

Original Research Paper

Identification of Microbe-Drug Association based on Weighted Profile and Collaborative Matrix Factorization

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Article history

Received: 09-07-2021

Revised: 08-11-2021

Accepted: 12-11-2021

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Abstract: Previous studies have shown that diseases are associated with microbe. To explore a more effective treatment for these diseases, unknown microbe-drug associations must be identified. However, existing models to identify microbe-drug association are limited. In our article, a predictive model (WPCMF) is presented for identifying microbe-drug associations based on weighted profile and collaborative matrix factorization. In WPCMF, the Gaussian Interaction Profile (GIP) can be used for computing the similarities of microbe and the drug, respectively. Then we use the Canonical SMILES of drugs to compute the chemical structures similarity of drugs. Two drug similarities are fused into an integrated drug similarity matrix. Weighted profile and collaborative matrix factorization are applied for predicting potential microbe-drug associations. Experimental results show that WPCMF achieves the average Area Under the Curve (AUC) values of 0.9096 ± 0.0028 , 0.9195 ± 0.0019 and 0.9236 in 5-fold Cross-Validation (5 CV), 10-fold Cross-Validation (10 CV) and Leave-One-Out-Cross-Validation (LOOCV), respectively, which consistently outperforms other related methods (KATZHMDA, WP, CMF and Kron RLS). We think WPCMF is ideal as a supplement in the field of biomedical research.

Keywords: Microbe-Drug Associations, Similarity, Weighted Profile, Collaborative Matrix Factorization, Gaussian Interaction Profile (GIP)

Introduction

Accumulating studies have shown that diseases are associated with microbe (Young, 2017). To explore a more effective treatment for these diseases, unknown microbe-drug associations must be identified (Young, 2017; Ley *et al.*, 2005; Larsen *et al.*, 2010). For example, a clostridium difficile infectious disease is associated with the function and diversity of microbial communities (Young, 2017). Ley *et al.* (2005) revealed that *Bacteroidetes* is significantly reduced whereas *Firmicutes* is enhanced in obesity. Furthermore, *Firmicutes* obviously decreases in type 2 diabetes (Larsen *et al.*, 2010). Based on known microbe-disease associations and symptom-based disease similarity, Zhang *et al.* (2018a) presented a label propagation method to discovery microbe-disease associations. To improve the accuracy of the prediction, a model of graph regularized non-negative matrix factorization was proposed to accurately discovery latent associations between diseases and microbes (Zhang *et al.*, 2018b). To cure these diseases, antibiotics can be applied for restoring the function and diversity of

microbial communities. However, as the broader application, abusing of antibiotics is becoming increasingly serious problem which followed by dangerous microbial drug resistance. In particular the abusing of antibiotics has been changing so that more sophisticated microbes. More than 70% of bacteria are resistant to at least one class of antibiotics. The finding rate of new antibiotics continues to decline (PCT, 2015). The study of drug combination therapy and drug repurposing looks at measures to prevent development of antibiotic resistance as well as ways to stop its spread. The first step of drug combination therapy and drug repurposing is to identify potential drug-microbe associations.

Microbe communities might take part in mediation of drug activity and drug toxicity (Aarnoudse *et al.*, 2008; Haiser *et al.*, 2014), such as increasing 221% in simvastatin AUC for homozygotes (Ong *et al.*, 2012; Voora *et al.*, 2009; Ramsey *et al.*, 2014), altering the activity warfarin (Violi *et al.*, 2016), increasing the toxicity of irinotecan (Guthrie *et al.*, 2017) and so on. But understanding microbe-drug association mechanisms is limited.

In our article, a Predictive Model (WPCMF) is presented for identifying microbe-drug associations based on weighted profile and collaborative matrix factorization. In WPCMF, the Gaussian Interaction Profile (GIP) can be used for computing the similarities of microbe and the drug, respectively. Then we use the Canonical SMILES of drugs to compute the chemical structures similarity of drugs. Two drug similarities are fused into an integrated drug similarity matrix. Weighted profile and collaborative matrix factorization are applied for predicting potential microbe-drug associations. To validate the capability of WPCMF, we compare WPCMF with four related models, such as HMDAKATZ (Zhu *et al.*, 2019), WP (Yamanishi *et al.*, 2008), CMF (Shenet *et al.*, 2017) and Kron RLS (Van Laarhoven *et al.*, 2011). 5-fold cross-validation (5 CV), 10-fold Cross-Validation (10 CV) and Leave One Out Cross-Validation (LOOCV) are introduced to confirm whether WPCMF could be more effective in predicting microbe-drug associations. In 5 CV, the AUCs of WPCMF, KATZHMDA, WP, CMF and Kron RLS are 0.9096 ± 0.0028 , 0.9010 ± 0.0024 , 0.897 ± 0.0024 , 0.6918 ± 0.0085 and 0.6809 ± 0.0064 , respectively. The predictive performance of WPCMF is better than five related models. In 10CV, WPCMF is also better as AUC of 0.9195 ± 0.0019 , compared with four related models above (KATZHMDA: 0.9066 ± 0.0014 , WP: 0.903 ± 0.0016 , CMF: 0.7201 ± 0.0048 and Kron RLS: 0.6897 ± 0.0051). WPCMF is also better than five related models. In LOOCV, the AUC of WPCMF is 0.9236, while the AUC values of KATZHMDA, WP, CMF and Kron RLS are 0.9116, 0.9086, 0.762 and 0.6936, respectively. WPCMF is also better than three other models. It is obvious that WPCMF is consistently superior to five related models (KATZHMDA, WP, CMF and Kron RLS) in 5 CV, 10 CV and LOOCV.

Materials and Methods

Materials

As a commonly-used databases, MDAD (Sun *et al.*, 2018) saves the information of 5,055 known associations of 1,388 drugs and 180 microbes. We download known associations from MDAD. Then we further remove the redundant associations and take the key information of known microbe-drug associations as the benchmark dataset. 1152 known associations are chosen from the data set. The specific information of known microbe-drug associations are shown in the following Table 1.

Methods

Drug Similarity

In our study, some approaches are used to measure the drug similarities, which include the drug GIP similarity and the drug chemical structure similarity. The drug GIP

similarity can be computed with the known associations of drugs (Van Laarhoven *et al.*, 2011; Zhu *et al.*, 2021a; Lan *et al.*, 2020; Chen *et al.*, 2021; Zhu *et al.*, 2021c; Luo *et al.*, 2018). Let $M = \{m_1, m_2, m_3, \dots, m_{nm}\}$ represent a set of nm microbes and $D = \{d_1, d_2, d_3, \dots, d_{nd}\}$ be a set of nd drugs. And Y is a adjacency matrix of known microbe-drug associations, which include nd rows and nm columns. If microbe m_i and drug d_j have a known association, y_{ij} has a value of 1, otherwise 0. For drug d_i and drug d_j , the drug GIP similarity can be defined as:

$$D_G(d_i, d_j) = \exp(-\gamma_d \|y_{d_i} - y_{d_j}\|^2) \quad (1)$$

$$\gamma_d = \gamma'_d / \left(\frac{1}{nd} \sum_{i=1}^{nd} \|y_{d_i}\|^2 \right), \quad (2)$$

in which $y_{d_i} = \{y_{i1}, y_{i2}, \dots, y_{im}\}$ and $y_{d_j} = \{y_{j1}, y_{j2}, \dots, y_{jm}\}$ denote the interaction profiles of disease d_i to disease d_j , respectively.

In addition, Chemical Development Kit (Steinbeck *et al.*, 2006) is used to compute the drug chemical structure similarity with based on the Canonical SMILES of drugs (Weininger, 1988; Wishart *et al.*, 2018). Binary fingerprints of all drugs are computed by Chemical Development Kit. We use the Tanimoto (1958) of their binary fingerprints to measure the drug chemical structure similarity $D_{ch}(d_i, d_j)$.

As shown above, two drug similarity matrices are computed. We combine $D_G(d_i, d_j)$ and $D_{ch}(d_i, d_j)$ into an integrated drug similarity matrix S_d by the linear weighted method:

$$S_d = \frac{D_{ch} + D_G}{2} \quad (3)$$

Microbe Similarity

Similarly, the Gaussian Interaction Profile (GIP) can be used for computing the microbe GIP similarity (Zhu *et al.*, 2019; Lan *et al.*, 2021; Zhu *et al.*, 2021b). The GIP similarity M_G is calculated as below:

$$S_m = M_G(m_i, m_j) = \exp(-\gamma_m \|y_{m_i} - y_{m_j}\|^2) \quad (4)$$

$$\gamma_m = \gamma'_m / \left(\frac{1}{nm} \sum_{i=1}^{nm} \|y_{m_i}\|^2 \right), \quad (5)$$

in which $y_{d_i} = \{y_{i1}, y_{i2}, \dots, y_{im}\}$ and $y_{d_j} = \{y_{j1}, y_{j2}, \dots, y_{jm}\}$ is the interaction profiles of microbe m_i and microbe m_j , respectively. S_m is a similarity matrix of microbes.

Weighted Profile

The weighted profile (Yamanishi *et al.*, 2008) model has been successfully applied in the field of bioinformatics. In our study, the weighted profile model adopt similarities to all the other microbe and drugs by a weighted average method. We define the weighted profile model as follows:

$$\hat{Y}(d_i) = \frac{\sum_{j=1}^{nd} S_d(d_i, d_j) \times Y(d_j)}{\sum_{j=1}^{nd} S_d(d_i, d_j)} \quad (6)$$

$$\hat{Y}(m_i) = \frac{\sum_{j=1}^{mm} S_m(m_i, m_j) \times Y(m_j)}{\sum_{j=1}^{mm} S_m(m_i, m_j)} \quad (7)$$

in which $Y(d_i)$ and $Y(m_i)$ are the interaction profiles of drug d_i and microbe m_j , respectively. After running the weighted profile model, we get the average of the predictive results.

WPCMF for Microbe-Drug Association Prediction

As a traditional method, collaborative matrix factorization (Shen *et al.*, 2017) have been used for identifying hidden associations, but its prediction performance need improve. In our study, a new method (WPCMF) is presented for identifying microbe-drug associations via weighted profile and collaborative matrix factorization. We describe the detail of WPCMF:

$$\min_{A,B} \|Y - AB^T\|_F^2 + \lambda_d (\|A\|_F^2 + \|B\|_F^2) + \lambda_d \|S_d - AA^T\|_F^2 + \lambda_m \|S_m - BB^T\|_F^2 \quad (8)$$

with:

$$Y \approx AB^T \quad (9)$$

$$S_d \approx AA^T \quad (10)$$

$$S_m \approx BB^T \quad (11)$$

where, λ_d , λ_d and λ_m are the non-negative parameters, $\|\cdot\|_F$ denote a Fresenius norm and Y is a adjacency matrix. In the above expression, we use the first term to denote the approximate model of Y , a tikhonov regularization term to minimize the norms and the last two terms to find the least-squared-error between $S_m(S_d)$ and $AA^T(BB^T)$. For λ_d ,

λ_d and λ_m , 5 CV, 10 CV and LOOCV are preformed to find the most appropriate values.

Initialize Matrix A and Matrix B

The first step of collaborative matrix factorization is to initialize the matrix A and matrix B . Here, we use the singular value decomposition method to decompose Y into matrix A and matrix B :

$$[U, S, V] = SVD(Y, k), \quad (12)$$

$$A = US_k^{1/2} \quad (13)$$

$$B = VS_k^{1/2} \quad (14)$$

in which diagonal matrix S_k includes k singular values.

The Optimization Process

In this study, the least square method is still a useful and often vital, part of the optimization process. In the optimization process, we must take into account the least square method to update matrix A and matrix B until converge. Let I_k denote the identity matrix of $k \times k$ and $\partial S / \partial A = 0$ and A can be represented as follows:

$$A = (YB + \lambda_d S_d A) (B^T B + \lambda_d I_k + \lambda_d A^T A) \quad (15)$$

Similarly, we also use the same approach to get the representation of A as below:

$$B = (Y^T A + \lambda_m S_m A) (A^T A + \lambda_m I_k + \lambda_m B^T B) \quad (16)$$

Results

Performance Evaluation

In our article, 5 CV, 10 CV and LOOCV are used for evaluating the ability of WPCMF. In 5CV, we divide 1152 known associations S^+ into five parts as follows:

$$S^+ = S_1^+ \cup S_2^+ \cup \dots \cup S_5^+ \quad (17)$$

With:

$$\emptyset = S_1^+ \cap S_2^+ \cap \dots \cap S_5^+ \quad (18)$$

$$|S_1^+| \approx |S_2^+| \approx \dots \approx |S_5^+| \quad (19)$$

where \cup denotes an union symbol, \cap denotes an intersection symbol and \emptyset denotes an empty set symbol. S_i^+ is an exclusive subset and i ranges from 1 to 5. We select each part, in turn, as a testing data and other data as training data. 5 CV can be performed 100 times.

Similarly, S^+ is divided into 10 parts continually. The process is ended until each part has approximately the same amount of microbe-drug associations as below:

$$S^+ = S_1^+ \cup S_2^+ \cup \dots \cup S_{10}^+ \quad (20)$$

With:

$$\emptyset = S_1^+ \cap S_2^+ \cap \dots \cap S_{10}^+ \quad (21)$$

$$|S_1^+| \approx |S_2^+| \approx \dots \approx |S_{10}^+| \quad (22)$$

in which we select each part, in turn, as a testing data and other data as training data. 10 CV can be performed 100 times.

In LOOCV, we select each association is selected as a testing data and other data as training data. Each known microbe-drug association is ranked relative to the candidate associations.

According to the combination of the real category and the predicted category of the learner, it can be divided into True Positive (TP), False Positive (FP), True Negative (TN) and False Negative (FN), as listed in the following Table 2.

Comparison with other Models

To confirm the ability WPCMF, it is compared with the other four methods, such as HMDAKATZ (Zhu *et al.*, 2019), WP (Yamanishi *et al.*, 2008), CMF (Shen *et al.*, 2017) and Kron RLS (Van Laarhoven *et al.*, 2011). HMDAKATZ is a model to identify associations between drugs and targets. As a recommendation model, WP is based on the similarity of microbes and drugs to predict microbe-drug associations. Kron RLS uses the Kronecker product kernel to calculate the prediction scores and is based on regularised least squares to predict associations between microbes and drugs.

Then, we choose 5 CV, 10 CV and LOOCV to verify the ability of WPCMF and other models. In 5 CV, Fig. 1 shows that the AUCs of WPCMF, KATZHMDA, WP, CMF and Kron RLS are 0.9096 ± 0.0028 , 0.9010 ± 0.0024 , 0.897 ± 0.0024 , 0.6918 ± 0.0085 and 0.6809 ± 0.0064 , respectively. The predictive performance of WPCMF is better than five related models.

As the Fig. 2 shows, WPCMF can achieve the AUC value of 0.9195 ± 0.0019 , compared with four related models above (KATZHMDA: 0.9066 ± 0.0014 , WP: 0.903 ± 0.0016 , CMF: 0.7201 ± 0.0048 and Kron RLS: 0.6897 ± 0.0051). WPCMF is also better than five related models.

We can see from Fig. 3 that the AUC of WPCMF is 0.9236 in LOOCV, while the AUC values of KATZHMDA, WP, CMF and Kron RLS is 0.9116, 0.9086, 0.762 and 0.6936, respectively.

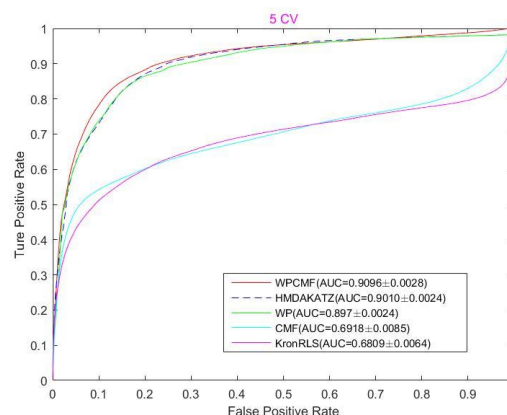


Fig. 1: The AUC curves of five models in 5 CV

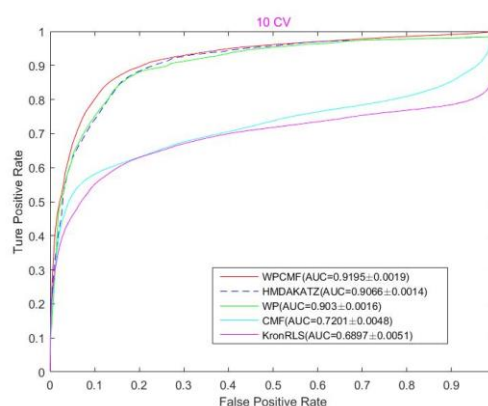


Fig. 2: The AUC curves of five models in 10 CV

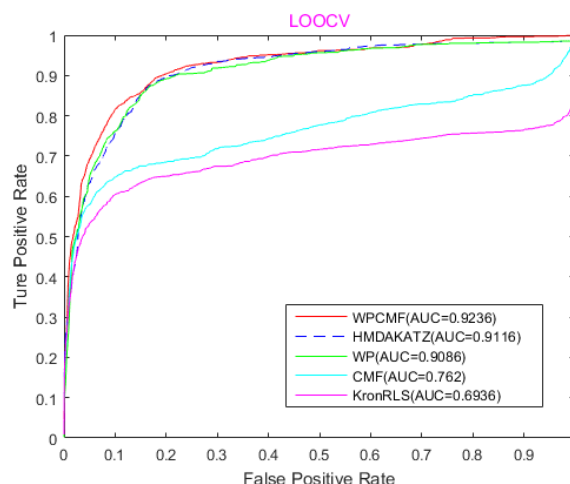


Fig. 3: The AUC curves of five models in LOOCV

Table 1: Microbe, drug and associations in the benchmark

Dataset	The benchmark dataset
Microbes	142
Drugs	627
Microbe-drug associations	1152

Table 2: Confusion matrix

Real results	Predictive results	
	Positive	Negative
Positive	<i>TP</i>	<i>FN</i>
Negative	<i>FP</i>	<i>TN</i>

It is obvious that WPCMF is consistently superior to five related models (KATZHMDA, WP, CMF and Kron RLS) in 5 CV, 10 CV and LOOCV.

Conclusion

Accumulating studies have shown that diseases are associated with microbe. To explore a more effective treatment for these disease, unknown microbe-drug associations must be identified. However, existing models to identify microbe-drug association are limited. In our study, a predictive model (WPCMF) presented for identifying microbe-drug associations based on weighted profile and collaborative matrix factorization, which can efficiently fuse multiple drug information and microbe information. In WPCMF, the Gaussian Interaction Profile (GIP) can be used for computing the similarities of microbe and the drug, respectively. Then we use the Canonical SMILES of drugs to compute the chemical structures similarity of drugs. Two drug similarities are fused into an integrated drug similarity matrix. Weighted profile and collaborative matrix factorization are applied for predicting potential microbe-drug associations. To validate the capability of WPCMF, we compare WPCMF with four related models. 5 CV, 10 CV and LOOCV are introduced to confirm that WPCMF is consistently superior to five related models (KATZHMDA, WP, CMF and Kron RLS) in 5 CV, 10 CV and LOOCV. Some multiple kernel boosting algorithm methods (Liu *et al.*, 2016) and traditional machine learning (Cheng *et al.*, 2020) should also be considered in the future.

Acknowledgement

This study is supported in part by the Scientific Research Foundation of Hunan Provincial Education Department (17C0229, 20C0561), the Research Foundation of Hunan Chemical Vocational Technology College (HNHY2020001), the Teaching Reform Research Foundation of Hunan Provincial Education Department (Xiang Jiao Tong [2019] 291-1023) the Hengyang City Science and Technology Program (2019jh010657, 202010031491).

Author's Contributions

Lingzhi Zhu and Ying Xiao: Designed and performed the experiments and wrote the paper.

Junling Zhang: Participated to collect the materials related to the experiment.

Chunhua Li: Participated to collect the materials related to the experiment and revised the manuscript.

Jun Wang: Wrote the paper and checked the experiment.

Ethics

The authors declare their responsibility for any ethical issues that may arise after the publication of this manuscript.

Conflict of Interest

The authors declare that they have no competing interests. The corresponding author affirms that all of the authors have read and approved the manuscript.

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