# **Supplementary data**

## **Kernelized rank learning for personalized drug recommendation**

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#### **SUPPLEMENTARY METHODS**



### **SUPPLEMENTARY TABLES**

Table S1. Datasets, ranging four different molecular data types, used for the evaluation of KRL.



All datasets were downloaded from the GDSC website:

http://www.cancerrxgene.org/gdsc1000/GDSC1000\_WebResources/

<sup>a</sup> continuous features encoding the RMA-normalized (robust multi-array average) basal expression of 17,737 genes <sup>b</sup> binary features encoding if the given cell line carried variants in recurrently mutated sites of one of the 300 candidate cancer genes (CGs) identified in the analyses of 6,815 patient tumors

c binary features encoding if the given cell line carried one of the 425 recurrently aberrant copy number segments (RACSs) identified in the analyses of 8,014 patient tumors

<sup>d</sup> binary features encoding if the given cell line carried one of the 378 hypermethylated informative CpG islands (iCpGs) located in gene promoters identified in the analyses of 6,166 patient tumors



Table S2. Sets of hyper-parameter values used to optimize each of the compared methods using threefold cross-validation on the training set.

We used grid search to find an optimal combination of the given parameters.

### **SUPPLEMENTARY FIGURES**



Fig. S1. Comparison of KRL with related work in terms of NDCG@k using the full training dataset for different values of the evaluation parameter  $k$ , which controls the number of predicted recommendations that are compared with the true drug ranking. The error bars show standard deviations from three cross-validation folds.



Fig. S2. Comparison of KRL with related work in terms of NDCG@5 using the subsampled training datasets. The error bars show standard deviations from ten randomly subsampled training datasets.



Fig. S3. Comparison of KRL with related work in terms of NDCG@5 (a, c, e) and Precision@5 (b, d, f) using the subsampled training datasets, keeping five, three, and ten drugs (q) per cell line  $[(a-b), (c-d),$  and  $(e-f)$ , respectively] sampled from a predefined fraction (r) of the cell line's most effective drugs. The error bars show standard deviations from ten randomly subsampled training datasets.



Fig. S4. Comparison of KRL with related work in terms of NDCG@k (a, c, e) and Precision@k (b, d, f), for different values of the evaluation parameter k, using the subsampled training datasets, keeping five, three, and ten drugs  $(q)$  per cell line  $[(a-b), (c-d),$  and  $(e-f)$ , respectively] sampled from the 20% of the cell line's most effective drugs (r). The error bars show standard deviations from ten randomly subsampled training datasets.

#### *Supplementary data*



Fig. S5. Histograms comparing the distributions of percentile ranks of drugs recommended by KRL and the second best method, KBMTL, using the subsampled training datasets, keeping (a) three and (b) ten drugs  $(q)$  per cell line sampled from a predefined fraction  $(r)$  of the cell line's most effective drugs.



Fig. S6. Comparison of KRL with related work across the four molecular data types: gene expression (GEX), whole-exome sequencing (WES), copy number variation (CNV), and DNA methylation (MET). The six compared methods were evaluated in terms of NDCG@5 using the subsampled training datasets, keeping five drugs  $(q)$  per cell line sampled from a predefined fraction  $(r)$  of the cell line's most effective drugs. The error bars show standard deviations from ten randomly subsampled training datasets.