



WGMFDDA: A Novel Weighted-Based Graph Regularized Matrix Factorization for Predicting Drug-Disease Associations

Mei-Neng Wang¹, Zhu-Hong You^{2,3}(✉), Li-Ping Li²,
Zhan-Heng Chen^{2,3}, and Xue-Jun Xie¹

¹ School of Mathematics and Computer Science, Yichun University,
Yichun Jiangxi 336000, China

² Xinjiang Technical Institutes of Physics and Chemistry, Chinese Academy
of Sciences, Urumqi 830011, China
zhuhongyou@ms.xjbu.ac.cn

³ University of Chinese Academy of Sciences, Beijing 100049, China

Abstract. Identification of drug-disease associations play an important role for expediting drug development. In comparison with biological experiments for drug repositioning, computational methods may reduce costs and shorten the development cycle. Thus, a number of computational approaches have been proposed for drug repositioning recently. In this study, we develop a novel computational model WGMFDDA to infer potential drug-disease association using weighted graph regularized matrix factorization (WGMF). Firstly, the disease similarity and drug similarity are calculated on the basis of the medical description information of diseases and chemical structures of drugs, respectively. Then, weighted K -nearest neighbor is implemented to reformulate the drug-disease association adjacency matrix. Finally, the framework of graph regularized matrix factorization is utilized to reveal unknown associations of drug with disease. To evaluate prediction performance of the proposed WGMFDDA method, ten-fold cross-validation is performed on Fdataset. WGMFDDA achieves a high AUC value of 0.939. Experiment results show that the proposed method can be used as an efficient tool in the field of drug-disease association prediction, and can provide valuable information for relevant biomedical research.

Keywords: Drug-disease association · Graph regularization · Matrix factorization · K -nearest neighbor

1 Introduction

New drug research and development is still a time-consuming, high-risky and tremendously costly process [1–4]. Although the investment in new drug research and development has been increasing, the number of new drugs approved by the US Food and Drug Administration (FDA) has remained limited in the past few decades [5–7]. Therefore, more and more biomedical researchers and pharmaceutical companies are paying attention to the repositioning for existing drugs, which aims to infer the new

therapeutic uses for these drugs [8–11]. For example, Thalidomide, and Minoxidil, were repositioned as a treatment to insomnia and the androgenic alopecia, respectively [12–15]. In other words, drug repositioning is actually to infer and discover potential drug-disease associations [16].

Recently, some computational methods have been presented to identify associations of drugs with diseases, such as deep walk embedding [17, 18], rotation forest [19–22], network analysis [23–25], text mining [26, 27] and machine learning [28–31], etc. Martínez *et al.* proposed a new approach named DrugNet, which performs disease-drug and drug-disease prioritization by constructing a heterogeneous network of interconnected proteins, drugs and diseases [32]. Wang *et al.* developed a triple-layer heterogeneous network model called TL-HGBI to infer drug-disease potential associations [33]. The network integrates association data and similarity about targets, drugs and diseases. Luo *et al.* utilized Bi-Random walk algorithm and comprehensive similarity measures (MBiRW) to infer new indications for existing drugs [34]. In fact, predicting associations of drug with disease can be transformed into a recommendation system problem [35–38]. Luo *et al.* developed a drug repositioning recommendation system (DRRS) to identify new indications for a given drug [39]. In this work, we develop a novel computational model WGMFDDA, which utilizes graph regularized matrix factorization to infer the potential associations between drugs and diseases. The experiment results indicate that the performance of WGMFDDA is better than other compared methods.

2 Methods and Materials

2.1 Method Overview

To predict potential associations of drugs with diseases, the model of WGMFDDA consists of three steps (See Fig. 1): (1) we measure the similarity for drugs and diseases based on the collected dataset; (2) According to the weighted K-nearest neighbor profiles of drugs and diseases, the drug-disease association adjacency matrix is re-established; (3) the graph Laplacian regularization and Tikhonov (L_2) terms are incorporated into the standard Non-negative matrix factorization (NMF) framework to calculate the drug-disease association scores.

2.2 Dataset

In this study, we obtain the dataset (Fdataset) from Gottlieb *et al.* [40]. This dataset is used as the gold standard datasets for identifying drug-disease associations, which includes 1933 known associations between 313 diseases and 593 drugs [41, 42]. In order to more conveniently describe the drug-disease associations information, the drug-disease association adjacency matrix $Y^{n \times m}$ is constructed, where n and m are the number of drugs and diseases, respectively. The element $Y(i, j) = 1$ if drug r_i associated with disease d_j , otherwise $Y(i, j) = 0$. The similarities for drugs and diseases are obtained from the Chemical Development Kit (CDK) [43] based on SMILES [44] and MimMiner [45] based on the OMIM [41] database, respectively. In ten-fold cross-

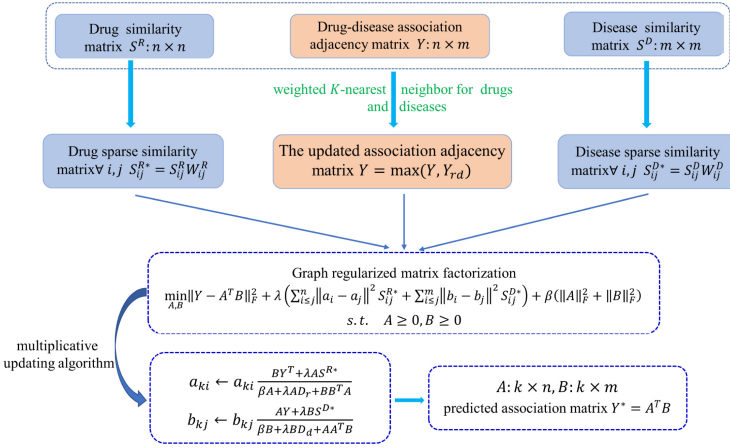


Fig. 1. Overview of the WGMFDDA framework.

validation experiments, all known associations are random divided into ten equal sized subsets, in which the training data set occupies 9/10, and the remaining partition is utilized as the test set.

2.3 Reformulate the Drug-Disease Association Adjacency Matrix

Let $R = \{r_1, r_2, \dots, r_n\}$ and $D = \{d_1, d_2, \dots, d_m\}$ are the set of n drugs and m diseases. $Y(r_i) = (Y_{i1}, Y_{i2}, \dots, Y_{im})$ and $Y(d_j) = (Y_{1j}, Y_{2j}, \dots, Y_{nj})$ are the i th row vector and j th column vector of matrix Y , respectively. $Y(r_i)$ and $Y(d_j)$ denote the interaction profiles of drugs and diseases, respectively. Since many drug-disease pairs with unknown associations (i.e. the value of these elements in Y is zero) may be potential true associations, this will affect prediction performance. In order to assign associated likelihood scores to drug-disease pairs with unknown associations, weighted K -nearest neighbor (WKNN) is implemented to calculate new interaction profiles of drugs and diseases [38, 46].

For each drug r_p (or disease d_q), the novel interaction profile can be calculated as follows:

$$Y_r(r_p) = \frac{1}{\sum_{1 \leq i \leq K} S^R(r_i, r_p)} \sum_{i=1}^k a^{i-1} * S^R(r_i, r_p) Y(r_i) \quad (1)$$

or

$$Y_d(d_q) = \frac{1}{\sum_{1 \leq j \leq K} S^D(d_j, d_q)} \sum_{j=1}^k a^{j-1} * S^D(d_j, d_q) Y(d_j) \quad (2)$$

$a \in [0, 1]$ denotes a decay term. S^R and S^D are the similarity matrices for drugs and diseases, respectively.

Subsequently, we define the updated association adjacency matrix Y as follows:

$$Y = \max(Y, Y_{rd}) \tag{3}$$

where

$$Y_{rd} = (Y_r + Y_d)/2 \tag{4}$$

2.4 WGMFDDA

The standard Nonnegative matrix factorization (NMF) aims to find two low-rank Nonnegative matrices whose product as more as possible to approximation to the original matrix [36, 47–49]. $Y \cong A^T B (k \leq \min(n, m))$, $A \in R^{k \times n}$ and $B \in R^{k \times m}$. To avoid overfitting, the graph Laplacian regularization and Tikhonov (L_2) terms are introduced into the standard NMF model. The objective function of WGMFDDA can be constructed as follows:

$$\begin{aligned} \min_{A,B} & \|Y - A^T B\|_F^2 + \lambda \left(\sum_{i \leq j}^n \|a_i - a_j\|^2 S_{ij}^{R*} + \sum_{i \leq j}^m \|b_i - b_j\|^2 S_{ij}^{D*} \right) \\ & + \beta \left(\|A\|_F^2 + \|B\|_F^2 \right) \text{ s.t. } A \geq 0, B \geq 0 \end{aligned} \tag{5}$$

where $\|\cdot\|_F$ denotes the Frobenius norm. λ and β are the regularization parameters. a_j and b_j are j th column of matrices A and B , respectively. S^{R*} and S^{D*} denote the sparse similarity matrices for drugs and diseases, respectively.

According to the spectral graph theory, the p -nearest neighbor graph can preserve the intrinsic geometrical structure of the original data [46]. Therefore, p -nearest neighbors is utilized to construct the graphs S^{R*} and S^{D*} . The details are as follows:

$$W_{ij}^R = \begin{cases} 1 & i \in N_p(r_j) \& j \in N_p(r_i) \\ 0 & i \notin N_p(r_j) \& j \notin N_p(r_i) \\ 0.5 & \text{otherwise} \end{cases} \tag{6}$$

where $N_p(r_i)$ and $N_p(r_j)$ denote the sets of p -nearest neighbors of r_i and r_j respectively. Then, we define the sparse matrix S^{R*} of drug as follows:

$$\forall i, j \quad S_{ij}^{R*} = S_{ij}^R W_{ij}^R \tag{7}$$

Similarly, the sparse matrix S^{D*} of disease can be expressed as follows:

$$\forall i, j \quad S_{ij}^{D*} = S_{ij}^D W_{ij}^D \tag{8}$$

The Eq. (5) can be written as:

$$\begin{aligned} \min_{A,B} & \|Y - A^T B\|_F^2 + \lambda \text{Tr}(AL_r A^T) + \lambda \text{Tr}(BL_d B^T) \\ & + \beta \left(\|A\|_F^2 + \|B\|_F^2 \right) \quad \text{s.t. } A \geq 0, B \geq 0 \end{aligned} \quad (9)$$

Here, $L_r = D_r - S^{R*}$ and $L_d = D_d - S^{D*}$ are the graph Laplacian matrices for S^{R*} and S^{D*} , respectively. $D_r(i, i) = \sum_p S_{ip}^{R*}$ and $D_d(j, j) = \sum_q S_{jq}^{D*}$ are diagonal matrices,

$\text{Tr}(\cdot)$ denotes the trace of matrix.

In order to optimize the objective function in Eq. (9), the corresponding Lagrange function \mathcal{H}_f is defined as:

$$\begin{aligned} \mathcal{H}_f = & \text{Tr}(YY^T) - 2\text{Tr}(YB^T A) + \text{Tr}(A^T B B^T A) + \lambda \text{Tr}(AL_r A^T) + \lambda \text{Tr}(BL_d B^T) \\ & + \beta \text{Tr}(AA^T) + \beta \text{Tr}(BB^T) + \text{Tr}(\Phi A^T) + \text{Tr}(\Psi B^T) \end{aligned} \quad (10)$$

In which, $\Phi = \{\phi_{ki}\}$ and $\Psi = \{\psi_{kj}\}$ are Lagrange multipliers that constrain $a_{ki} \geq 0$ and $b_{kj} \geq 0$, respectively. We calculate $\frac{\partial \mathcal{H}_f}{\partial A}$ and $\frac{\partial \mathcal{H}_f}{\partial B}$ as follows:

$$\frac{\partial \mathcal{H}_f}{\partial A} = -2BY^T + 2BB^T A + 2\lambda AL_r + 2\beta A + \Phi \quad (11)$$

$$\frac{\partial \mathcal{H}_f}{\partial B} = -2AY + 2AA^T B + 2\lambda BL_d + 2\beta B + \Psi \quad (12)$$

After using Karush–Kuhn–Tucker (KKT) conditions $\phi_{ki} a_{ki} = 0$ and $\psi_{kj} b_{kj} = 0$, the updating rules can be obtained as follows:

$$a_{ki} \leftarrow a_{ki} \frac{BY^T + \lambda AS^{R*}}{\beta A + \lambda AD_r + BB^T A} \quad (13)$$

$$b_{kj} \leftarrow b_{kj} \frac{AY + \lambda BS^{D*}}{\beta B + \lambda BD_d + AA^T B} \quad (14)$$

The predicted drug-disease association matrix is obtained by $Y^* = A^T B$. Generally, the larger the element value in predicted matrix Y^* , the more likely the drug is related to the corresponding disease.

3 Experimental Results

In this study, the model of WGMFDDA has six parameters that determine by grid search. The ROC curve and AUC value are widely used to evaluate the predictor [50–54]. WGMFDDA produces best AUC values when $P = 5$, $K = 5$, $a = 0.5$, $k = 160$, $\lambda = 1$ and $\beta = 0.02$. We implement ten-fold cross-validation (CV) experiments on the Fdataset and compare it with the previous methods: DrugNet [32], HGBI [33], MBiRW

[34] and DDRS [39]. To implement 10-CV experiment, all known drug-disease associations in Fdataset are random divided into ten equal sized subsets. the training data set occupies 9/10, while the remaining partition is utilized as the test set. As shown in Fig. 2 and Table 1, WGMFDDA achieves the AUC value of 0.939, while DrugNet, HGBI, MBiRW and DDRS are 0.778, 0.829, 0.917 and 0.930, respectively. This result shows that compared with DDRS, MBiRW, HGBI and DrugNet, WGMFDDA obtains the best performance.

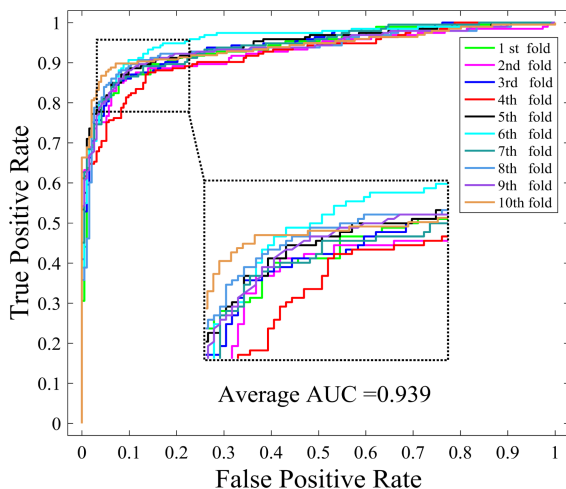


Fig. 2. The ROC curves of WGMFDDA on Fdataset under ten-fold cross-validation.

Table 1. The average AUC values of WGMFDDA and other compared methods on Fdataset.

Methods	DrugNet	HGBI	MBiRW	DDRS	WGMFDDA
AUC	0.778	0.829	0.917	0.930	0.939

4 Conclusions

The purpose of drug repositioning is to discover new indications for existing drugs. Compared to traditional drug development, drug repositioning can reduce risk, save time and costs. In this work, we present a new prediction approach, WGMFDDA, based on weighted graph regularized matrix factorization. The proposed method casts the problem of inferring the associations between drugs and diseases into a matrix factorization problem in recommendation system. The main contribution of our method is that a preprocessing step is performed before matrix factorization to reformulate the drug-disease association adjacency matrix. In ten-fold cross-validation, experiment results indicate that our proposed model outperforms other compared methods.

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Competing Interests

The authors declare that they have no competing interests.

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