



**UniversitätsSpital
Zürich**

Group Prof. Dr. Adriano Aguzzi
Institute of Neuropathology

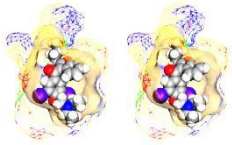
Computational modelling: Complementary Tools to Animals in Science

Andra Chincisan

Journal Club: Special series on Laboratory Animal
Science

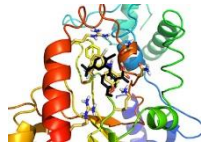
5 September 2017

What are computational models?



nature

Computational models are **mathematical** models that are **simulated** using computation to study complex systems. In biology, one example is the use of a computational model to study an outbreak of an infectious disease such as influenza. The **parameters** of the mathematical model are adjusted using **computer simulation** to study different **possible outcomes**.



Modeling can expedite research by allowing scientists to conduct thousands of simulated experiments by computer in order to identify the actual physical experiments that are most likely to help the researcher find the solution to the problem being studied. Simulations of models can reveal hidden patterns and/or counterintuitive mechanisms in complex systems.

Computational Modeling, Formal Analysis, and Tools for Systems Biology

As the amount of **biological data** in the public domain **grows**, so does the range of modeling and analysis techniques employed in systems biology.

The growing interest in systems biology in executable models and their analysis has necessitated the borrowing of terms and methods from computer science, such as formal analysis, model checking, static analysis, and runtime verification.

Tool	Main case studies
BAM [92]	LDL degradation pathway [93]
BetaWB [12]	The MAPK biochemical pathway [12], cell-cycle [11]
BIOCHAM [30]	Mammalian cell cycle control [34], G protein-coupled receptor kinases [31]
BioDivine [69,78]	Genetic regulatory networks [79]
BioNetGen [22] + BioLab [33]	HMGB1 signal pathway [35] Analysis of T-cell receptor signaling pathway [33]
Bio-PEPA WB [13]	Plant circadian clock [14]
BoolNet [52]	Genetic networks [52]
BMA [56]	Biological signaling networks [55]
BNS [53]	Cell cycle sequence of fission yeast [54]
Breach [80]	Collagen proteolysis [115], Cellular iron homeostasis network [81]
CompuCell3D [103]	Vertebrate segmentation and somite formation [104]
COPASI [8]	Biochemical networks [9]
dReach [82]	Cardiac cell hybrid models [83]
FLAME [27]	Sperm behavior [97]
GINsim [49]	Diversity and plasticity of Th cell types [50] MAPK network on cancer cell fate decision [51]
GreatSPN [43]	Signal transduction pathways for angiogenesis [44]
IBM Rational Rhapsody [58]	T-cell activation with statecharts [59]
KaSim [32]	EGFR signaling [36]
Mathworks Simulink [76]	Heart model for pacemaker verification [77]
Pathway Logic [45]	Sporulation initiation in <i>B. subtilis</i> [46] MAPK signaling network [46] EGF stimulation network [45]
PRISM [6]	Biological signaling pathways [6,143,144], bone pathologies [107]
Rovergene [71]	Synthetic transcription cascade [71], myocyte excitability [66], bone remodeling [107]
Snoopy [26] + MARCIE [42]	Systems and synthetic biology [41]
SPIM [15]	Modeling of the EGFR network [16], MHC class I peptide optimization [17]
S-TaLiRo [84]	Modeling of the insulin-glucose regulatory system [149]
REPASt [28]	Bone remodeling [98]

doi:10.1371/journal.pcbi.1004591.t001

Example of computational models in systems biology

Modelling methods

Data driving modeling

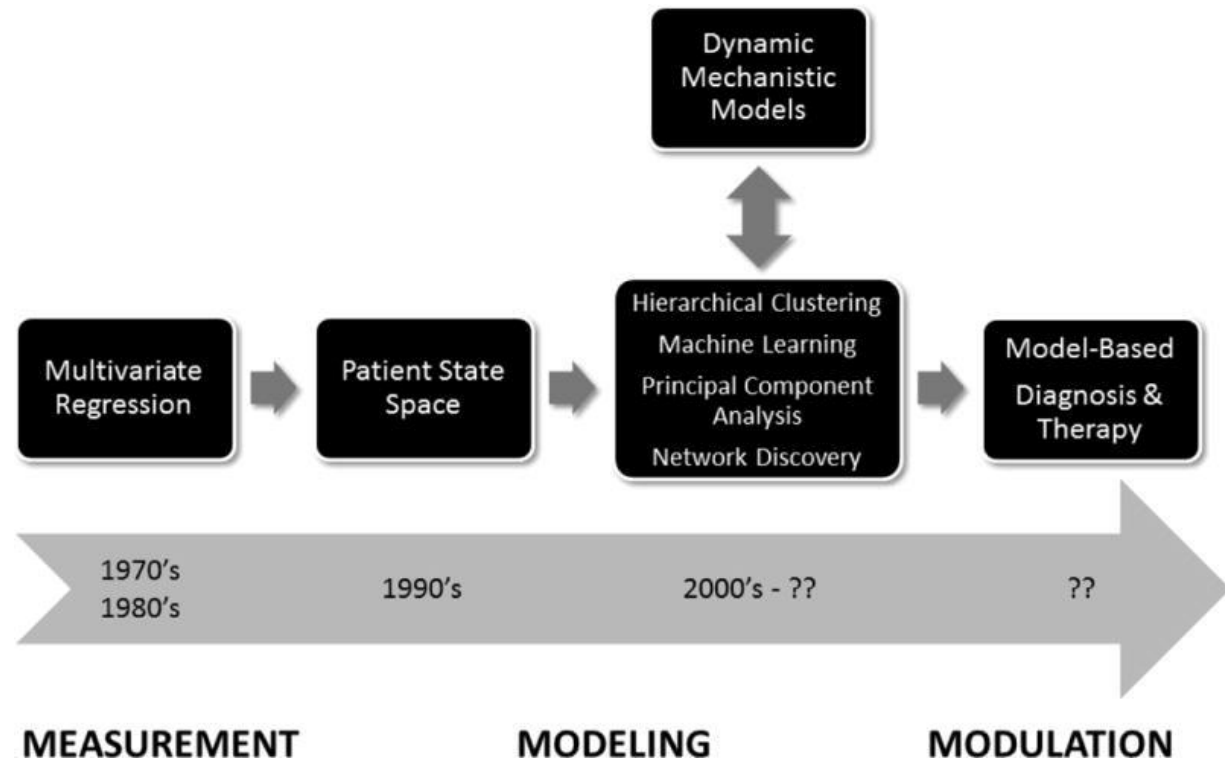
- Multivariate regression
- Hierarchical clustering
- Principal Component analysis
- Machine learning
- Network discovery

Mechanistic modeling

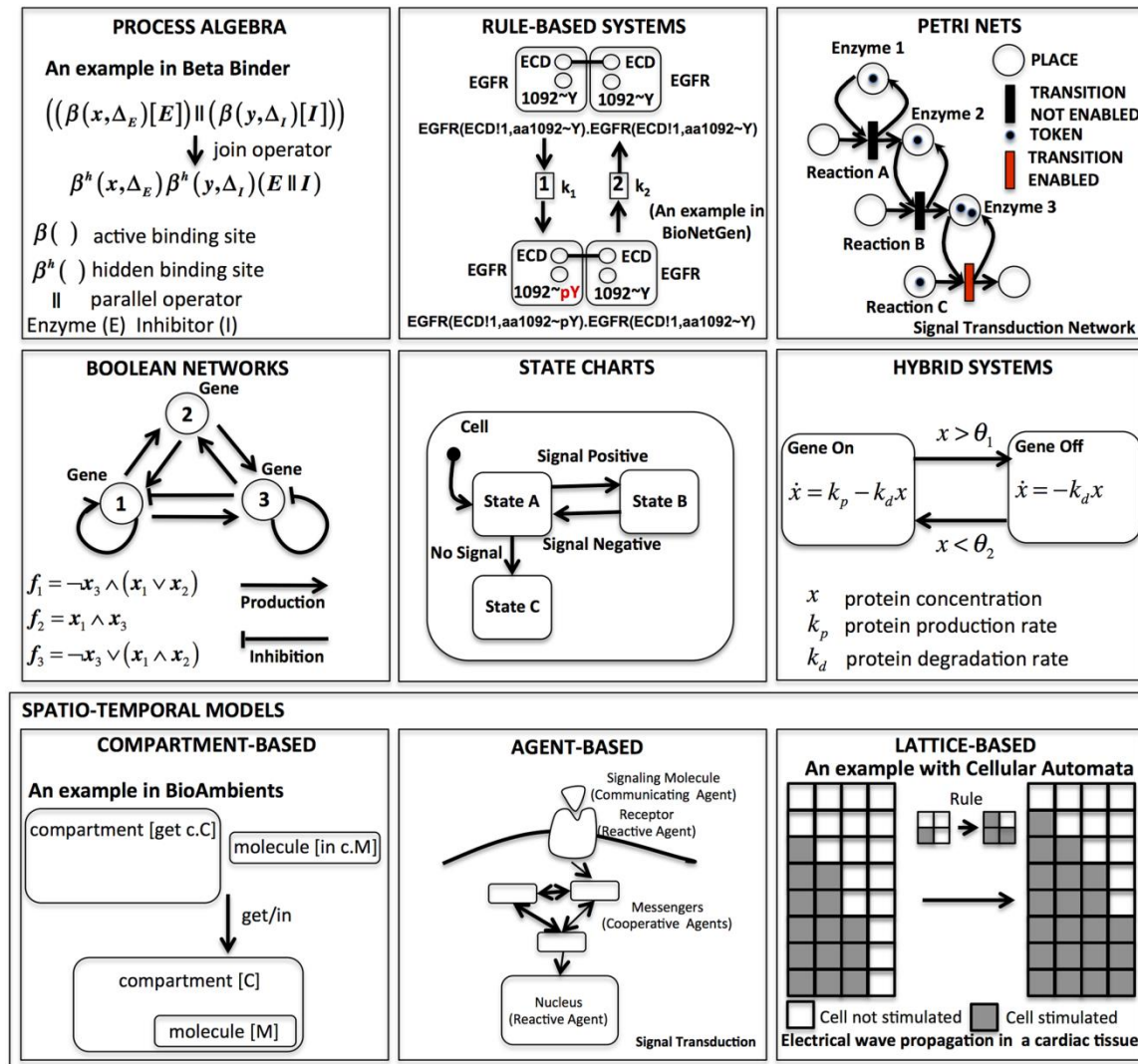
- Equation base models
- Agent-based models
- Rule-based models

Alternative models - concurrent system

- Petri net (graph based)
- Process algebra



Computational modeling approaches



Papers

Mechanistic modeling


- Equation base models
- Agent-base models
- Rule-based models

Alternative models - concurrent system

- Petri net (graph based)
- Process algebra

Data driving modeling


- Multivariate regression
- Hierarchical clustering
- Principal Component analysis
- Machine learning
- Network discovery



Petri Net computational modelling of Langerhans cell Interferon Regulatory Factor Network predicts their role in T cell activation

Marta E. Polak, Chuin Ying Ung, Joanna Masapust, Tom C. Freeman & Michael R. Ardern-Jones

Scientific Reports. 2017;4.
doi:10.1038/s41598-017-00651-5



Machine learning workflow to enhance predictions of Adverse Drug Reactions (ADRs) through drug-gene interactions: application to drugs for cutaneous diseases

Kalpana Raja, Matthew Patrick, James T. Elder & Lam C. Tsoi

Scientific Reports. 2017;6.
doi:doi:10.1038/s41598-017-03914-3



nature publishing group **npg**

Scientific Reports

Petri Net computational modelling of Langerhans cell Interferon Regulatory Factor Network predicts their role in T cell activation

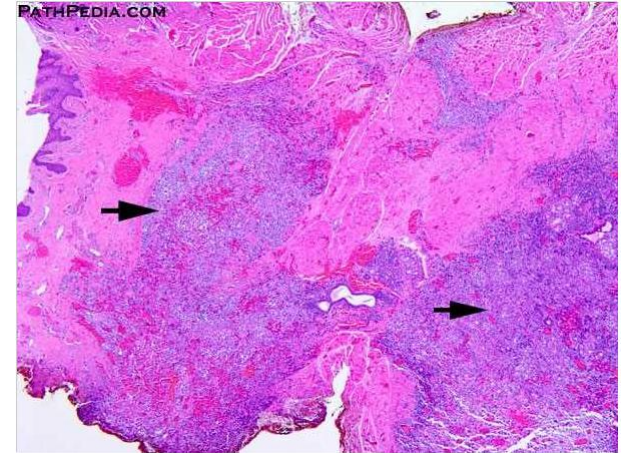
Marta E. Polak, Chuin Ying Ung, Joanna Masapust, Tom C. Freeman & Michael R. Ardern-Jones

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Introduction

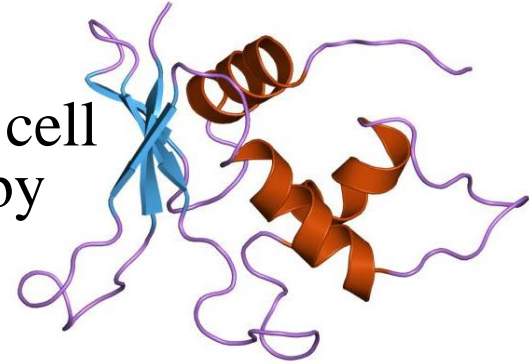
- **Langerhans cells (LCs)** are able to orchestrate adaptive immune responses in the skin by interpreting the microenvironmental context in which they encounter foreign substances, but the **regulatory basis** for this has **not** been **established**.
- Aim:
 - Utilising systems immunology approaches combining *in silico* modelling of a reconstructed gene regulatory network (GRN) with *in vitro* validation of the predictions, we sought to determine the **mechanisms of regulation of immune responses** in human primary **LCs**.



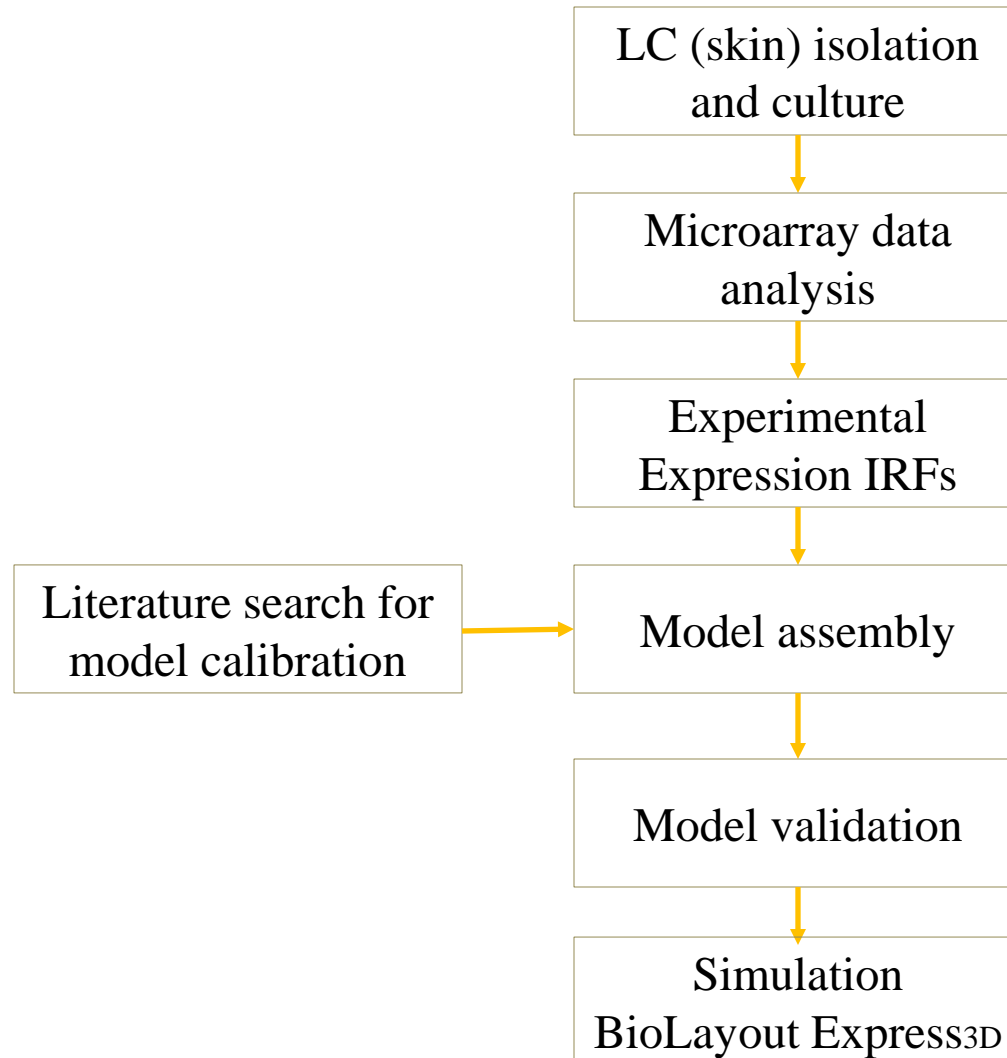
Langerhans cell histiocytosis, tongue,
www.Pathpedia.Com

Introduction

- The key role of **Interferon regulatory factors** (IRFs) as controllers of the human Langerhans cell response to epidermal cytokines was revealed by whole transcriptome analysis.
- Applying Boolean logic we assembled a **Petri net-based model of the IRF-GRN** which provides molecular **pathway predictions** for the induction of different transcriptional programmes in LCs.
- Characterise the differential effect of **key epidermal cytokines, TNF α and TSLP**, on the ability of LCs to cross-present viral antigens to cytotoxic T cells, and to propose a transcriptional mechanism regulating this process.



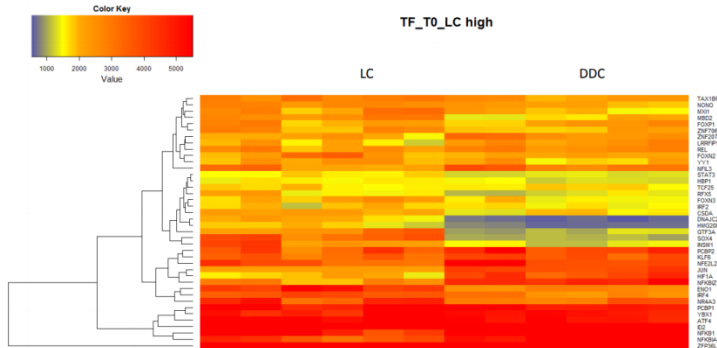
System overview



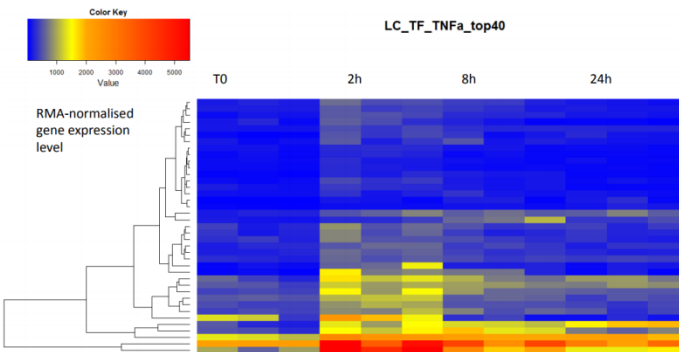
Microarray data analysis

Top transcription factors

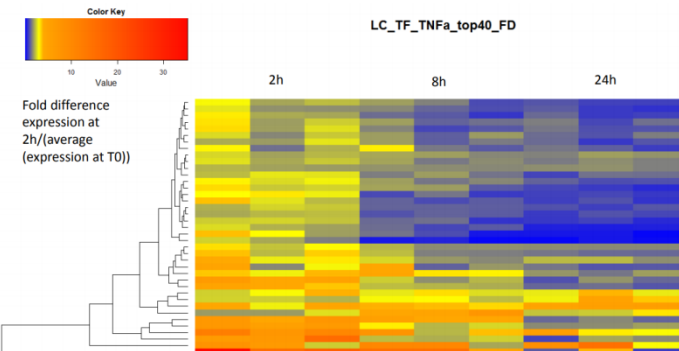
a Top 40 TF expressed in LCs at T0



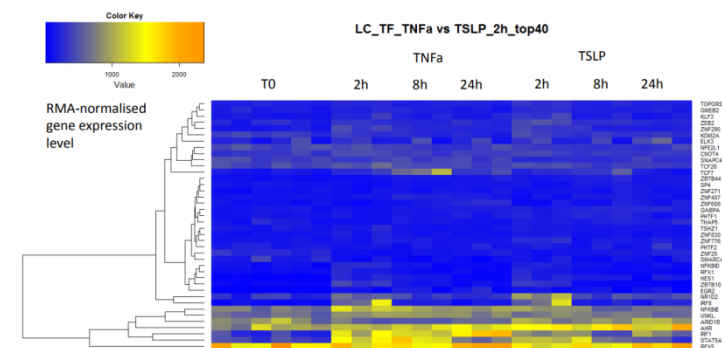
b Top 40 TF up-regulated in LCs at 2h stimulation with TNFa



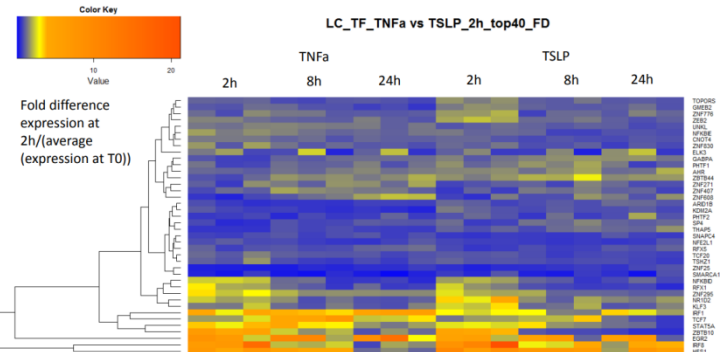
c Top 40 TF up-regulated in LCs at 2h stimulation with TNFa



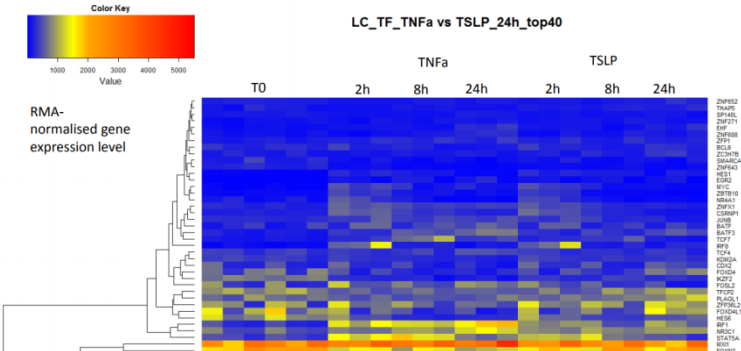
d Top 20 TF induced by TNFa & Top 20 TF induced by TSLP



e Top 20 TF induced by TNFa & Top 20 TF induced by TSLP



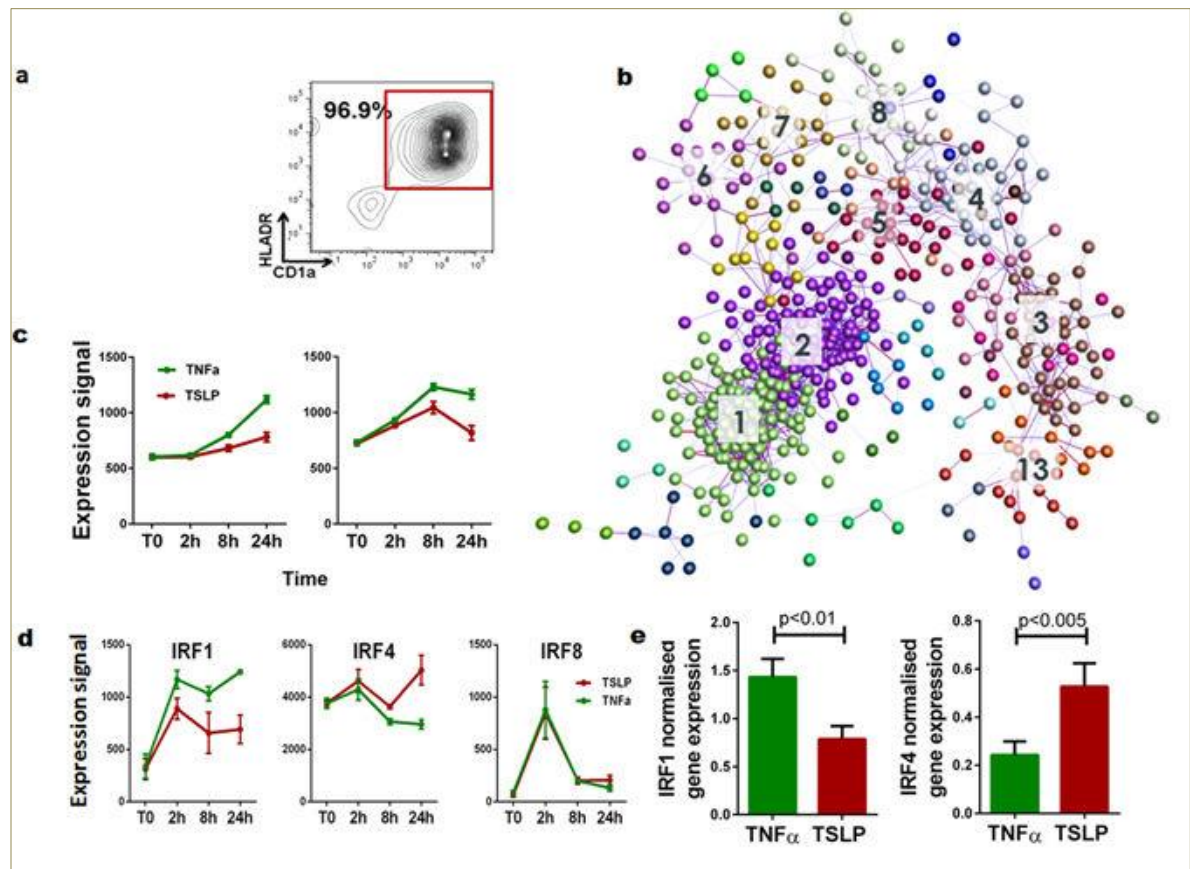
f Top 20 TF induced by TNFa & Top 20 TF induced by TSLP



Changes in Langerhans cell core transcriptional network

Epidermal cytokines, $\text{TNF}\alpha$ and TSLP, differentially regulate the expression of Interferon Regulatory Factors in human migratory LC

- a) Human LCs
- b) Core transcriptomic networks of human LCs
- c) Expression profiles of clusters during 24 h simulations
- d) Expression changes of IRF1, IRF4 and IRF8 in LC
- e) Differential induction of IRF1 and IRF4 mRNA by $\text{TNF}\alpha$ and TSLP



Model Assembly

Search strategy to identify components of the IRF GRN network (PubMed)

search term	number of publications
"Interferon regulatory factor" or IRF and antigen presentation	71
"Interferon regulatory factor" or IRF and dendritic cell and T cell stimulation	22
"Interferon regulatory factor" or IRF1 or IRF4 or IRF8 and *transcription partner* as per the transcription partner list	510
Interferon regulatory factor or IRF1 or IRF4 or IRF8 and ChIP-seq	15



82 unique papers

Model Assembly

82 unique papers

Identify

-Stimulus
-Cell type
-Biological process controlled
by IRF Interaction partner
-DNA binding sequence

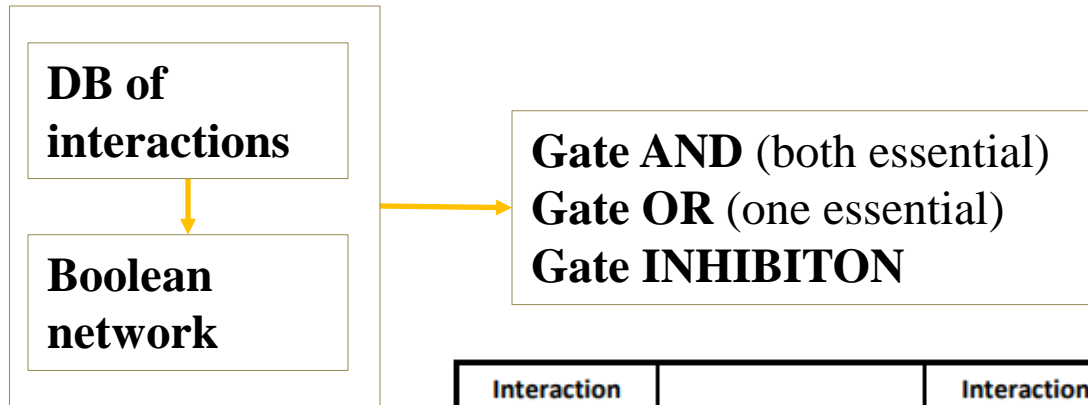
Categorize

Input node
Transmission node
Output node
Mode of interaction

Interaction database

			Stimulus	Interaction partner A	Interaction	Interaction partner B	DNA seq	Gene transcription/ biological process
Citation	pubmed id	cell type	Stimulus	partner A	interaction	Partner B	DNA sequence	outcome
Hildner Science 2008	19008445	DC (mouse)		BATF3	essential			cross-presentation
Hildner Science 2008	19008445	DC (mouse)		BATF3	essential			anti-viral responses
				BATF3		IRF4/8???	AICE?	cross-presentation and CD8 responses
Ma JBC 1997	9099678	nucleic acid level	IFN γ priming for LPS	ETS2		?	ETS2 - site, complex F1	IL12p40
				ETS2		?		IL12p40->Th1
Roy JI 2015	25957166	macrophages	IFN γ	IRF1	synergy	BATF2	IRF1 binding	Th1
Marecki JI 2001	11359842	fibroblasts (transf)		IRF1	synergy	IRF4/PU.1	ISRE/EICE	IL18
Marecki JI 2001	11359842	fibroblasts (transf)		IRF1	synergy	IRF8/PU.1	ISRE/EICE	IL18
Shi Gene 2001	21803131	monocytes		IRF1				antigen processing to class I
Gabrielle J Leukocyt Biol 2006	16966383	DC (mouse)		IRF1		inhibits		immunological tolerance

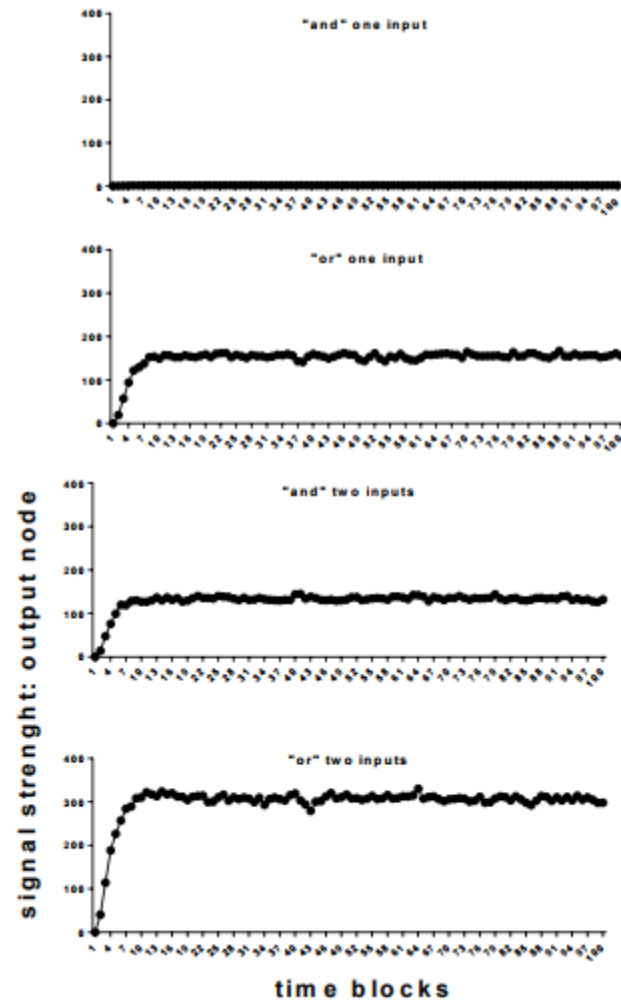
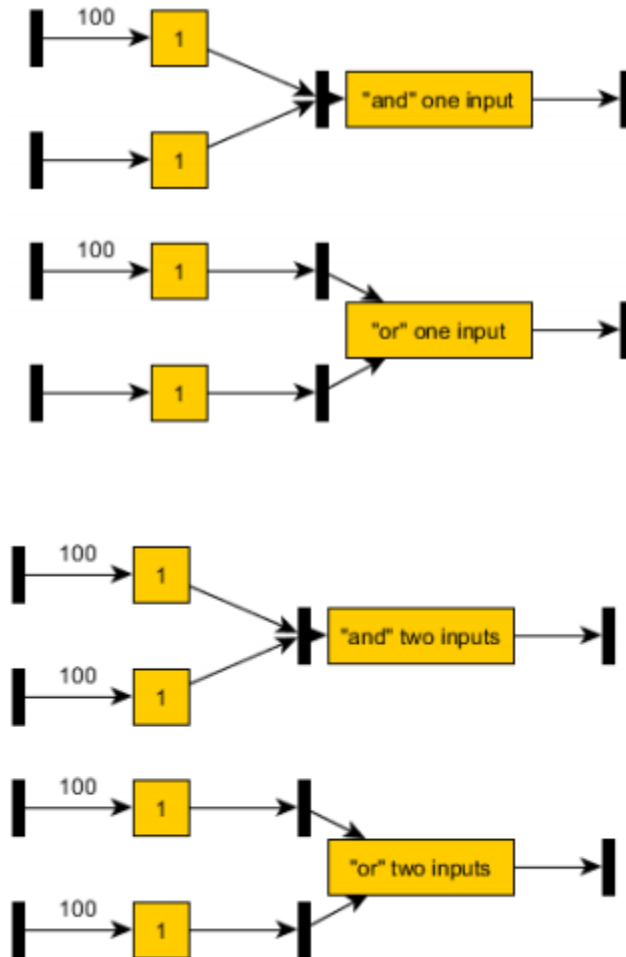
Boolean gates



Boolean gates

Interaction partner 1	GATE	Interaction partner 2	interaction	binding site	outcome	GATE
IRF1	and	IRF1	induction	ISRE	TH1/CD8	OR
IRF1	inhibition	IRF4	inhibition	ISRE	TH1/CD8	
IRF1	and	IRF8	induction	ISRE	TH1/CD8	
IRF1	not reported	AP1				
IRF1	not reported	ETS				
IRF4	and	IRF4	inhibition	ISRE	TH1/CD8	OR
IRF8	and	IRF8	inhibition	ISRE	TH1/CD8	
IRF4	and	AP1	induction	AICE	TH17	OR
IRF4	and	ETS	induction	EICE	TH2	
IRF8	and	ETS	induction	EICE	CD4	OR
IRF8	and	AP1	induction	AICE	CD8	
PRDM1	inhibition	IRF4		EICE	CD4	OR
PRDM1	inhibition	IRF8		EICE	CD4	

Boolean gates



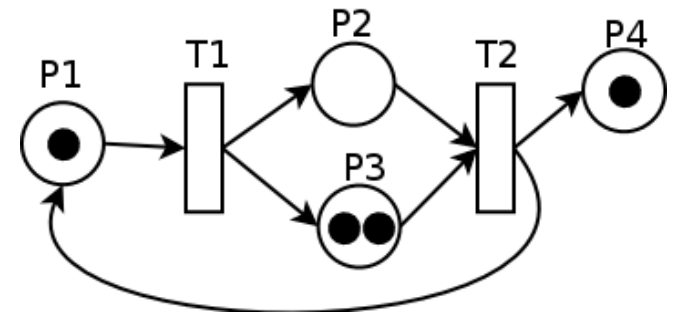
Why Petri Net?

Qualitative vs Quantitative methods / Petri Net vs ODES

- Petri nets are **qualitative** logic-based models do not depend on **quantitative** data but rather on the structure of the network along with a set of logical constraints.
- Built from local **experimental observations** or knowledge-based information without kinetic information due to their finite states.
- **Quantitative** methods such as ordinary differential equations (ODEs), model the rate of change of each component in the network and require comprehensive knowledge of **kinetic** parameters, which are unknown for most networks, and therefore their applicability is limited.
- ODEs can be used for modelling **small scale** GRN.

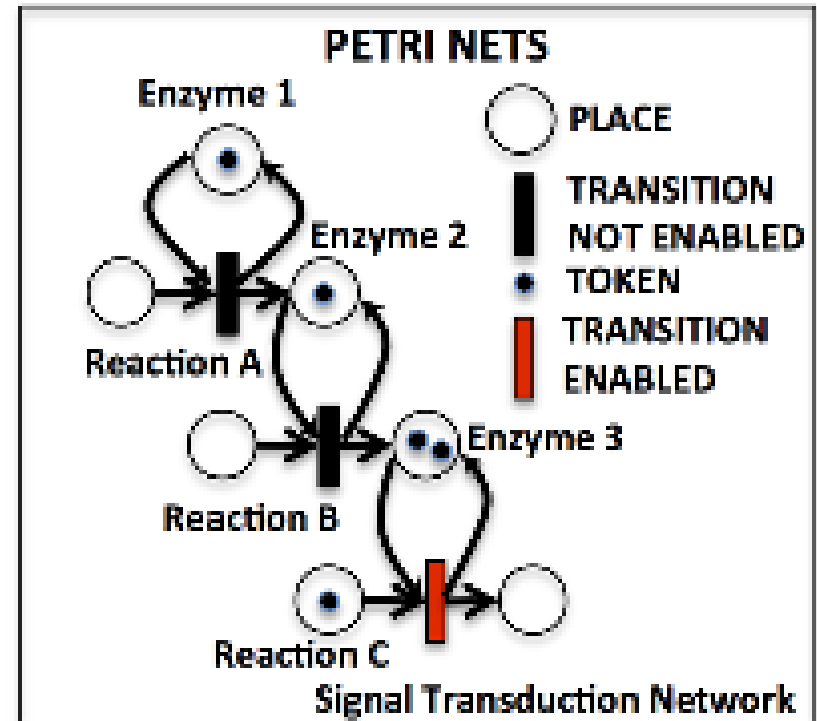
Petri Net

- Originate from *C.A. Petri's* PhD thesis (1962), technique for the description and analysis of concurrent behavior in **natural processes - distributed systems**
- Advantages
 - based on a few **simple concepts**
 - **simple graphical** format and a precise operational semantics, attractive option for modeling the static and dynamic aspects of processes
 - many techniques & many **extensions** and variants



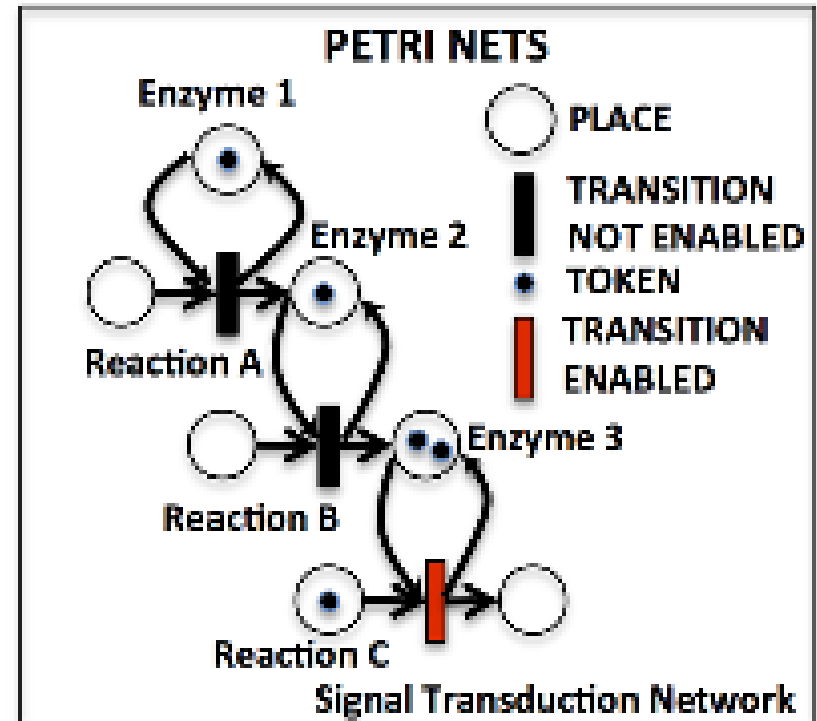
Petri net

- Qualitative / quantitative
- Stochastic/ deterministic
- Limitation: model spatial information
- Model: **Stochastic Petri Net**



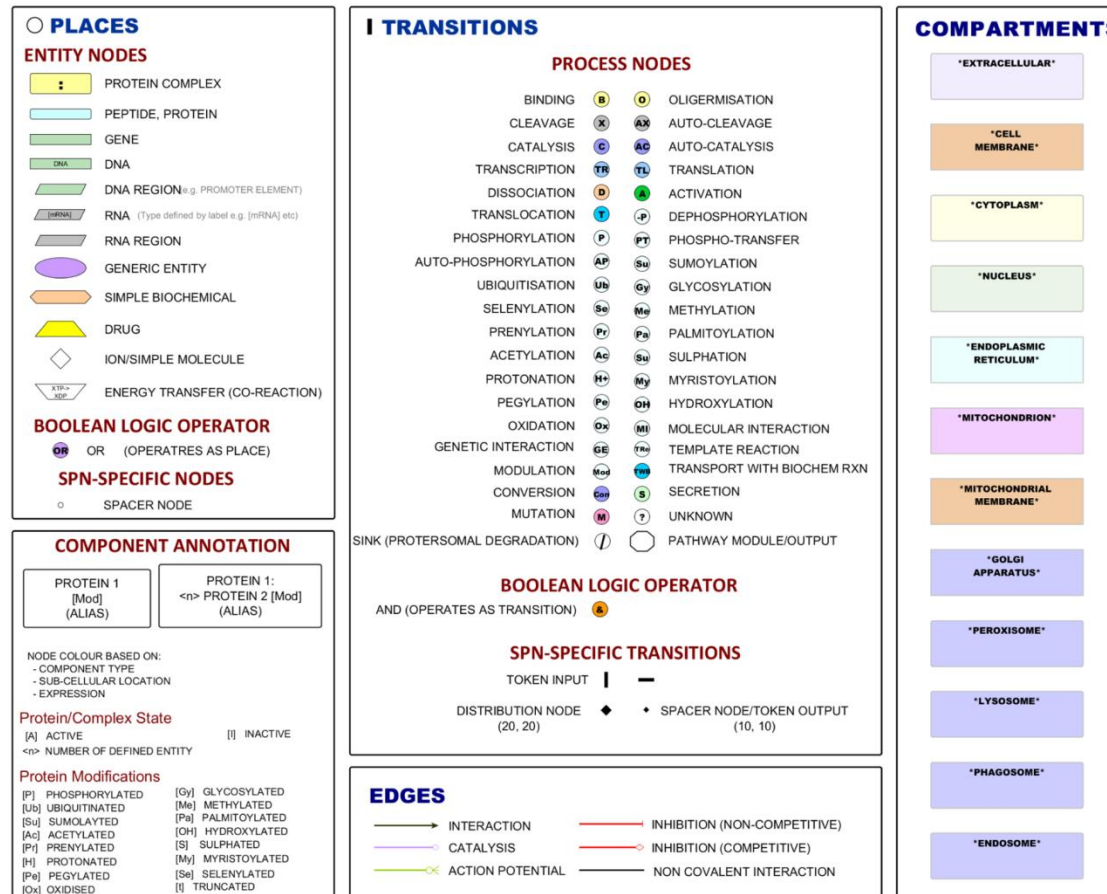
Petri net

- **Tokens** A place can contain zero or more tokens.
- **Places** represent intermediate states that may exist during the operation of a process.
- ▬ **Transitions** correspond to the activities or events of which the process is made up.
- ↷ **Arcs** connect places and transitions in a way that places can only be connected to transitions and vice-versa



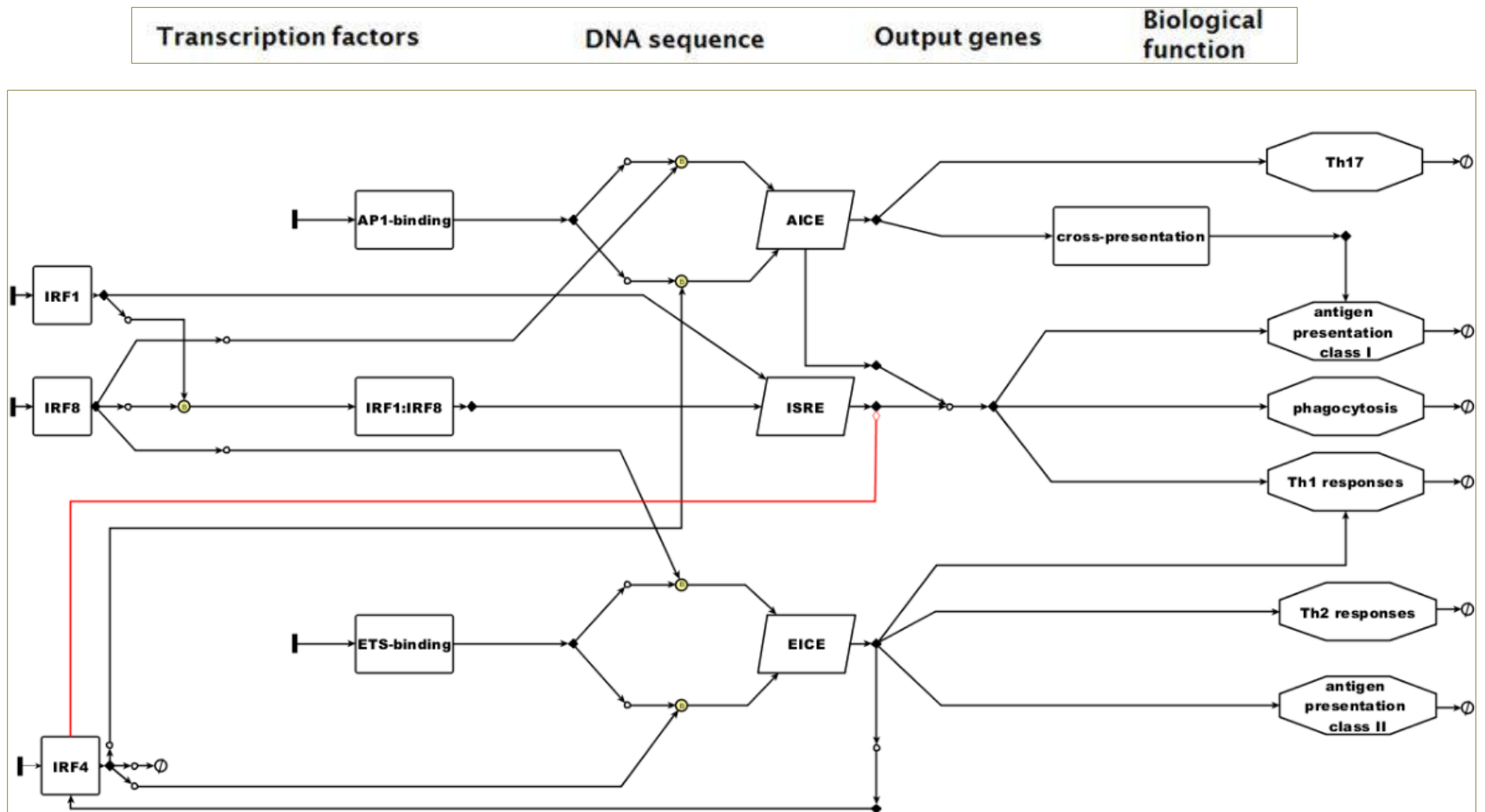
IRF GRN model parametrization and design

- Token \rightarrow GRN entry transitions \rightarrow levels of expression of the transcript (level or on/off)



mEPN notation, allowing computational modelling of concurrent systems.

IRF GRN model



SPN model simulations

Experimentally measured expression values at

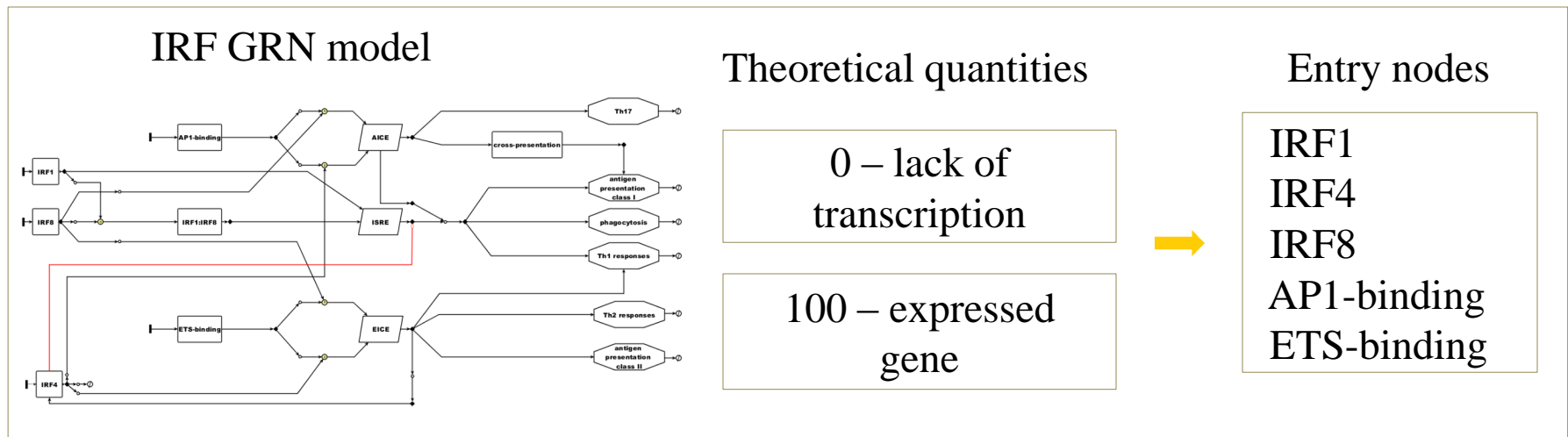
<i>Time (in vitro)</i>	<i>Time (in silico)</i>
0h	0-8 time block
2h	9-32 time block
8h	33-75 time block
24h	76-100 time block

	LC TNFa	LC TSLP
IRF1	0-8,325;9-32,1267;33-75,1209;76-100,1782	0-8,293;9-32,841;33-75,585;76-100,796
IRF8	0-8,89;9-32,879;33-75,200;76-100,131	0-8,63;9-32,847;33-75,203;76-100,206
IRF4	0-8,3762;9-32,4296;33-75,3067;76-100,2961	0-8,3773;9-32,4618;33-75,3638;76-100,5034
cJUN	0-8,2206;9-32,4831;33-75,3571;76-100,2797	0-8,2204;9-32,4798;33-75,3147;76-100,2207
cFOS	0-8,1072;9-32,811;33-75,153;76-100,34	0-8,1125;9-32,783;33-75,109;76-100,43
BATF	0-8,259;9-32,490;33-75,393;76-100,513	0-8,259;9-32,449;33-75,290;76-100,276
BATF3	0-8,174;9-32,299;33-75,511;76-100,697	0-8,174;9-32,270;33-75,325;76-100,469
ELF1	0-8,650;9-32,1112;33-75,724;76-100,521	0-8,669;9-32,1234;33-75,692;76-100,457
ELF4	0-8,159;9-32,244;33-75,204;76-100,198	0-8,155;9-32,238;33-75,181;76-100,163
ELK1	0-8,182;9-32,172;33-75,200;76-100,175	0-8,170;9-32,182;33-75,168;76-100,176
ELK3	0-8,194;9-32,273;33-75,249;76-100,261	0-8,272;9-32,317;33-75,248;76-100,423
ETS1	0-8,775;9-32,868;33-75,883;76-100,972	0-8,849;9-32,935;33-75,900;76-100,1292
ETS2	0-8,404;9-32,413;33-75,225;76-100,118	0-8,389;9-32,463;33-75,250;76-100,130
EHF	0-8,92;9-32,133;33-75,117;76-100,295	0-8,105;9-32,146;33-75,112;76-100,229
ELF2	0-8,234;9-32,306;33-75,209;76-100,252	0-8,241;9-32,341;33-75,231;76-100,243
ETV3	0-8,956;9-32,889;33-75,544;76-100,785	0-8,884;9-32,843;33-75,563;76-100,749
ETV6	0-8,558;9-32,412;33-75,363;76-100,392	0-8,527;9-32,489;33-75,438;76-100,448
GABPa	0-8,141;9-32,121;33-75,167;76-100,184	0-8,144;9-32,190;33-75,243;76-100,234

Model validation

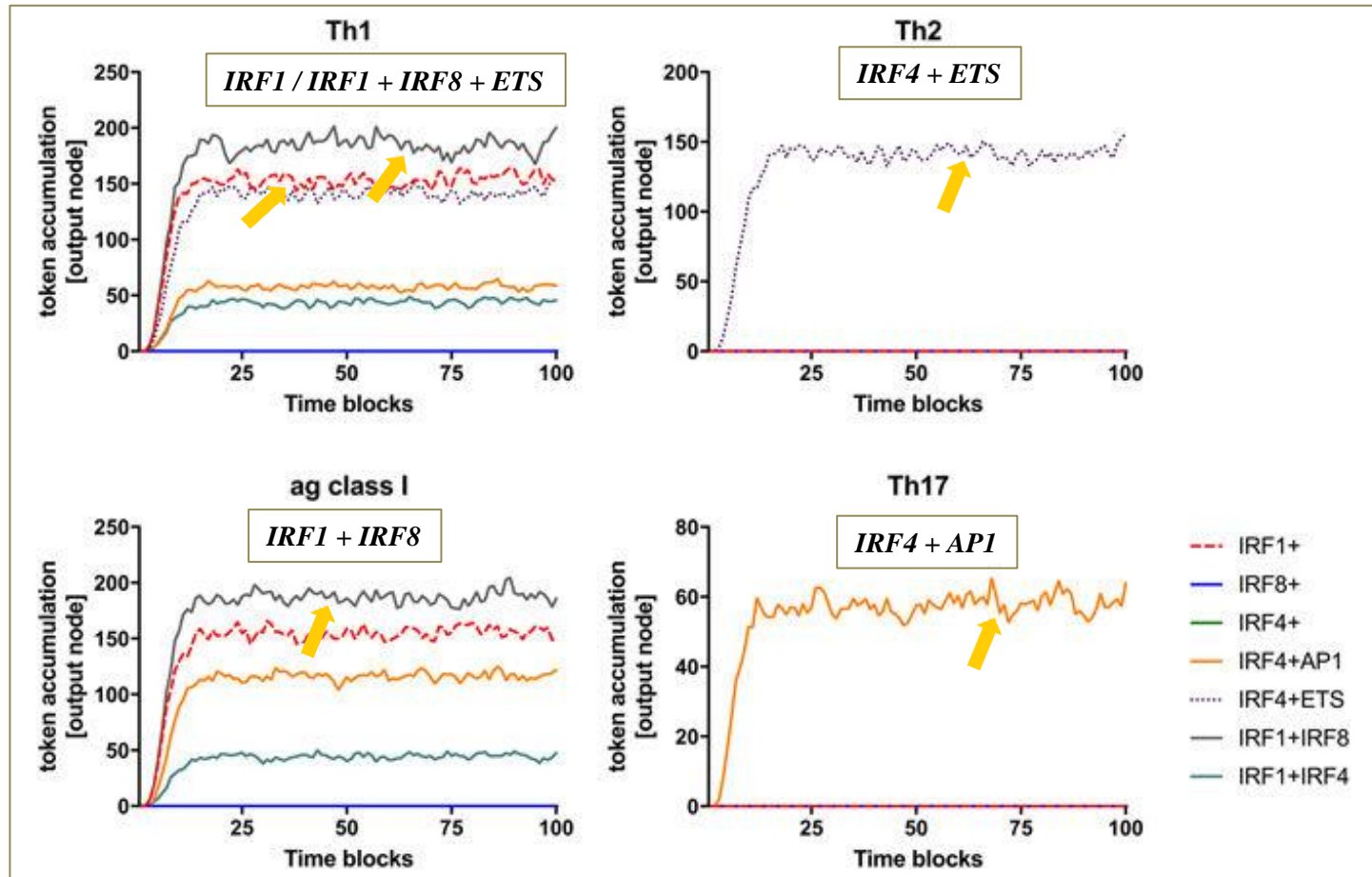
- Stochastic simulation of a logic-based diagram of the IRF gene regulatory network with Petri Nets => correctly **re-capitulates** the **observations** from multiple experimental systems
- Qualitative: Input/Output

Model calibration



Model validation

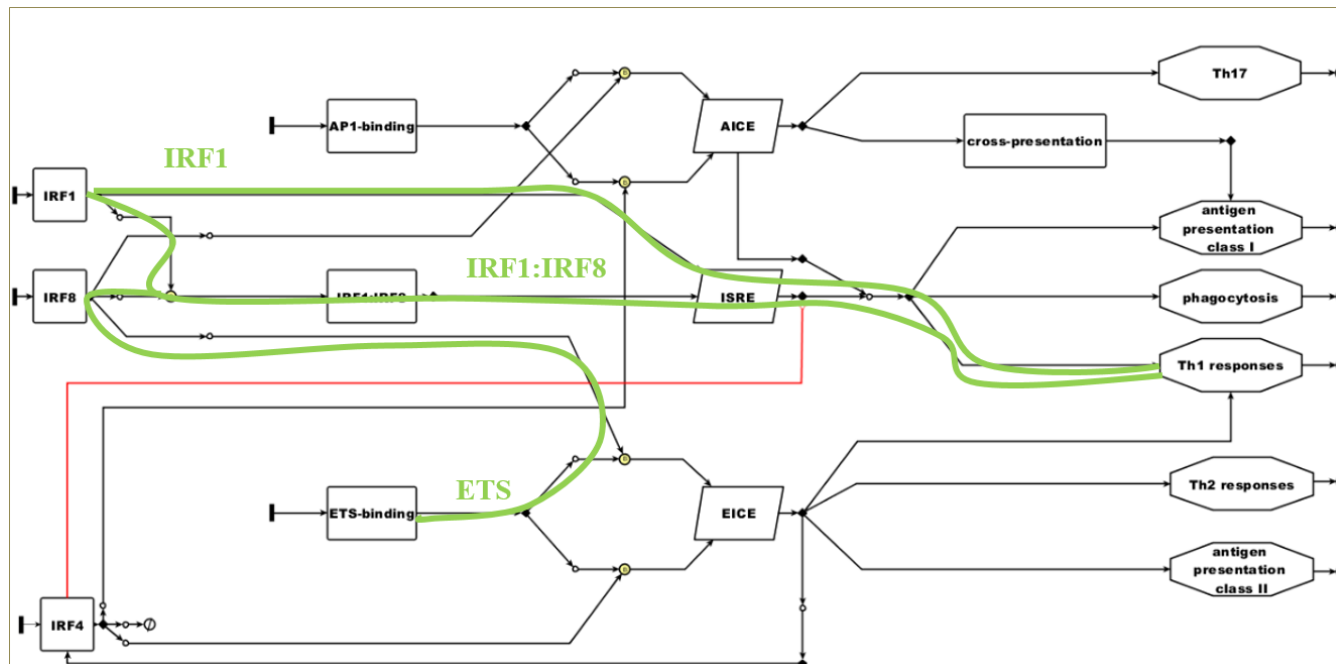
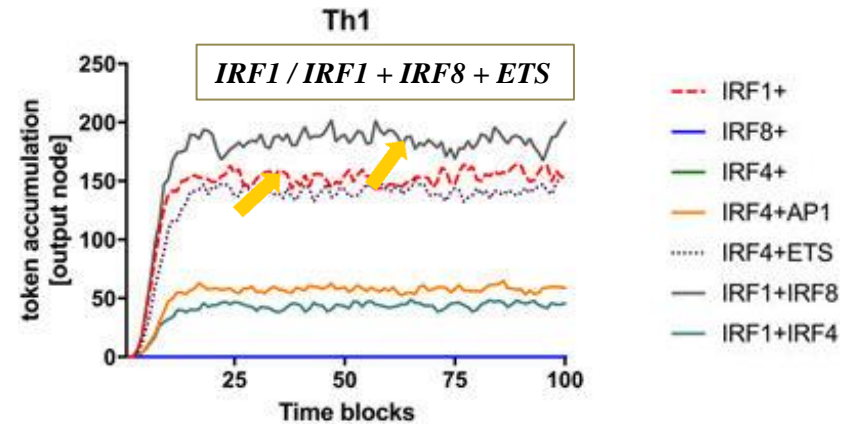
Model of IRF-GRN assembled based on a systematic literature review have been simulated with Signalling Petri Nets in BioLayout *Express* ^{3D}.



Biological processes: Th17 responses, antigen presentation in class I, phagocytosis, Th1 responses, Th2 responses, antigen presentation in class II

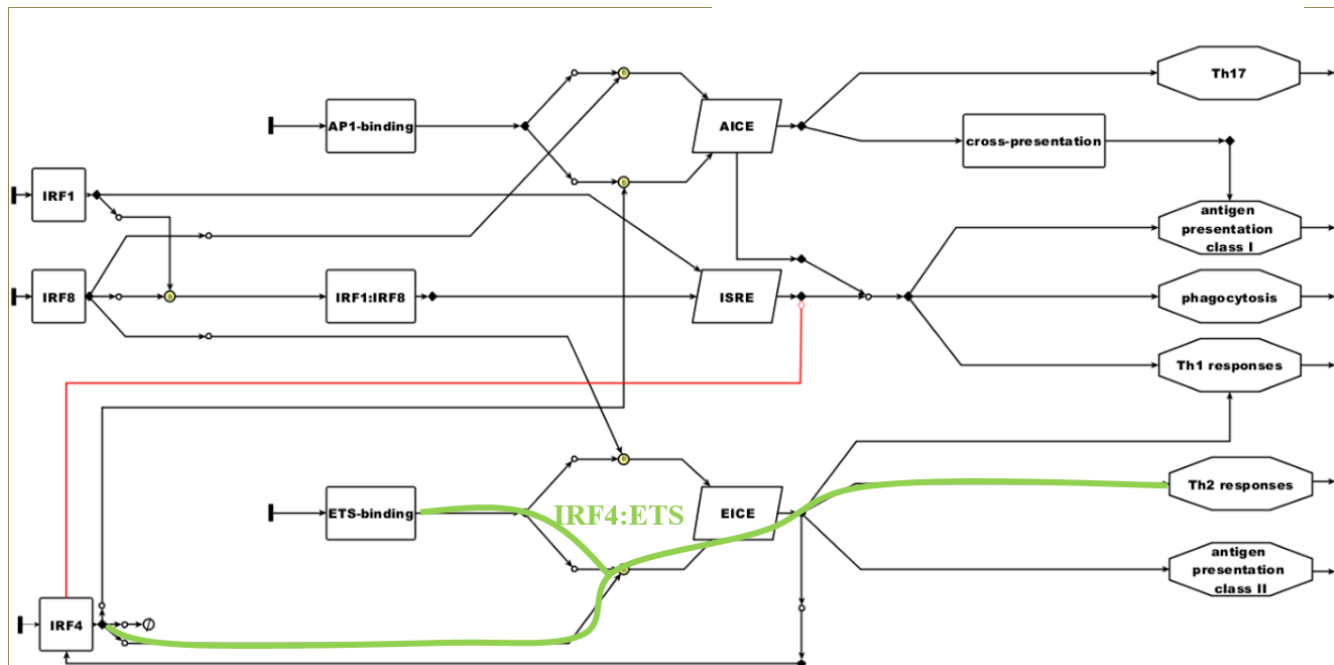
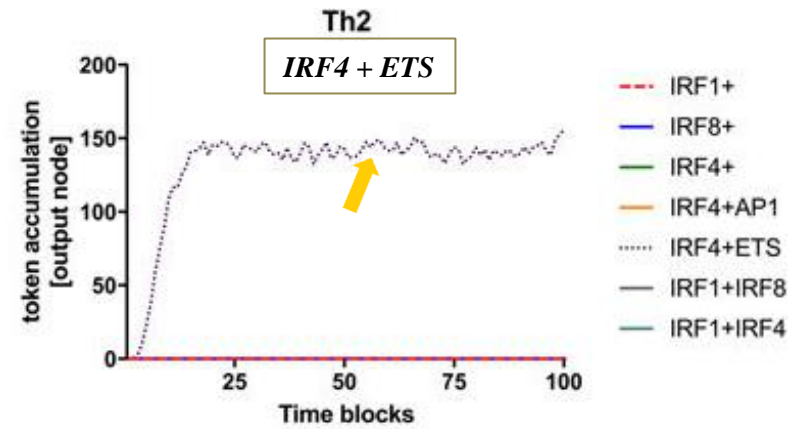
Model validation Th1

Interaction partner 1	GATE	Interaction partner 2	interaction	binding site	outcome
IRF1	and	IRF1	induction	ISRE	TH1/CD8
IRF1	inhibition	IRF4	inhibition	ISRE	TH1/CD8
IRF1	and	IRF8	induction	ISRE	TH1/CD8
IRF8	and	ETS	induction	EICE	CD4



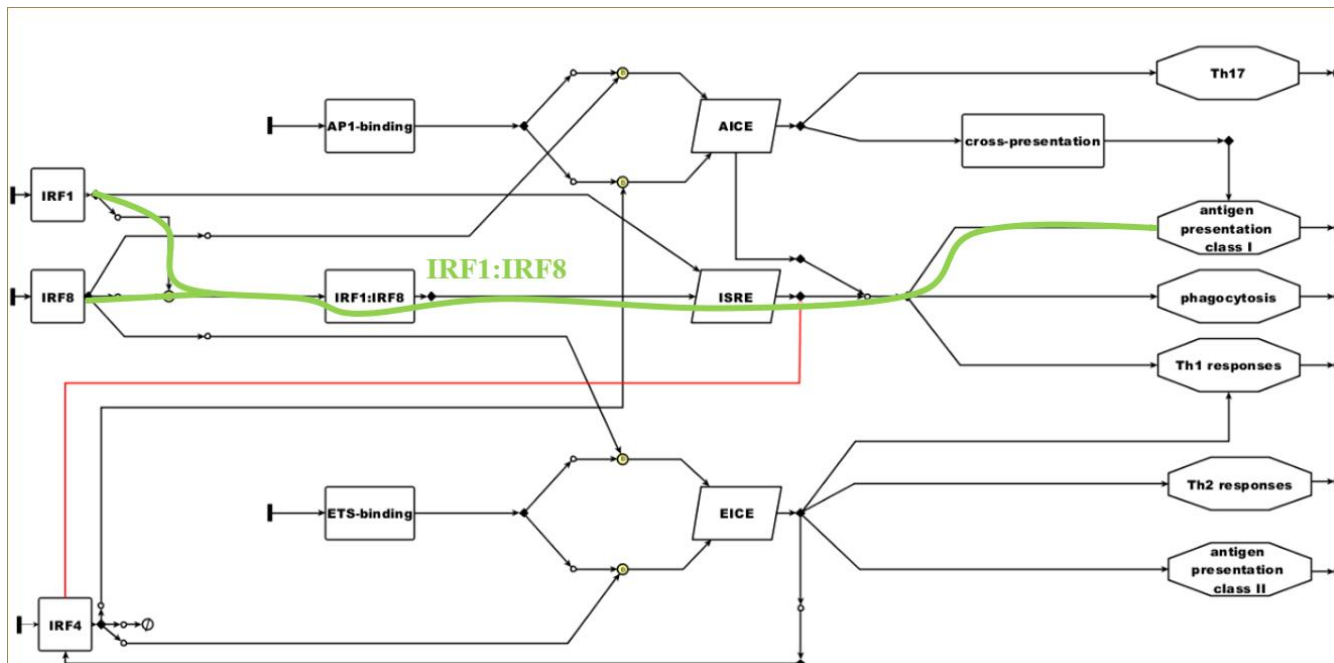
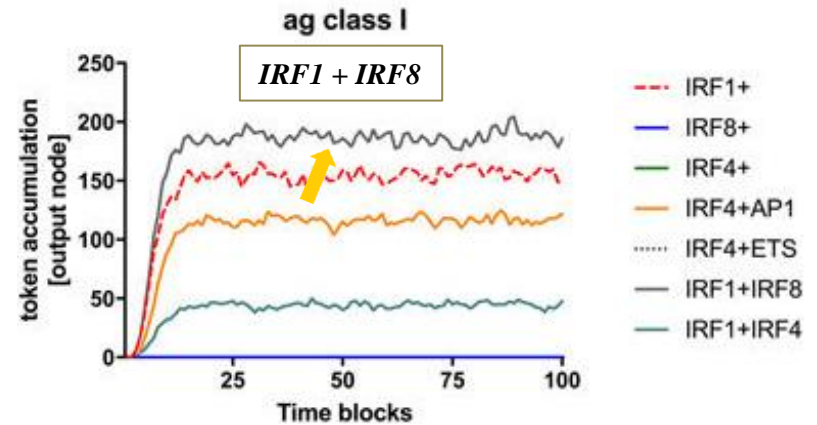
Model validation Th2

Interaction partner 1	GATE	Interaction partner 2	interaction	binding site	outcome
IRF4	and	ETS	induction	EICE	Th2



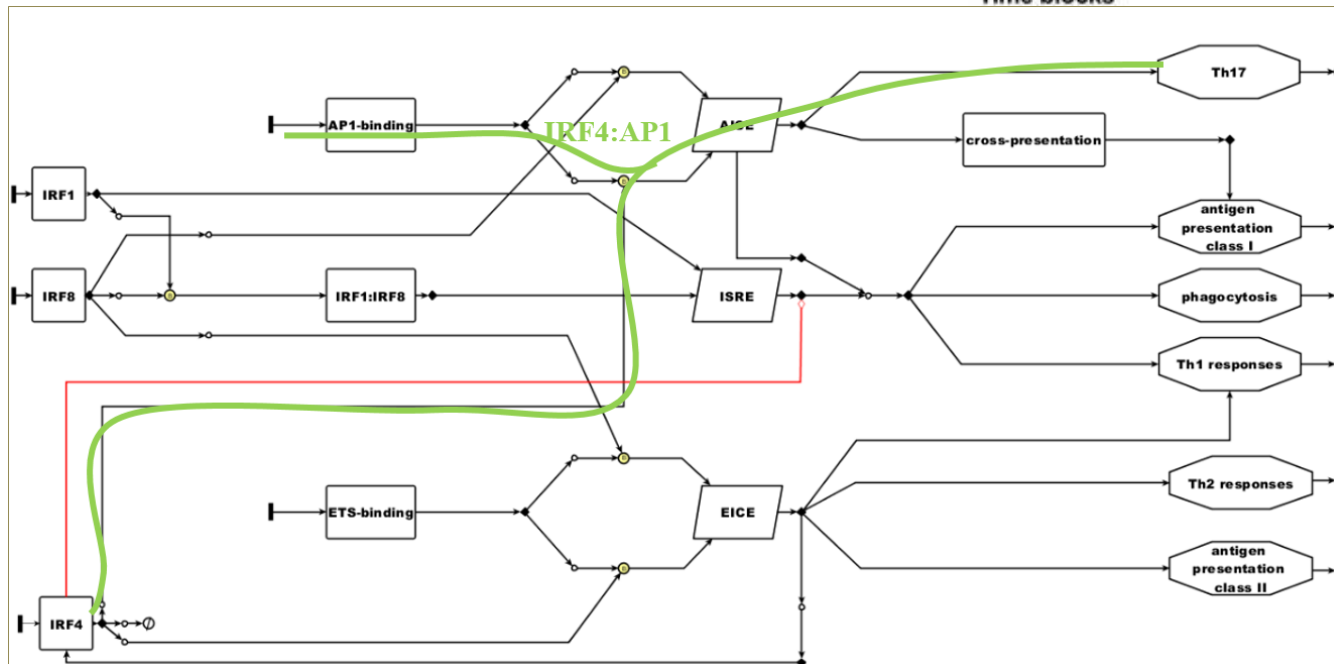
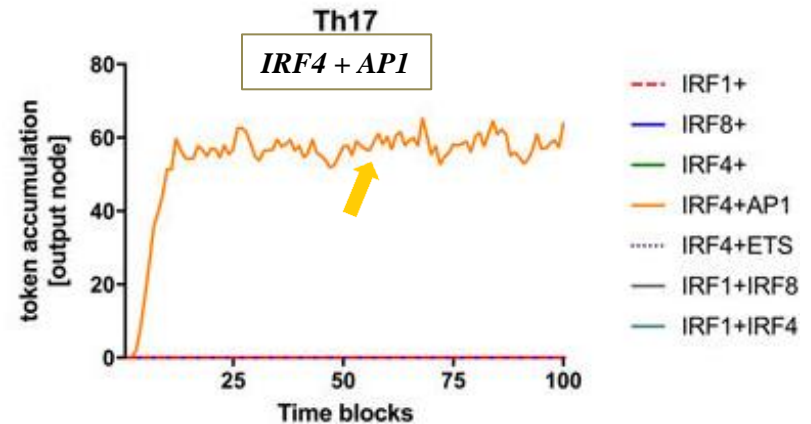
Model validation ag class I

Interaction partner 1	GATE	Interaction partner 2	interaction	binding site	outcome
IRF1	and	IRF8	induction	ISRE	TH1/CD8



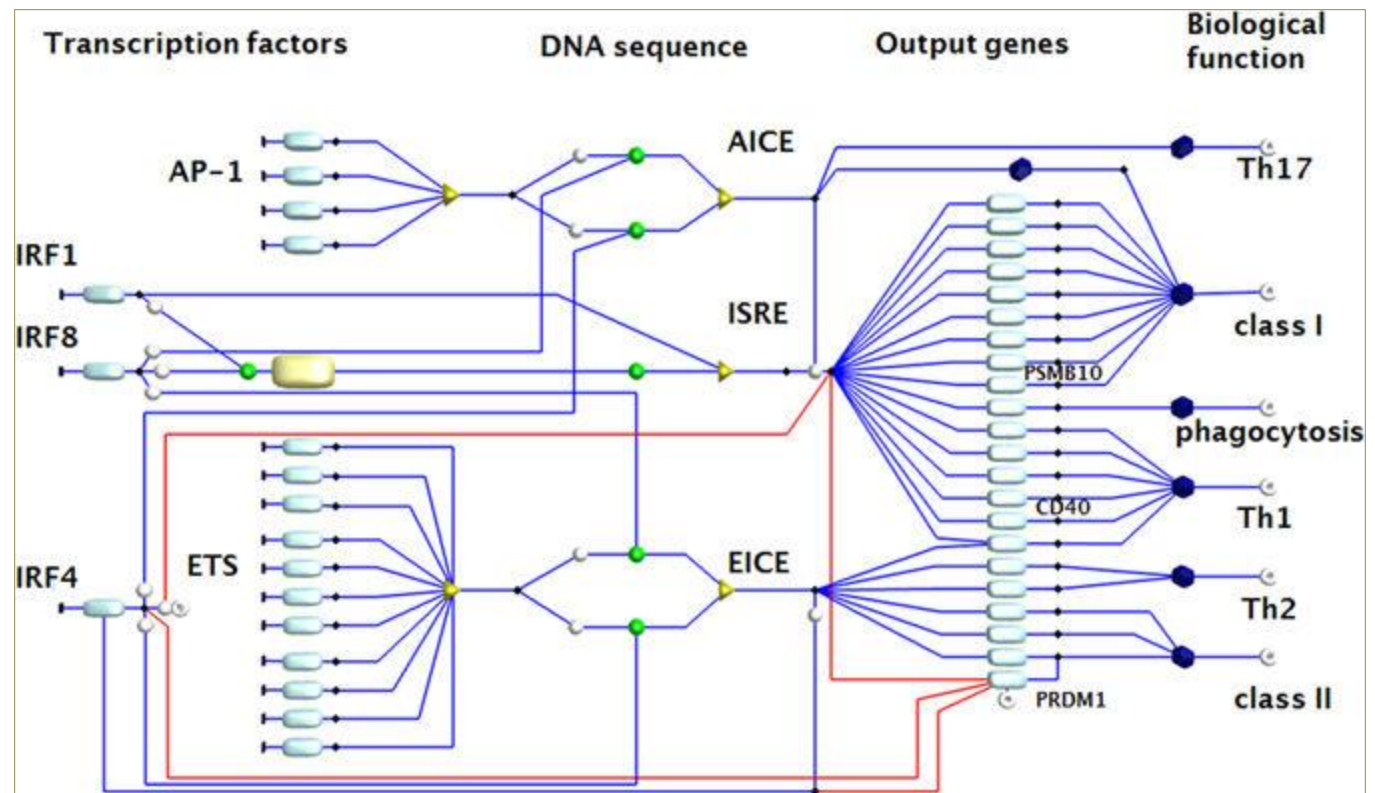
Model validation Th17

Interaction partner 1	GATE	Interaction partner 2	interaction	binding site	outcome
IRF4	and	AP1	induction	AICE	Th17



Extended IRF GRN model parametrization and *in silico* simulations

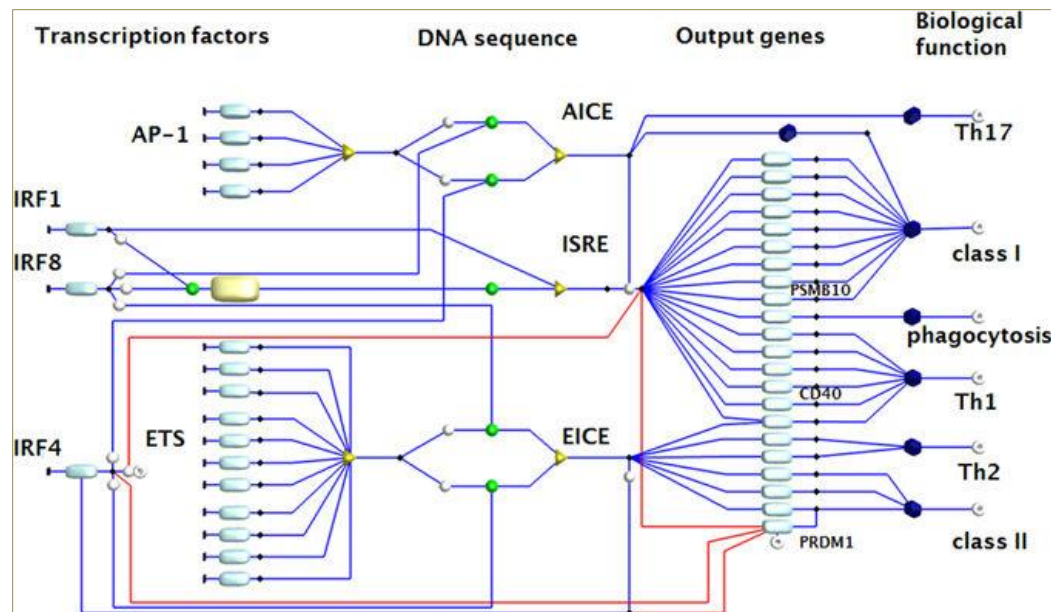
The modulation by epidermal cytokines of LC ability to activate antigen-specific CD8 T cell responses is predicted by *in silico* modelling of IRF-GRN parametrised with experimental data.



All members of ETS
& AP1 expressed in
human LC

Extended IRF GRN model parametrization and *in silico* simulations

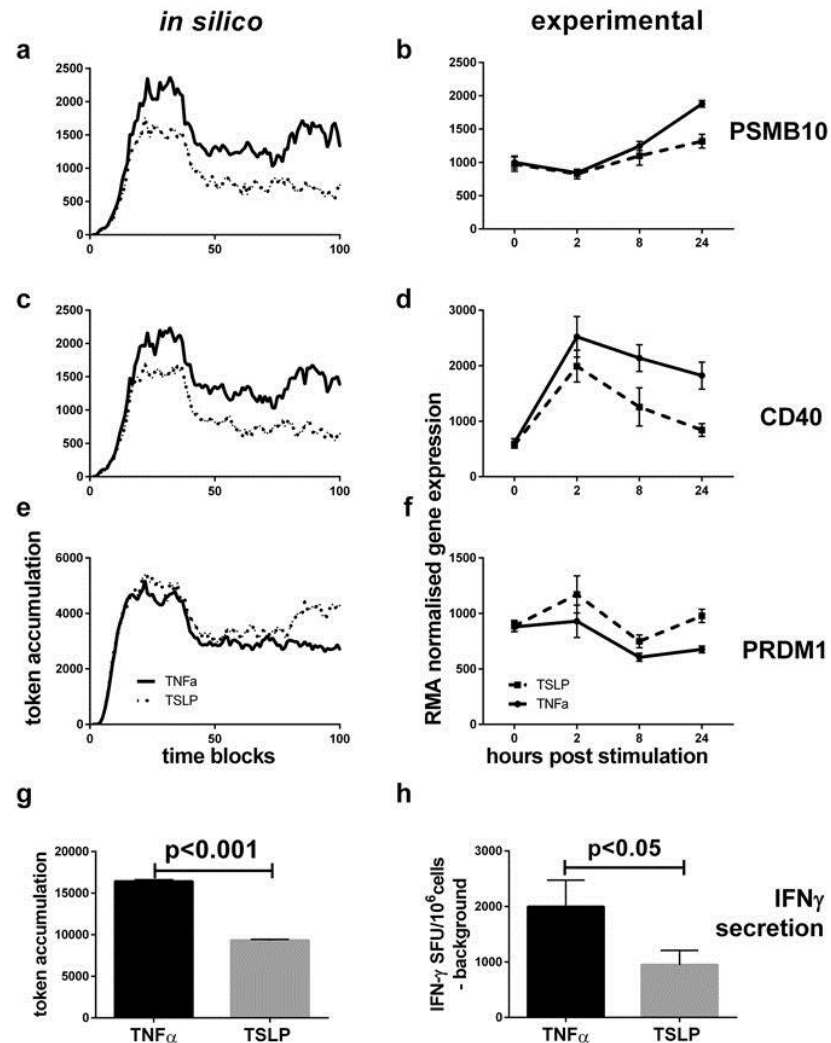
- No. of **tokens** in the network entry nodes: 0 /100
- SPN Stochastic Petri Nets has been set as per the **levels of expression** from microarray data analysis
- **BioLayout *Express*^{3D}, 100 time blocks, 500 runs.**



Simulation experiments extended IRF GRN

Pattern of gene expressions in
LC by TNF α & TSLP
stimulation

In silico vs *in vitro* results

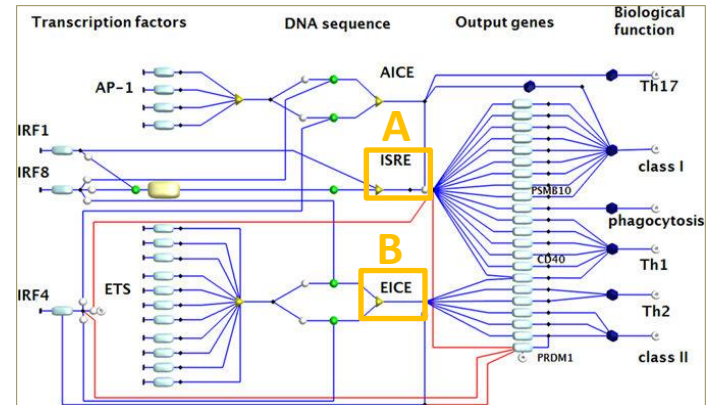


In silico profiles of genes involved in programme “A” and “B”

34/50 genes

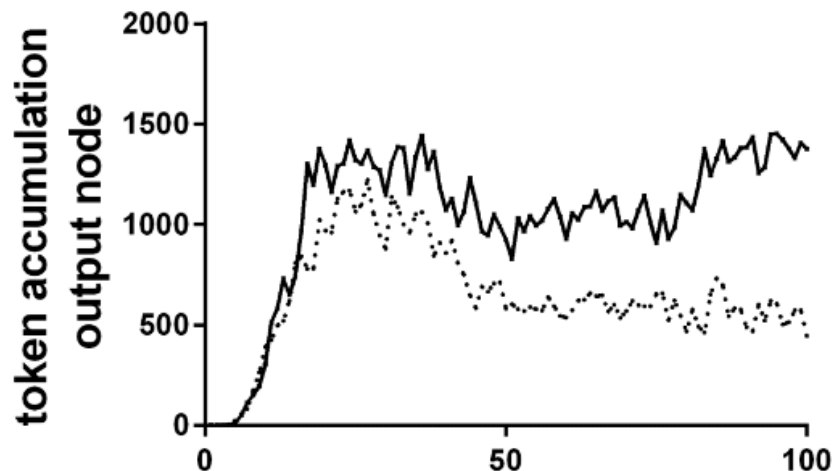
A : genes up-regulated by $\text{TNF-}\alpha$

B : genes up-regulated by $\text{TNF-}\alpha$ and TSLP

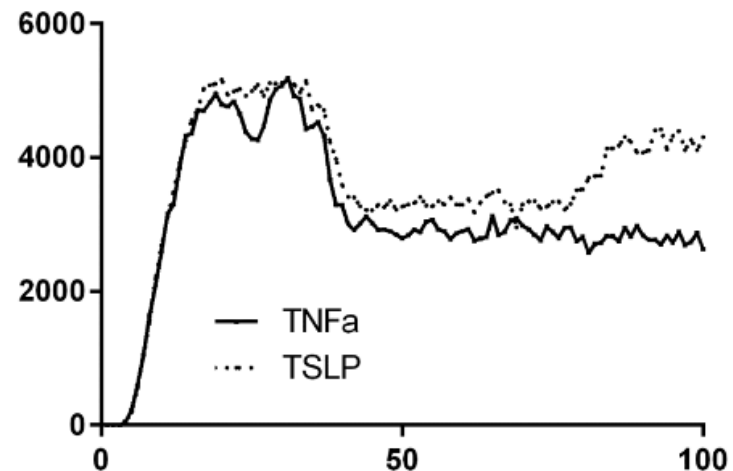


a

Programme “A”



Programme “B”



Summary

- Simulation experiments indicated that the ability of **LCs to present a peptide to CD8 T cells** would be **altered** by the **cytokine milieu** (TNF α /TSLP), which has not previously been reported and was not anticipate.
- *In silico* simulations performed after model parameterisation with transcription factor expression values predicted that human LC activation of antigen-specific CD8 T cells would be differentially regulated by epidermal cytokine induction of specific IRF-controlled pathways. This was **confirmed** by *in vitro* measurement of IFN- γ production by activated T cells.

Summary

- The model demonstrate that computational modelling of a specific immune network can **predict functional outcomes** of immune responses based on experimentally data.
- Platform for many future studies of human immunity, utilising data from individual transcriptomic analyses to provide **predictions** of how **molecular interventions** may alter cellular phenotype based on the actual gene expression patterns in an individual.
- This can determine the outcome of immune responses in health and in disease, and offers the possibility of **predictive *in silico* testing** of the effectiveness of therapeutic interventions.



Scientific Reports

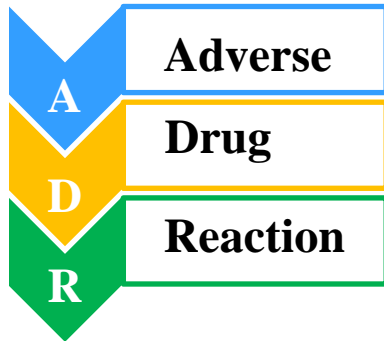
Machine learning workflow to enhance predictions of Adverse Drug Reactions (ADRs) through drug-gene interactions: application to drugs for cutaneous diseases

Kalpana Raja, Matthew Patrick, James T. Elder & Lam C. Tsoi

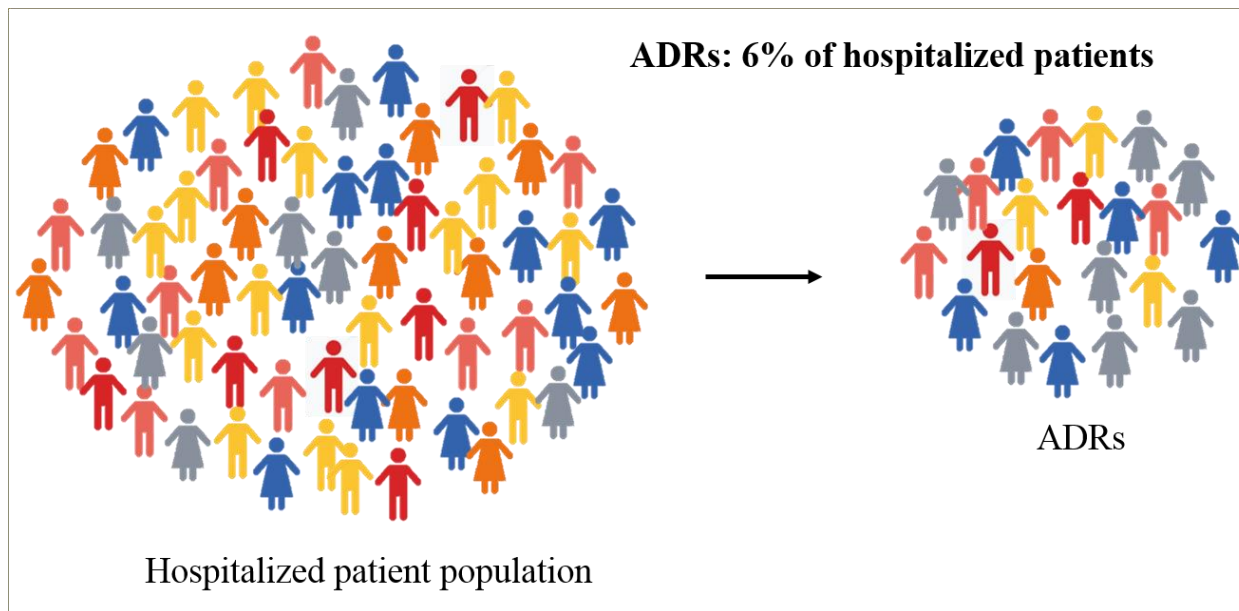
Scientific Reports. 2017;6.

doi:doi:10.1038/s41598-017-03914-3

Introduction - Adverse drug reaction

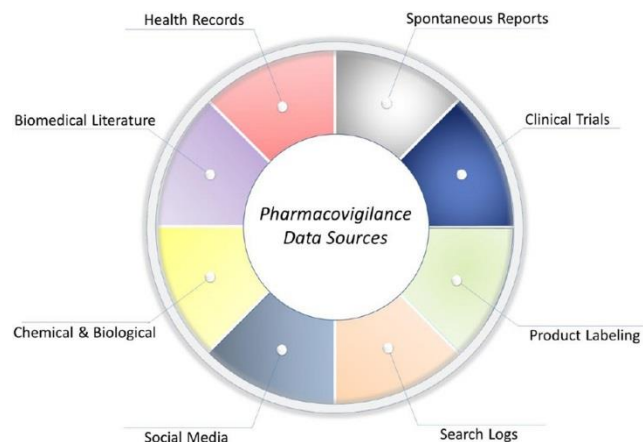


- ADRs may occur due to prolonged administration of a drug, or **combined** usage of two or more **drugs**
- ADR is the one **major reason** for **failure** in drug **clinical** trial



Introduction – Biomedical sources

- A large amount of data (e.g., Medline, DrugBank, ...) is available in public domain.
- It is not structured data stored in databases, but it is **free text**.
- Complexities and variability of natural language, and challenging to deal with algorithmically requires dedicated *computational text -mining* approaches.



Circulation. 2004 May 4;109(17):2095-72. Epub 2004 Apr 19.

Relationship between selective cyclooxygenase-2 inhibitors and acute myocardial infarction in older adults.

Solomon DH¹, Schneeweiss S, Glynn RJ, Kivela Y, Levin S, Mojon LJ, Avorn J.

Author information

Abstract

BACKGROUND: Although cyclooxygenase-2 inhibitors (coxibs) were developed to cause less gastrointestinal hemorrhage than nonselective nonsteroidal antiinflammatory drugs (NSAIDs), there has been concern about their cardiovascular safety. We studied the relative risk of acute myocardial infarction (AMI) among users of celecoxib, rofecoxib, and NSAIDs in Medicare beneficiaries with a comprehensive drug benefit.

METHODS AND RESULTS: We conducted a matched case-control study of 54 475 patients 65 years of age or older who received their medications through 2 state-sponsored pharmaceutical benefits programs in the United States. All healthcare use encounters were examined to identify hospitalizations for AMI. Each of the 10 895 cases of AMI was matched to 4 controls on the basis of age, gender, and the month of index date. We constructed matched logistic regression models including indicators for patient demographics, healthcare use, medication use, and cardiovascular risk factors to assess the relative risk of AMI in patients who used rofecoxib compared with persons taking no NSAID, taking celecoxib, or taking NSAIDs. Current use of rofecoxib was associated with an elevated relative risk of AMI compared with celecoxib (odds ratio [OR], 1.24; 95% CI, 1.05 to 1.46; P=0.011) and with no NSAID (OR, 1.14; 95% CI, 1.00 to 1.31; P=0.054). The adjusted relative risk of AMI was also elevated in dose-specific comparisons: rofecoxib < or =25 mg versus celecoxib < or =200 mg (OR, 1.21; 95% CI, 1.01 to 1.44; P=0.036) and rofecoxib >25 mg versus celecoxib >200 mg (OR, 1.70; 95% CI, 1.07 to 2.71; P=0.026). The adjusted relative risks of AMI associated with rofecoxib use of 1 to 30 days (OR, 1.40; 95% CI, 1.12 to 1.75; P=0.005) and 31 to 90 days (OR, 1.36; 95% CI, 1.11 to 1.72; P=0.003) were higher than >90 days (OR, 0.96; 95% CI, 0.72 to 1.25; P=0.8) compared with celecoxib use of similar duration. Celecoxib was not associated with an increased relative risk of AMI in these comparisons.

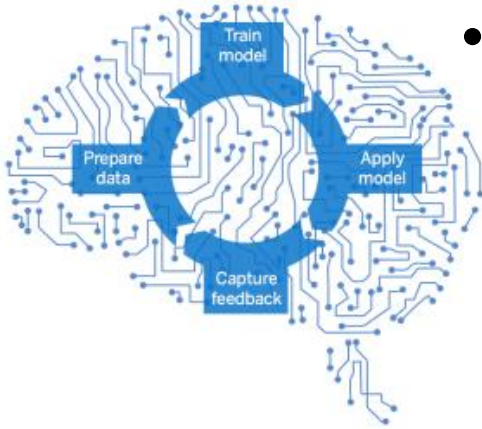
CONCLUSIONS: In this study, current rofecoxib use was associated with an elevated relative risk of AMI compared with celecoxib use and with no NSAID use. Dosages of rofecoxib >25 mg were associated with a higher risk than dosages < or =25 mg. The risk was elevated in the first 90 days of use but not thereafter.

MeSH Terms

Anti-Inflammatory Agents, Non-Steroidal
Case-Control Studies
Cyclooxygenase 2
Cyclooxygenase 2 Inhibitors
Cyclooxygenase Inhibitors
Dose-Response Relationship, Drug
Myocardial Infarction
Myocardial Infarction, chemically induced
Myocardial Infarction/epidemiology
Prostaglandin-Endoperoxide Synthases
Substances
Anti-Inflammatory Agents, Non-Steroidal
Cyclooxygenase 2 Inhibitors
Cyclooxygenase Inhibitors
Isocoxymes
Lactones
Membrane Proteins
Pyrazoles
Sulfonamides
Sulfones
celecoxib
rofecoxib
Cyclooxygenase 2
PTGS2 protein, human
Prostaglandin-Endoperoxide Synthases

= SUB-HEADING * = MAJOR TOPIC

Machine learning



- In big data science, machine learning methods are computer algorithms that can automatically learn to recognize complex patterns based on empirical data.
- The goal of an machine learning method is to enable an algorithm to **learn from data of the past** or present and use that knowledge to **make predictions** or decisions for unknown future events.

Introduction

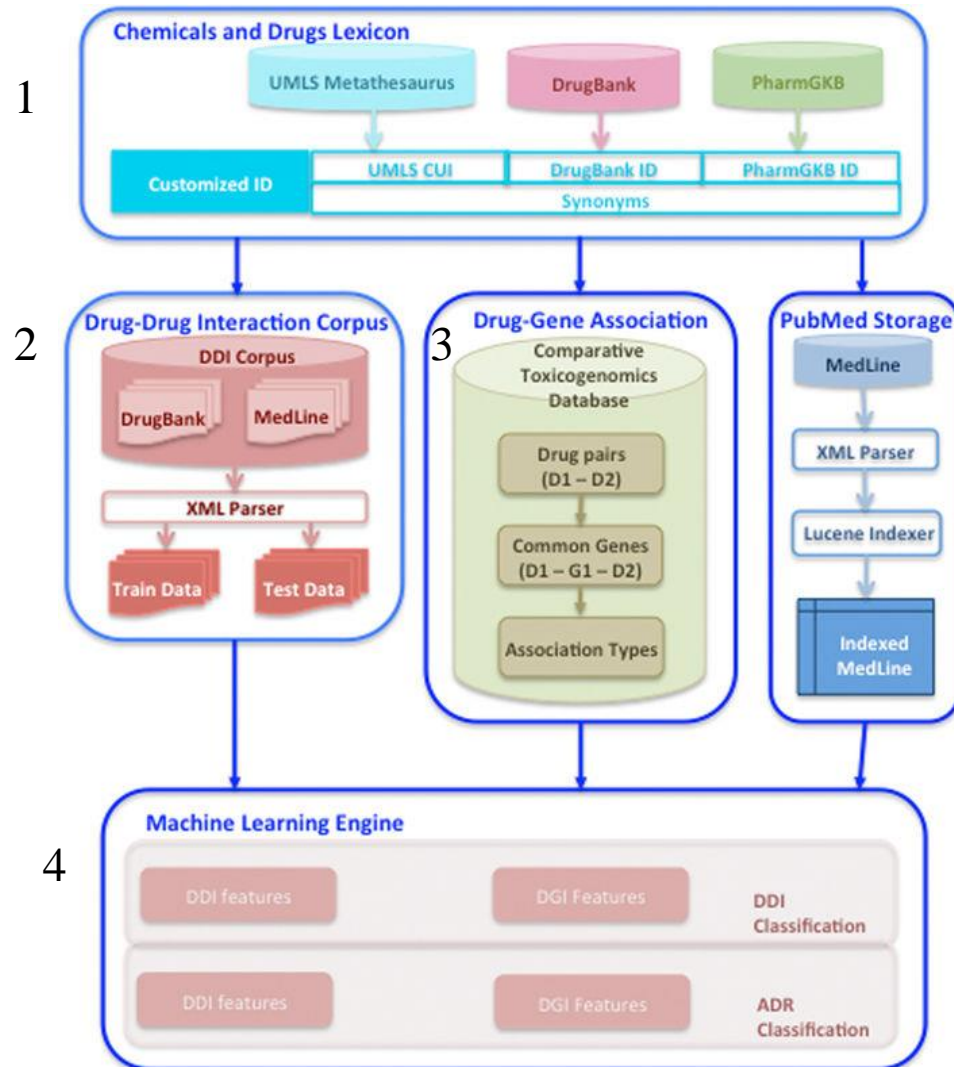
Aims:

- Develop novel and robust **literature-mining framework** for enhancing the **predictions of DDI-based ADRs by integrating DGIs.**
- Use **machine learning models** to learn syntactic and semantic information from the literature, and to claissfy of ADR types.



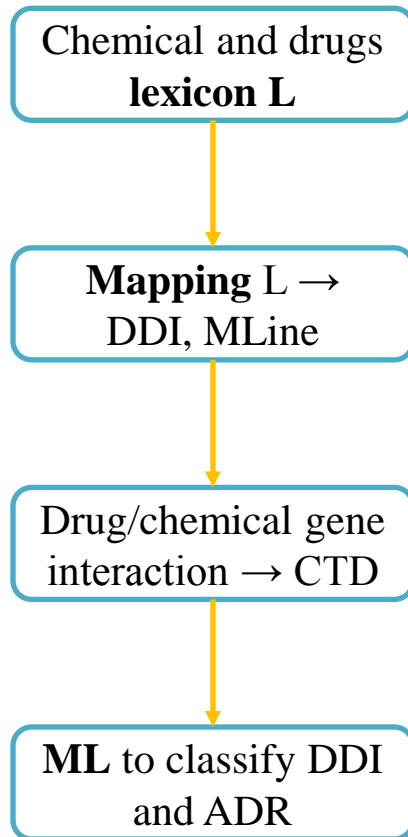
ADR – adverse drug reaction,
DDI – drug-drug interaction
DGI – drug-gene interaction

System architecture



Overview

- Predicting DDI-based ADR types consists of 4 steps



L - lexicon for chemicals and drugs (*L*)

DDI – drug-drug interaction

MDLine - MedLine abstracts

CTD - Comparative Toxicogenomics Database

ML - machine learning to classify literature sentences for DDIs and then categorize different ADR types.

Language processing

Corpus

A corpus is a large collection of text used for accumulating statistics and linguistic analysis on natural language text.

Lexicon

A lexicon is a collection of information about the words of a language about the lexical categories to which they belong (dictionary).

Chemicals and drugs lexicon

L - lexicon for chemicals and drugs

Sources

S1



Unified Medical Language System® (UMLS®)



concepts belonging to
semantic groups
**“Chemicals and
Drugs”**

S2



8,203 drugs and
1,201 drug salts

S3



3,175 drugs

DDI corpus & Medline abstract

DDI corpus

 **DRUGBANK**

6,793 documents

 **Medline
docs**

1,701 documents



- **DDI annotations** (i.e. “True”/“False” between any two drugs
- “True” annotations include four DDI-derived ADR types

4 DDI-derived ADR types:

- adverse effect
- effect at molecular level
- effect related to pharmacokinetics
- drug interactions without known ADR

(A) Prior administration of 4-methylpyrazole (90 mg kg⁻¹ body weight) was shown to prevent the conversion of 1,3-difluoro-2-propanol (100 mg kg⁻¹ body weight) to (-)-erythro-fluorocitrate in vivo and to eliminate the fluoride and citrate elevations seen in 1,3-difluoro-2-propanol-intoxicated animals.

(B) Injection of estradiol 5 min before a nonlethal dose of endotoxin changed the serum sex steroid hormone response of male rats to endotoxin.

(C) Other CNS depressant drugs (e.g. barbiturates, tranquilizers, opioids and general anesthetics) have additive or potentiating effects with INAPSINE. When patients have received such drugs, the dose of INAPSINE required will be less than usual. Following the administration of INAPSINE, the dose of other CNS depressant drugs should be reduced.

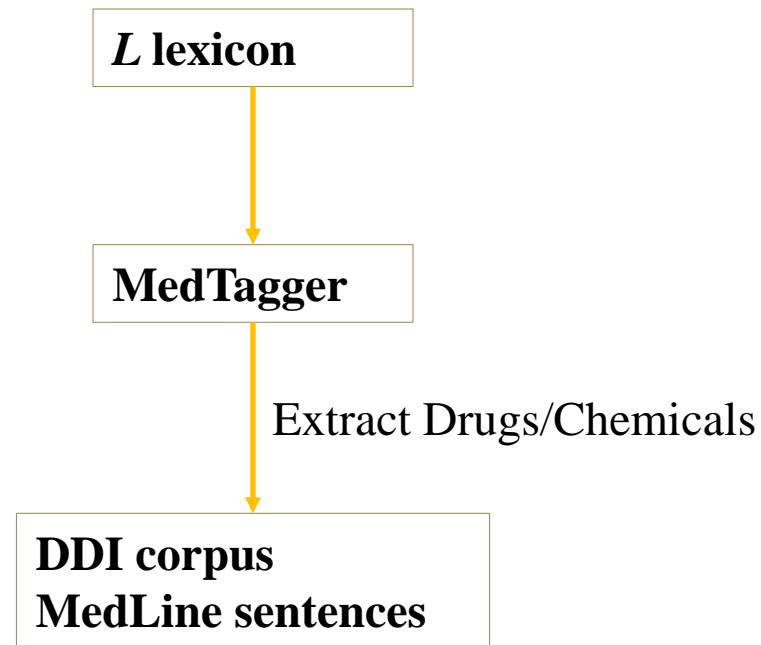
Medline

Medline abstracts

469,995 (i.e. >97%) citations → map 5 human genes
4,712,812 sentences from 469,995 MedLine abstracts

Extraction of Drugs/Chemicals

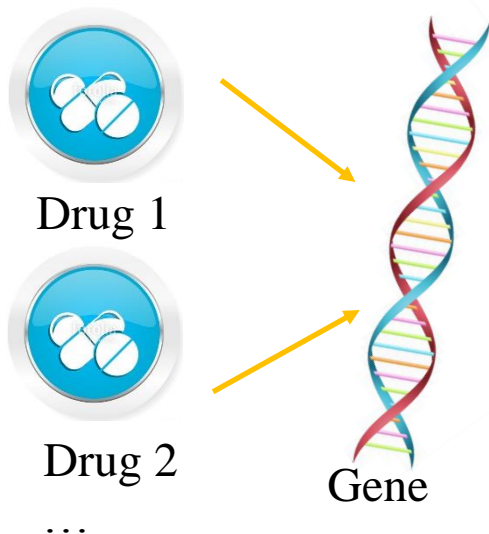
Extraction of Drugs/Chemicals



Extraction of Chemical/Drug-Gene interaction

Information regarding DGIs can enhance the prediction of DDIs as well as ADR types classification by using ML approaches

DGI Drug-gene interaction



CTD Comparative Toxicogenomics DB
DGIdb Drug-Gene Interaction DB

Sources: **CTD, DGIdb**

- CTD: 500,000 DGIs from CTD, pertaining to 21,986 human genes
- Medline: 8,176 chemicals/drugs from 24,311

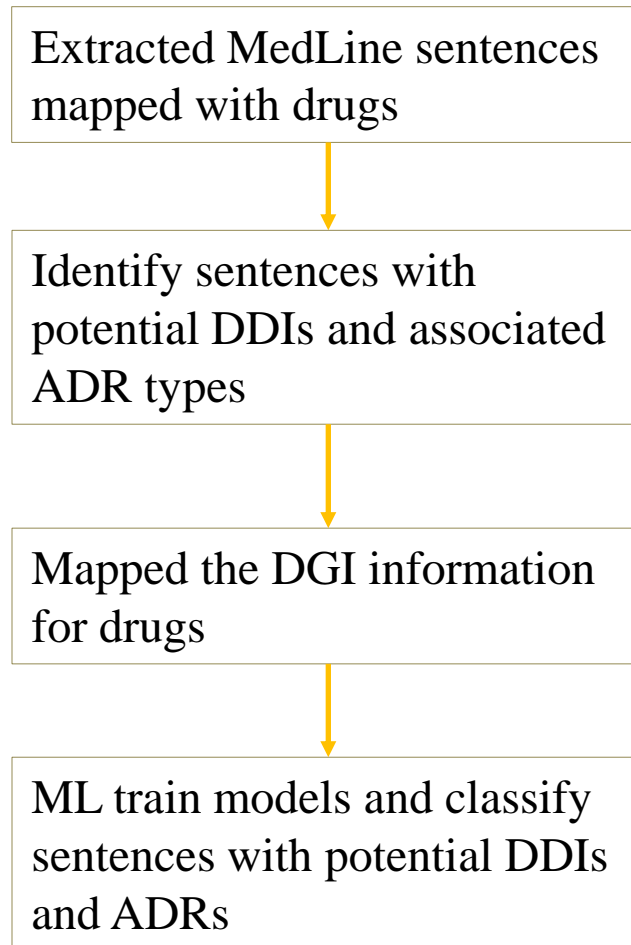
- Use lexicon to map DGIs in CTD
- gene(s) from the CTD database that interacts with both the drugs and retrieved the DGI associations

- DDI corpus: 193,294 DGIs for 5,773 drug pairs
- Medline sent: 49,188 DGIs for 935 drug pairs

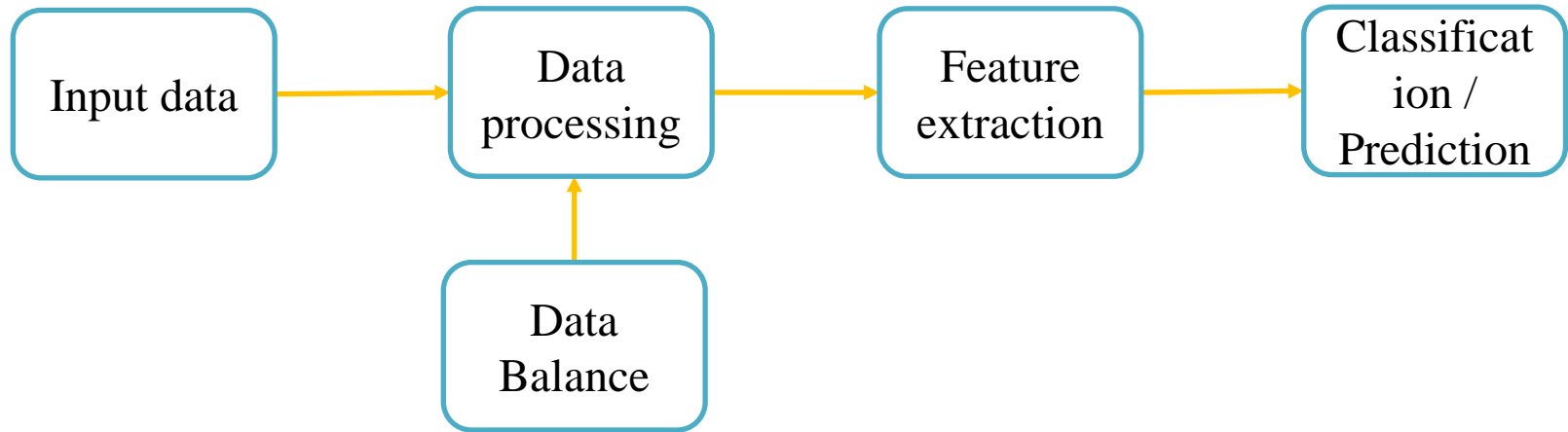
Application on cutaneous diseases

Identify medications for cutaneous diseases that might induce adverse reactions when taken together with other drugs

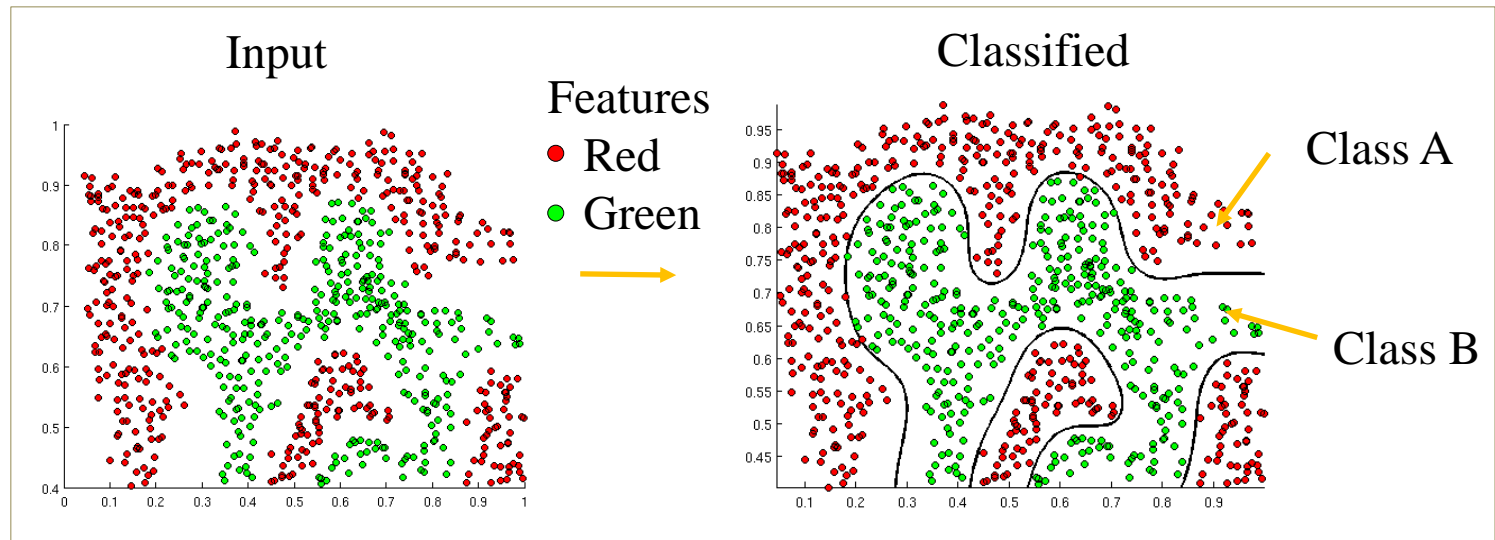
Disease	Number of unique Drugs
1. Psoriasis	50
2. Atopic dermatitis	25
3. Rosacea	12
4. Acne vulgaris	58
5. Alopecia	3
6. Melanoma	26
7. Eczema	4
8. Keratosis	6
9. Pruritus	42



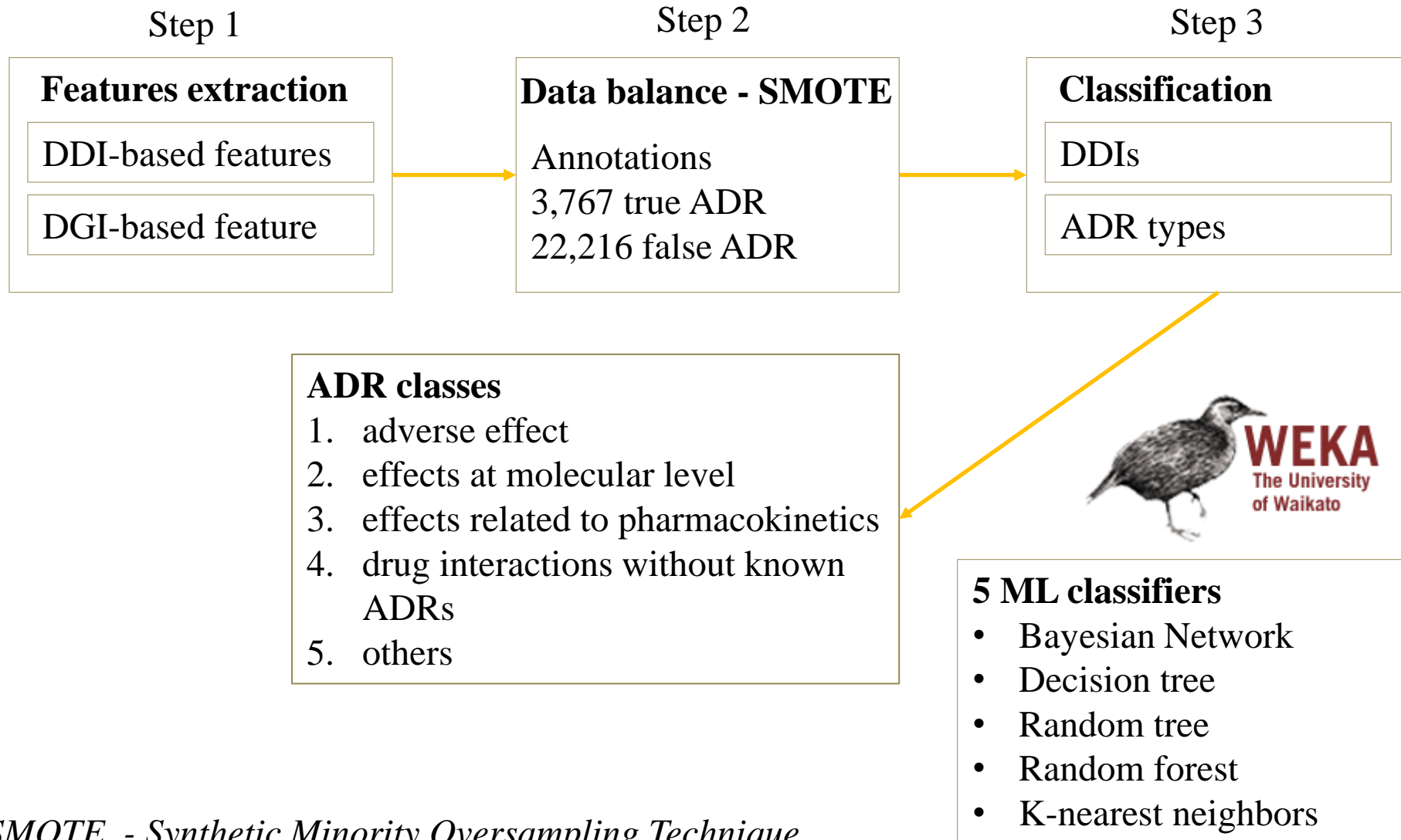
Machine learning classification pipeline



2D classification
example using
*Support vector
machine (SVM)*



Classification



Feature selection

DDI:

- DDI features + total no of words, drus min no of features before, between after each drug pair
- 24 features (after FR alg)

DGI:

- interaction genes + associated genes in CTD
- 20 features (after FR alg)

Feature reduction alg (FR alg): stepwise heuristic alg to identify **top significant features**

DDI features

			Stepwise logistic	Mean impurity decrease			
			regression	DDI classification		ADR categorization	
			model (p-value)	DDI	DDI+DGI	DDI	DDI+DGI
				Features	Features	Features	Features
DDI Features	increase	6.57e-14	0.24	0.21	0.12	0.14	
	effect (as negation)	5.86e-12	0.21	0.17	0.00	0.00	
	patients	8.38e-11	0.10	0.06	0.19	0.22	
	decrease	3.57e-08	0.28	0.24	0.11	0.11	
	absorption	5.90e-07	0.13	0.11	0.12	0.12	
	decreased	1.15e-07	0.05	0.19	0.10	0.12	
	levels	1.86e-06	0.20	0.14	0.19	0.20	
	auc	7.95e-06	0.16	0.19	0.08	0.08	
	effects	2.92e-05	0.10	0.06	0.16	0.16	
	metabolism	1.65e-05	0.18	0.11	0.15	0.15	
	administration	1.31e-05	0.19	0.20	0.15	0.15	
	enhance	3.34e-05	0.07	0.15	0.09	0.11	
	significantly (as negation)	4.61e-05	0.13	0.07	0.00	0.00	
	inhibited	0.0201	0.12	0.14	0.04	0.05	
	increasing	0.0046	0.12	0.13	0.02	0.30	
	antihypertensive	0.0021	0.19	0.20	0.05	0.04	
	alter (as negation)	0.0014	0.17	0.10	0.00	0.00	
	pressure	0.0010	0.06	0.13	0.00	0.00	
	approximately	0.0009	0.15	0.13	0.24	0.25	
	potentiate	0.0005	0.18	0.16	0.00	0.00	
	resulted	0.0004	0.16	0.02	0.05	0.08	
	monitored	0.0003	0.15	0.19	0.11	0.11	
	administered	0.0001	0.16	0.11	0.18	0.16	
	clearance	0.0001	0.15	0.20	0.11	0.13	
Additional features	total words between drug pairs	-	0.20	0.43	0.31	0.33	
	total drugs between drug pairs	-	0.22	0.35	0.18	0.20	
	minimum number of features preceding drug pairs	-	0.26	0.23	-	-	
	minimum number of features between drug pairs	-	0.30	0.21	-	-	
	minimum number of features succeeding drug pairs	-	0.31	0.26	-	-	

DGI features

		Stepwise logistic regression model (p-value)	Mean impurity decrease			
			DDI classification		ADR categorization	
			DDI	DDI+DGI	DDI	DDI+DGI
			Features	Features	Features	Features
DGI Features	acetylation : glutathionylation	-	-	0.30	-	0.22
	chemical synthesis : hydrolysis	-	-	0.07	-	0.21
	expression : hydroxylation	-	-	0.25	-	0.14
	expression : glucuronidation	-	-	0.17	-	0.14
	activity : oxidation	-	-	0.18	-	0.14
	binding : response to substance	-	-	0.24	-	0.12
	hydroxylation : hydroxylation	-	-	0.20	-	0.11
	oxidation : response to substance	-	-	0.20	-	0.09
	activity : chemical synthesis	-	-	0.21	-	0.09
	expression : splicing	-	-	0.08	-	0.09
	expression : stability	-	-	0.15	-	0.07
	acetylation : response to substance	-	-	0.15	-	0.07
	import : transport	-	-	0.12	-	0.06
	glutathionylation : response to substance	-	-	0.12	-	0.06
	degradation : methylation	-	-	0.11	-	0.06
	localization : phosphorylation	-	-	0.16	-	0.03
	binding : methylation	-	-	0.09	-	0.03
	activity : mutagenesis	-	-	0.06	-	0.03
	sulfation : sulfation	-	-	0.15	-	0.02
	oxidation : oxidation	-	-	0.12	-	0.02

Performance of lexicon on drug extraction

Performance of using the chemicals and drugs lexicon on identifying the drugs present in DDI corpus.

Dataset		True positive	False positive	False negative	FP1	Precision	Recall	F-score	P1	F1
Training (Cross validation)	DrugBank	11,051	2,060	932	373	0.84	0.92	0.88	0.97	0.94
	MedLine	1,372	484	335	6	0.74	0.80	0.77	1.00	0.89
	Overall	12,423	2,544	1,267	379	0.83	0.91	0.87	0.97	0.94
Test	DrugBank	279	61	17	46	0.82	0.94	0.88	0.86	0.90
	MedLine	288	191	58	34	0.60	0.83	0.70	0.89	0.86
	Overall	567	252	75	80	0.69	0.88	0.78	0.88	0.88

ML workflow on DDI/ADR types classification

DDI Prediction comparison on **DDI corpus** training data

Classifier	DDI Features			DDI and DGI Features			DGI Features		
	Precision	Recall	F-score	Precision	Recall	F-score	Precision	Recall	F-score
Bayesian network	0.93	0.69	0.79	0.93	0.69	0.79	0.54	1.00	0.71
Decision tree	0.98	0.63	0.76	0.83	0.72	0.77	0.62	0.61	0.62
Random tree	0.76	0.77	0.76	0.79	0.77	0.78	0.69	0.71	0.70
Random forest	0.82	0.78	0.80	0.84	0.78	0.81	0.70	0.71	0.70
K-nearest neighbors	0.76	0.73	0.74	0.76	0.77	0.76	0.69	0.73	0.71

ML workflow on DDI/ADR types classification

Performance of classification on **ADR** types using **DDI** features on **DDI corpus** training data.

Classifier	ADR Type	Precision	Recall	F-score	Average Precision	Average Recall	Macro Average F-score
Bayesian network	Adverse effect	0.73	0.76	0.74	0.71	0.67	0.69
	Effect at molecular level	0.79	0.52	0.62			
	Effect related to pharmacokinetics	0.61	0.47	0.53			
	Drug interaction without known ADR	0.72	0.70	0.71			
Decision treeRandom tree	Adverse effect	0.82	0.95	0.88	0.87	0.86	0.86
	Effect at molecular level	0.87	0.85	0.86			
	Effect related to pharmacokinetics	0.82	0.77	0.79			
	Drug interaction without known ADR	0.92	0.88	0.90			
	Adverse effect	0.83	0.94	0.88	0.87	0.85	0.86
	Effect at molecular level	0.86	0.85	0.85			
	Effect related to pharmacokinetics	0.81	0.77	0.79			
	Drug interaction without known ADR	0.93	0.85	0.89			
Random forest	Adverse effect	0.84	0.95	0.89	0.88	0.86	0.87
	Effect at molecular level	0.88	0.86	0.87			
	Effect related to pharmacokinetics	0.84	0.78	0.81			
	Drug interaction without known ADR	0.94	0.86	0.90			
K-nearest neighbors	Adverse effect	0.83	0.95	0.88	0.87	0.85	0.86
	Effect at molecular level	0.86	0.84	0.85			
	Effect related to pharmacokinetics	0.81	0.76	0.79			
	Drug interaction without known ADR	0.93	0.85	0.89			

ML workflow on DDI/ADR types classification

Performance of classification on **ADR** types using **DDI** and **DGI** features on **DDI corpus** training data.

DDI + DGI → 90%

Classifier	ADR Type	Precision	Recall	F-score	Average Precision	Average Recall	Macro Average F-score
Bayesian network	Adverse effect	0.76	0.83	0.79	0.75	0.71	0.73
	Effect at molecular level	0.83	0.59	0.69			
	Effect related to pharmacokinetics	0.67	0.47	0.56			
	Drug interaction without known ADR	0.74	0.72	0.73			
Decision tree	Adverse effect	0.85	0.96	0.90	0.89	0.88	0.89
	Effect at molecular level	0.94	0.87	0.90			
	Effect related to pharmacokinetics	0.85	0.81	0.83			
	Drug interaction without known ADR	0.91	0.92	0.91			
Random tree	Adverse effect	0.86	0.94	0.90	0.88	0.88	0.88
	Effect at molecular level	0.91	0.88	0.90			
	Effect related to pharmacokinetics	0.83	0.79	0.81			
	Drug interaction without known ADR	0.91	0.90	0.91			
Random forest	Adverse effect	0.87	0.95	0.91	0.90	0.89	0.90
	Effect at molecular level	0.93	0.89	0.91			
	Effect related to pharmacokinetics	0.86	0.82	0.84			
	Drug interaction without known ADR	0.92	0.91	0.92			
K-nearest neighbors	Adverse effect	0.86	0.94	0.90	0.89	0.88	0.88
	Effect at molecular level	0.91	0.89	0.90			
	Effect related to pharmacokinetics	0.83	0.79	0.81			
	Drug interaction without known ADR	0.91	0.90	0.91			

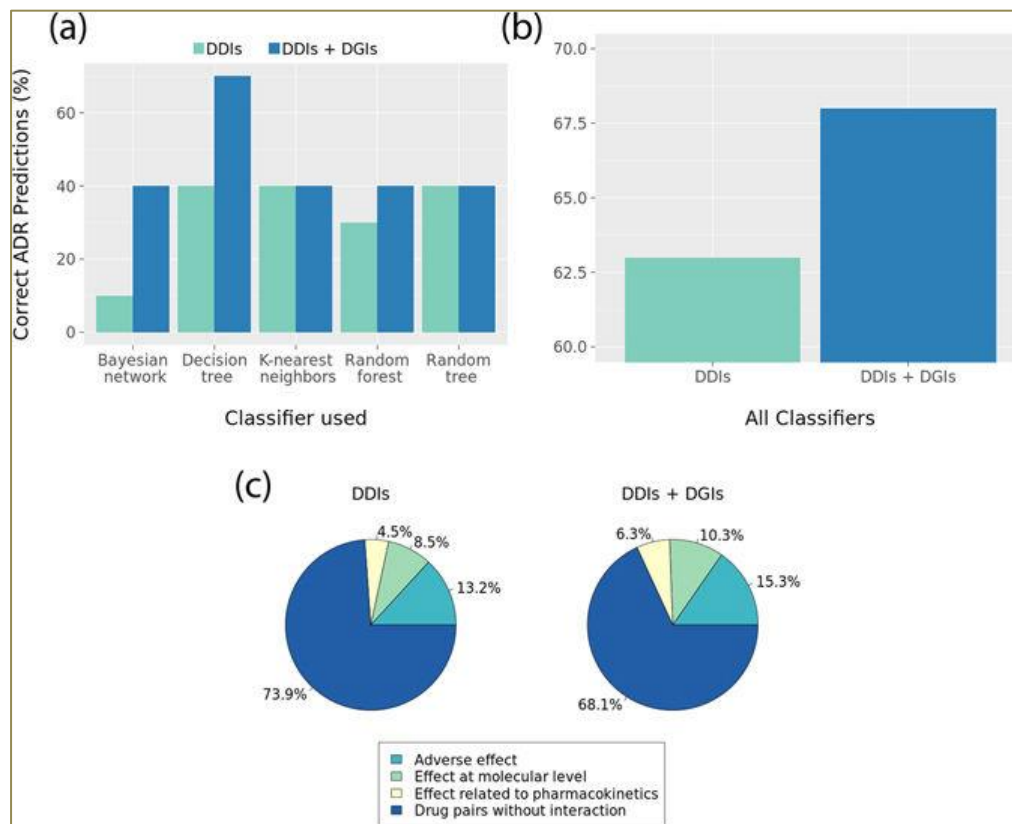
Performance comparison with competing methods

Performance **comparison**
with the **existing** systems on
DDI corpus test
data

System	Description	Classifier	DDI classification			ADR categorization		
			P	R	F	P	R	F
Our approach	DDI features	Random forest	0.739	0.823	0.779	0.761	0.793	0.755
	DDI + DGI features		0.875	0.790	0.831	0.839	0.761	0.798
FBK-irst system	Contextual and shallow linguistic features	Support vector machines	0.794	0.806	0.800	0.633	0.642	0.638
WBI system	Ensembles of five different classifiers	Shallow linguistic kernel + a self-developed feature based classifier + Turku event extraction system	0.801	0.722	0.759	0.642	0.579	0.609
Uturku system	Deep syntactic features and information from external domain resources	Turku event extraction system	0.833	0.602	0.699	0.732	0.499	0.594

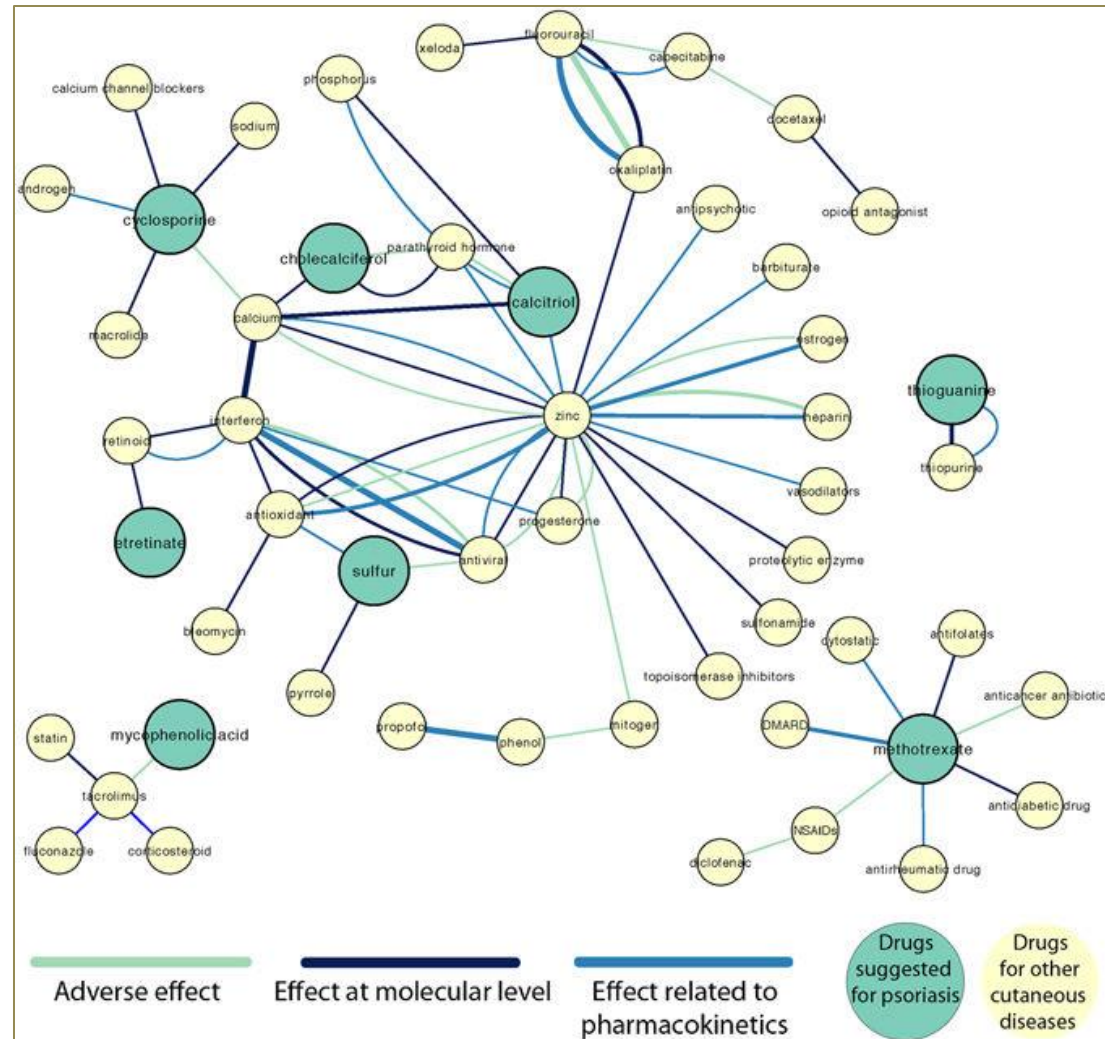
ADR predictions for cutaneous diseases

- a) Performance of classifiers to predict DDIs and ADR types;
- a) Prediction of DDI and ADR types at least by three classifiers;
- a) Performance of random forest classifier to predict DDIs and ADR types between NDFRT drugs suggested for cutaneous diseases and drugs using DDI features alone and DDI with DGI features.



Case study: ADR predictions related to psoriasis

DDIs and ADR types predicted for psoriasis



Case study: ADR predictions related to psoriasis. Validation.

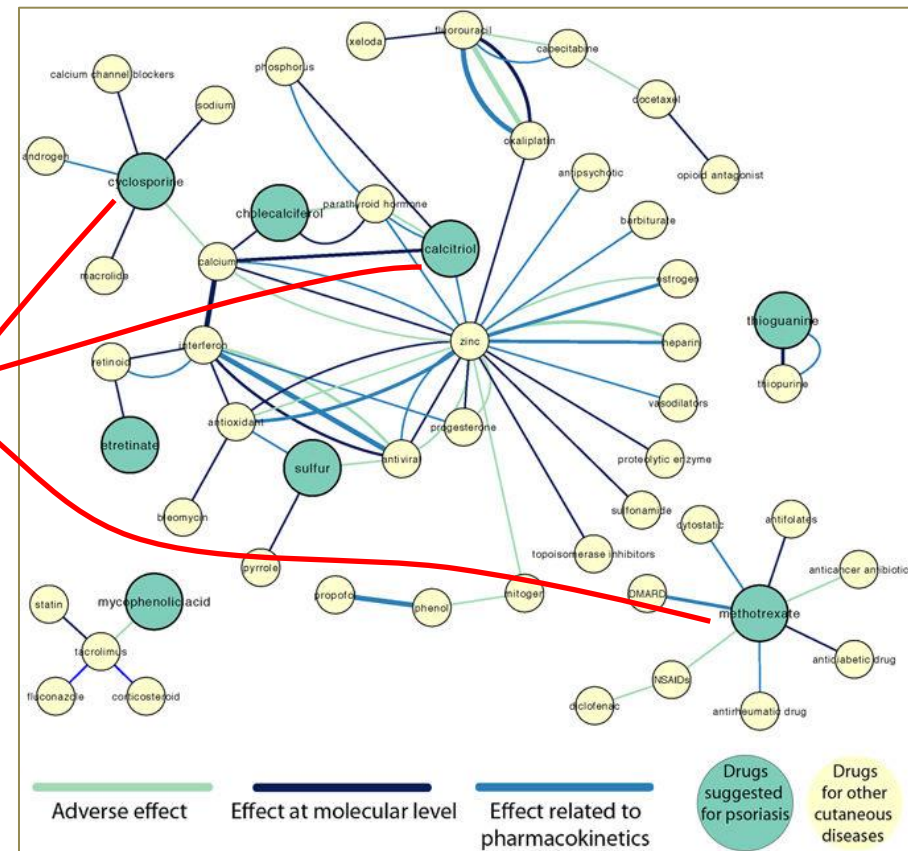
PubMed Sentences with ADR information, predicted by machine learning workflow.

“Simultaneous use of nonsteroidal anti-inflammatory drugs NSAIDs probenecid and other drugs has been reported to delay the plasma elimination of **methotrexate** in patients”.³²

“The decreased **parathyroid hormone** levels would then also contribute to a decrease in **calcitriol** synthesis”.³³

“Our findings show that FKBP51 and Cyp40 are positive regulators of androgen receptor that can be selectively targeted by **cyclosporine** A and **FK506** to achieve inhibition of **androgen** induced cell proliferation”.³⁴

“Albeit its great benefits as immunosuppressant, the use of **Cyclosporine** A has been limited by undesirable nephrotoxic effects, including **sodium** retention, hypertension, hyperkalemia, interstitial fibrosis and progressive renal failure in transplant recipients”.²⁸



- 77 ADRs predicted for psoriasis medications,
- 31 DDIs are associated with common gene
 - Drug suggested for psoriasis
 - methotrexate
 - cholecalciferol
 - mycophenolic acid



Case study: ADR predictions related to psoriasis

Disease comorbidity through DDIs

Diseases associated with DDI pairs from various sources such as

- **NDFRT**
- **DrugBank**
- **UpToDate**
- **CDC**
- **Mayo clinic's Diseases and Conditions**



Diseases related to ADR prediction

Crohn's disease
rickets in children
osteomalacia in adults
breast cancer in females
lupus erythematosus
Eczema
hypocalcemia, diabetes, atopic dermatitis, blood pressure, influenza, Raynaud's disease, melanoma and bacterial conjunctivitis

Summary

- Provide an automated approach to predict in advance **medication-related** to **DDIs** and **ADR**.
- Present a workflow that integrates **ML** with **biomedical literature** data to **data-mine** potential **drug-drug interactions** for **cutaneous diseases**.
- Successfully predict previously known ADRs for drugs prescribed to cutaneous diseases, and are also able to identify promising new ADRs.
- Conducted an intense analysis on DDIs and ADR types related to psoriasis.
- Extend the finding to identify **comorbid diseases** related to **cutaneous** diseases.

Software for systems biology: from tools to integrated platforms

2011 and
before

	Tools		Standards			Projects
	Software	Resources	Ontologies	File format	Minimum information	
Data and knowledge management	MAGE-TAB, ISA-TAB, KNIME, caGrid, Taverna, Bio-STEER	BioCatalogue	SBO, OBO, NCBO	MGED (MAGE), PSI, MSI	MIAME, MIAPE, MIBBI, ISO MDR, DCMI	
Data-driven network inference	R, MATLAB, BANJO					DREAM Initiative, Sage Bionetworks
Deep curation	CellDesigner, EPE, Jdesigner, PathVISIO	KEGG, Reactome, Panther pathway database, BioModels.net, WikiPathways		SBML, SBGN, CellML, BioPAX, PSI-MI	MIRIAM	
In silico simulation	COPASI, SBW, JSim, Neuron, GENESIS, MATLAB, ANSYS, FreeFEM, ePNK, ina, WoPeD, Petri nets, OpenCell, CellDesigner + COPASI, CellDesigner + SOSlib, PhysioDesigner (formerly insilicoIDE)			SED-ML, SBRML, PNML, SBML	MIASE	
Model analysis	MATLAB, Auto, XPPAut, BUNKI, ManLab, ByoDyn, SenSB, COBRA, MetNetMaker, DBSolve Optimum, Kintecus, NetBuilder, BooleanNet, SimBoolNet					
Physiological modelling	JSim, PhysioDesigner (formerly insilicoIDE), CellDesigner (cellular modelling), FLAME, OpenCell, Virtual Physiology (produced by cLabs), GENESIS, Neuron, Heart Simulator, AnyBody			CellML, SBML, NeuroML, MML		IUPS Physiome Project, Virtual Physiological Human, High-Definition Physiology
Molecular interaction modelling	AutoDock Vina, GOLD, eHITS	RCSB PDB, ZINC, PubChem, PDBbind				
This table summarizes the tools and resources that correspond to each step in a systems biology workflow; please refer to FIG. 1 for an overview of the workflow and to Supplementary information S1 (table) for additional information and Weblinks to these resources.						

2017

OpenCell, Flame, Copasi, CellDesigner, NetBuilder, SimBoolNet, PhysioDesigner, etc ...

Scope and limitations of computational methods

Models for different purposes -> different modelling technique -> parameters estimation

Computational approaches and tools

Modeling approach	Typical applications	Limitations	Tools
Individual particle-based stochastic	Small subcellular signaling processes, aspects of bacterial biochemistry	Limited to small systems (in terms of space and chemical complexity)	MCell (32), Smoldyn (315), ChemCell (316), GetBonNie (non- spatial) (49)
Particle number stochastic	Signaling processes with important stochastic aspects (due to small system size or high sensitivity)	Limited to small systems (in terms of space and chemical complexity), less detail than individual particle simulation	MesoRD (35), SmartCell (33), GetBonNie (non- spatial)
Concentration-based spatial, non-stochastic	Cellular signaling processes with important spatial aspects	Either high spatial resolution or biochemical complexity, No stochasticity	Virtual Cell (37), Simmune (36)
Concentration-based, non-spatial, non-stochastic	Cellular signaling processes without spatial aspects	Assumption of global biochemical homogeneity in the simulated system	Copasi (46), E-cell (44), Cellware (45), Systems Biology Workbench (47), GetBonNie

Limitations

- Models **cannot replace** laboratory experiments
 - Build in virtual world based on laboratory experiments
- Models **cannot prove** mechanisms
 - Are developed based on observed results
 - Can disprove mechanisms / hypotheses

DON'T BE DENSE —

In chemistry, computational models may be getting worse

Algorithms for density functional theory calculations aren't good at density.

JOHN TIMMER - 1/6/2017, 3:51 PM

www.arstechnica.com

REPORT

Science

Density functional theory is straying from the path toward the exact functional <http://science.sciencemag.org/>

“Conclusion : that the latest trend of developing functionals using unconstrained forms leads to unphysical electron densities despite the excellent energy-related performance of these methods.”

Conclusion

- Models have value because they allow their users to peer at deadbolt mechanisms from a different vantage point, sometimes even from inside.
- Computational modelling is transitioning into mainstream science in much the same way that statistics did many years ago.
- Computational models are becoming nearly obligatory, especially when a study argues for a new mechanism or functional relationship.
- More interdisciplinary work.

Thank you!

“Essentially, all models are wrong, but some are useful.” (George E.P. Box)



Acknowledgement: Anna Henzi

Appendix. Precision, Recall, and F1 Scores

Machine Learning / Model Evaluation

Positive (P): Observation is positive (for example: is an apple)

Negative (N): Observation is not positive (for example: is not an apple).

True Positive (TP): Observation is positive, and is predicted to be positive.

False Negative (FN): Observation is positive, but is predicted negative.

True Negative (TN): Observation is negative, and is predicted to be negative.

False Positive (FP): Observation is negative, but is predicted positive.

$$Precision = \frac{TP}{TP + FP} = \frac{\text{positive predicted correctly}}{\text{all positive predictions}}$$

$$Recall = TPR = \frac{TP}{TP + FN} = \frac{TP}{P} = \frac{\text{predicted to be positive}}{\text{all positive observations}}$$

$$F1 = 2 \frac{Precision * Recall}{Precision + Recall}$$

Appendix. Cutaneous diseases and their comorbid diseases identified through ADRs

Drug1	Drug2	Disease for Drug1	Disease for Drug2
Cyclosporine	Calcium	Psoriasis	Bone related diseases
Methotrexate	Anticancer antibiotic	Psoriasis	Cancer
Thioguanine	Thiopurine	Psoriasis	Acute lymphoblastic leukemia/autoimmune disorders (Crohn's disease, rheumatoid arthritis)
Calcitriol	Calcium	Psoriasis	Bone related diseases
Calcitriol	Phosphorus	Psoriasis	Bone related diseases - Rickets in children, Osteomalacia in adults
Methotrexate	DMARD	Psoriasis	Rheumatoid arthritis, Lupus erythematosus, Psoriasis
Calcitriol	Zinc	Psoriasis	Eczema
Sulfur	Antioxidant	Acne vulgaris, Psoriasis, Rosacea	Cancer
Mycophenolic acid	Tacrolimus	Psoriasis	Atopic dermatitis
Cyclosporine	Androgen	Psoriasis	Breast cancer in females
Cholecalciferol	Parathyroid hormone	Psoriasis	To control hypocalcemia in patients in hypoparathyroidism
Calcitriol	Parathyroid hormone	Psoriasis	To control hypocalcemia in patients in hypoparathyroidism
Cyclosporine	Sodium	Psoriasis	Blood pressure and blood volume
Cholecalciferol	Calcium	Psoriasis	Bone related diseases
Methotrexate	Antidiabetic drug	Psoriasis	Diabetes
Sulfur	Antiviral	Acne vulgaris, Psoriasis, Rosacea	Viral diseases - Influenza (flu)
Methotrexate	Antirheumatic drug	Psoriasis	Rheumatoid arthritis
Cyclosporine	Calcium channel blockers	Psoriasis	High blood pressure, Chest pain, Raynaud's disease
Methotrexate	Antifolates	Psoriasis	Cancer

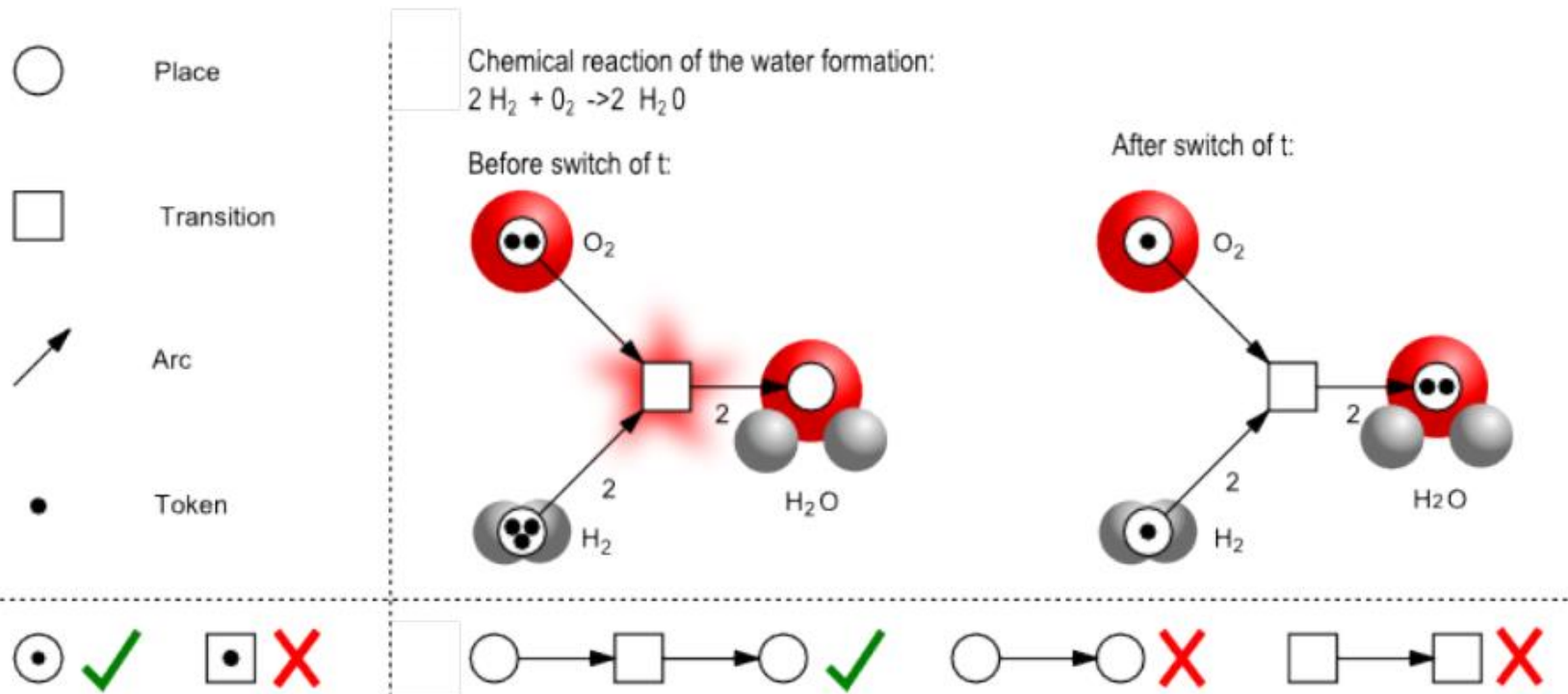
Drug1	Drug2	Disease for Drug1	Disease for Drug2
Methotrexate	NSAIDs	Psoriasis	Fever, pain, inflammation
Cyclosporine	Macrolide	Psoriasis	Bacterial conjunctivitis
Etretinate	Retinoid	Psoriasis	Melanoma
Diclofenac	NSAIDs	Keratosi	Fever, pain, inflammation
Fluorouracil	Xeloda	Keratosi	Colorectal neoplasms
Tacrolimus	Corticosteroid	Atopic dermatitis	Rheumatoid arthritis, Lupus, Asthma, Allergies, Addison's disease
Tacrolimus	Fluconazole	Atopic dermatitis	Cryptococcal meningitis, AIDS-related opportunistic infections, Fungemia, Vulvovaginal candidiasis, Histoplasmosis, Chronic mucocutaneous candidiasis, Histoplasmosis, Coccidioidomycosis, Blastomycosis
Temozolomide	Chemotherapeutic agent	Melanoma	Cancer
Zinc	Heparin	Eczema	Thromboembolism, Thrombophlebitis, Pulmonary embolism, unstable Angina, Myocardial infarction, Cerebral infarction, postoperative complications, Coronary thrombosis
Zinc	Progesterone	Eczema	Endometrial hyperplasia, Uterine hemorrhage, female infertility, Amenorrhea
Zinc	Calcium	Eczema	Bone related diseases
Zinc	Estrogen	Eczema	Menorrhagia, breast neoplasms, premature menopause, primary ovarian insufficiency, Hypogonadism, Prostatic neoplasms, hot flashes
Zinc	Antipsychotic	Eczema	Schizophrenia
Zinc	Sulfonamide	Eczema	Acne vulgaris, Acne rosacea, Seborrheic dermatitis

Scope and limitations of computational methods

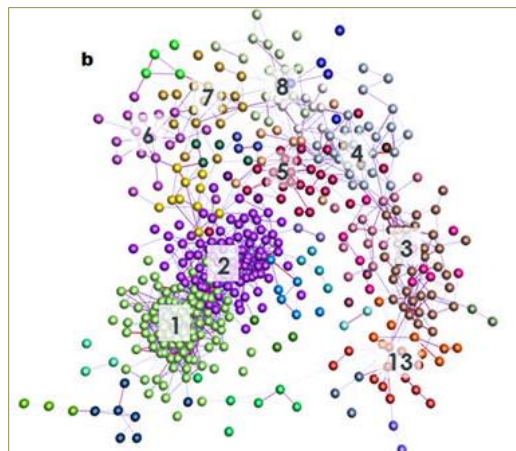
Investigation/ prediction of	Computational methods	Scope, limitations
Structure, function and mechanisms of metabolic enzymes	Homology modelling, quantum mechanics, molecular dynamics simulations, and so on	<ul style="list-style-type: none"> • Analysis of ligand binding events and enzyme mechanisms at a high level of detail and accuracy • Particularly useful for the investigation of unstable reaction intermediates with very short lifetimes
Sites of metabolism	Knowledge-based systems, data mining, machine learning, QSAR models, reactivity models, ligand docking, molecular interaction fields, shape-based methods, and so on	<ul style="list-style-type: none"> • Able to predict the likely sites of metabolism with adequate accuracy • In general, at least one site of metabolism is correctly identified among the three highest-ranked atom positions of a molecule in 70–90% of all cases¹⁵² within the domain of chemical applicability
Metabolites (chemical structure)	Knowledge-based systems, data mining	<ul style="list-style-type: none"> • Dominated by knowledge-based systems • Can produce large numbers of metabolites • Main challenge: finding ways of ranking metabolites accurately
Metabolic rates	Quantum mechanics, molecular dynamics simulations (QSAR models)	<ul style="list-style-type: none"> • Prediction generally not possible • QSAR-like approaches may work, but only within an extremely narrow chemical space
Interactions of drugs with targets related to drug metabolism	QSAR models	<ul style="list-style-type: none"> • Prediction of ligand affinity and inhibitory activity, in cases in which adequate training data are available • Prediction of mechanism-based inhibitors remains highly challenging
	Free-energy calculations	<ul style="list-style-type: none"> • Accurate prediction of binding affinities without need for extensive training data • Computationally expensive and labour-intensive
Bioactivity and toxicological effects	Various ligand- and structure-based approaches	<ul style="list-style-type: none"> • Target prediction methods have become widely available but high false-positive rates (that is, accurate ranking of targets) remain a limiting factor • Prediction of bioactivities for metabolites hampered by lack of training data • Rule-based approaches are able to detect most toxicophores, but prediction of time-dependent inhibitors remains challenging

Appendix. Petri Net example

THE PETRI NET FORMALISM



Appendix. Gene Ontology enrichment in clusters preferentially induced by TNF α or TSLP signalling.



Cluster	Preferentially regulated by (time, cytokine, two way ANOVA)	gene number	GO (FDR B&H)/gene list for low gene number clusters
01	TNF α (p < 0.0001, p = 0.021)	95	immune response (p = 0.0051), leukocyte activation (p = 0.0051), proteasome activator complex (p = 0.009)
02	TNF α (p < 0.0001, p = 0.011)	84	Pathways: cell cycle (p = 0.008), HIV infection (p = 0.012), proteasome (p = 0.036), cross-presentation of soluble exogenous antigens (endosomes) (p = 0.036),
09	TNF α (p < 0.0001, p = 0.052)	12	regulation of RNA splicing (p = 0.015)
17	TNF α (p < 0.0001, p = 0.018)	6	CLIP2, IL1R2, OAF, RAB38, TCF7, TMEM184C
18	TNF α (p = 0.0002, p = 0.002)	6	C17orf62, C19orf54, CPNE1, FTSJD2, HECW1, STK25
03	TSLP (p < 0.0001, p = 0.005)	36	no annotation
04	TSLP (p = 0.006, p = 0.001)	25	no annotation
05	TSLP (p < 0.0001, p = 0.019)	25	JUN kinase binding (p = 0.027)
06	TSLP (p < 0.0001, p = 0.001)	18	peroxisome proliferator activated receptor binding (p = 0.017)
07	TSLP (p < 0.0001, p = 0.004)	18	no annotation
08	TSLP (p < 0.0001, p = 0.007)	16	nucleotide transferase activity (p = 0.026)
10	TSLP (p < 0.0001, p = ns)	10	nucleotide metabolism (p = 0.042)
11	TSLP (p < 0.0001, p = 0.022)	10	mRNA splicing (p = 0.025)
12	TSLP (p = 0.0007, p = 0.021)	10	Golgi apparatus (p = 0.025)
13	TSLP (p < 0.0001, p = 0.038)	9	transferrin receptor activity ((p = 0.001)
14	TSLP (p = 0.0014, p = 0.003)	8	ATP5L, EFHA1, ID2, INIP, RECQL, RPS4X, TMSB4X, UBL5
15	TSLP (p < 0.0001, p = 0.054)	8	CAMK1D, ELL3, LAP3, MLLT4, MPC1, NET1, NFE2L3, STOM
16	TSLP (p < 0.0001, p = ns)	7	ARAP1, CNDP2, GSDMD, N4BP2L2, NINJ2, PARP10, VPS13B

From Systems Biology to Systems Medicine

- Simulations of models can reveal hidden patterns and/or counterintuitive mechanisms in complex systems.
- Systems medicine -> functioning of drug
- Functioning of drug -> cellular- and tissue-level networks, linked to an individual patient's genome, metabolome, and proteome.
- **necessary to depart** from gene-, protein-, and pathway-centric approaches

Systems
Biology

Systems
Medicine

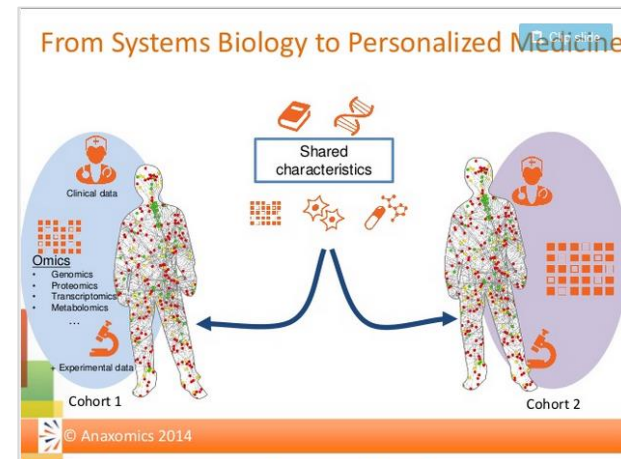
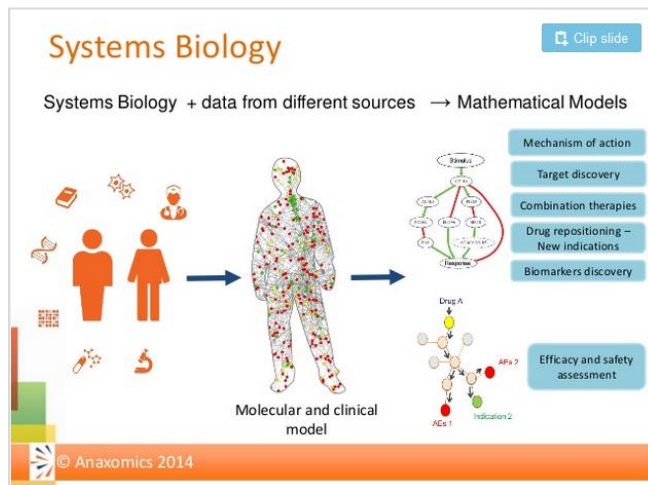


Image from Teresa Sardon , Anaxomics, System biology approaches to personalized medicine

Wolkenhauer, Olaf, et al. "The road from systems biology to systems medicine." *Pediatric research* 73.4-2 (2013): 502-507.

What are computational models?

Computational modeling is the use of computers to **simulate** and study the behavior of complex systems using **mathematics**, **physics** and **computer science**.

Multiscale modeling: A key feature of today's computational models is that they are able to study a biological system at **multiple levels**, including molecular processes, cell to cell interactions, and how those interactions result in changes at the tissue and organ level .

