dimension $7896 \times 7896$ was created with

$g_{ij} = \begin{cases} 
1 & \text{if proteins } i \text{ and } j \text{ interact,} \\
0 & \text{otherwise.}
\end{cases}$

The mapping resulted in a matrix with 59,924 non-zero elements, that represents 29,962 interactions since the matrix is symmetric.

2.5 Datasets

Four breast cancer Affymetrix HG-U133A microarray datasets, comprising a total of 788 microarrays, were downloaded from the NCBI GEO data repository. All datasets included breast cancer patients that were treated with surgery and did not receive systemic therapy. The datasets were recently analyzed and published by Schmidt et al. (2008). The first dataset, the MamAn cohort (Schmidt et al., 2008) represents 153 lymph node-negative, relapse-free patients and 47 lymph node-negative patients that had a relapse (median relapse time 3.04 years; GEO accession number GSE11121). The second dataset, the Rotterdam cohort (Wang et al., 2005) represents 286 lymph node-negative breast cancer samples (including 106 relapse events with median relapse time 7.17 years; GSE2034). Samples from the third and fourth datasets were selected by GSM numbers as previously described by Schmidt et al. (2008). Thus, after filtering, the data made available by Loi et al. (2007) consisted of 125 samples (GSE6532) including 49 relapse events (median relapse time 7.7 years) and the dataset of Desmedt et al. (2007) contained 177 patients (GSE7390), with 85 relapse events (median relapse time 7.42 years).

2.5.1 Data preprocessing

The raw data were preprocessed using robust multichip average (RMA; Irizarry et al., 2003). After combining the single datasets, quartile normalization (Bolstad et al., 2003) was performed in order to remove inter-dataset effects. Mapping of the PPIs to the probe sets present on the HG-U133A microarray resulted in 13,671 features with prior knowledge from a total of 22,283 features present on the chip. All annotation data concerning the HG-U133A microarray was obtained from the R-package hgu133a.db (Carlson et al., 2009) in the Bioconductor environment (Gentleman et al., 2004).

2.5.2 Determination of the ERBB2 status

ERBB2 is a frequently amplified oncogene in breast cancer. Determination of ERBB2 status is important, since ERBB2-positive patients have a poor prognosis and targeted treatment strategies (i.e. monoclonal antibody against ERBB2—Trastuzumab) are available for ERBB2-positive breast cancer patients. The ERBB2 status is routinely detected by immunohistochemistry in the clinics. Since ERBB2 status was not available for all samples, ERBB2 receptor status was determined using Affymetrix probe set 21658_s_at as previously described by Bodly et al. (2009) and Breae et al. (2010). The classification of the ERBB2 status by microarrays has recently been shown to have a concordance of 96% when compared with immunohistochemistry data (Riepmann et al., 2009). The expression values of the ERBB2 probe set showed a bimodal distribution over the 788 samples. By visual inspection, 11.45 was chosen as cutoff to assign the patients into ERBB2 positive and negative. Afterwards ERBB2 was removed from the raw data which left in 22,281 features for classification.

2.6 Experimental setup and measure of improvement

Classification was performed for each of the four datasets as well as the combined set comprising all 788 samples. All comparisons were evaluated in a 10-fold cross-validation (CV; Hastie et al., 2009; Kohavi, 1995) that was repeated five times with different split positions.

In 10-fold CV, the data is randomly split into 10 equally sized subsamples. In a next step, the classifier is trained on nine subsamples and subsequently used to predict the class-labels of the retained subsample. Thus, after repeating the cross-validation process 10 times, with each of the 10 subsamples used once as test set, one obtains a prediction for every sample in the dataset. Using these predictions, a measure of performance can be computed. In this article, the area under the receiver operator characteristic curve (AUC; Swets, 1988) was used. In order to calculate a standard deviation for the AUC, the CV was repeated five times, yielding five AUCs for each dataset. Due to this setup a total of 50 ($5 \times 10$) classifiers were trained on each of the five datasets. The AUCs were calculated using the ROCR package (Sing et al., 2005) for the R software (R Development Core Team, 2009).

To test whether or not the new RFFE method gained a significant increase in AUC compared with SVM-RFE the implementation of the Wilcoxon rank sum test in the R software was used. For each dataset, five AUCs obtained by applying 5 × 10-fold CV with RFFE versus five AUCs obtained by applying 5 × 10-fold CV with SVM-RFE (on five different split positions) were compared. The null hypothesis that the distributions differ by a location shift of 0 was tested against the (one-sided) alternative that the distribution of RFFE is greater compared with that of SVM-RFE. A $P$-value ≤0.05 was considered as significantly different.

3 RESULTS

3.1 Reweighted recursive feature elimination (RFFE)

First, a PPI matrix was created using data obtained from the HPRD (cf. Section 2.4). Afterwards, the gene-expression dataset was split up, 90% were used to train the algorithm and the remaining 10% were used after the training procedure to evaluate the performance of the classifier on unseen data (Fig. 1).

As a next step, the training data were used to calculate the fold-change between two biological groups, e.g. relapse and no relapse. The PPI matrix and the fold-change information were used to calculate a ranking of the features by using the GeneRank algorithm (cf. Section 2.3), which was previously implemented for the R software. However, it is important to mention that the PPI matrix contains information about proteins and the microarray consists of probe sets targeting genes. Thus, the probe set data had to be combined in order to get weights for genes. If a gene was targeted by more than one probe set, the fold-change for each probe set was calculated and then averaged. Whenever a gene was represented by more than one protein in the PPI matrix, all proteins derived by that gene were given the same fold-change. After applying GeneRank, the ranks obtained for a particular gene were assigned to the corresponding probe sets. For all experiments performed, the damping factor $d$ was set to 0.5 as suggested in Morrison et al. (2005).

The next step was to train an SVM with a linear kernel on all features. The optimal choice for the parameter $C$ in Equation (1) was found by using the span estimate (Chapelle and Vapnik, 2000), i.e. for each $C \in [0.001, 0.01, 0.1, 1, 10, 100, 1000]$ an SVM was trained and the corresponding span estimate for each model was calculated. The span estimate is a theoretical concept which allows to calculate a bound on the leave-one-out (LOO) error. The LOO error is an approximately unbiased estimate of the generalization performance of the SVM. It has been shown in the literature (Chapelle et al., 2002) that the span estimate provides a good and computationally efficient criterion for model and feature selection in SVMs.
After the list has been ordered, 10% of the genes with the smallest GeneRank get a weight 1, the feature with the second highest rank gets the weight 2, the next 3, ..., P. The transformation was done in order to avoid single overexpression of the ERBB2 oncogene is a well-known factor associated with poor prognosis in breast cancer, which is frequently based on the amplification of a genomic region on chromosome 17. ERBB2 amplification on the gene level frequently leads to an overexpression on the RNA and protein level. Several genes adjacent to ERBB2 are co-amplified leading to an additional upregulation on the RNA level.

To demonstrate the impact of RRFE on the genes, which are chosen for the classification, 788 breast cancer samples were assigned to two groups according to their ERBB2 receptor status (cf. Section 2.5.2). Of the total breast cancer patients, 102 were defined as ERBB2 receptor positive and 686 as ERBB2 negative. The ERBB2-specific probe sets were omitted, and all other genes that could be mapped onto a pathway were used to predict the ERBB2 status of the patients. Since some of the genes are lying within the same amplicon, adjacent to the ERBB2 gene, they are highly correlated with ERBB2 status (due to co-amplification). Hence, by choosing these genes, a classifier should be able to predict the status of the patients with high accuracy. Therefore, the focus of this experiment was not to compare the performance of the methods but rather to highlight changes in the genes which have been used by the methods to predict the ERBB2 status of the patients. Due to the way RRFE incorporates prior knowledge into the classification process one would expect differences in the selected gene sets.

RRFE was used to predict the ERBB2 status and subsequently compared with standard SVM-RFE. As expected, after cross-validation, an AUC close to 1 could be observed with both methods (data not shown). However, different genes were selected when the standard method was compared with the RRFE method (Table 1). More than 50% (6 out of 10) of the genes that were selected most often by the standard SVM-RFE are located on chromosome 17, adjacent to the ERBB2 gene (Table 1, upper panel). Those genes are identified due to their correlation with the class labels, that is, the receptor status. However, due to the correlation the information gained from these features is redundant.

Three of these correlated genes found by RFE are contained in the gene list of RRFE as well, which is most probably due to their high fold-change (Table 1, lower panel). However, in addition several other genes were chosen as a result of including prior knowledge, i.e. the connectivity.

To functionally characterize genes that have been chosen by both methods as well as to test for enriched pathways within these gene lists the tool gene2pathway (Frohlich et al., 2008) has been used.
Table 1. Results of the ERBB2 receptor status prediction

<table>
<thead>
<tr>
<th>Gene symbol</th>
<th>Chromosome</th>
<th>Times chosen</th>
<th>Log fold-change</th>
<th>Connections</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVM-RFE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRB7</td>
<td>17</td>
<td>50</td>
<td>-2.105</td>
<td>14</td>
</tr>
<tr>
<td>NDUF47</td>
<td>19</td>
<td>31</td>
<td>0.308</td>
<td>2</td>
</tr>
<tr>
<td>MED24</td>
<td>17</td>
<td>29</td>
<td>-1.479</td>
<td>4</td>
</tr>
<tr>
<td>LRP539</td>
<td>17</td>
<td>24</td>
<td>-0.729</td>
<td>1</td>
</tr>
<tr>
<td>CRKRS</td>
<td>17</td>
<td>23</td>
<td>-1.825</td>
<td>5</td>
</tr>
<tr>
<td>PHB</td>
<td>17</td>
<td>22</td>
<td>-0.512</td>
<td>14</td>
</tr>
<tr>
<td>CD36</td>
<td>3</td>
<td>22</td>
<td>-0.099</td>
<td>4</td>
</tr>
<tr>
<td>MEI1</td>
<td>17</td>
<td>21</td>
<td>-1.672</td>
<td>26</td>
</tr>
<tr>
<td>ACTG1</td>
<td>17</td>
<td>21</td>
<td>0.024</td>
<td>35</td>
</tr>
<tr>
<td>NR2F1</td>
<td>5</td>
<td>20</td>
<td>-0.538</td>
<td>13</td>
</tr>
<tr>
<td>RRFE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRB7</td>
<td>17</td>
<td>50</td>
<td>-2.105</td>
<td>14</td>
</tr>
<tr>
<td>EGFR</td>
<td>7</td>
<td>49</td>
<td>0.032</td>
<td>151</td>
</tr>
<tr>
<td>WIFDC2</td>
<td>20</td>
<td>48</td>
<td>1.044</td>
<td>1</td>
</tr>
<tr>
<td>ENSR1</td>
<td>22</td>
<td>48</td>
<td>-0.008</td>
<td>97</td>
</tr>
<tr>
<td>TP53</td>
<td>17</td>
<td>48</td>
<td>0.240</td>
<td>242</td>
</tr>
<tr>
<td>PRKACA</td>
<td>19</td>
<td>48</td>
<td>0.022</td>
<td>131</td>
</tr>
<tr>
<td>LRP539</td>
<td>17</td>
<td>48</td>
<td>-0.730</td>
<td>1</td>
</tr>
<tr>
<td>SMAD3</td>
<td>15</td>
<td>47</td>
<td>0.072</td>
<td>166</td>
</tr>
<tr>
<td>CRKRS</td>
<td>17</td>
<td>47</td>
<td>-1.825</td>
<td>5</td>
</tr>
<tr>
<td>PRKCA</td>
<td>17</td>
<td>47</td>
<td>0.038</td>
<td>162</td>
</tr>
</tbody>
</table>

Top 10 genes chosen by both methods after CV, i.e. a gene would have been chosen 50 times if it was considered as important by all classifiers (upper panel) genes chosen by the SVM-RFE algorithm (lower panel) genes considered as important by RRFE Bold numbers indicate genes which lie adjacent to the ERBB2 gene on chromosome 17.

This tool retrieves the pathway membership of a gene from the KEGG database (Kanehisa and Goto, 2000) and afterwards uses Fisher’s exact test to identify significantly enriched pathways within the genes which were identified by the classifiers. All P-values were corrected for multiple testing with the method by Benjamini and Yekutieli (2001). After applying gen2pathway to the top 100 genes which have been chosen most often by SVM-RFE no significantly overrepresented pathways could be found (data not shown). However, using the top 100 selected genes chosen by RRFE the pathway ERBB signaling (P = 1.69 × 10^{-11}) showed up to be significantly enriched among others.

3.4 RFME improves the prediction of relapse events in breast cancer

RFME was applied to predict the event of a relapse in four single datasets as well as in a combined dataset comprising 788 breast cancer samples. For each dataset, two analyses were performed.

Table 2. AUC obtained by predicting relapse events on five datasets

<table>
<thead>
<tr>
<th>Dataset</th>
<th>SVM-RFE</th>
<th>RRFE</th>
<th>SVM-RFE</th>
<th>RRFE</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined</td>
<td>0.649</td>
<td>0.671</td>
<td>0.028</td>
<td>0.657</td>
<td>0.688</td>
</tr>
<tr>
<td>GSE11121</td>
<td>0.614</td>
<td>0.667</td>
<td>0.016</td>
<td>0.588</td>
<td>0.657</td>
</tr>
<tr>
<td>GSE2034</td>
<td>0.659</td>
<td>0.708</td>
<td>0.008</td>
<td>0.673</td>
<td>0.727</td>
</tr>
<tr>
<td>GSE7390</td>
<td>0.538</td>
<td>0.516</td>
<td>0.345</td>
<td>0.519</td>
<td>0.536</td>
</tr>
<tr>
<td>GSE5532</td>
<td>0.303</td>
<td>0.609</td>
<td>0.004</td>
<td>0.518</td>
<td>0.585</td>
</tr>
</tbody>
</table>

Columns 1 and 2 show the difference in AUC when prior knowledge is used (RRFE) or not (SVM-RFE). Columns 3 and 4 show the P-values obtained from testing whether there is a significant difference between the AUCs. Columns 5 and 6 show the AUC for both methods when all genes were used for classification. The last column shows the P-values obtained by carrying out the same test as above.

First, only genes for which prior knowledge was available, i.e. which were present in the PPI matrix, were used. Although this is the most straightforward way to include prior knowledge it might not be the best, because many potentially informative features have to be discarded. Therefore, a second analysis was performed with the aim to use as much information as possible, that is, all features present on the microarray. Since it is not possible to obtain a GeneRank weight for genes that are not present in the PPI matrix, the smallest weight returned by GeneRank was assigned to these genes. Due to this setup, SVM-RFE was compared with RRFE 10 times (five datasets, two analysis on each).

In 9 out of these 10 comparisons, RRFE was able to significantly increase the AUC (Table 2 and Fig. 2). No improvement could be observed in the dataset of Loi et al. (2007). However, the performance was similar to that of the standard SVM-RFE algorithm.

Pathway overrepresentation analysis (Fröhlich et al., 2008) was carried out on the top 100 genes selected by each method on the combined dataset (788 samples; only genes that could be mapped onto a pathway). Within the top 100 selected genes of SVM-RFE no significantly enriched pathways could be found. Analysis of the top 100 genes selected by RRFE revealed Cell Growth and Death (P = 2.656 × 10^{-12}),Cancers (P = 1.880 × 10^{-11}) and Cell cycle (P = 6.607 × 10^{-10}) as significantly overrepresented among others.

The stability of the gene lists was investigated as well. Of the top 100 genes selected by RRFE, 87 were chosen by each of the 50 classifiers. The remaining 13 genes were selected 49 times. With SVM-RFE no gene was selected by all classifiers, the top gene was chosen 46 times. SVM-RFE seems not to perform a stable feature selection since the 100th feature was considered as important by only 36% of the classifiers.

3.4 Comparison to other classification methods

For comparing the performance of RRFE to other state-of-the-art methods, the combined dataset with 788 samples was used. The methods were used to predict if the patients had a relapse event or not. RRFE was compared with both standard methods that use solely expression data as well as methods that use expression data in combination with pathway knowledge.

3.4.1 Standard classification methods

RRFE was first compared to the nearest shrunken centroid method (Tibshirani et al., 2002). After five CVs this method reached an average AUC of 0.590. In a second analysis, generalized additive models were fitted...
AUC of GAMBoost was 0.559.

Yuan, 2008) applied to the neighboring gene pairs. With the and the gray ones show the result of RRFE.

22 283 features were used. The white boxplots show the result of SVM-RFE features for which pathway knowledge was available. In the lower part, all the single datasets). The upper part shows results of classification on 13 671 datasets (combined = integrated dataset; GSE = GEO accession number for the change in expression (Chuang et al., 2007), which might be only downstream effectors of the key players. For example, minute changes in transcription factor expression may lead to considerable expression changes of many genes regulated by the transcription factor. The key players, which are correlated to cancer development and not exhibit high fold changes, are known to be highly connected to those genes that significantly change their expression level (Chuang et al., 2007). Hence, the performance of classification algorithms might be improved if they are adapted to use the gene-expression data coming from microarray experiments and exploit the information that is stored in biological networks, that is, the connectivity of the genes.

In this article, we introduced RRFE, which includes pathway knowledge into the classification process by modifying the feature-ranking criterion of RFE (Guyon et al., 2002). Motivated by the findings mentioned above, we used GeneRank (Morrison et al., 2005), a modified version of the PageRank algorithm (Brin and Page, 1998), to alter the ranking criterion of RFE and thus incorporate the prior knowledge. The PageRank algorithm, used by Google, is based on the hypothesis that a web page should be highly ranked in a search result if other highly ranked pages contain links to it. This hypothesis is similar to what is observed in gene networks. The assumption of our approach is that a gene with a low fold change should have an increased influence on the classifier if it is connected to differentially expressed genes. The combination of GeneRank and RFE gives proposed a method called PathBoost which is based on likelihood-based boosting (Tutz and Binder, 2006). PathBoost is similar to GAMBoost mentioned above. However, PathBoost uses the additional knowledge about pathways to adapt the penalty of connected genes in the course of boosting steps. The main parameter of the method is the number of boosting steps which was optimized by an inner CV. After five CV runs, the average AUC of PathBoost was 0.564 (Table 3).

4 DISCUSSION

Many high-throughput gene-expression profiling studies have been performed with the aim to identify putative new biomarkers for risk stratification of breast cancer patients (Desmedt et al., 2007; Liu et al., 2007; van’t Veer et al., 2002; Wang et al., 2005; Yu et al., 2007). However, a major drawback of the gene lists identified in these studies is that the overlap is poor (Ein-Dor et al., 2005; Sontrop et al., 2009).

Classification methods are often used to computationally find survival-related gene signatures. However, genes which are known to be involved in breast cancer are not necessarily identified by current methods because they only detect genes that exhibit a large change in expression (Chuang et al., 2007), which might be only downstream effectors of the key players. For example, minute changes in transcription factor expression may lead to considerable expression changes of many genes regulated by the transcription factor. The key players, which are correlated to cancer development and not exhibit high fold changes, are known to be highly connected to those genes that significantly change their expression level (Chuang et al., 2007). Hence, the performance of classification algorithms might be improved if they are adapted to use the gene-expression data coming from microarray experiments and exploit the information that is stored in biological networks, that is, the connectivity of the genes.

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![Boxplots of AUCs obtained by CV.](Image)

**Fig. 2.** Boxplots of AUCs obtained by CV. The x-axis denotes the five datasets (combined = integrated dataset; GSE = GEO accession number for the single datasets). The upper part shows results of classification on 15 671 features for which pathway knowledge was available. In the lower part, all 22 283 features were used. The white boxplots show the result of SVM-RFE and the gray ones show the result of RRFE.

TABLE 3. Method comparison on the combined dataset

<table>
<thead>
<tr>
<th>Method</th>
<th>AUC (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRFE</td>
<td>0.671 (0.662–0.681)</td>
</tr>
<tr>
<td>Network-based SVM</td>
<td>0.607 (0.574–0.645)</td>
</tr>
<tr>
<td>PathBoost</td>
<td>0.564 (0.547–0.601)</td>
</tr>
<tr>
<td>PAM</td>
<td>0.590 (0.569–0.623)</td>
</tr>
<tr>
<td>GAMBoost</td>
<td>0.559 (0.534–0.588)</td>
</tr>
</tbody>
</table>

Shown are the average AUC and the 95% confidence interval (CI) after CV.

3.4.2 Classification methods that use prior knowledge

In order to have fair comparisons all methods mentioned in this subsection were adopted to use PPI data as basis of pathway knowledge.

First, RRFE was compared with the network-based SVM introduced by Zhu et al. (2009). They proposed a network-based penalty which is based on the sum of the $F_{\infty}$-norms (Zou and Yuan, 2008) applied to the neighboring gene pairs. With the hinge loss of the SVM punished by their network-based penalty, the pathway knowledge is directly included into the optimization process of the SVM. The performance was evaluated by CV and after five repeats an average AUC of 0.607 was observed (Table 3). However, it is worth noting that we followed the analysis of Zhu et al. (2009) and focused only on genes with the highest variation (i.e. standard deviation of the log2 expression level $\geq 0.8$ across 788 samples).

In order to evaluate the performance of algorithms distinct from SVMs, we have chosen a boosting algorithm for the second comparison. Binder and Schumacher (2009) recently
highly connected genes the chance to influence the classifier and to "pull" deciphering the underlying biological process. Thus, RFRE accounts for the fact that many functionally relevant genes might not be detectable with current techniques and hence decrease the amount of unexploited information in the data.

The graph structure which is needed by GeneRank was built from binary PPI data coming from the HPRD. This database is known to contain manually curated information for a high number of proteins. Therefore, there was a high overlap between proteins in the database and corresponding genes on the microarrays used in our experiments. Therefore, by using HPRE, we were able to keep a high number of features for the classification. However, it is worth mentioning that RFRE showed a similar performance when it was evaluated using network data coming from KEGG (Kanehisa and Goto, 2000) and the ConsensusPathDB (Kamburov et al., 2009) (data not shown). Nevertheless, RFRE can easily be adapted to use other sources of prior knowledge.

In order to judge the performance of RFRE on a dataset with a large number of cases, we integrated four single datasets into one big dataset as recently described by Schmidt et al. (2008). However, combining datasets is not a trivial task and one has to take care of several issues: only probe sets which are present on every microarray should be considered, the patients should have received a similar or no treatment and the chips should be normalized together in order to get rid of within-array differences. After careful consideration, we thus decided to use the datasets described by Schmidt et al. (2008) for all experiments performed in this article. The reason for choosing these particular datasets was that all samples were measured on the same microarray platform and the patients did not receive any systemic treatment. However, to be sure that our method does not benefit from the combination of the four datasets, we also evaluated it on the single ones.

In the first analysis, the influence of pathway information on the composition of gene lists was assessed. Therefore, classification of the ERBB2 status in 788 samples was chosen. Breast cancer patients are classified due to their ERBB2 receptor status in the clinics. ERBB2-positive patients can be treated with a specific therapeutical antibody directed against the ERBB2 receptor (Emens, 2005). ERBB2 classification is a good example to demonstrate the gene selection, since ERBB2 receptor overexpression is based on an amplification of a region on chromosome 17. Therefore, adjacent genes within the ERBB2 amplicon are simultaneously overexpressed and detected by common classification methods due to their high expression fold change. This is a well-known example for a gene cluster showing a high correlation in a certain molecular breast cancer subtype (ERBB2 positive). However, a large proportion of the upregulated genes (based on co-amplification) are apparently not associated with the intrinsic biology and the adverse clinical outcome of the ERBB2 breast cancer subtype. Therefore, the idea behind this analysis was to show how the gene lists differ when prior knowledge (PPI data) is used or not.

Our analyses showed that the standard SVM-RFE selects many of the overexpressed genes, which are located on chromosome 17 adjacent to ERBB2. However, ERBB2-positive breast cancer is a distinct subtype, which is correlated with adverse risk factors (Slamon et al., 1987; Sohlke et al., 2001). Therefore, classification methods should also detect genes, which are correlated with the intrinsic biology rather than being co-amplified. The analyses demonstrated that different gene sets were selected by the RFRE classification method and the pathway overrepresentation showed that RFRE is indeed able to detect those genes that are correlated with the intrinsic biology (see below).

Another result that could be observed in this analysis is that the gene list of RFRE is more stable compared with SVM-RFE. In addition, the genes chosen by RFRE are more closely related to cancer: a pathway overrepresentation analysis revealed Erbb signaling among some others as significantly enriched in the top 100 genes chosen by RFRE. No overrepresented pathways could be observed with the standard algorithm.

Besides consistent feature selection, a classifier should be able to classify patients with a high sensitivity as well as with a high specificity. To investigate the performance of RFRE, it was used to predict if a breast cancer patient will suffer from a relapse event after surgery. The classification was performed in two different settings. In the first instance, classification was performed on all genes which could be mapped onto a pathway. The second test was done using all measured genes. Both analyses were performed on all datasets, which resulted in 10 comparisons. When the results of RFRE were compared with SVM-RFE, a significant increase in AUC could be observed in 9 out of 10 cases. Again, a pathway overrepresentation analysis was performed for the top 100 genes selected most often by each of the methods. The gene list of RFRE revealed several cancer-related pathways as significantly enriched. No enriched pathways could be found in the gene list produced by SVM-RFE. Thus, the pathway knowledge improves classification accuracy and enables the classifier to identify cancer relevant genes. In addition, the pathway data causes the classifier to be more robust against noise in the data, since it significantly increases the AUC even on the combined dataset with 788 samples where the experiments have been performed by different investigators in different labs on different days.

To further investigate the performance of RFRE, it was compared with both standard classification methods and classification methods that take a priori into account the knowledge of pathways. In order to obtain comparable results, the methods that use pathway knowledge were adopted to use the same knowledge-base as RFRE, i.e. the HPRD. In all comparisons, RFRE reached the highest AUC. We think, that it is important to mention that biological knowledge is biased and under permanent change, which is especially true for pathway data. Therefore, when using pathway knowledge one has to bear in mind that this information suffers from an annotation bias, and thus the density of connections in certain regions of the network might be higher due to the fact that these parts of the network are better understood. Therefore, it is desirable to be able to control the influence of the pathway knowledge on the ranking of the genes, which can be done by adjusting the damping factor. The value of the damping factor should depend on the reliability of the underlying pathway data.

We believe that with increasing quality and amount of pathway data, the classification performance of methods should increase as well.

5 CONCLUSION

We presented a new classification method called RFRE that takes pathway knowledge into account. This is achieved by using a modified version of the PageRank algorithm in combination with RFE. In our experiments, we used PPI data as prior knowledge.
Reweighted recursive feature elimination for risk stratification of cancer patients

However, the algorithm can also be used with other types of pathway data. We showed that gene lists become more consistent when pathway knowledge is used. In addition, compared with SVM-RFE the AUC could be significantly improved in 9 out of 10 experiments. RRFE also outperformed two other classification methods that include a priori the knowledge of pathways as well as two standard classification methods that are commonly used in the field of microarray analysis.

In conclusion, RRFE increases both, the classification performance in clinically relevant questions as well as the amount of information that is extracted from the data.

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