CARTopiaX: an Agent-Based Simulation of CAR T-Cell Therapy built with BioDynaMo and ROOT

ROOT Users Workshop 2025, UPV-Valencia

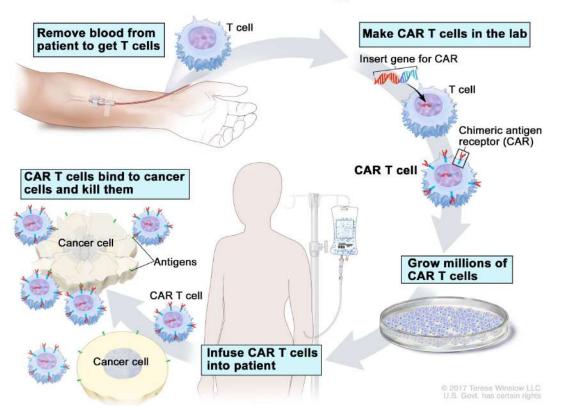


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CAR T-cell Therapy

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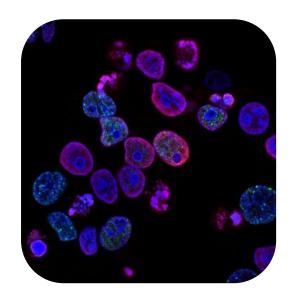
CAR T-cell therapy: A type of immunotherapy that engineers T-cells to recognize and kill cancer cells.

Image ref:

https://www.cancer.gov/publications/dictionaries/cancer-terms/def/car-t-cell-therapy

CAR T-cell Therapy: the Challenge

- It has been proven effective in leukemia and other blood cancers.
 - In the literature, many robust models, typically based on differential equations, simulate CAR T treatment in blood cancers.
- However, CAR T still remains limited in solid tumors due to unique tumor microenvironmental factors.
 - Researchers need models to try different <u>treatment</u> <u>techniques</u> and scenarios in order to improve CAR
 T performance. However, **very few models** exist for these types of cancers, and much less data is available.



State-of-the-art model

- "In silico study of heterogeneous tumour-derived organoid response to CAR T-cell therapy" (Nature) presents an ABM simulating CAR T-cell therapy in tumor-derived organoids.
- Agent-Based Modeling (ABM) is a computational approach in which individual entities, such as cells, are represented as autonomous agents with defined behaviors and interactions. This makes it particularly suitable for studying the complex local dynamics of solid tumor microenvironments.

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Check for updates

OPEN In silico study of heterogeneous tumour-derived organoid response to CART-cell therapy

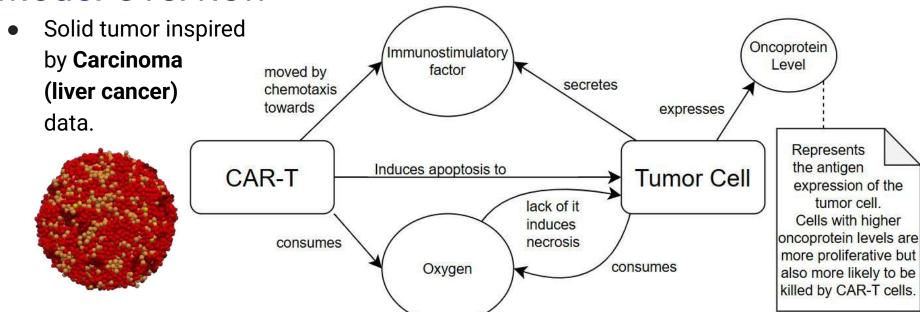
Luciana Melina Luque [12], Carlos Manuel Carlevaro 2,3, Enrique Rodriguez-Lomba 6 & Enrique Lomba 6

Chimetic antigen receptor (CAR) T-cell therapy is a promising immunotherapy for treating cancers. This method consists in modifying the patients' T-cells to directly target antigen-presenting cancer cells. One of the barriers to the development of this type of therapies, is target antigen heterogeneity. It is thought that intratumour heterogeneity is one of the leading determinants of therapeutic resistance and treatment failure. While understanding antigen heterogeneity is important for effective

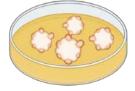
Luque, L.M., Carlevaro, C.M., Rodriguez-Lomba, E. et al. In silico study of heterogeneous tumour-derived organoid response to CAR T-cell therapy. *Sci Rep* 14, 12307 (2024).

https://doi.org/10.1038/s41598-024-63125-5

Model Overview



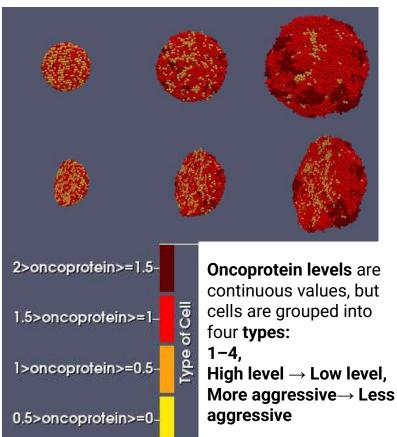
- Model calibrated to replicate experimental observations from wet-lab studies.
- Enables evaluation of multiple therapeutic strategies without the cost or time of laboratory experiments.
- Captures complex cell microenvironmental interactions.



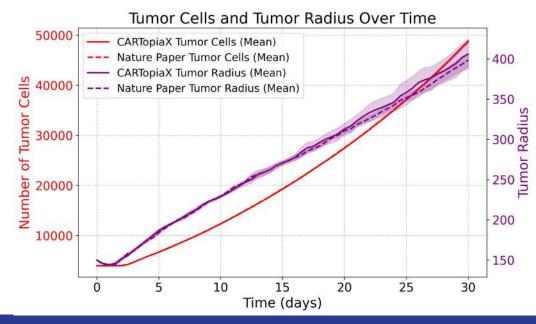
CARTopiaX: CAR T ABM on BioDynaMo

- Although Luciana Melina Luque et al. present a significant advancement from the biological perspective, we observe that aspects such as execution performance, code readability, extensibility, and maintainability could still be improved.
- Our goal was to improve this model by developing <u>CARTopiaX</u>: an agent-based simulation using the mathematical framework from the *Nature* paper to <u>replicate its results</u> while leveraging <u>BioDynaMo</u> and <u>ROOT</u> capabilities.
- <u>BioDynaMo</u> is a high-performance open-source platform for large-scale, high-performance and modular biological modeling built on the <u>ROOT</u> framework for efficient simulation and data management.

30-day evolution of a 150 µm radius tumor with no CAR T-cell treatment

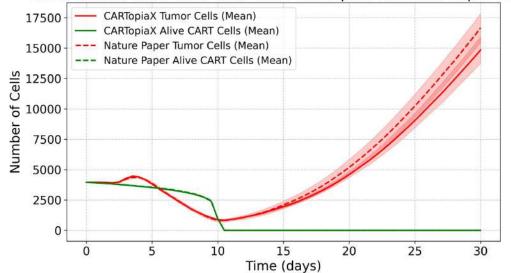


- All graphs compare CARTopiaX results with the Nature paper model, demonstrating a successful replication.
- All simulations in this presentation were run five times to ensure statistical validity.
- The lines represent the average results, and the shaded areas indicate the standard deviation.

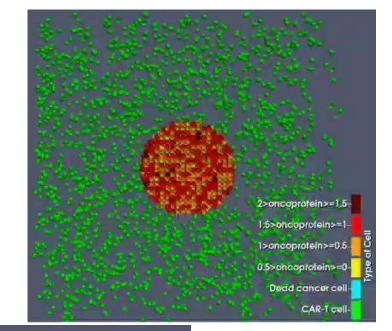


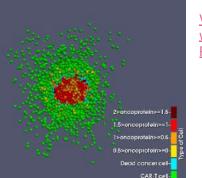
One dose of scale 1:1, 30-day evolution

Tumor & Alive CART Cells Over Time: CARTopiaX vs Nature Paper Model



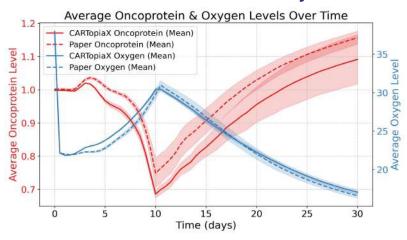
- A single dose containing the same number of CAR T cells as tumor cells is administered on day 0.
- Dead and resistant cells form a shield around the solid tumor, hindering CAR T-cell infiltration and therefore its effectiveness.

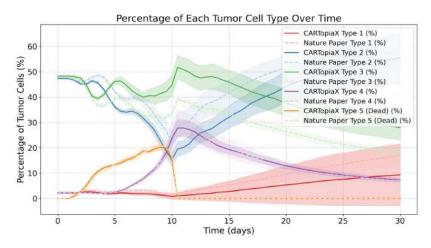




<u>Visualization of a sliced tumor</u> <u>with CAR-T cells (in green) in</u> ParaView

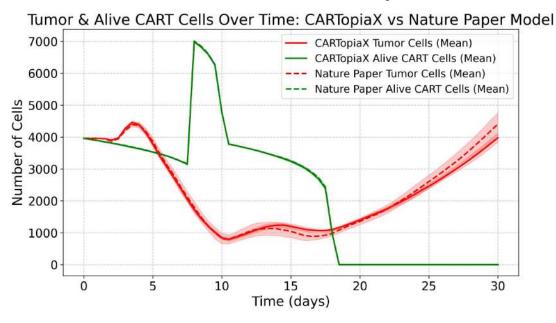
One dose of scale 1:1, 30-day evolution



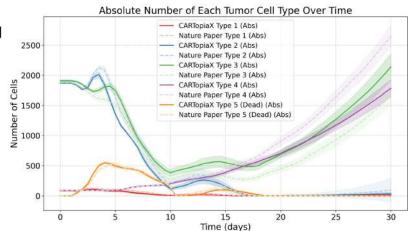


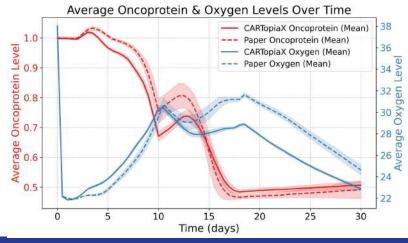
- Even though the graphs of CARTopiaX and the Nature paper model do not always overlap, this is due to substantial known
 differences in their modeling approaches and stochastic nature. What matters is that the overall behaviors are accurately
 replicated, as scientists are primarily interested in these peaks and trends when designing treatments.
- CAR T-cells are administered on day 0 and die stochastically until at most day 10.
- <u>Before day 10</u>: CAR-T cells are still present.
 - Oxygen levels increase as both CAR T and tumor cells die, leading to lower overall oxygen consumption.
 - The average **oncoprotein level and Type 1 and 2 cells decrease rapidly**, since CAR T-cells preferentially kill the most aggressive cancer cells.
- After day 10: CAR T-cells are completely gone.
 - Oxygen levels decrease again as the tumor resumes growth.
 - Oncoprotein levels rise, and Type 1 and 2 cells increase their proportion in the tumour at the expense of Type 3 and 4, as high-expressers proliferate faster.

Two doses with scale 1:1, 30-day evolution



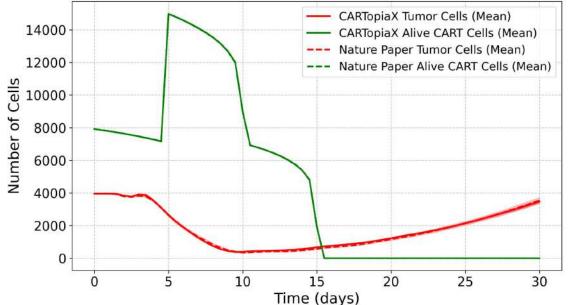
- Two-Dose Treatment: Administration of CAR T-cells in each dose equal to the number of cells in the initial tumor, delivered on day 0 and day 8.
- On day 30 there are around 4000 tumor cells ->this treatment is much more effective than applying a single 1:1 dose on day 0 (which resulted in ~15000 cells).





Example of replicated result: Less is better, increasing cellular dosage does not always increase efficacy

Tumor & Alive CART Cells Over Time: CARTopiaX vs Nature Paper Model

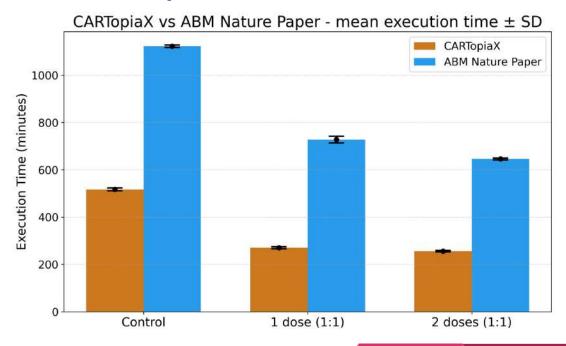


Increasing CAR T-cell dosage does **not necessarily improve** tumor killing and can **increase toxicity**. The model suggests two doses at a 1:1 CAR T-to-cancer cell ratio, balancing effectiveness and safety while minimizing inactive 'free' CAR T-cells.

- Two-Dose Treatment:
 Each dose contains
 CAR T-cells in a quantity
 twice the initial tumor cell
 count, delivered on day 0
 and day 5.
- By day 30, the number of tumor cells is roughly the same as before, despite using twice the amount of CAR T-cells.

Preliminary Performance Comparison:

- Time comparison for a 30-day simulation with 3957 initial cancer cells and:
 - No CAR-T treatment.
 - 1 Dose of 3957 CAR-T cells on day 0.
 - 2 Doses of 3957 CAR-T cells on days 0 and 8.
- Simulations were run 5 times varying the seed.
- Hardware used: AMD Ryzen 5 3600,
 6 cores / 12 threads, 16 GB RAM



CARTopiaX runs more than twice as fast thanks to <u>BioDynaMo</u> and <u>ROOT</u> capabilities, and we expect even greater gains once profiling and parameter tuning are applied.

CARTopiaX achievements and future work

- <u>Faster simulations</u>: Quickly run scenarios to enable rapid iteration, robust analysis and faster hypothesis testing.
- <u>Clean, readable code</u>: Built with C++ best practices, making it easy to understand, maintain and adapt for new experiments.
- Extensible design: A modular structure supports easy customization, encourages collaboration, and fosters a growing open-source ecosystem for exploring new scenarios and adding relevant elements in CAR T research.
- After developing <u>CARTopiaX</u> during **2025 Google Summer of** Code, our intention is to extend the model and address new biologically relevant questions of interest to researchers.



Thank you for your attention

Questions are welcome.

Salvador de la Torre Gonzalez







