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## Alejandra Avalos Pacheco, "Bayesian Factor Regression Analysis in Heterogeneous High-dim Biological Data"

Peter Müller

Summary: super nice paper; multi-study factor analysis

$$x_i = \phi f_i + \theta v_i + \beta b_i + e_i$$

or

$$x_{si} = \phi f_{si} + \theta v_{si} + \beta_s + e_{si}$$

for patients in studies s = 1, 2.

**Factor loadings:**  $\phi$ , common across all batches (studies), sparse

**Regression:**  $\theta v_i$ , regression on covariates

- **Batch effects:**  $b_i$ , design vector for (additive) batch effects
- Multiplicative batch effects:  $e_i \mid i \in \text{batch s} \sim N(0, \text{diag}(\tau_{1s}^{-1}, \dots, \tau_{ps}^{-1})),$ with batch-specific variance  $\tau_{js}^{-1}$ .

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## Highlights

- Multi-study factor analysis: builds on approaches like deVito, Bellio, Trippa & Parmigiani (2018 Bmcs), but importantly adds *sparsity* in  $\phi$ , NLP's and joint inference for batch effects (rather than pre-processing)
- **Spike & slab on**  $\phi_{jk}$ : NLP on non-zero  $\phi_{jk}$  avoids prob mass at 0, making it easier to interpret non-zero values  $(\gamma_{jk} = 1)$
- **IBP:** interesting prior on  $\gamma_{jk}$  (which could easily extend to random # factors).

Computation: efficient EM style algorithm

Question: What if the measurements are different? Study design or patient populations are different? Or covariate vectors  $(v_i)$  are different dimension or variable definition?

For example, two studies of the same treatment, but definition of the endpoint, different eligibility criteria, randomized clinical trial vs. observational data etc.

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### Questions

**Sampling model:** factor analysis can recover common underlying structure. This works with normal sampling model and linear structure.

Question: But many effects are surely not linear? For example, single cell data requires more complex models (as in BASiCS in Vallejos et al, 2015).

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### Questions

Factor analysis: Is "factor analysis" with the normal linear structure the right way to formalize the search for underlying common biologic processes? How can one interpret  $\phi f_i$ ?

Question: Can we

- interpret columns of  $\phi$  as identifying underlying processes (cell or patient sub-populations), and
- $f_{ik}$  as relative proportions and effects of the k-th underlying xx?

The sparse prior on  $\phi$  helps a bit, but the additive decomposition into effects of different underlying factors is not obvious.

For example, in omics data, raw data are heavily preprocessed. Decomposition on raw data (counts etc.)  $\Rightarrow$  decomposition on transformed (normalized etc.) data.

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#### Questions

**Batch effects:** Define batch effects as non-biological variation when "data are generated under different experimental conditions." But you still assume the same

common factor model part?

# Questions

Alternative model: How about models that are more closely aligned with the interpretation of "col of  $\phi \leftrightarrow$ biologic factors:

 $\Phi = \text{binary matrix to identify subsets}$ 

and then use whatever sampling model is needed. The normal linear model is a bit very special!

Funnily, this implicitly shows up in the IBP prior for non-"zero"  $\Phi_{jk}$ . The IBP can be interpreted as a prior on a family of subsets (the k-th subset defined by the 0/1 indicators in the k-th column of  $\Phi$ ).

**Question:** Why do you chose the IBP prior for  $\gamma_{jk}$ ? Did you already intend it as a prior on random subsets?

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**Prior vs. preferences:** Using the NLP is a clever prior choice to favor interpretable results - avoids clinically meaningless positives, and helps the interpretation of  $\Phi$ .

Question: Using the NLP, are we are confounding

- estimation (by introducing prior information on the  $\phi_{jk}$ ) on one hand,
- a decision problem (by stating preferences for non-zero φ<sub>ik</sub>)?

Would it be better to separate the two aspects?

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- Adjusting for study differences: The model can fit data across different studies (as in your examples), accomodating study-specific effects.
- Question: can I use your model to adjust for study-specific effects? I.e., as part of the inference could i adjust the data such that the two studies look the same?
- Question: related question, finding only insignificant study-specific effects, could I use that as an operational proof of equivalent study populations?

Can you guess in which application this becomes useful :-)

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**Thanks** – great paper to use several clever tricks & techniques to address an important problem.

Great step forward from existing literature. And actually feasible!