

# Modelling CD4 T cell reconstitution in HIV-infected children starting ART

Rollo L Hoare<sup>†1,2</sup>, Robin Callard<sup>1,2</sup> & Joseph F Standing<sup>1,2,3</sup>

(1) UCL CoMPLEX: Centre for Mathematics and Physics in the Life Sciences and Experimental Biology,

(2) UCL Institute of Child Health, (3) Great Ormond Street Hospital NHS Foundation Trust, † r.hoare.11@ucl.ac.uk



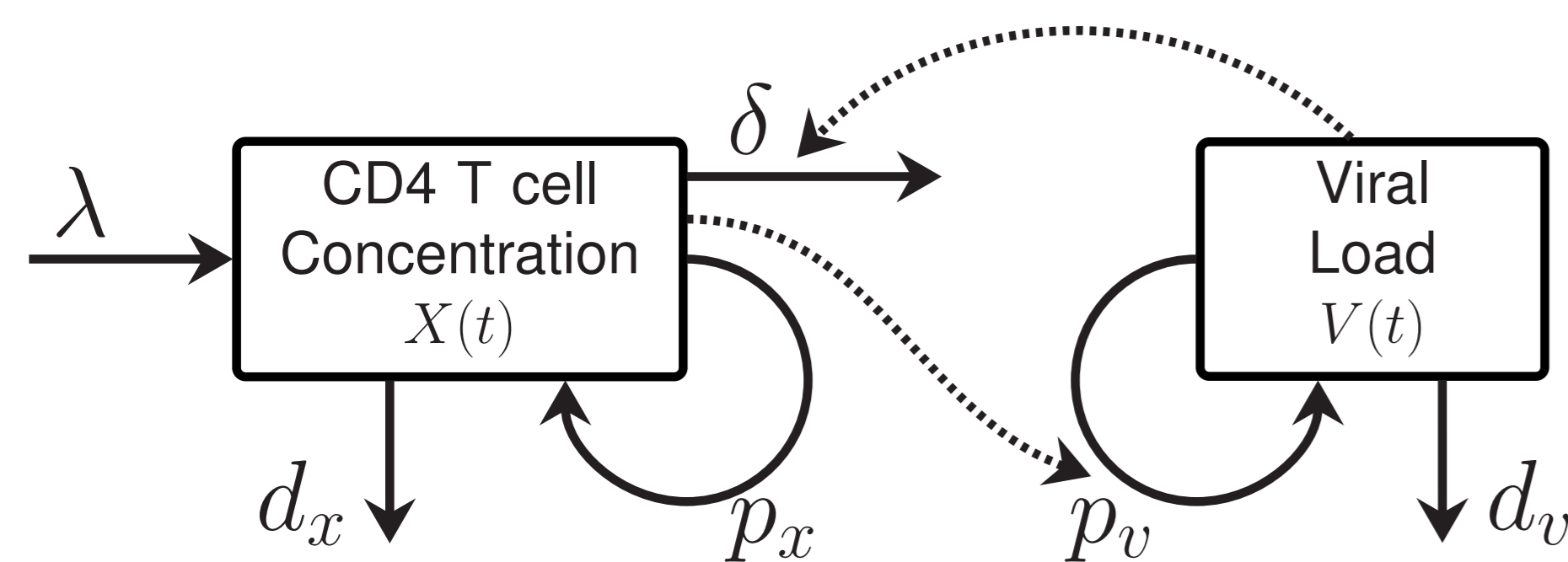
## Introduction

- Antiretroviral therapy (ART) is the standard treatment for adults and children infected with HIV.
- HIV mainly infects CD4 T cells, causing a decline in CD4 T cell concentration. This decline leaves patients immunocompromised and hence vulnerable to opportunistic infections.
- ART suppresses HIV replication, reducing viral load, allowing CD4 T cells to reconstitute. This reconstitution is slow, taking between one a two years.
- Studying immune reconstitution in children is challenging due to the rapidly developing immune system; expected CD4 T cell counts for age decrease three-fold [1].
- This work combines a previously presented model describing CD4 T cell reconstitution following paediatric HSCT [2] with a model for HIV dynamics in adults [3].

## Methods

- The data comprises paired time series of CD4 T cell concentrations and viral loads for up to three years after initiation of ART.
- Datasets come from two clinical trials:
  - Dataset A:** 66 patients, 721 CD4 counts, 525 viral loads (388 BLQ)
  - Dataset B:** 1026 patients, 10490 CD4 counts, 2122 viral loads (1223 BLQ).
- The CD4 concentration is modelled directly, without standardisation for age, using mechanistic modelling which takes into account the effects of immune system development.
- Viral dynamics have been adapted to include a term accounting for the decrease of virus loss rate at low viral loads.

## The Model



The equations for the dynamics with time  $t$  and age  $\tau$  are given by:

$$\frac{d}{dt}X = \lambda - d_x X + p_x X - \delta V X$$

$$\frac{d}{dt}V = p_v V X (1 - E_{Drug}) - d_v V \frac{V}{V + V_{50}}$$

$$\lambda(t, \tau) = \lambda_0 \times \left( \frac{y(\tau) N(\tau) \gamma}{0.02 \eta (c - \gamma)} \right)$$

$$d_x(\tau, X) = d_0 \times y(\tau) \times \exp \left[ c_d \left( \frac{X(t)}{N(\tau)} - 1 \right) \right]$$

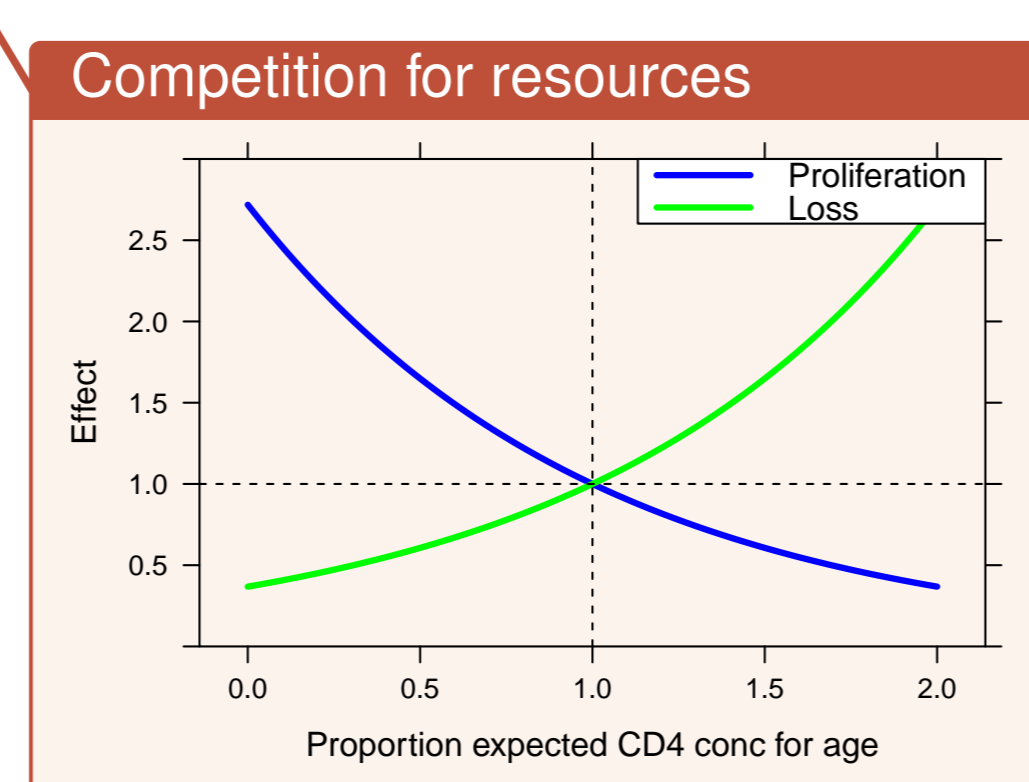
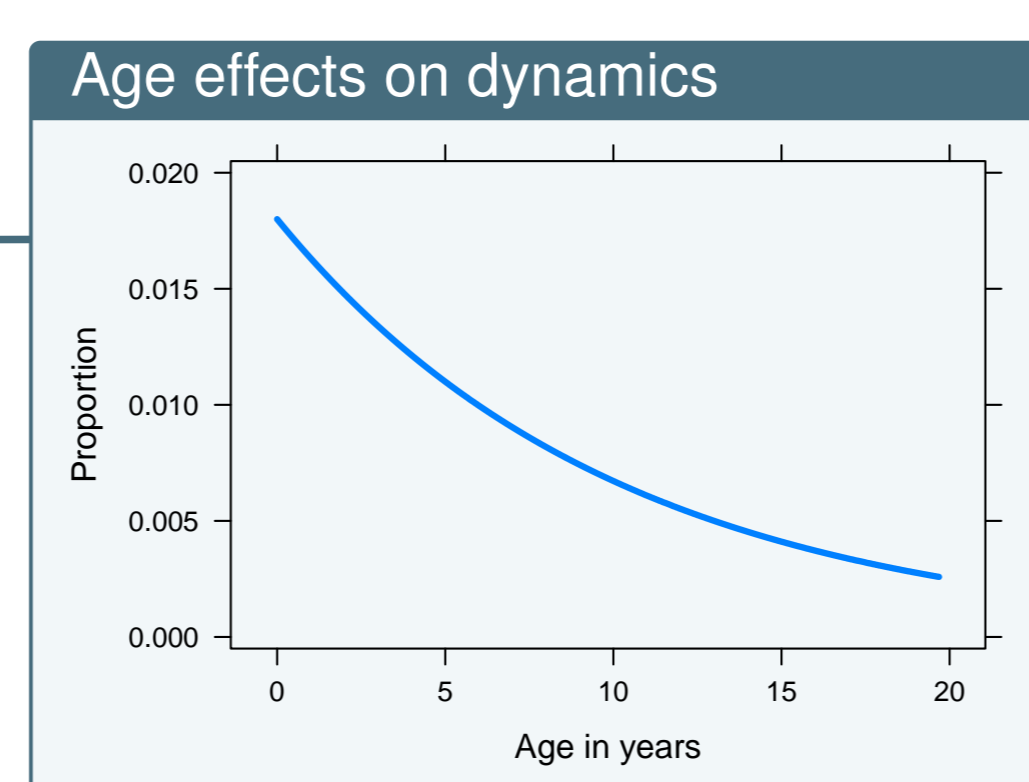
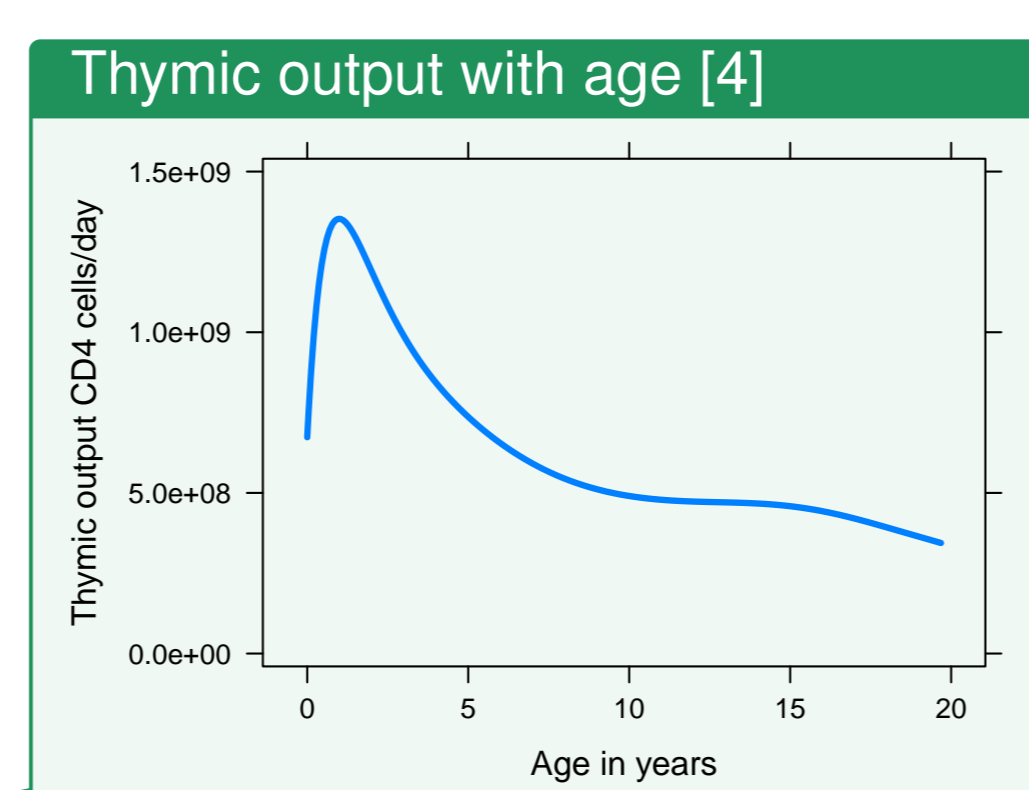
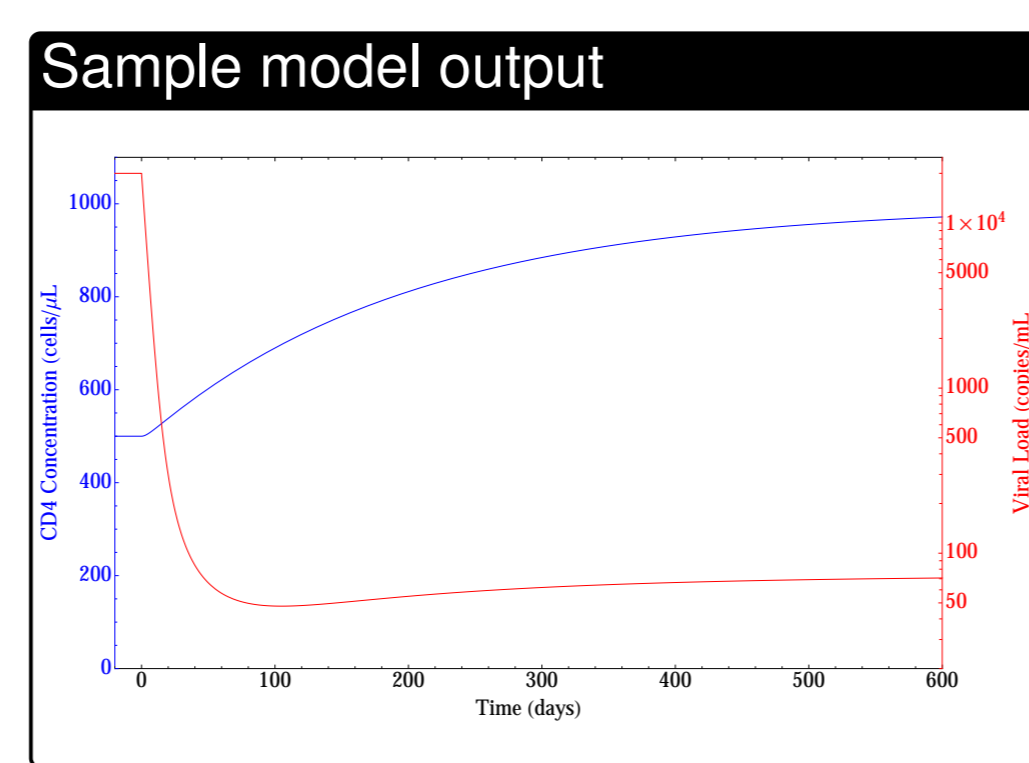
$$p_x(\tau, X) = p_0 \times y(\tau) \times \exp \left[ c_p \left( 1 - \frac{X(t)}{N(\tau)} \right) \right]$$

$$p_v = \frac{d_v V_0}{X_0 (V_0 + V_{50})}, \quad \delta = \frac{\lambda - d_x X_0 + p_x X_0}{X_0 V_0}$$

$N(\tau)$  is the expected CD4 T cell concentration of a healthy child with age.

The model has ten parameters to be estimated, six for CD4 concentration:  $X_0, \lambda_0, d_0, p_0, c_d, c_p$ , and four for viral load:  $V_0, d_v, V_{50}, E_{Drug}$ .

The model was fitted to the data using the Importance Sampling algorithm in NONMEM 7.3 and the ADVAN13 subroutine [5].



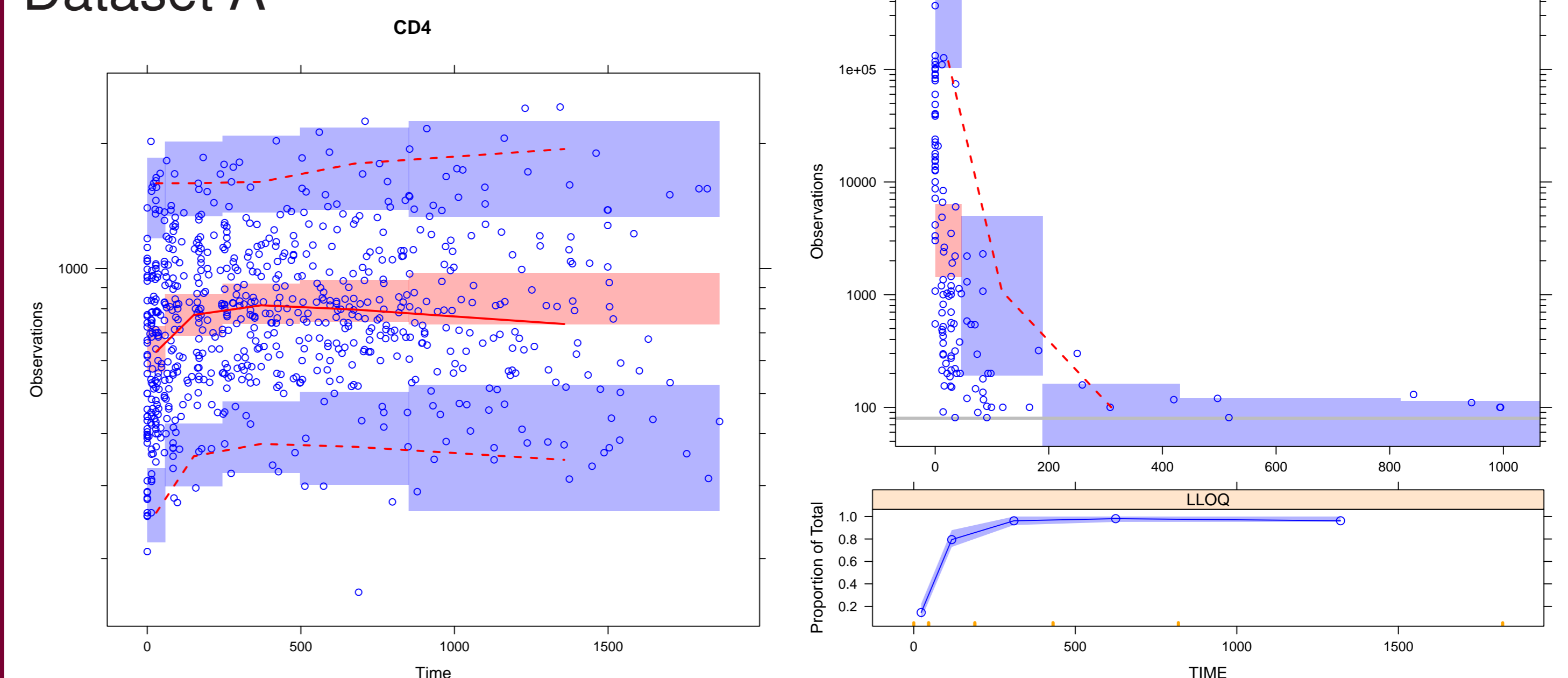
## Results

- For Dataset A, all parameters were estimated, with random effects on all parameters, but in Dataset B,  $E_{Drug}$  was fixed to 1.
- Parameter estimates from the model are sensible, with reasonable agreement between the datasets.

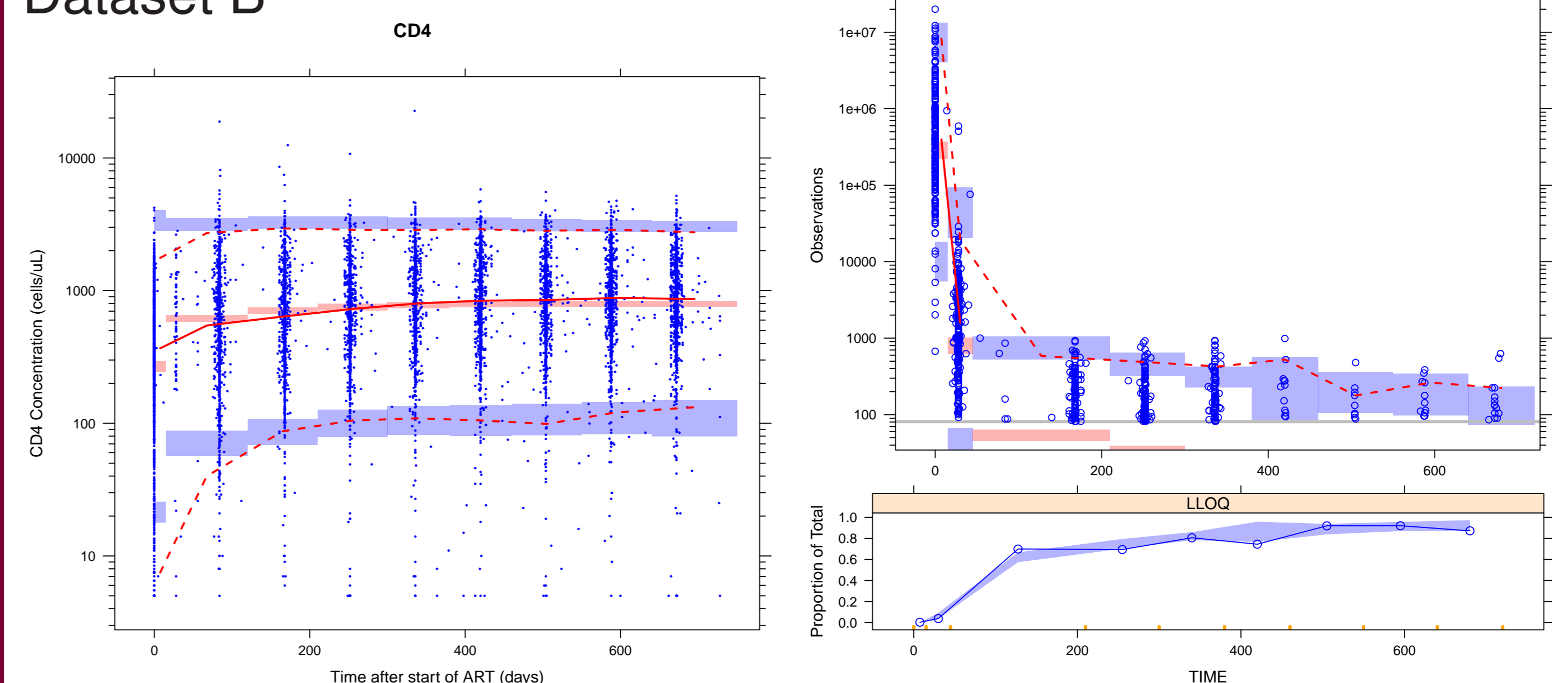
Parameter	Dataset A		Dataset B	
	Estimate	$\Omega$	Estimate	$\Omega$
$\lambda_0$	0.107	0.713	0.276	5.62
$d_0$	0.496	0.509	1.49	4.52
$p_0$	0.271	1.17	0.436	1.02
$X_0$	569	0.183	270	1.48
$c_d$	0.328	0.781	1.65	0.203
$c_p$	2.06	0.460	1.11	0.558
$V_0$	21800	0.976	324000	1.96
$d_v$	0.281	0.510	0.339	0.188
$V_{50}$	324	0.786	2180	1.39
$E_{Drug}$	0.898	0.326	1†	—
$\sigma_x$	0.425	—	0.193	—
$\sigma_v$	1.37	—	0.967	—

- The visual predictive checks below demonstrate that simulations from the model match the observed data well.

## Dataset A



## Dataset B



## Conclusions

- A model has been developed for CD4 T cell reconstitution and viral load decline for HIV-infected children starting ART
- The model represents the underlying biology of the system, bringing together:
  - The changes in the thymus and dynamics with age
  - Competition for homeostatic signals by CD4 cells in the body
  - Decrease in virus loss rate at low levels of viral load.
- This model has then been successfully fitted to patient data.
- The model has the potential to give insight into the effects of a range of covariates, such as: socio-economic factors, the ART drugs used, or the age of the patient at the start of ART.

## References

- [1] S. Huenecke, M. Behl, C. Fadler, et al., *Age-matched lymphocyte subpopulation reference values in childhood and adolescence: application of exponential regression analysis*, Eur J Haematol **80**(6):532–9 (2008).
- [2] R. L. Hoare, et al., *A novel mechanistic model for CD4 lymphocyte reconstitution following paediatric haematopoietic stem cell transplantation*, PLoS ONE **8**(12):e81266 (2013).
- [3] S. Bonhoeffer, R. M. May, G. M. Shaw, M. A. Nowak, *Virus dynamics and drug therapy*, Proceedings of the National Academy of Sciences **94**(13):6971–6976 (1997).
- [4] I. Bains, R. Thiébaud, A. J. Yates, R. Callard, *Quantifying thymic export: combining models of naive T cell proliferation and TCR excision circle dynamics gives an explicit measure of thymic output*, J Immunol **183**(7):4329–36 (2009).
- [5] L. B. Sheiner, S. L. Beal, *Evaluation of methods for estimating population pharmacokinetic parameters. III. Monoexponential model: Routine clinical pharmacokinetic data*, Journal of Pharmacometrics and Biopharmaceutics **11**(3):303–19 (1983).

