

# Disease Gene Prioritization Based on Topological Similarity in Protein-Protein Interaction Networks

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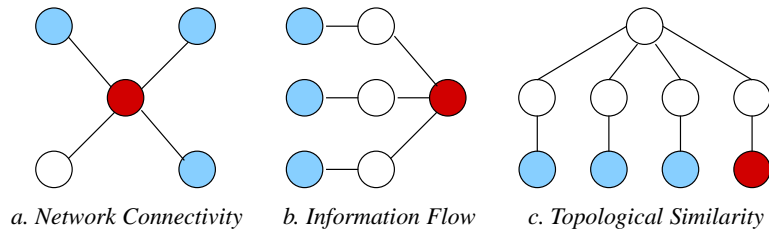
**Abstract.** In recent years, many algorithms have been developed to narrow down the set of candidate disease genes implicated by genome wide association studies (GWAS), using knowledge on protein-protein interactions (PPIs). All of these algorithms are based on a common principle; functional association between proteins is correlated with their connectivity/proximity in the PPI network. However, recent research also reveals that networks are organized into recurrent network schemes that underlie the mechanisms of cooperation among proteins with different function, as well as the crosstalk between different cellular processes. In this paper, we hypothesize that proteins that are associated with similar diseases may exhibit patterns of “topological similarity” in PPI networks. Motivated by these observations, we introduce the notion of “topological profile”, which represents the location of a protein in the network with respect to other proteins. Based on this notion, we develop a novel measure to assess the topological similarity of proteins in a PPI network. We then use this measure to develop algorithms that prioritize candidate disease genes based on the topological similarity of their products and the products of known disease genes. Systematic experimental studies using an integrated human PPI network and the Online Mendelian Inheritance (OMIM) database show that the proposed algorithm, VAVIEN, clearly outperforms state-of-the-art network based prioritization algorithms. VAVIEN is available as a web service at <http://www.diseasegenes.org>.

## 1 Introduction

Characterization of disease-associated variations in human genome is an important step toward enhancing our understanding of the cellular mechanisms that drive complex diseases, with profound applications in modeling, diagnosis, prognosis, and therapeutic intervention [1]. Genome-wide linkage and association studies in healthy and affected populations provide chromosomal regions containing hundreds of polymorphisms that are potentially associated with certain genetic diseases [2]. These polymorphisms often implicate up to 300 genes, only a few of which may have a role in the manifestation of the disease. Investigation of that many candidates via sequencing is clearly an expensive task, thus not always a feasible option. Consequently, computational methods are primarily used to prioritize and identify the most likely disease-associated genes by utilizing a variety of data sources such as gene expression [3, 4] and functional annotations [5–7]. Protein-protein interactions provide an invaluable resource in this regard,

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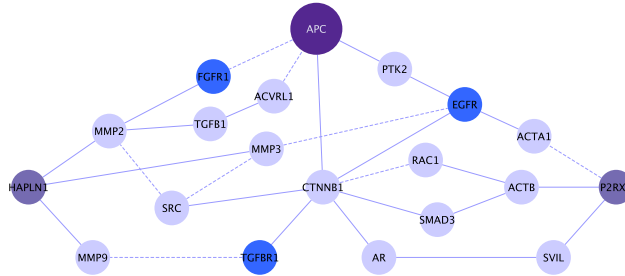
**Fig. 1.** Key principles in network-based disease gene prioritization. Nodes and edges respectively represent proteins and interactions. Seed proteins (proteins known to be associated with the disease of interest) are shown in light blue, proteins that are implicated to be associated with the same disease by the respective principle are shown in dark red, other proteins are shown in white. (a) *Network Connectivity* [3, 10–13] infers association of the red protein with the seed proteins because it interacts heavily with them. (b) *Information Flow* [14–17] infers association of the red protein with seed proteins because it exhibits crosstalk to them via indirect interactions through other proteins. (c) *Topological Similarity*, proposed in this paper, infers association of the red protein with the seed proteins because it (indirectly) interacts with a hub protein in a way topologically similar to them.

since they provide functional information in a network context and can be obtained at a large scale via high-throughput screening [8].

In the last few years, many algorithms have been developed to utilize protein-protein interaction (PPI) networks in disease gene prioritization [9–19]. These algorithms take as input a set of *seed proteins* (coded by genes known to be associated with the disease of interest or similar diseases), *candidate proteins* (coded by genes in the linkage interval for the disease of interest), and a network of interactions among human proteins. Subsequently, they use protein-protein interactions to infer the relationship between seed and candidate proteins and rank the candidate proteins according to these inferred relationships. The key ideas in network-based prioritization of disease genes are illustrated in Figure 1.

**Network connectivity is useful in disease gene prioritization.** Network-based analyses of diverse phenotypes demonstrate that products of genes that are implicated in similar diseases are clustered together into highly connected subnetworks in PPI networks [20, 21]. Here, the similarity between diseases refers to the similarity in clinical classification of diseases. Motivated by these observations, many studies search the PPI networks for interacting partners of known disease genes to narrow down the set of candidate genes implicated by GWAS [10–13] (Figure 1(a)). These algorithms are also extended to take into account the information provided by the genes implicated in diseases similar to the disease of interest [3].

**Information flow based methods take into account indirect interactions.** Methods that consider direct interactions between seed and candidate proteins do not utilize knowledge of PPIs to their full potential. In particular, they do not consider interactions among proteins that are not among the seed or candidate proteins, which might also indicate indirect functional relationships between candidate and seed proteins. For this reason, connectivity-based (“local”) methods are vulnerable to false negative and posi-



**Fig. 2.** Motivating example for using topological similarity to prioritize candidate disease genes. Two PPI subnetworks connecting key cancer driver genes, *APC-HAPLN1* ( $p < 0.0068$ ) and *APC-P2RX7* ( $p < 0.0212$ ), were found significant when bimodality of coexpression with proteomic targets were calculated [23]. Darker nodes represent proteins coded by genes that carry “driver mutations”. Blue nodes represent growth factor receptors (GFRs). Although *APC-HAPLN1* and *APC-P2RX7* do not directly interact or exhibit significant crosstalk with growth factors and products of driver genes, their relative locations with respect to these proteins exhibit similarities.

tive interactions [22]. *Information flow* based (“global”) methods ground themselves on the notion that products of genes that have an important role in a disease are expected to exhibit significant network crosstalk to each other in terms of the aggregate strength of paths that connect the corresponding proteins (Figure 1(b)). These methods include random walk with restarts [14, 15] and network propagation [16, 17], which significantly outperform connectivity based methods [9].

**Topological similarity indicates functional association.** Despite their differences, all network-based disease gene prioritization algorithms are based on a unique principle: the association between proteins is correlated with their connectivity/proximity in the PPI network. However, recent research also reveals that networks are organized into recurrent network schemes that underlie the interaction patterns among proteins with different function [24, 25]. A well-known network schema, for example, is a chain of membrane-bound receptors, protein kinases, and transcription factors, which serves as a high-level description of the backbone of cellular signaling. Dedicated mining algorithms identify more specific network schemes at a higher resolution, indicating that similar principles are used recurrently in interaction networks [26, 27]. Inspired by these results, in this paper, we develop a network-based disease gene prioritization algorithm that uses topological similarity to infer the association between seed and candidate proteins (Figure 1(c)). Below, we further motivate this approach with an example from the systems biology of cancer.

**Motivating example.** While the *APC* gene has been identified to be one of the most important genes that plays a role in the development of colorectal cancer, there are multiple proteins that work in parallel with *Apc* to create these cancers [28, 29]. Although the actual mechanisms of selection are not clear, it is known that, proteins that are not directly interacting with *APC*, and have similar functions in a cell, such as tumor sup-

pressor genes *PTEN* [30], *TRP53* [31] and *p21* [32] when mutated with *APC* increase the tumor burden. In a recent study, Bebek *et al.* [23] present a pipeline where bimodality of coexpression is used to prioritize proteomics targets identified in a mouse model of colorectal cancer. Some of the significant proteins identified are shown in Figure 2 in a PPI network. The identified targets *HAPLN1*, *P2RX7* (colored purple in the figure) are linked to growth factor receptors (GFRs) (*EGFR*, *TGFRI*, *FGFRI*, colored blue in the figure), but not connected to each other. As seen in the figure, similarities of these two proteomic targets in their function and role in disease are also reflected in their relative topology with respect to *APC* and growth factors.

**Contributions of this study.** We propose a topological similarity based disease gene prioritization scheme in this paper. For this purpose, we develop a measure of topological similarity among pairs of proteins in a PPI network and use the network similarity between seed and candidate proteins to infer the likelihood of disease association for the candidates. We present the proposed methods in Section 2. Systematic experimental studies using an integrated human PPI network and the Online Mendelian Inheritance (OMIM) database are presented in Section 3. These results show that the proposed algorithm, VAVIEN<sup>1</sup>, clearly outperforms state-of-the-art network based prioritization algorithms. We conclude our discussion in Section 4.

## 2 Methods

In this section, we first describe the disease gene prioritization problem within a formal framework. Subsequently, we formulate the concept of topological similarity of pairs of proteins in terms of their proximity to other proteins in the network. Finally, we discuss how topological similarity of proteins is used to prioritize candidate disease genes.

### 2.1 Disease Gene Prioritization Problem

Let  $D$  denote a disease of interest, which is potentially associated with various genetic factors (*e.g.*, sleep apnea, Alzheimer’s disease, autism). Assume that a genome-wide association study (GWAS) using samples from control and affected populations is conducted, revealing a linkage interval that is significantly associated with  $D$ . Potentially, such a linkage interval will contain multiple genes, which are all candidates for being mechanistically associated with  $D$  (*i.e.*, the mutation in a gene in the linkage interval might have a role in the manifestation of disease). This set of candidate genes, denoted  $\mathcal{C}$ , forms the input to the disease gene prioritization problem.

The aim of disease gene prioritization is to rank the genes in  $\mathcal{C}$  based on their potential mechanistic association with  $D$ . For this purpose, a set of genes that are already known to be associated with  $D$  or diseases similar to  $D$  is used (where similarity between diseases is defined phenotypically, *e.g.*, based on the clinical description of diseases). The idea here is that genes in  $\mathcal{C}$  that are mechanistically associated with  $D$  are likely to exhibit patterns of association with such genes in a network of PPIs. This set of genes is referred to as the seed set and denoted  $\mathcal{S}$ . Each gene  $v \in \mathcal{S}$  is assigned a disease-association score  $\sigma(v, D) \in (0, 1]$ , representing the known level of association

<sup>1</sup> From va-et-vient (*Fr.*); an electrical circuit in which multiple switches in different locations perform identical tasks (*e.g.*, control lighting in a stairwell from either end).

between  $v$  and  $D$ . The association score for  $v$  and  $D$  is set to 1 if it is a known association listed in OMIM database. Otherwise, it is computed as the maximum clinical similarity between  $D$  and any other disease associated with  $v$  [33] (a detailed discussion on computation of similarity scores can be found in [34]).

In order to capture the association of the genes in  $\mathcal{C}$  with those in  $\mathcal{S}$ , network-based prioritization algorithms utilize a network of known interactions among human proteins. The human protein-protein interaction (PPI) network  $\mathcal{G} = (\mathcal{V}, \mathcal{E}, w)$  consists of a set of proteins  $\mathcal{V}$  and a set of undirected interactions  $\mathcal{E}$  between these proteins, where  $uv \in \mathcal{E}$  represents an interaction between  $u \in \mathcal{V}$  and  $v \in \mathcal{V}$ . Since PPI networks are noisy and incomplete [35], each interaction  $uv \in \mathcal{E}$  is also assigned a confidence score representing the reliability of the interaction between  $u$  and  $v$  [25, 36, 37]. Formally, there exists a function  $w : \mathcal{E} \rightarrow (0, 1]$ , where  $w(uv)$  indicates the reliability of interaction  $uv \in \mathcal{E}$ .

In this paper, the reliability score is derived through a logistic regression model where a positive interaction dataset (MIPS Golden PPI interactions [38]) and a negative interaction dataset (Negatome [39]) are used to train a model with three variables: (i) co-expression measurements for the corresponding genes derived from multiple sets of tissue microarray experiments (normal human tissues measured in the Human Body Index Transcriptional Profiling (GEO Accession: GSE7307) [40]), (ii) the proteins' small world clustering coefficient, and (iii) the protein subcellular localization data of interacting partners [41]. Co-expression values are used since co-regulated genes are more likely to interact with each other than others [25, 36]. On the other hand, the network feature that we are extracting, the small world clustering coefficient, is a measure of connectedness. This coefficient shows how likely the neighbors (interacting peers) of a protein are neighbors of each other [42]. We also incorporate the protein subcellular localization data into the logistic model, since this would eliminate interactions among proteins that are not biologically significant [25]. The logistic regression model is trained on randomly selected 1000 positive and negative training data sets for 100 times and regression constants are determined to score each PPI.

Given  $\mathcal{S}$  and  $\mathcal{G}$ , network-based disease gene prioritization aims to compute a score  $\alpha(v, D)$  for each  $v \in \mathcal{C}$ , representing the potential association of  $v$  with disease  $D$ . For this purpose, we develop a novel method, VAVIEN, to rank candidate genes based on their topological similarity to the seed genes in  $\mathcal{G}$ .

## 2.2 Topological Similarity of Proteins in a PPI Network

Recent research shows that molecular networks are organized into functional interaction patterns that are used recurrently in different cellular processes [24, 26]. In other words, proteins with similar function often interact with proteins that are also functionally similar to each other [27]. Motivated by this observation, VAVIEN aims to assess the functional similarity between seed and candidate proteins based on their *topological similarity*, that is the similarity of their relative location with respect to other proteins in the network. For this purpose, we first define the topological profile of a protein in a PPI network.

**Topological profile of a protein.** For a given protein  $v \in \mathcal{V}$  and a PPI network  $\mathcal{G}$ , the *topological profile*  $\beta_v$  of  $v$  is defined as a  $|\mathcal{V}|$ -dimensional vector such that for each  $u \in$

$\mathcal{V}$ ,  $\beta_v(u)$  represents the proximity of protein  $v$  to protein  $u$  in  $\mathcal{G}$ . Clearly, the proximity between two proteins can be computed in various ways. A well-known measure of proximity is the shortest path (here, the most reliable path) between the two proteins, however, this method is vulnerable to missing data and noise in PPI networks [22]. A reliable measure of network proximity is effective conductance, which is based on a model that represents the network as an electrical-circuit. In this model, each edge is represented as a capacitor with capacitance proportional to its reliability score. Effective conductance can be computed using the inverse of the Laplacian matrix of the network, however, this computation is quite costly since it requires computation of the inverse of a sparse matrix [43]. Fortunately, however, computation of effective conductance and random walks in a network are known to be related [44] and proximity scores based on random walks can be computed efficiently using iterative methods.

VAVIEN computes the proximity between pairs of proteins using random walk with restarts [45, 46]. This method is used in a wide range of applications, including identification of functional modules [47] and modeling the evolution of social networks [48]. It is also the first information flow based method to be applied to disease gene prioritization [14, 15] and is shown to clearly outperform connectivity based methods.

Random walk with restarts computes the proximity between a protein  $v$  and all other proteins in the network as follows: A random walk starts at  $v$ . At each step, if the random walk is at protein  $u$ , it either moves to an interacting partner  $t$  of  $u$  (i.e.,  $ut \in \mathcal{E}$ ) or it restarts the walk at  $v$ . The probability  $P(u, t)$  of moving to a specific interacting partner  $t$  of  $u$  is proportional to the reliability of the interaction between  $u$  and  $t$ , i.e.,  $P(u, t) = w(ut)/W(u)$  where  $W(u) = \sum_{t': t'u \in \mathcal{E}} w(ut')$  is the weighted degree of  $u$  in the network. The probability of restarting at a given time step is a fixed parameter denoted  $r$ . After a sufficiently long time, the probability of being at node  $u$  at a random time step provides a measure of the proximity between  $v$  and  $u$ , which can be computed iteratively as follows:

$$x_v^{(k)} = (1 - r)Px_v^{(k-1)} + re_v. \quad (1)$$

Here  $x_v^{(k)}$  denotes a probability vector such that  $x_v^{(k)}(u)$  equals the probability of being at protein  $u$  at the  $k$ th iteration of the random walk,  $x_v^{(0)} = e_v$ , and  $e_v$  is the restart vector such that  $e_v(u) = 1$  if  $u = v$  and 0 otherwise. For a given value of  $r$ , the topological profile of protein  $v$  is defined as  $\beta_v = \lim_{k \rightarrow \infty} x_v^{(k)}$ .

Note that the concept of topological profile introduced here is not to be confused by the *gene closeness profile* used by the CIPHER algorithm for disease gene prioritization [18]. Here, topological profile is constructed using the proximity of a protein of interest to every other protein in the network. It is therefore a global signature of the location of the protein in the PPI network. In contrast, gene closeness profile is based only on the proximity of a protein of interest to proteins coded by known disease genes. Furthermore, the proposed algorithm is different from random walk based prioritization algorithms in that these algorithms score candidate proteins directly based on random walk proximity to seed proteins [15]. In contrast, VAVIEN uses random walk proximity as a feature to assess the topological similarity between seed and candidate proteins, which in turn is used to score candidate proteins. We now describe this approach in detail.

**Topological similarity of two proteins.** Let  $u$  and  $v \in \mathcal{V}$  denote two proteins in the network. The topological similarity of  $u$  and  $v$  is defined as

$$\rho(\beta_u, \beta_v) = \text{corr}(\beta_u, \beta_v) = \frac{\sum_{t \in \mathcal{V}} (\beta_u(t) - \frac{1}{|\mathcal{V}|})(\beta_v(t) - \frac{1}{|\mathcal{V}|})}{\sqrt{\sum_{t \in \mathcal{V}} (\beta_u(t) - \frac{1}{|\mathcal{V}|})^2} \sqrt{\sum_{t \in \mathcal{V}} (\beta_v(t) - \frac{1}{|\mathcal{V}|})^2}}, \quad (2)$$

where  $\text{corr}(X, Y)$  denotes the Pearson correlation coefficient of random variables  $X$  and  $Y$ . The idea behind this approach is that, if two proteins interact with similar proteins, or lay on similar locations with respect to hub proteins in the network, then their topological profiles will be correlated, which will be captured by  $\rho(\beta_u, \beta_v)$ .

### 2.3 Using Topological Similarity to Prioritize Candidate Genes

The core idea behind the proposed algorithm is that candidate genes whose products are topologically similar to the products of seed genes are likely to be associated with  $D$ . Based on this idea, we propose three schemes to prioritize candidate genes based on their topological similarity with seed genes. All of these schemes are implemented in VAVIEN.

**Prioritization based on average topological similarity with seed genes (ATS).** For each  $u \in \mathcal{C}$ , the topological profile vector  $\beta_u$  is computed using random walk with restarts. Similarly, topological profile vectors  $\beta_v$  of all genes  $v \in \mathcal{S}$  are computed separately. Subsequently, for each  $u \in \mathcal{C}$ , the association score of  $u$  with  $D$  is computed as the weighted average of the topological similarity of  $u$  with the genes in  $\mathcal{S}$ , where the contribution of each seed gene is weighted by its association with  $D$ , *i.e.*:

$$\alpha_{\text{ATS}}(u, D) = \frac{\sum_{v \in \mathcal{S}} \sigma(v, D) \rho(u, v)}{\sum_{v \in \mathcal{S}} \sigma(v, D)}. \quad (3)$$

**Prioritization based on topological similarity with average profile of seed genes (TSA).** Instead of computing the topological similarity for each seed gene separately, this approach first computes an average topological profile that is representative of the seed genes and computes the topological similarity of the candidate gene and this average topological profile. More precisely, the association score of  $u \in \mathcal{C}$  with  $D$  is computed as:

$$\alpha_{\text{TSA}}(u, D) = \rho(\beta_u, \bar{\beta}_{\mathcal{S}}), \quad (4)$$

where

$$\bar{\beta}_{\mathcal{S}} = \frac{\sum_{v \in \mathcal{S}} \sigma(v, D) \beta_v}{\sum_{v \in \mathcal{S}} \sigma(v, D)}. \quad (5)$$

**Prioritization based on topological similarity with representative profile of seed genes (TSR).** The random walk with restarts model can be easily extended to compute the proximity between a group of proteins and each protein in the network. This can be done by generalizing the random walk to one that makes frequent restarts at any of the proteins in the group. This is indeed the idea of disease gene prioritization using random walk with restarts [15]. This method is also useful for directly computing a representative topological profile for  $\mathcal{S}$ , instead of taking the average of the topological

profiles of the genes in  $\mathcal{S}$ . More precisely, for given seed set  $\mathcal{S}$  and association scores  $\sigma$  for all genes in  $\mathcal{S}$ , the proximity of the products of genes in  $\mathcal{S}$  to each protein in the network is computed by replacing the restart vector in Equation 1 with vector  $e_{\mathcal{S}}$  where

$$e_{\mathcal{S}}(t) = \frac{\sigma(t, D)}{\sum_{v \in \mathcal{S}} \sigma(v, D)}, \quad (6)$$

if  $t \in \mathcal{S}$  and  $e_{\mathcal{S}}(t) = 0$  otherwise. Then, the topological profile  $\beta_{\mathcal{S}}$  of  $\mathcal{S}$  is computed as  $\beta_{\mathcal{S}} = \lim_{k \rightarrow \infty} x^{(k)}$ . The random walk based approach to disease gene prioritization estimates the association of each candidate gene with the disease as the proximity between the product of the candidate gene and  $\mathcal{S}$  under this model, *i.e.*, it directly sets  $\alpha = \beta_{\mathcal{S}}$ . In contrast, we compute the association of  $u \in \mathcal{C}$  with  $D$  as

$$\alpha_{\text{TSR}}(u) = \rho(\beta_u, \beta_{\mathcal{S}}). \quad (7)$$

Once  $\alpha$  is computed using one of (3), (4), or (7), VAVIEN ranks the candidate genes in decreasing order of  $\alpha$ .

### 3 Results

In this section, we systematically evaluate the performance of VAVIEN in capturing true disease-gene associations using a comprehensive database of known disease-gene associations. We start by describing the datasets and experimental settings. Next, we analyze the performance of different schemes implemented in VAVIEN and the effect of parameters. Subsequently, we compare the performance of VAVIEN with three state-of-the-art network based prioritization algorithms.

#### 3.1 Datasets

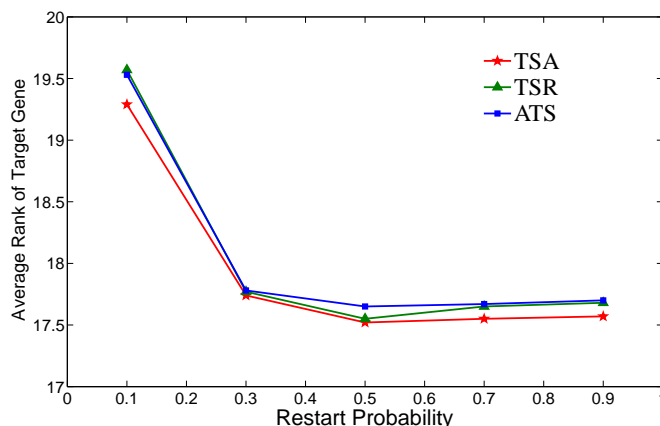
**Disease association data.** The Online Mendelian Inheritance in Man (OMIM) database provides a publicly accessible and comprehensive database of genotype-phenotype relationship in humans. We acquire disease-gene associations from OMIM and map the gene products known to be associated with disease to our PPI network. The dataset contains 1931 diseases with number of gene associations ranging from 1 to 25, average being only 1.31. Each gene  $v$  in the seed set  $\mathcal{S}$  is associated with the similarity score  $\sigma(v, D)$ , indicating the known degree of association between  $v$  and  $D$  as mentioned before.

**Human protein-protein interaction (PPI) network.** In our experiments, we use the human PPI data obtained from NCBI Entrez Gene Database [49]. This database integrates interaction data from several other databases available, such as HPRD, BioGrid, and BIND. After the removal of nodes with no interactions, the final PPI network contains 8959 proteins and 33528 interactions among these proteins. We assign reliability scores to these interactions using the methodology described in Section 2.1.

#### 3.2 Experimental Setting

In order to evaluate the performance of different methods in prioritizing disease-associated genes, we use leave-one-out cross-validation. For each gene  $u$  that is known to be associated with a disease  $D$  in our dataset, we conduct the following experiment:





**Fig. 3.** The performance of the three prioritization algorithms implemented in VAVIEN as a function of the restart probability used in computing proximity via random walk with restarts. The performance here is measured in terms of the average rank of the target gene among 100 candidate genes, a lower value indicating better performance.

- We remove  $u$  from the set of genes known to be associated with  $D$ . We call  $u$  the *target gene* for that experiment. The remaining set of genes associated with  $D$  becomes the seed set  $\mathcal{S}$ .
- We generate an artificial linkage interval, containing the target gene  $u$  with other 99 genes located nearest in terms of genomic distance. The genes in this artificial linkage interval (including  $u$ ) compose the candidate set  $\mathcal{C}$ .
- We apply each prioritization algorithm to obtain a ranking of the genes in  $\mathcal{C}$ .
- We assess the quality of the ranking provided by each algorithm using the evaluation criteria described below.

**Evaluation criteria.** We first plot ROC (precision vs. recall) curves, by varying the threshold on the rank of a gene to be considered a “predicted disease gene”. *Precision* is defined as the fraction of true disease genes among all genes ranked above the particular threshold, whereas *recall* is defined as the fraction of true disease genes identified (ranked above the threshold) among all known disease genes. Note that, this is a conservative measure for this experimental set-up since there exists only one true positive (the target gene) for each experiment. For this reason, we also compare these methods in terms of the *average rank* of the target gene among 100 candidates, computed across all disease-gene pairs in our experiments. Clearly, lower average rank indicates better performance. Finally, we report the percentage of true disease genes that are ranked as one of the genes in the *top 1%* (practically, the top gene) and also in the *top 5%* among all candidates.

### 3.3 Performance Evaluation

**Performance of methods implemented in VAVIEN and the effect of restart parameter.** We compare the three different algorithms (ATS, TSA and TSR) implemented in

VAVIEN in Figure 3. Since the topological profile of a protein depends on the restart probability (the parameter  $r$ ) in the random walk with restarts, we also investigate the effect of this parameter on the performance of algorithms. In the figure, the average rank of the target gene among 100 candidate genes is shown for each algorithm as a function of restart probability. As seen in the figure, the three algorithms deliver comparable performance. However, TSA, which makes use of the average profile of seed genes to compute the topological similarity of the candidate gene to seed genes achieves the best performance. Furthermore, the performance of all algorithms implemented in VAVIEN appears to be robust to the selection of parameter  $r$ , as long as it is in the range  $[0.3 - 0.9]$ . In our experiments, we set  $r = 0.5$  and use TSA as the representative algorithm since this combination provides the best performance.

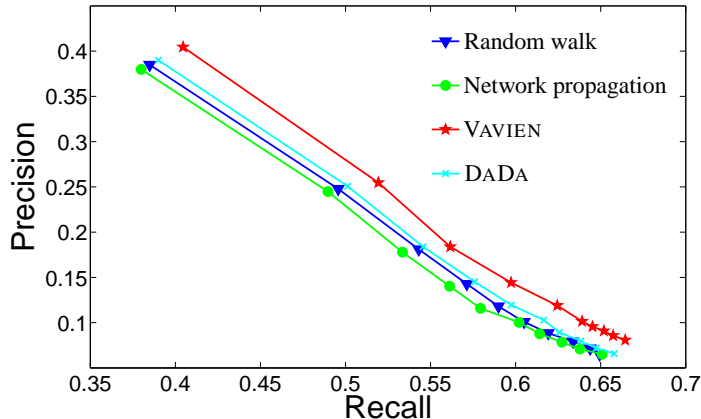
**Performance of VAVIEN compared to existing algorithms.** We also evaluate the performance of VAVIEN in comparison to state-of-the-art algorithms for network-based disease gene prioritization. These algorithms are the following:

- *Random walk with restarts*: This algorithm prioritizes candidate genes based on their proximity to seed genes, using a random walk with restarts model, i.e.,  $\alpha$  is set to  $\beta_S$  [15].
- *Network prioritization*: This algorithm is very similar to random walk with restarts, with one key difference. In network prioritization, the stochastic matrix in (1) is replaced with a flow matrix in which both the incoming and outgoing flow to a protein is normalized (i.e.,  $P(u, t) = w(ut) / \sqrt{W(u)W(t)}$  in network propagation) [16].
- *Information flow with statistical correction*: Based on the observation that the performance of information flow based algorithms (including random walk with restarts and network propagation) depend on network degree, this algorithm applies statistical correction to the random walk based association scores based on a reference model that takes into account the degree distribution of the PPI network [33].

While software implementing these algorithms are available (e.g., PRINCE [16] implements network propagation, DADA [50] implements statistical correction), we here report results based on our implementation of each algorithm. We implement all algorithms using identical settings for data integration and incorporation of disease similarity scores, differing from each other only in how network information is utilized in computing disease association scores. The objective of this approach to provide a setting in which the algorithmic ideas can be directly compared, by removing the influence of implementation details and datasets used. It should be noted, however, that the performance of these algorithms could be better than the performance reported here if available software and/or different PPI datasets are used.

The ROC curves for the three existing methods and VAVIEN are shown in Figure 4, demonstrating the relationship between precision and recall for each algorithm. Other performance measures for all methods are listed in Table 1. As seen in both the figure and the table, VAVIEN clearly outperforms all of the existing algorithms in ranking candidate disease genes. In particular, it is able to rank 40% of true disease genes as the top candidate among 100 candidates and it ranks 62% of true disease genes in the top 5% of all candidates.

Information flow based algorithms are previously shown to be biased with respect to the degree of the target genes [33]. In other words, these methods work poorly in iden-



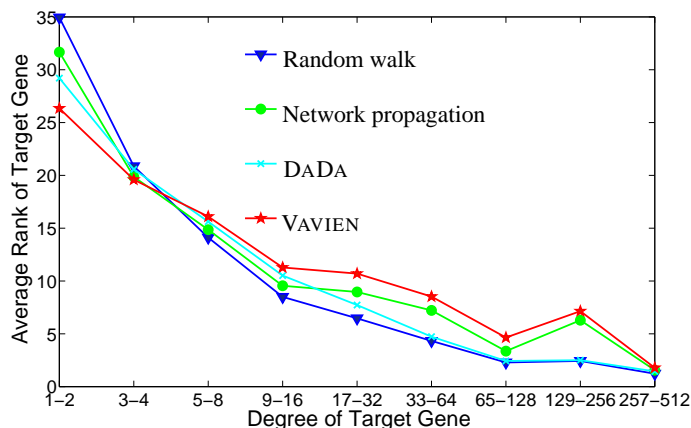
**Fig. 4.** ROC curves comparing the performance of the proposed method with existing information-flow based algorithms.

tifying loosely connected disease genes. Previous efforts reduce this bias to a certain extent by introducing several statistical correction schemes [33]. Motivated by these observations, we here investigate the effect of the bias introduced by degree distribution on the performance of different algorithms. The results of these experiments are shown in Figure 5. In this figure, the change on the performance (average rank of the target gene) of different methods is plotted with respect to the degree of the target gene. As clearly seen, VAVIEN is the algorithm that is affected least by this bias and it outperforms other methods in identifying loosely connected disease genes. It is particularly impressive that VAVIEN’s performance is less affected by degree distribution as compared to DADA, since DADA is designed explicitly with the purpose of removing the effect of network degree.

As argued in the previous sections, information flow based proximity and topological similarity capture different aspects of the relationship between functional association and network topology. Consequently, we expect that the proposed topological similarity and information flow based algorithms will be successful in identifying different

**Table 1.** Comparison of VAVIEN with existing algorithms for network-based disease gene prioritization. VAVIEN outperforms state-of-the-art information flow based algorithms with respect to all performance criteria.

METHOD	Avg. Rank	Ranked in top 1%	Ranked in top 5%
VAVIEN	17.52	40.48	62.46
Random walk	18.58	38.42	59.01
Network propagation	18.28	37.97	57.96
Random walk with statistical correction	17.86	39.41	59.76

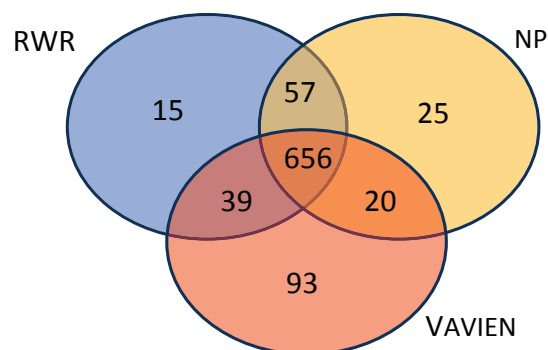


**Fig. 5.** Relation between the degree of target disease gene and its corresponding rank among 100 candidates for VAVIEN and existing algorithms.

disease associated genes. In order to investigate whether this is the case, we compare target genes that are correctly identified as the true disease gene by each algorithm. These results are shown by a Venn diagram in Figure 6. In this figure, each value represents the number of true disease genes that are ranked 1st among 100 candidates by the corresponding algorithm(s). Among 1996 disease-gene associations, VAVIEN is able to rank the true candidate first in 808 of the cases. 93 of these genes are not ranked as the top candidate by neither random walk with restarts nor network propagation. On the other hand, the number of true candidates that are uniquely identified by each of the other two algorithms is lower (15 for random walk with restarts, 25 for network propagation), demonstrating that VAVIEN is quite distinct in its approach and it is more powerful in extracting information that is missed by other algorithms. Furthermore, the 93 candidates uniquely identified by VAVIEN mostly code for loosely connected proteins (with 67 of them having  $\leq 5$  known interactions). This observation supports our claim that VAVIEN is indeed less effected by the bias introduced by degree distribution, as compared to information flow based network proximity.

## 4 Conclusion

In this paper, we present an algorithm, called VAVIEN, for harnessing the topological similarity of proteins in a network of interactions to prioritize candidate disease-associated genes. After investigating the performance of the three schemes implemented in VAVIEN with respect to the restart parameter, we conduct a comprehensive set of experiments on OMIM data and show that VAVIEN outperforms existing information flow based models, as well as their statistically adjusted version, in terms of ranking the true disease gene highest among other candidate genes. These results demonstrate that in addition to the connectivity patterns in PPI networks, topological patterns in these networks are also useful in generating novel insights into systems bi-



**Fig. 6.** Venn Diagram comparing the true disease genes ranked by each method as the most likely candidate. The sets labeled RWR, NP, and VAVIEN represent the set of true disease genes that are ranked top by random walk with restarts, network propagation, and topological similarity, respectively. Each number in an area shows the number of true candidates in that set (*e.g.*, 20 true disease genes were ranked top by network propagation and VAVIEN, but not random walk with restarts).

ology of complex diseases. VAVIEN is available online as a web service at <http://www.diseasegenes.org>.

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