Asymptotic analysis and optimal control of an integro-differential system modelling healthy and cancer cells exposed to chemotherapy

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Chemotherapy and its drawbacks

Two main types of chemotherapeutic drugs

- cytotoxic drugs kill cancer cells
- cytostatic drugs lower their proliferation

Two main pitfalls

- Resistance to drugs: the cancer cell population acquires resistance
- Toxicity to healthy cells: no exclusive targeting of cancer cells

Objectives of a mathematical modelling approach

Modelling must reproduce the clinical observations that the maximum tolerated doses

- cannot be given for too long because of the side-effects
- can lead to the regrowth of the tumour even with further treatment because resistance has been acquired

It must also provide optimal strategies, to be compared with an emerging therapeutical paradigm:



Figure : A change of strategy in the war on cancer

Modelling drug resistance: adaptive dynamics

Heterogeneity inside a solid tumour can be understood through the principles of Darwinian evolution, which leads to use tools from adaptive dynamics.

We focus on

- deterministic models where the structuring variable x is a continuous phenotype,
- because drug resistance can be linked, for example, to DNA methylation

Introduction to IDEs: starting from ODEs

Start from the logistic model

$$\frac{dN}{dt} = [r - dN] N$$

- r: proliferation rate
- *d N*: death rate (increasing with N: **intra-specific competition**)

What if individuals have different phenotypes?

x: continuous phenotype

- $r \rightarrow r(x)$
- $d \rightarrow d(x)$

(Perthame, Transport equations in biology, 2006)

Introduction to IDEs: typical IDE logistic model

Prototype model, where n(t,x) stands for the density of cells of phenotype $x \in [0,1]$:

$$\frac{\partial n}{\partial t}(t,x) = (r(x) - d(x)) \quad n(t,x)$$

Introduction to IDEs: typical IDE logistic model

Prototype model, where n(t,x) stands for the density of cells of phenotype $x \in [0,1]$:

$$\frac{\partial n}{\partial t}(t,x) = (r(x) - d(x)\rho(t))n(t,x)$$

with

$$\rho(t) := \int_0^1 n(t,x) \, dx.$$

Introduction to IDEs: typical IDE logistic model

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Asymptotic behaviour of

- the total population ρ ?
- ullet the phenotypes in the population (i.e., possible limits for $n(t,\cdot)$ in $\mathcal{M}^1(0,1)$)?

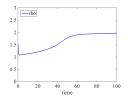


Figure : Plot of $t \mapsto \rho(t)$ for r(x) = 2 + x, d(x) = 1 + 2x.

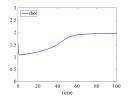


Figure : **Plot of** $t \mapsto \rho(t)$ for r(x) = 2 + x, d(x) = 1 + 2x.

Theorem

 ρ converges to ρ^{∞} defined as the smallest value such that $r(x) - d(x)\rho^{\infty} \leq 0$ on [0,1].

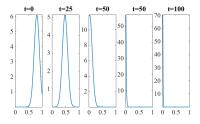


Figure : Plot of $x \mapsto n(t,x)$ for different times

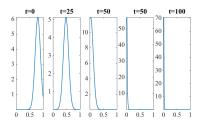


Figure : Plot of $x \mapsto n(t,x)$ for different times

Theorem

 ρ converges to ρ^{∞} , defined as the smallest value ρ such that $r(x) - d(x)\rho \leq 0$ on [0,1].

 $n(t,\cdot)$ concentrates on the set $\{x \in [0,1], r(x) - d(x)\rho^{\infty} = 0\}$. Furthermore, if this set is reduced to a singleton x^{∞} , then

$$n(t,\cdot) \rightharpoonup \rho^{\infty} \delta_{\mathsf{x}^{\infty}} \text{ in } \mathcal{M}^1(0,1).$$

$$\frac{\partial}{\partial t} n_H(t, x) = [r_H(x) - d_H(x)\rho_H(t)] n_H(t, x)$$
$$\frac{\partial}{\partial t} n_C(t, x) = [r_C(x) - d_C(x)\rho_C(t)] n_C(t, x)$$

 $x \in [0,1]$ from 0 (sensitive) to 1 (resistant)

 $n_H(t,x)$: density of healthy cells of phenotype x.

 $n_C(t,x)$: density of cancer cells of phenotype x.

$$\frac{\partial}{\partial t} n_{H}(t,x) = \left[r_{H}(x) - d_{H}(x) \underbrace{\left(a_{HH}\rho_{H}(t) + a_{HC}\rho_{C}(t) \right)}_{=:I_{H}(t)} \right] n_{H}(t,x)$$

$$\frac{\partial}{\partial t} n_{C}(t,x) = \left[r_{C}(x) - d_{C}(x) \underbrace{\left(a_{CC}\rho_{C}(t) + a_{CH}\rho_{H}(t) \right)}_{=:I_{C}(t)} \right] n_{C}(t,x)$$

• Interspecific competition (smaller than intraspecific competition), with

$$I_H = a_{HH}\rho_H + a_{HC}\rho_C,$$
 $a_{HC} < a_{HH}$
 $I_C = a_{CC}\rho_C + a_{CH}\rho_H,$ $a_{CH} < a_{CC}$



$$\frac{\partial}{\partial t} n_H(t, x) = [r_H(x) - d_H(x)I_H(t) - u_1(t)\mu_H(x)] n_H(t, x)$$

$$\frac{\partial}{\partial t} n_C(t, x) = [r_C(x) - d_C(x)I_C(t) - u_1(t)\mu_C(x)] n_C(t, x)$$

• Interspecific competition (smaller than intraspecific competition), with

$$I_H = a_{HH}\rho_H + a_{HC}\rho_C, \qquad a_{HC} < a_{HH}$$

 $I_C = a_{CC}\rho_C + a_{CH}\rho_H, \qquad a_{CH} < a_{CC}$

• Cytotoxic drugs u₁

$$\frac{\partial}{\partial t} n_H(t,x) = \left[\frac{r_H(x)}{1 + \alpha_H u_2(t)} - d_H(x) I_H(t) - u_1(t) \mu_H(x) \right] n_H(t,x)$$

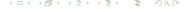
$$\frac{\partial}{\partial t} n_C(t,x) = \left[\frac{r_C(x)}{1 + \alpha_C u_2(t)} - d_C(x) I_C(t) - u_1(t) \mu_C(x) \right] n_C(t,x)$$

• Interspecific competition (smaller than intraspecific competition), with

$$I_H = a_{HH}\rho_H + a_{HC}\rho_C, \qquad a_{HC} < a_{HH}$$

 $I_C = a_{CC}\rho_C + a_{CH}\rho_H, \qquad a_{CH} < a_{CC}$

- Cytotoxic drugs u₁
- Cytostatic drugs u₂



Difficulties for the asymptotic analysis of the model

With **constant controls**, the asymptotic analysis requires to understand systems of the following type:

$$\frac{\partial n_H}{\partial t}(t,x) = (r_H(x) - d_H(x)I_H(t))n_H(t,x)
\frac{\partial n_C}{\partial t}(t,x) = (r_C(x) - d_C(x)I_C(t))n_C(t,x)$$
(1)

where the coupling comes from $I_H = a_{HH}\rho_H + a_{HC}\rho_C$, $I_C = a_{CC}\rho_C + a_{CH}\rho_H$.

Do we still have convergence for ρ_H , ρ_C , and concentration for n_H , n_C ?

Convergence and concentration hold, and with a wide class of controls

Theorem

Let u_1, u_2 be any functions in $BV(\mathbb{R}_+)$, and let \bar{u}_1, \bar{u}_2 be their limits. Then $(\rho_H(t), \rho_C(t))$ converges to the equilibrium point $(\rho_H^\infty, \rho_C^\infty)$, defined as follows. Let $I_H^\infty \geq 0$ be the smallest nonnegative real number such that

$$\frac{r_H(x)}{1+\alpha_H \bar{u}_2} - \bar{u}_1 \mu_H(x) \le d_H(x) I_H^{\infty}, \tag{2}$$

and let $I_{\mathcal{C}}^{\infty} \geq 0$ be the smallest nonnegative real number such that

$$\frac{r_C(x)}{1 + \alpha_C \bar{u}_2} - \bar{u}_1 \mu_C(x) \le d_C(x) I_C^{\infty}. \tag{3}$$

Then $(\rho_H^{\infty}, \rho_C^{\infty})$ is the unique solution of the (invertible) system

$$a_{HH}\rho_H^{\infty} + a_{HC}\rho_C^{\infty} = I_H^{\infty},$$

$$a_{CH}\rho_H^{\infty} + a_{CC}\rho_C^{\infty} = I_C^{\infty}.$$
(4)

Idea of proof for constant controls

Idea of proof

Let

$$A_{H} := \left\{ x \in [0, 1], \, \frac{r_{H}(x)}{1 + \alpha_{H} \bar{u}_{2}} - \bar{u}_{1} \mu_{H}(x) - d_{H}(x) I_{H}^{\infty} = 0 \right\}$$

$$A_{C} := \left\{ x \in [0, 1], \, \frac{r_{C}(x)}{1 + \alpha_{C} \bar{u}_{2}} - \bar{u}_{1} \mu_{C}(x) - d_{C}(x) I_{C}^{\infty} = 0 \right\}$$

Choose **any** tuple of measures (n_H^∞, n_C^∞) in $\mathcal{M}^1(0, 1)$ satisfying $\int_0^1 n_{H,c}^\infty(x) \, dx = \rho_{H,c}^\infty$, with $\operatorname{supp}(n_H^\infty) \subset A_H$ and $\operatorname{supp}(n_C^\infty) \subset A_C$.

For $m_{H,C}:=rac{1}{d_{H,C}}$, define the Lyapunov functional as $V(t):=\lambda_H V_H(t)+\lambda_C V_C(t)$ where

$$V_{H,c}(t):=\int_0^1 m_{H,c}(x)\left[n_{H,c}^\infty(x)\ln\left(\frac{1}{n_{H,c}(t,x)}\right)+\left(n_{H,c}(t,x)-n_{H,c}^\infty(x)\right)\right]\,dx.$$

(Jabin, Raoul, J. Math. Bio 2011)

Consequence

If the controls are constant

$$u_1 \equiv \bar{u}_1, \ u_2 \equiv \bar{u}_2,$$

and if

$$A_H=\{x_H^\infty\},\ A_C=\{x_C^\infty\},$$

then we have a mapping

$$(\bar{u}_1, \bar{u}_2) \longmapsto (x_H^{\infty}, x_C^{\infty}, \rho_H^{\infty}, \rho_C^{\infty})$$

with $\rho_H^{\infty} \delta_{x_H^{\infty}}$ and $\rho_C^{\infty} \delta_{x_C^{\infty}}$ the respective limits of $n_H(t,\cdot)$ and $n_C(t,\cdot)$ in $\mathcal{M}^1(0,1)$, as t goes to $+\infty$.

In particular, if we restrict ourselves to **constant controls** and a **large time** T, the problem of minimising $\rho_C(T)$ is equivalent to minimising ρ_C^{∞} as a function of (\bar{u}_1, \bar{u}_2) .

Simulations of the effect of constant doses

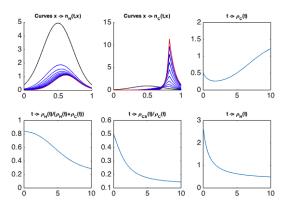


Figure : Simulation with $u_1 \equiv 3.5$, $u_2 \equiv 2$ and T = 10. $(\rho_{CS}(t) := \int_0^1 x \, n_C(t, x) \, dx)$

Optimal control problem

Definition

Let T > 0 be fixed. We define the optimal problem (OCP)

$$\inf_{(u_1,u_2)}\rho_C(T)$$

among controls $(u_1, u_2) \in BV(0, T)^2$ such that

•

$$0 \leq u_1(t) \leq u_1^{\mathsf{max}}, \qquad 0 \leq u_2(t) \leq u_2^{\mathsf{max}}.$$

•

$$\frac{
ho_{H}(t)}{
ho_{H}(t) +
ho_{C}(t)} \ge heta_{HC},$$

•

$$\rho_H(t) \geq \theta_H \rho_H(0)$$
.

Numerical solution for (OCP)

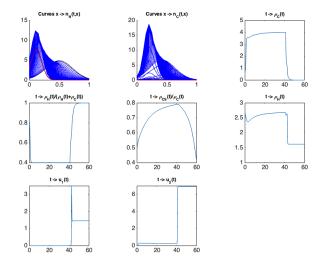


Figure : Simulation for the solution of (OCP) for T=60

Numerical simulations for (OCP): conclusions

Simulations suggest that the optimal strategy for large T consists of two phases:

- A first long phase with no cytotoxic drugs and a small constant dose of cytostatic drugs, at the end of which the cancer cells are concentrated on a sensible phenotype.
- A second short phase with maximum tolerated doses for both drugs, in order to eradicate the maximal amount of cancer cells, and then a boundary arc on the constraint $\rho_H = \theta_H \rho_H(0)$.

Restriction to a smaller class of controls: an asymptotic result

We consider the class of controls which are

- constant during a long first phase $(0, T_1)$
- switch to any controls on a short phase (T_1, T) with $T T_1 \leq T_2^M$.

Then, we have the following result (requiring several technical hypotheses):

Theorem

Asymptotically in T_1 and for T_2^M small enough, there exists at least one solution to (**OCP**) in this class. Furthermore, on (T_1, T) the trajectory obtained with (u_1, u_2) is arbitrarily close to the concatenation of at most three arcs:

- a boundary arc along the constraint $\frac{\rho_H}{\rho_H + \rho_C} \ge \delta_H$,
- a free arc with controls $u_1 = u_1^{max}$ and $u_2 = u_2^{max}$,
- a boundary arc along the constraint $\rho_H \geq \theta_H \rho_H(0)$, with $u_2 = u_2^{\text{max}}$.

Idea of proof

- At the end of the first long phase, the system has concentrated,
- thus the dynamics of (ρ_H, ρ_C) is arbitrarily close to being driven by an ODE system,
- then, one can use the Pontryagin Maximum Principle for an optimal control problem (ODE with state constraints); the optimal strategy has at most three identifiable arcs.

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