

PDGFRA and AURKB are promising druggable targets for treating Ovarian Neoplasms that control activity of CREB1, NFYA and HNF4A transcription factors on of differentially expressed genes

Demo User

geneXplain GmbH

info@genexplain.com

Data received on 26/11/2021 ; Run on 28/06/2024 ; Report generated on 28/06/2024

Genome Enhancer release 3.4 (TRANSFAC®, TRANSPATH® and HumanPSD™ release 2024.1)



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: CREB1, NFYA, ETV4, HNF4A, FOXO1 and TAL1. The subsequent network analysis suggested

- EAC
- PDGFRalpha
- Aurora-B
- calpain-1

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: Pazopanib, fimepinostat and LE-SN38.

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 devised 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
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

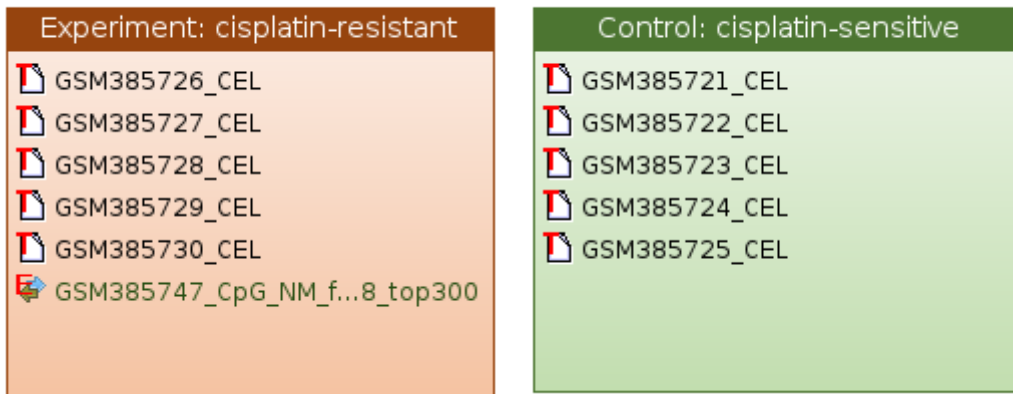


Figure 1. Annotation diagram of experimental data used in this study. With the colored boxes we show those sub-categories of the data that are compared in our analysis.

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 applied the Limma tool (R/Bioconductor package integrated into our pipeline) and compared gene expression in the following sets: "Experiment: cisplatin-resistant" with "Control: cisplatin-sensitive". Limma calculated the LogFC (the logarithm to the base 2 of the fold change between different conditions), the p-value and the adjusted p-value (corrected for multiple testing) of the observed fold change. As a result, we detected 4060 upregulated genes (LogFC>0.1) out of which 3350 genes were found as significantly upregulated (p-value<0.1) and 4162 downregulated genes (LogFC<-0.1) out of which 3351 genes were significantly downregulated (p-value<0.1). See tables below for the top significantly up- and downregulated genes. Below we call **target genes** the full list of up- and downregulated genes revealed in our analysis (see tables in [Supplementary section](#)).

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

[See full table](#) →

ID	Gene symbol	Gene description	logFC	P.Value	adj.P.Val
ENSG00000123700	KCNJ2	potassium inwardly rectifying channel subfamily J member 2	5.37	6.79E-14	7.28E-11
ENSG00000064218	DMRT3	doublesex and mab-3 related transcription factor 3	4.03	7.48E-12	2.59E-9
ENSG00000099139	PCSK5	proprotein convertase subtilisin/kexin type 5	3.93	1.35E-14	2.07E-11
ENSG00000197705	KLHL14	kelch like family member 14	3.89	9.84E-13	4.22E-10
ENSG00000129038	LOXL1	lysyl oxidase like 1	3.54	2.27E-10	3.24E-8
ENSG00000133083	DCLK1	doublecortin like kinase 1	3.24	8.07E-13	3.76E-10
ENSG00000141431	ASXL3	ASXL transcriptional regulator 3	3.14	1.36E-11	3.64E-9
ENSG00000126950	TMEM35A	transmembrane protein 35A	3.05	1.6E-12	6.15E-10
ENSG00000164692	COL1A2	collagen type I alpha 2 chain	2.86	2.21E-10	3.24E-8
ENSG00000138378	STAT4	signal transducer and activator of transcription 4	2.86	3.04E-10	3.75E-8

Table 3. Top ten significant **down-regulated** genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive.

[See full table](#) →

ID	Gene symbol	Gene description	logFC	P.Value	adj.P.Val
ENSG00000127324	TSPAN8	tetraspanin 8	-6.39	1.5E-15	4.04E-12
ENSG00000139292	LGR5	leucine rich repeat containing G protein-coupled receptor 5	-6.24	5.76E-18	6.18E-14
ENSG00000149968	MMP3	matrix metalloproteinase 3	-5.16	2E-13	1.65E-10
ENSG00000163359	COL6A3	collagen type VI alpha 3 chain	-5.08	5.33E-16	1.9E-12
ENSG00000169908	TM4SF1	transmembrane 4 L six family member 1	-4.94	1.59E-16	8.54E-13
ENSG00000153233	PTPRR	protein tyrosine phosphatase receptor type R	-4.6	5.98E-13	3.21E-10
ENSG00000166670	MMP10	matrix metalloproteinase 10	-4.45	9.28E-15	1.66E-11
ENSG00000106511	MEOX2	mesenchyme homeobox 2	-4.26	3.66E-12	1.35E-9
ENSG00000145431	PDGFC	platelet derived growth factor C	-4.14	3.26E-14	4.37E-11
ENSG00000060718	COL11A1	collagen type XI alpha 1 chain	-3.65	9.63E-11	1.75E-8

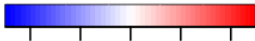
3.2. Functional classification of genes

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.

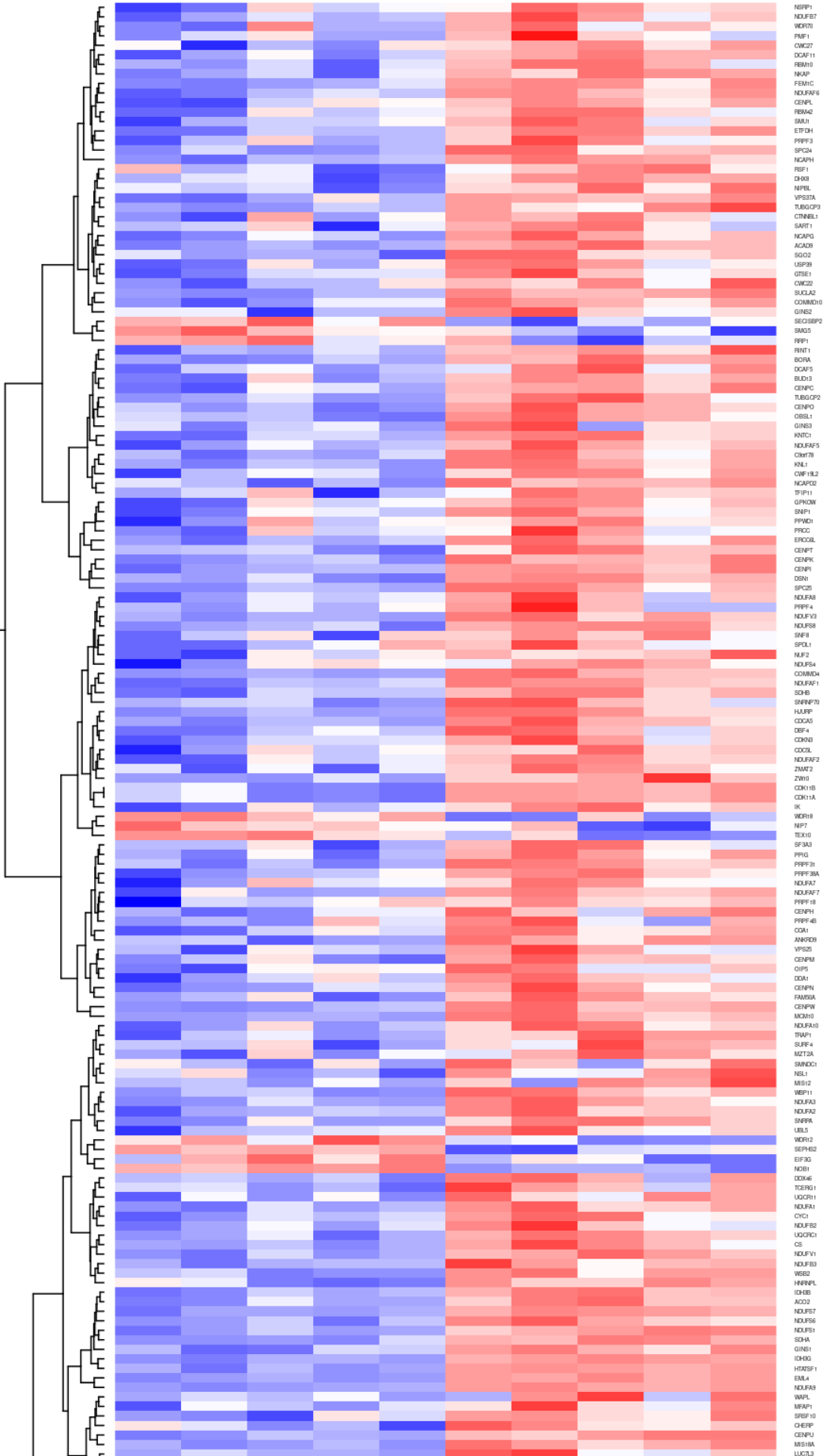
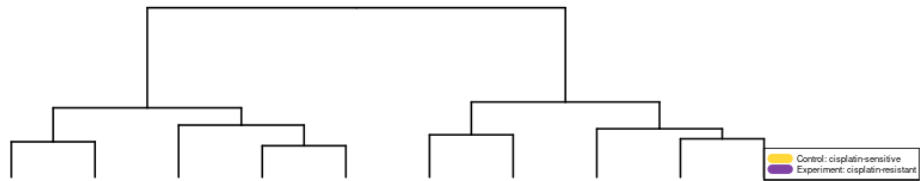
Figures 3-8 show the most significant categories.

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.



Gene Expression Normalized by rows



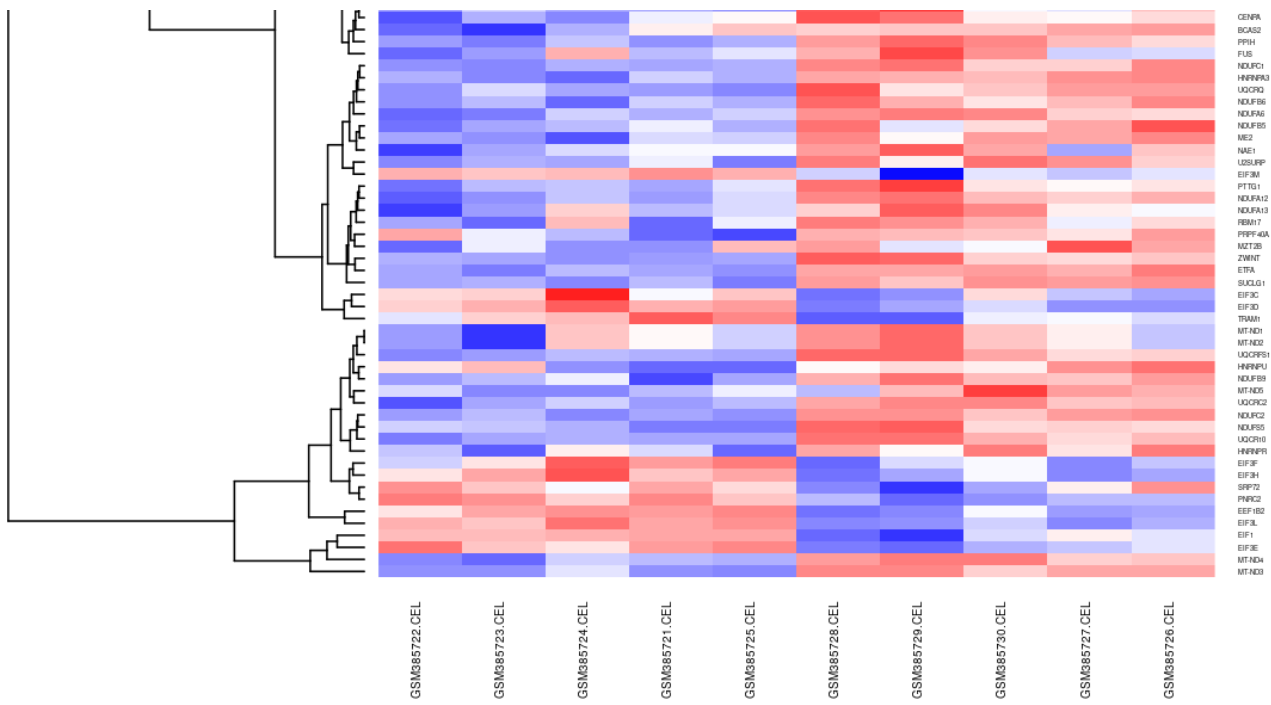


Figure 2. Heatmap of genes enriched in Transpath categories. The colored bar at the top shows the types of the samples according to the legend in the upper right corner.

[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)

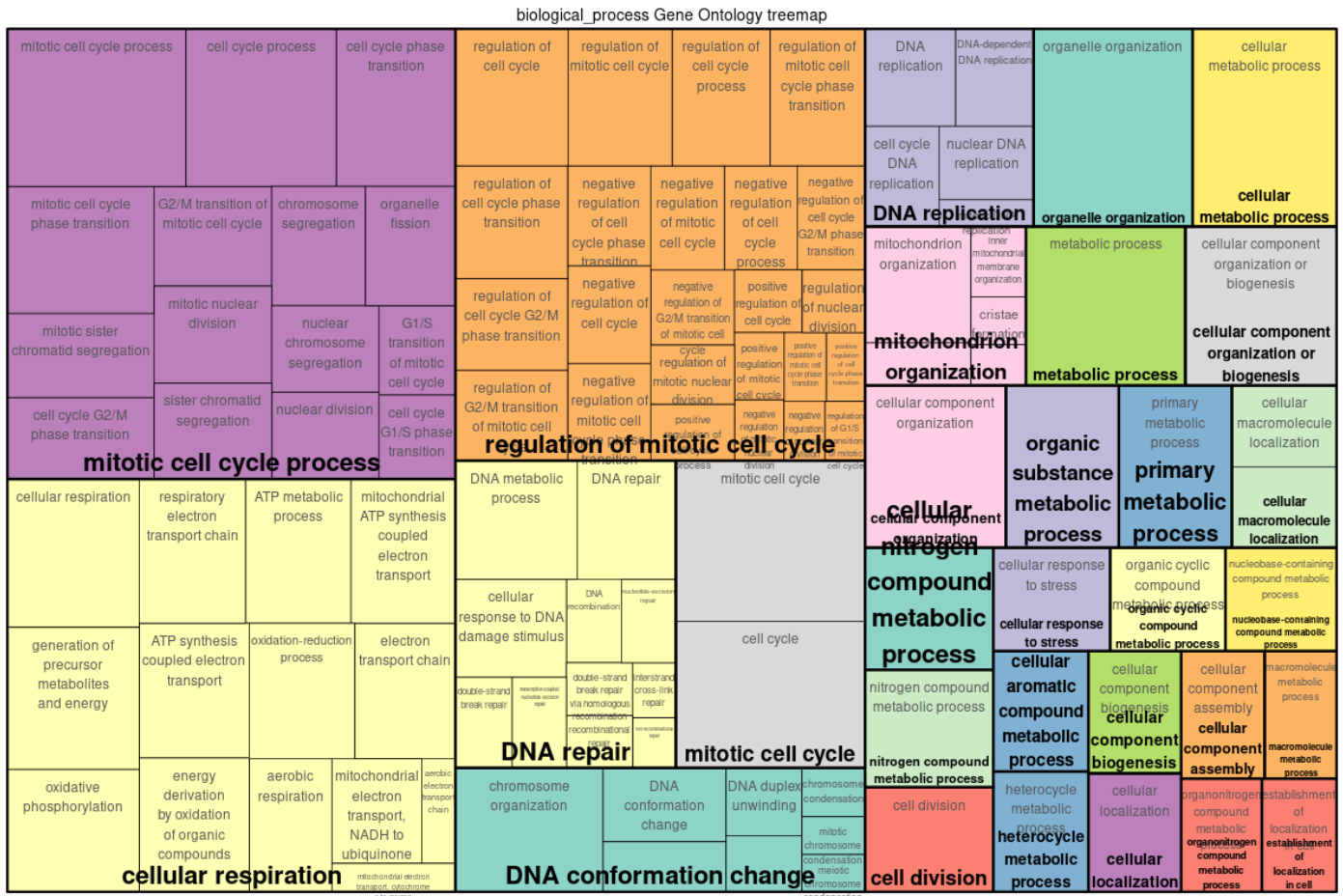


Figure 3. Enriched GO (biological process) of up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive.

[Full classification](#) →

TRANSPATH® Pathways (2024.1)

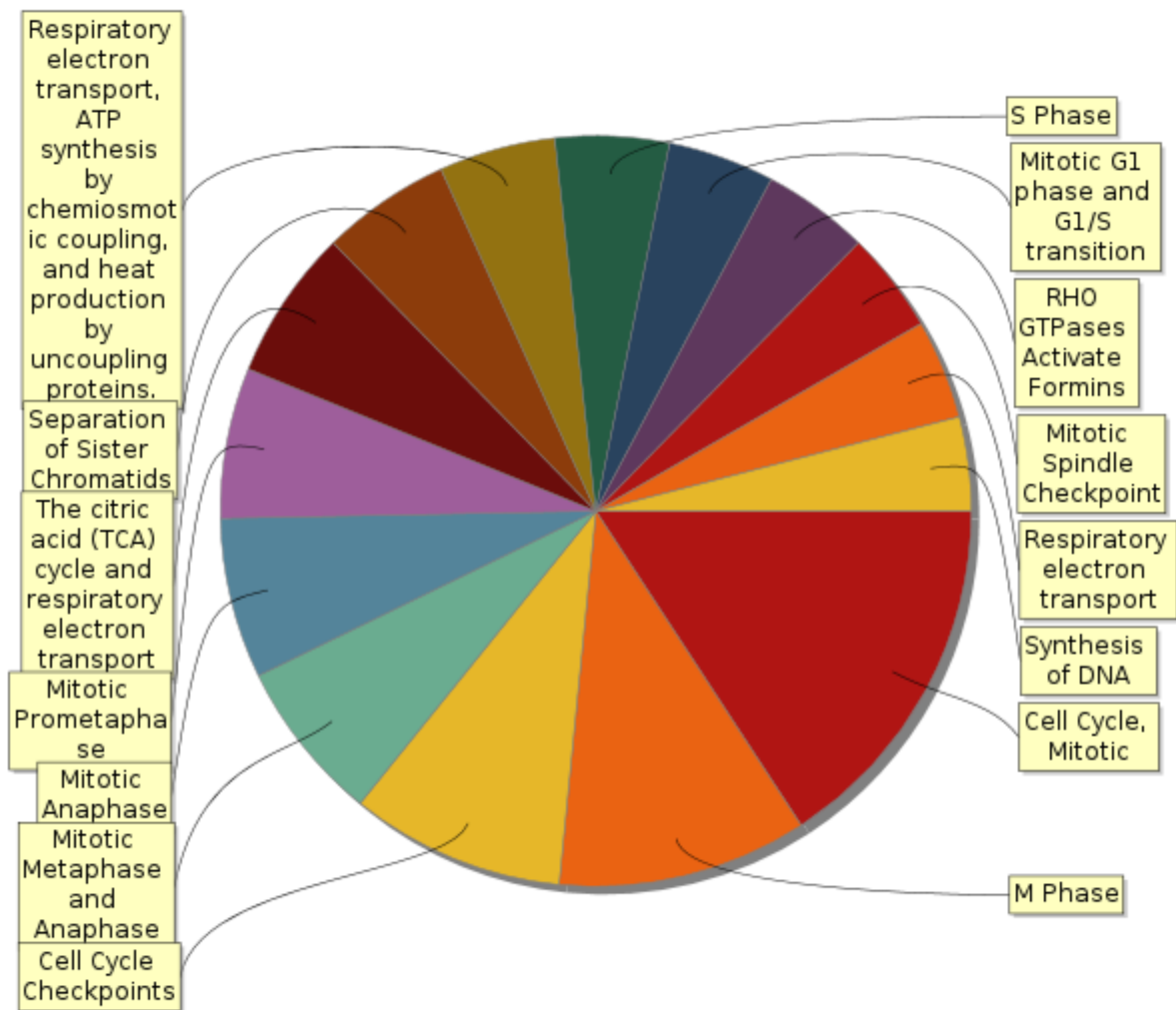


Figure 4. Enriched TRANSPATH® Pathways (2024.1) of up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive.

[Full classification →](#)

HumanPSD(TM) disease (2024.1)

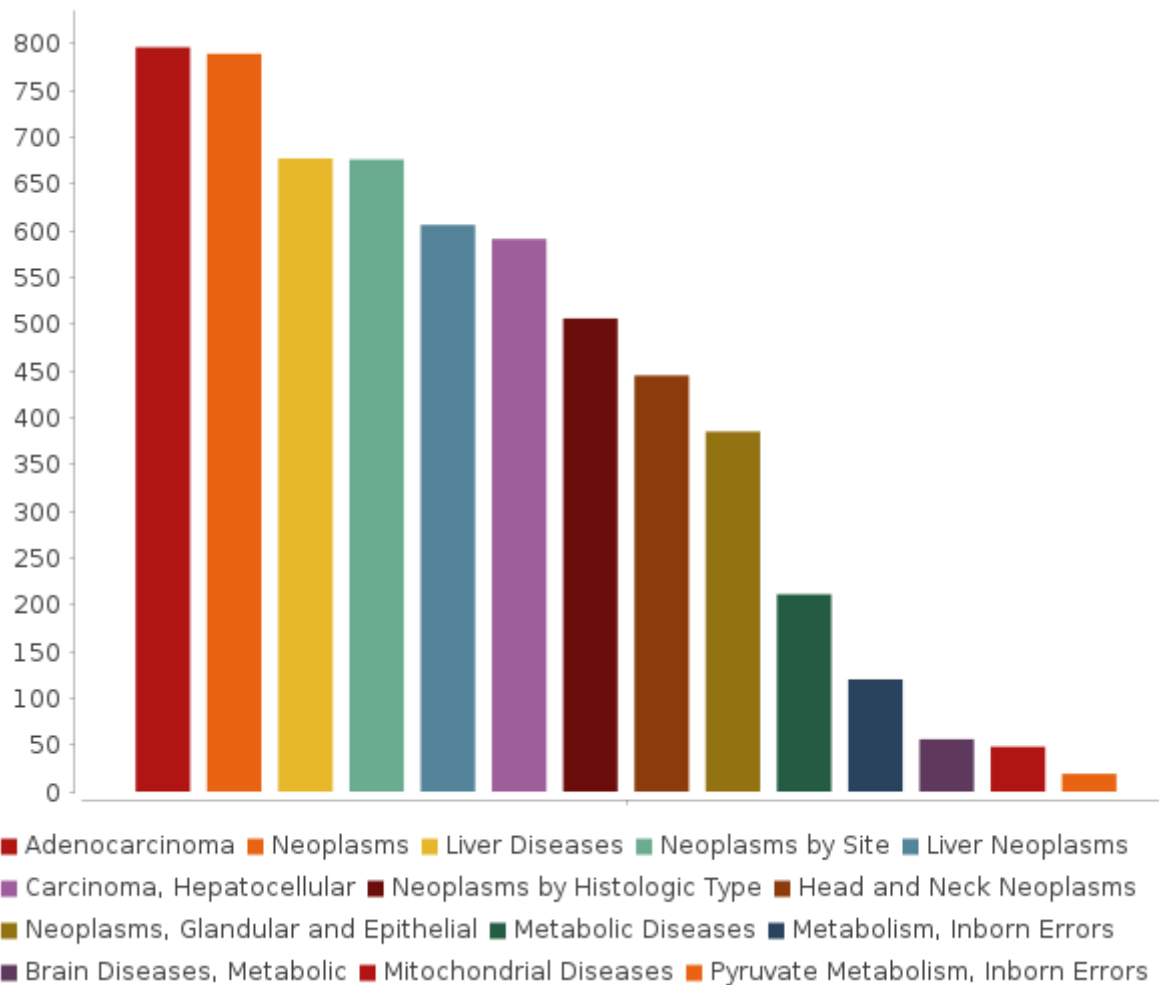


Figure 5. Enriched HumanPSD(TM) disease (2024.1) of up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. The size of the bars correspond to the number of biomarkers of the given disease found among the input set.

[Full classification](#) →

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

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

GO (biological process)



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

[Full classification](#) →

TRANSPATH® Pathways (2024.1)

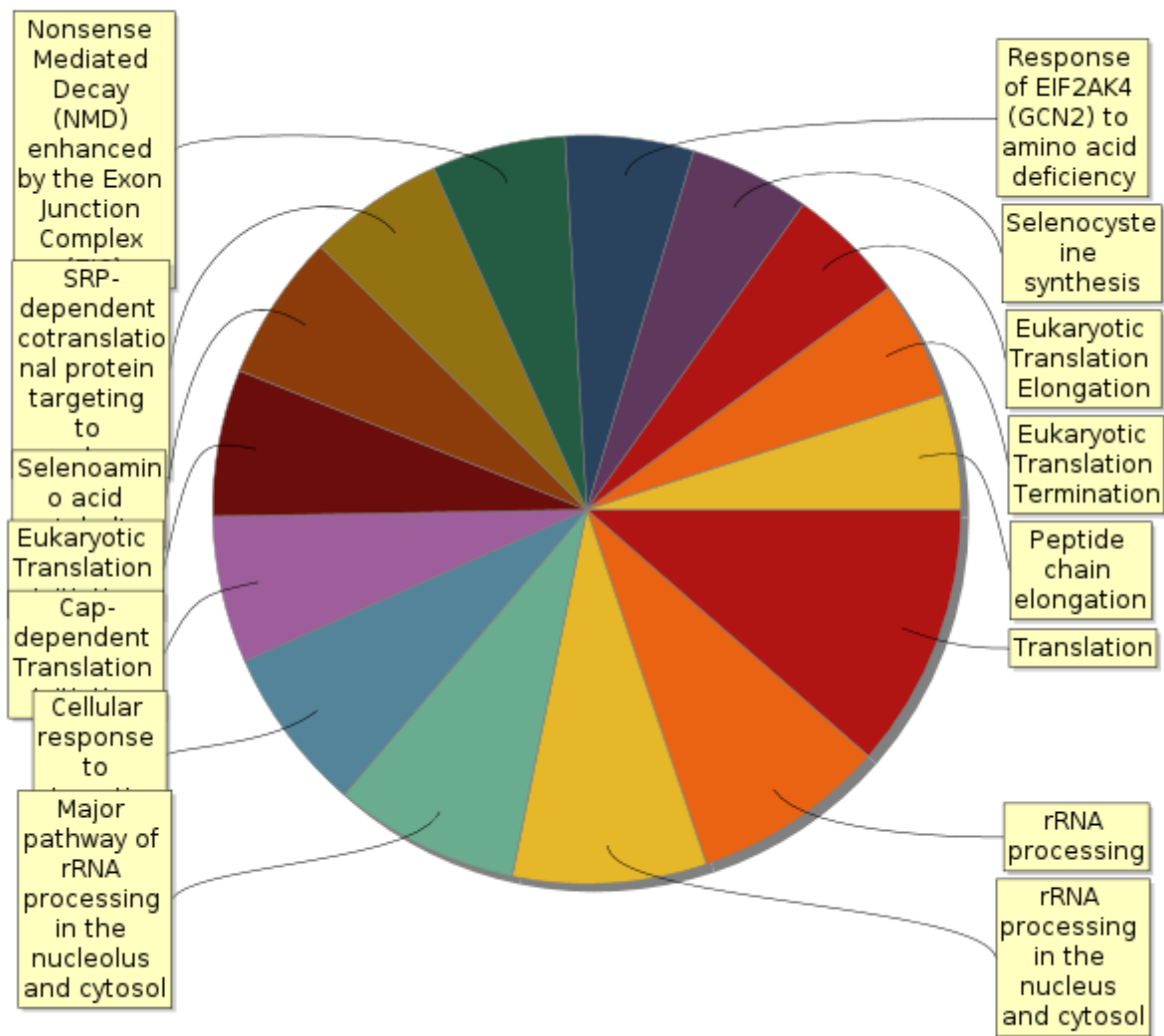


Figure 7. Enriched TRANSPATH® Pathways (2024.1) of down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive.

[Full classification →](#)

HumanPSD(TM) disease (2024.1)

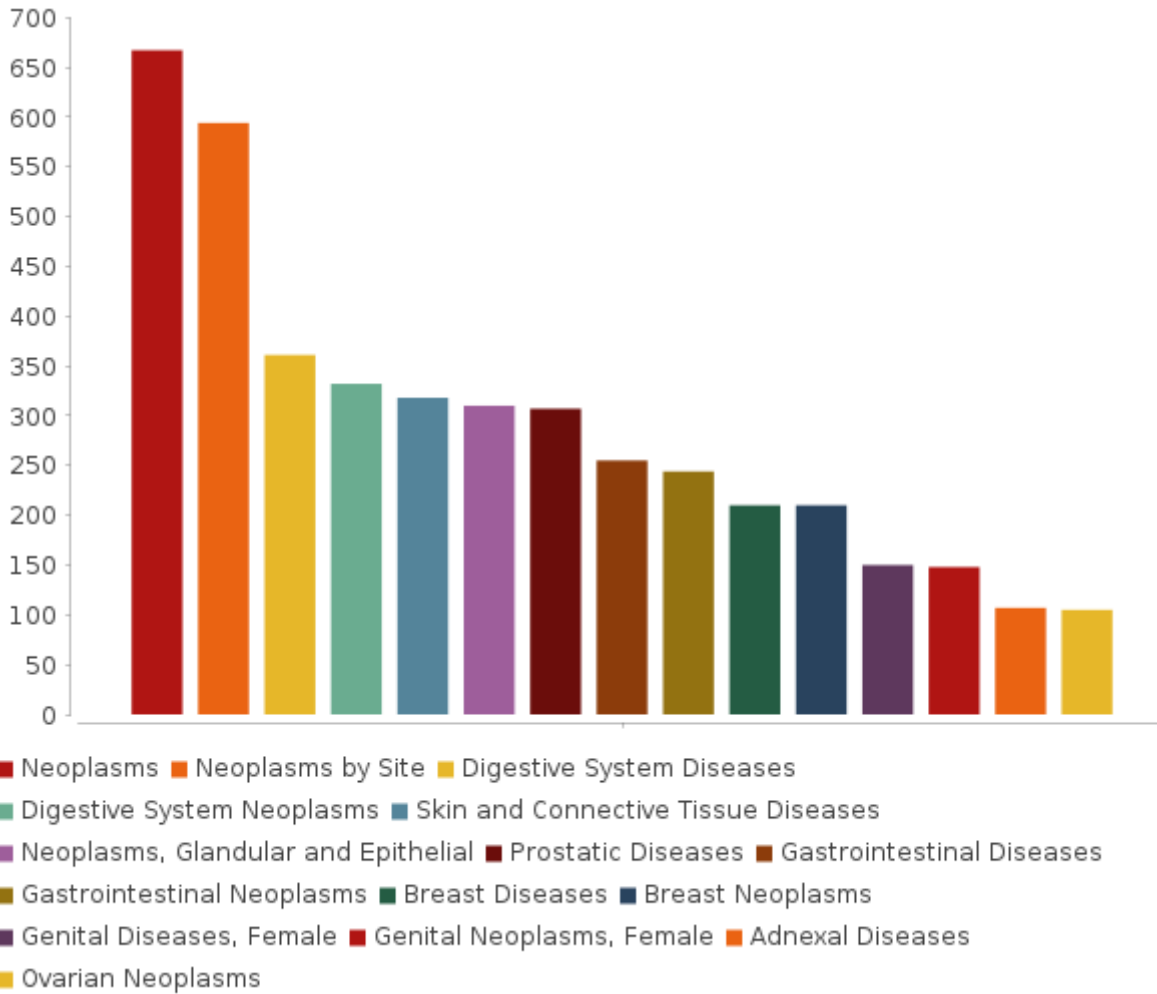
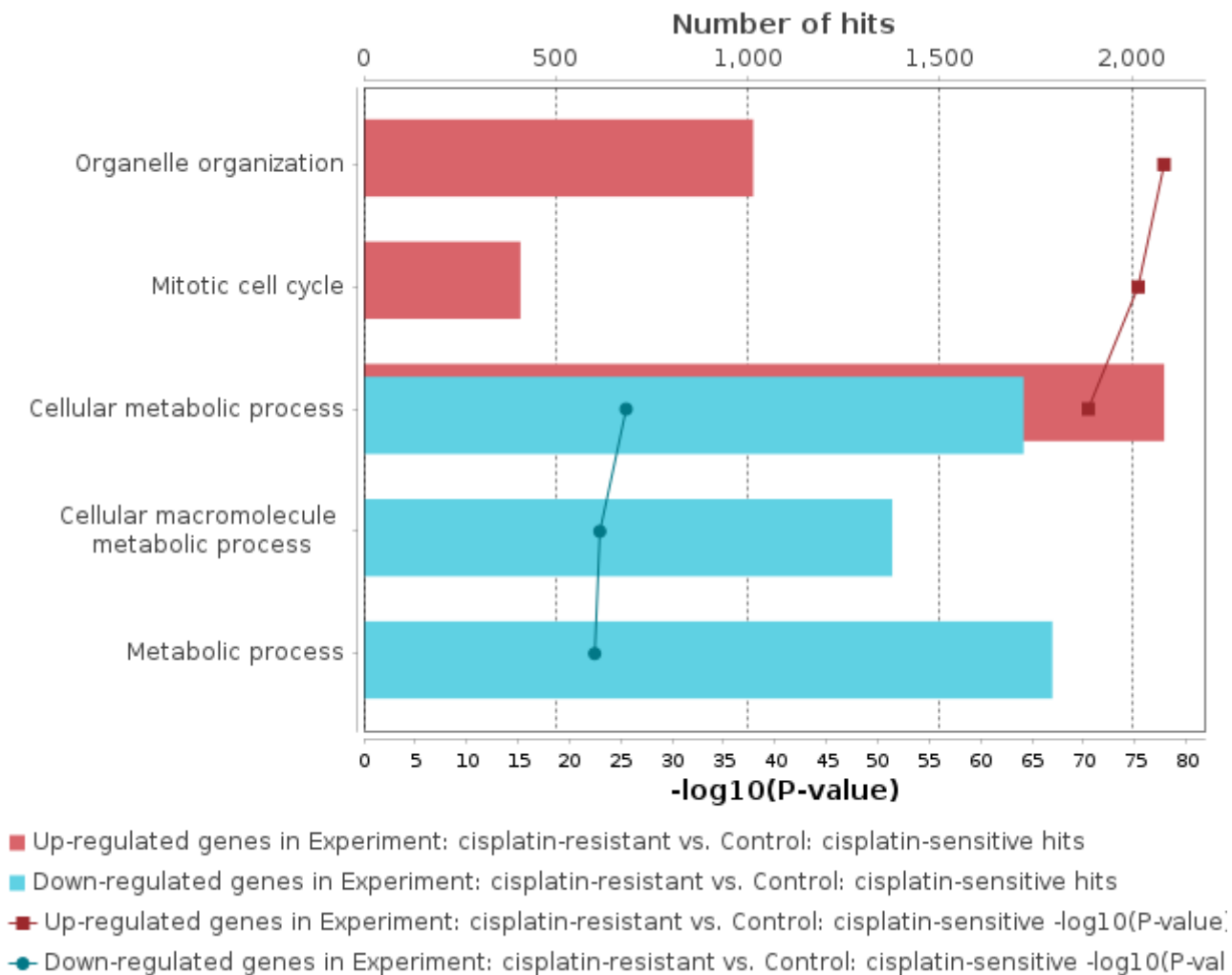


Figure 8. Enriched HumanPSD(TM) disease (2024.1) of down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. The size of the bars correspond to the number of biomarkers of the given disease found among the input set.

[Full classification](#) →

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].

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.

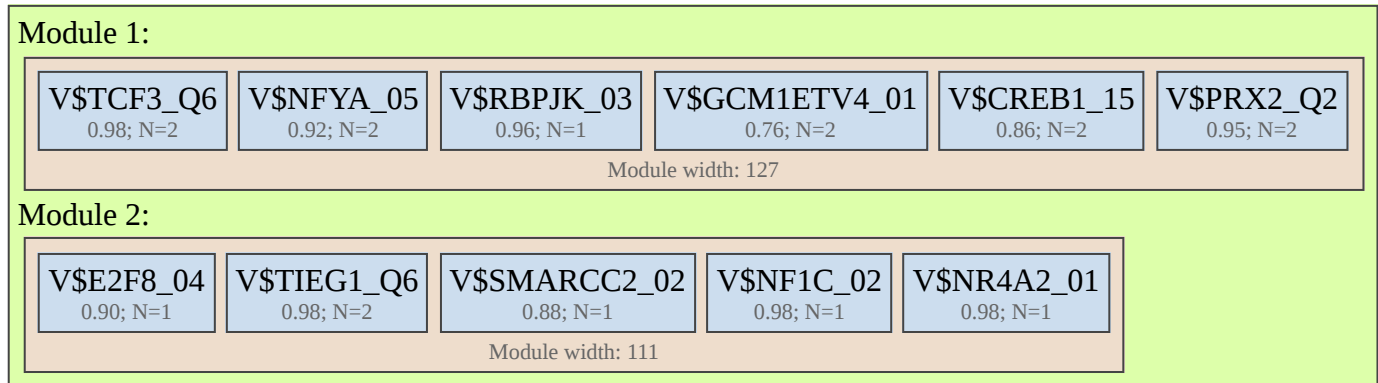
We applied the Composite Module Analyst (CMA) [8] method to detect such potential enhancers, as targets of multiple TFs bound in a cooperative manner to the regulatory regions of the genes of interest. CMA applies a genetic algorithm to construct a generalized model of the enhancers by specifying combinations 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: cisplatin-resistant 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)): 15.46

Wilcoxon p-value (pval): 1.80e-32

Penalty (p): 0.487

Average yes-set score: 4.87

Average no-set score: 3.73

AUC: 0.75

Separation point: 4.36

False-positive: 29.60%

False-negative: 31.00%

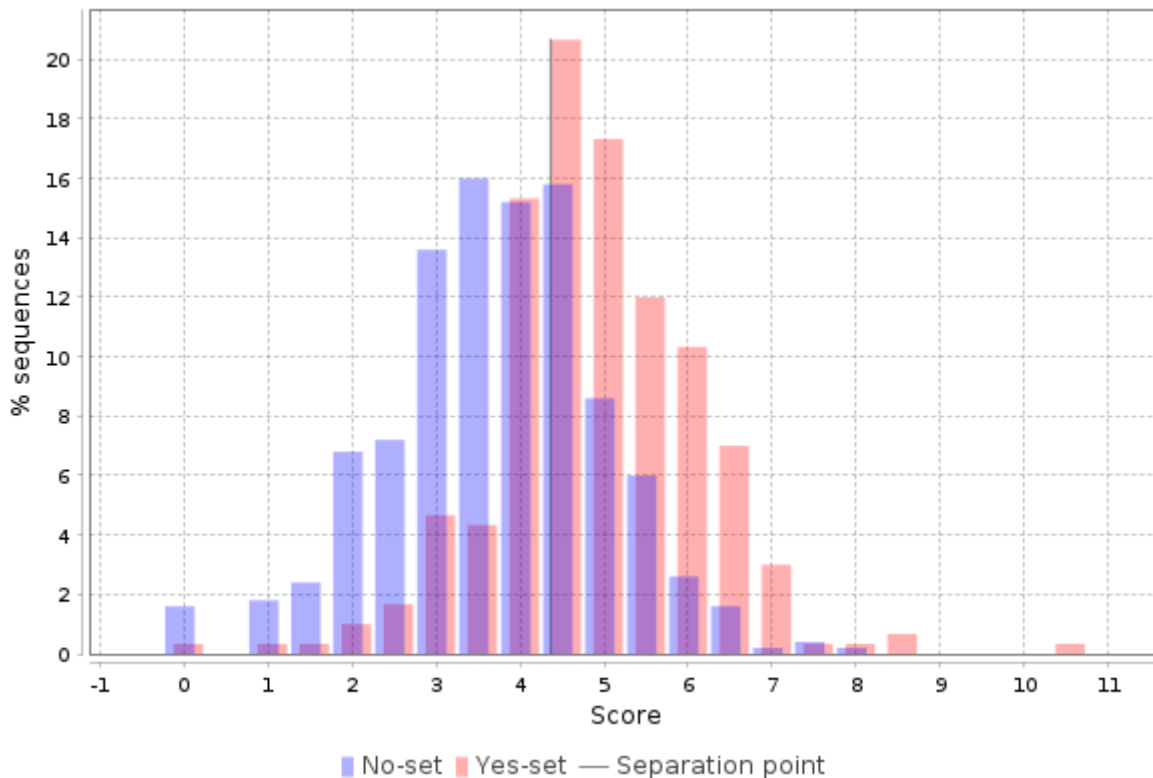


Table 4. List of top ten up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive with identified enhancers in their regulatory regions. **CMA score** - the score of the CMA model of the enhancer identified in the regulatory region.

[See full table](#) →

Ensembl IDs	Gene symbol	Gene description	CMA score	Factor names
ENSG00000197008	ZNF138	zinc finger protein 138	10.41	NF-1C(h), SMARCC2(h), KLF10(h), NURR1(h), TCF-7L1(h), PRRX-2(h), ETV4(h),GCMa(h)...
ENSG00000184983	NDUFA6	NADH:ubiquinone oxidoreductase subunit A6	8.75	ETV4(h),GCMa(h), NF-YA(h), PRRX-2(h), RBP-Jkappa(h), TCF-7L1(h), E2F-8(h), SMARCC2(h)...
ENSG00000100297	MCM5	minichromosome maintenance complex component 5	8.67	CREB(h), TCF-7L1(h), ETV4(h),GCMa(h), RBP-Jkappa(h), NF-1C(h), NF-YA(h), KLF10(h)...
ENSG00000129757	CDKN1C	cyclin dependent kinase inhibitor 1C	8.65	NF-YA(h), KLF10(h), ETV4(h),GCMa(h), CREB(h), TCF-7L1(h), E2F-8(h), NF-1C(h)
ENSG00000067064	IDI1	isopentenyl-diphosphate delta isomerase 1	8.33	NF-1C(h), KLF10(h), E2F-8(h), NF-YA(h), ETV4(h),GCMa(h), CREB(h), TCF-7L1(h)
ENSG00000100056	ESS2	ess-2 splicing factor homolog	8.23	NF-YA(h), CREB(h), PRRX-2(h), KLF10(h), E2F-8(h), NF-1C(h), TCF-7L1(h)...
ENSG00000181222	POLR2A	RNA polymerase II subunit A	8.15	TCF-7L1(h), CREB(h), PRRX-2(h), NF-YA(h), KLF10(h), SMARCC2(h), NF-1C(h)
ENSG00000182158	CREB3L2	cAMP responsive element binding protein 3 like 2	8.12	NF-YA(h), TCF-7L1(h), ETV4(h),GCMa(h), CREB(h), SMARCC2(h), PRRX-2(h), NF-1C(h)
ENSG00000161204	ABCF3	ATP binding cassette subfamily F member 3	8.05	TCF-7L1(h), NF-YA(h), CREB(h), PRRX-2(h), KLF10(h), NF-1C(h), E2F-8(h)...
ENSG00000188677	PARVB	parvin beta	8.05	RBP-Jkappa(h), PRRX-2(h), SMARCC2(h), NURR1(h), NF-1C(h), NF-YA(h), TCF-7L1(h)...

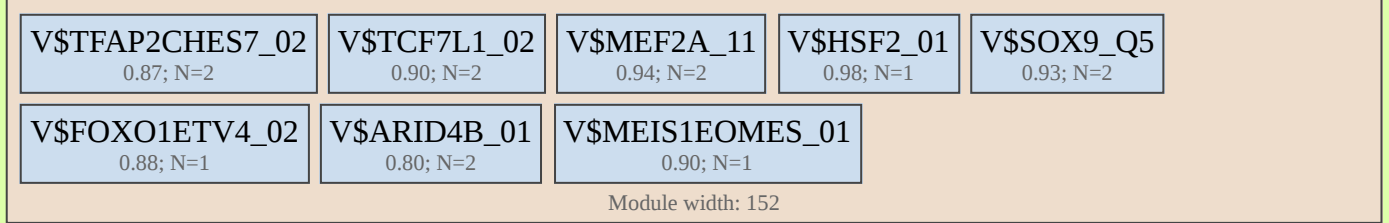
Enhancer model potentially involved in regulation of target genes (down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive).

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.

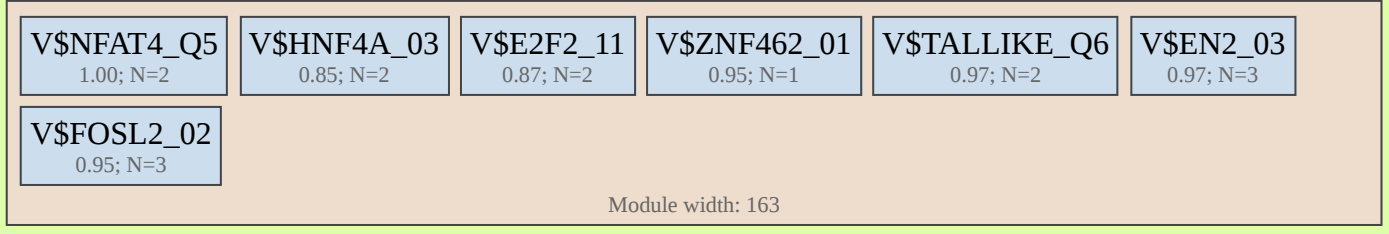
The model consists of 2 module(s). Below, for each module the following information is shown:

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

Module 1:



Module 2:



Model score (-p*log10(pval)): 15.26

Wilcoxon p-value (pval): 4.15e-35

Penalty (p): 0.444

Average yes-set score: 4.04

Average no-set score: 2.50

AUC: 0.76

Separation point: 3.40

False-positive: 29.60%

False-negative: 30.33%

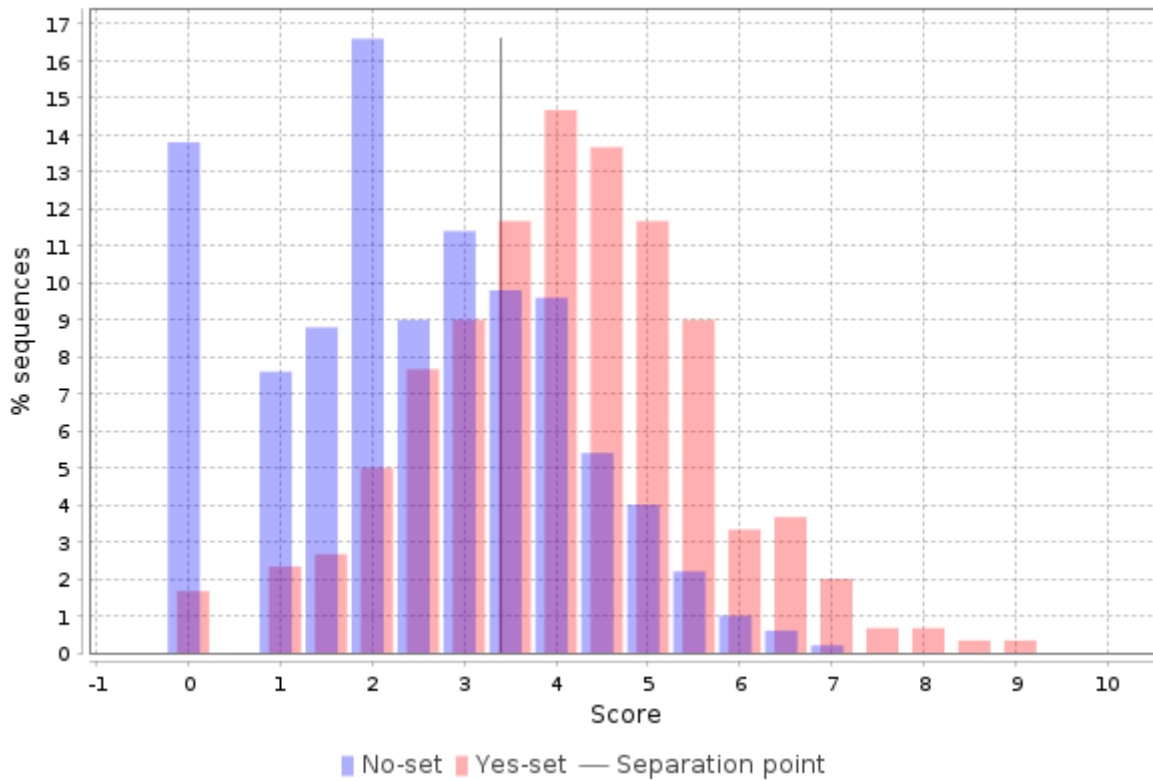


Table 5. List of top ten down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive with identified enhancers in their regulatory regions. **CMA score** - the score of the CMA model of the enhancer identified in the regulatory region.

[See full table](#) →

Ensembl IDs	Gene symbol	Gene description	CMA score	Factor names
ENSG00000148057	IDNK	IDNK gluconokinase	9	TCF-7L1(h), Meis1(h), TBR-2(h), SOX-9(h), HNF-4alpha(h), E2F-2(h), NFATc3(h), ZNF462(h)
ENSG00000166295	ANAPC16	anaphase promoting complex subunit 16	8.32	EN-2(h), Meis1(h), TBR-2(h), AP-2gamma(h), HES-7(h), TCF-7L1(h), ETV4(h), FOXO1(h), HEN2(h), Lyl-1(h), Tal-1(h), Fra-2(h)...
ENSG00000154721	JAM2	junctional adhesion molecule 2	8.21	Meis1(h), TBR-2(h), HNF-4alpha(h), ZNF462(h), NFATc3(h), SOX-9(h), HEN2(h), Lyl-1(h), Tal-1(h), AP-2gamma(h), HES-7(h)...
ENSG00000179051	RCC2	regulator of chromosome condensation 2	8.18	SOX-9(h), AP-2gamma(h), HES-7(h), ARID4B(h), E2F-2(h), HNF-4alpha(h), NFATc3(h), EN-2(h)
ENSG00000133318	RTN3	reticulon 3	8.15	NFATc3(h), SOX-9(h), ZNF462(h), HNF-4alpha(h), ARID4B(h), E2F-2(h), AP-2gamma(h), HES-7(h)...
ENSG00000163697	APBB2	amyloid beta precursor protein binding family B member 2	8.12	ZNF462(h), HNF-4alpha(h), E2F-2(h), EN-2(h), Fra-2(h), NFATc3(h), HSF2(h)...
ENSG00000170846		novel protein, similar to Morf4 family associated protein 1	8.08	TCF-7L1(h), HSF2(h), Meis1(h), TBR-2(h), SOX-9(h), HEN2(h), Lyl-1(h), Tal-1(h), Fra-2(h), NFATc3(h)...
ENSG00000284879		novel transcript	7.88	EN-2(h), HSF2(h), TCF-7L1(h), ETV4(h), FOXO1(h), HNF-4alpha(h), NFATc3(h), HEN2(h), Lyl-1(h), Tal-1(h)...
ENSG00000108256	NUFIP2	nuclear FMR1 interacting protein 2	7.79	SOX-9(h), ZNF462(h), HEN2(h), Lyl-1(h), Tal-1(h), Meis1(h), TBR-2(h), HSF2(h), HNF-4alpha(h), TCF-7L1(h)...
ENSG00000110696	C11orf58	chromosome 11 open reading frame 58	7.72	ZNF462(h), TCF-7L1(h), SOX-9(h), HNF-4alpha(h), HEN2(h), Lyl-1(h), Tal-1(h), EN-2(h), NFATc3(h)

On the basis of the enhancer models we identified transcription factors potentially regulating the **target genes** of our interest. We found 12 and 20 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](#) →

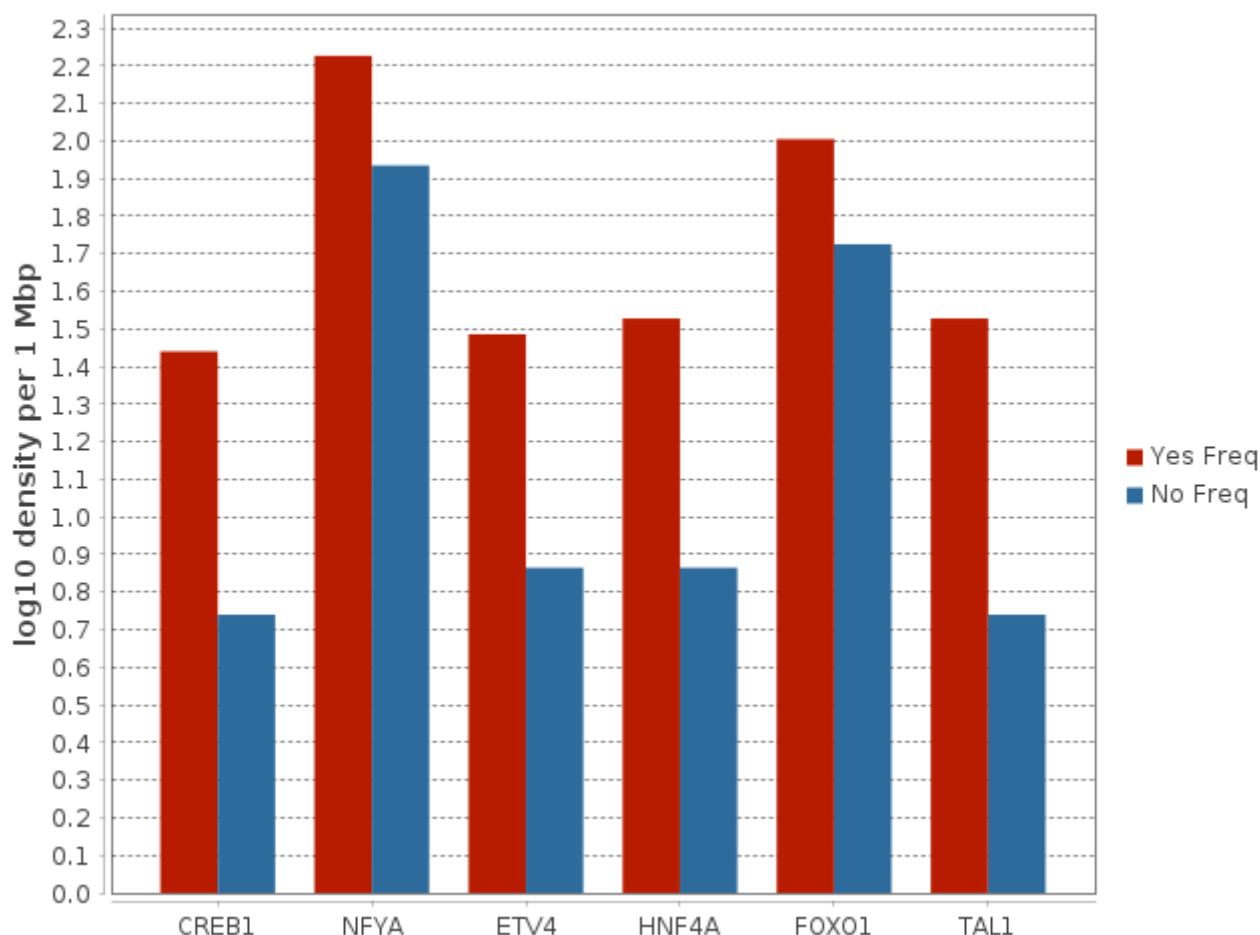
ID	Gene symbol	Gene description	Regulatory score	Yes-No ratio
MO000060543	CREB1	cAMP responsive element binding protein 1	3.07	5.02
MO000025939	NFYA	nuclear transcription factor Y subunit alpha	2.8	1.96
MO000046009	ETV4	ETS variant transcription factor 4	2.46	4.18
MO000030964	RBPJ	recombination signal binding protein for immunoglobulin kappa J region	2.43	10.03
MO000026717	NR4A2	nuclear receptor subfamily 4 group A member 2	2.4	1.57
MO000026306	GCM1	glial cells missing transcription factor 1	2.26	1.37
MO000063571	SMARCC2	SWI/SNF related, matrix associated, actin dependent regulator of chromatin subfamily c member 2	2.04	1.17
MO000026845	TCF7L1	transcription factor 7 like 1	2.04	1.98
MO000219104	PRRX2	paired related homeobox 2	1.66	2.12
MO000024750	NFIC	nuclear factor I C	1.28	2.69

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 full table](#) →

ID	Gene symbol	Gene description	Regulatory score	Yes-No ratio
MO000027755	HNF4A	hepatocyte nuclear factor 4 alpha	2.22	4.6
MO000034454	FOXO1	forkhead box O1	2.17	1.9
MO000032489	TAL1	TAL bHLH transcription factor 1, erythroid differentiation factor	2.05	6.14
MO000046011	HSF2	heat shock transcription factor 2	1.76	2.09
MO000026074	FOSL2	FOS like 2, AP-1 transcription factor subunit	1.75	2.05
MO000020739	NFATC3	nuclear factor of activated T cells 3	1.74	2.36
MO000018993	SOX9	SRY-box transcription factor 9	1.73	2.31
MO000004278	E2F2	E2F transcription factor 2	1.66	2.29
MO000092587	ZNF462	zinc finger protein 462	1.61	1.22
MO000025819	LYL1	LYL1 basic helix-loop-helix family member	1.55	1.55

The following diagram represents the key transcription factors, which were predicted to be potentially regulating differentially expressed genes in the analyzed pathology: CREB1, NFYA, ETV4, HNF4A, FOXO1 and TAL1.



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
MO000041170	EAC(h)	CYLD	CYLD lysine 63 deubiquitinase	0.95	131
MO000032484	Aurora-B(h)	AURKB	aurora kinase B	1.03	170
MO000129050	EAC-isoform1(h)	CYLD	CYLD lysine 63 deubiquitinase	0.95	219
MO000129049	EAC-isoform2(h)	CYLD	CYLD lysine 63 deubiquitinase	0.95	270
MO000023445	Cdc25A(h)	CDC25A	cell division cycle 25A	0.78	278
MO000041952	calpain-1(h)	CAPN1	calpain 1	0.66	291
MO000010977	PDGFRalpha(h)	PDGFRA	platelet derived growth factor receptor alpha	2.83	317
MO000032481	Aurora-A(h)	AURKA	aurora kinase A	0.65	322
MO000085337	Cdc25A1(h)	CDC25A	cell division cycle 25A	0.78	353
MO000085339	Cdc25A2(h)	CDC25A	cell division cycle 25A	0.78	353

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.

[See full table](#) →

ID	Master molecule name	Gene symbol	Gene description	logFC	Total rank
MO000129772	PTP-SL(h)	PTPRR	protein tyrosine phosphatase receptor type R	-4.6	143
MO000033272	SGK-1(h)	SGK1	serum/glucocorticoid regulated kinase 1	-1	195
MO000034462	SGK-1(h){pT256}	SGK1	serum/glucocorticoid regulated kinase 1	-1	254
MO000273747	SGK-1(h){pT256}{pS422}	SGK1	serum/glucocorticoid regulated kinase 1	-1	282
MO000059750	p72(h)	DDX17	DEAD-box helicase 17	-0.9	343
MO000022222	MKP-1(h)	DUSP1	dual specificity phosphatase 1	-1.38	386
MO000005412	Fyn(h)	FYN	FYN proto-oncogene, Src family tyrosine kinase	-0.82	400
MO000208728	DDR2(h)	DDR2	discoidin domain receptor tyrosine kinase 2	-0.44	416
MO000019766	FGFR-3(h)	FGFR3	fibroblast growth factor receptor 3	-0.84	425
MO000036276	RhoGAP5(h)	ARHGAP5	Rho GTPase activating protein 5	-1.03	429

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.

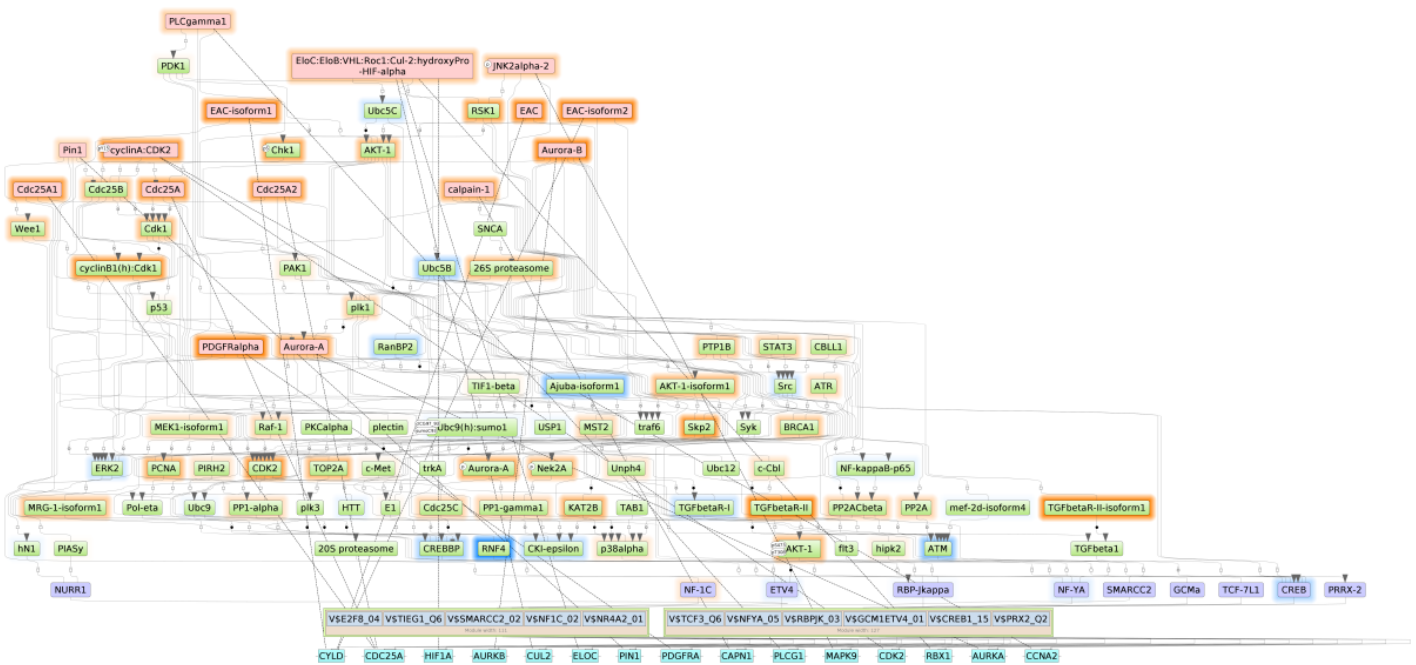


Figure 9. Diagram of intracellular regulatory signal transduction pathways of up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. Master regulators are indicated by red rectangles, transcription factors are blue rectangles, and green rectangles are intermediate molecules, 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 →

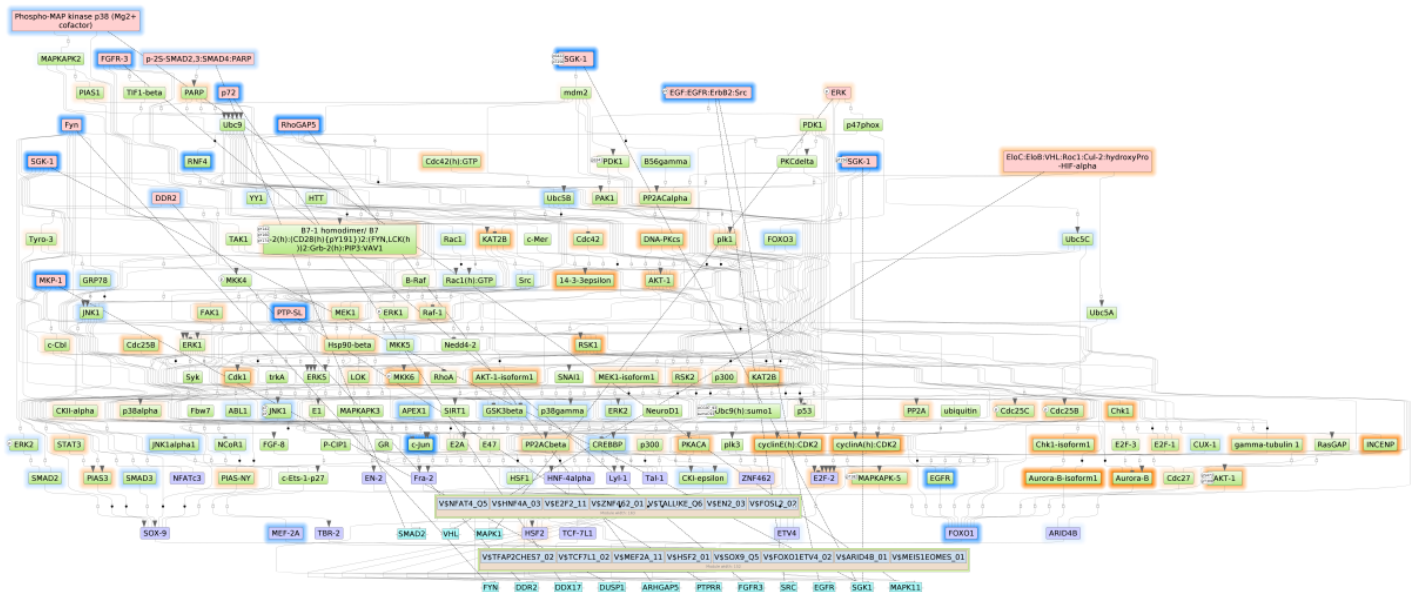


Figure 10. Diagram of intracellular regulatory signal transduction pathways of down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive. Master regulators are indicated by red rectangles, transcription factors are blue rectangles, and green rectangles are intermediate 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 →

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	logFC	Total rank
PDGFRA	platelet derived growth factor receptor alpha	55	2.83	371
CAPN1	calpain 1	1	0.66	416
AURKB	aurora kinase B	50	1.03	448
PLK4	polo like kinase 4	29	0.59	558
DNMT1	DNA methyltransferase 1	18	0.75	663
CAV1	caveolin 1	2	1.04	686



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.

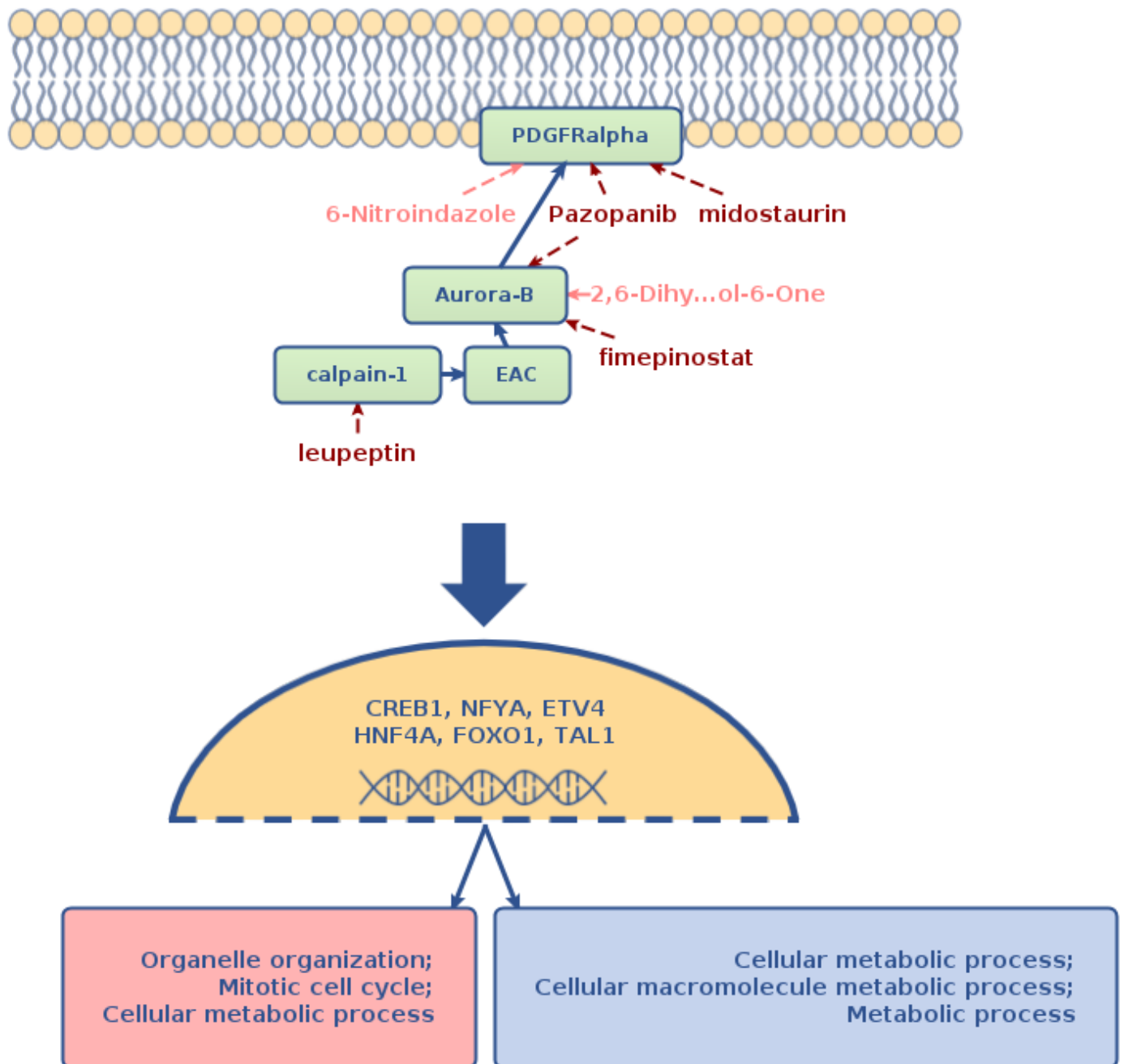
[See full table](#) →

Gene symbol	Gene Description	Druggability score	logFC	Total rank
PDGFRA	platelet derived growth factor receptor alpha	6.48	2.83	371
AURKB	aurora kinase B	1.99	1.03	448
DUSP9	dual specificity phosphatase 9	4.91	0.75	539
DNMT1	DNA methyltransferase 1	10.95	0.75	663
PSMC5	proteasome 26S subunit, ATPase 5	1.28	0.52	702
PSMD5	proteasome 26S subunit, non-ATPase 5	1.28	0.52	702

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:

- EAC
- PDGFRalpha
- Aurora-B
- calpain-1

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: 2,6-Dihydroanthra[1,9-cd]pyrazol-6-one, midostaurin, 6-Nitroindazole, fimepinostat, leupeptin and Pazopanib, 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, EMA, 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™ database)

[See full table](#) →

Name	Target names	Drug score	Disease activity score	Disease trial phase	Approved
Doxorubicin	MAPK14, NFE2L2, PIK3CA, TOP2A, BAX, BIRC5, TOP1, BRCA1, CDKN1B	89	11	Phase 4: Ovarian Neoplasms, Brain Abscess, Breast Neoplasms, Burkitt Lymphoma, Carcinoma, Carcinoma, Hepatocellular, Carcinoma, Ovarian Epithelial, Leukemia, Leukemia, Lymphoid, Lymphoma, Lymphoma, B-Cell, Lymphoma, Large B-Cell, Diffuse, Lymphoma, Large-Cell, Anaplastic, Lymphoma, Non-Hodgkin, Mediastinal Neoplasms, Multiple Myeloma, Myosarcoma, Neoplasms, Neoplasms, Plasma Cell, Obesity, Precursor Cell Lymphoblastic Leukemia-Lymphoma, Rhabdomyosarcoma, Sarcoma	Ovarian Neoplasms (ClinicalTrials , ClinicalTrials , ClinicalTrials , ClinicalTrials , ClinicalTrials , ClinicalTrials , ClinicalTrials , ClinicalTrials , ClinicalTrials , ClinicalTrials , DailyMed)
Gemcitabine	RRM1, ERBB2, HRAS, CHEK1, BRCA1	87	6	Phase 3: Ovarian Neoplasms, Adenocarcinoma, Adenoviridae Infections, Biliary Tract Neoplasms, Breast Neoplasms, Bronchial Diseases, Bronchial Neoplasms, Carcinoma, Carcinoma in Situ, Carcinoma, Acinar Cell, Carcinoma, Bronchogenic, Carcinoma, Hepatocellular, Carcinoma, Non-Small-Cell Lung, Carcinoma, Pancreatic Ductal, Carcinoma, Transitional Cell, Cholangiocarcinoma, Cysts, Digestive System Diseases, Digestive System Neoplasms, Drug-Related Side Effects and Adverse Reactions, Embolism, Endocrine Gland Neoplasms, Endocrine System Diseases, Fallopian Tube Neoplasms, Fibrosis, Gallbladder Neoplasms, Gastrointestinal Diseases, Gastrointestinal Neoplasms, Genital Neoplasms, Female, Head and Neck Neoplasms, Hepatoblastoma, Hodgkin Disease, Immunoblastic Lymphadenopathy, Infections, Intestinal Diseases, Intestinal Neoplasms, Liver Cirrhosis, Liver Neoplasms, Lung Diseases, Lung Neoplasms, Lymphadenopathy, Lymphatic Diseases, Lymphoma, Lymphoma, Extranodal NK-T-Cell, Lymphoma, Large B-Cell, Diffuse, Lymphoma, Mantle-Cell, Lymphoma, Non-Hodgkin, Lymphoma, T-Cell, Lymphoma, T-Cell, Peripheral, Nasopharyngeal Carcinoma, Nasopharyngeal Diseases, Nasopharyngeal Neoplasms, Neoplasm Metastasis, Neoplasm Recurrence, Local, Neoplasms, Neoplasms by Histologic Type, Neoplasms by Site, Neoplasms, Germ Cell and Embryonal, Neoplasms, Nerve Tissue, Neoplasms, Unknown Primary, Non-Muscle Invasive Bladder Neoplasms, Pancreatic Cyst, Pancreatic Diseases, Pancreatic Neoplasms, Pelvic Neoplasms, Peritoneal Neoplasms, Pharyngeal Diseases, Pharyngeal Neoplasms, Recurrence, Respiratory Tract Diseases, Respiratory Tract Neoplasms, Thoracic Neoplasms, Thromboembolism, Triple Negative Breast Neoplasms, Urinary Bladder Neoplasms	Ovarian Neoplasms (ClinicalTrials , ClinicalTrials , ClinicalTrials , ClinicalTrials , FDA)
Paclitaxel	PIK3CA, TOP2A, CASP3, E2F1,	85	6	Phase 3: Ovarian Neoplasms, Adenocarcinoma, Anus Diseases, Anus Neoplasms, Arterial Occlusive Diseases, Ascites, Atherosclerosis, Biliary Tract Neoplasms, Breast Neoplasms, Bronchial Diseases, Carcinoma, Carcinoma,	Ovarian Neoplasms (ClinicalTrials , ClinicalTrials ,

	BIRC5, CDK1, CDK2, MAPK3, BRCA1			Adenosquamous, Carcinoma, Bronchogenic, Carcinoma, Large Cell, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Pancreatic Ductal, Carcinoma, Squamous Cell, Carcinosarcoma, Cholangiocarcinoma, Choriocarcinoma, Cystadenocarcinoma, Cystadenocarcinoma, Serous, Cysts, Digestive System Diseases, Digestive System Neoplasms, Endocrine Gland Neoplasms, Endocrine System Diseases, Endodermal Sinus Tumor, Endometrial Neoplasms, Esophageal Neoplasms, Esophageal Squamous Cell Carcinoma, Fallopian Tube Neoplasms, Gallbladder Neoplasms, Gastrointestinal Diseases, Gastrointestinal Neoplasms, Genital Diseases, Genital Diseases, Female, Genital Neoplasms, Female, Germinoma, Head and Neck Neoplasms, Infarction, Intestinal Diseases, Intestinal Neoplasms, Lung Diseases, Lung Neoplasms, Lymphatic Metastasis, Lymphoma, Lymphoma, Non-Hodgkin, Melanoma, Myocardial Infarction, Nasopharyngeal Carcinoma, Nasopharyngeal Neoplasms, Neoplasm Metastasis, Neoplasms, Neoplasms by Histologic Type, Neoplasms by Site, Neoplasms, Germ Cell and Embryonal, Neoplasms, Nerve Tissue, Neoplasms, Squamous Cell, Neoplasms, Unknown Primary, Ovarian Diseases, Pancreatic Diseases, Pancreatic Neoplasms, Pelvic Neoplasms, Peripheral Arterial Disease, Peritoneal Neoplasms, Plaque, Atherosclerotic, Recurrence, Respiratory Tract Diseases, Respiratory Tract Neoplasms, Sarcoma, Seminoma, Sex Cord-Gonadal Stromal Tumors, Spina Bifida Occulta, Squamous Cell Carcinoma of Head and Neck, Stomach Neoplasms, Teratoma, Testicular Neoplasms, Thoracic Neoplasms, Triple Negative Breast Neoplasms, Urinary Bladder Neoplasms, Uterine Cervical Neoplasms	ClinicalTrials, ClinicalTrials, FDA, FDA)
Olaparib	PARP1	49	7	Phase 3: Ovarian Neoplasms, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Endometrial Neoplasms, Fallopian Tube Neoplasms, Lung Neoplasms, Neoplasms, Peritoneal Neoplasms, Prostatic Neoplasms	Ovarian Neoplasms (FDA, FDA)

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™](#) database)

[See full table](#) →

Name	Target names	Drug score	Disease activity score	Disease trial phase
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, TYRO3, PDGFRB, MAP2K1, WEE1, PTK2, PIK3CA, TGFB2, PAK1, CDK5, CSNK2A1, CDK2, PRKD2, PLK4, STK3	95	3	Phase 2: Ovarian Neoplasms, Anemia, Brain Abscess, Brain Neoplasms, Carcinoid Tumor, Carcinoma, Carcinoma, Islet Cell, Carcinoma, Neuroendocrine, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Renal Cell, Carcinoma, Small Cell, Carcinoma, Transitional Cell, Central Nervous System Neoplasms, Cholangiocarcinoma, Chondrosarcoma, Chondrosarcoma, Mesenchymal, Desmoplastic Small Round Cell Tumor, Dilatation, Pathologic, Drug-Related Side Effects and Adverse Reactions, Edema, Endocrine Gland Neoplasms, Epistaxis, Fibrosarcoma, Gallbladder Neoplasms, Gastrinoma, Gastrointestinal Neoplasms, Gastrointestinal Stromal Tumors, Glioblastoma, Glioma, Gliosarcoma, Glomus Tumor, Glucagonoma, Granular Cell Tumor, Hemangioendothelioma, Hemangioendothelioma, Epithelioid, Hemangiopericytoma, Hemangiosarcoma, Hemorrhage, Histiocytoma, Histiocytoma, Benign Fibrous, Histiocytoma, Malignant Fibrous, Hypertension, Insulinoma, Intestinal Neoplasms, Leiomyosarcoma, Liposarcoma, Lung Neoplasms, Lymphedema, Macular Degeneration, Malignant Carcinoid Syndrome, Melanoma, Multiple Endocrine Neoplasia, Multiple Endocrine Neoplasia Type 1, Multiple Myeloma, Myosarcoma, Neoplasms, Neoplasms, Adipose Tissue, Nerve Sheath Neoplasms, Nervous System Neoplasms, Neuroendocrine Tumors, Neurofibrosarcoma, Osteosarcoma, Pancreatic Neoplasms, Paraganglioma, Paraganglioma, Extra-Adrenal, Pheochromocytoma, Ranula, Recurrence, Rhabdomyosarcoma, Sarcoma, Sarcoma, Alveolar Soft Part, Sarcoma, Clear Cell, Sarcoma, Synovial, Small Cell Lung Carcinoma, Solitary Fibrous Tumors, Somatostatinoma, Stomach Neoplasms, Telangiectasia, Hereditary Hemorrhagic, Telangiectasis, Urinary Bladder Neoplasms
Erlotinib	STK10, IKBKE, PAK2, PRKACA, MAP3K11, NEK2, NEK6, ERBB2, MAPK3, MAP2K6, TYK2, MELK, PRKD3, PDGFRB, MAP2K1, WEE1, PTK2, CSNK2A1, PLK4, STK3, RPS6KA3, CAMK2G, MET, MAPK6, TTK, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, ILK, MAPK14, PLK1, AKT1, AURKA, CHEK1, MAP3K20, BIRC5, PIM2, CDK8, MAPK9, CDK9, TYRO3, PIK3CA, TGFB2, PAK1,	95	2	Phase 2: Ovarian Neoplasms, Adenocarcinoma, Adenocarcinoma of Lung, Adenocarcinoma, Bronchiolo-Alveolar, Adenocarcinoma, Mucinous, Adenoma, Adenomatous Polyposis Coli, Adenomatous Polyps, Brain Abscess, Brain Neoplasms, Breast Neoplasms, Brenner Tumor, Carcinoid Tumor, Carcinoma, Carcinoma, Endometrioid, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Renal Cell, Carcinoma, Small Cell, Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Cholangiocarcinoma, Colorectal Neoplasms, Cystadenocarcinoma, Cystadenocarcinoma, Mucinous, Cystadenocarcinoma, Serous, Cysts, Diffuse Intrinsic Pontine Glioma, Digestive System Diseases, Endocrine Gland Neoplasms, Ependymoma, Esophageal Diseases, Esophageal Neoplasms, Fallopian Tube Neoplasms, Fibrosarcoma, Gallbladder Neoplasms, Glioblastoma, Glioma, Gliosarcoma, Head and Neck Neoplasms, Laryngeal Neoplasms, Leukemia, Leukemia, Myeloid, Leukemia, Myeloid, Acute, Leukemia, Myelomonocytic, Acute, Lung Neoplasms, Lymphoma, Lymphoma, Non-Hodgkin, Medulloblastoma, Melanoma, Mesothelioma, Mesothelioma, Malignant, Multiple Endocrine Neoplasia, Multiple Myeloma, Myosarcoma, Nasopharyngeal Neoplasms, Neoplasm Metastasis, Neoplasm Recurrence, Local, Neoplasms, Neoplasms, Unknown Primary, Nerve Sheath Neoplasms, Neuroblastoma, Neuroectodermal Tumors, Neuroectodermal Tumors, Primitive, Neuroendocrine Tumors, Neurofibrosarcoma, Osteosarcoma, Pancreatic Neoplasms, Paranasal Sinus Neoplasms, Pharyngeal Neoplasms, Polycythemia, Polycythemia Vera, Polyps, Precancerous Conditions, Psoriasis, Rectal Neoplasms, Recurrence,

CDK5, CDK2,
PRKD2

Rhabdomyosarcoma, Sarcoma, Sarcoma, Ewing, Small Cell Lung
Carcinoma, Thymoma, Thymus Neoplasms, Urinary Bladder
Neoplasms, Wilms Tumor

Vandetanib	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, TYRO3, PDGFRB, MAP2K1, WEE1, PTK2, PIK3CA, TGFB2, PAK1, CDK5, CSNK2A1, CDK2, PRKD2, PLK4, STK3	94	2	Phase 2: Ovarian Neoplasms, Astrocytoma, Brain Abscess, Breast Neoplasms, Carcinoma, Carcinoma, Hepatocellular, Carcinoma, Neuroendocrine, Carcinoma, Non-Small-Cell Lung, Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Endocrine Gland Neoplasms, Fallopian Tube Neoplasms, Glioblastoma, Glioma, Gliosarcoma, Lung Neoplasms, Mesothelioma, Mesothelioma, Malignant, Multiple Endocrine Neoplasia, Multiple Endocrine Neoplasia Type 2a, Multiple Endocrine Neoplasia Type 2b, Multiple Myeloma, Neoplasm Metastasis, Neoplasms, Neoplasms, Plasma Cell, Oligodendroglioma, Peritoneal Neoplasms, Pleural Effusion, Pleural Effusion, Malignant, Sarcoma, Squamous Cell Carcinoma of Head and Neck, Thyroid Diseases, Thyroid Neoplasms, Urinary Bladder Neoplasms
Gefitinib	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, TYRO3, PDGFRB, MAP2K1, WEE1, PTK2, PIK3CA, TGFB2, PAK1, CDK5, CSNK2A1, CDK2, PRKD2, PLK4, STK3	94	3	Phase 2: Ovarian Neoplasms, Adenocarcinoma, Adenocarcinoma of Lung, Brain Neoplasms, Breast Neoplasms, Carcinoid Tumor, Carcinoma, Carcinoma, Islet Cell, Carcinoma, Non-Small-Cell Lung, Carcinoma, Renal Cell, Carcinoma, Squamous Cell, Carcinoma, Transitional Cell, Fallopian Tube Neoplasms, Gastrinoma, Gastrointestinal Neoplasms, Glioblastoma, Glucagonoma, Head and Neck Neoplasms, Insulinoma, Intestinal Neoplasms, Lung Diseases, Lung Neoplasms, Malignant Carcinoid Syndrome, Mesothelioma, Mesothelioma, Malignant, Nasopharyngeal Carcinoma, Nasopharyngeal Neoplasms, Neoplasm Metastasis, Neoplasms, Neoplasms, Squamous Cell, Neuroblastoma, Neuroendocrine Tumors, Peritoneal Neoplasms, Recurrence, Respiratory Tract Diseases, Respiratory Tract Neoplasms, Sarcoma, Sarcoma, Synovial, Somatostatinoma, Squamous Cell Carcinoma of Head and Neck, Stomach Neoplasms, Thoracic Neoplasms, Urinary Bladder Neoplasms, Vipoma
Sunitinib	STK10, RPS6KA3, CAMK2G, MET, IKBKE, MAPK6,	94	2	Phase 2: Ovarian Neoplasms, Adenocarcinoma, Adenocarcinoma of Lung, Adrenal Cortex Neoplasms, Adrenocortical Carcinoma, Ascites, Astrocytoma, Barrett Esophagus, Blast Crisis, Brain Abscess, Brain Neoplasms, Breast Neoplasms, Carcinoma, Carcinoma, Hepatocellular,

PAK2, PRKACA,
TTK, MAP3K11,
SIRT2, PDGFRA,
RAF1, AURKB,
CDK7, RPS6KA1,
MAPK14, NEK2,
PLK1, NEK6,
ERBB2, AKT1,
AURKA, CHEK1,
MAP3K20,
MAPK3,
MAP2K6, TYK2,
MELK, PIM2,
CDK8, MAPK9,
CDK9, PRKD3,
TYRO3,
PDGFRB,
MAP2K1, WEE1,
PTK2, PIK3CA,
TGFB2, PAK1,
CDK5,
CSNK2A1,
CDK2, PRKD2,
PLK4, STK3

Carcinoma, Neuroendocrine, Carcinoma, Non-Small-Cell Lung, Carcinoma, Ovarian Epithelial, Carcinoma, Renal Cell, Carcinoma, Small Cell, Carcinoma, Transitional Cell, Central Nervous System Neoplasms, Colonic Neoplasms, Colorectal Neoplasms, Endocrine Gland Neoplasms, Endometrial Neoplasms, Esophageal Neoplasms, Female Urogenital Diseases, Fibroma, Fibromatosis, Aggressive, Fibrosarcoma, Gastrointestinal Stromal Tumors, Genital Diseases, Glioblastoma, Glioma, Gliosarcoma, Hemangioblastoma, Hemangiopericytoma, Histiocytoma, Histiocytoma, Benign Fibrous, Histiocytoma, Malignant Fibrous, Intestinal Neoplasms, Kidney Diseases, Kidney Neoplasms, Leiomyosarcoma, Leukemia, Leukemia, Hairy Cell, Leukemia, Large Granular Lymphocytic, Leukemia, Lymphocytic, Chronic, B-Cell, Leukemia, Lymphoid, Leukemia, Mast-Cell, 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, Prolymphocytic, Liposarcoma, Liver Neoplasms, Lung Neoplasms, Lymphoma, Lymphoma, Non-Hodgkin, Male Urogenital Diseases, Melanoma, Meningioma, Multiple Myeloma, Myelodysplastic Syndromes, Myosarcoma, Nasopharyngeal Carcinoma, Nasopharyngeal Neoplasms, Neoplasms, Neoplasms, Germ Cell and Embryonal, Neoplasms, Hormone-Dependent, Neoplasms, Plasma Cell, Nervous System Neoplasms, Neuroendocrine Tumors, Neurofibroma, Neurofibromatosis, Neurofibromatosis 1, Pancreatic Neoplasms, Paraganglioma, Pheochromocytoma, Pica, Precursor Cell Lymphoblastic Leukemia-Lymphoma, Preleukemia, Primary Myelofibrosis, Prostatic Neoplasms, Ranula, Rectal Neoplasms, Recurrence, Sarcoma, Sarcoma, Alveolar Soft Part, Skin Neoplasms, Small Cell Lung Carcinoma, Solitary Fibrous Tumors, Stomach Neoplasms, Syndrome, Teratoma, Testicular Neoplasms, Thymoma, Thymus Neoplasms, Thyroid Diseases, Thyroid Neoplasms, Urinary Bladder Neoplasms, Urogenital Diseases, Urogenital Neoplasms, Urologic Diseases, Urologic Neoplasms, Uterine Neoplasms, von Hippel-Lindau 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 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
fimepinostat	HK2, CCNB1, AKT1S1, CDK1, CDC25C, RB1, AURKB, CCND2, CDKN1B, MAPK14, XRCC6, PARP1, PLK1, HSPA4, AKT1, BAX, E2F1, AURKA, CHEK1, BIRC5, MAPK3, BRCA1, MAPK9, FOXM1, PDGFRB, TP53BP1, PDK1, WEE1, RRM2, CASP3, CDK2	89	Phase 2: Carcinoma, Neoplasms, Thyroid Carcinoma, Anaplastic, Thyroid Diseases, Thyroid Neoplasms
Curcumin	CAMK2G, MET, MAPK6, HK2, CCNB1, CDK1, CDC25C, CDKN1B, CCNE2, CDC20, MAPK14, NFE2L2, PARP1, STAT3, HSPA4, HIF1A, AKT1, BAX, CHEK1, BIRC5, MAPK3, CHUK, ATR, RHOA, BECN1, PCNA, YWHAE, MAPK9, CASP7, FOXM1, DNMT3A, SKP2, IGFBP5, APH1A, DNMT3B, CASP3, PAK1, DNMT1, CDKN1C, CCNA2, CDK2, CHEK2, JAG1	89	Phase 4: Cardiovascular Abnormalities, Cysts, Diabetes Mellitus, Diabetes Mellitus, Type 2, Glucose Intolerance, Insulin Resistance, Irritable Bowel Syndrome, Kidney Diseases, Kidney Diseases, Cystic, Periodontitis, Polycystic Kidney Diseases, Polycystic Kidney, Autosomal Dominant, Prediabetic State, Syndrome
midostaurin	STK10, IKBKE, PAK2, PRKACA, MAP3K11, NEK2, HSPA4, NEK6, ERBB2, MAPK3, MAP2K6, TYK2, MELK, PRKD3, PDGFRB, MAP2K1, WEE1, PTK2, CASP3, CSNK2A1, PLK4, STK3, RPS6KA3, CAMK2G, MET, MAPK6, TTK, PDGFRA, RAF1, AURKB, CDK7, RPS6KA1, MAPK14, PLK1, AKT1, AURKA, CHEK1, MAP3K20, PIM2, CDK8, MAPK9, CASP7, CDK9, TYRO3, PIK3CA, TGFBR2, PAK1, CDK5, CDK2, PRKD2	89	Phase 3: Leukemia, Leukemia, Myeloid, Leukemia, Myeloid, Acute
seliciclib	STK10, IKBKE, PAK2, PRKACA, MAP3K11, NEK2, NEK6, ERBB2, MAPK3, MAP2K6, TYK2, MELK, PRKD3, PDGFRB, MAP2K1, 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, TYRO3, PIK3CA, TGFBR2, PAK1, CDK5, CDK2, PRKD2	89	Phase 2: Cystic Fibrosis, Cysts, Fibrosis
Lapatinib	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, MAPK3, MAP2K6, TYK2, MELK, PIM2, CDK8, MAPK9, CDK9, PRKD3, TYRO3, PDGFRB, MAP2K1, WEE1, PTK2, PIK3CA, TGFBR2, PAK1, CDK5, CSNK2A1, CDK2, PRKD2, PLK4, STK3	88	Phase 3: Breast Diseases, Breast Neoplasms, Liver Neoplasms, Neoplasm Metastasis, Neoplasms

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
LE-SN38	HIF1A, TOP2A, CASP3, TOP1	99	1.5
Camptothecin	HIF1A, TOP2A, CASP3, TOP1	98	1.5
Topotecan	HIF1A, TOP2A, CASP3, TOP1	98	1.4
Irinotecan	HIF1A, TOP2A, TOP1	97	1.1
BNP 1350	TOP2A, TOP1	96	0.63

As the result of drug search we propose the following drugs as most promising candidates for treating the pathology under study: Pazopanib, fimepinostat and LE-SN38. These drugs were selected for acting on the following targets: PDGFRA, AURKB and TOP2A, 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 "-" (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	-
Abemaciclib	Breast Neoplasms	52
Abiraterone	Prostatic Neoplasms, Castration-Resistant	-
Abiraterone acetate	Prostatic Neoplasms, Castration-Resistant	-
Acalabrutinib	Lymphoma, Mantle-Cell	-
Acitretin	Psoriasis	4
Ado-trastuzumab emtansine	Breast Neoplasms Neoplasms	79
Afatinib	Carcinoma, Non-Small-Cell Lung	26
Aflibercept	Colorectal Neoplasms Diabetic Retinopathy Edema Vascular Diseases Wet Macular Degeneration	-
Alectinib	Carcinoma, Non-Small-Cell Lung	16
Alemtuzumab	Brain Abscess Leukemia, Lymphocytic, Chronic, B-Cell Multiple Sclerosis Multiple Sclerosis, Relapsing-Remitting Sclerosis	-
Alitretinoin	Sarcoma, Kaposi	-
Alpelisib	Breast Neoplasms	53
Altretamine	Ovarian Neoplasms	-
Aminolevulinic acid	Keratosis Keratosis, Actinic	-
Anagrelide	Thrombocythemia, Essential Thrombocytosis	-

Anastrozole	Breast Neoplasms Hypersensitivity Obesity Obesity, Morbid Recurrence Weight Loss	-
Apalutamide	Prostatic Neoplasms, Castration-Resistant	-
Aprepitant	Nausea Neoplasms Postoperative Nausea and Vomiting	-
Arsenic trioxide	Leukemia, Promyelocytic, Acute	73
Atezolizumab	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell Triple Negative Breast Neoplasms	-
Avelumab	Carcinoma, Merkel Cell Carcinoma, Renal Cell Carcinoma, Transitional Cell	-
Axitinib	Carcinoma, Renal Cell	73
Azacitidine	Anemia, Refractory Anemia, Refractory, with Excess of Blasts Leukemia, Myelomonocytic, Chronic Myelodysplastic Syndromes Preleukemia Syndrome	78
Belinostat	Lymphoma, T-Cell, Peripheral	18
Bendamustine	Leukemia, Lymphocytic, Chronic, B-Cell Leukemia, Lymphoid	-
Bevacizumab	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 Hemorrhagic Telangiectasis Vitreous Hemorrhage	-
Bexarotene	Lymphoma, T-Cell Lymphoma, T-Cell, Cutaneous	-
Bicalutamide	Prostatic Neoplasms	12
Binimetinib	Melanoma	34
Blinatumomab	Precursor B-Cell Lymphoblastic Leukemia-Lymphoma	-
Bortezomib	Brain Abscess Glomerulonephritis Glomerulonephritis, IGA Kidney Diseases Multiple Myeloma Neoplasms, Plasma Cell Nephritis Renal Insufficiency	51
Bosutinib	Leukemia, Myelogenous, Chronic, BCR-ABL Positive	66
Brentuximab vedotin	Hodgkin Disease Lymphoma Lymphoma, Large-Cell, Anaplastic Lymphoma, T-Cell, Peripheral	-
Brigatinib	Carcinoma, Non-Small-Cell Lung	38
Buserelin	Prostatic Neoplasms	-
Cabazitaxel	Prostatic Neoplasms, Castration-Resistant	62
Cabergoline	Drug-Related Side Effects and Adverse Reactions Pituitary Neoplasms	-
Cabozantinib	Thyroid Neoplasms	34
Capecitabine	Breast Neoplasms Colonic Neoplasms Colorectal Neoplasms	-
Carboplatin	Carcinoma, Non-Small-Cell Lung Lung Neoplasms Neoplasms Neuroendocrine Tumors Ovarian Neoplasms Retinoblastoma	-
Carfilzomib	Multiple Myeloma	73
Carmustine	Astrocytoma Glioblastoma Hodgkin Disease Medulloblastoma Multiple Myeloma Neoplasms	21
Ceritinib	Carcinoma, Non-Small-Cell Lung	74
Cetuximab	Colorectal Neoplasms	-
Cinacalcet	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	-
Cisplatin	Carcinoma, Squamous Cell Neoplasms Uterine Cervical Neoplasms Carcinoma, Non-Small-Cell Lung Esophageal Neoplasms Carcinoma	45
Cladribine	Leukemia, Hairy Cell	72
Clofarabine	Precursor Cell Lymphoblastic Leukemia-Lymphoma	77
Cobimetinib	Melanoma	32
Copanlisib	Lymphoma, Follicular	69
Crizotinib	Carcinoma, Non-Small-Cell Lung	42
Cyproterone acetate	Prostatic Neoplasms	-

Dabrafenib	Melanoma	16
Dacomitinib	Carcinoma, Non-Small-Cell Lung	59
Daratumumab	Multiple Myeloma	-
Dasatinib	Leukemia, Myelogenous, Chronic, BCR-ABL Positive Leukemia, Myeloid, Chronic-Phase Precursor Cell Lymphoblastic Leukemia-Lymphoma	92
Decitabine	Anemia, Refractory Anemia, Refractory, with Excess of Blasts Leukemia, Myelomonocytic, Chronic Myelodysplastic Syndromes	79
Degarelix	Cardiovascular Diseases Prostatic Neoplasms Vascular Diseases	21
Denosumab	Arthritis, Rheumatoid Bone Diseases Bone Diseases, Metabolic Breast Neoplasms Hyperparathyroidism Hyperparathyroidism, Primary Metabolic Diseases Neoplasm Metastasis Neoplasms Osteoporosis Osteoporosis, Postmenopausal Prostatic Neoplasms	-
Dexrazoxane	Breast Neoplasms Cardiomyopathies	36
Dienogest	Menorrhagia	-
Dinutuximab	Neuroblastoma	-
Docetaxel	Breast Neoplasms Carcinoma, Non-Small-Cell Lung Prostatic Neoplasms Squamous Cell Carcinoma of Head and Neck Stomach Neoplasms	34
Doxorubicin	Neoplasms Multiple Myeloma Carcinoma, Ovarian Epithelial Ovarian Neoplasms Leukemia, Lymphoid Breast Neoplasms Lymphoma, Follicular Thyroid Neoplasms Triple Negative Breast Neoplasms Glioma	89
Durvalumab	Carcinoma, Non-Small-Cell Lung Carcinoma, Transitional Cell	-
Dutasteride	Alcoholism Hyperplasia Hypertrophy Neoplasms Prostatic Hyperplasia	-
Duvelisib	Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, Follicular	7
Elotuzumab	Multiple Myeloma	27
Enasidenib	Leukemia, Myeloid, Acute	-
Encorafenib	Colorectal Neoplasms Melanoma	56
Enfortumab vedotin	Carcinoma, Transitional Cell Neoplasms	-
Entrectinib	Carcinoma, Non-Small-Cell Lung	-
Enzalutamide	Prostatic Neoplasms Prostatic Neoplasms, Castration-Resistant	-
Epirubicin	Breast Neoplasms	68
Erdafitinib	Urinary Bladder Neoplasms	83
Eribulin	Breast Neoplasms Drug-Related Side Effects and Adverse Reactions Neoplasms	-
Erlotinib	Carcinoma, Non-Small-Cell Lung Neoplasms Pancreatic Neoplasms	95
Erlotinib hydrochloride	Carcinoma, Non-Small-Cell Lung Gastrointestinal Stromal Tumors	-
Estramustine	Prostatic Neoplasms	20
Ethinyl Estradiol	Acne Vulgaris Neoplasms	53
Everolimus	Angiomyolipoma Arthrogyrosis 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	43
Exemestane	Breast Neoplasms	-
Fedratinib	Primary Myelofibrosis	-
Finasteride	Hyperplasia Neoplasms Prostatic Hyperplasia	12
Flavopiridol	Leukemia, Lymphocytic, Chronic, B-Cell	87
Fluorouracil	Skin Neoplasms Neoplasms, Basal Cell Neoplasms, Second Primary Neoplasms, Squamous Cell Neoplasms Colorectal Neoplasms Pancreatic Neoplasms	77
Fluoxymesterone	Breast Neoplasms Hypogonadism Puberty, Delayed	-
Flutamide	Premenstrual Dysphoric Disorder Premenstrual Syndrome Prostatic Neoplasms	57
Fulvestrant	Breast Neoplasms	-
Gefitinib	Carcinoma, Non-Small-Cell Lung	94
Gemcitabine	Breast Neoplasms Carcinoma, Non-Small-Cell Lung Ovarian Neoplasms Pancreatic Neoplasms	87
Gemtuzumab ozogamicin	Leukemia, Myeloid, Acute	-
Gilteritinib	Leukemia, Myeloid, Acute	62
Glasdegib	Leukemia, Myeloid, Acute	-

Goserelin	Atrophy Breast Neoplasms Bulbo-Spinal Atrophy, X-Linked Endometriosis Muscular Atrophy Myoma Prostatic Neoplasms	-
Histrelin	Puberty, Precocious	-
Homoharringtonine	Leukemia, Myelogenous, Chronic, BCR-ABL Positive	84
Ibritumomab	Lymphoma, B-Cell Lymphoma, Follicular	-
Ibrutinib	Graft vs Host Disease Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, B-Cell, Marginal Zone Lymphoma, Mantle-Cell Waldenstrom Macroglobulinemia	63
Idarubicin	Leukemia, Myeloid, Acute	40
Idelalisib	Leukemia, Lymphocytic, Chronic, B-Cell Lymphoma, Follicular	44
Ifosfamide	Neoplasms	74
Imatinib	Leukemia, Myelogenous, Chronic, BCR-ABL Positive Mastocytosis, Systemic Neoplasms	94
Inotuzumab ozogamicin	Precursor B-Cell Lymphoblastic Leukemia-Lymphoma	-
Ipilimumab	Carcinoma, Renal Cell Melanoma	-
Irinotecan	Colorectal Neoplasms	70
Ivosidenib	Leukemia, Myeloid, Acute	-
Ixabepilone	Breast Neoplasms	-
Ixazomib	Multiple Myeloma	-
Lapatinib	Breast Neoplasms	88
Larotrectinib	Neoplasm Metastasis	31
Lenalidomide	Brain Abscess Lupus Erythematosus, Cutaneous Myelodysplastic Syndromes Neoplasms, Plasma Cell	-
Lenvatinib	Carcinoma, Hepatocellular Carcinoma, Renal Cell Thyroid Neoplasms	66
Letrozole	Breast Neoplasms Cysts Fibroma Myofibroma Myoma Ovarian Cysts Syndrome	-
Leuprolide	Hot Flashes Ovarian Hyperstimulation Syndrome Prostatic Neoplasms Puberty, Precocious	-
Levamisole	Ascariasis Colonic Neoplasms Helminthiasis	-
Levonorgestrel	Epilepsy Hyperplasia Menorrhagia	-
Lomustine	Brain Neoplasms Hodgkin Disease	-
Lonafarnib	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	34
Lorlatinib	Carcinoma, Non-Small-Cell Lung	2
Masoprocol	Keratosis, Actinic	-
Medroxyprogesterone Acetate	Depression Depression, Postpartum Depressive Disorder Metrorrhagia Neoplasms Uterine Hemorrhage	17
Megestrol acetate	Acquired Immunodeficiency Syndrome Bites and Stings Breast Neoplasms Pain Wasting Syndrome	-
Methotrexate	Neoplasms Breast Neoplasms Head and Neck Neoplasms Ovarian Neoplasms Lymphoma, T-Cell, Peripheral Brain Neoplasms Colorectal Neoplasms Neuroblastoma Carcinoma, Squamous Cell	43
Methyltestosterone	Breast Neoplasms Hypogonadism Puberty, Delayed	-
Midostaurin	Leukemia, Mast-Cell Leukemia, Myeloid, Acute Mastocytosis, Systemic	89
Mitotane	Adrenocortical Carcinoma	-
Mitoxantrone	Autoimmune Diseases Autoimmune Diseases of the Nervous System Demyelinating Autoimmune Diseases, CNS Immune System Diseases Leukemia, Myeloid, Acute Multiple Sclerosis Myelitis Myelitis, Transverse Nervous System Diseases Neuromyelitis Optica Prostatic Neoplasms, Castration-Resistant	76
Mogamulizumab	Mycosis Fungoides Neoplasms Sezary Syndrome	-
Moxetumomab pasudotox	Leukemia, Hairy Cell Neoplasms	-
Necitumumab	Carcinoma, Non-Small-Cell Lung Neoplasms	-
Nelarabine	Precursor T-Cell Lymphoblastic Leukemia-Lymphoma	65
Neratinib	Breast Neoplasms	66

Nilotinib	Blast Crisis Leukemia, Myelogenous, Chronic, BCR-ABL Positive Leukemia, Myeloid, Chronic-Phase	71
Nilutamide	Prostatic Neoplasms	-
Nintedanib	Fibrosis Idiopathic Pulmonary Fibrosis	74
Niraparib	Carcinoma, Ovarian Epithelial Fallopian Tube Neoplasms Peritoneal Neoplasms	61
Nivolumab	Carcinoma, Non-Small-Cell Lung Kidney Neoplasms Neoplasms Lung Neoplasms Melanoma	-
Obinutuzumab	Leukemia, Lymphocytic, Chronic, B-Cell	-
Octreotide	Acromegaly Adenoma Ascites Carcinoid Tumor Fistula Pancreatic Fistula Pituitary Diseases Renal Insufficiency Vipoma	1
Ofatumumab	Leukemia, Lymphocytic, Chronic, B-Cell	-
Olaparib	Breast Neoplasms Carcinoma, Ovarian Epithelial Fallopian Tube Neoplasms Ovarian Neoplasms Pancreatic Neoplasms Peritoneal Neoplasms Prostatic Neoplasms, Castration-Resistant	49
Olaratumab	Sarcoma	-
Osimertinib	Carcinoma, Non-Small-Cell Lung	55
Oxaliplatin	Colonic Neoplasms Colorectal Neoplasms Neoplasms Rectal Neoplasms	21
Paclitaxel	Acute Coronary Syndrome Angina Pectoris Arteriosclerosis Breast Neoplasms Carcinoma, Non-Small-Cell Lung Cardiovascular Diseases Coronary Artery Disease Coronary Disease Coronary Stenosis Heart Diseases Myocardial Ischemia Ovarian Neoplasms Vascular Diseases	85
Palbociclib	Breast Neoplasms	-
Panitumumab	Colorectal Neoplasms	-
Panobinostat	Multiple Myeloma	-
Pazopanib	Carcinoma Carcinoma, Renal Cell Sarcoma	95
Pembrolizumab	Carcinoma, Hepatocellular Carcinoma, Merkel Cell Carcinoma, Non-Small-Cell Lung Carcinoma, Renal Cell Carcinoma, Transitional Cell Hodgkin Disease Melanoma Neoplasms Stomach Neoplasms	-
Pemetrexed	Carcinoma, Non-Small-Cell Lung Mesothelioma	-
Pentostatin	Leukemia, Hairy Cell	-
Pertuzumab	Breast Neoplasms	70
Pomalidomide	Multiple Myeloma	-
Ponatinib	Leukemia, Myelogenous, Chronic, BCR-ABL Positive Precursor Cell Lymphoblastic Leukemia-Lymphoma	30
Pralatrexate	Lymphoma, T-Cell, Peripheral	-
Radium Ra 223 Dichloride	Prostatic Neoplasms, Castration-Resistant	-
Ramucirumab	Stomach Neoplasms	-
Rasburicase	Hyperuricemia Leukemia Lymphoma Neoplasms Syndrome Tumor Lysis Syndrome	-
Regorafenib	Colorectal Neoplasms	76
Relugolix	Prostatic Neoplasms	-
Ribociclib	Breast Neoplasms	-
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	-
Romidepsin	Lymphoma, T-Cell, Cutaneous	24
Rucaparib	Carcinoma, Ovarian Epithelial Fallopian Tube Neoplasms Peritoneal Neoplasms Prostatic Neoplasms, Castration-Resistant	77
Ruxolitinib	Graft vs Host Disease Polycythemia Polycythemia Vera Primary Myelofibrosis Thrombocytosis	8
Selinexor	Multiple Myeloma	35
Selumetinib	Neurofibromatosis 1	19
Siltuximab	Giant Lymph Node Hyperplasia	-

Sirolimus	Angiomyolipoma Constriction, Pathologic Coronary Restenosis Eye Diseases Immune System Diseases Kidney Failure, Chronic Lipoma Tuberous Sclerosis	93
Sonidegib	Carcinoma, Basal Cell	-
Sorafenib	Carcinoma, Hepatocellular Carcinoma, Renal Cell Thyroid Neoplasms	93
Sunitinib	Adenoma Carcinoma, Renal Cell Digestive System Neoplasms Gastrointestinal Neoplasms Gastrointestinal Stromal Tumors Intestinal Neoplasms	94
Talazoparib	Breast Neoplasms	34
Tamoxifen	Breast Diseases Cystic Fibrosis Cysts Fibroadenoma Fibrocystic Breast Disease Hemorrhage Menorrhagia Menstruation Disturbances Metrorrhagia Neoplasms	42
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	-
Temozolomide	Astrocytoma Nervous System Neoplasms	-
Temsirolimus	Carcinoma, Renal Cell	74
Teniposide	Precursor Cell Lymphoblastic Leukemia-Lymphoma	73
Thalidomide	Brain Abscess Immune System Diseases Multiple Myeloma Neoplasms, Plasma Cell	-
Tivozanib	Carcinoma, Renal Cell	77
Tocilizumab	Arthritis Arthritis, Juvenile Arthritis, Rheumatoid Behavior Cytokine Release Syndrome Giant Cell Arteritis Neurobehavioral Manifestations Oral Manifestations Psychotic Disorders Schizophrenia Tic Disorders	-
Topotecan	Small Cell Lung Carcinoma	53
Toremifene	Breast Neoplasms	11
Trabectedin	Leiomyosarcoma Liposarcoma	-
Trametinib	Carcinoma, Non-Small-Cell Lung Melanoma	80
Trastuzumab	Breast Neoplasms Neoplasms	41
Tretinoin	Lentigo	69
Triptorelin	Fatty Liver Hypogonadism Infertility, Female Prostatic Neoplasms	65
Tucatinib	Breast Neoplasms	70
Valrubicin	Urinary Bladder Neoplasms	55
Vandetanib	Thyroid Neoplasms	94
Vemurafenib	Melanoma	46
Venetoclax	Leukemia, Lymphocytic, Chronic, B-Cell Leukemia, Myeloid, Acute	-
Vinblastine	Glioma	3
Vincristine	Precursor Cell Lymphoblastic Leukemia-Lymphoma	-
Vinorelbine	Carcinoma, Non-Small-Cell Lung	53
Vismodegib	Carcinoma, Basal Cell	-
Vorinostat	Lymphoma, T-Cell, Cutaneous	37
Zoledronate	Arthritis Bone Marrow Diseases Brain Abscess Chronic Kidney Disease-Mineral and Bone Disorder Chronic 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	-

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: PDGFRA, AURKB and TOP2A, 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:



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: 2,6-Dihydroanthra/1,9-Cd/Pyrazol-6-One, midostaurin, 6-Nitroindazole, fimepinostat, leupeptin and Pazopanib. 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.

- EAC
- PDGFRalpha
- Aurora-B
- calpain-1

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 2024.1 (geneXplain GmbH, Wolfenbüttel, Germany) (<https://genexplain.com/transfac>).

The master regulator search uses the **TRANSPATH®** database (BIOBASE), release 2024.1 (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 2024.1 (<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" ($T\text{-score}_{PSD}$),
2. ranking by "Disease activity score" ($D\text{-score}_{PSD}$),
3. ranking by "Clinical validity score".

"Target activity score" ($T\text{-score}_{PSD}$) is calculated as follows:

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

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, $\text{rank}(t)$ is rank of given target, $\text{maxRank}(T)$ equals $\text{max}(\text{rank}(t))$ for all targets t in T .

We use following formula to calculate "Disease activity score" ($D\text{-score}_{PSD}$):

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

where D is the set of selected diseases, and if D is empty set, $D\text{-score}_{PSD}=0$. P is a set of all known phases for each disease, $\text{phase}(p,d)$ 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.

8. References

1. Kel A, Voss N, Jauregui R, Kel-Margoulis O, Wingender E. Beyond microarrays: Finding key transcription factors controlling signal transduction pathways. *BMC Bioinformatics*. **2006**;7(S2), S13. doi:10.1186/1471-2105-7-s2-s13
2. Stegmaier P, Voss N, Meier T, Kel A, Wingender E, Borlak J. Advanced Computational Biology Methods Identify Molecular Switches for Malignancy in an EGF Mouse Model of Liver Cancer. *PLoS ONE*. **2011**;6(3):e17738. doi:10.1371/journal.pone.0017738
3. Koschmann J, Bhar A, Stegmaier P, Kel A, Wingender E. "Upstream Analysis": An Integrated Promoter-Pathway Analysis Approach to Causal Interpretation of Microarray Data. *Microarrays*. **2015**;4(2):270-286. doi:10.3390/microarrays4020270.

4. Kel A, Stegmaier P, Valeev T, Koschmann J, Poroikov V, Kel-Margoulis OV, and Wingender E. Multi-omics “upstream analysis” of regulatory genomic regions helps identifying targets against methotrexate resistance of colon cancer. *EuPA Open Proteom.* **2016**;13:1-13. doi:10.1016/j.euprot.2016.09.002
5. Michael H, Hogan J, Kel A et al. Building a knowledge base for systems pathology. *Brief Bioinformatics.* **2008**;9(6):518-531. doi:10.1093/bib/bbn038
6. Matys V, Kel-Margoulis OV, Fricke E, Liebich I, Land S, Barre-Dirrie A, Reuter I, Chekmenev D, Krull M, Hornischer K, Voss N, Stegmaier P, Lewicki-Potapov B, Saxel H, Kel AE, Wingender E. TRANSFAC and its module TRANSCompel: transcriptional gene regulation in eukaryotes. *Nucleic Acids Res.* **2006**;34(90001):D108-D110. doi:10.1093/nar/gkj143
7. Kel AE, Gössling E, Reuter I, Cheremushkin E, Kel-Margoulis OV, Wingender E. MATCH: A tool for searching transcription factor binding sites in DNA sequences. *Nucleic Acids Res.* **2003**;31(13):3576-3579. doi:10.1093/nar/gkg585
8. Waleev T, Shtokalo D, Konovalova T, Voss N, Cheremushkin E, Stegmaier P, Kel-Margoulis O, Wingender E, Kel A. Composite Module Analyst: identification of transcription factor binding site combinations using genetic algorithm. *Nucleic Acids Res.* **2006**;34(Web Server issue):W541-5.
9. Krull M, Pistor S, Voss N, Kel A, Reuter I, Kronenberg D, Michael H, Schwarzer K, Potapov A, Choi C, Kel-Margoulis O, Wingender E. TRANSPATH: an information resource for storing and visualizing signaling pathways and their pathological aberrations. *Nucleic Acids Res.* **2006**;34(90001):D546-D551. doi:10.1093/nar/gkj107
10. Boyarskikh U, Pintus S, Mandrik N, Stelmashenko D, Kiselev I, Evshin I, Sharipov R, Stegmaier P, Kolpakov F, Filipenko M, Kel A. Computational master-regulator search reveals mTOR and PI3K pathways responsible for low sensitivity of NCI-H292 and A427 lung cancer cell lines to cytotoxic action of p53 activator Nutlin-3. *BMC Med Genomics.* **2018**;11(1):12. doi:10.1186/1471-2105-7-s2-s13
11. Filimonov D, Poroikov V. Probabilistic Approaches in Activity Prediction. Varnek A, Tropsha A. *Cheminformatics Approaches to Virtual Screening.* Cambridge (UK): RSC Publishing. **2008**;:182-216.
12. Filimonov DA, Poroikov VV. Prognosis of specters of biological activity of organic molecules. *Russian chemical journal.* **2006**;50(2):66-75 (russ)
13. Filimonov D, Poroikov V, Borodina Y, Glorizova T. Chemical Similarity Assessment Through Multilevel Neighborhoods of Atoms: Definition and Comparison with the Other Descriptors. *ChemInform.* **1999**;39(4):666-670. doi:10.1002/chin.199940210

Thank you for using the Genome Enhancer!

In case of any questions please contact us at support@genexplain.com

Supplementary material

1. [Supplementary table 1 - Up-regulated genes](#)
2. [Supplementary table 2 - Down-regulated genes](#)
3. [Supplementary table 3 - Detailed report. Composite modules and master regulators \(up-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive\).](#)
4. [Supplementary table 4 - Detailed report. Composite modules and master regulators \(down-regulated genes in Experiment: cisplatin-resistant vs. Control: cisplatin-sensitive\).](#)
5. [Supplementary table 5 - 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.

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™ 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.

The scientific analysis underlying the Genome Enhancer report employs a complex analysis pipeline which uses geneXplain's proprietary Upstream Analysis approach, integrated with TRANSFAC® and TRANSPATH® databases maintained and exclusively distributed worldwide by geneXplain GmbH. The pipeline and the databases are updated to the best of geneXplain's knowledge and belief, however, geneXplain GmbH shall not give a warranty as to the characteristics or to the content and any of the results produced by Genome Enhancer. Moreover, any warranty concerning the completeness, up-to-dateness, correctness and usability of Genome Enhancer information and results produced by it, shall be excluded.

The results produced by Genome Enhancer, including the analysis report, severely depend on the quality of input data used for the analysis. It is the responsibility of Genome Enhancer users to check the input data quality and parameters used for running the Genome Enhancer pipeline.

Note that the text given in the report is not unique and can be fully or partially repeated in other Genome Enhancer analysis reports, including reports of other users. This should be considered when publishing any results or excerpts from the report. This restriction refers only to the general description of analysis methods used for generating the report. All data and graphics referring to the concrete set of input data, including lists of mutated genes, differentially expressed genes/proteins/metabolites, functional classifications, identified transcription factors and master regulators, constructed molecular networks, lists of chemical compounds and reconstructed model of molecular mechanisms of the studied pathology are unique in respect to the used input data set and Genome Enhancer pipeline parameters used for the current run.