

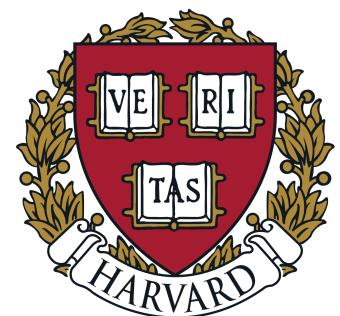
Machine Learning for Drug Development

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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

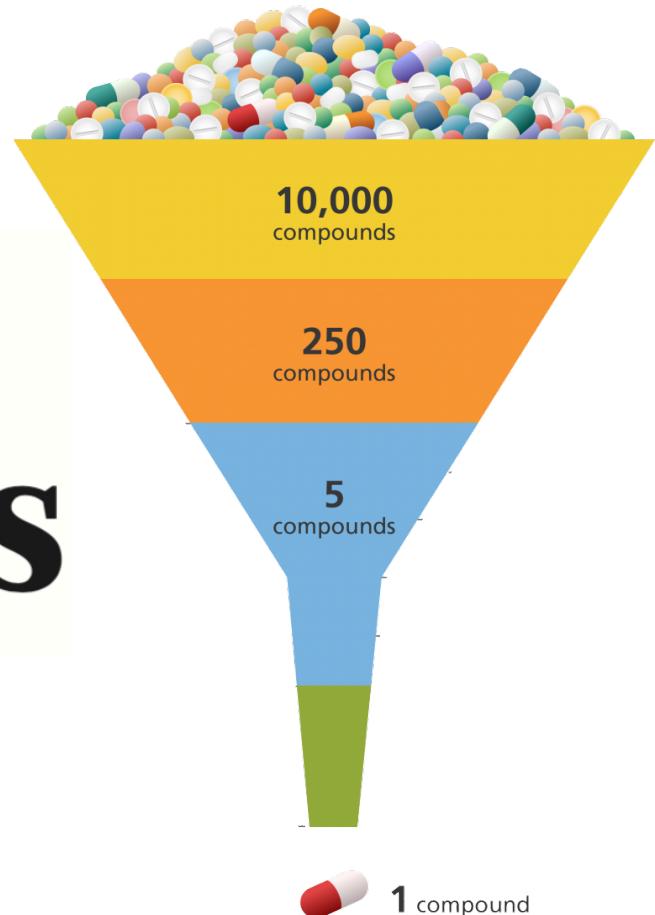
New tricks for old drugs

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.



A SHORTER TIMESCALE

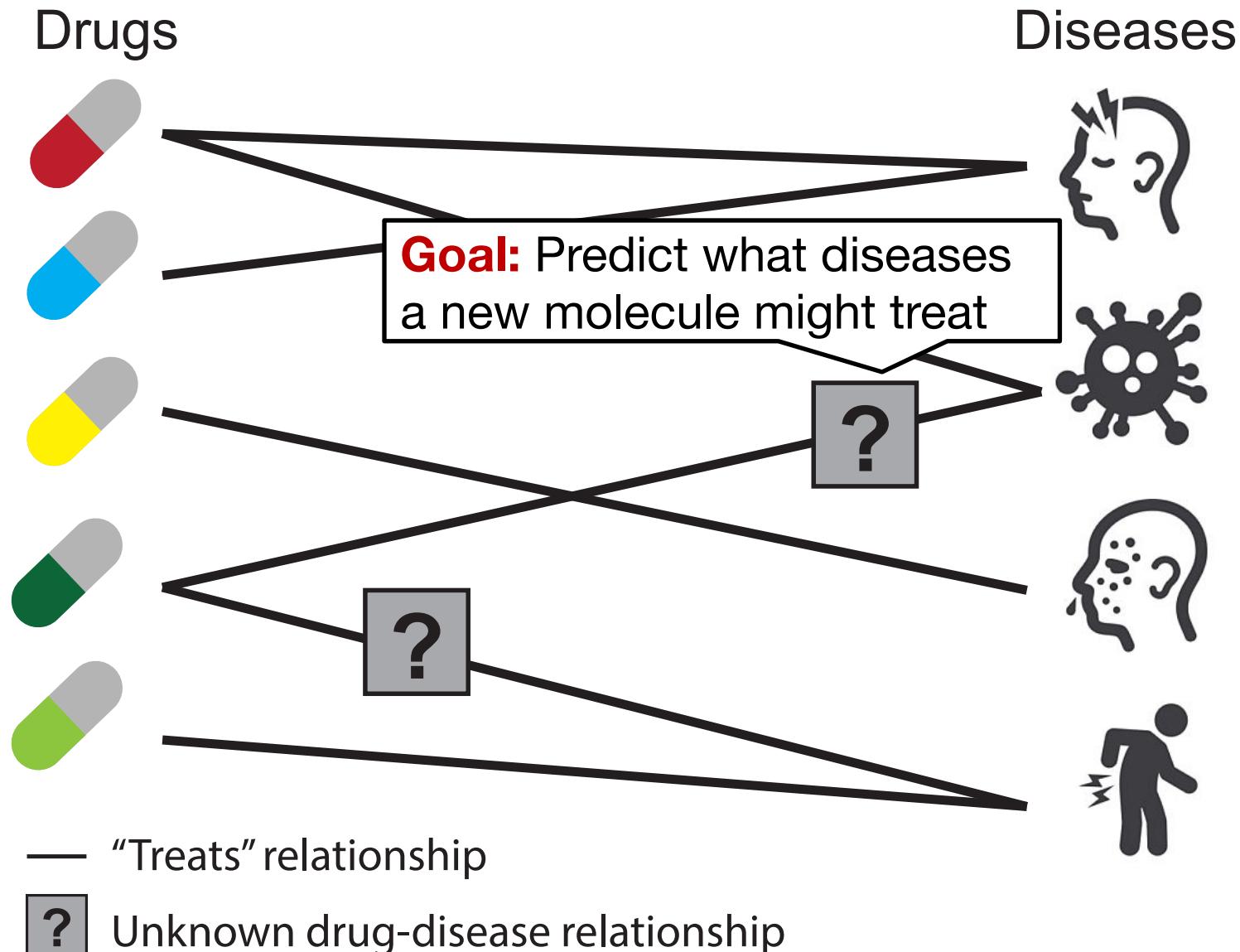
Because most repositioned drugs have already passed the early phases of development and clinical testing, they can potentially win approval in less than half the time and at one-quarter of the cost.



Drug repositioning

~6 years, ~\$300 million

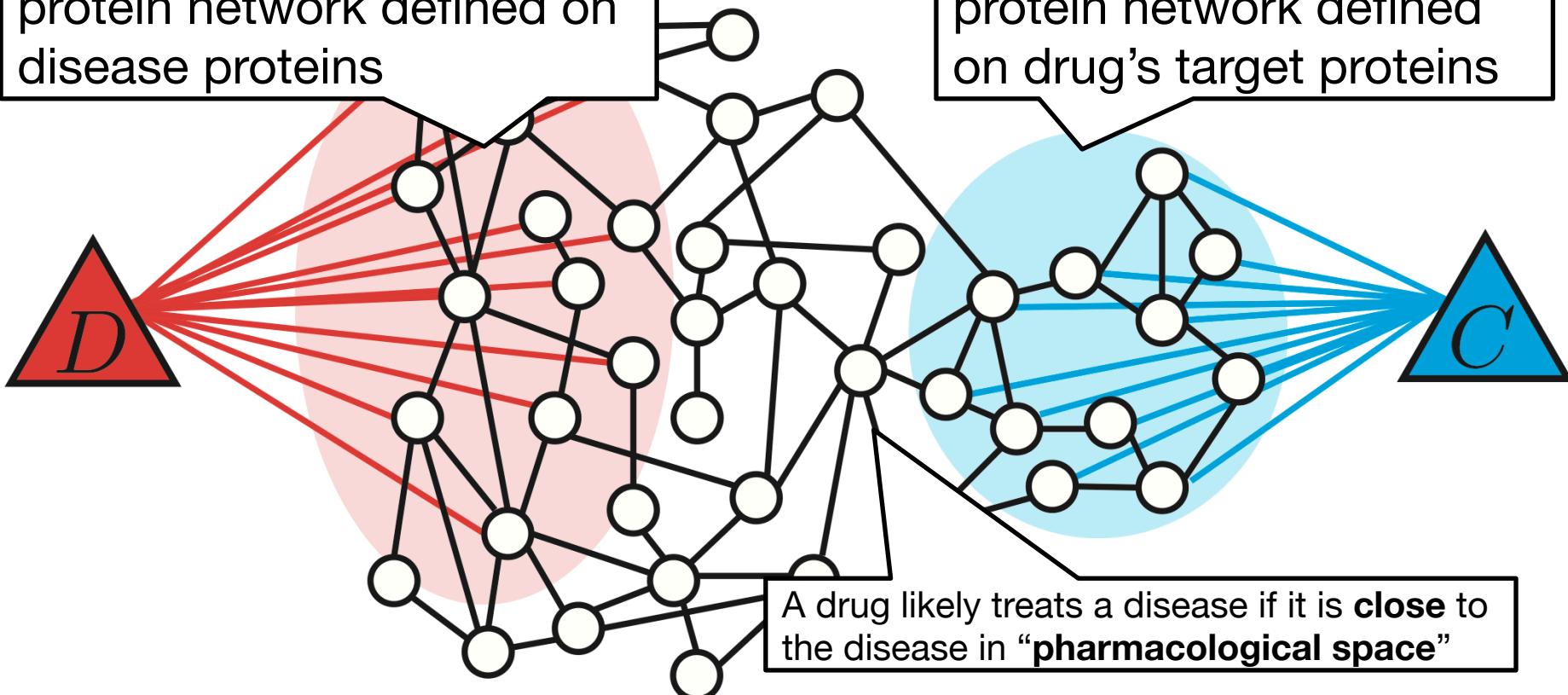
What drug treats what disease?



Key Insight: Subgraphs

Disease: Subgraph of rich protein network defined on disease proteins

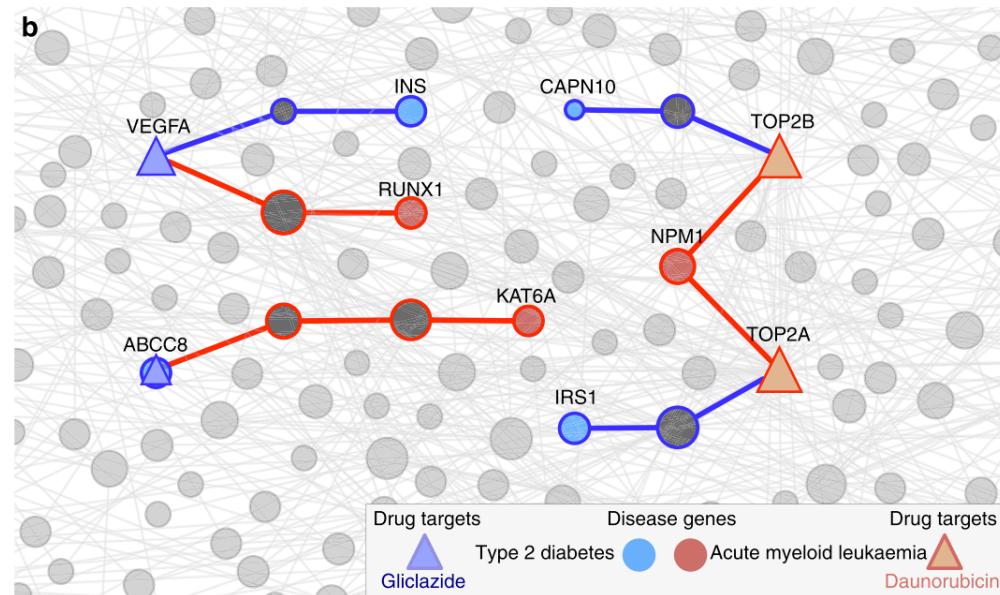
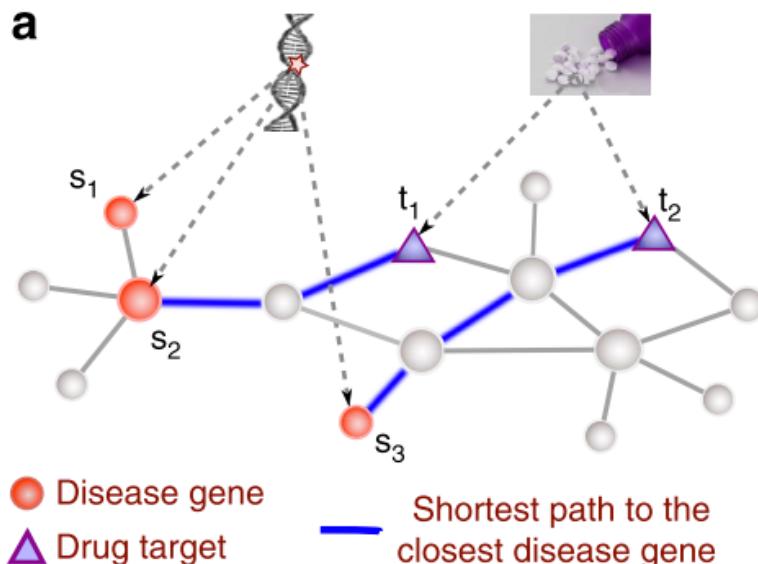
Drug: Subgraph of rich protein network defined on drug's target proteins



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

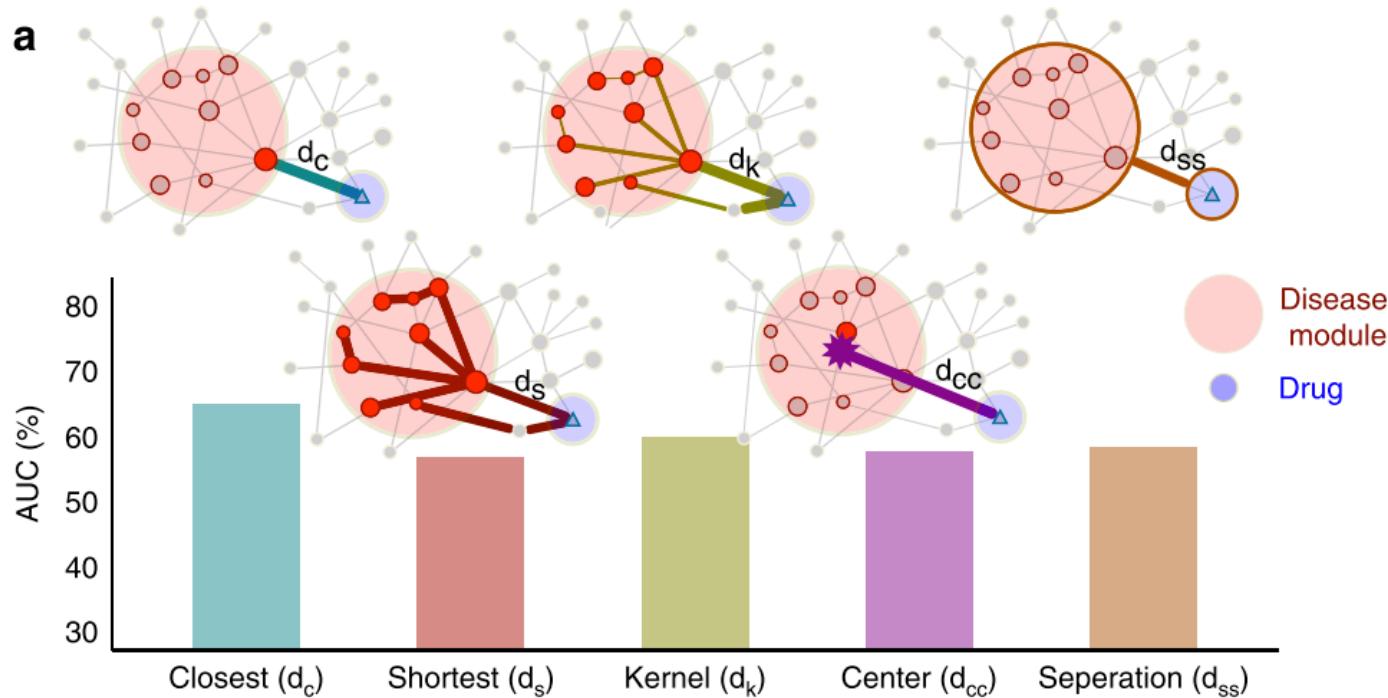
Why Subgraphs? – Part #1

- 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

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

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

**result: Therapeutic effect
small network neighborhood**

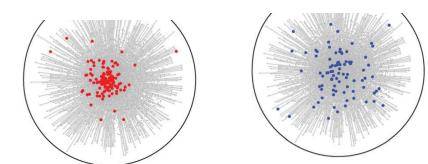
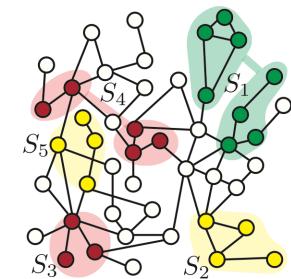
Negative z-values: Drug targets are close (i.e., proximal) to disease genes in the PPI network → Successful repurposing

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

	Phenotype	Proximity (z)
Micogestrel	Non-Hodgkin's lymphoma	-2.4
	Restless legs syndrome	-1.1
	Erectile dysfunction	-1.0
Contraception	Endometrial cancer	-1.1
	Endometrial cancer	-1.6
Failure due to lack of efficacy		
Tabalumab	Systemic lupus erythematosus	1.8
Preladenant	Parkinson's disease	0.2
Iniparib	Squamous cell cancer	0.0
Failure due to adverse effects		
Memantine	AD	-5.6
Terfenadine	Cardiac arrhythmia	-2.2
	Arrhythmia (side effect)	-2.6

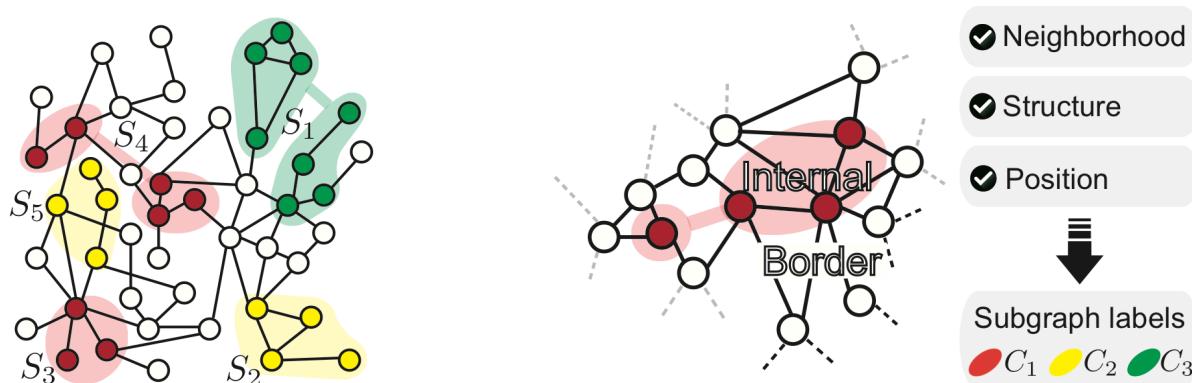
Why are subgraphs challenging?

- 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



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

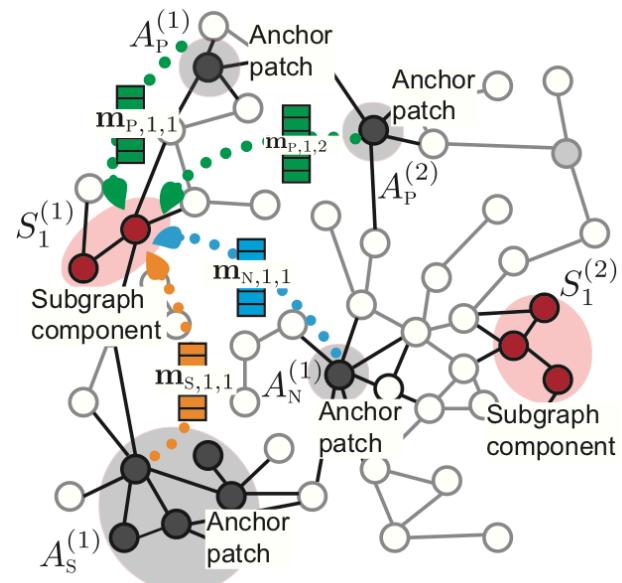
$$\text{MSG}_x = \boxed{\gamma_x} \left(S^{(C)}, A_x \right) \cdot p_x$$

similarity function between a subgraph component and an anchor patch

$$\mathbf{a}_{x,c} = \text{AGG}_M \left(\left\{ \text{MSG}_x(S^{(C)}, A_x, p_x), \forall A_x \in \mathcal{A}_x \right\} \right),$$

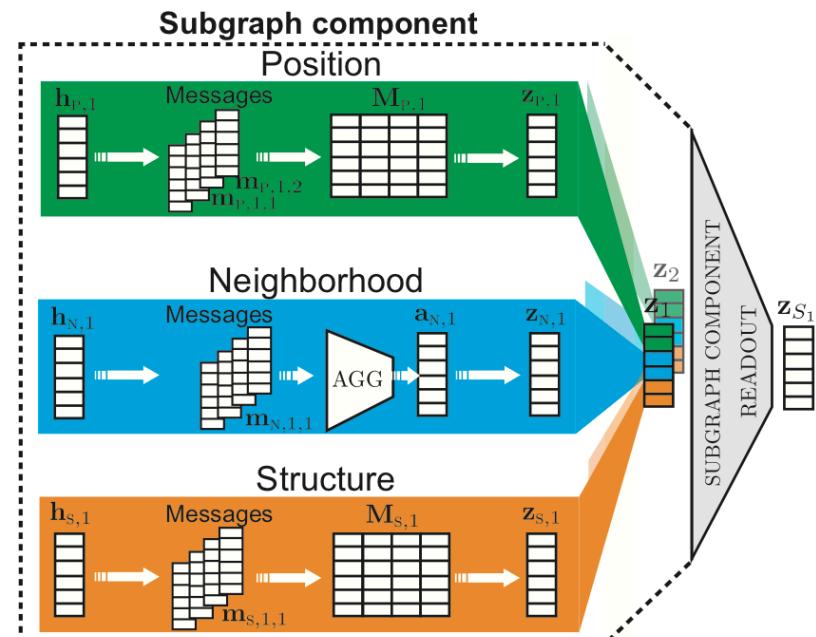
$$\boxed{\mathbf{h}_{x,c}^{(l)}} = \sigma \left(\mathbf{W}_h \cdot [\mathbf{a}_{x,c}; \mathbf{h}_{x,c}^{(l-1)}] \right),$$

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



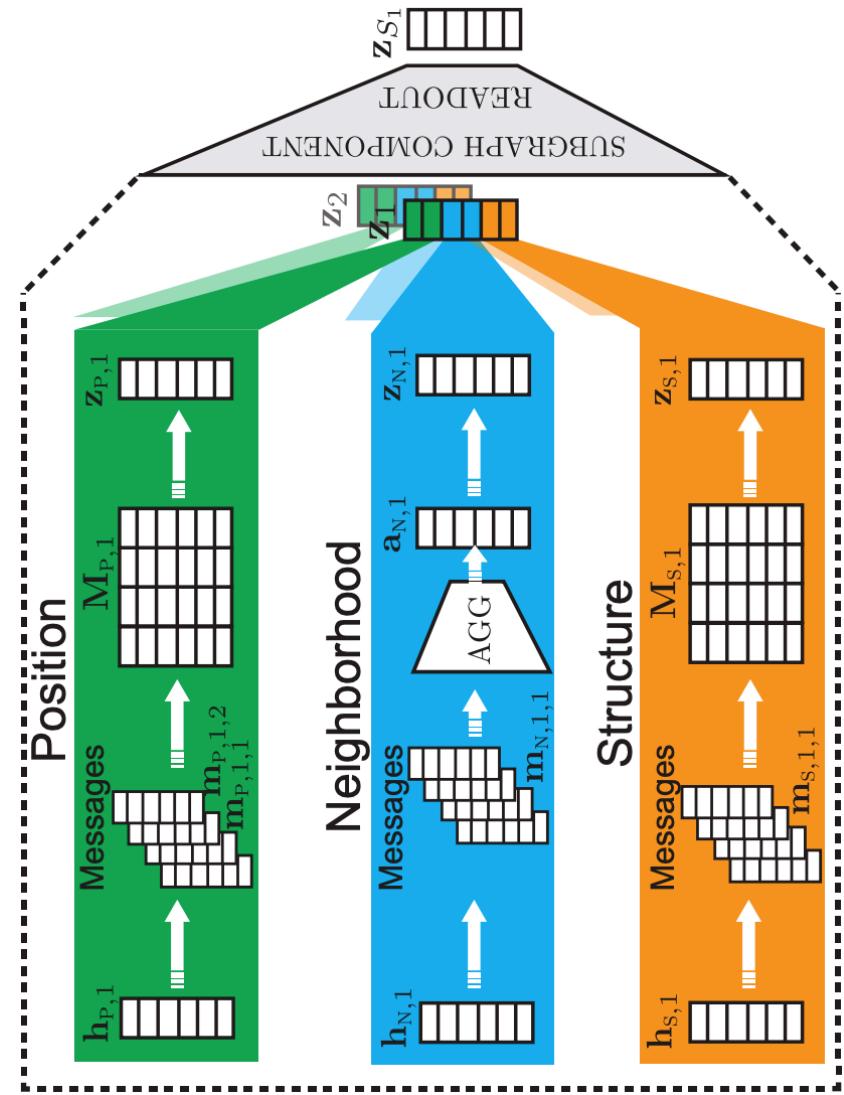
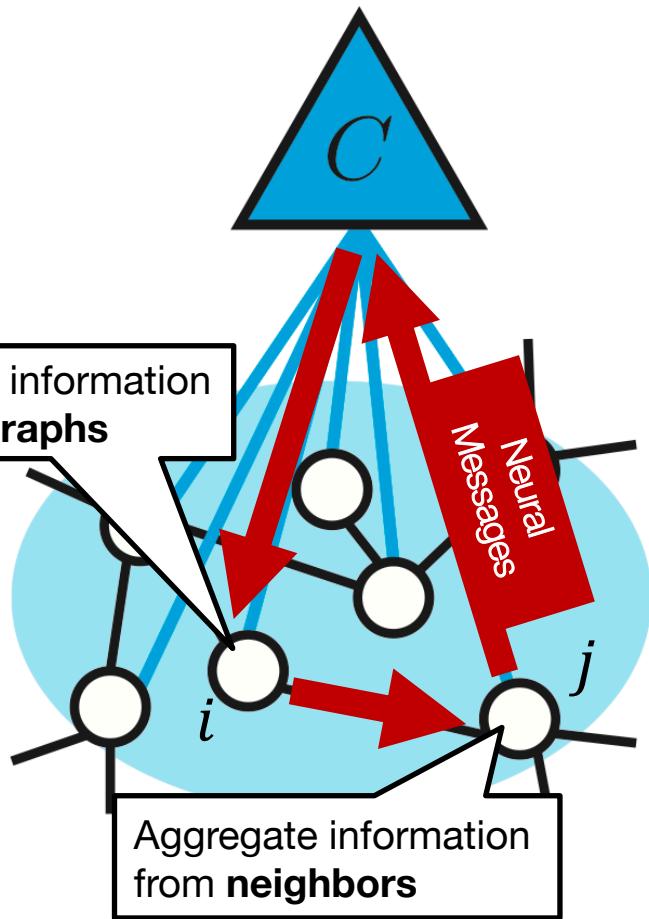
Part 2: Property-aware Routing

- 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

SubGNN: Overview

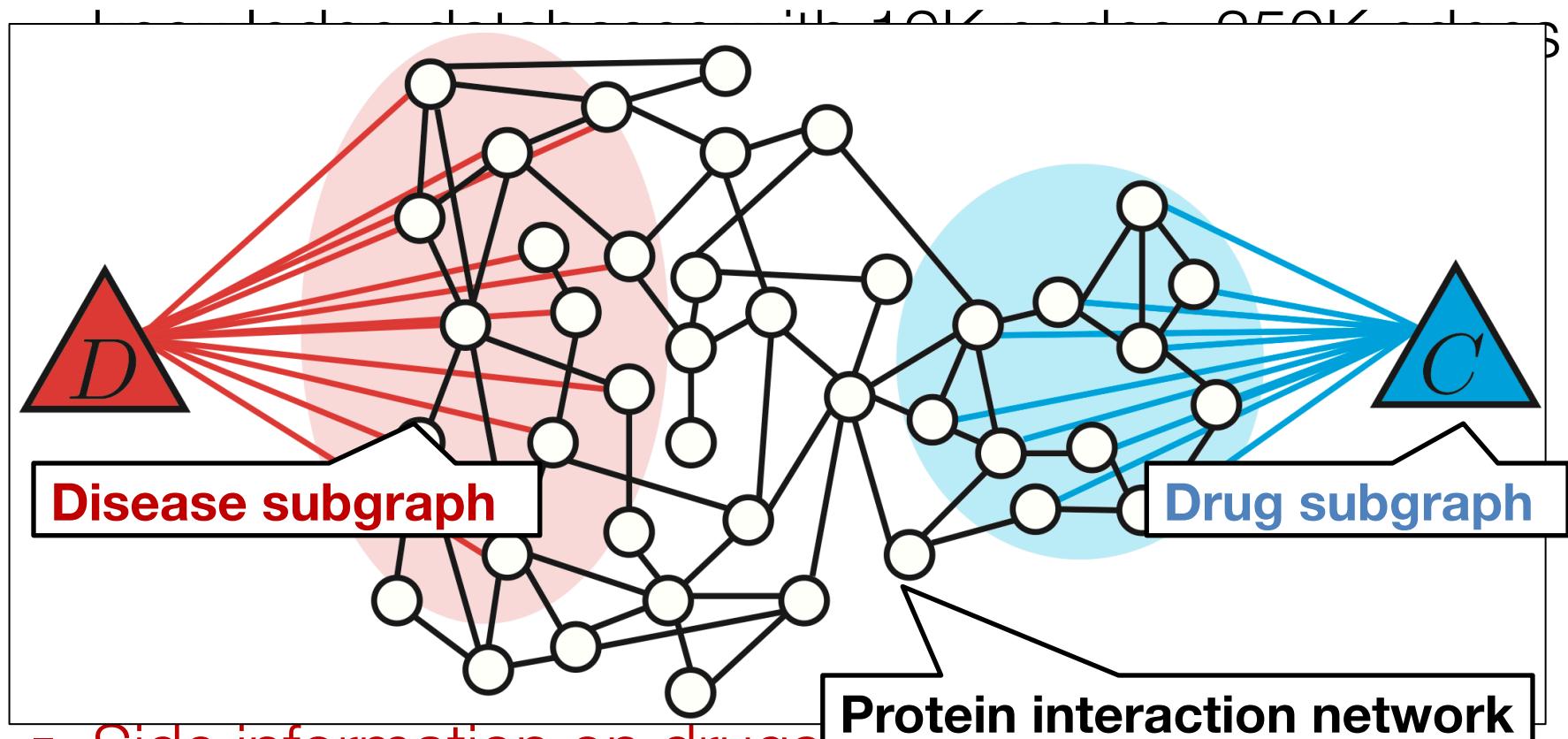


Setup: Drug Repurposing dataset

- 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

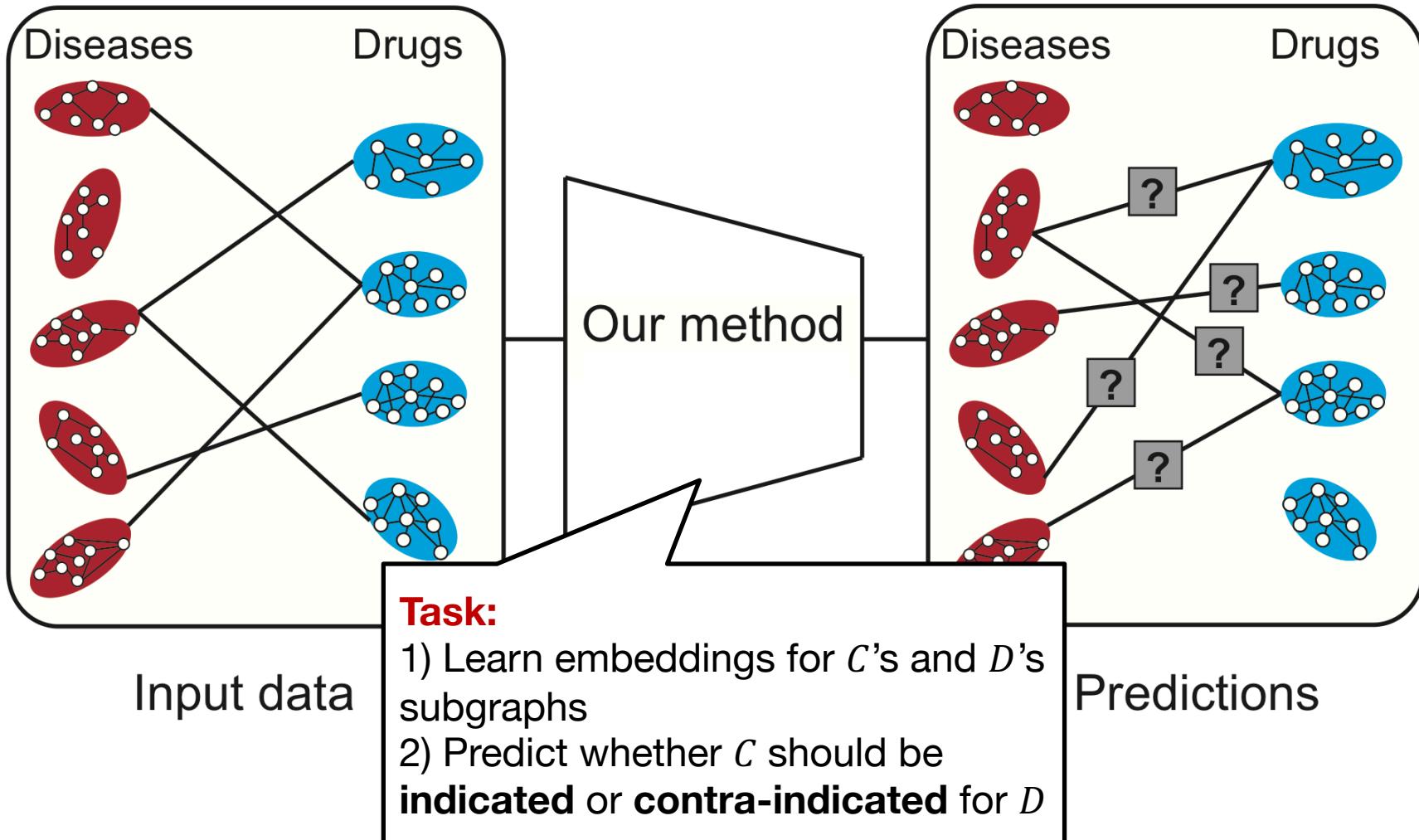
Setup: Drug repurposing dataset

- 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

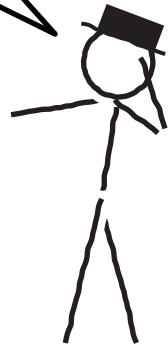


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SPARK Translational Research Program
From Bench to Bedside

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

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

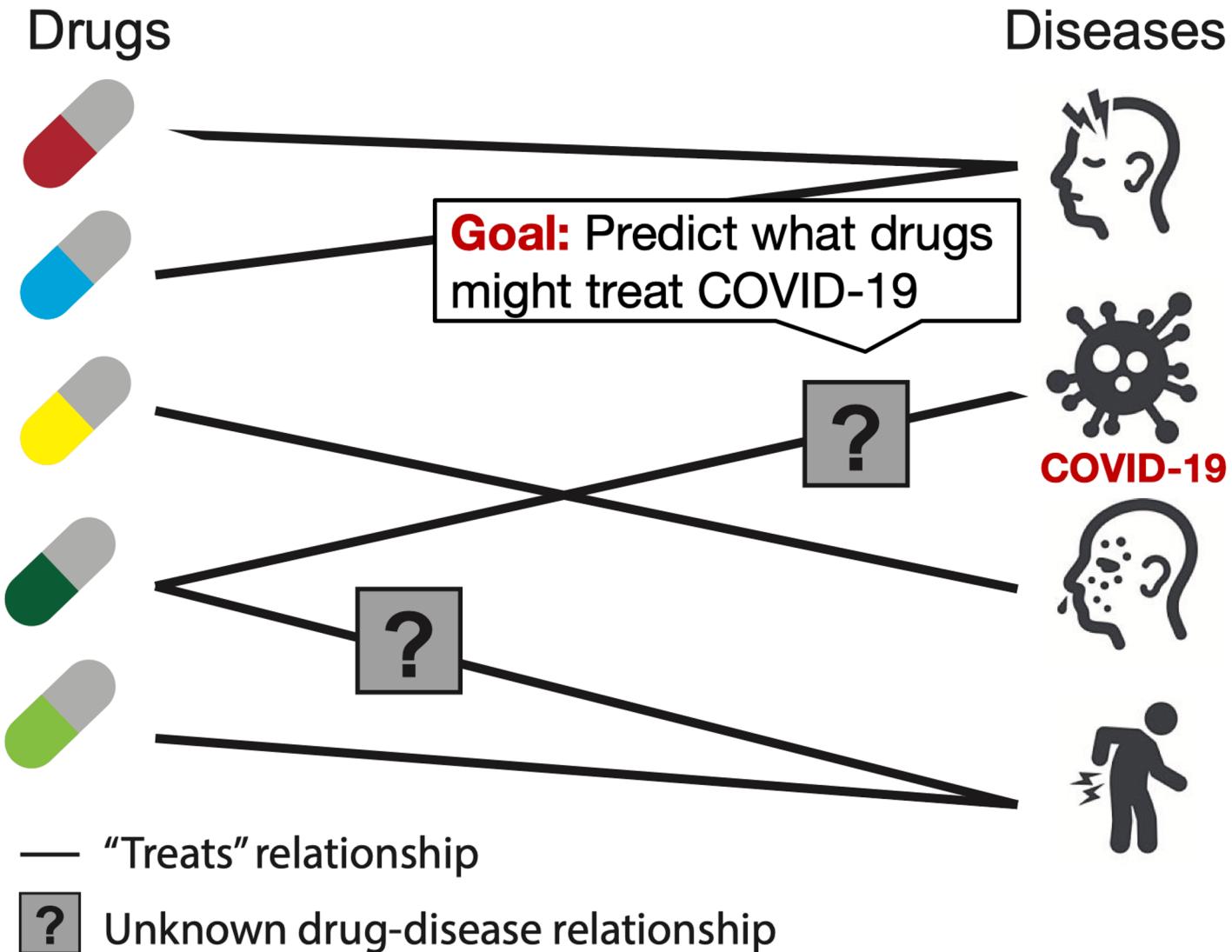


Drug Repurposing for Emerging Pathogens

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

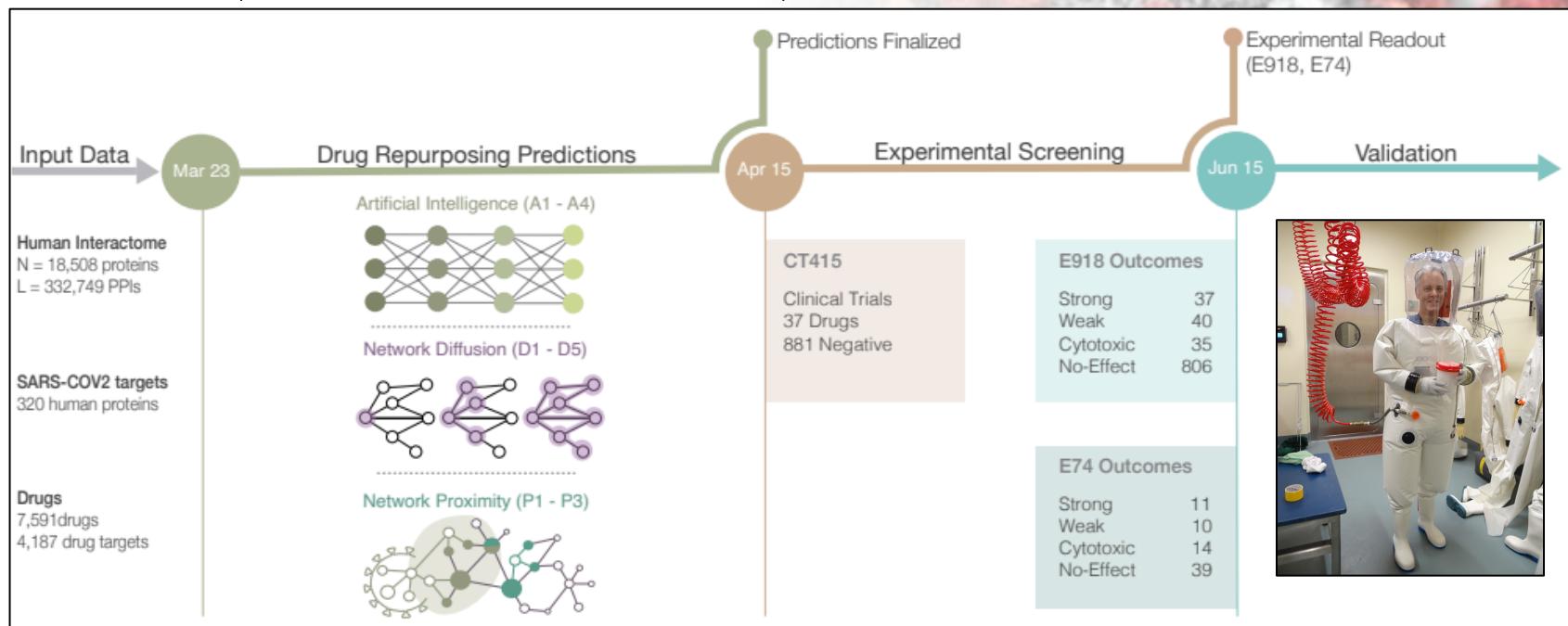
Emerging Pathogens



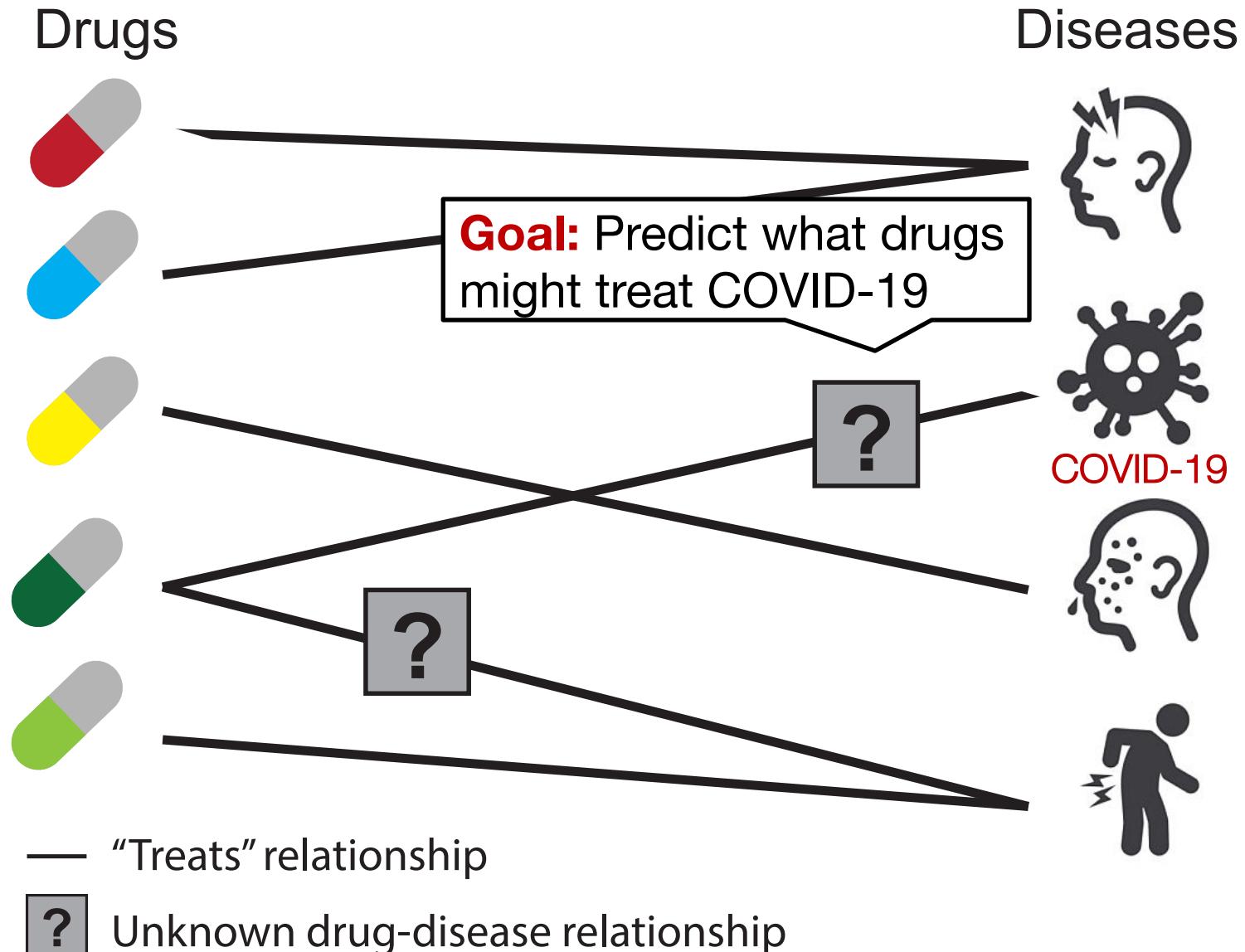
Never-Before-Seen Disease

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

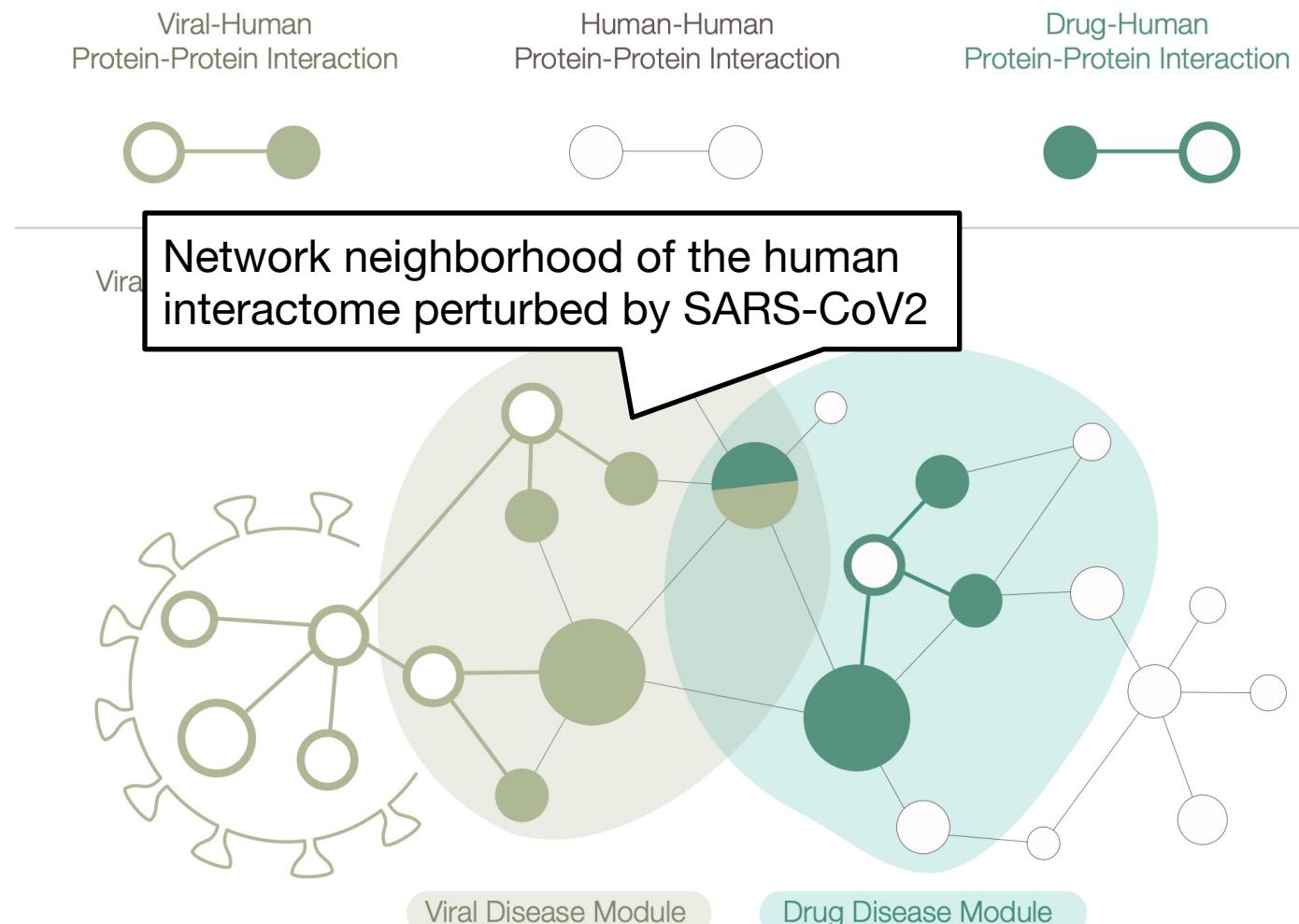
A more realistic strategy relies on drug repurposing, requiring us to identify clinically approved drugs that have a therapeutic effect in COVID-19 patients



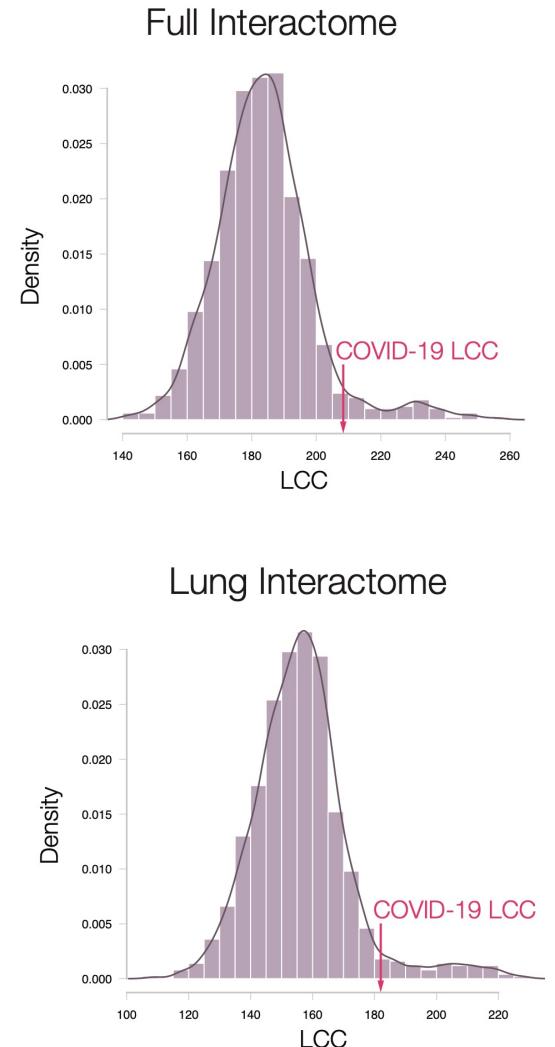
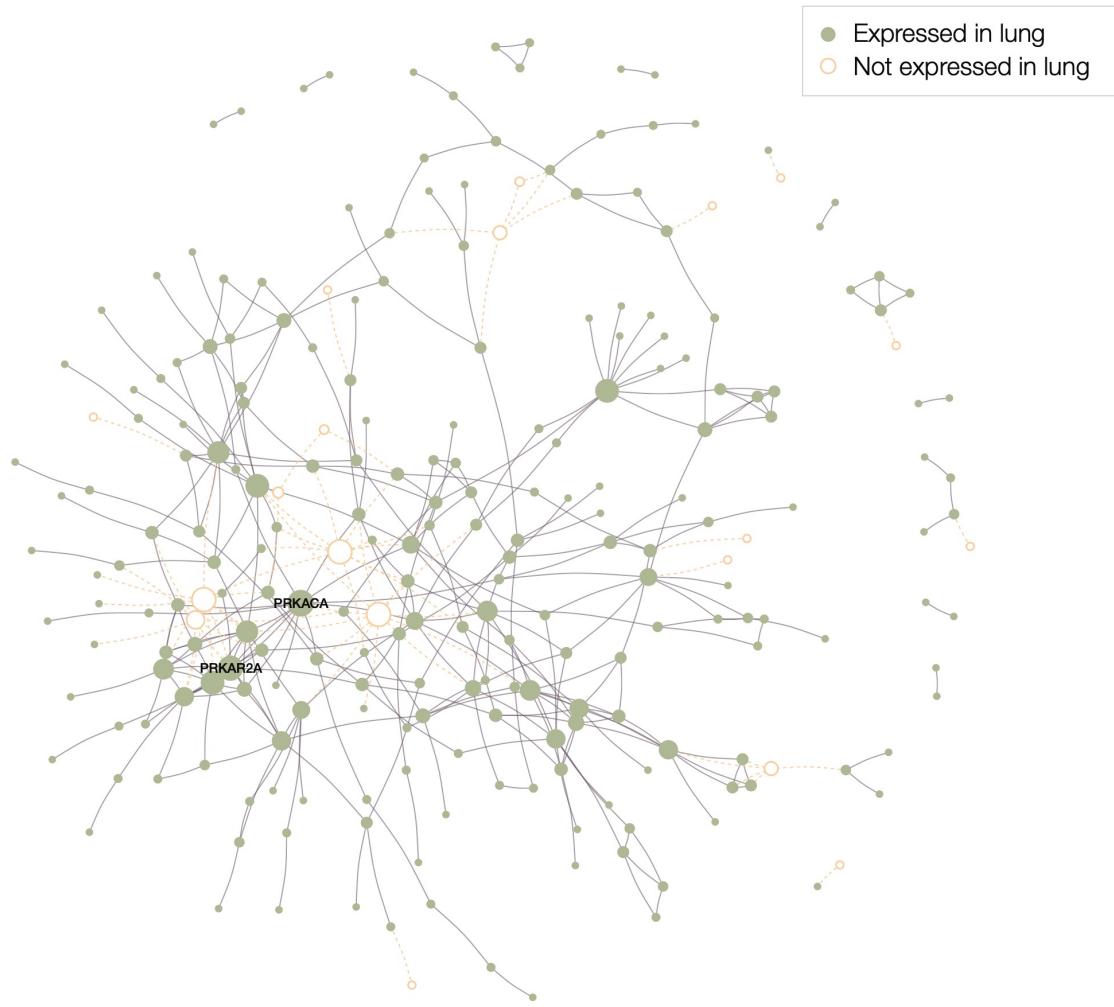
Never-before-seen disease



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



COVID-19 Subgraph

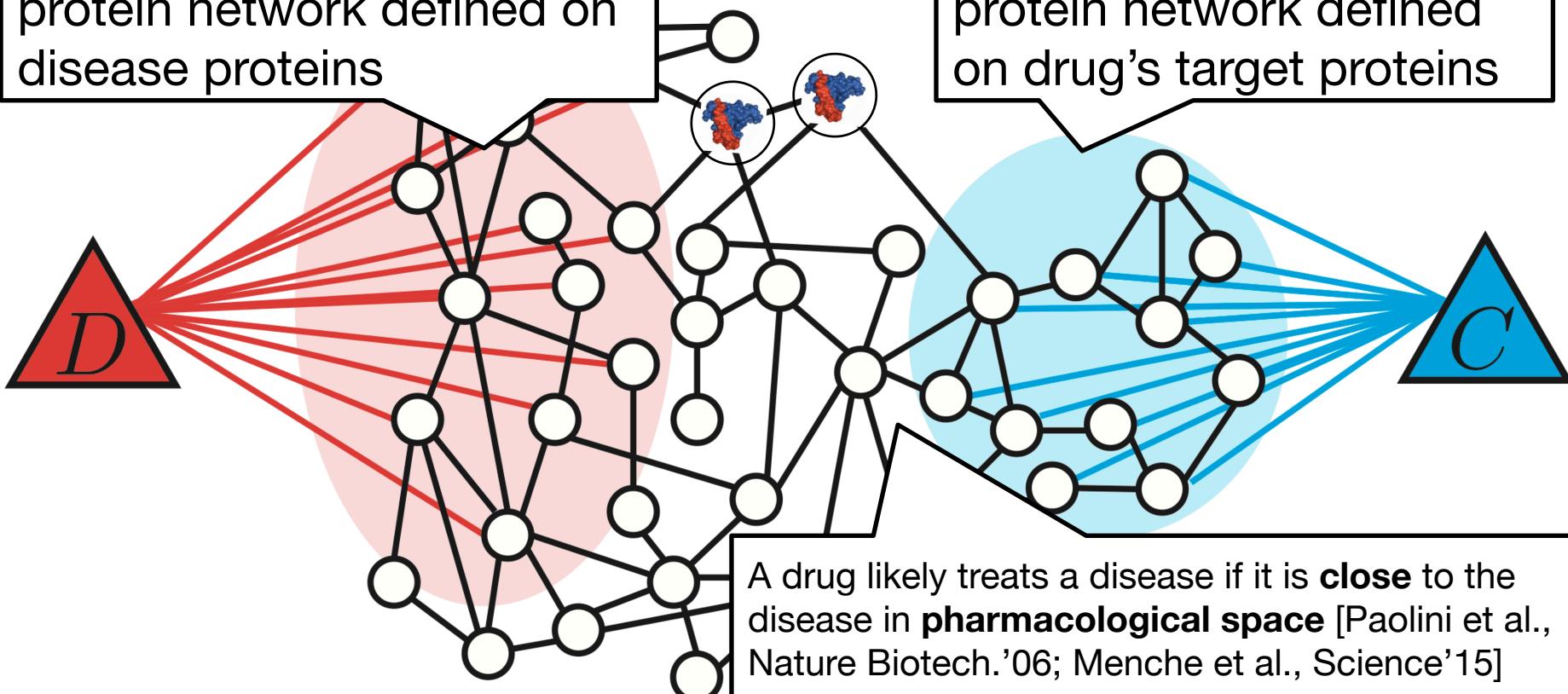


Gordon et al., Nature 2020 expressed 26 of the 29 SARS-CoV2 proteins and used AP-MS to identify 332 human proteins to which viral proteins bind

Key Insight: Subgraphs

Disease: Subgraph of rich protein network defined on disease proteins

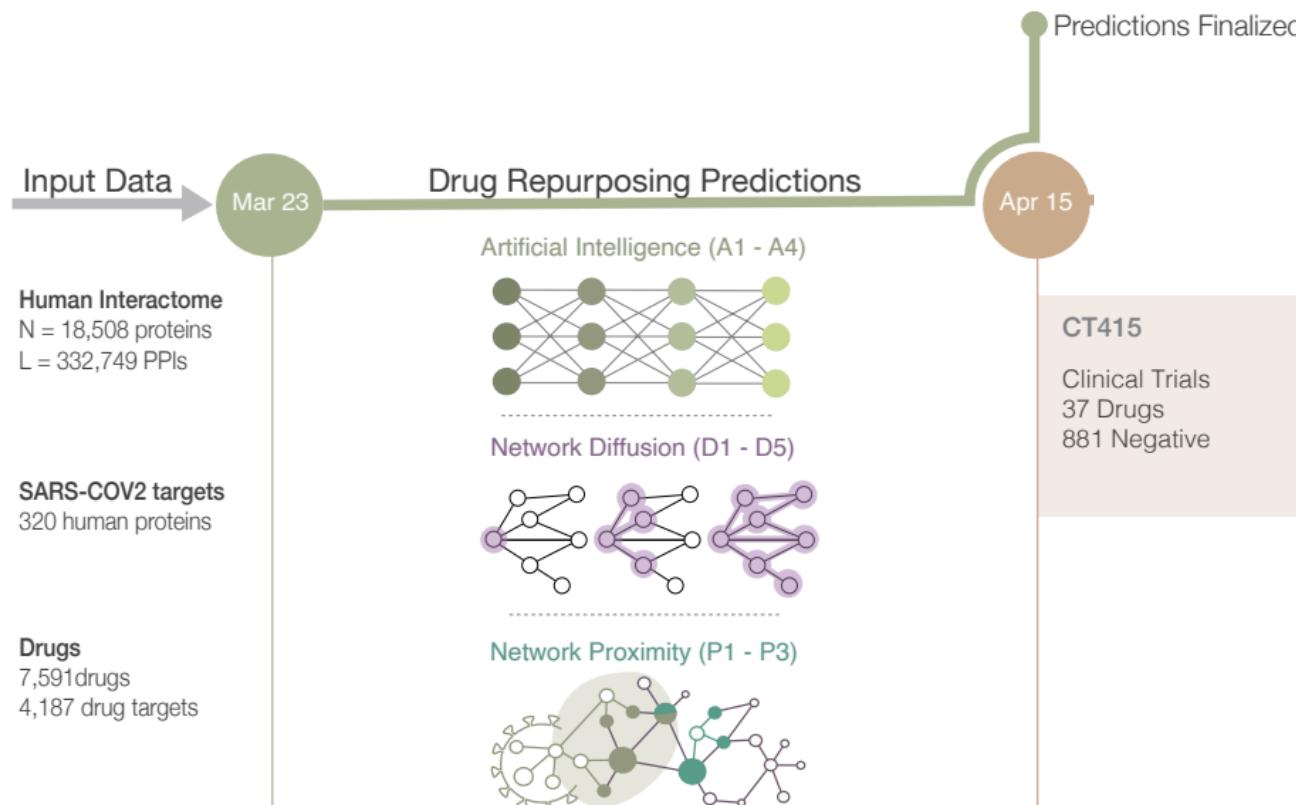
Drug: Subgraph of rich protein network defined on drug's target proteins



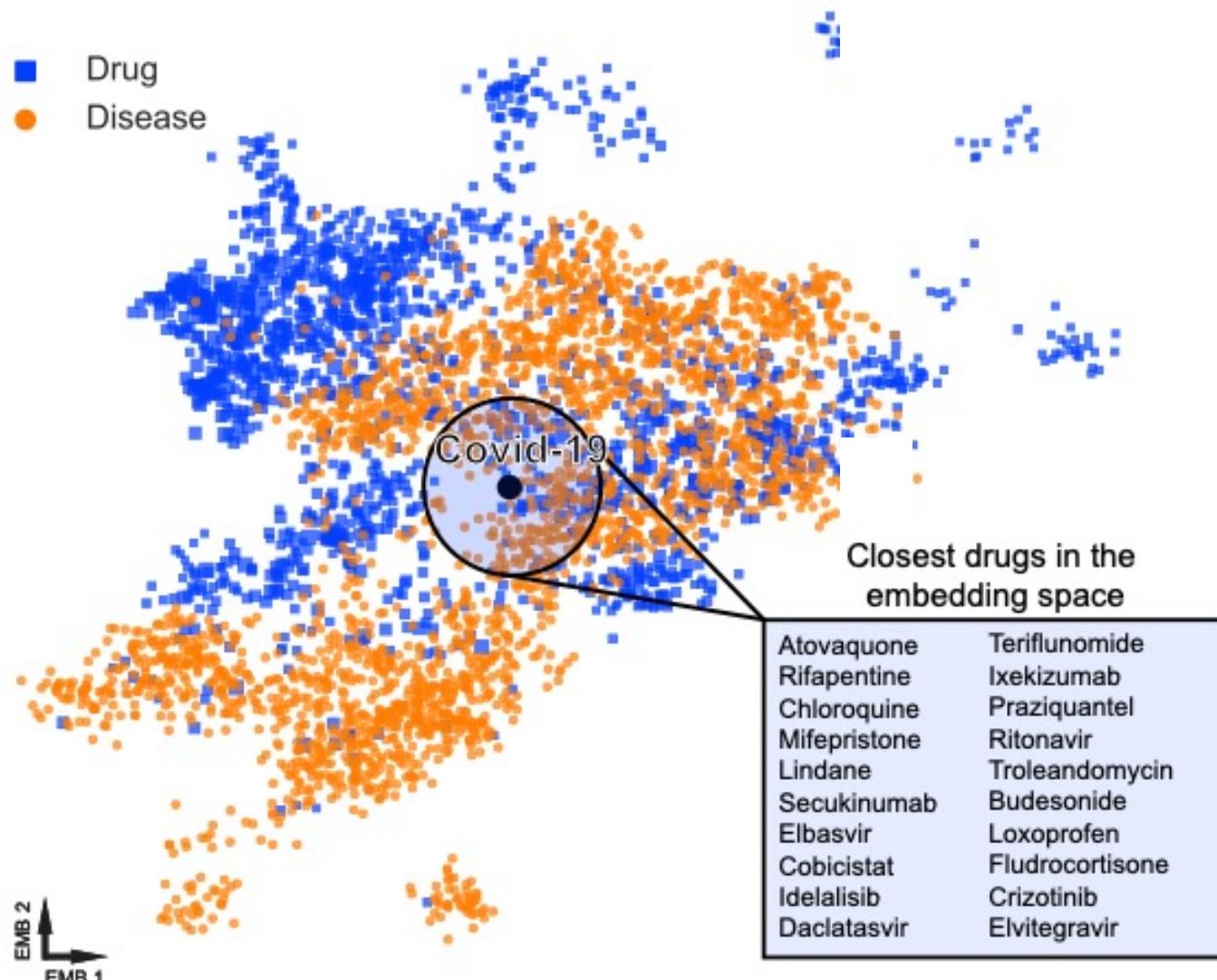
Idea: Use the paradigm of embeddings to operationalize the concept of closeness in pharmacological space

Computational Setup

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

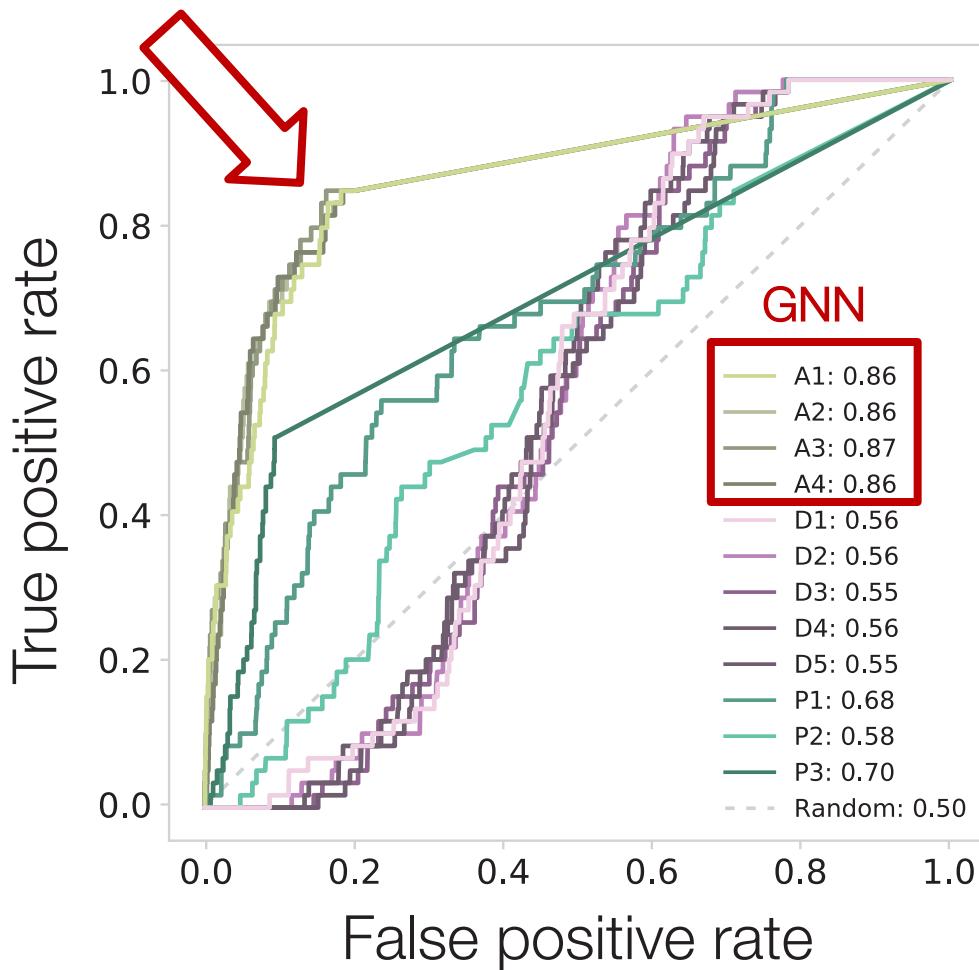


Embedding Space



Results: COVID-19 Repurposing

Individual ROC



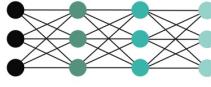
We test each pipeline's ability to recover drugs currently in clinical trials for COVID-19

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	Methods	Outcomes
Human Interactome N = 18,508 proteins L = 332,749 PPIs	 Network Proximity 3 pipelines	Infected Tissues/Organs
SARS-COV2 targets 320 human proteins Gordon et al, 2020	 Network Diffusion 5 pipelines	Comorbidity
Drug Targets 7,591 drugs 4,187 drug targets DrugBank	 AI Prioritization 4 pipelines	Drug Repurposing & Validation

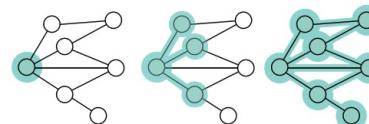
Final Prediction Model – Part #2

Methods

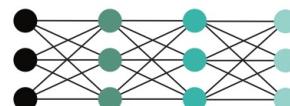
- A COVID-19 treatment can not be derived from the arsenal of therapies approved for specific diseases
- Repurposing strategies focus on drugs previously approved for other pathogens, or on drugs that target the human proteins to which viral proteins bind.
- Most approved drugs do not target directly 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.

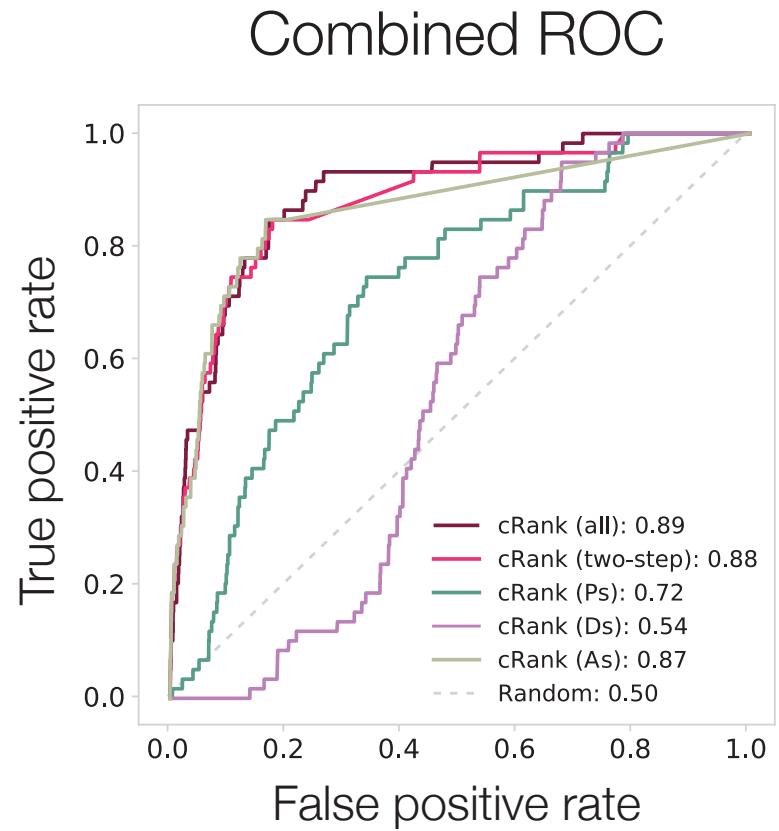
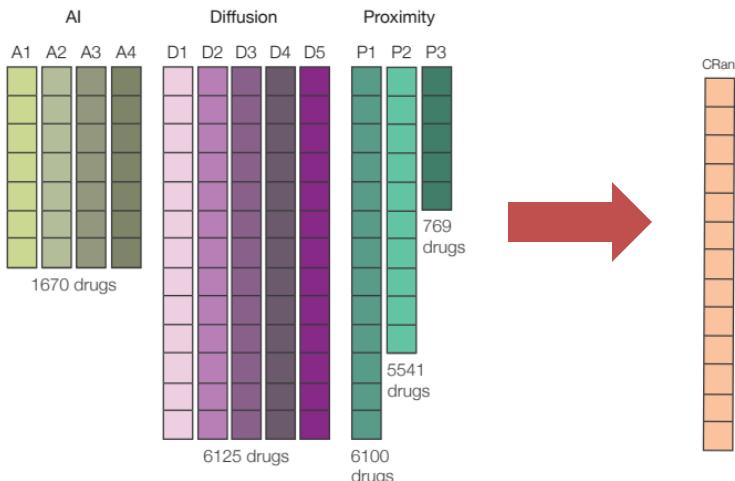
The combined performance of the AI methods is 0.87, the same as A3.

Improvement for proximity pipelines: 0.70 → 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.



Predicted Drug Candidates

○ # of Clinical trials from ClinicalTrials.gov

Joseph Loscalzo



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

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	Dehorserole

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

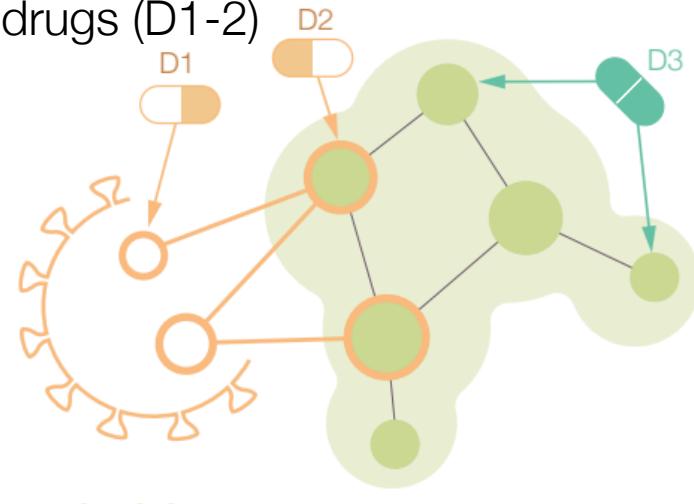
- 76/77 drugs that successfully reduced viral infection do not bind proteins targeted by SARS-CoV-2:
 - These drugs rely on **network-based actions** that cannot be identified by docking-based strategies

Strong
Weak

CRank	Drug Name	CRank	Drug Name
5	Chloroquine	423	Pitavastatin
6	Rifabutin	431	Tenoxicam
9	Rifaximin	438	Quinidine
10	Azelastine	456	Sertraline
16	Folic acid	460	Ingenol mebutate
32	Methotrexate	463	Norelgestromin
33	Digoxin	493	Sildenafil
44	Hydroxychloroquine	499	Eliglustat
50	Omeprazole	518	Ulipristal
113	Clobetasol propionate	553	Cinacalcet
118	Auranofin	556	Perphenazine
120	Vinblastine	558	Idarubicin
199	Fluvastatin	564	Perhexiline
210	Clomifene	569	Amiodarone
233	Ibuprofen	577	Duloxetine
235	Ivermectin	585	Toremifene
243	Atorvastatin	586	Afatinib
253	Pralatrexate	601	Amitriptyline
263	Cobimetinib	626	Medazine
269	Hydralazine	635	Valsartan
297	Propranolol	651	Eletriptan
317	Osimertinib	673	Sotalol
348	Vincristine	678	Thioridazine
367	Doxazosin	695	Chlorycyclizine
397	Rosiglitazone	707	Omacetaxine mepesuccinate
398	Aminolevulinic acid	721	Candesartan

CRank	Drug Name
742	Mianserin
755	Clofazimine
767	Chlorpromazine
772	Imipramine
830	Promazine
900	L-Alanine
917	Moxifloxacin
933	Tasimelteon
995	Vandetanib
1000	Azilsartan medoxomil
1020	Frovatriptan
1034	Zolmitriptan
1035	Procarbazine
1093	Asenapine
1107	Dyclonine
1140.5	Clemastine
1194	Prochlorperazine
1222	Miglustat
1224	Prenylamine
1276	Dalfampridine
1314	Cinchocaine
1355	Methotriptazine
1396	Methylthioninium
1403	Metixene
1443	Trifluoperazine

Direct target
drugs (D1-2)



Network drugs (D3)

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

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