



Frequency-domain derived optimisation of treatment modalities for three tumour growth models

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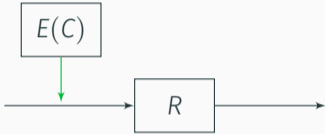
Frequency-domain derived optimisation of treatment modalities for three tumour growth models.

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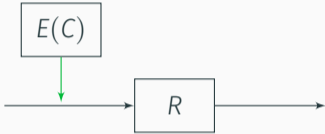
Frequency-domain derived optimisation of *treatment modalities for three tumour growth models.*

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Model analysis in the **time domain**



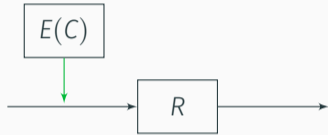
Model analysis in the **time domain**



$$\frac{dC}{dt} = -k_e C$$

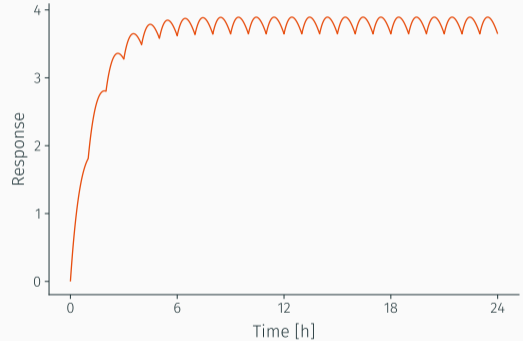
$$\frac{dR}{dt} = k_{in} \left(1 + \frac{E_{max} C}{EC_{50} + C} \right) - k_{out} R$$

Model analysis in the **time domain**

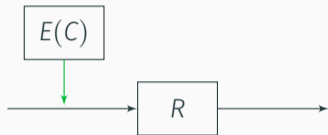


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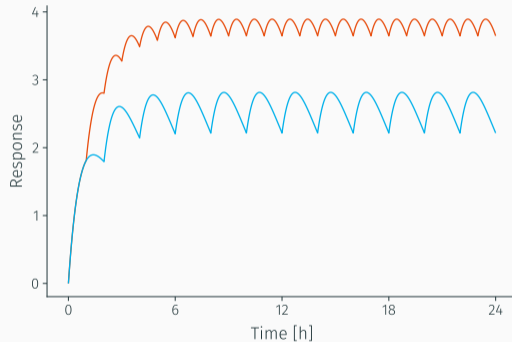


Model analysis in the **time domain**



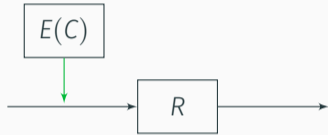
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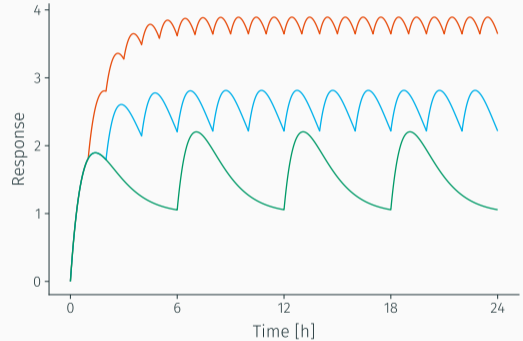
One dose every — hour — 2 hours

Model analysis in the **time domain**



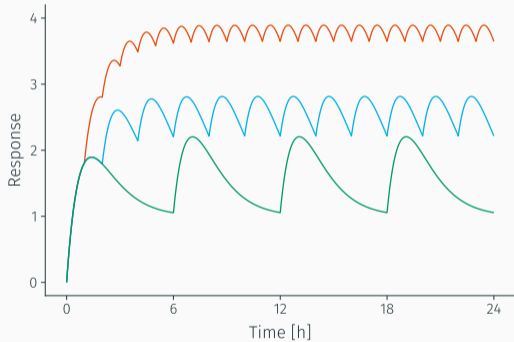
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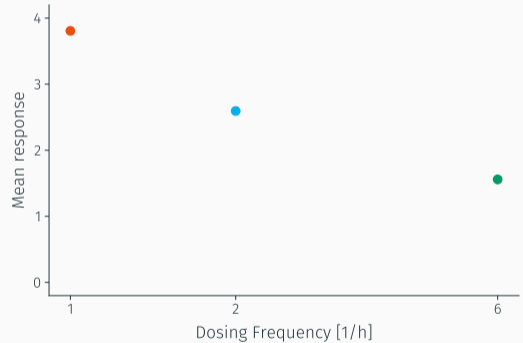
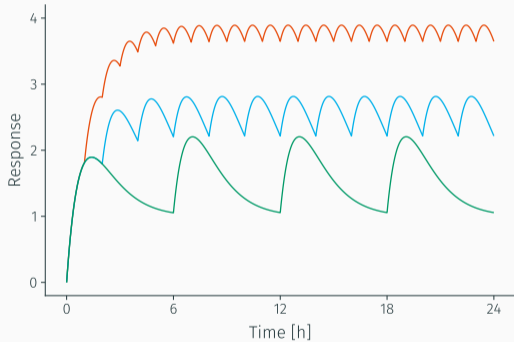


One dose every — hour — 2 hours — 6 hours

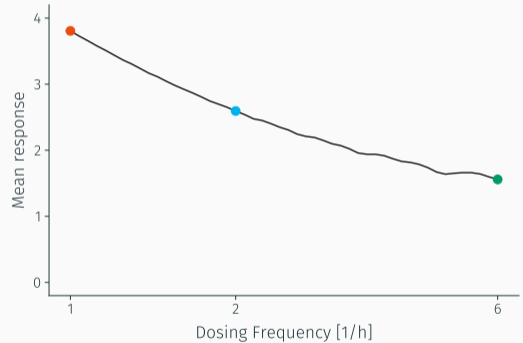
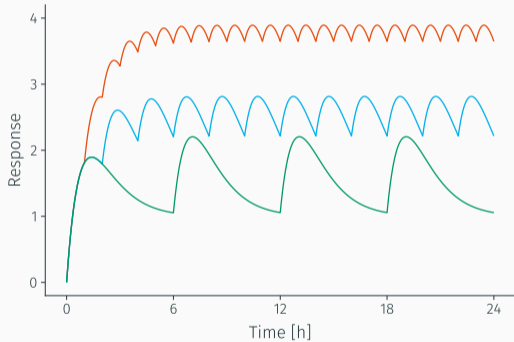
Model analysis in the frequency domain



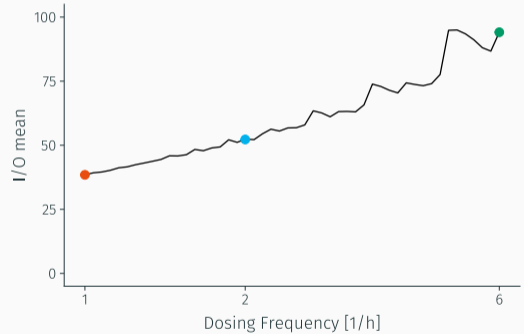
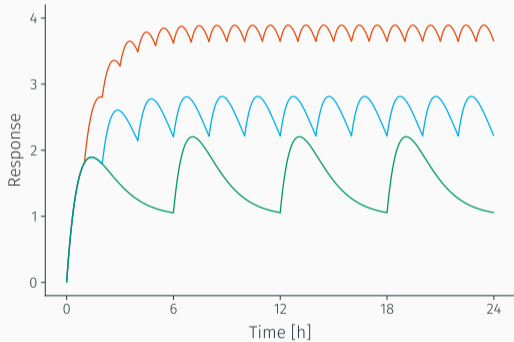
Model analysis in the frequency domain



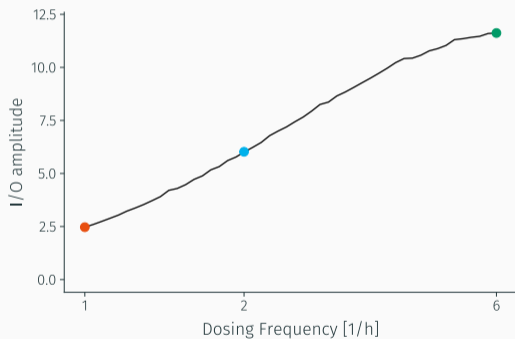
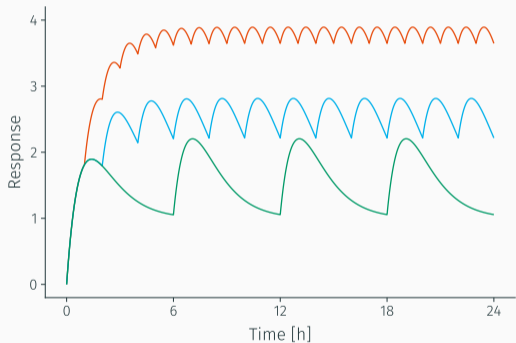
Model analysis in the frequency domain



Model analysis in the frequency domain



Model analysis in the frequency domain



Frequency-domain response analysis (FdRA)

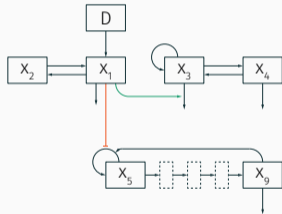
determines & visualises

the **response** of a dynamic system **to periodic inputs**.

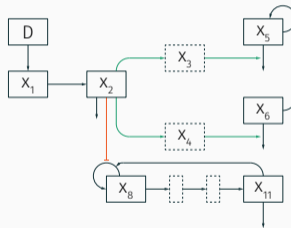
Frequency-domain derived optimisation of treatment modalities for three tumour growth models.

Tumour growth models

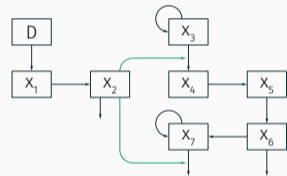
Cell-cycle specific



Metronomic

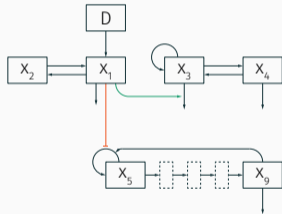


Acquired resistance

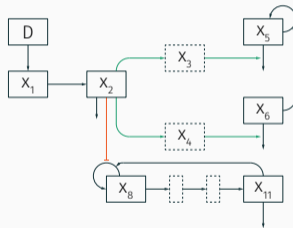


Tumour growth models

Cell-cycle specific



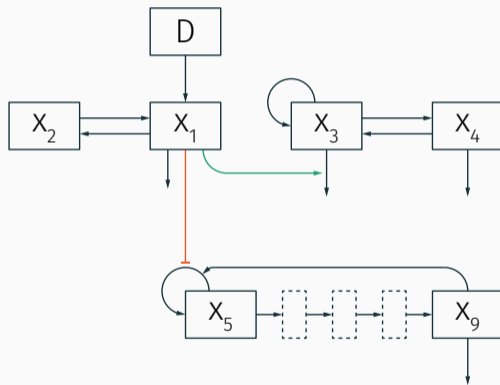
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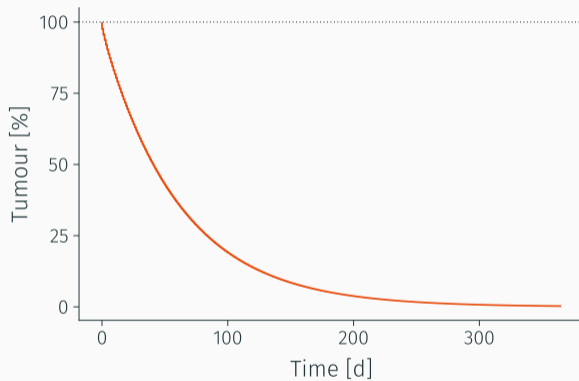
Acquired resistance



Cell-cycle specific tumour growth model

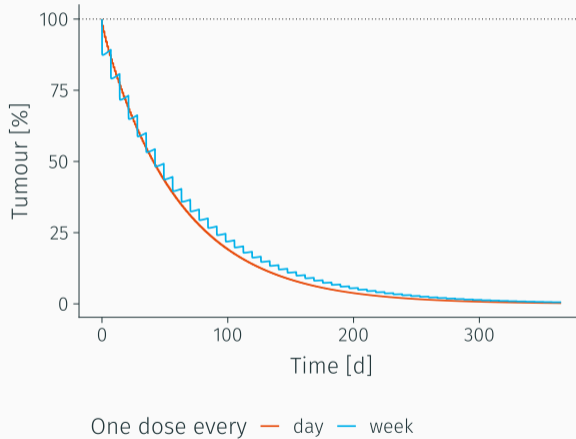


Tumour time course

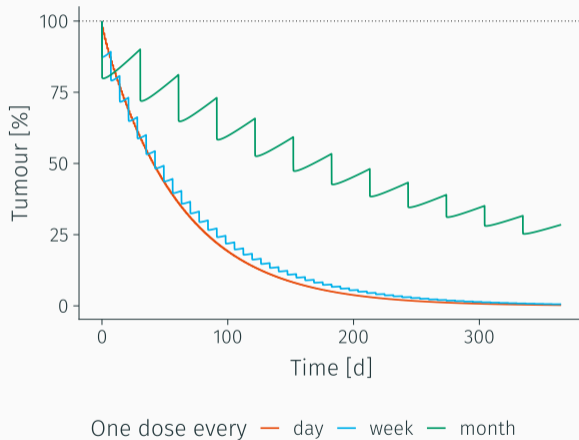


One dose every — day

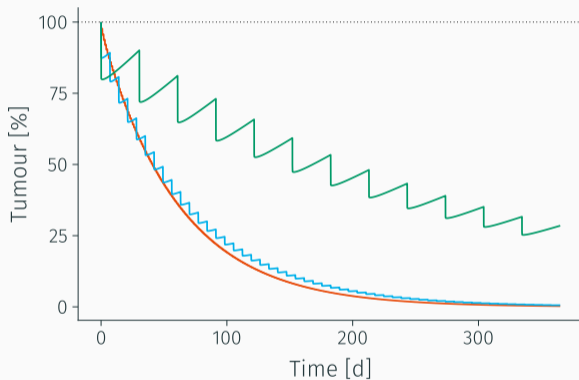
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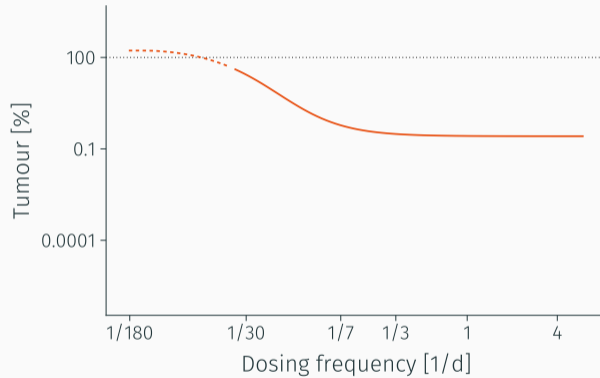


One dose every — day — week — month

Result #1

- High-frequency dosing leads to best tumour reduction.

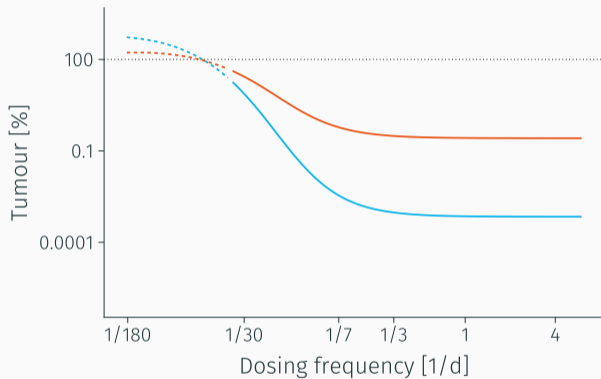
Tumour response to dosing frequency



Tumour after — 1 year

Safety — safe ... unsafe

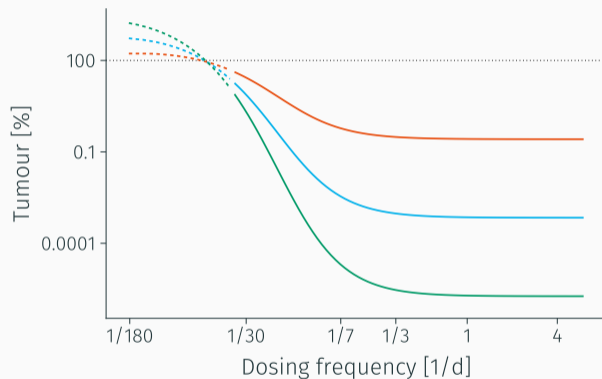
Tumour response to dosing frequency



Tumour after — 1 year — 2 years

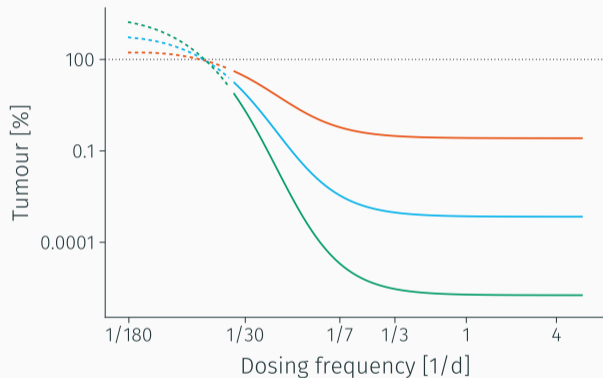
Safety — safe ... unsafe

Tumour response to dosing frequency



Tumour after — 1 year — 2 years — 3 years
Safety — safe ... unsafe

Tumour response to dosing frequency

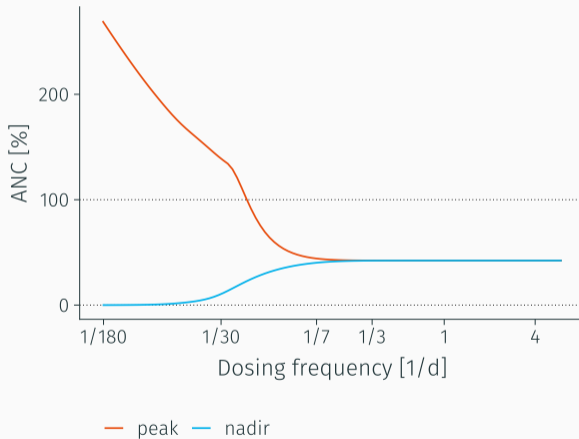


Tumour after — 1 year — 2 years — 3 years
Safety — safe ... unsafe

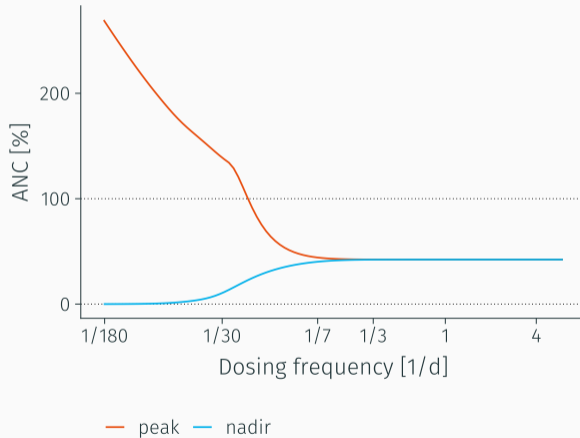
Result #2

- High-frequency dosing does not improve tumour reduction.
- Mid-frequency dosing sufficient.
- Low-frequency dosing predicted to be ineffective & unsafe.

ANC response to dosing frequency



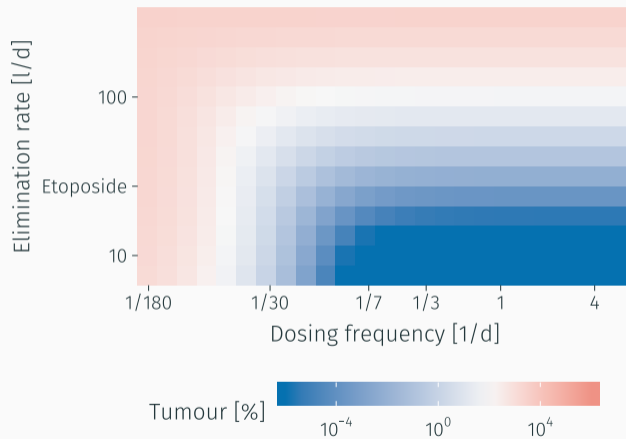
ANC response to dosing frequency



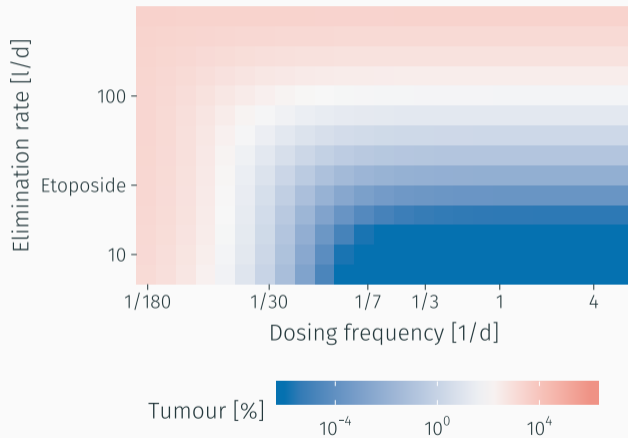
Result #3

- Mid-frequency dosing leads to rebound.
- Mid-frequency dosing avoids neutropenia.

Tumour response to dosing frequency and elimination rate



Tumour response to dosing frequency and elimination rate



Result #4

- Reduced elimination rate improves tumour reduction.

Result #1

- High-frequency dosing leads to best tumour reduction.

Conclusion

Result #1

- High-frequency dosing leads to best tumour reduction.

Result #2

- Mid-frequency dosing sufficient, effective & safe.

Conclusion

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- High-frequency dosing leads to best tumour reduction.

Result #2

- Mid-frequency dosing sufficient, effective & safe.

Result #3

- Mid-frequency dosing leads to rebound & avoids neutropenia.

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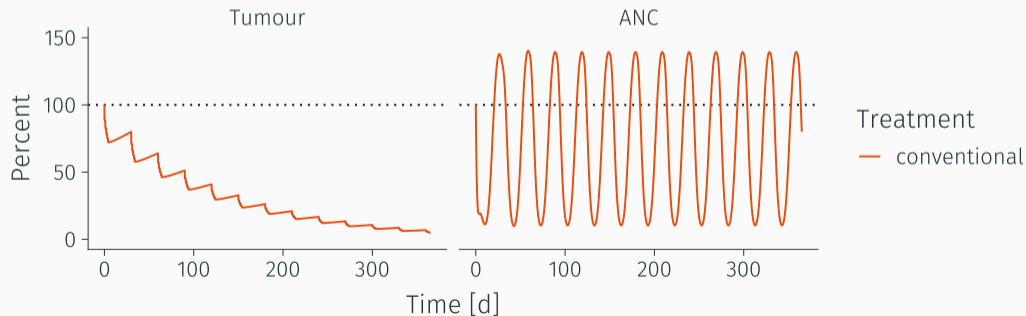
Conclusion

- Mid-frequency dosing with a reduced elimination rate is optimal.

Conclusion

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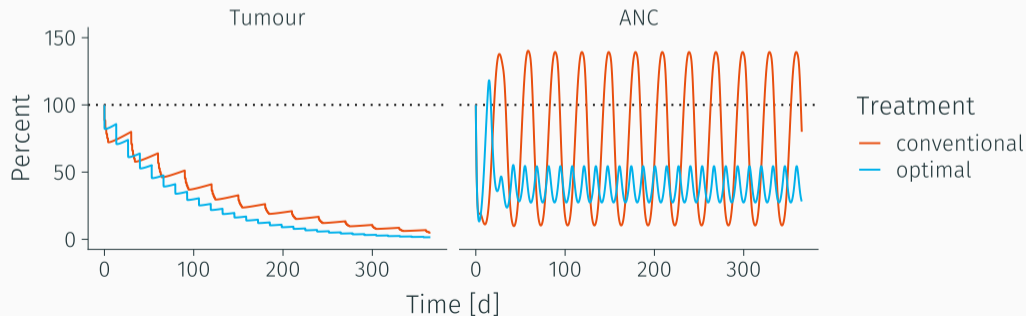
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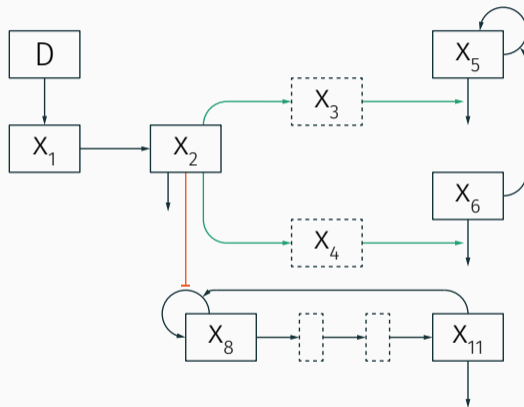
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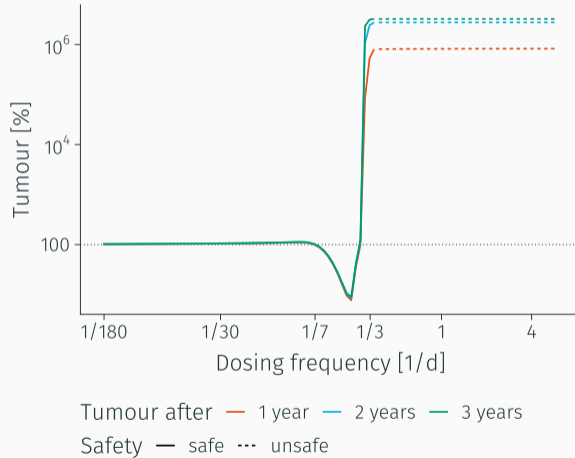
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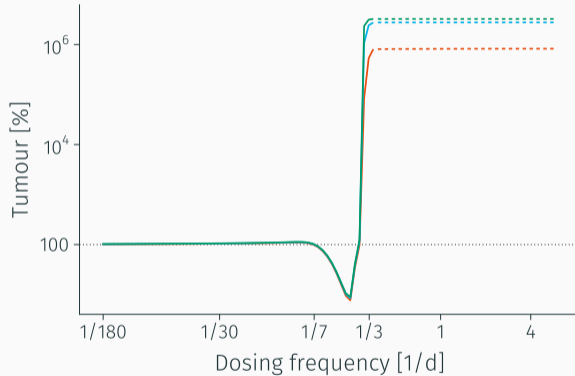
Metronomic chemotherapy model



Tumour response to dosing frequency



Tumour response to dosing frequency



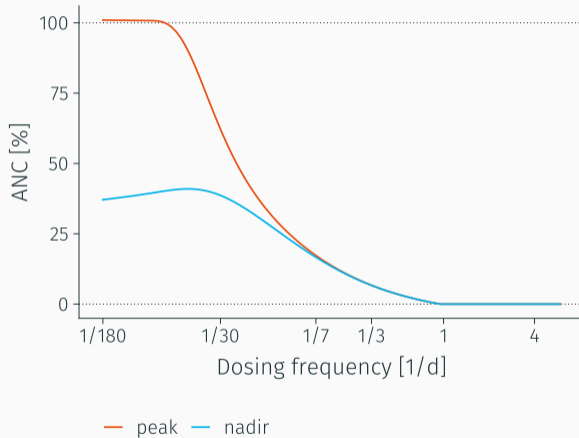
Tumour after — 1 year — 2 years — 3 years

Safety — safe --- unsafe

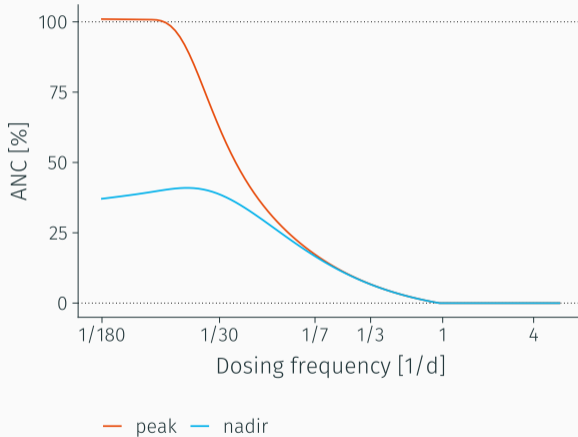
Result #1

- Mid-frequency dosing leads to tumour reduction.

ANC response to dosing frequency



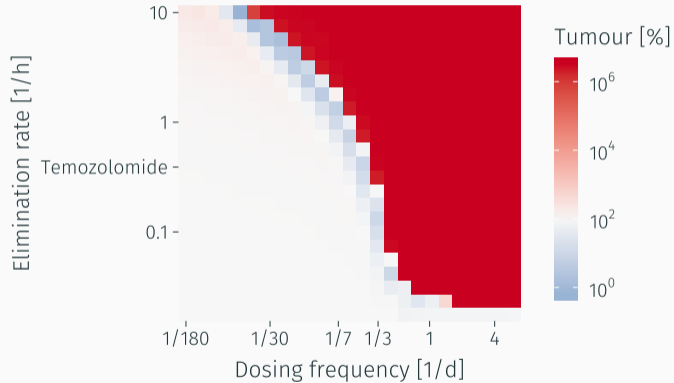
ANC response to dosing frequency



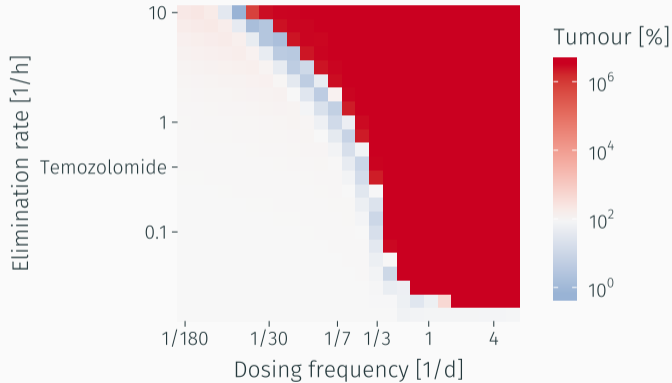
Result #2

- Low-frequency dosing leads to rebound.
- Low- and mid-frequency dosing avoids neutropenia.

Tumour response to dosing frequency and elimination rate



Tumour response to dosing frequency and elimination rate



Result #3

- Increased elimination rate improves tumour reduction.

Conclusion

Result #1

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Conclusion

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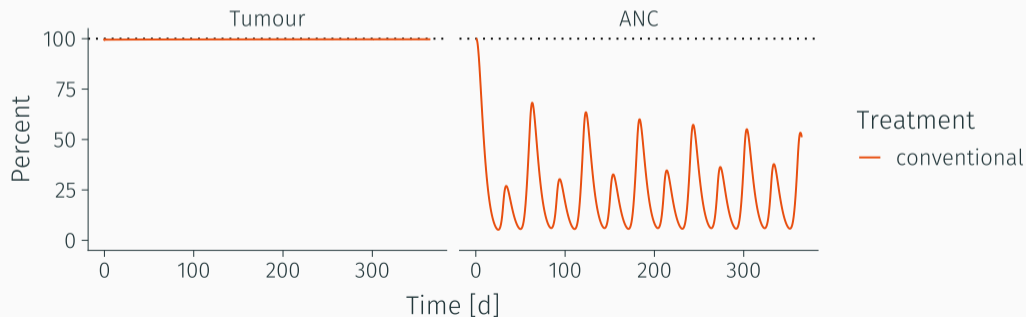
Conclusion

- Low- to mid-frequency dosing with an increased elimination rate is optimal.

Conclusion

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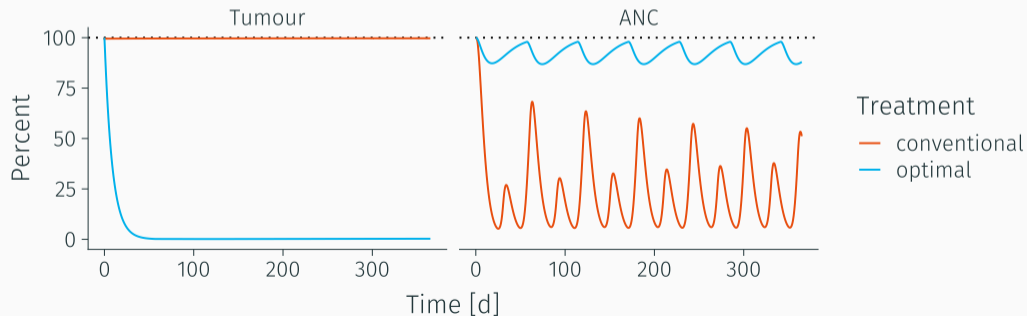
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Summary & outlook

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- confirmed the conventional treatment regimen for the cell-cycle specific model.

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Analytical FdRA...

- enables the optimisation of dosing frequencies & drug properties.
- is applicable to combination treatments and multiple responses.
- enables model identification from experiments.

Acknowledgements

- Piet Hein van der Graaf (@certara, @lacdr.leidenuniv)
- James Yates (@astrazeneca)
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**Universiteit
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Academic Centre
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