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# Mathematical Modeling of Lung Inflammation: Macrophage Polarization and Ventilator-Induced Lung Injury with Methods for Predicting Outcome

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

by

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# Abstract

MATHEMATICAL MODELING OF LUNG INFLAMMATION: MACROPHAGE POLARIZATION AND VENTILATOR-INDUCED LUNG INJURY WITH METHODS FOR PREDICTING OUTCOME

By Sarah Minucci, Ph.D.

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Virginia Commonwealth University, 2021.

Director: Angela Reynolds, Ph.D., Associate Professor, Department of Mathematics and Applied Mathematics

Lung insults, such as respiratory infections and lung injuries, can damage the pulmonary epithelium, with the most severe cases needing mechanical ventilation for effective breathing and survival. Furthermore, despite the benefits of mechanical ventilators, prolonged or misuse of ventilators may lead to ventilation-associated/ventilation-induced lung injury (VILI). Damaged epithelial cells within the alveoli trigger a local immune response. A key immune cell is the macrophage, which can differentiate into a spectrum of phenotypes ranging from pro- to anti-inflammatory. To gain a greater understanding of the mechanisms of the immune response in the lungs and possible outcomes, we developed several mathematical models of interactions between immune system components and site of damage while accounting for macrophage polarization. We analyzed these models to highlight the parameters and corresponding biological mechanisms that drive outcome and to make predictions about lung health.



We developed a set of ordinary differential equations (ODEs) to model VILI and utilized parameter sampling to evaluate how baseline immune state and lung health, as well as response to tissue damage, affect post-ventilation outcomes. We used a variety of methods to analyze the resulting parameter sets, transients, and outcomes. Analysis showed that parameters and properties of transients related to epithelial repair and M1 activation are important factors. We then used this collection of parameter sets to generate synthetic data and developed algorithms that utilize this collection to predict lung health outcomes based on early time-point data. Our results were comparable to logistic regression and random forest classification methods, and we performed several case studies to highlight how our methods can be used.

Finally, we used different modeling techniques, ODE modeling and agent-based modeling (ABM), to simulate the spectrum of macrophage activation to general pro- and anti-inflammatory stimuli on an individual cell level. The ODE model includes two hallmark pro- and anti-inflammatory signaling pathways and the ABM incorporates similar M1-M2 rules but in a spatio-temporal platform. We then performed simulations with various initial conditions to replicate different experimental setups. Comparing the two models' results sheds light on the important features of each modeling approach. In the future, when more data is available, these features can be considered when choosing techniques to best fit the needs of the modeler and application.

# Chapter 1

## Introduction

Inflammation in the lungs is a response to invading pathogens, such as bacteria and viruses, or to other types of insults, including smoking and mechanical ventilation. The immune response is a vital process to remove microorganisms and damaged tissue and promote repair, but failure of this system can lead to chronic inflammation and organ failure. Inflammation is tightly regulated, involving many complex mechanisms, the details of which are still incompletely understood. In particular, more research is needed to understand the spectrum of activation within macrophages, cells crucial to the immune response and involved in the pathogenesis of many diseases [11].

Mathematical modeling provides a platform through which to simulate biological processes, understand and analyze the underlying mechanisms, generate and test hypotheses, and make predictions. The goal of this work is to apply mathematical modeling and analysis methods to develop a greater understanding of lung inflammation in response to mechanical ventilation and general inflammatory stimuli. We aim to explore the driving mechanisms behind varied immune responses and predict outcome, highlighting the role of the spectrum of macrophage activation, from classically activated M1 to alternatively activated M2. Figure 1.1 shows how the three main chapters of this work are linked together in the context of lung inflammation.

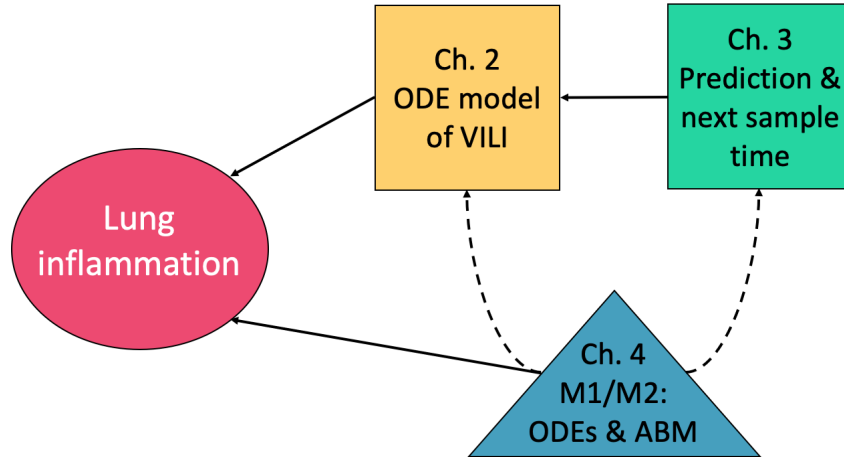


Figure 1.1: A visual representation of how Chapters 2, 3, and 4 relate to our overall goal of understanding lung inflammation. Chapter 2 is specific to VILI, and Chapter 3 builds directly off this work. Chapter 4 examines M1/M2 activation in the context of general inflammatory stimuli, but can be used and adapted to inform more specific types of insults, such as VILI.

This work begins with a set of ordinary differential equations (ODEs) modeling VILI in Chapter 2. We developed this model based on known biological interactions and mechanisms, accounting for macrophage phenotype. Due to a limited amount of data currently available, we used Latin hypercube sampling to develop a collection of parameter sets, each of which produced unique dynamics. We then relied on parameter sensitivity and statistical/machine learning methods to gain a greater understanding of the immune response to VILI and the mechanisms that drive post-ventilation outcomes. We also hypothesized interventions and performed these interventions on a case study. This chapter is a standalone journal article [85] and builds the framework for the next chapter. It contains a detailed background on lung inflammation along with an explanatory figure.

In Chapter 3, we extend the results of our model from Chapter 2. From the parameter collection produced by Latin hypercube sampling, we generated synthetic data. We then used this data to develop an algorithm to predict whether the lung health of an *in silico* patient would worsen after ventilation and a period of recovery due to a severe response to ventilation. Our results compared well to current classification methods, and we extended the

use of our algorithm to determine the next time at which a sample should be taken to obtain the most useful information. The corresponding parameters also provided information about possible outcomes; we developed a process through which we can supplement inconclusive results by examining parameter values. We showed overall accuracy for the entire collection as well as results for selected cases.

Chapters 2 and 3 focus on the immune response to mechanical ventilation; Chapter 4 examines the spectrum of macrophage activation in response to more general inflammatory stimuli using two different modeling approaches. To determine the importance of including subcellular signaling in a model, we developed a system of ODEs representing two hallmark signaling pathways within a macrophage, initiated by signaling proteins  $\text{TNF}\alpha$  and IL-10. The former is related to the pro-inflammatory (M1) response and the latter to a regulatory (M2b) response. We extended this model to incorporate multiple macrophages and cell lifespan. The second is an agent-based model (ABM) which also utilizes M1-M2 activation rules, but in a spatio-temporal platform. We tuned the model parameters to calibrate the models to each other in the context of a single macrophage. We then performed simulations with various initial conditions to replicate different experimental setups. Comparing the two models' results sheds light on the important features of the modeling approaches and future directions when more data is available.

We conclude in Chapter 5 with a summary of our results, relevance for current experimental processes, and future directions for modeling of lung inflammation.

# Chapter 2

## Mathematical modeling of ventilator-induced lung inflammation

### 2.1 Introduction

Inflammation occurs in the lungs when an immune response is initiated to eliminate an insult. Types of insults include inhaled pathogens, such as influenza, *Mycobacterium tuberculosis*, SARS-CoV-2, and other harmful particles. In the most severe cases this leads to acute respiratory distress syndrome (ARDS). Due to respiratory failure associated with ARDS, the clinical intervention is the use of mechanical ventilation (MV) [139].

Despite the benefits of MV, prolonged or misuse of these ventilators may lead to VILI. In this work we will focus on the alveolar tissue damage associated with MV and resulting immune cell recruitment. The damage caused to alveolar sacs (clusters of alveolar cells) during MV can lead to volutrauma (extreme stress/strain), barotrauma (air leaks), atelectrauma (repeated opening and closing of alveoli), and biotrauma (general severe inflammatory response). If the trauma increases, it can lead to multi-system organ failure [45, 118].

It has also been shown that the inflammatory response of the elderly is altered in the lungs and other areas [103, 108]. As compared to younger mice, increased levels of circulating

inflammatory cytokines and altered macrophage function have been reported in old mice [16]. A 2003-2008 study conducted at Bridgeport Hospital reported that 4,238 out of 9,912 (42.8%) patients received MV for a median of two days. Mortality or discharge to extended-care facilities increased for each decade of age greater than 65 years [39]. Most recently, severe forms of COVID-19, a highly infectious respiratory disease caused by the novel coronavirus SARS-CoV-2, can lead to respiratory failure and death [64]. Studies report varying but overall relatively high rates of mechanical ventilation in response to COVID-19 [20, 71, 145]. The case fatality rate for COVID-19 patients over 70 years old and over 80 years old was around 50.8% and 14.8% of the total number of deaths, respectively [144]. This is in agreement with other studies reporting higher rates of severe outcomes in patients with COVID-19 aged 65 or older [15].

The change in the inflammatory response with patient age combined with the increased need for ventilation and increased mortality rate among the elderly stress the need to investigate the influence of aging in VILI. We used mathematical modeling to investigate the role of the pulmonary innate immune response and interventions to alleviate ventilator-induced damage. At this stage of exploration of VILI, we focus on epithelial damage and immune system interactions. VILI is complex and the final injury pathways may involve pre-existing or evolving co-morbidities. However, we developed this model to explore the contribution of epithelial damage to the development of VILI in isolation.

It is difficult to clinically isolate the local epithelial and inflammatory response in the lung during VILI, and *in silico* modeling of experimental data from animal experiments or human cell lines may help us to understand this complex condition. *In silico* approaches provide the ability to explore immune responses by including various nonlinear dynamics and feedback loops in order to shed light on the specific mechanisms and interactions that drive diseases and generate hypotheses [37]. The framework we have built here addresses VILI with various parameters and initial conditions that can be narrowed in future studies with data from different age groups and/or insults to explore dynamics and driving factors

in various diseases related to age and/or outcome.

We adapted a model developed by Torres et al. for the innate immune response to bacteria, which accounts for macrophage polarization along the pro- to anti-inflammatory spectrum, by including epithelial dynamics and damage-induced recruitment of immune cells [128]. We used this model to understand the mechanisms by which the immune system responds to damaged epithelial cells and the sensitivity of lung health to components of this complex process. We began by analyzing the epithelial subsystem mathematically, since this component of the model was not in Torres et al.. We performed a fixed point analysis and bifurcation diagrams for this subsystem, which is included in the supplementary material (Appendix A.1). We combined the epithelial subsystem with the Torres et al. model by adapting the immune cell dynamics such that they are triggered by epithelial cell damage rather than an infection.

The resulting model is a system of nonlinear ordinary differential equations with a substantial number of parameters. We allowed the parameters in the model to vary over specified ranges using Latin hypercube sampling to simulate the variety of immune system dynamics that may be observed. We organized parameter sets into three categories, healthy, moderate damage, and severe damage, based on the percentage of healthy epithelial cells. The breakdown of the sets into these categories is shown in Figure 2.4, which we describe in greater detail in the following sections. To determine what is driving differences in lung health immediately after ventilation as well as after a recovery phase, we used a variety of methods to analyze the resulting dynamics: 1) comparison of parameters associated with different outcomes, 2) random forest decision tree algorithm, which parses through the variety of predictors that may be particularly important in the immune response to VILI and 3) parameter sensitivity with eFAST, a variance-based method.

### 2.1.1 Biological background

The alveolar epithelium consists of alveolar type I and type II cells. Alveolar type I cells make up about 95% of the alveolar surface and are primarily responsible for facilitating gas exchange. Type II cells cover the other 5% of the surface and are important in the innate immune response. In the presence of damage, these cells proliferate to repair the epithelium and can also differentiate to type I cells [79, 81].

The immune response is divided into innate (non-specific) and adaptive (acquired) responses. The adaptive immune response involves cells that are effective at fighting specific pathogens, whereas the innate immune response lacks specificity and allows the host to respond to a variety of insults. Two of the most important innate immune cells are neutrophils and macrophages, which can be tissue-specific or recruited to the site upon insult. Some of the important features of the immune response to lung damage are illustrated in Figure 2.1.

Neutrophils respond quickly to pro-inflammatory signals sent from damaged epithelial cells and other resident cells. A small amount of neutrophils are found in the lungs in homeostasis [61]. Neutrophils have phagocytic capabilities in the presence of invading pathogens, but in the case of VILI without infection neutrophils recruit other immune cells such as macrophages through the production of pro-inflammatory agents such as proteinases and cytokines and contribute to the removal of damaged or dead tissue. An overabundance of neutrophils and their byproducts can cause further unnecessary damage [44]. Neutrophils are relatively short-lived; they become apoptotic and are removed by macrophages [61] or become necrotic in an uncontrolled death resulting in the release of cytotoxic material [93].

Phenotypes of macrophages can range from "pro-inflammatory" (M1) to "anti-inflammatory" (M2) based on their activators and byproducts [88, 135]. Their pro-inflammatory behavior includes destroying pathogens, consuming damaged cells, and amplification of signaling. Their anti-inflammatory response, which counteracts pro-inflammatory behavior, promotes repair by producing anti-inflammatory cytokines and removing apoptotic neutrophils. A single macrophage may produce both pro-inflammatory and anti-inflammatory signals con-



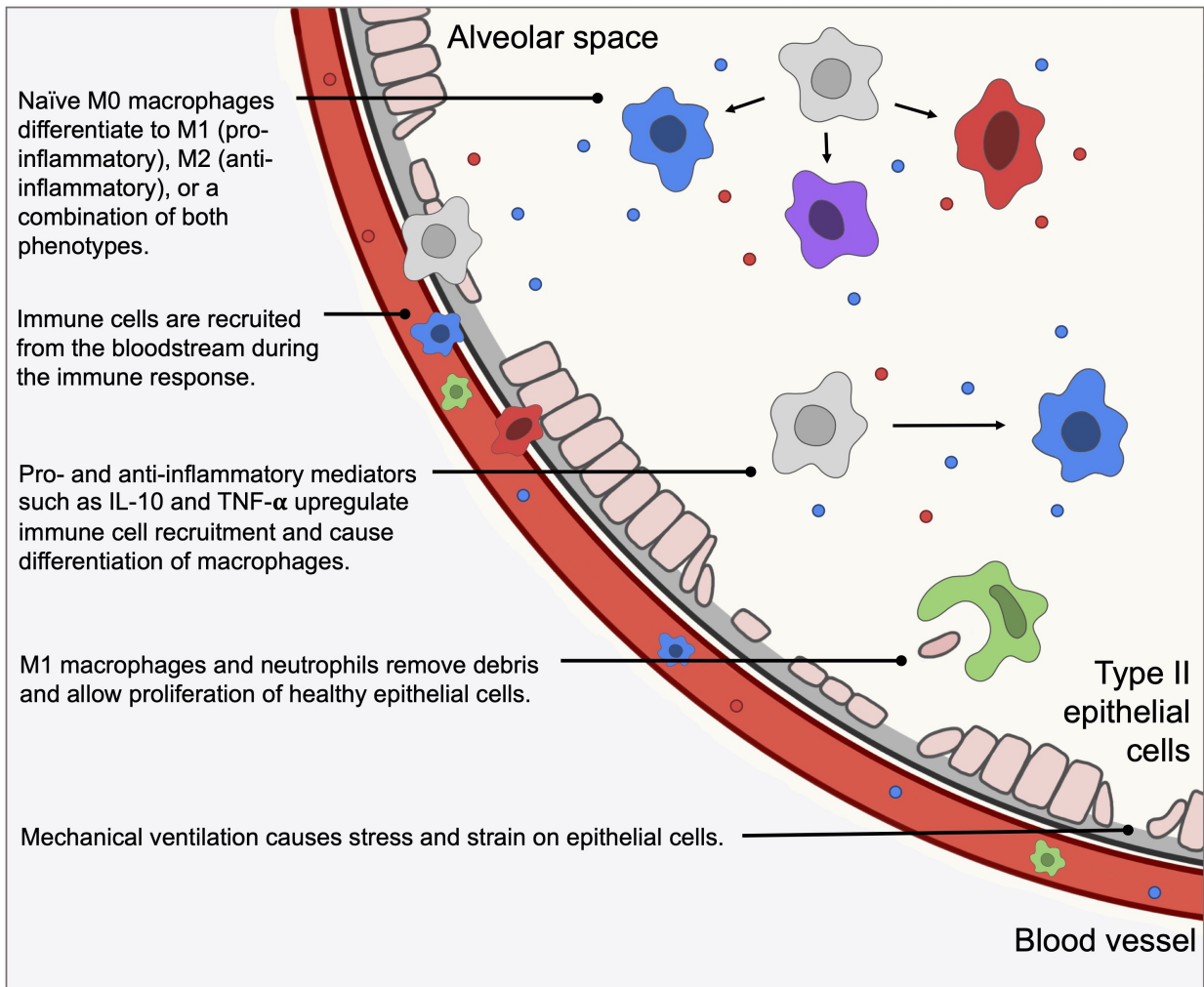


Figure 2.1: An illustration of some of the important biological mechanisms and interactions included in our model, which is described in the following sections.

currently [11].

An imbalance in the pro- and anti-inflammatory responses can cause complications for the individual during various injuries and insults. Also, macrophages play a significant role in the impact of aging on the immune response [16, 67, 72]. Therefore, to develop interventions to mitigate the effects of VILI, it is important to study the immune response to lung injury and the interplay between various types of cells.

### 2.1.2 Mathematical background

Mathematical modeling is used to capture the complexities of the immune response to epithelial cell damage, including important feedback loops and nonlinearities. Analyzing the resulting model gives insight into the driving mechanisms of this system. An *in silico* approach allows for simulation of scenarios and hypotheses for new interventions, especially when *in vivo* and *in vitro* experiments to explore possible interventions to improve patient outcomes are difficult to perform.

Many models have examined the within-host immune response to bacterial and viral infections, such as influenza, tuberculosis, pneumonia [10, 17, 18, 58, 91, 120] and, most recently, COVID-19 [35, 47, 98]. Additionally, models related to non-infectious injury such as smoking and asthma [14, 22, 42, 102] and general inflammatory stress [103, 111] have been developed. We have published a review of mathematical models that focus generally on the immune response in the lungs [86].

Models of MV and VILI generally deal with the mechanics of the airways, including air-flow, pressure, and gas exchange to inform and optimize machine settings and assess stress [7, 24, 46, 57, 62, 75, 100, 106, 124]. Fluid-structure interactions (FSI) can be incorporated into such models [5, 56, 100]. Aghasafari et al. [5] and Ibrahim et al. [52] incorporate the epithelium and immune cells into cellular automata models linked to tissue-scale mechanics. Previous models that include epithelial damage have been developed for wound healing [101], infection [31, 87], and other applications using a variety of methods [119, 132]. Several infec-

tion models identify parameters related to bacterial growth that delineate between healthy and infected states, or high and low pathogenicity [86].

Models have also been developed to understand and analyze the subcellular pathways that govern the phenotype switch that macrophages undergo from pro-inflammatory to anti-inflammatory, as well as other important subcellular pathways [40, 73, 94, 122, 137, 149]. Other mathematical models have described macrophage polarization in the context of infection [27], cancer [70], and other injuries [36, 53]. However, to our knowledge, no mathematical models have described M1/M2 interactions specifically in the context of VILI. We modeled the inflammatory response to VILI, specifically the resulting damage to epithelial cells, using a set of coupled ODEs, which we describe further in the following section. Systems of ODEs are often used to model complex biological systems because of their ability to reproduce a variety of dynamics with reasonable computation times.

To perform a global assessment of a large parameter space such as that described in this work, other methods are needed aside from traditional parameter estimation techniques. Latin hypercube sampling (LHS), a Monte Carlo-based method, evenly samples the parameter space and can quantify uncertainty in model output. Sensitivity analysis methods identify how changes in parameters affect model output. Partial rank correlation measures the linear relationship between input and output and is useful in cases where the relationship is monotonic; when monotonicity is not the case, variance-based techniques such as the Sobol method and eFAST are advantageous [76]. These and similar methods have been applied to various models of inflammation, infection, and others to explore parameter space and identify sensitive parameters that contribute to damage, disease, and recovery [80, 127, 143, 148].

## 2.2 Methods & Model Development

The primary focus of this model is to examine the effects of damage on the alveolar epithelium, in particular alveolar type II cells, since they are responsible for restoration of

the epithelium. The physical forces of ventilation such as overdistention and tears in the epithelial membrane cause epithelial cells to release various mediators that elicit an immune response [118]. Epithelial barrier damage is one of the main features of VILI [30], and the extent to which the alveolar epithelium is damaged is a useful indicator of the overall effects of a lung insult [79, 138]. We began with a small three-dimensional system of differential equations of epithelial cell dynamics and analyzed this model using stability analysis and bifurcations (Appendix A.1). This became the basis for our lung compartment dynamics in our multi-compartmental model for ventilator-induced lung injury.

The full model is a system of coupled ordinary differential equations based on the interactions between immune cells, epithelial cells, and other mediators in the alveoli, shown in Fig 2.2. This model captures dynamics in two compartments, the local lung and the blood. Damaged lung epithelial cells release mediators that activate local cells and recruit nonresident immune cells from the bloodstream. These activated cells interact with the lung epithelial cells.

### 2.2.1 Model equations

A system of ODEs was used to model these interactions because of its ability to capture distinct nonlinearities and feedback loops with relatively few computational requirements. However, one of the drawbacks of an ODE model is that it assumes a well-mixed environment, in which all elements of the model are evenly distributed throughout the given space. One way to include aspects of the spatial heterogeneity without explicitly modeling space is to use a compartmental model. Each compartment represents a well-mixed environment and, when biologically appropriate, cells and mediators can move between compartments. The model includes a variable for each cell or mediator for each compartment in which it can be located.

Here we chose to model two compartments. The first is the site of inflammation in the lungs, specifically the epithelial cells which provide a barrier lining in the alveolar region

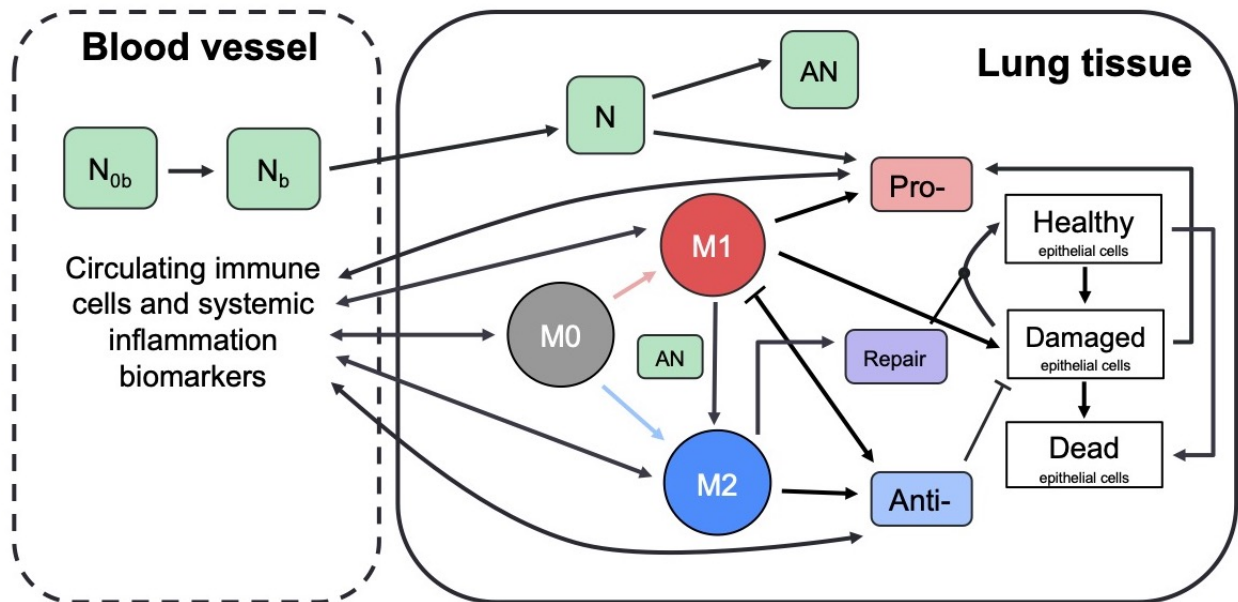


Figure 2.2: **Schematic describes interactions between immune system components.** Green boxes represent neutrophils: unactivated and activated neutrophils in the bloodstream ( $N_{0b}$  and  $N_b$ , respectively), activated and apoptotic neutrophils at the site of inflammation ( $N$  and  $AN$ , respectively). Circles represent  $M_0$ ,  $M_1$ , and  $M_2$  macrophages, which perform a number of roles including removing debris and producing pro- and anti-inflammatory mediators. White boxes represent healthy, damaged, and dead epithelial cells/empty space. Pro- and anti-inflammatory mediators (red and blue boxes) recruit and activate immune cells (red and blue arrows indicate activation by pro- and anti-inflammatory mediators, respectively). Repair mediators (purple box) promote repair of damaged epithelial cells. Dynamics between cells and mediators in the blood (not shown) are similar to the detailed dynamics shown for local inflammation in lung tissue.

Bloodstream	Lung	Description
	$E_h$	Healthy epithelial cells
	$E_d$	Damaged epithelial cells
	$E_e$	Dead epithelial cells/empty space
$p_b$	$p$	Pro-inflammatory mediators
$a_b$	$a$	Anti-inflammatory mediators
$M_{0b}$	$M_0$	Naive macrophages
$M_{1b}$	$M_1$	M1 pro-inflammatory macrophages
$M_{2b}$	$M_2$	M2 anti-inflammatory macrophages
$N_{0b}$		Unactivated neutrophils
$N_b$		Activated neutrophils
	$N$	Neutrophils
	$AN$	Apoptotic neutrophils
	$R$	Repair mediators

Table 2.1: State variables for the model. Variables in both columns represent cells or mediators that diffuse between the two compartments.

of the lung. The second compartment is the adjacent blood vessel that provides additional immune support to the site of damage. Differentiating between these two compartments allows us to determine the concentrations of various immune cells and other mediators in each separate area. This is necessary so that in future work this model can be calibrated with blood and local data, which are often measured by different means and with different frequencies.

Fig 2.2 gives a detailed breakdown of the dynamics in the lung. The dynamics are similar for the same cells and mediators in the blood. Cell types tracked in each compartment are stated in Table 2.1. In the following subsections, we develop the equations for these variables. The parameters used in the equations are given in Table 2.2 with their description and range used during parameter sampling. Since data is not yet available to estimate these model parameters, we use Latin hypercube sampling and exploratory simulations to determine initial acceptable ranges. This process is described in further detail in Section 2.2.2.

Name	Description	Range used
$a_{b\infty}$	Relative effectiveness of $a_b$ at inhibiting $M_{0b}$ differentiation to $M_{1b}$	[0.29, 67.35]
$a_\infty$	Relative effectiveness of $a$ at inhibiting $M_0$ differentiation to $M_1$	[0.13, 72.08]
$b_d$	Baseline decay of damaged cells	$[1.06 \times 10^{-5}, 0.07]$
$b_p$	Baseline self-resolving repair of epithelial cells	[0, 6.20]
$b_r$	Baseline repair of damaged cells	$[9.79 \times 10^{-3}, 4.47]$
$d_a$	Rate of diffusion for $a$	[0.19, 177.98]
$d_p$	Rate of diffusion for $p$	$[0.34, 2.3 \times 10^3]$
$d_{m0}$	Rate of diffusion for $M_0$	[0.24, 275.55]
$d_{m1}$	Rate of diffusion for $M_1$	$[2.75 \times 10^{-3}, 19.8]$
$d_{m2}$	Rate of diffusion for $M_2$	[0.14, 143.36]
$k_{am1}$	Production rate of $a$ by $M_{1b}$ & $M_1$	[0.01, 18.01]
$k_{am2}$	Production rate of $a$ by $M_{2b}$ & $M_2$	$[2.43 \times 10^{-3}, 1.67]$
$k_{an}$	Rate at which neutrophils become apoptotic	[0.01, 50.04]
$k_{anm1}$	Rate of $M_1$ phagocytosis of $AN$	$[1.32 \times 10^{-3}, 0.69]$
$k_{anm2}$	Rate of $M_2$ phagocytosis of $AN$	$[2.71 \times 10^{-3}, 7.36]$
$k_{em1}$	Rate of phagocytosis of damaged cells by $M_1$	[0.01, 16.03]
$k_{en}$	Rate of phagocytosis of damaged cells by $N$	[0.01, 16.03]
$k_{ep}$	Rate of self-resolving repair mediated by $p$	[0, 4.30]
$k_{er}$	Rate of repair of damaged cells by $R$	$[1.47 \times 10^{-3}, 1.08]$
$x_{er}$	Regulates effectiveness of repair of damaged cells by $R$ (Hill-type constant)	$[7.23 \times 10^{-3}, 4.13]$
$k_{m0a}$	Rate of differentiation of $M_0$ by $a$	[0.01, 89.07]
$x_{m0a}$	Regulates effectiveness of differentiation of $M_0$ by $a$ (Hill-type constant)	[0.16, 136.83]
$k_{m0ab}$	Rate of differentiation of $M_{0b}$ by $a_b$	[1.15, 436.59]
$x_{m0ab}$	Regulates effectiveness of $a_b$ differentiation of $M_{0b}$ (Hill-type constant)	[0.16, 83.97]
$k_{m0ad}$	Rate of recruitment of $M_{0b}$ by $a_b$	[0.34, 181.89]
$x_{m0ad}$	Regulates effectiveness of recruitment of $M_{0b}$ by $a_b$ (Hill-type constant)	[0.01, 27.6]
$k_{m0p}$	Rate of differentiation of $M_0$ by $p$	$[8.99 \times 10^{-3}, 37.2]$
$x_{m0p}$	Regulates effectiveness of differentiation of $M_0$ by $p$ (Hill-type constant)	$[1.17, 1.14 \times 10^4]$
$k_{m0pb}$	Rate of differentiation of $M_{0b}$ by $p_b$	[0.05, 89.96]
$x_{m0pb}$	Regulates effectiveness of differentiation of $M_{0b}$ by $p_b$ (Hill-type constant)	$[41.51, 2.92 \times 10^4]$
$k_{m0pd}$	Rate of recruitment of $M_{0b}$ by $p_b$	$[4.57 \times 10^{-3}, 53.97]$
$x_{m0pd}$	Regulates effectiveness of recruitment of $M_{0b}$ by $p_b$ (Hill-type constant)	[0.24, 180.74]
$k_{m1p}$	Rate of recruitment of $M_{1b}$ by $p_b$	[0.2, 92.81]
$x_{m1p}$	Regulates effectiveness of recruitment of $M_{1b}$ by $p_b$ (Hill-type constant)	$[9.8 \times 10^{-3}, 1.69]$
$k_{m2a}$	Upregulation of $M_{2b}$ recruitment by $a$	[0.1, 219.93]
$x_{m2a}$	Regulates effectiveness of $M_{2b}$ recruitment by $a$ (Hill-type constant)	[0.08, 94.84]
$k_{m2r}$	Upregulation of $M_{2b}$ recruitment by $R$	$[3.61 \times 10^{-3}, 20.11]$
$x_{m2r}$	Regulates effectiveness of $M_{2b}$ recruitment by $R$ (Hill-type constant)	[0.01, 18.70]
$k_{man}$	Rate of $M_1$ switch to $M_2$ by $AN$	[0.01, 27.08]
$k_{mne}$	Rate of collateral damage to epithelial cells by macrophages and neutrophils	$[1.12 \times 10^{-3}, 5.17]$
$x_{mne}$	Regulates effectiveness of macrophages and neutrophils to damage epithelial cells (Hill-type constant)	[0.03, 41.06]
$k_n$	Rate of migration of $N_b$ to lung	$[2.39 \times 10^{-3}, 3.54]$
$k_{n0p}$	Rate of activation of $N_b$ by $p$	[0.01, 5.58]
$x_{n0p}$	Regulates effectiveness of activation of $N_b$ by $p$ (Hill-type constant)	[0.03, 142.56]
$k_{pe}$	Production rate of $p$ by $E_d$	$[44.02, 1.12 \times 10^4]$
$k_{pm1}$	Production rate of $p$ by $M_1$ & $M_{1b}$	[0.24, 412.22]
$k_{pn}$	Production rate of $p$ and $p_b$ by neutrophils	$[1.67 \times 10^{-3}, 2.95]$
$k_{rm2}$	Production rate of $R$ by $M_2$	[0.02, 40.97]
$\mu_a$	Decay rate of $a$	$[5.16 \times 10^{-4}, 5.08]$
$\mu_{ab}$	Decay rate of $a_b$	[0.04, 12.86]
$\mu_p$	Decay rate of $p$	$[2.76 \times 10^{-3}, 41.04]$
$\mu_{pb}$	Decay rate of $p_b$	$[4.79 \times 10^{-4}, 3.71]$
$\mu_{m0}$	Decay rate of $M_0$	[0.01, 42.67]
$\mu_{m0b}$	Decay rate of $M_{0b}$	$[7.66 \times 10^{-3}, 329.59]$
$\mu_{m1}$	Decay rate of $M_1$	$[8.2 \times 10^{-3}, 10.16]$
$\mu_{m1b}$	Decay rate of $M_{1b}$	[0.03, 60.32]
$\mu_{m2}$	Decay rate of $M_2$	[0.27, 135.37]
$\mu_{m2b}$	Decay rate of $M_{2b}$	[0.02, 16.51]
$\mu_{nb}$	Decay rate of $N_b$	$[2.49 \times 10^{-3}, 6.03]$
$\mu_{n0b}$	Decay rate of $N_{0b}$	$[3.94 \times 10^{-6}, 2.1 \times 10^{-3}]$
$\mu_n$	Decay rate of $N$	$[8 \times 10^{-3}, 4.32]$
$\mu_R$	Decay rate of $R$	[0.72, 761.75]
$s_a$	Source rate of background $a_b$	$[5.75 \times 10^{-3}, 1.11]$
$s_d$	Rate of damage from ventilator	0.75
$s_m$	Source rate of $M_{0b}$	$[1.28, 1.14 \times 10^3]$
$s_n$	Source rate of $N_{0b}$	[0.22, 225.45]
$s_p$	Source rate of background $p_b$	$[6.5 \times 10^{-4}, 9.4]$

Table 2.2: Model parameters with short descriptions and ranges used in LHS.

## Epithelial cells

We define the local lung epithelial cells to be a simplified approximation of the entire alveolar space, and track time in hours. We modeled this "local space" as the percentage of cells in three subpopulations, healthy ( $E_h$ ), damaged ( $E_d$ ), and dead epithelial cells/empty space needing be replaced by healthy cells ( $E_e$ ). Thus,  $E_h$ ,  $E_d$ , and  $E_e$  are dimensionless and  $E_e + E_h + E_d = 1$ . We depict these populations using Eqs (2.1), (2.2), and (2.3). These equations track proliferation and interactions between the epithelial and immune cells that are recruited in response to VILI. The first term in Eq (2.1) is a logistic growth, representing epithelial cells that spread and replicate to fill  $E_e$ . The factors  $E_h + E_d$  and  $E_e$  delineate the areas taken up by cells and the empty space that can be filled by new cells. This term appears negated in Eq (2.3), modeling the removal of empty space. The proliferation rate is assumed to be  $b_p$  at baseline and it is modulated at a rate proportional to the pro-inflammatory mediator level,  $k_{ep}p$ . Nearby epithelial cells and progenitor cells, stem cells that can differentiate into specific types of epithelial cells only, perform this task. These cells spread and replicate to fill the empty space left by dead epithelial cells [25, 41, 48]. In this model we do not account for the progenitor cells. Therefore, we attribute all proliferation to the local epithelial cells.

The next term in Eq (2.1) and the first term of Eq (2.2) represents repair of damaged cells back to a healthy state. Epithelial cells are prone to self-repair [25], represented by a baseline rate  $b_r$ , and repair at a faster rate in the presence of repair mediators variable  $R$ , which tracks the level of mediators that promote epithelial repair such as fibronectin and other epithelial growth factors [43, 48, 113]. The third term in Eq (2.1) and second in Eq (2.2) represents collateral damage to epithelial cells by the influx and activity of the immune system. This mechanism is modeled via a nonlinear term, which is dependent on macrophage and neutrophil levels [4, 63, 92]. We also model damage due to ventilator-induced injury as  $s_d E_h$ , the fourth term in Eq (2.1) and fifth term in Eq (2.2), in which injury occurs at a rate proportional to the amount of healthy epithelial cells at a given time. This general term



covers over-distention for any mode of ventilation.

$$\begin{aligned}
\frac{dE_h}{dt} = & \overbrace{(b_p + k_{ep}p)(E_h + E_d)E_e}^{\text{Proliferation of healthy cells, upregulated by PIM}} + \overbrace{E_d \left( b_r + \frac{k_{er}R}{x_{er} + R} \right)}^{\text{Baseline repair + Upregulation via repair mediators}} \\
& - \overbrace{E_h \left( \frac{k_{mne}(M_1 + N)^2}{x_{mne}^2 + (M_1 + N)^2} \right)}^{\text{Damage via M1 \& neutrophils}} - \overbrace{s_d E_h}^{\text{Damage from ventilator}} \tag{2.1}
\end{aligned}$$

$$\begin{aligned}
\frac{dE_d}{dt} = & - \overbrace{E_d \left( b_r + \frac{k_{er}R}{x_{er} + R} \right)}^{\text{Baseline repair + Upregulation via repair mediators}} + \overbrace{E_h \left( \frac{k_{mne}(M_1 + N)^2}{x_{mne}^2 + (M_1 + N)^2} \right)}^{\text{Damage via M1 \& neutrophils}} \\
& - \overbrace{k_{em1}M_1E_d}^{\text{Phagocytosis of damaged cells by M1}} \overbrace{\left( \frac{1}{1 + \left(\frac{a}{a_\infty}\right)^2} \right)}^{\text{Inhibition by AIM}} - \overbrace{k_{en}NE_d}^{\text{Phagocytosis of damaged cells by N}} + \overbrace{s_d E_h}^{\text{Damage from ventilator}} - \overbrace{b_d E_d}^{\text{Death}} \tag{2.2}
\end{aligned}$$

$$\begin{aligned}
\frac{dE_e}{dt} = & - \overbrace{(b_p + k_{ep}p)(E_h + E_d)E_e}^{\text{Proliferation of healthy cells, upregulated by PIM}} + \overbrace{k_{em1}M_1E_d}^{\text{Phagocytosis of damaged cells by M1}} \overbrace{\left( \frac{1}{1 + \left(\frac{a}{a_\infty}\right)^2} \right)}^{\text{Inhibition by AIM}} \\
& + \overbrace{k_{en}NE_d}^{\text{Phagocytosis of damaged cells by N}} + \overbrace{b_d E_d}^{\text{Death}} \tag{2.3}
\end{aligned}$$

M1 macrophages and neutrophils clear debris from the inflammation site to make room for healthy epithelial cells to divide and fill the empty space [25, 41, 61]. The third and fourth terms in Eq (2.2) and second and third in Eq (2.3) represent this phagocytosis of damaged cells by M1 macrophages and activated neutrophils, respectively. Regulation of M1 is modeled by the last multiplier in the term, representing inhibition by anti-inflammatory mediators (AIM), such as IL-10 [4, 48, 54]. The negative feedback loop of AIM inhibiting further pro-inflammatory functions occurs multiple times in our model. We will heretofore refer to this multiplier as inhibition by AIM. Depending on the compartment, the term may

utilize the variable  $a_b$  (bloodstream) or  $a$  (local). The anti-inflammatory and regulatory role of M2 macrophages and the balance between M1 and M2 phenotypes is critical for a successful and rapid recovery [48, 135]. The last term of Eqs (2.2) and (2.3),  $b_d E_d$ , represents the death of  $E_d$  (negative in Eq 2.2) and the associated gain in the  $E_e$  population (positive in Eq 2.3)).

### Pro- and anti-inflammatory mediators

As a signal to the immune cells, damaged epithelial cells release pro-inflammatory cytokines and other mediators, including  $\text{TNF}\alpha$  and matrix metalloproteinases (MMPs) [25, 41, 88]. In our equations, we track these pro-inflammatory mediators (PIM) in both compartments:  $p$  in the lungs and  $p_b$  in the blood. The release of PIM by damaged epithelial cells leads to diffusion of PIM into the bloodstream to recruit additional immune cells [41]. Movement from one compartment to another is assumed to be due to passive diffusion driven by the difference of the PIM concentrations between both compartments, first term in Eqs (2.4) and (2.5). This type of diffusion term will be used for all variables in our model that move bidirectionally from one compartment to the other.

M1 macrophages produce PIM, which upregulate the activation and migration of macrophages to the site of injury; see the second term in Eqs (2.4) and (2.5) [48, 88]. The macrophage population self-regulates by releasing AIM such as IL-10, thus inhibiting further production of PIM [73]. Therefore the production terms for PIM by M1 macrophages in both the blood and lung compartments include an inhibition multiplier. Therefore, the rate of PIM production by M1 macrophages decreases with increased concentrations of  $a_b$  or  $a$ .

Neutrophils are also important producers of pro-inflammatory mediators such as  $\text{TNF}\alpha$ , IL-1, IL-6, LTB4, and chemokines, which stimulate the activation of macrophages toward an M1 phenotype [44, 61, 63, 113, 125], third term in Eqs (2.4) and (2.5). Low levels of PIM exist in the absence of damage, accounted for by the source term  $s_p$  in the second to last term of Eq (2.4) [9, 130]. The final terms of this equation and Eq (2.5) model the natural

decay of these mediators.

$$\begin{aligned} \frac{dp_b}{dt} = & \underbrace{d_p(p - p_b)}_{\text{Diffusion}} + \underbrace{k_{pm1}M_{1b}}_{\text{Production via M1}} \underbrace{\left( \frac{1}{1 + \left(\frac{a_b}{a_{b\infty}}\right)^2} \right)}_{\text{Inhibition by AIM}} + \underbrace{k_{pn}N_b}_{\text{Production via neutrophils}} \\ & + \underbrace{s_p}_{\text{Background production}} - \underbrace{\mu_{p_b}p_b}_{\text{Decay}} \end{aligned} \quad (2.4)$$

$$\begin{aligned} \frac{dp}{dt} = & - \underbrace{d_p(p - p_b)}_{\text{Diffusion}} + \underbrace{k_{pm1}M_1}_{\text{Production via M1}} \underbrace{\left( \frac{1}{1 + \left(\frac{a}{a_\infty}\right)^2} \right)}_{\text{Inhibition by AIM}} + \underbrace{k_{pn}N}_{\text{Production via neutrophils}} \\ & + \underbrace{k_{pe}E_d}_{\text{Production via ep. damage}} - \underbrace{\mu_p p}_{\text{Decay}} \end{aligned} \quad (2.5)$$

Anti-inflammatory mediators, such as the anti-inflammatory signaling caused by IL-4 and IL-10 [95], are represented by Eq (2.6) in the bloodstream and Eq (2.7) at the site of damage. The first term in each equation models diffusion. AIM are released by both M1 and M2 macrophages [48, 54, 88], shown in the second and third terms of Eqs (2.6) and (2.7). Similarly to  $p_b$ , background levels of  $a_b$  are present in the absence of an immune response, represented by term four in Eq (2.6) [9]. Natural decay of AIM is accounted for by the last term in each equation.

$$\frac{da_b}{dt} = \underbrace{d_a(a - a_b)}_{\text{Diffusion}} + \underbrace{k_{am1}M_{1b}}_{\text{Production via M1}} + \underbrace{k_{am2}M_{2b}}_{\text{Production via M2}} + \underbrace{s_a}_{\text{Background production}} - \underbrace{\mu_{a_b}a_b}_{\text{Decay}} \quad (2.6)$$

$$\frac{da}{dt} = \underbrace{-d_a(a - a_b)}_{\text{Diffusion}} + \underbrace{k_{am1}M_1}_{\text{Production via M1}} + \underbrace{k_{am2}M_2}_{\text{Production via M2}} - \underbrace{\mu_a a}_{\text{Decay}} \quad (2.7)$$

## M0 macrophages

M0 macrophages, also called naive or undifferentiated, are present both locally and in the blood. The diffusion term, seen in the first term of Eqs (2.8) and (2.9), represents movement between compartments. The baseline diffusion between compartments is modeled in the same manner as with other variables, but the rate at which this diffusion occurs is modulated by mediators. Increased PIM and AIM levels cause undifferentiated macrophages in the bloodstream to be recruited at a higher rate to the damaged site, where they differentiate and perform phagocytic, pro-inflammatory, and pro-resolving roles [88]. This increased flux between compartments due to the presence of  $p_b$  and  $a_b$  is modeled by adding to the baseline diffusion rate ( $d_{m0}$ ). The added term is a Michaelis-Menten-type term to capture the increasing rate as mediators rise, with a maximum rate at which these cells can diffuse,  $(d_{m0} + k_{m0pd} + k_{m0ad})$ .

MV induces epithelial cells to produce pro-inflammatory mediators such as  $\text{TNF}\alpha$ , chemokines, and interleukins (ILs) [45]. Undifferentiated macrophages receive these signals and differentiate into the M1 phenotype [134]. Eq (2.8) accounts for activation to M1 and M2 in the bloodstream by PIM and AIM, respectively, given a high enough concentration of these mediators [4]. Although there is still debate on the types of macrophages that exist in the bloodstream after being released from the bone marrow, there is evidence that populations of both M1 and M2 exist in the bloodstream before being recruited to the site of injury [54, 88]. Thus, we include this process in our equations in the second term of Eq (2.8). Undifferentiated macrophages in the bloodstream can change phenotype to M1 or M2 after interacting with PIM or AIM, respectively, modeled by a Hill-type term. This nonlinearity accounts for the sufficient amount of PIM or AIM needed to activate  $M_0$  and that this process saturates to a maximum rate of  $k_{m0pb}$  and  $k_{m0ab}$  for activation by pro- and anti-inflammatory mediators, respectively.

The second term in Eq 2.9 represents activation of undifferentiated macrophages in the lung compartment to the pro-inflammatory phenotype, downregulated by the anti-

inflammatory response through an inhibition multiplier. In this term, M2 macrophages can also be activated directly from the naive phenotype by various repair and anti-inflammatory mediators involved in the repair of epithelial cells [41, 48].

Using the same inhibition multiplier as previously, AIM inhibit differentiation to M1 as part of their regulatory role in the inflammatory process, although a complete understanding of these mechanisms is yet to be uncovered [41, 73, 88]. In the absence of injury, lungs contain a low number of undifferentiated macrophages which patrol the surrounding area [25]. "Patrolling" macrophages are also prevalent in the bloodstream. The third term in Eq (2.8) represents a constant source of undifferentiated macrophages into circulation [48]. We also account for natural decay of all macrophage phenotypes in the last term of Eqs (2.8) through (2.13).

$$\begin{aligned}
\frac{dM_{0b}}{dt} = & \overbrace{(M_0 - M_{0b}) \left( d_{m0} + \frac{k_{m0pd}p_b}{x_{m0pd} + p_b} + \frac{k_{m0ad}a_b}{x_{m0ad} + a_b} \right)}^{\text{Diffusion, upregulated by PIM \& AIM}} \\
& - M_{0b} \left[ \overbrace{\left( \frac{k_{m0pb}p_b^2}{x_{m0pb}^2 + p_b^2} \right)}^{\text{Differentiation to M1 via PIM}} \overbrace{\left( \frac{1}{1 + \left( \frac{a_b}{a_{b\infty}} \right)^2} \right)}^{\text{Inhibition by AIM}} + \overbrace{\left( \frac{k_{m0ab}a_b^2}{x_{m0ab}^2 + a_b^2} \right)}^{\text{Differentiation to M2}} \right] \\
& + \underbrace{s_m}_{\text{Source}} - \underbrace{\mu_{M_{0b}} M_{0b}}_{\text{Decay}}
\end{aligned} \tag{2.8}$$

$$\begin{aligned}
\frac{dM_0}{dt} = & - \overbrace{(M_0 - M_{0b}) \left( d_{m0} + \frac{k_{m0pd}p_b}{x_{m0pd} + p_b} + \frac{k_{m0ad}a_b}{x_{m0ad} + a_b} \right)}^{\text{Diffusion, upregulated by PIM \& AIM}} \\
& - M_0 \left[ \overbrace{\left( \frac{k_{m0p}p^2}{x_{m0p}^2 + p^2} \right)}^{\text{Differentiation to M1 via PIM}} \overbrace{\left( \frac{1}{1 + \left( \frac{a}{a_\infty} \right)^2} \right)}^{\text{Inhibition by AIM}} + \overbrace{\left( \frac{k_{m0a}a^2}{x_{m0a}^2 + a^2} \right)}^{\text{Differentiation to M2}} \right] \\
& - \underbrace{\mu_{M_0} M_0}_{\text{Decay}}
\end{aligned} \tag{2.9}$$

## M1 macrophages

Similarly to naive macrophages, M1 macrophages move between compartments. The presence of pro-inflammatory mediators, which act as recruiters, increases the rate of diffusion, shown in the first term of Eq (2.10) [88]. The second term represents differentiation from the naive state, as described for the associated term in  $M_0$ .

Macrophages exhibit high plasticity, and based on the mediators and other immune cells they encounter, they can switch phenotype and perform different or enhanced functions; this plasticity is not yet fully understood [4, 48]. M1 macrophages are primarily responsible for producing PIM, thereby recruiting other immune cells to the damaged area [54]. M2 macrophages are considered pro-resolving and downregulate PIM. Both M1 and M2 macrophages phagocytize apoptotic cells such as neutrophils [113]. The shift from an overall pro-inflammatory phase to an anti-inflammatory phase in the course of the immune response is highly dependent upon a shift in macrophage behavior, specifically the shift from a mainly M1 response to a mainly M2 response [41, 54, 88].

One of the primary ways this shift is achieved is through the inhibition of M0 to M1 differentiation by anti-inflammatory mediators, as described previously. Additionally, when pro-inflammatory macrophages phagocytize apoptotic neutrophils, they shift towards a more anti-inflammatory phenotype. This results in suppression of the release of pro-inflammatory mediators and production of pro-resolving mediators [63, 92]. We account for this shift by including the third term in Eq (2.11) to account for M1 macrophages shifting to the M2 phenotype when they phagocytize apoptotic neutrophils. This term is proportional to the term in the apoptotic neutrophil equation, Eq (2.17), modeling the phagocytosis of apoptotic neutrophils by  $M1$ . This term also includes inhibition of M1 function by AIM. It has been shown in some studies that M2 macrophages can switch to an M1 phenotype [49], although this idea is not currently widely accepted. Thus, we choose to include only the shift from M1 to M2.

$$\begin{aligned}
\frac{dM_{1b}}{dt} = & \overbrace{(M_1 - M_{1b}) \left( d_{m1} + \frac{k_{m1p}p_b}{x_{m1p} + p_b} \right)}^{\text{Diffusion, upregulated by PIM}} \\
& + M_{0b} \overbrace{\left( \frac{k_{m0pb}p_b^2}{x_{m0pb}^2 + p_b^2} \right)}^{\text{Differentiation to M1}} \overbrace{\left( \frac{1}{1 + \left( \frac{a_b}{a_{b\infty}} \right)^2} \right)}^{\text{Inhibition by AIM}} - \overbrace{\mu_{M_{1b}} M_{1b}}^{\text{Decay}}
\end{aligned} \tag{2.10}$$

$$\begin{aligned}
\frac{dM_1}{dt} = & - \overbrace{(M_1 - M_{1b}) \left( d_{m1} + \frac{k_{m1p}p_b}{x_{m1p} + p_b} \right)}^{\text{Diffusion, upregulated by PIM}} \\
& + M_0 \overbrace{\left( \frac{k_{m0p}p^2}{x_{m0p}^2 + p^2} \right)}^{\text{Differentiation to M1 via PIM}} \overbrace{\left( \frac{1}{1 + \left( \frac{a}{a_\infty} \right)^2} \right)}^{\text{Inhibition by AIM}} \\
& - \overbrace{k_{man}(k_{anm1}ANM_1)}^{\text{M1 switch to M2 by phagocytosis}} \overbrace{\left( \frac{1}{1 + \left( \frac{a}{a_\infty} \right)^2} \right)}^{\text{Inhibition by AIM}} - \overbrace{\mu_{M_1} M_1}^{\text{Decay}}
\end{aligned} \tag{2.11}$$

## M2 macrophages

M2 macrophages, associated with an anti-inflammatory response, can be activated directly from undifferentiated macrophages by specific anti-inflammatory signals in addition to switching phenotype from M1. They diffuse between compartments modeled in the first terms of Eqs (2.12) and (2.13). M2 macrophages produce anti-inflammatory mediators which recruit and promote differentiation to more M2 macrophages, described in the second term of both equations. They release cytokines that trigger the repair phase of the immune response [48, 88]. This repair phase includes repair mediators (discussed in Eq (2.18)), which play a direct role in the reconstruction of healthy epithelial cells and resolution of damage [48].

$$\begin{aligned}
\frac{dM_{2b}}{dt} = & \overbrace{(M_2 - M_{2b}) \left( d_{m2} + \frac{k_{m2r}R}{x_{m2r} + R} + \frac{k_{m2a}a}{x_{m2a} + a} \right)}^{\text{Diffusion}} \\
& + \overbrace{M_{0b} \left( \frac{k_{m0ab}a_b^2}{x_{m0ab}^2 + a_b^2} \right)}^{\text{Differentiation to M2}} - \overbrace{\mu_{M_{2b}}M_{2b}}^{\text{Decay}}
\end{aligned} \tag{2.12}$$

$$\begin{aligned}
\frac{dM_2}{dt} = & - \overbrace{(M_2 - M_{2b}) \left( d_{m2} + \frac{k_{m2r}R}{x_{m2r} + R} + \frac{k_{m2a}a}{x_{m2a} + a} \right)}^{\text{Diffusion}} + \overbrace{M_0 \left( \frac{k_{m0a}a^2}{x_{m0a}^2 + a^2} \right)}^{\text{Differentiation to M2}} \\
& + \overbrace{k_{man}(k_{anm1}ANM_1)}^{\text{M1 switch to M2 by phagocytosis}} \overbrace{\left( \frac{1}{1 + \left( \frac{a}{a_\infty} \right)^2} \right)}^{\text{Inhibition by AIM}} - \overbrace{\mu_{M_2}M_2}^{\text{Decay}}
\end{aligned} \tag{2.13}$$

## Neutrophils

Neutrophils are considered the first responders to injury [41, 44]. Generated in the bone marrow, free-flowing neutrophils, described as  $N_{0b}$ , circulate in the lung vasculature at baseline levels [61] and are represented by the first term in Eq (2.14). In the presence of injury, neutrophils are activated and recruited to the damaged site through pro-inflammatory mediators such as  $\text{TNF}\alpha$ ,  $\text{IL-1}\beta$ , and other chemokines and cytokines [44, 125]. This recruitment is represented by the first term in Eqs (2.14) and (2.15). On the other hand, anti-inflammatory mediators, including macrophage-produced resolvins and protectins, inhibit further recruitment of neutrophils [92]. Similarly to the differentiation of macrophages, it is assumed that a neutrophils activation is nonlinear and that it saturates. Therefore, a Hill-type term with a maximum rate of  $k_{n0p}$  and a constant of  $x_{n0p}$  is used to model activation of neutrophils by PIM. To model the inhibition of neutrophil activation by AIM, we include the same inhibition multiplier as previously described. The effectiveness of AIM to inhibit this process is controlled by  $a_{b\infty}$ . We also account for intrinsic decay of neutrophils in the last term of Eqs (2.14) through (2.16).



$$\frac{dN_{0b}}{dt} = - N_{0b} \left( \overbrace{\frac{k_{n0p} p_b^2}{x_{n0p}^2 + p_b^2}}^{\text{Activation by PIM}} \right) \left( \overbrace{\frac{1}{1 + \left(\frac{a_b}{a_{b\infty}}\right)^2}}^{\text{Inhibition by AIM}} \right) + \overbrace{s_N}^{\text{Source}} - \overbrace{\mu_{N_{0b}} N_{0b}}^{\text{Decay}} \quad (2.14)$$

$$\frac{dN_b}{dt} = N_{0b} \left( \overbrace{\frac{k_{n0p} p_b^2}{x_{n0p}^2 + p_b^2}}^{\text{Activation by PIM}} \right) \left( \overbrace{\frac{1}{1 + \left(\frac{a_b}{a_{b\infty}}\right)^2}}^{\text{Inhibition by AIM}} \right) - \overbrace{k_n N_b}^{\text{Migration}} - \overbrace{\mu_{N_b} N_b}^{\text{Decay}} \quad (2.15)$$

Neutrophils go through a multi-step process of rolling along and subsequently adhering to the surface of the endothelium. Then neutrophils transmigrate to the injury site either through or between endothelial cells [44, 61]. This process is assumed to be driven not by a concentration difference in neutrophils between the compartments but rather is a direct consequence of activation. Therefore, neutrophil transmigration, the first term in Eq (2.16), is modeled from the bloodstream to the site of injury by a linear term with rate  $k_n$ .

Activated neutrophils that have transmigrated through the endothelium and reached the site of injury release pro-inflammatory mediators, as discussed previously in Eq (2.5). During infection, neutrophils play an important role by phagocytizing pathogens [63], but during VILI a main role of neutrophils is the recruitment of macrophages, particularly to promote a more pro-inflammatory environment for the clearance of damaged and dead cells [44].

Neutrophils become apoptotic, modeled by the second term of Eq (2.16) [41]. In this state, they are phagocytized by M1 and M2 macrophages (second and third terms of Eq (2.17), respectively) and no longer contribute to the production of PIM [61, 113, 123]. Phagocytosis by M1 macrophages is inhibited by AIM using our standard functional form for the inhibition multiplier. AIM do not inhibit phagocytosis by M2 macrophages since AIM support the function of anti-inflammatory cells.

$$\frac{dN}{dt} = \overbrace{k_n N_b}^{\text{Migration}} - \overbrace{k_{an} N}^{\text{Transition to apoptotic}} - \overbrace{\mu_n N}^{\text{Decay}} \quad (2.16)$$

$$\frac{dAN}{dt} = \overbrace{k_{an} N}^{\text{Transition to apoptotic}} - \overbrace{k_{anm1} AN M_1}^{\text{Phagocytosis by M1}} \left( \overbrace{\frac{1}{1 + \left(\frac{a}{a_\infty}\right)^2}}^{\text{Inhibition by AIM}} \right) - \overbrace{k_{anm2} AN M_2}^{\text{Phagocytosis by M2}} \quad (2.17)$$

## Repair mediators

The direct contribution of alveolar macrophages to the repair of epithelial cells is not completely understood, although macrophage involvement in the repair process has been widely demonstrated [48]. M2 macrophages produce various mediators such as prostaglandin E<sub>2</sub>, chemokines such as CCL2, TGF- $\beta$ , fibronectin 1 and other epithelial growth factors [43, 48, 113] that promote repair of epithelial cells and recruit fibroblasts, key cells involved in tissue repair [105]. We do not model each of these components, instead grouping them together in one variable called  $R$ , which can be thought of as the downstream effects of fibroblasts and other mediators. If the recovery phase is the focus of a future study this model could be adapted to include these dynamics explicitly. The production of  $R$  by M2 macrophages is modeled by the first term in Eq (2.18). The second term models intrinsic decay of these mediators.

$$\frac{dR}{dt} = \overbrace{k_{rm2} M_2}^{\text{Upregulation by M2}} - \overbrace{\mu_R R}^{\text{Decay}} \quad (2.18)$$

These equations form a system of ODEs that captures the most important aspects of the immune response to VILI. In the following sections we describe various computational approaches used to explore parameter space, determine the parameters the model is most sensitive to and establish influential predictors of model outcomes. We end with case stud-

ies in which we modulated particular parameters and then evaluated long-term epithelial damage.

### 2.2.2 Sampling method for parameters: Latin hypercube sampling

Because of the large number of variables and parameters, mathematical and statistical techniques needed to be used to analyze the system and find parameter sets that generate a variety of dynamics and outcomes of immune cell populations included in this model. At this stage we analyzed the model with various parameters without utilizing data; in future work this model can be coupled with ventilation experiments to narrow parameter ranges. As an initial step we determined initial conditions and parameters for this model through LHS, which generates random, unique parameter sets according to user-defined distributions [83]. As suggested by Marino et al. [76], we initially chose uniform distributions since we had no prior knowledge of the parameter values, and sampled on a logarithmic scale to cover a span of several magnitudes. For LHS with uniform distributions assumed for each parameter, to generate  $n$  desired parameter sets, the algorithm splits the determined range into  $n$  evenly-spaced subintervals and each interval is sampled exactly once [76]. We also sampled using log-normal distributions for each parameter with the same means and variances as the uniform distributions to see whether restriction of the parameter space by bounded intervals, as enforced by the uniform distributions, affected our results. We sampled using log-normal, rather than normal, distributions to ensure the parameters were positive.

Using MATLAB functions adapted from Kirschner [59], all parameters were sampled except the rate of damage  $s_d$  due to ventilation to ensure the same insult during all simulations. We began to explore parameter space by sampling near transients associated with different outcomes. Ranges were set such that that the resulting sampling gave rise to a variety of behaviors and outcomes. Table 2.2 shows the final ranges used for the LHS sweep that constructed the collection of parameter sets used in this work. Using LHS in these ranges we generated 100,000 parameter sets. Future work could calibrate parameter sets to data from

different experimental or clinical groups and then use the analysis methods in this manuscript to compare dynamics and parameters that drive differences between experimental or clinical groups.

### 2.2.3 Parameter Set Collections: Healthy, Moderate Damage, & Severe Damage

Our goal was to understand the effects of baseline lung health, represented by initial conditions and unique parameter sets, on the response to ventilation and post-ventilation recovery. Therefore we needed to start our simulation from initial conditions associated with a steady state, so that when ventilation was simulated we were seeing changes in the dynamics only due to the ventilator. For all 100,000 parameter sets we simulated the model for 800 hours, without any ventilation ( $s_d = 0$ ), to determine if a numerical steady-state condition was reached in the absence of ventilation. Our numerical steady state condition was that the  $l^2$ -norm of the difference between each meshpoint in the last 100 hours of the simulation and the last point (hour 800) was less than 0.1. By examining simulation results, we confirmed that this ensured minimal change in all variables at the tail end of the simulation.

Three different initial conditions were used with the sampled parameter sets for the 800-hour, non-vent simulation, in order to find sets that have steady states. The first set of initial conditions was associated with initial simulations used to develop the sampling ranges, but was not associated with a particular set in our final round of sampling. The second initial condition we chose was associated with an insult to the epithelial cells with no initial immune response, all variables set to zero except for  $E_h(0) = 0.75$  and  $E_d(0) = 0.25$ . The third and final initial condition had all variables set to zero except for  $M1(0) = 50$ , which is starting with an activated immune response and healthy tissue. If our numerical steady-state condition was satisfied with any of these initial conditions, the parameter set was accepted and the associated initial conditions were set to the variable values at 800 hours. A total of 27,836 sets satisfied our numerical steady state condition. Any parameter set that

did not result in an equilibrium state by 800 hours from these three initial conditions was not simulated with ventilation. Since we did not perform a complete analysis on all 100,000 sets, we do not mathematically conclude that the remaining parameters cannot reach a steady state. However, given the robustness of the resulting dynamics and the number of parameter sets that reached our condition for numerical steady state, we assumed that actual biological dynamics were well represented by simulating these 27,836 unique parameter sets. The same process was applied to the log-normally-distributed collection of parameter sets, generating a total of 33,812 sets that reached a steady state. Results throughout this manuscript were similar for the sets generated using log-normal distributions, see Section A.2.

Some parameter sets gave rise to a steady state with associated initial conditions where the percent of empty space in the epithelium was significantly high. Therefore, we eliminated some sets based on their initial condition for  $E_e$  (empty/dead cells). In this paper we focus on the 24,432 parameters sets that had a steady state for  $E_e < 50\%$  and show a summary of all results for steady states with  $E_e < 25\%$  and  $E_e < 75\%$  in Section A.2. We did not find any major differences when varying this inclusion threshold.

These 24,432 sets were then simulated for 200 hours with ventilation for the first two hours (a nonzero damage rate), a duration comparable with murine experiments [121, 141]. Given that all mice do not survive ventilation, we adjusted our model to account for extensive lung damage due to ventilation, leading to severe inflammation. Without this adjustment, the model assumes survival in all scenarios and allows for a recovery phase. Instead, we assumed that a high percentage of empty space  $E_e$  is not survivable; therefore, we set a threshold for  $E_e$ . Ideally this threshold's value would be derived from data. However, in the absence of data related to epithelial integrity, we used a threshold of 75% given that we had set a threshold of 50% for  $E_e(0)$ . These two thresholds combined map the arbitrary 0 to 100% epithelial population to metrics of overall lung health.  $E_e$  more than 50% without ventilation is not survivable and more than 75%, even with MV, is not survivable. Therefore, if  $E_e$  rises above 75% at any time, variables are set to 0 at that time.

Simulations were separated into three different categories based on percentage of healthy epithelial cells at time of classification  $T$ :

- $E_h(T) \geq 90\%$ : Healthy epithelial cells sufficiently cover the alveoli to function normally
- $50\% \leq E_h(T) < 90\%$ : Moderate tissue damage
- $0\% \leq E_h(T) < 50\%$ : Severe tissue damage

Sets were classified into the three categories based on their initial conditions and again at two other time points: immediately after ventilation (2 hours) and after ventilation with a recovery period (200 hours). Classification at these two time points allowed us to understand the immediate effects of VILI as well as the long-term effects after a period of recovery. These parameter sets, their corresponding transients, and the outcomes they generate were used to develop a collection of parameter sets representing a variety of immune system dynamics. The collection was then used to analyze outcomes in terms of their associated transient variables and underlying parameters.

#### 2.2.4 eFAST

We used several tools to perform a sensitivity analysis of model parameters. A common method is calculating partial rank correlation coefficients (PRCCs), but results are only reliable for monotonic relationships between parameters and variables. Our model output does not fit this criteria. Marino et al. suggest the extended Fourier amplitude sensitivity test (eFAST), a variance-based method for non-linear, non-monotonic relationships [76]. The greatest drawback of eFAST compared to PRCC is the computation time.

eFAST varies parameters and the resulting variation in model output is calculated using statistical variance. The algorithm varies each parameter at different frequencies by creating a sinusoidal function, called a search curve, and then sampling parameter values along the function. Fourier analysis measures the influence of the parameter's frequency on model output. First-order sensitivity  $S_i$  for a parameter  $i$  is calculated by varying only  $i$  and leaving

the rest constant. Total-order sensitivity  $S_{T_i}$  is calculated by varying  $i$  using a unique, higher frequency and varying the other parameters using lower non-unique frequencies. This total-order sensitivity captures non-linear interactions between parameters in addition to changes in model output. We implemented the method by Marino et al. [76] to calculate  $S_i$  and  $S_{T_i}$  and determined the statistical significance of each parameter. A "dummy parameter" was included in the parameter set and its eFAST index was compared to the other parameters found in the model.

MATLAB functions by Kirschner [59] to perform eFAST are available online. We obtained 257 values of each parameter on a search curve and repeated this process for five unique search curves since different ones can generate slightly different samples. Sensitivity can be calculated at specific time points for the desired variable.

### 2.2.5 Random forest decision tree

Aside from more conventional sensitivity analysis measures, we chose a few alternative methods that require less computation time and can include other features of the model besides parameters. One of these alternatives is a random forest decision tree [65, 66]. Each parameter set in the collection has a number of predictors and outputs: parameters and any other characteristics from the transients that can be quantified. The decision tree algorithm determines the parameter/predictor values that best partition the collection into categories of healthy, moderate damage, and severe damage. Each member of the collection answers a series of questions, i.e. nodes on the tree, based on the predictor values of that parameter set, eventually being classified into a particular outcome. This process is repeated to obtain a "forest" of decision trees.

Since a decision tree simply takes value for each predictor and is not dependent on the model itself, measures besides parameters can be used. We included supplementary predictors calculated from the transients. These predictors are: maximum and minimum M1 and M2 (percent of total macrophages and raw values), time at which M1 and M2

maximums occur (M1/M2 peak time), ratio of M1 peak to M1 initial condition, percent M2 macrophages at 10 hours, ratio of  $E_h$  initial condition to  $E_h$  at 30 minutes, 2 hours, and 6 hours, and the difference between  $E_h$  initial condition and  $E_h$  at 200 hours. Adding these predictors allowed for the possibility that the best classifiers of outcome could be not only parameters but also properties of the transients. This knowledge could provide additional information about metrics for experimentalists and clinicians to track in order to identify early warning signs for undesirable results.

One metric generated by the random forest is the importance value of each parameter or characteristic, calculated from the Gini Index [6]. The importance value is a measure of how important any given parameter was in determining the outcome of each set in the collection. Because of the large number of parameters in the model, this can provide intuition about which parameters and other characteristics of the transients are most influential in determining outcomes. The R and MATLAB code used for this method are provided in Sections A.4-A.6.

## 2.3 Results

Our aim is to understand how recruitment of the immune response and its interactions with epithelial cells translate to specific outcomes and what dynamics are driving this process. Using the techniques described in the previous section, we determined predictors of outcome and/or processes that could be targeted to modulate outcome.

### 2.3.1 Sample Transients and Collection Breakdown

This model can generate a variety of dynamics, similar to the mixed responses of patients on a ventilator [99]. Our model generates a variety of dynamics which reflects this spectrum of responses. There is significant variability between outcomes as well as within them. Fig 2.3 shows examples of these different dynamics for healthy epithelial cells and M0, M1, and M2



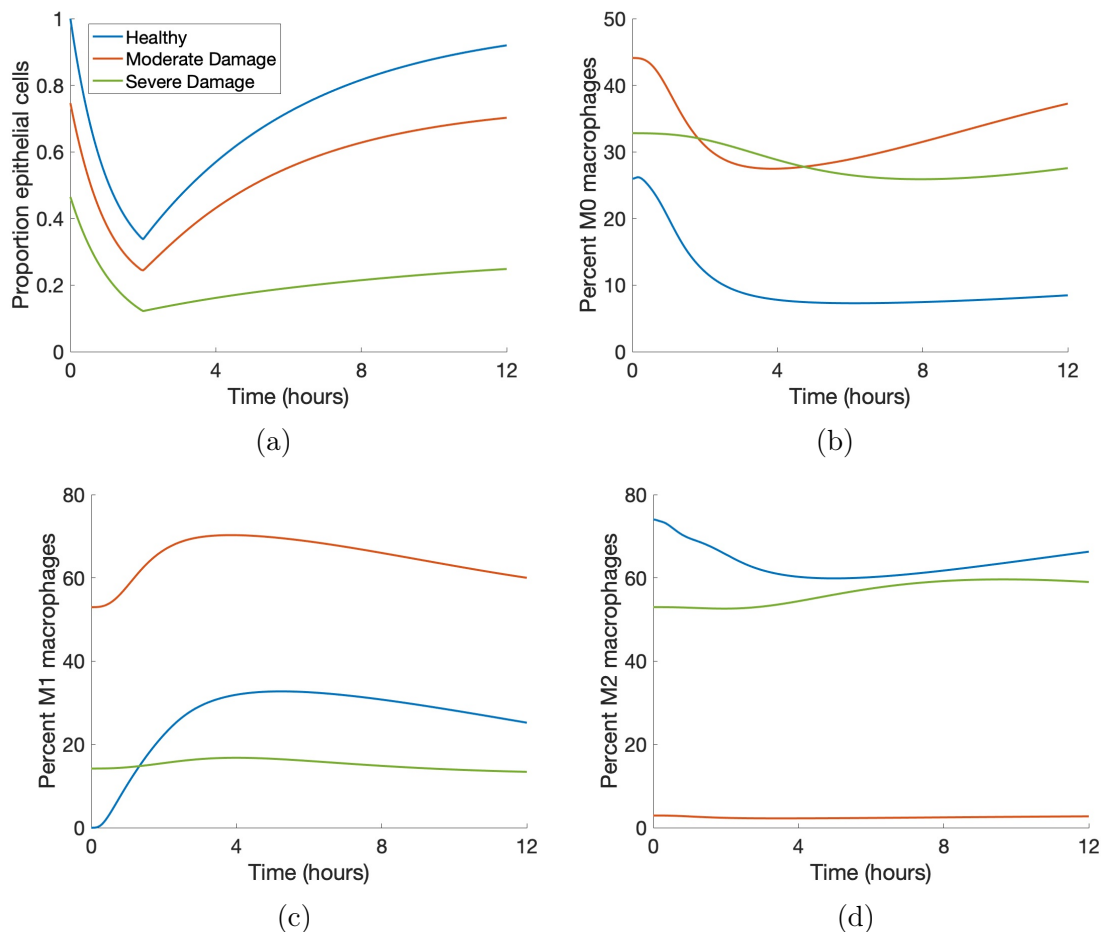


Figure 2.3: **Sample simulations show the variety of model-generated dynamics.** Blue, orange, and green curves indicate healthy, moderate damage and severe damage outcomes, respectively. (a) Proportion healthy epithelial cells. (b) Percent M0 macrophages. (c) Percent M1 macrophages. (d) Percent M2 macrophages.

macrophages using a case of each of the three outcomes as determined at 200 hours: healthy, moderate damage, and severe damage. All three can be classified as "severe damage" at 2 hours. Each case has a unique set of initial conditions and parameters, giving rise to three very different immune responses and epithelial cell health. Simulations were run in MATLAB using the code provided in Section A.4.

We generated 100,000 parameter sets using LHS with parameter ranges given in Table 2.2. Fig 2.4 shows the breakdown of these parameter sets based on whether or not the dynamics led to a steady-state system and whether the steady state value had  $E_e \leq 50\%$  in the absence of ventilation. Additionally, Figure 2.4 shows the classifications of each parameter

Total LHS runs: 100,000		
Steady-state: 24,432		
Classification after 2 hours		
	Start	End
H:	16,833 (14,260)	2,573 (0)
M:	5,382 (3,387)	10,116 (8,121)
S:	2,217 (0)	11,743 (9,526)
Classification after 200 hours		
	Start	End
H:	16,833 (635)	16,198 (0)
M:	5,382 (572)	5,104 (294)
S:	2,217 (0)	3,130 (913)

Not steady-state: 77,568

Figure 2.4: **Results of 100,000 LHS runs grouped by classification.** Parameter sets are broken down by their associated initial conditions (Start) and ending states (End) and by category healthy (H), moderate damage (M), or severe damage (S). Numbers in parentheses in the IC columns are the number of simulations that started in the category associated with that row and change their state after ventilation. Numbers in parentheses in the ES columns are the number of simulations that ended in the category associated with that row, but were not in that category before ventilation. The first three rows in the table show classification immediately after a 2-hour period of ventilation. The last three rows show classification after 200 hours (a 2-hour vent and period of recovery). All parameter sets are associated with a steady-state solution with  $E_e < 50\%$ .

set based on their associated initial conditions (before ventilation), immediately after the 2-hour ventilation, and after the 2-hour ventilation with a recovery period (200 hours total). The top number in each box is the total number of parameter sets in that category, and that number is further broken down by the category in which they started (column 1) and ended (column 2). The number in parentheses in the first column is the number of sets that started in that category but ended in a different one. Conversely, the number in parentheses in the second column shows the sets that ended in a certain outcome but did not start there. These numbers serve as a summary of how damage may affect outcome directly after ventilation as well as after a recovery period for the variety of behaviors in the collection of parameter sets. We will analyze all 24,432 sets that reach steady state (with steady state  $E_e < 50\%$ ) to understand the full array of responses that could occur.

### 2.3.2 Determining Predictors and Driving Dynamics

In this section we examine and compare the results of multiple methods that determine the parameters and other predictors that help differentiate or predict model dynamics and outcomes.

#### Correlations and Significance Testing Highlight Specific Parameters

As an initial step towards understanding relationships between parameters and model output, we calculated the correlations of parameters and predictors with one another for each outcome. There were some correlations between predictors that were very high, but were measuring similar things; for example, maximum M1 and minimum M1. We excluded these since they did not provide new or useful information. Aside from these, there were only a few correlations between parameters or between parameters and predictors that were higher than  $R = 0.3$ . The pair with the highest correlation, for outcome determined at both 2 and 200 hours, is shown in Fig 2.5 using a random sample from each classification group for better visibility of the points. For  $k_{mne}$ , the rate of collateral damage to epithelial cells by macrophages and neutrophils, parameter sets that resulted in moderate and severe damage outcomes had a significant correlation with the  $E_h$  ratio at 0.5 hours. The  $E_h$  ratio and  $k_{mne}$  had the following correlations for each group with classification at 2 hours: healthy  $R = 0.24$  (not shown), moderate damage  $R = 0.43$ , and severe damage  $R = 0.73$ . For classification at 200 hours, the correlations were: healthy  $R = 0.1$  (not shown), moderate damage  $R = 0.66$ , and severe damage  $R = 0.87$ . These high correlations suggest that the parameter  $k_{mne}$  may play a key role in determining outcome, which we explored further in the following sections.

We also performed hypothesis testing for predictors. We were not able to use ANOVA, a common statistical model used to examine the difference between group means, because the resulting distributions for the accepted parameter sets were not necessarily normal. The Kruskal-Wallis test is an alternative to ANOVA when the variable distributions are not normal [84]. We categorized all parameter sets by their outcome (healthy, moderate damage,

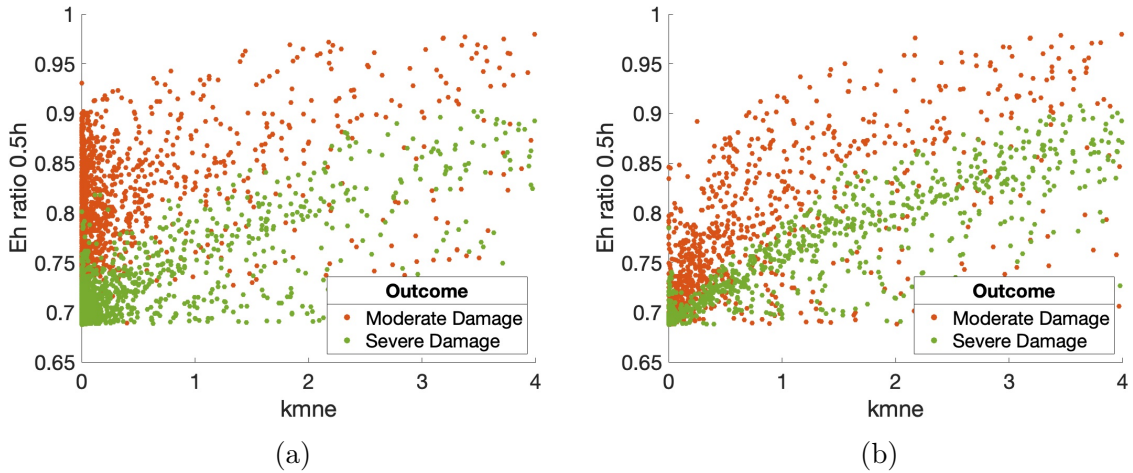


Figure 2.5: **Scatter plot of predictors with notable correlations.** Parameter  $k_{mne}$  (rate of collateral damage to epithelial cells by macrophages and neutrophils) versus ratio of  $E_h$  at 0.5 hours to initial  $E_h$  values. (a) Outcome was determined at 2 hours. Correlations: resolved to healthy  $R = 0.24$  (not shown); moderate damage  $R = 0.43$ ; severe damage  $R = 0.73$ . (b) Outcome was determined at 200 hours. Correlations: resolved to healthy  $R = 0.1$  (not shown); moderate damage  $R = 0.66$ ; severe damage  $R = 0.87$ . Points are a random sample of the total points.

severe damage) and compared them. If any of the three groups had a statistically significant difference (p-value less than 0.05), a Wilcoxon test was performed on each pair (healthy and moderate damage, healthy and severe damage, moderate and severe damage) to determine which groups were different from one another. P-values for the Kruskal-Wallis and Wilcoxon tests were adjusted using the Benjamini–Hochberg procedure to control for the false discovery rate [8]. Knowledge of which parameters and other predictors were different between groups based on outcome provides insight into predicting outcomes and which predictors might best influence the immune response to damage.

When classification occurred at 2 hours, 52 out of 81 parameters and other predictors returned results for a statistically significant difference between at least two groups and 30 gave statistically significant differences between all three groups. For classification at 200 hours, statistically significant differences occurred for at least two groups and all three groups for 40 and 13 predictors, respectively. Table 2.3 shows a summary of the results from the various methods used to examine predictors’ significance in determining model output.

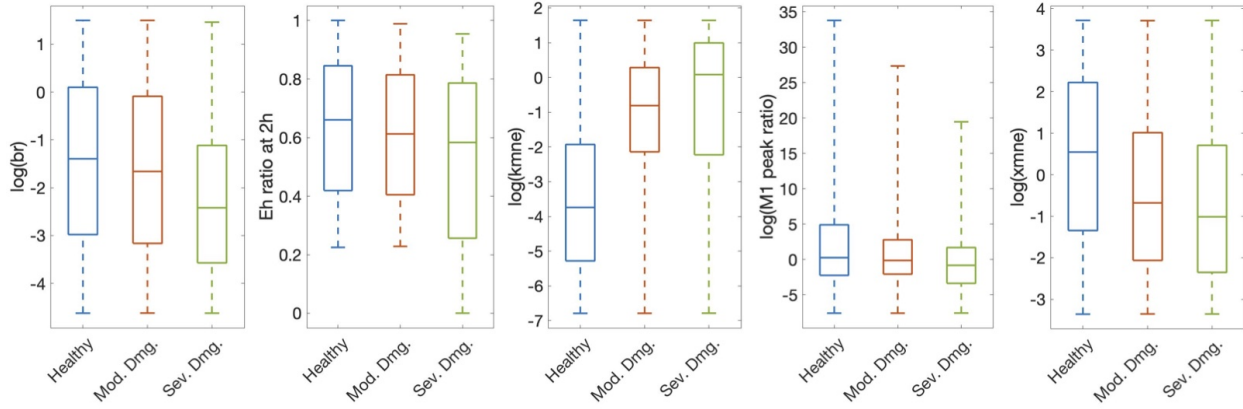


Figure 2.6: **Predictors selected by significance testing show visible differences between injury groups.** Subset of parameters and predictors that showed a statistically significant difference between all three outcomes determined at 200 hours: healthy, moderate damage, and severe damage, as determined by the Kruskal-Wallis and Wilcoxon tests. These five predictors were also statistically significant when classification occurred at 2 hours. All are shown on a log scale for better visibility. Parameters/predictors:  $b_r$ , baseline repair rate of damaged cells;  $E_h$  ratio at 2h, ratio of  $E_h$  at 2 hours to  $E_h$  initial condition;  $k_{mne}$ , rate of collateral damage to epithelial cells by macrophages and neutrophils; M1 peak ratio, ratio of M1 maximum to initial condition;  $x_{mne}$ , regulates effectiveness of macrophages and neutrophils to damage epithelial cells (Hill-type constant).

Columns 1 and 3 of Table 2.3 show the predictors in which all three groups were different from one another for both classification times, as determined by the Kruskal-Wallis and Wilcoxon tests. Results in other columns are described in the following sections. Box plots of a subset of predictors in which all three groups were different are shown in Fig 2.6 to help visualize these differences.

### Parameter Sensitivity with eFAST

We calculated eFAST indexes for  $E_h$  at 30 minutes, 2 hours (end of ventilation), 6 hours, and 200 hours (time at which outcome is determined). We included a few early time points since we are looking for parameters that could suggest early interventions to mitigate possible negative outcomes. We calculated first-order and total-order sensitivities  $S_i$  and  $S_{T_i}$ , respectively. Fig 2.7 shows results for the parameters with p-value  $< 0.05$ . Parameters  $x_{mne}$  (Hill-type constant for effectiveness of macrophages and neutrophils in damaging epithelial

Classification after 2 hours		Classification after 200 hours		eFAST (Ordered)			
Sig. Testing	Random Forest	Sig. Testing	Random Forest	0.5h	2h	6h	200h
(Not ordered)	(Ordered output)	(Not ordered)	(Ordered output)				
$E_h$ ratio 2h	$E_h$ ratio 2h	$k_{mne}$	$k_{mne}$	$k_{en}$	$k_{en}$	$x_{mne}$	$x_{mne}$
$E_h$ ratio 0.5h	$E_h$ ratio 0.5h		$E_h$ ratio 6h	$k_{pe}$	$b_r$		
$E_h$ ratio 6h	$E_h$ ratio 6h	$x_{mne}$	$x_{mne}$	$\mu_p$	$\mu_p$		
$k_{mne}$	$k_{mne}$	$E_h$ ratio 2h	$E_h$ ratio 2h	$x_{mne}$	$k_{pe}$		
$b_r$	$b_r$	Min M1	Min M1	$k_n$	$k_n$		
$k_{ep}$	$k_{ep}$	$E_h$ ratio 0.5h	$E_h$ ratio 0.5h	$k_{ep}$	$x_{mne}$		
	$x_{mne}$	Min M2	Min M2	$b_r$	$k_{ep}$		
Min M1	Min M1	M2% at 10h	M2% at 10h	$k_{an}$			
$k_{en}$	$k_{en}$	$b_r$	$b_r$				
$s_n$	$s_n$		$k_{en}$				
Max M1		M1 peak time					
Min M1%		$k_{ep}$					
$k_{an}$		M1 peak ratio					
Max M1%		$\mu_p$					
$k_{em1}$		$k_{em1}$					
M1 peak time							
$k_{am1}$							
$\mu_{na}$							
Max M2%							
$k_n$							
$\mu_p$							
Min M2%							
$a_\infty$							
$s_m$							
M2% at 10h							
$\mu_{ab}$							
$k_{pm1}$							
$b_p$							
$k_{nn}$							
$x_{m0ab}$							
$\mu_{m1b}$							

Table 2.3: Summary of three different methods used to determine the most influential predictors, including parameters and other factors. Columns 1-4 show results for all 24,432 parameter sets. Columns 1-2 show results for analysis methods with classification into three categories (healthy, moderate damage, severe damage) after 2 hours, and columns 3-4 show results for classification after 200 hours. Columns 1 & 3: significance testing results for predictors in which all three groups are statistically different (p-value < 0.05). For ease of comparison between columns, the predictor is listed next to its counterpart in the ordered random forest list, if listed in that column. Column 2 & 4: average importance values determined by random forest decision trees. The top ten are ordered from highest to lowest importance. Columns 5-8: first-order eFAST results (ordered by p-value, with p-value < 0.05) for four time points.

cells),  $b_r$  (baseline repair of damaged cells), and  $k_{en}$  (phagocytosis of damaged cells by  $N$ ) were sensitive for several time points. There were no parameters with total-order sensitivity p-value  $< 0.05$  for 6 hours. Parameters with a significant  $S_i$  may be better candidates for treatment than those with a significant  $S_{T_i}$  because first-order sensitivity measures sensitivity of  $E_h$  based only on fluctuations in a single parameter. For this reason and since many of the same parameters are significant for first-order and total-order sensitivity, we show results for first-order sensitivity in Columns 5-8 of Table 2.3, ordered from lowest p-value to highest and for the four time points specified.

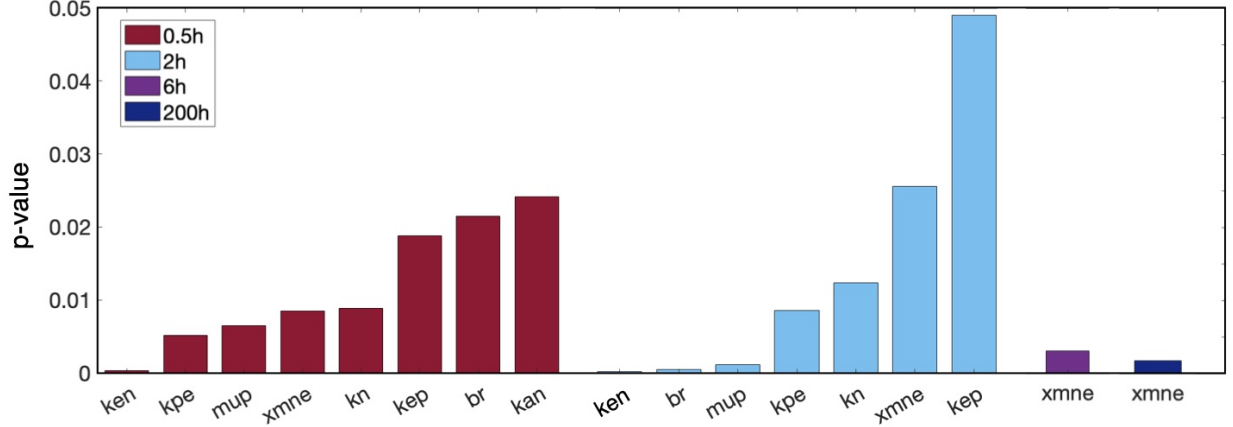
### Random forest algorithm to determine predictors

To offset any unusual results generated by the randomness of the decision tree algorithm, we replicated the process of randomly selecting a training set and generating importance values from the random forest 1000 times. Fig 2.8 shows the average and standard deviations of the top ten importance values generated for both 2-hour and 200-hour classifications.

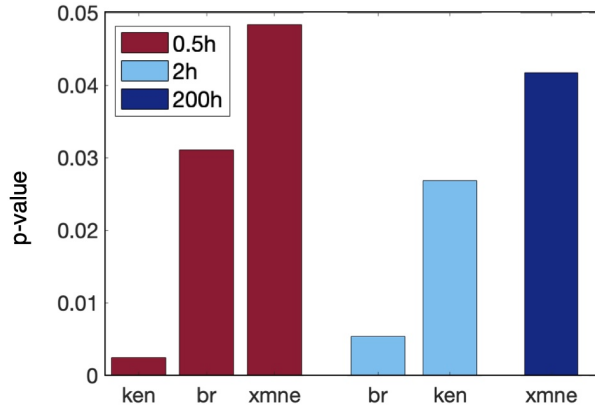
Many of the same predictors are seen in both 2 and 200-hour outcomes, though in a different order. Notice that the standard deviations in both figures are small and support that the predictors remain the same across multiple random forest simulations. Furthermore, several of the top ten predictors were found to be significant by the Kruskal-Wallis test, and  $b_r$ ,  $x_{mne}$ , and  $k_{en}$  are shared by random forest and eFAST. (see Table 2.3). The consistency of the importance of these parameters and predictors using different methods supports the idea that they play a significant role in the sensitivity of model output and determining or differentiating outcomes, both immediately after ventilation and after a period of recovery, though they may be more important at specific times.

### 2.3.3 Modulating recovery: a case study of select transients

Fig 2.9 shows four examples of transients that started in one category and ended in another after ventilation plus a recovery period. We used the information gained in the parameter



(a)



(b)

Figure 2.7: **Parameter sensitivity analysis shows which parameters most influence model output.** Parameters determined by eFAST to be most sensitive, with p-values calculated by comparing eFAST sensitivity indexes to a dummy variable. Results are given for each of the time points tested: 0.5 (red), 2 (blue), 6 hours (purple), 200 hours (navy). (a) First-order sensitivity, also shown in Table 2.3. (b) Total-order sensitivity. Results at 6 hours are not shown as there were no statistically significant parameters at that time point. Parameters:  $k_{en}$ , rate of phagocytosis of damaged cells by  $N$ ;  $k_{pe}$ , production rate of  $p$  by  $E_d$ ;  $\mu_p$ , decay rate of  $p$ ;  $x_{mne}$ , regulates effectiveness of macrophages and neutrophils to damage epithelial cells (Hill-type constant);  $k_n$ , rate of migration of  $N_b$  to lung;  $k_{ep}$ , rate of self-resolving repair mediated by  $p$ ;  $b_r$ , baseline repair rate of damaged cells;  $k_{an}$ , rate at which neutrophils become apoptotic.



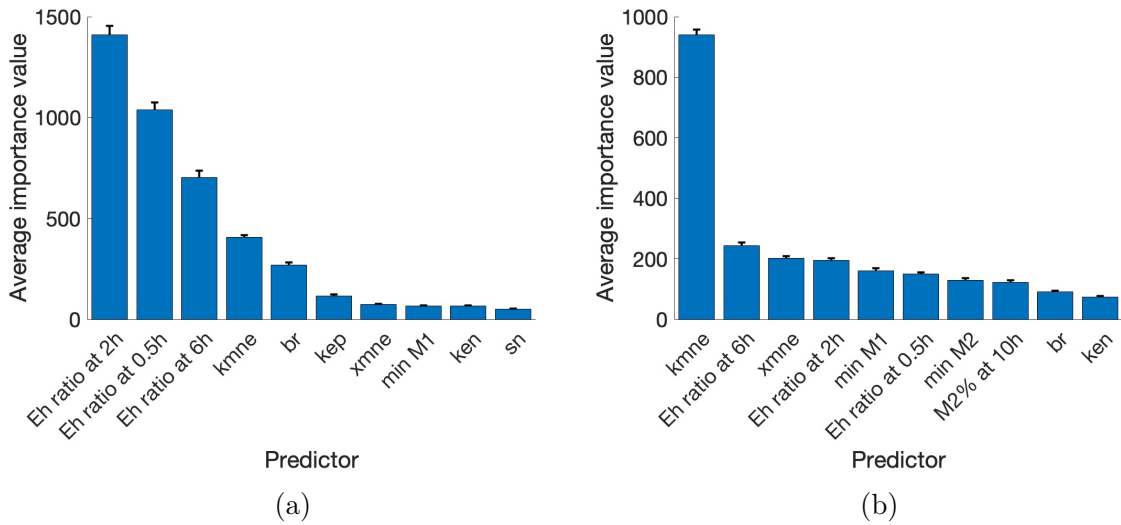


Figure 2.8: **Random forest decision tree selects top indicators of outcome.** Mean and standard deviation of importance values for the top ten highest predictors from 1000 random forest decision trees. Results with classification at (a) 2 hours and (b) 200 hours. Parameters:  $k_{mne}$ , rate of collateral damage to epithelial cells by macrophages and neutrophils;  $b_r$ , baseline repair rate of damaged cells;  $k_{ep}$ , rate of self-resolving repair mediated by  $p$ ;  $x_{mne}$ , regulates effectiveness of macrophages and neutrophils to damage epithelial cells (Hill-type constant);  $k_{en}$ , rate of phagocytosis of damaged cells by  $N$ ;  $s_n$ , source rate of  $N_{0b}$ .  $E_h$  ratio at 0.5, 2, and 6h represents the ratio of  $E_h$  at those time points to its initial condition.

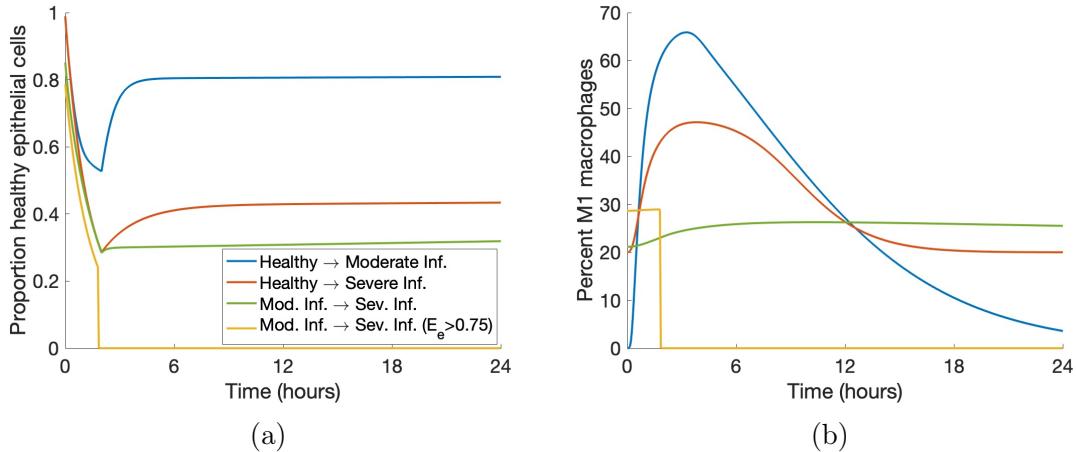


Figure 2.9: **Some parameter sets generate transients that end in a worse outcome.** (a) Transients of  $E_h$  that started in one category and ended in a different one. (b) Corresponding transients of  $M1$ . We included examples of all possible worsening changes in classification as well as a case in which all variables were set to zero due to  $E_e > 0.75$  at some time.

analysis to identify key targets for interventions that could modulate damage, especially in the case of a patient starting in one state and ending in a different, negative outcome even after a recovery period. The goal was to return the percentage of healthy epithelial cells to its original steady-state earlier, since the inability to recover from a 2-hour vent after 200 hours or more could be detrimental to long-term health.

Our analysis showed that the parameters  $k_{mne}$ , the rate of collateral damage by macrophages and neutrophils to epithelial cells,  $x_{mne}$ , the Hill-type constant which regulates the effectiveness of macrophages and neutrophils in damaging epithelial cells,  $b_r$ , the rate of self-repair of healthy epithelial cells, and  $k_{en}$ , the rate of phagocytosis of damaged cells by neutrophils, were some of the most influential parameters and thus could inform targets for intervention. Furthermore, in the previous section, we obtained results for classification at 2 hours and 200 hours, showing how parameter sensitivity differs between time points. Thus, we examined interventions beginning at several time points (see Fig 2.10).

We intervened in a case that started healthy and ended in moderate damage. Note in Fig 2.10, the original  $E_h$  transient began recovery to healthy after the two-hour ventilation

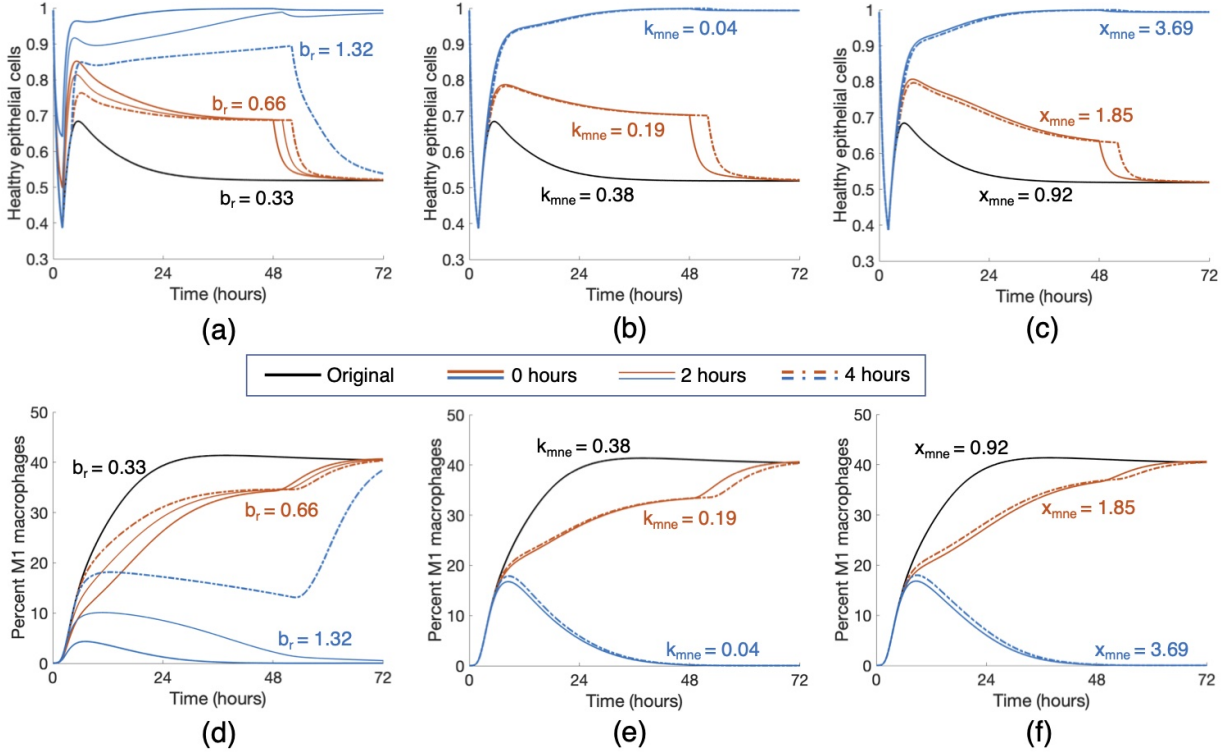


Figure 2.10: **Modulating parameters based on parameter analysis improved outcome in case study.** Starting with a parameter set that gave rise to an  $E_h$  transient that started healthy and ended in a moderate damage state, we applied various treatment strategies by changing three key parameters,  $b_r$  (rate at which healthy epithelial cells self-repair),  $k_{mne}$  (rate of collateral damage to epithelial cells by macrophages and neutrophils), and  $x_{mne}$  (Hill-type constant which regulates the effectiveness of macrophages and neutrophils in damaging epithelial cells). Results for various changes are shown for healthy epithelial cells (a, b, c) and percent of M1 macrophages (d, e, f). Treatment began at 0, 2, or 4 hours after the start of ventilation, denoted by solid, dotted, and dot-dashed lines, respectively, and lasted for 48 hours. The original parameter values are  $b_r = 0.33$ ,  $k_{mne} = 0.38$ , and  $x_{mne} = 0.92$ . Black transients show the original dynamics without intervention. Orange transients show moderate treatment for each parameter, which was found to be insufficient in mediate the injury. Blue transients show stronger treatments, which were sufficient to bring about resolution for some intervention times.

period, but by the end of the 200-hour period, was at a lower  $E_h$  value than it was initially. This was coupled with a transient for M1 in which the pro-inflammatory phenotype increases significantly and then stays in the 40-45% range.

Increasing  $b_r$  by various amounts had increasingly positive effects on long-term epithelial health. Lower values of  $b_r$  increased  $E_h$  slightly and an earlier intervention generated a higher peak of  $E_h$  around five hours, but did not continue increasing at this rate regardless of intervention time. If  $b_r$  was increased substantially for a significant duration of treatment time, healthy epithelial cells reached the healthy steady-state after ventilation and did not decrease again. Shown in Figures 2.10a and 2.10d, doubling  $b_r$  to 0.66 was not enough to generate recovery, but increasing  $b_r$  by a factor of four to 1.32 did result in a healthy outcome. For an insufficient treatment duration and value of  $b_r$ , levels of  $E_h$  were higher until treatment ended and then decreased back to the same level as the original simulation. For a long enough treatment duration, the proportion of healthy epithelial cells remained high even after treatment ended. For  $b_r = 0.66$ , the intervention time did not improve health in the long run, whereas for  $b_r = 1.32$ , intervention at either 0 or 2 hours was sufficient to bring about recovery while intervention at 4 hours was not.

The parameter  $k_{mne}$  has an inverse relationship with epithelial health; thus, decreasing the parameter provided better results. Decreasing  $k_{mne}$  slightly increased the rate of recovery but not enough to change the outcome to resolved. However, with a significant enough decrease of  $k_{mne}$ , M1 activation peaked around hour 10 and decreased back to its original level. The original simulation shows M1 activation leveling off at a high percentage of activation (Fig 2.10e). The modulated return to baseline levels was paired with a healthy outcome for epithelial cells (Fig 2.10b). For higher values of  $k_{mne}$ , results were about the same for any intervention time 4 hours or less after the beginning of ventilation. Note in Fig 2.10 that the time at which intervention begins mattered somewhat for changes in  $b_r$  but not for  $k_{mne}$ . Figures 2.10b and 2.10e show that half of the original value of  $k_{mne}$  (0.38 to 0.19) was not low enough to change the outcome; multiplying by a factor of 0.1 to  $k_{mne} = 0.04$ , on the

other hand, was sufficient to change the outcome to healthy.

We also increased the parameter  $x_{mne}$ . Increasing this value caused the presence of macrophages and neutrophils to be less effective in damaging epithelial cells. Similarly to the other treatments, sufficient changes to  $x_{mne}$  brought about long-term recovery and the time at which intervention began was not as important. Figures 2.10c and 2.10f show doubling  $x_{mne}$  to 1.85 was insufficient to change the outcome, and increasing  $x_{mne}$  by a factor of four to 3.69 was sufficient.

Finally, we increased  $k_{en}$ . This increased the rate at which neutrophils phagocytize damaged cells, making room for new, healthy cells. Interestingly, although  $k_{en}$  was shown to be an important parameter in our analysis, even increasing the parameter by a factor of ten to 1.52 was insufficient to make any real changes in the epithelial and macrophage populations. Since there was no significant change, we do not show this treatment in Fig 2.10.

We also examined the results of combination therapy that could include regulation of two or three parameters. Together, changes in parameter values that would be insufficient on their own were able to regulate macrophage activation and bring epithelial cells back to a healthy state. Additionally, higher values of  $b_r$  and  $x_{mne}$  and lower values of  $k_{mne}$  precipitated a quicker recovery from damage. Intervention time was important for parameter values near the threshold, but not for parameter values sufficiently above or below the threshold. Intervention time may make a difference in the ending values of  $E_h$  or  $M1$ , depending on the parameters. Many combinations could be formulated; Fig 2.11 shows two cases in which two parameter changes were insufficient to bring about recovery individually but were sufficient when combined. The orange curves show  $b_r = 0.99$  and  $k_{mne} = 0.19$  and the blue curves show  $x_{mne} = 2.31$  and  $k_{en} = 1.52$ , which brought about long-term recovery for all three intervention times.

For other cases starting in a healthy state and ending in moderate or severe damage, a high enough  $b_r$  can bring about resolution in some cases. In general, earlier intervention

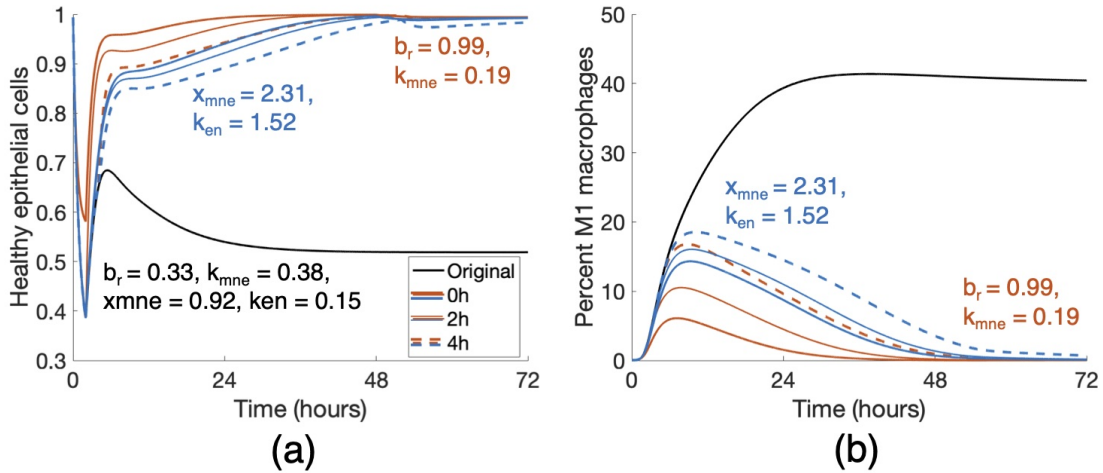


Figure 2.11: **Treatment by combining parameter changes can result in a positive outcome.** Changes in  $b_r$ ,  $k_{mne}$ ,  $x_{mne}$  and  $k_{en}$  that were insufficient on their own (Fig 2.10) resulted in a change in outcome when combined. Orange curves show a combination treatment of  $b_r = 0.99$  and  $k_{mne} = 0.19$  and blue curves show that of  $x_{mne} = 2.31$  and  $k_{en} = 1.52$ . Duration of treatment in each case was 48 hours, and all intervention times (0, 2, and 4 hours) were successful in a long-term recovery.

times resulted in a faster rate of recovery, but there were varied responses to changes in  $k_{mne}$ ,  $x_{mne}$ , and  $k_{en}$ . Even for transients with similar  $E_h$  and  $M1$  dynamics, reactions to interventions may be different, reinforcing the uniqueness of each parameter set, mirroring the variety of patient responses to MV.

## 2.4 Discussion

MV is a widely-used short-term life support technique. However, despite its life-saving uses, it often comes with serious complications. Decades of work have contributed to our understanding of the physiology and management of MV, though additional research is needed to best care for patients during and after the period of ventilation, including interventions that target inflammation triggered by ventilator-induced lung injury [99]. Within the immune response, the spectrum of macrophage activation has been a recently growing field of research [11, 128] and with recent findings regarding differences in macrophage polarization linked to age [12, 16], a better understanding of and treatment for VILI is of great concern.

Additionally, mortality rates for MV patients increase with age [26, 117]. Mathematical models have studied a host of causes of lung inflammation, including bacterial and viral infections and allergic reactions [86]. Our model includes macrophage polarization with a more detailed epithelial subsystem to model ventilator-induced lung injury. These features provide a better understanding of how the components of the immune response, including those associated with the different macrophage phenotypes and baseline lung health (steady state values), play a role in post-ventilation outcomes both immediately after ventilation as well as after a period of recovery.

Our approach of developing a collection of parameter sets and identifying the important parameters is a first step in uncovering the driving mechanisms behind VILI and how they contribute to outcomes. Analysis of the model showed that properties and parameters related to epithelial repair and M1 activation and de-activation were especially predictive of outcome. We used  $b_r$ , the rate of self-repair of epithelial cells,  $k_{mne}$ , the rate at which macrophages and neutrophils cause collateral damage to epithelial cells,  $x_{mne}$ , the Hill-type coefficient that regulates the effectiveness of that collateral damage, and  $k_{en}$ , the rate of phagocytosis of damaged epithelial cells by neutrophils, to simulate treatments for a parameter set in the collection that started healthy and ended in a moderate damage outcome. We found that modulating  $b_r$  is effective in most cases, and the other four can be helpful in some. The chosen case responded differently to treatments and these were paired with varied M1 activation dynamics, indicating that macrophage activation is tied to epithelial health in VILI.

The epithelial subsystem in this model is a simplified version of epithelial cell dynamics that reduces complexity by not accounting for each individual cell and all possible damage levels. We used three categories to model epithelial cell states where a damaged epithelial cell corresponds to increased production of pro-inflammatory mediators. Using this model with data will require alignment of these variables with experimental measurements of lung health. Future iterations of this model would ideally be calibrated with M1/M2 activation and lung

epithelial data in the context of VILI derived from clinical samples. However this would likely need measurements of macrophage phenotypes and epithelial health at multiple time points from various age groups. Until these types of clinical and experimental measures are available, biologically relevant dynamics could be determined using inflammatory biomarkers and macrophage recruitment from cell and tissue experimental models of VILI [109, 129, 140]. For example, Valentine et al. [131] recorded inflammatory gene expression and monocyte recruitment in response to *in vitro* mechanical stretch.

Another area of study is determining if and when the model is bistable, identifying mechanisms that can transition trajectories from one steady state to another, and establishing when this is biologically relevant with regard to treatment. This would help address why some virtual cases can recover with a short intervention time while others need indefinite treatment. Additionally, this model can be expanded to include other types of injury and/or the comorbidities that lead to needing MV, such as a bacterial or viral infection or ARDS, or coupled with other previously published models, to study the interactions between the different types of injury and how they contribute to patient outcome.

In conclusion, our model contributes to the current understanding of the immune response in the lungs, and is an important first step for VILI. Our parameter analysis using a variety of methods provides new insight into potential interventions during and after ventilation to mediate VILI. Experimental data will greatly improve our ability to suggest treatments. Furthermore, the model can be extended to address specific diseases.

## 2.5 Acknowledgments

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# Chapter 3

## VILI Model: Methods for Outcome Prediction

### 3.1 Introduction

In recent years, virtual cohorts have become a way to guide patient interventions in a more personalized manner and reduce the expense and risk of experimental and clinical studies [21]. In this way, a single model can accommodate a variety of patient dynamics and responses by changing model parameters. However, the methods used to obtain patient-specific information are highly specific to the type of injury, data available, and the model itself.

In Chapter 2, we utilized our ODE model and a collection of parameter sets to represent the variety of dynamics observed in patients. We then used this information to determine the parameters to which model output was most sensitive. In this chapter, we extend the use of our model and parameter collection to predict severe responses to ventilation and determine the next best time to obtain new data.

Previously, the Maximally Informative Next Experiment (MINE) algorithm was introduced by Dong et al. [33] to guide experimental design such that model uncertainty is reduced. The MINE approach considers the variance between predicted model outputs; the

larger the variance at a future time point, the more knowledge can be gained from experiments at that time point. The MINE algorithm was developed specifically for systems of ODEs and has been extended and applied to various models [29, 32, 82].

Currently, a sufficient amount of data is not available for our model to utilize a formal MINE approach. However, with the same principles, we used an alternative to parameter variance, since our parameter space is large and exact parameter values are currently unknown. Thus, using principles similar to the MINE approach and synthetic data generated from the collection of parameter sets in Chapter 2, we developed a process through which we can predict changes in epithelial health after ventilation, determine potential next sampling times, and provided recommendations for future efforts to obtain experimental data. When more data is available, this same process can be used iteratively with experiments.

## 3.2 Methods

### 3.2.1 Generation of synthetic data & outcome classification

We first obtained synthetic data from the ODE model-generated dynamics corresponding to each parameter set in the collection. We mimicked a clinical setup such that ventilation occurred for 48 hours, and samples were collected every 12 hours during that period. Simulating a 48-hour ventilation resulted in numerical errors for some parameter sets; these cases were removed for a total of 24,170 sets with  $E_e(0) < 0.5$ , consistent with our methods in Chapter 2. To obtain synthetic data, values were "collected" from transients generated from each parameter set in the collection at these time points and perturbed with 10% uniform noise. In a clinical setting, data can potentially be recorded for macrophage and pro- and anti-inflammatory mediators as well as some measurement of epithelial health. Therefore, the synthetic data we generated included all of these variables, for both the site of inflammation and bloodstream compartments. We used various combinations of available synthetic data throughout the rest of this chapter when testing the predictive ability of our methods.

In Chapter 2, the outcome was based on the ending value of  $E_h$ , the proportion of health epithelial cells. In this chapter, we still utilized this number but in relation to its initial condition; the set was categorized as having a severe response to ventilation, or having a "worsening" outcome, if the value of  $E_h$  at 200 hours (48-hour vent plus a recovery period) was at least 20% less than its initial condition. If the set was less than 20% lower, it was categorized as not changing. We chose to examine not just  $E_h$  at the end of the simulation as in Chapter 2, but rather classify whether the condition worsened to evaluate VILI. We wanted to be able to predict whether a patient will deviate from their initial state after ventilation and a period of recovery. Also in Chapter 2, if  $E_e > 0.75$  at any time during the simulation, all variables were set to zero to preserve a reasonable threshold of survival during ventilation. In this chapter, we felt that it did not make sense to set the variables to zero and then generate the data; this would skew calculations used in our algorithm and affect the machine learning methods because of the sharp change in the variables at that time. To maintain a reasonable threshold of survival, we set  $E_h = 0$  at the end of the simulation for any transient that had  $E_e > 0.75$  at any time. Then the outcome is determined based on this ending value in comparison to its initial condition.

### 3.2.2 Initial parameter estimation

One of the most common methods for estimating parameters is through curve-fitting algorithms such as nonlinear least squares. As a proof of concept, we first fit our model to synthetic data (without noise) using a nonlinear least-squares method which takes an initial guess. Since least-squares methods are sensitive to initial guesses, we obtained 30 fits using 30 initial guesses randomly generated between the upper and lower bounds. Bounds for parameters were obtained from the values in Table 2.2 and for initial conditions from zero to the maximums generated by the collection of parameter sets in Chapter 2. We also ensured that initial conditions for  $E_h$ ,  $E_d$ , and  $E_e$  summed to one.

We estimated all parameters and initial conditions using synthetic data from variables

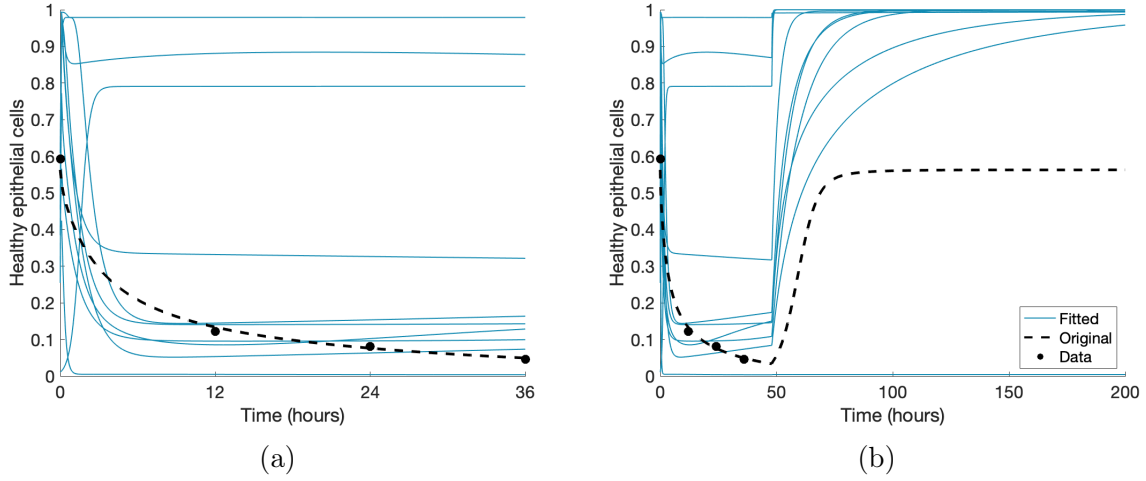


Figure 3.1: Results of parameter estimation using a least-squares method. Points represent synthetic data, and solid lines represent the transients generated from fitting the original parameters and initial conditions to synthetic data. Solid lines represent the 10 parameter fits with the lowest norm of the residuals out of the 30 initial guesses. Transients show  $E_h$  scaled by  $E_h + E_d + E_e$  for (a) the four time points at which data was input into the parameter fit process and (b) the complete 200-hour simulation.

representing healthy epithelial cells, M0, M1, M2 macrophages, and pro-inflammatory and anti-inflammatory mediators in the alveolar space and the bloodstream at four early time points. Results for  $E_h$  are shown in Figure 3.1.

As can be seen in Figure 3.1, the parameter estimation routine did not return satisfactory fits. This may be due to the large ranges for initial conditions and parameters and the large number of variables and time points the algorithm had to fit. Another drawback of using a least-squares parameter estimation is that the parameters which best fit the data may result in a system whose dynamics are not driven by the damage itself. In Aim I, we discussed the value of our model in exploring the development of VILI in isolation, without considering comorbidities such as infection. We established a numerical steady-state criteria such that the dynamics seen were only due to ventilator-induced damage. When performing parameter estimation through an algorithm such as least-squares, the dynamics generated by the estimated parameters cannot be guaranteed to arise only from damage due to ventilation.

Furthermore, due to the large number of parameters and variables compared to data

available, the results of a least squares fit like the one seen in Figure 3.1 do not consistently reflect the dynamics of the true parameter set. To ensure damage-driven changes in the components of our model, we used the collection of 24,170 parameter sets developed in the previous aim. All of these parameter sets satisfy the necessary condition that in the absence of damage, all variables remain at a numerical steady-state.

In Aim I, simulations were performed with a two-hour vent time which reflects murine experiments [121, 141]. In this aim, we changed the vent time to 48 hours, representing a timeline more appropriate to a clinical setting. In the following sections, we propose a method using our collection of parameter sets and corresponding dynamics with the goal of accurately predicting a worsening outcome due to VILI.

### 3.2.3 Development of RES algorithm

Our algorithm is based on having a large collection of *in silico* immune system data for which the outcome is already known. Then for an incoming data set, a subset of this collection that behaves similarly to the data is selected, and predicts the outcome based on what is already known about this subset.

We obtain this subset through calculating a relative error metric for each variable  $v$ , with data points  $x_0$  and their corresponding synthetic data point  $x$  generated from the collection, accounting for all time points  $t$  that are available. We then sum over all variables for which samples have been collected. We call this a relative error sum (RES), calculated as follows:

$$RES = \sum_v \sqrt{\sum_t \left( \frac{x - x_0}{x_0} \right)^2}$$

Therefore each member of the collection has an RES metric in comparison to the data set. The  $n$  parameter sets with the smallest RES are selected to predict the outcome. The data is predicted to an outcome if a certain percentage of the selected subset reaches that outcome; this decision threshold can be varied, which will be discussed below.

### 3.2.4 Possible combinations of data

Different clinical situations or experiments may necessitate different types of data collection. We wanted to examine the success of our algorithm in the context of multiple cases of data availability, and comment on which combinations of variables and time points may provide the best predictions. Therefore, we examined seven different cases of data availability in the form of model variables. All cases contain samples taken at 0, 12, 24, and 36 hours unless otherwise specified, and we performed our prediction methods on these combinations of data:

1.  $E_h$ , macrophages and inflammatory mediators from the alveolar space and bloodstream.
2.  $E_h$ , macrophages and inflammatory mediators from the alveolar space and bloodstream. Does not include samples at  $t = 0$  hours.
3. Macrophages and inflammatory mediators from the alveolar space and bloodstream.
4. Macrophages and inflammatory mediators from the bloodstream.
5.  $E_h$  and macrophages from the alveolar space and bloodstream.
6. Macrophages from the alveolar space and bloodstream.
7. Macrophages from the bloodstream.

We will refer to these numbers throughout this chapter in reference to the types of data availability.

### 3.2.5 Varying the decision threshold

The parameter sets selected by the RES formula are then used to predict the outcome of the given data set. At the very least, more than half of the selected sets should have a particular outcome in order to predict that the data also has this outcome. However, in a clinical setting, a threshold of 50% is likely not enough for a confident prediction and

justification for intervention. Therefore, we explored varying the decision threshold such that 60%, 70%, or some other percent of the selected subset was necessary to classify the data into a particular outcome. This also introduced the possibility that the algorithm may generate a subset in which the percentage of sets in one outcome or the other does not reach the desired threshold, resulting in an inconclusive outcome. We investigated additional ways to support outcome prediction in inconclusive cases, discussed in the following sections.

### 3.2.6 Comparison of RES to other classification methods

A main purpose of the RES process was to classify a data set into one of two categories:  $E_h$  changes by a sufficiently large amount (20% or more), or  $E_h$  does not change. Other classification methods exist, so we compared the success of our methods to these. First, we implemented a random forest decision tree, a machine learning method used in Chapter 2. Instead of using the random forest to identify important parameters, as we did in the previous chapter, we used it to predict classification into one of the two categories using the available data. We first selected a subset of the collection as a training set, and the rest as a test set. The random forest was created from the training set, and then used to predict the outcome of each member of the test set. Second, we used logistic regression, where input (data) is continuous but output (classification) is binary [96]. We also used a training and test set for logistic regression.

Additionally, the ranges of the variables themselves are large and different for each variable, so they were scaled before training and testing by subtracting the mean of each variable and dividing by the standard deviation.

#### Considering class imbalances

One of the main challenges associated with classification using machine learning methods is the class imbalance problem. It is important to note that out of the 24,170 members of the collection, only 13.75% decrease by 20% or greater after a 200-hour simulation. When

a machine learning algorithm such as a decision tree method trains a model, it is motivated to correctly classify the group that has a significantly greater sample size so that it has a higher percentage accuracy. This results in the group that has a smaller sample size being disproportionately misclassified.

There are a number of ways to circumnavigate this issue; two of the most common approaches are [68]:

1. Impose a higher cost when a member of the smaller group is misclassified. Many functions have been developed to determine these cost values, or the cost can be factors proportional to the total number of cases in each group such that the the cost factor for the smaller group is larger than the cost factor for the larger group.
2. Construct the model based on training samples of each group so that the samples are the same or similar sizes.

We applied the latter method for its ease of implementation, comparing results when class imbalances were considered and when they were not. When considering class imbalances, we constructed a training set by randomly selecting 1000 samples from the "change" group and 1000 from the "no change" group. The test set was the entire collection. When not taking class imbalances into account, the training set consisted of a random sample of the entire collection, as described above.

### **3.2.7 Next sample time algorithm**

A feature of our process is that not only does it predict a data set's outcome given the time points available, but it is extended to determine the next best time to sample, to gain a more confident prediction or a new prediction in the case of an inconclusive result when there is not sufficient information. This process takes the subset selected by the RES algorithm and a set of possible time points at which a new sample can be taken. To demonstrate the process,



we chose a set of possible new time points to be every six hours after the original samples were taken, through 96 hours. To select the next sample time, the steps are as follows:

1. Obtain the subset of  $n$  parameter sets and corresponding transients with the smallest RES.
2. For each member of the subset, get value of  $E_h$  at each possible next sample time, as if the sample were taken at that time point.
3. At each possible sample time, calculate the variance of the  $n$   $E_h$  values.
4. Obtain the possible sample time at which the variance is the highest - choose this as the next sample time.

The concept behind selecting the next sample time is choosing when variance among potential predictions is highest; thus, when the sample is actually taken, there may be less uncertainty regarding the prediction that the algorithm makes [82].

In a clinical or experimental setting, obtaining a next sample time is useful when the current data does not provide enough information about whether or not to intervene; this case is reflected in the data considered "inconclusive" by the RES algorithm. Therefore, we used the next sample time algorithm to choose a time and simulated collecting data at that point. Then, the RES algorithm was employed again, where a smaller subset of the original set selected by the RES algorithm determined the outcome based on the additional data point.

### 3.2.8 Using parameters to support classification

The benefit of having a collection of parameter sets and their corresponding transients is that not only can information be gained from the variables' dynamics, but also from the parameters themselves, as we showed in Chapter 2 through various analysis methods including random forest and eFAST.

In this chapter, we used parameter values as a supplement to classification when the process resulted in an inconclusive decision. Future work could involve using parameter values in conjunction with the RES algorithm, but in this work we ranked decisions by the RES algorithm as final if they did not return inconclusive. We used random forest to calculate the importance values for the parameters when outcome was determined by whether  $E_h$  worsened, not by the  $E_h$  ending value as in Chapter 2. The six parameters with the highest importance values were  $b_p$ ,  $k_{mne}$ ,  $x_{mne}$ ,  $k_{en}$ ,  $k_{ep}$ , and  $\mu_p$ . We tested various combinations of these parameters as predictors to examine their effectiveness in predicting outcome.

Since these six parameters were shown in Aim I to be good predictors of outcome, our method used the means of the parameter values associated with the subset of selected sets to predict outcome depending on whether it lies above or below certain means. These means were compared to the means of the overall collection. For each of the six parameter listed above, three overall means were calculated: 1) mean over all parameters in the collection, 2) mean over parameters associated with a "change" outcome, and 3) mean over parameters associated with a "no change" outcome. We calculated their arithmetic means as well as their geometric means since parameters were sampled on a logarithmic scale. We compared this classification method with random forest and logistic regression methods using the parameter values as predictors.

In all cases except the geometric mean of  $\mu_p$ , the means associated with "no change" and "change" outcomes were on opposite sides of the total mean. For example, the arithmetic mean of  $k_{ep}$  associated with "no change" was greater than the overall mean, and the mean associated with "change" was less. This provides intuition about how comparing individual parameter values with these means could help classify into one outcome or the other.

Our goal was to increase confidence in the algorithm's prediction, so instead of classifying based only on the overall mean, which could result in greater overlap between the two classification groups, we classified data only if the parameter was above or below the "change"

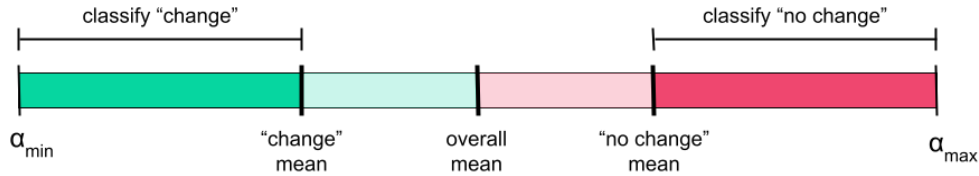


Figure 3.2: Example of how our algorithm predicts outcome based on a parameter value. For some parameter  $\alpha$ , if the parameter value associated with a certain data set is less than the mean associated with a "change" outcome,  $E_h$  is predicted to change by greater than 20%. If the parameter is greater than the mean associated with a "no change" outcome,  $E_h$  is predicted not to change.

or "no change" means. See Figure 3.2 for a visualization.

Not only can individual parameters aid in prediction, but groups of parameters can provide additional information about the outcome. We performed our prediction method on all combinations of the six parameters, such that if a majority of parameter values predicted an outcome, the data set was classified as having that outcome. Comparing the results of each parameter combinations can show which parameters - together and separately - hold the greatest predictive power.

### 3.3 Results

In this section, we examine the results of our algorithm applied to the collection of parameter sets developed in Chapter 2. Our goal is to use this collection and their resulting transients to predict worsening outcomes using early time points, and recommend informative next sample times to reduce harm to the subject or patient and decrease cost. Figure 3.3 shows a diagram of the process used to make predictions. For every synthetic data set, the RES algorithm made an initial prediction. If that prediction was inconclusive, we performed either the next sample time algorithm or parameter means method to decrease the number of inconclusive results and increase accuracy.

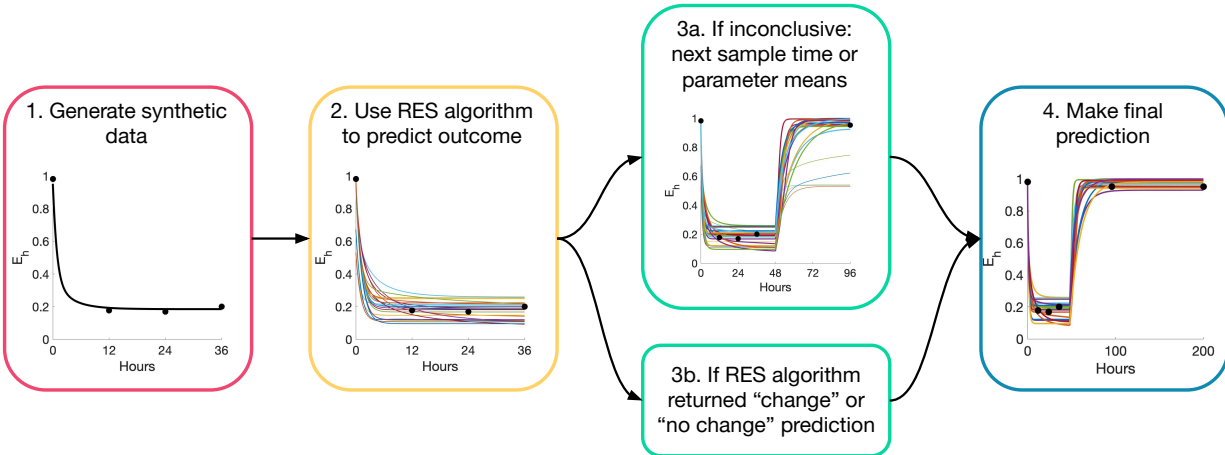


Figure 3.3: Diagram of the process used in this section to obtain predictions of whether a synthetic data set indicated a severe response to ventilation.

### 3.3.1 RES method compared to other classification methods

We first sought to evaluate the accuracy of our method in comparison to two established classifications methods, random forest decision tree and logistic regression. Figure 3.4 shows how the RES algorithm, using selected subsets of 10, 20, or 30, compared with the established methods. We also show the corresponding accuracy with percent false positives and false negatives in Table 3.1. We set the decision threshold to 50%, where if 50% or more of the RES sets reached a "change" outcome, the data set was predicted to have a "change" outcome. Otherwise, it was classified as having no change. This way, data sets could not be classified as inconclusive. Changing the decision threshold is explored in the next section.

We fit the random forest and logistic regression models first without taking class imbalances into account. We randomly chose 70% of the collection as training data, and tested on the remaining 30%. Second, we took class imbalances into account by using a training set that consisted of 1000 sets with a "change" outcome and 1000 with a "no change" outcome. We used the entire collection as a test set to prevent too large or too small of one outcome to skew results.

Taking into account class imbalances resulted in a higher percentages of the smaller "change" group being classified correctly, but unsurprisingly at the expense of correctly-

Percent accuracy					
Data type	$ns = 10$	$ns = 20$	$ns = 30$	Rand For	Log Reg
1	96.01	96.00	96.02	97.75	97.47
2	95.25	95.15	94.99	97.44	97.03
3	88.61	88.29	88.34	88.86	86.20
4	88.62	88.27	88.23	88.59	86.22
5	96.78	96.63	96.70	97.80	97.29
6	87.25	86.99	86.89	87.04	86.20
7	87.29	86.91	86.82	87.10	86.29
Percent false positive (falsely identified as needing intervention)					
	$ns = 10$	$ns = 20$	$ns = 30$	Rand For	Log Reg
1	2.54	2.39	2.25	1.06	2.01
2	3.16	3.13	3.24	1.24	2.11
3	2.07	1.42	1.13	13.59	10.15
4	1.82	1.13	0.85	13.72	10.12
5	1.35	1.29	1.13	1.09	1.95
6	0.74	0.31	0.24	13.73	12.61
7	0.64	0.22	0.14	13.68	12.44
Percent false negative (not identifying a needed intervention)					
	$ns = 10$	$ns = 20$	$ns = 30$	Rand For	Log Reg
1	1.45	1.61	1.73	1.46	0.24
2	1.59	1.73	1.77	1.73	0.45
3	9.33	10.29	10.53	0.20	1.00
4	9.56	10.59	10.92	0.05	1.28
5	1.87	2.09	2.17	1.62	0.25
6	12.01	12.71	12.88	0.06	0.35
7	12.06	12.87	13.04	0.04	0.46

Table 3.1: Accuracy, false positives, and false negatives for our RES algorithm with 10, 20, or 30 selected subsets, compared to random forest and logistic regression results.

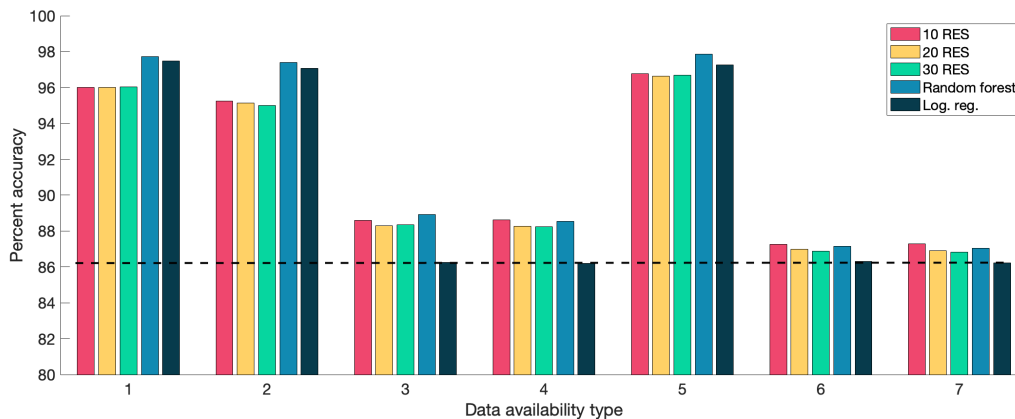


Figure 3.4: Percent accuracy of each approach to predicting outcome. Types of data availability are as follows: 1)  $E_h$ , macrophages, and mediators in bloodstream and alveolar space, 2) Same as 1, but without samples at  $t = 0$  hours, 3) Macrophages and mediators from alveolar space and bloodstream, 4) Macrophages and mediators from bloodstream, 5)  $E_h$  and macrophages from alveolar space and bloodstream, 6) Macrophages from alveolar space and bloodstream, 7) Macrophages from bloodstream. 10, 20, and 30 RES represent selecting subsets of the smallest 10, 20, and 30 relative error sums to predict outcome. Dashed black line at 86.25% represents the percentage of sets that have a "no change" outcome. Values of percent accuracy, false positives, and false negatives are shown in Table 3.1.

predicted "no change" data sets. The accuracy of these models was significantly lower than that of the models that did not take into account class imbalances, so we only show results for models that did not take class imbalances into account.

The vast majority of synthetic data sets resulted in a "no change" outcome. If we were to predict that all cases, had a "no change" outcome, we would be correct 86.25% of the time, represented by the dashed black line in Figure 3.4. This means that nearly 15% of cases would be misclassified; we used our algorithm to not only predict the "no change" sets correctly, but also improve early identification of "change" outcomes. We included this benchmark in the figure because we sought predictive methods that achieved a percent accuracy of greater than 86.25%.

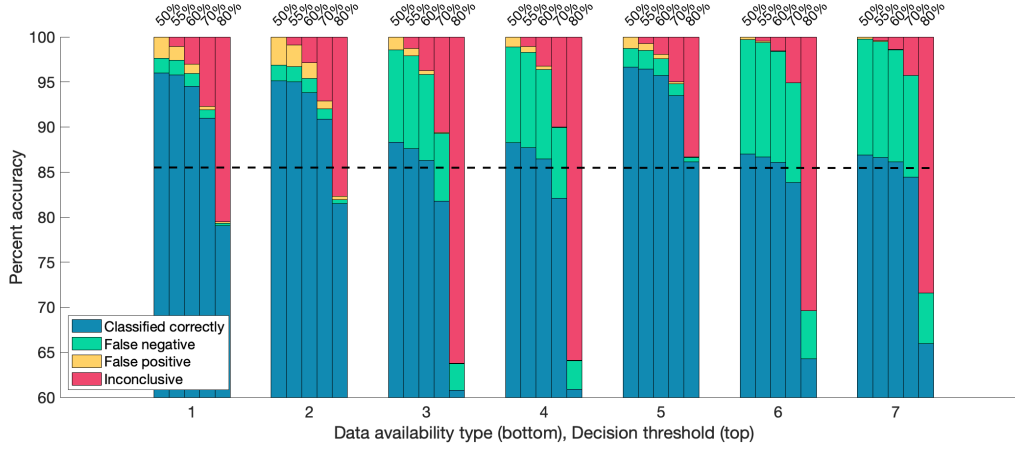
As can be seen in Figure 3.4, the RES algorithm performed well in comparison to the machine learning methods, slightly better in some cases than logistic regression and slightly less effective than random forest. The size of the subsets selected in the RES algorithm (10, 20, or 30) did not make a significant difference in the results. There was, however, a

noticeable difference in results between data availability types 1, 2, 5 and 3, 4, 6, 7. The former group contains some measure of  $E_h$  whereas the latter does not, suggesting that having a measure of  $E_h$  in the data set improves prediction. This is not surprising since  $E_h$  is used in determining the outcome.

More surprisingly, though, was that the accuracy rate of the RES algorithm was higher for data availability type 5 than for 1 and 2, even though type 5 does not include data on pro- and anti-inflammatory mediators whereas 1 and 2 do. Similarly, adding these mediators as predictors in random forest and logistic regression increased accuracy by less than one percent. This decrease in accuracy by RES and only minor improvement by the other methods may be due to the high variability of the  $p_b$ ,  $a_b$ ,  $p$ , and  $a$  transients. Given experimental data, acceptable dynamics for these variables could lead to reduced variability allowing them to aid in prediction.

Another unexpected result was that including initial conditions, i.e. data at hour 0, did not significantly improve accuracy of any of the classification methods. Examining the difference between data availability types 1 and 2, where type 2 is the same variables as 1 but without data at hour 0, accuracy differed by less than half a percent for all methods shown in Figure 3.4; in fact, RES with a selected subset of 10 and logistic regression had slightly better accuracy when not including initial conditions.

These findings support the use of the RES algorithm, as its results were comparable to well-established classification methods and also provides the basis for the algorithm that chooses the next sample time. Furthermore, it provides insight into the types of data that should be collected and when. Since collecting samples can be expensive and invasive, it is useful to choose only what is necessary, and *in silico* modeling provides the ability to test different combinations of data and guide experimental design.



(a)

Figure 3.5: Results of RES method when varying decision threshold from 50% to 80%. The method was performed for all seven data data availability types by selecting a subset of 20 to determine outcome. Y-axis begins at 60% to highlight differences between decision thresholds. Dashed black line at 86.25% represents the percentage of sets that have a "no change" outcome.

### 3.3.2 Varying the decision threshold

In the previous section, the decision threshold for the RES algorithm was 50%, such that if 50% or more of the subset had a certain outcome, the data was predicted to have that outcome. This means that for a decision threshold of 50%, every data set was guaranteed to be classified, but this does not provide much confidence in the results. Therefore, we explored the effects of increasing the decision threshold such that a greater percentage of the selected subset must have a certain outcome to classify a data set. We began with a simple majority and increased to 80%. Figure 3.5 shows the results for all seven data availability types. Results from selected subsets of 10, 20, and 30 were all similar; thus, we only show results from 20 sets here.

For every increase in the decision threshold, fewer data sets were misclassified; however, the cost was that more sets were considered inconclusive, where neither outcome had a percentage of the selected subset that reached the threshold. This may be preferred in a clinical setting, where a greater degree of confidence is needed when considering additional intervention. The greatest number of misclassifications occurred with the lowest decision threshold,



50%, paired with no inconclusive sets. As the decision threshold increased, the total number classified both correctly and incorrectly decreased and the number of inconclusive sets increased. There was a large increase in inconclusive sets between 70 and 80%. For data availability types 1, 2, and 5, the total percentage of misclassified sets show about half false positive and half false negative. On the other hand, for types 3, 4, 6, and 7, nearly all of the misclassified sets were false negatives. This is most likely due to the much larger number of sets that do not change than the number that do. A benefit of this process is that the threshold can be adjusted based on the needs of the situation; for example, if a greater cost occurs for a misclassified set than an inconclusive one.

### **3.3.3 Next sample time & new predictions**

When available data does not provide convincing evidence of one outcome or the other, an additional sample later in time may be useful. Using an extension of the RES algorithm, we performed additional predictions on sets that were considered inconclusive by using our "next sample time" process described in the Methods section. Using a selected subset of 10 gave slightly higher success rates when predicting the new outcome, whereas selected subset of 30 had a lower number of inconclusive sets. A selected subset of 20 balanced both of these considerations, so we show results for 20 in Figure 3.6.

The bar graph shows stark differences between the number of inconclusive sets determined after the first prediction by the three decision thresholds shown: 55, 60, and 70%. For all data availability types with a 55% decision threshold, less than 400 out of 24,170 were originally inconclusive. To ensure no inconclusive sets after the next sample time determined by the algorithm, sets were classified as having a "change" outcome if 50% or more of the new subset had a "change" outcome. The number of sets that came out inconclusive after the first round of classification increased as the decision threshold increased, up to nearly 3000 for some of the data availability types. Although the number of inconclusive sets determined by the RES algorithm was much smaller for 55% than 60% and 70%, when examined as

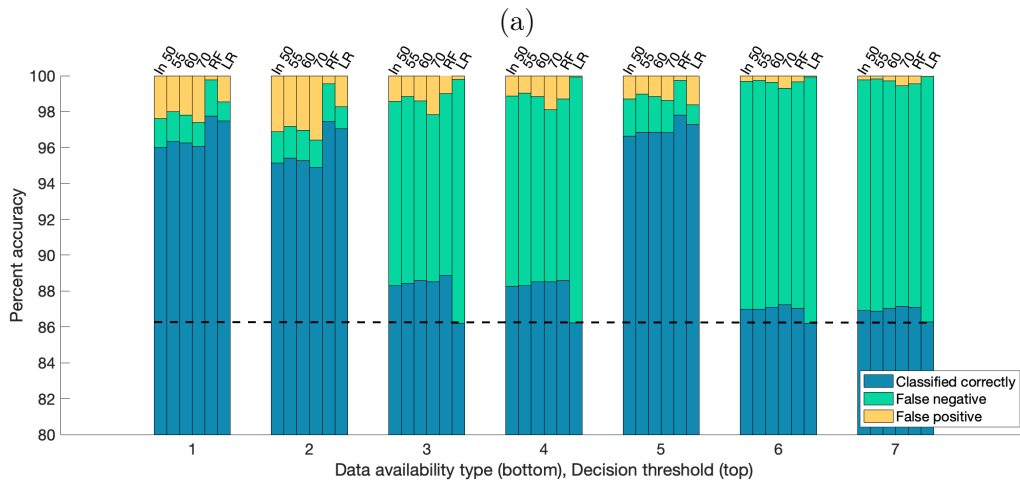
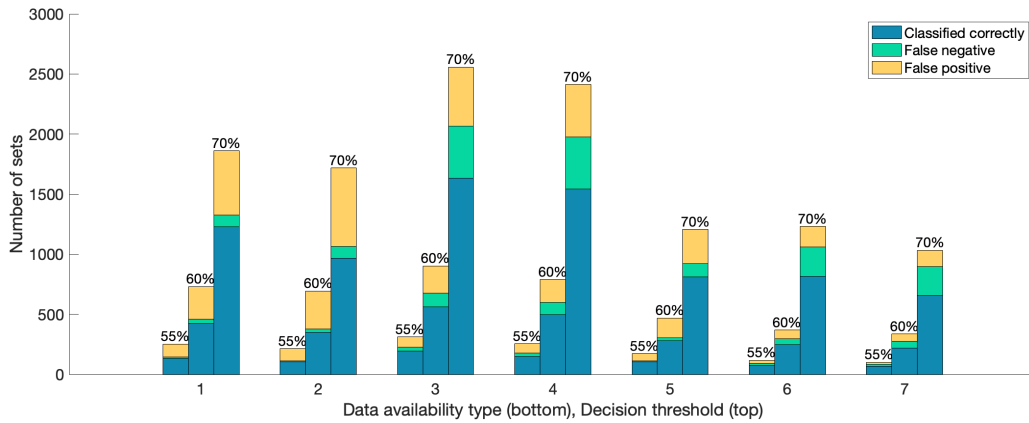


Figure 3.6: Results for sets that were first classified as inconclusive, shown as (a) number of sets that were originally classified as inconclusive, and (b) percent of total sets after initial prediction and, if needed, prediction after next sample time. These results were then classified based on a new selected subset of half the original subset. Next sample time with original decision thresholds of 55, 60, and 70% were compared to initial RES prediction with a decision threshold of 50% (In 50) and random forest and logistic regression results. The dashed black line represents the percentage of sets that have a "no change" outcome.

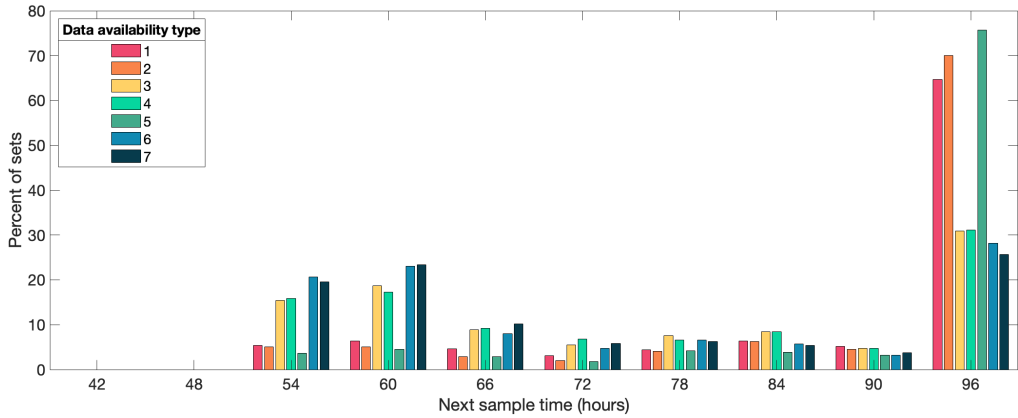
percentages they performed similarly, shown in Figure 3.6(b). After selecting a next sample time, they also performed with similar accuracy to the original 50% decision threshold. We also noticed that both our algorithm and the machine learning methods were more prone to predicting false negatives in data availability types 3, 4, 6, and 7; this is likely due to the disproportionately large number of sets in the group of sets that do not change outcome.

We were also interested in the times the algorithm chose to be the next sample time, and whether there were any patterns. We compared these times between data availability types, decision thresholds, and overall. Figure 3.7 shows these results, first with the frequencies were broken down by data availability type and decision threshold, then totaling the results from different decision thresholds and data availability types. We found that 42 and 48 hours were never chosen as next sample times. 54 and 60 hours were selected sometimes, and the probability of choosing time points after that generally decreased until 96 hours, which was chosen at the highest rate.

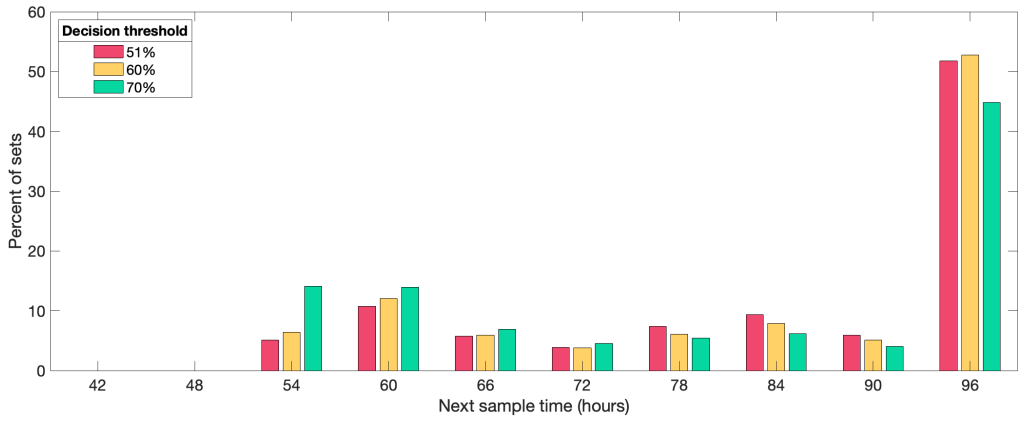
There were some specific differences regarding the type of data available and decision threshold. First, a notable observation was that for a decision threshold of 70% (Figure 3.7b), sample times of 54 and 60 hours were chosen slightly more often than for the other two thresholds. Second, data availability types 1, 2, and 5 (Figure 3.7c) showed 96 hours to be selected around 75% of the time, with 54 and 60 hours selected at about the same rate as 66-90 hours, whereas types 3, 4, 6, and 7 showed 54, 60, and 96 hours to be selected at nearly equal rates. As previously mentioned, types 1, 2, and 5 contain data from  $E_h$  whereas 3, 4, 6, and 7 do not. It follows that the closest sample time to the end of the simulation, which determines the outcome group, provided the most information about the classification when  $E_h$  was available. Without  $E_h$ , there was greater dispersion across time points.

### 3.3.4 Using parameters to support classification

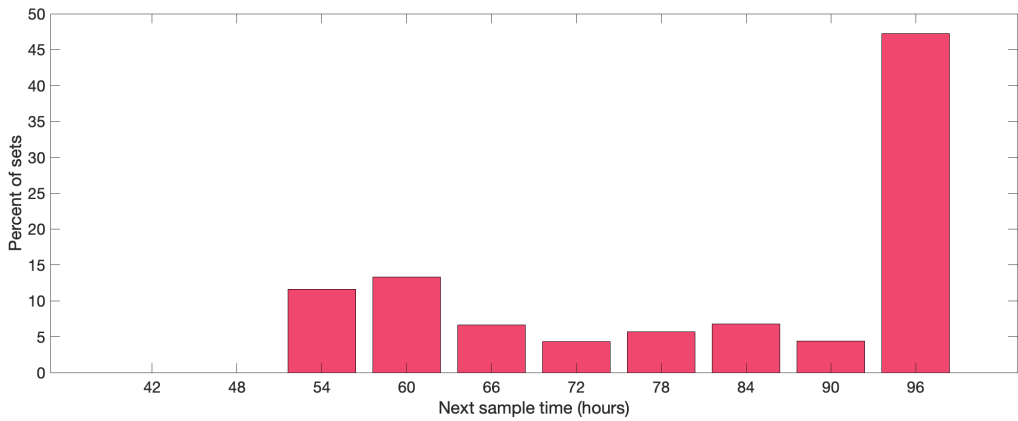
An additional step in classifying inconclusive data sets is taking advantage of our knowledge of the parameter values corresponding to the transients that were selected from the RES



(a)



(b)



(c)

Figure 3.7: Results of the RES algorithm selecting the next sample time based on maximum variance. (a) Results across all decision thresholds, separated by data availability type. (b) Results across all data availability types, separated by decision threshold. (c) Percent of sets across all decision thresholds (60-80%) and data availability types (1-7).

algorithm. Since this method is based on the parameter means, the geometric or arithmetic means can be used to classify sets. We include results for both since parameters were originally sampled on a logarithmic scale.

Similarly to the next sample time algorithm, we used the method to predict the outcomes of parameter sets in the collection that were first predicted as inconclusive, testing all combinations of the six parameters,  $k_{ep}$ ,  $b_p$ ,  $k_{mne}$ ,  $\mu_p$ ,  $k_{en}$  and  $x_{mne}$ . Because the process purposefully does not classify all parameters, many of the sets were determined by the algorithm to be inconclusive. However, most of the parameter combinations that were not inconclusive had a very high successful prediction rate. We show two parameter combinations in Figure 3.8:  $k_{ep}$  and  $x_{mne}$ , and  $k_{ep}$ ,  $k_{mne}$ ,  $\mu_p$ ,  $k_{en}$  and  $x_{mne}$ .

We tested our algorithm on all data availability types and a selected subset of 20. The parameter means method assigned a prediction to the data set if 55% or more of the parameters in a specific combination of the six parameters predicted either "change" or "no change." Figure 3.8 shows a comparison of our parameter means method, using geometric or arithmetic means, to results of random forest and logistic regression using synthetic data as well as the original RES prediction (without taking class imbalances into account). Since data types 1, 2, and 5 behaved similarly and 3, 4, 6, and 7 behaved similarly, we show one from each group. We also included the percentage of sets classified as a "no change" outcome, 86.25%, shown by the dashed black line. As we explained above, a success rate higher than this is desired.

Figure 3.8 reveals that the parameter means method results in a high percentage of inconclusive predictions, but that misclassification rates are low. Decision thresholds of 55-60% show marginal differences between original RES predictions (column names 4, 5) and arithmetic and geometric mean predictions (columns Ar, Geo 4 and 5). For higher decision thresholds of 70-80%, increased accurate predictions using arithmetic and geometric means can be seen compared to the original RES prediction. The two parameter combinations have similar results, and data availability type 5 performs better than type 4 in every case,

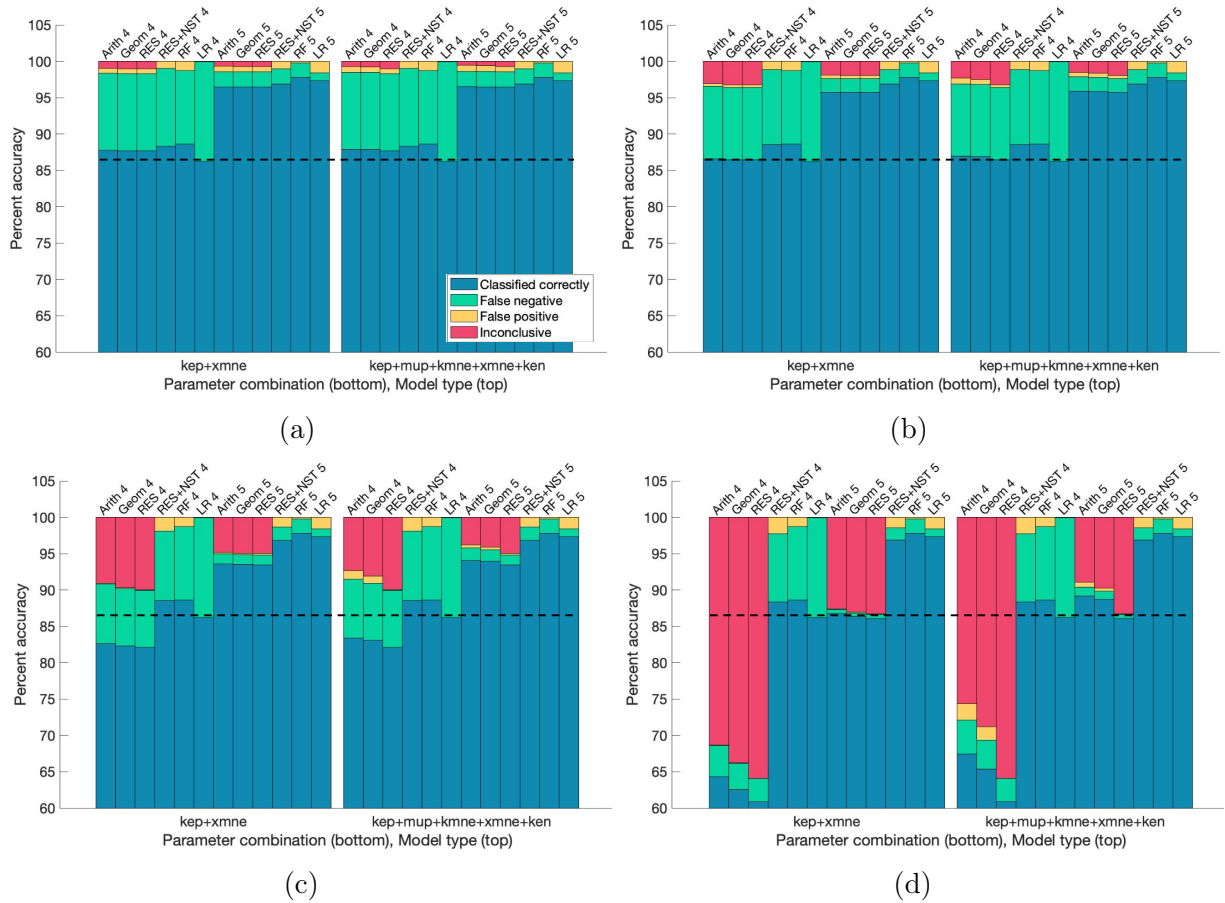


Figure 3.8: Results from predictions using multiple methods described in this chapter for two combinations of parameters (apply only to parameter means method, the other methods' results are consistent between the two combinations) and two data availability types (types 4 and 5). The parameter combinations are  $k_{ep}$  and  $x_{mne}$  (left) and  $k_{ep}$ ,  $k_{mne}$ ,  $\mu_p$ ,  $k_{en}$  and  $x_{mne}$  (right). From left to right: prediction via RES plus arithmetic (Arith) and geometric (Geom) means method, prediction via RES only (RES), prediction via RES plus next sample time method (RES+NST), random forest and logistic regression with data types 4 and 5 as input (RF, LR). Panels show four different decision thresholds: (a) 55%, (b) 60%, (c) 70%, (d) 80%. The dashed black line represents the percentage of sets that have a "no change" outcome.

and comparable to random forest and logistic regression. However, this accuracy had the cost of significantly fewer classifications due to the high number of inconclusive sets. This parameter means exercise shows that the parameters can be useful in predicting outcome in some cases, though future work is needed to decrease the number of inconclusive results.

### 3.3.5 Comparison of methods

As seen in Figure 3.8, our results show many variations, including number of selected subsets, decision threshold, and type of data available. We also show how taking an additional step of either selecting a next sample time or utilizing the parameter values of the selected sets can aid in a more confident prediction. In comparison to the established classification methods random forest and logistic regression, our methods performed well. In particular, our RES algorithm plus next sample time predicted with accuracy comparable to random forest and logistic regression for all decision thresholds studied in this work; for some data availability types, our algorithm performed better. RES alone, RES plus next sample time, and RES plus parameter means also performed well when  $E_h$  data was included in the data set, though more work should be done to improve prediction for all of our methods when  $E_h$  is not included and to decrease the number of inconclusive sets predicted by the parameter means method.

## 3.4 Case studies

Thus far, we have shown results for the entire collection. In this section, we examine a few parameter sets that represent cases where different predictions methods may be used. This is to demonstrate how our processes could be used for an individual data set.

### 3.4.1 Case study 1: "no change" outcome

First, we examined a case in which  $E_h$  was confidently predicted as not worsening. Using the RES algorithm with an 80% decision threshold, all data types correctly predicted no change from the  $E_h$  initial condition; furthermore, any decision threshold lower than 80% will also give the same prediction. We highlight types 1 and 3 in this and the following case studies as examples of data that includes  $E_h$  and does not include  $E_h$ . Figure 3.9 shows the 20 transients to which the data was closest to, as defined by having the smallest RES values; note that the two variables shown are only a subset of the total data used by the RES algorithm to find the closest matches.

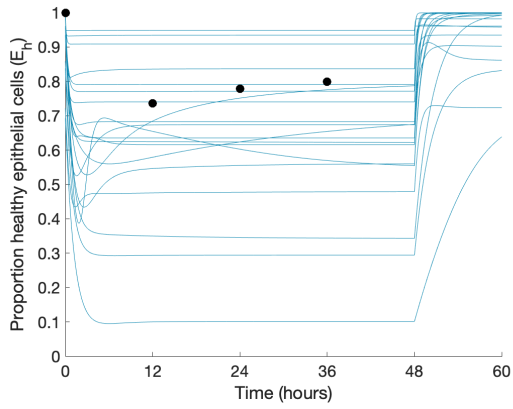
The transients for M1 in Figure 3.9(b) and (d) are very similar, since M1 data was included in both data types. However,  $E_h$  is fairly different between the two types and we did not include data in panel (c) since  $E_h$  data is not included in type 3. Therefore, the range of possible  $E_h$  transients is wider. Even without  $E_h$  data, however, the RES algorithm predicted this case correctly. In Figure 3.9, bold lines show sets classified as having a worsening outcome. Using data type 1, none of the sets have this outcome, and with type 3, only 3 out of 20 sets have this outcome. Therefore, with an 80% decision threshold, both correctly predict that this case does not have a severe response to ventilation.

In this case, the pre-ventilation state, measured by initial condition for  $E_h$ , was high and the algorithm predicted correctly that after ventilation,  $E_h$  will return to this state. Based on the algorithm's prediction that the post-ventilation state will not worsen, we would not recommend additional intervention. Because the algorithm predicted with high confidence that this case will not worsen, an additional sample at a later time was deemed unnecessary.

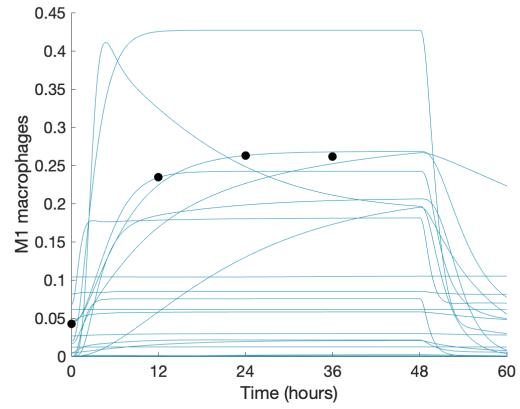
### 3.4.2 Case study 2: "change" outcome

Next, we demonstrate a case that worsens after ventilation and period of recovery. A decision threshold of 70% results in data types 1-5 predicting a worsening outcome, and 6-7 inconclusive. A decision threshold of 60% results in all data availability types predicting a

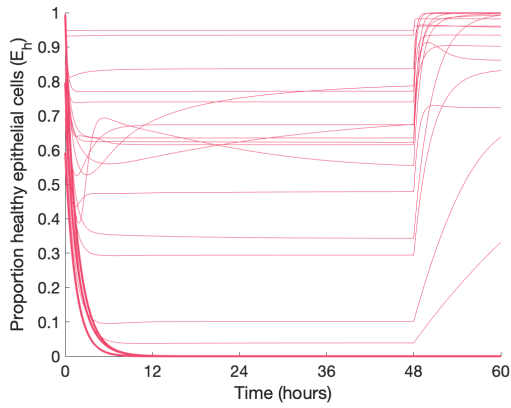




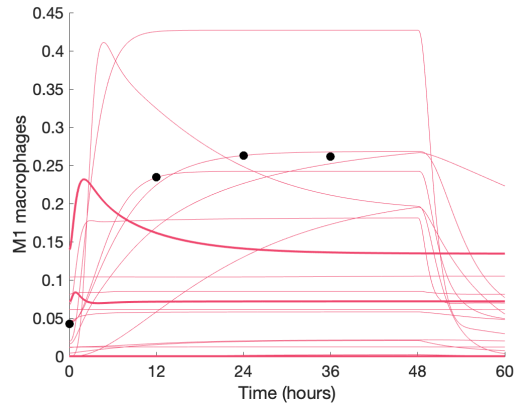
(a)



(b)



(c)



(d)

Figure 3.9: Case 1: Data used in RES algorithm (black points) to find the 20 sets that are closest to the data. Blue curves in (a) and (b) are the sets found when data availability type 1 was used, and pink curves in (c) and (d) show results from type 3. Bold lines show sets classified as having a worsening outcome.

worse outcome. Figure 3.10 shows the subset of transients selected to predict the data set's outcome. Out of the 20 selected sets, 20 in type 1 and 16 in type 3 predicted a worsening outcome, resulting in a "change" outcome for up to an 80% decision threshold. Bolded curves in the figure represent the sets that are classified as worsening. Similarly to Case 1, M1 transients were similar between the two data availability types, but  $E_h$  transients were very different since  $E_h$  data is not available for type 3. In Chapter 2 we discussed how dysregulation of the M1/M2 response can affect the epithelium, and the low amount of M1 in this case could be influencing the poor outcome seen in  $E_h$  data in Figure 3.10(a).

We show the dynamics out to 200 hours to highlight the contrast between the variability in the  $E_h$  transients selected for type 1, panel (a), and those for type 3, panel (c). Since  $E_h$  data was not included for type 3, higher variability can be seen in panel (c) than in (a). Nonetheless, many of the sets in (c) are decreasing from a high percentage of  $E_h$  to a lower one, indicating a "change" outcome; in particular, see bolded curves in Figure 3.10, representing sets with a worsening outcome. We hypothesize that this is due to the corresponding variables that do have data and the underlying mechanisms of the dynamical system that lead to a severe response in  $E_h$ . Since the outcome was predicted with a high decision threshold, we did not proceed with an additional sample point.

### 3.4.3 Case 3: inconclusive prediction with next sample time needed

The third case we examined was one in which the RES algorithm initially gave an inconclusive result, but selecting a next sample time provided the correct prediction. In this case, RES with data availability types 1 and 3 gave an inconclusive result with a decision threshold of 70%. Bold transients in Figure 3.11 show the selected sets that end in a worse outcome. Given this result, we wanted to sample again at a later time to obtain more information.

The next sample time algorithm determined 54 hours to be the best sample time for both data availability types 1 and 3. This time was commonly selected based on our results for the entire collection of parameter sets. After sampling at 54 hours and predicting again,

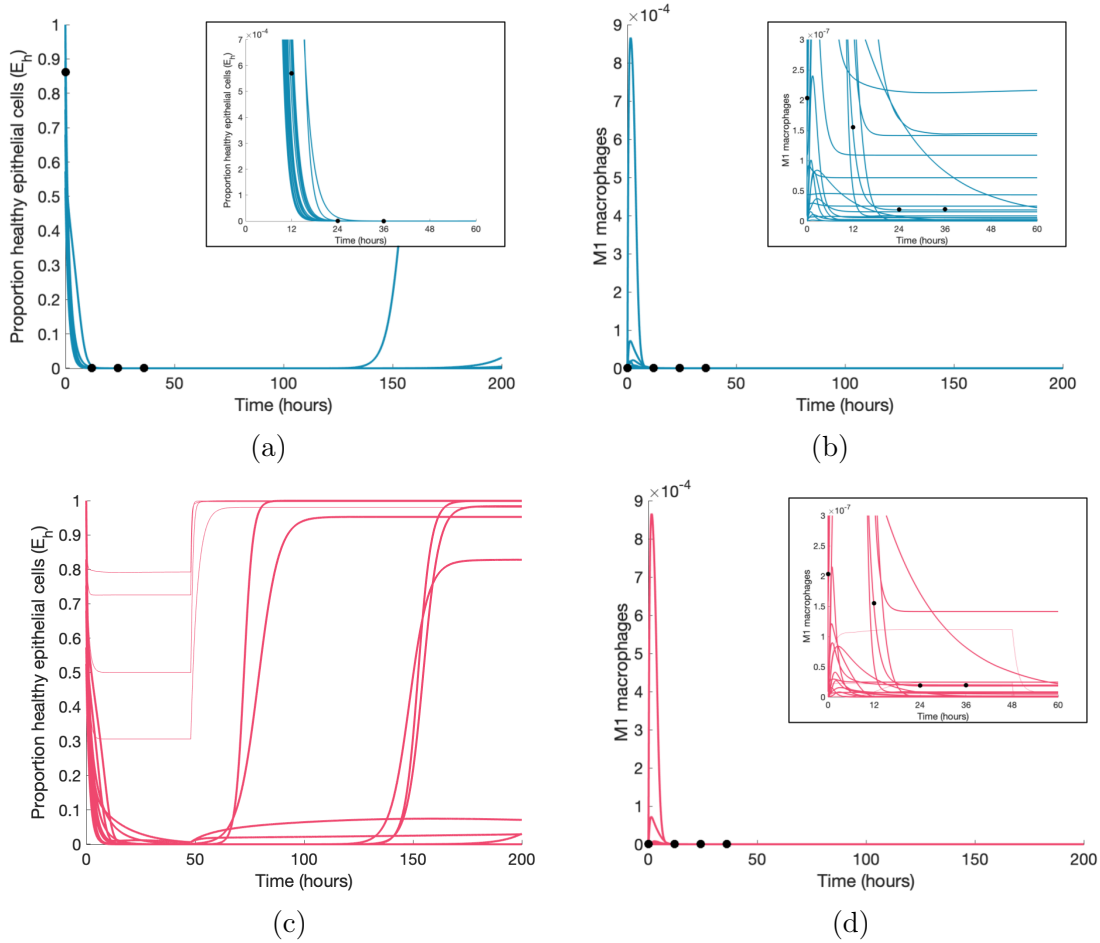
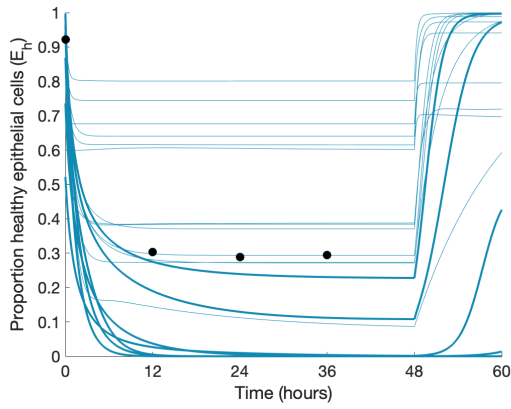
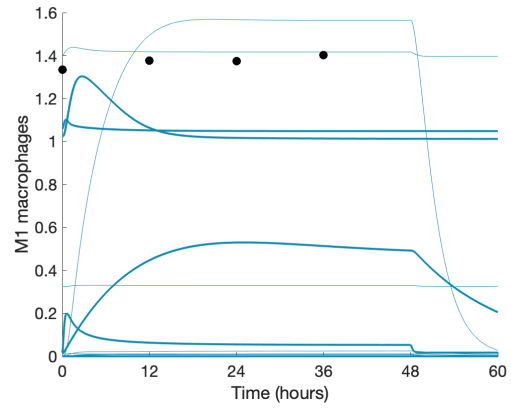


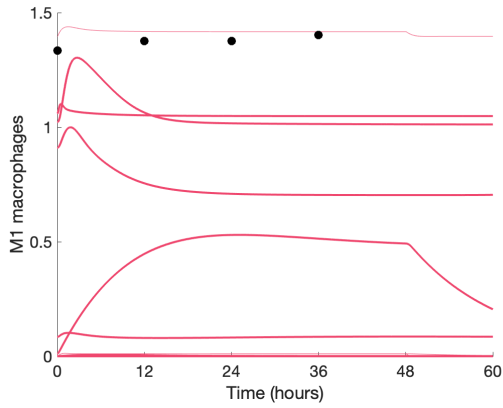
Figure 3.10: Case 2: Data used in RES algorithm (black points) to find the 20 sets that are closest to the data. Blue curves in (a) and (b) are the sets found when data availability type 1 was used, and pink curves in (c) and (d) show results from type 3. Insets are included when necessary to show data with smaller  $x$  and  $y$  ranges. Bold lines show sets classified as having a worsening outcome.



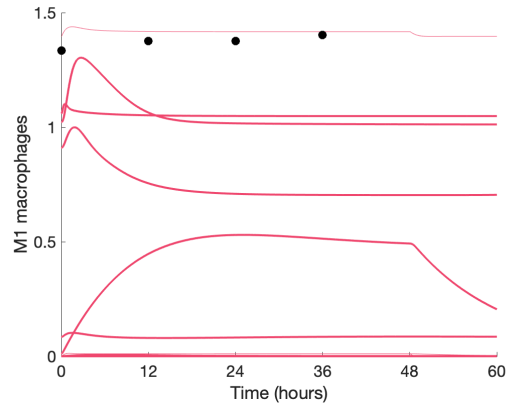
(a)



(b)



(c)



(d)

Figure 3.11: Case 3: Data used in RES algorithm (black points) to find the 20 sets that are closest to the data. Blue curves in (a) and (b) are the sets found when data availability type 1 was used, and pink curves in (c) and (d) show results from type 3. Sets that end in a worsening outcome are bold.

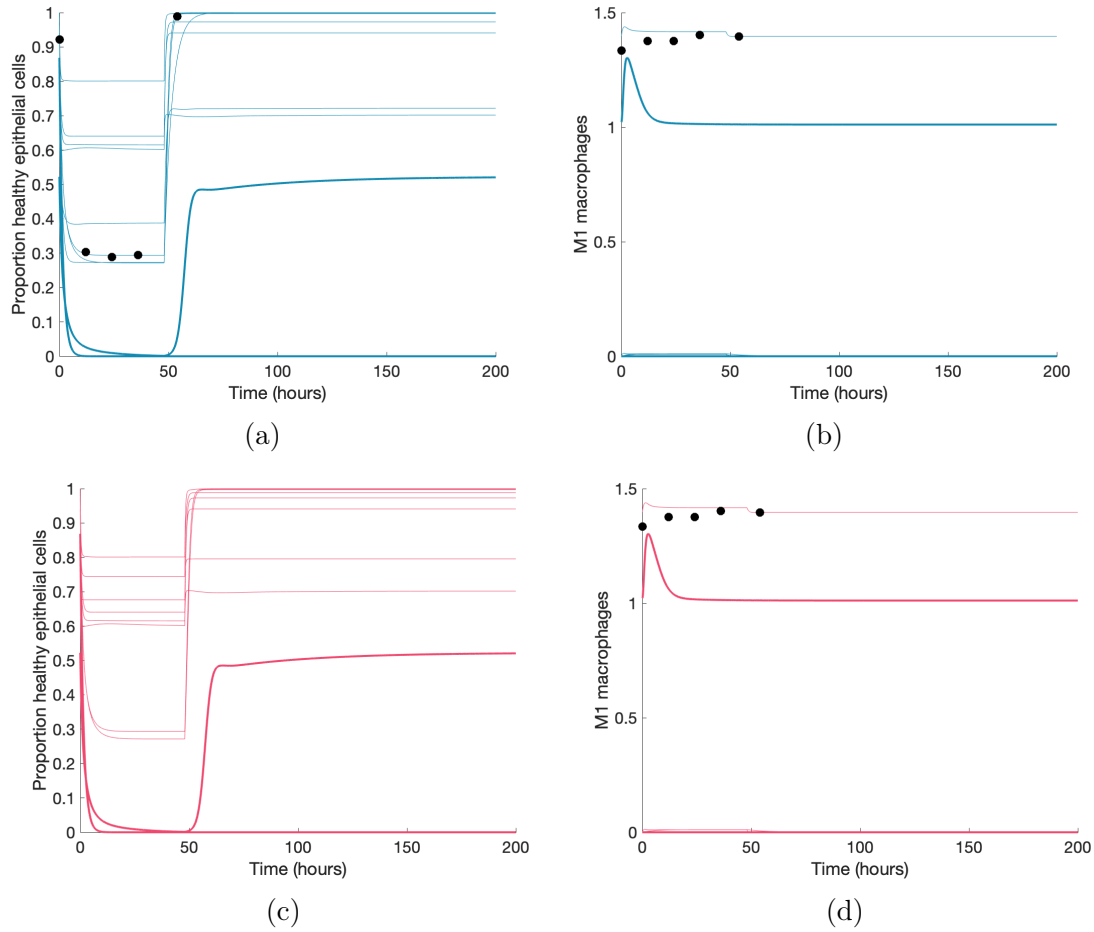


Figure 3.12: Case 3: Data used in RES algorithm (black points) to find the 10 sets that are closest to the data after selecting a next sample time. Blue curves in (a) and (b) are the sets found when data availability type 1 was used, and pink curves in (c) and (d) show results from type 3. Sets that end in a worsening outcome are bold.

both resulted in a correct prediction of "no change." Figure 3.12 shows the subset of original sets selected to predict this case. The additional time point for  $E_h$  at 54 hours reveals that there was a sharp increase in  $E_h$  after ventilation, representing a recovery back to its initial condition.

### 3.4.4 Case 4: inconclusive result

As shown in the figures that summarize the entire collection, our algorithm is not always accurate. In this section we show a case in which a next sample time incorrectly predicts the

outcome. Figure 3.13 shows the selected sets after the initial inconclusive prediction and a next sample time, predicting a "change" outcome when the true outcome was "no change."

Figure 3.13(a) shows that at hour 84, the time point selected as the next sample time,  $E_h$  increases back up to its original magnitude and many of the selected transients also increase. However, based on our criteria that if  $E_e > 0.75$  at any time the outcome is set to worsening, many of the selected transients result in a worsening outcome. Based on the  $E_h$  data at 12, 24, and 36 hours, the case does not correspond to  $E_e > 0.75$  but some transients in the selected subset may have slightly lower  $E_h$  and result in higher  $E_e$  values. These high  $E_e$  values can be seen in Figure 3.13(e), where many reach above 0.75 at some point during ventilation. This results in a inconsistent prediction.

We then used the parameter means process to obtain a prediction. This method does not use data; only the parameter values corresponding to the selected subsets. We found in the previous section that parameter combinations with more successful predictions, not including inconclusive results, were  $k_{ep} + x_{mne}$  and  $k_{ep} + k_{mne} + \mu_p + k_{en} + x_{mne}$ . The parameter means method can be based on geometric or arithmetic means; we tried both. For the combination of  $k_{ep}$  and  $x_{mne}$ , the prediction was still inconclusive using arithmetic means but with geometric means, the process correctly predicted a "no change" outcome. The combination of  $k_{ep}$ ,  $k_{mne}$ ,  $\mu_p$ ,  $k_{en}$  and  $x_{mne}$  predicted the opposite: geometric means predicted inconclusive and arithmetic means predicted "no change."

These four case studies show some of the possibilities that can occur when using the methods developed in this chapter. As seen in the results for the entire collection of synthetic data, our algorithms generally perform well, such as Cases 1 and 2, but may also result in inconclusive or incorrect predictions, as in Cases 3 and 4. Further work should be done to determine the most reliable methods when the parameter means method is inconclusive or provides contrasting results based on mean type (geometric or arithmetic) or contrasting to a next sample time prediction. The differences between the data availability types showed that having  $E_h$  in the data set was useful but not always necessary in correctly predicting the

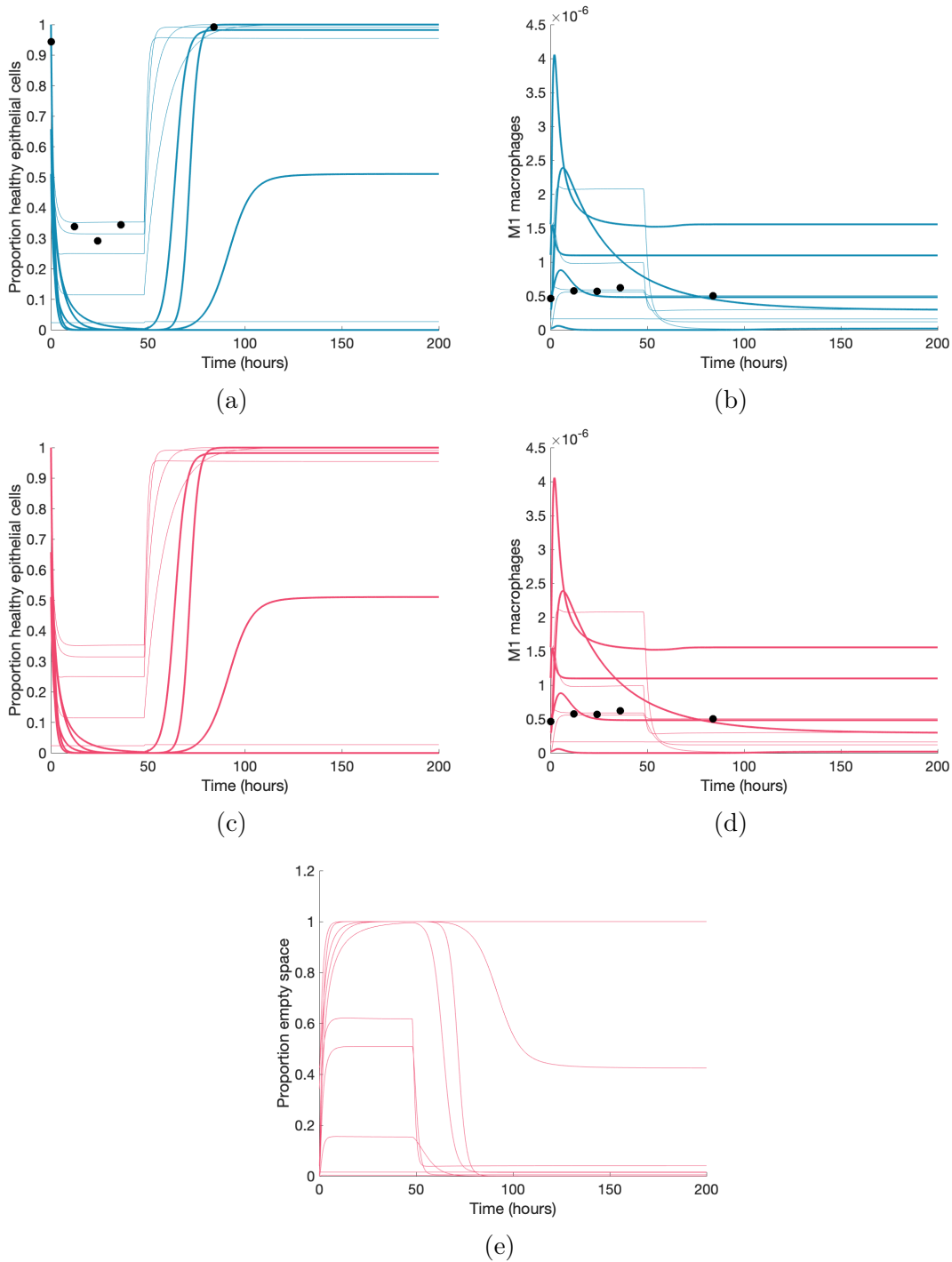


Figure 3.13: Case 4: Data used in RES algorithm (black points) to find the 10 sets that are closest to the data after selecting a next sample time. Blue curves in (a) and (b) are the sets found when data availability type 1 was used, and pink curves in (c) and (d) show results from type 3. Sets that end in a worsening outcome are bold.

outcome. In Figures 3.9-3.13, the range of values that the algorithm selected show that this process does not find exact fits in the collection because of the number of variables involved in the process and the variability in the transients, but that a subset of close yet inexact fits can still be useful for predicting.

### 3.5 Discussion

This chapter shows the many possibilities of how a collection of data sets, such as the one synthetically generated by the parameter sets from Chapter 2, can be used to aid in predicting outcome and determining the next best time to sample. This *in silico* modeling and prediction could save time and money in experimental and clinical settings. However, real data should be collected to effectively use the algorithms described here. The results from our methods also bring up some questions. We found that data that includes  $E_h$  performed similarly (types 1, 2, and 5), and differently from those that do not include  $E_h$ , which performed similarly (types 3, 4, 6, and 7). The groups that performed similarly have different forms, such as taken from the alveolar space vs. the bloodstream or macrophages vs. pro- and anti-inflammatory mediators.

Despite these different variables, accuracy was similar. In fact, Figure 3.4 shows that with  $E_h$  data, not including pro- and anti-inflammatory mediators increased the accuracy rate for the RES algorithm. We hypothesize that this is due to the large variability in the dynamics of PIM and AIM produced by the collection of parameter sets. These mediators are produced by several types of cells in the ODE model (see Eqs (2.4), (2.5), (2.6), and (2.7) in Chapter 2) and have wide parameter ranges for the associated production rates. Therefore the synthetic data produced by these dynamics may also have high variability. Using this algorithm on experimental data could help to better distinguish the effectiveness of the different cells and mediators sampled in predicting outcome, indicating which types of data and sample times provide the most information. This could aid future experimental



design.

Other statistical methods could be used to aid or modify the current process. For example, the next sample time algorithm utilizes the variance of  $E_h$  at various possible sample times; however, variance can be susceptible to outliers. Using more robust measures of dispersion such as the interquartile range may be useful in obtaining the next best sample time and thus better predictions [74].

Furthermore, having parameter sets based on real data would be useful in the parameter means method. Although we established in Chapter 2 what we believed to be reasonable parameter ranges for obtaining a variety of dynamics, these ranges are not based on data. We hypothesize that obtaining ranges informed by data would improve the accuracy of both the parameter means method and the RES algorithm. In the future, more work could be done to understand the difference between cutoffs determined by the geometric means and those determined by arithmetic means.

Since these methods only require a set of ODEs and a collection of parameter sets, this process could be applied to any model. The outcome could be determined by a relative decrease in a particular variable like we did in this chapter, but could also distinguish between growth or decay of a bacterial population, damage categories as in Chapter 2, or any other type of classification.

# Chapter 4

## Macrophage Phenotype Polarization

### 4.1 Introduction

As discussed in previous chapters, the plasticity of macrophages allows them to perform many roles in response to an injury or infection, and they have a significant impact on the overall ability of the immune system to resolve the insult [11]. Several models have been published that include macrophage polarization, including ODE models of subcellular signaling and simplified M1/M2 activation. Maiti et al. [73] and Moya et al. [90] focused on the subcellular signaling pathways of  $\text{NF-}\kappa\text{B/TNF}\alpha$  and  $\text{STAT3/IL-10}$ , respectively. Frank et al. [40] and Zhao et al. [149] developed two-dimensional ODE models with M1 and M2 activation as the state variables. Rex et al. [110] used a Boolean model to select genes related to M1/M2 dynamics and developed an ODE modeling the dynamics of those genes. Additionally, some modeling efforts of macrophage plasticity incorporate spatial dynamics. Agent-based models that include M1/M2 phenotypes have been developed in the context of tuberculosis [58] and Nickaen et al. [94] developed a PDE model of M1/M2 macrophages in response to high levels of IL4 or LPS/IFN $\gamma$ .

In this chapter, we propose two models of the immune response to lung inflammation that build upon previous modeling work to examine the spectrum of macrophage activation in

greater detail. Whereas the model introduced in Chapter 2 examines the immune system's response to damaged epithelium in response to VILI, the ODE model proposed in this chapter tracks M1 and M2 activation via subcellular signaling pathways in response to general inflammatory stimuli. This model is an extension of work by Maiti et al. [73]; we added details of the IL-10 pathway not yet included in Maiti et al. by adapting and extending equations from Moya et al. [90], including both pro- and anti-inflammatory feedback loops and their interactions. The model consists of ten macrophages, each of which has a set of equations modeling its subcellular pathways. These ten macrophages are linked by external  $\text{TNF}\alpha$  and IL-10, which can be both introduced into the system at various times and produced by the macrophages themselves. In our ABM, we incorporated various mediators with a spectrum of M1/M2 polarization and spatial dynamics. In this model, macrophages can become more activated towards an M1 or M2 phenotype based on their local patch environment, and perform a variety of roles depending on their activation levels. Both models account for macrophage cell cycle using randomly generated lifespans for each macrophage.

Based on data from Maiti et al. [73], we calibrated the models to each other by simulating a single macrophage with both pro- and anti-inflammatory stimuli. Through this initial scenario, we found that modeling the SOCS regulatory feedback loop is important in the definitive resolution of inflammation. We then simulated additional scenarios highlighting the effects of incorporating cell lifespan, recruitment, and various types of external stimuli and initial conditions. Comparison of these scenarios between the ODE model and ABM revealed overall similar behavior of M1 and M2 activation across two very different modeling approaches, suggesting that detailed subcellular pathway modeling is not necessary to achieve complex interplay between M1 and M2 polarization.

In the following sections, we describe the models in detail, the calibrating experiment, and the comparison of various simulated scenarios.

## 4.2 Methods

### 4.2.1 ODE subcellular macrophage model

#### Biological summary

There are several main interactions involved in cell signaling pathways that we include in our model. First, extracellular signals such as  $\text{TNF}\alpha$  and IL-10 bind to and unbind from their receptors on the cell surface [73, 150]. Receptors transmit signals to other proteins within the cell, which may become activated or phosphorylated [1]. These complexes induce activation of transcription factors, proteins that are responsible for translocating to the nucleus, where they control the transcription of specific genes in the DNA into mRNA. mRNA then undergoes translation in the cytosol, where the protein corresponding to the gene is assembled according to the mRNA sequence [3]. We also account for degradation of various components. We model this process using the law of mass action unless otherwise specified. Details for these interactions are given in the following sections.

$\text{TNF}\alpha$  triggers a signaling pathway that leads to activation of the transcription factor  $\text{NF}\kappa\text{B}$  and the subsequent shift to an M1 phenotype [135]. This results in the production of additional  $\text{TNF}\alpha$  and IL-10 as well as other proteins. Alternatively, IL-10 activates the transcription factor STAT3 through the Jak-STAT pathway, giving rise to M2-type activation [19]. To capture the interactions between these pathways, we developed an ODE model, adapted from Maiti et al. [73] that includes these hallmark signaling pathways. This involves subcellular interactions between receptors and proteins in the cytosol and nucleus of the macrophage.

The model by Maiti et al. [73] initiates their signaling cascade with LPS, a molecule found in Gram-negative bacteria used to experimentally induce an immune response. IKK, a protein whose role is to regulate phosphorylation of  $\text{I}\kappa\text{B}\alpha$ , is activated by both LPS and  $\text{TNF}\alpha$ . Since we model general lung inflammation in this chapter, we do not rely on activation of the M1 pathway by LPS; rather, we focus on activation via  $\text{TNF}\alpha$ . Maiti et al.

[73] include production of IL-10 and STAT3; our model extends this by including additional components of the Jak-STAT pathway and the negative feedback loops required to resolve the immune response. In the following sections, we note specifically which equations and terms are novel to our model.

LPS binds to its receptor, TLR4, which activates neutral IKK. IKK then phosphorylates I $\kappa$ B $\alpha$  in the I $\kappa$ B $\alpha$ -NF $\kappa$ B complex, freeing NF $\kappa$ B to translocate to the nucleus. In the absence of a stimulus, I $\kappa$ B $\alpha$  sequesters NF $\kappa$ B to prevent it from causing the production of unnecessary proteins [50, 97]. Transcription factor NF $\kappa$ B initiates transcription of TNF $\alpha$ , IL-10, A20, and I $\kappa$ B $\alpha$  mRNA, resulting in their translation and protein production [116]. As part of a negative feedback loop that prevents excessive production of these proteins, A20 inactivates active IKK and I $\kappa$ B $\alpha$  sequesters unbound NF $\kappa$ B [89]. TNF $\alpha$  and IL-10 are secreted from the cell.

Extracellular TNF $\alpha$  binds to its receptor, activating neutral IKK [116]. IL-10 also binds to its receptor, and JAK and Tyk tyrosine kinases, whose main function is to activate STAT3, bind to this complex as well [133]. Without all of these components, STAT3 cannot be phosphorylated and control transcription of key genes in the nucleus. The IL-10-Jak-Tyk complex activates STAT3, which translocates to the nucleus and initiates the production of IL-10, SOCS1, and SOCS3 [19]. Both SOCS1 and SOCS3 are part of negative feedback loops that bring about resolution of both the M1 and M2 pathways. SOCS3 inhibits transcription of TNF $\alpha$  mRNA and both SOCS1 and SOCS3 inhibit activation of STAT3 [23, 104]. IL-10 also inhibits activation of IKK [34].

Eqs (4.2) through (4.27) are from Maiti et al. [73] unless otherwise noted, and the model variables we added are shown in Eqs (4.28) through (4.38). Figure 4.1 summarizes these interactions, described in more detail in the equations. This schematic differs from that in Chapter 2 wherein the interactions described in Chapter 2 account for tissue-level dynamics, where cells and extracellular signals interact in the bloodstream and site of injury to perform various functions. Here, the schematic describes interactions between receptors, transcription

factors, and other proteins within the cell in response to detection of extracellular signals on the cell surface. Table 4.1 lists the parameters used in the model and their descriptions. Code for these equations can be found in Section B.2.

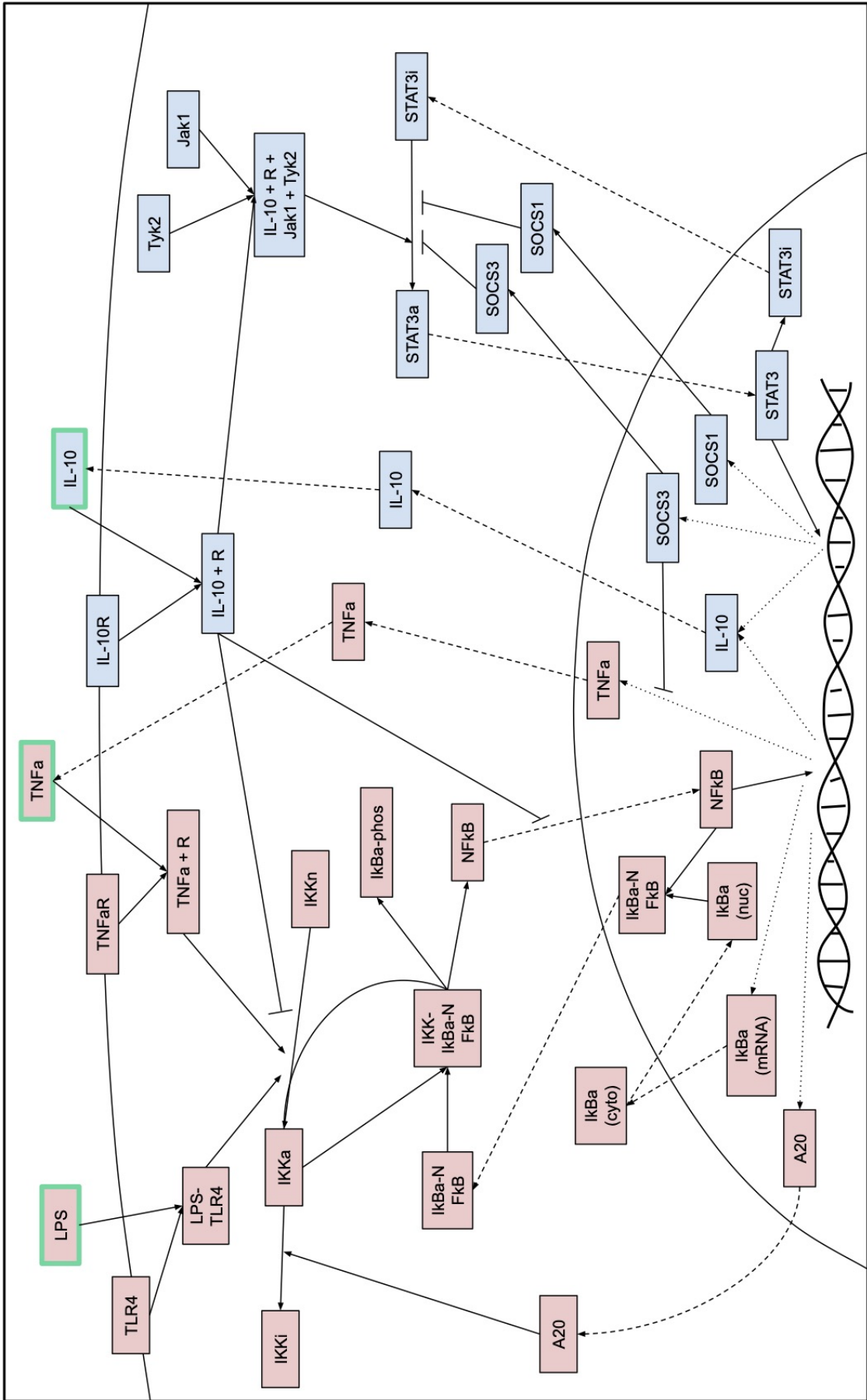


Figure 4.1: Schematic of interactions within a macrophage and with external stimuli LPS, TNF $\alpha$ , and IL-10. Dashed lines represent interactions that involve movement between the cytosol and nucleus, dotted lines represent transcription processes in the nucleus, and solid lines represent all other interactions. Red boxes represent components that are primarily associated with the pro-inflammatory/M1 pathway and blue boxes with the anti-inflammatory/M2 pathway.

Parameter	Description	Value	
1.	$a_{trans}$	Rate at which $A20$ is translated by $NF\kappa B$	11.338
2.	$c_{tf}$	Maximum $NF\kappa B$ concentration in nucleus	0.114
3.	$ct_{fstat3}$	Maximum $STAT3$ concentration in nucleus	0.0669
4.	$e_{ki}$	Rate at which $I\kappa B\alpha$ is imported outside nucleus	$2.172 \times 10^{-4}$
5.	$e_{ni}$	Rate at which $I\kappa B\alpha$ - $NF\kappa B$ is exported outside nucleus	0.157
6.	$i_{ki}$	Rate at which $I\kappa B\alpha$ is imported into nucleus	0.0155
7.	$il10_{max}$	$IL10/IL10R$ maximum concentration	$5.523 \times 10^{-5}$
8.	$i_{ln}$	Rate at which $NF\kappa B$ is imported into the nucleus	0.0021
9.	$k_{bal}$	Component balance for $TNF\alpha$ and $IL-10$	0.0018
9.	$k_{ikbatrans}$	Rate at which $I\kappa B\alpha$ is translated by $NF\kappa B$	0.179
10.	$k_{dega20}$	Rate at which $A20$ decays	$6.227 \times 10^{-4}$
11.	$k_{degtkba}$	Rate at which phosphorylated $I\kappa B\alpha$ decays	$2.232 \times 10^{-4}$
12.	$k_{degttnfa}$	Rate at which extracellular $TNF\alpha$ is degraded	$1.209 \times 10^{-4}$
13.	$k_{f1}$	Rate at which LPS binds to its receptor	0.275
14.	$k_{f3}$	Rate at which $TNF\alpha$ binds to its receptor	0.040
15.	$k_{f4}$	Rate at which $I\kappa B\alpha$ and $NF\kappa B$ associate	$0.0023 \times 10^{-4}$
16.	$k_{fi}$	Rate at which $IKK$ is activated	0.093
17.	$k_{ilc}$	Rate at which $IL10_{cyto}$ moves outside the cell	$1.681 \times 10^{-4}$
18.	$k_{ilb}$	Rate at which $JAK1$ and $Tyk2$ are recruited to the $IL10$ complex	0.0078
19.	$k_{ilu}$	Rate at which $JAK1$ and $Tyk2$ unbind from the $IL10$ complex	0.0246
20.	$k_{ilm}$	Rate at which $IL_{mRNA}$ move from the nucleus to the cytosol	0.335
21.	$k_{ilnf}$	Rate at which $IL10_{mRNA}$ is transcribed by $NF\kappa B$	0.234
22.	$k_{ilrb}$	Rate at which $IL10_{ext}$ binds to its receptor	0.0079
23.	$k_{ilru}$	Rate at which $IL10_{ext}$ unbinds from its receptor	$4.225 \times 10^{-4}$
24.	$k_{ilsn}$	Rate at which $IL10_{mRNA}$ is transcribed by $STAT3$	0.939
25.	$k_{in}$	Inhibition by $IL-10$ : $\max(1 - \frac{IL10/R}{IL10/R_{max}}, 0)$	Varies
26.	$k_{k1}$	Rate at which $IKK$ is inactivated by $A20$	0.0335
27.	$k_{k3}$	Rate at which $IKK$ associates with $I\kappa B\alpha - NF\kappa B$	0.940
28.	$k_{r1}$	Rate at which LPS dissociates from its receptor	$1.804 \times 10^{-5}$
29.	$k_{r3}$	Rate at which $TNF\alpha$ dissociates from its receptor	0.0032
30.	$k_{s1}$	Rate at which $SOCS1_{mRNA}$ moves into the cytosol	1.0192
31.	$k_{s1st}$	Rate at which $SOCS1_{mRNA}$ is transcribed by $STAT3$	1.970
32.	$k_{s3}$	Rate at which $SOCS3_{mRNA}$ moves into the cytosol	0.0047
33.	$k_{s3st}$	Rate at which $SOCS3_{mRNA}$ is transcribed by $STAT3$	2.701
34.	$k_{sa}$	Rate at which activated $STAT3$ moves into nucleus	$5.227 \times 10^{-5}$
35.	$k_{sec}$	Rate at which $TNF\alpha$ is secreted from the cytosol outside the cell	$1.694 \times 10^{-4}$
36.	$k_{sni}$	Rate at which activated $STAT3$ in the nucleus becomes deactivated	$8.902 \times 10^{-5}$
37.	$k_{snicyto}$	Rate at which inactivated $STAT3$ in the nucleus moves into the cytosol	0.0083
38.	$k_{stat}$	Rate at which $IL-10$ complex activates $STAT3$	0.0094
39.	$k_{tnfatrans}$	Rate at which $TNF\alpha$ is translated by $NF\kappa B$	0.389
40.	$k_v$	Nuclear:cytoplasmic ratio (volume)	1.042
41.	$\mu_{a20m}$	Decay rate of $A20_{mrna}$	0.0114
42.	$\mu_{ilc}$	Decay rate of $IL10_{cyto}$	0.0067
43.	$\mu_{ile}$	Decay rate of $IL10_{ext}$	$7.105 \times 10^{-5}$
44.	$\mu_{ilm}$	Decay rate of $IL10_{mRNA}$	0.0234
45.	$\mu_{s1c}$	Decay rate of $SOCS1_{cyto}$	3.591
46.	$\mu_{s1m}$	Decay rate of $SOCS1_{mRNA}$	0.139
47.	$\mu_{s3c}$	Decay rate of $SOCS3_{cyto}$	0.110
48.	$\mu_{s3m}$	Decay rate of $SOCS3_{mRNA}$	0.0717
49.	$\mu_{tnc}$	Decay rate of $TNF\alpha_{cyto}$	0.0080
50.	$\mu_{tnm}$	Decay rate of $TNF\alpha_{mrna}$	0.0125
51.	$p$	Transcription parameter	0.0371
52.	$s_m$	Rate at which $NF\kappa B$ transcribes mRNA	0.237
53.	$SOCS3_{\infty}$	Relative effectiveness of $SOCS3_{cyto}$ at inhibiting $TNF\alpha$ transcription	10.609
54.	$SOCS_{\infty}$	Relative effectiveness of $SOCS1_{cyto}$ and $SOCS3_{cyto}$ at inhibiting activation of $STAT3$	21.933
55.	$t_{i3}$	Rate at which $IKK/I\kappa B\alpha/NF\kappa B$ is broken down	$3.515 \times 10^{-6}$

Table 4.1: List of parameter estimates from preliminary fit for the subcellular pathways model.

## LPS

Maiti et al. began the model through initiation by LPS, a major component of bacteria identified by the macrophage. LPS is represented as a constant input into the system, shown in Eq (4.1). When LPS is detected by TLR4, its receptor, they form a complex denoted  $LPS/TLR4$ , shown in Eqs (4.2) and (4.3). Components connected by a forward slash, such



as  $LPS/TLR4$ , represent a complex; otherwise, variables side by side are multiplied together. We will use this convention in the equations described throughout this section.

$$\frac{dLPS}{dt} = \overbrace{0}^{\text{Constant input}} \quad (4.1)$$

$$\frac{dTLR4}{dt} = \underbrace{-k_{f1}LPS\ TLR4}_{\text{LPS binds to receptor}} + \underbrace{k_{r1}LPS/TLR4}_{\text{LPS unbinds from receptor}} \quad (4.2)$$

$$\frac{dLPS/TLR4}{dt} = \underbrace{k_{f1}LPS\ TLR4}_{\text{LPS binds to receptor}} - \underbrace{k_{r1}LPS/TLR4}_{\text{LPS unbinds from receptor}} \quad (4.3)$$

### **I $\kappa$ B $\alpha$ kinase**

I $\kappa$ B $\alpha$  kinase (IKK) is represented in three distinct states: neutral, active, and inactive, shown in Eqs (4.4), (4.5), and (4.6), respectively. The binding of LPS and TNF $\alpha$  to their respective receptors triggers the activation of neutral IKK, represented by the first term in Eqs (4.4) and (4.5). As part of a negative feedback loop for the pro-inflammatory response, IL-10 inhibits neutral IKK from activating. Maiti et al. describes this inhibition in the first term of Eqs (4.5) and (4.5) through the parameter  $k_{in}$ , where

$$k_{in} = \max\left(1 - \frac{IL10/R}{IL10/R_{max}}, 0\right).$$

Active IKK phosphorylates the IKK-I $\kappa$ B $\alpha$ -NF $\kappa$ B complex (second term in Eq (4.5)). Phosphorylation causes the complex to break down, releasing a neutral form of IKK, shown in the second term of Eq (4.4). Finally as part a negative feedback loop to prevent an overactive pro-inflammatory response, the protein A20 inactivates active IKK, the last term of Eq (4.5) and Eq (4.6).

$$\frac{dIKK_n}{dt} = \overbrace{-k_{fi}k_{in}(LPS/TLR4 + TNF\alpha/R)IKK_n}^{\text{IKK activation}} + \overbrace{t_{i3}IKK/I\kappa B\alpha/NF\kappa B_{cyto}}^{\text{Complex breaks down}} \quad (4.4)$$

$$\begin{aligned} \frac{dIKK_a}{dt} = & \overbrace{k_{fi}k_{in}(LPS/TLR4 + TNF\alpha/R)IKK_n}^{\text{IKK activation}} - \overbrace{k_{k3}k_{in}IKK_a I\kappa B\alpha/NF\kappa B_{cyto}}^{\text{IKK binds to I}\kappa B\alpha/NF\kappa B} \\ & - \overbrace{k_{k1}IKK_a A20_{cyto}}^{\text{A20 deactivates IKK}} \end{aligned} \quad (4.5)$$

$$\frac{dIKK_i}{dt} = \overbrace{k_{k1}IKK_a A20_{cyto}}^{\text{A20 deactivates IKK}} \quad (4.6)$$

## I $\kappa$ B $\alpha$

In a resting state, I $\kappa$ B $\alpha$  sequesters free NF $\kappa$ B by associating into a complex, shown in the first term of Eq (4.7). This process also occurs in the nucleus, from which the complex can move to the cytosol (second term of Eq (4.7)). Activated IKK phosphorylates the complex, represented by the third term in Eq (4.7). The binding of active IKK to I $\kappa$ B $\alpha$ -NF $\kappa$ B (first term of Eq (4.8)) causes all three components to separate, modeled by the second term of Eq (4.8): NF $\kappa$ B is released, I $\kappa$ B $\alpha$  is degraded, and IKK returns to a neutral state.

$$\begin{aligned} \frac{dI\kappa B\alpha/NF\kappa B_{cyto}}{dt} = & \overbrace{k_{f4}NF\kappa B_{cyto}I\kappa B\alpha_{cyto}}^{\text{Association}} + \overbrace{e_{ni}I\kappa B\alpha/NF\kappa B_{nuclear}k_v}^{\text{Moves outside nucleus}} \\ & - \overbrace{k_{k3}k_{in}IKK_a I\kappa B\alpha/NF\kappa B_{cyto}}^{\text{IKK binds to I}\kappa B\alpha/NF\kappa B} \end{aligned} \quad (4.7)$$

$$\frac{dIKK_a/I\kappa B\alpha/NF\kappa B_{cyto}}{dt} = \overbrace{k_{k3}k_{in}IKK_a I\kappa B\alpha/NF\kappa B_{cyto}}^{\text{IKK binds to I}\kappa B\alpha/NF\kappa B} - \overbrace{t_{i3}IKK/I\kappa B\alpha/NF\kappa B_{cyto}}^{\text{Complex breaks down}} \quad (4.8)$$

Eqs (4.9) through (4.12) show the various states of the inhibitory protein I $\kappa$ B $\alpha$ . NF $\kappa$ B

promotes the transcription of  $I\kappa B\alpha$  mRNA, shown in the first term of Eq (4.9). Subsequent translation of the protein and decay of the mRNA are described in the first term of Eq (4.10) and the second term of Eq (4.9), respectively. As previously described, the second term of Eq (4.10) represents  $I\kappa B\alpha$  sequestering free  $NF\kappa B$  in the cytosol. In a resting cell, excess  $I\kappa B\alpha$  is distributed evenly between the cytosol and nucleus; thus, the last two terms of Eq (4.10) show import and export of  $I\kappa B\alpha$  between the two compartments [69]. The parameter  $k_v$  accounts for the nuclear-cytoplasmic ratio to account for the size of the cell's cytoplasm in relation to its nucleus. The release of  $NF\kappa B$  from the  $I\kappa B\alpha$ - $NF\kappa B$  complex by active IKK results in the phosphorylation of  $I\kappa B\alpha$  and its subsequent degradation, shown in the two terms of Eq (4.12).

$$\frac{dI\kappa B\alpha_{mrna}}{dt} = \frac{\overbrace{s_{mp}NF\kappa B_{nuclear}}^{\text{Transcription via NF}\kappa B}}{c_{tf} + NF\kappa B_{nuclear}} - \overbrace{\mu_{ilm}I\kappa B\alpha_{mrna}}^{\text{Decay}} \quad (4.9)$$

$$\begin{aligned} \frac{dI\kappa B\alpha_{cyto}}{dt} = & \overbrace{k_{ikbatrans}I\kappa B\alpha_{mrna}}^{\text{Translation}} - \overbrace{k_{f4}NF\kappa B_{cyto}I\kappa B\alpha_{cyto}}^{\text{Association}} \\ & - \overbrace{i_{ki}I\kappa B\alpha_{cyto}}^{\text{Import to nucleus}} + \overbrace{e_{ki}I\kappa B\alpha_{nuclear}k_v}_{\text{Export from nucleus}} \end{aligned} \quad (4.10)$$

$$\frac{dI\kappa B\alpha_{nuclear}}{dt} = - \overbrace{k_{f4}NF\kappa B_{nuclear}I\kappa B\alpha_{nuclear}}^{\text{Association}} + \overbrace{\frac{i_{ki}}{k_v}I\kappa B\alpha_{cyto}}^{\text{Import to nucleus}} - \overbrace{e_{ki}I\kappa B\alpha_{nuclear}}^{\text{Export from nucleus}} \quad (4.11)$$

$$\frac{dI\kappa B\alpha_{phospho}}{dt} = \overbrace{t_{i3}IKK_a/I\kappa B\alpha/NF\kappa B_{cyto}}^{\text{IKK releases NF}\kappa B} - \overbrace{k_{degikba}I\kappa B\alpha_{phospho}}^{\text{Decay}} \quad (4.12)$$

## **NF $\kappa$ B**

The protein  $NF\kappa B$  is released from the complex (first term of Eq (4.13)) and translocates to the nucleus, represented by the second term of Eq (4.13) [69].  $NF\kappa B$  activates the transcription of several genes, including  $TNF\alpha$  and IL-10, A20, and  $I\kappa B\alpha$ .  $I\kappa B\alpha$  sequesters nuclear  $NF\kappa B$  (last term in Eq (4.14) and first term in Eq (4.15)) before the complex moves back

into the cytosol, shown in the last term of Eq (4.15).

$$\begin{aligned} \frac{dNF\kappa B_{cyto}}{dt} = & \overbrace{t_{i3}IKK_{\alpha}/I\kappa B_{\alpha}/NF\kappa B_{cyto}}^{\text{IKK releases NF}\kappa\text{B}} - \overbrace{i_{ln}k_{in}NF\kappa B_{cyto}}^{\text{Moves to nucleus}} \\ & - \overbrace{k_{f4}NF\kappa B_{cyto}I\kappa B_{\alpha_{cyto}}}^{\text{I}\kappa\text{B}\alpha \text{ sequesters NF}\kappa\text{B}} \end{aligned} \quad (4.13)$$

$$\frac{dNF\kappa B_{nuclear}}{dt} = \overbrace{\frac{i_{ln}k_{in}NF\kappa B_{cyto}}{k_v}}^{\text{Moves to nucleus}} - \overbrace{k_{f4}NF\kappa B_{nuclear}I\kappa B_{\alpha_{nuclear}}}^{\text{I}\kappa\text{B}\alpha \text{ sequesters NF}\kappa\text{B}} \quad (4.14)$$

$$\frac{dI\kappa B_{\alpha}/NF\kappa B_{nuclear}}{dt} = \overbrace{k_{f4}NF\kappa B_{nuclear}I\kappa B_{\alpha_{nuclear}}}^{\text{I}\kappa\text{B}\alpha \text{ sequesters NF}\kappa\text{B}} - \overbrace{e_{ni}I\kappa B_{\alpha}/NF\kappa B_{nuclear}}^{\text{Moves outside nucleus}} \quad (4.15)$$

## TNF $\alpha$

One of the main targets of gene expression of NF $\kappa$ B is the pro-inflammatory cytokine TNF $\alpha$ . The first term of Eq (4.16) represents transcription of mRNA. There is evidence that Suppressor of Cytokine Signaling 3 (SOCS3), discussed in further detail below, plays a role in regulating the pro-inflammatory response by inhibiting TNF $\alpha$  mRNA and protein production, although the exact mechanisms by which this occurs is still unclear [28, 104]. We included a multiplier, not in the original equation by Maiti et al., in this first term to represent inhibition of mRNA production by SOCS3. After transcription and translation, TNF $\alpha$  is secreted from the cell (first two terms of Eq (4.17)). The parameter  $k_{bal}$  represents a component balance for TNF $\alpha$  as it moves from the cytosol to the supernatant.

Extracellular TNF $\alpha$  binds to its receptor on the cell surface, represented by the second term in Eq (4.18). In some cases the cytokine unbinds from its receptor, accounted for by the second term in Eq (4.18). Once inside the cell, either after binding to its receptor or being translocated from the nucleus, TNF $\alpha$  performs several important roles. Shown in the first term of Eq (4.4), TNF $\alpha$  bound to its receptor upregulates activation of IKK, which then precipitates further NF $\kappa$ B transcription.

$$\frac{dTNF\alpha_{mrna}}{dt} = \overbrace{\frac{s_m p NF\kappa B_{nuclear}}{c_{tf} + NF\kappa B_{nuclear}}}^{\text{Transcription via NF}\kappa\text{B}} \overbrace{\left( \frac{1}{1 + \left( \frac{SOCS3_{cyto}}{SOCS3_{\infty}} \right)^2} \right)}^{\text{Inhibition by SOCS3}} - \overbrace{\mu_{tnm} TNF\alpha_{mrna}}^{\text{Decay}} \quad (4.16)$$

$$\frac{dTNF\alpha_{cyto}}{dt} = \overbrace{k_{tnfatrans} TNF\alpha_{mrna}}^{\text{Translation}} - \overbrace{k_{sec} TNF\alpha_{cyto}}^{\text{Secreted from cell}} - \overbrace{\mu_{tnc} TNF\alpha_{cyto}}^{\text{Decay}} \quad (4.17)$$

$$\begin{aligned} \frac{dTNF\alpha_{ext}}{dt} = & \overbrace{k_{sec} k_{bal} TNF\alpha_{cyto}}^{\text{Secreted from cell}} - \overbrace{k_{f3} TNF\alpha_{ext} TNF\alpha R}^{\text{TNF}\alpha \text{ binds to receptor}} + \overbrace{k_{r3} TNF\alpha / R}^{\text{TNF}\alpha \text{ unbinds from receptor}} \\ & - \overbrace{k_{degtnf\alpha} TNF\alpha_{ext}}^{\text{Decay}} \end{aligned} \quad (4.18)$$

$$\frac{dTNF\alpha R}{dt} = - \overbrace{k_{f3} TNF\alpha_{ext} TNF\alpha R}^{\text{TNF}\alpha \text{ binds to receptor}} + \overbrace{k_{r3} TNF\alpha / R}^{\text{TNF}\alpha \text{ unbinds from receptor}} \quad (4.19)$$

$$\frac{dTNF\alpha / R}{dt} = \overbrace{k_{f3} TNF\alpha_{ext} TNF\alpha R}^{\text{TNF}\alpha \text{ binds to receptor}} - \overbrace{k_{r3} TNF\alpha / R}^{\text{TNF}\alpha \text{ unbinds from receptor}} \quad (4.20)$$

## A20

As mentioned previously, A20 is another NF $\kappa$ B-responsive gene responsible for deactivating IKK, which blocks NF $\kappa$ B translocation to the nucleus. Eq (4.21) shows transcription and subsequent degradation of A20 mRNA. Eq (4.22) shows translation of the protein in the cytosol, and A20 decays at rate  $k_{dega20}$ , second term in Eq 4.22.

$$\frac{dA20_{mrna}}{dt} = \overbrace{\frac{s_m p NF\kappa B_{nuclear}}{c_{tf} + NF\kappa B_{nuclear}}}^{\text{Transcription via NF}\kappa\text{B}} - \overbrace{\mu_{a20m} A20_{mrna}}^{\text{Degradation}} \quad (4.21)$$

$$\frac{dA20_{cyto}}{dt} = \overbrace{a_{trans} A20_{mrna}}^{\text{Translation}} - \overbrace{k_{dega20} A20_{cyto}}^{\text{Decay}} \quad (4.22)$$

## IL-10

A hallmark of the anti-inflammatory response is the cytokine IL-10. Its gene is a target of  $\text{NF}\kappa\text{B}$  transcription and is involved in the regulation of the pro-inflammatory response. Some events related to IL-10 production and function are included in the model by Maiti et al. [73], but we expand the model to include a fuller view of the role of IL-10 and an important pathway it activates.

Extracellular IL-10 can bind to and unbind from its receptor IL-10R, as modeled by the first two terms in Eq (4.23) [90]. For simplicity, we assume the total number of receptors is conserved. The first term in Eq (4.25) describes upregulation of the IL-10 gene by transcription factors  $\text{NF}\kappa\text{B}$  and STAT3. Maiti et al. include the constants 0.4 and 0.6 such that  $\text{NF}\kappa\text{B}$  is responsible for 40% of the transcription rate and STAT3 is responsible for the other 60%. The nonlinear terms represent maximum possible rates of IL-10 transcription, since space in the nucleus is limited. IL-10 is translated from its mRNA and secreted from the cell (first two terms of Eq (4.26)). The third term in Eq (4.23) includes a component balance  $k_{bal}$  between the cytosol and supernatant. Baseline degradation rates for extra- and intracellular IL-10 and IL-10 mRNA is included in Eqs (4.23), (4.26), and (4.25), respectively.

$$\begin{aligned} \frac{dIL10_{ext}}{dt} = & \underbrace{-k_{ilrb}IL10_{ext}IL10R}_{\text{Binds to receptor}} + \underbrace{k_{ilru}IL10/R}_{\text{Unbinds from receptor}} + \underbrace{k_{ilc}k_{bal}IL10_{cyto}}_{\text{Moves outside cell}} \\ & \underbrace{-\mu_{ile}IL10_{ext}}_{\text{Decay}} \end{aligned} \quad (4.23)$$

$$\frac{dIL10R}{dt} = \underbrace{-k_{ilrb}IL10_{ext}IL10R}_{\text{IL-10 binds to receptor}} + \underbrace{k_{ilru}IL10/R}_{\text{IL-10 unbinds from receptor}} \quad (4.24)$$

$$\frac{dIL10_{mRNA}}{dt} = \underbrace{0.4k_{ilnfp} \frac{NF\kappa B}{C_{tf} + NF\kappa B} + 0.6k_{ilsnp} \frac{STAT3_n}{C_{tfstat3} + STAT3_n}}_{\text{Gene transcription}} - \underbrace{\mu_{ilm}IL10_{mRNA}}_{\text{Decay}} \quad (4.25)$$

$$\frac{dIL10_{cyto}}{dt} = \underbrace{k_{ilm}IL10_{mRNA}}_{\text{Translation}} - \underbrace{k_{ilc}IL10_{cyto}}_{\text{Moves outside cell}} - \underbrace{\mu_{ilc}IL10_{cyto}}_{\text{Decay}} \quad (4.26)$$

## JAK-STAT signaling

Aside from inhibitory functions, IL-10 signaling initiates the JAK-STAT signaling pathway, a primary mechanism through which the immune response mediates inflammation [107]. The protein tyrosine kinases JAK1 and Tyk2 are recruited to the IL-10/IL-10 receptor complex, shown in the third term of Eq (4.27). This creates a new complex,  $IL10/R/JAK1/Tyk2$ , Eq (4.30) [115]. The second term accounts for the possibility that the complex may break apart. JAK1 (Eq (4.28)) and Tyk2 (Eq (4.29)) concentrations are conserved, assuming enzyme-type dynamics. In light of the many components involved in creating this complex, we explored incorporating the various combinations of the binding steps, such as the individual receptor components, each of which bind to a specific tyrosine kinase. In the end, we decided to model the recruitment of JAK1 and Tyk2 to the IL-10/IL-10 receptor complex as one step; this still captures the appropriate dynamics without adding more parameters and equations. The last two terms of Eq (4.27) and all of Eqs (4.28) through (4.30) are our additions to the original model by Maiti et al., with terms representing activation of STAT3 through the Jak-STAT pathway adapted from Moya et al. [90].

$$\frac{dIL10/R}{dt} = \overbrace{k_{ilrb}IL10_{ext}IL10R}^{\text{IL-10 binds to receptor}} - \overbrace{k_{ilru}IL10/R}^{\text{IL-10 unbinds from receptor}} - \overbrace{k_{iljb}IL10/R \ JAK1 \ Tyk2}^{\text{Recruitment of JAK1 and Tyk2}} + \overbrace{k_{ilju}IL10/R/JAK1/Tyk2}^{\text{Dissociation of JAK1 and Tyk2}} \quad (4.27)$$

$$\frac{dJAK1}{dt} = - \overbrace{k_{iljb}IL10/R \ JAK1 \ Tyk2}^{\text{Recruitment of JAK1 and Tyk2}} + \overbrace{k_{ilju}IL10/R/JAK1/Tyk2}^{\text{Dissociation of JAK1 and Tyk2}} \quad (4.28)$$

$$\frac{dTyk2}{dt} = - \overbrace{k_{iljb}IL10/R \ JAK1 \ Tyk2}^{\text{Recruitment of JAK1 and Tyk2}} + \overbrace{k_{ilju}IL10/R/JAK1/Tyk2}^{\text{Dissociation of JAK1 and Tyk2}} \quad (4.29)$$

$$\frac{dIL10/R/JAK1/Tyk2}{dt} = \overbrace{k_{iljb}IL10/R \ JAK1 \ Tyk2}^{\text{Recruitment of JAK1 and Tyk2}} - \overbrace{k_{ilju}IL10/R/JAK1/Tyk2}^{\text{Dissociation of JAK1 and Tyk2}} \quad (4.30)$$

The IL-10/IL-10 receptor/JAK1/Tyk2 complex serves as a temporary docking station for inactive Signal Transducer and Activator of Transcription 3 (STAT3) [112]. Upon recruitment to the complex, STAT3 is activated and undergoes homodimerization, shown in the first term of Eq (4.31). Maiti et al. modeled the recruitment and activation of STAT3 through binding of STAT3 to the IL-10/IL-10R complex without Jak1 and Tyk2. We also included a multiplier representing inhibition by Suppressors of Cytokine Signaling 1 and 3 (SOCS1 and SOCS3), two IL-10 responsive genes as well as the second term of Eq (4.33) and Eq (4.34) which allow for the conservation of STAT3 in the model. SOCS1 inhibits JAK1 function by binding its SH2 domain to JAK1, preventing STAT3 from docking to the IL-10 complex. SOCS3 performs a similar role but docks to the receptor; since we do not model at the level of detail of specific binding locations, we model this inhibition as having the same result, which is preventing STAT3 from activating [23, 126, 147].

STAT3 translocates to the nucleus (second term of Eq (4.32)) and controls transcription of several IL-10 responsive genes. The main inhibitor of STAT3 function is PIAS3. The protein binds to activated STAT3, preventing further transcription [146]. We model this by including



a deactivation term with rate  $k_{sni}$ , shown in the second term of Eq (4.33). Assuming enzyme-type dynamics for all states of STAT3, the transcription factor is conserved, and deactivated nuclear STAT3 returns to the cytosol in the last term of Eq (4.34).

$$\begin{aligned} \frac{dSTAT3_i}{dt} = & \underbrace{-2k_{stat}IL10/R/JAK1/Tyk2}_{\text{STAT3 activation}} STAT3_i^2 \underbrace{\left( \frac{1}{1 + \left( \frac{SOCS1_{cyto} + SOCS3_{cyto}}{SOCS_\infty} \right)^2} \right)}_{\text{Inhibition by SOCS1/3}} \\ & + \underbrace{k_{snicyto}}_{\text{Moves to cytosol}} STAT3_{ni} \end{aligned} \quad (4.31)$$

$$\begin{aligned} \frac{dSTAT3_a}{dt} = & \underbrace{k_{stat}IL10/R/JAK1/Tyk2}_{\text{STAT3 activation}} STAT3_i^2 \underbrace{\left( \frac{1}{1 + \left( \frac{SOCS1_{cyto} + SOCS3_{cyto}}{SOCS_\infty} \right)^2} \right)}_{\text{Inhibition by SOCS1/3}} \\ & - \underbrace{k_{sa}}_{\text{Moves to nucleus}} STAT3_a \end{aligned} \quad (4.32)$$

$$\frac{dSTAT3_n}{dt} = \underbrace{k_{sa}}_{\text{Moves to nucleus}} STAT3_a - \underbrace{k_{sni}}_{\text{Deactivation}} STAT3_n \quad (4.33)$$

$$\frac{dSTAT3_{ni}}{dt} = \underbrace{k_{sni}}_{\text{Deactivation}} STAT3_n - \underbrace{k_{snicyto}}_{\text{Moves to cytosol}} STAT3_{ni} \quad (4.34)$$

## SOCS

The inclusion of SOCS, represented in Eqs (4.35) through (4.38), is also novel to our model as compared to that by Maiti et al. Suppressors of Cytokine Signaling 1 and 3 (SOCS1, SOCS3) are upregulated via STAT3 transcription and translation, first two terms of Eqs (4.35) and (4.36), respectively [19, 51]. The last terms of these two equations represent natural degradation of the mRNA.

$$\frac{dSOCS1_{mRNA}}{dt} = \overbrace{k_{s1st}STAT3_n}^{\text{Gene transcription}} - \overbrace{k_{s1}SOCS1_{mRNA}}^{\text{Translation}} - \overbrace{\mu_{s1m}SOCS1_{mRNA}}^{\text{Decay}} \quad (4.35)$$

$$\frac{dSOCS3_{mRNA}}{dt} = \overbrace{k_{s3st}STAT3_n}^{\text{Gene transcription}} - \overbrace{k_{s3}SOCS3_{mRNA}}^{\text{Translation}} - \overbrace{\mu_{s3m}SOCS3_{mRNA}}^{\text{Decay}} \quad (4.36)$$

$$\frac{dSOCS1_{cyto}}{dt} = \overbrace{k_{s1}SOCS1_{mRNA}}^{\text{Translation}} - \overbrace{\mu_{s1c}SOCS1_{cyto}}^{\text{Decay}} \quad (4.37)$$

$$\frac{dSOCS3_{cyto}}{dt} = \overbrace{k_{s3}SOCS3_{mRNA}}^{\text{Translation}} - \overbrace{\mu_{s3c}SOCS3_{cyto}}^{\text{Decay}} \quad (4.38)$$

We used this model that includes both pro- and anti-inflammatory signaling pathways to provide a fuller picture of the spectrum of activation that can occur within a macrophage. In the following pages, we discuss how this model was implemented and compared to the ABM.

#### 4.2.2 Parameters & initial conditions for ODE model

We used data from Maiti et al. [73] to obtain initial parameter values as a starting point. This was not a complete parameter estimation (calculating sensitivities, etc.), but rather a first step in obtaining parameter values and initial conditions that produce dynamics that are roughly expected and have the correct scales. Due to challenges with processed data provided by the authors, we did not rely on fits to their data. Instead, we ensured that parameter values produced similar behavior between single and multiple macrophage simulations.

Since the model simulations by Maiti et al. [73] were initialized with LPS, once the final parameter set was obtained the model was run for 1,000 hours with no LPS using the code provided in Section B.2. The ending values of these simulations for each variable were determined to be the baseline initial conditions, representing a state of no macrophage activation.

### 4.2.3 Modeling multiple macrophages

The equations described in the section above represent the pathways in a single macrophage. To model recruitment and cell lifespan, we extended the model such that the equations are copied ten times to represent ten macrophages. These macrophages share the same extracellular components: LPS, IL-10, and  $\text{TNF}\alpha$ . Figure 4.2 shows a visualization of this compartmental model. Furthermore, each macrophage is randomly assigned a lifespan,  $12 \pm 3$  hours. At the end of each cell's lifespan, the variables in the signaling pathway are returned to a naive state to represent the recruitment of a naive cell.

Our aim in constructing a model of multiple macrophages was to examine how macrophages in close proximity behave in response to extracellular stimuli while still utilizing the ODE structure. Resulting dynamics of variables that exist in each model can be viewed separately or averaged together to obtain the average behavior across all macrophages.

### 4.2.4 Agent-based M1/M2 model

Our ABM pro- and anti-inflammatory mediators (PIM and AIM, respectively), M0, M1, and M2 macrophages, and SOCS on a 40-by-40 grid, implemented using object-oriented programming in MATLAB (code provided in Section B.1). Macrophages are mobile agents with M1/M2 activation and SOCS levels as associated attributes. Each macrophage may take up one patch, and pro- and anti-inflammatory mediators are measured by amount on each patch, diffusing across the grid over time. We do not specifically model  $\text{TNF}\alpha$  and IL-10 but rather group together general mediators with pro- and anti-inflammatory roles. The model can be initialized with varying levels of any of these components and simulated to obtain the resulting dynamics. The model performs a series of steps to recruit macrophages, determine M1/M2 activation, and produce and inhibit pro- and anti-inflammatory mediators and SOCS. Each macrophage has levels of M1 and M2 activation, where  $0 \leq M1 + M2 \leq 1$ , and these activation levels are updated based on the surrounding levels of pro- and anti-inflammatory mediators. Figure 4.3 summarizes the steps taken during every iteration of

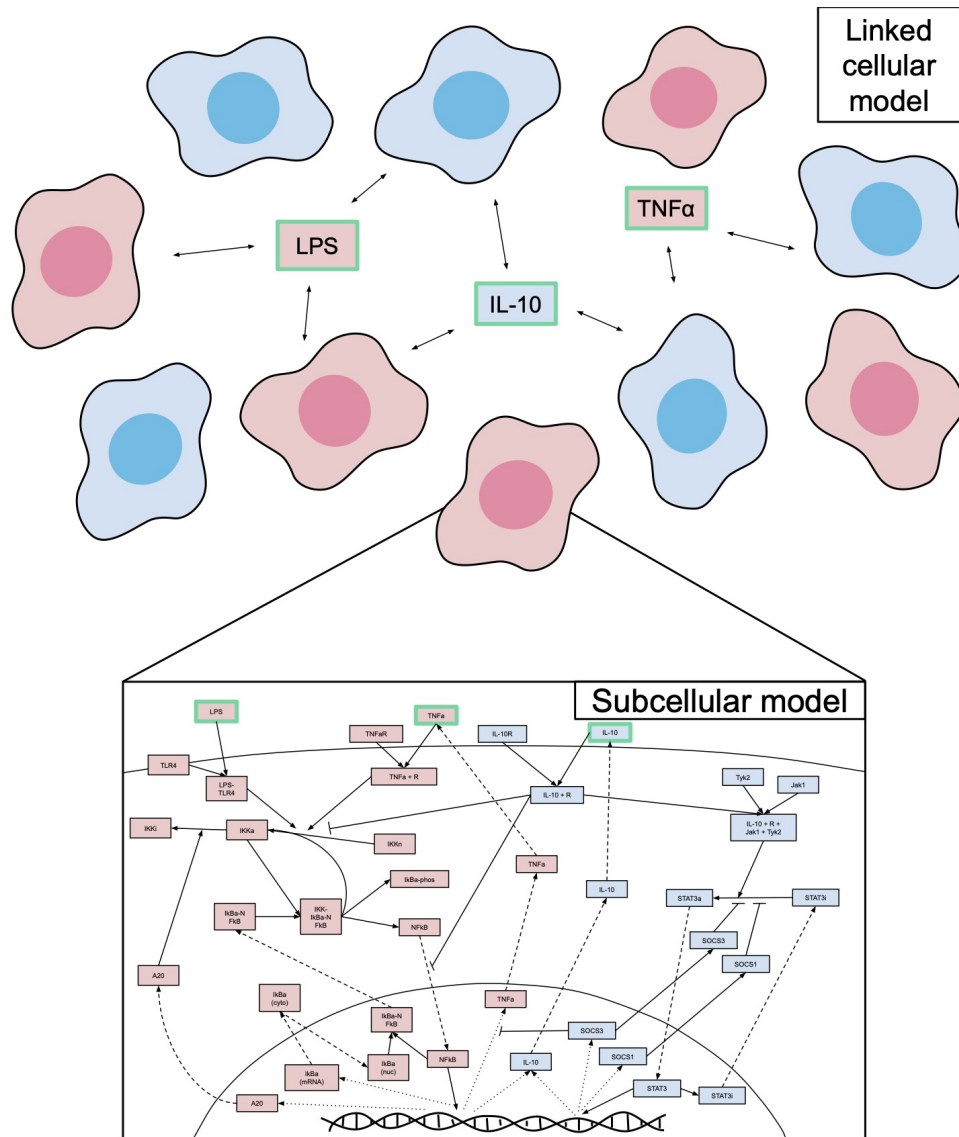


Figure 4.2: A representation of the multiple macrophages ODE model, in which each macrophage is a compartment with its own set of subcellular signaling pathways, and all ten macrophages share external stimuli LPS, TNF $\alpha$ , and IL-10.

the simulation, where each iteration represents 20 minutes. These steps are based on the same interactions described in the ODE model.

#### 4.2.5 Calibrating experiment and scenarios

To be able to compare the models to each other, we implemented the same scenario, which we called a "calibrating experiment," in each model and tuned the ABM results so that PIM & AIM and M1 & M2 activation results were similar to their corresponding components in the ODE model, since the ODE model parameters were already set (see Section 4.2.2 for process). These ODE model components were extracellular  $\text{TNF}\alpha$  & IL-10 and  $\text{TNF}\alpha$  mRNA & IL-10 mRNA, respectively. We chose M1 and M2 activation to be represented by  $\text{TNF}\alpha$  and IL-10 mRNA, respectively, since mRNA is produced via downstream signaling initiated by the surrounding environment and also results in specific proteins that are secreted from the cell. Thus, mRNA associated with the cell's phenotype both reflects and drives macrophage polarization.

Tuning parameters so that the ABM and ODE model returned similar dynamics in the calibrating experiment allowed us to obtain similar behavior at baseline and compare the results of more complicated experiments. We chose this scenario to be a single macrophage with a high pro-inflammatory stimulus and without cell death. In the ODEs, initial conditions were established such that all variables are at baseline levels, to represent an M0 macrophage.  $\text{TNF}\alpha$ , the variable representing a pro-inflammatory stimulus in the ODE model, was set to 10 pg/mL, consistent with experimental methods [60].

For a naive macrophage in the ABM, we used a 3-by-3 grid so that the cell could move but interact only with the mediators in its immediate proximity. A naive macrophage in this model is defined as having activation  $M1 + M2 < 0.25$ ; M1 and M2 activation were randomly chosen with bounds that satisfy this condition. Pro-inflammatory mediators do not have specific units but after exploratory simulations, we considered a concentration of 30 in the center space of the grid to be sufficient to mount an inflammatory response. ABM

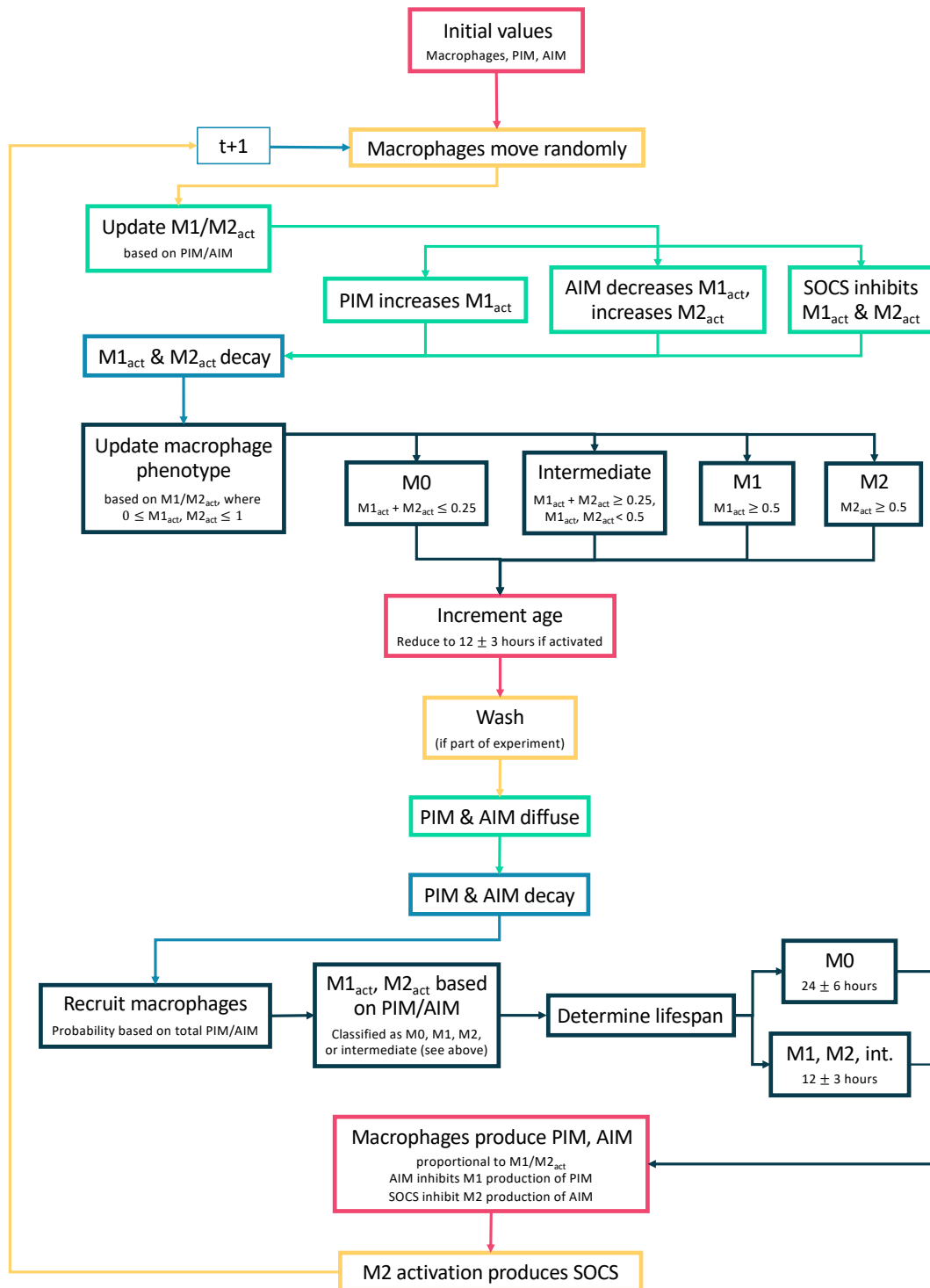


Figure 4.3: Description of steps in ABM for each iteration of the simulation.

parameters were tuned manually to match the dynamics observed in the ODE.

Through simulating the calibrating experiment and scenarios, described below, we found that receptor-bound  $\text{TNF}\alpha$  and IL-10 in the ODE model played an important role in the resulting dynamics. Many modelers do not model changes in cytokine levels due to binding to receptors, assuming this amount is negligible. However, we found that this is not the case in our ODE model, and explicitly modeling receptors makes a difference in dynamics. Receptors were not explicitly modeled in the ABM; macrophage activation is based solely on the surrounding PIM and AIM. This can create a disparity in the amount of PIM and AIM that are compared between the two models. In Figures 4.4 and 4.5 and in our results, we showed two cases of the ODE model: when only extracellular  $\text{TNF}\alpha$  and IL-10 are considered, and when both extracellular and receptor-bound  $\text{TNF}\alpha$  and IL-10 are considered. We also discussed differences between these two cases.

In the calibrating experiment, we set the ODE and ABM parameters and initial conditions such that a single macrophage would exhibit similar M1 and M2 behavior when initialized with PIM (process described in Methods section). Figure 4.4 shows the results of this simulation. All transients are normalized for comparison because the units in the models vary. To do this, we scaled each transient by its maximum. The results of the ABM in Figure 4.4 is the result of 50 simulations; on the other hand, the ODE model with a single macrophage is deterministic and thus only one simulation is necessary.

M2 activation occurs slightly earlier in the ABM than in the ODE, but we concluded that the results were similar enough to proceed with comparisons. Adding receptor-bound  $\text{TNF}\alpha$  and IL-10 to their extracellular counterparts did not make a significant difference in the results. We also considered the magnitudes of M1 and M2 activation in relation to each other, shown in Figure 4.5. M1 and M2 activation in the ABM are, by definition, bound between 0 and 1. To compare with the ABM, we scaled  $\text{TNF}\alpha$  and IL-10 mRNA in the ODE by the maximum of  $\text{TNF}\alpha$ . Peak M2 activation in both the ABM and ODE are about half the peak M1 activation. This shows important dynamics observed in both models, which

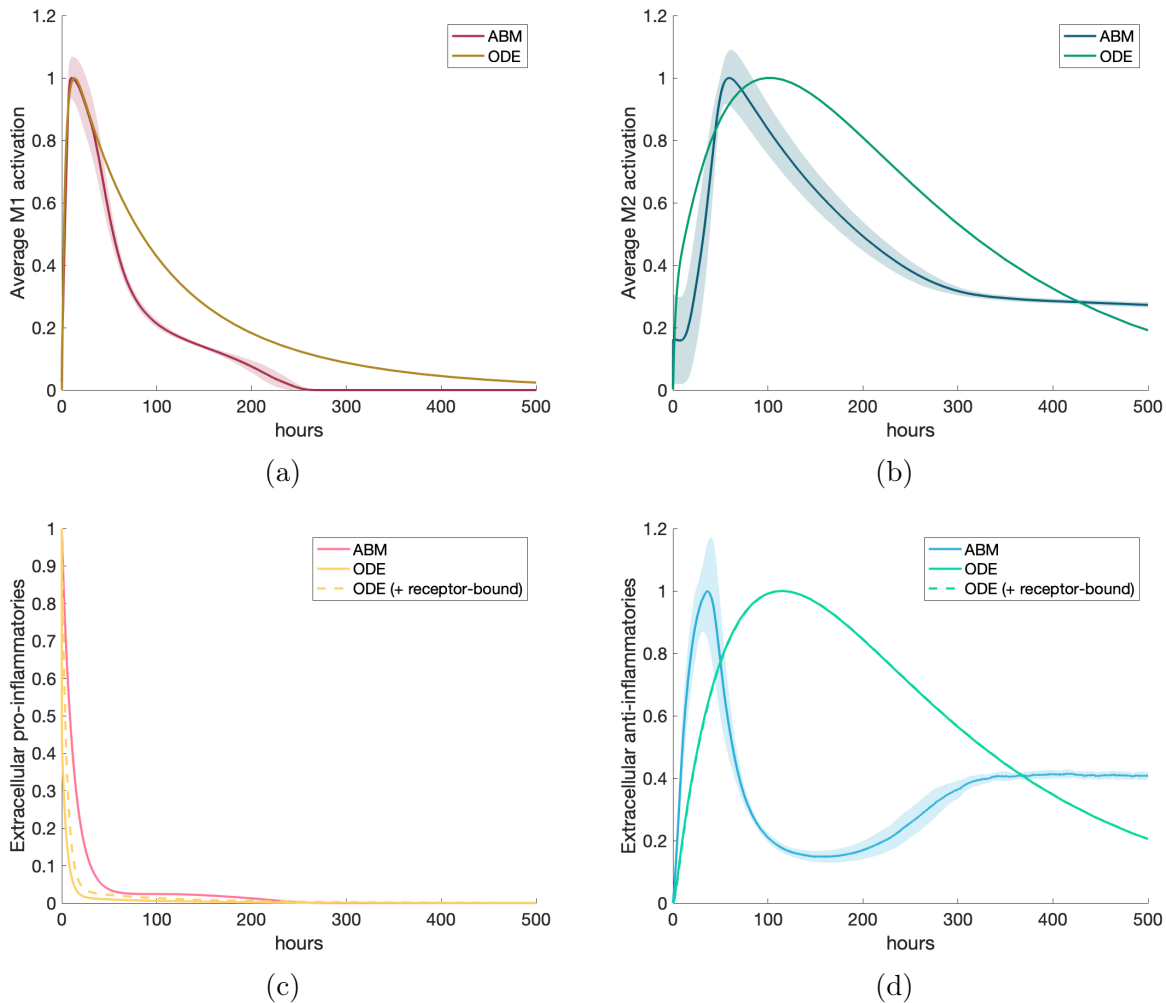


Figure 4.4: Calibrating experiment: single macrophage activated by a pro-inflammatory stimulus. ABM and ODE results are shown on the same plots for comparison. All transients are scaled by their maximums. Dotted lines represent extracellular  $\text{TNF}\alpha$  or IL-10 with receptor-bound  $\text{TNF}\alpha$  or IL-10, respectively. (a) M1 activation, (b) M2 activation, (c) pro-inflammatory mediators, (d) anti-inflammatory mediators.

illustrates the strength of the calibration.

Once the parameters were set and the calibrating experiment was simulated, we changed the initial conditions to represent six additional scenarios, which will be described in greater detail below. First, we used the same single-macrophage model as described above but with an anti-inflammatory stimulus. Then, using the 40-by-40 grid for the ABM and ten-macrophage model for the ODE, we incorporated recruitment/turnover and cell lifespan. For these larger models, we simulated the following scenarios, the results of which will be



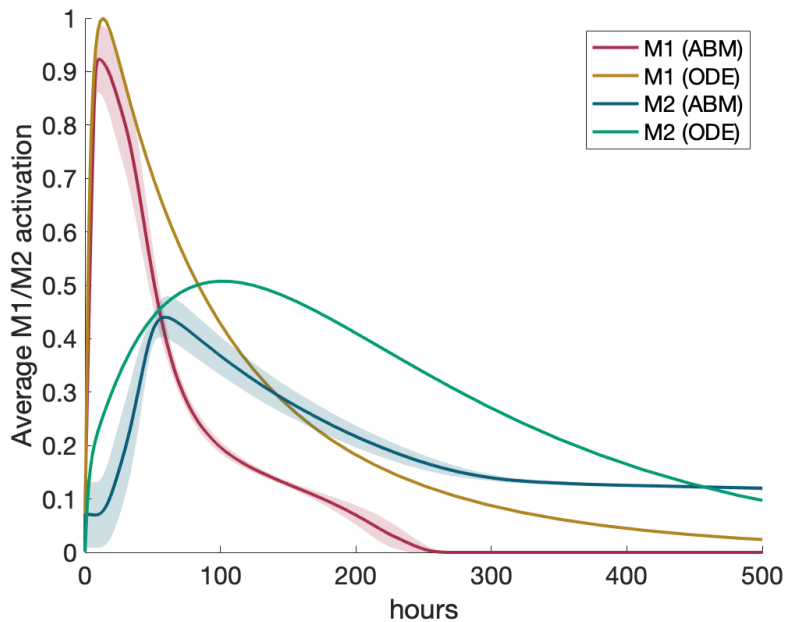


Figure 4.5: Calibrating experiment: M1 and M2 activation resulting from the calibrating experiment. ODE results are scaled by the maximum M1 activation to compare to activation in the ABM, which is bound by 0 and 1.

discussed in the following section:

1. Naive macrophages with large pro-inflammatory stimulus
2. Naive macrophages with large anti-inflammatory stimulus
3. M1 macrophages with anti-inflammatory stimulus
4. Half M1, half M2 macrophages
5. Pro-inflammatory stimulus, wash at hour 12, then anti-inflammatory stimulus

### 4.3 Results

We simulated equivalent scenarios in an ODE model and an agent-based model of M1/M2 activation in response to general inflammatory stimuli. In this section we compare the results of the two models to shed light on the benefits of each model type and, in particular,

examine whether the incorporation of a spatial component through an ABM or the incorporation of hallmark signaling pathways through an ODE improve the value of the models in understanding immune system dynamics. All results shown are the average of 50 simulations except the single-macrophage simulations, which is deterministic since age is not a factor. Code is provided in Sections B.1 and B.2.

### 4.3.1 Scenario 1: macrophage with anti-inflammatory stimulus

For the first scenario, we used the same structure of a single macrophage as in the calibrating experiment. Instead of a pro-inflammatory stimulus, we used an anti-inflammatory stimulus. Figure 4.6 shows the results of this simulation. AIM and M2 activation behave roughly the same; in the ABM, M2 activation decreases slightly slower than in the ODE. For the ABM, in both the calibrating experiment and this scenario, there is a slight increase in AIM later in time. This may be due to the small amount of SOCS left at this time, allowing AIM to increase slightly before decaying completely due to decreasing M2 activation. Including receptor-bound mediators in the ODE reveals a slower decrease in AIM over time but overall similar behavior to the ABM. A small increase in M1 activation and PIM also occurs later in time in the ODE model; this is due to trace amounts of  $\text{NF}\kappa\text{B}$  in the baseline levels of the cell that result in a small amount of  $\text{TNF}\alpha$  production downstream. Additionally, we noted that simulating a single macrophage in the ABM shows consistent results for each of the 50 simulations, since the shaded regions around the curves, representing standard deviation, are very small or nearly zero.

Figure 4.6(c) shows that some PIM is produced in the ABM due to a small percentage of M1 activation existing in the naive macrophages (see Figure 4.3 to see how naive macrophages are defined), but both models show a decrease to zero in the presence of a large concentration of AIM. Similarly to Figure 4.5 in the calibrating experiment, we show M1 activation in relation to M2 activation in Figure 4.7 to better visualize the magnitude of the pro-inflammatory response, which is very small in relation to the much larger anti-

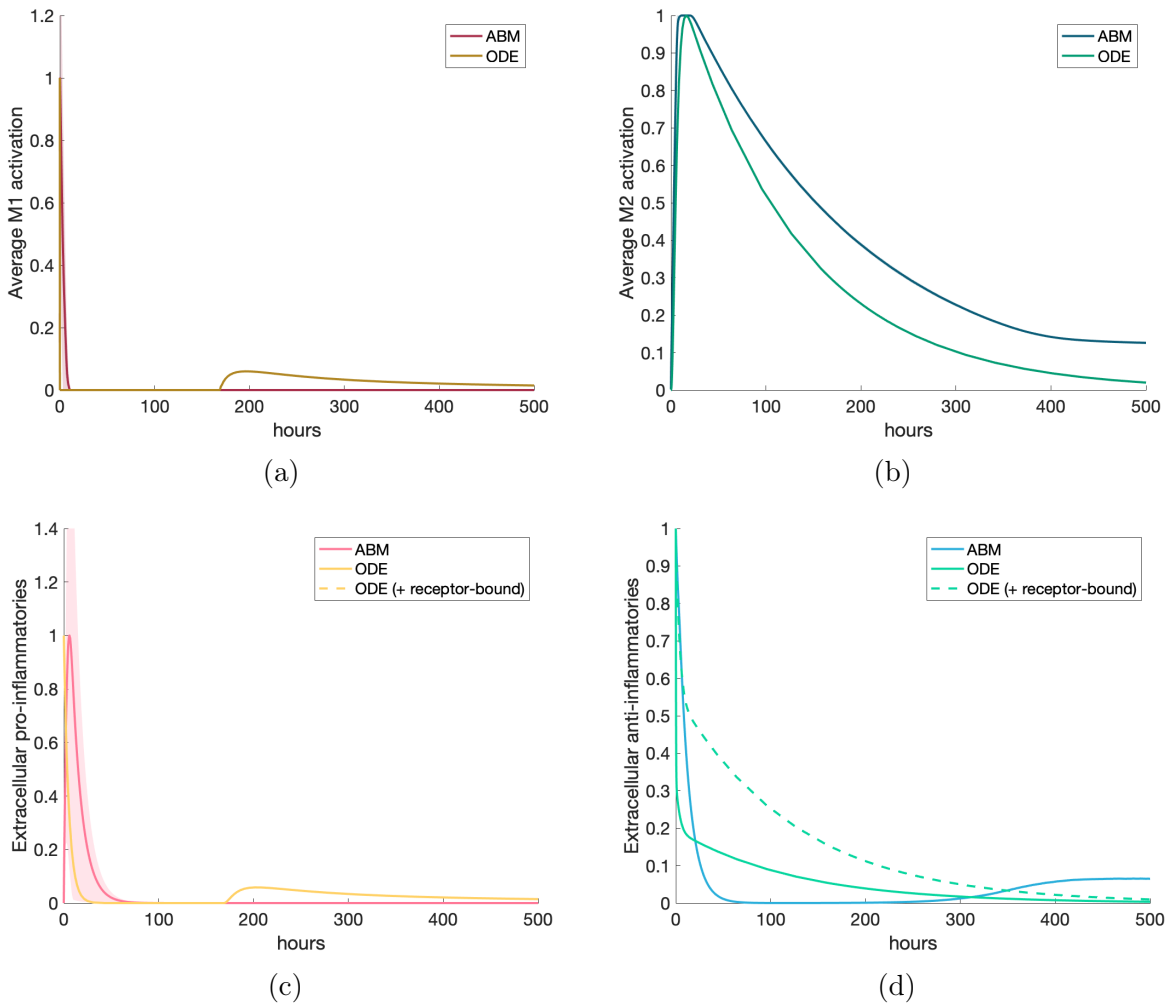


Figure 4.6: Scenario 1: Simulation of single response to an anti-inflammatory stimulus. All transients are scaled individually by their maximums. (a) M1 activation, (b) M2 activation, (c) PIM, (d) AIM.

inflammatory stimulus.

### 4.3.2 Scenario 2: multiple macrophages with pro-inflammatory stimulus

We then introduced recruitment/turnover and cell lifespan. In the ABM, the grid was expanded to 40-by-40 with ten M0 macrophages initially, and the recruitment feature was turned on. Naive and activated macrophages were randomly assigned lifespans of  $24 \pm 6$  and  $12 \pm 3$  hours, respectively. In the ODE, all ten macrophage compartments were utilized

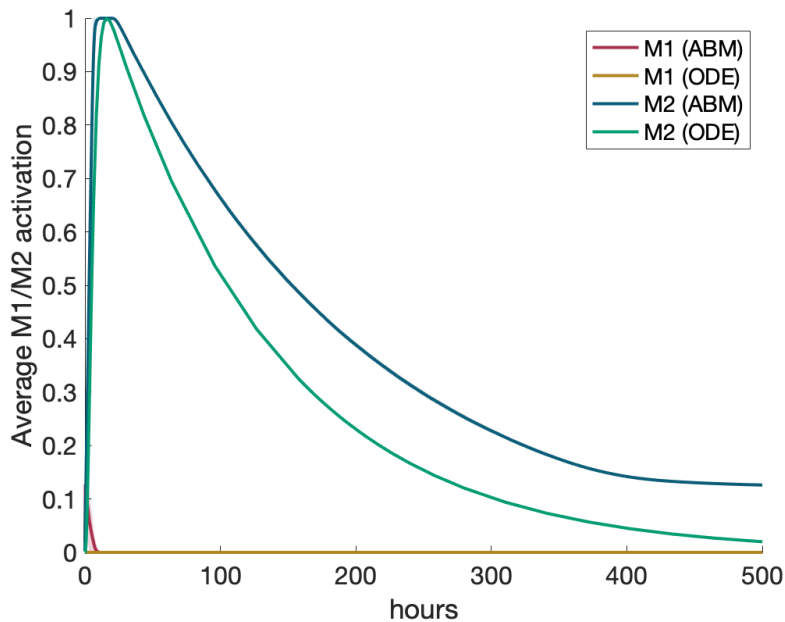


Figure 4.7: Scenario 1: M1 and M2 activation resulting from the calibrating experiment. ODE and ABM results are scaled by the maximum M2 activation to compare to maximum M1 activation, which is nearly nonexistent in comparison to M2.

and had lifespans of  $12 \pm 3$  hours. In this scenario, we introduced a large pro-inflammatory stimulus into the model. Results are shown in Figure 4.8.

In this scenario, M1 and M2 activation in the ODE occur before the ABM, despite similar dynamics for the anti-inflammatory mediators between the two models (panel (d)). Including receptor-bound  $\text{TNF}\alpha$  (Figure 4.8(c)) makes a significant difference in the dynamics. Our ODE model shows that when naive macrophages are introduced into an environment with a high concentration of  $\text{TNF}\alpha$ , receptors quickly bind to free  $\text{TNF}\alpha$ . Therefore, extracellular  $\text{TNF}\alpha$  in the ODE did not compare well to PIM in the ABM, since receptors are not modeled in the ABM. When receptor-bound  $\text{TNF}\alpha$  was added to the PIM total shown in Figure 4.8, the dynamics matched up almost perfectly to the ABM. Figure 4.8(d) shows almost no difference between extracellular IL-10 only and extracellular IL-10 with receptor-bound IL-10, suggesting that accounting for both populations matters more when a large amount of extracellular mediators is introduced rather than the resulting dynamics are observed over time. Standard deviations, shown as the shaded regions in the figures, are also higher than

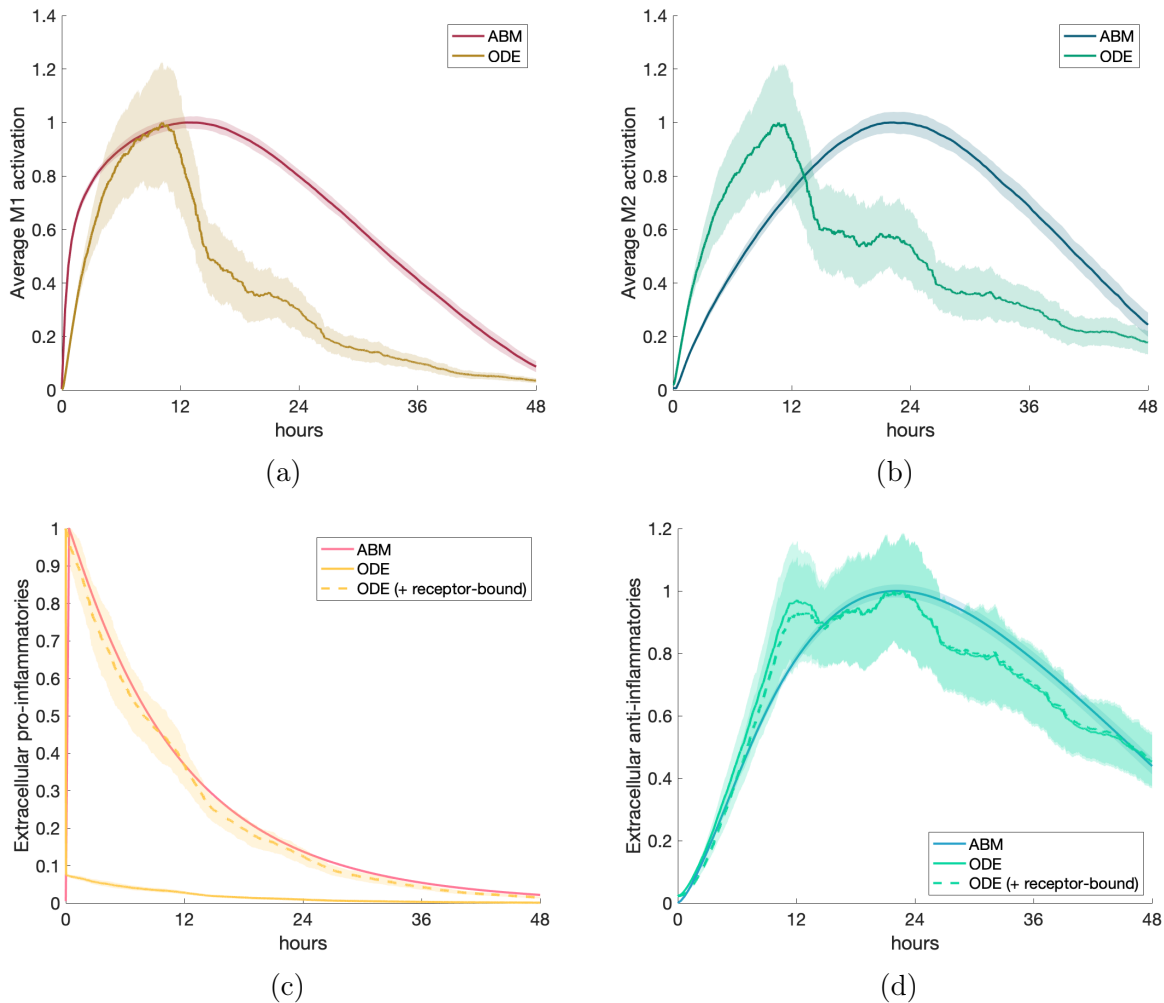


Figure 4.8: Scenario 2: M1/M2 response to model of multiple macrophages, activated by an initial amount of pro-inflammatory mediators. All transients are scaled individually by their maximums. (a) M1 activation, (b) M2 activation, (c) PIM, (d) AIM.

the single-macrophage simulations, since cell lifespan and recruitment provide additional randomness.

### 4.3.3 Scenario 3: multiple macrophages with anti-inflammatory stimulus

The same initial conditions were used for this scenario as in the previous one, except instead of a pro-inflammatory stimulus, an anti-inflammatory stimulus was introduced into the system. Results are shown in Figure 4.9. PIM and M1 activation were very small compared to AIM

and M2 activation, so we do not show their dynamics.

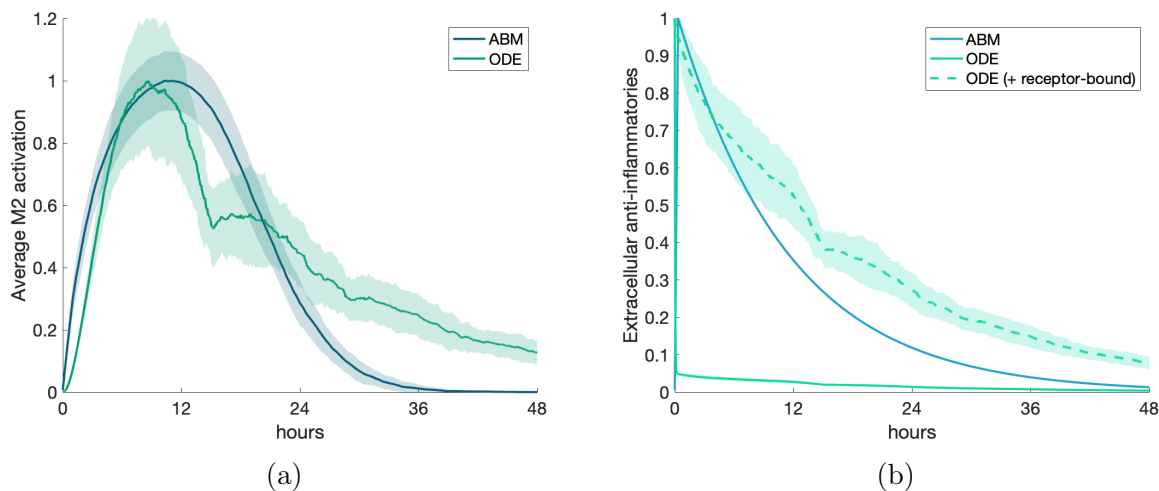


Figure 4.9: Scenario 3: M1/M2 response to M1 macrophages activated by an initial amount of anti-inflammatory mediators. All transients are scaled individually by their maximums. (a) M2 activation, (b) AIM.

M2 activation in the two models are very similar, with the ODE showing a slightly longer tail after the peak of activation. This is paired with a slower decrease of IL-10 (AIM) when receptor-bound IL-10 is taken into account, similarly to PIM in the previous scenario. For a large anti-inflammatory stimulus, similar dynamics are observed between both models when the ODE transient includes receptor-bound IL-10.

#### 4.3.4 Scenario 4: M1 macrophages with anti-inflammatory stimulus

Next we examined what would happen to an M1 environment when an anti-inflammatory stimulus is introduced into the system. We first needed to determine what this M1 environment would look like as initial conditions that could be used to begin the simulation.

For the ODE, we set all ten macrophages to an M1 phenotype based on the maximum activation that occurs in the calibrating experiment. This maximum occurs around hour 13, so we used the variable values at this time as the initial conditions for all macrophages. We then added a high concentration of IL-10 (the same amount as in Scenario 3) and ran the simulation.

For the ABM, M1 macrophages are defined as having  $M1_{act} > 0.5$  and produce pro- and anti-inflammatory mediators proportional to their activation. To account for recruitment, the equivalent of which in the ODE model is turnover to naive initial conditions, we introduced into the system the number of M1 macrophages at the time when M1 activation was at its highest in Scenario 2. We find that this occurred roughly at hour 12, when there were 205 macrophages. We used this number of M1 macrophages as the initial conditions, along with the same amount of anti-inflammatory mediators as in Scenario 3. We performed two simulations to account for receptor-bound  $TNF\alpha$  - in the first simulation, we started without any extracellular  $TNF\alpha$ . Second, we considered no  $TNF\alpha$  to also include no receptor-bound  $TNF\alpha$ . Figure 4.10 shows the results for average activation and extracellular mediators.

M2 activation is similar, with the tail of M2 activation and AIM slightly longer in the ODE than the ABM. AIM have a similar response as in the previous scenario, such that with a large anti-inflammatory stimulus, including receptor-bound IL-10 in the AIM improve the ODE model's similarity to the ABM dynamics. Similarly, including receptor-bound  $TNF\alpha$  in the total PIM matches ABM dynamics better, though in this case PIM production increases at a slightly higher rate in the ABM. Also, M1 activation shows a small rebound before it decreases to zero. Since AIM do not stimulate the pro-inflammatory signaling pathway but rather inhibit it, this rebound may be due to residual  $NF\kappa B$  and  $TNF\alpha$  in the cytosol and nucleus of the M1 macrophages, taking some time to make its way downstream before being used to produce a small amount of extracellular  $TNF\alpha$ .

### 4.3.5 Scenario 5: half M1 and half M2

We then observed the results of initializing the models to a state of high activation such that half of the macrophages present were activated to an M1 phenotype and half were M2.

For the ODEs, we used the same initial conditions for M1 macrophages as in Scenario 4, and used a similar method to obtain initial conditions for M2. Hour 16 in Scenario 1 was the time around which peak M2 activation occurs. Five macrophages had M1 initial conditions

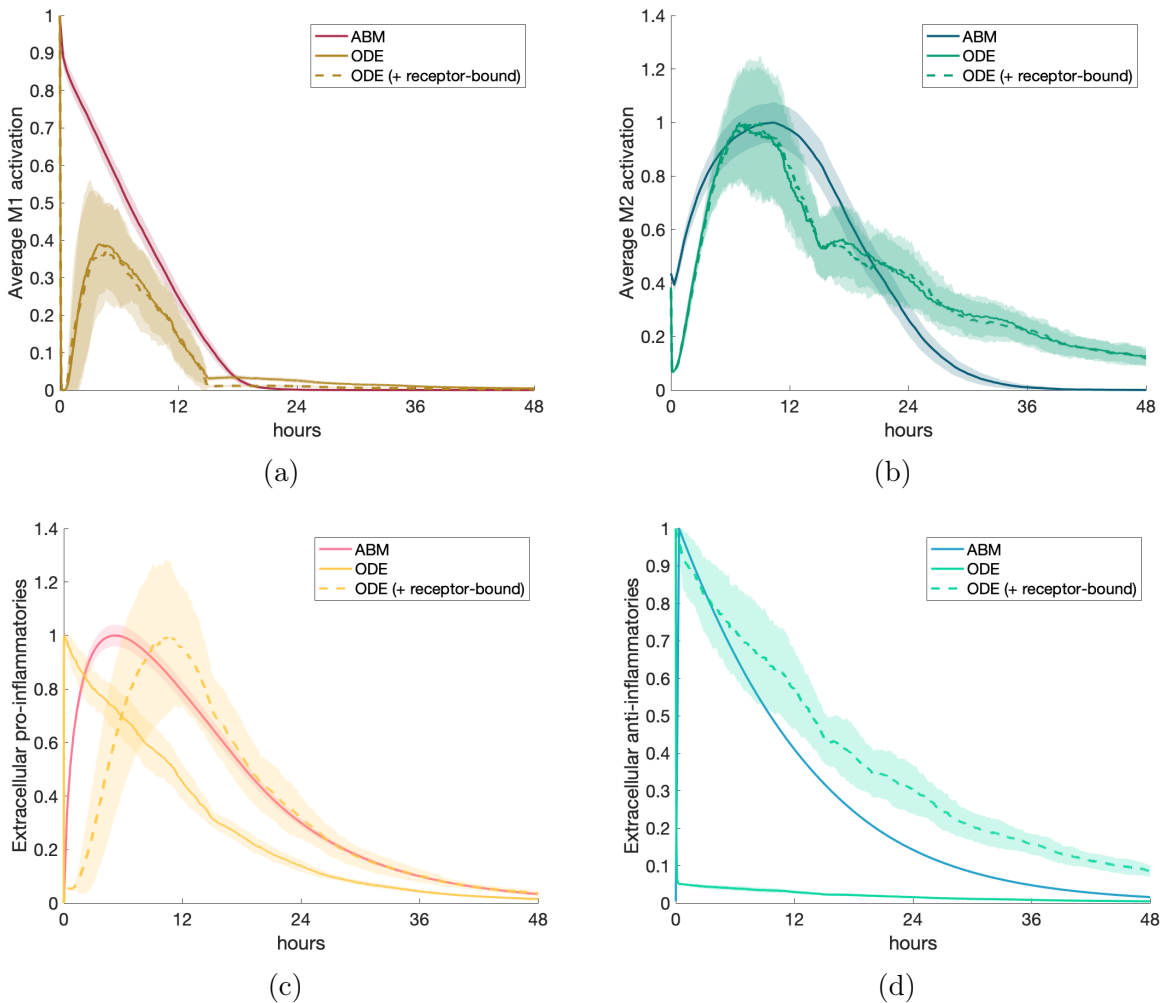


Figure 4.10: Scenario 4: M1/M2 response to anti-inflammatory stimulus introduced into an M1-polarized system. Transients are scaled individually by their maximums. (a) M1 activation, (b) M2 activation, (c) PIM, (d) AIM.

and the other five had M2 initial conditions.

For the ABM, we used a total of 200 macrophages to represent a state of high activation, similar to the maximum amount of macrophages in Scenario 4. Half were defined as M1 and half as M2. Figure 4.11 shows the results for M1 and M2 activation and for pro- and anti-inflammatory mediators. When receptor-bound mediators were not taken into account, only extracellular  $\text{TNF}\alpha$  and IL-10 were set to zero at the beginning of the simulation. When receptor-bound mediators were considered part of the overall  $\text{TNF}\alpha$  and IL-10 concentrations, they were also set to zero.



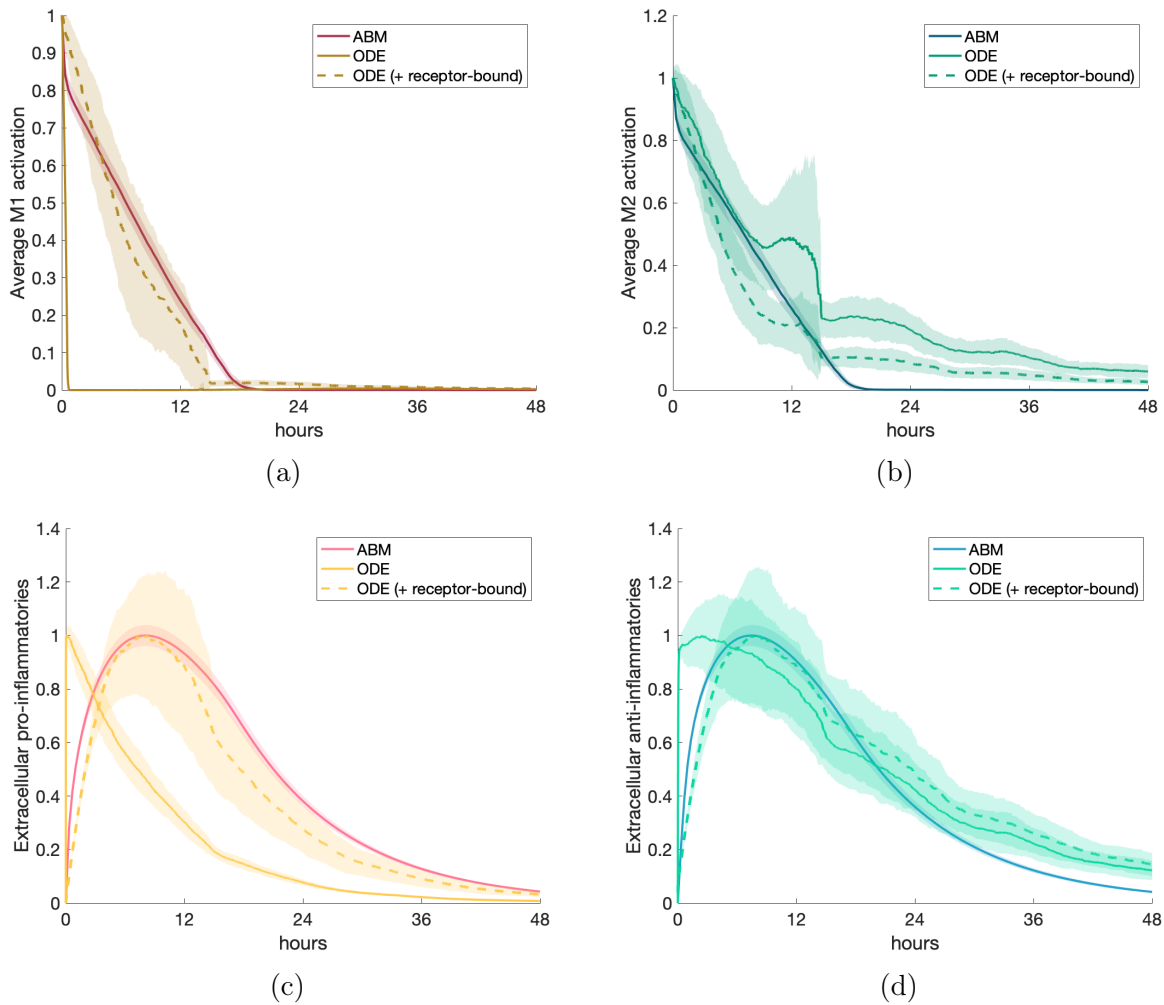


Figure 4.11: Scenario 5: M1/M2 response to a state of activation in which half of the macrophages present are M1 macrophages and half are M2. Transients are scaled individually by their maximums. (a) M1 activation, (b) M2 activation, (c) PIM, (d) AIM.

The ODE model results that included receptor-bound mediators in the total were more similar to ABM results, reflected in all four panels of Figure 4.11. M1 and M2 activation decay at similar rates due to low production of mediators, and the maximum PIM and AIM show similar behavior as well. The ODE model has consistently shown a longer tail in the overall anti-inflammatory response, both in AIM and M2 activation.

### 4.3.6 Scenario 6: PIM activation with wash and anti-inflammatory stimulus

It is common in experimental setups to perform a wash, where cells are treated with a stimulus, then "washed" with a solution to remove external mediators [136]. We replicated this experiment by beginning with the same initial conditions as in Scenario 2: 10 naive macrophages and a pro-inflammatory stimulus. Then at hour 12, the cells, at whatever state they were in at that time, were "washed" such that PIM and AIM were set to zero and a high amount of AIM was added (same as initial amount in Scenario 3). In the case of considering receptor-bound mediators, receptor-bound  $\text{TNF}\alpha$  was also set to zero at hour 12. Results are shown in Figure 4.12. Since the times at which M1 and M2 activation is affected most by the wash is different for the ABM versus the ODE model, we compare experiments to examine how they differ from a control, where there is no wash and no AIM added at 12 hours. Therefore, we show four cases, all of which are initialized with PIM: 1) PIM with no later intervention, 2) no wash, AIM added at 12 hours, 3) wash with AIM added, 4) wash with no AIM added. In the future, experiments could be performed with data collected when the models' dynamics differ significantly in order to select which model best replicates the experimental results.

Figure 4.12 shows that M1 and M2 activation in the ABM responds similarly regardless of the experiment, whereas they have more distinct results in the ODE simulations. The ODE model has a more immediate response to the AIM than the wash, shown in the sharp changes at hour 12 for the blue and yellow curves in panels (b) and (d). On the other hand, activation in the ABM does not show these sharp changes; rather, they are more gradual even though large jumps are reflected in the PIM and AIM dynamics. Incorporating the receptor-bound mediators into the extracellular AIM and PIM in the ODE simulations shows nearly an exact match with the ABM results in panels (e) through (h). Furthermore, in both model types, M1 activation generally peaks before M2 activation. One noticeable difference is that with the wash, no AIM experiment, more time is needed in the ABM to

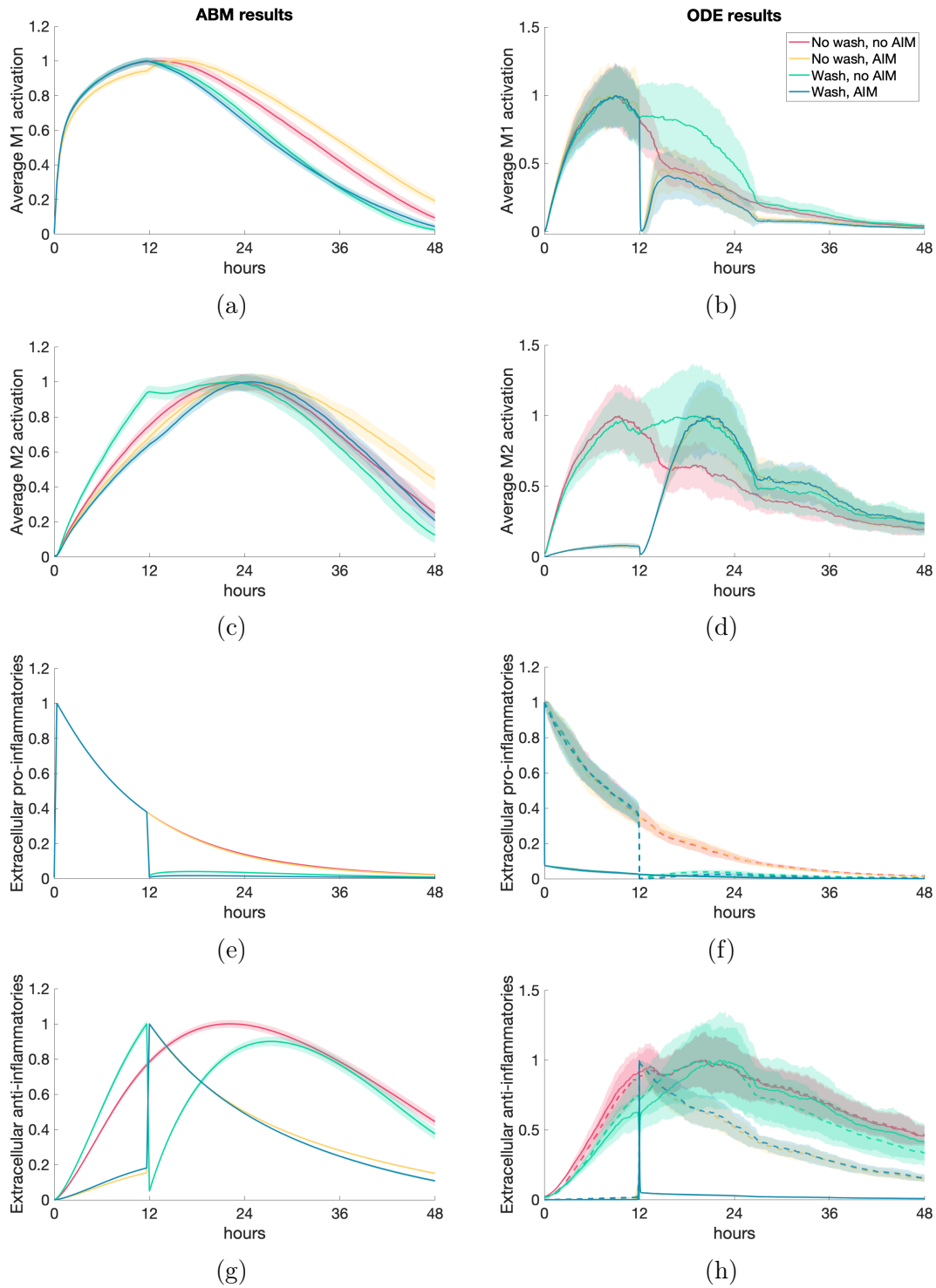


Figure 4.12: Scenario 6: M1/M2 response to an initial pro-inflammatory stimulus and either wash or no wash, with AIM added or not added at hour 12. Transients are scaled individually by their maximums. Column 1: ABM results. Column 2: ODE results. (a, b) M1 activation, (c, d) M2 activation, (e, f) PIM, (g, h) AIM.

return to its original levels whereas the ODE model shows a faster rebound. Examining these four scenarios allowed us to observe how the models respond to different variations of stimuli and pinpoint the sensitivity of both models to these stimuli. It could also aid in selecting the best way to create an *in silico* representation of an experiment such as a wash.

## 4.4 Discussion

With still much unknown about M1-M2 polarization and the important role it plays in the pathogenesis of many diseases [11], our modeling approaches and scenarios contribute to the body of knowledge surrounding macrophage polarization by providing a comparison of *in silico* platforms to test hypotheses and highlight mechanisms that may be necessary or unnecessary to include in future models.

By using the same basic principles of M1/M2 activation, interaction with mediators, and cell lifespan, our two distinctly different models provided surprisingly similar results after tuning to a common calibrating experiment. In particular, peak times and overall shapes of the transients were similar in most cases. Whereas our ODE model accounted for relatively detailed subcellular signaling, where each term represented a different interaction within the cell as well as with extracellular mediators, our ABM simplified the interactions to reflect similar roles of M1/M2 activation without the detail of individual mechanisms and interactions. Rather, only M1/M2 activation and mediators were measured in the model.

A common difference between models was a longer tail of M2 activation and AIM activity across several scenarios. This was also seen in the calibrating scenario, where M2 activation decreases more quickly in the ABM. Future work could include finer tuning of the parameters to better align the model results.

Another thread throughout this chapter is the consideration of receptor-bound TNF $\alpha$  and IL-10 in the ODE model. In most scenarios, especially those with high amounts of one mediator (Scenarios 2-4) or both (Scenarios 5-6), incorporating receptor-bound mediators

into the overall concentration of mediators improved similarity to the ABM results. Though this disparity was initially unexpected, it was not surprising since the ABM does not explicitly model receptors such that extracellular mediators are not removed from the population when they interact with a macrophage. Due to the significant difference when taking into account receptors versus not taking them into account, future changes to the ABM may involve accounting for receptor-bound mediators by explicitly including receptors or PIM and AIM in the extracellular population could be decreased when they come into contact with a macrophage, representing binding to receptors.

We also wanted to examine the differences that incorporating space (ABM) or detailed subcellular signaling (ODEs) would make in the resulting dynamics. A notable difference between the two models is seen in Figure 4.10(a), where residual amounts of M1-related variables such as intracellular forms of  $\text{NF}\kappa\text{B}$  and  $\text{TNF}\alpha$  resulted in a small downstream bump in M1 activation in the ODE, whereas the ABM, which does not account for these variables, showed a more gradual, constant decrease of M1 activation to zero. Another significant difference was observed in the "wash" experience in Scenario 6, where the ODE model had a greater sensitivity to immediate changes in PIM and AIM than the ABM. In the ABM, rules of macrophage activation are defined such that activation decreases gradually when a stimulus is not present, whereas in the ODE model the explicit transcription of mRNA responds directly and more immediately to a lack of extracellular mediators. Interestingly, this discrepancy did not significantly affect the other scenarios. This is an area of future investigation, especially if these models could be validated with experimental data. Overall, the incorporation of multi-step subcellular signaling was not very important since the ABM did not include subcellular signaling and we obtained similar dynamics from both models.

We did not observe significant differences regarding the spatial dynamics of the ABM versus the well-mixed assumption of the ODE model, although this was not a focus of our analysis. It has been shown in previous ABMs involving macrophages, such as modeling granuloma formation in tuberculosis [77], that incorporating the ability of macrophages to

interact on a spatial level and gather together is important to the immune response. Future simulations and scenarios could involve putting initial amounts of PIM and AIM on different areas within the grid or in different patterns to observe more carefully how space plays a role in M1/M2 activation.

Based on our findings from comparing the two models, we recommend a focus on the main interactions of extracellular mediators and macrophages, where M1/M2 polarization can occur on a continuous spectrum, reflecting the current knowledge and modeling practices of macrophage activation [78, 88, 149]. Important feedback loops in the pro- and anti-inflammatory phases of the immune response are: the positive feedback loop of M1 activation, upregulation of M2 via M1, and the negative feedback loop in which M2 decreases both M1 and itself. Initially, our ABM did not include SOCS, a family of intracellular proteins produced by the IL-10 pathway to regulate itself. Without this regulatory feedback loop, M2 activation and AIM did not decrease back to its initial state, but when we added SOCS to the ABM, we obtained the expected dynamics such that the calibrating experiment results of the ABM were similar to the ODE model, which did include SOCS. Whether these interactions and feedback loops are modeled explicitly through signaling pathways or through general rules was less important for our purposes, as our results from the two approaches were similar, as long as they were included in some manner.

Future work necessary to confirm our hypotheses via the scenarios described above is to fit both models, especially the calibrating experiment, to additional data. The only data used so far was an initial parameter estimation of the ODE model parameters based on LPS-induced dynamics. More sophisticated parameter estimation methods, such as obtaining correlations between parameters and a sensitivity analysis, would be useful due to the large number of parameters in the model. Furthermore, currently both models are meant to represent the immune response to a general insult. These models can be adapted to incorporate the key players and mechanisms involved in specific injuries such as bacterial or viral infections, mechanical ventilation, or smoking/COPD.

# Chapter 5

## Discussion

### 5.1 Conclusion

Infections and other insults associated with the lungs are still some of the top causes of death worldwide [2]. Despite decades of research surrounding lung inflammation and damage, there is still much that is unknown about the mechanisms of inflammation and repair in the lungs, especially relating to the M1/M2 spectrum of activation. In the context of VILI, the need to test new ventilation strategies that mitigate VILI before becoming standard practice arises from the combination of patient-specific needs and the many configurations of the ventilator itself [118]. Another example of the need for new treatments can be seen in treatment of the respiratory infection tuberculosis, for which there is currently not a comprehensive vaccine and antibiotic resistance is a growing problem [58]. *In silico* modeling is a useful tool to simulate these complex interactions, test hypotheses, and make predictions. Furthermore, a variety of methods, including statistical and machine learning techniques, can aid in analyzing our models in the absence of experimental data. In this work, we utilized various types of *in silico* modeling with standard analysis methods and ones developed on our own to contribute to a greater understanding of lung inflammation.

To understand VILI and identify the key mechanisms driving outcome, we developed

an ODE model that includes an epithelial subsystem and accounts for M1/M2 polarization. Through LHS, we generated a collection of parameter sets that provided a wide variety of dynamics. Using hypothesis testing, a random forest algorithm, and the variance-based sensitivity analysis method eFAST, we identified the parameters and other predictors that contributed most to changes in overall lung health. We found that the key parameters corresponded to mechanisms of epithelial repair and M1 activation. We then hypothesized interventions based on these mechanisms and modulated epithelial damage in a case study.

We explored the usefulness of the collection of parameter sets produced from LHS and their corresponding model-generated dynamics. By creating a large synthetic data set from these transients, we were able to develop an algorithm based on relative error between the collection and each synthetic data set to predict whether the individual's condition would worsen after ventilation and a period of recovery. We also extended this algorithm to choose a next sample time that would provide the most information to determine outcome, and employed the parameter values themselves to supplement prediction in some cases. There are many different ways our algorithms can be tuned based on the needs of the user, such as the availability of different kinds of data and the thresholds for determining outcome. Thus far, our prediction processes compares fairly well to current classification methods using the synthetic data as a proof of concept. However, our methods should be calibrated to experimental data to be truly useful in a real-world setting and improve the accuracy of our predictions.

As previously stated, a coordinated M1/M2 response is necessary to correctly respond to and resolve damage in the lung. We built upon previous models to develop a system of ODEs that represents M1 and M2 subcellular signaling pathways within a macrophage. We also applied the same principles in an ABM, adding a spatio-temporal component to the macrophage dynamics. Both of these models represented a generic inflammatory response in the lungs. We developed these models to include cell lifespan and M1/M2 dynamics on both an individual-cell level and a tissue-scale level. In this way, macrophages interact with



their environment. We compared these different modeling approaches in various scenarios and found that including the details of the subcellular signaling pathway were not necessary in capturing the nonlinear dynamics of the M1/M2 response as long as the feedback loops regulating this immune response were incorporated into the model. We also identified how differences between the two models, such as explicitly including receptors, can affect output and should be considered when modeling.

Overall, this work contributes to the current body of knowledge surrounding mathematical modeling of lung inflammation, and in particular the role of the spectrum of macrophage activation. Due to the lack of data currently available, sophisticated computational methods were necessary to gain insight into the immune response. Through these methods we were able to identify important mechanisms, hypothesize and test interventions, and provide suggestions for future modeling efforts.

## 5.2 Future directions

A current limitation of our work is a lack of data, especially M1/M2 data in response to VILI. Once this is available, it will be possible to perform formal parameter estimation methods, calculate correlations between parameters, and obtain sensitivity analysis results. Furthermore, a true cohort could be established to aid in future predictions of outcome. With a bank of previous data, the algorithms we developed in Chapter 3 could be validated and used in real time for experimental design and in clinical settings to recommend sample times and determine whether additional intervention is needed, both during and after ventilation. The calibrating experiment and scenarios in Chapter 4 could also be fit to data. This would shed more light on M1/M2 dynamics on an individual cell level and aid in understanding the collective behavior of the tightly regulated interactions and roles of these cells.

All of these modeling approaches can be adapted or coupled with other models to replicate the dynamics of specific diseases. We discussed in Chapter 2 that although we focused our

modeling on the immune system dynamics that resulted only from ventilation, there are a number of insults and comorbidities that induce the need for ventilation in the first place. Since the algorithms developed in Chapter 3 are essentially classification methods based on an ODE model and collection of parameter sets, these same algorithms can be applied to other models to obtain predictions of different outcomes. Furthermore, for our general inflammation models in Chapter 4, specific mechanisms and interactions can be included to reproduce infection, particle inhalation through smoking, or other initiators of the immune response.

The methods used in this work, such as LHS, hypothesis testing, and eFAST, were appropriate for our purposes but alternative sampling and parameter sensitivity analysis methods exist. For example, Halton sequences are quasi-random but often cover parameter space more evenly [142], and partial rank correlation coefficients and the Sobol method are alternatives to eFAST [76, 114]. Additionally, incorporating other statistical methods could be useful. When performing hypothesis tests, interactions between parameters can be taken into account [13]. Furthermore, in Chapter 3, there may be other combinations of parameters not included in the collection that best fit a data set. Instead of the RES algorithm, LHS could be used as an experimental design to fill the parameter space. Then, using a linear model or Gaussian process model, parameter values could be selected to optimize the fit to data [55]. Future work could explore whether these and other analysis methods provide more information or aid in more accurate predictions.

Additional directions for future work are related to the properties of the models themselves. In Chapters 2 and 3, we examined how outcomes differed between initial conditions and states after ventilation plus a recovery period. After exploratory simulations, we observed that it is possible for many of the cases that worsen after 200 hours in comparison to their pre-ventilation state to eventually return to their initial conditions, but only after several thousand hours, which may be clinically unrealistic. We performed a bifurcation analysis for the epithelial subsystem, showing stable and unstable steady-states at zero or

nonzero points for  $E_h$  and  $E_d$ , but what about the stability of the larger system? Understanding the stability of the model as a whole may provide additional insight into the reasons why some individuals can recover quickly after ventilation while others do not; this is of particular interest in the context of inflammaging in VILI, where older individuals do not recover as well from ventilation as younger individuals.

Furthermore, the ABM incorporates recruitment of macrophages, diffusion of extracellular mediators, and random movement of macrophages. However, the spatial dynamics of this model were not fully explored in Chapter 4, and could be useful in understanding how different spatial configurations of the immune system components might affect the M1/M2 response. Future simulations could include placing macrophages and extracellular mediators in different locations on the grid and examining the resulting patterns.

In conclusion, through mathematical modeling of lung inflammation and incorporating macrophage polarization, we have been able to develop a better understanding of these complex interactions and recommend targets for intervention. In the future, we will be able to validate our models and strengthen results through fitting to data, which can be guided by our modeling efforts described in this work.

# Appendix A

## Chapter 2 supplementary material

### A.1 Epithelial subsystem

We began with a small three-dimensional system of differential equations of epithelial cell dynamics, shown in Eqs (A.1)-(A.3). We then performed a bifurcation analysis to gain an initial understanding of the effects of the immune response on the epithelium. In this section, we examine steady-states that arise from mechanisms specific to VILI.

$E_h$  is the proportion of the local space filled by healthy cells,  $E_d$  is the proportion of the local space filled by damaged cells, and  $E_e$  represents dead cells or empty "space" that can be replaced/filled with healthy cells. We define this "local space" to be a simplified approximation of the entire alveolar space. Each term represents a biological event explained by the brackets above the term. This first model includes only the baseline abilities of epithelial cells to proliferate and repair themselves in the presence of sustained damage. We do not explicitly model proliferating and non-proliferating cells; the parameter  $p_e$  is modulated to reflect the general mechanism by which neighboring epithelial cells renew surrounding "space" (tracked by  $E_e$ ).

$$\frac{dE_h}{dt} = \overbrace{p_e(E_h + E_d)(E_e)}^{\text{Proliferation}} + \overbrace{rE_d}^{\text{Repair}} - \overbrace{sE_h}^{\text{Damage}} \quad (\text{A.1})$$

$$\frac{dE_d}{dt} = -\overbrace{rE_d}^{\text{Repair}} - \overbrace{bE_d}^{\text{Death}} + \overbrace{sE_h}^{\text{Damage}} \quad (\text{A.2})$$

$$\frac{dE_e}{dt} = -\overbrace{p_e(E_h + E_d)(E_e)}^{\text{Proliferation}} + \overbrace{bE_d}^{\text{Death}} \quad (\text{A.3})$$

Ventilator-induced injury is represented by the rate  $s$ , and causes healthy epithelial cells to become damaged. This general term covers over-distension for any mode of ventilation. Some damaged cells, depending on the severity of damage, have the ability to repair themselves, returning from the  $E_d$  state back to  $E_h$ , represented by a baseline repair rate  $r$  [25]. Damaged cells may also decay naturally at a rate  $b$ .

The first terms in Eq (A.1) for  $E_h$ , and Eq (A.3) for  $E_e$ , account for proliferation of the healthy and damaged cells into empty space. Note that total local space is conserved:  $E_e + E_h + E_d = 1$ . Therefore, we can define  $E_e = 1 - (E_h + E_d)$  and rewrite this term, where it becomes the standard logistic growth with a carrying capacity of 1, associated with 100% of space being filled. Thus,  $E_h$ ,  $E_d$ , and  $E_e$  are dimensionless and we determine time to be in hours. Eliminating  $E_e$  gives rise to a two-dimensional system, Eqs (A.4)-(A.5).

$$\frac{dE_h}{dt} = \overbrace{p_e(E_h + E_d)(1 - (E_h + E_d))}^{\text{Proliferation}} + \overbrace{rE_d}^{\text{Repair}} - \overbrace{sE_h}^{\text{Damage from ventilator}} \quad (\text{A.4})$$

$$\frac{dE_d}{dt} = -\overbrace{rE_d}^{\text{Repair}} - \overbrace{bE_d}^{\text{Death}} + \overbrace{sE_h}^{\text{Damage from ventilator}} \quad (\text{A.5})$$

Stability analysis revealed that in the absence of ventilator-induced damage ( $s = 0$ ) and with all positive parameters,  $(0, 0)$  is a saddle node and  $(0, 1)$  is a stable equilibrium with eigenvalues  $\lambda_1 = -r - b$  and  $\lambda_2 = -p_e$ . Given a nonzero initial condition for damaged cells,

the epithelial cells subsystem will resolve to the fully repaired fixed point  $(0, 1)$ .

In the presence of sustained ventilator-induced damage ( $s > 0$ ), the  $E_d$  nullcline switches from a vertical line to a line with slope  $(r + b)/s$ . The second equilibrium point changes from  $(0, 1)$  to

$$(E_d^*, E_h^*) = \left( \frac{s^2(p_e - b) + p_e s(b + r)}{p_e(b^2 + r^2 + s^2 + 2br + 2bs + 2rs)}, \frac{(r + b)[s(p_e - b) + p_e(b + r)]}{p(b^2 + r^2 + s^2 + 2br + 2bs + 2rs)} \right)$$

Therefore in the presence of sustained damage, there no longer exists an equilibrium associated with full recovery.

In this section, we focused on the existence of bifurcations rather than the specific values and time scales at which they occur; therefore the parameter values and ranges were chosen to highlight the presence of these bifurcations. Further consideration for parameter ranges is discussed in Sections 2 and 3. Based on initial exploration of the parameter space,  $E_h$  and  $E_d$  seemed most responsive to changes in  $p_e$ . There may be other bifurcation parameters; we chose  $p_e$  as examples (Figures A.1).

A bifurcation diagram for  $p_e$ , shown in Fig A.1, has one transcritical bifurcation at  $p_e^* = 0.497$ . The bifurcation diagrams in this manuscript were created using XPPAUT [38] with code included in Section A.3. In this figure, we show the proportion of space occupied by healthy epithelial cells as a percentage, which is  $E_h$  multiplied by 100. The second equilibrium for values of  $p_e$  below the bifurcation is not included in the diagram, since it is non-biological (negative  $E_h$ ). For small values of  $p_e$ , the ability of healthy cells to proliferate and replace dead cells was insufficient and damage caused both healthy and damaged cells to approach 0%. On the other hand, for values of  $p_e$  larger than  $p_e^*$ , the system approached the stable nonzero equilibrium  $(E_d^*, E_h^*)$ , which was closer to  $(0, 1)$  for higher values of  $p_e$  even in the presence of sustained damage.

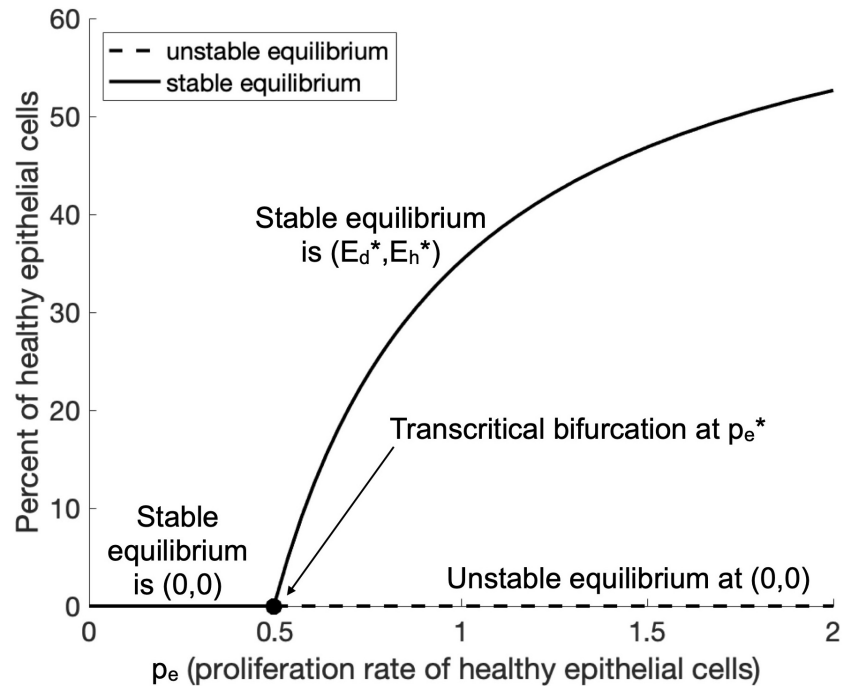


Figure A.1: **The epithelial subsystem generated a transcritical bifurcation for the parameter  $p_e$ .** Bifurcation diagram for the proliferation parameter  $p_e$  for the epithelial system with VILI and no immune response. Other parameters were set to  $r = 2.6$ ,  $s = 0.22$ , and  $b = 0.74$ . The unstable equilibrium below  $p_e < p_e^* = 0.497$  is not included in the figure, since it is not biologically relevant.

### A.1.1 Fixed immune response

Next we examine the roles of immune cells, especially neutrophils and macrophages, by adding several terms to Eqs (A.1) and (A.2). We first focused on dynamics with a fixed immune response, because when we worked with the full model (Section 2.2), we only considered parameter sets that gave rise to steady-state solutions in the absence of ventilator-induced damage. Therefore, we decided to start our model development by analyzing  $E_h$  and  $E_d$  with immune cells as parameters before including their full dynamics. The modifications are shown in Eqs (A.6) and (A.7).

$$\frac{dE_h}{dt} = \overbrace{p_e(E_h + E_d)(1 - (E_h + E_d))}^{\text{Proliferation}} + \overbrace{rE_d}^{\text{Repair}} - \overbrace{sE_h}^{\text{Damage from ventilator}} - \overbrace{nE_h}^{\text{Damage via M1 \& neutrophils}} \quad (\text{A.6})$$

$$\frac{dE_d}{dt} = -\overbrace{rE_d}^{\text{Repair}} - \overbrace{bE_d}^{\text{Death}} + \overbrace{sE_h}^{\text{Damage from ventilator}} + \overbrace{i_mE_h}^{\text{Damage via M1 \& neutrophils}} - \overbrace{mE_d}^{\text{Phagocytosis of damaged cells by M1}} \quad (\text{A.7})$$

The physical presence of immune cells, especially first-responder neutrophils, causes small-scale collateral damage as they clear debris [92] and can be especially deleterious if the response is overzealous [44]. This biological event is modeled as the last term in Eq (A.6) with cells switching from a healthy to a damaged state at the rate  $i_m$ . M1 macrophages aid in the clearance of damaged cells to make room for replacement by new, healthy cells through subcellular signaling and phagocytosis [4, 41]. The last term in Eq (A.7) represents this loss of damaged cells.

The stability analysis was similar to that from the model without the immune response, with additional parameters  $m$ ,  $i_m$  that could shift steepness of the nullcline or the speed at which the system approached or diverged from an equilibrium. The parameter  $p_e$  once again



played an important role in the stability of the two critical points,  $(0, 0)$  and

$$(E_d^*, E_h^*) = \left( \frac{(i_m + s)[(i_m + s)(p_e - b - m) + p_e(b + m + i_m)]}{p_e(b + m + i_m + r + s)^2}, \right. \\ \left. \frac{(b + m + r)[(i_m + s)(p_e - b - m) + p_e(b + m + i_m)]}{p_e(b + m + i_m + r + s)^2} \right)$$

There was a transcritical bifurcation when the value of  $p_e$  was varied; given its similarity to Fig A.1, it is not shown here. For the same parameter values as in Fig A.1 ( $r = 2.6, s = 0.22, b = 0.74$ ) with  $m = 0.92$  and  $i_m = 1.6$  added, we obtained the same  $p_e^* = 0.497$ . The main difference between these models is that the transcritical bifurcation point  $p_e^*$  may be lower because of the damage resulting from macrophages and neutrophils, represented by  $m$  and  $i_m$ . The rate of proliferation of healthy cells may need to be higher to counteract these effects.

The bifurcation diagram for scaled  $E_h$  versus  $i_m$  also had a transcritical bifurcation (see Fig A.2a). For sufficiently low values of  $i_m$ , the nonzero critical point was stable, but for values above  $i_m^* = 1.364$ ,  $(0, 0)$  was the stable equilibrium. Additionally, the two-parameter stability diagram shows a curve which separates the  $p_e/i_m$ -space into two stability regimes (see Fig A.2b). For high enough values of  $i_m$  and low enough values of  $p_e$ , the system went to zero for both variables. Biologically, this corresponds to a situation in which the ability of epithelial cells to proliferate is low and there are high levels of immune cells. On the other hand, with low levels of immune cells and a higher proliferation rate, the system limits to the nonzero equilibrium. It should be noted that for a large enough  $p_e$ , it would take an extremely high value of  $i_m$  to overpower proliferation and make  $(0, 0)$  the stable critical point. In the full system, the initial conditions for our simulations have similar properties to the type of steady state in the non-zero stable equilibrium region of Fig A.2b. Varying levels of baseline inflammation exist given differences in patients' age and past medical history.

These simple models provide a framework for the dynamics of the epithelium in response to damage and an introductory look into the influence of the immune response. However,

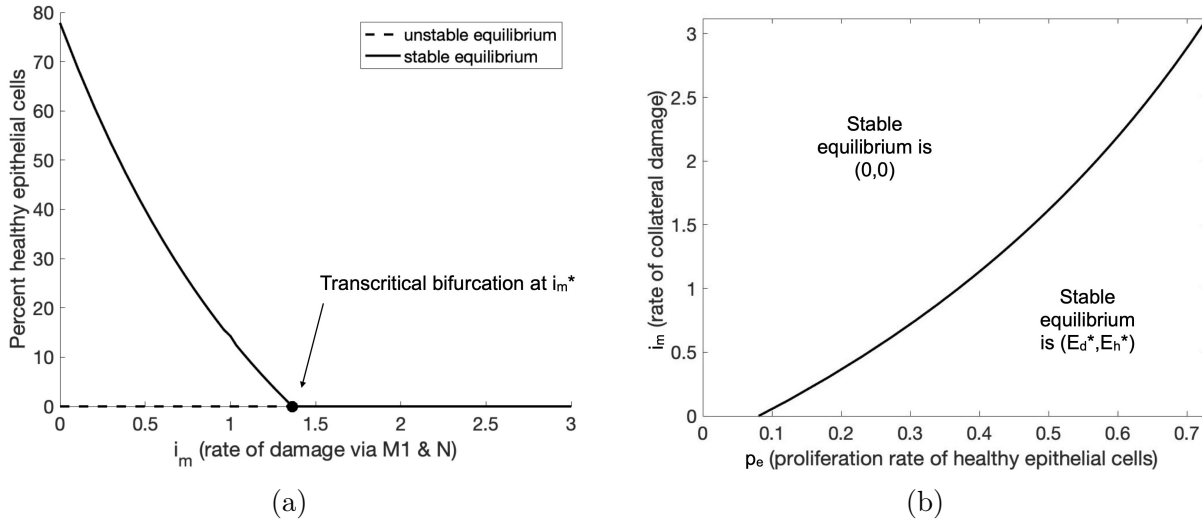


Figure A.2: **Variations on the epithelial subsystem revealed a transcritical bifurcation and two-parameter bifurcation.** (a) Bifurcation diagram for epithelial subsystem when varying  $n$ . Other parameter values were set to  $r = 2.6$ ,  $p_e = 0.45$ ,  $s = 0.22$ ,  $b = 0.74$ ,  $i_m = 1.6$ ,  $m = 0.92$ . (b) Two-parameter plot showing values of  $p_e$  and  $i_m$  which caused the subsystem to have either a zero or nonzero stable equilibrium.

there are many more complex, nonlinear interactions and events involved in VILI which we explored in the full model in Section 2.2.

## A.2 Analysis results for different sampling techniques

The next pages show the results of our analysis methods for LHS-generated parameter sets using log-uniform and log-normal distributions, with three different exclusion criteria based on  $E_e$  initial condition. We found that our methods did not differ significantly among these sets.

## Cohort Breakdown

A summary of the initial states and outcomes and how they change, depending on the maximum initial amount of Ee allowed (exclusion group), time at which outcome is determined, and type of sampling distribution.

Numbers in parentheses are the number of sets that leave the state and enter the state at the end of the simulation for initial condition (IC) and ending state (ES), respectively.

	Log-uniform, 200h			Log-uniform, 2h	Log-normal
Initial condition criteria:	Ee(0)<75%	Ee(0)<50%	Ee(0)<25%	Ee(0)<50%	Ee(0)<50%
Total number of sets that reached steady-state:	24798	24432	23517	22432	33256
Healthy IC:	16833 (635)	16833 (635)	16833 (635)	16833 (14260)	21403 (37)
Health ES:	16198 (0)	16198 (0)	16198 (0)	2573 (0)	21373 (7)
Moderate damage IC:	5382 (572)	5382 (572)	4697 (265)	5382 (3387)	10892 (155)
Moderate damage ES:	5105 (295)	5104 (294)	4726 (294)	10116 (8121)	10771 (34)
Moderate damage IC:	2583 (1)	2217 (0)	1987 (0)	2217 (0)	961 (0)
Moderate damage ES:	3495 (913)	3130 (913)	2593 (606)	11743 (9526)	1112 (151)

# Top Correlations

The parameters that have the highest correlation with parameters and other predictors, for each exclusion group and outcome classification.

	Log-uniform			Log-uniform, 2h	Log-normal
Criteria:	Ee(0)<75%	Ee(0)<50%	Ee(0)<25%	Ee(0)<50%	Ee(0)<50%
	kmne, Eh ratio 0.5h			kmne, Eh ratio 0.5h	kmne, Eh ratio 0.5h
Healthy	0.1	0.1	0.1	0.24	0.06
Moderate damage	0.66	0.66	0.66	0.43	0.47
Severe damage	0.55	0.87	0.86	0.73	0.67
	br, Eh ratio 0.5h			br, Eh ratio 0.5h	br, Eh ratio 0.5h
Healthy	0.29	0.29	0.29	-0.04	0.19
Moderate damage	0.42	0.42	0.43	0.27	0.23
Severe damage	0.05	0.18	0.22	0.32	0.22
	sm, max M2			sm, max M2	sm, max M2
Healthy	0.32	0.32	0.32	0.28	0.48
Moderate damage	0.31	0.31	0.31	0.32	0.51
Severe damage	0.4	0.29	0.3	0.32	0.52

# Significance Testing

Parameters and other predictors that show a statistically significant difference (p-value<0.05) between all three outcome classifications, using Kruskal-Wallis and Wilcoxon tests.

	Log-uniform			Log-uniform, 2h	Log-normal
Criteria:	Ee(0)<75%	Ee(0)<50%	Ee(0)<25%	Ee(0)<50%	Ee(0)<50%
Significant predictors:	kmne	kmne	kmne	kep	kmne
	xmne	xmne	xmne	br	xmne
	M2% at 10h	M2% at 10h	br	Eh ratio at 0.5h	Eh ratio at 2h
	min M2	min M2	M2% at 10h	Eh ratio at 2h	mup
	M1 peak time	br	ken	Eh ratio at 6h	ken
	Eh ratio at 2h	Eh ratio at 2h	min M2	min M1	kep
	min M1	M1 peak time	min M1	ken	M1 peak ratio
	kep	kep	Eh ratio at 2h	sn	br
	br	min M1	M1 peak ratio	max M1	M1 peak time
	M1 peak ratio	M1 peak ratio	kep	min M1%	min M1%
	Eh ratio at 0.5h	Eh ratio at 0.5h	Eh ratio at 0.5h	kan	M2 peak time
	mup	mup	kem1	max M1%	kem1
	kem1	kem1	bp	kem1	sn
	kpe			M1 peak time	M2% at 10h
				kam1	ainf
				muna	
				max M2%	
				kn	
				mup	
				min M2%	
				ainf	
				sm	
				M2% at 10h	
				muab	
				kpm1	
				kmne	
				bp	
				knn	
				xm0ab	
				mum1b	

# Random Forest Decision Tree

Ten highest average importance values, as determined by 1000 random forests.

	Log-uniform, 200h				Log-uniform, 2h		Log-normal
Criteria:	Ee(0)<75%	Ee(0)<50%	Ee(0)<25%		Ee(0)<50%		Ee(0)<50%
Top ten, in order:	kmne	kmne	kmne		Eh ratio at 2h		kmne
	Eh ratio at 6h	Eh ratio at 6h	Eh ratio at 6h		Eh ratio at 0.5h		xmne
	Eh ratio at 2h	xmne	xmne		Eh ratio at 6h		Eh ratio at 2h
	xmne	Eh ratio at 2h	Eh ratio at 2h		kmne		Eh ratio at 0.5h
	min M1	min M1	Eh ratio at 0.5h		br		Eh ratio at 6h
	Eh ratio at 0.5h	Eh ratio at 0.5h	min M1		kep		mup
	min M2	min M2	min M2		xmne		min M1
	M2% at 10h	M2% at 10h	M2% at 10h		min M1		ken
	br	br	br		ken		min M1%
	ken	ken	ken		sn		kep

### A.3 Code: XPP file

The following is an .ode file that can be input into XPP to obtain the bifurcations described in Section A.1.

```
# VILI epithelial subsystem, Minucci et al

# the parameters:
p N=0, R=2.6, P=0.45, S=0.22, B=0.74, M=0
### with immune response:
### N=1.6, M=0.92

# the system:
h'=-N*h+R*d+P*(h+d)*(1-h-d)-S*h
d'=-M*d-R*d+N*h+S*h-B*d

# initial conditions:
h(0)=1
d(0)=0

done
```

### A.4 Code: ODE model equations

The following MATLAB function contains the equations for the full model presented in Section 2.2.

```
1 function [dxdt] = model_equations(t,y,param)
2 % Equations for compartmental model of immune response to VILI
```



```

3 % Minucci et al. | 2021
4
5 vent_time=2;
6
7 % parameters
8
9 dp = param(1); % PIM diffusion
10 da = param(2); % AIM diffusion
11 dm0 = param(3); % M0 diffusion
12 dm1 = param(4); % M1 diffusion
13 dm2 = param(5); % M2 diffusion
14 xm0pb = param(6); % regulates differentiation of M0b by pb
15 xm0ab = param(7); % regulates differentiation of M0b by pb
16 xm0pd =param(8); % regulates recruitment of M0b by pb
17 xm0ad = param(9); % regulates recruitment of M0b by ab
18 xm1p = param(10); % regulates recruitment of M1b by pb
19 kpm1 = param(11); % production of p by M1
20 kpe = param(12); % production of p by damaged cells
21 kam1 = param(13); % production of a by M1
22 kam2 = param(14); % production of a by M2
23 xm0p = param(15); % regulates differentiation of M0 by p
24 xm0a = param(16); % regulates differentiation of M0 by a
25 km1m2 = param(17); % dummy variable (used for eFAST)
26 xer = param(18); % regulates repair of damaged cells by R
27 kep = param(19); % self-resolving repair mediated by p
28 km2r = param(20); % upregulation of M2 recruitment by R
29 km2a = param(21); % upregulation of M2 recruitment by AIM

```

```

30 xnup = param(22); % regulates activation of neutrophils by PIM
31 kpn = param(23); % production of PIM by neutrophils
32 kn = param(24); % migration of activated neutrophils to lung
33 kman = param(25); % upregulation of M1 switch by AN
34 kan = param(26); % neutrophils become apoptotic
35 knn = param(27); % neutrophils become necrotic
36 kanm1 = param(28); % phagocytosis by M1
37 kanm2 = param(29); % phagocytosis by M2
38 km0pb = param(30); % differentiation of M0b by pb
39 km0ab = param(31); % differentiation of M0b by ab
40 km0pd = param(32); % recruitment of M0b by pb
41 km0ad = param(33); % recruitment of M0b by ab
42 km1p = param(34); % recruitment of M1b by pb
43 km0p = param(35); % differentiation of M0 by p
44 km0a = param(36); % differentiation of M0 by a
45 krm2 = param(37); % production of R by M2
46 ker = param(38); % repair of damaged cells by R
47 kem1 = param(39); % further damage by M1
48 knup = param(40); % activation of neutrophils by PIM
49 abinf = param(41); % maximum amount of ab for inhibition
50 ainf = param(42); % maximum amount of a for inhibition
51 mupb = param(43); % decay rate of pb
52 muab = param(44); % decay rate of ab
53 mum0b = param(45); % decay rate of M0b
54 mum1b = param(46); % decay rate of M1b
55 mum2b = param(47); % decay rate of M2b
56 mup = param(48); % decay rate of p

```

```

57 mua = param(49); % decay rate of a
58 mum0 = param(50); % decay rate of M0
59 mum1 = param(51); % decay rate of M1
60 mum2 = param(52); % decay rate of M2
61 muR = param(53); % decay rate of R
62 munu = param(54); % decay rate of Nu
63 muna = param(55); % decay rate of Na
64 sm = param(56); % source of M0b
65 sn = param(57); % source of Nu
66 bd = param(58); % baseline decay of damaged cells
67 br = param(59); % baseline repair of damaged cells
68 bp = param(60); % baseline self-resolving repair of epithelial cells
69 sd=param(61); % constant damage rate
70 kmne=param(62); % damage to healthy epithelial cells due to M1 & N
71 sp=param(63); % source of PIM
72 sa=param(64); % source of AIM
73 xmne=param(65); % regulates damage to healthy epithelial cells due to M1 & N
74 xm2r=param(66); % regulates effectiveness of M2b recruitment by R
75 xm2a=param(67); % regulates effectiveness of M2b recruitment by a
76 ken=param(68); % rate of phagocytosis of damaged cells by neutrophils
77
78 % rename variables
79 pb=y(1);
80 ab=y(2);
81 m0b=y(3);
82 m1b=y(4);
83 m2b=y(5);

```

```

84 nu=y(6);
85 na=y(7);
86 p=y(8);
87 a=y(9);
88 m0=y(10);
89 m1=y(11);
90 m2=y(12);
91 n=y(13);
92 an=y(14);
93 R=y(15);
94 eh=y(16);
95 ed=y(17);
96 ee=y(18);
97
98 %%%%%%%%%%% Equations
99 dxdt = zeros(length(y),1);
100 % 1. pb / PIM
101 dxdt(1) = sp + dp*(p - pb) + kpm1*m1b*(1/(1+(ab/abinf)^2)) + kpn*na - mupb*
      pb;
102 % 2. ab / AIM
103 dxdt(2) = sa + da*(a - ab) + kam1*m1b + kam2*m2b - muab*ab;
104 % 3. M0b
105 dxdt(3) = sm - m0b*((km0pb*pb^2)/(xm0pb^2+pb^2))*(1/(1+(ab/abinf)^2)) + ...
106      ((km0ab*ab^2)/(xm0ab^2+ab^2)) + (m0-m0b)*(dm0+((km0pd*pb)/(xm0pd+pb))
      ...
107      + ((km0ad*ab)/(xm0ad+ab))) - mum0b*m0b;
108 % 4. M1b

```

```

109 dxdt(4) = m0b*(km0pb*pb^2/(xm0pb^2+pb^2))*(1/(1+(ab/abinf)^2)) + ...
110     (m1-m1b)*(dm1+(km1p*pb/(xm1p+pb))) - mum1b*m1b;
111 % 5. M2b
112 dxdt(5) = m0b*(km0ab*ab^2/(xm0ab^2+ab^2)) + (m2-m2b)*(dm2+(km2r*R/(xm2r+R))
113     ...
114     +(km2a*a/(xm2a+a))) - mum2b*m2b;
115 % 6. Nu
116 dxdt(6) = sn - nu*((knup*pb^2)/(xnup^2+pb^2))*(1/(1+(ab/abinf)^2)) - munu*nu;
117 % 7. Na
118 dxdt(7) = nu*((knup*pb^2)/(xnup^2+pb^2))*(1/(1+(ab/abinf)^2)) - kn*na - muna
119     *na;
120 % LUNG COMPARTMENT
121 % 8. p / PIM
122 dxdt(8) = -dp*(p-pb) + kpm1*m1*(1/(1+(a/aINF)^2)) + kpe*ed + kpn*n - mup*p;
123 % 9. a / AIM
124 dxdt(9) = -da*(a-ab) + kam1*m1 + kam2*m2 - mua*a;
125 % 10. M0
126 dxdt(10) = -(m0-m0b)*(dm0+((km0pd*pb)/(xm0pd+pb))+((km0ad*ab)/(xm0ad+ab)))
127     ...
128     -m0*((km0p*p^2/(xm0p^2+p^2))*(1/(1+(a/aINF)^2))+((km0a*a^2/(xm0a^2+a^2)))
129     -mum0*m0;
130 % 11. M1
131 dxdt(11) = m0*(km0p*p^2/(xm0p^2+p^2))*(1/(1+(a/aINF)^2)) ...
132     - (m1-m1b)*(dm1+(km1p*pb/(xm1p+pb))) ...
133     - (kman*(kanm1*an*m1))*(1/(1+(a/aINF)^2)) - mum1*m1;

```

```

132 % 12. M2
133 dxdt(12) = m0*((km0a*a^2)/(xm0a^2+a^2)) ...
134     - (m2-m2b)*(dm2+(km2r*R/(xm2r+R))+(km2a*a/(xm2a+a))) ...
135     + (kman*(kanm1*an*m1))*(1/(1+(a/aINF)^2)) - mum2*m2;
136 % 13. N
137 dxdt(13) = kn*na - kan*n - knn*n;
138 % 14. AN
139 dxdt(14) = kan*n - kanm1*an*m1*(1/(1+(a/aINF)^2)) - kanm2*an*m2;
140 % 15. R
141 dxdt(15) = krm2*m2-muR*R;
142 % 16. Eh
143 if t<=vent_time % 2-hour damage
144     dxdt(16) = -eh*(kmne*(m1+n)^2/(xmne^2+(m1+n)^2)) + ed*(br+(ker*R/(xer+R)
145         ))...
146     - sd*eh + (bp+kep*p)*(eh+ed)*ee;
147 else
148     dxdt(16) = -eh*(kmne*(m1+n)^2/(xmne^2+(m1+n)^2)) + ed*(br+(ker*R/(xer+R)
149         ))...
150     + (bp+kep*p)*(eh+ed)*ee;
151 end
152 % 17. Ed
153 if t<=vent_time % 2-hour damage
154     dxdt(17) = -ed*kem1*m1*(1/(1+(a/aINF)^2)) - ed*ken*n...
155     - ed*(br+(ker*R/(xer+R))) + eh*(kmne*(m1+n)^2/(xmne^2+(m1+n)^2))...
156     + sd*eh - bd*ed;
157 else
158     dxdt(17) = -ed*kem1*m1*(1/(1+(a/aINF)^2)) - ed*ken*n...

```

```

157     - ed*(br+(ker*R/(xer+R))) + eh*(kmne*(m1+n)^2/(xmne^2+(m1+n)^2))...
158     - bd*ed;
159 end
160 % 18. Ee
161 dxdt(18)=ed*kem1*m1*(1/(1+(a/ainf)^2)) + bd*ed + ed*ken*n...
162     - (bp+kep*p)*(eh+ed)*ee;
163 end

```

## A.5 Code: Random forest

The following script can be run in R to obtain the average importance values for all parameters and other predictors from 1000 runs of the random forest decision tree algorithm. This process is described in Section 2.2.5 and results are shown in Figure 2.8.

```

#### Minucci et al. | Mathematical Modeling of Ventilator-Induced Lung Inflammation
#### random forest with LHS data - run several and find average importance values
require(randomForest)

## Loading required package: randomForest
## randomForest 4.6-14
## Type rfNews() to see new features/changes/bug fixes.

#####
##### LHSproc should have 87 columns
#####

parnames=c('dp', 'da', 'dm0', 'dm1', 'dm2', 'xm0pb', 'xm0ab', 'xm0pd', 'xm0ad', 'xm1p',
           'kpm1', 'kpe', 'kam1', 'kam2', 'xm0p', 'xm0a', 'km1m2', 'xer', 'kep',

```

```

'km2r', 'km2a', 'xnup', 'kpn', 'kn', 'kman', 'kan', 'knn', 'kanm1',
'kanm2', 'km0pb', 'km0ab', 'km0pd', 'km0ad', 'km1p', 'km0p', 'km0a',
'krm2', 'ker', 'kem1', 'knup', 'abinf', 'ainf', 'mupb', 'muab',
'mum0b', 'mum1b', 'mum2b', 'mup', 'mua', 'mum0', 'mum1', 'mum2', 'muR',
'munu', 'muna', 'sm', 'sn', 'bd', 'br', 'bp', 'sd', 'kmne', 'sp',
'sa', 'xmne', 'xm2r', 'xm2a', 'ken',
'starting.state', 'M2.percent.at.t=10', 'max.M1.percent', 'max.M2.percent',
'min.M1.percent', 'min.M2.percent', 'max.M1', 'max.M2', 'min.M1',
'min.M2', 'M1.peak.time', 'M2.peak.time', 'M1.peak.ratio', 'Eh.difference',
'Eh.ratio.0.5h', 'Eh.ratio 2h', 'Eh.ratio.6h', 'Eh.end.value', 'outcome')

# insert your own file here
params<-read.table("LHS_rf_example.txt",
  header=FALSE, sep=",", quote="", col.names = parnames)
params$starting.state <- factor(params$starting.state)
params$outcome <- factor(params$outcome)

# remove some predictors related to classification
partest=params
partest$Eh.difference <- NULL
partest$km1m2 <- NULL # dummy parameter
partest$sd <- NULL # not varied
partest$Eh.end.value <- NULL
partest$starting.state <- NULL

#####
nchar<-81; # total columns minus one (outcome is response variable)

```



```

#set.seed(29)

# set number of runs and create arrays for saving data
nruns=5 # will take the average of nruns importance values
importance.all<-array(0, dim=c(nchar,nruns))

for(i in 1:nruns){
  print(i) # tells what iteration you're on (out of nruns)
  train = sample(1:nrow(partest), 50) # example, training set should be >50
  rf.par = randomForest(outcome~., data = partest, subset = train) # default mtry
  importance.rf=importance(rf.par)
  importance.all[,i]<-round(importance(rf.par), 2) # look at variable importance
}

## [1] 1
## [1] 2
## [1] 3
## [1] 4
## [1] 5

# save this file and import into MATLAB script to make plot
# write.table(importance.all,"FILE PATH/importance_values_from_R.txt",
# sep="\t", row.names=FALSE)

```

## A.6 Code: plot random forest results

This MATLAB script loads the file generated in Section A.5 and plots the top ten average importance values.

```
1 % Minucci et al. | Mathematical Modeling of Ventilator-Induced Lung
    Inflammation
2 % finds & plots top 10 importance values
3
4 % load file
5 rf=readtable('importance_values_from_R');
6 rf=table2array(rf);
7
8 % first load importance values
9 im_vals=rf;
10 im_vals=mean(im_vals,2);
11 im_stdev=std(rf,0,2);
12 % importance value names
13
14 im_names={'dp','da','dm0','dm1','dm2','xm0pb','xm0ab','xm0pd','xm0ad','xm1p'
    ,...
15 'kpm1','kpe','kam1','kam2','xm0p','xm0a','xer','kep','km2r','km2a',...
16 'xnup','kpn','kn','kman','kan','knn','kanm1','kanm2','km0pb','km0ab',...
17 'km0pd','km0ad','km1p','km0p','km0a','krm2','ker','kem1','knup','abinf',
    ...
18 'ainf','mupb','muab','mum0b','mum1b','mum2b','mup','mua','mum0','mum1',
    ...
19 'mum2','muR','munu','muna','sm','sn','bd','br','bp','kmne',...
20 'sp','sa','xmne','xm2r','xm2a','ken','M2% at 10h','max M1%',...
```

```

21     'max M2%', 'min M1%', 'min M2%', 'max M1', 'max M2', ...
22     'min M1', 'min M2', 'M1 peak time', 'M2 peak time', 'M1 peak ratio', ...
23     'Eh ratio at 0.5h', 'Eh ratio at 2h', 'Eh ratio at 6h'};
24
25 % find max values
26 [top_im_vals, im_index]=maxk(im_vals,10);
27 top_im_names=im_names(im_index);
28
29 % plot
30 x = categorical(top_im_names);
31 x = reordercats(x,top_im_names);
32 y = top_im_vals;
33 figure
34 hold on
35 bar(x,y);
36 er = errorbar(x,y,[],im_stdev(im_index), 'linewidth',2);
37 er.Color = [0 0 0];
38 er.LineStyle = 'none';
39 set(gca, 'fontsize',16)
40 ylabel('Average importance value')
41 xlabel('Predictor')

```

# Appendix B

## Chapter 4 supplementary material

### B.1 Code: agent-based model

The following MATLAB scripts and functions, written in object-oriented programming notation, are used to obtain results for the agent-based model described in Section 4.2.4. The main scripts which include the parameters and toggles for recruitment, wash, age, plots, etc. are `main_abm.m`, `MacModel.m`, and `MyRules`. To run, enter `model=main_abm;` into the command line.

#### B.1.1 `main_abm.m`

```
1 % main_abm — intro to OOP
2 classdef main_abm < handle
3
4 %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%
5
6 properties (SetAccess = public)
7     Models = {};
8     Rule;
```

```

9     rule;
10    generations;
11    GenerationSize = 20; %duration in minutes, must also change in
        InflammatoryDataFitting.m
12    Runs = 1;
13    hours = 50;
14    gridSize = 120;
15 end
16
17 %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%
18
19 methods
20
21 function sim = main_abm()
22     %size, runs, generations
23     sim.generations = sim.hours*60/sim.GenerationSize;
24     for i = 1: sim.Runs
25         sim.Models{i} = MacModel(sim.gridSize);
26         sim.Models{i}.setGeneration(sim.generations);
27         sim.Rule = MyRules(sim.Models{i});
28     end
29     sim.generations = sim.Models{1}.MaxGenerations;
30
31     sim.setParameters();
32     sim.run();
33 end
34

```

```

35 function setParameters(this)
36     % young
37     for i = 1:length(this.Models)
38         % no parameters needed yet
39     end
40 end
41
42 function run(this)
43     display('running ...');
44     for i = 1:length(this.Models)
45         this.Models{i}.run();
46         model = this.Models{i};
47
48         % Append rows of data to matrices for each outcome.
49         this.Rule.Results{model.Outcome}.Runs = this.Rule.Results{model.
50             Outcome}.Runs + 1;
51         this.Rule.Results{model.Outcome}.ImmuneCellCounts = this.Rule.
52             Results{model.Outcome}.ImmuneCellCounts + model.Rules{1}.
53             ImmuneCellCounts;
54         this.Rule.Results{model.Outcome}.ImmuneCellCountsSquared = this.Rule
55             .Results{model.Outcome}.ImmuneCellCountsSquared + (model.Rules
56                 {1}.ImmuneCellCounts .^ 2);
57         this.Rule.Results{model.Outcome}.IntermediateCounts = this.Rule.
58             Results{model.Outcome}.IntermediateCounts + model.Rules{1}.
59             IntermediateCounts;
60         this.Rule.Results{model.Outcome}.IntermediateCountsSquared = this.
61             Rule.Results{model.Outcome}.IntermediateCountsSquared + (model.

```

```

Rules{1}.IntermediateCounts .^ 2);
54 this.Rule.Results{model.Outcome}.M1Counts = this.Rule.Results{model.
    Outcome}.M1Counts + model.Rules{1}.M1Counts;
55 this.Rule.Results{model.Outcome}.M1CountsSquared = this.Rule.Results
    {model.Outcome}.M1CountsSquared + (model.Rules{1}.M1Counts .^ 2);
56 this.Rule.Results{model.Outcome}.M2Counts = this.Rule.Results{model.
    Outcome}.M2Counts + model.Rules{1}.M2Counts;
57 this.Rule.Results{model.Outcome}.M2CountsSquared = this.Rule.Results
    {model.Outcome}.M2CountsSquared + (model.Rules{1}.M2Counts .^ 2);
58 this.Rule.Results{model.Outcome}.TotalMacs = this.Rule.Results{model
    .Outcome}.TotalMacs + model.Rules{1}.TotalMacs;
59 this.Rule.Results{model.Outcome}.TotalMacsSquared = this.Rule.
    Results{model.Outcome}.TotalMacsSquared + (model.Rules{1}.
    TotalMacs .^ 2);
60 this.Rule.Results{model.Outcome}.ProInflammatoryCounts = this.Rule.
    Results{model.Outcome}.ProInflammatoryCounts + model.Rules{1}.
    ProInflammatoryCounts;
61 this.Rule.Results{model.Outcome}.ProInflammatoryCountsSquared = this
    .Rule.Results{model.Outcome}.ProInflammatoryCountsSquared + (
    model.Rules{1}.ProInflammatoryCounts .^ 2);
62 this.Rule.Results{model.Outcome}.AntiInflammatoryCounts = this.Rule.
    Results{model.Outcome}.AntiInflammatoryCounts + model.Rules{1}.
    AntiInflammatoryCounts;
63 this.Rule.Results{model.Outcome}.AntiInflammatoryCountsSquared =
    this.Rule.Results{model.Outcome}.AntiInflammatoryCountsSquared +
    (model.Rules{1}.AntiInflammatoryCounts .^ 2);

```

```

64 this.Rule.Results{model.Outcome}.SOCSCounts = this.Rule.Results{
    model.Outcome}.SOCSCounts + model.Rules{1}.SOCSCounts;
65 this.Rule.Results{model.Outcome}.SOCSCountsSquared = this.Rule.
    Results{model.Outcome}.SOCSCountsSquared + (model.Rules{1}.
    SOCSCounts .^ 2);
66 this.Rule.Results{model.Outcome}.AverageM1Activation = this.Rule.
    Results{model.Outcome}.AverageM1Activation + model.Rules{1}.
    AverageM1Activation;
67 this.Rule.Results{model.Outcome}.AverageM1ActivationSquared = this.
    Rule.Results{model.Outcome}.AverageM1ActivationSquared + (model.
    Rules{1}.AverageM1Activation .^ 2);
68 this.Rule.Results{model.Outcome}.AverageM2Activation = this.Rule.
    Results{model.Outcome}.AverageM2Activation + model.Rules{1}.
    AverageM2Activation;
69 this.Rule.Results{model.Outcome}.AverageM2ActivationSquared = this.
    Rule.Results{model.Outcome}.AverageM2ActivationSquared + (model.
    Rules{1}.AverageM2Activation .^ 2);
70 this.Rule.Results{model.Outcome}.RecruitedCells = this.Rule.Results{
    model.Outcome}.RecruitedCells + model.Rules{1}.RecruitedCells;
71 this.Rule.Results{model.Outcome}.RecruitedCellsSquared = this.Rule.
    Results{model.Outcome}.RecruitedCellsSquared + (model.Rules{1}.
    RecruitedCells .^ 2);
72 this.Rule.Results{model.Outcome}.ProbRecruited = this.Rule.Results{
    model.Outcome}.ProbRecruited + model.Rules{1}.ProbRecruited;
73 this.Rule.Results{model.Outcome}.ProbRecruitedSquared = this.Rule.
    Results{model.Outcome}.ProbRecruitedSquared + (model.Rules{1}.
    ProbRecruited .^ 2);

```



```

74
75     end
76
77     % calculate averages
78     this.Rule.Results{model.Outcome}.ImmuneCellCounts = this.Rule.
        Results{model.Outcome}.ImmuneCellCounts / this.Rule.Results{model
        .Outcome}.Runs;
79     this.Rule.Results{model.Outcome}.ImmuneCellCountsSquared = this.Rule
        .Results{model.Outcome}.ImmuneCellCountsSquared / this.Rule.
        Results{model.Outcome}.Runs;
80     this.Rule.Results{model.Outcome}.IntermediateCounts = this.Rule.
        Results{model.Outcome}.IntermediateCounts / this.Rule.Results{
        model.Outcome}.Runs;
81     this.Rule.Results{model.Outcome}.IntermediateCountsSquared = this.
        Rule.Results{model.Outcome}.IntermediateCountsSquared / this.Rule
        .Results{model.Outcome}.Runs;
82     this.Rule.Results{model.Outcome}.M1Counts = this.Rule.Results{model.
        Outcome}.M1Counts / this.Rule.Results{model.Outcome}.Runs;
83     this.Rule.Results{model.Outcome}.M1CountsSquared = this.Rule.Results
        {model.Outcome}.M1CountsSquared / this.Rule.Results{model.Outcome
        }.Runs;
84     this.Rule.Results{model.Outcome}.M2Counts = this.Rule.Results{model.
        Outcome}.M2Counts / this.Rule.Results{model.Outcome}.Runs;
85     this.Rule.Results{model.Outcome}.M2CountsSquared = this.Rule.Results
        {model.Outcome}.M2CountsSquared / this.Rule.Results{model.Outcome
        }.Runs;

```

```
86 this.Rule.Results{model.Outcome}.TotalMacs = this.Rule.Results{model
    .Outcome}.TotalMacs / this.Rule.Results{model.Outcome}.Runs;
87 this.Rule.Results{model.Outcome}.TotalMacsSquared = this.Rule.
    Results{model.Outcome}.TotalMacsSquared / this.Rule.Results{model
    .Outcome}.Runs;
88 this.Rule.Results{model.Outcome}.ProInflammatoryCounts = this.Rule.
    Results{model.Outcome}.ProInflammatoryCounts / this.Rule.Results{
    model.Outcome}.Runs;
89 this.Rule.Results{model.Outcome}.ProInflammatoryCountsSquared = this
    .Rule.Results{model.Outcome}.ProInflammatoryCountsSquared / this.
    Rule.Results{model.Outcome}.Runs;
90 this.Rule.Results{model.Outcome}.AntiInflammatoryCounts = this.Rule.
    Results{model.Outcome}.AntiInflammatoryCounts / this.Rule.Results
    {model.Outcome}.Runs;
91 this.Rule.Results{model.Outcome}.AntiInflammatoryCountsSquared =
    this.Rule.Results{model.Outcome}.AntiInflammatoryCountsSquared /
    this.Rule.Results{model.Outcome}.Runs;
92 this.Rule.Results{model.Outcome}.SOCSCounts = this.Rule.Results{
    model.Outcome}.SOCSCounts / this.Rule.Results{model.Outcome}.Runs
    ;
93 this.Rule.Results{model.Outcome}.SOCSCountsSquared = this.Rule.
    Results{model.Outcome}.SOCSCountsSquared / this.Rule.Results{
    model.Outcome}.Runs;
94 this.Rule.Results{model.Outcome}.AverageM1Activation = this.Rule.
    Results{model.Outcome}.AverageM1Activation / this.Rule.Results{
    model.Outcome}.Runs;
```

```

95     this.Rule.Results{model.Outcome}.AverageM1ActivationSquared = this.
        Rule.Results{model.Outcome}.AverageM1ActivationSquared / this.
        Rule.Results{model.Outcome}.Runs;
96     this.Rule.Results{model.Outcome}.AverageM2Activation = this.Rule.
        Results{model.Outcome}.AverageM2Activation / this.Rule.Results{
        model.Outcome}.Runs;
97     this.Rule.Results{model.Outcome}.AverageM2ActivationSquared = this.
        Rule.Results{model.Outcome}.AverageM2ActivationSquared / this.
        Rule.Results{model.Outcome}.Runs;
98     this.Rule.Results{model.Outcome}.RecruitedCells = this.Rule.Results{
        model.Outcome}.RecruitedCells / this.Rule.Results{model.Outcome}.
        Runs;
99     this.Rule.Results{model.Outcome}.RecruitedCellsSquared = this.Rule.
        Results{model.Outcome}.RecruitedCellsSquared / this.Rule.Results{
        model.Outcome}.Runs;
100    this.Rule.Results{model.Outcome}.ProbRecruited = this.Rule.Results{
        model.Outcome}.ProbRecruited / this.Rule.Results{model.Outcome}.
        Runs;
101    this.Rule.Results{model.Outcome}.ProbRecruitedSquared = this.Rule.
        Results{model.Outcome}.ProbRecruitedSquared / this.Rule.Results{
        model.Outcome}.Runs;
102
103    % convert to vectors
104    %%% healthy outcome
105    avgm0count_h = [this.Models{i}.InitialImmuneCount (this.Rule.Results
        {1}.ImmuneCellCounts)];
106    avgintcount_h = [0 (this.Rule.Results{1}.IntermediateCounts)];

```

```

107     avgm1count_h = [this.Models{i}.InitialM1Count (this.Rule.Results{1}.
        M1Counts)];
108     avgm2count_h = [this.Models{i}.InitialM2Count (this.Rule.Results{1}.
        M2Counts)];
109     avgtotalmacs_h = [avgm0count_h(1)+avgm1count_h(1)+avgm2count_h(1) (
        this.Rule.Results{1}.TotalMacs)];
110     avgpimcount_h = [this.Models{i}.InitialPIM (this.Rule.Results{1}.
        ProInflammatoryCounts)];
111     avgaimcount_h = [this.Models{i}.InitialAIM (this.Rule.Results{1}.
        AntiInflammatoryCounts)];
112     avgsocscount_h = [this.Models{i}.InitialSOCS (this.Rule.Results{1}.
        SOCSCounts)];
113     avgm1act_h = [mean(mean(this.Models{i}.InitialM1ActivationLattice))
        (this.Rule.Results{1}.AverageM1Activation)];
114     avgm2act_h = [mean(mean(this.Models{i}.InitialM2ActivationLattice))
        (this.Rule.Results{1}.AverageM2Activation)];
115     avgrecruit_h = [0 (this.Rule.Results{1}.RecruitedCells)];
116     avgprobrecruit_h = [0 (this.Rule.Results{1}.ProbRecruited)];
117
118     avgm0count_sq_h = [avgm0count_h(1)^2 (this.Rule.Results{1}.
        ImmuneCellCountsSquared)];
119     avgintcount_sq_h = [avgintcount_h(1)^2 (this.Rule.Results{1}.
        IntermediateCountsSquared)];
120     avgm1count_sq_h = [avgm1count_h(1)^2 (this.Rule.Results{1}.
        M1CountsSquared)];
121     avgm2count_sq_h = [avgm2count_h(1)^2 (this.Rule.Results{1}.
        M2CountsSquared)];

```

```

122     avgtotalmacs_sq_h = [avgtotalmacs_h(1)^2 (this.Rule.Results{1}.
        TotalMacsSquared)];
123     avgpimcount_sq_h = [avgpimcount_h(1)^2 (this.Rule.Results{1}.
        ProInflammatoryCountsSquared)];
124     avgaimcount_sq_h = [avgaimcount_h(1)^2 (this.Rule.Results{1}.
        AntiInflammatoryCountsSquared)];
125     avgsocscount_sq_h = [avgsocscount_h(1)^2 (this.Rule.Results{1}.
        SOCSCountsSquared)];
126     avgm1act_sq_h = [avgm1act_h(1)^2 (this.Rule.Results{1}.
        AverageM1ActivationSquared)];
127     avgm2act_sq_h = [avgm2act_h(1)^2 (this.Rule.Results{1}.
        AverageM2ActivationSquared)];
128     avgrecruit_sq_h = [avgrecruit_h(1)^2 (this.Rule.Results{1}.
        RecruitedCellsSquared)];
129     avgprobrecruit_sq_h = [avgprobrecruit_h(1)^2 (this.Rule.Results{1}.
        ProbRecruitedSquared)];
130
131     %% inflamed outcome
132     avgm0count_i = [this.Models{i}.InitialImmuneCount (this.Rule.Results
        {2}.ImmuneCellCounts)];
133     avgintcount_i = [0 (this.Rule.Results{2}.IntermediateCounts)];
134     avgm1count_i = [this.Models{i}.InitialM1Count (this.Rule.Results{2}.
        M1Counts)];
135     avgm2count_i = [this.Models{i}.InitialM2Count (this.Rule.Results{2}.
        M2Counts)];
136     avgtotalmacs_i = [avgm0count_i(1)+avgm1count_i(1)+avgm2count_i(1) (
        this.Rule.Results{2}.TotalMacs)];

```

```

137     avgpimcount_i = [this.Models{i}.InitialPIM (this.Rule.Results{2}.
        ProInflammatoryCounts)];
138     avgaimcount_i = [this.Models{i}.InitialAIM (this.Rule.Results{2}.
        AntiInflammatoryCounts)];
139     avgsocscount_i = [this.Models{i}.InitialSOCS (this.Rule.Results{2}.
        SOCSCounts)];
140     avgm1act_i = [mean(mean(this.Models{i}.InitialM1ActivationLattice))
        (this.Rule.Results{2}.AverageM1Activation)];
141     avgm2act_i = [mean(mean(this.Models{i}.InitialM2ActivationLattice))
        (this.Rule.Results{2}.AverageM2Activation)];
142     avgrecruit_i = [0 (this.Rule.Results{2}.RecruitedCells)];
143     avgprobrecruit_i = [0 (this.Rule.Results{2}.ProbRecruited)];
144
145     avgm0count_sq_i = [avgm0count_i(1)^2 (this.Rule.Results{2}.
        ImmuneCellCountsSquared)];
146     avgintcount_sq_i = [avgintcount_i(1)^2 (this.Rule.Results{2}.
        IntermediateCountsSquared)];
147     avgm1count_sq_i = [avgm1count_i(1)^2 (this.Rule.Results{2}.
        M1CountsSquared)];
148     avgm2count_sq_i = [avgm2count_i(1)^2 (this.Rule.Results{2}.
        M2CountsSquared)];
149     avgtotalmacs_sq_i = [avgtotalmacs_i(1)^2 (this.Rule.Results{2}.
        TotalMacSSquared)];
150     avgpimcount_sq_i = [avgpimcount_i(1)^2 (this.Rule.Results{2}.
        ProInflammatoryCountsSquared)];
151     avgaimcount_sq_i = [avgaimcount_i(1)^2 (this.Rule.Results{2}.
        AntiInflammatoryCountsSquared)];

```

```

152     avgsocscount_sq_i = [avgsocscount_i(1)^2 (this.Rule.Results{2}.
        SOCSCountsSquared)];
153     avgm1act_sq_i = [avgm1act_i(1)^2 (this.Rule.Results{2}.
        AverageM1ActivationSquared)];
154     avgm2act_sq_i = [avgm2act_i(1)^2 (this.Rule.Results{2}.
        AverageM2ActivationSquared)];
155     avgrecruit_sq_i = [avgrecruit_i(1)^2 (this.Rule.Results{2}.
        RecruitedCellsSquared)];
156     avgprobrecruit_sq_i = [avgprobrecruit_i(1)^2 (this.Rule.Results{2}.
        ProbRecruitedSquared)];
157
158     % compute standard deviations
159     %%% healthy outcome
160     sdm0count_h = sqrt(avgm0count_sq_h - avgm0count_h.^2);
161     sdintcount_h = sqrt(avgintcount_sq_h - avgintcount_h.^2);
162     sdm1count_h = sqrt(avgm1count_sq_h - avgm1count_h.^2);
163     sdm2count_h = sqrt(avgm2count_sq_h - avgm2count_h.^2);
164     sdtotalmacs_h = sqrt(avgtotalmacs_sq_h - avgtotalmacs_h.^2);
165     sdvimcount_h = sqrt(avgpimcount_sq_h - avgpimcount_h.^2);
166     sdaimcount_h = sqrt(avgaimcount_sq_h - avgaimcount_h.^2);
167     sdsocscount_h = sqrt(avgsocscount_sq_h - avgsocscount_h.^2);
168     sdm1act_h = sqrt(avgm1act_sq_h - avgm1act_h.^2);
169     sdm2act_h = sqrt(avgm2act_sq_h - avgm2act_h.^2);
170     sdrecruit_h = sqrt(avgrecruit_sq_h - avgrecruit_h.^2);
171     sdprobrecruit_h = sqrt(avgprobrecruit_sq_h - avgprobrecruit_h.^2);
172
173     %%% inflamed outcome

```

```

174     sdm0count_i = sqrt(avgm0count_sq_i - avgm0count_i.^2);
175     sdintcount_i = sqrt(avgintcount_sq_i - avgintcount_i.^2);
176     sdm1count_i = sqrt(avgm1count_sq_i - avgm1count_i.^2);
177     sdm2count_i = sqrt(avgm2count_sq_i - avgm2count_i.^2);
178     sdtotalmacs_i = sqrt(avgtotalmacs_sq_i - avgtotalmacs_i.^2);
179     sdpimcount_i = sqrt(avgpimcount_sq_i - avgpimcount_i.^2);
180     sdaimcount_i = sqrt(avgaimcount_sq_i - avgaimcount_i.^2);
181     sdsocscount_i = sqrt(avgsocscount_sq_i - avgsocscount_i.^2);
182     sdm1act_i = sqrt(avgm1act_sq_i - avgm1act_i.^2);
183     sdm2act_i = sqrt(avgm2act_sq_i - avgm2act_i.^2);
184     sdrecruit_i = sqrt(avgre recruit_sq_i - avgre recruit_i.^2);
185     sdprobrecruit_i = sqrt(avgprobrecruit_sq_i - avgprobrecruit_i.^2);
186
187     % save some results for healthy – can do the same for inflamed
188     this.Rule.Results{1}.avgm1act = avgm1act_h;
189     this.Rule.Results{1}.avgm2act = avgm2act_h;
190     this.Rule.Results{1}.avgpimcount = avgpimcount_h;
191     this.Rule.Results{1}.avgaimcount = avgaimcount_h;
192     this.Rule.Results{1}.sdm1act = sdm1act_h;
193     this.Rule.Results{1}.sdm2act = sdm2act_h;
194     this.Rule.Results{1}.sdpimcount = sdpimcount_h;
195     this.Rule.Results{1}.sdaimcount = sdaimcount_h;
196
197     t = 1:this.generations;
198     t = t .* (this.GenerationSize/60);
199     t=[0 t]; % include initial conditions in plot
200

```



```

201 % plot results
202 if(model.togglePlot) % full macrophage model
203     %% healthy outcome
204     figure('name','Results: Healthy Outcome','Position'
205           ,[100,200,1000,800]);
206     subplot(2,3,1)
207     boundedline(t,avgpimcount_h, sdpimcount_h);ylabel('Pro-
208           inflammatory count');xlabel('hours');
209     title('Healthy outcome')
210
211     subplot(2,3,2)
212     boundedline(t,avgaimcount_h, sdaimcount_h);ylabel('Anti-
213           inflammatory count');xlabel('hours');
214
215     subplot(2,3,3)
216     boundedline(t,avgm1act_h, sdm1act_h,'r',t,avgm2act_h, sdm2act_h,
217           'b');ylabel('Average activation');xlabel('hours');
218     legend('M1','M2')
219
220     subplot(2,3,4)
221     boundedline(t,avgrecruit_h,sdrecruit_h);ylabel('Macrophages
           recruited');xlabel('hours');
222
223     subplot(2,3,5)
224     boundedline(t,avgprobrecruit_h,sdprobrecruit_h);ylabel('Average
           probability of mac recruitment');xlabel('hours');

```

```

222 subplot(2,3,6)
223 boundedline(t,avgm1count_h,sdm1count_h,'r',t,avgm2count_h,
          sdm2count_h,'b',t,avgintcount_h,sdintcount_h,'y');ylabel('
          Macrophage count');xlabel('hours');
224 legend('M1','M2','Intermediate')
225
226 %%% inflamed outcome
227 figure('name','Results: Inflamed Outcome','Position'
          ,[200,200,1000,800]);
228 subplot(2,3,1)
229 boundedline(t,avgpimcount_i, sdpimcount_i);ylabel('Pro-
          inflammatory count');xlabel('hours');
230 title('Inflamed outcome')
231
232 subplot(2,3,2)
233 boundedline(t,avgaimcount_i, sdaimcount_i);ylabel('Anti-
          inflammatory count');xlabel('hours');
234
235 subplot(2,3,3)
236 boundedline(t,avgm1act_i, sdm1act_i,'r',t,avgm2act_i, sdm2act_i,
          'b');ylabel('Average activation');xlabel('hours');
237 legend('M1','M2')
238
239 subplot(2,3,4)
240 boundedline(t,avgrecruit_i,sdrecruit_i);ylabel('Macrophages
          recruited');xlabel('hours');
241

```

```

242     subplot(2,3,5)
243     boundedline(t,avgprobrecruit_i,sdprobrecruit_i);ylabel('Average
        probability of mac recruitment');xlabel('hours');
244
245     subplot(2,3,6)
246     boundedline(t,avgm1count_i,sdm1count_i,'r',t,avgm2count_i,
        sdm2count_i,'b',t,avgintcount_i,sdintcount_i,'y');ylabel('
        Macrophage count');xlabel('hours');
247     legend('M1','M2','Intermediate')
248
249     figure
250     boundedline(t,avgm1act_h, sdm1act_h,'r',t,avgm2act_h, sdm2act_h,
        'b');ylabel('Average activation');xlabel('hours');
251     legend('M1','M2')
252     set(gca,'fontsize',16)
253     end
254
255     % plot results
256     if(model.togglePlotSingleMac) % single macrophage model
257         %%% healthy outcome
258         figure('name','Results: Healthy Outcome','Position'
            ,[100,200,1000,800]);
259         subplot(2,3,1)
260         boundedline(t,avgpimcount_h, sdipimcount_h);ylabel('Pro-
            inflammatory count');xlabel('hours');
261         title('Healthy outcome')
262

```

```

263     subplot(2,3,2)
264     boundedline(t,avgaimcount_h, sdaimcount_h);ylabel('Anti-
        inflammatory count');xlabel('hours');
265
266     subplot(2,3,3)
267     boundedline(t,avgm1act_h, sdm1act_h,'r',t,avgm2act_h, sdm2act_h,
        'b');ylabel('Average activation');xlabel('hours');
268     legend('M1', 'M2')
269
270     subplot(2,3,4)
271     boundedline(t,avgsocscount_h,sdsocscount_h);ylabel('Total SOCS')
        ;xlabel('hours');
272
273     subplot(2,3,5) % make sure no macs were recruited
274     boundedline(t,avgrecruit_h,sdrecruit_h);ylabel('Macrophages
        recruited');xlabel('hours');
275 end
276
277 if model.toggleLayeredFigure
278     %%% healthy outcome
279     figure('name','Results: Healthy Outcome')
280     a=area(t,[avgm0count_h; avgm1count_h; avgintcount_h;
        avgm2count_h]');
281     a(1).FaceColor = [199 199 199]/255; % M0
282     a(2).FaceColor = [255 133 194]/255; % M1
283     a(3).FaceColor = [255 253 128]/255; % intermediate
284     a(4).FaceColor = [161 176 255]/255; % M2

```

```

285     xlabel('hours')
286     ylabel('Macrophages')
287     legend('M0', 'M1', 'Intermediate', 'M2')
288     set(gca, 'fontsize', 16)
289     %%% inflamed outcome
290     figure('name', 'Results: Inflamed Outcome')
291     a=area(t,[avgm0count_i; avgm1count_i; avgintcount_i;
                avgm2count_i]);
292     a(1).FaceColor = [199 199 199]/255; % M0
293     a(2).FaceColor = [255 133 194]/255; % M1
294     a(3).FaceColor = [255 253 128]/255; % intermediate
295     a(4).FaceColor = [161 176 255]/255; % M2
296     xlabel('hours')
297     ylabel('Macrophages')
298     legend('M0', 'M1', 'Intermediate', 'M2')
299 end
300
301 % plot results
302 if(model.SingleMacWriteUpFigures) % single macrophage model
303     %%% healthy outcome
304     figure
305     boundedline(t,avgpimcount_h, sdpimcount_h,'r');ylabel('Pro-
                inflammatory count');xlabel('Time (hours)');
306     set(gca, 'fontsize', 16)
307
308     figure

```

```

309     boundedline(t,avgaimcount_h, sdaimcount_h,'b');ylabel('Anti-
        inflammatory count');xlabel('Time (hours)');
310     set(gca,'fontsize',16)
311
312     figure
313     boundedline(t,avgm1act_h, sdm1act_h,'r');ylabel('Average M1
        activation');xlabel('Time (hours)');
314     set(gca,'fontsize',16)
315
316     figure
317     boundedline(t,avgm2act_h, sdm2act_h,'b');ylabel('Average M2
        activation');xlabel('Time (hours)');
318     set(gca,'fontsize',16)
319
320     figure
321     boundedline(t,avgsocscount_h,sdsocscount_h);ylabel('Total SOCS')
        ;xlabel('Time (hours)');
322     set(gca,'fontsize',16)
323     end
324
325 end
326
327 end
328
329 end

```

## B.1.2 MacModel.m

```
1 classdef MacModel < handle
2
3 properties (SetAccess = public)
4     CurrentGeneration = 0;
5     PreviousGeneration = 0;
6     MaxGenerations;
7     GenerationSize = 20; %duration in minutes, must also change in main_abm,
        MyRules
8     ImmuneLattice;
9     ProInflammatoryLattice;
10    AntiInflammatoryLattice;
11    SOCSLattice;
12    M1ActivationLattice;
13    M2ActivationLattice;
14    InitialM1ActivationLattice;
15    InitialM2ActivationLattice;
16    ImmuneCellCount;
17    InitialImmuneAge;
18    ImmuneAge;
19    InitialImmuneMatrix;
20    InitialImmuneCount=0;
21    InitialM1Count=100;
22    InitialM2Count=100;
23    InitialIntCount=0;
24    InitialPIM = 0;
25    InitialAIM = 0;
```

```

26 InitialSOCS = 0;
27 AgeMeanM0 = 24; % change here & in MyRules.m
28 AgeStDevM0 = 6; % change here & in MyRules.m
29 AgeMeanActivated = 12; % change here & in MyRules.m
30 AgeStDevActivated = 3; % change here & in MyRules.m
31 Outcome = Outcomes.Healthy;
32 ShowLattices = false;
33 toggleImmune = true; % from previous version, always true
34 ToggleRecruitment = true; % recruit macrophages from outside grid
35 toggleWash = false; % wash: reset extracellular environment at some
    point
36 togglePlot = true;
37 togglePlotSingleMac = false;
38 toggleLayeredFigure = false;
39 SingleMacWriteUpFigures = false;
40 InitialMatrix;
41 Rules;
42 RuleSet = {'MyRules'};
43 Debug = false;
44 %           M0           blank   problem M1           problem M2
           problem intermediate   problem
45 ImmuneColorMap = [255 255 255; 0 0 0; 0 255 0; 255 133 194; 0 255 0; 161
    176 255; 0 255 0; 255, 253, 128; 0 255 0] / 255;
46 end
47
48
49 methods

```



```

50
51 function model = MacModel(size)
52     % Create macrophage matrix
53     model.RandomizeMatrix(size);
54     model.InitialMatrix = ones(size,size);
55     % Create all the rule objects.
56     for i = 1:length(model.RuleSet)
57         model.Rules{i} = feval(str2func(model.RuleSet{i}), model);
58     end
59     model.reset();
60 end
61
62 function RandomizeMatrix(this,size)
63     this.InitialImmuneMatrix = ones(size/3,size/3);
64     this.InitialImmuneAge = ones(size/3,size/3);
65     this.InitialImmuneMatrix = this.InitialImmuneMatrix.*2;
66     this.InitialM1ActivationLattice = zeros(size/3,size/3);
67     this.InitialM2ActivationLattice = zeros(size/3,size/3);
68     %Add random initial immune cells
69     n_m0=0;
70     n_m1=0;
71     n_m2=0;
72     % set up M0
73     while n_m0 < this.InitialImmuneCount
74         i = randi([1 size/3]);
75         j = randi([1 size/3]);
76         this.InitialImmuneMatrix(i,j) = 1;

```

```

77     n_m0 = n_m0 + 1;
78     this.InitialImmuneAge(i,j) = round(random_in_range(0,(this.AgeMeanM0
      +this.AgeStDevM0)*60/this.GenerationSize));
79 %     this.InitialImmuneAge(i,j) = (round(this.AgeStDevM0*randn(1)) +
this.AgeMeanM0)*60/this.GenerationSize;
80     this.InitialM1ActivationLattice(i,j)=random_in_range(0,0.25);
81     this.InitialM2ActivationLattice(i,j)=random_in_range(0,0.25-this.
      InitialM1ActivationLattice(i,j));
82 end
83
84 % set up M1
85 while n_m1 < this.InitialM1Count
86     i = randi([1 size/3]);
87     j = randi([1 size/3]);
88     if this.InitialImmuneMatrix(i,j)~=1
89         this.InitialImmuneMatrix(i,j) = 4;
90         n_m1 = n_m1 + 1;
91     this.InitialImmuneAge(i,j) = round(random_in_range(0,(this.
      AgeMeanActivated+this.AgeStDevActivated)*60/this.GenerationSize)
      );
92 %     this.InitialImmuneAge(i,j) = (round(this.AgeStDevActivated*randn
(1)) + this.AgeMeanActivated)*60/this.GenerationSize;
93     this.InitialM1ActivationLattice(i,j)=random_in_range(0.5,1);
94     this.InitialM2ActivationLattice(i,j)=random_in_range(0,0.49);
95 end
96 end
97

```

```

98 % set up M2
99 while n_m2 < this.InitialM2Count
100     i = randi([1 size/3]);
101     j = randi([1 size/3]);
102     if this.InitialImmuneMatrix(i,j)~=1 || this.InitialImmuneMatrix(i,j)
        ~=4
103         this.InitialImmuneMatrix(i,j) = 6;
104         n_m2 = n_m2 + 1;
105         this.InitialImmuneAge(i,j) = round(random_in_range(0,(this.
            AgeMeanActivated+this.AgeStDevActivated)*60/this.GenerationSize))
            ;
106 %         this.InitialImmuneAge(i,j) = (round(this.AgeStDevActivated*randn
(1)) + this.AgeMeanActivated)*60/this.GenerationSize;
107         this.InitialM2ActivationLattice(i,j)=random_in_range(0.5,1);
108         this.InitialM1ActivationLattice(i,j)=random_in_range(0,0.49);
109     end
110 end
111 % set up intermediate
112 while n_m2 < this.InitialM2Count
113     i = randi([1 size/3]);
114     j = randi([1 size/3]);
115     if this.InitialImmuneMatrix(i,j)~=1 || this.InitialImmuneMatrix(i,j)
        ~=4
116         this.InitialImmuneMatrix(i,j) = 6;
117         n_m2 = n_m2 + 1;
118         this.InitialImmuneAge(i,j) = round(random_in_range(0,(this.
            AgeMeanActivated+this.AgeStDevActivated)*60/this.GenerationSize))

```

```

        ;
119 %         this.ImmuneAge(i,j) = (round(this.AgeStDevActivated*randn(1)) +
this.AgeMeanActivated)*60/this.GenerationSize;
120         this.InitialM1ActivationLattice(i,j)=random_in_range(0,0.49);
121         this.InitialM2ActivationLattice(i,j)=random_in_range(max([0, 0.25-
this.InitialM1ActivationLattice(i,j)]),0.49);
122     end
123 end
124
125     this.ImmuneLattice = this.InitialImmuneMatrix;
126 end
127
128 function setGeneration(this, n)
129     this.MaxGenerations = n;
130 end
131
132 function reset(this)
133     this.ImmuneLattice = this.InitialImmuneMatrix;
134     this.ImmuneAge = this.InitialImmuneAge;
135     this.ProInflammatoryLattice = zeros(size(this.InitialImmuneMatrix));
136     this.ProInflammatoryLattice(14:27,14:27) = this.InitialPIM;
137     this.AntiInflammatoryLattice = zeros(size(this.InitialImmuneMatrix));
138     this.AntiInflammatoryLattice(14:27,14:27) = this.InitialAIM;
139     this.SOCSLattice = zeros(size(this.InitialImmuneMatrix));
140     this.SOCSLattice(2,2) = this.InitialSOCS;
141     this.M1ActivationLattice = this.InitialM1ActivationLattice;
142     this.M2ActivationLattice = this.InitialM2ActivationLattice;

```

```

143     this.CurrentGeneration = 0;
144     this.PreviousGeneration = 0;
145
146     for i = 1:length(this.Rules)
147         rule = this.Rules{i};
148         rule.reset();
149     end
150 end
151
152 function run(this)
153     % Run the simulation using the rules in the model's RuleSet
154     % parameter.
155
156     % Splitting up this figure into separate figures since subimage
157     % requires the Image Processing Toolkit.
158
159     if this.ShowLattices
160         immune_h = figure;
161         set(immune_h, 'Name', 'Macrophages', ...
162             'OuterPosition', [100 100 300 300]);
163         title('Immune Cells')
164
165         proinflammatory_h = figure;
166         set(proinflammatory_h, 'Name', 'Pro-inflammatory Mediators', ...
167             'OuterPosition', [400 100 300 300]);
168         title('Pro-inflammatory Cells')
169

```

```

170     antiinflammatory_h = figure;
171     set(antiinflammatory_h, 'Name', 'Anti-inflammatory Mediators', ...
172           'OuterPosition', [700 100 300 300]);
173     title('Anti-inflammatory Cells')
174
175     m1activation_h = figure;
176     set(m1activation_h, 'Name', 'M1 Activation', ...
177           'OuterPosition', [100 600 300 300]);
178     title('M1 Activation')
179
180     m2activation_h = figure;
181     set(m2activation_h, 'Name', 'M2 Activation', ...
182           'OuterPosition', [400 600 300 300]);
183     title('M2 Activation')
184 end
185
186 if this.Debug
187     pause on;
188 else
189     pause off;
190 end
191
192 for generation = 1:this.MaxGenerations
193     this.CurrentGeneration = generation;
194     this.PreviousGeneration = generation-1;
195
196     if this.ShowLattices

```

```

197     % Update the immune cell lattice window
198     set(0, 'CurrentFigure', immune_h);
199     image(this.ImmuneLattice);
200     colormap(this.ImmuneColorMap);
201     axis square;
202     set(gca, 'XTick', [], ...
203           'YTick', [], ...
204           'XTickLabel', '', ...
205           'YTickLabel', '');
206     title(sprintf('Total time (Hours) %f', generation/(60/this.
           GenerationSize))); %MUST CHANGE IF YOU CHANGE GENERATION SIZE
207
208     set(0, 'CurrentFigure', proinflammatory_h);
209     imagesc(this.ProInflammatoryLattice,[0 4]);
210     colormap(autumn);
211     axis square;
212     set(gca, 'XTick', [], ...
213           'YTick', [], ...
214           'XTickLabel', '', ...
215           'YTickLabel', '');
216
217     set(0, 'CurrentFigure', antiinflammatory_h);
218     imagesc(this.AntiInflammatoryLattice,[0 4]);
219     colormap(cool);
220     axis square;
221     set(gca, 'XTick', [], ...
222           'YTick', [], ...

```

```

223         'XTickLabel', '', ...
224         'YTickLabel', '');
225
226     set(0, 'CurrentFigure', socs_h);
227     imagesc(this.SOCSLattice,[0 4]);
228     colormap(parula);
229     axis square;
230     set(gca, 'XTick', [], ...
231            'YTick', [], ...
232            'XTickLabel', '', ...
233            'YTickLabel', '');
234
235     set(0, 'CurrentFigure', m1activation_h);
236     imagesc(this.M1ActivationLattice,[0 0.5]);
237     colormap(autumn);
238     axis square;
239     set(gca, 'XTick', [], ...
240            'YTick', [], ...
241            'XTickLabel', '', ...
242            'YTickLabel', '');
243
244     set(0, 'CurrentFigure', m2activation_h);
245     imagesc(this.M2ActivationLattice,[0 0.5]);
246     colormap(cool);
247     axis square;
248     set(gca, 'XTick', [], ...
249            'YTick', [], ...

```



```

250         'XTickLabel', '', ...
251         'YTickLabel', '');
252
253     drawnow;
254
255     if this.Debug
256         pause;
257     end
258 end
259
260 for i = 1:length(this.Rules)
261     rule = this.Rules{i};
262     rule.apply_rule();
263 end
264
265 end
266
267 % After the run we call finalize() on each rule.
268 for i = 1:length(this.Rules)
269     rule = this.Rules{i};
270     rule.finalize();
271 end
272 end
273
274 end
275
276 end

```

### B.1.3 MyRules.m

```
1 classdef MyRules < LungModelRule
2
3 properties (SetAccess = public)
4     Model;
5     GenerationSize = 20; %duration in minutes, must also change in sbm.m,
6         MacModel.m
7     ImmuneCellCounts;
8     ImmuneCellCountsSquared;
9     IntermediateCounts;
10    IntermediateCountsSquared;
11    M1Counts;
12    M2Counts;
13    M1CountsSquared;
14    M2CountsSquared;
15    TotalMacs;
16    TotalMacsSquared;
17    ProInflammatoryCounts;
18    ProInflammatoryCountsSquared;
19    AntiInflammatoryCounts;
20    AntiInflammatoryCountsSquared;
21    SOCSCounts;
22    SOCSCountsSquared;
23    AverageM1Activation;
24    AverageM1ActivationSquared;
25    AverageM2Activation;
26    AverageM2ActivationSquared;
```

```

26   RecruitedCells;
27   RecruitedCellsSquared;
28   ProbRecruited;
29   ProbRecruitedSquared;
30   Results;
31   ProbImmuneCellArrives;
32
33   % parameters
34   AgeMeanM0 = 24; % change here & in MacModel.m
35   AgeStDevM0 = 6; % change here & in MacModel.m
36   AgeMeanActivated = 12; % change here & in MacModel.m
37   AgeStDevActivated = 3; % change here & in MacModel.m
38
39   ImmuneProInflammatoryRate = 0.35; % M1s produce pro-inflammatory
40   ImmuneAntiInflammatoryRate = 0.55; % M2s produce anti-inflammatory
41   ImmuneM1AntiInflammatoryRate=0.12; % M1s produce anti-inflammatory
42
43   ProInflammatoryDecayRate = 0.03;
44   AntiInflammatoryDecayRate = 0.03;
45   SOCSDecayRate = 0.03;
46
47   PIMNegativeFeedbackRate=0.002;
48   AIMNegativeFeedbackRate=0.002;
49
50   RecruitmentMMTerm = 30;
51   AIMRecruitScale=0.25;
52   PIMActivationScale=0.75;

```

```

53 AIMActivationScale=0.75;
54 AIMInfinity=4; % Recruitment: M1 activation inhibited by AIM
55
56 M1ActivationRate=0.05; % M1 activation increased by PIM (0,1)
57 M1ActHillParameter=1; % increase M1 expression via PIM
58 M2ActScalar=0.06; % increase M2 activation by AIM
59 M2ActHillParameter=0.85; % Hill: increase M2 activation via AIM
60 M1AIMInfinity=0.05; % inhibition of M1s production of pro-inflammatory
    by AIM
61 M1DecreaseViaAIM=0.01; % AIM decreases M1 activation
62 M1DecreaseViaAIMHill=0.4; % Hill parameter – AIM decreases M1 activation
63
64 SOCSProductionRate=4; % rate at which AIM produce SOCS
65 AIMSOCSHill=3.5; % AIM production of SOCS, larger → requires more
    accumulation to be effective
66 M1SOCSInfinity=4; % SOCS inhibition of M1 activation
67 M2SOCSInfinity=4; % SOCS inhibition of M2 activation
68 AIMSOCSInfinity=0.3; % SOCS inhibition of AIM production
69
70 WashTime=12; % hours
71 WashAIM=30;%3.5;
72 end
73
74 methods
75
76 function rule = MyRules(model)
77     rule.Model = model;

```

```

78     rule.reset();
79
80     rule.Results = cell(1, length(enumeration('Outcomes')));
81
82     % We have to initialize all of the matrices where our counts
83     % get appended to. These don't get wiped out between runs.
84     % They stick around even after a reset().
85     for i = 1:length(enumeration('Outcomes'))
86         rule.Results{i}.Runs = 0;
87         rule.Results{i}.ImmuneCellCounts = zeros(1, model.MaxGenerations
88             );
89         rule.Results{i}.ImmuneCellCountsSquared = zeros(1, model.
90             MaxGenerations);
91         rule.Results{i}.IntermediateCounts = zeros(1, model.
92             MaxGenerations);
93         rule.Results{i}.IntermediateCountsSquared = zeros(1, model.
94             MaxGenerations);
95         rule.Results{i}.M1Counts = zeros(1, model.MaxGenerations);
96         rule.Results{i}.M1CountsSquared = zeros(1, model.MaxGenerations)
97             ;
98         rule.Results{i}.M2Counts = zeros(1, model.MaxGenerations);
99         rule.Results{i}.M2CountsSquared = zeros(1, model.MaxGenerations)
100             ;
101         rule.Results{i}.TotalMacs = zeros(1, model.MaxGenerations);
102         rule.Results{i}.TotalMacsSquared = zeros(1, model.MaxGenerations
103             );

```

```
97     rule.Results{i}.ProInflammatoryCounts = zeros(1, model.  
      MaxGenerations);  
98     rule.Results{i}.ProInflammatoryCountsSquared = zeros(1, model.  
      MaxGenerations);  
99     rule.Results{i}.AntiInflammatoryCounts = zeros(1, model.  
      MaxGenerations);  
100    rule.Results{i}.AntiInflammatoryCountsSquared = zeros(1, model.  
      MaxGenerations);  
101    rule.Results{i}.SOCSCounts = zeros(1, model.MaxGenerations);  
102    rule.Results{i}.SOCSCountsSquared = zeros(1, model.  
      MaxGenerations);  
103    rule.Results{i}.AverageM1Activation = zeros(1, model.  
      MaxGenerations);  
104    rule.Results{i}.AverageM1ActivationSquared = zeros(1, model.  
      MaxGenerations);  
105    rule.Results{i}.AverageM2Activation = zeros(1, model.  
      MaxGenerations);  
106    rule.Results{i}.AverageM2ActivationSquared = zeros(1, model.  
      MaxGenerations);  
107    rule.Results{i}.RecruitedCells = zeros(1, model.MaxGenerations);  
108    rule.Results{i}.RecruitedCellsSquared = zeros(1, model.  
      MaxGenerations);  
109    rule.Results{i}.ProbRecruited = zeros(1, model.MaxGenerations);  
110    rule.Results{i}.ProbRecruitedSquared = zeros(1, model.  
      MaxGenerations);  
111    end  
112    end
```

```

113
114 function apply_rule(this)
115     % move macrophages, determine M1/M2 activation, update age
116     model = this.Model;
117     if(model.toggleImmune)
118         this.moveImmuneCells();
119     end
120
121 %     if wash: reset pro/anti-inflammatory
122     if(model.toggleWash) && (model.CurrentGeneration==this.WashTime*60/
123         this.GenerationSize)
124         model.ProInflammatoryLattice = zeros(size(model.
125             ProInflammatoryLattice));
126         model.AntiInflammatoryLattice = zeros(size(model.
127             AntiInflammatoryLattice));
128         model.AntiInflammatoryLattice(14:27,14:27) = this.WashAIM;
129 %         model.AntiInflammatoryLattice(14:27,14:27) = model.
130     AntiInflammatoryLattice(14:27,14:27) + this.WashAIM;
131     end
132
133     % diffuse pro- and anti-inflammatory mediators
134     model.ProInflammatoryLattice = diffuse(model.ProInflammatoryLattice)
135         ;
136     model.AntiInflammatoryLattice = diffuse(model.
137         AntiInflammatoryLattice);
138 %     model.SOCSLattice = diffuse(model.SOCSLattice);
139

```

```

134 % The amount of pro- and anti-inflammatories in each cell decays at
      a set rate
135 model.ProInflammatoryLattice = model.ProInflammatoryLattice .* (1 -
      this.ProInflammatoryDecayRate);
136 model.AntiInflammatoryLattice = model.AntiInflammatoryLattice .* (1
      - this.AntiInflammatoryDecayRate);
137 model.SOCSLattice = model.SOCSLattice .* (1 - this.SOCSDecayRate);
138
139 % recruit macrophages
140 if(model.toggleImmune)
141     %% calculate the probability a macrophage will be recruited
142     if(model.ToggleRecruitment)
143         this.ProbImmuneCellArrives = (model.ProInflammatoryLattice+
            this.AIMRecruitScale*model.AntiInflammatoryLattice)
            .^2./((model.ProInflammatoryLattice+this.AIMRecruitScale*
            model.AntiInflammatoryLattice).^2+this.RecruitmentMMTerm
            ^2);
144     else
145         this.ProbImmuneCellArrives = zeros(size(model.ImmuneLattice)
            );
146     end
147     this.ProbRecruited(model.CurrentGeneration)=mean(mean(this.
            ProbImmuneCellArrives));
148     temp = (rand(size(model.ImmuneLattice)) < this.
            ProbImmuneCellArrives) & (~ismember(model.ImmuneLattice,[1 4
            6 8]));

```



```

149     this.RecruitedCells(model.CurrentGeneration)=sum(sum(temp)); %
        number of macrophages recruited
150     % M1 & M2 activation
151     temp_m1act=model.ProInflammatoryLattice./(model.
        ProInflammatoryLattice+this.PIMActivationScale).*(1/1+(model.
        AntiInflammatoryLattice/this.AIMInfinity));
152     temp_m2act=model.AntiInflammatoryLattice./(model.
        AntiInflammatoryLattice+this.AIMActivationScale);
153
154     % if M1act+M2act>1, scaling is needed
155     test=temp_m1act+temp_m2act>1;
156     temp_sum=temp_m1act+temp_m2act;
157     temp_m1act(test)=temp_m1act(test)./temp_sum(test);
158     temp_m2act(test)=temp_m2act(test)./temp_sum(test);
159
160     model.M1ActivationLattice(temp) = temp_m1act(temp);
161     model.M2ActivationLattice(temp) = temp_m2act(temp);
162     temp_m1=temp_m1act>0.5;
163     temp_m2=temp_m2act>0.5;
164     temp_int=((temp_m1act+temp_m2act)>=0.25) & (temp_m1act<0.5) & (
        temp_m2act<0.5);
165     temp_naive=(temp_m1act+temp_m2act)<0.25;
166     % update immune state
167     model.ImmuneLattice(temp_naive & temp) = ImmuneStates_sbm.
        M0Static;
168     model.ImmuneLattice(temp_m1 & temp) = ImmuneStates_sbm.M1Static;
169     model.ImmuneLattice(temp_m2 & temp) = ImmuneStates_sbm.M2Static;

```

```

170     model.ImmuneLattice(temp_int & temp) = ImmuneStates_sbm.
        MIntStatic;
171     % define ages (naive/activated)
172     temp_age_act=ismember(model.ImmuneLattice,[4 6 8]); % activated
        macrophages
173 %     ages=max([0,round((this.AgeStDevActivated + this.
AgeMeanActivated).*randn(size(model.ImmuneLattice)).*60/this.
GenerationSize)]);
174     ages=round(this.AgeStDevActivated.*randn(size(model.
        ImmuneLattice)) + this.AgeMeanActivated).*60/this.
        GenerationSize;
175     model.ImmuneAge(temp_age_act & temp)=ages(temp_age_act & temp);
176     temp_age_m0=model.ImmuneLattice==ImmuneStates_sbm.M0Static; %
        activated macrophages
177 %     ages=max([0,round((this.AgeStDevM0 + this.AgeMeanM0).*randn(
size(model.ImmuneLattice)).*60/this.GenerationSize)]);
178     ages=round(this.AgeStDevM0.*randn(size(model.ImmuneLattice)) +
        this.AgeMeanM0).*60/this.GenerationSize;
179     model.ImmuneAge(temp_age_m0 & temp)=ages(temp_age_m0 & temp);
180     clear temp temp_m1act temp_m2act temp_age_act temp_age_m0 ages;
181
182     %%% all immune cells recruit & produce inflammatories
183     temp=ismember(model.ImmuneLattice,[1 4 6 8]); % any kind of
        macrophage, proportional to activation (see below)
184     % M1s produce pro-inflammatory, inhibited by AIM
185     model.ProInflammatoryLattice(temp) = model.
        ProInflammatoryLattice(temp) + this.ImmuneProInflammatoryRate

```

```

186      *normrnd(1,0.25,size(model.ImmuneLattice(temp))).*...
      model.M1ActivationLattice(temp).*(1./(1+(model.
      AntiInflammatoryLattice(temp)./this.M1AIMInfinity)));
187 % M1s produce anti-inflammatory
188 model.AntiInflammatoryLattice(temp) = model.
      AntiInflammatoryLattice(temp) + this.
      ImmuneM1AntiInflammatoryRate*normrnd(1,0.25,size(model.
      ImmuneLattice(temp))).*...
189      model.M1ActivationLattice(temp);
190 % M2s produce anti-inflammatory, inhibited by SOCS
191 model.AntiInflammatoryLattice(temp) = model.
      AntiInflammatoryLattice(temp) + this.
      ImmuneAntiInflammatoryRate*normrnd(1,0.25,size(model.
      ImmuneLattice(temp))).*...
192      model.M2ActivationLattice(temp).*1./(1+(model.SOCSLattice(
      temp)./this.AIMSOCSInfinity).^3);
193 % SOCS produced by level of M2 activation
194 model.SOCSLattice(temp) = model.SOCSLattice(temp) + this.
      SOCSProductionRate*normrnd(1,0.25,size(model.ImmuneLattice(
      temp))).*...
195      model.M2ActivationLattice(temp).^2./(model.
      M2ActivationLattice(temp)+this.AIMSOCSHill^2);
196 clear temp;
197 end
198
199 % Save the plot data

```

```

200     this.ImmuneCellCounts(model.CurrentGeneration) = sum(model.
        ImmuneLattice(:) == 1);
201     this.ProInflammatoryCounts(model.CurrentGeneration) = sum(model.
        ProInflammatoryLattice(:));
202     this.AntiInflammatoryCounts(model.CurrentGeneration) = sum(model.
        AntiInflammatoryLattice(:));
203     this.SOCSCounts(model.CurrentGeneration) = sum(model.SOCSLattice(:))
        ;
204     this.IntermediateCounts(model.CurrentGeneration) = sum(model.
        ImmuneLattice(:) == 8);
205     this.M1Counts(model.CurrentGeneration) = sum(model.ImmuneLattice(:)
        == 4);
206     this.M2Counts(model.CurrentGeneration) = sum(model.ImmuneLattice(:)
        == 6);
207     this.TotalMacs(model.CurrentGeneration) = sum(model.ImmuneLattice(:)
        == 1) + sum(model.ImmuneLattice(:) == 4) +...
208         sum(model.ImmuneLattice(:) == 6) + sum(model.ImmuneLattice(:) ==
            8);
209     this.AverageM1Activation(model.CurrentGeneration) = mean(mean(model.
        M1ActivationLattice));
210     this.AverageM2Activation(model.CurrentGeneration) = mean(mean(model.
        M2ActivationLattice));
211
212     % Determine the model's outcome. If ??? then the outcome is Inflamed
        .
213     if this.ImmuneCellCounts(model.CurrentGeneration) + this.
        IntermediateCounts(model.CurrentGeneration) + ...

```

```

214         this.M1Counts(model.CurrentGeneration) + this.M2Counts(
                model.CurrentGeneration) >= 400
215         model.Outcome = Outcomes.Inflamed;
216     else
217         model.Outcome = Outcomes.Healthy;
218     end
219 end
220
221 function reset(this)
222     model = this.Model;
223
224     % Note that the Results DO NOT get reset.
225     % Set up the arrays holding the transient plot data.
226     this.ImmuneCellCounts = zeros(1, model.MaxGenerations);
227     this.ProInflammatoryCounts = zeros(1, model.MaxGenerations);
228     this.AntiInflammatoryCounts = zeros(1, model.MaxGenerations);
229     this.SOCSCounts = zeros(1, model.MaxGenerations);
230     this.IntermediateCounts = zeros(1, model.MaxGenerations);
231     this.M1Counts = zeros(1, model.MaxGenerations);
232     this.M2Counts = zeros(1, model.MaxGenerations);
233     this.TotalMacs = zeros(1, model.MaxGenerations);
234     this.AverageM1Activation = zeros(1, model.MaxGenerations);
235     this.AverageM2Activation = zeros(1, model.MaxGenerations);
236     this.RecruitedCells = zeros(1, model.MaxGenerations);
237     this.ProbRecruited = zeros(1, model.MaxGenerations);
238 end
239

```

```

240 function moveImmuneCells(this)
241     model = this.Model;
242     %change the space to where the immune cells moves to 3. If the
243     %cell cannot move, change the space its on to 3. at the end,
244     %change all 3s to 1s.
245     temp = randi([1,9],size(model.ImmuneLattice));
246     %1 2 3
247     %4 5 6
248     %7 8 9
249     [m,n] = size(model.ImmuneLattice);
250     ii=0;
251     jj=0;
252     for i = 1:m
253         for j = 1:n
254             if (model.ImmuneLattice(i,j) == ImmuneStates_sbm.M0Static)
255                 || ...
256                 (model.ImmuneLattice(i,j) == ImmuneStates_sbm.
257                     M1Static) || ...
258                 (model.ImmuneLattice(i,j) == ImmuneStates_sbm.
259                     M2Static) || ...
260                 (model.ImmuneLattice(i,j) == ImmuneStates_sbm.
261                     MIntStatic)
262             %move up
263             if temp(i,j) < 3
264                 ii = i - 1;
265             %move down
266             elseif temp(i,j) > 6

```

```

263         ii = i + 1;
264     else
265         ii = i;
266     end
267     %move right
268     if mod(temp(i,j),3) == 0
269         jj = j + 1;
270     %move left
271     elseif mod(temp(i,j),3) == 1
272         jj = j - 1;
273     else
274         jj = j;
275     end
276     %adjust values at edges to spill over to other side
277     if ii <= 0
278         ii = m;
279     end
280     if ii > m
281         ii = 1;
282     end
283     if jj <= 0
284         jj = n;
285     end
286     if jj > n
287         jj = 1;
288     end
289     % move cells

```

```

290     if model.ImmuneLattice(ii,jj) == ImmuneStates_sbm.Empty
291         % move age cell
292         model.ImmuneAge(ii,jj) = model.ImmuneAge(i,j)-1;
293         old_age=model.ImmuneAge(i,j);
294         model.ImmuneAge(i,j) = 0;
295         % move SOCS
296         model.SOCSLattice(ii,jj) = model.SOCSLattice(i,j);
297         model.SOCSLattice(i,j) = 0;
298
299         % update M1/M2 activation
300         pim_fun=@(x) x^2/(x^2+this.M1ActHillParameter^2);
301         aim_fun=@(x,hill) x^2/(x^2+hill^2);
302         % get old M1 activation
303         oldm1act=model.M1ActivationLattice(i,j);
304         model.M1ActivationLattice(i,j)=0; % macrophage no
           longer there
305         % get old M2 activation
306         oldm2act=model.M2ActivationLattice(i,j);
307         model.M2ActivationLattice(i,j)=0; % macrophage no
           longer there
308
309         % increase M1 expression via PIM, inhibited by SOCS
310         model.M1ActivationLattice(ii,jj)=oldm1act+min([this.
           M1ActivationRate*pim_fun(model.
           ProInflammatoryLattice(ii,jj))*normrnd(1,0.25)...
           *1/(1+(model.SOCSLattice(ii,jj)/this.
           M1SOCSInfinity)^2), 1-oldm1act-oldm2act]);
311

```



```

312
313 % decrease M1 expression via AIM
314 model.M1ActivationLattice(ii,jj)=max([model.
      M1ActivationLattice(ii,jj)-this.M1DecreaseViaAIM*
      aim_fun(model.AntiInflammatoryLattice(ii,jj),this
      .M1DecreaseViaAIMHill), 0]);
315
316 % increase M2 expression via AIM, inhibited by SOCS
317 model.M2ActivationLattice(ii,jj)=oldm2act+min([this.
      M2ActScalar*model.AntiInflammatoryLattice(ii,jj)
      ^4/(model.AntiInflammatoryLattice(ii,jj)^4+this.
      M2ActHillParameter^4)*normrnd(1,0.25)...
318 *1/(1+(model.SOCSLattice(ii,jj)/this.
      M2SOCSInfinity)^2), 1-oldm1act-oldm2act]);
319 % model.M2ActivationLattice(ii,jj)=oldm2act+min([
      this.M2ActScalar*aim_fun(model.AntiInflammatoryLattice(ii,jj),this.
      M2ActHillParameter)*normrnd(1,0.25)...
320
321 % decrease M1 & M2 expression (natural decay)
322 model.M1ActivationLattice(ii,jj)=model.
      M1ActivationLattice(ii,jj).*(1-this.
      PIMNegativeFeedbackRate);
323 model.M2ActivationLattice(ii,jj)=model.
      M2ActivationLattice(ii,jj).*(1-this.
      AIMNegativeFeedbackRate);
324
325 % make old space empty

```

```

326     model.ImmuneLattice(i,j) = ImmuneStates_sbm.Empty;
327
328     % change new state
329
330     % was original state M0?
331     oldstate=model.ImmuneLattice(ii,jj) ==
           ImmuneStates_sbm.M0Moving;
332
333     if model.M1ActivationLattice(ii,jj)>0.5
334         model.ImmuneLattice(ii,jj) = ImmuneStates_sbm.
           M1Moving;
335         if oldstate==1 % if M0 → M1, change age to 12
           hours
336             model.ImmuneAge(ii,jj)=min(old_age, (round(
           this.AgeStDevActivated.*randn(1,1) + this
           .AgeMeanActivated).*60/this.
           GenerationSize));
337         end
338     elseif model.M2ActivationLattice(ii,jj)>0.5
339         model.ImmuneLattice(ii,jj) = ImmuneStates_sbm.
           M2Moving;
340         if oldstate==1 % if M0 → M2, change age to 12
           hours
341             model.ImmuneAge(ii,jj)=min(old_age, (round(
           this.AgeStDevActivated.*randn(1,1) + this
           .AgeMeanActivated).*60/this.
           GenerationSize));

```

```

342         end
343     elseif model.M1ActivationLattice(ii,jj)+model.
344         M2ActivationLattice(ii,jj)>0.25
345         model.ImmuneLattice(ii,jj) = ImmuneStates_sbm.
346             MIntMoving;
347         if oldstate==1 % if M0 → intermediate, change
348             age to 12 hours
349             model.ImmuneAge(ii,jj)=min(old_age,(round(
350                 this.AgeStDevActivated.*randn(1,1) + this
351                 .AgeMeanActivated).*60/this.
352                 GenerationSize));
353         end
354     else
355         model.ImmuneLattice(ii,jj) = ImmuneStates_sbm.
356             M0Moving;
357     end
358 end
359 end
360 end
361 end

%finalize cells from Moving to Static
% M0
temp = model.ImmuneLattice == ImmuneStates_sbm.M0Moving;
model.ImmuneLattice(temp) = ImmuneStates_sbm.M0Static;
% M1

```

```

362     temp = model.ImmuneLattice == ImmuneStates_sbm.M1Moving;
363     model.ImmuneLattice(temp) = ImmuneStates_sbm.M1Static;
364     % M2
365     temp = model.ImmuneLattice == ImmuneStates_sbm.M2Moving;
366     model.ImmuneLattice(temp) = ImmuneStates_sbm.M2Static;
367     % intermediate
368     temp = model.ImmuneLattice == ImmuneStates_sbm.MIntMoving;
369     model.ImmuneLattice(temp) = ImmuneStates_sbm.MIntStatic;
370     %kill cells
371     tempDeath = (model.ImmuneAge <= 0);
372     model.ImmuneLattice(tempDeath) = ImmuneStates_sbm.Empty;
373     model.M1ActivationLattice(tempDeath) = 0;
374     model.M2ActivationLattice(tempDeath) = 0;
375     model.SOCSLattice(tempDeath) = 0;
376     model.ImmuneAge(tempDeath) = 0;
377     end
378
379     function finalize(this)
380         model = this.Model;
381         % Append rows of data to matrices for each outcome.
382         this.Results{model.Outcome}.Runs = this.Results{model.Outcome}.Runs
            + 1;
383
384         this.Results{model.Outcome}.ImmuneCellCounts = this.Results{model.
            Outcome}.ImmuneCellCounts + model.Rules{1}.Results{model.Outcome
            }.ImmuneCellCounts;

```

```

385 this.Results{model.Outcome}.ImmuneCellCountsSquared = this.Results{
    model.Outcome}.ImmuneCellCountsSquared + (model.Rules{1}.Results{
    model.Outcome}.ImmuneCellCounts .^ 2);
386 this.Results{model.Outcome}.IntermediateCounts = this.Results{model.
    Outcome}.IntermediateCounts + model.Rules{1}.Results{model.
    Outcome}.IntermediateCounts;
387 this.Results{model.Outcome}.IntermediateCountsSquared = this.Results
    {model.Outcome}.IntermediateCountsSquared + (model.Rules{1}.
    Results{model.Outcome}.IntermediateCounts .^ 2);
388 this.Results{model.Outcome}.M1Counts = this.Results{model.Outcome}.
    M1Counts + model.Rules{1}.Results{model.Outcome}.M1Counts;
389 this.Results{model.Outcome}.M1CountsSquared = this.Results{model.
    Outcome}.M1CountsSquared + (model.Rules{1}.Results{model.Outcome
    }.M1Counts .^ 2);
390 this.Results{model.Outcome}.M2Counts = this.Results{model.Outcome}.
    M2Counts + model.Rules{1}.Results{model.Outcome}.M2Counts;
391 this.Results{model.Outcome}.M2CountsSquared = this.Results{model.
    Outcome}.M2CountsSquared + (model.Rules{1}.Results{model.Outcome
    }.M2Counts .^ 2);
392 this.Results{model.Outcome}.TotalMacs = this.Results{model.Outcome}.
    TotalMacs + model.Rules{1}.Results{model.Outcome}.TotalMacs;
393 this.Results{model.Outcome}.TotalMacsSquared = this.Results{model.
    Outcome}.TotalMacsSquared + (model.Rules{1}.Results{model.Outcome
    }.TotalMacs .^ 2);
394 this.Results{model.Outcome}.ProInflammatoryCounts = this.Results{
    model.Outcome}.ProInflammatoryCounts + model.Rules{1}.Results{
    model.Outcome}.ProInflammatoryCounts;

```

```

395 this.Results{model.Outcome}.ProInflammatoryCountsSquared = this.
    Results{model.Outcome}.ProInflammatoryCountsSquared + (model.
    Rules{1}.Results{model.Outcome}.ProInflammatoryCounts .^ 2);
396 this.Results{model.Outcome}.AntiInflammatoryCounts = this.Results{
    model.Outcome}.AntiInflammatoryCounts + model.Rules{1}.Results{
    model.Outcome}.AntiInflammatoryCounts;
397 this.Results{model.Outcome}.AntiInflammatoryCountsSquared = this.
    Results{model.Outcome}.AntiInflammatoryCountsSquared + (model.
    Rules{1}.Results{model.Outcome}.AntiInflammatoryCounts .^ 2);
398 this.Results{model.Outcome}.SOCSCounts = this.Results{model.Outcome
    }.SOCSCounts + model.Rules{1}.Results{model.Outcome}.SOCSCounts;
399 this.Results{model.Outcome}.SOCSCountsSquared = this.Results{model.
    Outcome}.SOCSCountsSquared + (model.Rules{1}.Results{model.
    Outcome}.SOCSCounts .^ 2);
400 this.Results{model.Outcome}.AverageM1Activation = this.Results{model
    .Outcome}.AverageM1Activation + model.Rules{1}.Results{model.
    Outcome}.AverageM1Activation;
401 this.Results{model.Outcome}.AverageM1ActivationSquared = this.
    Results{model.Outcome}.AverageM1ActivationSquared + (model.Rules
    {1}.Results{model.Outcome}.AverageM1Activation.^ 2);
402 this.Results{model.Outcome}.AverageM2Activation = this.Results{model
    .Outcome}.AverageM2Activation + model.Rules{1}.Results{model.
    Outcome}.AverageM2Activation;
403 this.Results{model.Outcome}.AverageM2ActivationSquared = this.
    Results{model.Outcome}.AverageM2ActivationSquared + (model.Rules
    {1}.Results{model.Outcome}.AverageM2Activation.^ 2);

```

```

404     this.Results{model.Outcome}.RecruitedCells = this.Results{model.
        Outcome}.RecruitedCells + model.Rules{1}.Results{model.Outcome}.
        RecruitedCells;
405     this.Results{model.Outcome}.RecruitedCellsSquared = this.Results{
        model.Outcome}.RecruitedCellsSquared + (model.Rules{1}.Results{
        model.Outcome}.RecruitedCells.^ 2);
406     this.Results{model.Outcome}.ProbRecruited = this.Results{model.
        Outcome}.ProbRecruited + model.Rules{1}.Results{model.Outcome}.
        ProbRecruited;
407     this.Results{model.Outcome}.ProbRecruitedSquared = this.Results{
        model.Outcome}.ProbRecruitedSquared + (model.Rules{1}.Results{
        model.Outcome}.ProbRecruited.^ 2);
408     end
409 end
410 end

```

#### B.1.4 Outcomes.m

```

1 classdef Outcomes < uint32
2     enumeration
3         Healthy (1)
4         Inflamed (2)
5     end
6 end

```

#### B.1.5 ImmuneStates\_sbm.m

```

1 classdef ImmuneStates_sbm < uint32
2     enumeration
3         M0Static      (1)
4         Empty        (2)
5         M0Moving     (3)
6         M1Static     (4)
7         M1Moving     (5)
8         M2Static     (6)
9         M2Moving     (7)
10        MIntStatic   (8) % intermediate: between M1/M2
11        MIntMoving  (9) % intermediate: between M1/M2
12    end
13 end

```

### B.1.6 LungModelRule.m

```

1 classdef LungModelRule < handle
2     properties (Abstract)
3         Model;
4     end
5
6     methods (Abstract, Static)
7         apply_rule(this);
8         finalize(this);
9     end
10
11     methods

```



```

12     function nbhd = neighborhood_count(this, mat, state)
13         % Count the number of cells that match a given state in each
14         % cell's Moore neighborhood.
15         [m, n] = size(mat);
16
17         up = [2:m 1];
18         down = [m 1:m-1];
19         left = [2:n 1];
20         right = [n 1:n-1];
21
22         nbhd = (mat(up, :) == state) + ...
23                 (mat(up, left) == state) + ...
24                 (mat(up, right) == state) + ...
25                 (mat(down, :) == state) + ...
26                 (mat(down, left) == state) + ...
27                 (mat(down, right) == state) + ...
28                 (mat(:, left) == state) + ...
29                 (mat(:, right) == state);
30     end
31
32     function diffused = diffuse(mat)
33         % Given a matrix containing a fluid intensity (0 to 1),
34         % diffuse the fluid across the matrix evenly.
35         [m, n] = size(mat);
36
37         up = [2:m 1];
38         down = [m 1:m-1];

```

```

39     left = [2:n 1];
40     right = [n 1:n-1];
41
42     diffused = 1/9 * (mat(up, left) + ...
43                     mat(up, :) + ...
44                     mat(up, right) + ...
45                     mat(:, left) + ...
46                     mat(:, :) + ...
47                     mat(:, right) + ...
48                     mat(down, left) + ...
49                     mat(down, :) + ...
50                     mat(down, right));
51     end
52 end
53 end

```

### B.1.7 diffuse.m

```

1 function diffused = diffuse(mat)
2     % Given a matrix containing a fluid intensity (0 to 1),
3     % diffuse the fluid across the matrix evenly.
4     [m, n] = size(mat);
5
6     up = [2:m 1];
7     down = [m 1:m-1];
8     left = [2:n 1];
9     right = [n 1:n-1];

```

```

10
11         diffused = 1/9 * (mat(up, left) + ...
12             mat(up, :) + ...
13             mat(up, right) + ...
14             mat(:, left) + ...
15             mat(:, :) + ...
16             mat(:, right) + ...
17             mat(down, left) + ...
18             mat(down, :) + ...
19             mat(down, right));
20     end

```

### B.1.8 boundedline.m

```

1 function varargout = boundedline(varargin)
2 %BOUNDEDLINE Plot a line with shaded error/confidence bounds
3 % Created by Kelly Kearney
4 % https://github.com/kakearney/boundedline-pkg
5 %
6 % [hl, hp] = boundedline(x, y, b)
7 % [hl, hp] = boundedline(x, y, b, linespec)
8 % [hl, hp] = boundedline(x1, y1, b1, linespec1, x2, y2, b2, linespec2)
9 % [hl, hp] = boundedline(..., 'alpha')
10 % [hl, hp] = boundedline(..., ax)
11 % [hl, hp] = boundedline(..., 'transparency', trans)
12 % [hl, hp] = boundedline(..., 'orientation', orient)
13 % [hl, hp] = boundedline(..., 'cmap', cmap)

```

```

14 %
15 % Input variables:
16 %
17 %   x, y:       x and y values, either vectors of the same length, matrices
18 %              of the same size, or vector/matrix pair where the row or
19 %              column size of the array matches the length of the vector
20 %              (same requirements as for plot function).
21 %
22 %   b:          npoint x nsize x nline array.  Distance from line to
23 %              boundary, for each point along the line (dimension 1), for
24 %              each side of the line (lower/upper or left/right, depending
25 %              on orientation) (dimension 2), and for each plotted line
26 %              described by the preceding x-y values (dimension 3).  If
27 %              size(b,1) == 1, the bounds will be the same for all points
28 %              along the line.  If size(b,2) == 1, the bounds will be
29 %              symmetrical on both sides of the lines.  If size(b,3) == 1,
30 %              the same bounds will be applied to all lines described by
31 %              the preceding x-y arrays (only applicable when either x or
32 %              y is an array).  Bounds cannot include Inf, -Inf, or NaN,
33 %
34 %   linespec:   line specification that determines line type, marker
35 %              symbol, and color of the plotted lines for the preceding
36 %              x-y values.
37 %
38 %   'alpha':    if included, the bounded area will be rendered with a
39 %              partially-transparent patch the same color as the
40 %              corresponding line(s).  If not included, the bounded area

```

```

41 % will be an opaque patch with a lighter shade of the
42 % corresponding line color.
43 %
44 % ax: handle of axis where lines will be plotted. If not
45 % included, the current axis will be used.
46 %
47 % transp: Scalar between 0 and 1 indicating with the transparency or
48 % intensity of color of the bounded area patch. Default is
49 % 0.2.
50 %
51 % orient: 'vert': add bounds in vertical (y) direction (default)
52 % 'horiz': add bounds in horizontal (x) direction
53 %
54 % cmap: n x 3 colormap array. If included, lines will be colored
55 % (in order of plotting) according to this colormap,
56 % overriding any linespec or default colors.
57 %
58 % Output variables:
59 %
60 % hl: handles to line objects
61 %
62 % hp: handles to patch objects
63 %
64 % Example:
65 %
66 % x = linspace(0, 2*pi, 50);
67 % y1 = sin(x);

```

```

68 % y2 = cos(x);
69 % e1 = rand(size(y1))*0.5+0.5;
70 % e2 = [.25 .5];
71 %
72 % ax(1) = subplot(2,2,1);
73 % [l,p] = boundedline(x, y1, e1, '-b*', x, y2, e2, '—ro');
74 % outlinebounds(l,p);
75 % title('Opaque bounds, with outline');
76 %
77 % ax(2) = subplot(2,2,2);
78 % boundedline(x, [y1;y2], rand(length(y1),2,2)*0.5+0.5, 'alpha');
79 % title('Transparent bounds');
80 %
81 % ax(3) = subplot(2,2,3);
82 % boundedline([y1;y2], x, e1(1), 'orientation', 'horiz')
83 % title('Horizontal bounds');
84 %
85 % ax(4) = subplot(2,2,4);
86 % boundedline(x, repmat(y1, 4,1), permute(0.5:-0.1:0.2, [3 1 2]), ...
87 %             'cmap', cool(4), 'transparency', 0.5);
88 % title('Multiple bounds using colormap');
89
90
91 % Copyright 2010 Kelly Kearney
92
93 %-----
94 % Parse input

```

```

95 %-----
96
97 % Alpha flag
98
99 isalpha = cellfun(@(x) ischar(x) && strcmp(x, 'alpha'), varargin);
100 if any(isalpha)
101     usealpha = true;
102     varargin = varargin(~isalpha);
103 else
104     usealpha = false;
105 end
106
107 % Axis
108
109 isax = cellfun(@(x) isscalar(x) && ishandle(x) && strcmp('axes', get(x, 'type
        ')), varargin);
110 if any(isax)
111     hax = varargin{isax};
112     varargin = varargin(~isax);
113 else
114     hax = gca;
115 end
116
117 % Transparency
118
119 [found, trans, varargin] = parseparam(varargin, 'transparency');
120

```

```
121 if ~found
122     trans = 0.2;
123 end
124
125 if ~isscalar(trans) || trans < 0 || trans > 1
126     error('Transparency must be scalar between 0 and 1');
127 end
128
129 % Orientation
130
131 [found, orient, varargin] = parseparam(varargin, 'orientation');
132
133 if ~found
134     orient = 'vert';
135 end
136
137 if strcmp(orient, 'vert')
138     isvert = true;
139 elseif strcmp(orient, 'horiz')
140     isvert = false;
141 else
142     error('Orientation must be ''vert'' or ''horiz''');
143 end
144
145
146 % Colormap
147
```



```

148 [hascmap, cmap, varargin] = parseparam(varargin, 'cmap');
149
150 %Linewidth;
151 [found, width, varargin] = parseparam(varargin, 'linewidth');
152 if ~found
153 width = 1;
154 end
155
156
157 % X, Y, E triplets, and linespec
158
159 [x,y,err,linespec] = deal(cell(0));
160 while ~isempty(varargin)
161     if length(varargin) < 3
162         error('Unexpected input: should be x, y, bounds triplets');
163     end
164     if all(cellfun(@isnumeric, varargin(1:3)))
165         x = [x varargin(1)];
166         y = [y varargin(2)];
167         err = [err varargin(3)];
168         varargin(1:3) = [];
169     else
170         error('Unexpected input: should be x, y, bounds triplets');
171     end
172     if ~isempty(varargin) && ischar(varargin{1})
173         linespec = [linespec varargin(1)];
174         varargin(1) = [];

```

```

175     else
176         linespec = [linespec {}];
177     end
178 end
179
180 %-----
181 % Reformat x and y
182 % for line and patch
183 % plotting
184 %-----
185
186 % Calculate y values for bounding lines
187
188 plotdata = cell(0,7);
189
190 htemp = figure('visible', 'off');
191 for ix = 1:length(x)
192
193     % Get full x, y, and linespec data for each line (easier to let plot
194     % check for properly-sized x and y and expand values than to try to do
195     % it myself)
196
197     try
198         if isempty(linespec{ix})
199             hltemp = plot(x{ix}, y{ix});
200         else
201             hltemp = plot(x{ix}, y{ix}, linespec{ix});

```

```

202     end
203 catch
204     close(htemp);
205     error('X and Y matrices and/or linespec not appropriate for line
          plot');
206 end
207
208 linedata = get(hltemp, {'xdata', 'ydata', 'marker', 'linestyle', 'color'
          });
209
210 nline = size(linedata,1);
211
212 % Expand bounds matrix if necessary
213
214 if nline > 1
215     if ndims(err{ix}) == 3
216         err2 = squeeze(num2cell(err{ix},[1 2]));
217     else
218         err2 = repmat(err(ix),nline,1);
219     end
220 else
221     err2 = err(ix);
222 end
223
224 % Figure out upper and lower bounds
225
226 [lo, hi] = deal(cell(nline,1));

```

```

227     for iln = 1:nline
228
229         x2 = linedata{iln,1};
230         y2 = linedata{iln,2};
231         nx = length(x2);
232
233         if isvert
234             lineval = y2;
235         else
236             lineval = x2;
237         end
238
239         sz = size(err2{iln});
240
241         if isequal(sz, [nx 2])
242             lo{iln} = lineval - err2{iln}(:,1)';
243             hi{iln} = lineval + err2{iln}(:,2)';
244         elseif isequal(sz, [nx 1])
245             lo{iln} = lineval - err2{iln}';
246             hi{iln} = lineval + err2{iln}';
247         elseif isequal(sz, [1 2])
248             lo{iln} = lineval - err2{iln}(1);
249             hi{iln} = lineval + err2{iln}(2);
250         elseif isequal(sz, [1 1])
251             lo{iln} = lineval - err2{iln};
252             hi{iln} = lineval + err2{iln};
253         elseif isequal(sz, [2 nx]) % not documented, but accepted anyways

```

```

254         lo{iln} = lineval - err2{iln}(:,1);
255         hi{iln} = lineval + err2{iln}(:,2);
256         elseif isequal(sz, [1 nx]) % not documented, but accepted anyways
257             lo{iln} = lineval - err2{iln};
258             hi{iln} = lineval + err2{iln};
259         elseif isequal(sz, [2 1]) % not documented, but accepted anyways
260             lo{iln} = lineval - err2{iln}(1);
261             hi{iln} = lineval + err2{iln}(2);
262         else
263             error('Error bounds must be npt x nside x nline array');
264         end
265
266     end
267
268     % Combine all data (xline, yline, marker, linestyle, color, lower bound
269     % (x or y), upper bound (x or y)
270
271     plotdata = [plotdata; linedata lo hi];
272
273 end
274 close(htemp);
275
276 % Override colormap
277
278 if hascmap
279     nd = size(plotdata,1);
280     cmap = repmat(cmap, ceil(nd/size(cmap,1)), 1);

```

```

281     cmap = cmap(1:nd,:);
282     plotdata(:,5) = num2cell(cmap,2);
283 end
284
285
286 %-----
287 % Plot
288 %-----
289
290 % Setup of x and y, plus line and patch properties
291
292 nline = size(plotdata,1);
293 [xl, yl, xp, yp, marker, lnsty, lncol, ptchcol, alpha] = deal(cell(nline,1))
    ;
294
295 for iln = 1:nline
296     xl{iln} = plotdata{iln,1};
297     yl{iln} = plotdata{iln,2};
298 %     if isvert
299 %         xp{iln} = [plotdata{iln,1} fliplr(plotdata{iln,1})];
300 %         yp{iln} = [plotdata{iln,6} fliplr(plotdata{iln,7})];
301 %     else
302 %         xp{iln} = [plotdata{iln,6} fliplr(plotdata{iln,7})];
303 %         yp{iln} = [plotdata{iln,2} fliplr(plotdata{iln,2})];
304 %     end
305

```

```

306     [xp{iln}, yp{iln}] = calcpatch(plotdata{iln,1}, plotdata{iln,2}, isvert,
        plotdata{iln,6}, plotdata{iln,7});
307
308     marker{iln} = plotdata{iln,3};
309     lnsty{iln} = plotdata{iln,4};
310
311     if usealpha
312         lncol{iln} = plotdata{iln,5};
313         ptchcol{iln} = plotdata{iln,5};
314         alpha{iln} = trans;
315     else
316         lncol{iln} = plotdata{iln,5};
317         ptchcol{iln} = interp1([0 1], [1 1 1; lncol{iln}], trans);
318         alpha{iln} = 1;
319     end
320 end
321
322 % Plot patches and lines
323
324 [hp,hl] = deal(zeros(nline,1));
325
326 axes(hax);
327 hold all;
328
329 for iln = 1:nline
330     hp(iln) = patch(xp{iln}, yp{iln}, ptchcol{iln}, 'facealpha', alpha{iln},
        'edgecolor', 'none');

```

```

331 end
332
333 for iln = 1:nline
334     hl(iln) = line(xl{iln}, yl{iln}, 'marker', marker{iln}, 'linestyle',
335                 lnsty{iln}, 'color', lncol{iln}, 'linewidth', width);
336
337 %-----
338 % Assign output
339 %-----
340
341 nargchk(0, 2, nargout);
342
343 if nargout >= 1
344     varargout{1} = hl;
345 end
346
347 if nargout == 2
348     varargout{2} = hp;
349 end
350
351 %-----
352 % Parse optional
353 % parameters
354 %-----
355
356 function [found, val, vars] = parseparam(vars, param)

```



```

357
358 isvar = cellfun(@(x) ischar(x) && strcmpi(x, param), vars);
359
360 if sum(isvar) > 1
361     error('Parameters can only be passed once');
362 end
363
364 if any(isvar)
365     found = true;
366     idx = find(isvar);
367     val = vars{idx+1};
368     vars([idx idx+1]) = [];
369 else
370     found = false;
371     val = [];
372 end
373
374 %-----
375 % Calculate patch coordinates
376 %-----
377
378 function [xp, yp] = calcpatch(xl, yl, isvert, lo, hi)
379
380 ismissing = any(isnan([xl;yl;lo;hi]),2);
381 if any(ismissing)
382
383 else

```

```

384     if isvert
385         xp = [xl fliplr(xl)];
386         yp = [lo fliplr(hi)];
387     else
388         xp = [lo fliplr(hi)];
389         yp = [yl fliplr(yl)];
390     end
391 end

```

## B.2 Code: ODE model

The following function contains the equations for the ten-macrophage ODE model described in Section 4.2.1.

```

1 function dx=rhs_crosstalk_compartmental(~,x,param,scale_flag)
2 % x, param: each column is a different compartment
3
4 if scale_flag==1
5     scale=3600;
6 else
7     scale=1;
8 end
9
10 %----- nominal parameter value -----
11 %%%% shared parameters
12 kdeg_tnfa =    param(1)*scale;
13 muile =       param(2)*scale;
14

```

```
15 %%%% compartmental parameters
16 a_trans_1 = param(3)*scale;
17 a_trans_2 = param(52+3)*scale;
18 a_trans_3 = param(2*52+3)*scale;
19 a_trans_4 = param(3*52+3)*scale;
20 a_trans_5 = param(4*52+3)*scale;
21 a_trans_6 = param(5*52+3)*scale;
22 a_trans_7 = param(6*52+3)*scale;
23 a_trans_8 = param(7*52+3)*scale;
24 a_trans_9 = param(8*52+3)*scale;
25 a_trans_10 = param(9*52+3)*scale;
26 ctf_1 = param(4);
27 ctf_2 = param(52+4);
28 ctf_3 = param(2*52+4);
29 ctf_4 = param(3*52+4);
30 ctf_5 = param(4*52+4);
31 ctf_6 = param(5*52+4);
32 ctf_7 = param(6*52+4);
33 ctf_8 = param(7*52+4);
34 ctf_9 = param(8*52+4);
35 ctf_10 = param(9*52+4);
36 ctf_stat3_1 = param(5);
37 ctf_stat3_2 = param(52+5);
38 ctf_stat3_3 = param(2*52+5);
39 ctf_stat3_4 = param(3*52+5);
40 ctf_stat3_5 = param(4*52+5);
41 ctf_stat3_6 = param(5*52+5);
```

```
42 ctf_stat3_7 = param(6*52+5);
43 ctf_stat3_8 = param(7*52+5);
44 ctf_stat3_9 = param(8*52+5);
45 ctf_stat3_10 = param(9*52+5); % 473
46 eki_1 = param(6)*scale;
47 eki_2 = param(52+6)*scale;
48 eki_3 = param(2*52+6)*scale;
49 eki_4 = param(3*52+6)*scale;
50 eki_5 = param(4*52+6)*scale;
51 eki_6 = param(5*52+6)*scale;
52 eki_7 = param(6*52+6)*scale;
53 eki_8 = param(7*52+6)*scale;
54 eki_9 = param(8*52+6)*scale;
55 eki_10 = param(9*52+6)*scale;
56 eni_1 = param(7)*scale;
57 eni_2 = param(52+7)*scale;
58 eni_3 = param(2*52+7)*scale;
59 eni_4 = param(3*52+7)*scale;
60 eni_5 = param(4*52+7)*scale;
61 eni_6 = param(5*52+7)*scale;
62 eni_7 = param(6*52+7)*scale;
63 eni_8 = param(7*52+7)*scale;
64 eni_9 = param(8*52+7)*scale;
65 eni_10 = param(9*52+7)*scale;
66 ikba_trans_1 = param(8)*scale;
67 ikba_trans_2 = param(52+8)*scale;
68 ikba_trans_3 = param(2*52+8)*scale;
```

```
69 ikba_trans_4 = param(3*52+8)*scale;
70 ikba_trans_5 = param(4*52+8)*scale;
71 ikba_trans_6 = param(5*52+8)*scale;
72 ikba_trans_7 = param(6*52+8)*scale;
73 ikba_trans_8 = param(7*52+8)*scale;
74 ikba_trans_9 = param(8*52+8)*scale;
75 ikba_trans_10 = param(9*52+8)*scale;
76 iki_1 = param(9)*scale;
77 iki_2 = param(52+9)*scale;
78 iki_3 = param(2*52+9)*scale;
79 iki_4 = param(3*52+9)*scale;
80 iki_5 = param(4*52+9)*scale;
81 iki_6 = param(5*52+9)*scale;
82 iki_7 = param(6*52+9)*scale;
83 iki_8 = param(7*52+9)*scale;
84 iki_9 = param(8*52+9)*scale;
85 iki_10 = param(9*52+9)*scale;
86 ill10max_1 = param(10);
87 ill10max_2 = param(52+10);
88 ill10max_3 = param(2*52+10);
89 ill10max_4 = param(3*52+10);
90 ill10max_5 = param(4*52+10);
91 ill10max_6 = param(5*52+10);
92 ill10max_7 = param(6*52+10);
93 ill10max_8 = param(7*52+10);
94 ill10max_9 = param(8*52+10);
95 ill10max_10 = param(9*52+10);
```

```
96  iln_1 =          param(11)*scale;
97  iln_2 =          param(52+11)*scale;
98  iln_3 =          param(2*52+11)*scale;
99  iln_4 =          param(3*52+11)*scale;
100 iln_5 =          param(4*52+11)*scale;
101 iln_6 =          param(5*52+11)*scale;
102 iln_7 =          param(6*52+11)*scale;
103 iln_8 =          param(7*52+11)*scale;
104 iln_9 =          param(8*52+11)*scale;
105 iln_10 =         param(9*52+11)*scale;
106 kdeg_a20_1 =     param(12)*scale;
107 kdeg_a20_2 =     param(52+12)*scale;
108 kdeg_a20_3 =     param(2*52+12)*scale;
109 kdeg_a20_4 =     param(3*52+12)*scale;
110 kdeg_a20_5 =     param(4*52+12)*scale;
111 kdeg_a20_6 =     param(5*52+12)*scale;
112 kdeg_a20_7 =     param(6*52+12)*scale;
113 kdeg_a20_8 =     param(7*52+12)*scale;
114 kdeg_a20_9 =     param(8*52+12)*scale;
115 kdeg_a20_10 =    param(9*52+12)*scale;
116 kdeg_ikba_1 =    param(13)*scale;
117 kdeg_ikba_2 =    param(52+13)*scale;
118 kdeg_ikba_3 =    param(2*52+13)*scale;
119 kdeg_ikba_4 =    param(3*52+13)*scale;
120 kdeg_ikba_5 =    param(4*52+13)*scale;
121 kdeg_ikba_6 =    param(5*52+13)*scale;
122 kdeg_ikba_7 =    param(6*52+13)*scale;
```

```
123 kdeg_ikba_8 = param(7*52+13)*scale;
124 kdeg_ikba_9 = param(8*52+13)*scale;
125 kdeg_ikba_10 = param(9*52+13)*scale;
126 kf1_1 = param(14)*scale;
127 kf1_2 = param(52+14)*scale;
128 kf1_3 = param(2*52+14)*scale;
129 kf1_4 = param(3*52+14)*scale;
130 kf1_5 = param(4*52+14)*scale;
131 kf1_6 = param(5*52+14)*scale;
132 kf1_7 = param(6*52+14)*scale;
133 kf1_8 = param(7*52+14)*scale;
134 kf1_9 = param(8*52+14)*scale;
135 kf1_10 = param(9*52+14)*scale;
136 kf3_1 = param(15)*scale;
137 kf3_2 = param(52+15)*scale;
138 kf3_3 = param(2*52+15)*scale;
139 kf3_4 = param(3*52+15)*scale;
140 kf3_5 = param(4*52+15)*scale;
141 kf3_6 = param(5*52+15)*scale;
142 kf3_7 = param(6*52+15)*scale;
143 kf3_8 = param(7*52+15)*scale;
144 kf3_9 = param(8*52+15)*scale;
145 kf3_10 = param(9*52+15)*scale;
146 kf4_1 = param(16)*scale;
147 kf4_2 = param(52+16)*scale;
148 kf4_3 = param(2*52+16)*scale;
149 kf4_4 = param(3*52+16)*scale;
```

```
150 kf4_5 = param(4*52+16)*scale;
151 kf4_6 = param(5*52+16)*scale;
152 kf4_7 = param(6*52+16)*scale;
153 kf4_8 = param(7*52+16)*scale;
154 kf4_9 = param(8*52+16)*scale;
155 kf4_10 = param(9*52+16)*scale;
156 kfi_1 = param(17)*scale;
157 kfi_2 = param(52+17)*scale;
158 kfi_3 = param(2*52+17)*scale;
159 kfi_4 = param(3*52+17)*scale;
160 kfi_5 = param(4*52+17)*scale;
161 kfi_6 = param(5*52+17)*scale;
162 kfi_7 = param(6*52+17)*scale;
163 kfi_8 = param(7*52+17)*scale;
164 kfi_9 = param(8*52+17)*scale;
165 kfi_10 = param(9*52+17)*scale;
166 kilc_1 = param(18)*scale;
167 kilc_2 = param(52+18)*scale;
168 kilc_3 = param(2*52+18)*scale;
169 kilc_4 = param(3*52+18)*scale;
170 kilc_5 = param(4*52+18)*scale;
171 kilc_6 = param(5*52+18)*scale;
172 kilc_7 = param(6*52+18)*scale;
173 kilc_8 = param(7*52+18)*scale;
174 kilc_9 = param(8*52+18)*scale;
175 kilc_10 = param(9*52+18)*scale;
176 kiljb_1 = param(19)*scale;
```



```
177 kiljb_2 = param(52+19)*scale;
178 kiljb_3 = param(2*52+19)*scale;
179 kiljb_4 = param(3*52+19)*scale;
180 kiljb_5 = param(4*52+19)*scale;
181 kiljb_6 = param(5*52+19)*scale;
182 kiljb_7 = param(6*52+19)*scale;
183 kiljb_8 = param(7*52+19)*scale;
184 kiljb_9 = param(8*52+19)*scale;
185 kiljb_10 = param(9*52+19)*scale;
186 kilju_1 = param(20)*scale;
187 kilju_2 = param(52+20)*scale;
188 kilju_3 = param(2*52+20)*scale;
189 kilju_4 = param(3*52+20)*scale;
190 kilju_5 = param(4*52+20)*scale;
191 kilju_6 = param(5*52+20)*scale;
192 kilju_7 = param(6*52+20)*scale;
193 kilju_8 = param(7*52+20)*scale;
194 kilju_9 = param(8*52+20)*scale;
195 kilju_10 = param(9*52+20)*scale;
196 kilm_1 = param(21)*scale;
197 kilm_2 = param(52+21)*scale;
198 kilm_3 = param(2*52+21)*scale;
199 kilm_4 = param(3*52+21)*scale;
200 kilm_5 = param(4*52+21)*scale;
201 kilm_6 = param(5*52+21)*scale;
202 kilm_7 = param(6*52+21)*scale;
203 kilm_8 = param(7*52+21)*scale;
```

```
204 kiln_9 = param(8*52+21)*scale;
205 kiln_10 = param(9*52+21)*scale;
206 kilnf_1 = param(22)*scale;
207 kilnf_2 = param(52+22)*scale;
208 kilnf_3 = param(2*52+22)*scale;
209 kilnf_4 = param(3*52+22)*scale;
210 kilnf_5 = param(4*52+22)*scale;
211 kilnf_6 = param(5*52+22)*scale;
212 kilnf_7 = param(6*52+22)*scale;
213 kilnf_8 = param(7*52+22)*scale;
214 kilnf_9 = param(8*52+22)*scale;
215 kilnf_10 = param(9*52+22)*scale;
216 kilrb_1 = param(23)*scale;
217 kilrb_2 = param(52+23)*scale;
218 kilrb_3 = param(2*52+23)*scale;
219 kilrb_4 = param(3*52+23)*scale;
220 kilrb_5 = param(4*52+23)*scale;
221 kilrb_6 = param(5*52+23)*scale;
222 kilrb_7 = param(6*52+23)*scale;
223 kilrb_8 = param(7*52+23)*scale;
224 kilrb_9 = param(8*52+23)*scale;
225 kilrb_10 = param(9*52+23)*scale;
226 kilru_1 = param(24)*scale;
227 kilru_2 = param(52+24)*scale;
228 kilru_3 = param(2*52+24)*scale;
229 kilru_4 = param(3*52+24)*scale;
230 kilru_5 = param(4*52+24)*scale;
```

```
231 kilru_6 = param(5*52+24)*scale;
232 kilru_7 = param(6*52+24)*scale;
233 kilru_8 = param(7*52+24)*scale;
234 kilru_9 = param(8*52+24)*scale;
235 kilru_10 = param(9*52+24)*scale;
236 kilsn_1 = param(25)*scale;
237 kilsn_2 = param(52+25)*scale;
238 kilsn_3 = param(2*52+25)*scale;
239 kilsn_4 = param(3*52+25)*scale;
240 kilsn_5 = param(4*52+25)*scale;
241 kilsn_6 = param(5*52+25)*scale;
242 kilsn_7 = param(6*52+25)*scale;
243 kilsn_8 = param(7*52+25)*scale;
244 kilsn_9 = param(8*52+25)*scale;
245 kilsn_10 = param(9*52+25)*scale;
246 kk1_1 = param(26)*scale;
247 kk1_2 = param(52+26)*scale;
248 kk1_3 = param(2*52+26)*scale;
249 kk1_4 = param(3*52+26)*scale;
250 kk1_5 = param(4*52+26)*scale;
251 kk1_6 = param(5*52+26)*scale;
252 kk1_7 = param(6*52+26)*scale;
253 kk1_8 = param(7*52+26)*scale;
254 kk1_9 = param(8*52+26)*scale;
255 kk1_10 = param(9*52+26)*scale;
256 kk3_1 = param(27)*scale;
257 kk3_2 = param(52+27)*scale;
```

```
258 kk3_3 = param(2*52+27)*scale;
259 kk3_4 = param(3*52+27)*scale;
260 kk3_5 = param(4*52+27)*scale;
261 kk3_6 = param(5*52+27)*scale;
262 kk3_7 = param(6*52+27)*scale;
263 kk3_8 = param(7*52+27)*scale;
264 kk3_9 = param(8*52+27)*scale;
265 kk3_10 = param(9*52+27)*scale;
266 kr1_1 = param(28)*scale;
267 kr1_2 = param(52+28)*scale;
268 kr1_3 = param(2*52+28)*scale;
269 kr1_4 = param(3*52+28)*scale;
270 kr1_5 = param(4*52+28)*scale;
271 kr1_6 = param(5*52+28)*scale;
272 kr1_7 = param(6*52+28)*scale;
273 kr1_8 = param(7*52+28)*scale;
274 kr1_9 = param(8*52+28)*scale;
275 kr1_10 = param(9*52+28)*scale;
276 kr3_1 = param(29)*scale;
277 kr3_2 = param(52+29)*scale;
278 kr3_3 = param(2*52+29)*scale;
279 kr3_4 = param(3*52+29)*scale;
280 kr3_5 = param(4*52+29)*scale;
281 kr3_6 = param(5*52+29)*scale;
282 kr3_7 = param(6*52+29)*scale;
283 kr3_8 = param(7*52+29)*scale;
284 kr3_9 = param(8*52+29)*scale;
```

```
285 kr3_10 = param(9*52+29)*scale;
286 ks1_1 = param(30)*scale;
287 ks1_2 = param(52+30)*scale;
288 ks1_3 = param(2*52+30)*scale;
289 ks1_4 = param(3*52+30)*scale;
290 ks1_5 = param(4*52+30)*scale;
291 ks1_6 = param(5*52+30)*scale;
292 ks1_7 = param(6*52+30)*scale;
293 ks1_8 = param(7*52+30)*scale;
294 ks1_9 = param(8*52+30)*scale;
295 ks1_10 = param(9*52+30)*scale;
296 ks1st_1 = param(31)*scale;
297 ks1st_2 = param(52+31)*scale;
298 ks1st_3 = param(2*52+31)*scale;
299 ks1st_4 = param(3*52+31)*scale;
300 ks1st_5 = param(4*52+31)*scale;
301 ks1st_6 = param(5*52+31)*scale;
302 ks1st_7 = param(6*52+31)*scale;
303 ks1st_8 = param(7*52+31)*scale;
304 ks1st_9 = param(8*52+31)*scale;
305 ks1st_10 = param(9*52+31)*scale;
306 ks3_1 = param(32)*scale;
307 ks3_2 = param(52+32)*scale;
308 ks3_3 = param(2*52+32)*scale;
309 ks3_4 = param(3*52+32)*scale;
310 ks3_5 = param(4*52+32)*scale;
311 ks3_6 = param(5*52+32)*scale;
```

```
312 ks3_7 = param(6*52+32)*scale;
313 ks3_8 = param(7*52+32)*scale;
314 ks3_9 = param(8*52+32)*scale;
315 ks3_10 = param(9*52+32)*scale;
316 ks3st_1 = param(33)*scale;
317 ks3st_2 = param(52+33)*scale;
318 ks3st_3 = param(2*52+33)*scale;
319 ks3st_4 = param(3*52+33)*scale;
320 ks3st_5 = param(4*52+33)*scale;
321 ks3st_6 = param(5*52+33)*scale;
322 ks3st_7 = param(6*52+33)*scale;
323 ks3st_8 = param(7*52+33)*scale;
324 ks3st_9 = param(8*52+33)*scale;
325 ks3st_10 = param(9*52+33)*scale;
326 ksa_1 = param(34)*scale;
327 ksa_2 = param(52+34)*scale;
328 ksa_3 = param(2*52+34)*scale;
329 ksa_4 = param(3*52+34)*scale;
330 ksa_5 = param(4*52+34)*scale;
331 ksa_6 = param(5*52+34)*scale;
332 ksa_7 = param(6*52+34)*scale;
333 ksa_8 = param(7*52+34)*scale;
334 ksa_9 = param(8*52+34)*scale;
335 ksa_10 = param(9*52+34)*scale;
336 ksec_1 = param(35)*scale;
337 ksec_2 = param(52+35)*scale;
338 ksec_3 = param(2*52+35)*scale;
```

```
339 ksec_4 = param(3*52+35)*scale;
340 ksec_5 = param(4*52+35)*scale;
341 ksec_6 = param(5*52+35)*scale;
342 ksec_7 = param(6*52+35)*scale;
343 ksec_8 = param(7*52+35)*scale;
344 ksec_9 = param(8*52+35)*scale;
345 ksec_10 = param(9*52+35)*scale;
346 ksni_1 = param(36)*scale;
347 ksni_2 = param(52+36)*scale;
348 ksni_3 = param(2*52+36)*scale;
349 ksni_4 = param(3*52+36)*scale;
350 ksni_5 = param(4*52+36)*scale;
351 ksni_6 = param(5*52+36)*scale;
352 ksni_7 = param(6*52+36)*scale;
353 ksni_8 = param(7*52+36)*scale;
354 ksni_9 = param(8*52+36)*scale;
355 ksni_10 = param(9*52+36)*scale;
356 ksnicyto_1 = param(37)*scale;
357 ksnicyto_2 = param(52+37)*scale;
358 ksnicyto_3 = param(2*52+37)*scale;
359 ksnicyto_4 = param(3*52+37)*scale;
360 ksnicyto_5 = param(4*52+37)*scale;
361 ksnicyto_6 = param(5*52+37)*scale;
362 ksnicyto_7 = param(6*52+37)*scale;
363 ksnicyto_8 = param(7*52+37)*scale;
364 ksnicyto_9 = param(8*52+37)*scale;
365 ksnicyto_10 = param(9*52+37)*scale;
```

```
366 kstat_1 = param(38)*scale;
367 kstat_2 = param(52+38)*scale;
368 kstat_3 = param(2*52+38)*scale;
369 kstat_4 = param(3*52+38)*scale;
370 kstat_5 = param(4*52+38)*scale;
371 kstat_6 = param(5*52+38)*scale;
372 kstat_7 = param(6*52+38)*scale;
373 kstat_8 = param(7*52+38)*scale;
374 kstat_9 = param(8*52+38)*scale;
375 kstat_10 = param(9*52+38)*scale;
376 kv_1 = param(39);
377 kv_2 = param(52+39);
378 kv_3 = param(2*52+39);
379 kv_4 = param(3*52+39);
380 kv_5 = param(4*52+39);
381 kv_6 = param(5*52+39);
382 kv_7 = param(6*52+39);
383 kv_8 = param(7*52+39);
384 kv_9 = param(8*52+39);
385 kv_10 = param(9*52+39);
386 mua20m_1 = param(40)*scale;
387 mua20m_2 = param(52+40)*scale;
388 mua20m_3 = param(2*52+40)*scale;
389 mua20m_4 = param(3*52+40)*scale;
390 mua20m_5 = param(4*52+40)*scale;
391 mua20m_6 = param(5*52+40)*scale;
392 mua20m_7 = param(6*52+40)*scale;
```



```
393 mua20m_8 = param(7*52+40)*scale;
394 mua20m_9 = param(8*52+40)*scale;
395 mua20m_10 = param(9*52+40)*scale;
396 muilc_1 = param(41)*scale;
397 muilc_2 = param(52+41)*scale;
398 muilc_3 = param(2*52+41)*scale;
399 muilc_4 = param(3*52+41)*scale;
400 muilc_5 = param(4*52+41)*scale;
401 muilc_6 = param(5*52+41)*scale;
402 muilc_7 = param(6*52+41)*scale;
403 muilc_8 = param(7*52+41)*scale;
404 muilc_9 = param(8*52+41)*scale;
405 muilc_10 = param(9*52+41)*scale;
406 muilm_1 = param(42)*scale;
407 muilm_2 = param(52+42)*scale;
408 muilm_3 = param(2*52+42)*scale;
409 muilm_4 = param(3*52+42)*scale;
410 muilm_5 = param(4*52+42)*scale;
411 muilm_6 = param(5*52+42)*scale;
412 muilm_7 = param(6*52+42)*scale;
413 muilm_8 = param(7*52+42)*scale;
414 muilm_9 = param(8*52+42)*scale;
415 muilm_10 = param(9*52+42)*scale;
416 mus1c_1 = param(43)*scale;
417 mus1c_2 = param(52+43)*scale;
418 mus1c_3 = param(2*52+43)*scale;
419 mus1c_4 = param(3*52+43)*scale;
```

```
420 mus1c_5 = param(4*52+43)*scale;
421 mus1c_6 = param(5*52+43)*scale;
422 mus1c_7 = param(6*52+43)*scale;
423 mus1c_8 = param(7*52+43)*scale;
424 mus1c_9 = param(8*52+43)*scale;
425 mus1c_10 = param(9*52+43)*scale;
426 mus1m_1 = param(44)*scale;
427 mus1m_2 = param(52+44)*scale;
428 mus1m_3 = param(2*52+44)*scale;
429 mus1m_4 = param(3*52+44)*scale;
430 mus1m_5 = param(4*52+44)*scale;
431 mus1m_6 = param(5*52+44)*scale;
432 mus1m_7 = param(6*52+44)*scale;
433 mus1m_8 = param(7*52+44)*scale;
434 mus1m_9 = param(8*52+44)*scale;
435 mus1m_10 = param(9*52+44)*scale;
436 mus3c_1 = param(45)*scale;
437 mus3c_2 = param(52+45)*scale;
438 mus3c_3 = param(2*52+45)*scale;
439 mus3c_4 = param(3*52+45)*scale;
440 mus3c_5 = param(4*52+45)*scale;
441 mus3c_6 = param(5*52+45)*scale;
442 mus3c_7 = param(6*52+45)*scale;
443 mus3c_8 = param(7*52+45)*scale;
444 mus3c_9 = param(8*52+45)*scale;
445 mus3c_10 = param(9*52+45)*scale;
446 mus3m_1 = param(46)*scale;
```

```
447 mus3m_2 = param(52+46)*scale;
448 mus3m_3 = param(2*52+46)*scale;
449 mus3m_4 = param(3*52+46)*scale;
450 mus3m_5 = param(4*52+46)*scale;
451 mus3m_6 = param(5*52+46)*scale;
452 mus3m_7 = param(6*52+46)*scale;
453 mus3m_8 = param(7*52+46)*scale;
454 mus3m_9 = param(8*52+46)*scale;
455 mus3m_10 = param(9*52+46)*scale;
456 mutnc_1 = param(47)*scale;
457 mutnc_2 = param(52+47)*scale;
458 mutnc_3 = param(2*52+47)*scale;
459 mutnc_4 = param(3*52+47)*scale;
460 mutnc_5 = param(4*52+47)*scale;
461 mutnc_6 = param(5*52+47)*scale;
462 mutnc_7 = param(6*52+47)*scale;
463 mutnc_8 = param(7*52+47)*scale;
464 mutnc_9 = param(8*52+47)*scale;
465 mutnc_10 = param(9*52+47)*scale;
466 mutnm_1 = param(48)*scale;
467 mutnm_2 = param(52+48)*scale;
468 mutnm_3 = param(2*52+48)*scale;
469 mutnm_4 = param(3*52+48)*scale;
470 mutnm_5 = param(4*52+48)*scale;
471 mutnm_6 = param(5*52+48)*scale;
472 mutnm_7 = param(6*52+48)*scale;
473 mutnm_8 = param(7*52+48)*scale;
```

```
474 mutnm_9 = param(8*52+48)*scale;
475 mutnm_10 = param(9*52+48)*scale;
476 p_1 = param(49);
477 p_2 = param(52+49);
478 p_3 = param(2*52+49);
479 p_4 = param(3*52+49);
480 p_5 = param(4*52+49);
481 p_6 = param(5*52+49);
482 p_7 = param(6*52+49);
483 p_8 = param(7*52+49);
484 p_9 = param(8*52+49);
485 p_10 = param(9*52+49);
486 sm_1 = param(50)*scale;
487 sm_2 = param(52+50)*scale;
488 sm_3 = param(2*52+50)*scale;
489 sm_4 = param(3*52+50)*scale;
490 sm_5 = param(4*52+50)*scale;
491 sm_6 = param(5*52+50)*scale;
492 sm_7 = param(6*52+50)*scale;
493 sm_8 = param(7*52+50)*scale;
494 sm_9 = param(8*52+50)*scale;
495 sm_10 = param(9*52+50)*scale;
496 socs3inf_1 = param(51);
497 socs3inf_2 = param(52+51);
498 socs3inf_3 = param(2*52+51);
499 socs3inf_4 = param(3*52+51);
500 socs3inf_5 = param(4*52+51);
```

```
501 socs3inf_6 = param(5*52+51);
502 socs3inf_7 = param(6*52+51);
503 socs3inf_8 = param(7*52+51);
504 socs3inf_9 = param(8*52+51);
505 socs3inf_10 = param(9*52+51);
506 socsinf_1 = param(52);
507 socsinf_2 = param(52+52);
508 socsinf_3 = param(2*52+52);
509 socsinf_4 = param(3*52+52);
510 socsinf_5 = param(4*52+52);
511 socsinf_6 = param(5*52+52);
512 socsinf_7 = param(6*52+52);
513 socsinf_8 = param(7*52+52);
514 socsinf_9 = param(8*52+52);
515 socsinf_10 = param(9*52+52);
516 ti3_1 = param(53)*scale;
517 ti3_2 = param(52+53)*scale;
518 ti3_3 = param(2*52+53)*scale;
519 ti3_4 = param(3*52+53)*scale;
520 ti3_5 = param(4*52+53)*scale;
521 ti3_6 = param(5*52+53)*scale;
522 ti3_7 = param(6*52+53)*scale;
523 ti3_8 = param(7*52+53)*scale;
524 ti3_9 = param(8*52+53)*scale;
525 ti3_10 = param(9*52+53)*scale;
526 tnfa_trans_1 = param(54)*scale;
527 tnfa_trans_2 = param(52+54)*scale;
```

```

528 tnfa_trans_3 = param(2*52+54)*scale;
529 tnfa_trans_4 = param(3*52+54)*scale;
530 tnfa_trans_5 = param(4*52+54)*scale;
531 tnfa_trans_6 = param(5*52+54)*scale;
532 tnfa_trans_7 = param(6*52+54)*scale;
533 tnfa_trans_8 = param(7*52+54)*scale;
534 tnfa_trans_9 = param(8*52+54)*scale;
535 tnfa_trans_10 = param(9*52+54)*scale;
536
537 %----- original model -----
538
539 %%% shared variables
540 lps=    x(1);
541 ill10ext=x(2);
542 tnfaext=x(3);
543
544 %%% in each compartment
545 a20cyto_1=    x(4);
546 a20cyto_2=    x(1*36+4);
547 a20cyto_3=    x(2*36+4);
548 a20cyto_4=    x(3*36+4);
549 a20cyto_5=    x(4*36+4);
550 a20cyto_6=    x(5*36+4);
551 a20cyto_7=    x(6*36+4);
552 a20cyto_8=    x(7*36+4);
553 a20cyto_9=    x(8*36+4);
554 a20cyto_10=   x(9*36+4);

```

555 a20mrna\_1= x(5);  
556 a20mrna\_2= x(1\*36+5);  
557 a20mrna\_3= x(2\*36+5);  
558 a20mrna\_4= x(3\*36+5);  
559 a20mrna\_5= x(4\*36+5);  
560 a20mrna\_6= x(5\*36+5);  
561 a20mrna\_7= x(6\*36+5);  
562 a20mrna\_8= x(7\*36+5);  
563 a20mrna\_9= x(8\*36+5);  
564 a20mrna\_10= x(9\*36+5);  
565 ikba\_nfkbcyto\_1= x(6);  
566 ikba\_nfkbcyto\_2= x(1\*36+6);  
567 ikba\_nfkbcyto\_3= x(2\*36+6);  
568 ikba\_nfkbcyto\_4= x(3\*36+6);  
569 ikba\_nfkbcyto\_5= x(4\*36+6);  
570 ikba\_nfkbcyto\_6= x(5\*36+6);  
571 ikba\_nfkbcyto\_7= x(6\*36+6);  
572 ikba\_nfkbcyto\_8= x(7\*36+6);  
573 ikba\_nfkbcyto\_9= x(8\*36+6);  
574 ikba\_nfkbcyto\_10= x(9\*36+6);  
575 ikba\_nfkbnuclear\_1= x(7);  
576 ikba\_nfkbnuclear\_2= x(1\*36+7);  
577 ikba\_nfkbnuclear\_3= x(2\*36+7);  
578 ikba\_nfkbnuclear\_4= x(3\*36+7);  
579 ikba\_nfkbnuclear\_5= x(4\*36+7);  
580 ikba\_nfkbnuclear\_6= x(5\*36+7);  
581 ikba\_nfkbnuclear\_7= x(6\*36+7);

582 ikba\_nfkbnuclear\_8=  $x(7*36+7)$ ;  
583 ikba\_nfkbnuclear\_9=  $x(8*36+7)$ ;  
584 ikba\_nfkbnuclear\_10=  $x(9*36+7)$ ;  
585 ikbacyto\_1=  $x(8)$ ;  
586 ikbacyto\_2=  $x(1*36+8)$ ;  
587 ikbacyto\_3=  $x(2*36+8)$ ;  
588 ikbacyto\_4=  $x(3*36+8)$ ;  
589 ikbacyto\_5=  $x(4*36+8)$ ;  
590 ikbacyto\_6=  $x(5*36+8)$ ;  
591 ikbacyto\_7=  $x(6*36+8)$ ;  
592 ikbacyto\_8=  $x(7*36+8)$ ;  
593 ikbacyto\_9=  $x(8*36+8)$ ;  
594 ikbacyto\_10=  $x(9*36+8)$ ;  
595 ikbamrna\_1=  $x(9)$ ;  
596 ikbamrna\_2=  $x(1*36+9)$ ;  
597 ikbamrna\_3=  $x(2*36+9)$ ;  
598 ikbamrna\_4=  $x(3*36+9)$ ;  
599 ikbamrna\_5=  $x(4*36+9)$ ;  
600 ikbamrna\_6=  $x(5*36+9)$ ;  
601 ikbamrna\_7=  $x(6*36+9)$ ;  
602 ikbamrna\_8=  $x(7*36+9)$ ;  
603 ikbamrna\_9=  $x(8*36+9)$ ;  
604 ikbamrna\_10=  $x(9*36+9)$ ;  
605 ikbanuclear\_1=  $x(10)$ ;  
606 ikbanuclear\_2=  $x(1*36+10)$ ;  
607 ikbanuclear\_3=  $x(2*36+10)$ ;  
608 ikbanuclear\_4=  $x(3*36+10)$ ;



609 ikbanuclear\_5=  $x(4*36+10)$ ;  
610 ikbanuclear\_6=  $x(5*36+10)$ ;  
611 ikbanuclear\_7=  $x(6*36+10)$ ;  
612 ikbanuclear\_8=  $x(7*36+10)$ ;  
613 ikbanuclear\_9=  $x(8*36+10)$ ;  
614 ikbanuclear\_10=  $x(9*36+10)$ ;  
615 ikbaphospho\_1=  $x(11)$ ;  
616 ikbaphospho\_2=  $x(1*36+11)$ ;  
617 ikbaphospho\_3=  $x(2*36+11)$ ;  
618 ikbaphospho\_4=  $x(3*36+11)$ ;  
619 ikbaphospho\_5=  $x(4*36+11)$ ;  
620 ikbaphospho\_6=  $x(5*36+11)$ ;  
621 ikbaphospho\_7=  $x(6*36+11)$ ;  
622 ikbaphospho\_8=  $x(7*36+11)$ ;  
623 ikbaphospho\_9=  $x(8*36+11)$ ;  
624 ikbaphospho\_10=  $x(9*36+11)$ ;  
625 ikka\_1=  $x(12)$ ;  
626 ikka\_2=  $x(1*36+12)$ ;  
627 ikka\_3=  $x(2*36+12)$ ;  
628 ikka\_4=  $x(3*36+12)$ ;  
629 ikka\_5=  $x(4*36+12)$ ;  
630 ikka\_6=  $x(5*36+12)$ ;  
631 ikka\_7=  $x(6*36+12)$ ;  
632 ikka\_8=  $x(7*36+12)$ ;  
633 ikka\_9=  $x(8*36+12)$ ;  
634 ikka\_10=  $x(9*36+12)$ ;  
635 ikka\_ikba\_nfkbcyto\_1=  $x(13)$ ;

636 ikka\_ikba\_nfkbcyto\_2=  $x(1*36+13)$ ;  
637 ikka\_ikba\_nfkbcyto\_3=  $x(2*36+13)$ ;  
638 ikka\_ikba\_nfkbcyto\_4=  $x(3*36+13)$ ;  
639 ikka\_ikba\_nfkbcyto\_5=  $x(4*36+13)$ ;  
640 ikka\_ikba\_nfkbcyto\_6=  $x(5*36+13)$ ;  
641 ikka\_ikba\_nfkbcyto\_7=  $x(6*36+13)$ ;  
642 ikka\_ikba\_nfkbcyto\_8=  $x(7*36+13)$ ;  
643 ikka\_ikba\_nfkbcyto\_9=  $x(8*36+13)$ ;  
644 ikka\_ikba\_nfkbcyto\_10=  $x(9*36+13)$ ;  
645 ikki\_1=  $x(14)$ ;  
646 ikki\_2=  $x(1*36+14)$ ;  
647 ikki\_3=  $x(2*36+14)$ ;  
648 ikki\_4=  $x(3*36+14)$ ;  
649 ikki\_5=  $x(4*36+14)$ ;  
650 ikki\_6=  $x(5*36+14)$ ;  
651 ikki\_7=  $x(6*36+14)$ ;  
652 ikki\_8=  $x(7*36+14)$ ;  
653 ikki\_9=  $x(8*36+14)$ ;  
654 ikki\_10=  $x(9*36+14)$ ;  
655 ikkn\_1=  $x(15)$ ;  
656 ikkn\_2=  $x(1*36+15)$ ;  
657 ikkn\_3=  $x(2*36+15)$ ;  
658 ikkn\_4=  $x(3*36+15)$ ;  
659 ikkn\_5=  $x(4*36+15)$ ;  
660 ikkn\_6=  $x(5*36+15)$ ;  
661 ikkn\_7=  $x(6*36+15)$ ;  
662 ikkn\_8=  $x(7*36+15)$ ;

663 ikkn\_9=  $x(8*36+15);$   
664 ikkn\_10=  $x(9*36+15);$   
665 il10\_il10r\_1=  $x(16);$   
666 il10\_il10r\_2=  $x(1*36+16);$   
667 il10\_il10r\_3=  $x(2*36+16);$   
668 il10\_il10r\_4=  $x(3*36+16);$   
669 il10\_il10r\_5=  $x(4*36+16);$   
670 il10\_il10r\_6=  $x(5*36+16);$   
671 il10\_il10r\_7=  $x(6*36+16);$   
672 il10\_il10r\_8=  $x(7*36+16);$   
673 il10\_il10r\_9=  $x(8*36+16);$   
674 il10\_il10r\_10=  $x(9*36+16);$   
675 il10\_rjt\_1=  $x(17);$   
676 il10\_rjt\_2=  $x(1*36+17);$   
677 il10\_rjt\_3=  $x(2*36+17);$   
678 il10\_rjt\_4=  $x(3*36+17);$   
679 il10\_rjt\_5=  $x(4*36+17);$   
680 il10\_rjt\_6=  $x(5*36+17);$   
681 il10\_rjt\_7=  $x(6*36+17);$   
682 il10\_rjt\_8=  $x(7*36+17);$   
683 il10\_rjt\_9=  $x(8*36+17);$   
684 il10\_rjt\_10=  $x(9*36+17);$   
685 il10cyto\_1=  $x(18);$   
686 il10cyto\_2=  $x(1*36+18);$   
687 il10cyto\_3=  $x(2*36+18);$   
688 il10cyto\_4=  $x(3*36+18);$   
689 il10cyto\_5=  $x(4*36+18);$

690 il10cyto\_6=  $x(5*36+18)$ ;  
691 il10cyto\_7=  $x(6*36+18)$ ;  
692 il10cyto\_8=  $x(7*36+18)$ ;  
693 il10cyto\_9=  $x(8*36+18)$ ;  
694 il10cyto\_10=  $x(9*36+18)$ ;  
695 il10mrna\_1=  $x(19)$ ;  
696 il10mrna\_2=  $x(1*36+19)$ ;  
697 il10mrna\_3=  $x(2*36+19)$ ;  
698 il10mrna\_4=  $x(3*36+19)$ ;  
699 il10mrna\_5=  $x(4*36+19)$ ;  
700 il10mrna\_6=  $x(5*36+19)$ ;  
701 il10mrna\_7=  $x(6*36+19)$ ;  
702 il10mrna\_8=  $x(7*36+19)$ ;  
703 il10mrna\_9=  $x(8*36+19)$ ;  
704 il10mrna\_10=  $x(9*36+19)$ ;  
705 il10r\_1=  $x(20)$ ;  
706 il10r\_2=  $x(1*36+20)$ ;  
707 il10r\_3=  $x(2*36+20)$ ;  
708 il10r\_4=  $x(3*36+20)$ ;  
709 il10r\_5=  $x(4*36+20)$ ;  
710 il10r\_6=  $x(5*36+20)$ ;  
711 il10r\_7=  $x(6*36+20)$ ;  
712 il10r\_8=  $x(7*36+20)$ ;  
713 il10r\_9=  $x(8*36+20)$ ;  
714 il10r\_10=  $x(9*36+20)$ ;  
715 jak1\_1=  $x(21)$ ;  
716 jak1\_2=  $x(1*36+21)$ ;

717 jak1\_3=  $x(2*36+21)$ ;  
718 jak1\_4=  $x(3*36+21)$ ;  
719 jak1\_5=  $x(4*36+21)$ ;  
720 jak1\_6=  $x(5*36+21)$ ;  
721 jak1\_7=  $x(6*36+21)$ ;  
722 jak1\_8=  $x(7*36+21)$ ;  
723 jak1\_9=  $x(8*36+21)$ ;  
724 jak1\_10=  $x(9*36+21)$ ;  
725 lps\_tlr4\_1=  $x(22)$ ;  
726 lps\_tlr4\_2=  $x(1*36+22)$ ;  
727 lps\_tlr4\_3=  $x(2*36+22)$ ;  
728 lps\_tlr4\_4=  $x(3*36+22)$ ;  
729 lps\_tlr4\_5=  $x(4*36+22)$ ;  
730 lps\_tlr4\_6=  $x(5*36+22)$ ;  
731 lps\_tlr4\_7=  $x(6*36+22)$ ;  
732 lps\_tlr4\_8=  $x(7*36+22)$ ;  
733 lps\_tlr4\_9=  $x(8*36+22)$ ;  
734 lps\_tlr4\_10=  $x(9*36+22)$ ;  
735 nfkbcyto\_1=  $x(23)$ ;  
736 nfkbcyto\_2=  $x(1*36+23)$ ;  
737 nfkbcyto\_3=  $x(2*36+23)$ ;  
738 nfkbcyto\_4=  $x(3*36+23)$ ;  
739 nfkbcyto\_5=  $x(4*36+23)$ ;  
740 nfkbcyto\_6=  $x(5*36+23)$ ;  
741 nfkbcyto\_7=  $x(6*36+23)$ ;  
742 nfkbcyto\_8=  $x(7*36+23)$ ;  
743 nfkbcyto\_9=  $x(8*36+23)$ ;

744 nfkbcyto\_10=  $x(9*36+23)$ ;  
745 nfkbnuclear\_1=  $x(24)$ ;  
746 nfkbnuclear\_2=  $x(1*36+24)$ ;  
747 nfkbnuclear\_3=  $x(2*36+24)$ ;  
748 nfkbnuclear\_4=  $x(3*36+24)$ ;  
749 nfkbnuclear\_5=  $x(4*36+24)$ ;  
750 nfkbnuclear\_6=  $x(5*36+24)$ ;  
751 nfkbnuclear\_7=  $x(6*36+24)$ ;  
752 nfkbnuclear\_8=  $x(7*36+24)$ ;  
753 nfkbnuclear\_9=  $x(8*36+24)$ ;  
754 nfkbnuclear\_10=  $x(9*36+24)$ ;  
755 socs1cyto\_1=  $x(25)$ ;  
756 socs1cyto\_2=  $x(1*36+25)$ ;  
757 socs1cyto\_3=  $x(2*36+25)$ ;  
758 socs1cyto\_4=  $x(3*36+25)$ ;  
759 socs1cyto\_5=  $x(4*36+25)$ ;  
760 socs1cyto\_6=  $x(5*36+25)$ ;  
761 socs1cyto\_7=  $x(6*36+25)$ ;  
762 socs1cyto\_8=  $x(7*36+25)$ ;  
763 socs1cyto\_9=  $x(8*36+25)$ ;  
764 socs1cyto\_10=  $x(9*36+25)$ ;  
765 socs1mrna\_1=  $x(26)$ ;  
766 socs1mrna\_2=  $x(1*36+26)$ ;  
767 socs1mrna\_3=  $x(2*36+26)$ ;  
768 socs1mrna\_4=  $x(3*36+26)$ ;  
769 socs1mrna\_5=  $x(4*36+26)$ ;  
770 socs1mrna\_6=  $x(5*36+26)$ ;

771 socs1mrna\_7=  $x(6*36+26)$  ;  
772 socs1mrna\_8=  $x(7*36+26)$  ;  
773 socs1mrna\_9=  $x(8*36+26)$  ;  
774 socs1mrna\_10=  $x(9*36+26)$  ;  
775 socs3cyto\_1=  $x(27)$  ;  
776 socs3cyto\_2=  $x(1*36+27)$  ;  
777 socs3cyto\_3=  $x(2*36+27)$  ;  
778 socs3cyto\_4=  $x(3*36+27)$  ;  
779 socs3cyto\_5=  $x(4*36+27)$  ;  
780 socs3cyto\_6=  $x(5*36+27)$  ;  
781 socs3cyto\_7=  $x(6*36+27)$  ;  
782 socs3cyto\_8=  $x(7*36+27)$  ;  
783 socs3cyto\_9=  $x(8*36+27)$  ;  
784 socs3cyto\_10=  $x(9*36+27)$  ;  
785 socs3mrna\_1=  $x(28)$  ;  
786 socs3mrna\_2=  $x(1*36+28)$  ;  
787 socs3mrna\_3=  $x(2*36+28)$  ;  
788 socs3mrna\_4=  $x(3*36+28)$  ;  
789 socs3mrna\_5=  $x(4*36+28)$  ;  
790 socs3mrna\_6=  $x(5*36+28)$  ;  
791 socs3mrna\_7=  $x(6*36+28)$  ;  
792 socs3mrna\_8=  $x(7*36+28)$  ;  
793 socs3mrna\_9=  $x(8*36+28)$  ;  
794 socs3mrna\_10=  $x(9*36+28)$  ;  
795 stat3a\_1=  $x(29)$  ;  
796 stat3a\_2=  $x(1*36+29)$  ;  
797 stat3a\_3=  $x(2*36+29)$  ;

```
798 stat3a_4=          x(3*36+29);
799 stat3a_5=          x(4*36+29);
800 stat3a_6=          x(5*36+29);
801 stat3a_7=          x(6*36+29);
802 stat3a_8=          x(7*36+29);
803 stat3a_9=          x(8*36+29);
804 stat3a_10=         x(9*36+29);
805 stat3i_1=          x(30);
806 stat3i_2=          x(1*36+30);
807 stat3i_3=          x(2*36+30);
808 stat3i_4=          x(3*36+30);
809 stat3i_5=          x(4*36+30);
810 stat3i_6=          x(5*36+30);
811 stat3i_7=          x(6*36+30);
812 stat3i_8=          x(7*36+30);
813 stat3i_9=          x(8*36+30);
814 stat3i_10=         x(9*36+30);
815 stat3n_1=          x(31);
816 stat3n_2=          x(1*36+31);
817 stat3n_3=          x(2*36+31);
818 stat3n_4=          x(3*36+31);
819 stat3n_5=          x(4*36+31);
820 stat3n_6=          x(5*36+31);
821 stat3n_7=          x(6*36+31);
822 stat3n_8=          x(7*36+31);
823 stat3n_9=          x(8*36+31);
824 stat3n_10=         x(9*36+31);
```



```
825 stat3ni_1=          x(32);
826 stat3ni_2=          x(1*36+32);
827 stat3ni_3=          x(2*36+32);
828 stat3ni_4=          x(3*36+32);
829 stat3ni_5=          x(4*36+32);
830 stat3ni_6=          x(5*36+32);
831 stat3ni_7=          x(6*36+32);
832 stat3ni_8=          x(7*36+32);
833 stat3ni_9=          x(8*36+32);
834 stat3ni_10=         x(9*36+32);
835 tlr4_1=             x(33);
836 tlr4_2=             x(1*36+33);
837 tlr4_3=             x(2*36+33);
838 tlr4_4=             x(3*36+33);
839 tlr4_5=             x(4*36+33);
840 tlr4_6=             x(5*36+33);
841 tlr4_7=             x(6*36+33);
842 tlr4_8=             x(7*36+33);
843 tlr4_9=             x(8*36+33);
844 tlr4_10=            x(9*36+33);
845 tnfa_tnfar_1=       x(34);
846 tnfa_tnfar_2=       x(1*36+34);
847 tnfa_tnfar_3=       x(2*36+34);
848 tnfa_tnfar_4=       x(3*36+34);
849 tnfa_tnfar_5=       x(4*36+34);
850 tnfa_tnfar_6=       x(5*36+34);
851 tnfa_tnfar_7=       x(6*36+34);
```

852 tnfa\_tnfar\_8=  $x(7*36+34)$  ;  
853 tnfa\_tnfar\_9=  $x(8*36+34)$  ;  
854 tnfa\_tnfar\_10=  $x(9*36+34)$  ;  
855 tnfacyto\_1=  $x(35)$  ;  
856 tnfacyto\_2=  $x(1*36+35)$  ;  
857 tnfacyto\_3=  $x(2*36+35)$  ;  
858 tnfacyto\_4=  $x(3*36+35)$  ;  
859 tnfacyto\_5=  $x(4*36+35)$  ;  
860 tnfacyto\_6=  $x(5*36+35)$  ;  
861 tnfacyto\_7=  $x(6*36+35)$  ;  
862 tnfacyto\_8=  $x(7*36+35)$  ;  
863 tnfacyto\_9=  $x(8*36+35)$  ;  
864 tnfacyto\_10=  $x(9*36+35)$  ;  
865 tnfamrna\_1=  $x(36)$  ;  
866 tnfamrna\_2=  $x(1*36+36)$  ;  
867 tnfamrna\_3=  $x(2*36+36)$  ;  
868 tnfamrna\_4=  $x(3*36+36)$  ;  
869 tnfamrna\_5=  $x(4*36+36)$  ;  
870 tnfamrna\_6=  $x(5*36+36)$  ;  
871 tnfamrna\_7=  $x(6*36+36)$  ;  
872 tnfamrna\_8=  $x(7*36+36)$  ;  
873 tnfamrna\_9=  $x(8*36+36)$  ;  
874 tnfamrna\_10=  $x(9*36+36)$  ;  
875 tnfar\_1=  $x(37)$  ;  
876 tnfar\_2=  $x(1*36+37)$  ;  
877 tnfar\_3=  $x(2*36+37)$  ;  
878 tnfar\_4=  $x(3*36+37)$  ;

879 tnfar\_5= x(4\*36+37);  
880 tnfar\_6= x(5\*36+37);  
881 tnfar\_7= x(6\*36+37);  
882 tnfar\_8= x(7\*36+37);  
883 tnfar\_9= x(8\*36+37);  
884 tnfar\_10= x(9\*36+37);  
885 tyk2\_1= x(38);  
886 tyk2\_2= x(1\*36+38);  
887 tyk2\_3= x(2\*36+38);  
888 tyk2\_4= x(3\*36+38);  
889 tyk2\_5= x(4\*36+38);  
890 tyk2\_6= x(5\*36+38);  
891 tyk2\_7= x(6\*36+38);  
892 tyk2\_8= x(7\*36+38);  
893 tyk2\_9= x(8\*36+38);  
894 tyk2\_10= x(9\*36+38);  
895 ill10act\_1= x(39);  
896 ill10act\_2= x(1\*36+39);  
897 ill10act\_3= x(2\*36+39);  
898 ill10act\_4= x(3\*36+39);  
899 ill10act\_5= x(4\*36+39);  
900 ill10act\_6= x(5\*36+39);  
901 ill10act\_7= x(6\*36+39);  
902 ill10act\_8= x(7\*36+39);  
903 ill10act\_9= x(8\*36+39);  
904 ill10act\_10= x(9\*36+39);  
905

```

906 kin_1=(1-il10_il10r_1/il10max_1)*(il10_il10r_1<il10max_1);
907 kin_2=(1-il10_il10r_2/il10max_2)*(il10_il10r_2<il10max_2);
908 kin_3=(1-il10_il10r_3/il10max_3)*(il10_il10r_3<il10max_3);
909 kin_4=(1-il10_il10r_4/il10max_4)*(il10_il10r_4<il10max_4);
910 kin_5=(1-il10_il10r_5/il10max_5)*(il10_il10r_5<il10max_5);
911 kin_6=(1-il10_il10r_6/il10max_6)*(il10_il10r_6<il10max_6);
912 kin_7=(1-il10_il10r_7/il10max_7)*(il10_il10r_7<il10max_7);
913 kin_8=(1-il10_il10r_8/il10max_8)*(il10_il10r_8<il10max_8);
914 kin_9=(1-il10_il10r_9/il10max_9)*(il10_il10r_9<il10max_9);
915 kin_10=(1-il10_il10r_10/il10max_10)*(il10_il10r_10<il10max_10);
916
917 dx=zeros(9*36+39,1);
918
919 %%% shared variables
920 % lps
921 dx(1) = 0;
922
923 % il10ext (formerly il10sup)
924 dx(2) = -kilrb_1*il10ext*il10r_1 - kilrb_2*il10ext*il10r_2...
925         -kilrb_3*il10ext*il10r_3 - kilrb_4*il10ext*il10r_4...
926         -kilrb_5*il10ext*il10r_5 - kilrb_6*il10ext*il10r_6...
927         -kilrb_7*il10ext*il10r_7 - kilrb_8*il10ext*il10r_8...
928         -kilrb_9*il10ext*il10r_9 - kilrb_10*il10ext*il10r_10...
929         + kilru_1*il10_il10r_1 + kilru_2*il10_il10r_2...
930         + kilru_3*il10_il10r_3 + kilru_4*il10_il10r_4...
931         + kilru_5*il10_il10r_5 + kilru_6*il10_il10r_6...
932         + kilru_7*il10_il10r_7 + kilru_8*il10_il10r_8...

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```

933 + kilru_9*il10_il10r_9 + kilru_10*il10_il10r_10...
934 + kilc_1*il10cyto_1*(0.36/200) + kilc_2*il10cyto_2*(0.36/200)...
935 + kilc_3*il10cyto_3*(0.36/200) + kilc_4*il10cyto_4*(0.36/200)...
936 + kilc_5*il10cyto_5*(0.36/200) + kilc_6*il10cyto_6*(0.36/200)...
937 + kilc_7*il10cyto_7*(0.36/200) + kilc_8*il10cyto_8*(0.36/200)...
938 + kilc_9*il10cyto_9*(0.36/200) + kilc_10*il10cyto_10*(0.36/200)...
939 - muile*il10ext;
940
941 % tnfaext
942 dx(3) = ksec_1*tnfacyto_1*0.36/200 + ksec_2*tnfacyto_2*0.36/200 ...
943 + ksec_3*tnfacyto_3*0.36/200 + ksec_4*tnfacyto_4*0.36/200 ...
944 + ksec_5*tnfacyto_5*0.36/200 + ksec_6*tnfacyto_6*0.36/200 ...
945 + ksec_7*tnfacyto_7*0.36/200 + ksec_8*tnfacyto_8*0.36/200 ...
946 + ksec_9*tnfacyto_9*0.36/200 + ksec_10*tnfacyto_10*0.36/200 ...
947 - kf3_1*tnfaext*tnfar_1 - kf3_2*tnfaext*tnfar_2 ...
948 - kf3_3*tnfaext*tnfar_3 - kf3_4*tnfaext*tnfar_4 ...
949 - kf3_5*tnfaext*tnfar_5 - kf3_6*tnfaext*tnfar_6 ...
950 - kf3_7*tnfaext*tnfar_7 - kf3_8*tnfaext*tnfar_8 ...
951 - kf3_9*tnfaext*tnfar_9 - kf3_10*tnfaext*tnfar_10 ...
952 + kr3_1*tnfa_tnfar_1 + kr3_2*tnfa_tnfar_2 ...
953 + kr3_3*tnfa_tnfar_3 + kr3_4*tnfa_tnfar_4 ...
954 + kr3_5*tnfa_tnfar_5 + kr3_6*tnfa_tnfar_6 ...
955 + kr3_7*tnfa_tnfar_7 + kr3_8*tnfa_tnfar_8 ...
956 + kr3_9*tnfa_tnfar_9 + kr3_10*tnfa_tnfar_10 ...
957 - kdeg_tnfa*tnfaext;
958
959 % a20cyto

```

```

960 dx(4) = a_trans_1*a20mrna_1-kdeg_a20_1*a20cyto_1;
961 dx(4+36) = a_trans_2*a20mrna_2-kdeg_a20_2*a20cyto_2;
962 dx(4+36*2) = a_trans_3*a20mrna_3-kdeg_a20_3*a20cyto_3;
963 dx(4+36*3) = a_trans_4*a20mrna_4-kdeg_a20_4*a20cyto_4;
964 dx(4+36*4) = a_trans_5*a20mrna_5-kdeg_a20_5*a20cyto_5;
965 dx(4+36*5) = a_trans_6*a20mrna_6-kdeg_a20_6*a20cyto_6;
966 dx(4+36*6) = a_trans_7*a20mrna_7-kdeg_a20_7*a20cyto_7;
967 dx(4+36*7) = a_trans_8*a20mrna_8-kdeg_a20_8*a20cyto_8;
968 dx(4+36*8) = a_trans_9*a20mrna_9-kdeg_a20_9*a20cyto_9;
969 dx(4+36*9) = a_trans_10*a20mrna_10-kdeg_a20_10*a20cyto_10;
970
971 % a20mrna
972 dx(5) = sm_1*p_1*(nfkbnucler_1/(ctf_1+nfkbnucler_1))-mua20m_1*
          a20mrna_1;
973 dx(5+36) = sm_2*p_2*(nfkbnucler_2/(ctf_2+nfkbnucler_2))-mua20m_2*
          a20mrna_2;
974 dx(5+36*2) = sm_3*p_3*(nfkbnucler_3/(ctf_3+nfkbnucler_3))-mua20m_3*
          a20mrna_3;
975 dx(5+36*3) = sm_4*p_4*(nfkbnucler_4/(ctf_4+nfkbnucler_4))-mua20m_4*
          a20mrna_4;
976 dx(5+36*4) = sm_5*p_5*(nfkbnucler_5/(ctf_5+nfkbnucler_5))-mua20m_5*
          a20mrna_5;
977 dx(5+36*5) = sm_6*p_6*(nfkbnucler_6/(ctf_6+nfkbnucler_6))-mua20m_6*
          a20mrna_6;
978 dx(5+36*6) = sm_7*p_7*(nfkbnucler_7/(ctf_7+nfkbnucler_7))-mua20m_7*
          a20mrna_7;
979 dx(5+36*7) = sm_8*p_8*(nfkbnucler_8/(ctf_8+nfkbnucler_8))-mua20m_8*

```

```

a20mrna_8;
980 dx(5+36*8) = sm_9*p_9*(nfkbuclear_9/(ctf_9+nfkbuclear_9))-mua20m_9*
a20mrna_9;
981 dx(5+36*9) = sm_10*p_10*(nfkbuclear_10/(ctf_10+nfkbuclear_10))-mua20m_10*
a20mrna_10;
982
983 % ikba_nfkbcyto
984 dx(6) = kf4_1*nfkbcyto_1*ikbcyto_1+eni_1*ikba_nfkbnuclear_1*kv_1-kk3_1
*kin_1*ikka_1*ikba_nfkbcyto_1;
985 dx(6+36) = kf4_2*nfkbcyto_2*ikbcyto_2+eni_2*ikba_nfkbnuclear_2*kv_2-kk3_2
*kin_2*ikka_2*ikba_nfkbcyto_2;
986 dx(6+36*2) = kf4_3*nfkbcyto_3*ikbcyto_3+eni_3*ikba_nfkbnuclear_3*kv_3-kk3_3
*kin_3*ikka_3*ikba_nfkbcyto_3;
987 dx(6+36*3) = kf4_4*nfkbcyto_4*ikbcyto_4+eni_4*ikba_nfkbnuclear_4*kv_4-kk3_4
*kin_4*ikka_4*ikba_nfkbcyto_4;
988 dx(6+36*4) = kf4_5*nfkbcyto_5*ikbcyto_5+eni_5*ikba_nfkbnuclear_5*kv_5-kk3_5
*kin_5*ikka_5*ikba_nfkbcyto_5;
989 dx(6+36*5) = kf4_6*nfkbcyto_6*ikbcyto_6+eni_6*ikba_nfkbnuclear_6*kv_6-kk3_6
*kin_6*ikka_6*ikba_nfkbcyto_6;
990 dx(6+36*6) = kf4_7*nfkbcyto_7*ikbcyto_7+eni_7*ikba_nfkbnuclear_7*kv_7-kk3_7
*kin_7*ikka_7*ikba_nfkbcyto_7;
991 dx(6+36*7) = kf4_8*nfkbcyto_8*ikbcyto_8+eni_8*ikba_nfkbnuclear_8*kv_8-kk3_8
*kin_8*ikka_8*ikba_nfkbcyto_8;
992 dx(6+36*8) = kf4_9*nfkbcyto_9*ikbcyto_9+eni_9*ikba_nfkbnuclear_9*kv_9-kk3_9
*kin_9*ikka_9*ikba_nfkbcyto_9;
993 dx(6+36*9) = kf4_10*nfkbcyto_10*ikbcyto_10+eni_10*ikba_nfkbnuclear_10*kv_10
-kk3_10*kin_10*ikka_10*ikba_nfkbcyto_10;

```

```

994
995 % ikba_nfkbnuclear
996 dx(7) = kf4_1*nfkbnuclear_1*ikbanuclear_1-eni_1*ikba_nfkbnuclear_1;
997 dx(7+36) = kf4_2*nfkbnuclear_2*ikbanuclear_2-eni_2*ikba_nfkbnuclear_2;
998 dx(7+36*2) = kf4_3*nfkbnuclear_3*ikbanuclear_3-eni_3*ikba_nfkbnuclear_3;
999 dx(7+36*3) = kf4_4*nfkbnuclear_4*ikbanuclear_4-eni_4*ikba_nfkbnuclear_4;
1000 dx(7+36*4) = kf4_5*nfkbnuclear_5*ikbanuclear_5-eni_5*ikba_nfkbnuclear_5;
1001 dx(7+36*5) = kf4_6*nfkbnuclear_6*ikbanuclear_6-eni_6*ikba_nfkbnuclear_6;
1002 dx(7+36*6) = kf4_7*nfkbnuclear_7*ikbanuclear_7-eni_7*ikba_nfkbnuclear_7;
1003 dx(7+36*7) = kf4_8*nfkbnuclear_8*ikbanuclear_8-eni_8*ikba_nfkbnuclear_8;
1004 dx(7+36*8) = kf4_9*nfkbnuclear_9*ikbanuclear_9-eni_9*ikba_nfkbnuclear_9;
1005 dx(7+36*9) = kf4_10*nfkbnuclear_10*ikbanuclear_10-eni_10*ikba_nfkbnuclear_10
    ;
1006
1007 % ikbacyto
1008 dx(8) = ikba_trans_1*ikbamrna_1-kf4_1*nfkbcyto_1*ikbacyto_1-iki_1*
    ikbacyto_1+eki_1*ikbanuclear_1*kv_1;
1009 dx(8+36) = ikba_trans_2*ikbamrna_2-kf4_2*nfkbcyto_2*ikbacyto_2-iki_2*
    ikbacyto_2+eki_2*ikbanuclear_2*kv_2;
1010 dx(8+36*2) = ikba_trans_3*ikbamrna_3-kf4_3*nfkbcyto_3*ikbacyto_3-iki_3*
    ikbacyto_3+eki_3*ikbanuclear_3*kv_3;
1011 dx(8+36*3) = ikba_trans_4*ikbamrna_4-kf4_4*nfkbcyto_4*ikbacyto_4-iki_4*
    ikbacyto_4+eki_4*ikbanuclear_4*kv_4;
1012 dx(8+36*4) = ikba_trans_5*ikbamrna_5-kf4_5*nfkbcyto_5*ikbacyto_5-iki_5*
    ikbacyto_5+eki_5*ikbanuclear_5*kv_5;
1013 dx(8+36*5) = ikba_trans_6*ikbamrna_6-kf4_6*nfkbcyto_6*ikbacyto_6-iki_6*
    ikbacyto_6+eki_6*ikbanuclear_6*kv_6;

```



```

1014 dx(8+36*6) = ikba_trans_7*ikbamrna_7-kf4_7*nfkbcyto_7*ikbacyto_7-iki_7*
      ikbacyto_7+eki_7*ikbanuclear_7*kv_7;
1015 dx(8+36*7) = ikba_trans_8*ikbamrna_8-kf4_8*nfkbcyto_8*ikbacyto_8-iki_8*
      ikbacyto_8+eki_8*ikbanuclear_8*kv_8;
1016 dx(8+36*8) = ikba_trans_9*ikbamrna_9-kf4_9*nfkbcyto_9*ikbacyto_9-iki_9*
      ikbacyto_9+eki_9*ikbanuclear_9*kv_9;
1017 dx(8+36*9) = ikba_trans_10*ikbamrna_10-kf4_10*nfkbcyto_10*ikbacyto_10-iki_10
      *ikbacyto_10+eki_10*ikbanuclear_10*kv_10;
1018
1019 % ikbamrna
1020 dx(9) =      sm_1*p_1*(nfkbnuclear_1/(ctf_1+nfkbnuclear_1))-muilm_1*
      ikbamrna_1;
1021 dx(9+36) =  sm_2*p_2*(nfkbnuclear_2/(ctf_2+nfkbnuclear_2))-muilm_2*
      ikbamrna_2;
1022 dx(9+36*2) = sm_3*p_3*(nfkbnuclear_3/(ctf_3+nfkbnuclear_3))-muilm_3*
      ikbamrna_3;
1023 dx(9+36*3) = sm_4*p_4*(nfkbnuclear_4/(ctf_4+nfkbnuclear_4))-muilm_4*
      ikbamrna_4;
1024 dx(9+36*4) = sm_5*p_5*(nfkbnuclear_5/(ctf_5+nfkbnuclear_5))-muilm_5*
      ikbamrna_5;
1025 dx(9+36*5) = sm_6*p_6*(nfkbnuclear_6/(ctf_6+nfkbnuclear_6))-muilm_6*
      ikbamrna_6;
1026 dx(9+36*6) = sm_7*p_7*(nfkbnuclear_7/(ctf_7+nfkbnuclear_7))-muilm_7*
      ikbamrna_7;
1027 dx(9+36*7) = sm_8*p_8*(nfkbnuclear_8/(ctf_8+nfkbnuclear_8))-muilm_8*
      ikbamrna_8;
1028 dx(9+36*8) = sm_9*p_9*(nfkbnuclear_9/(ctf_9+nfkbnuclear_9))-muilm_9*

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```

    ikbamrna_9;
1029 dx(9+36*9) = sm_10*p_10*(nfkbuclear_10/(ctf_10+nfkbuclear_10))-muilm_10*
    ikbamrna_10;
1030
1031 % ikbanuclear
1032 dx(10) = -kf4_1*nfkbuclear_1*ikbanuclear_1+iki_1/kv_1*ikbacyto_1-eki_1
    *ikbanuclear_1;
1033 dx(10+36) = -kf4_2*nfkbuclear_2*ikbanuclear_2+iki_2/kv_2*ikbacyto_2-eki_2
    *ikbanuclear_2;
1034 dx(10+36*2) = -kf4_3*nfkbuclear_3*ikbanuclear_3+iki_3/kv_3*ikbacyto_3-eki_3
    *ikbanuclear_3;
1035 dx(10+36*3) = -kf4_4*nfkbuclear_4*ikbanuclear_4+iki_4/kv_4*ikbacyto_4-eki_4
    *ikbanuclear_4;
1036 dx(10+36*4) = -kf4_5*nfkbuclear_5*ikbanuclear_5+iki_5/kv_5*ikbacyto_5-eki_5
    *ikbanuclear_5;
1037 dx(10+36*5) = -kf4_6*nfkbuclear_6*ikbanuclear_6+iki_6/kv_6*ikbacyto_6-eki_6
    *ikbanuclear_6;
1038 dx(10+36*6) = -kf4_7*nfkbuclear_7*ikbanuclear_7+iki_7/kv_7*ikbacyto_7-eki_7
    *ikbanuclear_7;
1039 dx(10+36*7) = -kf4_8*nfkbuclear_8*ikbanuclear_8+iki_8/kv_8*ikbacyto_8-eki_8
    *ikbanuclear_8;
1040 dx(10+36*8) = -kf4_9*nfkbuclear_9*ikbanuclear_9+iki_9/kv_9*ikbacyto_9-eki_9
    *ikbanuclear_9;
1041 dx(10+36*9) = -kf4_10*nfkbuclear_10*ikbanuclear_10+iki_10/kv_10*ikbacyto_10
    -eki_10*ikbanuclear_10;
1042
1043 % ikbaphospho

```

```

1044 dx(11) =      ti3_1*ikka_ikba_nfkbcyto_1-kdeg_ikba_1*ikbaphospho_1;
1045 dx(11+36) =   ti3_2*ikka_ikba_nfkbcyto_2-kdeg_ikba_2*ikbaphospho_2;
1046 dx(11+36*2) = ti3_3*ikka_ikba_nfkbcyto_3-kdeg_ikba_3*ikbaphospho_3;
1047 dx(11+36*3) = ti3_4*ikka_ikba_nfkbcyto_4-kdeg_ikba_4*ikbaphospho_4;
1048 dx(11+36*4) = ti3_5*ikka_ikba_nfkbcyto_5-kdeg_ikba_5*ikbaphospho_5;
1049 dx(11+36*5) = ti3_6*ikka_ikba_nfkbcyto_6-kdeg_ikba_6*ikbaphospho_6;
1050 dx(11+36*6) = ti3_7*ikka_ikba_nfkbcyto_7-kdeg_ikba_7*ikbaphospho_7;
1051 dx(11+36*7) = ti3_8*ikka_ikba_nfkbcyto_8-kdeg_ikba_8*ikbaphospho_8;
1052 dx(11+36*8) = ti3_9*ikka_ikba_nfkbcyto_9-kdeg_ikba_9*ikbaphospho_9;
1053 dx(11+36*9) = ti3_10*ikka_ikba_nfkbcyto_10-kdeg_ikba_10*ikbaphospho_10;
1054
1055 % ikka
1056 dx(12) =      kfi_1*kin_1*(lps_tlr4_1+tnfa_tnfar_1)*ikkn_1-kk3_1*kin_1*
                ikka_1*ikba_nfkbcyto_1-kk1_1*ikka_1*a20cyto_1;
1057 dx(12+36) =   kfi_2*kin_2*(lps_tlr4_2+tnfa_tnfar_2)*ikkn_2-kk3_2*kin_2*
                ikka_2*ikba_nfkbcyto_2-kk1_2*ikka_2*a20cyto_2;
1058 dx(12+36*2) = kfi_3*kin_3*(lps_tlr4_3+tnfa_tnfar_3)*ikkn_3-kk3_3*kin_3*
                ikka_3*ikba_nfkbcyto_3-kk1_3*ikka_3*a20cyto_3;
1059 dx(12+36*3) = kfi_4*kin_4*(lps_tlr4_4+tnfa_tnfar_4)*ikkn_4-kk3_4*kin_4*
                ikka_4*ikba_nfkbcyto_4-kk1_4*ikka_4*a20cyto_4;
1060 dx(12+36*4) = kfi_5*kin_5*(lps_tlr4_5+tnfa_tnfar_5)*ikkn_5-kk3_5*kin_5*
                ikka_5*ikba_nfkbcyto_5-kk1_5*ikka_5*a20cyto_5;
1061 dx(12+36*5) = kfi_6*kin_6*(lps_tlr4_6+tnfa_tnfar_6)*ikkn_6-kk3_6*kin_6*
                ikka_6*ikba_nfkbcyto_6-kk1_6*ikka_6*a20cyto_6;
1062 dx(12+36*6) = kfi_7*kin_7*(lps_tlr4_7+tnfa_tnfar_7)*ikkn_7-kk3_7*kin_7*
                ikka_7*ikba_nfkbcyto_7-kk1_7*ikka_7*a20cyto_7;
1063 dx(12+36*7) = kfi_8*kin_8*(lps_tlr4_8+tnfa_tnfar_8)*ikkn_8-kk3_8*kin_8*

```

```

        ikka_8*ikba_nfkbcyto_8-kk1_8*ikka_8*a20cyto_8;
1064 dx(12+36*8) = kfi_9*kin_9*(lps_tlr4_9+tnfa_tnfar_9)*ikkn_9-kk3_9*kin_9*
        ikka_9*ikba_nfkbcyto_9-kk1_9*ikka_9*a20cyto_9;
1065 dx(12+36*9) = kfi_10*kin_10*(lps_tlr4_10+tnfa_tnfar_10)*ikkn_10-kk3_10*
        kin_10*ikka_10*ikba_nfkbcyto_10-kk1_10*ikka_10*a20cyto_10;
1066
1067 % ikka_ikba_nfkbcyto
1068 dx(13) =      kk3_1*kin_1*ikka_1*ikba_nfkbcyto_1-ti3_1*ikka_ikba_nfkbcyto_1;
1069 dx(13+36) =  kk3_2*kin_2*ikka_2*ikba_nfkbcyto_2-ti3_2*ikka_ikba_nfkbcyto_2;
1070 dx(13+36*2) = kk3_3*kin_3*ikka_3*ikba_nfkbcyto_3-ti3_3*ikka_ikba_nfkbcyto_3;
1071 dx(13+36*3) = kk3_4*kin_4*ikka_4*ikba_nfkbcyto_4-ti3_4*ikka_ikba_nfkbcyto_4;
1072 dx(13+36*4) = kk3_5*kin_5*ikka_5*ikba_nfkbcyto_5-ti3_5*ikka_ikba_nfkbcyto_5;
1073 dx(13+36*5) = kk3_6*kin_6*ikka_6*ikba_nfkbcyto_6-ti3_6*ikka_ikba_nfkbcyto_6;
1074 dx(13+36*6) = kk3_7*kin_7*ikka_7*ikba_nfkbcyto_7-ti3_7*ikka_ikba_nfkbcyto_7;
1075 dx(13+36*7) = kk3_8*kin_8*ikka_8*ikba_nfkbcyto_8-ti3_8*ikka_ikba_nfkbcyto_8;
1076 dx(13+36*8) = kk3_9*kin_9*ikka_9*ikba_nfkbcyto_9-ti3_9*ikka_ikba_nfkbcyto_9;
1077 dx(13+36*9) = kk3_10*kin_10*ikka_10*ikba_nfkbcyto_10-ti3_10*
        ikka_ikba_nfkbcyto_10;
1078
1079 % ikki
1080 dx(14) =      kk1_1*ikka_1*a20cyto_1;
1081 dx(14+36) =  kk1_2*ikka_2*a20cyto_2;
1082 dx(14+36*2) = kk1_3*ikka_3*a20cyto_3;
1083 dx(14+36*3) = kk1_4*ikka_4*a20cyto_4;
1084 dx(14+36*4) = kk1_5*ikka_5*a20cyto_5;
1085 dx(14+36*5) = kk1_6*ikka_6*a20cyto_6;
1086 dx(14+36*6) = kk1_7*ikka_7*a20cyto_7;

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1087 dx(14+36*7) = kk1_8*ikka_8*a20cyto_8;
1088 dx(14+36*8) = kk1_9*ikka_9*a20cyto_9;
1089 dx(14+36*9) = kk1_10*ikka_10*a20cyto_10;
1090
1091 % ikkn
1092 dx(15) =      -kfi_1*kin_1*(lps_tlr4_1+tnfa_tnfar_1)*ikkn_1+ti3_1*
      ikka_ikba_nfkbcyto_1;
1093 dx(15+36) =  -kfi_2*kin_2*(lps_tlr4_2+tnfa_tnfar_2)*ikkn_2+ti3_2*
      ikka_ikba_nfkbcyto_2;
1094 dx(15+36*2) = -kfi_3*kin_3*(lps_tlr4_3+tnfa_tnfar_3)*ikkn_3+ti3_3*
      ikka_ikba_nfkbcyto_3;
1095 dx(15+36*3) = -kfi_4*kin_4*(lps_tlr4_4+tnfa_tnfar_4)*ikkn_4+ti3_4*
      ikka_ikba_nfkbcyto_4;
1096 dx(15+36*4) = -kfi_5*kin_5*(lps_tlr4_5+tnfa_tnfar_5)*ikkn_5+ti3_5*
      ikka_ikba_nfkbcyto_5;
1097 dx(15+36*5) = -kfi_6*kin_6*(lps_tlr4_6+tnfa_tnfar_6)*ikkn_6+ti3_6*
      ikka_ikba_nfkbcyto_6;
1098 dx(15+36*6) = -kfi_7*kin_7*(lps_tlr4_7+tnfa_tnfar_7)*ikkn_7+ti3_7*
      ikka_ikba_nfkbcyto_7;
1099 dx(15+36*7) = -kfi_8*kin_8*(lps_tlr4_8+tnfa_tnfar_8)*ikkn_8+ti3_8*
      ikka_ikba_nfkbcyto_8;
1100 dx(15+36*8) = -kfi_9*kin_9*(lps_tlr4_9+tnfa_tnfar_9)*ikkn_9+ti3_9*
      ikka_ikba_nfkbcyto_9;
1101 dx(15+36*9) = -kfi_10*kin_10*(lps_tlr4_10+tnfa_tnfar_10)*ikkn_10+ti3_10*
      ikka_ikba_nfkbcyto_10;
1102
1103 % il10_il10r

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1104 dx(16) =      kilrb_1*il10ext*il10r_1-kilru_1*il10_il10r_1 - kiljb_1*
      il10_il10r_1*jak1_1*tyk2_1 + kilju_1*il10_rjt_1;
1105 dx(16+36) =  kilrb_2*il10ext*il10r_2-kilru_2*il10_il10r_2 - kiljb_2*
      il10_il10r_2*jak1_2*tyk2_2 + kilju_2*il10_rjt_2;
1106 dx(16+36*2) = kilrb_3*il10ext*il10r_3-kilru_3*il10_il10r_3 - kiljb_3*
      il10_il10r_3*jak1_3*tyk2_3 + kilju_3*il10_rjt_3;
1107 dx(16+36*3) = kilrb_4*il10ext*il10r_4-kilru_4*il10_il10r_4 - kiljb_4*
      il10_il10r_4*jak1_4*tyk2_4 + kilju_4*il10_rjt_4;
1108 dx(16+36*4) = kilrb_5*il10ext*il10r_5-kilru_5*il10_il10r_5 - kiljb_5*
      il10_il10r_5*jak1_5*tyk2_5 + kilju_5*il10_rjt_5;
1109 dx(16+36*5) = kilrb_6*il10ext*il10r_6-kilru_6*il10_il10r_6 - kiljb_6*
      il10_il10r_6*jak1_6*tyk2_6 + kilju_6*il10_rjt_6;
1110 dx(16+36*6) = kilrb_7*il10ext*il10r_7-kilru_7*il10_il10r_7 - kiljb_7*
      il10_il10r_7*jak1_7*tyk2_7 + kilju_7*il10_rjt_7;
1111 dx(16+36*7) = kilrb_8*il10ext*il10r_8-kilru_8*il10_il10r_8 - kiljb_8*
      il10_il10r_8*jak1_8*tyk2_8 + kilju_8*il10_rjt_8;
1112 dx(16+36*8) = kilrb_9*il10ext*il10r_9-kilru_9*il10_il10r_9 - kiljb_9*
      il10_il10r_9*jak1_9*tyk2_9 + kilju_9*il10_rjt_9;
1113 dx(16+36*9) = kilrb_10*il10ext*il10r_10-kilru_10*il10_il10r_10 - kiljb_10*
      il10_il10r_10*jak1_10*tyk2_10 + kilju_10*il10_rjt_10;
1114
1115 % il10_rjt (il10/il10r/jak1/tyk2)
1116 dx(17) =      kiljb_1*il10_il10r_1*jak1_1*tyk2_1 - kilju_1*il10_rjt_1;
1117 dx(17+36) =  kiljb_2*il10_il10r_2*jak1_2*tyk2_2 - kilju_2*il10_rjt_2;
1118 dx(17+36*2) = kiljb_3*il10_il10r_3*jak1_3*tyk2_3 - kilju_3*il10_rjt_3;
1119 dx(17+36*3) = kiljb_4*il10_il10r_4*jak1_4*tyk2_4 - kilju_4*il10_rjt_4;
1120 dx(17+36*4) = kiljb_5*il10_il10r_5*jak1_5*tyk2_5 - kilju_5*il10_rjt_5;

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1121 dx(17+36*5) = kiljb_6*il10_il10r_6*jak1_6*tyk2_6 - kilju_6*il10_rjt_6;
1122 dx(17+36*6) = kiljb_7*il10_il10r_7*jak1_7*tyk2_7 - kilju_7*il10_rjt_7;
1123 dx(17+36*7) = kiljb_8*il10_il10r_8*jak1_8*tyk2_8 - kilju_8*il10_rjt_8;
1124 dx(17+36*8) = kiljb_9*il10_il10r_9*jak1_9*tyk2_9 - kilju_9*il10_rjt_9;
1125 dx(17+36*9) = kiljb_10*il10_il10r_10*jak1_10*tyk2_10 - kilju_10*il10_rjt_10;
1126
1127 % il10cyto
1128 dx(18) =      kilm_1*il10mrna_1-kilc_1*il10cyto_1-muilc_1*il10cyto_1;
1129 dx(18+36) =   kilm_2*il10mrna_2-kilc_2*il10cyto_2-muilc_2*il10cyto_2;
1130 dx(18+36*2) = kilm_3*il10mrna_3-kilc_3*il10cyto_3-muilc_3*il10cyto_3;
1131 dx(18+36*3) = kilm_4*il10mrna_4-kilc_4*il10cyto_4-muilc_4*il10cyto_4;
1132 dx(18+36*4) = kilm_5*il10mrna_5-kilc_5*il10cyto_5-muilc_5*il10cyto_5;
1133 dx(18+36*5) = kilm_6*il10mrna_6-kilc_6*il10cyto_6-muilc_6*il10cyto_6;
1134 dx(18+36*6) = kilm_7*il10mrna_7-kilc_7*il10cyto_7-muilc_7*il10cyto_7;
1135 dx(18+36*7) = kilm_8*il10mrna_8-kilc_8*il10cyto_8-muilc_8*il10cyto_8;
1136 dx(18+36*8) = kilm_9*il10mrna_9-kilc_9*il10cyto_9-muilc_9*il10cyto_9;
1137 dx(18+36*9) = kilm_10*il10mrna_10-kilc_10*il10cyto_10-muilc_10*il10cyto_10;
1138
1139 % il10mrna
1140 dx(19) =      0.4*kilnf_1*p_1*(nfkbuclear_1/(ctf_1+nfkbuclear_1)) + 0.6*
      kilsn_1*p_1*(stat3n_1/(ctf_stat3_1+stat3n_1)) - muilm_1*il10mrna_1;
1141 dx(19+36) =   0.4*kilnf_2*p_2*(nfkbuclear_2/(ctf_2+nfkbuclear_2)) + 0.6*
      kilsn_2*p_2*(stat3n_2/(ctf_stat3_2+stat3n_2)) - muilm_2*il10mrna_2;
1142 dx(19+36*2) = 0.4*kilnf_3*p_3*(nfkbuclear_3/(ctf_3+nfkbuclear_3)) + 0.6*
      kilsn_3*p_3*(stat3n_3/(ctf_stat3_3+stat3n_3)) - muilm_3*il10mrna_3;
1143 dx(19+36*3) = 0.4*kilnf_4*p_4*(nfkbuclear_4/(ctf_4+nfkbuclear_4)) + 0.6*
      kilsn_4*p_4*(stat3n_4/(ctf_stat3_4+stat3n_4)) - muilm_4*il10mrna_4;

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1144 dx(19+36*4) = 0.4*kilnf_5*p_5*(nfkbuclear_5/(ctf_5+nfkbuclear_5)) + 0.6*
      kilsn_5*p_5*(stat3n_5/(ctf_stat3_5+stat3n_5)) - muilm_5*il10mrna_5;
1145 dx(19+36*5) = 0.4*kilnf_6*p_6*(nfkbuclear_6/(ctf_6+nfkbuclear_6)) + 0.6*
      kilsn_6*p_6*(stat3n_6/(ctf_stat3_6+stat3n_6)) - muilm_6*il10mrna_6;
1146 dx(19+36*6) = 0.4*kilnf_7*p_7*(nfkbuclear_7/(ctf_7+nfkbuclear_7)) + 0.6*
      kilsn_7*p_7*(stat3n_7/(ctf_stat3_7+stat3n_7)) - muilm_7*il10mrna_7;
1147 dx(19+36*7) = 0.4*kilnf_8*p_8*(nfkbuclear_8/(ctf_8+nfkbuclear_8)) + 0.6*
      kilsn_8*p_8*(stat3n_8/(ctf_stat3_8+stat3n_8)) - muilm_8*il10mrna_8;
1148 dx(19+36*8) = 0.4*kilnf_9*p_9*(nfkbuclear_9/(ctf_9+nfkbuclear_9)) + 0.6*
      kilsn_9*p_9*(stat3n_9/(ctf_stat3_9+stat3n_9)) - muilm_9*il10mrna_9;
1149 dx(19+36*9) = 0.4*kilnf_10*p_10*(nfkbuclear_10/(ctf_10+nfkbuclear_10)) +
      0.6*kilsn_10*p_10*(stat3n_10/(ctf_stat3_10+stat3n_10)) - muilm_10*
      il10mrna_10;
1150
1151 % il10r
1152 dx(20) = -kilrb_1*il10ext*il10r_1+kilru_1*il10_il10r_1;
1153 dx(20+36) = -kilrb_2*il10ext*il10r_2+kilru_2*il10_il10r_2;
1154 dx(20+36*2) = -kilrb_3*il10ext*il10r_3+kilru_3*il10_il10r_3;
1155 dx(20+36*3) = -kilrb_4*il10ext*il10r_4+kilru_4*il10_il10r_4;
1156 dx(20+36*4) = -kilrb_5*il10ext*il10r_5+kilru_5*il10_il10r_5;
1157 dx(20+36*5) = -kilrb_6*il10ext*il10r_6+kilru_6*il10_il10r_6;
1158 dx(20+36*6) = -kilrb_7*il10ext*il10r_7+kilru_7*il10_il10r_7;
1159 dx(20+36*7) = -kilrb_8*il10ext*il10r_8+kilru_8*il10_il10r_8;
1160 dx(20+36*8) = -kilrb_9*il10ext*il10r_9+kilru_9*il10_il10r_9;
1161 dx(20+36*9) = -kilrb_10*il10ext*il10r_10+kilru_10*il10_il10r_10;
1162
1163 % jak1

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1164 dx(21) =      - kiljb_1*il10_il10r_1*jak1_1*tyk2_1 + kilju_1*il10_rjt_1;
1165 dx(21+36) =   - kiljb_2*il10_il10r_2*jak1_2*tyk2_2 + kilju_2*il10_rjt_2;
1166 dx(21+36*2) = - kiljb_3*il10_il10r_3*jak1_3*tyk2_3 + kilju_3*il10_rjt_3;
1167 dx(21+36*3) = - kiljb_4*il10_il10r_4*jak1_4*tyk2_4 + kilju_4*il10_rjt_4;
1168 dx(21+36*4) = - kiljb_5*il10_il10r_5*jak1_5*tyk2_5 + kilju_5*il10_rjt_5;
1169 dx(21+36*5) = - kiljb_6*il10_il10r_6*jak1_6*tyk2_6 + kilju_6*il10_rjt_6;
1170 dx(21+36*6) = - kiljb_7*il10_il10r_7*jak1_7*tyk2_7 + kilju_7*il10_rjt_7;
1171 dx(21+36*7) = - kiljb_8*il10_il10r_8*jak1_8*tyk2_8 + kilju_8*il10_rjt_8;
1172 dx(21+36*8) = - kiljb_9*il10_il10r_9*jak1_9*tyk2_9 + kilju_9*il10_rjt_9;
1173 dx(21+36*9) = - kiljb_10*il10_il10r_10*jak1_10*tyk2_10 + kilju_10*
      il10_rjt_10;
1174
1175 % lps_tlr4
1176 dx(22) =      kf1_1*lps*tlr4_1-kr1_1*lps_tlr4_1;
1177 dx(22+36) =   kf1_2*lps*tlr4_2-kr1_2*lps_tlr4_2;
1178 dx(22+36*2) = kf1_3*lps*tlr4_3-kr1_3*lps_tlr4_3;
1179 dx(22+36*3) = kf1_4*lps*tlr4_4-kr1_4*lps_tlr4_4;
1180 dx(22+36*4) = kf1_5*lps*tlr4_5-kr1_5*lps_tlr4_5;
1181 dx(22+36*5) = kf1_6*lps*tlr4_6-kr1_6*lps_tlr4_6;
1182 dx(22+36*6) = kf1_7*lps*tlr4_7-kr1_7*lps_tlr4_7;
1183 dx(22+36*7) = kf1_8*lps*tlr4_8-kr1_8*lps_tlr4_8;
1184 dx(22+36*8) = kf1_9*lps*tlr4_9-kr1_9*lps_tlr4_9;
1185 dx(22+36*9) = kf1_10*lps*tlr4_10-kr1_10*lps_tlr4_10;
1186
1187 % nfkbcyto
1188 dx(23) =      ti3_1*ikka_ikba_nfkbcyto_1-iln_1*kin_1*nfkbcyto_1-kf4_1*
      nfkbcyto_1*ikbacyto_1;

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1189 dx(23+36) = ti3_2*ikka_ikba_nfkbcyto_2-iln_2*kin_2*nfkbcyto_2-kf4_2*
      nfkbcyto_2*ikbacyto_2;
1190 dx(23+36*2) = ti3_3*ikka_ikba_nfkbcyto_3-iln_3*kin_3*nfkbcyto_3-kf4_3*
      nfkbcyto_3*ikbacyto_3;
1191 dx(23+36*3) = ti3_4*ikka_ikba_nfkbcyto_4-iln_4*kin_4*nfkbcyto_4-kf4_4*
      nfkbcyto_4*ikbacyto_4;
1192 dx(23+36*4) = ti3_5*ikka_ikba_nfkbcyto_5-iln_5*kin_5*nfkbcyto_5-kf4_5*
      nfkbcyto_5*ikbacyto_5;
1193 dx(23+36*5) = ti3_6*ikka_ikba_nfkbcyto_6-iln_6*kin_6*nfkbcyto_6-kf4_6*
      nfkbcyto_6*ikbacyto_6;
1194 dx(23+36*6) = ti3_7*ikka_ikba_nfkbcyto_7-iln_7*kin_7*nfkbcyto_7-kf4_7*
      nfkbcyto_7*ikbacyto_7;
1195 dx(23+36*7) = ti3_8*ikka_ikba_nfkbcyto_8-iln_8*kin_8*nfkbcyto_8-kf4_8*
      nfkbcyto_8*ikbacyto_8;
1196 dx(23+36*8) = ti3_9*ikka_ikba_nfkbcyto_9-iln_9*kin_9*nfkbcyto_9-kf4_9*
      nfkbcyto_9*ikbacyto_9;
1197 dx(23+36*9) = ti3_10*ikka_ikba_nfkbcyto_10-iln_10*kin_10*nfkbcyto_10-kf4_10*
      nfkbcyto_10*ikbacyto_10;
1198
1199 % nfkbuclear
1200 dx(24) = iln_1*kin_1*nfkbcyto_1/kv_1-kf4_1*nfkbuclear_1*ikbanuclear_1;
1201 dx(24+36) = iln_2*kin_2*nfkbcyto_2/kv_2-kf4_2*nfkbuclear_2*ikbanuclear_2;
1202 dx(24+36*2) = iln_3*kin_3*nfkbcyto_3/kv_3-kf4_3*nfkbuclear_3*ikbanuclear_3;
1203 dx(24+36*3) = iln_4*kin_4*nfkbcyto_4/kv_4-kf4_4*nfkbuclear_4*ikbanuclear_4;
1204 dx(24+36*4) = iln_5*kin_5*nfkbcyto_5/kv_5-kf4_5*nfkbuclear_5*ikbanuclear_5;
1205 dx(24+36*5) = iln_6*kin_6*nfkbcyto_6/kv_6-kf4_6*nfkbuclear_6*ikbanuclear_6;
1206 dx(24+36*6) = iln_7*kin_7*nfkbcyto_7/kv_7-kf4_7*nfkbuclear_7*ikbanuclear_7;

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1207 dx(24+36*7) = iln_8*kin_8*nfkbcyto_8/kv_8- kf4_8*nfkbnuclear_8*ikbanuclear_8;
1208 dx(24+36*8) = iln_9*kin_9*nfkbcyto_9/kv_9- kf4_9*nfkbnuclear_9*ikbanuclear_9;
1209 dx(24+36*9) = iln_10*kin_10*nfkbcyto_10/kv_10- kf4_10*nfkbnuclear_10*
        ikbanuclear_10;
1210
1211 % socs1cyto
1212 dx(25) = ks1_1*socs1mrna_1 - mus1c_1*socs1cyto_1;
1213 dx(25+36) = ks1_2*socs1mrna_2 - mus1c_2*socs1cyto_2;
1214 dx(25+36*2) = ks1_3*socs1mrna_3 - mus1c_3*socs1cyto_3;
1215 dx(25+36*3) = ks1_4*socs1mrna_4 - mus1c_4*socs1cyto_4;
1216 dx(25+36*4) = ks1_5*socs1mrna_5 - mus1c_5*socs1cyto_5;
1217 dx(25+36*5) = ks1_6*socs1mrna_6 - mus1c_6*socs1cyto_6;
1218 dx(25+36*6) = ks1_7*socs1mrna_7 - mus1c_7*socs1cyto_7;
1219 dx(25+36*7) = ks1_8*socs1mrna_8 - mus1c_8*socs1cyto_8;
1220 dx(25+36*8) = ks1_9*socs1mrna_9 - mus1c_9*socs1cyto_9;
1221 dx(25+36*9) = ks1_10*socs1mrna_10 - mus1c_10*socs1cyto_10;
1222
1223 % socs1mrna
1224 dx(26) = ks1st_1*stat3n_1 - ks1_1*socs1mrna_1 - mus1m_1*socs1mrna_1;
1225 dx(26+36) = ks1st_2*stat3n_2 - ks1_2*socs1mrna_2 - mus1m_2*socs1mrna_2;
1226 dx(26+36*2) = ks1st_3*stat3n_3 - ks1_3*socs1mrna_3 - mus1m_3*socs1mrna_3;
1227 dx(26+36*3) = ks1st_4*stat3n_4 - ks1_4*socs1mrna_4 - mus1m_4*socs1mrna_4;
1228 dx(26+36*4) = ks1st_5*stat3n_5 - ks1_5*socs1mrna_5 - mus1m_5*socs1mrna_5;
1229 dx(26+36*5) = ks1st_6*stat3n_6 - ks1_6*socs1mrna_6 - mus1m_6*socs1mrna_6;
1230 dx(26+36*6) = ks1st_7*stat3n_7 - ks1_7*socs1mrna_7 - mus1m_7*socs1mrna_7;
1231 dx(26+36*7) = ks1st_8*stat3n_8 - ks1_8*socs1mrna_8 - mus1m_8*socs1mrna_8;
1232 dx(26+36*8) = ks1st_9*stat3n_9 - ks1_9*socs1mrna_9 - mus1m_9*socs1mrna_9;

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1233 dx(26+36*9) = ks1st_10*stat3n_10 - ks1_10*socs1mrna_10 - mus1m_10*
      socs1mrna_10;
1234
1235 % socs3cyto
1236 dx(27) = ks3_1*socs3mrna_1 - mus3c_1*socs3cyto_1;
1237 dx(27+36) = ks3_2*socs3mrna_2 - mus3c_2*socs3cyto_2;
1238 dx(27+36*2) = ks3_3*socs3mrna_3 - mus3c_3*socs3cyto_3;
1239 dx(27+36*3) = ks3_4*socs3mrna_4 - mus3c_4*socs3cyto_4;
1240 dx(27+36*4) = ks3_5*socs3mrna_5 - mus3c_5*socs3cyto_5;
1241 dx(27+36*5) = ks3_6*socs3mrna_6 - mus3c_6*socs3cyto_6;
1242 dx(27+36*6) = ks3_7*socs3mrna_7 - mus3c_7*socs3cyto_7;
1243 dx(27+36*7) = ks3_8*socs3mrna_8 - mus3c_8*socs3cyto_8;
1244 dx(27+36*8) = ks3_9*socs3mrna_9 - mus3c_9*socs3cyto_9;
1245 dx(27+36*9) = ks3_10*socs3mrna_10 - mus3c_10*socs3cyto_10;
1246
1247 % socs3mrna
1248 dx(28) = ks3st_1*stat3n_1 - ks3_1*socs3mrna_1 - mus3m_1*socs3mrna_1;
1249 dx(28+36) = ks3st_2*stat3n_2 - ks3_2*socs3mrna_2 - mus3m_2*socs3mrna_2;
1250 dx(28+36*2) = ks3st_3*stat3n_3 - ks3_3*socs3mrna_3 - mus3m_3*socs3mrna_3;
1251 dx(28+36*3) = ks3st_4*stat3n_4 - ks3_4*socs3mrna_4 - mus3m_4*socs3mrna_4;
1252 dx(28+36*4) = ks3st_5*stat3n_5 - ks3_5*socs3mrna_5 - mus3m_5*socs3mrna_5;
1253 dx(28+36*5) = ks3st_6*stat3n_6 - ks3_6*socs3mrna_6 - mus3m_6*socs3mrna_6;
1254 dx(28+36*6) = ks3st_7*stat3n_7 - ks3_7*socs3mrna_7 - mus3m_7*socs3mrna_7;
1255 dx(28+36*7) = ks3st_8*stat3n_8 - ks3_8*socs3mrna_8 - mus3m_8*socs3mrna_8;
1256 dx(28+36*8) = ks3st_9*stat3n_9 - ks3_9*socs3mrna_9 - mus3m_9*socs3mrna_9;
1257 dx(28+36*9) = ks3st_10*stat3n_10 - ks3_10*socs3mrna_10 - mus3m_10*
      socs3mrna_10;

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1258
1259 % stat3a (formerly stat3a)
1260 dx(29) =      kstat_1*il10_rjt_1*stat3i_1^2*(1/(1+((socs1cyto_1+socs3cyto_1)
      /socsinf_1)^2)) - ksa_1*stat3a_1;
1261 dx(29+36) =   kstat_2*il10_rjt_2*stat3i_2^2*(1/(1+((socs1cyto_2+socs3cyto_2)
      /socsinf_2)^2)) - ksa_2*stat3a_2;
1262 dx(29+36*2) = kstat_3*il10_rjt_3*stat3i_3^2*(1/(1+((socs1cyto_3+socs3cyto_3)
      /socsinf_3)^2)) - ksa_3*stat3a_3;
1263 dx(29+36*3) = kstat_4*il10_rjt_4*stat3i_4^2*(1/(1+((socs1cyto_4+socs3cyto_4)
      /socsinf_4)^2)) - ksa_4*stat3a_4;
1264 dx(29+36*4) = kstat_5*il10_rjt_5*stat3i_5^2*(1/(1+((socs1cyto_5+socs3cyto_5)
      /socsinf_5)^2)) - ksa_5*stat3a_5;
1265 dx(29+36*5) = kstat_6*il10_rjt_6*stat3i_6^2*(1/(1+((socs1cyto_6+socs3cyto_6)
      /socsinf_6)^2)) - ksa_6*stat3a_6;
1266 dx(29+36*6) = kstat_7*il10_rjt_7*stat3i_7^2*(1/(1+((socs1cyto_7+socs3cyto_7)
      /socsinf_7)^2)) - ksa_7*stat3a_7;
1267 dx(29+36*7) = kstat_8*il10_rjt_8*stat3i_8^2*(1/(1+((socs1cyto_8+socs3cyto_8)
      /socsinf_8)^2)) - ksa_8*stat3a_8;
1268 dx(29+36*8) = kstat_9*il10_rjt_9*stat3i_9^2*(1/(1+((socs1cyto_9+socs3cyto_9)
      /socsinf_9)^2)) - ksa_9*stat3a_9;
1269 dx(29+36*9) = kstat_10*il10_rjt_10*stat3i_10^2*(1/(1+((socs1cyto_10+
      socs3cyto_10)/socsinf_10)^2)) - ksa_10*stat3a_10;
1270
1271 % stat3i (formerly stat3cyto)
1272 dx(30) =      - 2*kstat_1*il10_rjt_1*stat3i_1^2*(1/(1+((socs1cyto_1+
      socs3cyto_1)/socsinf_1)^2)) + ksnicyto_1*stat3ni_1;
1273 dx(30+36) =   - 2*kstat_2*il10_rjt_2*stat3i_2^2*(1/(1+((socs1cyto_2+

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    socs3cyto_2)/socsinf_2)^2)) + ksnicyto_2*stat3ni_2;
1274 dx(30+36*2) = - 2*kstat_3*il10_rjt_3*stat3i_3^2*(1/(1+((socs1cyto_3+
    socs3cyto_3)/socsinf_3)^2)) + ksnicyto_3*stat3ni_3;
1275 dx(30+36*3) = - 2*kstat_4*il10_rjt_4*stat3i_4^2*(1/(1+((socs1cyto_4+
    socs3cyto_4)/socsinf_4)^2)) + ksnicyto_4*stat3ni_4;
1276 dx(30+36*4) = - 2*kstat_5*il10_rjt_5*stat3i_5^2*(1/(1+((socs1cyto_5+
    socs3cyto_5)/socsinf_5)^2)) + ksnicyto_5*stat3ni_5;
1277 dx(30+36*5) = - 2*kstat_6*il10_rjt_6*stat3i_6^2*(1/(1+((socs1cyto_6+
    socs3cyto_6)/socsinf_6)^2)) + ksnicyto_6*stat3ni_6;
1278 dx(30+36*6) = - 2*kstat_7*il10_rjt_7*stat3i_7^2*(1/(1+((socs1cyto_7+
    socs3cyto_7)/socsinf_7)^2)) + ksnicyto_7*stat3ni_7;
1279 dx(30+36*7) = - 2*kstat_8*il10_rjt_8*stat3i_8^2*(1/(1+((socs1cyto_8+
    socs3cyto_8)/socsinf_8)^2)) + ksnicyto_8*stat3ni_8;
1280 dx(30+36*8) = - 2*kstat_9*il10_rjt_9*stat3i_9^2*(1/(1+((socs1cyto_9+
    socs3cyto_9)/socsinf_9)^2)) + ksnicyto_9*stat3ni_9;
1281 dx(30+36*9) = - 2*kstat_10*il10_rjt_10*stat3i_10^2*(1/(1+((socs1cyto_10+
    socs3cyto_10)/socsinf_10)^2)) + ksnicyto_10*stat3ni_10;
1282
1283 % stat3n (formerly stat3_stat3n)
1284 dx(31) = ksa_1*stat3a_1 - ksni_1*stat3n_1;
1285 dx(31+36) = ksa_2*stat3a_2 - ksni_2*stat3n_2;
1286 dx(31+36*2) = ksa_3*stat3a_3 - ksni_3*stat3n_3;
1287 dx(31+36*3) = ksa_4*stat3a_4 - ksni_4*stat3n_4;
1288 dx(31+36*4) = ksa_5*stat3a_5 - ksni_5*stat3n_5;
1289 dx(31+36*5) = ksa_6*stat3a_6 - ksni_6*stat3n_6;
1290 dx(31+36*6) = ksa_7*stat3a_7 - ksni_7*stat3n_7;
1291 dx(31+36*7) = ksa_8*stat3a_8 - ksni_8*stat3n_8;

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1292 dx(31+36*8) = ksa_9*stat3a_9 - ksni_9*stat3n_9;
1293 dx(31+36*9) = ksa_10*stat3a_10 - ksni_10*stat3n_10;
1294
1295 % stat3ni
1296 dx(32) = ksni_1*stat3n_1 - ksnicyto_1*stat3n_1;
1297 dx(32+36) = ksni_2*stat3n_2 - ksnicyto_2*stat3n_2;
1298 dx(32+36*2) = ksni_3*stat3n_3 - ksnicyto_3*stat3n_3;
1299 dx(32+36*3) = ksni_4*stat3n_4 - ksnicyto_4*stat3n_4;
1300 dx(32+36*4) = ksni_5*stat3n_5 - ksnicyto_5*stat3n_5;
1301 dx(32+36*5) = ksni_6*stat3n_6 - ksnicyto_6*stat3n_6;
1302 dx(32+36*6) = ksni_7*stat3n_7 - ksnicyto_7*stat3n_7;
1303 dx(32+36*7) = ksni_8*stat3n_8 - ksnicyto_8*stat3n_8;
1304 dx(32+36*8) = ksni_9*stat3n_9 - ksnicyto_9*stat3n_9;
1305 dx(32+36*9) = ksni_10*stat3n_10 - ksnicyto_10*stat3n_10;
1306
1307 % tlr4
1308 dx(33) = -kf1_1*lps*tlr4_1+kr1_1*lps_tlr4_1;
1309 dx(33+36) = -kf1_2*lps*tlr4_2+kr1_2*lps_tlr4_2;
1310 dx(33+36*2) = -kf1_3*lps*tlr4_3+kr1_3*lps_tlr4_3;
1311 dx(33+36*3) = -kf1_4*lps*tlr4_4+kr1_4*lps_tlr4_4;
1312 dx(33+36*4) = -kf1_5*lps*tlr4_5+kr1_5*lps_tlr4_5;
1313 dx(33+36*5) = -kf1_6*lps*tlr4_6+kr1_6*lps_tlr4_6;
1314 dx(33+36*6) = -kf1_7*lps*tlr4_7+kr1_7*lps_tlr4_7;
1315 dx(33+36*7) = -kf1_8*lps*tlr4_8+kr1_8*lps_tlr4_8;
1316 dx(33+36*8) = -kf1_9*lps*tlr4_9+kr1_9*lps_tlr4_9;
1317 dx(33+36*9) = -kf1_10*lps*tlr4_10+kr1_10*lps_tlr4_10;
1318

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1319 % tnfa_tnfar
1320 dx(34) = kf3_1*tnfaext*tnfar_1-kr3_1*tnfa_tnfar_1;
1321 dx(34+36) = kf3_2*tnfaext*tnfar_2-kr3_2*tnfa_tnfar_2;
1322 dx(34+36*2) = kf3_3*tnfaext*tnfar_3-kr3_3*tnfa_tnfar_3;
1323 dx(34+36*3) = kf3_4*tnfaext*tnfar_4-kr3_4*tnfa_tnfar_4;
1324 dx(34+36*4) = kf3_5*tnfaext*tnfar_5-kr3_5*tnfa_tnfar_5;
1325 dx(34+36*5) = kf3_6*tnfaext*tnfar_6-kr3_6*tnfa_tnfar_6;
1326 dx(34+36*6) = kf3_7*tnfaext*tnfar_7-kr3_7*tnfa_tnfar_7;
1327 dx(34+36*7) = kf3_8*tnfaext*tnfar_8-kr3_8*tnfa_tnfar_8;
1328 dx(34+36*8) = kf3_9*tnfaext*tnfar_9-kr3_9*tnfa_tnfar_9;
1329 dx(34+36*9) = kf3_10*tnfaext*tnfar_10-kr3_10*tnfa_tnfar_10;
1330
1331 % tnfacyto
1332 dx(35) = tnfa_trans_1*tnfamrna_1-ksec_1*tnfacyto_1-mutnc_1*tnfacyto_1;
1333 dx(35+36) = tnfa_trans_2*tnfamrna_2-ksec_2*tnfacyto_2-mutnc_2*tnfacyto_2;
1334 dx(35+36*2) = tnfa_trans_3*tnfamrna_3-ksec_3*tnfacyto_3-mutnc_3*tnfacyto_3;
1335 dx(35+36*3) = tnfa_trans_4*tnfamrna_4-ksec_4*tnfacyto_4-mutnc_4*tnfacyto_4;
1336 dx(35+36*4) = tnfa_trans_5*tnfamrna_5-ksec_5*tnfacyto_5-mutnc_5*tnfacyto_5;
1337 dx(35+36*5) = tnfa_trans_6*tnfamrna_6-ksec_6*tnfacyto_6-mutnc_6*tnfacyto_6;
1338 dx(35+36*6) = tnfa_trans_7*tnfamrna_7-ksec_7*tnfacyto_7-mutnc_7*tnfacyto_7;
1339 dx(35+36*7) = tnfa_trans_8*tnfamrna_8-ksec_8*tnfacyto_8-mutnc_8*tnfacyto_8;
1340 dx(35+36*8) = tnfa_trans_9*tnfamrna_9-ksec_9*tnfacyto_9-mutnc_9*tnfacyto_9;
1341 dx(35+36*9) = tnfa_trans_10*tnfamrna_10-ksec_10*tnfacyto_10-mutnc_10*
    tnfacyto_10;
1342
1343 % tnfamrna
1344 dx(36) = sm_1*p_1*(nfkbuclear_1/(ctf_1+nfkbuclear_1))*(1/(1+(

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    socs3cyto_1/socs3inf_1)^2))-mutnm_1*tnfamrna_1;
1345 dx(36+36) = sm_2*p_2*(nfkbuclear_2/(ctf_2+nfkbuclear_2))*(1/(1+(
    socs3cyto_2/socs3inf_2)^2))-mutnm_2*tnfamrna_2;
1346 dx(36+36*2) = sm_3*p_3*(nfkbuclear_3/(ctf_3+nfkbuclear_3))*(1/(1+(
    socs3cyto_3/socs3inf_3)^2))-mutnm_3*tnfamrna_3;
1347 dx(36+36*3) = sm_4*p_4*(nfkbuclear_4/(ctf_4+nfkbuclear_4))*(1/(1+(
    socs3cyto_4/socs3inf_4)^2))-mutnm_4*tnfamrna_4;
1348 dx(36+36*4) = sm_5*p_5*(nfkbuclear_5/(ctf_5+nfkbuclear_5))*(1/(1+(
    socs3cyto_5/socs3inf_5)^2))-mutnm_5*tnfamrna_5;
1349 dx(36+36*5) = sm_6*p_6*(nfkbuclear_6/(ctf_6+nfkbuclear_6))*(1/(1+(
    socs3cyto_6/socs3inf_6)^2))-mutnm_6*tnfamrna_6;
1350 dx(36+36*6) = sm_7*p_7*(nfkbuclear_7/(ctf_7+nfkbuclear_7))*(1/(1+(
    socs3cyto_7/socs3inf_7)^2))-mutnm_7*tnfamrna_7;
1351 dx(36+36*7) = sm_8*p_8*(nfkbuclear_8/(ctf_8+nfkbuclear_8))*(1/(1+(
    socs3cyto_8/socs3inf_8)^2))-mutnm_8*tnfamrna_8;
1352 dx(36+36*8) = sm_9*p_9*(nfkbuclear_9/(ctf_9+nfkbuclear_9))*(1/(1+(
    socs3cyto_9/socs3inf_9)^2))-mutnm_9*tnfamrna_9;
1353 dx(36+36*9) = sm_10*p_10*(nfkbuclear_10/(ctf_10+nfkbuclear_10))*(1/(1+(
    socs3cyto_10/socs3inf_10)^2))-mutnm_10*tnfamrna_10;
1354
1355 % tnfar
1356 dx(37) = -kf3_1*tnfaext*tnfar_1+kr3_1*tnfa_tnfar_1;
1357 dx(37+36) = -kf3_2*tnfaext*tnfar_2+kr3_2*tnfa_tnfar_2;
1358 dx(37+36*2) = -kf3_3*tnfaext*tnfar_3+kr3_3*tnfa_tnfar_3;
1359 dx(37+36*3) = -kf3_4*tnfaext*tnfar_4+kr3_4*tnfa_tnfar_4;
1360 dx(37+36*4) = -kf3_5*tnfaext*tnfar_5+kr3_5*tnfa_tnfar_5;
1361 dx(37+36*5) = -kf3_6*tnfaext*tnfar_6+kr3_6*tnfa_tnfar_6;

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1362 dx(37+36*6) = -kf3_7*tnfaext*tnfar_7+kr3_7*tnfa_tnfar_7;
1363 dx(37+36*7) = -kf3_8*tnfaext*tnfar_8+kr3_8*tnfa_tnfar_8;
1364 dx(37+36*8) = -kf3_9*tnfaext*tnfar_9+kr3_9*tnfa_tnfar_9;
1365 dx(37+36*9) = -kf3_10*tnfaext*tnfar_10+kr3_10*tnfa_tnfar_10;
1366
1367 % tyk2
1368 dx(38) =      - kiljb_1*il10_il10r_1*jak1_1*tyk2_1 + kilju_1*il10_rjt_1;
1369 dx(38+36) =  - kiljb_2*il10_il10r_2*jak1_2*tyk2_2 + kilju_2*il10_rjt_2;
1370 dx(38+36*2) = - kiljb_3*il10_il10r_3*jak1_3*tyk2_3 + kilju_3*il10_rjt_3;
1371 dx(38+36*3) = - kiljb_4*il10_il10r_4*jak1_4*tyk2_4 + kilju_4*il10_rjt_4;
1372 dx(38+36*4) = - kiljb_5*il10_il10r_5*jak1_5*tyk2_5 + kilju_5*il10_rjt_5;
1373 dx(38+36*5) = - kiljb_6*il10_il10r_6*jak1_6*tyk2_6 + kilju_6*il10_rjt_6;
1374 dx(38+36*6) = - kiljb_7*il10_il10r_7*jak1_7*tyk2_7 + kilju_7*il10_rjt_7;
1375 dx(38+36*7) = - kiljb_8*il10_il10r_8*jak1_8*tyk2_8 + kilju_8*il10_rjt_8;
1376 dx(38+36*8) = - kiljb_9*il10_il10r_9*jak1_9*tyk2_9 + kilju_9*il10_rjt_9;
1377 dx(38+36*9) = - kiljb_10*il10_il10r_10*jak1_10*tyk2_10 + kilju_10*
      il10_rjt_10;
1378
1379 % il10act: il10mrna produced by STAT3
1380 dx(39) =      0.6*kilsn_1*p_1*(stat3n_1/(ctf_stat3_1+stat3n_1)) - muilm_1*
      il10act_1;
1381 dx(39+36) =   0.6*kilsn_2*p_2*(stat3n_2/(ctf_stat3_2+stat3n_2)) - muilm_2*
      il10act_2;
1382 dx(39+36*2) = 0.6*kilsn_3*p_3*(stat3n_3/(ctf_stat3_3+stat3n_3)) - muilm_3*
      il10act_3;
1383 dx(39+36*3) = 0.6*kilsn_4*p_4*(stat3n_4/(ctf_stat3_4+stat3n_4)) - muilm_4*
      il10act_4;

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1384 dx(39+36*4) = 0.6*kilsn_5*p_5*(stat3n_5/(ctf_stat3_5+stat3n_5)) - muilm_5*
      ill10act_5;
1385 dx(39+36*5) = 0.6*kilsn_6*p_6*(stat3n_6/(ctf_stat3_6+stat3n_6)) - muilm_6*
      ill10act_6;
1386 dx(39+36*6) = 0.6*kilsn_7*p_7*(stat3n_7/(ctf_stat3_7+stat3n_7)) - muilm_7*
      ill10act_7;
1387 dx(39+36*7) = 0.6*kilsn_8*p_8*(stat3n_8/(ctf_stat3_8+stat3n_8)) - muilm_8*
      ill10act_8;
1388 dx(39+36*8) = 0.6*kilsn_9*p_9*(stat3n_9/(ctf_stat3_9+stat3n_9)) - muilm_9*
      ill10act_9;
1389 dx(39+36*9) = 0.6*kilsn_10*p_10*(stat3n_10/(ctf_stat3_10+stat3n_10)) -
      muilm_10*ill10act_10;
1390 end
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# Vita

Sarah Bartlett Minucci, originally from Franklin, Tennessee, attended Lee University in Cleveland, Tennessee and graduated summa cum laude with a Bachelor of Science in Mathematics, Bachelor of Arts in Spanish and minor in Biblical Studies. She discovered her passion for mathematical biology at an REU at Marquette University in Milwaukee, Wisconsin. After graduating from Lee, she moved to Richmond, Virginia to pursue a Master of Science in Applied Mathematics and a Ph.D. in Systems Modeling & Analysis at Virginia Commonwealth University. She was also selected for a number of extracurricular opportunities, including internships at VoluMetrix, Inc. in Nashville, Tennessee and UnitedHealth Group R&D in Minnetonka, Minnesota, a SIAM/AMS Tondeur Fellow (2019-2021) and president of the VCU chapter of SIAM (2020-2021). After graduating, Sarah will continue using mathematical modeling to understand complex biological processes through her job as a Senior Scientist at Applied BioMath in Concord, Massachusetts.