Title: Molecular subtypes of high-grade serous ovarian cancer across racial groups and gene expression platforms

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Statement of Significance: A single pipeline was used to subtype ovarian high-grade serous carcinoma (HGSC) with array-based or RNA-Seq gene expression data. Subtype distributions differed by race, but subtype-specific survival was similar across racial groups.

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Abstract

Introduction: High-grade serous carcinoma (HGSC) gene expression subtypes are associated with differential survival. We characterized HGSC gene expression in Black individuals and considered whether gene expression differences by race may contribute to poorer HGSC survival among Black versus non-Hispanic White individuals.

Methods: We included newly generated RNA-Seq data from Black and White individuals, and array-based genotyping data from four existing studies of White and Japanese individuals. We assigned subtypes using K-means clustering. Cluster- and dataset-specific gene expression patterns were summarized by moderated t-scores. We compared cluster-specific gene expression patterns across datasets by calculating the correlation between the summarized vectors of moderated t-scores. Following mapping to The Cancer Genome Atlas (TCGA)-derived HGSC subtypes, we used Cox proportional hazards models to estimate subtype-specific survival by dataset.

Results: Cluster-specific gene expression was similar across gene expression platforms. Comparing the Black study population to the White and Japanese study populations, the immunoreactive subtype was more common (39% versus 23%-28%) and the differentiated subtype less common (7% versus 22%-31%). Patterns of subtype-specific survival were similar between the Black and White populations with RNA-Seq data; compared to mesenchymal cases, the risk of death was similar for proliferative and differentiated cases and suggestively lower for immunoreactive cases (Black population HR=0.79 [0.55, 1.13], White population HR=0.86 [0.62, 1.19]).

Conclusions: A single, platform-agnostic pipeline can be used to assign HGSC gene expression

95 subtypes. While the observed prevalence of HGSC subtypes varied by race, subtype-specific

96 survival was similar.

97

98 **Introduction**

99 Ovarian cancer is a highly fatal malignancy comprised of multiple histologically-defined
100 subtypes (i.e., "histotypes"). High-grade serous carcinoma (HGSC) is the most common
101 histotype (1), and an important contributor to ovarian cancer mortality (2–4). HGSC is also
102 molecularly heterogeneous, which is relevant to both prognosis and treatment. Prior studies have
103 described between three and five molecularly distinct subtypes (5–10), and, while no gold
104 standard exists for defining these subtypes, they are commonly mapped to the four TCGA-
105 derived subtypes, which are similar to those reported in Tothill et al., 2008: mesenchymal
106 (Tothill C1.MES), proliferative (Tothill C5.PRO), immunoreactive (Tothill C2.IMM), and
107 differentiated (Tothill C4.DIF) (5,11). Key characteristics of the mesenchymal subtype include
108 high expression of HOX genes, increased stromal components, and poor survival (5,9,11). The
109 proliferative subtype has been characterized by low expression of ovarian tumor markers (e.g.,
110 MUC1, MUC16), high expression of transcription factors, and intermediate survival (5,9,11).
111 Defining characteristics of the immunoreactive subtype include the enrichment of genes and
112 pathways associated with an immune response, including CD3+/CD8+ T-cell markers and genes
113 in the CXCL9, CXCL10, CXCL11/CXCR3 axis for immune activation, and more favorable
114 survival (5,9,11). The differentiated subtype has been the most difficult to characterize and
115 reproduce (7,12), yet multiple studies have described it as having high expression of ovarian
116 tumor markers (e.g., MUC1, MUC16, SLPI) and intermediate to good survival (5,9).

117 Since HGSC gene expression-based subtypes have potential clinical utility, it is of
118 interest to develop a clinical-grade, gene expression-based subtype classifier that is applicable
119 across diverse populations. One recently developed gene-set assay, the Predictor of high-grade-
120 serous Ovarian carcinoma molecular subTYPE (PrOTYPE) assay, was derived using array-based

121 gene expression data from mostly non-Hispanic White individuals and migrated to a NanoString
122 platform (11). The PrOTYPE assay has been reported to classify HGSC into the four TCGA-
123 derived subtypes with >95% accuracy (11). Here, we leverage RNA-sequencing (RNA-seq) data
124 to characterize HGSC gene expression subtypes among a more racially diverse study population,
125 including a population of >300 self-identified Black individuals. Prior studies have noted that
126 Black individuals have poorer overall ovarian cancer survival (13), and poorer three-year and
127 six-year HGSC survival when compared to White individuals (14,15), so inclusion of Black
128 individuals in the derivation of HGSC molecular subtypes is especially important.

129 In the present study, we used K-means clustering to assign HGSC tumors from Black,
130 White, and Japanese individuals to molecular subtypes (7). Following subtype assignment, we
131 compared subtype-specific gene expression, subtype frequency, and subtype-specific survival
132 across all possible pairs of studies with different racial distributions (e.g., Black, White,
133 Japanese), and different data types (array-based gene expression data, and RNA-seq).

134 **Methods**

135 *Primary study population*

136 We included epithelial ovarian cancer cases enrolled in one of two population-based
137 case-control studies, the North Carolina Ovarian Cancer Study (NCOCS, diagnosis dates 1999-
138 2005) (16), and the African American Cancer Epidemiology Study (AACES, diagnosis dates
139 2010-2015) (15,17). Both studies enrolled epithelial ovarian cancer cases covering a range of
140 histotypes, grades, and stages, though some of the most aggressive cases were missed because
141 they were feeling very ill or were already deceased by the time they were invited to participate in
142 research (15). Written informed consent was obtained for NCOCS participants, while AACES
143 participants provided verbal consent and signed medical record and pathology release forms to

144 allow for access to tumor tissue. All cases were confirmed via centralized pathology review.
145 Both the NCOCS and AACES studies were approved by the Duke Medical Center Institutional
146 Review Board (IRB) and the IRBs of participating enrollment sites.

147 Together, the AACES and NCOCS included 747 Black ovarian cancer cases, 464 of
148 which were HGSC. Of these, 325 provided consent to participate in biospecimen-based research
149 and had adequate tissue available to pursue RNA extraction (**Supplemental Figure 1A**). Fifty-
150 three of these cases were excluded from gene expression analyses due to a history of neoadjuvant
151 chemotherapy, which can influence observed gene expression (**Supplemental Figure 1B**).
152 Following these exclusions, there were 272 self-identified Black or African American cases (3
153 Hispanic; 269 non-Hispanic) who we subsequently refer to as "SchildkrautB". The NCOCS
154 study included 1,014 White cases, 484 of which were HGSC. Of these, 316 provided consent to
155 participate in biospecimen-based research and had sufficient tissue available to pursue RNA
156 extraction (**Supplemental Figure 2A**). None of these cases had neoadjuvant chemotherapy prior
157 to tissue collection, so all were considered eligible for gene expression analyses. We
158 subsequently refer to this set of 316 non-Hispanic White cases as "SchildkrautW".

159 Demographic characteristics, disease characteristics, and vital status were available for all
160 individuals included in SchildkrautB and SchildkrautW. Information on age at diagnosis was
161 obtained from questionnaires and pathology reports. Tumor stage, debulking status, and use of
162 neoadjuvant chemotherapy were abstracted from medical records and pathology reports. The
163 proportions of intratumoral CD3+ T cells and CD3+/CD8+ suppressor T cells were obtained
164 from multiplex immunofluorescence staining of formalin-fixed paraffin-embedded (FFPE) tissue
165 (18). Vital status was assessed using data from population-based cancer registries, obituaries,
166 LexisNexis, and the National Death Index.

167 *Acquisition of gene expression data*

168 RNA was extracted from FFPE tumor tissue and stored at -80°C. An initial quality
169 control (QC) evaluation revealed substantial RNA degradation, so a re-purification step
170 consisting of DNAase treatment and purification on a Zymo research spin column was
171 completed before library preparation to reduce the bulk of degraded RNA product (i.e., RNA
172 product <200 nucleotides in length). Following re-purification, RNA libraries were prepared
173 from total RNA samples (5-100 ng) using reagents from the Illumina Stranded mRNA Prep (cat#
174 20020189) and the Illumina RNA UD Indexes Set (20091657) for reverse transcription, adapter
175 ligation, and PCR amplification. Amplified libraries were hybridized to biotin-labeled probes
176 from the Illumina Exome Panel (cat# 20020183) using the Illumina RNA Fast Hyb Enrichment
177 kit (20040540) to generate strand-specific libraries enriched for coding regions of the
178 transcriptome. The quality of exon-enriched libraries was assessed on an Agilent Technologies
179 2200 TapeStation using a D1000 ScreenTape assay (cat# 5067-5582 and 5067-5583). The
180 molarity of adapter-modified molecules was defined by quantitative PCR using the Kapa
181 Biosystems Kapa Library Quant Kit (cat#KK4824). Individual libraries were normalized to 0.95
182 nM in preparation for Illumina sequence analysis. Sequencing libraries were chemically
183 denatured and applied to an Illumina NovaSeq flow cell using the NovaSeq XP workflow
184 (20043131). Following the transfer of the flow cell to an Illumina NovaSeq 6000 instrument, a
185 150 x 150 cycle paired-end sequence run was performed using a NovaSeq 6000 S4 reagent Kit
186 v1.5 (20028312).

187 *Quantification of gene expression data*

188 We trimmed adapters and filtered read quality using fastp (19). We filtered to reads with
189 a PHRED score of at least 15 and a length of at least 20 base pairs. While a minimum PHRED

190 score of 15 may include some reads with low quality, we found that most bases across all
191 samples in SchildkrautB and SchildkrautW had a quality score greater than 30 (**Supplemental**
192 **Figure 3**). We quantified paired-end reads with Salmon (version 1.4.0) (20) using GRCh38
193 release 95. We used the seqBias and gcBias flags to correct for sequence-specific biases. We also
194 used the recommended rangeFactorizationBins parameter value 4, which improves quantification
195 accuracy on difficult-to-quantify transcripts. We then filtered out low-expression genes by
196 excluding genes with a median expression of 0 within a dataset (SchildkrautB: 10,620 genes
197 removed, SchildkrautW: 10,410 genes removed). We library-size normalized samples using
198 upper quantile normalization. This normalization matches the 85th percentile across samples to
199 correct for library size differences across samples.

200 *Overview of comparator study populations*

201 Consistent with the data processing pipeline used by Way *et al.* (7), we included data
202 from the TCGA (platform: AffymetrixHT_HG-U133A), Yoshihara (platform: AgilentG4112F),
203 and Tothill (platform: AffymetrixHG-U133Plus2) datasets included in the R package
204 curatedOvarianData (21), and additional data from the dataset "Mayo" (GEO Accession:
205 GSE74357, platform: AgilentG4112F). All gene expression data generated from these studies
206 was derived from fresh frozen tumor tissue. Using the R package doppelgangR (22), we
207 identified four more duplicate pairs across studies than found previously (7) and one pair of
208 duplicate samples in SchildkrautW.

209 *Clustering Methods*

210 We performed clustering analyses by modifying the pipeline from Way *et al.* (7) for
211 inclusion of RNA-Seq data. Briefly, for K-means clustering, we used the R package cluster
212 (version 2.0.6) (23), and for non-negative matrix factorization (NMF), we used the R package

213 NMF (version 0.20.6) (24). We identified the top 1,500 genes with the largest Median Absolute
214 Deviance (MAD) from each of the six datasets (SchildkrautB, SchildkrautW, TCGA, Mayo,
215 Yoshihara, and Tothill), then used their union set of 4,355 genes for clustering (**Supplemental**
216 **Table 1**). Consensus clusters for both K-means and NMF were identified using multiple random
217 starts for each value of K=2-4 (K-means starts: 100; NMF starts: 10). Each dataset was clustered
218 independently using the same set of genes.

219 We compared the similarity of clusters across datasets and clustering methods using the
220 same approach as Way *et al.* (7). We used significance analysis of microarray (SAM) (25,26) to
221 get cluster-specific vectors of moderated t-scores; this provided us with gene-specific expression
222 patterns of each cluster within each dataset. We restricted to genes that were assayed and
223 expressed across all datasets, which we denote as “common genes" (**Supplemental Table 2**).
224 Using these 8,360 “common genes", we compared clusters across: (1) datasets, and (2) clustering
225 methodologies by calculating the Pearson correlation between two vectors of moderated t-scores.
226 To use this approach on the RNA-Seq datasets, we log10(x+1) transformed the normalized
227 counts to more closely match the data distribution of the microarray datasets. We performed a
228 simulation study to examine SAM’s performance on log10 transformed counts relative to
229 DESeq2’s performance on raw counts and found comparable performance (**Supplemental Note**
230 **1**).

231 Additionally, we compared the similarity of clusters in a global and aligned principal
232 components analysis (PCA) projection. We filtered the datasets to only include the MAD genes
233 used in our clustering pipeline, then within-sample scaled the expression values to ensure
234 comparative ranges of expression across all datasets. We log10(x+1) transformed the RNA-Seq
235 expression values before scaling to better match the RNA-Seq and microarray data distributions.

236 After normalization, we concatenated the datasets to calculate a global PCA projection. We then
237 subtracted each dataset's total centroid from each dataset's cluster centroid to align each dataset
238 such that it was centered at the origin of the PCA projection. This allowed us to compare the
239 relative differences between each cluster across all datasets.

240 *Survival analyses by cluster*

241 We generated Kaplan-Meier survival curves to visualize overall survival and subtype-
242 specific survival within each dataset. We used Cox proportional hazards (PH) models to
243 calculate hazard ratios (HR) and 95% confidence intervals (CIs) quantifying the differences in
244 survival across HGSC subtypes. For five of the six datasets (SchildkrautB, SchildkrautW,
245 TCGA, Mayo, Tothill), Cox PH models were adjusted for three factors that independently
246 influence survival: age (in 5-year age groups), stage (I, II, III and IV), and debulking status
247 (optimal debulking, suboptimal or missing debulking status). Yoshihara *et al.* did not provide
248 information on age at HGSC diagnosis, so models for this dataset were adjusted for stage and
249 debulking status only.

250 *Cluster comparison between pipeline runs and consensusOV*

251 To ensure that our run of the updated Way *et al.* (7) pipeline was producing similar
252 results to those from previously published subtype predictors, we compared the assigned cluster
253 labels for each case in the TCGA, Mayo, Yoshihara, and Tothill datasets. To quantify the
254 similarity between pipeline results, we rephrased the cluster comparison problem as a prediction
255 problem. The ground-truth labels were the previously published cluster IDs (7) or consensusOV
256 (27) predictions for each case, and the predicted labels were our newly assigned cluster labels.
257 consensusOV version 1.16.0 was run using default parameters and no significance filtering. We

258 used balanced accuracy as the metric for comparing current and published labels due to

259 variations in cluster sizes. Balanced accuracy is defined in the following equations.

260 $$Balanced\ Accuracy = (Sensitivity + Specificity) / 2$$

261 $$Sensitivity = \frac{Number\ of\ True\ Positives}{Number\ of\ True\ Positives + Number\ of\ False\ Negatives}$$

262 $$Specificity = \frac{Number\ of\ True\ Negatives}{Number\ of\ True\ Negatives + Number\ of\ False\ Positives}$$

263 *Sensitivity analysis of K-means cluster assignments*

264 K-means is sensitive to outliers and local minima; therefore, we quantified the stability of

265 the cluster labels when using a subsample within each dataset. First, we removed any samples

266 that were more than 1.5x the interquartile range from the first or third quartiles in the first five

267 PCs. Using the remaining samples, we subsampled 80% of the samples within each dataset and

268 re-ran K-means clustering. We then matched the new cluster labels to the original cluster labels

269 using a greedy approach. We matched labels by finding the cluster IDs with the highest sample

270 overlap. We did this iteratively, removing each cluster from consideration once its matched

271 cluster ID was assigned.

272 *Data Availability Statement*

273 We provide all software under the BSD 3-Clause License. We include scripts for the

274 analyses presented in this manuscript, including RNA-Seq quantification, quality control,

275 clustering, and figure generation. To support reproducibility, we provide code to recreate the

276 environments and re-run both the RNA-Seq data analysis

277 (https://github.com/greenelab/hgsc_rnaseq_cluster/) and our updated clustering pipeline

278 (https://github.com/greenelab/hgsc_rnaseq_clustering_pipeline/). All derived expression data are

279 publicly available and included in Supplemental Tables 6 and 7.

280 **Results**

281 *Data quality*

282 For both SchildkrautB and SchildkrautW, we further excluded samples due to possible
283 technical artifacts (**Supplemental Tables 3 and 4)**. In SchildkrautB and SchildkrautW, 14 and 4
284 cases were re-sequenced, respectively, due to insufficient read depth, and the transcriptomic
285 profiles from the first sequencing attempt were excluded. After resequencing, all18 cases
286 attained a read depth comparable to the other sequenced samples and progressed to the next step
287 of the quality control pipeline (**Supplemental Figures 1B and 2B**). All other samples in both
288 datasets were considered high quality, with over 83.3% of reads having a base quality of at least
289 30 (**Supplemental Figure 3**). After normalization, read count distributions were similar across
290 sequencing batches, including samples previously identified by the sequencing core as low-
291 quality (**Supplemental Figure 4C-H)**. However, a small subset of samples had lower-than-
292 expected read counts. To account for this, we removed all samples where the median normalized
293 read count was below 925 or where the bottom 25th quantile read count for a sample was below
294 30. This additional read count filter removed 10 SchildkrautB cases and 5 SchildkrautW cases
295 (**Supplemental Figure 4A-B**). The final technical exclusion for SchildkrautB and SchildkrautW
296 removed samples flagged by doppelgangR (22) as having overly similar expression patterns,
297 suggesting they originated from the same tumor. Only SchildkrautW had a pair of samples
298 identified as too similar (NCO0557 and NCO0625).

299 Following the SchildkrautB and SchildkrautW technical exclusions, we applied the Way
300 pipeline exclusions to the TCGA, Mayo, Yoshihara, and Tothill datasets, and we applied
301 doppelgangR exclusions to all datasets. The sizes of our final analytic data sets were as follows:
302 SchildkrautB (n=262); SchildkrautW (n=309); TCGA (n = 499; phs000178) (5); Mayo (n = 377;

303 GSE74357) (9); Yoshihara (n = 255; GSE32062.GPL6480) (28), and Tothill (n = 241;
304 GSE9891) (6).

305 *Validation of updated clustering pipeline*

306 We updated an HGSC subtyping pipeline (7) that previously identified clusters across
307 four microarray studies from the United States, Japan, and Australia. While most of our pipeline
308 was the same, we used balanced accuracy to quantify the similarity in output between pipelines.
309 Balanced accuracy for our K-means clusters was consistently ≥0.91 across all datasets for K=2-4
310 (**Supplemental Figure 5**). The limited differences that arose were primarily due to changes in
311 stochastic elements of the clustering methods and software packages, such as differences in
312 computing environments, random seeds, and package versions. Another source of variation
313 between the output of the pipelines was the addition of the Schildkraut datasets since the genes
314 used for clustering must be shared across all datasets and have a high MAD in at least one
315 dataset (**Methods)**. After adding the Schildkraut datasets, 893 genes that were previously
316 denoted as common were reclassified as MAD genes, 609 MAD genes were re-classified as
317 common genes, and 911 genes were removed from consideration. A Venn diagram of the
318 removed genes is provided in **Supplemental Figure 6**.

319 To ensure that clustering outcomes were robust across methods, we compared the clusters
320 from two different clustering methods: K-means and NMF. We derived a gene expression pattern
321 for each cluster using the significance analysis of microarray (SAM) moderated t-score
322 (**Methods**). Using this cluster-specific gene expression pattern, we calculated the Pearson
323 correlation between moderated t-scores for clusters identified by each method. We found
324 extremely high cluster concordance in all datasets between the clusters identified by NMF and
325 K-means when we selected two and three clusters. We saw diminished concordance between

326 methods when we used four clusters. Clusters in all datasets (except the Mayo dataset for K=4)
327 had the highest concordance with the matched cluster along the diagonal (**Supplemental Figure**
328 **7**). Since K-means clustering is sensitive to outliers, we additionally ran K-means clustering in
329 subsets of 80% of the data and found that, in all datasets, the majority of samples maintained
330 their same cluster label in more than 50% of the subsampled reclusterings (**Supplemental**
331 **Figure 8)**.

332 Our final clustering validation was to compare our output to output from another external
333 HGSC subtype classifier, consensusOV (27). consensusOV combines four methods (5,6,8,9,29)
334 into a consensus classifier. Since consensusOV can only assign samples to the four Verhaak-
335 defined clusters, we only compare our K-means results for K=4. We found that our subtype calls
336 were very similar to the consensusOV calls across all microarray datasets, with a minimum per-
337 class balanced accuracy of 0.72 (**Supplemental Table 5**). We saw more discordance between
338 our calls and consensusOV when we compared RNA-Seq samples, with per-class balanced
339 accuracy ranging from 0.589-0.818 (**Supplemental Table 5**).

340 *Gene expression patterns in the self-identified Black study population compared with other study*
341 *populations*

342 Expression patterns for each cluster were summarized in two ways, first by plotting the
343 principal components of normalized and aligned centroids in each dataset, and second, using
344 SAM-moderated t-scores (7). In both approaches, we sought to determine if the relative cluster
345 distances for each individual dataset were consistent across datasets. In our principal components
346 (PC)-based approach, we normalized and projected all datasets into a shared PC space, then
347 centered them at the origin of the space. For K=3, PC2 and PC3 could separate each cluster
348 (**Figure 1a**). For K=4, PC2 and PC3 could not independently separate each cluster, but, together,

349 could differentiate them (**Figure 1b**). Furthermore, in the first three PCs, the SchildkrautB
350 dataset did not cluster away from any other datasets, and clustered closely with the
351 SchildkrautW, TCGA, and Tothill datasets.

352 In our second, complementary approach, we compared differential gene expression
353 between clusters by calculating the Pearson correlation for each cluster's SAM-moderated t-
354 score across pairs of datasets. **Figure 2** compares the cluster-specific gene expression pattern
355 between the SchildkrautB cases and cases from the other five datasets. For K=3, SchildkrautB
356 cluster-specific gene expression was highly correlated with cluster-specific gene expression
357 across all datasets, and showed the strongest correlations with SchildkrautW cluster-specific
358 gene expression. This provides strong evidence that the derived clusters from Black cases are the
359 same as the derived clusters from White and Japanese cases. A high correlation between clusters
360 was also found when performing pairwise comparisons among all six datasets (**Supplemental**
361 **Figure 9**). Similar to Way *et al.* (7), we found that the correlation of cluster-specific gene
362 expression patterns was diminished when using four, as opposed to three, clusters to describe the
363 data. This was evident when comparing SchildkrautB to each of the five other populations
364 (**Figure 2B vs. Figure 2A**) and when comparing gene expression patterns across all possible
365 pairs of datasets (**Supplemental Figure 10 vs. Supplemental Figure 9**).

366 *Subtype distributions and characteristics by study population*

367 We mapped the K-means clusters with K=4 to the four TCGA-derived HGSC subtypes to
368 compare the frequency of subtypes across datasets and evaluate how cancer characteristics vary
369 by subtype. The immunoreactive subtype was more common (39% vs 23-28%), and the
370 differentiated subtype less common (7% vs 22-31%) in the self-identified Black study population
371 when compared to the White and Japanese study populations (**Figure 3**). In analyses restricted to

372 SchildkrautB and SchildkrautW, FIGO stage differed by HGSC subtype among both Black
373 (p=0.040) and non-Hispanic White individuals (p=0.009); those with differentiated HGSC were
374 more likely to have a lower FIGO stage at diagnosis (**Table 1**). Immune infiltration also differed
375 by HGSC subtype, particularly among Black individuals (p=0.001 for CD3+ T cells; p=0.045 for
376 CD3+/CD8+ suppressor T cells; **Table 1**). In both Black and White individuals, immune
377 infiltration was higher for tumors categorized as mesenchymal or immunoreactive and lower for
378 tumors categorized as proliferative.

379 *Survival patterns for clusters*

380 Overall HGSC survival varied by study (**Supplemental Figure 11,** p-value for test of
381 heterogeneity in a stage-adjusted model <0.001), though patterns of subtype-specific survival
382 were generally similar across studies (**Figure 4**). Multivariable-adjusted hazard ratios and 95%
383 CIs indicated that, when compared to individuals with mesenchymal tumors, those with
384 immunoreactive tumors had better survival in most (SchildkrautB HR=0.79 [0.55, 1.13];
385 SchildkrautW HR=0.86 [0.62, 1.19]; Mayo HR=0.54 [0.39, 0.75]; Yoshihara HR=0.65 [0.39,
386 1.09]; Tothill HR=0.54 [0.31, 0.95]), but not all (TCGA HR=1.01 [0.69, 1.49]) study populations
387 (**Table 2**). Meanwhile, the risk of death among those with proliferative HGSC was not
388 statistically significantly different from the risk of death among those with mesenchymal tumors
389 in any study population (**Table 2**), and it was close to the null value of 1.00 in both SchildkrautB
390 (HR=0.98 [0.66, 1.46]) and SchildkrautW (HR=1.05 [0.70, 1.57]). The risk of death among those
391 with differentiated HGSC was not statistically significantly different from the risk of death
392 among those with mesenchymal tumors in five of the six study populations, and was lower in the
393 Mayo study population (HR=0.61 [0.44, 0.84]; **Table 2**).

394 **Discussion**

395 We performed a cross-platform and cross-population analysis of HGSC, including four
396 existing datasets, plus newly generated RNA-Seq gene expression data from 262 Black and 309
397 White HGSC cases. When comparing RNA-Seq data from the 309 White cases to microarray
398 gene expression data from the predominantly White populations that comprise the Tothill and
399 TCGA study populations, we observed high cluster stability within each dataset when advancing
400 from K=2 to K=4 (**Supplemental Figure 8**) and consistent cluster-specific gene expression
401 profiles across datasets (**Supplemental Figures 9 and 10**). This indicates that similar HGSC
402 gene expression clusters can be defined using combined data from array-based technologies in
403 fresh frozen tissue and RNA-seq technologies in FFPE tissue. We also observed consistent
404 cluster composition (**Figure 1**) and gene expression profiles when comparing Black HGSC cases
405 to White and Japanese HGSC cases (**Figure 2**). This indicates that HGSC gene expression
406 clusters are consistent across Black, White, and Japanese individuals, so it is unlikely that racial
407 differences in HGSC gene expression patterns are a key driver behind poorer HGSC survival in
408 Black populations.

409 Our interest in determining how an existing HGSC subtype clustering pipeline performs
410 with RNA-Seq data was motivated by the increasing use of RNA-Seq technology to interrogate
411 cancer gene expression (30). Previously published HGSC subtype clustering approaches were
412 designed around array-based gene expression data (5–7,9,28,31), and while array-based and
413 RNA-Seq technologies observe the same underlying biological processes, the data they produce
414 follow different data distributions (32,33). This is most clear in the methodological differences
415 between array-based and RNA-Seq differential gene expression methods (34–37). Here, we
416 demonstrated that, despite the difference in data distributions generated by array-based and

417 RNA-Seq technologies, the Way *et al.* (7) subtype pipeline built for array-based gene expression
418 data can be applied to normalized and log-transformed RNA-Seq data. The high cluster
419 correlations across all four array-based datasets using fresh frozen tissue and both RNA-Seq
420 datasets using FFPE tissue indicate that the delineation of HGSC subtypes is agnostic to
421 sequencing technology and fresh frozen versus FFPE tissue.

422 As done in previous studies, we assigned all cases to one of the four TCGA-derived
423 HGSC subtypes; however, as was previously reported in Way *et al.* (7), we observed that cluster-
424 specific gene expression was more concordant across datasets when clusters were assigned using
425 K=2 or K=3 compared to K=4. This was most evident when comparing each dataset's cluster-
426 specific expression profiles to the cluster-specific expression profiles across all of the other
427 datasets (**Figure 2, Supplemental Figures 9 and 10**). When considering K=3, the largest off-
428 diagonal correlation we observed over all datasets was 0.07 (**Supplemental Figure 9**). In
429 contrast, for K=4 we found much larger positive off-diagonal correlations for the clusters
430 observed in the array-based TCGA, Mayo, Yoshihara, and Tothill datasets, with the largest per-
431 dataset correlations ranging from 0.19 to 0.33 (**Supplemental Figure 10**). We also observed
432 large positive off-diagonal correlations for the RNA-Seq-based SchildkrautB and SchildkrautW
433 datasets, with the largest per-dataset correlations ranging from 0.17 to 0.34 (**Supplemental**
434 **Figure 10**). Since cluster-specific gene expression was more concordant for K=2 and K=3 versus
435 K=4 for all datasets, we encourage future studies to test whether a number other than four best
436 represents HGSC subtypes. Our results are consistent with a model where either two HGSC gene
437 expression axes (e.g., mesenchymal-like and immune) or a set of three HGSC subtypes (e.g., as
438 derived using K=3) may more effectively describe the biological variation in HGSC gene
439 expression than the four subtypes most commonly seen in the literature.

440 Beyond methodological advances, our work also provides strong evidence that HGSC
441 subtypes can be reproduced among Black HGSC cases and that Black, White, and Japanese
442 HGSC cases share similar subtype-specific gene expression profiles. At increasing values of K,
443 we observed patterns in cluster composition among Black HGSC cases that were consistent with
444 those observed among White and Japanese HGSC cases (**Figure 1, Supplemental Figure 8**).
445 Further, we observed strong correlations between cluster-specific gene expression in Black cases
446 and cluster-specific gene expression in White and Japanese cases, especially when comparing
447 clusters defined using K=2 and K=3 (**Figure 2**). Patterns of subtype-specific survival were also
448 generally consistent across populations. When compared to mesenchymal HGSC, the risk of
449 death was similar for proliferative and differentiated cases, and lower, but not statistically
450 significantly lower, for immunoreactive cases both in SchildkrautB (HR=0.79 [0.55, 1.13]) and
451 SchildkrautW (HR=0.86 [0.62, 1.19], **Table 2, Figure 4**).
452 The primary difference we observed when comparing HGSC subtypes in Black
453 individuals (i.e., cases in SchildkrautB) to HGSC subtypes in all other study populations was that
454 more Black HGSC cases had gene expression profiles consistent with the TCGA
455 immunoreactive subtype (39% compared to 23%-28%) and fewer Black HGSC cases had gene
456 expression profiles consistent with the TCGA differentiated subtype (7% compared to 22%-31%;
457 **Figure 3**). Differences in the Tothill, C1-C6, gene expression subtype signatures for Black
458 (n=29) versus White (n=156) ovarian cancers were observed previously, though in different
459 proportions (17), so it is possible that there exists true variation in the proportion of HGSC
460 subtypes for Black versus non-Black HGSC cases. However, it is also possible that variations in
461 study design across the six study populations contributed to the different subtype distributions
462 that we observed. For example, case-control studies like the AACES and NCOCS are unable to

463 enroll cases with rapidly fatal HGSC (15). This could have skewed the observed subtype
464 distribution for Black cases toward a greater proportion of less aggressive, immunoreactive
465 tumors, and artificially inflated estimates of overall survival in the SchildkrautB study population
466 (**Supplemental Figure 11**), as has been posited previously (15).

467 A key contribution of this study was that we were able to update a previously published
468 subtype clustering pipeline to accept either array-based gene expression data or RNA-Seq data
469 and validate our modifications. We also created the first large RNA-Seq dataset of HGSC in self-
470 identified Black cases, consisting of 262 high-quality expression profiles. This dataset allowed us
471 to compare the expression profiles of HGSC subtypes in Black cases against other study
472 populations, and it provided an opportunity to evaluate differences in subtype frequency and
473 survival in Black HGSC cases compared to non-Black HGSC cases. An important limitation of
474 this study was that we lacked adequate data to explore whether the observed racial variation in
475 the proportions of gene expression subtypes and survival outcomes was due to biological,
476 sociodemographic, or access-to-care differences.

477 In summary, we have updated an existing HGSC gene expression subtype classifier to be
478 compatible with both array-based gene expression data and RNA-Seq data. This advancement
479 will facilitate reproducible HGSC subtyping for research purposes and is available for use in
480 future studies. We have also demonstrated that the HGSC subtypes generated by our classifier
481 generalize to racially diverse populations, and we have indicated that HGSC subtype-specific
482 gene expression and subtype-specific survival are consistent across Black, White and Asian
483 study populations. Given our findings, we expect that a clinical HGSC gene expression assay
484 would benefit prognostication and treatment strategies similarly for women from multiple racial
485 and ethnic backgrounds.

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Table 1. Characteristics of the Schildkraut study populations, by subtype

	Mesenchymal	Proliferative	Immunoreactive	Differentiated	p-value	Mesenchymal	Proliferative	Immunoreactive	Differentiated	p-value
	Schildkraut Black					Schildkraut White				
Case count	79	63	101	19		106	40	84	79	
Age (%)										
Under 40	1 (1.3)	2 (3.2)	2 (2.0)	1 (5.3)		4 (3.8)	0 (0.0)	1 (1.2)	2 (2.5)	
40-44	8 (10.1)	2 (3.2)	6 (5.9)	3 (15.8)		2 (1.9)	1 (2.5)	7 (8.3)	6 (7.6)	
45-49	9 (11.4)	5 (7.9)	14 (13.9)	2 (10.5)		6 (5.7)	5 (12.5)	10 (11.9)	9 (11.4)	
50-54	17 (21.5)	8 (12.7)	13 (12.9)	3 (15.8)		17 (16.0)	2 (5.0)	17 (20.2)	13 (16.5)	
55-59	8 (10.1)	16 (25.4)	25 (24.8)	4 (21.1)		16 (15.1)	9 (22.5)	17 (20.2)	16 (20.3)	
60-64	16 (20.3)	9 (14.3)	16 (15.8)	1 (5.3)		20 (18.9)	13 (32.5)	17 (20.2)	13 (16.5)	
65-69	6 (7.6)	9 (14.3)	15 (14.9)	2 (10.5)		24 (22.6)	1 (2.5)	9 (10.7)	8 (10.1)	
70-74	12 (15.2)	8 (12.7)	7 (6.9)	1 (5.3)		17 (16.0)	9 (22.5)	6 (7.1)	12 (15.2)	
75+	2 (2.5)	4 (6.3)	3 (3.0)	2 (10.5)	0.30	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0.024
FIGO Stage (%)										
I	5 (6.3)	4 (6.3)	13 (12.9)	7 (36.8)		1 (0.9)	1 (2.5)	6 (7.1)	10 (12.7)	
II	8 (10.1)	6 (9.5)	7 (6.9)	3 (15.8)		5 (4.7)	1 (2.5)	2 (2.4)	4 (5.1)	
III	60 (75.9)	49 (77.8)	74 (73.3)	8 (42.1)		97 (91.5)	36 (90.0)	73 (86.9)	59 (74.7)	
IV	4 (5.1)	3 (4.8)	6 (5.9)	0 (0.0)		3 (2.8)	2 (5.0)	3 (3.6)	2 (2.5)	
Missing	2 (2.5)	1 (1.6)	1 (1.0)	1 (5.3)	0.040	0 (0.0)	0 (0.0)	0 (0.0)	4 (5.1)	0.009
Debulking (%)										
Optimal	33 (41.8)	24 (38.1)	45 (44.6)	8 (42.1)		28 (26.4)	14 (35.0)	23 (27.4)	26 (32.9)	
Suboptimal	25 (31.6)	15 (23.8)	21 (20.8)	2 (10.5)		8 (7.5)	3 (7.5)	2 (2.4)	4 (5.1)	
Missing	21 (26.6)	24 (38.1)	35 (34.7)	9 (47.4)	0.34	70 (66.0)	23 (57.5)	59 (70.2)	49 (62.0)	0.59
Neoadjuvant chemotherapy (%)										
No	68 (86.1)	54 (85.7)	85 (84.2)	17 (89.5)		106 (100.0)	40 (100.0)	84 (100.0)	79 (100.0)	NA
Missing	11 (13.9)	9 (14.3)	16 (15.8)	2 (10.5)	0.94					
Proportion CD3+ T cells (%)	4.24 (4.68)	1.51 (3.18)	3.88 (4.54)	1.04 (1.24)	0.001	2.46 (2.36)	0.72 (1.25)	4.35 (6.55)	2.24 (2.20)	0.053
Proportion CD3+/CD8+ Suppressor T cells (%)	1.38 (2.30)	0.52 (1.80)	1.42 (2.33)	0.32 (0.53)	0.045	1.15 (1.18)	0.22 (0.30)	2.39 (4.48)	1.16 (1.21)	0.084

Table 2. Subtype distribution and risk of death by study population

Study and molecular subtype	Case count (%)	Model 1 HR[a] (95% CI)	Model 2 HR[b] (95% CI)
Schildkraut Black			
Mesenchymal	79 (30.2)	(ref)	(ref)
Proliferative	63 (24.0)	1.13 (0.76, 1.67)	0.98 (0.66, 1.46)
Immunoreactive	101 (38.5)	0.83 (0.59, 1.19)	0.79 (0.55, 1.13)
Differentiated	19 (7.3)	0.87 (0.42, 1.83)	0.83 (0.40, 1.72)
Schildkraut White			
Mesenchymal	106 (34.3)	(ref)	(ref)
Proliferative	40 (12.9)	1.00 (0.67, 1.49)	1.05 (0.70, 1.57)
Immunoreactive	84 (27.2)	0.85 (0.61, 1.18)	0.86 (0.62, 1.19)
Differentiated	79 (25.6)	1.01 (0.73, 1.40)	0.98 (0.70, 1.36)
TCGA			
Mesenchymal	125 (25.1)	(ref)	(ref)
Proliferative	102 (20.4)	0.82 (0.56, 1.20)	0.84 (0.57, 1.23)
Immunoreactive	116 (23.2)	0.92 (0.63, 1.35)	1.01 (0.69, 1.49)
Differentiated	156 (31.3)	0.93 (0.67, 1.28)	1.03 (0.74, 1.44)
Mayo			
Mesenchymal	105 (27.9)	(ref)	(ref)
Proliferative	79 (21.0)	0.81 (0.59, 1.12)	0.92 (0.66, 1.28)
Immunoreactive	93 (24.7)	0.54 (0.39, 0.75)	0.54 (0.39, 0.75)
Differentiated	100 (26.5)	0.63 (0.46, 0.87)	0.61 (0.44, 0.84)
Yoshihara[c]			
Mesenchymal	89 (34.9)	(ref)	(ref)
Proliferative	30 (11.8)	1.35 (0.77, 2.35)	1.48 (0.86, 2.57)
Immunoreactive	71 (27.8)	0.62 (0.37, 1.04)	0.65 (0.39, 1.09)
Differentiated	65 (25.5)	1.16 (0.73, 1.85)	1.36 (0.85, 2.19)
Tothill			
Mesenchymal	75 (31.1)	(ref)	(ref)
Proliferative	45 (18.7)	0.77 (0.43, 1.37)	0.79 (0.44, 1.42)
Immunoreactive	67 (27.8)	0.55 (0.32, 0.95)	0.54 (0.31, 0.95)
Differentiated	54 (22.4)	0.64 (0.37, 1.12)	0.65 (0.37, 1.14)

[a] Multivariable model adjusted for age (in 5-year age groups) and stage (I, II, III, IV)

[b] Multivariable model adjusted for age (in 5-year age groups), stage (I, II, III, IV), and debulking status (optimal, not optimal)

[c] Yoshihara dataset does not include information on age, so multivariable models are not adjusted for age in this dataset

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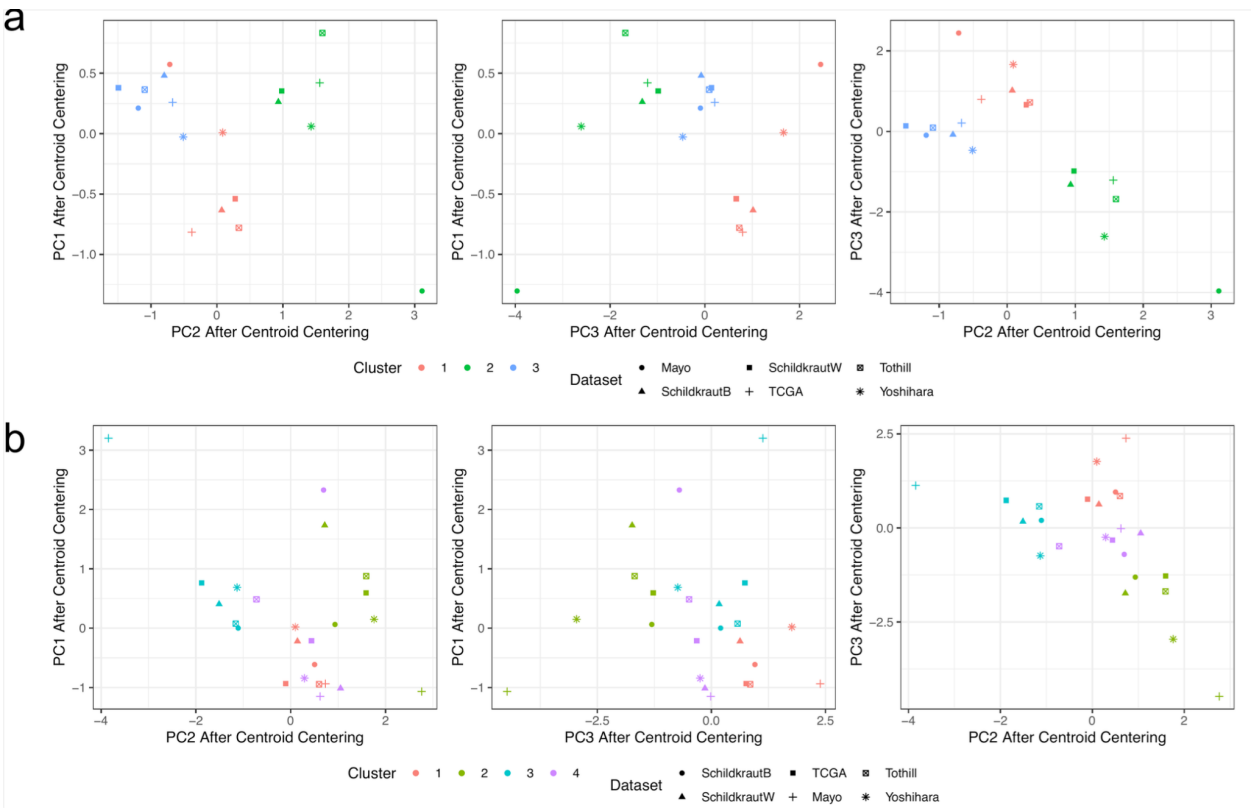

Figure 1. Principal Components Analysis (PCA) plots of cluster centroids for each dataset, after dataset alignment. **Panel a** compares K-means cluster centroids (K=3), and **Panel b** compares K-means cluster centroids (K=4) for each dataset considered in this study. We find that the principal components separate each cluster centroid in a consistent way across almost all datasets. For K=3, PC2 and PC3 are both able to separate each cluster independently, but for K=4 the combination of PC2 and PC3 are needed to separate each cluster. Furthermore, for K=3, we see that the Yoshihara and Mayo datasets have centroids that are much higher in PC1 than the other datasets. This trend continues for the Mayo dataset when K=4, in all PCs.

Figure 2. Significance analysis of microarray (SAM) moderated t-score Pearson correlation heatmaps of clusters across datasets. **Panel a** compares K-means clusters (K=3) between SchildkrautB and every other dataset considered in this study. Across each dataset we find a strong positive correlation with the clusters in SchildkrautB, with matched cluster correlations ranging from 0.37-0.86, and mismatched cluster correlations ranging from -0.65-0.03. **Panel b** performs the same comparison, but for K=4. In this comparison, we see much more inconsistency between matched clusters, with some mismatched clusters having a higher correlation than some matched clusters.

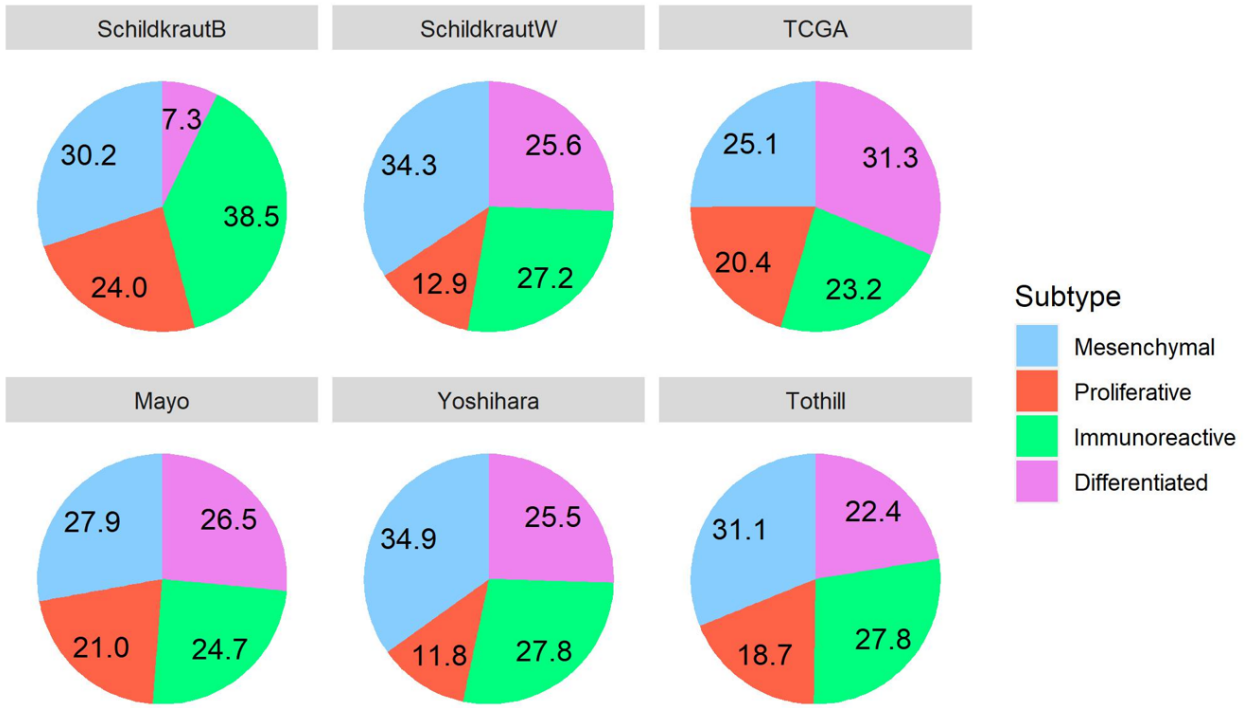

Figure 3. Distribution of subtypes across datasets.

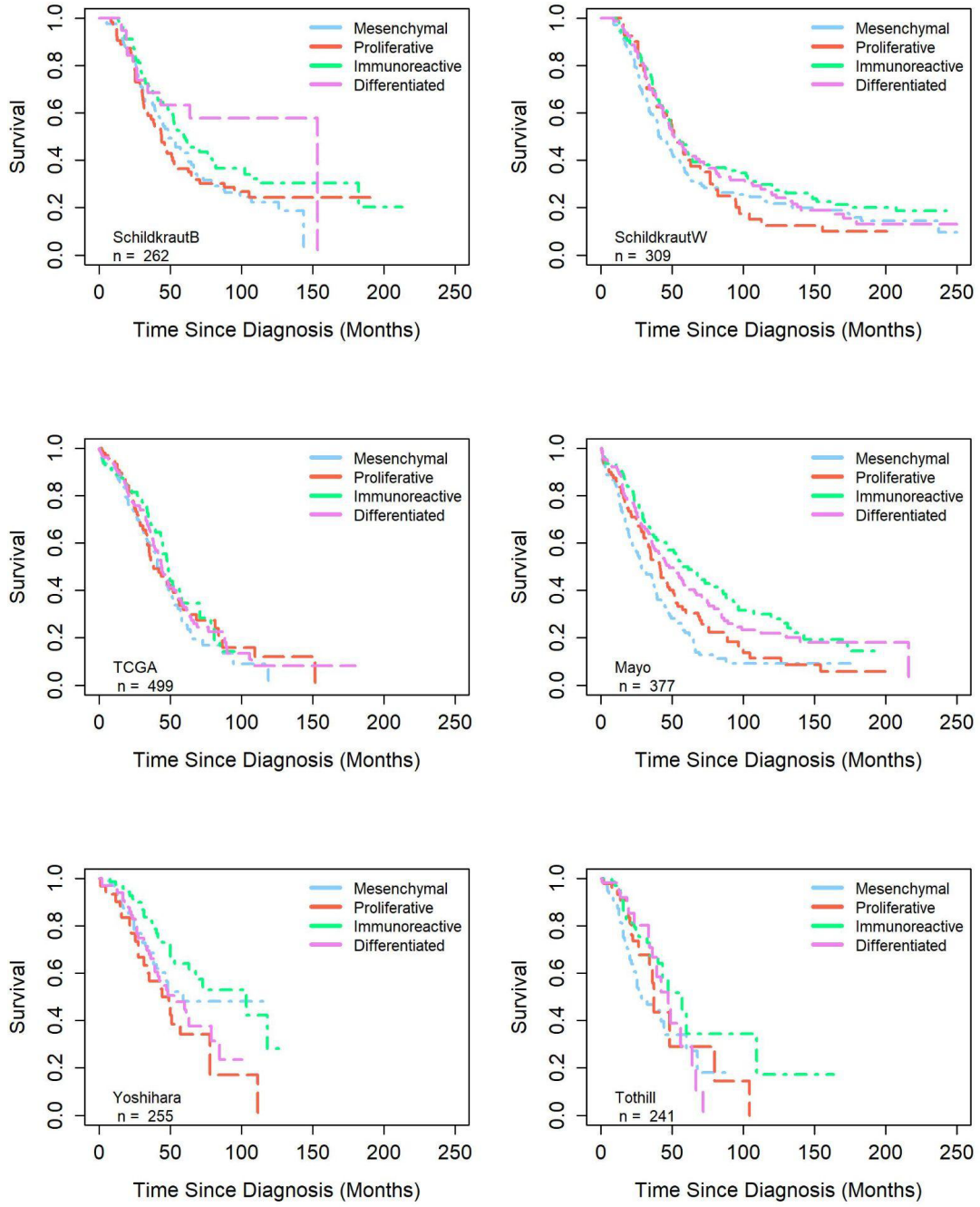

Figure 4. Kaplan Meier survival curves comparing subtype-specific survival by dataset.