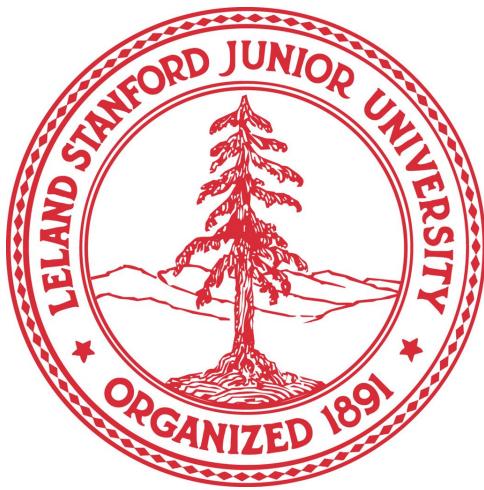


# Large-Scale Analysis of Disease Pathways in the Human Interactome

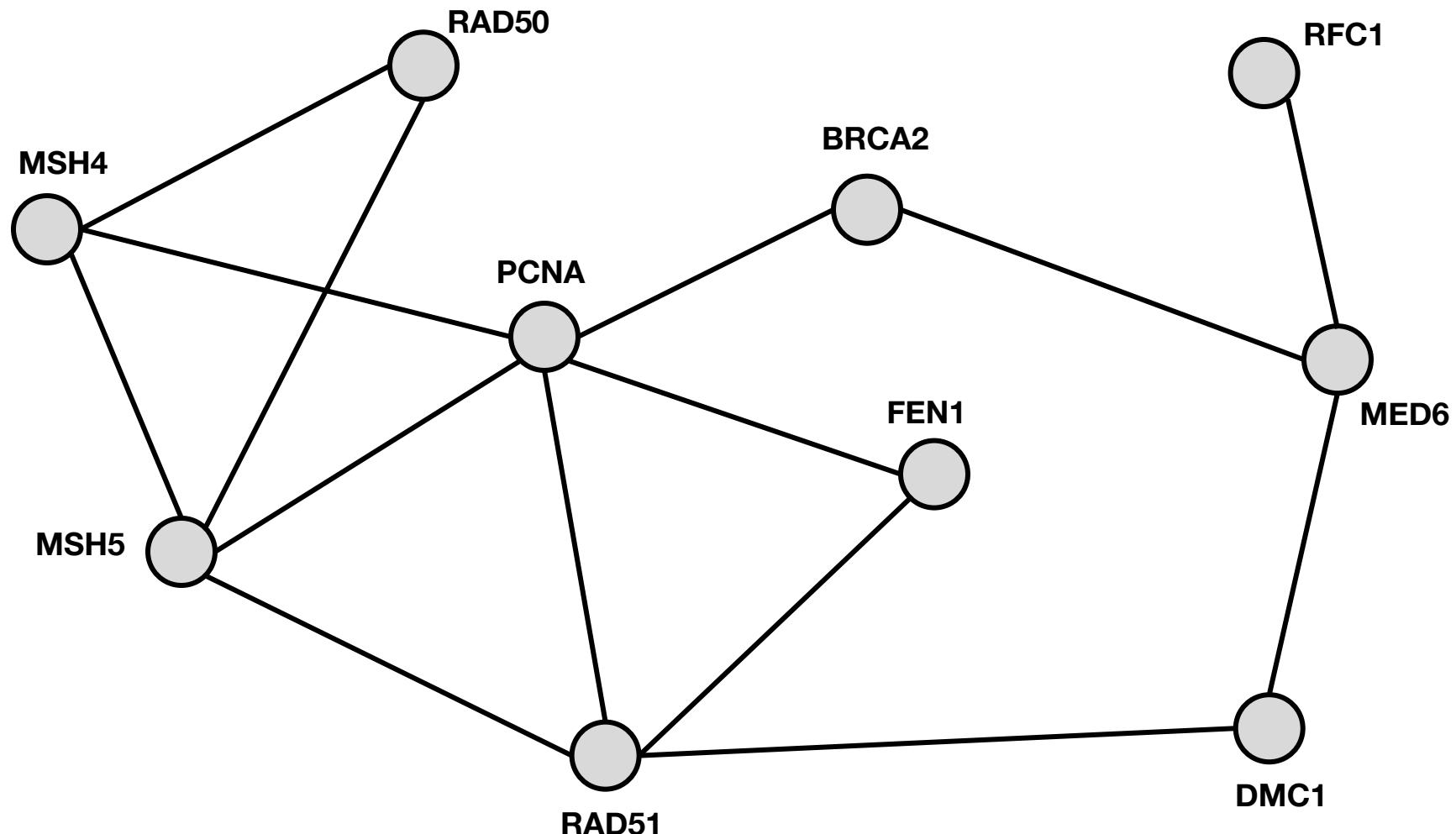
Marinka Zitnik

Joint work with Monica Agrawal and Jure Leskovec

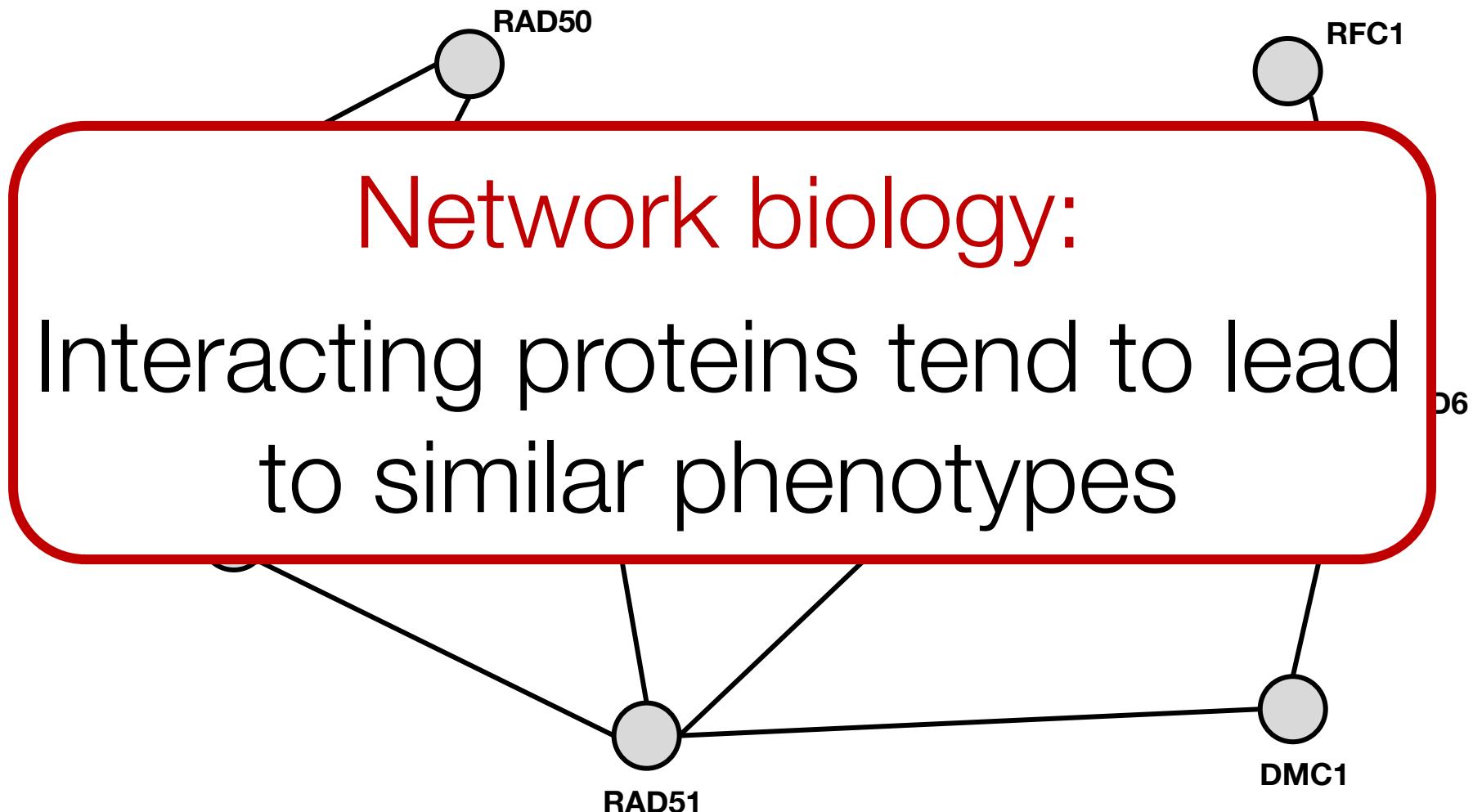


CHAN ZUCKERBERG  
**BIOHUB**

# Human Interactome

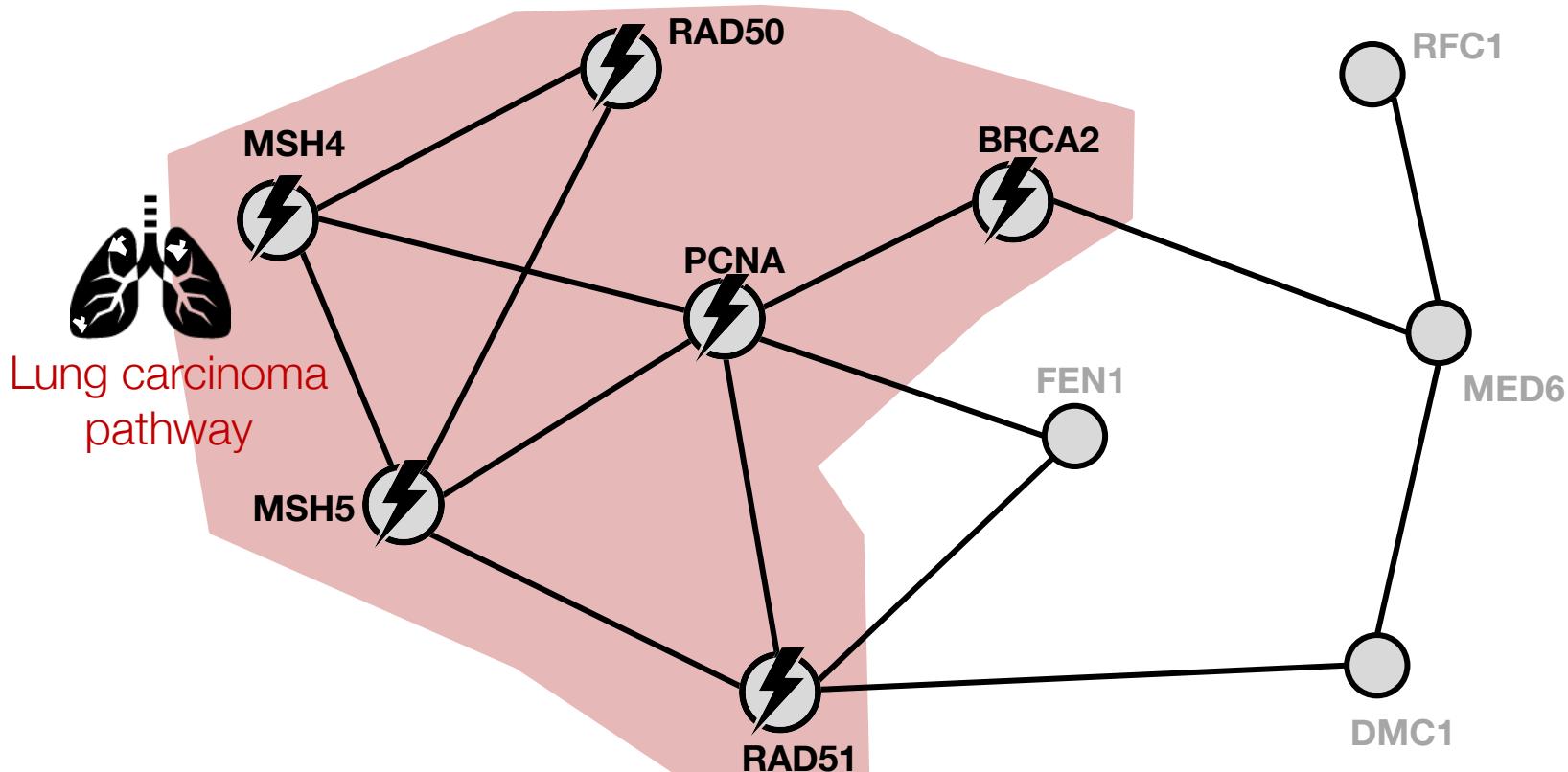


# Human Interactome

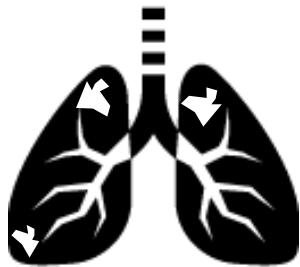


# Disease Pathways

- **Pathway:** Subnetwork of interacting proteins associated with a disease



# This Work: Research Question



What is the protein interaction network structure of disease pathways?

# Disease Pathway Dataset

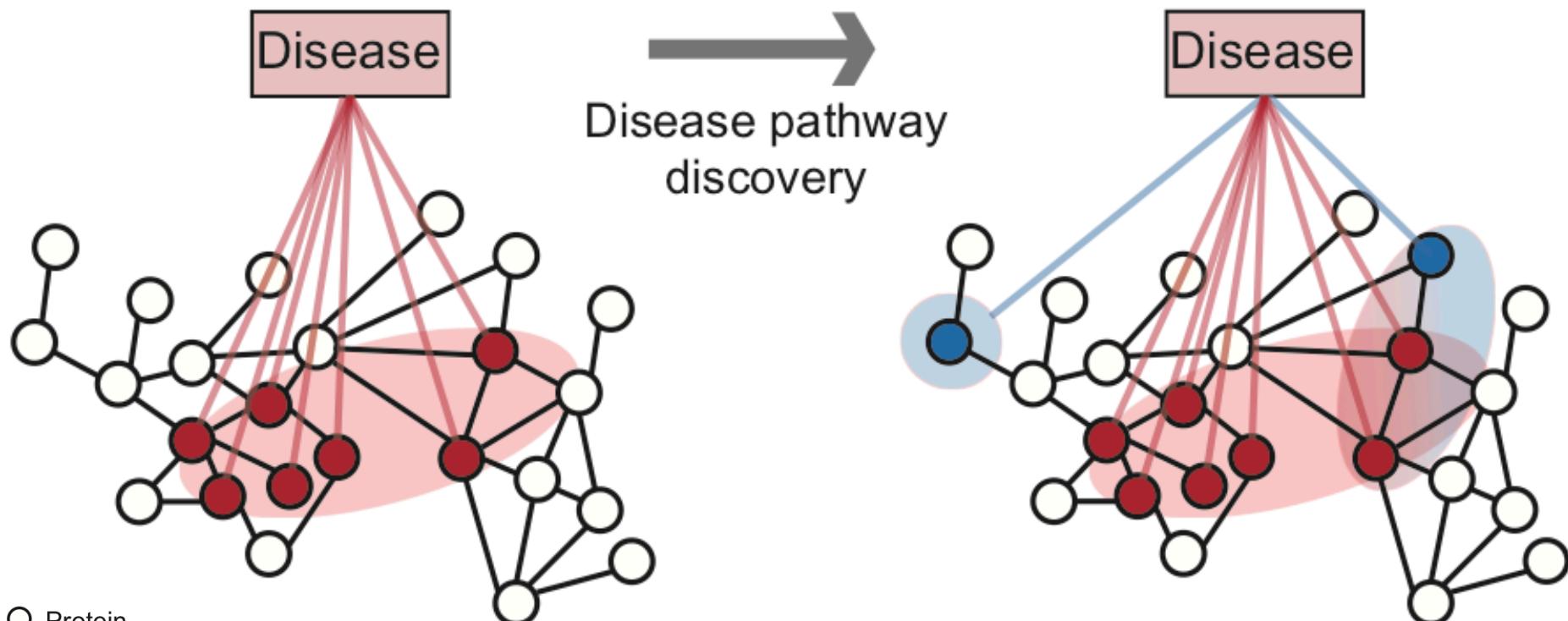
- Protein-protein interaction (PPI) network culled from 15 knowledge databases:
  - 350k physical interactions, e.g., metabolic enzyme-coupled interactions, signaling interactions, protein complexes
  - All protein-coding human genes (21k)
- Protein-disease associations:
  - 21k associations split among 519 Mendelian and complex diseases
- Disease categories, e.g., cancers (68), nervous system diseases (44), cardiovascular diseases (33), immune system diseases (21)
- Pros: Experimentally validated data, comprehensive analysis

# Prediction Task

● Known (seed) disease protein

● Predicted disease protein

— Predicted protein-disease association



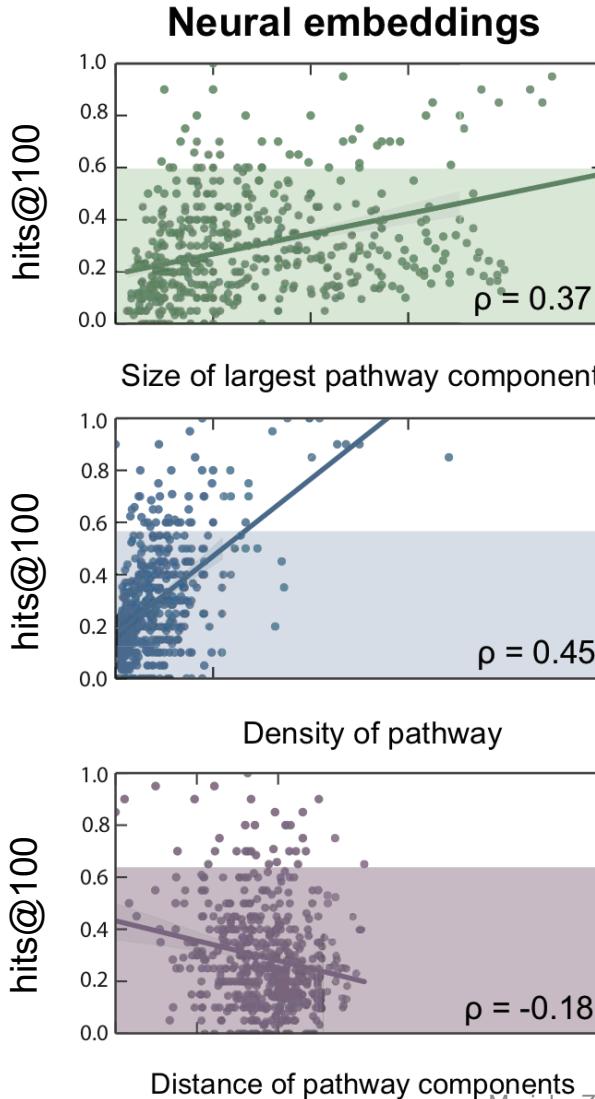
- Protein
- Disease protein
- Protein-protein interaction
- Protein-disease association
- Pathway component

# Methods and Setup

---

- **5 methods:** neural embeddings, matrix completion, neighbor scoring, diffusion, connectivity significance
  - Get a score for each node: probability that protein is associated with a disease
- For each disease:
  - Train the method using training proteins
  - Predict disease proteins in test set

# Prediction Results

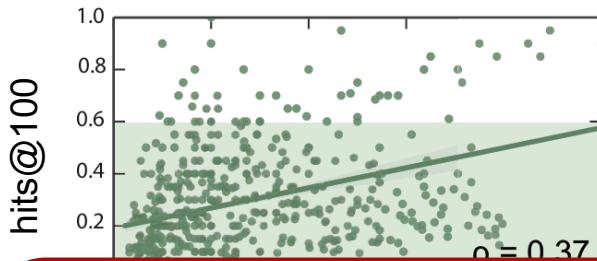


- Best performers:
  - Random walks  
hits@100 = 0.36
  - Neural embeddings  
hits@100 = 0.30
- Worst performer:
  - Neighbor scoring  
hits@100 = 0.24

Full results for all methods in the paper.

# Prediction Results

Neural embeddings



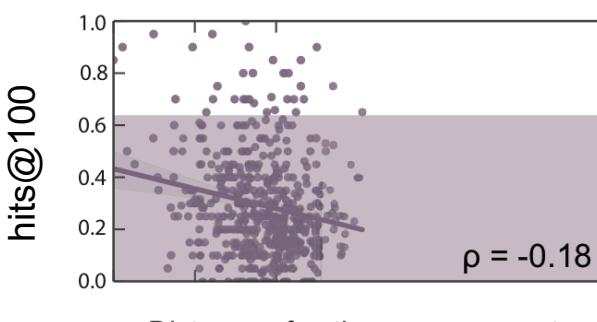
- Best performers:
  - Random walks

Limited success of current methods

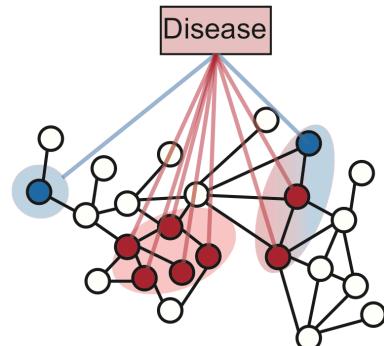
Failure cases not well understood



- Worst performer:
  - Neighbor scoring

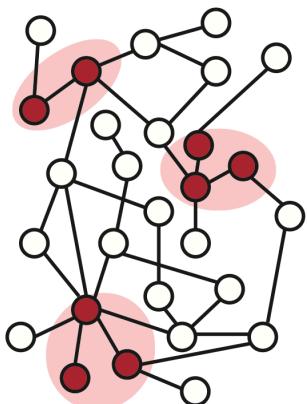


Full results for all methods in the paper.



Disease

How can we explain  
failure cases of **disease**  
**pathway prediction?**

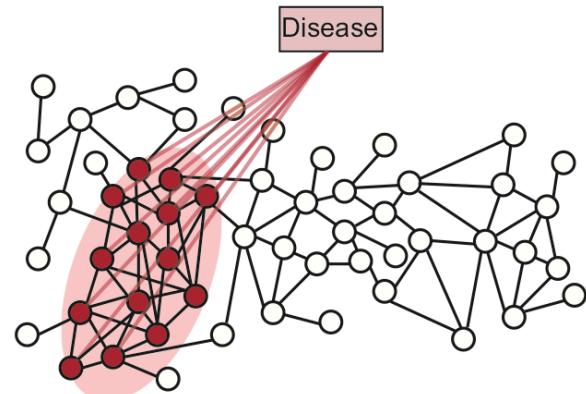


What is the **network**  
**structure** of disease  
pathways?

# Competing Views

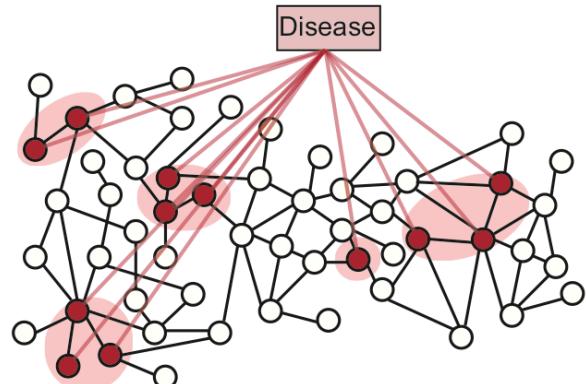
## 1. **Current:** Traditional network clusters

- Well connected internally
- Localized in the PPI net
- Few edges pointing outside

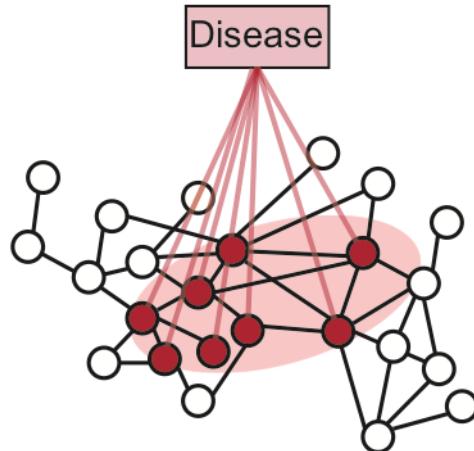


## 2. **Our work:** Multi-regional objects

- Loosely interlinked
- Distributed in the PPI net
- Many edges pointing outside
- Higher-order connectivity

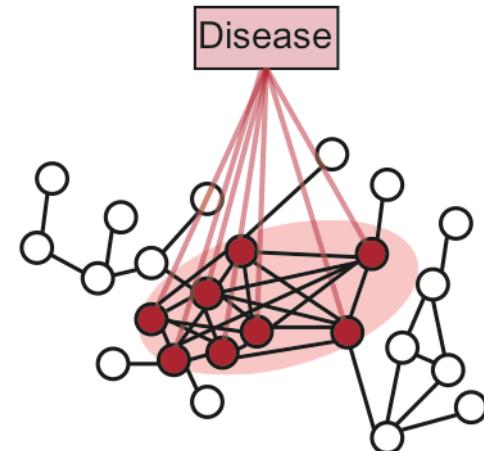


# Are Pathways Well Interlinked?



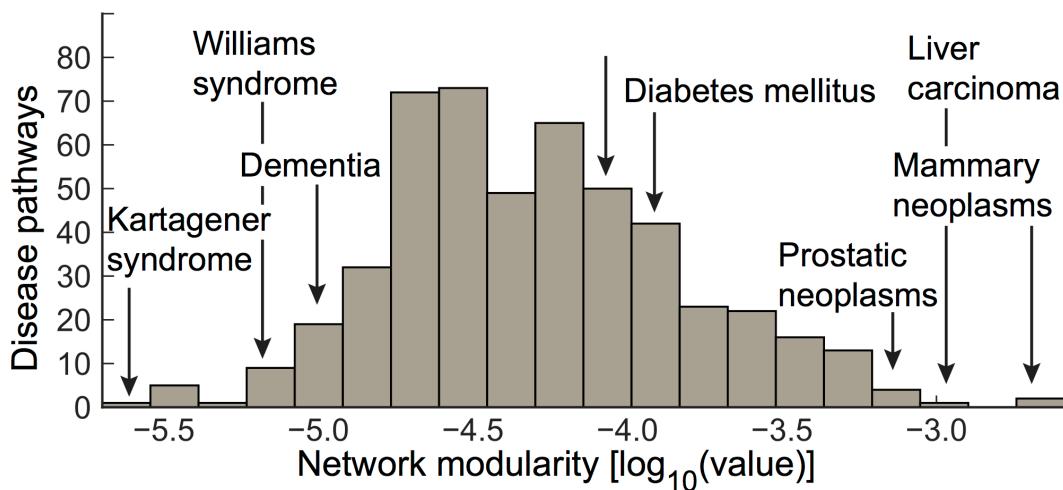
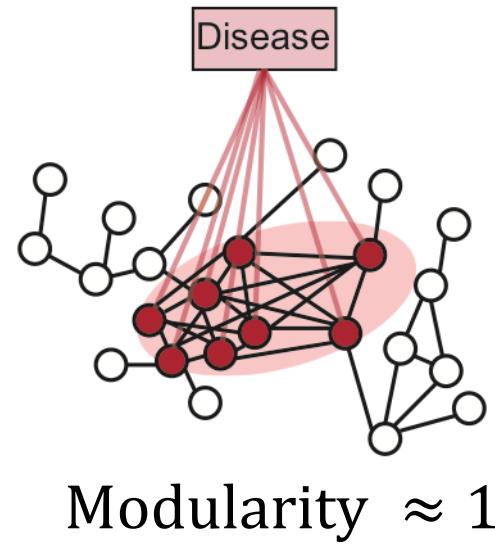
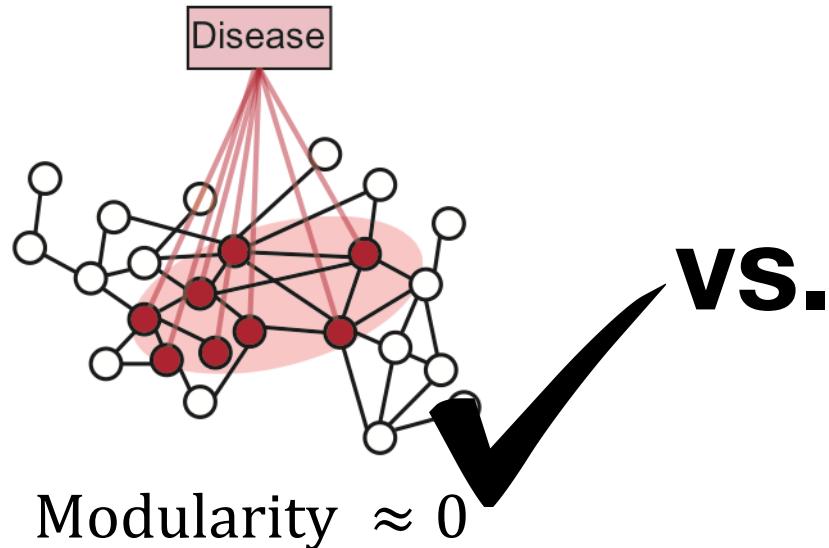
Modularity  $\approx 0$

**vs.**



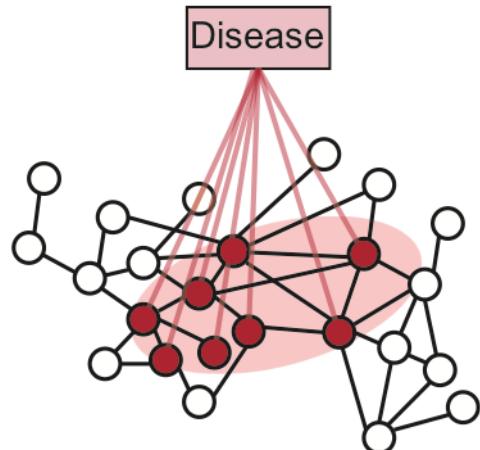
Modularity  $\approx 1$

# Are Pathways Well Interlinked?



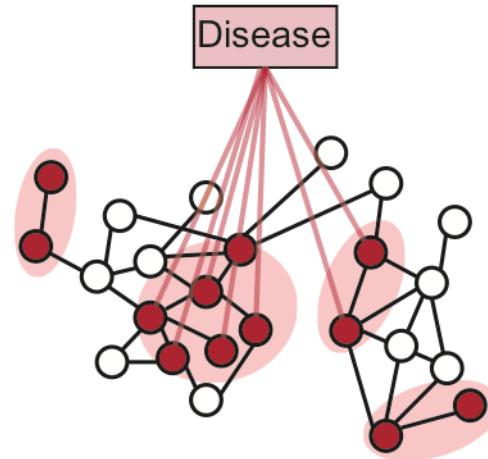
- No! - Pathways are embedded within PPI net
- Modularity: Interactions within the pathway minus the expected interactions

# Are Pathways Connected?



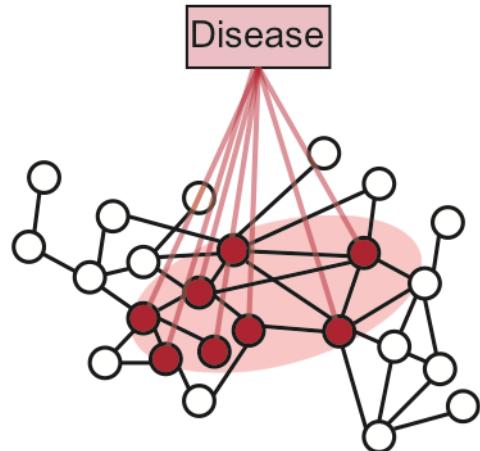
Pathway components = 1

**vs.**

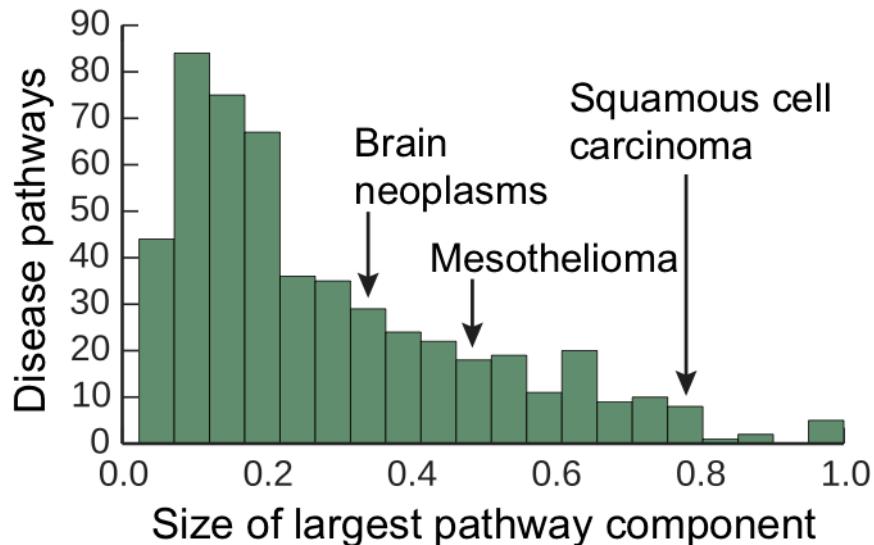


Pathway components = 4

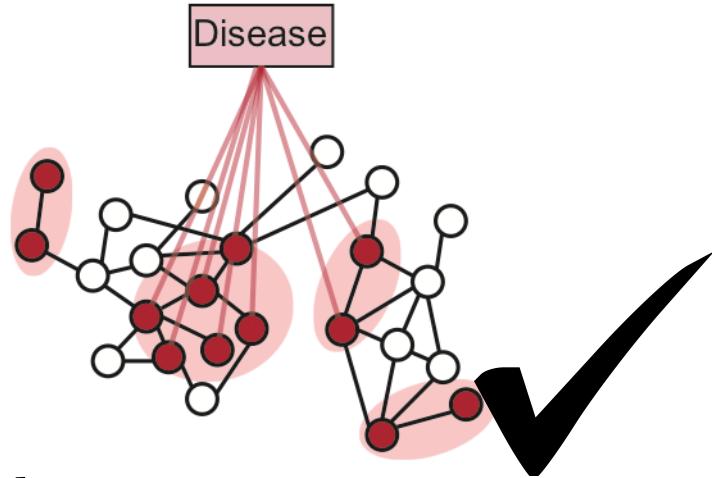
# Are Pathways Connected?



Pathway components = 1



vs.

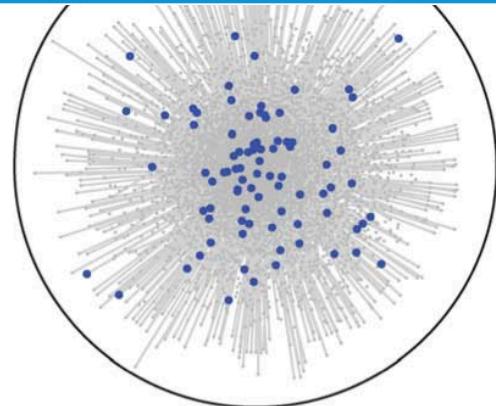


Pathway components = 4

No! - Pathways have fragmented PPI structure:

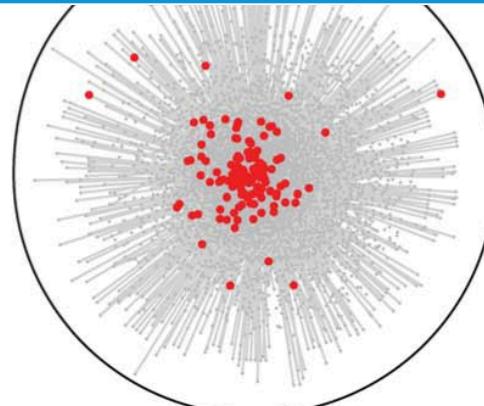
- 16 pathway components
- 10% of pathways have 60+% proteins in the largest component

# Do Pathways Localize in Net?



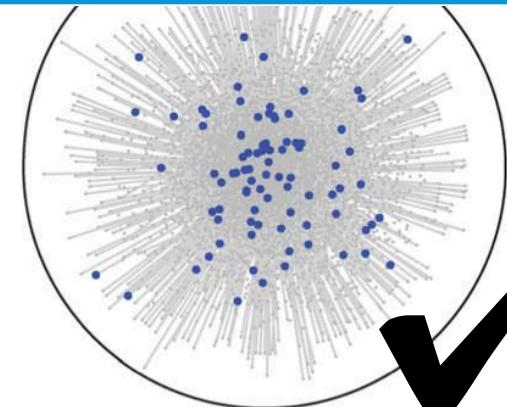
Dispersed pathway

**VS.**



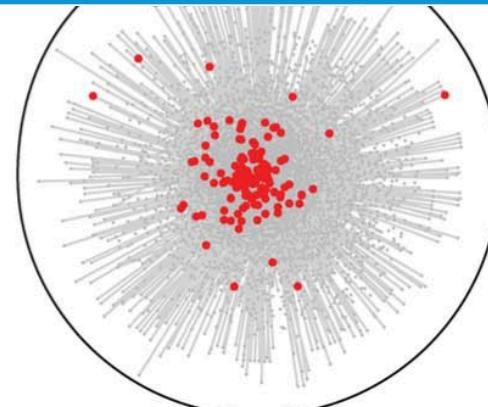
Localized pathway

# Do Pathways Localize in Net?

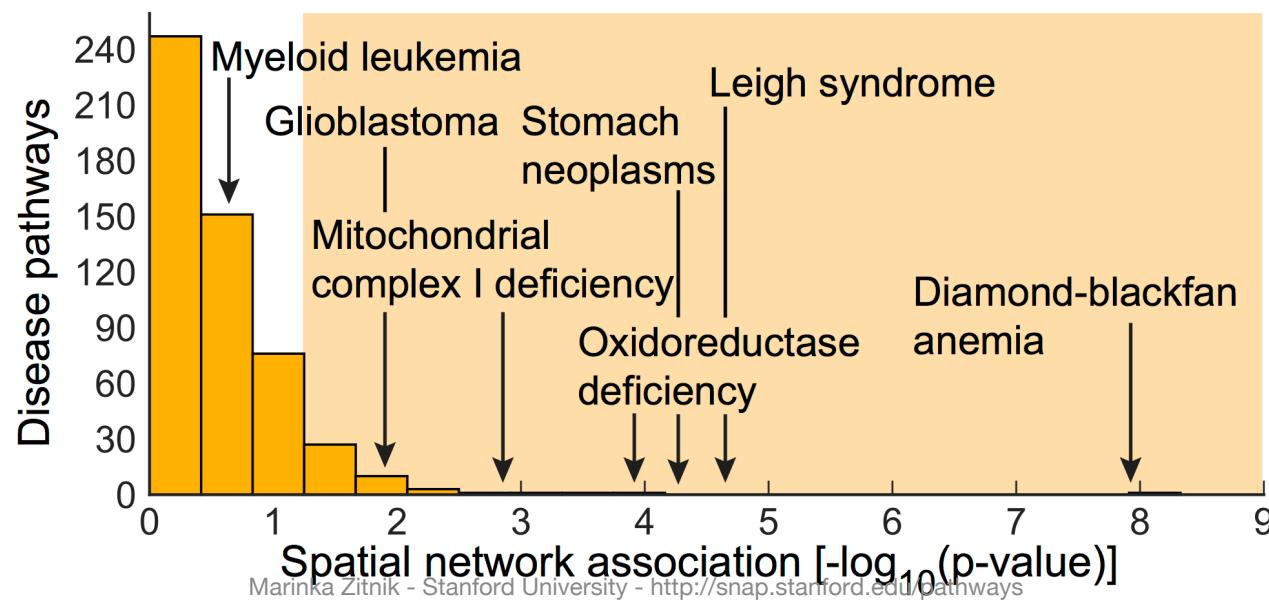


Dispersed pathway

vs.



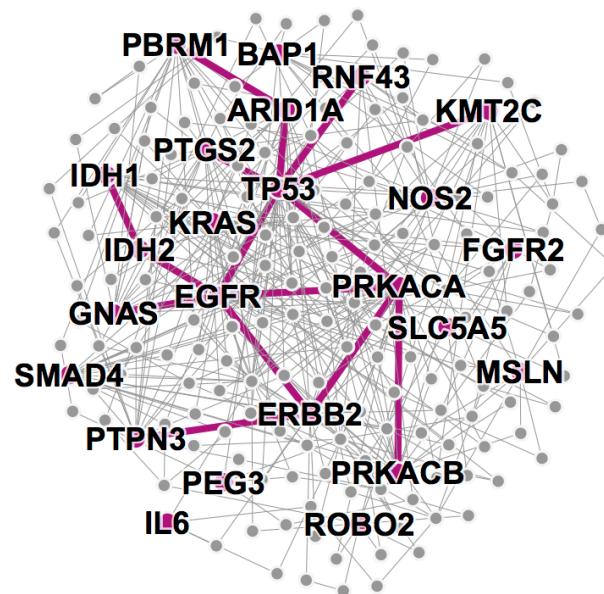
Localized pathway



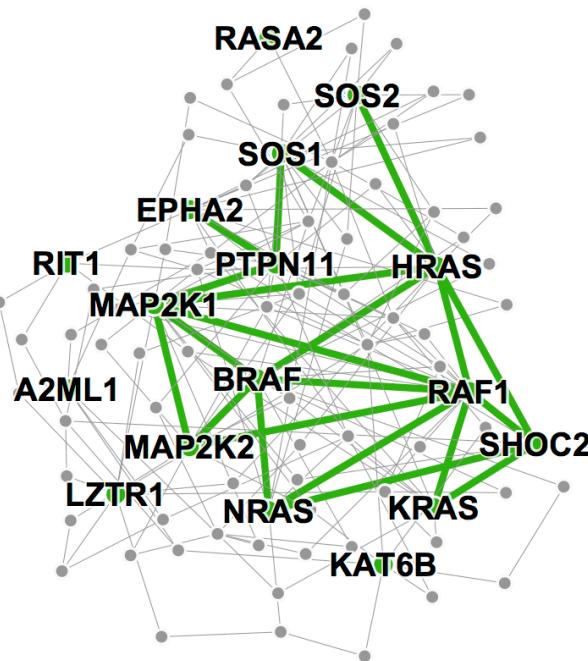
# Do Pathways Localize in Net?

Disease pathways are weakly embedded in the PPI network, e.g.:

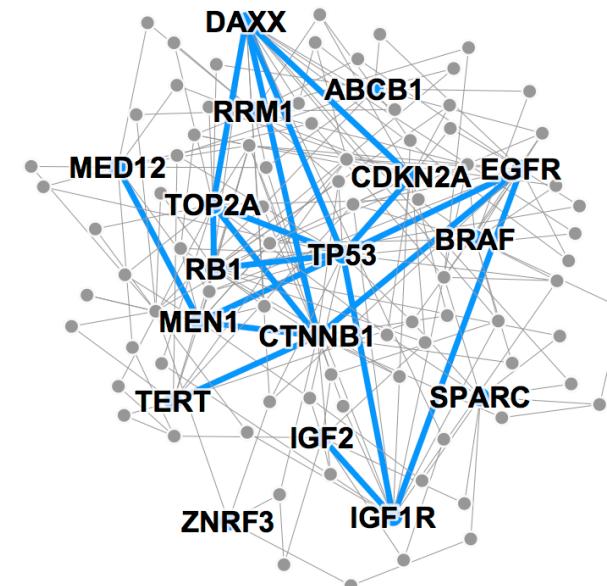
Cholangiocarcinoma



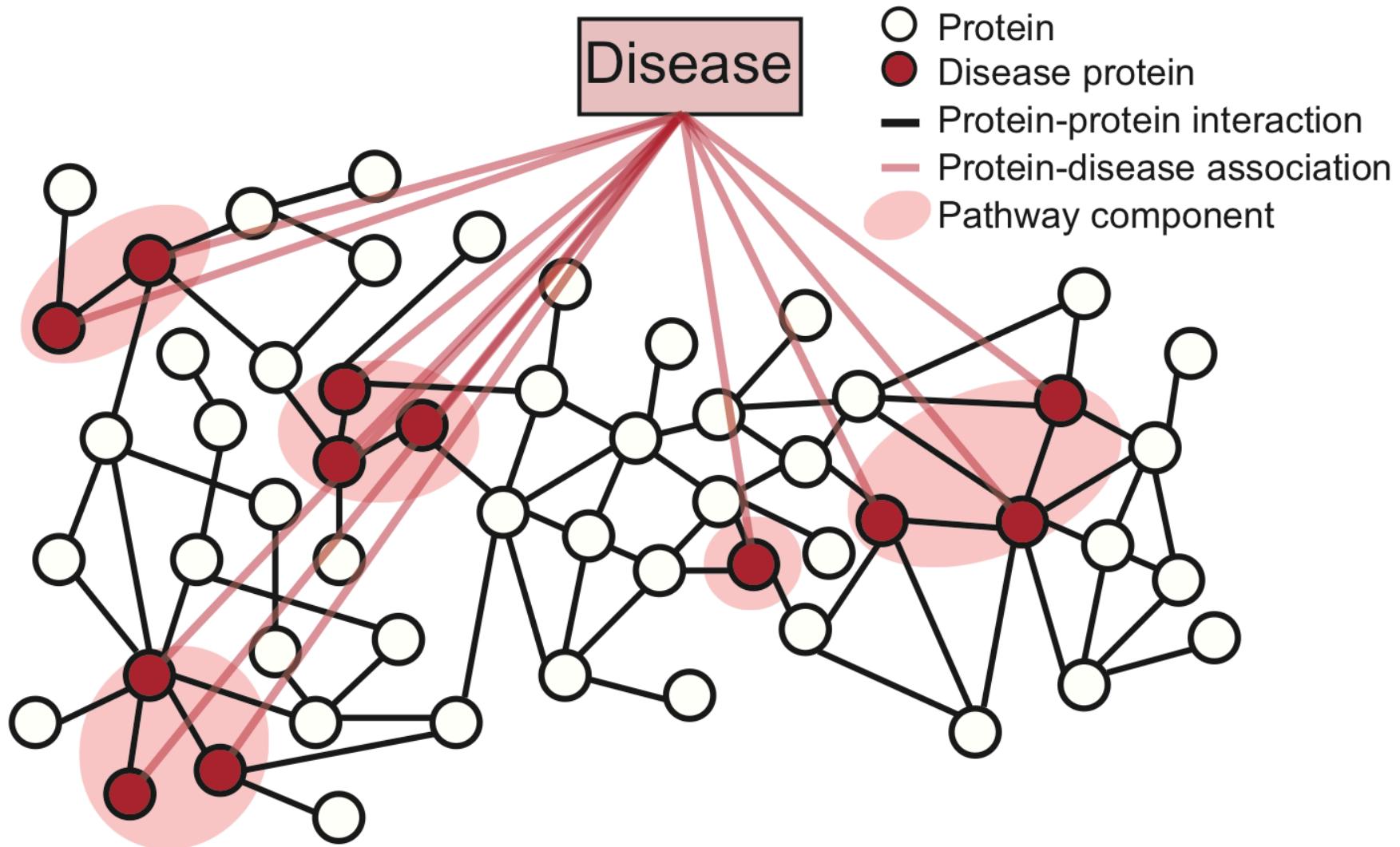
Noonan syndrome



Adrenal cortex carcinoma

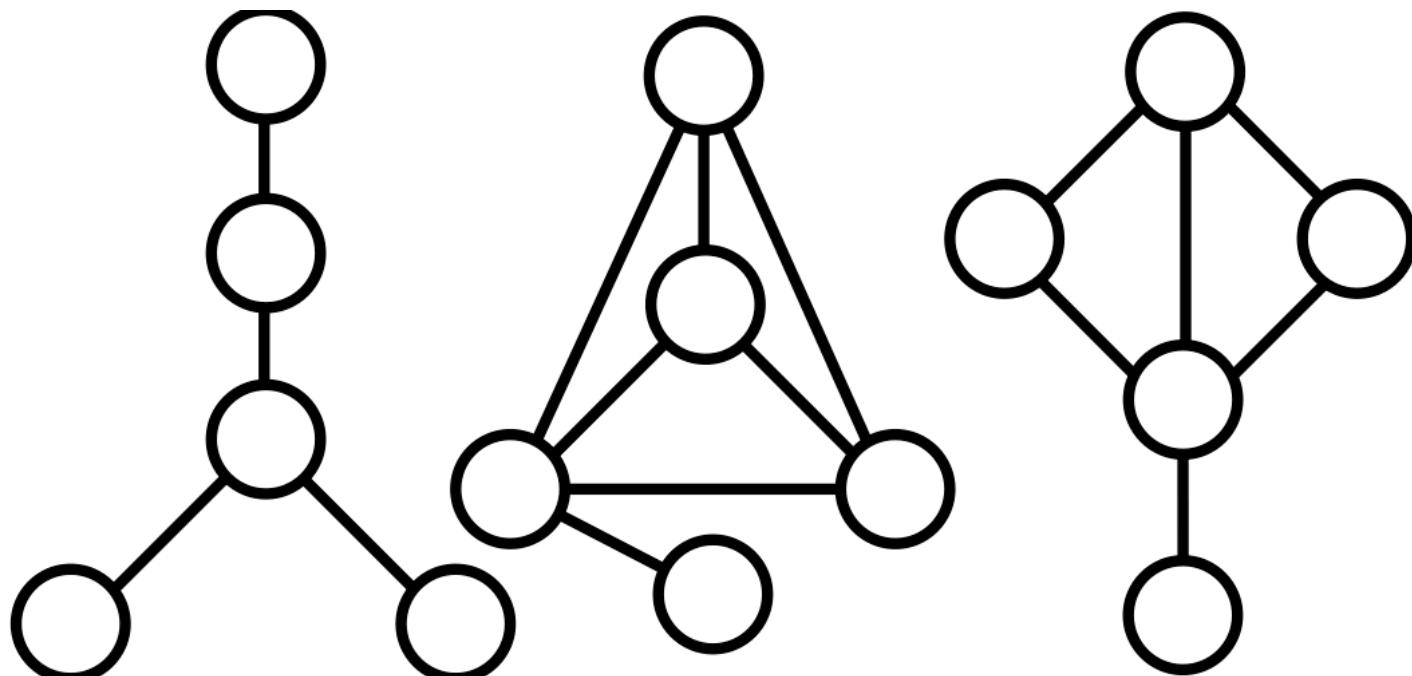


# Pathways are Multi-Regional!



# How To Proceed?

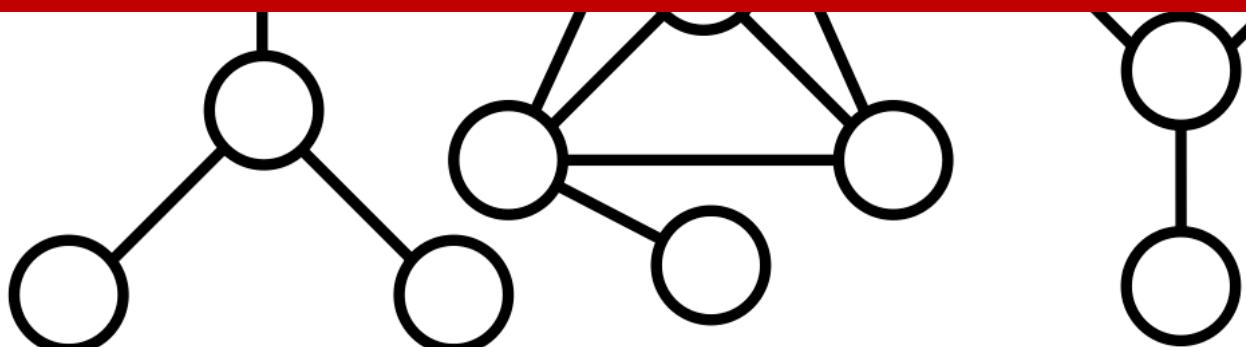
- Network motifs: Higher-order network structures



# How To Proceed?

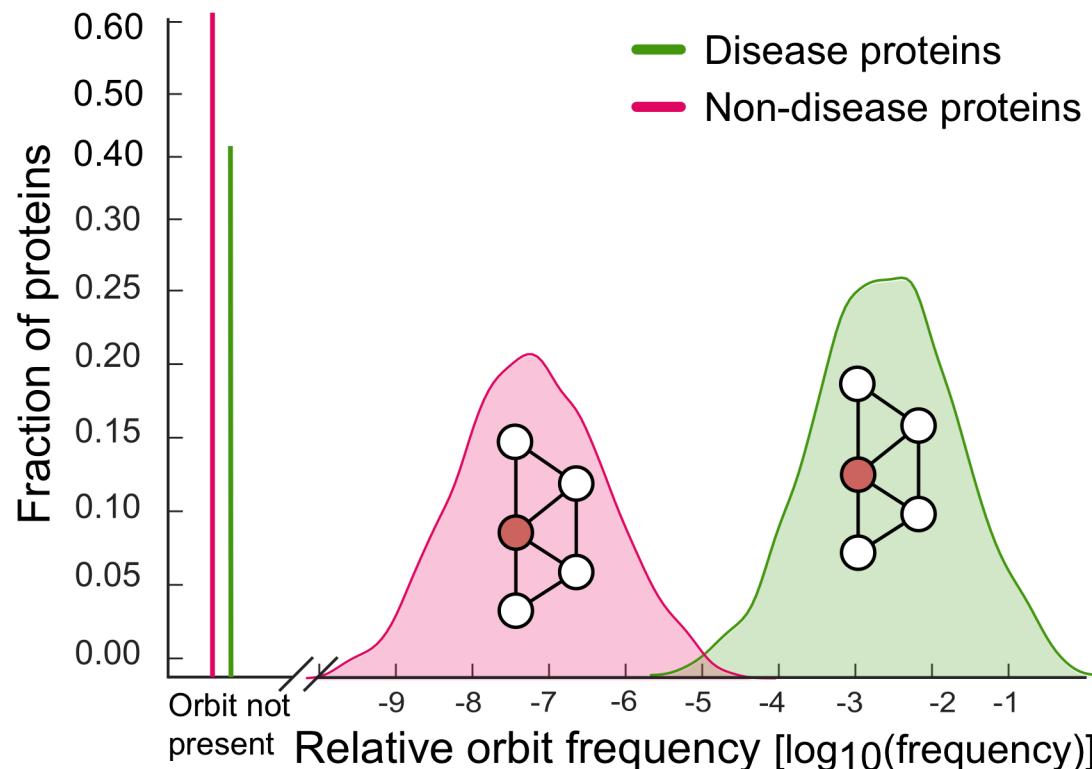
- Network motifs: Higher-order network structures

Do disease pathways utilize  
higher-order network structure?

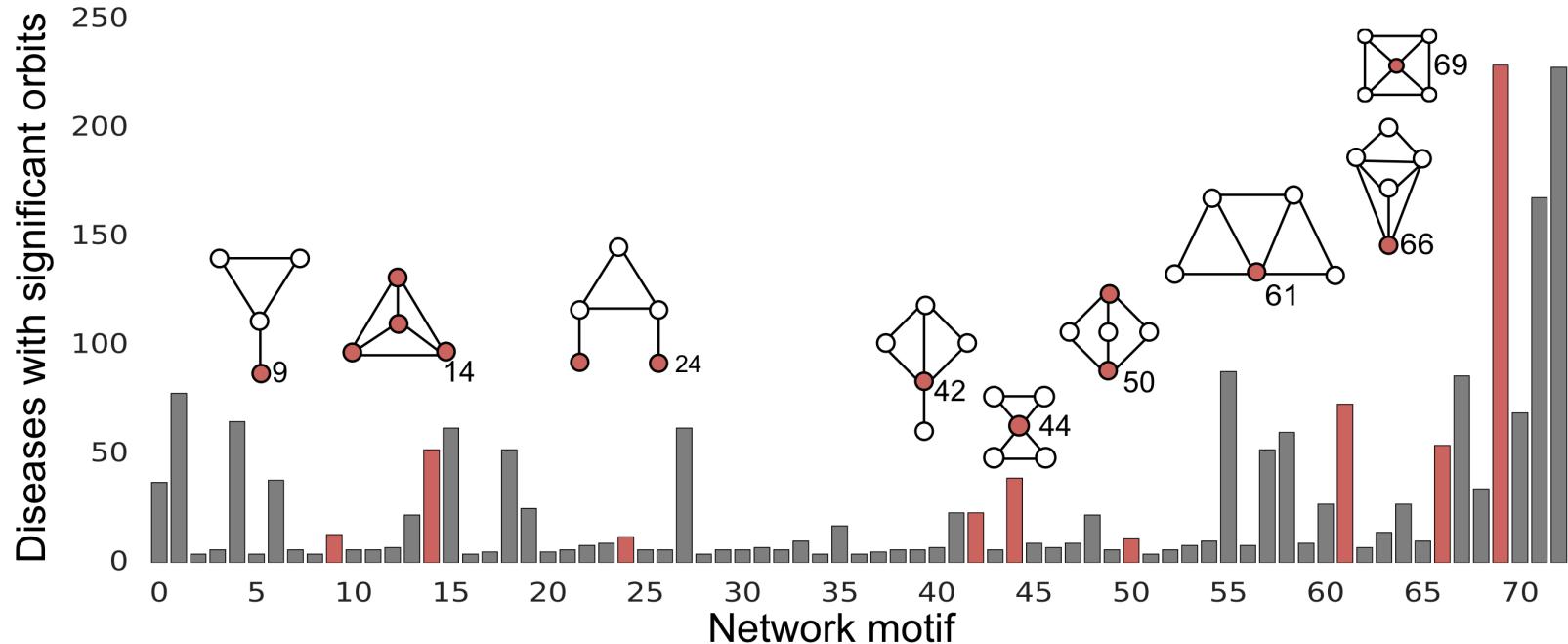


# Counting Network Structures

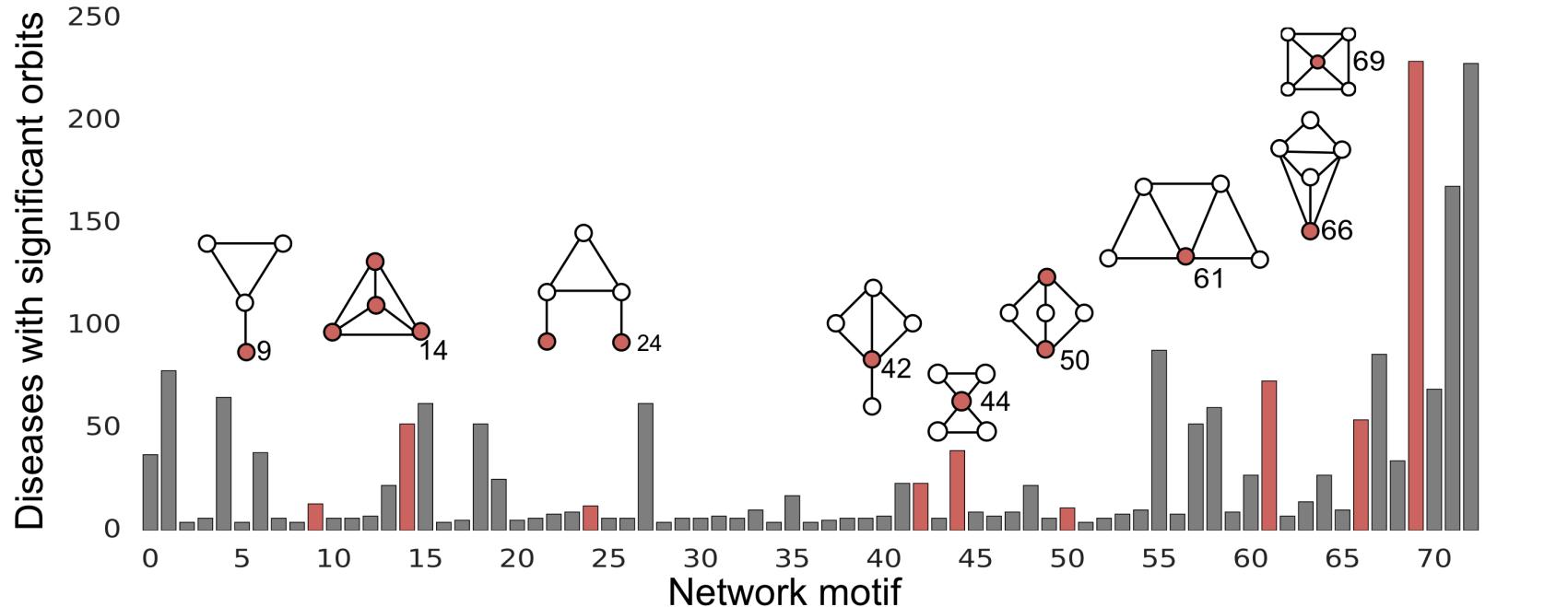
- 73 possible structures of size 2 to 5 nodes (edge → size-5 clique)



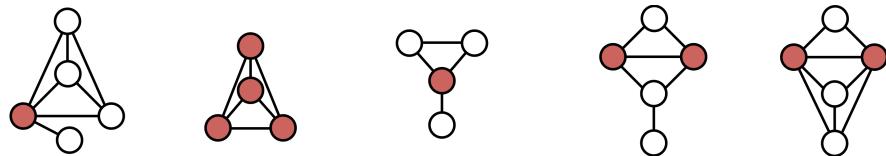
# Are Network Motifs Abundant?



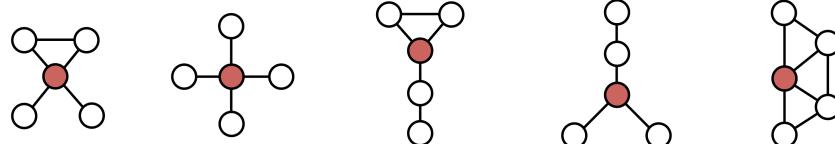
# Are Network Motifs Abundant?



**Cardiovascular diseases**, e.g.,  
Cardiomyopathy, Tachycardia



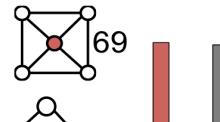
**Cancers**, e.g.,  
Tumor of salivary gland, Thyroid carcinoma



# Are Network Motifs Abundant?

mot orbits

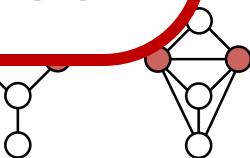
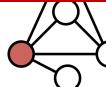
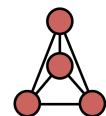
250  
200



- Higher-order structures provide additional signal past edge connectivity
- Lead to better performance (11%, avg.)
- Example: Hearing loss:

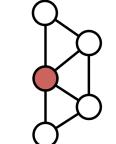
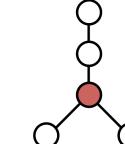
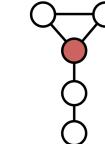
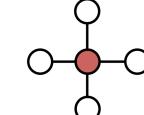
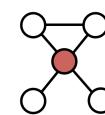
$$\text{hits}@100 = 0.03 \rightarrow \text{Hearing loss motif} \rightarrow \text{hits}@100 = 0.77$$

Cardiomyopathy, Tachycardia



Cancers, e.g.,

Tumor of salivary gland, Thyroid carcinoma



# Summary & Conclusions

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- Current method assumptions not valid
- Propose **new prediction paradigm:**
  - Disease pathways are loosely interlinked
  - Multi-regional objects with regions distributed throughout the PPI network
  - Higher-order connectivity is important

**[snap.stanford.edu/pathways](http://snap.stanford.edu/pathways)**