

# Discovery of multi-dimensional modules by integrative analysis of cancer genomic data

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## ABSTRACT

Recent technology has made it possible to simultaneously perform multi-platform genomic profiling (e.g., DNA methylation, and gene expression) of biological samples, resulting in so-called “multi-dimensional genomic data”. Such data provide unique opportunities to study the coordination between regulatory mechanisms on multiple levels. However, integrative analysis of multi-dimensional genomics data for the discovery of combinatorial patterns is currently lacking. Here, we adopt a joint matrix factorization technique to address this challenge. This method projects multiple types of genomic data onto a common coordinate system, in which heterogeneous variables weighted highly in the same projected direction form a multi-dimensional module. Genomic variables in such modules are characterized by significant correlations and likely functional associations. We applied this method to the DNA methylation, gene expression, and microRNA expression data of 385 ovarian cancer samples from the TCGA project. These multi-dimensional modules revealed perturbed pathways that would have been overlooked with only a single type of data, uncovered associations between different layers of cellular activities, and allowed the identification of clinically distinct patient subgroups. Our study provides an useful protocol for uncovering hidden patterns and their biological implications in multi-dimensional “omic” data.

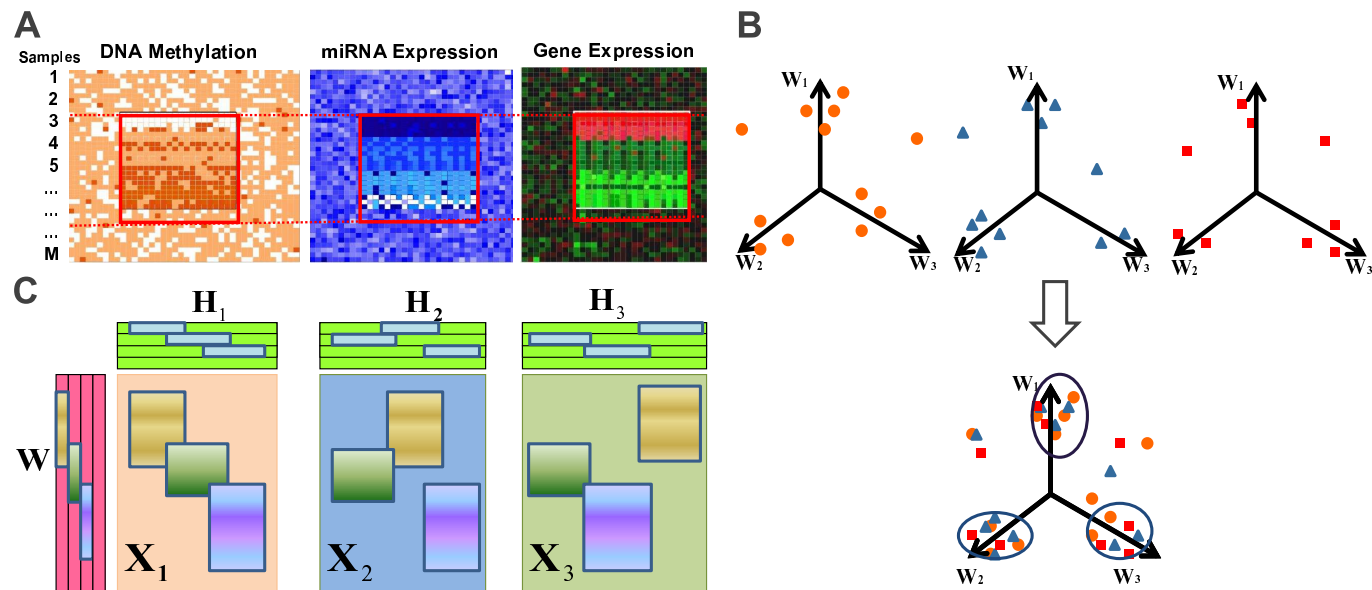
## INTRODUCTION

Cells are complex systems with multiple levels of organization that interact and influence each other. The precise coordination among epigenetic status, transcriptions, translations, transportation, and metabolic reactions are essential in maintaining the function and robustness of cellular systems. However, study of the coordination among such multilevel cellular activities has been hindered by a lack of appropriate data resources; most genomic research has focused on global profiling at only 1 level (e.g., profiling of gene expression or protein abundance).

The recent development of high-throughput genomics technologies, especially sequencing technology, has significantly facilitated the characterization of biological systems at multiple levels. For example, The Cancer Genome Atlas (TCGA) project is generating multi-dimensional maps of the key genomic changes (e.g. SNP, DNA methylation, gene expression, and microRNA [miRNA] expression) for the same set of tumor samples (1). The NCI60 project has profiled 60 human cancer cell lines in terms of drug responses (2, 3, 4), gene expression (5), protein expression (6), and miRNA expression. With the expected drop in sequencing cost, multi-dimensional genomics characterizations on the same set of samples will soon become a standard practice.

Emerging multi-dimensional genomics data pose new challenges for data analysis. In particular, because different types of genomics data have different scales and units, we cannot simply aggregate multiple datasets for analysis. For a specific type of 2-dimensional genomics dataset consisting of SNP and expression data, various eQTL approaches have been developed to identify regulatory SNPs (7). However, eQTL approaches cannot be applied to datasets with >2 dimensions, nor can they be used for datasets with a moderate sample size, which include most future multi-dimensional datasets generated by individual laboratories (rather than consortiums). Multivariate regression is another analytical method applicable to 2-dimensional genomics datasets to infer correlative relationships (e.g., between gene expression

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**Figure 1.** (A) An example of **multi-dimensional modules** (*md-modules*). In the 3 data matrices, rows correspond to the samples, and columns correspond to different measurements. An *md-module* consists of  $r$  rows and  $n_I$  ( $I = 1, 2, 3$ ) columns for gene expression (GE), miRNA expression (ME), and DNA methylation (DM) data, respectively. These subsets of DMs, MEs, and GEs exhibit correlated profiles across a subset of samples. (B) Rationale for the joint NMF approach. Input matrices of methylation, miRNA, and gene expression data are projected onto a new common space, where the 3 correlated patterns containing different types of genomic measurements are uncovered. (C) Illustration of joint NMF factorization and the 3 identified *md-modules*.

and transcription factor binding data (8) or between gene expression and proteomic data (9)). More recently, Kutalik *et al.* (10) proposed a powerful modular analysis approach, called the Ping-Pong algorithm, to uncover the *co-modules* across gene expression and drug response data. Undoubtedly these studies have identified important relationships between pair-wise genomics variables. We believe that the time has come to simultaneously explore the coordination patterns across more than 2 types of genomics variables.

In this paper, we apply a powerful matrix factorization framework to identify correlative modules in multi-dimensional genomics data (Figure 1). As the testing system, we used data from the TCGA project, including DNA methylation, miRNA, and gene expression profiles of 385 ovarian cancer samples. These 3 types of genomics variables are known to be highly dependent on each other. Our goal was to identify subsets of mRNAs, miRNAs, and methylation markers for which all or a subset of the samples exhibit correlated profiles across different types of measurements (Figure 1A). These subsets are termed as “**multi-dimensional modules** (*md-modules*)”.

By identifying *md-modules*, we can break down the massive sets of data into smaller building blocks that exhibit similar patterns across certain rows and columns (Figure 1). This procedure provides 2 major advantages. First, representing coherent features across multiple data sets reduces the complexity of the data and facilitates a global overview of the inherent structure of the data. More importantly, this modular approach captures the associations among sets of different types of variables (mRNA, miRNA, and methylation). The multi-dimensional modules can identify vertical associations between multiple regulatory levels, and can reveal significantly disrupted pathways that would be

ignored if only data of the single dimensions were used. In addition, the multi-dimensional modules can stratify patients (samples) into clinically distinct groups, which facilitate the identification of the complex molecular mechanisms that underlie different clinical phenotypes.

## MATERIALS AND METHODS

### Data preparation and preprocessing

The TCGA data was downloaded from the TCGA Data Portal on April 27, 2009. We used 3 types of data, as follows: gene expression data (Agilent G4502A), DNA methylation data (Illumina 27K), and miRNA expression data (Agilent H-miRNA\_8x15K v2). In total, 385 samples are shared by the 3 datasets. We normalized the columns of the expression matrices, and then we scaled all the matrices so that sum of squares of each matrix is the same.

To make the input data fit the constraints of nonnegativity, we employed the method suggested by (11). We doubled the columns of each matrix, so that each variable (gene, miRNA) was represented with 2 columns in the respective matrix. If the original value of the variable was positive, then it was stored in the first column; otherwise, its absolute value was stored in the second column. The rest of matrices were filled with zeros.

### Brief overview

Nonnegative matrix factorization (NMF) is increasingly being used to analyze high-dimensional genomics data (11, 12). NMF factorizes a matrix  $X_{M \times N}$  into 2 nonnegative matrices  $X = WH$ , where  $W$  is an  $M$  by  $K$  matrix containing the basis vectors, and  $H$  is a  $K$  by  $N$  matrix containing the coefficient vectors. Each element in  $W$  and  $H$  must be  $\geq 0$ . Thus, a

key feature of NMF is the ability to identify nonsubtractive patterns that together explain the data as a linear combination of its basis vectors. The  $K$  basis vectors in  $W$  can be regarded as the “building blocks” of the data, and the  $K$  coefficient vectors describe how strongly each “building block” is present in the data.

Recently, an NMF-type method has been proposed to analyze pair-wise genomics data (13, 14), including gene expression and transcription factor-binding data (13). We have developed a semi-supervised framework for combing miRNA/genes expression profiles and networked data to extract miRNA-gene regulatory programs (15). Here, we adopt the powerful NMF-type method for the discovery of multi-dimensional modules by integrative analysis of cancer genomic data, all profiled on the same samples. We introduce the idea using a 3-dimensional dataset, but it is applicable to higher-dimensional datasets.

### The NMF problem

Given a data set consisting of  $N$  measurements of  $M$  nonnegative scalar variables, we let the  $M$ -dimensional nonnegative measurement vectors  $x_j$  ( $j=1, \dots, N$ ) form the data matrix  $X_{M \times N}$ . For each column  $x_j$ , a linear, nonnegative approximation of the data is given by

$$x_j = \sum_{k=1}^K w_k h_{kj} = Wh_j, \quad \text{or} \quad X = WH$$

where  $W$  is an  $M \times K$  matrix containing the basis vectors  $w_k$  as its columns, and  $H$  is an  $K \times N$  matrix containing the coefficient vector  $h_j$  corresponding to the measurement vector  $x_j$ . Note that each measurement vector is written in terms of the same basis vectors. The  $K$  basis vectors  $w_k$  can be thought of as the “building blocks” of the data, and the  $K$ -dimensional coefficient vector  $h_j$  describes how strongly each building block is present in the measurement vector  $x_j$ .

Given a nonnegative data matrix  $X$ , the optimal choices of matrices  $W$  and  $H$  are defined to be those nonnegative matrices that minimize the reconstruction error between  $X$  and  $WH$ . Although several error functions have been proposed (16, 17, 18), the most widely used is the squared Euclidean error function:

$$F(W, H) = \|X - WH\|_F^2.$$

The resulting  $WH$  is called the nonnegative matrix factorization of  $X$ . The choice of  $K$  is often problem-dependent. In most cases,  $K$  is chosen such that  $K < \min(M, N)$  and  $WH$  represents a compressed form of the data in  $X$ . By not allowing negative entries in  $W$  and  $H$ , NMF enables a non-subtractive combination of parts to form a whole (17).

### The joint NMF framework for integrative analysis

Let  $X_1$ ,  $X_2$ ,  $X_3$  be  $M \times N_1$ ,  $M \times N_2$ , and  $M \times N_3$  matrices representing 3 types of genomic profiling of the same samples, e.g. the methylation profiles of  $N_1$  DNA markers and the expressions of  $N_2$  genes and  $N_3$  miRNAs of  $M$  samples. To extract *md-modules* across the 3 data matrices, the following

joint factorization framework was used to decompose the 3 data matrices into a common basis matrix  $W$  and different coefficient matrices  $H_I$  ( $I=1, 2, 3$ ):

$$X_I \approx WH_I.$$

with the nonnegativity constraints:

$$W \geq 0, \quad H_I \geq 0, \quad I=1, 2, 3.$$

where  $W$  is an  $M \times K$  matrix, and each column of  $W$  represents a basis vector of the reduced system.  $H_I$  is a matrix of size  $K \times N_I$ , and each row of  $H_I$  represents a coefficient vector. Then, the objective function of joint NMF is formulated as:

$$\min \sum_{I=1}^3 \|X_I - WH_I\|_F^2.$$

Several algorithms have been developed to optimize the NMF problem (19). Lee and Seung (18) devised a multiplicative algorithm that is simple to implement and performs well. Like the standard NMF, we employed the “multiplicative update” equations to minimize the Euclidean error function. Specifically, given a desired rank  $K$ , the algorithm iteratively computes the approximations of  $X_1$ ,  $X_2$ , and  $X_3$  in the same manner. The method starts by randomly initializing matrices  $W$  and  $H_1$ ,  $H_2$ , and  $H_3$ , which are iteratively updated to minimize the Euclidean distance function. Specifically,  $W$ ,  $H_1$ ,  $H_2$ , and  $H_3$  are updated at each step by using the generalized multiplicative update rules as follows:

$$W_{ia} = W_{ia} \frac{(X_1 H_1^T + X_2 H_2^T + X_3 H_3^T)_{ia}}{(W(H_1 H_1^T + H_2 H_2^T + H_3 H_3^T))_{ia}},$$

$$(H_I)_{a\mu} = (H_I)_{a\mu} \frac{(W^T X_I)_{a\mu}}{(W^T W H_I)_{a\mu}}, \quad I=1, 2, 3.$$

The above algorithm is a local optimization procedure, and thus, found only a local minimum. To address this limitation, we repeated the procedure for 50 times with different initial solution matrices. The factorization which leads to the lowest objective function value was used as the final solution for further analysis. The solutions found were reproducible, since that of different runs of the repeated algorithm showed strong correlations. The time complexity of the joint NMF decomposition is  $O(tK(M + N_1 + N_2 + N_3)^2)$  which is similar to that of the original NMF model, where  $t$  is the number of iterations. The key to use this procedure is the computer memory. Generally, if we have enough memory space, it shall be applicable to even millions of features. If we do not have enough memory space, we can consider reducing the dimension of input data by data-reduction techniques such as the PCA-select tool used for decreasing the feature number in population structure studies (20).

In this way, the 3 data matrices are projected into a common coordinate system to explore the correlative relationships among the 3 types of variables (Figure 1B and C). Using

this procedure, we obtained coefficient matrices  $H_1$ ,  $H_2$ , and  $H_3$  that can be used to identify memberships of DM markers, miRNAs, and genes in multi-dimensional modules respectively. In the general application of NMF (11, 12), researchers have used the maximum of each column of  $H$  (or row of  $W$ ) to determine membership. In this way, each gene (or other object) can belong to one and only one module. However, some markers/miRNAs/genes may not be active in any module or may be active in multiple modules with multiple functions. Considering these facts, based on  $H_1$ ,  $H_2$ , and  $H_3$ , we calculated the  $z$ -score for each element in each row of  $H$  by:

$$z_{ij} = \frac{x_{ij} - \mu_i}{\sigma_i},$$

where  $\mu_i$  is the average value for feature  $j$  (DM markers/miRNA/gene) in  $H_I$  ( $I=1,2,3$ ), and  $\sigma_i$  is the standard deviation. We assigned feature  $j$  as a member of module  $k$ , if  $z_{ij}$  was greater than a given threshold  $T$ . Each DM marker/miRNA/gene may be assigned to *md-modules*, which allows the identification of multiple functional activities of DM markers/miRNAs/genes. We have implemented the method as a Matlab software package, which is available from the Supplementary file. Mathematically, the multi-dimensional data of same samples are modeled using multiple matrices that share the same rows. Therefore, the technique cannot be applied to different types of data from different samples.

#### Statistical significance of vertical correlations in *md-modules*

We expect that, within an *md-module*, the profiles of genes, DM markers, and miRNAs are highly (anti-)correlated. To determine whether such relationships are statistically significant, we performed the following assessment. We calculated the “between-correlation” between 2 matrices with the same row dimensions as the sum of the absolute values of Pearson’s correlations between any 2 columns (1 column from each matrix). We derived the statistical significance ( $p$ -value) of the correlation between 2 matrices by comparing it to the distribution of between-correlations between 1000 random matrix pairs. Each pair is composed of 2 matrices with dimensions identical to the original ones, whose elements are extracted from randomly permuted matrices based on the original ones.  $p$ -values of  $<0.05/200$  were considered significant. For an *md-module*, if all 3  $p$ -values for the pairwise submatrices are significant, then the vertical correlation of this module is considered to be statistically significant.

#### Functional analysis of identified *md-modules*

For each *md-module*, we identified 3 gene sets, as follows: (1) genes from the GE dimension; (2) genes in the 20-kb region around the methylation markers in the DM dimension; (3) genes targeted by miRNAs in the ME dimension (based on the miRNA targets from the Microcosm database). For each gene set, we performed 2 types of enrichment analyses: GO biological process and KEGG pathway analyses.

#### Cancer gene and protein interactions enrichment analysis

The protein-protein interaction network data was downloaded from BioGRID (release 2.0.54). The final network has 7682 proteins and 33165 interactions. The cancer gene list was obtained from the CGC Website (21). All cancer genes that are not included in our input gene list were excluded. The final list contains 290 cancer genes. We also collected an epigenetically regulated gene list of ovarian cancer, which includes 40 genes (22). All of the enrichment analyses for a gene set are assessed by the right-tailed Fisher’s exact test.

#### “Vertical” implications of identified regulatory *md-modules*

For each *md-module*, we investigated the vertical associations between different dimensions by the following “overlapping analysis”: we first identified overlapping genes between those from the GE dimension and those adjacent to methylation markers in the DM dimension, or between those from the GE dimension and those targeted by miRNAs in the ME dimension, and then performed the enrichment significance assessment.

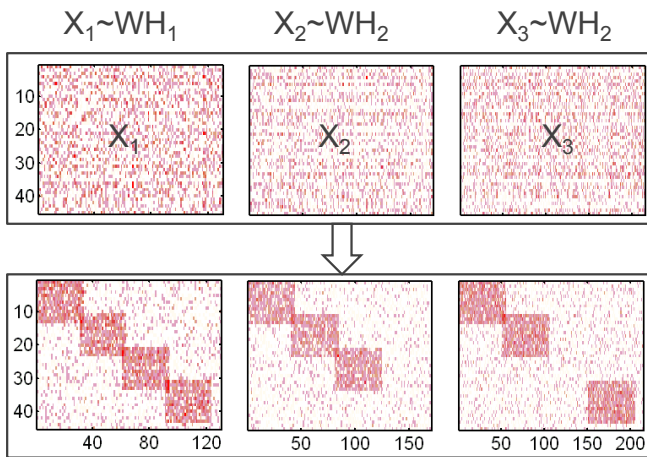
#### Clinical characterization

Based on the signals for all samples in each column of the common basis matrix  $W$ , we can characterize their level of association with the discovered *md-modules*. For each *md-module*, we divided the set of samples into 2 groups: module-specific and not module-specific, by employing the  $z$ -score for each column of  $W$  with a threshold of 1. The clinical data were downloaded from the TCGA portal. Kaplan-Meier curves were computed by using R. Survival distributions between groups were computed via the log-rank test. Age differences between groups were compared by the Wilcoxon signed-rank test.

## RESULTS

Figure 2 illustrates an example using simulated data (see the Supplementary file). In a matrix representation, a multi-dimensional module consists of  $r$  rows and  $n_I$  ( $I=1,2,3$ ) columns for mRNA, miRNA, and methylation markers, respectively. Within these  $r$  rows (samples) in each matrix, the  $n_I$  ( $I=1,2,3$ ) columns exhibit correlated measurements (Figure 2). In biological applications, permutation tests are performed to evaluate the statistical significance of each *md-module* according to the “between” correlations of different types of variables. Details and parameter selections are described in the Methods section and in the Supplementary file.

Before describing the application of this method, we briefly show how the *md-module* discovery is related to, but different from, several typical data mining tasks. Most existing techniques for module identification were applicable only to one or two matrices at a time. For example, the goal of clustering methods is to identify a group of relevant rows or columns in a data matrix. A more related task “biclustering (co-clustering)” refers to a class of clustering techniques that perform simultaneous clustering of rows and columns in a data matrix (23). More recently, Kutalik *et al.* (10) extended



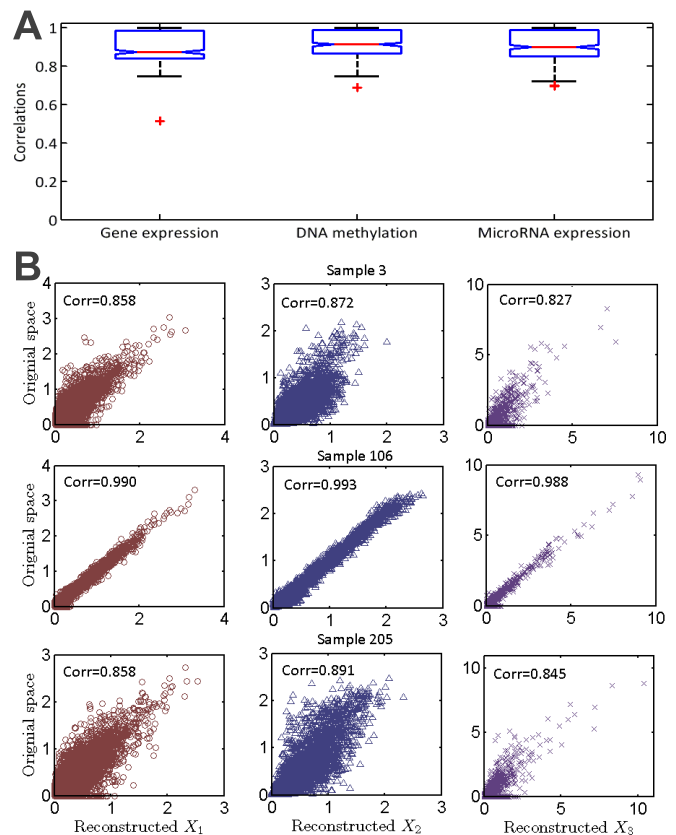
**Figure 2.** Illustration of the patterns (*md-modules*) identified by the adopted method. A simulated dataset with the same number of samples (rows) and different number of features (columns) was generated. The joint NMF method can accurately discover the patterns embedded in these data. A pattern may involve as many as all 3 datasets simultaneously or only cover two datasets. These different patterns may share the same samples (overlap) or/and the same features.

the traditional modular analysis approach from one to two data matrices that share one common dimension, and applied their method to identifying drug-gene co-modules. We should note that this method is not directly applicable to three matrices. Shen *et al.* (24) have proposed a joint clustering model for multiple genomic datasets, but it was designed for sample clustering and subtype discovery and cannot identify modules comprising of correlated variables. We have previously proposed a NMF-type method to analyze paired matrices subjected to network constraints (15). However, it has not been applied to more than two data matrices and tested for multi-dimensional modules analysis.

### Identification of Multi-dimensional Modules Involved in Ovarian Cancer

The TCGA ovarian cancer dataset consisting of gene expression, DNA methylation, and miRNA expression profiles across 385 samples (patients) was used as a testing system to show the discovery of multi-dimensional modules. After parameter optimizations (details in Methods), the 3 large matrices were broken down into  $K=200$  basic building blocks, from which 200 *multi-dimensional modules (md-modules)* were derived. The dimension reduction captures the major information embedded in the original data; the average sample-wise correlations of the reconstructed data using these building blocks (based on  $W$  and  $H_j$ ) and the original data were 0.90, 0.92, and 0.91 in the methylation, miRNA, and gene expression dimensions, respectively. The small variances of those correlations further demonstrate the robustness of the method (Figure 3A). The correlated profiles for the 3 samples are plotted in Figure 3B.

Each of the 200 *md-modules* comprises a set of genes, methylation markers, and miRNAs. In total, the 200 *md-modules* cover 2985 genes, 2008 DNA methylation markers, and 270 miRNAs. The average module sizes in the gene, methylation markers, and miRNA dimensions are 239.6,

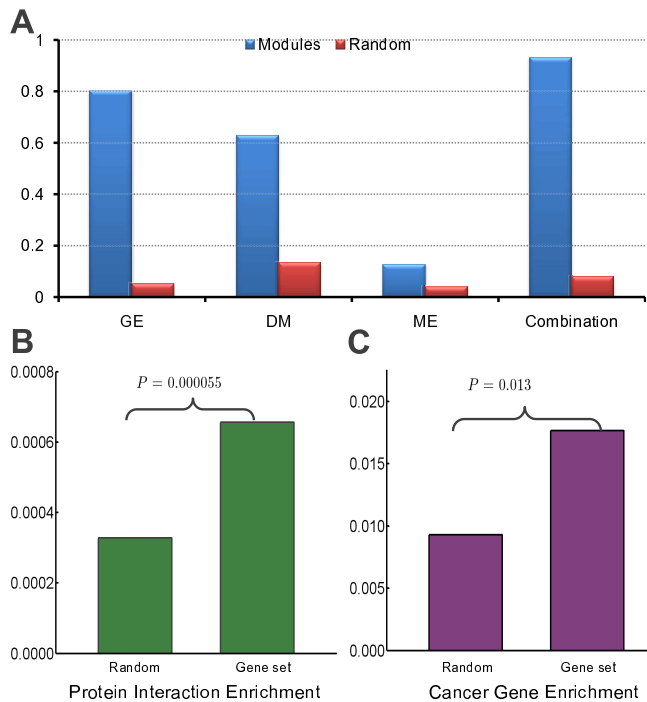


**Figure 3.** (A) Box-plot of sample-wise correlations of original and reconstructed methylation, miRNA, and gene expression profiles across 385 samples. (B) Original data are plotted against the reconstructed methylation, miRNA, and gene expression profiles for 3 samples.

162.3, and 13.8, respectively. Size distribution and other characteristics of these modules are described in the Supplementary file.

### Multi-dimensional modules reveal multilevel vertical associations and cooperative functional effects

To assess the biological relevance of the identified multi-dimensional modules, we first tested the functional homogeneity of members within individual dimensions. A set of genes is defined to be functionally homogenous if it is enriched in at least 1 gene ontology (GO) biological process category (25), with a  $q$ -value of  $<0.05$  (the  $q$ -value is the  $p$ -value after a False Discovery Rate multiple testing correction). Among the 200 *md-modules*, 80%, 62.7%, and 12.5% were functionally homogenous in the gene expression (GE) dimension with respect to member genes, in the DNA methylation (DM) dimension with respect to genes directly adjacent to the member DNA methylation markers, and in miRNA expression (ME) dimension with respect to member miRNAs, respectively. The functions of the miRNAs were predicted based on the functions of the target genes. These values are significantly higher than those obtained after randomization (5%, 13.1%, and 3.9% for GE, DM, and ME, respectively) (Figure 4A).



**Figure 4.** (A) Enrichment ratio of *md-modules* in each dimension (GE, DM, and ME), with respect to the GO biological process terms. For comparison, the mean ratio of functional enrichment for 100 corresponding random runs is also plotted. (B) and (C) Examples of protein interaction enrichment and cancer gene enrichment, which were calculated for *md-modules* 173. The *p*-values were determined by right-tailed Fisher's exact test.

Although all 3 dimensions showed significant enrichment in developmental processes that are known to be tightly associated with cancer pathogenesis, this preference is most obvious in the DM dimension, with additional strong participation in embryonic development. This result is consistent with the previous report that polycomb complex targets in the embryonic stem cell are predisposed to cancer-specific hypermethylation (26). The most frequently activated biological processes in the GE dimension are responses to external stimuli (e.g., chemotaxis, locomotor behavior, and inflammatory responses). This observation points to the flexibility of gene expression programs upon external perturbations. The ME dimension shows a distinct preference for participation in transcriptional regulation (as expected) and cell differentiation.

Although the individual dimensions of these modules exhibit a significant level of functional homogeneity, combining all dimensions reveals an even stronger functional synergy. When the GE dimension genes, methylation adjacent genes, and miRNAs of a module were combined, 93% of the *md-modules* were functionally homogenous, compared to only 7.9% after randomization (Figure 4). This result shows the power of current integrative analysis of multi-dimensional data in identifying genomic variables of different natures that are involved in the same functional pathways.

The ability of the modules to capture multilevel synchronicity was also observed relative to perturbed KEGG pathways. For example, simply by combining multiple

dimensions, we observed that 9 modules showed significant perturbations in at least 1 KEGG pathway ( $p$ -value < 0.05) that were not shown otherwise. These pathways include TGF- $\beta$  signaling, Hedgehog signaling, bladder cancer, and cytokine-cytokine receptor interaction pathways, all of which have been confirmed to be closely associated with ovarian cancer (27, 28, 29, 30, 31, 32). For 11.5% of the *md-modules*, the pathway enrichment for combined members from all 3 dimensions are more significant than that for any individual dimension.

According to the model principle, a *md-module* should capture vertical associations, i.e., associations between variables of different dimensions (e.g. GE and DM) in it. Indeed, compared to randomly permuted modules, the Pearson's correlation coefficients between variables of any 2 of the GE, DM, and ME dimensions are significantly high ( $p$ -value < 0.05/200) in 65.5% of the modules (details see Materials and Methods). This result indicates that the probability of identifying these modules by chance is close to zero. The strong statistical correlations across different dimensions imply the coordinated activities of genes, methylations, and miRNAs.

To explore further the biological implications of these vertical correlations, we tested whether genes in an *md-module* were likely to be located close to the methylation markers in the same module or/and targeted by miRNAs in the same module. At a significance level of 0.1, we found that 75 of the 200 *md-modules* showed significant overlap between genes adjacent to methylation markers and genes within the same module. This result confirms the strong influences of DNA methylation on the expression of adjacent genes. Likewise, 146 modules with  $p$ -value < 0.1 show significant overlap between genes targeted by miRNAs and genes within the same *md-module*. Because the targeting relationship between miRNAs and genes is far from complete, our overlap assessment can only serve as an underestimate. These data show that the *md-modules* can elucidate the vertical association mechanisms between different layers of gene regulation. Table 1 showcases 12 of the *md-modules*, including the overlap between different dimensions within the same modules, and the over-represented functions and pathways of the modules.

Interestingly, among the 3733 genes overlapping at least two dimensions from all *md-modules*, genes related to ovarian cancer are significantly enriched ( $p$ -value = 0.000087). Note that the overlapping genes are those on which regulatory perturbations were observed at multiple levels. It is not surprising that those genes are especially concentrated in the biological processes of "positive regulation of developmental processes," "positive regulation of cell differentiation," "inflammatory response," and "regulation of cell development." *Md-module* 173 contained 6, 9, and 9 genes overlapping the GE and DM, GE and ME, and DM and ME dimensions, respectively. Among these genes, *NID2* (Nidogen-2) was overlapped by all 3 dimensions. *NID2* recently was defined as a new biomarker for ovarian cancer by comparing its concentration in the serum of healthy women with that in women with ovarian carcinoma (33). More interestingly, *NID2* gene promoters are aberrantly methylated in human gastrointestinal cancer (34), and methylated *NID2* has been defined as a marker for primary bladder cancer (35).

**Table 1.** Summary of the 12 *md*-modules detected by the joint NMF method in TCGA Ovarian data. No.: the index of the *md*-module. Ge: number of genes in GE dimension. Me(Ge): number of DM markers and their adjacent genes. Mi(Ge): number of miRNAs and their targeting genes. Oa: overlap between gene set and DM markers adjacent gene set; Ob: overlap between gene set and miR target gene set.

No.	Ge	Me(Ge)	Mi(Ge)	Oa	Ob	Selected overrepresented functional sets
34	248	195(174)	11(715)	6†	12*	embryonic morphogenesis; glutamate signaling pathway; growth factor activity;
48	243	209(171)	18(437)	10‡	11†	pattern specification process; embryonic morphogenesis
67	220	189(153)	12(1561)	6†	19*	endopeptidase inhibitor activity; G-protein-coupled receptor binding; cell communication
68	297	179(170)	9(320)	8‡	9†	embryonic morphogenesis; positive regulation of transport; regulation of cytokine secretion
71	215	207(171)	18(1946)	7‡	23*	homophilic cell adhesion; cell-cell adhesion; calcium-dependent cell-cell adhesion
81	195	77(62)	16(1261)	4‡	16†	cell-cell adhesion
112	239	217(201)	16(697)	6†	12*	cytokine activity; inflammatory response
116	235	217(175)	16(545)	5*	10*	keratinization; calcium-dependent cell-cell adhesion; homophilic cell adhesion
123	217	216(176)	16(459)	6†	8*	proteinaceous extracellular matrix; embryonic morphogenesis; homophilic cell adhesion
154	238	192(162)	15(1030)	6†	17*	cytokine activity; heparin binding; inflammatory response; tumor necrosis factor receptor binding
169	204	245(218)	15(1065)	8‡	14*	organ morphogenesis; regulation of leukocyte chemotaxis; reproductive structure development
193	200	178(146)	21(809)	4*	15†	homophilic cell adhesion; calcium-dependent cell adhesion; embryonic morphogenesis

where \*(0.05–0.1), †(0.01–0.05), ‡(1.0e-03–0.01) and †(1.0e-03–0) represent the *p*-value ranges for the hypergeometric test respectively.

In 44 modules, the genes from the GE and DM dimensions are enriched in protein-protein interactions (Figure 4B) ( $p$ -value < 0.05; we skipped the ME dimension, due to the large number of potential miRNA targets). Among these 44 modules, 18 are enriched in protein-protein interactions bridging the GE and DM dimensions (i.e., 1 protein belongs to the GE dimension and another belongs to the DM dimension) ( $p$ -value < 0.05 with right-tailed Fisher's exact test). This finding highlights the different regulatory effects on closely adjacent molecules of the same pathway.

Finally, we hypothesized that the identified *md*-modules might play a role in cancer. Indeed, 22 combined sets of genes (from the GE and DM dimensions) are enriched with the cancer gene reference set ( $p$ -value < 0.05 with right-tailed Fisher's exact test) (Figure 4C) (i.e., the Cancer Gene Census [CGC] list (21)). The results of the large-scale enrichment analysis support the biological relevance of the regulatory programs detected by our method.

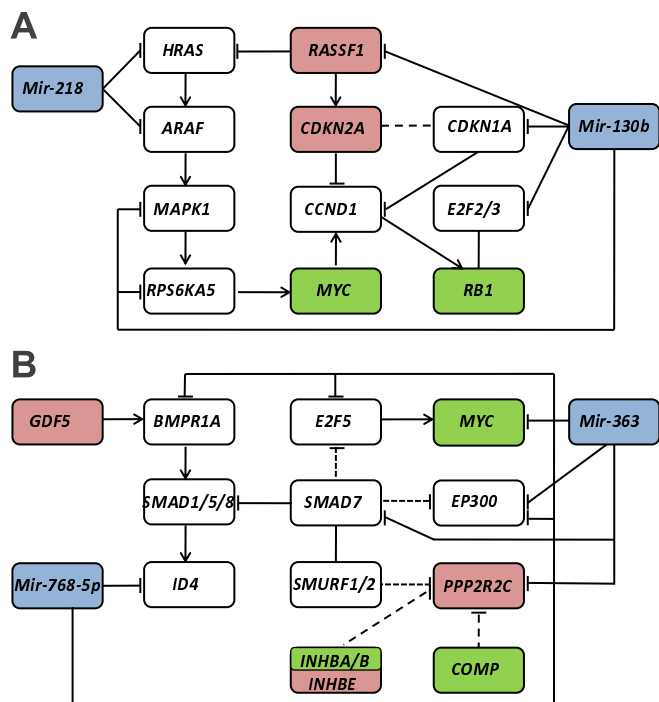
**Multi-dimensional modules capture multilevel synchronized disruptions on pathways: Two case studies** This section provides in-depth descriptions of 2 case studies (modules 119 and 5) to demonstrate how multilevel regulatory changes cooperatively perturb pathways.

**Md-module 119** The individual dimensions of module 119 do not show significant enrichment in any KEGG pathway. However, when all 3 dimensions were considered, the bladder cancer pathway emerged as a significantly disrupted pathway. This pathway, which is frequently altered in bladder cancer, shares a set of known oncogenes and tumor suppressors with many other cancers (e.g., prostate, ovarian, and lung cancers, etc). Module 119 overlaps with the bladder cancer pathway in 3 genes in the GE dimension (*MMP1*, *MYC*, and *RBI*), 3 genes adjacent to markers in the DM dimension (*CDKN2A*, *RASSF1*, and *TYMP*), and 4 miRNAs in the ME dimension (*mir-130b*, *mir-149*, *mir-196b*, and *mir-218*). Figure 5A provides a snapshot of perturbation positions for some of these molecules along the pathway. Promoter hypermethylations of 2 identified tumor suppressor genes, *CDKN2A* and *RASSF1*, are thought to be involved in the development and progression of ovarian cancer (22). The

DNA methylation markers adjacent to *RASSF1* and *CDKN2A* were negatively correlated with the expression of these 2 genes ( $p$ -value < 0.0001). Figure 5A shows that *RASSF1* could be additionally inhibited by the increased expression of its predicted posttranscriptional regulator *mir-130* in ovarian tumors, compared to normal tissues. *RASSF1* encodes a protein similar to the effector proteins of the oncogene *HRAS*. Thus, promoter hypermethylation will silence *RASSF1*, thereby upregulating the activity of *HRAS*. The effector of *HRAS* on the pathway, *ARAF*, is also a potential target of *mir-218* and, thus, would also be activated.

The next 2 neighbors on the pathway, *MAPK1* and *RPS6KA5*, are potentially targeted by another onco-miRNA *mir-130b*, whose elevation is known to be associated with a variety of cancers (36, 37, 38). *Mir-130b* is predicted to target several downstream molecules in this pathway, including *CDKN1A* and *E2F2/3*, both of which are reported to be critically involved in the pathogenesis of ovarian cancer (39, 40). In fact, the multiple potential targets of *mir-130b* in the bladder cancer pathway suggest that *mir-130b* could be a key regulatory factor of this dysfunctional pathway in ovarian cancer. The GE dimension of our module includes 2 important genes on this pathway, the oncogene *MYC* and the tumor suppressor *RBI*. An interesting gene, *CCND1*, connects *MYC*, *RBI*, and another tumor suppressor gene, *CDKN1A*, in this pathway. Mutations, amplification, or overexpression of *CCND1*, which alter the cell cycle progression, are observed frequently in a variety of tumors (41, 42). Thus, *CCND1* may be an important contributor to tumorigenesis. This example clearly shows that the multi-dimensional modules capture the associations among epigenetic regulation, gene expression, and posttranscriptional regulation on various parts of the pathway. Such synchronized effects from multiple regulatory levels are otherwise difficult to identify.

**Md-module 5** As another example, *md*-module 5 captures the significant dysfunction of the TGF- $\beta$  signaling pathway in ovarian cancer, which, again, only become obvious by combining perturbations in all 3 dimensions. Genes in this module that participate in the TGF- $\beta$  pathway include *INHBA*, *INHBB*, *COMP*, and *MYC* in the GE dimension, *PPP2R2C*, *INHBE*, and *GDF5* adjacent to markers in the DM dimension,



**Figure 5.** Multilevel factors cooperatively perturb pathways. (A) Bladder cancer pathway and (B) TGF- $\beta$  signaling pathway, which are enriched in the combination of molecules in all 3 dimensions, but not in each dimension. In both subfigures, molecules in this module participating in the corresponding pathways include those from the gene expression dimension (in green), DNA methylation dimension (red), miRNA expression dimension (blue), miRNA targets (white).

and *mir-363*, *mir-768-5p*, and *mir-451* in the ME dimension (Figure 5B shows a snapshot of perturbation positions for some of these molecules among the pathway). The TGF- $\beta$  signaling pathway normally exerts anticancer activities by arresting the G1-S transition. However, its abnormal function reverts to promote tumorigenesis, especially in terms of metastatic progression, a functional switch known as the “TGF- $\beta$  paradox” (44). In fact, in this module, 60% of tumors with characterized recurrences sites have metastasized.

The “core” metastasis-associated gene expression signature is manifested in this module, mainly through the increased expressions of *COMP* and *INHBA* (45). This finding further confirms the strong metastasis characteristics of samples in the module. Interestingly, *mir-363*, *mir-768-5p*, and *mir-451* all potentially target *EP300*, a metastasis suppressor whose decreased expression and protein abundance have been detected in many highly metastatic cancer tissues (46). Another tumor suppressor, *PPP2R2C*, not only appeared in the methylation dimension of the module, but also may be a potential target of *mir-363*. In addition, *mir-363* targets a set of *SMAD* molecules, which play important roles in the metastasis transition contributed by TGF- $\beta$  (47, 48, 49). Furthermore, *mir-768-5p* is predicted to inhibit *E2F5* and *BMPRI1*, both of which support the original anticancer activities of TGF- $\beta$  pathway (50, 51).

The TGF- $\beta$  signaling pathway has been regarded as a potential therapeutic target in ovarian cancer metastases

(27). More interestingly, a recent study suggests that the accumulation of epigenetic modifications, including DNA methylation, leads to the suppression of TGF- $\beta$  signaling and contributes to ovarian carcinogenesis (52). Our multi-dimensional module facilitates the discovery of the abnormal functions of this pathway at multiple regulatory levels. Thus, this method can aid a holistic approach to drug interventions that can simultaneously correct the effects of various types of dysfunctions.

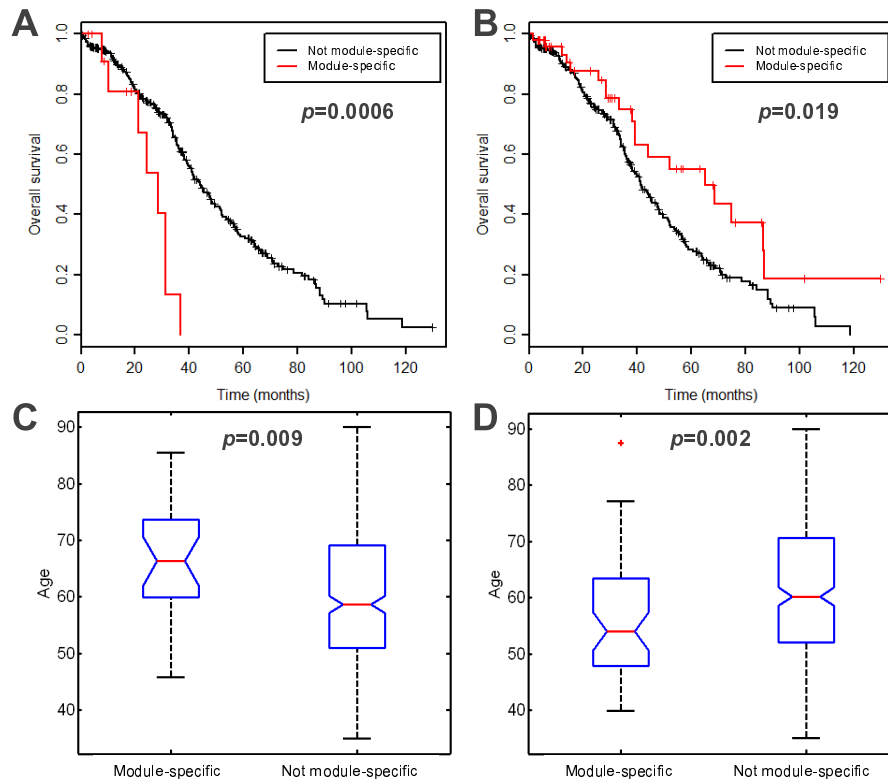
**Clinical associations of the multi-dimensional modules** In the NMF framework, the decomposed component vector (i.e., column of the  $W$  matrix) can provide information on the association of each sample/patient with an individual module. This information, combined with the available clinical characterizations of each patient, can aid in the discovery of phenotype-specific *md-modules*. An *md-module* that stratifies patients into clinically distinct groups can shed light on the molecular mechanisms of the respective clinical phenotypes.

Based on the information from the  $W$  matrix, we compared the survival time of ovarian cancer patients that are strongly associated with a specific *md-module* vs. those that are not. We found patients in several *md-modules* who showed significantly shorter or longer median survival time (log-rank test  $p < 0.05$ , Supplementary file). For example, 13 patients are strongly associated with *md-module* 166. They show significantly worse outcome, with a median survival of 26.4 months compared to 34.1 months for other patients ( $p = 0.0006$ , log-rank test) (Figure 6A). In fact, in all 3 dimensions of this *md-module*, these 13 patients show distinct characteristics compared to the rest of the patients. For example, genes/miRNAs in this module are over/under-expressed in these 13 samples compared to other samples, as are the methylation levels of the markers. The module contain numerous cell cycle check-point genes (e.g., *BUB1B*, *CENPF*, *MAD2L1*, *CCNB1*, *BUB1*, *CCNA2*, *CHEK1*, and *TTK*), and is significantly enriched in genes from the “nuclear division” functional category ( $p$ -value  $< 10^{-8}$ ). In another case, the patients in *md-module* 3 are associated with an improved survival, with a median survival of 38.2 months vs. 33.8 months in the remaining patients ( $p < 0.02$ , log-rank test). This module reveals the significant perturbation of the endometrial cancer pathway with several key genes related to tumorigenesis, e.g. *EGFR*, *CTNNA2*, and *ARAF*.

We identified 20 *md-modules*, each of which contains patients with significantly different age characteristics from patients outside the module. For example, patients in module 28 had an older median age compared to other patients (66.3 years vs. 58.7 years;  $p = 0.009$ , rank-sum test) (Figure 6C), and *md-module* 78 was associated with significantly younger patients (median age of 54.1 years vs. 60.2 years for the rest of patients) ( $p = 0.002$ , rank-sum test) (Figure 6D).

Finally, in addition to tumor samples, our study samples include eight normal fallopian tube samples. *Md-module* 120 contains 6 samples, all of which are normal fallopian tube samples (enrichment  $p = 6.4 \times 10^{-12}$  based on Fisher’s exact test). This is an extreme example demonstrating that our modules can distinguish phenotypically distinct patient groups. A number of miRNAs, e.g. *mir-143*, *mir-145*, *mir-224*, and *mir-424*, are reported to be down-regulated in ovarian





**Figure 6.** (A) and (B) Kaplan-Meier survival analysis for patients associated with module 166 (A) or module 3 (B) compared to other patients. The  $p$ -values of the log-rank test were  $p=0.0006$  and  $p=0.019$ , respectively. Median survivals for patients in module 166 or module 3 compared to other patients were 26.4 vs. 36.1 years and 38.2 vs. 33.8 years, respectively. (C) and (D) Box-plot for the ages of patients associated with module 28 (C) or module 78 (D) compared to other patients. The  $p$ -values of the rank-sum test were  $p=0.009$  and  $p=0.002$ , respectively. Median ages for patients in module 28 or module 78 compared to other patients were 66.3 vs. 58.7 years and 54.1 vs. 60.2 years, respectively.

carcinoma cells (53, 54, 55). Not surprisingly, all of them show high expression values in this module containing only normal samples.

## DISCUSSION

Recent technology has enabled the simultaneous multi-platform genomic profiling of biological samples, resulting in so-called multi-dimensional genomic data. With the rapid decline of sequencing costs, such data will soon accumulate rapidly. However, systematic analysis of such multi-dimensional data for discovering biologically relevant combinatorial patterns are currently lacking. A great number of tools designed for 1- or, at most, 2-dimensional data have been developed, and many of which have been applied for genomic data analysis in the past. In this paper, we attempted to adopt powerful data analysis technique to address the sophisticated modular structures embedded in multi-dimensional genomics data. We proposed the novel concept of multi-dimensional modules (*md-modules*).

Using the TCGA ovarian cancer dataset comprising gene expression, DNA methylation, and miRNA expression in 385 samples, we showed that *md-modules* provide several unique insights. (1) By considering several different aspects of genomic modulation, *md-modules* can reveal perturbed pathways that would be overlooked with only a single type of data. (2) An *md-module* identifies associations between

different layers of cellular activity (e.g., DNA methylation, gene, or miRNA expression), even if these associations exist only in a subgroup of samples. (3) An *md-module* can identify clinically distinct patient (sample) subgroups that share subsets of multi-dimensional genomic features (methylations, gene expressions, etc). Cancer in particular is characterized by the existence of many subtypes with heterogeneous genetic origins, and one type of genomic feature is often not sufficient to characterize the clinical subgroup. We should note that the *md-modules* were constructed based on variable correlations/associations, which do not necessarily imply causal relationships among the variables. However, since many identified *md-modules* are of significant biological relevance, we believe that such modules can be a good start to uncover further underlying causal mechanisms of gene regulation.

Identifying coordinated patterns across multiple regulatory layers is a vital step towards revealing the high-order organization of complex gene regulatory systems. In this study, we attempted to reveal the coordinated subspace patterns comprising the epigenetic, transcription, and post-transcription levels, yet the real picture can be much more complex, given the many other levels of regulatory controls (e.g., copy number changes, single nucleotide polymorphisms, protein transport, and localization). For example, gene copy number losses of *miR-210* have been found in ovarian

carcinomas (56), and mutations in *p53* are the most common gene mutations in human cancer, including ovarian cancers (57). In future studies, it will be worthwhile to apply the proposed method to more data sources simultaneously, to uncover more sophisticated “factories” that comprise many layers of regulatory factors.

## SUPPLEMENTARY DATA

Supplementary Data are available at NAR Online: Supplementary Figures 1-3, and Supplementary Package, and Supplementary Dataset.

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*Conflict of interest statement.* None declared.

## REFERENCES

- McLendon, R., et al. (2008) Comprehensive genomic characterization defines human glioblastoma genes and core pathways. *Nature*, **455**, 1061–1068.
- Weinstein, J.N. et al. (1997) An information-intensive approach to the molecular pharmacology of cancer. *Science*, **275**, 343–349.
- Bussey, K.J. et al. (2006) Integrating data on DNA copy number with gene expression levels and drug sensitivities in the NCI-60 cell line panel. *Mol. Cancer Ther.*, **5**, 853–867.
- Scherf, U. et al. (2000) A gene expression database for the molecular pharmacology of cancer. *Nat. Genet.*, **24**, 236–244.
- Staunton, J.E., et al. (2001) Chemosensitivity prediction by transcriptional profiling. *Proc. Natl. Acad. Sci. USA*, **98**, 10787–10792.
- Shankavaram, U.T. et al. (2007) Transcript and protein expression profiles of the NCI-60 cancer cell panel: an integrative microarray study. *Mol. Cancer Ther.*, **6**, 820–832.
- Zhang, W., Zhu, J., Schadt, E.E. and Liu, J.S. (2010) A Bayesian partition method for detecting pleiotropic and epistatic eQTL modules. *PLoS Comput Biol*, **6**, e1000642.
- Gao, F., Foat, B.C. and Bussemaker, H.J. (2004) Defining transcriptional networks through integrative modeling of mRNA expression and transcription factor binding data. *BMC Bioinformatics*, **5**, 31.
- Fagan, A., Culhane, A.C. and Higgins, D.G. (2007) A multivariate analysis approach to the integration of proteomic and gene expression data. *Proteomics*, **7**, 2162–71.
- Kutalik, Z., Beckmann, J.S. and Bergmann, S. (2008) A modular approach for integrative analysis of large-scale gene-expression and drug-response data. *Nat Biotechnol.*, **26**, 531–539.
- Kim, P.M. and Tidor, B. (2003) Subsystem identification through dimensionality reduction of large-scale gene expression data. *Genome Res*, **13**, 1706–1718.
- Brunet, J.P., Tamayo, P., Golub, T.R. and Mesirov, J.P. (2004) Metagenes and molecular pattern discovery using matrix factorization. *Proc Natl Acad Sci USA*, **101**, 4164–4169.
- Badea, L. (2007) Combining gene expression and transcription factor regulation data using simultaneous nonnegative matrix factorization. *Proc. BIOCOMP07*, CSREA Press, 2007.
- Badea, L. (2008) Extracting gene expression profiles common to colon and pancreatic adenocarcinoma using simultaneous nonnegative matrix factorization. *Pac Symp Biocomput.*, 267–78.
- Zhang, S., Li, Q., Liu, J. and Zhou, X.J. (2011) A novel computational framework for simultaneous integration of multiple types of genomic data to identify microRNA-gene regulatory modules. *Bioinformatics*, **27**, i401–i409.
- Paatero, P. and Tapper, U. (1994) Positive matrix factorization: A non-negative factor model with optimal utilization of error estimates of data values. *Environmetrics*, **5**, 111–126.
- Lee, D.D. and Seung, H.S. (1999) Learning the parts of objects by non-negative matrix factorization. *Nature*, **401**, 788–791.
- Lee, D. and Seung, H. (2001) Algorithms for non-negative matrix factorization. *Advances in Neural Information Processing Systems*, **13**, 556–562.
- Shahnaz, F., Berry, M., Pauca, P. and Plemmons, R. (2006) Document clustering using nonnegative matrix factorization. *Journal on Information Processing and Management*, **42**, 373–386.
- Paschou, P., Ziv, E., Burchard, E.G., Choudhry, S., Rodriguez-Cintron, W., et al. (2007) PCA-Correlated SNPs for Structure Identification in Worldwide Human Populations. *PLoS Genet*, **3**, e160.
- Futreal, P.A., Coin, L., Marshall, M., Down, T., Hubbard, T., Wooster, R., Rahman, N. and Stratton, M.R. (2004) A census of human cancer genes. *Nat Rev Cancer*, **4**, 177–183.
- Kwon, M.J., Shin, Y.K. (2011) Epigenetic regulation of cancer-associated genes in ovarian cancer. *Int J Mol Sci.*, **12**, 983–1008.
- Madeira, S.C. and Oliveira, A.L. (2004) Biclustering algorithms for biological data analysis: a survey. *IEEE Transactions on Computational Biology and Bioinformatics*, **1**, 24–45.
- Shen, R., Olshen, A.B. and Ladanyi, M. (2009) Integrative Clustering of multiple genomic data types using a joint latent variable model with application to breast and lung cancer subtype analysis. *Bioinformatics*, **25**, 2906–2912.
- Ashburner, M., Ball, C.A., Blake, J.A., et al. (2000) Gene ontology: tool for the unification of biology. The Gene Ontology Consortium. *Nat Genet.*, **25**, 25–29.
- Widschwendter, M., Fiegl, H., Egle, D., Mueller-Holzner, E., Spizzo, G., Marth, C., Weisenberger, D.J., Campan, M., Young, J., Jacobs, I., Laird, P.W. (2007) Epigenetic stem cell signature in cancer. *Nat Genet.*, **39**:157–158.
- Yamamura, S., Matsumura, N., Mandai, M., et al. (2011) The activated transforming growth factor-beta signaling pathway in peritoneal metastases is a potential therapeutic target in ovarian cancer. *Int J Cancer*, doi: 10.1002/ijc.25961.
- Chou, J.L., Chen, L.Y., Lai, H.C. and Chan, M.W. (2010) TGF- $\beta$ : friend or foe? The role of TGF- $\beta$ /SMAD signaling in epigenetic silencing of ovarian cancer and its implication in epigenetic therapy. *Expert Opin Ther Targets*, **14**, 1213–1223.
- Bhattacharya, R., Kwon, J., Ali, B., et al. (2008) Role of hedgehog signaling in ovarian cancer. *Clin Cancer Res.*, **14**, 7659–7666.
- Rapberger, R., Perco, P., Sax, C., et al. (2008) Linking the ovarian cancer transcriptome and immunome. *BMC Syst Biol.*, **2**, 2.
- Marks, J.R., Davidoff, A.M., Kerns, B.J., et al. (1991) Overexpression and mutation of *p53* in epithelial ovarian cancer. *Cancer Res.*, **51**, 2979–2984.
- Dinulescu, D.M., Ince, T.A., Quade, B.J., Shafer, S.A., Crowley, D., Jacks, T. (2005) Role of K-ras and Pten in the development of mouse models of endometriosis and endometrioid ovarian cancer. *Nat Med.*, **11**, 63–70.
- Kuk, C., Gunawardana, C.G., Soosaipillai, A., Kobayashi, H., Li, L., Zheng, Y. and Diamandis, E.P. (2010) Nidogen-2: a new serum biomarker for ovarian cancer. *Clin Biochem.*, **43**, 355–361.
- Ulazzi, L., Sabbioni, S., Miotto, E., Veronese, A., Angusti, A., Gafà, R., Manfredini, S., Farinati, F., Sasaki, T., Lanza, G. and Negrini, M. (2007) Nidogen 1 and 2 gene promoters are aberrantly methylated in human gastrointestinal cancer. *Mol Cancer*, **6**, 17.
- Renard, I., Joniau, S., van Cleynenbreugel, B., Collette, C., Naômè, C., Vlassenbroeck, I., Nicolas, H., de Leval, J., Straub, J., van Criekinge, W., et al. (2010) Identification and validation of the methylated TWIST1 and NID2 genes through real-time methylation-specific polymerase chain reaction assays for the noninvasive detection of primary bladder cancer in urine samples. *Eur Urol.*, **58**, 96–104.
- Lai, K.W., Koh, K.X., Loh, M., et al. (2010) MicroRNA-130b regulates the tumour suppressor RUNX3 in gastric cancer. *Eur J Cancer*, **46**, 1456–1463.
- Ma, S., Tang, K.H., Chan, Y.P., et al. (2010) MiR-130b promotes CD133+

- liver tumor-initiating cell growth and self-renewal via tumor protein 53-induced nuclear protein 1. *Cell Stem Cell*, **7**, 694–707.
38. Lui, W.O., Pourmand, N., Patterson, B.K. and Fire, A. (2007) Patterns of known and novel small RNAs in human cervical cancer. *Cancer Res.*, **67**, 6031–6043.
  39. Reimer, D., Hubalek, M., Riedle, S., et al. (2010) E2F3a is critically involved in epidermal growth factor receptor-directed proliferation in ovarian cancer. *Cancer Res.*, **70**, 4613–4623.
  40. Siu, M.K., Chan, H.Y., Kong, D.S., et al. (2010) p21-activated kinase 4 regulates ovarian cancer cell proliferation, migration, and invasion and contributes to poor prognosis in patients. *Proc Natl Acad Sci USA*, **107**, 18622–18627.
  41. Diehl, J.A. (2002) Cycling to cancer with cyclin D1. *Cancer Biol. Ther.*, **1**, 226–231.
  42. Musgrove, E.A., Caldon, C.E., Barraclough, J., Stone, A., Sutherland, R.L. (2011) Cyclin D as a therapeutic target in cancer. *Nat Rev Cancer*, **11**, 558–572.
  43. Cunningham, J.M., Vierkant, R.A., Sellers, T.A., et al. (2009) Cell cycle genes and ovarian cancer susceptibility: a tagSNP analysis. *Br J Cancer*, **101**, 1461–1468.
  44. Wendt, M.K., Tian, M. and Schiemann, W.P. (2011) Deconstructing the mechanisms and consequences of TGF- $\beta$ -induced EMT during cancer progression. *Cell Tissue Res.*, DOI: 10.1007/s00441-011-1199-1.
  45. Kim, H., Watkinson, J., Varadan, V. and Anastassiou, D. (2010) Multi-cancer computational analysis reveals invasion-associated variant of desmoplastic reaction involving INHBA, THBS2 and COL11A1. *BMC Med Genomics*, **3**, 51.
  46. Mees, S.T., Mardin, W.A. and Wendel, C., et al. (2010) EP300—a miRNA-regulated metastasis suppressor gene in ductal adenocarcinomas of the pancreas. *Int J Cancer*, **126**, 114–124.
  47. Kang, Y. (2006) Pro-metastasis function of TGF $\beta$  mediated by the Smad pathway. *J Cell Biochem.*, **98**, 1380–1390.
  48. Kakonen, S.M., Selander, K.S., Chirgwin, J.M. et al. (2002) Transforming growth factor- $\beta$  stimulates parathyroid hormone-related protein and osteolytic metastases via Smad and mitogen-activated protein kinase signaling pathways. *J Biol Chem.*, **277**, 24571–24578.
  49. Kang, Y., He, W., Tulley, S. et al. (2005) Breast cancer bone metastasis mediated by the Smad tumor suppressor pathway. *Proc Natl Acad Sci USA.*, **102**, 13909–13914.
  50. Edson, M.A., Nalam, R.L., Clementi, C., Franco, H.L., Demayo, F.J., Lyons, K.M., Pangas, S.A. and Matzuk, M.M. (2010) Granulosa cell-expressed BMP1A and BMP1B have unique functions in regulating fertility but act redundantly to suppress ovarian tumor development. *Mol Endocrinol.*, **24**, 1251–1266.
  51. Gaubatz, S., Lindeman, G.J., Ishida, S., et al. (2000) E2F4 and E2F5 play an essential role in pocket protein-mediated G1 control. *Mol Cell*, **6**, 729–735.
  52. Matsumura, N., Huang, Z., Mori, S., Baba, T., Fujii, S., Konishi, I., Iversen, E.S., Berchuck, A., Murphy, S.K. (2011) Epigenetic suppression of the TGF- $\beta$  pathway revealed by transcriptome profiling in ovarian cancer. *Genome Res.*, **21**, 74–82.
  53. Nam, E.J., Yoon, H., Kim, S.W., Kim, H., Kim, Y.T., Kim, J.H., Kim, J.W. and Kim, S. (2008) MicroRNA expression profiles in serous ovarian carcinoma. *Clinical Cancer Research*, **14**, 2690–2695.
  54. Zhang, L., Volinia, S., Bonome, T., Calin, G.A., Greshock, J., Yang, N., Liu, C.G., Giannakakis, A., Alexiou, P., Hasegawa, K. et al. (2008) Genomic and epigenetic alterations deregulate microRNA expression in human epithelial ovarian cancer. *PNAS*, **105**, 7004–7009.
  55. Dahiya, N. and Morin, P.J. (2010) MicroRNAs in ovarian carcinomas. *Endocr Relat Cancer*, **17**, F77–89.
  56. Iorio, M.V., Visone, R., Di Leva, G., Donati, V., Petrocca, F., Casalini, P., Taccioli, C., Volinia, S., Liu, C.G., Alder, H., et al. (2007) MicroRNA signatures in human ovarian cancer. *Cancer Res.*, **67**, 8699–8707.
  57. Bast, R.C.Jr., Hennessy, B. and Mills, G.B. (2009) The biology of ovarian cancer: new opportunities for translation. *Nat Rev Cancer*, **9**, 415–428.