

# Summer 2023 Internship

Yuqi Xiao

July 5, 2023

## By uki

In [1], Macrophage density is reported to be 192.8 cells/mm<sup>2</sup> in breast lobules without lobulitis, and 210.1 cells/mm<sup>2</sup> in breast lobules with lobulitis. Lobulitis is a rare inflammatory state and this data can be used to estimate inflammed macrophage density. Note that in mastectomies breast lobules are usually removed so I'm not sure how well this applies to breast cancer patients. The paper also points out the immune cells in normal breast tissues are primarily confined to breast lobules. A scaling of  $\times 0.1$  might be considered for density in extralobular tissues.

Notes: (1) We will usually take “ballpark estimates”, so 192 and 210 will both be approximated as “200”. However, we have to be very careful with interpreting densities. We should think of our 1D model as a block of tissue with length  $L$ , width  $w$ , and height  $h$ , where  $0 \leq x \leq L$  is the spatial coordinate, and  $w, h$  are “small” fixed values (for example, 1 mm each). We need to express our estimates of density in terms of cells per unit volume, and multiply by our chosen values for  $wh$  to convert to density per unit length. This should be done consistently to avoid goofs. So, for example, in the above estimates for macrophages, we need to know what was the “thickness” of the microscopy slide, or estimate it somehow, to get cells/mm<sup>3</sup>.

There are some review papers about wound healing with references that can be helpful, e.g. see Chap 3 in [2] and [3]. In papers such as [4], the macrophage density in normal tissue is compared to the density in keloid scars. There are 2.3 times more macrophages in those abnormal scars (several years after wounding).

uki: [5] suggested tissues for H&E staining should have thickness no more than 1mm. They used 7  $\mu\text{m}$  thick slices. [6] used 2-10  $\mu\text{m}$  slices for their study, looking at the nature of this study we can maybe assume that this is the common range used.

[7] suggested collagen density in human connective tissues, which is supposed to higher than in normal tissues. [8] reported 17.9-21.3% breast tissue composition for collagen, this was measured by volume by optical spectroscopy (OS). Collagen Type I turnover rate in human connective tissues is  $\approx 1\%$  per year according to [9] which cited [10].

In ductal carcinoma in situ (considered the earliest form of breast cancer), fibroblasts consists of 12.1% normal fibroblasts, 23.5% myofibroblasts, 47% resting fibroblasts and 17.4% CAF [11]. Excellent and useful information! And it is already “nondimensional”, in %, which is also great. It is also stated in [11] that collagen density linearly associates with CAF and myofibroblast densities.

Myofibroblasts that are differentiated from fibroblasts are less motile compared to fibroblasts [12]. Figure 4 in [12] shows that myofibroblasts moves slower than fibroblasts, at  $26\mu\text{m}/12h$ . This estimates to at maximum  $9\text{e-}8 \mu\text{m}^2/s$  if travelling in a square with equal distance to perpendicular directions, this does not make sense compared to the macrophage random motility value given in the table. Yes, something fishy here.

[13] measured a myofibroblast traction force of  $\approx 300 \text{ Pa/cell}$ . [14] reported contractile forces from myofibroblasts ranging from  $100 \text{ pN}/\mu\text{m}^2$  to  $2 \text{ nN}/\mu\text{m}^2$ . See also [15] for comparison of traction forces of various cell types.

Parameter	Meaning	value	units	Source
$D_\phi$	Macrophage random motility	0.005	$\mu\text{m}^2/\text{s}$	in cancer [16, 17]
$D_m$	Myofibroblast random motility	$9 \times 10^{-8}$	$\mu\text{m}^2/\text{s}$	[12]
$a_0$	Basal macrophage recruitment rate	$10^{-5}$	cells $\mu\text{m}^{-1}/\text{s}$	estimated from [18]
$b_0$	Basal myofibroblast recruitment rate	$4 \times 10^{-8}$	cells/s	estimated from [19, 20]
$b$	macrophage-induced myof recruit rate	$\approx 2 - 10 \times b_0$	cells/s	very rough guess
$\delta_m$	Myofibroblast turnover rate	$10^{-6}$	1/s	estimated from [19]
$\delta_\phi$	Macrophage turnover rate	$10^{-7}$	1/s	order of magn slower [16]
$\phi$	Normal macrophage density	$\approx 1.9 \times 10^{-5}$	cells/ $\mu\text{m}^2$	guessed from [1]
$\phi_0$	Inflammed macrophage density	$\approx 2.1 \times 10^{-5}$	cells/ $\mu\text{m}^2$	guessed from [1]
$C$	Typical collagen density	105	Amt/ $\mu\text{m}^3$	in connective tissues [7]
$\delta_C$	Typical collagen turnover rate	$\approx 1$	%/year	[9, 10]
$M$	Typical myofib density		cells/ $\mu\text{m}^3$	[11]
$\tau$	Typical myofib traction force	$\approx 300$	Pa/cell	[13]

Table 1: Typical ball-park estimates for some parameters in the model.

### By Leah

A few collected parameter values are given in Table 1. In [16], the random motility and chemotaxis parameters for macrophages are obtained from previously published (Boyden chamber) experimental data, giving values in the range of  $5 \times 10^{-15} \text{m}^2/\text{s}$ . (See their Table 1.) Those values were used for modeling macrophage-tumor interactions in [16]. Those values are cited for a model of glioma in [17]. They are converted to more convenient units below.

In [17], we also find a typical proliferation rate of macrophages  $\approx 0.3307/\text{h}$ , and a carrying capacity (typical density) of  $10^6$  cells (domain size unspecified). Typical macrophage density: According to [18] there are 0.1 (normal) to about 1.0-1.2 (in injured tissue) macrophages  $\times 10^{-4}$  per  $\mu\text{m}^2$ . This buildup typically takes about 7 days. This leads to an estimate for recruitment rate of about  $10^{-4}/(6 \times 10^5) \approx 10^{-10}$  cells  $/\mu\text{m}^2/\text{s}$ . But in our 1D model, we need the square-root of the above domain, so obtaining a basal recruitment rate of around  $a_0 \approx 10^{-5}$  cells/ $\mu\text{m}/\text{s}$ . Macrophages can survive in tissue “macrophages survive in tissue for weeks or months” according to [16], whereas other cells have a turnover time of days.

The paper by [19] provides some information about myofibroblast “recruitment” (transdifferentiation from fibroblasts), stating that (rabbit corneal) fibroblasts at a density of 5 or 500 cells/ $\text{mm}^2$  produced 80% or 10% myofibroblasts after 5-7 days (in vitro experiment). According to [20] cancer associated fibroblasts (CAFs) can occupy about 80% of a tumor. Taking a typical cell diameter ( $\approx 10\mu\text{m}$ ), and 50% of cells as fibroblasts in the tissue, we have a typical tissue fibroblast density of 0.05 cells/ $\mu\text{m}$  (in 1D). Suppose half of these transdifferentiate into myofibroblasts in 7 days. Then we have a “basal myofibroblast recruitment rate” of  $0.025/(7 \text{ days})$  which is  $\approx 4 \times 10^{-8}$  cells/s. [Note: myofibroblasts can be much larger than fibroblasts, about  $50\mu\text{m}$  long and  $25\mu\text{m}$  wide, [19].] They persist in cultures for about 3-7 days, so we can estimate their decay rate as  $\delta_m \approx 1/7(\text{day})$ , which is roughly  $10^{-6}/\text{s}$ .

What we also need to estimate is the macrophage-induced rate of myofibroblast recruitment  $b$  (likely dependent on cytokines secreted by macrophages etc.). However, we could ball-park estimate that  $b \approx 2 - 10 \times b_0$ .

We refer to [21] for parameters of stress-related macrophage recruitment rate. According to this paper, macrophages are attracted to a stress field of myofibroblasts within a radius of around  $600 \mu\text{m}$  at migration speeds of  $0.5\text{-}1.4 \mu\text{m}/\text{min}$ . Taking a mean speed of  $1\mu\text{m}/\text{min}$  resulting in a recruitment rate constant of roughly  $1/(600 \cdot 60) \approx 3 \times 10^{-5}/\text{s}$ . This is still not what we need for the parameter  $a_1$  (or  $a_2$ ) in our model’s function  $a(\sigma)$  as we need information about number (or density) of cells recruited per unit stress per unit time. We may be able to get some information about the stress field induced by myofibroblasts (i.e. obtain  $\alpha f(m)$  for our model) from the paper [21].

## References

- [1] Amy C Degnim, Rushin D Brahmabhatt, Derek C Radisky, Tanya L Hoskin, Melody Stallings-Mann, Mark Laudenschlager, Aaron Mansfield, Marlene H Frost, Linda Murphy, Keith Knutson, et al. Immune cell quantitation in normal breast tissue lobules with and without lobulitis. *Breast cancer research and treatment*, 144:539–549, 2014.
- [2] Luc Téot, Thomas A Mustoe, Esther Middelkoop, Gerd G Gauglitz, et al. *Textbook on scar management: state of the art management and emerging technologies*. Springer, 2020.
- [3] Melanie Rodrigues, Nina Kosaric, Clark A Bonham, and Geoffrey C Gurtner. Wound healing: a cellular perspective. *Physiological reviews*, 99(1):665–706, 2019.

- [4] Dean Edward Boyce, Jacopo Ciampolini, Fiona Ruge, Keith G Harding, and Maxwell MSC Murison. Inflammatory cell subpopulations in keloid scars. *British journal of plastic surgery*, 54(6):511–516, 2001.
- [5] Yawu Li, Ning Li, Xiang Yu, Kai Huang, Ting Zheng, Xiaofeng Cheng, Shaoqun Zeng, and Xiuli Liu. Hematoxylin and eosin staining of intact tissues via delipidation and ultrasound. *Scientific reports*, 8(1):12259, 2018.
- [6] Elizabeth Chlipala, Christine M Bendzinski, Kevin Chu, Joshua I Johnson, Miles Brous, Karen Copeland, and Brad Bolon. Optical density-based image analysis method for the evaluation of hematoxylin and eosin staining precision. *Journal of histotechnology*, 43(1):29–37, 2020.
- [7] Andrew D Rutenberg, Aidan I Brown, and Laurent Kreplak. Uniform spatial distribution of collagen fibril radii within tendon implies local activation of pc-collagen at individual fibrils. *Physical Biology*, 13(4):046008, 2016.
- [8] Rebecca D Kehm, E Jane Walter, Ana Pereira, Melissa L White, Sabine Oskar, Karin B Michels, John A Shepherd, Lothar Lilge, and Mary Beth Terry. A comparison of various methods for measuring breast density and breast tissue composition in adolescent girls and women. *Scientific Reports*, 12(1):13547, 2022.
- [9] Katharina AM Hackenberg, Hamidreza Rajabzadeh-Oghaz, Rita Dreier, Bruce A Buchholz, Ali Navid, David M Rocke, Amr Abdulazim, Daniel Hänggi, Adnan Siddiqui, R Loch Macdonald, et al. Collagen turnover in relation to risk factors and hemodynamics in human intracranial aneurysms. *Stroke*, 51(5):1624–1628, 2020.
- [10] Nicole Verzijl, Jeroen DeGroot, Suzanne R Thorpe, Ruud A Bank, J Nikki Shaw, Timothy J Lyons, Johannes WJ Bijlsma, Floris PJG Lafeber, John W Baynes, and Johan M TeKoppele. Effect of collagen turnover on the accumulation of advanced glycation end products. *Journal of Biological Chemistry*, 275(50):39027–39031, 2000.
- [11] Tyler Risom, David R Glass, Inna Averbukh, Candace C Liu, Alex Baranski, Adam Kagel, Erin F McCaffrey, Noah F Greenwald, Belén Rivero-Gutiérrez, Siri H Strand, et al. Transition to invasive breast cancer is associated with progressive changes in the structure and composition of tumor stroma. *Cell*, 185(2):299–310, 2022.
- [12] Bhavani P Thampatty and James H-C Wang. A new approach to study fibroblast migration. *Cell Motility and the Cytoskeleton*, 64(1):1–5, 2007.
- [13] Jianxin Chen, Hongxia Li, Nirmala SundarRaj, and James H-C Wang. Alpha-smooth muscle actin expression enhances cell traction force. *Cell motility and the cytoskeleton*, 64(4):248–257, 2007.
- [14] Shuying Yang, Fernando R Valencia, Benedikt Sabass, and Sergey V Plotnikov. Quantitative analysis of myofibroblast contraction myofibroblast contractions by traction force microscopy traction force microscopy. In *Myofibroblasts: Methods and Protocols*, pages 181–195. Springer, 2021.
- [15] Alicia J Zollinger, Han Xu, Joana Figueiredo, Joana Paredes, Raquel Seruca, Dimitrije Stamenović, and Michael L Smith. Dependence of tensional homeostasis on cell type and on cell–cell interactions. *Cellular and molecular bioengineering*, 11:175–184, 2018.
- [16] Markus R Owen and Jonathan A Sherratt. Pattern formation and spatiotemporal irregularity in a model for macrophage–tumour interactions. *Journal of theoretical biology*, 189(1):63–80, 1997.
- [17] Subhas Khajanchi and Juan J Nieto. Spatiotemporal dynamics of a glioma immune interaction model. *Scientific Reports*, 11(1):22385, 2021.
- [18] Ranjan Gupta and Jennifer C Channal. Spatiotemporal pattern of macrophage recruitment after chronic nerve compression injury. *Journal of neurotrauma*, 23(2):216–226, 2006.
- [19] SK Masur, HS Dewal, TT Dinh, I Erenburg, and S Petridou. Myofibroblasts differentiate from fibroblasts when plated at low density. *Proceedings of the National Academy of Sciences*, 93(9):4219–4223, 1996.
- [20] Philippe Gascard and Thea D Tlsty. Carcinoma-associated fibroblasts: orchestrating the composition of malignancy. *Genes & development*, 30(9):1002–1019, 2016.
- [21] Pardis Pakshir, Moien Alizadehgiashi, Boaz Wong, Nuno Miranda Coelho, Xingyu Chen, Ze Gong, Vivek B Shenoy, Christopher A McCulloch, and Boris Hinz. Dynamic fibroblast contractions attract remote macrophages in fibrillar collagen matrix. *Nature communications*, 10(1):1–17, 2019.