

## Quantitative modeling of metastasis: cancer at the organism scale

Sébastien Benzekry

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Institut national de la santé et de la recherche médicale

## Quantitative modeling of metastasis: cancer at the organism scale

S. Benzekry Head of the Inria-Inserm team COMPO Marseille, France

SMB meeting, 2021 June 14th

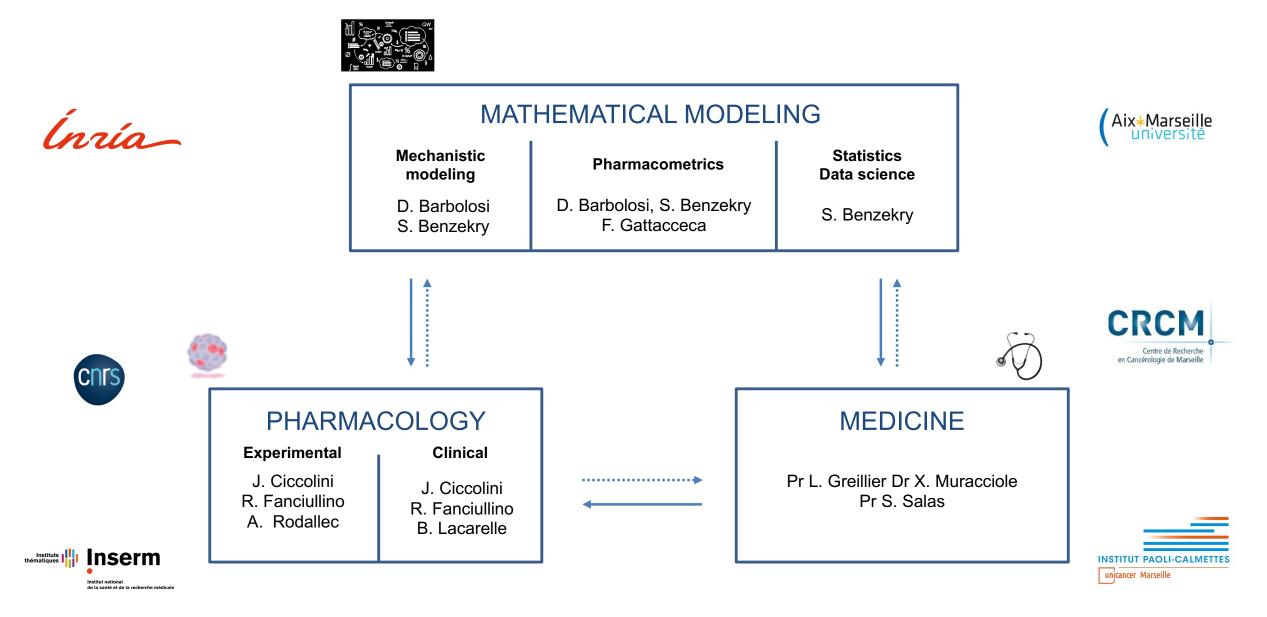


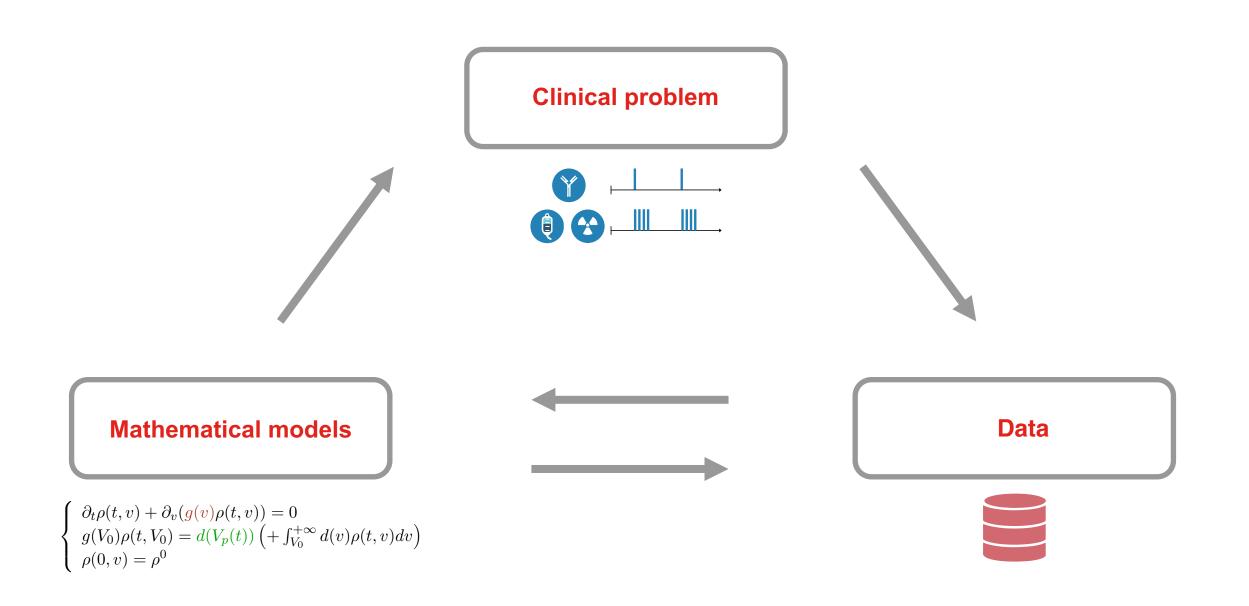






## **COMPO: COMPutational pharmacology and clinical Oncology**





## **Clinical problem**

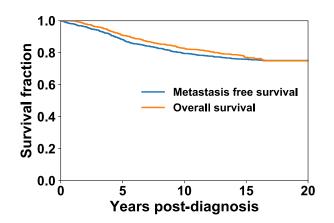


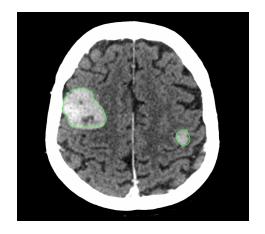
#### Early-stage breast cancer

- 94% of cases are local or regional at diagnosis but 30% will relapse
- Estimation of the metastatic risk is key to individualize adjuvant therapy
- Reduce the number of chemo cycles for patients with low risk

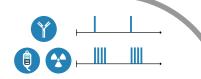
#### Brain metastases in non-small cell lung cancer (NSCLC)

 Decide whether to use whole brain radiation therapy or just (stereotactic) surgery





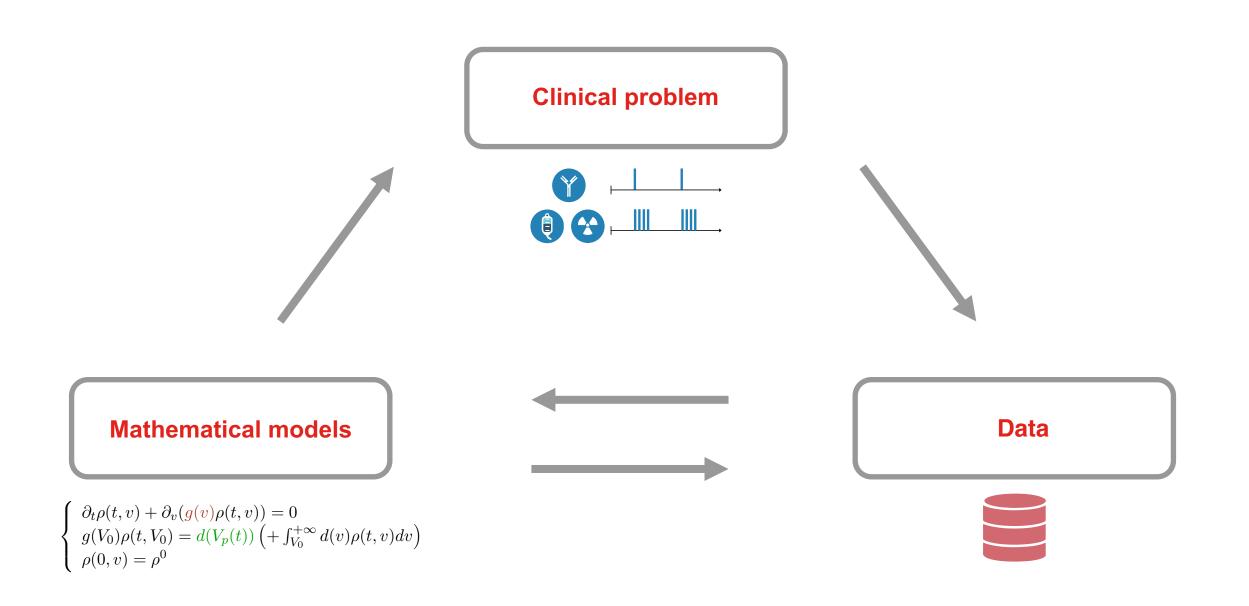
## **Objectives**



• Use a mechanistic model to predict metastasis

• Combine with machine learning algorithm to select features

• Benchmark predictive power to standard survival methods and machine learning algorithms

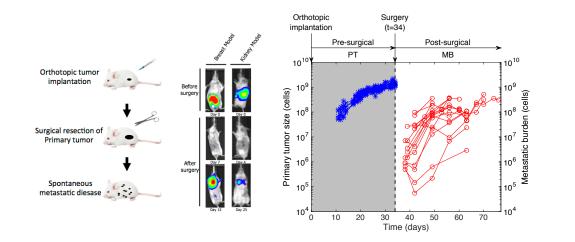


Data

18



#### Experimental

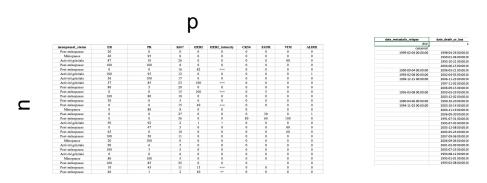


n > 400 animals with different treatments and schedules

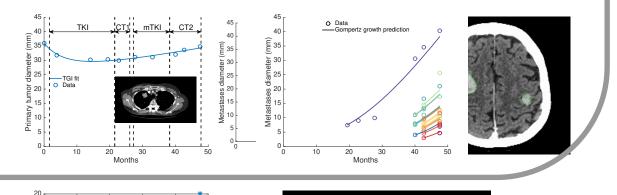
SMARTc wet lab collaboration with J. Ebos, Roswell Park Cancer Institute, Buffalo, NY

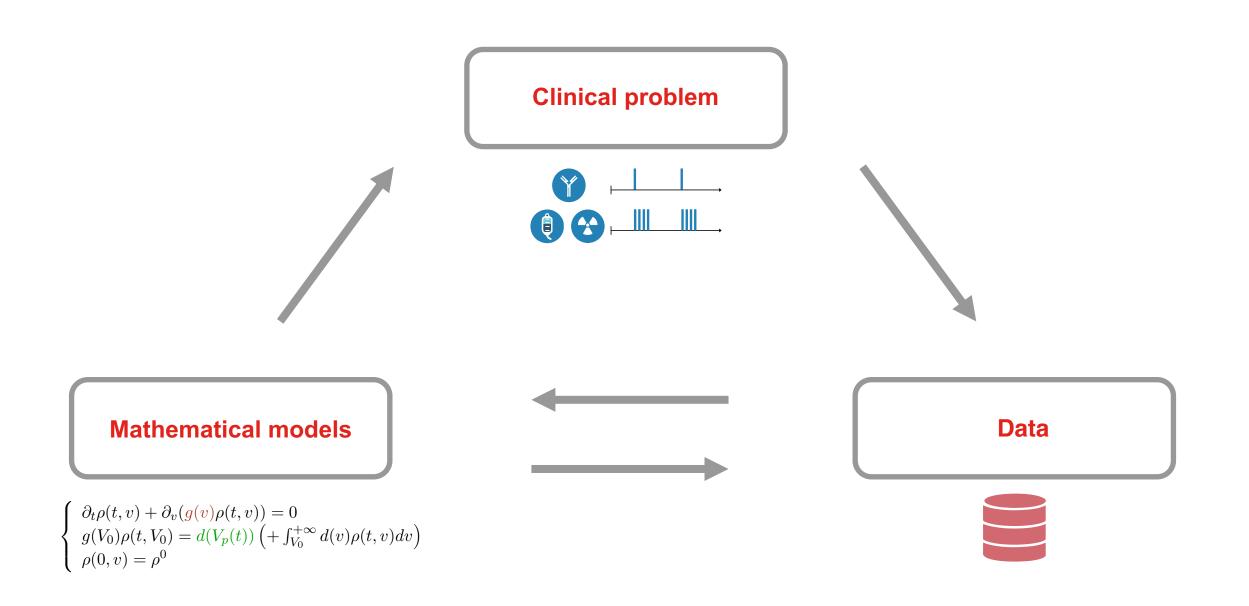
#### Clinical

• Databases of metastatic relapse in breast cancer patients with no adjuvant therapy (n=642, p=21 and n=167, p=9)

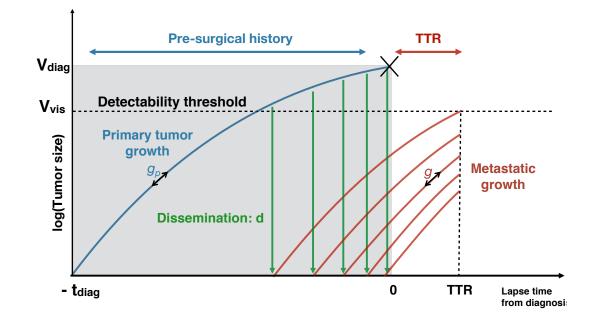


 Number and sizes of brain metastasis in individual NSCLC patients (n=31)





#### **Mathematical models**



Metastatic burden (total number of metastatic cells)

$$M(t)=\int_{V_0}^{+\infty}v
ho(t,v)dv=\int_0^t d\left(V_p(t-s)
ight)V(s)ds$$

Number of metastases with size larger than the visible size  $V_{vis}$ 

$$N_{vis}(t) = \int_{V_{vis}}^{+\infty} \rho(t, v) dv = \int_{0}^{t-\tau_{vis}} d(V_p(t)) dt$$

Growth rates of primary and secondary tumors  $g_p$  and g

$$rac{V_p}{lt} = \mathbf{g}_{\mathbf{p}}(\mathbf{t}, \mathbf{V}_{\mathbf{p}})$$
 ex:

ex: Gompertz

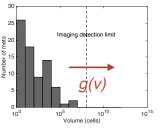
Dissemination rate  $d(V_p) = \mu V_p^{\gamma}$ 

Size distribution of the metastases  $\rho(t, v)$  [lwata et al., 2000]

$$\partial_t \rho(t, v) + \partial_v (g(v)\rho(t, v)) = 0$$
  

$$g(V_0)\rho(t, V_0) = d(V_p(t)) \left( + \int_{V_0}^{+\infty} d(v)\rho(t, v)dv \right)$$
  

$$\rho(0, v) = \rho^0$$



Time to relapse (TTR) = time from diagnosis to first visible met

$$TTR = \inf \left\{ t > 0 : N_{vis}(t_{diag} + t) \ge 1 \right\}$$

## Statistical procedure for model calibration: nonlinear mixed effects modeling

Classical approach considers each subject independently

Likelihood maximization

$$y_j^i = M(t_j^i, \theta^i) + \sigma \varepsilon_j^i, \quad \varepsilon_j^i \sim \mathcal{N}(0, 1)$$
$$\hat{\theta}^i = \min_{\theta^i} \sum \left( y_j^i - M(t_i, \theta^i) \right)^2$$

Subject  $1 \le i \le N$ , Time  $t_j$ 

Mixed Effects Models for the Population Approach Models, Tasks, Methods and Tools



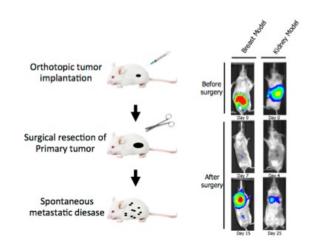
5 ai aigjer ena, aa equaa

Lavielle, CRC press, 2014

$$y_j^i = M(t_j^i, \theta^i) + \sigma \varepsilon_j^i, \quad \varepsilon_j^i \sim \mathcal{N}(0, 1)$$
$$\bullet \quad \ln(\theta^i) = \ln(\theta_{pop}) + \eta^i, \quad \eta_i \sim \mathcal{N}(0, \omega^2)$$

• Parameters to be estimated =  $\theta_{pop}$  (p),  $\omega\left(\frac{p(p+1)}{2}\right)$  and  $\sigma$ 

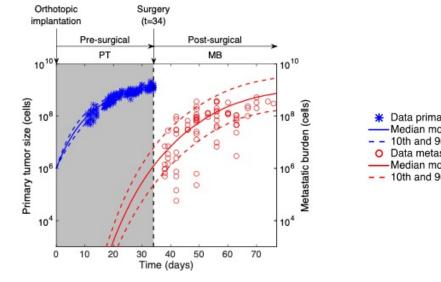
## Validation on animal data



Nonlinear mixed-effects statistical model for inter-animal variability

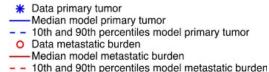
$$\ln\left(\theta^{i}\right) = \ln\left(\theta_{pop}\right) + \eta^{i}, \quad \eta_{i} \sim \mathcal{N}(0, \omega^{2})$$

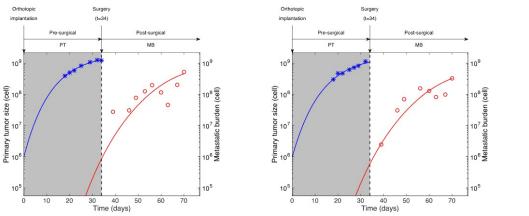
- Main difficulty: PDE model
- Solution: fast Fourier transform for computation of metastatic burden

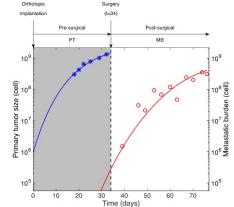












 $\Rightarrow$  same growth for PT and mets:  $\alpha_p = \alpha$ ,  $\beta_p = \beta$ 

## **Clinical data of individual breast metastatic relapse**

#### K = 21 features

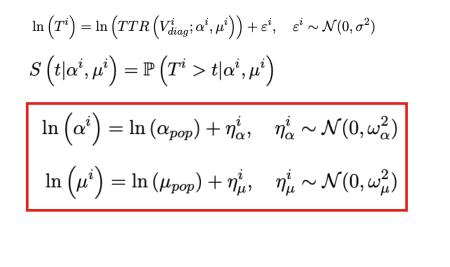
#### outcome

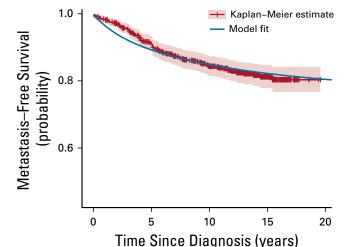
menopausal_status	ER	PR	Ki67	HER2	HER2_intensity	CK56	EGFR	VIM	ALDH1
Post-ménopause	20	0	0	0	0	0	0	0	0
Ménopause	40	95	8	0	0	0	0	0	0
Activité génitale	87	10	26	0	0	0	0	80	0
Post-ménopause	100	100	8	0	0	0	0	0	0
Post-ménopause	0	0	16	82	+++	0	0	0	0
Activité génitale	100	95	12	0	0	0	0	0	1
Activité génitale	56	100	17	0	0	0	0	0	0
Activité génitale	57	85	23	100	+++	0	0	0	0
Post-ménopause	80	5	20	0	0	0	0	0	0
Post-ménopause	0	0	15	100	+++	0	5	0	0
Post-ménopause	100	80	10	0	0	0	0	0	0
Post-ménopause	30	0	5	0	0	0	0	0	0
Post-ménopause	0	0	15	40	+++	0	0	0	0
Ménopause	0	80	8	0	0	0		0	0
Post-ménopause	0	0	27	0	0	0	30	0	1
Post-ménopause	0	0	56	0	0	80	60	100	0
Activité génitale	50	92	2	1	+	0	0	0	0
Post-ménopause	0	47	5	0	0	0	0	80	0
Post-ménopause	65	0	10	0	0	0	0	60	0
Post-ménopause	100	50	11	0	0	0	0	0	0
Ménopause	20	100	0	0	0	0	0	0	0
Activité génitale	90	6	5	0	0	0	0	0	0
Post-ménopause	100	3	5	0	0	0	0	0	0
Activité génitale	0	0	6	0	0	0	0	0	0
Ménopause	80	100	5	0	0	0	0	0	0
Post-ménopause	100	85	25	0	0	0		0	0
Post-ménopause	10	45	11	13	+++	0	0	0	0
Post-ménopause	66	1	2	40	++	0	0	0	0

metastatic_relapse	date_metastatic_relapse		
Yes	04/02/1999		
No			
No			
No			
Yes	04/09/1990		
Yes	08/02/1993		
Yes	15/12/1999		
No			
No			
Yes	08/03/1995		
No			
Yes	06/04/1990		
Yes	02/11/1994		
No			
Yes	27/10/1999		
No			

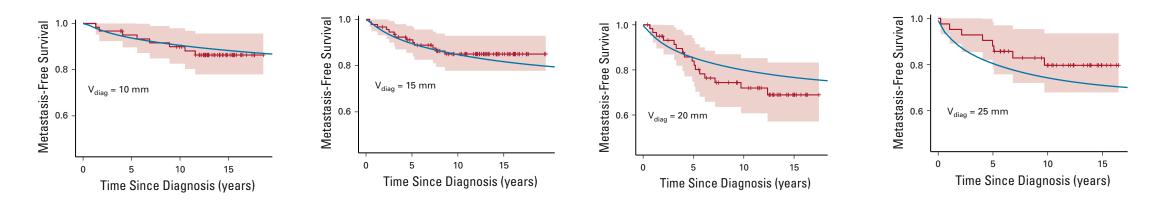
Institut Bergonié, Bordeaux, FR

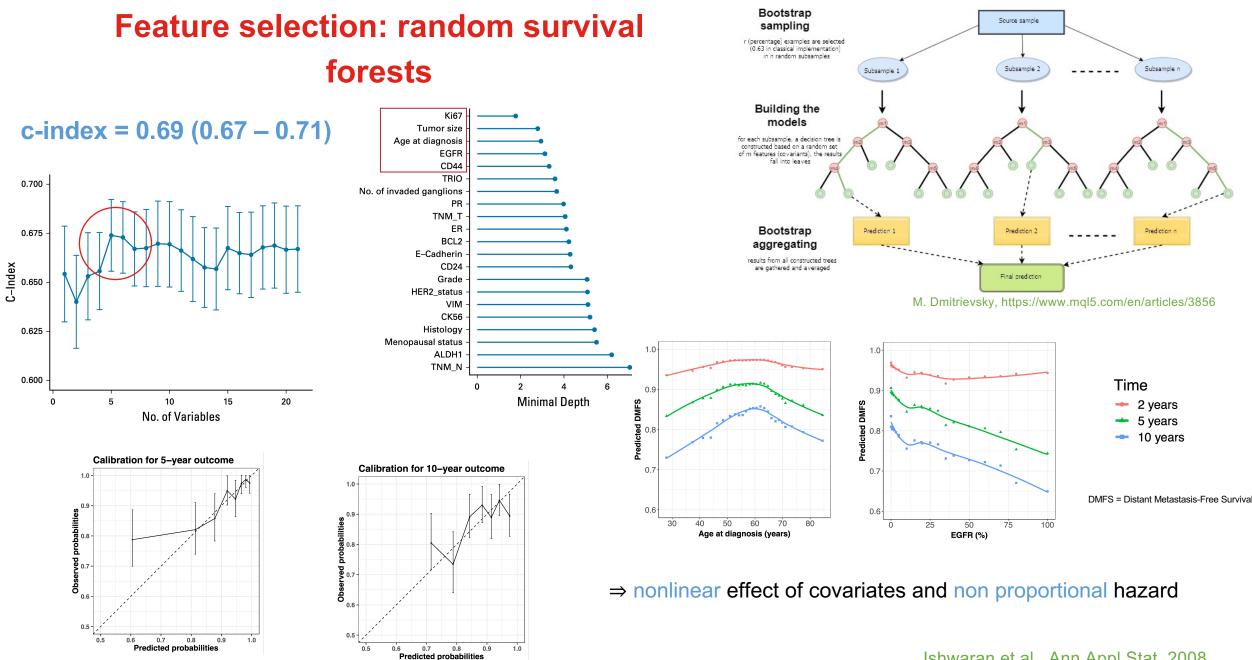
## **Descriptive power: fit to the data**





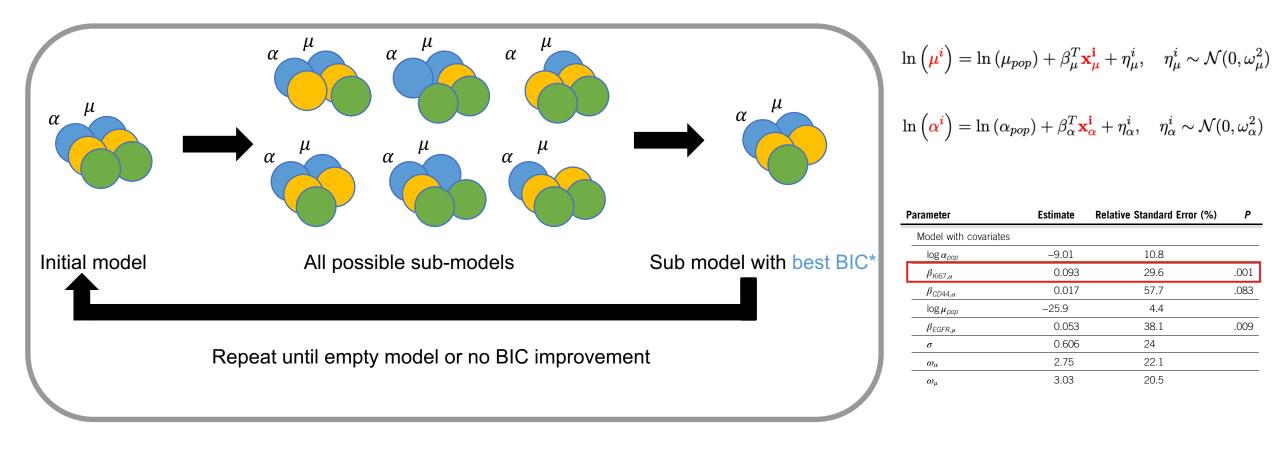
Parameter	Estimate	Relative Standard Error (%)
Model without covariates		
$\log \alpha_{pop}$	-6.34	12.6
$\log \mu_{pop}$	-26.8	3.68
σ	0.542	28.4
ωα	3.37	36.4
$\omega_{\mu}$	3.78	15.9



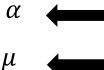


Ishwaran et al., Ann Appl Stat, 2008

## **Mechanistic selection: backward stepwise selection**



**Selected Covariate model:** 

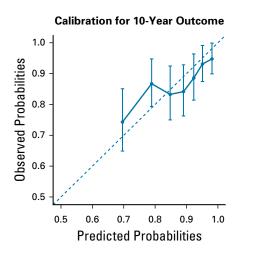


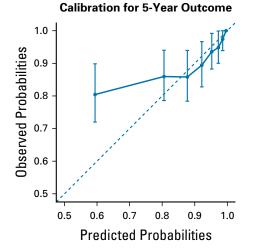
Ki67 (proliferation marker), CD44 (stem cell marker)

EGFR (basal marker)

## **Predictive power**

# c-index = 0.67 (10-folds cross-validation)

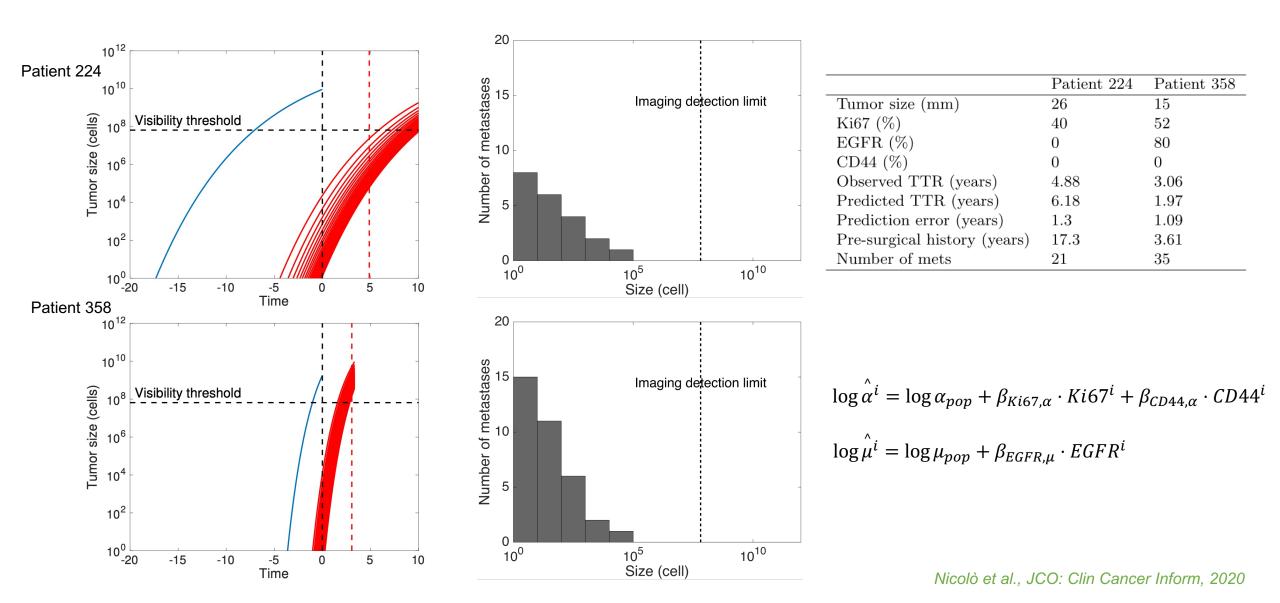




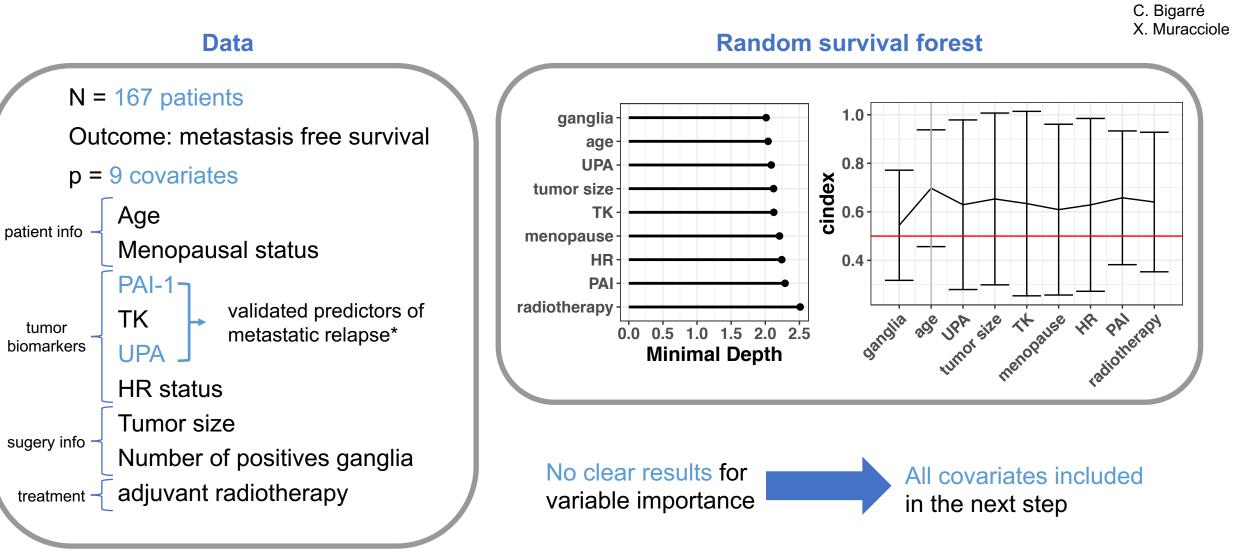
Algorithm	AUROC	Accuracy	Sensitivity	Specificity	Positive Predictive Value	Negative Predictive Value	F1
5-year							
Mechanistic model	0.73	0.68	0.75	0.67	0.19	0.96	0.30
Random survival forest	0.73	0.69	0.64	0.70	0.18	0.95	0.28
Random forest	0.75	0.66	0.71	0.66	0.18	0.96	0.28
Logistic regression	0.75	0.83	0.42	0.87	0.24	0.94	0.31
k-Nearest neighbor	0.62	0.91	0.02	1.00	0.41	0.91	0.05
Gradient boosting	0.71	0.90	0.11	0.98	0.36	0.92	0.17
Support vector machine	0.64	0.87	0.09	0.95	0.15	0.91	0.11
Сох	0.71	0.72	0.66	0.73	0.20	0.95	0.31
10-year							
Mechanistic model	0.67	0.67	0.62	0.68	0.30	0.89	0.41
Random survival forest	0.69	0.62	0.71	0.60	0.28	0.90	0.41
Сох	0.65	0.65	0.61	0.65	0.28	0.88	0.39

⇒ Similar predictive power as classical statistical Cox model or other machine learning algorithms

## Predictive simulations of the mechanistic model



## Second dataset: PAI-1



<sup>\*</sup>Duffy, M. J. et al., M. uPA and PAI-1 as biomarkers in breast cancer: validated for clinical use in level-of-evidence-1 studies. Breast Cancer Res 16, 428 (2014).



<sup>\*</sup>Harbeck N. et al., Ten-year analysis of the prospective multicentre Chemo-N0 trial validates ASCO-recommended biomarkers uPA and PAI-1 for therapy decision making in n ode-negative breast cancer patients, Eur J Cancer (2013)

## **Selected mechanistic model**



C. Bigarré

— Model fit Data (Kaplan-Meier) 1.00 Metastasis-free surviaval probability 52 05 05 05 0.00 30 20 10 0 Time (years)

 $\log T^{i} \sim \log \left( TTR(V^{i}, \alpha^{i}, \mu^{i}) + \mathcal{N}(0, \sigma^{2}) \right)$  $\log(\alpha^{i}) \sim \log(\alpha_{pop}) + \beta_{HR,\alpha} \cdot 1_{HR}^{i} + \mathcal{N}(0, \Omega_{\alpha}^{2})$  $\log(\mu^{i}) \sim \log(\mu_{pop}) + \beta_{PAI,\mu} \cdot PAI^{i} + \mathcal{N}(0, \Omega_{\mu}^{2})$ 

Parameter	Estimate	R.S.E	p-value
α	0.019	18%	
$\beta_{HR,\alpha}$	-0.713	50.1%	0.0459
μ	5.13e-15	381%	
$\beta_{PAI,\mu}$	0.352	31.7%	0.0016
σ	0.377	16.9%	
$\Omega^2_{lpha}$	0.308	109%	
$\Omega^2_\mu$	14.9	34.1%	

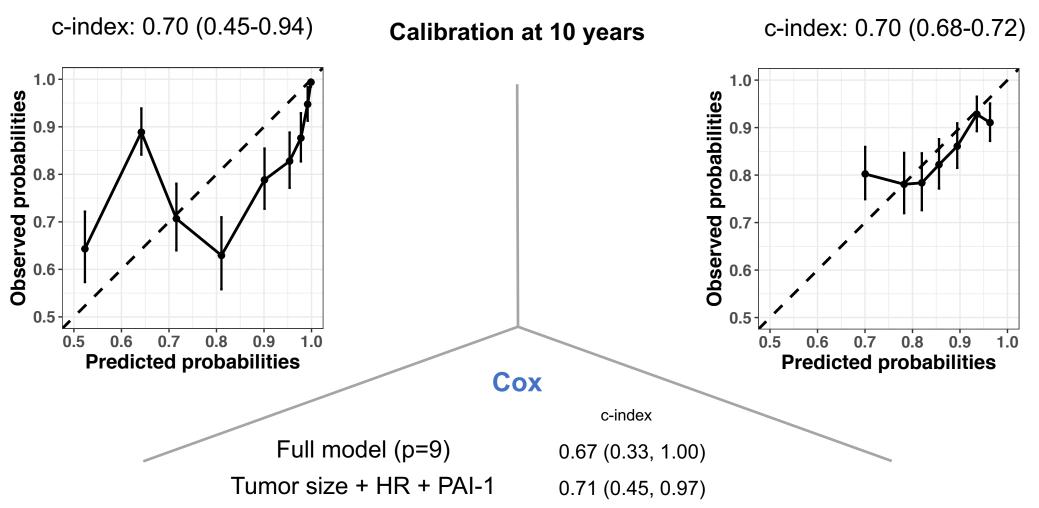
R.S.E = Relative Standard Error

## **Predictive performances**



RSF

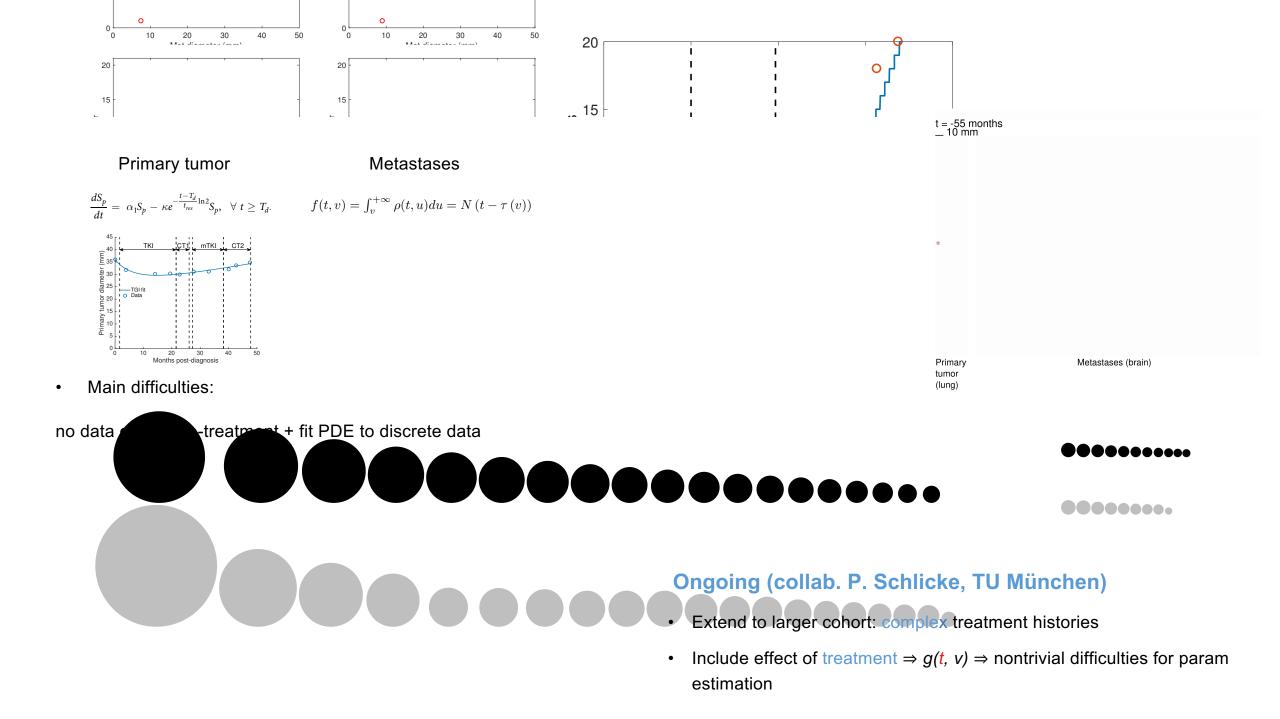
## Mechanistic model



C. Bigarré

## **Conclusions and perspectives**

- Similar predictive performances of Cox regression (c-index 0.67 0.72), random survival forest (c-index 0.67-0.71) and a novel mechanistic model (c-index 0.63 - 0.70) for pure prediction
- Predictive power is confirmed (improved) in an external data set
- Mechanistic modeling provides biological and clinical insights that ML does not:
  - Ki67 correlates with proliferation rate  $\alpha$  (expected but reassuring), also CD44 or hormonal status
  - EGFR and PAI1 correlate with  $\mu$  (metastatic potential)
  - prediction of the invisible metastatic state at diagnosis ⇒ potential for personalized adjuvant therapy
- Current/future avenues:
  - Further investigations to refine the modeling (dormancy, etc...)
  - Include treatment
  - Include (high-dimensional) transcriptomic data



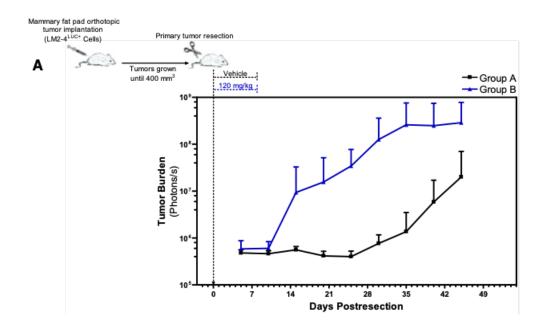
# Differential effects of anti-angiogenic therapies between primary tumor and metastases



#### Cancer Cell Report

## Accelerated Metastasis after Short-Term Treatment with a Potent Inhibitor of Tumor Angiogenesis

John M.L. Ebos,<sup>1,2</sup> Christina R. Lee,<sup>1</sup> William Cruz-Munoz,<sup>1</sup> Georg A. Bjarnason,<sup>3</sup> James G. Christensen,<sup>4</sup> and Robert S. Kerbel<sup>1,2,\*</sup>



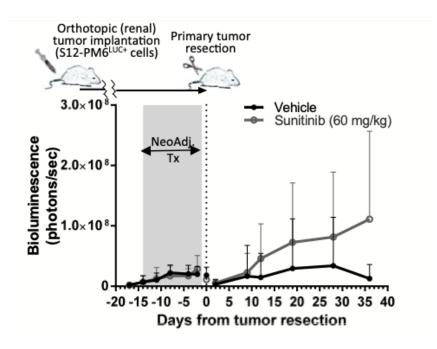
## Published online: October 31, 2014 Research Article



EMBO Molecular Medicine

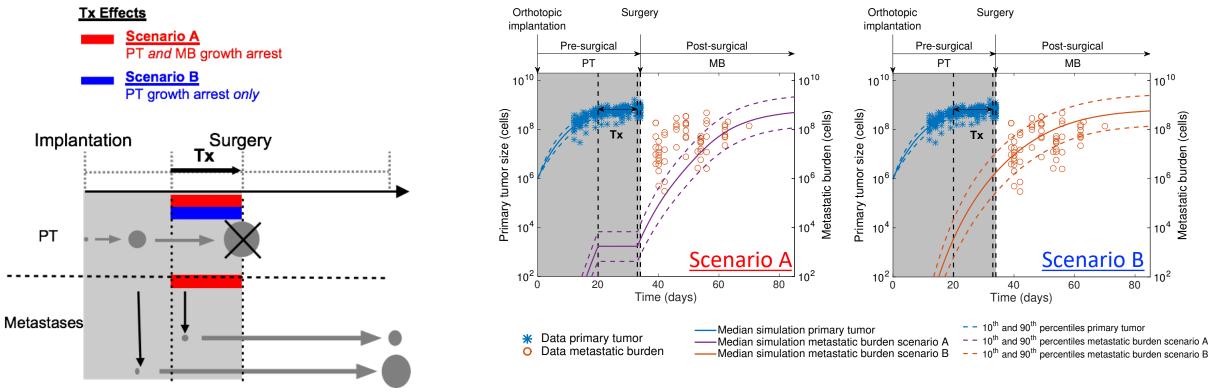
#### Neoadjuvant antiangiogenic therapy reveals contrasts in primary and metastatic tumor efficacy

John M L Ebos<sup>1,\*</sup>, Michalis Mastri<sup>1</sup>, Christina R Lee<sup>2</sup>, Amanda Tracz<sup>1</sup>, John M Hudson<sup>2</sup>, Kristopher Attwood<sup>3</sup>, William R Cruz-Munoz<sup>2</sup>, Christopher Jedeszko<sup>2</sup>, Peter Burns<sup>2,4</sup> & Robert S Kerbel<sup>2,4</sup>



# Simulations of the effect of neoadjuvant sunitinib treatment on metastases suggest no effect on growth of metastases

- Parameter values from the previous study on control groups  $\Rightarrow$  simulations are pure mechanistic predictions
- In first approximation, the effect of the drug was modeled by setting the tumor growth rate to zero during the phase of treatment





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## Full research tenure position

## sebastien.benzekry@inria.fr

