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## Characterization of The Growth Factor Receptor Network Oncogenes in Lung Cancer

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## CHARACTERIZATION OF THE GROWTH FACTOR RECEPTOR NETWORK

### ONCOGENES IN LUNG CANCER

A Thesis by

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Submitted in partial fulfillment of the requirements for the degree of

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April 2021

## CHARACTERIZATION OF THE GROWTH FACTOR RECEPTOR NETWORK

## ONCOGENES IN LUNG CANCER

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#### ABSTRACT

# CHARACTERIZATION OF THE GROWTH FACTOR RECEPTOR NETWORK ONCOGENES IN LUNG CANCER

#### by Ashley H. Duche

Lung cancer remains the leading cause of cancer related deaths worldwide, reportedly contributing to 1.8 million of the 10.0 million mortalities documented in the year 2020. Although advancements have been made in therapeutics and diagnostic methods, formulation of effective treatments and development of drug resistance continues to be a challenge. These challenges arise from our lack of understanding of intricate signaling pathways, such as the Growth Factor Receptor Network (GFRN), which contributes to complex lung tumor heterogeneity allowing for drug resistance development. In this study, gene expression signatures of six GFRN oncogenes overexpressed in human mammary epithelial cells (HMECs) were generated to interrogate this pathway's downstream crosstalk, beyond initial mutation status. Utilization of this method may reveal novel phenotypic patterns that could be used to improve targeted therapies for lung cancer. Thus, using computational analysis tools, gene expression signatures were generated of B*AD (BAD), HER2 (ERBB2), IGF1R (IGF1R), RAF (RAF1)*, and *KRAS (G12V)*, using the Bioconductor package, *Adaptive Signature Selection and InteGratioN (ASSIGN)*. Gene lists of various lengths were generated ranging from 5 to 500 genes produced in 25 gene increments. Pathway activation estimates were predicted in 541 lung adenocarcinoma (LUAD) tumors acquired from The Cancer Genome Atlas (TCGA). Each gene signature underwent validation using proteomics data from The Cancer Proteome Atlas (TCPA) and gene expression. Following thorough analysis, optimal gene signatures were determined for the genes *BAD, HER2, IGF1R, RAF* and *KRAS.* In all, the

optimized GFRN pathway-specific gene signatures were able to distinguish upregulated pathway activity within TCGA patient tumor samples. With the use of drug response data, novel phenotypic patterns may be revealed identifying drug targets to improve individualized drug targeted therapy for lung cancer.

Dedicated to my parents Tina Duche, and Dave Duche As well as my grandparents.

"The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge." Stephen Hawking

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#### CHAPTER 1

#### INTRODUCTION

Lung cancer remains the leading cause of cancer related deaths despite progressive advancements in therapeutic and diagnostic methods worldwide. According to the American Cancer Society (ACS), it is estimated that of the 608,570 cancer related mortalities projected to occur in the United States in 2021, 131,880 cases will be due to lung cancer [1]. Similar to other cancers, lung tumors develop due to epigenetic factors causing genetic alterations, such as somatic mutations, gene amplifications and chromosomal rearrangements/translocation, affecting a cell's regulatory mechanisms and normal functions[1, 2]. With traditional methods, lung tumors can be classified into two major types, including small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC)[3]. Within NSCLC there are three main subtypes - squamous cell carcinoma, adenocarcinoma, and large cell carcinoma. Although through the advancements of diagnostic methods with the incorporation of molecular profiling, further tumor heterogeneity has emerged revealing diversification of lung tumors within the same histological subtype [2]. Such molecular profiling methods include immunohistochemistry (IHC), chromogenic/fluorescence in situ hybridization (CISH/FISH), next-generation sequencing, sanger and pyrosequencing, as well as quantitative polymerase chain reaction (qPCR) and fragment analysis (FA/Frag.Analysis) [4]. These methods allow for specific genetic alterations, referred to as biomarkers, to be identified within a tumor and used to make improved diagnosis, prognosis and therapeutic treatments. Although, a challenge continually faced is targeted mutations do not always respond to oncological treatments and consequently form mechanisms that allow resistance to therapeutic treatments [5]. This can result from unknown downstream signaling that remains uncharacterized in complex oncogenic networks such as the Growth Factor Receptor Network (GFRN) [7].

#### 1.1 Overview

The GFRN is a known driving oncogenic network in lung cancer consisting of parallel signaling pathways responsible for regulating developmental and growth processes within the cell (Figure 1.1) [6]. Two stimulated growth factor pathways comprising of this network include the phosphatidylinositol-3-kinase (PI3K)/protein kinase B (AKT)/ mechanistic target of rapamycin kinase (mTOR) as well as the RAS/serine-threonine protein kinase (RAF)/ mitogen-activated protein kinase (MAPK) pathway [7, 8]. The PI3K/AKT/mTOR pathway is commonly associated with NSCLC responsible for controlling cell survival, metabolism and proliferation [7]. Within this pathway, upstream activation of receptor tyrosine kinases (RTKs) such as EGFR, HER2, and insulin-like growth factor receptor (IGF1R), initiates a complex signaling cascade leading to the activation of PI3K lipid kinases [7]. A signal is then relayed resulting in the activation of AKT, in turn activating serine/threonine (Ser/Thr) kinase mTOR [9]. Many negative feedback regulators are associated with this pathway such as the inactivation of AKT through phosphatase and tensin homolog (PTEN) tumor suppressor, as well as the inhibition of IGF1R signaling by downstream products of mTOR [9]. To bypass these negative feedback mechanisms, the PI3K/AKT/mTOR pathway interacts with the neighboring pathway RAS/RAF/MAPK [9, 10]. The RAS/RAF/MAPK pathway is also associated with tumorigenesis initiated through the phosphorylation of RTKs, such as EGFR [9]. Following receptor mediated activation, a signaling cascade is initiated activating the GTPase protein KRAS, transmitting a signal activating the Ser/Thr-protein kinase RAF1, also known as c-RAF [10]. Subsequent activation leads to phosphorylation of MEK1/2 resulting in activation of Ser/Thr kinases, ERK1/ERK[8, 10]. What ultimately makes this pathway difficult for formulation of effective drug targeted treatments is the alternate pathway activation that can occur between these parallel signaling pathways. For instance, alternate pathway activation of PI3K can be transduced through RAS signaling, mTOR can be activated through ERK, and AKT can inhibit activation of RAF as well as BAD (BCL2 Associated Agonist of Cell Death)[11, 12]. Therefore, simultaneous characterization of the GFRN is warranted for applying targeted therapies in lung cancer.

To begin to characterize the network of complex signaling pathways within lung cancer, gene expression signatures can be utilized to interrogate GFRN activity within lung tumors. A gene expression signature is a gene, or a combined group of genes expressing aberrant or normal pathway activity associated with causing a disease or biological process [13, 14]. Signatures consist of selected genes quantitatively expressing varying levels of gene expression in respect to the biological state of the pathway being explored [13, 14]. They can be used to represent a single pathway or be leveraged in conjunction to explore multiple activated pathways simultaneously [5]. This allows for a comprehensive profile of interconnecting signaling networks to be explored which can potentially be used to make improved prognostic, diagnostic, and therapeutic treatment decisions [6].

In summary, the utilization of generated gene expression signatures can be leveraged to explore complex signaling pathways using selected genes of possible significance to reveal underlying molecular mechanisms of a disease. Applying this concept, the objective of my research was to generate GFRN pathway-specific gene expression signatures of the pathways *BAD (BAD), HER2 (ERBB2), IGF1R (IGF1R), RAF (RAF1),* and *KRAS (KRAS, G12V* mutation*)*. It was hypothesized that if pathway-specific gene expression signatures of GFRN activity can be generated, representing the oncogenic state of that pathway, GFRN activity can be characterized within lung tumors to reveal novel phenotypic patterns to make drug response predictions.

#### 1.2 Relevance of Exploration for Selected GFRN Oncogenes

Proven by previous studies, the GFRN has played a critical role in driving oncogenic processes leading to lung tumor formation. As referenced in Figure 1, the pro-apoptotic protein BAD, is one of the many signaling pathways comprising this network. BAD plays an important role in promoting apoptotic cell death, which has made it a predictive biomarker within lung cancer[11, 12]. Low levels of BAD expression have been associated with tumorigenesis across many other cancers as well, indicating its importance in anti-cancer cellular functions [11]. Inhibition of this pathway, as previously mentioned, stems from the activation of PI3K signaling activating AKT, which in turn inhibits the pro-apoptotic protein [6, 7, 12]. Having the knowledge of BAD's anticancer characteristics, and its role in tumor progression, studies have suggested that overexpression of this protein can also allow BAD to act as a tumor suppressor [11, 12]. This makes BAD a promising target for future use of formulating effective therapeutic treatments.

Another associated GFRN pathway is the protein tyrosine kinase HER2. HER2 is a cell surface receptor associated with PI3K pathway activation initiating tumorigenesis [15]. In recent studies, the presence of HER2 mutations within NSCLC patients may be correlated with lower survival rates [15, 16]. Additionally, utilization of molecular profiling methods may have revealed further intrinsic subtypes, showing a correlation with HER2 mutations with the presence of EGFR mutations, and ALK translocations[9, 15, 16]. Although there has been conflicting evidence of HER2's involvement in lung cancer making further exploration of this pathway essential.

In addition to BAD and HER2, another GFRN pathway associated with lung tumor development is IGFR. This RTK has shown correlations of overexpression linked to increased cell survival and proliferation of malignant cells [17]. Acquired resistance to therapies such as gefitinib and erlotinib have been observed with possible intrinsic subtypes such as the presence of EGFR mutations as well as ALK arrangements, similar to HER2 [17]. Additionally, IGF1R intrinsic subtypes may have also been correlated with the development of resistance to EGFR targeted treatments[17]. Benefits of further exploration of this pathway may lead to the development of effective therapeutic treatments against EGFR drug resistance mechanisms using molecular profiling to reveal cancer promoting cellular mechanisms.

As revealed in prior studies, the proto-oncogene RAF, has shown associations with the RAS signaling pathway within the GFRN [10]. Also known as RAF1 or c-RAF, the full characterization of this pathway's activation remains unclear, as well as its role in lung tumor development [10]. Although, studies have supported c-RAF activation is required for the initiation of tumorigenesis through KRAS transduction [10]. Within lung cancer, the development of KRAS drug resistance has continually been a challenge due to the ineffectiveness of current therapeutic treatments, as well as efficacy issues with targeted treatments of ERK/MAPK inhibition[10]. Possible leverage of targeting the c-RAF pathway, as well has further exploration revealing its molecular mechanisms, mays be used to develop novel effective treatments targeting KRAS with reduced drug resistance development.

Previously mentioned, a common mutation associated with lung cancer development is the RAS Family, proto-oncogene KRAS. Various variants of KRAS mutations have been identified including G12C, G12B, and G12V, classified based upon their amino acid substitution. The significant prevalence of this mutation within lung cancer presses the need for effective therapeutic treatments. Although, due to the complex signaling and alternate pathway activations, formulation of effective therapeutic treatments continues to be a challenge (Figure 1.1)[10, 18]. In an attempt to formulate targeting treatments for KRAS combating drug resistance development, exploration of coinciding mutations has been performed in previous studies[18]. Possible associations between the presence of KRAS coinciding with EGFR was revealed but little significance was observed pertaining to prognosis [18]. Although, additional studies have showed promise applying this method leading to further subtyping of KRAS using co-existing mutations revealing novel drug susceptible targets.

In all, our lack of understanding of underlying GFRN molecular mechanisms and intricate signaling pathways, stems our need for enhanced characterization methods such as gene expression signature exploration. Through the utilization of this method, a comprehensive profile of the GFRN, beyond initial mutation status, can begin to be developed and utilized to improve current therapeutic treatments to fight the development of drug resistance observed in lung cancer.

## CHAPTER 2

#### **METHODS**

#### 2.1 Generation of GFRN-Specific Gene Expression Data

To begin GFRN pathway analysis, previously processed RNA sequencing gene expression data generated from a published study was acquired [6]. Briefly, the cells used to produce the biological replicates were human mammary epithelial cells (HMECs) acquired from noncancerous breast tissue. HMECs were transfected using recombinant adenovirus of GFRN-specific oncogenes *BAD (BAD), HER2 (ERBB2), IGF1R (IGF1R), RAF (RAF1*), and *KRAS (G12V)* to capture a transcriptional profile of aberrant pathway activity. Cells used to produce the biological replicates were produced using 0.25% serum-free mammary epithelial basal medium (MEBM) in conjunction with a Lonza "bullet kit" as referenced in the protocol [7]. HMECs expressing GFRN oncogenes *BAD (BAD), HER2 (ERBB2), IGF1R (IGF1R), RAF (RAF1)* or *GFP (control)* were incubated for 18 hours to capture the initial transcriptional profile. HMECs transfected with *KRAS (G12V)* along with its *GFP* respective controls were treated for 36 hours. Western blot analysis was then performed using corresponding protein antibodies to each GFRN oncogene to ensure successful overexpression of GFRN oncogenes within HMECs. Following validation mRNA was extracted from cells to generate 6 biological replicates for *BAD (BAD), IGF1R (IGF1R)*, and RAF *(RAF1)*, with 5 produced for *HER2 (ERBB2)*. For the separately treated HMECs expressing *KRAS (G12V),* 9 biological replicates were produced along with 9 GFP respective controls. The generated biological replicates of the overexpressed GFRN oncogenes from HMECs were then sequenced and aligned computationally using *Rsubread* R package (Version 1.14.2) to produce the gene expression RNA-Seq datasets.

#### 2.2 Obtained RNA Sequencing Datasets

To begin gene signature generation and analysis, various databases were used to acquire the publicly available RNA-sequencing data (Table 2.1). From the National Center for Biotechnology Information (NCBI), Gene Expression Omnibus (GEO), the previously mentioned gene expression data was collected containing the 6 overexpressed GFRN oncogenes and their respective controls from 2 separate datasets [7]. The first dataset included the genes *BAD (BAD), HER2 (ERBB2), IGF1R (IGF1R), RAF (RAF1)*, with the *GFP* samples (the control) treated for 18 hours (GSE83083). The second dataset included the gene KRAS (G12V) with *GFP* samples (the control) treated for 30 hours (GSE83083). From TCGA, 541 LUAD patient tumor samples were collected along with a separate dataset used to classify and specify the cancer type (GSM1536837, GSE62944). Lastly, to perform validation, proteomics data was collected from TCPA.

#### 2.3 Data Refinement

Utilizing the prcomp function from the *stats* R package, the collected gene expression data along with the TCGA patient tumor samples, were visualized using Principal Component Analysis (PCA) within Rstudio (Version 1.2.5019) (Figure 2.1 a-d). PCA is a statistical procedure used to produce principal components representative of the greatest variation occurring in the multidimensional data [12]. The first principal component produced represents the greatest variation, while the second represents the second greatest variation in the multidimensional data and so on (Figure 2.1 a and c) [12]. Due to the datasets being separately processed, significant batch effects and confounding variables were observed (Figure 2.1 a-b). This could be due to many external factors, such as tissue mishandling when producing the samples, varying lab protocols and conditions, as well as human error. Such variability can negativity affect the generation of our signatures and its ability to predict pathway activity within the tumor samples. To begin to reduce variations, the datasets underwent refinement to remove technical artifacts from the gene expression datasets. This included filtering of rows containing a certain percentage of zero values to capture genes with most variance in the dataset. PCA was then utilized throughout the study to ensure optimization of the data and signature generation.

#### 2.4 Batch Adjustment

Following refinement of the RNA seq. data, the significant variances and confounding batch effects were adjusted for using the ComBat function from *sva* R package (Version 3.34.0) and visualized using PCA (Figure 2.1 c-d). This included specifying the gene expression data and patient tumor samples into 3 separate batches and performing a two-step batch adjustment. First, the appropriate training model was specified which included the 6 biological replicates for each oncogene including *BAD (BAD), IGF1R (IGF1R), RAF (RAF1)* and 5 for *HER2 (ERBB2);* along with its 12 *GFP* controls treated for 18 hours (control). The second batch, also specified as the training data, included the 9 biological replicates for *KRAS (G12V)* with its respective 9 *GFP*  replicates, pre-treated for 36 hours (control). The first batch adjustment was then performed only including the training data, with the first batch specified as the reference used to compare and optimize data similarity. Following the first adjustment, the third batch was then specified as the 541 LUAD patient tumor samples from TCGA, classified as the test data. The second combat adjustment was then performed using the combat adjusted gene expression data (training data) combined with the TCGA patient tumor sample (test data) with the first batch selected as the reference batch. A PCA was then performed to confirm variances and confounding batch effects were removed to improve data similarity (Figure 2.1 c-d).

#### 2.5 Gene Expression Signature Generation

With the adjusted data, gene expression signatures were generated representing pathway specific GFRN activity. This was performed using the "All-in-one" assign.wrapper function from the "semi-supervised pathway profiling toolkit", *Adaptive Signature and InteGratioN* (*ASSIGN*; Version 1.9.1). Within each pathway-specific gene expression signature, genes quantitatively expressing varying levels of expression were selected by *ASSIGN* to define a phenotypic pattern representative of aberrant GFRN-specific pathway activity. This included creating two distinctive patterns of expression within the signature to represent pathway activity turned on versus pathway activity turned off. For each GFRN specific pathway, this was produced internally by comparing the GFP gene expression data (control) to the specified overexpressed oncogene expression data.

#### 2.6 ASSIGN Gene Expression Signature Output

Various gene lists of specified lengths were then generated ranging from lengths of 5 to 500 genes produced in 5 or 25 gene increments using the assign.wrapper function; utilizing a single pathway setting. The Bayesian variable selection approach was used to select genes expressing the greatest fold-change of differential expression from normal pathway activity to generate the signature. These genes selected displayed the highest signal strength and signal weights representing their possible contribution to the overall development of the disease. Additionally, an anchor gene was selected for the genes as follows *BAD (BAD), HER2 (ERBB2), IGF1R (IGF1R) RAF(RAF1),* and K*RAS (KRAS).* This ensures the overexpressed oncogene specific to the pathway being investigated is included in each gene signature output. Additional *ASSIGN* criteria were also specified including adaptive signature background parameters. This included the adaptive  $B =$ TRUE, default parameter, which allows *ASSIGN* to adjust the test data baseline measures. Next,

adaptive  $S = FALSE$  was specified, preventing the adaptability of the gene signatures to adhere to the test data. Additional default parameters were also included specifying probability measures such as  $p_{\text{beta}} = 0.01$ , theta0=0.05, theta1=0.9. Next, the iteration was increased from the default parameter of iter  $= 2,000$  to iter  $= 100,000$  to increase the number of Markov Chain Monte Carlo (MCMC) simulations. Lastly, the number of burn-in iterations was increased from the default of burn\_in = 1,000 to burn\_in = 50,000 to optimize gene signature output. From the produced output, those that passed the internal leave-one-out cross validation (LOOCV) then underwent external validation using proteomics and gene expression data.

#### 2.7 External Validation

Using the cor.test function from the *stats* package (Version 4.0.3) correlations were performed to validate the generated pathway activation estimates from ASSIGN. First, using proteomics data, Pearson pairwise correlations were calculated between Reverse Phase Protein Array (RPPA) data from The Cancer Proteome Atlas (TCPA) with the generated pathway activation estimates. This was performed using the cor.test function from the R *stats* package (Version 4.0.3), using the Pearson method. Pathway activation estimates were considered to be validated if the "Pearson's product moment", calculated using a 95% confidence interval, had a padjusted value of  $< 0.002$ . The p-adjusted value was calculated due to the high quantity of TCGA patient tumor samples. The same parameters and cor.test function were used to validate the pathway activation predictions correlated to the TCGA patient tumor sample gene expression data. Lastly, using the function boxplot2 from the package *gplots* (Version 3.1.1), boxplots were produced expressing predicted pathway activity levels within the TCGA patient tumor samples. The data was first scaled to optimize boxplot generation along with specification of pathway

activity levels by low, intermediate, and high percentiles. Samples with expression in the 10th percentile or below were classified as "low" expressing. Samples with expression in the 90th percentile or above were classified as "high" expressing. Samples with the expression above the 10th percentile and below the 90th percentile were classified as "intermediate" expressing samples. Pathway-specific boxplots were considered to be validated if higher predicted pathway activity could be seen within the patient tumor samples categorized in the "high" expressing percentile in comparison to the "intermediate" and "low" expressing percentiles.

#### CHAPTER 3

#### RESULTS

#### 3.1 Pathway-Specific Gene Expression Signature Generation

With the use of RNA sequencing data of HMECs overexpressing GFRN oncogenes, gene expression signatures of varying gene list lengths were generated using Rstudio (Version 1.2.5019) (Table 3.1-3.5). Pathway activation estimates were also produced by projecting the signatures onto the 541 LUAD patient tumor samples to predict levels of pathway activity. These signatures were produced by comparing the overexpressing HMECs to its respective GFP (control) HMEC samples. To ensure the signatures' ability to capture the levels of pathway activity are expressed within the HMEC samples, pathway-specific cross-validation scatterplots of the training data was assessed. Produced scatterplots of each GFRN pathway-specific oncogene that accurately displayed low levels or no level of pathway activity for GFP (control) versus high levels of activity for the overexpressed GFRN HMECs were considered to be internally validated. This included the gene lists lengths with the corresponding GFRN pathway being investigated as follows *BAD (BAD)*, 475; *HER2 (ERBB2)*, 5; *IGF1R (IGF1R),* 25; *RAF (RAF1)*, 275; and *KRAS (KRAS, G12V)*, 500 (Table 3.1-3.5). External validation was then performed using proteomics and gene expression data to determine if the generated gene expression signatures accurately predicted levels of pathway activity within the LUAD patient tumor samples from TCGA.

#### 3.2 Proteomics Validation

First, using proteomics data from TCPA pathway activation estimates were validated through statistical analysis. This included performing Pearson pairwise correlations between the produced pathway-specific gene expression signatures and their predicted pathway activity to RPPA protein expression data from TCPA (Table 3.6). For the signature validation of BAD, the TCPA protein expression of PDK1\_pS241 phosphoprotein was correlated to the predicted levels of pathway activation for BAD. Due to the upstream signaling of PDK1 leading to the activation AKT which in turn inhibits BAD, negative correlations were observed as anticipated. Strongest negative correlations for BAD were most optimally seen using the 475-gene signature list (cor = -0.247206, p-value = 1.63E-06, optimal gene list = 475). For the signature validation of HER2, the phosphoprotein HER2\_pY1248 showed a strong positive correlation to the predicted pathway activity using the 5-gene signature list (cor =  $0.3180165$ , p-value =4.54E-10, optimal gene list = 5). Next, for RAF the phosphoprotein of CRAF\_pS338 showed a significant positive correlation using the 275-signature gene list (cor =  $0.3176497$ , p-value = 4.77E-10, optimal gene list = 275). Lastly, for the signature validation of KRAS the phospho-protein MEK1\_pS217S221 was utilized due to downstream activation of MEK1 as a consequence of KRAS upstream activation. The highest positive correlation was observed using the KRAS 500-gene signature list (cor  $=$ 

0.1643924, p-value =  $0.001577$ , optimal gene list = 500). All gene expression signatures were able to be validated using protein expression levels, except for IGF1R, as referenced in Table 3.6.

#### 3.3 Gene expression Validation

Next, Pearson pairwise correlations were performed between the signature predicted pathway activity of the respective GFRN pathway to the expression levels of the gene of interest within the LUAD patient tumor samples from TCGA (Table 3.7). For the validation of BAD, the estimated pathway levels predicted by the BAD 475- gene signature showed a positive correlation to the patient samples expressing higher levels of bad activity indicating accurate signature predictability (cor =  $0.1127843$ , p-value = 0.008649, optimal gene list = 475). Next, for HER2 validation, the 5-gene signature showed a strong positive correlation to HER2 mutated levels of activity within the patient tumor samples (cor  $= 0.4114047$ , p-value  $= < 2.2e-16$ , optimal gene list = 5). Lastly, IGF1R was validated using the IGF1R oncogene test gene expression with the strongest positive correlation being seen using the  $25$ -gene signature list (cor = 0.178464, p-value  $= 2.98E-05$ , optimal gene list  $= 25$ ). Overall, with the corresponding oncogene expression from the patient tumor samples, the pathways BAD, HER2, and IGF1R were validated with the exceptions of RAF and KRAS, summarized in Table 3.7.

#### 3.4 Gene Expression Boxplot Validation

Additionally, gene expression box plots were generated to distinguish levels of pathway activity within patient tumor samples using the predicted pathway activity levels from the gene expression signatures (Figure 3.1). As mentioned, prior, patient tumor samples were classified into "low", "intermediate", and "high" percentiles based upon their levels of expression. As summarized in Table 3.8 and Figure 3.1, this method was able to validate the GFRN pathways BAD, HER2, IGF1R with the exception of RAF and KRAS.

#### 3.5 Optimal Gene Signature Selection

In all, optimal gene list lengths were determined through statistical analysis by cross referencing proteomics and gene expression correlations (Table 3.8). For the GFRN pathway BAD, proteomics, gene expression, and gene expression box plots validated the 475-signature gene list (Table 3.1). For HER2, all three methods were also used to validate the HER2's 5 signature gene list (Table 3.2). Next, for IGF1R, only the gene expression and generated gene expression boxplot was used for validation of the 25-signature gene list (Table 3.3). For the GFRN RAF, only protein expression was used for the validation of its 275- signature gene list (Table 3.4). Lastly, for KRAS, only protein expression was used for the validation of the 500-signature gene list (Table 3.5).

#### CHAPTER 4

#### DISCUSSION

#### 4.1 Significance of Findings and Future Implications

In this study, GFRN-specific gene expression signatures, represented of aberrant pathway activity, were generated to interrogate GFRN pathway activity within lung tumors. Optimal gene expression signatures were then determined for the GFRN pathways *BAD (BAD), HER2 (ERBB2), IGF1R (IGF1R), RAF (RAF1)*, and *KRAS (G12V)* using proteomics and gene expression data (Figure 4.1). For the signatures *HER2(ERBB2), IGF1R(IGF1R), RAF(RAF1)* and *KRAS(G12V)*, predicted pathway activity showed a positive correlation with downstream protein expression levels, indicating downstream pathway activation of the investigated pathways. For the signature BAD, protein expression representing downstream activation of the AKT pathway, activated upstream by PDK1, showed corresponding negative correlations indicating inhibition of the BAD pathway activity, as anticipated. Next, corresponding higher levels of gene expression were observed in HER2 and IGF1R when correlated with mutated levels of gene expression supporting aberrant pathway activation of the two pathways. In addition, upregulated levels of AKT pathway activity were used to validate BAD's signature representing abnormal pathway activity, in which negative correlations were seen, accurately depicting the inhibition of BAD by AKT activation. In addition, boxplots were used to validate signature generation for the pathways BAD, HER2, and IGF1R. A percentage of the tumor samples were distinguished to have higher levels of pathway activity signifying the gene expression signatures ability to characterize mutated levels of pathway activity. In all, it was concluded that the generated GFRN-pathway specific gene

expression signatures, representative of aberrant GFRN activity, accurately distinguished higher levels of pathway activity within LUAD patient tumor samples.

In future studies, a multiple pathway analysis will be performed using the generated gene expression signatures to begin to comprehend underlying molecular mechanisms of the GFRN. Through the projection of these signatures, simultaneously onto lung cancer cell lines, hierarchical clustering can be utilized to reveal patterns of gene expression. These gene expression patterns, or phenotypic patterns, can be characterized to reveal drug sensitive or resistant phenotypes by performing drug response predictions. Potential intrinsic subtypes could also be revealed exposing sensitivity patterns within this complex network. Overall, with the use of multiple-pathway analysis with the GFRN pathway-specific gene expression signatures, a potential comprehensive profile of the GFRN can be built to reveal novel phenotypic patterns and identify drug sensitivities. This in turn, can be used to enhance prognostic, diagnostic, and therapeutic treatment decisions against lung cancer, overall enhancing precision medicine approaches to combat drug resistance development.

**Table 2.1** Publicly available datasets acquired for gene signature generation and analysis consisting of gene expression signature data along with LUAD patient tumor samples and proteomics validation dataset.



<b>BAD</b>		51	C19orf48	0.38941	101	FEZ1	0.33632	
1	<b>BAD</b>	6.560065645	52	NME4	0.36788	102	SELRC1	0.33302
2	KLF <sub>2</sub>	0.896897565	53	RRS1	0.38186	103	SULF1	0.40323
3	DLEU1	0.589595681	54	PRMT3	0.37803	104	<b>LYAR</b>	0.37589
$\overline{\mathbf{4}}$	RFC3	0.582063363	55	SFRP1	0.37573	105	<b>SORD</b>	0.35204
5	BOLA3	0.54764417	56	<b>EGFLAM</b>	0.37521	106	METTL1	0.35508
6	<b>PTGES</b>	0.539467137	57	ISCA1	0.37763	107	PLA2G7	0.41767
$\overline{7}$	C8orf84	0.571311546	58	PRPS1	0.37212	108	MBLAC2	0.34881
8	<b>SLC16A9</b>	0.505061378	59	LSM2.00	0.37693	109	RUVBL1	0.33966
9	MT1G	0.544815128	60	<b>FARSB</b>	0.36791	110	POLR3K	0.357
10	LOC100506844	0.540441129	61	<b>NEFL</b>	0.38586	111	C9orf46	0.34612
11	MRPS12	0.485129258	62	<b>NEFM</b>	0.36482	112	C1QBP	0.33355
12	OSR1	0.628557699	63	RPP40	0.40272	113	LINC00162	0.34944
13	<b>SLC25A15</b>	0.472846808	64	SSR3	0.38821			
14	COTL1	0.443472213	65			114	<b>NCL</b>	0.33858
15	NEK <sub>6</sub>	0.448767935	66	CCNB1	0.39635	115	<b>FAM198B</b>	0.3545
16	MT1L	0.489170423	67	ALDH1L2 THBS2	0.40522	116	TLN <sub>2</sub>	0.33093
17	<b>OPCML</b>	0.443220138			0.39777	117	CYB5B	0.33738
18	LOC100506895	0.468846448	68	<b>CYCS</b>	0.40335	118	TOMM5	0.34348
19	<b>FAM216A</b>	0.50461772	69	MYL9	0.41488	119	GPATCH4	0.34146
20	<b>TIPIN</b>	0.453302824	70	AIMP2	0.39289	120	C3orf26	0.34506
21	NOP <sub>16</sub>	0.404070107	71	FLJ39051	0.41155	121	CHCHD3	0.34022
22	PIK3R3	0.416120296	$\overline{72}$	<b>BDKRB2</b>	0.39225	122	TGFBR2	0.33432
23	RBBP8	0.428132382	73	<b>PPIF</b>	0.34739	123	ISOC <sub>2</sub>	0.37066
24	LINC00239	0.587361417	74	FBN1	0.45889	124	SIGMAR1	0.33393
25	<b>SRM</b>	0.417898966	75	RRP9	0.35714	125	MAPK4	0.37875
26	<b>PAICS</b>	0.400280524	76	C11orf24	0.37328	126	<b>SUV39H2</b>	0.37757
27	CKS <sub>2</sub>	0.443824993	77	MT1F	0.48172	127	EMP3	0.42488
28	<b>VIM</b>	0.459530812	78	RPPH1	0.65401	128	TMED <sub>2</sub>	0.3358
29	ALDH1B1	0.453712311	79	TFAP4	0.37545	129	<b>MIR302A</b>	0.68678
30	LIX1L	0.446481904	80	LOC401397	0.39584	130	<b>IL1RAP</b>	0.34619
31	NETO <sub>2</sub>	0.412896258	81	MKI67IP	0.35876	131	TUBA1C	0.31954
32	<b>SLC25A10</b>	0.407847975	82	ZDHHC14	0.43873	132	CMC <sub>2</sub>	0.34573
33	GBP6	0.406075519	83	RAD51AP1	0.43246	133	LOC100506305	0.34187
34	C20orf27	0.430584962	84	TMEM231	0.36644	134	CLEC2D	0.34109
35	DOK7	0.473675544	85	LCE1F	0.89491	135	Clorf53	0.42937
36	MPV17L2	0.437380514	86	<b>ZNF593</b>	0.41305	136	FLJ42351	0.59824
37	<b>PYCRL</b>	0.441725008	87	CDK4	0.34039	137	ACN9	0.36092
38	POLR3G	0.423064652	88	PDSS1	0.41623	138	THEM4	0.34003
39	Clorf135	0.416353557	89	MRPS2	0.35474	139	TIMM9	0.35329
40	RASSF6	0.43530071	90	NME1	0.33704	140	MAD2L1	0.42082
41	DCTPP1	0.386154011	91	NPM1	0.34899	141	C17orf58	0.37407
42	PMM <sub>2</sub>	0.379169038	92	C11orf83	0.36033	142	TUBA1B	0.32304
43	PRADC1	0.445139438	93	C11orf82	0.48853	143	ACTG2	0.41584
44	<b>MIR4671</b>	1.426316561	94	C21orf63	0.43069	144	SF3B5	0.33075
45	FAM86EP	0.40588634	95	KCTD12	0.39951	145	<b>MMACHC</b>	0.34968
46	MAB21L1	0.473890471	96	GEMIN5	0.36229	146	CISD <sub>2</sub>	0.34076
47	POLR1E	0.409545428	97	RWDD2B	0.34344	147	POLR3H	0.32112
48	CHCHD <sub>8</sub>	0.380449949	98	LYRM4	0.36945	148	<b>RHOB</b>	0.3618
49	<b>SPINK6</b>	0.38647293	99	EHD3	0.34566	149	PDK1	0.33483
50	C14orf1	0.400221211	100	RGS10	0.34668	150	MTHFD2	0.33562

**Table 3.1** Optimal signature gene list generated for BAD pathway listing all 475 genes and their associated weight in the signature in predicting BAD pathway activity.







Table 3.2 Optimal signature gene list generated for HER2 pathway listing all 5 genes and their associated weight in the signature in predicting HER2 pathway activity.



**Table 3.3** Optimal signature gene list generated for IGF1R pathway listing all 25 genes and their associated weight in the signature in predicting IGF1R pathway activity.



<b>RAF</b>		51	CXCL17	1.17047	101	PPBP	0.91086	
1	RAF1	5.19694664	52	SERPINB3	1.14	102	CHST6	0.91145
2	DHRS9	4.138116981	53	EEF1A2	1.15659	103	<b>SHF</b>	0.89682
3	CA <sub>6</sub>	3.269758367	54	TMPRSS4	1.1265	104	C15orf62	0.89673
4	SPRR2D	2.765557533	55	EMP1	1.12501	105	<b>GLRX</b>	0.894
5	PRSS22	2.691804582	56	CXCR1	1.12025	106	RASSF8	0.88546
6	S100A7	2.560453392	57	WFDC3	1.12806	107	<b>ANPEP</b>	0.88707
$\overline{7}$	STC1	2.541628315	58	RLBP1	1.1205	108	APOA1	0.89359
8	IL1RL1	2.324959675	59	SULT2B1	1.09112	109	<b>CLEC2B</b>	0.88681
9	<b>PAEP</b>	2.271125095	60	LCE1E	1.09822	110	KCNJ15	0.89554
10	BMP <sub>6</sub>	2.13900959	61	TMCC3	1.08563	111	IRAK2	0.89017
11	LCE3D	2.145346451	62	<b>SBSN</b>	1.05807	112	<b>MALL</b>	0.87917
12	HAS <sub>2</sub>	2.026133464	63	SPRR3	1.07034	113	TMEM158	0.87483
13	FGFBP2	1.976288223	64	<b>SMOX</b>	1.05076	114	RTKN <sub>2</sub>	0.8753
14	<b>CEACAM1</b>	1.920816312	65	WNT9A	1.031	115	PITPNC1	0.87251
15	AGPAT9	1.898383965	66	SHC4	1.02211	116	SLC26A9	0.87847
16	DIO <sub>3</sub>	1.82706596	67	ADAM8	1.0199	117	<b>CCNA1</b>	0.87318
17	SPP <sub>1</sub>	1.828808606	68	CEACAM3	1.0232	118	DOK7	0.86194
18	DIRAS3	1.804728998	69	<b>HPSE</b>	1.00847	119	MAP1B	0.86256
19	LOC100131726	1.747339441	70	SNTB1	1.00641	120	ITGA2	0.86098
20	<b>ISG20</b>	1.727636505	71	GUCY1B3	1.00775	121	CLDN10	0.86107
21	DCLK1	1.717562887	72	RPSAP52	1.01542	122	<b>PLAUR</b>	0.84498
22	TNFRSF11B	1.712124681	73	HMGA2	0.9973	123	<b>SDR16C5</b>	0.85109
23	<b>SERPINB1</b>	1.693350995	74	NCF <sub>2</sub>	1.00287	124	KCNN4	0.85034
24	<b>CRTAM</b>	1.676547208	75	TAGLN3	0.99432	125	GABRA2	0.84525
25	AQP5	1.57923599	76	NAV3	0.987	126	LOC100505839	0.84196
26	ATP12A	1.545999438	77	SOCS1	0.98574	127	PGF	0.83863
27	FERMT1	1.521655491	78	PI3	0.96647	128	ETV5	0.83752
28	ASPRV1	1.498185838	79	<b>NGEF</b>	0.96069	129	<b>PMP22</b>	0.83201
29	LY6D	1.473138952	80	<b>PKIB</b>	0.97706	130	SERPINB4	
30	<b>SRMS</b>	1.468524674	81	GPR110	0.9643	131	<b>TGFA</b>	0.82048 0.83133
31	CEACAM6	1.47318052						
32	FAM83A	1.450801415	82 83	PADI1	0.97595	132 133	ANO1 RAPH1	0.82429
33	CYB5R2	1.455542059		CD55	0.96142			0.82102
34	SLC5A1	1.457990925	84	LBH	0.95538	134	<b>CHRNA9</b>	0.82147
35	<b>SERPINB2</b>	1.40198463	85	NOX5	0.96154	135	RASA3	0.82216
36	TMEM45B	1.385997678	86	FGF1	0.95553	136	LRRC8C	0.81928
37	KLK6	1.353349705	87	<b>PAPL</b>	0.9484	137	CSF <sub>2</sub>	0.82033
38	CALB <sub>2</sub>	1.294592013	88	PLA2G4E	0.9438	138	HSPA7	-2.7224
39	SYTL5	1.29127749	89	SNX9	0.93598	139	KRT1	$-2.1437$
40	CRHR1	1.262939543	90	S100A4	0.93362	140	DNAJA4	$-1.6897$
41	GJB4	1.258285675	91	GAL	0.94299	141	HSPA1A	$-1.6377$
42	LY6H	1.224496026	92	PLAU	0.93241	142	WNT4	$-1.5588$
43	CCL24	1.250600555	93	FIBCD1	0.93539	143	HSPA1B	$-1.5673$
44	SSTR1	1.216325283	94	<b>EDNRA</b>	0.922	144	TNFAIP2	$-1.4907$
45	LCE1F	1.252990561	95	TMEM163	0.93326	145	ACTBL2	$-1.4082$
46	<b>ENDOU</b>	1.205177587	96	RORB	0.9265	146	CCL <sub>2</sub>	$-1.4177$
47	KIAA1199	1.199258138	97	IL23A	0.91983	147	STEAP4	$-1.3365$
48	NTSR1	1.187096013	98	<b>BPGM</b>	0.91579	148	CD248	$-1.3729$
49	PNMA2	1.185822499	99	PLLP	0.92062	149	FAM46B	$-1.3149$
50	SCNN1D	1.188618039	100	B3GNT3	0.91167	150	KRT10	$-1.3549$

**Table 3.4** Optimal signature gene list generated for RAF pathway listing all 275 genes and their associated weight in the signature in predicting RAF pathway activity.





**Table 3.5** Optimal signature gene list generated for KRAS pathway listing all 500 genes and their associated weight in the signature in predicting KRAS pathway activity.







Pathway	List length	<b>Antibody</b>	cor	p-value
<b>BAD</b>	475	$PDK1_pS241$	$-0.247206$	1.63E-06
HER <sub>2</sub>		HER2_pY1248	0.3180165	$ 4.54E-10 $
IGF1R	25	IGF1R_pY1135Y1136	ΙX	ΙX
RAF	275	$CRAF_p$ S338	0.3176497	4.77E-10
<b>KRAS</b>	500	MEK1_pS217S221	0.1643924	0.001577

**Table 3.6** Optimal gene list selection using proteomics validation calculated with Pearson pairwise correlations between predicted pathway activations and TCPA protein expression levels.

**Table 3.7** Optimal gene list selection using gene expression validation calculated with Pearson pairwise correlations between predicted pathway activations and TCGA patient tumor expression levels.

Pathway	List length	<b>Validation Gene</b>	cor	$ p-value $
<b>BAD</b>	475	BAD	ΙX	ΙX
HER <sub>2</sub>		ERBB <sub>2</sub>	0.4114047	$ < 2.2e-16$
IGF1R	25	IGF1R	0.178464	$ 2.98E-05 $
RAF	275	RAF1	ΙX	ΙX
<b>KRAS</b>	500	<b>KRAS</b>	ΙX	ΙX

**Table 3.8** Summary table of gene signature selection and methods used for validation.





**Figure 1.1** Schematic overview of the driving oncogenic Growth Factor Receptor Network (GFRN) responsible for cell survival, growth, and metastasis. Consist of two intercommunicating parallel signaling pathways including RAS/RAF/MAPK pathway, shown in green, and the PI3K/AKT/mTOR, shown in blue. RAS pathway activation can be initiated by EGFR receptor mediated signaling leading to activation of RAF, in turn initiating MEK activation, as a result initiating tumorigenesis through ERK activation. Its neighboring pathway PI3K can be initiated through HER2(ERBB2) receptor mediated signaling as well as RAS activation. This then results in the inactivation of PDK1 activating AKT signaling which can inhibit the BAD pathway and/or lead to activation of mTOR resulting in tumorigenesis. Additional, signaling pathways can be initiated such as the inhibition of ERK leading to inhibition of RAF through mTOR activation. Although various alternate pathways of activation leading to drug resistance remain uncharacterized.



**Figure 2.1** (a)Principal component Analysis (PCA) expressing the first two PCAs representing the greatest variations between the gene expression data and LUAD patient tumor samples from TCGA. Due to external factors significant variances and confounding batch effects are observed. (b) PCA scatter plot displaying the first two PCAs representing the greatest variations between the datasets. This included the gene expression data, shown in green, and LUAD patient tumor samples from TCGA, shown in red, in which significant confounding variables and variances were observed. (c) The PCA following adjustment and refinement of gene expression data and patient tumor samples using the *ComBat* function resulting in increased data similarity. (d) PCA scatter plot displaying the gene expression data, shown in red and LUAD patient tumor samples, shown in green, following *ComBat* adjustment displaying significant improvement in data similarity and reduction of variances and confounding batch effects.



**Figure 3.1** Gene expression box plots used for gene expression signature validation. (a) Generated box plot used for validation of BAD displaying the signature's ability, shown on the x-axis, to distinguish levels of pathway activity within LUAD patient tumor samples shown on the y-axis. As a result, higher levels of pathway activity were predicted in 55 samples classified as "HIGH" expressing, while 331 showed "intermediate" pathway activity, and 155 showed low levels of BAD pathway activation classified as "LOW" expressing samples. Concluding the signature's ability to distinguished levels of aberrant activity with TCGA samples. (b) In this figure, the generated gene expression signature of HER2 predicted higher levels of pathway activity in 55 patient tumor samples classified as high expressing, 161 intermediate expressing samples, and 125 low expressing samples distinguishing levels of pathway activity further validating the signature. (c) Lastly, the gene expression signature of IGF1R was able to distinguish levels of increased pathway activity within 55 patient tumor samples, classified as "HIGH" expressing, 176 were identified as "intermediate" expressing, and 310 were characterized as low expressing. In all, validating the signature's ability to distinguish accurate levels of pathway activity.



**Figure 4.1** Complex heatmaps generated of optimized gene expression signatures representative of aberrant pathway activity for the GFRN pathways (a) BAD, 475-gene signature (b) HER2, 5- gene signature

(c)IGF1R, 25-gene signature (d) RAF, 275-gene signature, and (e) KRAS, 500 gene-signature. The black bar indicates normal pathway activity or the respective GFRN pathway turned off, expressed using the HMECs overexpressing GFP (control). The red bar is then used to represent aberrant pathway activity or pathway activity turned on, generated by the HMECS overexpressing the GFRN-pathways respective oncogene. Relative to the pathway's state of activation, genes comprising the signature are shown on the right expressing varying levels of activity, indicated in red or blue. Genes expressing upregulated levels of expression are represented in red, and the brighter the red, the higher levels of activity while blue indicates downregulated levels of activity and the darker the blue, the lower the level of activity.

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