# TLR3 and TLR4 are promising druggable targets for treating Hepatitis C that control activity of SMAD4, TFCP2 and E2F1 transcription factors on promoters of differentially expressed genes in liver tissue

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Data received on 13/08/2019 ; Run on 06/07/2023 ; Report generated on 06/07/2023

Genome Enhancer release 3.2 (TRANSFAC®, TRANSPATH® and HumanPSD™ release 2023.1)

## Abstract

In the present study we applied the software package "Genome Enhancer" to a data set that contains *transcriptomics* data obtained from *liver* tissue. The study is done in the context of *Hepatitis C*. 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: SMAD4, TFCP2, BCL6, E2F1, NANOG and CUX1. The subsequent network analysis suggested

- LPS:lbp:CD14:TLR4:MD-2:MyD88:IRAK-1{pS376}{pT387}
- dsRNA:TLR3:TRIF
- JKAP
- PKACA
- LCMT

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: Sorafenib, seliciclib and Perindopril.

# 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*

| File name | Data type |
|---|---|
| E01_Transcriptomics_LogFC-Table | Transcriptomics |

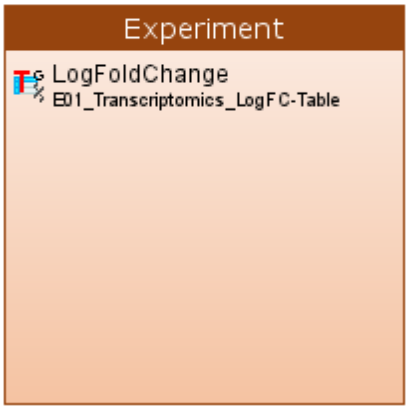



*Figure 1. Annotation diagram of experimental data used in this study. With the colored boxes we show those sub-categories of the data that are compared in our analysis.*

# 3. Results

We have analyzed the following condition: Experiment.

## *3.1. Identification of target genes*

In the first step of the analysis ***target genes*** were identified from the uploaded experimental data. Genes were ranked according to the expression value and 300 genes with highest value (see Table 2) and 300 genes with lowest value (see Table 3) were selected for further analysis.

*Table 2. Top ten high expressed genes in Experiment.*
**See full table →**

| ID | Gene description | Gene symbol | LogFoldChange |
|---|---|---|---|
| ENSG00000137959 | interferon induced protein 44 like | IFI44L | 6.19 |
| ENSG00000169245 | C-X-C motif chemokine ligand 10 | CXCL10 | 6.02 |
| ENSG00000134321 | radical S-adenosyl methionine domain containing 2 | RSAD2 | 5.97 |
| ENSG00000137965 | interferon induced protein 44 | IFI44 | 3.78 |
| ENSG00000133106 | epithelial stromal interaction 1 | EPSTI1 | 3.77 |
| ENSG00000185745 | interferon induced protein with tetratricopeptide repeats 1 | IFIT1 | 3.71 |
| ENSG00000187608 | ISG15 ubiquitin like modifier | ISG15 | 3.63 |
| ENSG00000185201 | interferon induced transmembrane protein 2 | IFITM2 | 3.54 |
| ENSG00000185885 | interferon induced transmembrane protein 1 | IFITM1 | 3.54 |
| ENSG00000135114 | 2'-5'-oligoadenylate synthetase like | OASL | 3.48 |

*Table 3. Top ten low expressed genes in Experiment.*
**See full table →**

| ID | Gene description | Gene symbol | LogFoldChange |
|---|---|---|---|
| ENSG00000167910 | cytochrome P450 family 7 subfamily A member 1 | CYP7A1 | -1.09 |
| ENSG00000169282 | potassium voltage-gated channel subfamily A member regulatory beta subunit 1 | KCNAB1 | -1.04 |
| ENSG00000171560 | fibrinogen alpha chain | FGA | -0.98 |
| ENSG00000152133 | G-patch domain containing 11 | GPATCH11 | -0.96 |
| ENSG00000182372 | CLN8 transmembrane ER and ERGIC protein | CLN8 | -0.91 |
| ENSG00000130649 | cytochrome P450 family 2 subfamily E member 1 | CYP2E1 | -0.88 |
| ENSG00000253327 | RAD21 antisense RNA 1 | RAD21-AS1 | -0.88 |
| ENSG00000170323 | fatty acid binding protein 4 | FABP4 | -0.87 |
| ENSG00000175390 | eukaryotic translation initiation factor 3 subunit F | EIF3F | -0.86 |
| ENSG00000261609 | gigaxonin | GAN | -0.8 |

## *3.2. Functional classification of genes*

A functional analysis of differentially expressed genes was done by mapping the top high expressed and top low expressed 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 2-7 show the most significant categories.

## High expressed genes in Experiment:

300 top high expressed genes were taken for the mapping.

### GO (biological process)

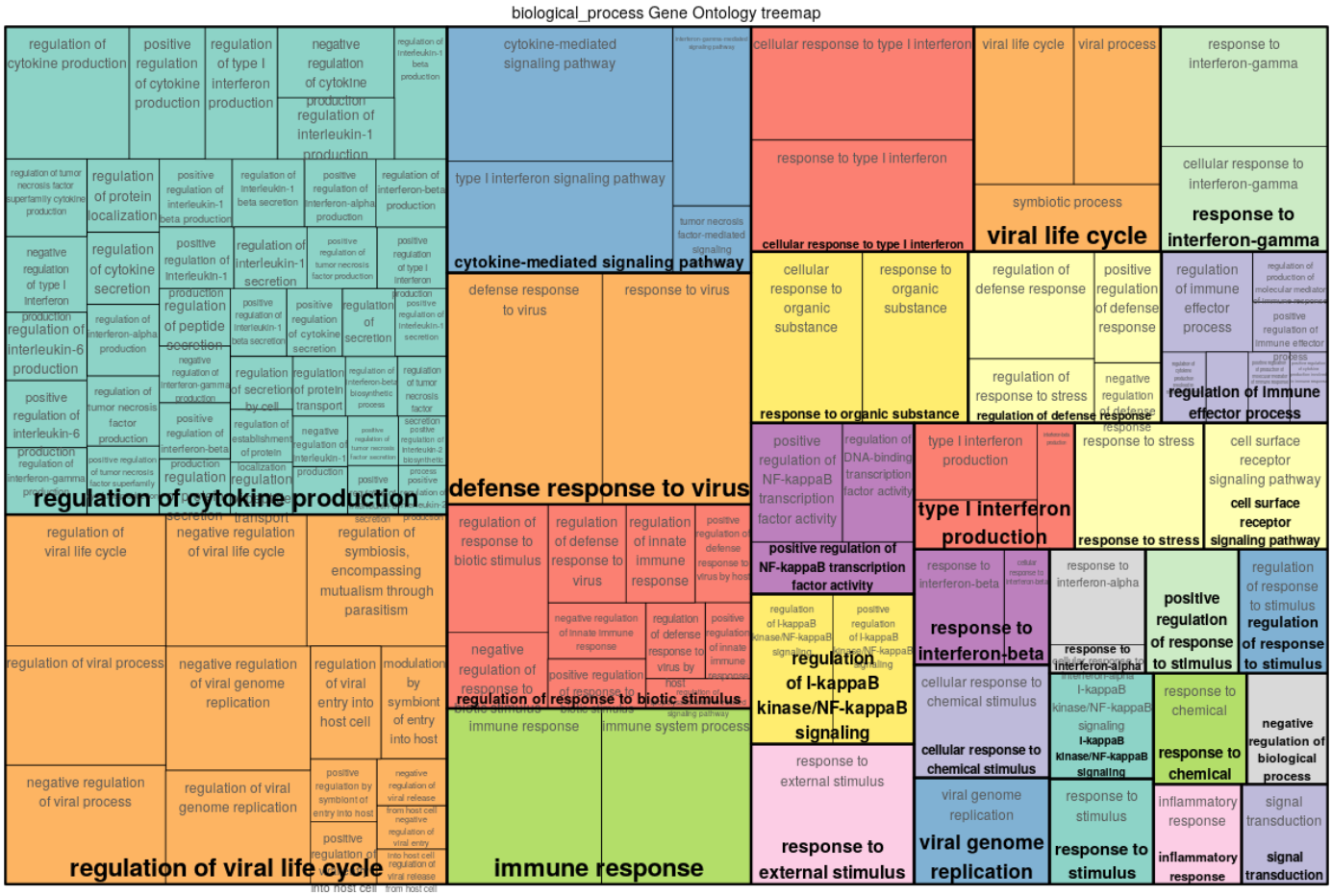



*Figure 2. Enriched GO (biological process) of high expressed genes in Experiment.*

**Full classification →**

## TRANSPATH® Pathways (2023.1)

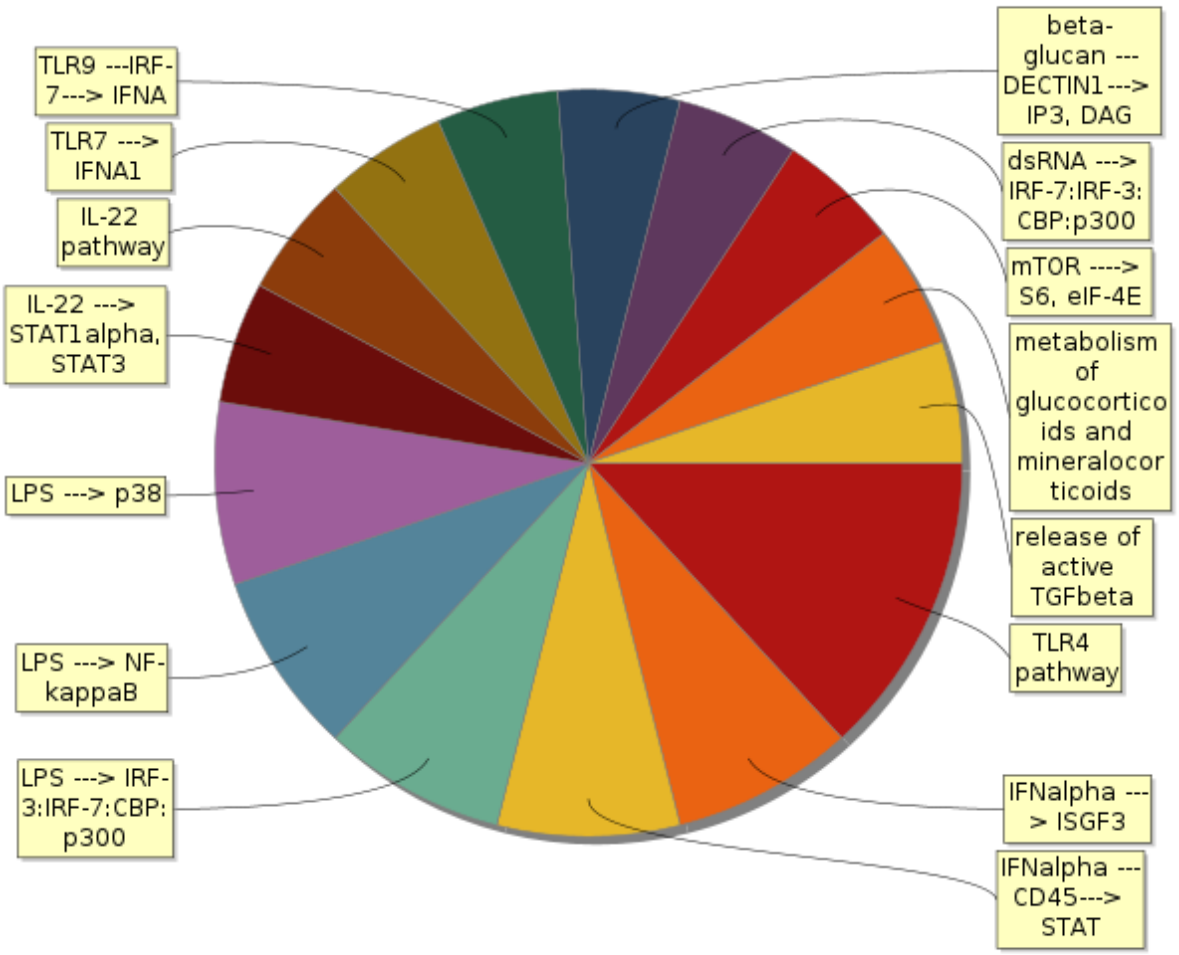



*Figure 3. Enriched TRANSPATH® Pathways (2023.1) of high expressed genes in Experiment.*
**Full classification →**

## HumanPSD(TM) disease (2023.1)

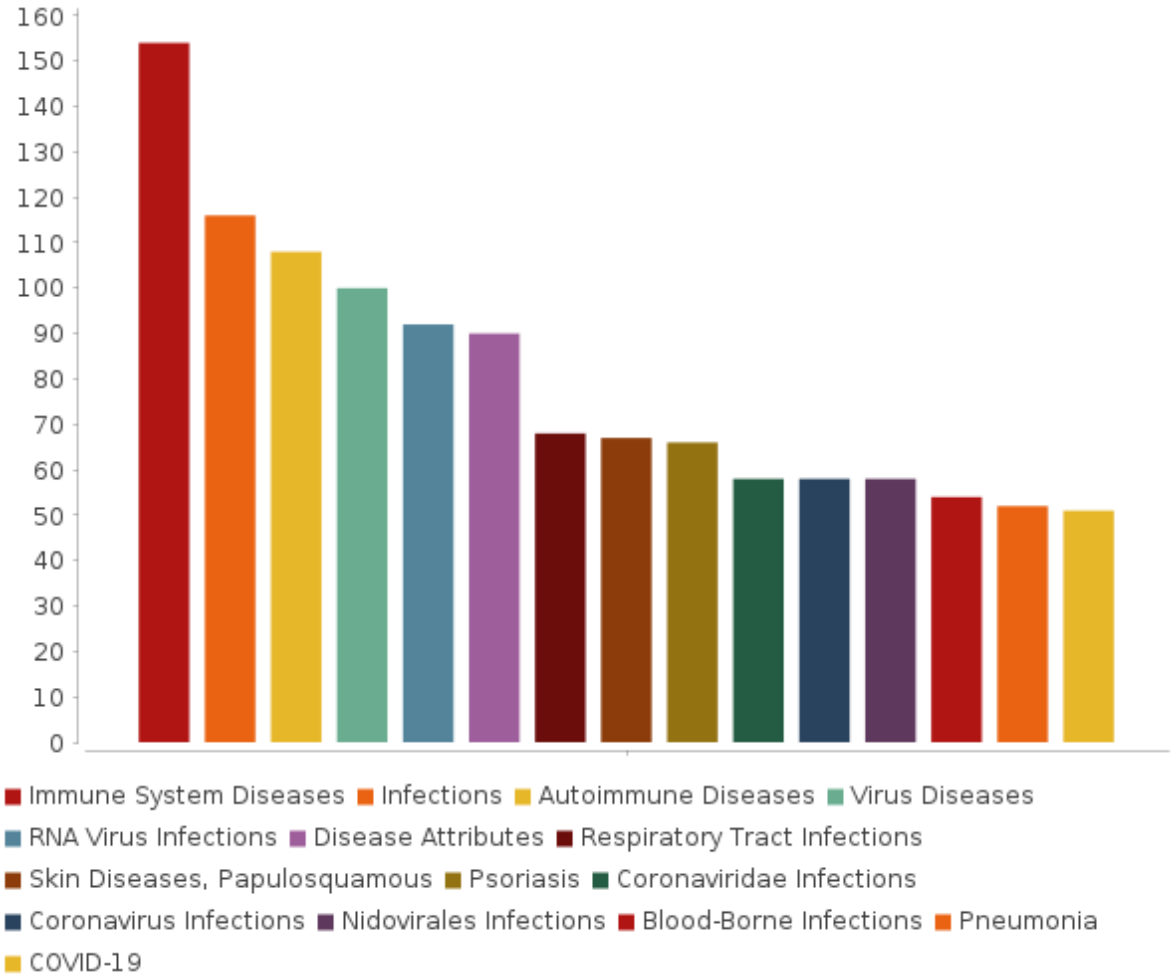



*Figure 4. Enriched HumanPSD(TM) disease (2023.1) of high expressed genes in Experiment. The size of the bars correspond to the number of biomarkers of the given disease found among the input set.*
**Full classification →**

## Low expressed genes in Experiment:

300 top low expressed genes were taken for the mapping.

### GO (biological process)

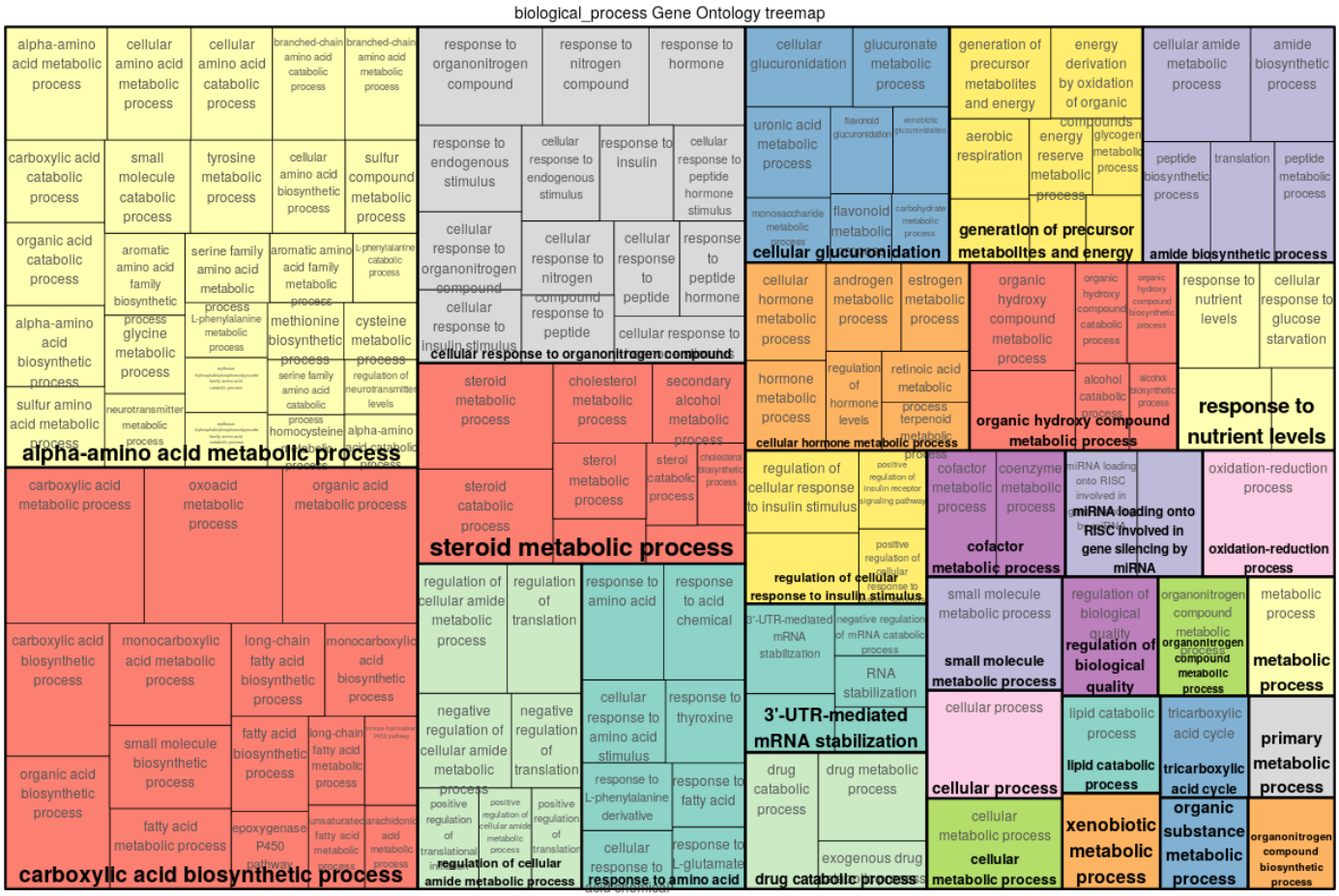



*Figure 5. Enriched GO (biological process) of low expressed genes in Experiment.*

**Full classification →**

## TRANSPATH® Pathways (2023.1)

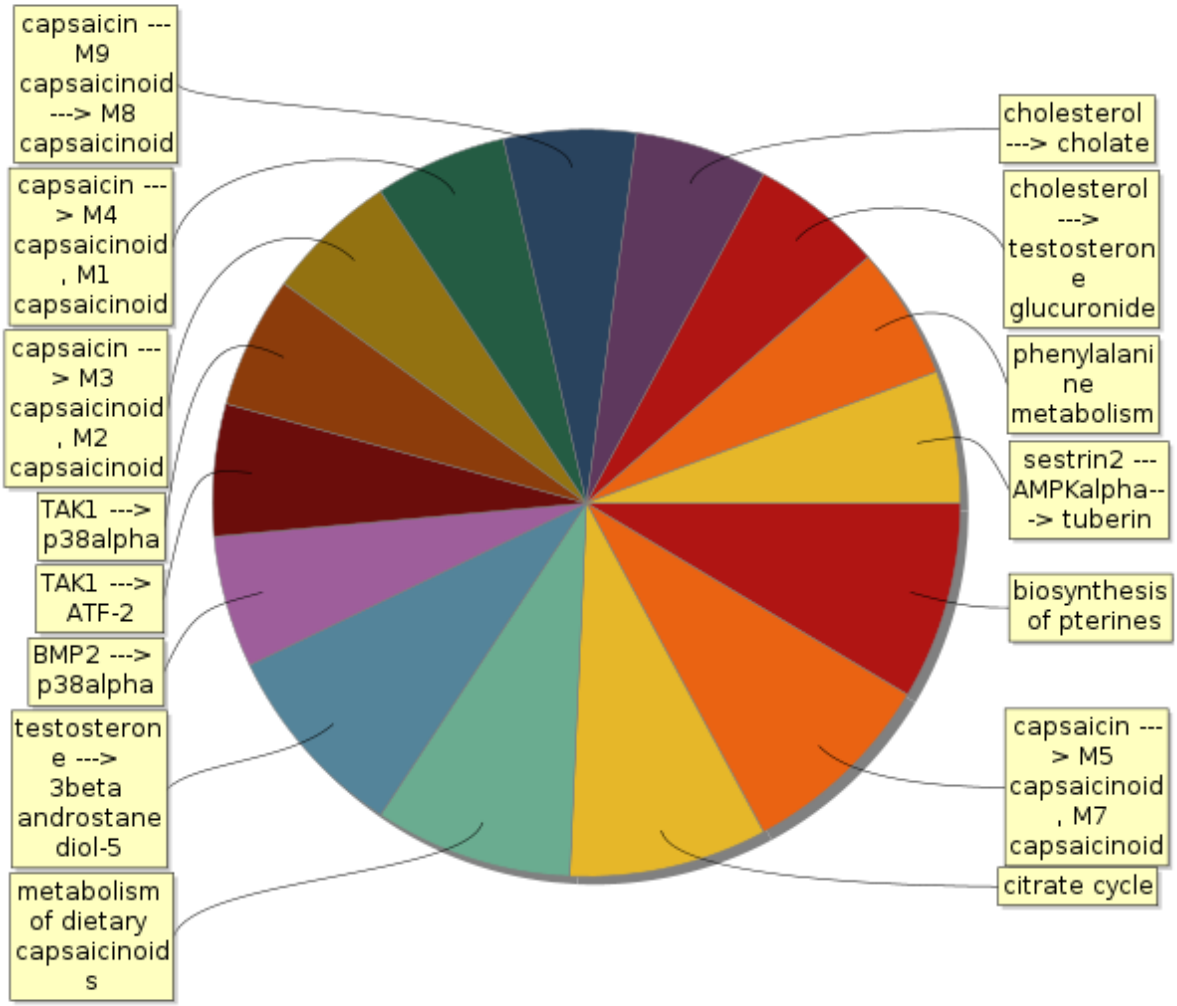



*Figure 6. Enriched TRANSPATH® Pathways (2023.1) of low expressed genes in Experiment.*
**Full classification →**

## HumanPSD(TM) disease (2023.1)

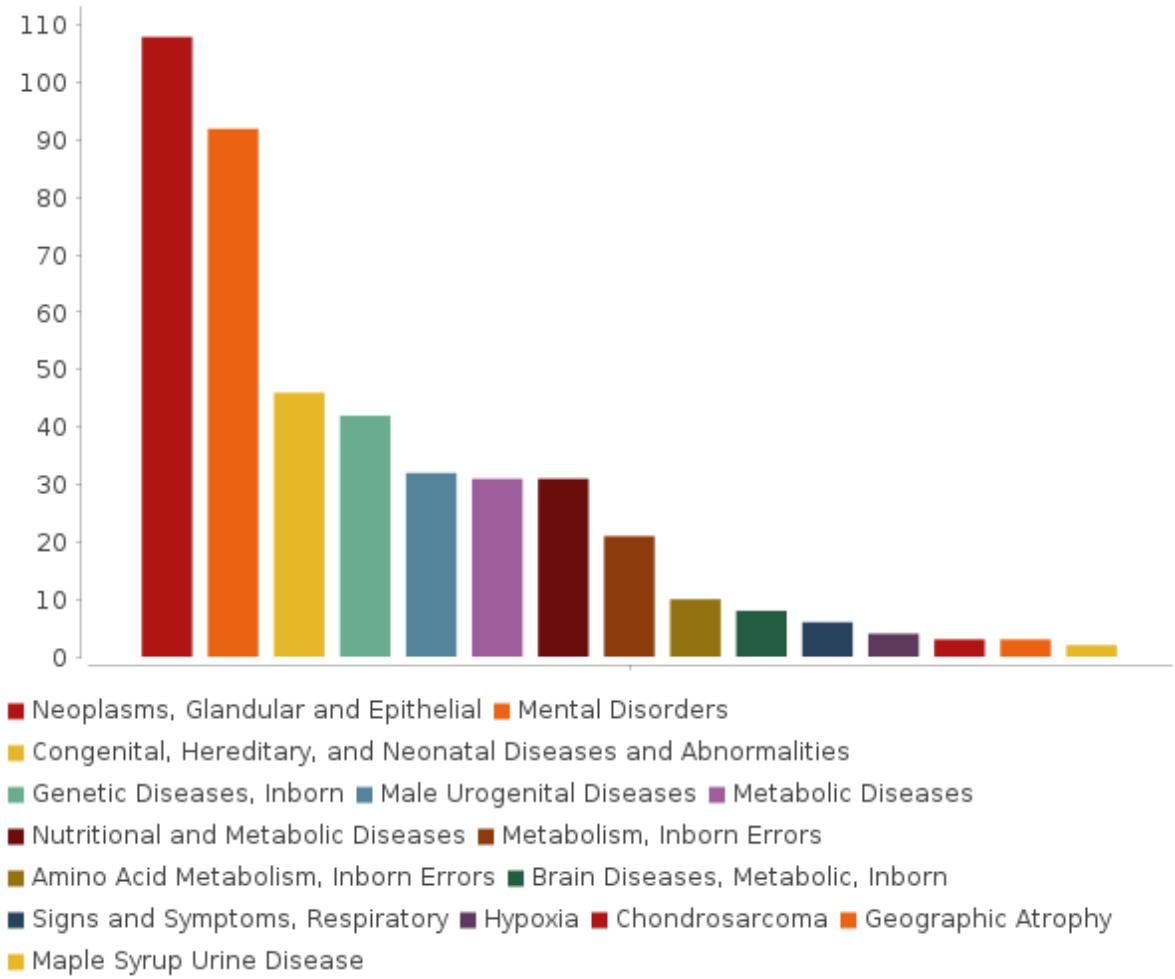
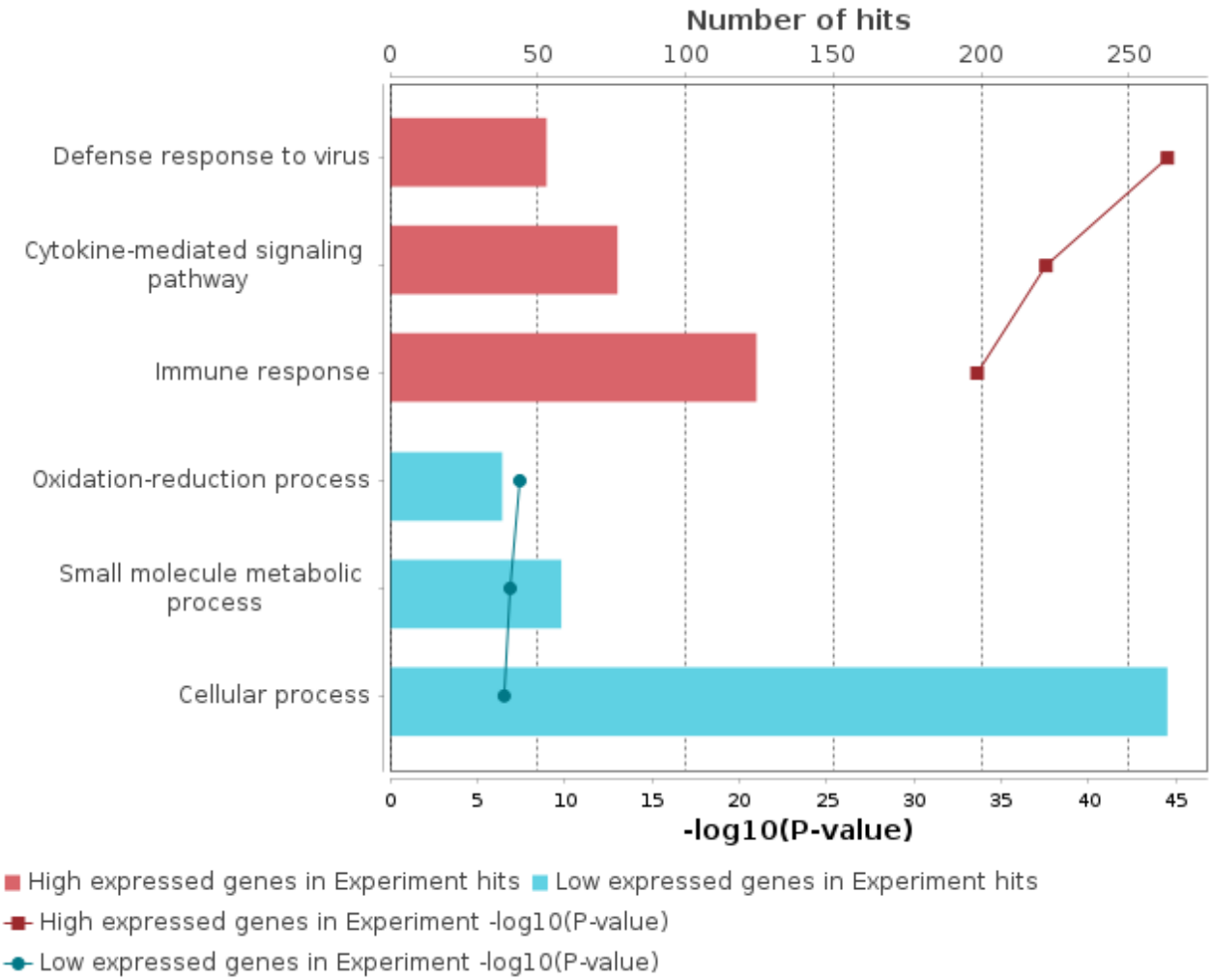



*Figure 7. Enriched HumanPSD(TM) disease (2023.1) of low expressed genes in Experiment. The size of the bars correspond to the number of biomarkers of the given disease found among the input set.*

**Full classification →**

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):




## ***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].

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 (high expressed genes in Experiment).**

To build the most specific composite modules we choose top high expressed genes as the input of CMA algorithm.

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.

Module 1:

| V$IRF2_03 | V$SMAD4_Q6_01 | V$FLI1_09 | V$BTEB2_05 | V$BCL6_02 |
|---|---|---|---|---|
| 0.97; N=2 | 1.00; N=3 | 0.84; N=3 | 0.95; N=1 | 0.85; N=2 |

| V$CP2_Q6 |
|---|
| 0.99; N=2 |

Module width: 140

Module 2:

| V$ICSBP_Q6 | V$PU1_Q4 | V$MYBL2_04 | V$HNF3_Q6 | V$IRF4_Q5 |
|---|---|---|---|---|
| 0.88; N=2 | 0.87; N=1 | 0.87; N=2 | 0.98; N=3 | 0.98; N=1 |

Module width: 130

**Model score (-p*log10(pval)):** 21.99
**Wilcoxon p-value (pval):** 7.18e-46
**Penalty (p):** 0.487
**Average yes-set score:** 4.20
**Average no-set score:** 2.34
**AUC:** 0.80
**Separation point:** 3.15
**False-positive:** 27.00%
**False-negative:** 25.33%
The AUC of the model achieves value significantly higher than expected for a random set of regulatory regions
Z-score = 3.42

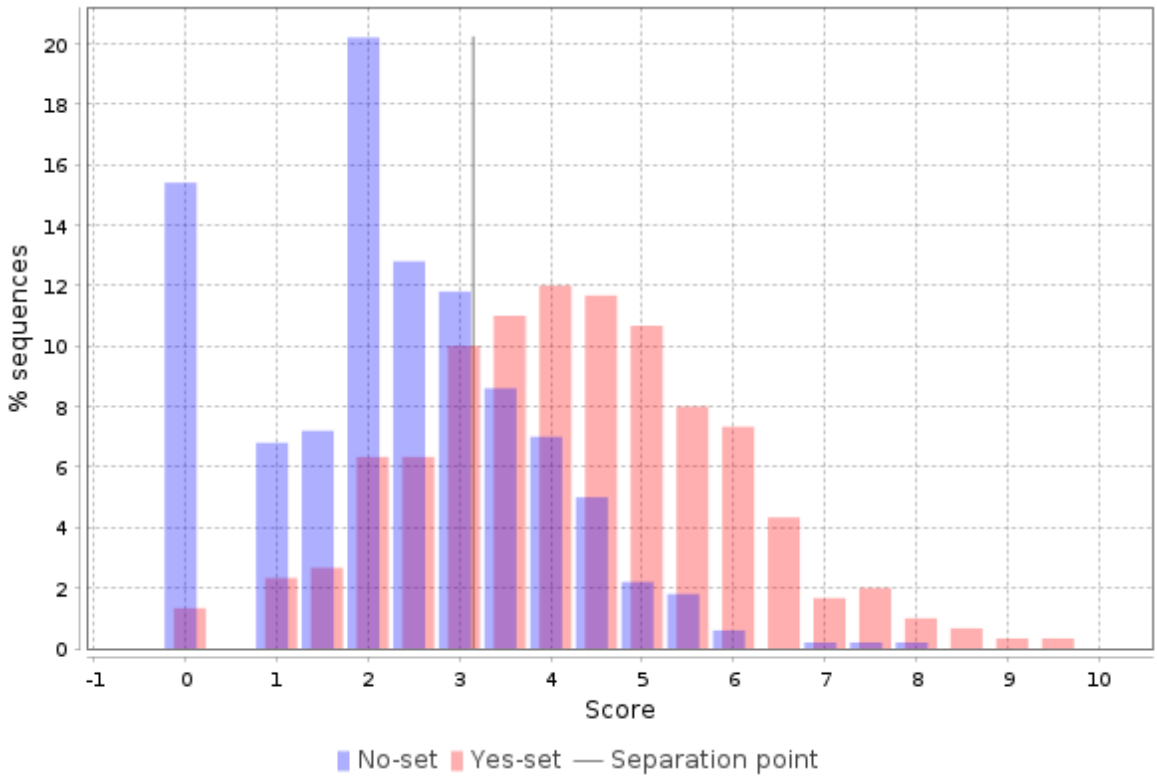


*Table 4. List of top ten high expressed genes in Experiment with identified enhancers in their regulatory regions.* ***CMA score*** *- the score of the CMA model of the enhancer identified in the regulatory region.*
**See full table →**

| Ensembl IDs | Gene symbol | Gene description | CMA score | Factor names |
|---|---|---|---|---|
| ENSG00000228775 | WEE2-AS1 | WEE2 antisense RNA 1 | 9.42 | B-Myb(h), IRF-8(h), IRF-4(h), PU.1(h), CP2(h), FLI-1(h), SMAD4(h) |
| ENSG00000205413 | SAMD9 | sterile alpha motif domain containing 9 | 9.26 | FOXA1(h),FOXA2(h),FOXA3(h), FLI-1(h), PU.1(h), B-Myb(h), KLF5(h), IRF-2(h), IRF-8(h)... |
| ENSG00000221963 | APOL6 | apolipoprotein L6 | 9.02 | KLF5(h), FLI-1(h), PU.1(h), IRF-8(h), IRF-4(h), IRF-2(h), CP2(h)... |
| ENSG00000117595 | IRF6 | interferon regulatory factor 6 | 9.01 | KLF5(h), SMAD4(h), CP2(h), IRF-2(h), IRF-8(h), IRF-4(h), PU.1(h)... |
| ENSG00000143093 | STRIP1 | striatin interacting protein 1 | 8.61 | SMAD4(h), B-Myb(h), FLI-1(h), PU.1(h), IRF-4(h), IRF-2(h), IRF-8(h)... |
| ENSG00000288596 | C8orf44 | chromosome 8 open reading frame 44 | 8.55 | FLI-1(h), IRF-2(h), IRF-8(h), PU.1(h), B-Myb(h), SMAD4(h), KLF5(h) |
| ENSG00000128394 | APOBEC3F | apolipoprotein B mRNA editing enzyme catalytic subunit 3F | 8.54 | FOXA1(h),FOXA2(h),FOXA3(h), SMAD4(h), FLI-1(h), PU.1(h), KLF5(h), IRF-4(h), IRF-2(h) |
| ENSG00000204482 | LST1 | leukocyte specific transcript 1 | 8.41 | FOXA1(h),FOXA2(h),FOXA3(h), PU.1(h), SMAD4(h), FLI-1(h), CP2(h) |
| ENSG00000142089 | IFITM3 | interferon induced transmembrane protein 3 | 8.39 | IRF-2(h), IRF-8(h), IRF-4(h), FLI-1(h), PU.1(h), KLF5(h), B-Myb(h) |
| ENSG00000143001 | TMEM61 | transmembrane protein 61 | 8.33 | FLI-1(h), PU.1(h), SMAD4(h), CP2(h), IRF-2(h), IRF-8(h), IRF-4(h)... |

**Enhancer model potentially involved in regulation of target genes (low expressed genes in Experiment).**

To build the most specific composite modules we choose top low expressed genes as the input of CMA algorithm.

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.

Module 1:

| V$HNF1_02 | V$PLZF_02 | V$EN1_02 | V$CUX1HOXB13_01 | V$HOXA10_09 |
|---|---|---|---|---|
| 0.84; N=3 | 0.70; N=3 | 0.83; N=1 | 0.75; N=1 | 0.82; N=2 |

Module width: 177

Module 2:

| V$RNF96_01 | V$E2F4_05 | V$VBP_01 | V$NANOG_14 | V$E2F1DP1_01 |
|---|---|---|---|---|
| 0.95; N=3 | 0.83; N=3 | 0.88; N=3 | 0.96; N=2 | 0.85; N=1 |

Module width: 139

**Model score (-p*log10(pval)):** 18.61
**Wilcoxon p-value (pval):** 7.48e-38
**Penalty (p):** 0.501
**Average yes-set score:** 7.30
**Average no-set score:** 5.28
**AUC:** 0.77
**Separation point:** 6.42
**False-positive:** 27.00%
**False-negative:** 28.00%

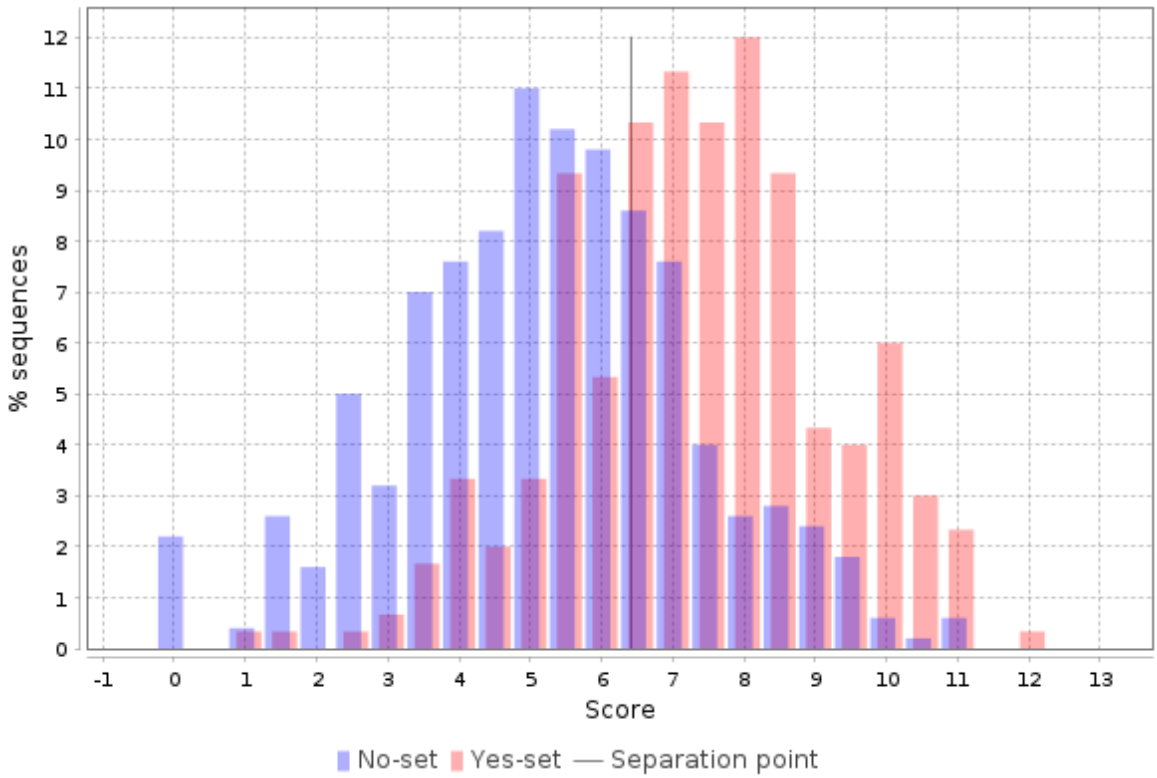


*Table 5. List of top ten low expressed genes in Experiment with identified enhancers in their regulatory regions.* ***CMA score*** *- the score of the CMA model of the enhancer identified in the regulatory region.*
**See full table →**

| Ensembl IDs | Gene symbol | Gene description | CMA score | Factor names |
|---|---|---|---|---|
| ENSG00000170871 | KIAA0232 | KIAA0232 | 13.64 | ZBTB16(h), HNF-1alpha(h), EN-1(h), Dp-1(h),E2F-1(h), TEF(h), E2F-4(h), NANOG(h)... |
| ENSG00000165775 | FUNDC2 | FUN14 domain containing 2 | 13.56 | HNF-1alpha(h), Hox-A10(h), ZBTB16(h), CUX-1(h),Hox-B13(h), EN-1(h), TEF(h), TIF1-beta(h)... |
| ENSG00000122482 | ZNF644 | zinc finger protein 644 | 13.35 | E2F-4(h), Dp-1(h),E2F-1(h), TIF1-beta(h), TEF(h), HNF-1alpha(h), ZBTB16(h), Hox-A10(h)... |
| ENSG00000036549 | ZZZ3 | zinc finger ZZ-type containing 3 | 13.09 | E2F-4(h), Dp-1(h),E2F-1(h), NANOG(h), TIF1-beta(h), Hox-A10(h), HNF-1alpha(h), CUX-1(h),Hox-B13(h)... |
| ENSG00000170961 | HAS2 | hyaluronan synthase 2 | 12.9 | TIF1-beta(h), E2F-4(h), NANOG(h), Dp-1(h),E2F-1(h), TEF(h), HNF-1alpha(h), Hox-A10(h)... |
| ENSG00000247315 | ZCCHC3 | zinc finger CCHC-type containing 3 | 12.87 | HNF-1alpha(h), ZBTB16(h), EN-1(h), Hox-A10(h), CUX-1(h),Hox-B13(h), NANOG(h), Dp-1(h),E2F-1(h)... |
| ENSG00000154240 | CEP112 | centrosomal protein 112 | 12.85 | TIF1-beta(h), E2F-4(h), Dp-1(h),E2F-1(h), NANOG(h), ZBTB16(h), Hox-A10(h), EN-1(h)... |
| ENSG00000112701 | SENP6 | SUMO specific peptidase 6 | 12.6 | HNF-1alpha(h), ZBTB16(h), EN-1(h), CUX-1(h),Hox-B13(h), Hox-A10(h), NANOG(h), Dp-1(h),E2F-1(h)... |
| ENSG00000112837 | TBX18 | T-box transcription factor 18 | 12.59 | E2F-4(h), Hox-A10(h), HNF-1alpha(h), TEF(h), NANOG(h), Dp-1(h),E2F-1(h), TIF1-beta(h)... |
| ENSG00000138696 | BMPR1B | bone morphogenetic protein receptor type 1B | 12.58 | HNF-1alpha(h), ZBTB16(h), Hox-A10(h), CUX-1(h),Hox-B13(h), EN-1(h), NANOG(h), TEF(h)... |

On the basis of the enhancer models we identified transcription factors potentially regulating the ***target genes*** of our interest. We found 13 and 12 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 (high expressed genes in Experiment).* ***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 →**

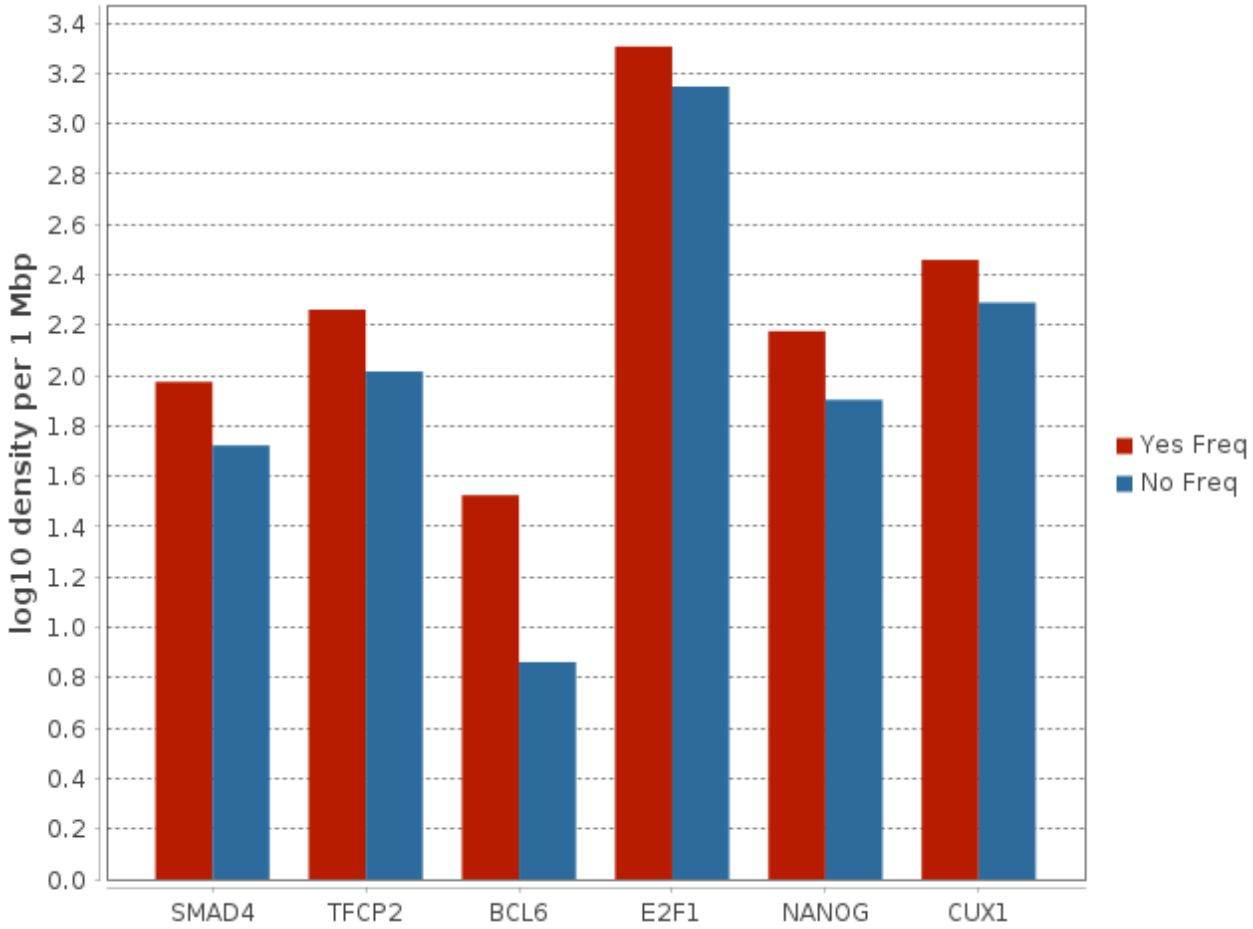
| ID | Gene symbol | Gene description | Regulatory score | Yes-No ratio |
|---|---|---|---|---|
| MO000020402 | SMAD4 | SMAD family member 4 | 5.31 | 1.79 |
| MO000117988 | TFCP2 | transcription factor CP2 | 5.1 | 1.76 |
| MO000026319 | BCL6 | BCL6 transcription repressor | 4.55 | 4.6 |
| MO000007691 | IRF2 | interferon regulatory factor 2 | 4.37 | 26.42 |
| MO000026229 | KLF5 | Kruppel like factor 5 | 4.03 | 1.91 |
| MO000005191 | FLI1 | Fli-1 proto-oncogene, ETS transcription factor | 4.01 | 3.14 |
| MO000085616 | SPI1 | Spi-1 proto-oncogene | 3.1 | 1.63 |
| MO000023424 | IRF8 | interferon regulatory factor 8 | 2.75 | 7.75 |
| MO000021901 | MYBL2 | MYB proto-oncogene like 2 | 2.3 | 1.43 |
| MO000026493 | FOXA2 | forkhead box A2 | 1.93 | 5.85 |

*Table 7. Transcription factors of the predicted enhancer model potentially regulating the differentially expressed genes (low expressed genes in Experiment).* ***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 |
|---|---|---|---|---|
| MO000004274 | E2F1 | E2F transcription factor 1 | 4.56 | 1.44 |
| MO000134485 | NANOG | Nanog homeobox | 4.29 | 1.87 |
| MO000024708 | CUX1 | cut like homeobox 1 | 4.22 | 1.48 |
| MO000069886 | TRIM28 | tripartite motif containing 28 | 3.36 | 1.59 |
| MO000023603 | E2F4 | E2F transcription factor 4 | 3.09 | 1.59 |
| MO000046078 | ZBTB16 | zinc finger and BTB domain containing 16 | 3.02 | 1.24 |
| MO000089495 | HOXA10 | homeobox A10 | 2.67 | 1.62 |
| MO000013458 | TFDP1 | transcription factor Dp-1 | 2.16 | 1.51 |
| MO000082618 | HNF1A | HNF1 homeobox A | 2.07 | 2.16 |
| MO000026095 | EN1 | engrailed homeobox 1 | 0.65 | 1.23 |

The following diagram represents the key transcription factors, which were predicted to be potentially regulating differentially expressed genes in the analyzed pathology: SMAD4, TFCP2, BCL6, E2F1, NANOG and CUX1.




## ***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 high expressed genes in Experiment.* ***Total rank*** *is the sum of the ranks of the master molecules sorted by keynode score, CMA score, transcriptomics data.*

**See full table →**

| ID | Master molecule name | Gene symbol | Gene description | Total rank | LogFoldChange |
|---|---|---|---|---|---|
| MO000033313 | PKACA(h) | PRKACA | protein kinase cAMP-activated catalytic subunit alpha | 132 | 0.37 |
| MO000179914 | Gwl-isoform1(h) | MASTL | microtubule associated serine/threonine kinase like | 149 | 0.93 |
| MO000176198 | JKAP(h) | DUSP22 | dual specificity phosphatase 22 | 152 | 0.36 |
| MO000020219 | Caspase-8(h) | CASP8 | caspase 8 | 167 | 0.22 |
| MO000041437 | dsRNA:TLR3:TRIF | TICAM1, TLR3 | toll like receptor 3, toll like receptor adaptor molecule 1 | 183 | 0.75 |
| MO000142047 | LCMT(h) | LCMT1 | leucine carboxyl methyltransferase 1 | 186 | 0.27 |
| MO000038322 | LPS:lbp:CD14:TLR4:MD-2:MyD88:IRAK-1{pS376}{pT387} | CD14, IRAK1, LBP, LY96, MYD88, TLR4 | CD14 molecule, MYD88 innate immune signal transduction adaptor, interleukin 1 receptor associated ki... | 197 | 0.62 |
| MO000038316 | LPS:lbp:CD14:TLR4:MD-2:TIRAP:IRAK-2 | CD14, IRAK2, LBP, LY96, TIRAP, TLR4 | CD14 molecule, TIR domain containing adaptor protein, interleukin 1 receptor associated kinase 2, li... | 199 | 0.61 |
| MO000079043 | PML-4(h) | PML | PML nuclear body scaffold | 199 | 1.35 |
| MO000032632 | PKCepsilon(h) | PRKCE | protein kinase C epsilon | 202 | 0.35 |

*Table 9. Master regulators that may govern the regulation of low expressed genes in Experiment.* ***Total rank*** *is the sum of the ranks of the master molecules sorted by keynode score, CMA score, transcriptomics data.*

**See full table →**

| ID | Master molecule name | Gene symbol | Gene description | Total rank | LogFoldChange |
|---|---|---|---|---|---|
| MO000030927 | DNA-PKcs(h) | PRKDC | protein kinase, DNA-activated, catalytic subunit | 97 | -0.52 |
| MO000104136 | cyclosome(h):Fzr1(h) | ANAPC1, ANAPC10, ANAPC11, ANAPC2, ANAPC4, ANAPC5, ANAPC7, CDC16, CDC23, CDC26, CDC27, FZR1 | anaphase promoting complex subunit 1, anaphase promoting complex subunit 10, anaphase promoting comp... | 149 | -0.39 |
| MO000031205 | Cdc14B(h) | CDC14B | cell division cycle 14B | 170 | -0.44 |
| MO000045386 | plk4(h) | PLK4 | polo like kinase 4 | 170 | -0.38 |
| MO000043414 | cyclosome(h) | ANAPC1, ANAPC10, ANAPC11, ANAPC2, ANAPC4, ANAPC5, ANAPC7, CDC16, CDC23, CDC26, CDC27 | anaphase promoting complex subunit 1, anaphase promoting complex subunit 10, anaphase promoting comp... | 180 | -0.39 |
| MO000032766 | AKT-2(h) | AKT2 | AKT serine/threonine kinase 2 | 201 | -0.35 |
| MO000256848 | plk4-isoform3(h) | PLK4 | polo like kinase 4 | 204 | -0.38 |
| MO000256847 | plk4-isoform2(h) | PLK4 | polo like kinase 4 | 205 | -0.38 |
| MO000141737 | plk4-isoform1(h) | PLK4 | polo like kinase 4 | 206 | -0.38 |
| MO000044859 | PP1-beta(h) | PPP1CB | protein phosphatase 1 catalytic subunit beta | 225 | -0.36 |

The intracellular regulatory pathways controlled by the above-mentioned master regulators are depicted in Figures 8 and 9. 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.

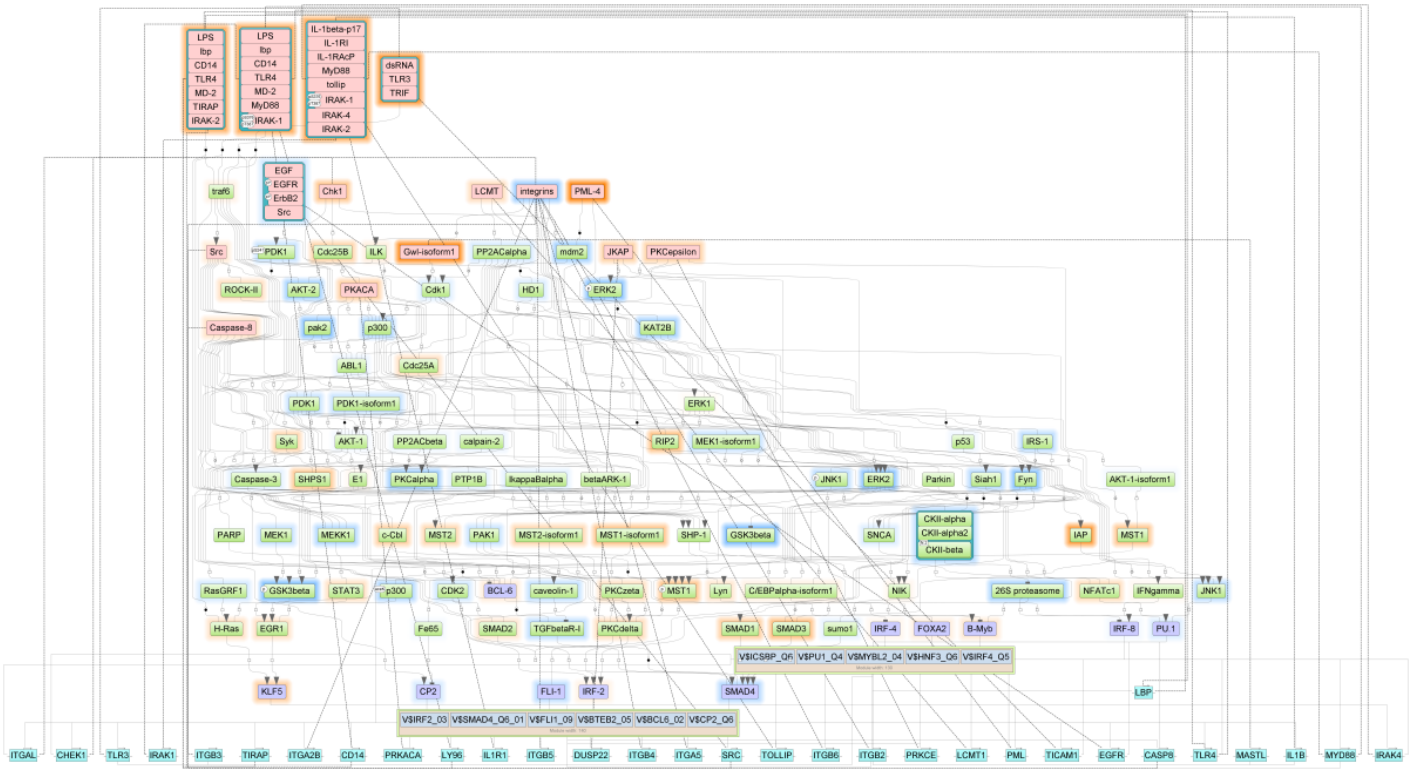



*Figure 8. Diagram of intracellular regulatory signal transduction pathways of high expressed genes in Experiment. Master regulators are indicated by red rectangles, transcription factors are blue rectangles, and green rectangles are intermediate molecules, which have been added to the network during 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 →**

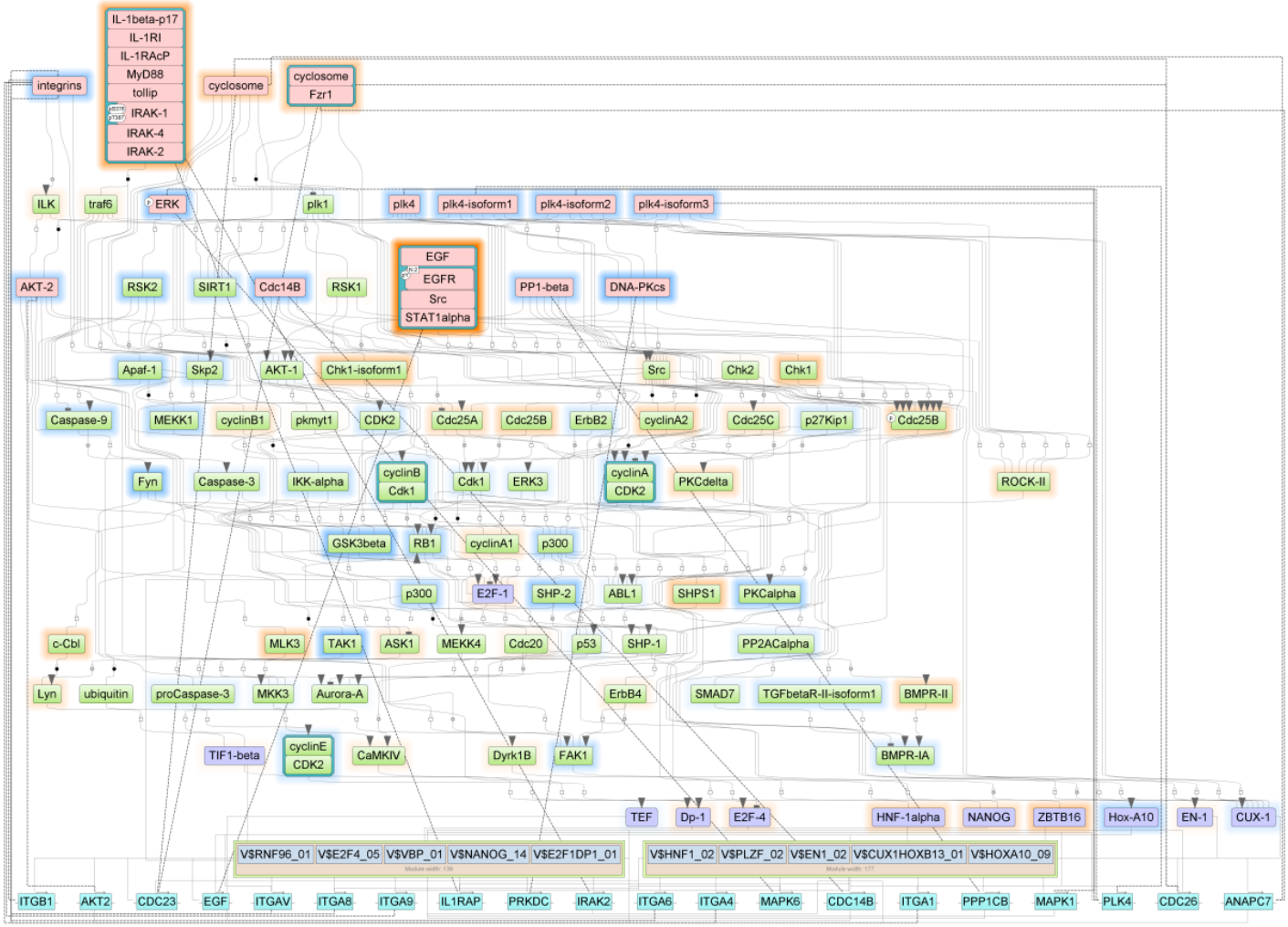



*Figure 9. Diagram of intracellular regulatory signal transduction pathways of low expressed genes in Experiment. Master regulators are indicated by red rectangles, transcription factors are blue rectangles, and green rectangles are intermediate molecules, which have been added to the network during 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 →**

# 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™ 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 | Total rank | LogFoldChange |
|---|---|---|---|---|
| TLR3 | toll like receptor 3 | 3 | 183 | 0.75 |
| LCMT1 | leucine carboxyl methyltransferase 1 | 1 | 186 | 0.27 |
| TLR4 | toll like receptor 4 | 14 | 199 | 0.62 |
| PML | PML nuclear body scaffold | 1 | 199 | 1.35 |
| LY96 | lymphocyte antigen 96 | 1 | 199 | 0.62 |
| CD14 | CD14 molecule | 3 | 199 | 0.62 |

*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.*

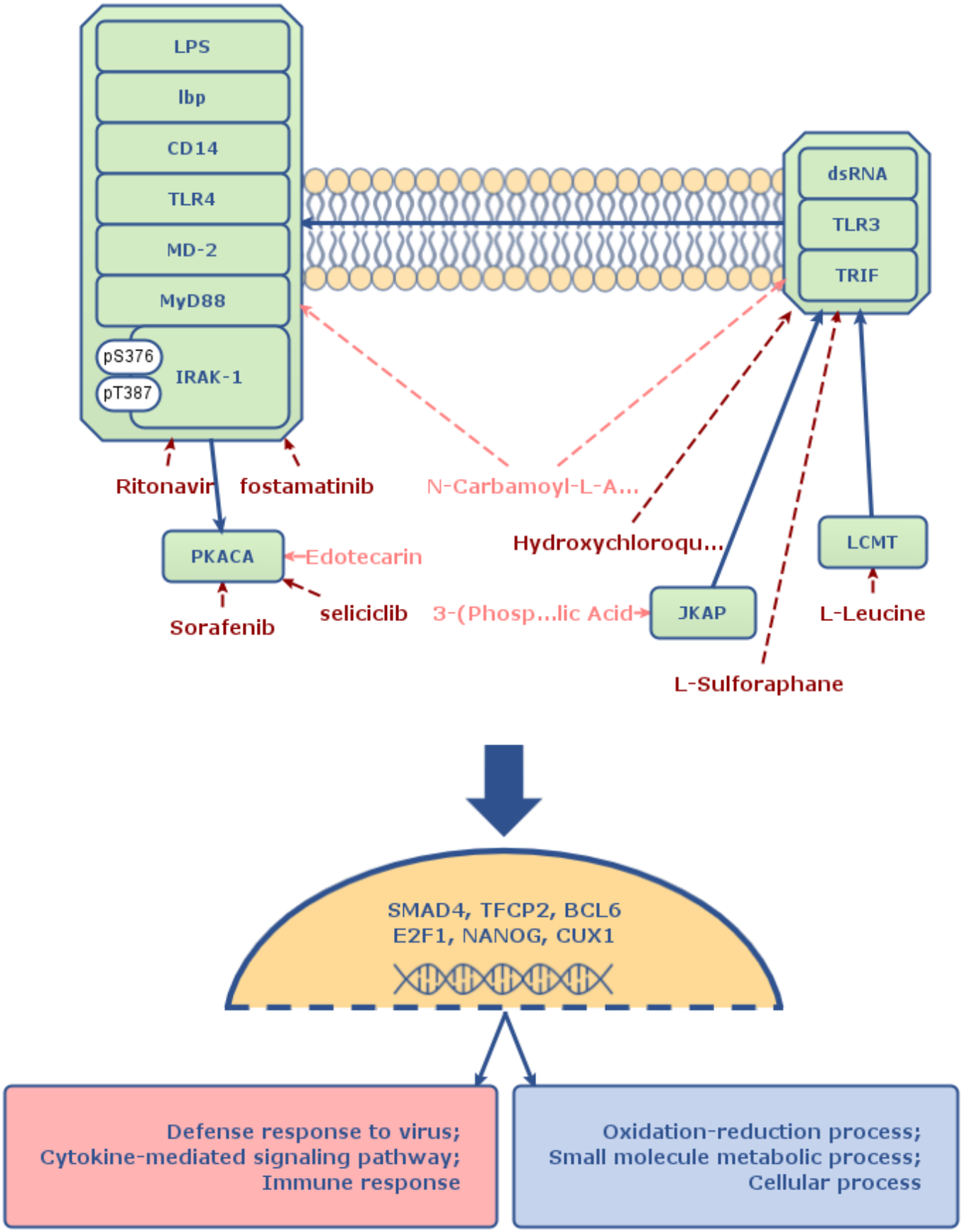
**See full table →**

| Gene symbol | Gene Description | Druggability score | Total rank | LogFoldChange |
|---|---|---|---|---|
| TLR3 | toll like receptor 3 | 4.81 | 183 | 0.75 |
| TLR4 | toll like receptor 4 | 4.81 | 199 | 0.62 |
| CCND3 | cyclin D3 | 1.51 | 204 | 0.79 |
| JAK2 | Janus kinase 2 | 1.07 | 224 | 0.54 |
| HCK | HCK proto-oncogene, Src family tyrosine kinase | 1.07 | 236 | 0.26 |
| PRKACA | protein kinase cAMP-activated catalytic subunit alpha | 0.46 | 284 | 0.37 |

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:

- LPS:lbp:CD14:TLR4:MD-2:MyD88:IRAK-1{pS376}{pT387}
- dsRNA:TLR3:TRIF
- JKAP
- PKACA
- LCMT

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: L-Leucine, Hydroxychloroquine, fostamatinib, 3-(Phosphonomethyl)Pyridine-2-Carboxylic Acid, Ritonavir, Sorafenib, seliciclib, L-Sulforaphane, N-Carbamoyl-L-Aspartate and Edotecarin, 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 12 and 13), 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***

*Table 12. FDA approved drugs or 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™ database)*

**See full table →**

| Name | Target names | Drug score | Disease activity score | Disease trial phase |
|---|---|---|---|---|
| Sorafenib | STK10, TEC, ROCK2, JAK3, PRKACA, MAP3K11, SYK, CSK, MAPK3, MAP2K6, PKN1, TYK2, SRC, CSNK2A2, MAPK4, PRKD3, CSNK1G2, STK11, PRKCZ, CSNK1G1, MAPK12, PLK3, WEE1, STK4, MAPK7, PRKCD, LYN, MAPKAPK2, CHEK2, STK3, MAPK10, PRKCQ, CSNK1E, EPHA4, MAP2K4, PDGFRA, AURKB, CDK7, RPS6KA1, CSNK1D, EGFR, HCK, CHEK1, JAK2, PTK6, PKMYT1, RPS6KB1, HIPK2, RIPK2, EPHB2, MERTK, PRKCE, BRAF, MAPK13, | 97 | 3 | Phase 2: Hepatitis C, Acute Disease, Adenocarcinoma, Adenocarcinoma of Lung, Adenocarcinoma, Follicular, Adenoma, Adenoma, Liver Cell, Adrenal Cortex Neoplasms, Adrenocortical Carcinoma, Astrocytoma, Bile Duct Neoplasms, Biliary Tract Neoplasms, Brain Abscess, Brain Neoplasms, Breast Neoplasms, Breast Neoplasms, Male, Carcinoid Tumor, Carcinoma, Carcinoma, Ductal, Carcinoma, Hepatocellular, Carcinoma, Islet Cell, 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, Verrucous, Carcinosarcoma, Central Nervous System Neoplasms, Cholangiocarcinoma, Colonic Neoplasms, Colorectal Neoplasms, Desmoplastic Small Round Cell Tumor, Digestive System Neoplasms, Disease Progression, Endocrine Gland Neoplasms, Esophageal Neoplasms, Fallopian Tube Neoplasms, Fibroma, Fibrosarcoma, Fibrosis, Gallbladder Neoplasms, Gastrinoma, Gastrointestinal Neoplasms, Gastrointestinal Stromal Tumors, Glioblastoma, Glioma, Gliosarcoma, Glucagonoma, Head and Neck Neoplasms, Hemangiosarcoma, Hepatitis, Hepatitis A, Hepatitis B, Hepatoblastoma, Hepatopulmonary Syndrome, Histiocytoma, Histiocytoma, Benign Fibrous, Histiocytoma, Malignant Fibrous, Hypertension, Hypertension, Portal, Hypopharyngeal Neoplasms, Immunoblastic Lymphadenopathy, Insulinoma, Intestinal Neoplasms, Keloid, Kidney Diseases, Kidney Neoplasms, Klatskin Tumor, Laryngeal Diseases, Laryngeal Neoplasms, Leiomyosarcoma, Leukemia, Leukemia, Biphenotypic, Acute, Leukemia, Lymphocytic, Chronic, B-Cell, Leukemia, Lymphoid, Leukemia, Monocytic, Acute, Leukemia, Myelogenous, Chronic, BCR-ABL 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, Mantle-Cell, Lymphoma, Non-Hodgkin, Lymphoma, T-Cell, Lymphoma, T-Cell, Cutaneous, Lymphoma, T-Cell, Peripheral, Malignant Carcinoid Syndrome, Melanoma, Mesothelioma, Mesothelioma, Malignant, Metaplasia, Mixed Tumor, Mullerian, Multiple Endocrine Neoplasia, Multiple Endocrine Neoplasia Type 2a, Multiple Endocrine Neoplasia Type 2b, Multiple Myeloma, Myelodysplastic Syndromes, |

| | | | | |
|---|---|---|---|---|
| | ZAP70, RET | | | Myeloproliferative Disorders, Myosarcoma, Nasopharyngeal Carcinoma, Nasopharyngeal Neoplasms, Neoplasm 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 Neoplasms, Nervous System Neoplasms, Neuroblastoma, Neuroectodermal Tumors, Neuroectodermal Tumors, Primitive, Neuroectodermal Tumors, Primitive, Peripheral, Neuroendocrine Tumors, Neurofibroma, Neurofibromatoses, Neurofibromatosis 1, Neurofibrosarcoma, Oropharyngeal Neoplasms, Osteosarcoma, Ovarian Neoplasms, Pancreatic Neoplasms, Paranasal Sinus Neoplasms, Peritoneal Neoplasms, Pharyngeal Neoplasms, Plasmablastic Lymphoma, Plasmacytoma, Precursor Cell Lymphoblastic Leukemia-Lymphoma, Preleukemia, Prostatic Neoplasms, Prostatic Neoplasms, Castration-Resistant, Rectal Neoplasms, Recurrence, Retroviridae Infections, Rhabdomyosarcoma, Rhabdomyosarcoma, Embryonal, Salivary Gland Neoplasms, Sarcoma, Sarcoma, Ewing, Sarcoma, Synovial, Skin Neoplasms, Small Cell Lung Carcinoma, Somatostatinoma, Squamous Cell Carcinoma of Head and Neck, Stomach Neoplasms, Syndrome, Testicular Neoplasms, Thrombosis, Thyroid Cancer, Papillary, Thyroid Carcinoma, Anaplastic, Thyroid Diseases, Thyroid Neoplasms, Tongue Neoplasms, Triple Negative Breast Neoplasms, Ureteral Neoplasms, Urethral Neoplasms, Urinary Bladder Neoplasms, Uterine Cervical Neoplasms, Uveal Neoplasms, Vaccinia, Vipoma, Wilms Tumor |
| Erlotinib | STK10, TEC, JAK3, PRKACA, MAP3K11, SYK, CSK, MAPK3, MAP2K6, PKN1, TYK2, SRC, CSNK2A2, MAPK4, PRKD3, CSNK1G2, STK11, CSNK1G1, MAPK12, PLK3, WEE1, STK4, MAPK7, PRKCD, LYN, MAPKAPK2, STK3, MAPK10, PRKCQ, CSNK1E, EPHA4, MAP2K4, PDGFRA, AURKB, CDK7, | 96 | 3 | Phase 2: Hepatitis C, Adenocarcinoma, Adenocarcinoma of Lung, Adenocarcinoma, Bronchiolo-Alveolar, Adenocarcinoma, Mucinous, Adenoma, Adenomatous Polyposis Coli, Adenomatous Polyps, Astrocytoma, Bile Duct Neoplasms, Biliary Tract Neoplasms, Brain Abscess, Brain Neoplasms, Breast Neoplasms, Brenner Tumor, Carcinoid Tumor, Carcinoma, Carcinoma, Adenoid Cystic, Carcinoma, Adenosquamous, Carcinoma, Basal Cell, Carcinoma, Ductal, Carcinoma, Endometrioid, Carcinoma, Hepatocellular, Carcinoma, Large Cell, Carcinoma, Mucoepidermoid, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Renal Cell, Carcinoma, Small Cell, Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Carcinoma, Verrucous, Central Nervous System Neoplasms, Cholangiocarcinoma, Colonic Neoplasms, Colorectal Neoplasms, Cystadenocarcinoma, Cystadenocarcinoma, Mucinous, Cystadenocarcinoma, Serous, Cysts, Dermoid Cyst, Diffuse Intrinsic Pontine Glioma, Digestive System Diseases, Disease Progression, Drug-Related Side Effects and Adverse Reactions, Endocrine Gland Neoplasms, Endometrial Neoplasms, Ependymoma, Esophageal Diseases, Esophageal Neoplasms, Esophageal Squamous Cell Carcinoma, Esthesioneuroblastoma, Olfactory, Fallopian Tube Neoplasms, Fibrosarcoma, Fibrosis, Gallbladder Neoplasms, Gastrointestinal Neoplasms, Glioblastoma, Glioma, Gliosarcoma, Granuloma, Head and Neck Neoplasms, Hematologic Neoplasms, Hemorrhagic Fever, Ebola, Hepatitis, Hepatitis A, Hepatitis C, Chronic, Hepatitis, Chronic, |

| | | | | |
|---|---|---|---|---|
| | RPS6KA1, ILK, CSNK1D, EGFR, HCK, CHEK1, JAK2, PTK6, BIRC5, PKMYT1, RIPK2, EPHB2, MERTK, PRKCE, BRAF, ZAP70, RET | | | Hypersensitivity, Infections, Intestinal Neoplasms, Kidney Neoplasms, Klatskin Tumor, Laryngeal Diseases, Laryngeal Neoplasms, Leiomyoma, Leiomyomatosis, Leukemia, Leukemia, Myeloid, Leukemia, Myeloid, Acute, Leukemia, Myelomonocytic, Acute, Leukemia, Myelomonocytic, Chronic, Leukemia, Myelomonocytic, Juvenile, Leukemia, Promyelocytic, Acute, Liver Cirrhosis, Liver Neoplasms, Lung Neoplasms, Lymphoma, Lymphoma, Non-Hodgkin, Medulloblastoma, Melanoma, Meningeal Carcinomatosis, Meningioma, Mesothelioma, Mesothelioma, Malignant, Metaplasia, Mixed Tumor, Mullerian, Mouth Neoplasms, Mucoepidermoid Tumor, Multiple Endocrine Neoplasia, Multiple Myeloma, Myelodysplastic Syndromes, Myoma, Myosarcoma, Nasopharyngeal Carcinoma, Nasopharyngeal Neoplasms, Neoplasm Metastasis, Neoplasm Recurrence, Local, Neoplasms, Neoplasms, Germ Cell and Embryonal, Neoplasms, Second Primary, Neoplasms, Squamous Cell, Neoplasms, Unknown Primary, Nerve Sheath Neoplasms, Nervous System Neoplasms, Neuroblastoma, Neuroectodermal Tumors, Neuroectodermal Tumors, Primitive, Neuroendocrine Tumors, Neurofibrosarcoma, Oligodendroglioma, Oropharyngeal Neoplasms, Osteosarcoma, Ovarian Neoplasms, Pancreatic Intraductal Neoplasms, Pancreatic Neoplasms, Papilloma, Papilloma, Inverted, Paranasal Sinus Neoplasms, Pelvic Neoplasms, Pericardial Effusion, Peritoneal Neoplasms, Pharyngeal Neoplasms, Pleural Effusion, Pleural Effusion, Malignant, Polycythemia, Polycythemia Vera, Polyps, Precancerous Conditions, Preleukemia, Prostatic Neoplasms, Prostatic Neoplasms, Castration-Resistant, Psoriasis, Rectal Neoplasms, Recurrence, Rhabdomyosarcoma, Salivary Gland Neoplasms, Sarcoma, Sarcoma, Ewing, Skin Neoplasms, Small Cell Lung Carcinoma, Squamous Cell Carcinoma of Head and Neck, Stomach Neoplasms, Syndrome, Thymoma, Thymus Neoplasms, Tongue Neoplasms, Triple Negative Breast Neoplasms, Ureteral Neoplasms, Urethral Neoplasms, Urinary Bladder Neoplasms, Virus Diseases, Wilms Tumor |
| Sirolimus | MAPK10, ROCK2, HIPK2, PRKACA, ITGAL, IL10, AURKB, RPS6KA1, MAPK13, PRKCZ, CSNK1D, MAPK12, CHEK1, MAPKAPK2, CSK, CHEK2, MAPK3, STK3, RPS6KB1 | 92 | 4 | Phase 4: Hepatitis C, Acute Coronary Syndrome, Angina Pectoris, Angina, Unstable, Angiomyolipoma, Arterial Occlusive Diseases, Arteriosclerosis, Communicable Diseases, Congenital Abnormalities, Connective Tissue Diseases, Constriction, Pathologic, Coronary Artery Disease, Coronary Disease, Coronary Restenosis, Coronary Stenosis, Cytomegalovirus Infections, Delayed Graft Function, Diabetes Mellitus, Diabetes Mellitus, Type 1, Dyslipidemias, Fibroma, Fibrosis, Gastrointestinal Neoplasms, Graft vs Host Disease, HIV Infections, Heart Diseases, Hemangioendothelioma, Hemangioma, Hemoglobinuria, Hemoglobinuria, Paroxysmal, Hepatitis, Hepatitis A, Hyperlipidemias, Hypertension, Infarction, Infections, Inflammation, Influenza, Human, Intestinal Neoplasms, Ischemia, Kasabach-Merritt Syndrome, Kidney Diseases, Kidney Failure, Chronic, Leiomyoma, Leiomyomatosis, Lipoma, Liver Diseases, Lung Diseases, Lung Diseases, Interstitial, Lymphangioma, Lymphatic Abnormalities, Lymphoma, Lymphoma, Mantle-Cell, Lymphoma, Non-Hodgkin, Myocardial Infarction, Myocardial Ischemia, Myofibroma, Myoma, Neoplasms, Nevus, Nevus, Blue, |

| | | | | |
|---|---|---|---|---|
| | | | | Peutz-Jeghers Syndrome, Recurrence, Red-Cell Aplasia, Pure, Renal Insufficiency, Renal Insufficiency, Chronic, Sarcoma, Sarcoma, Kaposi, Skin Neoplasms, Syndrome, Thrombocytopenia, Tuberous Sclerosis, Vascular Malformations, Virus Diseases |
| Pirfenidone | MAPK12, TNF, MAPK13, FURIN | 84 | 2 | Phase 2: Hepatitis C, Albinism, Albinism, Oculocutaneous, Alveolitis, Extrinsic Allergic, Anthracosis, Arthritis, Arthritis, Rheumatoid, Brain Abscess, Breast Cancer Lymphedema, Breast Neoplasms, Bronchiolitis, Bronchiolitis Obliterans, Burns, COVID-19, Carcinoma, Non-Small-Cell Lung, Cardiomyopathies, Cardiomyopathy, Hypertrophic, Diabetic Foot, Diabetic Nephropathies, Edema, Fibroma, Fibrosis, Foot Ulcer, Glomerulosclerosis, Focal Segmental, Heart Failure, Hepatitis, Hepatitis A, Hepatitis C, Chronic, Hermanski-Pudlak Syndrome, Hypersensitivity, Hypertension, Hypertension, Pulmonary, Hypertrophy, Idiopathic Pulmonary Fibrosis, Infarction, Kidney Diseases, Leiomyoma, Liver Cirrhosis, Liver Diseases, Lung Diseases, Lung Diseases, Interstitial, Lung Injury, Lymphedema, Metabolism, Inborn Errors, Multiple Sclerosis, Muscular Diseases, Myocardial Infarction, Myofibroma, Myoma, Neoplasms, Nephrosis, Nephrotic Syndrome, Neurofibroma, Neurofibroma, Plexiform, Neurofibromatoses, Neurofibromatosis 1, Pancreatitis, Platelet Storage Pool Deficiency, Pneumoconiosis, Pneumonia, Proteinuria, Pulmonary Fibrosis, Rage, Renal Insufficiency, Renal Insufficiency, Chronic, Respiration Disorders, Respiratory Tract Diseases, ST Elevation Myocardial Infarction, Scleroderma, Diffuse, Scleroderma, Localized, Scleroderma, Systemic, Sclerosis, Severe Acute Respiratory Syndrome, Silicosis, Syndrome, Ulcer, Wounds and Injuries |
| IDN-6556 | CASP7, CASP8, CASP1 | 81 | 2 | Phase 2: Hepatitis C, Carcinoma, Hepatocellular, Cholestasis, Diabetes Mellitus, Fatty Liver, Fatty Liver, Alcoholic, Fibrosis, Hepatic Insufficiency, Hepatitis, Hepatitis A, Hepatitis C, Chronic, Hepatitis, Alcoholic, Hypertension, Hypertension, Portal, Liver Cirrhosis, Liver Diseases, Liver Failure, Liver Failure, Acute, Non-alcoholic Fatty Liver Disease |

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

## ***Repurposing drugs***

*Table 13. 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, TEC, ROCK2, JAK3, PRKACA, MAP3K11, CDK4, SYK, CSK, MAPK3, MAP2K6, PKN1, TYK2, SRC, CSNK2A2, MAPK4, PRKD3, CSNK1G2, STK11, PRKCZ, CSNK1G1, MAPK12, PLK3, WEE1, STK4, MAPK7, PRKCD, LYN, MAPKAPK2, CHEK2, STK3, MAPK10, PRKCQ, CSNK1E, EPHA4, MAP2K4, PDGFRA, AURKB, CDK7, RPS6KA1, CSNK1D, EGFR, HCK, CHEK1, JAK2, PTK6, PKMYT1, RPS6KB1, HIPK2, RIPK2, EPHB2, MERTK, PRKCE, BRAF, MAPK13, ZAP70, RET | 93 | Phase 2: ACTH-Secreting Pituitary Adenoma, Adenoma, Carcinoma, Non-Small-Cell Lung, Cystic Fibrosis, Cysts, Fibrosis, Pituitary ACTH Hypersecretion, Pituitary Neoplasms |
| ruboxistaurin | STK10, TEC, ROCK2, JAK3, PRKACA, MAP3K11, SYK, CSK, MAPK3, MAP2K6, PKN1, TYK2, PRKCG, SRC, CSNK2A2, MAPK4, PRKD3, CSNK1G2, STK11, PRKCZ, CSNK1G1, MAPK12, PLK3, WEE1, STK4, MAPK7, PRKCD, LYN, MAPKAPK2, CHEK2, STK3, MAPK10, PRKCQ, CSNK1E, EPHA4, MAP2K4, PDGFRA, AURKB, CDK7, RPS6KA1, CSNK1D, EGFR, HCK, CHEK1, | 93 | 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 |

| | | | |
|---|---|---|---|
| | JAK2, PTK6, PKMYT1, RPS6KB1, HIPK2, RIPK2, EPHB2, MERTK, PRKCE, BRAF, MAPK13, ZAP70, RET | | |
| 1-(5-Tert-Butyl-2-P-Tolyl-2h-Pyrazol-3-Yl)-3-[4-(2-Morpholin-4-Yl-Ethoxy)-Naphthalen-1-Yl]-Urea | STK10, TEC, ROCK2, JAK3, PRKACA, MAP3K11, SYK, CSK, MAPK3, MAP2K6, PKN1, TYK2, SRC, CSNK2A2, MAPK4, PRKD3, CSNK1G2, STK11, PRKCZ, CSNK1G1, MAPK12, PLK3, WEE1, STK4, MAPK7, PRKCD, LYN, MAPKAPK2, CHEK2, STK3, MAPK10, PRKCQ, CSNK1E, EPHA4, MAP2K4, PDGFRA, AURKB, CDK7, RPS6KA1, CSNK1D, EGFR, HCK, CHEK1, JAK2, PTK6, PKMYT1, RPS6KB1, HIPK2, RIPK2, EPHB2, MERTK, PRKCE, BRAF, MAPK13, ZAP70, RET | 92 | Phase 2: Arthritis, Arthritis, Rheumatoid, Psoriasis |
| Tofacitinib | STK10, TEC, ROCK2, JAK3, PRKACA, MAP3K11, SYK, CSK, MAPK3, MAP2K6, PKN1, TYK2, SRC, CSNK2A2, MAPK4, PRKD3, CSNK1G2, STK11, CSNK1G1, MAPK12, PLK3, WEE1, STK4, MAPK7, PRKCD, LYN, MAPKAPK2, STK3, MAPK10, PRKCQ, CSNK1E, EPHA4, MAP2K4, PDGFRA, AURKB, CDK7, RPS6KA1, CSNK1D, EGFR, HCK, CHEK1, JAK2, PTK6, PKMYT1, RPS6KB1, RIPK2, EPHB2, MERTK, | 92 | Phase 4: Alopecia, Alopecia Areata, Aortic Arch Syndromes, Arteritis, Arthritis, Arthritis, Psoriatic, Arthritis, Rheumatoid, COVID-19, Colitis, Colitis, Ulcerative, Disease, Embolism, Granuloma, Granulomatosis with Polyangiitis, Infections, Lung Diseases, Lung Diseases, Interstitial, Necrosis, Rheumatic Fever, ST Elevation Myocardial Infarction, Spondylarthritis, Spondylitis, Spondylitis, Ankylosing, Systemic Vasculitis, Takayasu Arteritis, Thromboembolism, Ulcer, Vasculitis |

| | | | |
|---|---|---|---|
| | PRKCE, BRAF, MAPK13, ZAP70, RET | | |
| Flavopiridol | STK10, TEC, JAK3, PRKACA, MAP3K11, CDK4, SYK, CSK, MAPK3, MAP2K6, PKN1, TYK2, SRC, CSNK2A2, MAPK4, PRKD3, CSNK1G2, STK11, CSNK1G1, MAPK12, PLK3, WEE1, STK4, MAPK7, PRKCD, LYN, MAPKAPK2, STK3, MAPK10, PRKCQ, CSNK1E, EPHA4, MAP2K4, PDGFRA, AURKB, CDK7, RPS6KA1, CSNK1D, EGFR, HCK, CHEK1, JAK2, PTK6, PKMYT1, RIPK2, EPHB2, MERTK, PRKCE, BRAF, XIAP, ZAP70, RET | 92 | Phase 2: Adenocarcinoma, Brain Abscess, Breast Neoplasms, Carcinoma, Hepatocellular, Carcinoma, Ovarian Epithelial, Carcinoma, Renal Cell, Embolism, Endometrial Neoplasms, Esophageal Neoplasms, Germinoma, Granuloma, Head and Neck Neoplasms, Hodgkin Disease, Hypereosinophilic Syndrome, Immunoblastic Lymphadenopathy, Kidney Neoplasms, Leukemia, Leukemia, Basophilic, Acute, Leukemia, Eosinophilic, Acute, Leukemia, Erythroblastic, Acute, Leukemia, Lymphocytic, Chronic, B-Cell, Leukemia, Lymphoid, Leukemia, Megakaryoblastic, Acute, Leukemia, Monocytic, Acute, Leukemia, Myeloid, Leukemia, Myeloid, Acute, Leukemia, Myelomonocytic, Acute, Leukemia, Prolymphocytic, Leukemia, T-Cell, Leukemia-Lymphoma, Adult T-Cell, Liver Neoplasms, Lymphadenopathy, Lymphatic Diseases, Lymphoma, Lymphoma, B-Cell, Lymphoma, B-Cell, Marginal Zone, Lymphoma, Follicular, Lymphoma, Large B-Cell, Diffuse, Lymphoma, Large-Cell, Anaplastic, Lymphoma, Mantle-Cell, Lymphoma, Non-Hodgkin, Lymphoma, T-Cell, Lymphoma, T-Cell, Cutaneous, Lymphomatoid Granulomatosis, Melanoma, Multiple Myeloma, Mycoses, Mycosis Fungoides, Myelodysplastic Syndromes, Neoplasms, Neoplasms, Germ Cell and Embryonal, Neoplasms, Plasma Cell, Ovarian Neoplasms, Pancreatic Neoplasms, Peritoneal Neoplasms, Precursor Cell Lymphoblastic Leukemia-Lymphoma, Preleukemia, Prostatic Neoplasms, Prostatic Neoplasms, Castration-Resistant, Recurrence, Sarcoma, Seminoma, Sezary Syndrome, Stomach Neoplasms, Testicular Neoplasms, Thromboembolism, Waldenstrom Macroglobulinemia |

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 14. 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 |
|---|---|---|---|
| Perindopril | ITGB3, ITGA2B | 88 | 0.29 |
| 3-(Phosphonomethyl)Pyridine-2-Carboxylic Acid | DUSP26, DUSP22, PTPN5, EPM2A, PTPN2, PTPN13, PTPN6, PTPRC, PTPRA, CDC25C, DUSP4, CDC25A, DUSP5, PTPRH, DUSP7, PTPN12, CDC25B, DUSP14, DUSP8, PTPN21, PTPRZ1, DUSP3 | 86 | 1.18 |
| Bortezomib | PSMC5, PSMA7, PSMC3, PSMD4, ITGB3, ITGA2B | 84 | 0.23 |
| 1-ETHOXYCARBONYL-D-PHE-PRO-2(4-AMINOBUTYL)HYDRAZINE | STAT1, ITGB3, ITGA2B | 84 | 0.28 |
| Uracil | TEC, RIPK2, EPHB2, SRC, MERTK, JAK3, EPHA4, PDGFRA, EGFR, SYK, WEE1, ZAP70, TNF, HCK, PRKCD, PTK6, JAK2, LYN, CSK, RET, TYK2 | 83 | 1.24 |

As the result of drug search we propose the following drugs as most promising candidates for treating the pathology under study: Sorafenib, seliciclib and Perindopril. These drugs were selected for acting on the following targets: PRKCE and ITGA2B, 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.

# 6. Conclusion

We applied the software package "Genome Enhancer" to a data set that contains *transcriptomics* data obtained from *liver* tissue. The study is done in the context of *Hepatitis C*. 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:

**Sorafenib, seliciclib and Perindopril**

These drugs were selected for acting on the following targets: PRKCE and ITGA2B, 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:

**LPS:lbp:CD14:TLR4:MD-2:MyD88:IRAK-1{pS376}{pT387}, dsRNA:TLR3:TRIF, JKAP, PKACA and LCMT**

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: L-Leucine, Hydroxychloroquine, fostamatinib, 3-(Phosphonomethyl)Pyridine-2-Carboxylic Acid, Ritonavir, Sorafenib, seliciclib, L-Sulforaphane, N-Carbamoyl-L-Aspartate and Edotecarin. 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.

- LPS:lbp:CD14:TLR4:MD-2:MyD88:IRAK-1{pS376}{pT387}
- dsRNA:TLR3:TRIF
- JKAP
- PKACA

- LCMT

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 2023.1 (geneXplain GmbH, Wolfenbüttel, Germany) (https://genexplain.com/transfac).
The master regulator search uses the TRANSPATH® database (BIOBASE), release 2023.1 (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 2023.1 (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™ and predicting potential drugs using PASS program.

### *Method for analysis of known pharmaceutical compounds*

We selected compounds from HumanPSD™ 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, *maxRank(T)* equals *max(rank(t))* for all targets *t* in *T*.
We use following formula to calculate "Disease activity score" ( *D-score*$_{PSD}$):

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

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 (high expressed genes in Experiment).
2. Supplementary table 2 - Detailed report. Composite modules and master regulators (low expressed genes in Experiment).
3. Supplementary table 3 - Detailed report. Pharmaceutical compounds and drug targets.

## Disclaimer

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.

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