

Force-induced Bone Adaptation: A Systems Biology Perspective Towards Therapy Design

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Abstract

Bone is, contrary to common believe, a permanently adapting organ that undergoes remodeling and reparation. Imbalance of the complex regulation mechanisms involved in the adaptation and remodeling can lead to a series of bone loss disorders such as osteoporosis.

In this thesis a mathematical model describing the adaptation of bone due to mechanical forces and chemical stimuli is developed and qualitatively analyzed. It builds on an existing model for the interactions among osteoblasts and osteoclasts during remodeling. The model is based on the assumption that the remodeling process is the essential tissue level mechanism to maintain, renew and adapt adult bone. The main purpose of the model is to shed light on the complex regulation mechanisms and to support therapy design.

Adaptation at the tissue level results from imbalances among the cellular activities of resorption and formation, that are tightly regulated via the so called RANKL-RANK-OPG signaling pathway. Osteocytes are incorporated in the model as the mechanotransducers, sensing changes in mechanical loads. It is assumed that they release the local factors nitric oxide (NO) and prostaglandin E₂ (PGE₂) under mechanical load, that affect the interactions among osteoclasts and osteoblasts, which are responsible for resorption and formation.

The analysis of the model focuses on steady state. The main objective is to develop new treatments for remodeling related bone disorders. First, local sensitivity analysis methods are applied to identify potential targets. Second, set based methods are used to analyze the steady state effects of multiple variations in entire regions of parameter/input space.

Questions of parameter uncertainty, robustness and reachability of bone adaptation are approached via set based methods. They are used towards the design and discrimination of plausible therapies to maintain/restore bone loss in disorder conditions such as estrogen deficiency and senescence. The investigations suggest that under bone disorders, like estrogen deficiency and senescence, the ability of bone to maintain and adapt is diminished, due to imbalances of the complex regulating mechanisms. The results show that combining increased daily load stimulus can diminish the dose of the drug medication in estrogen deficiency and senescence conditions. In both disorder conditions, increased physical exercise alone can maintain but hardly restore the lost bone. The analysis indicates that increasing the habitual load stimulus in normal/healthy condition helps to enhance the cortical thickness, which adapts to the new habitual load stimulus. Reducing the habitual

loads leads to bone loss. Underlined by the analysis of the derived mathematical model, regular physical activity is important to enhance cortical thickness during adulthood, and to maintain or to lose less bone when estrogen deficiency is present, or a less active lifestyle starts.

Deutsche Kurzfassung

Das Skelettt als Organ unterliegt, entgegen dem allgemeinen Glauben, ständigen Anpassungen und Erneuerungsprozessen. Verschiebungen im komplexen Regulationsmechanismus der Anpassung und Erneuerung können zu einer Reihe von Krankheiten, wie Osteoporose, führen.

In dieser Arbeit wird ein mathematisches Modell entwickelt, qualitativ validiert und analysiert, das den Vorgang der Adaptation und die Erneuerung des Knochens als Reaktion auf mechanische und chemische Reize beschreibt. Kern des Modells bilden bekannten Interaktionen zwischen den sogenannten Osteoblasten und Osteoklasten, Zellen die massgeblich bei der Knochengewebeerneuerung involviert sind.

Die Adaptation und Erneuerung von Knochenmaterial ist ein essentieller Bestandteil zur Aufrechterhaltung der Funktion und der Erneuerung von Knochen. Der genaue Ablauf, bestehend aus osteoklastischer Resorption und osteoblastischer Formation, wird hierbei überwiegend durch den RANKL-RANK-OPG Signalweg reguliert. Mechanische Reize werden durch die Osteozyten wahrgenommen. Sie erkennen Änderungen in der mechanischer Belastung und setzen Stickstoffmonoxid und Prostaglandin-E₂ frei, die wiederum die Interaktion zwischen Osteoblasten und Osteoklasten beeinflussen.

Die Analyse des Modells fokussiert sich auf stationäre Vorgänge. Hauptziel des erarbeiteten Modells ist es, die komplexen Regulationsvorgänge zu beschreiben und zu verstehen. Das Modell, gegeben in Form von gewöhnlichen Differentialgleichungen, bildet die Basis für weiterführende Analysen und den Entwurf neuer Therapien. Ziel hierbei ist es, plausible Behandlungskonzepte für Erkrankungen zu entwickeln, die das Gleichgewicht von Osteoblasten und Osteoklasten in geeigneter Weise verschieben. Zu diesem Zweck wird zuerst eine lokale Sensitivitätsanalyse durchgeführt, um geeignete Targetproteine für die Therapien zu identifizieren. Danach werden mengenbasierte Verfahren eingesetzt, um den Einfluss von Kombinationen aus chemischer und mechanischer Stimulation am Modell gezielt zu untersuchen.

Das eingesetzte, mengenbasierte Analyseverfahren erlaubt eine globale Betrachtung von Therapieansätzen. Es erlaubt die direkte Berücksichtigung von Unsicherheiten in den Parametern und Eingangssignalen. So können zum Beispiel die Robustheit und die möglichen Ruhelagen des Modells im Fall von Krankheitsbildern wie Östrogenmangel und unter Seneszenzbedingungen charakterisiert werden. In beiden Fällen ist die Fähigkeit des Knochens

sich an geänderte Umgebungsbedingungen anzupassen reduziert. Durch die eingesetzten Analysemethoden kann in beiden Fällen gezeigt werden, dass bei einer Steigerung der mechanischen Belastung eine Verringerung der Medikation möglich ist, ohne den Therapieerfolg zu beeinträchtigen. Jedoch ist eine alleinige Steigerung der Belastung nicht ausreichend, um auf jegliche Medikation zu verzichten.
