

# Distribution Matching for Drug-Drug Interaction Prediction

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# Distribution Matching for Drug-Drug Interaction Prediction

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Abstract. Drug-Drug interactions (DDIs) refer to the mutual effects that may occur when two or more drugs are co-administered. These interactions have significant implications for the efficacy, safety, or tolerability of medications, making them of paramount importance in the field of medicine. Recent research has focused on deep learning techniques, such as graph-based learning methods, which typically consider the molecular structure information of drugs but often neglect interview information. To overcome this limitation, we propose a hierarchical graph-based deep learning method that efficiently aligns intra-view and inter-view embeddings. Specifically, we perform distribution matching in both the feature space and output space, maximizing mutual information between the two views to enhance prediction accuracy. Additionally, we introduce a novel loss function that uses central matching distribution (CMD) to balance information between intra-view and inter-view embeddings, instead of relying on unsupervised contrastive learning. This approach increases computational speed by 50% while maintaining high accuracy. Evaluations on three datasets demonstrate that our method outperforms other state-of-the-art models in DDI prediction.

**Keywords:** hierarchical graph representation  $\cdot$  central matching distribution  $\cdot$  drug-drug interaction  $\cdot$  graph embedding

# 1 Introduction

Combination therapies are frequently employed to manage multiple illnesses and diminish drug resistance [1]. However, administering multiple drugs concurrently can lead to Drug-Drug Interactions (DDIs), a prevalent source of medication errors. Notably, the elderly, with a prevalence ranging from 20-40%, are susceptible to such interactions [2]. As depicted in Figure 1, solid lines represent established drug-drug interactions, while dashed lines signify unknown or yet-to-be predicted drug-drug interaction. Detecting DDIs poses challenges, and conventional approaches are both expensive and time-intensive. Consequently, the field of molecular computational science is indispensable for enhancing DDI prediction.

Computational biology, primarily anchored in statistical methodologies, boasts a wide-ranging array of applications. It serves as a tool to forecast protein structures and unravel their functions and interactions [3]. In the field of genomics,



Fig. 1: DDI hierarchical graph representation



Fig. 2: The illustrative schematic diagram of our proposed **DM-DDI** framework. It comprises three consecutive and interrelated phases: 1) During the initial phase, drug molecular graph underdo encoding into drug embeddings using a message-passing network that is sensitive to bonds. Subsequently, attentive pooling is employed. 2) In the second phase, external DDI relationships are incorporated into embeddings through a GCN encoder. Additionally, the distribution matching of feature space matching and output space feature mapping is utilized to harmonize information from diverse perspectives in order to update the drug embeddings. 3) Lastly, leveraging the acquired drug embeddings, we have developed an interaction predictor responsible for producing the ultimate prediction outcomes.

it plays a pivotal role in gene identification, gene expression analysis, and the classification of DNA sequences [4–6]. Furthermore, computational biology finds utility in scrutinizing disease mutations [7] and facilitating the discovery of novel drugs [8, 9].

In the realm of Drug-Drug Interaction (DDI) detection, machine learning approaches have emerged as potent tools to enhance efficiency. Traditional machine learning methods have historically leaned on similarity-based features to predict DDIs, assuming that drugs with analogous chemical structures exhibit comparable DDI patterns. These approaches necessitate manual extraction of drug features and their subsequent incorporation into machine learning models for DDI prognosis [10, 11, 37, 13]. Nevertheless, these techniques are time-intensive and constrained by their reliance on manual feature engineering, leading to a gradual phasing-out of such methodologies.

Recently, there has been a surge in interest in graph-based research, largely due to the evolution of graph neural networks (GNNs). These graph-based approaches can be broadly categorized into two classes: Molecular graph-based methods and hierarchical graph-based methods. Molecular graph-based techniques rely exclusively on GNNs to extract structural features from drug molecules for predicting drug interactions [45, 30, 34, 17, 19]. Although these molecular graphbased methods have effectively mitigated the reliance on feature engineering and demonstrated promising results in DDI prediction tasks, they overlook the topological relationships between drugs. To overcome this limitation, several studies have delved into hierarchical models capable of generating intricate semantic representations and eliminating the need for manual feature engineering [20].

The utilization of hierarchical graph models has proven to be a potent approach for harnessing both molecular and topological information in the effective prediction of DDIs [44, 22, 23, 46, 25]. Figure 1 provides a visual representation of a DDI network comprising drug entities, where each node symbolizes an instance of a drug molecule, and each link signifies a verified interaction between two drugs. Furthermore, each drug node is portrayed as a molecular graph. To implement this hierarchical graph structure for DDI prediction, a molecular graph model is employed to encode drug molecules. The results obtained from these molecular graphs act as inputs to the drug interaction network graph, ultimately yielding the final representations of the drugs.

A key aspect in the hierarchical graph paradigm is how to maximize the mutual information between inter-view and intra-view information, which we refer to as distribution matching. The previous work [22] explored distribution matching in the output space, specifically by computing the Kullback–Leibler divergence (KLD) [27] between inter-view prediction probabilities and intra-view prediction probabilities to achieve distribution matching. However, they did not address matching in the feature space.

Building upon this foundation, the paper [28] employed contrastive learning to achieve distribution matching of inter-view features and intra-view features, effectively maximizing mutual information. The challenge here lies in the need to construct positive and negative samples using the topological relationships

of the upper-level graph, resulting in a computational complexity of  $O(n^2)$ . To address this, we propose Distribution Matching Drug-Drug Interaction prediction method, DM-DDI, a flexible and efficient feature space matching algorithm, leveraging O(n) methods such as CMD (central moment discrepancy) [29] to achieve both feature space distribution matching and output space distribution matching. Our experimental results demonstrate that our matching approach outperforms previous methods, achieving state-of-the-art results on two out of three datasets and comparable performance on the remaining dataset. In additionally, the nerual network architechture has achivied 1 50% increase in computational speed.

# 2 Methodology

In this section, we present a novel approach to predict Drug-Drug Interactions, namely DM-DDI (Distribution Matching for Drug-Drug Interaction). Next, we will elaborate on the details of the DM-DDI.

# 2.1 Datasets

We conducted assessments of our proposed model DM-DDI on three various scales of benchmark datasets, i.e., the small-scale dataset  $ZhangDDI^3$ , the medium-scale dataset  $ChCh-Miner^4$  and the large-scale dataset  $DeepDDI^5$ . The detailed statictics information of three datasets are shown in the Table1. Three datasets have their own attributes, such as ZhangDDI dataset comprises a relatively small number of drugs but contains completely fingerprints for each drugs. In contrast, the DeepDDI which is on a larger scale, exhibits a high prevalence of missing figerprints fo most drugs. As for the ChCh-Miner dataset, despite having nearly three times the number of drugs compared to the ZhangDDI dataset, it contains an equivlent number of labeled DDI links. In our experiments, we only used data items that can be converted into molecular graphs for learning from SMILES strings.

Table 1: Deta	iled inform	ation abou	ut the D	DI datasets.
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Dataset	Drugs	DDI links	Size	Information
ZhangDDI	548	48548	Small	Similarity
ChCh-Miner	1514	48514	Medium	/
DeepDDI	1861	192284	Large	Polypharmacy side-effect[?]

 $<sup>^{3}\</sup> https://github.com/zw9977129/drug-drug-interaction/tree/master/dataset$ 

<sup>&</sup>lt;sup>4</sup> http://snap.stanford.edu/biodata/datasets/10001/10001-ChCh-Miner.html

<sup>&</sup>lt;sup>5</sup> https://zenodo.org/record/1205795

#### 2.2 Preminaries

To establish the framework for our proposed model DM-DDI, we initially present the essential notations utilized in this paper. We represent the collection of drugs as  $D = \{d_1, ..., d_N\}$ , where N represents the total count of drugs. Each drug is depicted through a molecular graph deneted as G. These drugs, connected through established DDIs, collectively from the DDI network graph  $\mathcal{G}$ , which serves as the foundation for their interrelationships. The subsequent sections provide detailed descriptions of the molecular graph, DDI network graph, and the DDI problem.

**Molecular Graph.** The molecular graph which is denoted as G = (A, B), where  $A \in \mathbb{R}^{n \times d_h}$  signifies the matrix containing atom-level characteristics, and  $B \in \mathbb{R}^{n \times n}$  signifies the presence of chemical bonds within the respective drug molecule, alternatively is termed an intra-level graph. *n* refers to the atom numbers of the corresponding drug molecule. Here  $d_h$  is the dimensions of atom features and it indicates the dimensions of atom-level representations.  $\theta$  is the parameters used in the molecular graph. Then the atom-level representations generated via the graph encoder  $g_{\theta}(A, B)$  are expressed as  $H = \{h_1, h_2, ..., h_n\}(H \in \mathbb{R}^{n \times d_h})$ .

**DDI Relationship Network Graph.** The DDI interaction relationship network can be denoted as  $\mathcal{G} = (G, L)$  which is also named in inter-level representation.  $G \in \mathbb{R}^{N \times d_g}$  is denoted as the intra-level representation of drugs and  $L \in \mathbb{R}^{N \times N}$  denotes the link relationships between drugs. The whole interlevel descriptions about drugs is shown in  $S = \{s_1, s_2, ..., s_N\}$  ( $S \in \mathbb{R}^{N \times d_g}$ ) computed from  $g_{\phi}(G, L)$ . N is the number of drugs in the DDI network,  $d_g$  is the dimension of drug representation and  $\phi$  is the parameters used in the DDI relationships network graph.

**Problem definition.** Our aim is to anticipate drug interactions, a task that entails assessing the presence or absence of a linkage between two pharmaceutical compunds within the DDI network graph.

# 2.3 The DM-DDI Framework

Our poposed model, DM-DDI, integrates the intra-view drug representations through a GCN encoder (low-level graph) and the inter-view drug representations via another GCN encoder(high-level graph) to make an accuracy prediction of the interactions between random two drugs.

# 2.4 Feature Space Matching

Given a batch of *n* training samples of drug molecules  $\{g_1, g_2, \dots, g_n\}$  with rationales  $\{d_1, d_2, \dots, d_n\}$  computed by the bond-aware message passing networks and GCN, respectively. We obtain the intra-view features  $\{g_1^{\phi}, g_2^{\phi}, \dots, g_n^{\phi}\}$  and inter-view features  $\{d_1^{\varphi}, d_2^{\varphi}, \dots, d_n^{\varphi}\}$ . A central moment discrepancy regularizer [40] is employed to match the distributions in the feature space:



Fig. 3: The proposed graph learning framework compared with contrastive learning.

$$l_{fm} = \|E_{g^{\phi}} - E_{d^{\varphi}}\|_{2} + \sum_{k=2}^{K} |C_{k}^{g^{\phi}} - C_{k}^{d^{\varphi}}\|_{2}$$
(1)

$$E_{g^{\phi}} = \frac{1}{n} \sum_{i=1}^{n} g_i^{\phi} \tag{2}$$

$$E_{d^{\varphi}} = \frac{1}{n} \sum_{i=1}^{n} d_i^{\varphi} \tag{3}$$

$$C_k^{g^{\phi}} = \frac{1}{n} \sum_{i=1}^n (g_i^{\phi} - E_{g^{\phi}})^k \tag{4}$$

$$C_k^{d^{\varphi}} = \frac{1}{n} \sum_{i=1}^n (d_i^{\varphi} - E_{d^{\varphi}})^k \tag{5}$$

where the  $\phi$  and  $\varphi$  are the set of parameters of BAMPN and GCN encoder.  $E_{g^{\phi}}$  and  $E_{d^{\varphi}}$  are empirical expectation of the intra-view and inter-veiw features, and  $C_k^{g^{\phi}}$  and  $C_k^{d^{\varphi}}$  are the *k*-th order central moments of the feature coordinates. In practice, we compute the central moments up to the fifth order, i.e., K = 5. It is assumed that the features are distributed in the interval [0, 1], the output of the sigmoid function; in other cases, constants might be added before each term.

#### 2.5 Output Space Matching

We obtain two model distribution from inter-view interaction link embeddings and intra-view embeddings, namely p and r. We also need to make these consistent distribution between these two model distribution. The output space matching loss is written as the cross entropy between the intra-view distribution r(Y) and the inter-view distribution p(Y):

$$l_{om} = \sum_{y=1}^{|\mathcal{Y}|} -p_i(Y=y)\log r_i(Y=y)$$
(6)

Where Y is the prediction label of two model and y is the true label.

#### 2.6 Overall Loss Function

Both predictors' primary goal is to minimize the supervised loss, which measures the distance between the predictions and the true labels. Another goal is to minimize a disagreement loss, which measures the distance between two predictors' predictions. The purpose of minimizing this disagreement loss is to enforce the model to pay more attention to the commonality between two different views and consistency between two predictors.

Formally, we formulate the supervised loss for the labeled interaction links and the disagreement loss for the unlabeled interaction links:

$$L_s = \sum_{l_i \in \mathcal{L}_l} \left( C(\mathbf{r_i}, \mathbf{y_i}) + \mathbf{C}(\mathbf{p_i}, \mathbf{y_i}) \right)$$
(7)

$$L_d = \sum_{l_j \in \mathcal{L}_u} K(\mathbf{p}_j || \mathbf{r}_j) \tag{8}$$

where  $y_i$  is the true label of  $l_i$ ,  $\mathcal{L}_l$  and  $\mathcal{L}_u$  denote the labeled and unlabeled links in  $\mathcal{L}$  respectively,  $C(\cdot, \cdot)$  is the cross-entropy loss function and  $K(\cdot || \cdot)$  is the Kullback-Leibler divergence.

With feature sapce and outspace matching loss  $l_{fm}$  and  $l_{om}$ , supervised loss  $L_s$  and disagreement loss  $L_d$ , the objective function of our model is,

$$L = L_s + \alpha_1 l_{fm} + \alpha_2 l_{om} + \beta L_d \tag{9}$$

where  $\alpha_1$ ,  $\alpha_2$  and  $\beta$  are hyper-parameters for the trade-off for different loss components.

#### 2.7 Drug-Drug Interaction Prediction

For each interaction link  $l_{ij} \in \mathcal{L}$ , We first compress two drug embedding vectors into an interaction link embedding vector:

$$l = d_i \odot d_j \tag{10}$$

where  $\odot$  denotes the element-wise product, l is the interaction link embedding vector. Then, we apply a two-layer fully-connected neural network to make the final prediction:

$$p = \sigma(W_p \operatorname{ReLU}(W_l l + b_l) + b_p) \tag{11}$$

where  $p \in \mathbb{R}^k$  and [;] denotes the concatenation operation. If the aim is to predict the occurrence of DDI, k is 2.

Besides, we design another auxiliary interaction predictor using the inter-view drug embeddings. We cascade the last layer of the MPN with a fully connected layer and a sigmoid transformation function to construct this classifier. The prediction of the inter-view interaction predictor is denoted as  $r \in \mathbb{R}^k$ . Optimizing the inter-view interaction prediction results can help the supervised information directly flow into previous network layers. The model learns the commonality between different views through a disagreement loss, which will be discussed below. So, finally, we get two prediction results corresponding to two different predictors. It should be noted that we only use p for the final DDI prediction.

# 2.8 Algorithmic Complexity Analysis

From the Figure 3, we can summarize up to that the MIRACLE algorithm used a contrastive learning to integrate the multi-view information into the prediction of DDI. In the process pf contrastive learning, positive samples and negative samples of one anchor node must be established and the loss computation will be  $O(n^2)$ , where n is the number of nodes. In our proposed model DM-DDI, element wise alignment scheme is used instead of the contrastive learning strategy. During the loss computation, we do not need to search positive and negative samples around every each anchor node, so that the computational complexity can be o(n). The algorithm's low complexity in 50% improvement in computation time. With a slight increase in prediction performace, the ability to reduce computational speed is a highlight of this algorithm.

# 3 Experiments

In this section, we commence by presenting the datasets utilized shown in Table 1, the methods employed for comparison, and the evaluation metrics applied during the experiments. Subsequently, we conduct a comparative analysis of DM-DDI against other relevant methodologies. Finally, we perform an in-depth examination of DM-DDI's performance across a range of diverse experimental conditions.

# 3.1 Comparing Methods

In order to showcase the excellence of our proposed model, we have executed numerous baseline techniques to assess their performance. These baseline methods encompass both similarity-based and graph-based approaches. In the case of the latter, to ensure a fair comparison of methods that utilize various perspectives of information, we have standardized them within the same framework as DM-DDI, as outlined in Table 2 and elaborated below.

• Nearest Neighbor [36]: Vilar and his team utilized drug interaction information and substructure-based similarity for DDI prediction, which we simply refer to as NN.

• Label Propagation: [37] employed the label propagation (LP) algorithm to construct three similarity-based predictive models. These models are based on substructure, side effects, and off-label side effects, respectively, and we refer to them as LP-Sub, LP-SE and LP-OSE, respectively.

• Multi-Feature Ensemble: [38] created a hybrid ensemble model by incorporating neighbor recommendation (NR), label propagation (LP), and matrix disturbs (MD) algorithms, which consider various aspects of drugs. We call this model **Ens**.

• **SSP-MLP**: [39] combined a pre-computed low-dimensional Structural Similarity Profile (SSP) with a Multi-layer Perceptron (MLP) for classification, and we label this model as **SSP-MLP**.

• **GCN**: [34] employed a graph convolutional network (GCN) for semi-supervised node classification tasks. We use **GCN** to encode drug molecular graphs and make predictions based on their representations as a baseline.

• **GIN**: [41] introduced a graph isomorphism network (GIN) for learning molecule representations in various single-property prediction tasks. We utilize **GIN** to encode drug molecular graphs and make predictions based on their representations as a baseline.

• Attentive Graph Autoencoder: [42] esigned an attentive mechanism to integrate multiple drug similarity views, which are then fed into a graph autoencoder to learn embedding vectors for each drug. This model is referred to as AttGA, and predictions are made based on the learned drug representations pairwise as a baseline.

• **GAT**: [43] utilized a graph attention network (GAT) to learn node embeddings through a well-designed attention mechanism on the graph. We apply **GAT** to obtain drug embeddings from the DDI network for predictions.

• **SEAL-CI**: [44] introduced a hierarchical graph representation learning framework for semi-supervised graph classification tasks, and we call this model **SEAL-CI**. We use it to learn drug representations for DDI predictions as a baseline.

• NFP-GCN: [45] developed the first graph convolution operator specifically designed for molecules. We refer to this model as NFP-GCN and incorporate it as a baseline by using its bond-aware message passing networks.

• MIRACLE: [46] developed a novel method which framework contains three sequential and independent phases, namely drug embeddings from the bond-aware message passing network, drug embeddings intrgration from multi-view graph representation using GCN encoder and contrastive learning-based strategy and interaction prediction. We refer to this model as **MIRACLE** (MultivIew gRAph Contrastive representation LEarning for drug-drug interaction prediction).

Algorithm	Model Type	The Inter-	The Intra-view	Feature Type
		view Model	Model	
NN	similarity-based	N/A	N/A	similarity-based
LP	similarity-based	N/A	N/A	similarity-based fingerprint
Ens	similarity-based	N/A	N/A	similarity-based fingerprint
SSP-MLP	similarity-based	N/A	N/A	similarity-based fingerprint
GCN	inter-view	GCN	N/A	Molecular Graph
GIN	inter-view	GIN	N/A	Molecular Graph
AttGA	intra-view	N/A	AttGA	Interaction Rela- tionship
GAT	intra-view	N/A	GAT	Interaction Rela- tionship
SEAL-CI	multi-view	GCN	GCN	Molecular Graph & Interaction Re- lationship
NFP-GCN	multi-view	NFP	GCN	Molecular Graph & Interaction Re- lationship
MIRACLE	multi-view	BAMPN	GCN	Molecular Graph & Interaction Re- lationship
DM-DDI	multi-view	GCN	BAMPN	Molecular Graph & Interaction Re- lationship

Table 2: Comparison of baseline methods

# 3.2 Evaluation Metrics and Experimental Settings

We've split the interaction samples into a 4:1 ratio for training and testing, with a random 1/4 as a validation set. Our dataset contains only confirmed positive drug pairs, with randomly sampled negative pairs for training [47].

Parameter group learning rates decay exponentially from an initial rate of 0.0001. Hyperparameters include a 256-dimension hidden state, three bond-aware message passing neural networks, and a GCN encoder. Objective function coefficients  $\alpha$  and  $\beta$  are set at 100 and 0.8, respectively, while dropout with p = 0.3 is applied to intermediate layers [48].

We implemented the model using Pytorch [49] and Pytorch-geometric 1.4.2 [50], utilizing the Adam [51] optimizer and Xavier [52] initialization. Model effectiveness is evaluated using AUROC, AUPRC, and F1, with results reported as mean and standard deviation over ten repetitions.

#### 3.3 Experimental Results

We experimented with three distinct datasets to confirm the effectiveness of our proposed method in various scenarios. These experiments validate that our DM-DDI method outperforms the baselines in three different settings: a small-scale dataset with diverse drug features, a medium-scale dataset with limited labeled DDI links, and a large-scale dataset with missing drug features.

#### Comparison on the ZhangDDI dataset

Table 3 compares our DM-DDI model's performance against baseline approaches on the *ZhangDDI* dataset, which utilizes various drug features for DDI prediction. The best results are highlighted. DIM-DDI integrates multi-view information for drug representations, considering both inter-view drug molecular graphs and intra-view DDI relationships. According to the experiments, the proposed model outperforms the baseline approaches.

While algorithms using similarity-based fingerprints like **NN**, **LP**, and **SSP-MLP** performs poorly due to relying on only one type of features. **Ens** achieve better results by combining three models that use eight types of drug feature similarities and six topological features. This highlights the importance of integrating information from multiple sources like similarity-based fingerprints and topological features.

Some graph-based methods perform worse than the models mentioned above because they rely on the single view graph information. **GCN** and **GIN** encode drug molecular graphs using two different graph neural network frameworks for pairwise DDI prediction. **AttGA** and **GAT** directly learn drug representations from DDI interaction relationships. The former considers multiple connectivities of the DDI network and applies a GCN encoder to achive better performace than **GAT**, who only considers the existence of DDI network's links.

In multi-view graph settings, **SEAL-CI** and **NFP-GCN** and even **MIR-ACLE** outperform other baselines, showing that the integration of multi-view graph can significantly enhance model performance. However, their performance is still not as strong as the proposed DDI method in addition to the MIRACLE. MIRACLE and DDI futher considers the importance of the message passing within chemical bonds inside drug molecular graphs and maintains a balance between multi-view graph information to learn more comprehensive drug representations. In contrast, **SEAL-CI** and **NFP-GCN** explicitly model multi-view graphs but overlook the information equilibrium between different views. Additionally, **DM-DDI** uses a self-attentive mechanism to generate inter-view drug representations by selecting the most significant atoms for meaningful functional groups in DDI reactions while ignoring noisy, meaningless substructures. However, compared with the **MIRACLE**, our method **DM-DDI** achive better performace on the metrics AUPRC and F1 Score with additional feature space matching and output space matching in a more efficient way.

#### Comparison on the ChCh-Miner dataset

In this experimental section, we aim to assess the performance of our pro-

Algorithm	Performance		
	AUROC	AUPRC	F1
NN	$67.81 \pm 0.25$	$52.61 \pm 0.27$	$49.84 \pm 0.43$
LP-Sub	$93.39 \pm 0.13$	$89.15\pm0.13$	$79.61 \pm 0.16$
LP-SE	$93.48 \pm 0.25$	$89.61 \pm 0.19$	$79.83 \pm 0.61$
LP-OSE	$93.50 \pm 0.24$	$90.31 \pm 0.82$	$80.41 \pm 0.51$
Ens	$95.20 \pm 0.14$	$92.51 \pm 0.15$	$85.41\pm0.16$
SSP-MLP	$92.51 \pm 0.15$	$88.51 \pm 0.66$	$80.69 \pm 0.81$
GCN	$91.91 \pm 0.62$	$88.73 \pm 0.84$	$81.61 \pm 0.39$
GIN	$81.45 \pm 0.26$	$77.16 \pm 0.16$	$64.15\pm0.16$
AttGA	$92.84 \pm 0.61$	$90.21 \pm 0.19$	$70.96 \pm 0.39$
GAT	$91.49 \pm 0.29$	$90.69 \pm 0.10$	$80.93 \pm 0.25$
SEAL-CI	$92.93 \pm 0.19$	$92.82\pm0.17$	$84.74\pm0.17$
NFP-GCN	$93.22 \pm 0.09$	$93.07 \pm 0.46$	$85.29 \pm 0.38$
MIRACLE	$ 98.95\pm0.15$	$98.17 \pm 0.06$	$93.20 \pm 0.27$
DM-DDI	98.42	96.31	92.72

Table 3: Comparative evaluation results on ZhangDDI

posed **DM-DDI** method on datasets with limited labeled DDI links. We only compare **DM-DDI** with graph-based baselines because this dataset lacks similarity-based fingerprints for drug pairs. Due to this limitation, **AttGA** is not applicable to this dataset. The results are presented in Table 4.

Clearly, methods that consider multi-view information, such as **SEAL-CI**, **NFP-GCN**, **MIRACLE** and **DM-DDI** outperform baselines that rely on single-view information. However, **DM-DDI** outhsines them all, demonstrating its superiority on datasets with scarce labeled data.

The graph contrastive learning component in **MIRACLE** effectively integrates and balances information from different views, enabling **MIRACLE** learns drug representations better with limited labeled DDI links. However, the compution cost of **MIRACLE** is expensive compared with our proposed model **DM-DDI**. The proposed method **DM-DDI** also considers integration and balance information from intra-view and inter-view using the feature and output space matching, considering the DDI network's structural information when making the final predicting decisions, which helps the model extracts the most useful information from all dimensional features for DDI prediction. We further verify our points by a small ablation study in which we adjust the training ratio of the dataset in subsection 3.4.

#### Comparison on the DeepDDI dataset

To assess the scalability of our proposed method, we conducted experiments on a large-scale dataset, *DeepDDI*, which contains abundant labeled data and DDI information. In Table 7, we compare the performance of our approach to

Algorithm	Performance			
	AUROC	AUPRC	F1	
GCN	$82.84 \pm 0.61$	$84.27\pm0.66$	$70.54 \pm 0.87$	
GIN	$70.32\pm0.87$	$72.41 \pm 0.63$	$65.54 \pm 0.97$	
GAT	$85.84 \pm 0.23$	$88.14 \pm 0.25$	$76.51\pm0.38$	
SEAL-CI	$90.93 \pm 0.19$	$89.38 \pm 0.39$	$84.74\pm0.48$	
NFP-GCN	$92.12\pm0.09$	$93.07 \pm 0.69$	$85.41 \pm 0.18$	
MIRACLE	$96.15 \pm 0.29$	$95.57 \pm 0.19$	$92.26 \pm 0.09$	
DM-DDI	92.59	97.94	97.82	

Table 4: Comparative evaluation results on *ChCh-Miner* 

the baseline methods. Many baseline approaches rely on similarity-based fingerprints, which often require a significant number of non-structural similarity features, which may be lacking in this large scale dataset. Therefore, we only consider models that are applicable to this dataset, including **NN** and **SSP-MLP**. Among the graph-based methods, we exclude **AttGA** due to the absence of many necessary drug features. Additionally, We do not present experimental results for **GIN** and **NFP-GCN** due to their inferior performance and space limitation.

MLP-SSP outperforms NN, primarily because the former framework is based on deep neural networks. GCN achieves better results than GAT, further underscoring the importance of inter-view information in DDI predictions. Among the baselines, SEAL-CI follows follows the proposed method DM-DDI model closely, emphasizing the strength of the multi-view graph framework. MIRACLE is the method using contrastive learning in the integration information from different view. DM-DDI using another efficient way in the distribution matching and significantly outperformed other baseline methods in terms of all the three metrics.

Algorithm	Performance			
	AUROC	AUPRC	F1	
NN	$81.81 \pm 0.37$	$80.82\pm0.20$	$71.37\pm0.18$	
SSP-MLP	$92.28 \pm 0.18$	$90.27 \pm 0.28$	$79.71 \pm 0.16$	
GCN	$85.53 \pm 0.17$	$83.27\pm0.31$	$72.18\pm0.22$	
GAT	$84.84 \pm 0.23$	$81.14\pm0.25$	$73.51\pm0.38$	
SEAL-CI	$92.83 \pm 0.19$	$90.44 \pm 0.39$	$80.70\pm0.48$	
MIRACLE	$95.51 \pm 0.27$	$92.34 \pm 0.17$	$83.60 \pm 0.33$	
DM-DDI	93.17	96.48	95.82	

Table 5: Comparative evaluation results on *DeenDDI* 



Fig. 4: Parameter sensitivity study on CHMiner

#### 3.4 Ablation Study

# Different matching loss comparision

To achieve kinds of different matching loss comparison, we conducted experiments on DM-DDI based on different matching loss using *CHMiner* datasets. The results are shown in Table 5. We can see our DMR matching loss outperformed than the coral, MMD, GAN, JSD and DV matching loss.

Method	Performance		
momou	F1	ACC	
	11	1100	
DMR-coral	97.838	96.245	
DMR-MMD	97.84	96.25	
DMR-GAN	97.75	96.08	
DMR-JSD	97.83	96.23	
DMR-DV	98.38	97.11	
DMR-CMD	98.66	97.59	

Table 6: Comparision of Different Matching Loss on CHMiner

We conduct ablation experiments on the *ChCh-Miner* dataset to validate the feature space matching and output space matching component's effectiveness and in our **DM-DDI** model. The experimental results are reported in Table 4. To better understand the differences between DM-DDI with and without the feature and output space matching component, we can observe that DM-DDI effectively

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learns drug embeddings with conclusion two space matching components. DM-DDI with the feature and output space matching component can also achieve high performance.

Table 7: Ablation experimental results on fm & om. "-fm" means removing the feaure space matching loss, and "-fm & om" means removing both reature and output space matching losses.

Method		Performance		
	F1	ACC		
DM-DDI	98.66	97.59		
-fm	98.322	96.99		
-fm and -om	98.38	97.11		

**Parameter Sensitivity** In our model in equation 9, there are two major parameters  $\alpha_1$  and  $\alpha_2$ . In this subsection, we evaluate the impacts of them, together with the dimensionality of drug embeddings  $d_g$  on the *CHMiner* dataset. Figure ?? to ?? show the results by changing one parameter while fixing another one.

First, we vary  $\alpha_1$  by {1e-1, 1e-2, 1e-3, 1e-4, 1e-5, 1e-6}, and fix  $\alpha_2 = 0.8$ . Here, for parameter study purpose,  $\alpha_2$  is set to its optimal value on this dataset instead of the default value 1. From the figure, our method is quite stable in a wide range of  $\alpha_1$  and achieves the best performance when  $\alpha = 1e - 6$  in terms of F1 Score. Next, we vary  $\alpha_2$  by {8e-1, 8e-2, 8e-3, 8e-4, 8e-5, 8e-6} with  $\alpha_1 = 1e - 6$  and  $d_g = 256$ . As can be seen, the near optimal performance at  $\alpha_2 = 8e - 4$  justifies our parameter setting. Overall,  $\alpha_1$  and  $\alpha_2$  are stable w.r.t these parameters. Moreover, the non-zero choices of  $\alpha_1$  and  $\alpha_2$  demonstrate the importance of the loss terms in our model.

We also take a parameter ( $\alpha_1$  and  $\alpha_2$ ) test on the metric of Acc. As can be seen, the near optimal performance at  $\alpha_1$ =1e-6 and  $\alpha_2 = 8e - 4$  justifies our parameter setting. Overall,  $\alpha_1$  and  $\alpha_2$  are stable w.r.t these parameters. Moreover, the non-zero choices of  $\alpha_1$  and  $\alpha_2$  demonstrate the importance of the loss terms in our model.

ylabel=Objective function value, xmin=-10, xmax=610, ymin=-450, ymax=2100, xtick=0,150,300,450,600, ytick=-400,200,800,1400,2000, legend pos=north east, ymajorgrids=true, grid style=dashed, no markers, every axis plot/.append style=thick

# 4 conclusion

To effectively harness the rich multi-view graph information within the DDI network, we introduce **DM-DDI** for the task of DDI prediction in this paper. **DM-DDI** adopts a multi-view graph perspective for learning drug embeddings, achieved trough an end-to-end framework comprising a bond-aware message passing network and a GCN encoder. Furthermore, we introduce a novel

distribution matching approach to balance information from different views. Additionally, the DM-DDI also designs two predictors based on both views to maximize the utilization of available information. Through extensive experimentation with various datasets, we have substantiated that DM-DDI is not only highly effective but also efficient in its DDI prediction capabilities include computation cost.

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