GRAPH ATTENTION NETWORK BASED REPRESENTATION LEARNING FOR CANCER DRUG RESPONSE PREDICTION AND INTERPRETATION

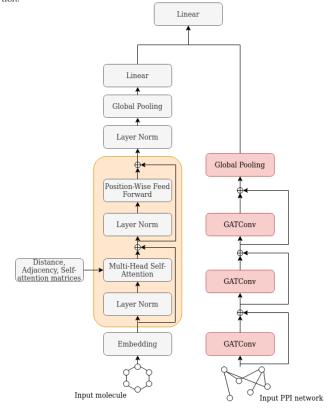
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Introduction

In recent years it has been shown that protein-protein interactions are targetable by drugs which expands the potential pool of drug targets (Goncearenco et al., 2017). In this work we integrate protein-protein interactions and genomic features for modeling cancer drug response, which allows us to discover cell line specific interactions that are most predictive of drug response in cancer cell lines. To that end we construct a multimodal neural network for prediction of drug response based on molecular graph structure and cancer cell line protein-protein interactions. Our model gives insight into drug response related protein-protein interactions, all the while improving on the state of the art on the common benchmark dataset.

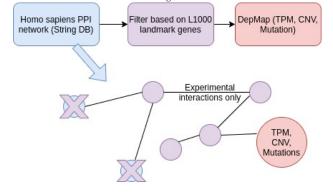
PROTEIN-PROTEIN INTERACTION MODEL

In our approach, shown in the figure below we have combined molecular transformers (Łukasz Maziarka et al., 2020) for learning drug representations and graph attention neural networks (Veličković et al., 2018) for learning cell line representations, i.e. exploiting protein-protein interaction (PPI) network as a basic graph representation



Graph attention networks allow us to examine interpretable relevant interactions between nodes of the protein-protein interaction graphs. We show that this approach improves cancer drug response prediction in pharmacogenomic databases, and allows for interpretation of the interactions.

Cancer cell lines were featurized according to the scheme below:



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RESULTS

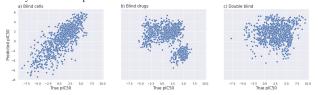
We compared our model trained to predict pIC50 values to the state of the art models, which were trained on the GDSC2 dataset. To our knowledge, our model outperforms the state of the art model DeepCDR (Liu et al., 2020).

ı	Model	PPI multimodal	DeepCDR	GraphDRP	tCNNs
ı	RMSE	1.009±0.005	1.058 ± 0.006	1.091	1.782±0.006
ı	Pearson correlation	0.931±0.001	0.923 ± 0.006	0.929	0.885 ± 0.008

We have also evaluated the regression model on different experimental settings: predicting response of unknown cell lines (blind cells), predicting response of unknown drugs (blind drugs), and predicting response where both drugs and cell lines are unknown (double blind).

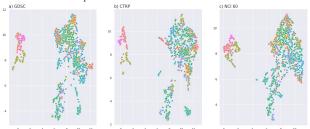
Experimental setting	Blind cells	Blind drugs	Double blind
RMSE	1.548	2.998	3.098
\mathbb{R}^2	0.703	-0.323	-0.372

While in the regression settings the predicted values for blind cells show correlation to true values, in other settings the models performed worse than a horizontal line would. From these results it is also obvious that a random test set, which is often evaluated on the benchmark GDSC dataset, does not carry meaningful information on the usefulness of these models in practical settings, i.e. precision medicine and in discovery of new therapeutics.



INTERPRETATION

For intepretation of the attention coefficients we trained models to predict binary response of the cell line to a drug, i.e. is a cell line sensitive or resistant at a threshold concentration of $1\,\mu\mathrm{M}$. Attention coefficients learned by the graph attention layers assign importance to the edges of the PPI network. Since the graph structure is fixed, importance is directly related to the genomic features used. To visualize these attention coefficients we performed UMAP dimensionality reduction (n_neighbors=10, min_dist=0.1, learning_rate=0.1) on the attention coefficients of the cell lines which are colored by primary disease classification according to DepMap, e.g. breast cancer. Across three datasets (NCI, CTRP, GDSC), even with different chemical and cell line spaces we observe that the clustering of the interactions is preserved across datasets, e.g. blood cancers are separated in an isolated cluster across all datasets.



To further investigate drug response related protein-protein interactions, we group cell lines by primary disease and subtype, then calculate how often the top 10 differential interactions appear in each of the groups, cell lines by primary disease, by subtype, and by primary disease and subtype. Only overlapping interactions between the datasets were considered.

Examples of found interactions and potential therapeutic targets:

- colorectal adenocarcinoma: GLI2-USP7 (Bryant et al., 2014)
- blood cancers: CHEK2 (Stolarova et al., 2020)
- blood cancers: CHEK2-CHEK1 interaction (Bryant et al., 2014)
- laryngeal squamous cell carcinoma: ERBB3 hub (Erjala et al., 2006)

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