1 Article
2

3 **LIGHTHOUSE illuminates therapeutics for a variety of diseases**
4 **including COVID-19**
5

6 Hideyuki Shimizu,[1,2,3,4,*] Manabu Kodama,[1] Masaki Matsumoto,[5] Yasuko Orba,[6]
7 Michihito Sasaki,[6] Akihiko Sato,[6,7] Hirofumi Sawa,[6,8,9,10] and Keiichi I.
8 Nakayama[1,11*]
9

[1]Department of Molecular and Cellular Biology, Medical Institute of Bioregulation,
Kyushu University, Fukuoka 812-8582, Japan
[2]Department of Systems Biology, Harvard Medical School, Boston, MA 02115,
USA
[3]Wyss Institute for Biologically Inspired Engineering, Harvard Medical School,
Boston, MA 02115, USA
[4]Department of AI Systems Medicine, M&D Data Science Center, Tokyo Medical
and Dental University, Tokyo 113-8510, Japan
[5]Department of Omics and Systems Biology, Niigata University Graduate School
of Medical and Dental Sciences, Niigata 951-8510, Japan
[6]Division of Molecular Pathobiology, International Institute for Zoonosis Control,
Hokkaido University, Sapporo 060-8638, Japan
[7]Drug Discovery and Disease Research Laboratory, Shionogi & Co. Ltd., Osaka
561-0825, Japan
[8]International Collaboration Unit, International Institute for Zoonosis Control,
Hokkaido University, Sapporo 060-8638, Japan
[9]One Health Research Center, Hokkaido University, Sapporo 060-8638, Japan
[10]Global Virus Network, Baltimore, MD 21201, USA
[11]Lead contact
29

30 *Correspondence: h_shimizu.dsc@tmd.ac.jp (H.S.) or
31 nakayak1@bioreg.kyushu-u.ac.jp (K.I.N.)
32

SUMMARY

One of the bottlenecks in the application of basic research findings to patients is the enormous cost, time, and effort required for high-throughput screening of potential drugs for given therapeutic targets. Here we have developed LIGHTHOUSE, a graph-based deep learning approach for discovery of the hidden principles underlying the association of small-molecule compounds with target proteins. Without any 3D structural information for proteins or chemicals, LIGHTHOUSE estimates protein-compound scores that incorporate known evolutionary relations and available experimental data. It identified novel therapeutics for cancer, lifestyle-related disease, and bacterial infection. Moreover, LIGHTHOUSE predicted ethoxzolamide as a therapeutic for coronavirus disease 2019 (COVID-19), and this agent was indeed effective against alpha, beta, gamma, and delta variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that are rampant worldwide. We envision that LIGHTHOUSE will bring about a paradigm shift in translational medicine, providing a bridge from bench side to bedside.

KEYWORDS

Artificial intelligence, drug discovery, drug repurposing, COVID-19

INTRODUCTION

Despite enormous efforts to eradicate serious medical conditions such as cancer and infectious diseases, the translation of innovative research results into clinical practice progresses slowly,[1] leaving a large gap between bench side and bedside. The difficulty in identifying bioactive chemicals for a given target protein is one reason for this slow progress, with high-throughput screening (HTS) of a sufficiently diverse compound library being required for each target. About 10^{60} natural compounds with a molecular mass of <500 Da are thought to exist,[2] but HTS in most cases has been performed with only ~10^6 compounds. Over the past few decades, molecular docking simulations have become widely adopted to reduce the cost, time, and effort required for HTS. This approach has been successful for some proteins whose crystal structures have been solved. More recently, with the advent of AlphaFold2,[3] the ability to predict protein structures has been greatly improved, but it remains difficult to identify pockets of proteins that are potential drug targets and drug discovery without three-dimensional (3D) structural information therefore remains a challenge. Given that high-resolution 3D structural data are not available for most proteins to date and the high computational requirements of molecular docking simulations, the application of this approach has been limited.

Recent advances in artificial intelligence (AI) have demonstrated its potential in the pharmaceutical industry.[4] Although many AI-based drug discovery methods have been proposed, they have had limited success in translational medicine. Whereas some studies have presented AI models with biological validation experiments,[5] many others have performed only computer-based validation without proof-of-concept biomedical experiments.[6–8] In addition, most platforms to date have been trained with small data sets, such as Directory of Useful Decoys Enhanced (DUD-E), that have known biases[9] and are far from reflecting real-world data. Furthermore, many existing methods are based on a single network structure, whereas ensemble learning, which combines multiple network structures with different properties, might be expected to be more accurate and appropriate for AI-based drug discovery.[10] As far as we are aware, no published study has described the discovery and validation of therapeutics for multiple human diseases based on the use of a single AI platform.

With this background, we have developed a new AI-based drug discovery platform, designated LIGHTHOUSE (Lead Identification with a

GrapH-ensemble network for arbitrary Targets by Harnessing Only Underlying

primary SEquence), an ensemble, end-to-end, graph-based deep learning tool

that can predict chemicals able to interact with any protein of interest without 3D

structural information. We have applied LIGHTHOUSE to malignant, infectious,

and metabolic diseases. In addition, we show that LIGHTHOUSE successfully

discovered a drug effective against wild-type and variant forms of severe acute

respiratory syndrome coronavirus 2 (SARS-CoV-2), with this drug already

having been approved for other purposes. We therefore believe that

LIGHTHOUSE will promote drug discovery by identifying, from the vast chemical

space, candidate compounds for a given protein with a reduced cost, time, and

effort and with a wide range of potential biomedical applications.

RESULTS

LIGHTHOUSE predicts confidence and IC$_{50}$-related scores for any

protein-chemical pair

We developed an end-to-end framework that relies on a message passing

neural network (MPNN) for compound embedding[11] to calculate scores for the

association between any protein and any chemical. This chemical encoder takes

simplified molecular-input line-entry system (SMILES) chemical encoding as

input, considers the compounds as (mathematical) graph structures, and

transforms them into low-dimensional vector representations. We adopted three

different embedding methods for protein sequences: CNN (convolutional neural

network),[6] Transformer,[12] and AAC (amino acid composition up to 3-mers).[13]

These methods take amino acid sequences and embed them in numerical

vectors that take into account nearby (CNN) or distant (Transformer) sequences

or physicochemical properties (AAC). The products of these chemical and

protein encoding steps are then concatenated and entered into a feed-forward

dense neural decoder network. Each chemical-protein pair is converted into a

single score after this series of computations (Figure 1A). We used this

architecture to estimate both the confidence level for chemical-protein pairs and

their median inhibitory concentration (IC$_{50}$) values.

To train the platform to estimate confidence, we used ~1.3 million

compound–(human) protein interactions (CPIs) stratify-sampled from STITCH

(Table S1), which is one of the largest CPI databases[14] and registers

compound-protein pairs together with confidence scores. These scores are

based on experimental data, evolutionary evidence such as homologous protein

and compound relations, and co-occurrence frequencies in literature abstracts

(scores range from 0 to 1, with 1 being the most reliable). To avoid overfitting,

we randomly divided the overall data into training (80%), validation (10%), and

test (10%) data sets (Figure S1A).

We fed the network with protein primary structures and chemicals and

trained it to output the scores from the STITCH training data set (Figure 1B).

When we trained the three models (CNN, AAC, and Transformer for protein

encoders) separately, the mean squared error (MSE) for the validation data was

gradually decreased, and the area under the receiver operating characteristic

curve (AUROC) was also improved (Figures S1B–S1G). These findings

indicated that our AI models learned the approximation of the hidden 1D relation

underlying the compound-protein pairs without overfitting the training data. We

examined the performance of the models with the test data set at the end of the

training and (epoch-wise) validation phases, and we discovered that the AUROC

for all three models was >0.80 (Table S2). These scores are equivalent to or

better than those of cutting-edge 3D docking simulations.[15–17] It is of note that

our AI models can be applied to proteins for which 3D structural information is

not available. We took the harmonic mean of the three scores to define the

confidence score (Figure 1B).

We also trained the models to predict scores based on IC_{50} values. For

this purpose, we used data from BindingDB,[18] which collects a variety of

experimental findings, and we divided the data into training (80%), validation

(10%), and test (10%) data sets (Figure S2A). The same architecture was

adopted to train the AI models to predict scaled IC_{50} values (Figure 1C), yielding

an interaction score, and we confirmed that the models adequately learned how

to predict IC_{50} from amino acid sequence–chemical pairs (Figures S2B–S2G).

Finally, we assessed the performance of the models with undisclosed test data,

finding that they performed well in predicting IC_{50} (Table S3).

***In silico* verification of LIGHTHOUSE**

We next evaluated the performance of LIGHTHOUSE in terms of its ability to

predict known CPIs. We generated two data sets from STITCH test data: a

"Positive" data set consisting of reliable CPIs (STITCH confidence score of >0.9),

and a "Negative" data set consisting of CPIs with the lowest confidence scores

(<0.2). Calculation by LIGHTHOUSE of the confidence scores for both data sets

revealed that those for the "Positive" data set were heavily skewed toward 1,

whereas those for the "Negative" data set were almost all <0.5 (Figure 2A).
Receiver operating characteristic (ROC) curve analysis showed that the two
data sets could be distinguished on the basis of their LIGHTHOUSE confidence
scores (Figure 2B). Given that the STITCH database used for the training of
LIGHTHOUSE relies not only on experimental CPI data but also on
co-appearance of chemicals and proteins in the literature, some well-studied
molecules, such as ATP, have high values even in the "Negative" data set.
Despite the presence of such false positives, LIGHTHOUSE proved to be
effective in predicting the degree of association between protein-chemical pairs
solely on the basis of protein primary structure. Removal of molecules smaller
than a molecular mass of 200 or 350 Da did not affect the performance of
LIGHTHOUSE (Figures S3A–S3D). Furthermore, we also modeled IC_{50} data
from BindingDB, which is derived from actual bioassays. We found that the
predicted value and observed value correlate well in the BindingDB test data set
(Figure S3E).
We next validated the effectiveness of LIGHTHOUSE for well-studied
compound-protein pairs. LIGHTHOUSE yielded high confidence scores for
adrenergic receptors (α1, α2, β1, β2, and β3) and epinephrine (Figure 2C).
Histamine receptors are classified into four subtypes,[19] with HRH1 and HRH2
being targets of antiallergy and antiulcer drugs, respectively. LIGHTHOUSE
predicted that the HRH1 antagonist fexofenadine would associate to a greater
extent with HRH1 than with HRH2, whereas the HRH2 inhibitor famotidine would
associate to a greater extent with HRH2 than with HRH1 (Figure 2D). These
results suggested that LIGHTHOUSE is able to accurately discriminate receptor
subtype–level differences solely on the basis of amino acid sequences.
LIGHTHOUSE also proved informative both for macrocyclic chemicals
such as rapamycin, yielding a high confidence score for this drug and
mechanistic target of rapamycin (MTOR) (Figure 2E), as well as for peptide
drugs such as bortezomib (used for treatment of multiple myeloma), leuprorelin
(hormone-responsive cancers), and semaglutide (type 2 diabetes) (Figure 2F),
yielding high confidence scores for these drugs and their known targets:
proteasome subunit PSMB1,[20] gonadotropin-releasing hormone receptor
(GNRHR),[21] and glucagon-like peptide–1 (GLP-1) receptor (GLP1R),[22]
respectively. Given the rapidly growing demand for peptide drugs,[23]
LIGHTHOUSE will prove useful for the development of novel peptide
therapeutics for a variety of promising targets.

We also applied LIGHTHOUSE to five drugs that were approved by the
U.S. Food and Drug Administration (FDA) in 2020 but which had not yet been
registered in the STITCH database. LIGHTHOUSE successfully predicted the
association between these new drugs and their target proteins (Figure 2G),
indicating the expandability of LIGHTHOUSE to a much larger exploration space
than that encompassed by STITCH. This series of findings thus demonstrated
the ability of LIGHTHOUSE to discover new drugs for a broad spectrum of
diseases.
206
LIGHTHOUSE discovers an inhibitor of PPAT, a key metabolic enzyme for
cancer treatment
We investigated whether LIGHTHOUSE can identify compounds for novel and
potentially important therapeutic targets. As such a target, we chose
phosphoribosyl pyrophosphate amidotransferase (PPAT), a rate-limiting enzyme
in the *de novo* nucleotide synthesis pathway, given that its expression is most
correlated among all metabolic enzymes with poor prognosis in various human
cancers and that its depletion markedly inhibits tumor growth[24]. Although no
PPAT inhibitor has been developed and the 3D structure of the protein has not
been solved, we attempted to discover an inhibitor for PPAT by LIGHTHOUSE
solely on the basis of its amino acid sequence. We virtually screened ~10^9
commercially available compounds in the ZINC database[25] (Figure S4). To
reduce the calculation time (the MPNN_CNN model took 3 months to screen
~10^9 compounds in the Google Colab Pro environment; Ubuntu 18.04.5 LTS,
Intel Xeon CPU @ 2.30 GHz, Memory 25 GB, GPU Tesla P100 16 GB), we
adopted a step-by-step application of LIGHTHOUSE (Figure 3A). The
MPNN_CNN model excluded most of the chemicals unrelated to PPAT, with
only 2.41% of the starting compounds having a score of >0.5 in this initial
screening (Figure 3B). The selected compounds were then processed by the
MPNN_AAC and MPNN_Transformer models, which reduced the number of
candidate chemicals to 0.0356% of the initial compounds. We also calculated
interaction scores by LIGHTHOUSE and visualized them in a 2D plot (Figure 3C,
left). The best candidates would be expected to have high confidence and
interaction scores, appearing in the upper right corner of the plot. Indeed, this
criterion was met by several well-known drug-target combinations (Figure 3C,
right).

Among the >333,000 final compounds, the candidate PPAT inhibitor with the highest confidence score was ZINC8551105 (riboflavin 5′-monophosphate), with a predicted IC_{50} of 1 to 10 µM (Figure 3D). We performed a biochemical assay to test this prediction and found that riboflavin 5′-monophosphate indeed markedly inhibited PPAT activity with an actual IC_{50} of 7.5 µM (Figure 3E). This compound, discovered by LIGHTHOUSE solely on the basis of the PPAT amino acid sequence, is thus a potential lead compound for the development of new therapeutics targeted to a variety of cancers. It is also of note that we tested only this compound, so other top candidates might also inhibit PPAT activity.

LIGHTHOUSE identifies an inhibitor of drug-resistant bacterial growth

Bacterial infections pose a clinical problem worldwide, especially in developing countries, and the emergence of drug-resistant bacterial strains as a result of the overuse of antibiotics has exacerbated this problem. β-Lactamase enzymes produced by antibiotic-resistant bacteria[26] target the β-lactam ring of antibiotics of the penicillin family. We therefore applied LIGHTHOUSE to search for antibiotics not dependent on β-lactam structure.

LIGHTHOUSE predicted that pyridoxal 5'-phosphate might associate with penicillin binding proteins such as PBP2 (*mrdA*), PBP3 (*ftsI*), and PBP5 (*dacA*), all of which are essential for cell wall synthesis in *Escherichia coli*[27] (Figure 4A). This compound indeed suppressed the growth of wild-type *E. coli* strain JM109 in a concentration-dependent manner (Figure 4B). Importantly, pyridoxal 5'-phosphate also markedly inhibited the growth of an ampicillin-resistant *E. coli* transformant that produces β-lactamase (Figure 4C). These results thus suggested that, even though it was trained with human proteins, LIGHTHOUSE can also be applied to nonhuman (even bacterial) proteins.

LIGHTHOUSE informs optimization of lead compounds

Diabetes mellitus is also a serious public health concern, with the number of affected individuals expected to increase markedly in the coming decades.[28] Dipeptidyl peptidase–4 (DPP-4) cleaves and inactivates the incretin hormones GLP-1 and glucose-dependent insulinotropic polypeptide (GIP), and DPP-4 inhibitors are a new class of antidiabetes drug.[29] Given that LIGHTHOUSE also predicts interaction scores, we examined whether it might also contribute to the

optimization step of drug development. Indeed, LIGHTHOUSE accurately
predicted the rank order of potency for several recently identified DPP-4 inhibitor
derivatives[30] (Figure 5A). Furthermore, LIGHTHOUSE predicted that removal of
the phosphate group would reduce the inhibitory potency of riboflavin
5′-monophosphate for PPAT (Figure 3E), and this prediction was confirmed
correct by the finding that the IC_{50} value was increased from 7.5 to 49.9 μM
(Figure 5B). These data suggested the possibility that LIGHTHOUSE is capable
of predicting activity cliffs.
LIGHTHOUSE is also able to estimate the effect of point mutations on
CPIs. For example, the T315I mutation of ABL1 in leukemia cells reduces the
efficacy of imatinib,[31] and LIGHTHOUSE accurately predicted the effect of this
mutation (Figure 5C). LIGHTHOUSE is able to provide such insight from only
wild-type amino acid sequences, given the lack of variant information in the
original training data set. Our results suggest that LIGHTHOUSE is able to
predict the effects of small changes in protein or chemical structure, and that this
will be the case even if such variants do not exist in nature.
285
LIGHTHOUSE identifies potential on- and off-targets of given compounds
Opposite to the mode of drug discovery for a given protein, LIGHTHOUSE might
also be able to identify proteins as potential on- or off-targets for a given
compound. To verify this notion, we examined statins, which are HMG-CoA
reductase inhibitors widely administered for the treatment of hyperlipidemia.
Epidemiological studies have shown that statins not only lower cholesterol,
however, but also have effects on cancer, although the target molecules for
these effects have remained unclear.[32] We therefore applied LIGHTHOUSE to
three representative statins (atorvastatin, cerivastatin, and fluvastatin) and
computed confidence scores for all human protein-coding genes (Figures 6A
and 6B, Table S4). We then sorted the genes on the basis of these confidence
scores and performed Kyoto Encyclopedia of Genes and Genomes (KEGG)
pathway enrichment analysis for the top 500 potential statin targets. In addition
to lipid-related pathways such as atherosclerosis and fatty liver, "pathways in
cancer" was one of the most enriched KEGG pathways (Figure 6C), consistent
with previous findings.[33–36] Potential targets of statins for cancer treatment
identified by LIGHTHOUSE included STAT3, CCND1, AKT1, and CCL2 (Figure
6D).

Given that side effects of drugs often manifest in organs that express
target proteins, we hypothesized that LIGHTHOUSE might be able to identify
which organs are at risk of damage from a given drug. We performed another
enrichment analysis for the same top 500 potential statin target genes to
determine which organs or cell types preferentially express these genes. The top
three candidates were the liver, adipocytes, and lung (Figure 6E), consistent
with the liver being the primary site of statin metabolism and interstitial
pneumonia being one of the most severe side effects of statins.[37] Prediction of
potential target proteins for a given drug by LIGHTHOUSE will thus provide
insight into which organs warrant close monitoring by physicians during
treatment with the drug, especially in first-in-human clinical trials.
315

LIGHTHOUSE identifies novel potential therapeutics for COVID-19
SARS-CoV-2 emerged at the end of 2019 and has caused a pandemic of
infectious pulmonary disease, COVID-19.[38] We noticed that genes whose
expression is up-regulated after SARS-CoV-2 infection[39–41] were enriched in the
list of potential statin targets identified by LIGHTHOUSE (Figure 7A). Indeed,
previous studies have shown that statins prevent exacerbation of COVID-19.[42,43]
With this finding that LIGHTHOUSE is also effective for COVID-19 drug
discovery, we applied it to the virtual screening of ~10,000 approved drugs,
given that drug repurposing may allow faster delivery of effective agents to
patients in need. We calculated scores for angiotensin-converting enzyme 2
(ACE2), which is targeted by SARS-CoV-2 for infection of host cells,[44] and the
top drug candidate, ethoxzolamide, was selected for validation analysis (Figure
7B). Immunocytofluorescence analysis revealed that ethoxzolamide blocks
proliferation of SARS-CoV-2 in Vero-TMPRSS2 cells (Figure 7C). Furthermore,
ethoxzolamide was effective against not only the wild-type virus but also the
alpha, beta, gamma, and delta variants. It thus rescued virus-challenged cells in
a concentration-dependent manner without affecting noninfected cells (median
cytotoxicity concentration > 50 μM) (Figures 7D and 7E, Figure S5, Table S5),
and it reduced the virus load present in the culture supernatant of the cells
(Figures 7F and 7G, Figure S6). Ethoxzolamide is approved for the treatment of
seizures and glaucoma,[45,46] and its pharmacodynamics are therefore known. It is
therefore immediately available for repurposing for the treatment of patients with
COVID-19, with its further optimization having the potential to save many lives.
We tested another 11 drugs and found another 2 compounds that also inhibited

SARS-CoV-2 infection (Table S6). This high hit rate of 25% (3 hits in 12

compounds) shows the potential power of LIGHTHOUSE for drug repositioning.

LIGHTHOUSE architecture outperforms state-of-the-art methods

We showed that LIGHTHOUSE is capable of finding lead compounds for a

variety of diseases as confirmed by biomedical validation experiments. We

finally compared the performance of LIGHTHOUSE with that of similar existing

methods. To ensure a fair comparison, we used DUD-E data as were used in

previous studies.[7,47] In brief, we randomly split DUD-E data (102 target proteins)

into training (72 proteins) and test (30 proteins) data and then trained the

LIGHTHOUSE architecture with the DUD-E training data for classification of

compounds as active or decoy with regard to the protein in question. After this

training, we examined LIGHTHOUSE performance with the DUD-E test data

(Figure S7A). Of note, we used only amino acid sequences of the proteins for

training and evaluation of LIGHTHOUSE, even though DUD-E provides

structural data (as PDB files) for proteins. In addition, we used the balanced data

set of DUD-E—the training samples comprise 22,886 active (positive) and

22,886 decoy (negative) samples—as in a previous study.[7] LIGHTHOUSE

yielded an AUROC for the DUD-E test data of 0.956 (Figure S7B), which was

higher than the values produced by state-of-the-art methods including

3D-CNN,[48] AtomNet,[47] and the method described by Tsubaki et al.[7] (Figure

S7C).

For further comparison of LIGHTHOUSE with the second best method,

we downloaded CPI data for human and *Caenorhabditis elegans* from the

Github repository of Tsubaki et al.[7] Both of these data sets were generated

previously.[49] Similar to Tsubaki et al., we retrained the LIGHTHOUSE

architecture with these training data, and we found that LIGHTHOUSE

outperformed this other method on the basis of both AUROC and F1 metrics

(Table S7). These bodies of evidence thus show that LIGHTHOUSE is one of

the best architectures for drug discovery available to date.

DISCUSSION

Although recent advances in biological and medical research have uncovered

various proteins as promising therapeutic targets in a variety of diseases, the

clinical application of these research findings has been limited because of the

difficulty in identifying therapeutic chemicals for these targets in a cost-effective

and high-throughput manner. Acquisition of 3D structural data for target proteins

has been labor-intensive, and processing of such data requires a huge amount

of computer capacity and time, resulting in a delay in the translation of research

findings from the laboratory to the clinic. We have now shown that

LIGHTHOUSE facilitates the identification, from a vast chemical space, of

candidate compounds for given target proteins solely on the basis of the primary

structure of these proteins. Furthermore, the AUROC for LIGHTHOUSE is

equivalent to or better than that for state-of-the-art 3D docking simulation

methods as well as for other AI methodologies.

We have applied LIGHTHOUSE to attractive targets for various

diseases, including cancer, bacterial infection, metabolic diseases, and

COVID-19, with some of the suggested chemicals being determined

experimentally to be effective for inhibition of the corresponding targets. The

actual targets of identified compounds require further biological investigation,

especially in the case of pyridoxal 5'-phosphate and PBPs. As for ethoxzolamide,

we attempted to obtain clinical evidence in support of its effectiveness against

COVID-19. However, ethoxzolamide is an old drug and is essentially no longer

prescribed as a result of the development of more potent agents such as

acetazolamide. We were therefore not able to find data to address whether

COVID-19 patients taking ethoxzolamide have a better clinical outcome.

The hit compounds themselves identified in the present study are not

sufficient for immediate clinical use. LIGHTHOUSE can be applied not only for

the identification of lead compounds but also for their subsequent optimization,

which requires extensive work to identify more potent and specific or less toxic

derivatives. One promising method to support such optimization is to apply

LIGHTHOUSE and either reinforcement learning[50] (Figure S8) or

Metropolis-Hasting (MH) approaches together. Virtual libraries can be generated

from identified lead compounds in an intensive manner with the use of

sophisticated chemoinformatics algorithms such as RECAP (Retrosynthetic

Combinatorial Analysis Procedure).[51] LIGHTHOUSE can score the generated

virtual compounds and help to narrow down the candidates with better scores

than the original hit compound. Select candidates can then be synthesized in

collaboration with organic chemists and their effects tested. Given the recent

success of the MH approach in various life science fields,[52,53] LIGHTHOUSE

should be able to facilitate the optimization of drug candidates by iterating these

steps.

The biggest limitation of LIGHTHOUSE is the generation of false
positives, which is due in part to the fact that the confidence score provided by
STITCH is not based solely on experimental data but also on other factors such
as co-occurrence in the literature. This confidence score therefore does not
necessarily reflect actual interaction for a given protein-chemical pair, and
well-studied molecules are thus prone to score higher than others. On the other
hand, low confidence scores do not necessarily mean that the protein and
chemical in question do not interact. We modeled this score because current
biologically determined CPI data sets contain fewer CPI pairs. In addition, as a
result of publication bias and biological experimental conditions, it is sometimes
difficult to tell whether a protein and chemical do not interact, whether they did
not bind under the specific assay condition, or whether they were not tested.
This drawback of LIGHTHOUSE can be mitigated partially by combining the
three different models (CNN, AAC, and Transformer). It may also be important to
perform a counter–virtual screening to determine whether an identified small
molecule reacts specifically with the target protein or whether it scores highly
with many proteins. Such an approach has the potential to reduce the number of
false positives and provide more accurate guidance. Furthermore, we also
modeled IC_{50} data from BindingDB, which is derived from actual bioassays. We
found that the predicted value and observed value correlate well in the
BindingDB test data set (Figure S3E). By combining the confidence score (from
STITCH) and the interaction score (from BindingDB) provided by LIGHTHOUSE,
we were able to discover a clinically approved drug that was able to block
SARS-CoV-2 infection.

Another potential limitation is that the performance for STITCH data
might be overestimated because we downsampled the original imbalanced data
(Table S1). There are several ways to tackle imbalanced data, including
downsampling, oversampling, and more complex sampling methods such as
SMOTE.[54] Each of these approaches has potential limitations, however.[55,56] In
the present study, we adopted downsampling, as in a previous study,[7] so the
performance for STITCH data may be overestimated when compared with use
of the entire STITCH data.

Despite these limitations, LIGHTHOUSE proved to be effective for the
identification of lead compounds for all conditions tested. It can theoretically be
applied to any protein of any organism, and even to proteins that do not exist
naturally. This is an advantage over 3D docking simulation methods, which

require prior 3D structural knowledge of the protein of interest. LIGHTHOUSE
computes and embeds structural information in numerical vectors, which are
then readily retrieved by the subsequent decoding module. Given the
accelerating development of protein embedding technologies[57] and graph-based
chemoinformatics approaches, LIGHTHOUSE has the potential to be a
cornerstone of drug discovery. It is also of note that we split the STITCH data set
once, given that a previous study[7] showed it could obtain high performance with
a relatively small range of hyperparameter tuning. In-depth hyperparameter
tuning with cross-validation may further boost the performance of the model.
The next step for more sophisticated AI-dependent drug discovery and
its clinical application will be the use of huge-scale and robust protein-chemical
binding (and nonbinding) data, with the recent introduction of academic journals
that specialize in big data reflecting the growth of this field. Moreover,
development of improved approaches to the handling of imbalanced data[58] is
another active research field in computer science. These advances in both data
and methodology should allow more reliable modeling of physical interactions
and further facilitate drug discovery in the coming years.
In summary, we have developed LIGHTHOUSE as a means to discover
promising lead compounds for any target protein irrespective of its 3D structural
information. Furthermore, we have demonstrated the power of LIGHTHOUSE by
identifying and validating novel therapeutics for various global health concerns
including COVID-19. LIGHTHOUSE will serve as a guide for researchers in all
areas of biomedicine, paving the way for a wide range of future applications.
471

EXPERIMENTAL PROCEDURES
Resource availability
Lead contact
Further information and requests for resources and reagents should be directed
to and will be fulfilled by the lead contact, Keiichi I. Nakayama
(nakayak1@bioreg.kyushu-u.ac.jp).
Materials availability
This study did not generate new unique reagents.
Data and code availability
All data used for training are available from STITCH (http://stitch.embl.de)[14] and
BindingDB (https://www.bindingdb.org/bind/index.jsp)[18] web servers. SMILES
representations for small-molecule compounds were downloaded from

PubChem (https://pubchem.ncbi.nlm.nih.gov) or ZINC15

(https://zinc15.docking.org).[25] Amino acid sequences were obtained from

UniProt (https://www.uniprot.org).[59] For drug repurposing analyses, we used the

KEGG-DRUG database (https://www.genome.jp/kegg/drug).[60] All referenced

COVID-19 signatures are available at Coronascape

(https://metascape.org/COVID).[61]

Code for LIGHTHOUSE with pretrained weights together with a

notebook reproducing the results presented in this paper is available at

https://github.com/Shimizu-Lab/LIGHTHOUSE.

Generation of a data set for the training phase of LIGHTHOUSE

The compound SMILES strings of the data set were extracted from the

PubChem compound database on the basis of compound names and PubChem

compound IDs (CIDs). The protein sequences of the data set were extracted

from the UniProt protein database on the basis of gene names/RefSeq

accession numbers or the UniProt IDs. We downloaded the protein-chemical link

data set of *Homo sapiens* (Taxonomy ID 9606) from the STITCH database

(version 5.0). Given that the STITCH score is heavily biased toward 0, we

separated the data into nine bins on the basis of the score and stratify-extracted

the same number of CPIs (140,000 each), yielding 1,260,000 CPIs (Table S1).

We then randomly separated these data into training (80%), validation (10%),

and test (10%) data sets (Figure S1A). With regard to IC_{50}, we downloaded data

from BindingDB, obtained SMILES expressions and amino acid sequences

similarly, and again separated the data into training (80%), validation (10%), and

test (10%) data sets (Figure S2A). Given that IC_{50} values differ widely, we scaled

the values by log transformation (Eq. 1) and used the transformed values for

BindingDB training.

$$IC_{50\,(scaled)} = -log_{10}(IC_{50}[M] + 10^{-10}) \tag{1}$$

LIGHTHOUSE architecture and training

The proposed overall model comprises two encoder networks (for chemicals and

proteins) and one decoder network. MPNN is a message passing graph neural

network that operates on compound molecular graphs.[11] In brief, MPNN

conveys latent information among the atoms and edges. The message passing

phase runs for t time steps and is defined in terms of message functions M_t and

vertex update functions U_t. During this phase, hidden states $h_v{}^t$ (128 dimensions

in our model) at each node in the chemical graph are updated with the incoming

messages $m_v{}^{t+1}$ according to the following equations (Eqs. 2 and 3):

525
$$m_v^{t+1} = \sum_{w \in N(v)} M_t\,(h_v^t, h_w^t, e_{vw}) \qquad (2)$$

527
$$h_v^{t+1} = U_t\,(h_v^t, m_v^{t+1}) \qquad (3)$$

where e_{vw} represents edge feature between nodes v and w, $N(v)$ denotes the

neighbor nodes of vertex v in graph G, and message functions M_t and update

functions U_t are learned differentiable functions. After $T\,(= 3)$ cycles of message

passing and subsequent update, a readout function (average) is used to extract

the embedding vectors at the graph level.

CNN is powerful for computer vision, but here we used a multilayer 1D

CNN for protein sequence, as described previously.[6] In brief, the target amino

acid is decomposed to each individual character and is encoded with an

embedding layer and then fed into the CNN convolutions. We used three

consecutive 1D convolutional layers with an increasing number of filters, with the

second layer having double and the third layer having triple the number of filters

in the first layer (32, 64, and 96 filters for the three layers). The convolution

layers are followed by a global max-pooling layer. AAC is an 8420-length vector

in which each position corresponds to a sequence of three amino acids.[13]

Transformer uses a self-attention–based transformer encoder[12] that operates on

the substructure partition fingerprint of proteins. Algorithmically speaking,

Transformer follows $O(n^4)$ in computation time and memory, where n is the input

size.[12] This bottleneck prevented us from considering each amino acid as a

token. We therefore used partition fingerprints to decompose amino acid

sequence into protein substructures of moderate size and then fed each of the

partitions into the model as a token.[8]

As for the decoder, we exploited a previously described architecture.[4] In

brief, encoder outputs are concatenated and entered into a three-layer

feed-forward dense neural network (1024,1024, and 512 nodes), which finally

outputs one value. We used Rectified Linear Unit (ReLU),[62] $g(x) = \max(0,x)$, as

the activation function in the decoder network.

We defined our loss function with MSE (Eq. 4):

557
$$MSE \; = \; \frac{1}{n}\sum_{i=1}^{n}(P_i - y_i)^2 \tag{4}$$

where P_i is the LIGHTHOUSE-predicted score for the ith compound-protein pair
and Y_i is the true label in the corresponding training data, with a batch size of
128. We trained three architectures (MPNN_CNN, MPNN_AAC,
MPNN_Transformer) separately for the STITCH and BindingDB training data
with the Adam optimizer and a learning rate of 0.001. For evaluation metrics, we
used MSE, concordance index, and Pearson correlation as well as AUROC. For
every 10 epochs, we compared the current loss (in the validation data set) with
that of 10 epochs ago; if the loss was not decreasing, we terminated the training
for that model. As a result of this early termination, we trained MPNN_CNN for
40 epochs, MPNN_AAC for 70 epochs, and MPNN_Transformer for 100 epochs
with regard to the confidence score (Figure S1B–S1G). As for the models for the
interaction score, we trained MPNN_CNN for 70 epochs, MPNN_AAC for 100
epochs, and MPNN_Transformer for 70 epochs (Figure S2B–S2G), according to
the same guidelines. After the training was completed, we finally evaluated the
models with the test data sets, which were kept aside during the training and so
had not previously been seen by the models.

Generation of virtual chemical libraries and prediction by LIGHTHOUSE
We prepared nearly 1 billion purchasable substances, which were downloaded
from the ZINC database[25] as of 30 July 2020, for virtual PPAT inhibitor screening.
For drug repurposing, we obtained approved drugs from the KEGG-DRUG
database[60] as of 24 January 2021. For calculation of confidence and interaction
scores, we fixed the proteins of interest (PPAT or ACE2) and changed the
compounds iteratively, which yielded lists of predicted scores for all the
compounds tested. As for the peptide drugs shown in Figure 2, we converted
them as for small-molecule compounds with the use of SMILES.

PPAT activity assay

Sf21 cells were cultured in Sf-900 II SFM (Gibco, Cat# 10902-088)
supplemented with 10 µM ferric ammonium citrate. They were transfected with a
bacmid encoding human PPAT for 64 h, harvested, washed three times with
phosphate-buffered saline, and lysed in a solution containing 150 mM NaCl, 25
mM Tris-HCl (pH 7.4), 0.5% Triton X-100, and 5 mM EDTA. The lysate was
centrifuged at 10,000 × g for 6 min at 4°C, and the resulting supernatant (100
ng/ml) was incubated for 4 h at 37°C together with 5 mM glutamine (Gibco, Cat#
25030-081), 1 mM phosphoribosyl pyrophosphate (Sigma, Cat# P8296), 10 mM
MgCl$_2$, 50 mM Tris-HCl (pH 7.4), and various concentrations of riboflavin
5′-monophosphate (Sigma, Cat# F2253-10 mg). Enzyme activity was assessed
on the basis of glutamate production as measured with a glutamate assay kit
(Abcam, Cat# 138883). The IC$_{50}$ value was estimated from biological
quadruplicates with a four-parameter logistic model[63] and with the use of JMP
pro 15 software (version 15.1.0).
601
Assay of *E. coli* growth
Portions (20 µl) of *E. coli* strain JM109 (1×10^{10} colony-forming units (CFU)/ml)
were cultured for various times in 2 ml of 2xYT liquid medium (BD Difco, Cat#
244020) containing various concentrations of pyridoxal 5′-phosphate (pH
adjusted to 7.0), after which OD$_{600}$ was measured with a GENESYS 30 visible
spectrophotometer (ThermoFisher Scientific, Cat# 840-277000). In addition, the
JM109 strain was transformed with 1 µg of the pBlueScript II SK+ plasmid
(Invitrogen), which harbors an ampicillin resistance gene as a selection marker,
and was then spread on LB agar plates containing ampicillin (100 µg/ml) (Wako,
Cat# 012-23303) with or without pyridoxal 5′-phosphate (3 mg/ml) and incubated
overnight.
613
Virtual identification of statin targets and enrichment analyses
Three representative statins were fixed as chemical inputs, and all human
protein-coding genes in the UniProt database were iteratively changed. The
harmonic mean of the three confidence scores was calculated as an affinity
score for statins, and the human protein-coding genes were sorted on the basis
of this score. The resulting top 500 potential targets were then subjected to
enrichment analyses with the use of the Metascape web server.[61]
621
SARS-CoV-2 assays

Vero-TMPRSS2 cells[64] were maintained in Dulbecco's modified Eagle's medium

(DMEM) supplemented with 10% fetal bovine serum. The WK-521 strain of

SARS-CoV-2 (EPI_ISL_408667) as well as the alpha (QK002,

EPI_ISL_768526), beta (TY7-501, EPI_ISL_833366), gamma (TY8-612,

EPI_ISL_1123289), and delta (TY11-927, EPI_ISL_2158617) variants were

obtained from National Institute of Infectious Diseases in Japan. Stocks of these

viruses were prepared by inoculation of Vero-TMPRSS2 cell cultures as

described previously.[64] The MTT assay was performed to evaluate cell viability

after virus infection also as previously described.[64] In brief, serial twofold

dilutions of ethoxzolamide in minimum essential medium (MEM) supplemented

with 2% fetal bovine serum were added in duplicate to 96-well microplates.

Vero-TMPRSS2 cells infected with wild-type or variant SARS-CoV-2 at 4 to 10

$TCID_{50}$ (median tissue culture infectious dose) were also added to the plates,

which were then incubated at 37°C for 3 days. The viability of the cells was then

determined with the MTT assay, and the culture supernatants were harvested

for determination of the $TCID_{50}$ value as a measure of viral load. For indirect

immunofluorescence analysis, cells infected with wild-type SARS-CoV-2 at a

multiplicity of infection (MOI) of 0.0001 were cultured in the presence of various

concentrations of ethoxzolamide for 64 h, fixed with 3.7% buffered formaldehyde,

permeabilized with 0.05% Triton X-100, and incubated with antibodies to

SARS-CoV-2 N protein (GeneTex, Cat# GTX635679). Immune complexes were

detected with Alexa Fluor Plus 488–conjugated goat antibodies to rabbit

immunoglobulin G (Invitrogen–ThermoFisher Scientific, Cat# A32731). Nuclei

were stained with Hoechst 33342 (Invitrogen). Fluorescence images were

captured with an IX73 fluorescence microscope (Olympus).

SUPPLEMENTAL INFORMATION

Supplemental information can be found onine at....

ACKNOWLEDGMENTS

This work was supported by KAKENHI grants from the Japan Society for the

Promotion of Science (JSPS) to H. Shimizu (JP21K17856), M.K. (JP21K15068),

and K.I.N. (JP18H05215), as well as by a grant from the Japan Agency for

Medical Research and Development (AMED) to K.I.N. (21wm0425002). H.

Shimizu was also supported by postdoctoral fellowships from Takeda Science

Foundation and Mochida Foundation. We thank T. Sawada and R. Wada for

technical assistance, P.A. Silver and J.C. Way for critical reading of the
manuscript, other laboratory members for discussion, and A. Ohta for help with
preparation of the manuscript.
662

AUTHOR CONTRIBUTIONS
H. Shimizu conceived of and designed the study, developed LIGHTHOUSE,
performed validation experiments, and wrote the original draft of the manuscript.
M.K. conducted PPAT validation assays. Y.O., M.S., A.S., and H. Sawa
performed COVID-19 infection analyses. M.M. contributed to discussion. K.I.N.
supervised the study and edited the manuscript.
669

670   **DECLARATION OF INTERESTS**
671   The authors declare no competing interests.
672

REFERENCES

1. Klein M.E., Parvez M.M. Shin, J.-G. Clinical implementation of pharmacogenomics for personalized precision medicine: barriers and solutions. *J. Pharm. Sci.* 2017; **106**: 2368–2379.

2. Dobson C. M. Chemical space and biology. *Nature* 2004; **432**: 824–828.

3. Jumper J., Evans R., Pritzel A., Green T., Figurnov M., Ronneberger O., Tunyasuvunakool K., Bates R., Žídek A., Potapenko A. et al. Highly accurate protein structure prediction with AlphaFold. *Nature* 2021; **596**: 583-589.

4. Paul D., Sanap G., Shenoy S., Kalyane D., Kalia K., Tekade R.K. Artificial intelligence in drug discovery and development. *Drug Discov. Today* 2021; **26**: 80–93.

5. Stokes J.M., Yang K., Swanson K., Jin W., Cubillos-Ruiz A., Donghia N.M., MacNair C.R., French S., Carfrae L.A., Bloom-Ackermann Z. A Deep Learning Approach to Antibiotic Discovery. *Cell* 2020; **180**: 688-702.

6. Öztürk H., Özgür A., Ozkirimli E. DeepDTA: deep drug-target binding affinity prediction. *Bioinformatics* 2018; **34**: i821–i829.

7. Tsubaki M., Tomii K., Sese J. Compound-protein interaction prediction with end-to-end learning of neural networks for graphs and sequences. *Bioinformatics* 2019; **35**: 309–318.

8. Huang K., Fu T., Glass L.M., Zitnik M., Xiao C., Sun J. DeepPurpose: a deep learning library for drug-target interaction prediction. *Bioinformatics* 2021; **36**: 5545–5547.

9. Chen L., Cruz A., Ramsey S., Dickson C.J., Duca J.S., Hornak V., Koes D.R., Kurtzman T. Hidden bias in the DUD-E dataset leads to misleading performance of deep learning in structure-based virtual screening. *PLoS One* 2019; **14**: e0220113.

10. Hansen L. K., Salamon P. Neural network ensembles. *IEEE Trans. Pattern Anal. Mach. Intell.* 1990; **12**: 993–1001.

11. Gilmer J., Schoenholz S.S., Riley P.F., Vinyals O., Dahl G.E. Neural message passing for quantum chemistry. *arXiv* (2017), 1704.01212 [cs.LG].

12. Vaswani A., Shazeer N., Parmar N., Uszkoreit J., Jones L., Gomez A.N., Kaiser L., Polosukhin I. Attention is all you need. arXiv (2017), 1706.03762 [cs.CL].

13. Reczko M., Bohr H. The DEF data base of sequence based protein fold class predictions. *Nucleic Acids Res.* 1994; **17**: 3616–3619.

14. Szklarczyk D., Santos A., Von Mering C., Jensen L.J., Bork P., Kuhn M.

STITCH 5: augmenting protein-chemical interaction networks with tissue and

affinity data. *Nucleic Acids Res.* 2016; **44**: D380–D384.

15. Hsin K.-Y., Matsuoka Y., Asai Y., Kamiyoshi K., Watanabe T., Kawaoka Y.,

Kitano H. systemsDock: a web server for network pharmacology-based

prediction and analysis. *Nucleic Acids Res.* 2016; **44**: W507–W513.

16. Wang S., Jiang J.-H., Li R.-Y., Deng, P. Docking-based virtual screening of

TβR1 inhibitors: evaluation of pose prediction and scoring functions. *BMC Chem.*

2020; **14**: 52.

17. Moussa N., Hassan A., Gharaghani S. Pharmacophore model, docking,

QSAR, and molecular dynamics simulation studies of substituted cyclic imides

and herbal medicines as COX-2 inhibitors. *Heliyon* 2021; **7**: e06605.

18. Gilson M.K., Liu T., Baitaluk M., Nicola G., Hwang L., Chong J. BindingDB in

2015: a public database for medicinal chemistry, computational chemistry and

systems pharmacology. *Nucleic Acids Res.* 2016; **44**: D1045–D1063.

19. Seifert R., Strasser A., Schneider E.H., Neumann. D., Dove S., Buschauer A.

Molecular and cellular analysis of human histamine receptor subtypes. *Trends*

Pharmacol. Sci. 2013; **34**: 33–58.

20. Berkers C.R., Verdoes M., Lichtman E., Fiebiger E., Kessler B.M., Anderson

K.C., Ploegh H.L., Ovaa H., Galardy P.J. Activity probe for in vivo profiling of the

specificity of proteasome inhibitor bortezomib. *Nat. Methods* 2005; **2**: 357–362.

21. Borroni R., Blasio A.M.D., Gaffuri B., Santorsola R., Busacca M., Viganò P.,

Vignali M. Expression of GnRH receptor gene in human ectopic endometrial

cells and inhibition of their proliferation by leuprolide acetate. *Mol. Cell.*

Endocrinol. 2000; **159**: 37–43.

22. Knudsen L.B, Lau J. The discovery and development of liraglutide and

semaglutide. *Front. Endocrinol. (Lausanne)* 2019; **10**: 155.

23. Muttenthaler M., King G.F., Adams D.J., Alewood P.F. Trends in peptide

drug discovery. *Nat. Rev. Drug Discov.* 2021; **20**: 309–325.

24. Kodama M, Oshikawa K, Shimizu H, Yoshioka S, Takahashi M., Izumi Y.,

Bamba T., Tateishi C., Tomonaga T., Matsumoto M. et al. A shift in glutamine

nitrogen metabolism contributes to the malignant progression of cancer. *Nat.*

Commun. 2020; **11**:1320.

25. Sterling T., Irwin J.J. ZINC 15—ligand discovery for everyone. *J. Chem. Inf.*

Model. 2015; **55**: 2324–2337.

26. Tooke C.L., Hinchliffe P., Bragginton E.C., Colenso C.K., Hirvonen V.H.A.,
Takebayashi Y., Spencer J. β-Lactamases and β-lactamase inhibitors in the
21st century. *J. Mol. Biol.* 2019; **431**: 3472–3500.
27. Macheboeuf P., Contreras-Martel C., Job C., Dideberg O., Dessen A.
Penicillin binding proteins: key players in bacterial cell cycle and drug resistance
processes. *FEMS Microbiol. Rev.* 2006; **30**: 673–691.
28. Zheng Y., Ley S.H., Hu F.B. Global aetiology and epidemiology of type 2
diabetes mellitus and its complications. *Nat. Rev. Endocrinol.* 2018; **14**: 88–98.
29. Deacon C. F. Dipeptidyl peptidase 4 inhibitors in the treatment of type 2
diabetes mellitus. *Nat. Rev. Endocrinol.* 2020; **16**: 642–653.
30. Li Q., Han L., Zhang B., Zhou J., Zhang H. Synthesis and biological
evaluation of triazole based uracil derivatives as novel DPP-4 inhibitors. *Org.*
Biomol. Chem. 2016; **14**: 9598–9611.
31. Jabbour E., Kantarjian H., Jones D., Breeden M., Garcia-Manero G., O'Brien
S., Ravandi F., Borthakur G., Cortes J. Characteristics and outcomes of patients
with chronic myeloid leukemia and T315I mutation following failure of imatinib
mesylate therapy. *Blood* 2008; **112**: 53–55.
32. Mei Z., Liang M., Li L., Zhang Y., Wang Q., Yang W. Effects of statins on
cancer mortality and progression: a systematic review and meta-analysis of 95
cohorts including 1,111,407 individuals. *Int. J. Cancer* 2017; **140**: 1068–1081.
33. Matusewicz L., Meissner J., Toporkiewicz M., Sikorski A.F. The effect of
statins on cancer cells—review. *Tumour Biol.* 2015; **36**: 4889–4904.
34. Ahern T.P., Lash T.L., Damkier P., Christiansen P.M., Cronin-Fenton D.P.
Statins and breast cancer prognosis: evidence and opportunities. *Lancet Oncol.*
2014; **15**: e461–e468.
35. Mullen P.J., Yu R., Longo J., Archer M.C., Penn L.Z. The interplay between
cell signalling and the mevalonate pathway in cancer. *Nat. Rev. Cancer* 2016;
16: 718–731.
36. Alfaqih M.A., Allott E.H., Hamilton R.J., Freeman M.R., Freedland S.J. The
current evidence on statin use and prostate cancer prevention: Are we there
yet? *Nat. Rev. Urol.* 2017; **14**: 107–119.
37. Momo K., Takagi A., Miyaji A., Koinuma M. Assessment of statin-induced
interstitial pneumonia in patients treated for hyperlipidemia using a health
insurance claims database in Japan. *Pulm. Pharmacol. Ther.* 2018; **50**: 88–92.
38. Hu B., Guo H., Zhou P., Shi Z.-L. Characteristics of SARS-CoV-2 and
COVID-19. *Nat. Rev. Microbiol.* 2021; **19**: 141–154.

39. Blanco-Melo D., Nilsson-Payant B.E., Liu W.-C., Uhl S., Hoagland D., Møller
R., Jordan T.X., Oishi K., Panis M., Sachs D. *et al*. Imbalanced host response to
SARS-CoV-2 drives development of COVID-19. *Cell* 2020; **181**: 1036–1045.
40. Riva L., Yuan S., Yin X., Martin-Sancho L., Matsunaga N., Pache L.,
Burgstaller-Muehlbacher S., De Jesus P.D., Teriete P., Hull M.V. *et al*. Discovery
of SARS-CoV-2 antiviral drugs through large-scale compound repurposing.
Nature 2020; **586**: 113–119.
41. Wyler E., Mösbauer K., Franke V., Diag A., Gottula L.T., Arsiè R.,
Klironomos F., Koppstein D., Hönzke Katja., Ayoub S. Transcriptomic profiling of
SARS-CoV-2 infected human cell lines identifies HSP90 as target for COVID-19
therapy. *iScience* 2021; **24**: 102151.
42. Zhang X.-J., Qin J.-J., Cheng X., Shen L., Zhao Y.-C., Yuan Y., Lei F., Chen
M.-M., Yang H., Bai L. *et al*. In-hospital use of statins is associated with a
reduced risk of mortality among individuals with COVID-19. *Cell Metab.* 2020;
32: 176–187.
43. Gupta A., Madhavan M.V., Poterucha T.J., DeFilippis E.M., Hennessey J.A.,
Redfors B., Eckhardt C., Bikdeli B., Platt J., Nalbandian A. *et al*. Association
between antecedent statin use and decreased mortality in hospitalized patients
with COVID-19. *Nat. Commun.* 2021; **12**: 1325.
44. Walls A.C., Park Y.-J., Tortorici M.A., Wall A., McGuire A.T., Veesler D.
Structure, function, and antigenicity of the SARS-CoV-2 spike glycoprotein. *Cell*
2020; **181**: 281–292.
45. Pospelov A.S., Ala-Kurikka T., Kurki S., Voipio J., Kaila K. Carbonic
anhydrase inhibitors suppress seizures in a rat model of birth asphyxia.
Epilepsia 2021; **62**: 1971-1984.
46. Ghorai S., Pulya S., Ghosh K., Panda P., Ghosh B., Gayen S.
Structure-activity relationship of human carbonic anhydrase-II inhibitors: detailed
insight for future development as anti-glaucoma agents. *Bioorg. Chem.* 2020;
95: 103557.
47. Wallach I., Dzamba M., Heifets A. AtomNet: A Deep Convolutional Neural
Network for Bioactivity Prediction in Structure-based Drug Discovery. *arXiv* 2015,
1510.02855 [cs.LG].
48. Ragoza M., Hochuli J., Idrobo E., Sunseri J. and Koes D. R. Protein-Ligand
Scoring with Convolutional Neural Networks. *J Chem Inf Model.* 2017; **57**:
942-957.

49. Liu H., Sun J., Guan J., Zheng J., Zhou S. Improving compound–protein
interaction prediction by building up highly credible negative samples.
Bioinformatics 2015; **31**: i221–i229.

50. Pereira T., Abbasi M., Ribeiro B., Arrais J.P. Diversity oriented deep
reinforcement learning for targeted molecule generation. *J. Cheminform.* 2021;
13: 21.

51. Lewell X.Q., Judd D.B., Watson S.P., Hann M.M. RECAP—retrosynthetic
combinatorial analysis procedure: a powerful new technique for identifying
privileged molecular fragments with useful applications in combinatorial
chemistry. *J. Chem. Inf. Comput. Sci.* 1998; **38**: 511–522.

52. Biswas S., Khimulya G., Alley E.C., Esvelt K.M., Church G.M. Low-N protein
engineering with data-efficient deep learning. *Nat. Methods* 2021; **18**: 389–396.

53. Chen X., Zhou J., Zhang R., Wong A.K., Park C.Y., Theesfeld C.L.,
Troyanskaya O.G. Tissue-specific enhancer functional networks for associating
distal regulatory regions to disease. *Cell Syst.* 2021; **12**: 353–362.

54. Chawla N.V., Bowyer K.W., Hall L. O., Kegelmeyer W.P. SMOTE: Synthetic
Minority Over-sampling Technique. *arXiv:1106.1813 [cs.AI]*

55. Yu L, Zhou N. Survey of Imbalanced Data Methodologies. *arXiv:2104.02240*
[stat.ML]

56. Kulkarni A, Chong D, Batarseh F.A. Foundations of data imbalance and
solutions for a data democracy. *arXiv:2108.00071 [cs.LG]*

57. Bepler T., Berger B. Learning the protein language: evolution, structure, and
function. *Cell Syst.* 2021; **12**: 654–669.

58. Park S, Lim J, Jeon Y, Choi J.Y. Influence-Balanced Loss for Imbalanced
Visual Classification. *arXiv:2110.02444 [cs.CV]*

59. UniProt Consortium. UniProt: the universal protein knowledgebase in 2021.
Nucleic Acids Res. 2021; **49**: D480–D489.

60. Kanehisa M., Furumichi M., Sato Y., Ishiguro-Watanabe M., Tanabe M.
KEGG: integrating viruses and cellular organisms. *Nucleic Acids Res.* 2021; **49**:
D545–D551.

61. Zhou Y., Zhou B., Pache L., Chang M., Khodabakhshi A. H., Tanaseichuk O.,
Benner C., Chanda S.K. Metascape provides a biologist-oriented resource for
the analysis of systems-level datasets. *Nat. Commun.* 2019; **10**: 1523.

62. Shimizu H., Nakayama K.I. Artificial intelligence in oncology. *Cancer Sci.*
2020; **111**: 1452–1460.

63. Pries V., Nöcker C., Khan D., Johnen P., Hong Z., Tripathi A., Keller A.-L.,

Fitz M., Perruccio F., Filipuzzi I. Target identification and mechanism of action of

picolinamide and benzamide chemotypes with antifungal properties. *Cell Chem.*

Biol. 2018; **25**: 279–290.

64. Sasaki M., Uemura K., Sato A., Toba S., Sanaki T., Maenaka K., Hall W.W.,

Orba Y., Sawa H. SARS-CoV-2 variants with mutations at the S1/S2 cleavage

site are generated in vitro during propagation in TMPRSS2-deficient cells. *PLoS*

Pathog. 2021; **17**: e1009233.

FIGURE LEGENDS

Figure 1. Development of LIGHTHOUSE for discovery of drug candidates

without 3D structural data

(A) The basic network structure of LIGHTHOUSE consists of encoder and

decoder networks. The basic network encodes the amino acid sequence of the

protein of interest as numerical vectors by one of three independent methods:

CNN, AAC, and Transformer. It also takes the SMILES representation of each

small-molecule compound and computes the neural representation with the

MPNN algorithm. The network then concatenates the protein and compound

representations and calculates a "Score."

(B and C) LIGHTHOUSE consists of two modules. Module 1 estimates the

association between a given compound-protein pair, and module 2 predicts a

scaled IC_{50} value for the pair. In each module, the three different streams of the

basic network (MPNN_CNN, MPNN_AAC, and MPNN_Transformer) are used,

and the harmonic mean of the three scores is presented as the final ensemble

score. Each of the three streams in module 1 (B) is trained to minimize the error

between the predicted "Score" and the score registered in the STITCH database,

which contains millions of known and estimated CPIs. The higher the confidence

score (closer to 1), the more confident LIGHTHOUSE is that there is some

relation between the compound and the protein; conversely, the lower the

confidence score (closer to 0), the more confident LIGHTHOUSE is that there is

no such relation. Each of the three streams in module 2 (C) is trained to predict

scaled IC_{50} values with the use of BindingDB data. For instance, an interaction

score of 4 means that, if the compound has inhibitory activity, the IC_{50} would be

~100 μM, whereas an interaction score of 9 means that, if the compound has

inhibitory activity, the IC_{50} would be ~1 nM. Note that module 2 only works if the

compound and protein interact, so this module is auxiliary to module 1. See also

Figures S1,S2, and Tables S1, S2, S3.

Figure 2. *In silico* verification of LIGHTHOUSE

(A) For investigation of whether LIGHTHOUSE is able to enrich for compounds

with known targets, two data sets were generated from STITCH test data: a

"Positive" data set consisting of CPIs with the highest scores (>0.9), and a

"Negative" data set consisting of CPIs with the lowest scores (<0.2).

LIGHTHOUSE tended to yield higher confidence scores for CPIs in the "Positive"

data set.

(B) ROC curve showing that LIGHTHOUSE was able to distinguish the "Positive"
and "Negative" data sets in (A).
(C–F) Known CPIs and their confidence scores predicted by LIGHTHOUSE. (C)
Epinephrine and α-adrenergic (ADRA) and β-adrenergic (ADRB) receptors. (D)
Fexofenadine and the histamine receptor HRH1, and famotidine and the
histamine receptor HRH2. (E) The macrocyclic drug rapamycin and MTOR. (F)
The peptide drugs bortezomib, leuprorelin, and semaglutide and their targets
PSMB1, GNRHR, and GLP1R, respectively. These peptide drugs were
converted to numerical vectors with the use of SMILES expression and MPNN.
(G) Application of LIGHTHOUSE to five drugs approved by the FDA in 2020 that
were not included in the training data set (published in 2016). FNTA, protein
farnesyltransferase/geranylgeranyltransferase type–1 subunit α; COMT,
catechol O-methyltransferase; S1PR1, sphingosine 1-phosphate receptor 1;
DRD2, D2 dopamine receptor. See also Figure S3.
908
Figure 3. Discovery of lead compounds for treatment of cancer
(A) Scheme for PPAT inhibitor discovery. The amino acid sequence of PPAT
(517 residues) and the SMILE representation for each chemical were entered
into the MPNN_CNN model. If the predicted score was >0.5, the compound was
entered into MPNN_AAC, and if the new predicted score was >0.5, the
compound was entered into MPNN_Transformer. The harmonic mean of the
three scores was then computed to obtain the confidence score.
(B) Almost 1 billion compounds in the ZINC database were processed as in (A).
The first filter (MPNN_CNN score > 0.5) and subsequent two filters (MPNN_AAC
score > 0.5, MPNN_Transformer score > 0.5) greatly reduced the initial chemical
space (to 0.0356%). The interaction scores for these selected candidates were
then also calculated.
(C) A 2D map of the 333,290 selected candidates from (B) is shown on the left.
Ideal candidates would be expected to have high confidence and interaction
scores and would be plotted in the upper right corner of the map. Indeed, some
well-known drug-target pairs meet this criterion, as shown on the right, with
compounds represented by the blue circles in the shaded area potentially
possessing inhibitory activity for PPAT. ABL1, ABL proto-oncogene 1; COX1,
cyclooxygenase 1; HMG-CoA, 3-hydroxy-3-methylyglutaryl–coenzyme A.
(D) The top hit compound, ZINC8551105 (riboflavin 5′-monophosphate), is
shown together with its confidence score and estimated IC_{50} value.

(E) *In vitro* PPAT activity assay performed in the presence of various
concentrations (1 nM, 5 nM, 10 nM, 50 nM, 100 nM, 500 nM, 1 µM, 5 µM, 10 µM,
50 µM, and 100 µM) of riboflavin 5′-monophosphate, with the determined IC_{50}
value being within the range predicted by LIGHTHOUSE. Data are shown for
four biological replicates. See also Figure S4.
935

Figure 4. LIGHTHOUSE is applicable to prokaryotic proteins
(A) LIGHTHOUSE predicted that pyridoxal 5′-phosphate would associate with
several penicillin binding proteins (PBPs) of *E. coli* (strain K12). MrdA and FtsL
are peptidoglycan D,D-transpeptidases, whereas DacA is a D-alanyl-D-alanine
carboxypeptidase.
(B) *Escherichia coli* strain JM109 was cultured in 2xYT medium supplemented
with various concentrations of pyridoxal 5′-phosphate, and optical density at 600
nm (OD_{600}) of the culture was monitored. Data are means ± SD for three
independent experiments.
(C) The JM109 strain of *E. coli* was transformed with the pBlueScript II SK+
plasmid, which contains an ampicillin resistance gene as a selection marker, and
the cells were plated on LB agar plates containing ampicillin in the absence or
presence of pyridoxal 5′-phosphate (3 mg/ml) and were incubated overnight.
The pH of pyridoxal 5′-phosphate was adjusted to 7.0 in order to avoid potential
nonspecific toxicity.
951

Figure 5. LIGHTHOUSE directs optimization of lead compounds
(A) Prediction of the potency of DPP-4 inhibitor derivatives by LIGHTHOUSE.
The predicted interaction scores are compared with the reported IC_{50} values.
(B) LIGHTHOUSE accurately predicts that riboflavin is a less potent PPAT
inhibitor than is riboflavin 5′-monophosphate.
(C) The interaction scores calculated by LIGHTHOUSE for both wild-type (WT)
and T315I mutant forms of ABL1 accurately predict that the point mutation
reduces the effectiveness of the leukemia drug imatinib.
960

Figure 6. LIGHTHOUSE uncovers potential target proteins for given drugs
(A) Identification of statin targets by LIGHTHOUSE. LIGHTHOUSE was applied
to calculate confidence scores for all human protein-coding genes in the UniProt
database and fluvastatin, atorvastatin, and cerivastatin. The harmonic mean of
these confidence scores (FluvastatinScore, AtorvastatinScore, and

CerivastatinScore) was calculated as an affinity score for statins. Sorting on the
basis of this affinity score yielded a list of potential statin target proteins.
HMGCR (HMG-CoA reductase), a known key target of statins, was ranked 136th
with a score of 0.790. The top 500 identified genes were then subjected to
enrichment analysis. LDLR, low-density lipoprotein receptor; APOE,
apolipoprotein E; SCD, stearoyl-CoA desaturase; STAT3, signal transducer and
activator of transcription 3.
(B) Distribution of the harmonic mean of the AtorvastatinScore,
CerivastatinScore, and FluvastatinScore (affinity score for statins).
(C) KEGG pathway enrichment analysis for the top 500 potential statin targets
identified by LIGHTHOUSE. Minus $\log_{10}$-transformed q values are shown.
(D) Confidence scores for representative predictions by LIGHTHOUSE of the
association of statins with cancer-related proteins.
(E) Enrichment analysis for expression sites of the top 500 potential statin
targets. Minus $\log_{10}$-transformed q values are shown. See also Table S4.
981
Figure 7. LIGHTHOUSE-based drug repurposing for COVID-19
(A) Enrichment analysis of the top 500 potential statin targets identified in Figure
6 for COVID-19–associated gene sets. Minus $\log_{10}$-transformed q values are
shown.
(B) Prediction by LIGHTHOUSE of ethoxzolamide as a potential therapeutic for
SARS-CoV-2 infection on the basis of its confidence and interaction scores for
ACE2.
(C) Vero-TMPRSS2 cells were infected with wild-type SARS-CoV-2 at an MOI of
0.0001, cultured for 64 h in the presence of the indicated concentrations of
ethoxzolamide, and subjected to immunocytofluorescence analysis with
antibodies to SARS-CoV-2 N protein (green). Nuclei were stained with Hoechst
33342 (blue). Scale bars, 100 μm.
(D and E) Vero-TMPRSS2 cells challenged with wild-type (WK-521) or delta
strains of SARS-CoV-2, respectively, were cultured in the presence of various
concentrations of ethoxzolamide for 3 days and then subjected to the MTT assay
of cell viability. Nonchallenged cells were examined as a control. Data are
means ± SD for three independent experiments each performed in duplicate.
(F and G) Effect of ethoxzolamide on the SARS-CoV-2 load in culture
supernatants of Vero-TMPRSS2 cells challenged with wild-type (WK-521) or
delta strains of the virus, respectively. Data are from four independent

experiments, with the graph line connecting mean values. TCID$_{50}$, median tissue

culture infectious dose; N.D., not detected. See also Figures S5, S6, Table S5.

A

Protein encoder

Amino acid sequence

MSRSLLLWFLLFLLLLP
PLPVLLADPGAPTPVN
PCCYYPCQ ...

No 3D structural information is required

CNN, AAC, or Transformer

Embedded representation

Protein-Chemical decoder
(dense neural network)

Score

Hidden layers

SMILES expression
CC(=O)OC1=CC=CC=C1C(=O)O

Convert

COOH

OCOCH₃

MPNN

Embedded representation

Chemical encoder

B

Training data: STITCH

MSRSLLLWFLLFLLLLPPLP ...

CC(=O)OC1=CC=CC=C1C(=O)O

Predicted   Enrolled
0.315 ↔ 0.999

Update each model to improve predicted score

MPNN_CNN

MPNN_AAC

MPNN_Transformer

Confidence score

C

Training data: BindingDB

MSRSLLLWFLLFLLLLPPLP ...

CC(=O)OC1=CC=CC=C1C(=O)O

Predicted score
5.417

Update each model to improve predicted score

7.428

Calculated score

$- \log_{10}[IC_{50} (M) + 10^{-10}]$

MPNN_CNN

MPNN_AAC

MPNN_Transformer

Interaction score

Shimizu et al., Figure 1

Shimizu et al., Figure 2

Shimizu et al., Figure 3

A

0.755	mrdA
0.885	ftsI
0.789	dacA

Pyridoxal 5'-phosphate

B

24 h

0 mg/ml   3 mg/ml

— 0 mg/ml   — 1 mg/ml
— 0.1 mg/ml — 3 mg/ml
— 0.3 mg/ml

C

+	Ampicillin	+
–	Compound	+

Shimizu et al., Figure 4

A

Predicted potency for DPP-4	(score 6.631) <	(score 6.707) <	(score 6.958) <	(score 7.52)
Reported IC$_{50}$ for DPP-4	345.32 nM	172.53 nM	135.45 nM	64.05 nM

B

	Riboflavin 5'-monophosphate	Riboflavin
Interaction score for PPAT	5.01	4.68
IC$_{50}$ obtained from validation experiments	7.5 μM	49.9 μM

C

ABL1 (WT or T315I) → LIGHTHOUSE → WT (5.790) ∨ T315I (5.364)

Imatinib →

Shimizu et al., Figure 5

Shimizu et al., Figure 6

A

Coronascape ID	Gene set	
COVID036	RNA_Sun_Calu-3_0h_**Up**	(*Front. Microbiol.*, 2020)
COVID016	RNA_Blanco-Melo_Calu-3_**Up**	(*Cell*, 2020)
COVID208	Proteome_Li_Urine-recovery-vs-healthy_**Up**	(*medRxiv*, 2020)
COVID193	RNA_Stukalov_A549-ACE2_30h_**Up**	(*bioRxiv*, 2020)
COVID189	RNA_Stukalov_A549-ACE2_18h_**Up**	(*bioRxiv*, 2020)
COVID191	RNA_Stukalov_A549-ACE2_24h_**Up**	(*bioRxiv*, 2020)
COVID243	RNA_Riva_Vero-E6_24h_**Up**	(*Nature*, 2020)
COVID135	Proteome_Stukalov_A549-ACE2_24h_**Up**	(*bioRxiv*, 2020)
COVID050	RNA_Wyler_Calu-3_24h_**Up**	(*iScience*, 2021)
COVID006	RNA_Appelberg_Huh-7_72h_**Up**	(*bioRxiv*, 2020)

Values: 17.0, 12.0, 10.0, 9.3, 8.7, 8.5, 7.9, 7.7, 7.2, 6.5

$-\log_{10}[q]$

B Ethoxzolamide
Interaction score for ACE2 / Confidence score for ACE2

C Control / 6.25 µM / 50 µM / 100 µM
Anti-SARS-CoV-2 N / Hoechst 33342

D SARS-CoV-2 WK-521
Absorbance / Ethoxzolamide (µM)
Control cells (no virus) / Virus-challenged cells

E SARS-CoV-2 delta strain
Absorbance / Ethoxzolamide (µM)
Control cells (no virus) / Virus-challenged cells

F SARS-CoV-2 WK-521
Virus load (TCID$_{50}$/ml) / Ethoxzolamide (µM) / N.D.

G SARS-CoV-2 delta strain
Virus load (TCID$_{50}$/ml) / Ethoxzolamide (µM) / N.D.

Shimizu et al., Figure 7