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#### Motivation



K.Swanson et al., Virtual and real brain tumors: using mathematical modeling to quantify glioma growth and invasion, 2003

## Usual Actors in Mathematical Cancer Modelling

- c(x,t) or c(t) the density of cancer cells ,
- n(x, t) or n(t) the density of normal cells,
- h(x, t) or h(t) the concentration of the drug (in dependence on the position and time or only time)

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#### Usual optimization aim: To minimize c

### What is in Fact Important?

To keep the patient alive for a maximal long period of time! To define the Viable Domain V:  $c \leqslant c^*, \ n \geqslant n^*, \ h \leqslant h^*.$ 

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and for the total amount of the drug  $\leq Q$ .

## Possible Strategy



To find cyclic (or quasi cyclic) trajectories in domain V means potential possibility to control the illness applying a regular treatment therapy

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### Statement of the Control Problem

To find such therapy strategy from some set S

which maximizes the total response time of trajectory of the system in the viable domain

$$T_V \longrightarrow \max$$

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 provided realization of the restriction on total amount of the drug (or maximal concentration)

## The Control Problem Considered



R.Gatenby, A change of strategy in the war on cancer, Nature, 2009

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## Consider a usual ODE-Model for Cancer

$$\begin{array}{lll} \frac{dc(t)}{dt} &=& f_1(c(t)) - k_1 c(t) g(h), \\ \frac{dn(t)}{dt} &=& f_2(n(t)) - k_2 n(t) g(h) - l_1 \varphi(c, n), \\ \frac{dh(t)}{dt} &=& -\gamma_h h(t) - (\varepsilon_1 c(t) + \varepsilon_2 n(t)) h(t) + u(t). \end{array}$$

with the initial conditions

$$c(0) = c_0, \ n(0) = n_0, \ h(0) = h_0;$$

and the constraint

$$\int_{0}^{T_{V}} h(t) \, dt \leqslant Q.$$

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# An Almost Periodical Treatment Strategy in the Case of the ODE-Model

Puc. : An 'almost periodical' strategy with a small declination in  $\overline{c} = \ln c$ .  $k_1 = 0.105$ ;  $k_2 = 0.054$ ; q = 0.07;  $\tau_1 = 3.4$ ;  $\tau_2 = 12$ .



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#### Description of the Model

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- Let  $D \subset \mathbb{R}^m$ , m = 2, 3,  $t \ge 0$  be a bounded domain of area (or volume) S with a smooth boundary  $\Gamma$ ,  $\nu$  be the outer normal unit vector to  $\Gamma$ ,
- c(x, t) denotes the density of cancer cells,
- n(x, t) denotes the density of normal cells,
- h(x, t) denotes the concentration of the drug in dependence of the position and time, respectively,

$$d_c(x) = \left\{ \begin{array}{ll} d_g, & \quad \text{if $x$ belongs to grey matter,} \\ d_w, & \quad \text{if $x$ belongs to white matter} \end{array} \right.$$

with  $d_g, d_w \in \mathbb{R}^{>0}$  denotes the diffusion coefficient of cancer cells

- $d_n, d_h$  are the diffusion coefficients of normal cells and the medicine, respectively,
- $\gamma_h$  is the dissipation rate of the therapeutic agent

## Mathematical Model of Glioma

$$\begin{array}{lll} \frac{\partial c(x,t)}{\partial t} &=& f_1(c(x,t)) + \nabla \left( d_c(x) \nabla c(x,t) \right) - k_1 c(x,t) g(h), \\ \frac{\partial n(x,t)}{\partial t} &=& f_2(n(x,t)) + d_n \Delta n(x,t) - k_2 n(x,t) g(h) - \alpha \varphi(c,n), \\ \frac{\partial h(x,t)}{\partial t} &=& -\gamma_h h(x,t) + d_h \Delta h(x,t) + u(x,t). \end{array}$$

#### Initial Conditions:

$$c(x,0) = c_0(x) > 0, \ n(x,0) = n_0(x), \ h(x,0) = h_0(x);$$

**Boundary Conditions:** 

$$\frac{\partial c(x,t)}{\partial \nu}\Big|_{\Gamma} = 0, \ \frac{\partial n(x,t)}{\partial \nu}\Big|_{\Gamma} = 0, \ \frac{\partial h(x,t)}{\partial \nu}\Big|_{\Gamma} = 0;$$

#### Possible Descriptions of Proliferation Laws

• The Gompertz's Law:

$$f_i(v) = 
ho_i v (1 - eta_i \ln v), \ v \geqslant 0$$



• The Logistic Law:

$$f_i(\mathbf{v}) = 
ho_i \mathbf{v} (1 - eta_i \mathbf{v}), \ \mathbf{v} \ge 0$$



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# Description of the Therapy, Damage and Competition Functions

• The Therapy Function for Cancer Cells and the Damage Function to Normal Cells:

$$g(h)=\frac{h}{a_0+h},\ a_0>0$$

• The Competition Function:

$$\varphi(c,h)=\frac{cn}{b_0+c},\ b_0>0$$

### Values of Parameters of the Model Considered

parameter	notation	value
diffusion of cancer cells	dg	$1.3 imes10^{-3}~{ m cm^2/day}$
diffusion of cancer cells	$d_w$	$5 imes 10^{-3}~{ m cm^2/day}$
diffusion of drug	d <sub>h</sub>	$0.386 imes10^{-2}~\mathrm{cm^2/day}$
diffusion of normal cells	d <sub>n</sub>	$1.0 imes10^{-3}~{ m cm^2/day}$
drug dissipation	$\gamma_h$	0.0347
proliferation of cancer cells	$\rho_1$	0.012 day <sup>-1</sup>
saturation of cancer cells	$\beta_1$	0.0819
proliferation of normal cells	$\rho_2$	0.006 day <sup>-1</sup>
saturation of normal cells	$\beta_2$	0.0869
cancer domain area	S <sub>D</sub>	$6 \times 6 \text{ cm}^2$

#### Definition of the Viable Domain

$$\overline{n(t)} = \int_{D} \ln n(x,t) \, dx, \ \overline{c(t)} = \int_{D} \ln c(x,t) \, dx. \tag{1}$$

 $c^{\ast}>0$  denotes the restriction on the total number of malignant cells (upper limit),

 $n^* > 0$  the restriction on the total number of normal cells (lower limit)

#### Definition

If the solutions n(x, t), c(x, t) of the PDE system considered satisfy for all t the following integral inequalities:

$$\overline{n(t)} \ge n^*, \ \overline{c(t)} \le c^*.$$
(2)

then we say that the numbers of malignant and normal cells are in the viable domain V bounded by the parameters  $n^*$  and  $c^*$ .

## The Class of Simple Therapy Strategies

#### Definition

Let  $D_0 \subseteq D$ , q > 0,  $\tau_1 > 0$ ,  $\tau_2 > 0$ . We will say that a control function u(x, t) belongs to the class of simple therapy strategies (**S**) if it has the form

 $u(x,t) = \chi(x)u_0(t),$ 

where

$$\mu_0(t)=\left\{egin{array}{ll} q, & 0\leqslant t\leqslant au_1; \ 0, & au_1\leqslant t\leqslant au_1+ au_2; \end{array} \chi(x)=\left\{egin{array}{ll} 1, & x\in D_0; \ 0, & x\notin D_0; \end{array}
ight.$$



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## Statement of the Control Problem

To find the control function u(x, t) in the class of simple tharapy strategies such that response time T in the viable domain V bounded by the parameters  $n^*$  and  $c^*$  (survival time) will be maximal under the restriction on cumulative amount of chemotherapeutic agent during the whole therapy process:

$$\int_{0}^{T} \int_{D} h(x,t) \, dx \leqslant Q. \tag{3}$$

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where Q > 0

#### Existence of Viable Therapy Strategies

Let C(t) and N(t) be positive functions defined by

$$C(t) := \frac{\sigma_c}{\rho_1 \beta_1} \left( 1 - e^{-\rho_1 \beta_1 t} \right) + e^{-\rho_1 \beta_1 t} \overline{c(0)}, \ N(t) := \frac{\sigma_n}{\rho_2 \beta_2} \left( 1 - e^{-\rho_2 \beta_2 t} \right) + e^{-\rho_2 \beta_2 t} \overline{n(0)}$$

where  $\sigma_c, \sigma_n, \rho_1, \beta_1, \rho_2, \beta_2, \overline{c(0)}, \overline{n(0)}$  some positive constants which can be found from the PDE-system considered.

- 1 If for some  $t \ge 0$  and some  $c^* > 0$  the inequality  $C(t) > c^*$  takes place then there is no treatment strategy  $u(x, t) \in \Sigma$  that can supply the fulfillment of the viable restriction  $c(t) \le c^*$ .
- 2 If for any t > 0 and some  $n^* > 0$  the inequality  $N(t) > n^*$  takes place then for any treatment strategy from the set  $\Sigma$  the viable restriction  $\overline{n(t)} \ge n^*$  is fulfilled.

#### Explanation of the Property of Inertion

#### In the case of ODE with

$$u(t) = \begin{cases} q, & 0 \leqslant t \leqslant \tau_1, \ \tau_1 > 0 \\ 0, & \tau_1 \leqslant t \leqslant \tau_1 + \tau_2, \ \tau_2 > 0 \end{cases}$$

#### we have



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# Correction of the Viable Domain due to the Property of Inertion





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Search 
$$\frac{\tau_2}{\tau_1}$$
.  $Q = \int_D \int_0^T h(x, t) dx \leq 500$ ;  $\frac{k_2}{k_1} = 0.5$ ,  $\alpha = 0$ ,  $q = 0.002$ .





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# Search $\alpha$ . $\frac{k_2}{k_1} = 0.5$ , $\tau_1 = 30$ , $\tau_2 = 90$ , q = 0.002.



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## For q = 0.002 the optimal ratio is $\frac{\tau^2}{\tau^1} = 2.6$

 $\tau_1$  be the time during that u = q takes place ('active control time') and

 $\tau_2$  be the 'passive control time' (i.e. with u = 0)



Puc. : For every q the maximum viable time is T(q) (on the right fig.) and it is reached with  $\frac{\tau_2}{\tau_1}(q)$  (on the left fig.)

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# Optimal value $\tau_1 = 2, \ \tau_2 = 5.2 \ (\frac{\tau^2}{\tau^1} = 2.6)$ for q = 0.002



**Puc.** : For every  $\tau_1$  the maximum viable time is  $T(\tau_1)$  (on the left fig.)

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# Existence of Periodical Treatment Strategy Outside of the Viable Domain



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