

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

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Marseille, France

*SMB meeting, 2021 June 14th*

# COMPO: COMPUtational pharmacology and clinical Oncology



## MATHEMATICAL MODELING

### Mechanistic modeling

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S. Benzekry

### Pharmacometrics

D. Barbolosi, S. Benzekry  
F. Gattacceca

### Statistics Data science

S. Benzekry



## PHARMACOLOGY

### Experimental

J. Ciccolini  
R. Fanciullino  
A. Rodallec

### Clinical

J. Ciccolini  
R. Fanciullino  
B. Lacarelle



## MEDICINE

Pr L. Greillier Dr X. Muracciole  
Pr S. Salas

*Inria*

Aix-Marseille  
université

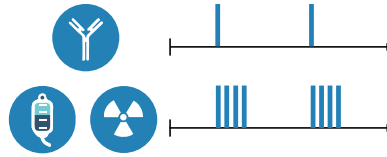


**CRCM**  
Centre de Recherche  
en Cancérologie de Marseille

Instituts  
thématiques **Inserm**  
Institut national  
de la santé et de la recherche médicale

**INSTITUT PAOLI-CALMETTES**  
unicancer Marseille

**Clinical problem**



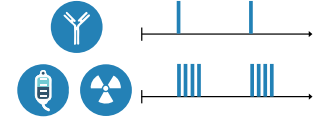
**Mathematical models**

$$\begin{cases} \partial_t \rho(t, v) + \partial_v (g(v) \rho(t, v)) = 0 \\ g(V_0) \rho(t, V_0) = d(V_p(t)) \left( + \int_{V_0}^{+\infty} d(v) \rho(t, v) dv \right) \\ \rho(0, v) = \rho^0 \end{cases}$$

**Data**

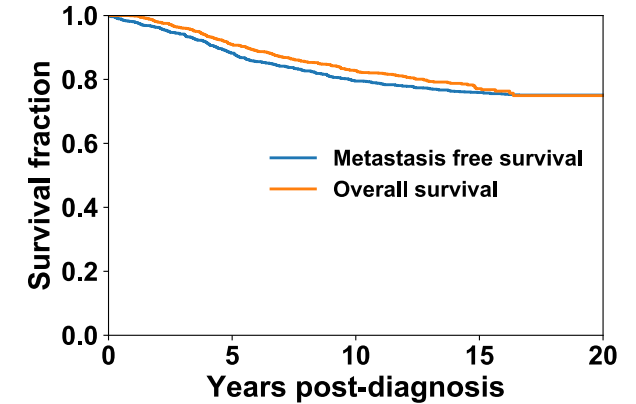


## Clinical problem



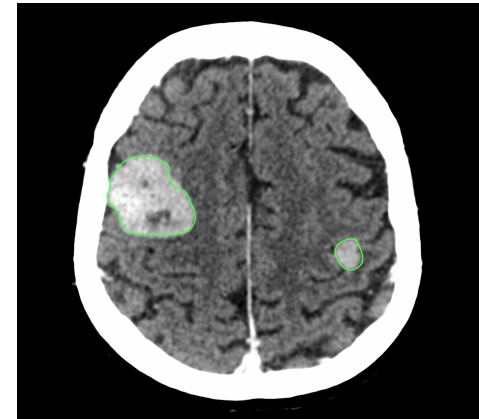
### Early-stage breast cancer

- 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



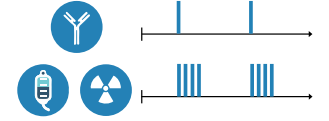
### Brain metastases in non-small cell lung cancer (NSCLC)

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



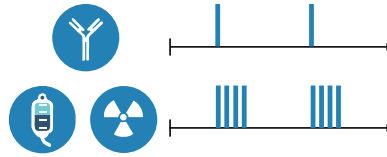


## Objectives



- 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

**Clinical problem**



**Mathematical models**

$$\begin{cases} \partial_t \rho(t, v) + \partial_v (g(v) \rho(t, v)) = 0 \\ g(V_0) \rho(t, V_0) = d(V_p(t)) \left( + \int_{V_0}^{+\infty} d(v) \rho(t, v) dv \right) \\ \rho(0, v) = \rho^0 \end{cases}$$

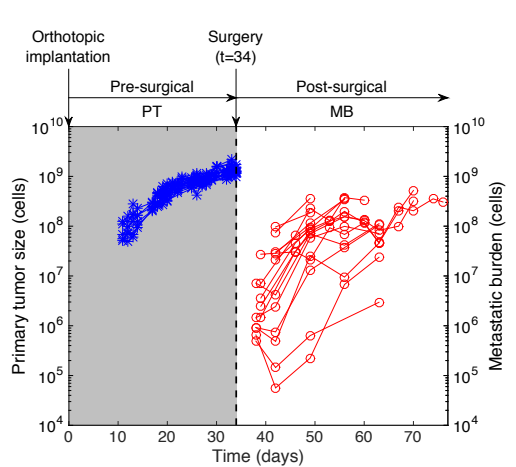
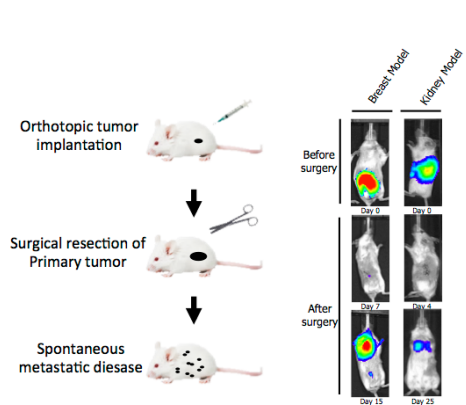
**Data**





# Data

## 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)

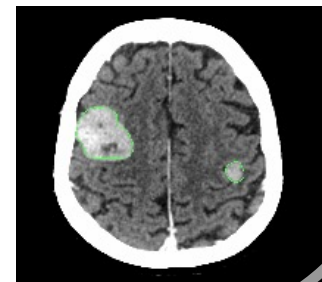
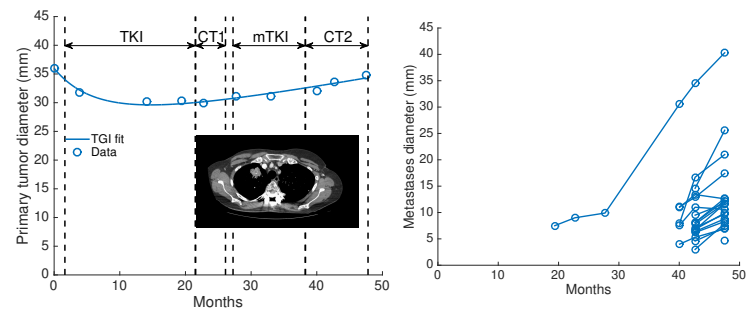
$n$

$p$

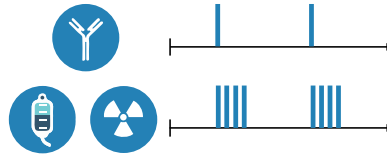
metastasis_status	ER	PR	Ki67	HER2	HER2_Intensity	CK56	EGFR	YIM	ALB1
Post-relapse	20	0	0	0	0	0	0	0	0
Metastase	40	95	8	0	0	0	0	0	0
Active gthiale	87	10	74	0	0	0	0	0	0
Post-relapse	100	100	4	0	0	0	0	0	0
Post-relapse	0	0	14	82	+++	0	0	0	0
1000	95	15	0	0	0	0	0	0	0
Active gthiale	56	100	17	0	0	0	0	0	0
Active gthiale	57	85	23	100	+++	0	0	0	0
Post-relapse	80	5	20	0	0	0	0	0	0
Post-relapse	0	0	13	100	+++	0	5	0	0
100	80	10	0	0	0	0	0	0	0
Post-relapse	70	0	5	0	0	0	0	0	0
Post-relapse	0	0	13	40	+++	0	0	0	0
Metastase	0	80	8	0	0	0	0	0	0
Post-relapse	0	0	23	0	0	30	0	0	0
Post-relapse	0	0	54	0	0	60	60	100	0
Active gthiale	50	95	2	1	+	0	0	0	1
Post-relapse	0	47	5	0	0	0	0	0	0
Post-relapse	65	0	10	0	0	0	0	60	0
Post-relapse	100	50	11	0	0	0	0	0	0
Metastase	20	100	0	0	0	0	0	0	0
Active gthiale	40	0	0	0	0	0	0	0	0
Post-relapse	100	5	5	0	0	0	0	0	0
Active gthiale	0	0	6	0	0	0	0	0	0
Metastase	80	100	5	0	0	0	0	0	0
Post-relapse	100	85	23	0	0	0	0	0	0
Post-relapse	10	45	11	13	+++	0	0	0	0
Post-relapse	66	1	2	40	+++	0	0	0	0

date_metastatic_relapse	date_death_or_loss
	1998-04-26 00:00:00
1999-02-01 00:00:00	1999-01-06 00:00:00
	1993-10-21 00:00:00
	2004-04-15 00:00:00
1990-09-04 00:00:00	2004-03-21 00:00:00
1994-02-04 00:00:00	2004-04-01 00:00:00
1999-12-21 00:00:00	2006-11-23 00:00:00
	1997-12-07 00:00:00
	2004-09-15 00:00:00
1995-03-08 00:00:00	2003-03-20 00:00:00
	2003-12-02 00:00:00
1995-04-06 00:00:00	1980-10-20 00:00:00
	2005-01-14 00:00:00
	2004-11-10 00:00:00
	2006-09-10 00:00:00
	1991-07-31 00:00:00
	2005-03-22 00:00:00
	2005-12-08 00:00:00
	2005-09-21 00:00:00
	2007-09-06 00:00:00
	2004-09-04 00:00:00
	2004-09-04 00:00:00
	2003-02-09 00:00:00
	2007-09-06 00:00:00
	2004-09-04 00:00:00
	1993-08-12 00:00:00
	1995-01-01 00:00:00
	1992-02-08 00:00:00

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



**Clinical problem**



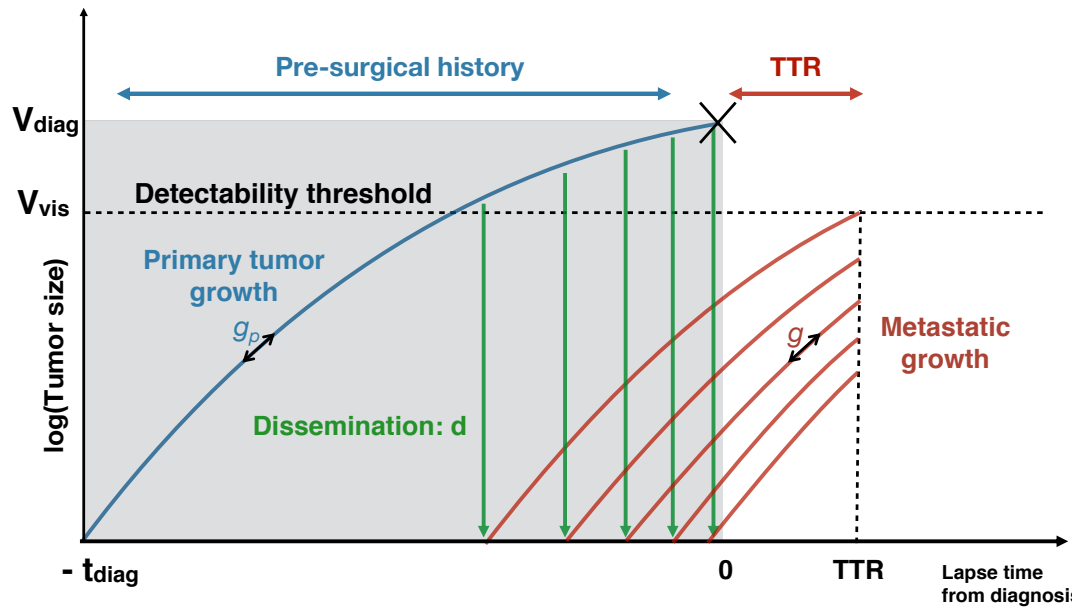
**Mathematical models**

$$\begin{cases} \partial_t \rho(t, v) + \partial_v (g(v) \rho(t, v)) = 0 \\ g(V_0) \rho(t, V_0) = d(V_p(t)) \left( + \int_{V_0}^{+\infty} d(v) \rho(t, v) dv \right) \\ \rho(0, v) = \rho^0 \end{cases}$$

**Data**



# Mathematical models



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

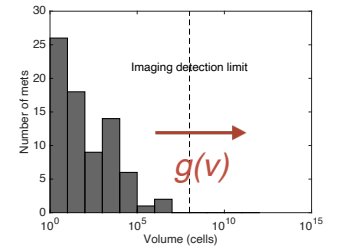
$$\frac{dV_p}{dt} = g_p(t, V_p)$$

ex: Gompertz

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

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

$$\begin{cases} \partial_t \rho(t, v) + \partial_v (g(v) \rho(t, v)) = 0 \\ g(V_0) \rho(t, V_0) = d(V_p(t)) \left( + \int_{V_0}^{+\infty} d(v) \rho(t, v) dv \right) \\ \rho(0, v) = \rho^0 \end{cases}$$



Metastatic burden (total number of metastatic cells)

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

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

$$N_{vis}(t) = \int_{V_{vis}}^{+\infty} \rho(t, v) dv = \int_0^{t-\tau_{vis}} d(V_p(t)) dt$$

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

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

# Statistical procedure for model calibration: nonlinear mixed effects modeling

- Classical approach considers each **subject independently**

Likelihood maximization



$$y_j^i = M(t_j^i, \theta^i) + \sigma \varepsilon_j^i, \quad \varepsilon_j^i \sim \mathcal{N}(0, 1)$$

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

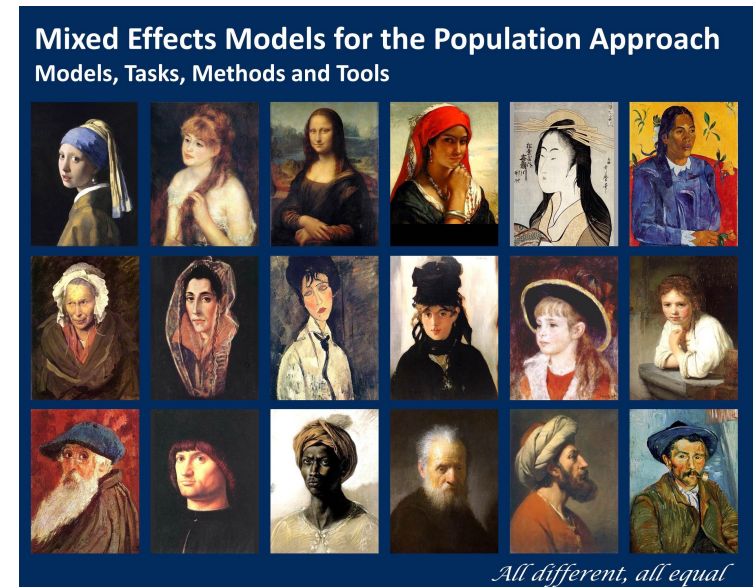
$$\hat{\theta}^i = \min_{\theta^i} \sum (y_j^i - M(t_j^i, \theta^i))^2$$

- Population** approach

$$y_j^i = M(t_j^i, \theta^i) + \sigma \varepsilon_j^i, \quad \varepsilon_j^i \sim \mathcal{N}(0, 1)$$

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

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

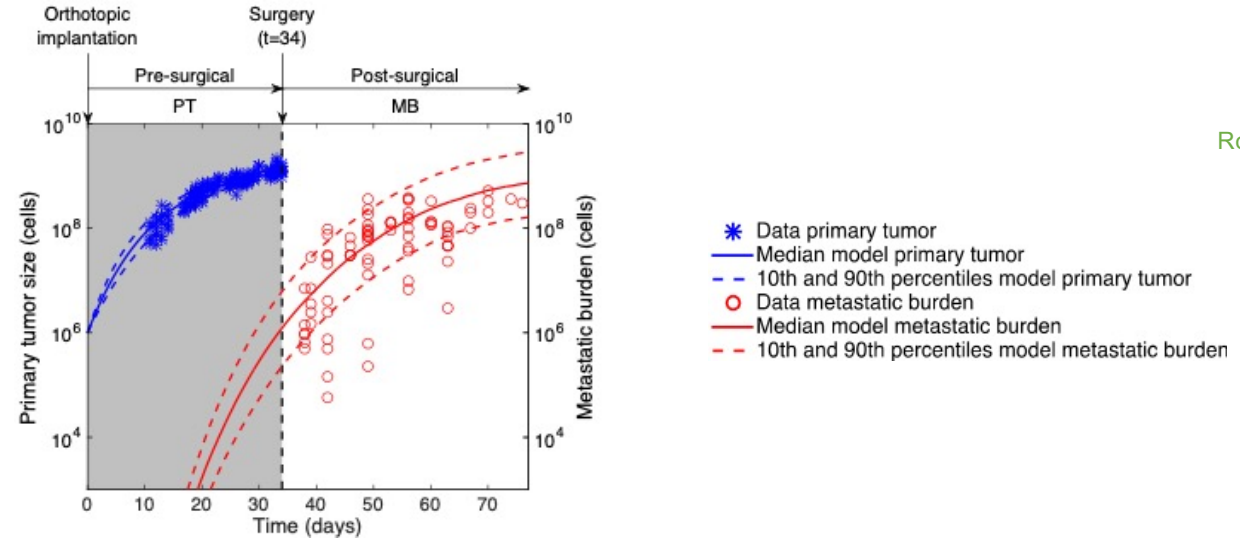
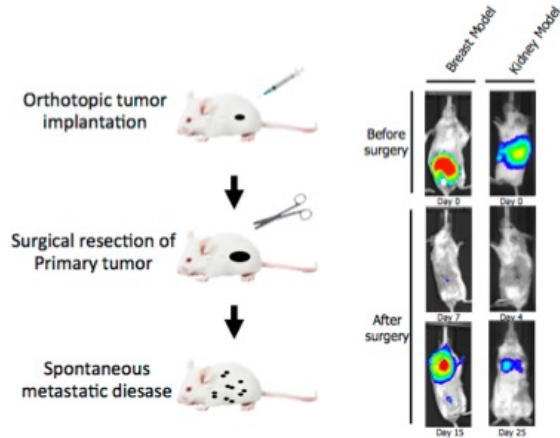




Ebos lab

Roswell Park Cancer Institute

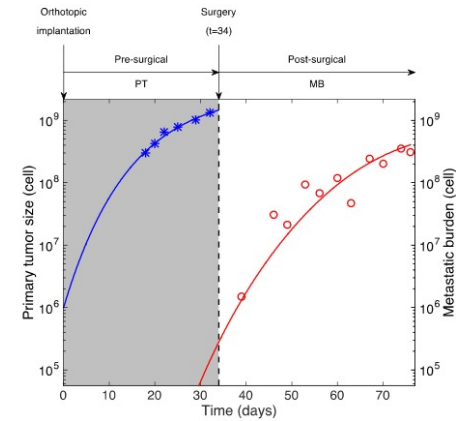
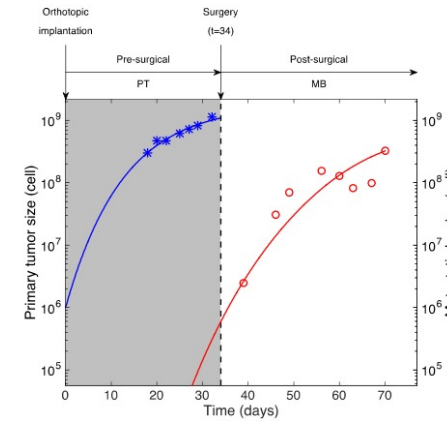
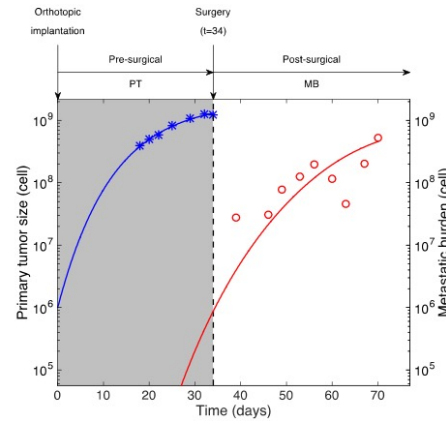
# Validation on animal data



Nonlinear **mixed-effects** statistical model for inter-animal variability

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

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



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

# Clinical data of individual breast metastatic relapse

K = 21 features

outcome

n = 642 patients w/o adjuvant

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	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	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	
No	
No	
No	
No	
No	
No	
No	
No	
No	
No	
Yes	27/10/1999
No	
No	
No	
No	
No	
...	



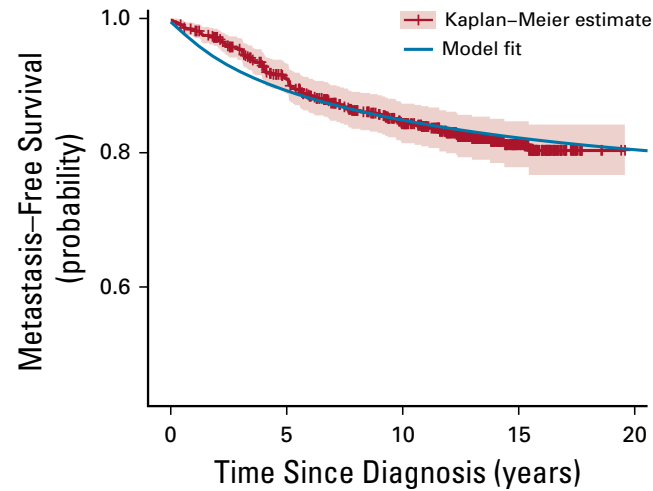
# Descriptive power: fit to the data

$$\ln(T^i) = \ln(TTR(V_{diag}^i; \alpha^i, \mu^i)) + \varepsilon^i, \quad \varepsilon^i \sim \mathcal{N}(0, \sigma^2)$$

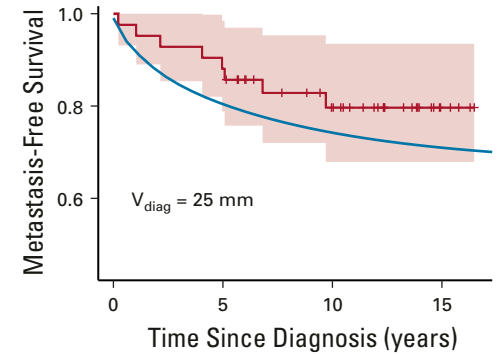
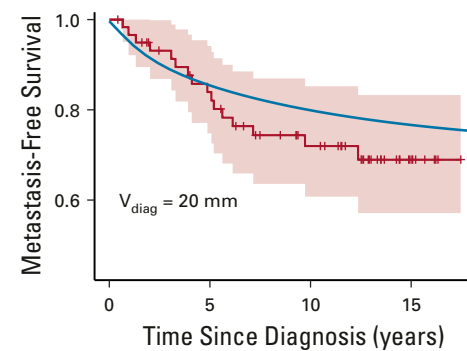
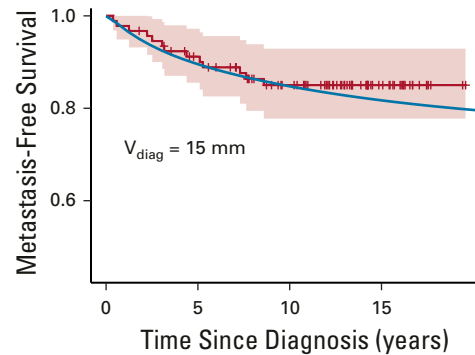
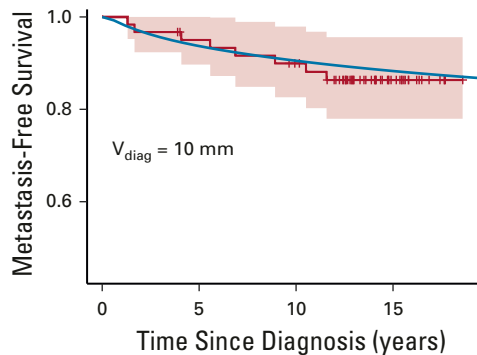
$$S(t|\alpha^i, \mu^i) = \mathbb{P}(T^i > t|\alpha^i, \mu^i)$$

$$\ln(\alpha^i) = \ln(\alpha_{pop}) + \eta_{\alpha}^i, \quad \eta_{\alpha}^i \sim \mathcal{N}(0, \omega_{\alpha}^2)$$

$$\ln(\mu^i) = \ln(\mu_{pop}) + \eta_{\mu}^i, \quad \eta_{\mu}^i \sim \mathcal{N}(0, \omega_{\mu}^2)$$

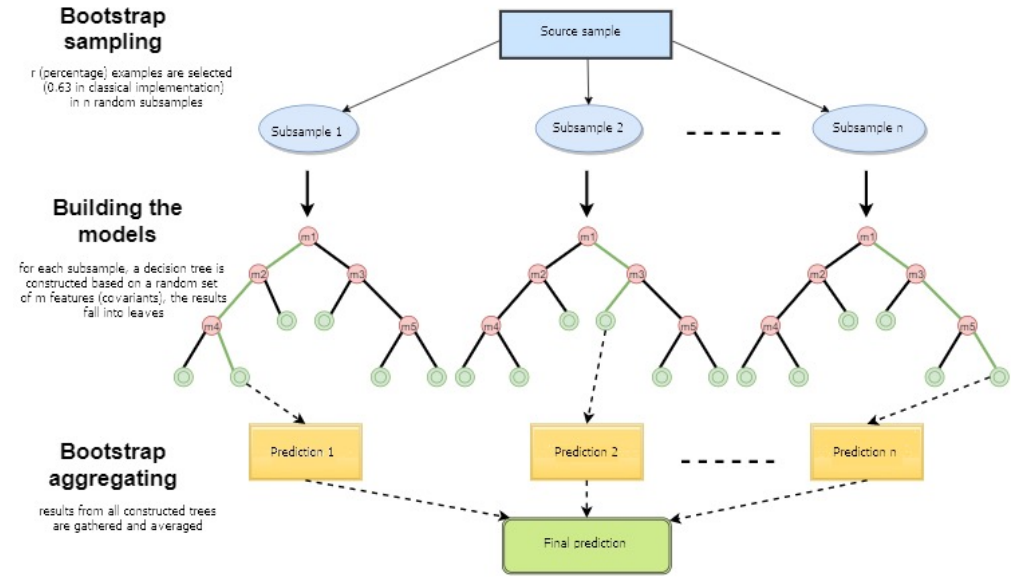
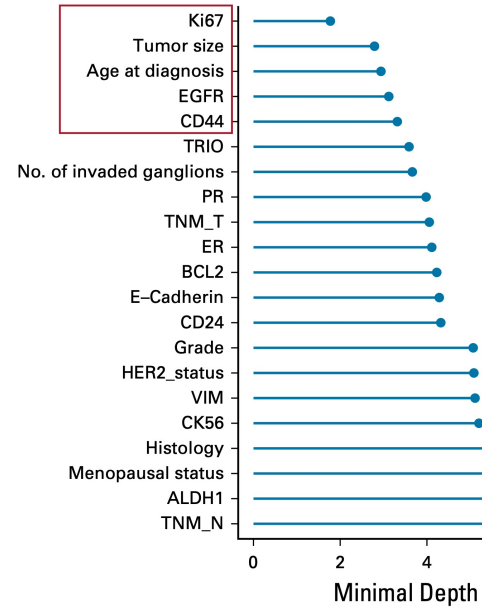
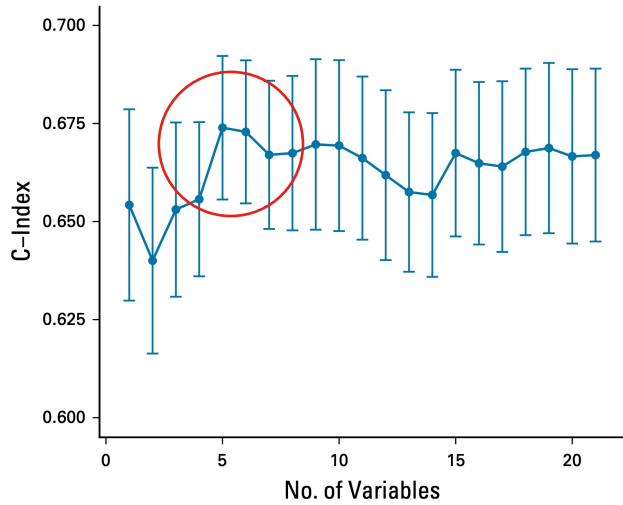


Parameter	Estimate	Relative Standard Error (%)
Model without covariates		
$\log \alpha_{pop}$	-6.34	12.6
$\log \mu_{pop}$	-26.8	3.68
$\sigma$	0.542	28.4
$\omega_{\alpha}$	3.37	36.4
$\omega_{\mu}$	3.78	15.9

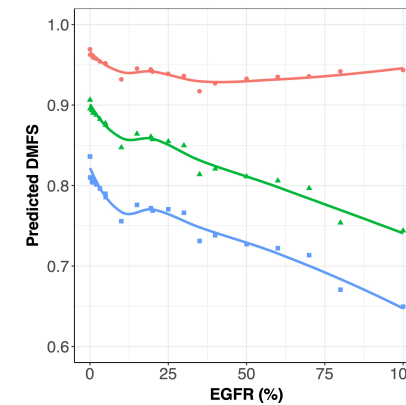
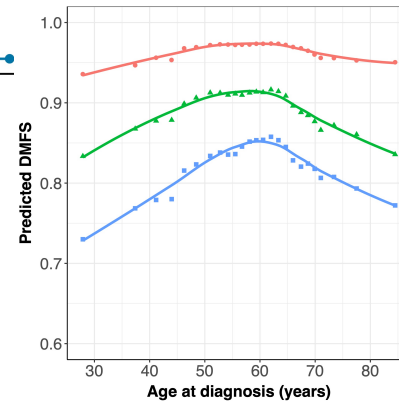
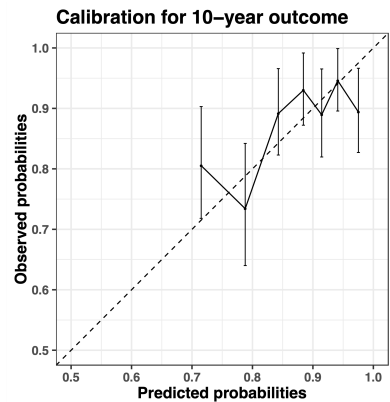
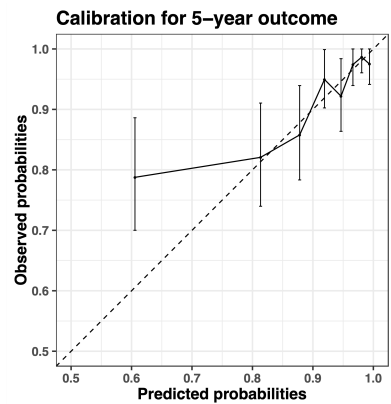


# Feature selection: random survival forests

c-index = 0.69 (0.67 – 0.71)



M. Dmitrievsky, <https://www.mqI5.com/en/articles/3856>

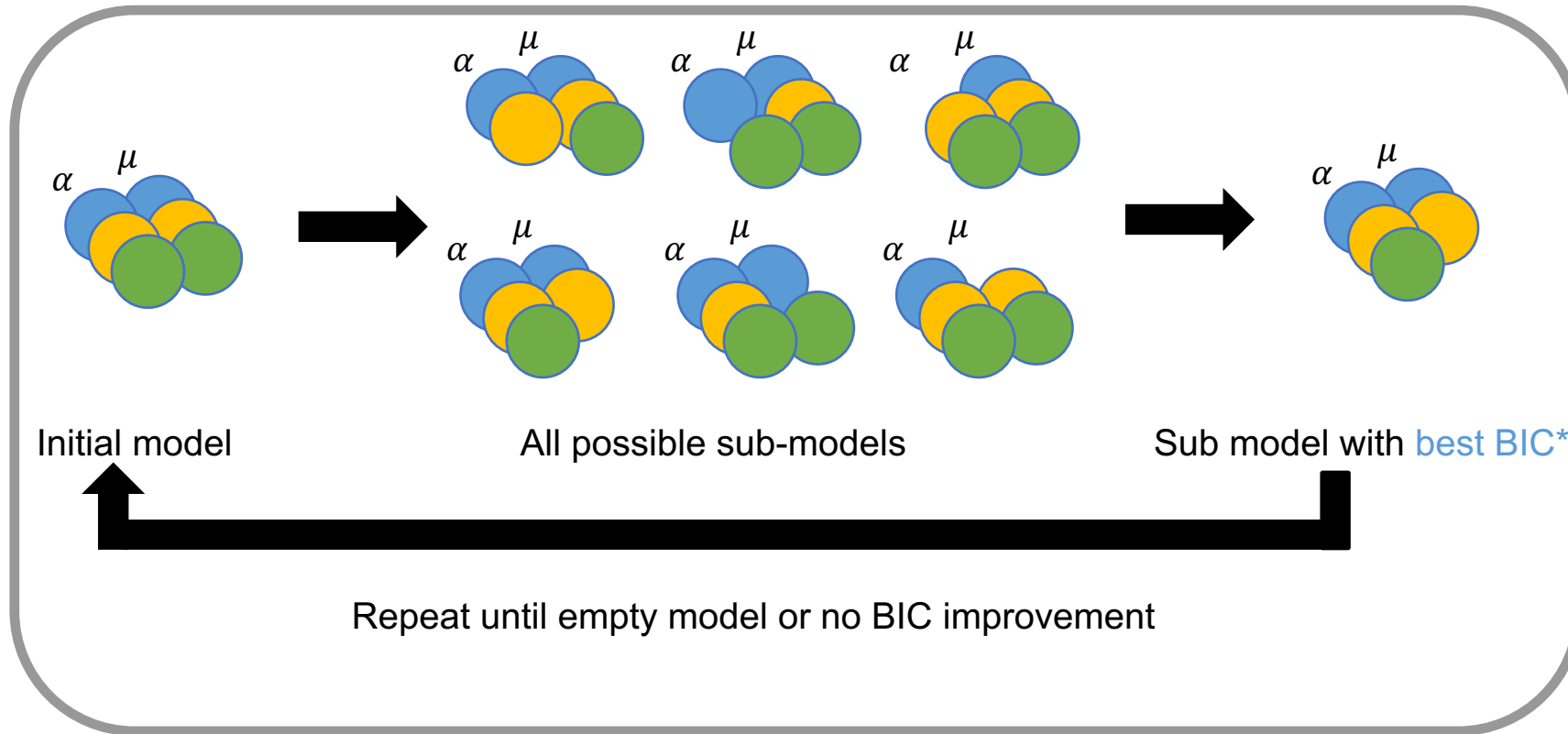


Time  
 ● 2 years  
 ▲ 5 years  
 ■ 10 years

DMFS = Distant Metastasis-Free Survival

⇒ nonlinear effect of covariates and non proportional hazard

# Mechanistic selection: backward stepwise selection



$$\ln(\mu^i) = \ln(\mu_{pop}) + \beta_{\mu}^T \mathbf{x}_{\mu}^i + \eta_{\mu}^i, \quad \eta_{\mu}^i \sim \mathcal{N}(0, \omega_{\mu}^2)$$

$$\ln(\alpha^i) = \ln(\alpha_{pop}) + \beta_{\alpha}^T \mathbf{x}_{\alpha}^i + \eta_{\alpha}^i, \quad \eta_{\alpha}^i \sim \mathcal{N}(0, \omega_{\alpha}^2)$$

Parameter	Estimate	Relative Standard Error (%)	P
Model with covariates			
$\log \alpha_{pop}$	-9.01	10.8	
$\beta_{Ki67, \alpha}$	0.093	29.6	.001
$\beta_{CD44, \alpha}$	0.017	57.7	.083
$\log \mu_{pop}$	-25.9	4.4	
$\beta_{EGFR, \mu}$	0.053	38.1	.009
$\sigma$	0.606	24	
$\omega_{\alpha}$	2.75	22.1	
$\omega_{\mu}$	3.03	20.5	

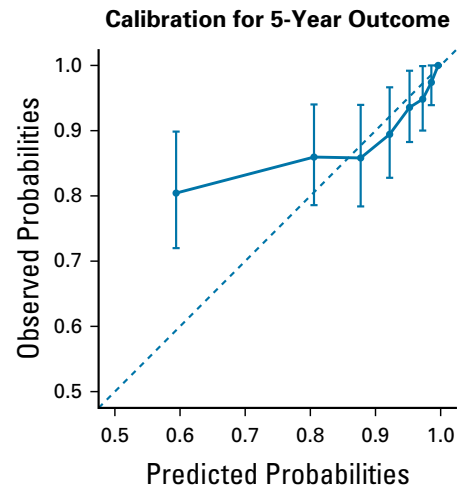
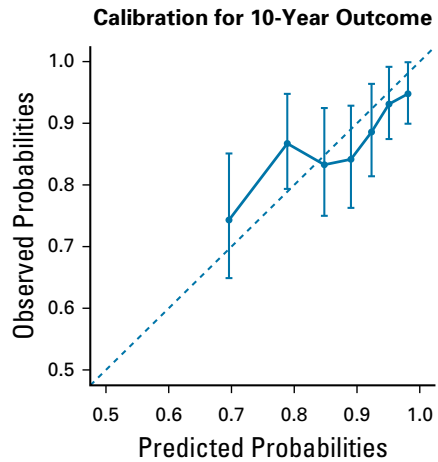
**Selected Covariate model:**

$\alpha$  ← Ki67 (proliferation marker), CD44 (stem cell marker)

$\mu$  ← EGFR (basal marker)

# Predictive power

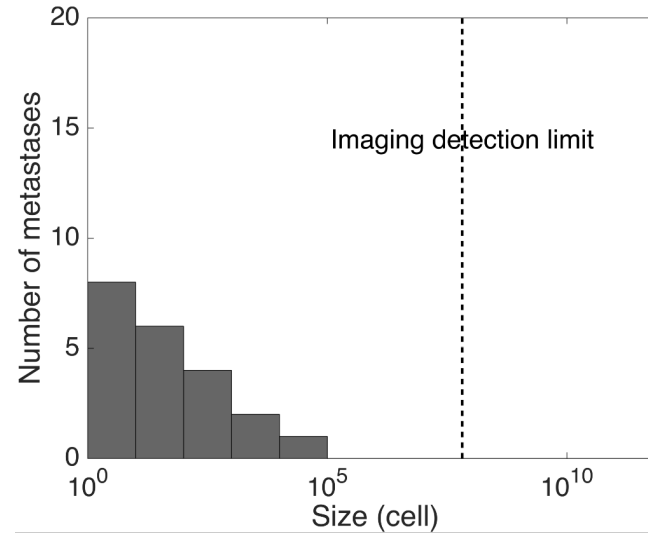
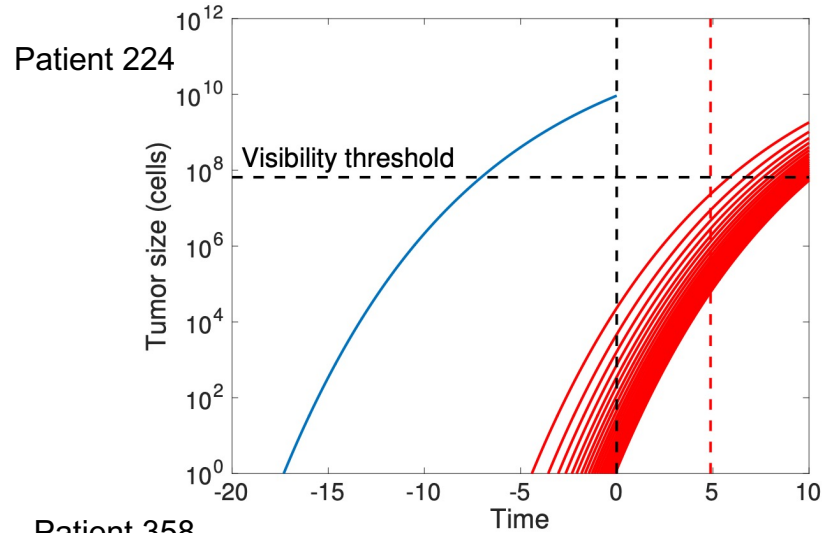
c-index = 0.67  
(10-folds cross-validation)



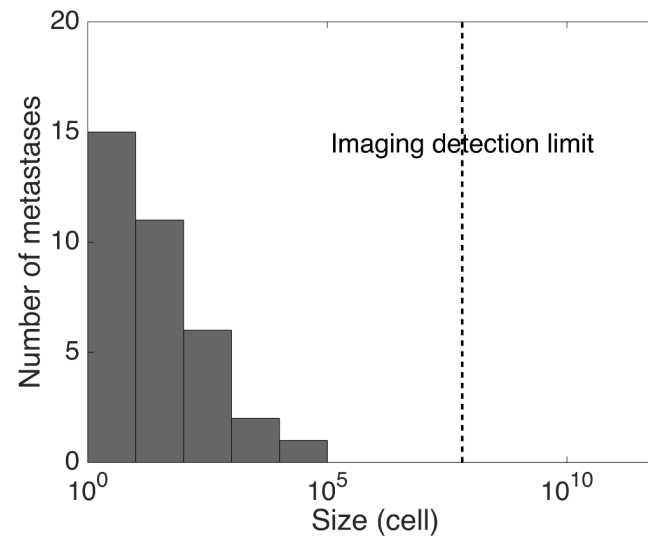
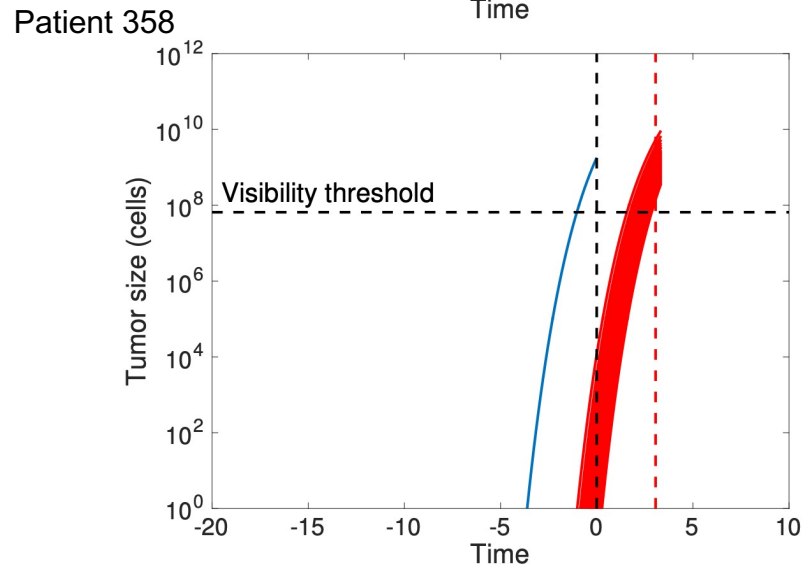
Algorithm	AUROC	Accuracy	Sensitivity	Specificity	Positive Predictive Value	Negative Predictive Value	F1
5-year							
Mechanistic model	0.73	0.68	<b>0.75</b>	0.67	0.19	<b>0.96</b>	0.30
Random survival forest	0.73	0.69	0.64	0.70	0.18	0.95	0.28
Random forest	<b>0.75</b>	0.66	0.71	0.66	0.18	<b>0.96</b>	0.28
Logistic regression	<b>0.75</b>	0.83	0.42	0.87	0.24	0.94	<b>0.31</b>
k-Nearest neighbor	0.62	<b>0.91</b>	0.02	<b>1.00</b>	<b>0.41</b>	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
Cox	0.71	0.72	0.66	0.73	0.20	0.95	<b>0.31</b>
10-year							
Mechanistic model	0.67	<b>0.67</b>	0.62	<b>0.68</b>	<b>0.30</b>	0.89	<b>0.41</b>
Random survival forest	<b>0.69</b>	0.62	<b>0.71</b>	0.60	0.28	<b>0.90</b>	<b>0.41</b>
Cox	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



	Patient 224	Patient 358
Tumor size (mm)	26	15
Ki67 (%)	40	52
EGFR (%)	0	80
CD44 (%)	0	0
Observed TTR (years)	4.88	3.06
Predicted TTR (years)	6.18	1.97
Prediction error (years)	1.3	1.09
Pre-surgical history (years)	17.3	3.61
Number of mets	21	35



$$\log \hat{\alpha}^i = \log \alpha_{pop} + \beta_{Ki67,\alpha} \cdot Ki67^i + \beta_{CD44,\alpha} \cdot CD44^i$$

$$\log \hat{\mu}^i = \log \mu_{pop} + \beta_{EGFR,\mu} \cdot EGFR^i$$

# Second dataset: PAI-1



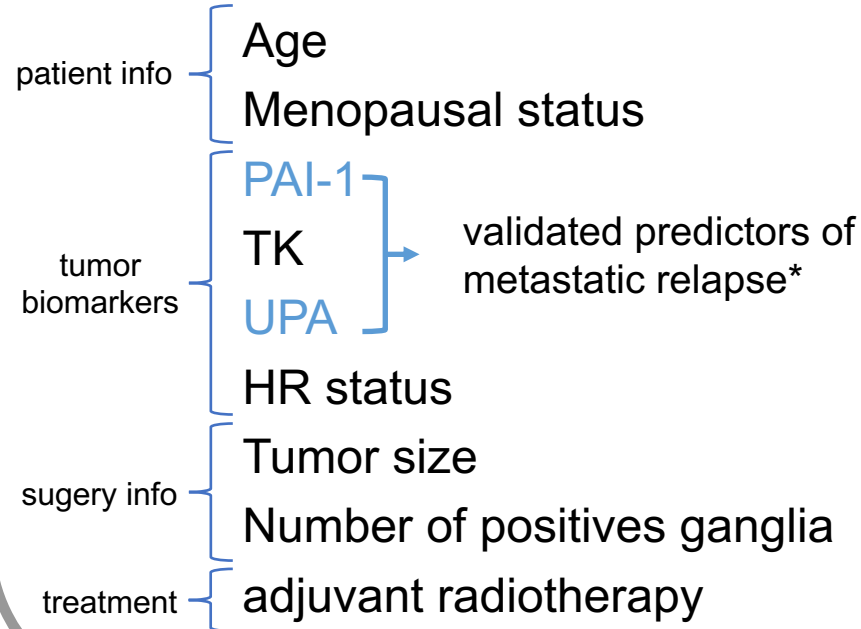
C. Bigarré  
X. Muracciole

## Data

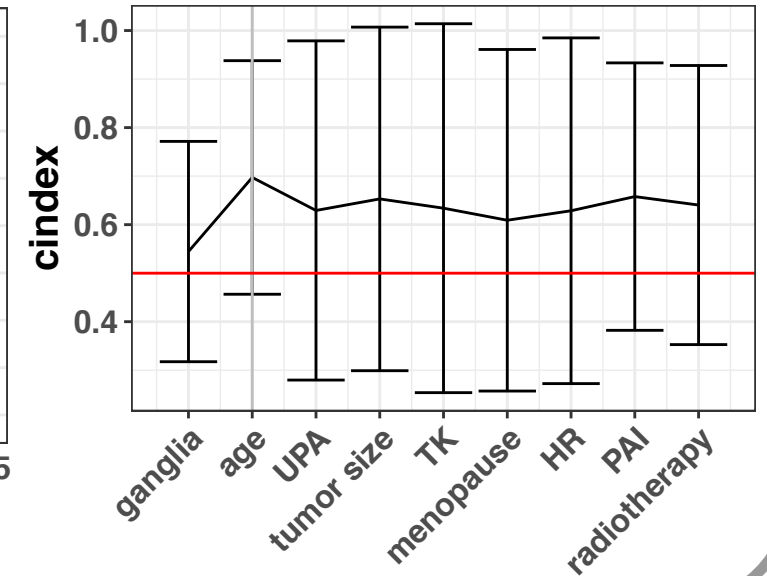
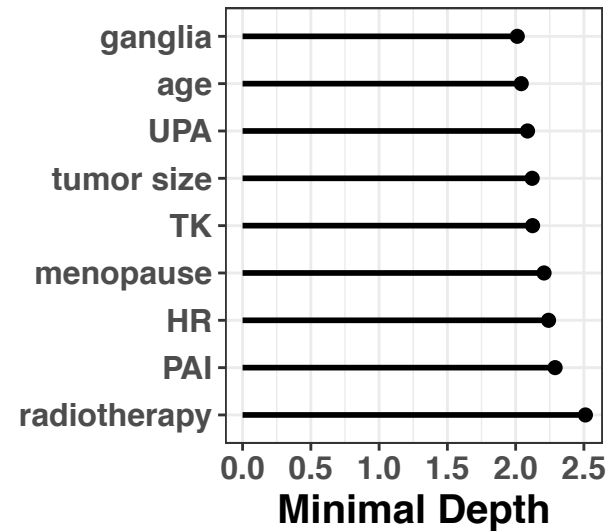
N = 167 patients

Outcome: metastasis free survival

p = 9 covariates



## Random survival forest



No clear results for variable importance



All covariates included in the next step

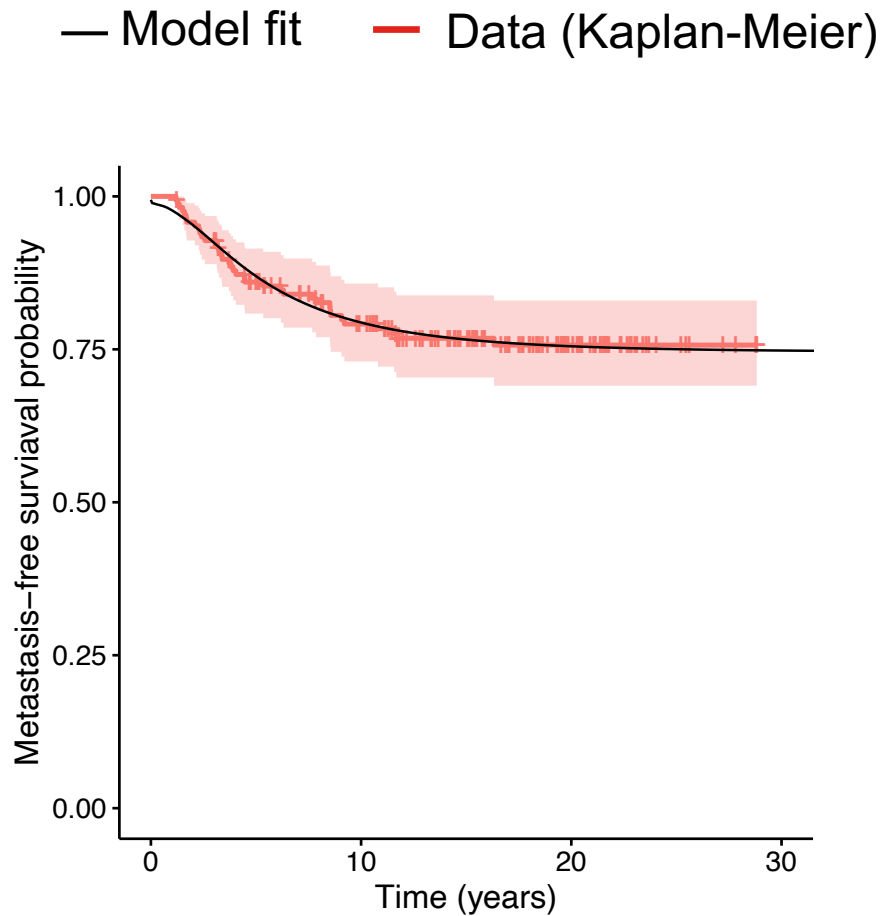
\*Duffy, M. J. et al., M. uPA and PAI-1 as biomarkers in breast cancer: validated for clinical use in level-of-evidence-1 studies. *Breast Cancer Res* **16**, 428 (2014).

\*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 node-negative breast cancer patients, *Eur J Cancer* (2013)

# Selected mechanistic model



C. Bigarré



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

Parameter	Estimate	R.S.E	p-value
$\alpha$	0.019	18%	
$\beta_{HR,\alpha}$	-0.713	50.1%	<b>0.0459</b>
$\mu$	5.13e-15	381%	
$\beta_{PAI,\mu}$	0.352	31.7%	<b>0.0016</b>
$\sigma$	0.377	16.9%	
$\Omega_\alpha^2$	0.308	109%	
$\Omega_\mu^2$	14.9	34.1%	

R.S.E = Relative Standard Error

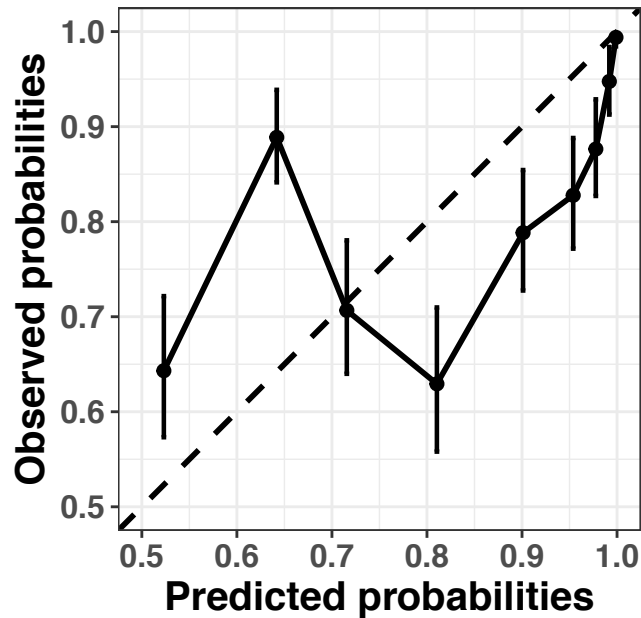
# Predictive performances



C. Bigarré

## RSF

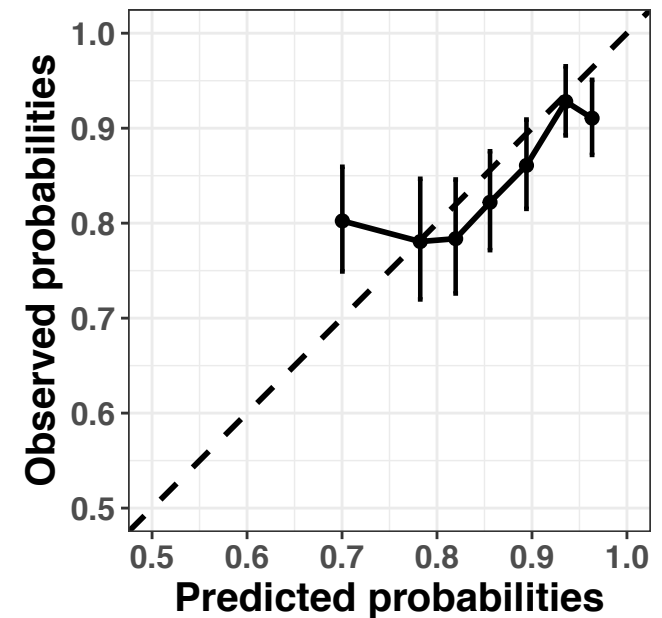
c-index: 0.70 (0.45-0.94)



## Calibration at 10 years

## Mechanistic model

c-index: 0.70 (0.68-0.72)



## Cox

c-index

Full model (p=9)

0.67 (0.33, 1.00)

Tumor size + HR + PAI-1

0.71 (0.45, 0.97)



# Conclusions and perspectives

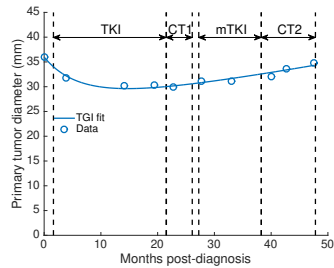
- Similar predictive performances of Cox regression (c-index 0.67 - 0.72), random survival forest (c-index 0.67-0.71) and a novel mechanistic model (c-index 0.63 - 0.70) **for pure prediction**
- Predictive power is confirmed (improved) in an external data set
- Mechanistic modeling provides **biological 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  $\Rightarrow$  potential for **personalized adjuvant therapy**
- Current/future avenues:
  - Further investigations to **refine the modeling** (dormancy, etc...)
  - Include **treatment**
  - Include (high-dimensional) transcriptomic data

# Results: individual clinical data

## Methodology

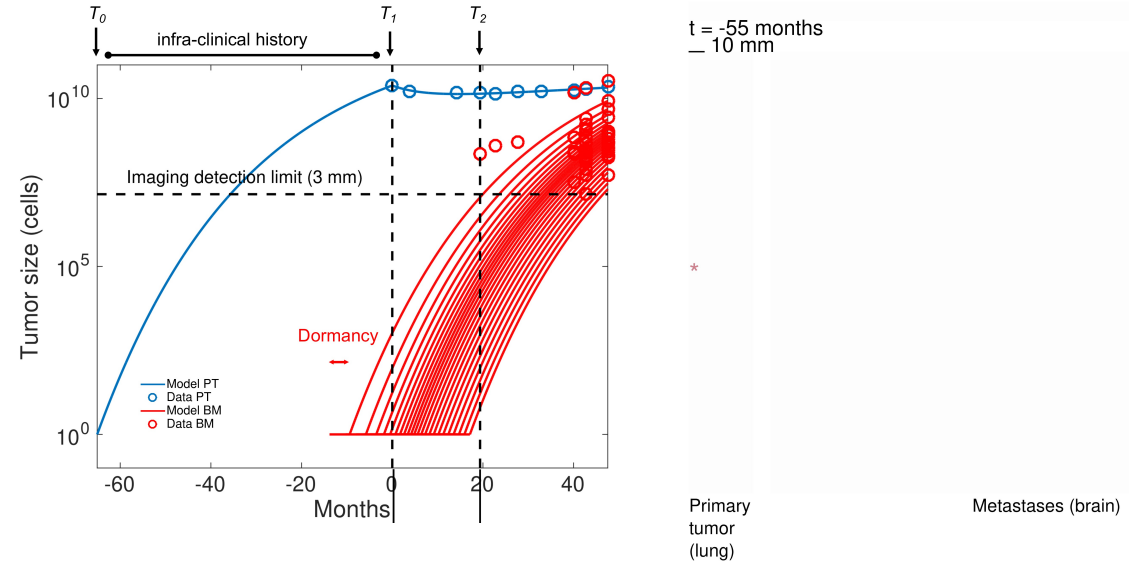
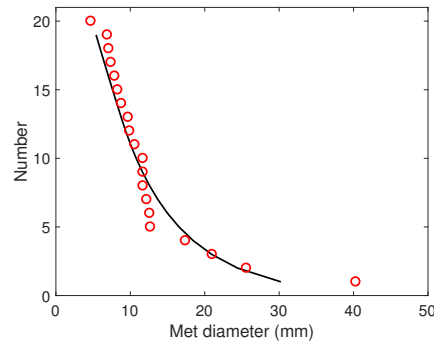
### Primary tumor

$$\frac{dS_p}{dt} = \alpha_1 S_p - \kappa e^{-\frac{t-T_d}{\tau_{res}} \ln 2} S_p, \quad \forall t \geq T_d.$$



### Metastases

$$f(t, v) = \int_v^{+\infty} \rho(t, u) du = N(t - \tau(v))$$



- Main difficulties:

no data on PT pre-treatment + fit PDE to discrete data

## Results

- Dormancy, estimated to 133 days  $\pm$  4.2%
- Good fit of the entire longitudinal data (47 BM sizes over 6 time points) with only **3 parameters**.
- Onset of BM 14-19 months before diagnosis

### Model



### Data



## Ongoing (collab. P. Schlicke, TU München)

- Extend to larger cohort: **complex** treatment histories
- Include effect of **treatment**  $\Rightarrow g(t, v) \Rightarrow$  nontrivial difficulties for param estimation

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



Cancer Cell  
Report

Published online: October 31, 2014

Research Article



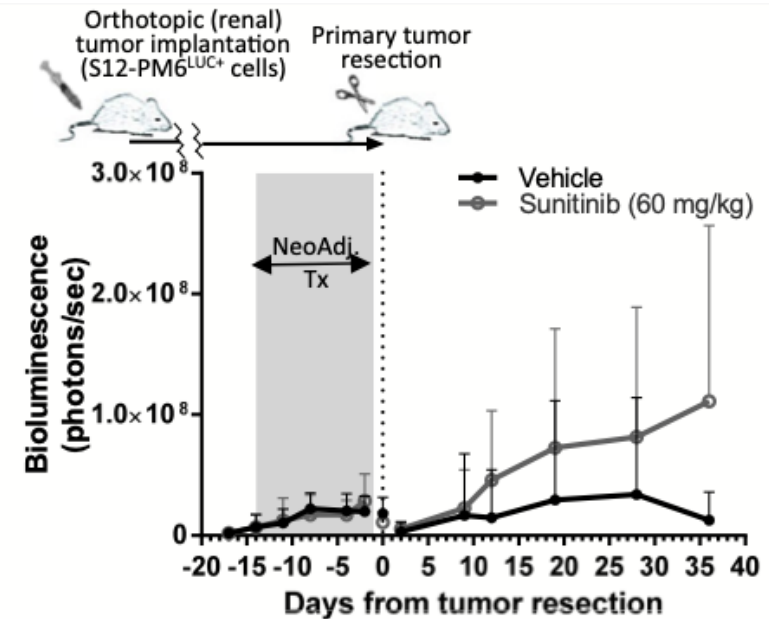
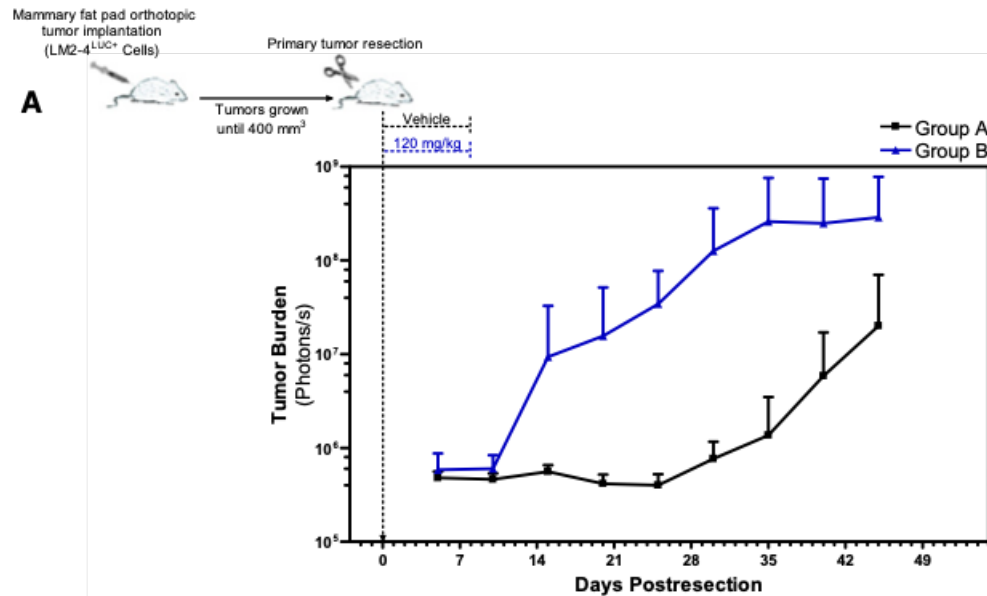
EMBO  
Molecular Medicine

## 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>

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

John M L Ebos<sup>1,\*</sup>, Michalis Mastroi<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 Jedszko<sup>2</sup>, Peter Burns<sup>2,4</sup> & Robert S Kerbel<sup>2,4</sup>

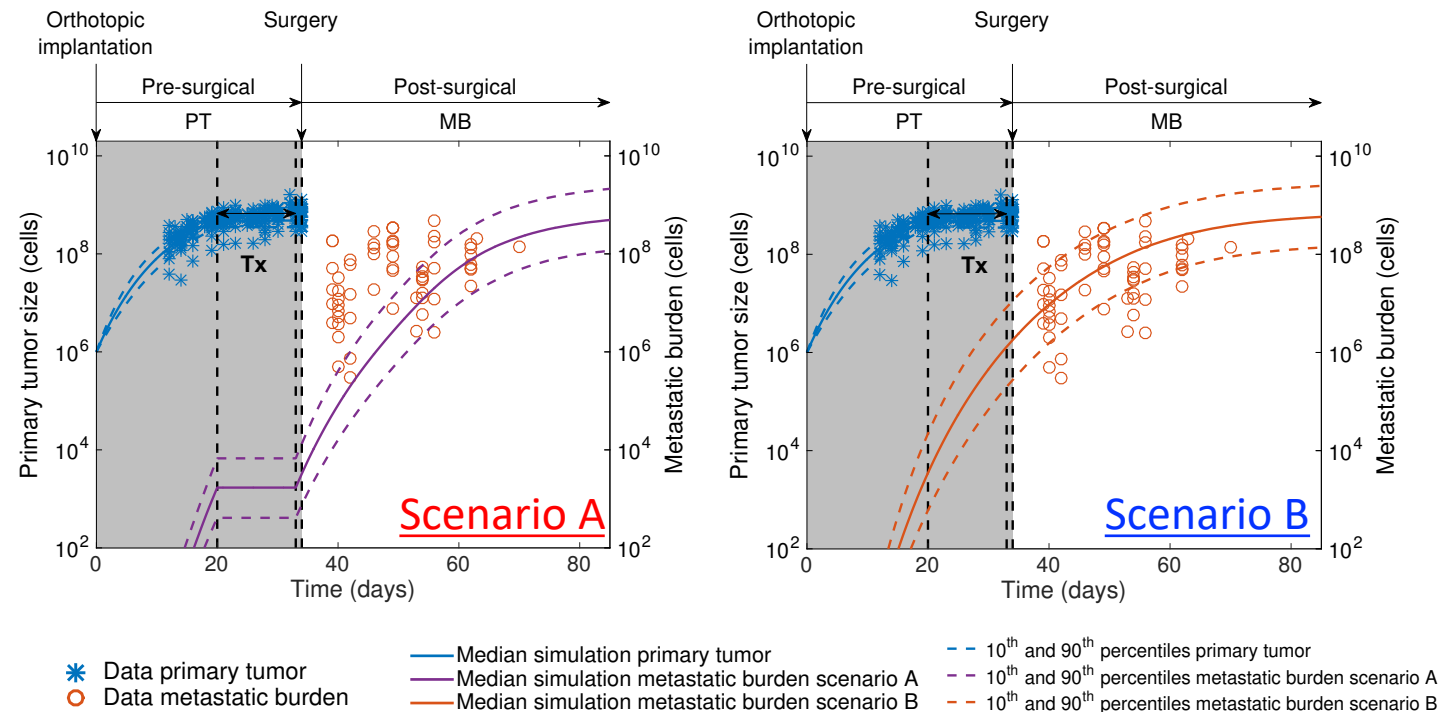
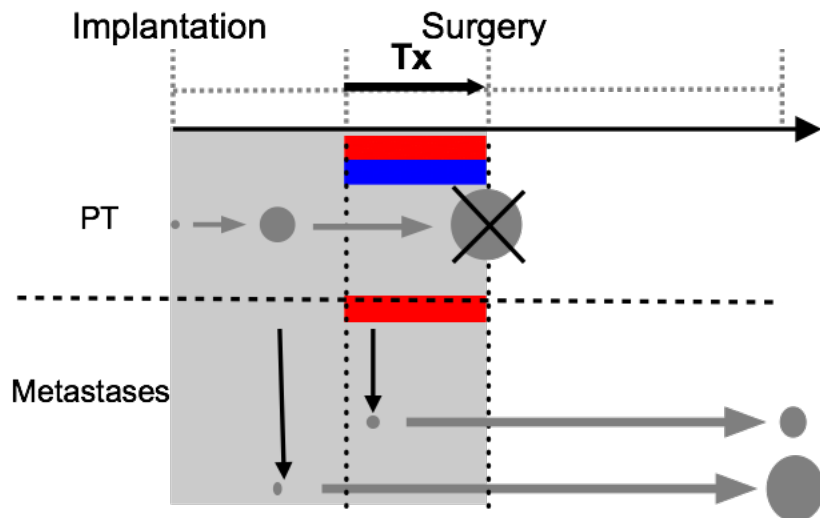


# Simulations of the effect of neoadjuvant sunitinib treatment on metastases suggest no effect on growth of metastases

- 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

## Tx Effects

- Scenario A**  
PT and MB growth arrest
- Scenario B**  
PT growth arrest only





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