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## Journal of Theoretical Biology

journal homepage: [www.elsevier.com/locate/yjtbi](http://www.elsevier.com/locate/yjtbi)

## Ancestral inference in tumors: How much can we know?

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## HIGHLIGHTS

- The ability to retrieve ancestral information depends on the parameter being inferred.
- Ancestral state and other parameters are more accurately estimated for younger tumors.
- Methylation/demethylation rate ratio can be estimated in tumors in stationary phase.
- Number of cancer stem cells can be inferred in most tumors and varies significantly.

## ARTICLE INFO

## Article history:

Received 30 October 2013

Received in revised form

22 February 2014

Accepted 20 May 2014

## Keywords:

Ancestry

Approximate Bayesian computation

Methylation

Phylogeny

Methylation error rate

Number of cancer stem cells

## ABSTRACT

A tumor is thought to start from a single cell and genome. Yet genomes in the final tumor are typically heterogeneous. The mystery of this intratumoral heterogeneity (ITH) has not yet been uncovered, but much of this ITH may be secondary to replication errors. Methylation of cytosine bases often exhibits ITH and therefore may encode the ancestry of the tumor. In this study, we measure the passenger methylation patterns of a specific CpG region in 9 colorectal tumors by bisulfite sequencing and apply a tumor development model. Based on our model, we are able to retrieve information regarding the ancestry of each tumor using approximate Bayesian computation. With a large simulation study we explore the conditions under which we can estimate the model parameters, and the initial state of the first transformed cell. Finally we apply our analysis to clinical data to gain insight into the dynamics of tumor formation.

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## 1. Introduction

The mechanisms by which tumors grow remain poorly understood. Various models have been proposed to study tumor initiation, growth and progression. An early study (Laird, 1964) showed that the Gompertzian model fitted experimental data remarkably, although later research indicated that a Gompertzian model will fail when the tumor is small or when the interaction between the tumor and the host immune system is included in the model (d'Onofrio, 2005). Tumor growth can also be modeled by partial differential equations and mixture theory (Ambrosi and Preziosi, 2002; Byrne and Preziosi, 2003) with an emphasis on mass build-up and the geometry of the tumor. Some later tumor models (Anderson et al., 2008; Klein and Hölzel, 2006) focus on single-cell level behavior. Technologic advances such as single-cell tumor

sequencing (Navin et al., 2011) will increasingly provide more experimental data for inferring tumor population structure.

Fitting models of tumor growth is problematic because we do not typically observe that growth. Rather, we observe an end point of that growth. Furthermore, we are not able to observe the clonal expansion of a single cell that is thought to initiate tumor growth (Hong et al., 2010; Siegmund et al., 2009). Since the parameters of tumor growth, or state of initial single cell before clonal expansion, might contain important prognostic flags for future tumor behavior, it is vital to explore how well they might be inferred from data collected from the final tumor. In this paper we explore this issue using approximate Bayesian computation (ABC), a method that allows principled analysis in contexts such as ours where models are of sufficient complexity to make more traditional analysis methods intractable.

The key intuition that we exploit is that ancestry can be inferred from the variation between genomes (cf., inference of mtEVE, or Y-chromosome Adam, from human genotype data (Marjoram and Donnelly, 1997; Pritchard et al., 1999)). The greater the differences between genomes, on average the greater the time

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<http://dx.doi.org/10.1016/j.jtbi.2014.05.027>

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1 since a common ancestor (the *molecular clock* hypothesis (Bromham  
2 and Penny, 2003)). Molecular phylogeny is usually employed to  
3 reconstruct the pasts of macroscopic populations such as individ-  
4 uals or species, but it can also be used to infer the fates of somatic  
5 cells within an individual. Accurate inference of somatic cell  
6 phylogenies would be extremely valuable, especially for human  
7 tissues, because more direct experimental observations are often  
8 impractical. However, a problem with comparing somatic cell  
9 genomes within an individual is that few somatic mutations are  
10 expected to accumulate within a lifetime (Shibata and Lieber,  
11 2010). To overcome this practical shortcoming, recent studies have  
12 employed epigenetic measurements such as DNA methylation  
13 patterns DNA methylation is a covalent modification at CpG  
14 dinucleotides that is also copied after DNA replication. However,  
15 unlike base replication, epigenetic replication fidelity is markedly  
16 lower at certain CpG rich regions. Therefore, DNA methylation  
17 patterns measurably change during normal human aging and are  
18 often highly polymorphic within an individual (Shibata, 2009).  
19 Consequently, the 5' to 3' order of DNA methylation can be used to  
20 infer the history of a tumor in a way that is directly analogous to  
21 the use of nucleotide variation to infer history of individuals  
22 (Shibata and Tavaré, 2006).

23 DNA methylation patterns at non-expressed CpG rich regions  
24 ("passenger methylation") have been used to reconstruct the past of  
25 human tissues such as colon crypts and tumors (Yatabe et al., 2001).  
26 However, it is uncertain with how much precision the pasts of  
27 somatic cells can be inferred from methylation patterns. Complicat-  
28 ing factors include uncertainties imposed by rapid replication  
29 errors, stepwise changes (both methylation and demethylation are  
30 possible), and possible variations in error rates between neigh-  
31 boring CpG sites that may depend on the methylation status of  
32 neighboring sites. Potentially, certain aspects of ancestry are more  
33 recoverable from passenger methylation patterns.

34 Specifically for human tumorigenesis, simple unknowns are the  
35 ancestral state of the first tumor cell, how fast a tumor grows, and  
36 its mitotic age (numbers of divisions between the first tumor cell  
37 and tumor removal). To further explore the utility of passenger  
38 methylation patterns for the reconstruction of human tumorigen-  
39 esis, we simulate data under a variety of tumor growth models,  
40 and evaluate our ability to estimate parameters capturing tumor  
41 growth behavior, extending earlier work (Hong et al., 2010;  
42 Siegmund et al., 2009) in which we focused on estimation of three  
43 parameters: the total number of cell divisions (tumor age), the  
44 number of cancer stem cells per gland, and the probability of  
45 asymmetric stem cell division.

## 48 2. Data, model and methods

### 49 2.1. Experimental data and model

51 We applied our analysis methodology to a data set that consists  
52 of information from 9 colorectal tumors. The methylation patterns  
53 of a short CpG-rich region (LOC, 14 CpG sites) were measured  
54 using bisulfite sequencing. We sampled eight cells per gland, and  
55 eight glands per half, in each tumor.

56 We model actual physical tumor growth, beginning with the  
57 clonal expansion of a single cell (Hong et al., 2010; Siegmund et al.,  
58 2009), applying a biological constraint on the total number of  
59 tumor cells (e.g. assuming 1 billion cells/1 cm<sup>3</sup>), and making use of  
60 clinical data on tumor size to inform our model. Tumors arising  
61 from glandular tissues such as the colon, with cells organized into  
62 small tubular units, are typically adenocarcinomas which are  
63 composed of many neoplastic glands. Adenocarcinomas are also  
64 common in the breast, prostate, lung, pancreas, and stomach.  
65 As such, dividing cancer cells in our model are geographically  
66

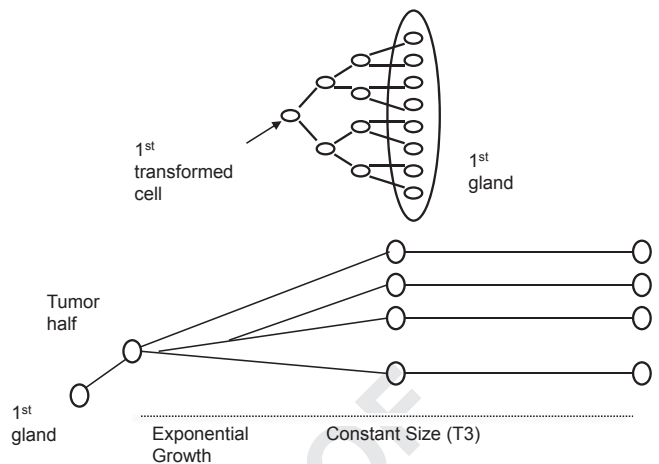


Fig. 1. The tumor growth model. Top graph shows the division of the 1st transformed cell into a gland. The bottom graph shows the exponential growth and the constant-size growth of the glands in one tumor half. See text for more details.

confined to cancer glands, which also divide, with constraints on the total number of cells based on the size of the tumor (see Fig. 1). Our model directly reflects this glandular structure.

A tumor is simulated as the clonal expansion of a single transformed cell. A 4 cm<sup>3</sup> tumor contains approximately 4 billion cells, which is impossible to simulate at the single-cell level by forward simulation. However, the organization of tumor cells within glands allows for a flexible growth modeling across two different scales, cell level and gland level. Since one gland contains approximately 8000 cells, a 4 cm<sup>3</sup> tumor can be approximated by only 500,000 glands. This size is achieved after only 19 generations of exponential growth. We mimic the structure of our sampled data by sampling only eight glands from the ~500,000, and storing their ancestral tree. This is followed by the simulation of single-cells along the ancestral tree for the sampled glands. This approach allows us to simulate for each tumor a sample of ~33 K cells (=4096 cells/gland × 8 sampled glands) instead of a total of ~4 billion. This ensures computational tractability.

The cells and glands follow separate models for growth. We model gland growth as exponential growth followed by a period of constant size (see Fig. 1) At the cell-level, the single transformed cell undergoes exponential growth (cell doubling) until it attains the number required of the first cancer gland (see Fig. 1). In subsequent generations, the cells in the gland divide until they double in number, and then the gland divides. Both the cells and glands continue to divide, forming a second period of exponential growth (phase one for gland tree growth), until the tumor reaches its fixed biological size. The tumor then enters the second phase of the gland tree growth, in which the gland number remains constant, but the cells within glands divide and die, allowing for continued 'aging' in a tumor of fixed size (no growth). Cell division and death occurs via symmetric and asymmetric division. We refer to long-lived dividing cells lines as cancer stem cell lines. The model for cancer stem cell division is as follows. Under asymmetric division, a cancer stem cell differentiates into one cancer stem cell and one normal cancer cell, while under symmetric division, a cancer stem cell have 0.5 probability to give birth to two cancer stem cells and 0.5 probability to divide into two normal cancer cells. This is parameterized by probability of asymmetric division (PAD) that controls the proportion of cancer stem cells having asymmetric division. Finally, the DNA methylation patterns are sampled from approximately 16 glands per tumor, eight per tumor half. For a detailed mathematical description of the model, see (Siegmund et al., 2009), in which the same parameterization is used.

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