### **Clinical Application of a Math Model of the HPT Axis for Personalized Euthyroid Targets**



## Melvin K.S. Leow

Senior Consultant, Dept of Endocrinology, TTSH 15 April 2015 (Wed) LKC SoM, Novena Campus Is there a need to personalise thyroid hormone targets for hypothyroid patients on L-thyroxine replacement?

# **Clinical Unmet Need**

- An estimated 200 million people worldwide who suffer from some form of thyroid disease – major endocrine metabolic epidemic after diabetes (Lancet Diabetes Endocrinol 2013)
- Up to 40% of all adults may have some degree of hypothyroidism
- A sizeable fraction of those defined as euthyroid continues to feel subnormal
- Suboptimal thyroid replacement may account for depression, hypertension, hypercholesterolemia, obesity, etc.
- Current approach is thus far from perfect

## Discordance between Pre-disease State & Euthyroidism on Treatment

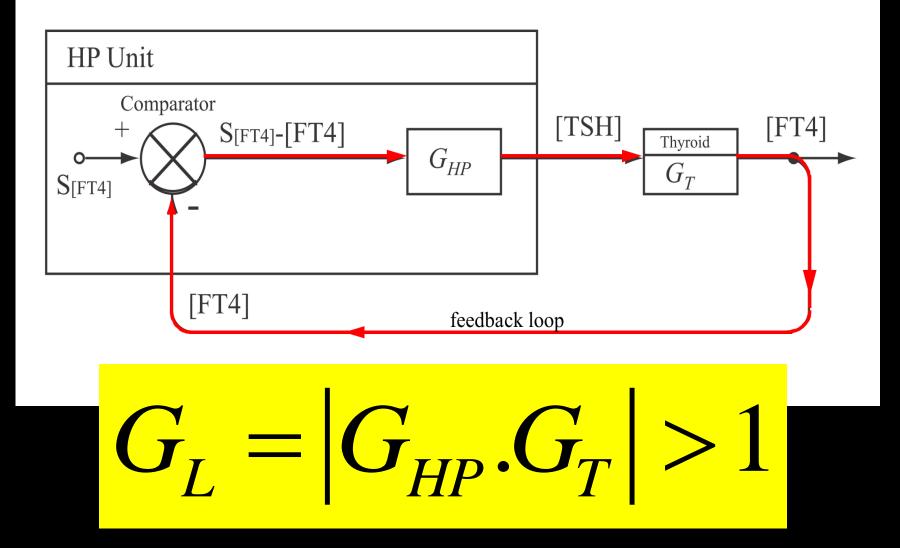
- Clinicians round the world recognize a common phenomenon of patients who persistently experience residual symptoms of hypothyroidism or thyroid excess despite having achieved circulating levels of [FT4] and [TSH] within the normal ranges
  - Tigas et al., *Thyroid* 2000
  - Saravanan et al., Clin Endocrinol 2002
  - Gullo et al., PLoS One 2011

Present Definition of Euthyroidism Not Necessarily Appropriate for Everyone

 General application of the lab-quoted [TSH] reference range is not always optimal for everyone in clinical practice

- Taylor *et al., JCEM* 2013
- Asvold et al., Eur J Endocrinol 2013
- Wartofsky & Dickey, JCEM 2005
- Hamilton et al., JCEM 2008

# Closed Feedback Loop of the HPT Axis Implies the Existence of a Set Point





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# A mathematical model of pituitary-thyroid interaction to provide an insight into the nature of the thyrotropin-thyroid hormone relationship Melvin Khee-Shing Leow<sup>a,b,\*</sup>

<sup>a</sup>Department of Endocrinology, Division of Medicine, Tan Tock Seng Hospital, 11 Jalan Tan Tock Seng, Singapore 308433, Singapore <sup>b</sup>Yong Loo Lin School of Medicine, National University of Singapore, 10 Kent Ridge Crescent, Singapore 117597, Singapore

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#### A novel minimal mathematical model of the hypothalamus-pituitarythyroid axis validated for individualized clinical applications

Simon L. Goede <sup>a,\*</sup>, Melvin Khee-Shing Leow <sup>b,c,d,e</sup>, Jan W.A. Smit<sup>f</sup>, Johannes W. Dietrich<sup>g</sup>

<sup>a</sup> Systems Research, Oterlekerweg 4, 1841 GP Stompetoren, The Netherlands

<sup>b</sup> Singapore Institute for Clinical Sciences, Brenner Centre for Molecular Medicine, A+STAR, Singapore

<sup>c</sup> Tan Tock Seng Hospital, Singapore

<sup>d</sup> National University of Singapore, Singapore

e Duke-NUS Graduate Medical School Singapore, Singapore

<sup>1</sup>Department of General Internal Medicine of Radboud University Nijmegen Medical Centre, Postbus 9101, 6500 HB Nijmegen, The Netherlands

8 Laboratory XU44, Medical Hospital I, Bergmannsheil University Hospitals, Ruhr University of Bochum, D-44789 Bochum, NRW, Germany

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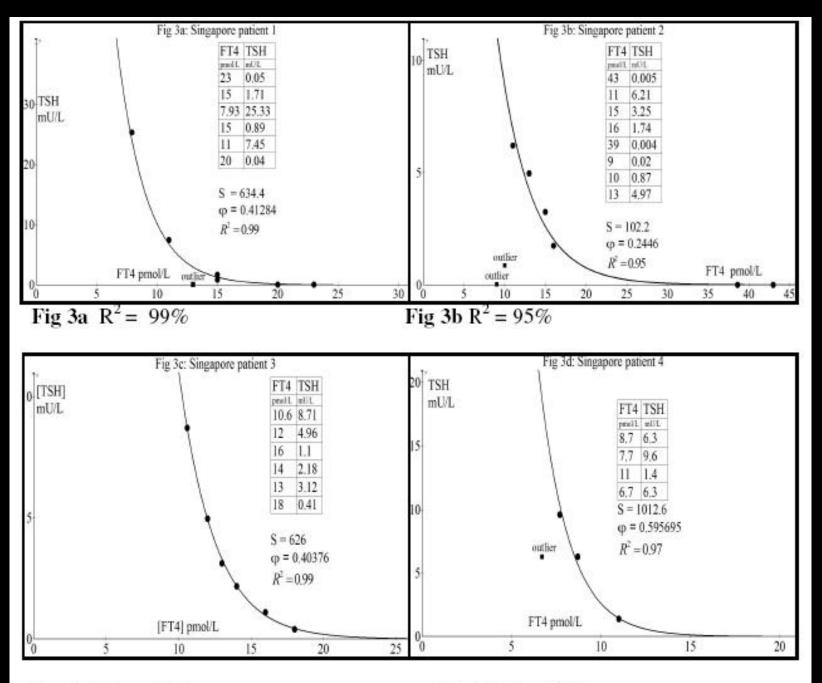


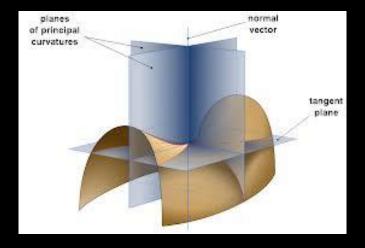
Fig 3c  $R^2 = 99\%$ 

Fig 3d  $R^2 = 97 \%$ 

$$f2 = K = \frac{\frac{d^2 y}{dx^2}}{\left(1 + \left(\frac{dy}{dx}\right)^2\right)^{\frac{3}{2}}}$$
$$y = S \exp(-\varphi x)$$

$$K = \frac{\varphi^2 S \exp(-\varphi x)}{\left(1 + \varphi^2 S^2 \exp(-2\varphi x)\right)^{\frac{3}{2}}}$$

## Theory of Greatest Curvature



$$f3 = \frac{dK}{dx} = \frac{\varphi^3 S \exp(-\varphi x) \{1 + \varphi^2 S^2 \exp(-2\varphi x)\}^{0.5} [2\varphi^2 S^2 \exp(-2\varphi x) - 1]}{\{1 + \varphi^2 S^2 \exp(-2\varphi x)\}^3}$$

$$2\varphi^2 S^2 \exp(-2\varphi x) - 1 = 0$$

# **Euthyroid Set Point Equations**

$$[FT4] = \frac{\ln(\varphi S\sqrt{2})}{\varphi}$$
$$[TSH] = \frac{1}{\varphi\sqrt{2}}$$

Leow and Goede Theoretical Biology and Medical Modelling 2014, 11:35 http://www.tbiomed.com/content/11/1/35



#### RESEARCH

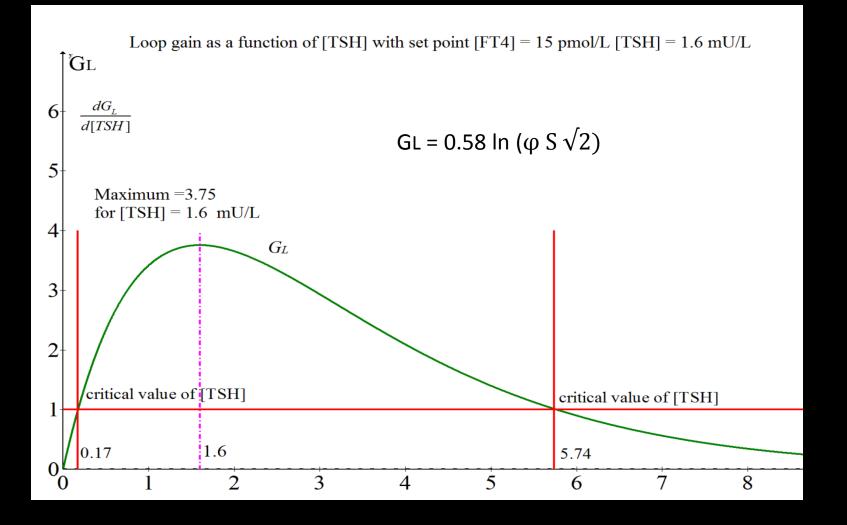
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The homeostatic set point of the hypothalamuspituitary-thyroid axis – maximum curvature theory for personalized euthyroid targets

Melvin Khee-Shing Leow<sup>1,2,3,4,5,6,7\*</sup> and Simon L Goede<sup>8</sup>



# Maximum Loop Gain and Stability at the Euthyroid Set Point



## We Are All Uniquely "Euthyroid"

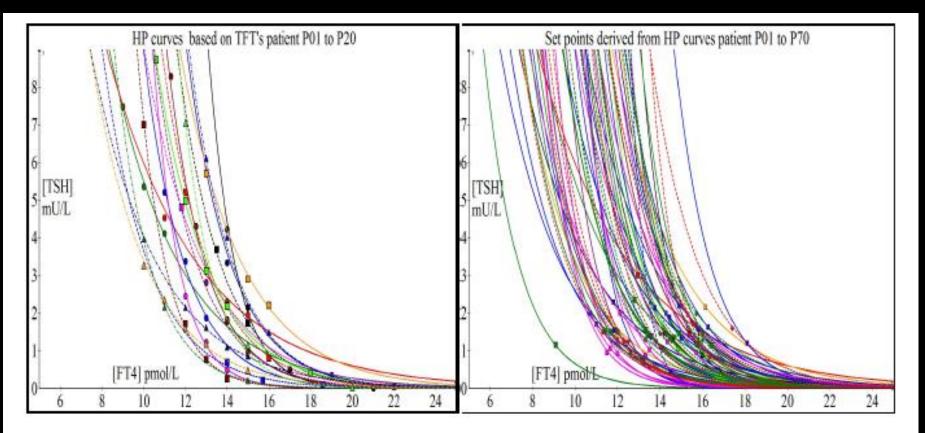
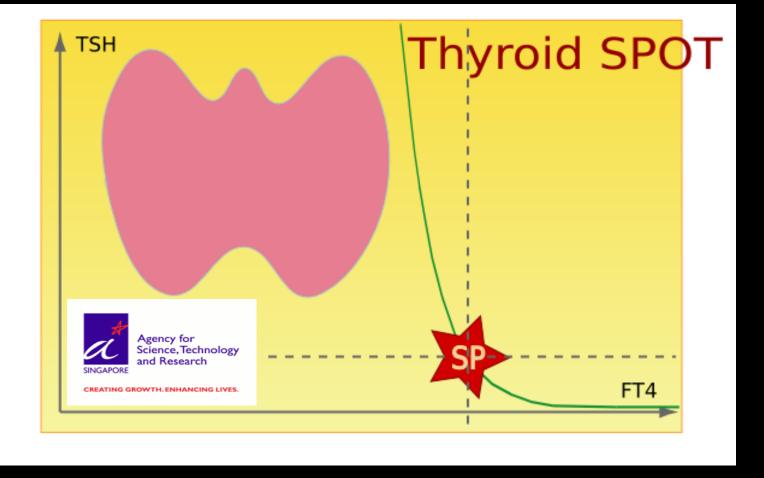


Fig. 6C. HP curves fitted with TFTs (N=20)

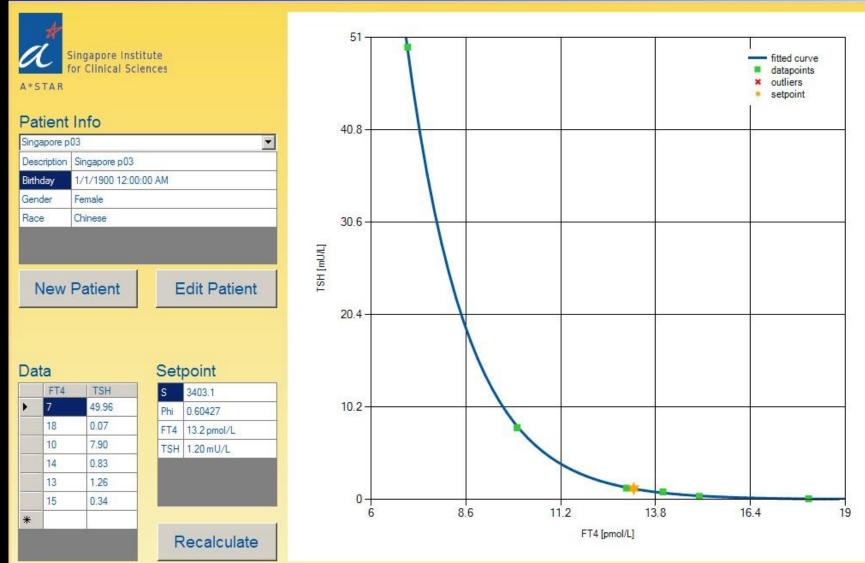
Fig. 6D. HP curves with set points (N=70)

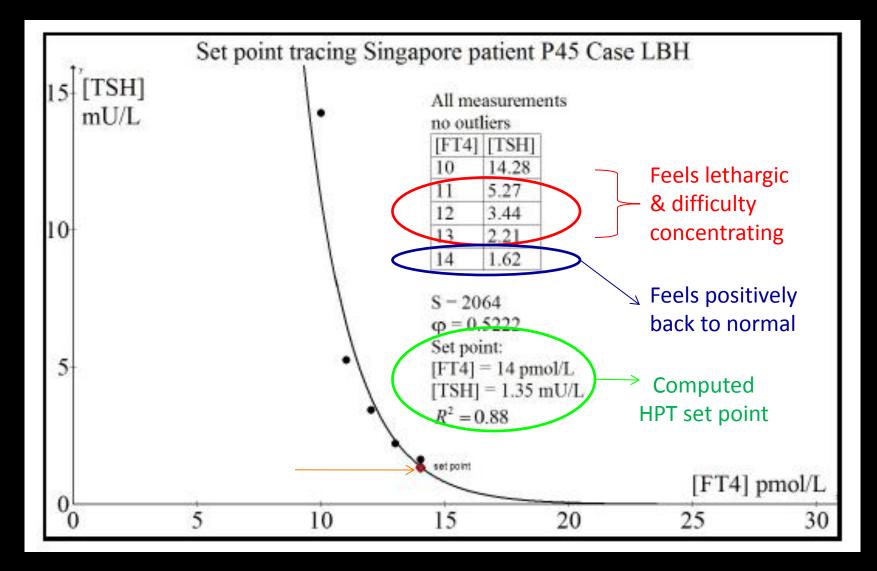


#### Patented Software: Thyroid Set Point Optimization and Targeting (Thyroid-SPOT)

**Co-inventors:** Melvin Leow, Sam Goede, Johannes Dietrich

#### 🗰 Thyroid SPOT - version 0.3.0.9





Her original pre-op euthyroid TFT: FT4 = 13, TSH = 1.35 GL = 0.58 ln ( $\phi$  S  $\sqrt{2}$ ) = 4.3 (>1)  $\Rightarrow$  feedback loop optimal Stabilized at FT4 13-15, TSH = 1.2-1.6; "felt back to normal"

# **EQUILEBRATE Clinical Trial**

 A Prospective Randomized, Double-blind, Parallel Arm, Multi-centre Clinical Trial to Evaluate the Quality of Life and Euthyroid Balance using Conventional Thyroid Hormone Replacement versus Set Point Strategy Thank you for your kind attention!