

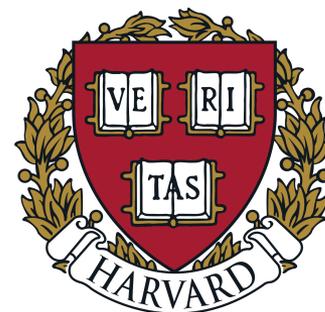
Machine Learning for Drug Development

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HARVARD
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Outline

✓ Overview and introduction

Part 1: Virtual drug screening and drug repurposing

Part 2: Adverse drug effects, drug-drug interactions

Part 3: Clinical trial site identification, patient recruitment

Part 4: Molecule optimization, molecular graph generation, multimodal graph-to-graph translation

Part 5: Molecular property prediction and transformers

Demos, resources, wrap-up & future directions



Method:

Subgraph Neural Networks

Alsentzer, Finlayson, Li, and Zitnik, Subgraph Neural Networks, *NeurIPS* 2020

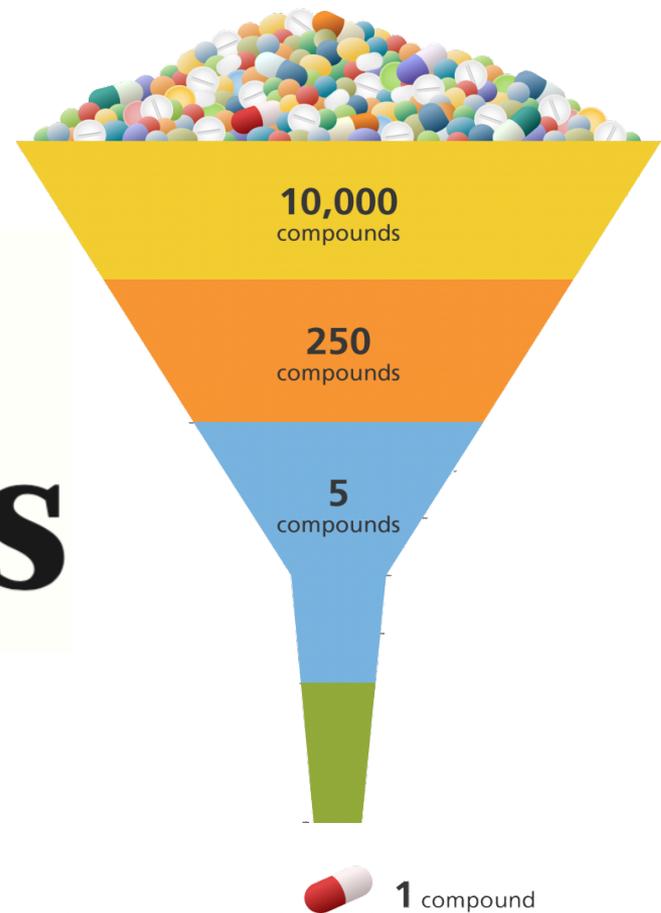
Application:

Finding Effective Drug Treatments

In submission

New tricks for old drugs

Faced with skyrocketing costs for developing new drugs, researchers are looking at ways to repurpose older ones — and even some that failed in initial trials.



12-16 years, ~\$1 billion to \$2 billion

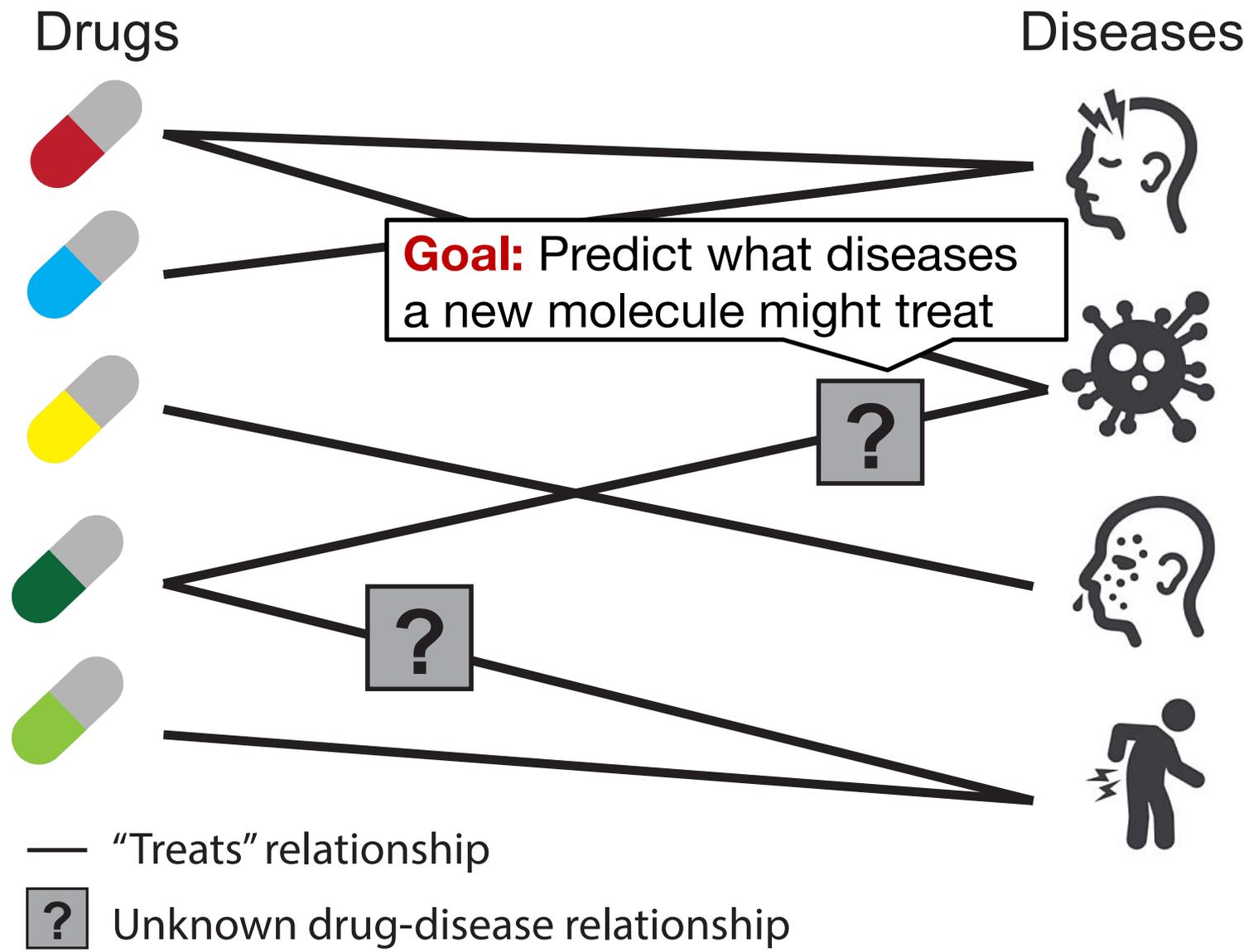
A SHORTER TIMESCALE

Because most repositioned drugs have already passed the early phases of development and clinical testing, they can potentially win approval in less than half the time and at one-quarter of the cost.

Drug repositioning

~6 years, ~\$300 million

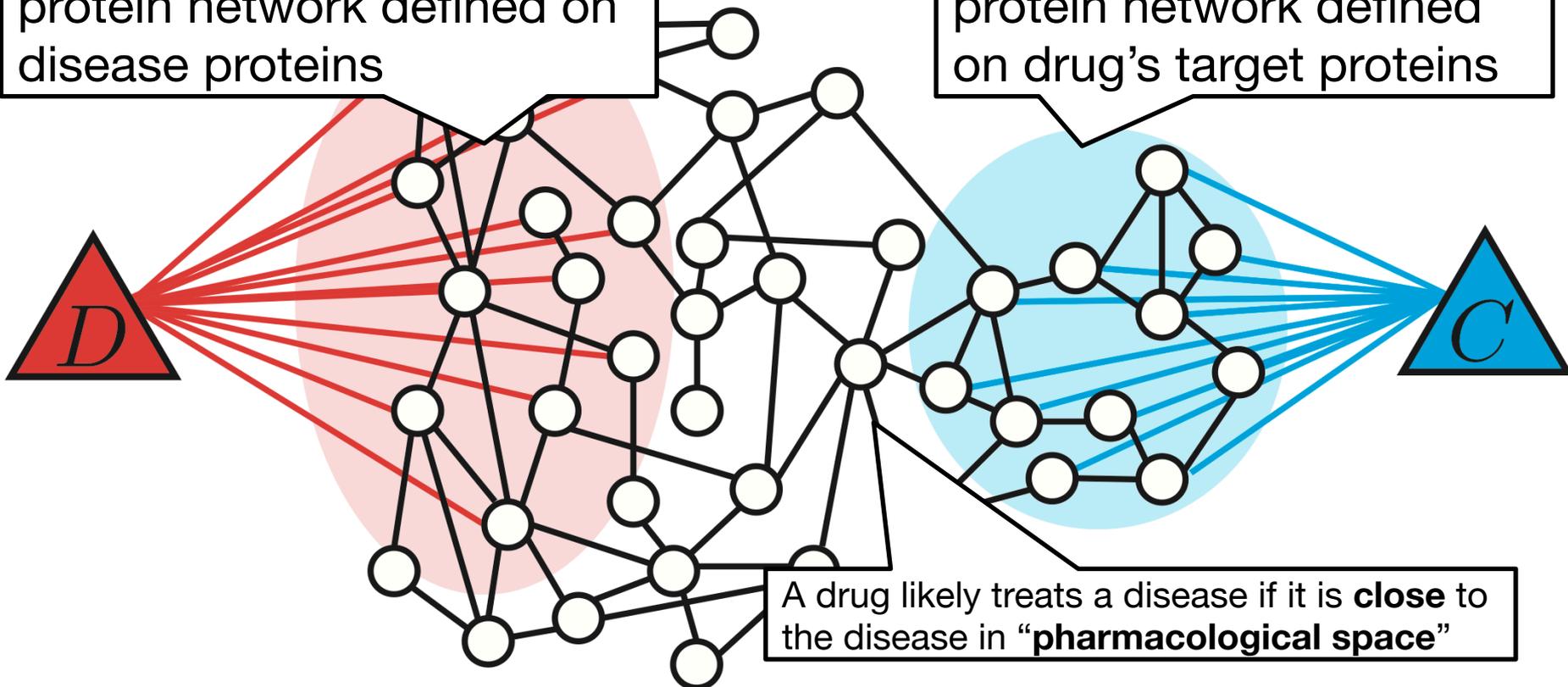
What drug treats what disease?



Key Insight: Subgraphs

Disease: Subgraph of rich protein network defined on disease proteins

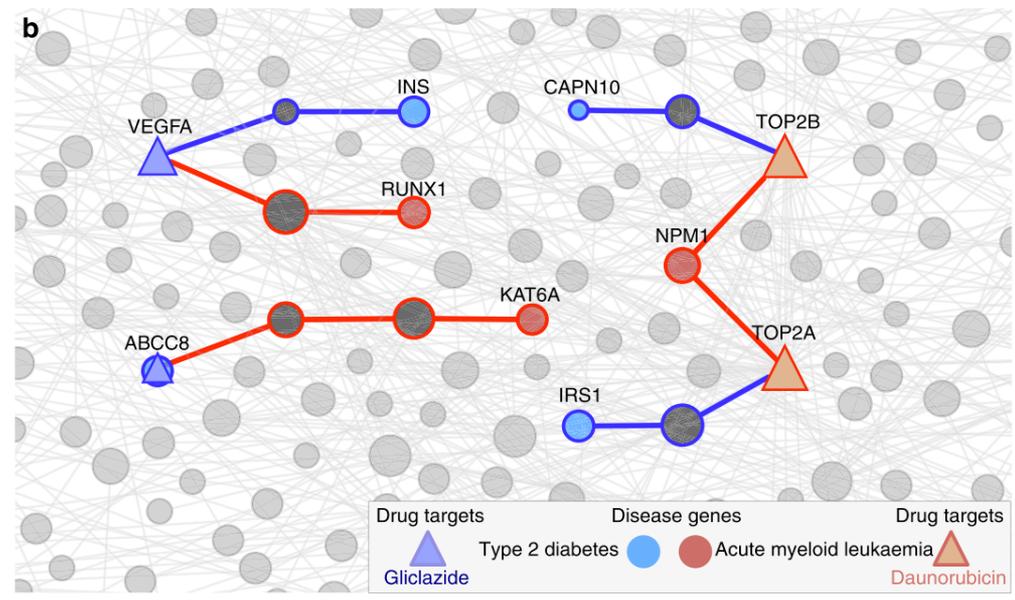
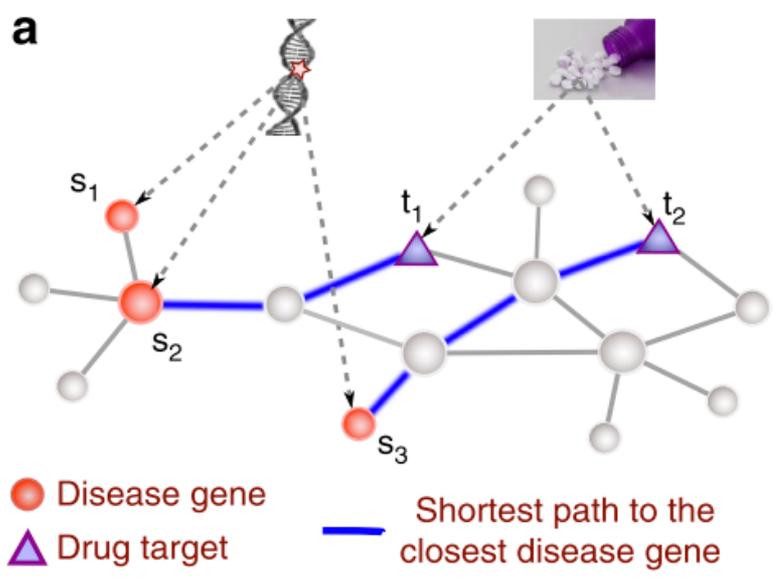
Drug: Subgraph of rich protein network defined on drug's target proteins



Idea: Use the paradigm of embeddings to operationalize the concept of closeness in pharmacological space

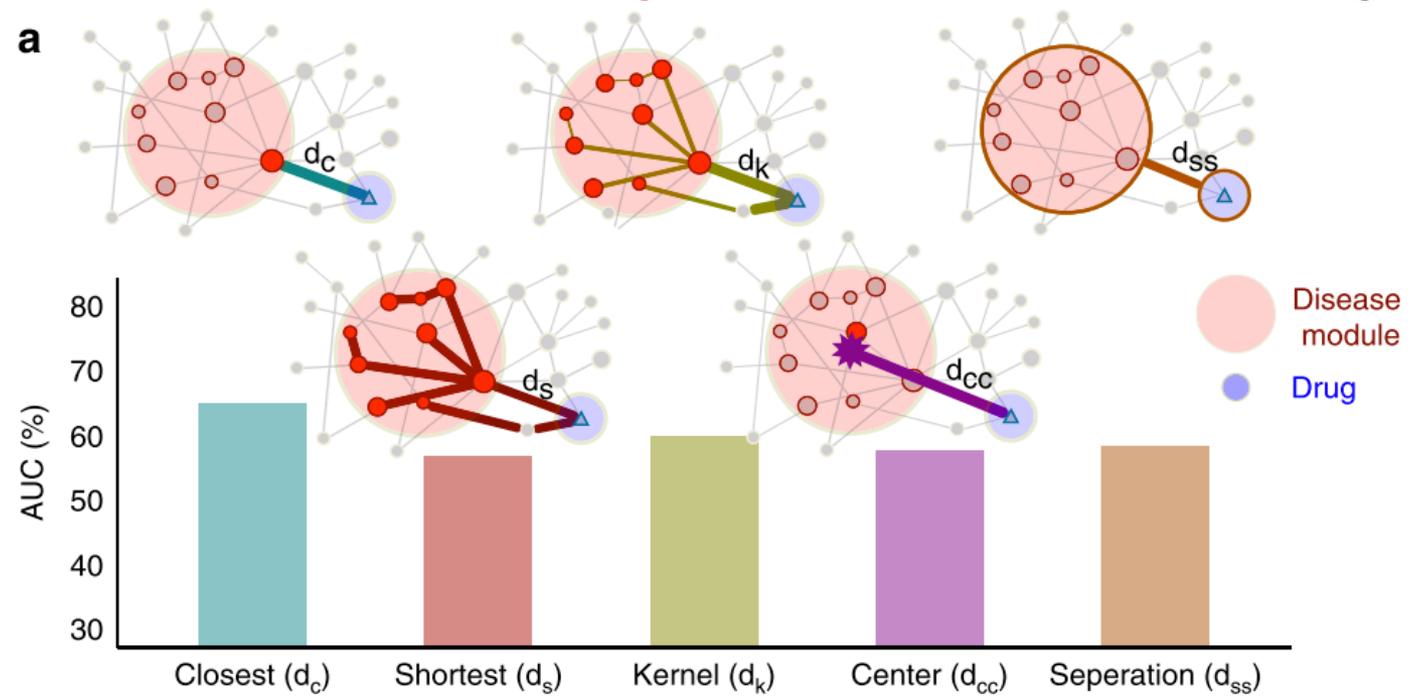
Why Subgraphs? – Part #1

- Analysis of 238 drugs used in 78 diseases
- **Key result:** Therapeutic effect of drugs is **localized in a small network neighborhood** of disease genes



Why Subgraphs? – Part #2

- Analysis of 238 drugs used in 78 diseases
- **Key result:** Therapeutic effect of drugs is **localized in a small network neighborhood** of disease genes



Why Subgraphs? – Part #3

- Analysis of 238 drugs used in 78 diseases
- **Key result:** Therapeutic effect in a small network neighborhood

Negative z-values: Drug targets are close (i.e., proximal) to disease genes in the PPI network → Successful repurposing

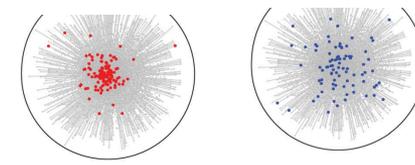
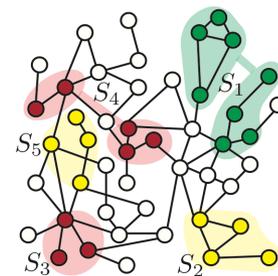
Positive z-values: Drug targets are far away (i.e., not proximal) from disease genes in the PPI network → Drug failure due to lack of efficacy

Table 1 | Proximity values for several repurposed and failed drugs.

Drug	Phenotype	Proximity (z)
Erectile dysfunction	Non-Hodgkin's lymphoma	-2.4
	Restless legs syndrome	-1.1
	Erectile dysfunction	-1.0
Endometrial cancer	Endometrial cancer	-1.1
	Endometrial cancer	-1.6
Systemic lupus erythematosus	Systemic lupus erythematosus	1.8
Parkinson's disease	Parkinson's disease	0.2
Squamous cell cancer	Squamous cell cancer	0.0
AD	AD	-5.6
Cardiac arrhythmia	Cardiac arrhythmia	-2.2
Arrhythmia (side effect)	Arrhythmia (side effect)	-2.6

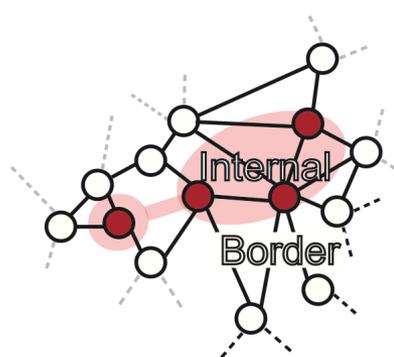
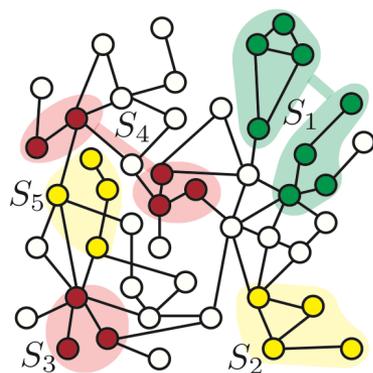
Why are subgraphs challenging?

- Need to predict over structures of **varying size**:
 - How to represent subgraphs that are not k -hop neighborhoods?
- Rich connectivity patterns, both **internally** and **externally** through interactions with the rest of G :
 - How to inject this information into a GNN?
- Subgraphs can be:
 - **Localized** and reside in our region of the graph
 - **Distributed** across multiple local neighborhoods



Problem Formulation

- **Goal:** Learn subgraph embeddings such that the likelihood of preserving subgraph topology is maximized in the embedding space
 - S_i and S_j with **similar subgraph topology** should be **embedded close together** in the embedding space
- **SubGNN:** Representation learning framework for all key properties of subgraph topology



✓ Neighborhood

✓ Structure

✓ Position



Subgraph labels

● C_1 ● C_2 ● C_3

SubGNN: Overview

- **SubGNN**: Representation learning framework for all key properties of subgraph topology
- Two key parts:
 - **Part 1: Hierarchical propagation of information in G** :
 - Propagate messages from anchor patches to subgraphs
 - Aggregate messages into a final subgraph embedding
 - **Part 2: Routing of messages through 3 channels, each capturing a distinct property of subgraph topology: position, neighborhood, and structure channels**



Emily Alsentzer



Sam Finlayson



Michelle Li

Part 1: Neural Message Passing

- Property x -specific messages m_x are propagated from **anchor patch** A_x^q to subgraph component S_i^c
- Anchor patches** are helper subgraphs randomly sampled from G ; patches A_P , A_N , and A_S for **position, neighborhood and structure**

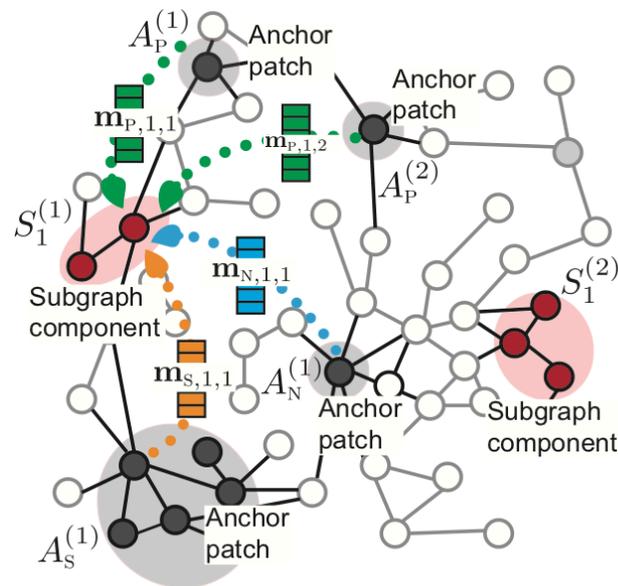
similarity function between a subgraph component and an anchor patch

$$\text{MSG}_X = \boxed{\gamma_X} \left(S^{(C)}, A_X \right) \cdot p_X$$

$$\mathbf{a}_{X,c} = \text{AGG}_M \left(\left\{ \text{MSG}_X(S^{(C)}, A_X, p_X), \forall A_X \in \mathcal{A}_X \right\} \right),$$

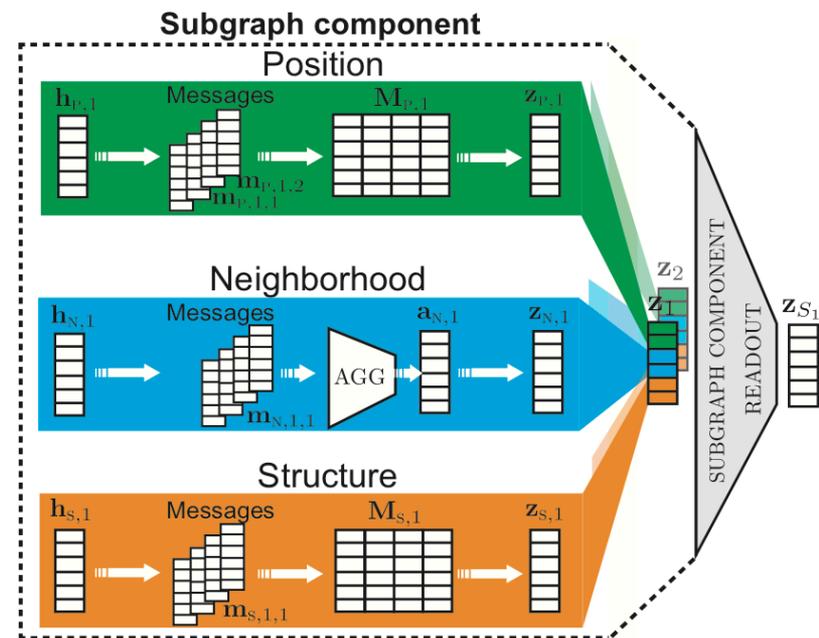
$$\boxed{\mathbf{h}_{X,c}^{(l)}} = \sigma \left(\mathbf{W}_h \cdot [\mathbf{a}_{X,c}; \mathbf{h}_{X,c}^{(l-1)}] \right),$$

property-specific representation of a subgraph component; passed to the next layer



Part 2: Property-aware Routing

- SubGNN specifies three channels, each designed to capture a distinct subgraph property
 - Position, neighborhood, and structure
- Channel x has three key elements:
 - Similarity function γ_x to weight messages sent between anchor patches and subgraph components
 - Sampling function φ_x to generate anchor patches
 - Anchor patch encoder ψ_x



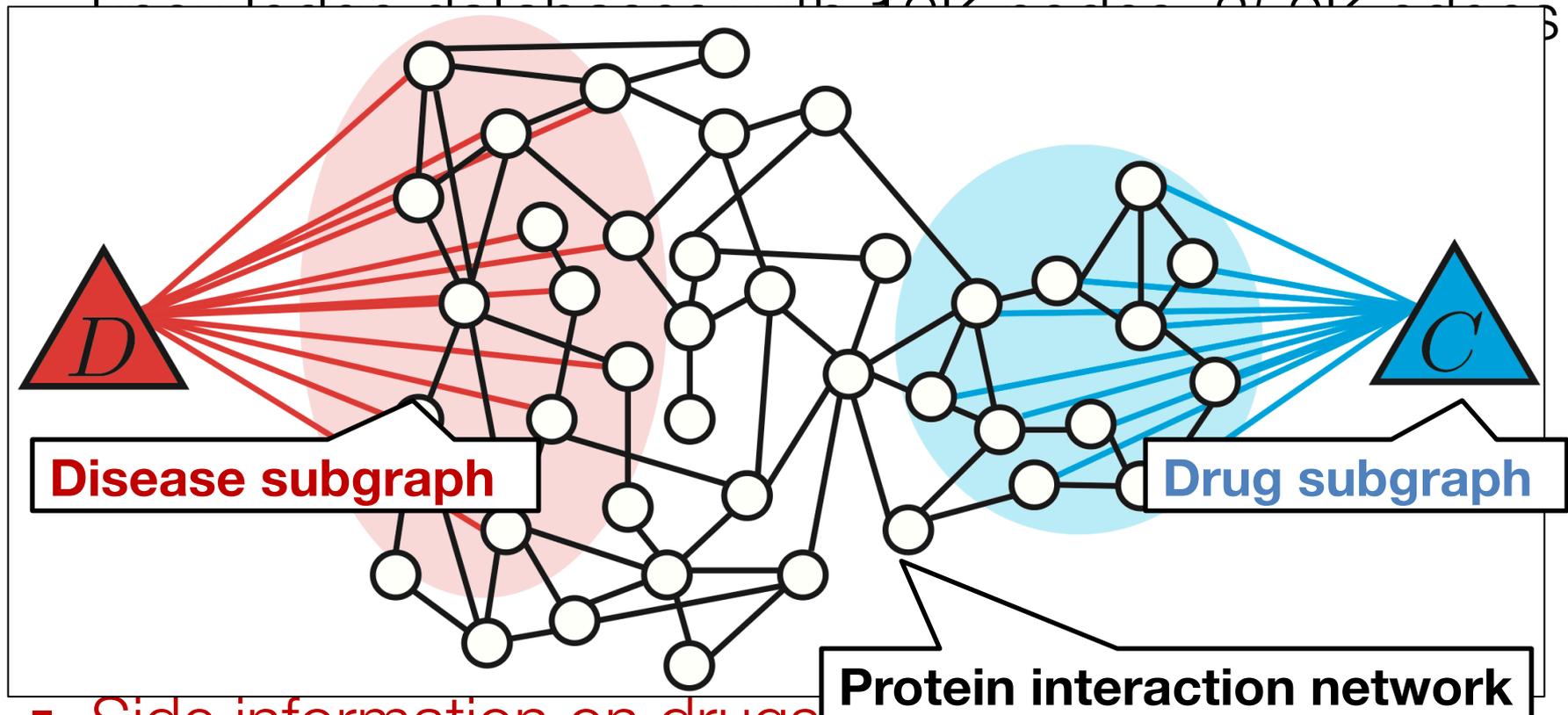
Channel outputs \mathbf{z}_x are concatenated to produce a final subgraph representation \mathbf{z}_S

Setup: Drug Repurposing dataset

- Protein-protein interaction network culled from 15 knowledge databases with 19K nodes, 350K edges
- Drug-protein and disease-protein links:
 - DrugBank, OMIM, DisGeNET, STITCH DB and others
 - 20K drug-protein links, 560K disease-protein links
- Medical indications and contra-indications:
 - DrugBank, MEDI-HPS, DailyMed, Drug Central, RepoDB
 - 6K drug-disease indications
- Side information on drugs, diseases, proteins, etc.:
 - Molecular pathways, disease symptoms, side effects

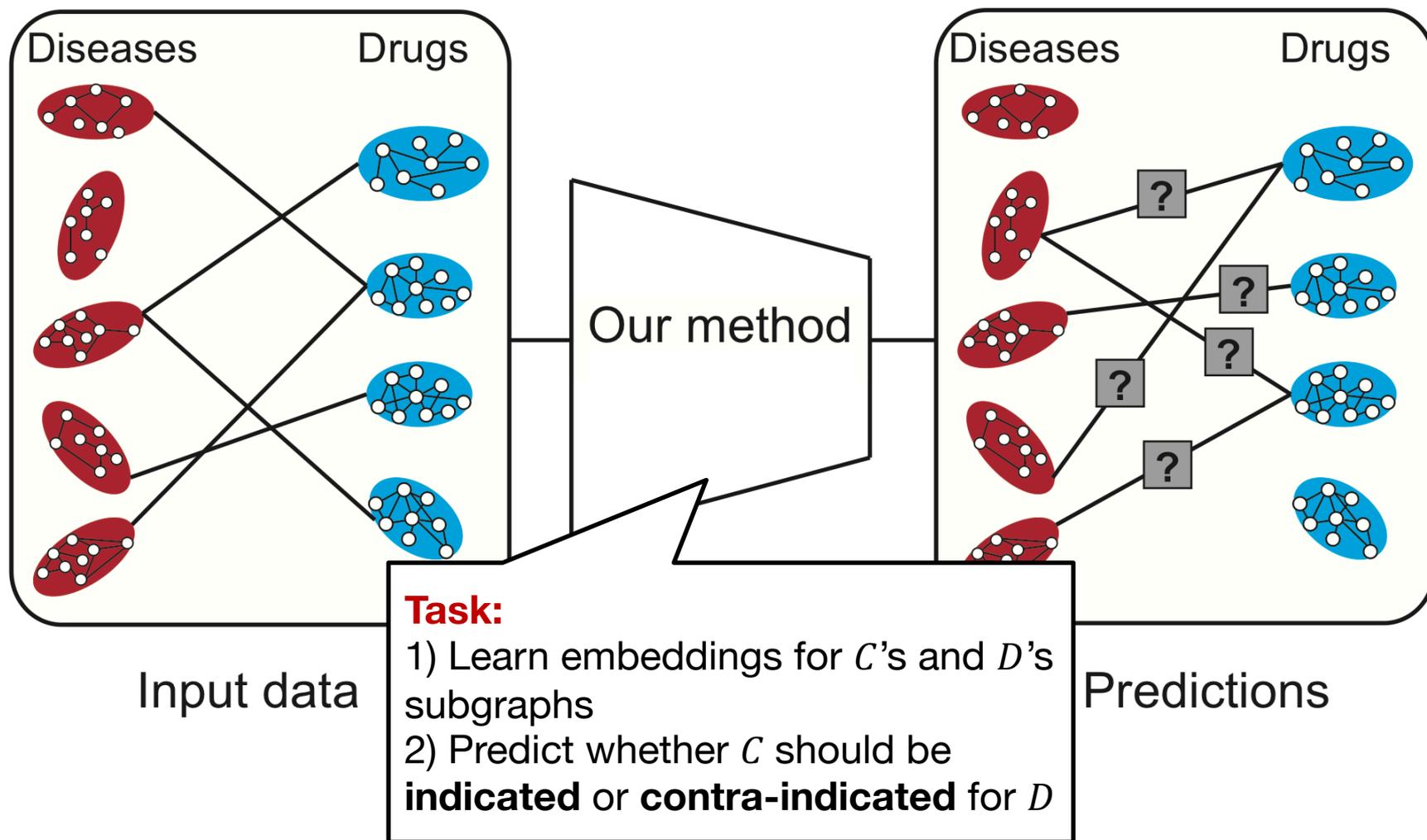
Setup: Drug repurposing dataset

- Protein-protein interaction network culled from 15



- Side information on drugs, diseases, proteins, etc..
 - Molecular pathways, disease symptoms, side effects

Predict links between drug and disease subgraphs



Results: Drug Repurposing



Stanford
MEDICINE

SPARK Translational Research Program
From Bench to Bedside

Task: Predict if an existing drug can be repurposed for a new disease



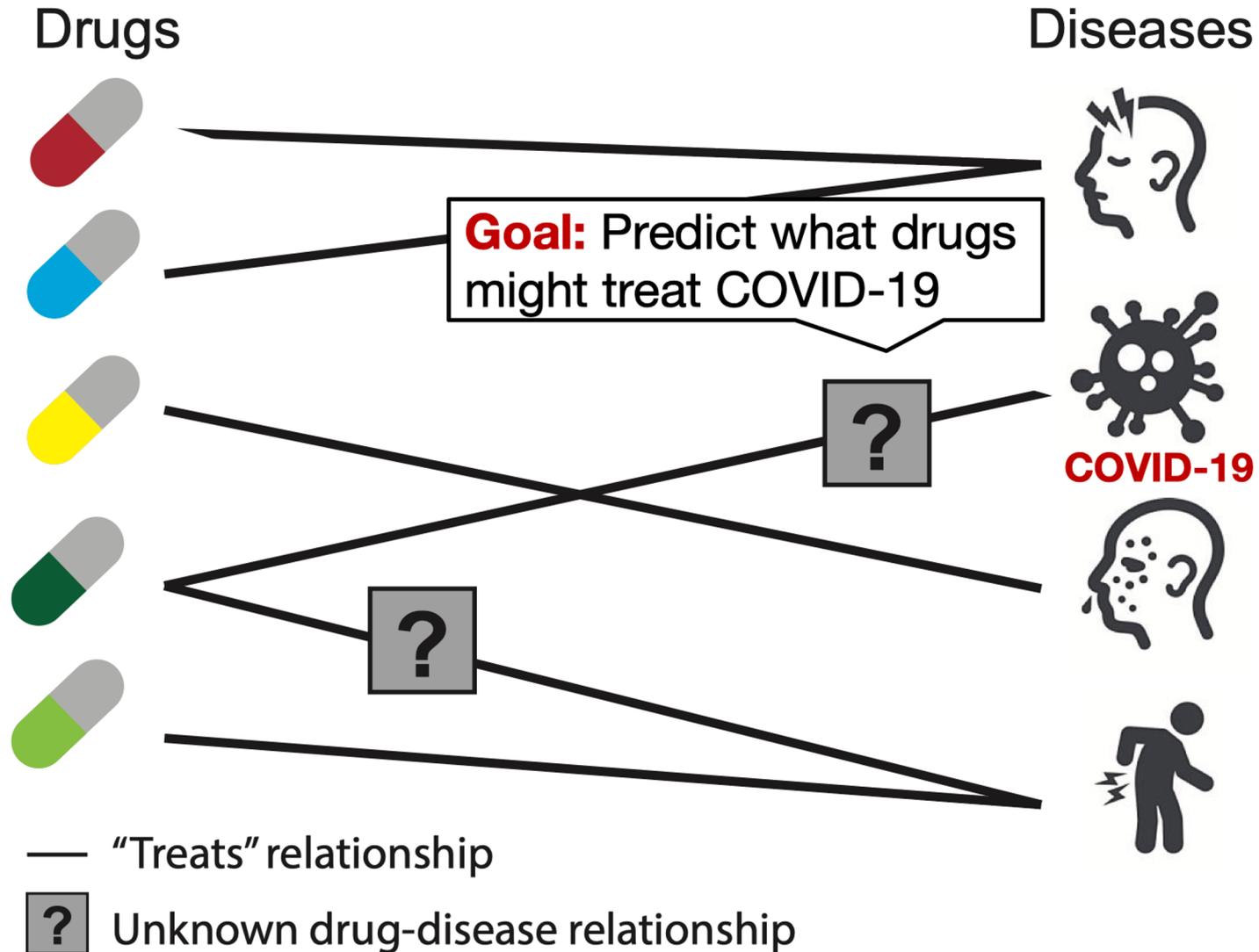
Drug	Disease	Rank:
N-acetyl-cysteine	cystic fibrosis	36/5000
Xamoterol	neurodegenerat	10/5000
Plerixafor	cancer	26/5000
Sodium selenite	cancer	11/5000
Ebselen	C difficile	16/5000
Itraconazole	cancer	28/5000
Bestatin	lymphedema	26/5000
Bestatin	pulmonary arterial hypertension	46/5000
Ketaprofen	lymphedema	114/5000
Sildenafil	lymphatic malformation	9/5000
Tacrolimus	pulmonary arterial hypertension	41/5000
Benzamil	psoriasis	13/5000
Carvedilol	Chagas' disease	46/5000
Benserazide	BRCA1 cancer	
Pioglitazone	interstitial cystitis	
Sirolimus	dystrophic epidermolysis bullosa	

Drug Repurposing for Emerging Pathogens

Paper:

Deisy Morselli Gysi, Ítalo Do Valle, Marinka Zitnik, Asher Ameli, Xiao Gan, et al. Network Medicine Framework for Identifying Drug Repurposing Opportunities for COVID-19, *arXiv:2004.07229*

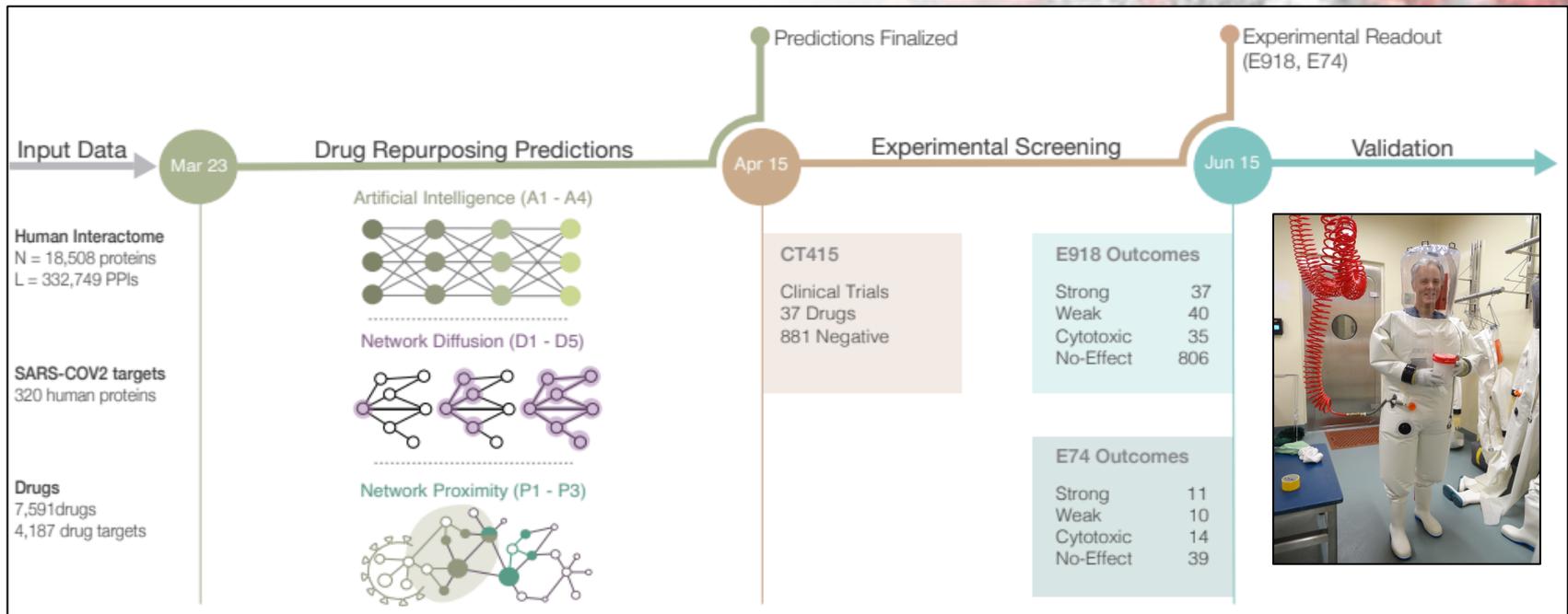
Emerging Pathogens



Never-Before-Seen Disease

The traditional approach of iterative development, experimental testing, clinical validation, and approval of new drugs are not feasible

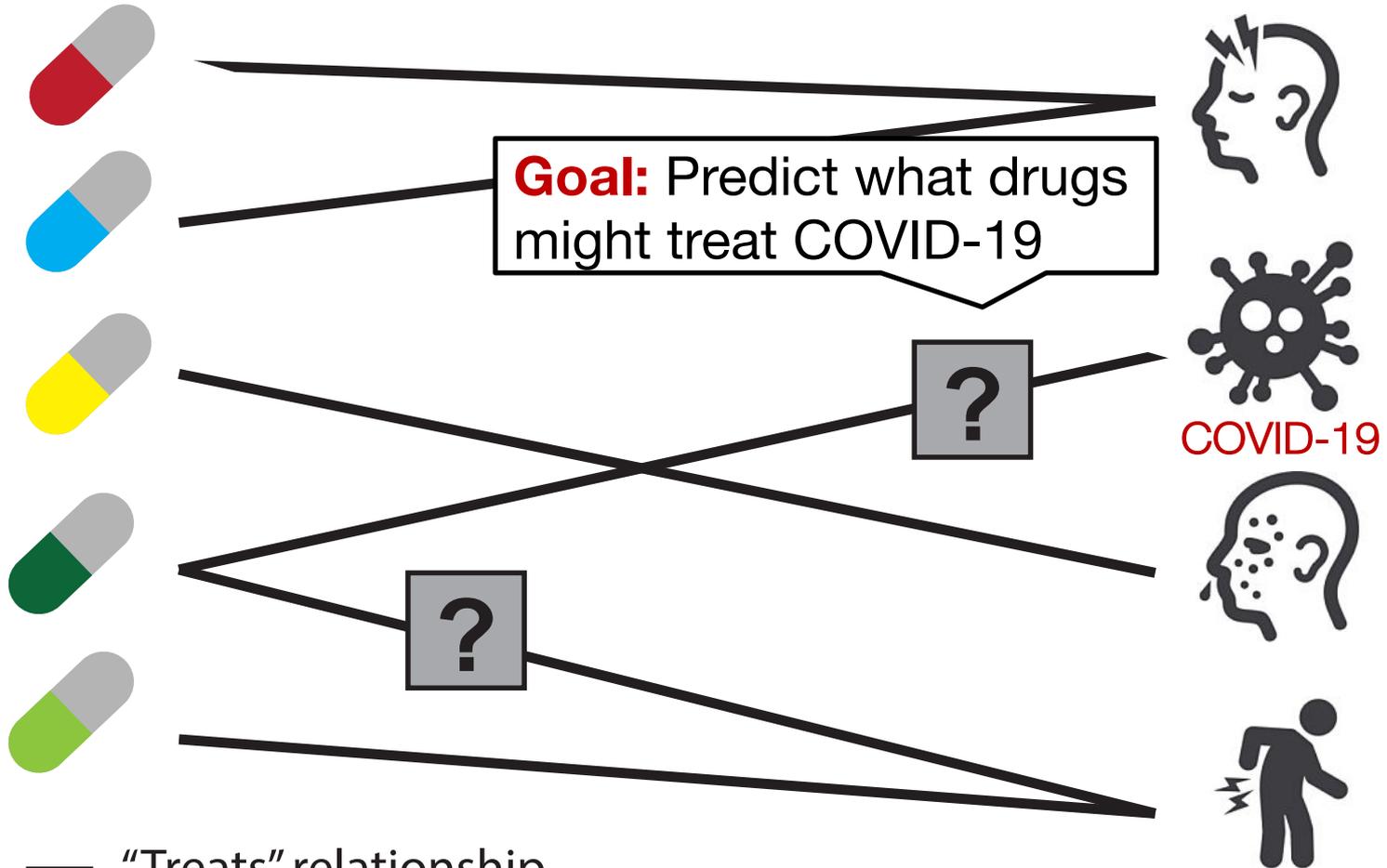
A more realistic strategy relies on drug repurposing, requiring us to identify clinically approved drugs that have a therapeutic effect in COVID-19 patients



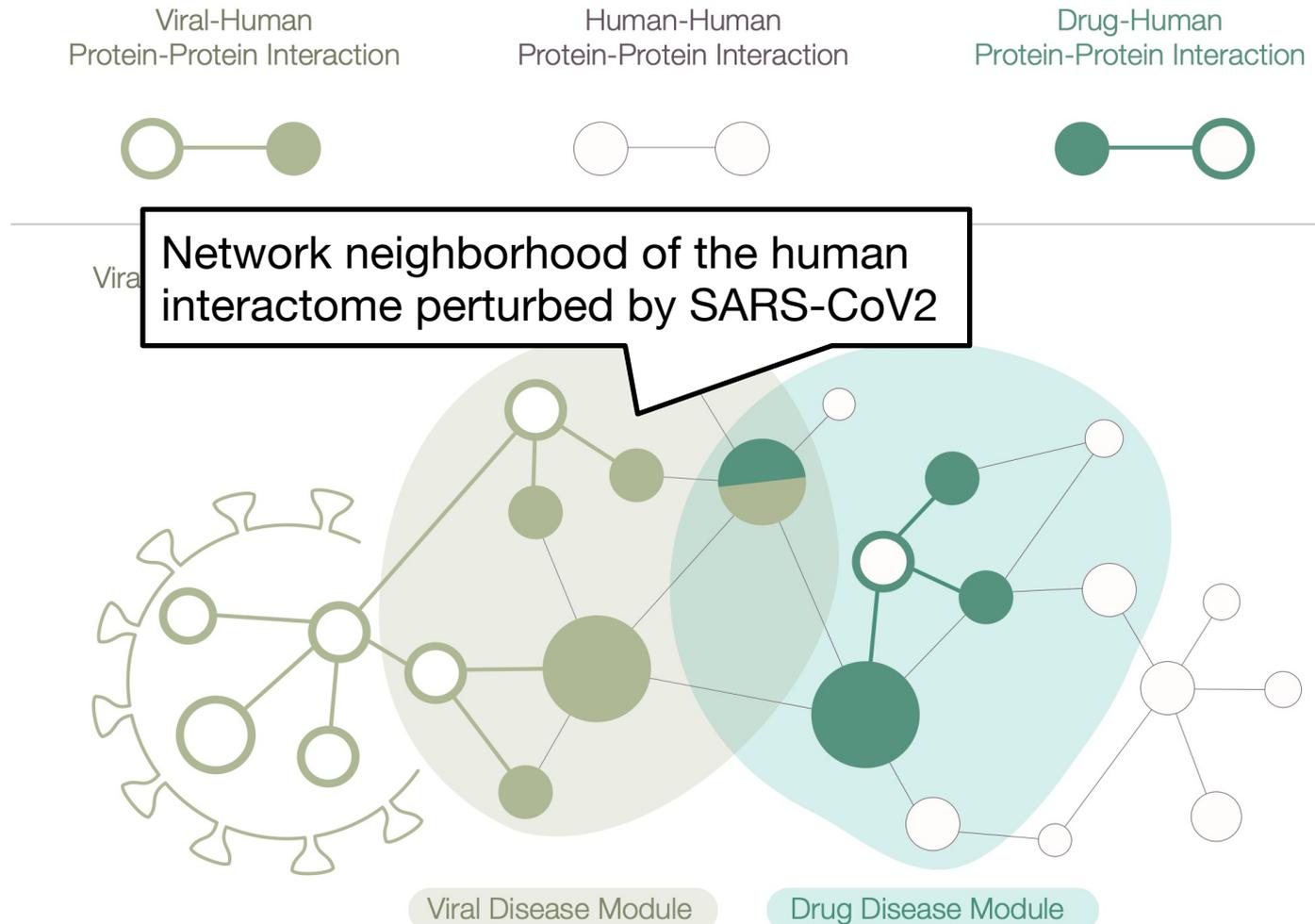
Never-before-seen disease

Drugs

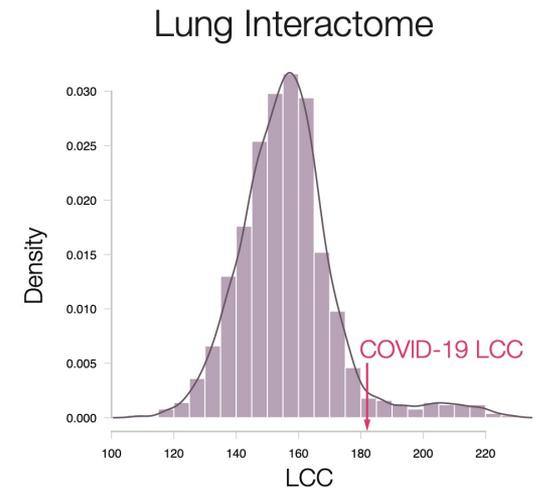
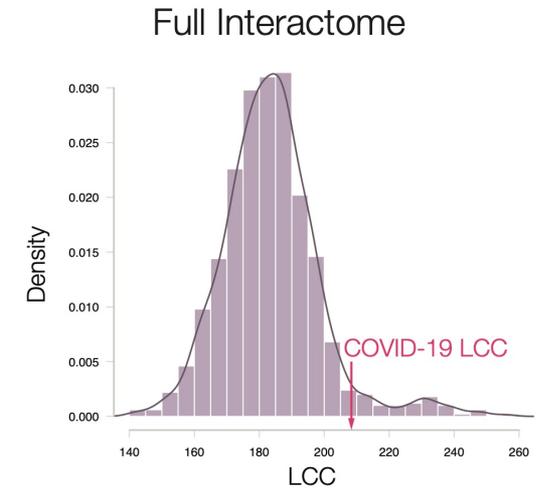
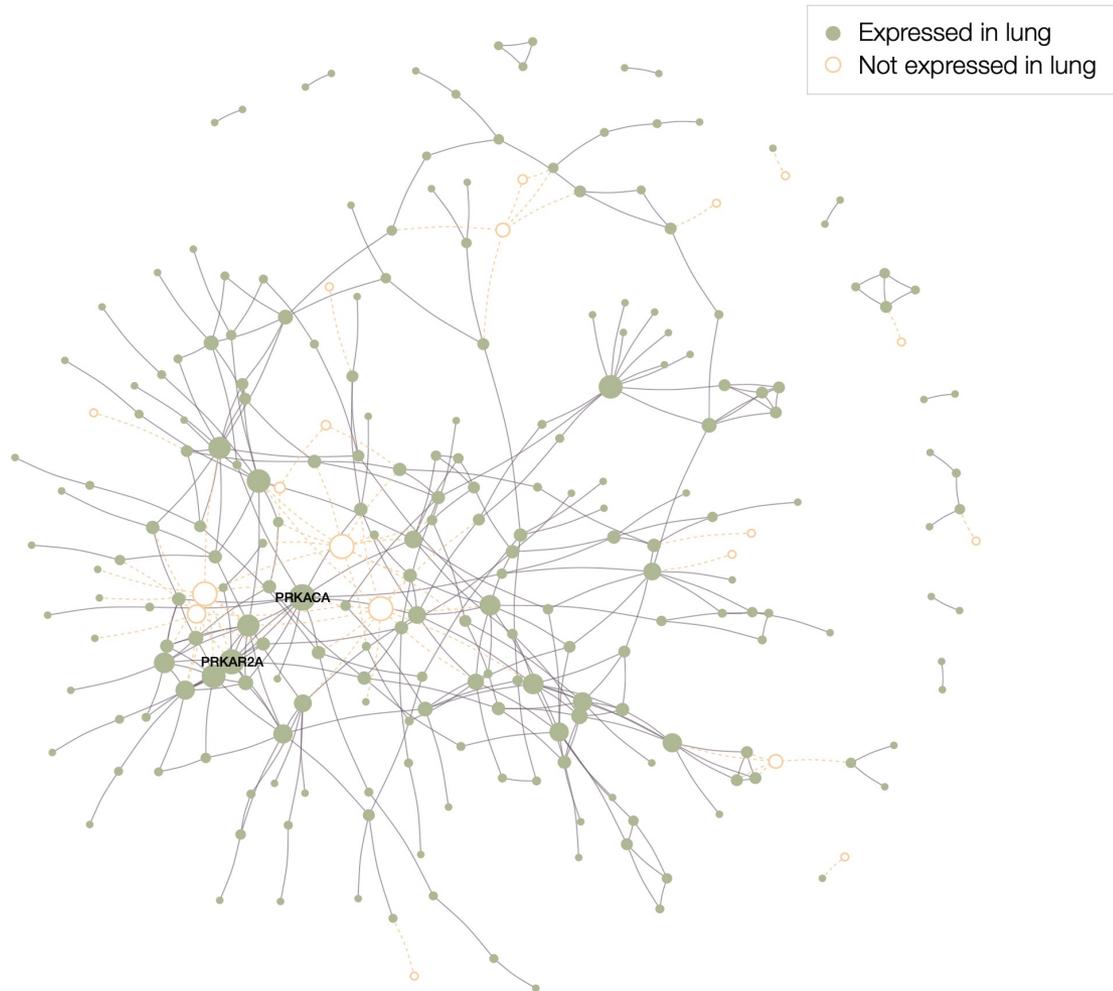
Diseases



How to represent COVID-19? Map SARS-CoV2 targets to the human interactome



COVID-19 Subgraph

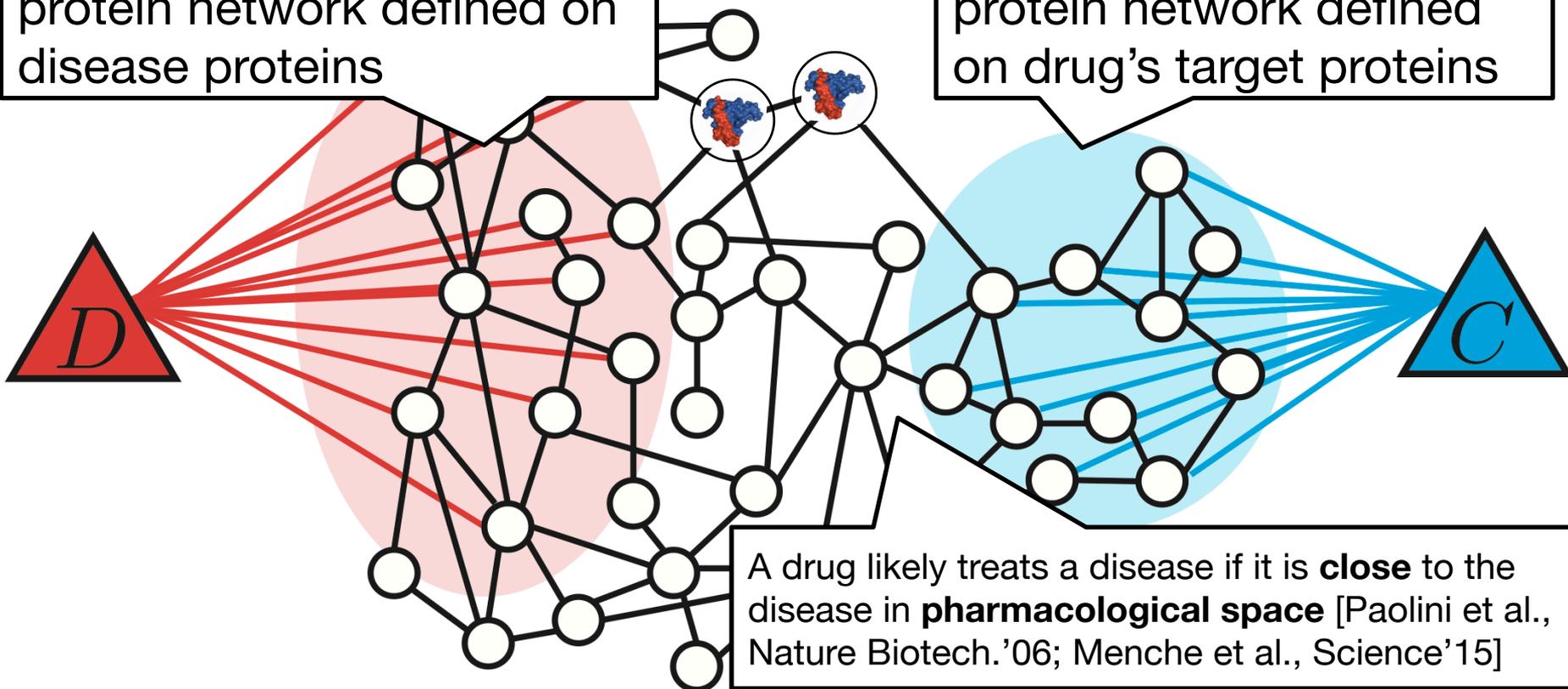


Gordon et al., Nature 2020 expressed 26 of the 29 SARS-CoV2 proteins and used AP-MS to identify 332 human proteins to which viral proteins bind

Key Insight: Subgraphs

Disease: Subgraph of rich protein network defined on disease proteins

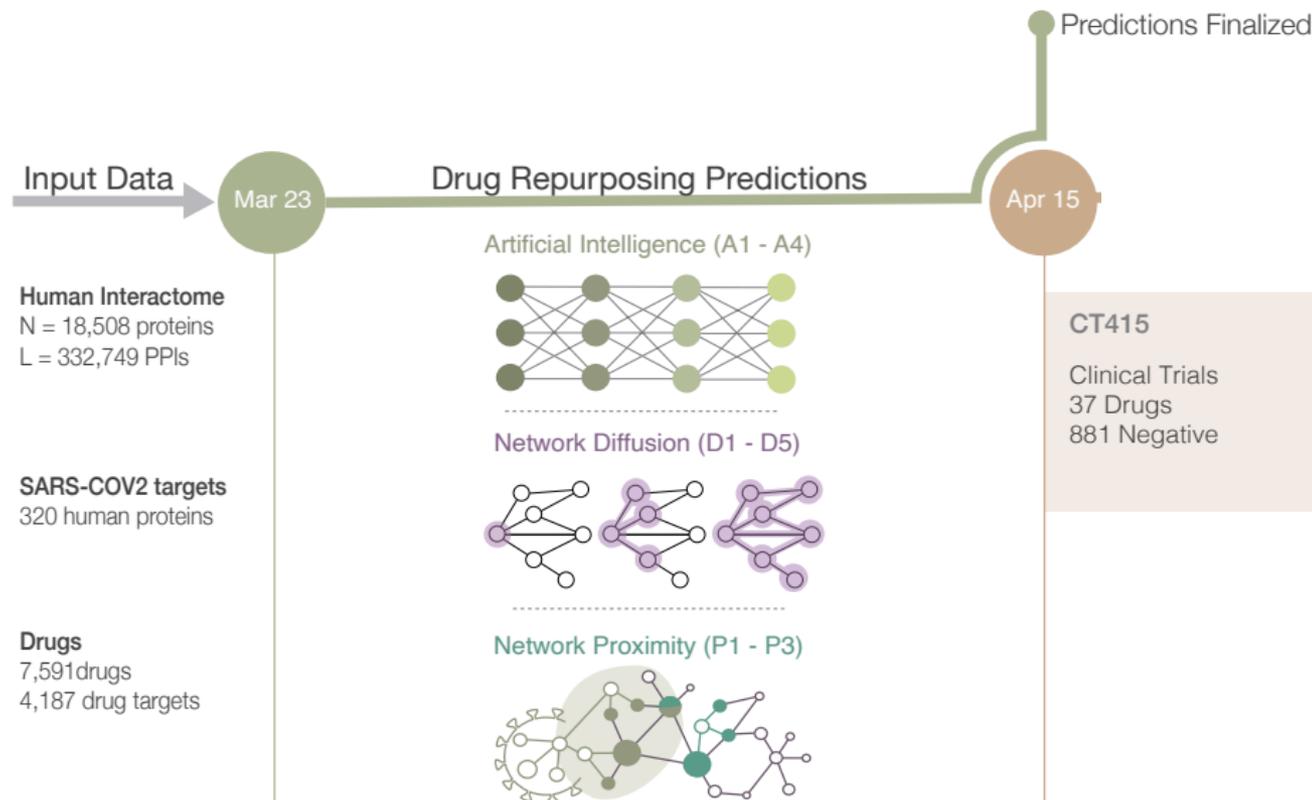
Drug: Subgraph of rich protein network defined on drug's target proteins



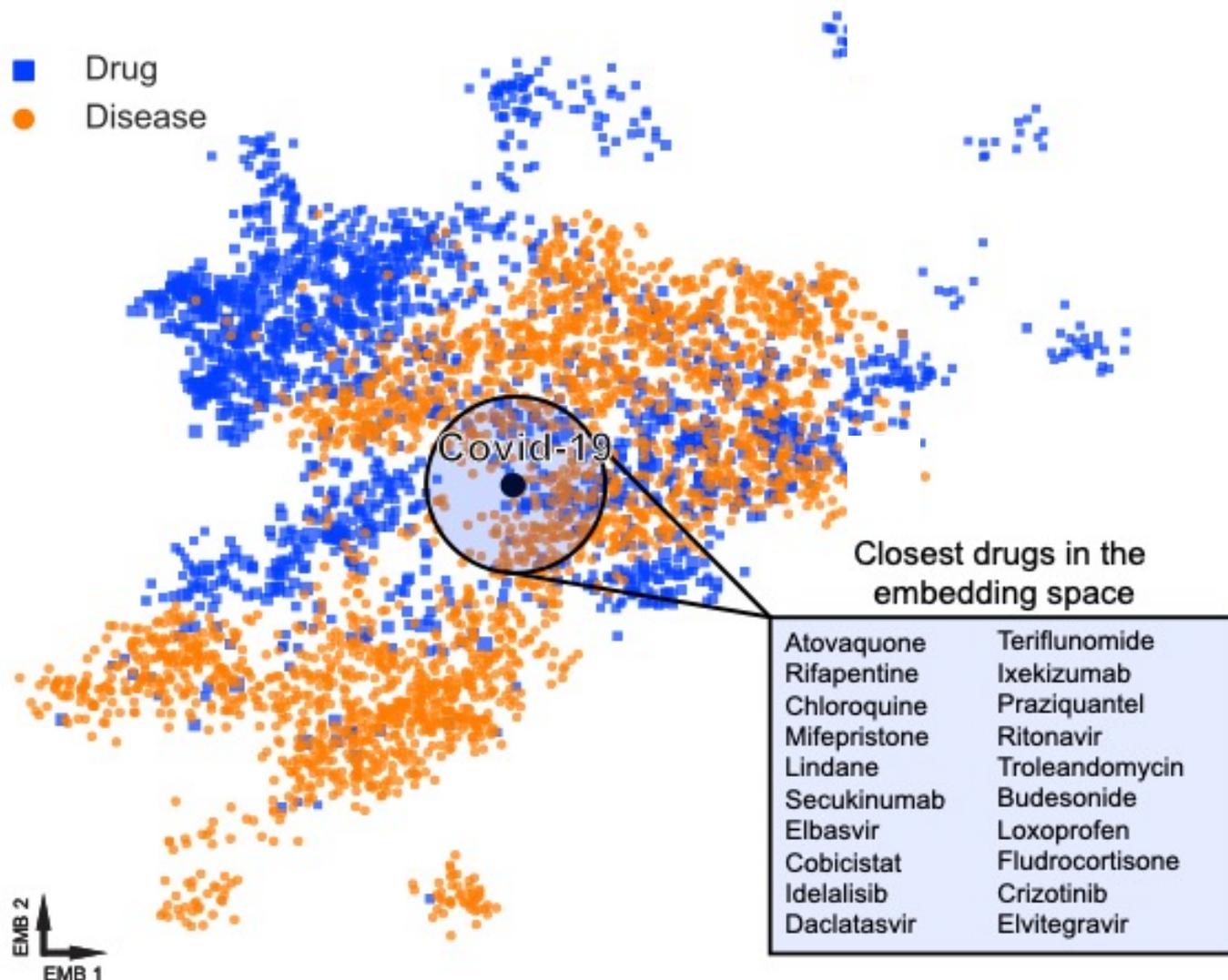
Idea: Use the paradigm of embeddings to operationalize the concept of closeness in pharmacological space

Computational Setup

- Proxy for ground-truth information:
 - Monitor drugs under **clinical trials**
 - Capture the **medical community's assessment** of drugs

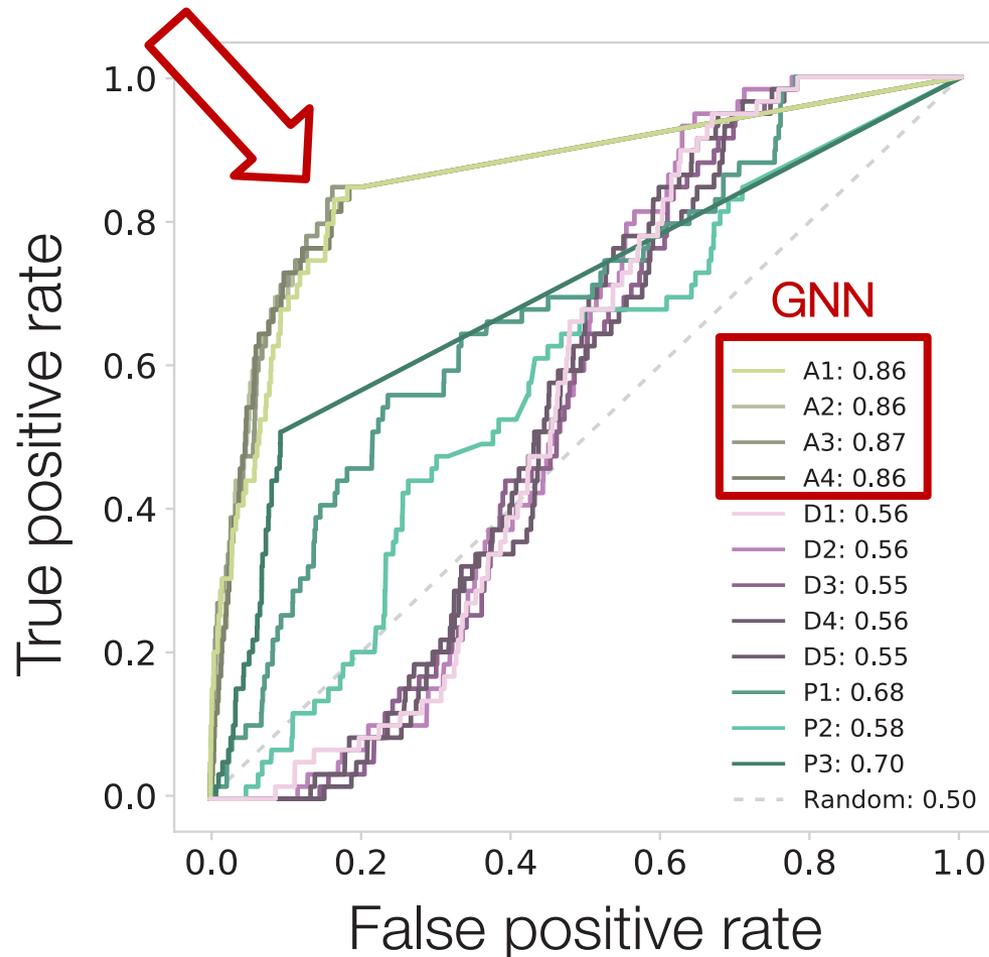


Embedding Space



Results: COVID-19 Repurposing

Individual ROC



We test each pipeline's ability to recover drugs currently in clinical trials for COVID-19

The best individual ROC curves are obtained by the GNN methods

The second-best performance is provided by the proximity P3. Close behind is P1 with AUC = 0.68 and AUC = 0.58

Diffusion methods offer ROC between 0.55-0.56

Final Prediction Model – Part #1

Input Data

Human Interactome
N = 18,508 proteins
L = 332,749 PPIs

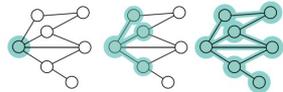
SARS-COV2 targets
320 human proteins
Gordon et al, 2020

Drug Targets
7,591 drugs
4,187 drug targets
DrugBank

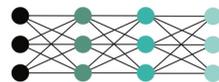
Methods



Network Proximity
3 pipelines



Network Diffusion
5 pipelines



AI Prioritization
4 pipelines

Outcomes

Infected
Tissues/Organs

Comorbidity

Drug Repurposing
& Validation

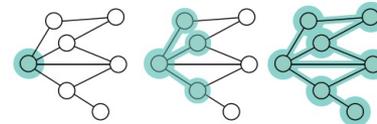
Final Prediction Model – Part #2

Methods

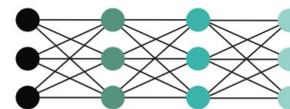
- A COVID-19 treatment can not be derived from the arsenal of therapies approved for specific diseases
- Repurposing strategies focus on drugs previously approved for other pathogens, or on drugs that target the human proteins to which viral proteins bind.
- Most approved drugs do not target directly disease proteins but bind to proteins in their network vicinity
- [Yildirim, Nature Biotech. 2007]
- Identify drug candidates that have the potential to perturb the network vicinity of the COVID-19 disease module.
- Implement 3 Network Repurposing Methods.



Network Proximity
3 pipelines



Network Diffusion
5 pipelines



AI Prioritization
4 pipelines

Final Prediction Model – Part #3

Rank Aggregation Algorithm: Maximize the number of pairwise agreements between the final ranking and each input ranking.

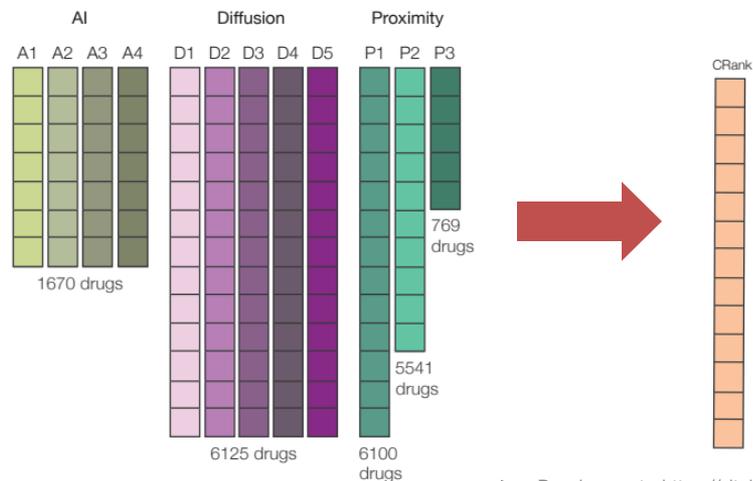
The combined performance of the AI methods is 0.87, the same as A3.

Improvement for proximity pipelines: 0.70 \rightarrow 0.72.

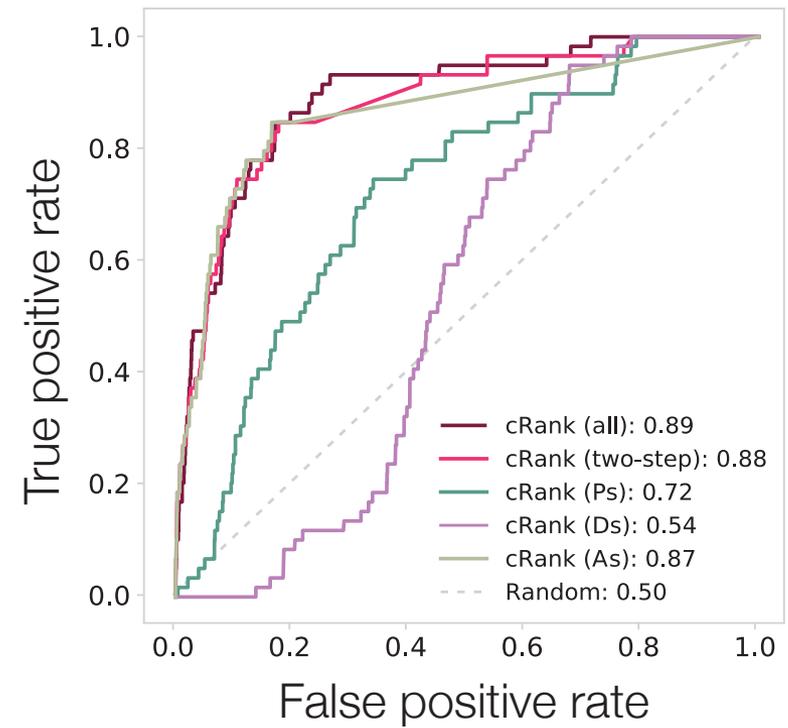
Combined diffusion pipelines have lower performance (0.54 vs 0.56, for D1, D2, and D4).

Combining all 12 pipelines, gives AUROC=0.89, the highest of any individual or combination-based pipelines,

Individual pipelines offer complementary information harnessed by the combined ranking.



Combined ROC





Predicted Drug Candidates

○ # of Clinical trials from ClinicalTrials.gov

86 drugs selected from the top 10% of the rank list.

Respiratory drugs (e.g., theophylline, montelukast).

Cardiovascular systems (e.g., verapamil, atorvastatin).

Antibiotics used to treat viral (e.g., ribavirin, lopinavir), parasitic (e.g., hydroxychloroquine, ivermectin, praziquantel), bacterial (e.g., rifaximin, sulfanilamide), mycotic (e.g., fluconazole), and mycobacterial (e.g., isoniazid) infections.

Immunomodulating/anti-inflammatory drugs (e.g., interferon- β , auranofin, montelukast, colchicine)

Anti-proteasomal drugs (e.g., bortezomib, carfilzomib)

Less obvious choices: aminoglutethimide, melatonin, levothyroxine, calcitriol, selegiline, deferoxamine, mitoxantrone, metformin, nintedanib, cinacalcet, and sildenafil.

Drug	C-rank	Drug	C-rank	Drug	C-rank
②⑩ Ritonavir	1	Mesalazine	69	Sulfanilamide	265
Isoniazid	2	Pentamidine	92	Hydralazine	269
Troleandomycin	3	Verapamil	98	Gemfibrozil	281
Cilostazol	4	Melatonin	109	④ Ruxolitinib	284
⑦⑥ Chloroquine	5	Griseofulvin	112	Propranolol	297
Rifabutin	6	Auranofin	118	Carbamazepine	301
Flutamide	7	① Atovaquone	124	Doxorubicin	309
② Dexamethasone	8	Montelukast	131	Levothyroxine	329
Rifaximin	9	Romidepsin	138	Dactinomycin	335
Azelastine	10	① Cobicistat	141	Tenofivir	338
Folic Acid	16	①⑦ Lopinavir	146	Tadalafil	339
Rabeprazole	27	Pomalidomide	155	Doxazosin	367
Methotrexate	32	Sulfinpyrazone	157	Rosiglitazone	397
Digoxin	33	① Levamisole	161	Aminolevulinic acid	398
Theophylline	34	Calcitriol	164	Nitroglycerin	418
Fluconazole	41	① Interferon- β -1a	173	Metformin	457
Aminoglutethimide	42	Praziquantel	176	① Nintedanib	466
⑥⑦ Hydroxychloroquine	44	① Ascorbic acid	195	Allopurinol	471
Methimazole	47	Fluvastatin	199	Ponatinib	491
① Ribavirin	49	① Interferon- β -1b	203	① Sildenafil	493
① Omeprazole	50	Selegiline	206	Dapagliflozin	504
Bortezomib	53	① Deferoxamine	227	Nitroprusside	515
Leflunomide	54	Ivermectin	235	Cinacalcet	553
Dimethylfumarate	55	① Atorvastatin	243	Mexiletine	559
④ Colchicine	57	Mitoxantrone	250	Sitagliptin	706
Quercetin	63	Glyburide	259	Carfilzomib	765
Mebendazole	67	② Thalidomide	262	① Azithromycin	786

Experimental Validation of Predictions



National Emerging Infectious Diseases Laboratories (NEIDL)

CRank	Drug Name
1	Ritonavir
2	Isoniazid
3	Troleandomycin
4	Cilostazol
5	Chloroquine
6	Rifabutin
7	Flutamide
8	Dexamethasone
9	Rifaximin
10	Azelastine
11	Crizotinib

17	Celecoxib
18	Betamethasone
19	Prednisolone
20	Mifepristone
21	Budesonide
22	Prednisone
23	Oxiconazole
24	Megestrol acetate
25	Idelalisib
26	Econazole
27	Babenzolol

Ranked lists of drugs

New algorithms:

Prioritizing Network Communities, *Nature Communications* 2018

Subgraph Neural Networks, *NeurIPS* 2020

Graph Meta Learning via Local Subgraphs, *NeurIPS* 2020

Results: 918 compounds screened for their efficacy against SARS-CoV-2 in VeroE6 cells:

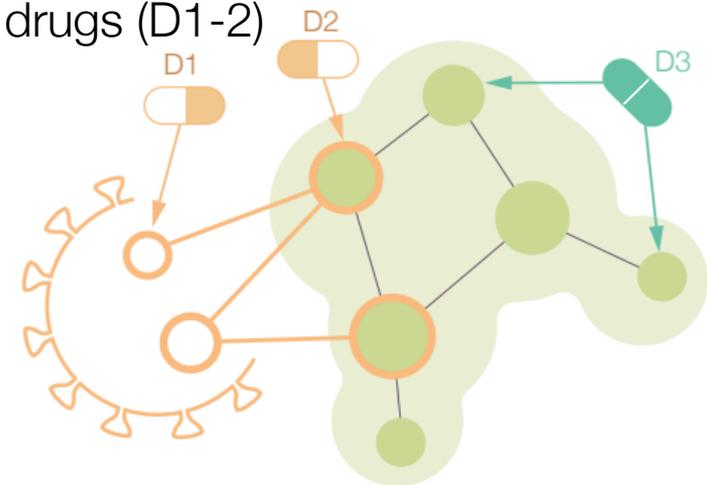
- 37 had a strong effect being active over a broad range of concentrations
- 40 had a weak effect on the virus
- An order of magnitude higher hit rate among top 100 drugs than prior work

Results: Network Drugs

- 76/77 drugs that successfully reduced viral infection do not bind proteins targeted by SARS-CoV-2:
 - These drugs rely on **network-based actions** that cannot be identified by docking-based strategies

CRank	Drug Name	CRank	Drug Name	CRank	Drug Name
5	Chloroquine	423	Pitavastatin	742	Mianserin
6	Rifabutin	431	Tenoxicam	755	Clofazimine
9	Rifaximin	438	Quinidine	767	Chlorpromazine
10	Azelastine	456	Sertraline	772	Imipramine
16	Folic acid	460	Ingenol mebutate	830	Promazine
32	Methotrexate	463	Norelgestromin	900	L-Alanine
33	Digoxin	493	Sildenafil	917	Moxifloxacin
44	Hydroxychloroquine	499	Eiglustat	933	Tasimelteon
50	Omeprazole	518	Ulipristal	995	Vandetanib
113	Clobetasol propionate	553	Cinacalcet	1000	Azilsartan medoxomil
118	Auranofin	556	Perphenazine	1020	Frovatriptan
120	Vinblastine	558	Idarubicin	1034	Zolmitriptan
199	Fluvastatin	564	Perhexiline	1035	Procarbazine
210	Clomifene	569	Amiodarone	1093	Asenapine
233	Ibuprofen	577	Duloxetine	1107	Dyclonine
235	Ivermectin	585	Toremifene	1140.5	Clemastine
243	Atorvastatin	586	Afatinib	1194	Prochlorperazine
253	Pralatrexate	601	Amtriptyline	1222	Miglustat
263	Cobimetinib	626	Meclizine	1224	Prenylamine
269	Hydralazine	635	Valsartan	1276	Dalfampridine
297	Propranolol	651	Eletriptan	1314	Cinchocaine
317	Osimertinib	673	Sotalol	1355	Methotrimeprazine
348	Vincristine	678	Thioridazine	1396	Methylthionium
367	Doxazosin	695	Chlorcyclizine	1403	Metixene
397	Rosiglitazone	707	Omacetaxine mepesuccinate	1443	Trifluoperazine
398	Aminolevulinic acid	721	Candesartan		

Direct target drugs (D1-2)



SARS-CoV-2
Viral Interactome

Human
Interactome

Network drugs (D3)

58/77 drugs with positive experimental outcome are among top 750 ranked drugs

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