

# Cell Replication and Control

## Chronobiology

M. Dechesne

Department of Electrical Engineering and Computer Science  
Montefiore Institute  
University of Liège

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# Outline

- 1 Introduction
- 2 Cyclical Neutropenia
- 3 Model 1: Peripheral Loop
  - Equations
  - Mathematical analysis
  - Interpretation and conclusions
- 4 Model 2: Stem Cells
  - Equations
  - Mathematical analysis
  - Interpretation and conclusion
- 5 Summary

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# Blood Cells

Variety of blood cells. Among those:

- Erythrocytes (RBC)
- Megakaryocytes (evolve to platelets)
- Leukocytes (WBC):
  - Granocytes (neutrophils, basophils, eosinophils)
  - Monocytes
  - Lymphocytes (B and T)

All derived from the **hematopoietic stem cell** (morphologically undifferentiated).

# Blood Cells Regulation

## Stem cells

Balance between **self-renewal** and **differentiation**.

Local regulatory mechanism not well characterized.

## Blood cells

**Negative feedbacks:**

a mediator regulates **CFU apoptosis**

- *RBC*: erythropoietin  
Related to the demand for  $O_2$  in the body.
- *Platelets*: erythropoietin
- *Granulocytes*: G-CSF  
Also shortens maturation.

## Periodic diseases

### Internal origin

- Cyclical Neutropenia
- Periodic Chronic Myelogenous Leukemia
- Polycythemia Vera
- Aplastic Anemia

### Peripheral origin

- Periodic autoimmune hemolytic anemia
- Cyclic thrombopenia

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## Clinical data

### Description

Periodic fall in the circulating *neutrophils* numbers from normal values to very low values, but also oscillations from normal to high, in the levels of *platelets*, *monocytes*, *eosinophils*, and occasionally *reticulocytes* and *lymphocytes*.

### Fluctuations in putative regulators

- G-CSF: out-of-phase of neutrophil and in-phase with monocyte
- Erythropoietin: in phase with reticulocyte

*Question:* related to the causes of Cyclical Neutropenia or only secondary effects



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# Subjects

## Human

- Sporadically or inherited
- $\tau \sim 19\text{-}21$  days

## Grey collie

- Animal model (help for research!)
- $\tau \sim 11\text{-}15$  days

# Subjects

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# Control

## Phlebotomy

No effects.

## Hypertransfusion

- Eliminates reticulocytes cycling  
BUT reappear with *same phase* as hematocrit falls back
- No effect on neutrophil cycling

**Conclusion:** robustness to perturbation in peripheral control

## Cytokine therapy (=injection of G-CSF)

- Increase in mean numbers of neutrophil (10-20)
- In human: increase in the amplitude and decrease in the period (21-24 days)

# Origin

## Loss of stability

Two classes of models, according to the origin of the destabilization:

- *peripheral control loop* (negative feedback with delay)
- *control of stem cells* (abnormally large death rate)

Though they are clinical evidences in favor of the second class of models, the first one has been widely used to study this system.

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# Equations

Rate of change of the peripheral (circulating) white blood cell density:

$$\frac{dx}{dt} = -\alpha x + \mathcal{M}_0(\tilde{x})$$

where

$$\tilde{x} = \int_{\tau_m}^{\infty} x(t-u)g(u)du = \int_{-\infty}^{t-\tau_m} x(u)g(t-u)du$$

## Choice for $g(\tau)$

Density of the *gamma distribution* ( $a, m \geq 0$ ):

$$g(\tau) = \begin{cases} 0, & \tau \leq \tau_m \\ \frac{a^{m+1}}{\Gamma(m+1)} (\tau - \tau_m)^m e^{-a(\tau - \tau_m)} & \tau_m < \tau \end{cases}$$

- Good fit on the existing data
- Used intensively to fit distributions of cell cycles times



# Parameter Identification

Experimental data:  $t_{1/2}$  and  $N(t)$

Disparition rate

$$\alpha = \frac{\ln 2}{t_{1/2}} \in [1.7, 2.4](days^{-1})$$

Density function

$$g(t) = \alpha N(t) + N'(t)$$

→ estimation of parameters  $a$  and  $m$

# Steady State

Solution of the equation

$$\alpha x^* = \mathcal{M}_0(x^*)$$

- **Unique** as  $\mathcal{M}_0$  is monotone decreasing
- Independent of  $g(\tau)$   
BUT stability depends on  $g(\tau)$

# Stability analysis

## Transcendental equation

Linearization  $z = x - x^*$ :

$$\frac{dz}{dt} \approx -\alpha z + \mathcal{M}'_{0*} \tilde{z}$$

If  $z(t)$  has the form  $e^{\lambda t}$ , we get:

$$\lambda + \alpha = \mathcal{M}'_{0*} \left( \frac{a}{\lambda + a} \right)^{m+1} e^{-\lambda \tau_m} \quad (1)$$

which has an infinity of solutions

# Stability analysis

## Bifurcations

Locus of the (supercritical) Hopf bifurcation of (1) in the  $(\alpha, \mathcal{M}'_{0*})$  parameter space:

$$\alpha(\omega) = -\frac{\omega}{\tan[\omega\tau_m + (m+1)\tan^{-1}(\omega/a)]}$$

$$\mathcal{M}'_{0*}(\omega) = -\frac{\omega}{\cos^{m+1}[\tan^{-1}(\omega/a)] \sin[\omega\tau_m + (m+1)\tan^{-1}(\omega/a)]}$$

$$\left. \frac{d\lambda}{d\mathcal{M}'_{0*}} \right|_{\lambda=i\omega} < 0$$

## Possible sources of destabilization

### Alteration of the characteristics of $g(\tau)$

*Problems:*

- Experimental data: lowering of the curve (in the stability zone)
- $x^*$  independent of  $g(\tau)$

→ incapable of singlehandedly inducing an instability

### Decrease of $\mathcal{M}'_{0*}$ (and $\mathcal{M}_{0*}$ so that $x^*$ decreases)

*Problem:* the calculated period at bifurcation are shorter than all the period observed

# Conclusion

The proposed model has to be **rejected**  
Thus, the oscillations are probably due to a destabilization on the control process of stem cells. This solution is explored in model 2.

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# Equations

Coupled differential delay equations:

$$\begin{aligned}\frac{dP}{dt} &= -\gamma P + \beta(N)N - e^{-\gamma\tau} \beta(N_\tau)N_\tau \\ \frac{dN}{dt} &= -[\beta(N) + \delta]N + 2e^{-\gamma\tau} \beta(N_\tau)N_\tau\end{aligned}$$

where

$$\beta(N) = \frac{\beta_0 \theta^n}{\theta^n + N^n}$$



## Steady States and Stability Analysis

$$(P_1^*, N_1^*) = (0, 0)$$

- *Stable* if it is the only steady state.
- *Unstable* otherwise.

$$(P_2^*, N_2^*) > (0, 0)$$

Stability depends on  $\gamma$ :

- *Unstable* if  $0 < \gamma_{crit,1} < \gamma < \gamma_{crit,2}$  with **supercritical Hopf bifurcation** at  $\gamma = \gamma_{crit,1}$ .
- *Stable* otherwise

Result in good agreement with the experimental data:

$$\gamma_{max}^{CN} \approx 7\gamma_{max}^{norm}$$

Although the model predicts other types of bifurcations (and even chaos), those are obtained only for non-physiological values

## Effect of G-CSF

The main effect of G-CSF is to reduce apoptosis.

In model 2, this correspond to a reduction of  $\gamma$ , thus favorizing a return in the stable zone.

This suggest possible injection of G-CSF in patients, to reduce Cyclical Neutropenia symptoms.

Note that the situation is a bit more complicated in reality, as they are also effects linked with GM-CSF, but those are not yet well-understood.

# Conclusion

The proposed model succeed to modelize different features:

- apparition of Cyclical Neutropenia
- effect of G-CSF

Thus, it can be **conserved** for further analysis.

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# Summary

To modelize WBC regulation, and especially the apparition of Cyclical Neutropenia, we examined 2 models:

- The first one was based on a *destabilization in the peripheral loop, due to variations of  $\mathcal{M}'_{0*}$  or of parameters of  $g(\tau)$* . As it failed to modelize Cyclical Neutropenia, and to fit with clinical data, it had to be **rejected**.
- The second one was based on a *destabilization in the control loop of the stem cell population, due to delay and increase in apoptosis*. This model has been **validated** for Cyclical Neutropenia and effect of G-CSF.