

## *Supplementary Material*

**Supplementary Table 1:** Comparison summary of previous relevant studies with respect to the CED modelling approach of this work.

	<b>(Støverud et al., 2012)</b>	<b>(Zhan and Wang, 2018)</b>	<b>(Brady et al., 2020)</b>	<b>Present Study</b>
Brain tissue model: deformation during CED infusion	poroelastic model <ul style="list-style-type: none"> <li>• isotropic linear elasticity</li> <li>• small deformations</li> </ul>	not included (rigid model)	poroelastic model <ul style="list-style-type: none"> <li>• isotropic linear elasticity</li> <li>• incompressibility</li> </ul>	not included (rigid model)
drug trans-vascular transport through vasculature (tumor/healthy)	simulated using constant source/sink term for the therapeutic agent (see Eq. (12) therein); adsorption of infused therapeutic agent is neglected.	simulated using constant drainage rate of the free drug from blood vessels (vascular permeability to liposomes/doxorubicin, microvascular density; see Eq. (6) therein).	simulated using constant rate of the free drug (sum of rates due to capillary loss and to irreversible degradation; see Table 1 therein).	theory for hindered transport of rigid solutes through liquid filled porous; modeled explicitly effect of drug size and vessel walls' pore size (vascular morphology)
CED timescale simulated	during CED infusion (infusion duration: 2 hrs, 12 hrs)	during CED infusion (infusion duration: 24 hrs)	during CED infusion (infusion duration: 24 hrs – 72 hrs)	during and after CED infusion (infusion duration: 6 hrs)
model parameters interrogated in computer simulations	<ul style="list-style-type: none"> <li>• Tissue permeability</li> <li>• Rigid model vs Elastic model</li> <li>• Elastic Properties (Young's modulus, Poisson's ratio)</li> </ul>	<ul style="list-style-type: none"> <li>• Microvascular density</li> <li>• Drug diffusivity, and vascular permeability</li> <li>• Drug release rate</li> <li>• Infusion rate</li> <li>• Liposome solution concentration</li> </ul>	<ul style="list-style-type: none"> <li>• Drug (therapeutic agent or surrogate) size</li> <li>• Infusion protocol <i>wrt</i> use of multiple catheters placement</li> <li>• Infusion protocol <i>wrt</i> total number of infusions</li> <li>• Infusion rate</li> </ul>	<ul style="list-style-type: none"> <li>• Tissue hydraulic conductivity</li> <li>• Pore size of tumor vessels</li> <li>• Drug (hydrodynamic) size: Drug diffusivity, and vascular permeability</li> </ul>
In vivo investigation	included (DTI data from 4 patients to calibrate tissue permeability)	not included	included (CED protocols based on human clinical trials: MR1-1 and D2C7)	not included

**Supplementary Table 2:** Reflection coefficient and hydrodynamic coefficient definitions.

The reflection coefficient is defined by the expression:  $\sigma_f = 1 - W$ , and the vascular permeability of the drug,  $P$ , is defined by equation (7), where  $W$  and  $H$  correspond to the hydrodynamic coefficients for neutral spheres in cylindrical pores:  $H = 6 \pi F K_t^{-1}$ , and  $W = (2 - F) F K_s K_t^{-1}/2$ , where  $F$  is the partition coefficient:  $F = (1 - \lambda)^2$ ,  $\lambda$  is the ratio of the drug size to the vessel wall pore size. Coefficients  $K_t$  and  $K_s$  are calculated through:

$$\begin{cases} K_t \\ K_s \end{cases} = \frac{9\pi^2}{2\sqrt{2}} (1 - \lambda)^{-2.5} + \left[ 1 + \sum_{n=1}^2 \begin{cases} a_n \\ b_n \end{cases} (1 - \lambda)^n \right] + \sum_{n=0}^4 \begin{cases} a_{n+3} \\ b_{n+3} \end{cases} \lambda^n,$$

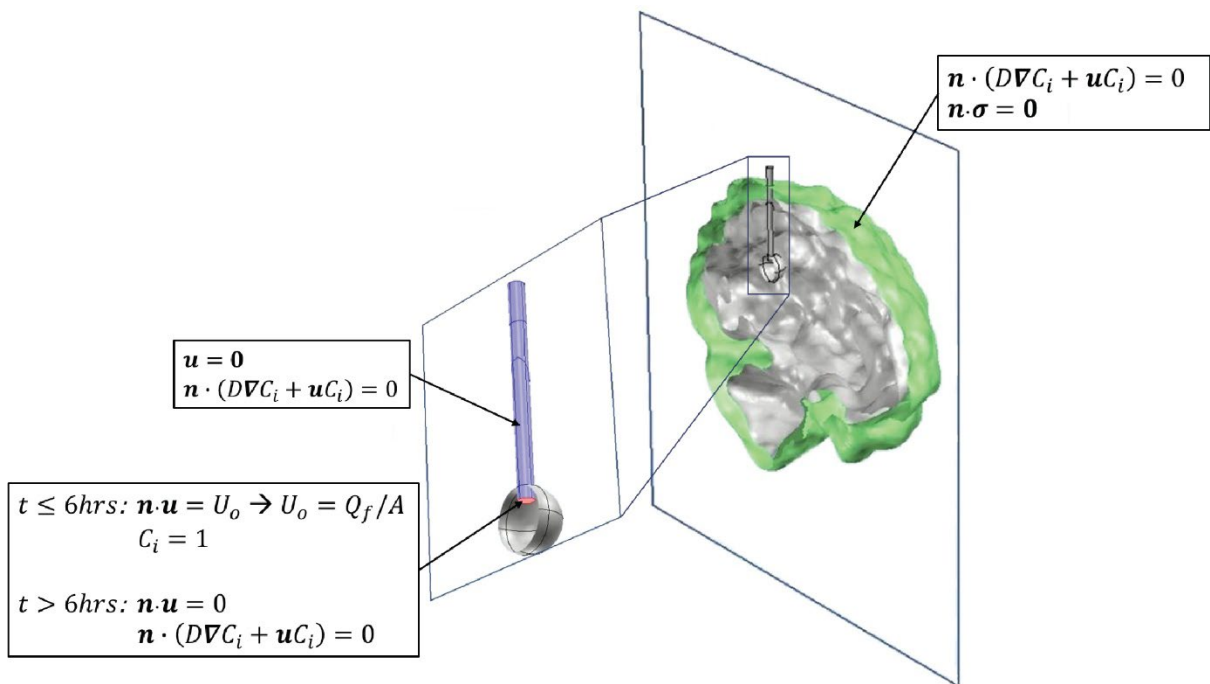
where  $a$  and  $b$  are constant coefficients (Deen, 1987).

Coefficient $a_n$	Value	Coefficient $b_n$	Value
$a_1$	-1.217	$b_1$	0.117
$a_2$	1.534	$b_2$	-0.044
$a_3$	-22.508	$b_3$	4.018
$a_4$	-5.617	$b_4$	-3.979
$a_5$	-0.336	$b_5$	-1.922
$a_6$	-1.216	$b_6$	4.392
$a_7$	1.647	$b_7$	5.006

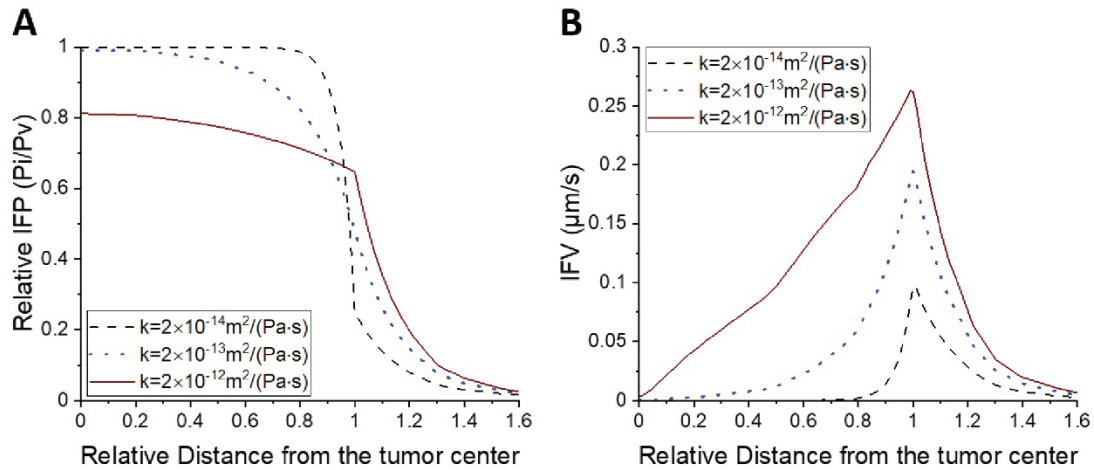
**Supplementary Table 3:** Values of all parameters used in the CED brain model.\* *Normal tissue includes grey and white matter of the brain*

Parameter	Description	Domain	Value	Reference
$r_s$	Drug radius	-	0.5, 10, 30 nm	(Koo et al., 2006, Allard et al., 2009)
$r_o$	Vascular wall pore radius	Normal tissue	3.5 nm	(Hobbs et al., 1998, Sarin et al., 2009, Wang et al., 2011)
		Tumor tissue	25, 50, 75 nm	
$D_i$	Drug diffusion coefficient	All tissues	5.82×10 <sup>-10</sup> m <sup>2</sup> /s for 0.5nm drug radius, 9.28×10 <sup>-12</sup> m <sup>2</sup> /s for 10nm drug radius, 3.28×10 <sup>-12</sup> m <sup>2</sup> /s for 30nm drug radius	(Pluen et al., 2001)
$k$	Hydraulic conductivity of tissue interstitial space	Grey Matter	2×10 <sup>-14</sup> m <sup>2</sup> /(Pa.s)	(Netti et al., 2000, Angeli and Stylianopoulos, 2016, Smith and Humphrey, 2007)
		White Matter	2×10 <sup>-13</sup> m <sup>2</sup> /(Pa.s)	
		Tumor tissue	2×10 <sup>-14</sup> m <sup>2</sup> /(Pa.s) 2×10 <sup>-13</sup> m <sup>2</sup> /(Pa.s) 2×10 <sup>-13</sup> m <sup>2</sup> /(Pa.s)	
$S_v$	Vascular density of blood vessels	Normal tissue	70 (cm) <sup>-1</sup>	(Mpekris et al., 2017, Jain et al., 2007)
		Tumor tissue	50 (cm) <sup>-1</sup>	
$L_{pl}S_{vl}$	Permeability of Lymphatics	Normal tissue	2.24×10 <sup>-11</sup> m <sup>2</sup> ·s/kg	(Scallan and Huxley, 2010, Stylianopoulos et al., 2018)
		Tumor tissue	0	
$\gamma$	Fraction of vessel wall surface area occupied by pores	All tissues	1×10 <sup>-3</sup>	(Mpekris et al., 2017)
$C_v$	Vascular drug concentration	All tissues	0	-
$p_v$	Vascular pressure of blood vessels	All tissues	2.0 kPa	(Stylianopoulos et al., 2018)
$p_l$	Vascular pressure of lymphatic vessels	All tissues	0.0 kPa	(Voutouri and Stylianopoulos, 2014)
$L_{vw}$	Vessel wall thickness	All tissues	5×10 <sup>-6</sup> m	(Stylianopoulos et al., 2013)
$T$	Temperature	All tissues	310 K	(Mpekris et al., 2017)
$\mu_i$	Interstitial fluid viscosity	All tissues	7.8×10 <sup>-4</sup> Pa.s	(Zhan and Wang, 2018,

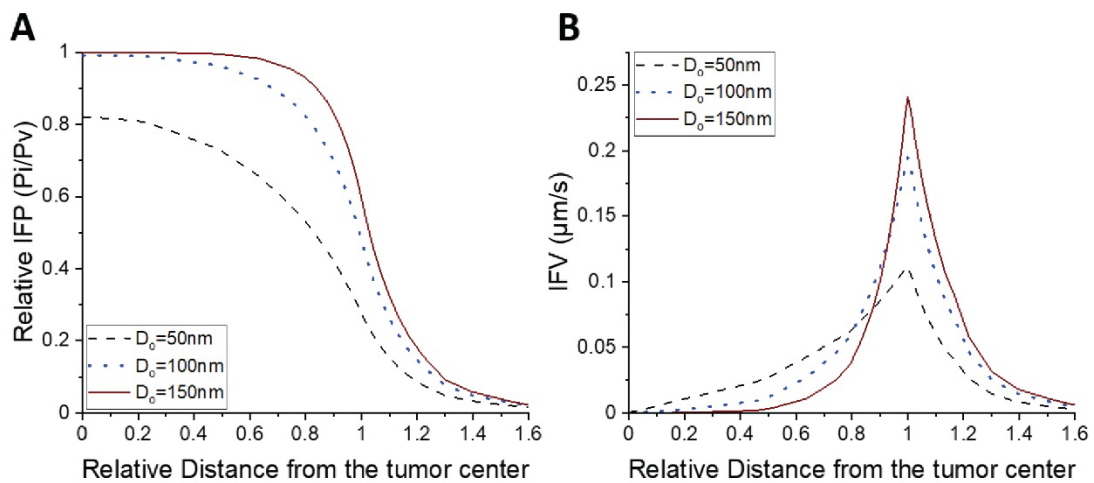
$\mu$	Plasma viscosity	-	$1.30 \times 10^{-3}$ Pa.s	Kesmarky et al., 2008)
$\rho$	Interstitial fluid density	All tissues	1000 kg/m <sup>3</sup>	(Zhan and Wang, 2018)
$\varepsilon_p$	Tissue porosity	All tissues	0.3	(Linninger et al., 2008)
$k_d$	Drug degradation constant	All tissues	$2 \times 10^{-5}$ s <sup>-1</sup>	(Linninger et al., 2008)
$k_l$	Lymphatic drainage constant	Normal tissue	$1 \times 10^{-4}$ s <sup>-1</sup>	(Zhan et al., 2018)



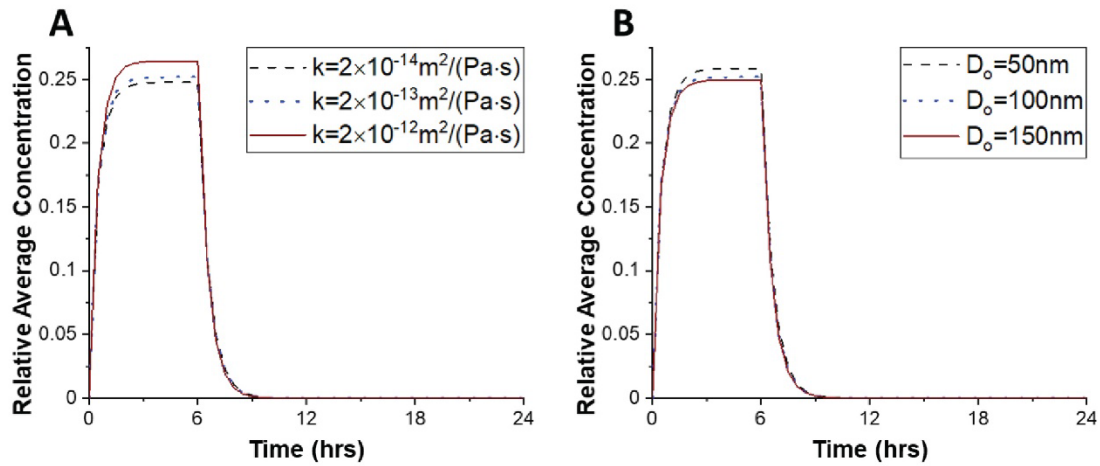
**Supplementary Figure 1.** Boundary conditions of the 3D model. At the interface between the catheter and tumor the normal inlet velocity (*i.e.*,  $U_o = Q_f/A$ ,  $A$  cross section of the catheter) was taken equal to  $1.99 \times 10^{-5}$  m/s and infusion lasted for 6 hours. Also, at the interface of the catheter and tumor tissue, the relative drug concentration was set to unity for the period of the infusion and after completion of infusion, a zero-flux boundary condition was applied (*i.e.*,  $\mathbf{n} \cdot (D\nabla C_i + \mathbf{u} C_i) = 0$ , where  $\mathbf{n}$  corresponds to the outward unit normal vector). The normal stresses on the outer brain surfaces were equal to zero (*i.e.*,  $\mathbf{n} \cdot \boldsymbol{\sigma} = \mathbf{0}$ ). At the catheter surfaces, a no-slip boundary condition was applied for fluid velocity (*i.e.*,  $\mathbf{u} = \mathbf{0}$ ) and additionally, a zero-flux boundary condition was set for the transport of the drugs. The latter boundary condition was also set at the outer brain surfaces.



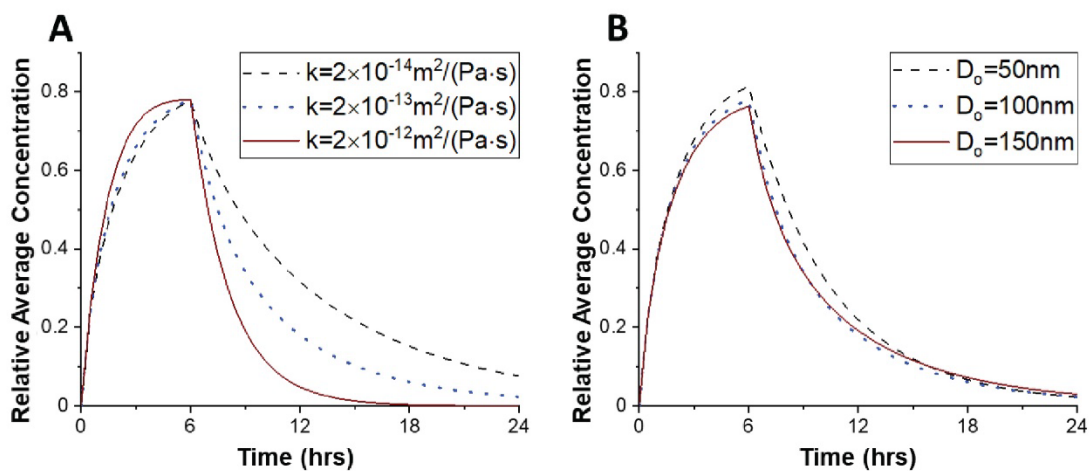
**Supplementary Figure 2.** IFP and IFV as a function of the distance from the tumor center for baseline value of the vessel wall pore diameter. IFP and IFV as a function of the distance from the tumor center for different hydraulic conductivities of the tumor interstitial space and 100 nm diameter of vascular wall pores. *In silico* predicted (A) relative fluid pressure ( $p_i/p_v$ ) and (B) velocity magnitude of the tumor interstitial space before CED administration. IFP is normalized by division with the vascular pressure of blood vessels,  $p_v$ . Distance is normalized by division with the tumor radius.



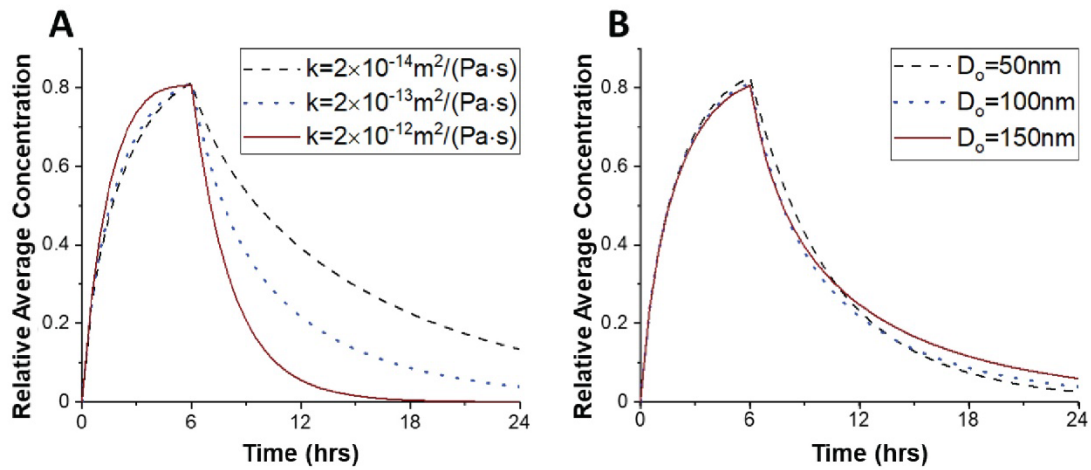
**Supplementary Figure 3.** IFP and IFV as a function of the distance from the tumor center for baseline value of hydraulic conductivity of the tumor interstitial space. IFP and IFV as a function of the distance from the tumor center for different diameters of vascular wall pores and  $2 \times 10^{-13} \text{ m}^2/(\text{Pa}\cdot\text{s})$  hydraulic conductivity of the tumor interstitial space. *In silico* predicted (A) relative fluid pressure ( $p_i/p_v$ ) and (B) velocity magnitude of the tumor interstitial space before CED administration. IFP is normalized by division with the vascular pressure of blood vessels,  $p_v$ . Distance is normalized by division with the tumor radius.



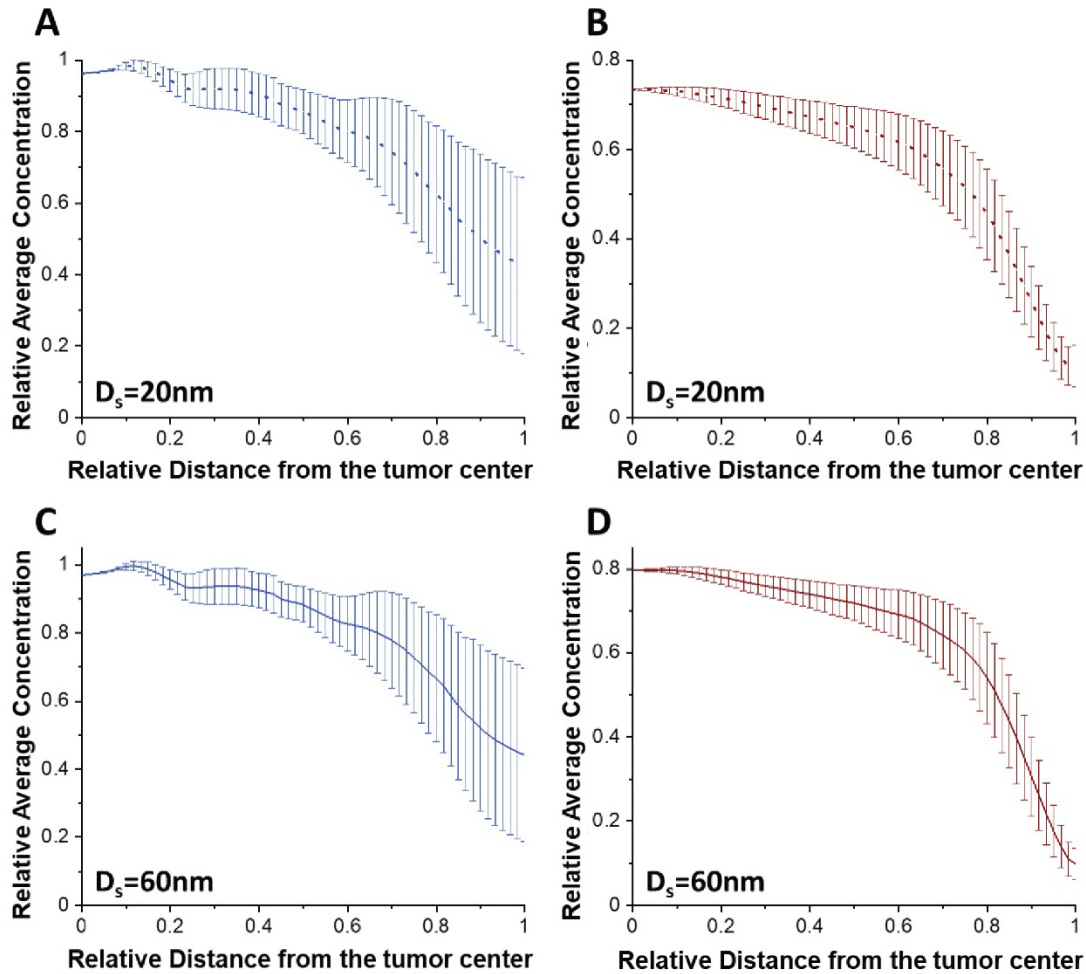
**Supplementary Figure 4.** Average concentration in tumor tissue as a function of time for 1 nm diameter of the therapeutic agent. *In silico* predicted average relative concentration: **(A)** different hydraulic conductivities of the tumor interstitial space and 100 nm diameter of vascular wall pores and **(B)** different diameters of vascular wall pores and  $2 \times 10^{-13} \text{ m}^2/(\text{Pa}\cdot\text{s})$  hydraulic conductivity of the tumor interstitial space. Drug concentration is normalized by division with the reference value entering the catheter.



**Supplementary Figure 5.** Average concentration in tumor tissue as a function of the time for 20 nm diameter of the therapeutic agent. *In silico* predicted average relative concentration: **(A)** different hydraulic conductivities of the tumor interstitial space and 100 nm diameter of vascular wall pores and **(B)** different diameters of vascular wall pores and  $2 \times 10^{-13} \text{ m}^2/(\text{Pa}\cdot\text{s})$  hydraulic conductivity of the tumor interstitial space. Drug concentration is normalized by division with the reference value entering the catheter.



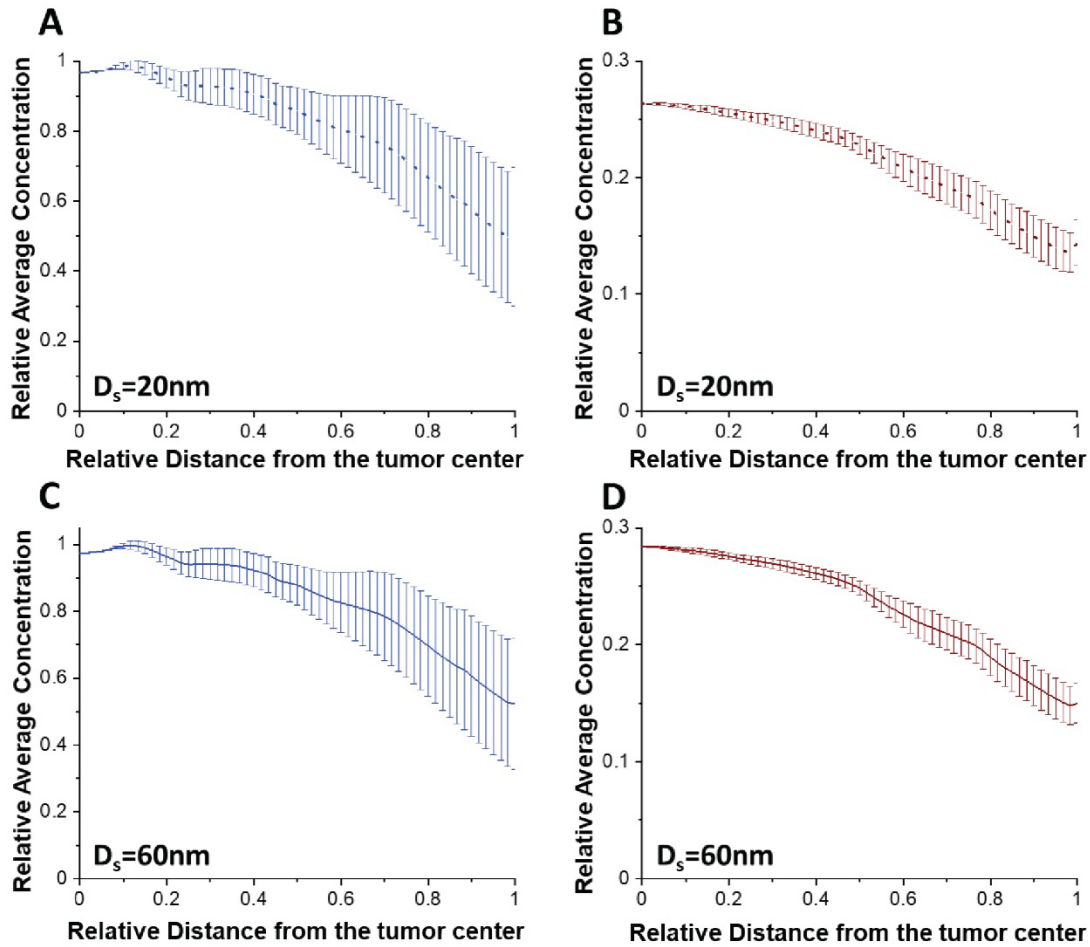
**Supplementary Figure 6.** Average concentration in tumor tissue as a function of the time for 60 nm diameter of the therapeutic agent. *In silico* predicted average relative concentration: **(A)** different hydraulic conductivities of the tumor interstitial space and 100 nm diameter of vascular wall pores and **(B)** different diameters of vascular wall pores and  $2 \times 10^{-13} \text{ m}^2/(\text{Pa}\cdot\text{s})$  hydraulic conductivity of the tumor interstitial space. Drug concentration is normalized by division with the reference value entering the catheter.



**Supplementary Figure 7.** Average drug concentration as a function of the distance from the tumor center plots for the lowest hydraulic conductivity of the tumor interstitial space.

Average relative concentration calculated along the four directions as a function of the relative distance from the tumor center (**A, C**) after 5 hrs and (**B, D**) after 9 hrs, for  $2 \times 10^{-14} \text{ m}^2/(\text{Pa}\cdot\text{s})$  hydraulic conductivity of the tumor interstitial space, 100 nm different pore diameter of tumor vascular walls, and for different drug diameters: (**A, B**) 20 nm and (**C, D**) 60 nm. Drug concentration is normalized by division with the reference value entering the catheter. Distance is normalized by division with the tumor radius.





**Supplementary Figure 8.** Average drug concentration as a function of the distance from the tumor center plots for the highest hydraulic conductivity of the tumor interstitial space.

Average relative concentration calculated along the four directions as a function of the relative distance from the tumor center (**A, C**) after 5 hrs and (**B, D**) after 9 hrs, for  $2 \times 10^{-12} \text{ m}^2/(\text{Pa}\cdot\text{s})$  hydraulic conductivity of the tumor interstitial space, 100 nm different pore diameter of tumor vascular walls, and for different drug diameters: (**A, B**) 20 nm and (**C, D**) 60 nm. Drug concentration is normalized by division with the reference value entering the catheter. Distance is normalized by division with the tumor radius.

## References

- ALLARD, E., PASSIRANI, C. & BENOIT, J. P. 2009. Convection-enhanced delivery of nanocarriers for the treatment of brain tumors. *Biomaterials*, 30, 2302-18.
- ANGELI, S. & STYLIANOPOULOS, T. 2016. Biphasic modeling of brain tumor biomechanics and response to radiation treatment. *J Biomech*.
- BRADY, M., RAGHAVAN, R. & SAMPSON, J. 2020. Determinants of Intraparenchymal Infusion Distributions: Modeling and Analyses of Human Glioblastoma Trials. *Pharmaceutics*, 12.
- DEEN, W. M. 1987. Hindered Transport of Large molecules in Liquid-Filled Pores. *AIChE J*, 33, 1409-1425.
- HOBBS, S. K., MONSKY, W. L., YUAN, F., ROBERTS, W. G., GRIFFITH, L., TORCHILIN, V. P. & JAIN, R. K. 1998. Regulation of transport pathways in tumor vessels: role of tumor type and microenvironment. *Proc Natl Acad Sci U S A*, 95, 4607-12.
- JAIN, R. K., TONG, R. T. & MUNN, L. L. 2007. Effect of vascular normalization by antiangiogenic therapy on interstitial hypertension, peritumor edema, and lymphatic metastasis: insights from a mathematical model. *Cancer Res*, 67, 2729-35.
- KESMARKY, G., KENYERES, P., RABAI, M. & TOTH, K. 2008. Plasma viscosity: a forgotten variable. *Clin Hemorheol Microcirc*, 39, 243-6.
- KOO, Y.-E. L., REDDY, G. R., BHOJANI, M., SCHNEIDER, R., PHILBERT, M. A., REHEMTULLA, A., ROSS, B. D. & KOPELMAN, R. 2006. Brain cancer diagnosis and therapy with nanoplatfoms. *Advanced drug delivery reviews*, 58, 1556-1577.
- LINNINGER, A. A., SOMAYAJI, M. R., MEKARSKI, M. & ZHANG, L. 2008. Prediction of convection-enhanced drug delivery to the human brain. *J Theor Biol*, 250, 125-38.
- MPEKRIS, F., BAISH, J. W., STYLIANOPOULOS, T. & JAIN, R. K. 2017. Role of vascular normalization in benefit from metronomic chemotherapy. *Proc Natl Acad Sci U S A*, 114, 1994-1999.
- NETTI, P. A., BERK, D. A., SWARTZ, M. A., GRODZINSKY, A. J. & JAIN, R. K. 2000. Role of extracellular matrix assembly in interstitial transport in solid tumors. *Cancer Res*, 60, 2497-503.
- PLUEN, A., BOUCHER, Y., RAMANUJAN, S., MCKEE, T. D., GOHONGI, T., DI TOMASO, E., BROWN, E. B., IZUMI, Y., CAMPBELL, R. B., BERK, D. A. & JAIN, R. K. 2001. Role of tumor-host interactions in interstitial diffusion of macromolecules: cranial vs. subcutaneous tumors. *Proc Natl Acad Sci U S A*, 98, 4628-33.
- SARIN, H., KANEVSKY, A. S., WU, H., SOUSA, A. A., WILSON, C. M., ARONOVA, M. A., GRIFFITHS, G. L., LEAPMAN, R. D. & VO, H. Q. 2009. Physiologic upper limit of pore size in the blood-tumor barrier of malignant solid tumors. *J Transl Med*, 7, 51.
- SCALLAN, J. P. & HUXLEY, V. H. 2010. In vivo determination of collecting lymphatic vessel permeability to albumin: a role for lymphatics in exchange. *J Physiol*, 588, 243-54.
- SMITH, J. H. & HUMPHREY, J. A. 2007. Interstitial transport and transvascular fluid exchange during infusion into brain and tumor tissue. *Microvasc Res*, 73, 58-73.
- STØVERUD, K. H., DARCIS, M., HELMIG, R. & HASSANIZADEH, S. M. 2012. Modeling concentration distribution and deformation during convection-enhanced drug delivery into brain tissue. *Transport in porous media*, 92, 119-143.
- STYLIANOPOULOS, T., MARTIN, J. D., SNUDERL, M., MPEKRIS, F., JAIN, S. R. & JAIN, R. K. 2013. Coevolution of solid stress and interstitial fluid pressure in tumors during progression: Implications for vascular collapse. *Cancer research*, 73, 3833-3841.
- STYLIANOPOULOS, T., MUNN, L. L. & JAIN, R. K. 2018. Reengineering the Physical Microenvironment of Tumors to Improve Drug Delivery and Efficacy: From Mathematical Modeling to Bench to Bedside. *Trends Cancer*, 4, 292-319.
- VOUTOURI, C. & STYLIANOPOULOS, T. 2014. Evolution of osmotic pressure in solid tumors. *J Biomech*, 47, 3441-7.
- WANG, J., LU, Z., GAO, Y., WIENTJES, M. G. & AU, J. L. 2011. Improving delivery and efficacy of nanomedicines in solid tumors: role of tumor priming. *Nanomedicine (Lond)*, 6, 1605-20.

ZHAN, W., ALAMER, M. & XU, X. Y. 2018. Computational modelling of drug delivery to solid tumour: Understanding the interplay between chemotherapeutics and biological system for optimised delivery systems. *Adv Drug Deliv Rev*, 132, 81-103.

ZHAN, W. & WANG, C. H. 2018. Convection enhanced delivery of liposome encapsulated doxorubicin for brain tumour therapy. *J Control Release*, 285, 212-229.