KSTAR: An algorithm to predict patient-specific kinase activities from phosphoproteomic data

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Abstract

Kinase inhibitors are one of the largest classes of FDA-approved drugs and are major targets in oncology. Although kinase inhibitors have played an important role in improving cancer outcomes, major challenges still exist, including the development of resistance and failure to respond to treatments. Improvements for tumor profiling of kinase activity would be an important step in improving treatment outcomes and identifying effective kinase targets. Here, we present a graph- and statistics-based algorithm, called KSTAR, which harnesses the phosphoproteomic profiling of human cells and tissues by predicting kinase activity profiles from the observed phosphorylation of kinase substrates. The algorithm is based on the hypothesis that the more active a kinase is, the more of its substrates will be observed in a phosphoproteomic experiment. This method is error- and bias-aware in its approach, overcoming challenges presented by the variability of phosphoproteomic pipelines, limited information about kinase-substrate relationships, and limitations of global kinase-substrate predictions, such as training set bias and high overlap between predicted kinase networks. We demonstrate that the predicted kinase activities: 1) reproduce physiologically-relevant expectations and generates novel hypotheses within cell-specific experiments, 2) improve the ability to compare phosphoproteomic samples on the same tissues from different labs, and 3) identify tissue-specific kinase profiles. Finally, we apply the approach to complex human tissue biopsies in breast cancer, where we find that KSTAR activity predictions complement current clinical standards for identifying HER2-status – KSTAR can identify clinical false positives, patients who will fail to respond to inhibitor therapy, and clinically defined HER2-negative patients that might benefit from HER2-targeted therapy. KSTAR will be useful for both basic biological understanding of signaling networks and for improving clinical outcomes through improved clinical trial design, identification of new and/or combination therapies, and for identifying the failure to respond to targeted kinase therapies.

Introduction

Kinases make up the largest fraction of FDA-approved drugs for oncology [21], a reflection of their importance in oncogenesis and cancer progression. These drugs are also one of the most prevalent examples of precision medicine. For example, patients with BCR-ABL leukemias, HER2-overexpressing breast cancers, or EGFR-driven lung cancers benefit immensely from kinase-targeted therapies (often as adjuvants to chemotherapy, radiation, and/or surgery). Unfortunately, the selection and success of kinase inhibitors is often hampered by development of resistance mutations [3, 59], failure to respond to

treatment [42], and a limited set of current targets [21] – most new molecular entities target kinases for which inhibitors already exist. Hence, there is a need in the field of oncology to identify whether a patient might benefit from a kinase-inhibitor therapy and which kinase target(s) would be most beneficial.

In recent years, due to advances in proteomics, large-scale monitoring of protein phosphorylation is closer to being used within clinical profiling of tumor biopsies [20, 29, 30, 42, 60]. Since phosphorylation is a direct consequence of active kinases, or inactive phosphatases, this measurement might hold the key to better precision medicine. However, generating kinase activities from this data requires overcoming several challenges, including: 1) data sparsity or missing data – in shotgun phosphoproteomics (i.e. discovery-based approaches) lack of detection of a phosphorylation site may not be evidence that it is not present in the sample and although CPTAC approaches often using a reference standard, only 5 to 15% of all phosphorylation sites are common across patient cohorts, 2) there is an extreme paucity of data regarding the direct connection between phosphorylation sites and their kinases (only 5% of phosphorylation sites are annotated with a kinase) [35], and 3) challenges in relating quantitative data available from phosphoproteomics experiments to kinase catalytic activities. Quantification is particularly challenging – unless one uses a known spike-in for absolute quantification for every phosphopeptide of issue, all quantification (label and label-free) is relative – i.e. it is not possible to understand differences in quantities between peptides, only differences of a peptide between conditions. This is due in large part to peptide-specific sample losses and ionization [46]. For example, if there are two kinases, each with a different substrate and one substrate changes from 1fmol to 2fmol, but the second substrate changes from 8pmol to 16pmol, there is a 4,000-fold difference in catalytic activity between the two kinases, but relative quantification interprets both of those as the same (2-fold different). Despite these challenges, phosphorylation is still more closely connected to kinase activity than commonly used proxies, such as mRNA, which rarely correlates with protein expression [10] or kinase activation loop phosphorylation, since kinase activity is regulated by a myriad of complex mechanisms [28, 31, 34, 36, 49, 58].

Although there has been excellent progress in algorithm development to convert phosphoproteomic data into scores, rankings, or activity values for kinases, these algorithms often suffer from the major issues of phosphoproteomics (see S1 Table for a summary). All but one algorithm we assessed, KEA3 [25], depends heavily on the use of quantification of phosphorylation sites in a calculation for activity, via paired samples with relative quantification (PTM-SEA [23], KSEA [8], IKAP [32]), single sample normalized intensities (KARP [53]), or spectral counts (INKA [5]), despite the limitation hat these values are not comparable across peptides or indicative of concentrations or substrate amounts. Most algorithms rely on sparse kinases-substrate information, most commonly from PhosphoSitePlus (KARP, IKAP, KSEA), where 95% of the phosphoproteome is unlabeled (no known kinase interaction). This results in the absence of kinase information for $> 80\%$ of sites identified in a typical phosphoproteomic experiment (S1 Figure). For those algorithms that turn to global kinase-substrate predictions to expand the number of useable phosphorylation sites in an experiment (INKA and KSEA), NetworKIN predictions are used by applying a threshold to the weighted graph (edges indicating likelihood of a kinase-substrate interaction), where only edges above a certain score are kept. However, we recently showed [57] that thresholded graphs are highly problematic, as they: isolate most of the phosphoproteome (i.e. most phosphorylation sites are not connected to a kinase) and therefore only moderately improve sparsity issues compared to annotations, have a very high degree of overlap between kinases (i.e. non-discriminability), and suffer substantially from "study bias" (i.e. well-studied phosphorylation sites are well-connected to a lot of kinases and some kinases are overly connected to well-studied substrates). These issues in thresholded NetworKIN graphs are likely the reason a systematic evaluation showed that NetworKIN-based annotations in KSEA performed worse than literature-based annotations [16].

In this work, we were explicitly seeking to create an algorithm that would be useful for patient care and: 1) is single sample (not requiring pooled or comparative healthy tissue), but can also be used for experiments with multisample quantification, 2) avoids dependencies on the highly problematic nature of mass spectrometry-based quantification, 3) utilizes more of the phosphorylation data, but handles the issues with kinase-substrate predictions, and 4) avoids proxies of activity, like activation loop

phosphorylation. Here, we present a novel algorithm that uses statistical and graph-theoretic approaches to infer the likely kinase activities from large-scale phosphoproteomic data. The underlying hypothesis is based on the action of kinases – given increasing activity, there will be an increasing number of observed substrates from a kinase's network. Ultimately our algorithm's kinase activity score is a reflection of "net kinase activity", since substrate phosphorylation is a reflection of the balance between kinase and phosphatase activity. In this work, we explain the details of our algorithmic approach and explore experiments to test whether the inferred kinase score changes with kinase activity. We demonstrate that we can predict: 1) increases in expected kinases as a result of network stimulation, 2) decreases in expected kinase activities as a result of kinase inhibition, and 3) tissue-specific kinase activity profiles, which are significantly more robust that the phosphoproteomic profiles, even across samples collected in different labs on different proteomic pipelines. Finally, we apply KSTAR to breast cancer biopsy-derived phosphoproteomic data and find that kinase activity profiles predicted by the algorithm can help identify misclassified HER2-positive breast cancer patients and identify clinically diagnosed HER2-negative patients that might respond to HER2-targeted therapy. Where possible, we compare our results to the newest versions of KSEA [54] and KEA3 [25], based on their popularity and ease of use. KEA3 was selected as it is the only comparable algorithm with the ability to use a single set of evidence without quantification, although, unlike KSTAR, KEA3 is a gene-centric algorithm amassing evidence from a host of different interaction databases based on proteins identified in an experiment rather than specific phosphorylation sites. KSTAR is a first-in-class algorithm that can utilize phosphorylation sites observed from single or multisample experiments and convert that to quantifiable, physiologically relevant, and interpretable insight into kinase activity.

Results

The KSTAR algorithm (Fig. 1) is based on the hypothesis that the more active a kinase is, the more of its substrates will be observed in a phosphoproteomic experiment. At its core, KSTAR is an algorithm that takes, as input, a set of phosphorylation sites observed in a mass spectrometry experiment, maps them onto global kinase substrate prediction graphs of KinPred [57], and converts the experimental input into a statistically robust KSTAR 'score' for each kinase, which increases with increasing representation of substrates from that kinase's network. When an experiment contains multiple conditions with relative quantification across all sites, the reported abundances are converted to binary evidence using a threshold relevant to the biological problem in question (S2 Table). We found that KSTAR predictions are fairly robust to changes in the threshold used as inclusion criteria for phosphorylation sites of an experiment(S1 Figure).

KSTAR algorithm

The first key development of KSTAR was to avoid the use of annotations alone, since so few phosphorylation sites are annotated, and to improve the usability of kinase-substrate predictions. As published and traditionally used (thresholded by removing edges below a cutoff score), predicted kinase-substrate networks suffer from the following issues: 1) the exclusion of a large number of phosphorylation sites from the human phosphoproteome, 2) high degrees of overlap between kinases, leading to a lack of discriminability for algorithms relying on these networks, and 3) high centrality of well-studied kinases and substrates (the more a substrate is annotated, the more kinases it is connected to) [57]. To overcome these challenges of prediction networks, we developed a "heuristic pruning" approach (Fig. 1) to create many possible, alternate representations of kinase-substrate relationships from global kinase-substrate prediction algorithms. In this work, all results are generated using the kinase-substrate graph of NetworKIN [18], with serine/threonine and tyrosine graphs being treated independently, since they are non-overlapping.

To achieve the objectives of pruning, we probabilistically select edges from a dense graph including all kinase-substrate predictions of the human proteome based on edge weights, where higher edge weights are more likely to be selected. This continues until all kinases are attached to a fixed number of

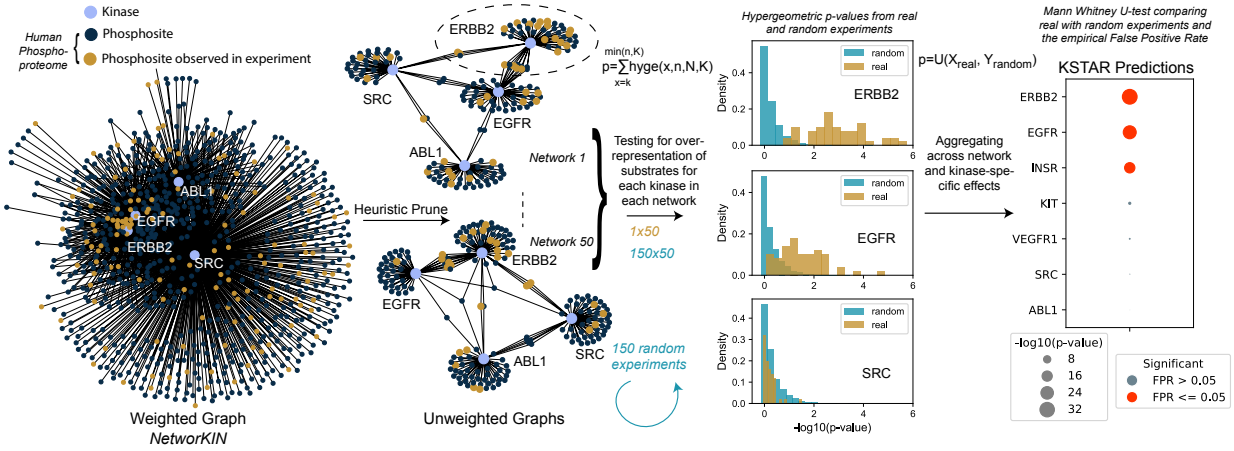

Figure 1. Overview of KSTAR algorithm. First, we heuristically prune dense and highly overlapping weighted kinase-substrate prediction graphs from NetworKIN [18] into many sparse, binary graphs. Statistical enrichment is calculated for an experiment that has a defined set of phosphorylation sites for every kinase across all networks using a hypergeometric distribution. We generate and calculate enrichment in 150 random experiments using the same approach. Next, we use the Mann-Whitney U test to measure the likelihood that the enrichment p-values in the real experiment are more significant than the random experiments, giving us a final p-value, which accounts for the underlying enrichment of substrates in a network, aggregates that information across the different network configurations, and controls for the kinase- and experiment-specific behavior of enrichment that occurs by random chance. We measure the false positive rate by measuring the distribution-based test for a random experiment against the remaining 149 random experiments, repeating this for 100 times. Finally, the numerical KSTAR "score" (the -log10 transformation of the Mann Whitney U-test) is presented in graphical format where the dot size is larger when there is more evidence phosphorylation sites are coordinately sampled from a kinase network. The FPR is indicated by "Significance" of having less than a specific empirical FPR.

substrates. The probabilistic selection introduces heuristic effects – creating different versions of output graphs each time the algorithm is run. To overcome the issues that happen when selecting only high edge weights in the graph (i.e. as done by thresholding), we apply constraints on the selection of edges to maintain specific properties of the output network. These constraints are: 1) the distribution of substrate "study bias" – as defined by the number of compendia substrates are documented in [57] – is the same for all kinases based on the distribution of the entire phosphoproteome in order to reduce kinase- and experiment-specific false positive rates (S2 Figure), 2) edge selection is impossible once a substrate and/or kinase hits a maximum target in order to avoid the emergence of "hub substrates" and/or "hub kinases" and ensure each substrate only provides evidence for its most likely kinases, and 3) all kinases have the same number of edges in the final network to ensure that kinases are not isolated from the network, due to having only low probability edges. The example graphs shown in Fig. 1 depicts the success of this approach for reducing homologous kinase overlap – on average, KSTAR networks reduce the overlap of evidence between EGFR and ERBB2 for sites observed in an experiment from 80% in a thresholded network to 18% overlap. We have provided an extended description of the problems addressed by the prune procedure as well as pseudo-code for the generation of KSTAR networks in Supplementary Methods. Final pruned networks are then cast into unweighted graphs (i.e. binary graphs), which, relative to PhosphoSitePlus annotations and a thresholded NetworKIN graph, include more unique substrates, has lower overlap of evidence between kinases, and has better network coverage of experimentally identified sites (S1 Figure).

The first statistical test in KSTAR measures overrepresentation of substrates in each kinase network, controlling for the likelihood that the observation happened by random chance. Since we use binary

evidence (a substrate was observed) with binary networks, we can use a well-defined theoretical probability function to estimate this overrepresentation – the hypergeometric distribution, where we calculate the probability of having observed k or more substrates of a kinase in an experimental dataset with n phosphorylation sites, when the full graph (all sites in the human phosphoproteome) has N total phosphosites and a kinase has K total substrates. This approach has the benefit of scaling with the size of the dataset and the distribution of edges in the graph. The output of this calculation is a p-value for each graph (i.e. a set of 50 p-values for every kinase).

We next wished to control for the variability of the resulting hypergeometric p-values across the different network configurations and the likelihood of making the same observations in a random experiment exhibiting similar properties as the experiment under consideration. To do this, we create 150 random experiments, where we randomly draw the same number of phosphorylation sites as the real experiment from the background phosphoproteome, such that the distribution of substrate study bias is the same as the real experiment. For each random experiment, we calculate enrichment in each kinase network as we did for the real experiment, producing a "random" distribution of p-values. This random distribution can then be compared to the real distribution using the Mann Whitney U-test, a non-parametric, distribution-based test which estimates the probability that the ranked p-values of the real experiment are more significant than those of the random experiments. Fig. 1 shows examples of distributions that arise from this process. For EGFR, Fig. 1 indicates that some random networks with real data give low -log10(p-values), yet the preponderance of evidence across all networks is more significant than what was observed in the random experiments, resulting in a small U-test p-value and a large KSTAR 'score' (the -log10(MW U-test p-value)). In contrast, it is clear that the p-values observed in SRC networks of the real experiment are no more significant than what occurs in random experiments, resulting in a small KSTAR score. Finally, we measure a false positive rate for the observed Mann Whitney p-value by measuring how often that p-value or more significant is observed in an empirical null model (repeatedly calculating the Mann Whitney p-values for treating a random experiment as the real experiment and comparing it to the remaining random experiments). The KSTAR score must be interpreted with the false positive rate (FPR) as we have observed some experiments result in large kinase-specific KSTAR scores that occur by random chance, due to the particular composition of the experiment. We detail the process by which we arrived at this approach to control and measure for kinase- and experiment-specific false positive rates in S2 Figure, which also shows before these controls were added we saw very high false positive rates for kinases that demonstrate high study bias (e.g. 100% FPR for FYN, LCK, and HCK). Hence, the final KSTAR score is a statistically powered value that ultimately reflects the fundamental measurement of the proposed hypothesis – an activity score that increases when more evidence is observed across many different possible network architectures and is more significant than what is observed by random chance alone.

KSTAR correctly infers expected tissue-specific kinases, kinase activation, and kinase inhibition

We wished to understand if KSTAR scores correlate with kinase activities. To test this, we used KSTAR to predict kinase activities across a range of experiments that covered fundamentally different tissue types undergoing kinase stimulation or inhibition. Here, we summarize a set of key kinase predictions from KSTAR, with full activity predictions and their false positive rates presented in S3 Figure. We find that KSTAR predicts expected activity changes in response to either activation or inhibition and introduces interesting new hypotheses. We also found from these experiments that using the base kinase-substrate prediction network from NetworKIN [18] results in predictions consistent with physiological expectation, but using kinase-substrate networks from other prediction algorithms (GPS [51] and PhosphoPICK [37]), did not result in physiologically relevant hypotheses. For example, PhosphoPICK-based networks failed to show ABL activity in BCR-ABL driven cancers and GPS failed to show HER2-activity in any breast cancer sample, where HER2-activity is a driving oncogene in many of these samples. Instead, GPS-based networks suggested that ERBB2 activity increases in Jurkat cells in response to TCR activation, inconsistent with tissue-specific expectations. Therefore, we have used

NetworKIN as the foundation for KSTAR.

Activation of kinases in diverse cell models

Growth factor stimulation in epithelial cells: We used two phosphoproteomic studies of a human mammary epithelial cell line (184A1) stimulated with EGF to explore whether KSTAR accurately predicts the onset of EGFR activation and other related EGFR-network kinases. One of the studies additionally includes a HER2-overexpressing model of 184A1 cells (24H cells, expressing 600,000 vs. 20,000 copies of HER2/ERBB2) [56] and measured response to EGF- and HRG-stimulation, where EGF drives EGFR:ERBB2 dimers and HRG drives ERBB2:ERBB3 dimers. Despite the different phosphoproteomic pipelines used in the two studies, the KSTAR predictions are extremely similar for parental 184A1 cells stimulated with EGF (S3 Figure and Fig. 2A), suggesting no basal EGFR or ERBB2 activity exists after serum starvation and is followed by rapid onset and peak activation between 4 and 10 minutes post-stimulation. Notably, cytosolic kinases that are not expected to be in the epithelial lineage are not predicted to be active in any condition (S3 Figure). In the HER2-perturbation experiment there are predictions of both dynamics and activity differences between cell lines and growth factors (Fig 2A), consistent with the expected biology of the cells. For example, there is basal EGFR activity in HER2-overexpressing cells, slower dynamics of ERBB2 activation by HRG, and lower activity of both receptors from HRG-treatment – all of which are consistent with the effects of HER2-overexpression, the increased migration of 24H cells in the absence of stimulation, and the maximal migration upon EGF-addition [56]. Finally, and somewhat surprisingly, we see maximal statistical significance of ERBB2 in the EGF stimulation of both cell lines, with some indication that HER2-overexpression sustains that activity longer in the 24H cells. The failure to see additional increases in ERBB2 activity in HER2-overexpressing cells may be a result of our statistical limit, as no additional gains can be seen beyond this amount of evidence that is already present in the parental cells stimulated by EGF. Taken together, the specific kinases predicted active, their associated scores, and their patterns of activation suggest that KSTAR predictions are capable of reproducing expected biology and that the use of evidence in experiments alone (i.e. the removal of quantitative fold changes) is useful for making comparative hypotheses between conditions.

TCR activation of Jurkat cells: To explore a cell lineage that is expected to have a distinctly different fingerprint of kinase activities than epithelial cells, we turned to datasets available in hematopoietic lineages, including several datasets in K562 (chronic myeloid leukemia) (S5 Figure) and Jurkat cells (S3 Figure). The Jurkat cell experiment by Chylek et al. [9] captured the fast dynamics of TCR activation at 5, 15, 30 and 60 seconds after stimulation. Importantly, the KSTAR predictions result in robust tissue-specific signaling expectations (Fig. 2B), predicting fast and robust (statistically saturated) activity of cytosolic kinases downstream of TCR, including LCK, FYN, HCK, BTK, and ITK (an important observation – our approach to controlling for high study bias of LCK, FYN, and HCK did not prevent them from giving robust activity values in a physiologically-relevant system). Slower to reach maximal detectable activity include YES1, BLK, and FGR. Additional hypotheses suggested by KSTAR predictions include a slower (30-second) onset of the RTK activity of VEGFR2 and NTRK1. Most importantly, these tissue-specific kinases were not predicted to be active in the epithelial experiments and epidermal growth factor-specific kinases are not predicted to be active in Jurkat/TCR signaling. Hence, KSTAR predictions are consistent with tissue- and signaling-specific expectations.

KSTAR correctly predicts inhibition of tyrosine and serine/threonine kinases

BCR-ABL inhibition by dasatinib: The oncogenic BCR-ABL fusion protein drives some chronic myeloid leukemias (CML) and represents an important target for treatment. Unlike many kinase inhibitors, inhibition of BCR-ABL can initiate cell death pathways within the first hour of treatment. This occurs even though ABL activity has been shown to be recovered within 4-8 hours after drug washout, depending on the study [1, 17, 43, 45]. To validate the predicted tyrosine kinase activities from KSTAR, we compared the kinase activity profiles of the CML cell line K562 in response to treatment with the ABL-inhibitor dasatinib from a study by Asmussen et al., who profiled phosphopeptide

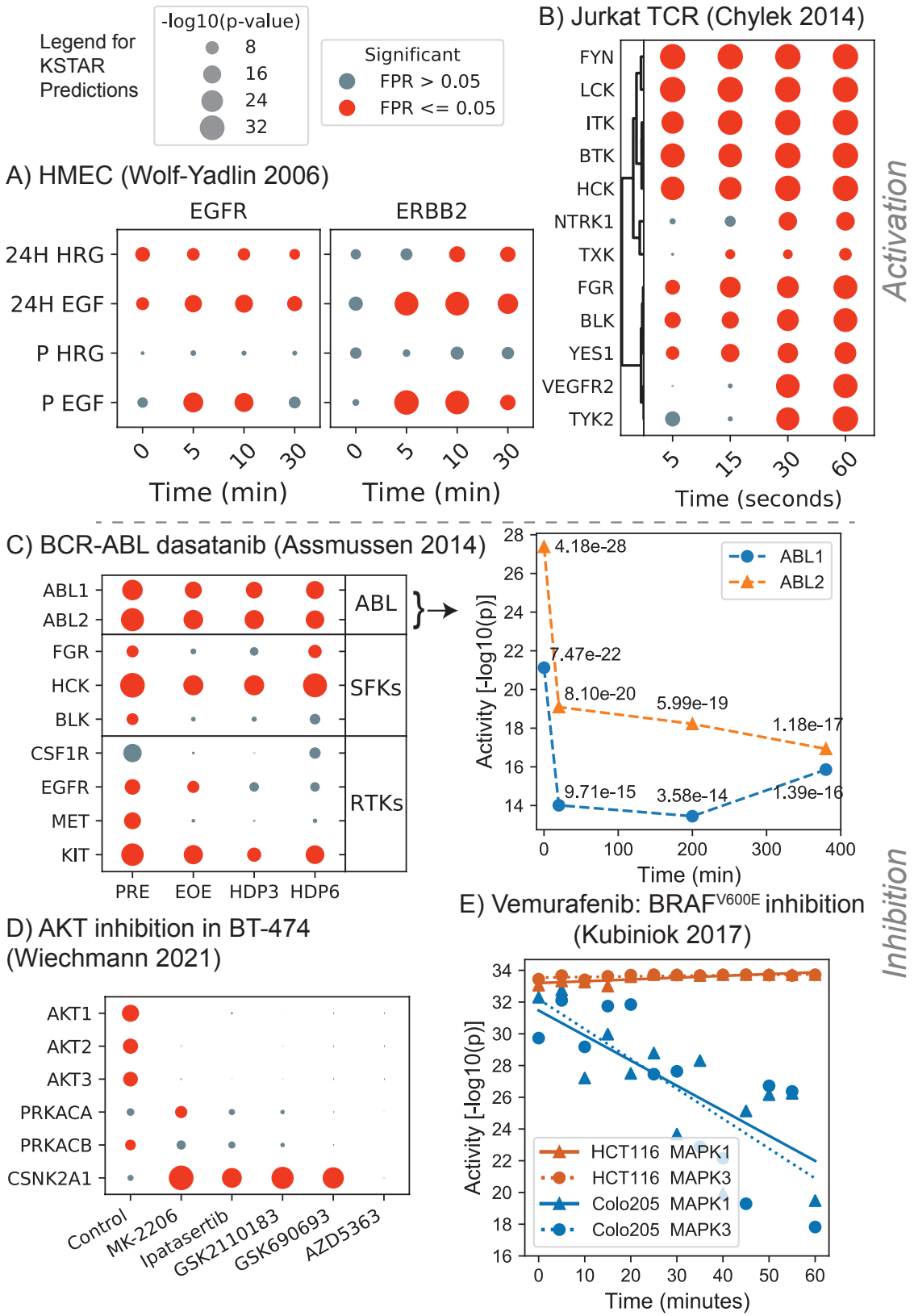

Figure 2. KSTAR applied to diverse cell models of kinase activation and inhibition. Full KSTAR results for data in this figure available in S3 Figure). Panel titles give the reference for the publication study of the phosphoproteomic data. All KSTAR predictions use the same legend for score size and significance as given above panel A. (caption continued on next page)

Figure 2. A) Predicted activation patterns of HMEC cell lines (P for parental 184A1 and 24H for HER2 overexpressing 184A1) in response to EGF and HRG stimulation. **B)** Predicted activation patterns of TCR stimulation in Jurkat cells shows early and robust activation of TCR-specific kinases (this figure is in seconds). **C)** Predicted kinase patterns in response to inhibition of BCR-ABL inhibition by dasatinib in K562 cells with a detailed plot of significance changes for the ABL family kinases demonstrating a decrease, but continued activity of the oncogene. Kinase activity decreases in receptor tyrosine kinases (RTKs) correspond with findings of the original publication [1] as do changes in the off-target interactions with Src family kinases (SFKs). **D)** AKT inhibition by five inhibitors, all competitive ATP inhibitors, except MK-2206 an allosteric inhibitor of AKT demonstrate robust inhibition of all AKT homologs and interesting increases in CSNK2A1. **E)** Vemurafenib treatment, targeting the BRAF^{V600} mutation found in Colo205 colorectal cancer cells, but not the HCT116 cell line, demonstrates a decrease in MAPK activity specific to BRAF mutation, although still statistically significant MAPK activity.

abundance before treatment, at the time of drug washout (EOE), and 3 and 6 hours post drug washout (HDP3 and HDP6, respectively) [1]. KSTAR predictions for ABL1 and ABL2 activity show a decrease following treatment, although the activity levels remain significant across all time points (Fig. 2C). Also, as expected, this activity is partially recovered after drug washout and the dynamic patterns of ABL kinases are mirrored in the Src family kinases (SFKs) BLK, HCK, and FGR, known alternate targets of dasatinib [59]. Finally, we note that there is robust down-regulation of a number of receptor tyrosine kinases, which is consistent with the conclusions of the original study [1] and others [17], which suggests dasatinib treatment in K562 cells is dependent upon on the elimination of ABL-GF-R interactions more than the elimination of ABL activity.

AKT inhibition: To this point, we have demonstrated the utility of KSTAR for predicting tyrosine kinase activities. To validate serine/threonine kinase predictions, we profiled the response of the breast cancer cell BT-474 to five different clinically relevant AKT inhibitors (Fig. 2D), based on data obtained from Wiechmann et al. [52]. BT-474 is a cell line that overexpresses ERBB2, which commonly leads to increased AKT activity. Upon applying KSTAR to this dataset, a complete elimination of AKT activity was predicted across all five inhibitors, suggesting that each inhibitor is highly effective at targeting AKT. While AKT3 was not identified by chemical proteomics in Wiechmann et al., our results suggests that AKT3 is active basally in BT-474 cells and that AKT3 activity is equally affected by treatment with these AKT inhibitors. We validated that the coordinated AKT1/2/3 predictions are not due to indiscriminate kinase networks – no AKT kinase shared more than 20% of substrates in KSTAR networks with any other AKT kinase. Hence, the basal activity predictions and predicted decrease of AKT family kinases in response to drug comes from independent networks.

Fig. 2D highlights two interesting predictions from KSTAR. First, AKT inhibition appears to increase CSNK2A1 (Casein Kinase 2) activity in four of the five drugs. There is evidence that there is complex interconnections between CSNK2A1 and AKT kinases [41] and these predictions suggest that there might be an unintended increase in casein kinase activity as a result of AKT inhibition. Second, we observed interesting patterns in PRKACA/B, which shows decreasing activity with the ATP competitive inhibitors, but not the PH-domain binding allosteric inhibitor MK-2206. Hence, these predictions suggest the competitive ATP inhibitors bind to PRKACA/B kinases, and the greatest decreases predicted by KSTAR in PRKACA/B (GSK2110183, GSK690693, and AZD5363) were shown to bind PRKACA/B by chemoproteomics [52]. Hence, KSTAR predictions accurately predict AKT inhibition and help identify cross-talk at the network level (CK2) and the inhibitor level (PRKACA/B).

Vemurafenib inhibition of BRAF^{V600E}: While the previous studies help to demonstrate how KSTAR effectively predicts changes to kinases directly impacted by stimulation or inhibition, KSTAR is currently limited by the kinases that are present in NetworKIN and some commonly studied cancer-specific kinases do not currently have predictions, such as AXL, DDR2, and RAF. In order to determine whether KSTAR is still applicable in cases where direct kinase targets may be absent from predictions, we profiled the response of colorectal cancer cell lines to RAF inhibition by vemurafenib, using a time-resolved dataset generated by Kubiniok et al [24]. Vemurafenib is commonly used to target cells that harbor a BRAF^{V600E} mutation, such as the colorectal cancer cell line Colo205. However, it has

achieved limited clinical utility, in part, because tumors that contain a RAS mutation or overactive RTKs often see an adverse response where the MAP-ERK pathway is activated rather than inhibited [15, 24]. HCT116 cell line harbors a mutation in KRAS, and provides an example of a cancer cell that exhibits this paradoxical response and was also treated in the study by Kubiniok et al.

KSTAR predicts a clear decrease in MAPK1/3 activity over time in Colo205 cells, and a small increase in ERK activity is observed in HCT116, consistent with the paradoxical effect of RAS mutation in HCT116 (Fig. 2E). However, the basal activity values limits the ability to observe significant increases in activity due to the statistical limit. The increase in activity becomes more apparent when the kinase activity profiles are transformed via quantile normalization across samples (S3 Figure). Importantly, pre-treatment MAPK1/3 activity levels are comparable between HCT116 and Colo205, indicating that differences are a result of treatment and not basal activity. While the ultimate goal might be to expand NetworKIN and KSTAR to include these kinases in predictions, these results indicate that KSTAR is able accurately predict kinase activity profiles affected by missing kinases.

Comparison to other inference approaches

To determine if similar observations can be made with other currently available inference methods, we applied both KSEA and KEA3 to three of the control datasets discussed above (EGF stimulation of epithelial cells, dasatanib treatment of K562 cells, and AKT inhibition of BT-474 cells) (S4 Figure). In some cases, KSEA produced comparable results to KSTAR, but we also discovered that many predictions obtained from KSEA are non-robust, utilizing less than 5 substrates for each enrichment score, particularly for tyrosine kinase-relevant datasets, despite the large size of these datasets. Additionally, we noted that KSEA appears to suffer from the underlying study bias in annotations – the hematopoeitic kinase LCK is predicted as the most robustly upregulated kinase in epithelial cells in response to EGF. Due to the sparse kinase annotations available for KSEA, no kinases were identified as significantly up- or down-regulated after treatment of K562 cells with dasatanib, rendering KSEA results uninformative (S4 Figure). Additionally, in the serine/threonine dataset focused on AKT inhibition, AKT2 does not have enough evidence to predict a significant decrease in activity (S4 Figure).

Unlike KSEA, KEA3 does not produce distinct enrichment scores, but rather it generates enrichment rankings from a list of genes identified in an experiment. We found that the kinases appearing in these lists generally agree with expectation (ABL1 appears in the top 10 downregulated in K562 cells, EGFR appears in the top 10 after EGF stimulation, etc.). However, there are confounding results that make these rankings difficult to interpret. For example, although EGFR was the 10th-ranked kinase in the 4-minute time point of EGF treatment of HMEC cells, 6 other receptor tyrosine kinases and three hematopoietic kinases are ranked above EGFR. Additionally, we also often found overlap between the most up- and down-regulated kinases predicted by KEA3. For example, after AKT inhibition with the allosteric inhibitor MK-2206, KEA3 identified CSNK2A1, CDK1, and CDK9 as top-ranked kinase in both up and down-regulation sets (S4 Figure). Similarly, ABL1 was in the top 7 ranked kinases in both the up- and down-regulated sets following ABL inhibition in the BCR-ABL experiment (S4 Figure). Overall, these results suggest that these alternative inference approaches can often identify physiologically relevant responses to activation and inhibition responses, but suffer from either sparse kinase-substrate information and high influence of well-studied kinases (as in the case of KSEA) or, in the case of KEA3, limitations in the ability to interpret the ranking outputs, especially when a kinase appears to be both up and down-regulated in the same sample/experiment and when non-physiologically relevant kinases are ranked above the physiologically-relevant ones.

Kinase activity profiles are more robust than phosphoproteomic data

Due to the high complexity and stochastic nature of mass spectrometry measurements, obtaining reproducible results across studies and across laboratories can often be difficult. Multiple inter-laboratory studies have demonstrated that differences in instrumentation and pipelines can greatly impact the peptides identified in a single run, with reproducibility being highest between technical replicates from the same instrument [6, 48]. In addition, the choice of phosphopeptide enrichment

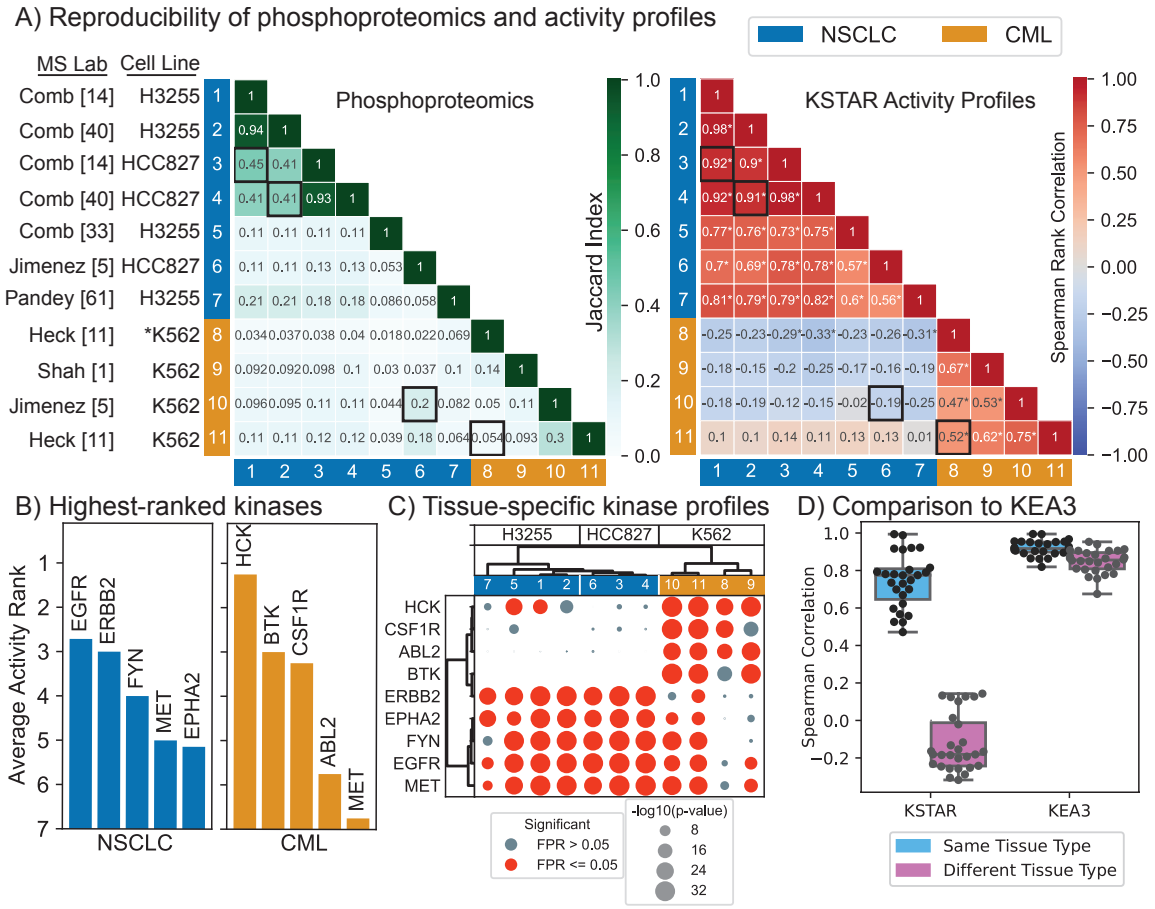

Figure 3. Tissue-specific profiles of kinase activities across independent studies of non-small cell lung carcinoma (NSCLC) and chronic myeloid leukemia (CML) cell lines. A) Comparison of the phosphoproteomic results obtained by each study (left) and the kinase activity profile predicted by KSTAR (right). We used similarity metrics to match the different data types – Jaccard similarity for phosphoproteomics and Spearman's rank correlation for kinase activity profiles. The ordering of the experiments in each heatmap is based on hierarchical clustering of the full kinase activity profile (S5 Figure). **B)** Kinases with the highest average activity ranking in NSCLC and CML cell lines. A rank of 1 indicates the most active kinase and a rank of 50 indicates the least active. For each study, kinases were sorted by their Mann Whitney p-values to obtain the experiment-specific ranking, and then the average rank across experiments was calculated for each kinase. **C)** Kinase activity profiles for top-ranked kinases. Both the kinases and experiments were sorted using hierarchical clustering with ward linkage. Full KSTAR results for data in this figure available in S5 Figure. **D)** A systematic evaluation of how KSTAR and KEA3 perform at identifying similarities between tissues of the same type and differentiate between tissues of different types based on predicted kinase activity/enrichment. KSTAR activity scores (or KEA3 kinase rankings) from each dataset were compared using Spearman's rank correlation, and results are plotted for within-tissue comparisons (NSCLC vs. NCLSC or CML vs. CML) and between tissue comparisons (NSCLC vs. CML).

method can further increase variability and lead to differences in the type of phosphopeptides identified [11]. Here, we sought to determine whether kinase activity profiles obtained from KSTAR can robustly identify similarities and differences between samples, even in cases where there is low overlap in the phosphopeptides identified by mass spectrometry. To do so, we obtained a total of 11 different phosphotyrosine datasets from 7 different studies and 5 different labs. Of these 11 datasets, 7 profiled the phosphoproteome of non-small cell lung carcinoma (NSCLC) cell lines with activating mutations in EGFR (H3255 and HCC827) [5, 14, 33, 40, 61] and 4 datasets profiled K562 cells, a chronic myeloid leukemia (CML) cell line containing the BCR-ABL fusion protein [1, 5, 11].

Based on the Jaccard similarity between sites identified in each dataset, most experiments exhibit low overlap with the other experiments (Fig 3). The datasets with the highest overlap all stem from either the same study, the same lab, or both. In the only case where both K562 cells and NSCLC cells were profiled by the same study (dataset 6 and 10, [5]), the NSCLC sample shared the highest site similarity with the corresponding K562 sample rather than NSCLC samples from other studies. Overall, it is difficult to identify a clear pattern of separation between the NSCLC cell lines and K562 cells with the phosphoproteomic datasets alone. However, kinase activity profiles are capable of identifying shared profiles amongst all cells of the same type and reducing perceived similarity between studies from different cell types – datasets from the same cancer type were either moderately or strongly correlated ($r \geq 0.47, p < 0.05$), while those from different cancer types were either uncorrelated or weakly negatively correlated ($r < 0.15$). When the same analysis was performed using KEA3 [25], the only other algorithm capable of generating predictions in non-quantitative settings, kinase rankings tended to be highly correlated across all datasets ($r >= 0.68, p <= 0.05$), regardless of tissue similarity (Fig 3D,S5 Figure). Hence, the transfer of phosphoproteomic data into kinase activity profiles using KSTAR greatly improves the comparability of independent phosphoproteomic experiments, a feat not currently attainable by any currently available algorithm.

To verify that the kinase profiles that improved similarity within cell types and discrimination between cell types was connected to the underlying biology, we explored the top-ranked kinases across each cell type (Fig 3B). On average, EGFR was ranked as the most active kinase across all of the NSCLC cell lines, which is consistent with these lines carrying activating EGFR mutations. In K562 cells, the most active kinases were hematopoietic kinases HCK and BTK. Only MET appears as a highly active kinase in both cell types. We found that using only these top ranked kinases was sufficient to separate the cancer types by hierarchical clustering (Fig 3C). Further, the two NSCLC cell lines tended to cluster separately with this subset of kinases, which was not observed when using the entire kinase activity profile (S5 Figure). Overall, these results suggest that KSTAR is able to robustly predict kinase activity profiles that define a particular tissue type and results in robust identification of samples coming from similar tissues, which is not possible from phosphoproteomics directly.

Kinase predictions in breast cancer

We next wished to ask if KSTAR predictions from bulk biopsy of human tumors might be informative for identifying patient-specific kinase activity profiles. We selected breast cancer in order to compare HER2/ERBB2 activity with clinical diagnosis of HER2-overexpression. We applied KSTAR to the CPTAC dataset of 77 breast cancer patients, using data from the consortium as published in Mertins et al. [29] that passed quality control for phosphoproteomics. Figure 4A focuses on ERBB2-activity predictions and the clinical status of the patient tumor. We considered three different cutoffs for making a binary decision of whether KSTAR predicts a tumor is "ERBB2 active", based on FPR (less than 0.05 and 0.1) or by the activity score (greater than 3, or having less than 1 in a 1000 chance that the number of sites observed in ERBB2 networks occurred by random chance). These different cutoffs produced varying rates of "true positives" (HER2+ patients predicted as having ERBB2 activity) from 27 to 50% and the selection of cutoff had a minimum impact on the false negative rate (19-24% HER2-negative tumors are considered active). All ranges showed excellent true negative rates (76 to 81% of HER2-negative tumors are predicted as inactive). Since there are different ways to convert KSTAR scores into a binary prediction, we tested whether KSTAR rankings of ERBB2 activity was coordinated with HER2-status. Using a GSEA-style analysis to measure coordination between the continuous value

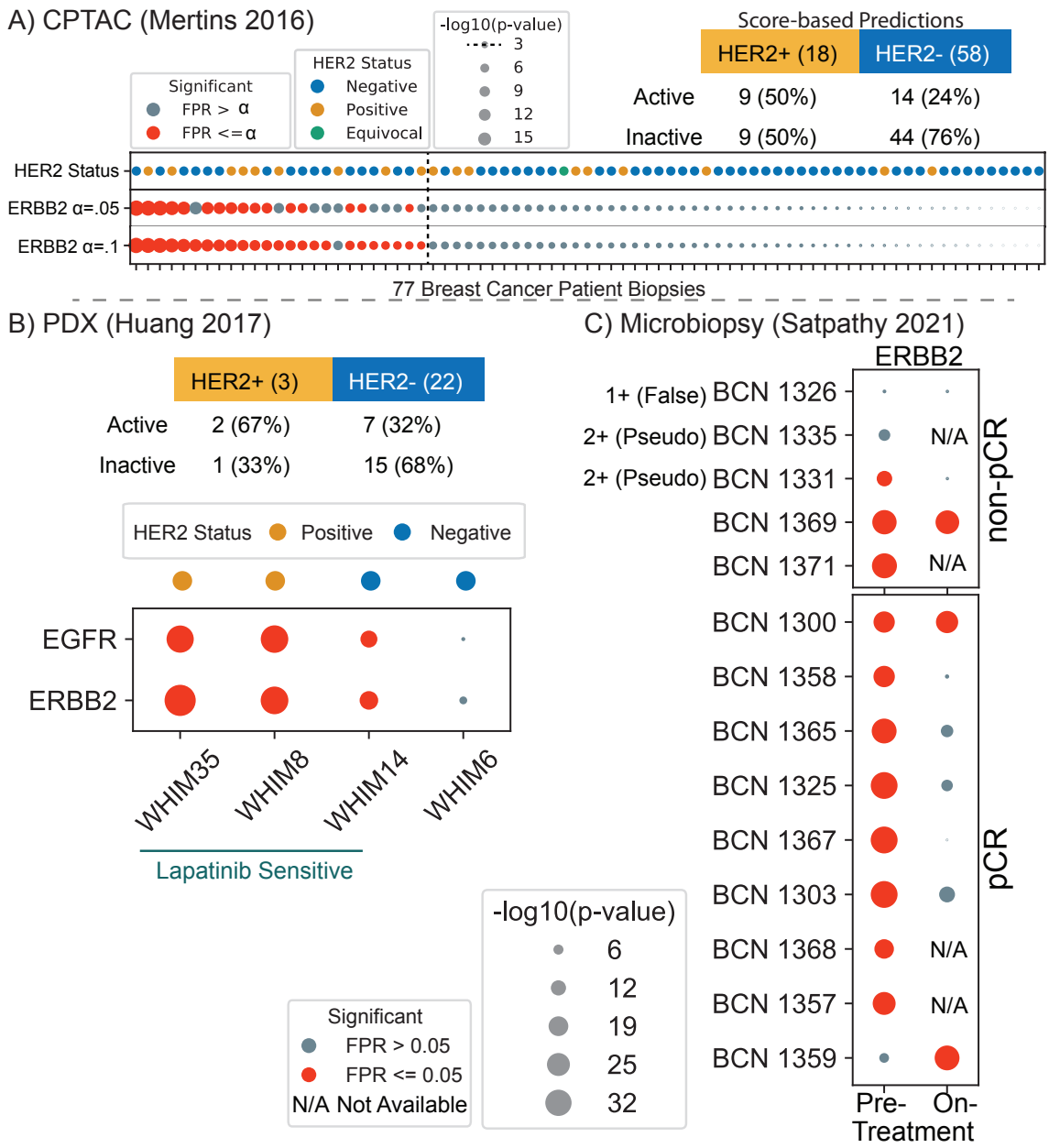

Figure 4. KSTAR applied to breast cancer biopsies in three studies. HER2 is used when referring to clinical diagnosis and ERBB2-activity for ERBB2/HER2 activity predictions. **A)** KSTAR predictions of ERBB2-activity for the 77 breast cancer patients in the CPTAC dataset [29] and their clinical IHC/FISH HER2-status is given (samples are ranked by ERBB2-activity prediction score). The table gives the total number of HER2-positive and HER-negative patients and the KSTAR predictions for ERBB2/HER2 activity for the best of three cutoffs (score-based) considered for designation of ERBB2-active: $FPR <= 0.05, FPR <= 0.1$, and $score > 3$. **B)** Predictions of EGFR and ERBB2 activities for the patient derived xenograft (PDX) models published in Huang et al. [20] subset that were treated with lapatinib (EGFR/HER2 targeted therapy), where WHIM14 is a HER2-negative tumor that showed a surprising response to lapatinib treatment. The table reports the HER2-status of all 25 PDX tumors and KSTAR ERBB2/HER2-activity predictions. **C)** The ERBB2-activity predictions for tumor biopsies of patients enrolled in a HER2-positive study by Satpathy et al. [42]. Five patients were non-pathologically complete responders (non-pCR) and the remainder were pathologically complete responders (pCR). Biopsies were taken pre-treatment and most patient's also had an on-treatment biopsy taken with phosphoproteomic profiling. The first three non-responders were reclassified for HER2-status upon additional analysis in Satpathy et al. and results are shown as one false positive and two classified as "Pseudo-positives". Full KSTAR results for data in this figure available in S6 Figure.

KSTAR activity score and the binary label of HER2-status, we found significant coordination ($p = 0.023$). We performed the same analysis with KEA3 and found there was no coordination between KEA3 prediction of ERBB2's rank and HER2-status, and only two of the 77 patients had enough data to obtain significant predictions from KSEA-based analysis (S6 Figure), suggesting that neither approach can currently be used for clinical prediction of basal ERBB2-activity in human tumors.

To our surprise, despite the fact that KSTAR predictions are well-correlated with HER2 status, some of the most ERBB2-active predictions occur in HER2-negative patients. Also, some HER2-positive patients demonstrate extremely low levels of ERBB2-activity. This difference between HER2-status and ERBB2-activity is feasible, since overexpression of HER2 may not necessarily lead to functional ERBB2 receptors at the cell surface and all breast epithelial cells contain some level of ERBB2, which could have activity without the requirement of amplification or overexpression. However, from this data, which lacks longitudinal patient information, it is not possible to know if KSTAR predictions are accurately identifying the HER2-positive patients that will not be responsive to HER2-targeted therapies (a number that varies but is thought to range between 35 and 50% of HER2-positive patients [42, 44], or instead demonstrates issues with inferring tumor activity from complex bulk biopsies.

In order to test whether the departure of ERBB2-activity from HER2-status is clinically predictive of ERBB2-therapy response, we sought out additional datasets. These additional datasets include the phosphoproteomics of patient-derived xenografts (PDX) of breast cancer tumors [20], predominantly from HER2-negative patients, and the phosphoproteomics of HER2-positive breast cancer patients with data both before and 48-72 hours after starting a combined chemotherapy and HER2-targeted therapy [42]. Although small, each of these datasets included response data to HER2-targeted therapy, allowing us to query whether KSTAR predictions are correlated with clinical response.

PDX models of breast cancer

The PDX dataset [20] measured the phosphoproteomics of 25 breast cancer PDX models, which were predominantly HER2-negative. Of the three HER2-positive PDX models, we predict two of them are ERBB2-active and represent the highest activity levels of HER2/ERBB2 that we see across the entire dataset. We predict the third HER2-positive model as having globally low tyrosine kinase activity, including insignificant levels of ERBB2-activity. On the other hand, we predict 31.8% of the HER2-negative PDX models have evidence of ERBB2-activity, double the rate we observed in the CPTAC predictions. The researchers in this study selected 4 PDX models to treat with the EGFR/HER2 inhibitor lapatinib. They selected two HER2-positive models, WHIM35 and WHIM8 (both of which we predict are the models we predict are ERBB2-active), and two HER2-negative models, WHIM14 and WHIM6. The authors were surprised to find that WHIM14 demonstrated significant response to lapatinib treatment. However, KSTAR predicts that the tumor has significant levels of both EGFR and ERBB2 activity, similar to WHIM35 and WHIM8, which also respond to lapatinib treatment. Hence, KSTAR predictions of EGFR and ERBB2 basal activity correspond with lapatinib response, including the surprising result of a HER2-negative tumor responding to HER2-specific therapy. This data suggests that kinase activity predictions from phosphoproteomic data may be capable of identifying patients who could benefit from HER2-targeted therapy despite being diagnosed in current clinical standards as HER2-negative. Together with the the CPTAC analysis, it suggests there are around 16 to 31% of HER2-negative patients that might benefit from HER2-targeted therapy.

HER2-positive patient study and response to treatment

In the study by Satpathy et al. [42], the researchers developed a method to section a biopsy for a suite of molecular analyses, including microscaled proteomics and phosphoproteomics. This study consisted of 14 clinically-identified HER2-positive patients. Microscaling the analyses allowed the researchers the ability to perform replicates and analyses on new biopsies taken 48 to 72 hours following the commencement of a combination of chemotherapy and HER2-targeted therapy. Thirteen of the patients were treated with docitaxel and the combination of trastuzumab and pertuzumab, while one patient (BCN 1369) received paclitaxel and trastuzumab alone. In the study, 9 of the 14 patients were diagnosed as pathologically

complete responders (pCR) and 5 patients were non-pathologically complete responders (non-pCR). This study provides an excellent opportunity to explore the reproducibility of KSTAR predictions across replicates, the relationship between therapy response and predictions of kinase activity pre-treatment, and the connection between response and ERBB2-activity, including on-treatment biopsy data, although complicated by the combination of treatment with chemotherapy.

From kinase activity predictions, we focused on the prediction of ERBB2 activity across replicates and samples, where we found consistent predictions across all replicates of a patient sample (S6 Figure), which confirms that both the replication of the data and predictions from that data are robust. We saw a larger range of KSTAR activity scores in this dataset for ERBB2, compared to the TCGA/CPTAC dataset, likely due to a larger sampling of pTyr sites. Of all 14 patients that have been clinically diagnosed as HER2-positive, we predict 3 of the patients (BCN1326, BCN 1335, and BCN 1359) lack evidence of ERBB2-activity in the pre-treatment phosphoproteomic data and an additional patient, BCN1331 with the next lowest activity and an FPR rate right at significance of 0.05. Three of these patients are non-pCR, suggesting that lack of ERBB2-activity basally may be a reason for non-response to chemotherapy combined with targeted HER2-therapy (Fig. 4C). In the original study, the researchers re-analyzed patient data for the non-pCR patients and found that BCN1326 was a HER2 false-positive, having no indication of ERBB2-amplification or increased protein expression and it is also the patient we predict has the lowest ERBB2-activity. Patients BCN1331 and BCN1335, also with low KSTAR scores for ERBB2-activity, were re-labeled by the research team as"pseudo-HER2-positive" having evidence of HER2 copy number increases, which did not translate to the protein levels. When KEA3 was applied to this same dataset, ERBB2 was not found to be higher than the 6th ranked kinase in any patient sample (S6 Figure), whereas KSTAR predicted ERBB2 in the top 4 most active kinases in all the true basally HER2-positive patient samples, with the exception BCN1359. These results demonstrate that KSTAR predictions of phosphoproteomic data can complement clinical diagnosis of HER2 status, a designation that is clearly not perfect by IHC and FISH alone [22, 42].

KSTAR predictions from on-treatment samples are also promising, suggesting that six of the seven patients with pre-treatment ERBB2-activity are predicted to demonstrate a decrease, below significance, of ERBB2-activity on-treatment (Fig 4C). There are two patients where predictions suggest there is no response to ERBB2-targeted therapy, BCN 1369 (non-pCR) and BCN 1300 (pCR). These data suggest that these patients are not benefiting from the HER2-therapy arm. Additionally, these two patients are most similar according to their tyrosine kinase activity predictions (S6 Figure), suggesting that resistance to HER2-therapy might be encoded by their particular pattern of tyrosine kinase activities. BCN 1371, the last non-pCR patient, which has no on-treatment sample, has a similar kinase activity profile to the HER2- non-responders BCN 1369 and BCN 1300. Similarly, BCN 1357 and BCN 1368, which have no on-treatment phosphoproteomic data, cluster most similarly with BCN 1358 and BCN 1368, respectively, both of which show robust decreases in ERBB2-activity on-treatment. Where these similarities between pre-treatment patient responses and clinical outcomes are seen in tyrosine kinase activity profiles, they are do not occur in serine/threonine kinase activity profiles (S6 Figure).

The final ERBB2-predicted negative patient, BCN1359, represents a unique case, as we predict it has low pre-treatment activity that increases on therapy. Satpathy et al. did not redefine the HER2-status of this patient and their analyses show this patient also uniquely undergoes an increase in ERBB2 mRNA and protein upon treatment. A unique trait of BCN1359's pre-treatment kinase profile is EGFR-activity, in the absence of ERBB2-activity. This status is rare as we have typically observed, across the breast epithelial and breast cancer samples we have profiled, that EGFR and ERBB2 activity are often jointly active or inactive, consistent with the obligate dimer behavior of ERBB2. Ultimately, BCN1359 went on to become a pathologically complete responder. However, KSTAR predictions suggest that response may have been a product predominantly of the chemotherapy component of the treatment or that the pre- and post-treatment samples were possibly swapped at some point in the study. Alternately, these results might suggest that the pre-treatment and post-treatment samples were accidentally swapped at some point.

Discussion

We set out to develop a kinase activity inference method that could translate to clinical phosphoproteomics, requiring no comparative or quantitative data. The application of KSTAR to diverse experiments supports the idea that the KSTAR score is a reflection of kinase activity – the score increases with increasing kinase activities and decreases as a result of direct kinase inhibition. We found that these continuous-valued scores, up to the limit of statistical saturation, can identify the most active kinases within tissues and differences in kinase activities between samples. These results also suggest that activity scores are comparable across kinases within an experiment, as the kinases with the highest activity scores in each tissue tended to be the ones you would expect, such as HCK and BTK in chronic myeloid leukemia cells and EGFR and ERBB2 in non-small cell lung carcinoma. Since we set all kinase networks to the same size (treating tyrosine and serine/threonine kinases independently), if more phosphorylation sites were sampled from one kinase's network then another, this directly translates to a larger activity score.

In addition to providing a continuous valued KSTAR score that reflects the degree of kinase activity in sample, the associated false positive rate and score allow for a definition of significant kinase activity, a particularly important characteristic for determining whether a patient may respond to a specific inhibitor therapy. For example, using FPR rates of less than or equal to 0.05 as an indicator of ERBB2 activity, KSTAR accurately identified the three patients in the microbiopsy study from Satpathy et al. [42] that were falsely diagnosed as HER2-positive. KSTAR also correctly predicted that a clinically diagnosed HER2-negative PDX model would be responsive to EGFR/HER2 therapy, suggesting that phosphoproteomics and KSTAR can offer an orthogonal clinical diagnostic for breast cancer patients. We found the application of KEA3 to these datasets difficult to interpret, where HER2 was ranked between the 6th and 27th most enriched kinase across all HER2-positive patients in the Satpathy study. Further, there was no relationship between ERBB2 kinase rank and true HER2 clinical status or post-treatment response. As a successful clinical diagnostic needs clearly define when a patient will respond to treatment (i.e. is the kinase active?), the lack of a clear or effective significance cutoff suggests that KEA3 is not well suited to this particular setting. Similarly, KSEA application to these studies of breast cancer was difficult since most tyrosine kinases had too few substrate annotations to achieve statistical significance/robustness, with no patients in the CPTAC study being identified as significantly ERBB2 active. Further, KSEA, and any algorithm that relies on quantitative data, cannot be used to determine basal status of oncogene activity in a patient sample (in CPTAC study, relied on relative quantification against a pooled sample). Therefore, KSTAR is unique in the field in producing an interpretable score that can be used both as a binary reflection of activity and as an indicator of the amount of activity across samples and tissues, including from controlled cell samples and complex whole tissue biopsies.

During this work and development of KinPred [57], we learned that one of the likely barriers to using prediction networks (such as in KSEA [16]) is that they cannot be used as published – where only high score edges are kept (leading to problems summarized in S2 Figure). However, the reliance of the field on annotations means that 95% of the phosphoproteome is inherently disregarded, resulting in the inability to robustly predict important clinical kinases due to the lack of too few substrates (one to zero in the case of the CPTAC breast cancer data for predicting HER2-activity using KSEA). The heuristic pruning of these networks (Supplementary Methods), as opposed to thresholding, allows KSTAR to maintain more than 80% of all phosphorylation sites across the experiments tested here, harnessing the true power of phosphoproteomics. Additionally, the identification of high false positive rates for certain kinases in base networks, such as LCK, led us to develop mitigation strategies for the study bias that results in experiment- and kinase-specific false positive rates (where experiments tend to have more well-studied substrates identified than expected and some kinases tend to have more strong connections to these). We observed that our mitigation strategies (during network pruning and random dataset generation for empirical measures of false positive rates) lessens the effects of study bias. While we were unable to fully overcome these biases (for example, in the CPTAC data there were some high false positive rates for ERBB2 that made it less clear what the binary cutoff should be for predicted activity), the reporting of an empirical false positive rate for each activity score allowed for the identification of large scores that may be due to study bias effects and/or random chance. We believe this general approach to developing

empirical measures of random kinase activity/enrichment would be helpful to other algorithms, as the current lack of study bias control in KSEA and KEA likely explains why they often produce large scores/ranks for the same kinases we saw high false positive rates for in tissues where these are irrelevant (e.g. LCK, a hematopoietic kinase, is KSEA's highest scoring kinase in mammary epithelial cells in response to epidermal growth factor stimulation, which is inconsistent with the cell type and the stimulation, but consistent with LCK having high study bias). In this regard, we expect algorithms that rely on relative quantification by mass spectrometry would exacerbate the study bias issue where high-leverage sites are more likely to yield data, but also more likely to be well-studied and reinforce underlying study bias.

Although the kinase prediction field has recently moved towards compiling large datasets of kinase inhibition experiments for benchmarking purposes [16], we explicitly selected not to use that approach in this work. Benchmarks assume that a successful kinase algorithm should show the greatest change in the kinase directly targeted by the designed inhibitor. However, our experience is that this simple encoding is rarely realistic or useful. For example, BCR-ABL inhibition is therapeutically helpful without creating the most meaningful changes in ABL activity, but in dampening downstream effects of oncogenic ABL activity [1] – a finding reproduced by KSTAR. Additionally, the field of polypharmacology is predicated on exploiting cross-reactivity of kinase inhibitors, an almost universal property of small molecule inhibitors of kinases [2, 39, 47], bringing into question the relevancy of simplistic one inhibitor to one kinase alterations expected in complex systems. Additionally, we noted that these datasets are heavily skewed towards serine/threonine kinases and specific subsets of kinases, suggesting that performance used on these benchmarks would favor a select set of few kinases (S7 Figure). Hence, these benchmarking sets do not represent a diverse sampling of serine/threonine and tyrosine kinases as one would hope to use for establishing the broad utility of kinase activity inference. Instead, here we focused on testing KSTAR across large cross-sections of tissue types, activation of networks, and inhibition ultimately asking whether the results matched useful and relevant physiological insights. In applying KSTAR (and KEA3 for comparison) to independent sampling of two main tissue types of different origins, we suggest that a more unbiased approach to kinase activity inference testing/benchmarking is possible – it imposes no specific constraints on specific kinase activities, it assumes that samples of similar tissue origin should be more similar to each other than they are to samples from different tissue lineages. In this regard, KSTAR showed excellent promise, making phosphoproteomic experiments from different labs on the same tissue significantly more comparable and increasing discrimination between samples of a different tissue origin. The only other algorithm in existence that can be used for this type of assessment, KEA3, did not demonstrate this ability.

Materials and Methods

Data Preparation and Mapping

All phoshoproteomic datasets used in this study were downloaded from the relevant journal site (typically found as supplementary data or tables in Excel). We identified the datasheet columns (a protein accession and a peptide indicating the phosphorylation site or an amino acid position) that allowed us to map the specific protein and phosphorylation site to the central ontology developed in KinPred [57]. If Uniprot accessions were not available, we used Uniprot web services to map to the Uniprot accession. KSTAR has a mapping function that matches the protein record and site information to the central KinPred ontology and appends two confirmed columns in that same ontology. Failure to map the protein or the site results in exclusion of that peptide from the mapped experiment, which happens in about 1 to 10% of peptides in any given dataset, an event that is logged. Also logged by mapping is if the site position is altered from the dataset to the ontology in cases where the reference protein is different than the database representation used by the authors of the study. The mapped files and their error and warning logs are provided in Supplementary Data available on FigShare (`https://doi.org/10.6084/m9.figshare.14919726`).

In the experiments where relative quantification of phosphosites across multiple conditions was

available, we used a relevant threshold to include or exclude specific sites as evidence in that particular experimental condition, while still ensuring that every experiment contained a sufficient number of sites to be statistically powerful (generally 50 or more sites for tyrosine, 1000 or more sites for serine and threonine). These thresholds, their meaning, and the resulting evidence sizes for experiments for all datasets are given in S2 Table and these experiments are stored in KSTAR outputs as binary evidence used to generate kinase activity predictions (also available in FigShare Supplementary Data).

Comparing Phosphoproteomics Datasets

When comparing different phosphoproteomics datasets, all data was first mapped to KinPred, as described above. After mapping, the set of phosphosites identified in each dataset was obtained, where any site present in a sample, regardless of relative quantification, was considered in the set. The similarity of two sets of sites were compared using the Jaccard index, defined by dividing the intersection of the two sets (number of sites identified in both experiments) by the union (the total number of unique sites identified across both experiments). To compare these same experiments based on their KSTAR profiles, we used Spearman rank correlation, as implemented in the SciPy Python package [50]

KSTAR algorithm implementation and details

All parts of the KSTAR algorithm, including pruning, mapping, activity inference, and plotting were implemented using Python3. The KSTAR code is highly customizable regarding the networks used, the limits on when to stop network pruning, the number of random experiments, and the number of decoy runs to use in FPR calculation. However, here we used the same parameters for all analyses as described and all data and code are provided on open source platforms (GitHub and Figshare), described below.

The 50 heuristically pruned networks were generated according to the rules discussed in Algorithm Overview, where tyrosine kinases had a finishing limit of 2000 substrates per kinase and serine/threonine kinases had a finishing limit of 2500 substrates per kinase. Further, substrates could be connected to no more than 10 tyrosine kinases or 20 serine/threonine kinases. The final networks also guaranteed that each kinase had the same proportion of substrates based on "study bias" according to the total number of compendia substrates are annotated by and as defined by KinPred [57]. Substrates can be found in none or any of the five compendia included in ProteomeScout [27]: UniProt [4], phosphoELM [13], HPRD [38], dbPTM [26], or PhosphoSitePlus [19]. The networks used were downloaded from KinPred version 1.0 and based on the February 2020 reference phosphoproteome. The final networks used in this work are available on Figshare.

We generated 150 unique random experiments for every experiment under consideration and such that the distribution of "study bias class" was the same as the real experiment, where study bias was defined as having low, medium, or high study bias based on being annotated in 0, 1-2, or 3-5 compendia. Unlike network generation, which uses the exact number of compendia annotations in the definition of study bias, random sampling groups the categories into classes, in order to guarantee true random sampling from the high study bias categories, since the number of total substrates annotated by 5 compendia is small. The false positive rate of the p-value observed in an experiment for a kinase is then calculated as the proportion of random experiments that had that p-value or more significant across the set.

Statistical tests, including the hypergeometric test and the one-sided Mann Whitney U test, were performed using functions found within the stats module of the SciPy Python package [50]. For cases where datasets were large, such as for the two global phosphoproteomics studies [24, 52] or for large serine/threonine networks, the KSTAR activity predictions were performed using a highly parallel version of the original code, implemented using the Nextflow software package [12].

KSEA implementation

KSEA was implemented in Python3 as described in the original publication [7] and at (`https://github.com/casecpb/KSEAapp/`). KSEA uses a z-score transformation to calculate the

enrichment of substrates for each kinase, according to the following formula:

$$score_k = \frac{(\bar{s} - \bar{p})\sqrt{m}}{\delta} \tag{1}$$

where $\bar{s}$ is the mean log2fold abundance of the substrates of kinase k, $\bar{p}$ is the mean log2fold abundance in the entire dataset, m is the number of substrates of kinase k identified in the dataset, and δ is the standard deviation of log2fold abundance across the dataset.

Significance is assessed using a right-tailed test and Benjamin-Hochberg FDR correction is applied to obtain the final list of significant kinases. Kinase-substrate annotations used for prediction were downloaded from PhosphoSitePlus [19], and mapped to KinPred as described in previous section. We compared our implementation of KSEA results to the available KSEA webapp [54] and found them to be consistent overall, but our mapping to PhosphoSitePlus (November 2021) increased the number of annotations in general, compared to the webapp (2016 PhosphoSitePlus data).

KEA3 implementation

In KEA3, kinases enrichment rankings are obtained for each of 11 different protein-protein interaction (PPI) or kinase-substrate interaction (KSI) databases based on the results of a Fisher's exact test. The mean rank is then obtained by averaging the ranks from each database, and it is the mean ranks that produce the final kinase enrichment ranking.

To obtain results from KEA3, gene names were obtained for each protein identified in a sample either from the original datset itself or by using the UniProt web services to convert Uniprot accessions to the correct gene name. These gene names were then run through either the KEA3 web app or the KEA3 API via python3. To make results directly comparable to KSTAR results in Figures 3 and 4, the same sites/genes used for KSTAR predictions were used for KEA3. Further, kinases without predictions in KSTAR were removed and kinases were then ranked across these 50 kinases based on their mean rank. Notably, the removed kinases include many serine/threonine kinases, which are not relevant to the phosphotyrosine enriched datasets where KEA3 is applied, hence the removal of non-overlapping kinases in KEA3 ultimately resulted in more relevant predictions that were dataset specific (not available to users using the web interface).

Data and Code Availability

All data and results used throughout this paper, including the processed and mapped datasets, the random experiments generated for each run, and the final KSTAR results have all been deposited in KSTAR FigShare (`https://doi.org/10.6084/m9.figshare.14919726`). KSTAR can be implemented using the Python package found here: https://github.com/NaegleLab/KSTAR, which also includes Jupyter Notebooks of all analyses and plots for every dataset in this paper.

Supporting Information

Supplementary Methods

Extended description of the KSTAR algorithm. Within this supplement, we have provided an extended discussion of the challenges with kinase activity inference methods that we set out to solve when developing the KSTAR algorithm, as well as how each step of the algorithm serves to improve activity prediction. In addition, we describe how KSTAR is implemented in practice, providing pseudocode for each of the major steps involved in the KSTAR algorithm described in Figure 1.

S1 Figure

Impact of heuristic prune on network properties and thresholding decision on the estimated kinase activity. S1.1) We compared the number of unique substrates, kinase network

similarity, and experimental coverage of KSTAR pruned networks to PhosphoSitePlus annotations and NetworKIN predictions thresholded with a value of 1. In addition, to test the effect of choosing different thresholds when binarizing experimental abundances, we used phosphoproteomic data from: **S1.2)** untreated samples in K562 cells from Di Palma et al. [11] for pTyr sensitivity analysis and **S1.3)** untreated BT-474 samples from Wiechmann et al. [52] for pSer/pThr sensitivity analysis. KSTAR analysis was performed on these datasets with run multiple times using progressively smaller evidence sizes using abundance estimates from these datasets to simulate the effect of using increasing threshold stringencies.

S2 Figure

Demonstration that phosphorylation site sampling from resources causes kinase- and experiment-specific false positive rates. The background studies, data, and demonstration that experimental datasets are skewed in the representation of well-studied phosphorylation sites, which in turn are overly connected in prediction algorithm outputs and results in experiment- and kinase-specific false positive rates that are both above and below expected rates. These studies lead to mitigation of study bias by: 1) addition of a constraint that every kinase network have the same distribution of study bias and 2) that experimental random controls should also represent the study bias of the experiment under consideration. Supplement gives methods and shows the activity predictions for datasets randomly sampled from the following compendia: **S2.1)** phosphoELM [13], **S2.2)** HPRD [38], **S2.3)** dbPTM [26], or **S2.4)** PhosphoSitePlus [19]. **S2.5)** We show the distribution of sites in the original KSTAR networks (prior to adding a study bias constraint) and **S2.6)** in the final KSTAR networks (after adding a study bias constraint).**S2.7)** Demonstration that phosphorylation sites in ProteomeScout [27] is very different than what is observed in an example phosphoproteomic dataset [20].

S3 Figure

Full KSTAR predictions for all control experiments in Figure 2. For each experiment described in 2, we have provided the full activity predictions for all kinases with available predictions and with significant activity in at least one sample for each experiment. This includes: **S3.1)** EGF stimulation in 184A1 epithelial cells [55], **S3.2)** EGF and HRG stimulation in HER2 overexpressing 184A1 epithelial cells [56], **S3.3)** TCR activation in Jurkat cells [9], **S3.4)** ABL inhibition by dasatanib in K562 CML cells [1], **S3.5)** AKT inhibition of BT-474 breast cancer cells [52], **S3.6)** BRAF inhibition by vemurafenib of two colorectal cancer cells with opposing responses [24]. Lastly, in **S3.7)** we provide MAPK1/3 activities in each colorectal cancer cell from **S3.6** after quantile normalization, which highlights the clear increase in activity in HCT116 cells despite statistical saturation of the MAPK1/3 scores.

S4 Figure

KSEA and KEA3 predictions for several of the control datasets from Figure 2. To assess how KSTAR predictions compare to currently available activity inference methods, we applied KSEA [7] and KEA3 [25], two popular methods with associated web apps. KSEA was applied to all conditions during **S4.1)** EGF stimulation of 184A1 epithelial cells [55], **S4.2)** ABL inhibition by dasatanib in K562 chronic myeloid leukemia cells [1], and **S4.3)** AKT inhibition in BT-474 breast cancer cells [52]. In each case, we also provide the number of substrates identified for each kinase with predictions in KSEA. **S4.4)** KEA3 rankings for representative conditions for each of the studies in which KSEA was applied.

S5 Figure

Full KSTAR and KEA3 predictions for all NSCLC and CML cell lines used in Figure 3. We compared the activity predictions for similar and different tissues across the datasets outlined in

S5.1. **S5.2)** Full KSTAR dotplot and the most active kinases in each dataset. **S5.3)** Heatmap displaying correlation between KEA3 rankings across datasets.

S6 Figure

Full KSTAR, KSEA, and KEA3 predictions for all Breast Cancer biopsy experiments in Figure 4. For each breast cancer dataset profiled in Figure 4, we have provided full tyrosine kinase predictions from KSTAR, as well as serine/threonine predictions and KSEA/KEA3 predictions where relevant. **S6.1)** Full KSTAR predictions for CPTAC phosphoproteome analysis of 77 Breast cancer patients [29]. **S6.2)** Comparison of ERBB2 activity predictions in CPTAC patients for KSTAR, KEA3, and KSEA. **S6.3)** Full KSTAR predictions on PDX models of breast cancer [20]. **S6.4)** Full tyrosine kinase predictions for microscaled biopsies of HER2+ patients [42]. **S6.5)** Pre-treatment tyrosine kinase predictions for microscaled biopsies. **S6.6)** Pre-treatment serine/threonine kinase predictions for microscaled biopsies. **S6.7)** Patient-specific KSTAR activity predictions for non-pathologically complete responders from Satpathy et al. **S6.8)** Patient-specific KEA3 rankings for non-pathologically complete responders from Satpathy et al. **S6.9)** Patient-specific KSTAR activity predictions for pathologically complete responders from Satpathy et al. **S6.10)**. Patient-specific KEA3 rankings for pathologically complete responders from Satpathy et al. **S6.11)** Comparison of KSTAR and KEA3 rankings across all pre-treatment predictions and their ability to differentiate between true and false positives in HER2 status.

S7 Figure

Analysis of a benchmarking dataset of kinase inhibition. This supplement includes an analysis of a large benchmarking dataset for kinase inhibitors, which demonstrates non-uniform representation of kinase families, specifically with a heavy bias towards serine/threonine kinases and a few specific sets of serine/threonine kinases.

S1 Table

Table outlining most commonly used, available kinase activity inference methods. We have compiled information regarding several popular/commonly referenced kinase activity/enrichment inference methods currently available, including KSEA and KEA3. We provide a brief description of their implementation, as well as the input data type, background networks used, whether they use quantification, and if they account for study bias.

S2 Table

Table outlining experiments used in this study. For each of the datasets used in this study, we have provided a detailed description of the experiment and how it was used in KSTAR analyses, including the threshold used to define binary evidence within them and the resulting evidence sizes.

S3 Table

Table outlining the ancestry, age, and sex of the patients for samples/cell lines used in studies analyzed by KSTAR in this paper.

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