

Bridging biological scales by linking agent-based models to intracellular and continuum biomechanics models

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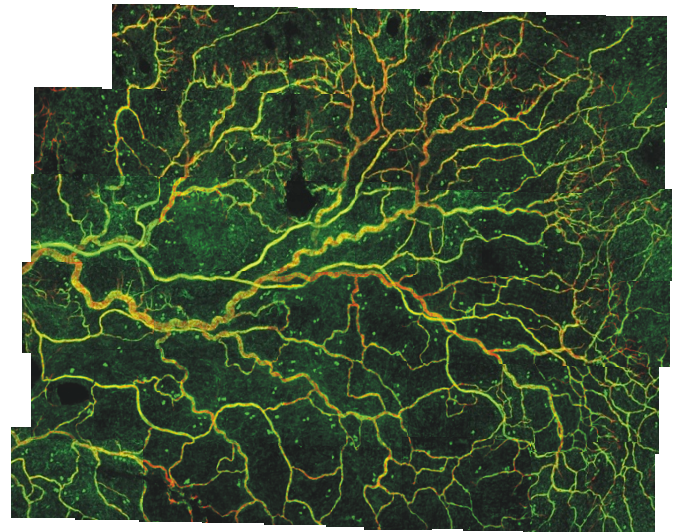
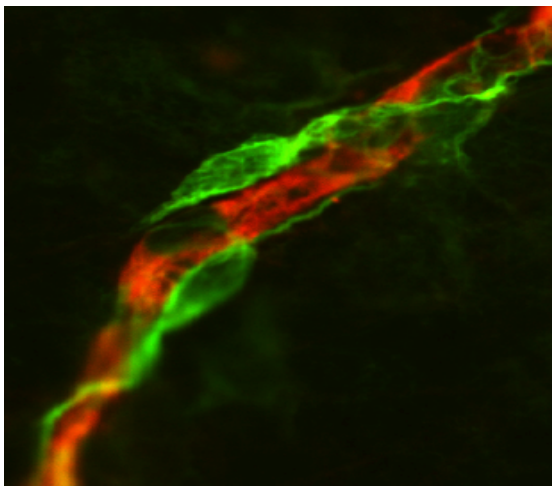
Outline

- Introduction to ABM
- Multiscale Modeling
- ABM as a “bridge” in multiscale models
 - Linking ABM to intracellular models
 - Linking ABM to tissue-level biomechanics models
- Summary
- Future Work



Introduction to ABM

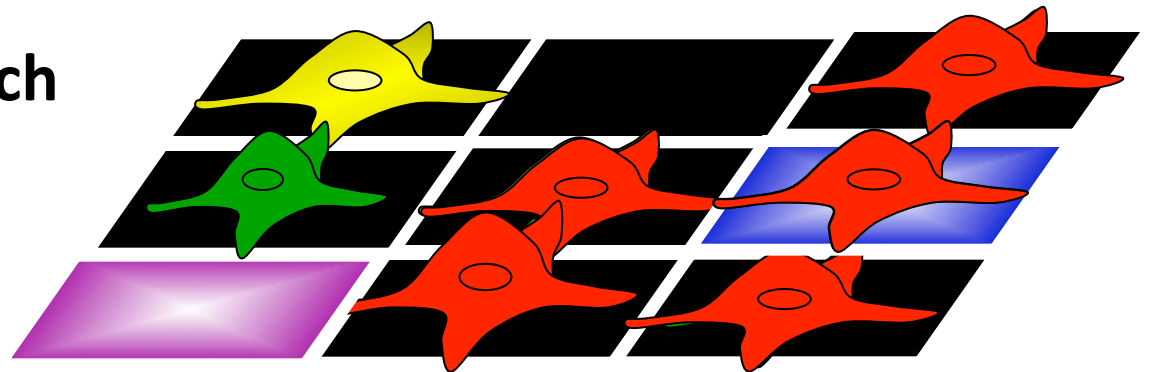
Emergent Phenomena



Agent-Based Modeling of Cells

- . Discrete **agents** represent cells

- . Agents **interact** with each other and with their environment



- . Agent behaviors are governed by *(literature-based)* **rules**

Agent-Based Modeling of Cells

Netlogo Example

Agent Rules

11: cell behaviors

85: adhesion molecule expression

69: chemokine production & activation

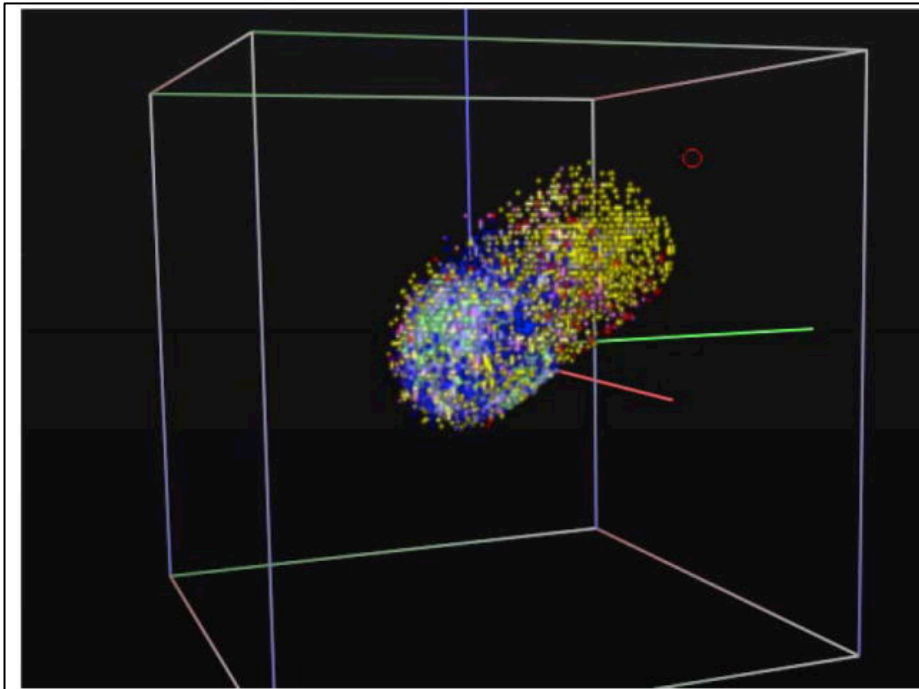
30: integrin activation

~200 total rules

~600+ papers



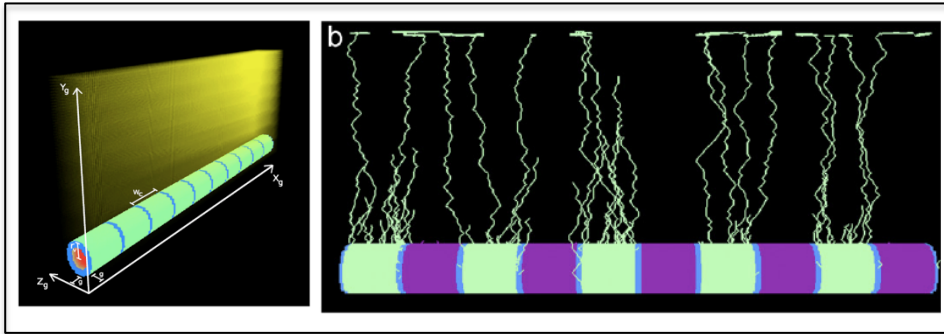
Agent-based Models



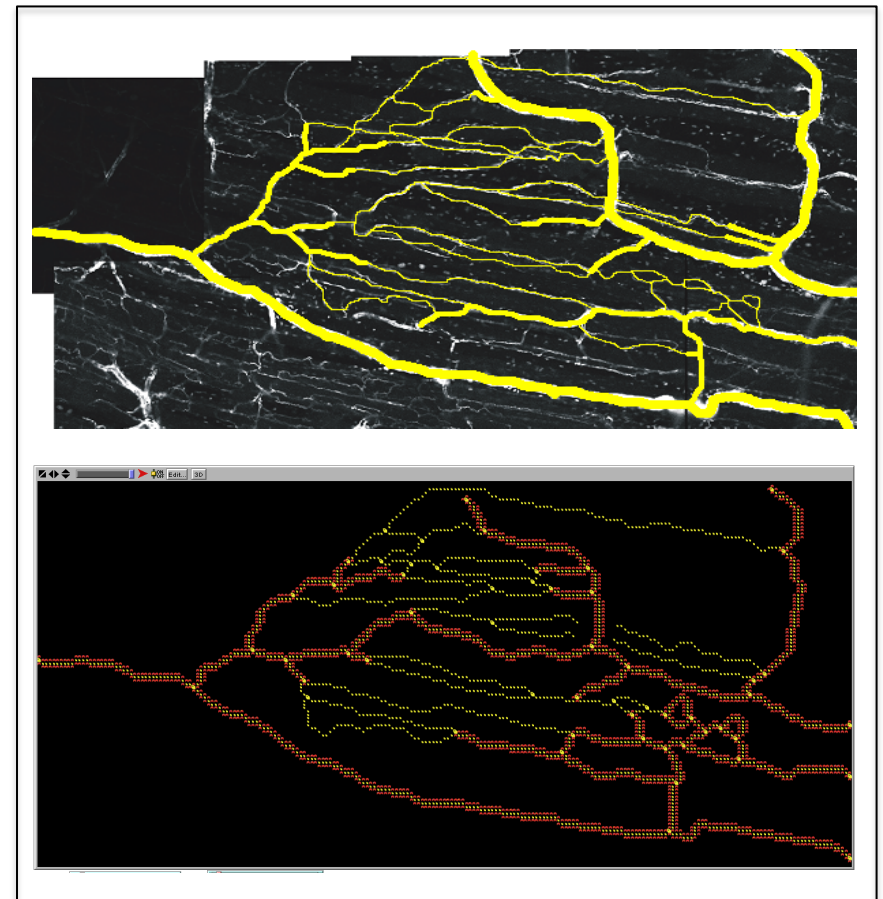
T.S. Deisboeck, 2000



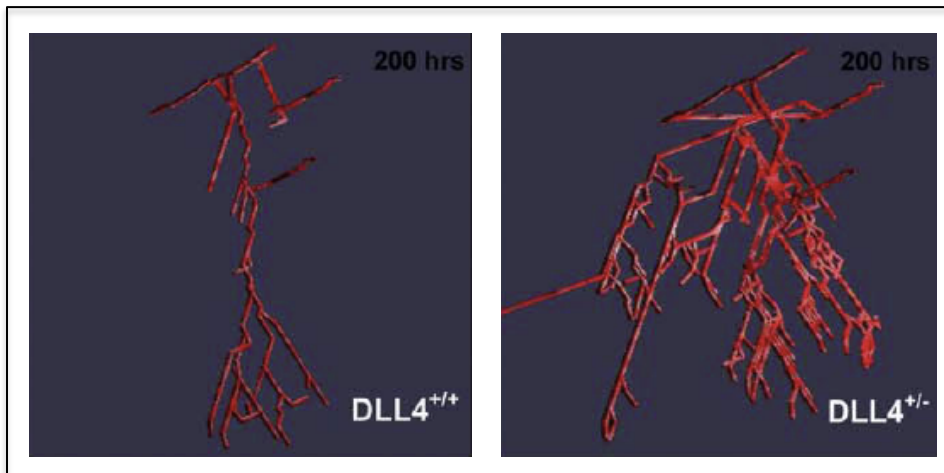
Agent-based Models



K. Bentley et al. 2008

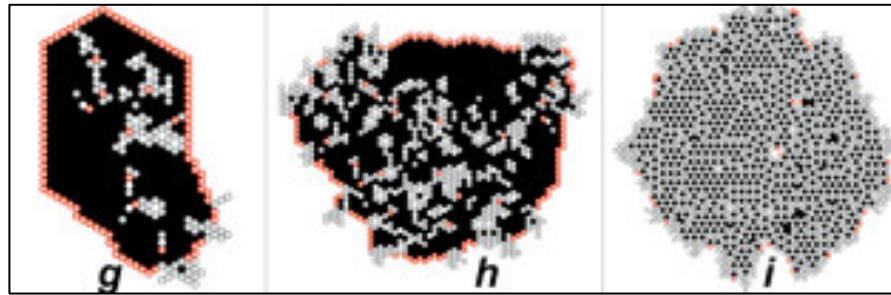


A. Bailey et al. 2009

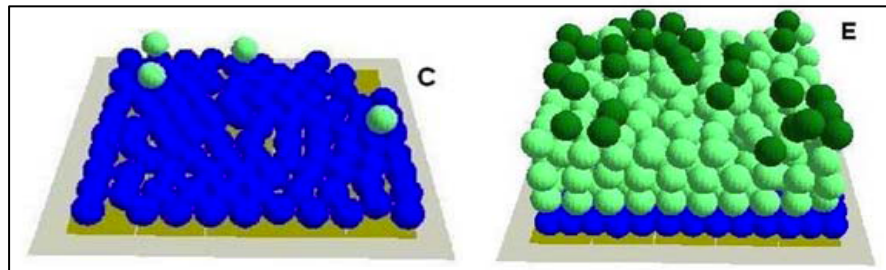


A. Qutub & A. Popel, 2009

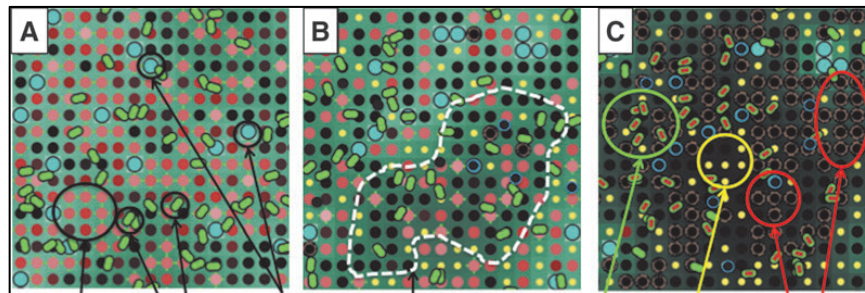
Agent-based Models



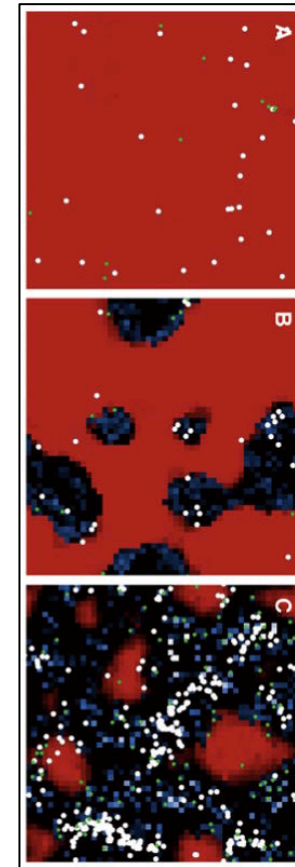
S.H. Kim, J. Debnath, K. Mostov, S. Park, C.A. Hunt (2009)



S. Adra, T. Sun, S. MacNeil, M. Holcombe, R. Smallwood (2010)

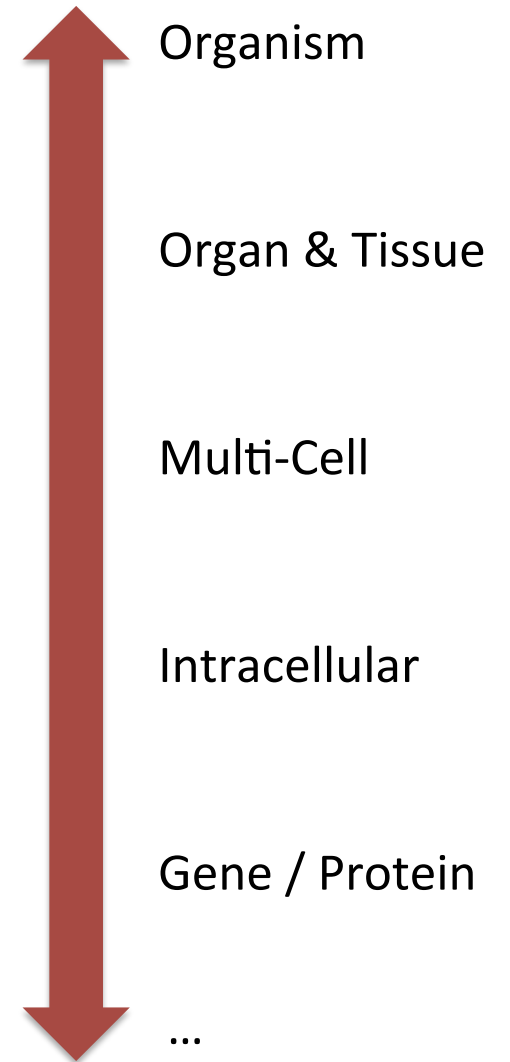
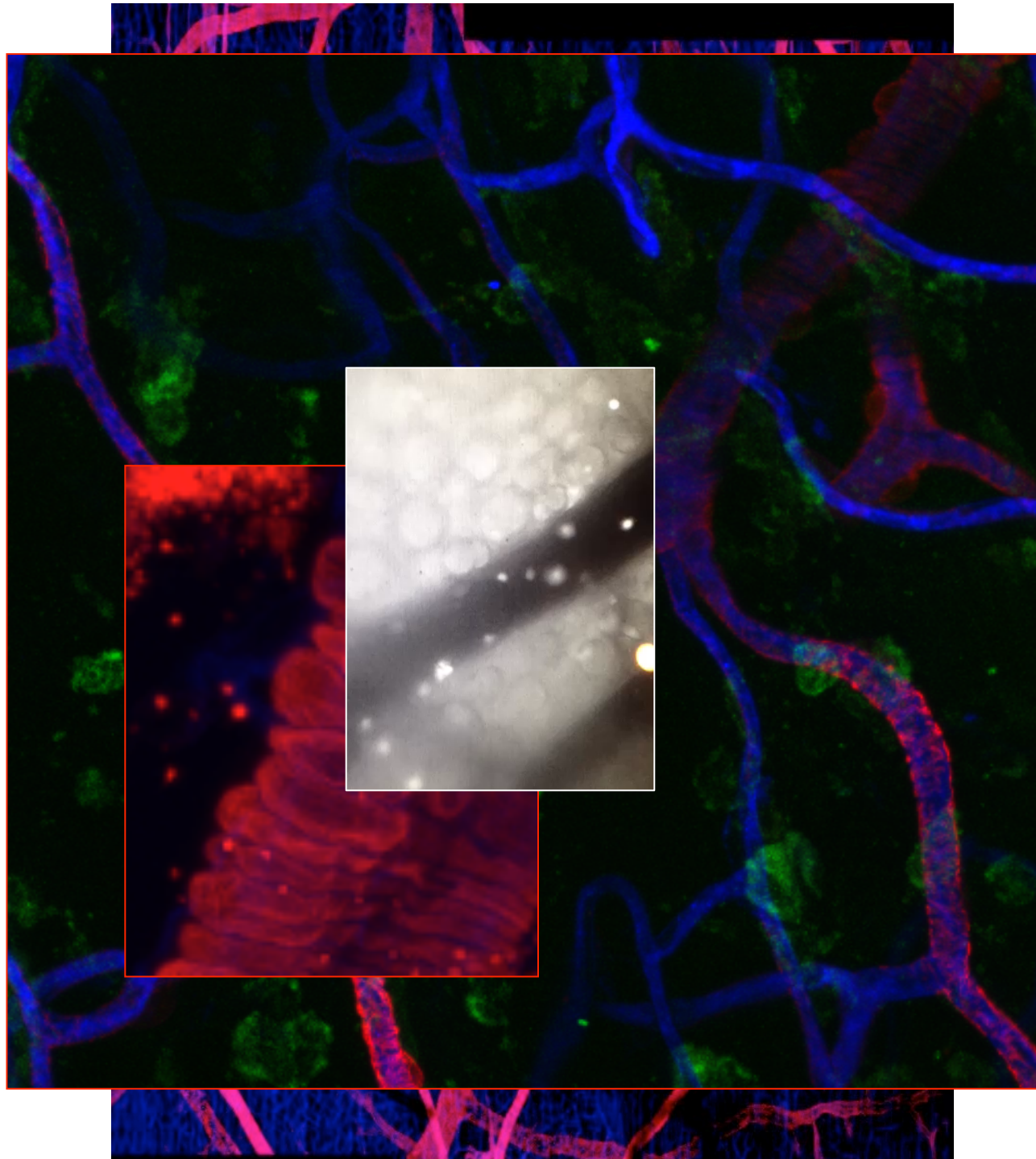


M. Kim, S. Christley, J.C. Alverdy, D. Liu, G. An (2012)

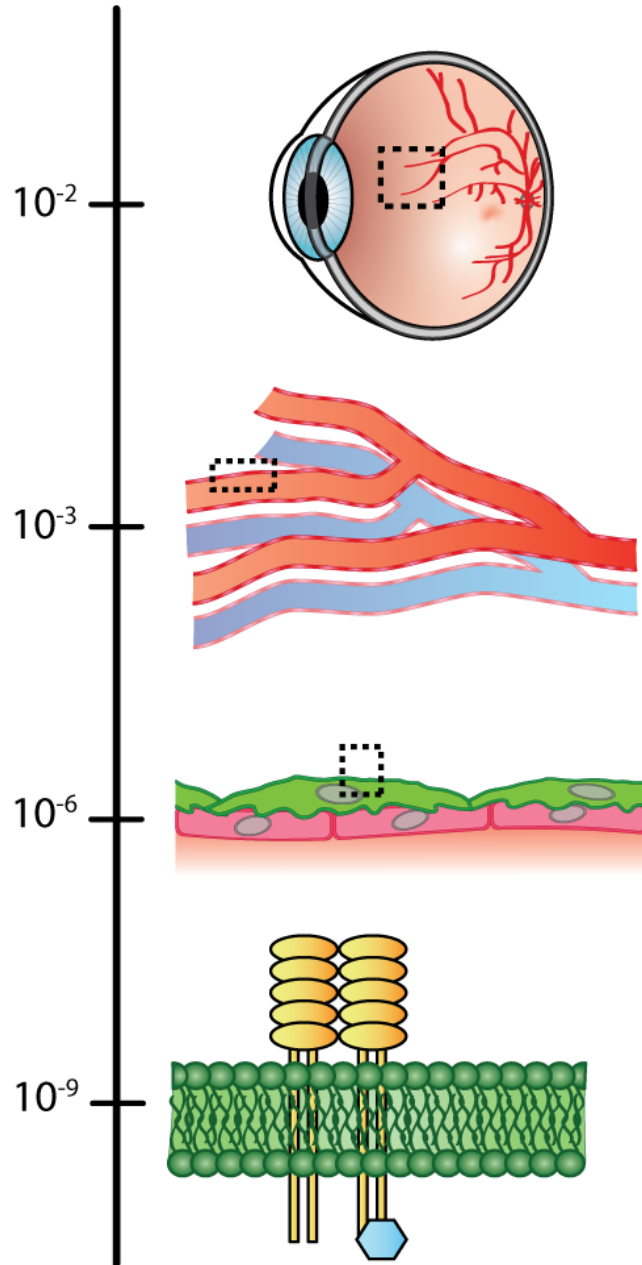


B.N. Brown, I.M. Price, F.R. Toapanta, D. R. DeAlmeida, C.A. Wiley, T.M. Ross, T.D. Oury, Y. Vodovotz (2011)

Multiscale Modeling



Spatial Scale (m)



Pathophysiology

At the organ level, **retinal detachment** can occur due to fibrosis of the basement membrane. Though taking only hours to days for complete detachment and **blindness**, this level of damage is end-stage; after years of fibrovascular remodeling, the retina is mechanically evulsed from the underlying tissue.

Tissue level changes of the **microvasculature** reveal **micro-hemorrhages** as a result of vessel wall disruption. In proliferative disease, **neovascularization** is apparent in the periretinal vascular beds. These are the earliest clinical signs and are pathognomonic of the disease. Disregulation of vessel permeability can lead to **macular edema** and vessel dilatation.

Vessel instability can be directly attributed to **apoptotic cell death** of pericytes and **uncoordinated proliferation** of endothelial cells. These changes occur throughout the course of the disease and are relevant both on short- and long-term time resolutions.

Pericyte apoptosis is triggered due to **dephosphorylation** of PDGF receptors, resulting in reduced survival signaling. This disruption is caused by PKC-delta activation and downstream phosphatase activity. These effects can be measured within **days of exposure to hyperglycemia** and are often persistent and irreversible. A similar mechanism is responsible for endothelial proliferation.

Measurement Techniques

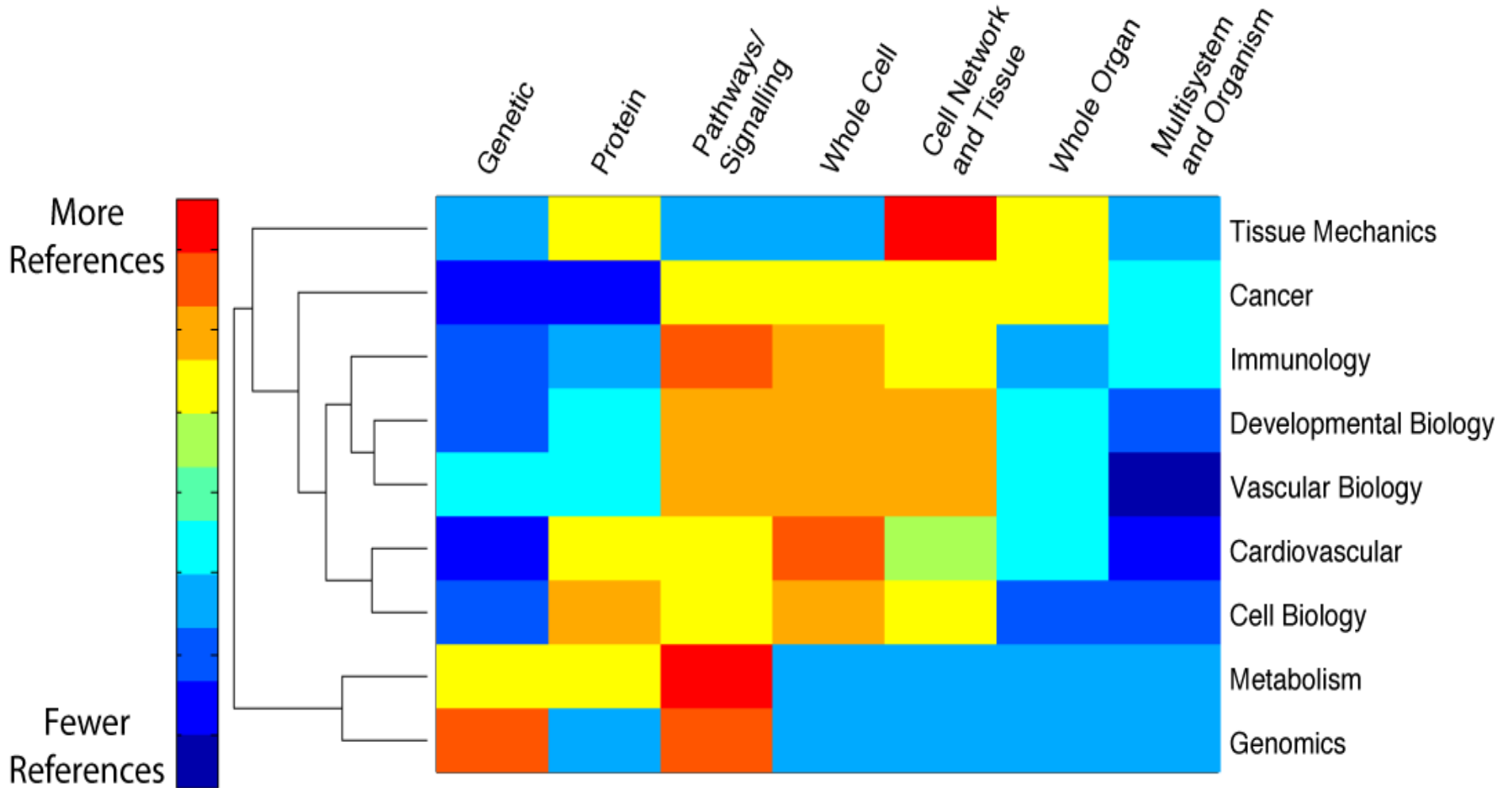
This is a **macroscopic** event that is most easily observed using a standard ophthalmoscope.

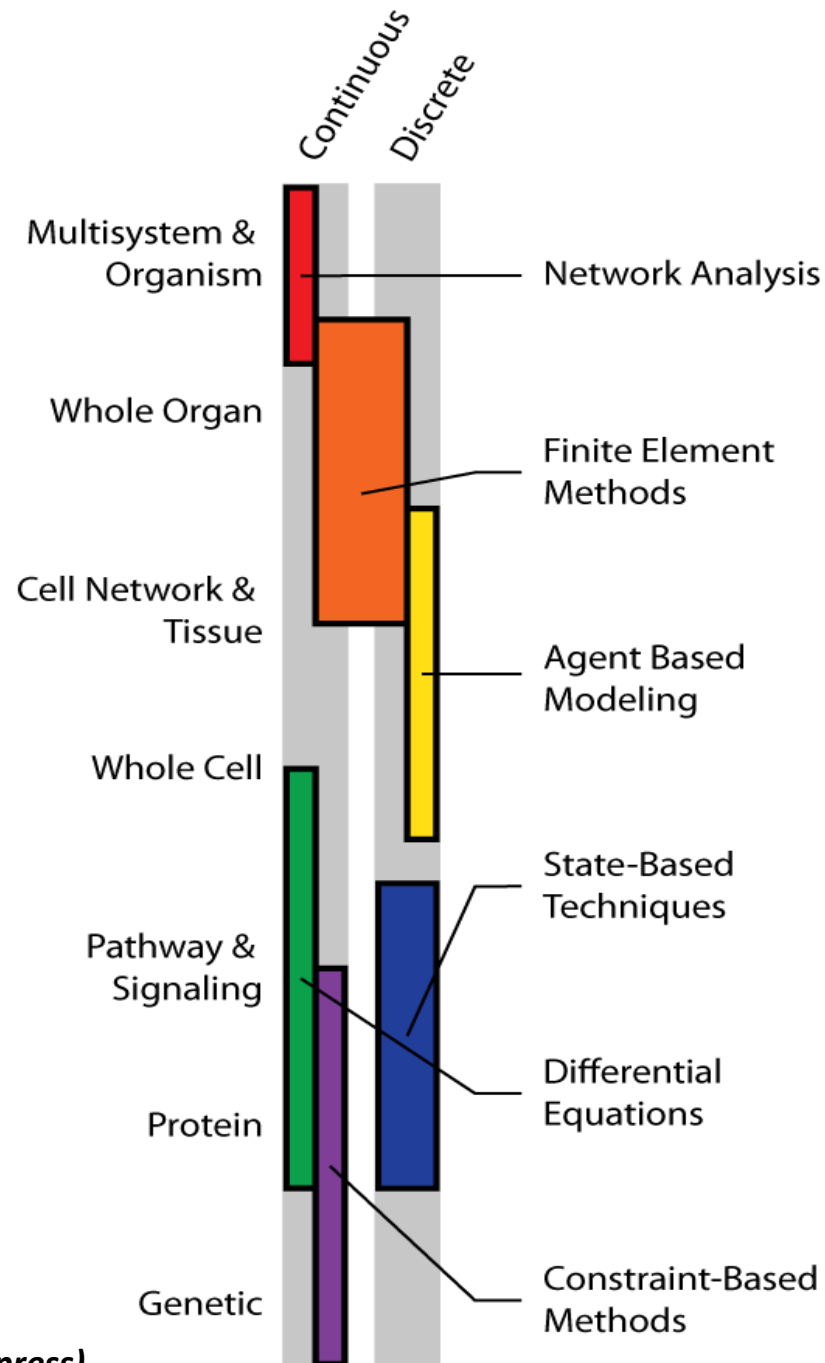
Microscopic flame hemorrhages may be present on ophthalmoscopic exam. In addition, **cotton-wool spots** are often apparent due to local ischemic injury. Definitive measurements of permeability can be completed with **fundoscopic exam** and **fluorescein angiography**.

Pericyte drop out is typically measured microscopically using **immunohistochemical staining** of excised tissues. These observations can be made in murine models of diabetic retinopathy and are commonly studied as indicators of therapeutic efficacy.

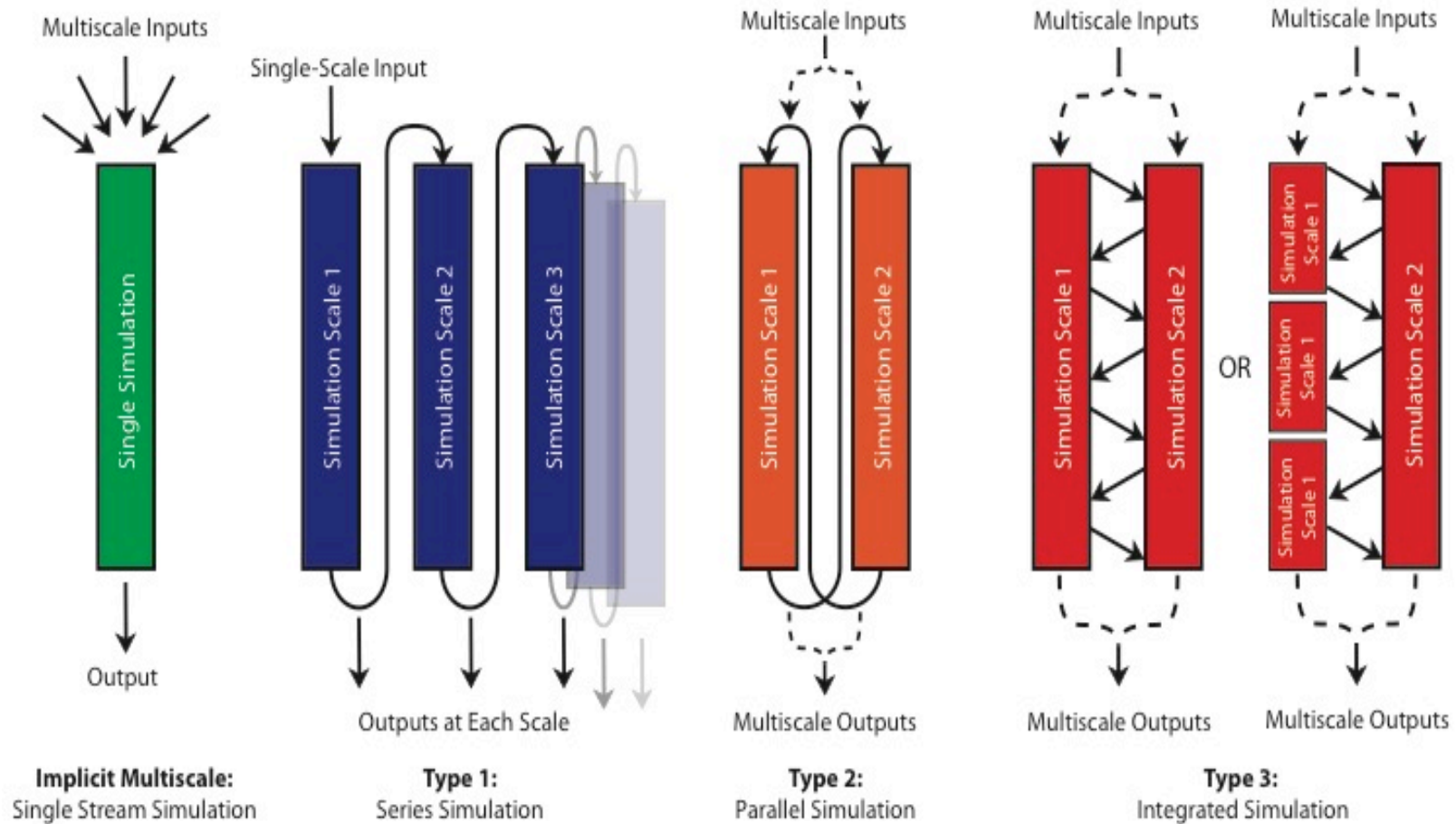
Measurements of intracellular signalling are carried out using conventional **molecular biology techniques** such as immunoblotting, in situ hybridization, immunohistochemistry, and immunoprecipitation. **In vitro** assays and **in vivo** models provide tissue samples for analysis.

Multiscale Models



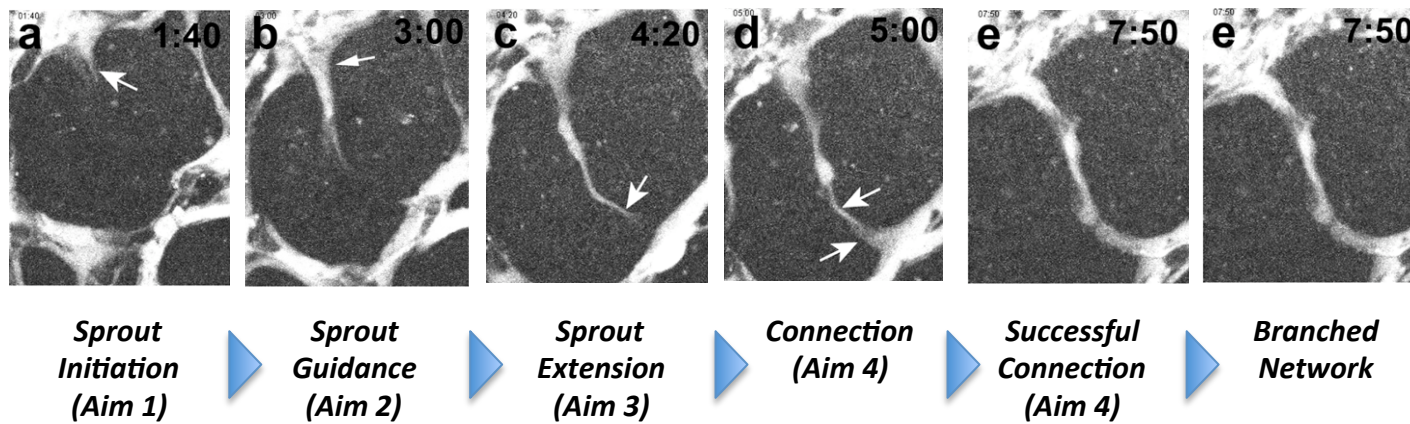


Multiscale Model Taxonomy

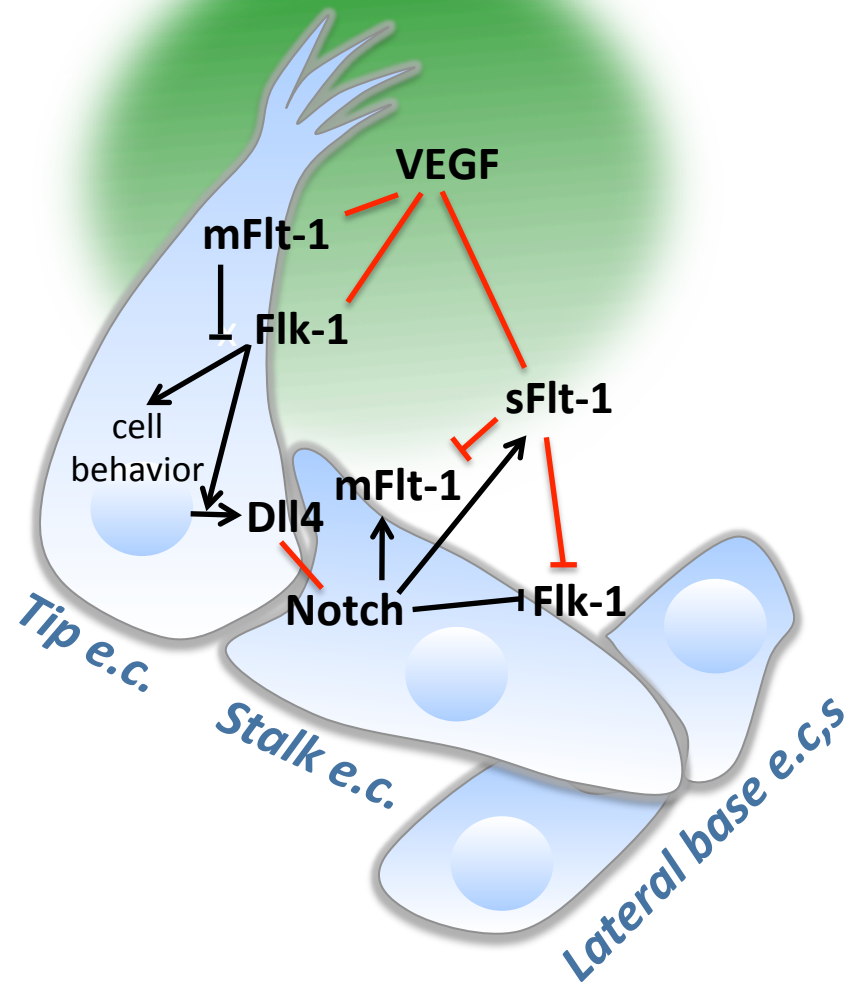


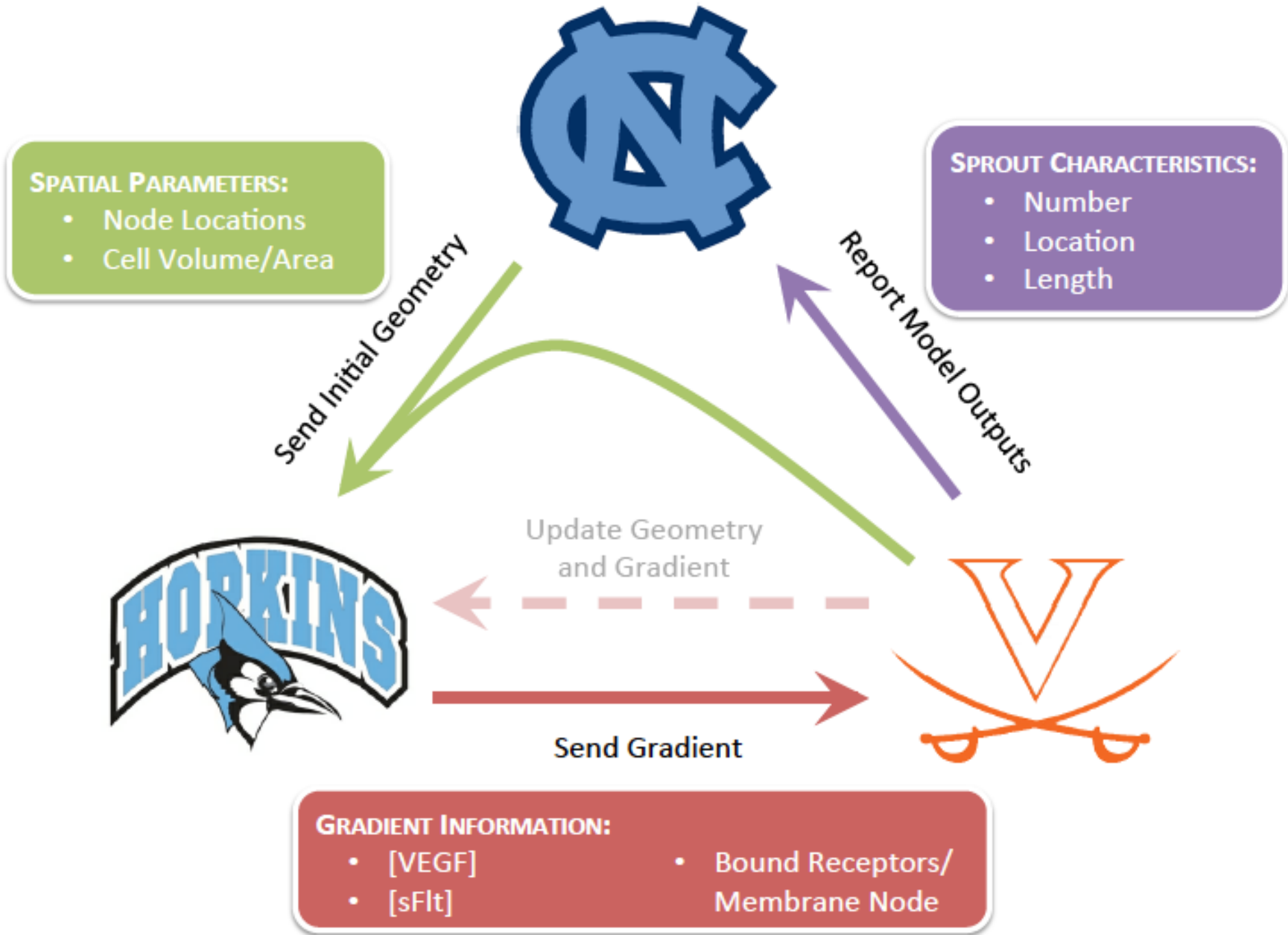
ABM Bridging to Intracellular

Capillary sprouting in the mouse embryoid body

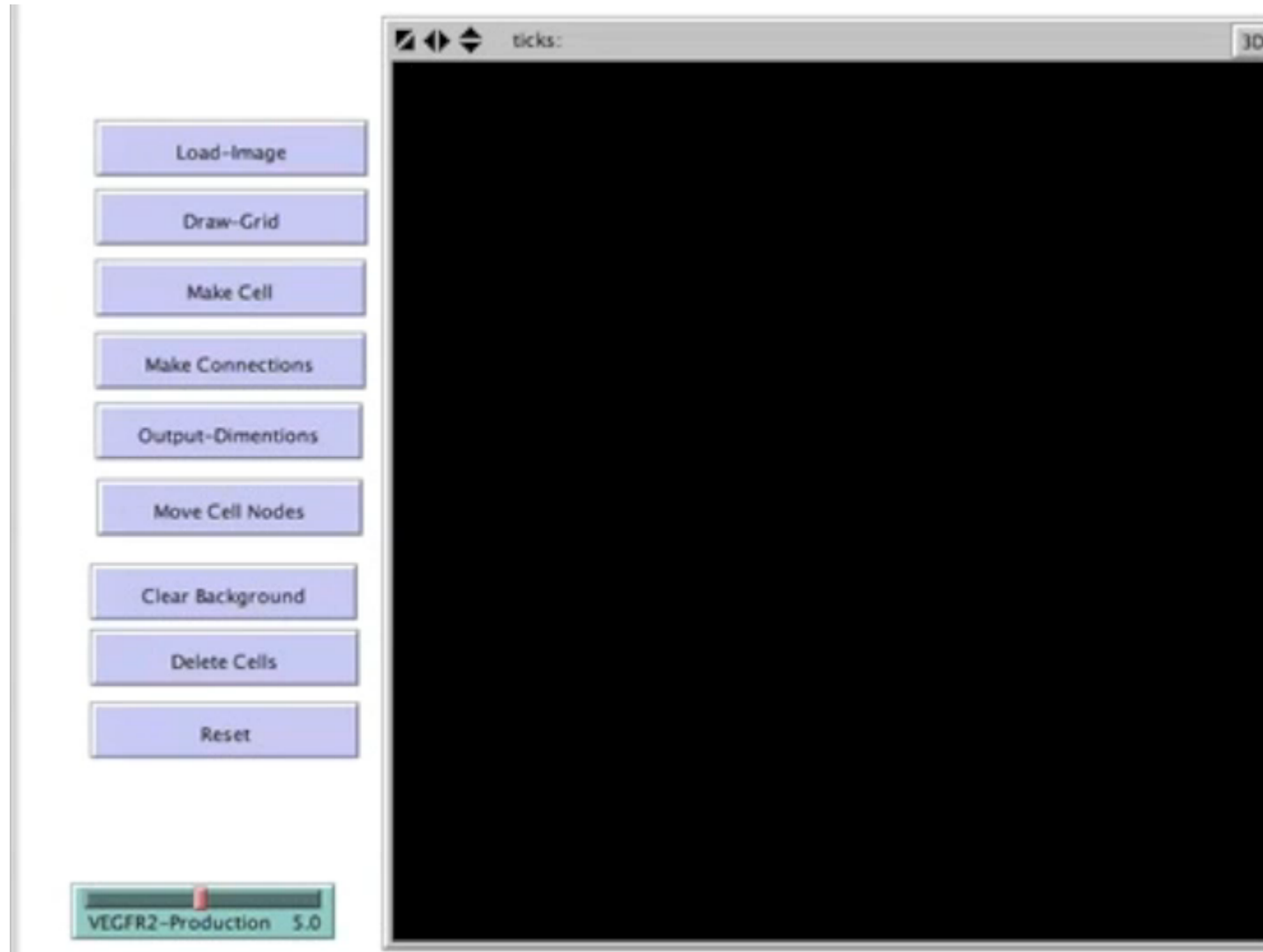


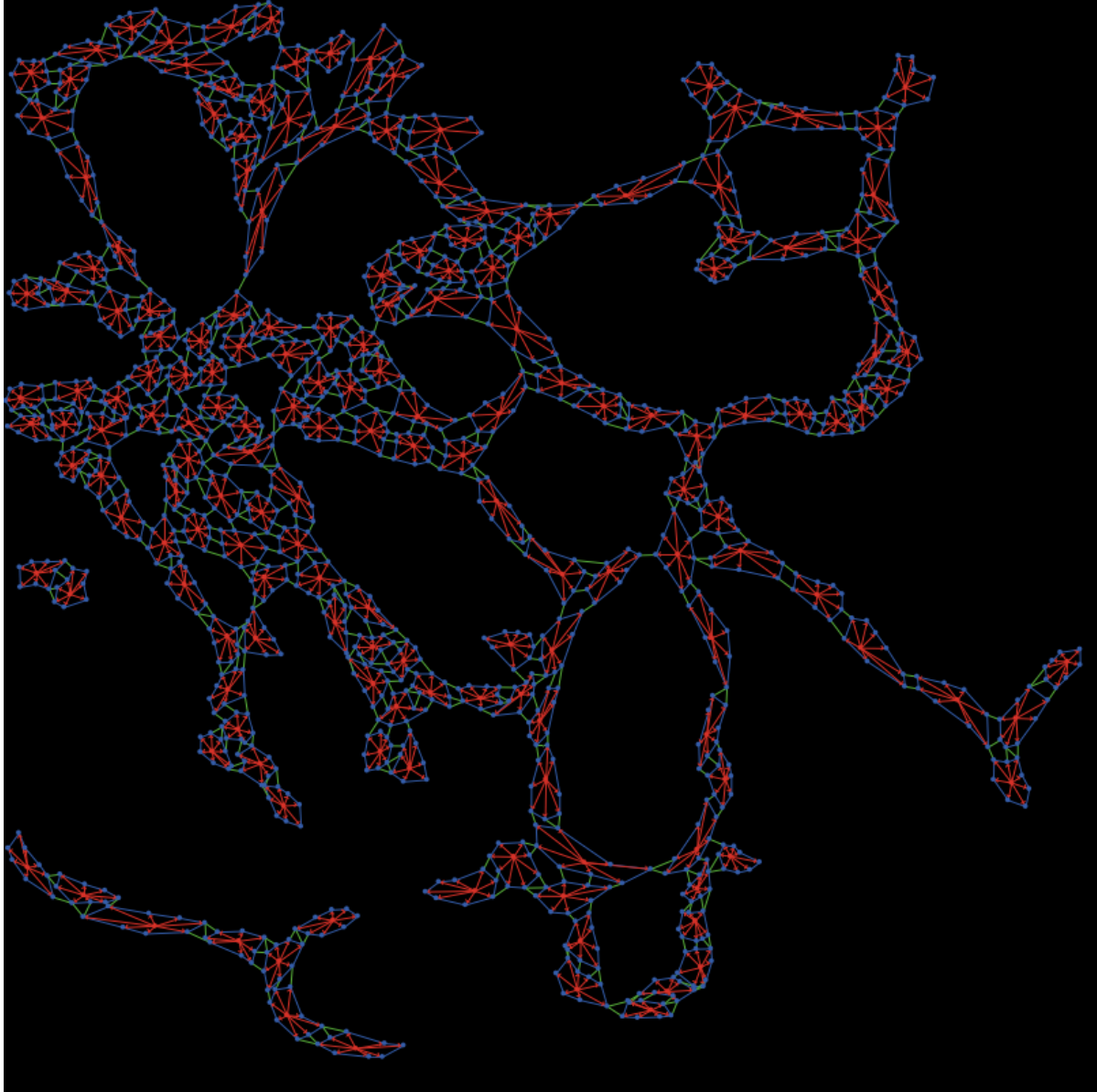
VEGF-NOTCH





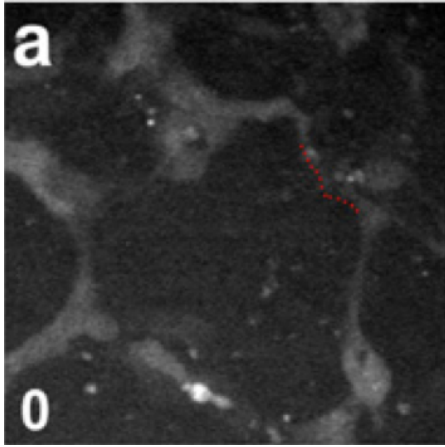
ABM Initial Geometries



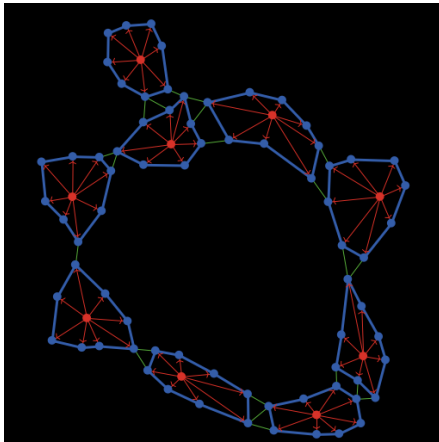


Governing Rules

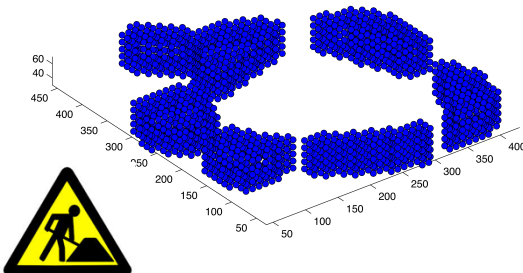
Embryoid Body



ABM



PDE



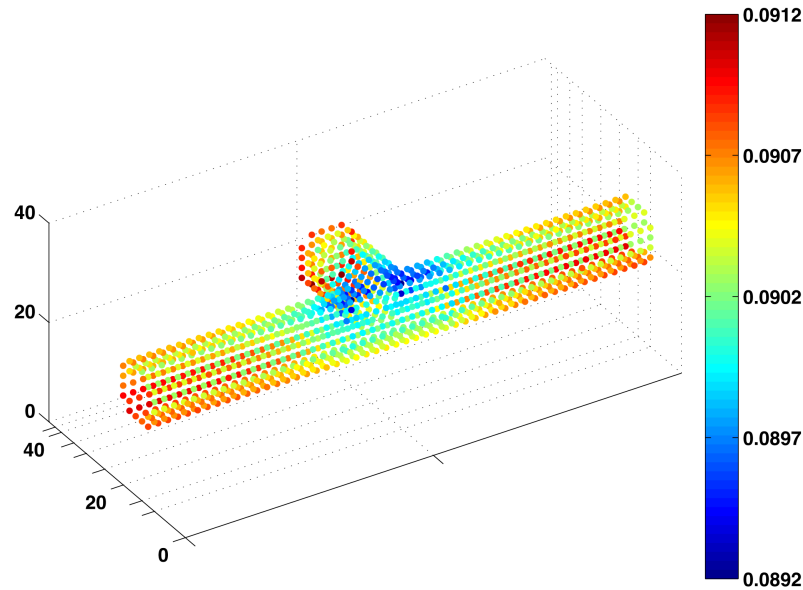
$$qVEGFR2 = qVEGFR2_{min} + (qVEGFR2_{max} - qVEGFR2_{min})e^{-k \cdot Active_NOTCH}$$

$$\frac{dActive_NOTCH}{dt} = k_{Activation} * Inactive_NOTCH * \sum_{cells} DLL4 - k_{deg} * Active_NOTCH$$

$$\frac{\partial[V]}{\partial t} = q_V + D_V \nabla^2[V] - \sum_i (k_{on}[V][M_i] - k_{off}[V \cdot M_i]) - \sum_i (k_{on}[V][R_j] - k_{off}[V \cdot R_j]) - k_{deg}[V]$$

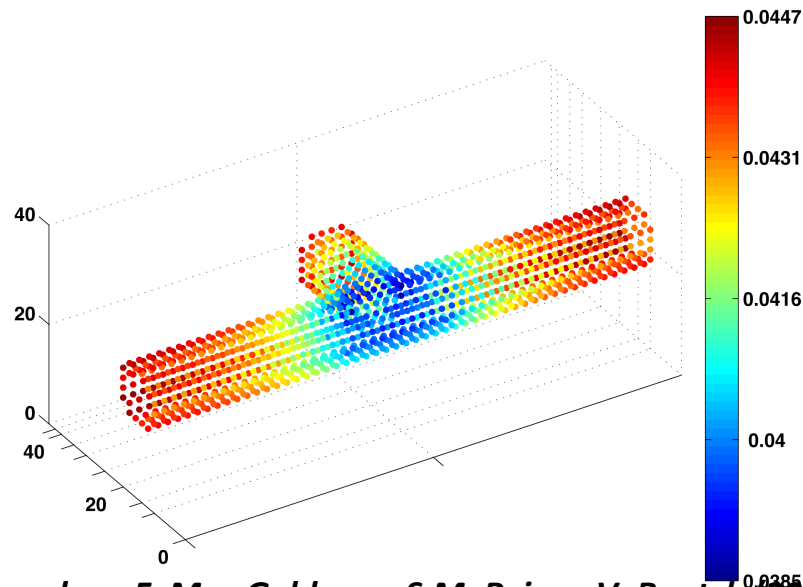
$$\frac{dR}{dt} = s_R - k_{intR} - \sum_i (k_{on}[V_i][R] - k_{off}[V_i \cdot R]) - \sum_i (k_{dim}[V_i \cdot R][R] - k_{off}[R \cdot V_i \cdot R])$$

PDE: Flk-1 Activation



 sFlt
 mFlt

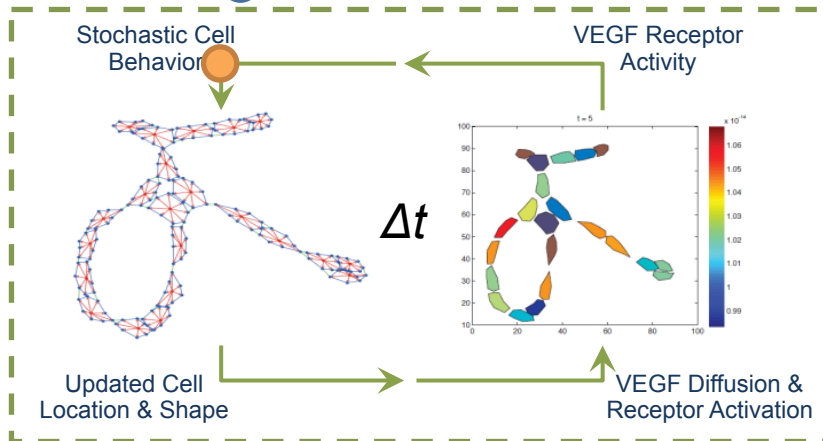
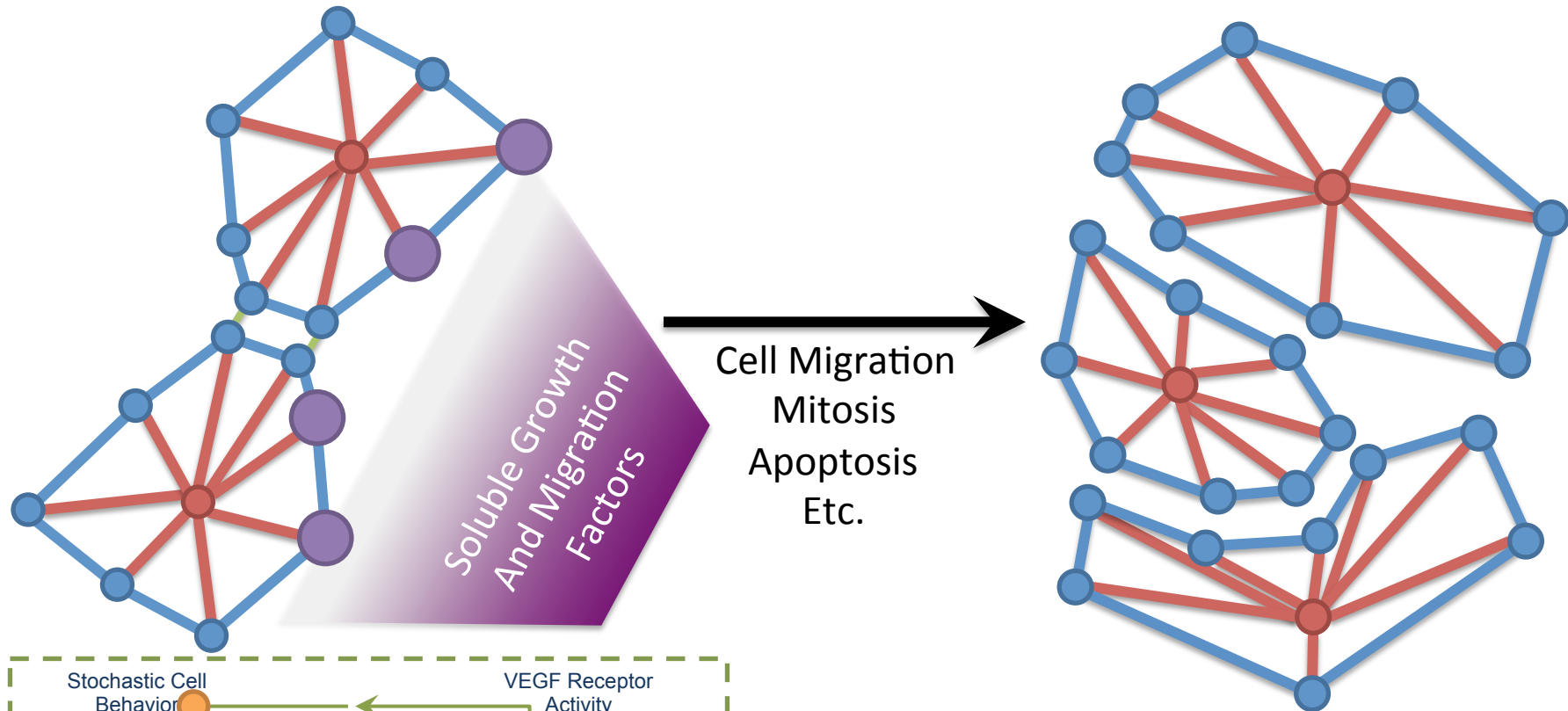
Tip to base gradient: 2%



 sFlt
 mFlt

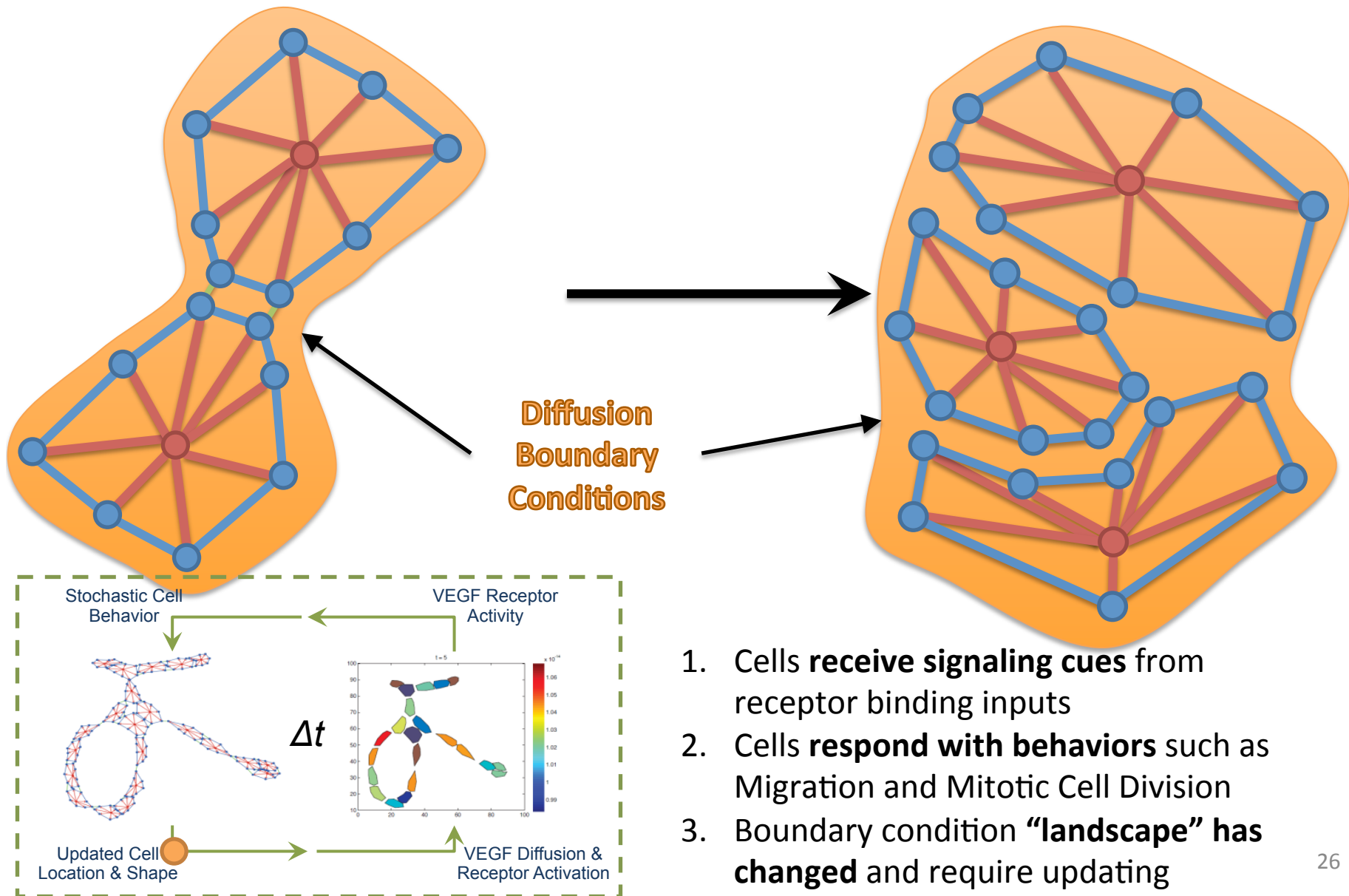
Tip to base gradient: 16%

Multiscale Model Workflow

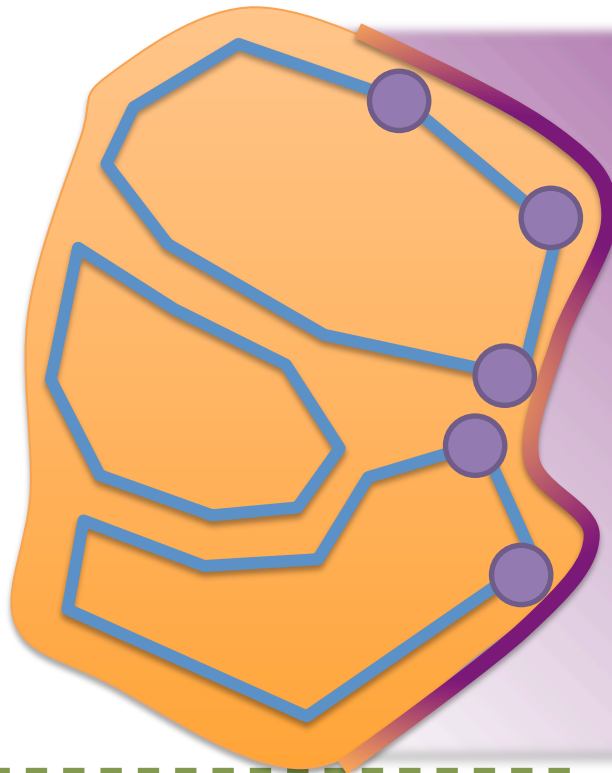


1. Cells **receive signaling cues** from receptor binding inputs
2. Cells **respond with behaviors** such as Migration and Mitotic Cell Division
3. Boundary condition **"landscape"** has **changed** and require updating

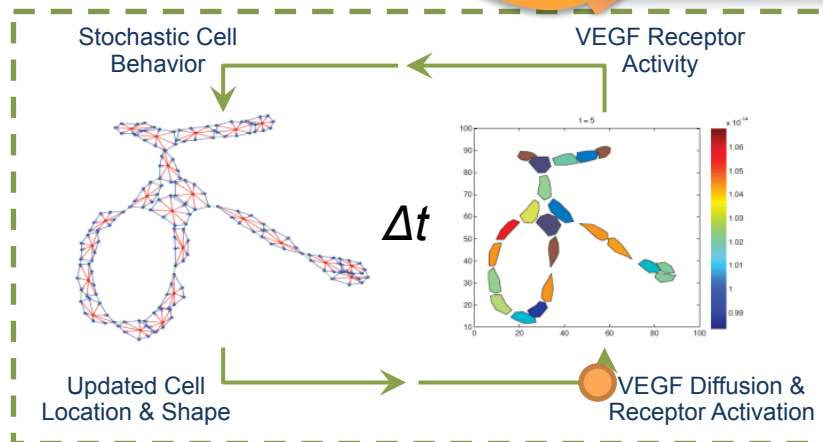
Multiscale Model Workflow



Multiscale Model Workflow

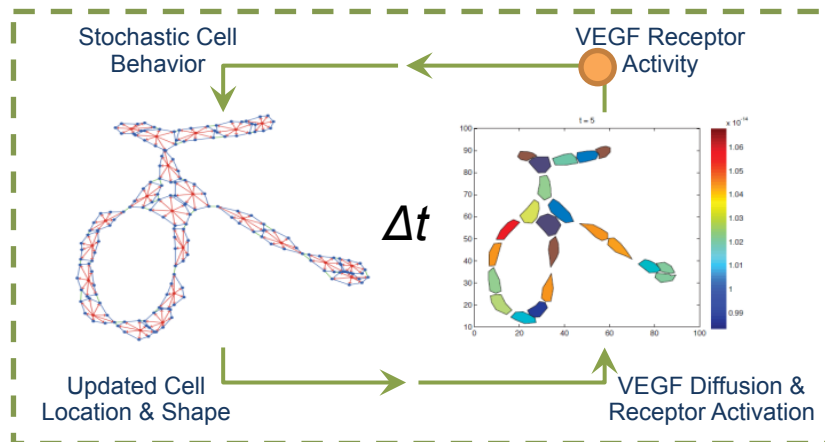
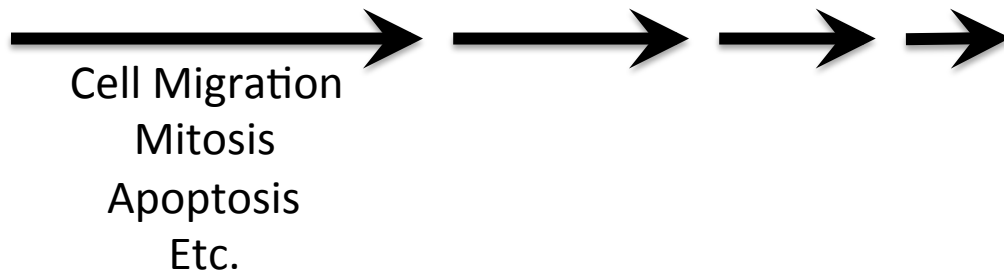
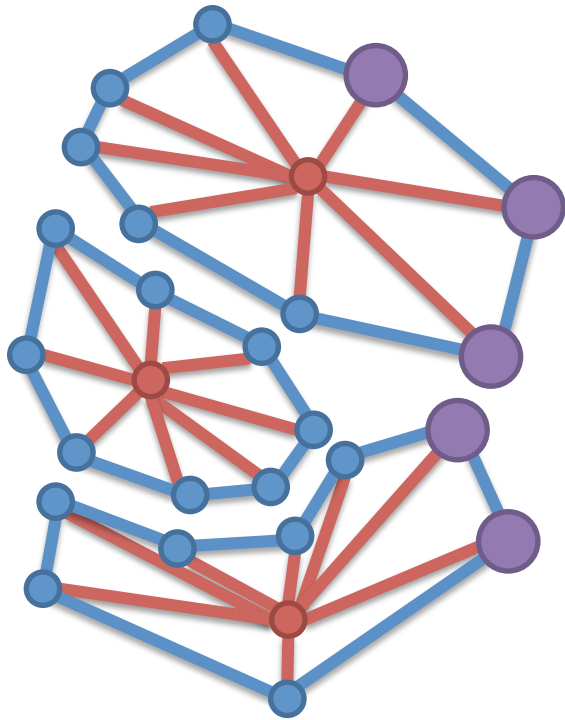


Soluble Growth
And Migration
Factors



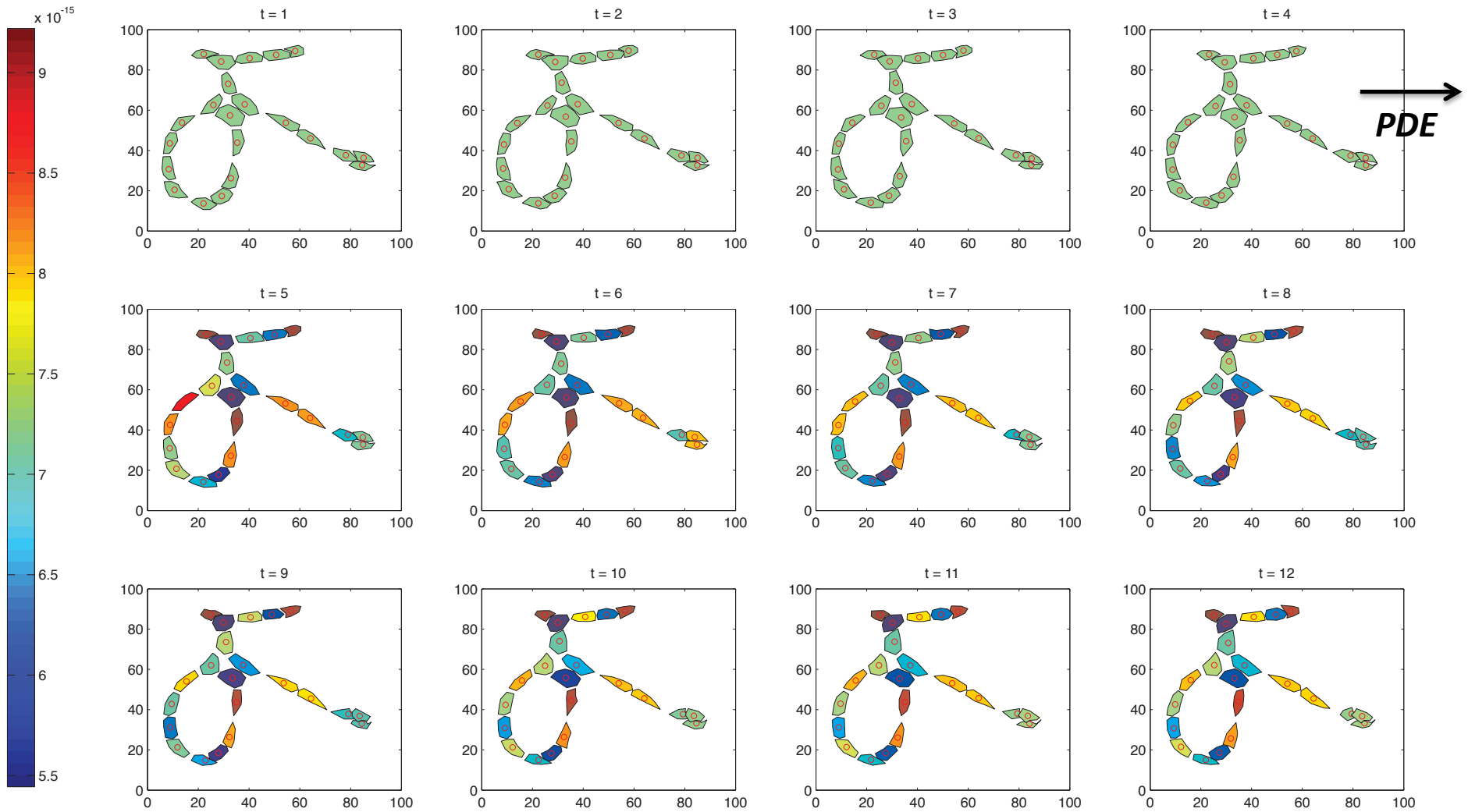
1. **VEGF is produced** and allowed to diffuse based on boundary conditions
2. Receptor binding is determined based on **molecular kinetics**
3. Activated **receptors serve as outputs** to the agent based model

Multiscale Model Workflow

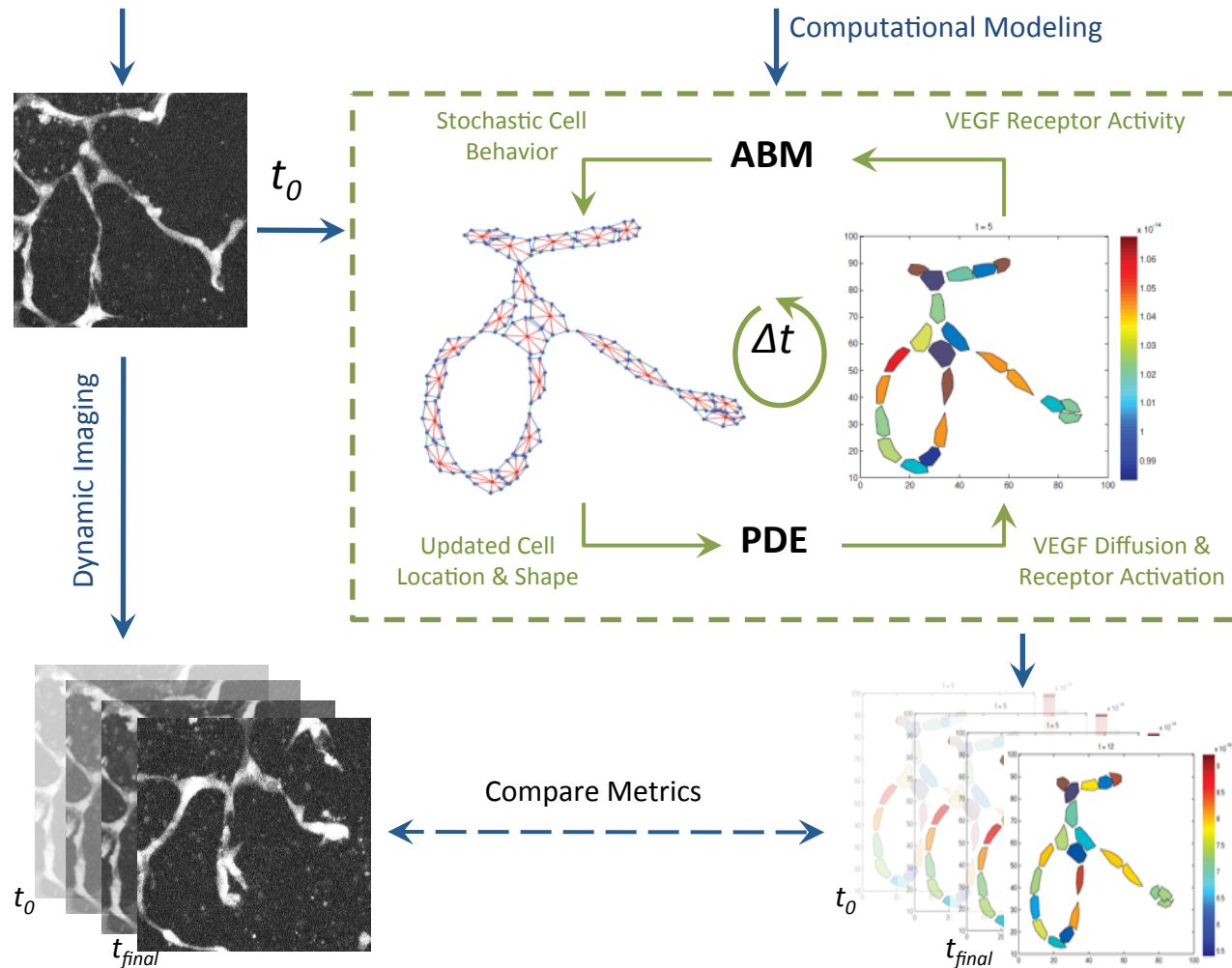


1. Cells **receive signaling cues** from receptor binding inputs
2. Cells **respond with behaviors** such as Migration and Mitotic Cell Division
3. Boundary condition **“landscape” has changed** and require updating

Multiscale Model: Flk-1 Activation



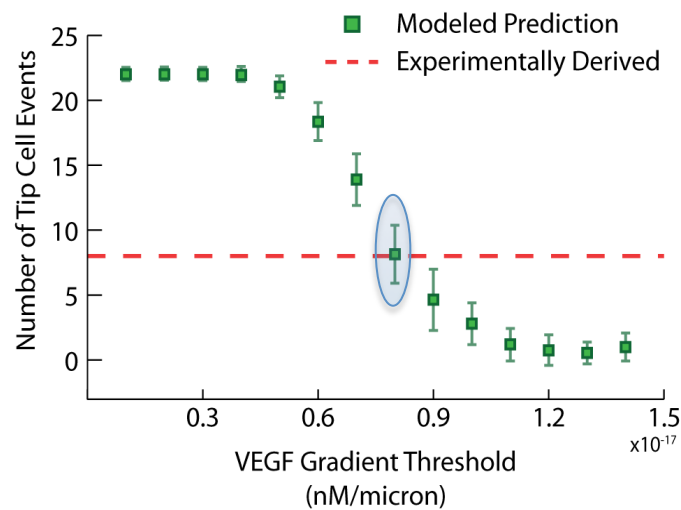
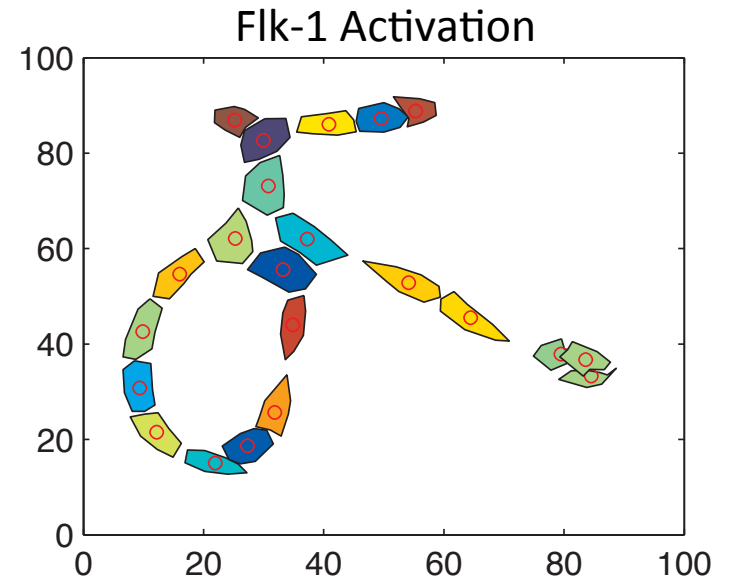
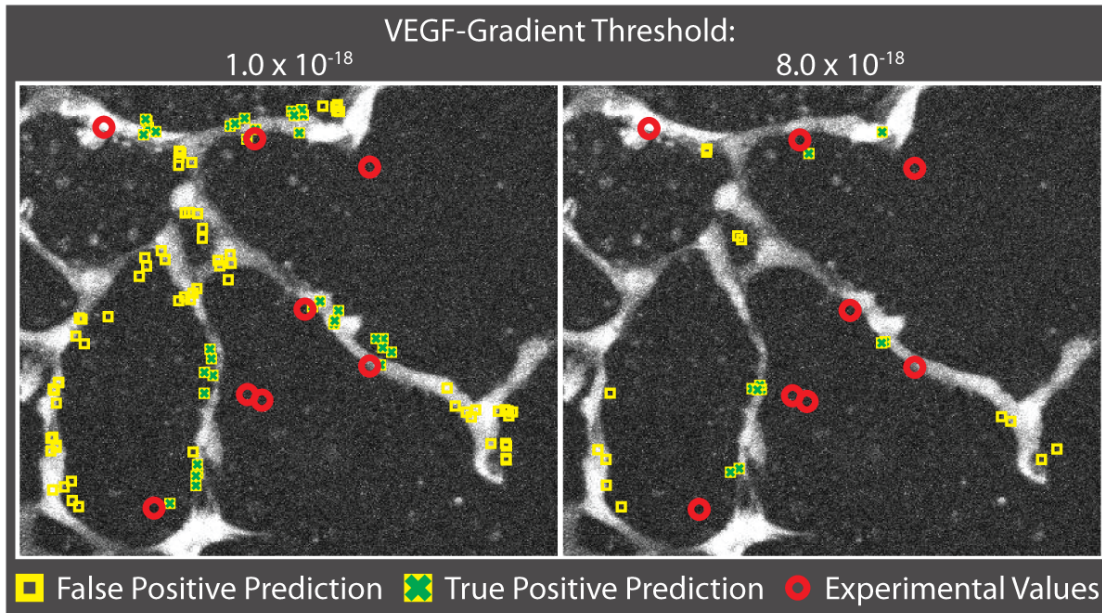
Perturbations: constitutive or inducible knockouts; pharmacological inhibition of signaling pathways; rescue with transgenes; mosaic experiments



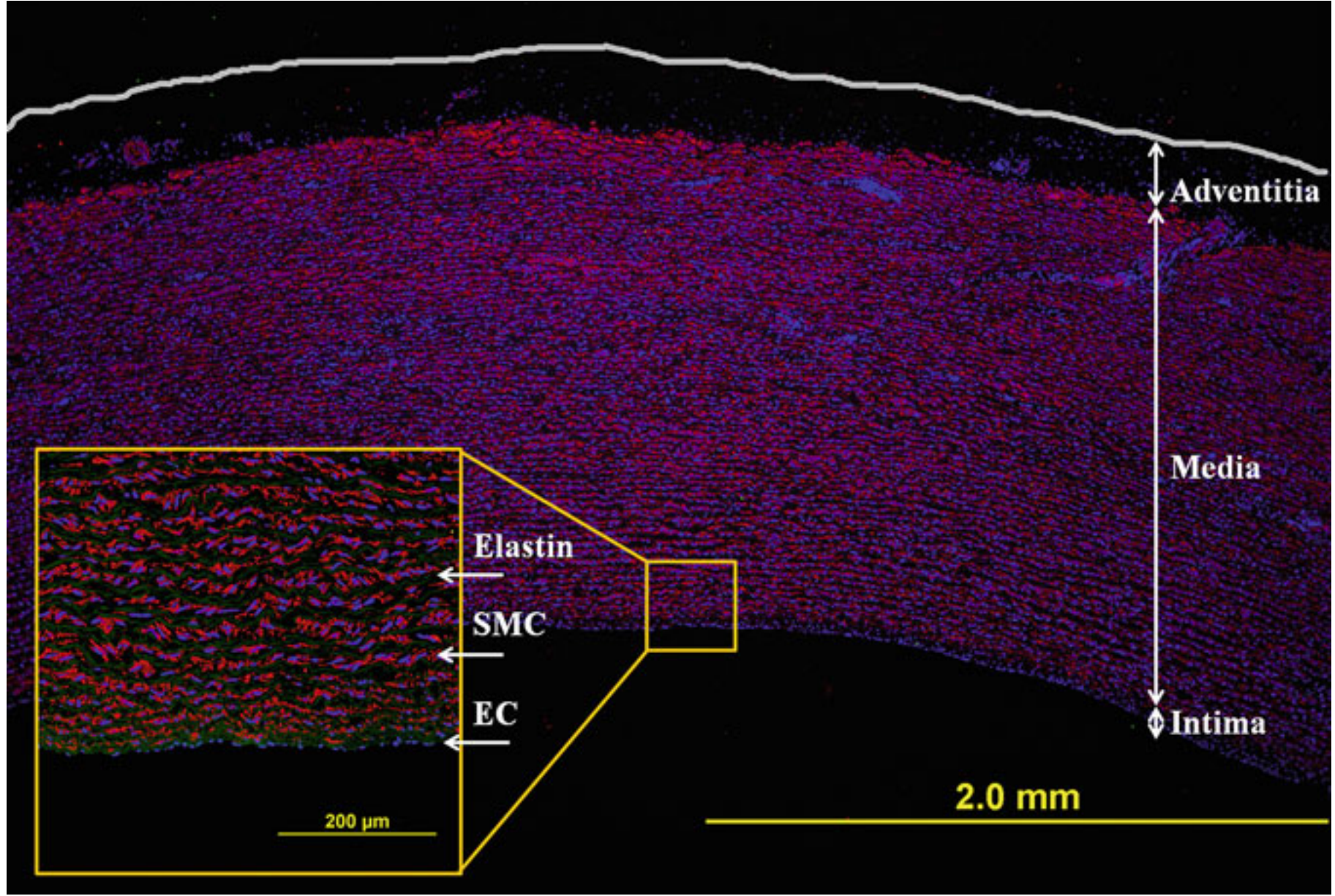
Output Metrics: Sprout Locations; Sprout Angles; Sprout Length; Sprout Persistence; Connection Rate; Retraction Rate; Successful Stable Connections

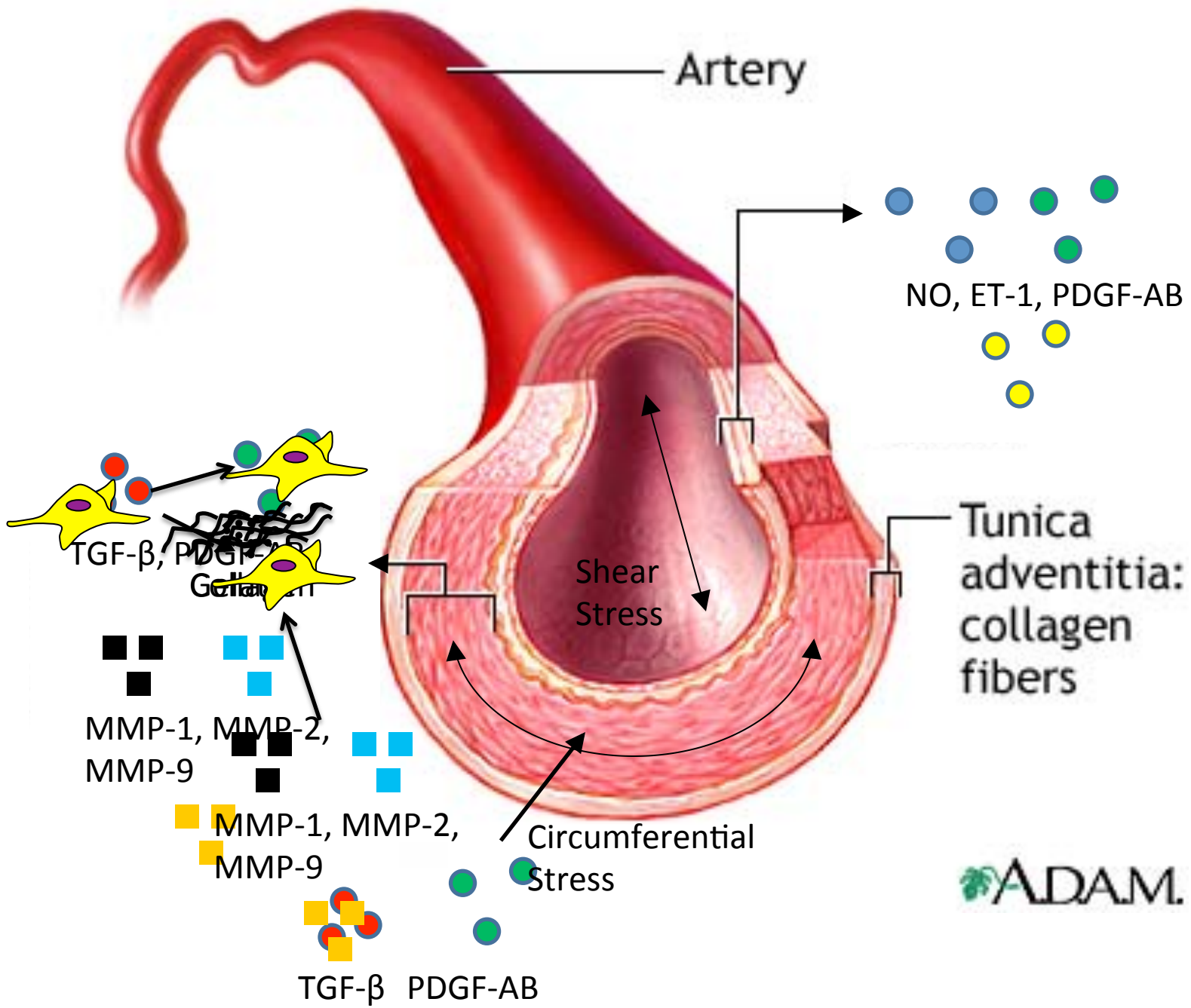


Multiscale Model Validation



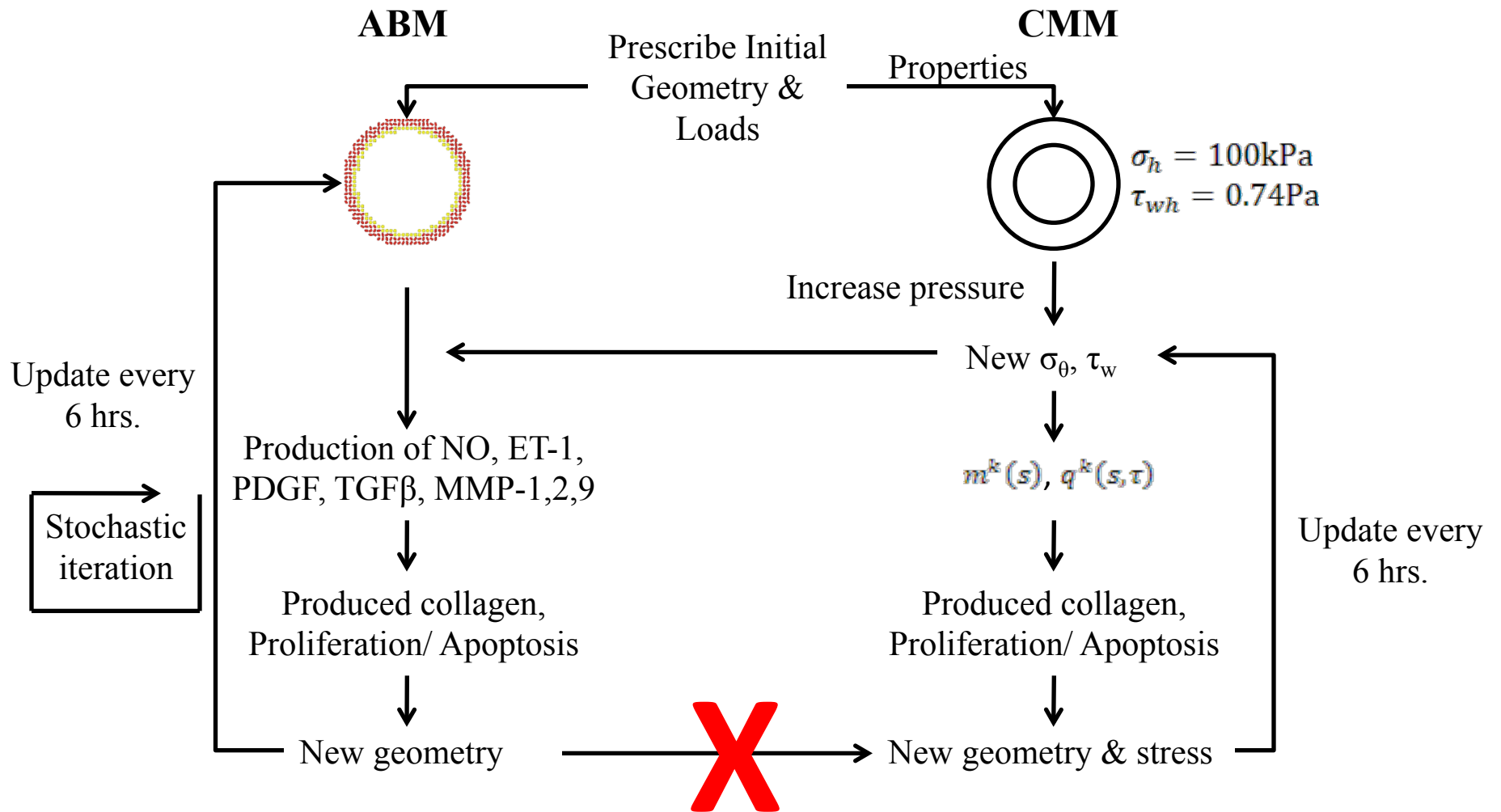
ABM Bridging to Tissue-Level

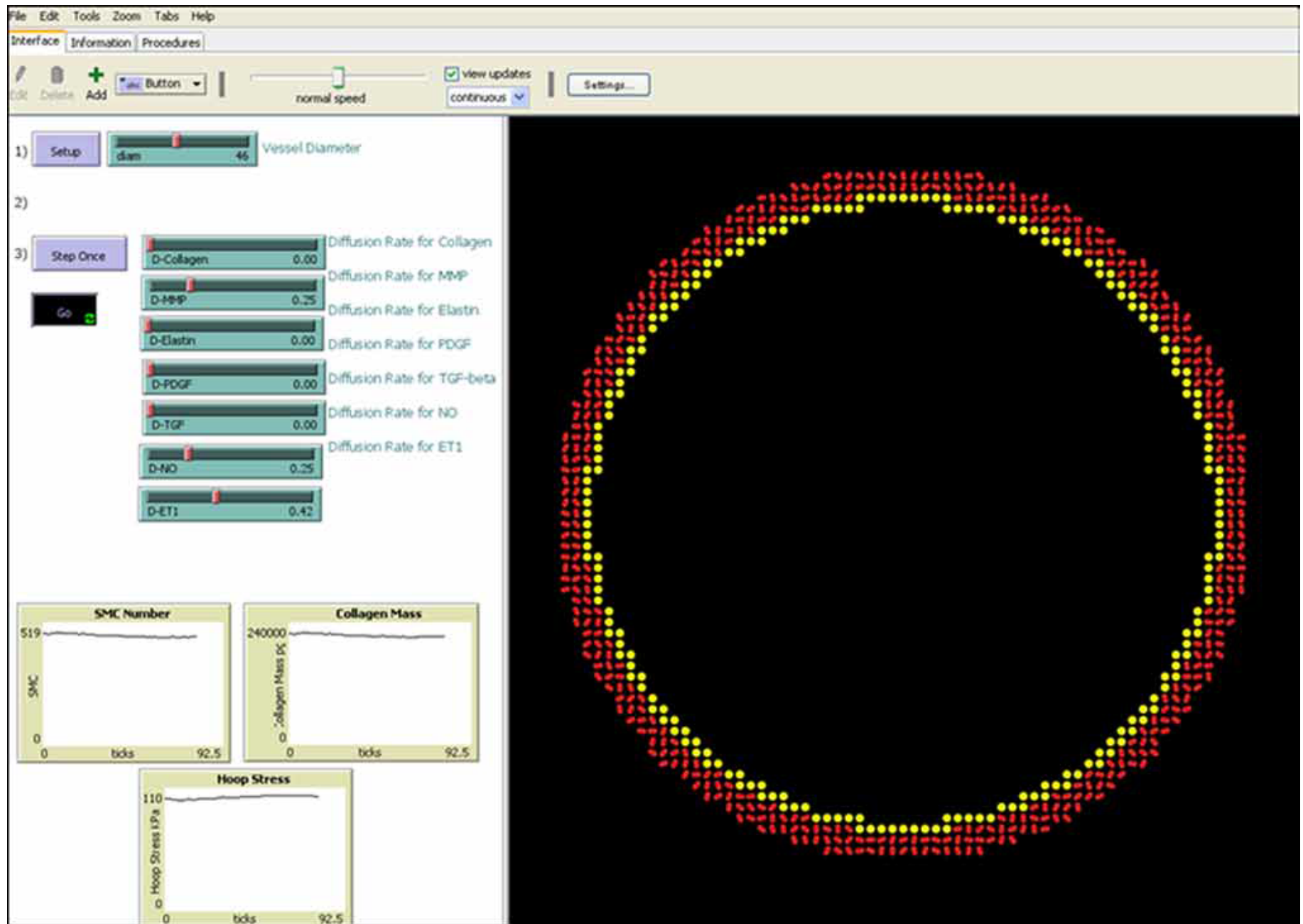




ADAM.

Multiscale Model





Objective Function:

$$e = \frac{2}{N} \sum_j \left(\frac{|C_{NT}^{ABM} - C_{NT}^{CMM}|}{C_{NT}^{ABM} + C_{NT}^{CMM}} + \frac{|M_{NT}^{ABM} - M_{NT}^{CMM}|}{M_{NT}^{ABM} + M_{NT}^{CMM}} \right)_j + \frac{2}{S} \sum_j \left(\frac{|C_{HT}^{ABM} - C_{HT}^{CMM}|}{C_{HT}^{ABM} + C_{HT}^{CMM}} + \frac{|M_{HT}^{ABM} - M_{HT}^{CMM}|}{M_{HT}^{ABM} + M_{HT}^{CMM}} \right)_j$$

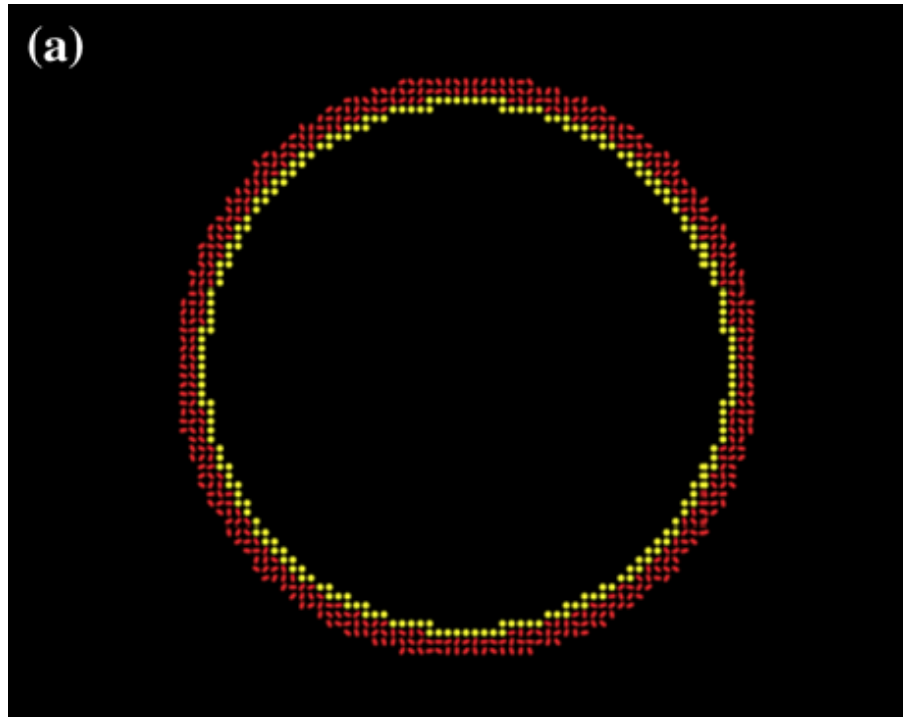
TABLE 2. Listed are both the initial values of the parameters and the bounds that defined the search space used in the genetic algorithm to improve congruency between ABM and CMM predictions of smooth muscle and collagen mass via Eq. (5).

Parameter	Initial value	Lower bound	Upper bound	After genetic algorithm
$K_{\sigma_0}^c$	1	0.1	10	1.11
$K_{\sigma_0}^m$	10	0.1	10	3.85
$K_{\tau_w}^c$	1	0.1	10	2.85
$K_{\tau_w}^m$	10	0.1	10	8.75
MMP-1 ₀	2.69E-04	2.69E-05	2.69E-03	9.47E-04
MMP-1% _A	0.39	0.039	3.93	1.04
C_0	0.009	0.0009	0.09	0.07
C_{TGF}	114.94	11.49	1149.42	134.57
M_p	-1.45E+09	-1.45E+10	-9.69E+08	-1.53E+09
M_0	80,000	53333.33	120,000	6.12E+04
M_{a1}	71020	7102	106530	9.89E+04
M_{a2}	100	66.66	1000	223.21
PDGF _{σ_0}	4.79E-07	3.19E-07	7.19E-07	7.03E-07
PDGF ₀	4.17E-05	4.17E-06	6.25E-05	6.17E-05
TGF β_{σ_0}	1.65E-06	1.65E-07	1.65E+05	7.87E-06
TGF β_0	1.03E-04	1.03E-05	1.03E-03	3.69E-04

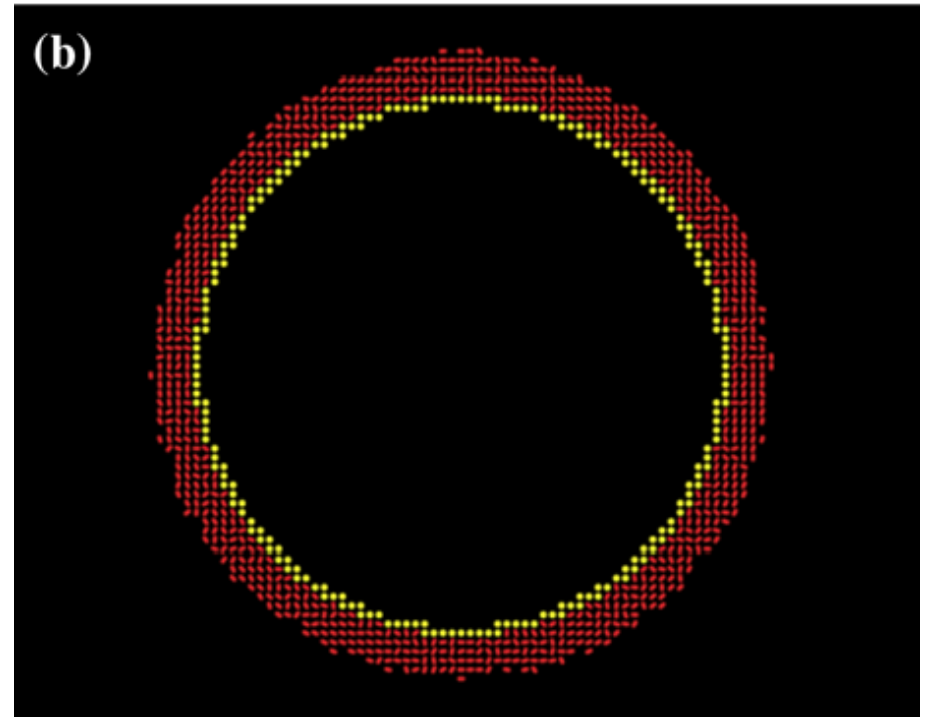
Note that 16 parameters were allowed to vary: CMM (top 4 rows) and ABM (bottom 12 rows). See Eqs. (1) and (2), Appendix, and Table 1 in Thorne *et al.*³⁷ for associated constitutive equations, definitions, or rules. Also listed are the final values of the parameters following minimization.

ABM Prediction

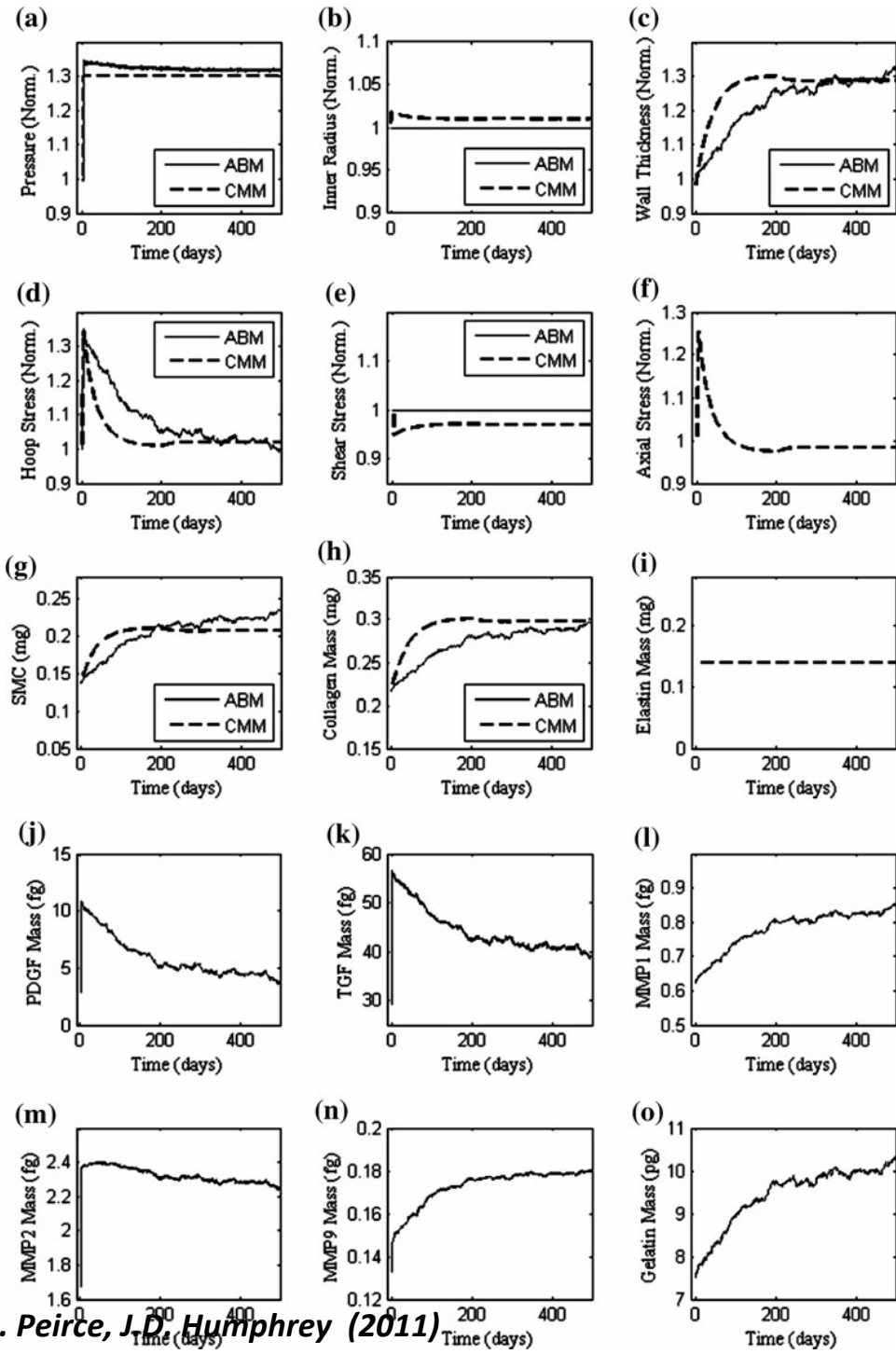
Normotensive



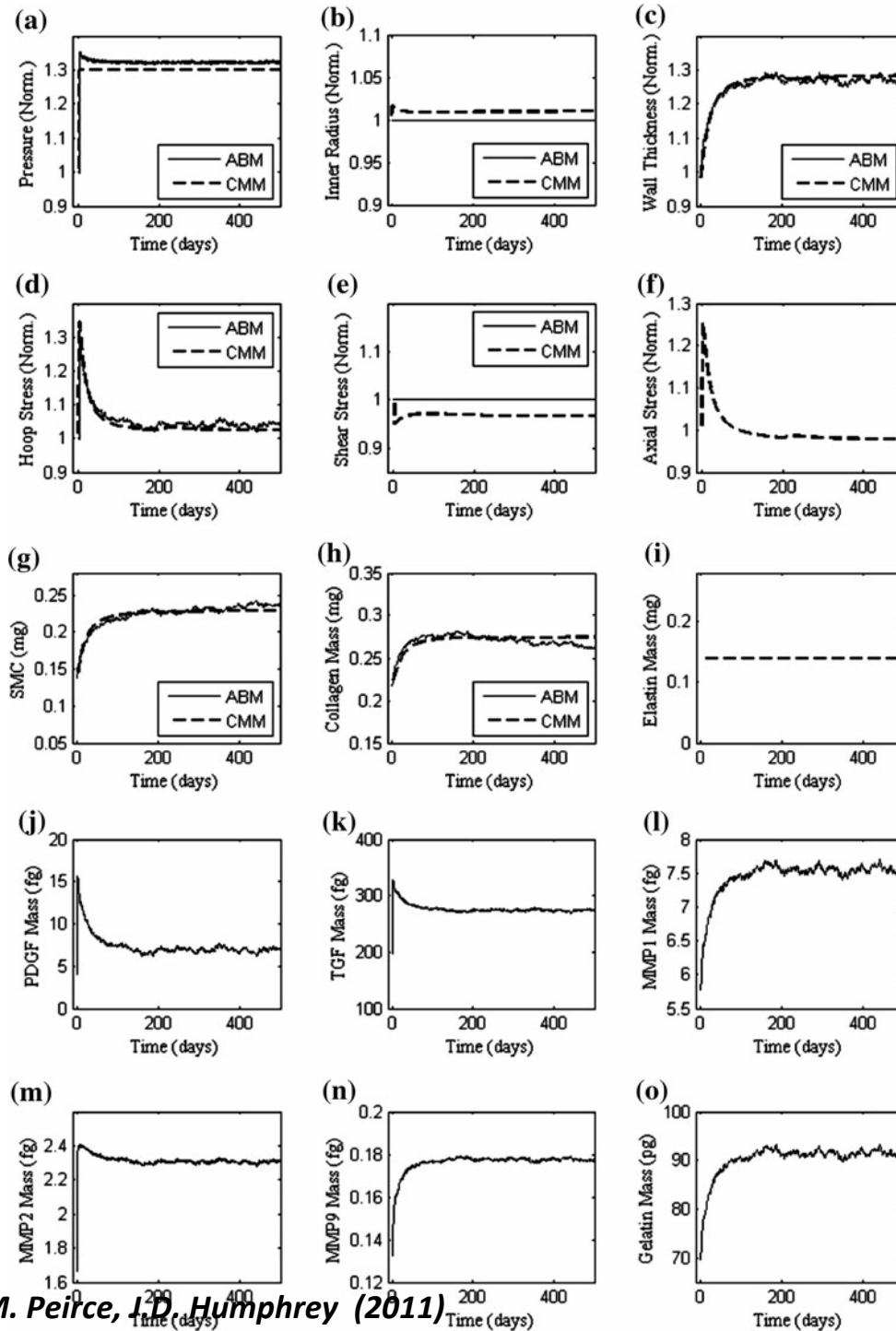
Hypertensive



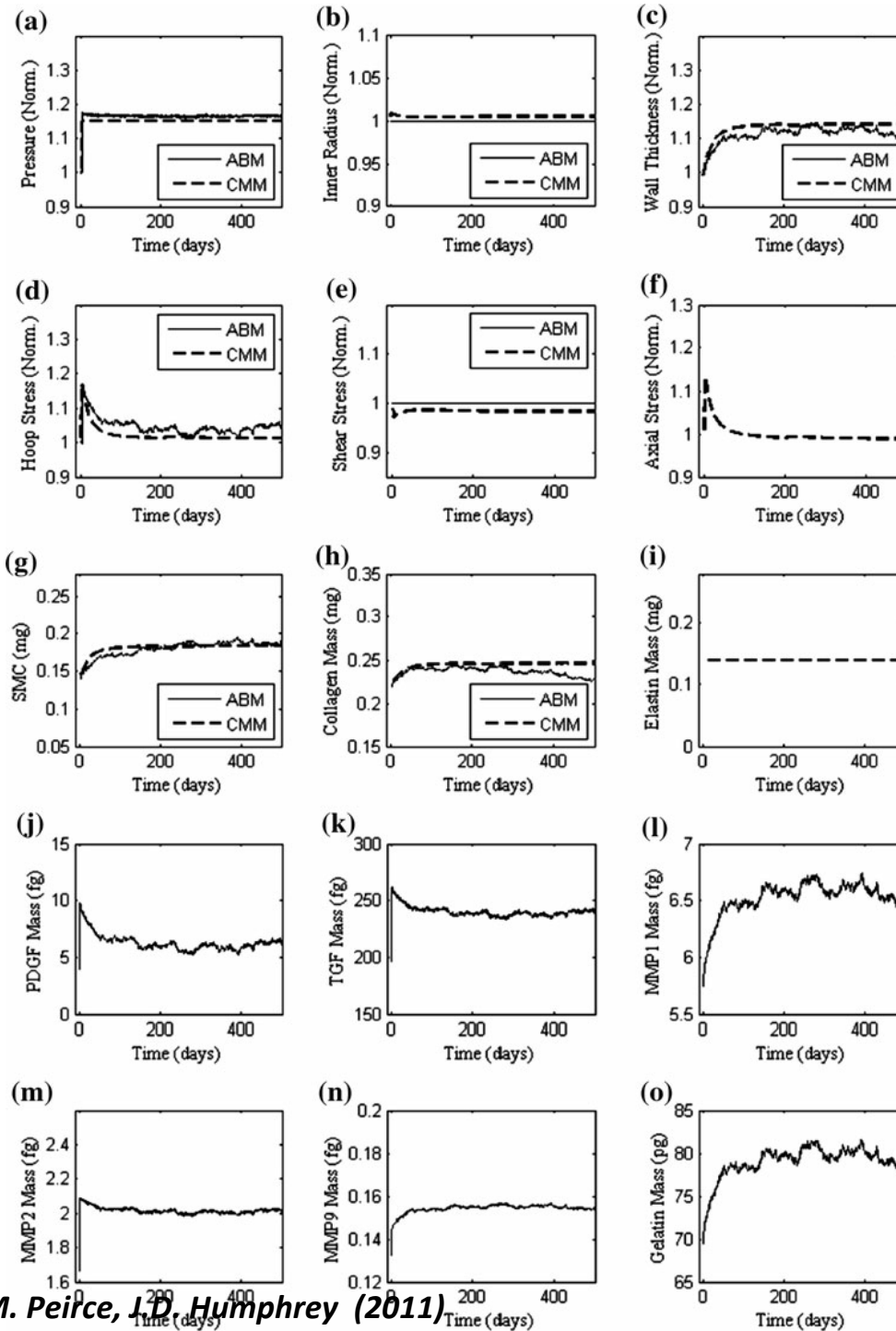
No congruency
check



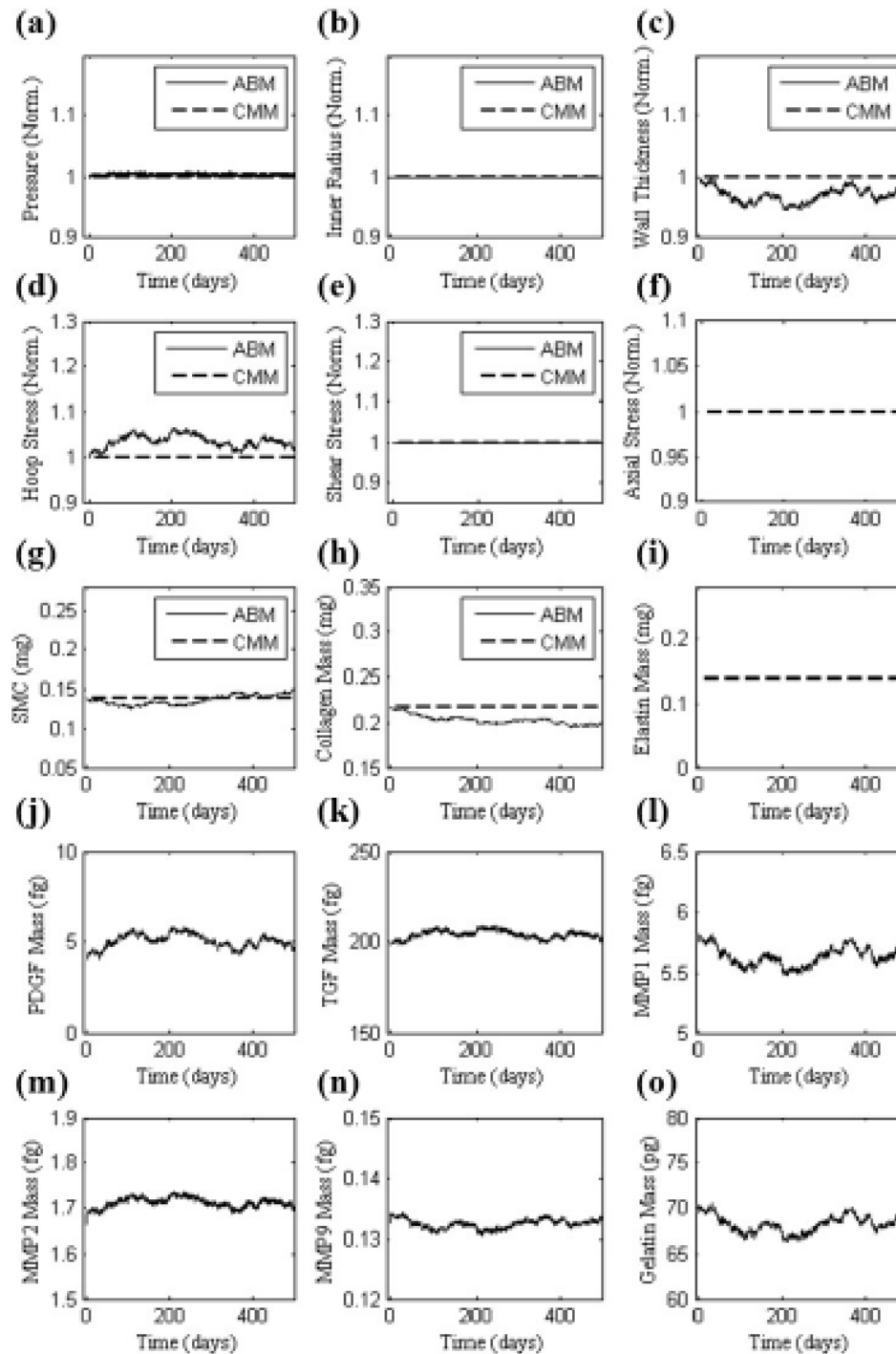
With congruency
check



With
congruency
check of
different input



With
congruency
check
(normotensive)



Model Validation

Experiment	Return to normal wall stress	Citation
Systolic pressure increase of 24% in rats	140 days	Wolinsky (1972)
Systolic pressure increase of 30% in rats	126 day	Matsumoto & Hayashi (1994)

Model	Return to normal wall stress
CMM Systolic pressure increase of 30% in mouse	70 days
ABM Systolic pressure increase of 30% in mouse	350 day
With congruency (both ABM and CMM)	125



Summary

Confidence Scoring of ABM Rules

1. ARTICLE AGREEMENT

- 0 = 0
- 1 or 2 = 5
- 3 or 4 = 7
- 5 or 6 = 9
- 7 and above = 10

2. PHYSIOLOGICAL METHODS

- In vivo*, non-linear, residual, anisotropy, heterogeneity accounted for = 10
- Ex vivo*, pre-conditioned, acute testing, comp. sound = 8
- Ex vivo*, cultured, pre-conditioned, comp. sound = 6
- In vitro*, acute testing, environment sound = 4
- In vitro*, culture = 2

3. SIMILARITY

- Cell type: endothelial or SMC = 10; all others = 0
- Organ system: arterial = 10; other vessels or organs = 0
- Species: mouse = 10; all others = 0
- Environmental conditions: *in vivo* = 10; all others = 0*

4. DATA TYPE

- Numerical = 10
- Theoretical = 6
- Descriptive = 2
- Measured directly = 10; protein determination by absorbance, electrophoresis
- Measured indirectly = 6; amount inferred through the magnitude of fluorescence/stain intensity
- Extrapolated = 4
- Descriptive = 2

Confidence Scoring of ABM Rules

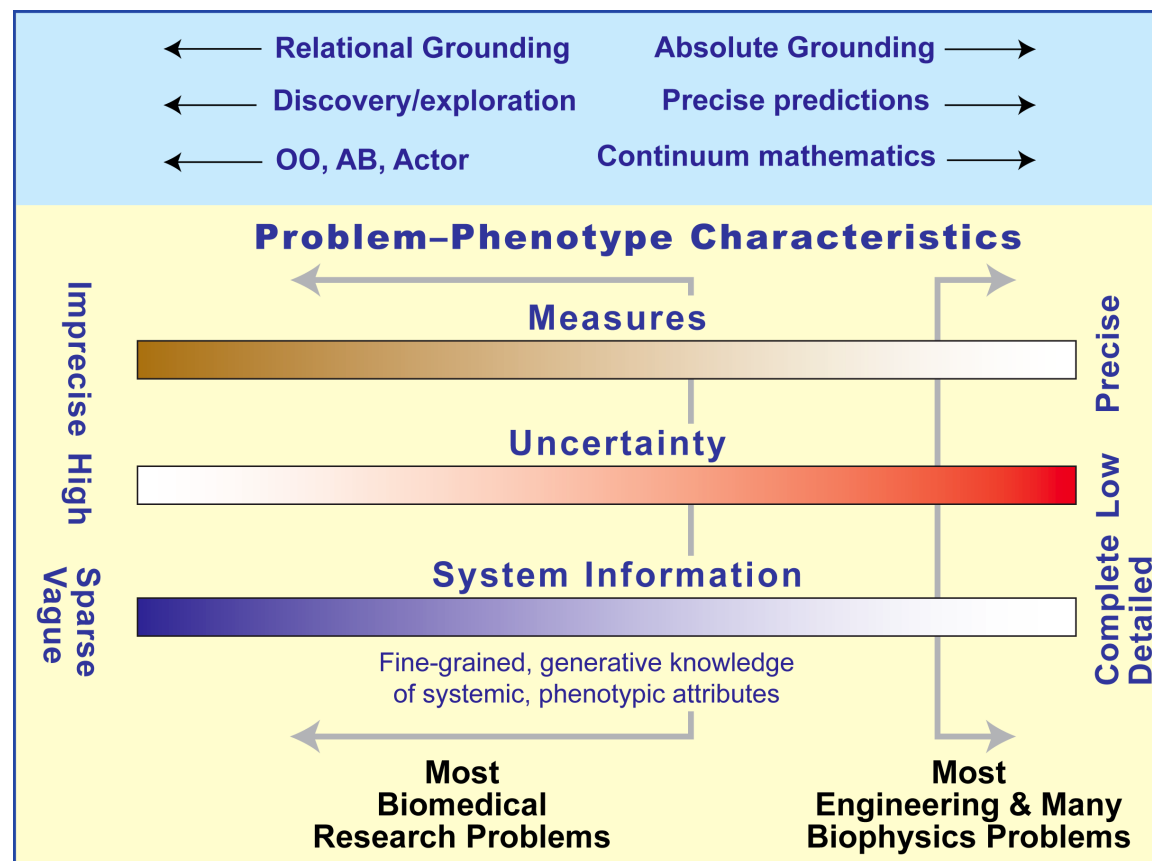
Rule	SMC production of PDGF-AB (stress dependent)			
	Researcher 1		Researcher 2	
	Li et al. (1995)	Ma et al. (1999)	Li et al. (1995)	Ma et al. (1999)
1. Article agreement	0	7	5	5
2. Physiological methods	6	4	6	6
3a. Same species	0	0	0	0
3b. Same organ	10	10	10	10
3c. Same cell type	10	10	10	10
3d. Same <i>in vivo</i> state	5	5	10	10
3. Similarity metric total:	6.25	6.25	7.5	7.5
4a. Numerical	10	10	10	10
4b. Measured directly	7	7	5	5
4c. Many data points	2	4	2	2
4. Data type total	6.33	7	5.67	5.67
Average confidence	4.65	6.06	6.04	6.04
Composite score	5.36		6.04	

REVIEW

Open Access

Relational grounding facilitates development of scientifically useful multiscale models

C Anthony Hunt^{1*}, Glen EP Ropella², Tai ning Lam³ and Andrew D Gewitz⁴

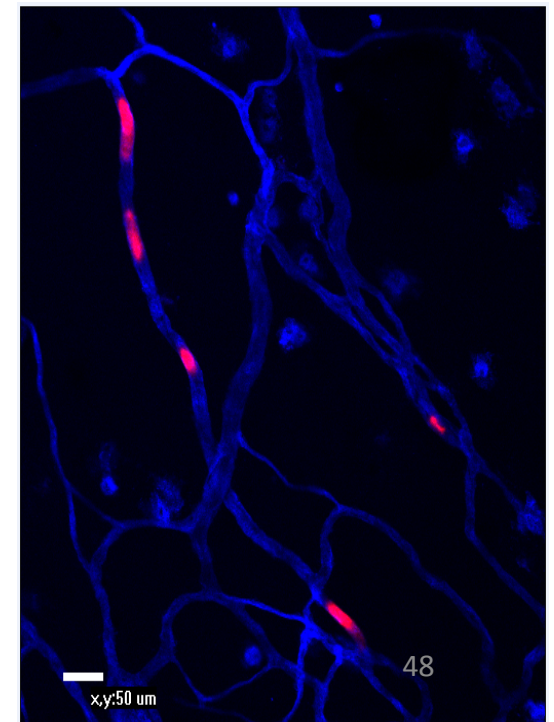


Utility of Computational Modeling

- Identify key parameters *(Drug target identification)*
- Quantitatively pinpoint voids in understanding *(Mechanism of action)*
- Compare alternative hypotheses *(Combination therapies)*
- Suggest and refine new hypotheses *(Determine side effects & compensatory pathways)*
- Calculate what can't be measured *(Predict dosing and potency)*



Accelerate discovery process

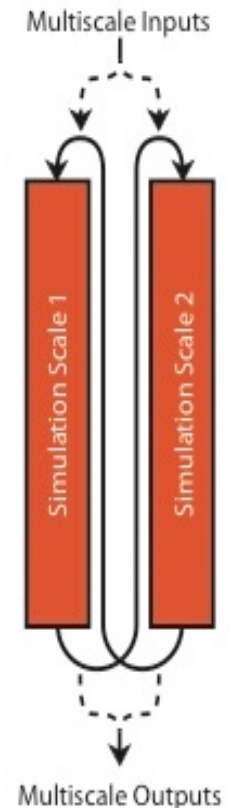


Utility of Multiscale Modeling



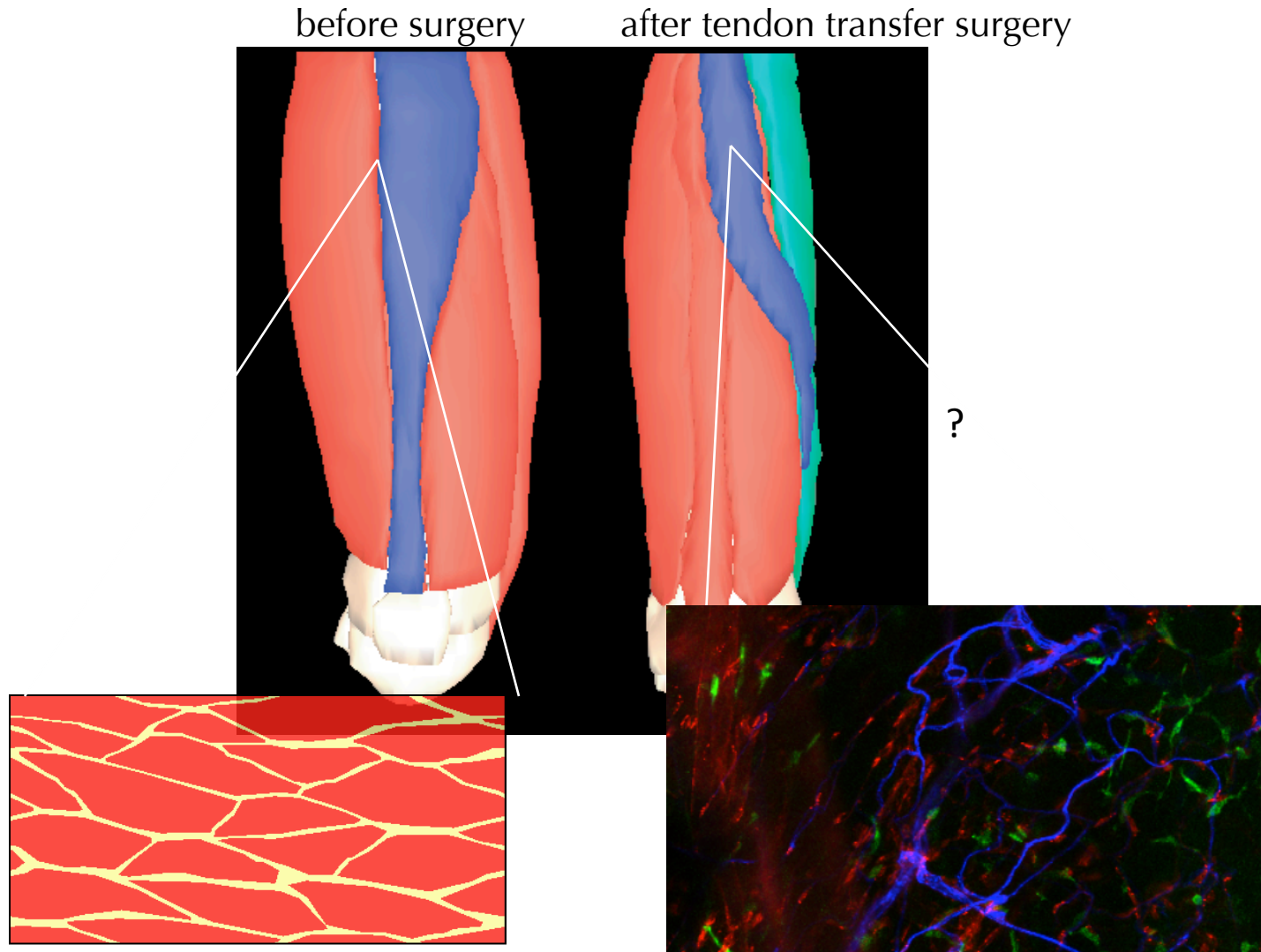
In our experience...

- Requires close collaboration & trust
- Conceptual challenges > computational challenges
- Experimental validation is no less important but it is easier?
- Model simplification strategies and choice of parameters in one model can impact predictions of the other
 - ✓ Sensitivity analysis is important
 - ✓ Internal validity checking
 - ✓ Validation against experimental data

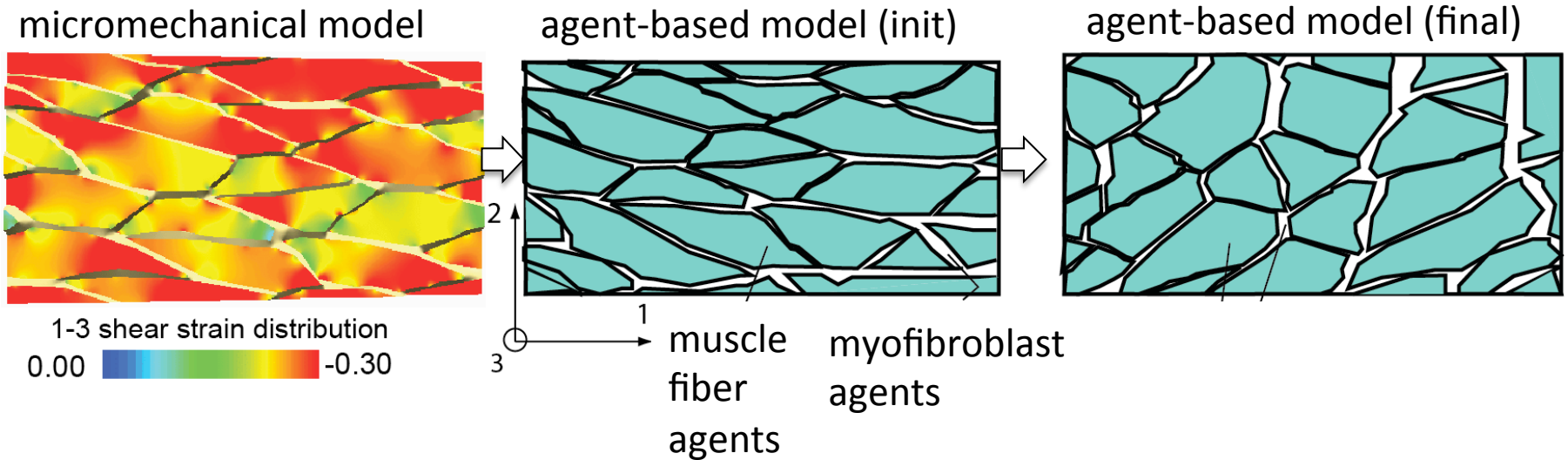


Future Work

Multiscale FE and ABM that predicts muscle tissue adaptation to surgery



Multiscale FE and ABM that predicts muscle tissue adaptation to surgery



Load-Image

Draw-Grid

Make Cell

Make Connections

Output-Dimensions

Move Cell Nodes

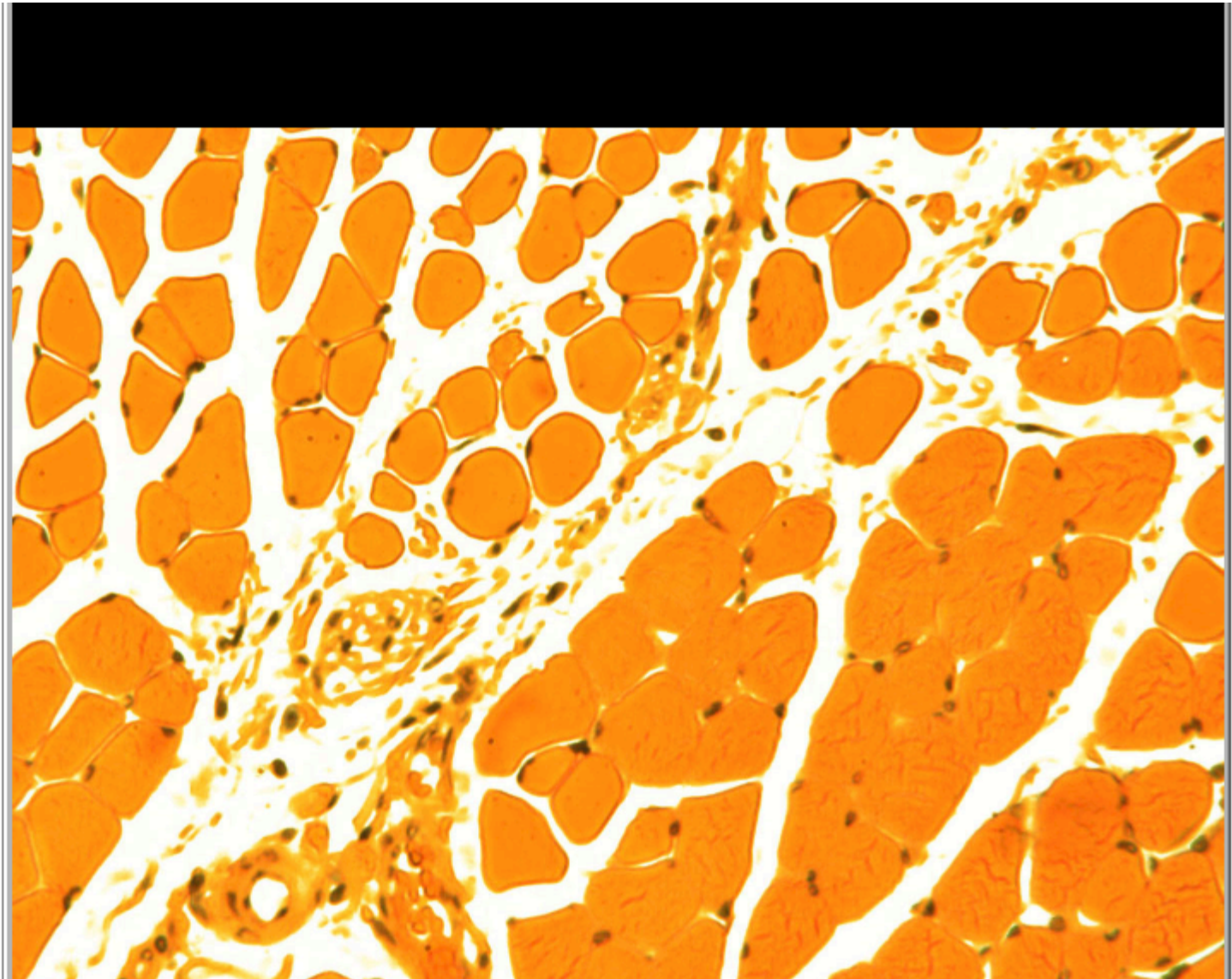
Clear Background

Delete Cells

Reset

Make Fibroblast

VEGFR2-Production 4.5



K. Martin, S.M. Peirce, S. Blemker

Load-Image

Draw-Grid

Make Cell

Make Connections

Output-Dimensions

Move Cell Nodes

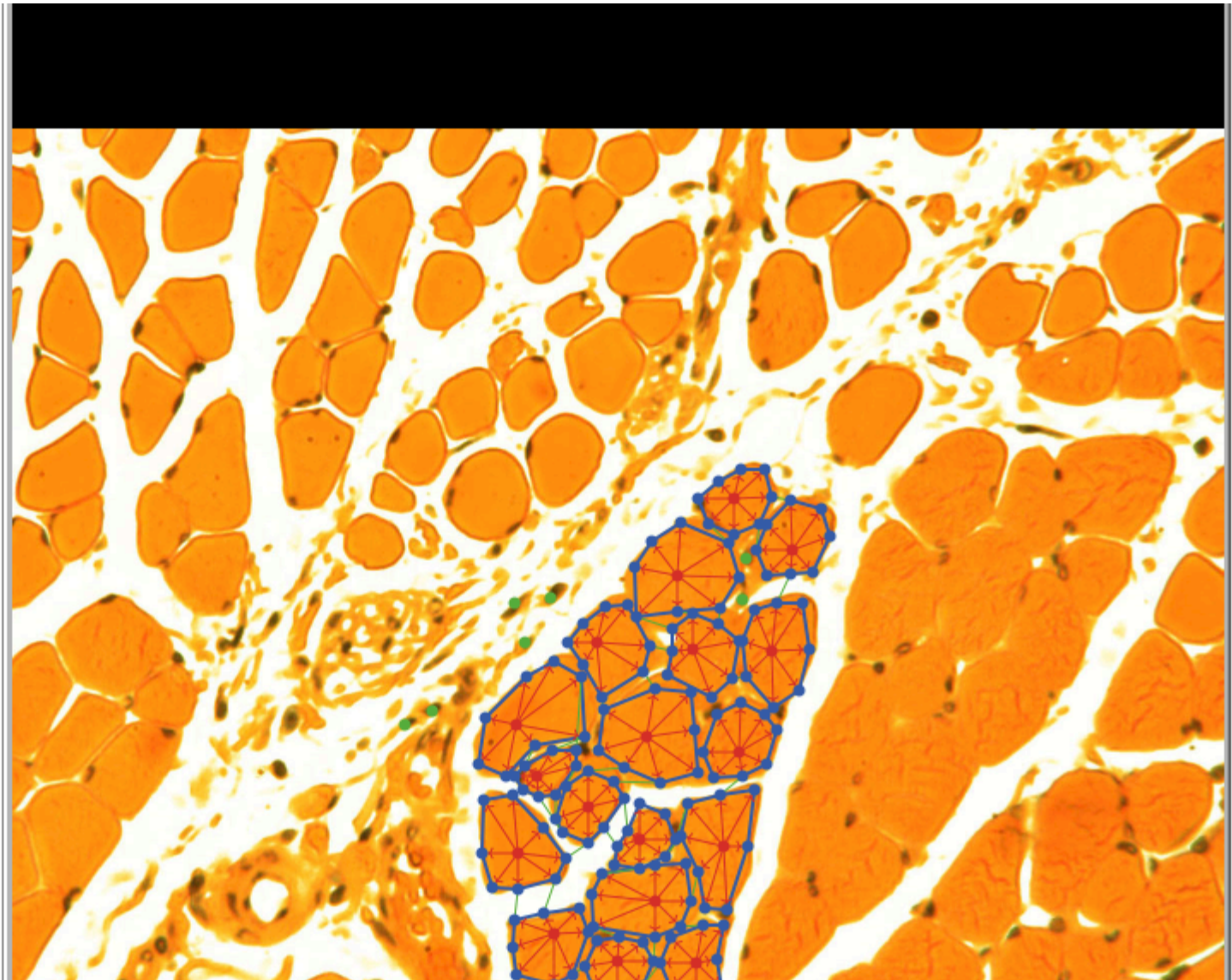
Clear Background

Delete Cells

Reset

Make Fibroblast

VEGFR2-Production 4.5



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Load-Image

Draw-Grid

Make Cell

Make Connections

Output-Dimensions

Move Cell Nodes

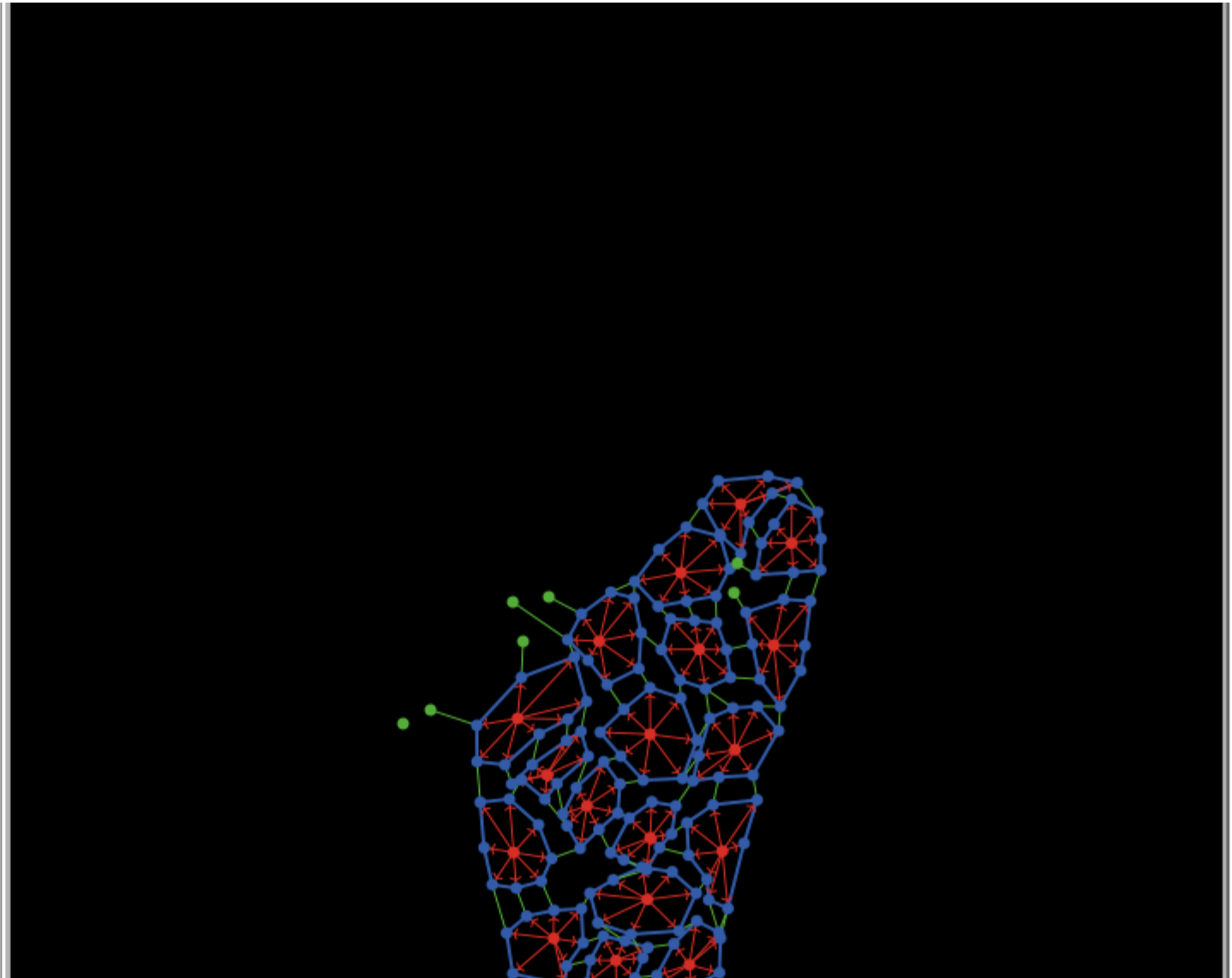
Clear Background

Delete Cells

Reset

Make Fibroblast

VEGFR2-Production 4.5



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