# Myeloid Leukemia

Cara Peters cpeters3@math.umd.edu

Advisor: Dr. Doron Levy dlevy@math.umd.edu Department of Mathematics <u>Center for Scientific Computing and M</u>athematical Modeling

### Introduction

#### Chronic Myeloid Leukemia (CML)

- Cancer of the blood—white blood cells
- Genetic mutation in hematopoietic
   stem cells Philadelphia Chromosome (Ph)
- Increase tyrosine kinase activity allows for uncontrolled stem cell growth

#### Treatment –

- Imatinib: tyrosine kinase inhibitor
- Controls population of mutated cells in two ways
- Not effective as a cure



Figure: Chronic Myelogenous Leukemia Treatment. National Cancer Institute. 21 Sept. 2015. Web.

# Project Goals

Mathematically model clinically observed phenomena of three non-interacting cell populations to simulate CML genesis and Imatinib treatment

- Nonleukemia cells (Ph-)
- Leukemia cells (Ph<sup>+</sup>)
- Imatinib-affected leukemia cells (Ph<sup>+/A</sup>)

#### Three model types based on cell state diagram

- Model 1: Agent Based Model (Roeder et al., 2006)
- Model 2: System of Difference Equations (Kim et al., 2008)
- Model 3: PDE (Kim et al., 2008)

#### How do these models compare?

What do they tell us about CML and the effects of Imatinib?

#### Cell State Diagram (Roeder et al., 2006)

#### Stem cells

- Non-proliferating (A)
- Proliferating (Ω)

Precursor cells

Mature cells



Circulation between A and  $\Omega$  based on cellular affinity

- High affinity: likely to stay in/switch to A
- $\,\circ\,$  Low affinity: likely to stay in/switch to  $\Omega$

$$\omega(\Omega(t), a(t)) = \frac{a_{\min}}{a(t)} f_{\omega}(\Omega(t)),$$
$$\alpha(A(t), a(t)) = \frac{a(t)}{a_{\max}} f_{\alpha}(A(t)).$$

Figures: Kim et al. in Bull. Math. Biol. 70(3), 728-744 2008

### Review of Completed Models

Generate a steady state population of healthy cells

Introduce a single leukemic cell and simulate cancer growth

Start treatment by simulating the effects of Imatinib on leukemic cells

Model 1: Agent Based Model

Cells simulated individually

Stochastic

Discrete, time steps of 1 hour

Model 2: System of Difference Equations

Cells grouped by common characteristics

Discrete, time steps of 1 hour

#### Model 1: ABM (Roeder et al., 2006)







#### Top:

 Simulation of healthy cell population for 2 years

#### Left:

- CML genesis over 15 years
- Ph<sup>+</sup> cells in red, Ph<sup>-</sup> in blue

#### Right:

- BCR-ABL1 ratio calculated during treatment (400 days)
- Biphasic decline

### Model 2: Difference Equations (Kim et al., 2008)



#### Top:

 Simulation of healthy cell population for 1 year

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### Model 3: PDE (Kim et al., 2008)

Transform model into a system of first order hyperbolic PDEs

- Consider the cell state system as a function of multiple internal clocks
  - Real time (t)
  - Affinity ( $x = -\log(a)$ )
  - Cell cycle (c)
  - Cell Age (s)
- Each cell state can be represented as a function of 1-3 of these variables

$$\begin{split} \frac{\partial A}{\partial t} &- \rho_r \frac{\partial A}{\partial x} = -\omega \big(\overline{\Omega}, e^{-x}\big) A + \alpha \big(\overline{A}, e^{-x}\big) \int_0^{32} \Omega(x, c, t) \, dc \\ &+ \begin{cases} 0, & x \in X_a, \\ \alpha(\overline{A}, e^{-x})\Omega^*, & x \in X_b, \end{cases} \\ \frac{\partial \Omega}{\partial t} &+ \rho_d \frac{\partial \Omega}{\partial x} + \frac{\partial \Omega}{\partial c} = \begin{cases} -\alpha(\overline{A}, e^{-x})\Omega, & \text{for } c \in (0, 32], \\ 0, & \text{for } c \in (32, 49]. \end{cases} \end{split}$$

$$\frac{dA^*}{dt} = \rho_r A(x_{\min}, t) - \omega \left(\overline{\Omega}, e^{-x_{\min}}\right) A^*.$$
$$\frac{\partial \Omega^*}{\partial t} + \rho_d \frac{\partial \Omega^*}{\partial x} = \begin{cases} 0, & x \in X_a, \\ -\alpha(\overline{A}, e^{-x})\Omega^*, & x \in X_b. \end{cases}$$

$$\frac{\partial P}{\partial t} + \frac{\partial P}{\partial s} = 0, \quad s \in [0, 480). \quad \frac{\partial M}{\partial t} + \frac{\partial M}{\partial s} = 0, \quad s \in [0, 192),$$

Figures: Kim et al. in Bull. Math. Biol. 70(3), 1994-2016 2008

# Numerical Simulations

#### Discretization:

- A stem cell domain:  $[x_{min}, x_{max}] \times \mathbb{R}_0^+$
- $\,\circ\,\,$  A\* stem cell domain:  $\mathbb{R}^+_0$
- $\Omega$  stem cell domain:  $[x_{min}, x_{max}] \times [0, 49) \times \mathbb{R}_0^+$
- $\Omega^*$  stem cell domain: $[x_{min}, x_{max}] imes \mathbb{R}_0^+$
- Equally spaced meshes:

• 
$$\Delta x = \frac{x_{max} - x_m}{J}$$
  
•  $\Delta c = \frac{49}{K}$ 

**Boundary Conditions:** 

• 
$$\widetilde{A}_{j,n+1} = 0$$
  
 $\widetilde{\Omega}_{0,k,n} = 0 \quad \forall k, n$   
 $\widetilde{\Omega}_{j,0,n+1} = 2\widetilde{\Omega}_{j,K,n}$   
 $\widetilde{\Omega}_{j,\overline{k^+},n+1} = \widetilde{\Omega}_{j,\overline{k^-},n+1} + \omega(\widehat{\Omega}_n, e^{-x_j})\widetilde{A}_{j,n+1}$   
 $\widetilde{\Omega}_{0,n+1}^* = \frac{\omega(\widehat{\Omega}_n, e^{-x_0})}{\rho_d}\widetilde{A}_n^*$   
 $\widetilde{\Omega}_{j^+,n+1}^* = 2\widetilde{\Omega}_{j^-,n+1}^*$ 



Figures: Kim et al. in Bull. Math. Biol. 70(3), 1994-2016 2008

### Numerical Simulations

Discretization:

- Precursor cell domain:  $[0, 480] \times \mathbb{R}_0^+$
- Mature cell domain:  $[0, 192] \times \mathbb{R}_0^+$
- Equally spaced meshes:  $\Delta s = 1/w$

First Order Upwind Scheme:

$$\circ \tilde{P}_{i,n+1} = \tilde{P}_{i,n} - \lambda_s \big( \tilde{P}_{i,n} - \tilde{P}_{i-1,n} \big) \qquad i = 1, \dots, I_p \\ \circ \tilde{M}_{i,n+1} = \tilde{M}_{i,n} - \lambda_s \big( \tilde{M}_{i,n} - \tilde{M}_{i-1,n} \big) \qquad i = 1, \dots, I_n$$

Boundary Conditions:

$$\tilde{P}_{0,n} = \rho_d \left( \mathcal{T}_c (\tilde{\Omega}_{J,-,n}) + \tilde{\Omega}_{J,n}^* \right)$$
  
•  $\tilde{P}_{vw^+,n} = 2\tilde{P}_{vw^-,n}$  for  $v = 24, 48, 72, ..., 456$   
 $\tilde{M}_{0,n} = 2\tilde{P}_{480,n}$ 

### Model 3: PDE—Steady State Profile



#### Top:

- Validation image
- PDE vs Agent Based Model

#### Bottom:

- Simulation of healthy cell population for 1 year.
- Cells with max affinity: 91,314

### Model 3: PDE—CML Genesis

Mature Ph<sup>-</sup> and mature Ph<sup>+</sup> cells simulated over 15 years

- Same general behavior as Model 1 and 2
- Overestimates number of Ph<sup>+</sup> cells at steady state



Figures: Kim et al. in Bull. Math. Biol. 70(3), 1994-2016 2008

# Model 3: PDE—Imatinib Treatment

#### BCR—ABL Ratio during simulation of Treatment (400 days)

- Left: Project results (tba)
- Center: Validation image.
- Right: Treatment simulation with variation of r<sub>inh</sub> and r<sub>deg</sub> parameters



Figures: Kim et al. in Bull. Math. Biol. 70(3), 1994-2016 2008

### Implementation

Implementation Hardware

• Asus Laptop with 8 GB RAM

#### Implementation Language

• Matlab R2015b

Parameter values from Roeder et al., 2006

# Model Complexity and Comparison

Average Run Time	Model 1: ABM	Model 2: Difference Equations	Model 3: PDE
Steady State (2 years)	44.4919 s	2.5857 s	8.93 min (dt=0.1)
CML genesis (15 years)	14.06 min	45.606 s	31.33 min (dt=0.5)
Treatment (400 days)	38.5801 s	5.4113 s	TBA (dt=0.45)

Original paper average run times for CML genesis

- 6 hours 22 mins (Agent Based Model)
- 4 mins 32 secs (Difference Equations)
- ~ 2 hours (PDE)

Model 1—ABM complexity based on number of agents, i.e. number of stem cells (~10<sup>6</sup>)

Model 2—Difference Equations computation of 10<sup>5</sup> simpler equations

Model 3—PDE computation of several more complex equations

# Testing

Questions to answer:

- $\circ\,$  What are the transition rates between A and  $\Omega?$
- How long does disease genesis take?
- Does Model 1 always predict CML genesis?
- What is the relationship between Model 1 and Model 2?
- With treatment, does a steady state occur? What does it look like?
- Drug administration when, how often?

### Duration of CML Genesis

Calculate average time to reach three different thresholds

•  $BCR - ABL Ratio = \frac{Mature Ph^+ cells}{Mature Ph^+ cells + 2*Mature Ph^- cells}$ 

• Thresholds tested: BCR – ABL Ratio = 20%, 50%, 99%

	Model 1: ABM	Model 2: Difference Equations	Model 3: PDE
20% Threshold	3.8289 years	4.8825 years	
50% Threshold	4.7506 years	5.90 years	
99% Threshold	10.8669 years	12.884 years	

### Comparison of Discrete Models

#### **CML** Genesis

- Left: Two single runs of Model 1—Agent Based versus Model 2—Difference Equations
- Right: Average of 20 Model 1 simulations in comparison to Model 2 simulation





### Comparison of Discrete Models

Effects of Imatinib Treatment

- Left: Two single runs of Model 1 versus Model 2
- Right: Average of 20 Model 1 simulations in comparison to Model 2 simulation





# Effects of Imatinib Treatment

Mature cell populations plotted over ~16 years – Treatment starts at year 15

Number of Ph<sup>+</sup> cells drops drastically in about one tenth of a year

Ph<sup>-</sup> grows rapidly



### Post Treatment

The model predicts a recurrence of CML once treatment stops

- Left: Mature cell populations during CML genesis (15 years), followed by 400 days of treatment and 10 years post treatment
- Right: BCR—ABL Ratio during and post treatment





### Extended Treatment

Simulations over longer periods of time (2 and 5 years respectively) suggest that CML cells will eventually die out



# Final Thoughts

#### Model 1—ABM:

- Realistically simulates cells individually
- Not the most efficient
- Does not allow for realistic stem cell population sizes

#### Model 2—Difference Equations:

• Most efficient, but perhaps least realistic

#### Model 3—PDE:

- Continuous time model correlates better to real life cell growth development
- Explore parameter sensitivity (step sizes, r<sub>inh</sub>, r<sub>deg</sub>, etc.)

#### Further improvements:

- Allow for variation in fixed parameters (cell lifespans, cell cycle clock duration, cellular division, etc)
- Address discrepancies in outcome of treatment

### Project Schedule

Phase 1: October—Early December

- Implement difference equation model
- Improve efficiency and validate
- Phase 2: January—Early March
- Implement ABM
- Improve efficiency and validate
- Phase 3: March—Early April
- Implement basic PDE method and validate on simple test problem

#### Phase 4: April—May

- Apply basic method to CML Imatinib biology and validate
- Testing and Model Comparison

# References

Roeder, I., Horn, M., Glauche, I., Hochhaus, A., Mueller, M.C., Loeffler, M., 2006. Dynamic modeling of imatinib-treated chronic myeloid leukemia: functional insights and clinical implications. Nature Medicine. 12(10): pp. 1181-1184

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