

Fusing Mathematical Modelling, Biomedical Data and Learning Algorithms for Computational Oncology

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### A Framework for Mathematical and Computational Oncology







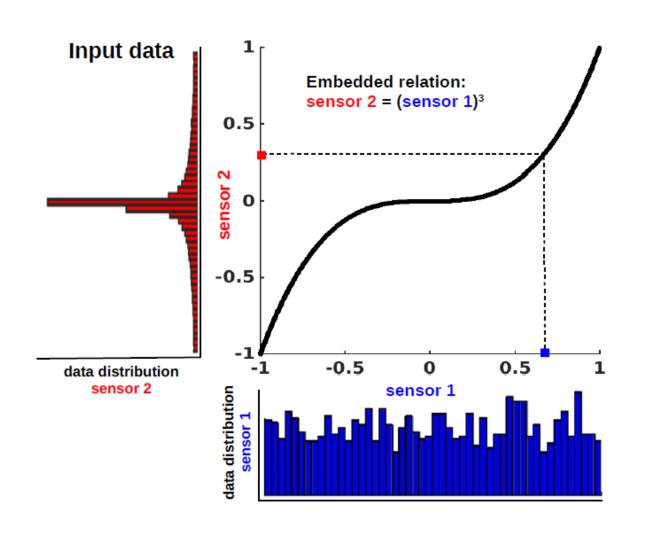


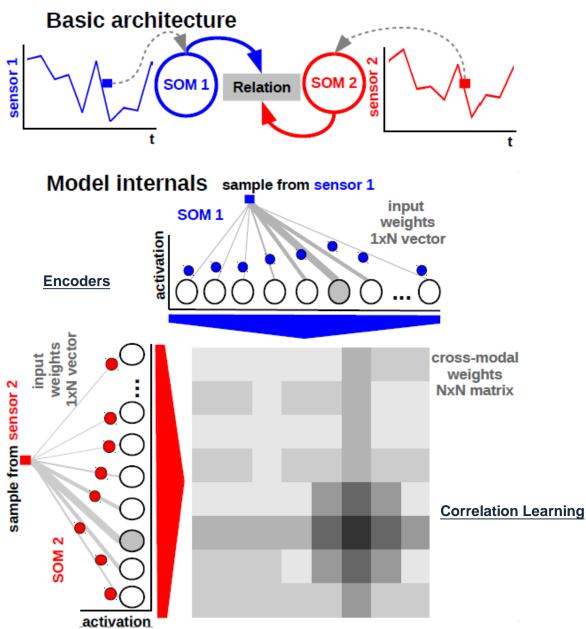


# A Framework for Mathematical and Computational Oncology

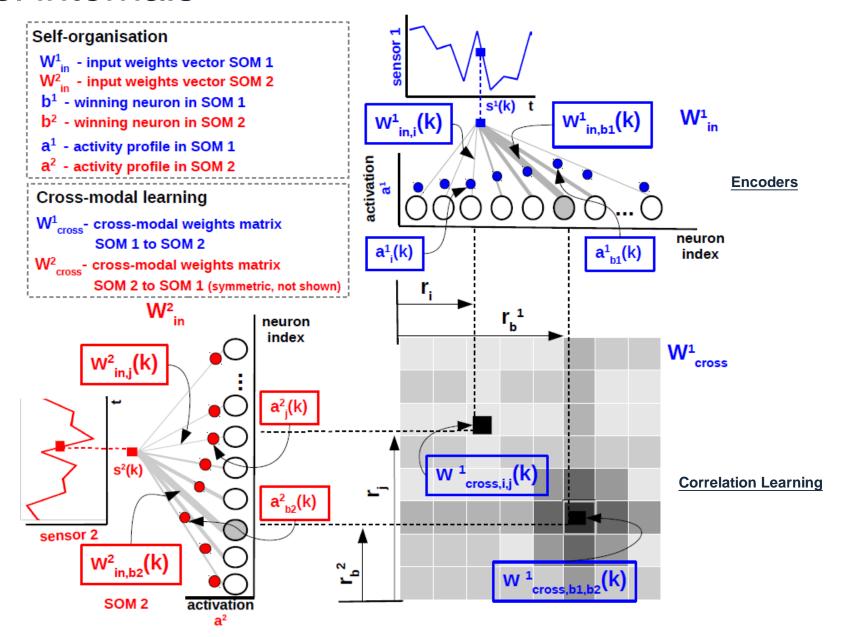
Interacting Computational Maps

### Core model

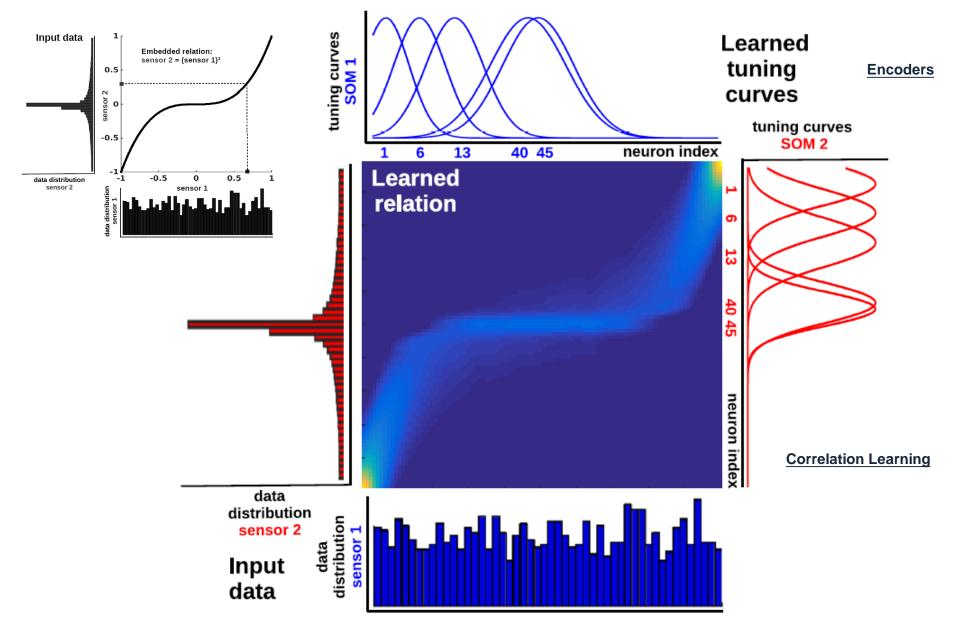




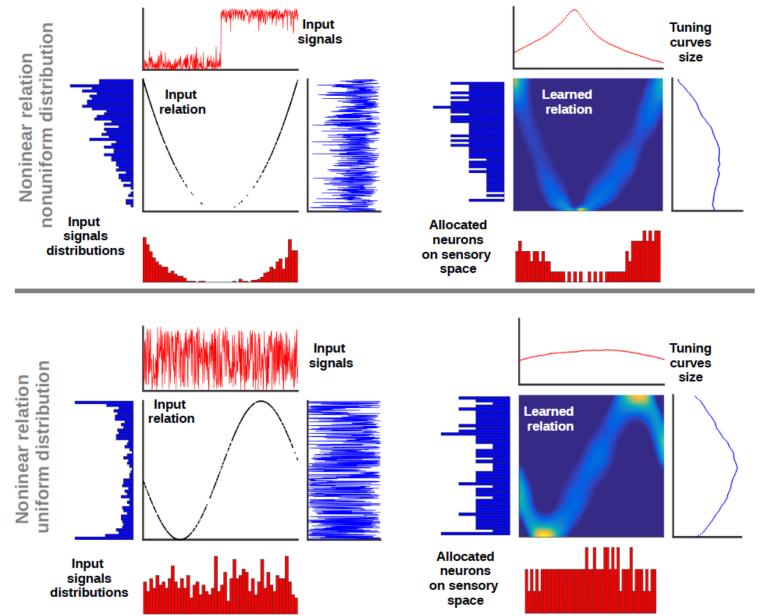
### Core model internals



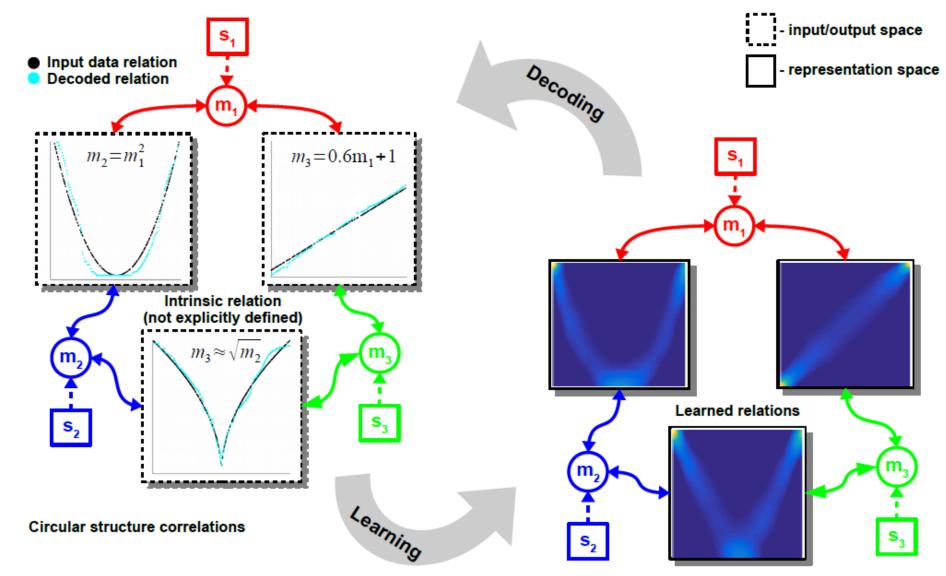
## Learning capabilities I



### Learning capabilities II

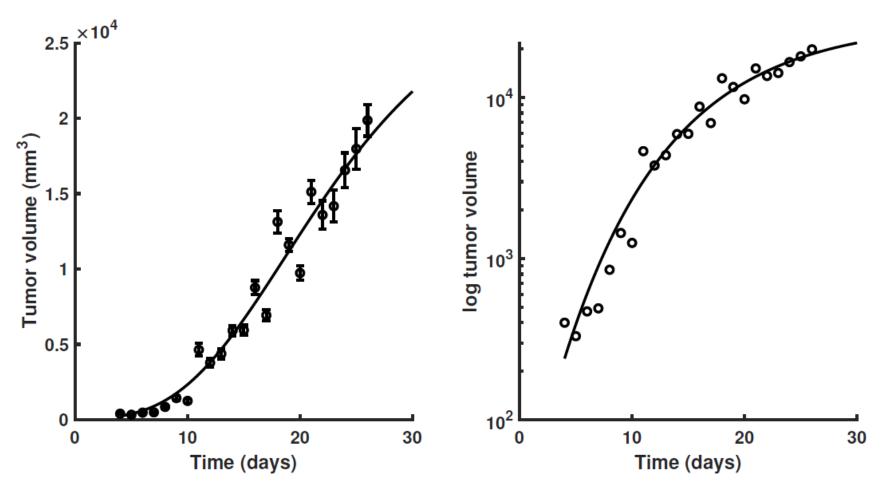


## Extensibility





### Tumor growth data

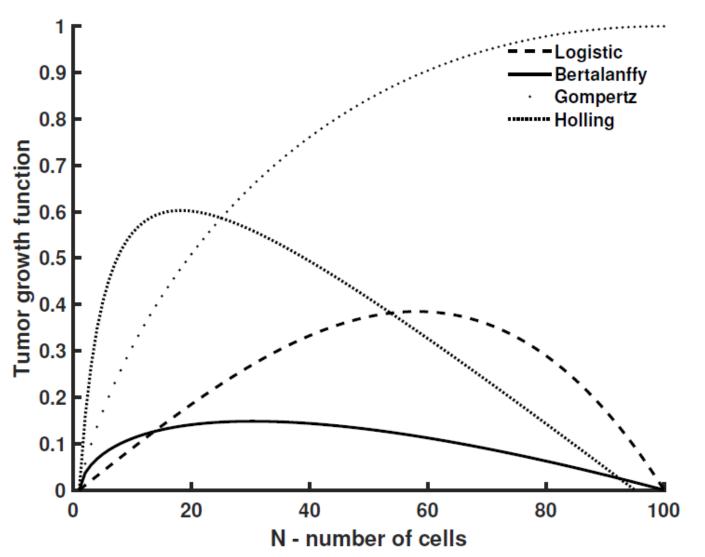


Peculiarities of data:

- Small
- Unevenly sampled
- High-variability
- Heterogeneous
- Model selection is hard
- Determines treatment

Growth kinetics of Fortner Plasmacytoma 1 tumors. Points represent mean volume of subcutaneous tumor implants in mice, error bars represent +/-1 standard error of the mean at each point. Data from Simpson-Herren et al. Cancer Chemotherapy Rep 54(3)

### Tumor growth models



Model	Equation
Logistic	$\frac{dN}{dt} = \alpha N - \beta N^2$
Bertalanffy	$\frac{dN}{dt} = \alpha N^{\lambda} - \beta N$
Gompertz	$\frac{dN}{dt} = N(\beta - \alpha \ln N)$
Holling	$\frac{dN}{dt} = \frac{\alpha N}{k+N} - \beta N$

#### Parameters:

N - cell population size (or volume),

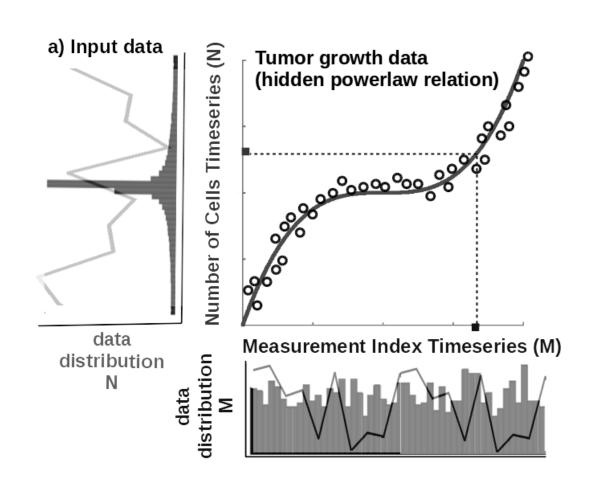
 $\alpha$  - growth rate,

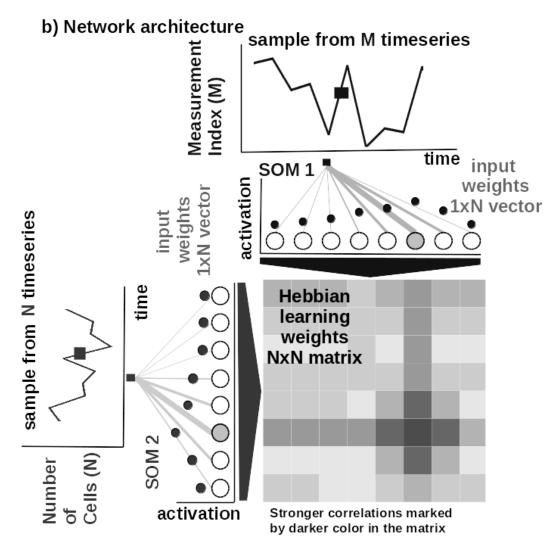
 $\beta$  - cell death rate,

 $\lambda$  - nutrient limited proliferation rate,

k - carrying capacity of cells.

## Instantiating the model

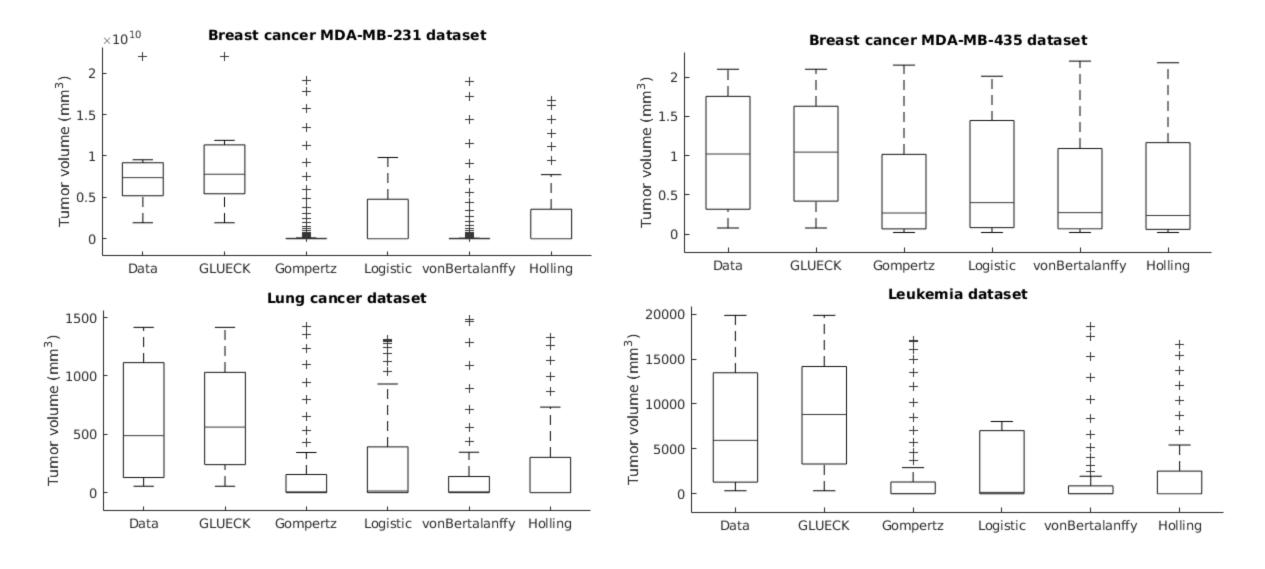




#### Experimental dataset setup

Dataset	;	Cancer Type	Data Type	Data Points	s Data Freq.
1	Breast	$(\mathrm{MDA}\text{-}\mathrm{MB}\text{-}231)$	Fluorescence imaging	7	2x/week
2	Breast	$(\mathrm{MDA}\text{-}\mathrm{MB}\text{-}435)$	Digital Caliper	14	2x/week
3	}	Lung	Caliper	10	7x/week
4		Leukemia	Microscopy	23	7x/week

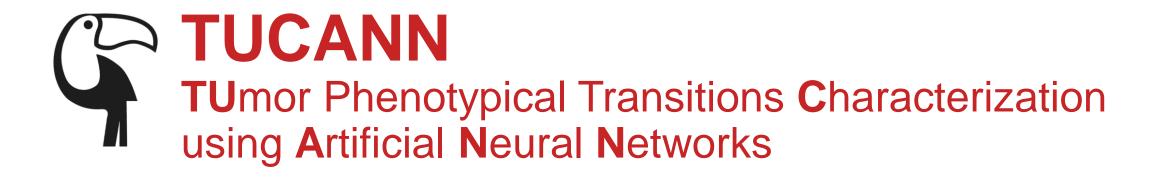
Metric	Equation	
SSE	$\sum_{i=1}^{N} \left( \frac{y^i - y_m^i}{\frac{\sigma_i}{\sigma_i}} \right)$	Evaluation metrics for tumor growth models.
RMSE	$\sqrt{\frac{SSE}{N-p}}$	We consider:
$\operatorname{sMAPE}$	$\frac{1}{N} \sum_{i=1}^{N} \left( 2 \frac{ y^i - y_m^i }{( y^i  +  y_m^i )} \right)$	N - number of measurements,
AIC	$Nln(\frac{SSE}{N}) + 2p$	$\sigma$ - standard deviation of data,
BIC	$Nln(\frac{SSE}{N}) + ln(N)p$	p - number of parameters of the model.



Evaluation Metrics (smaller value is better)						Evaluation M	etrics (smaller	value is bet	ter)
Dataset/Model	SSE RMSE	sMAPE AIC	BIC Ran	$k^a$	Dataset/Mode	el SSE RM	ISE sMAPE	AIC E	BIC Rank <sup>a</sup>
Breast cancer 20					Lung cancer[6]				
Logistic	7009.6 37.4423	1.7088 52.3639	52.2557	2	Logistic 44	1.5261 2.2243	1.5684 19.3	800 20.175	8 <b>2</b>
Bertalanffy	8004.9 44.7350	1.7088 55.2933	55.1310	5	Bertalanffy 54	1.1147 2.6008	1.5684 23.5	253 24.719	0 5
Gompertz	$7971.8\ 39.9294$	1.7088 53.2643	53.1561	4	Gompertz 53	3.2475 2.4324	1.5684 21.3	476 22.143	34 <b>4</b>
Holling	$6639.1\ 40.7403$	1.4855 53.9837	53.8215	3	Holling 50	0.6671 2.5166	1.5361 22.8	012 23.994	9 3
GLUECK	119.3  4.1285	$0.0768 \ 19.8508$	19.8508	1	GLUECK 3	3.6903 0.5792	0.2121 -12.0	140 -12.014	10 <b>1</b>
Breast <sup>c</sup> cancer[26]					Leukemia[23]				
Logistic	0.2936  0.1713	0.1437 -40.5269	-39.5571	4	Logistic 223	3.7271 3.2640	1.6368 56.3	235 58.594	4 2
Bertalanffy	0.2315  0.1604	0.1437 -41.3780	-39.9233	2	Bertalanffy 273	3.6770 3.6992	1.6368 62.9	585 66.364	9 5
Gompertz	0.3175  0.1782	0.1437 -39.5853	-38.6155	5	Gompertz 259	0.9277 3.5182	1.6368 59.7	729 62.043	9 <b>4</b>
Holling	0.2699  0.1732	0.1512 -39.5351	-38.0804	3	Holling 248	3.5784 3.5255	1.6001 60.7	461 64.152	26 <b>3</b>
GLUECK	0.0977  0.0902	0.0763 -57.7261	-57.7261	1	GLUECK 35	5.2541 1.2381	0.3232 9.83	230 9.823	<b>1</b>

 <sup>&</sup>lt;sup>a</sup> Calculated as best in 3/5 metrics.
 <sup>b</sup> MDA-MB-231 cell line

 $<sup>^</sup>c$  MDA-MB-435 cell line



## Phenotypical transitions of tumors in DCIS

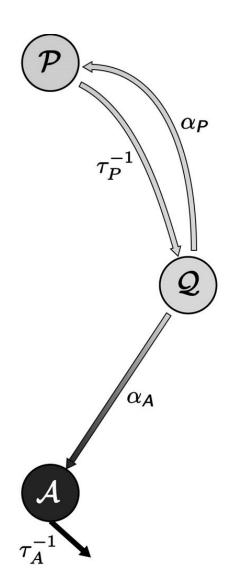
In typical cancer **phenotypic state space**, **quiescent** cancer cells (**Q**) can become **proliferative** (**P**) or **apoptotic** (**A**).

Can we learn **phenotypical transitions** from timeseries of raw immunohistochemistry and morphometric data?

$$\alpha_P = \frac{\frac{1}{\tau_P}(PI + PI^2) - \frac{1}{\tau_A}AIPI}{1 - AI - PI}$$

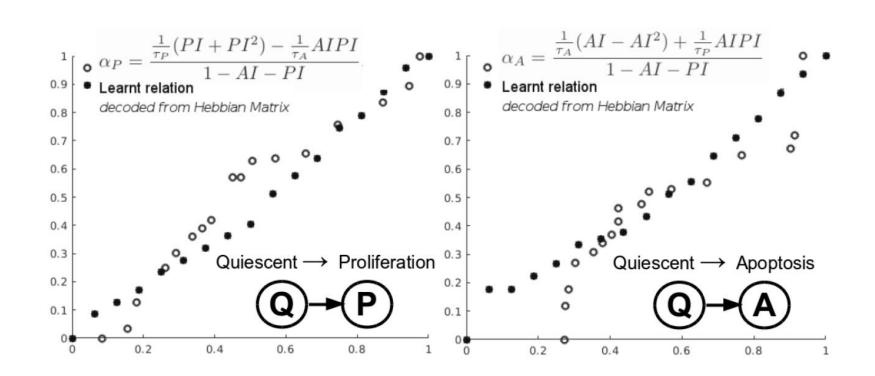
$$\alpha_A = \frac{\frac{1}{\tau_A}(AI - AI^2) + \frac{1}{\tau_P}AIPI}{1 - AI - PI}$$

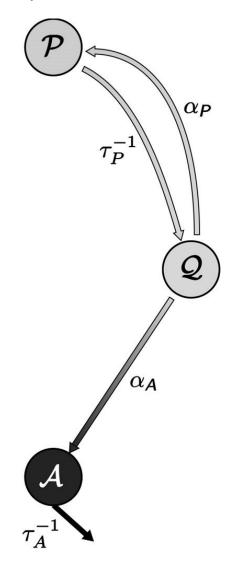
where,  $\tau_P$  is the cells cycle time,  $\tau_A$  cells apoptosis time, PI proliferation index and AI apoptosis index.



## Phenotypical transitions of tumors in DCIS

Can we learn phenotypical transitions from timeseries of raw immunohistochemistry and morphometric data?







# **CHIMERA**

Combining Mechanistic Models and Machine Learning for Chemotherapy-Surgery Sequencing

## Formalizing therapy sequencing

If we consider f(V) the tumor growth model and P(t,V) the pharmacokinetics of the chemotherapeutic drug, we can formalize the two sequences as following:

• Sequence 1: Adjuvant setting, where size before surgery is  $\frac{dv_1}{dt} = f(v_1), v_1(0) = V_0, t \in [0, t_0]$  and size after surgery is

$$\frac{dV_1}{dt} = f(V_1) - P(t, V_1), V_1(t_0) = e^{-k_S} v_1(t_0), t \in [t_0, t_f].$$

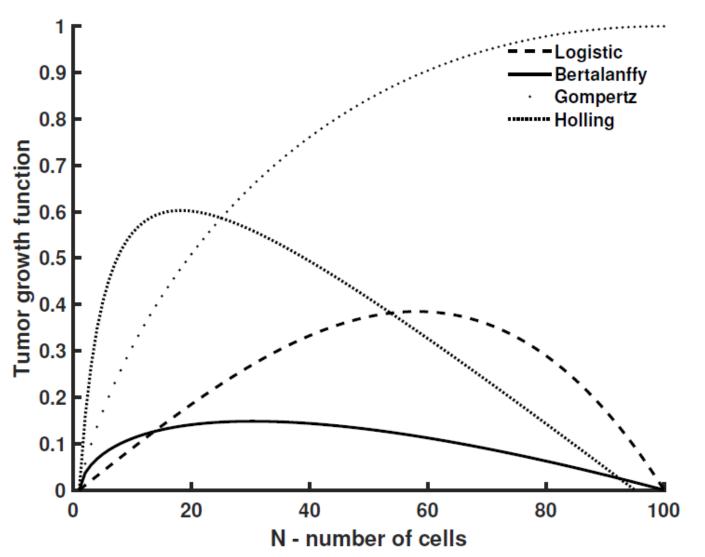
In this case, the final volume of the tumor is  $V_{adj} = V_1(t_f)$ .

• Sequence 2: Neoadjuvant setting, where the size before chemotherapy onset is  $\frac{dv_2}{dt} = f(v_2), v_2(0) = V_0, t \in [0, t_0]$  and the size after chemotherapy onset is

 $\frac{dV_2}{dt} = f(V_2) - P(t, V_2), V_2(t_0) = v_2(t_0), t \in [t_0, t_f]$  respectively.

Hence, for the neoadjuvant sequence, the final volume of the tumor is  $V_{neoadj} = e^{-k_s}V_2(t_f)$ .

### Tumor growth models



Model	Equation
Logistic	$\frac{dN}{dt} = \alpha N - \beta N^2$
Bertalanffy	$\frac{dN}{dt} = \alpha N^{\lambda} - \beta N$
Gompertz	$\frac{dN}{dt} = N(\beta - \alpha \ln N)$
Holling	$\frac{dN}{dt} = \frac{\alpha N}{k+N} - \beta N$

#### Parameters:

N - cell population size (or volume),

 $\alpha$  - growth rate,

 $\beta$  - cell death rate,

 $\lambda$  - nutrient limited proliferation rate,

k - carrying capacity of cells.

### Pharmacokinetics models

In our study, we use the data from the computational model of **Paclitaxel pharmacokinetics** of Kuh et al. 2000 [8], due to its wide use in **breast cancer chemotherapy schemes**.

The model describes the factors that determine the kinetics of **Paclitaxel uptake**, **binding**, and **efflux** from cells

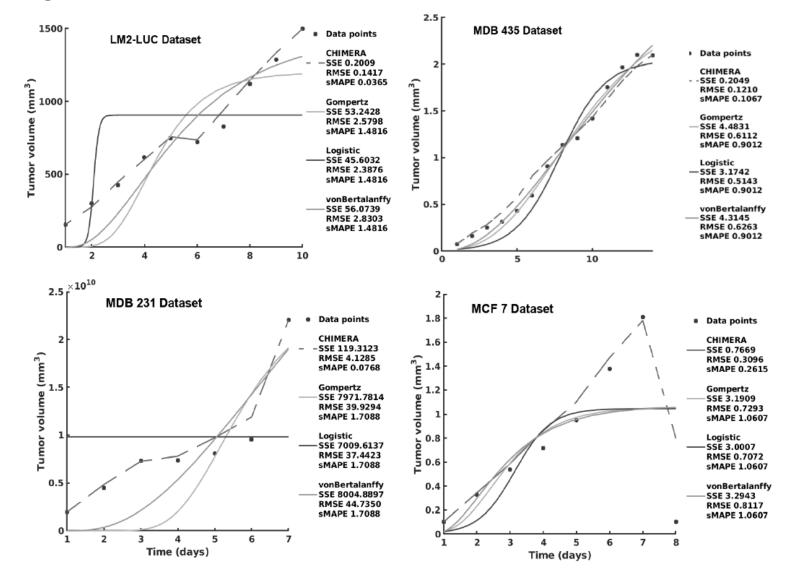
$$\frac{dc(t)}{dt} = \left[ \frac{-A + \sqrt{A^2 + 4K_{d,m}c_m(t)}}{2} - \frac{-B + \sqrt{B^2 + 4(1 + NSB)K_{d,c}c(t)}}{2(1 + NSB)} \right] \frac{CL_f}{V_{onecell}} - k_{cellnumber}c(t)$$

where:

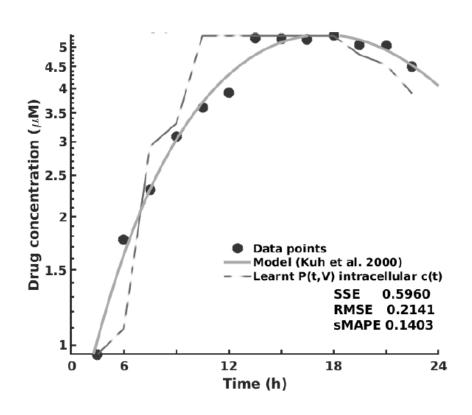
- *V*<sub>onecell</sub> is the average cell volume
- ICN is the initial cell number
- NSB is the proportionality constant for non-saturable binding sites in cells
- k<sub>cellnumber</sub> is the rate constant for changes in cell number
- A is a function of the constant for drug binding to proteins in medium  $K_{dm}$
- B is a function of the constant for drug binding to proteins in cells
- $CL_f$  is the clearance of free drug by passive diffusion, on a per cell basis
- $c_m$  concentration of drug in the medium, calculated as:

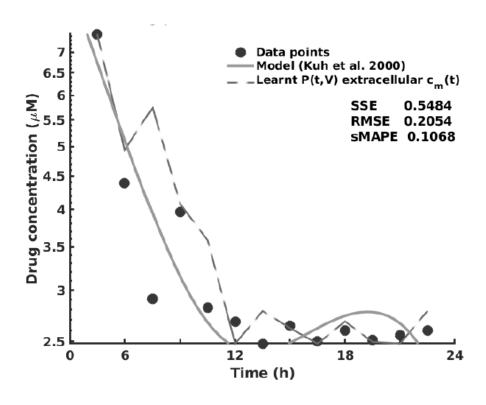
$$\frac{dc_m(t)}{dt} = \left[ \frac{-A + \sqrt{A^2 + 4K_{d,m}c_m(t)}}{2} - \frac{-B + \sqrt{B^2 + 4(1 + NSB)K_{d,c}c(t)}}{2(1 + NSB)} \right] \frac{CL_f ICNe^{k_{cellnumber}t}}{V_m}$$

Learning tumor growth



Learning pharmacokinetics





Chemotherapy-Surgery Sequencing

Let's consider the MCF-7 cell line dataset from Tan et al. 2015 [16] described in our Experimental setup. We use the derivations for  $V_{neoadj}$  and  $V_{adj}$  and fill in with the decoded values from the learnt tumor growth f(V) and learnt pharmacokinetics P(t,V).

Model (Biological Parameters) Log-kill hypothesis Norton-Simon hypothesis Gompertz 
$$(\beta, K, \upsilon) \qquad V_{neoadj} < V_{adj} \qquad V_{neoadj} < V_{adj}$$
 CHIMERA 
$$(\text{none}) \qquad V_{neoadj} < V_{adj} \qquad V_{neoadj} > V_{adj}$$
 \*Holds only if  $c(t) = \int_{t_0}^{t_f} c(s) ds < t_f - t_0$ .

CHIMERA uses learnt tumor growth and pharmacokinetics to infer the most appropriate sequence of therapy, consistent with its mechanistic counterparts, but without extensive biological parametrization.



### Chemotherapy regimen planning

#### **Context**

**Chemotherapy regimens** are chosen primarily based on:

- empirical data from clinical trials
- patient's form and subtype of cancer
- progression to metastases
- high-risk indications
- prognosis

#### **Problem**

Challenges in successfully **predicting the effectiveness** (i.e. size of the tumor after **neoadjuvant chemotherapy**) of any particular chemotherapy plan for any given patient **before the initiation of the regimen**.

#### Tumor > 2.0 cm, clinically node-positive, locally advanced, inflammatory

#### Neoadjuvant chemotherapy

**Dual anti-HER2 regimens:** Consider in patients with hormone receptor–negative disease and in patients with symptomatic local disease.

•T + H + pertuzumab → FEC (preferred)

or

•TCH + pertuzumab (if cardiac risk factors, other contraindications to anthracycline)

or

•P + H + pertuzumab → FEC

or

•P + H + pertuzumab → AC

or

 $T + H + pertuzumab \rightarrow AC$ 

Single anti-HER2 regimens

•AC → PH

or

•TCH

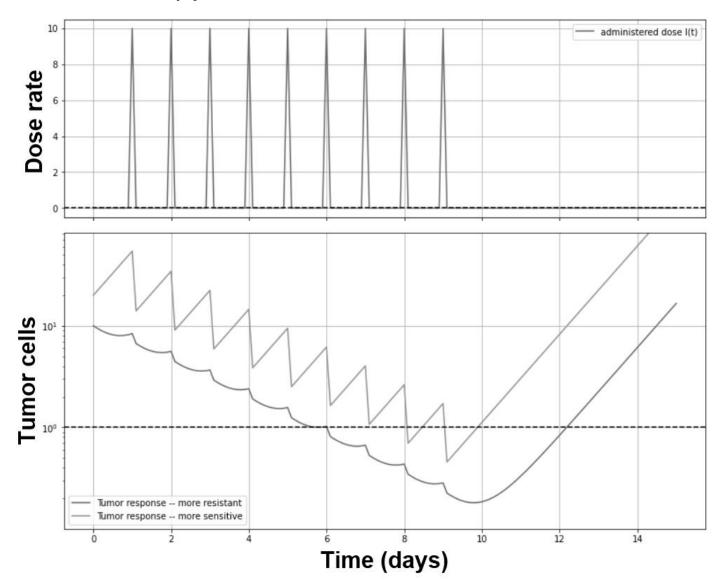
Surgery

ţ.

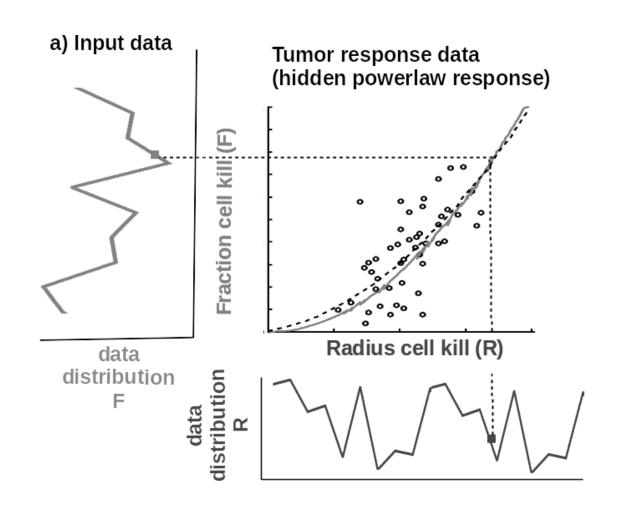
H to complete 1 yr

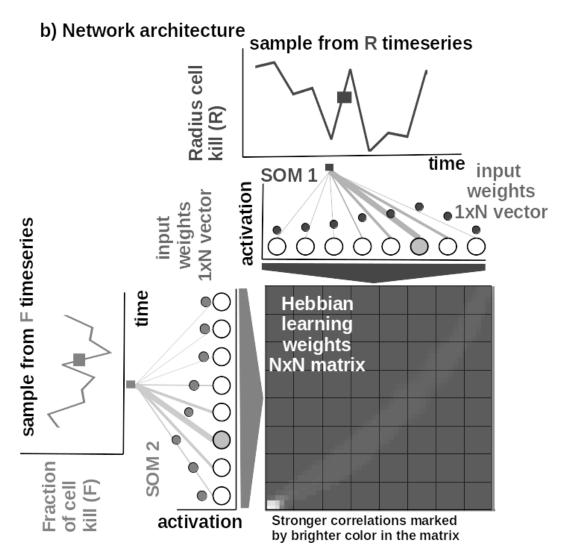
# Tumor growth models

*Growth under chemotherapy* 



### Model instantiation

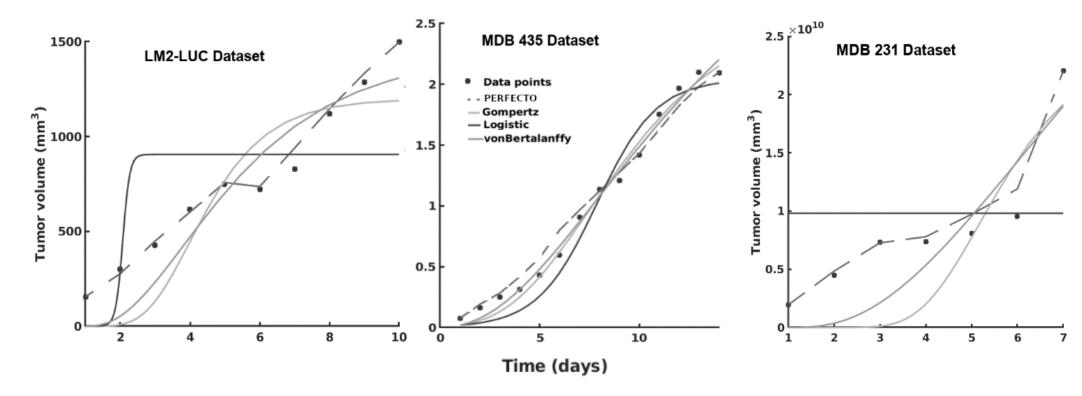




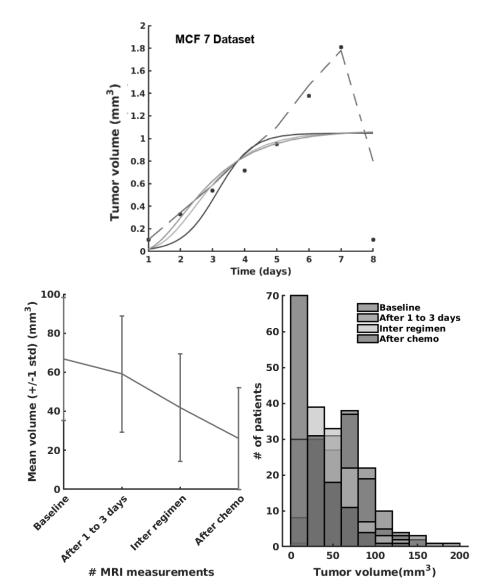
Learning unperturbed tumor growth

Experimental dataset setup

Dataset	Cancer Type	Data Type	Data Points	Data Freq.
1	MDA-MB-231 cell line	Fluorescence imaging	7	2x/week
2	MDA-MB-435 cell line	Digital Caliper	14	2x/week
3	MCF-7 cell line	Caliper	8	1x/week
4	LM2-4LUC+ cell line	Digital Caliper	10	3x/week



Learning perturbed tumor growth



Dataset/Model	SSE	RMSE	sMAPE
MDA-MB-231 cell line cancer [29]			
Logistic	7009.6	37.4423	1.7088
Bertalanffy	8004.9	44.7350	1.7088
Gompertz	7971.8	39.9294	1.7088
PERFECTO	119.3	4.1285	0.0768
MDA-MB-435 cell line cancer [15]			
Logistic	0.2936	0.1713	0.1437
Bertalanffy	0.2315	0.1604	0.1437
Gompertz	0.3175	0.1782	0.1437
PERFECTO	0.0977	0.0902	0.0763
MCF-7 cell line cancer [30]			
Logistic	3.0007	0.7072	1.0607
Bertalanffy	3.2943	0.8117	1.0607
Gompertz	3.1909	0.7293	1.0607
PERFECTO	0.7669	0.3096	0.2615
LM2-4LUC+ cell line cancer [31]			
Logistic	45.6032	2.3876	1.4816
Bertalanffy	56.0739	2.8303	1.4816
Gompertz	53.2428	2.5798	1.4816
PERFECTO	0.2009	0.1417	0.0365
I-SPY2 Trial [32]	• • • • • • • • • • • • • • • • • • • •		***********
Logistic	248.3735	11.1439	1.7833
Bertalanffy	259.0963	16.0963	1.7834
Gompertz	260.3747	11.4100	1.7883
PERFECTO	0.8650	0.4650	0.0389



PROFILE EXTRACTION
FROM CLINICAL INSIGHTS
FOR SMART INDIVIDUALIZED ONCOLOGY

### Data

### 309 Patients, 16 Clinical Features

T_BEST	N_BEST	M_BEST	AGE	ER_SCORE	PR_SCORE	MORPH_ICD10_O2_DESC	GRADE_DESC	ER_STATUS_DESC	PR_STATUS_DESC	HER2_STATUS_DESC	HISTOLOGY_DESC
2	1	0	46.00	0	0	Intraductal carcinoma, noninfiltrating/Infiltr	3 / III / POORLY DIFFERENTIATED	Negative	Negative	Positive	DUCT INFILTRATING CARCINOMA
2	0	0	83.00	8	8	Intraductal carcinoma, noninfiltrating/Infiltr	2 / II / MODERATELY DIFFERENTIATED	Positive	Positive	Negative	DUCT INFILTRATING CARCINOMA
2	3a	1	79.00	8	6	Intraductal carcinoma, noninfiltrating/Infiltr	2 / II / MODERATELY DIFFERENTIATED	Positive	Positive	Negative	DUCT INFILTRATING CARCINOMA
1c	0	0	75.00	8	8	Intraductal carcinoma, noninfiltrating/Infiltr	2 / II / MODERATELY DIFFERENTIATED	Positive	Positive	Negative	DUCT INFILTRATING CARCINOMA
1c	0	0	85.00	8	8	Lobular carcinoma	2 / II / MODERATELY DIFFERENTIATED	Positive	Positive	Negative	CA LOBULAR NOS
1c	0	0	60.00	8	6	Lobular carcinoma	2 / II / MODERATELY DIFFERENTIATED	Positive	Positive	Negative	CA LOBULAR NOS
1b	0	0	68.00	8	8	Intraductal carcinoma, noninfiltrating/Infiltr	3 / III / POORLY DIFFERENTIATED	Positive	Positive	Positive	DUCT INFILTRATING CARCINOMA
1b	0	0	75.00	0	0	Intraductal carcinoma, noninfiltrating/Infiltr	3 / III / POORLY DIFFERENTIATED	Negative	Negative	Negative	DUCT INFILTRATING CARCINOMA
1c	0	0	65.00	8	7	Lobular carcinoma	2 / II / MODERATELY DIFFERENTIATED	Positive	Positive	Negative	CA LOBULAR NOS
1c	0	0	55.00	0	0	Intraductal carcinoma, noninfiltrating/Infiltr	3 / III / POORLY DIFFERENTIATED	Negative	Negative	Negative	DUCT INFILTRATING CARCINOMA

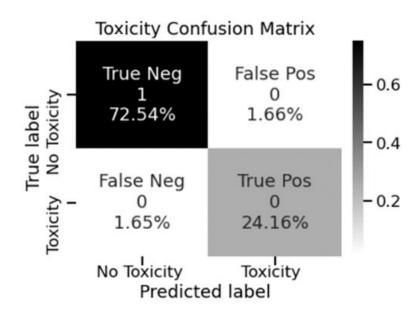
### Data

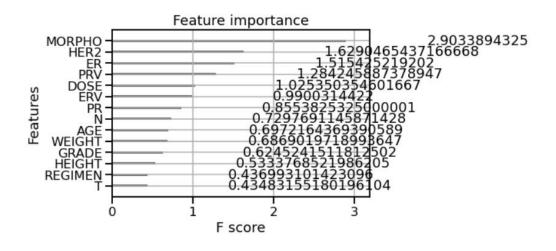
### 309 Patients, 16 Clinical Features

HEIGHT_AT_START_OF_REGIMEN	WEIGHT_AT_START_OF_REGIMEN	MAPPED_REGIMEN	REGIMEN_OUTCOME_SUMMARY	ACTUAL_DOSE_PER_ADMINISTRATION
1.65	77.60	Trial Unspecified	0	160.00
1.57	74.00	CMF	0	200.00
1.50	64.00	Trastuzumab Subcutaneous	0	135.00
1.55	67.40	FEC 100	0	120.00
1.72	79.00	Trastuzumab 21 day loading dose	0	1000.00
1.71	73.00	FEC + TRASTUZUMAB	0	1000.00
1.49	70.70	FEC 60 OR 75 + DOCETAXEL	0	142.00
1.70	58.00	Carboplatin + Paclitaxel (3 weekly)	0	800.00
1.62	119.00	CMF IV (28 day)	0	140.00
1.62	62.00	Carboplatin + Paclitaxel (3 weekly)	0	800.00

### Model performance

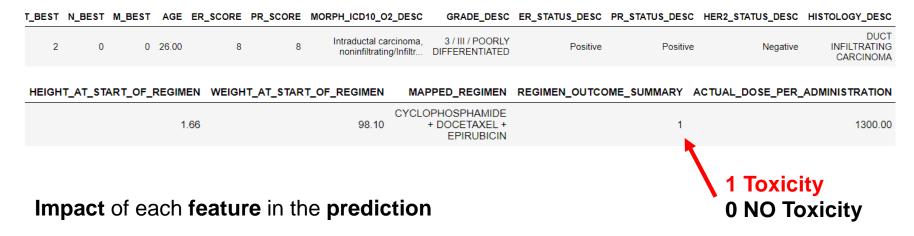
Fine tuned ensemble model (Interacting Computational Maps + XGBoost)





### Model insights

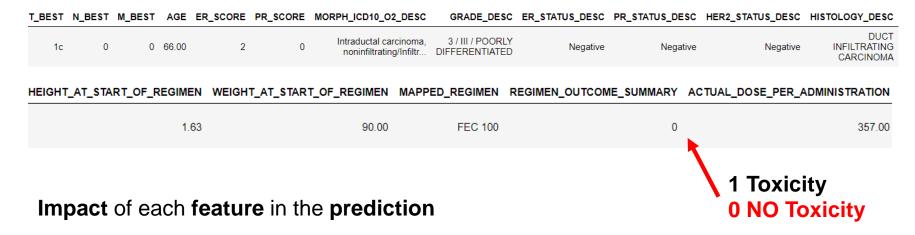
#### Sample positive patient data





### Model insights

Sample **negative** patient data





**Probability that the patient has Toxicity** 

# Next steps

### From binary decision to toxicity levels

#### Include drugs QSTR (Quantitative Structure Toxicity Relation) molecular descriptor information

Quantitatively predict the clinical incidence of CIPN based solely upon molecular descriptor information from QSTR (i.e. identification that the number of aromatic nitrogens was a frequent and sensitive molecular predictor observed in the developed machine learning models of CIPN).

Drug	Incidence of Peripheral Neuropathy (Non-Transformed)
Almotriptan	2.08
Amiodarone	2.38
Gemcitabine	9.00
Aprepitant	0.50
\( \( \text{\text{\$1 \\ \text{\$1 \\ \$1 \\ \text{\$1 \\ \text{\$1 \\ \$1 \\ \$1 \\ \text{\$1 \\ \$1 \\ \text{\$1 \\ \$1 \\ \text{\$1 \\ \$1 \\ \$1 \\ \$1 \\ \text{\$1 \\ \$1 \\ \$1 \\ \text{\$1 \\ \$1 \\ \$1 \\ \$} \\ \$1 \\ \$1 \\ \$1 \\ \$1 \\ \$1 \\ \$1 \\ \$1 \\ \$1 \\ \$1 \\	35.00
Vinorelbine	25.00
Betaxolol	1.00
Betaxolol	1.00
Betaxolol Bexarotene	1.00 0.50
Betaxolol  Bexarotene  Bicalutamide	1.00 0.50 3.50

Docetaxel	30.00
Doxorubicin	0.50
Dronedarone	1.33
Enalapril	0.75
Eribulin	35.98
Etoposide	1.50
Etravirine	2.80
Exemestane	0.60
Flecainide	1.08
Fludarabine	4.41
Fluoxetine	0.50

Miglustat	3.03
Nelarabine	12.00
Paclitaxel	71.00
Pazopanib	0.85
Pemetrexed	29.00
Pentamidine	0.50
Pergolide	0.50
Pomalidomide	10.28
Ponatinib	10.86
Propafenone	1.97
Ramipril	0.50

60 FDA approved anti-neoplastic drugs.

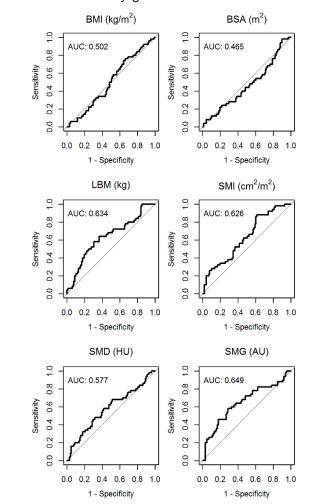
Note: 0 – 100 Scale of predicted toxicity (clinical trials I - III)

### From binary decision to toxicity levels

#### **Include Body Composition Measures (CT-based body composition analysis)**

Subtype	N (%) / mean (SD)
HR positive/HER2 negative	87 (57.6)
HR negative/HER2 negative	37 (24.5)
HR positive /HER2 positive	14 (9.3)
HR negative/HER2 positive	13 (8.6)
Stage	
Stage I-II	65 (43.0)
Stage III	86 (57.0)
Treatment characteristics	
Neoadjuvant	87 (57.6)
Adjuvant	64 (42.4)
Taxane	
Paclitaxel	142 (94.0)
Carbo-Paclitaxel	4 (2.6)
Abraxane	3 (2.0)
Carbo-Docetaxel	1 (0.7)
Docetaxel	1 0.7)
Trastuzumab	27 (17.9)
Bevacizumab	2 (1.3)
g-CSF	126 (83)
Body composition measures (means)	
Skeletal Muscle Index (cm <sup>2</sup> /m <sup>2</sup> )	44.72 (6.86)
Skeletal Muscle Density (Hounsfield Units)	36.38 (8.88)
Skeletal Muscle Gauge (Arbitrary Units)	1612 (423)
Body Mass Index (kg/m²)	28.78 (6.5)
Body Surface Area (m²)	1.87 (0.26)
Lean Body Mass (kg)	41.94 (5.42)
Subcutaneous fat density (Hounsfield Units)	-99.80 (6.25)

### ROCs for different body composition measures and any grade 3-4 toxicities



#### Common Terminology Criteria for Adverse Events v4.0 for Toxicity

- Grade 1 Mild:
- Grade 2 Moderate:
- Grade 3 Severe or medically significant but not immediately life threatening;
- Grade 4 Life threatening consequences;
- Grade 5 Death.

Shachar et al. Clinical Cancer Research 23.14 (2017)

# A Framework for Mathematical and Computational Oncology

Interacting Computational Maps











PROFILE EXTRACTION
FROM CLINICAL INSIGHTS
FOR SMART INDIVIDUALIZED ONCOLOGY