Model-free based control of a HIV/AIDS prevention model

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Tuesday 7th September, 2021







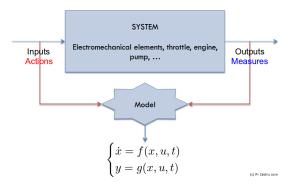
OUTLINE

- Presentation of the model-free control methodology
- Toward Para-Model control
- Para-model of the HIV-1
- Para-model control of the HIV-1 epidemiological model

Main idea of model-free control

Control today

Most existing works: need precise mathematical (often difficult) modelling

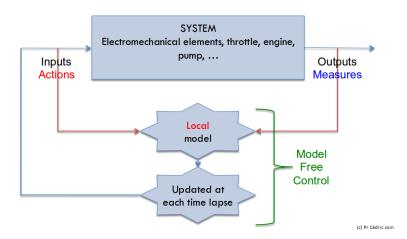


 PID (Proportional Integral Derivative) most common control law in practice (>95 %)

Main idea of model-free control

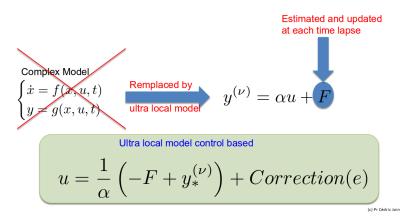
Model-free based control architecture

• From a complex system... to a simple local approximation



Main idea of model-free control

Model-free based control overview



- Same conceptual simplicity as PID controllers
- No need of precise modelling

Model-free control

Model-free based control discrete formal definition

(Fliess, Join - 2008)

Consider an unknown system $E: u \mapsto y$,

$$E(t, y, \dot{y}, \ldots, y^{(\iota)}, u, \dot{u}, \ldots, u^{(\kappa)}) = 0$$

MFC definition

To control y relating to a reference y^* , one considers the intelligent PI (i-PI) controller that reads:

$$u_k = u_{k-1} - \frac{1}{\beta} \left(\frac{\mathrm{d}y}{\mathrm{d}t} \bigg|_{k-1} - \left. \frac{\mathrm{d}y^*}{\mathrm{d}t} \right|_k \right) + \mathcal{C}(y^*|_k - y|_{k-1})$$

where $\mathcal C$ is a PI controller and β is a real constant; the tracking error is $\varepsilon = y^*|_{\nu} - y|_{\nu-1}$

• Numerical derivation of y necessary

Model-free control

In general, performances increase:

- development costs decrease
- maintenance costs decrease
- energetic costs decrease

Towards recent first applications in biology...

- Acute inflammation
- Wastewater denitrification
- Dynamic compensation for homeostasis
- Glycemia regulation

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Para-model control

Based on the original Model-free control...

Modified version of the orignal model-free control

Para-model control definition

To control y relating to a reference y^* , one considers the \mathcal{C}_{π} controller that reads:

$$u_{k} = \int_{0}^{t} K_{i} \varepsilon_{k-1} d\tau \bigg|_{k-1} \left\{ u_{k-1} + K_{p} (k_{\alpha} e^{-k_{\beta} k} - y_{k-1}) \right\}$$

where $K_i, K_p, k_\alpha, k_\beta$ are real coefficients to adjust

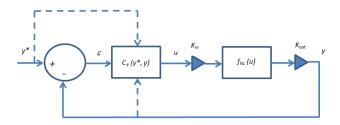
Derivative-free algorithm

Para-model control

Structural properties

Given an output reference y^* and a nonlinear system $y = f_{nl}(u)$, it is a priori possible:

- to *control* dynamical or static f_{nl} systems
- to *optimize* (look for extremum) dynamical or static f_{nl} systems



Para-model control

Matlab code

```
y_int(i) = M_alpha*exp(-M_beta*tt(i));
para_exp_err = y_int(i-1) - y(i-1);
para_stand_err(i) = y_ref(i) - y(i-1);
para_u(i) = para_u(i-1) + Kp*para_exp_err;
para_G(i) = Kint*para_stand_err(i);
para_tr(i) = para_tr(i-1) + h*(para_G(i) + para_G(i-1))/2;
para_u_final = para_u(i)*para_tr(i);
```

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Presentation

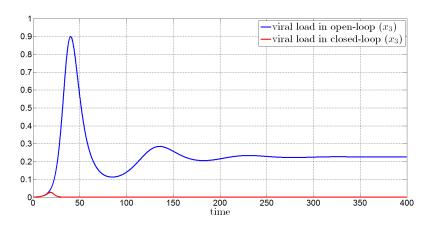
(Craig, Xia, Venter - 2004)

- Control of the predator-prey like model that describes the evolution of the HIV-1 dynamics when subjected to an external "medical agent"
- We do not take into account the constraints that are medically imposed

$$\begin{cases} \dot{x}_1 = s - dx_1 - (1 - u_1)\beta x_1 x_3 \\ \dot{x}_2 = (1 - u_1)\beta x_1 x_3 - \mu x_2 \\ \dot{x}_3 = (1 - u_2)kx_2 - cx_3 \\ y = \begin{pmatrix} 0 & 0 & \gamma \end{pmatrix} x \end{cases}$$

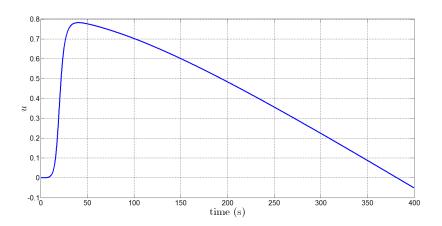
Control of the viral load

Open-loop vs closed-loop



Control of the viral load

• Evolution of the associated *u* variable "medical agent"



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HIV-1 epidemiological model

Presentation

(Silva, Torres - 2018)

Consider the SICAE mathematical model for HIV/AIDS transmission

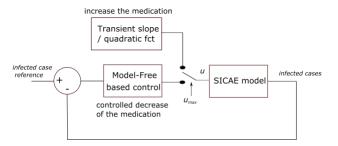
$$\begin{cases} \dot{S}(t) = \mu N - \frac{\beta}{N} (I(t) + \eta_C C(t) + \eta_A A(t)) S(t) - \mu S(t) - S(t) u(t) + \theta E(t), \\ \dot{I}(t) = \frac{\beta}{N} (I(t) + \eta_C C(t) + \eta_A A(t)) S(t) - (\rho + \phi + \mu) I(t) + \alpha A(t) + \omega C(t), \\ \dot{C}(t) = \phi I(t) - (\omega + \mu) C(t), \\ \dot{A}(t) = \rho I(t) - (\alpha + \mu) A(t), \\ \dot{E}(t) = S(t) u(t) - (\mu + \theta) E(t). \end{cases}$$

where u is the *driven* medication input and I is the *controlled* infected state

HIV-1 epidemiological model

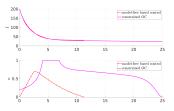
Control of the viral load

 Control sequence to drive the medication u in order to minimize the infected cases

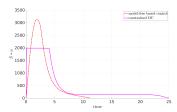


• The goal is to minimize the infected state I considering the SICAE model as a black box under the $Su \le 2000$ constraint

Controlled SICAE model using a linear increasing transient



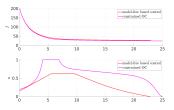
(a) Evolution of the infected state *I* versus the Time (year).



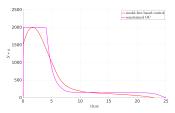
(b) Evolution of the controlled medication u versus the Time (year).

Evaluation of the unconstrained model-free based SICAE control

Controlled SICAE model using a linear increasing transient (I)



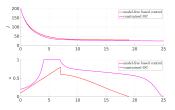
(c) Evolution of the infected state *I* versus the Time (year).



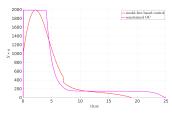
(d) Evolution of the controlled medication u versus the Time (year).

Evaluation of the constrained model-free based SICAE control (I)

Controlled SICAE model using a linear increasing transient (II)



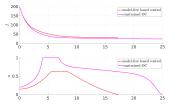
(e) Evolution of the infected state *I* versus the Time (year).



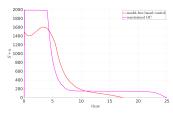
(f) Evolution of the controlled medication u versus the Time (year).

Evaluation of the constrained model-free based SICAE control (II)

Controlled SICAE model using a quadratic increasing transient (I)



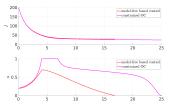
(g) Evolution of the infected state *I* versus the Time (year).



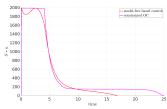
(h) Evolution of the controlled medication u versus the Time (year).

Evaluation of the constrained model-free based SICAE control (III)

Controlled SICAE model using a quadratic increasing transient (II)



(i) Evolution of the infected state *I* versus the Time (year).



(j) Evolution of the controlled medication u versus the Time (year).

Evaluation of the constrained model-free based SICAE control (IV)

Evaluation of the cost criteria

| Case | T_e | J_{u+1}^{Te} | $I(T_e)$ | $\max_{[0,t_e]} Su$ | U _{max} |
|----------------------------|-------|----------------|----------|---------------------|------------------|
| Unconst. model-free | 11.3 | 1.1510^{5} | 31.12 | 3129 | 0.70 |
| Const. model-free - S (I) | 19.0 | 2.3910^{5} | 29.80 | 1990 | 0.80 |
| Const. model-free - S (II) | 22.9 | 2.8610^{5} | 28.25 | 2000 | 0.62 |
| Const. model-free - Q (I) | 16.9 | 1.8310^{5} | 29.12 | 1989 | 0.70 |
| Const. model-free - Q (II) | 17.2 | 2.3910^{5} | 32.29 | 1604 | 0.62 |
| Unconst. OC | 25.0 | 1.6910^{5} | 21.95 | 9750 | 1 |
| Const. OC | 25.0 | 2.7210^5 | 24.23 | 1989 | 1 |

The goal is to minimize the (time-ponderated) ITSE index:

$$J_{u+I}^{Te} = \int_{0}^{T_e} \tau \left(u^2 + I^2 \right) d\tau \tag{1}$$

BFO-tuning of the Para-model control

Tuning of the control parameters

(Porcelli, Toint - 2015)

- DFO-based Brute Force Optimization (BFO) Matlab package
- For a given closed-loop, consider a performance index $\mathbb P$ (IAE, ISE, ITAE or ITSE) to minimize

PMA Tuning Optimization Procedure

Consider controlling an unknown system E over [0, t]. We expect to minimize a performance index \mathbb{P} of the closed-loop:

$$\min_{K_i, K_p, k_\alpha, k_\beta} \mathbb{P} \quad \text{e.g.} \quad \min_{K_i, K_p, k_\alpha, k_\beta} \int_0^t (y - y^*)^2 d\tau \qquad \text{(ISE)}$$

Conclusion and perspectives

- The asymptotic value of I may depend on both the initial medication condition u_0 as well as the max value u_{max} Rules to tune the control sequence could be deduced
- Modify the simulation experiments to better fit biological constraints and current treatments:
- Life-long combined therapy (vs. a single dose)
- Limited access to treatment: What percentage of population would need to be covered to see the effect on HIV neo-infections globally?
- Assess impact of disturbances on the output (e.g. super-infections, non-compliance to treatment)

Thank you for your attention!

- L. Michel, A para-model agent for dynamical systems, arXiv:1202.4707
- L. Michel, C.J. Silva, D.F.M. Torres, Model-Free based control of a HIV/AIDS prevention model, Mathematical Biosciences and Engineering, submitted.