Ensemble-GNN: federated ensemble learning with graph neural networks for disease module discovery and classification

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Abstract—Federated learning enables collaboration in medicine, where data is scattered across multiple centers without the need to aggregate the data in a central cloud. While, in general, machine learning models can be applied to a wide range of data types, graph neural networks (GNNs) are particularly developed for graphs, which are very common in the biomedical domain, e.g., for protein-protein-interaction (PPI) networks. Here, we present our ensemble-GNN library, which can be used to build federated, ensemble-based GNNs in Python. Ensemble-GNN allows to quickly build predictive models utilizing PPI networks consisting of various node features such as gene expression and/or DNA methylation. We exemplarily show the results from a public dataset of 981 patients and 8469 genes from the Cancer Genome Atlas (TCGA).

I. Introduction

Machine learning and deep learning offer new opportunities to transform healthcare, and have been used in many different areas, including oncology [1], pathology [2], diabetes [3], or infectious diseases [4], [5]. However, clinical datasets are typically rather small and need to be aggregated over different hospitals. Often, data exchange over the internet is perceived as insurmountable, posing a roadblock hampering big data-based medical innovations. The most pressing problem in training powerful AI is that all the data usually distributed over various hospitals needs to be accessible in a central cloud. Due to recent data leaks, public opinion, and patient trust [6] demand more secure ways of storing and processing data. As the E.U. GDPR (General Data Protection Regulations) and as the E.U. NISD (Network and Information Security Directive) entered into force in 2018 and 2016, respectively, data providers, researchers, and IT solution providers are challenged to find ways of providing hospitals complete control over how the patient data is processed. Federated AI enables collaborative AI without sharing the data and, thus, aligns with data protection regulations. Federated AI implies that each participant securely stores its data locally and only shares some intermediate parameters computed on local data [7], [8].

Graph Neural Networks (GNNs) are widely adopted within the biomedical domain. Biological entities such as proteins do not function independently and thus must be analyzed on a systems level. GNNs provide an effortless and logical way to model such interactions, which may to this end, also increase the overlay interpretability of such deep learning techniques. However, due to the GDPR mentioned above, the challenge remains how to enable federated learning on Graph Neural Networks. Here, we present a software tool and Python package for federated ensemble-based learning with Graph Neural Networks. The implemented methodology enables federated learning by decomposing the input graph into relevant subgraphs based on which multiple GNN models are trained. We employ our Python package GNN-SubNet by [9] for this subgraph selection step. The trained models are then shared by multiple parties to form a global, federated ensemble-based deep learning classifier according to the approach by [8] based on tree ensembles.

II. Methods

Ensemble learning with Graph Neural Networks

The proposed algorithm for graph-based ensemble learning consists of three steps:

1) Decomposition of the PPI network into relevance-weighted communities using explainable AI
2) Training of an ensemble GNN classifier based on the inferred communities
3) Predictions via Majority Voting

In the first step, the Python package GNNSubNet [9] is used to infer each client's best-performing subnetworks. GNNSubNet implements a modification of the GNNexplainer [10] program such that it computes model-wide explanations. This is done by randomly sampling patient-specific networks while optimizing a single-node mask. From this node mask, edge relevance scores were computed and assigned as edge

weights to the PPI network. A weighted community detection algorithm finally infers disease subnetworks. In the second step, an ensemble classifier based on the inferred disease subnetworks is built, and predictions are accommodated via Majority Voting. Ensemble members with high test accuracy are the detected disease subnetworks.

In the *federated* case, each client has its dedicated data based on which a GNN classifier is trained. The trained models of the ensembles are shared among all clients, and predictions are again made via Majority Vote (see Figure 1).

Fig. 1. Federated Ensemble learning with Graph Neural Networks. Each client builds its own ensemble classifier based on relevant subnetworks. The models trained on these subnetworks are shared and a global ensemble classifier is created. Final predictions are based on majority voting.

III. RESULTS AND DISCUSSION

We used the gene expression data of human breast cancer patient samples for the computational experiments. The Cancer Genome Atlas (TCGA) provided the data preprocessed as described in [11]. The data was structured by the topology of Human Protein Reference Database (HPRD) protein-protein interaction (PPI) network [12]. The resulting dataset comprises 981 patients and 8469 genes. The binary prediction task is distinguishing patients with the luminal A subtype (499 samples) from patients with other breast cancer subtypes (482 samples).

We assessed the performance of our algorithm by 10-fold cross-validation. The average balanced accuracy was 0.86. As a comparison, a Random Forest (RF) classifier, not guided and restricted by any PPI knowledge graph, demonstrated 0.90 of average balanced accuracy on the same data set. The slight decrease in performance can be explained by a few reasons. (i) GNN-SubNet, used within the Ensemble-GNN method, shows unstable convergence during training on gene expression modality, compared to data with gene expression and DNA methylation modalities (see also [9][Table 2 of]). (ii) RF is still considered to be a state-of-the-art machine learning tool when it comes to tabular data consisting of far

more predictors than the number of samples ($p >> n$) [8]. (iii) The feature sampling scheme of the employed RF is not masked/restricted by any PPI knowledge graph. In contrast, our GNNs are guided by domain knowledge and thus the final outcomes are more interpretable.

In further updates of the herein proposed Python package we will work on the issue (i) since transcriptomics is one of the most common omics types [13]. Thus, we plan to test several GNN architectures converging well on transcriptomics data, including the GNN approach from [14] which was successfully applied to gene expression data and interpreted in [15].

To estimate the performance of Ensemble-GNN in a federated case, we utilized five Monte Carlo iterations, in which we distributed the data across three clients. Each client-specific data was then split into a train (80%) and test data set (20%). The trained models of the client-specific Ensemble-GNNs were combined into a global federated model. The performance of the global model was estimated using client-specific test sets. The mean local client-specific test accuracy from five Monte Carlo iterations was $[0.84, 0.83, 0.78, 0.79, 0.81]$ with an overall mean value of 0.81. For the global, federated model we obtained $[0.85, 0.86, 0.83, 0.84, 0.87]$ with a mean value of 0.85. Note, we report on balanced accuracy in all cases to account for a possible unbalance sample distribution caused by the data splits.

IV. CONCLUSION

We present Ensemble-GNN, a Python package for ensemble-based disease subnetwork detection. The implemented methodology is especially suited, but not limited to, the federated case, where sensitive data is distributed across multiple locations. We could show that the models trained on subnetworks locally, and shared across multiple parties/clients globally, can improve local predictive performance.

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Conflict of Interest: none declared

V. DATA AVAILABILITY

The Python package Ensemble-GNN including a comprehensive documentation of its usage is freely available from the GitHub repository https://github.com/pievos101/Ensemble-GNN.

REFERENCES

[1] J.-E. Bibault, P. Giraud, and A. Burgun, "Big data and machine learning in radiation oncology: State of the art and future prospects," *Cancer Letters*, vol. 382, no. 1, pp. 110–117, 2016.

[2] N. Coudray, P. S. Ocampo, T. Sakellaropoulos, N. Narula, M. Snuderl, D. Fenyǫ, A. L. Moreira, N. Razavian, and A. Tsirigos, "Classification and mutation prediction from non-small cell lung cancer histopathology images using deep learning," *Nature Medicince*, vol. 24, no. 10, pp. 1559–1567, 2018.

[3] S. Spänig, A. Emberger-Klein, J.-P. Sowa, A. Canbay, K. Menrad, and D. Heider, "The virtual doctor: An interactive clinical-decision-support system based on deep learning for non-invasive prediction of diabetes," *Artificial Intelligence in Medicine*, vol. 100, p. 101706, 2019.

[4] M. Riemenschneider, T. Hummel, and D. Heider, "SHIVA - a web application for drug resistance and tropism testing in HIV," *BMC bioinformatics*, vol. 17, no. 1, p. 314, 2016.

[5] Y. Ren, T. Chakraborty, S. Doijad, L. Falgenhauer, J. Falgenhauer, A. Goesmann, A.-C. Hauschild, O. Schwengers, and D. Heider, "Prediction of antimicrobial resistance based on whole-genome sequencing and machine learning," *Bioinformatics*, vol. 38(2), p. btab681, 2022.

[6] A. Holzinger, "The next frontier: Ai we can really trust," in *Proceedings of the ECML PKDD 2021, CCIS 1524*, M. Kamp, Ed. Springer Nature, 2021, pp. 427–440.

[7] A.-F. Näher, C. N. Vorisek, S. A. I. Klopfenstein, M. Lehne, S. Thun, S. AlSalamah, S. Pujari, D. Heider, W. Ahrens, I. Pigeot, G. Marckmann, M. Jenny, B. Renard, M. von Kleist, L. H. Wieler, F. Balzer, and L. Grabenhenrich, "Secondary data for global health digitalization," *Lancet Digital Health*, vol. 5(2), pp. e93–e101, 2023.

[8] A.-C. Hauschild, M. Lemanczyk, J. Matschinske, T. Frisch, O. Zolotareva, A. Holzinger, J. Baumbach, and D. Heider, "Federated random forests can improve local performance of predictive models for various health care applications," *Bioinformatics*, vol. 38(8), pp. 2278–2286, 2022.

[9] B. Pfeifer, A. Saranti, and A. Holzinger, "GNN-SubNet: Disease subnetwork detection with explainable graph neural networks," *Bioinformatics*, vol. 38, no. Supplement_2, pp. ii120–ii126, 2022.

[10] R. Ying, D. Bourgeois, J. You, M. Zitnik, and J. Leskovec, "Gnnexplainer: Generating explanations for graph neural networks," *Advances in neural information processing systems*, vol. 32, p. 9240, 2019.

[11] H. Chereda, A. Leha, and T. Beissbarth, "Stability of feature selection utilizing graph convolutional neural network and layer-wise relevance propagation," *bioRxiv*, 2021. [Online]. Available: https://www.biorxiv.org/content/early/2021/12/27/2021.12.26.474194

[12] T. S. Keshava Prasad, R. Goel, K. Kandasamy, S. Keerthikumar, S. Kumar, S. Mathivanan, D. Telikicherla, R. Raju, B. Shafreen, A. Venugopal, L. Balakrishnan, A. Marimuthu, S. Banerjee, D. S. Somanathan, A. Sebastian, S. Rani, S. Ray, C. J. Harrys Kishore, S. Kanth, M. Ahmed, M. K. Kashyap, R. Mohmood, Y. L. Ramachandra, V. Krishna, B. A. Rahiman, S. Mohan, P. Ranganathan, S. Ramabadran, R. Chaerkady, and A. Pandey, "Human Protein Reference Database—2009 update," *Nucleic Acids Res*, vol. 37, no. Database issue, pp. D767–D772, Jan. 2009.

[13] E. Athieniti and G. M. Spyrou, "A guide to multi-omics data collection and integration for translational medicine," *Computational and Structural Biotechnology Journal*, vol. 21, pp. 134–149, 2023. [Online]. Available: https://www.sciencedirect.com/science/article/pii/S200103702200544X

[14] M. Defferrard, X. Bresson, and P. Vandergheynst, "Convolutional Neural Networks on Graphs with Fast Localized Spectral Filtering," *arXiv:1606.09375 [cs, stat]*, June 2016. [Online]. Available: http://arxiv.org/abs/1606.09375

[15] H. Chereda, A. Bleckmann, K. Menck, J. Perera-Bel, P. Stegmaier, F. Auer, F. Kramer, A. Leha, and T. Beißbarth, "Explaining decisions of graph convolutional neural networks: patient-specific molecular subnetworks responsible for metastasis prediction in breast cancer," *Genome medicine*, vol. 13, no. 1, pp. 1–16, 2021.