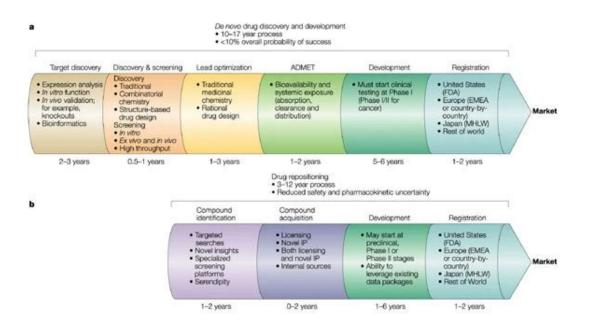
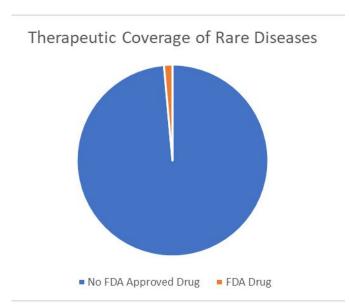
*.. Drug Repurposing... with Network-Based Analysis

Cerag Oguztuzun and Yaw Asante

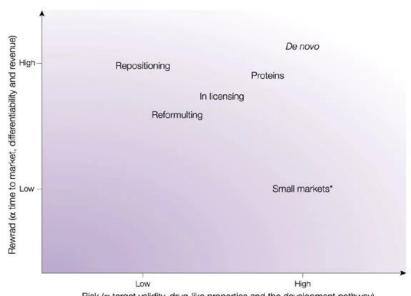
Why Pursue Drug Repurposing?





Why Pursue Drug Repurposing?

- Contribute to the pool of therapeutics for rare diseases / orphan drugs
- May offer commercial benefits in the form of alternative uses for existing therapeutics
- Informs novel off-label prescriptions for clinicians
- Provides mechanistic and chemical insights for basic researchers



Risk (α target validity, drug-like properties and the development pathway)

Existing Methods and Examples

Methodologies

- Data Mining / Semantic Associations
- Machine Learning
- Network-Based Methods

Drugs

- Aspirin
- Thalidomide
- Sildenafil
- Dimethyl fumarate

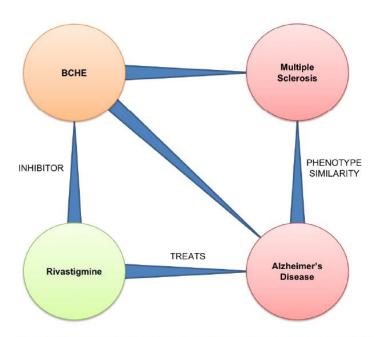


Figure 2: The potential relationship between Rivastigmine and MS is only revealed through connected data sources

Challenges in Drug Repurposing

Scientific Issues

- Identifying significant associations
- Scale of comparisons
- Validation of computational insight

Real-World Issues

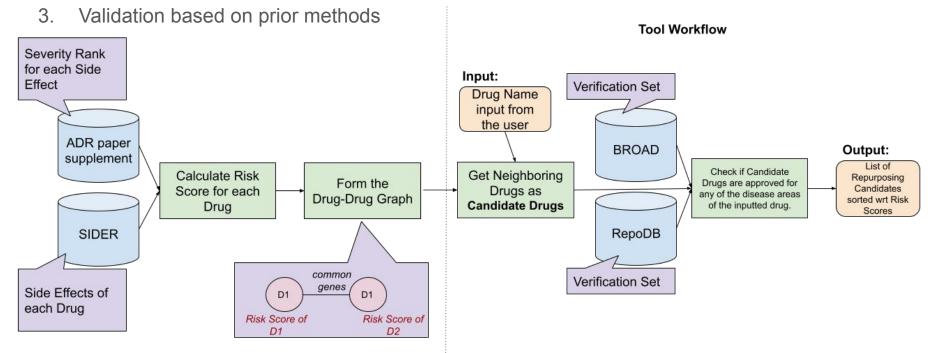
- Due diligence on validation
- Intellectual property issues / Organizational issues

Hypothesis

Given multiple compounds which target the same gene-product/protein, those which have the lowest relative user risk (as calculated on the basis of the number, frequency, and severity of compound side-effects) would make them better candidates than others connected to the same genes for repositioning.

Initial Approach

- 1. Creation of a unified drug to drug network which considered relative risk
- 2. Ranking of drugs based on relative risk



Calculating Relative Risk

For any given drug ...

Risk = Relative Severity * Frequency

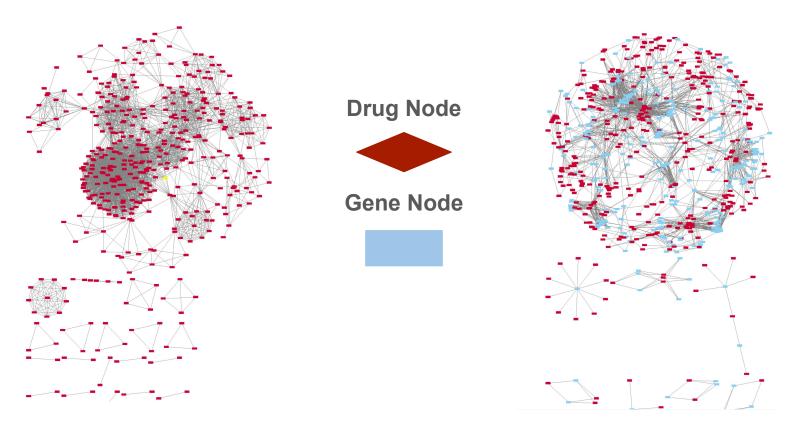
For any given drug pair, linked by a gene ...

Relative Risk = Risk * Overlap Score

For any two connected drugs ...

 $= \frac{\binom{k}{x} \binom{N-k}{n-x}}{\binom{N-k}{x}}$ k = Drug B's target genes x = the total overlapping genes n = Drug A's target genes N = estimate of total human genes (23271) **Overlap Score**

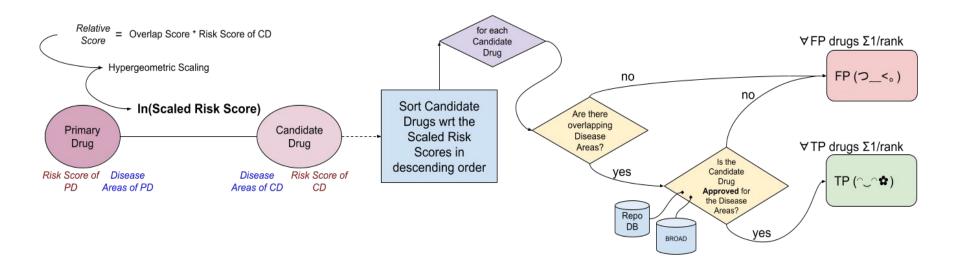
Drug-to-Drug by Risk (DDR) Network



Drug-to-Drug Network (438 nodes, 18742 edges)

Drug-to-Gene Network (767 nodes, 18742 edges)

Finalized Approach and Validation Methodology



Sample Output

```
PS C:\Users\Admin\OneDrive\Masaüstü\SYSBIO\p\459-drug-proj> python .\calc relative risks drugs.py -i amlodipine
Rank 1: ibutilide with relative risk of -12.144 of amlodipine | Validation: TP ( \( \cap \), can be repurposed for diseases: cardiology
Rank 2: lercanidipine with relative risk of -12.720 of amlodipine | Validation: TP ( ) ( ) and be repurposed for diseases: Hypertensive disease, cardiology
Rank 3: pinaverium with relative risk of -14.226 of amlodipine | Validation: FP (⊃ < , )
Rank 4: diltiazem with relative risk of -26.879 of amlodipine | Validation: TP ( C 😘 ), can be repurposed for diseases: Angina Pectoris, Variant, Hypertensive diseases
se, Angina Pectoris, cardiology
Rank 5: isradipine with relative risk of -29.795 of amlodipine | Validation: TP ( ) 😘, can be repurposed for diseases: Hypertensive disease, cardiology
Rank 6: verapamil with relative risk of -30.398 of amlodipine | Validation: TP ( CA), can be repurposed for diseases: Hypertensive disease, Angina Pectoris, Varia
nt, Angina Pectoris, cardiology
Rank 7: dronedarone with relative risk of -30.472 of amlodipine | Validation: TP ( ) can be repurposed for diseases: cardiology
Rank 8: gabapentin with relative risk of -36.233 of amlodipine | Validation: FP (つ_<。)
Rank 9: nisoldipine with relative risk of -37.749 of amlodipine | Validation: TP ( C 😭 , can be repurposed for diseases: Hypertensive disease, cardiology
Rank 10: nifedipine with relative risk of -40.344 of amlodipine | Validation: TP ( can be repurposed for diseases: Angina Pectoris, Variant, Hypertensive dis
ease, Angina Pectoris, cardiology
Arecision: . . .
                       9.844
```

Validation Results

Mean Precision = **0.488**

STD of Precision = 0.349

From 425 drug inputs

Validation \rightarrow Permutation test of n = 10

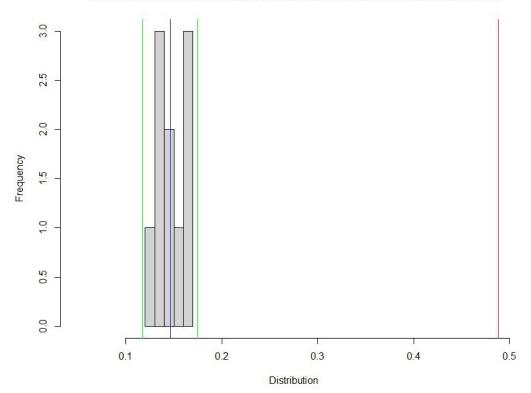
DDR reconstructed from individual drugs with shuffled gene target sets

Characteristics of Random Set:

Range: 0.122 to .1677

Mean: 0.1462

Distribution of Precision Scores from Randomized Gene DDR Networks



Red = Calc. Precision

> Mean(Random) + 2 SDs

Discussion and Limitations

 The severity of the risk scores in the RADR are scaled with respect to the side effects present in the list. -> Limited side effects to consider.

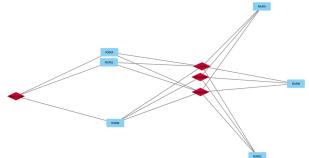
Our tool does not generate negative predictions -> Prevents us from doing a specificity-based evaluation.

Future Direction?

 Further validation and alternative strategies for building randomized networks

Exploring known relationships shown in DDR

D_R -- G* -- D_R
D_{R*} -- G -- D_R



Clustering and alternative relative risk metrics

RR = O*R*?

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