

Modeling Intestinal Glucose Absorption from D-Xylose Data

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Section 1

Introduction

Motivations

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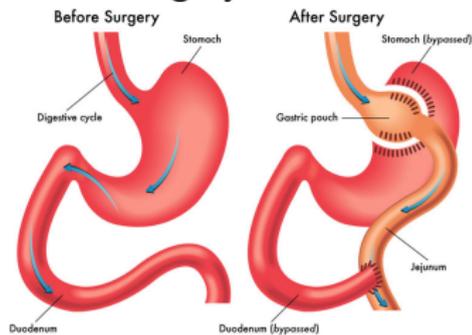
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More recent observation: **abnormal Intestinal Glucose Absorption (IGA)**

Motivations

- **bariatric surgery** is primarily used to reduce stomach and intestinal size to manage obesity

RYGB surgery

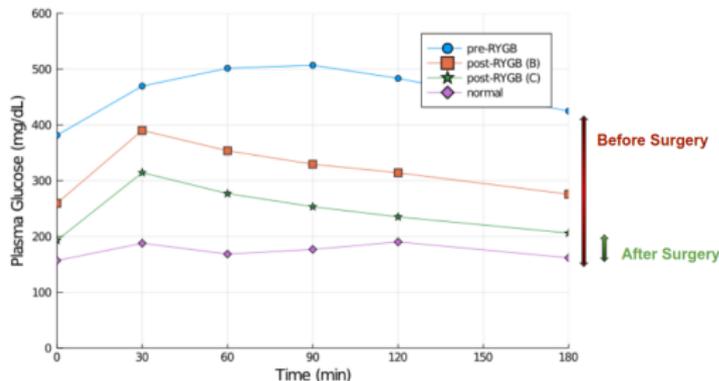


[Baud et al., Cell Metabolism, 2016]

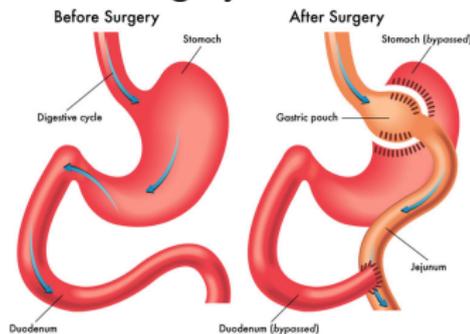
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- **bariatric surgery** is primarily used to reduce stomach and intestinal size to manage obesity
- but is also has a **strong (side) effect on metabolism**

Postprandial glucose response



RYGB surgery

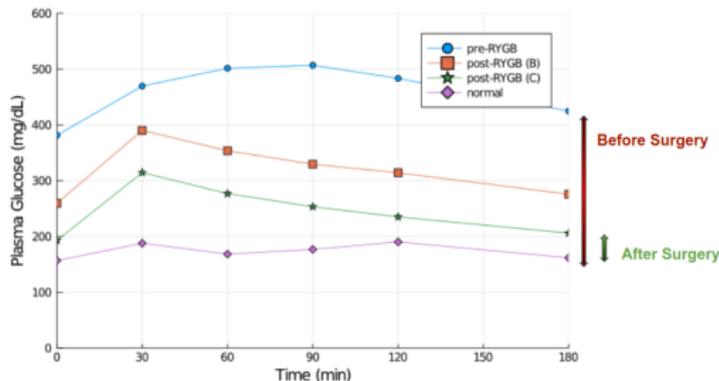


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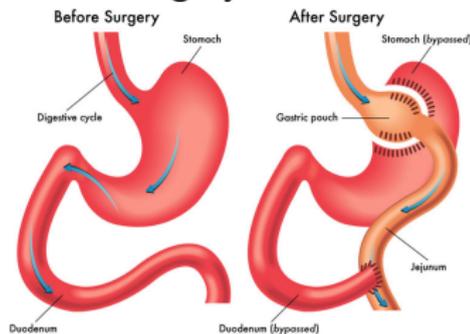
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⇒ RYGB reduces IGA which improves glucose homeostasis restoration

Objectives

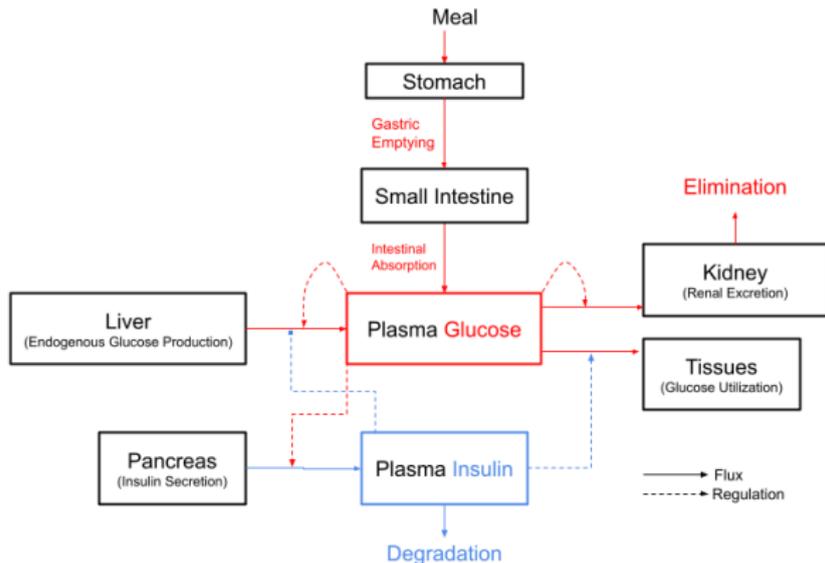
- (*long term*) model-based understanding of the role of IGA in postprandial glucose response
- (*now*) predict the rate of IGA from postprandial data

Model-based understanding of IGA

- many existing models of glucose homeostatis [Mari et al. 2020]

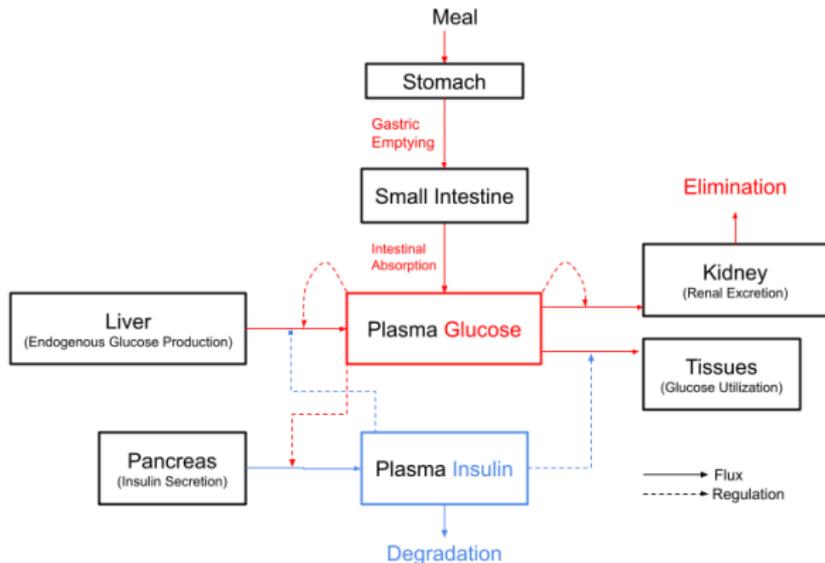
Model-based understanding of IGA

- many existing models of glucose homeostasis [Mari et al. 2020]
- State of the art model of postprandial glucose dynamics [Dalla Man et al., 2007]



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- **complex ODE model** (12 variables, 36 parameters)



Model-based understanding of IGA

Dalla Man's model can hardly predict bariatric surgery [Dursoniah et al. BIOTECHNO 2021] because of

- over simplified intestinal tract
- parameter identifiability issues

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Also, its calibration needs **monitoring of IGA** which either requires:

- access to portal vein (almost impossible), or
- use of tracer protocols (too complex to set up in a clinical context).

Predicting IGA from D-Xylose data

Instead, we propose:

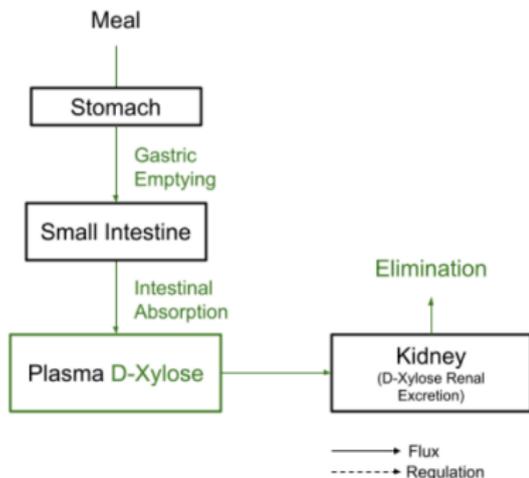
- to use a molecular marker (D-Xylose) simple to use in the clinical setting
- to design a simple model that focusses on intestinal absorption
- solve identifiability issues based on minipig experimental data

Predicting IGA rate from D-Xylose data

- D-Xylose is a glucose analogue

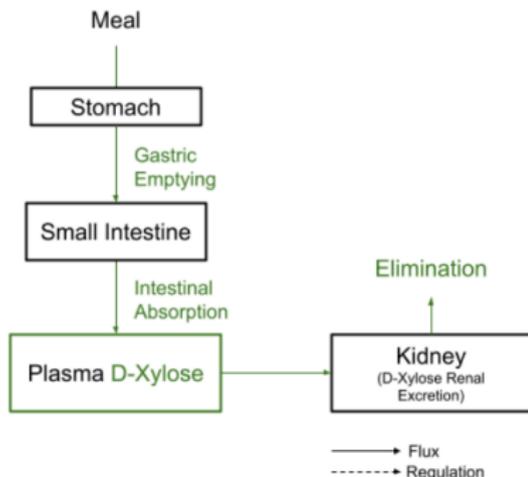
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- **absorbed like glucose** by the intestine



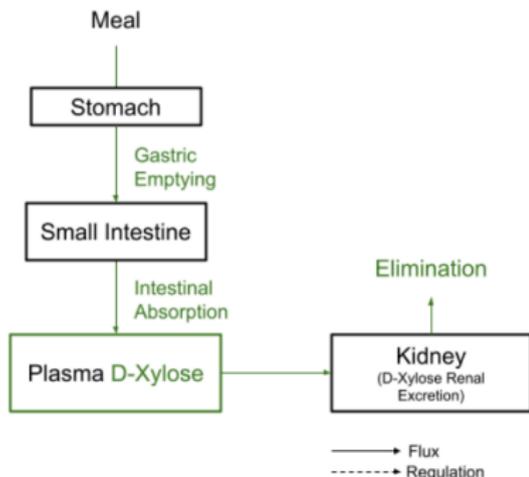
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- D-Xylose is a glucose analogue
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- unlike glucose, it is **not metabolized** (\Rightarrow no complex regulation)



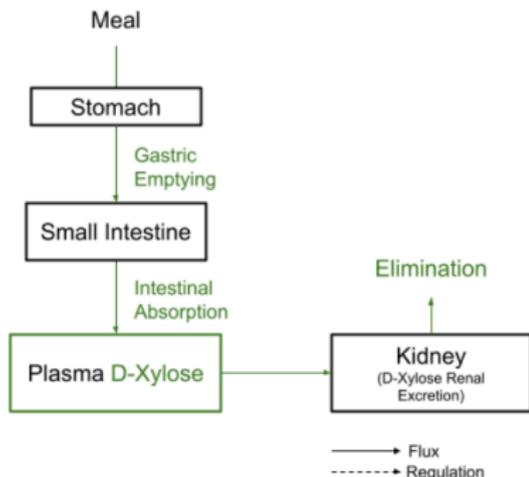
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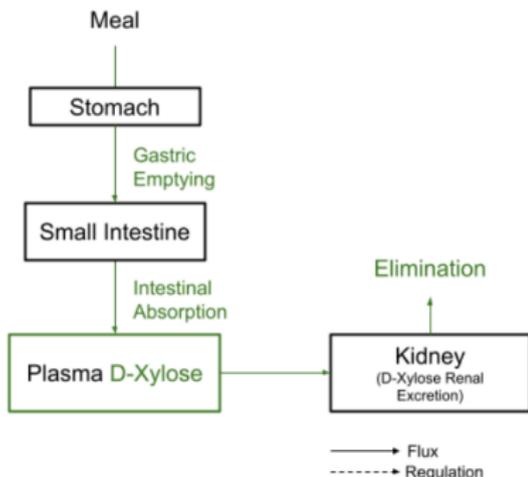
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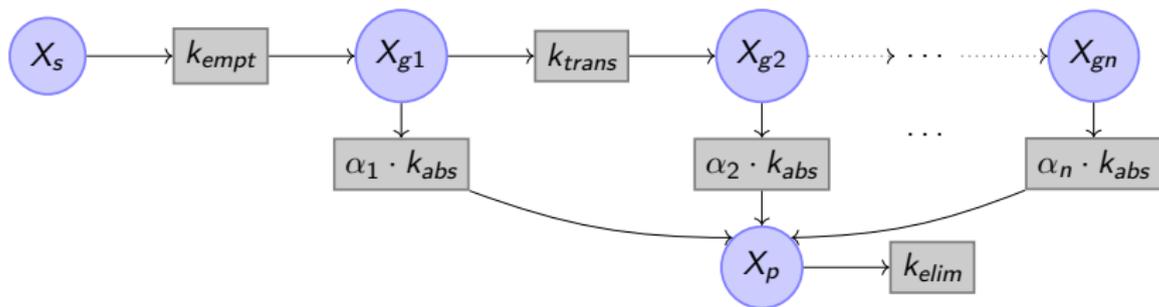
What can we learn about intestinal absorption from the observation of D-Xylose concentration in blood ?

Section 2

D-Xylose Mechanistic Model and Calibration

D-Xylose model

Chemical Reaction Network

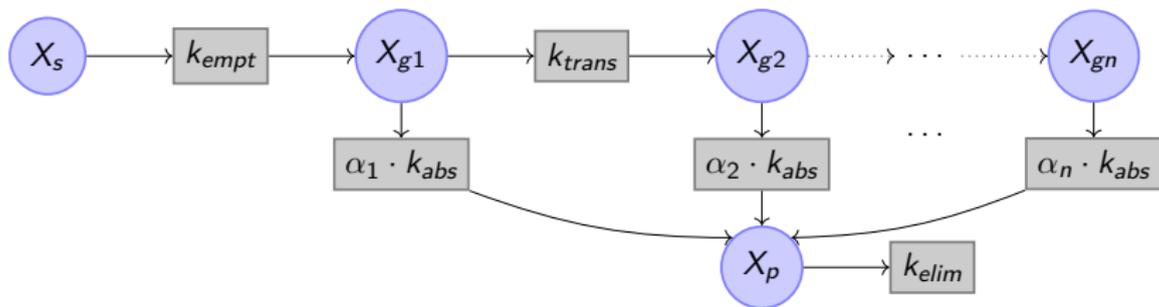


3 main parts:

- simple gastric emptying

D-Xylose model

Chemical Reaction Network

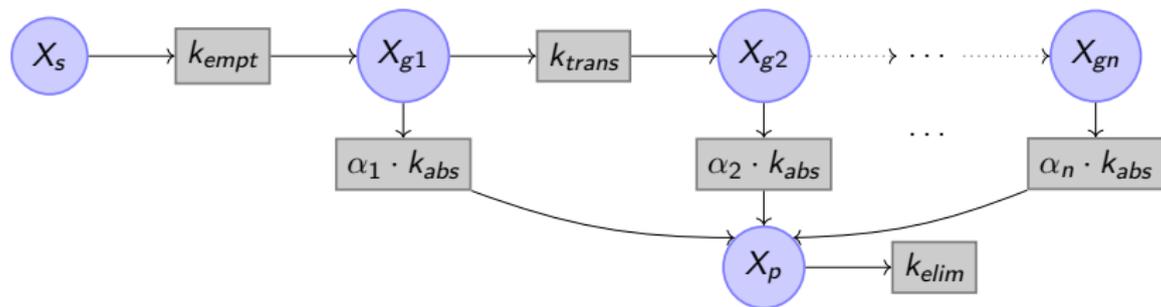


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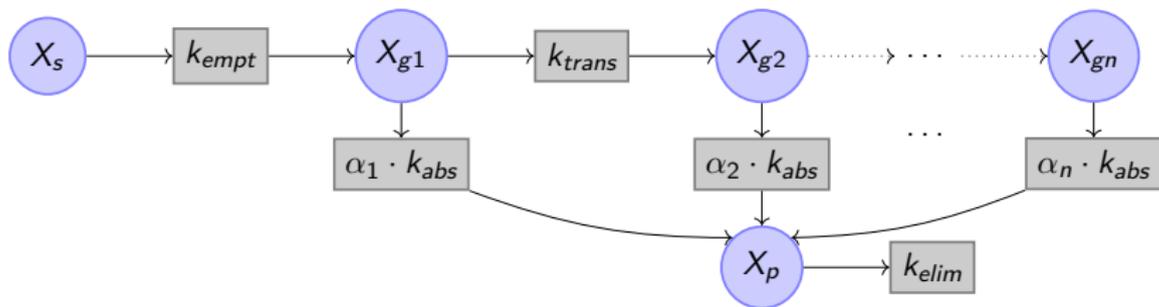


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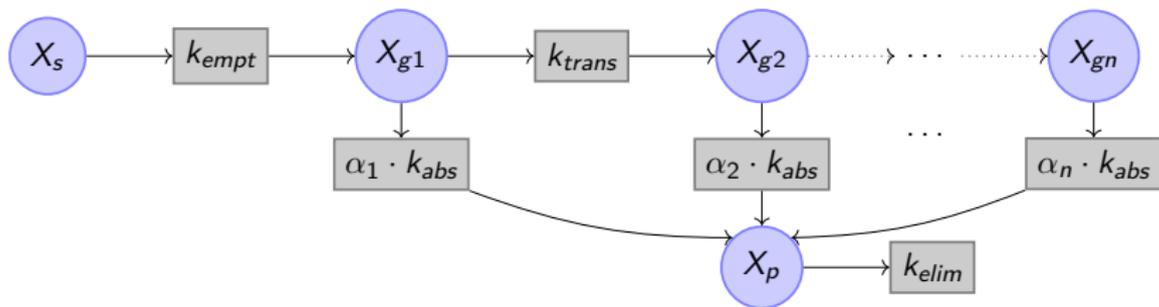


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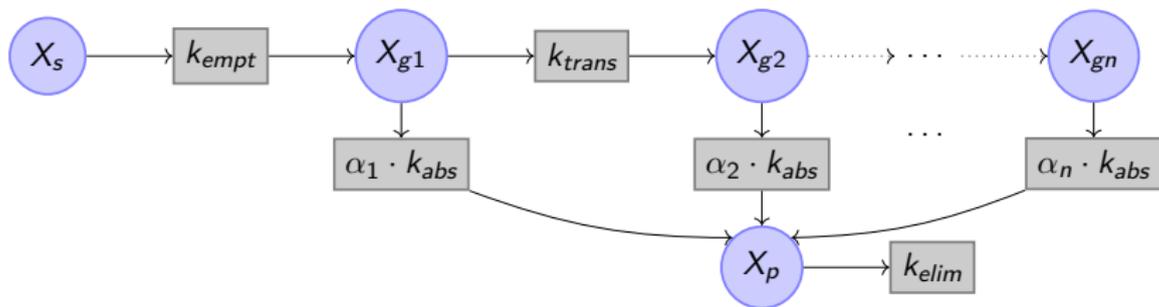


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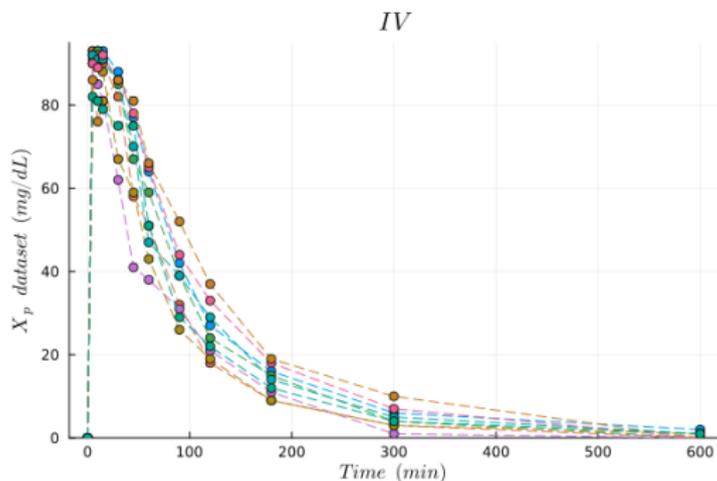


3 main parts:

- simple gastric emptying
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 - uniform intestinal transit
 - non-uniform intestinal absorption
- simple D-Xylose elimination
- 3 parameters of interest: k_{empt} , k_{abs} and k_{elim}

Minipig Experimental Datasets

Intravenous administration of 30g D-Xylose



Used to estimate the rate k_{elim} of D-Xylose elimination

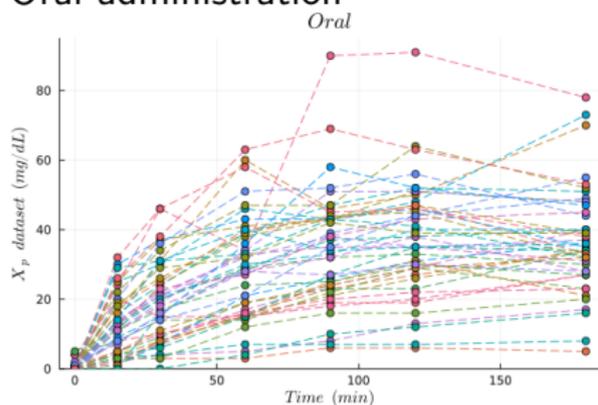
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Administration of mixed meal + 30g D-Xylose

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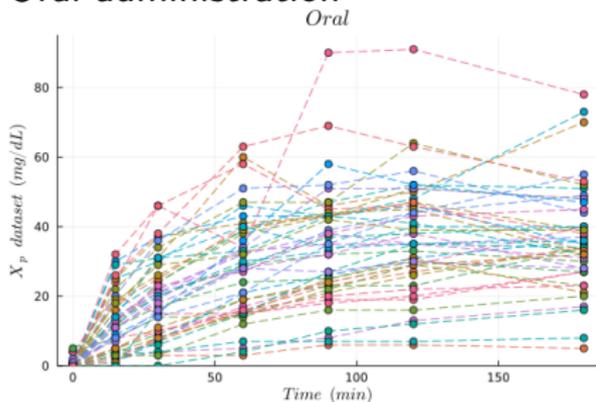
Oral administration



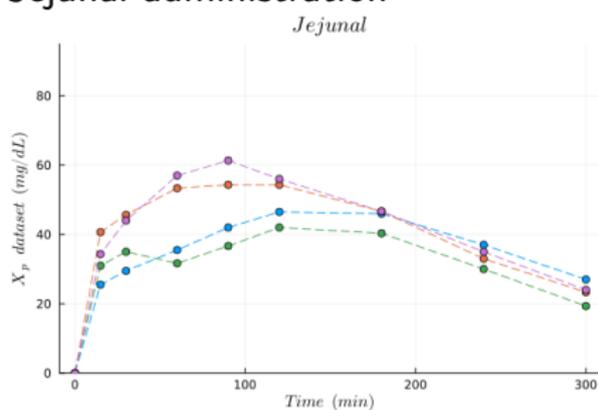
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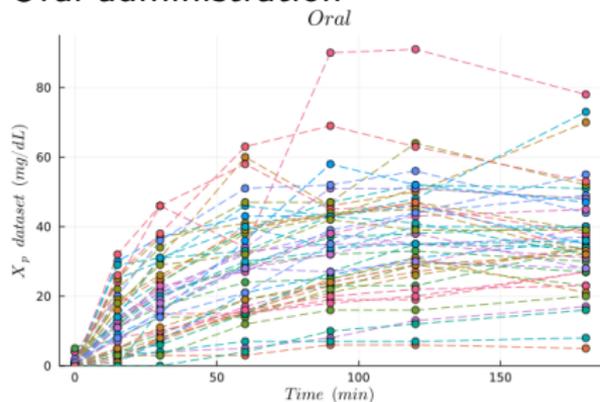
Jejunal administration



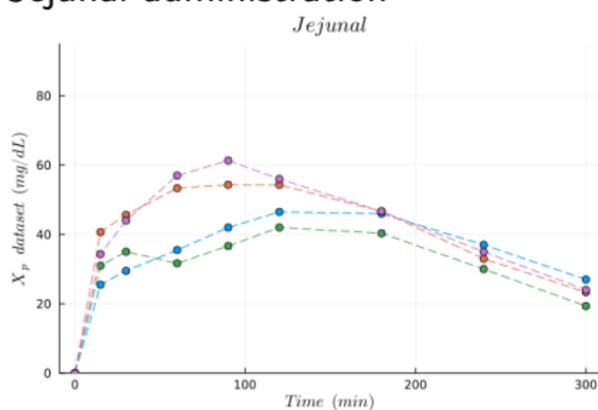
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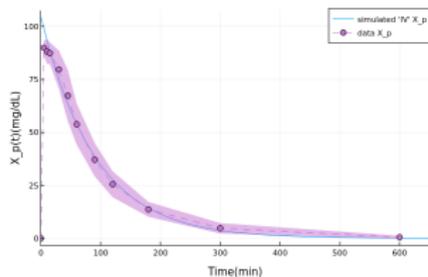


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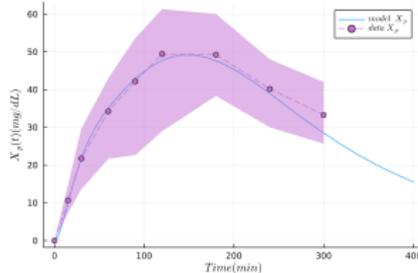


Used to estimate the rates k_{empt} of gastric emptying and k_{abs} of intestinal absorption.

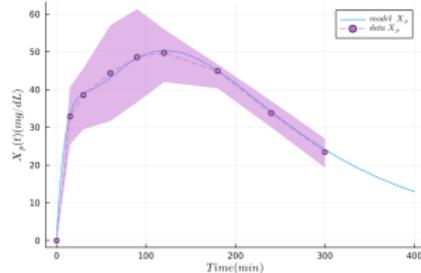
Parameter Estimation



Intravenous



Oral



Jejunal

Very good fitting of (mean) intravenous, oral and jejunal datasets

Parameter Estimation

Profil likelihood method was applied to study parameter identifiability

Parameters	C.I. lower bounds	C.I. upper bounds
k_{empt}	0.03737	0.09202
k_{abs}	0.22197	0.32798
k_{elim}	0.00622	0.00708

Our 3 parameters of interest are identifiable

Section 3

Gastric Emptying vs. Intestinal Absorption

Global Sensitivity Analysis

- Is our model accurate to study IXA from the observation of the DXylose concentration in plasma ?

Global Sensitivity Analysis

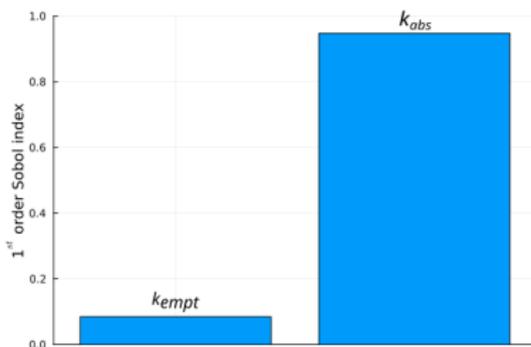
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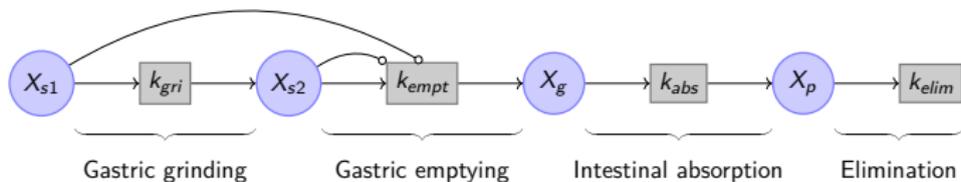
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- AUC_{RaX} : total quantity of DXylose absorbed after 3h
- Sensitivity analysis of AUC_{RaX} w.r.t. k_{empt} and k_{abs}



AUC_{RaX} is more sensitive to intestinal absorption than to gastric emptying

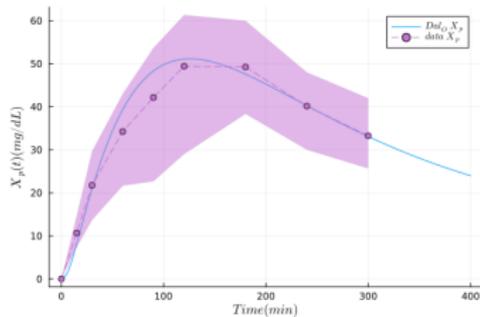
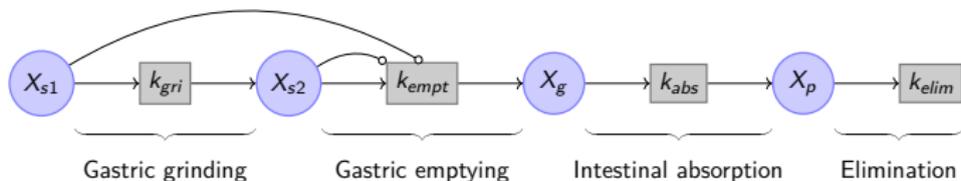
Model with complex gastric emptying

Alternative model focusing on gastric emptying [Dalla Man et al. 2006]

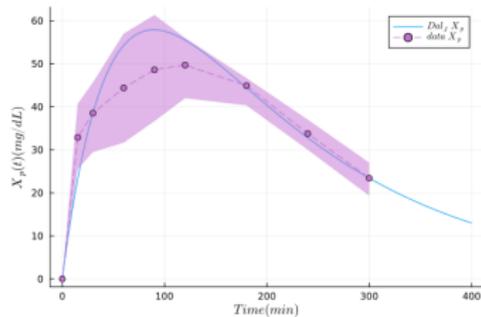


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Oral



Jejunal

Much less satisfying fitting

Conclusion and future work

Contributions

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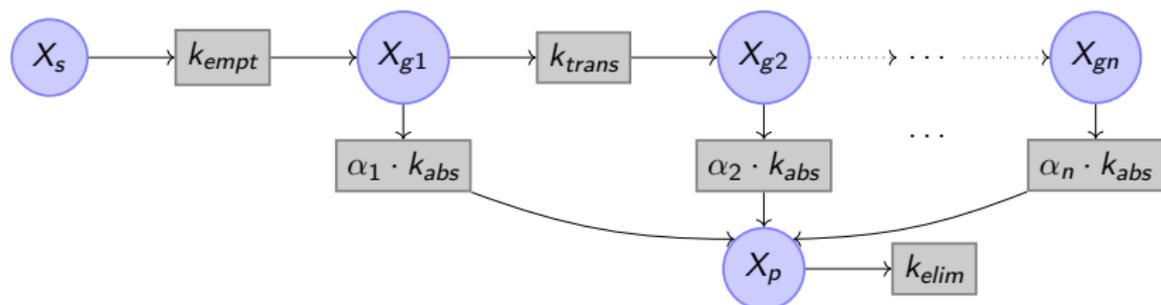
Future work

- Investigate this model with clinical datasets (ie. without jejunal experiments)
- Use DXylose model to predict glucose dynamics

Thank you for you attention

Any question ?

D-Xylose variables and parameters



Variables:

- X_s : stomach
- $X_{g1} \dots X_{gn}$: n gut compartments
- X_p : plasma

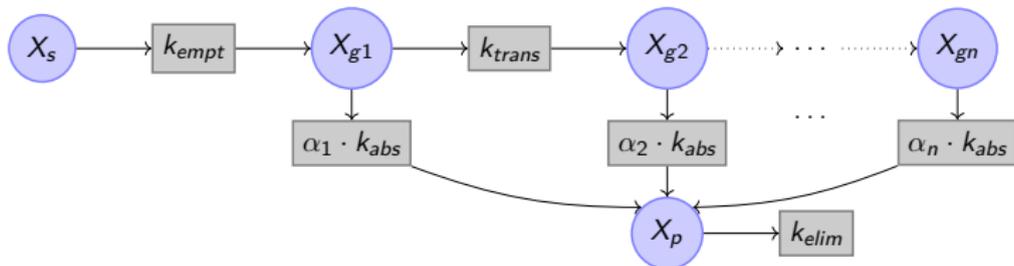
Parameters of interest:

- k_{empt} : rate of gastric emptying
- k_{abs} : **rate of intestinal absorption**
- k_{elim} : rate of xylose elimination

Other parameters:

- $\alpha_1 \dots \alpha_n$: distribution of absorption
- k_{trans} : rate of intestinal transit

From reaction network to ODEs



$$\dot{X}_s(t) = -k_{empt} \cdot X_s(t)$$

$$\dot{X}_{g1}(t) = k_{empt} \cdot X_s(t) - (\alpha_1 \cdot k_{abs} + k_{trans}) \cdot X_{g1}(t)$$

⋮

$$\dot{X}_{gn}(t) = k_{trans} \cdot X_{g_{n-1}}(t) - \alpha_n \cdot k_{abs} \cdot X_{gn}(t)$$

$$\dot{X}_p(t) = Ra_X(t) - k_{elim} \cdot X_p(t)$$

$$X_s(0) = \frac{D_X}{BW \cdot V_{D_X}(BW)}$$

$$X_{g1}(0) = 0$$

⋮

$$X_{gn}(0) = 0$$

$$X_p(0) = 0$$

$$Ra_X(t) = k_{abs} \cdot \left(\sum_{i=1}^n \alpha_i \cdot X_{gi}(t) \right)$$