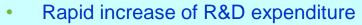
## Application of Deep Learning to Drug Discovery

Hase T, Tsuji S, Shimokawa K, Tanaka H Tohoku Medical Megabank Organization, Tohoku University



### **Current Situation of Drug Discovery**



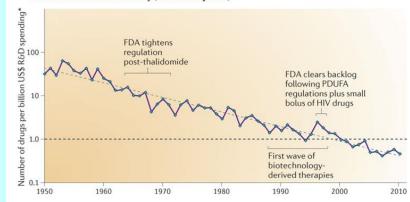
- More than 1B \$ for one marketed drug
- Decrease of success rate

now about 1/20,000~1/30,000

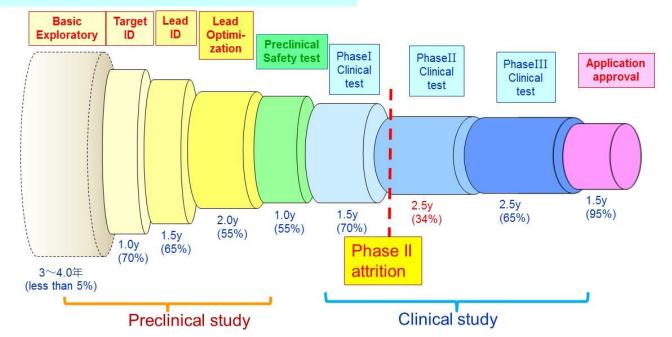
- Remarkable Drop Between non-clinical and clinical test (phase II attrition)
- Clinical Predictability
  - At as early as possible stage,

Estimation of clinical efficacy and toxicity

- Efficient measures
  - Use Disease-specific iPS cell
  - Use of Human Bio Big Data in early stage

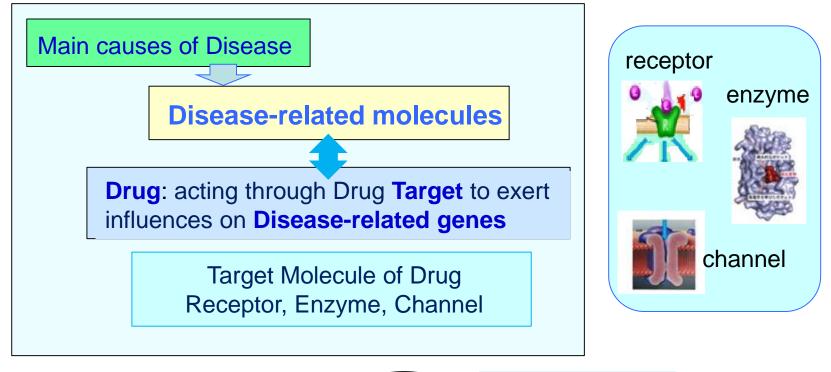


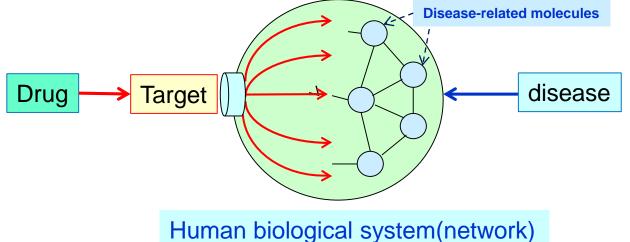
Nature Reviews Drug Discovery (2012)



Overall trend in R&D efficiency (inflation-adjusted)

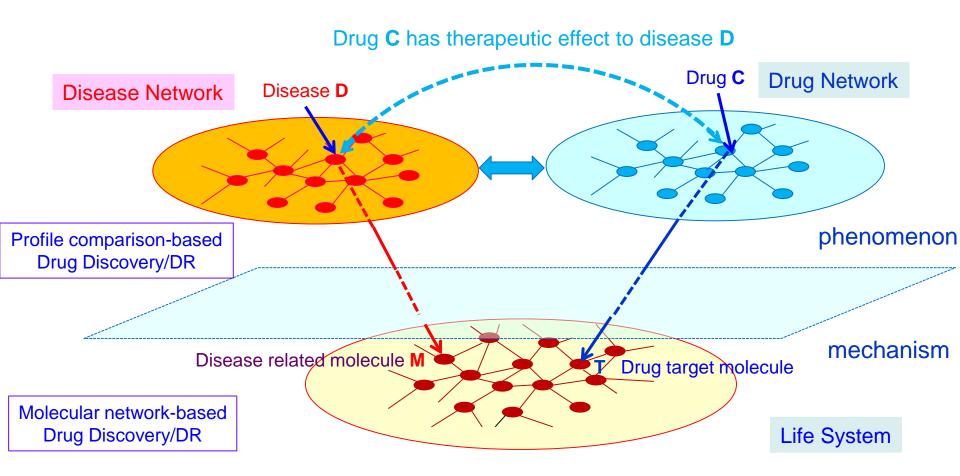
## Relation among Drug, Disease and Target





# Basic structure of profile-based computational drug discovery

#### Framework of Triple-layer disease and drug network

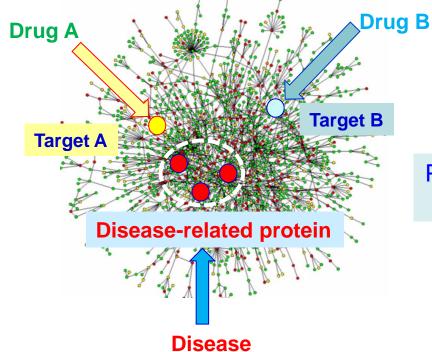


DR: Drug Repositioning: is the application of known drugs (compounds) to treat new indications (i.e., new diseases)

#### **Common Platform of DrugDiscovery/DR** Protein-Protein interaction network (PPIN)

- Common Platform bionetwork: mediating disease and drug action
- Protein-protein interaction network (PPIN) as common platform
- Disease: Scaffolding in PPIN: Disease-related protein (gene)
- **Drug** : Scaffolding in PPIN: **Drug Target protein**
- Based on the distance (proximity) between Disease-related protein and target protein,

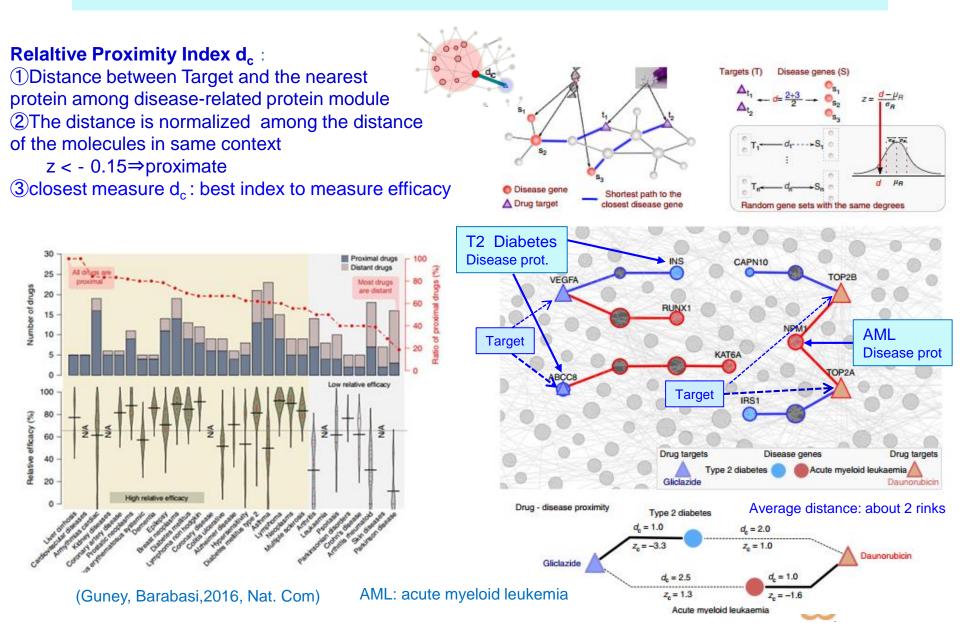
the impact of the drug is measured



Protein-protein Interaction Network (PPIN)



#### Proximity between Drug and Disease at PPIN



## **Need for Learning**

- We are still missing in understanding of the necessary conditions for molecule to be effective
- We should find these conditions by learning from the succeeded <diseasedrug-target molecule> combinations
- Artificial Intelligence (AI), specially Deep Learning is now the most powerful method



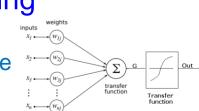
## Artificial Intelligence based DrugDiscovery/DR

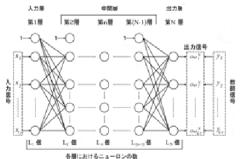


## Artificial Intelligence revolution by Deep Learning



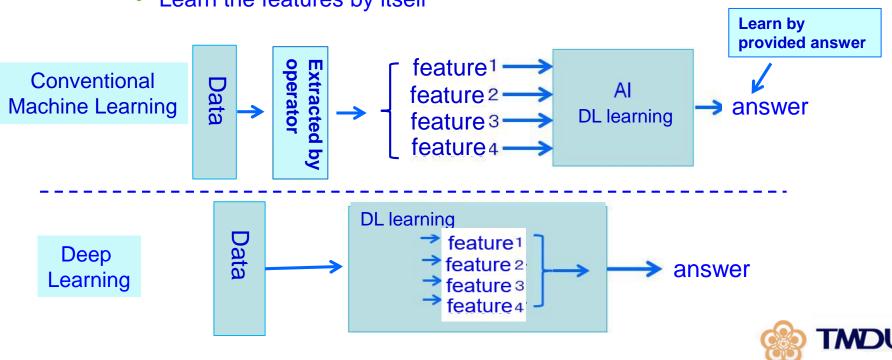
- "Supervised learning"
  - Construct AI by providing the feature and answer
- Deep Learning revolution
  - "Unsupervised learning"
    - Learn the features by itself





Neural information element

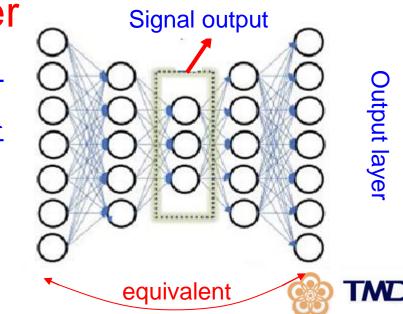
Multiple Layer neuro-network



### **Revolutionary point of DL Autoencoder 2**

- Consisting of multiple layers of autoencoders
  - -stacked autoencoder
- Consisting of input layers(encoder) and output layers(decorder) which are contrasted
  - -deep autoencoder

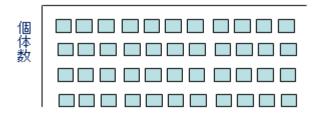
Input layer



## Date principle of "Big Data"

Problem : number of attribute value  $(p) \gg$  number of sample (n)

p: may be several hundred million n: At most tens of thousands, normally thousands



If all these huge nuber of attribute variables are independent, structural analysis of big data is impossible.



Big data is composed of a large number of independent components but less than the number of attribute values as its basis.

**Principle of compositionality** 



## Contracting method for multidimensional network by Deep Learning

- Application to big data of medicine and drug discovery
- Increase of "multidimensional network information structure"
  - Genome medicine : <comprehensive molecular information</li>
    clinical phenotype information>
  - Genome cohort : <gene environment information> (lifestyle)
- Deep Learning-based Network Contraction
  - Multidimensional network information structure ⇒ Contact to be composed of a few network bases
- Not linear decomposition.
- Project to be composed of intrinsic bases by nonlinear decomposition.

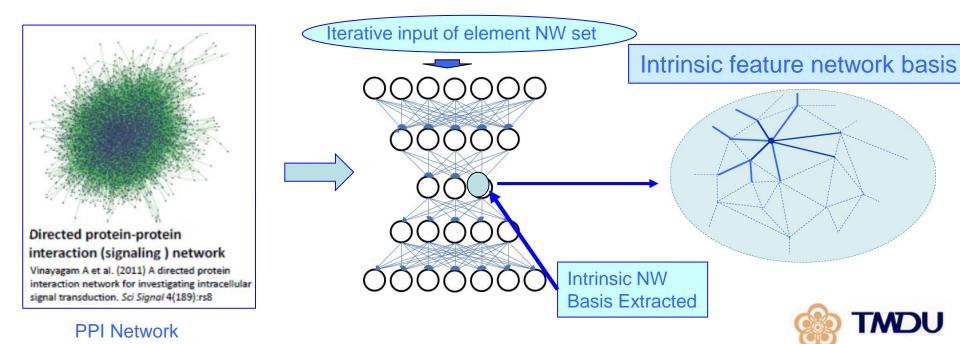


## Decomposition to intrinsic network basis

#### Contracting to sum of intrinsic network bases

DL is applied to iterative presentation of element NW, where all network links are viewed as a sum of element NW (partial NW)

Sum of intrinsic network basis that reproduces all networks

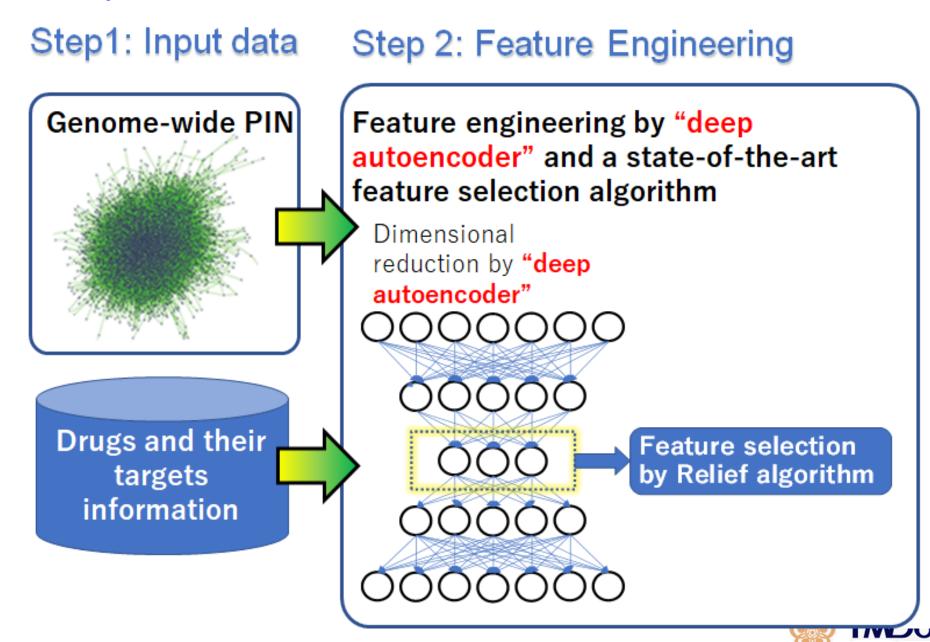


## **Our Approach**

- By using deep learning and genomewide protein interaction network,
- We build a computational framework to predict potential Drug Target genes and
- Repositionable drugs for Alzheimer's disease.

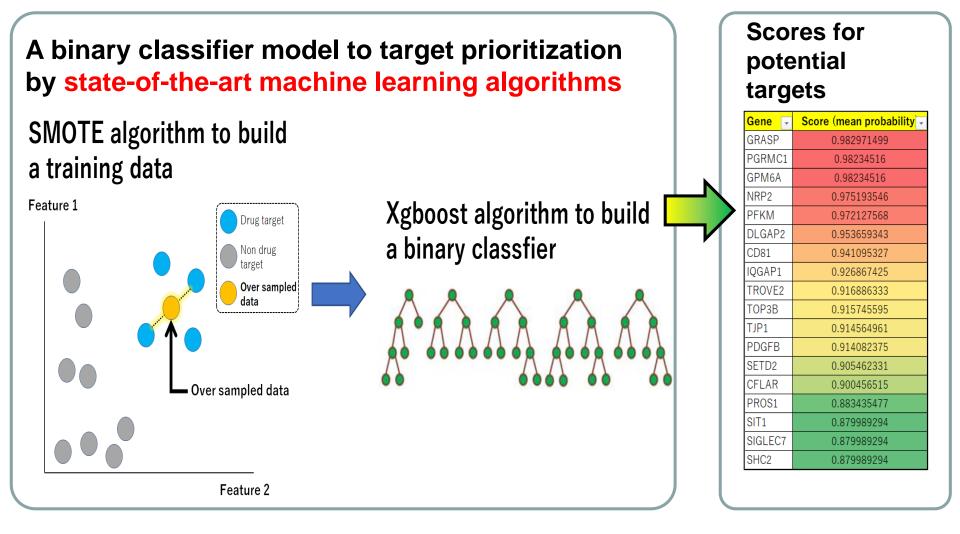


**Our computational workflow** 



#### Step 3: Classifier model

#### Step 4: Target prioritization





| GRASP   | PIK3C2B         | PKIA    |
|---------|-----------------|---------|
| PGRMC1  | NEU3            | PFKP    |
| GPM6A   | SLC25A38        | PAN2    |
| NRP2    | TNFSF12         | GLUD1   |
| PFKM    | ADRA1B          | DNM3    |
| DLGAP2  | DPM2            | ITGA5   |
|         | NLRP12<br>NLRC4 | RILPL2  |
| CD81    | UIMC1           | MAEA    |
| IQGAP1  | IL8             | NCDN    |
| TROVE2  | VAV1            | DGCR14  |
| ТОРЗВ   | ARHGEF1         | PACSIN3 |
| TJP1    | WISP2           | CD46    |
| PDGFB   | PRKCE           | NIT1    |
| SETD2   | TBXA2R          | ICAM4   |
| CFLAR   | TSPAN4          | GNA13   |
| PROS1   | EPHB4           | STK40   |
| SIT1    | LOC63920        | ROGDI   |
| SIGLEC7 | PSEN1           |         |
|         | SPOCK3          | CDH10   |
| SHC2    | TSPO            | WSB2    |
| SH2D1A  | SLC4A1          | PHPT1   |

By using the Al-based method, we successfully predict potential drug targets (more than 100 genes) for Alzheimer's disease.





## SLC25A38 (APPOPTOSIN)

SLC25A3 increases in the brain from Alzheimer's disease patients as well as from infarct patients. Further, SLC25A38 downregulation is likely to inhibit apoptosis induced by Bax/BH3I and neuronal death induced by Aβ/glutamate.

#### G Previous

Next 🕑

Featured Article | Articles, Cellular/Molecular

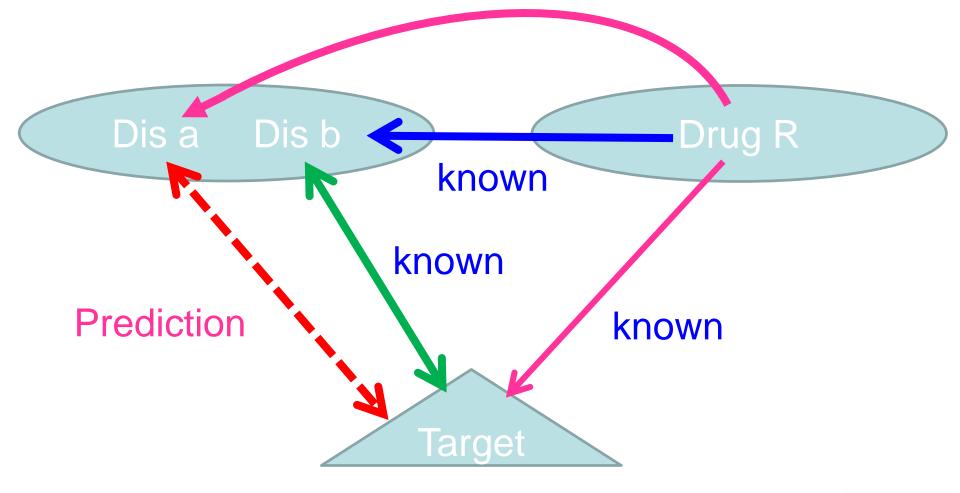
## Appoptosin is a Novel Pro-Apoptotic Protein and Mediates Cell Death in Neurodegeneration

Han Zhang, Yun-wu Zhang, Yaomin Chen, Xiumei Huang, Fangfang Zhou, Weiwei Wang, Bo Xian, Xian Zhang, Eliezer Masliah, Quan Chen, Jing-Dong J. Han, Guojun Bu, John C. Reed, Francesca-Fang Liao, Ye-Guang Chen, and Huaxi Xu Journal of Neuroscience 31 October 2012, 32 (44) 15565-15576; DOI: https://doi.org/10.1523/JNEUROSCI.3668-12.2012

### **Possible DR for Alzheimer's Disease**

- Computational network based methods may be among the most promising approaches for computational drug repositioning.
- Especially, drug-disease-target network would be useful resources to investigate novel indications for existing drugs.
- We mapped predicted targets on the drug-disease-target network and analysed the network to investigate novel indications for existing drugs

If predicted target for disease A is known drugtarget of drug R for disease B, the drug R may be repositionable drug for disease A.





## Potential (predicted) repositionable drugs for Alzheimer's disease

| repositonable drug                        | taregt                    | # of target | category   |
|---|---------------------------|-------------|--|
| Tamoxifen                                 | PRKCB PRKCE PRKCG ESRRG   | 4           | Anti-Estrogens; Antineoplastic Agents; Antineoplasti   |
| Mianserin                                 | SLC6A4 DRD3 OPRK1 ADRA1B  | 4           | Adrenergic Agents; Adrenergic alpha-Antagonists; A     |
| Amitriptyline                             | SLC6A4 OPRK1 ADRA1B OPRM1 | 4           |  |
| Dextromethorphan                          | SLC6A4 PGRMC1 OPRM1 OPRK1 | 4           | Alkaloids; Antitussive Agents; Central Nervous Syste   |
| Mirtazapine                               | OPRK1 ADRA1B DRD3 SLC6A4  | 4           | Adrenergic Agents; Adrenergic alpha-Antagonists; A     |
| Tramadol                                  | OPRM1 OPRK1 SLC6A4        | 3           | Alcohols; Amines; Analgesics; Analgesics, Opioid; C    |
| Zinc                                      | MPG SERPINA1 SERPIND1     | 3           | Acetates; Acetic Acid; Acids; Acids, Acyclic; Acids, N |
| Amoxapine                                 | SLC6A4 DRD3 ADRA1B        | 3           | Adrenergic Agents; Adrenergic Uptake Inhibitors; Al    |
| Etorphine                                 | OPRM1 OPRK1 OPRL1         | 3           | Alkaloids; Analgesics; Analgesics, Opioid; Central No  |
| Tapentadol                                | OPRM1 OPRK1 SLC6A4        | 3           | Analgesics; Analgesics, Opioid; Benzene Derivatives    |
| Loxapine                                  | ADRA1B DRD3 SLC6A4        | 3           | Antipsychotic Agents; Antipsychotic Agents (First Ge   |
| Pethidine                                 | OPRK1 OPRM1 SLC6A4        | 3           | Acids, Heterocyclic; Adjuvants; Adjuvants, Anesthesi   |
| Talampanel                                | GRIA1                     | 1           | Benzazepines; Heterocyclic Compounds; Heterocycli      |
| Etanercept                                | FCGR3B                    | 1           | Amino Acids, Peptides, and Proteins; Analgesics; A     |
| Vitamin E                                 | PRKCB                     | 1           | Antioxidants; Benzopyrans; Chemical Actions and Us     |
| N-[(2R)-2-benzyl-4-(hydroxyamino)-4-LTA4H |                           | 1           |  |
| Adalimumab                                | FCGR3B                    | 1           | Amino Acids, Peptides, and Proteins; Anti-Inflamm      |
| ALPHA-HYDROXYFARNESYLPHOSPH FNTB          |                           | 1           | Alcohols; Fatty Alcohols; Hydrocarbons; Lipids; Orga   |
|   | *                         |             |  |



## Example,

The two FDA-approved drugs, **adalimumab and etanercept**, may be most promising candidates, because they are inhibitors of TNFalpha (a key cytokine to regulate immune response) and overexpression of TNF-alpha cause inflammation in various organs, especially in central nerve system.



PMCID: PMC1785182

MedGenMed. 2006; 8(2): 25. Published online 2006 Apr 26.

#### TNF-alpha Modulation for Treatment of Alzheimer's Disease: A 6-Month Pilot Study

Edward Tobinick, MD, Assistant Clinical Professor of Medicine, <u>Hyman Gross</u>, MD, Clinical Professor of Neurology, <u>Alan Weinberger</u>, MD, Associate Clinical Professor of Medicine/Rheumatology, and <u>Hart Cohen</u>, MD, FRCPC, Associate Clinical Professor of Medicine/Neurology



CNS Drugs

November 2016, Volume 30, <u>Issue 11</u>, pp 1111–1120



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Our computational method would be promising approach to investigate novel drug targets and new indications for FDA-approved drugs.

We are now applying the method to investigate novel targets and repositionable drugs for various diseases including various types of cancers, rheumatoid, diabetes and etc.



## Future strategies and trends

- Second stage of **genomic medicine and drug discovery**
- Contracting method for multidimensional network by Deep Learning
  - Apply to big data medicine
  - Correlative network structure of comprehensive molecular information – clinical phenotype in genome medicine
  - Disease onset and genetic environment factor in biobank
- Framework of AI drug discovery has possibility to achieve
- Undertake the implementation of AI drug discovery at the end of this year. Otherwise all will be taken to the United States.
  - Establish the "Big data medicine/Al drug discovery consortium" to promote the project, coordinated by pharmaceutical company, IT company and medical institution

