

Physics-based models and simulations of cancer drug response in solid tumors

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2020 National Cancer Institute statistics:

- Almost 40% of men and women in the United States end up developing cancer in their lifetime.
- 57% of new cancer cases and 65% cancer related deaths are in less developed parts of Africa, Asia, and Central America.
▪ Underrepresented?
- National expenditure on cancer was \$ 147.3 Billion in 2017.
- Good news: cancer death rate in US fell by 26% from 1991 to 2015.

The effect of transport on efficacy

- Known since the 80's that ethanol kills solid tumor cells.
- Also kills healthy cells.
- Morhard *et al.* [1] mixed ethyl-cellulose with ethanol to change the fluidic properties of the drug.
- Ethyl-cellulose mixture achieved similar efficacy as previous studies while injecting a quarter of the volume.

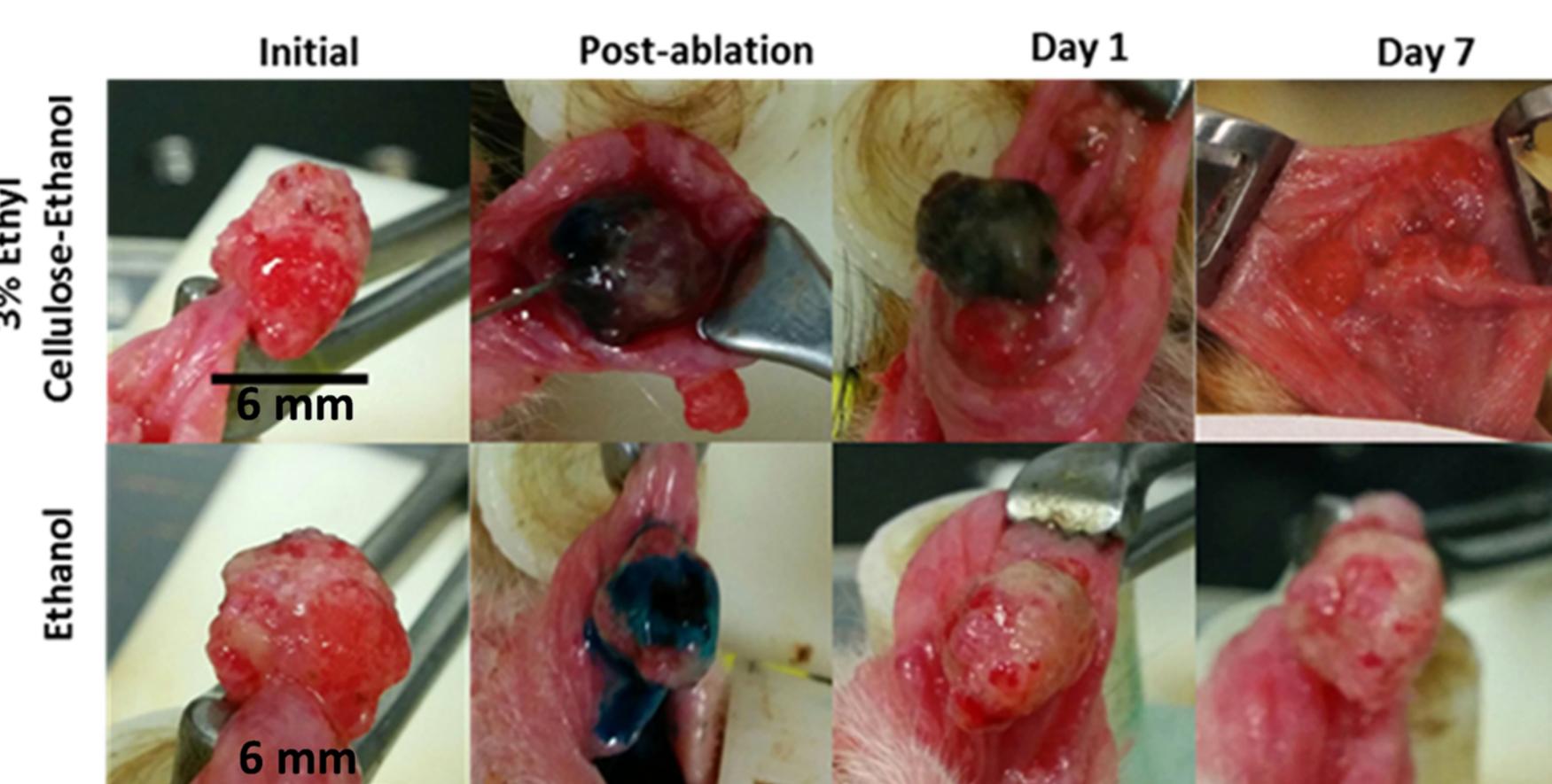
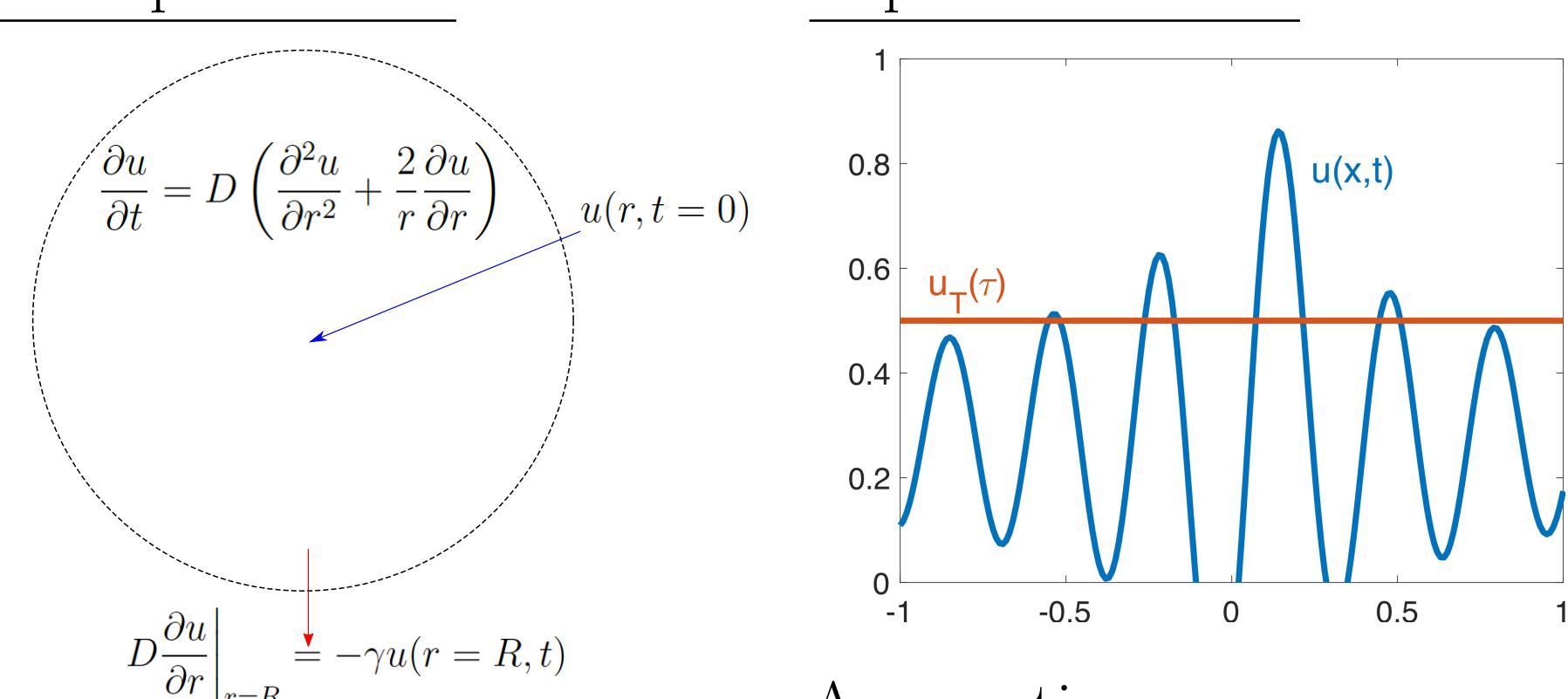


Figure: Morhard *et al.* [1]

Simple transport-population model

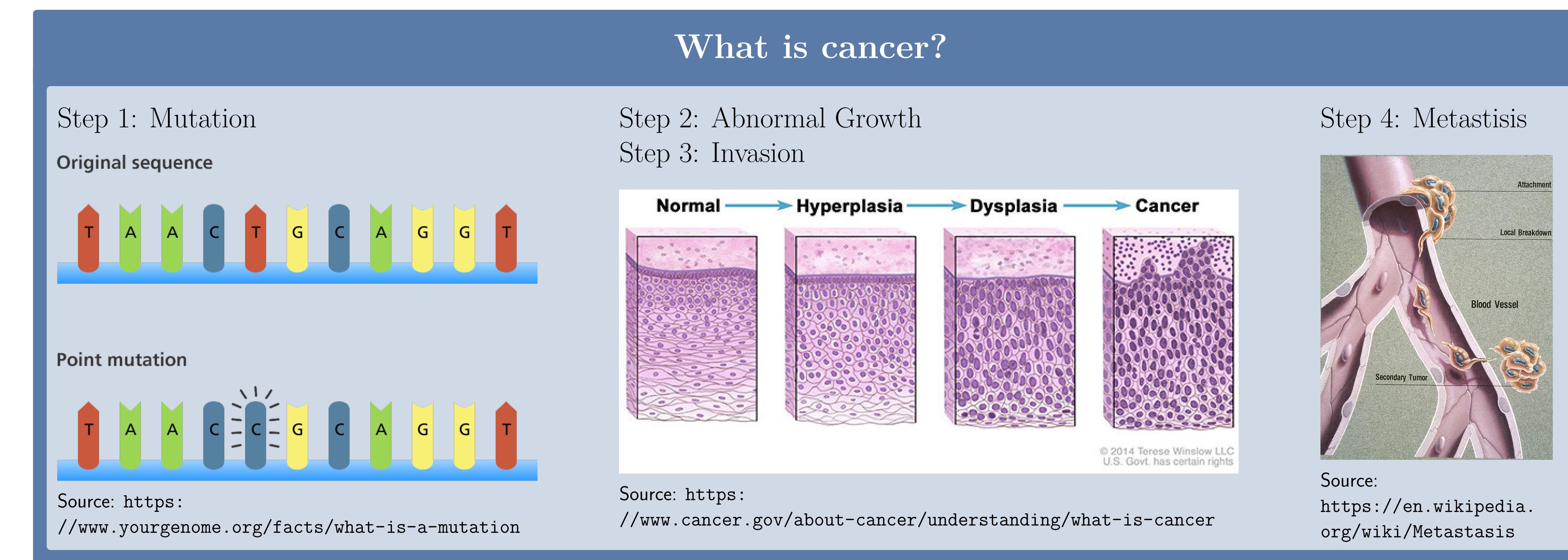
Developed by A.R. *et al.* [2] to build a transport-population modeling framework with predictive performance on par with data-driven models.

Transport model



Assumptions:

- Spherical solid tumor.
- Constant diffusivity.
- Leaky boundary.
- Injection into the center.
- Diffusion begins after injection ends.
- Minimum drug concentration, u_T , required to kill a cell.
- Once apoptosis is triggered in a cell it cannot be stopped [3].
- Natural cell death negates cell growth.



Challenges for simplest model

- Can the mechanistic model's performance be on par with its data-driven counterparts?
- Both efficacy and toxicity is necessary to develop a treatment strategy.
- Real-world tumor population dynamics is more complex.
- Initial mechanistic model required calibration, which would be too clumsy for real world implementation.
- Initial mechanistic model assumed homogeneous-isotropic spherical tumors.

Efficacy-toxicity model

Assumptions:

- Similar set up to simplest model.
- Only cancerous cells in the inner sphere.
- Only healthy cells outside of the sphere.
- Piecewise-constant diffusivity between healthy and cancerous cells.

$$\frac{\partial u}{\partial t} = D'(r) \frac{\partial u}{\partial r} + \frac{2}{r} D(r) \frac{\partial u}{\partial r} + D(r) \frac{\partial^2 u}{\partial r^2}; \\ D = 1 \text{ for } r \leq 1, D = D_h/D_c \text{ for } r > 1; \\ u(r=0, t) < \infty, u(r=\infty, t) = 0; \\ u(r, t=0) = \begin{cases} \frac{U_0}{V_0} \exp\left(1 - \frac{1}{1-r^2}\right) & \text{for } r < 1, \\ 0 & \text{for } r \geq 1; \end{cases}$$

- Using only two free parameters, the mechanistic model performs better than twelve parameter data-driven models.
- Can be used as an alternative to the ubiquitous Hill equation (state of the art for over 100 years) to fit dose-response curves.
- The model can perform two layer optimization: biochemistry and biophysics.

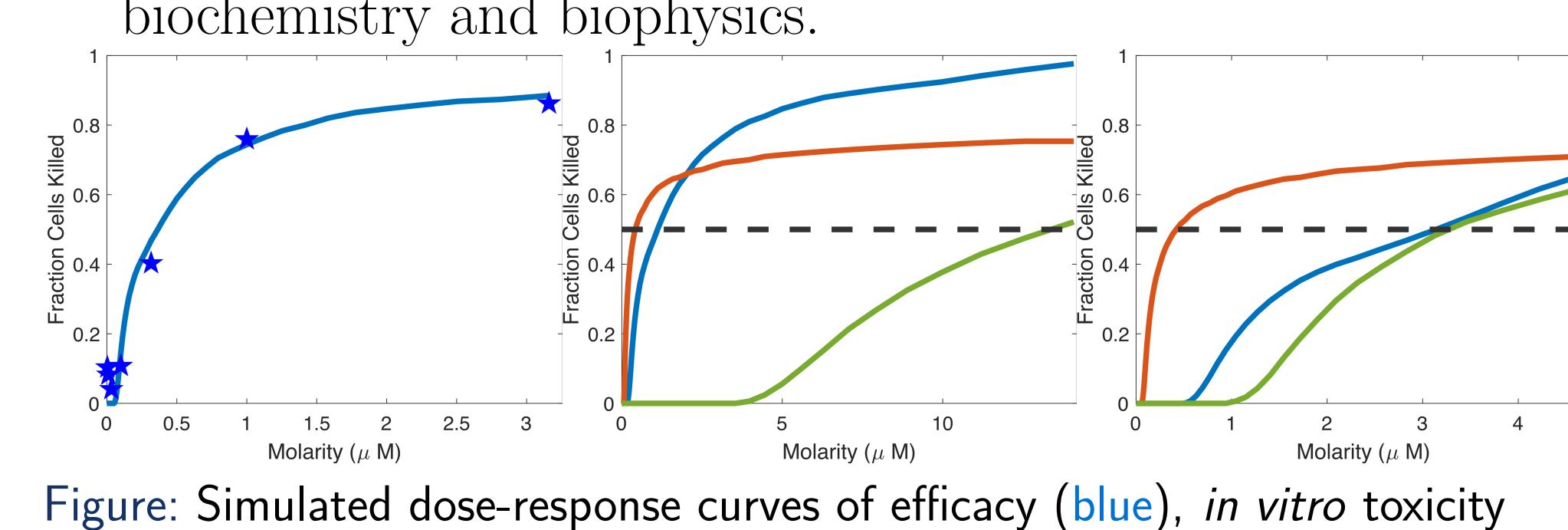


Figure: Simulated dose-response curves of efficacy (blue), in vitro toxicity (red), in vivo toxicity (green), and empirical observation (blue stars).

Brain tumors are different

- The brain is highly inhomogeneous and anisotropic.
- Tumors also become inhomogeneous and anisotropic.
- Diffusion tensor magnetic resonance imaging (DTI) is employed to map the inhomogeneities and anisotropies in the brain.

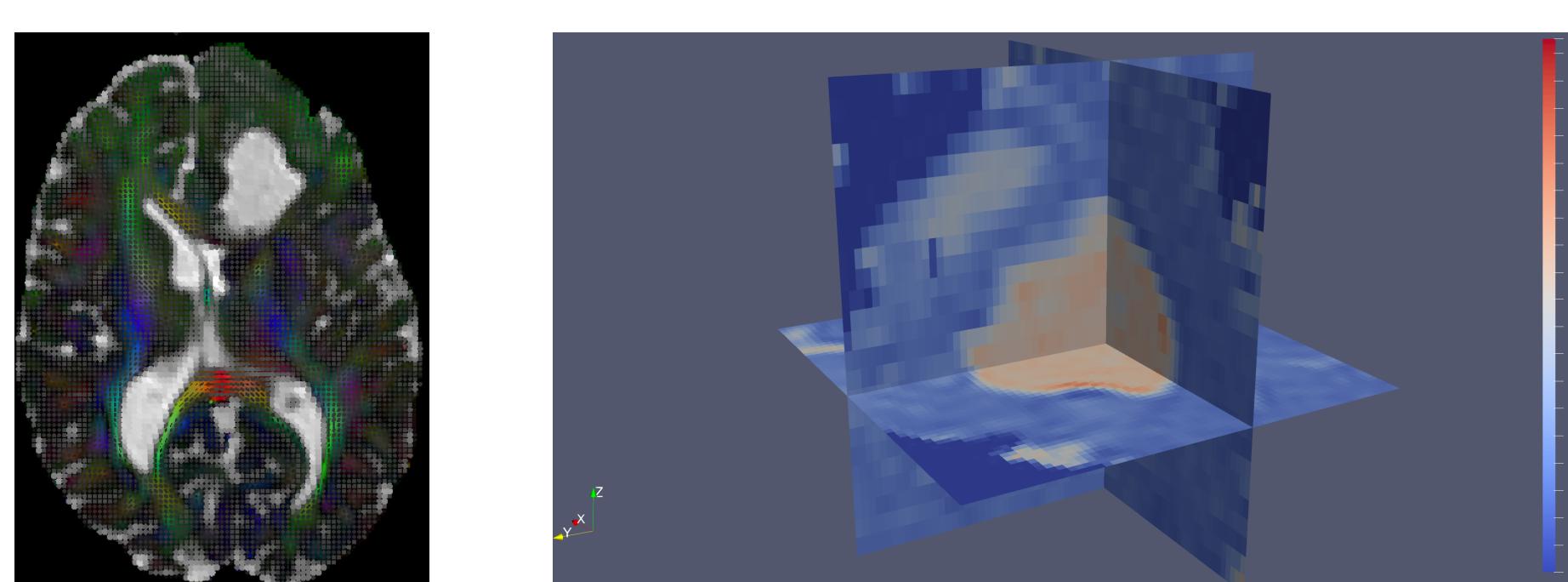


Figure: Left: DTI image of a brain. Right: Plot of diffusion tensor from three intersecting slices.

Inhomogeneous - anisotropic model

Developed by E.K. *et al.* [4] to model drug response in the brain from injection therapies such as *convection enhanced delivery*.

$$\frac{\partial u(\mathbf{x}; t)}{\partial t} = \nabla \cdot (\mathbf{D}(\mathbf{x}) \nabla u(\mathbf{x}; t)), \quad \mathbf{x} \in \Omega; \\ \mathbf{D}(\mathbf{x}) \nabla u(\mathbf{x}; t) \cdot \mathbf{n} = -\gamma u(\mathbf{x}; t), \quad \mathbf{x} \in \partial \Omega; \quad u(\mathbf{x}; t=0) = \bar{u}(\mathbf{x}),$$

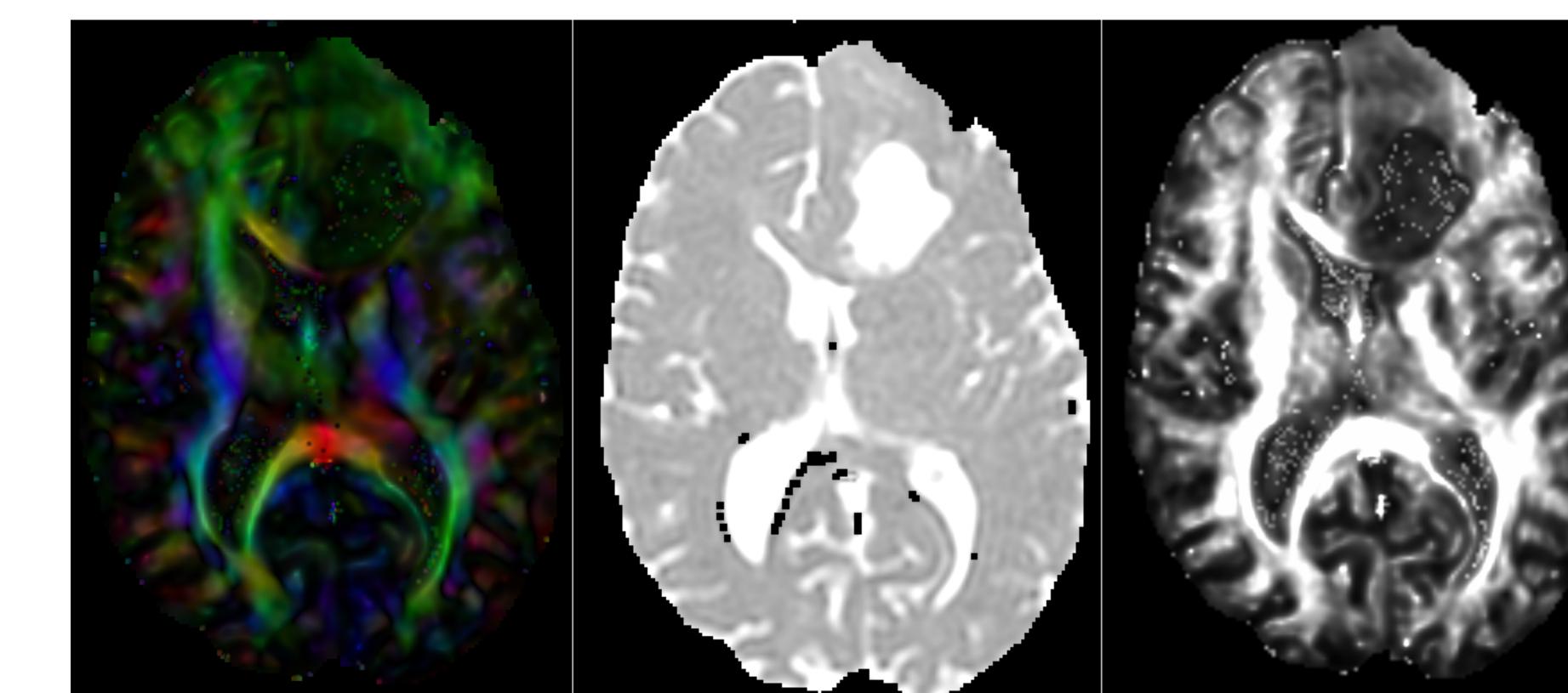


Figure: Visualizations of DTI volume, mean diffusivity, and fractional anisotropy constructed from the eigenvalues of diffusion tensor, $\mathbf{D}(\mathbf{x})$.

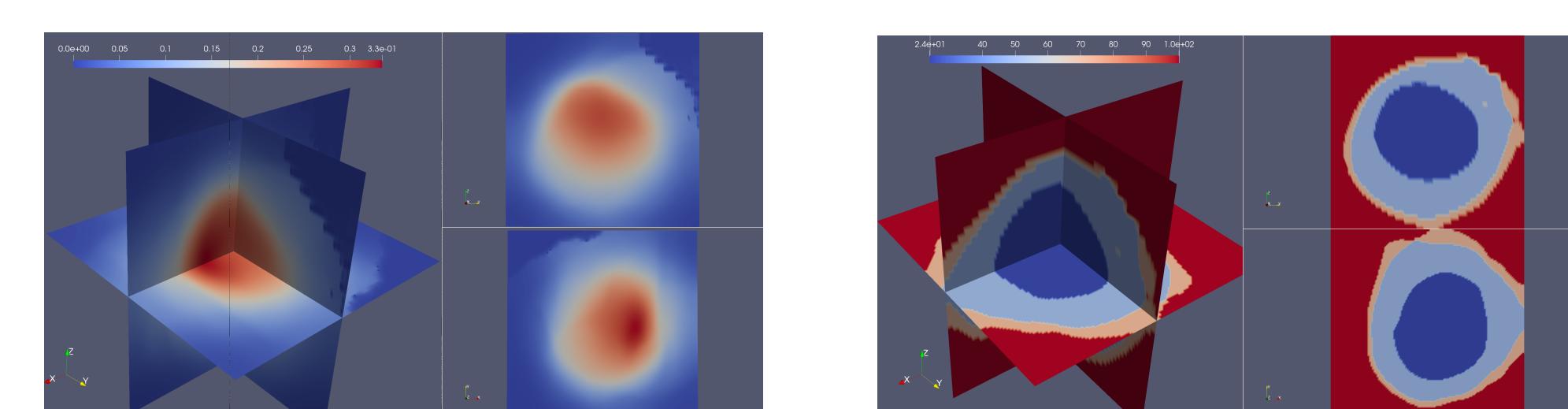


Figure: Left: Concentration profile $u(\mathbf{x}, t)$. Right: Region of cell death before 24 (blue), 48 (light blue), 72 (light red), and after 72 hours (red).

Can the inhomogeneous-anisotropic model predict treatment strategies that outperform the intuitive choice?

Yes.

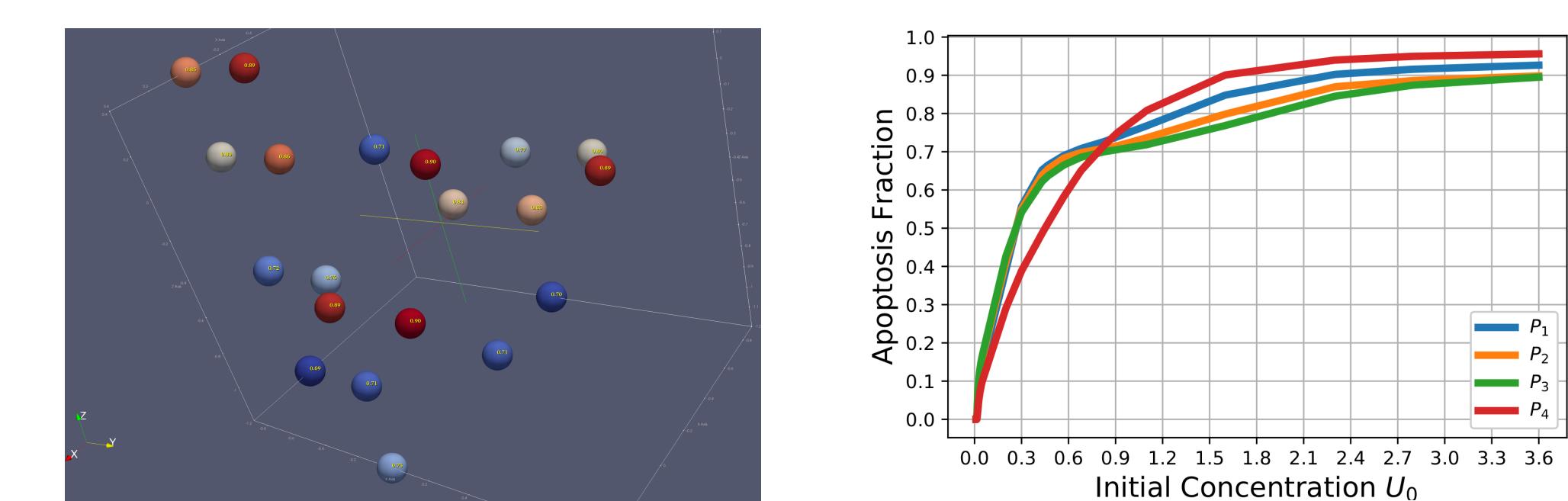


Figure: Left: Performance of various injection points. Right: Dose-response curves from four representative points.

- For a nearly homogeneous-isotropic tumor, the intuitive choice of injecting into the center would work well.
- For highly inhomogeneous-anisotropic regions such as the brain, injecting into the center is not necessarily the best.
- Oncologists have more advanced intuition due to heuristic knowledge of the blood-brain barrier, blood-brain-tumor barrier, and location of blood vessels.
- This supplements an oncologists expertise with more information about the expected transport in the tumor.

Current and future work

- Mechanistic - Statistics hybrid models.
- Stochastic population models.
- Asymptotic analysis on weak inhomogeneities/anisotropies.
- Collaborate with clinicians for better MRI data and test the theory through experiments.

References

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Acknowledgements

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