# Mathematical Models of Androgen Resistance in Prostate Cancer Patients under

Intermittent Androgen Suppression Therapy

by

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A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy

Approved November 2017 by the Graduate Supervisory Committee:

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December 2017

#### ABSTRACT

Predicting resistant prostate cancer is critical for lowering medical costs and improving the quality of life of advanced prostate cancer patients. I formulate, compare, and analyze two mathematical models that aim to forecast future levels of prostatespecific antigen (PSA). I accomplish these tasks by employing clinical data of locally advanced prostate cancer patients undergoing androgen deprivation therapy (ADT). I demonstrate that the inverse problem of parameter estimation might be too complicated and simply relying on data fitting can give incorrect conclusions, since there is a large error in parameter values estimated and parameters might be unidentifiable. I provide confidence intervals to give estimate forecasts using data assimilation via an ensemble Kalman Filter. Using the ensemble Kalman Filter, I perform dual estimation of parameters and state variables to test the prediction accuracy of the models. Finally, I present a novel model with time delay and a delay-dependent parameter. I provide a geometric stability result to study the behavior of this model and show that the inclusion of time delay may improve the accuracy of predictions. Also, I demonstrate with clinical data that the inclusion of the delay-dependent parameter facilitates the identification and estimation of parameters.

To my wife, Rubi

#### ACKNOWLEDGMENTS

I want to sincerely thank my advisor, Dr. Yang Kuang, for his incredible support. Working with him has been extremely rewarding, enjoyable, and inspiring. I am deeply grateful for all his help and understanding. Also, I want to thank Dr. Eric Kostelich, for his guidance on a significant portion of this dissertation. Next, I want to thank my committee members Dr. John Nagy, Dr. Carl Gardner, and Dr. Sharon Crook, from whom I learned immensely through the courses I took from them. Also, I want to express my gratitude to my parents for their love and support and for inspiring me to do my best. I also want to thank the rest of my family and in-laws for their constant love and encouragement. Lastly, but certainly not least, I want to thank my wife, Rubi, for her unconditional love and for always believing in me and telling me to never give up.

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#### Chapter 1

## INTRODUCTION

#### 1.1 Biological Background

Prostate cancer is the most common non-skin cancer among men (Bard *et al.* (2013)). A non-smoking man is more likely to develop prostate cancer than colon, bladder, melanoma, lymphoma, and kidney cancer combined (Bard *et al.* (2013); Heinlein and Chang (2004)). In most cases, the prostate tumor grows slowly, and takes years to become large enough to be diagnosed, and even longer to spread to other body locations (Folkman (1996)) However, a small percentage of men experience more rapidly growing and aggressive forms of prostate cancer (Feldman and Feldman (2001)). Hence, it is difficult to know for sure which prostate cancers will grow slowly and which will grow aggressively. The design of cancer chemotherapy is becoming increasingly sophisticated, however, the uncertainty of cancer growth can still complicate treatment strategies (Khayat and Hortobagyi (2013)). Currently, there is no cancer treatment that is 100% effective against metastatic cancer (Gottesman (2002)). Even though there are targeted treatments after chemotherapy has failed, treatment resistance that occurs as cancerous cells evolve is the main obstacle of targeted cancer treatments today (Holohan *et al.* (2013)).

#### 1.2 Pathways to Androgen Resistant Prostate Cancer

There are five identified pathways for cancerous prostate cells to develop androgen resistance (Feldman and Feldman (2001)). The hypersensitive pathway happens when more androgen receptors are produced or the androgen receptors become more sensitive to lower levels or androgen (Feldman and Feldman (2001)). In the promiscuous pathway, the androgen receptors are not only activated by androgen molecules but also other non-androgen molecules such as corticosteroids (Feldman and Feldman (2001)). In the outlaw pathway, receptor tyrosine kinases are activated, and the AR is activated by the protein kinase B (Feldman and Feldman (2001)). In the bypass pathway, parallel survival pathways, such as that involving the anti-apoptotic protein BCL2 (B-cell lymphoma 2), obviate the need for AR or its ligand. The first four pathways are due to mutations in castration sensitive prostate cells that make the cells resistant to lower levels of androgen. However, in the lurker cell pathway, androgen resistant cancer cells that are present all the time in the prostate. The resistant cells had been lurking as a sub-population of the tumor and androgen suppression therapy selected for the lurking cells until they take over the majority of the tumor and the patient no longer responds to ADT (Feldman and Feldman (2001)). The above mentioned pathways are described in great detail in a great paper review paper by Feldman and Feldman (2001). In order to asses a models ability to model and rogen resistant prostate cancer, we need to check whether a model can incorporate as many of the possible pathways to resistance with the data that is available.

# 1.3 Androgen Suppression Therapy

Since the discovery of androgen dependency of prostate cells, androgen deprivation therapy (ADT) has been the main treatment of metastatic and locally advanced prostate cancer (Heinlein and Chang (2004); Shafi *et al.* (2013); Tsao *et al.* (2012)). In ADT, the goal is to reduce the levels of male hormones, androgens, or to prevent them from affecting prostate cells (Feldman and Feldman (2001)). The main androgens in the body are testosterone and dihydrotestosterone (DHT) (Feldman and Feldman (2001)). Most of the androgens are made by the testicles, but the adrenal glands produce about 5% (Tilley *et al.* (1996); Heinlein and Chang (2004)). Lowering androgen levels to stop them from getting into prostate cancer cells often makes tumors shrink and grow more slowly, but ADT alone can only extend a patient's life and cannot cure prostate cancer (Feldman and Feldman (2001)). The main drawback of ADT is the development of resistance due to cancer cells proliferating at castration levels of androgen (Feldman and Feldman (2001)). The development of resistance can take from a few months to more than ten years (Tsao *et al.* (2012); Hussain *et al.* (2013)), after which there is only less effective treatments and high death rate (Karantanos *et al.* (2015)). Intermittent androgen suppression (IAS) was implemented in order to delay the progression of androgen resistance and improve the quality of life of patients (Bruchovsky *et al.* (2006b)). During off-treatment periods, patients can take a vacation from the severe side effects of ADT (Klotz and Toren (2012)), and studies have suggested that IAS may not negatively affect the time to androgen resistance or survival in comparison to continuous ADT (Gleave (2014)).

#### 1.4 Mathematical Modeling of Intermittent Androgen Suppression Therapy

The first to study the possible pathways to androgen tumor relapse during ADT was Jackson (2004a). Jackson (2004a) used a system of partial differential equations to model the mechanics of the progression to castrate resistant prostate cancer (CRPR). The main finding of Jackson's work was that ADT is prone to failure and the delay of resistance can occur for only a restricted range of parameters values (Jackson (2004a)). Then many researchers started modeling the dynamics of androgen suppression therapy. Ideta *et al.* (2008) developed a system of ordinary differential equations to study the mechanics of ADT. They considered castrate-resistant (CR) and castrate-sensitive (CS) cell populations as well as androgen levels. Their model included mutations from CS to CR cells, and their focus was on comparing continuous and intermittent therapy

and the development of resistance. Their results suggest that the mutation rates between cancer types has an influence in the time to androgen relapse (Ideta *et al.* (2008)). Hirata *et al.* (2010) considered a three cell populations using a piece-wise linear model to fit clinical prostate-specific antigen (PSA) data. Their model included CS cells that could mutate into CR cells, CR cells that could mutate into CS cells, and CR cells that do not mutate back CS cells. Several investigators using Hirata's model, have studied estimation of parameters (Guo *et al.* (2013); Tao *et al.* (2013)), optimal switching times and control in IAS (Guo *et al.* (2013); Suzuki *et al.* (2014); Hirata *et al.* (2012a)), and forecasting cancer resistant prostate cancer progression (Hirata *et al.* (2012b, 2014a)). Portz *et al.* (2012) developed a model of ADT by extending the works of Jackson (2004a) and Ideta *et al.* (2008). Their model included two cell populations as in Ideta *et al.* (2008) but also included a limited nutrient based cancer growth model by the cell quota model Droop (1973).

#### 1.5 Thesis Overview

All the novel contributions presented in this dissertation involve the Cell Quota model (Droop (1973)) and follow from the works of Portz *et al.* (2012). The cell quota model is a two-parameter curve which maps specific growth rate to intracellular nutrient of a cell,

$$\mu\left(1-\frac{q}{Q}\right)$$

where the cell quota Q is often expressed as units per cell, or the relative mass of some nutrient per unit of biomass (Everett *et al.* (2014)). The subsistence quota qcan be interpreted as the minimum Q required for life. Similarly, it can be interpreted as the conversion ratio for biomass, whereby Q > q implies there is a nutrient pool available for reproduction. In this work, we shall use serum androgen concentration to approximate intracellular androgen in cancer cells. Androgen passively diffuses through the prostate membrane via concentration gradient (Roy and Chatterjee (1995)). By assuming an equilibrium concentration of intracellular and serum levels, we use serum levels effectively as the limiting nutrient of the cell growth (Baez and Kuang (2016)).

In Chapter 2, we introduce the details of the clinical trial that is the source of data for all our predictions. We use data from Bruchovsky *et al.* (2006b), in our analysis and data fitting. Chapter 2 of this dissertation also focuses on a comparison of mathematical models of prostate cancer that are prominent in literature. A pair of novel models are presented in this chapter that aim to enhance Portz *et al.* (2012) model. We present the one population model,

$$\frac{dx}{dt} = \underbrace{\mu(1 - \frac{q}{Q})x}_{\text{growth}} - \underbrace{(\nu \frac{R}{Q + R} + \delta x)x}_{\text{death}}$$

$$\frac{d\nu}{dt} = -d\nu$$

$$\frac{dQ}{dt} = \underbrace{\gamma}_{\text{production}} \underbrace{(Q_m - Q)}_{\text{diffusion}} - \underbrace{\mu(Q - q)}_{\text{uptake}}$$

$$\frac{dP}{dt} = \underbrace{bQ}_{\text{baseline}} + \underbrace{\sigma xQ}_{\text{tumor production}} - \underbrace{\epsilon P}_{\text{clearance}}$$

and the two population model,

$$\frac{dx_1}{dt} = \underbrace{\mu(1 - \frac{q_1}{Q})x_1}_{\text{growth}} - \underbrace{(D_1(Q) + \delta_1 x_1)x_1}_{\text{death}} - \underbrace{\lambda(Q)x_1}_{\text{CS to CR}}$$

$$\frac{dx_2}{dt} = \underbrace{\mu(1 - \frac{q_2}{Q})x_2}_{\text{growth}} - \underbrace{(D_2(Q) + \delta_2 x_2)x_2}_{\text{death}} + \underbrace{\lambda(Q)x_1}_{\text{CS to CR}}$$

$$\frac{dQ}{dt} = \underbrace{\gamma}_{\text{production}} \underbrace{(Q_m - Q)}_{\text{diffusion}} - \underbrace{\frac{\mu(Q - q_1)x_1 + \mu(Q - q_2)x_2}{x_1 + x_2}}_{\text{uptake}}$$

$$\frac{dP}{dt} = \underbrace{bQ}_{\text{baseline}} + \underbrace{\sigma(Qx_1 + Qx_2)}_{\text{tumor production}} - \underbrace{\epsilon P}_{\text{clearence}}.$$

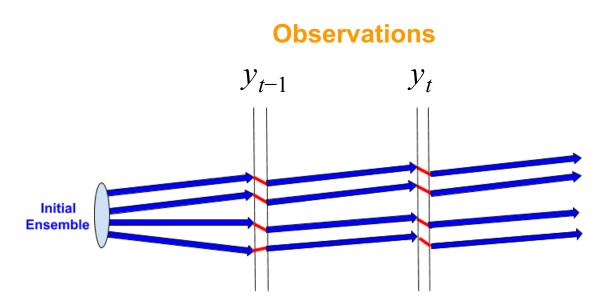
These models aim to keep the strength of Portz *et al.* (2012) model, its biological realism, but making simplifying assumptions to facilitate mathematical analysis and parameter estimation. In this chapter, we compare our results to Hirata *et al.* (2010) since it has been used extensively in the study of intermittent androgen suppression therapy.

In Chapter 3 of this dissertation, we explore the problem of estimating parameters correctly as well as how to make predictions of androgen resistance in a quantifiable manner. First, we study the parameter identifiability of the models presented in Chapter 2. Parameter identifiability deals with the problem of uniquely inferring parameters from data (Eisenberg et al. (2013)). Hence, a model that has unidentifiable parameters can yield the predictions under different sets of parameters. For example, a unidentifiable model can predict that, in a patient with and rogen resistant prostate cancer, the cancer cell growth parameter can have multiple values. Therefore, it is impossible to map back to the specific parameter values and learn something about individual patients. We demonstrate how the Hirata et al. (2010) model, a commonly used model of IAS, fails to be identifiable. Thus, multiple parameter combinations can yield the same conclusions and individual patient insights are not reliable. The figure below depicts the issues when a model is not identifiable. In addition, we use the ensemble Kalman filter for uncertainty quantification. Here we briefly present a overview of the derivation. If error is assumed to be normally distributed with mean 0 and covariance matrix  $\mathbf{R}$ , we can express the error as a Gaussian random variable.

$$\frac{1}{\left(2\pi\right)^{\frac{n}{2}}\left(R\right)^{\frac{1}{2}}}exp\left\{-\frac{1}{2}\left[\mathbf{y}_{j}-\mathbf{H}_{j}(\mathbf{x}(t_{j}))\right]^{T}\mathbf{R}^{-1}\left[\mathbf{y}_{j}-\mathbf{H}_{j}(\mathbf{x}(t_{j}))\right]\right\}$$
(1.1)

Then, the Maximum Likelihood Estimate is given by

$$L(\mathbf{x}(t)) = \prod_{j=1}^{n} \frac{1}{(2\pi)^{\frac{n}{2}} (\mathbf{R}_{j})^{\frac{1}{2}}} exp\left\{-\frac{1}{2} \left[\mathbf{y}_{j} - \mathbf{H}_{j}(\mathbf{x}(t_{j}))\right]^{T} \mathbf{R}^{-1} \left[\mathbf{y}_{j} - \mathbf{H}_{j}(\mathbf{x}(t_{j}))\right]\right\}$$
(1.2)



**Figure 1.1:** Schematic Representation of Kalman Filter Algorithm. First, We Start with an Initial Ensemble of Initial Conditions at Reasonable Time Points. Then Integrate the Model Forward to the First Forecast Time at  $y_{t-1}$ . At t-1 Observe PSA Levels, and Update the Forecast Ensemble with the Kalman Cost Function  $J_{t_n}(\mathbf{x})$ .

Then, we can take the log of the likelihood function

$$\log \left( L(\mathbf{x}(t)) \right) = -\sum_{j=1}^{n} \frac{1}{2} \left[ \mathbf{y}_{j} - \mathbf{H}_{j}(\mathbf{x}(t_{j})) \right]^{T} \mathbf{R}^{-1} \left[ \mathbf{y}_{j} - \mathbf{H}_{j}(\mathbf{x}(t_{j})) \right] + C$$

Thus, the most likely trajectory minimizes the cost function

$$J(\{\mathbf{x}(t)\}) = \sum_{j=1}^{n} \frac{1}{2} \left[ \mathbf{y}_{j} - \mathbf{H}_{j}(\mathbf{x}(t_{j})) \right]^{T} \mathbf{R}^{-1} \left[ \mathbf{y}_{j} - \mathbf{H}_{j}(\mathbf{x}(t_{j})) \right]$$
$$J_{t_{n}}(\mathbf{x}) = \sum_{j=1}^{n} \frac{1}{2} \left[ \mathbf{y}_{j} - \mathbf{H}_{j}(\mathbf{M}_{t,t_{j}}(\mathbf{x})) \right]^{T} \mathbf{R}^{-1} \left[ \mathbf{y}_{j} - \mathbf{H}_{j}(\mathbf{M}_{t,t_{j}}(\mathbf{x})) \right]$$

We can express  $J(\mathbf{x})$  as

$$J_{t_n}(\mathbf{x}) = \sum_{j=1}^{n-1} \frac{1}{2} \left[ \mathbf{y}_j - \mathbf{H}_j(\mathbf{M}_{t,t_j}(\mathbf{x})) \right]^T \mathbf{R}^{-1} \left[ \mathbf{y}_j - \mathbf{H}_j(\mathbf{M}_{t,t_j}(\mathbf{x})) \right]$$
  
+ 
$$\frac{1}{2} \left[ \mathbf{y}_n - \mathbf{H}_n(\mathbf{M}_{t,t_n}(\mathbf{x})) \right]^T \mathbf{R}^{-1} \left[ \mathbf{y}_n - \mathbf{H}_n(\mathbf{M}_{t,t_n}(\mathbf{x})) \right]$$
  
= 
$$\left[ \mathbf{x}_n - \bar{\mathbf{x}}_n^b \right]^T \left( \mathbf{P}_n^b \right)^{-1} \left[ \mathbf{x}_n - \bar{\mathbf{x}}_n^b \right]$$
  
+ 
$$\left[ \mathbf{y}_n - \mathbf{H}_n(\mathbf{M}_{t,t_n}(\mathbf{x})) \right]^T \mathbf{R}^{-1} \left[ \mathbf{y}_n - \mathbf{H}_n(\mathbf{M}_{t,t_n}(\mathbf{x})) \right]$$
  
= 
$$\left[ \mathbf{x}_n - \bar{\mathbf{x}}_n^a \right]^T \left( \mathbf{P}_n^a \right)^{-1} \left[ \mathbf{x}_n - \bar{\mathbf{x}}_n^a \right] + c$$

Formally, we want the analysis mean  $\bar{\mathbf{x}}^a$  to minimize the Kalman filter cost function  $J(\mathbf{x})$  (Hunt *et al.* (2007)):

$$\left[\mathbf{x}_{n}-\bar{\mathbf{x}}_{n}^{b}\right]^{T}\left(\mathbf{P}_{n}^{b}\right)^{-1}\left[\mathbf{x}_{n}-\bar{\mathbf{x}}_{n}^{b}\right]+\left[\mathbf{y}_{n}-\mathbf{H}_{n}(\mathbf{M}_{t,t_{n}}(\mathbf{x}))\right]^{T}\mathbf{R}^{-1}\left[\mathbf{y}_{n}-\mathbf{H}_{n}(\mathbf{M}_{t,t_{n}}(\mathbf{x}))\right]$$

In Chapter 4, we present a novel model that introduces a time delay in order to fit patient data with greater accuracy and improve its predictive power. We also work with the challenges of a time dependent delay in our system. Here we present a preview of our one population delay mode:

$$x' = \mu \left( 1 - \frac{q}{Q(t-\tau)} \right) x(t-\tau) e^{-d_m \tau} - \frac{dR}{R+Q(t)} x(t) - \delta x^2(t)$$
$$Q' = \gamma \left( Q_m - Q(t) \right) - \mu \left( 1 - \frac{q}{Q(t-\tau)} \right) e^{-d_m \tau} Q(t) \frac{x(t-\tau)}{x(t)}$$
$$P' = bQ(t) + \sigma X(t)Q(t) - \epsilon P(t)$$

In this chapter we demonstrate that the biological accuracy can produce more reliable parameter estimations that yield a Mean Square Error that is superior to the nondelay models presented in Chapter 2. With the inclusion of time delay, we finish our systematic approach to modeling prostate cancer.

#### Chapter 2

# MATHEMATICAL MODELS OF ANDROGEN RESISTANCE IN PROSTATE CANCER PATIENTS UNDER INTERMITTENT ANDROGEN SUPPRESSION THERAPY

#### 2.1 Introduction

Ever since the discovery of androgen dependency of prostate cells, androgen deprivation therapy (ADT) has played a vital role in the treatment of metastatic and locally advanced prostate cancer (Heinlein and Chang (2004); Shafi et al. (2013); Tsao et al. (2012)). However, controversy remains regarding its best application. Although this treatment will regress tumors in over 90% of patients Bruchovsky et al. (2008), after prolonged androgen depletion, patients will eventually develop castration-resistant prostate cancer (CRPC) (Feldman and Feldman (2001)). The development of CRPC can take from a few months to more than ten years (Tsao et al. (2012); Hussain et al. (2013)), after which there is a very limited number of less effective treatments and patients suffer high mortality (Karantanos et al. (2015)). ADT is expensive and side effects include sexual dysfunction, hot flashes, and fatigue (Klotz and Toren (2012)). For these reasons, intermittent and rogen suppression (IAS) is implemented to hopefully delay the progression of CRPC and improve quality of life (Bruchovsky et al. (2006b)). During off-treatment periods, patients enjoy a "vacation" from the severe side effects of ADT (Klotz and Toren (2012)), and studies have suggested that IAS may not negatively affect the time to progression or survival in comparison to continuous ADT (Gleave (2014)).

Many mathematical models have studied the dynamics of prostate cancer during

ADT (Jackson (2004a); Ideta et al. (2008); Portz et al. (2012); Hirata et al. (2010); Swanson et al. (2001); Jain et al. (2011); Jain and Friedman (2013a,b)). A detailed review of some of these models are presented in the recent book of Kuang et al. (2016). Ideta et al. (2008) are pioneers of mathematically describing the dynamics of IAS. Ideta et al. (2008) developed a system of ordinary differential equations to study the mechanics of ADT. They considered castrate-resistant (CR) and castrate-sensitive (CS) cell populations as well as androgen levels. Their model included mutations from CS to CR cells, and their focus was on comparing continuous and intermittent therapy and the development of resistance. Hirata et al. (2010) considered a three cell populations using a piece-wise linear model to fit clinical prostate-specific antigen (PSA) data. Their model included CS cells that could mutate into CR cells, CR cells that could mutate into CS cells, and CR cells that do not mutate back CS cells. Several investigators using Hirata et al. (2010)'s model, have studied estimation of parameters (Guo et al. (2013); Tao et al. (2013)), optimal switching times and control in IAS (Guo et al. (2013); Suzuki et al. (2014); Hirata et al. (2012a)), and forecasting CRPC progression (Hirata et al. (2012b, 2014a)).

Built on the works of Ideta *et al.* (2008) and Jackson (2004b), Portz *et al.* (2012) developed a novel mathematical model to study the dynamics of IAS by using the cell quota model, Droop (1973), from mathematical ecology, which relates growth to an intracellular nutrient, to model the growth of both the CS and CR cell populations. The cell quota was formed as the intracellular androgen concentrations for each cell population. This model fitted clinical PSA data, and androgen data was used implicitly through the cell quota. Everett *et al.* (2014) compared Hirata *et al.* (2010), Ideta *et al.* (2008), and Portz *et al.* (2012) to asses their accuracy of fitting clinical data and predicting future PSA levels. They concluded that while a biologically-based model is important to reveal the underlying processes, a simpler model such as Hirata

*et al.* (2010) might be practical and useful for predicting future outcomes of individual patients.

In this work, we propose a simplification to PKN Portz *et al.* (2012), a model that is mechanistically driven but simple enough for us to perform systematical mathematical analysis of its dynamics. For simplicity, we shall use serum androgen concentration to approximate intracellular androgen. This is reasonable since androgen passively diffuses through the prostate membrane via concentration gradient Roy and Chatterjee (1995). By assuming an equilibrium concentration of intracellular and serum levels, we use serum levels effectively as the limiting nutrient of the cell growth. This approach is practical for a clinical setting, in which the data collected is applied directly to the model. The mathematical models presented shall fit PSA and androgen levels simultaneously, a novel and very desirable model feature.

## 2.2 Clinical Trial Data

We use data from Bruchovsky *et al.* (2006a), in our analysis and model calibration. This clinical trial admitted patients who demonstrated a rising serum PSA level after they received radiotherapy and had no evidence of metastasis (Bruchovsky *et al.* (2006a)). Treatment in each cycle consisted of cyproterone acetate for four weeks, followed by a combination of leuprolide acetate and cyproterone acetate, for an average of 36 weeks. If serum PSA is less than  $4\frac{\mu g}{L}$  by the end of this period, the androgen suppression therapy is stopped. If patient's serum PSA stays above the threshold, the patient will be taken off the study. After treatment is interrupted, PSA and androgen are monitored every 4 weeks. The therapy is restarted when patient's serum PSA increases to  $\geq 10\mu g/L$  (Bruchovsky *et al.* (2006a)). The data set is available at http://www.nicholasbruchovsky.com/clinicalResearch.html. Figure 2.1 shows a typical patient that undergoes IAS.

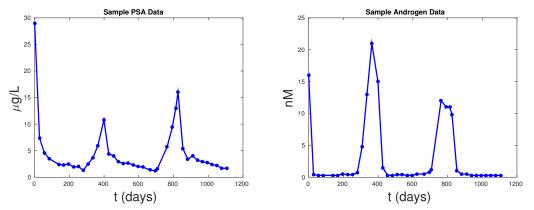


Figure 2.1: Sample Data for PSA and Androgen Data for a Patient in the Clinical Trial.

#### 2.3 Formulation of Mathematical Models

We develop two plausible mathematical models to study the temporal dynamics of prostate cancer progression to CRPR. In Model 1, we use an average tumor model in which cancerous prostate cells are a combination of CS and CR cells. In this model, tumor cells' death rate is a monotonically decreasing exponential function, which we use to model the development of resistance. Then, we propose a two cell population model where we distinguish between CS and CR cells explicitly. To be more biologically relevant, the development of resistance is assumed to be a function of androgen levels in Model 2.

In both models, the cell growth rate is determined by the androgen *cell quota*. Specifically, we model the growth rate by a two parameter function of androgen cell quota,

$$G(Q) = \mu(1 - \frac{q}{Q}), \qquad (2.1)$$

where Q is the androgen cell quota. The equation 2.1 is known as Droop equation or growth rate model. It assumes that Q is the concentration of the most limiting resource or nutrient, and q is the minimum level of Q required to prevent cell death

# (Droop (1973)).

To be biologically relevant, for both models, we assume that the initial values for all variables are positive. This shall ensure all components of their solutions are positive. Accordingly, we are only interested in studying the stabilities of non-negative steady states.

## 2.3.1 Model 1: Single Population Model

In the following model, tumor cell volume is denoted by  $x \,(\text{mm}^3)$ , and we assume that the total volume is a combination of CS and CR cells. Intracellular androgen cell levels are denoted by  $Q \,(nM)$ , and PSA levels by  $P \left(\frac{\mu g}{L}\right)$ . Droop's equations govern the growth rate of cancer cells (Droop (1973)), where  $\mu$  represents the maximum cell growth rate and q the minimum concentration of androgen to sustain the tumor. Similar to Everett *et al.* (2014), we assume an androgen-dependent death rate, where R denotes the half saturation level. However, we also assume a time dependent maximum baseline death rate  $\nu$ , which decreases exponentially at rate d to reflect the cell castration-resistance development due to the decreasing death rate. We also include a density-independent death rate  $\delta$  that constrains the total volume of cancer cells to be within realistic ranges (Vollmer (2008)).

$$\frac{dx}{dt} = \underbrace{\mu(1-\frac{q}{Q})x}_{\text{growth}} - \underbrace{(\nu\frac{R}{Q+R} + \delta x)x}_{\text{death}}$$
(2.2)

$$\frac{d\nu}{dt} = -d\nu \tag{2.3}$$

$$\frac{dQ}{dt} = \underbrace{\gamma}_{\text{production}} \underbrace{(Q_m - Q)}_{\text{diffusion}} - \underbrace{\mu(Q - q)}_{\text{uptake}}$$
(2.4)

$$\frac{dP}{dt} = \underbrace{bQ}_{\text{baseline}} + \underbrace{\sigma xQ}_{\text{tumor production}} - \underbrace{\epsilon P}_{\text{clearance}}$$
(2.5)

where

$$\gamma = \gamma_1 u(t) + \gamma_2$$
  $u(t) = \begin{cases} 1, \text{ on treatment,} \\ 0, \text{ off treatment.} \end{cases}$ 

In this model, androgen is assumed to be the most limiting nutrient. We assume that the androgen concentration in cancer cells is approximately the same as the androgen concentration in serum (Roy and Chatterjee (1995)). Parameter  $\gamma_1$  denotes the constant production of androgen by the testes, and  $\gamma_2$  denotes the production of androgen by the adrenal gland and kidneys. As over 95% of androgen is produced in the testes we have that  $\gamma_1 >> \gamma_2$ . Parameter u(t) is a switch between on and off treatment cycles. Since LHRH agonists only stop testes production of androgen during treatment. During treatment,  $\gamma_2$  will be the only production of androgen.  $Q_m > q$ denotes the maximum androgen level in serum. The androgen uptake by prostate cells for growth is denoted by  $\mu_m(Q-q)$ . PSA is produced by both the regular cells in the prostate at the rate bQ and by the cancer cells at the rate  $\sigma xQ$ . Notice that we have assumed that cell production of PSA is assumed to be dependent on levels of androgen. Finally, PSA is cleared from serum at rate  $\epsilon$ .

# 2.3.2 Model 2: Two Population Model

Now we present a two cell population model. In this model, we explicitly differentiate between CS and CR cells.  $x_1 \text{ (mm}^3)$  and  $x_2 \text{ (mm}^3)$  denote the CS and CR cell populations respectively. The proliferation of each cancer cell population is denoted by

$$G_i(Q) = \mu(1 - \frac{q_i}{Q}), i = 1, 2$$

for  $x_1$  and  $x_2$  respectively. For each respective population at androgen levels below  $q_i$  prostate cells do not proliferate. Since CR cell populations proliferate at lower levels

of and rogen, we assume that  $q_2 < q_1$ . Death rates are denoted by:

$$D_i(Q) = d_i \frac{R_i}{Q + R_i}, i = 1, 2,$$

for their respective cell populations. We shall assume that  $d_1 > d_2$ , as CR cells are less susceptible to apoptosis by androgen deprivation than CS cells. Parameters  $\delta_i$ , i = 1, 2denote the density dependent death rates and we use these parameters to keep the maximum tumor volume to biological ranges.

Mutation between cell populations takes the form of a hill equation given by:

$$\underbrace{\lambda(Q) = c \frac{K}{Q+K}}_{\text{CS to CR}}.$$

The CS to CR rate,  $\lambda(Q)$ , is small for normal androgen levels and high for low concentrations. We assume that when cells are experiencing androgen depletion, they have higher selective pressure to develop resistance. Likewise, in androgen rich environment CS cells are more likely to stay sensitive. IAS started under this assumption, with the intention to delay resistance (Gleave (2014)). c is the maximum rate of mutation between cells and K is the cell concentration for achieving half of the maximum rate of mutation. In this model,  $d_i$ s are held constant and are not time dependent as the mechanism of the development of resistance is due to mutations from  $x_1$  to  $x_2$  via  $\lambda(Q)$  and not by a decreasing androgen dependent death rate.

The increase of intracellular androgen levels by diffusion from the serum level is modeled by  $\gamma(Q_m - Q)$ . Also, the production of PSA now comes from both  $x_1$  and  $x_2$ cells at rate  $\sigma$ . For simplicity and in contrast to the Portz *et al.* (2012) model and the model in Morken *et al.* (2014) we assume the same PSA production rate for both cell populations.

$$\frac{dx_1}{dt} = \underbrace{\mu(1 - \frac{q_1}{Q})x_1}_{\text{growth}} - \underbrace{(D_1(Q) + \delta_1 x_1)x_1}_{\text{death}} - \underbrace{\lambda(Q)x_1}_{\text{CS to CR}}$$
(2.6)

$$\frac{dx_2}{dt} = \underbrace{\mu(1 - \frac{q_2}{Q})x_2}_{\text{growth}} - \underbrace{(D_2(Q) + \delta_2 x_2)x_2}_{\text{death}} + \underbrace{\lambda(Q)x_1}_{\text{CS to CR}}$$
(2.7)

$$\frac{dQ}{dt} = \underbrace{\gamma}_{\text{production}} \underbrace{(Q_m - Q)}_{\text{diffusion}} - \underbrace{\frac{\mu(Q - q_1)x_1 + \mu(Q - q_2)x_2}{x_1 + x_2}}_{\text{uptake}}$$
(2.8)

$$\frac{dP}{dt} = \underbrace{bQ}_{\text{baseline}} + \underbrace{\sigma(Qx_1 + Qx_2)}_{\text{tumor production}} - \underbrace{\epsilon P}_{\text{clearence}}$$
(2.9)

In a biologically realistic situation, one expects that  $Q_m > \max\{q_1, q_2\}$ .

#### 2.3.3 Derivation of dQ/dt

Now we provide a conservation law based derivation for the cell quota Q equations (2.4), and (2.8). Specifically, we derive (2.4) in details and leave to the readers the straightforward task of its extension to (2.8). Our formulation comes from the conservation of androgen as it moves in and out of the tumor. Let  $Q_x$  be the total androgen inside tumor x (mm<sup>3</sup>). We assume that Q (nM) is uniformly distributed in x, and

$$Q_x = Q(t)x(t)$$
 nmol.

The inflow of and rogen to the tumor comes from the serum which can be approximated by

$$\gamma(Q_m - Q(t))x(t).$$

The outflow of androgen from the tumor is due to death which is

$$\left(\nu \frac{R}{Q+R} + \delta x(t)\right)Q(t)x(t).$$

Then, the rate of change of androgen inside the tumor is:

$$(Q(t)x(t))' = \gamma(Q_m - Q(t))x(t) - (\nu \frac{R}{Q(t) + R} + \delta x(t))Q(t)x(t).$$

However,

$$\begin{aligned} (Q(t)x(t))' &= Q'(t)x(t) + Q(t)x'(t) \\ &= Q'(t)x(t) + \mu(Q(t) - q)x(t) - (\nu \frac{R}{Q(t) + R} + \delta x(t))Q(t)x(t), \end{aligned}$$

which implies that

$$Q'(t) = \gamma(Q_m - Q(t)) - \mu(Q(t) - q).$$

A similar approach can be applied to derive Q'(t) for model 2.

# 2.3.4 Portz, Kuang, and Nagy (PKN) Model

In this section, we briefly review PKN model. For a more detailed explanation of this model the reader is referred to Portz *et al.* (2012). PKN model assumes constant death rates for cancer cells  $(d_1, d_2)$ . CS and CR cells have androgen cell quota  $Q_1, Q_2$ respectively. A denotes the serum androgen concentration which is interpolated and is used in the model.

$$\frac{dx_1}{dt} = \underbrace{\mu_m(1 - \frac{q_1}{Q_1})x_1}_{\text{growth}} - \underbrace{d_1x_1}_{\text{death}} - \underbrace{\lambda_1(Q_1)x_1}_{\text{CS to CR}} + \underbrace{\lambda_2(Q_2)x_2}_{\text{CR to CS}}$$
(2.10)

$$\frac{dx_2}{dt} = \underbrace{\mu_m (1 - \frac{q_2}{Q_2}) x_2}_{\text{growth}} - \underbrace{d_2 x_2}_{\text{death}} - \underbrace{\lambda_2 (Q_2) x_2}_{\text{CR to CS}} + \underbrace{\lambda_1 (Q_1) x_1}_{\text{CS to CR}}$$
(2.11)

$$\frac{dQ_1}{dt} = \underbrace{v_m \frac{q_m - Q_1}{q_m - q_1} \frac{A}{A + v_h}}_{\text{Androgen influx to CS cells}} - \underbrace{\mu(Q_1 - q_1)}_{\text{uptake}} - \underbrace{bQ_1}_{\text{degradation}}$$
(2.12)

$$\frac{dQ_2}{dt} = \underbrace{v_m \frac{q_m - Q_2}{q_m - q_2} \frac{A}{A + v_h}}_{\text{Androgen influx to CR cells}} - \underbrace{\mu(Q_2 - q_2)}_{\text{uptake}} - \underbrace{bQ_2}_{\text{degradation}}$$
(2.13)

$$\frac{dP}{dt} = \underbrace{\sigma_0(x_1 + x_2)}_{\text{baseline production}} + \underbrace{\sigma_1 x_1 \frac{Q_1^m}{Q_1^m + \rho_1^m}}_{\text{tumor production}} + \underbrace{\sigma_2 x_2 \frac{Q_2^m}{Q_2^m + \rho_2^m}}_{\text{tumor production}} - \underbrace{\delta P}_{\text{clearence}}$$
(2.14)

#### 2.4 Model Dynamics

Now, we study the mathematical properties and dynamics of our two models. For model 1, we shall state the results without providing proofs as they are routine. The detailed mathematical analysis for model 2 will be presented. Proposition 1 summarizes the mathematical dynamics of model 1. Since P is decoupled from the system, we shall refer only to the dynamics of (2.2)-(2.4). This proposition reveals that there is no cure for cancer. Since ADT is non-curative, this property is biologically reasonable.

**Proposition 1.** Solutions of the system (2.2)-(2.4) are positive and bounded. The system (2.2)-(2.4) has a cancer free steady state  $E_0 = (0, 0, \frac{\gamma Q_m + \mu q}{\mu + \gamma})$  that is unstable, a steady state  $E_1 = (\frac{\mu\gamma}{\delta} \frac{Q_m - q}{\gamma Q_m + \mu q}, 0, \frac{\gamma Q_m + \mu q}{\mu + \gamma})$  that is globally stable.

Next, we do a thorough mathematical analysis of model 2. First, we study boundedness and positivity of the system. Followed by the number and existence of steady states. Finally, we analyze the local stability of the steady states. Observe that P is also decoupled from equations (2.2) - (2.4) and we do not include it in the analysis.

**Proposition 2.** Assume  $q_2 \leq q_1 < Q_m$  and  $\delta_1 \geq \delta_2$ , then solutions of (2.6)-(2.8) with initial conditions  $x_1(0) > 0$ ,  $x_2(0) > 0$ , and  $q_2 \leq Q(0) \leq Q_m$  stay in the region  $\{(x_1, x_2, Q) : x_1 \geq 0, x_2 \geq 0, x_1 + x_2 \leq \frac{G_2(Q_m) - D_m(q_2)}{\delta_2}, q_2 \leq Q \leq Q_m\}$ . Where  $D_m = \min\{D_1(q_2), D_2(q_2)\}.$ 

*Proof.* We note that on (2.6),  $x_1$  appears on every term ensuring its positivity. Since  $x_2$  appears on the first two terms of (2.7) and  $x_1$  appears on the last term the positivity of  $x_2$  is also guaranteed.

Since  $q_2 \leq q_1 < Q_m$ , and

$$Q' = \gamma(Q_m - Q) - \frac{\mu(Q - q_1)x_1 + \mu(Q - q_2)x_2}{x_1 + x_2}$$

We see that  $Q'(q_2) > 0$  and  $Q'(Q_m) < 0$ . It is thus easy to see that  $q_2 \le Q(t) \le Q_m$ for t > 0 with initial conditions  $q_2 \le Q(0) \le Q_m$ .

For boundedness of  $x_1$  and  $x_2$ , we let  $N = x_1 + x_2$ . Since we have that  $\delta_1 \ge \delta_2$ , and the growth rate  $G_i(Q)$ , i = 1, 2 are increasing functions of Q, we have

$$N' \leq (G_2(Q) - D_m)N - \delta_2 N^2$$
 (2.15)

$$\leq (G_2(Q_m) - D_m)N - \delta_2 N^2$$
 (2.16)

which implies that  $\limsup_{t \to \infty} N(t) \le \frac{G_2(Q_m) - D_m}{\delta_2}$ .

Now we study the steady states of model 2. We seek to understand the conditions under which one population will overtake the other, and the circumstances under which they may coexist. **Proposition 3.** Assume  $q_2 \leq q_1 < Q_m$  and  $\delta_1 \geq \delta_2$ . The system (2.6)-(2.8) has a CR cell only steady state  $E_1 = (0, \frac{G_2(Q^1) - D_2(Q^1)}{\delta_2}, Q^1)$ , and a coexistence steady state  $E_2 = (\frac{G_1(Q^*) - D_1(Q^*) - \lambda_1(Q^*)}{\delta_1}, x_2^*, Q^*)$ , where  $Q^1 = \frac{\gamma Q_m + \mu q_2}{\gamma + \mu}$  and  $Q^* > Q^1$ .

*Proof.* Let  $E = (x_1^*, x_2^*, Q^*)$  be a steady state of the system (2.6)-(2.8). We have two mutually exclusive cases:  $x_1^* = 0$  and  $x_1^* > 0$ .

If  $x_1^* = 0$ , then we have two possibilities: i)  $x_2^* = 0$  or ii)  $x_2^* > 0$ . In the case of i), we see that  $E = E_0$ . In the case of ii), we see that  $E = E_1$ .

If  $x_1^* > 0$ , we see that  $x_2^* > 0$  from the equation of  $dx_2/dt$ . In this case  $E = E_2$ . In addition, we have the following

$$0 = \gamma(Q_m - Q^*) - \frac{\mu(Q^* - q_1)x_1^* + \mu(Q^* - q_2)x_2^*}{x_1^* + x_2^*}$$

$$\geq \gamma(Q_m - Q^*) - \mu(Q^* - q_2)$$

$$Q^* \geq \frac{\gamma Q_m + \mu q_2}{\gamma + \mu} = Q^1.$$
(2.17)

This proves the proposition.

Proposition 3 demonstrates that if the CS cell population survives, then the CR must also survive. Biologically, this makes sense, as the CR will always receive new mutated CR cells as ADT continues.

Next, we study the extinction of cancer cell populations and stability conditions for each of these steady states when feasible. Observe that we can not linearize at the steady state  $E_0$  since the last term of dQ/dt is not differentiable at  $E_0$ . This prevents us from carrying out a routine local stability analysis of  $E_0$ .

Proposition 4 below simply confirms the intuition that if both cancer cell populations growth rates are too low, they will die out eventually. For ease of computations in the following propositions, we shall define  $S_1(Q) = G_1(Q) - D_1(Q) - \lambda(Q)$  and  $S_2(Q) = G_2(Q) - D_2(Q)$ .

**Proposition 4.** Assume that  $S_1(Q_m) < 0$ , then CS population will die out. If in addition,  $S_2(Q_m) < 0$ , then both cancer populations will die out.

*Proof.* Observe that both  $S_1(Q)$  and  $S_2(Q)$  are strictly increasing with respect to positive values of Q. Since,

$$\frac{x_1'(t)}{x_1(t)} = G_1(Q) - D_1(Q) - \lambda(Q) - \delta_2 x_1.$$

and  $S_1(Q_m) < 0$ , we know that  $G_1(Q) - D_1(Q) - \lambda(Q) \le S_1(Q_m) < 0$  for any Q. Let  $m = -S_1(Q_m)$ , and since  $x_1(t) > 0$  we have that

$$\frac{x_1'(t)}{x_1(t)} \leq -m$$
$$x_1(t) \leq ce^{-mt}$$

Therefore  $\lim_{t\to\infty} x_1(t) = 0$ . Applying a similar but slightly more delicate comparison argument to  $x_2(t)$  with  $\lim_{t\to\infty} x_1(t) = 0$  yields that  $\lim_{t\to\infty} x_2(t) = 0$ . This completes the proof of this proposition.

The following proposition provides a simple set of conditions that yields the biologically realistic final outcome when sensitive cells are overtaken by resistant cells.

**Proposition 5.** The CR only steady state  $E_1$  is locally asymptotically stable when  $S_1(Q^1) < 0$  and  $S_2(Q^1) > 0$ .

*Proof.* The Jacobian matrix evaluated at  $E_1$  is given by:

$$J(E_1) = \begin{pmatrix} S_1(Q^1) & 0 & 0\\ \lambda(Q^1) & -S_2(Q^1) & \left(\frac{\mu q_2}{Q^2} + \frac{d_2}{(R_2 + Q)^2}\right) \frac{G_2(Q^1) - D_2(Q^1)}{\delta_2}\\ \frac{\mu \delta_2(q_1 - q_2)}{G_2(Q^1) - D_2(Q^1)} & 0 & -\gamma - \mu \end{pmatrix}.$$

The eigenvalues are the diagonal elements. We see that when  $G_1(Q^1) - D_1(Q^1) - \lambda_1(Q^1) < 0$  and  $G_2(Q^1) - D_2(Q^1) > 0$ , all diagonal elements are negative. Hence  $E_1$  is locally asymptotically stable.

If both CS and CI cells can proliferate under treatment, then the coexistence equilibrium maybe stable. Figure 2.2, displays the regions when this could happen. If CS cells have a high growth rate  $\mu$ , they may survive under relatively low levels of androgen. Alternatively, if these cells have a very low death rate  $d_1$ , they may persist as well.

**Theorem 2.4.1.** Assume that  $A\alpha < \min\{ca+cb+ab, ca+cb+B\beta, ac+\frac{aB\beta+A\lambda(Q^*)\beta}{b}\}$ ,  $S_1(Q^1) > 0$  and  $S_2(Q^1) > 0$ , then coexistence steady state  $E_2$  is locally asymptotically stable.

*Proof.* The Jacobian matrix evaluated at  $E_2$  is given by

$$J(E_2) = \begin{pmatrix} S_1(Q^*) - 2\delta_1(x_1^*) & 0 & S_1'(Q^*)x_1^* \\ \lambda(Q^*) & S_2(Q^*) - 2\delta_2x_2^* & S_2'(Q^*) + \lambda'(Q^*)x_1^* \\ \frac{Q^*x_1^*(G_2(Q^*) - G_1(Q^*))}{(x_1^* + x_2^*)^2} & -\frac{Q^*x_2^*(G_1(Q^*) - G_2(Q^*))}{(x_1^* + x_2^*)^2} & -(\gamma + \mu) \end{pmatrix}$$

From (2.7) we see that  $x_2^*$  is the solution of

$$-\delta_2(x_2^*)^2 + S_2(Q^*)x_2^* + \lambda(Q^*)x_1^* = 0.$$

Thus  $x_2^* = \frac{S_2(Q^*) + \sqrt{S_2(Q^*)^2 + 4\delta_2\lambda(Q^*)x_1^*}}{2\delta_2}$ . Evaluate  $J(E_2)$  at  $x_1^*$  and  $x_2^*$ , we obtain

$$J(E_2) = \begin{pmatrix} -S_1(Q^*) & 0 & S'_1(Q^*)x_1^* \\ \lambda_1(Q^*) & -\sqrt{S_2(Q^*)^2 + 4\delta_2\lambda_1(Q^*)x_1^*} & S'_2(Q^*) + \lambda'(Q^*)x_1^* \\ \frac{Q^*x_1^*(G_2(Q^*) - G_1(Q^*))}{(x_1^* + x_2^*)^2} & -\frac{Q^*x_2^*(G_1(Q^*) - G_2(Q^*))}{(x_1^* + x_2^*)^2} & -(\gamma + \mu) \end{pmatrix}$$

We write it as

$$J(E_2) = \begin{pmatrix} -a & 0 & A \\ \lambda(Q^*) & -b & B \\ \alpha & -\beta & -C \end{pmatrix},$$

where  $a = S_1(Q^*), b = \sqrt{S_2(Q^*)^2 + 4\delta_2\lambda(Q^*)x_1^*}, C = \gamma + \mu, \alpha = \frac{Q^*x_1^*(G_2(Q^*) - G_1(Q^*))}{(x_1^* + x_2^*)^2}, \beta = -\frac{Q^*x_2^*(G_1(Q^*) - G_2(Q^*))}{(x_1^* + x_2^*)^2}, A = S_1'(Q^*)x_1^*, B = S_2'(Q^*)x_2^* + \lambda'(Q^*)x_1^*.$  Then, the characteristic constant of the characteristic equation of t

teristic polynomial is given by

$$\rho(\phi) = \phi^3 + (a+b+C)\phi^2 + (Ca+Cb+ab-A\alpha+B\beta)\phi + abC + A\lambda(Q^*)\beta - Ab\alpha + aB\beta.$$

Since  $Q^* > Q^1$  and a is strictly monotone increasing with respect to Q. Then,  $S_1(Q^1) > 0$  which implies a > 0. With the same argument we have that b > 0. Our biological assumption that  $q_1 > q_2$  ensures that  $G_1(Q) - G_2(Q) < 0$  for any Q making  $\alpha, \beta > 0$ . Since  $S_1(Q)$  and  $S_2(Q)$  are monotonically increasing we also have that A, B > 0.

Then,

$$\rho(\phi) = \gamma_3 \phi^3 + \gamma_2 \phi^2 + \gamma_1 \phi + \gamma_0 \phi^2$$

where  $\gamma_3 = 1, \gamma_2 = c + a + b, \gamma_1 = ca + cb + ab - A\alpha + B\beta, \gamma_0 = abc - Ab\alpha + aB\beta + A\lambda(Q^*)\beta$ .

Now, we have shown that the individual components of  $\gamma_2$  are positive. The condition

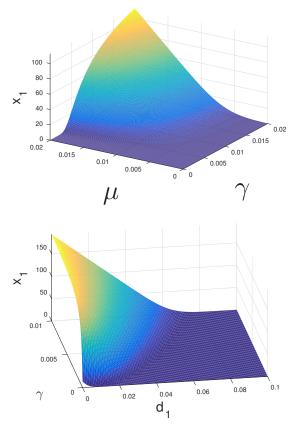
$$A\alpha < \min\{ca + cb + ab, ca + cb + B\beta, ac + \frac{aB\beta + A\lambda(Q^*)\beta}{b}\}$$
(2.18)

guarantees that  $\gamma_1 > 0$  and  $\gamma_0 > 0$ .

With a few routine algebraic steps, we see that

 $\gamma_2 \gamma_1 - \gamma_3 \gamma_0 > 0$   $c(ca + cb - A\alpha + B\beta) + a(ca + cb + ab - A\alpha) + b(ca + cb + ab + B\beta) > 0$ 

owing to (2.18). Therefore  $E_2$  is locally asymptotically stable according to the Routh-Hurwitz criterion.



**Figure 2.2:** Bifurcation Diagram Displaying  $x_1$  Cell Population Vs Parameters  $\mu$  and  $\gamma$  (Left) and  $\gamma$  and  $d_1$  (Right). This Figure Depicts the Regions in Which  $x_1$  Can Go Extinct. This Happens When Androgen Levels  $\gamma$  Are Very Low, or Cancer Cells' Proliferation Rate  $\mu$  Is Very Low, or Cancer Cells' Death Rate  $d_1$  Is Very High.

#### 2.5 Parameter Estimation

In order to perform realistic model simulations, we need to obtain reasonable parameter values and their ranges. We start by estimating the realistic ranges for each of them. Parameters  $\mu$ ,  $d_1, d_2$  are taken from Berges *et al.* (1995), where they assess the growth and death rates of prostate cells under different concentrations of androgen. In Ideta *et al.* (2008), it was shown that under continuous treatment the fastest resistance rate is  $c \approx .0001$ . The approximate levels at which sensitive and resistant cells proliferate was studied in Nishiyama (2013), from which we approximated  $q, q_1$ , and  $q_2$ .

In patients with no prostate cancer, PSA levels are usually less than  $5\frac{\mu g}{L}$ , accounting for benign tumor hyperplasia (Klotz and Toren (2012)). This implies that when tumor volume is near zero, the steady state of PSA given by:  $\frac{bQ}{\epsilon}$  shall be approximately  $5\frac{\mu g}{L}$ . Prostate tumor volumes are normally bounded by 80 mm in length and on average they are about 13.4 mm (Vollmer (2008)). Since all our patients have advanced prostate cancer we assumed a maximum length of 40 mm, and we compute the corresponding tumor volume assuming that tumors are spherical. Under complete androgen independence, tumor volume should not exceed 700 (mm<sup>3</sup>). Thus,  $\frac{\mu}{\delta} \approx$  $\frac{\mu}{\delta_2} + \frac{\mu}{\delta_2} \approx 700$  (mm<sup>3</sup>). Parameter  $Q_m$  is patient specific, and is taken from the maximum androgen serum concentration of each patient during the first 1.5 cycles of treatment. Parameter  $\gamma_1$  is held constant among every patient and  $\gamma_2$  has a range of  $0 - .01\frac{nmol}{Lday}$ . The half-saturation variables K, R, R1, and R2 are estimated from Everett *et al.* (2014). Table 4.1 shows definitions, ranges, units, and sources for each of the parameters in our models.

#### 2.6 Comparison of Models

We use data from the Vancouver Prostate Center to validate and compare the accuracy of each model. From the 109 patients registered, 103 were eligible for interruption of treatment, with a PSA response rate of 95% (Bruchovsky *et al.* (2006b)). Using the criteria of having at least 20 data points for both androgen and PSA in the initial 1.5 cycles, we select 62 from those 109 patients. The individual PSA and androgen mean square error (MSE) are provided in Table 4.2 from these 62 selected patients. Notice that PKN model did not include an androgen equation and thus we cannot compare the fittings of androgen with PKN model.

For PKN model, we interpolated androgen serum data using a cubic spline inter-

Par.	Definition	Range	Units	Source
$\mu$	Max prolif. rate	.00109	$day^{-1}$	Berges et al. (1995)
q	Min cell quota	.15	nM	Nishiyama (2013)
$q_1$	Min CS cell quota	.15	nM	Nishiyama (2013)
$q_2$	Min CR cell quota	.13	nM	Nishiyama (2013)
b	Prostate baseline PSA	0.1-2.5	$10^{-3} \frac{\mu g}{LnMday}$	Berges $et al.$ (1995)
$\sigma$	Tumor PSA prod. rate	.0019	$\frac{\mu g}{LnMmm^3day}$	Everett $et al.$ (2014)
$\epsilon$	PSA clearance rate	.00101	$day^{-1}$	Everett $et al.$ (2014)
d	Max cell death rate	.000109	$day^{-1}$	Berges $et al.$ (1995)
$d_1$	Max CS CDR	.00109	$day^{-1}$	Berges $et al.$ (1995)
$d_2$	Max CR CDR	.0001001	$day^{-1}$	Berges $et al.$ (1995)
$\delta_1$	Density death rate	$.1-9 \ 10^{-5}$	$1/{\rm day}/mm^3$	Vollmer $(2008)$
$\delta_2$	Density death rate	.01-4.5 $10^{-4}$	$1/{\rm day}/mm^3$	Vollmer $(2008)$
R	CDR half-satur. level	0-3	nM	Everett $et al.$ (2014)
$R_1$	CS CDR half-satur.	0-3	nM	Everett $et al.$ (2014)
$R_2$	CR CDR half-satur.	0-3	nM	Everett $et al.$ (2014)
$c_1$	Max CS to CR rate	$10^{-5} - 10^{-4}$	$day^{-1}$	Ideta $et al.$ (2008)
K	CS to CR half-satur.	0-1	nM	Everett et al. (2014)
$\gamma_1$	Testes androgen prod.	20	$day^{-1}$	ad hoc
$\gamma_2$	Androgen production	0.00101	$day^{-1}$	ad hoc
Q	Max androgen	15-30	nM	Berges $et al.$ (1995)
ν	death rate decay rate	.01	unitless	ad hoc

 Table 2.1: Parameter Definitions, Units, and Ranges.

polation between every androgen data point. That created a function in terms of time that was utilized as A in (2.12) and (2.13). We implemented the method used by Portz *et al.* (2012) for generating future androgen levels, by generating a rectangular function based on the average off and on-treatment serum androgen values. Parameter ranges were taken from Portz *et al.* (2012) and Everett *et al.* (2014), the reader is referred to these papers for more details on forecasting serum PSA levels and parameter values of PKN model. For every patient selected we fitted 1.5 cycles of treatment and performed parameter estimation. Then, to measure the forecasting ability of every model we ran the models for one more cycle of data using the parameters estimated from the initial 1.5 cycles.

	$\mathbf{PSA}$			Androgen		
	Min Mean Max Min			Min	Mean	Max
PKN Model	0.5119	9.4463	93.1587	N/A	N/A	N/A
Model 1	0.9735	8.6763	71.8471	5.0351	100.1071	710.2604
Model 2	0.2461	10.3993	137.4345	5.1283	101.4763	710.4412

Table 2.2: Comparison of MSE for Androgen and PSA for the First 1.5 Cycles.

To compare models, we conduct simulations with MATLAB's built in function fmincon, which uses the Interior Point Algorithm, to find the optimum parameters for each patient. The algorithm searches for a minimum value in a range of pre-specified

 Table 2.3: Comparison of Forecast MSE for PSA.

	Min	Mean	Max
PKN Model	12.234	162.5494	1868.6394
Model 1	11.3935	141.9280	1663.0218
Model 2	2.2727	56.3478	278.4050

parameter ranges, which we estimated from various literature sources. We use this algorithm to minimize the MSE for PSA and androgen data. The MSE is calculated with the following equations

$$P_{error} = \frac{\sum_{i=1}^{N} (P_i - \hat{P}_i)^2}{NP_i},$$
$$Q_{error} = \frac{\sum_{i=1}^{N} (Q_i - \hat{Q}_i)^2}{NQ_i},$$

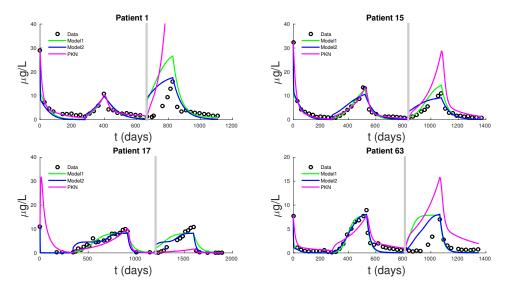
where N represents the total number of data points,  $P_i$  represents the PSA data value, and  $\hat{P}_i$  the value from the model. Likewise,  $Q_i$  represents the androgen data value, and  $\hat{Q}_i$  the value from the model. We then use an equally weighted combination of both errors

$$error = P_{error} + Q_{error},$$

as our objective function which is then minimized with fmincon.

Figure 2.3 shows PSA fitting and forecasting simulations for patients 1, 15, 17, and 63. We selected these patients to display the typical behavior shown in all 62 patients. Patient 1 shows that models 1, 2, and PKN fit data with about the same accuracy. However, PKN overshoots in forecasting and model 2 outperforms model 1 in forecasting. Patient 17 shows that PKN underestimates future PSA levels but model 1 and 2 both perform well. Patients 15 and 63 provide the cases where PKN does a better forecast while models 1 and 2 still do better. The rest of the patients can be classified similarly.

Table 4.2 documents the error of fitting 1.5 cycles of treatment and Table 2.3 displays the errors in forecasting one more cycle of treatment. On average, PKN and model 1 perform prediction at the same level of accuracy. However, model 2 performs prediction on average about three times better than PKN model and model 1.



**Figure 2.3:** Simulations of Fittings for Every Model for 1.5 Cycles of Treatment (Left of Gray Line), and One Cycle of Forecast (Right of Gray Line). For These Four Patients We Can See That Models Fit Data at Comparable Accuracy but Model 2 Perform Much Better in PSA Forecasting.

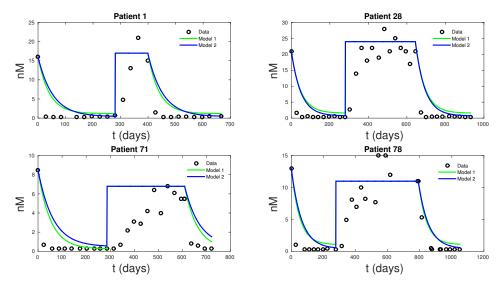


Figure 2.4: Simulations of Fittings of Androgen Levels for Models 1 and 2. These Two Models Have Comparable Goodness in Fitting Androgen Data as Their Derivations Are Very Similar.

#### 2.7 Discussion

The main goal of this research is to produce a model that is simple enough to be used by physicians as a treatment tool and has enough biological mechanisms to capture the individual characteristics of each patient in order to provide personalized accurate forecasts of PSA dynamics. To this end, we presented two models that can accurately fit clinical PSA and androgen data simultaneously. Existing models can only fit the PSA data. While these models are simplifications of PKN, they are just as accurate in data fitting and even better at forecasting future PSA levels. Model 1 had the lowest mean MSE for data fitting of all the models, followed by PKN, and Model 2. Not surprisingly, due to its more biologically realistic model assumptions, Model 2 had the lowest forecast MSE, with PKN doing the worst. The unreliability of PKN's forecasts stems from its dependence on androgen data and hence lacks the ability to predict androgen dynamics. For this reason, the androgen cell quota values which are not directly measurable from data and are a significant source of uncertainty for PKN model. For Models 1 and 2, Q is directly computable from clinical data.

The dynamics of Model 1 is simple and its mathematical analysis is straightforward. While the mathematical analysis of Model 2 is partially tractable, the stability and global stability of the cancer cell coexistence steady state remain unsettled. However, with our bifurcation analysis, we observe that under ADT,  $x_2$  cells may drive  $x_1$  cells to extinction. In Figure 2.2, we see that with lower and realistic levels of androgen production when the patient is under ADT,  $x_1$  cells will eventually become extinct even at higher level of proliferation compares to  $x_2$  cells. Thus, we concluded that under continuous treatment, almost all patient will eventually become androgen resistant. However, it is still not clear if IAS delays the speed at which this occurs. With the models presented in this work, we have moved closer to the ultimate goal of modeling the androgen resistance of prostate cancer.

Our work is limited by the small number of patients considered. We selected 62 patients that had at least 20 data points in the first 1.5 cycles of treatment. Using a larger time interval and more patients to calibrate models might reveal more subtle differences in the models' ability to fit data. Also, identifiability analysis to determine if our parameter values can be represented uniquely by clinical data is essential if these models are to be used in a clinical setting to reliably and accurately predict PSA dynamics. By allowing parameters to vary as treatment progresses and by studying the changes in key parameter values such as proliferation and death rates as functions of time might be useful to describe and predict resistance mechanisms as suggested in the work of Morken *et al.* (2014).

#### Chapter 3

# ARE MATHEMATICAL MODELS RELIABLE TOOLS FOR PREDICTING ANDROGEN RESISTANCE IN PROSTATE CANCER PATIENTS?

#### 3.1 Introduction

In the 1930s and '40s, Charles Huggins and his co-workers demonstrated that surgical castration usually caused a dramatic regression of prostate cancer; he shared the Nobel Prize in Medicine and Physiology in 1966 for this discovery (Denmeade and Isaacs (2002)). Today, androgen suppression therapy accomplishes the same goal without surgery. However, the therapy is expensive and has many adverse side effects such as sexual dysfunction and dementia (Bruchovsky *et al.* (2006a)).

Continuous androgen suppression therapy is the standard of care of patients with localized advanced prostate cancer after initial radiation treatment fails (Bruchovsky *et al.* (2006a); Nishiyama (2013); Crook *et al.* (2012); Bryce and Antonarakis (2016)). Androgen suppression therapy is expensive, and it has significant adverse side effects. Most patients eventually develop resistance to the treatment, after which the disease becomes more aggressive and prognosis is poor (Feldman and Feldman (2001); Deaths (2011)). Therefore, predicting when resistance will occur in a patient is critical to improving quality of life and avoid futile treatment. Intermittent androgen suppression therapy aims to reduce the side effects and delay the development of resistance by giving patients breaks from treatment, but the extent to which resistance is delayed is the subject of debate; continuous androgen suppression therapy remains the standard of care (Crook *et al.* (2012)).

Differential equation models of tumor dynamics usually contain many parameters

whose values may be difficult to estimate and usually are not measurable directly. Instead, they are estimated indirectly from clinical data. Identifiability analysis is a necessary step in a parameter estimation procedure, because it addresses whether it is possible to recover the model parameters uniquely from a given set of measurements (Eisenberg *et al.* (2013)). Mathematical models that are not identifiable may yield the same output for distinct parameter values (Audoly *et al.* (2001)). Furthermore, It is not possible to quantify the uncertainty in parameters that are unidentifiable.

Clinical trials of androgen suppression therapy typically include measurements of prostate specific antigen (PSA), the bio-maker used by physicians to stop and resume treatment cycles. Testosterone levels in the blood also can be obtained clinically. Testosterone drives the growth of healthy prostate cells and of castration sensitive cancer cells. Measurement of tumor volume such as by computer tomography or magnetic resonance imaging usually are not available. Thus, to quantify the uncertainty in estimates of model parameters, it is necessary to be able to associate unique values of parameters with a limited set of clinical measurements.

Many authors have proposed mathematical models to study the dynamics of prostate cancer during androgen suppression therapy (Jackson (2003); Ideta *et al.* (2008); Portz *et al.* (2012)). A review of some of these models is presented in the recent book of Kuang *et al.* (2016). Hirata *et al.* (2010) consider a three-cell population using a piece-wise linear model to fit clinical PSA data. Several investigators using Hirata *et al.* (2010)'s model have studied estimation of parameters (Guo *et al.* (2013); Tao *et al.* (2013)), optimal switching times and control in intermittent androgen suppression (Guo *et al.* (2013); Hirata *et al.* (2012a)), and forecasting castration resistant prostate cancer progression (Hirata *et al.* (2014b)). Portz *et al.* (2012) included androgen as a limiting nutrient for cancer growth. Many models have been developed based on the frameworks of the PKN model (Morken *et al.* (2014); Everett *et al.* (2014); Baez and

Kuang (2016)). More recently, Baez and Kuang (2016) proposed two simplifications to PKN model in order to have a more tractable model for mathematical analysis. Both models fit clinical PSA data with the same accuracy, and in addition can fit clinical testosterone data simultaneously. Several of these models postulate the existence of a population of castration-sensitive cells, that is, cells that respond to androgen suppression therapy, and a population of castration-insensitive cells that does not. Moreover, cells are assumed to be able to mutate from one type to the other.

In this paper, we review the Hirata *et al.* (2010) model, Portz *et al.* (2012) model, and both models presented in Baez and Kuang (2016). We study the *parameter identifiability* of each model. Since only predictions produced with an identifiable model can be trusted, we focus only on the Baez-Kuang model by Baez and Kuang (2016), the only model that has all of its parameters identifiable. For the Baez-Kuang model we perform uncertainty quantification using an ensemble Kalman filter (Hunt *et al.* (2007). Using an augmented state vector approach, we estimate both the states of the system and parameter values of the model (Moradkhani *et al.* (2005)). Using synthetic data, we compare our augmented state approach for parameter estimation to the widely used Nelder-Mead algorithm implemented in MATLAB. Using clinical data, we estimate parameters and confidence intervals to show that it is possible to estimate correct parameter values and future levels of PSA for individual patients. Then, we diagnose each patient for resistance in the next cycles of therapy.

# 3.2 Problem Definition

We consider the ordinary differential equation model of the form

$$\frac{d\mathbf{x}}{dt} = F(\mathbf{x}(t), \mathbf{p}) \tag{3.1}$$

$$\mathbf{y}(t) = \mathbf{H}(\mathbf{x}(t), \mathbf{p}) + \boldsymbol{\epsilon}(t)$$
(3.2)

where  $\mathbf{x}(t)$  is an *m*-dimensional state vector,  $\mathbf{p}$  is a *n*-dimensional vector of parameters, and  $\mathbf{H}(\mathbf{x}(t), \mathbf{p})$  is a mapping from the state space to the set of observables. (In principle, the set of observables may change from one measurement time to another, but in this paper, we assume that the set of available clinical measurements does not change.) The measurement noise  $\boldsymbol{\epsilon}(t)$  is assumed to be normally distributed with mean zero and a constant covariance matrix.

The degree of agreement to experimental measurements,  $\mathbf{y}(t_i)$ , with those predicted by the model,  $\mathbf{H}(\mathbf{x}(\mathbf{t}), \mathbf{p})$  is described by an objective function. We use the meansquared error (MSE), defined as

$$E(\mathbf{x}_0; \mathbf{p}) = \sum_{k=1}^{m} \sum_{i=1}^{N} \frac{\left(H(x_k(t_i), \mathbf{p}) - y_k(t_i)\right)^2}{n},$$
(3.3)

which measures the difference between a model and the data.

Structural identifiability refers to the question of whether the components of  $\mathbf{p}$  can be inferred uniquely from a given set of measurements under the assumption that  $\epsilon(\mathbf{t}) =$  $\mathbf{0}$  (i.e., in the noise-free case). Structural identifiability is a necessary condition for finding solutions to the real data problem that includes noisy measurements (Saccomani and D'Angiò (2009); Audoly *et al.* (2001); Wu *et al.* (2008); Eisenberg *et al.* (2013)). Structural identifiability can be approached globally or locally. Global identifiability holds for all possible parameter values, i.e. independently of the actual parameter values, and local identifiability holds around a specific point in the parameter space. We follow the definition of Eisenberg *et al.* (2013) for global structural identifiability of parameters.

**Definition 3.2.1.** For a given ODE model  $\dot{\boldsymbol{x}} = \mathbf{H}(\mathbf{x}(t), \mathbf{p})$  and output  $\mathbf{y}(t)$ , an individual parameter p is globally structurally identifiable if for almost every value  $p^*$  and almost all initial conditions, the equation  $\mathbf{y}(\mathbf{x}(t), p^*) = \mathbf{y}(\mathbf{x}(t), p)$  implies  $p = p^*$ .

Achieving global structural identifiability is possible only for simple models (Audoly *et al.* (2001); Quaiser and Monnigmann (2009)). *Global structural identifiability* becomes unfeasible for complex non-linear models. Thus, in this paper, we limit this approach to the only linear model, the Hirata model (3.8-3.9). For more complex models we perform *local structural identifiability*. We describe the details of the method used on Appendix A.

Practical identifiability refers to the question of whether the components of  $\mathbf{p}$  can be estimated (with confidence bounds) from noisy measurements using a Kalman filter or other scheme. Structural identifiability is necessary for practical identifiability. We address the practical identifiability of the Baez-Kuang model as is the only model with all structurally identifiable parameters. We use synthetic data in section 3.5.2 to estimate confidence intervals for each parameter. Parameters with large confidence intervals indicate practical identifiability problems to determine the correct parameter values.

#### Fisher Information Matrix Method

For complex systems with many parameters, we can detect any unidentifiable parameter combinations and unobservable parameters using the Fisher Information Matrix (FIM) (Jacquez and Greif (1985); Raue *et al.* (2014)). The FIM has been used as part of methods developed by many researchers to study identifiability (Quaiser and Monnigmann (2009); Miao *et al.* (2011); Eisenberg and A.L. Hayashi (2014); Jacquez and Greif (1985)). The FIM uses the sensitivity of the model outputs at discrete time points  $t_i$ , with respect to the parameters. The sensitivity information is stored in the sensitivity matrix S, which is a block matrix that consists of  $m \times n$  time dependent blocks  $\beta(t_i)$ .

$$S = \begin{pmatrix} \beta(t_1) \\ \beta(t_2) \\ \vdots \\ \beta(t_i) \end{pmatrix}$$

The entries of  $\beta(t_i)$  are called sensitivity coefficients. For a parameter  $p_j \in \mathbf{p}$ , and fixed time  $t_k$ , the sensitivity of a state variable  $x_i(t) \in \mathbf{x}(t)$  is given by

$$\beta_{ij}(t_k) = \frac{\partial H(x_i(t), \mathbf{p})}{\partial p_j}.$$
(3.4)

Using the sensitivity matrix, we compute  $FIM = S^T S$ , which represents the amount of information contained in the model (Eisenberg and A.L. Hayashi (2014)). The rank of the FIM corresponds to the number of observable parameters in **p**. Observability is a measure for how well internal states of a system can be inferred by knowledge of its external outputs (Wu *et al.* (2008)). A parameter that is not observable by definition cannot be identifiable, but an observable parameter might not be identifiable either. Thus, a rank deficient FIM indicates the presence of unobservable parameters, and a full rank FIM indicates that all parameters are observable. After we determine *parameter observability* we then look for parameter dependencies that might indicate that a pair of parameters that are not distinguishable from each other.

According to the Cramr-Rao theorem,  $C = FIM^{-1}$  represents the error covariance matrix of the minimum variance unbiased estimator Rodriguez-Fernandez *et al.* (2006). The correlation matrix (CM) which elements are the approximate correlation coefficients between the i-th and the j-th parameter, is defined by:

$$CM_{ij} = \frac{C_{ij}}{\sqrt{C_{ii}C_{jj}}} \tag{3.5}$$

$$CM_{ij} = 1, i = j$$
 (3.6)

Locally identifiable parameters will have correlations with all parameters between -1 and 1, but usually non-zero because they are typically not orthogonal (Jacquez and Greif (1985)).

## Profile Likelihood Method

The identifiability of a parameter might be determined by the higher order terms ignored in the linearization of the FIM method. Therefore, we apply the identifiability method introduced by Raue *et al.* (2009) known as the profile likelihood (PL) method to check identifiability of parameter pairs using the full system. PL approach determines the identifiability of the model parameters by posing a parameter estimation problem, with perfect data to address structural identifiability or with noisy data to address practical identifiability. The profile likelihood function takes the form

$$L(p_i) = \min_{\substack{p_{j \neq i}}} (E(x_0; \mathbf{p}))$$
(3.7)

which 'profiles' an element  $p_i$  of the parameter vector  $\mathbf{p}$  by fixing its value across a range of values, and fitting all remaining parameters  $p_{j\neq i}$  for each fixed value of  $p_i$ , using the likelihood function L as the objective function. The minimum value of the likelihood function for each parameter value constitutes the likelihood profile for the fixed parameter. A parameter is structurally unidentifiable when its likelihood profile is flat across its range. For unidentifiable parameters, the best fit values of the other parameters may indicate the functional form of pairwise parameter dependencies (Raue *et al.* (2009); Eisenberg and A.L. Hayashi (2014)). We call parameter dependencies identifiable parameter combinations, which are combinations of parameters that are not identifiable by themselves but their combination is identifiable. These parameters will appear in the correlation matrix as having either 1 or -1.

### 3.3 Structural Identifiability of Prostate Models

In this section we present several mathematical models from literature to test their structural identifiability.

## 3.3.1 Unidentifiability of Hirata Model

First, we study the structural identifiability of the Hirata model (Hirata *et al.* (2012a,b, 2010, 2014b)). This model considered a castration sensitive cell population  $(x_1)$ , a reversible castration resistant cell population  $(x_2)$ , and an irreversible castration resistant cell population  $(x_3)$ , modeled by the following:

$$\frac{d}{dt} \begin{pmatrix} x_1(t) \\ x_2(t) \\ x_3(t) \end{pmatrix} = \begin{pmatrix} w_{1,1}^{on} & 0 & 0 \\ w_{2,1}^{on} & w_{2,2}^{on} & 0 \\ w_{3,1}^{on} & w_{3,2}^{on} & w_{3,3}^{on} \end{pmatrix} \begin{pmatrix} x_1(t) \\ x_2(t) \\ x_3(t) \end{pmatrix}$$
(3.8)

for the on-treatment period and

$$\frac{d}{dt} \begin{pmatrix} x_1(t) \\ x_2(t) \\ x_3(t) \end{pmatrix} = \begin{pmatrix} w_{1,1}^{off} & w_{1,2}^{off} & 0 \\ 0 & w_{2,1}^{off} & 0 \\ 0 & 0 & w_{3,3}^{off} \end{pmatrix} \begin{pmatrix} x_1(t) \\ x_2(t) \\ x_3(t) \end{pmatrix}$$
(3.9)

for the off-treatment periods. PSA levels P are modeled by

$$P = x_1(t) + x_2(t) + x_3(t). (3.10)$$

This model incorporates three different cancer cell populations and tries to understand the mechanism of resistance by estimating the transition parameters (Hirata *et al.* (2010)). Since this model looks at specific parameters to predict resistance, we need to address whether parameters can be determined from data (*observable*), and if the values determined are unique (*identifiable*). Since this model is piece-wise

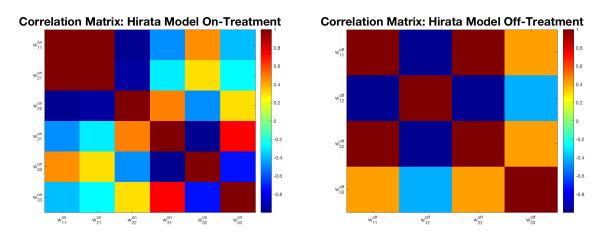
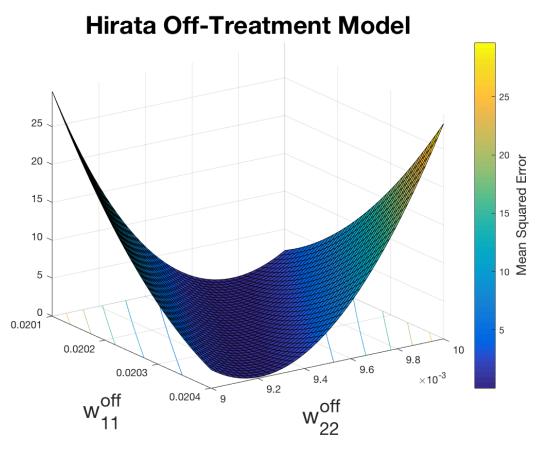


Figure 3.1: Correlation Matrix for Hirata On-treatment and Off-treatment Phases.

linear, we can perform identifiability analysis both globally and locally. The details of global identifiability for the Hirata model are in Appendix B. We separate Hirata model into two models for identifiability purposes, we refer to Hirata on-treatment and off-treatment. We show that the off-treatment Hirata model is not identifiable globally, since it is the simplest case with the least number of parameters. In Appendix B, we see that parameters  $w_{11}^{off}$  and  $w_{22}^{off}$  are not identifiable from each other globally. Since all parameters appear in the transfer function, all parameters are observable. We see from Figure 3.1, that indeed parameters  $w_{11}^{off}$  and  $w_{22}^{off}$  have a correlation of exactly 1. Therefore, a change in one of them can be compensated a change in the other without modifying the output. The FIM generated is full rank, agreeing with the transfer function method that all parameters are observable. Now, we can use the profile likelihood method to show the type of functional relationship of these parameters, this is illustrated in Figure 3.2. In this case, we know the global identifiability from the transfer function method. However, in cases where this information is not available we can use the PL method to check if the identifiability of parameters could be obtained by using the full system over a range of values.

Hirata model has been tested and can fit clinical data remarkably well using a



**Figure 3.2:** Profile Likelihood Function Values (Eq 3.7) for the for Hirata Offtreatment Model (3.9) with Parameters  $w_{11}^{off}$  and  $w_{22}^{off}$ , Using Eq 3.10 as the Observation Function for PSA.

penalty method. However, since two of its main parameters that the model depends for forecasting cannot be validated as multiple values will produce the same results. We understand that if a model is relatively insensitive to a particular parameter, we can simply fix  $w_{11}^{off}$  and extract  $w_{22}^{off}$  from the data. However, in Figure 3.6 we see that when we fix  $w_{11}^{off}$  we get widely varying outputs for future PSA data while having the same fittings for previous data. Therefore, this model is not reliable to make predictions on future levels of PSA.

#### 3.3.2 Unidentifiability of PKN Model

The PKN model assumes constant death rates for cancer cells  $(d_1, d_2)$ . Castration sensitive, $(x_1)$  and castration resistant cells  $(x_2)$ , have androgen cell quota  $Q_1, Q_2$ respectively. The function  $\lambda_1(Q_1)$  is the transition rate of  $x_1$  cells to  $x_2$  cells and and  $\lambda_2(Q_2)$  is the transition from  $x_2$  to  $x_1$ . A denotes the serum androgen concentration which is interpolated from the data. PSA is denoted by P. This model only has P as an observable output and A as an observable input. For a more detailed explanation of this model the reader is referred to Portz *et al.* (2012).

$$\frac{dx_1}{dt} = \left(\mu_m \left(1 - \frac{q_1}{Q_1}\right) - d_1 - \lambda_1(Q_1)\right) x_1 + \lambda_2(Q_2) x_2 \tag{3.11}$$

$$\frac{dx_2}{dt} = \left(\mu_m \left(1 - \frac{q_2}{Q_2}\right) - d_2 - \lambda_2(Q_2)\right) x_2 + \lambda_1(Q_1) x_1 \tag{3.12}$$

$$\frac{dQ_1}{dt} = v_m \frac{q_m - Q_1}{q_m - q_1} \frac{A}{A + v_h} - \mu(Q_1 - q_1) - bQ_1$$
(3.13)

$$\frac{dQ_2}{dt} = v_m \frac{q_m - Q_2}{q_m - q_2} \frac{A}{A + v_h} - \mu(Q_2 - q_2) - bQ_2 \tag{3.14}$$

$$\frac{dP}{dt} = \sigma(x_1 + x_2) + \frac{\sigma_1 x_1 Q_1^m}{Q_1^m + \rho_1^m} + \frac{\sigma_2 x_2 Q_2^m}{Q_2^m + \rho_2^m} - \delta P$$
(3.15)

Since the PKN model is very complex with many parameters, we perform only *local identifiability* via FIM method. The FIM for this model is rank 17. Since this model has 21 total parameters, at least 4 of them are not observable from data, and thus cannot be identified. The unobservable and unidentifiable parameters are probably due to having only PSA as an observable output. From the correlation matrix in Figure 3.3, we see that there are a total of 8 unidentifiable parameter combinations. That is, pairs of parameters that have correlations 1 or -1. In Figure 3.6, we visualize the effect of the unidentifiability. We fix  $\mu_m$  at different values and fit all remaining parameters for two cycles of treatment, for the first two cycles we have the exact same

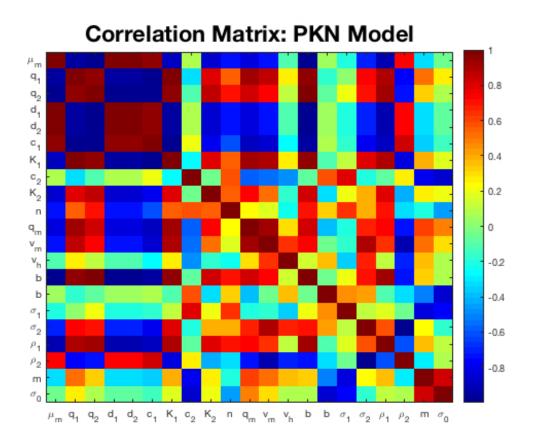


Figure 3.3: Correlation Matrix of PKN Model

fit for each fixed value of  $\mu_m$  but we get different predictions afterwards. Even thou this model is useful for the understanding of the mechanisms of prostate cancer it is not a reliable model to make predictions on future PSA levels. Everett *et al.* (2014) and Morken *et al.* (2014) have used this model to study predictability of resistance and the pathways that lead to androgen resistance.

## 3.3.3 Unidentifiability of the Two-Population Model

The two-population model introduced in Baez and Kuang (2016) is a modification of PKN model. The aim is to take advantage of the free diffusion of androgen through the prostate membrane and use the serum androgen levels as the limiting nutrient. The two-population model (3.16-3.19) explicitly differentiates between castration sensitive and castration resistant cells.  $x_1$  and  $x_2$  denote the castration sensitive and castration resistant cell populations respectively. The proliferation of each cancer cell population is denoted by

$$\mu\left(1-\frac{q_i}{Q}\right), i=1,2$$

for  $x_1$  and  $x_2$  respectively. For each respective population at androgen levels below  $q_i$  prostate cells do not proliferate. Since castration resistant cell populations proliferate at lower levels of androgen, it is assumed that  $q_2 < q_1$ . Death rates are denoted by:

$$d_i \frac{R_i}{Q+R_i}, i = 1, 2,$$

for their respective cell populations. It is assumed that  $d_1 > d_2$ , as castration resistant cells are less susceptible to apoptosis by androgen deprivation than castration sensitive cells. Parameters  $\delta_i$ , i = 1, 2 denote the density dependent death rates and are used to keep the maximum tumor volume to biological ranges.

Mutation between cell populations takes the form of a hill equation given by:

$$\lambda(Q) = c \frac{K}{Q+K}$$

The castration sensitive to castration resistant rate,  $\lambda(Q)$ , is small for normal androgen levels and high for low concentrations. It is assumed that when cells are experiencing androgen depletion, they have higher selective pressure to develop resistance. Likewise, in androgen rich environment castration sensitive cells are more likely to stay sensitive. For specific details on the model and parameter definitions, the reader is referred to Baez and Kuang (2016). Similar to Morken *et al.* (2014), we can study this model to understand the mechanisms of resistance but we need to make sure it is identifiable to make accurate predictions.

Castrate Sensitive to Castrate Resistant

The FIM for this system has rank 15, the model has a total of 17 parameters, which implies two are unobservable. Figure 3.4, shows that there are a total of 6 parameters pairs that have correlation 1 or -1. These parameter are indistinguishable from each other. Thus, there are at least 6 unidentifiable parameters in the model. We see that taking advantage of the free diffusion through the prostate membrane improves the identifiability of model parameters by reducing the number of *unobservable parameters*. However, due to the inability to observe tumor volume, we still cannot identify the transition rates between the two types of tumor cells. Figure 3.5, shows that parameter c and K have multiple minimum values in the profile likelihood function.

$$\frac{dx_1}{dt} = \left(\mu\left(1 - \frac{q_1}{Q}\right) - d_1\frac{R_1}{Q + R_1} + \delta_1 x_1\right)x_1 - \lambda(Q)x_1$$
(3.16)

$$\frac{dx_2}{dt} = \left(\mu\left(1 - \frac{q_2}{Q}\right) - d_2\frac{R_2}{Q + R_2} + \delta_2 x_2\right)x_2 + \lambda(Q)x_1$$
(3.17)

$$\frac{dQ}{dt} = \gamma(Q_m - Q) - \frac{\mu(Q - q_1)x_1 + \mu(Q - q_2)x_2}{x_1 + x_2}$$
(3.18)

$$\frac{dP}{dt} = bA + \sigma(Qx_1 + Qx_2) - \epsilon P \tag{3.19}$$

## 3.3.4 Identifiability of Baez-Kuang Model

The Baez-Kuang model is the second model introduced in Baez and Kuang (2016), where the mechanism of resistance is simplified and estimated using a monotonically decreasing androgen dependent death rate function. In this model, tumor cell volume is denoted by x, and it is assumed that the total volume is a combination of castration sensitive and castration resistant cells. Intracellular androgen cell levels are denoted by Q, and PSA levels by P. An androgen-dependent death rate is assumed, where R denotes the half saturation level. The time dependent maximum baseline death rate  $\nu$ , which decreases exponentially at rate d reflects the cell castration-resistance

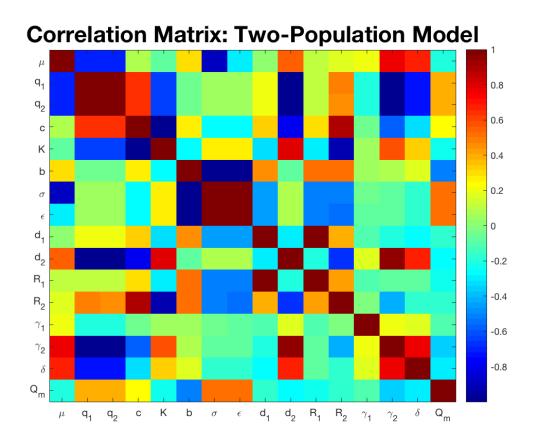


Figure 3.4: Correlation Matrix of the Two-Population Matrix

development due to the decreasing death rate.

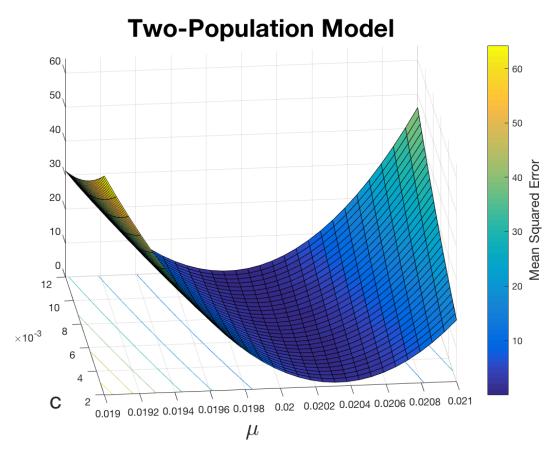
$$\frac{dx}{dt} = \underbrace{\mu\left(1 - \frac{q}{Q}\right)x}_{\text{growth}} - \underbrace{\left(\nu\frac{R}{Q+R} + \delta x\right)x}_{\text{death}}$$
(3.20)

$$\frac{d\nu}{dt} = -d\nu \tag{3.21}$$

$$\frac{dQ}{dt} = \underbrace{\gamma}_{\text{production}} \underbrace{(Q_m - Q)}_{\text{diffusion}} - \underbrace{\mu \left(Q - q\right)}_{\text{uptake}} \tag{3.22}$$

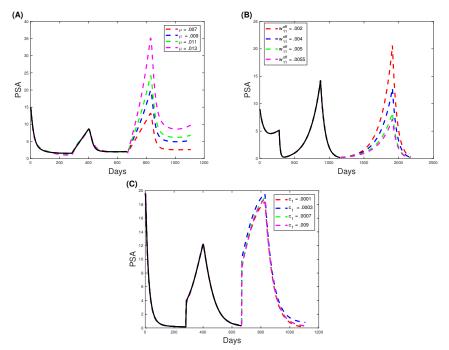
$$\frac{dP}{dt} = \underbrace{bQ}_{\text{baseline}} + \underbrace{\sigma xQ}_{\text{tumor production}} - \underbrace{\epsilon P}_{\text{clearance}}$$
(3.23)

We have 11 parameters, and the corresponding FIM is rank 11, which indicates that all parameters are observable with perfect data. Since this model does not have transition of prostate cell types, and the death rate follows a separate dynamic, this model does



**Figure 3.5:** Profile Likelihood Function Values (Eq 3.7) for the Two-population Model (3.16-3.19) for Parameters c and  $\mu$ , Using Psa and Androgen as the Observable Outputs.

not exhibit any dependencies on its parameters. Figure 3.8, shows that there are no parameter correlations in the model that are 1 or -1. We apply the profile likelihood method to see if the full model is identifiable within a given range of values. Figure 3.7 shows a representative example of the profile likelihood of two parameters for the Baez-Kuang Model, the graph of MSE, equation (3.7), has a bounded region where MSE is minimized as a function of parameters  $\mu$  and c at a single point. Therefore, all parameters in the Baez-Kuang model are identifiable.

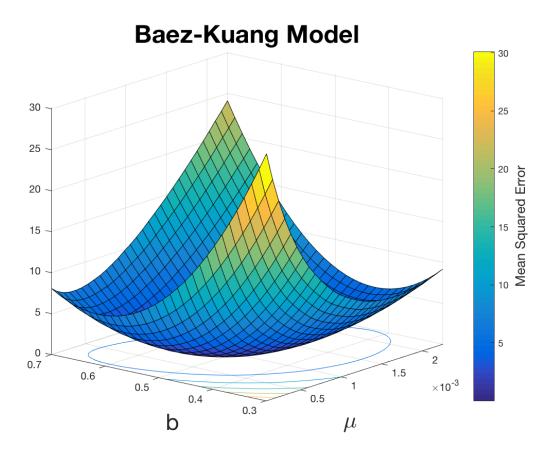


**Figure 3.6:** The Solid Black Curve in Each Plot Represents the Model Output after Fitting the Parameters Using Matlab's Fminsearch. The Dashed Line Represent Predictions Generated from the Same Parameters as the Solid Line. (A) Pkn Model Equations 3.11-3.15 (B) Hirata Model Equations 3.8-3.9 (C) Two-population Model Equations 3.16-3.19.

## 3.4 Sensitivity Analysis

Sensitivity analysis is used to understand which parameters play an important role in the model, as well as to determine points in time at which data collection is more beneficial, which are displayed as peaks in the sensitivity function (Banks *et al.* (2007); Gonnet *et al.* (2012)). A way to compare parameter influences on state variables is to use the normalized sensitivities. This approach was briefly presented in Baez and Kuang (2016), which gives a snapshot of the relative parameter sensitivities at a single time point. However, if we want to study the sensitivity over a time interval we need time dependent sensitivities.

Parameter sensitivities' time evolution follows a system of ODEs given by differen-



**Figure 3.7:** Profile Likelihood Function Values (Eq 3.7) for the Baez-Kuang Model (4.1-3.23) for for Maximal Tumor Growth  $\mu$  and Prostate Baseline PSA Production b, Using PSA and Androgen as the Observable Outputs.

tiating Eq B.1 with respect to t.

$$\dot{s}_k(t, p_k) = \frac{\partial^2 x(t, \mathbf{p})}{\partial p_k \partial t} = J(\mathbf{x}(t), \mathbf{p}) s_k(t, p_k) + \frac{\partial F(t, \mathbf{p})}{\partial p_k}$$

where  $J(\mathbf{x}(t), \mathbf{p})$  is the Jacobian matrix of  $F(\mathbf{x}(t), \mathbf{p})$  with respect to  $\mathbf{x}(t)$ . Thus, for a given parameter, the linear tangent model yields a corresponding set of sensitivity equations that we solve with trivial initial conditions (Banks *et al.* (2007); Yue *et al.* (2006)). For the Baez-Kuang model (4.1-3.23), system 3.24 provides an illustrative example of the sensitivity equations with respect to parameter  $\mu$ .

We solve the original the Baez-Kuang model system of equations (4.1-3.23) for

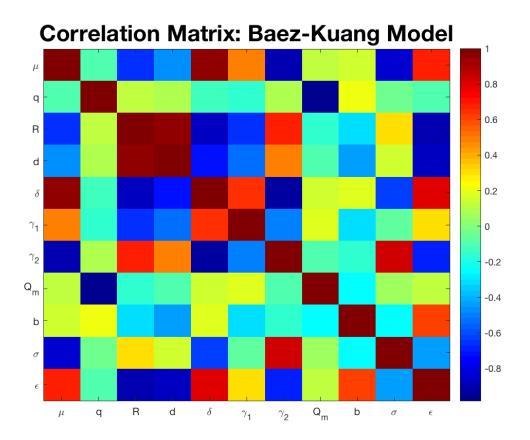


Figure 3.8: Correlation matrix of the Baez-Kuang Model.

specific parameter values. We generate those parameters from a patient by fitting results within the parameter ranges given in Baez and Kuang (2016) using a Nelder-Mead algorithm. Then we solve the non-autonomous linear system of sensitivity equations for parameters  $\mu$  and d. In Figure 3.9c, we observe a spike in the sensitivity function after the off-treatment phase. Thus, parameter  $\mu$  holds the most information about PSA in the second cycle of treatment and less during the first treatment cycle. In order to capture the information on the growth rate of cancer cells we need to observe its dynamics when they are not subject to androgen suppression. Figure 3.9f shows that for parameter d, there is a spike in the sensitivity function for cancer cells during the on-treatment phase. Therefore, it is crucial for a parameter estimation problem to have both the initial on-treatment and off-treatment periods so that more information is captured. Since intermittent androgen suppression has not been shown to be detrimental to patients compared to continuous androgen suppression therapy, we see that from the sensitivity analysis it is favorable to have an intermittent schedule. In order to capture more dynamics from the model which is not be possible during continuous treatment.

$$\dot{S}_{\mu} = \begin{pmatrix} -c\gamma_{1} - \gamma_{2} - \mu & 0 & 0 & 0 \\ \frac{\mu q X(t)}{Q(t)^{2}} + \frac{RV(t)X(t)}{(Q(t)+R)^{2}} & \mu \left(1 - \frac{q}{Q(t)}\right) - \frac{RV(t)}{Q(t)+R} - 2\delta X(t) & 0 & -\frac{RX(t)}{Q(t)+R} \\ b + \sigma X(t) & \sigma Q(t) & -\epsilon & 0 \\ 0 & 0 & 0 & -d \end{pmatrix} \begin{pmatrix} S_{\mu}^{Q} \\ S_{\mu}^{X} \\ S_{\mu}^{V} \\ S_{\mu}^{V} \end{pmatrix} + \begin{pmatrix} -(Q(t) - q) \\ \left(1 - \frac{q}{Q(t)}\right) X(t) \\ 0 \\ 0 \end{pmatrix} \quad (3.24)$$

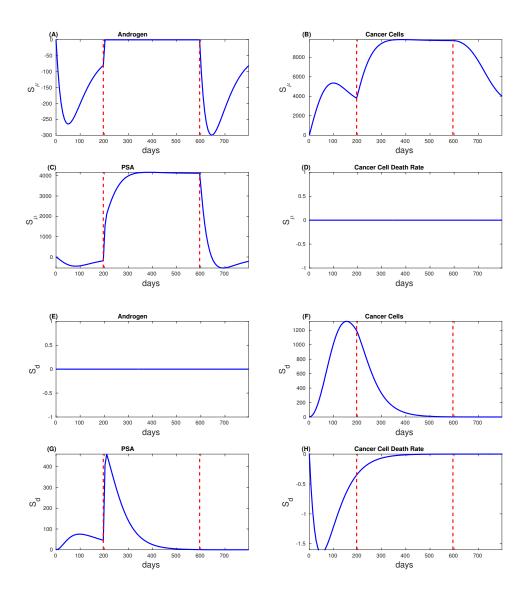
3.5 Baez-Kuang model Data Assimilations

## 3.5.1 Data Used

We use data from the Vancouver Prostate Center to validate and compare the accuracy of each model. From the 109 patients registered, 103 were eligible for interruption of treatment, with a PSA response rate of 95% (Bruchovsky *et al.* (2006a)). From the 103 patients we select a subset of 38, using the criteria of having at least 20 data points for both androgen and PSA in the initial 1.5 cycles. Also, patients did not exhibit resistance in the first 2 complete cycles of treatment. We shall compare the data assimilation approach for parameter estimation to the method used in Baez and Kuang to address the effectiveness of this technique.

## 3.5.2 Parameter Estimation

There is a straight forward theory for the estimation of parameters Jazwinski (2007); Carrassi and Vannitsem (2011); Yang and Delsole (2009); Lahoz *et al.* (2010); Baek *et al.* (2006); Moradkhani *et al.* (2005) using the augmented state space approach. We define, the augmented state vector  $x^*$  with dimension m + n as



**Figure 3.9:** The Parameter Sensitivities,  $s_{\mu}$ , of Each Component of the Baez-kuang Model (4.1-3.23), as a Function of Time. (A)-(D)Functions of Each Model Component with Respect to the Rate  $\mu$ . (E)-(H) Similarly, but for the Cell Death Component d.

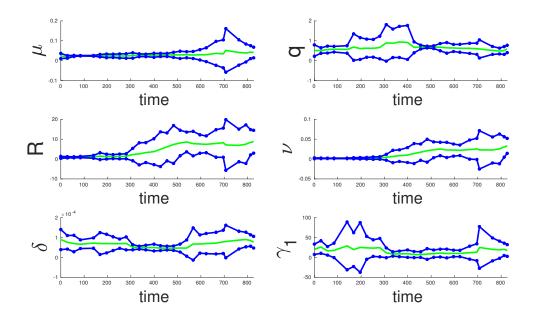


Figure 3.10: Blue Lines Denote the Maximum and Minimum Values. The Green Line Denotes the Most Likely Value.

$$\mathbf{x}^* = egin{bmatrix} \mathbf{x} \ \mathbf{p} \end{bmatrix}$$

Because model parameters are not observed, the observation operator for the augmented model is

$$\mathbf{H}^* = \begin{bmatrix} \mathbf{H} \\ 0 \end{bmatrix},$$

where 0 is a n by m zero matrix. Then, an ensemble Kalman Filter to this new augmented system. For an overview of the details of the ensemble Kalman Filter the reader is referred to Hunt *et al.* (2007). Figure (3.10) shows how we estimate the parameters over time and keep track of the ranges as a confidence interval.

## Synthetic Data

We generate synthetic data for the Baez-Kuang model using parameters in the ranges given in Baez and Kuang (2016) at various noise levels. Thus, we are testing how the model fits data when the only source of error comes from the data measurement. In a sequel paper, the authors shall address the problem of model bias, but for this work we only address measurement error. We run 100 simulations at %5 and %20 noise, and estimate parameters using the augmented state approach and also using MATLAB's built in function fminsearch. We see that for low levels of noise, %5, fminsearch can approximate parameters better than the augmented state approach. We believe that when noise is so low simply finding the best fit is sufficient. However, for higher levels of noise, the augmented space produces a tighter and more accurate range of values. Figure 3.12 shows the distributions of parameter  $\mu$  for %5 and %20 percent noise. We use  $\mu$  and d since Baez and Kuang (2016) show that those parameters are the most sensitive in the system. The results of parameter estimates is summarized in Table 3.1 for fminsearch method and in Table 3.2 for the augmented state method. We see that we have small standard deviations for our estimated parameter values.

## Clinical Data

The goal of our modeling of prostate cancer under androgen suppression is to predict androgen resistance. In order to accomplish this goal we must use real clinical data. Using our subset of 38 patients we perform parameter estimations with the augmented state approach for 1.5 cycles and 2 cycles of treatment. Based on our results with synthetic data, the augmented state approach is more suitable to estimate parameters at higher noise levels. Since PSA data has error closer to %20, we use the augmented state approach. After estimation, we use the ensemble of parameter values to predict

the future levels of PSA.

Par.	Min	Mean	Max	Abs. Error	Rel. Error
μ	$1.712\times10^{-2}$	$2.094\times10^{-2}$	$2.881 \times 10^{-2}$	$9.365\times10^{-4}$	$4.682 \times 10^{-2}$
q	$2.646\times 10^{-5}$	$3.717\times10^{-1}$	.9	.1283	.2567
R	.0123	$4.557\times 10^{-1}$	.8	$4.432\times 10^{-2}$	$8.864\times10^{-2}$
d	$1.199\times 10^{-8}$	$2.351\times 10^{-2}$	$8.999\times 10^{-2}$	$3.508\times10^{-3}$	.1754
δ	$7.02  imes 10^{-5}$	$9.706\times10^{-5}$	$2.999\times 10^{-4}$	$2.941\times 10^{-6}$	$2.941\times 10^{-2}$
$\gamma_1$	15.01	18.93	25.00	1.073	$5.364\times10^{-2}$
$\gamma_2$	$5.001\times10^{-6}$	$1.310\times 10^{-3}$	$2.959\times 10^{-2}$	$3.103\times10^{-4}$	.3103
$Q_m$	12.36	16.92	21.41	$7.683\times10^{-2}$	$4.519\times10^{-3}$
b	.2019	$5.464\times10^{-1}$	.9000	$4.636\times 10^{-2}$	$9.273\times10^{-2}$
σ	$4.073\times10^{-4}$	$1.288\times10^{-2}$	$2.846\times10^{-2}$	$7.121\times10^{-3}$	.3561
	.1455				.2771

**Table 3.1:** Table Fminsearch Parameters at %20 Noise.

# 3.6 Conclusion

In this work, we proposed an alternative approach to the estimation of parameters and proposed a method for making predictions. With our approach, we are able to have a measure of uncertainty and also fit data to the same accuracy than the standard Nelder-Mead algorithm in MATLAB using synthetic data. Table 3.1 shows the parameter ranges and mean values for the parameters estimated using the Fminsearch algorithm and Table 3.2 shows how the results for the ensemble Kalman filter approach. There were a total of 9 patients that developed resistance after the fifth cycle of treatment. Forecasting one cycle of data resulted in the prediction of 4 patients with

Par.	Min	Mean	Max	Abs. Error	Rel. Error
$\mu$	$1.985\times10^{-2}$	$2.213\times10^{-2}$	$2.730\times10^{-2}$	$2.096\times10^{-3}$	.1048
q	1.057	1.883	2.349	1.393	2.786
R	.5411	1.871	3.199	1.371	2.743
d	.1825	.3372	.4774	.3188	1.594
$\delta$	$1.243\times10^{-4}$	$1.326\times10^{-4}$	$1.533\times10^{-4}$	$3.261\times 10^{-5}$	.3261
$\gamma_1$	3.840	4.796	6.090	15.20	.7602
$\gamma_2$	$5.508 \times 10^{-6}$	$2.072\times10^{-4}$	$9.063\times10^{-4}$	$8.273\times10^{-4}$	.8273
$Q_m$	17.61	17.91	18.89	.8991	$5.289\times 10^{-2}$
b	2.845	3.471	4.276	2.954	5.909
$\sigma_1$	$7.489\times10^{-2}$	$8.299\times 10^{-2}$	$9.287\times 10^{-2}$	$6.281\times 10^{-2}$	3.141
	2.813	3.049			2.804

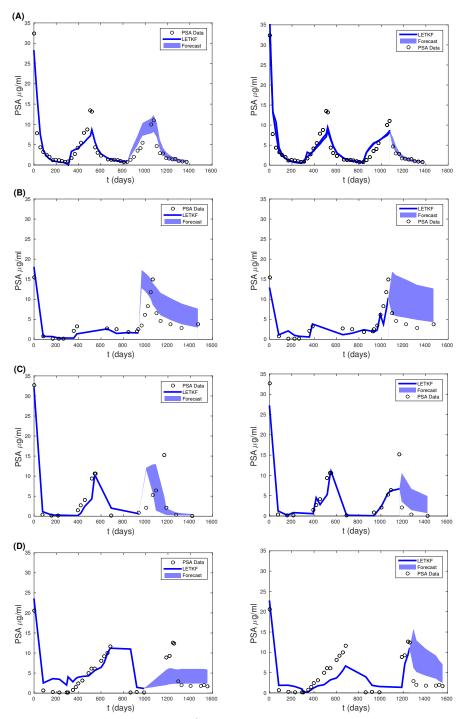
 Table 3.2:
 Table Kalman Filter Parameters at %20 Noise

resistance and one with false positive resistance. Predicting two cycles resulted in predicting correctly 3 patients with resistance and no false positives. That is a 100 perfect accuracy in predicting non resistance for the two cycle prediction and 97 percent for the one cycle prediction. In Figure 3.11 we summarize the different cases of forecasts, and Table 3.3 gives the details for the forecast for every patient. We see that when forecasting a single cycle of treatment we produced a single false positive and we were successful in predicting %44 of the resistant cases. Since we did not produce a single false positive when using less data we can infer that we have some model bias that needs to be address, however, we have high accuracy when predicting non resistance in both cases. Our model bias could be in the growth/death rate of cancer cells and we might be underestimating their actual size. This work is the first step in producing a more reliable mathematical framework for use in a clinical setting

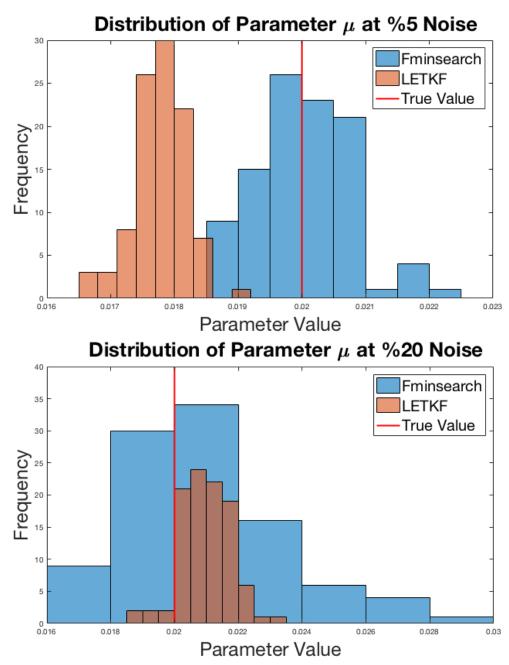
		One Cycle Predicted				Two Cycles Predicted			
	Patient	Ensemble MSE			Resistance	Ensemble MSE			Resistance
<b>P</b> #	Resistant?	Min	Mean	Max	Predicted?	Min	Mean	Max	Predicted?
1	NO	5.39	5.719	6.245	NO	8.83	12.30	32.33	NO
6	NO	14.1	24.15	41.32	NO	30.1	32.24	36.34	NO
14	NO	17.7	17.74	17.82	NO	27.4	36.07	42.3	NO
15	NO	.797	1.239	2.536	NO	3.50	9.174	17.12	NO
17	NO	17.2	51.16	85.74	NO	4.15	17.03	238.9	NO
19	YES	10.6	46.63	114.7	YES	13.9	18.72	24.58	NO
<b>24</b>	NO	9.96	11.37	13.2	NO	8.71	12.87	18.04	NO
25	NO	38.3	50.07	60.38	NO	48.7	58.58	67.63	NO
<b>28</b>	NO	46.8	57.55	75.93	NO	14.02	25.39	39.68	NO
29	NO	7.93	9.453	12.29	NO	33.2	33.78	34.60	NO
30	NO	1.60	3.419	5.609	NO	24.8	30.06	35.42	NO
<b>32</b>	NO	6.48	7.171	8.667	NO	4.55	5.169	6.783	NO
36	YES	.604	.6765	1.481	YES	44.3	117.1	304.7	YES
37	NO	1.80	3.374	6.277	NO	14.3	247.9	5021.2	NO
39	NO	4.40	5.836	7.891	NO	7.79	11.58	19.37	NO
44	NO	29.2	32.14	36.18	NO	23.6	28.23	32.86	NO
51	NO	7.77	33.9	111.8	NO	18.4	20.1	22.93	NO
52	YES	11.2	15.34	19.63	NO	45.2	54.42	84.28	NO
<b>54</b>	YES	122.1	130.9	141.2	NO	467.2	498.2	546.2	NO
55	NO	7.09	8.310	10.20	NO	10.7	11.49	12.57	NO
<b>58</b>	NO	11.2	19.32	28.89	NO	6.86	7.952	10.28	NO
60	NO	32.02	48.09	77.21	NO	75.3	88.24	107.1	NO
62	NO	25.7	51.94	192.3	YES	29.0	90.82	218.9	NO
63	NO	2.67	2.917	6.481	NO	3.81	8.688	13.31	NO
64	YES	19e3	21e3	23e3	YES	8e + 03	8e + 03	8e + 03	YES
66	NO	23.5	29.58	37.07	NO	24.1	28.28	32.67	NO
75	NO	4.38	7.128	24.78	NO	6.03	6.685	8.846	NO
77	NO	34.4	34.79	35.26	NO	25.1	28.31	40.10	NO
79	NO	7.08	7.782	8.831	NO	7.13	9.517	13.76	NO
83	YES	39.4	42.48	47.70	NO	30.9	37.52	53.83	NO
87	NO	12.8	13.10	14.01	NO	17.6	21.78	33.38	NO
88	YES	8.08	10.07	12.67	NO	8.26	10.00	15.85	NO
91	NO	3.55	3.696	3.887	NO	3.81	4.389	5.195	NO
93	NO	7.55	8.540	9.593	NO	23.4	26.33	30.94	NO
100	NO	8.93	12.14	29.80	NO	12.6	17.85	19.78	NO
101	YES	4.75	5.306	6.418	NO	7.23	8.524	11.79	NO
102	NO	20.91	21.26	21.63	NO	19.3	21.49	23.73	NO
105	YES	5.73	28.60	172.9	YES	622.1	2e+03	4e + 03	YES

**Table 3.3:** Table of Patient Statistics. A Patient Is Resistant If PSA Does Not Fall below 4  $\frac{Ng}{L}$  on Treatment.

and in future work we shall address the problems of model bias to see if the percentage of resistance predicted improves.



**Figure 3.11:** Ensemble Forecasts of Psa Levels on Four Representative Patients. Using the Baez-Kuang Model Eqs (4.1-3.23). Panel (a)-(D) on the Left Show Predictions of PSA Values Immediately Following Cessation of Treatment after the Second Cycle and on the Right Show Forecast of PSA Levels Immediately after the Third Cycle of Treatment.



**Figure 3.12:** Distributions of Parameter Values Approximated with Fminsearch Algorithm Vs Augmented Ensemble Kalman Filter for %5 and %20 Percent Noise Levels.

#### Chapter 4

# MATHEMATICAL MODEL FOR ANDROGEN SUPPRESSION THERAPY WITH TIME DELAY

### 4.1 Introduction

There have been several mathematical models that study the dynamics of prostate cancer under androgen deprivation therapy(Baez and Kuang (2016); Hirata et al. (2010); Portz et al. (2012); Jackson (2003); Everett et al. (2014)). In Chapter 2, we proposed two mathematical models that are more reliable in predicting prostate cancer resistance than the current models in literature. In Chapter 3, we utilized the models in Baez and Kuang (2016) to perform data assimilation and forecasts using an ensemble Kalman filter. For this chapter, we attempt to create a more biologically realistic model, by incorporating a time delay  $\tau$  that denotes the time it takes for prostate cells to use androgen for growth. Also, we incorporate a delay dependent parameter since there is not time delay in the death rate of prostate cells due to androgen deprivation. The inclusion of a delay dependent parameter to balance growth and death is many times neglected. Since, it is very complicated to analytically study models with delay dependent parameters even if there is only a single discrete delay, and it is common to use computer software to perform numerical analysis (Beretta and Kuang (2002)). In this work, we combine graphical information with analytical results to study the local stability of steady states that involves delay dependent parameters by applying the theory developed in Beretta and Kuang (2002) and Beretta and Kuang (2001). Furthermore, we seek to justify the inclusion of the delay dependent parameter by analyzing an alternative model without it. If we exclude delay dependent parameters,

it is often possible to analyze models more extensively. Therefore, we compare a models' ability to fit clinical data in Section 4.6.

#### 4.2 Proposed Prostate Cancer Model

In the following model we denote the time delay as  $\tau$  (d). Tumor cell volume is denoted by x (mm<sup>3</sup>). Intracellular androgen cell levels are denoted by Q (nM), and PSA levels by P ( $\frac{\mu g}{L}$ ).

$$x' = f_1 (Q(t - \tau)) x(t - \tau) - D_1(Q(t)) x(t) - \delta x^2(t)$$
  

$$Q' = \gamma (Q_m - Q(t)) - f_1 (Q(t - \tau)) Q(t) \frac{x(t - \tau)}{x(t)}$$
  

$$P' = bQ(t) + \sigma X(t)Q(t) - \epsilon P(t)$$
(4.1)

where,

$$f_1(Q(t-\tau)) = \mu \left(1 - \frac{q}{Q(t-\tau)}\right) e^{-d_m\tau}$$
$$D_1(Q(t)) = \frac{dR}{R+Q(t)},$$

and

$$\gamma = \gamma_1 u(t) + \gamma_2$$
  $u(t) = \begin{cases} 1, \text{ on treatment,} \\ 0, \text{ off treatment.} \end{cases}$ 

Similarly to model (2.2-2.5), it is assumed that the androgen concentration in cancer cells is approximately the same as the androgen concentration in serum. Parameter  $\gamma_1$  denotes the constant production of androgen by the testes, and  $\gamma_2$  denotes the production of androgen by the adrenal gland and kidneys. We include a delay dependent parameter in  $f_1(Q(t-\tau))$  since a cancer cell had to survive from time  $t - \tau$  to t with the given mortality  $e^{-d_m\tau}$  where  $d_m = \frac{dR}{R+Q_m}$ . We chose the death rate  $d_m$  since it is the lowest possible death rate of cancer cells at the highest androgen concentration  $Q_m$ .

## 4.2.1 Derivation of Q Equation

Now we provide a balance equation based derivation for the cell quota Q equation (4.1). Our formulation comes from the conservation of androgen as it moves in and out of the tumor. Let  $Q_x$  be the total androgen inside tumor x (mm<sup>3</sup>). We assume that Q (nM) is uniformly distributed in x, and

$$Q_x = Q(t)x(t)$$
 nmol.

The inflow of and rogen to the tumor comes from the serum which can be approximated by

$$\gamma(Q_m - Q(t))x(t).$$

The outflow of androgen from the tumor is due to death which is

$$(D_1(Q(t)) + \delta x(t))Q(t)x(t).$$

Then, the rate of change of androgen inside the tumor is:

$$(Q(t)x(t))' = \gamma(Q_m - Q(t))x(t) - (D_1(Q(t)) + \delta x(t))Q(t)x(t).$$

However,

$$(Q(t)x(t))' = Q'(t)x(t) + Q(t)x'(t)$$
  
= Q'(t)x(t) + f\_1 (Q(t - \tau)) x(t - \tau)Q(t) - (D\_1(Q(t)) + \delta x(t))Q(t)x(t),

which implies that

$$Q'(t) = \gamma(Q_m - Q(t)) - f_1 (Q(t - \tau)) Q(t) \frac{x(t - \tau)}{x(t)}$$

## 4.3 Mathematical Analysis: Model With Delay Dependent Parameter

Now we proceed to analysis our full model with delay dependent parameters. Our results are based on the work of Beretta and Kuang (2002). We study the occurrence

of stability switches that occur from increasing the value of the time delay  $\tau$ . The characteristic equation evaluated at the steady state  $(x^*, Q^*)$  is given by

$$P(\lambda,\tau) + Q(\lambda,\tau)e^{-\lambda\tau} = 0 \tag{4.2}$$

where

$$P(\lambda, \tau) = \lambda^{2} + \lambda a(\tau) + c(\tau),$$
$$Q(\lambda, \tau) = \lambda b(\tau) + d(\tau),$$

and

$$\begin{split} a(\tau) &= \frac{\gamma \left(\gamma Q_m e^{d\tau} - 2\mu q + 3\mu Q_m\right)}{\gamma Q_m e^{d\tau} + \mu q} - \frac{dR \left(\gamma e^{d\tau} + \mu\right)}{\gamma e^{d\tau} (Q_m + R) + \mu (q + R)} \\ b(\tau) &= \frac{\mu \left(\mu q e^{-d\tau} + 2\gamma q - \gamma Q_m\right)}{\gamma Q_m e^{d\tau} + \mu q} \\ c(\tau) &= \frac{2\gamma^2 \mu^2 (Q_m - q)^2}{(\gamma Q_m e^{d\tau} + \mu q)^2} + \frac{(Q_m - q) \left(2\gamma^2 \mu - \gamma d\mu\right)}{\gamma Q_m e^{d\tau} + \mu q} \\ &- \frac{\gamma d\mu^2 R (Q_m - q)^2}{(Q_m + R) \left(\gamma Q_m e^{d\tau} + \gamma R e^{d\tau} + \mu q + \mu R\right)^2} \\ &+ \frac{(Q_m - q) (\gamma d\mu Q_m - \gamma d\mu R)}{(Q_m + R) \left(\gamma Q_m e^{d\tau} + \gamma R e^{d\tau} + \mu q + \mu R\right)} - \frac{\gamma dR}{Q_m + R} \\ d(\tau) &= -\frac{\mu e^{-d\tau} \left(\gamma e^{d\tau} + \mu\right)}{(\gamma Q_m e^{d\tau} + \mu q)^2 \left(\gamma e^{d\tau} (Q_m + R) + \mu (q + R)\right)^2} - \frac{2\gamma \mu q (q - Q_m)}{(\gamma Q_m e^{d\tau} + \mu q)^2} \\ &+ \frac{-dq + \gamma q - \gamma Q_m}{(\gamma Q_m e^{d\tau} + \mu q)} + \frac{Q_m (dq + dR)}{(Q_m + R) \left(\gamma Q_m e^{d\tau} + \gamma R e^{d\tau} + \mu q + \mu R\right)^2} \\ &+ \frac{d\mu q^2 R - d\mu q Q_m R + d\mu q R^2 - d\mu Q_m R^2}{(Q_m + R) \left(\gamma Q_m e^{d\tau} + \mu q + \mu R\right)^2} \end{split}$$

It is important to notice that,

$$P(0,\tau) + Q(0,\tau) = c(\tau) + d(\tau) \neq 0, \forall \tau \in \mathbf{R}_{+0}.$$
(4.3)

Equation (4.3) guarantees that  $\lambda = 0$  is not a characteristic root of (4.2). That is, we cannot cross the imaginary axis at  $\lambda = 0$ . Then, we assume the following,

1. If  $\lambda = i\omega, \, \omega \in \mathbf{R}$ , then  $P(i\omega, \tau) + Q(i\omega, \tau) \neq 0, \tau \in \mathbf{R}$ 

- 2.  $\limsup\{\frac{|Q(\lambda,\tau)|}{P(\lambda,\tau)}: |\lambda| \to \infty, \Re \lambda \ge 0\} < 1$  for any  $\tau$ .
- 3.  $F(\omega, \tau) = |P(i\omega, \tau)|^2 |Q(i\omega, \tau)|^2$  for each  $\tau$  has at most finite number of real zeros.
- 4. Each positive root  $\omega(\tau)$  of  $F(\omega, \tau) = 0$  is continuous and differentiable in  $\tau$  whenever it exists.

We need condition (1) to ensure that  $P(\lambda, \tau)$  and  $Q(\lambda, \tau)$  have no common imaginary roots, and that threshold time delays can be expressed analytically. We need condition (2) to guarantee that there are no roots bifurcating from infinity. Assumption (3) is needed to ensure that there are only finite ways for roots to cross the imaginary axis for any given  $\tau$ . Assumption (4) is needed to compute the derivative of the imaginary roots with respect to  $\tau$ . If we increase  $\tau$ , then the imaginary axis cannot be crossed at  $\lambda(\tau) = 0$  for some  $\tau > 0$ , as guaranteed by 4.3. Therefore, we look for the crossing of the imaginary axis at the imaginary roots  $\lambda = \pm i\omega(\tau)$ , for  $\omega(\tau)$  that is real and positive at some positive  $\tau$ .  $\omega(\tau)$  should also satisfy (4.2) and

$$\sin(\omega\tau) = \frac{-(c(\tau) - \omega^2)\omega b(\tau) + \omega a(\tau) d(\tau)}{\omega^2 b(\tau)^2 + d(\tau)^2}$$

$$\cos(\omega\tau) = -\frac{(c(\tau) - \omega^2)d + \omega^2 a(\tau) b(\tau)}{\omega^2 b(\tau)^2 + d(\tau)^2}.$$
(4.4)

Again, condition (4.3) guarantees that  $\omega^2 b (\tau)^2 + d (\tau)^2 \neq 0$ . We assume that  $I \subseteq \mathbf{R}_{+0}$  is the set where  $\omega(\tau)$  is a positive root and for  $\tau \notin I$ ,  $\omega(\tau)$  is not definite. We can rewrite (4.4) as

$$\sin(\omega\tau) = \operatorname{Im}\left(\frac{P(i\omega,\tau)}{Q(i\omega,\tau)}\right) \quad \cos(\omega\tau) = -\operatorname{Re}\left(\frac{P(i\omega,\tau)}{Q(i\omega,\tau)}\right) \tag{4.5}$$

which implies that

$$|P(i\omega,\tau)|^2 = |Q(i\omega,\tau)|^2.$$

If  $\omega(\tau)$  satisfies (4.4) then it also must satisfy.

$$F(\omega, \tau) = |P(i\omega, \tau)|^2 - |Q(i\omega, \tau)|^2$$
  
=  $(c(\tau) - \omega^2)^2 + \omega^2 a(\tau)^2 - (\omega^2 b(\tau)^2 + d(\tau)^2)$   
= 0

Then,  $F(\omega, \tau) = 0$  implies

$$\omega^{4} - \omega^{2} (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) + (c(\tau)^{2} - d(\tau)^{2}) = 0,$$

and its roots are given by

$$\omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) + \Delta^{\frac{1}{2}} \}, \\ \omega_{-}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2}) - \Delta^{\frac{1}{2}} \}, \\ \omega_{+}^{2} = \frac{1}{2} \{ (b(\tau)^{2} + 2c(\tau) - a(\tau)^{2} + 2c(\tau)^{2} + 2c(\tau)^{2}$$

where,

$$\Delta = (b^2 + 2c - a^2)^2 - 4(c^2 - d^2).$$

We have explored the biologically relevant parameter values and we have found that  $d(\tau)^2 > c(\tau)^2$  always holds, and that only  $\omega_+$  is a feasible root of the characteristic equation. For any  $\tau \in I$  where  $\omega(\tau)$  is a positive solution, we can define the angle  $\theta(\tau) \in [0, 2\pi]$  as the solution of (4.4).

$$\sin(\theta(\tau)) = \frac{-(c(\tau) - \omega^2)\omega b(\tau) + \omega a(\tau) d(\tau)}{\omega^2 b(\tau)^2 + d(\tau)^2}$$

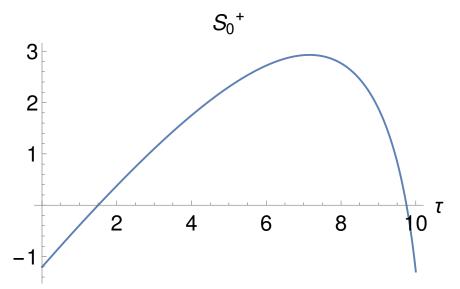
$$\cos(\theta(\tau)) = -\frac{(c(\tau) - \omega^2)d + \omega^2 a(\tau) b(\tau)}{\omega^2 b(\tau)^2 + d(\tau)^2}$$
(4.6)

Then relationship between  $\theta(\tau)$  and  $\omega(\tau)\tau$  is

$$\omega(\tau)\tau = \theta(\tau) + n2\pi, \quad n \in \mathbf{N}_0 \tag{4.7}$$

Then we can define the maps  $\tau_n: I \to \mathbf{R}_{+0}$  given by

$$\tau_n(\tau) = \frac{\theta(\tau) + 2\pi n}{\omega_+(\tau)} \tag{4.8}$$



**Figure 4.1:** Graph of Stability Switch in Terms of Time Delay for Model 4.1. The Function Is  $S_0(\tau)$  from Equation 4.9.

Then we can introduce the functions  $I \to \mathbf{R}$ ,

$$S_n(\tau) = \tau - \tau_n(\tau), \quad n \in \mathbf{N}_0, \quad \tau \in I$$
(4.9)

Finally, we can use the following theorem by Beretta and Kuang (2002).

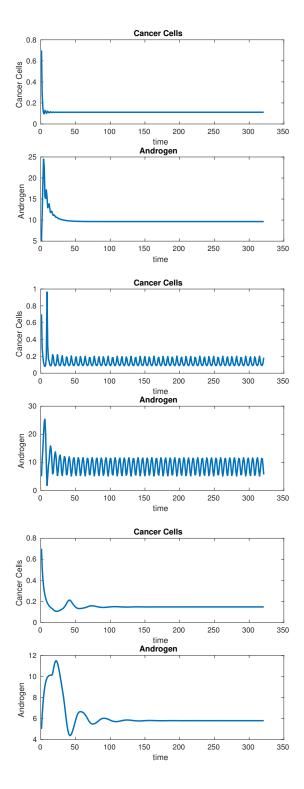
**Theorem 4.3.1.** Assume that  $\omega(\tau)$  is a positive real root of 4.2 defined for  $\tau \in I$ ,  $I \subseteq \mathbf{R}_{+0}$ , and some  $\tau^* \in I$ ,

$$S_n(\tau^*) = 0$$
 (4.10)

for some  $n \in N_0$ . Then a pair of simple conjugate pure imaginary roots  $\lambda_+(\tau^*) = i\omega(\tau^*), \lambda_-(\tau^*) = -i\omega(\tau^*)$  of 4.2 exists at  $\tau = \tau^*$  and crosses the imaginary axis from left to right if  $\delta(\tau^*) > 0$  and crosses the imaginary axis from right to left if  $\delta(\tau^*) < 0$ , where

$$\delta_{+}(\tau^{*}) = sign\left\{\frac{dRe\lambda}{d\tau}\right\} = sign\left\{\frac{dS_{n}(\tau)}{d\tau}\right\}$$
(4.11)

We can illustrate Theorem 4.3 by plotting the functions of  $S_n(\tau)$  in Figure (4.1) together with Figure (4.2). We can observe that for  $\tau = 1$  we have a stable steady state.



**Figure 4.2:** Simulation for System 4.1. Top:  $\tau = 1$  with Local Stability, Middle:  $\tau = 6$  with the Emergence of Periodic Solutions, Bottom:  $\tau = 11$  with Stability Regained.

Parameters	Definition	Range	Units	
$\mu$	Max prolif. rate	.00109	$day^{-1}$	
q	Min cell quota	.15	nM	
b	Prostate baseline PSA	0.1-2.5	$10^{-3} \ \mu g/L/nM/day$	
σ	Tumor PSA prod. rate	.0019	$\mu g/L/nM/mm^3/day$	
$\epsilon$	PSA clearance rate	.00101	$day^{-1}$	
d	Maximum cell death rate	.000109	$day^{-1}$	
δ	Density death rate	$.1-9 \ 10^{-5}$	$1/{\rm day}/mm^3$	
R	CDR half-satur. level	0-3	nM	
$\gamma_1$	Testes androgen prod.	20	$day^{-1}$	
$\gamma_2$	Secondary androgen prod.	0.00101	$day^{-1}$	
$Q_m$	Maximum androgen	15-30	nM	
ν	Death rate decay rate	.01	unitless	
τ	Androgen absorption delay	.5 - 1	days	

Table 4.1: Parameter Definitions, Units, and Ranges.

As  $\tau$  increases,  $S_n$  crosses the horizontal axis with a positive slope and the real part of the eigenvalues crosses the imaginary axis from right to left and there is the emergence of periodic solutions. Similarly,  $S_n$  crosses the horizontal axis with a negative slope at  $\tau = 9.5$  and the real part of the eigenvalues crosses the imaginary axis from right to left and there is the steady state becomes stable again. Therefore, we have fully characterized the stability behavior of our model for a given set of parameter values. Now, we move to the analysis of a model without the delay dependent parameter.

#### 4.4 Mathematical Analysis: No Delay Dependent Parameter

For mathematical analysis we shall reduce our model to:

$$x'(t) = \mu \left(1 - \frac{q}{Q(t-\tau)}\right) x(t-\tau) - \frac{dR}{R+Q(t)} x(t) - \delta x^{2}(t)$$
$$Q'(t) = \gamma (Q_{m} - Q(t)) - \mu \left(1 - \frac{q}{Q(t-\tau)}\right) Q(t) \frac{x(t-\tau)}{x(t)}$$
(4.12)

where the parameters are the same as model 4.1.

Since performing analysis with a time dependent delay is very challenging we aim to simplify the model and check whether it is sufficient to fit the data and also provide helpful insights. Now we proceed to show, positivity, boundedness, and stability analysis. The steady state for the system is  $E^* = (x^*, Q^*)$ , where  $x^* = \frac{\mu}{\delta}(1 - \frac{q}{Q^*})$ , and  $Q^* = \frac{\gamma Q_m + \mu q}{\gamma + \mu}$ .

#### 4.4.1 Existence, Uniqueness, Positivity, and Boundedness

Before we do our local stability analysis we need to show that solutions are positive and bounded. For the following we use the notation:

$$\begin{pmatrix} x'\\ Q' \end{pmatrix} = \begin{pmatrix} g_1(x(t), Q(t), x(t-\tau), Q(t-\tau))\\ g_2(x(t), Q(t), x(t-\tau), Q(t-\tau)) \end{pmatrix}$$

With corresponding initial data  $\phi_1(t)$ ,  $\phi_2(t)$  for x(t) and Q(t).

**Theorem 4.4.1.** The solutions of system (4.12) with initial conditions  $0 < \phi_1(t) < x_m$ and  $q < \phi_2(t) < Q_m$ , where  $x_m = \frac{\mu}{\delta}(1 - \frac{q}{Q_m})$  then the solution stays in that region for all t > 0.

*Proof.* Clearly, x(t) and Q(t) remain positive since

$$g_1(0, x(t-1), Q(t), Q(t-1)) \ge 0$$

and

$$g_2(x(t), x(t-1), 0, Q(t-1)) \ge 0.$$

Now, we show Q(t) is bounded above by  $Q_m$ . Suppose  $Q(t) = Q_m$  at  $t = t_1$ , then

$$Q'(t_1) = -\mu(1 - \frac{q}{Q(t_1 - \tau_1)})\frac{x(t_1 - \tau_2)}{x(t)} < 0$$

However, since  $Q'(t_1) > 0$  this is a contradiction and Q(t) cannot reach  $Q_m$ . Next, we show that x(t) is bounded above. Suppose at  $t = t_2$ ,  $x(t_2) = x_m$  for the first time. Then x(t) must be increasing. So,

$$x'(t_1) = f_1 \left( Q(t_1 - \tau) \right) x(t_1 - \tau) - \frac{dR}{R + Q(t)} x_m - \delta x_m^2$$
(4.13)

$$< \mu (1 - \frac{q}{Q_m}) x_m - \frac{dR}{R + Q(t)} x_m - \delta x_m^2 < 0$$
(4.14)

This is a contradiction, since  $x'(t_2) > 0$ , and x(t) cannot reach  $x_m$ .

# 4.4.2 Local Stability Analysis

The characteristic equation of the system evaluated at the steady state  $(x^*, Q^*)$  is given by:

$$\lambda^{2} + \lambda \left( c + de^{-\lambda\tau} \right) + a + be^{-\lambda\tau} \tag{4.15}$$

where,

$$\begin{aligned} a &= \frac{dR \left(-\mu q R + \gamma Q *^2 + Q^* R(\gamma + \mu)\right) + 2\delta x^* (Q^* + R)^2 (Q^*(\gamma + \mu) - \mu q)}{Q^* (Q^* + R)^2} \\ b &= \frac{\mu \left(dR \left(q R + Q *^2\right) + (Q^* + R)^2 (q(\gamma + \mu + 2\delta x^*) - Q^*(\gamma + \mu))\right)}{Q^* (Q^* + R)^2} \\ c &= \frac{dQ^* R + (Q^* + R) (Q^*(\gamma + \mu + 2\delta x^*) - \mu q)}{Q^* (Q^* + R)} \\ d &= \mu \left(\frac{2q}{Q^*} - 1\right) \end{aligned}$$

The characteristic equation (4.15) is an exponential polynomial with infinitely many solutions. Local stability occurs if all of the eigenvalues satisfy  $\Re(\lambda) \leq 0$  for all  $\lambda$  (Kuang (1993)). For  $\omega > 0$ , let  $i\omega$  be a root of (4.15), then by separating real and imaginary part it follows that

$$\begin{cases} a\cos(\tau\omega) + b - \omega^2\cos(\tau\omega) &= -c\omega\sin(\tau\omega) \\ -a\sin(\tau\omega) - d\omega + \omega^2\sin(\tau\omega) &= c\omega\cos(\tau\omega) \end{cases}$$
(4.16)

which leads to

$$\omega^4 + \omega^2 \left(c^2 - 2a - d^2\right) + a^2 - b^2 = 0 \tag{4.17}$$

It is easy to see that if the conditions

(C1) 
$$c^2 - 2a - d^2 > 0$$
  
(C2)  $a^2 - b^2 > 0$ 

hold, then (4.15) has no positive roots. Hence, all roots of (4.15) have negative real part. However, if condition

(C3) 
$$a^2 - b^2 < 0$$

holds, then (4.15) has at least one positive real root. Substituting  $\omega_0$  into 4.16 yields

$$\tau_j = -\frac{1}{\omega_j} \cos^{-1} \left( \frac{-a^2 + 2a\omega_j^2 - b^2 + c^2\omega_j^2 + d^2\omega_j^2 - \omega_j^4}{2\left(ab - b\omega_j^2 - cd\omega_j^2\right)} \right) + \frac{2k\pi}{\omega_j}$$

where j = 1, 2, 3, 4, k = 0, 1, 2, ... Then  $\pm i\omega_j$  is a pair of purely imaginary roots of 4.15. Let

$$\tau_j^0 = \min\{\tau_j\}$$

Then taking the derivative of the characteristic polynomial yields

$$\begin{split} \frac{d\lambda}{d\tau} &= -\frac{e^{\tau\lambda(\tau)}\lambda(\tau)\left(a+c\lambda(\tau)+\lambda(\tau)^2\right)}{a\tau e^{\tau\lambda(\tau)}+c\tau e^{\tau\lambda(\tau)}\lambda(\tau)+ce^{\tau\lambda(\tau)}+d+\tau e^{\tau\lambda(\tau)}\lambda(\tau)^2+2e^{\tau\lambda(\tau)}\lambda(\tau)}\\ \left[\frac{d\lambda}{d\tau}\right]_{\lambda=i\omega}^{-1} &= \Re\left[\frac{e^{-i\tau\omega}\left(-ice^{i\tau\omega}-id+2\omega e^{i\tau\omega}\right)}{\omega\left(-a-ic\omega+\omega^2\right)}+\frac{i\tau}{\omega}\right]\\ &= \Re\left[\frac{\left(\cos(\tau\omega)-i\sin(\tau\omega)\right)\left((c+2i\omega)\sin(\tau\omega)+\left(2\omega-ic\right)\cos(\tau\omega)-id\right)}{\omega\left(a^2-2a\omega^2+c^2\omega^2+\omega^4\right)}\right]\\ &= \frac{-2a+c^2+d^2+2\omega^2}{a^2-2a\omega^2+c^2\omega^2+\omega^4} \end{split}$$

Thus, if condition (C1) holds, then  $\Re(\lambda) > 0$ . Based on the Hopf bifurcation theorem (Kuang (1993)), we have the following results.

**Theorem 4.4.2.** For system (4.1-4.1), assume that (C1) and (C2) are satisfied, then the positive equilibrium  $E^*$  is asymptotically stable. If (C3) is satisfied, then when  $\tau \in (0, \tau_j^0)$  the system is stable ,and undergoes a Hopf bifurcation at  $E^*$  when  $\tau = \tau_j^0$ .

#### 4.5 Stability of Hopf Bifrucation

In the previous section, we have obtained sufficient conditions to guarantee that system (1.2) undergoes the Hopf bifurcation at  $\tau_j^0$ . In this section, we shall study the bifurcation properties. The method we used is based on the normal form method and the center manifold theory presented in Hassard *et al.* (1981).

Let  $x_1(t) = x(t) - x^*$  and  $x_2(t) = Q(t) - Q^*$ . Then, we normalize the delay with the scaling  $t \to \frac{t}{\tau}$ . Then, the system can be rewritten as:

$$\begin{pmatrix} x_2 \\ x_2 \\ x_2 \end{pmatrix} = (\tau_j^0 + k) K_1 \begin{pmatrix} x_1(t) \\ x_2(t) \end{pmatrix} + (\tau_j^0 + k) K_2 \begin{pmatrix} x_1(t-1) \\ x_2(t-1) \end{pmatrix} + (\tau_j^0 + k) \begin{pmatrix} f_1 \\ f_2 \end{pmatrix}$$
(4.18)

Where,

$$K_{1} = \begin{pmatrix} -(D_{1}(Q^{*}) + 2\delta x^{*}) & -x^{*}D_{1}'(Q^{*}) \\ -\frac{Q^{*}F_{1}(Q^{*})}{x^{*}} & -F_{1}(Q^{*}) \end{pmatrix}$$
$$K_{2} = \begin{pmatrix} F_{1}(Q^{*}) & x^{*}F_{1}'(Q^{*}) \\ -Q^{*}F_{1}(Q^{*}) & -Q^{*}F_{1}'(Q^{*}) \end{pmatrix}$$

$$\begin{split} f_1 &= -(x^* + x_1(t))D_1(Q^* + x_2(t)) - D_2(x^* + y) \\ &+ (x^* + x_1(t-1))F_1(Q^* + x_2(t-1)) + x_1(t)D_1(Q^*) - x_1(t-1)F_1(Q^*) \\ &+ x^*x_2(t)D_1'(Q^*) + 2y\delta x^* - x^*x_2(t-1)F_1'(Q^*) \\ f_2 &= \gamma(Q_m - (Q^* + x_2(t))) - Q^*x^*F_1(Q^* + x_2(t-1))\frac{1}{x^* + x_1(t-1)} \\ &- Q^*x_1(t)F_1(Q^* + x_2(t-1))\frac{1}{x^* + x_1(t-1)} \\ &- x^*x_2(t)F_1(Q^* + x_2(t-1))\frac{1}{x^* + x_1(t-1)} \\ &- x_1(t)x_2(t)F_1(Q^* + x_2(t-1))\frac{1}{x^* + x_1(t-1)} + Q^*x_1(t)F_1(Q^*)\frac{1}{x^*} \\ &+ x^*x_2(t)F_1(Q^*)\frac{1}{x^*} \\ &+ Q^*x^*x_2(t-1)\frac{1}{x^*}F_1'(Q^*) + Q^*x^*x_1(t-1)F_1(Q^*)\frac{1}{x^*} \end{split}$$

Define the linear operator  $L(\mu) : \mathbb{C} \to \mathbb{R}^2$  and the nonlinear operator  $f(\cdot, \mu) : \mathbb{C} \to \mathbb{R}^2$  by:

$$L_{\mu}(\phi) = (\tau_j^0 + \mu) K_1 \begin{pmatrix} \phi_1(0) \\ \phi_2(0) \end{pmatrix} + (\tau_j^0 + \mu) K_2 \begin{pmatrix} \phi_1(-1) \\ \phi_2(-1) \end{pmatrix}$$
  
and

and

$$f(\phi,\mu) = (\tau_j^0 + \mu) \begin{pmatrix} f_1 \\ f_2 \end{pmatrix}$$
(4.19)

where  $\phi = (x_1(t), x_2(t))^T \in \mathbb{C}$ .

By the Riesz representation theorem, there exists a  $2 \times 2$  matrix function  $\eta(\theta, \mu)$ ,  $-1 \le \phi \le 0$  whose elements are of bounded variation such that

$$L_{\mu}(\phi) = \int_{-1}^{0} d\eta(\theta, \mu) \phi(\theta) \quad \text{for} \quad \phi \in \mathbb{C}([-1, 0], \mathbb{R}^2)$$
(4.20)

In fact, we can choose

$$\eta(\theta,\mu) = (\tau_j^0 + \mu)K_1\delta(\theta) + (\tau_j^0 + \mu)K_2\delta(\theta + 1)$$

where  $\delta$  is the Dirac delta function. For  $\phi \in \mathbb{C}^1([-1,0],\mathbb{R}^2)$ , define

$$A(\mu)\phi = \begin{cases} \frac{d\phi(\theta)}{d\theta}, & \phi \in [-1,0) \\ \int_{-1}^{0} d\eta(\mu, s)\phi(s), & \phi = 0 \end{cases}$$
  
and 
$$\begin{cases} 0 & \phi = 0 \end{cases}$$

$$R(\mu)\phi = \begin{cases} 0, & \phi \in [-1,0) \\ f(\mu,\phi), & \phi = 0 \end{cases}$$

Then, the system is equivalent to

$$u'(t) = A(\mu)u_t + R(\mu)u_t$$

.

where  $u(t) = (x_1(t), x_2(t))^T$ ,  $u_t = u(t + \theta)$ , for  $\phi \in [-1, 0]$ .

For  $\psi \in \mathbb{C}^1([0,1], (\mathbb{R}^2)^*)$ , define

,

$$A^*\psi = \begin{cases} \frac{d\psi(\theta)}{d\theta}, & s \in [-1,0) \\ \int_{-1}^{0} d\eta(t,0)\psi(-t), & s = 0 \end{cases}$$

and a bilinear inner product

$$\langle \psi(s), \phi(\theta) \rangle = \bar{\phi}(0)\theta(0) - \int_{-1}^{0} \int_{\xi=0}^{\theta} \bar{\psi}(\xi-\theta)d\eta(\theta)\phi(\xi)d\xi$$
(4.21)

where  $\eta(\theta) = \eta(\theta, 0)$ . In addition, by Theorem 4.4.2 we know that  $\pm i\omega_0 \tau_j^0$  are eigenvalues of A(0). Thus, they are also eigenvalues of  $A^*$ . Let  $q(\theta)$  be the eigenvector of A(0) corresponding to  $i\omega_0\tau_j^0$  and  $q^*(s)$  be the eigenvector of  $A^*$  corresponding to  $-i\omega_0\tau_j^0$ .

Let  $q(\theta) = (1, \nu_1)^T e^{i\omega_0 \tau_j^0 \theta}$  and  $q^*(s) = D(1, \nu_1) e^{i\omega_0 \tau_j^0 s}$ . From the above discussion, it is easy to know that  $A(0)q(0) = i\omega_0 \tau_j^0 q(0)$  and  $A^*(0)q^*(0) = -i\omega_0 \tau_j^0 q^*(0)$ . That is

$$\tau_j^0 \begin{pmatrix} -(D_1(Q^*) + 2\delta x^*) & -x^* D_1'(Q^*) \\ -Q^* F_1(Q^*) \frac{1}{x^*} & F_2(Q^*) - F_1(Q^*) \end{pmatrix} q(0) +$$

$$\tau_j^0 \begin{pmatrix} F_1(Q^*) & x^* F_1'(Q^*) \\ -Q^* F_1(Q^*) & -Q^* F_1'(Q^*) \end{pmatrix} q(-1) = i\omega_0 \tau_j^0 q(0)$$

and,

$$\tau_j^0 \begin{pmatrix} -(D_1(Q^*) + 2\delta x^*) & -Q^* F_1(Q^*) \frac{1}{x^*} \\ -x^* D_1'(Q^*) & F_2(Q^*) - F_1(Q^*) \end{pmatrix} q^*(0) + Q^*($$

$$\tau_j^0 \begin{pmatrix} F_1(Q^*) & -Q^*F_1(Q^*) \\ x^*F_1'(Q^*) & -Q^*F_1'(Q^*) \end{pmatrix} q^*(-1) = -i\omega_0\tau_j^0q^*(0)$$

Thus, we can easily obtain:

$$q(\theta) = \left(1, \frac{Q^*}{x^*} \frac{F_1(Q^*)(e^{i\omega_0} - 1)}{F_1(Q^*) - Q^* F_1'(Q^*) e^{-i\omega_0} - i\omega_0}\right)^T e^{i\omega_0 \tau_j^0 \theta}$$
$$q^*(s) = D\left(1, \frac{x^*(F_1'(Q^*) e^{-i\omega_0} - D_1'(Q^*))}{F_1(Q^*) + Q^* F_1'(Q^*) e^{-i\omega_0} + i\omega_0}\right)^T e^{i\omega_0 \tau_j^0 s}$$

In order to assure  $\langle \bar{q^*}(s), q(\theta) \rangle = 1$ , we need to determine the value of D. From 4.21 we have

$$\begin{split} \langle \bar{q^*}(s), q(\theta) \rangle &= \bar{q}^*(0)q(0) - \int_{-1}^0 \int_{\xi=0}^\theta \bar{q}^*(\xi - \theta) d\eta(\theta)q(\xi) d\xi \\ &= \bar{q}^*(0)q(0) - \int_{-1}^0 \int_{\xi=0}^\theta \bar{D} \left(1, \bar{\nu}_1^*\right) e^{-i\omega_0\tau_j(\xi-\theta)} d\eta(\theta) \left(1, \nu_1\right)^T e^{i\omega_0\tau_j\xi} d\xi \\ &= \bar{q}^*(0)q(0) - \bar{q}^*(0) \int_{-1}^0 \theta e^{i\omega_0\tau_j\theta} d\eta(\theta)q(0) \\ &= \bar{q}^*(0)q(0) - \bar{q}^*(0) \begin{pmatrix} F_1(Q^*) & x^*F_1'(Q^*) \\ -Q^*F_1(Q^*) & -Q^*F_1'(Q^*) \end{pmatrix} e^{-i\omega_0\tau_j}q(0) \end{split}$$

So we have,

$$D = \frac{1}{1 + \nu_1 \nu_1^* + \tau_j e^{-i\omega_0 \tau_j} \left( F_1(Q^*) + \nu_1 x^* F_1'(Q^*) + \frac{\nu_1^* Q^* F_1(Q^*)}{x^*} - \nu_1 \nu_1^* Q^* F_1(Q^*) \right)}$$
$$\bar{D} = \frac{1}{1 + \nu_1 \bar{\nu}_1^* + \tau_j e^{-i\omega_0 \tau_j} \left( F_1(Q^*) + \nu_1 x^* F_1'(Q^*) + \frac{\bar{\nu}_1^* Q^* F_1(Q^*)}{x^*} - \nu_1 \bar{\nu}_1^* Q^* F_1(Q^*) \right)}$$

Lemma 4.5.1. The system (6) is equivalent to

$$\dot{x}(t) = A(\mu)x_t + R(\mu)x_t, \tag{4.22}$$

where  $A(\mu)$  is linear. Besides, there exists an inner product  $\langle \cdot, \cdot \rangle$  and eigenvectors  $q(\theta)$  and  $q^*(\theta)$  respectively of A(0) and  $A^*$  such that  $\langle q^*(s), q(\theta) \rangle = 1$ , where  $A^*$  is the associate operator of A.

Using the same notations as in 4.22, we first compute the coordinates to describe the center manifold  $C_0$  at  $\mu = 0$ . Let  $x_t$  be the solution of Equation 4.18 when  $\mu = 0$ . Define

$$x_{2}(t) = \langle q^{*}, x_{t} \rangle$$

$$W(t, \theta) = x_{t}(\theta) - 2\Re(x_{2}(t)q(\theta)) \qquad (4.23)$$

$$= x_{t}(\theta) - (x_{2}(t)q(\theta) + \bar{z}(t)\bar{q}(\theta))$$

On the center manifold  $C_0$  we have

$$W(t,\theta) = W(z,\bar{z},\theta) \tag{4.24}$$

where,

$$W(z,\bar{z},\theta) = W_{20}(\theta)\frac{z^2}{2} + W_{11}(\theta)z\bar{z} + W_{02}\frac{\bar{z}^2}{2} + W_{30}(\theta)\frac{z^3}{6} + \dots$$
(4.25)

z and  $\bar{z}$  are local coordinates for the center manifold  $C_0$  in the direction of  $q^*$  and  $\bar{q}^*$ . Note that W is real if  $x_t$  is real. We only consider real solutions. For solution  $x_t \in C_0$  of 4.18, since  $\mu = 0$ , we have

$$\dot{z}(t) = i\omega_0 \tau_j^0 z + \bar{q}^*(0) f(0, W(z, \bar{z}, 0) + 2R_e(x_2(t)q(t))) = i\omega_0 \tau_j^0 z + \bar{q}^*(0) f_0(z, \bar{z})$$
$$= i\omega_0 \tau_j^0 z + g(z, \bar{z})$$

where,

$$g(z,\bar{z}) = g_{20}(\theta)\frac{z^2}{2} + g_{11}(\theta)z\bar{z} + g_{02}(\theta)\frac{\bar{z}^2}{2} + g_{21}(\theta)\frac{z^2\bar{z}}{2}$$
(4.26)

Now, we obtain the coefficients in g. Notice that we have that  $x_t(\theta) = (x_{1t}(\theta), x_{2t}(\theta))$ and  $q(\theta) = (1, \nu_1)^T e^{i\omega_0 \tau_j^0 \theta}$ . So, from (4.23 and 4.25), it follows that

$$x_{t}(\theta) = W(t,\theta) + 2R_{e}(x_{2}(t)q(\theta))$$

$$= W_{20}(\theta)\frac{z^{2}}{2} + W_{11}(\theta)z\bar{z} + W_{02}\frac{\bar{z}^{2}}{2} + (1,\nu_{1})^{T}e^{i\omega_{0}\tau_{j}^{0}\theta}z(t) + (1,\bar{\nu}_{1})^{T}e^{-i\omega_{0}\tau_{j}^{0}\theta}\bar{z}(t) + \dots$$

$$(4.28)$$

and then we have

$$\begin{aligned} x_{1t}(0) &= z + \bar{z} + W_{20}^{(1)}(0) \frac{z^2}{2} + W_{11}^{(1)}(0) z\bar{z} + W_{02}^{(1)}(0) \frac{\bar{z}^2}{2} + \dots \\ x_{2t}(0) &= \nu_1 z + \bar{\nu}_1 \bar{z} + W_{20}^{(2)}(0) \frac{z^2}{2} + W_{11}^{(2)}(0) z\bar{z} + W_{02}^{(2)}(0) \frac{\bar{z}^2}{2} + \dots \\ x_{1t}(-1) &= z e^{-i\omega_0 \tau_j^0 \theta} + \bar{z} e^{i\omega_0 \tau_j^0 \theta} + W_{20}^{(1)}(-1) \frac{z^2}{2} + W_{11}^{(1)}(-1) z\bar{z} + W_{02}^{(1)}(-1) \frac{\bar{z}^2}{2} + \dots \\ x_{2t}(-1) &= \nu_1 z e^{-i\omega_0 \tau_j^0 \theta} + \bar{\nu}_1 \bar{z} e^{i\omega_0 \tau_j^0 \theta} + W_{20}^{(2)}(-1) \frac{z^2}{2} + W_{11}^{(2)}(-1) z\bar{z} + W_{02}^{(2)}(-1) \frac{\bar{z}^2}{2} + \dots \end{aligned}$$

It follows together with 4.19 that

$$\begin{split} g_{20} &= -\nu_{1}D'_{1}\left(Q^{*}\right) - \frac{1}{2}\nu_{1}^{2}x^{*}D''_{1}\left(Q^{*}\right) + \nu_{1}F'_{1}\left(Q^{*}\right)e^{-2i\omega_{0}\tau_{j}^{0}} + \frac{1}{2}\nu_{1}^{2}x^{*}F''_{1}\left(Q^{*}\right)e^{-2i\omega_{0}\tau_{j}^{0}} \\ &- \delta - \frac{\overline{\nu_{1}^{*}}\nu_{1}e^{-2i\omega_{0}\tau_{j}^{0}}\left(2F_{1}\left(Q^{*}\right)e^{i\omega_{0}\tau_{j}^{0}} + 2\nu_{1}x^{*}F'_{1}\left(Q^{*}\right)e^{i\omega_{0}\tau_{j}^{0}}\right)}{2x^{*}} \\ &- \frac{\overline{\nu_{1}^{*}}\nu_{1}e^{-2i\omega_{0}\tau_{j}^{0}}\left(Q^{*}\left(\nu_{1}x^{*}F''_{1}\left(Q^{*}\right) + 2F'_{1}\left(Q^{*}\right)\right)\right) + 2i\omega_{0}}{2x^{*}} \\ g_{02} &= -\overline{\nu_{1}}D'_{1}\left(Q^{*}\right) - \frac{1}{2}\overline{\nu_{1}^{2}}x^{*}D''_{1}\left(Q^{*}\right) + \overline{\nu_{1}}F'_{1}\left(Q^{*}\right)e^{2i\omega_{0}\tau_{j}^{0}} + \frac{1}{2}\overline{\nu_{1}^{2}}x^{*}F''_{1}\left(Q^{*}\right)e^{2i\omega_{0}\tau_{j}^{0}} \\ &- \delta - \frac{\overline{\nu_{1}^{*}}\overline{\nu_{1}}e^{i\omega_{0}\tau_{j}^{0}}\left(Q^{*}e^{i\omega_{0}\tau_{j}^{0}}\left(\overline{\nu_{1}}x^{*}F''_{1}\left(Q^{*}\right) + 2F'_{1}\left(Q^{*}\right)\right) + 2\overline{\nu_{1}}x^{*}F''_{1}\left(Q^{*}\right) + 2F_{1}\left(Q^{*}\right)\right)}{2x^{*}} \\ &+ \frac{2i\omega_{0}}{2x^{*}} \\ g_{11} &= -\overline{\nu_{1}}D'_{1}\left(Q^{*}\right) - \nu_{1}\overline{\nu_{1}}x^{*}D''_{1}\left(Q^{*}\right) + \overline{\nu_{1}}F'_{1}\left(Q^{*}\right) + \nu_{1}\overline{\nu_{1}}x^{*}F''_{1}\left(Q^{*}\right) - \nu_{1}D'_{1}\left(Q^{*}\right) \\ &+ \nu_{1}F'_{1}\left(Q^{*}\right) - 2\delta + \overline{\nu_{1}^{*}}\left(-\nu_{1}\overline{\nu_{1}}F'_{1}\left(Q^{*}\right)e^{-i\omega_{0}\tau_{j}^{0}} - \nu_{1}\overline{\nu_{1}}F'_{1}\left(Q^{*}\right)e^{-i\omega_{0}\tau_{j}^{0}} \\ &- \frac{\overline{\nu_{1}}F_{1}\left(Q^{*}\right)e^{-i\omega_{0}\tau_{j}^{0}}}{x^{*}} - \nu_{1}\overline{\nu_{1}}Q^{*}F''_{1}\left(Q^{*}\right) \\ &- \frac{\overline{\nu_{1}}Q^{*}F'_{1}\left(Q^{*}\right)}{x^{*}} - \frac{\nu_{1}F_{1}\left(Q^{*}\right)e^{i\omega_{0}\tau_{j}^{0}}}{x^{*}} - \frac{\nu_{1}Q^{*}F''_{1}\left(Q^{*}\right)}{x^{*}}\right) \end{split}$$

$$\begin{split} g_{21} &= -\frac{1}{2} D_1''(Q^*) \nu_1^2 + \frac{1}{2} e^{-i\omega_0 \tau_j^0} F_1''(Q^*) \nu_1^2 - \frac{1}{2} e^{-2i\omega_0 \tau_j^0} \overline{\nu_1^*} F_1''(Q^*) \nu_1^2 \\ &\quad -\overline{\nu_1} \overline{\nu_1^*} F_1''(Q^*) \nu_1^2 - \frac{e^{-i\omega_0 \tau_j^0} \overline{\nu_1^*} \alpha_2 F_1'(Q^*) \nu_1^2}{x^*} - \frac{e^{-2i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\alpha_2} Q^* F_1''(Q^*) \nu_1^2}{2x^*} \\ &\quad -e^{-i\omega_0 \tau_j^0} \alpha_5 \nu_1 - e^{-i\omega_0 \tau_j^0} \overline{\nu_1^*} \alpha_6 \nu_1 \\ &\quad + \frac{e^{-i\omega_0 \tau_j^0} \overline{\nu_1^*} \alpha_1 F_1(Q^*) \nu_1}{(x^*)^2} + \frac{e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1^*} F_1'(Q^*) \nu_1}{x^*} + \frac{e^{-2i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1^*} \overline{\alpha_2} P_1''(Q^*) \nu_1}{x^*} \\ &\quad + \frac{e^{-2i\omega_0 \tau_j^0} \overline{\nu_1^*} \alpha_1 Q^* F_1'(Q^*) \nu_1}{(x^*)^2} + \frac{e^{-i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1^*} F_1'(Q^*) \nu_1}{x^*} - \overline{\nu_1} \overline{\nu_1^*} F_1'(Q^*) \nu_1} \\ &\quad + \frac{e^{-2i\omega_0 \tau_j^0} \overline{\nu_1^*} \alpha_2 \alpha_3 F_1(Q^*)}{2x^*} + \frac{\overline{\nu_1^*} \alpha_4 Q^* F_1(Q^*)}{2(x^*)^2} - 2\delta W_{11}^{(1)}(0) + \frac{i\overline{\nu_1^*} \omega_0 W_{11}^{(1)}(0)}{x^*} \\ &\quad -\delta W_{20}^{(1)}(0) - W_{11}^{(2)}(0) D_1'(Q^*) - \frac{1}{2} \overline{\nu_1} W_{20}^{(1)}(0) D_1'(Q^*) \\ &\quad -\frac{1}{2} W_{20}^{(2)}(0) D_1'(Q^*) + e^{-i\omega_0 \tau_j^0} W_{11}^{(2)}(-1) F_1'(Q^*) \\ &\quad + \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\alpha_2} Q^* W_{11}^{(2)}(-1) F_1'(Q^*) \\ &\quad + \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\alpha_2} Q^* W_{11}^{(2)}(-1) F_1'(Q^*) \\ &\quad + \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_2} Q^{(2)}(0) F_1'(Q^*) \\ &\quad - \frac{1}{2} \overline{\nu_1} \overline{\nu_1} W_{20}^{(2)}(-1) F_1'(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\nu_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\omega_1} \overline{\omega_2} Q^{(2)}(-1) F_1''(Q^*) \\ &\quad - \frac{1}{2} e^{i\omega_0 \tau_j^0} \overline{\nu_1} \overline{\omega_1} \overline{\omega_2} Q^{(2)}($$

Where,

$$\begin{aligned} \alpha_{1} &= x^{*}W_{11}^{(1)}(-1)\left(-e^{i\omega_{0}\tau_{j}^{0}}\right) + e^{2i\omega_{0}\tau_{j}^{0}} + 1\\ \alpha_{2} &= e^{i\omega_{0}\tau_{j}^{0}} - 1\\ \alpha_{3} &= 2W_{11}^{(2)}(0) - W_{20}^{(2)}(0)e^{i\omega_{0}\tau_{j}^{0}}\\ \alpha_{4} &= W_{20}^{(1)}(0)e^{i\omega_{0}\tau_{j}^{0}} + 2W_{11}^{(1)}(-1) - 2W_{11}^{(1)}(0) + W_{20}^{(1)}(-1) - 2W_{20}^{(1)}(0)\\ \alpha_{5} &= \overline{\nu_{1}}D_{1}''(Q^{*})e^{i\omega_{0}\tau_{j}^{0}} - \overline{\nu_{1}}F_{1}''(Q^{*}) + W_{11}^{(1)}(0)D_{1}'(Q^{*})e^{i\omega_{0}\tau_{j}^{0}} - W_{11}^{(1)}(-1)F_{1}'(Q^{*})\\ &+ x^{*}W_{11}^{(2)}(0)D_{1}''(Q^{*})e^{i\omega_{0}\tau_{j}^{0}} - x^{*}W_{11}^{(2)}(-1)F_{1}''(Q^{*})\\ \alpha_{6} &= F_{1}'(Q^{*})\left(W_{11}^{(2)}(-1)e^{i\omega_{0}\tau_{j}^{0}} + W_{11}^{(2)}(0)\right) + Q^{*}W_{11}^{(2)}(-1)F_{1}''(Q^{*})\\ \alpha_{7} &= x^{*}\left(W_{20}^{(1)}(-1) - W_{20}^{(1)}(0)\right)e^{i\omega_{0}\tau_{j}^{0}} - 2\end{aligned}$$

Since  $W_{11}$  and  $W_{20}$  are in  $g_{21}$  we need to solve for them.

$$\dot{W} = \dot{x}_t - \dot{z}q - \dot{\bar{z}}\bar{q}$$

$$= \begin{cases} AW - 2Re\{\bar{q}^*(0)f_0q(\theta)\}, & \theta \in [-1,0) \\ AW - 2Re\{\bar{q}^*(0)f_0q(\theta)\} + f_0, & \theta = 0 \end{cases}$$

$$= AW + H(z, \bar{z}, \theta)$$

where,

$$H(z,\bar{z},\theta) = H_{20}(\theta)\frac{z^2}{2} + H_{11}(\theta)z\bar{z} + H_{02}(\theta)\frac{\bar{z}^2}{2} + \dots$$
(4.29)

Substituting the corresponding series into (14) and comparing the coefficients, we obtain

$$(A - 2i\omega_0\tau_j^0)W_{20}(\theta) = -H_{20}(\theta)$$
$$AW_{11}(\theta) = -H_{11}(\theta)$$

From (a) and (b) we know that for  $\theta \in [-1, 0)$ .

$$H(z,\bar{z},\theta) = -\bar{q}^{*}(0)f_{0}q(\theta) - q^{*}(0)\bar{f}_{0}\bar{q}(\theta) - \bar{g}(z,\bar{z})\bar{q}(\theta)$$
(4.30)

Comparing the coefficient with (15) we get:

$$-g_{20}q(\theta) - \bar{g}_{02}\bar{q}(\theta) = H_{20}(\theta)$$
$$-g_{11}q(\theta) - \bar{g}_{11}\bar{q}(\theta) = H_{11}(\theta)$$

From (16) and (18) and the definition of A, it follows that

$$\dot{W}(\theta) = 2i\omega_0\tau_j^0 W_{20} + g_{20}q(\theta) + \bar{g}_{02}\bar{q}(\theta)$$
(4.31)

Notice that  $q(\theta) = (1, \nu_1)^T e^{i\omega_0 \tau_j^0 \theta}$ . Hence,

$$W_{20}(\theta) = \frac{ig_{20}}{\omega_0 \tau_j^0} q(0) e^{i\omega_0 \tau_j^0 \theta} + \frac{i\bar{g}_{02}}{3\omega_0 \tau_j^0} \bar{q}(0) e^{-i\omega_0 \tau_j^0 \theta} + E_1 e^{2i\omega_0 \tau_j^0 \theta}$$
(4.32)

where  $E_1 = (E_1^{(1)}, E_1^{(2)}) \in \mathbb{R}^2$  is a constant vector. Similarly, from (16) and (19), we obtain

$$W_{11}(\theta) = -\frac{g_{11}}{\omega \tau_j^0} q(0) e^{i\omega_0 \tau_j^0 \theta} + \frac{i\bar{g}_{11}}{\omega_0 \tau_j^0} \bar{q}(0) e^{-i\omega_0 \tau_j^0 \theta} + E_2$$
(4.33)

where  $E_2 = (E_1^{(1)}, E_1^{(2)}) \in \mathbb{R}^2$  is also a constant vector. In what follows, we will seek appropriate  $E_1$  and  $E_2$ . From the definition of A and (16), we obtain

$$\int_{-1}^{0} d\eta(\theta) W_{20}(\theta) = 2i\omega_0 \tau_j W_{20}(0) - H_{20}(0)$$
$$\int_{-1}^{0} d\eta(\theta) W_{11}(\theta) = -H_{11}(\theta)$$

where  $\eta(\theta) = \eta(0, \theta)$ . By (14), we have

$$H_{20}(0) = -g_{20}q(0) - \bar{g}_{02}\bar{q}(0) + 2\tau_j^0 \begin{pmatrix} A_1 \\ A_2 \end{pmatrix}$$

where

$$\begin{split} A1 &= -\nu_1 D_1' \left( Q^* \right) - \frac{1}{2} \nu_1^2 x^* D_1'' \left( Q^* \right) + \nu_1 F_1' \left( Q^* \right) e^{-2i\omega_0 \tau_j^0} \\ &+ \frac{1}{2} \nu_1^2 x^* F_1'' \left( Q^* \right) e^{-2i\omega_0 \tau_j^0} - \delta \\ A2 &= -\frac{\nu_1 e^{-2i\omega_0 \tau_j^0} \left( 2F_1 \left( Q^* \right) e^{i\omega_0 \tau_j^0} + 2\nu_1 x^* F_1' \left( Q^* \right) e^{i\omega_0 \tau_j^0} \right)}{2x^*} \\ &- \frac{\nu_1 e^{-2i\omega_0 \tau_j^0} \left( Q^* \left( \nu_1 x^* F_1'' \left( Q^* \right) + 2F_1' \left( Q^* \right) \right) \right) + 2i\omega_0}{2x^*} \end{split}$$

$$H_{11}(0) = -g_{11}q(0) - \bar{g}_{11}\bar{q}(0) + 2\tau_j^0 \begin{pmatrix} B_1 \\ B_2 \end{pmatrix}$$

where

$$B_{1} = -\overline{\nu_{1}}D'_{1}(Q^{*}) - \nu_{1}\overline{\nu_{1}}x^{*}D''_{1}(Q^{*}) + \overline{\nu_{1}}F'_{1}(Q^{*}) + \nu_{1}\overline{\nu_{1}}x^{*}F''_{1}(Q^{*}) - \nu_{1}D'_{1}(Q^{*}) + \nu_{1}F'_{1}(Q^{*}) - 2\delta B_{2} = (-\nu_{1}\overline{\nu_{1}}F'_{1}(Q^{*})e^{-i\omega_{0}\tau_{j}^{0}} - \nu_{1}\overline{\nu_{1}}F'_{1}(Q^{*})e^{i\omega_{0}\tau_{j}^{0}} - \frac{\overline{\nu_{1}}F_{1}(Q^{*})e^{-i\omega_{0}\tau_{j}^{0}}}{x^{*}} - \nu_{1}\overline{\nu_{1}}Q^{*}F''_{1}(Q^{*})$$

Substituting (21) and (25) into 23 and noticing that

$$\left(i\omega_0\tau_j^0I - \int_{-1}^0 e^{i\omega_0\tau_j^0\theta}d\eta(\theta)\right)q(0) = 0$$
$$\left(-i\omega_0\tau_j^0I - \int_{-1}^0 e^{-i\omega_0\tau_j^0\theta}d\eta(\theta)\right)\bar{q}(0) = 0$$

we obtain

$$\left(2i\omega_0\tau_jI - \int_{-1}^0 e^{2i\omega_0\tau_j^0\theta}d\eta(\theta)\right)E_1 = 2\tau_j^0 \begin{pmatrix}A_1\\A_2\end{pmatrix}$$

This leads to

$$\begin{pmatrix} 2i\omega_0 + D_1(Q^*) + 2\delta x^* - F_1(Q^*)e^{-2i\omega_0\tau_j} & x^*D_1' \\ \frac{Q^*}{x^*}F_1(Q^*)(1 + e^{-2i\omega_0\tau_j}) & F_1(Q^*)(1 + Q^*e^{-2i\omega_0\tau_j}) + 2i\omega_0 \end{pmatrix} E_1$$

$$= 2 \begin{pmatrix} A_1 \\ A_2 \end{pmatrix}$$

Solving this system for  $E_1$  we get

$$E_{1} = 2 \begin{pmatrix} 2i\omega_{0} + D_{1}(Q^{*}) + 2\delta x^{*} - F_{1}(Q^{*})e^{-2i\omega_{0}\tau_{j}} & x^{*}D_{1}' - x^{*}F_{1}'(Q^{*})e^{-2i\omega_{0}\tau_{j}} \\ \frac{Q^{*}}{x^{*}}F_{1}(Q^{*})(1 + x^{*}e^{-2i\omega_{0}\tau_{j}}) & F_{1}(Q^{*})(1 + Q^{*}e^{-2i\omega_{0}\tau_{j}}) + 2i\omega_{0} \end{pmatrix}^{-1} \times \begin{pmatrix} A_{1} \\ A_{2} \end{pmatrix}$$

Then, we can obtain,

$$\begin{pmatrix} -D_1(Q^*) - 2\delta x^* + F_1(Q^*) & -x^*D_1' + x^*F_1'(Q^*) \\ -\frac{Q^*}{x^*}F_1(Q^*) - Q^*F_1(Q^*) & -F_1(Q^*)(1+Q^*) \end{pmatrix} E_2 = \begin{pmatrix} B_1 \\ B_2 \end{pmatrix}$$

Which leads to

$$E_{2} = \begin{pmatrix} -D_{1}(Q^{*}) - 2\delta x^{*} + F_{1}(Q^{*}) & -x^{*}D_{1}^{'} + x^{*}F_{1}^{'}(Q^{*}) \\ -\frac{Q^{*}}{x^{*}}F_{1}(Q^{*}) - Q^{*}F_{1}(Q^{*}) & -F_{1}(Q^{*})(1+Q^{*}) \end{pmatrix}^{-1} \begin{pmatrix} B_{1} \\ B_{2} \end{pmatrix}$$

Thus, we can determine  $W_{20}$  and  $W_{11}$  from (21) and (22). Furthermore,  $g_{21}z$  in (13) can be expressed by the parameters and delay. Thus, we can compute the following values:

$$C_1(0) = \frac{i}{2\omega\tau_j^0} \left( g_{20}g_{11}|g_{11}|^2 - \frac{||g_{02}|^2}{3} \right) + \frac{g_{21}}{2}$$
(4.34)

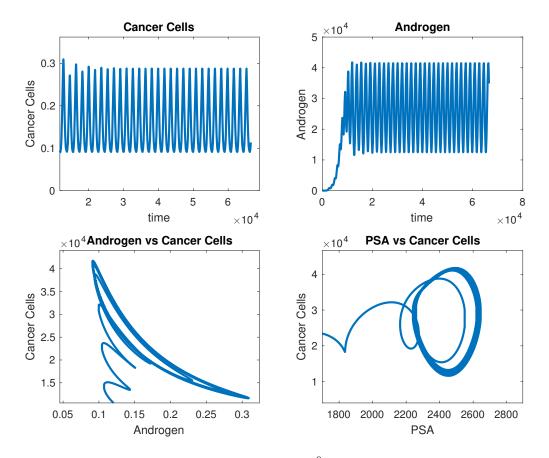
$$\nu_2 = -\frac{Re\{C_1(0)\}}{Re\{\lambda'(\tau_j^0)\}} \tag{4.35}$$

$$\beta_2 = 2Re\{C_1(0)\} \tag{4.36}$$

$$P_2 = -\frac{I_m \{C_1(0) + \nu_2 I_m \{\lambda'(\tau_j^0)\}}{\omega_0 \tau_j^0}$$
(4.37)

which determine the qualities of bifurcating periodic solutions in the center manifold at the critical value  $\tau_j^0$ ,

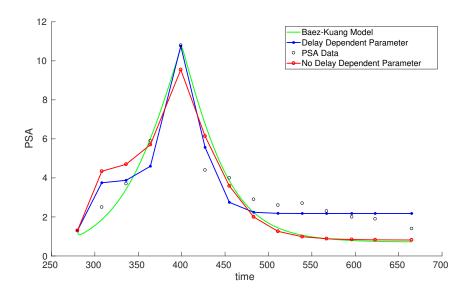
**Theorem 4.5.1.** In equations (27-30) the sign of  $\nu_2$  determines the direction of the Hopf bifurcation. Thus, if  $\nu_2 > 0$ , then the Hopf bifurcation is supercritical and the bifurcating periodic solution exists for  $\tau > \tau^0$ . If  $\nu_2 < 0$ , then the Hopf bifurcation is subcritical and the bifurcating periodic solution exists for  $\tau < \tau^0$ .  $\beta_2$  determines the stability of the bifurcating periodic solution: The bifurcating periodic solutions are stable if  $\beta_2 < 0$  and unstable if  $\beta_2 > 0$ .  $P_2$  determines the period of the bifurcating periodic solutions: the period increases if  $P_2 > 0$  and decreases if  $P_2 < 0$ .



**Figure 4.3:** Simulation of System 4.12 with  $\tau > \tau_j^0$ . We Have Emergence of Oscillating Solutions.

## 4.6 Parameter Estimation

Now we compare models (4.1) and (4.12) ability to estimate clinical data. Figure 4.4 shows a sample data fitting for both models for a single patient. Table 4.2 shows the statistics of the mean square error of PSA and androgen for both models. We can notice that model (4.1) performs consistently better but not at a very significant level. However, Figure 4.5 shows that model (4.12) has an identifiability problem of the time delay. For model (4.1), when all other parameters are fixed, there is a single  $\tau$  that best fits the data. For model (4.12), under the same conditions, we have multiple values that yield the same MSE. Having multiple time delays that yield the same



**Figure 4.4:** Simulation of Data Fitting of PSA for a Single Patient for Baez-Kuang Model (2.2-2.5), Model with Delay Dependent Parameter (4.1), and Model with No Delay Dependent Parameter (4.12). They Can Fit PSA Close to the Same Accuracy but the Model with Delay Dependent Parameter Has Some Improvement Towards the Last Data Points.

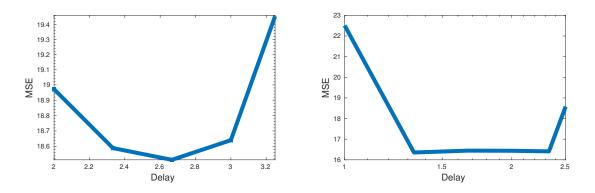
 Table 4.2: Comparison of MSE for Androgen and PSA for the First 1.5 Cycles.

	PSA		Androgen			
	Min	Mean	Max	Min	Mean	Max
Model 4.1	0.2001	5.6087	22.1370	0.7744	14.0644	45.3743
Model 4.12	0.461	10.3993	30.45	0.7744	15.071	47.3895
Model 2.2-2.5	0.973	8.676	71.847	5.0351	100.10	710.26

MSE means that we cannot draw insights from the delay parameter and defeats the purpose of incorporating the time delay in the first place.

# 4.7 Conclusion

This work remarked the importance of biological realism. The inclusion of delay dependent parameters shows more complicated and interesting dynamics. In addition,



**Figure 4.5:** Time Delay  $\tau$  as a Function of MSE. Left:Model 4.1 . Right: Model 4.12. Model 4.1 Has a Unique Minimum and Model 4.1 Does Not.

the biological accuracy of the delay dependent parameter model in turn produced more reliable parameter estimations by allowing better identification of the time delay. By better estimation parameters we were able to have better overall parameter estimations that yielded a Mean Square Error that is superior to the non-delay versions of this model. That is, with a single extra parameter,  $\tau$ , we are able to improve our data fitting results when we incorporate the delay dependent parameter compared to the Baez-Kuang model 2.2-2.5. Therefore, with this new supporting evidence from clinical data fittings our goal is to extend this work and use an Ensemble Kalman filter to make predictions about resistance using these models.

### Chapter 5

# DISCUSSION & FUTURE WORK

The main goal of this research is to produce a model that is simple enough to be used by physicians as a treatment tool and has enough biological mechanisms to capture the individual characteristics of each patient in order to provide personalized accurate forecasts of PSA dynamics. In chapter 2, we proposed two novel mathematical models to understand the dynamics of prostate cancer and rogen resistance. We provided evidence for the potential that these novel models could provide in assisting physicians predict and rogen resistance. Furthermore, these models present a framework where mathematical analysis is more tractable and predictions of resistance could be more reliable as simpler models have less unknown parameters and uncertainty. In chapter 3, we took the models proposed in chapter 2 and tested whether they were reliable in making predictions. First, we did a systematic testing of models in literature and we demonstrated that among the most cited models in literature only the Baez-Kuang model is identifiable. Then we applied the ensemble Kalman filter to estimate the most likely state of the system as well as the most likely parameter that produce those states. In chapter 4, we extended the work of chapter 2 and presented another extension to model prostate cancer dynamics. We included a time delay to model the time it takes for prostate cells to use testosterone for growth. We took two approaches for including the time delay. First, we apply the delay directly without adjusting for the difference in growth at  $t - \tau$  with model (4.12). Then we include a delay dependent parameter in model (4.1) to take into account the death at time  $t - \tau$ . Model (4.1) yielded more interesting dynamics as well as making the time delay identifiable as shown in Figure 4.5.

A model that is able to capture the possible pathways resistance should be ideal if we want to model androgen resistance development in patients. However, in order to make data driven conclusions we must work at the level of detail at which there is data available. We discovered in Chapter 3 that when we model separate population types such as in model 3.16-3.19 we can't identify the populations uniquely. The unidentifiable problem might yield incorrect conclusions about the prognosis of a patient. Therefore, since data is only available for PSA and testosterone serum levels we can only model the proportion of the total population that is becoming resistant over time. That is, we cannot distinguish from sensitive cells having mutations such as in the first four pathways to resistance presented in Chapter 1 or the lurker pathway in which originally present resistant cells take over the tumor as androgen resistance selects for those cells. If data becomes available at a finer scale any future work on this area should include the mechanisms of the different pathways and consider modeling the individual populations.

This work has encompassed a diversity of approaches to modeling androgen resistance in prostate cancer. Even though this work has been extensive there are logical continuation of this work as well as approaches that we did not consider. The first natural extension of Chapter 3 is to make predictions on resistance using an the ensemble Kalman filter via the method proposed in Chapter 2. After the natural continuation a different approach would be to use Machine Learning classification algorithms to make predictions on resistance and presented as a classification problem. However, there is extensive literature that points to this type of algorithms been not as effective when data is as limited as the one we have in this dissertation.

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## APPENDIX A

# CODE FOR CHAPTER 2

```
1 function fitting_all
2 %{
<sup>3</sup> This files takes the patients numbers from variable LIST and performs
     parameter
4 estimation using fmincon. Parameters are stored for each patient in
     p#.mat, and for
5 every patient in par_all.mat.
6
  Parameter estimation can be done for one_pop, two_pop, portz, and hirata
7
     models.
9 Created by Javier Baez Sep 2016
10 %
12 for yy = 4
13 \% \text{ model} = \text{'one_pop';}
                                                 % Choose which model to
     run fittings
                                                 % number of periods to fit
14 n = 3;
16 if yy == 1
17 \mod l = 'one_pop';
18 elseif yy == 2
19 model = 'two_pop';
20 elseif yy == 3
_{21} model = 'portz';
_{22} elseif yy == 4
_{23} model = 'hirata';
24 end
25
26 switch model
                                               % Number of parameters
27 case 'one_pop'
_{28} nParams = 12;
29 case 'two_pop'
_{30} nParams = 20;
31 case 'hirata
_{32} nParams = 10;
33 case 'portz'
_{34} nParams = 21;
35 otherwise
36 warning ('Unexpected model, choose a different one')
37 return;
38 end
40 LIST = [1, 2, 6, 7, 12, 14:17, 19, 24:25, 28:32, 36:37, 39:42, \dots]
41 44, 51:52, 54, 55, 58, 60:64, 66, 71, 75, ...
42 77:79,83:88,91,93:97,99:102,104:109]; % patient numbers
43 totalPatients = length(LIST);
                                      % total number of patients
44 patients = cell(1,62);
                               % creates a cell array to hold patient data
_{45} counter = 1;
                   % counter for patients and change array
46 ind = cell(1,totalPatients); % initializes the index for the S
      structure
47 change = ones (1, n+1);
                                % vector stores times when treatment
     changed
48 par_store = zeros(nParams, totalPatients); % used to store parameter
      values for each fit
49 options = optimset ('Algorithm', 'interior - point', 'TolX', 1e-13...
50, 'TolFun', 1e-13, 'TolCon', 1e-13, 'MaxIter', 1000); % Optimizer Options
```

```
99
```

51 WTW/WW% Creates Structure to store all patient data WWW/WWWW 52 for ii = LIST;53 patient = strcat('patient', num2str(ii)); % Patient with corresp number 54 file = strcat ('Data/', patient, '.txt'); % Complete name of file patient#.txt  $_{55}$  var = load (file); % holds variable just loaded  $patients(counter) = {var};$ % stores patient data into 56 cell patients 57  $\mathbf{x} = \operatorname{strcat}(\operatorname{'a'}, \operatorname{num2str}(\operatorname{counter}));$ % Creates index for structure S  $ind \{counter\} = x;$ % puts all indexed in ind cell array % increases counter 59 counter = counter + 1; 60 end 61 S = cell2struct(patients, ind, 2);% cell to structure 62 WWWWWWWW Runs the fitting for the selected patients WWWWWW 63 for i =1:totalPatients % In case of error for loop will move 64 try to next iteration 65 name = ['p', num2str(LIST(i))];% where parameters will be saved 66 index = char(ind(i)); % Index to calll specific patients 67 patient = S.(index);% calls specific patient from list S 68 t = patient(:, 2);% time vector in days % psa vector of values 69 psa = patient (:,3); % androgen vector of value 70 and rogen = patient (:, 4); % treatment vector of values  $_{71}$  treatment = patient (:, 6);  $_{73}$  jj = 1;  $_{74} \text{ change}(1) = 1;$ % Treatment starts at t = 0 $_{75}$  for a = 1:length (treatment) 76 if treatment(a)  $\tilde{=}$  mod(jj,2) % When treatment change occurs 77 jj = jj + 1; $_{78}$  change(jj) = a; % Stores time in change vector 79 end 80 end s1 change(jj+1) = length(treatment);% Last day of treatment 83 switch model 84 case 'one\_pop' a =  $\max(\operatorname{androgen}(\operatorname{change}(2):\operatorname{change}(4)));$ % d % dd 86 % um % R % q % gamma1 87 LB(1) = 0.01; LB(2) = 0;LB(3) = 0;LB(4) = 0;LB(5) =0.000001; LB(6) = 18; $^{88}$  UB(1) = .1; UB(2) = .5;UB(3) = 1;UB(4) = .01;UB(5) =.00009;UB(6) = 21; $_{89}$  % gamma2 % Qmax % b % sigma % epsilon % u LB(8) = a-4; LB(9) = 0;LB(10) = 0;90 LB(7) = 0;LB(11) =LB(12) = 0;.01; 91 UB(7) = .001; UB(8) = a;UB(9) = 0.0025; UB(10) = 1;UB(11) = 1;UB(12) = 0; $y_2 = x_0 = [androgen(1); 100; psa(1); .09]; % collects init cond in a column$ vector 93 case 'two\_pop' 94  $a = \max(androgen);$  $b = \min(\operatorname{androgen}(\operatorname{change}(1):\operatorname{change}(4)));$ 

% q1 % q2 % c1 96 % um LB(2) = b + .1;97 LB(1) = 0.01;LB(3) = 0;LB(4) = 0.00001;UB(2) = b + .5;98 UB(1) = 0.1; UB(3) = b + .1;UB(4) = .0001;99% c2 % K1 % K2 % b LB(5) = 0.00001; LB(6) = 0;LB(7) = 0;LB(8) = 0;101 UB(5) = 0.0001;UB(6) = 1;UB(7) = 1;UB(8) = 0.0025;102 % sigma1% epsilon % d1 % d2 LB(10) = 0.01;LB(11) = 0.002; $_{103}$  LB(9) = 0; LB(12) = 0;104 UB(9) = 1;UB(10) = 1;UB(11) = .09;UB(12) = .001;105 % R1 % R2 % gamma1 % gamma2 106 LB(13) = 0;LB(14) = 0;LB(15) = 20;LB(16) = 0;107 UB(13) = 3;UB(14) = 3;UB(15) = 20;UB(16) = .001;% Qm $_{108}$  % dd1 % dd2 % parameter u 109 LB(17) = 0.000001; LB(18) = 0.000001;LB(19) = a - 4; LB(20) = 0;UB(18) = .00009;UB(19) = a;110 UB(17) = .00009;UB(20) = 0;x0 = [androgen(1);99;1;psa(1)]; % collects init cond in a column vector 112 case 'hirata 113 % Taken from Everett et. al. % w22o % w31 114 % w110 % w21 % w32 w33o 115 LB(1) = -.15; LB(2) = .0006; LB(3) = -.015; LB(4) = .0003; LB(5) = 0;LB(6) = 0.002;II6 UB(1) = -.015; UB(2) = .002; UB(3) = .0009; UB(4) = .001; UB(5) = 0;UB(6) = 0.003;% w12f % w22f % w33f 117 % w11f LB(8) = .049; LB(9) = 0.002;118 LB(7) = .001;LB(10) = -.13;UB(8) = .18; UB(9) = 0.008;UB(10) = -0.0044;119 UB(7) = .003;120 x0 = [psa(1) \* .95; psa(1) \* .05; 0]; % collects init cond in a column vector 121 case 'portz 122 % um % qx % qy% dx % dy % c1 LB(1) = 0.01; LB(2) = .175; LB(3) = .1;LB(4) = 0.15; LB(5) = 0.215;LB(6) = .01: 124 UB(1) = .1; UB(2) = .29; UB(3) = .21;UB(4) = .4;UB(5) = .4;UB(6) = .015;% c2 % Kyxn % n % qm125 % Kxyn % vm LB(7) = .05;LB(8) = .01; LB(9) = 1.2;LB(10) = 1; LB(11) = 2;LB(12) = .075;UB(8) = .015; UB(9) = 1.7;UB(10) = 1; UB(11) = 5;127 UB(7) = .08;UB(12) = .275;128 % vh % b % sigmax % sigmay % rhoxm % rhoym 129 LB(13) = 2;LB(14) = 0.02; LB(15) = 0; LB(16) = 0;LB(17) = .3;LB(18) = 1; $^{130}$  UB(13) = 4; UB(14) = 0.09;UB(15) = .4; UB(16) = .4;UB(17) =UB(18) = 1.3;1.3;131 % m % sigma0 % delta LB(20) = 0; $_{132}$  LB(19) = 1; LB(21) = 0.008;UB(19) = 1;UB(21) = 0.08;UB(20) = .04;134 x0 = [99;1;.5;.5; psa(1)];135 end 137 IC = UB; % initial parameter values 138 [params,  $\tilde{}$ ] = fmincon (@(params) objective (params, psa, androgen, t, change, x0, n, model)...

```
139, IC, [], [], [], LB, UB, [], options); % Finds optimized parameters
par_store(:, i) = params; \% stores parameters in a matrix to be used
141
      later for predictions and errors
142 cd(strcat('parameters_', model))
143 save(name, 'params')
                             % saves parameters for individual patients in
      file p(patient#).mat
144 Cd .
145 catch ME
                   % If an error occurs it will be displayed
146 \operatorname{disp}(\mathrm{ME})
147
  end
148
  \operatorname{end}
149
151 7%
152 save(strcat('par_all_', model, '.mat'), 'par_store') % saves the matrix of
      all patients parameter values
153 end
  end
154
function [err]=
      objective (params, psadata, and_data, tdata, change, x0, n, model)
158 %{
159 This function serves as the objective function that fmincon uses to find
160 optimal parameter values.
161 params = vector of parameters to fit
_{162} psadata = psa data
163 change = vecotor that with the time steps at which treatmet is
      switched
164 tdata
           =
              time data
              the number of periods of treatment to fit
165 n
           =
166 %}
167 psadata = psadata (change (1) : change (n+1));
  and_data = and_data(change(1):change(n+1));
168
   Y1run = run_model(params, tdata, change, x0, n, model, and_data);
169
171 switch model
  case 'one_pop'
172
173 \text{ PSA} = \text{Y1run}(:,3);
_{174} AND = Y1run (:, 1);
errp = sum((PSA-psadata).^2/length(PSA));
  erra = sum((AND-and_data).^2/length(AND));
176
   err = errp + erra;
177
   fprintf('PSA Error = \%.4f \setminus t Androgen Error = \%.4f \setminus n', errp, erra);
178
179
180 case 'two_pop'
181 PSA = Y1run(:, 4);
_{182} AND = Y1run (:, 1);
errp = sum((PSA-psadata).^2/length(PSA));
  erra = sum((AND-and_data).^2/length(AND));
184
185
  err = errp + erra;
   fprintf('PSA Error = \%.4f \setminus t Androgen Error = \%.4f \setminus n', errp, erra);
186
187
188 case 'portz'
189 PSA = Y1run(:, 5);
```

```
190 err = sum((PSA-psadata).^2/length(PSA));
   fprintf('PSA Error = \%.4f \setminus n', err);
191
192
193 case 'hirata'
194 PSA = Y1run(:,1) + Y1run(:,2) + Y1run(:,3);
err = sum((PSA-psadata).^2/length(PSA));
   fprintf('PSA Error = \%.4f (n', err);
196
197
198 end
199 end
200 WWWWWWWWWW Runs the Model and Generates synthetic data
      7878787878787878787878
   function [y] = run_model(params, tdata, change, x0, n, model, androgen)
201
202 y = [];
                                                         % Initial vector for
       solution
   tint = tdata(change(n+1));
                                                         % Time interval to run
203
       solution
                                                         % K number of cycles of
_{204} for k = 1:n
       treatment
u = 1 - mod(k, 2);
206 switch model
207 case 'one_pop
_{208} if tint(end) >= tdata(change(k))
209 [^{\sim}, Yrun]=ode15s(@(t,x) one_pop(t,x,[params(1:end-1),u]),...
tdata (change (k) : change (k+1)), x0);
x_0 = [\operatorname{Yrun}(\operatorname{end}, 1); \operatorname{Yrun}(\operatorname{end}, 2); \operatorname{Yrun}(\operatorname{end}, 3); \operatorname{Yrun}(\operatorname{end}, 4)];
212 if k < n
213 y = [y; Yrun(1:end-1,:)]; %#ok<AGROW>
_{214} elseif k == n
y = [y; Yrun(1:end,:)];
                                  %#ok<AGROW>
216 end
217 end
218 case 'two_pop'
219 if tint(end) >= tdata(change(k))
220 [~, Yrun]=ode15s (@(t,x) two_pop(t,x, [params(1:end-1),u]),...
tdata(change(k):change(k+1)), x0);
222 x0 = [Yrun(end, 1); Yrun(end, 2); Yrun(end, 3); Yrun(end, 4)];
223 if k < n
224 y = [y; Yrun(1:end-1,:)]; %#ok<AGROW>
225 elseif k == n
226 y = [y; Yrun(1:end,:)];
                                  %#ok<AGROW>
227 end
228 end
229 case 'portz'
_{230} if tint(end) >= tdata(change(k))
231 %
                         options = odeset ('AbsTol', 1e-14, 'RelTol', 1e-14);
_{232} [~, Yrun]=ode23tb (@(t,x)
       portz(t, x, params, and rogen, change(k): change(k+1)), \dots
_{233} tdata(change(k):change(k+1)), x0);
234 x0 = [Yrun(end, 1); Yrun(end, 2); Yrun(end, 3); Yrun(end, 4); Yrun(end, 5)];
235 if k < n
236 y = [y; Yrun(1:end - 1,:)]; %#ok<AGROW>
237 elseif k == n
_{238} y = [y; Yrun(1:end,:)];
                                  %#ok<AGRO₩>
239 end
240 end
241 case 'hirata'
```

if tint (end) >= tdata(change(k))  $_{243}$  [~, Yrun]=ode15s (@(t,x) hirata(t,x, params, u), ... tdata(change(k):change(k+1)), x0);  $x_{45} = [Yrun(end, 1); Yrun(end, 2); Yrun(end, 3)];$ 246 if k < ny = [y; Yrun(1:end - 1,:)];%#ok<AGROW>  $_{248}$  elseif k == n 249 y = [y; Yrun(1:end,:)];%#ok<AGROW> 250 end 251 end 252 end 253 end 254 end 255 % model ODE functions 256 function  $dxdt = one_pop(~,x,p)$  $_{257}$  % collect parameter values to pass to ODE function q = p(2); $_{258}$  mu = p(1); R = p(3); d = p(4); dd = p(5); $259 \text{ gamma1} = p(6); \quad \text{gamma2} = p(7); \text{ Qm} = p(8); \text{ b} = p(9); \text{ sigma} = p(10);$ 260 epsilon = p(11); u = p(12); 261 % separates solutions 262 Q = x(1); X = x(2); P = x(3); V = x(4);263 WYYYTTYYYYTYYYYYY ODE system %%TTYYYYYYYYYYYYYYYYYYYYYYYYY  $dX = mu*(1-q/Q)*X - V*R*X/(Q+R) - abs(dd)*X^2;$ 265 dA = (gamma1\*u +gamma2) \* (Qm -Q) - mu\*(Q-q); $_{266}$  dP = abs(b)\*Q + abs(sigma)\*X\*Q - abs(epsilon)\*P; $_{267} \, \mathrm{dV} = -\mathrm{d} * \mathrm{V};$ 269 dxdt = [dA; dX; dP; dV]; %Puts the ode in a column vector 270 end 271 272 function  $dxdt = two_pop(\tilde{,}x,p)$ 273 % collect parameter values to pass to ODE function c2= $_{274} \text{ um} = p(1);$ q1 = p(2);q2 = p(3);c1 = p(4);p(5); K1 = p(6); $_{275}$  K2= p(7); b = p(8);sigmal= p(9); epsilon= p(10); d1 =p(11);d2 = p(12);R2 = p(14);gamma1 = p(15); gamma2 = p(16);276 R1= p(13); dd1= abs(p(17));dd2 = abs(p(18)); Qm = abs(p(19)); u = p(20);278 % separates solutions 279 Q = x(1); X = x(2); Y = x(3); P = x(4); 281 if q1>Q  $_{282}$  ux = 0; 283 else 284 ux = abs(um) \* (1 - abs(q1)/Q);285 end  $_{286}$  if q2 > Q $_{287}$  uy = 0; 288 else 289 uy = abs(um) \* (1 - abs(q2)/Q);290 end 291 Dx = abs(d1) \* R1/(Q+R1);Dy = abs(d2) \* R2/(Q+R2); $_{292} \text{ mxy} = \text{abs}(c1) * K1/(Q + K1); \text{ myx} = \text{abs}(c2) * Q/(Q + K2);$  $294 \, dX = (ux - Dx - abs(dd1) * X - mxy) * X + myx * Y;$ 

```
295 dY = (uy - Dy - abs(dd2)*Y - myx)*Y + mxy*X;
296 \text{ dA} = (abs(gamma1)*u + abs(gamma2))*(Qm - Q) - (ux*Q*X + uy*Q*Y)/(X+Y);
dP = b*Q + sigma1*(Y*Q + X*Q) - epsilon*P;
dxdt = [dA; dX; dY; dP]; %Puts the ode in a column vector
  end
300
301
  function dxdt = hirata(~,x,p,treat)
302
303 % collect parameter values to pass to ODE function
w110 = p(1);
                 w11f = p(7);
w21 = p(2);
                 w12f = p(8);
w220 = p(3);
                 w22f = p(9);
307 \text{ w}31 = p(4);
                 w33f = p(10);
w32 = p(5);
309 \text{ w}33 = p(6);
310 % separates solutions
311 X1 = x(1); X2 = x(2); X3 = x(3);
_{313} if treat == 0
314 WY/YYYYYYYYYYYYYYY On Treatment %YYYYYYYYYYYYYYYYYYYYYY
_{315} dX1 = w110*X1;
dX2 = w21 * X1 + w220 * X2;
dX3 = w31*X1 + w32*X2 + w33*X3;
_{319} else if treat == 1
_{320} dX1 = w11f*X1;
_{321} dX2 = w12f*X1 + w22f*X2;
_{322} dX3 = w33f*X3;
323 end
dxdt = [dX1; dX2; dX3]; %Puts the ode in a column vector
325 end
326
\frac{1}{327} function dxdt = portz(t,x,p,androgen,trange)
328 % Parameter Values
_{329} um = p(1);
                                qy = p(3); dx = p(4);
                 qx = p(2);
                                                              dy = p(5);
          c1 = p(6);
_{330} Kxyn = p(7);
                 c2 = p(8);
                               Kyxn = p(9);
                                               n = p(10);
                                                              qm =
     p(11);
               vm = p(12);
_{331} vh = p(13);
                b = p(14);
                               sigmax = p(15); sigmay = p(16); rhoxm =
     p(17); rhoym = p(18);
m = p(19); sigma0 = p(20); delta = p(21);
333 % separates solutions
334 X = x(1); Y = x(2); Qx = x(3); Qy = x(4); P = x(5);
335 % Androgen function constructed from data
_{336} A = androgen(trange(end)) +
      (androgen(trange(1))-androgen(trange(end))) * exp(-(t-trange(1)));
337 % Combines parameters to form expressions used in model
338 Qxn = Qx^n; Qyn = Qy^n;
339 Qxm = Qxm; Qym = Qxm;
_{340} ux = um*(1 - qx/Qx);
_{341} uy = um*(1 - qy/Qy);
_{342} \text{ mxy} = c1 * \text{Kxyn} / (\text{Qxn} + \text{Kxyn});
_{343} myx = c2*Qyn/(Qyn + Kyxn);
344 vx = ((qm - Qx)/(qm - qx)) * vm * (A/(A + vh));
345 vy = ((qm - Qy)/(qm - qy)) * vm * (A/(A + vh));
346 % Portz et. al. Model
_{347} dX = (ux - dx - mxy) *X + myx*Y;
```

```
\begin{array}{l} {}_{348} \ dY = (uy - dy - myx) *Y + mxy *X; \\ {}_{349} \ dQx = vx - ux *Qx - b *Qx; \\ {}_{350} \ dQy = vy - uy *Qy - b *Qy; \\ {}_{351} \ dP = sigmax *X *Qxm/(Qxm + rhoxm) + sigmay *Y *Qym/(Qym + rhoym) + \\ {}_{sigma0} *(X + Y) - delta *P; \\ {}_{352} \ \% Puts \ the \ ode \ in \ a \ column \ vector \\ {}_{353} \ dxdt = \left[ dX; \ dY; \ dQx; \ dQy; \ dP \right]; \\ {}_{354} \ end \end{array}
```

## APPENDIX B

## LOCAL IDENTIFIABILITY USING THE FISHER INFORMATION MATRIX

Lets expand equation 3.2 about an initial estimate of parameters  $\mathbf{p}_0$  via Taylor series:

$$\mathbf{y}(t_i) = \mathbf{H}(\mathbf{x}(t_i), \mathbf{p_0}) + \sum_{j=1}^n \frac{\partial H_i^0}{\partial p_j} \Delta p_j + \epsilon_i$$

Here,  $\frac{\partial H_i^0}{\partial p_j}$  is the derivative evaluated at  $\mathbf{p_0}$ . The error of high order terms is contained in  $\epsilon_i$ . Then, the sum of squared deviations is given by:

$$A = \sum_{i=1}^{n} [y_i - H_i^0 - \sum_{j=1}^{q} \frac{\partial H_i^0}{\partial p_j} \Delta p_j]^2,$$

A is simply the square of the sum of the higher order terms in the Taylor expansion. The number n is the number of observations. That is A is zero at  $\mathbf{p} = \mathbf{p}_0$ . Taking the derivative with respect to  $\Delta p_k$  of A and setting equal to zero gives the normal equations for estimates  $\Delta p_k$ .

$$\sum_{j=1}^{q} \sum_{i=1}^{n} \frac{\partial H_i^0}{\partial p_j} \frac{\partial H_i^0}{\partial p_k} \hat{\Delta p_j} = \sum_{i=1}^{n} (y_i - H_i^0) \frac{\partial H_i^0}{\partial p_k}, k = 1, \dots, p$$

Let  $z_i = y_i - H_i^0$ , so  $z = (z_1, \ldots, z_n)^T$ ,  $\hat{\Delta p} = (\hat{\Delta p_1}, \ldots, \hat{\Delta p_q})^T$ . Define the matrix S by

	$(s_{11}(t_i))$	 $s_{1,n}(t_i)$
S =	÷	÷ ()
	$\langle s_{m,1}(t_i) \rangle$	 $s_{m,n}(t_i)$

where,

$$s_{ij}(t_k) = \frac{\partial H_i(t, \mathbf{p})}{\partial p_j}.$$
(B.1)

The sum of squares and normal equations are then given by

$$A = (z - S\Delta\theta)^T (z - S\Delta\theta)$$
(B.2)

$$S^T S \Delta \theta = S^T z \tag{B.3}$$

The rank of  $S^T S$  determines model identifiability. If one of the parameters does not appear in the observations. For example  $p_j$ . Then,  $\frac{\partial H_i^0}{\partial p_i} = 0$  for  $i = 1, \ldots, n$ . In consequence, column j of S is null, so row j and column j of  $S^T S$  are null and  $|S^T S| = 0$ . It happens that  $|S^T S| \neq 0$  is a sufficient not necessary condition for local model identifiability (Jacquez and Greif (1985)). If a system has  $|S^T S| \neq 0$  then as a consequence all of its parameters are observable. Then, we shall look at the correlations between the parameters.

### APPENDIX C

#### GLOBAL IDENTIFIABILITY USING TRANSFER FUNCTIONS

Since Hirata's Model is linear we can use the transfer function method for parameter identifiability (Jacquez and Greif (1985)). Let us express Hirata's model as

$$\dot{\mathbf{x}} = \mathbf{A}\mathbf{x}$$
 (C.1)

$$\mathbf{x}(0) = [x_{01}, x_{02}, x_{03}]^T \tag{C.2}$$

$$y(t) = x_1(t) + x_2(t) + x_3(t)$$
 (C.3)

where  $\mathbf{x}$  is a 3 dimensional vector with components  $x_1, x_2$ , and  $x_3$ . A is a 3x3 matrix and the output is denoted by y(t). We study Hirata's off-treatment phase given by eq 3.9. We can solve for  $\mathbf{x}(t)$  analytically, and apply the Laplace transformation to obtain:

$$\begin{split} \phi(s) &= & L\{y\}(s) \\ &= & \frac{x_{01}}{s - w_{11}^0} + \frac{x_{02}}{s - w_{22}^0} + \frac{x_{02}w_{12}^0}{(s - w_{11}^0)(w_{11}^0 - w_{22}^0)} \\ &- \frac{x_{02}w_{12}^0}{(s - w_{22}^0)(w_{11}^0 - w_{22}^0)} + \frac{x_{03}}{s - w_{33}^0} \\ &= & \frac{a_1s^2 - a_2s + a_3}{s^3 - a_4s^2 + a_5s - a_6} \end{split}$$

where,

$$\begin{aligned} a_1 &= x_{01} + x_{02} + x_{03} \\ a_2 &= -(x_{02} + x_{03})w_{11}^0 + x_{02}w_{12}^0 \\ &-(x_{01} + x_{02} - x_{03})w_{22}^0 - (x_{01} + x_{02})w_{33}^0 \\ a_3 &= w_{33}^0(x_{02}w_{11}^0 - x_{02}w_{12}^0 + x_{01}w_{22}^0) \\ a_4 &= (w_{11}^0 + w_{22}^0 + w_{33}^0) \\ a_5 &= (w_{11}^0w_{22}^0 + w_{22}^0w_{33}^0 + w_{11}^0w_{33}^0) \\ a_6 &= w_{11}^0w_{22}^0w_{33}^0 \end{aligned}$$

and  $\phi(s)$  is the transfer function and  $L\{y\}(s)$  is the Laplace transform of y(t). Then the model parameters are structurally identifiable, if the transfer function  $\phi(s)$ , can be expressed uniquely in terms of its parameters **p**. Lets assume that  $x_{01}, x_{02}$ , and  $x_{03}$  are known - we want to test the best case scenario. This is possible if we assume all cancer cells are  $x_1$  type cells in the beginning. Then, equations a1 - a5 reduce to:

$$b_{1} = -w_{11}^{0} + w_{12}^{0} - w_{22}^{0} - w_{33}^{0}$$

$$b_{2} = w_{33}^{0}(w_{11}^{0} - w_{12}^{0} + w_{22}^{0})$$

$$b_{3} = (w_{11}^{0} + w_{22}^{0} + w_{33}^{0})$$

$$b_{4} = (w_{11}^{0}w_{22}^{0} + w_{22}^{0}w_{33}^{0} + w_{11}^{0}w_{33}^{0})$$

$$b_{5} = w_{11}^{0}w_{22}^{0}w_{33}^{0}$$

Now, we can test global identifiability by introducing new parameters  $\hat{w}_{00}^0, \hat{w}_{11}^0, \hat{w}_{22}^0$ , and  $\hat{w}_{01}^0$ . Then we set  $(b_1 - b_5)$  equal to the same equation but with the new parameters

and testing if we can uniquely identify the parameters. The result of this procedure yields:

$$\{w_{11}^0 = \hat{w_{11}^0}, w_{11}^0 = \hat{w_{22}^0}, w_{33}^0 = \hat{w_{33}^0}, w_{12}^0 = \hat{w_{12}^0}\}$$

and

$$\{w_{11}^0 = \hat{w_{22}^0}, w_{11}^0 = \hat{w_{00}^0}, w_{33}^0 = \hat{w_{33}^0}, w_{12}^0 = \hat{w_{12}^0}\}$$

as the solutions. Thus,  $w_{11}^0$  and  $w_{22}^0$  are indistinguishable from each other and not identifiable. Since all parameters appear in the system of equations they are all *observable parameters*. This same process can be applied to solve the transfer function for the on-treatment phase of Hirata's Model eq 3.8. For the on-treatment phase, all parameters are observable but none of the parameters are identifiable.

## APPENDIX D

#### CODE FOR CHAPTER 3

```
1
 _{2} LIST = [1,2,6,7,12,14:17,19,24:25,28:32,36:37,39:42,...
 344,51:52,54,55,58,60:64,66,71,75,\ldots
 4 77:79,83:88,91,93:97,99:102,104:109]; % patient numbers
5 \text{ total} = \text{length}(\text{LIST});
                                % total number of patients
 6
 7 \text{ errors} = [];
  * pat_count = []; 
9 \max_{p} = 30;
10 pcount = 1;
        x = LIST
11 for
12 \text{ try}
13 change = ||;
14 load (streat ('parameters/p', num2str(x), '.mat'), 'params')
15 % Complete name of file patient#.txt
16 file = strcat('Data/', strcat('patient', num2str(x)), '.txt');
  patient = load(file);
17
18
19 tdata = patient (:, 2); psa = patient (:, 3); and rogen = patient (:, 4);
_{20} treatment = patient (:, 6);
_{21} n = 4;
_{22} jj = 1;
_{23} change (1) = 1;
for a = 1: length (treatment)
if treatment (a) = mod(jj,2)
a = a+1;
27 else
_{28} jj = jj + 1 ;
_{29} change (jj) = a;
30 end
31 end
_{32} change (jj+1) = length (treatment);
33
  par_noise = 0; k = 100; k = 12;
34
35
_{36} par_range = 1:15;
  par1 = params;
37
38
_{39} % noise = 0;
40 cancer (1) = 20;
41 x0 = [androgen(1), cancer(1), psa(1), .09];
42
43 par_names = { 'mu', 'q', 'R', 'k', 'dd', 'gamma1', 'gamma2', ...
44 'Amax', 'sigma0', 'sigma1', 'epsilon', 'all'};
45
46 IC = zeros(k, 4);
_{47} pn = 1:11;
48
49 if kk == 12
50 params = params + params * par_noise;
51 else
_{52} \text{ par_range}(4+\text{kk}) = [];
53 \text{ pn}(\text{kk}) = ||;
_{54} params(kk) = params(kk) + params(kk)*par_noise ;
55 end
56
_{57} par = params(pn);
```

```
58
59 \operatorname{len}_t = \operatorname{length}(\operatorname{tdata});
60 \operatorname{len_p} = \operatorname{length}(\operatorname{par});
len_pn = length(pn);
62
   par_ensemble = zeros(k, len_pn);
63
_{64} \max p = ones(len_t, len_p);
minp = ones(len_t, len_p);
meanp = ones(len_t, len_p);
   deviation = ones(len_t, len_p);
67
                                       Loading Data
68 %
                            % True initial conditions
69 s = x0;
70 for i = 1: length(s)
a = s(i) * .90; b = s(i) * 1.8;
72 % Initial Conds for Enssemble
<sup>73</sup> IC(:, i) = (b-a) \cdot * rand(1, k) + a;
74 end
75 for i = 1: length(pn)
76 a1 = par(i) * .8; b1 = par(i) * 1.9;
   par_ensemble(:, i) = (b1-a1) \cdot * rand(1, k) + a1;
77
78
79 deviation (:, i) = std(par_ensemble(:, i));
\max(:, i)
                    = \max(par_ensemble(:, i));
minp(:, i)
                     = min(par_ensemble(:, i));
                     = mean(par_ensemble(:, i));
meanp(:,i)
83 end
84 %
                      Variables for LETKF
                       % Uncertainty of PSA (2.94\% - 4.21\%)
85 R = .6;
86 CAST = zeros(length(par_range),k);
                                                % Forcast matrix - filled using ii
^{87} I = eve(k);
                                                % Identity matrix for calculations
p = .12;
                               \% error parameter of model (1 to 4);
89 Wa = zeros(k,k);
                                                \% Big W (a = hat)
90 total_t = change(n);
                                                % Total time for Kalman filter
91 % Stores states solutions from Kalman filter
92 \text{ sol1} = psa(1) * ones(1, total_t);
   sol2 = androgen(1) * ones(1, total_t);
93
   sol3 = cancer(1) * ones(1, total_t);
94
95
   for jj = 1:1:total_t \% setting the ode function to move one time step
96
97
   time = [tdata(jj) tdata(jj+1)];
                                             % Time between Measurement
98
99
   for ii = 1:1:k % Running the ode45 on the ensembles
100
101
102 if jj == 1 % Start with IC to initiate the Kalman Filter
103 y0 = [IC(ii, 1); IC(ii, 2); IC(ii, 3); IC(ii, 4)];
params(pn) = par_ensemble(ii, :);
   else
105
y_0 = [Xa(1,ii); Xa(2,ii); Xa(3,ii); Xa(4,ii)];
107 params(pn) = Xa(5:end, ii);
108
   end
109
110 % Runs the model and stores output
   [t, y] = run_dynd_full (params, tdata, change, time, y0);
113 % Collect last y value to preform the Kalman Filter
\operatorname{II4} \operatorname{CAST}(:, \operatorname{ii}) = [y(\operatorname{end}, 1:4), \operatorname{params}(\operatorname{pn})]; \% \operatorname{CAST} \operatorname{stands} \text{ for FORECAST};
```

```
115 end
116 %
                         Plotting Commands
117 sol1(jj) = (y(1,3));
118 sol2(jj) = (y(1,1));
119 sol3(jj) = (y(1,2));
120 sol4(jj) = (y(1,4));
122 X_bar = mean(CAST, 2); % X_bar := x_bar(b); the '2' across ;
124 % Xb := the difference matrix X-double-bar(b)
   for i = 1: length (par_range)
125
   if i = 1
126
127 \text{ Xb} = \text{CAST}(1, :) - \text{X}_{\text{bar}}(1);
   else
128
129 Xb = [Xb ; CAST(i, :) - X_bar(i)];
130 end
131
   \operatorname{end}
132
_{133} % H := Predicted levels from each ensemble. 0 for augmented states
H = [CAST(1,:)', CAST(3,:)', zeros(100,11)];
136 y_bar = mean(H); % y_bar := average of predicted PSA
  Yb(:,1) = H(:,1) - y_bar(1); % Yb := Difference between Predicted and
137
       mean
_{138} Yb(:,2) = H(:,2) - y_bar(2); % Yb := Difference between Predicted and
       mean
_{139} Yb(:,3:13) = zeros(100,11);
140
141 C = Yb.*(1/R); % Step 4 cook book; R is the uncertainty in PSA -
       defined on top
142 Pa = ((k-1)*I./p + C*Yb'); \%p-twidle
   [V, D] = eig(Pa);
143
144 lambda = \max(0, \operatorname{diag}(D));
145 Z = zeros(k);
146
147 for j = 1:k
148 if lambda(j) > 0
149 Z(:, j) = V(:, j) / lambda(j);
150 end
151
   \operatorname{end}
152
_{153} Pa = Z*V';
154
155 for j = 1:k
156 if lambda(j) > 0
157 Z(:, j) = V(:, j) / sqrt(lambda(j));
158 end
159 end
160
161 Wa = sqrt(k-1)*(Z*V');
162
163 % Put the observed PSA in here
164 \text{ wa} = \text{Pa*C*}([\text{androgen}(jj); \text{psa}(jj); \text{zeros}(11,1)] - [y_{\text{bar}}(1); \dots
_{165} y_bar(2); zeros(11,1));
166
167 for gg = 1:1:k
168 Wa(:, gg) = Wa(:, gg) + wa; % Add wa to each column of Wa
```

```
169 end
170
   % Finally, we can create the forecast for X1, and PSA
171
_{172} Xa = (Xb*Wa);
   for 11 = 1:1:k
174 \operatorname{Xa}(:, 11) = \operatorname{Xa}(:, 11) + \operatorname{X}_{-}\operatorname{bar};
   end
175
176
   Xa(1:end,:) = abs(Xa(1:end,:));
178
   for i = 1: length (par)
179
180 maxp(jj+1,i) = max(Xa(4+i,:));
   \min(jj+1,i) = \min(Xa(4+i,:));
181
   \operatorname{meanp}(jj+1,i) = \operatorname{mean}(\operatorname{Xa}(4+i,:));
182
   deviation (jj+1,i) = std(Xa(4+i,:));
183
184
   end
185
186 \operatorname{disp}(jj)
   end
187
188
189 catch ME
   disp('Something Wrong')
190
   errors = [errors pcount];
191
   end
192
193
   params1 = [meanp(change(4),:),0];
194
195
196 params = par1;
197 PSAall4 = ||;
198 \text{ last} = 6;
lengthPred4 = tdata(change(4):change(6));
   for in = 1:100\%: \text{length}(Xa(1,:))
200
   params2 = [Xa(5:end, in)', 0];
201
202
203
x04 = [sol2(end), sol3(end), sol1(end), sol4(end)];
   [T4run2, Y4run2] = ode23tb(@(t, x))
205
        base_dyn_d[full(t, x, [params2(1:end-1), 1]), \dots
   tdata(change(4)):tdata(change(5)), x04);
206
   x05 = [Y4run2(end, 1); Y4run2(end, 2); Y4run2(end, 3); Y4run2(end, 4)];
207
   [T5run2, Y5run2] = ode23tb(@(t,x))
208
        base_dyn_d_full(t, x, [params2(1:end-1), 0]), \dots
   tdata(change(5)):tdata(change(6)), x05);
209
210 Y4 = [Y4run2(:,3); Y5run2(:,3)];
PSAall4 = [PSAall4, Y4'];
<sup>212</sup> plot ([T4run2; T5run2], [Y4run2(:,3); Y5run2(:,3)])
213 hold on
214 % check if outlier and remove it from the list
215
216 end
_{217} plot (tdata (change (4): change (6)), psa (change (4): change (6)), 'o')
   for i = 2: length(PSAall4)
218
      \min_{p}(i) = \min(PSAall4(:, i));
219
      \max_{p}(i) = \max(PSAall4(:, i));
220
221 end
222 end
```

## APPENDIX E

#### CODE FOR CHAPTER 4

1 function [perrors, aerrors] = run\_model\_delaydependence\_mse  $x = \begin{bmatrix} 1 & 6 & 14 & 15 & 17 & 19 & 24 & 25 & 28 & 29 & 30 & 32 & 36 & 37 & 39 & 44 & 51 & \dots \end{bmatrix}$  ${}_3$  52 54 55 58 60 62 63 64 66 75 77 79 83 87 88 91 ... 4 93 100 101 102 105]; % list of patients  $_5 \text{ perrors} = [];$ 6 aerrors = [];7 for ii = x8 WWWWWWWWWW Initialization of arrays and variables WWWW 9 nParams = 13; 10 options = optimset('Algorithm', 'interior -point', 'TolX', 1e-13,... TolFun', 1e-13, 'TolCon', 1e-13, 'MaxIter', 100); % Optimizer Options % Initialize change change = ||;12 Vector 13 load (strcat ('par\_delay\_dependence', num2str(ii), '.mat'), 'params') 14 % Complete name of file patient#.txt <sup>15</sup> file = strcat('Data/', strcat('patient', num2str(ii)), '.txt'); 16 patient = load(file);17 tdata = patient (:, 2); psa = patient (:, 3); and rogen = patient(:,4); treatment = patient(:,6);19 jj = 1;% Treatment starts at t = 0  $_{20} \text{ change}(1) = 1;$  $_{21}$  for a = 1: length (treatment) 22 if treatment(a)  $\tilde{} = mod(jj, 2)$  % When treatment change occurs  $_{23}$  jj = jj + 1;  $_{24}$  change (jj) = a; % Stores time in change vector 25 end 26 end  $_{27}$  change (jj+1) = length (treatment); % Last day of treatment 28  $_{29}$  % noise = 0; 30  $a = \max(\operatorname{androgen}(\operatorname{change}(2) : \operatorname{change}(4)));$  $_{32}$  % um % d % dd % q % R % gamma1  $_{33}$  LB(1) = 0.0001; LB(2) = 0; LB(3) = 0;LB(4) = .001;LB(5) =0.000001; LB(6) = 18;UB(2) = .5;UB(3) = 1;UB(4) = .1; $_{34}$  UB(1) = .009; UB(5) =UB(6) = 21;.00009;% b % sigma %  $_{35}$  % gamma2 % Qmax % u epsilon  $_{36}$  LB(7) = 0; LB(8) = 5; LB(9) = 0.01;LB(10) = 0;LB(11) =LB(12) = 0;.01;  $_{37}$  UB(7) = 4; UB(8) = 9;UB(9) = 0.5;UB(10) = 1;UB(11) =1.5;UB(12) = 0;38 39 % x0 40 LB(13) = .1;41 UB(13) = 20; 42  $_{43}$  % for i = .5:1:12  $_{44} \log =2;$ 45 global 1;  $_{46} l = lag;$ 47 IC = UB/2; % initial parameter values 48

```
49 Y= run_one_pop(params, tdata, change, n, lag, androgen, psa);
50
   perrors = [perrors, immse(Y(3, :), psa(change(2): change(n+1)))];
51
52 \text{ aerrors} = [ \text{ aerrors}, \text{immse}(Y(1, :)', \text{ and rogen}(\text{change}(2): \text{change}(n+1))) ];
53
   end
54
   function [y] = run_one_pop(params, tdata, change, last, lag, androgen, psa)
55
56 y = [];
57 opts = ddeset ('Jumps', lag, 'RelTol', 1e-5, 'AbsTol', 1e-5);
58 for k = 2:last
59 params (12) = 1 - mod(k, 2);
60 if k = 2
<sup>61</sup> HQ = @(t) interp1 (tdata, and rogen, t);
_{62} HP = @(t) interp1(tdata, psa, t);
_{63} x0 = params(13);
64 else
_{65} HQ = @(t) interp1(tdata(change(k-1):change(k)),S(1,:),t);
_{66} \text{ HP} = @(t) \quad \text{interp1}(t \text{ data}(change(k-1):change(k)), S(3,:), t);
67 x0 = S(2, end);
68 end
sol=dde23(@ddex1de, lag, ...
70 ddex1hist(tdata(change(k-1):change(k)),HQ,HP,x0),\ldots
<sup>71</sup> tdata(change(k):change(k+1)), opts, params(1:end));
   [S, ~] = deval(sol, tdata(change(k): change(k+1)));
72
73 if k < last
_{74} y = [y, S(1:3, 1:end-1)];
75 elseif k == last
76 y = [y, S(1:3, 1:end)];
77 end
78 end
79 end
80
s1 function s = ddex1hist(t, HQ, HP, x0)
82 % Constant history function for DDEX1.
83 H1 = HQ(t);
H2 = HP(t);
85 H1= H1(end, 1);
H_{2} = H_{2}(end, 1);
s_7 s = [H1; x0; H2];
88 end
89 %
90 function dydt = ddex1de(\tilde{,}x,Z,p)
91 mu
                 = p(1);
                 = p(2);
92 Q
                 = p(3);
93 R
                 = p(4);
94 d
95 del
                 = p(5);
96 gamma1
                 = p(6);
97 gamma2
                 = p(7);
98 Qm
                 = p(8);
99 b
                 = p(9);
100 sigma
                 = p(10);
   epsilon
                 = p(11);
101
102 C
                 = p(12);
103
104 Ql= Z(1,1);
```