

# Dual feedbacks in inflammatory and infectious disease



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## Biological Control design principles

- Fast, rough + Slow, detailed regulation
- Use of a pair of competing signals for target setting

Key mechanisms for  
effective diagnosis and treatment

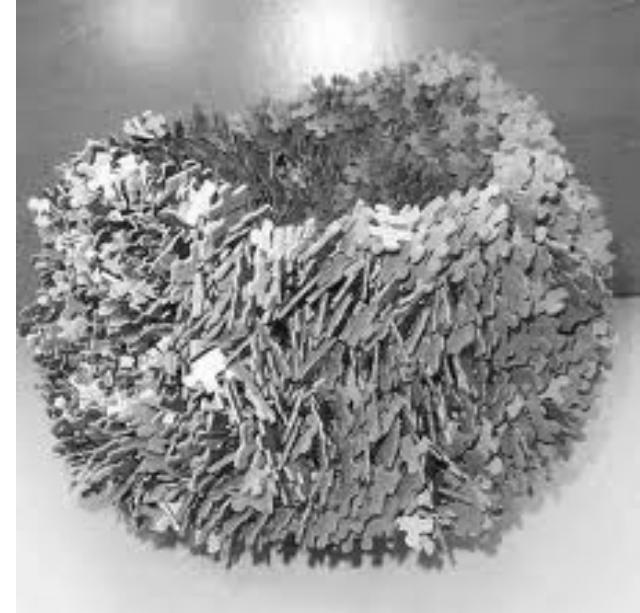
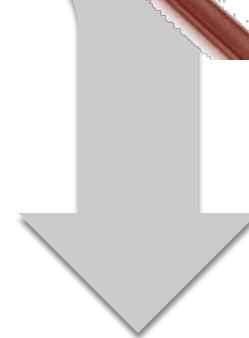
## Health vs Disease

- Balanced positive and negative feedbacks
- Different spatial/temporal scales

# Modelling approach



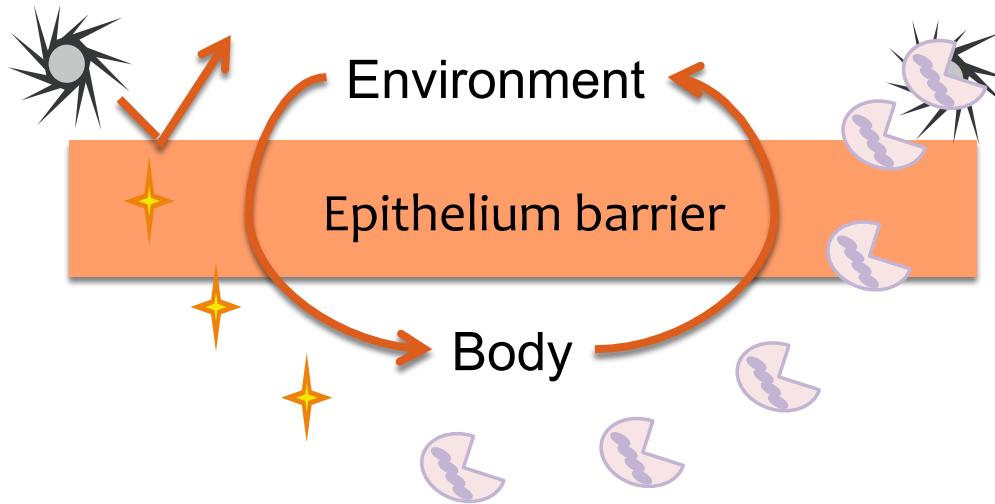
Experimental data



## Minimal explanatory models

- Transferable tools and insights
- Common design principles

# Inflammatory and infectious disease



- Skin – Atopic eczema
- Upper respiratory airway – Bacterial infection
- Lung – Fungal infection

# Skin: Atopic Dermatitis (eczema)

## High Socio-economic Impact

- ~30% children; > 5million people in UK
- Treatment cost: \$3.8 billion/year in US
- 3-fold increase in last 30 years



## Characteristic Symptoms

- ✓ Red, itchy eczema caused by allergens
- ✓ Persistence & aggravation of inflammation
- ✓ Skin vulnerable to infection

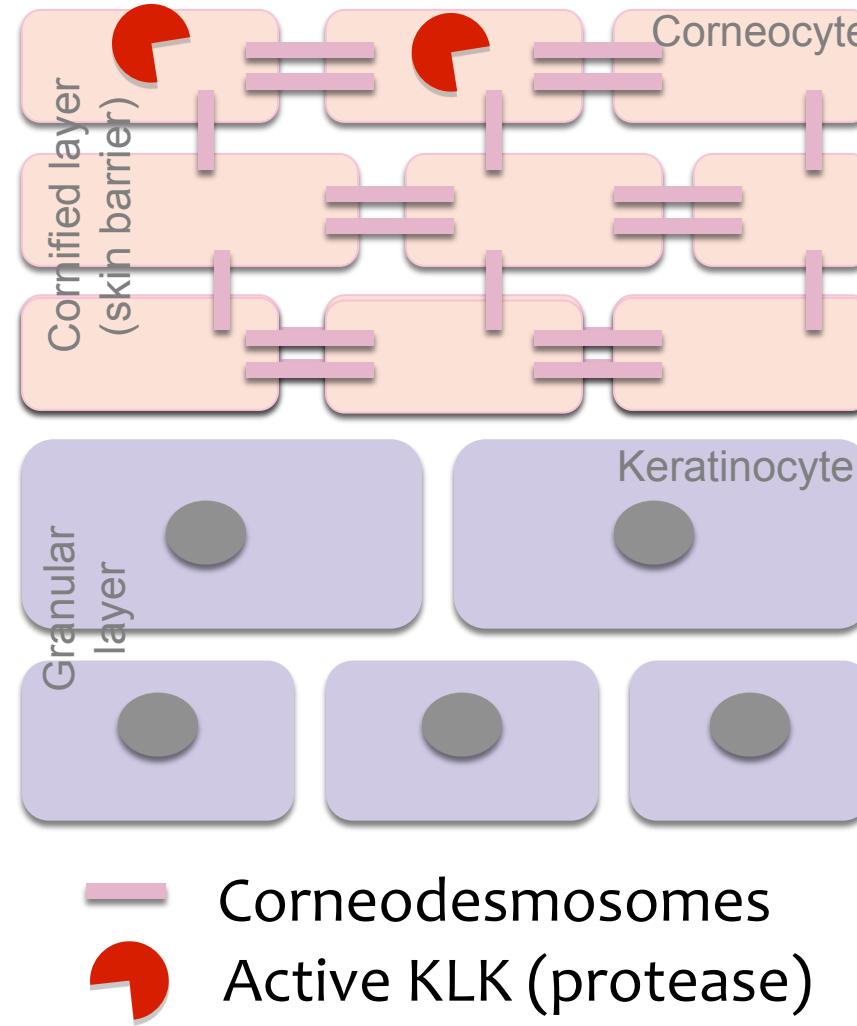


## Benefits for Modelling

- Abundant yet fragmented knowledge
- Morphological appearance

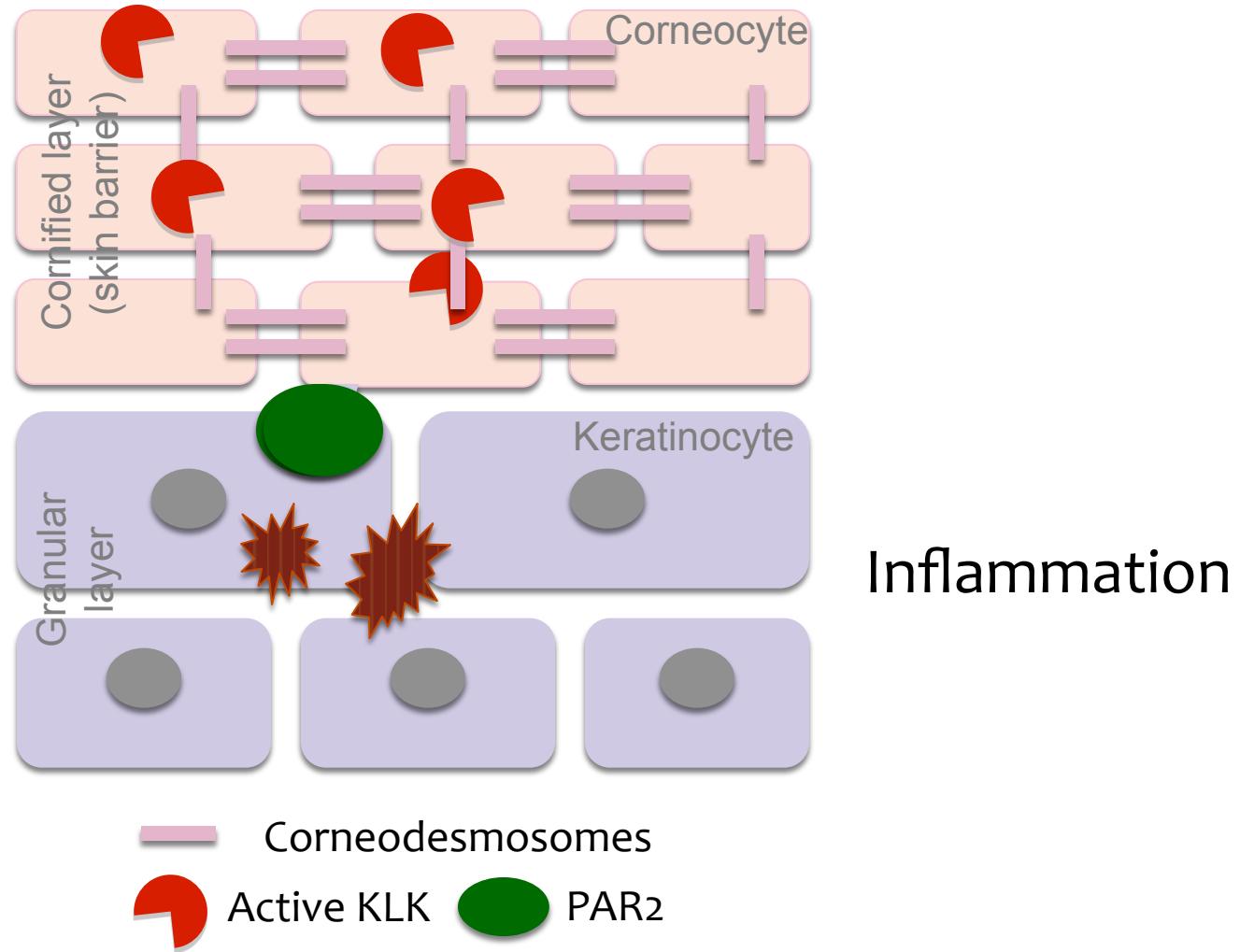


# Skin Barrier Homeostasis

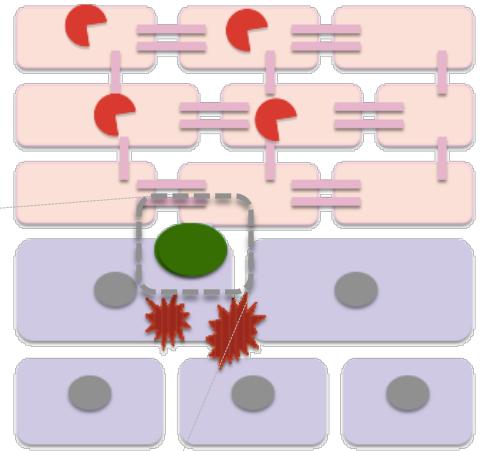
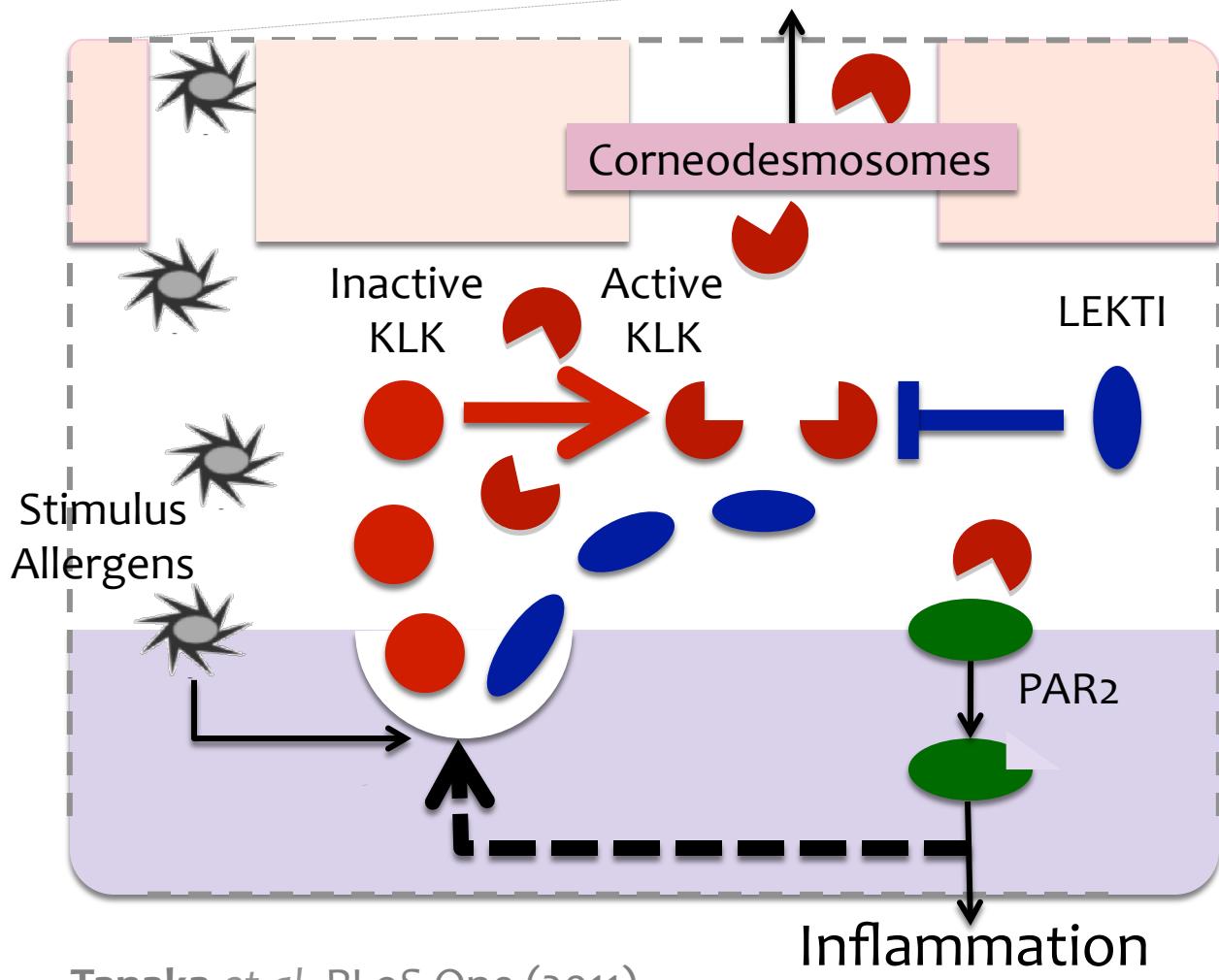


# Defective Skin Barrier in atopic eczema

Excessive  
KLK activity



# Minimal Explanatory Model

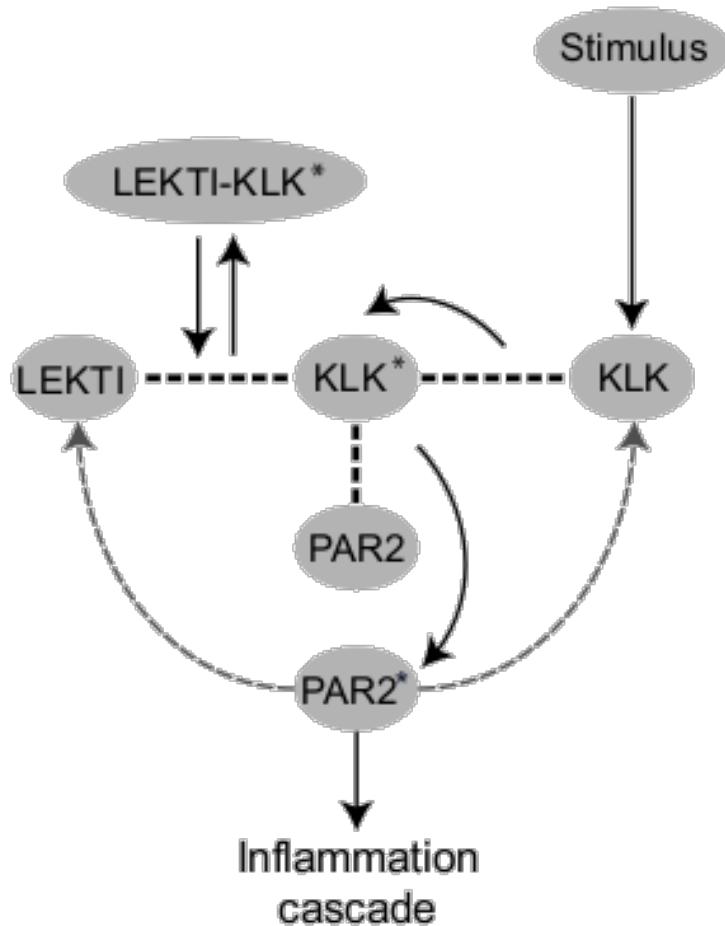


pH regulation

Fast activation +  
Slow inhibition

A pair of  
competing signals

# Mathematical Model



$$\frac{d[L - K^*]}{dt} = k_a [K^*][L] - k_d [L - K^*] - \delta_{LK} [L - K^*]$$

$$\frac{d[L]}{dt} = -k_a [K^*][L] + k_d [L - K^*] - \delta_L [L] + t_L (m_L + f_L [P^*])$$

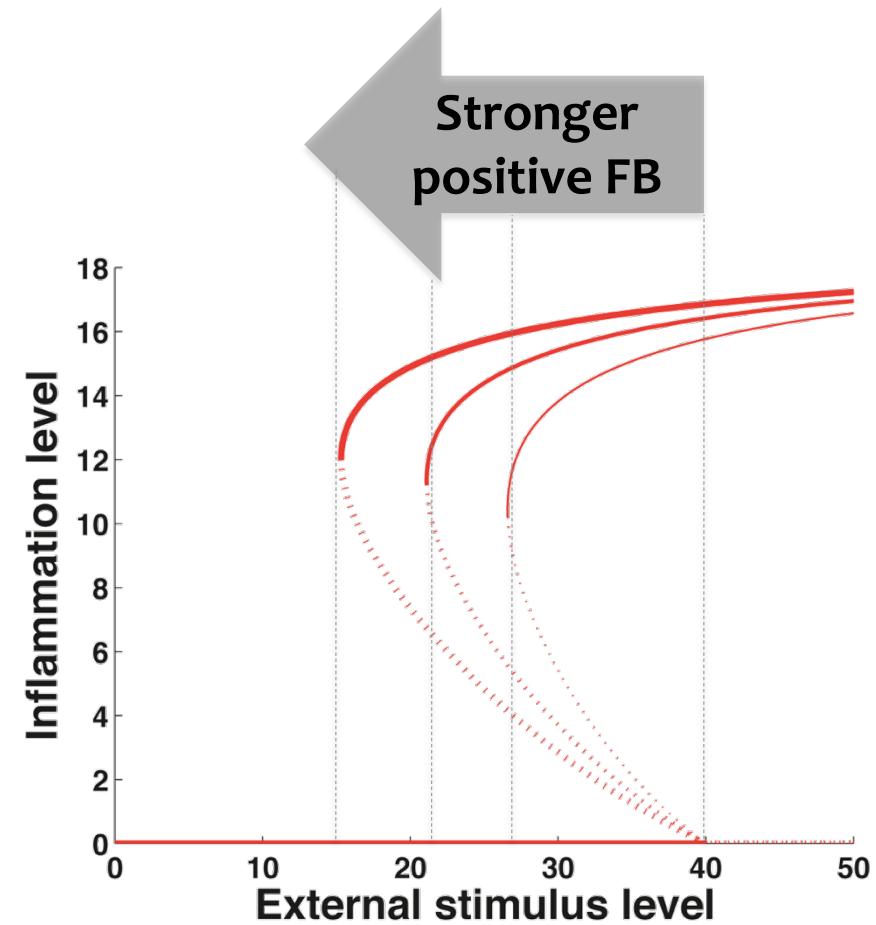
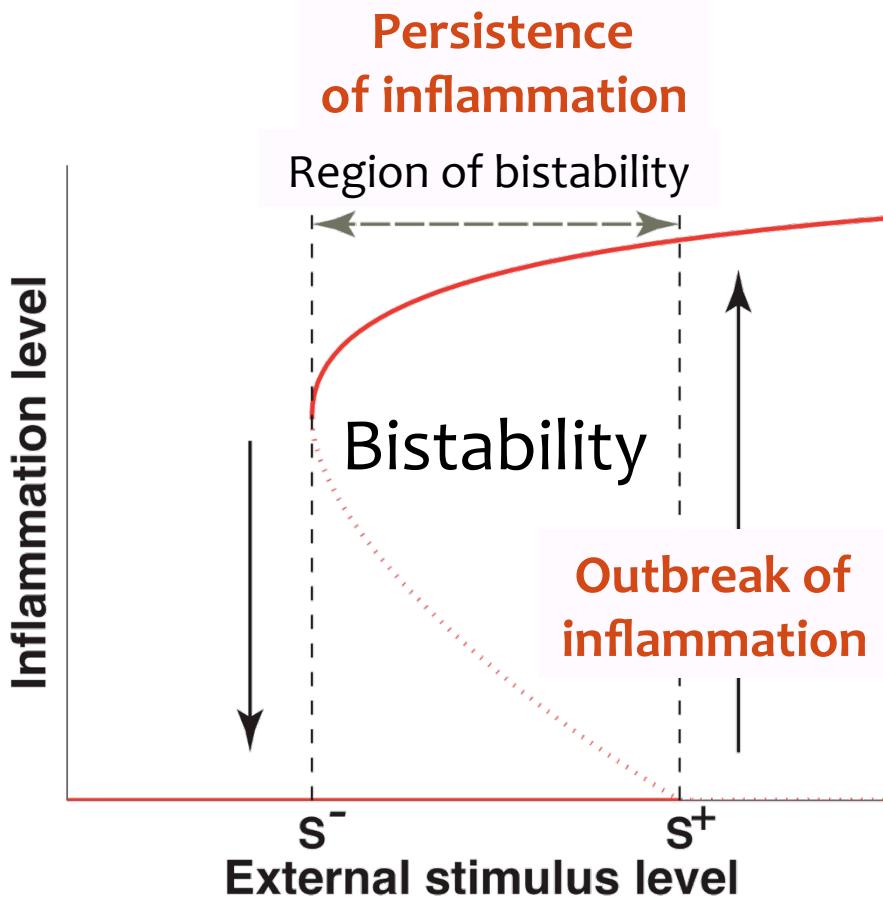
$$\frac{d[K^*]}{dt} = -k_a [K^*][L] + k_d [L - K^*] + k \frac{[K^*][K]}{[K] + C_K} - \delta_{K^*} [K^*]$$

$$\frac{d[K]}{dt} = -k \frac{[K^*][K]}{[K] + C_K} - \delta_K [K] + m_K + f_K [P^*] + f_{KS} S$$

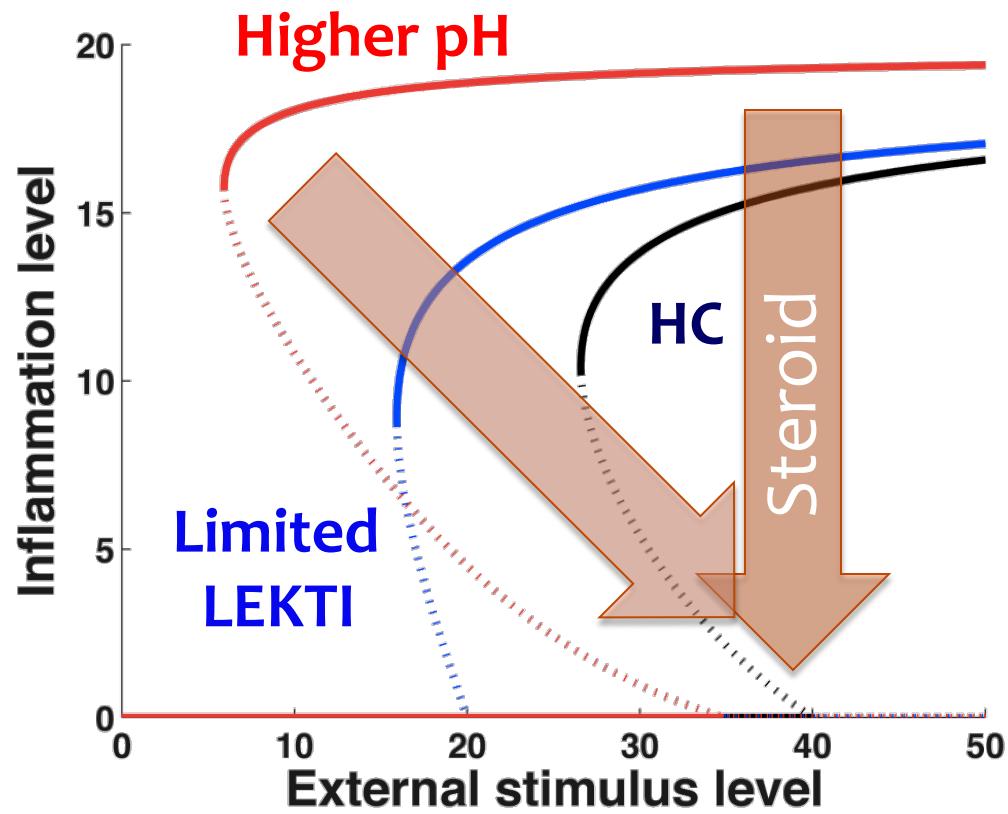
$$\frac{d[P]}{dt} = -k_P \frac{[K^*][P]}{[P] + C_P} - \delta_P [P] + m_P$$

$$\frac{d[P^*]}{dt} = -k_P \frac{[K^*][P]}{[P] + C_P} - \delta_{P^*} [P^*]$$

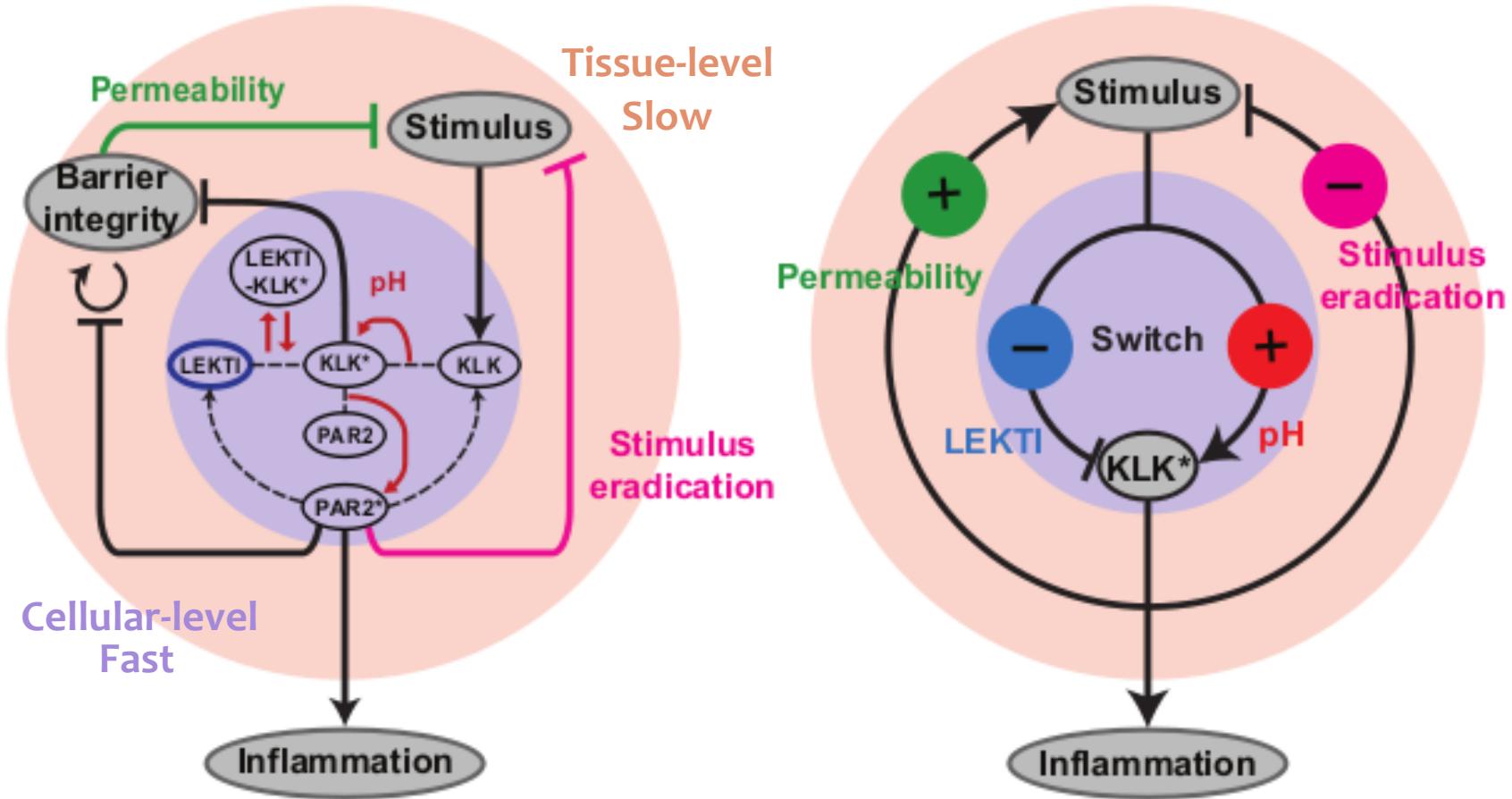
# Bistable switch



# Vulnerability of eczema skin

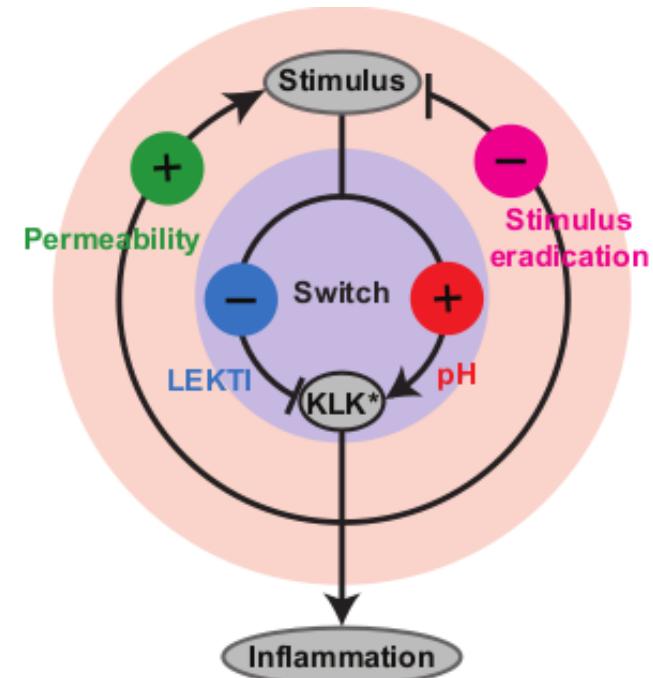
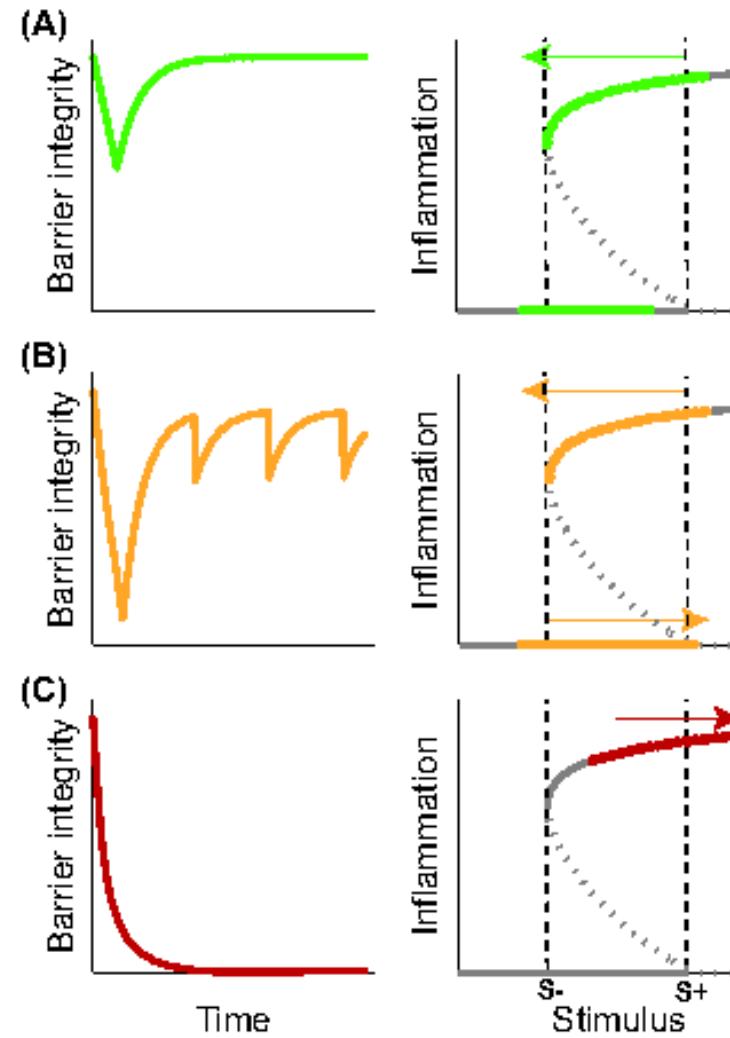


# Model for Multi-scale regulation

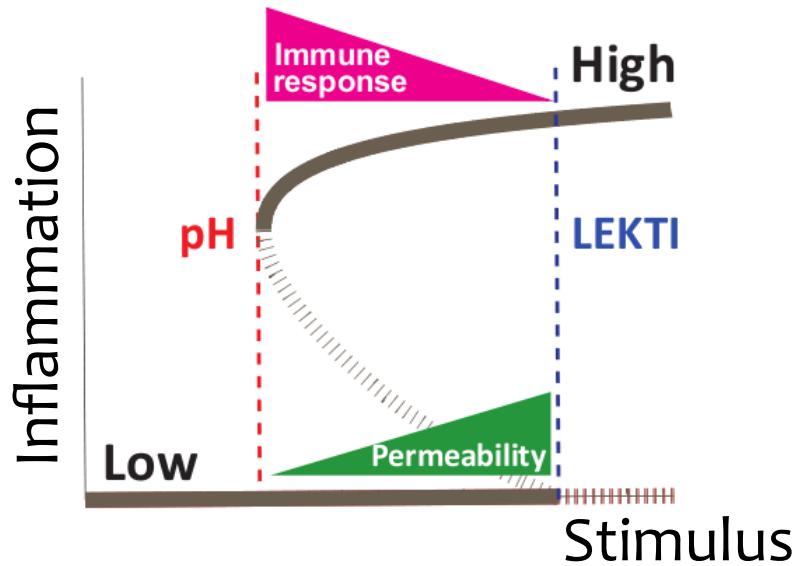
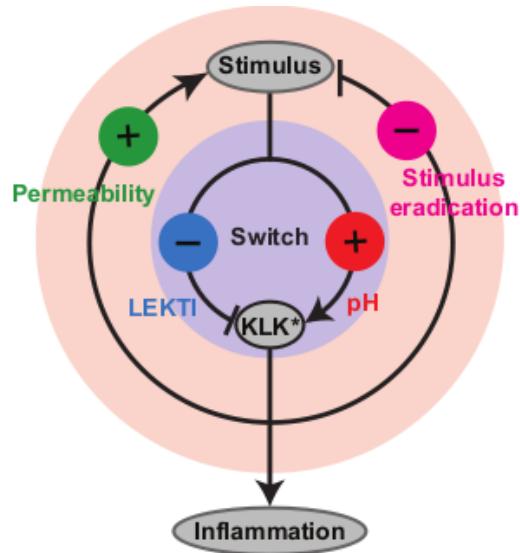


# Simulation Results

## - Possible behaviours -



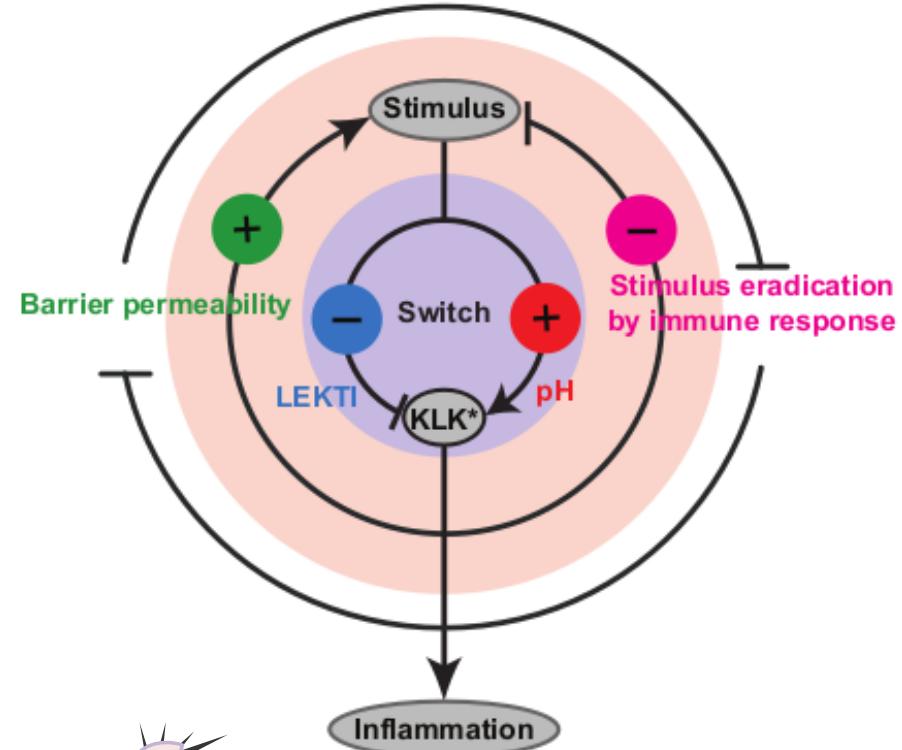
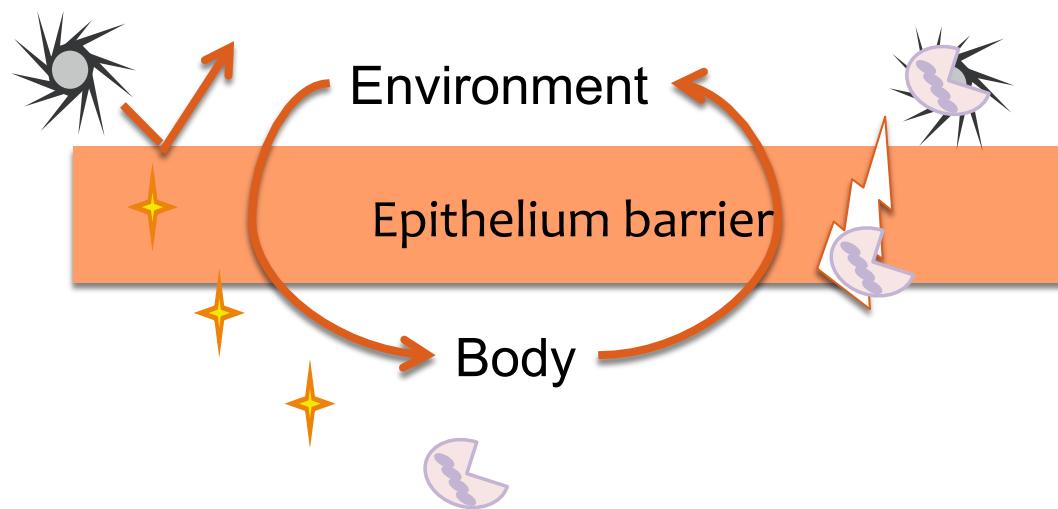
Domínguez-Hüttinger et al. (2013)



Risk factors	Cellular-level Dose-response	Tissue-level Dynamics
<b>LEKTI deficiency</b>		
<b>High permeability (Filaggrin deficiency)</b>	Low threshold for inflammation outbreak	Oscillatory behaviour in barrier/inflammation
<b>High pH</b>		
<b>Weak immune response</b>	Persistent inflammation	Chronic damage in barrier/inflammation

# Further interplay

- Barrier function
- Immune responses



# Conclusion: AD model

## **Successful synergy: Control + Biology + Medicine**

- A mathematical model for AD – multi-scale regulation
  - Inflammation outbreak by a defective skin barrier
  - More susceptibility to external stimulus
  - Stronger persistence of inflammation
  - Oscillatory behaviour and chronic damage
  - Combination of multiple risk factors
- Loss of balanced feedback – **Drug target**
- Different causes for AD – **Personalized treatment**
- Further development of model – Adaptive immunity
- On-going collaboration with several dermatologists

## Biological control design principles

### Health vs Disease

- Balanced positive and negative feedbacks
- Different spatial-temporal scales
- Inflammatory/infectious disease

Biological necessity

Efficiency

Homeostasis - Disease

# Acknowledgement



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