

## Large Scale Drug Combination Screening and Integrated Omics Data Analysis

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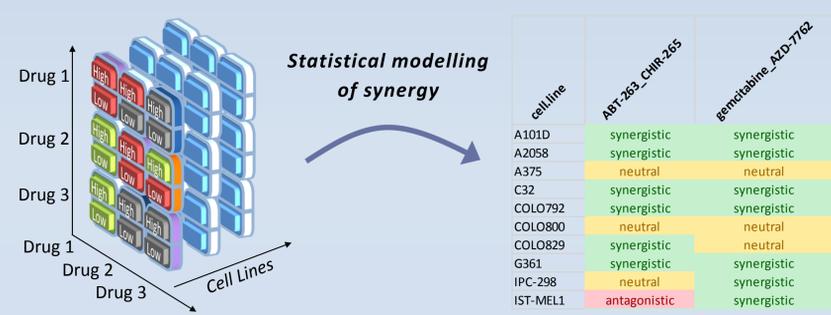
### Introduction

The lack of complete response and the emergence of resistance in large numbers of patients are pushing clinicians to search for combination therapies to prevent disease progression. The ability to perform large scale omic analysis against a large number of drugs is an opportunity to develop a systematic approach for identifying optimal drug combinations in preclinical settings that can be further validated in clinical trials.

Prediction of synergy of drug combination usually involves measurements of single drug effects<sup>1,2</sup> in comparison to the effect of the combination. The number of contexts (cell lines, etc.) is usually limited<sup>1,3</sup>. For each cell line, a heavy experimental workload is required<sup>1,4</sup> to obtain dose-response curves and transcriptomics data in different pharmacological contexts. Thus, synergy prediction using data from multiple, untreated (e.g. without drug administration) cell lines or tumor samples is highly beneficial from a clinical point of view.

### 1 • Experimental workflow

24 Melanoma cell lines 108 Drugs Low & high concentrations  
5778 Drug pairs combinations Synergy : Bliss independence

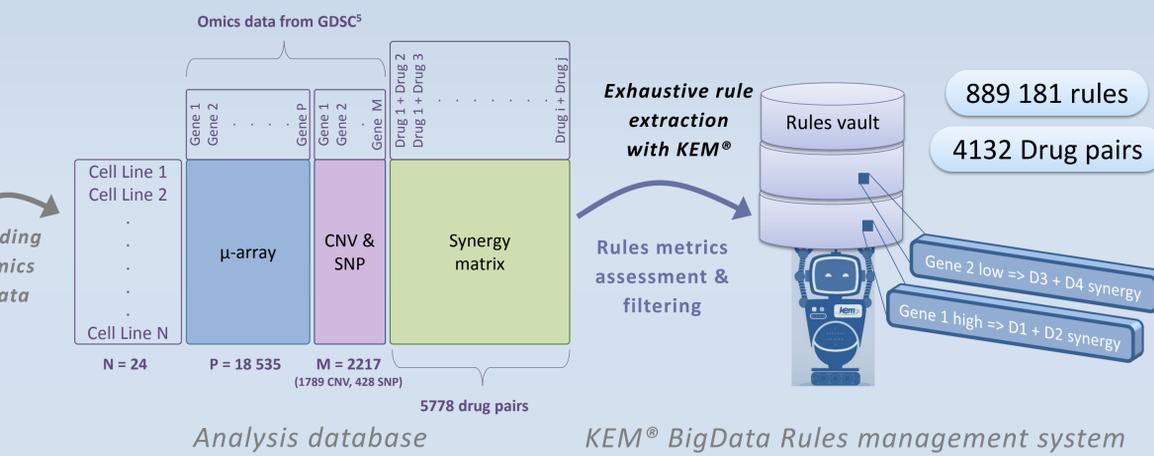


Experimental data cube  
108 x 108 x 24 x 2

Synergy matrix  
24 x 5778

### 2 • Analysis workflow

Cell Lines omics data Markers associated with synergy? Association Rules KEM® Platform



#### Statistical modelling of synergy

The synergy is assessed with a Z-score (that reflects the deviation from the additive model) and P-value (that reflects the amount of noise)

Median polish

Nuclei counts (polished)

Viability (polished)

Fit, residuals (polished)

Residual > noise? Synergy or antagonism

Standard deviation in controls wells

Normal distribution

zval<sub>i,j</sub><sup>c</sup> = Residual<sub>i,j</sub><sup>c</sup> / noise

pva<sub>i,j</sub><sup>c</sup>

Synergy label is set in agreement with synergy scores at both concentrations: in case of disagreement, the label 'opposite' is used

#### P-value threshold

The P-value threshold is chosen to optimize the trade-off between opposite situations (too much noise) and neutral situations (effect too small)

Drug Pairs Label counts across 24 Cell Lines

pValAdj <= 0.2

pVal <= 0.05

antagonistic neutral opposite synergistic

#### Associations Rules: definition, metrics

KEM® generates association rules Var<sub>i</sub> → Var<sub>j</sub> in an exhaustive manner. These rules are characterized by 4 metrics that help ranking them.

Cell Line	Var 1	Var 2	Var 3 (Endpoint)	Rule
Cell Line 1	low		1	Var 1 = low → Var 3 = 1
Cell Line 2	low		1	
Cell Line 3	low		1	

Metrics: Support, Confidence, Lift, P-value

Support: number of times that the rule is checked in the dataset

Confidence: proportion of cases verifying Var1 = low that also verifies Var3 = 1.

Lift: ratio of the observed support to that expected if Var1 = low and Var3 = 1 were independent.

P-value: Fisher exact test

#### Associations Rules: filtering and exploration

Example with the 10 pairs in Friedman et al<sup>6</sup>. 118 290 rules were generated at relaxed filtering levels (Lift > 0.1 ; Confidence > 1% ; Support ≥ 2).

Number of rules per drug pair

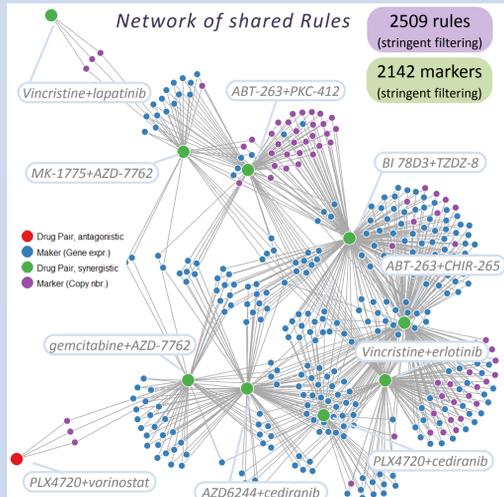
Cartography of rules in metric space

In a second step, more stringent filtering applied to rules; high 'peaks' of rules correspond to rules that have the same metrics values.

### 3 • Results

10 Drug pairs experimentally tested (see<sup>6</sup>)

Drug Pairs	Syn	Antago	Neutral	Opposite	#Syn - #Antago Diff
Vincristine+lapanitib	414	0	54	12	414
BI 78D3+TZDZ-8	370	3	104	3	367
Vincristine+erlotinib	358	8	108	6	350
ABT-263+CHIR-265	352	12	103	13	340
gemcitabine+AZD-7762	326	6	139	9	320
MK-1775+AZD-7762	326	11	125	18	315
ABT-263+PKC-412	221	20	204	35	201
PLX4720+cediranib	128	5	279	8	123
AZD6244+cediranib	108	62	303	7	46
PLX4720+vorinostat	22	79	365	14	-57



New drugs combinations

PLX4720 (Vemurafenib precursor)

104 Drug pairs Stringent filtering

Support >6 Lift >1.3 pval < 0.05

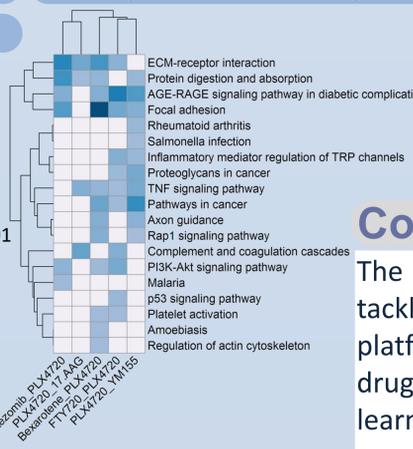
Vemurafenib with	syn	antago	Diff	Trials
Bexarotene	151	19	132	no
FTY720	210	104	106	no
YM155	134	67	67	no
Bortezomib	163	125	38	NCT02788201
17.AAG	93	108	-15	no

FTY720: Fingolimod  
17.AAG: Tanespimycin  
YM155: Sepantronium Bromide

Molecular mechanisms

Genes differentially expressed

Synergistic VS non-synergistic



For each drug pair, the most differentially expressed genes between synergistic and non-synergistic cell lines are assessed. Corresponding KEGG annotation for the given drug pair shows that synergies target pathways in a cell-specific manner, but with commonly altered pathways, due to presence of vemurafenib in each drug pair.

Clinical relevance of synergy

clinicaltrials.gov

Phase II or higher

DCDB<sup>7</sup>

Drug Pairs	#Syn - #Antago Diff	Trial	Efficacy	Comments
Docetaxel+erlotinib	211	NCT00835471	Good	OS improvement: 5.5 to 9.1 (months)
Bortezomib+vorinostat	140	NCT00773747	Good	significant PFS improvement
Bortezomib+lenalidomide	50	UMIN8236	Good	CR 43.8%
decitabine+temozolomide	19	NCT00715793	Acceptable	ORR 18%, DCR 61%
sorafenib+temozolomide	15	NCT00811759	Unknown	
sunitinib+sorafenib	4	NCT00732914	Unknown	
Docetaxel+gemcitabine	-100	NCT00236899	Poor	not better than Paclitaxel
Docetaxel+YM155	-161	NCT01009775	Poor	small improvement in ORR (12%)
AZD6244+Docetaxel	-200	NCT01256359	Poor	no significant improvement in PFS

### Conclusion

The complex problem of drug synergy prediction is tackled here in a systematic way. The KEM® BigData platform allows us to extract omics markers for numerous drug combinations through a highly scalable machine-learning approach. The process allowed us to identify common markers shared across multiple drug pairs as well as specific ones. Moreover, the analysis of results from existing clinical trials on formerly identified drug pairs strengthens our confidence in the candidate combinations identified as synergistic and not yet in clinical development.

### References

- Bansal, M. et al. A community computational challenge to predict the activity of pairs of compounds. *Nat. Biotechnol.* **32**, 1213–1222 (2014).
- Lee, J.-H. et al. CDA: Combinatorial Drug Discovery Using Transcriptional Response Modules. *PLoS ONE* **7**, e42573 (2012).
- Korkut, A. et al. Perturbation biology nominates upstream–downstream drug combinations in RAF inhibitor resistant melanoma cells. *eLife* **4**, (2015).
- Miller, M. L. et al. Drug Synergy Screen and Network Modeling in Dedifferentiated Liposarcoma Identifies CDK4 and IGF1R as Synergistic Drug Targets. *Sci. Signal.* **6**, ra85–ra85 (2013).
- Yang, W. et al. Genomics of Drug Sensitivity in Cancer (GDSC): a resource for therapeutic biomarker discovery in cancer cells. *Nucleic Acids Res.* **41**, D955–D961 (2013).
- Friedman, A. A. et al. Landscape of Targeted Anti-Cancer Drug Synergies in Melanoma Identifies a Novel BRAF-VEGFR/PDGFR Combination Treatment. *PLOS ONE* **10**, e0140310 (2015).
- Liu, Y. et al. DCDB 2.0: a major update of the drug combination database. *Database* **2014**, bau124–bau124 (2014).
- Davis, A. P. et al. The Comparative Toxicogenomics Database: update 2017. *Nucleic Acids Res.* gkw838 (2016). doi:10.1093/nar/gkw838
- Keshava Prasad, T. S. et al. Human Protein Reference Database—2009 update. *Nucleic Acids Res.* **37**, D767–D772 (2009).