PSMA7 and PSMD5 are promising druggable targets for treating Ovarian Neoplasms that control activity of SMAD2, CTNNB1 and FOS transcription factors on of differentially expressed genes

Demo User geneXplain GmbH info@genexplain.com Data received on 10/12/2021; Run on 12/04/2022; Report generated on 12/04/2022

Genome Enhancer release 3.0 (TRANSFAC®, TRANSPATH® and HumanPSD™ release 2022.1)









Abstract

In the present study we applied the software package "Genome Enhancer" to a multiomics data set that contains *transcriptomics and epigenomics* data. The study is done in the context of *Ovarian Neoplasms*. The goal of this pipeline is to identify potential drug targets in the molecular network that governs the studied pathological process. In the first step of analysis pipeline discovers transcription factors (TFs) that regulate genes activities in the pathological state. The activities of these TFs are controlled by so-called master regulators, which are identified in the second step of analysis. After a subsequent druggability checkup, the most promising master regulators are chosen as potential drug targets for the analyzed pathology. At the end the pipeline comes up with (a) a list of known drugs and (b) investigational active chemical compounds with the potential to interact with selected drug targets.

From the data set analyzed in this study, we found the following TFs to be potentially involved in the regulation of the differentially expressed genes: SMAD2, CTNNB1, STAT3, FOS, TAL1 and SP1. The subsequent network analysis suggested

- TGFbetaR-II
- Nek2A
- 26S proteasome
- Cdk1-isoform1:cyclinB1-isoform1

as the most promising molecular targets for further research, drug development and drug repurposing initiatives on the basis of identified molecular mechanism of the studied pathology. Having checked the actual druggability potential of the full list of identified targets, both, via information available in medical literature and via cheminformatics analysis of drug compounds, we have identified the following drugs as the most promising treatment candidates for the studied pathology: Erlotinib, seliciclib and Bortezomib.

1. Introduction

Recording "-omics" data to measure gene activities, protein expression or metabolic events is becoming a standard approach to characterize the pathological state of an affected organism or tissue. Increasingly, several of these methods are applied in a combined approach leading to large "multiomics" datasets. Still the challenge remains how to reveal the underlying molecular mechanisms that render a given pathological state different from the norm. The disease-causing mechanism can be described by a re-wiring of the cellular regulatory network, for instance as a result of a genetic or epigenetic alterations influencing the activity of relevant genes. Reconstruction of the disease-specific regulatory networks can help identify potential master regulators of the respective pathological process. Knowledge about these master regulators can point to ways how to block a pathological regulatory cascade. Suppression of certain molecular targets as components of these cascades may stop the pathological process and cure the disease.

Conventional approaches of statistical "-omics" data analysis provide only very limited information about the causes of the observed phenomena and therefore contribute little to the understanding of the pathological molecular mechanism. In contrast, the "upstream analysis" method [1-4] applied here has been deviced to provide a casual interpretation of the data obtained for a pathology state. This approach comprises two major steps: (1) analysing promoters and enhancers of differentially expressed genes for the transcription factors (TFs) involved in their regulation and, thus, important for the process under study; (2) re-constructing the signaling pathways that activate these TFs and identifying master regulators at the top of such pathways. For the first step, the database TRANSFAC® [6] is employed together with the TF binding site identification algorithms Match [7] and CMA [8]. The second step involves the signal transduction database TRANSPATH® [9] and special graph search algorithms [10] implemented in the software "Genome Enhancer".

The "upstream analysis" approach has now been extended by a third step that reveals known drugs suitable to inhibit (or activate) the identified molecular targets in the context of the disease under study. This step is performed by using information from HumanPSD™ database [5]. In addition, some known drugs and investigational active chemical compounds are subsequently predicted as potential ligands for the revealed molecular targets. They are predicted using a pre-computed database of spectra of biological activities of chemical compounds of a library of 2245 known drugs and investigational chemical compounds from HumanPSD™ database. The spectra of biological activities for these compounds are computed using the program PASS on the basis of a (Q)SAR approach [11-13]. These predictions can be used for the research purposes - for further drug development and drug repurposing initiatives.

2. Data

For this study the following experimental data was used:

Table 1. Experimental datasets used in the study

rabie 1. Experimental datasets used in the study				
File name	Data type			
GSM385721.CEL	Transcriptomics			
GSM385722.CEL	Transcriptomics			
GSM385723.CEL	Transcriptomics			
GSM385724.CEL	Transcriptomics			
GSM385725.CEL	Transcriptomics			
GSM385726.CEL	Transcriptomics			
GSM385727.CEL	Transcriptomics			
GSM385728.CEL	Transcriptomics			
GSM385729.CEL	Transcriptomics			
GSM385730.CEL	Transcriptomics			
GSM385747_CpG_NM.fixed.hg38.top300	Epigenomics			



Figure 1. Annotation diagram of experimental data used in this study. With the colored boxes we show those sub-categories of the data that are compared in our analysis.

3. Results

We have compared the following conditions: Experiment: cisplatin-resistant versus Control: cisplatin-sensitive.

3.1. Identification of target genes

In the first step of the analysis **target genes** were identified from the uploaded experimental data. We compared gene expression in "Experiment: cisplatin-resistant" with "Control: cisplatin-sensitive". Genes were ranked according to the fold-change and 300 most upregulated genes (see Table 2) and 300 most downregulated genes (see Table 3) were selected for further analysis.

Table 2. Top ten **up-regulated** genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive.

See full table Gene Gene ID P.Value adj.P.Val B logFC CI.025 CI.975 AveExpr t modLog10P sig description symbol potassium inwardly rectifying ENSG00000123700 KCN12 5.37 5.05 7.78 36.67 6.79F-14 7.28F-11 22.22 13.17 13 5.69 channel subfamily J member 2 doublesex and mab-3 related ENSG00000064218 DMRT3 24.86 7.48E-12 2.59E-9 17.77 11.13 4.03 3.68 4.39 5.1 11. transcription factor 3 proprotein convertase ENSG00000099139 PCSK5 3.93 3.73 4.13 6.35 41.88 1.35E-14 2.07E-11 23.63 13.87 13. subtilisin/kexin type 5 kelch like ENSG00000197705 family member KLHL14 3.89 3.6 4.18 7.21 29.41 9.84E-13 4.22E-10 19.74 12.01 12. 14 lysyl oxidase ENSG00000129038 LOXI 1 5.01 18.68 2.27F-10 14.33 9.64 9.6 3.54 3.12 3.95 3.24F-8 like 1 doublecortin ENSG00000133083 DCLK1 3.24 3 3.47 7.04 29.9 8.07E-13 3.76E-10 19.93 12.09 12. like kinase 1 **ASXL** ENSG00000141431 transcriptional ASXL3 3.14 2.86 3.43 6.45 23.65 1.36E-11 3.64E-9 17.18 10.87 10. regulator 3 transmembrane ENSG00000126950 TMEM35A 3.05 3.29 6.15 28.24 1.6E-12 6.15E-10 19.27 11.79 2.82 11. protein 35A collagen type I ENSG00000164692 COL1A2 2.86 2.53 3.2 7.84 18.72 2.21E-10 3.24E-8 14.36 9.65 9.6 alpha 2 chain signal transducer and ENSG00000138378 STAT4 2.86 2.52 3.2 5.64 18.23 3.04E-10 3.75E-8 14.03 9.52 9.5 activator of transcription 4

Table 3. Top ten **down-regulated** genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. **See full table** \rightarrow

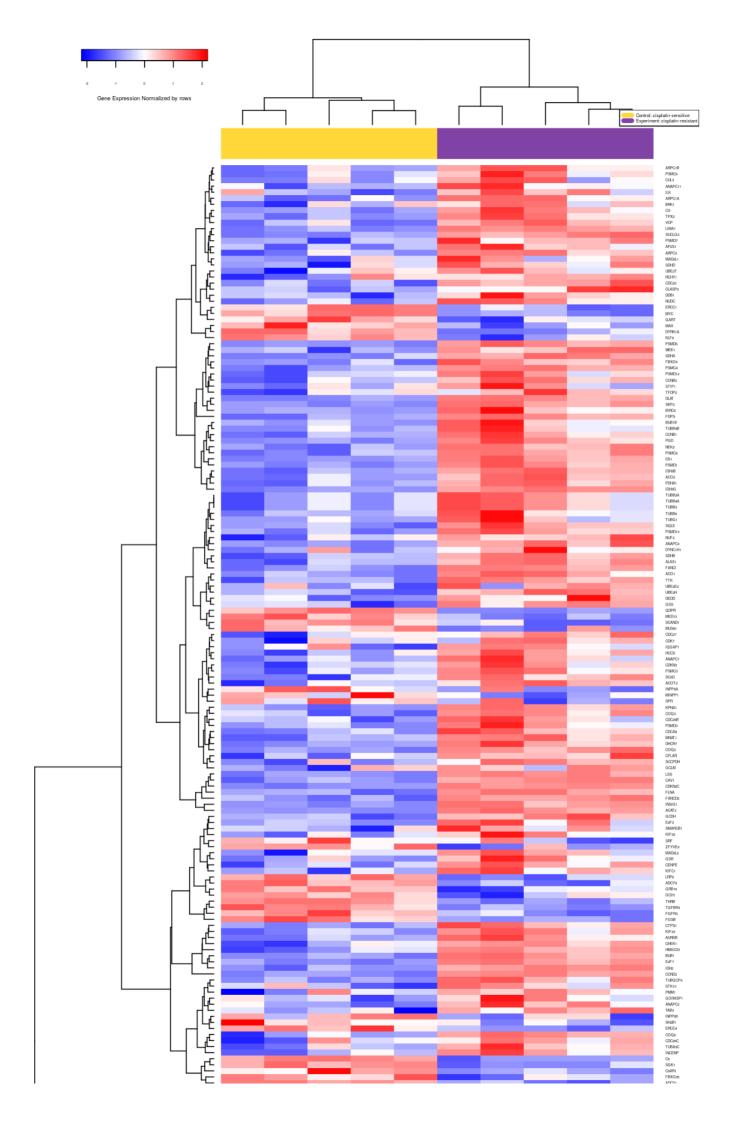
ID	Gene description	Gene symbol	logFC	CI.025	CI.975	AveExpr	t	P.Value	adj.P.Val	В	modLog10P	S
ENSG00000127324	tetraspanin 8	TSPAN8	-6.39	-6.66	-6.11	6.28	-50.15	1.5E-15	4.04E-12	25.43	14.82	-
ENSG00000139292	leucine rich repeat containing G protein-coupled receptor 5	LGR5	-6.24	-6.41	-6.07	6.28	-79.11	5.76E-18	6.18E-14	29.18	17.24	-
ENSG00000149968	matrix metallopeptidase 3	ММР3	-5.16	-5.5	-4.83	6.79	-33.55	2E-13	1.65E-10	21.23	12.7	-
ENSG00000163359	collagen type VI alpha 3 chain	COL6A3	-5.08	-5.29	-4.88	7.95	-54.61	5.33E-16	1.9E-12	26.23	15.27	-
ENSG00000169908	transmembrane 4 L six family member 1	TM4SF1	-4.94	-5.11	-4.76	7.72	-60.29	1.59E-16	8.54E-13	27.1	15.8	-
ENSG00000153233	protein tyrosine phosphatase receptor type R	PTPRR	-4.6	-4.92	-4.27	5.36	-30.65	5.98E-13	3.21E-10	20.21	12.22	-
ENSG00000166670	matrix metallopeptidase 10	MMP10	-4.45	-4.68	-4.23	8.31	-43.19	9.28E-15	1.66E-11	23.95	14.03	-
ENSG00000106511	mesenchyme homeobox 2	MEOX2	-4.26	-4.62	-3.91	4.34	-26.38	3.66E-12	1.35E-9	18.47	11.44	-
ENSG00000145431	platelet derived growth factor C	PDGFC	-4.14	-4.38	-3.91	4.99	-38.95	3.26E-14	4.37E-11	22.87	13.49	-
ENSG00000060718	collagen type XI alpha 1 chain	COL11A1	-3.65	-4.04	-3.25	5.67	-20.08	9.63E-11	1.75E-8	15.21	10.02	-

3.2. Functional classification of genes

A functional analysis of differentially expressed genes was done by mapping the significant up-regulated and significant down-regulated genes to several known ontologies, such as Gene Ontology (GO), disease ontology (based on HumanPSD™ database) and the ontology of signal transduction and metabolic pathways from the TRANSPATH® database. Statistical significance was computed using a binomial test. Figures 3-8 show the most significant categories.

Heatmap of differentially expressed genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive

A heatmap of all differentially expressed genes playing a potential regulatory role in the system (enriched in TRANSPATH® pathways) is presented in Figure 2.



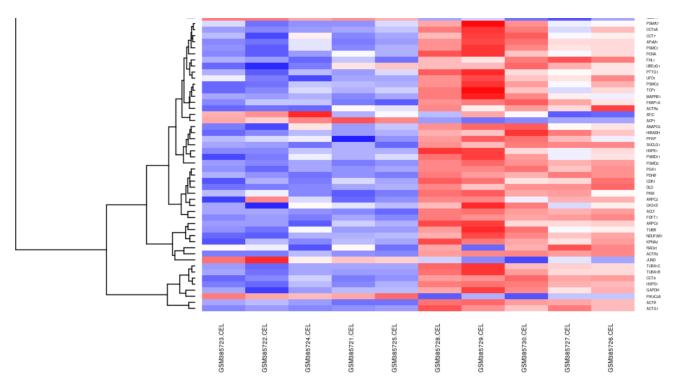


Figure 2. Heatmap of genes enriched in Transpath categories. The colored bar at the top shows the types of the samples according to the legend in the upper right corner.

See full diagram →

Up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive:

3350 significant up-regulated genes were taken for the mapping.

GO (biological process)

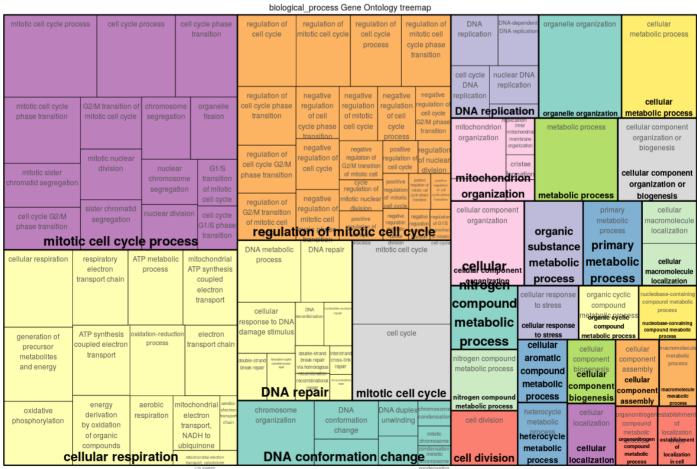


Figure 3. Enriched GO (biological process) of up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive.

Full classification →

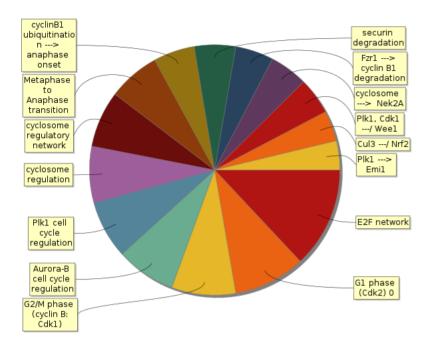


Figure 4. Enriched TRANSPATH® Pathways (2022.1) of up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. Full classification →

HumanPSD(TM) disease (2022.1)

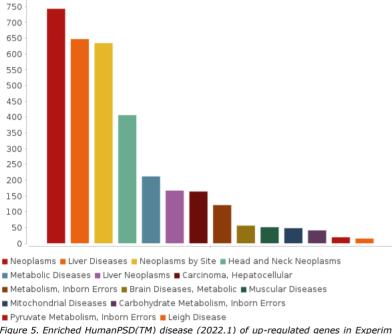


Figure 5. Enriched HumanPSD(TM) disease (2022.1) of up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. The size of the bars correspond to the number of biomarkers of the given disease found among the input set.

Full classification \rightarrow

Down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive:

3351 significant down-regulated genes were taken for the mapping.

GO (biological process)

metabolic

process

organic substance

biosynthetic process

regulation of

gene expression

cellular localization

Figure 6. Enriched GO (biological process) of down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. Full classification \rightarrow

TRANSPATH® Pathways (2022.1)

cotranslational protein targeting to membrane

argeting to membrane

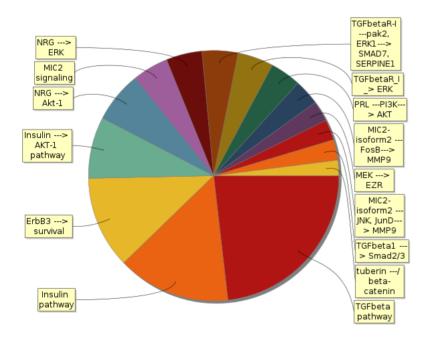


Figure 7. Enriched TRANSPATH® Pathways (2022.1) of down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. Full classification \rightarrow

HumanPSD(TM) disease (2022.1)

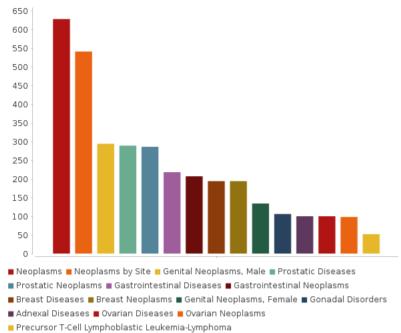
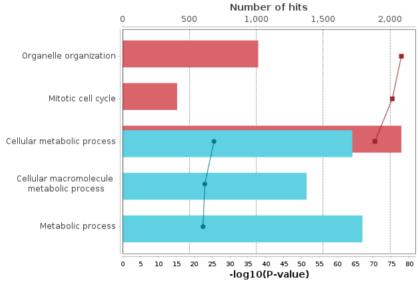


Figure 8. Enriched HumanPSD(TM) disease (2022.1) of down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. The size of the bars correspond to the number of biomarkers of the given disease found among the input set.

Full classification \rightarrow

The result of overall Gene Ontology (GO) analysis of the differentially expressed genes of the studied pathology can be summarized by the following diagram, revealing the most significant functional categories overrepresented among the observed (differentially expressed genes):



- Up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive hits
- Down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive hits
- Up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive -log10(P-value)
- ◆ Down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive -log10(P-val

3.3. Analysis of enriched transcription factor binding sites and composite modules

In the next step a search for transcription factors binding sites (TFBS) was performed in the regulatory regions of the *target genes* by using the TF binding motif library of the TRANSFAC® database. We searched for so called **composite modules** that act as potential condition-specific **enhancers** of the *target genes* in their upstream regulatory regions (-1000 bp upstream of transcription start site (TSS)) and identify transcription factors regulating activity of the genes through such **enhancers**.

Classically, **enhancers** are defined as regions in the genome that increase transcription of one or several genes when inserted in either orientation at various distances upstream or downstream of the gene [8]. Enhancers typically have a length of several hundreds of nucleotides and are bound by multiple transcription factors in a cooperative manner [9].

In the current work we use the Epigenomics data from the track(s) "GSM385747_CpG_NM.fixed.hg38.top300" to predict positions of potential *enhancers* regulating the differentially expressed genes revealed by comparative epigenomics analysis. We took genomic regions -550bp upstream and 550bp downstream from the middle point of each interval of the track and check if these regions are located inside the 5kb flanking areas of the differentially expressed genes (or inside the body of the genes). In such cases, these genomic regions are used for the search for potential condition-specific enhancers. In all other cases when the differentially expressed genes did not contain epigenomic peaks in their body or in the 5kb flanking regions we used the upstream regulatory regions of these genes (-1000bp upstream and 100bp downstream of TSS) for the search for condition-specific enhancers.

We applied the Composite Module Analyst (CMA) [8] method to detect such potential enhancers, as targets of multiple TFs bound in a cooperative manner to the regulatory regions of the genes of interest. CMA applies a genetic algorithm to construct a generalized model of the

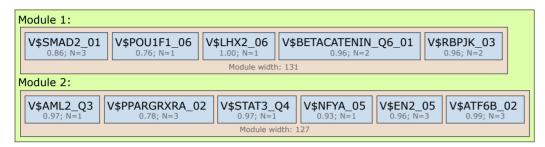
enhancers by specifying combinations of TF motifs (from TRANSFAC®) whose sites are most frequently clustered together in the regulatory regions of the studied genes. CMA identifies the transcription factors that through their cooperation provide a synergistic effect and thus have a great influence on the gene regulation process.

Enhancer model potentially involved in regulation of target genes (up-regulated genes in Experiment: cisplatinresistant vs. Control: cisplatin-sensitive).

To build the most specific composite modules we choose top 300 significant up-regulated genes as the input of CMA algorithm. The obtained CMA model is then applied to compute CMA score for all up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive.

The model consists of 2 module(s). Below, for each module the following information is shown:

- PWMs producing matches,
- number of individual matches for each PWM,
- score of the best match.



Model score (-p*log10(pval)): 10.69 Wilcoxon p-value (pval): 1.12e-22

Penalty (p): 0.487

Average yes-set score: 3.75 Average no-set score: 2.60 AUC: 0.71

Separation point: 3.47 False-positive: 28.80% False-negative: 40.33%

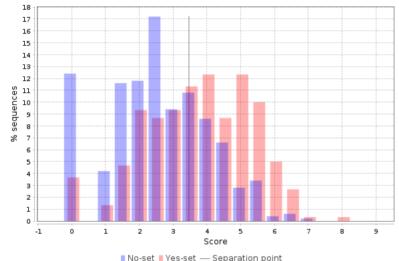


Table 4. List of top ten up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive with identified enhancers in their regulatory regions. CMA score - the score of the CMA model of the enhancer identified in the regulatory region. See full table

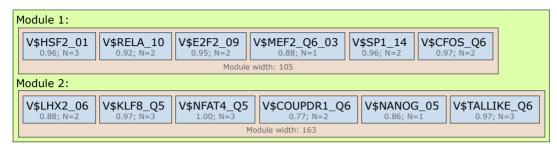
See full table →				
Ensembl IDs	Gene symbol	Gene description	CMA score	Factor names
ENSG00000170043	TRAPPC1	trafficking protein particle complex 1	8.78	NF-YA(h), ATF-6beta(h), PPARgamma(h),RXRalpha(h), RBP-Jkappa(h), SMAD2(h), beta-catenin(h)
ENSG00000241506	PSMC1P1	proteasome 26S subunit, ATPase 1 pseudogene 1	8.69	PPARgamma(h),RXRalpha(h), NF-YA(h), Lhx2(h), EN-2(h), betacatenin(h), SMAD2(h), POU1F1(h)
ENSG00000108439	PNPO	pyridoxamine 5'-phosphate oxidase	8.46	RBP-Jkappa(h), SMAD2(h), beta-catenin(h), PPARgamma(h),RXRalpha(h), NF-YA(h), POU1F1(h), Lhx2(h)
ENSG00000088247	KHSRP	KH-type splicing regulatory protein	8.09	SMAD2(h), NF-YA(h), Lhx2(h), PPARgamma(h),RXRalpha(h), beta- catenin(h), POU1F1(h)
ENSG00000130203	APOE	apolipoprotein E	8.06	SMAD2(h), beta-catenin(h), POU1F1(h), RBP-Jkappa(h), PPARgamma(h),RXRalpha(h), NF-YA(h)
ENSG00000181827	RFX7	regulatory factor X7	7.85	NF-YA(h), Runx3(h), PPARgamma(h),RXRalpha(h), SMAD2(h), beta-catenin(h), POU1F1(h), Lhx2(h)
ENSG00000135778	NTPCR	nucleoside-triphosphatase, cancer-related	7.71	PPARgamma(h),RXRalpha(h), STAT3(h), EN-2(h), beta-catenin(h), POU1F1(h), NF-YA(h), Lhx2(h)
ENSG00000139163	ETNK1	ethanolamine kinase 1	7.65	beta-catenin(h), POU1F1(h), STAT3(h), EN-2(h), PPARgamma(h),RXRalpha(h), NF-YA(h)
ENSG00000114405	C3orf14	chromosome 3 open reading frame 14	7.65	POU1F1(h), SMAD2(h), beta-catenin(h), ATF-6beta(h), STAT3(h), PPARgamma(h),RXRalpha(h)
ENSG00000204439	C6orf47	chromosome 6 open reading frame 47	7.48	PPARgamma(h),RXRalpha(h), STAT3(h), POU1F1(h), SMAD2(h), RBP- Jkappa(h), beta-catenin(h)
				-

Enhancer model potentially involved in regulation of target genes (down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive).

To build the most specific composite modules we choose top 300 significant down-regulated genes as the input of CMA algorithm. The obtained CMA model is then applied to compute CMA score for all down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive.

The model consists of 2 module(s). Below, for each module the following information is shown:

- PWMs producing matches,
- number of individual matches for each PWM,
- score of the best match.



Model score (-p*log10(pval)): 15.49 Wilcoxon p-value (pval): 2.28e-33

Penalty (p): 0.475

Average yes-set score: 4.03 Average no-set score: 2.67

AUC: 0.75

Separation point: 3.52 False-positive: 28.20% False-negative: 32.67%

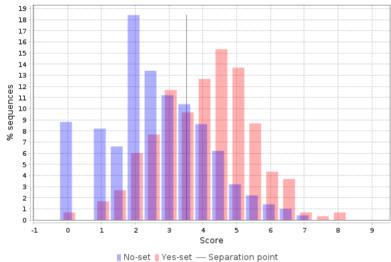


Table 5. List of top ten down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive with identified enhancers in their regulatory regions. **CMA score** - the score of the CMA model of the enhancer identified in the regulatory region.

See full table →

Ensembl IDs	Gene symbol	Gene description	CMA score	Factor names
ENSG00000163697	APBB2	amyloid beta precursor protein binding family B member 2	8.96	NF-kappaB-p65(h), COUP-TFI (h),COUP-TFII(h), MEF-2A(h),MEF-2B(h),MEF-2C(h),MEF-2D(h), Lhx2(h), NANOG(h), c-Fos(h), NFATc3(h)
ENSG00000052126	PLEKHA5	pleckstrin homology domain containing A5	8.92	NFATc3(h), HSF2(h), NANOG(h), COUP-TFI (h),COUP-TFII(h), NF-kappaB-p65(h), E2F-2(h), Sp1(h)
ENSG00000181788	SIAH2	siah E3 ubiquitin protein ligase 2	8.61	HSF2(h), KLF8(h), NANOG(h), Sp1(h), E2F-2(h), c-Fos(h), NFATc3(h)
ENSG00000150455	TIRAP	TIR domain containing adaptor protein	8.26	HEN2(h),Lyl-1(h),Tal-1(h), NF-kappaB-p65(h), COUP-TFI (h),COUP-TFII(h), NFATc3(h), KLF8(h), c-Fos(h)
ENSG00000152782	PANK1	pantothenate kinase 1	8.09	E2F-2(h), Lhx2(h), MEF-2A(h),MEF-2B(h),MEF-2C(h),MEF-2D(h), HSF2(h), HEN2(h),Lyl-1(h),Tal-1(h), NF-kappaB-p65(h), NFATc3(h)
ENSG00000116667	C1orf21	chromosome 1 open reading frame 21	8.06	NFATc3(h), Lhx2(h), KLF8(h), NANOG(h), Sp1(h), HSF2(h), NF-kappaB- p65(h)
ENSG00000164116	GUCY1A1	guanylate cyclase 1 soluble subunit alpha 1	7.92	COUP-TFI (h),COUP-TFII(h), HSF2(h), MEF-2A(h),MEF-2B(h),MEF- 2C(h),MEF-2D(h), Lhx2(h), NFATc3(h), NANOG(h)
ENSG00000284461		novel transcript	7.86	NANOG(h), COUP-TFI (h),COUP-TFII(h), NF-kappaB-p65(h), HEN2(h),Lyl- 1(h),Tal-1(h), NFATc3(h), HSF2(h), E2F-2(h)
ENSG00000176783	RUFY1	RUN and FYVE domain containing 1	7.77	NFATc3(h), NANOG(h), COUP-TFI (h),COUP-TFII(h), HSF2(h), NF-kappaB-p65(h), E2F-2(h)
ENSG00000204682	MIR1915HG	MIR1915 host gene	7.76	Sp1(h), NF-kappaB-p65(h), NFATc3(h), HSF2(h), COUP-TFI (h),COUP- TFII(h), NANOG(h), Lhx2(h)

On the basis of the enhancer models we identified transcription factors potentially regulating the *target genes* of our interest. We found 12 and 18 transcription factors controlling expression of up- and down-regulated genes respectively (see Tables 6-7).

Table 6. Transcription factors of the predicted enhancer model potentially regulating the differentially expressed genes (up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive). **Yes-No ratio** is the ratio between frequencies of the sites in Yes sequences versus No sequences. It describes the level of the enrichment of binding sites for the indicated TF in the regulatory target regions. **Regulatory score** is the measure of involvement of the given TF in the controlling of expression of genes that encode master regulators presented below (through positive feedback loops).

See full table -

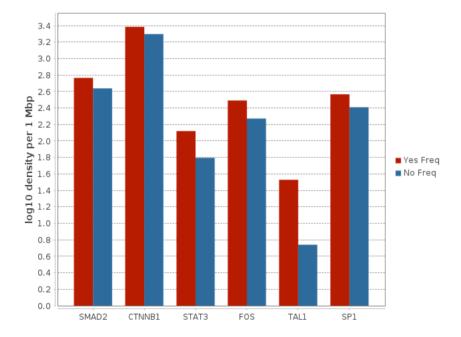
ID	Gene symbol	Gene description	Regulatory score	Yes-No ratio
MO000057829	SMAD2	SMAD family member 2	3.15	1.34
MO000017049	CTNNB1	catenin beta 1	3.1	1.22
MO000013123	STAT3	signal transducer and activator of transcription 3	2.72	2.11
MO000019619	RXRA	retinoid X receptor alpha	2.32	5.85
MO000025939	NFYA	nuclear transcription factor Y subunit alpha	2.19	1.96
MO000033565	PPARG	peroxisome proliferator activated receptor gamma	2.19	5.02
MO000030964	RBPJ	recombination signal binding protein for immunoglobulin kappa J region	1.94	10.03
MO000026238	RUNX3	RUNX family transcription factor 3	1.84	4.6
MO000084573	POU1F1	POU class 1 homeobox 1	1.55	1.63
MO000026059	LHX2	LIM homeobox 2	0	2.02

Table 7. Transcription factors of the predicted enhancer model potentially regulating the differentially expressed genes (down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive). **Yes-No ratio** is the ratio between frequencies of the sites in Yes sequences versus No sequences. It describes the level of the enrichment of binding sites for the indicated TF in the regulatory target regions. **Regulatory score** is the measure of involvement of the given TF in the controlling of expression of genes that encode master regulators presented below (through positive feedback loops).

See f	ull ta	ble –
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ID	Gene symbol	Gene description	Regulatory score	Yes-No ratio
MO000018137	FOS	Fos proto-oncogene, AP-1 transcription factor subunit	2.91	1.66
MO000032489	TAL1	TAL bHLH transcription factor 1, erythroid differentiation factor	2.78	6.14
MO000033308	SP1	Sp1 transcription factor	2.62	1.43
MO000079319	RELA	RELA proto-oncogene, NF-kB subunit	2.57	1.57
MO000031322	MEF2C	myocyte enhancer factor 2C	2.57	2.79
MO000085555	MEF2D	myocyte enhancer factor 2D	2.42	1.35
MO000084966	MEF2A	myocyte enhancer factor 2A	2.2	4.06
MO000004278	E2F2	E2F transcription factor 2	1.92	2.29
MO000095459	KLF8	Kruppel like factor 8	1.92	1.58
MO000134485	NANOG	Nanog homeobox	1.92	1.67

The following diagram represents the key transcription factors, which were predicted to be potentially regulating differentially expressed genes in the analyzed pathology: SMAD2, CTNNB1, STAT3, FOS, TAL1 and SP1.



3.4. Finding master regulators in networks

In the second step of the upstream analysis common regulators of the revealed TFs were identified. These master regulators appear to be the key candidates for therapeutic targets as they have a master effect on regulation of intracellular pathways that activate the pathological process of our study. The identified master regulators are shown in Tables 8-9.

Table 8. Master regulators that may govern the regulation of **up-regulated** genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. **Total** rank is the sum of the ranks of the master molecules sorted by keynode score, CMA score, transcriptomics and epigenomics data.

See full table -

ID	Master molecule name	Gene symbol	Gene description	logFC	Total rank
MO000017448	TGFbetaR-II(h)	TGFBR2	transforming growth factor beta receptor 2	2.79	259
MO000092591	Cdk1-isoform1(h):cyclinB1-isoform1(h)	CCNB1, CDK1	cyclin B1, cyclin dependent kinase 1	0.83	271
MO000021736	CDK2(h)	CDK2	cyclin dependent kinase 2	8.0	311
MO000032335	RSK1(h)	RPS6KA1	ribosomal protein S6 kinase A1	0.76	383
MO000202927	TGFbetaR-II-isoform2(h)	TGFBR2	transforming growth factor beta receptor 2	2.79	400
MO000083753	TGFbetaR-II-isoform1(h)	TGFBR2	transforming growth factor beta receptor 2	2.79	401
MO000041170	EAC(h)	CYLD	CYLD lysine 63 deubiquitinase	0.95	405
MO000022448	cyclinB1(h)	CCNB1	cyclin B1	0.83	421
MO000021740	cyclinA(h):CDK2(h)	CDK2	cyclin dependent kinase 2	0.8	426
MO000043727	Nek2A(h){p}	NEK2	NIMA related kinase 2	0.53	433

Table 9. Master regulators that may govern the regulation of **down-regulated** genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. **Total rank** is the sum of the ranks of the master molecules sorted by keynode score, CMA score, transcriptomics and epigenomics data.

ID	Master molecule name	Gene symbol	Gene description	logFC	Total rank
MO000129772	PTP-SL(h)	PTPRR	protein tyrosine phosphatase receptor type R	-4.6	181
MO000280531	rictor- isoform1(h):mTOR(h):SIN1(h):mLST8(h)	MAPKAP1, MLST8, MTOR, RICTOR	MAPK associated protein 1, MTOR associated protein, LST8 homolog, RPTOR independent companion of MTO	-0.58	206
MO000165201	mTOR(h):rictor(h):mLST8(h):SIN1(h):Protor-1(h)	MAPKAP1, MLST8, MTOR, PRR5, RICTOR	MAPK associated protein 1, MTOR associated protein, LST8 homolog, RPTOR independent companion of MTO	-0.58	207
MO000122429	SIN1(h):rictor(h):mTOR(h)	MAPKAP1, MTOR, RICTOR	MAPK associated protein 1, RPTOR independent companion of MTOR complex 2, mechanistic target of rapa	-0.55	222
MO000054152	mTOR(h):rictor(h)	MTOR, RICTOR	RPTOR independent companion of MTOR complex 2, mechanistic target of rapamycin kinase	-0.55	229
MO000090102	rictor-isoform1(h)	RICTOR	RPTOR independent companion of MTOR complex 2	-0.55	233
MO000122463	mTOR(h):rictor(h):mLST8(h):SIN1(h)	MAPKAP1, MLST8, MTOR, RICTOR	MAPK associated protein 1, MTOR associated protein, LST8 homolog, RPTOR independent companion of MTO	-0.58	233
MO000054153	rictor(h)	RICTOR	RPTOR independent companion of MTOR complex 2	-0.55	235
MO000129771	PTP-SL alpha(h)	PTPRR	protein tyrosine phosphatase receptor type R	-4.6	299
MO000129778	PTP-SL delta(h)	PTPRR	protein tyrosine phosphatase receptor type R	-4.6	299

The intracellular regulatory pathways controlled by the above-mentioned master regulators are depicted in Figures 9 and 10. These diagrams display the connections between identified transcription factors, which play important roles in the regulation of differentially expressed genes, and selected master regulators, which are responsible for the regulation of these TFs.

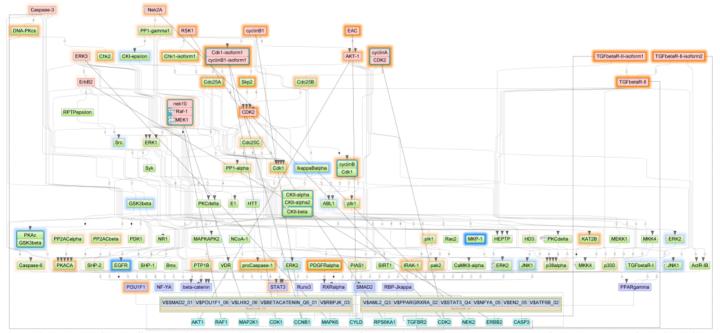


Figure 9. Diagram of intracellular regulatory signal transduction pathways of up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. Master regulators are indicated by red rectangles, transcription factors are blue rectangles, and green rectangles are intermediate molecules, which have been added to the network during the search for master regulators from selected TFs. Orange and blue frames highlight molecules that are encoded by up- and downregulated genes, resp.

See full diagram -

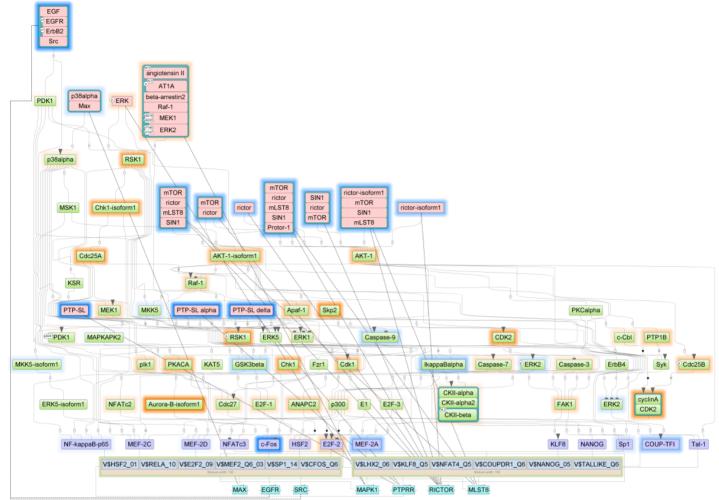


Figure 10. Diagram of intracellular regulatory signal transduction pathways of down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. Master regulators are indicated by red rectangles, transcription factors are blue rectangles, and green rectangles are intermediate molecules, which have been added to the network during the search for master regulators from selected TFs. Orange and blue frames highlight molecules that are encoded by up- and downregulated genes, resp.

See full diagram \rightarrow

4. Finding prospective drug targets

The identified master regulators that may govern pathology associated genes were checked for druggability potential using HumanPSD™ [5] database of gene-disease-drug assignments and PASS [11-13] software for prediction of biological activities of chemical compounds on the basis of a (Q)SAR approach. Respectively, for each master regulator protein we have computed two Druggability scores: HumanPSD Druggability score and PASS Druggability score. Where Druggability score represents the number of drugs that are potentially suitable for inhibition (or activation) of the corresponding target either according to the information extracted from medical literature (from HumanPSD™ database) or according to cheminformatics predictions of compounds activity against the examined target (from PASS software).

The cheminformatics druggability check is done using a pre-computed database of spectra of biological activities of chemical compounds from a library of all small molecular drugs from HumanPSD $^{\text{TM}}$ database, 2507 pharmaceutically active known chemical compounds in total. The spectra of biological activities has been computed using the program PASS [11-13] on the basis of a (Q)SAR approach.

If both Druggability scores were below defined thresholds (see Methods section for the details) such master regulator proteins were not used in further analysis of drug prediction.

As a result we created the following two tables of prospective drug targets (top targets are shown here):

Table 10. Prospective drug targets selected from full list of identified master regulators filtered by Druggability score from HumanPSD™ database.

Druggability score contains the number of drugs that are potentially suitable for inhibition (or activation) of the target. The drug targets are sorted according to the Total rank which is the sum of three ranks computed on the basis of the three scores: keynode score, CMA score and expression change score (logFC, if present). See Methods section for details.

See full table -)			
Gene symbol	Gene Description	Druggability score	logFC	Total rank
PSMA7	proteasome 20S subunit alpha 7	2	0.52	438
NEK2	NIMA related kinase 2	33	0.53	704
AURKB	aurora kinase B	45	1.03	704
CCNA2	cyclin A2	15	0.8	720
APOE	apolipoprotein E	10	1.2	781
PIK3R3	phosphoinositide-3-kinase regulatory subunit 3	1	0.88	789



Table 11. Prospective drug targets selected from full list of identified master regulators filtered by Druggability score predicted by PASS software. Here, the Druggability score for master regulator proteins is computed as a sum of PASS calculated probabilities to be active as a target for various small molecular compounds. The drug targets are sorted according to the Total rank which is the sum of three ranks computed on the basis of the three scores: keynode score, CMA score and expression change score (logFC, if present). See Methods section for details.

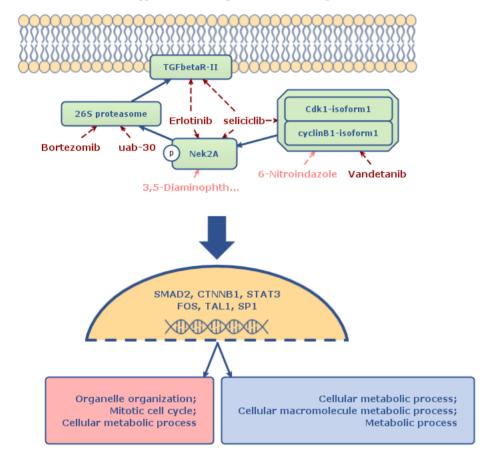
See full table -

Gene symbol	Gene Description	Druggability score	logFC	Total rank
PSMD5	proteasome 26S subunit, non-ATPase 5	1.28	0.52	438
PSMA7	proteasome 20S subunit alpha 7	2.17	0.52	438
GRK5	G protein-coupled receptor kinase 5	10.65	1.13	456
DUSP9	dual specificity phosphatase 9	4.91	0.75	675
NEK2	NIMA related kinase 2	2.82	0.53	704
AURKB	aurora kinase B	1.99	1.03	704

Below we represent schematically the main mechanism of the studied pathology. In the schema we considered the top two drug targets of each of the two categories computed above. In addition we have added two top identified master regulators for which no drugs may be identified yet, but that are playing the crucial role in the molecular mechanism of the studied pathology. Thus the molecular mechanism of the studied pathology was predicted to be mainly based on the following key master regulators:

- TGFbetaR-II
- Nek2A
- 26S proteasome
- Cdk1-isoform1:cyclinB1-isoform1

This result allows us to suggest the following schema of affecting the molecular mechanism of the studied pathology:



Drugs which are shown on this schema: Vandetanib, Bortezomib, 6-Nitroindazole, Erlotinib, seliciclib, 3,5-Diaminophthalhydrazide and uab-30, should be considered as a prospective research initiative for further drug repurposing and drug development. These drugs were selected as top matching treatments to the most prospective drug targets of the studied pathology, however, these results should be considered with special caution and are to be used for research purposes only, as there is not enough clinical information for adapting these results towards immediate treatment of patients.

The drugs given in dark red color on the schema are FDA approved drugs or drugs which have gone through various phases of clinical trials as active treatments against the selected targets.

The drugs given in pink color on the schema are drugs, which were cheminformatically predicted to be active against the selected targets.

5. Identification of potential drugs

In the last step of the analysis we strived to identify known activities as well as drugs with cheminformatically predicted activities that are potentially suitable for inhibition (or activation) of the identified molecular targets in the context of specified human diseases(s).

Proposed drugs are top ranked drug candidates, that were found to be active on the identified targets and were selected from 4 categories:

- 1. FDA approved drugs or used in clinical trials drugs for the studied pathology;
- 2. Repurposing drugs used in clinical trials for other pathologies;
- 3. Drugs, predicted by PASS to be active against identified drug targets and against the studied pathology;
- 4. Drugs, predicted by PASS to be active against identified drug targets but for other pathologies.

Proposed drugs were selected on the basis of Drug rank which was computed from the ranks sum based on the individual ranks of the following scores:

Target activity score (depends on ranks of all targets that were found for the selected drug);

- Disease activity score (weighted sum of number of clinical trials on disease(s) under study where the selected drug is known to be applied
- or PASS Disease activity score cheminformatically predicted property of the compound to be active against the studied disease(s)); Clinical validity score (applicable only for drugs predicted on the basis of literature curation in HumanPSD™ database (Tables 13 and 14), reflects the number of the highest clinical trials phase on which the drug was tested for any pathology).

You can refer to the Methods section for more details on drug ranking procedure.

Based on the Drug rank, a numerical value of Drug score was calculated, which reflects the potential activity of the respective drug on the overall molecular mechanism of the studied pathology. Drug score values belong to the range from 1 to 100 and are calculated as a quotient of maximum drug rank and the drug rank of the given drug multiplied by 100.

Top drugs of each category are given in the tables below:

Drugs approved in clinical trials for Oncology



Table 12. Clinically approved (FDA, ENA, etc.) drugs for the studied pathology (most promising and clinically approved treatment candidates selected for the identified drug targets on the basis of literature curation in HumanPSD $^{\text{TM}}$ database)

See full table \rightarrow

Name	Target names	_	Disease activity score	Disease trial phase	Approved
Paclitaxel	FASN, PIK3CA, CASP3, E2F1, BIRC5, CDK1, CDK2, MAPK3, BRCA1	90	12	Phase 4: Ovarian Neoplasms, Acute Coronary Syndrome, Adenocarcinoma, Aneurysm, Angina Pectoris, Angina, Unstable, Arteriosclerosis, Breast Neoplasms, Carcinoma, Carcinoma, Large Cell, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Squamous Cell, Cardiovascular Diseases, Constriction, Pathologic, Coronary Artery Disease, Coronary Disease, Coronary Restenosis, Coronary Stenosis, Diabetes Mellitus, Dilatation, Pathologic, Heart Diseases, Hyperplasia, Infarction, Ischemia, Lung Neoplasms, Myocardial Infarction, Myocardial Ischemia, Neoplasms, Neuroendocrine Tumors, Pancreatic Neoplasms, Peripheral Arterial Disease, Peripheral Vascular Diseases, Squamous Cell Carcinoma of Head and Neck, Thymoma, Thymus Neoplasms, Triple Negative Breast Neoplasms, Vascular Diseases	Ovarian Neoplasms (ClinicalTrials ClinicalTrials, ClinicalTrials, ClinicalTrials, FDA, FDA)
Doxorubicin	MAPK14, HMGCR, PIK3CB, PIK3CA, BAX, BIRC5, BRCA1, CDKN1B	86	12	Phase 4: Ovarian Neoplasms, Brain Abscess, Breast Neoplasms, Burkitt Lymphoma, Carcinoma, Carcinoma, Hepatocellular, Carcinoma, Ovarian Epithelial, Enteropathy-Associated T-Cell Lymphoma, Immunoblastic Lymphadenopathy, Leukemia, Leukemia, Lymphoid, Lymphadenopathy, Lymphoma, E-Cell, Lymphoma, Follicular, Lymphoma, Large B-Cell, Diffuse, Lymphoma, Large-Cell, Anaplastic, Lymphoma, Mantle-Cell, Lymphoma, Non-Hodgkin, Lymphoma, T-Cell, Lymphoproliferative Disorders, Mediastinal Neoplasms, Multiple Myeloma, Myosarcoma, Neoplasms, Neoplasms, Plasma Cell, Obesity, Panniculitis, Precursor Cell Lymphoblastic Leukemia-Lymphoma, Rhabdomyosarcoma, Sarcoma, Urinary Bladder Neoplasms, Wilms Tumor	Ovarian Neoplasms (FDA)
Gemcitabine	ERBB2, HRAS, CHEK1, BRCA1	78	7	Phase 3: Ovarian Neoplasms, Adenocarcinoma, Adenocarcinoma, Clear Cell, Adenocarcinoma, Mucinous, Adenoviridae Infections, Aggression, Bile Duct Neoplasms, Biliary Tract Neoplasms, Brain Neoplasms, Breast Neoplasms, Brenner Tumor, Bronchial Diseases, Bronchial Neoplasms, Carcinoma, Carcinoma in Situ, Carcinoma, Acinar Cell, Carcinoma, Adenosquamous, Carcinoma, Bronchogenic, Carcinoma, Ductal, Carcinoma, Endometrioid, Carcinoma, Hepatocellular, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Pancreatic Ductal, Carcinoma, Small Cell, Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Cholangiocarcinoma, Cystadenocarcinoma, Serous, Cysts, Digestive System Diseases, Digestive System Neoplasms, Drug-Related Side Effects and Adverse Reactions, Embolism, Endocrine Gland Neoplasms, Fever, Fibrosis, Gallbladder Neoplasms, Gastrointestinal Diseases, Gastrointestinal Neoplasms, Genital Neoplasms, Female, Head and Neck Neoplasms, Hepatoblastoma, Hernia, Hernia, Ventral, Hodgkin Disease, Hydrothorax, Hypersensitivity, Hyperthermia, Immunoblastic Lymphadenopathy, Infections, Intestinal Diseases, Intestinal Neoplasms, Kidney Neoplasms, Klatskin Tumor, Leiomyosarcoma, Liver Cirrhosis, Liver Neoplasms, Lung Diseases, Lung Neoplasms, Lymphadenopathy, Lymphatic Diseases, Lymphoma, Lymphoma, B-Cell, Lymphoma, Extranodal NK-T-Cell, Lymphoma, Follicular, Lymphoma, Large B-Cell, Diffuse, Lymphoma, Non-Hodgkin, Lymphoma, T-Cell, Lymphoma, T-Cell, Peripheral, Mesothelioma, Mesothelioma, Malignant, Muscle Neoplasms by Histologic Type, Neoplasms by Site, Neoplasms, Germ Cell and Embryonal, Neoplasms, Glandular and Epithelial, Neoplasms, Nerve Tissue, Neoplasms, Second Primary, Neoplasms, Unknown Primary, Osteosarcoma, Pancreatic Cyst, Pancreatic Diseases, Pancreatic Intraductal Neoplasms, Pancreatic Neoplasms, Peritoneal Neoplasms, Pharyngeal Diseases, Pharyngeal Neoplasms, Prostatic Neoplasms, Peritoneal Neoplasms, Sarcoma, Small Cell Lung Carcinoma, Thoracic Neoplasms, Thromboembolism, Triple Negative Bre	Ovarian Neoplasms (ClinicalTrials ClinicalTrials, ClinicalTrials, FDA)
lonafarnib	BIRC5	61	3	Phase 2: Ovarian Neoplasms, Breast Neoplasms, Carcinoma, Ovarian Epithelial, Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Glioblastoma, Hepatitis, Hepatitis A, Hepatitis D, Hepatitis D, Chronic, Kidney Neoplasms, Leukemia, Leukemia, Myelogenous, Chronic, BCR-ABL Positive, Leukemia, Myeloid, Liver Diseases, Liver Neoplasms, Neoplasms, Progeria, Syndrome, Ureteral Neoplasms, Urethral Neoplasms, Urinary Bladder Neoplasms	Ovarian Neoplasms (FDA)
Olaparib	PARP1	53	12	Phase 4: Ovarian Neoplasms, Breast Neoplasms, Carcinoma, Ovarian Epithelial, Neoplasms	Ovarian Neoplasms (FDA, FDA)
Methotrexate	BAX, E2F1, BIRC5, CDKN1B	48	2	Phase 2: Ovarian Neoplasms, Acquired Immunodeficiency Syndrome, Acute Disease, Adenocarcinoma, Anemia, Anemia, Aplastic, Anemia, Diamond-Blackfan, Anemia, Refractory, Anemia, Refractory, with Excess of Blasts, Anemia, Sickle Cell, Anger, Anterior Wall Myocardial Infarction, Arteritis, Arthritis, Arthritis, Juvenile, Arthritis, Psoriatic, Arthritis, Rheumatoid, Asthenia, Astrocytoma, Atherosclerosis, Autoimmune Diseases, Basal Cell Nevus Syndrome, Blast Crisis, Bone Marrow Failure Disorders, Brain Abscess, Brain Neoplasms, Breast Neoplasms, Burkitt Lymphoma, COVID-19, Carcinoma, Carcinoma, Basal Cell, Carcinoma, Merkel Cell, Carcinoma, Neuroendocrine, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Renal Cell, Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Cardiac Complexes, Premature, Central Nervous System Neoplasms, Central Serous Chorioretinopathy, Chronic Urticaria, Churg-Strauss Syndrome, Colitis, Colitis, Ulcerative, Colorectal Neoplasms, Constriction, Pathologic, Coronary Artery Disease, Coronary Disease, Coronavirus Infections, Dermatomyositis, Disease, Down Syndrome, Drug-Related Side Effects and Adverse Reactions, Edema, Enteropathy-Associated T-Cell Lymphoma, Ependymoma, Erythema, Fibroma, Fibromatosis, Aggressive, Gestational Trophoblastic Disease, Giant Cell Arteritis, Glioblastoma, Graft vs Host Disease, Granuloma, Granulomatosis with Polyangiitis, HIV Infections, Head and Neck Neoplasms, Heart Failure, Hematologic Diseases, Hematologic Neoplasms, Hemoglobinuria, Hemoglobinuria, Paroxysmal, Histiocytoma, Histiocytoma, Benign Fibrous, Histiocytoma, Malignant Fibrous, Histiocytosis, Langerhans-Cell, Hodgkin Disease, Hypereosinophilic Syndrome, Immune System Diseases, Immunoblastic Lymphadenopathy, Infarction, Infections, Inflammation, Intestinal Neoplasms, Intraocular Lymphoma, Ischemia, Kidney Neoplasms, Leukemia, Leukemia, Be-Cell, Leukemia, Biphenotypic, Acute, Leukemia, Erythroblastic, Acute, Leukemia, Leukemia, Leukemia	Ovarian Neoplasms (FDA)

Leukemia, Lymphoid, Leukemia, Megakaryoblastic, Acute, Leukemia, Monocytic, Acute, Leukemia, Myelogenous, Chronic, BCR-ABL Positive, Leukemia, Myeloid, Leukemia, Myeloid, Accelerated Phase, Leukemia, Myeloid, Acute, Leukemia, Myeloid, Chronic, Atypical, BCR-ABL Negative, Leukemia, Myeloid, Chronic-Phase, Leukemia Myelomonocytic, Acute, Leukemia, Myelomonocytic, Chronic, Leukemia, Myelomonocytic, Juvenile, Leukemia, Neutrophilic, Chronic, Leukemia, Prolymphocytic, Leukemia, Promyelocytic, Acute, Leukemia, T-Cell, Leukemia-Lymphoma, Adult T-Cell, Lung Neoplasms, Lupus Erythematosus, Systemic, Lymphadenopathy, Lymphatic Diseases, Lymphohistiocytosis, Hemophagocytic, Lymphoma, Lymphoma, AIDS-Related, Lymphoma, B-Cell, Lymphoma, B-Cell, Marginal Zone, Lymphoma, Extranodal NK-T-Cell, Lymphoma, Follicular, Lymphoma, Large B-Cell, Diffuse, Lymphoma, Large-Cell, Anaplastic, Lymphoma, Large-Cell, Immunoblastic, Lymphoma, Mantle-Cell, Lymphoma, Non-Hodgkin, Lymphoma, T-Cell, Lymphoma, T-Cell, Cutaneous, Lymphoma, T-Cell, Peripheral, Lymphomatoid Granulomatosis, Lymphoproliferative Disorders, Macular Edema, Medulloblastoma, Meningeal Carcinomatosis, Mesothelioma, Mesothelioma, Malignant, Microscopic Polyangiitis, Mucositis, Multiple Myeloma, Multiple Sclerosis, Muscle Weakness, Myasthenia Gravis, Mycoses, Mycosis Fungoides, Myelodysplastic Syndromes, Myelodysplastic-Myeloproliferative Diseases, Myeloproliferative Disorders, Myocardial Infarction, Myocardial Ischemia, Myositis, Nasal Polyps, Nasopharyngeal Neoplasms, Necrosis, Neoplasm Metastasis, Neoplasm, Residual, Neoplasms, Neoplasms, Connective Tissue, Neoplasms, Connective and Soft Tissue, Neoplasms, Germ Cell and Embryonal, Neoplasms, Plasma Cell, Neoplasms, Second Primary, Nervous System Neoplasms, Neuroblastoma, Neuroectodermal Tumors, Neuroectodermal Tumors, Primitive, Neurofibroma, Neurofibroma, Plexiform, Neurofibromatosis 1, Neurotoxicity Syndromes, Neutropenia, Nevus, Osteopetrosis, Osteosarcoma, Pancytopenia, Pars Planitis, Pemphigus, Pharyngeal Neoplasms, Pica, Plasmablastic Lymphoma, Plasmacytoma, Polyarteritis Nodosa, Polycythemia, Polycythemia Vera, Polymyalgia Rheumatica, Polyps, Precancerous Conditions, Precursor B-Cell Lymphoblastic Leukemia-Lymphoma, Precursor Cell Lymphoblastic Leukemia-Lymphoma, Precursor T-Cell Lymphoblastic Leukemia-Lymphoma, Pregnancy, Ectopic, Preleukemia, Primary Myelofibrosis, Psoriasis, Pulmonary Valve Stenosis, Ranula, Rectal Neoplasms, Retinoblastoma, Rhabdoid Tumor, ST Elevation Myocardial Infarction, Sarcoma. Schizophrenia, Scleroderma, Diffuse, Scleroderma, Systemic, Sclerosis, Severe Combined Immunodeficiency, Sezary Syndrome, Shwachman-Diamond Syndrome, Sjogren's Syndrome, Skin Neoplasms, Spondylitis, Spondylitis, Ankylosing, Squamous Cell Carcinoma of Head and Neck, Stenosis, Pulmonary Vein, Still's Disease, Adult-Onset, Suicide, Syndrome, Synovitis, Systemic Vasculitis, Teratoma, Thrombocythemia, Essential, Thrombocytopenia, Thrombocytosis, Trophoblastic Neoplasms, Ulcer, Ureteral Neoplasms, Urethral Neoplasms, Urinary Bladder Neoplasms, Urticaria, Uveitis, Uveitis, Intermediate, Uveitis, Posterior, Vasculitis, Virus Diseases, Vitiligo, Vitreoretinopathy, Proliferative, Waldenstrom Macroglobulinemia, Wiskott-Aldrich Syndrome

Phase 4: Ovarian Neoplasms, Abdominal Pain, Acute Coronary Syndrome, Acute Lung Injury, Adrenal Hyperplasia, Congenital, Adrenal Insufficiency, Adrenocortical Hyperfunction, Adrenogenital Syndrome, Ageusia, Agnosia, Aneurysm, Aneurysm, Dissecting, Ankle Fractures, Anosmia, Anterior Cruciate Ligament Injuries, Apnea, Arm Injuries, Arthritis, Asthma, Atrial Fibrillation, Brain Abscess, Breast Neoplasms, Bronchiolitis, Bronchiolitis, Viral, Burkitt Lymphoma, COVID-19, Calculi, Capsule Opacification, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Cataract, Cleft Lip, Cognitive Dysfunction, Colitis, Conjunctivitis, Conjunctivitis, Allergic, Constipation, Constriction, Pathologic, Corneal Edema, Corneal Endothelial Cell Loss, Coronavirus Infections, Cough, Crohn Disease, Croup, Deafness, Deglutition Disorders, Delayed Graft Function, Delirium, Depression, Developmental Dysplasia of the Hip, Diabetes Mellitus, Diabetic Retinopathy, Digestive System Diseases, Dissociative Disorders, Drug-Related Side Effects and Adverse Reactions, Dry Eye Syndromes, Dysphonia, Edema, Encephalitis, Encephalitis, Viral, Endophthalmitis, Enterocolitis, Enterocolitis, Necrotizing, Epiretinal Membrane, Epstein-Barr Virus Infections, Exfoliation Syndrome, Eye Diseases, Femoral Neck Fractures, Fractures, Bone, Gastrointestinal Diseases, Gastrointestinal Neoplasms, Gingival Recession, Glaucoma, Glaucoma, Open-Angle, Graft vs Host Disease, Graves Disease, HELLP Syndrome, Hand Injuries, Headache, Hearing Loss, Hearing Loss, Sensorineural, Heart Failure, Hematoma, Hematoma, Subdural, Hematoma, Subdural, Chronic, Hemorrhage, Hernia, Hip Dislocation, Hip Dislocation, Congenital, Hip Fractures, Histiocytosis, Hoarseness, Hyaline Membrane Disease, Hyperglycemia, Hyperplasia, Hypertension, Hypocalcemia, Hypoparathyroidism, Hypospadias, Hypotension, Infections, Infertility, Inflammation, Inflammatory Bowel Diseases, Intervertebral Disc Displacement, Intestinal Diseases, Intestinal Neoplasms, Intestinal Obstruction, Intra-Articular Fractures, Iridocyclitis, Ischemia, Joint Diseases, Keloid, Keratoconjunctivitis, Keratoconjunctivitis Sicca, Keratoconus, Kidney Calculi, Kidney Diseases, Kidney Failure, Chronic, Laryngitis, Leg Injuries, Leukemia, Leukemia, Lymphoid, Leukemia, Monocytic, Acute, Low Back Pain, Lung Diseases, Lung Diseases, Obstructive, Lung Injury, Lung Neoplasms, Lymphohistiocytosis, Hemophagocytic, Lymphoma, Lymphoma, Extranodal NK-T-Cell, Lymphoma, Large-Cell, Anaplastic, Lymphoma, Mantle-Cell, Lymphoma, Non-Hodgkin, Lymphoma, T-Cell, Lymphoma, T-Cell, Peripheral, Macular Degeneration, Macular Edema, Malnutrition, Mediastinal Neoplasms, Meibomian Gland Dysfunction, Meningitis, Migraine Disorders, Multiple Myeloma, Myocarditis, Myofascial Pain Syndromes, Nausea, Neoplasms, Neoplasms, Plasma Cell, Neuralgia, Neuritis, Ocular Hypertension, Olfaction Disorders, Opioid-Related Disorders, Osteoarthritis, Osteoarthritis, Hip, Osteoarthritis, Knee, Otitis, Otitis Media, Otitis Media with Effusion, Otitis Media, Suppurative, Pain, Pancreatic Neoplasms, Papilledema, Pars Planitis, Pericarditis, Peripheral Arterial Disease, Peripheral Vascular Diseases, Pharyngitis, Pneumonia, Poroma, Post-Traumatic Headache, Postoperative Cognitive Complications, Postoperative Complications, Postoperative Hemorrhage, Postoperative Nausea and Vomiting, Precursor Cell Lymphoblastic Leukemia-Lymphoma, Premature Birth, Prostatic Hyperplasia, Prostatic Neoplasms, Pruritus, Pterygium, Pulmonary Disease, Chronic Obstructive, Purpura, Purpura, Thrombocytopenic, Purpura, Thrombocytopenic, Idiopathic, Radiculopathy, Radius Fractures, Recurrence, Renal Insufficiency, Respiratory Distress Syndrome, Respiratory Distress Syndrome, Newborn, Respiratory Insufficiency, Retinal Detachment, Retinal Diseases, Retinal Vein Occlusion, Rotator Cuff Injuries, Rupture, ST Elevation Myocardial Infarction, Shoulder Impingement Syndrome, Shoulder Injuries, Sinusitis, Sjogren's Syndrome, Sleep Apnea Syndromes, Sleep Apnea, Obstructive, Spinal Stenosis, Spondylosis, Status Asthmaticus, Stress Disorders, Post-Traumatic, Suppuration, Syndrome, Synovitis, Systemic Inflammatory Response Syndrome, Temporomandibular Joint Disorders, Temporomandibular Joint Dysfunction Syndrome, Tendinopathy, Tenosynovitis, Thrombocytopenia, Tinnitus, Tonsillitis, Tooth, Impacted, Trigger Finger

Disorder, Trismus, Tuberculosis, Tuberculosis, Meningeal, Urethral Stricture, Uveitis, Uveitis, Anterior, Uveitis, Intermediate, Uveitis, Posterior, Vascular Diseases, Virus Diseases, Vision Disorders, Vitamin D Deficiency, Vomiting, Wounds and Injuries

Dexamethasone

BIRC5, GSTP1,

45

11

Ovarian Neoplasms (ClinicalTrials, ClinicalTrials)

The Disease trial phase column reflects the maximum	clinical trials phase in which the drug was studied	for the analyzed pathology.
·		,

Drugs approved in clinical trials



Table 13. Drugs used in clinical trials for the studied pathology (most promising treatment candidates selected for the identified drug targets on the basis of literature curation in $HumanPSD^{TM}$ database)

See full table \rightarrow

Name	Target names	Drug score	Disease activity score	Disease trial phase
Erlotinib	STK10, RPS6KA3, CAMK2G, MET, IKBKE, MAPK6, PAK2, PRKACA, TTK, MAP3K11, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, NEK2, PLK1, NEK6, ERBB2, AKT1, AURKA, CHEK1, MAP3K20, BIRC5, MAPYS, MAP2K6, TYK2, MELK, PIM2, CDK8, MAPCS, MAPC	97	6	Phase 3: Ovarian Neoplasms, Adenocarcinoma, Adenocarcinoma of Lung, Brain Neoplasms, Carcinoma, Carcinoma, Acinar Cell, Carcinoma, Adenosquamous, Carcinoma, Lepatocellular, Carcinoma, Arage Cell, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Small Cell, Carcinoma, Squamous Cell, Colorectal Neoplasms, Disease Progression, Esophageal Neoplasms, Fallopian Tube Neoplasms, Head and Neck Neoplasms, Lip Neoplasms, Lung Neoplasms, Moth Neoplasms, Neoplasms Metastasis, Neoplasms, Neoplasms, Second Primary, Pancreatic Intraductal Neoplasms, Pancreatic Neoplasms, Rectal Neoplasms, Small Cell Lung Carcinoma, Squamous Cell Carcinoma of Head and Neck, Thoracic Neoplasms
Pazopanib	STK10, RPS6KA3, CAMK2G, MET, IKBKE, MAPK6, PAK2, PRKACA, TTK, MAP3K11, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, NEK2, PLK1, NEK6, ERBB2, AKT1, AURKA, CHEK1, MAP3K20, MAPK3, MAP2K6, TYK2, MELK, PIM2, CDK8, MAPK9, CDK9, PRKD3, PDGFRB, MAP2K1, MAP4K3, WEE1, MAP4K3, WEE1, PTK2,	97	7	Phase 3: Ovarian Neoplasms, Carcinoma, Carcinoma, Non-Small-Cell Lung, Carcinoma, Renal Cell, Chondrosarcoma, Chondrosarcoma, Mesenchymal, Dilatation, Pathologic, Epistaxis, Fibrosarcoma, Glomus Tumor, Granular Cell Tumor, Hemangiosarcoma, Histiocytoma, Histiocytoma, Benign Fibrous, Histiocytoma, Malignant Fibrous, Leiomyosarcoma, Liposarcoma, Lung Neoplasms, Myosarcoma, Neoplasms, Nerve Sheath Neoplasms, Neurofibrosarcoma, Osteosarcoma, Ranula, Sarcoma, Sarcoma, Alveolar Soft Part, Sarcoma, Clear Cell, Sarcoma, Synovial, Telangiectasia, Hereditary Hemorrhagic, Telangiectasis

TGFBR2, PAK1, CDK5 CSNK2A1. CDK2 PRKD2, PLK4, STK3 STK10, IKBKE, PAK2, PRKACA MAP3K11, Phase 2: Ovarian Neoplasms, Acute Disease, Adenocarcinoma, Adenocarcinoma of Lung, Adenocarcinoma, NEK2, Follicular, Adenoma, Adenoma, Liver Cell, Adrenocortical Carcinoma, Astrocytoma, Bile Duct Neoplasms, NFK6 Biliary Tract Neoplasms, Brain Abscess, Brain Neoplasms, Breast Neoplasms, Breast Neoplasms, Male, ERBB2, Carcinoid Tumor, Carcinoma, Carcinoma, Ductal, Carcinoma, Hepatocellular, Carcinoma, Islet Cell, MAPK3, Carcinoma, Medullary, Carcinoma, Neuroendocrine, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Renal Cell, Carcinoma, Small Cell, Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Carcinoma, Carcinoma, Central Nervous System Neoplasms, Cholangiocarcinoma, MAP2K6, TYK2, MELK Colonic Neoplasms, Colorectal Neoplasms, Desmoplastic Small Round Cell Tumor, Digestive System PRKD3 Neoplasms, Disease Progression, Endocrine Gland Neoplasms, Esophageal Neoplasms, Fallopian Tube PDGFRB. Neoplasms, Fibroma, Fibrosarcoma, Fibrosis, Gallbladder Neoplasms, Gastrinoma, Gastrointestinal MAP2K1, Neoplashis, Fibronia, Fibrosacciona, Fibrosacciona, Gastinonia, Gastinonia, Gastinonia, Repatible Neoplashis, Gastinonia, Gastinonia, Gastinonia, Repatible Neoplashis, Gastinonia, Glicagonoma, Head and Neck Neoplasms, Hemangiosarcoma, Hepatitis, Hepatitis A, Hepatitis B, Hepatitis C, Hepatoblastoma, Hepatopulmonary Syndrome, Histiocytoma, Histiocytoma, Benign Fibrous, Histiocytoma, Malignant Fibrous, Hypertension, Hypertension, Portal, Immunoblastic Lymphadenopathy, Insulinoma, Intestinal Neoplasms, MAP4K3, WEE1, PTK2 CSNK2A1. Keloid, Kidney Diseases, Kidney Neoplasms, Klatskin Tumor, Laryngeal Diseases, Laryngeal Neoplasms, CHEK2, Leiomyosarcoma, Leukemia, Leukemia, Biphenotypic, Acute, Leukemia, Lymphocytic, Chronic, B-Cell, PLK4, Leukemia, Lymphoid, Leukemia, Myelogenous, Chronic, BCR-ABL Positive, Leukemia, Myeloid, Leukemia, STK3 Myeloid, Acute, Leukemia, Myelogenous, Cironic, Beckabl Positive, Leukemia, Myeloid, Leukemia, Myeloid, Acute, Leukemia, Myelomonocytic, Chronic, Leukemia, Myelomonocytic, Juvenile, Leukemia, Promyelocytic, Acute, Leukemia, T-Cell, Leukemia-Lymphoma, Adult T-Cell, Liver Cirrhosis, Liver Diseases, Liver Neoplasms, Lung Neoplasms, Lymphadenopathy, Lymphatic Diseases, Lymphoma, Lymphoma, Large B-Cell, Diffuse, Lymphoma, Large-Cell, Anaplastic, Lymphoma, Large-Cell, Immunoblastic, Lymphoma, RPS6KA3, CAMK2G, Sorafenib MET, 94 4 MAPK6. Mantle-Cell, Lymphoma, Non-Hodgkin, Lymphoma, T-Cell, Lymphoma, T-Cell, Cutaneous, Lymphoma, T-Cell, TTK. Peripheral, Malignant Carcinoid Syndrome, Melanoma, Mesothelioma, Mesothelioma, Malignant, Metaplasia, PDGFRA, Mixed Tumor, Mullerian, Multiple Endocrine Neoplasia, Multiple Endocrine Neoplasia Type 2a, Multiple RAF1, Endocrine Neoplasia Type 2b, Multiple Myeloma, Myelotysplastic Syndromes, Myeloproliferative Disorders, Myosarcoma, Nasopharyngeal Carcinoma, Nasopharyngeal Neoplasms, Neoplasms Metastasis, Neoplasms, Neoplasms by Histologic Type, Neoplasms by Site, Neoplasms, Glandular and Epithelial, Neoplasms, Plasma Cell, Neoplasms, Second Primary, Neoplasms, Squamous Cell, Neoplasms, Unknown Primary, Nerve Sheath AURKB, CDK7, RPS6KA1 MAPK14, Neoplasms, Nervous System Neoplasms, Neuroblastoma, Neuroectodermal Tumors, Neuroectodermal PLK1, Tumors, Primitive, Neuroectodermal Tumors, Primitive, Peripheral, Neuroendocrine Tumors, Neurofibroma, AKT1 Neurofibromatoses, Neurofibromatosis 1, Neurofibrosarcoma, Oropharyngeal Neoplasms, Osteosarcoma, AURKA, Pancreatic Neoplasms, Paranasal Sinus Neoplasms, Peritoneal Neoplasms, Pharyngeal Neoplasms, Plasmablastic Lymphoma, Plasmacytoma, Precursor Cell Lymphoblastic Leukemia-Lymphoma, Preleukemia, CHEK1, MAP3K20, Prostatic Neoplasms, Rectal Neoplasms, Recurrence, Rhabdomyosarcoma, Rhabdomyosarcoma, Embryonal, HIPK2, Salivary Gland Neoplasms, Sarcoma, Sarcoma, Ewing, Sarcoma, Synovial, Skin Neoplasms, Small Cell Lung PIM2. Carcinoma, Somatostatinoma, Squamous Cell Carcinoma of Head and Neck, Stomach Neoplasms, CDK8. Syndrome, Testicular Neoplasms, Thrombosis, Thyroid Cancer, Papillary, Thyroid Carcinoma, Anaplastic, MAPK9, Thyroid Diseases, Thyroid Neoplasms, Tongue Neoplasms, Triple Negative Breast Neoplasms, Ureteral CDK9, Neoplasms, Urethral Neoplasms, Urinary Bladder Neoplasms, Uterine Cervical Neoplasms, Uveal Neoplasms, PIK3CA, Vaccinia, Vipoma, Wilms Tumor TGFBR2, PAK1, CDK5 CDK2 PRKD2 STK10 93 3 Phase 2: Ovarian Neoplasms, Adenocarcinoma, Adenocarcinoma, Follicular, Biliary Tract Neoplasms, Brain Vandetanib Abscess, Breast Neoplasms, Carcinoma, Carcinoma, Hepatocellular, Carcinoma, Neuroendocrine, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Renal Cell, Carcinoma, Small Cell, RPS6KA3 CAMK2G, MET. Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Carcinoma, Verrucous, Cholangiocarcinoma, IKBKE Colorectal Neoplasms, Endocrine Gland Neoplasms, Fallopian Tube Neoplasms, Gallbladder Neoplasms, MAPK6, Gastrointestinal Stromal Tumors, Glioblastoma, Gliosarcoma, Head and Neck Neoplasms, Kidney Neoplasms, PAK2 Leiomyoma, Leiomyomatosis, Leukemia, Leukemia, Myeloid, Lung Neoplasms, Mesothelioma, Mesothelioma, PRKACA Malignant, Multiple Endocrine Neoplasia, Multiple Endocrine Neoplasia Type 2a, Multiple Endocrine Neoplasia Type 2b, Multiple Myeloma, Myoma, Neoplasm Metastasis, Neoplasms, Neoplasms, Plasma Cell, Peritoneal Neoplasms, Pleural Effusion, Pleural Effusion, Malignant, Precancerous Conditions, Prostatic Neoplasms, TTK. CDK1 Rectal Neoplasms, Sarcoma, Small Cell Lung Carcinoma, Squamous Cell Carcinoma of Head and Neck, MAP3K11, PDGFRA, Stomach Neoplasms, Thyroid Cancer, Papillary, Thyroid Diseases, Thyroid Neoplasms, Ureteral Neoplasms, RAF1 Urethral Neoplasms, Urinary Bladder Neoplasms, von Hippel-Lindau Disease AURKB. CDK7, RPS6KA1, MAPK14, NEK2, PLK1, NEK6 ERBB2 AKT1, AURKA, CHEK1, MAP3K20, MAPK3, MAP2K6, TYK2 MELK. PIM2, CDK8, MAPK9, CDK9 PRKD3 PDGFRB.

PIK3CA

MAP2K1, MAP4K3, WEE1, PTK2,

	TGFBR2, PAK1, CDK5, CSNK2A1, CDK2, PRKD2, PLK4, STK3	
Sunitinib	STK10, RPS6KA3, CAMK2G, MET, IKBKE, MAPK6, PAK2, PRKACA, TTK, MAP3K11, SIRT2, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, NEK2, PLK1, NEK6, ERBB2, AKT1, AURKA, CHEK1, AURKA, CHEK1, MAPK3K0, MAPK3, MAP2K6, TYK2, MELK, PIM2, CDK8, MAPK9, CDK9, PRKD3, PDGFRB, MAPK03, PDGFRB, MAP2K1, MAPAK3, WEE1, PTK2, PIK3CA, TGFBR2, PAK1, CDK5, CSNK2A1, CDK2, PRKD2, PLK4, STK3	Phase 2: Ovarian Neoplasms, Adenocarcinoma, Adenocarcinoma of Lung, Adenocarcinoma, Clear Ceil, Adenocarcinoma, Follicular, Adenoma, Adenoma, Islet Cell, Adenomyoepithelioma, Adrenocortical Carcinoma, Ascites, Astrocytoma, Barrett Esophagus, Blast Crisis, Brain Abscess, Brain Neoplasms, Breast Neoplasms, Baresat Neoplasms, Bareat Recordinary, Carcinoma, Carcinoma, Carcinoma, Adenoid Cystic, Carcinoma, Palpitheliary, Carcinoma, Neuroendocrine, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Papillary, Carcinoma, Renal Cell, Carcinoma, Mortinoma, Colonic Neoplasms, Colorectal Neoplasms, Colorectal Neoplasms, Colorectal Neoplasms, Colorectal Neoplasms, Endometrial Neoplasms, Epithematoria, Transitional Cell, Carcinoma, Cyst Edema, Endorine Gland Neoplasms, Endometrial Neoplasms, Epitomatosis, Aggressive, Fibrosarcoma, Gastrointestinal Stromal Tumors, Giloblastoma, Giloracroma, Head and Neck Neoplasms, Hemangioblastoma, Hemangiopericytoma, Hemorrhagic Fever, Ebola, Histocytoma, Histocytoma, Benjarin, Fibrovas, Histocytoma, Hemangiopericytoma, Hemorrhagic Fever, Ebola, Histocytoma, Heidericytoma, Benjarin, Fibrovas, Histocytoma, Malignant Fibrovis, Inflammatory Breast Neoplasms, Intestinal Neoplasms, Kidney Neoplasms, Laryngeal Diseases, Laryngeal Neoplasms, Leiumya, Leiumya, Haliry Cell, Leukemia, Mast-Cell, Leukemia, Myeloid, Accelerated Phase, Leukemia, Myeloid, Acc

PIK3CA,

The **Disease trial phase** column reflects the maximum clinical trials phase in which the drug was studied for the analyzed pathology.

Repurposing drugs



Table 14. Repurposed drugs used in clinical trials for other pathologies (prospective drugs against the identified drug targets on the basis of literature curation in HumanPSD™ database) See full table -

Name	Target names	Drug score	Maximum trial phase
seliciclib	STK10, IKBKE, PAK2, PRKACA, MAP3K11, NEK2, NEK6, ERBB2, MAPK3, MAP2K6, TYK2, MELK, PRKD3, PDGFRB, MAP2K1, MAP4K3, WEE1, PTK2, CSNK2A1, CHEK2, PLK4, STK3, RPS6KA3, CAMK2G, MET, MAPK6, TTK, CDK1, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, PLK1, AKT1, AURKA, CHEK1, MAP3K20, HIPK2, PIM2, CDK8, MAPK9, CDK9, PIK3CA, TGFBR2, PAK1, CDK5, CDK2, PRKD2	80	Phase 2: ACTH-Secreting Pituitary Adenoma, Adenoma, Carcinoma, Non- Small-Cell Lung, Cystic Fibrosis, Cysts, Fibrosis, Pituitary ACTH Hypersecretion, Pituitary Neoplasms
midostaurin	STK10, RPS6KA3, CAMK2G, MET, IKBKE, MAPK6, PAK2, PRKACA, TTK, MAP3K11, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, NEK2, PLK1, NEK6, ERBB2, AKT1, AURKA, CHEK1, MAP3K20, MAPK3, MAP2K6, TYK2, MELK, PIM2, CDK8, MAPK9, CDK9, PRKD3, PDGFRB, MAP2K1, MAP4K3, PIK3CB, WEE1, PTK2, PIK3CA, TGFBR2, PAK1, CDK5, CSNK2A1, CDK2, PRKD2, PLK4, STK3	79	Phase 3: Anemia, Anemia, Refractory, Anemia, Refractory, with Excess of Blasts, Leukemia, Leukemia, Myeloid, Leukemia, Myeloid, Acute, Myelodysplastic Syndromes, Preleukemia, Syndrome
Vatalanib	STK10, RPS6KA3, CAMK2G, MET, IKBKE, MAPK6, PAK2, PRKACA, TTK, CDK1, MAP3K11, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, NEK2, PLK1, NEK6, ERBB2, AKT1, AURKA, CHEK1, MAP3K20, MAPK3, MAP2K6, TYK2, MELK, PIM2, CDK8, MAPK9, CDK9, PRKD3, PDGFRB, MAP2K1, MAP4K3, WEE1, PTK2, PIK3CA, TGFBR2, PAK1, CDK5, CSNK2A1, CDK2, PRKD2, PLK4, STK3	79	Phase 3: Colonic Neoplasms, Colorectal Neoplasms, Neoplasms, Rectal Neoplasms
1-(5-Tert-Butyl-2- P-Tolyl-2h-Pyrazol- 3-Yl)-3-[4-(2- Morpholin-4-Yl- Ethoxy)- Naphthalen-1-Yl]- Urea	STK10, IKBKE, PAK2, PRKACA, MAP3K11, NEK2, NEK6, ERBB2, MAPK3, MAP2K6, TYK2, MELK, PRKD3, PDGFRB, MAP2K1, MAP4K3, WEE1, PTK2, CSNK2A1, CHEK2, PLK4, STK3, RPS6KA3, CAMK2G, MET, MAPK6, TTK, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, PLK1, AKT1, AURKA, CHEK1, MAP3K20, HIPK2, PIM2, CDK8, MAPK9, CDK9, PIK3CA, TGFBR2, PAK1, CDK5, CDK2, PRKD2	79	N/A
ruboxistaurin	STK10, IKBKE, PAK2, PRKACA, MAP3K11, NEK2, NEK6, ERBB2, MAPK3, MAP2K6, TYK2, MELK, PRKD3, PDGFRB, MAP2K1, MAP4K3, WEE1, PTK2, CSNK2A1, CHEK2, PLK4, STK3, RPS6KA3, CAMK2G, MET, MAPK6, TTK, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, PLK1, AKT1, AURKA, CHEK1, MAP3K20, HIPK2, PIM2, CDK8, MAPK9, CDK9, PIK3CA, TGFBR2, PAK1, CDK5, CDK2, PRKD2	79	Phase 3: Diabetes Mellitus, Diabetes Mellitus, Type 1, Diabetes Mellitus, Type 2, Diabetic Neuropathies, Diabetic Retinopathy, Edema, Macular Edema, Nervous System Diseases, Peripheral Nervous System Diseases, Retinal Diseases

The Maximum trial phase column reflects the maximum clinical trials phase in which the drug was studied for any pathology.



No prospective drugs were found, which would be predicted by PASS software to be active against the identified drug targets and would be predicted to have biological activity against the studied disease(s).



Table 15. Prospective drugs, predicted by PASS software to be active against the identified drug targets, though without cheminformatically predicted activity against the studied disease(s) (drug candidates predicted with the cheminformatics tool PASS) See full table

Name	Target names	Drug score	Target activity score
Bortezomib	PSMC5, PSME3, PSMD13, PSMA7, PSMC3, PSMD2, PSMD1, PSMD14, PSMD5, PSMC6, CASP3, PSMD11, PSMC4, PSMC1, PSMC2, PSMD12, PSMD7, PSMD3	98	2.05
N-(4-MORPHOLINE)CARBONYL-B-(1- NAPHTHYL)-L-ALANINE-L-LEUCINE BORONIC ACID	PSMC5, PSME3, PSMD13, PSMA7, PSMC3, PSMD2, PSMD1, PSMD14, PSMD5, PSMC6, PSMD11, PSMC4, PSMC1, PSMC2, PSMD12, PSMD7, PSMD3	98	1.61
Camptothecin	HIF1A, CASP3, LGALS1	97	0.82
Topotecan	HIF1A, CASP3, LGALS1	97	0.81
LE-SN38	HIF1A, CASP3, LGALS1	97	0.78

As the result of drug search we propose the following drugs as most promising candidates for treating the pathology under study: Erlotinib, seliciclib and Bortezomib. These drugs were selected for acting on the following targets: NEK2 and PSMD5, which were predicted to be active in the molecular mechanism of the studied pathology.

The selected drugs are top ranked drug candidates from each of the four categories of drugs: (1) FDA approved drugs or used in clinical trials drugs for the studied pathology; (2) repurposing drugs used in clinical trials for other pathologies; (3) drugs, predicted by PASS software to be active against the studied pathology; (4) drugs, predicted by PASS software to be repurposed from other pathologies.

Supplementary drug info

In addition to the approved and repurposed drugs proposed by Genome Enhancer, below the Supplementary drug info table is given, which contains an extended list of drugs used for treatment of neoplasms. Those drugs which were predicted by Genome Enhancer as prospective treatment candidates for the studied case (both approved and repurposed) have a respective Predicted Drug Score assigned to them. This value on a scale from 1 to 100 reflects the potential activity of the respective drug on the overall molecular mechanism of the studied pathology. The Predicted Drug Score column contains the N/I (Not Identified) value in case the drug targets of the respective treatment were not found in the molecular mechanism of the studied pathology.

Table 16. Supplementary drug info: extended list of drugs used for treatment of neoplasms with respective drug scores predicted for the studied pathology.

Drug	Disease	Predicted Drug Score
Abarelix	Prostatic Neoplasms	N/I
Abemaciclib	Breast Neoplasms	15
Abiraterone	Prostatic Neoplasms, Castration-Resistant	N/I
Abiraterone acetate	Prostatic Neoplasms, Castration-Resistant	N/I
Acalabrutinib	Lymphoma, Mantle-Cell	N/I
Acitretin	Psoriasis	12
Ado-trastuzumab	Breast Neoplasms Neoplasms	83

emtansine Afatinib	Carcinoma, Non-Small-Cell Lung	34
flibercept	Colorectal Neoplasms Diabetic Retinopathy Edema Vascular Diseases Wet Macular Degeneration	41
lectinib	Carcinoma, Non-Small-Cell Lung	23
lemtuzumab	Brain Abscess Leukemia, Lymphocytic, Chronic, B-Cell Multiple Sclerosis Multiple Sclerosis, Relapsing-Remitting Sclerosis	N/I
itretinoin	Sarcoma, Kaposi	N/I
pelisib	Breast Neoplasms	60
tretamine	Ovarian Neoplasms	N/I
minolevulinic acid	Keratosis Keratosis, Actinic	N/I
nagrelide	Thrombocythemia, Essential Thrombocytosis	N/I
nastrozole	Breast Neoplasms Hypersensitivity Obesity Obesity, Morbid Recurrence Weight Loss	N/I
palutamide	Prostatic Neoplasms, Castration-Resistant	N/I
prepitant	Nausea Neoplasms Postoperative Nausea and Vomiting	N/I
rsenic trioxide	Leukemia, Promyelocytic, Acute	68
tezolizumab	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell Triple Negative Breast Neoplasms	N/I
velumab	Carcinoma, Merkel Cell Carcinoma, Renal Cell Carcinoma, Transitional Cell	N/I
xitinib	Carcinoma, Renal Cell	60
zacitidine	Anemia, Refractory Anemia, Refractory, with Excess of Blasts Leukemia, Myelomonocytic, Chronic Myelodysplastic	17
	Syndromes Preleukemia Syndrome	
elinostat	Lymphoma, T-Cell, Peripheral	58
endamustine evacizumab	Leukemia, Lymphocytic, Chronic, B-Cell Leukemia, Lymphoid Breast Neoplasms Colonic Neoplasms Colorectal Neoplasms Corneal Neovascularization Diabetic Retinopathy Dilatation, Pathologic Edema Epistaxis Glaucoma Hemorrhage Macular Degeneration Macular Edema Neoplasm Metastasis Neoplasms Neovascularization, Pathologic Optic Nerve Diseases Pterygium Rectal Neoplasms Retinal Detachment Retinal Diseases Retinal Vein Occlusion Telangiectasia, Hereditary	N/I
	Hemorrhagic Telangiectasis Vitreous Hemorrhage	
exarotene	Lymphoma, T-Cell Lymphoma, T-Cell, Cutaneous	N/I
icalutamide	Prostatic Neoplasms	9
inimetinib	Melanoma	50
linatumomab	Precursor B-Cell Lymphoblastic Leukemia-Lymphoma	N/I
ortezomib	Brain Abscess Glomerulonephritis Glomerulonephritis, IGA Kidney Diseases Multiple Myeloma Neoplasms, Plasma Cell Nephritis Renal Insufficiency	78
osutinib	Leukemia, Myelogenous, Chronic, BCR-ABL Positive	66
rentuximab vedotin	Hodgkin Disease Lymphoma Lymphoma, Large-Cell, Anaplastic Lymphoma, T-Cell, Peripheral	N/I
rigatinib	Carcinoma, Non-Small-Cell Lung	37
userelin	Prostatic Neoplasms	N/I
abazitaxel	Prostatic Neoplasms, Castration-Resistant	73
abergoline	Drug-Related Side Effects and Adverse Reactions Pituitary Neoplasms	N/I
abozantinib	Thyroid Neoplasms	17
apecitabine	Breast Neoplasms Colonic Neoplasms Colorectal Neoplasms	N/I
arboplatin	Carcinoma, Non-Small-Cell Lung Lung Neoplasms Neoplasms Neuroendocrine Tumors Ovarian Neoplasms Retinoblastoma	N/I
Carfilzomib	Multiple Myeloma	72
armustine	Astrocytoma Glioblastoma Hodgkin Disease Medulloblastoma Multiple Myeloma Neoplasms	43
eritinib	Carcinoma, Non-Small-Cell Lung	70
etuximab	Colorectal Neoplasms	N/I
inacalcet	Anemia Calcinosis Cardiovascular Diseases Hyperparathyroidism Hyperparathyroidism, Secondary Kidney Diseases Kidney Failure, Chronic Neoplasm Metastasis Neoplasms Parathyroid Neoplasms Renal Insufficiency Vascular Calcification Vascular Diseases Vision Disorders	N/I
Cisplatin	Carcinoma, Squamous Cell Neoplasms Uterine Cervical Neoplasms Carcinoma, Non-Small-Cell Lung Esophageal Neoplasms Carcinoma	77
Cladribine	Leukemia, Hairy Cell	5
lofarabine	Precursor Cell Lymphoblastic Leukemia-Lymphoma	N/I
obimetinib	Melanoma	48
opanlisib	Lymphoma, Follicular	82
rizotinib	Carcinoma, Non-Small-Cell Lung	27
yproterone acetate	Prostatic Neoplasms	N/I
abrafenib	Melanoma	24
acomitinib	Carcinoma, Non-Small-Cell Lung	57
aratumumab	Multiple Myeloma	N/I
asatinib	Leukemia, Myelogenous, Chronic, BCR-ABL Positive Leukemia, Myeloid, Chronic-Phase Precursor Cell Lymphoblastic Leukemia-Lymphoma	91
ecitabine	Anemia, Refractory Anemia, Refractory, with Excess of Blasts Leukemia, Myelomonocytic, Chronic Myelodysplastic Syndromes	48
)egarelix	Cardiovascular Diseases Prostatic Neoplasms Vascular Diseases	40
Denosumab	Arthritis, Rheumatoid Bone Diseases Bone Diseases, Metabolic Breast Neoplasms Hyperparathyroidism Hyperparathyroidism, Primary Metabolic Diseases Neoplasm	N/I
	Metastasis Neoplasms Osteoporosis Osteoporosis, Postmenopausal Prostatic Neoplasms	N1 /7
exrazoxane	Breast Neoplasms Cardiomyopathies	N/I
ienogest	Menorrhagia	N/I
inutuximab	Neuroblastoma	N/I
	Breast Neoplasms Carcinoma, Non-Small-Cell Lung Prostatic Neoplasms Squamous Cell Carcinoma of Head and Neck Stomach Neoplasms	62
ocetaxel	Neoplasms Multiple Myeloma Carcinoma, Ovarian Epithelial Ovarian Neoplasms Leukemia, Lymphoid Breast	86
	Neoplasms Lymphoma, Follicular Thyroid Neoplasms Triple Negative Breast Neoplasms Glioma	N/I
oxorubicin	Neoplasms Lymphoma, Follicular Thyroid Neoplasms Triple Negative Breast Neoplasms Glioma Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell	11/1
oxorubicin		N/I
Ooxorubicin Durvalumab Dutasteride	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell	
oxorubicin urvalumab uutasteride uvelisib	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell Alcoholism Hyperplasia Hypertrophy Neoplasms Prostatic Hyperplasia Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, Follicular	N/I 9
oxorubicin ourvalumab outasteride ouvelisib lotuzumab	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell Alcoholism Hyperplasia Hypertrophy Neoplasms Prostatic Hyperplasia Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, Follicular Multiple Myeloma	N/I 9 36
oxorubicin ourvalumab outasteride ouvelisib lotuzumab nasidenib	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell Alcoholism Hyperplasia Hypertrophy Neoplasms Prostatic Hyperplasia Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, Follicular Multiple Myeloma Leukemia, Myeloid, Acute	N/I 9
Doxorubicin Durvalumab Dutasteride Duvelisib Ilotuzumab Inasidenib Incorafenib	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell Alcoholism Hyperplasia Hypertrophy Neoplasms Prostatic Hyperplasia Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, Follicular Multiple Myeloma Leukemia, Myeloid, Acute Colorectal Neoplasms Melanoma	N/I 9 36 N/I 52
pocetaxel poxorubicin purvalumab putasteride puvelisib lotuzumab nasidenib ncorafenib nfortumab vedotin ntrectinib	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell Alcoholism Hyperplasia Hypertrophy Neoplasms Prostatic Hyperplasia Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, Follicular Multiple Myeloma Leukemia, Myeloid, Acute	N/I 9 36 N/I

Epirubicin Erdafitinib	Breast Neoplasms Urinary Bladder Neoplasms	58
Eribulin	Breast Neoplasms Drug-Related Side Effects and Adverse Reactions Neoplasms	N/I
rlotinib	Carcinoma, Non-Small-Cell Lung Neoplasms Pancreatic Neoplasms	97
Frlotinib		
ydrochloride	Carcinoma, Non-Small-Cell Lung Gastrointestinal Stromal Tumors	N/I
stramustine	Prostatic Neoplasms	18
Ethinyl Estradiol	Acne Vulgaris Neoplasms	30
Everolimus	Angiomyolipoma Arthrogryposis Astrocytoma Breast Neoplasms Carcinoma, Renal Cell Cysts Idiopathic Pulmonary Fibrosis Kidney Diseases, Cystic Kidney Failure, Chronic Lipoma Neuroendocrine Tumors Primary Graft Dysfunction Sclerosis Tuberous Sclerosis	67
exemestane	Breast Neoplasms	N/I
edratinib	Primary Myelofibrosis	N/I
inasteride	Hyperplasia Neoplasms Prostatic Hyperplasia	N/I
lavopiridol	Leukemia, Lymphocytic, Chronic, B-Cell	89
luorouracil luoxymesterone	Skin Neoplasms Neoplasms, Basal Cell Neoplasms, Second Primary Neoplasms, Squamous Cell Neoplasms Colorectal Neoplasms Pancreatic Neoplasms Breast Neoplasms Hypogonadism Puberty, Delayed	77 N/I
lutamide	Premenstrual Dysphoric Disorder Premenstrual Syndrome Prostatic Neoplasms	45
ulvestrant	Breast Neoplasms	N/I
Sefitinib	Carcinoma, Non-Small-Cell Lung	91
emcitabine	Breast Neoplasms Carcinoma, Non-Small-Cell Lung Ovarian Neoplasms Pancreatic Neoplasms	78
emtuzumab	Leukemia, Myeloid, Acute	N/I
zogamicin		•
ilteritinib	Leukemia, Myeloid, Acute	60
lasdegib	Leukemia, Myeloid, Acute	N/I
oserelin	Atrophy Breast Neoplasms Bulbo-Spinal Atrophy, X-Linked Endometriosis Muscular Atrophy Myoma Prostatic Neoplasms	N/I
istrelin	Puberty, Precocious	N/I
omoharringtonine	Leukemia, Myelogenous, Chronic, BCR-ABL Positive	76
oritumomab	Lymphoma, B-Cell Lymphoma, Follicular	N/I
	Graft vs Host Disease Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, B-Cell, Marginal Zone Lymphoma, Mantle-	
brutinib	Cell Waldenstrom Macroglobulinemia	58
darubicin	Leukemia, Myeloid, Acute	N/I
delalisib	Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, Follicular	26
fosfamide	Neoplasms	37
matinib	Leukemia, Myelogenous, Chronic, BCR-ABL Positive Mastocytosis, Systemic Neoplasms	86
notuzumab zogamicin	Precursor B-Cell Lymphoblastic Leukemia-Lymphoma	N/I
pilimumab	Carcinoma, Renal Cell Melanoma	N/I
rinotecan	Colorectal Neoplasms	70
vosidenib	Leukemia, Myeloid, Acute	N/I
xabepilone	Breast Neoplasms	N/I
xazomib	Multiple Myeloma	N/I
apatinib	Breast Neoplasms	83
arotrectinib	Neoplasm Metastasis	N/I
enalidomide	Brain Abscess Lupus Erythematosus, Cutaneous Myelodysplastic Syndromes Neoplasms, Plasma Cell	N/I
envatinib	Carcinoma, Hepatocellular Carcinoma, Renal Cell Thyroid Neoplasms	65
etrozole	Breast Neoplasms Cysts Fibroma Myofibroma Myoma Ovarian Cysts Syndrome	N/I
euprolide	Hot Flashes Ovarian Hyperstimulation Syndrome Prostatic Neoplasms Puberty, Precocious	N/I
evamisole	Ascariasis Colonic Neoplasms Helminthiasis Epilepsy Hyperplasia Menorrhagia	N/I N/I
evonorgestrel omustine	Brain Neoplasms Hodgkin Disease	N/I
onafarnib	Breast Neoplasms Carcinoma, Non-Small-Cell Lung Central Nervous System Neoplasms Colorectal Neoplasms Gliosarcoma Head and Neck Neoplasms Leukemia, Myelomonocytic, Chronic Liver Neoplasms Lymphoma Myelodysplastic Syndromes Ovarian Neoplasms Urethral Neoplasms Urinary Bladder Neoplasms	61
orlatinib	Carcinoma, Non-Small-Cell Lung	12
lasoprocol	Keratosis, Actinic	N/I
ledroxyprogesterone	Depression Depression, Postpartum Depressive Disorder Metrorrhagia Neoplasms Uterine Hemorrhage	15
cetate legestrol acetate	Acquired Immunodeficiency Syndrome Bites and Stings Breast Neoplasms Pain Wasting Syndrome	
legestrol acetate lethotrexate	Neoplasms Breast Neoplasms Head and Neck Neoplasms Ovarian Neoplasms Lymphoma, T-Cell, Peripheral Brain Neoplasms Colorectal Neoplasms Neuroblastoma Carcinoma, Squamous Cell	N/I 48
1ethyltestosterone	Breast Neoplasms Hypogonadism Puberty, Delayed	N/I
lidostaurin	Leukemia, Mast-Cell Leukemia, Myeloid, Acute Mastocytosis, Systemic	79
1itotane	Adrenocortical Carcinoma	N/I
litoxantrone	Autoimmune Diseases Autoimmune Diseases of the Nervous System Demyelinating Autoimmune Diseases, CNS Immune System Diseases Leukemia, Myeloid, Acute Multiple Sclerosis Myelitis Myelitis, Transverse Nervous	56
Mogamulizumah	System Diseases Neuromyelitis Optica Prostatic Neoplasms, Castration-Resistant Mycosis Fungoides Neoplasms Sezary Syndrome	N/T
logamulizumab loxetumomab		N/I
asudotox	Leukemia, Hairy Cell Neoplasms	N/I
ecitumumab	Carcinoma, Non-Small-Cell Lung Neoplasms	N/I
elarabine	Precursor T-Cell Lymphoblastic Leukemia-Lymphoma	N/I
eratinib	Breast Neoplasms	52
ilotinib	Blast Crisis Leukemia, Myelogenous, Chronic, BCR-ABL Positive Leukemia, Myeloid, Chronic-Phase	44
lilutamide	Prostatic Neoplasms	N/I
lintedanib	Fibrosis Idiopathic Pulmonary Fibrosis	76
liraparib	Carcinoma, Ovarian Epithelial Fallopian Tube Neoplasms Peritoneal Neoplasms	65 N/T
Nivolumab	Carcinoma, Non-Small-Cell Lung Kidney Neoplasms Neoplasms Lung Neoplasms Melanoma	N/I
Obinutuzumab	Leukemia, Lymphocytic, Chronic, B-Cell Acromogaly Adopomal Accided Carcinoid Tumor Fistula Papercastic Fistula Dituitary, Dispassed Popal	N/I
Octreotide	Acromegaly Adenoma Ascites Carcinoid Tumor Fistula Pancreatic Fistula Pituitary Diseases Renal Insufficiency Vipoma	31

Olaparib Olaratumab	Breast Neoplasms Carcinoma, Ovarian Epithelial Fallopian Tube Neoplasms Ovarian Neoplasms Pancreatic Neoplasms Peritoneal Neoplasms Prostatic Neoplasms, Castration-Resistant Sarcoma	53 N/I
Osimertinib	Carcinoma, Non-Small-Cell Lung	62
Oxaliplatin		36
Paclitaxel	Colonic Neoplasms Colorectal Neoplasms Neoplasms Rectal Neoplasms Acute Coronary Syndrome Angina Pectoris Arteriosclerosis Breast Neoplasms Carcinoma, Non-Small-Cell Lung Cardiovascular Diseases Coronary Artery Disease Coronary Diseases Coronary Stenosis Heart Diseases Myocardial Ischemia Ovarian Neoplasms Vascular Diseases	90
Palbociclib	Breast Neoplasms	N/I
anitumumab	Colorectal Neoplasms	N/I
anobinostat	Multiple Myeloma	21
azopanib	Carcinoma Carcinoma, Renal Cell Sarcoma	97
embrolizumab	Carcinoma, Hepatocellular Carcinoma, Merkel Cell Carcinoma, Non-Small-Cell Lung Carcinoma, Renal Cell Carcinoma, Transitional Cell Hodgkin Disease Melanoma Neoplasms Stomach Neoplasms	N/I
Pemetrexed	Carcinoma, Non-Small-Cell Lung Mesothelioma	N/I
Pentostatin	Leukemia, Hairy Cell	N/I
Pertuzumab	Breast Neoplasms	77
omalidomide	Multiple Myeloma	N/I
Ponatinib	Leukemia, Myelogenous, Chronic, BCR-ABL Positive Precursor Cell Lymphoblastic Leukemia-Lymphoma	25
Pralatrexate	Lymphoma, T-Cell, Peripheral	N/I
Radium Ra 223 Dichloride	Prostatic Neoplasms, Castration-Resistant	N/I
Ramucirumab	Stomach Neoplasms	N/I
Rasburicase	Hyperuricemia Leukemia Lymphoma Neoplasms Syndrome Tumor Lysis Syndrome	N/I
Regorafenib	Colorectal Neoplasms	69
Relugolix	Prostatic Neoplasms	N/I
Ribociclib	Breast Neoplasms	N/I
Rituximab	Arthritis Arthritis, Rheumatoid Granulomatosis with Polyangiitis Leukemia Leukemia, Lymphoid Lymphoma Lymphoma, B-Cell Lymphoma, Follicular Lymphoma, Non-Hodgkin Myelitis Neuromyelitis Optica Purpura Purpura, Thrombocytopenic Purpura, Thrombocytopenic, Idiopathic Thrombocytopenia	N/I
Romidepsin	Lymphoma, T-Cell, Cutaneous	36
Rucaparib	Carcinoma, Ovarian Epithelial Fallopian Tube Neoplasms Peritoneal Neoplasms Prostatic Neoplasms, Castration- Resistant	57
Ruxolitinib	Graft vs Host Disease Polycythemia Polycythemia Vera Primary Myelofibrosis Thrombocytosis	N/I
Selinexor	Multiple Myeloma	39
elumetinib	Neurofibromatosis 1	35
Siltuximab	Giant Lymph Node Hyperplasia	N/I
Sirolimus	Angiomyolipoma Constriction, Pathologic Coronary Restenosis Eye Diseases Immune System Diseases Kidney Failure, Chronic Lipoma Tuberous Sclerosis	79
Sonidegib	Carcinoma, Basal Cell	N/I
Sorafenib	Carcinoma, Hepatocellular Carcinoma, Renal Cell Thyroid Neoplasms	94
Sunitinib	Adenoma Carcinoma, Renal Cell Digestive System Neoplasms Gastrointestinal Neoplasms Gastrointestinal Stromal Tumors Intestinal Neoplasms	93
Talazoparib	Breast Neoplasms	48
amoxifen	Breast Diseases Cystic Fibrosis Cysts Fibroadenoma Fibrocystic Breast Disease Hemorrhage Menorrhagia Menstruation Disturbances Metrorrhagia Neoplasms	47
Tamsulosin	Calculi Coronary Artery Disease Heart Diseases Hernia Hernia, Inguinal Inflammation Ischemia Lithiasis Lower Urinary Tract Symptoms Myocardial Ischemia Prostatic Hyperplasia Ureteral Calculi Urinary Calculi Urolithiasis Urologic Diseases	N/I
Temozolomide	Astrocytoma Nervous System Neoplasms	N/I
Temsirolimus	Carcinoma, Renal Cell	78
eniposide	Precursor Cell Lymphoblastic Leukemia-Lymphoma	38
halidomide	Brain Abscess Immune System Diseases Multiple Myeloma Neoplasms, Plasma Cell	N/I
ivozanib	Carcinoma, Renal Cell	70
ocilizumab	Arthritis Arthritis, Juvenile Arthritis, Rheumatoid Behavior Cytokine Release Syndrome Giant Cell Arteritis Neurobehavioral Manifestations Oral Manifestations Psychotic Disorders Schizophrenia Tic Disorders	N/I
Topotecan	Small Cell Lung Carcinoma	38
oremifene	Breast Neoplasms	18
rabectedin	Leiomyosarcoma Liposarcoma	N/I
rametinib	Carcinoma, Non-Small-Cell Lung Melanoma	82
rastuzumab	Breast Neoplasms Neoplasms	47
retinoin	Lentigo	61
riptorelin	Fatty Liver Hypogonadism Infertility, Female Prostatic Neoplasms	54
ucatinib	Breast Neoplasms	69
/alrubicin	Urinary Bladder Neoplasms	N/I
andetanib	Thyroid Neoplasms	93
/emurafenib	Melanoma	41
'enetoclax	Leukemia, Lymphocytic, Chronic, B-Cell Leukemia, Myeloid, Acute	N/I
/inblastine	Glioma	N/I
/incristine	Precursor Cell Lymphoblastic Leukemia-Lymphoma	N/I
/inorelbine	Carcinoma, Non-Small-Cell Lung	66
/ismodegib	Carcinoma, Basal Cell	N/I
/orinostat	Lymphoma, T-Cell, Cutaneous Arthritis Bone Marrow Diseases Brain Abscess Chronic Kidney Disease-Mineral and Bone Disorder Chronic	64
Zoledronate	Periodontitis HIV Infections Hypersensitivity Infections Kidney Diseases Metabolic Diseases Multiple Myeloma Neoplasms Neoplasms, Plasma Cell Neoplasms, Second Primary Osteitis Osteoarthritis Periodontitis Pleural Effusion, Malignant Prostatic Neoplasms Renal Insufficiency, Chronic Thalassemia Wounds and Injuries	N/I

6. Conclusion

We applied the software package "Genome Enhancer" to a multi-omics data set that contains *transcriptomics and epigenomics* data. The study is done in the context of *Ovarian Neoplasms*. The data were pre-processed, statistically analyzed and differentially expressed genes were identified. Also checked was the enrichment of GO or disease categories among the studied gene sets.

We propose the following drugs as most promising candidates for treating the pathology under study:



These drugs were selected for acting on the following targets: NEK2 and PSMD5, which were predicted to be involved in the molecular mechanism of the pathology under study.

The identified molecular mechanism of the studied pathology was predicted to be mainly based on the following key drug targets:



TGFbetaR-II, Nek2A, 26S proteasome and Cdk1-isoform1:cyclinB1-isoform1

These potential drug targets should be considered as a prospective research initiative for further drug repurposing and drug development purposes. The following drugs were predicted as, matching those drug targets: Vandetanib, Bortezomib, 6-Nitroindazole, Erlotinib, seliciclib, 3,5-Diaminophthalhydrazide and uab-30. These drugs should be considered with special caution for research purposes only.

In this study, we came up with a detailed signal transduction network regulating differentially expressed genes in the studied pathology. In this network we have revealed the following top master regulators (signaling proteins and their complexes) that play a crucial role in the molecular mechanism of the studied pathology, which can be proposed as the most promising molecular targets for further drug repurposing and drug development initiatives.

- TGFbetaR-II
- Nek2A
- 26S proteasome
- Cdk1-isoform1:cyclinB1-isoform1

Potential drug compounds which can be affecting these targets can be found in the "Finding prospective drug targets" section.

7. Methods

Databases used in the study

Transcription factor binding sites in promoters and enhancers of differentially expressed genes were analyzed using known DNA-binding motifs described in the TRANSFAC® library, release 2022.1 (geneXplain GmbH, Wolfenbüttel, Germany) (https://genexplain.com/transfac).

The master regulator search uses the TRANSPATH® database (BIOBASE), release 2022.1 (geneXplain GmbH, Wolfenbüttel, Germany) (https://genexplain.com/transpath). A comprehensive signal transduction network of human cells is built by the software on the basis of reactions annotated in TRANSPATH®.

The information about drugs corresponding to identified drug targets and clinical trials references were extracted from HumanPSD™ database, release 2022.1 (https://genexplain.com/humanpsd).

The Ensembl database release Human104.38 (hg38) (http://www.ensembl.org) was used for gene IDs representation and Gene Ontology (GO) (http://geneontology.org) was used for functional classification of the studied gene set.

Methods for the analysis of enriched transcription factor binding sites and composite modules

Transcription factor binding sites in promoters and enhancers of differentially expressed genes were analyzed using known DNA-binding motifs. The motifs are specified using position weight matrices (PWMs) that give weights to each nucleotide in each position of the DNA binding motif for a transcription factor or a group of them.

We search for transcription factor binding sites (TFBS) that are enriched in the promoters and enhancers under study as compared to a background sequence set such as promoters of genes that were not differentially regulated under the condition of the experiment. We denote study and background sets briefly as Yes and No sets. In the current work we used a workflow considering promoter sequences of a standard length of 1100 bp (-1000 to +100). The error rate in this part of the pipeline is controlled by estimating the adjusted p-value (using the Benjamini-Hochberg procedure) in comparison to the TFBS frequency found in randomly selected regions of the human genome (adj.p-value < 0.01).

We have applied the CMA algorithm (Composite Module Analyst) for searching composite modules [7] in the promoters and enhancers of the Yes and No sets. We searched for a composite module consisting of a cluster of 10 TFs in a sliding window of 200-300 bp that statistically significantly separates sequences in the Yes and No sets (minimizing Wilcoxon p-value).

Methods for finding master regulators in networks

We searched for master regulator molecules in signal transduction pathways upstream of the identified transcription factors. The master regulator search uses a comprehensive signal transduction network of human cells. The main algorithm of the master regulator search has been described earlier [3,4]. The goal of the algorithm is to find nodes in the global signal transduction network that may potentially regulate the activity of a set of transcription factors found at the previous step of the analysis. Such nodes are considered as most promising drug targets, since any influence on such a node may switch the transcriptional programs of hundreds of genes that are regulated by the respective TFs. In our analysis, we have run the algorithm with a maximum radius of 12 steps upstream of each TF in the input set. The error rate of this algorithm is controlled by applying it 10000 times to randomly generated sets of input transcription factors of the same set-size. Z-score and FDR value of ranks are calculated then for each potential master regulator node on the basis of such random runs (see detailed description in [9]). We control the error rate by the FDR threshold 0.05.

Methods for analysis of pharmaceutical compounds

We seek for the optimal combination of molecular targets (key elements of the regulatory network of the cell) that potentially interact with pharmaceutical compounds from a library of known drugs and biologically active chemical compounds, using information about known drugs from HumanPSD $^{\text{TM}}$ and predicting potential drugs using PASS program.

We selected compounds from HumanPSD $^{\text{TM}}$ database that have at least one target. Next, we sort compounds using " $Drug\ rank$ " that is the sum of the following ranks:

- 1. ranking by "Target activity score" (*T-score_{PSD}*),
- 2. ranking by "Disease activity score" (*D-score_{PSD}*),
- 3. ranking by "Clinical validity score".

"Target activity score" (T-score_{PSD}) is calculated as follows:

$$T\text{-}score_{_{PSD}} = -\frac{|T|}{|T| + w(|AT| - |T|))} \sum_{t \in T} log_{10} \left(\frac{rank(t)}{1 + maxRank(T)} \right),$$

where T is set of all targets related to the compound intersected with input list, |T| is number of elements in T, AT and |AT| are set set of all targets related to the compound and number of elements in it, w is weight multiplier, rank(t) is rank of given target, max(rank(t)) equals max(rank(t)) for all targets t in T.

We use following formula to calculate "Disease activity score" (D-score_{PSD}):

$$D\text{-}score_{\mathit{PSD}} = \begin{cases} \sum\limits_{d \in D} \sum\limits_{p \in P} phase(d,p) \\ 0, \ D = \varnothing \end{cases},$$

where D is the set of selected diseases, and if D is empty set, D-score $_{PSD}=0$. P is a set of all known phases for each disease, phase(p,d) equals to the phase number if there are known clinical trials for the selected disease on this phase and zero otherwise.

The clinical validity score reflects the number of the highest clinical trials phase (from 1 to 4) on which the drug was ever tested for any pathology.

Method for prediction of pharmaceutical compounds

In this study, the focus was put on compounds with high pharmacological efficiency and low toxicity. For this purpose, comprehensive library of chemical compounds and drugs was subjected to a SAR/QSAR analysis. This library contains 13040 compounds along with their pre-calculated potential pharmacological activities of those substances, their possible side and toxic effects, as well as the possible mechanisms of action. All biological activities are expressed as probability values for a substance to exert this activity (*Pa*). We selected compounds that satisfied the following conditions:

- 1. Toxicity below a chosen toxicity threshold (defines as Pa, probability to be active as toxic substance).
- 2. For all predicted pharmacological effects that correspond to a set of user selected disease(s) *Pa* is greater than a chosen effect threshold.
- 3. There are at least 2 targets (corresponding to the predicted activity-mechanisms) with predicted *Pa* greater than a chosen target threshold.

The maximum *Pa* value for all toxicities corresponding to the given compound is selected as the "Toxicity score". The maximum *Pa* value for all activities corresponding to the selected diseases for the given compound is used as the "Disease activity score". "Target activity score" (T-score) is calculated as follows:

$$T\text{-}score(s) = \frac{|T|}{|T| + w(|AT| - |T|)} \sum_{m \in M(s)} \left(pa(m) \sum_{g \in G(m)} IAP(g) optWeight(g) \right),$$

where M(s) is the set of activity-mechanisms for the given structure (which passed the chosen threshold for activity-mechanisms Pa); G(m) is the set of targets (converted to genes) that corresponds to the given activity-mechanism (m) for the given compound; pa(m) is the probability to be active of the activity-mechanism (m), IAP(g) is the invariant accuracy of prediction for gene from G(m); optWeight(g) is the additional weight multiplier for gene. T is set of all targets related to the compound intersected with input list, |T| is number of elements in T, AT and |AT| are set set of all targets related to the compound and number of elements in it, w is weight multiplier.

"Druggability score" (D-score) is calculated as follows:
$$D\text{-}score(g) = IAP(g) \sum_{s \in S(g)} \sum_{m \in M(s,g)} pa(m),$$

where S(g) is the set of structures for which target list contains given target, M(s,g) is the set of activity-mechanisms (for the given structure) that corresponds to the given gene, pa(m) is the probability to be active of the activity-mechanism (m), IAP(g) is the invariant accuracy of prediction for the given gene.

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Supplementary material

- 1. Supplementary table 1 Detailed report. Composite modules and master regulators (up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive).
- 2. Supplementary table 2 Detailed report. Composite modules and master regulators (down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive).
- 3. Supplementary table 3 Detailed report. Pharmaceutical compounds and drug targets.

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Decisions regarding care and treatment of patients should be fully made by attending doctors. The predicted chemical compounds listed in the report are given only for doctor's consideration and they cannot be treated as prescribed medication. It is the physician's responsibility to independently decide whether any, none or all of the predicted compounds can be used solely or in combination for patient treatment purposes, taking into account all applicable information regarding FDA prescribing recommendations for any therapeutic and the patient's condition, including, but not limited to, the patient's and family's medical history, physical examinations, information from various diagnostic tests, and patient preferences in accordance with the current standard of care. Whether or not a particular patient will benefit from a selected therapy is based on many factors and can vary significantly.

The compounds predicted to be active against the identified drug targets in the report are not guaranteed to be active against any particular patient's condition. GeneXplain GmbH does not give any assurances or guarantees regarding the treatment information and conclusions given in the report. There is no guarantee that any third party will provide a refund for any of the treatment decisions made based on these results. None of the listed compounds was checked by Genome Enhancer for adverse side-effects or even toxic effects.

The analysis report contains information about chemical drug compounds, clinical trials and disease biomarkers retrieved from the $HumanPSD^{TM}$ database of gene-disease assignments maintained and exclusively distributed worldwide by geneXplain GmbH. The information contained in this database is collected from scientific literature and public clinical trials resources. It is updated to the best of geneXplain's knowledge however we do not guarantee completeness and reliability of this information leaving the final checkup and consideration of the predicted therapies to the medical doctor.

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