# Assessing Low-Level Processing of Microarray Data 

## Alexander Ploner ${ }^{1}$, Lance D. Miller ${ }^{2}$, Per Hall ${ }^{1}$, Jonas Bergh ${ }^{3}$, and Yudi Pawitan ${ }^{1}$

${ }^{1}$ Medical Epidemiology and Biostatistics, Karolinska Institutet
${ }^{2}$ Genome Institute of Singapore
${ }^{3}$ Cancer Center Karolinska

## 1. Background

Photolithographically synthesized highdensity oligonucleotide arrays represent a stable and highly standardized platform for measuring the expression profiles of tens of thousands of genes simultaneously. The pre-processing however that is required to convert the raw measurement data into values representative of relative mRNA abundance is still open to debate and comprises two essential choices: that of expression measure, which summarizes the multiple measurements per gene on each chip, and that of normalization procedure, which makes measurements comparable between chips. Numerous approaches to both steps have been suggested. Evaluations on artificial reference data indicate that there is currently no combination that is optimal for all data sets and purposes, even though it has been demonstrated that these choices have a severe impact on any subsequent data analysis.

## 2. Working Proposition

Our hypothesis is that given a modern large-scale chip covering a large percentage of a species' genome, randomly selected pairs of genes will be on average uncorrelated.
Note that we do not claim the absence of all correlation between genes, but rather that (a) the number of biologically meaningful relationships between genes in regula tory pathways is small compared to all pos sible combinations of genes, and (b) positive and negative correlations will tend to cancel out when averaged.

A low-level analysis strategy will be deemed suitable for a given data set, if the resulting normalized expression values are on average uncorrelated
randomly chosen pairs of genes.


Figure 1: Correlations for unnormalized expression values of 5000 randomly seexpression values of 5000 randomly se-
lected pairs of genes. Lower part: correlected pairs of genes. Lower part: corre-
lations vs. standard deviations; blue $=a v-$ erages, red = model.


Figure 2: Correlations between the normalized expression values of the 5000 randomly selected pairs of genes, using the default normalization procedures. Lower part: only averages are shown; 95\% confidence intervals are indicated by vertical
bars. bars.

## 3. Results

Lack of normalization causes correla tion. The boxplots in Figure 1 are centered far from zero for all expression mea sures and data sets. The scatterplots of correlations vs. products of standard devi ations show that correlation decreases with increasing variability. The average correlation (in blue) follows roughly the simple model (in red) described below.
Default normalization removes excess correlation. The boxplots in Figure 2 are nicely centered around zero.
Genes with low variability are poorly normalized by RMA and MBEI. The average correlations shown in the lower part of Figure 2 are far from zero at the lower end of variability for these expression measures.
Normalization on housekeeping genes fails to remove excess correlation. The boxplots in Figure 3 are all centered away from zero. Additionally, the curves of average correlations are well above those for the default normalization procedures
Measured expression of absent genes is poorly normalized in RMA and MBEI. Using additional quality control information, gene expression can be classified as ab sent or present on each chip. Figure 4 shows that independent of the mean in shows that independent of the mean intensity level, the average correlation beween pairs of genes is linked to the av erage number of absent/present calls for each pair, most strongly for RMA and present (green) do equally well for all expression measures.

## 4. Conclusions

- In all three data sets, RMA and MBE with default normalization are not suitable for genes with low-variability
- For the Breast Cancer data, the set of generic housekeeping genes is not suitable for normalization.


Figure 3: Correlations for the Breast Cancer data set, comparing normalization to the mean of a predefined set of 100 houskeeping genes with the default normalization procedure.


Figure 4: Correlations of the randomly sampled pairs of genes for the Breast Cancer data set, grouped by by mean intensity (columns of plots) and percentage of present calls (multiple curves).

- For the Breast Cancer data, RMA and MBEI require removal of absent genes in order to be suitable

Correlations between random pairs of genes allow the direct comparison of different low-level processing strategies for a specific and real data set.

## 5. Model

We consider as experimental unit one microarray chip with the associated sample from the biological population under study Each chip yields observation $y_{i}$ for gene specified by the array design. We write this as a random variable

$$
Y_{i}=\theta+\psi_{i}+\epsilon_{i}
$$

with $\theta$ a random array effect, $\psi_{i}$ a random gene effect, and $\epsilon_{i}$ the gene-specific measurement error, all uncorrelated. This can be manipulated to yield

$$
\operatorname{Corr}\left(Y_{i}, Y_{j}\right) \approx \frac{\sigma_{\theta}^{2}}{\sigma_{i} \sigma_{j}}+\text { error }
$$

where $\sigma_{i}^{2}$ is the variance of $Y_{i}$. This model can be fitted to the data as in Figure 1 or ust serve as a motivation for plotting correlation against the product of standard deviations when investigating lack of fit (Fig ures 2-4).

## 6. Methods

MAS5 expression values were used with global mean normalization as default procedure. For RMA, quantile normalization was applied before computing expression values. Similarly, computation of MBEI val ues followed normalization to a baseline array of average intensities. Housekeep ing gene normalization was based on the probes with suffix 2000_ on the Affymetrix HGU133A chip.
The Dilution and Spike-in data sets are artifical reference data that have been widely used for low-level processing. The Breast Cancer data set was collected from a population-based breast cancer cohort at Karolinska Hospital, Stockholm.

