

# Mathematical challenges in the treatment of cancer.

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Claremont Colleges, Claremont, California

*MathFest2010*  
*Pittsburgh - PA*

August 6, 2010

Cancer:  
Mathematical  
Challenges

Ami  
Radunskaya

Population  
Models

Chemotherapy  
and  
Optimization

Spatial  
Models

Vaccines



MODEL INSTITUTIONS FOR EXCELLENCE PROGRAM  
SPELMAN COLLEGE



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# Cancer Modeling is a Huge Field



2006 Falconer Lecture

Trachette Jackson:

“Cancer Modeling: From the Classical to the Contemporary”

# Outline

- 1 Population Models
- 2 Chemotherapy and Optimization
- 3 Spatial Models
- 4 Vaccines

# Doctors **DO** read

- in their spare time!

---



## M.O.M.

Charles Wiseman, M.D.  
Los Angeles Institute of  
Oncology  
St. Vincent's Hospital





# A tale of cooperation



Lisette dePillis

And so many more!

Dann Mallet  
Seema Nanda  
Weiquing Gu  
Shari Pilon-Thomas  
Sarah Hook  
Kasia Resniak  
Angela Gallegos  
Minaya Villasana

Kathe Todd-Brown  
Allison Wise  
Hana Ueda  
Megan Hunter  
Chris DuBois  
Sam Antill  
Rob Donnelly  
Liz Howe  
Chris DeBoever  
Helen Wu  
Katherine Belsky  
Ryan Handoko

# What they learned in Medical School



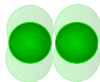
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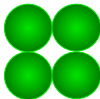
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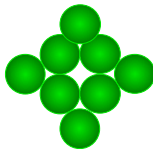
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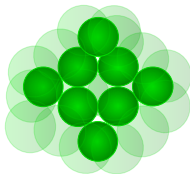


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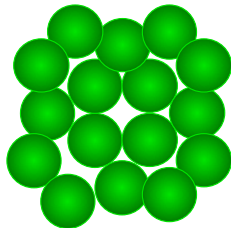




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After  $k$  doublings:  $2^k$  cells.

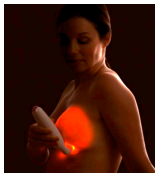
# Implications of exponential growth:

- If we start with one cell:



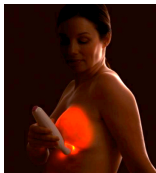
# Implications of exponential growth:

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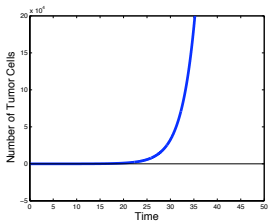


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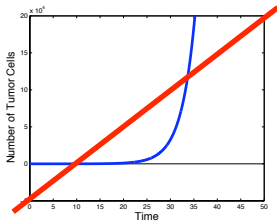
- If we start with one cell:
- then it takes 44 days to detect a 7mm tumor
- and after 98 days the tumor will be the size of a **beach ball**



# Exponential growth is not consistent with clinical observations

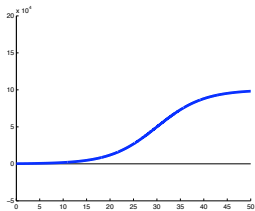
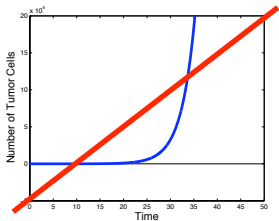


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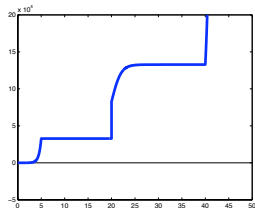
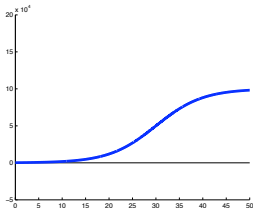
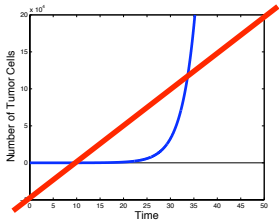




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# Predator-Prey Models

## Example: The Canada Lynx and the Snow Hare



Equations:

$$\begin{aligned}\frac{dS}{dt} &= rS(1 - S) - c_1 SC \\ \frac{dC}{dt} &= -dC + c_2 SC\end{aligned}$$

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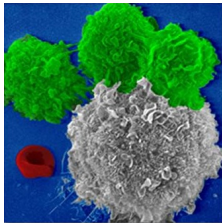
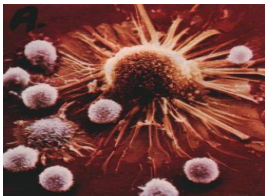


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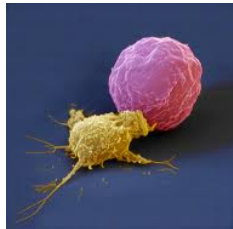
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# Predator-Prey Models

The predators in the immune system are the **cytotoxic T-cells** <sup>1</sup>



and the **Natural Killer cells** <sup>2</sup>.



<sup>1</sup> <http://www.alkalizeforhealth.net>

<sup>2</sup> Prof. Dr. Rupert Handgretinger



# A model of tumor-immune interactions

$T$ : Tumor Cells

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The simplest interaction terms are of the form:

Power Kill Term

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A power kill term could not be reconciled with data involving CTL's.



# Comparison with data: patients

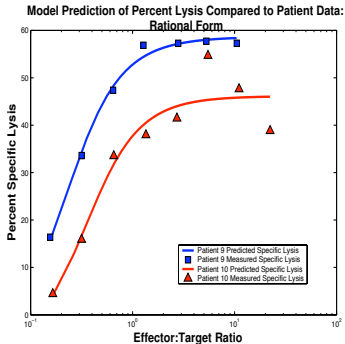
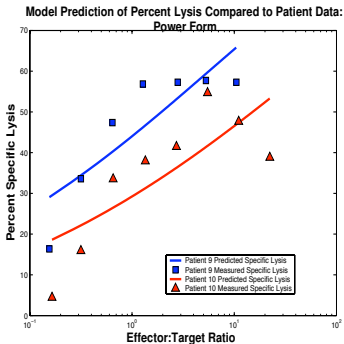
3

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$$\leftarrow C_L(T, L) = kTL^p$$

# Comparison with data: patients

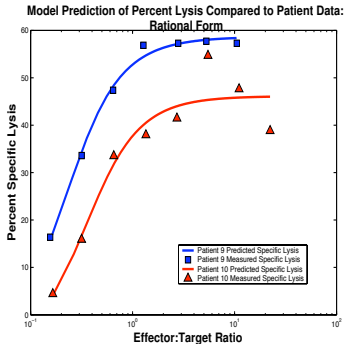
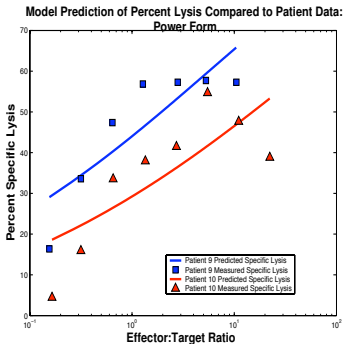
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$$C_L(T, L) = \frac{k(L/T)^p}{s + (L/T)^p} \rightarrow$$

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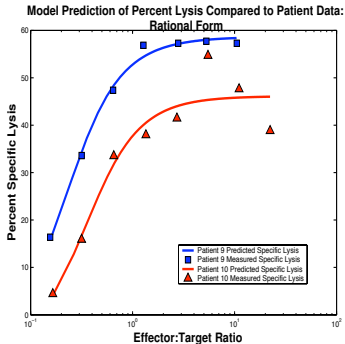
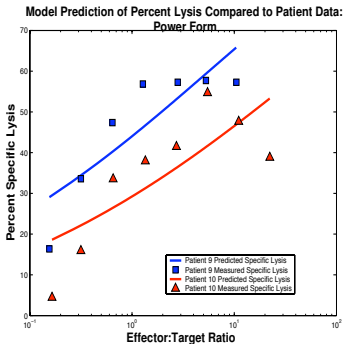
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**Conclusion:** The kill rates by activated, antigen specific cytotoxic immune cells obey a *ratio-dependent* law.

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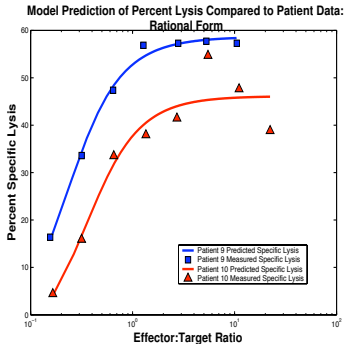
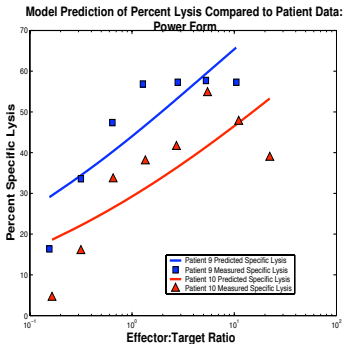
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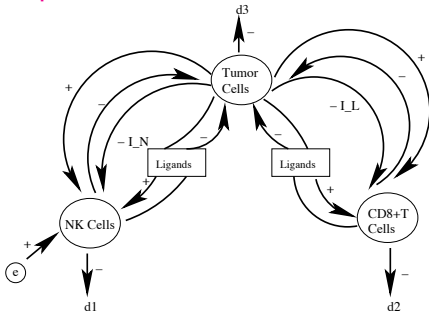
Vaccines



$$C_L(T, L) = \frac{k(L/T)^p}{s + (L/T)^p}$$

Dr. Wiseman calls this the **dePillis-Radunskaya Law**

# Population model with the dePillis-Radunskaya Law



$$\frac{dT}{dt} = aT(1 - bT) - cNT - D$$

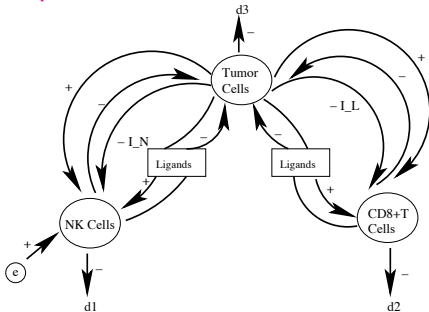
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$$\frac{dL}{dt} = -mL + \frac{jD^2}{k + D^2} L - qLT + rNT$$

$$\text{where } D = d \frac{\frac{L^p}{T}}{s + \frac{L^p}{T}} T.$$

NOTE: The functional forms of the lysis terms distinguish NK-cells & CD8+T-cells.

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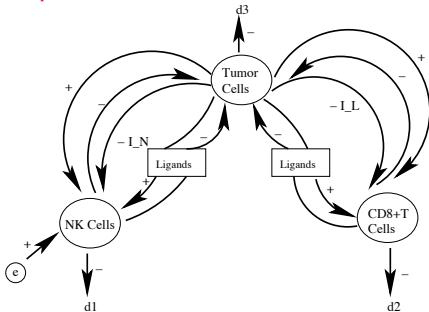
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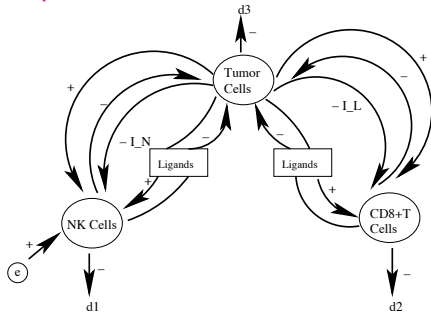
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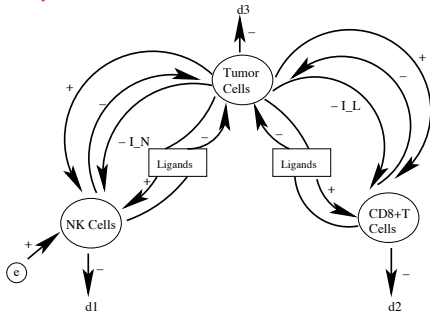
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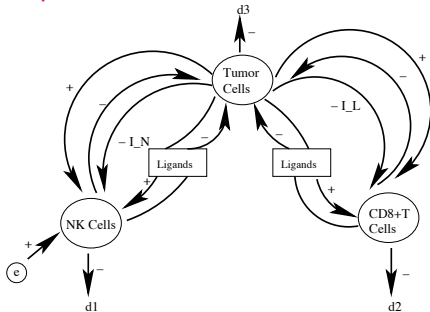
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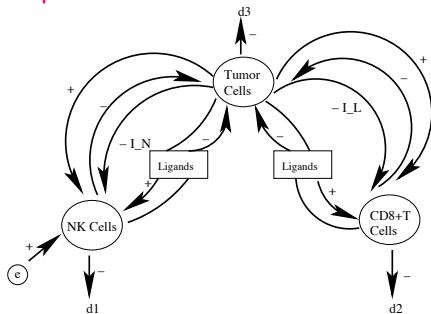
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The mechanisms behind the dePillis-Radunskaya Law is still not understood.

**Intuitively:** Immune cell population density should influence average immune cell kill rate.

**Empirical Evidence:** Most natural systems are closer to ratio dependence than to “prey” dependence. *From the ecological literature.*

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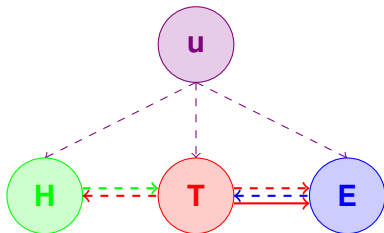
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## A model with chemotherapy <sup>4</sup>



$$\text{Tumor: } \frac{dT}{dt} = r_1 T(1 - b_1 T) - c_1 TE - c_2 TH - a_1(1 - e^{-u})T$$

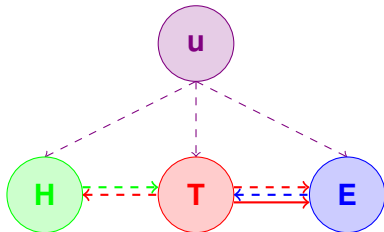
$$\text{Effector (immune): } \frac{dE}{dt} = s + r_2 E \frac{T}{k + T} - d_1 E - c_3 ET - a_2(1 - e^{-u})E$$

$$\text{Host (normal): } \frac{dH}{dt} = r_3 H(1 - b_2 H) - c_4 TH - a_3(1 - e^{-u})H$$

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## A model with chemotherapy <sup>4</sup>



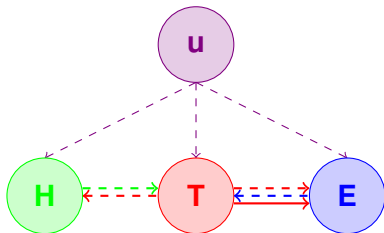
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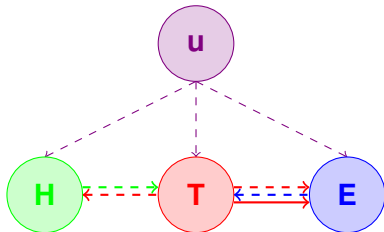
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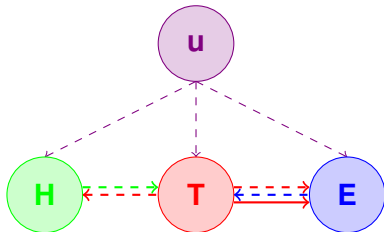
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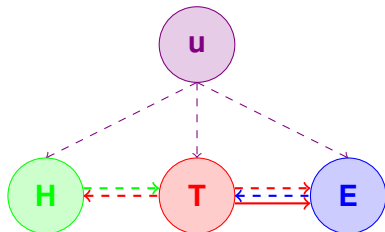
$$\text{Tumor: } \frac{dT}{dt} = r_1 T(1 - b_1 T) - c_1 TE - c_2 TH - a_1(1 - e^{-u})T$$

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# Optimize Treatments

- Find the control variable  $v(t)$  that minimizes the objective functional

$$J(v) = K_1 T(t_f) + K_2 \int_{t_0}^{t_f} T(t) dt$$

- subject to the differential equations with Initial Conditions
- and the inequality constraints

$$H(t) \geq .75 \times H_{normal}$$

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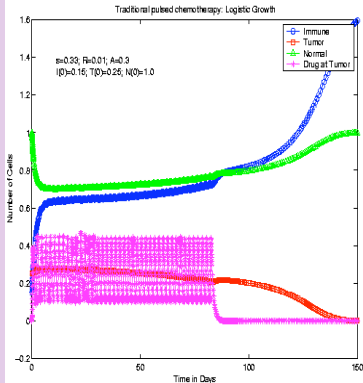
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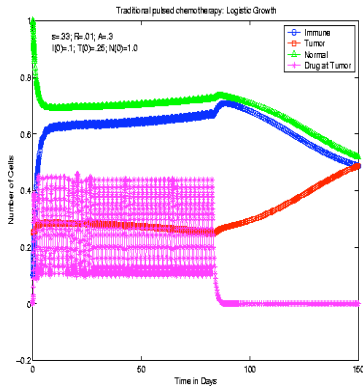
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## Tumor Growth - Traditional Pulsed Chemotherapy



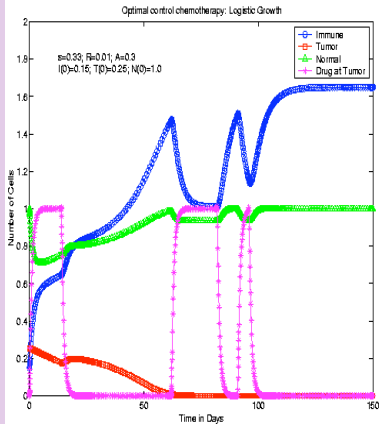
$$I(0) = 0.15$$



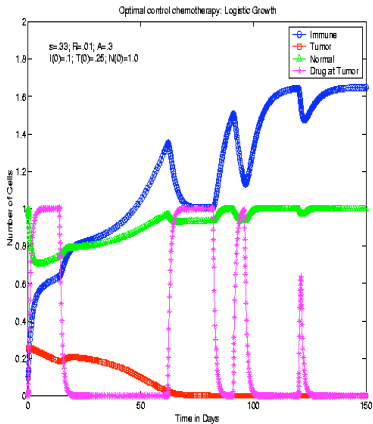
$$I(0) = 0.1$$

Red denotes tumor, Magenta denotes “shots” of drug.  
Blue denotes immune cells, Green denotes normal cells.

# Tumor Growth - Optimal Chemotherapy

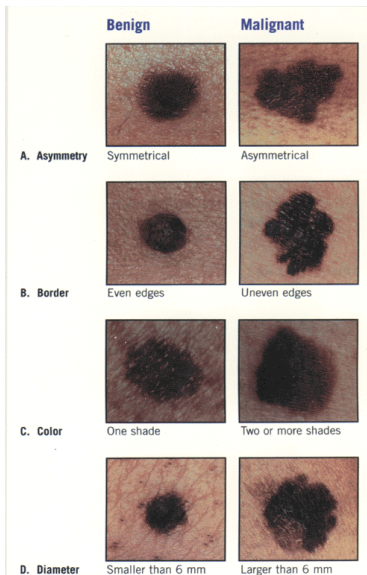


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$$I(0) = 0.1$$

# Morphology and Metastasis



This simple ABCD approach is a useful guide to help identify moles that should be evaluated. Photo courtesy of Schering Corporation.

# Cellular Automaton (CA)

Add spatial variability  $\Rightarrow$  need populations at each point in space as well as time.

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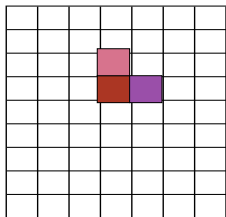
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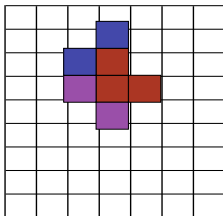
**EXAMPLE:** The grid is a discretization of a slice of tissue, the state is the cell population:



**Sample  
RULE:**

All cells  
divide

Max 100 per  
grid element -  
extras move  
to adjacent  
grid elements



 = 100

 = 75

 = 50

 = 25



# Cellular Automaton Model <sup>5</sup>

- Includes **Tumor** cells (living and necrotic), **Immune** cells (NK and CTL), and normal **Host** cells.
- Two types of nutrients: one for maintenance,  $M$ , e.g. oxygen and one necessary for cell division  $N$ , e.g. glucose.

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A change in the relative consumption rates of the two nutrients causes a change in the morphology

$$\lambda_m = 1.5, \quad \lambda_n = 1.5$$

$$\lambda_m = 1.5, \quad \lambda_n = 45$$

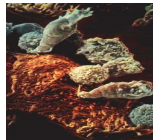
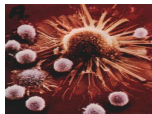
High innate immune level:  $I_0 = .003$

Low innate immune level:  $I_0 = .0005$

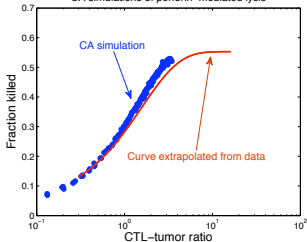
High CTL induction rate

Low CTL induction rate

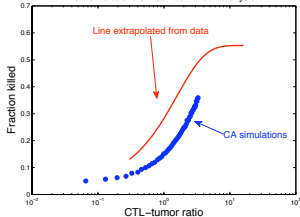
# Use spatial model to test mechanisms behind the dePillis-Radunskaya Law.



CA simulations of perforin-mediated lysis

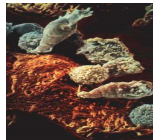


CA simulations of Fas/FasL-mediated lysis

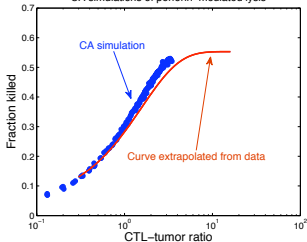


Theory: "Ratio-dependency" comes from perforin-mediated lysis

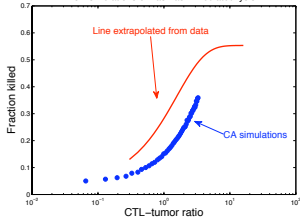
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## First FDA Approval of Therapeutic Cancer Vaccine A Milestone Victory for Field of Cancer Immunotherapy



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Released: 4/30/2010 7:00 PM EDT

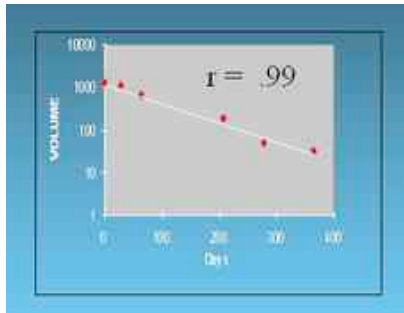
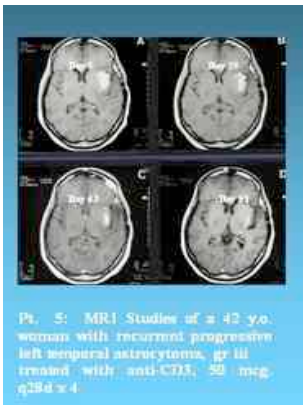
Source: Cancer Research Institute

(April 30, 2010 – New York, NY) The Cancer Research Institute celebrates yesterday's announcement of the first therapeutic cancer vaccine to receive approval from the U.S. Food and Drug Administration. The vaccine, called Provenge, is produced by Seattle biotech company Dendreon (NASDAQ:DNDN) and is designed to treat certain forms of advanced prostate cancer.

"The approval of a vaccine to treat cancer is a victory in the history of cancer therapy, and signals the beginning of a new era in cancer medicine," said Jill O'Donnell-Tormey, Ph.D., executive director of the U.S.-based Cancer Research Institute (CRI), a nonprofit organization founded in 1953 that has provided decades of significant support to cancer immunology researchers around the world so that the development of cancer immunotherapies such as Dendreon's Provenge might one day be possible.



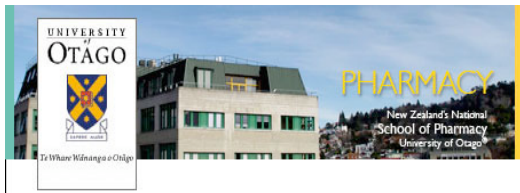
# Cancer Immunotherapy: clinical response to anti-CD3 T-cell vaccine. <sup>6</sup>



Anti-CD3 vaccine given on Day 0, retreat on Day 28

## A collaborative effort

This project is in close collaboration with a laboratory immunologist, **Dr. Sarah Hook**, *University of Otago, NZ*



# Measuring the immune response

- Two immune cell populations are measured in the laboratory that indicate antigen specific response:  $CD4^+$  (helper T-cells) and  $CD8^+$  (killer T-cells).
- The vaccine is a peptide recognized by Dendritic Cells (APC's).
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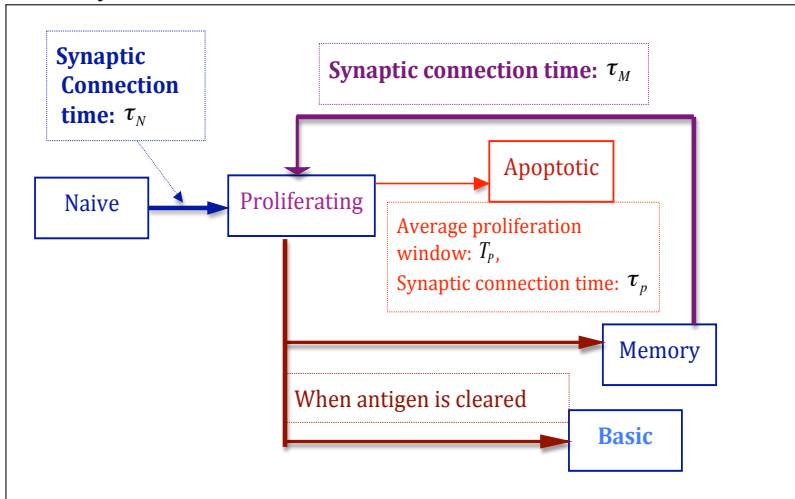


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# Model Flow: Each T-cell Type (CD4<sup>+</sup> and CD8<sup>+</sup>)

5 sub-populations: **N**aive, **P**roliferating, **A**poptotic, **B**asic, **M**emory



## Model DDE's (for each T-cell Type)

$$\dot{D} = \mu DB(t) - d_D D$$

...

$$\dot{N} = s - d_N N - g N_{\tau_N} D_{\tau_N}$$

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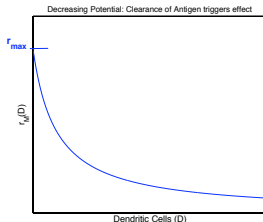
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and functions of  $D$  reflect *antigen clearance*:



# First Kinetics Experiments



- Mice were injected with OVA <sup>7</sup> after being injected with transgenic OVA-specific CD4 and CD8 cells.
- The numbers of cells were counted at various time points post-vaccination.

---

<sup>7</sup>Ovalbumin protein

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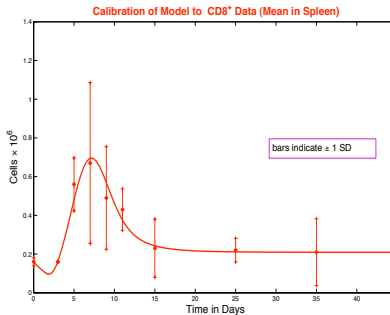
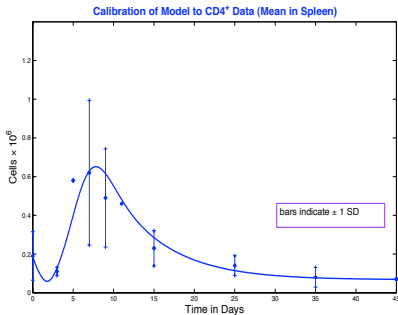


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# Calibrate the model to data



Note that the peak CD4<sup>+</sup> levels are slightly lower and come slightly later than the peak CD8<sup>+</sup> levels.



CD4 - Helper Cells  
T-cells

CD8 - Killer

# Optimization question: When to give the vaccines?

- Cancer vaccines are **weak antigens**.
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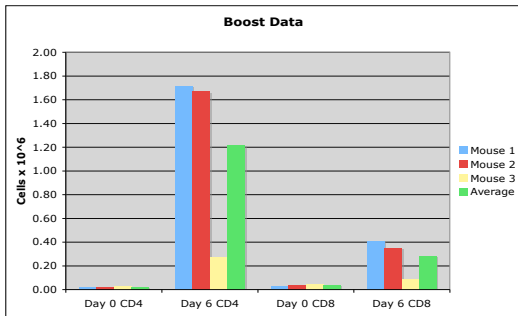
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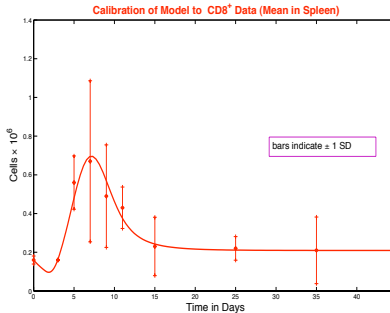
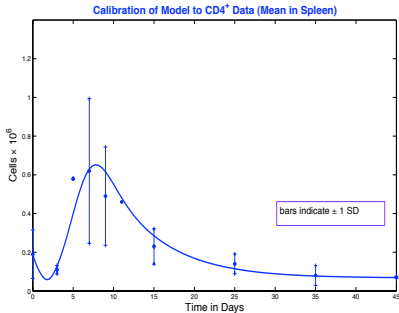
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# Preliminary Boosting Experiments Give Frustrating Results



CD8<sup>+</sup> expansion is much lower than expected. Where is the boosting effect?

# Boost given at peak of data points:



## Best Dosage Strategy

The number of antigen presenting cells in the spleen,  $D(t)$ , is directly affected by an **input function**,  $u(t)$ , that represents a controlled dose of weak antigen (**vaccine**) entering the blood stream.

**Optimization goal:** Find the **control** function,  $u(t)$  (**vaccine**) that **maximizes** the immune response: the number of effector T-cells in the **Blood** and/or the number of **Memory** cells.

**Admissible controls:**  $0 \leq u \leq u_{max}$ . *In practice: step functions.*

**Maximize:**

$$J(u) = k_1 v^T x(T_f) + k_2 \int_{T_0}^{T_f} w^T x(t) dt$$

where  $x$  is the vector of state variables,  $k_1, k_2, v, w$  indicate relative weights.

*In terms of a control problem, this is simple. However due to the delays in the equations, the situation*



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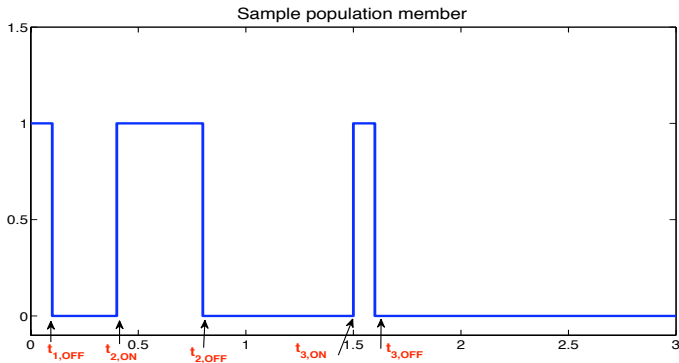
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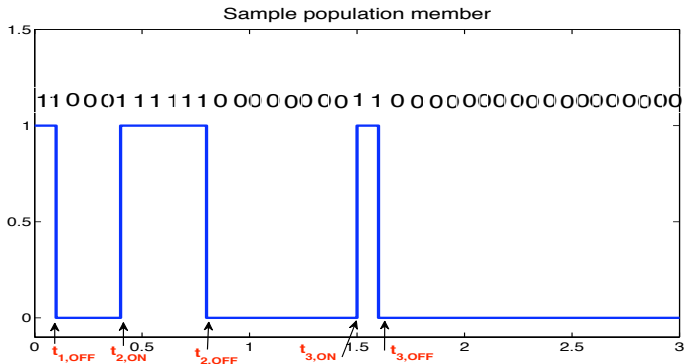
# Heuristic Optimization of Dose Times

Search space: “populations” of dosage timings and durations.



# Heuristic Optimization of Dose Times

Each “individual” is a sequence of “on”s and “off”s.



Optimization techniques: evolutionary algorithms, simulated annealing. <sup>8</sup>

- Example here: Genetic Algorithm.

1, 1, 0, 0, 0, 1, 1, 1, 1, 1, 1, 0, 0, 0, 0, 0, 0, 0, 0, 1, 1, 0, 0, 0, 0, 0, 0  
⇒ 1, 1, 0, 0, 0, 1, 1, 1, 1, 1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 1, 1, 0, 0, 0, 0, 0, 0

Restrict to one Boost with constant duration (mimics laboratory setup).

- Optimization choices: maximize peak response?  
Number of memory cells?

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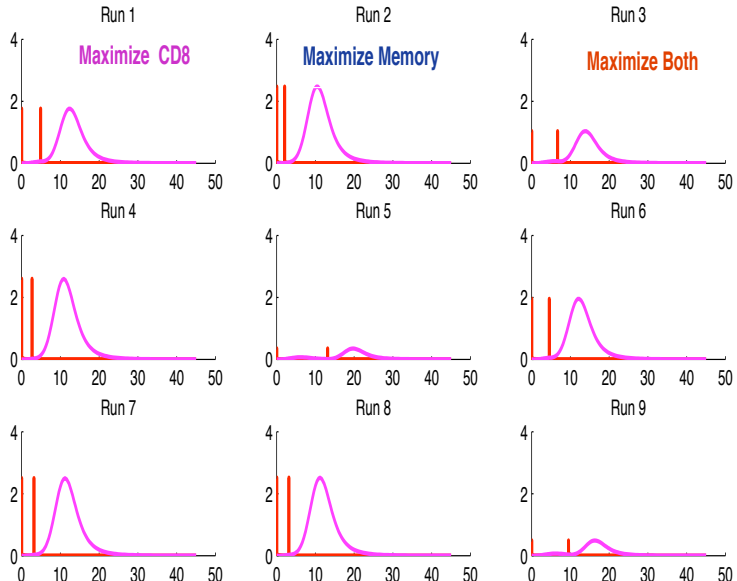
1, 1, 0, 0, 0, 1, 1, 1, 1, 1, 1, 0, 0, 0, 0, 0, 0, 0, 0, 1, 1, 0, 0, 0, 0, 0, 0  
⇒ 1, 1, 0, 0, 0, 1, 1, 1, 1, 1, 0, 0, 0, 0, 0, 0, 0, 0, 0, 1, 1, 0, 0, 0, 0, 0, 0

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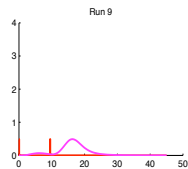
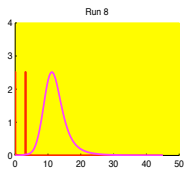
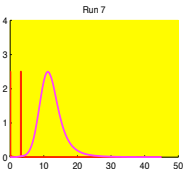
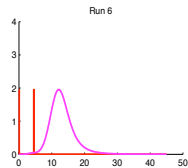
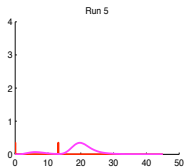
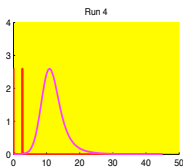
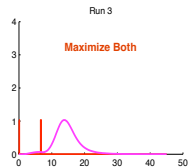
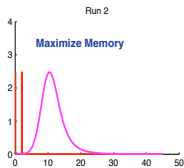
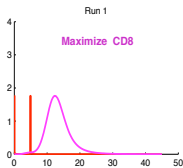
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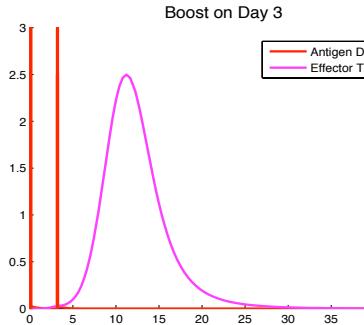
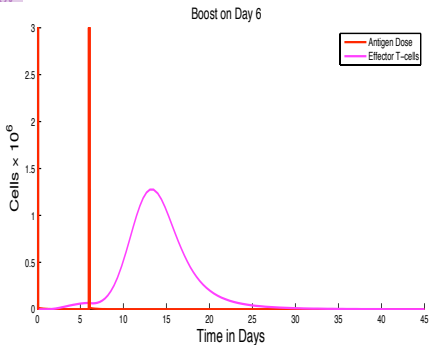
# Genetic algorithms yield many optimal candidates



# Select “Best of Bests”



# Compare GA result to “Standard” Protocol



# Conclusions

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- Spatial models can be used to study the effect of treatments such as radiation, insulin potentiation therapy and immunotherapies.
- A sensitivity analysis can suggest which parameters are the best indicators of patient response.

## Continuing Work:

- Dosage timings suggested by optimization results should be tested in the laboratory.
- A stability analysis suggests that adjuvants that decrease delays might sustain the production of effective T-cells. Confirm this theory with laboratory tests.
- Test theories of immune cell kill mechanisms in the laboratory.
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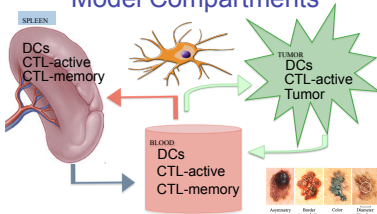
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### Melanoma/DC Trafficking Model Compartments



to hear more ...

Special session:

## Mathematical Modeling of the Immune Response, Cancer Growth and Treatments

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Thanks to the organizers and ...

**thanks for listening!**

aradunskaya@pomona.edu