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- (71) **Applicant (for all designated States except US):**
KONINKLIJKE PHILIPS ELECTRONICS N.V.
[NL/NL]; Groenewoudseweg 1, NL-5621 BA Eindhoven (NL).
- (72) **Inventors; and**
- (75) **Inventors/Applicants (for US only):** **VERHAEGH, Wilhelmus Franciscus Johannes** [NL/NL]; c/o High Tech Campus, Building 44, NL-5656 AE Eindhoven (NL). **VAN DE STOLPE, Anja** [NL/NL]; c/o High Tech Campus, Building 44, NL-5656 AE Eindhoven (NL). **VAN OOLJEN, Hendrik Jan** [NL/NL]; c/o High Tech Campus,

Building 44, NL-5656 AE Eindhoven (NL). **DULLA, Kalyana, Chakravarthi** [IN/NL]; c/o High Tech Campus, Building 44, NL-5656 AE Eindhoven (NL). **ALVES DE INDA, Marcia** [NL/NL]; c/o High Tech Campus, Building 44, NL-5656 AE Eindhoven (NL). **HOFFMANN, Ralf** [DE/DE]; c/o High Tech Campus, Building 44, NL-5656 AE Eindhoven (NL).

(74) **Agents:** **VAN VELZEN, Maaike** et al.; c/o High Tech Campus, Building 44, NL-5656 AE Eindhoven (NL).

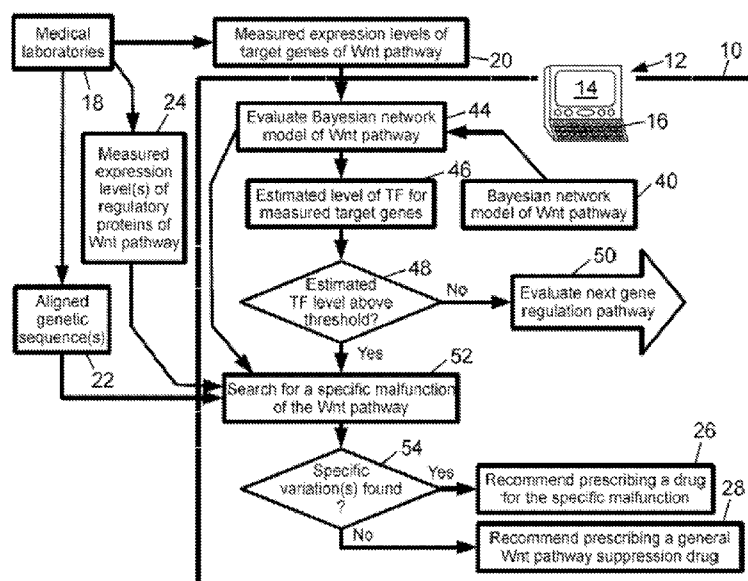
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[Continued on next page]

(54) **Title:** ASSESSMENT OF CELLULAR SIGNALING PATHWAY ACTIVITY USING PROBABILISTIC MODELING OF TARGET GENE EXPRESSION

FIG. 20



(57) **Abstract:** The present application mainly relates to specific methods for inferring activity of one or more cellular signaling pathway(s) in tissue of a medical subject based at least on the expression level(s) of one or more target gene(s) of the cellular signaling pathway(s) measured in an extracted sample of the tissue of the medical subject, an apparatus comprising a digital compressor configured to perform such methods and a non-transitory storage medium storing instructions that are executable by a digital processing device to perform such methods.



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ASSESSMENT OF CELLULAR SIGNALING PATHWAY ACTIVITY USING PROBABILISTIC MODELING OF TARGET GENE EXPRESSION

The subject matter described herein mainly relates to bioinformatics, genomic processing arts, proteomic processing arts, and related arts.

Genomic and proteomic analyses have substantial realized and potential promise for clinical application in medical fields such as oncology, where various cancers are known to be associated with specific combinations of genomic mutations/vari-
5 tions and/or high or low expression levels for specific genes, which play a role in growth and evolution of cancer, e.g. cell proliferation and metastasis. For example, the Wnt signaling pathway affects regulation of cell proliferation, and is highly regulated. High Wnt pathway activity due to loss of regulation has been correlated to cancer, among which with malignant colon
10 tumors. While not being limited to any particular theory of operation, it is believed that deregulation of the Wnt pathway in malignant colon cells leads to high Wnt pathway activity that in turn causes cell proliferation of the malignant colon cells, i.e. spread of colon cancer. On the other hand, abnormally low pathway activity might also be of interest, for example in the case of osteoporosis.

Technologies for acquiring genomic and proteomic data have become readily available in clinical settings. For example, measurements by microarrays are routinely employed to assess gene expression levels, protein levels, methylation, and so
15 forth. Automated gene sequencing enables cost-effective identification of genetic variations in DNA and mRNA. Quantitative assessment of mRNA levels during gene sequencing holds promise as yet another clinical tool for assessing gene expression levels.
20

In spite of (or, perhaps, because of) these advances, clinical application of genomic and proteomic analyses faces a substantial hurdle – data overload. For example, the number of identifiable mutations in a single clinical sample can number in the hundreds of thousands or more. Most of these mutations are so called bystander mutations without
25 specific contribution to cancer growth, and only a few do contribute to cancer growth and functional evolution, and these present the targets for effective treatment. A single microarray can generate gene expression levels for tens of thousands of genes. Processing

these large quantities of data to identify clinically useful information, like for example in the application of choosing the right therapy, is difficult.

One approach is to limit the analysis to a few canonical or standardized tests, such as tests approved by the U.S. Food and Drug Administration (FDA). In such an approach, a specific indicator or combination of indicators (e.g., mutations and/or specified high or low gene expression levels) is detected in order to test “positive” for the indicated disease condition (e.g., a particular type of cancer). The canonical test is supported by clinical studies that have shown strong correlation with the disease condition or with treatment efficacy. This approach is useful only for those clinical conditions for which a canonical test has been developed, e.g. specific diagnosis of a disease, or predicting response to a drug in a specific cancer type at a specific stage, and is also rigid as it is only applicable for the canonical conditions.

Another approach is based on identification of functionally related groups of genomic or proteomic indicators. For example, the Wnt pathway comprises a cascade of proteomic reactions. Major components of this chain include (but are not limited to) binding of the Wnt signaling protein to a frizzled surface receptor of the cell which causes activation of proteins of the disheveled family of proteins which in turn impact the level of transcription agents such as β -catenin/TCF4 based protein complexes in the cell nucleus. These transcription agents, in turn, control transcription of target mRNA molecules that in turn are translated into target proteins of the Wnt pathway. Clinical studies have shown some correlations between regulatory proteins of the Wnt pathway and the activity of the Wnt pathway.

However, applying such clinical study results to the diagnosis and clinical evaluation of a specific patient is difficult due to the complexity of signaling pathways, e.g. the Wnt pathway. As a simple example, measurement of the expression level of a protein that is “upstream” in the Wnt pathway may fail to detect abnormal behavior of a protein that is “downstream” in the Wnt pathway. It is believed that the Wnt pathway includes numerous feedback mechanisms and the simplified concept of “upstream” and “downstream” may be inapplicable for a substantial portion of the Wnt pathway; more generally, abnormal behavior in one portion of the protein cascade comprising the Wnt pathway may have more or less effect on other portions of the protein cascade, and on the activity of the Wnt pathway as a whole. Still further, in some clinical studies protein

expression levels for regulatory proteins of the signaling cascade are assessed by measuring mRNA expression levels of the genes that encode for the regulatory proteins. This is an indirect measurement that may not accurately assess the regulatory protein expression level, and hardly ever reflects the amount of active proteins (after a specific post-translational modification like phosphorylation).

The main problem underlying the present invention was thus to provide suitable methods and means for performing genomic and, respectively, proteomic analyses. Specific aspects of the underlying problem as well as further objections in connection with the present invention become apparent when studying the description, the examples provided herein and, in particular, when studying the attached claims.

The present invention provides new and improved methods and apparatuses as disclosed herein.

In accordance with a main aspect of the present invention, the above problem is solved by a specific method for assessing cellular signaling pathway activity using probabilistic modeling of target gene expression, namely a method comprising:

inferring activity of one or more cellular signaling pathway(s) in tissue of a medical subject based at least on the expression level(s) (in particular on mRNA and/or protein level) of one or more target gene(s) of the cellular signaling pathway(s) measured in an extracted sample of the tissue of the medical subject, wherein the inferring comprises:

inferring activity of the cellular signaling pathway(s) in the tissue of the medical subject by evaluating at least a portion of a probabilistic model, preferably a Bayesian network, representing the cellular signaling pathway(s) for a set of inputs including at least the expression level(s) of the one or more target genes of the cellular signaling pathway(s) measured in the extracted sample of the tissue of the medical subject;

estimating a level in the tissue of the medical subject of at least one transcription factor (TF) element, the at least one TF element controlling transcription of the one or more target gene(s) of the cellular signaling pathway(s), the estimating being based at least in part on conditional probabilities relating the at least one TF element and the expression level(s) of the one or more target gene(s) of the cellular signaling

pathway(s) measured in the extracted sample of the tissue of the medical subject; and

inferring activity of the cellular signaling pathway(s) based on the estimated level in the tissue sample of the transcription factor; and

determining whether the cellular signaling pathway(s) is/are operating abnormally in the tissue of the medical subject based on the inferred activity of the cellular signaling pathway(s) in the tissue of the medical subject;

wherein the inferring is performed by a digital processing device using the probabilistic model of the cellular signaling pathway(s).

The “target gene(s)” may be “direct target genes” and/or “indirect target genes” (as described herein).

Preferably the inferring comprises estimating a level in the tissue of the medical subject of at least one transcription factor (TF) element represented by a TF node of the probabilistic model, the TF element controlling transcription of the one or more target gene(s) of the cellular signaling pathway(s), the estimating being based at least in part on conditional probabilities of the probabilistic model relating the TF node and nodes in the probabilistic model representing the one or more target gene(s) of the cellular signaling pathway(s) measured in the extracted sample of the tissue of the medical subject.

The probabilistic model may be a Bayesian network model. Thus, according to a preferred embodiment the inferring is performed by using a Bayesian network comprising nodes representing information about the signaling pathway(s) and conditional probability relationships between connected nodes of the Bayesian network.

The cellular signaling pathway(s) may be a Wnt pathway, an ER (Estrogen Receptor) pathway, an AR (Androgen Receptor) pathway and/or a Hedgehog pathway. Thus, according to a preferred embodiment the cellular signaling pathway(s) comprise(s) a Wnt pathway, an ER pathway, an AR pathway and/or a Hedgehog pathway.

Particularly suitable target genes are described in the following text passages as well as the examples below (see e.g. Tables 1 - 9).

Thus, according to a preferred embodiment the target gene(s) is/are selected from the group comprising or consisting of target genes listed in Table 1 or Table 6 (for Wnt pathway), target genes listed in Table 2, Table 5 or Table 7 (for ER pathway), target genes listed in Table 3 or Table 8 (for Hedgehog pathway) and target genes listed in Table 4 or Table 9 (for AR pathway).

Particularly preferred is a method wherein the inferring comprises: inferring activity of a Wnt pathway in the tissue of the medical subject based at least on expression levels of one or more, preferably at least three, target gene(s) of the

Wnt pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising or consisting of: KIAA1199, AXIN2, RNF43, TBX3, TDGF1, SOX9, ASCL2, IL8, SP5, ZNRF3, KLF6, CCND1, DEFA6 and FZD7.

Further preferred is a method, wherein the inferring is further based on
5 expression levels of at least one target gene of the Wnt pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising or consisting of: NKD1, OAT, FAT1, LEF1, GLUL, REG1B, TCF7L2, COL18A1, BMP7, SLC1A2, ADRA2C, PPARG, DKK1, HNF1A and LECT2.

Particularly preferred is a method wherein the inferring (also) comprises:
10 inferring activity of an ER pathway in the tissue of the medical subject based at least on expression levels of one or more, preferably at least three, target gene(s) of the ER pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising or consisting of: CDH26, SGK3, PGR, GREB1, CA12, XBP1, CELSR2, WISP2, DSCAM, ERBB2, CTSD, TFF1 and NRIP1.

Further preferred is a method, wherein the inferring is further based on
15 expression levels of at least one target gene of the ER pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising or consisting of: AP1B1, ATP5J, COL18A1, COX7A2L, EBAG9, ESR1, HSPB1, IGFBP4, KRT19, MYC, NDUFV3, PISD, PREDM15, PTMA, RARA, SOD1 and TRIM25.

A method wherein the inferring (also) comprises
20 inferring activity of a Hedgehog pathway in the tissue of the medical subject based at least on expression levels of one or more, preferably at least three, target gene(s) of the Hedgehog pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising or consisting of: GLI1, PTCH1, PTCH2,
25 IGFBP6, SPP1, CCND2, FST, FOXL1, CFLAR, TSC22D1, RAB34, S100A9, S100A7, MYCN, FOXM1, GLI3, TCEA2, FYN and CTSL1,
is also preferred.

Further preferred is a method, wherein the inferring is further based on
30 expression levels of at least one target gene of the Hedgehog pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising or consisting of: BCL2, FOXA2, FOXF1, G19, HHIP, IL1R2, JAG2, JUP, MIF, MYLK, NKX2.2, NKX2.8, PITRM1 and TOM1.

A method wherein the inferring (also) comprises
inferring activity of an AR pathway in the tissue of the medical subject
based at least on expression levels of one or more, preferably at least three, target gene(s)
of the AR pathway measured in the extracted sample of the tissue of the medical subject
5 selected from the group comprising or consisting of: KLK2, PMEPA1, TMPRSS2,
NKX3_1, ABCC4, KLK3, FKBP5, ELL2, UGT2B15, DHCR24, PPAP2A, NDRG1,
LRIG1, CREB3L4, LCP1, GUCY1A3, AR and EAF2,
is also preferred.

Further preferred is a method, wherein the inferring is further based on
10 expression levels of at least one target gene of the AR pathway measured in the extracted
sample of the tissue of the medical subject selected from the group comprising or
consisting of: APP, NTS, PLAU, CDKN1A, DRG1, FGF8, IGF1, PRKACB, PTPN1,
SGK1 and TACC2.

Another aspect of the present invention relates to a method (as described
15 herein), further comprising:

recommending prescribing a drug for the medical subject that corrects for
abnormal operation of the cellular signaling pathway(s);

wherein the recommending is performed only if the cellular signaling
pathway(s) is/are determined to be operating abnormally in the tissue of the medical
20 subject based on the inferred activity of the cellular signaling pathway(s).

The present invention also relates to a method (as described herein)
comprising:

inferring activity of a Wnt pathway in tissue of a medical subject based at
least on expression levels of two, three or more target genes of a set of target genes of the
25 Wnt pathway measured in an extracted sample of the tissue of the medical subject
and/or

inferring activity of an ER pathway in tissue of a medical subject based at
least on expression levels of two, three or more target genes of a set of target genes of the
ER pathway measured in an extracted sample of the tissue of the medical subject

30 and/or

inferring activity of a Hedgehog pathway in tissue of a medical subject
based at least on expression levels of two, three or more target genes of a set of target

genes of the Hedgehog pathway measured in an extracted sample of the tissue of the medical subject,

and/or

inferring activity of an AR pathway in tissue of a medical subject based at

- 5 least on expression levels of two, three or more target genes of a set of target genes of the AR pathway measured in an extracted sample of the tissue of the medical subject.

Preferably,

the set of target genes of the Wnt pathway includes at least nine, preferably

all target genes selected from the group comprising or consisting of: KIAA1199, AXIN2,

- 10 RNF43, TBX3, TDGF1, SOX9, ASCL2, IL8, SP5, ZNRF3, KLF6, CCND1, DEFA6 and FZD7,

and/or

the set of target genes of the ER pathway includes at least nine, preferably

all target genes selected from the group comprising or consisting of: CDH26, SGK3, PGR,

- 15 GREB1, CA12, XBP1, CELSR2, WISP2, DSCAM, ERBB2, CTSD, TFF1 and NRIP1,

and/or

the set of target genes of the Hedgehog pathway includes at least nine,

preferably all target genes selected from the group comprising or consisting of: GLI1,

PTCH1, PTCH2, IGFBP6, SPP1, CCND2, FST, FOXL1, CFLAR, TSC22D1, RAB34,

- 20 S100A9, S100A7, MYCN, FOXM1, GLI3, TCEA2, FYN and CTSL1,

and/or

the set of target genes of the AR pathway includes at least nine, preferably

all target genes selected from the group comprising or consisting of: KLK2, PMEPA1,

TMPRSS2, NKX3_1, ABCC4, KLK3, FKBP5, ELL2, UGT2B15, DHCR24, PPAP2A,

- 25 NDRG1, LRIG1, CREB3L4, LCP1, GUCY1A3, AR and EAF2.

A method, wherein

the set of target genes of the Wnt pathway further includes at least one target

gene selected from the group comprising or consisting of: NKD1, OAT, FAT1, LEF1,

GLUL, REG1B, TCF7L2, COL18A1, BMP7, SLC1A2, ADRA2C, PPARG, DKK1,

- 30 HNF1A and LECT2,

and/or

the set of target genes of the ER pathway further includes at least one target gene selected from the group comprising or consisting of: AP1B1, ATP5J, COL18A1, COX7A2L, EBAG9, ESR1, HSPB1, IGFBP4, KRT19, MYC, NDUFV3, PISD, PREDM15, PTMA, RARA, SOD1 and TRIM25,

5 and/or

the set of target genes of the Hedgehog pathway further includes at least one target gene selected from the group comprising or consisting of: BCL2, FOXA2, FOXF1, G19, HHIP, IL1R2, JAG2, JUP, MIF, MYLK, NKX2.2, NKX2.8, PITRM1 and TOM1,

and/or

10 the set of target genes of the AR pathway further includes at least one target gene selected from the group comprising or consisting of: APP, NTS, PLAU, CDKN1A, DRG1, FGF8, IGF1, PRKACB, PTPN1, SGK1 and TACC2, is particularly preferred.

The sample(s) to be used in accordance with the present invention can be,
15 e.g., a sample obtained from a breast lesion, or from a colon of a medical subject known or suspected of having colon cancer, or from a liver of a medical subject known or suspected of having liver cancer, or so forth, preferably via a biopsy procedure or other sample extraction procedure. The tissue of which a sample is extracted may also be metastatic tissue, e.g. (suspected) malignant tissue originating from the colon, breast, liver, or other
20 organ that has spread outside of the colon, breast, liver, or other organ. In some cases, the tissue sample may be circulating tumor cells, that is, tumor cells that have entered the bloodstream and may be extracted as the extracted tissue sample using suitable isolation techniques.

Another disclosed aspect of the present invention pertain the use of a non-
25 transitory storage medium as described herein or a computer program as described herein for specific diagnosis of a disease or predicting response to a drug in a specific cancer type at a specific stage.

In accordance with another disclosed aspect, an apparatus comprising a
30 digital processor configured to perform a method according to the invention as described herein.

In accordance with another disclosed aspect, a non-transitory storage medium stores instructions that are executable by a digital processing device to perform a method according to the invention as described herein. The non-transitory storage medium may be a computer-readable storage medium, such as a hard drive or other magnetic storage medium, an optical disk or other optical storage medium, a random access memory (RAM), read-only memory (ROM), flash memory, or other electronic storage medium, a network server, or so forth. The digital processing device may be a handheld device (e.g., a personal data assistant or smartphone), a notebook computer, a desktop computer, a tablet computer or device, a remote network server, or so forth.

In accordance with another disclosed aspect, a computer program comprises program code means for causing a digital processing device to perform a method according to the invention as described herein. The digital processing device may be a handheld device (e.g., a personal data assistant or smartphone), a notebook computer, a desktop computer, a tablet computer or device, a remote network server, or so forth.

One advantage resides in a clinical decision support (CDS) system providing clinical recommendations based on probabilistic analysis of one or more cellular signaling pathway(s), for example using a Bayesian network model of a Wnt pathway, an ER pathway, an AR pathway and/or a Hedgehog pathway.

Another advantage resides in improved assessment of cellular signaling pathway activity that is less susceptible to error.

Another advantage resides in providing a CDS system recommending targeted treatment for loss of regulation of a cellular signaling pathway.

Another advantage resides in providing a CDS system that is designed to detect loss of regulation for a particular cellular signaling pathway, such as a Wnt pathway, an ER pathway, an AR pathway or a Hedgehog pathway, and is readily adapted to provide recommendations for different types of cancer sourced by that particular cellular signaling pathway.

The present invention as described herein can, e.g., also advantageously be used in connection with

- diagnosis based on predicted (inferred) activity;
- prognosis based on predicted (inferred) activity;

- drug prescription based on predicted (inferred) activity;
- prediction of drug efficacy based on predicted (inferred) activity;
- prediction of adverse effects based on predicted (inferred) activity;
- monitoring of drug efficacy;
- 5 – drug development;
- assay development;
- pathway research;
- cancer staging;
- enrollment of subject in a clinical trial based on predicted (inferred) activity;
- 10 – selection of subsequent test to be performed, and/or;
- selection of companion diagnostics tests.

Further advantages will be apparent to those of ordinary skill in the art upon reading and understanding the attached figures, the following description and, in particular,
15 upon reading the detailed examples provided herein below.

Figure 1 shows a simple Bayesian network representing part of a cellular signaling pathway. The cellular signaling pathway is symbolized by a transcription factor (TF) complex and the target genes produced as a result of the
20 transcription factor complex being present. The probabilistic relationship between the TF element and a target gene in case of binary discretization can be represented by a conditional probability table as depicted in the diagram.

25 Figure 2 shows an illustrative Bayesian network describing a hypothetical cellular signaling pathway. Both the upstream proteins and downstream target mRNA nodes are depicted in the diagram. The upstream proteins serve as input in the transcription factor complex, whereas the target mRNAs are the transcription factor complex's output nodes.

- Figure 3 shows an illustrative example of a Bayesian network representation of a single cellular signaling pathway with multiple transcription factor complex or a multiple cellular signaling pathways with their own transcription factor complex combined into one Bayesian network or a combination thereof.
- Figure 4 shows an example of a Bayesian network illustrating a simple representation of a cellular signaling pathway similar to Figure 1. Now additional nodes have been attached to represent the translation of target mRNA into target proteins.
- Figure 5 shows an illustrative of a Bayesian network illustrating another simple representation of a cellular signaling pathway. The pathway is represented using the transcription factor complex and its target protein levels.
- Figure 6 shows the illustrative Bayesian network of Figure 1 with an additional layer of nodes representing the probesets on a microarray chip connecting the probes' intensities to the corresponding target mRNA levels.
- Figure 7 shows an illustrative example of a variant embodiment of the Bayesian network of Figure 1 which includes nodes representing methylation and copy number variations as examples for additional information nodes for in this particular example any of the included target mRNA levels.
- Figure 8 shows a predicted Wnt pathway activity of the Bayesian network and nearest centroid method as described herein in a data set of colon samples (GSE20916).
- Figure 9 shows a predicted Wnt pathway activity of the Bayesian network and nearest centroid method as described herein in a data set of colon samples (GSE4183).

- Figure 10 shows a predicted Wnt pathway activity of the Bayesian network and nearest centroid method as described herein in a data set of colon samples (GSE15960).
- 5 Figure 11 shows a predicted Wnt pathway activity of the Bayesian network and nearest centroid method as described herein in a data set of breast cancer samples (GSE12777).
- 10 Figure 12 shows a predicted Wnt pathway activity of the Bayesian network and nearest centroid method as described herein in a data set of breast cancer samples (GSE21653).
- 15 Figure 13 shows a predicted Wnt pathway activity of the Bayesian network and nearest centroid method as described herein in a data set of liver cancer samples (GSE9843).
- 20 Figure 14 shows a predicted Wnt pathway activity using a Bayesian network using the target genes of the evidence curated list compared to the target genes of the broad literature list as described herein in a data set of colon samples (GSE20916).
- 25 Figure 15 shows a predicted Wnt pathway activity using a Bayesian network using the target genes of the evidence curated list compared to the target genes of the broad literature list as described herein in a data set of colon samples (GSE4183).
- 30 Figure 16 shows a predicted Wnt pathway activity using a Bayesian network using the target genes of the evidence curated list compared to the target genes of the broad literature list as described herein in a data set of colon samples (GSE15960).

Figure 17 shows a predicted Wnt pathway activity using a Bayesian network using the target genes of the evidence curated list compared to the target genes of the broad literature list as described herein in a data set of breast cancer samples (GSE12777).

5

Figure 18 shows a predicted Wnt pathway activity using a Bayesian network using the target genes of the evidence curated list compared to the target genes of the broad literature list as described herein in a data set of liver cancer samples (GSE9843).

10

Figure 19 shows a predicted Wnt pathway activity using a Bayesian network using the target genes of the evidence curated list compared to the target genes of the broad literature list as described herein in a data set of medulloblastoma samples (GSE10327).

15

Figure 20 diagrammatically shows a clinical decision support (CDS) system configured to assess one or more cellular signaling pathway(s) as disclosed herein (exemplary shown for Wnt pathway).

20 Figure 21 shows a predicted Wnt pathway activity in colon samples from GSE4183.

Figure 22 shows a predicted Wnt pathway activity in medulloblastoma samples from GSE10327.

25 Figure 23 shows a predicted Wnt pathway activity in liver cancer samples from GSE9843.

Figure 24 shows a predicted Wnt pathway activity in breast cancer cell lines from GSE12777.

30

Figure 25 shows a predicted ER pathway activity in breast cancer cell lines from GSE12777.

- Figure 26 shows a predicted ER pathway activity in breast cancer samples from GSE12276.
- 5 Figure 27 shows a predicted ER pathway activity in cancer cell lines from GSE36133.
- Figure 28 shows a predicted Hedgehog pathway activity in cancer cell lines from GSE34211.
- 10 Figure 29 shows a predicted Hedgehog pathway activity in medulloblastoma samples from GSE10327.
- Figure 30 shows a predicted Hedgehog pathway activity in breast cancer samples from GSE12276.
- 15 Figure 31 shows a predicted ER pathway activity in MCF7 and Tamoxifen resistant cell lines from GSE21618.
- Figure 32 shows a predicted ER pathway activity in a time series of estrogen-stimulated MCF7 cell line samples from GSE11324.
- 20 Figure 33 shows Wnt, ER and Hedgehog pathway activity in luminal A samples of GSE12276.
- 25 Figure 34 shows Wnt, ER and Hedgehog pathway activity in basal samples of GSE12276.
- Figure 35 shows a predicted Wnt pathway activity in colon samples from GSE20916.
- 30 Figure 36 shows a predicted ER pathway activity in MCF7 cell lines stimulated with estrogen (E2) or a negative control (EtOH) (GSE9253).

Figure 37 shows Kaplan-Meier survival curves of patients from the GSE12276 data set grouped according to pathway activity.

Figure 38 shows a predicted AR pathway activity in LNCaP cell lines treated with different treatment regimes from GSE7708.

Figure 39 shows a predicted AR pathway activity in prostate cancer samples from GSE17951.

Figure 40 shows a predicted AR pathway activity in breast cancer samples from GSE12276.

Figure 41 shows a predicted AR pathway activity in the GSE36133 data set containing cell line samples representing various cancer types.

Figure 42 shows a predicted AR pathway activity in the GSE34211 data set containing cell line samples representing various cancer types.

The following examples merely illustrate particularly preferred methods and selected aspects in connection therewith. The teaching provided therein may be used for constructing several tests and/or kits, e.g. to detect, predict and/or diagnose the abnormal activity of one or more cellular signaling pathways. Furthermore, upon using methods as described herein drug prescription can advantageously be guided, drug prediction and monitoring of drug efficacy (and/or adverse effects) can be made, drug resistance can be predicted and monitored, e.g. to select subsequent test(s) to be performed (like a companion diagnostic test). The following examples are not to be construed as limiting the scope of the present invention.

Example 1: Bayesian network construction

As disclosed herein, by constructing a probabilistic model (e.g., the illustrative Bayesian model shown in Figure 6) and incorporating conditional probabilistic relationships between expression levels of a number of different target genes and the

activity of the cellular signaling pathway, such a model can be used to determine the activity of the cellular signaling pathway with a high degree of accuracy. Moreover, the probabilistic model can be readily updated to incorporate additional knowledge obtained by later clinical studies, by adjusting the conditional probabilities and/or adding new nodes to the model to represent additional information sources. In this way, the probabilistic model can be updated as appropriate to embody the most recent medical knowledge.

One of the simplest Bayesian network models for representing a cellular signaling pathway would be a two level model including the transcription factor element and the associated target genes (see Figure 1). The transcription factor complex element is a representation of the level of the transcription factor complex. The protein level of the transcription factor element is connected to a number of mRNA levels of the transcription factor's target genes (in this exemplary Bayesian network only three target genes are depicted, that are known to be expressed in the tissue in case the transcription factor is available). It is to be understood that many, most, or all of the pathway's target genes (in case of the Wnt, ER, Hedgehog and AR pathways particularly the target genes mentioned in Table 1, Table 2, Table 3 and Table 4 respectively) are analogously regulated by the TF element. The relationships between the level of the TF element and the mRNA levels of the target genes are modeled in the Bayesian network by the edges. For each of the target genes, a conditional probabilistic distribution specifies how the gene's mRNA level depends on the level of the TF element.

The levels of the TF element and target genes may be variously represented. One option is to use a binary discretization, into states "absent" and "present" for the TF element, and "down" and "up" for a target gene's mRNA level (see Figure 1). The probabilistic relationship between the TF element and a target gene can then be represented by a conditional probability table (as indicated in the same figure). Instead of a binary discretization, levels can also be represented as continuous level values, or as quantized values having three or more quantization levels (e.g. "down", "normal" and "up" for target genes).

The foregoing illustration of a simple Bayesian network is just an illustrative embodiment of the Bayesian network model (Figure 1). In general, a Bayesian network model comprises a directed, acyclic graph comprising nodes connected by edges. Each node represents an information item pertaining to the pathway at hand (or, more

generally, to the cellular signaling pathway). Pathway element nodes each represent a genomic or proteomic element of the cellular signaling pathway. By way of illustrative example, a pathway element node may represent one of but not restricted to: a protein, a protein complex, an mRNA molecule transcribed from a target gene of the cellular signaling pathway, a methylated gene, a phosphorylated protein, a phosphorylated protein complex, or so forth. As discussed later herein, several other types of nodes, but not limited to the examples given, may be included in the Bayesian network to represent other types of information such as specific measurement datum elements, gene variation occurrences, or so forth.

Additional “upstream” levels representing regulatory proteins (in active or inactive state) of the pathway are typically added if knowledge of the level of such a protein could be probative for determining the clinical decision support recommendation. For example, the inclusion of the proteins elementary to the transcription factor or essential proteins upstream of the transcription factor in the Bayesian network (see Figure 2) could be useful if a drug is available that specifically targets such proteins, rather than the pathway as a whole. The transcription factor (TF) element is believed to be a protein complex (that is, a combination of proteins bound together in a specific structure that performs the function of regulating transcription from the target genes) in the majority of the signaling pathways. For other pathways, the TF element may be a single protein. In addition, signaling pathways may exert their activity through more than one transcription factor resulting in a more complex Bayesian network with multiple transcription factors feeding into the target gene(s) (see Figure 3 for a hypothetical illustration of multiple transcription factor elements influencing target gene transcription). Such a multi-transcription factor Bayesian network may also be the result of a combination of pathways combined in one Bayesian network.

Additional information nodes further downstream of the target genes may be included in the Bayesian network as well. An illustrative example of this is the translation of target gene’s mRNA into proteins (Figure 4) or protein level nodes of the target gene as surrogate node of the target gene’s mRNA level (Figure 5). The mRNA molecules of the target gene are translated by interaction with ribosome molecules to form proteins corresponding to the mRNA molecules and corresponding to the target genes. This is expression of the target genes at the protein level. Measurement of the protein level by, but

not limited to, for example mass-spectrometry, immunohistochemistry, gel electrophoresis techniques may act as evidence for these target protein levels.

The expression level of a target gene may be computed based on the measured intensity of corresponding probesets of a microarray, for example by averaging
5 or by other means of other techniques (e.g. RNA sequencing). In some embodiments this computation is integrated into the Bayesian network, by extending the Bayesian network with a node for each probeset that is used and including an edge running to each of these “measurement” nodes from the corresponding target gene node, as described herein with reference to Figure 6.

10 The probabilistic model may optionally also incorporate additional genomic information, such as information on mutations, copy number variations, gene expression, methylation, translocation information, or so forth, which change genomic sequences which are related to the signaling cascade of the pathway to infer the pathway activity and to locate the defect in the Wnt pathway which causes the aberrant functioning (either
15 activation or inactivity), as described by illustrative reference to Figure 7 for the illustrative case of methylation and copy number data. However, it is to be understood that other types of information regarding the target gene are analogously translated into information nodes. Such genomic information can be available through, but not limited to, RNA sequencing and SNP analysis.

20 Moreover, it is to be understood that while examples as described later herein pertain to the Wnt, ER, AR and Hedgehog pathway are provided as illustrative examples, the approaches for cellular signaling pathway analysis disclosed herein are readily applied to other cellular signaling pathways besides these pathways, such as to intracellular signaling pathways with receptors in the cell membrane (e.g., the Notch,
25 HER2/PI3K, TGFbeta, EGF, VEGF, and TNF-NFkappaB cellular signaling pathways) and intracellular signaling pathways with receptors inside the cell (e.g., progesterone, retinoic acid, and vitamin D cellular signaling pathways).

Example 2: Comparison of machine learning methods

30 Here the performance of two types of machine learning techniques are compared to each other with the Wnt pathway taken as an example case: the prediction of

Wnt activity by means of a nearest centroid method is compared to the method of choice according to the present invention, which e.g. uses a Bayesian network.

As discussed above the Bayesian network approach was selected based on its advantages residing in the probabilistic approach being able to incorporate the available information in either “soft”, e.g. percentages of study subjects exhibiting probative characteristics, and “hard” form, using conditional probabilistic relationships. In addition, the probabilistic model also enables information to be incorporated based on partial (rather than comprehensive) knowledge of the underlying cellular signaling pathway, again through the use of conditional probability tables.

Here it is demonstrated that the inventors added value in the way they included known biological properties and the availability of soft evidence using a Bayesian network compared to other machine learning methods, e.g. nearest centroid classification, a well-known method. Nearest centroid classification is a machine learning method where for each class of training samples an average profile (= centroid) is computed, and next, for a sample to be classified, the label is predicted based on the centroid that is closest (the closest centroid’s label is then the prediction result). The two centroids are calculated on the same list of probesets used in the Bayesian network, and for the ‘Wnt on’ and ‘Wnt off’ centroid they are based on the adenoma samples and the normal colon samples, respectively, of the same fRMA processed data of GSE8671. The log2-ratio of the two Euclidean distances between a sample and the two centroids was subsequently used to classify samples from various data sets to infer the classification of the samples. This means that a log2-ratio of 0 corresponds to an equal distance of the sample to the two centroids, a value > 0 corresponds to a sample classified as active Wnt signaling whereas a value < 0 corresponds to a sample identified as having an inactive Wnt signaling pathway.

The Bayesian network was constructed similar to Figure 6 and the procedure described herein. Similarly to this description of the Wnt Bayesian network, the conditional probability tables of the edges between probesets and their respective genes were trained using fRMA processed data of 32 normal colon samples and 32 adenoma samples from data set GSE8671 from the Gene Expression Omnibus (accessible at <http://www.ncbi.nlm.nih.gov/geo/>, last accessed July 13, 2011). The trained Bayesian network was then tested on various data sets to infer the probability $P(\text{Wnt On})$ that the

Wnt pathway is “on”, that is, active, which is taken equal to the inferred probability that the Wnt pathway transcription complex is “present”.

The trained Bayesian network and nearest centroid model were then tested on various fRMA processed microarray data sets to infer the probability that the Wnt pathway is “on”, measured by $P(\text{Wnt On})$ and log2-ratio of the distances. Summaries of the results of the Bayesian network and the nearest centroid model are shown in Figures 8 to 13. The reader should note that the output metrics of the two methods are not a one-to-one relation, however the sign and the relative magnitude of the output metrics within a method are comparable.

The vast majority of the colon (cancer) samples (GSE20916, GSE4183) are classified equally between the active and inactive Wnt pathway, except for GSE15960 that had a high fraction of wrongfully classified negative samples in the nearest centroid method (false negatives). This perception of a higher fraction of false negatives is maintained in the other cancer types as well. This is especially true for breast cancer samples (GSE12777, GSE21653) and liver cancer (GSE9843); except for a few exceptions all samples are predicted to have an inactive Wnt pathway which is known to be incorrect in case of basal-type breast cancer and the CTNNB1 liver cancer samples. In some cases, evident in for example GSE15960, the classification could be corrected by lowering and increasing the threshold of the nearest centroid classification. The idea behind this would be that the threshold of Wnt activity might be altered in different tissue-types. However, this would involve additional training of the nearest centroid method to be applicable to other tissue types. One of the strengths of the Bayesian network model is that this tissue-specific training is not required as it is established to be nonspecific regarding tissue-type.

Example 3: Selection of target genes

A transcription factor (TF) is a protein complex (that is, a combination of proteins bound together in a specific structure) or a protein that is able to regulate transcription from target genes by binding to specific DNA sequences, thereby controlling the transcription of genetic information from DNA to mRNA. The mRNA directly produced due to this action of the transcription complex is herein referred to as a “direct target gene”. Pathway activation may also result in more secondary gene transcription, referred to as “indirect target genes”. In the following, Bayesian network models (as

exemplary probabilistic models) comprising or consisting of direct target genes, as direct links between pathway activity and mRNA level, are preferred, however the distinction between direct and indirect target genes is not always evident. Here a method to select direct target genes using a scoring function based on available literature data is presented.

- 5 Nonetheless, accidentally selection of indirect target genes cannot be ruled out due to limited information and biological variations and uncertainties

Specific pathway mRNA target genes were selected from the scientific literature, by using a ranking system in which scientific evidence for a specific target gene was given a rating, depending on the type of scientific experiments in which the evidence was accumulated. While some experimental evidence is merely suggestive of a gene being
10 a target gene, like for example a mRNA increasing on an microarray of an embryo in which it is known that the Hedgehog pathway is active, other evidence can be very strong, like the combination of an identified pathway transcription factor binding site and retrieval of this site in a chromatin immunoprecipitation (ChIP) assay after stimulation of the
15 specific pathway in the cell and increase in mRNA after specific stimulation of the pathway in a cell line.

Several types of experiments to find specific pathway target genes can be identified in the scientific literature:

- 20 1. ChIP experiments in which direct binding of a pathway-transcription factor to its binding site on the genome is shown. Example: By using chromatin-immunoprecipitation (ChIP) technology subsequently putative functional TCF4 transcription factor binding sites in the DNA of colon cell lines with and without active Wnt pathway were identified, as a subset of the binding sites recognized
25 purely based on nucleotide sequence. Putative functionality was identified as ChIP-derived evidence that the transcription factor was found to bind to the DNA binding site.
- 30 2. Electrophoretic Mobility Shift (EMSA) assays which show in vitro binding of a transcription factor to a fragment of DNA containing the binding sequence. Compared to ChIP-based evidence EMSA-based evidence is less strong, since it cannot be translated to the in vivo situation.

3. Stimulation of the pathway and measuring mRNA profiles on a microarray or using RNA sequencing, using pathway-inducible cell lines and measuring mRNA profiles measured several time points after induction – in the presence of cycloheximide,
5 which inhibits translation to protein, thus the induced mRNAs are assumed to be direct target genes.
4. Similar to 3, but using quantitative PCR to measure the amounts of mRNAs.
- 10 5. Identification of transcription factor binding sites in the genome using a bioinformatics approach. Example for the Wnt pathway: Using the known TCF4-beta catenin transcription factor DNA binding sequence, a software program was run on the human genome sequence, and potential binding sites were identified, both in gene promoter regions and in other genomic regions.
15
6. Similar as 3, only in the absence of cycloheximide.
7. Similar to 4, only in the absence of cycloheximide.
- 20 8. mRNA expression profiling of specific tissue or cell samples of which it is known that the pathway is active, however in absence of the proper negative control condition.

25 In the simplest form one can give every potential target mRNA 1 point for each of these experimental approaches in which the target mRNA was identified.

Alternatively, points can be given incrementally, meaning one technology 1 point, second technology adds a second point, and so on. Using this relatively ranking strategy, one can make a list of most reliable target genes.

30 Alternatively, ranking in another way can be used to identify the target genes that are most likely to be direct target genes, by giving a higher number of points to the technology that provides most evidence for an in vivo direct target gene, in the list

above this would mean 8 points for experimental approach 1), 7 to 2), and going down to one point for experimental approach 8. Such a list may be called “general target gene list”.

Despite the biological variations and uncertainties, the inventors assumed that the direct target genes are the most likely to be induced in a tissue-independent manner. A list of these target genes may be called “evidence curated target gene list”. These curated target lists have been used to construct computational models that can be applied to samples coming from different tissue sources.

The “general target gene list” probably contains genes that are more tissue specific, and can be potentially used to optimize and increase sensitivity and specificity of the model for application at samples from a specific tissue, like breast cancer samples.

The following will illustrate exemplary how the selection of an evidence curated target gene list specifically was constructed for the ER pathway.

For the purpose of selecting ER target genes used as input for the “model”, the following three criteria were used:

1. Gene promoter/enhancer region contains an estrogen response element (ERE) motif:
 - a. The ERE motif should be proven to respond to estrogen, e.g., by means of a transient transfection assay in which the specific ERE motif is linked to a reporter gene, and
 - b. The presence of the ERE motif should be confirmed by, e.g., an enriched motif analysis of the gene promoter/enhancer region.
2. ER (differentially) binds in vivo to the promoter/enhancer region of the gene in question, demonstrated by, e.g., a ChIP/CHIP experiment or a chromatin immunoprecipitation assay:
 - a. ER is proven to bind to the promoter/enhancer region of the gene when the ER pathway is active, and
 - b. (preferably) does not bind (or weakly binds) to the gene promoter/enhancer region of the gene if the ER pathway is not active.

3. The gene is differentially transcribed when the ER pathway is active, demonstrated by, e.g.,
 - a. fold enrichment of the mRNA of the gene in question through real time PCR, or microarray experiment, or
 - 5 b. the demonstration that RNA Pol II binds to the promoter region of the gene through an immunoprecipitation assay.

The selection was done by defining as ER target genes the genes for which enough and well documented experimental evidence was gathered proving that all three
 10 criteria mentioned above were met. A suitable experiment for collecting evidence of ER differential binding is to compare the results of, e.g., a ChIP/CHIP experiment in a cancer cell line that responds to estrogen (e.g., the MCF-7 cell line), when exposed or not exposed to estrogen. The same holds for collecting evidence of mRNA transcription.

The foregoing discusses the generic approach and a more specific example
 15 of the target gene selection procedure that has been employed to select a number of target genes based upon the evidence found using above mentioned approach. The lists of target genes used in the Bayesian network models for exemplary pathways, namely the Wnt, ER, Hedgehog and AR pathways are shown in Table 1, Table 2, Table 3 and Table 4, respectively.

20 The target genes of the ER pathway used for the Bayesian network model of the ER pathway described herein (shown in Table 2) contain a selection of target genes based on their literature evidence score; only the target genes with the highest evidence scores (preferred target genes according to the invention) were added to this short list. The full list of ER target genes, including also those genes with a lower evidence score, is
 25 shown in Table 5.

A further subselection or ranking of the target genes of the Wnt, ER, Hedgehog and AR pathways shown in Table 1, Table 2, Table 3 and Table 4 was performed based on a combination of the literature evidence score and the odds ratios calculated using the trained conditional probability tables linking the probeset nodes to the
 30 corresponding target gene nodes. The odds ratio is an assessment of the importance of the target gene in inferring activity of the pathways. In general, it is expected that the expression level of a target gene with a higher odds ratio is likely to be more informative as

to the overall activity of the pathway as compared with target genes with lower odds ratios. However, because of the complexity of cellular signaling pathways it is to be understood that more complex interrelationships may exist between the target genes and the pathway activity – for example, considering expression levels of various combinations of target genes with low odds ratios may be more probative than considering target genes with higher odds ratios in isolation. In Wnt, ER, Hedgehog and AR modeling reported herein, it has been found that the target genes shown in Table 6, Table 7, Table 8 and Table 9 are of a higher probative nature for predicting the Wnt, ER, Hedgehog and AR pathway activities as compared with the lower-ranked target genes (thus, the target genes shown in Tables 6 to 9 are particularly preferred according to the present invention). Nonetheless, given the relative ease with which acquisition technology such as microarrays can acquire expression levels for large sets of genes, it is contemplated to utilize some or all of the target genes of Table 6, Table 7, Table 8 and Table 9, and to optionally additionally use one, two, some, or all of the additional target genes of ranks shown in Table 1, Table 2, Table 3 and Table 4, in the Bayesian model as depicted in Figure 6.

Table 1. Evidence curated list of target genes of the Wnt pathway used in the Bayesian network and associated probesets used to measure the mRNA expression level of the target genes (# = sequence number in accompanying sequence listing).

Target gene	Probeset	#	Target gene	Probeset	#
ADRA2C	206128_at	4	HNF1A	210515_at	102
ASCL2	207607_at	10		216930_at	
	229215_at		IL8	202859_x_at	110
AXIN2	222695_s_at	13		211506_s_at	
	222696_at		KIAA1199	1554685_a_at	119
	224176_s_at			212942_s_at	
	224498_x_at		KLF6	1555832_s_at	121
BMP7	209590_at	17		208960_s_at	
	209591_s_at			208961_s_at	
	211259_s_at			211610_at	
	211260_at			224606_at	
CCND1	208711_s_at	27	LECT2	207409_at	129
	208712_at		LEF1	210948_s_at	130

	214019_at			221557_s_at	
CD44	1557905_s_at	30		221558_s_at	
	1565868_at		LGR5	210393_at	131
	204489_s_at			213880_at	
	204490_s_at		MYC	202431_s_at	142
	209835_x_at			244089_at	
	210916_s_at		NKD1	1553115_at	150
	212014_x_at			229481_at	
	212063_at			232203_at	
	216056_at		OAT	201599_at	157
	217523_at		PPARG	208510_s_at	173
	229221_at		REG1B	205886_at	184
	234411_x_at		RNF43	218704_at	189
	234418_x_at		SLC1A2	1558009_at	200
COL18A1	209081_s_at	40		1558010_s_at	
	209082_s_at			208389_s_at	
DEFA6	207814_at	52		225491_at	
DKK1	204602_at	54	SOX9	202935_s_at	209
EPHB2	209588_at	67		202936_s_at	
	209589_s_at		SP5	235845_at	210
	210651_s_at		TBX3	219682_s_at	215
	211165_x_at			222917_s_at	
EPHB3	1438_at	68		225544_at	
	204600_at			229576_s_at	
FAT1	201579_at	72	TCF7L2	212759_s_at	219
FZD7	203705_s_at	90		212761_at	
	203706_s_at			212762_s_at	
GLUL	200648_s_at	95		216035_x_at	
	215001_s_at			216037_x_at	
	217202_s_at			216511_s_at	
	217203_at			236094_at	
	242281_at		TDGF1	206286_s_at	220
			ZNRF3	226360_at	248

Table 2. Evidence curated list of target genes of the ER pathway used in the Bayesian network and associated probesets used to measure the mRNA expression level of the target genes (# = sequence number in accompanying sequence listing).

Target gene	Probeset	#	Target gene	Probeset	#
AP1B1	205423_at	5	RARA	1565358_at	183
ATP5J	202325_s_at	12		203749_s_at	
COL18A1	209081_s_at	40		203750_s_at	
	209082_s_at			211605_s_at	
COX7A2L	201256_at	41		216300_x_at	
CTSD	200766_at	46	SOD1	200642_at	205
DSCAM	211484_s_at	59	TFF1	205009_at	221
	237268_at		TRIM25	206911_at	230
	240218_at			224806_at	
EBAG9	204274_at	61	XBP1	200670_at	244
	204278_s_at			242021_at	
ESR1	205225_at	70	GREB1	205862_at	97
	211233_x_at			210562_at	
	211234_x_at			210855_at	
	211235_s_at		IGFBP4	201508_at	106
	211627_x_at		MYC	202431_s_at	142
	215551_at			244089_at	
	215552_s_at		SGK3	227627_at	196
	217163_at			220038_at	
	217190_x_at		WISP2	205792_at	241
	207672_at		ERBB2	210930_s_at	69
HSPB1	201841_s_at	103		216836_s_at	
KRT19	201650_at	124		234354_x_at	
	228491_at		CA12	203963_at	22
NDUFV3	226209_at	148		204508_s_at	
	226616_s_at			204509_at	
NRIP1	202599_s_at	154		210735_s_at	
	202600_s_at			214164_x_at	
PGR	208305_at	162		215867_x_at	
	228554_at			241230_at	
PISD	202392_s_at	164	CDH26	232306_at	32
PRDM15	230553_at	174		233391_at	
	230777_s_at			233662_at	
	231931_at			233663_s_at	
	234524_at		CELSR2	204029_at	36
	236061_at			36499_at	
PTMA	200772_x_at	179			
	200773_x_at				
	208549_x_at				
	211921_x_at				

Table 3. Evidence curated list of target genes of the Hedgehog pathway used in the Bayesian network and associated probesets used to measure the mRNA expression level of the target genes (# = sequence number in accompanying sequence listing).

Target gene	Probeset	#	Target gene	Probeset	#
GLI1	206646_at	93	CTSL1	202087_s_at	47
PTCH1	1555520_at	177	TCEA2	203919_at	216
	208522_s_at			238173_at	
	209815_at			241428_x_at	
	209816_at		MYLK	1563466_at	145
	238754_at			1568770_at	
PTCH2	221292_at	178		1569956_at	
HHIP	1556037_s_at	101		202555_s_at	
	223775_at			224823_at	
	230135_at		FYN	1559101_at	88
	237466_s_at			210105_s_at	
SPP1	1568574_x_at	212		212486_s_at	
	209875_s_at			216033_s_at	
TSC22D1	215111_s_at	232	PITRM1	205273_s_at	165
	235315_at			239378_at	
	243133_at		CFLAR	208485_x_at	37
	239123_at			209508_x_at	
CCND2	200951_s_at	28		209939_x_at	
	200952_s_at			210563_x_at	
	200953_s_at			210564_x_at	
	231259_s_at			211316_x_at	
H19	224646_x_at	253		211317_s_at	
	224997_x_at			211862_x_at	
IGFBP6	203851_at	107		214486_x_at	
TOM1	202807_s_at	229		214618_at	
JUP	201015_s_at	117		217654_at	
FOXA2	210103_s_at	82		235427_at	
	214312_at			237367_x_at	
	40284_at			239629_at	
MYCN	209756_s_at	144		224261_at	
	209757_s_at		IL1R2	205403_at	108
	211377_x_at			211372_s_at	
	234376_at		S100A7	205916_at	254

	242026_at		S100A9	203535_at	255
NKX2_2	206915_at	249	CCND1	208711_s_at	27
NKX2_8	207451_at	250		208712_at	
RAB34	1555630_a_at	182		214019_at	
	224710_at		JAG2	209784_s_at	115
MIF	217871_s_at	134		32137_at	
GLI3	1569342_at	94	FOXM1	202580_x_at	85
	205201_at		FOXF1	205935_at	83
	227376_at		FOXL1	216572_at	84
FST	204948_s_at	87		243409_at	
	207345_at				
	226847_at				
BCL2	203684_s_at	14			
	203685_at				
	207004_at				
	207005_s_at				

Table 4. Evidence curated list of target genes of the AR pathway used in the Bayesian network and associated probesets used to measure the mRNA expression level of the target genes (# = sequence number in accompanying sequence listing).

Target gene	Probeset	#	Target gene	Probeset	#
ABCC4	1554918_a_at	2	LCP1	208885_at	128
	1555039_a_at		LRIG1	211596_s_at	132
	203196_at			238339_x_at	
APP	200602_at	7	NDRG1	200632_s_at	147
	211277_x_at		NKX3_1	209706_at	251
	214953_s_at			211497_x_at	
AR	211110_s_at	8		211498_s_at	
	211621_at		NTS	206291_at	155
	226192_at		PLAU	205479_s_at	167
	226197_at			211668_s_at	
CDKN1A	1555186_at	34	PMEPA1	217875_s_at	169
	202284_s_at			222449_at	
CREB3L4	226455_at	42		222450_at	
DHCR24	200862_at	53	PPAP2A	209147_s_at	171
DRG1	202810_at	58		210946_at	
EAF2	1568672_at	60	PRKACB	202741_at	175
	1568673_s_at			202742_s_at	

	219551_at			235780_at	
ELL2	214446_at	65	KLK3	204582_s_at	123
	226099_at			204583_x_at	
	226982_at		PTPN1	202716_at	180
FGF8	208449_s_at	75		217686_at	
FKBP5	204560_at	77	SGK1	201739_at	195
	224840_at		TACC2	1570025_at	214
	224856_at			1570546_a_at	
GUCY1A3	221942_s_at	99		202289_s_at	
	227235_at			211382_s_at	
	229530_at		TMPRSS2	1570433_at	225
	239580_at			205102_at	
IGF1	209540_at	105		211689_s_at	
	209541_at			226553_at	
	209542_x_at		UGT2B15	207392_x_at	236
	211577_s_at			216687_x_at	
KLK2	1555545_at	122			
	209854_s_at				
	209855_s_at				
	210339_s_at				

Table 5. Gene symbols of the ER target genes found to have significant literature evidence (= ER target genes longlist) (# = sequence number in accompanying sequence listing).

Gene symbol	#	Gene symbol	#	Gene symbol	#	Gene symbol	#
AP1B1	5	SOD1	205	MYC	142	ENSA	66
COX7A2L	41	TFF1	221	ABCA3	1	KIAA0182	118
CTSD	46	TRIM25	230	ZNF600	247	BRF1	19
DSCAM	59	XBP1	245	PDZK1	160	CASP8AP2	25
EBAG9	61	GREB1	97	LCN2	127	CCNH	29
ESR1	70	IGFBP4	106	TGFA	222	CSDE1	43
HSPB1	103	SGK3	196	CHEK1	38	SRSF1	213
KRT19	124	WISP2	241	BRCA1	18	CYP1B1	48
NDUFV3	148	ERBB2	69	PKIB	166	FOXA1	81
NRIP1	154	CA12	22	RET	188	TUBA1A	235
PGR	162	CELSR2	36	CALCR	23	GAPDH	91
PISD	164	CDH26	32	CARD10	24	SFI1	194
PRDM15	174	ATP5J	12	LRIG1	132	ESR2	258

PTMA	179	COL18A1	40	MYB	140	MYBL2	141
RARA	183	CCND1	27	RERG	187		

Table 6. Shortlist of Wnt target genes based on literature evidence score and odds ratio (# = sequence number in accompanying sequence listing).

Target gene	#
KIAA1199	119
AXIN2	13
CD44	30
RNF43	189
MYC	142
TBX3	215
TDGF1	220
SOX9	209
ASCL2	10
IL8	110
SP5	210
ZNRF3	248
EPHB2	67
LGR5	131
EPHB3	68
KLF6	121
CCND1	27
DEFA6	52
FZD7	90

5

Table 7. Shortlist of ER target genes based on literature evidence score and odds ratio (# = sequence number in accompanying sequence listing).

Target gene	#
CDH26	32
SGK3	196
PGR	162
GREB1	97
CA12	22
XBP1	244
CELSR2	36
WISP2	241

DSCAM	59
ERBB2	69
CTSD	46
TFF1	221
NRIP1	154

Table 8. Shortlist of Hedgehog target genes based on literature evidence score and odds ratio (# = sequence number in accompanying sequence listing).

Target gene	#
GLI1	93
PTCH1	177
PTCH2	178
IGFBP6	107
SPP1	212
CCND2	28
FST	87
FOXL1	84
CFLAR	37
TSC22D1	232
RAB34	182
S100A9	255
S100A7	254
MYCN	144
FOXN1	85
GLI3	94
TCEA2	216
FYN	88
CTSL1	47

5

Table 9. Shortlist of AR target genes based on literature evidence score and odds ratio (# = sequence number in accompanying sequence listing).

Target gene	#
KLK2	122
PMEP1	169
TMPS2	225
NKX3_1	251
ABCC4	2

KLK3	123
FKBP5	77
ELL2	65
UGT2B15	236
DHCR24	53
PPAP2A	171
NDRG1	147
LRIG1	132
CREB3L4	42
LCP1	128
GUCY1A3	99
AR	8
EAF2	60

Example 4: Comparison of evidence curated list and broad literature list

The list of Wnt target genes constructed based on literature evidence following the procedure described herein (Table 1) is compared to another list of target genes not following above mentioned procedure. The alternative list is a compilation of genes indicated by a variety of data from various experimental approaches to be a Wnt target gene published in three public sources by renowned labs, known for their expertise in the area of molecular biology and the Wnt pathway. The alternative list is a combination of the genes mentioned in table S3 from Hatzis et al. (Hatzis P, 2008), the text and table S1A from de Sousa e Melo (de Sousa E Melo F, 2011) and the list of target genes collected and maintained by Roel Nusse, a pioneer in the field of Wnt signaling (Nusse, 2012). The combination of these three sources resulted in a list of 124 genes (= broad literature list, see Table 10). Here the question whether the performance in predicting Wnt activity in clinical samples by the algorithm derived from this alternative list is performing similarly or better compared to the model constructed on the basis of the existing list of genes (= evidence curated list, Table 1) is discussed.

Table 10. Alternative list of Wnt target genes (= broad literature list) (# = sequence number in accompanying sequence listing).

Target gene	Reference	#	Target gene	Reference	#
ADH6	de Sousa e Melo et al.	3	L1CAM	Nusse	125
ADRA2C	Hatzis et al.	4	LBH	Nusse	126

APCDD1	de Sousa e Melo et al.	6	LEF1	Hatzis et al., de Sousa e Melo et al., Nusse	130
ASB4	de Sousa e Melo et al.	9	LGR5	de Sousa e Melo et al., Nusse	131
ASCL2	Hatzis et al., de Sousa e Melo et al.	10	LOC283859	de Sousa e Melo et al.	260
ATOH1	Nusse	11	MET	Nusse	133
AXIN2	Hatzis et al., de Sousa e Melo et al., Nusse	13	MMP2	Nusse	135
BIRC5	Nusse	15	MMP26	Nusse	136
BMP4	Nusse	16	MMP7	Nusse	137
BMP7	Hatzis et al.	17	MMP9	Nusse	138
BTRC	Nusse	20	MRP56	Hatzis et al.	139
BZRAP1	de Sousa e Melo et al.	21	MYC	Hatzis et al., Nusse	142
SBSPON	de Sousa e Melo et al.	259	MYCBP	Nusse	143
CCL24	de Sousa e Melo et al.	26	MYCN	Nusse	144
CCND1	Nusse	27	NANOG	Nusse	146
CD44	Nusse	30	NKD1	de Sousa e Melo et al.	150
CDH1	Nusse	31	NOS2	Nusse	151
CDK6	Hatzis et al.	33	NOTUM	de Sousa e Melo et al.	152
CDKN2A	Nusse	35	NRCAM	Nusse	153
CLDN1	Nusse	39	NUAK2	Hatzis et al.	156
COL18A1	Hatzis et al.	40	PDGFB	Hatzis et al.	159
CTLA4	Nusse	44	PFDN4	Hatzis et al.	161
CYP4X1	de Sousa e Melo et al.	49	PLAUR	Nusse	168
CYR61	Nusse	50	POU5F1	Nusse	170
DEFA5	de Sousa e Melo et al.	51	PPARD	Nusse	172
DEFA6	de Sousa e Melo et al.	52	PROX1	de Sousa e Melo et al.	176
DKK1	de Sousa e Melo et al., Nusse	54	PTPN1	Hatzis et al.	180
DKK4	de Sousa e Melo et al.	55	PTTG1	Nusse	181
DLL1	Nusse	56	REG3A	de Sousa e Melo et al.	185
DPEP1	de Sousa e Melo et al.	57	REG4	de Sousa e Melo et al.	186
EDN1	Nusse	62	RPS27	Hatzis et al.	190
EGFR	Nusse	64	RUNX2	Nusse	191
EPHB2	Hatzis et al., de Sousa e Melo et al., Nusse	67	SALL4	Nusse	192
EPHB3	Hatzis et al., Nusse	68	SLC1A1	de Sousa e Melo et al.	199
ETS2	Hatzis et al.	71	SLC7A5	Hatzis et al.	201
FAT1	Hatzis et al.	72	SNAI1	Nusse	202
FGF18	Nusse	73	SNAI2	Nusse	203
FGF20	Nusse	74	SNAI3	Nusse	204
FGF9	Nusse	76	SIK1	Hatzis et al.	261
FLAD1	Hatzis et al.	78	SOX17	Nusse	206
AK122582	Hatzis et al.	262	SOX2	de Sousa e Melo et al.	207

FN1	Nusse	79	SOX4	Hatzis et al.	208
FOSL1	Nusse	80	SOX9	Nusse	209
FOXN1	Nusse	86	SP5	Hatzis et al., de Sousa e Melo et al.	210
FST	Nusse	87	SP8	Hatzis et al.	211
FZD2	de Sousa e Melo et al.	89	TCF3	Nusse	217
FZD7	Nusse	90	TDGF1	Hatzis et al.	220
GAST	Nusse	92	TIAM1	Nusse	224
GMDS	Hatzis et al.	96	TNFRSF19	Nusse	227
GREM2	Nusse	98	TNFSF11	Nusse	228
HES6	Hatzis et al.	100	TRIM29	de Sousa e Melo et al.	231
HNF1A	Nusse	102	TSPAN5	de Sousa e Melo et al.	233
ID2	Nusse	104	TTC9	de Sousa e Melo et al.	234
IL22	de Sousa e Melo et al.	109	VCAN	Nusse	237
IL8	Nusse	110	VEGFA	Nusse	238
IRX3	de Sousa e Melo et al.	111	VEGFB	Nusse	239
IRX5	de Sousa e Melo et al.	112	VEGFC	Nusse	240
ISL1	Nusse	113	WNT10A	Hatzis et al.	242
JAG1	Nusse	114	WNT3A	Nusse	243
JUN	Nusse	116	ZBTB7C	de Sousa e Melo et al.	246
KIAA1199	de Sousa e Melo et al.	119	PATZ1	Hatzis et al.	263
KLF4	Hatzis et al.	120	ZNRF3	Hatzis et al.	248

The next step consisted of finding the probesets of the Affymetrix® GeneChip Human Genome U133 Plus 2.0 array that corresponds with the genes. This process was performed using the Bioconductor plugin in R and manual curation for the probesets relevance based on the UCSC genome browser, thereby removing e.g. probesets on opposite strands or outside gene exon regions. For two of the 124 genes there are no probesets available on this microarray-chip and therefore could not be inserted in the Bayesian network, these are LOC283859 and WNT3A. In total 287 probesets were found to correspond to the remaining 122 genes (Table 11).

Table 11. Probesets associated with the Wnt target genes in the broad literature gene list (# = sequence number in accompanying sequence listing).

Gene symbol	Probeset	#	Gene symbol	Probeset	#	Gene symbol	Probeset	#
ADH6	207544_s_at	3	FAT1	201579_at	72	PFDN4	205360_at	161

	214261_s_at		FGF18	206987_x_at	73		205361_s_at	
ADRA2C	206128_at	4		211029_x_at			205362_s_at	
APCDD1	225016_at	6		211485_s_at		PLAUR	210845_s_at	168
ASB4	208481_at	9		231382_at			211924_s_at	
	217228_s_at		FGF20	220394_at	74		214866_at	
	217229_at		FGF9	206404_at	76	POU5F1	208286_x_at	170
	235619_at			239178_at		PPARD	208044_s_at	172
	237720_at		FLAD1	205661_s_at	78		210636_at	
	237721_s_at			212541_at			37152_at	
ASCL2	207607_at	10	AK122582	235085_at	262		242218_at	
	229215_at		FN1	1558199_at	79	PROX1	207401_at	176
ATOH1	221336_at	11		210495_x_at			228656_at	
AXIN2	222695_s_at	13		211719_x_at		PTPN1	202716_at	180
	222696_at			212464_s_at			217686_at	
	224176_s_at			214701_s_at			217689_at	
	224498_x_at			214702_at		PTTG1	203554_x_at	181
BIRC5	202094_at	15		216442_x_at		REG3A	205815_at	185
	202095_s_at		FOSL1	204420_at	80		234280_at	
	210334_x_at		FOXN1	207683_at	86	REG4	1554436_a_at	186
BMP4	211518_s_at	16	FST	204948_s_at	87		223447_at	
BMP7	209590_at	17		207345_at		RPS27	200741_s_at	190
	209591_s_at			226847_at		RUNX2	216994_s_at	191
	211259_s_at		FZD2	210220_at	89		221282_x_at	
	211260_at			238129_s_at			232231_at	
BTRC	1563620_at	20	FZD7	203705_s_at	90		236858_s_at	
	204901_at			203706_s_at			236859_at	
	216091_s_at		GAST	208138_at	92	SALL4	229661_at	192
	222374_at		GMDS	204875_s_at	96	SLC1A1	206396_at	199
	224471_s_at			214106_s_at			213664_at	
BZRAP1	205839_s_at	21	GREM2	220794_at	98	SLC7A5	201195_s_at	201
SBSPON	214725_at	259		235504_at		SNAI1	219480_at	202
	235209_at			240509_s_at		SNAI2	213139_at	203
	235210_s_at		HES6	226446_at	100	SNAI3	1560228_at	204
CCL24	221463_at	26		228169_s_at		SIK1	208078_s_at	261
CCND1	208711_s_at	27	HNF1A	210515_at	102		232470_at	
	208712_at			216930_at		SOX17	219993_at	206
	214019_at		ID2	201565_s_at	104		230943_at	
CD44	1557905_s_at	30		201566_x_at		SOX2	213721_at	207
	204489_s_at			213931_at			213722_at	
	204490_s_at		IL22	221165_s_at	109		228038_at	
	209835_x_at			222974_at		SOX4	201416_at	208

	210916_s_at		IL8	202859_x_at	110		201417_at	
	212014_x_at			211506_s_at			201418_s_at	
	212063_at		IRX3	229638_at	111		213668_s_at	
	217523_at		IRX5	210239_at	112	SOX9	202935_s_at	209
	229221_at		ISL1	206104_at	113		202936_s_at	
CDH1	201130_s_at	31	JAG1	209097_s_at	114	SP5	235845_at	210
	201131_s_at			209098_s_at		SP8	237449_at	211
	208834_x_at			209099_x_at			239743_at	
CDK6	207143_at	33		216268_s_at		TCF3	209151_x_at	217
	214160_at		JUN	201464_x_at	116		209152_s_at	
	224847_at			201465_s_at			209153_s_at	
	224848_at			201466_s_at			210776_x_at	
	224851_at		KIAA1199	1554685_a_at	119		213730_x_at	
	231198_at			212942_s_at			213811_x_at	
	235287_at		KLF4	220266_s_at	120		215260_s_at	
	243000_at			221841_s_at			216645_at	
CDKN2A	207039_at	35	L1CAM	204584_at	125	TDGF1	206286_s_at	220
	209644_x_at			204585_s_at		TIAM1	206409_at	224
	211156_at		LBH	221011_s_at	126		213135_at	
CLDN1	218182_s_at	39	LEF1	210948_s_at	130	TNFRSF19	223827_at	227
	222549_at			221557_s_at			224090_s_at	
COL18A1	209081_s_at	40		221558_s_at		TNFSF11	210643_at	228
	209082_s_at		LGR5	210393_at	131		211153_s_at	
CTLA4	221331_x_at	44		213880_at		TRIM29	202504_at	231
	231794_at		MET	203510_at	133		211001_at	
	234362_s_at			211599_x_at			211002_s_at	
	236341_at			213807_x_at		TSPAN5	209890_at	233
CYP4X1	227702_at	49		213816_s_at			213968_at	
CYR61	201289_at	50	MMP2	1566678_at	135		225387_at	
	210764_s_at			201069_at			225388_at	
DEFA5	207529_at	51	MMP26	220541_at	136	TTC9	213172_at	234
DEFA6	207814_at	52	MMP7	204259_at	137		213174_at	
DKK1	204602_at	54	MMP9	203936_s_at	138	VCAN	204619_s_at	237
DKK4	206619_at	55	MRPS6	224919_at	139		204620_s_at	
DLL1	224215_s_at	56	MYC	202431_s_at	142		211571_s_at	
	227938_s_at		MYCBP	203359_s_at	143		215646_s_at	
DPEP1	205983_at	57		203360_s_at			221731_x_at	
EDN1	218995_s_at	62		203361_s_at		VEGFA	210512_s_at	238
	222802_at		MYCN	209756_s_at	144		210513_s_at	
EGFR	1565483_at	64		209757_s_at			211527_x_at	
	1565484_x_at			211377_x_at			212171_x_at	

	201983_s_at			234376_at		VEGFB	203683_s_at	239
	201984_s_at		NANOG	220184_at	146	VEGFC	209946_at	240
	210984_x_at		NKD1	1553115_at	150	WNT10A	223709_s_at	242
	211550_at			229481_at			229154_at	
	211551_at			232203_at		ZBTB7C	217675_at	246
	211607_x_at		NOS2	210037_s_at	151	ZBTB7C	227782_at	246
EPHB2	209588_at	67	NOTUM	228649_at	152	PATZ1	209431_s_at	263
	209589_s_at		NRCAM	204105_s_at	153		211391_s_at	
	210651_s_at			216959_x_at			210581_x_at	
	211165_x_at		NUAK2	220987_s_at	156		209494_s_at	
EPHB3	1438_at	68	PDGFB	204200_s_at	159	ZNRF3	226360_at	248
	204600_at			216061_x_at				
ETS2	201328_at	71		217112_at				
	201329_s_at							

Subsequently the Bayesian network was constructed similar to Figure 6 and the procedure explained herein. Similarly to the description of the Wnt Bayesian network based on the evidence curated list, the conditional probability tables of the edges between probesets and their respective genes, both the evidence curated list and the broad literature list, were trained using fRMA processed data of 32 normal colon samples and 32 adenoma samples from data set GSE8671 from the Gene Expression Omnibus (accessible at <http://www.ncbi.nlm.nih.gov/geo/>, last accessed July 13, 2011).

The trained Bayesian networks were then tested on various data sets to infer the probability $P(\text{Wnt On})$ that the Wnt pathway is “on”, i.e., active, which is taken equal to the inferred probability that the Wnt pathway transcription complex is “present”. Summarized results of the trained broad literature model and the evidence curated model are shown in Figures 14-19.

Evidently, it could be deduced that the broad literature model generally predicts more extreme probabilities for Wnt signaling being on or off. In addition, the alternative model predicts similar results for the colon cancer data sets (GSE20916, GSE4183, GSE15960), but more than expected samples with predicted active Wnt signaling in breast cancer (GSE12777), liver cancer (GSE9843) and medulloblastoma sample (GSE10327) data sets.

In conclusion, the broad literature target genes list results in approximately equally well predictions of Wnt activity in colon cancer on the one hand, but worse

predictions (too many false positives) in other cancer types on the other hand. This might be a result of the alternative list of targets genes being too much biased towards colon cells specifically, thus too tissue specific; both de Sousa E Melo et al. and Hatzis et al. main interest was colorectal cancer although non-colon-specific Wnt target genes may be included. In addition, non-Wnt-specific target genes possibly included in these lists may be a source of the worsened predictions of Wnt activity in other cancer types. The alternative list is likely to contain more indirectly regulated target genes, which probably makes it more tissue specific. The original list is tuned towards containing direct target genes, which are most likely to represent genes that are Wnt sensitive in all tissues, thus reducing tissue specificity.

Example 5: Training and using the Bayesian network

Before the Bayesian network can be used to infer pathway activity in a test sample, the parameters describing the probabilistic relationships between the network elements have to be determined. Furthermore, in case of discrete states of the input measurements, thresholds have to be set that describe how to do the discretization.

Typically, Bayesian networks are trained using a representative set of training samples, of which preferably all states of all network nodes are known. However, it is impractical to obtain training samples from many different kinds of cancers, of which it is known what the activation status is of the pathway to be modeled. As a result, available training sets consist of a limited number of samples, typically from one type of cancer only. To allow the Bayesian network to generalize well to other types of samples, one therefore has to pay special attention to the way the parameters are determined, which is preferably done as follows in the approach described herein.

For the TF node, the (unconditional) probability of being in state “absent” and “present” is given by the expected occurrence on a large set of samples. Alternatively, one can set them to 0.5, as is done in Figure 1, in order to have no bias for a positive or negative outcome.

For the target gene nodes, the conditional probabilities are set as in Figure 1. If the TF element is “absent”, it is most likely that the target gene is “down”, hence a probability of 0.95 is chosen for this, and a probability of 0.05 for the target gene being “up”. The latter (non-zero) probability is to account for the (rare) possibility that the target

gene is regulated by other factors or accidentally observed “up” (e.g. because of measurement noise). If the TF element is “present”, then with a fair probability of 0.70 the target gene is “up”, and with a probability of 0.30 the target gene is “down”. The latter values are chosen this way, because there can be several reasons why a target gene is not highly expressed even though the TF element is present, for instance because the gene’s promoter region is methylated. In the case that a target gene is not up-regulated by the TF element, but down-regulated, the probabilities are chosen in a similar way, but reflecting the down-regulation upon presence of the TF element.

For the Bayesian network model as given in Figure 6, where the intensities of the probesets form the input measurements, one finally has to determine the parameters for discretization and for the conditional probability tables relating the probesets’ intensities to the mRNA levels of the respective target genes. Both of these are based on training data in the current invention. For the discretization of a probeset’s intensity level into states “low” and “high”, a suitable threshold is determined that best separates the intensity values in a set of training samples where the pathway is activated (“on” samples) from the intensity values in a set of training samples in which it is not (“off” samples). Finally, the conditional probability tables describing the probabilities of a probeset to have a “low” or “high” intensity depending on the “down” or “up” state of the respective target gene is done by counting the number of “on” and “off” samples with an intensity value of the probeset below and above the respective threshold. This is known in the literature as the frequentist approach. A dummy count is added to each group to prevent entries in the conditional probability tables with a value of zero, to prevent extreme behavior of the Bayesian network.

After the Bayesian network has been trained, it can be applied on a test sample as follows, considering the Bayesian network of Figure 6, and assuming the microarray measurements relating to the probesets are available. The first step is to discretize the input measurements, by comparing each probeset’s intensity in the test sample to the respective threshold as described above. This comparison may be done in a hard way, setting each probeset to either “low” or “high” intensity (called ‘hard evidence’), or it can be done in a soft way, assuming some uncertainty (noise) in the measurement, setting for each probeset a probability of being “low” or “high” (called ‘soft evidence’). For instance, the soft evidence of a probeset with an intensity just below the threshold may

be a probability of 0.8 of being “low” and a probability of 0.2 of being “high”, based on a suitable estimate of the noise and the difference to the threshold.

Next, this hard or soft evidence is supplied to a suitable inference engine for Bayesian networks, for instance based on a junction tree algorithm (see (Neapolitan,
5 2004)). Such an engine can then infer the updated probability of the TF element being “absent” or “present”, given the provided evidence. The inferred probability of the TF element being “present” is then interpreted as the estimated probability that the respective pathway is active.

Preferably, the training of the Bayesian network models of the Wnt, ER,
10 Hedgehog and AR pathways is done using public data available on the Gene Expression Omnibus (accessible at <http://www.ncbi.nlm.nih.gov/geo/>, cf. above).

The Wnt Bayesian network was exemplary trained using 32 normal colon samples considered to have an inactive Wnt pathway and 32 confirmed adenoma samples known to have an active Wnt pathway (GSE8671 data set).

15 The Bayesian network model of the ER pathway was exemplary trained using 4 estrogen-deprived MCF7 samples, known to have an inactive ER pathway, and 4 estrogen-stimulated MCF7 samples, regarded to have an active ER pathway, from the GSE8597 data set also accessible at the Gene expression Omnibus.

The Bayesian network model of the Hedgehog pathway was exemplary
20 trained using 15 basal cell carcinoma samples confirmed to have an active Hedgehog pathway and 4 normal skin cells samples representing samples with an inactive Hedgehog pathway available in the GSE7553 data set.

The Bayesian network model of the AR pathway was exemplary trained using 3 samples with positive AR activity, LNCaP cell lines stimulated with
25 Dihydrotestosterone (DHT), a potent AR pathway activator, and 3 non-stimulated LNCaP cell lines representing the inactive AR pathway case.

With reference to Figure 35 and Figure 36, the trained Bayesian network models of the Wnt and ER pathway were used to predict the pathway activities in similar samples (colon samples and MCF7 breast cancer cell line for the Wnt and ER Bayesian
30 network, respectively) not used in the training procedure as described herein (no appropriate data set for the Hedgehog Bayesian network was found). The predicted

pathway activities of the vast majority of the samples should be in line with the clinically expected pathway activities for the model to be validated.

Figure 35 shows the predicted Wnt activities, depicted as the logit of $P(\text{Wnt on})$ on the vertical axis, for the samples, illustrated by the bars on the horizontal axis, of the colon samples grouped by classification, indicated by the bar's color, in the GSE20916 data set. All normal colon samples are rightfully predicted to have an inactive pathway (score < 0), based on it being a sample of healthy tissue. All but four samples alleged to have an active pathway are predicted to have an active Wnt pathway.

In Figure 36 the validation results of the trained ER Bayesian network model is shown for two microarrays measured using a MCF7 breast cancer cell line sample, one stimulated with estrogen (E2) the other one with a negative control (EtOH), originating from the GSE9253 data set. In agreement with the alleged ER activity, the sample stimulated with estrogen is predicted to have an active ER pathway, whereas the negative control predicts an inactive ER pathway.

Further details and examples for using trained Bayesian networks (e.g. of Wnt, ER, AR and Hedgehog pathway) to predict the respective pathway activities are explained in Example 6 below.

The above mentioned training process can be employed to other Bayesian networks of clinical applications. Here it is shown and proven to work for the Bayesian network models constructed using herein disclosed method representing cellular signaling pathways, more specifically the Wnt, ER, AR and Hedgehog pathways.

Example 6: Diagnosis of (abnormal) pathway activity

The following will exemplary illustrate how to use e.g. Bayesian network models to diagnose the activity of a cellular signaling pathway.

The Bayesian networks of the Wnt, ER, Hedgehog and AR pathway, constructed using a node for the transcription factor presence, a layer of nodes representing the target genes' mRNA and a layer of nodes representing the probesets' intensities corresponding to the target genes (Table 1, Table 2, Table 3 and Table 4), analogous to Figure 6 described herein, and trained as described herein, were used to predict the pathways activity as "on", that is active, or "off", that is inactive, in various, previously not used for training, data sets to infer how well the inference component operates. The

predicted pathway activity scores are correlated with clinical knowledge. Result summaries for a selection of the test runs are shown in Figures 21 seq.

With reference to Figures 21 seq., pathway activity inference results for medical tissue samples using the Bayesian network model described herein are shown.

5 Figure 21 shows results for Wnt activity tests on colon samples data set GSE4183. The Bayesian network model yielded high values of $P(\text{Wnt On})$ for the adenoma samples, and low values for normal samples, which corresponds with the (patho)physiology of adenoma and healthy tissue. Healthy tissue has a slow cell proliferation and thus a low Wnt activity relative to adenomatous tissue which has a rapid
10 cell proliferation and thus high Wnt activity. For the IBD samples, the Bayesian network model showed low Wnt pathway activity ($P(\text{Wnt On}) \sim 0$) for all but one sample. Again, this is consistent with the IBD samples not undergoing rapid cell proliferation. For the colorectal cancer cell samples the results were mixed, with high Wnt pathway activity being detected in about one half of these samples, but this can be a result of other pathways
15 assuming the role of tumor driver when benign adenomatous tissue becomes malignant cancerous tissue, or sample analysis problems e.g. the sample containing too much non-tumor tissue, or the mRNA being partly degraded

The Bayesian network model used in the experiments reported herein was trained using the colon samples data set GSE8671. However, the Wnt pathway is present
20 (albeit possibly inactive) in other cell types. It was therefore considered possible that the Bayesian network might be applicable to infer abnormally high Wnt pathway activity correlative with other types of cancers. The rationale for this is that, although the Bayesian network model was trained using colon samples, it is based on first principles of the operation of the Wnt pathway present (albeit possibly inactive) in other cell types. Figures
25 22 - 24 show some results investigating such “cross tissue type” inferences.

Figure 22 shows results for tests using the Bayesian network model trained using colon samples being applied to infer Wnt pathway activity in medulloblastoma samples (data set GSE10327). The samples included in this data set have been further characterized in several subsets, one of them being samples with the Wnt pathway being
30 active. The Bayesian network of the Wnt pathway predicts the group of Wnt-active samples having an active Wnt pathway, whereas the other samples were predicted correctly to have an inactive Wnt pathway.

The test results using the Wnt Bayesian network model in a data set containing liver cancer samples (GSE9843) is shown in Figure 23. Here the samples are grouped by the following a priori annotations assigned by the GSE9843 data set:

“CTNNB1”, “Inflammation”, “Polysomy chr7”, “Proliferation”, and “Unannotated”. The

5 samples of the “Inflammation” group are uniformly inferred to not have abnormally high Wnt pathway activity, as expected since the inflammation condition does not entail rapid cell proliferation. Samples labeled “Polysomy chr7” are also uniformly inferred to not have abnormally high Wnt pathway activity. Polysomy of chromosome number 7 means that there are more than two number 7 chromosomes. As there is no reason to expect this
10 polysomy condition to impact the Wnt pathway, it is not unexpected that these samples do not have abnormally high Wnt pathway activity.

About one in five of the samples labeled “Proliferation” have $P(\text{Wnt On}) > 0.5$. Proliferation suggests a state of rapid cellular multiplication. Such a state may be associated with abnormally high Wnt pathway activity, but may also be associated with
15 numerous other possible causes of cell proliferation. Accordingly, about one in five of these samples having abnormally high Wnt pathway activity is not an unreasonable result.

About one half of the samples of the “CTNNB1” group are inferred by the Bayesian network to have abnormally high Wnt pathway activity. The CTNNB1 gene encodes the beta-catenin protein, which is a regulatory protein of the Wnt pathway, and
20 activating mutations in this gene cause abnormal Wnt activation. Thus, a correlation between the “CTNNB1” group and high Wnt pathway activity is conform expectation.

Figure 24 depicts the test results of the Wnt Bayesian network model described herein for a set of breast cancer samples. In this case three groups of breast cancer cell lines are tested: one group for which the Wnt pathway is a priori known to be
25 operating at an abnormally high level (Wnt on-group); one group for which the Wnt pathway is a priori known to not be operating at an abnormally high level (Wnt off-group); and another group for which the Wnt pathway activity is not a priori known (Unknown group); in addition there is also one sample that is suspected to have a low level of Wnt activation (Wnt suspicious), although there is a conflicting report in the literature that it
30 may have an active Wnt pathway (but this is a minority report; more papers report an inactive Wnt pathway). As seen in Figure 24, the correlation of the inferences provided by the Bayesian network with the a priori knowledge is strong for the Wnt on- and off-groups.

Also the rightmost sample of the graph (Wnt suspicious) shows an inference that corresponds to most reports in the literature stating that the Wnt pathway is off. In the case of unknown-group shown in Figure 24, for which there is no a priori knowledge of the Wnt pathway activity, the Bayesian network infers low activity for the Wnt pathway except for one instance for which $P(\text{Wnt On}) > 0.5$; literature shows that this cell line has a high expression of the co-receptor LRP6, which may explain that the Wnt pathway is on.

Figure 25 shows the results for the same data set of breast cancer cell lines but now tested for ER activity using the ER Bayesian network trained using MCF7 breast cancer cell lines as described herein. The samples a priori known to have an active Wnt pathway were predicted to have an inactive ER pathway, which is not surprising since the Wnt pathway is already driving the rapid cell multiplication. ER positive samples, on the other hand are found amongst the Wnt off-samples and the unknown-samples. In view of Figure 24, this is not surprising.

The test results of the predictions of the ER Bayesian network trained on breast cancer cell lines for a set of cancer samples (GSE12276) are shown in Figure 26. The breast cancer samples were subdivided in the well-known classifications: Luminal A (LumA), Luminal B (LumB), Human Epidermal Growth Factor Receptor 2 positive (HER2), and basal breast cancer subtype. Tissue samples in the luminal A and luminal B subtypes are known to express ER. It is also in these subtypes that most samples are predicted to have a high ER pathway activity. On the other hand, the samples that are classified to be of the basal subtype are known to have no or low expression of ER, which nicely correlates with no active ER pathway predicted in the basal group samples. In the HER2 group only three samples have a $P(\text{ER on}) > 0.5$, whereas the majority of the samples are predicted to have an inactive ER pathway. This correlates well with the fact that the classification is done on the fact that these samples have an amplified HER2 expression; uncontrolled cell replication is presumably driven via HER2 signaling via other cellular signaling pathways than the ER pathway (see for example the Wnt active breast cancer cell lines in Figure 24 or Hedgehog active breast cancer samples in Figure 30).

The ER Bayesian network model constructed and trained as described herein is used to predict the ER pathway activity in a large panel of cell lines of various cancers, the results are shown in Figure 27. As expected only ER active predicted samples

were found in the breast cancer cell lines. All other types of cancer cell lines were predicted to have an inactive ER pathway, which is as expected.

The Bayesian network model constructed and trained for the Hedgehog pathway as described herein is used to predict the activity of the Hedgehog pathway for cell lines of various cancer types in the GSE34211-data set. The Hedgehog activity predictions are shown in Figure 28. The highest fractions of positive predicted Hedgehog activity are found in the central nervous system (CNS), skin, endometrium, and uterus cancer types, which is in good agreement with literature knowledge regarding Hedgehog-dependent cell proliferation in these cell types.

Figure 29 shows the predicted Hedgehog activity of the medulloblastoma samples (GSE10327) that was already analyzed using the Wnt Bayesian network model as described herein. The medulloblastoma samples have been characterized in subclasses, with one of them having an active Hedgehog signaling pathway (identifier: SHH). All of the samples in the SHH subtype are predicted to have an active Hedgehog signaling.

Further, the medulloblastoma samples in the Wnt-subtype were also predicted to have an active Hedgehog pathway. This is in agreement with clinical evidence showing that often both pathways are active in these tumors. Nevertheless, the Wnt Bayesian network was clearly able to correctly predict Wnt activity only in the Wnt-subtype. Thus the combination of the Wnt and Hedgehog Bayesian network are able to make a correct classification of these two subtypes.

The predicted Hedgehog activity in the GSE12276 breast cancer samples, earlier used to predict the ER activity using the ER Bayesian network model, using the Hedgehog Bayesian network model is shown in Figure 30. The Hedgehog pathway is predicted to be active in a fraction of the samples of every subtype. This seems odd, but matched to the ER pathway prediction shown in Figure 26 one can see that Hedgehog activity is only predicted in samples not having an active ER pathway. This is in good agreement with the hypothesis that uncontrolled cell proliferation in (breast) tissue can be driven by different signaling pathways.

In summary, the test results for various cancerous tissue samples and cells presented in Figures 21 - 30 strongly suggest that the Bayesian networks of the Wnt, ER and Hedgehog models trained on tissue/pathway specific samples are applicable to analysis of samples of other types of tissue. This can enable cellular signaling pathway analysis to

be applied “cross tissue type”. Thus, the CDS system 10 (as described herein) is readily applied to assess pathway activity in a range of tissue types other than the tissue type of the samples used to train the Bayesian network model 40 (see e.g. Figure 20 which shows diagrammatically a clinical decision support (CDS) system configured to assess one or more cellular signaling pathways as disclosed herein (exemplary shown for Wnt pathway)). In cases where the inference components 40, 44, 46, 48 indicate the tissue under analysis exhibits abnormally high Wnt, ER or Hedgehog pathway activity, but no tissue specific drug is available, a general Wnt, ER or Hedgehog pathway suppression drug, or a malfunction specific drug, may be considered by the physician based on the recommendation 28 or the recommendation 26, respectively, as provided by the CDS system 10.

Although the results of Figures 21 - 30 indicate cross tissue type applicability of the Bayesian network model for the Wnt, ER and Hedgehog pathway, it is expected that for clinical applications the Bayesian network models may optionally be updated or adapted to maximize its applicability to the specific tissue type under analysis (e.g., breast tissue or liver tissue). Such updating or adaptation could, for example, entail adjusting the conditional probabilities based on clinical studies of the tissue type under analysis or enrich the evidence curated target gene list, described herein, with tissue specific target genes of the pathway(s) under investigation. Additionally, nodes might be added or removed to better tune the Bayesian network model to the tissue under analysis. Alternatively, different Bayesian network models may be trained ab initio using different training sets for the different tissue types. Furthermore, the results of Figures 21 - 30 illustrate the ability of the process described herein to develop and train Bayesian network models using evidence curated target gene lists of pathways other than Wnt, ER and Hedgehog to predict and diagnose the pathway’s activity.

The test results of the AR Bayesian network model constructed and trained as described herein was exemplary used to predict the AR activity in LNCaP prostate cancer cell lines treated with different treatment regimes (GSE7708) (see Figure 38). As expected LNCaP cells not stimulated with DHT results in a predicted inactive AR pathway, whereas LNCaP stimulated cells were correctly predicted to have an active AR pathway and LNCaP cells treated with Bicalutamide, an anti-androgen drug, to have an inhibited AR pathway.

The trained Bayesian network of the AR pathway as described herein was also used to predict the probability the AR pathway is active in prostate cancer samples from the GSE17951 data set (results are shown in Figure 39). The majority of the prostate biopsies and tumors were not unexpectedly predicted to have a higher probability of AR activity compared to the controls samples.

The AR Bayesian network model was also applied to a cross-tissue test, viz. the breast cancer samples included in the GSE12276 data set. Results for this test are shown in Figure 40. A small fraction of the samples, found in every subgroup, are predicted to have an active pathway, whereas the vast majority of the samples had an inactive AR pathway. Remarkably the highest percentage of samples with an active AR pathway are found in the HER2-subgroup, which is not unexpected as it is known from literature that there is crosstalk between the HER2 and AR pathway and the AR pathway can also be induced by HER2-signaling.

The above mentioned AR Bayesian network model was also used to predict the AR pathway's activity in two sets of cell lines samples of various cancer types (GSE36133 and GSE34211) as depicted in Figure 41 and Figure 42. As expected, the majority of the cell lines were found to have an inactive AR pathway. The exceptions to this are the prostate cancer samples with several cancer cell line samples expressing AR pathway activity. In Table 12 is shown that all AR pathway activity predictions of the prostate cancer samples are in agreement with the known AR activity.

Table 12. Known and predicted AR activity in prostate cancer cell lines in GSE36133 and GSE34211 data sets.

Data set	Sample identifier	Prostate cell line	Known to be active?	P(AR on)
36133	GSM886837	22Rv1	YES	0.698127
	GSM886988	DU 145	NO	0.001279
	GSM887271	LNCaP clone FGC	YES	1
	GSM887302	MDA PCa 2b	YES	1
	GSM887440	NCI-H660	NO	1.25E-05
	GSM887506	PC-3	NO	0.009829
	GSM887731	VCaP	YES	1
34211	GSM843494	DU145T	NO	0.005278

	GSM844559	HPET11	NO	0.005602
	GSM844560	HPET13 replicate 1	NO	0.003382
	GSM844561	HPET13 replicate 2	NO	0.000501
	GSM844562	HPET5	NO	0.007673
	GSM844579	LNCAP	YES	1
	GSM844674	PC3 PFIZER	NO	0.004066
	GSM844675	PC3	NO	0.006163
		Good_NCI50_WYETH		

Example 7: Prognosis based on pathway activity

Early developmental pathways, like Wnt and Hedgehog, are thought to play a role in metastasis caused by cancer cells which have reverted to a more stem cell like phenotype, called cancer stem cells. Indeed, sufficient evidence is available for the early developmental pathways, such as Wnt pathway, to play a role in cancer metastasis, enabling metastatic cancer cells to start dividing in the seeding location in another organ or tissue. Metastasis is associated with bad prognosis, thus activity of early developmental pathways, such as the Wnt and Hedgehog pathway, in cancer cells is expected to be predictive for bad prognosis. This is supported by the fact that breast cancer patients, from the GSE12276 data set, that were identified having an active ER pathway but not having an active Wnt or Hedgehog pathway using the Bayesian network models described herein had a better prognosis than patients identified having either an active Hedgehog or Wnt pathway or both, as illustrated by the Kaplan-Meier plot in Figure 37.

Example 8: Therapy planning, prediction of drug efficacy, prediction of adverse effects and monitoring of drug efficacy

The following exemplary illustrates how to use the probabilistic models, in particular Bayesian network models, for therapy planning, prediction of drug efficacy, monitoring of drug efficacy and related activities.

The Bayesian network model of the ER pathway, constructed using a node for the transcription factor presence, a layer of nodes representing the target genes' mRNA levels (Table 2) and a layer of nodes representing the probesets' intensities corresponding to the target genes (Table 2), analogous to Figure 6 described herein, and trained as described herein, were used to predict the pathway activity. The pathway activity is

subsequently demonstrated to be correlated with drug efficacy or monitoring drug efficacy. Result summaries are shown in Figures 31 and 32.

Tamoxifen is a drug currently used for the treatment of ER+ (estrogen receptor positive) breast cancer. It acts as a partial antagonist of the estrogen receptor inhibiting the uncontrolled cell proliferation which is thought to be induced by ER signaling. Unfortunately, not every breast cancer responds to treatment with Tamoxifen, despite the demonstration of the presence of ER protein in cancer cells by routine histopathology analysis of cancer tissue slides. Many studies have been conducted to investigate this so-called Tamoxifen resistance. The publicly available GSE21618 data set is the result of one of such study and contains microarray data of Tamoxifen resistant and wildtype MCF7 cell lines under different treatment regimes. The ER Bayesian network model constructed and trained as described herein is used to analyze the Tamoxifen resistant and MCF7 cell lines under different treatment regimes, the results are depicted in Figure 31.

The control Tamoxifen resistant cell line, indicated by TamR.Ctrl, is predicted to have an inactive ER pathway for every time point after Tamoxifen addition (1, 2, 3, 6, 12, 24, and 48 h). It is not surprising that treatment of the Tamoxifen resistant cell line, that is insensitive to Tamoxifen treatment, with Tamoxifen, indicated by TamR.Tam, is ineffective, which is also illustrated by the predicted inactivity of the ER pathway for this group over the same time points. According to analysis of the Tamoxifen resistant cell line (TamR.Ctrl) the driving force of the uncontrolled cell proliferation is not due to active ER signaling; therefore treating it with an ER antagonist will not inhibit cell proliferation. This illustrates that treatment with Tamoxifen is not recommended in case of a negative predicted ER pathway activity.

On the other hand, the wild type MCF7 cell line, known to be Tamoxifen sensitive, treated with 17beta-estradiol (wt1.E2) slowly reacts to the hormone treatment which is visible in the increasing ER positive activity predictions. Treating such a cell line with aromatase inhibitors that are known to inhibit estrogen production will inhibit the ER pathway which is illustrated by the decreasing ER pathway prediction in time. Supporting this are the ER pathway predictions made based on the microarray data from MCF7 samples treated with estrogen for increasing time in the GSE11324 data set, results shown in Figure 32.

The above mentioned illustrates the ability of the probabilistic models, in particular the Bayesian network models, to be used for therapy planning, drug efficacy prediction, and monitoring of drug efficacy. However it is to be understood, the same methodology would also apply to predict and monitor adverse effects.

5

Example 9: Drug development

Similar to therapy response monitoring, a pathway model can be used in drug development to assess the effectiveness of various putative compounds. For instance, when screening many compounds for a possible effect on a certain pathway in a cancer cell line, the respective pathway model can be used to determine whether the activity of the pathway goes up or down after application of the compound or not. Often, this check is done using only one or a few of putative markers of the pathway's activity, which increases the chance of ineffective monitoring of the treatment effect. Furthermore, in follow-up studies on animal or patient subjects, the pathway models can be used similarly to assess the effectiveness of candidate drugs, and to determine an optimal dose to maximally impact pathway activity.

An example of ineffective monitoring of new drug compounds is illustrated by the predicted AR pathway activity in the GSE7708 samples as shown in Figure 38. In this study two possible drug compounds to inhibit AR pathway activity, denoted by Polyamide 1 and Polyamide 2, have been developed. It has been demonstrated that these two polyamides are capable of inhibition of the AR pathway based on the findings that polyamides bind to the Androgen Response Element (ARE) and inhibit expression of KLK3 (= PSA), a well-known marker for AR activity also included in the target gene selection as described herein, as well as $\approx 35\%$ of the transcripts that were induced by DHT. In contrast the Bayesian network model of the AR pathway predicted these samples to still have an active AR pathway. Investigating the inferred probabilities of the target genes being upregulated using the AR Bayesian network model indicated that KLK3 in contrast to the other target genes was downregulated in accordance to the findings whereas all other target genes (except for AR, GUCY1A3 and TMPRSS2 in case of Polyamide 1) were clearly differentially expressed in the Polyamide 1 and Polyamide 2 treated samples. In other words, only one marker for AR activity, KLK3, was downregulated, whereas the majority of the identified target genes were still upregulated indicating the AR pathway is

still largely intact and thus active. By taking into account a larger number of target genes based on literature evidence the inventors were able to show that the inhibition of AR activity of the polyamides is limited and that only KLK3 expression is clearly downregulated using these polyamides. Moreover, this illustrates the value of a systematic approach using a Bayesian network model compared to a reductionist approach in drug development.

Example 10: Assay development

Instead of applying mentioned Bayesian networks on mRNA input data coming from microarrays or RNA sequencing, it may be beneficial in clinical applications to develop dedicated assays to perform the sample measurements, for instance on an integrated platform using qPCR to determine mRNA levels of target genes. The RNA/DNA sequences of the disclosed target genes can then be used to determine which primers and probes to select on such a platform.

Validation of such a dedicated assay can be done by using the microarray-based Bayesian networks as a reference model, and verifying whether the developed assay gives similar results on a set of validation samples. Next to a dedicated assay, this can also be done to build and calibrate similar Bayesian network models using mRNA-sequencing data as input measurements.

Example 11: Pathway research and cancer pathophysiology research

The following will illustrate how Bayesian network models can be employed in (clinical) pathway research, that is research interested to find out which pathways are involved in certain diseases, which can be followed up for more detailed research, e.g. to link mutations in signaling proteins to changes in pathway activation (measured with the model). This is relevant to investigate the initiation, growth and evolution and metastasis of specific cancers (the pathophysiology).

The Bayesian network models of the Wnt, ER, Hedgehog and AR pathway, constructed using a node for the transcription factor presence, a layer of nodes representing the target genes' mRNA levels (Table 1, Table 2, Table 3 and Table 4) and a layer of nodes representing the probesets' intensities corresponding to the target genes (Table 1, Table 2, Table 3 and Table 4), analogous to Figure 6 described herein, and trained as described

herein, were used to predict the pathway activity of a data set consisting of breast cancer samples (GSE12276).

Suppose the researcher is interested in looking into the cellular signaling pathway or pathways and the specific deregulation(s) that drive(s) the uncontrolled cell proliferation. The researcher can analyze the microarray data using the above mentioned probabilistic models, in particular the Bayesian network models, to find which pathways are presumably the cause of uncontrolled cell proliferation. Shown in Figure 33 and Figure 34 one can see an illustration of such an analysis for the case of Wnt, ER and Hedgehog activity (basal and luminal A samples of the GSE12276 data set). Subsequently, the researcher can search in more detail to find the exact cause of pathway deregulation.

With reference to Figure 34, the basal samples are known to have triple negative receptor status (ER, PR and HER2), therefore it is not surprising to see that all samples are predicted to have an inactive ER pathway. On the other hand some of the samples are predicted to have either the Wnt or Hedgehog or both active as shown in Figure 34. These predicted pathway activities persuade the researcher to investigate these samples in more detail for e.g. known mutations or other known deregulations in the Wnt and/or Hedgehog pathways.

Another example is given in Figure 33, where the Wnt, ER and Hedgehog activities in the luminal A samples of the GSE12276 data set are illustrated. Luminal A samples are known to express ER, however this does not necessarily mean the cancerous properties are due to active ER signaling. From the predicted pathway activities one can infer that less than half of the samples have an active ER signaling. However, some of the samples that do not have an active ER signaling are found to have an active Wnt and/or Hedgehog pathway. This might give rise for the researcher to investigate these samples in closer details for defects in the Wnt and/or Hedgehog signaling pathway, respectively. Some of the samples do not predict any of the included three pathways being active; maybe other pathways are causing the uncontrolled cell proliferations. Also this gives the researcher additional information to search for defects in other pathways.

In summary, the illustrations described herein indicate the ability of trained Bayesian network models (as described above) to support the process of finding the cause of uncontrolled cell proliferation in a more directed method. By employing the Bayesian networks to screen the samples for pathway activities, the predicted pathway activities can

pinpoint the possible pathways for the cell proliferation, which can be followed up for more detailed research, e.g. to link mutations in signaling proteins or other known deregulations to changes in activation (as measured with the model).

As described herein, the process to develop and train a Bayesian network of cellular signaling pathways can be used to construct a Bayesian network model for other pathways that could also be employed in connection with the present invention.

Example 12: Enrollment of subject in a clinical trial based on predicted activity

If a candidate drug is developed to, for instance, block the activity of a certain pathway that drives tumor growth, and this drug is going into clinical trial, then a proper selection of the subjects to enroll in such a trial is essential to prove potential effectiveness of the drug. In such a case, patients that do not have the respective pathway activated in their tumors should be excluded from the trial, as it is obvious that the drug cannot be effective if the pathway is not activated in the first place. Hence, a pathway model that can predict pathway activity can be used as a selection tool, to only select those patients that are predicted to have the respective pathway activated.

Example 13: Selection of subsequent test(s) to be performed

If a tumor is analyzed using different pathway models, and the models predict deregulation of a certain pathway, then this may guide the selection of subsequent tests to be performed. For instance, one may run a proximity ligation assay (PLA) to confirm the presence of the respective transcription complex (Söderberg O, 2006). Such a PLA can be designed to give a positive result if two key proteins in a TF complex have indeed bound together, for instance beta-catenin and TCF4 in the TF complex of the Wnt pathway.

Another example is that the pathway predicted to be deregulated is analyzed in more detail with respect to the signaling cascade. For instance, one may analyze key proteins in this pathway to determine whether there are mutations in the DNA regions encoding for their respective genes, or one may test for the abundance of these proteins to see whether they are higher or lower than normal. Such tests may indicate what the root cause is behind the deregulation of the pathway, and give insights on which available drugs could be used to reduce activity of the pathway.

These tests are selected to confirm the activity of the pathway as identified using the Bayesian model. However selection of companion diagnostic tests is also possible. After identification of the pathway using the model, for targeted therapy choice only those companion diagnostics tests need to be performed (the selection), which are applicable to the identified pathway.

Example 14: Selection of companion diagnostics tests

Similar to the previous example, if a tumor is analyzed and the pathway models predict deregulation of a certain pathway, and optionally a number of additional tests have been performed to investigate the cause of deregulation, then an oncologist may select a number of candidate drugs to treat the patient. However, treatment with such a drug may require a companion diagnostic test to be executed first, for instance to comply with clinical guidelines or to ensure reimbursement of the treatment costs, or because regulatory (FDA) it is required to perform the companion diagnostic test prior to giving the drug. An example of such a companion diagnostic test is the Her2 test for treatment of breast cancer patients with the drug Herceptin (Trastuzumab). Hence, the outcome of the pathway models can be used to select the candidate drugs and the respective companion diagnostic tests to be performed.

Example 15: CDS application

With reference to Figure 20 (diagrammatically showing a clinical decision support (CDS) system configured to assess one or more cellular signaling pathways as disclosed herein (exemplary shown for Wnt pathway)), a clinical decision support (CDS) system 10 is implemented as a suitably configured computer 12. The computer 12 may be configured to operate as the CDS system 10 by executing suitable software, firmware, or other instructions stored on a non-transitory storage medium (not shown) such as a hard drive or other magnetic storage medium, an optical disk or other optical storage medium, a random access memory (RAM), read-only memory (ROM), flash memory, or other electronic storage medium, a network server, or so forth. While the illustrative CDS system 10 is embodied by the illustrative computer 12, more generally the CDS system may be embodied by a digital processing device or an apparatus comprising a digital processor configured to perform clinical decision support methods as set forth herein. For example,

the digital processing device may be a handheld device (e.g., a personal data assistant or smartphone running a CDS application), a notebook computer, a desktop computer, a tablet computer or device, a remote network server, or so forth. The computer 12 or other digital processing device typically includes or is operatively connected with a display device 14 via which information including clinical decision support recommendations are displayed to medical personnel. The computer 12 or other digital processing device typically also includes or is operatively connected with one or more user input devices, such as an illustrative keyboard 16, or a mouse, trackball, trackpad, touch-sensitive screen (possibly integrated with the display device 14), or other pointer-based user input device, via which medical personnel can input information such as operational commands for controlling the CDS system 10, data for use by the CDS system 10, or so forth.

The CDS system 10 receives as input information pertaining to a medical subject (e.g., a hospital patient, or an outpatient being treated by an oncologist, physician, or other medical personnel, or a person undergoing cancer screening or some other medical diagnosis who is known or suspected to have a certain type of cancer such as colon cancer, breast cancer, or liver cancer, or so forth). The CDS system 10 applies various data analysis algorithms to this input information in order to generate clinical decision support recommendations that are presented to medical personnel via the display device 14 (or via a voice synthesizer or other device providing human-perceptible output). In some embodiments, these algorithms may include applying a clinical guideline to the patient. A clinical guideline is a stored set of standard or “canonical” treatment recommendations, typically constructed based on recommendations of a panel of medical experts and optionally formatted in the form of a clinical “flowchart” to facilitate navigating through the clinical guideline. In various embodiments the data processing algorithms of the CDS 10 may additionally or alternatively include various diagnostic or clinical test algorithms that are performed on input information to extract clinical decision recommendations, such as machine learning methods disclosed herein.

In the illustrative CDS systems disclosed herein (e.g., CDS system 10), the CDS data analysis algorithms include one or more diagnostic or clinical test algorithms that are performed on input genomic and/or proteomic information acquired by one or more medical laboratories 18. These laboratories may be variously located “on-site”, that is, at the hospital or other location where the medical subject is undergoing medical

examination and/or treatment, or “off-site”, e.g. a specialized and centralized laboratory that receives (via mail or another delivery service) a sample of tissue of the medical subject that has been extracted from the medical subject (e.g., a sample obtained from a breast lesion, or from a colon of a medical subject known or suspected of having colon cancer, or from a liver of a medical subject known or suspected of having liver cancer, or so forth, via a biopsy procedure or other sample extraction procedure). The tissue of which a sample is extracted may also be metastatic tissue, e.g. (suspected) malignant tissue originating from the colon, breast, liver, or other organ that has spread outside of the colon, breast, liver, or other organ. In some cases, the tissue sample may be circulating tumor cells, that is, tumor cells that have entered the bloodstream and may be extracted as the extracted tissue sample using suitable isolation techniques. The extracted sample is processed by the laboratory to generate genomic or proteomic information. For example, the extracted sample may be processed using a microarray (also variously referred to in the art as a gene chip, DNA chip, biochip, or so forth) or by quantitative polymerase chain reaction (qPCR) processing to measure probative genomic or proteomic information such as expression levels of genes of interest, for example in the form of a level of messenger ribonucleic acid (mRNA) that is transcribed from the gene, or a level of a protein that is translated from the mRNA transcribed from the gene. As another example, the extracted sample may be processed by a gene sequencing laboratory to generate sequences for deoxyribonucleic acid (DNA), or to generate an RNA sequence, copy number variation, or so forth. Other contemplated measurement approaches include immunohistochemistry (IHC), cytology, fluorescence in situ hybridization (FISH), proximity ligation assay or so forth, performed on a pathology slide. Other information that can be generated by microarray processing, mass spectrometry, gene sequencing, or other laboratory techniques includes methylation information. Various combinations of such genomic and/or proteomic measurements may also be performed.

In some embodiments, the medical laboratories perform a number of standardized data acquisitions on the extracted sample of the tissue of the medical subject, so as to generate a large quantity of genomic and/or proteomic data. For example, the standardized data acquisition techniques may generate an (optionally aligned) DNA sequence for one or more chromosomes or chromosome portions, or for the entire genome of the tissue. Applying a standard microarray can generate thousands or tens of thousands

of data items such as expression levels for a large number of genes, various methylation data, and so forth. This plethora of genomic and/or proteomic data, or selected portions thereof, are input to the CDS system 10 to be processed so as to develop clinically useful information for formulating clinical decision support recommendations.

5 The disclosed CDS systems and related methods relate to processing of genomic and/or proteomic data to assess activity of various cellular signaling pathways. However, it is to be understood that the disclosed CDS systems (e.g., CDS system 10) may optionally further include diverse additional capabilities, such as generating clinical decision support recommendations in accordance with stored clinical guidelines based on
10 various patient data such as vital sign monitoring data, patient history data, patient demographic data (e.g., gender, age, or so forth), patient medical imaging data, or so forth. Alternatively, in some embodiments the capabilities of the CDS system 10 may be limited to only performing genomic and/or proteomic data analyses to assess cellular signaling pathways as disclosed herein.

15 With continuing reference to exemplary Figure 20, the CDS system 10 infers activity of a cellular signaling pathway in the tissue of the medical subject based at least on, but not restricted to, expression levels of target genes of the cellular signaling pathway measured in the extracted sample, and determines whether the cellular signaling pathway is operating abnormally in the tissue of the medical subject based on this inferred
20 activity. Examples disclosed herein relate to the Wnt, ER, AR and Hedgehog pathways as illustrative cellular signaling pathways. These pathways are of interest in various areas of oncology because loss of regulation of the pathways can be a cause of proliferation of a cancer. There are about 10-15 relevant signaling pathways, and each cancer is driven by in principle one dominant pathway being deregulated. Without being limited to any particular
25 theory of operation these pathways regulate cell proliferation, and consequentially a loss of regulation of these pathways in cancer cells can lead to the pathway being “always on” thus accelerating the proliferation of cancer cells, which in turn manifests as a growth, invasion or metastasis (spread) of the cancer.

 Measurement of mRNA expression levels of genes that encode for
30 regulatory proteins of the cellular signaling pathway, such as an intermediate protein that is part of a protein cascade forming the cellular signaling pathway, is an indirect measure of the regulatory protein expression level and may or may not correlate strongly with the

actual regulatory protein expression level (much less with the overall activity of the cellular signaling pathway). The cellular signaling pathway directly regulates the transcription of the target genes – hence, the expression levels of mRNA transcribed from the target genes is a direct result of this regulatory activity. Hence, the CDS system 10
5 infers activity of the cellular signaling pathway (e.g., the Wnt, ER, AR and Hedgehog pathways) based at least on expression levels of target genes (mRNA or protein level as a surrogate measurement) of the cellular signaling pathway. This ensures that the CDS system 10 infers the activity of the pathway based on direct information provided by the measured expression levels of the target genes.

10 However, although, as disclosed herein, being effective for assessing activity of the overall pathways, the measured expression levels 20 of target genes of the pathways are not especially informative as to why the pathways are operating abnormally (if indeed that is the case). Said another way, the measured expression levels 20 of target genes of a pathway can indicate that the pathway is operating abnormally, but do not
15 indicate what portion of the pathway is malfunctioning (e.g., lacks sufficient regulation) in order to cause the overall pathway to operate abnormally.

Accordingly, if the CDS system 10 detects abnormal activity of a particular pathway, the CDS system 10 then optionally makes use of other information provided by the medical laboratories 18 for the extracted sample, such as aligned genetic sequences 22
20 and/or measured expression level(s) for one or more regulatory genes of the pathway 24, or select the diagnostic test to be performed next in order to assess what portion of the pathway is malfunctioning. To maximize efficiency, in some embodiments this optional assessment of why the pathway is malfunctioning is performed only if the analysis of the measured expression levels 20 of target genes of the pathway indicates that the pathway is
25 operating abnormally. In other embodiments, this assessment is integrated into the probabilistic analysis of the cellular signaling pathway described herein.

In embodiments in which the CDS system 10 assesses what portion of the pathway is malfunctioning, and is successful in doing so, the additional information enables the CDS system 10 to recommend prescribing a drug targeting for the specific
30 malfunction (recommendation 26 shown in Figure 20). If no specific pathway malfunction is identified (either because the optional additional assessment is not performed or because that assessment fails to identify any particular portion of the pathway that is

malfunctioning), then the CDS system 10 can provide a default recommendation 28 recommending the prescription of a general suppression drug for this particular pathway (assuming that the abnormal pathway activity is overly high activity).

5 **Example 16: A kit and analysis tools to measure pathway activity**

The set of target genes which are found to best indicate specific pathway activity, based on microarray/RNA sequencing based investigation using the Bayesian model, can be translated into a multiplex quantitative PCR assay to be performed on a tissue or cell sample. To develop such an FDA-approved test for pathway activity,
10 development of a standardized test kit is required, which needs to be clinically validated in clinical trials to obtain regulatory approval.

In general, it is to be understood that while examples pertaining to the Wnt, the ER, the AR and/or the Hedgehog pathway(s) are provided as illustrative examples, the
15 approaches for cellular signaling pathway analysis disclosed herein are readily applied to other cellular signaling pathways besides these pathways, such as to intracellular signaling pathways with receptors in the cell membrane (cf. above) and intracellular signaling pathways with receptors inside the cell (cf. above). In addition: This application describes several preferred embodiments. Modifications and alterations may occur to others upon
20 reading and understanding the preceding detailed description. It is intended that the application be construed as including all such modifications and alterations insofar as they come within the scope of the appended claims or the equivalents thereof.

Literature:

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5 Söderberg O, G. M. (2006). Direct observation of individual endogenous protein
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CLAIMS:

1. A method comprising:

inferring activity of one or more cellular signaling pathway(s) in tissue of a medical subject based at least on the expression level(s) **(20)** of one or more target gene(s) of the cellular signaling pathway(s) measured in an extracted sample of the tissue of the medical subject, wherein the inferring comprises:

inferring activity of the cellular signaling pathway(s) in the tissue of the medical subject by evaluating at least a portion of a probabilistic model **(40-1, ..., 40-7)**, preferably a Bayesian network **(40-1, ..., 40-7)**, representing the cellular signaling pathway(s) for a set of inputs including at least the expression level(s) **(20)** of the one or more target genes of the cellular signaling pathway(s) measured in the extracted sample of the tissue of the medical subject;

estimating a level **(46)** in the tissue of the medical subject of at least one transcription factor (TF) element, the at least one TF element controlling transcription of the one or more target gene(s) of the cellular signaling pathway(s), the estimating being based at least in part on conditional probabilities relating the at least one TF element and the expression level(s) **(20)** of the one or more target gene(s) of the cellular signaling pathway(s) measured in the extracted sample of the tissue of the medical subject;

inferring activity of the cellular signaling pathway(s) based on the estimated level in the tissue sample of the transcription factor; and

determining whether the cellular signaling pathway(s) is/are operating abnormally in the tissue of the medical subject based on the inferred activity of the cellular signaling pathway(s) in the tissue of the medical subject;

wherein the inferring is performed by a digital processing device **(12)** using the probabilistic model **(40-1, ..., 40-7)** of the cellular signaling pathway(s).

2. A method according claim 1, wherein the inferring comprises:

estimating a level **(46)** in the tissue of the medical subject of at least one transcription factor (TF) element represented by a TF node of the probabilistic model, the TF element controlling transcription of the one or more target gene(s) of the cellular signaling pathway(s), the estimating being based at least in part on conditional probabilities of the probabilistic model **(40-1, ..., 40-7)** relating the TF node and nodes in the probabilistic model representing the one or more target gene(s) of the cellular signaling pathway(s) measured in the extracted sample of the tissue of the medical subject,

and wherein the inferring is preferably performed by using a Bayesian network **(40-1, ..., 40-7)** comprising nodes representing information about the signaling pathway(s) and conditional probability relationships between connected nodes of the Bayesian network.

3. The method of any one of claim 1 or 2, wherein the cellular signaling pathway(s) comprise(s) a Wnt pathway, an ER pathway, an AR pathway and/or a Hedgehog pathway.

4. The method of claim 3, wherein the inferring comprises:

inferring activity of a Wnt pathway in the tissue of the medical subject based at least on expression levels **(20)** of one or more, preferably at least three, target gene(s) of the Wnt pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising: KIAA1199, AXIN2, RNF43, TBX3, TDGF1, SOX9, ASCL2, IL8, SP5, ZNRF3, KLF6, CCND1, DEFA6 and FZD7.

5. The method of claim 3 or 4, wherein the inferring (also) comprises:

inferring activity of an ER pathway in the tissue of the medical subject based at least on expression levels **(20)** of one or more, preferably at least three, target gene(s) of the ER pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising: CDH26, SGK3, PGR, GREB1, CA12, XBP1, CELSR2, WISP2, DSCAM, ERBB2, CTSD, TFF1 and NRIP1.

6. The method of any of claims 3 to 5, wherein the inferring (also) comprises:
inferring activity of a Hedgehog pathway in the tissue of the medical subject based
at least on expression levels **(20)** of one or more, preferably at least three, target gene(s) of
the Hedgehog pathway measured in the extracted sample of the tissue of the medical
5 subject selected from the group comprising: GLI1, PTCH1, PTCH2, IGFBP6, SPP1,
CCND2, FST, FOXL1, CFLAR, TSC22D1, RAB34, S100A9, S100A7, MYCN, FOXM1,
GLI3, TCEA2, FYN and CTSL1.

7. The method of any of claims 3 to 6, wherein the inferring (also) comprises:
inferring activity of an AR pathway in the tissue of the medical subject based at
10 least on expression levels **(20)** of one or more, preferably at least three, target gene(s) of
the AR pathway measured in the extracted sample of the tissue of the medical subject
selected from the group comprising: KLK2, PMEPA1, TMPRSS2, NKX3_1, ABCC4,
KLK3, FKBP5, ELL2, UGT2B15, DHCR24, PPAP2A, NDRG1, LRIG1, CREB3L4,
LCP1, GUCY1A3, AR and EAF2.

15 8. The method of claim 4, wherein the inferring is further based on expression
levels **(20)** of at least one target gene of the Wnt pathway measured in the extracted sample
of the tissue of the medical subject selected from the group comprising: NKD1, OAT,
FAT1, LEF1, GLUL, REG1B, TCF7L2, COL18A1, BMP7, SLC1A2, ADRA2C, PPARG,
DKK1, HNF1A and LECT2.

20 9. The method of claim 5, wherein the inferring is further based on expression
levels **(20)** of at least one target gene of the ER pathway measured in the extracted sample
of the tissue of the medical subject selected from the group comprising: AP1B1, ATP5J,
COL18A1, COX7A2L, EBAG9, ESR1, HSPB1, IGFBP4, KRT19, MYC, NDUFV3,
PISD, PREDM15, PTMA, RARA, SOD1 and TRIM25.

25 10. The method of claim 6, wherein the inferring is further based on expression
levels **(20)** of at least one target gene of the Hedgehog pathway measured in the extracted
sample of the tissue of the medical subject selected from the group comprising: BCL2,
FOXA2, FOXF1, G19, HHIP, IL1R2, JAG2, JUP, MIF, MYLK, NKX2.2, NKX2.8,
PITRM1 and TOM1.

11. The method of claim 7, wherein the inferring is further based on expression levels **(20)** of at least one target gene of the AR pathway measured in the extracted sample of the tissue of the medical subject selected from the group comprising: APP, NTS, PLAU, CDKN1A, DRG1, FGF8, IGF1, PRKACB, PTPN1, SGK1 and TACC2.

5 **12.** The method of any one of claims **1-11**, further comprising:
recommending prescribing a drug for the medical subject that corrects for abnormal operation of the cellular signaling pathway(s);

wherein the recommending is performed only if the cellular signaling pathway(s) is/are determined to be operating abnormally in the tissue of the medical subject based on
10 the inferred activity of the cellular signaling pathway(s).

13. The method of any of claims **1-11**, wherein the method is used in at least one of the following activities:

diagnosis based on the inferred activity of the cellular signaling pathways(s) in the tissue of the medical subject;

15 prognosis based on the inferred activity of the cellular signaling pathways(s) in the tissue of the medical subject;

drug prescription based on the inferred activity of the cellular signaling pathways(s) in the tissue of the medical subject;

20 prediction of drug efficacy based on the inferred activity of the cellular signaling pathways(s) in the tissue of the medical subject;

prediction of adverse effects based on the inferred activity of the cellular signaling pathways(s) in the tissue of the medical subject;

monitoring of drug efficacy;

drug development;

25 assay development;

pathway research;

cancer staging;

enrollment of the medical subject in a clinical trial based on the inferred activity of the cellular signaling pathways(s) in the tissue of the medical subject;

30 selection of subsequent test to be performed, and

selection of companion diagnostics tests.

14. The method of any one of claims **1-13** comprising:

inferring activity of a Wnt pathway in tissue of a medical subject based at least on expression levels **(20)** of two, three or more target genes of a set of target genes of the Wnt pathway measured in an extracted sample of the tissue of the medical subject

5 and/or

inferring activity of an ER pathway in tissue of a medical subject based at least on expression levels **(20)** of two, three or more target genes of a set of target genes of the ER pathway measured in an extracted sample of the tissue of the medical subject

and/or

10 inferring activity of a Hedgehog pathway in tissue of a medical subject based at least on expression levels **(20)** of two, three or more target genes of a set of target genes of the Hedgehog pathway measured in an extracted sample of the tissue of the medical subject,

and/or

15 inferring activity of an AR pathway in tissue of a medical subject based at least on expression levels **(20)** of two, three or more target genes of a set of target genes of the AR pathway measured in an extracted sample of the tissue of the medical subject.

15. The method of claim **14**, wherein

the set of target genes of the Wnt pathway includes at least nine, preferably all
20 target genes selected from the group comprising: KIAA1199, AXIN2, RNF43, TBX3, TDGF1, SOX9, ASCL2, IL8, SP5, ZNRF3, KLF6, CCND1, DEFA6 and FZD7,
and/or

the set of target genes of the ER pathway includes at least nine, preferably all target genes selected from the group comprising: CDH26, SGK3, PGR, GREB1, CA12, XBP1,
25 CELSR2, WISP2, DSCAM, ERBB2, CTSD, TFF1 and NRIP1,
and/or

the set of target genes of the Hedgehog pathway includes at least nine, preferably all target genes selected from the group comprising: GLI1, PTCH1, PTCH2, IGFBP6, SPP1, CCND2, FST, FOXL1, CFLAR, TSC22D1, RAB34, S100A9, S100A7, MYCN,
30 FOXM1, GLI3, TCEA2, FYN and CTSL1,
and/or

the set of target genes of the AR pathway includes at least nine, preferably all target genes selected from the group comprising: KLK2, PMEPA1, TMPRSS2, NKX3_1, ABCC4, KLK3, FKBP5, ELL2, UGT2B15, DHCR24, PPAP2A, NDRG1, LRIG1, CREB3L4, LCP1, GUCY1A3, AR and EAF2.

5 **16.** The method of claim **15**, wherein

the set of target genes of the Wnt pathway further includes at least one target gene selected from the group comprising: NKD1, OAT, FAT1, LEF1, GLUL, REG1B, TCF7L2, COL18A1, BMP7, SLC1A2, ADRA2C, PPARG, DKK1, HNF1A, and LECT2, and/or

10 the set of target genes of the ER pathway further includes at least one target gene selected from the group comprising: AP1B1, ATP5J, COL18A1, COX7A2L, EBAG9, ESR1, HSPB1, IGFBP4, KRT19, MYC, NDUFV3, PISD, PREDM15, PTMA, RARA, SOD1 and TRIM25, and/or

15 the set of target genes of the Hedgehog pathway further includes at least one target gene selected from the group comprising: BCL2, FOXA2, FOXF1, G19, HHIP, IL1R2, JAG2, JUP, MIF, MYLK, NKX2.2, NKX2.8, PITRM1 and TOM1, and/or

the set of target genes of the AR pathway further includes at least one target gene
20 selected from the group comprising: APP, NTS, PLAU, CDKN1A, DRG1, FGF8, IGF1, PRKACB, PTPN1, SGK1 and TACC2.

17. An apparatus comprising a digital processor (**12**) configured to perform a method as set forth in any one of claims **1-16**.

18. A non-transitory storage medium storing instructions that are executable by
25 a digital processing device (**12**) to perform a method as set forth in any one of claims **1-16**.

19. A computer program comprising program code means for causing a digital processing device (**12**) to perform a method as set forth in any one of claims **1-16**.

20. Use of a non-transitory storage medium as set forth in claim **18** or a computer program as set forth in claim **19** for specific diagnosis of a disease or predicting response to a drug in a specific cancer type at a specific stage.

FIG. 1

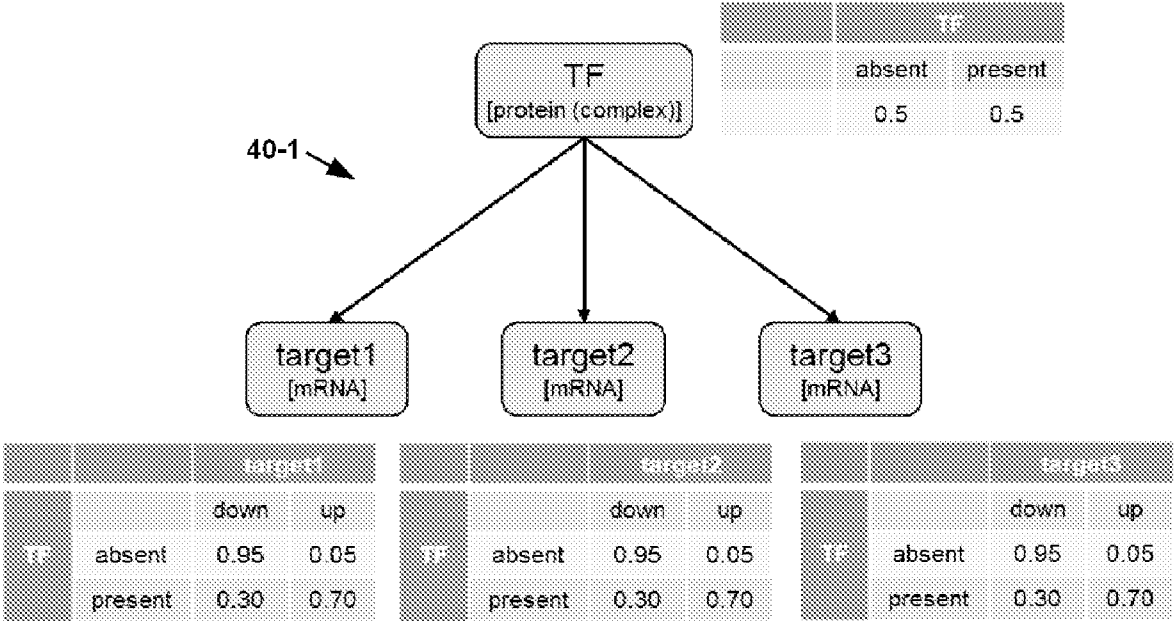


FIG. 2

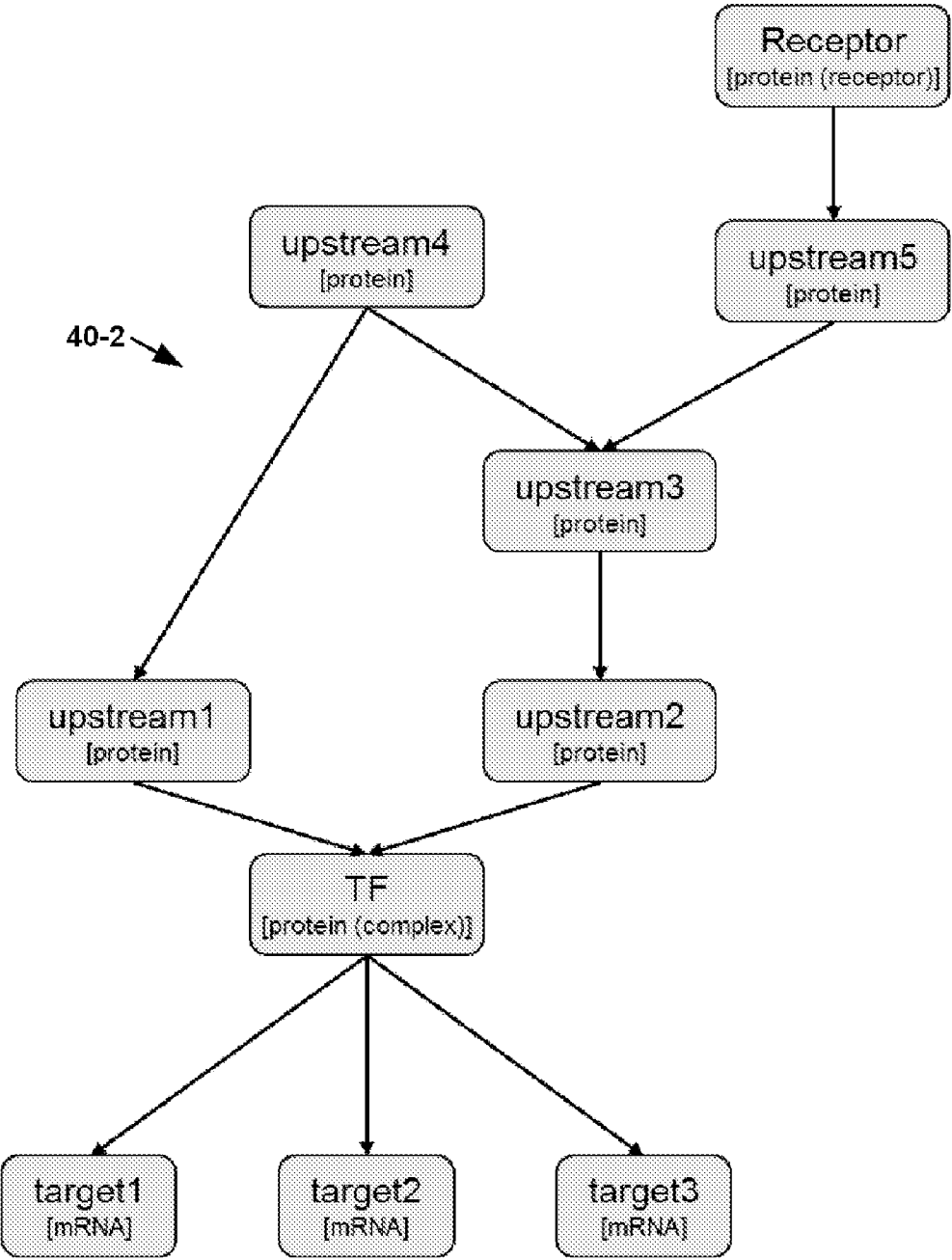


FIG. 3

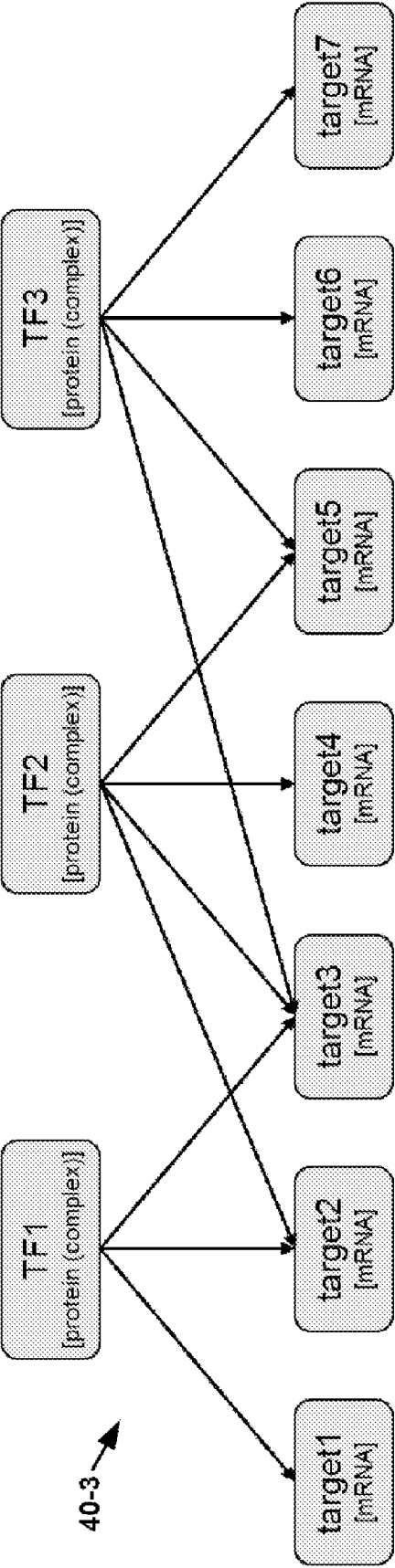


FIG. 4

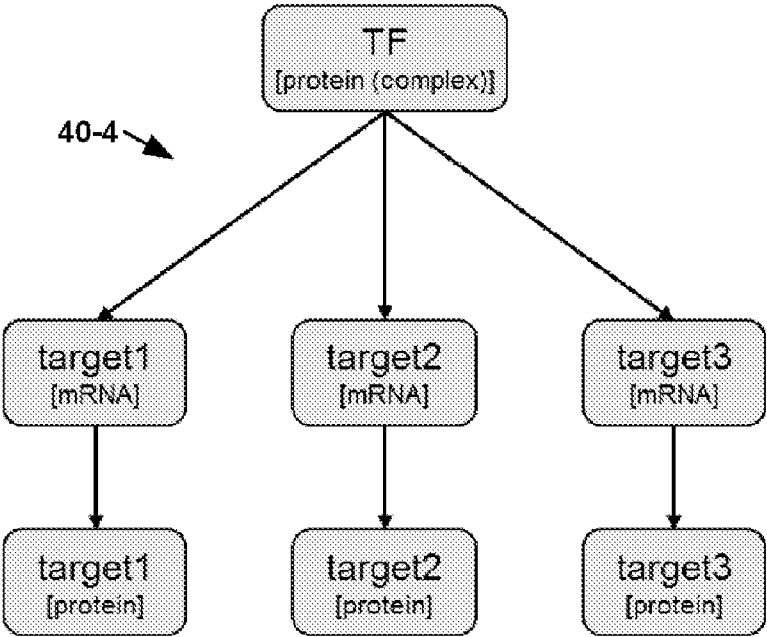


FIG. 5

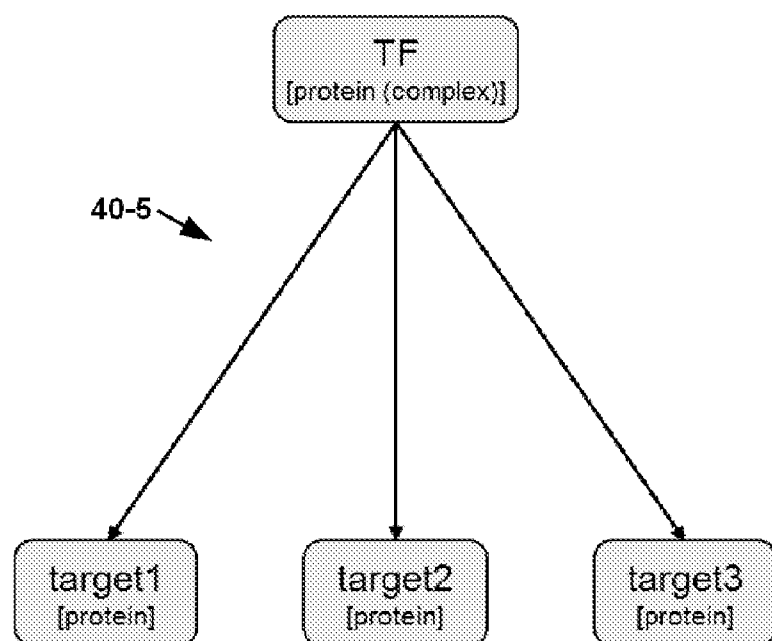


FIG. 6

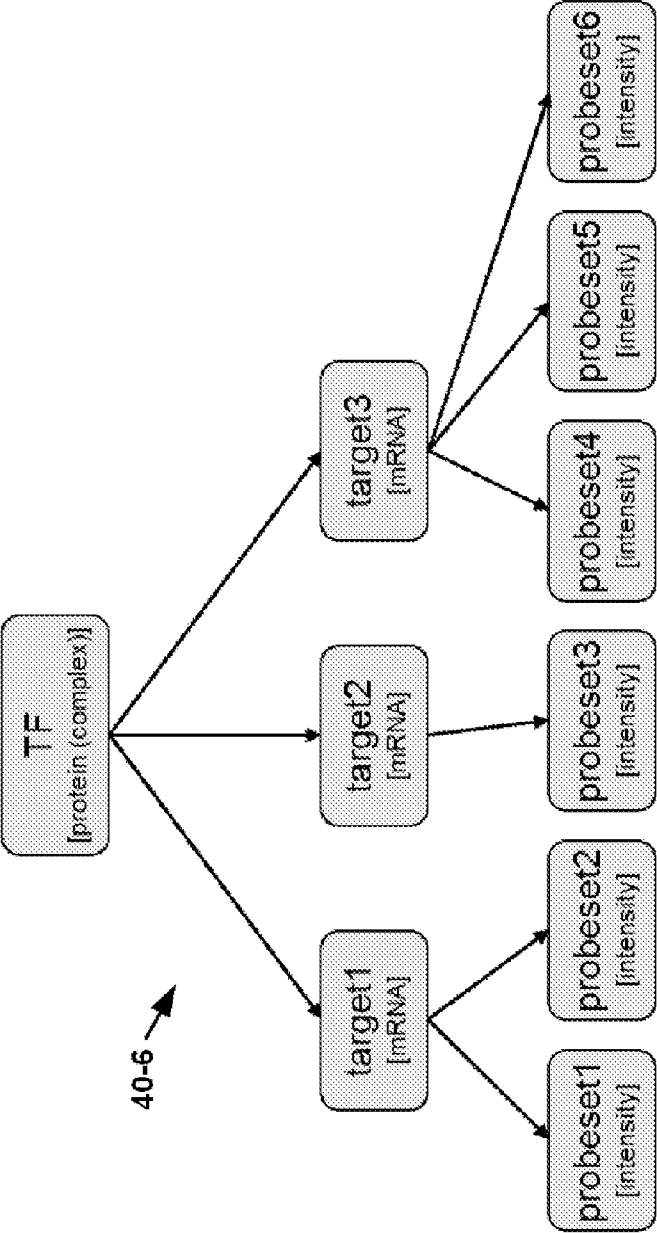


FIG. 7

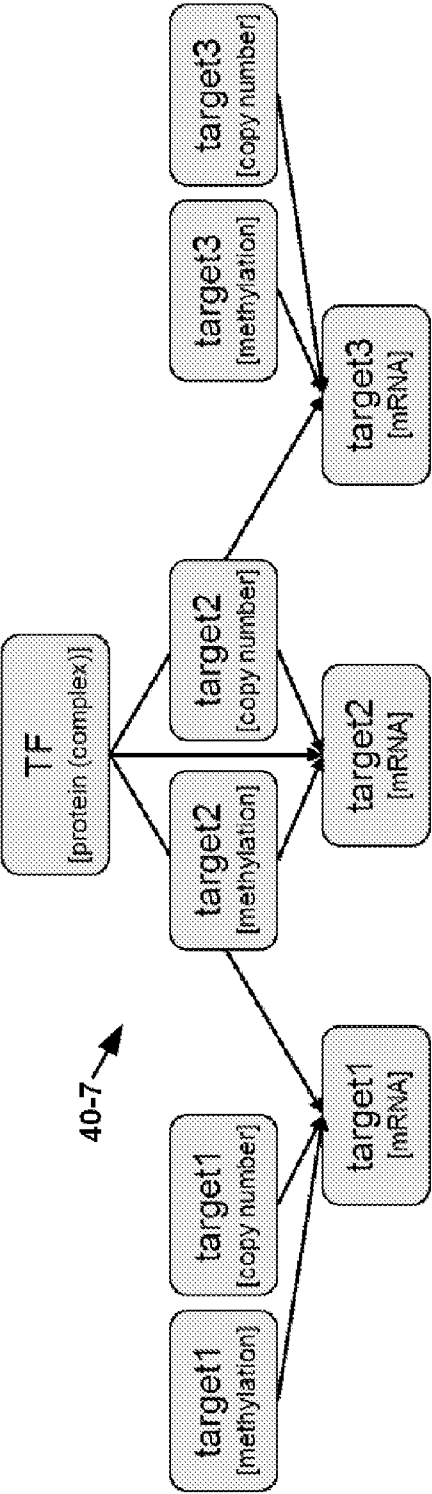


FIG. 8

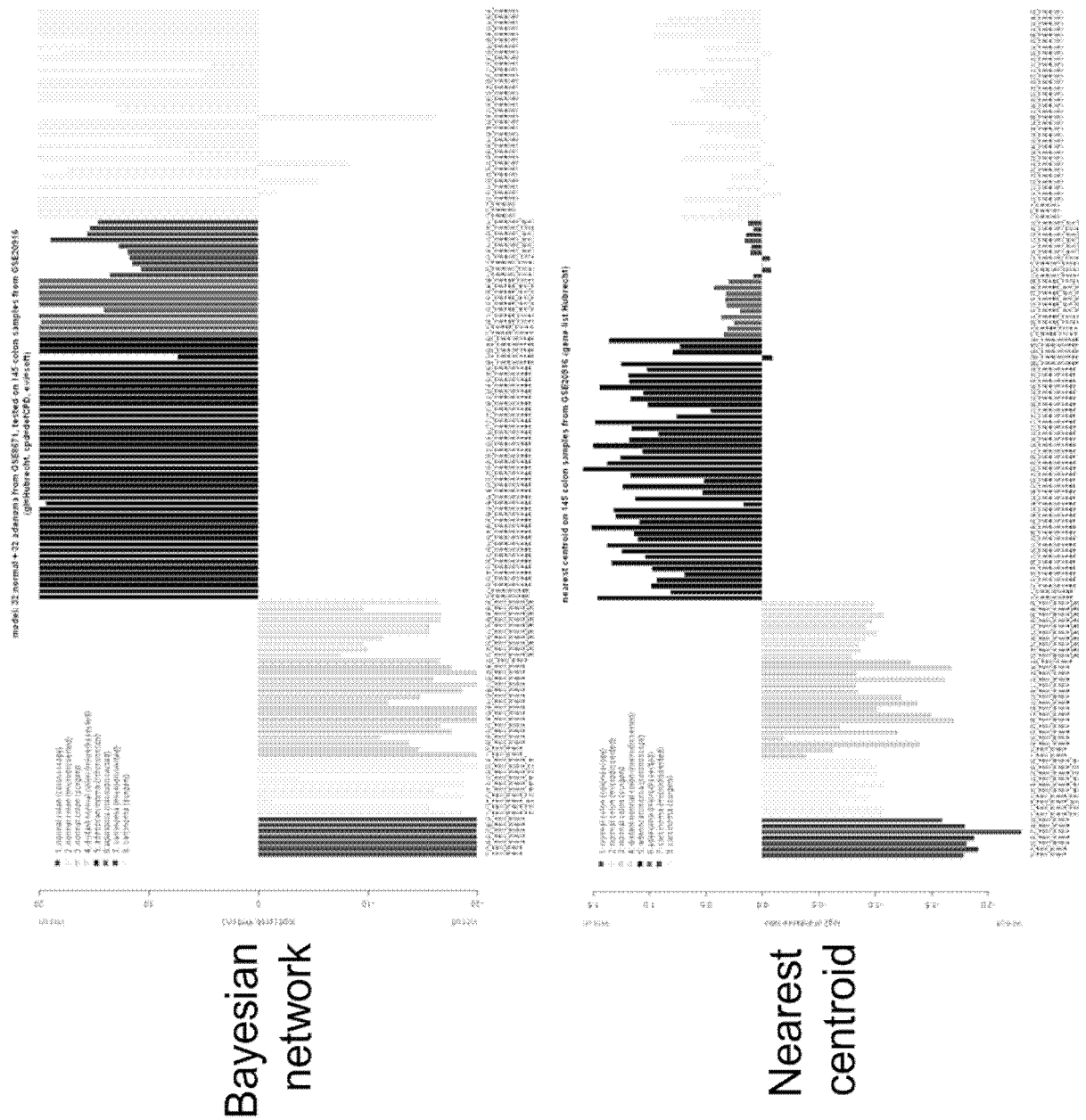
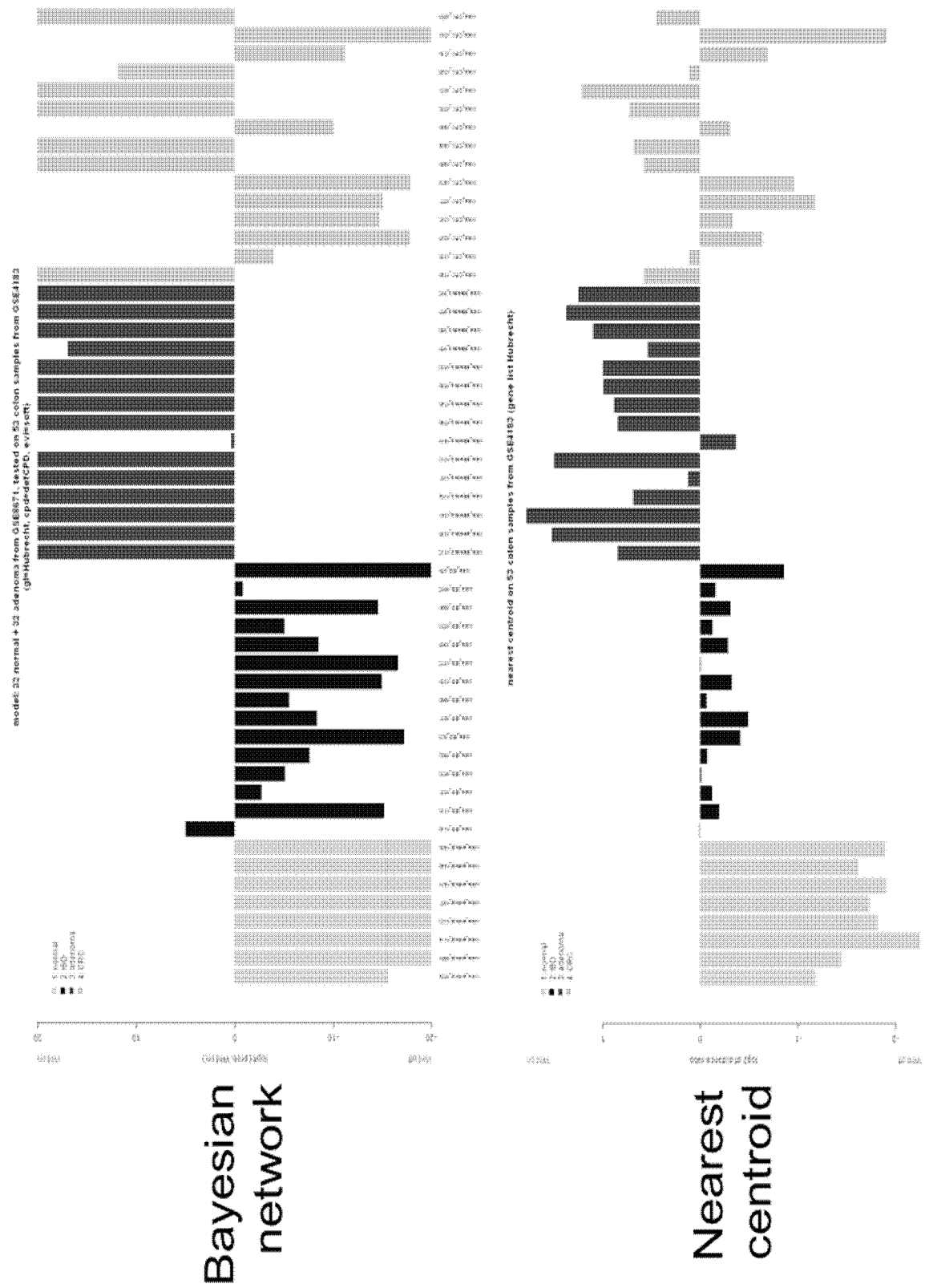


FIG. 9



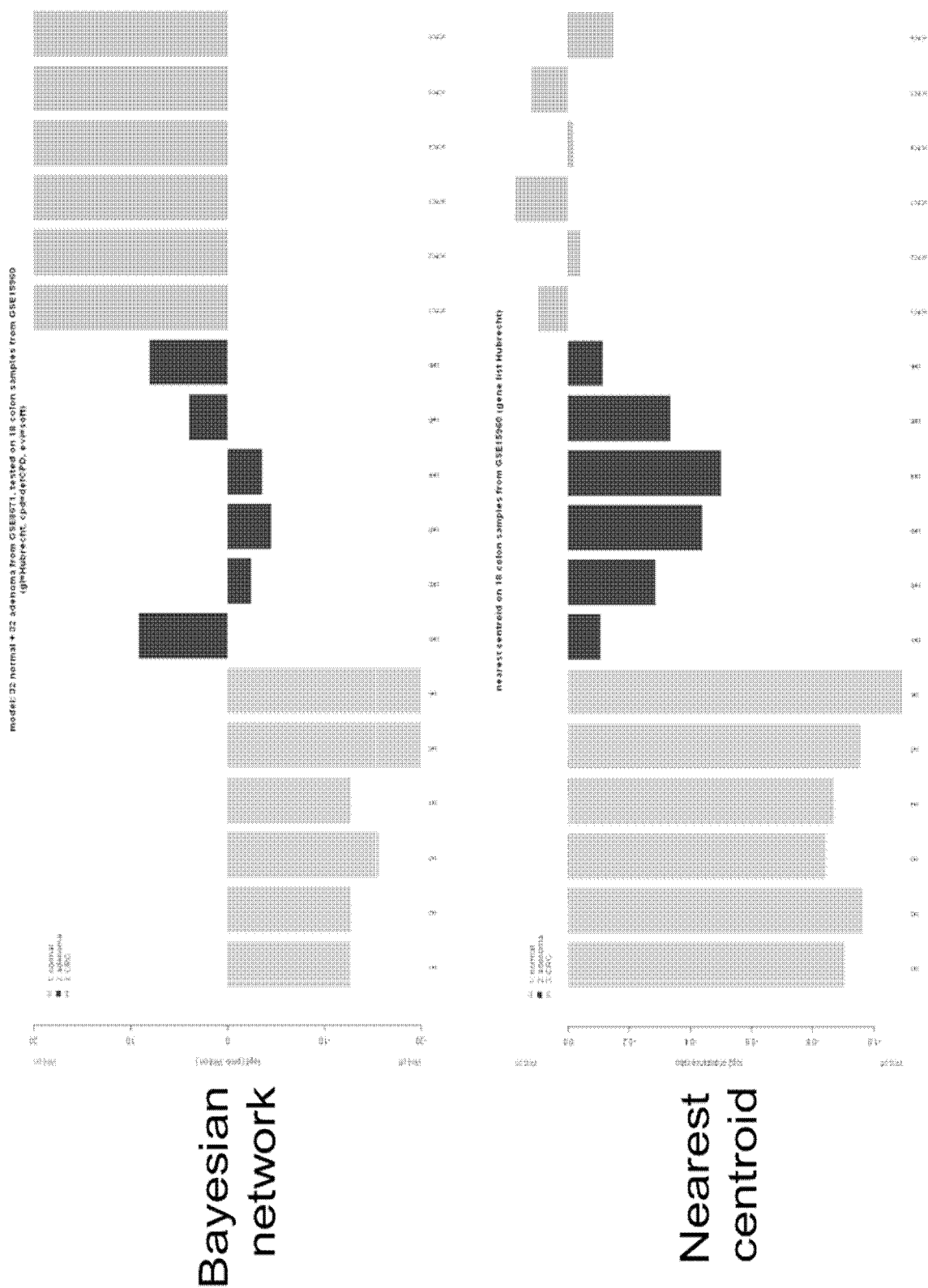


FIG. 11

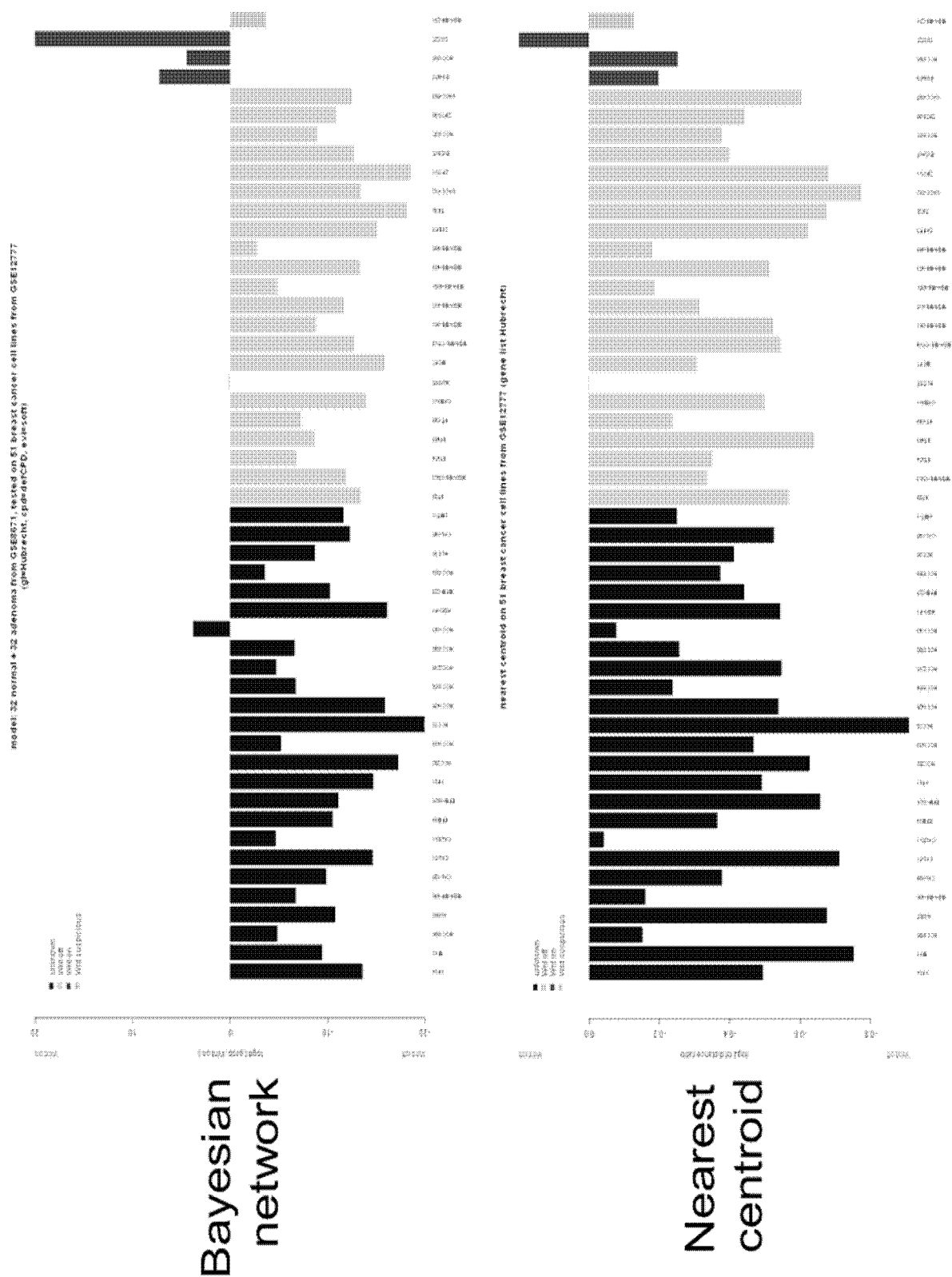


FIG. 12



FIG. 13

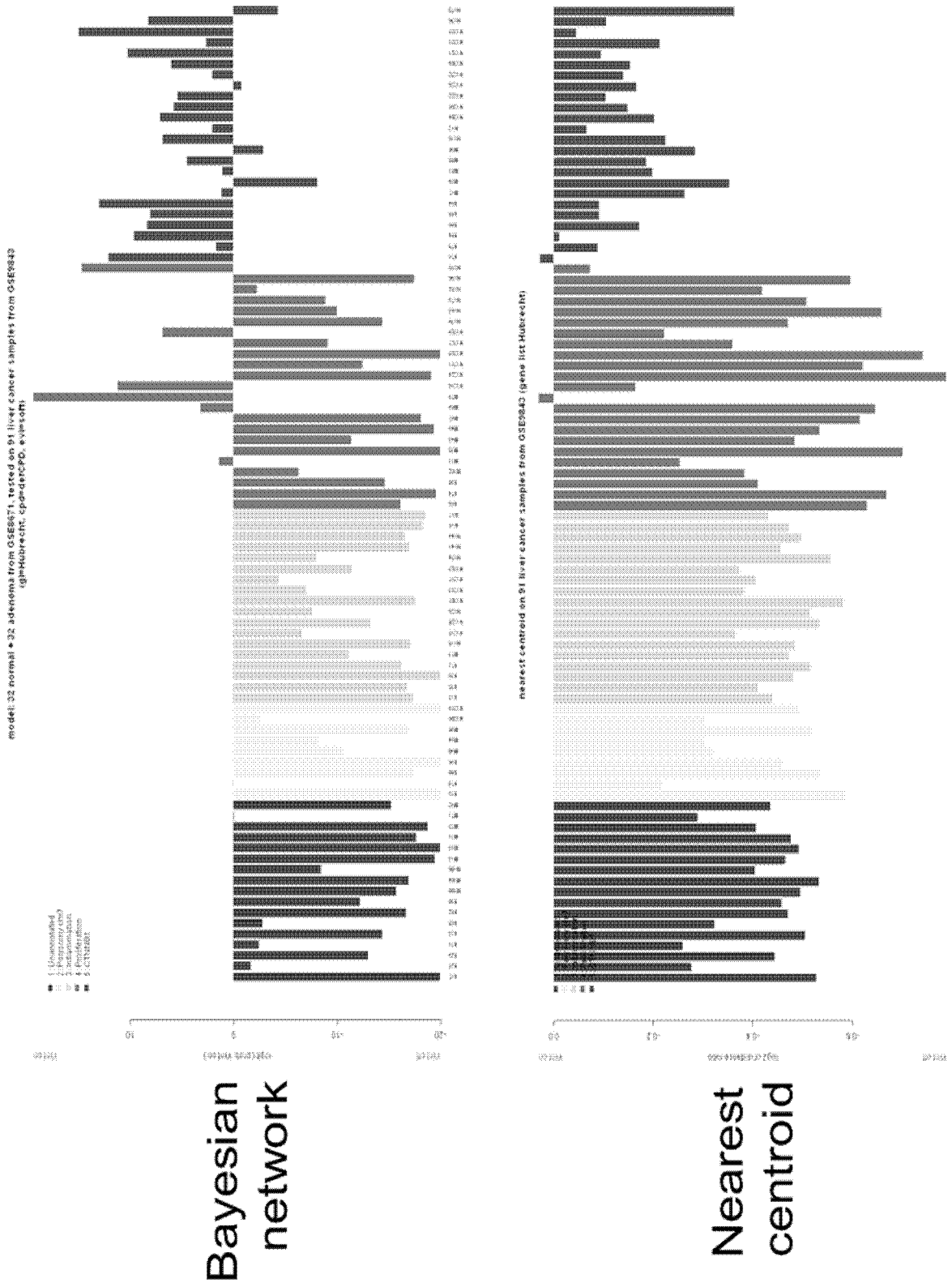
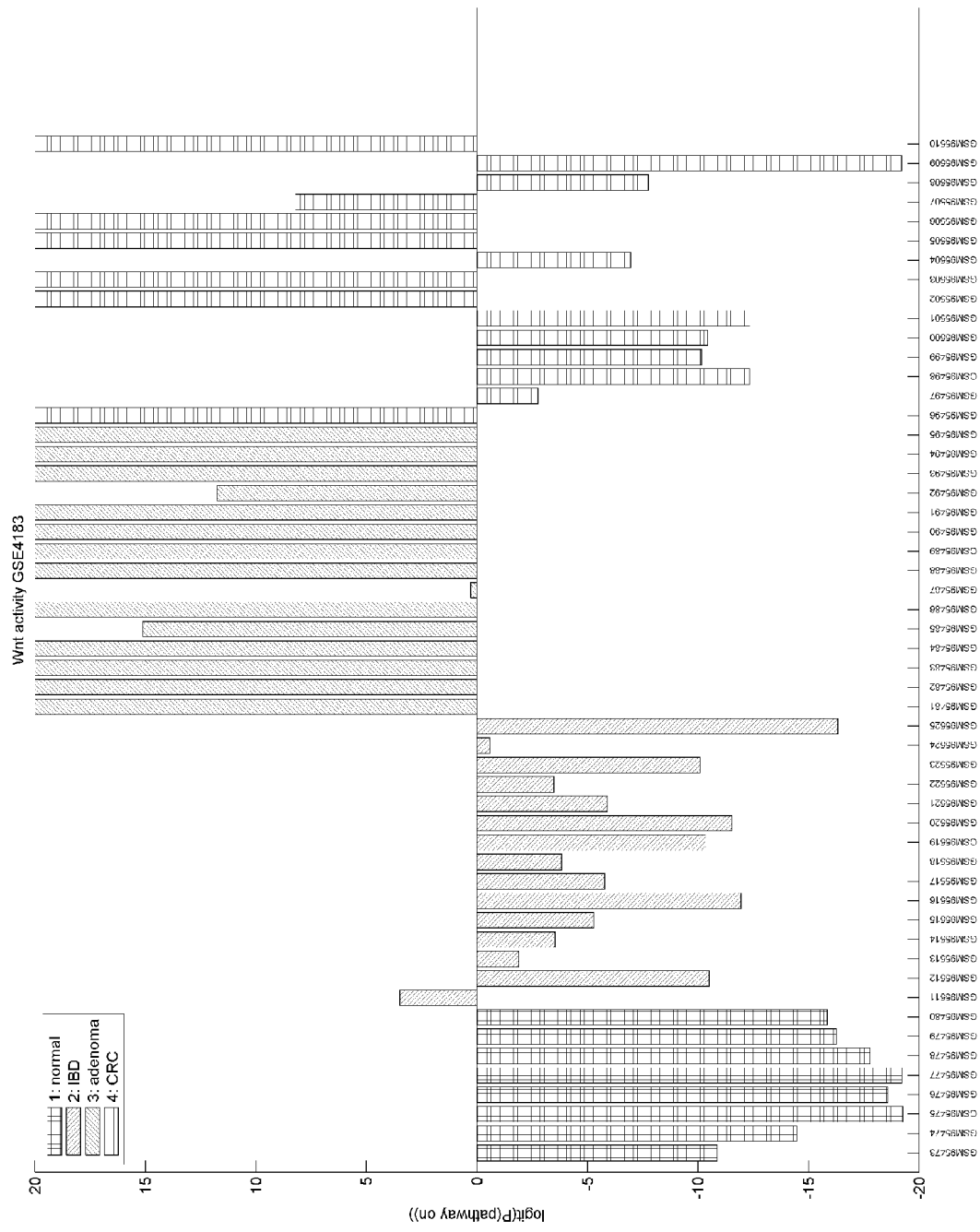


FIG. 14
Evidence curated list



FIG. 15
Evidence curated list



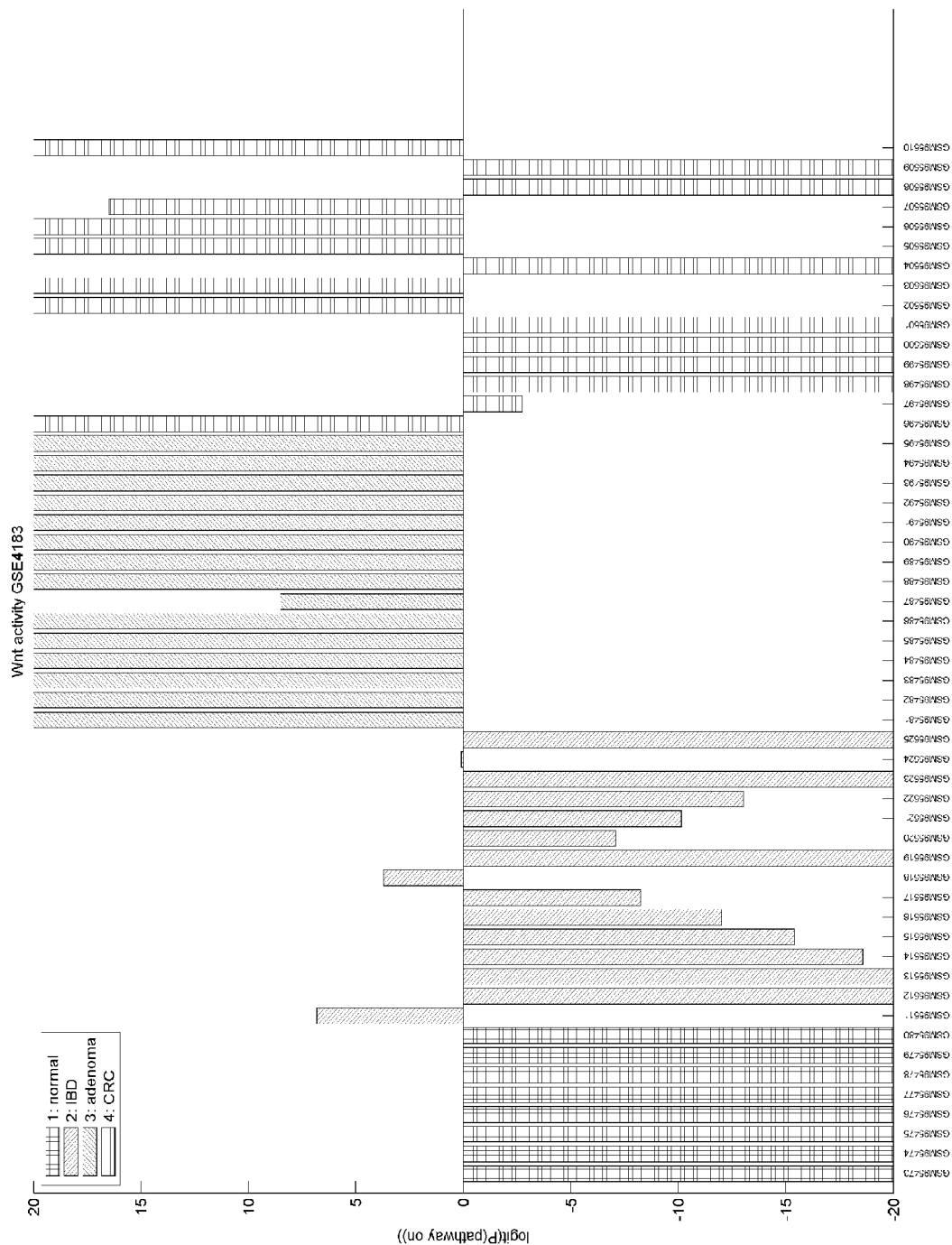


FIG. 16
Evidence curated list

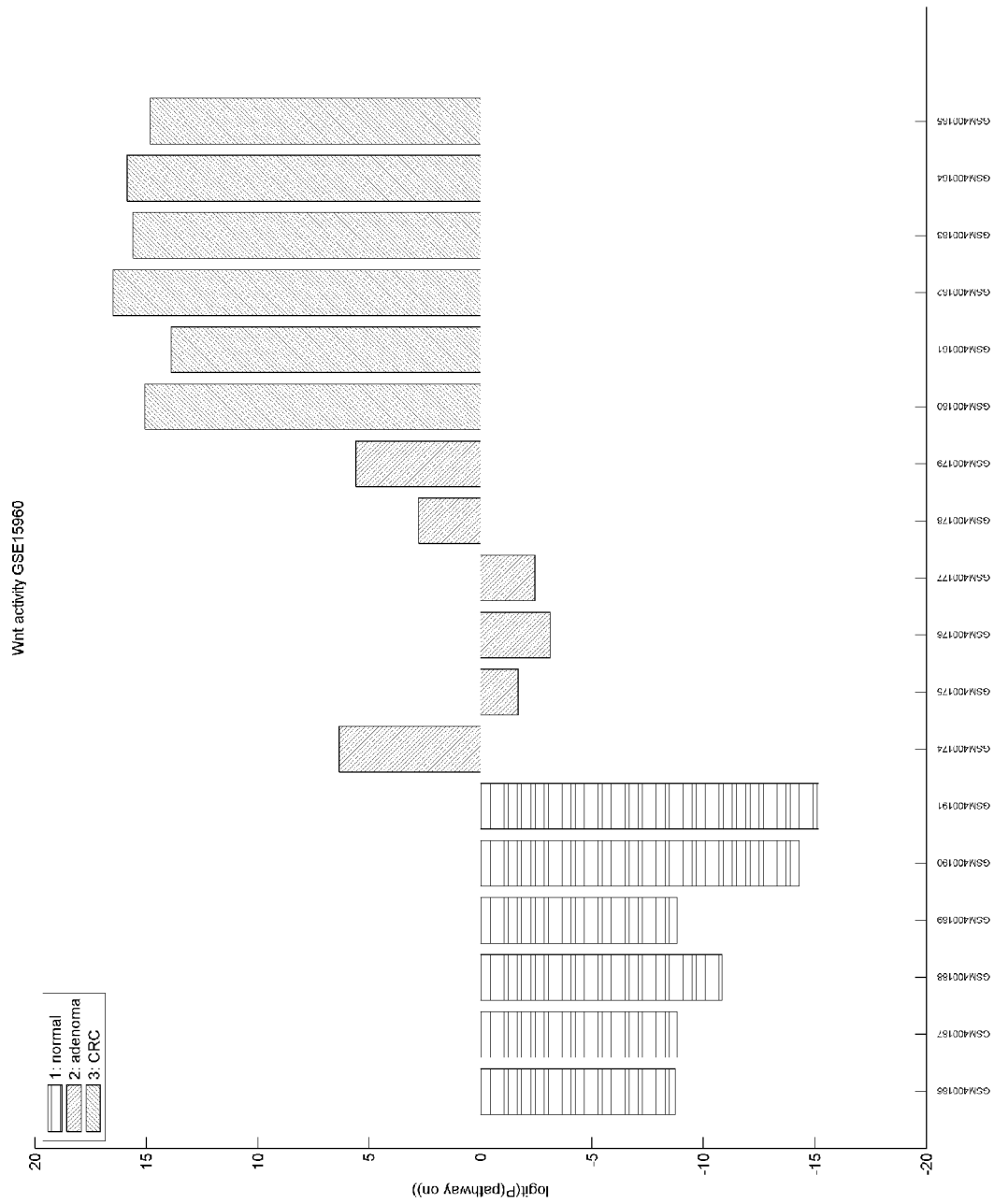
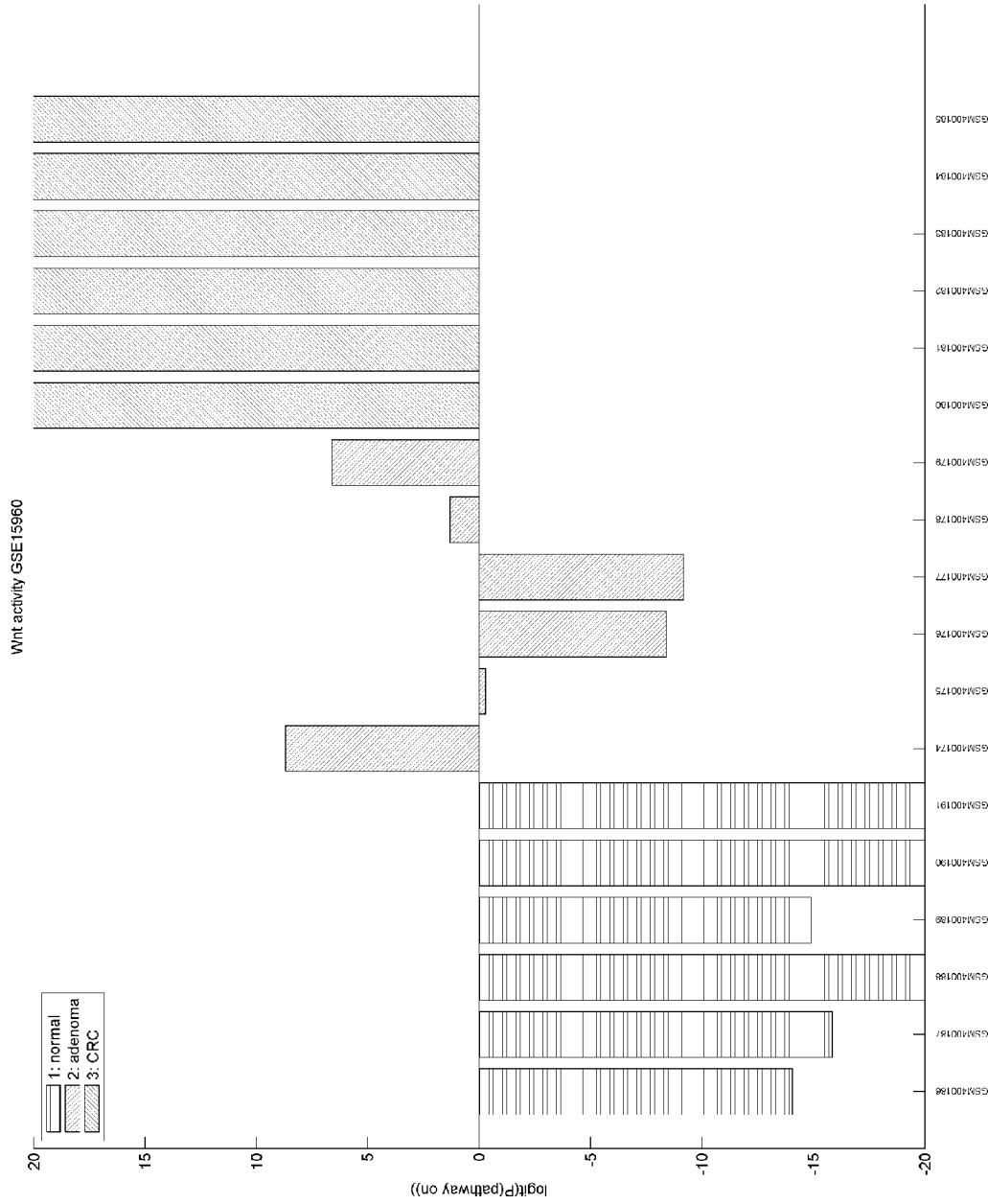


FIG. 16 (CONTINUED)
Broad literature list



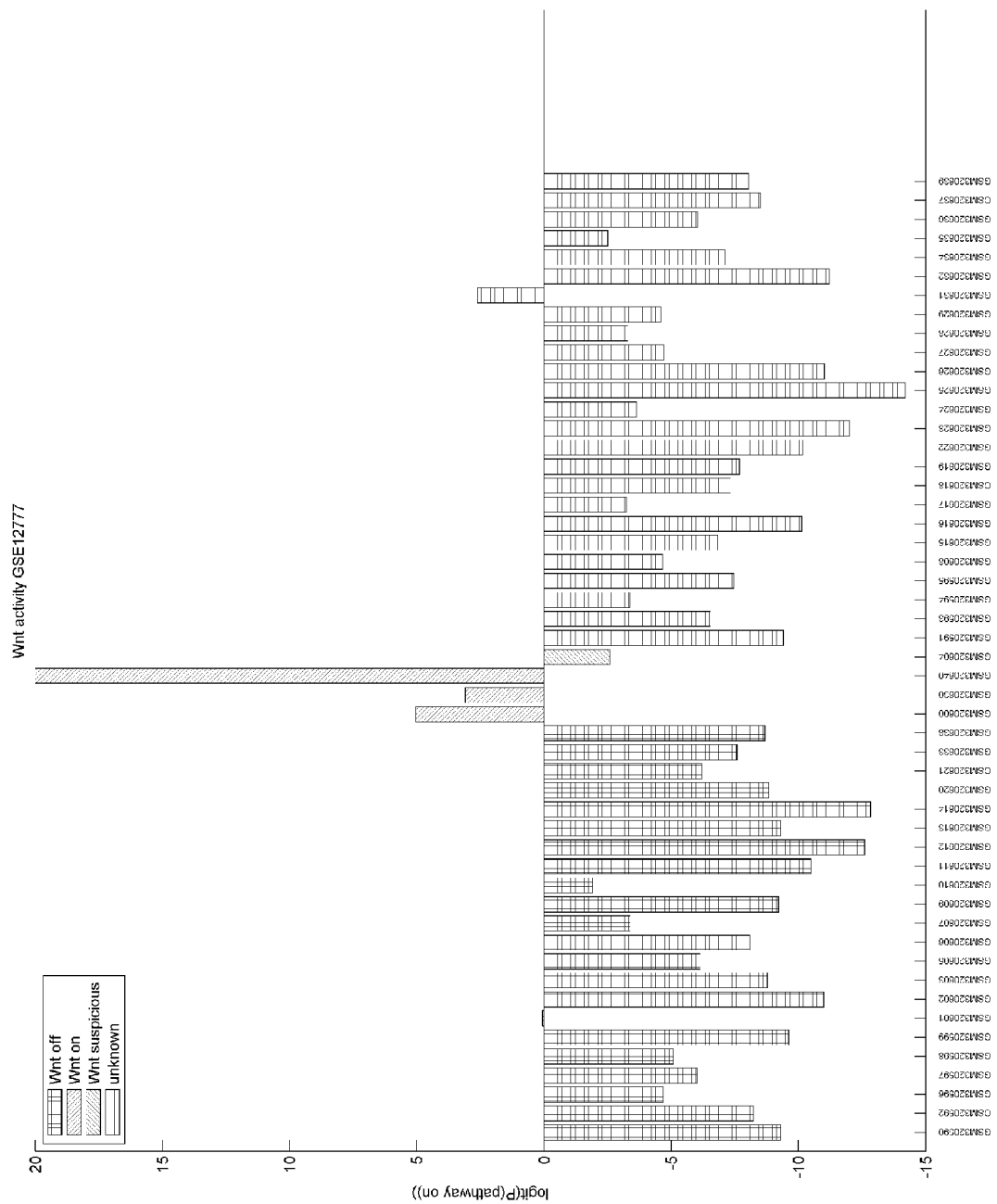


FIG. 17 (CONTINUED)
Broad literature list

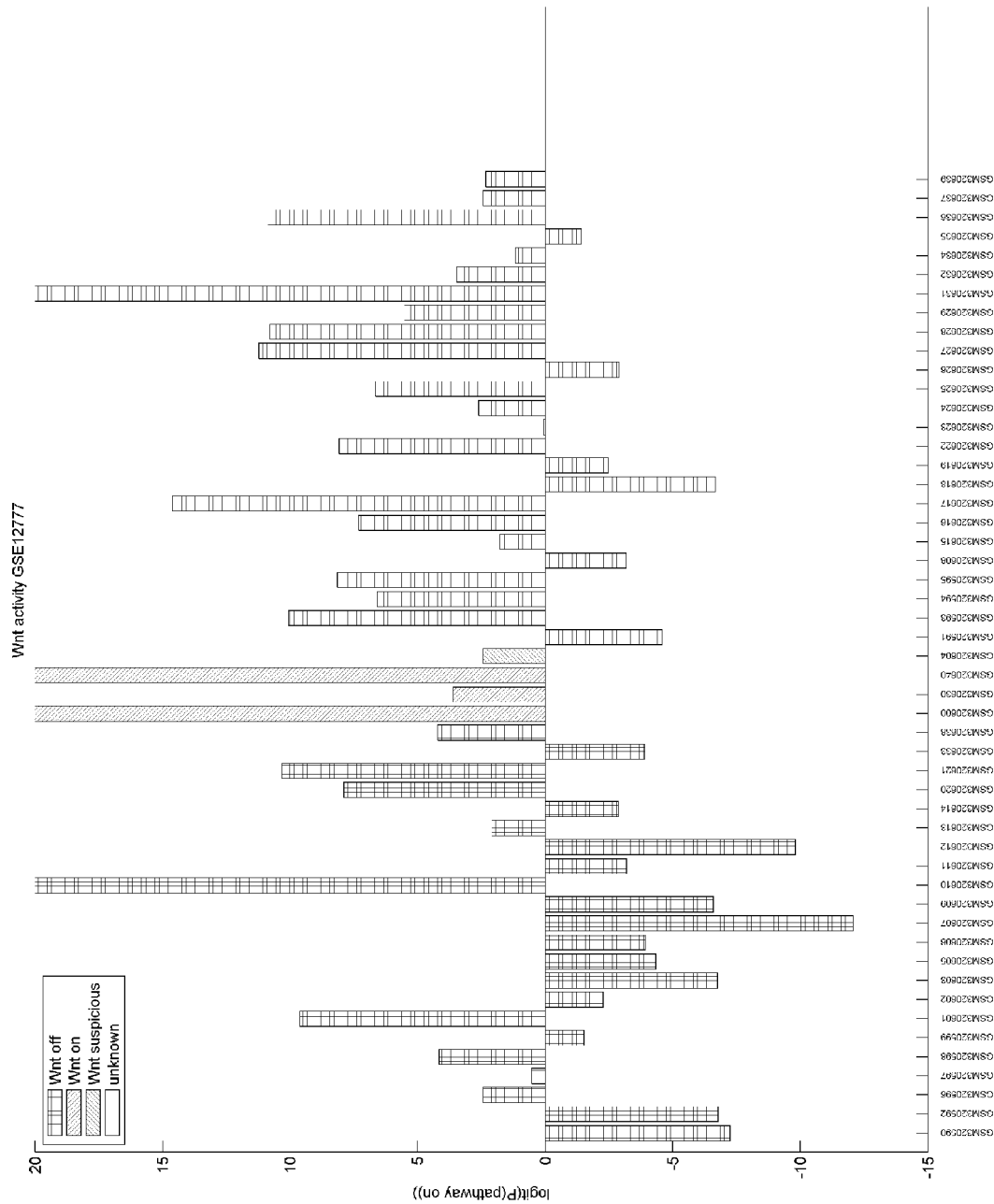


FIG. 18
Evidence curated list

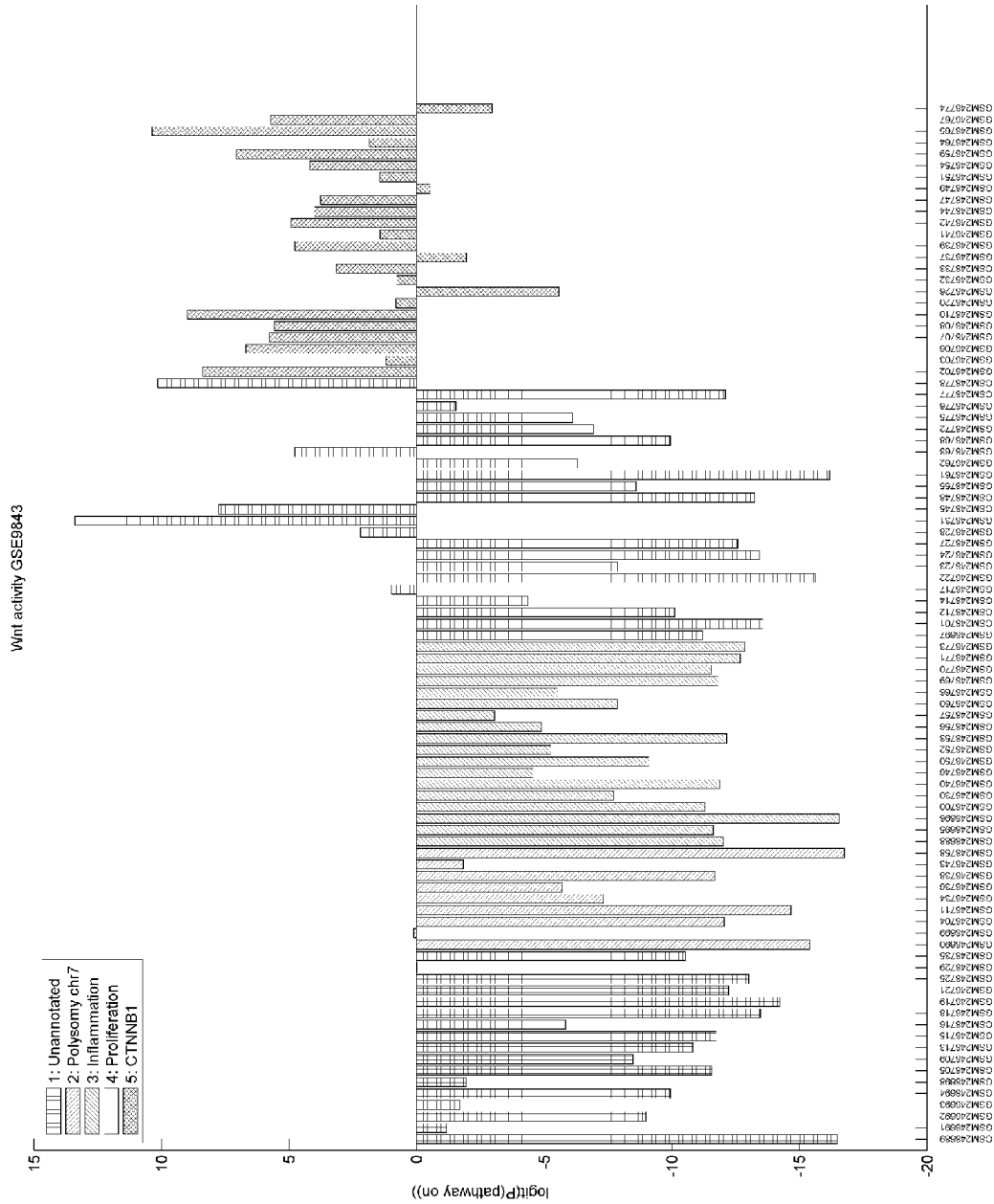


FIG. 18 (CONTINUED)
Broad literature list

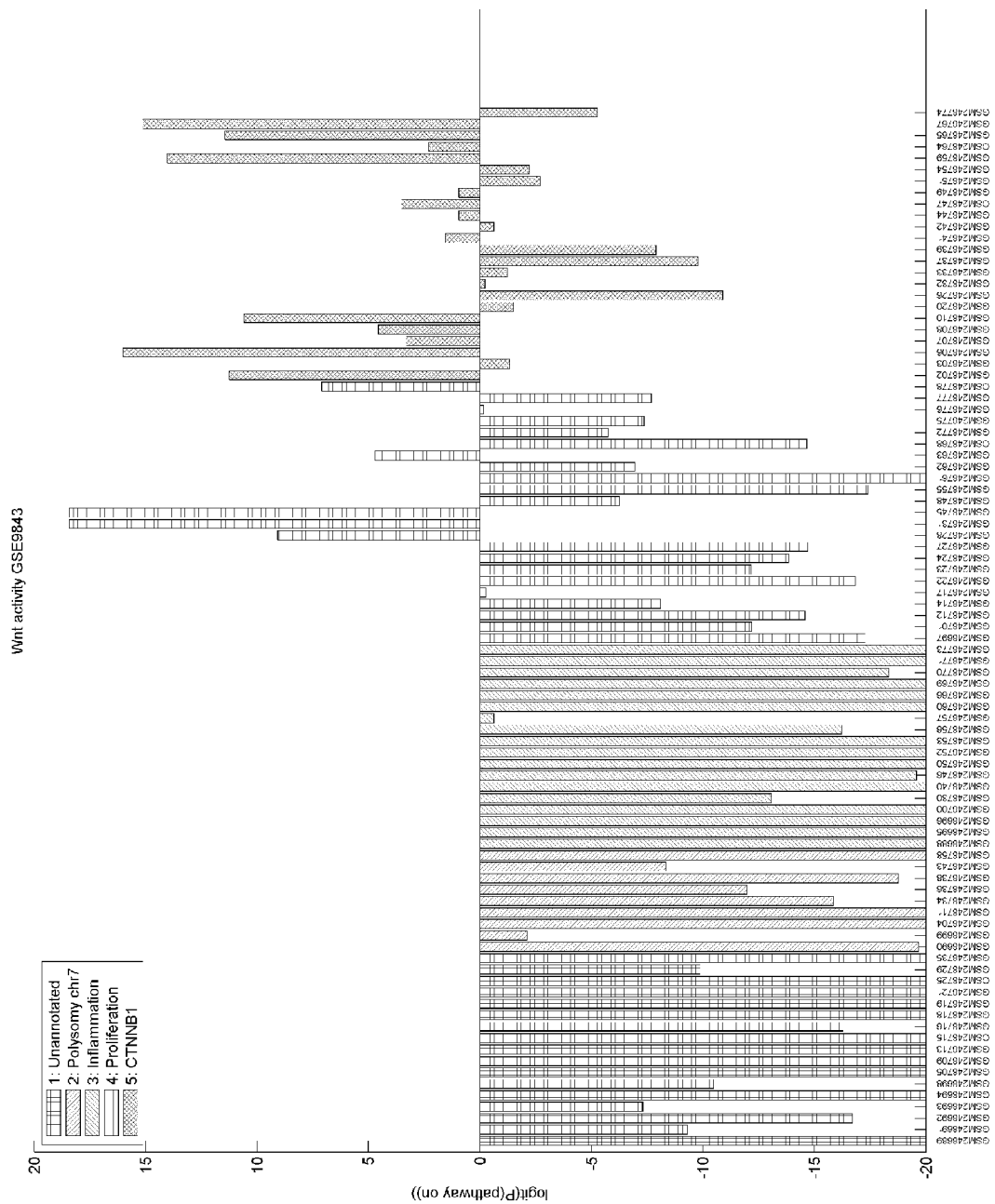


FIG. 19
Evidence curated list

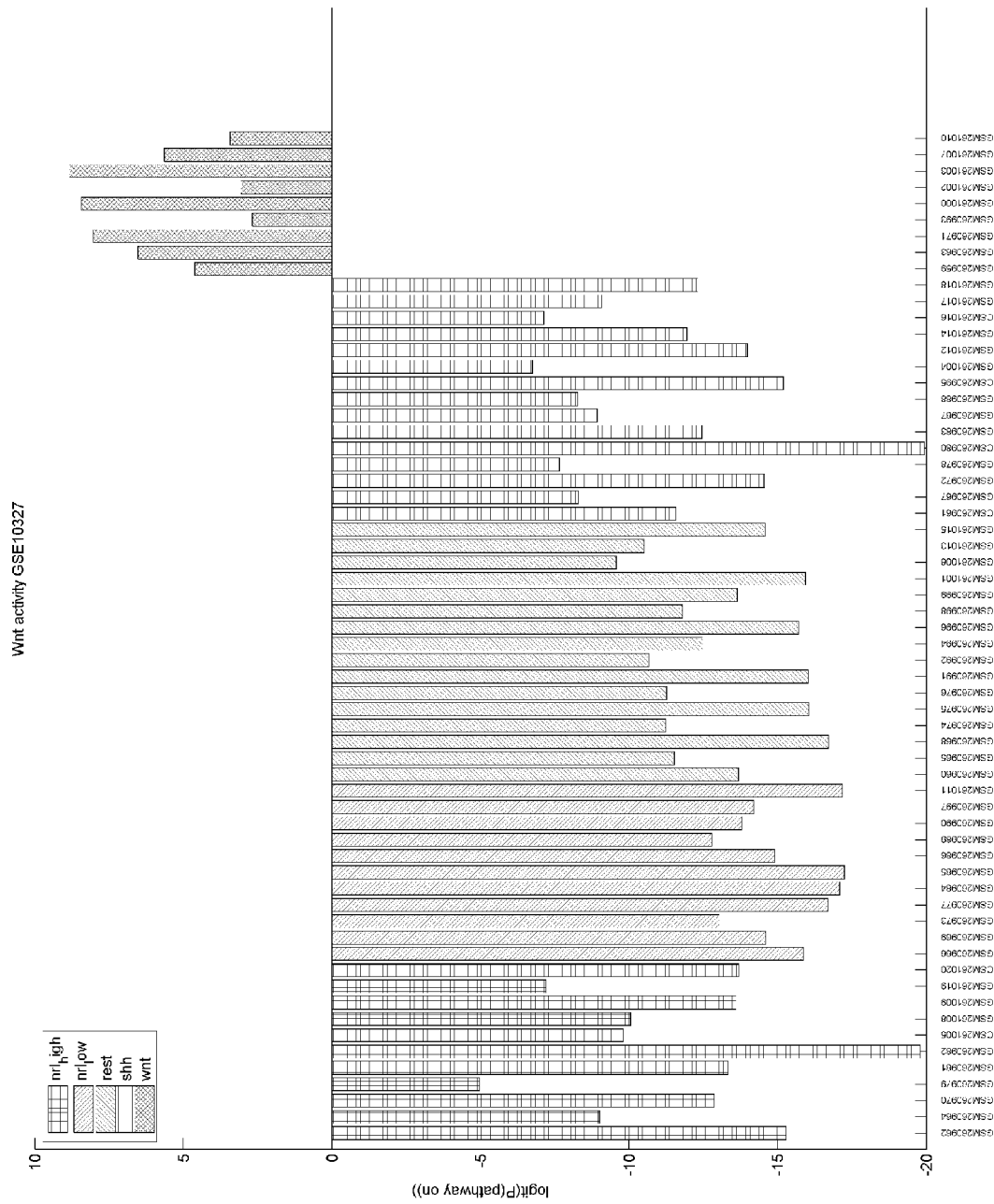


FIG. 19 (CONTINUED)
Broad literature list

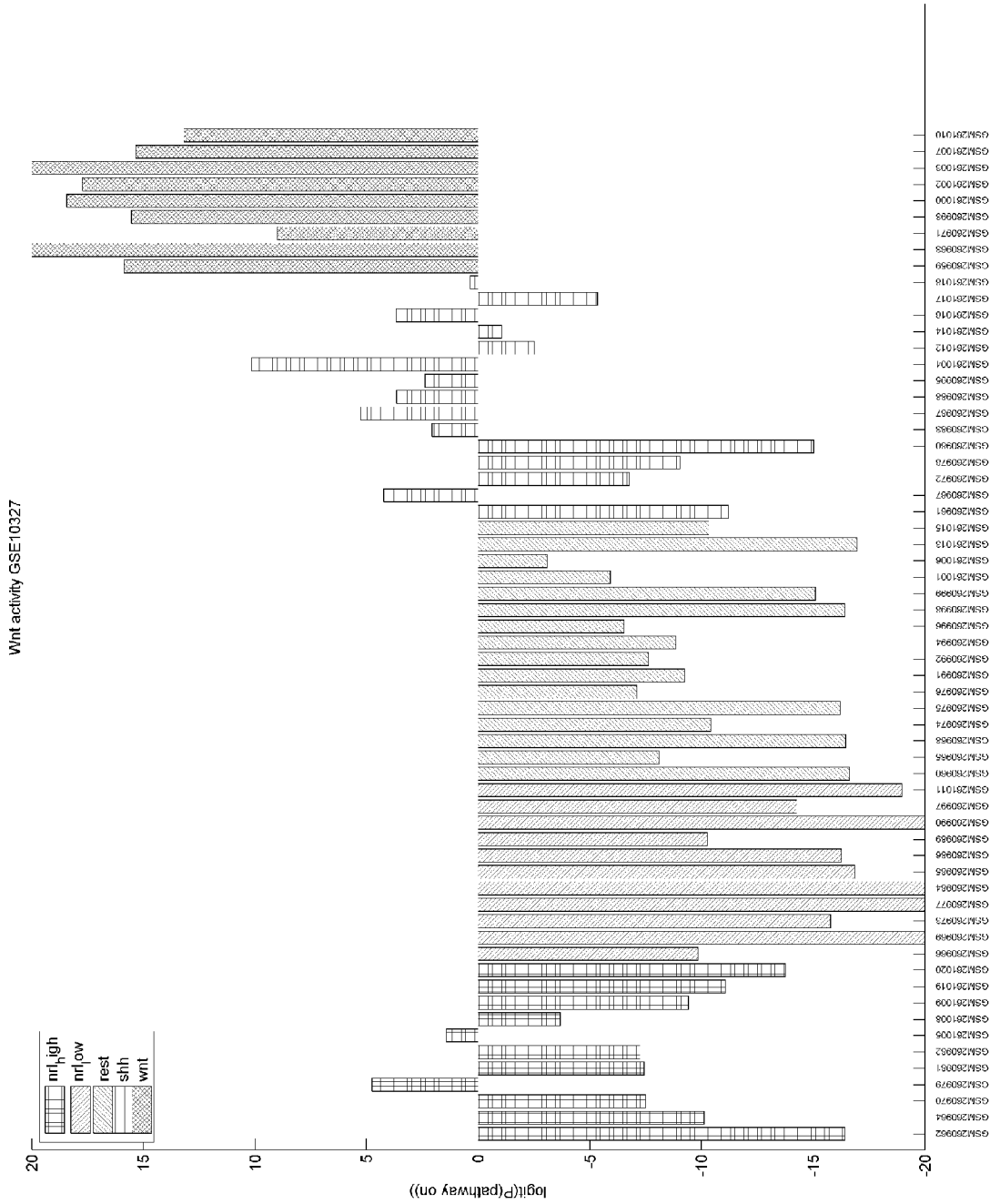


FIG. 20

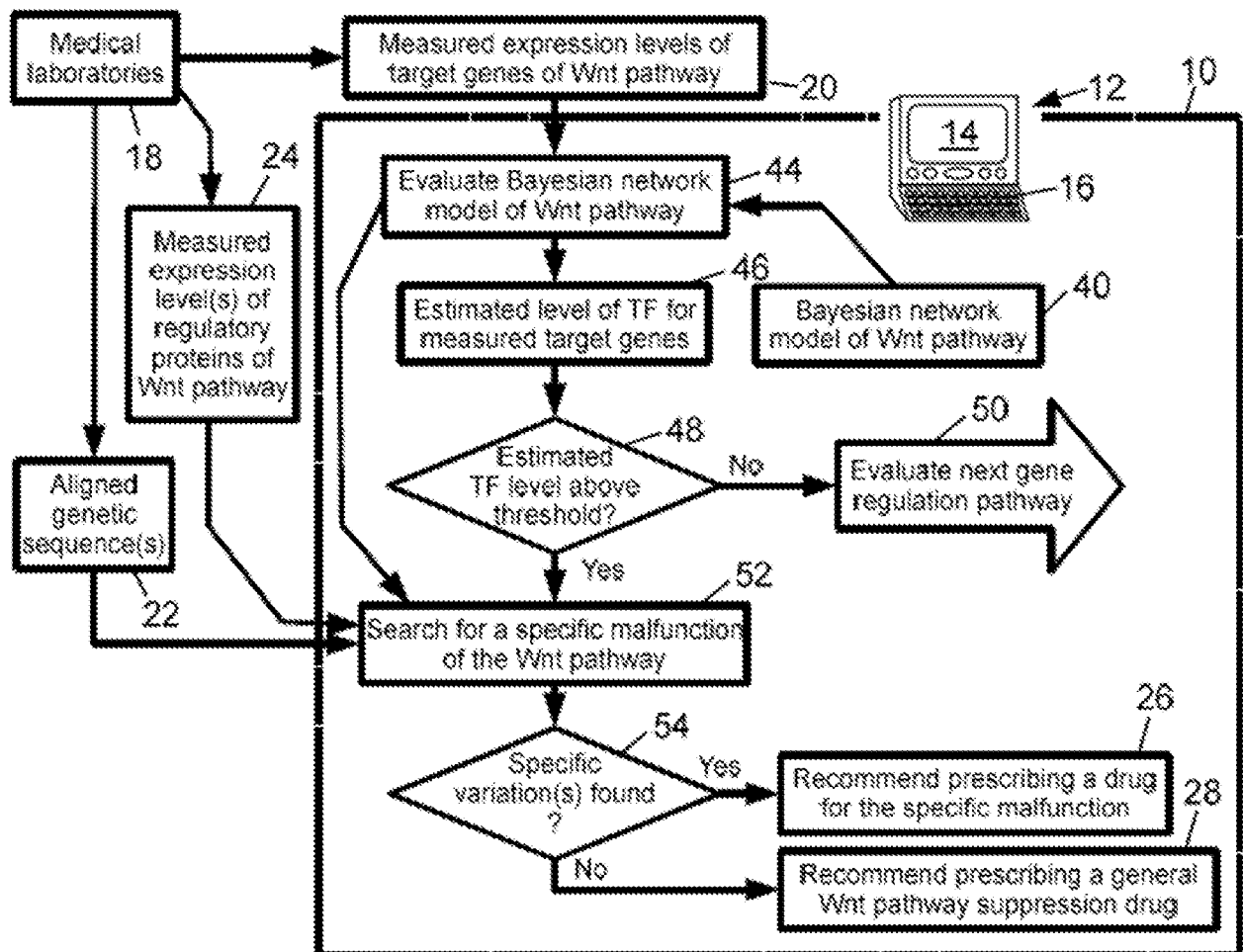


FIG. 21

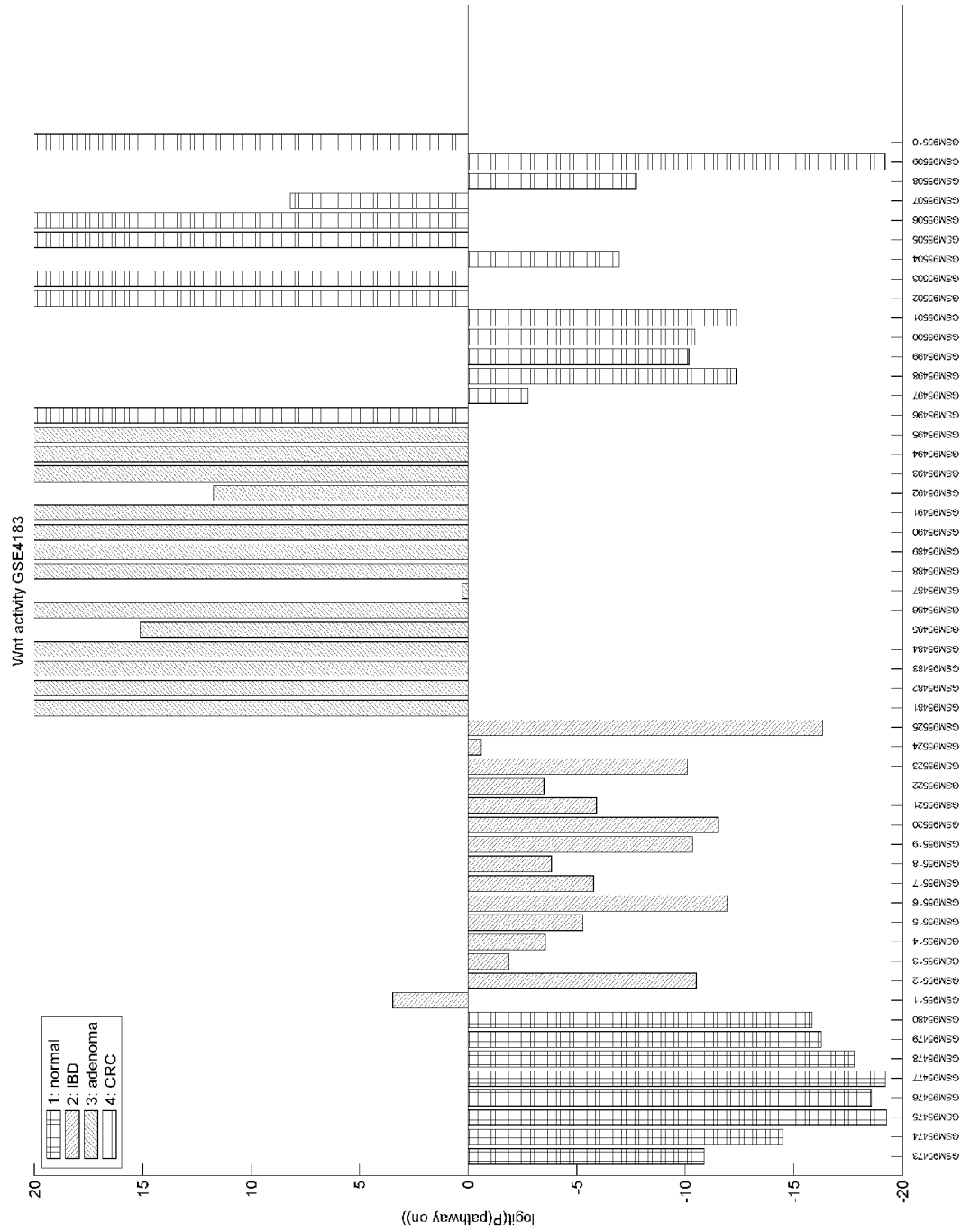
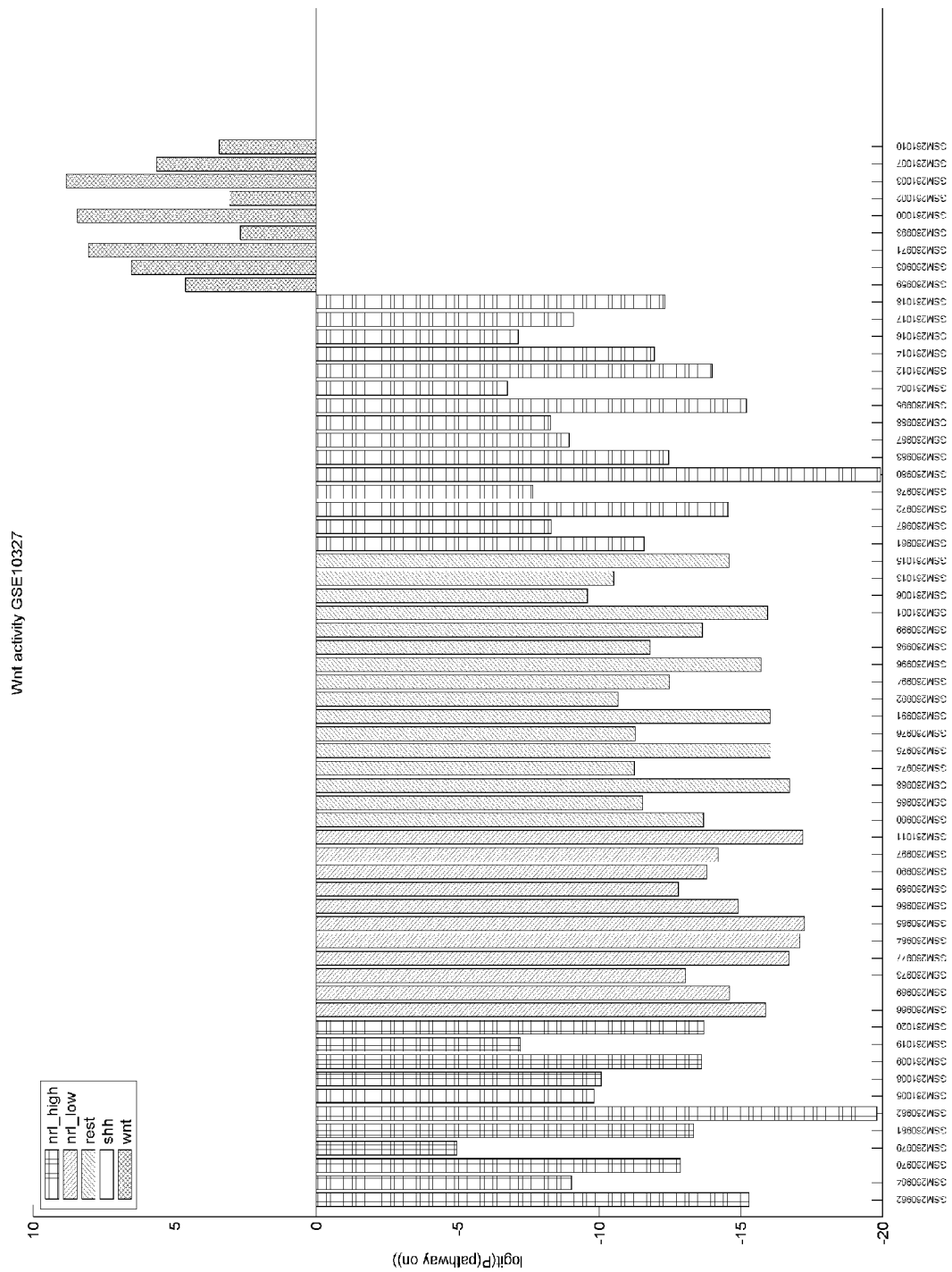


FIG. 22



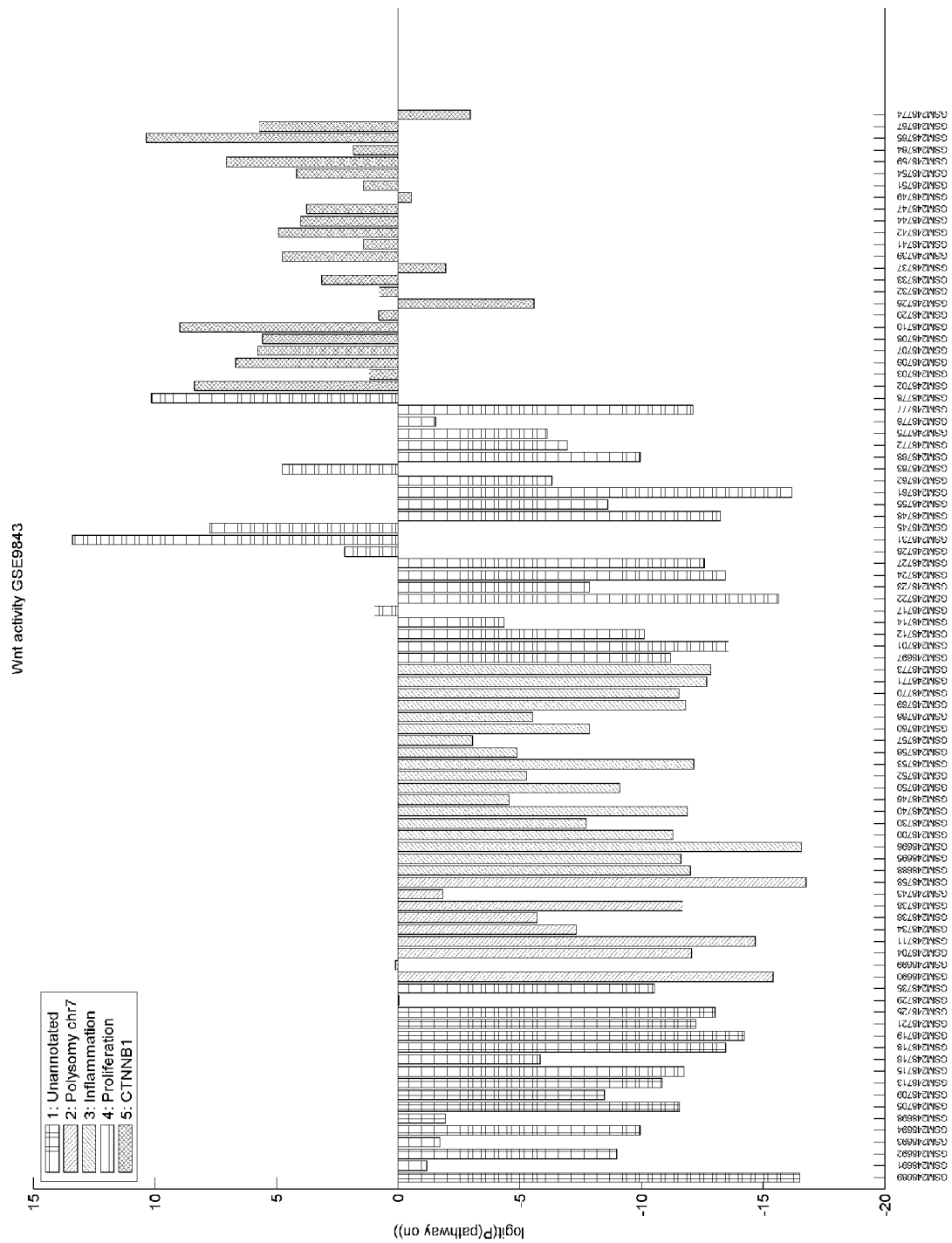


FIG. 24

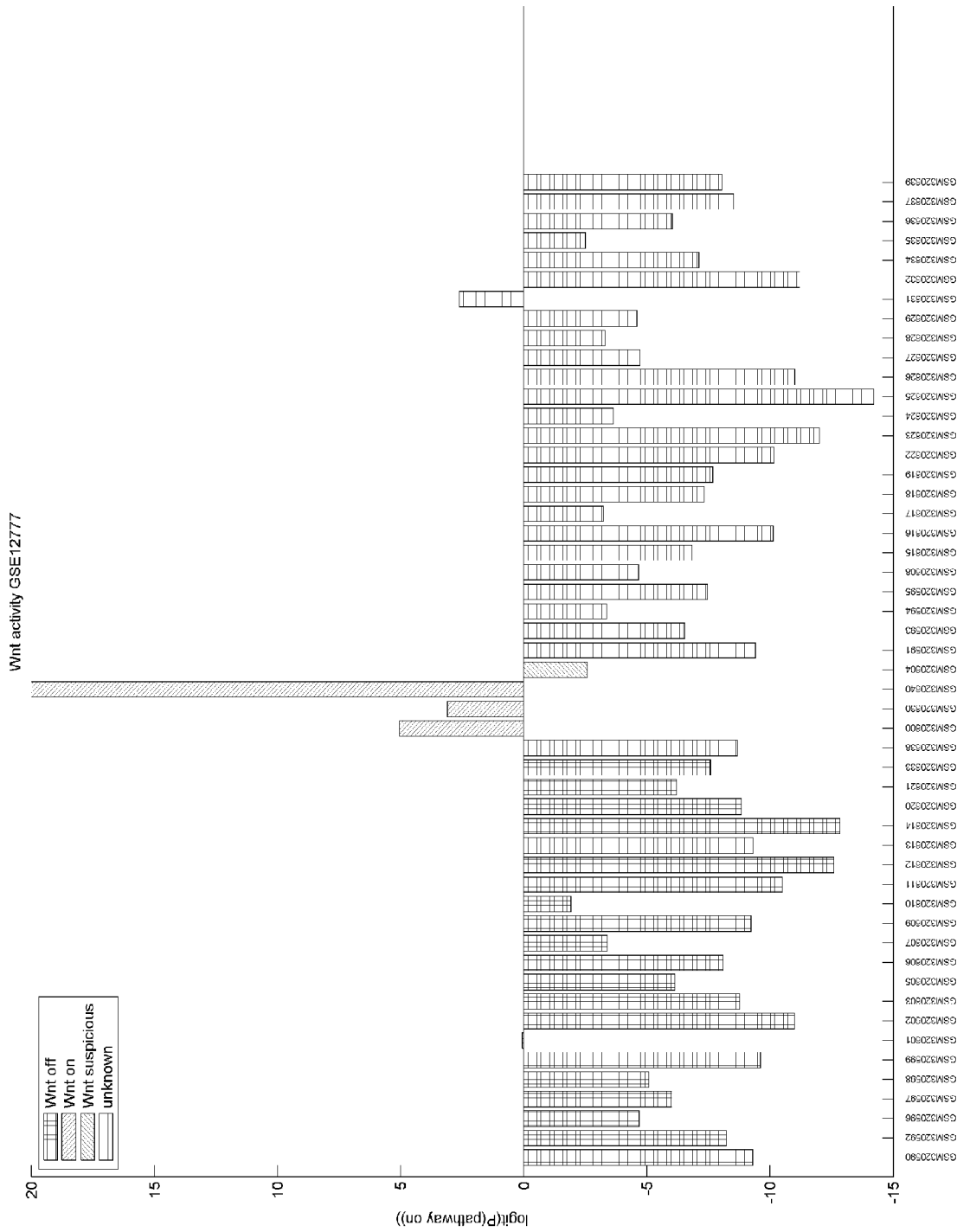


FIG. 25

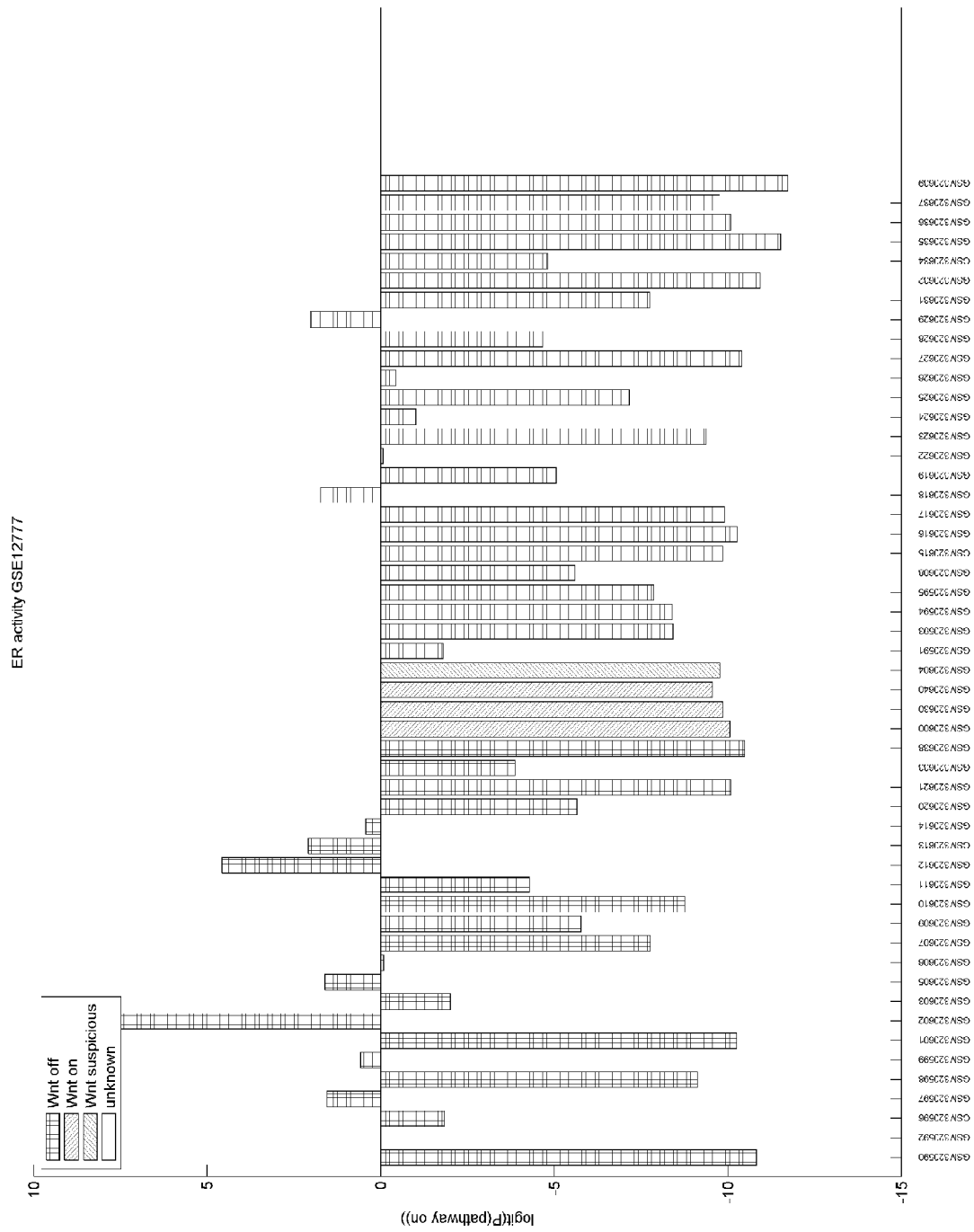


FIG. 26

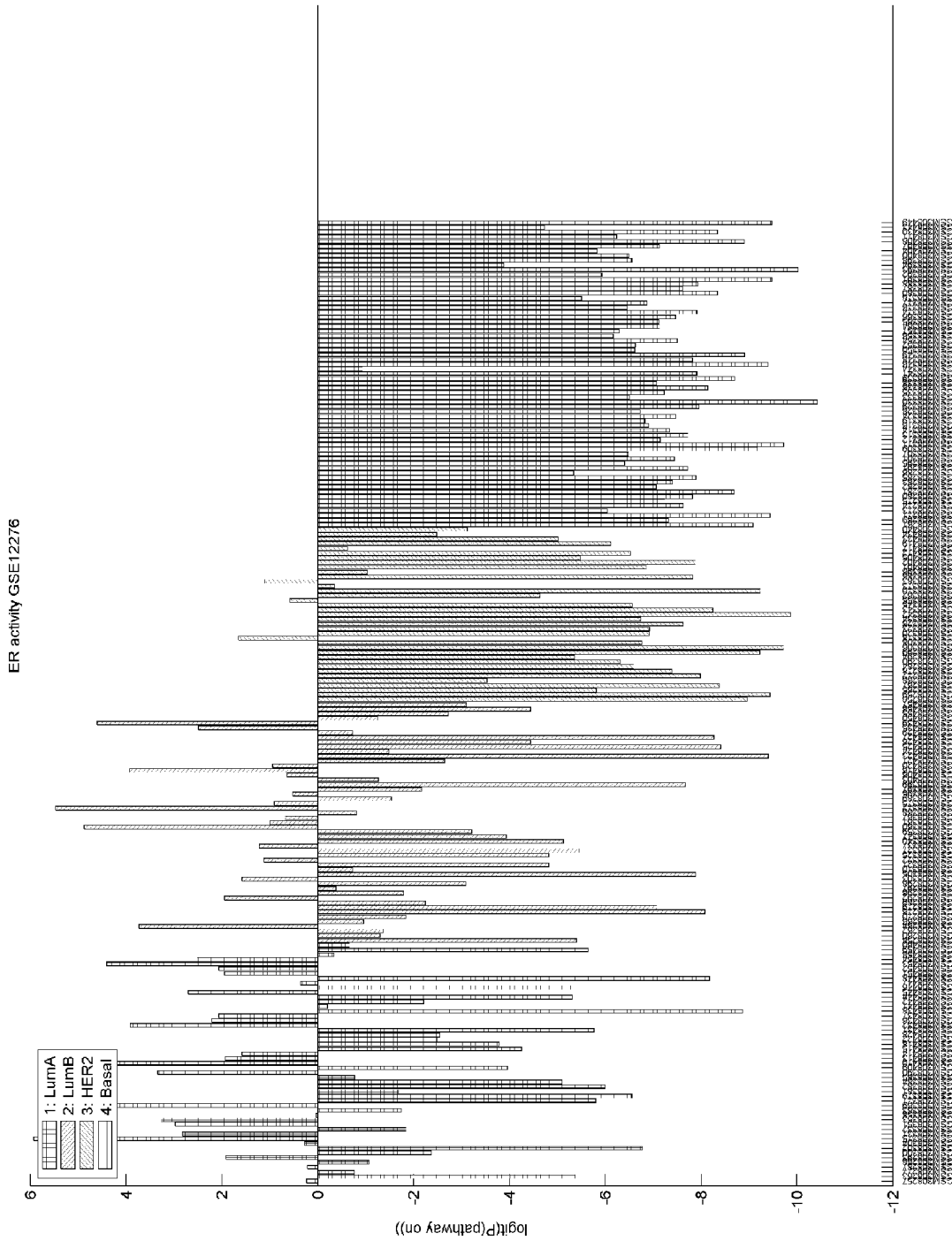


FIG. 27

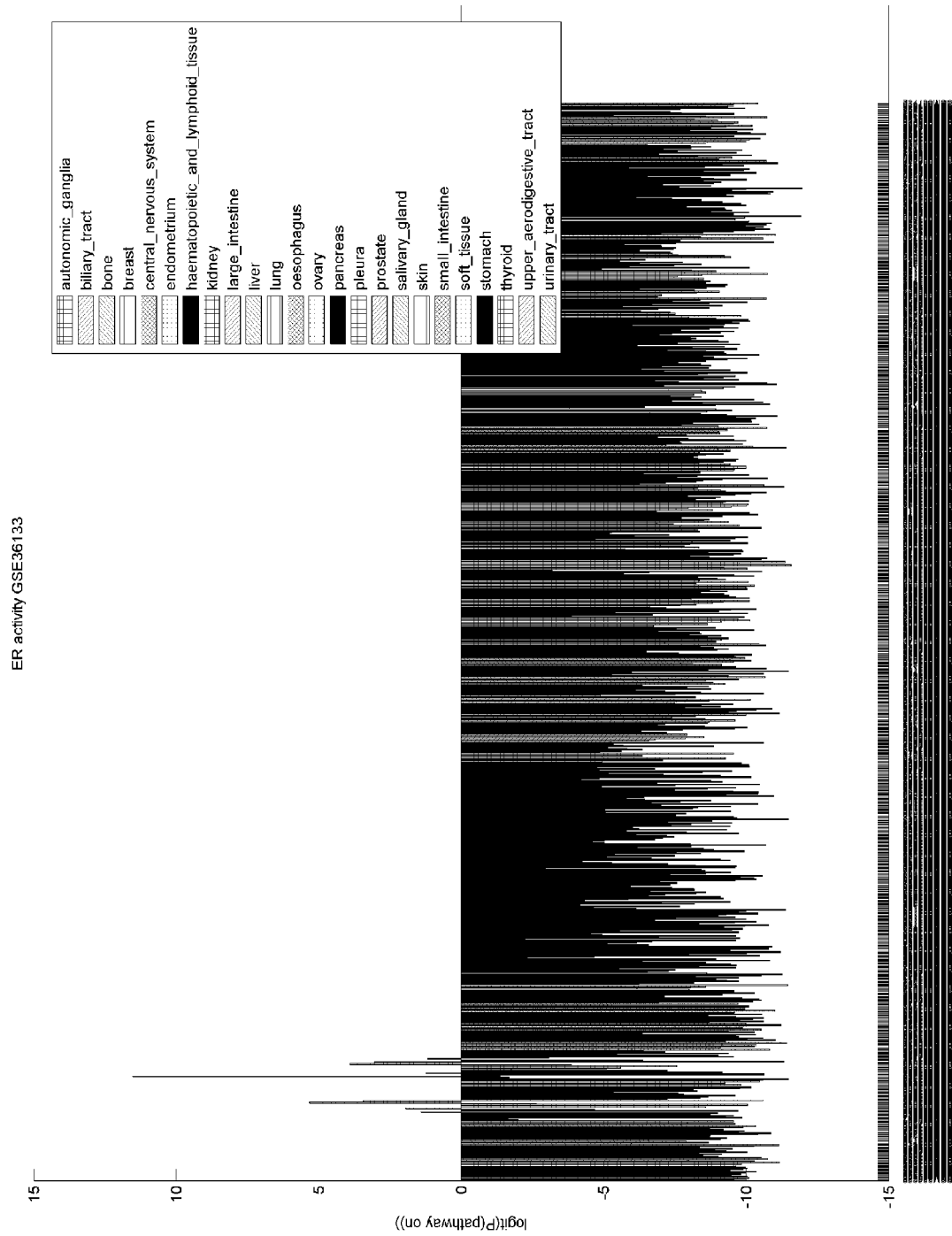
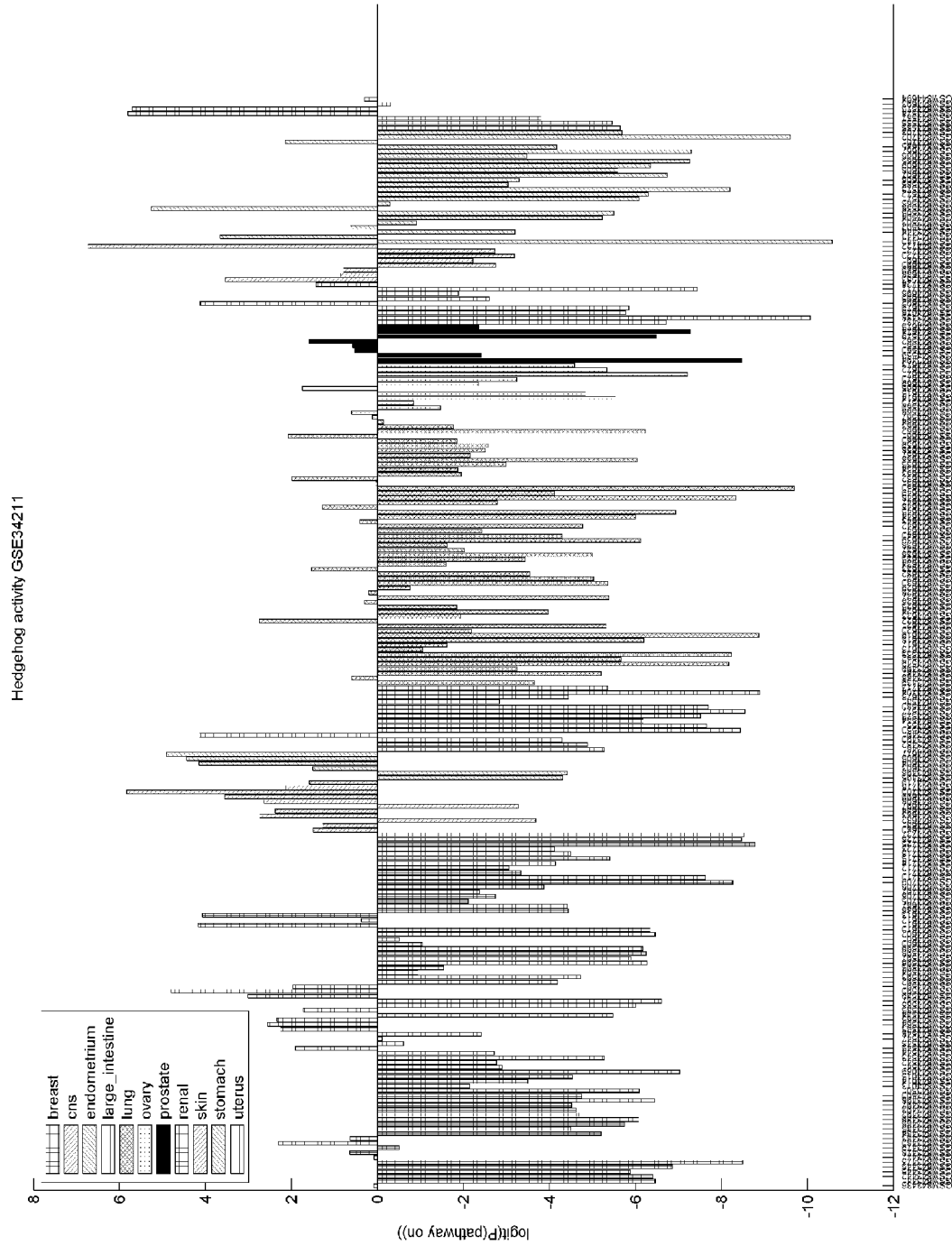


FIG. 28



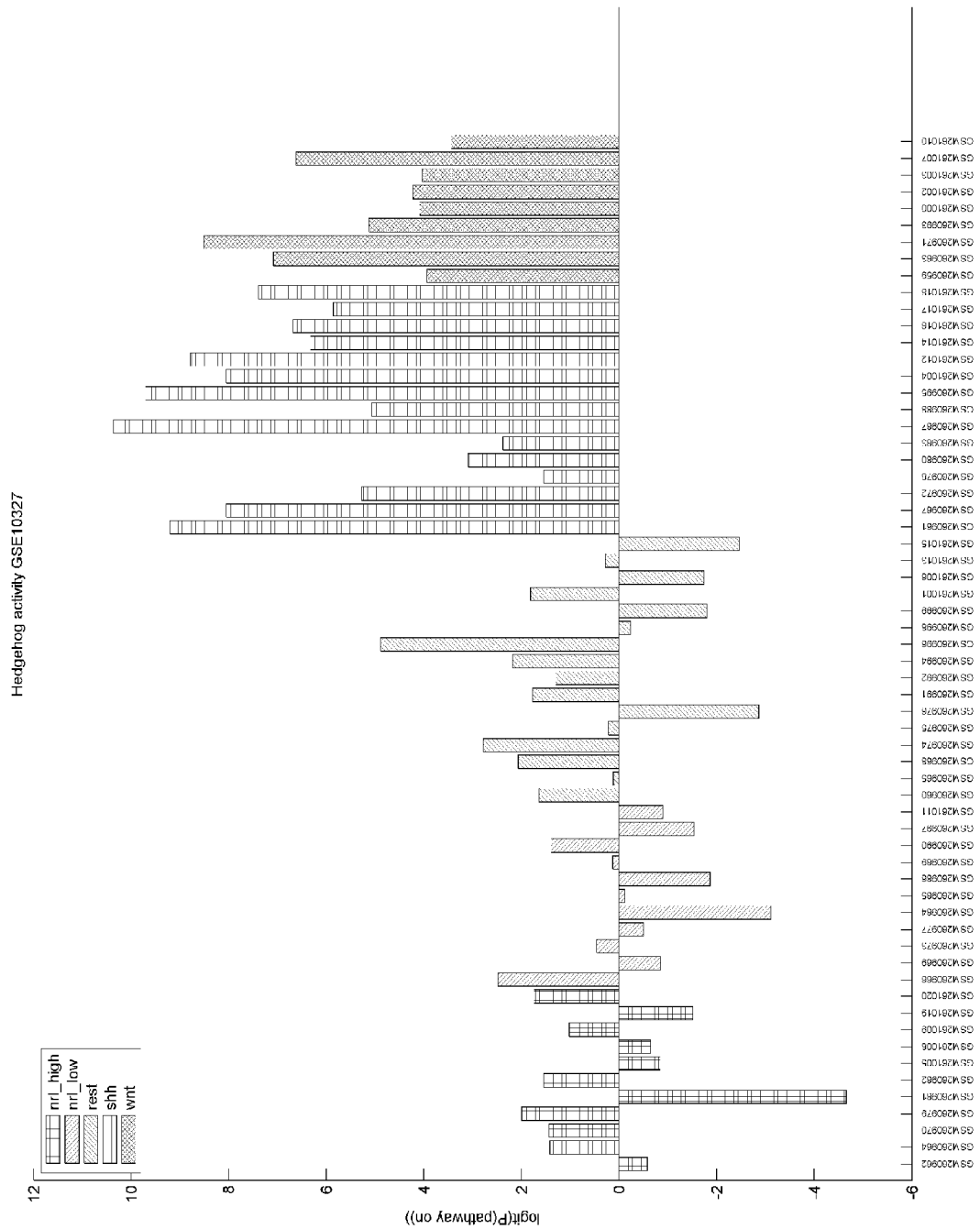


FIG. 30

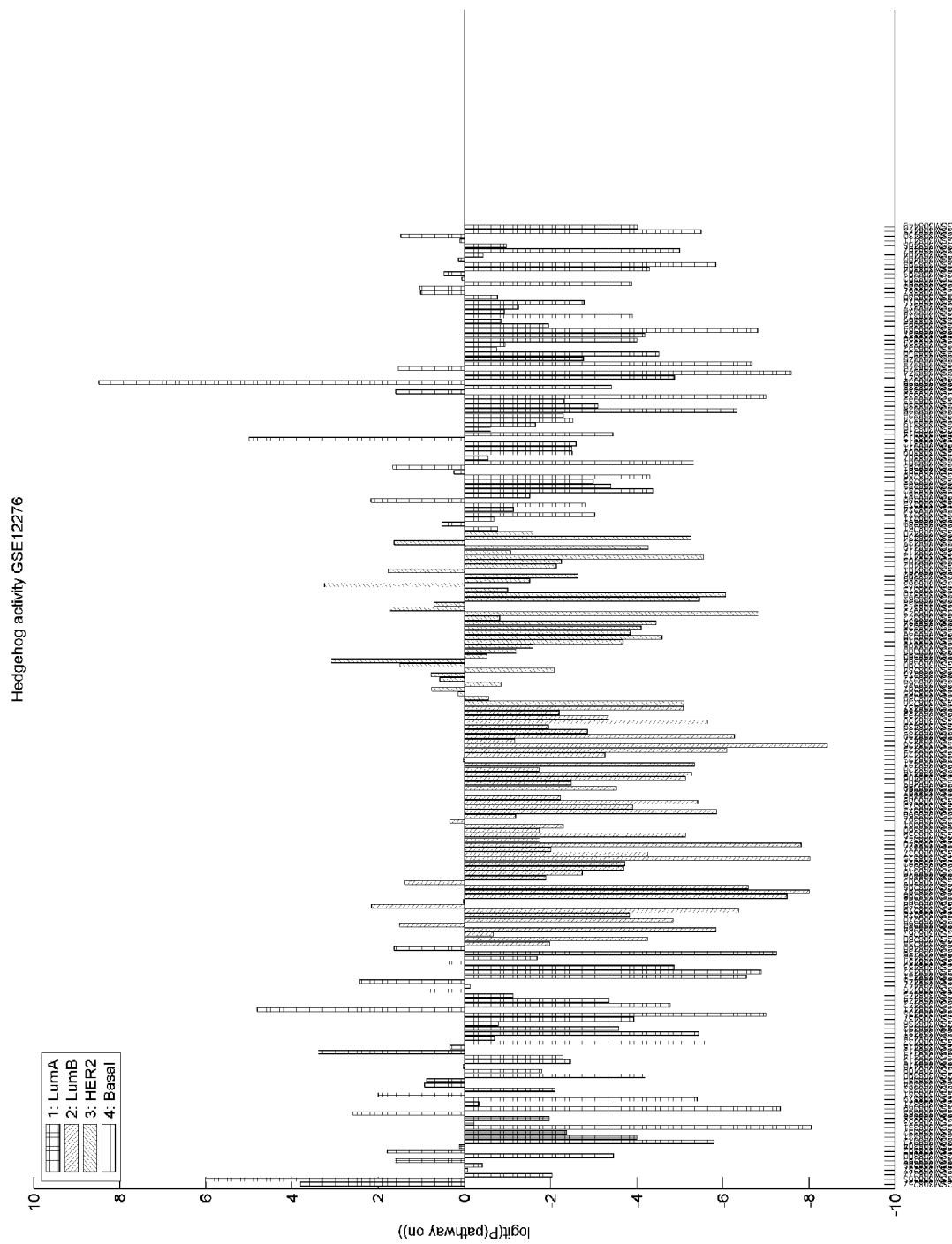


FIG. 31

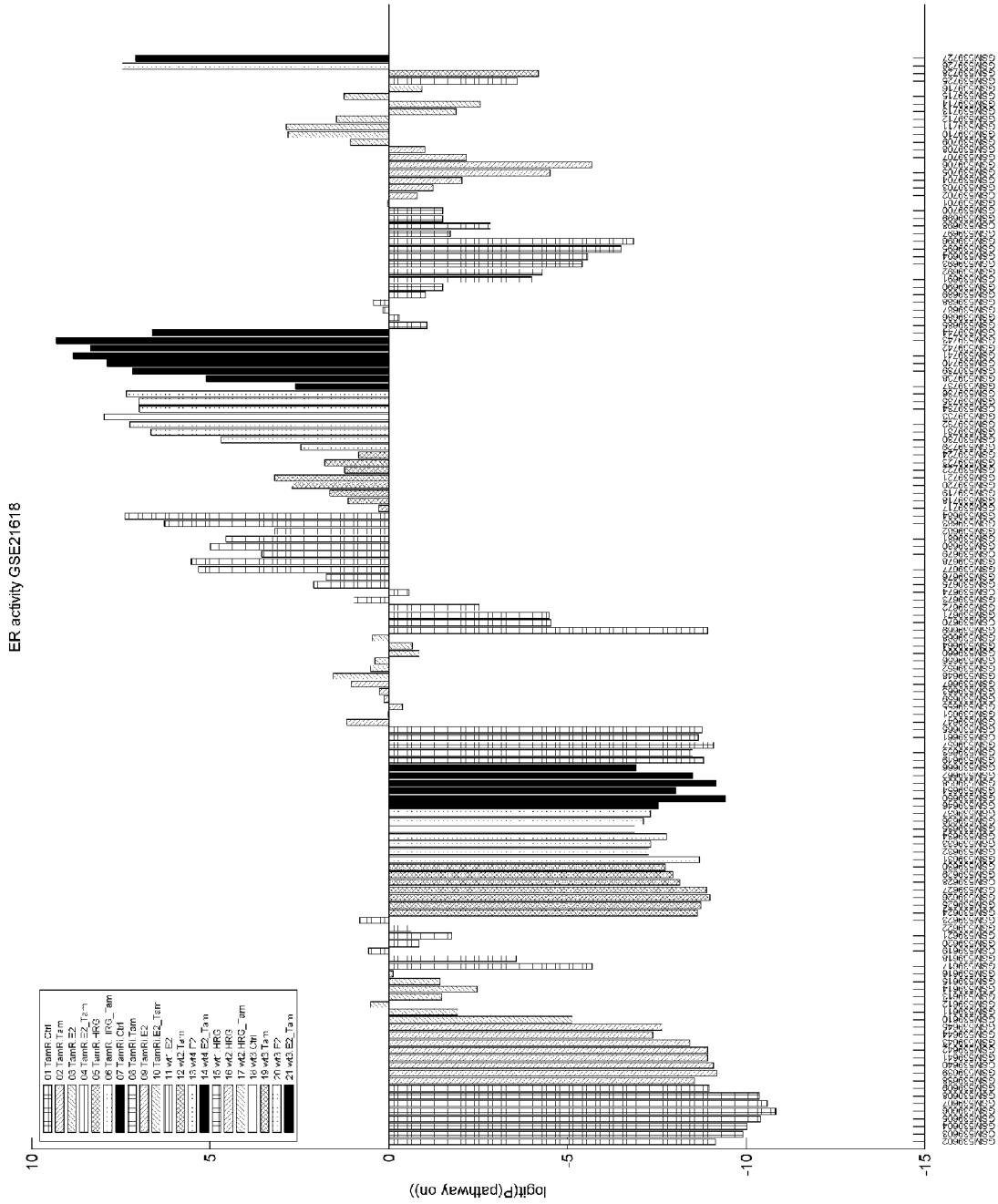


FIG. 32

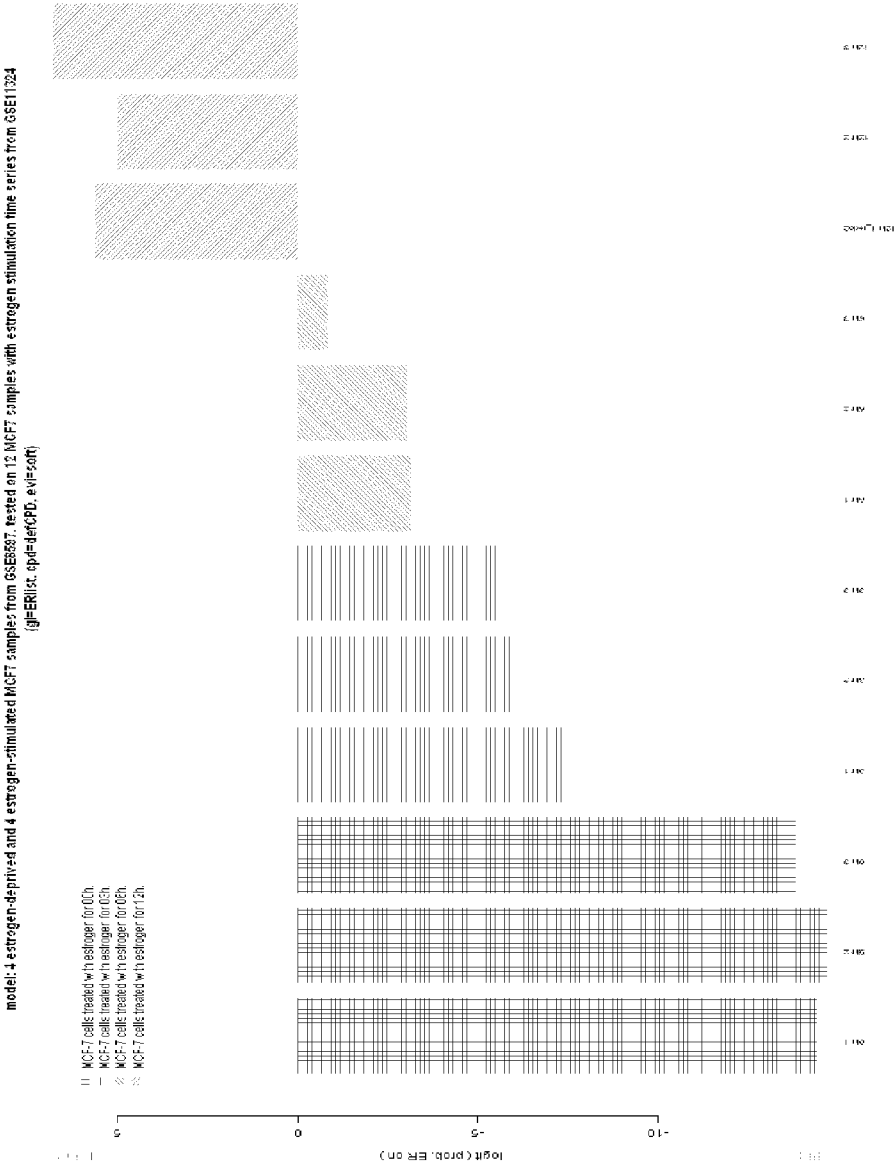


FIG. 33

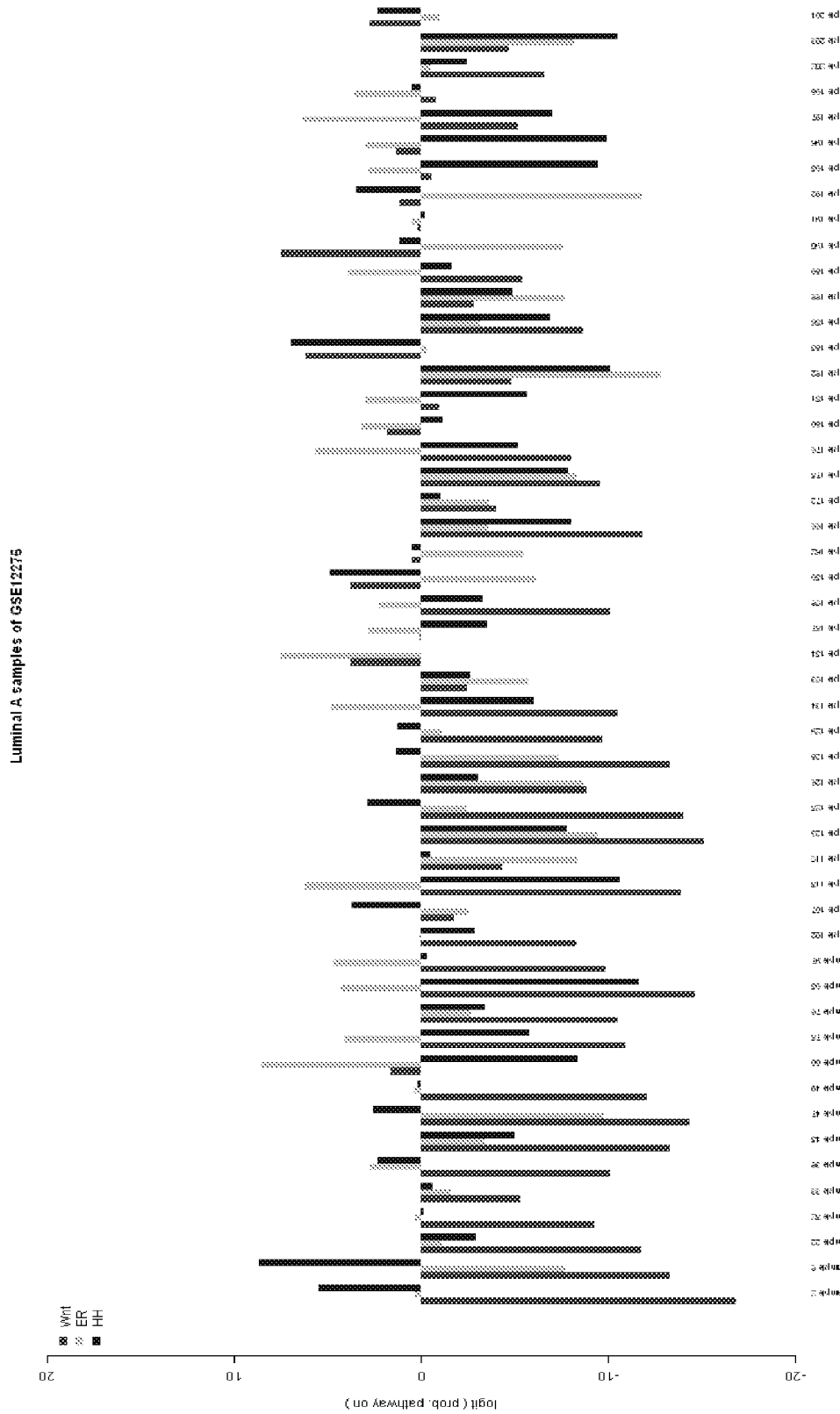


FIG. 34

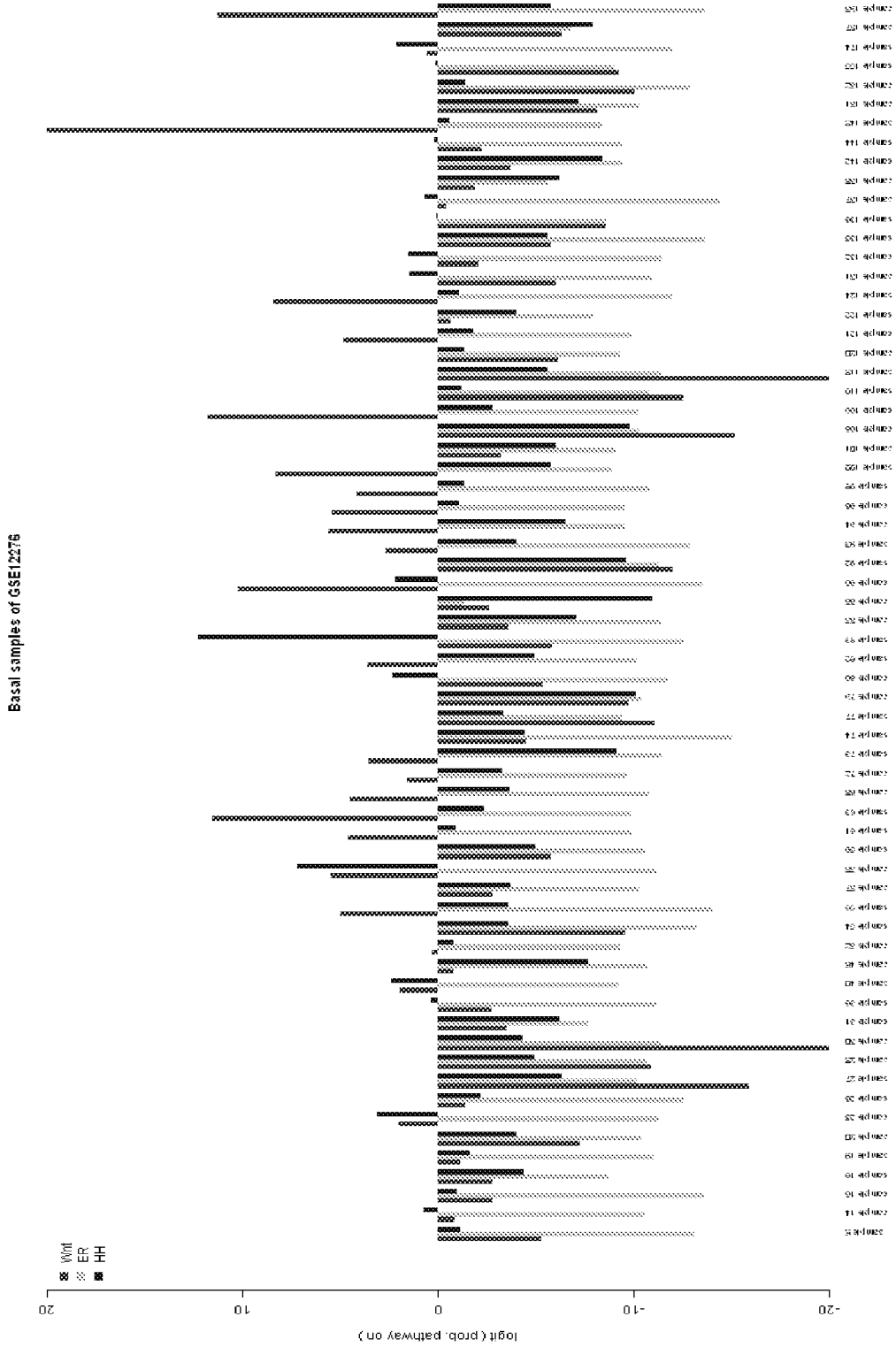


FIG. 35



FIG. 36

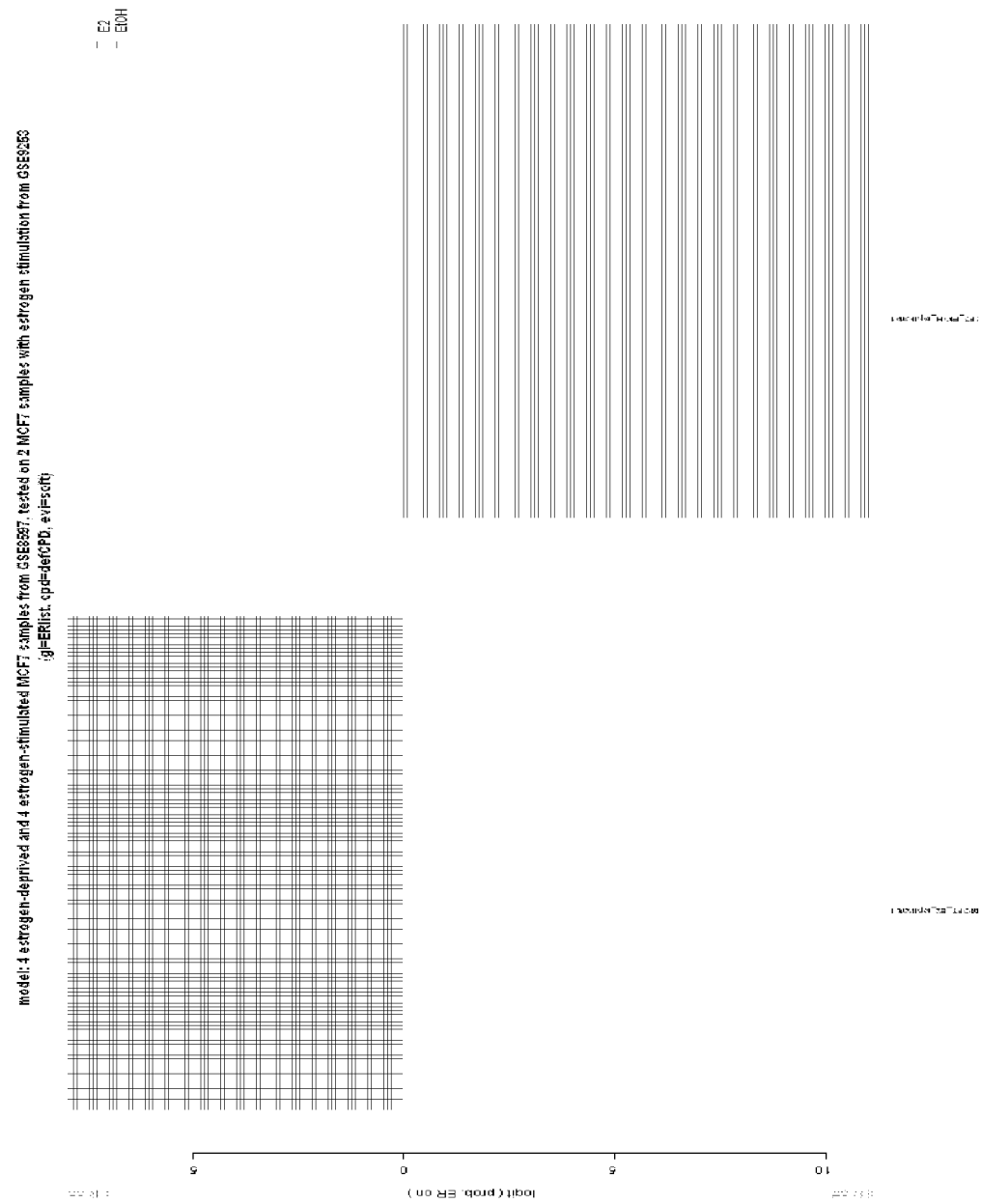


FIG. 37

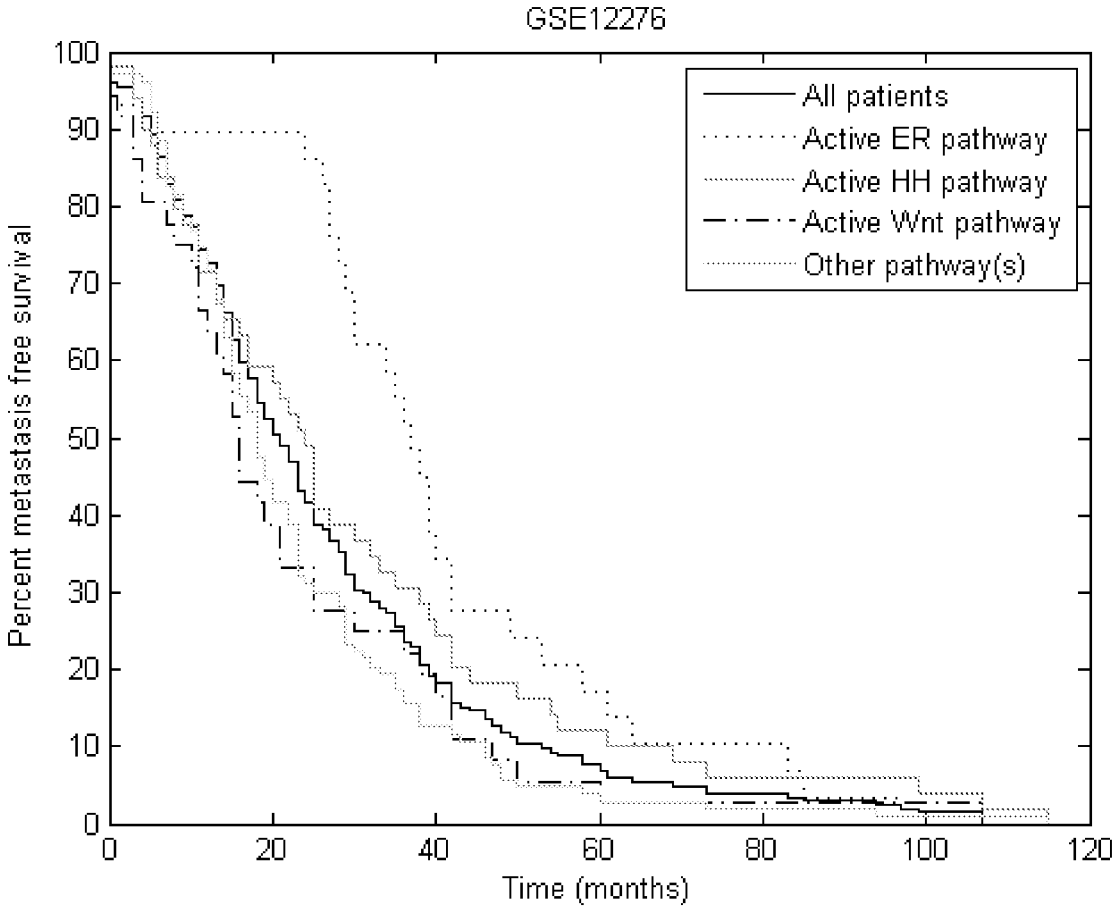


FIG. 38

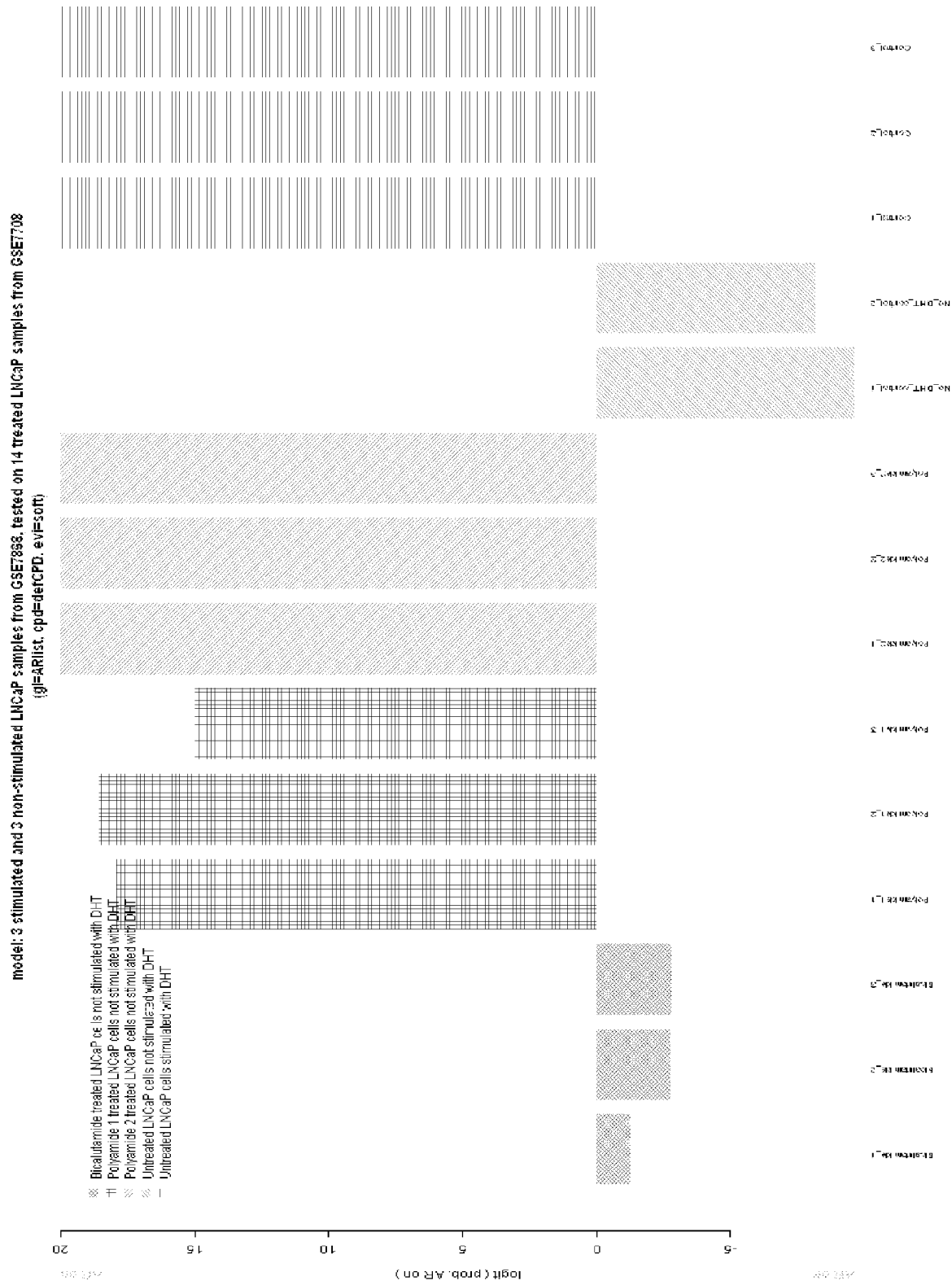
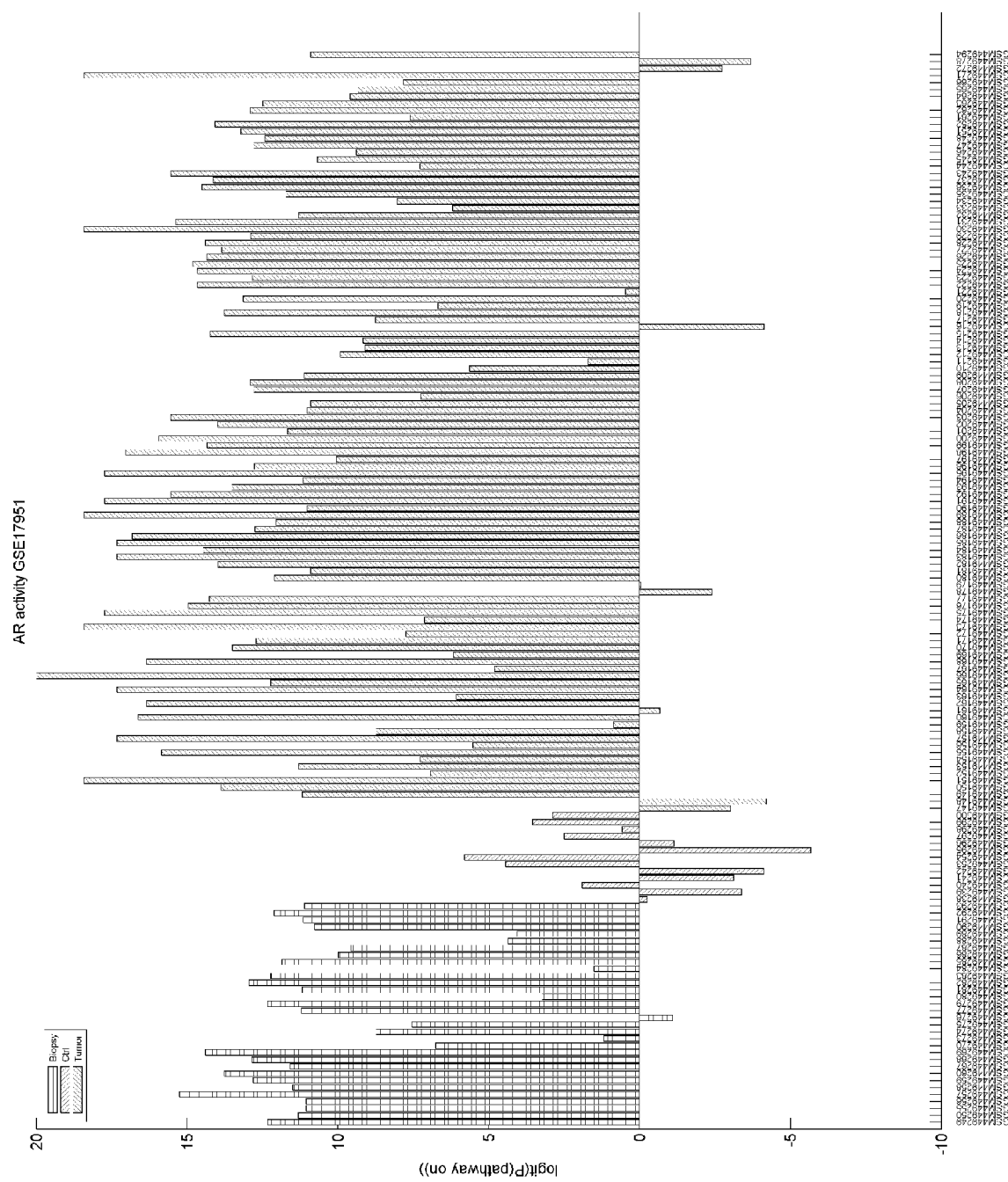


FIG. 39



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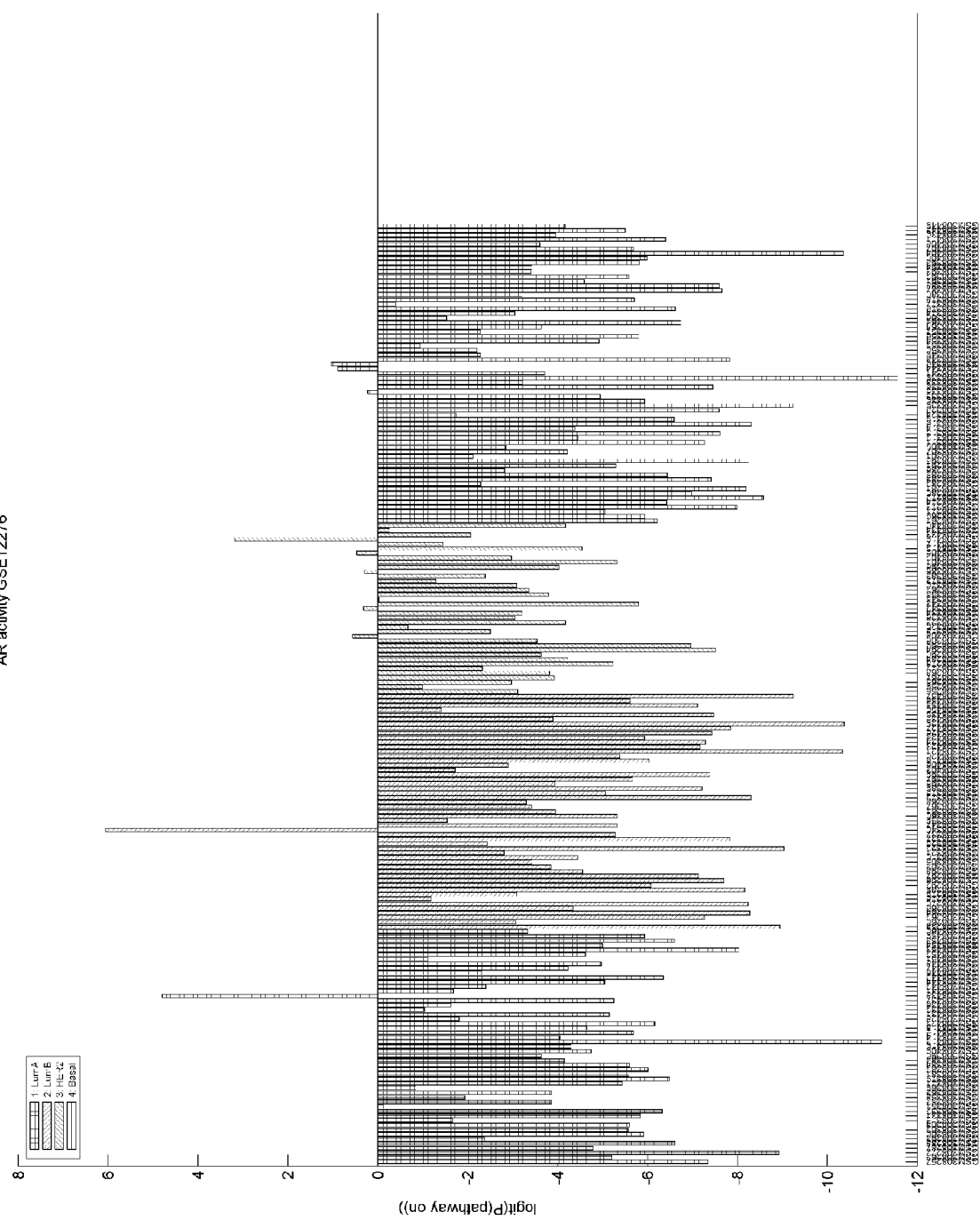


FIG. 41

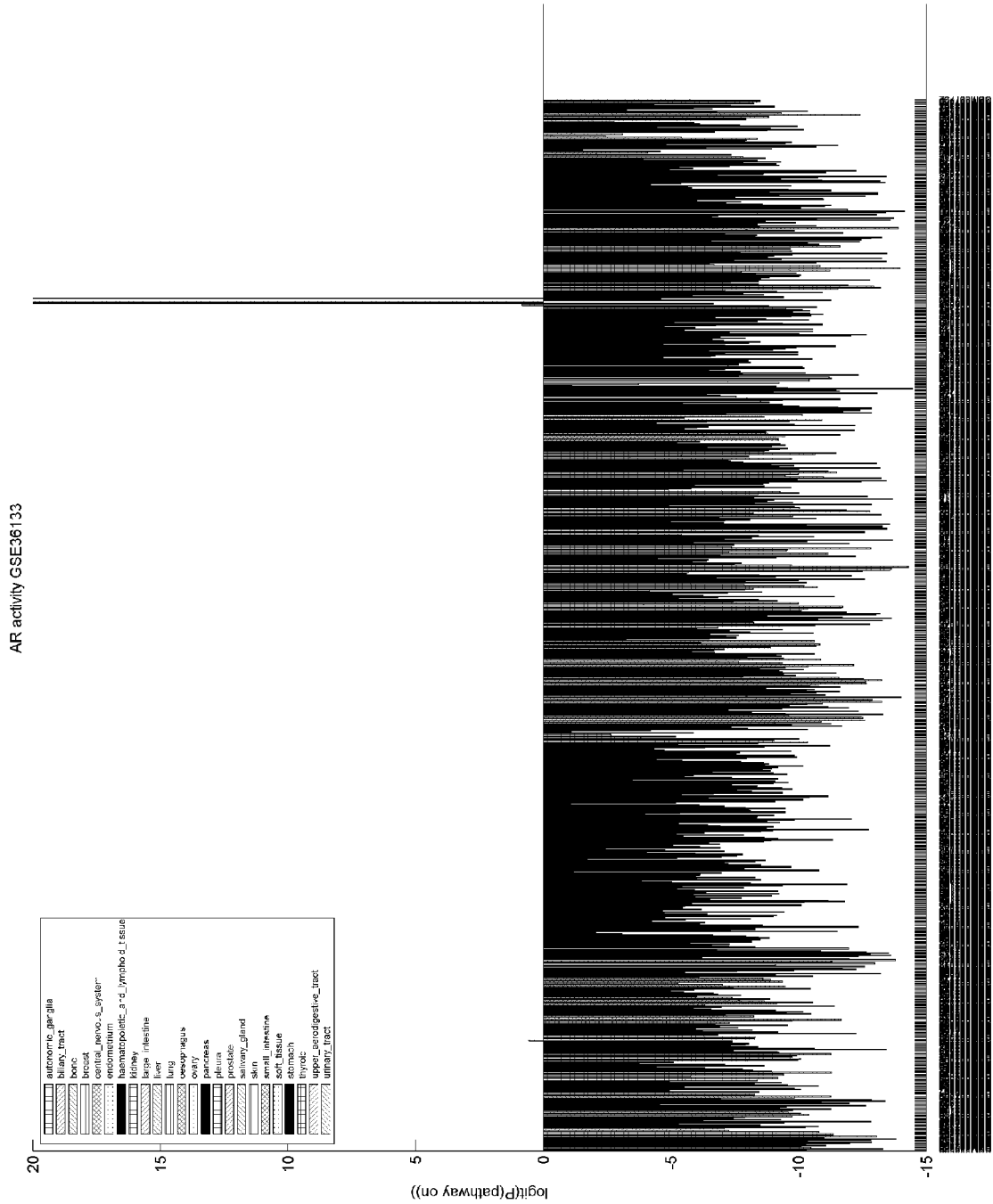


FIG. 42

