

Multilevel mathematical models for cell migration in dense fibrous environments

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- Stay away from the carpenter syndrome
- "To a man with a hammer, everything looks like a nail"
- Look at the biomedical problem with no mathematical bias

Plan of the talk

- Take a phenomenon (migration in fibrous environments)
- Present several modelling frameworks to study the problem

Tumour compartimentalization and invasion





Extra-cellular matrix





jcb.rupress.org/cgi/content/full/jcb.200209006/DC1



Extra-cellular matrix

Heart







Figure 11. Electron micrograph of the arrangement of collagenous fibrils of the lamina radialis of an aortic valve leaflet at different magnifications. Arrows indicate non-directional fibrils surrounding helical arranged collagenous fibrils. (a,b) Scale bars, 8 μ m and (c) 3 μ m (adapted from Fastenrath 1995, p. 43).









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HT1080 migration in rat tail collagen (1.7 mg/ml) in presence of MMP inhibitor



Neutrophil migration in rat tail collagen (1.7 mg/ml) in presence of IL-8

(P. Friedl, K. Wolf)

Cell motion in dense ECM

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Work done by traction > Energy required to squeeze the nucleus

C. Giverso & L.P., *Biomech. Model. Mechanobiol.* **13**, 481-502 (2014) C. Giverso, A. Arduino & L.P., *Bull. Math. Biol.* (2018)

Taking into account of the nucleus



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> The force field is conservative $\widehat{\mathbf{I}}$ The work is independent on the path $\widehat{\mathbf{I}}$ There exists a potential energy $U(\mathbf{x})$ related to the elastic force **f** by

> > $\mathbf{f} = -\nabla U$

Continuum mechanics in a nutshell



POLITECNICO DI TORINO **Continuum mechanics in a nutshell**



Deformation gradient

 F_{iK}

Continuum mechanics in a nutshell



 $d\mathbf{x} = \mathbf{F} d\mathbf{p}$

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Cauchy-Green deformation tensor

 $\mathbf{B} = \mathbf{F}\mathbf{F}^{T}$

 $|d\mathbf{X}|^2 = d\mathbf{x} \cdot \mathbf{B}^{-1} d\mathbf{x}$

Taking into account of the nucleus



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Continuum mechanics in a nutshell



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> The force field is conservative The work is independent on the path There exists a potential energy

$$W(\mathbf{F}) = \rho_* \sigma(\mathbf{F})$$

related to the Piola stress tensor S by

$$\mathbf{S} = \frac{\partial W}{\partial \mathbf{F}}$$

and related to the Cauchy stress tensor T by $\mathbf{T}(\mathbf{F}) = \rho \frac{\partial \sigma}{\partial \mathbf{F}} \mathbf{F}^T$

Continuum mechanics in a nutshell



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> The force field is conservative The work is independent on the path There exists a potential energy

$$W(\mathbf{F}) = \rho_* \sigma(\mathbf{F})$$

Frame indifference + isotropy $\implies \sigma = \bar{\sigma}(I_B, II_B, II_B)$

e.g., neo-Hookean material

$$W(\mathbf{I}_{\mathbf{B}}) = \frac{\mu}{2}(\mathbf{I}_{B} - 3)$$

Gent material
$$W(I_{\mathbf{B}}) = -\frac{\mu}{2}K \ln\left(1 - \frac{I_B - 3}{K}\right)$$



Work done by traction > Energy required to squeeze the nucleus

- Given the deformation ${\bf F}$



- Given the constitutive equation W
- Compute **B** and then, for instance, $W(I_{\mathbf{B}}) = \frac{\mu}{2}(I_{B} 3)$

Computing the work done by traction

Work done by traction > Energy required to squeeze the nucleus





The classical (direct) problem in elasticity:

Given the stress f, find the deformation u of the substratum such that







The classical (direct) problem in elasticity:

Given the stress \mathbf{f} , find the deformation \mathbf{u} of the substratum such that







 Ω is the whole domain, Ω_0 is the subdomain where \mathbf{u} is measured, Ω_c is the area covered by the cell.





(A. Cavalcanti)

Where are the forces exerted in Ω_c ? What is their magnitude? D. Ambrosi J. Math.Biol. 58, 163 (2009) POLITECNICO DI TORINO The inverse problem

Set of forces acting on Ω_c with null resultant and momentum

The penalty functional $\mathcal{J}: \mathsf{F} \to \mathbb{R}^+$ is defined as:

for

Evaluate the computed deformation in the measurement points



The penalty functional $\mathcal{J}: \mathsf{F} \to \mathbb{R}^+$ is defined as:

$$\mathcal{J}(\mathbf{g}) = \frac{1}{2} \|\mathcal{O}\mathcal{S}\mathbf{g} - u_0\|_{\mathsf{X}}^2 + \frac{\varepsilon}{2} \|\mathbf{g}\|_{\mathsf{F}}^2.$$

Two coupled sets of elliptic partial differential equations to be solved in Ω ,

$$-\hat{\mu}\Delta\mathbf{u} - (\hat{\mu} + \hat{\lambda})\nabla\left(\nabla\cdot\mathbf{u}\right) = -\frac{\chi c}{\varepsilon}\mathbf{p}, \qquad \mathbf{u}|_{\partial\Omega} = 0,$$
$$-\hat{\mu}\Delta\mathbf{p} - (\hat{\mu} + \hat{\lambda})\nabla\left(\nabla\cdot\mathbf{p}\right) = \chi_o\mathbf{u} - \mathbf{u}_0, \qquad \mathbf{p}|_{\partial\Omega} = 0.$$

where χ_c and χ_0 are the characteristic functions related to Ω_c and Ω_0 , respectively.

Traction force microscopy

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100

u m

150

V. Peschetola et al. Comp. Methods Biomech. Biomed. Engng. 14, 159-160 (2011).





Traction on a stiff gel

Ambrosi, Peschetola, Verdier SIAM J. Appl. Math, (2006)

T24 cancer cells



Traction on softer gel



T24 cancer cells

Conclusions

- minor traction ability than fibroblasts
 - larger forces on stiffer gels

Traction in 3D



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2D Differences

3D

- Measurements everywhere (even below the cell or "inside" the cell domain Ω_c)
 - Forces below the cell or "inside" the cell domain Ω_c)

- Measurements outside the cell
 - Forces exerted on the cell boundary

$$-\nabla \cdot \mathbb{C}[\nabla \mathbf{u}] = 0, \quad \text{in } \Omega,$$

$$\mathcal{S}: \mathbf{f} \longrightarrow \mathbf{u} \longleftrightarrow \begin{cases} \mathbb{C}[\nabla \mathbf{u}]\mathbf{n} = \mathbf{f}, & \text{on } \Gamma_N, \\ \mathbf{u} = 0, & \text{on } \Gamma_D. \end{cases}$$

Traction in 3D

Penalty function for the minimization problem $\mathcal{J}(\mathbf{f}) = \frac{1}{2} \|\mathcal{O}\mathcal{S}\mathbf{f} - u_0\|^2 + \frac{\varepsilon}{2} \|\mathbf{f}\|^2$



G. Vitale, D. Ambrosi, L.P., J. Math. Anal. Appl. **395**, 788-801 (2012) Inverse Problems **28**, 095013 (2012)

Self-adjoint problem

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$$\begin{cases} \int_{\Omega} \left(\mu \nabla \mathbf{u} \cdot \nabla \mathbf{v} + \lambda (\nabla \cdot \mathbf{u}) (\nabla \cdot \mathbf{v}) \right) + \frac{1}{\varepsilon} \left(\int_{\Gamma_N} \mathbf{p} \cdot \mathbf{v} - \frac{1}{|\Gamma_N|} \int_{\Gamma_N} \mathbf{p} \cdot \int_{\Gamma_N} \mathbf{v} \right) = 0, \\ \int_{\Omega} \left(\mu \nabla \mathbf{p} \cdot \nabla \mathbf{q} + \lambda (\nabla \cdot \mathbf{p}) (\nabla \cdot \mathbf{q}) \right) + \sum_{j=1}^N \delta_{\mathbf{x}_j} \mathbf{u} \cdot \delta_{\mathbf{x}_j} \mathbf{q} = \sum_{j=1}^N u_{0_j} \cdot \delta_{\mathbf{x}_j} \mathbf{q}, \end{cases}$$





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Work done by traction > Energy required to squeeze the nucleus





Work done by traction > Energy required to squeeze the nucleus



Effect of nucleus envelope stretchability



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		Models based on a regular grid		Grid-free models		
		Rule based	Energy based	Force based	E	nergy based
	Cell center	Lattice-gas cellular automata		Cell center Voronoi models		Self-propelled Voronoi models
Number of degrees of freedom	Cell center and radius			Individual cell-based models	und .	
	Cell center and dimensions of ellipsoidal shape			Ellipsoidal cell-based models		
	Vertices of polygonal cells			Force based vertex models		Energy based vertex models
	Many points per cell body		Cellular Potts models	Tensegrity models		
				Sub-cellular element models		
	Continuous membrane and cytoplasm			Finite element methods Boundary element methods		
	Kinetic model for cytoplasm			Filament based model of the lamellipodium)	



A cell is represented by several nodes



- Based on a generalized energy H
- Evolution stochastically tries to minimize the system energy



$$H(t) = H_{adhesion}(t) + H_{attribute}(t) + H_{force}(t).$$

$$H_{adhesion}(t) = \sum_{\mathbf{x}, \mathbf{x}' \in \Omega} J_{\tau(\sigma(\mathbf{x})), \tau(\sigma(\mathbf{x}'))}(t) [1 - \delta_{\sigma(\mathbf{x}), \sigma(\mathbf{x}')}(t)],$$

$$H_{adhesion}(t) = \sum_{\eta, \sigma, i-attribute} \lambda_{\eta, \sigma}^{i}(t) \left| \frac{a_{\eta, \sigma}^{i}(t) - A_{\eta, \sigma}^{i}(t)}{a_{\eta, \sigma}^{i}(t)} \right|^{p}$$

$$H_{force}^{i}(t) = -\sum_{\sigma} \sum_{\mathbf{x} \in \sigma} \mu_{\sigma}(t) c(\mathbf{x}, t),$$


Taking into account of sub-cellular elements (e.g., nucleus)



M. Scianna & L.P., *J. Theor. Biol.* **317**, 394-406 (2013).

The cellular Potts model







M. Scianna, L.P., J. Theor. Biol. 317, 394-406 (2013)





Cells with deformable nuclei in microchannel







Influence of nucleus rigidity

cells with rigid cytosol and rigid nucleus

cells with deformable cytoplasm and rigid nucleus

cells with deformable cytoplasm and deformable nucleus

1.6

1.4

1.2

1

0.8

0.6

0.4

0.2



C. Rolli, *PlosOne* 5, e8726 (2010)

Penetrative = Stay out with the nucleus (not with the cytoplasm)
 Invasive = Enter but do not reach the other side

the other side

Permeative = Enter and reach





Effect of pore size in ECM



M. Scianna, L.P., & K. Wolf, Biosci. Engng. 10, 235-261 (2013)







Effect of adhesion in 2D



Palecek et al., Nature 385, 537-540 (1997)



Optimising motion in artificial ECM



Upscaling the information



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extracellular liquid









Volume of the sample



 $\frac{\partial}{\partial t}(\phi_c) + \nabla \cdot (\phi_c \mathbf{v}_c) = \Gamma_c \square \longrightarrow \frac{\partial \phi_{c_i}}{\partial t} + \nabla \cdot (\phi_{c_i} \mathbf{v}_{c_i}) = \Gamma_{c_i}$

Only tumour cells in 3D

1. Constant density $\vec{\varphi} + \nabla \cdot (\vec{\varphi} \mathbf{v}) = \Gamma \implies \nabla \cdot \mathbf{v} = \frac{\Gamma}{\bar{\varphi}}$

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2. Potential flow assumption $\mathbf{v} = \nabla \Psi$

 $\begin{cases} \nabla^2 \Psi = \frac{\Gamma}{\bar{\varphi}} \\ \mathbf{n} \cdot \frac{d\mathbf{x}_T}{dt} = \mathbf{n} \cdot \nabla \Psi \\ \Psi = 0, \quad \text{on free part of the boundary} \\ 0 \qquad \text{on obstacles} \end{cases}$

n



Extracellular liquid

 $\frac{\partial \phi_{\ell}}{\partial t} + \nabla \cdot (\phi_{\ell} \mathbf{v}_{\ell}) = \Gamma_{\ell}$

ECM components

$$\frac{\partial \phi_{\alpha}}{\partial t} + \nabla \cdot (\phi_{\alpha} \mathbf{v}_{\alpha}) = \Gamma_{\alpha}$$
saturation
$$\sum_{\alpha} \phi_{\alpha} = 1$$
closed mixture assumption
$$\nabla \cdot \sum_{\alpha=c,m,\ell,v} (\phi_{\alpha} \mathbf{v}_{\alpha}) = \sum_{\alpha=c,m,\ell,v} \Gamma_{\alpha} = \mathbf{0}$$
Constrained
mixture
assumption
$$\nabla \cdot \mathbf{v} = \sum_{\alpha=c,m,\ell,v} \Gamma_{\alpha} = \mathbf{0}$$
Potential flow assumption
$$\nabla \cdot \mathbf{v} = \sum_{\alpha=c,m,\ell,v} \Gamma_{\alpha} = \mathbf{0}$$
Potential flow assumption
$$\mathbf{v} = \nabla \Psi$$



Macklin & Lowengrub JTB (2008)



Momentum balance equations

$$\frac{d}{dt} \int_{\mathcal{V}} \rho \phi_c \mathbf{v}_c \, dV = -\int_{\partial \mathcal{V}} \rho \phi_c \mathbf{v}_c (\mathbf{v}_c \cdot \mathbf{n}) \, d\Sigma + \int_{\partial \mathcal{V}} \widetilde{\mathbf{T}}_c^T \mathbf{n} \, d\Sigma + \int_{\mathcal{V}} \widetilde{\mathbf{m}}_c \, dV + \int_{\mathcal{V}} \rho \Gamma_c \mathbf{v}_c \, dV + \int_{\mathcal{V}} \rho \phi_c \mathbf{b}_c \, dV \,,$$

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$$\rho\phi_c\left(\frac{\partial\mathbf{v}_c}{\partial t} + \mathbf{v}_c\cdot\nabla\mathbf{v}_c\right) = \nabla\cdot\widetilde{\mathbf{T}}_c + \rho\phi_c\mathbf{b}_c + \widetilde{\mathbf{m}}_c$$

$$\rho\phi_{\ell}\left(\frac{\partial\mathbf{v}_{\ell}}{\partial t} + \mathbf{v}_{\ell}\cdot\nabla\mathbf{v}_{\ell}\right) = \nabla\cdot\widetilde{\mathbf{T}}_{\ell} + \rho\phi_{\ell}\mathbf{b}_{\ell} + \widetilde{\mathbf{m}}_{\ell}$$

$$\rho\phi_m\left(\frac{\partial\mathbf{v}_m}{\partial t} + \mathbf{v}_m \cdot \nabla\mathbf{v}_m\right) = \nabla \cdot \widetilde{\mathbf{T}}_m + \rho\phi_m \mathbf{b}_m + \widetilde{\mathbf{m}}_m$$

Momentum balance equations

$$\begin{split} \frac{d}{dt} \int_{\mathcal{V}} \rho \phi_{c} \mathbf{v}_{c} \, dV &= -\int_{\partial \mathcal{V}} \rho \phi_{c} \mathbf{v}_{c} (\mathbf{v}_{c} \cdot \mathbf{n}) \, d\Sigma + \int_{\partial \mathcal{V}} \widetilde{\mathbf{T}}_{c}^{T} \mathbf{n} \, d\Sigma \\ &+ \int_{\mathcal{V}} \widetilde{\mathbf{m}}_{c} \, dV + \int_{\mathcal{V}} \rho \Gamma_{c} \mathbf{v}_{c} \, dV + \int_{\mathcal{V}} \rho \phi_{c} \mathbf{b}_{c} \, dV \,, \\ \rho \phi_{c} \left(\frac{\partial \mathbf{v}_{c}}{\partial t} + \mathbf{v}_{c} \cdot \nabla \mathbf{v}_{c} \right) &= \nabla \cdot \widetilde{\mathbf{T}}_{c} + \rho \phi c \mathbf{b}_{c} + \widetilde{\mathbf{m}}_{c} \\ & \left\{ \frac{\partial \phi_{\alpha}}{\partial t} + \nabla \cdot (\phi_{\alpha} \mathbf{v}_{\alpha}) = \Gamma_{\alpha} \,, \\ \nabla \cdot \widetilde{\mathbf{T}}_{\alpha} + \widetilde{\mathbf{m}}_{\alpha} = \mathbf{0} \,, \end{array} \right.$$

Darcy's law



Brinkman equation

$$-\phi_{\ell}\nabla P + \mu \nabla^{2}\mathbf{v} - \phi_{\ell}^{2}\mathbf{K}^{-1}\mathbf{v}_{\ell}$$

$$\rho\phi_{\ell}\left(\frac{\partial\mathbf{v}_{\ell}}{\partial t} + \mathbf{v}_{\ell} \cdot \nabla\mathbf{v}_{\ell}\right) = \nabla \cdot \widetilde{\mathbf{T}}_{\ell} + \rho\phi_{\ell}\mathbf{b}_{\ell} + \widetilde{\mathbf{m}}_{\ell}$$

Brinkman equation





$$\frac{\partial \varphi_1}{\partial t} + \nabla \cdot (\varphi_1 \mathbf{v}_{\mathbf{X}}) = \Gamma_1 \checkmark$$

$$\frac{\partial \varphi_2}{\partial t} + \nabla \cdot (\varphi_2 \mathbf{v}_{\mathbf{X}}) = \Gamma_2 \qquad \mathbf{v} = \mathbf{M}^{-1} \nabla \lambda$$

$$\nabla \cdot \mathbf{T} - \mathbf{M} \mathbf{v} = \mathbf{0}$$

$$\int \varphi_1 + \varphi_2 = \text{const}$$

$$\mathbf{T} = \lambda \mathbf{I} + \dots$$



Back to the continuous model



$$\frac{\partial \phi_c}{\partial t} + \nabla \cdot (\phi_c \mathbf{v}_c) = \Gamma_c \,,$$

$$\nabla \cdot \mathbf{T}_{c} + \mathbf{m}_{cm} = \mathbf{0}$$

$$\mathbf{v}_{c} = -\mathbf{K} \nabla \cdot \mathbf{T}_{c}$$

Motility tensor











$$\frac{\partial \phi_c}{\partial t} + \nabla \cdot \left(\phi_c \mathbf{v}_c\right) = \Gamma_c \boldsymbol{\cdot} - \left[\gamma_c^i \mathcal{H}_{\varepsilon}(\psi_0^i - \psi) - \delta_c^i\right] \phi_c^i$$
$$\mathbf{v}_c = \alpha \frac{\left[A_m(\phi_m) - A_0\right]_+}{\left(1 + \frac{A_m(\phi_m) - A_0}{A_1}\right)^n} \nabla \cdot \mathbf{T}_c$$





Growth below a thick region of ECM











1



Effect of nucleus deformability





Heterogeneus ECM







Tumour compartimentalization and invasion



Membrane problem

$$\begin{array}{c} \mathcal{D}_{3} \\ \mathcal{D}_{2} \\ \mathcal{D}_{1} \end{array} \begin{array}{c} \mathbf{n}_{l} \\ \mathcal{D}_{2} \\ \mathcal{D}_{1} \end{array} \begin{array}{c} \mathcal{D}_{1} \\ \mathcal{D}_{2} \\ \mathcal{D}_{1} \end{array}$$

$$= \mu_1 n_1 \nabla p \cdot \mathbf{n} = \mu_3 n_3 \nabla p \cdot \mathbf{n}, \quad \text{where } \tilde{\mu}_2 = \lim_{\epsilon \to 0} \frac{\mu_2}{\epsilon}$$
$$\Pi'(n) := n \, p'(n),$$

Generalization to more cell populations

$$\left[\Pi\left(n_{2}\right)\right] = \sum_{\alpha=1}^{N} \frac{\mu_{1}^{\alpha}}{\tilde{\mu}_{2}^{\alpha}} n_{1}^{\alpha} \nabla p\left(n_{2}\right) \cdot \mathbf{n} = \sum_{\alpha=1}^{N} \frac{\mu_{3}^{\alpha}}{\tilde{\mu}_{2}^{\alpha}} n_{3}^{\alpha} \nabla p\left(n_{3}\right) \cdot \mathbf{n}, \quad \text{on } \Sigma,$$



$$\begin{cases} \frac{\partial n}{\partial t} = \nabla \cdot (\mu n \nabla p(n)) + \Gamma, \\ \llbracket \mu n \mathbf{n} \cdot \nabla p(n) \rrbracket = 0, & \text{on } \Sigma, \\ \tilde{\mu} \llbracket \Pi \rrbracket = \mu n \mathbf{n} \cdot \nabla p(n), & \text{on } \Sigma, \end{cases}$$

where

 $\Pi'(n) := n \, p'(n),$

if
$$p(n) = P \ln \frac{n}{n_0} \longrightarrow \tilde{\mu}[n] = \mu \mathbf{n} \cdot \nabla n \longrightarrow \frac{\text{Kadem-Katchalsky}}{\text{interface condition}}$$

 \mathcal{D}_{in}

Stationary 1D problem







 $\varepsilon = 0.1$

membrane

Unsteady 1D problem


























Invasion of ovary cancer cells



5) Proliferation

to establish metastatic lesions within the pelvic/abdominal cavity and organs

Invasion of ovary cancer cells

























Invasion of ovary cancer cells





Invasion of multicellular spheroids

Top view



Bottom view

Invasion of multicellular spheroids



Invasion of multicellular spheroids









Mechanosensing & mechanotransduction

Mechanosensing = How cells sense mechanical forces Mechano-transduction = How cells respond to mechanical signals, either directly or via the activation of signalling pathways



Sun, Chen, Fu, Forcing stem cells to behave: A biophysical perspective of the cellular microenvironment *Ann. Rev. Biophys.* **41**, 519-542 (2012)

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> Guilak, ... & Chen, Control of stem cells by physical interaction with the ECM, *Cell Stem Cell* **5**, 17-26 (2009)





Tumour-stroma interaction

Relations between ECM stiffness and cell tensile stress influencesProliferation

- Apoptosis
- Migration

Kass, Erler, Dembo & Weaver, Mammary epithelial cell Influence of ECM composition and organization during development and tumorigenesis *Int J Biochem Cell Biol* **39**, 1987-94 (2007)





Tumour-stroma interaction



Elastic modulus (Pa)

Butcher, Alliston & Weaver,

A tense situation: forcing tumour progression

Nat Rev Cancer 9, 108-122 (2009)

Diseases of mechanotransduction

Cardiology

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Dermatology Gastroenterology

Nephrology

Neurology

Angina (vasospasm) Atheroscierosis Atrial fibrillation Heart failure Hypertension. Intimal hyperplasia < Valve disease Scleroderma 🔫 Achalasia. irritable bowel syndrome Volvulusi Diabetic nephropath Giomeruloscierosis -Cerebral edema. Facial tics Hydrocephalus Migraine Stroke

Abnormal conversion of mechanical stress into intracellular gradients of electrical activity

Stretch activated signalling cascades due to stents and grafts

Abnormal ECM accumulation

Stretching of mesangial cells through ECM and integrins due to glomerular hypertension

Vasculature feels and adapt to shear and pressure

Ingber, Mechanobiology and diseases of mechanotransduction Annals Medicine **35**, 1-14 (2009)

Stutiening Dementhia



Openiogy	Cancer	Loss of contact inhibition
onconsgy	Metastasia	Matrix Metallo Proteinases
Opthalmology	Glaucoma	Excessive production of ECM
Orthopedics	Ankylosing spondylitis	1
	Carpal tunnel syndrome	
	Chronic back pain	
	Dupytren's contracture	
	Osteoporosis	— Insufficient mechanosensing
	Osteoarthritis	
	Rheumstoid arthritis	
Pediatrics	Collagenopathles	
	Congenital deatness	
	Mucopolysaccharidoses	
	Musculodystrophies	
	Osteochondropilasias	
	Polycystic kidney disease	
	Pulmonary hypertension of n	ewbarn
Pulmonary medicine	ARDS	
	Asthma	Enhanced ECM breakdown
	Emphysema	
	Pulmonary fibrosis	Excessive ECM
	Pulmonary hypertension	
	Ventilator Injury	Cell hypercontractility
Reproductive medicine	Pre-ectampsia	
	Sexual dysfunction (male & f	emale) 🧧
Urology	Urinary frequency/incontinen	Ce internet in the second s

Mechano-reciprocity









Mechano-reciprocity

- It mantains tensional homeostasis in the tissue
- It is necessary for development and tissue-specific differentiation
- Its loss promotes disease progression, including liver fibrosis, atherosclerosis and cancer Increasing stiffness in breast tumours



Figure 1. Cells are tuned to the materials properties of their matrix All cells, including those in traditionally mechanically static tissues, such as the breast or the brain, are exposed to isometric force or tension that is generated locally at the nanoscale level by cell–cell or cell–extracellular matrix interactions and that influences cell function through actomyosin contractility and actin dynamics. Moreover, each cell type is specifically tuned to the specific tissue in which it resides. The brain, for instance, is infinitely softer than bone tissue. Consequently, neural cell growth, survival and differentiation are favoured by a highly compliant matrix. By contrast, osteoblast differentiation and survival occurs optimally on stiffer extracellular matrices with material properties more similar to newly formed bone. Normal mammary epithelial cell growth, survival, differentiation and morphogenesis are optimally supported by interaction with a soft matrix. Following transformation, however, breast tissue becomes progressively stiffer and tumour cells become significantly more contractile and hyper-responsive to matrix compliance cues. Normalizing the tensional homeostasis of tumour cells, however, can revert them towards a non-malignant phenotype⁶,



Stem cell-based therapies for PD. PD leads to the progressive death of DA neurons in the substantia nigra and decreased DA innervation of the striatum, primarily the putamen. Stem cell-based approaches could be used to provide therapeutic benefits in two ways: first, by implanting stem cells modified to release growth factors, which would protect existing neurons and/or neurons derived from other stem cell treatments; and second, by transplanting stem cell-derived DA neuron precursors/neuroblasts into the putamen, where they would generate new neurons to ameliorate disease-induced motor impairments.

Lindvall, Kokaia, Stem cells in human neurodegenerative disorders: Time for clinical translation? *J. Clinical Inv* **120**, 29-40 (2010)

Progress stem cells for the treatment of neurological disorders, Nature 441 1094-1096 (2006)



Stem cell-based therapies for ALS. ALS leads to degeneration of motor neurons in the cerebral cortex, brainstem, and spinal cord. Stem cell-based therapy could be used to induce neuroprotection or dampen detrimental inflammation by implanting stem cells releasing growth factors. Alternatively, stem cell-derived spinal motor neuron precursors/neuroblasts could be transplanted into damaged areas to replace damaged or dead neurons.

Lindvall, Kokaia, Stem cells in human neurodegenerative disorders: Time for clinical translation? *J. Clinical Inv* **120**, 29-40 (2010) Progress stem cells for the treatment of neurological disorders, *Nature* **441** 1094-1096 (2006)



Stem cell-based therapies for AD. AD leads to neuronal loss in the basal forebrain cholinergic system, amygdala, hippocampus, and cortical areas of the brain; formation of neurofibrillary tangles; and β-amyloid protein accumulation in senile plaques. Stem cell-based therapy could be used to prevent progression of the disease by transplanting stem cells modified to release growth factors. Alternatively, compounds and/or antibodies could be infused to restore impaired hippocampal neurogenesis.

Lindvall, Kokaia, Stem cells in human neurodegenerative disorders: Time for clinical translation? *J. Clinical Inv* **120**, 29-40 (2010)

Progress stem cells for the treatment of neurological disorders, Nature 441 1094-1096 (2006)



Stem cell-based therapies for stroke. Ischemic stroke leads to the death of multiple neuronal types and astrocytes, oligodendrocytes, and endothelial cells in the cortex and subcortical regions. Stem cell-based therapy could be used to restore damaged neural circuitry by transplanting stem cell-derived neuron precursors/neuroblasts. Also, compounds could be infused that would promote neurogenesis from endogenous SVZ stem/progenitor cells, or stem cells could be injected systemically for neuroprotection and modulation of inflammation.

Lindvall, Kokaia, Stem cells in human neurodegenerative disorders: Time for clinical translation? *J. Clinical Inv* **120**, 29-40 (2010)

Progress stem cells for the treatment of neurological disorders, Nature 441 1094-1096 (2006)





l interference (modification) l knock-out (deletion) V. te Baekhorst, L. Preziosi, P. Friedl Plasticity of cell migration *in vivo* and *in silico Ann. Rev. Cell Dev. Biol.* **32** (2016)