Fast Clustering of Flow Cytometry Data via Adaptive Mean Shift

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Why Clustering in Flow Cytometry data ?

- Has been used with subset lymphocyte cell populations in multicolor immunophenotyping assays.
- The results showed high <u>agreement</u> with those obtained for well-studied subset populations i.e. CD4, CD8, etc.
- Can provide researchers with new <u>insight</u> into the highdimensional flow cytometry data.
- Enable development of new methods for <u>automated</u> flow cytometry data <u>analysis</u>.

Clustering algorithms

- <u>Parametric</u> approaches rely upon a priori knowledge of the number of clusters and regarding the shape of the clusters.
- In general, they result in simpler models and are cheaper to compute but perform poorly when the underlying data distribution does not match assumptions made.
- <u>Non-parametric</u> techniques make no such assumptions, however they tend to be computationally expensive. Robust performance wise.

Mean Shift

- Belongs to the family of <u>non-parametric</u> density estimation based approaches.
- Given a set of data samples, it tries to find the regions of maximum density i.e. <u>modes</u> of the distribution.
- <u>Iterative</u>.
- Gradient based.















Why search for densest regions ?

Assumption : The data points are actually samples from an underlying PDF



Mean Shift in clustering

<u>Cluster</u> : All data points in the *attraction basin* of a mode

Attraction basin : the region for which all trajectories lead to the same mode





<u>Tessellations</u> of the feature space, containing the basins of attraction, which are the regions for which all trajectories lead to the same mode.

Locality Sensitive Hashing

- Used for computing fast, efficient <u>Nearest Neighbor</u> searches.
- Belongs to the class of <u>randomized</u> algorithms, which do not guarantee an exact answer but return the correct answer or one close to it with a high probability guarantee.
- Random hyper-planes $h_1 \dots h_{\mathcal{K}}$
 - Feature space sliced into $2^{\mathcal{K}}$ partitions.
 - Compare query point with only $\mathbb{E}(\mathcal{N}/2^{\mathcal{K}})$ points.

Locality Sensitive Hashing

<u>Inexact</u>: missed neighbors

– Repeat with \mathcal{L} sets of $h_1 \dots h_{\mathcal{K}}$



- Intuitively map $\mathbb{R}^D \implies \mathbb{R}^{\mathcal{K}}$
- Higher value of ${\mathcal K}$ means a more <u>faithful</u> representation.
- \mathcal{L} introduces <u>redundancy</u> to cover for inexactness.

Results – Speed up



Results – Speed up



Results – Speed up



A "Not-so-novel" approach

- Experimented with running Mean Shift on only a <u>random</u> <u>fraction</u> of the data points and compared quality/speed.
- Large datasets which took forever to execute previously could <u>now</u> be analyzed.
- Observed <u>quality</u> remained more or less the same.
- With the pure speedup achieved, this significantly helped matters.

<u>Results – Clustering quality</u>



Top left: Original data. Bottom left: Using 100% of data. Top right: Using 50% of data. Bottom right: Using 10% of data.

Results (Clustering quality)



Top: FAMS. Bottom: Parallel FAMS

Results - Clustering quality



Top: Original dataset. Bottom: Parallel FAMS

Remarks

- Parallelization of algorithms is in general difficult but "doable".
- Most approaches either failed or rejected for better ones.
- Multiple strategies to achieve goal i.e. shared memory, critical sections, local buffers.
- Local buffers worked best in this scenario.
- Practical experience and experimentation helps.
- Understanding the problem at an intuitive level allows you to find avenues to take advantage of.

Conclusion

- <u>Possible</u> to use <u>machine learning</u> as well as <u>parallelization</u> in health sciences domain.
- However some <u>preprocessing</u> might be needed.
- Amount of <u>data</u> available is <u>plenty</u> as well as in different <u>views</u>.
- Plenty of <u>opportunities</u> to leverage on this.
- In presence of <u>noise</u>, <u>simple</u> i.e. linear models should be preferred not to <u>overfit</u>, however many of the problems are <u>non-linear</u> in nature.

Future work – Different mode sizes



Top: Using max modes = 100.

Bottom: Using max modes = 1000

Can gain insight into subpopulations ? Do these sub-clusters have significance ?

Future work – Signatures ?



Top: Acute cancer individual. Bottom: Healthy individual Can we use modes or their collection as a signature to determine test cases?

Thank you !!