

The Immune-Mediated Theory of Metastasis

Thomas Hillen and Adam Rhodes, University of Alberta



Metastasis

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- ... do metastasis occur at sites of **injuries** ?
- ... are metastasis related to **chronic inflammations**?
- ... do metastasis (sometimes) not react to **immuno therapies**?



F1000Research

F1000Research 2016, 5:175 Last updated: 25 DEC 2016



Check for updates

OPINION ARTICLE

A new hypothesis: some metastases are the result of inflammatory processes by adapted cells, especially adapted immune cells at sites of inflammation [version 1; referees: 3 approved]

Leili Shahriyari

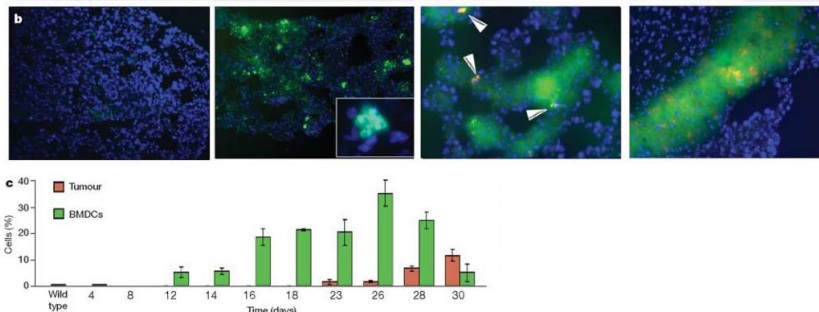
Mathematical Biosciences Institute, The Ohio State University, Columbus, OH, USA

Evidence of immune pro-tumor effects

Nature. 2005 Dec 8;438(7069):820-7.

VEGFR1-positive haematopoietic bone marrow progenitors initiate the pre-metastatic niche.

Kaplan RN¹, Riba RD, Zacharoulis S, Bramley AH, Vincent L, Costa C, MacDonald DD, Jin DK, Shido K, Kerns SA, Zhu Z, Hicklin D, Wu Y, Port JL, Altorki N, Port ER, Ruggero D, Shmelkov SV, Jensen KK, Rafii S, Lyden D.



[PLOS One](#). 2015; 10(7): e0132710.

PMCID: PMC4514595

Published online 2015 Jul 24. doi: [10.1371/journal.pone.0132710](https://doi.org/10.1371/journal.pone.0132710)

PMID: [26207636](https://pubmed.ncbi.nlm.nih.gov/26207636/)

Inflammation Mediated Metastasis: Immune Induced Epithelial-To-Mesenchymal Transition in Inflammatory Breast Cancer Cells

[Evan N. Cohen](#), ^{1, 5, 6} [Hui Gao](#), ^{1, 5} [Simone Anfossi](#), ^{1, 5, 6} [Michal Mego](#), ⁷ [Neelima G. Reddy](#), ¹ [Bisrat Debeb](#), ^{4, 5} [Antonio Giordano](#), ^{1, 5} [Sanda Tin](#), ^{1, 5, 6} [Qiong Wu](#), ^{1, 5} [Raul J. Garza](#), ^{1, 5} [Massimo Cristofanilli](#), ⁸ [Sendurai A. Mani](#), ^{3, 6} [Denise A. Croix](#), ⁹ [Naoto T. Ueno](#), ^{2, 5, 6} [Wendy A. Woodward](#), ^{4, 5, 6} [Raja Luthra](#), ¹ [Savitri Krishnamurthy](#), ^{3, 5} and [James M. Reuben](#) ^{1, 5, 6, *}

Nat Rev Immunol. 2015 Feb;15(2):73-86. doi: 10.1038/nri3789.

Immune cell promotion of metastasis.

Kitamura T¹, Qian BZ¹, Pollard JW².

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Immune cell promotion of metastasis.

Kitamura T¹, Qian BZ¹, Pollard JW².

□ Immune Regulation of the Metastatic Process: Implications for Therapy.

(PMID:27613132 PMCID:PMC5364524)

Abstract 

Citations

Related Articles

Data

BioEntities

External Links

de Mingo Pulido A¹ , Ruffell B²  

[Affiliations](#) ▶

[Advances in Cancer Research](#) [17 Jun 2016, 132:139-163]

Prediction of Bone Metastasis in Inflammatory Breast Cancer Using a Markov Chain Model

TAKEO FUJII,^{a,b,†} JEREMY MASON,^{d,i,†} ANGELA CHEN,^d PETER KUHN,^{d,f,g,h,i} WENDY A. WOODWARD,^{b,c} DEBU TRIPATHY,^a PAUL K. NEWTON,^{e,f,h}
NAOTO T. UENO^{a,b}

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NAOTO T. UENO^{a,b}



cancers

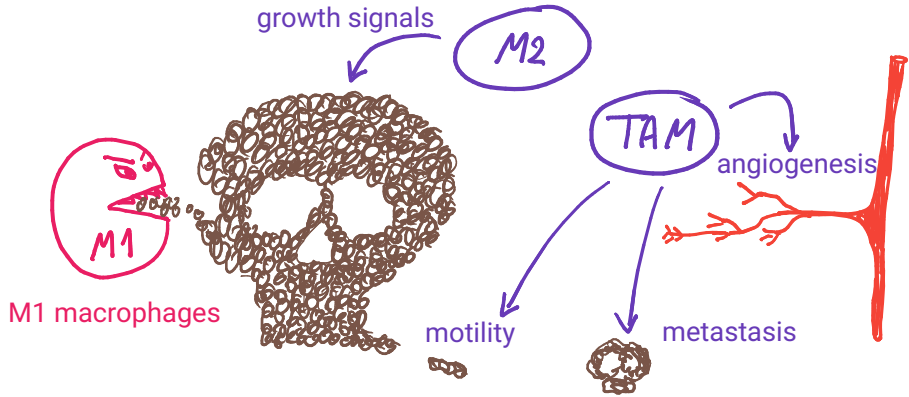


Article

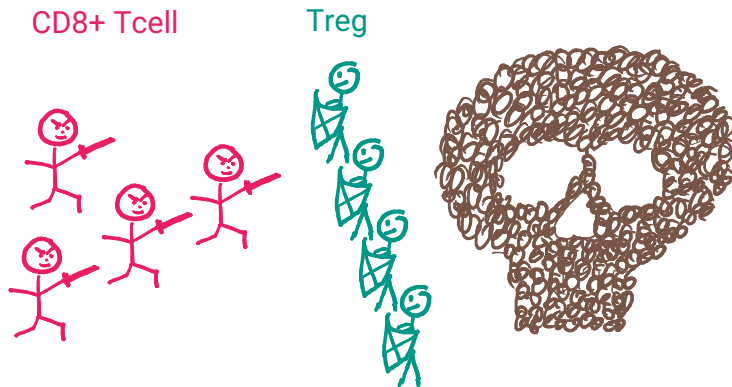
Latent Cytomegalovirus Infection in Female Mice Increases Breast Cancer Metastasis

Zelei Yang^{1,2,3}, Xiaoyun Tang^{1,2,3}, Guanmin Meng^{1,2,3}, Matthew G. K. Benesch^{1,2,3,4} ,
Martina Mackova^{3,5}, Ana Paula Belon^{3,5} , Jesus Serrano-Lomelin^{3,5}, Ing Swie Goping^{1,2,3,6},
David N. Brindley^{1,2,3,*} and Denise G. Hemmings^{2,3,5,7,*}

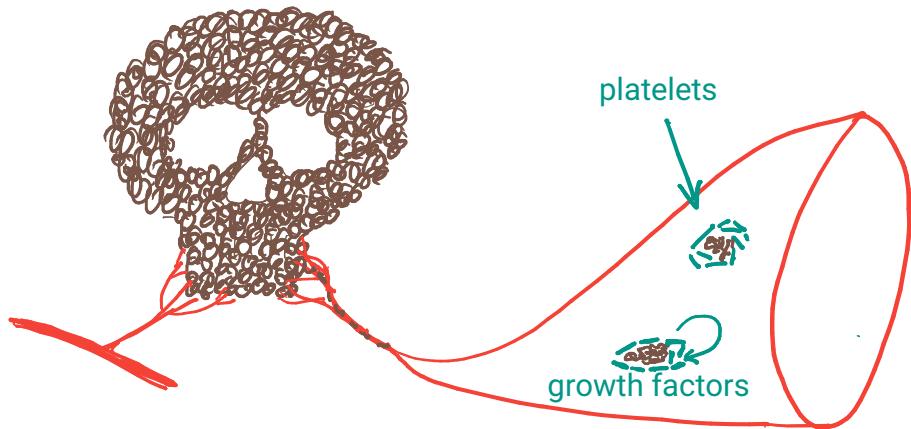
Macrophages



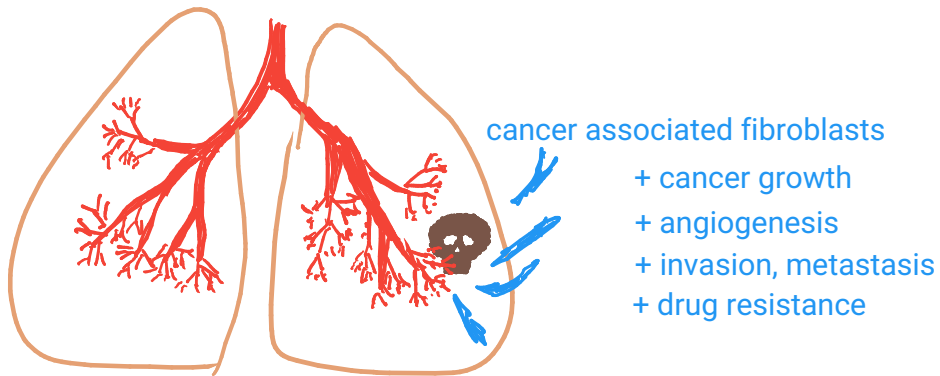
T lymphocytes



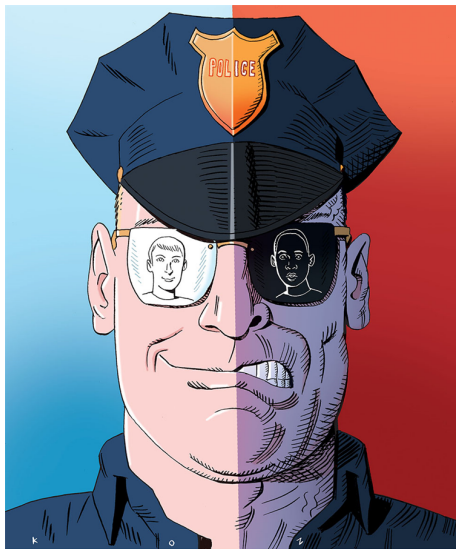
Platelets



Fibroblasts



Good Cop - Bad Cop



Good Cop Bad Cop

Immune Education

All these transitions are gradual

- M1 $\rightarrow$ M2 $\rightarrow$ TAM
- fibroblasts $\rightarrow$ CAF
- Treg over expressions

and are often triggered by the tumor.

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Shahriyari:

- The cancer actively interferes with the phenotypic make up of the immune response.
- **chronic inflammations** are a natural breeding ground for cancer metastasis.

Metastasis Modelling

- Stochastic models:

- ▶ Liotta 1977: probability to be metastasis free
- ▶ Michor 2006: metastatic phenotypes
- ▶ Hanin 2016-18: natural history of metastasis
- ▶ Frei, Hillen, Rhodes, 2019: branching stochastic process with settlement, metastatic reproduction number

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- PDE models:

- ▶ Iwata 2000, Benzekry 2011-17: PDE model with moving boundaries
- ▶ Hillen 2010, birth-jump processes

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- Metastasis models including the immune system

- ▶ Kuznetsov: basic model for tumor-immune interaction
- ▶ Eikenberry 2009, PDE model with immune response
- ▶ Enderling et al: dormancy, blow-up, abscopal effects
- ▶ A. Friedman 2006-, Wilkie, Hahnfeldt 2017, Eftimie 2011-18, inclusion of pro-tumor effects of the immune system.
- ▶ Rhodes, Hillen 2019 and 2020: Immune-mediated theory of metastasis.

Theories for metastatic blow-up

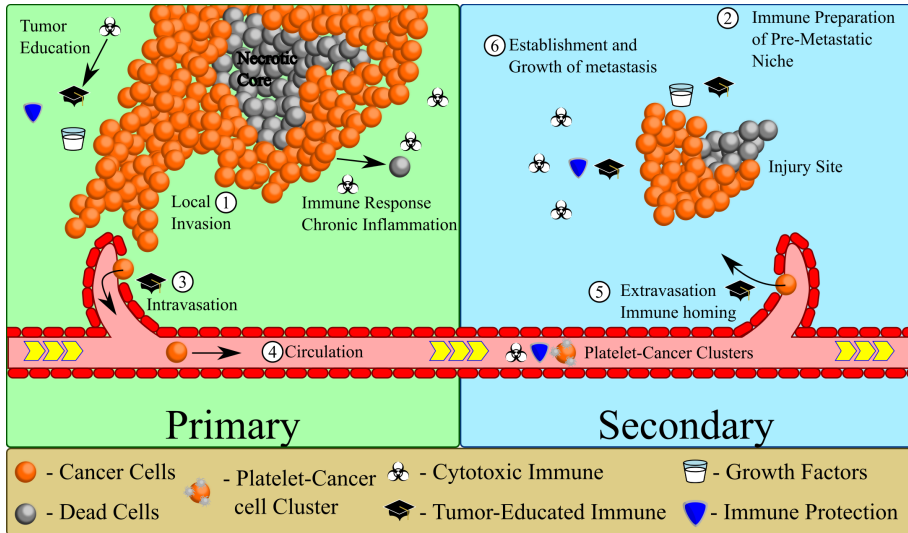
- Theory 1: Resource monopolization
- Theory 2: Immune surveillance
- Theory 3: Local promotion, global inhibition
- Theory 4: Immune-mediated theory of metastasis

Theories for metastatic blow-up

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effect	Theory 1	2	3	4
metastatic dormancy	✓	✓	✓	✓
metastatic blow-up	✓	✓	✓	✓
mets at injuries				✓
mets at chronic inflammations				✓
immuno therapies				✓

The Model



Analysis in three stages:

① Stage 1: Full model (8 ODEs):

- ▶ detailed inclusion of immune dynamics, recruitment and immune education
- ▶ metastatic dormancy, blow-up, injuries, immune therapies

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- ▶ metastatic dormancy, blow-up
- ▶ parameter fitting and sensitivity analysis
- ▶ full bifurcation analysis

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- ▶ full bifurcation analysis

3 Stage 3: Minimal model (1 ODE):

- ▶ singular perturbation reduction onto a slow manifold
- ▶ systematic study of metastatic blow-up
- ▶ risk assessment of biopsies
- ▶ Immune cells as diagnostic tool for treatment response

Variables

- $i = 1, 2$, primary and secondary tumor sites
- $u_i(t)$: tumor cell density
- $v_i(t)$: necrotic cell density
- $x_i(t)$: cytotoxic immune cells (CT immune)
- $y_i(t)$: tumor educated, pro-tumor immune cells (TE immune).

Stage 1: The Full Model

$$\frac{du_1}{dt} = \underbrace{\gamma_1(y_1)g_1(u_1)u_1}_{\text{growth}} - \underbrace{\sigma_1(x_1, y_1)u_1}_{\text{death}} - \underbrace{s_1 u_1}_{\text{shedding}}$$

$$\frac{dv_1}{dt} = \underbrace{\theta_1 \sigma_1(x_1, y_1)u_1}_{\text{dying cells}} - \underbrace{\mu_1 v_1}_{\text{lysis}}$$

$$\frac{dx_1}{dt} = \underbrace{\alpha_1}_{\text{natural influx}} + \underbrace{\lambda_1(u_1, v_1)x_1}_{\text{growth}} - \underbrace{\rho_1 u_1 x_1}_{\text{interaction with tumor}} - \underbrace{\omega_1 x_1}_{\text{natural death rate}} - \underbrace{ed_1(u_1)x_1}_{\text{tumor education}}$$

$$\frac{dy_1}{dt} = \underbrace{ed_1(u_1)x_1}_{\text{tumor education}} - \underbrace{\tau_1 y_1}_{\text{death}} - \underbrace{\tilde{s}_1 y_1}_{\text{shedding}} + \underbrace{f_1(u_1)y_1}_{\text{tumor mediated expansion}}$$

$$\frac{du_2}{dt} = \underbrace{\gamma_2(y_2)g_2(u_2)u_2}_{\text{growth}} - \underbrace{\sigma_2(x_2, y_2)u_2}_{\text{death}} + \underbrace{est(v_2, y_2, x_2)s_1 mu_1}_{\text{establishment}}$$

$$\frac{dv_2}{dt} = \underbrace{\theta_2 \sigma_2(x_2, y_2)u_2}_{\text{dying cells}} - \underbrace{\mu_2 v_2}_{\text{lysis}}$$

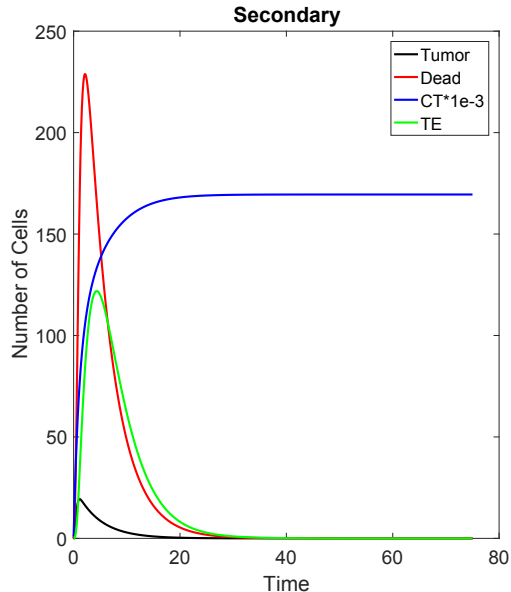
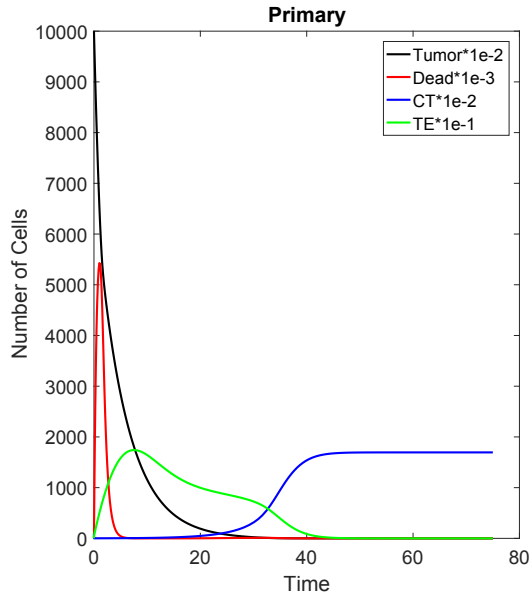
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$$\frac{dy_2}{dt} = \underbrace{ed_2(u_2)x_2}_{\text{tumor education}} - \underbrace{\tau_2 y_2}_{\text{death}} + \underbrace{p\tilde{s}_1 y_1}_{\text{arrival}} + \underbrace{f_2(u_2)y_2}_{\text{tumor mediated expansion}}$$

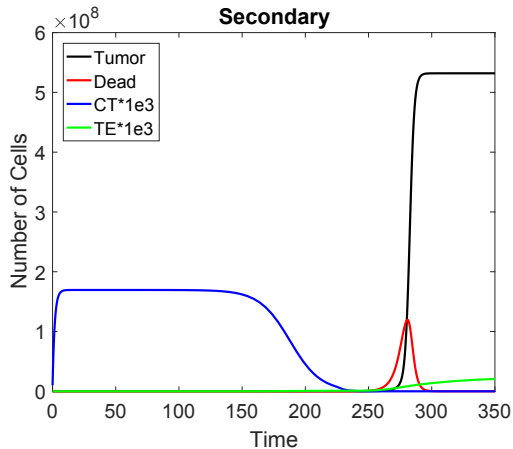
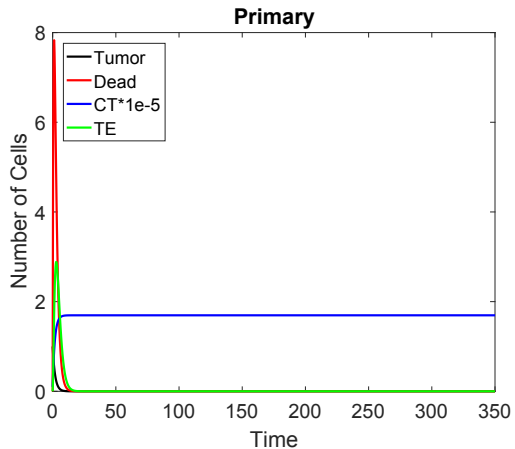
Parameter Estimation

- Total of **70** parameters involved (including functional coefficients)
- Found $\approx$ **40** estimates from the literature.
- Leaves us with $\approx$ **30** unknowns, which are mostly threshold values in the functional coefficients.
- Consequently, we derive theoretical results and make (arbitrary) choices, and explore.

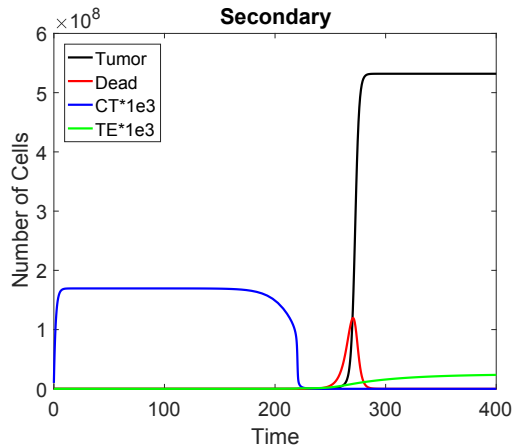
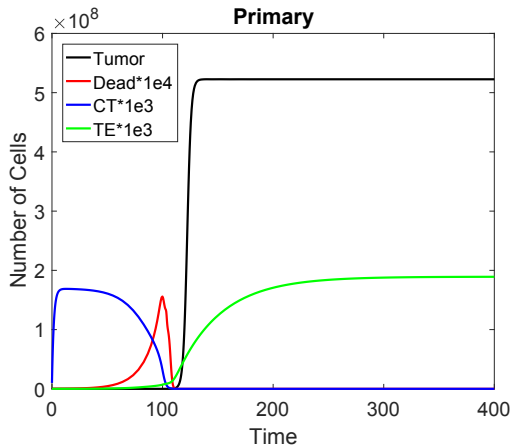
Steady States: Disease-Free



Steady States: Metastatic Only



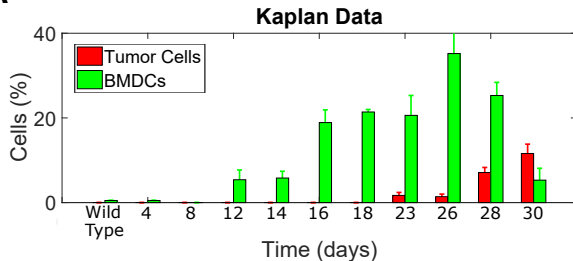
Steady States: Full Disease



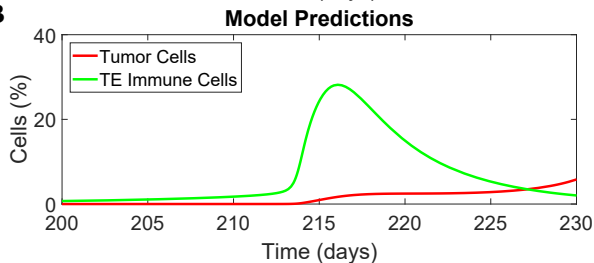
Result 1: Early Seeding

Kaplan et al., Nature 2005, A: Data, B: ODE model.

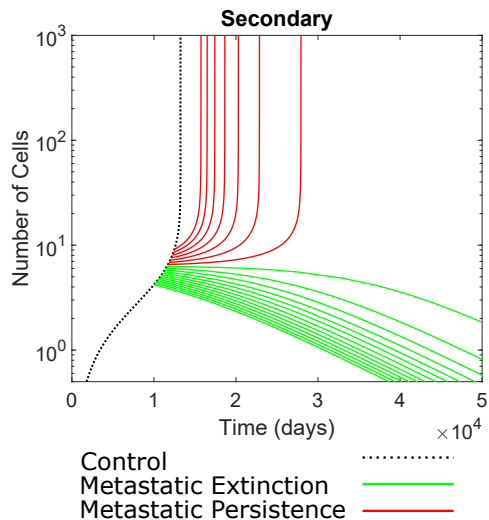
A



B

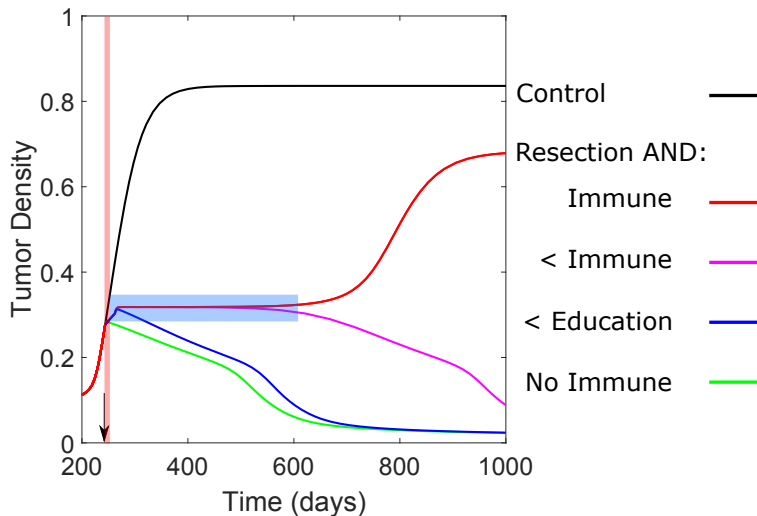


Result 2: Primary Resection



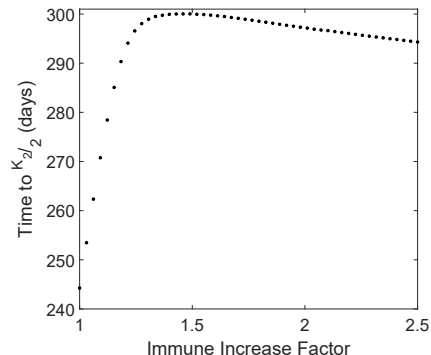
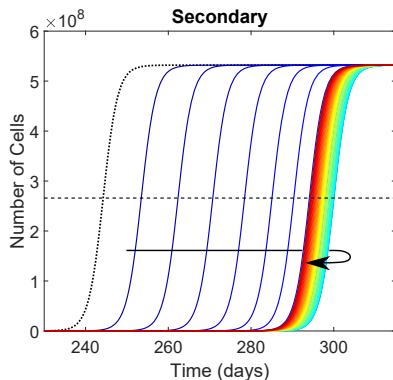
- **Early resection** leads to slow decline in the secondary (green curves)
- **Late resection** leads to quick-growth in the secondary site (red curves, metastatic blow-up).

Result 3: Primary Resection and increased Immune Response

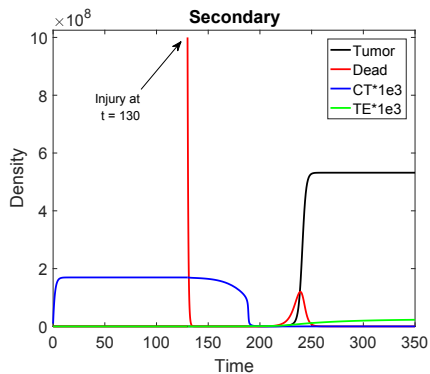
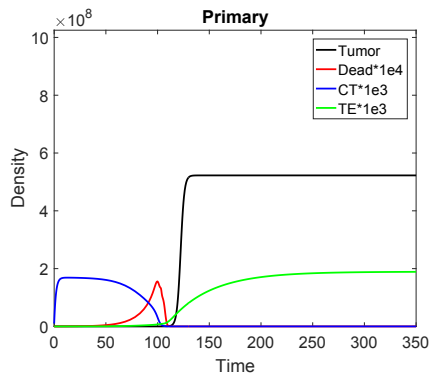


Result 4: Immuno-Therapy

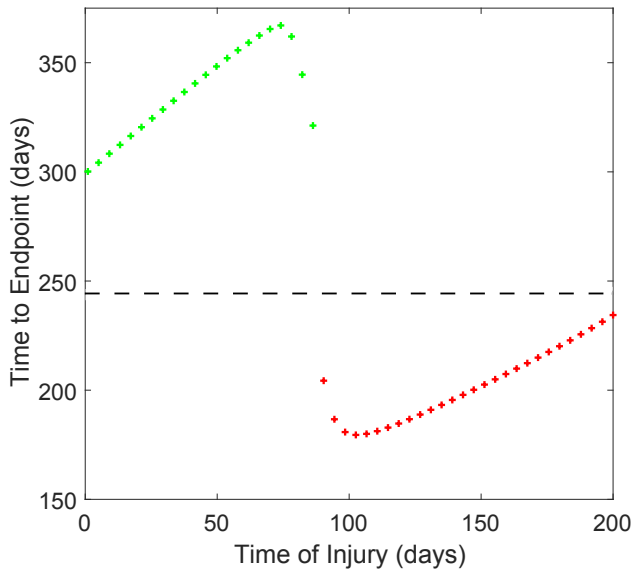
- The effect of immuno-therapies is less than expected.
- The wrong dosage can increase tumor growth (dose is increasing from blue to red).
- Immune education can turn good cops into bad cops.



Result 5: Site of Injury



Result 5: Time to reach $1/2 K$ at injury site



Stage 2: Reduced Model

- Primary reaches steady state before dynamics *really* start at secondary site.
- Treat primary as a source term.

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$$\begin{aligned}\frac{du}{dt} &= \underbrace{\gamma(y)\phi(t)}_{\text{arrival}} + \underbrace{\gamma(y)g(u)u}_{\text{growth}} - \underbrace{\sigma(x)u}_{\text{death}} \\ \frac{dx}{dt} &= \underbrace{\alpha}_{\text{influx}} + \underbrace{\lambda(u)x}_{\text{growth}} - \underbrace{\omega x}_{\text{death}} - \underbrace{\rho ux}_{\text{tumor interaction}} - \underbrace{ed(u)x}_{\text{tumor education}} \\ \frac{dy}{dt} &= \underbrace{\psi(t)}_{\text{arrival}} + \underbrace{ed(u)x}_{\text{tumor education}} + \underbrace{f(u)y}_{\text{growth}} - \underbrace{\tau y}_{\text{death}}\end{aligned}$$

Multiscale analysis

- slow tumor dynamics:
- fast immune response

$$\dot{u} = f(u, x, y)$$

$$\varepsilon \dot{x} = g_1(u, x, y)$$

$$\varepsilon \dot{y} = g_2(u, x, y)$$

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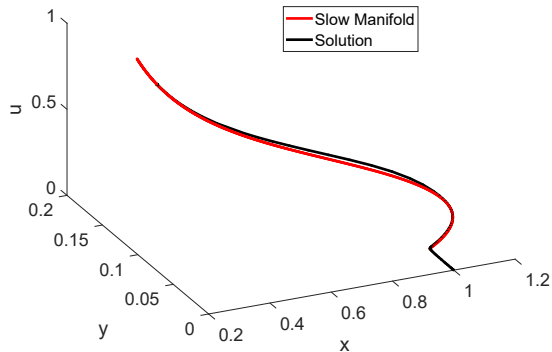
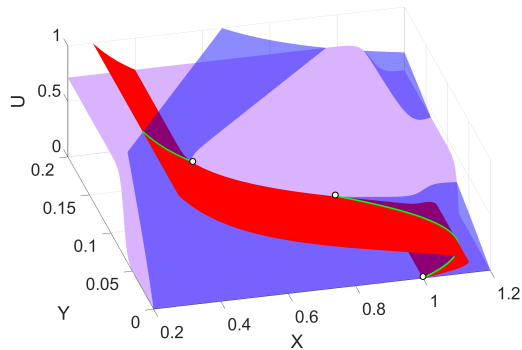
$$\varepsilon \dot{y} = g_2(u, x, y)$$

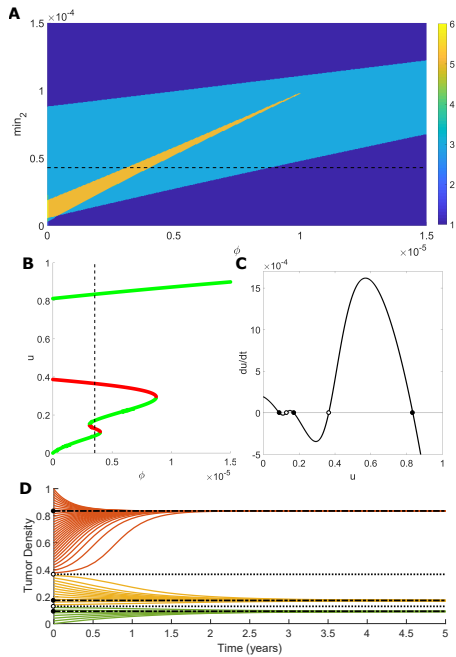
For $\varepsilon \rightarrow 0$ use **geometric singular perturbation theory**

- The dynamics $\dot{u} = f(u, x, y)$ lives on the **slow manifold**

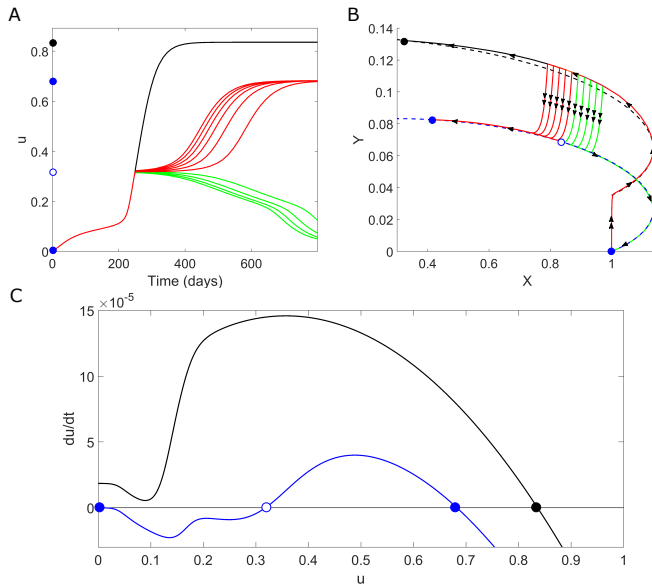
$$M := \{(u, x, y) : g_1(u, x, y) = 0, g_2(u, x, y) = 0\}.$$

Slow manifold





Result 6: Primary resection



Result 7: Systematic study of metastatic blow-up

	primary removal	inflammation	increased education	metastatic dormancy	metasatic blow-up
case 1	100%				
case 2	100%	yes		✓	
case 3	100%	yes	yes	✓	✓
case 4	small %	yes			(✓)

SCIENTIFIC REPORTS

OPEN

Preventing inflammation inhibits biopsy-mediated changes in tumor cell behavior

Received: 21 April 2017

Accepted: 6 July 2017

Published online: 08 August 2017

Maria Alieva¹, Andreia S. Margarido¹, Tamara Wieles¹, Erik R. Abels², Burcin Colak¹, Carla Boquetale¹, Herke Jan Noordmans³, Tom J. Snijders^{3,4}, Marike L. Broekman^{2,4} & Jacco van Rheenen¹

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Breast Cancer Res Treat. 2013 June ; 139(2): 391–401. doi:10.1007/s10549-013-2575-1.

Acute Inflammation induced by the biopsy of mouse mammary tumors promotes the development of metastasis

Julia Hobson¹, Phani Gummadidala¹, Brian Silverstrim¹, Dore Grier¹, Janice Bunn², Ted James³, and Mercedes Rincon^{1,*}

5/23/2019

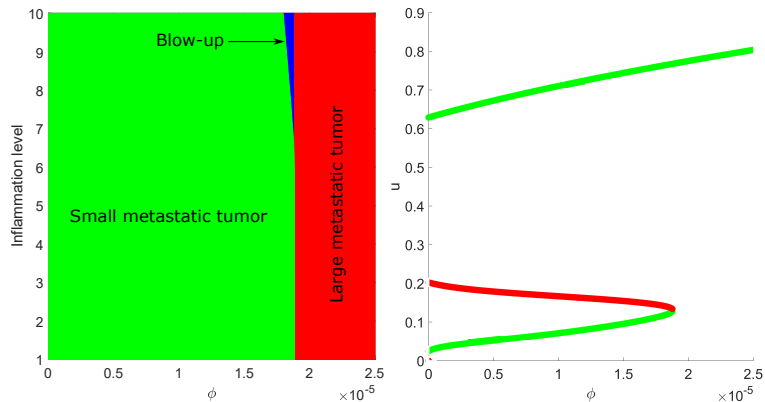
Mayo Researchers Find Cancer Biopsies Do Not Promote Cancer Spread – Mayo Clinic News Network

By Kevin Punsky

Mayo Researchers Find Cancer Biopsies Do Not Promote Cancer Spread

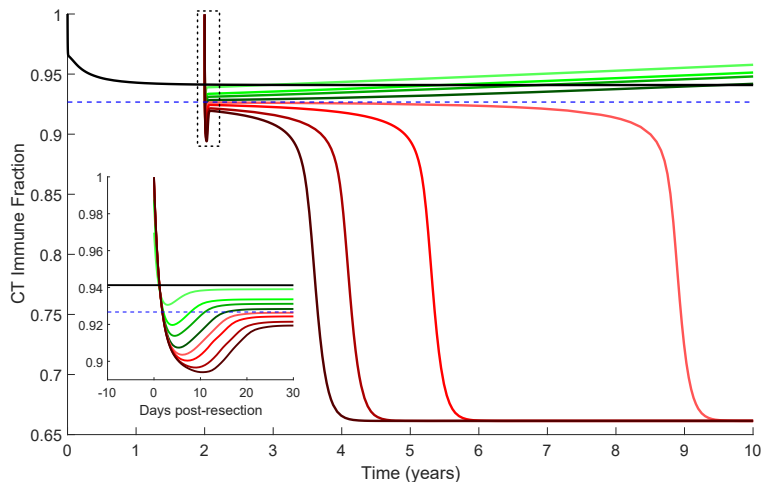
JACKSONVILLE, Fla. — A study of more than 2,000 patients by researchers at Mayo Clinic's campus in Jacksonville, Florida, has dispelled the myth that cancer biopsies cause cancer to spread. In the Jan. 9 online issue of *Gut*, they show that patients who received a biopsy had a better outcome and longer survival than patients who did not have a biopsy.

Result 8: Biopsies

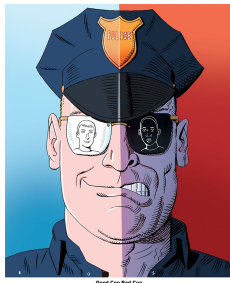


Result 9: Immune response as diagnostic tool

Model for case 4 (resection, inflammation and increased education).



Conclusions 1



- The **pro-tumor** effects of the immune system are well established and more evidence is gained every day.
- The exact process how tumors influence the immune cells and change their phenotype is largely **unknown** and more research is needed.

Conclusion 2

- The inclusion of **tumor education** into a mathematical model can explain
 - ① metastatic dormancy
 - ② metastatic blow-up upon resection of the primary
 - ③ metastasis at sites of injuries
 - ④ metastasis to sites of chronic inflammations
 - ⑤ metastasis in bone, lung, and liver
 - ⑥ reduced response to immuno-therapies

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 - ③ metastasis at sites of injuries
 - ④ metastasis to sites of chronic inflammations
 - ⑤ metastasis in bone, lung, and liver
 - ⑥ reduced response to immuno-therapies
- It would not have been possible to generate these insights without **mathematical modelling**.

Conclusions 3

- It is likely that pro-tumor immune effects are **different** from **cancer to cancer** and from **patient to patient**. This is not a one-fits-all approach.
- **Patient-specific** treatment design will not only require a genetic fingerprint of the cancer but also a genetic and phenotypic characterization of the immune system.
- This is a worthwhile idea for future research.

Thank You!

Adam Rhodes:



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