

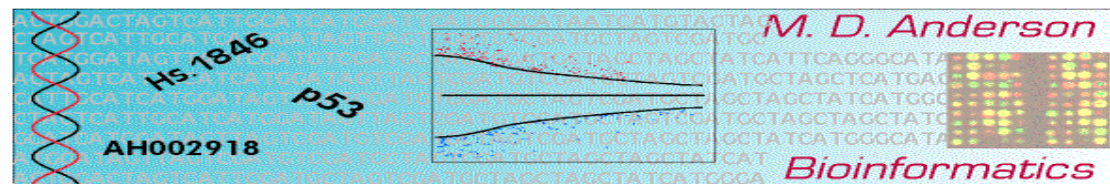
# The Importance of Reproducibility in High-Throughput Biology: Case Studies in Forensic Bioinformatics

Keith A. Baggerly

Bioinformatics and Computational Biology

kabagg@gmail.com

GCC Rigor and Reproducibility, May 24, 2022



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## Why is Reproducibility Important in H-T B?

Our intuition about what “makes sense” is very poor in high-d.

To use “omics-based signatures” as biomarkers, we need to know they’ve been assembled correctly.

Without documentation, we may need to employ (lengthy!) *forensic bioinformatics* to infer what was done.

Let’s look at examples in the context of a specific problem:  
*can we predict which patients will respond to which  
chemotherapeutics?*

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# Using Cell Lines to Predict Sensitivity

Genomic signatures to guide the use of  
chemotherapeutics

ature.com/naturemedicine

Anil Potti<sup>1,2</sup>, Holly K Dressman<sup>1,3</sup>, Andrea Bild<sup>1,3</sup>, Richard F Riedel<sup>1,2</sup>, Gina Chan<sup>4</sup>, Robyn Sayer<sup>4</sup>,  
Janiel Cragun<sup>4</sup>, Hope Cottrill<sup>4</sup>, Michael J Kelley<sup>2</sup>, Rebecca Petersen<sup>5</sup>, David Harpole<sup>5</sup>, Jeffrey Marks<sup>5</sup>,  
Andrew Berchuck<sup>1,6</sup>, Geoffrey S Ginsburg<sup>1,2</sup>, Phillip Febbo<sup>1-3</sup>, Johnathan Lancaster<sup>4</sup> &  
Joseph R Nevins<sup>1-3</sup>

Potti et al (2006), Nature Medicine, 12:1294-300.

The main conclusion: we can use microarray data from cell lines (the NCI60) to define drug response “signatures”, which can predict whether patients will respond.

They provide examples using 7 commonly used agents.

This got people at MDA very excited.

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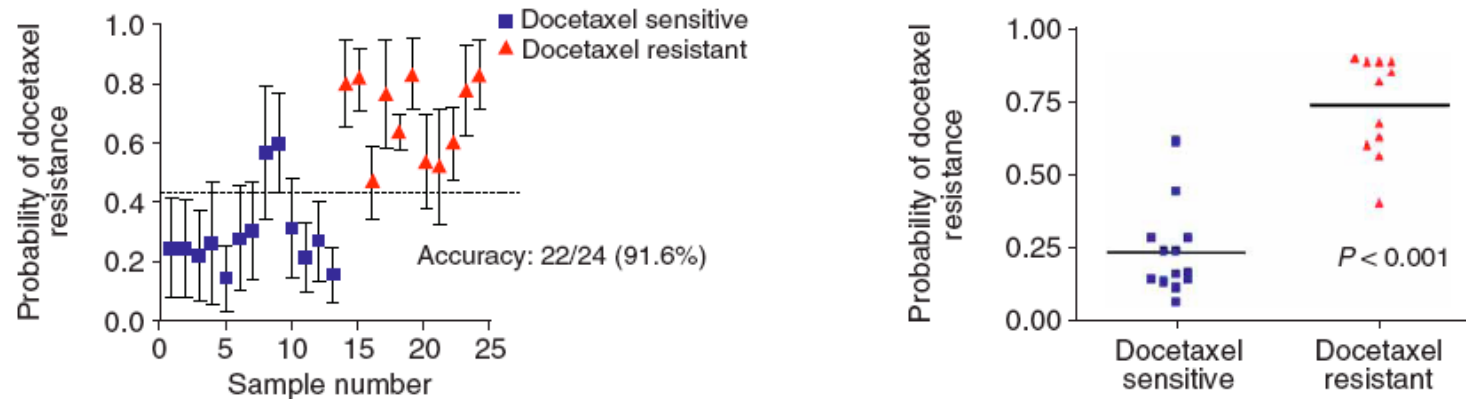
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## Their Gene List and Ours

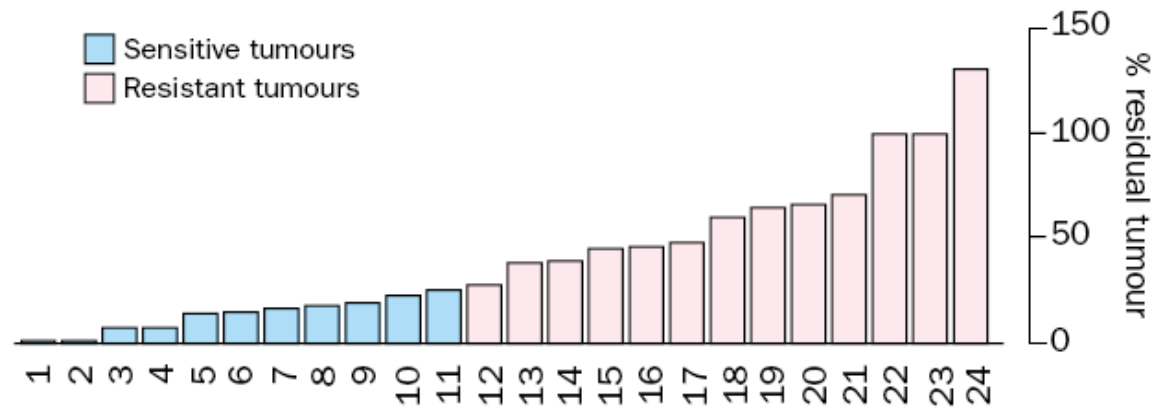
```
> temp <- cbind(
  sort(rownames(pottiUpdated)[fuRows]),
  sort(rownames(pottiUpdated)[
    fuTQNorm@p.values <= fuCut]));
> colnames(temp) <- c("Theirs", "Ours");
> temp
      Theirs      Ours
...
[3,] "1881_at"    "1882_g_at"
[4,] "31321_at"   "31322_at"
[5,] "31725_s_at" "31726_at"
[6,] "32307_r_at" "32308_r_at"
...
```

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# Predicting Response: Docetaxel

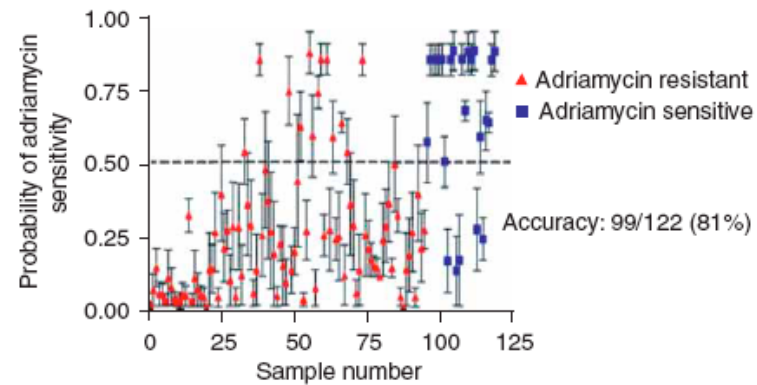


Potti et al (2006), Nature Medicine, 12:1294-300, Fig 1d

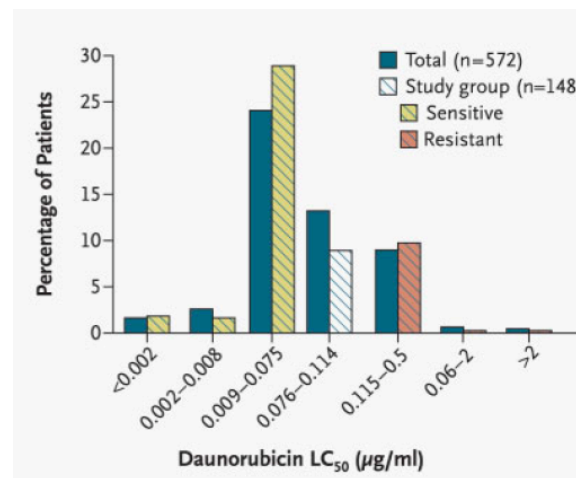


Chang et al, Lancet 2003, 362:362-9, Fig 2 top

# Predicting Response: Adriamycin



Potti et al (2006), Nature Medicine, 12:1294-300, Fig 2c



Holleman et al, NEJM 2004, 351:533-42, Fig 1

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## Partial Timeline

2006:

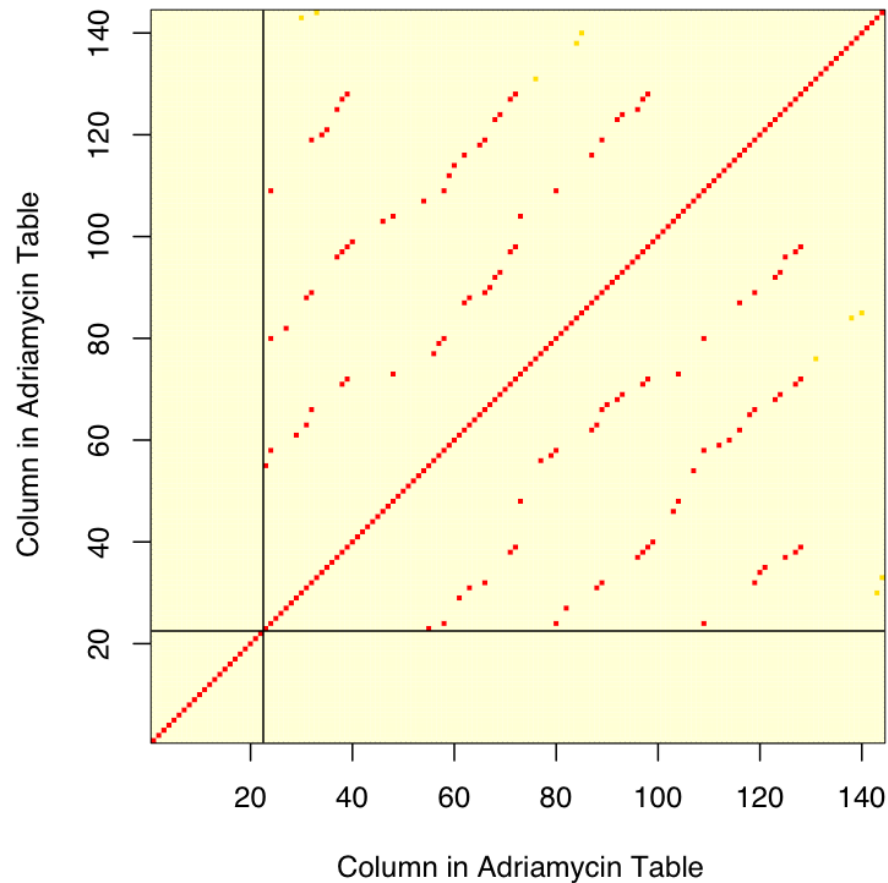
- \* Nov 8: Our first questions to Potti and Nevins.
- \* Nov 21: Our first report describing errors.
- \* Nov-Dec: More reports/questions: Nov 27, Dec 4, 13, 27.

2007:

- \* Jan 24: We meet with Nevins at M.D. Anderson. We urge him to review the data.
  - \* Feb-Apr: New data and code are posted. Some numbers change. We tell them we don't think it works.
  - \* Apr 25: We send Potti and Nevins a draft for comment.
  - \* May: We find problems with outliers. Potti and Nevins continue to insist it works, and want to "bring this to a close".
-

# Adriamycin 0.9999+ Correlations

High Adriamycin Corrs; red > 0.9999, orange > 0.9



Redone Aug 08, “using ... 95 unique samples”.



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## Validation 1: Hsu et al

Pharmacogenomic Strategies Provide a Rational Approach to the Treatment of Cisplatin-Resistant Patients With Advanced Cancer

*David S. Hsu, Bala S. Balakumaran, Chaitanya R. Acharya, Vanja Vlahovic, Kelli S. Walters, Katherine Garman, Carey Anders, Richard F. Riedel, Johnathan Lancaster, David Harpole, Holly K. Dressman, Joseph R. Nevins, Phillip G. Febbo, and Anil Potti*

*J Clin Oncol*, Oct 1, 2007, 25:4350-7.

Same approach, using Cisplatin and Pemetrexed.

For cisplatin, U133A arrays were used for training. ERCC1, ERCC4 and DNA repair genes are identified as “important”.

With some work, we matched the heatmaps. (Gene lists?)

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## The 4 We Can't Match

203719\_at, ERCC1,  
210158\_at, ERCC4,  
228131\_at, ERCC1, and  
231971\_at, FANCM (DNA Repair).

Another problem –



*The last two probesets aren't on the U133A arrays that were used. They're on the U133B.*

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## Validation 2: Bonnefoi et al

### Validation of gene signatures that predict the response of breast cancer to neoadjuvant chemotherapy: a substudy of the EORTC 10994/BIG 00-01 clinical trial

*Hervé Bonnefoi, Anil Potti, Mauro Delorenzi, Louis Mauriac, Mario Camponé, Michèle Tubiana-Hulin, Thierry Petit, Philippe Rouanet, Jacek Jassem, Emmanuel Blot, Véronique Becette, Pierre Farmer, Sylvie André, Chaitanya R Acharya, Sayan Mukherjee, David Cameron, Jonas Bergh, Joseph R Nevins, Richard D Iggo*

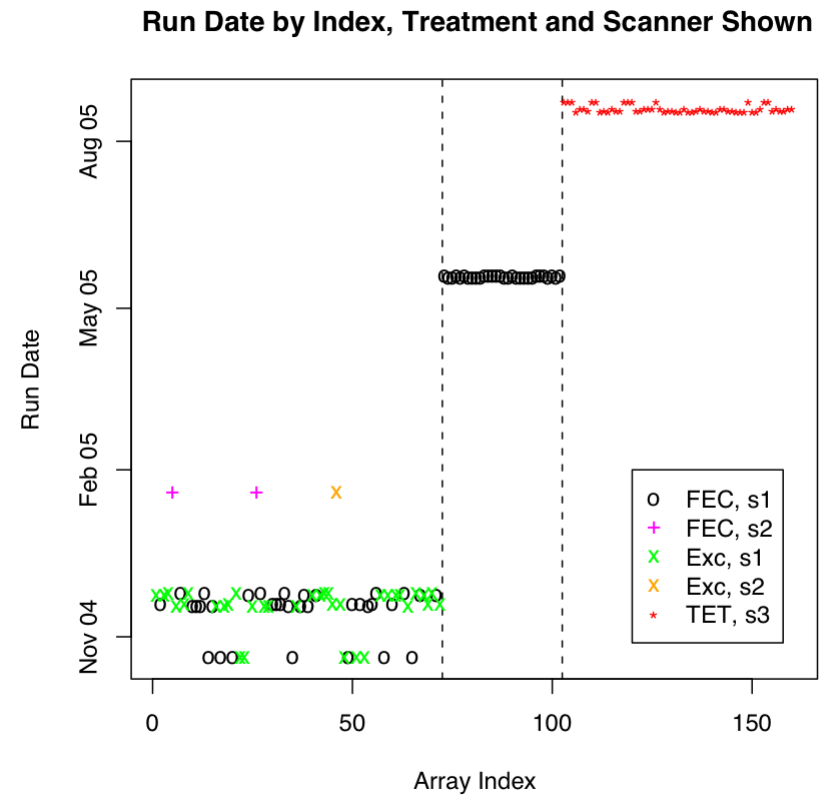
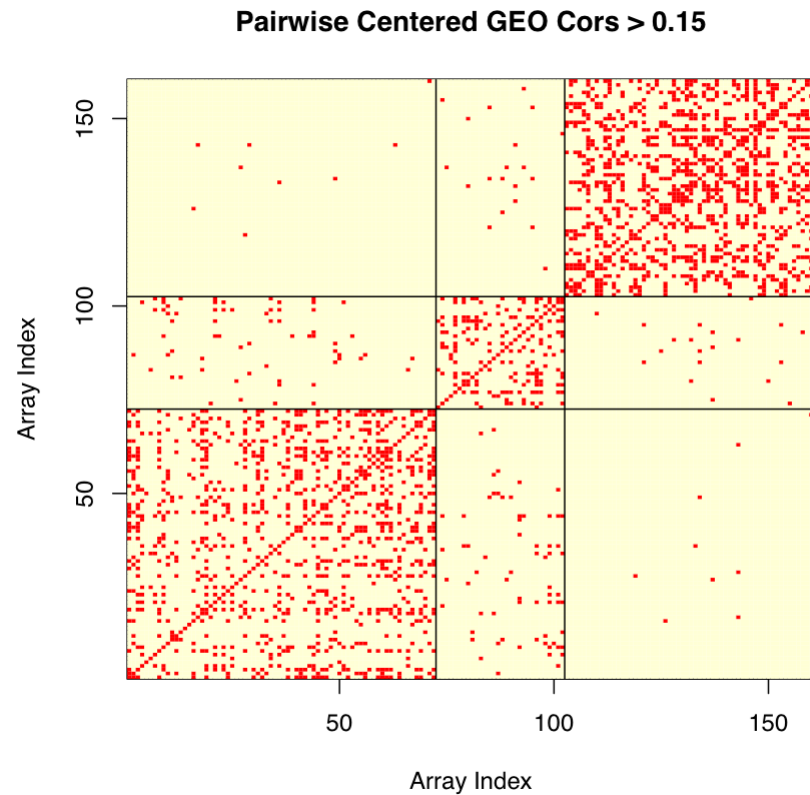
*Lancet Oncology*, Dec 2007, 8:1071-8. (early access Nov 14)

Similar approach, using signatures for Fluorouracil, Epirubicin (used Adriamycin), Cyclophosphamide, and Taxotere (Docetaxel) to predict response to one of two combination therapies: FEC and TET.

Potentially improves ER- response from 44% to 70%!

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# We Might Expect Some Differences...



High Sample Correlations

Array Run Dates

See Leek et al, Nat Rev Genet, 2010 for more examples.

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## How Are Results Combined?

Potti et al predict response to TFAC, Bonnefoi et al to TET and FEC. Let  $P()$  indicate prob sensitive. The rules used?

■

$$P(TFAC) = P(T) + P(F) + P(A) + P(C) - P(T)P(F)P(A)P(C).$$

■

$$P(ET) = \max[P(E), P(T)].$$

■

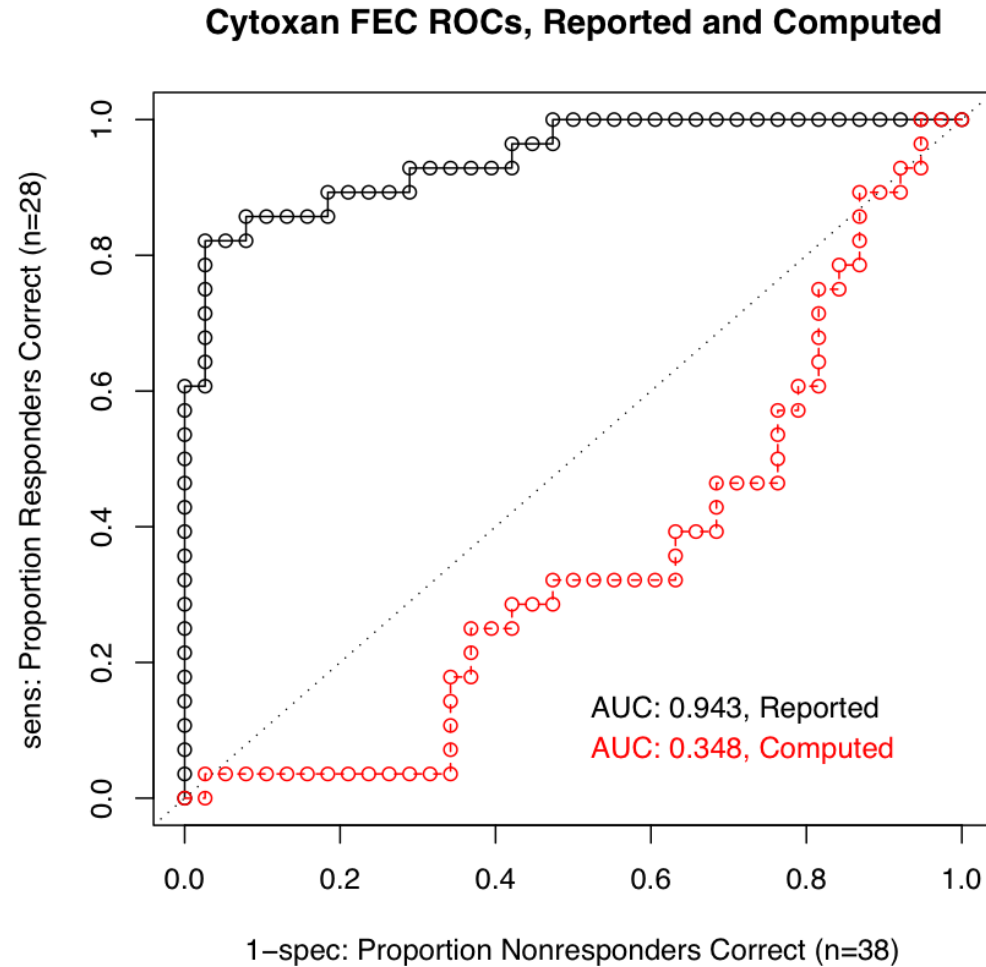
$$P(FEC) = \frac{5}{8}[P(F) + P(E) + P(C)] - \frac{1}{4}.$$

■

*Each rule is different.*

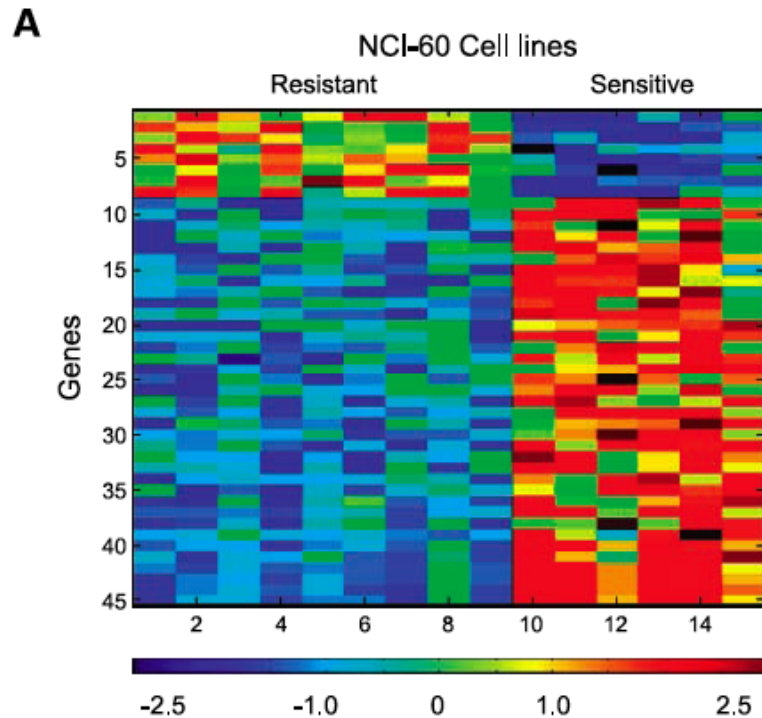
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# Predictions for Individual Drugs?

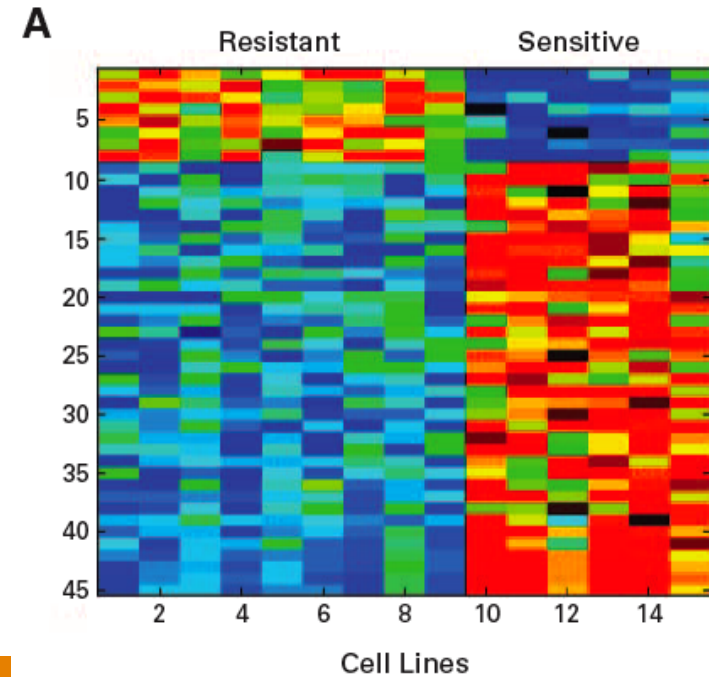


Does cytoxin make sense?

# Temozolomide Heatmaps



Augustine et al., 2009, *Clin Can Res*, **15**:502-10, Fig 4A.  
Temozolomide, NCI-60.



Hsu et al., 2007, *J Clin Oncol*, **25**:4350-7, Fig 1A.  
Cisplatin, Gyorffy cell lines.

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## The Reason We Really Care

Jun 2009: we learn clinical trials had begun.

2007: pemetrexed vs cisplatin, pem vs vinorelbine.

2008: docetaxel vs doxorubicin, topotecan vs dox (Moffitt).



Sep 1, 2009: We submit a paper describing case studies to the *Annals of Applied Statistics*.

Sep 14, 2009: Paper accepted and available online at the *Annals of Applied Statistics*.

Sep-Oct 2009:

Story covered by *The Cancer Letter*; Oct 2, Oct 23.

NCI raises concerns with Duke's IRB behind the scenes.

Duke starts internal investigation, suspends trials.

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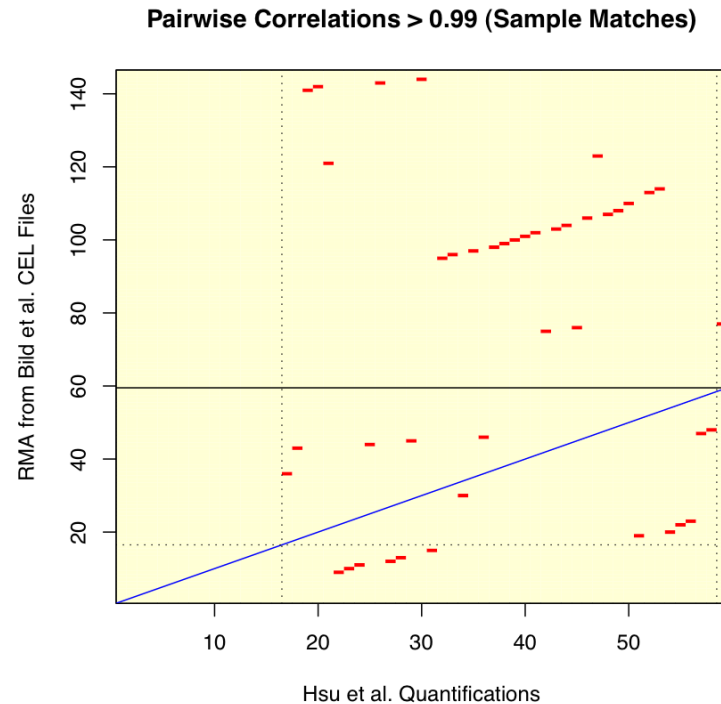
## New Data

Early-Nov '09 (mid-investigation), the Duke team posted new data for cisplatin and pemetrexed (in lung trials since '07).

These included quantifications for the 59 ovarian cancer test samples (from GSE3149, which has 153 samples) they used to validate their predictor.

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# We Tried Matching The Samples



43 samples are mislabeled.

16 samples don't match because the genes are mislabeled.

All of the validation data are wrong.

We reported this to Duke and to the NCI in mid-November.

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**Jan 29, 2010**



PO Box 9905 Washington DC 20016 Telephone 202-362-1809

## **Duke In Process To Restart Three Trials Using Microarray Analysis Of Tumors**

*By Paul Goldberg*

Duke University said it is in the process of restarting three clinical trials using microarray analysis of patient tumors to predict their response to chemotherapy.

Their investigation's results "*strengthen ... confidence in this evolving approach to personalized cancer treatment.*"

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## We Asked for the Data

“While the reviewers approved of our sharing the report with the NCI, *we consider it a confidential document*” (Duke). A *future paper* will explain the methods.

This did give us one more option...



In May 2010, we obtained a copy of the reviewers’ report from the NCI under FOIA (Cancer Letter, May 14).

We (and others) didn’t think it justified restarting trials.

*There was no mention of our Nov 2009 report.*

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## A Catalyzing Event: July 16, 2010



PO Box 9905 Washington DC 20016 Telephone 202-362-1809

### **Prominent Duke Scientist Claimed Prizes He Didn't Win, Including Rhodes Scholarship**

*By Paul Goldberg*

Jul 19/20: Letter to Varmus; Duke resuspends trials.

Oct 22/9: First call for paper retraction.

Nov 9: Duke terminates trials.

Nov 19: call for Nat Med retraction, Potti resigns

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## Other Developments

117 patients were enrolled in the trials.

Sep, 2011: Patient lawsuits filed (11+ settlements).

Misconduct investigation (Jul 2010-Nov 2015).

10/6+ 10 full/partial retractions, FDA Review

Jul 8, 2011: Front Page, NY Times.

Feb 12, 2012: 60 Minutes

Mar 23, 2012: IOM Report Released

April/May, 2015: Last lawsuits settled

Nov 9, 2015: Official ORI finding of fraud

Mar 21, 2018: NIH imposes new requirements on Duke

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## Some Cautions/Observations

**This case is pathological.**

But we've seen similar problems before.

*The most common mistakes are simple.*

Confounding in the Experimental Design

Mixing up the sample labels

Mixing up the gene labels

Mixing up the group labels

(Most mixups involve simple switches or offsets)

*This simplicity is often hidden.*

Incomplete documentation

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## This is not an Isolated Problem

Ioannidis et al. (2009), *Nat. Gen.*, **41**:149-55. Tested reproducibility of microarray papers. Could reproduce 2/18.

Begley and Ellis (2012), *Nature*, **483**:531-3. Amgen attempted replication of clinical “breakthroughs” prior to further study. Validated 6/53.

NCI focus meeting Sep 2012.

Collins and Tabak (2014), *Nature*, **505**:612-3.

Rigor and Reproducibility, NIH, 2016

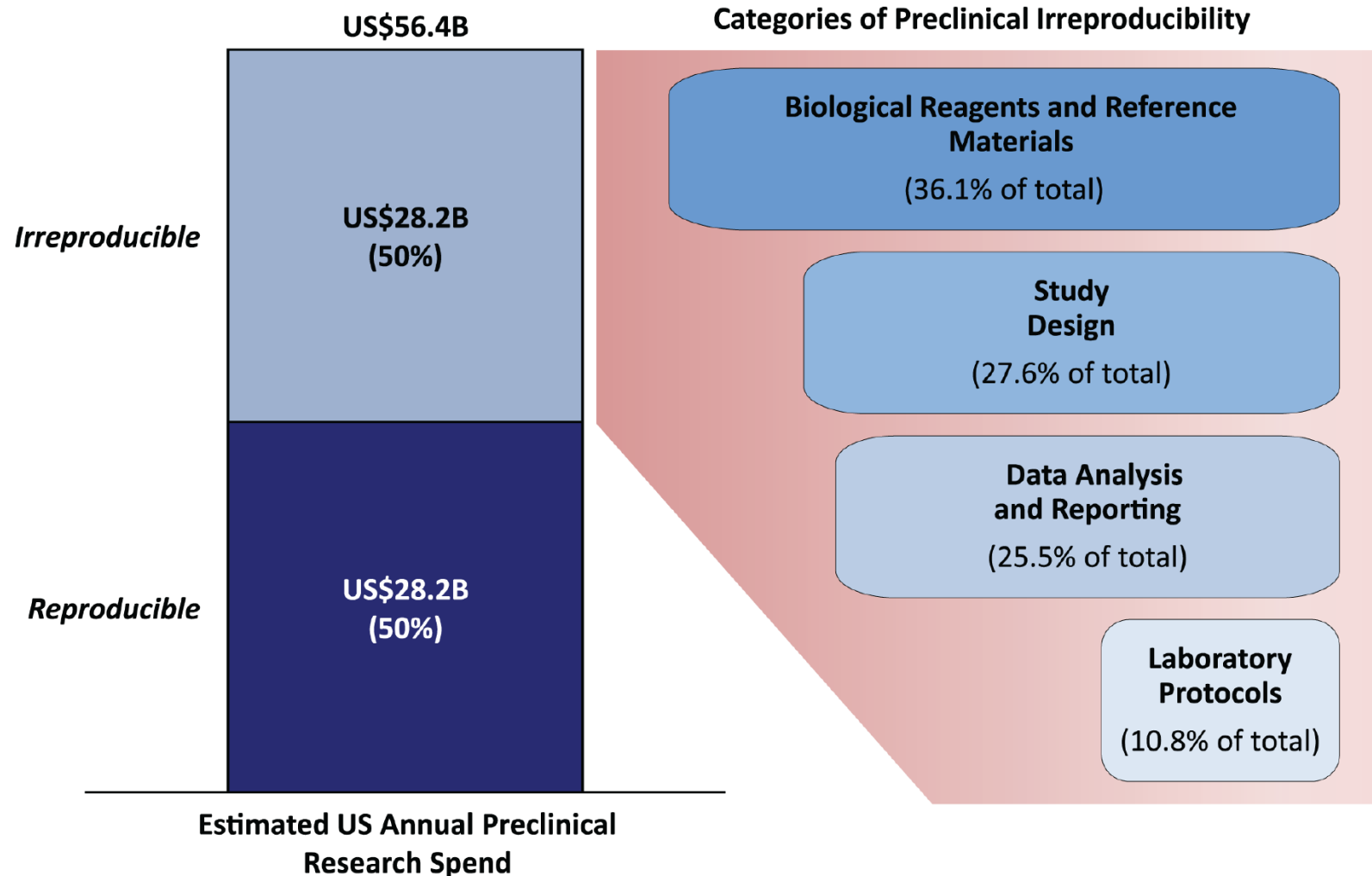
SISBID RR Short Course July, 2015, 2016, 2017, 2018

GCC Short Course (YouTube), Parts 1, 2, 3

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# Some Cost Breakdowns



Freedman et al (2015), PLoS Biology, 13(6):e1002165

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# What Have We and Others Suggested?

Exploiting a Teachable Moment...

Baggerly et al *Nature* (2010)

Give us your data, your code, your huddled masses

Records of data provenance

Checking existence as a task for journals and reviewers  
(are there links? are they live?)

NCI Guidelines in *Nature* Oct 2013

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# What Are Some Things the NIH Asks For?

- Cell line identity verification (Labels correct?)
- Discussion of experimental design (Confounding avoided?)
- Data sharing plan (Told us what you did?)

What might I look for in an R01?

This isn't impossible.

We've done it.

It's easier to do today than when we started.

(GCC Reproducibility Short Course, 2018)

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# Dec 7, 2021

Reproducibility Project: Cancer Biology

Goal: replicate the main findings of 50 high-profile papers (2010-12) in pre-clinical cancer research. Funded by the Arnold Foundation. (Begley & Ellis 2.0?)

Side Note: All 50 initially selected were from CNS

Q1: What constitutes replication? For a given effect size, run  $n$  samples per protocol to have 80% power to detect the effect

Protocols (Prespecified Design, Methods, and Analyses) reviewed at eLife as registered reports - following successful review, eLife will publish results if protocol is followed.

Not secret: the original authors informed in all cases.

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## Some Numbers

53 papers, 193 experiments identified

23 papers, 50 experiments run

Defining success was hard. E.g.,  $n$  was often unclear

For 70% of experiments, key reagents were required

For 69% of the above, the original authors shared reagents

For 41% of expts, original authors very helpful/responsive

For 32% of expts, authors were unhelpful/unresponsive

46% of effects tested replicated on more than half of criteria.

40% for positive results, 80% for null results.

Bertrand Russell on statistics...

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## Some Other Points

Rep effect sizes 85% smaller (on avg) than initially reported

Median time for a replication study was 3 years.

This includes protocol definition/registration and writeup.

Median cost for studies was about 50K.

Worth trying before moving to clinical trials?

Would results be better today?

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# Reasons for Hope

1. Our Own (Evolving!) Experience
  2. Better tools (knitr, markdown, GitHub, the tidyverse)
  3. Journals, Code and Data
  4. The IOM, the FDA, and IDEs\*
  5. The NCI and Trials it Funds
  6. NIH Rigor and Reproducibility Initiative
  7. Project TIER (see protocols, course materials)
  8. Center for Open Science
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# More Recent RR Challenges

NEJM, Data Parasites, and Immunotherapy

COVID-19, Real-Time Research, and Surgisphere

Moderna / Pfizer and Astra-Zeneca

Protein Folding, AI, and AlphaFold

CASP14 - Blinded Validation, Prespecified Success Metric

Inherent Randomness and Black Box Evaluation

Statistical Agreement and Clinical Trials

Will AI Solve Everything?

Well-Annotated Gold Standard Datasets

Will people act according to what the data suggest?

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# Acknowledgments

Kevin Coombes

Yang Zhao, Ying Wang, Shelley Herbrich

Shannon Neeley, Jing Wang

David Ransohoff, Gordon Mills

Jane Fridlyand, Lajos Pusztai, Zoltan Szallasi

M.D. Anderson Ovarian, Lung and Breast SPOREs

Baggerly and Coombes (2009), *Annals of Applied Statistics*,  
**3(4)**:1309-34.

[http://bioinformatics.mdanderson.org/  
Supplements/ReproRsch-All/Modified/StarterSet](http://bioinformatics.mdanderson.org/Supplements/ReproRsch-All/Modified/StarterSet)

**For updates:** [http://bioinformatics.mdanderson.org/  
Supplements/ReproRsch-All/Modified](http://bioinformatics.mdanderson.org/Supplements/ReproRsch-All/Modified).

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# Thanks!

