

Deep Learning Profile QSAR Modeling to Impute In Vitro Assay Results and Predict Chemical Carcinogenesis Mechanisms A. Borrel¹, A.L. Karmaus^{1*}, G. Tedla¹, K. Mansouri², T. Luechtefeld³, R. Lunn⁴, A. Wang⁴, D.G. Allen¹, N. Kleinstreuer²

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1. How Does a Normal Cell Become a Cancer Cell?

Carcinogenesis is a multi-step process in which normal cells are transformed into cancer cells by acquiring properties that allow them to form tumors or malignant cancers. These properties, which distinguish cancer cells from normal cells, have been classified as a series of 10 Hallmarks of Cancer (HMC) (Hanahan, 2022).



The World Health Organization's International Agency for Research on Cancer (IARC) and collaborators have identified and extensively characterized the mechanisms of a set of carcinogens from their monograph program. By focusing specifically on these chemicals, they have defined a set of Key Characteristics of Carcinogens (KCC) (Smith et al., 2016).



There is no mapping between HMC and KCC, and a carcinogen can have several KCC and exhibit several HMC.

2. Carcinogenicity Modeling Challenges

Developing a predictive model for carcinogenicity is challenging because the model should:

- Not be limited to a unique prediction (carcinogenicity overall) but be able to predict several KCC at once.
- Account for interaction among mechanisms/targets.
- Have the ability to combine diverse data type (in vitro assays, molecular descriptors, etc.) to cover most of the mechanisms involved in the KCC.
- Perform effectively with sparse data sets.

Current models available for carcinogenicity, which are based on quantitative structure-activity relationships (QSARs), are limited to a specific type of carcinogen, e.g., liver carcinogens (Li et al., 2021), or are focused on one KCC, such as genotoxicity (Toma et al., 2020).

3. Can Modern Al Help Build a Better Model?

- In this project, we leveraged modern artificial intelligence (AI) techniques utilizing in vitro data to predict chemical carcinogenicity.
- Our approach involved imputing data from high-throughput ToxCast/Tox21 assays to create a carcinogenicity profile for each chemical based on a scoring system by KCC.
- This modeling allows us to incorporate a large amount of data that cannot be handled in a classic QSAR modeling.



3. Sets of Carcinogens and Noncarcinogens



4. Tox21 Program Assays

no activity (Richard et al., 2021).



Assays

5. Assay Mapped to the KCC

We mapped Tox21 assay data to KCCs using assay gene targets and expert opinion. The mappings are available within NICEATM's Integrated Chemical Environment.



https://ice.ntp.niehs.nih.gov/



We compiled collections of carcinogen classifications from U.S. and international organizations including:

- Provisional Peer-Reviewed Toxicity Values (PPRTV; Superfund Program)
- The carcinogen set only included chemicals with clear evidence of being human carcinogens, such as IARC



6. Iterative Imputation

We initially examined the amount of data available in ToxCast/Tox21 by looking at the percentage of bioactivity missing by assay versus the number of bioactivities available in the whole dataset. We identified four plateaus that we considered when building the imputation models. < 50% bioactivity



computing server, with each run allocated 32 CPUs, 100MB of memory, and 100 hours of computation

КСС	Number of Assays Mapped
KCC2: Genotoxic	17
KCC3: Activates Mutagenic DNA Repair & Promotes Genomic Instability	3
KCC5: Induces Oxidative Stress	14
KCC6: Induces Chronic Inflammation	48
KCC8: Modulates Receptor-mediated Effects	142
KCC10: Alters Cell Proliferation, Cell Death or Nutrient Supply	204

7. Imputation Performance on Regression

8. KCC Scores

Summary scores (KC_{score}) for each KCC were computed using ToxPi by first finding the normalized proportion of assays in which a chemical was active for a given KCC, and then scaling the value based on the lowest activity concentration among those positive responses.

$$s_i = \frac{(number of positive responses)}{(maximum number of postive responses for that KCC)}$$

f = 1 - cdf (minimum positive response value of that chemical)

$$KCC_{score} = s_i + \frac{f}{3} * (1 - s_i)$$

*s*_{*i*}: normalized proportion of active assays for each chemical specific to an individual KCC. *cdf:* percentile of the minimum positive response value for each chemical relative to all other positive response values across all chemicals active against assays mapping to that KCC

This scoring equation ensured that both potency and frequency were factored in and the values remained between 0 and 1. Dividing the concentration factor by 3 ensured a balance between the contribution of potency and the contribution of activity across multiple targets. A higher score characterizes more positive assays mapped on the KCC, as well as a lower AC50 for the assays mapped.



Example of KCC profile for lindane, a carcinogen tested in most of the assays mapped on KCC. Each KCC has a score between

< 70% bioactivity to impute by assay < 92% bioactivity to impute by assay Tested data

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9. KCC Scores for Carcinogens

Comparison of the KCC_{scores} calculated from the imputed and not imputed Tox21/ToxCast results with the best



10. Build a Profile Not Limited to the ToxCast/Tox21 data

Modern iterative imputers allow us to integrate more data mapped on each KCC to build the most robust imputation model and carcinogenic profile. We are using BioBricks.ai to bring more data into the modeling.



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ve are developing a Cancer Harmony Repository, where we consolidate pertinent data for carcinogenicity modeling from various databases, including ChEMBL, Gene Ontology, and the Kyoto Encyclopedia of Genes and Genomes (KEGG). You can access the repository under development on GitHub at https://github.com/biobricksai/cancerharmony.

Conclusion and Future Directions

In this project, we developed:

- A set of carcinogens based on available regulatory datasets.
- A competitive carcinogenicity model that can take into consideration all 10 KCC at once, based on iterative imputation modeling.

Next, we are working on:

- Further validation of the results, such as using literature evidence.
- Evaluating confidence of the imputation modeling.
- Improving the KCC scoring in order to take into consideration more data mapped on a specific KCC. Completing the assay mapping on the KCC using new sources of data with biobricks.ai.

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