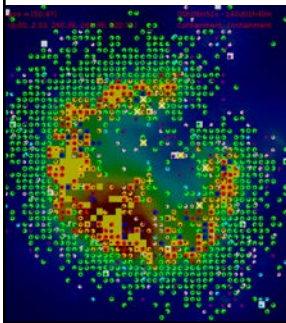


# a Multi-scale systems biology approach toward tuberculosis infection interventions



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1

## Acknowledgments



### Fantastic Collaborators:

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- Sriram Chandrasekaran (UM )
- Bree Aldrige (Tufts)

### My Amazing group at UM



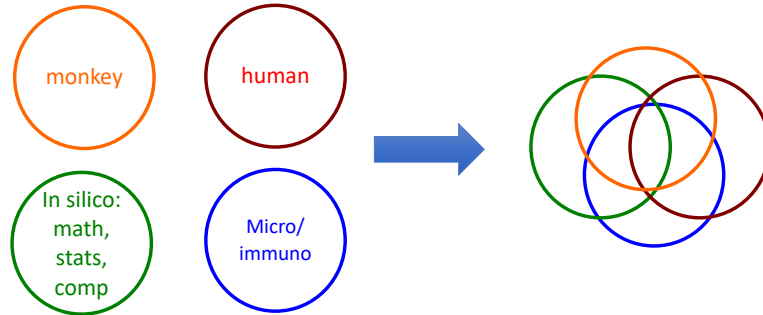
Past lab members: Elsje Pienaar, PhD Purdue  
Simeone Marino, PhD UM

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2

## What is a *systems biology* approach?

Integration of data from multiple model systems to understand a complex biological problem and address open questions

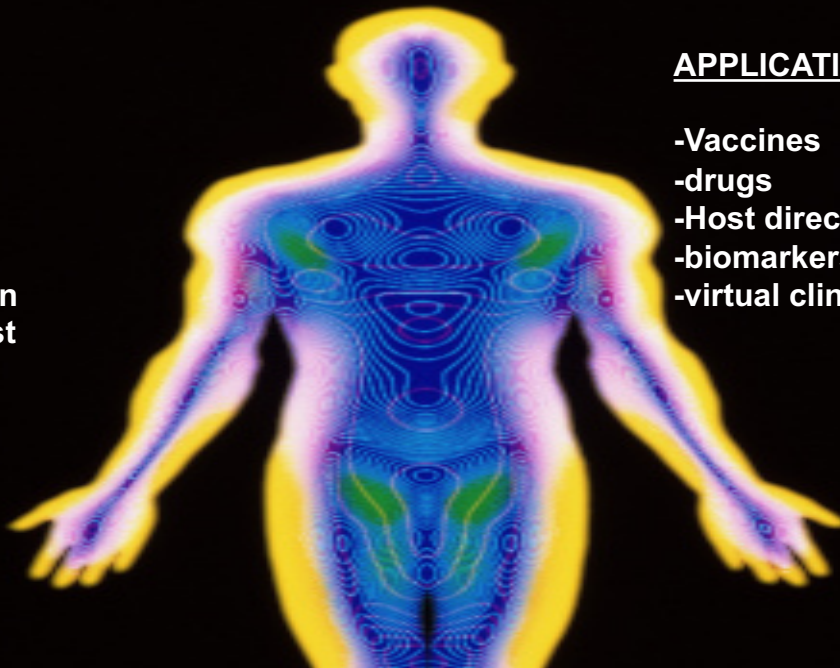


3

## Building a virtual human: personalized medicine via systems biology

### SCALES

Molecular  
Cellular  
Tissue  
Organ  
Multi-organ  
Whole host



### APPLICATIONS

-Vaccines  
-drugs  
-Host directed therapies  
-biomarkers  
-virtual clinical trials

4

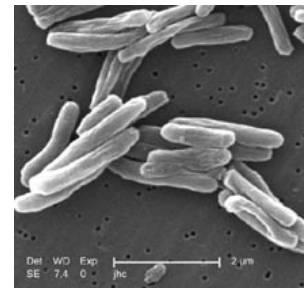
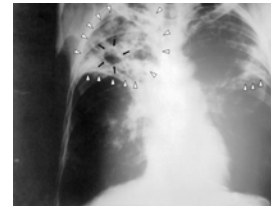
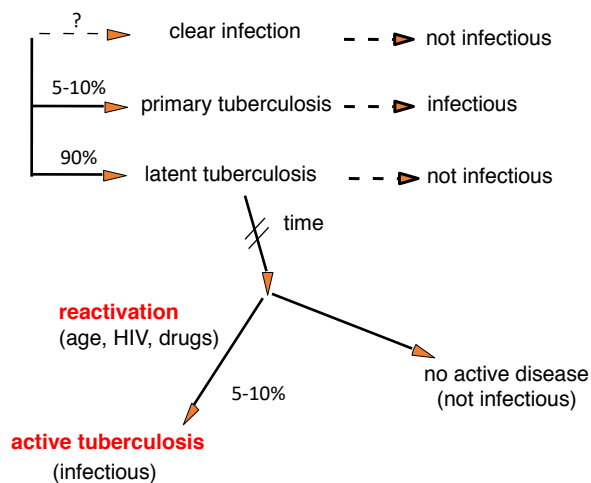
## Frontier: Emergent vs Re-emergent diseases

- **Emerging diseases** are those that were previously unknown to have afflicted humans
  - like AIDS, Ebola, SARS ← *These are viral driven*
- **Reemerging diseases** are familiar scourges whose incidence is rising, or whose geographical range was expanding
  - Cholera or **Tuberculosis** ← *These are bacterial driven*
  - *Malaria* ← *Parasite driven*

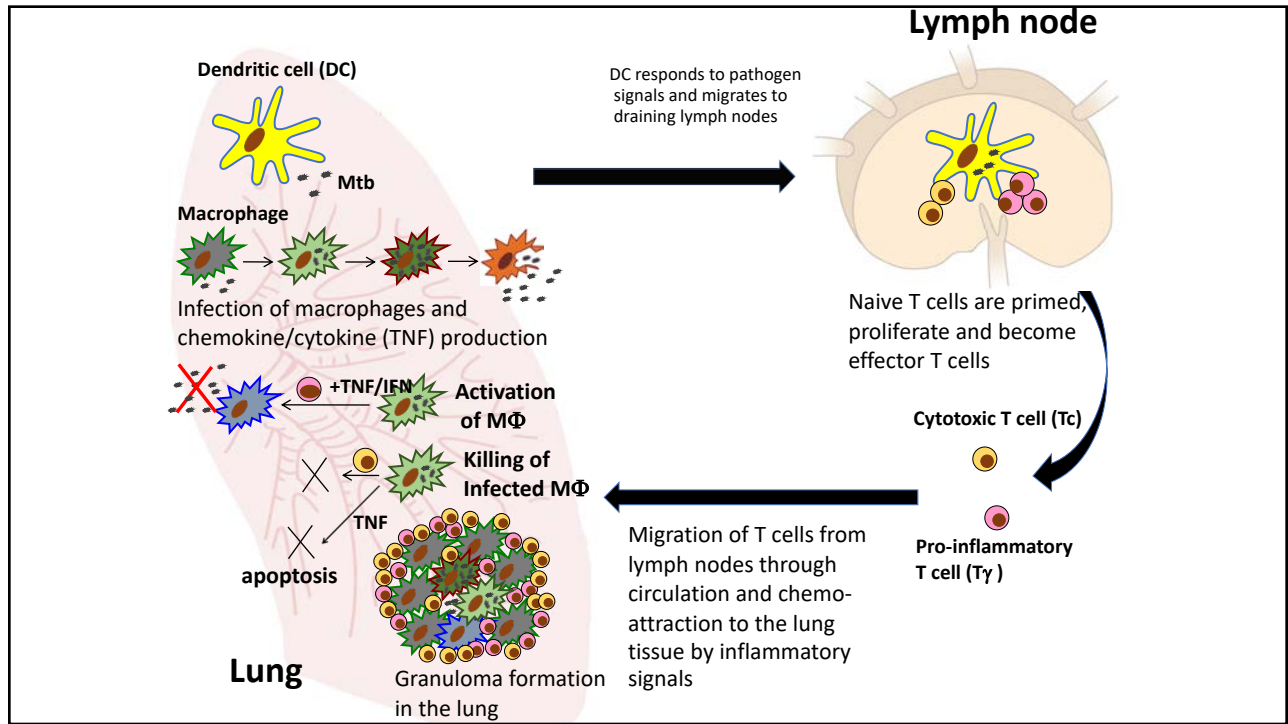
5

### Tuberculosis (TB):

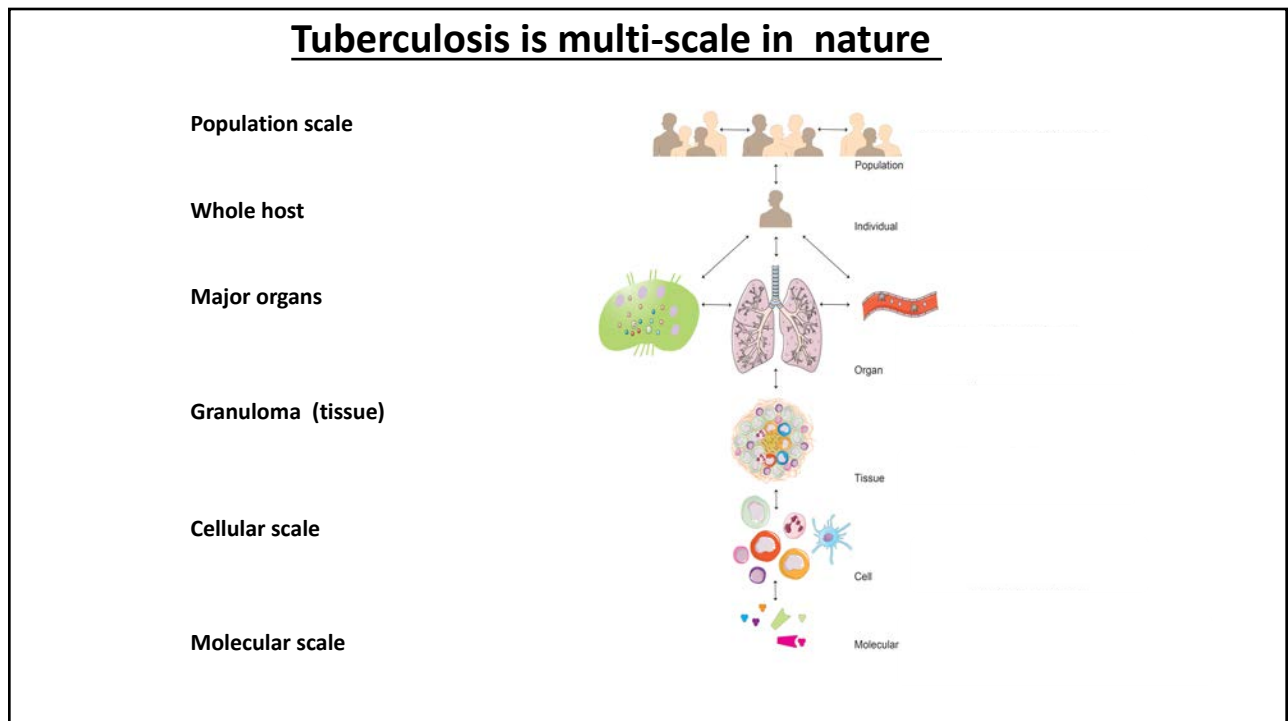
Infectious disease caused by *Mycobacterium tuberculosis* (Mtb).  
 One-third of the world's population is infected with Mtb, and new infections occur at a rate of one per second.  
 3 people die every minute, i.e. ~1.5 million deaths/year.



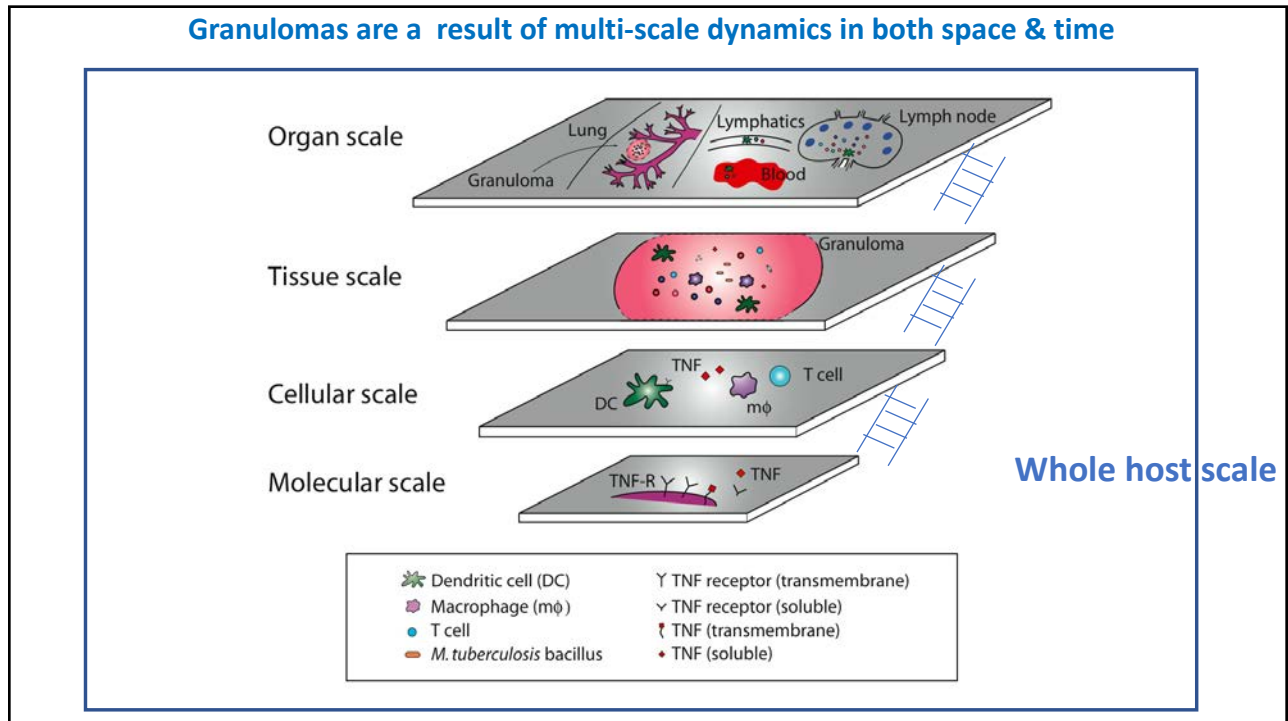
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7



8



9

## GranSim

### Cellular/tissue scale Model--

An agent-base hybrid model that captures discrete cellular dynamics via a set of well-described interactions between immune cells and Mtb leading to tissue scale outcomes

**Tissue scale**

**Cellular scale**

Chemokine-dependent movement	Cell recruitment from a vascular source	
8 possible directions	Death due to age	
$M_t$ (or M) cytotoxicity by $T_c$	$T_c$ (IFN- $\gamma$ ) induced mac activation	+ TNF-induced NF- $\kappa$ B activation
	Infection	Downregulation of a $T_c$ or $T_{reg}$ by $T_{reg}$
Uptake of bacteria	Intracellular and extracellular growth of Mtb	Killing of extracellular Mtb by $M_t$
Chronic infection	$M_t$ bursting	TNF-induced apoptosis (half of ext. Mtb get killed, the other half survive)
	Secretion and 2-D diffusion of chemokines, TNF and shed TNFR2	Downregulation of a mac by a $T_{reg}$

2mm x 2mm Lung tissue

Vascular sources

-Immune cells T and Mp

-Bacteria

-Cytokines

-chemokines

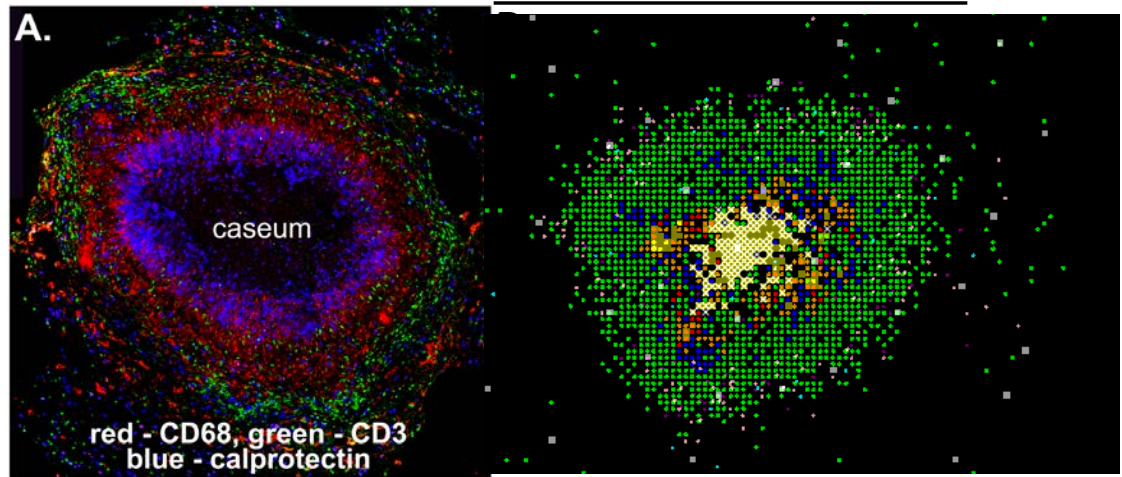
**\*\*Leads to "emergent behavior"**

\*Segovia-Juarez et al J. Theor Biol. 2004  
 \* Ray et al, J. Immunol. 2009

10

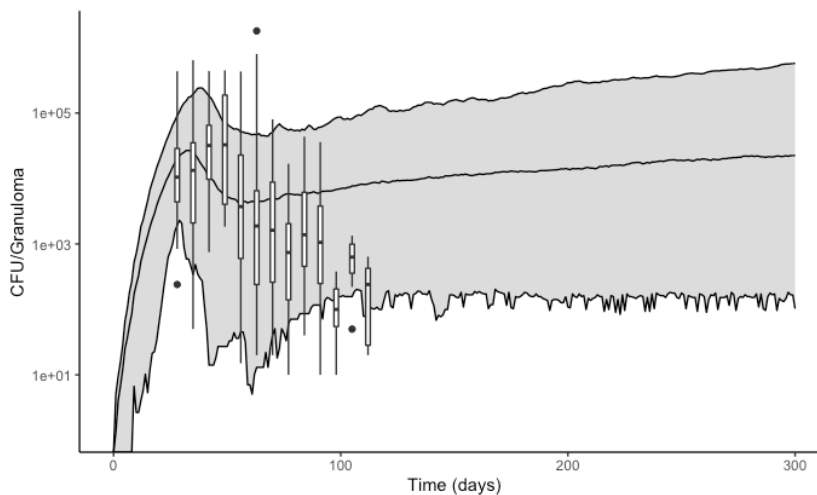


## Experimental & computer-generated granulomas



11

## GranSim match to 600 granulomas from NHPs



Louis R. Joslyn\*, et al, Temporal and spatial analyses of TB granulomas to predict long-term outcomes (in press for) 2020  
 Marissa Renardy et al [Global sensitivity analysis of biological multi-scale models](#), Curr Opin Biomed Eng. 2019 Sep; 11: 109-116  
 , Volume 11, DOI: [10.1016/j.cobme.2019.09.012](https://doi.org/10.1016/j.cobme.2019.09.012), PMID: [32864523](https://pubmed.ncbi.nlm.nih.gov/32864523/), PMCID: [7450543](https://pubmed.ncbi.nlm.nih.gov/7450543/)

12

## Frontier: TREATMENT ---Standard TB therapy

6-9 months of up to four antibiotics

1. isoniazid (INH)
2. rifampin (RIF)
3. ethambutol (EMB)
4. pyrazinamide (PZA)

HRZE  
~95% effective for  
drug-sensitive TB

### Treatment shortcomings

- \*Too long
- \*Side-effects
- \*Poor adherence
- \*Drug resistance
- \*Granulomas are heterogeneous
- \*Patients are heterogeneous

Many other  
antibiotics in  
development/trials

13

13

## What's the best antibiotic regimen?

### Regimen design space (RDS)

Treatment segments (M)	2
Number of drugs (c)	10
Drugs per segment (n)	4
Dose (D, mg/kg)	5
Frequency (F, week <sup>-1</sup> )	7

Number of possible regimens:

$$\text{RDS} = \left( \binom{c}{n} (D \times F)^n \right)^M = 9.9 \times 10^{16}$$

Cicchese *et al.* CMBE (2017)

- Too many options to test
  - Clinically or computationally



- Optimization problem
  - Best x to minimize or maximize some objective function(s)

14

14

# Pharmacokinetics/pharmacodynamics in a single granuloma

Tissue pharmacokinetics includes

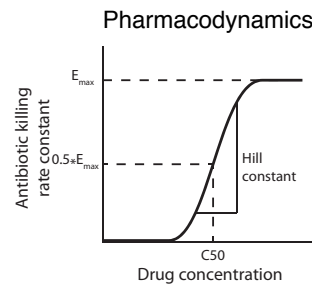
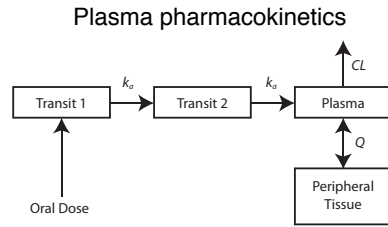
- Vascular permeability
- Diffusion
- Binding to environment
- Partitioning into cells

Pharmacodynamics

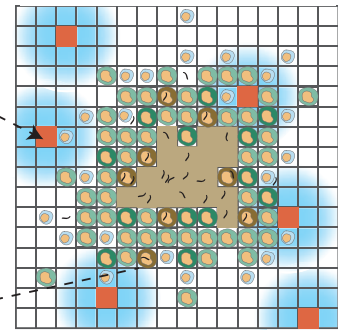
- Assuming antibiotics are indifferent
- Combined effect is equal to maximum of the individuals

$$k = E_{max} \frac{C^h}{C^h + C_{50}^h}$$

Kjellsson *et al. AAC* (2015)  
 Pienaar *et al. JTB* (2015)  
 Cicchese *et al. Front. Pharm.* (2020)

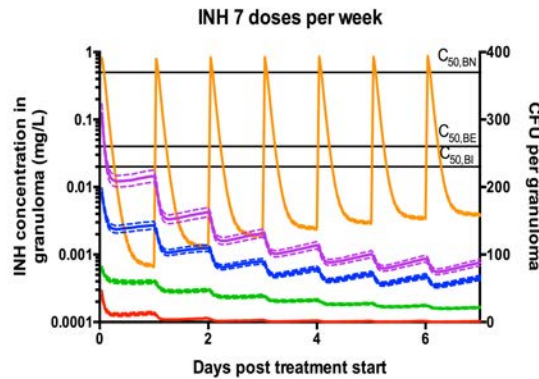


Tissue pharmacokinetics in agent-based environment



- Resting macrophage
- Activated macrophage
- Infected macrophage
- T-cell
- ⌋ *Mycobacterium tuberculosis*
- Vascular Source
- Caseum
- Antibiotic Concentration

## 2. Predicting granuloma antibiotic exposure



Concentration oscillates between above and below effective concentrations

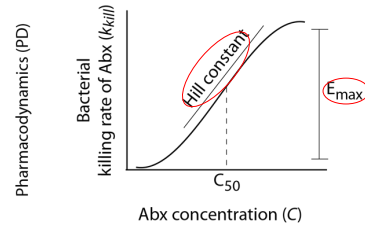
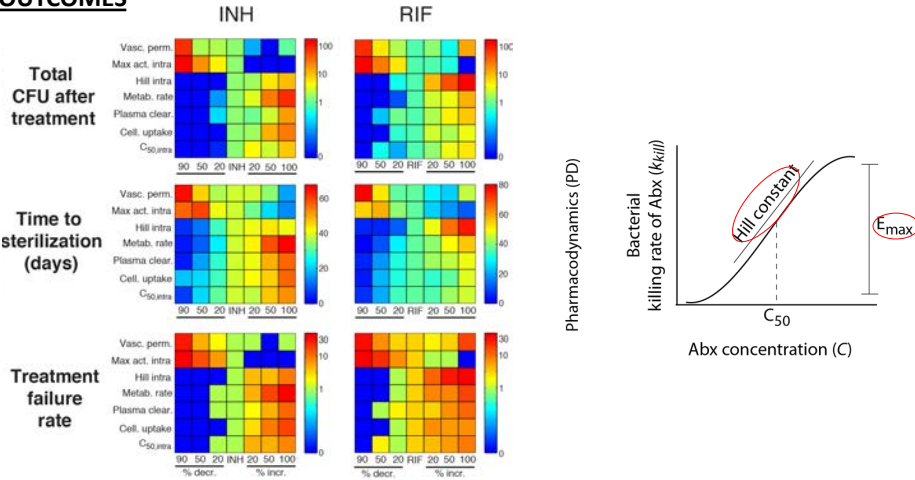
Pienaar *et al. BMC Sys. Bio.* (2015)

Orange trace – INH concentration over time  
 Purple trace – Total bacteria over time



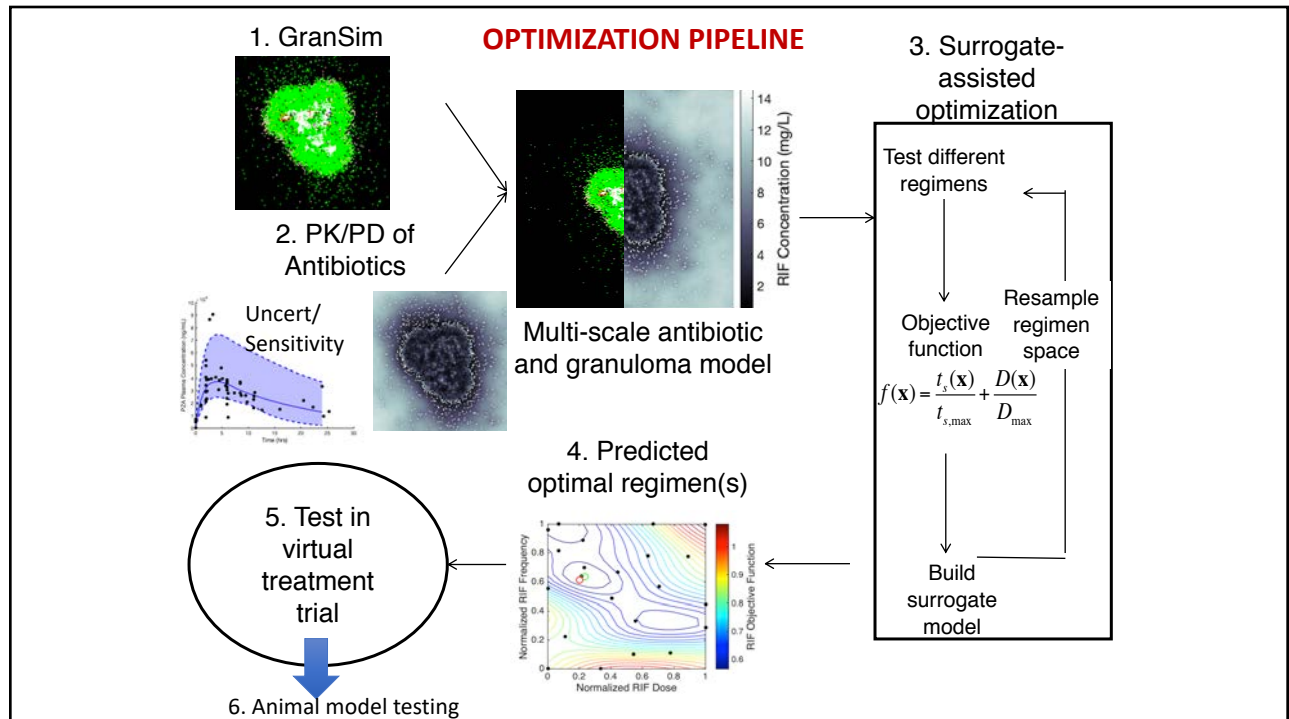
**Can we predict what can improve existing drugs?  
i.e. which PK and PD properties are good targets for modification?**

**OUTCOMES**



We use sensitivity and uncertainty analysis to determine this, Marino et al. JTB 2018

17



18

## Frontier: Vaccines: Modeling and Tuberculosis

- Attenuated live vaccine with BCG (Bacille Calmette-Guerin strain)
- Given in most of the world (not in USA or UK)
- Low to very low efficacy with waning protection over time (0-80%)
- Vaccine invalidates PPD skin test which works very well
- IGRA test -interferon gamma release assay-mixed response to BCG vaccinated

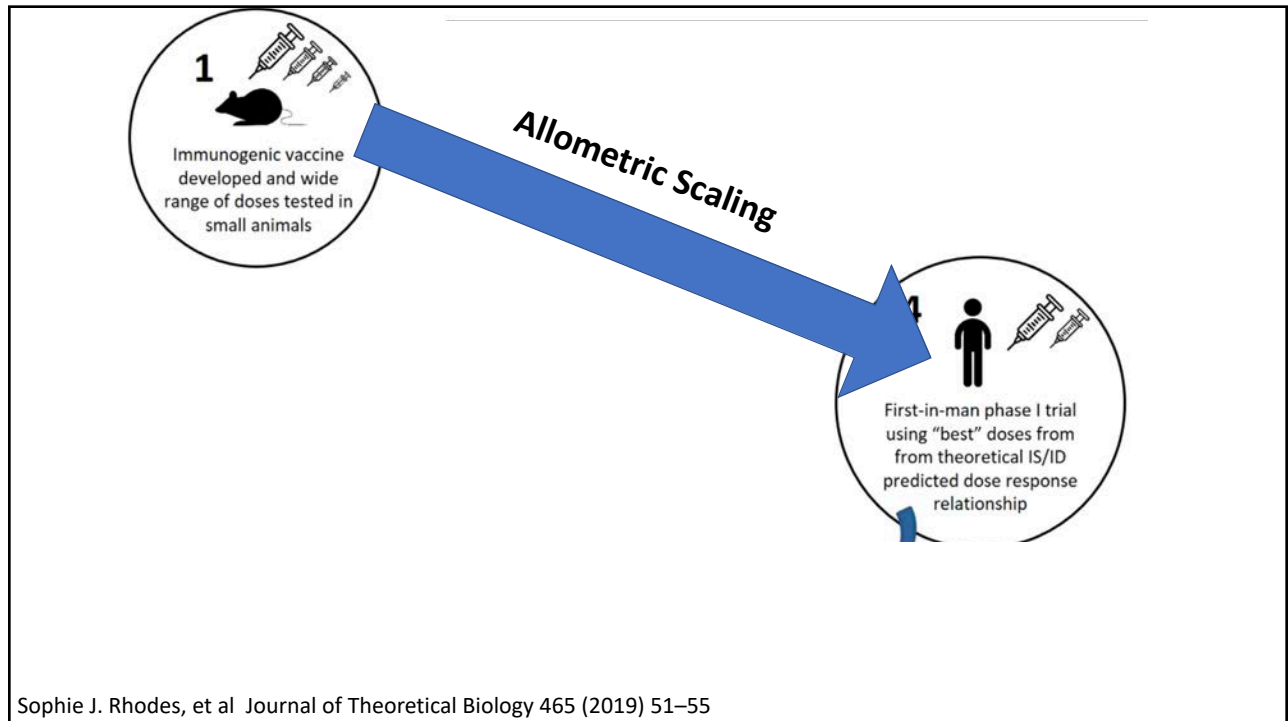
19

## Vaccine datasets through a systems biology lens

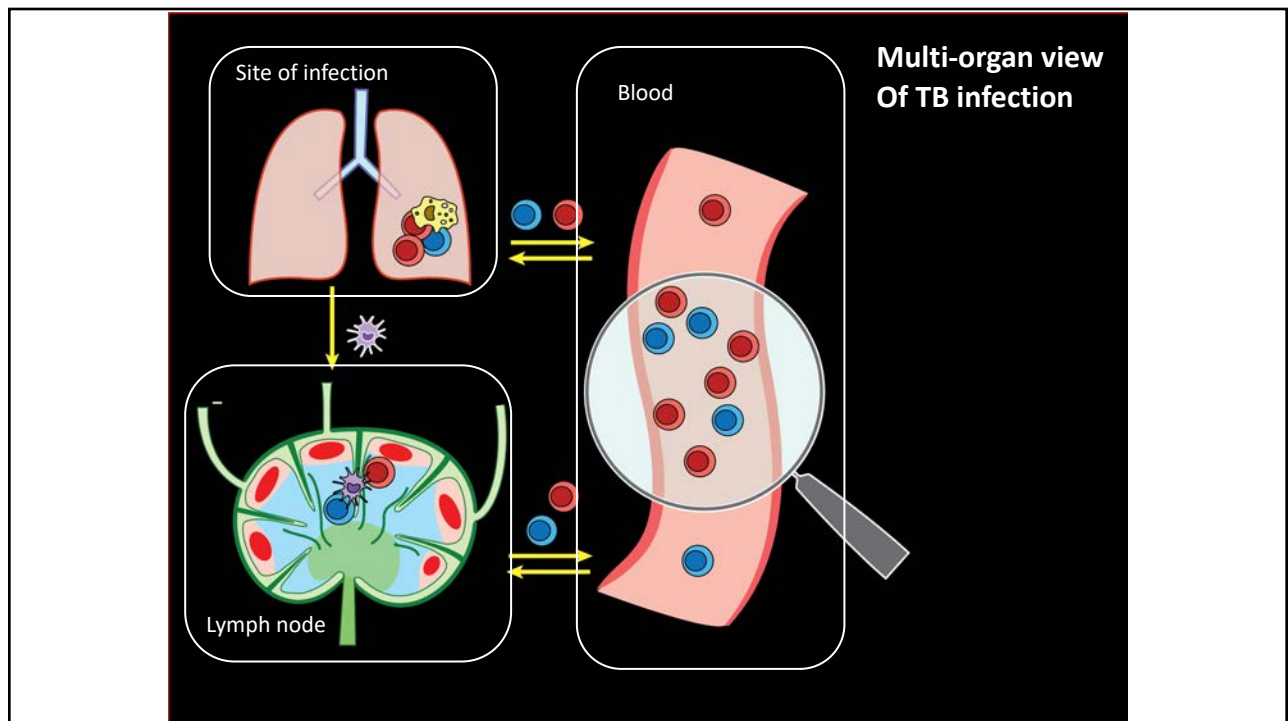
- Human studies go into Phase 1 after mouse studies
- NHP are also being used to study vaccine efficacy
- Can modeling help decipher differences in vaccine responses between species and predict better or even optimal dosing?
- **immunostimulation/immunodynamic (IS/ID) modeling**

Sophie J. Rhodes, et al Journal of Theoretical Biology 465 (2019) 51–55

20

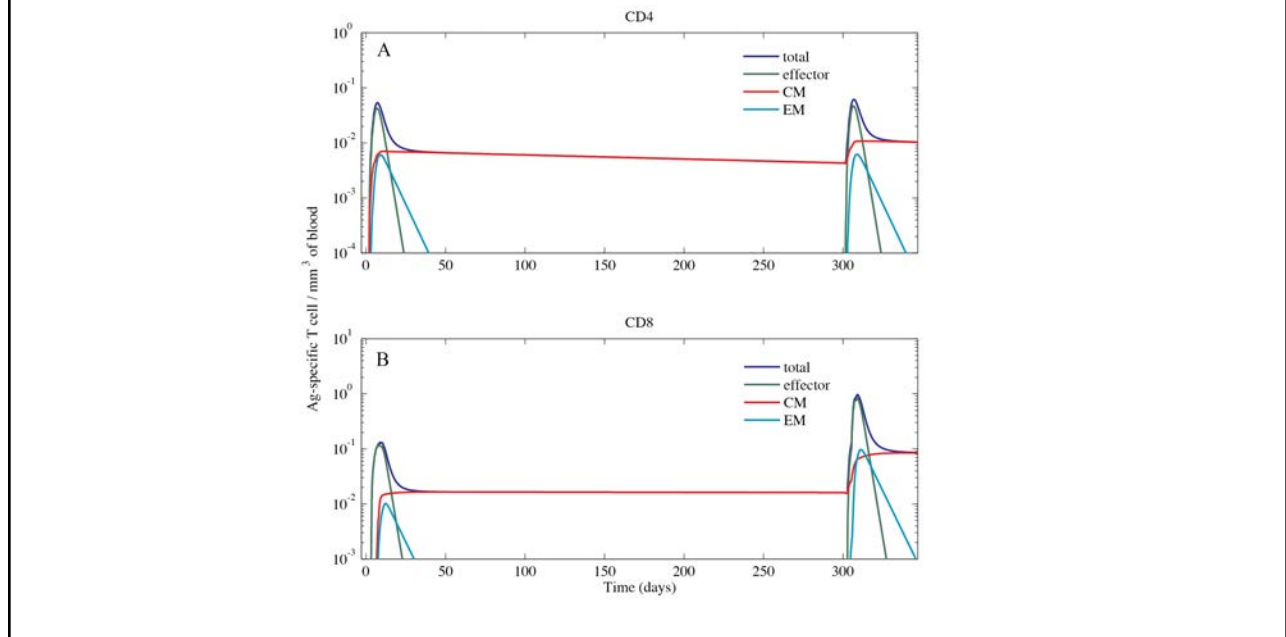


21

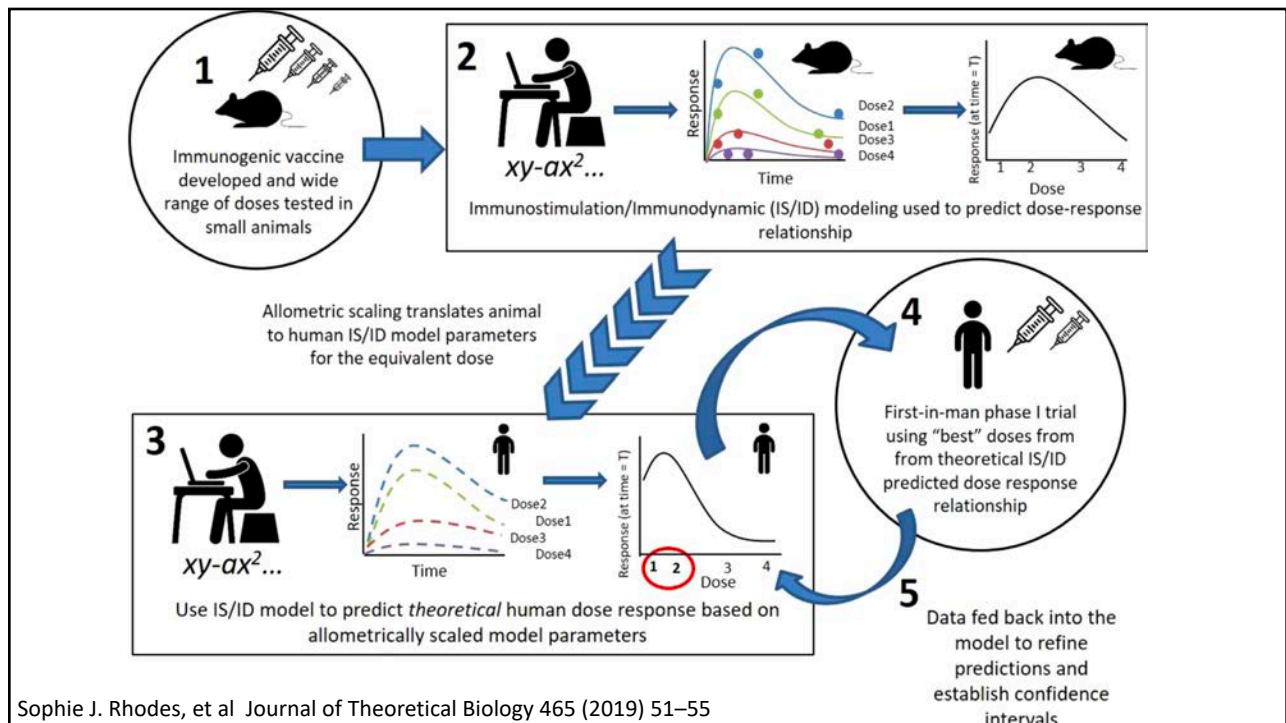


22

# Memory T cells induce enhanced immunity in recall challenge



23



Sophie J. Rhodes, et al Journal of Theoretical Biology 465 (2019) 51–55

24

## Modeling can distinguish mechanisms behind animal model outputs from human outputs (sensitivity analysis)

**TABLE 3** | Significant PROCs for Ag85B immune response outcomes.

Ag85B	Central memory	Effector	Effector memory
NHP	central memory reactivation rate; Likelihood of differentiation; precursor proliferation and differentiation into central memory cells; APC and precursor death rates	Likelihood of differentiation; precursor proliferation and differentiation into effector cells; effector, APC, and precursor death rates	precursor proliferation and differentiation into effector cells; APC and precursor death rates
Human	Likelihood of proliferation; precursor proliferation and differentiation into central memory; central memory recruitment rate; APC and precursor death rates	Likelihood of proliferation and differentiation; naive T cell recruitment; precursor proliferation and differentiation to effector; effector differentiation to effector memory; effector Lymph efflux; effector, APC, and precursor death rates	Likelihood of proliferation; precursor Proliferation; effector memory, APC, and precursor death rates

*One row represents humans, the other represents NHPs. Columns list the 3 model outcomes of interest—Ag85B-specific central memory, effector and effector memory T cell phenotypes. These outcomes were selected for analysis because the model was calibrated to their dataspace. Each table cell contains a general description of significant (i.e.,  $p < 10^{-3}$ ) parameters with respect to outputs of the model.*

Louis R. Joslyn et al, [Mathematical Studies to Determine the Influence of BCG Timing on H56 Vaccine Outcomes](#)  
Frontiers in Microbiology, 17 August 2018

25

## Tools we have developed or specialized to study multi-scale mathematical and computational models

- Mechanistic, multi-scale hybrid models- containing stochastic and probabilistic factors
- Uncertainty and Sensitivity Analysis quantification tools
- Model Calibration Tools
- Tuneable resolution tools- coarse and fine grain
- Parameter identifiability tools
- Optimization tools
- Machine learning on datasets combined with synthetic datasets

[malthus.micro.med.umich.edu](http://malthus.micro.med.umich.edu)

26

## Summary

- Mechanistic models are key to identifying key processes driving outcomes
- Prevention efforts for endemic diseases as important as for emergent diseases
- Within host modeling can aid significantly in identifying
  - vaccine targets, drug regimen optimization, drug development, drug targets
- Virtual clinical trials can speed time and save cost prior to human clinical trials
- Modeling can link within host infection dynamics to blood readouts- the most sampled compartment
  - This can also aid in biomarker discovery
- Modeling can distinguish differences between animal and human studies so they can be accounted for when translating data
- Collaborations **necessary** between experimental, clinical and computational/mathematical scientists and grant support to foster (**barrier**)
- *co-morbidities* are extremely important to consider (heart disease USA, HIV Africa) (**barrier**)
- Need to fund access to high throughput computing (**barrier**)