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#### Theoretical Modeling of Endovascular Drug Delivery into a Multilayer Arterial Wall from

#### a Drug-Coated Balloon

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#### **CRediT Authorship Contribution Statement**

A. Jain – Conceptualization, Methodology, Formal Analysis, Validation, Investigation, Data Curation, Supervision, Project Administration; S. McGinty – Conceptualization, Methodology, Formal Analysis, Validation; G. Pontrelli – Conceptualization, Methodology, Formal Analysis, Validation; L. Zhou – Methodology, Validation, Data Curation. All authors contributed towards Writing Original Draft, Review and Editing.

#### Abstract

Drug coated balloons (DCBs) are used commonly for delivering drug into diseased arteries. When applied on the inner surface of an artery, drug is transported from the balloon into the multilayer arterial wall through diffusion and advection, where it is ultimately absorbed through binding reactions. Mathematical modeling of these mass transport processes has the potential to help understand and optimize balloon-based drug delivery, thereby ensuring both safety and efficacy. The present work derives a closed-form solution for the multilayer cylindrical convectiondiffusion-reaction (CDR) transport problem that occurs in balloon-based endovascular drug delivery. The model is presented for an arbitrary number of layers, and accounts for various transport processes in terms of relevant non-dimensional numbers. Quasi-orthogonality for this multilayer problem is derived. Closed-form expressions for the amounts of drug delivered by the balloon, bound in each arterial layer and lost from the external surfaces are derived. It is shown that only a small fraction of drug from the balloon is actually delivered into the artery during the short exposure time, which is influenced strongly by the diffusion coefficient of the inner-most layer. Further, binding of the drug is found to depend strongly on the reaction coefficient, expressed in terms of the Damköhler number. It is shown that boundary conditions on the inner and outer surfaces, expressed in terms of Sherwood numbers, play a role in drug uptake over a longer time period. The model is general enough to be applicable for a wide variety of scenarios and operational conditions, including an arbitrary number of layers. Results from this work provide fundamental insights into drug transport and uptake processes. In addition, these results can help improve the safety and efficacy of balloon-based drug delivery.

**Keywords:** Endovascular Drug Delivery; Drug Coated Balloon; Convection-Diffusion-Reaction Equation; Theoretical Modeling.

## Nomenclature

a	coefficient appearing in velocity term (m <sup>2</sup> s <sup>-1</sup> )
b	balloon
С	concentration (molm <sup>-3</sup> )
D	diffusion coefficient (m <sup>2</sup> s <sup>-1</sup> )
$\overline{D}$	non-dimensional diffusion coefficient <i>h</i> convective mass transfer coefficient (ms <sup>-1</sup> )
k	interfacial mass transfer conductance (ms <sup>-1</sup> )
$\overline{k}$	non-dimensional interfacial mass transfer conductance
М	number of layers
Ν	eigenfunction norm
Pe	Péclet number <i>R</i> radius (m)
r	radial coordinate (m)
Sh	Sherwood number
t	time (s)
β	reaction coefficient (s <sup>-1</sup> )
$ar{eta}$	non-dimensional reaction coefficient
γ	non-dimensional interface location
τ	non-dimensional time
ψ	cumulative fraction of drug delivered
χ	cumulative fraction of drug absorbed

- $\rho$  fraction of drug remaining
- $\theta$ ,  $\phi$  non-dimensional concentrations in Stages A and B, respectively.
- $\xi$  non-dimensional radial coordinate
- $\lambda$  non-dimensional eigenvalue
- $\sigma$  drug partition coefficient

# Subscripts

<i>m</i> 1	layer	numb	ber
	2		

- *ref* reference value
- *0,in* inner (luminal) wall
- *out* outer (perivascular) wall

#### 1. Introduction

Coronary angioplasty is a common, minimally invasive procedure used to treat obstructive coronary artery disease (CAD) [1]. Historically, angioplasty consisted of deploying a balloon on the back of a catheter to the site of the obstruction and widening the lumen through inflation of the balloon. Nowadays, the majority of CAD patients will also receive a tiny mesh structure called a drug-eluting stent (DES), in what is known as Percutaneous Coronary Intervention (PCI). The purpose of the stent is to act as a scaffold, allowing blood flow to be maintained in the lumen, while the role of drug elution is to combat the biological response which can lead to excessive neointimal growth and further obstruction to blood flow, a phenomenon known as in-stent restenosis (ISR) [2]. While DES have been extraordinary successful, there is growing interest in the potential of Drug Coated Balloon (DCB) technology [3,4], particularly when faced with ISR where a stent has previously been deployed, and increasingly in the context of treating less severe de novo atherosclerotic lesions. While DES have been mathematically and computationally modelled extensively in the literature [5], there is a relative lack of modelling studies related to DCB technology.

DES tend to release drug in a controlled and sustained fashion over a period of weeks to months, which is thought to be broadly consistent with the healing time of the artery following device deployment [5]. However, DCB typically release their payload over a matter of seconds or minutes, with around 60 seconds being representative of current practice. Figure 1 shows a schematic of balloon deployment inside an artery [1]. It is important to note that the DCB obstructs the artery during delivery: inflating for longer than necessary could therefore have serious consequences for the patient. This tiny time window for drug delivery makes device design particularly challenging. In other words, one must deliver a sufficient amount of drug rapidly: too much drug could result in toxicity, while too little drug could either be completely ineffective or result in drug action waning before healing is complete. Given the drastically different release kinetics between DCB and DES, it is of interest to mathematically model drug release from a DCB and subsequent distribution within the arterial, with a view to extracting insight that could be useful in optimizing their design.

A handful of numerical studies related to DCB are available in the literature [6-11]. Numerical studies are typically computationally expensive and make a number of (different) assumptions to enable solutions to be obtained in a reasonable time frame. Drug delivery from the DCB is typically modeled as either a constant concentration for a finite time [11] or a timedependent flux [6-10]. All of the aforementioned numerical models assume that drug is transported through the arterial wall due to diffusion: only two models [8,9] account for advective transport due to the known pressure gradient across the arterial wall. Drug binding is dependent on the physio-chemical properties of the particular drug and is handled in different ways in these models, ranging from linear reversible binding kinetics through to multiple phases of nonlinear reversible binding [12]. While most of these models assume a healthy artery, two of these models account for the presence of a homogeneous atherosclerotic plaque within 3D [11] and 2D [9] geometries: however, the healthy portion of the arterial wall is assumed to be a homogeneous material with the same properties. A major limitation of each of these numerical models is that they do not consider the multi-layer nature of the arterial wall. Analysis of drug delivery in a multi-layer artery has been reported in a limited number of papers, however, such work is either specific to a two-layer geometry [13,14], neglects curvature of the artery [15] or is completely numerical in nature [16].

Further, most of the literature, both single-layer and multi-layer, addresses stent-based [5,14,15,17], and not balloon-based drug delivery.

While an analytical closed-form solution for the stent drug delivery problem has been presented [17], no such solution exists for the balloon problem, which is fundamentally distinct from the stent problem. Such a solution has the potential to provide key insights into the problem and may allow for rapid evaluation of the influence of various model parameters on key quantities of interest, such as drug concentration and retention in the tissue. Moreover, analytical solutions are highly important in providing partial validation for more complex numerical models. While simplifications of the problem are necessary to enable analytical progress, often the key physical processes can be captured with reasonable accuracy.

From a mass transfer perspective, this problem is a multilayer Convection-Diffusion-Reaction (CDR) problem, where, in addition to radial diffusion, transvascular plasma flow causes convection and drug binding in the artery causes reaction. CDR problems have been widely investigated [14,15,18], although only a smaller subset of papers addresses general multilayer CDR problems [18]. Key analytical techniques used for solving such problems include separation of variables [14] and Laplace transformation [19]. In addition, numerical solution of CDR problems has also been carried out [20,21]. It has been shown that multilayer CDR problems may admit imaginary eigenvalues [18], which is why theoretical analysis of such problems is particularly important.

In this paper, a closed-form analytical solution is derived for drug delivery from a DCB and subsequent drug transport and retention in the arterial wall. The model incorporates each of the key physical processes at play, namely drug diffusion, transport through advection and drug binding and retention within a multi-layered arterial wall, as shown schematically in Figure 2. The analytical solution helps understand the impact of various diffusion, convection and binding parameters on the extent of drug delivered by the balloon and bound in the artery as functions of time. Expressions for key safety and efficacy indicators are derived. When compared to similar past work on modeling of endovascular drug delivery, the key novelty of the present work lies in accounting for the multilayer, cylindrical nature of the artery, along with the coupled effects of diffusion, advection and reaction involved in balloon-based drug delivery. Unlike several past papers, this work is completely analytical, generalized to an arbitrary number of layers and results in closed-form equations for key parameters related to safety and efficacy of drug delivery. Results presented here help understand the fundamentals of the drug delivery process, and may help in the design and optimization of drug carrying balloons towards improved safety and efficacy.

The next section defines, non-dimensionalizes and solves the mass transport problem in a general *M*-layered artery. Section 3 defines and derives expressions for various key safety and efficacy indicators. Results are discussed in detail in Section 4, including expressions for the special case of a homogeneous artery.

#### 2. A General *M*-layer Arterial Model

#### 2.1. Problem Definition

Consider the process of endovascular drug delivery by a drug-coated balloon adhered to the luminal wall of an artery for a short duration, typically 60-120 seconds in practice [9,11]. During this time, the balloon delivers drug to the luminal wall, from where, drug transport within the arterial layers occurs due to diffusion as well as advection driven by flow of plasma in response to the transmural pressure gradient. Some of the drug is also absorbed within the artery due to binding reactions, which are thought to occur predominantly in the media layer where the majority of the target smooth muscle cells reside [16,22]. Finally, the drug may also be lost to the perivascular region from the outer wall. Once the balloon is withdrawn after a short application period, transport and binding processes continue until all the drug has been either bound within the artery or has been lost to the outside medium through the luminal or perivascular wall. It is of interest to develop a mathematical model to predict the drug concentration distribution within the arterial wall as a function of space and time. Specifically, parameters related to safety and efficacy, such as the peak drug distribution in the tissue and the fraction of drug bound in the medial layer as a function of the balloon, it is also of interest to determine how much drug is delivered into the artery in that time – such information could help inform drug loading on the balloon. A mathematical model for this balloon-based drug delivery must account for the physical processes described above, as well as the multilayered nature of the artery.

In this work, the generalized case of an *M*-layered artery is considered first. The special case of a homogeneous artery is then presented in the following section.

Figure 2 presents a schematic of the geometry, boundary conditions and transport/binding processes in this problem. The multilayer artery is assumed to be sufficiently long relative to its radius and axisymmetric, so that the problem is one-dimensional in the radial direction. A cylindrical coordinate system, with origin at the center axis of the annular cylindrical artery is used, so that the curvature of the artery is accounted for. The artery is modeled as an *M*-layer annular cylindrical body of inner radius  $R_0$ , in which the *m*<sup>th</sup> layer is an annular cylinder between

 $r=R_{m-1}$  and  $r=R_m$ , m=1,2..M. The diffusion coefficient of the drug in the m<sup>th</sup> layer is given by  $D_m$ , assumed to be constant and uniform. Binding reactions in each layer are modeled through firstorder reaction kinetics, with a reaction constant of  $\beta_m$  in the m<sup>th</sup> layer. This assumption is valid when binding is non-saturable and the time scale associated with the unbinding process is much greater than that associated with binding. Existing literature suggests that non-saturable linear binding models may be appropriate for drugs such as heparin [23]. Moreover, for highly lipophilic drugs such as sirolimus, while binding to specific target receptors may be saturable at the typical doses delivered, when non-specific binding is taken into account, total bound drug is likely to be non-saturable at these drug doses [16,22]. In addition, drugs typically coated on DCBs are known to be strongly retained. A flow field  $U_m(r)$  driven by transmural pressure difference between the luminal and perivascular regions is also assumed in each layer. In order for the flow field to obey mass conservation,  $U_m(r)$  must be inversely proportional to r [17], i.e.,  $U_m(r)=a_m/r$ . A general convective mass transfer boundary condition, represented by a mass transfer coefficient  $h_{out}$  is assumed on the perivascular of the artery,  $r=r_M$ . The value of  $h_{out}=0$  corresponds to an impermeable wall, whereas  $h_{out}$  tending to infinity represents a constant concentration boundary condition at *r*=*r*<sub>M</sub>. Drug concentration in the balloon,  $c_b$ , is applied to the luminal wall up to time  $t_b$ .

Two distinct stages are considered over time, as shown in Figure 2. In Stage A,  $0 < t < t_b$ , the balloon is applied on the luminal wall,  $r=R_0$ , which is modeled by a constant concentration boundary condition based on  $c_b$ , the drug concentration in the balloon. In Stage B,  $t \ge t_b$ , the balloon is removed, so that convective mass transfer to luminal blood flow may also occur at  $r=R_0$ , which is modeled by a convective mass transfer coefficient  $h_{in}$  on the luminal wall.

Based on this problem statement and assumptions, the following governing mass conservation equation for concentration distribution in the  $m^{\text{th}}$  layer,  $c_m(r,t)$  may be written as follows:

which represents a balance between diffusion, convection and reaction terms to determine the evolution of the concentration field over time.

The associated boundary condition on the luminal boundary is

$$c_{1} = c_{b} \qquad (0 < t < t_{b}) \text{ (Stage A)}$$
  
$$-D_{1}\frac{\partial c_{1}}{\partial r} + \frac{a_{1}}{r}c_{1} + h_{in}c_{1} = 0 \qquad (t \ge t_{b}) \text{ (Stage B)} \qquad at r = R_{0} (2)$$

On the perivascular surface, one may write

$$D_M \frac{\partial c_M}{\partial r} - \frac{a_M}{r} c_M + h_{out} c_M = 0 \qquad \text{at } r = R_M \quad (3)$$

where the outside concentration is taken to be zero for reference.

The following conditions apply at the interfaces

$$-D_m \frac{\partial c_m}{\partial r} + \frac{a_m}{r} c_m = -D_{m+1} \frac{\partial c_{m+1}}{\partial r} + \frac{a_{m+1}}{r} c_{m+1} \qquad \text{at } r = R_m$$

$$(m=1,2...M-1) (4)$$

$$-D_m \frac{\partial c_m}{\partial r} + \frac{a_m}{r} c_m = k_m (c_m - c_{m+1}) \qquad \text{at } r = R_m (m=1,2...M-1) (5)$$

where  $k_m$  is the mass transfer conductance at the interface between  $m^{\text{th}}$  and  $(m+1)^{\text{th}}$  layers.

It is assumed that there is no drug present in the artery initially, i.e.,

$$c_m = 0$$
 at  $t = 0$  (m=1,2,3...M) (6)

Note that the boundary condition at the luminal surface, equation (2), changes from a constant concentration condition during Stage A to a convective mass transfer condition during Stage B. The distinct nature of these boundary conditions presents challenges in modeling. For example, while equation (2) can be modeled, in principle, with a time-varying step-function  $h_{in}$ , which is infinite during Stage A, time-varying convective coefficients are, in general, very difficult to handle, especially in a multilayer geometry [24]. Instead, the problem is solved separately and sequentially, such that the solution at the end of Stage A serves as the initial condition for Stage B. Before this is carried out, however, it is important to non-dimensionalize this problem for ease and generality of analysis.

#### 2.2. Non-dimensionalization

The following non-dimensionalization is carried out:

$$\theta_m = \frac{c_m}{c_b} \text{ (Stage A), } \phi_m = \frac{c_m}{c_b} \text{ (Stage B), } \xi = \frac{r}{R_M}, \ \tau = \frac{D_M t}{R_M^2}, \ \gamma_m = \frac{R_m}{R_M}, \ \gamma_0 = \frac{R_0}{R_M}, \ \overline{D}_m = \frac{D_m}{D_M}, \ \overline{\beta}_m = \frac{\beta_m R_M^2}{D_M}; \ Pe_m = \frac{a_m}{D_M}; \ \overline{k}_m = \frac{k_m R_M}{D_M}; \ Sh_{out} = \frac{h_{out} \cdot R_M}{D_M}; \ Sh_{in} = \frac{h_{in} \cdot R_M}{D_M}; \ \tau_b = \frac{D_M t_b}{R_M^2}.$$

Note that  $Pe_m$  and  $\bar{\beta}_m$  are the Péclet and Damköhler numbers in the  $m^{\text{th}}$  layer, defined as the ratios of advection and reaction rates, respectively, relative to the diffusion rate.  $Sh_{out}$  is the Sherwood number on the perivascular surface. A very large value of  $Sh_{out}$  corresponds to a zero concentration, i.e., infinite sink condition.  $Sh_{in}$  is the Sherwood number at the luminal surface, relevant only for Stage B. The Péclet number here is based on the coefficient  $a_m$  instead of the velocity  $U_m$ , because the velocity is not a constant, but rather a function of the radial coordinate due to mass conservation in a radial, pressure-driven flow [17].

Based on this non-dimensionalization, the following two sub-sections define and solve the drug concentration problem in Stages A and B.

#### 2.3. Stage A: While Balloon is Applied ( $0 < \tau < \tau_b$ )

During Stage A, the balloon present on the luminal wall of the artery is modeled as a constant concentration source, as described in the first part of equation (2). The following nondimensional set of governing equations for Stage A may be written as follows:

$$\frac{\partial \theta_m}{\partial \tau} = \frac{\overline{D}_m}{\xi} \frac{\partial}{\partial \xi} \left( \xi \frac{\partial \theta_m}{\partial \xi} \right) - \frac{P e_m}{\xi} \frac{\partial \theta_m}{\partial \xi} - \overline{\beta}_m \theta_m \qquad \begin{array}{l} \gamma_{m-1} < \xi < \gamma_m; \ 0 < \tau < \tau_b \\ (m=1,2,3...M) \qquad (7) \end{array}$$

subject to

$$\theta_1 = 1$$
 at  $\xi = \gamma_0 (8)$ 

$$\frac{\partial \theta_M}{\partial \xi} - \frac{P e_M \theta_M}{\xi} + S h_{out} \theta_M = 0 \qquad \text{at } \xi = 1 \ (9)$$

$$-\overline{D}_m \frac{\partial \theta_m}{\partial \xi} + \frac{Pe_m}{\xi} \theta_m = -\overline{D}_{m+1} \frac{\partial \theta_{m+1}}{\partial \xi} + \frac{Pe_{m+1}}{\xi} \theta_{m+1} \qquad \text{at } \xi = \gamma_m \ (m=1,2...M-1) \ (10)$$

$$-\overline{D}_m \frac{\partial \theta_m}{\partial \xi} + \frac{P e_m}{\xi} \theta_m = \overline{k}_m (\theta_m - \theta_{m+1}) \qquad \text{at } \xi = \gamma_m (m=1,2...M-1) (11)$$

along with the following initial condition:

$$\theta_m = 0$$
 at  $\tau = 0$  (m=1,2,..M) (12)

Note that  $\tau_b = \frac{D_M t_b}{R_M^2}$  is the non-dimensional time period of application of the balloon. The set of equations (7)-(12) is a multilayer cylindrical convection-diffusion-reaction (CDR) problem with the only non-homogeneity present in the boundary condition at  $\xi = \gamma_0$ . In order to account for this non-homogeneity, one must split the solution as follows:

$$\theta_m(\xi, \tau) = u_m(\xi, \tau) + v_m(\xi) \qquad (m=1,2,3...M)$$
(13)

where  $v_m(\xi)$  satisfies

$$\frac{\overline{D}_m}{\xi} (\xi v'_m)' - \frac{Pe_m}{\xi} v'_m - \overline{\beta}_m \theta_m = 0 \qquad \qquad \gamma_{m-1} < \xi < \gamma_m (m=1,2,3...M)$$
(14)

along with the boundary and interface conditions

$$v_1 = 1 \qquad \qquad \text{at } \xi = \gamma_0 \ (15)$$

$$v'_M - \frac{Pe_M v_M}{\xi} + Sh_{out} v_M = 0 \qquad \text{at } \xi = 1 \ (16)$$

$$-\overline{D}_{m}v'_{m} + \frac{Pe_{m}}{\xi}v_{m} = -\overline{D}_{m+1}v'_{m+1} + \frac{Pe_{m+1}}{\xi}v_{m+1} \qquad \text{at } \xi = \gamma_{m} (m=1,2...M-1) (17)$$

$$-\overline{D}_{m}v'_{m} + \frac{Pe_{m}}{\xi}v_{m} = \overline{k}_{m}(v_{m} - v_{m+1}) \qquad \text{at } \xi = \gamma_{m} (m=1,2...M-1) (18)$$

A general solution of equation (14) may be written as

$$v_m(\xi) = \xi^{\mu_m} [A_{\nu,m} I_{\mu_m}(\sigma_m \xi) + B_{\nu,m} K_{\mu_m}(\sigma_m \xi)]$$
(19)

where *I* and *K* are modified Bessel functions of the first and second kind, respectively [25], and  $\mu_m = \frac{Pe_m}{2\overline{D}_m}$  is the order of these functions. Further,  $\sigma_m = \sqrt{\overline{\beta}_m/\overline{D}_m}$ .

Based on the boundary and interface conditions, the following 2*M* linear algebraic equations may be written for the 2*M* unknowns –  $A_{\nu,m}$  and  $B_{\nu,m}$  (*m*=1,2,..*M*):

$$\gamma_0^{\mu_1} \left[ A_{\nu,1} \, \mathrm{I}_{\mu_1}(\sigma_1 \gamma_0) + B_{\nu,1} \, \mathrm{K}_{\mu_1}(\sigma_1 \gamma_0) \right] = 1 \tag{20}$$

$$\sigma_{M} \left[ A_{\nu,M} I_{\mu_{M}-1}(\sigma_{M}) - B_{\nu,M} K_{\mu_{M}-1}(\sigma_{M}) \right] + (Sh_{out} - Pe_{M}) \left[ A_{\nu,M} I_{\mu_{M}}(\sigma_{M}) + B_{\nu,M} K_{\mu_{M}}(\sigma_{M}) \right] = 0$$
(21)

$$\begin{aligned} -\overline{D}_{m}\sigma_{m}\gamma_{m}^{\mu_{m}} \left[ A_{\nu,m} \operatorname{I}_{\mu_{m}-1}(\sigma_{m}\gamma_{m}) - B_{\nu,m} \operatorname{K}_{\mu_{m}-1}(\sigma_{m}\gamma_{m}) \right] \\ &+ \frac{Pe_{m}}{\gamma_{m}} \gamma_{m}^{\mu_{m}} \left[ A_{\nu,m} \operatorname{I}_{\mu_{m}}(\sigma_{m}\gamma_{m}) + B_{\nu,m} \operatorname{K}_{\mu_{m}}(\sigma_{m}\gamma_{m}) \right] \\ &= -\overline{D}_{m+1}\sigma_{m+1}\gamma_{m}^{\mu_{m+1}} \left[ A_{\nu,m+1} \operatorname{I}_{\mu_{m+1}-1}(\sigma_{m+1}\gamma_{m}) \\ &- B_{\nu,m+1} \operatorname{K}_{\mu_{m+1}-1}(\sigma_{m+1}\gamma_{m}) \right] \\ &+ \frac{Pe_{m+1}}{\gamma_{m}} \gamma_{m}^{\mu_{m+1}} \left[ A_{\nu,m+1} \operatorname{I}_{\mu_{m+1}}(\sigma_{m+1}\gamma_{m}) + B_{\nu,m+1} \operatorname{K}_{\mu_{m+1}}(\sigma_{m+1}\gamma_{m}) \right] \end{aligned}$$

$$-\bar{D}_{m}\sigma_{m}\gamma_{m}^{\mu_{m}}\left[A_{\nu,m} I_{\mu_{m}-1}(\sigma_{m}\gamma_{m}) - B_{\nu,m} K_{\mu_{m}-1}(\sigma_{m}\gamma_{m})\right] + \frac{Pe_{m}}{\gamma_{m}}\gamma_{m}^{\mu_{m}}\left[A_{\nu,m} I_{\mu_{m}}(\sigma_{m}\gamma_{m}) - B_{\nu,m} K_{\mu_{m}}(\sigma_{m}\gamma_{m})\right]$$
(m=1,2...M-  
$$= \bar{k}_{m}\left[\gamma_{m}^{\mu_{m}}\left[A_{\nu,m} I_{\mu_{m}}(\sigma_{m}\gamma_{m}) + B_{\nu,m} K_{\mu_{m}}(\sigma_{m}\gamma_{m})\right]$$
(1) (23)  
$$-\gamma_{m}^{\mu_{m+1}}\left[A_{\nu,m+1} I_{\mu_{m+1}}(\sigma_{m+1}\gamma_{m}) + B_{\nu,m+1} K_{\mu_{m+1}}(\sigma_{m+1}\gamma_{m})\right]$$

Solving equations (20)-(23) through matrix inversion results in  $A_{v,m}$  and  $B_{v,m}$ , and therefore the functions  $v_m(\xi)$ .

The governing equation and boundary/interface conditions for the remainder of the solution,  $u_m(\xi, \tau)$  are given by

$$\frac{\partial u_m}{\partial \tau} = \frac{\overline{D}_m}{\xi} \frac{\partial}{\partial \xi} \left( \xi \frac{\partial u_m}{\partial \xi} \right) - \frac{Pe_m}{\xi} \frac{\partial u_m}{\partial \xi} - \overline{\beta}_m u_m \qquad \begin{array}{l} \gamma_{m-1} < \xi < \gamma_m; \ 0 < \tau < \tau_b \\ (m=1,2,3...M) \qquad (24) \end{array}$$

subject to

$$u_1 = 0 \qquad \qquad \text{at } \xi = \gamma_0 \ (25)$$

$$\frac{\partial u_M}{\partial \xi} - \frac{Pe_M}{\xi} u_M + Sh_{out} u_M = 0 \qquad \text{at } \xi = 1 \ (26)$$

$$-\overline{D}_m \frac{\partial u_m}{\partial \xi} + \frac{Pe_m}{\xi} u_m = -\overline{D}_{m+1} \frac{\partial u_{m+1}}{\partial \xi} + \frac{Pe_{m+1}}{\xi} u_{m+1} \qquad \text{at } \xi = \gamma_m \ (m=1,2...M-1) \ (27)$$

$$-\overline{D}_m \frac{\partial u_m}{\partial \xi} + \frac{Pe_m}{\xi} u_m = \overline{k}_m (u_m - u_{m+1}) \qquad \text{at } \xi = \gamma_m (m=1,2...M-1) (28)$$

along with the following non-homogeneous initial condition:

$$u_m = -v_m(\xi)$$
 at  $\tau = 0 \ (m = 1, 2, ..M)$  (29)

Equations (24)-(28) are completely homogeneous, and the only non-homogeneity in the  $u_m$  problem appears in the initial condition. Therefore, this multilayer CDR problem may be solved using the technique of separation of variables. Specifically, one may write

$$u_m(\xi,\tau) = \sum_{n=1}^{\infty} \hat{g}_n f_{m,n}(\xi) \exp\left(-\hat{\lambda}_n^2 \tau\right) \qquad (m=1,2,3...M) \qquad (30)$$

where  $\hat{g}_n$  are coefficients to be determined. By separating out the spatial and time-dependent terms, and substituting  $f_{m,n}(\xi) = \xi^{\mu_m} \hat{f}_{m,n}(\xi)$ , it can be shown that  $\hat{f}_{m,n}(\xi)$  satisfies the Bessel differential equation, and, therefore,

$$f_{m,n}(\xi) = \xi^{\mu_m} \left[ \hat{A}_{m,n} \operatorname{J}_{\mu_m} \left( \widehat{\omega}_{m,n} \xi \right) + \widehat{B}_{m,n} \operatorname{Y}_{\mu_m} \left( \widehat{\omega}_{m,n} \xi \right) \right]$$
(31)

where, by substituting in the governing energy equation, one may show that

$$\widehat{\omega}_{m,n} = \sqrt{\frac{\widehat{\lambda}_n^2 - \overline{\beta}_m}{\overline{D}_m}} \qquad (m=1,2...M) \qquad (32)$$

 $\hat{\lambda}_n$  are the eigenvalues of the problem.  $J_{\nu}(x)$  and  $Y_{\nu}(x)$  represent Bessel functions of the first and second kind, respectively, and of order  $\nu$  [25].

In order to determine the unknown eigenvalues and coefficients, the transient concentration distribution given by equation (30) is inserted into boundary and interface conditions given by equations (25)-(28). This results in

$$\hat{A}_{1,n} J_{\mu_1} (\hat{\omega}_{1,n} \gamma_0) + \hat{B}_{1,n} Y_{\mu_1} (\hat{\omega}_{1,n} \gamma_0) = 0$$
(33)

$$\widehat{\omega}_{M,n} [\widehat{A}_{M,n} J_{\mu_{M}-1}(\widehat{\omega}_{M,n}) + \widehat{B}_{M,n} Y_{\mu_{M}-1}(\widehat{\omega}_{M,n})]$$

$$= (-Sh_{out} + Pe_{M}) [\widehat{A}_{M,n} J_{\mu_{M}}(\widehat{\omega}_{M,n}) + \widehat{B}_{M,n} Y_{\mu_{M}}(\widehat{\omega}_{M,n})]$$
(34)

$$-\bar{D}_{m}\hat{\omega}_{m,n}\gamma_{m}^{\mu_{m}}\left(\hat{A}_{m,n}J_{\mu_{m}-1}(\hat{\omega}_{m,n}\gamma_{m})+\hat{B}_{m,n}Y_{\mu_{m}-1}(\hat{\omega}_{m,n}\gamma_{m})\right)$$

$$+\frac{Pe_{m}}{\gamma_{m}}\gamma_{m}^{\mu_{m}}\left[\hat{A}_{m,n}J_{\mu_{m}}(\hat{\omega}_{m,n}\gamma_{m})+\hat{B}_{m,n}Y_{\mu_{m}}(\hat{\omega}_{m,n}\gamma_{m})\right]$$

$$=-\bar{D}_{m+1}\hat{\omega}_{m+1,n}\gamma_{m}^{\mu_{m+1}}\left(\hat{A}_{m+1,n}J_{\mu_{m+1}-1}(\hat{\omega}_{m+1,n}\gamma_{m})\right)$$

$$+\hat{B}_{m+1,n}Y_{\mu_{m+1}-1}(\hat{\omega}_{m+1,n}\gamma_{m})\right)$$

$$1 (35)$$

$$+\frac{Pe_{m+1}}{\gamma_{m}}\gamma_{m}^{\mu_{m+1}}\left[\hat{A}_{m+1,n}J_{\mu_{m+1}}(\hat{\omega}_{m+1,n}\gamma_{m})+\hat{B}_{m+1,n}Y_{\mu_{m+1}}(\hat{\omega}_{m+1,n}\gamma_{m})\right]$$

$$-\bar{D}_{m}\widehat{\omega}_{m,n}\gamma_{m}{}^{\mu_{m}}\left(\hat{A}_{m,n} J_{\mu_{m}-1}(\widehat{\omega}_{m,n}\gamma_{m}) + \hat{B}_{m,n} Y_{\mu_{m}-1}(\widehat{\omega}_{m,n}\gamma_{m})\right) + \frac{Pe_{m}}{\gamma_{m}}\gamma_{m}{}^{\mu_{m}}\left[\hat{A}_{m,n} J_{\mu_{m}}(\widehat{\omega}_{m,n}\gamma_{m}) + \hat{B}_{m,n} Y_{\mu_{m}}(\widehat{\omega}_{m,n}\gamma_{m})\right] = \bar{k}_{m}\left[\gamma_{m}{}^{\mu_{m}}\left(\hat{A}_{m,n} J_{\mu_{m}}(\widehat{\omega}_{m,n}\gamma_{m}) + \hat{B}_{m,n} Y_{\mu_{m}}(\widehat{\omega}_{m,n}\gamma_{m})\right) - \gamma_{m}{}^{\mu_{m+1}}\left(\hat{A}_{m+1,n} J_{\mu_{m+1}}(\widehat{\omega}_{m+1,n}\gamma_{m}) + \hat{B}_{m+1,n} Y_{\mu_{m+1}}(\widehat{\omega}_{m+1,n}\gamma_{m})\right)\right]$$
(36)

Equations (33)-(36) represent a set of  $2 \cdot M$  linear homogeneous equations in  $2 \cdot M$  unknowns,  $\hat{A}_{m,n}$  and  $\hat{B}_{m,n}$  (m=1,2..M). Due to the homogeneous nature of these equations, a non-trivial solution is admitted only if the determinant of these equations is zero. This requirement constitutes the eigenequation, the roots of which provide the eigenvalues  $\hat{\lambda}_n$ . An explicit expression for the eigenequation for the general *M*-layer case may be derived by carefully manipulating equations (33)-(36), as shown in Supplementary Information. The final eigenequation is

where the ' sign refers to derivative with respective to  $\xi$  and the expression for function  $p_{M-1,n}(\xi)$  is found in Supplementary Information.

Once the eigenvalues are determined from the roots of this transcendental equation, thereby ensuring that the determinant of the set of equations (33)-(36) is zero, one of the equations in this set is redundant. Further, a general solution for the coefficients  $\hat{A}_{m,n}$  and  $\hat{B}_{m,n}$  may be obtained by assuming one of the coefficients, say,  $\hat{A}_{1,n}$  to be one, and determining all other coefficients in terms of  $\hat{A}_{1,n}$  from equations (33)-(35). Explicit expressions for  $\hat{A}_{m,n}$  and  $\hat{B}_{m,n}$  are presented in Supplementary Information.

Finally, the initial condition and principle of quasi-orthogonality may be used to determine the remaining coefficient  $\hat{g}_n$ . To do so, equation (30) is inserted in the initial conditions given by equation (29), resulting in

$$-\nu_{m}(\xi) = \sum_{n=1}^{\infty} \hat{g}_{n} \xi^{\mu_{m}} [\hat{A}_{m,n} J_{\mu_{m}}(\widehat{\omega}_{m,n}\xi) + \hat{B}_{m,n} Y_{\mu_{m}}(\widehat{\omega}_{m,n}\xi)]$$
(38)

The statement of principle of quasi-orthogonality for the cylindrical CDR problem is considerably more complicated than that of a pure-diffusion problem, specifically in terms of the weighing functions associated with each layer. Quasi-orthogonality is proved separately in Appendix A. Based on the results in Appendix A, equation (38) is multiplied by  $\frac{1}{s_m} [\hat{A}_{m,n'} J_{\mu_m}(\hat{\omega}_{m,n'}\xi) + \hat{B}_{m,n'} Y_{\mu_m}(\hat{\omega}_{m,n'}\xi)]\xi^{1-\mu_m}$ , where  $\frac{s_{m+1}}{s_m} = \frac{\gamma_m^{1-2\mu_{m+1}}}{\gamma_m^{1-2\mu_m}}$  (m=1,2..M-1) and  $s_1 = \gamma_1^{1-2\mu_1}$ . The resulting expression is integrated from  $\xi = \gamma_m$  to  $\xi = \gamma_{m+1}$ . The resulting equations are added, which, with the use of principle of quasi-orthogonality given by equation (A.5) in Appendix A, leads to

$$\hat{g}_{n'} = \frac{1}{N_{n'}} \sum_{m=1}^{M} \frac{1}{s_m} \int_{\gamma_{m-1}}^{\gamma_m} -\nu_m(\xi) \left[ \hat{A}_{m,n'} J_{\mu_m}(\hat{\omega}_{m,n'}\xi) + \hat{B}_{m,n'} Y_{\mu_m}(\hat{\omega}_{m,n'}\xi) \right] \xi^{1-\mu_m} d\xi$$
(39)

where the norm  $N_{n'}$  is given by

$$N_{n'} = \sum_{m=1}^{M} \frac{1}{s_m} \int_{\gamma_{m-1}}^{\gamma_m} \xi \left[ \hat{A}_{m,n'} J_{\mu_m} \left( \hat{\omega}_{m,n'} \xi \right) + \hat{B}_{m,n'} Y_{\mu_m} \left( \hat{\omega}_{m,n'} \xi \right) \right]^2 d\xi$$
(40)

This completes the solution for Stage A. During this stage, the drug is expected to enter the multi-layer artery from the luminal wall. Some of the drug may get absorbed within the artery layer and some may be lost from the perivascular wall. The second Stage, in which the balloon has been withdrawn is considered in the next section.

#### 2.4. Stage B: After Balloon is Withdrawn $(\tau > \tau_b)$

Once the balloon has been withdrawn, the drug already present within the artery continues to diffuse, be convected and bind within the artery. The boundary condition at the perivascular wall continues to be characterized by a Sherwood number  $Sh_{out}$ , whereas, it is assumed that on the luminal surface, the constant concentration boundary condition due to the balloon is replaced by a general mass transfer boundary condition that models drug loss to the luminal blood flow due to convection. This boundary condition may be characterized by another Sherwood number,  $Sh_{in} = \frac{h_{in}R_M}{D_M}$ . In this framework, the non-dimensional concentration distribution  $\phi_m(\xi, \tau)$  during Stage B is given by

$$\frac{\partial \phi_m}{\partial \tau} = \frac{\overline{D}_m}{\xi} \frac{\partial}{\partial \xi} \left( \xi \frac{\partial \phi_m}{\partial \xi} \right) - \frac{Pe_m}{\xi} \frac{\partial \phi_m}{\partial \xi} - \overline{\beta}_m \phi_m \qquad \qquad \gamma_{m-1} < \xi < \gamma_m; \tau > \tau_b$$

$$(m=1,2,3...M) \qquad (41)$$

subject to

$$-\overline{D}_{1}\frac{\partial\phi_{1}}{\partial\xi} + \frac{Pe_{1}\phi_{1}}{\xi} + Sh_{in}\phi_{1} = 0 \qquad \text{at } \xi = \gamma_{0} (42)$$

$$\frac{\partial \phi_M}{\partial \xi} - \frac{P e_M \phi_M}{\xi} + S h_{out} \phi_M = 0 \qquad \text{at } \xi = 1 \ (43)$$

$$-\overline{D}_m \frac{\partial \phi_m}{\partial \xi} + P e_m \phi_m = -\overline{D}_{m+1} \frac{\partial \phi_{m+1}}{\partial \xi} + P e_{m+1} \phi_{m+1} \qquad \text{at } \xi = \gamma_m \ (m=1,2...M-1) \ (44)$$

$$-\overline{D}_m \frac{\partial \phi_m}{\partial \xi} + P e_m \phi_m = \overline{k}_m (\phi_m - \phi_{m+1}) \qquad \text{at } \xi = \gamma_m (m=1,2...M-1) (45)$$

along with the following initial condition:

$$\phi_m = \theta_m(\xi, \tau_d)$$
 at  $\tau=0 \ (m=1,2,..M)$  (46)

where  $\theta_m(\xi, \tau_d)$  is the concentration distribution at the end of Stage A, which serves as the initial condition for Stage B. Note that the time coordinate associated with  $\phi_m$  in these equations begins at the time that the balloon is withdrawn.

This problem is similar to the  $u_m(\xi, \tau)$  problem encountered in Stage A. A solution may be written as follows:

$$\phi_{m}(\xi,\tau) = \sum_{n=1}^{\infty} \tilde{g}_{n} \xi^{\mu_{m}} [\tilde{A}_{m,n} J_{\mu_{m}}(\tilde{\omega}_{m,n}\xi) \qquad (m=1,2,3...M)$$
$$+ \tilde{B}_{m,n} Y_{\mu_{m}}(\tilde{\omega}_{m,n}\xi)] \exp\left(-\tilde{\lambda}_{n}^{2}\tau\right) \qquad (47)$$

where, by substituting in the governing energy equation, one may show that

$$\widetilde{\omega}_{m,n} = \sqrt{\frac{\widetilde{\lambda}_n^2 - \overline{\beta}_m}{\overline{D}_m}} \qquad (m=1,2...M) \qquad (48)$$

The coefficients  $\tilde{A}_{m,n}$  and  $\tilde{B}_{m,n}$  satisfy boundary and interface conditions similar to equations (34)-(36). In addition, due to the change in boundary condition at  $\xi = \gamma_0$ , the cofficients satisfy the following equation instead of eq. (33):

$$-\tilde{\omega}_{1,n}\overline{D}_{1}\left[\tilde{A}_{1,n} J_{\mu_{1}-1}(\tilde{\omega}_{1,n}\gamma_{0}) + \tilde{B}_{1,n} Y_{\mu_{1}-1}(\tilde{\omega}_{1,n}\gamma_{0})\right] \\ + \left(Sh_{in} + \frac{Pe_{1}}{\gamma_{0}}\right)\left[\tilde{A}_{1,n} J_{\mu_{1}}(\tilde{\omega}_{1,n}\gamma_{0}) + \tilde{B}_{1,n} Y_{\mu_{1}}(\tilde{\omega}_{1,n}\gamma_{0})\right] = 0$$
(49)

Similar to the process for  $u_m(\xi, \tau)$ , the eigenvalues for Stage B may be determined by setting the determinant of equations representing boundary and interface conditions to zero. Subsequently, the coefficients  $\tilde{A}_{m,n}$  and  $\tilde{B}_{m,n}$  may be determined by first setting  $\tilde{A}_{1,n} = 1$  and determining the remaining coefficients from these equations. Supplementary Information provides an explicit expression for the eigenequation for Stage B, as well as closed-form recursive expressions for  $\tilde{A}_{m,n}$  and  $\tilde{B}_{m,n}$ . Finally, the remaining coefficient  $\tilde{g}_n$  may be determined by using the initial condition

$$\theta_m(\xi, \tau_d) = \sum_{n=1}^{\infty} \tilde{g}_n \xi^{\mu_m} \big[ \tilde{A}_{m,n} \, \mathsf{J}_{\mu_m} \big( \tilde{\omega}_{m,n} \xi \big) + \tilde{B}_{m,n} \, \mathsf{Y}_{\mu_m} \big( \tilde{\omega}_{m,n} \xi \big) \big] \qquad (m=1,2,3...M) \tag{50}$$

Similar to Stage A, equation (50) is multiplied by  $\frac{1}{s_m} \left[ \tilde{A}_{m,n'} J_{\mu_m} (\tilde{\omega}_{m,n'} \xi) + \tilde{B}_{m,n'} Y_{\mu_m} (\tilde{\omega}_{m,n'} \xi) \right] \xi^{1-\mu_m}.$  The resulting expression is integrated from  $\xi = \gamma_m$  to  $\xi = \gamma_{m+1}$ . The resulting equations are added, which, with the use of principle of quasiorthogonality as outlined in Appendix A leads to

$$\tilde{g}_{n'} = \frac{1}{\tilde{N}_{n'}} \sum_{m=1}^{M} \frac{1}{s_m} \int_{\gamma_{m-1}}^{\gamma_m} \theta_m(\xi, \tau_d) \left[ \tilde{A}_{m,n'} J_{\mu_m} \left( \tilde{\omega}_{m,n'} \xi \right) + \tilde{B}_{m,n'} Y_{\mu_m} \left( \tilde{\omega}_{m,n'} \xi \right) \right] \xi^{1-\mu_m} d\xi \qquad (51)$$

where the norm  $\widetilde{N}_{n'}$  is given by

$$N_{n'} = \sum_{m=1}^{M} \frac{1}{s_m} \int_{\gamma_{m-1}}^{\gamma_m} \xi \left[ \tilde{A}_{m,n'} J_{\mu_m} \left( \tilde{\omega}_{m,n'} \xi \right) + \tilde{B}_{m,n'} Y_{\mu_m} \left( \tilde{\omega}_{m,n'} \xi \right) \right]^2 d\xi$$
(52)

This completes the solution for concentration distribution in Stage B, during which, the drug introduced into the artery in Stage A diffuses and binds further, and some of it may also be lost from the luminal and perivascular surfaces.

#### 3. Key safety and efficacy indicators

Key performance indicators that characterize the safety and efficacy of drug delivery include  $\bar{\nu}(\tau)$ , the amount of drug delivered up to time  $\tau$ ,  $\bar{\chi}_m(\tau)$ , the amount of drug bound in the

 $m^{\text{th}}$  layer up to time  $\tau$ ,  $\bar{\rho}_m(\tau)$ , the amount of drug remaining unbound in the  $m^{\text{th}}$  layer at time  $\tau$ , and  $\bar{\psi}_{out}(\tau)$  and  $\bar{\psi}_{in}(\tau)$ , the amounts of drug lost from the perivascular and luminal surfaces, respectively. Note that, by the very definition of the problem,  $\bar{\psi}_{in}(\tau)$  is zero during Stage A, when drug is being transported from the balloon into the artery – drug loss from the luminal surface only begins in Stage B when the balloon has been withdrawn. Definitions for these non-dimensional parameters are summarized in Table 1. Closed-form expressions, determined by appropriate integration/differentiation of concentration distributions are given in Appendix B. Note that nondimensionalization is carried out by dividing the corresponding dimensional quantity by the balloon drug concentration and total artery volume.

It may be noted that by multiplying the governing conservation equations, given by equation (1) by  $\xi$ , integrating spatially within each layer and over time, and finally adding all equations, one may derive the following overall mass conservation relationship between these quantities:

$$\bar{\nu}(\tau) = \bar{\psi}_{out}(\tau) + \bar{\psi}_{in}(\tau) + \sum_{m=1}^{M} [\bar{\chi}_m(\tau) + \bar{\rho}_m(\tau)]$$
(52)

#### 4. Results and Discussion

As shown in Section 2, the general solution for concentration distribution in the multilayer artery depends on several parameters, including thicknesses, diffusion coefficients, velocities and reaction coefficients for each layer and convection coefficients at the boundaries. Values/ranges for these parameter values/ranges based on past literature [13,15,16,26] are listed in Table 2. A three-layer artery comprising intima, media and adventitia is assumed. Binding reaction is assumed

to occur only in the media layer and the intima layer is much thinner and with greater diffusivity than the other two layers. While the nominal value of luminal and perivascular Sherwood numbers is taken to be 1, these may vary in a broad range between 0 and  $\infty$ , representing an impenetrable and constant concentration boundary, respectively. For example, following the withdrawal of the balloon, the value of  $Sh_{in}$  likely depends on the extent of damage to the inner lining of the arterial wall. Similarly, the value of  $Sh_{out}$  depends on the nature of tissue surrounding the artery. Since these values are not fixed, a broad range of values is considered in the analysis presented in this section.

#### 4.1. Convergence of series solution

Since the closed-form analytical solution for concentration distribution derived in Section 2, as well as expressions for various performance parameters derived in Section 3 are all in the form of eigenfunction-based infinite series, it is important to determine the number of terms needed in the series to ensure accuracy. This is an important consideration because such series solutions often converge slowly [27], and yet, computing too many terms in the series may lead to unnecessary computational difficulties. Therefore, determining the minimum number of terms needed to be computed is important. In the present, since the two key performance parameters are  $\bar{v}(\tau) = \sum_{m=1}^{M} [\bar{\chi}_m(\tau) + \bar{\rho}_m(\tau)]$ , the total amount of drug delivered up to a given time and  $\bar{\chi}_2(\tau)$ , the total amount of drug absorbed in the media layer up to a given time, the variation in these quantities with the number of eigenvalues considered is examined. Figure 3 plots  $\bar{v}(\tau = 0.017)$  and  $\bar{\chi}_2(\tau = 0.017)$  as functions of the number of eigenvalues. However, in contrast,  $\bar{v}$  converges very slowly and takes nearly 1000 eigenvalues to converge. The calculation of such a large number of

eigenvalues can be tedious, but in the present case is needed to ensure accuracy. In the present work, eigenvalues are computed by identifying intervals in the eigenfunction plot where the curve crosses the *x* axis, followed by successive application of Newton-Raphson iterations to accurately determine the root. By automating the process, it is possible to seamlessly compute the eigenvalues for any given set of parameter values. All subsequent plots discussed in this work have been computed using 1000 eigenvalues.

#### 4.2. Evolution of the concentration field for a representative problem

The concentration field in the three-layer artery in response to drug delivery by a balloon over a small amount of time is computed for a representative set of parameters, as listed in Table 2. The concentration distribution is plotted as a function of  $\xi$  at several different times during Stages A and B in Figures 4(a) and 4(b), respectively. The intima-media interface location is indicated in both plots.

Note that Stage A is relatively short because the balloon is kept in place only for a short amount of time, so that the non-dimensional duration of Stage A is only  $\tau_d = 4.1 \times 10^{-5}$ . Figure 4(a) shows that as time passes, the drug supplied by the balloon at the left boundary diffuses farther and farther into the artery. However, the total diffusion length into the artery is relatively short due to the small time period of Stage A. Drug diffusion clearly crosses over the relatively thin intima and into the media, but does not traverse a large distance into the media layer. The total diffusion length during Stage A shown in Figure 4(a) is consistent with the diffusion length scale estimate based on diffusivities of the intima and media layers. As a result, the average drug concentration in the media layer at the time of balloon withdrawal is relatively small. The dynamics of drug diffusion and absorption during Stage B, in which the balloon has been withdrawn, are shown in Figure 4(b). This plot shows that the drug continues to diffuse throughout the artery and be absorbed in the media layer during this Stage. Drug concentration at  $\xi = 0$  starts to drop during Stage B, which is because of drug loss at that boundary, at which, the drug-containing balloon has been replaced by a convective boundary condition that represents drug loss to the luminal blood flow. As time passes during Stage B, drug concentration in regions close to the lumen reduces and in regions close to the perivascular region increases due to outwards diffusion and convective transport. Over time, drug loss at the two boundaries as well as drug binding reactions in the media layer all contribute towards a gradual reduction in drug concentration, which, at large times, is all bound within the media layer.

#### 4.3. Overall mass balance during Stages A and B

The amount of drug delivered up to any time may be calculated from knowledge of the amount of drug absorbed, still present and lost from the luminal and perivascular surfaces. Section 3 and Table 1 define and present explicit analytical expressions for each of these quantities. It is instructive to examine the evolution of these various quantities over time. Figure 5(a) and 5(b) plot these components as functions of time during Stages A and B, respectively. Since drug absorption occurs only in the media layer,  $\bar{\chi}_1$  and  $\bar{\chi}_3$  are both zero, and therefore are not plotted. Figure 5(a) shows that during Stage A, when the balloon is present, the amount of drug delivered increases over time. The increase is relatively rapid at early times and slows down later, which is consistent with the nature of diffusion. The amount of drug present in the intima layer rises rapidly due to being next to the drug-containing balloon, before saturating. In contrast, the amount of drug in the media layer rises slowly throughout the time period. Due to the short amount of time in Stage A and the small amount of drug available in the media layer, there is no significant drug absorption

in the media layer. The amount of drug lost from the perivascular surface is also approximately zero, which is because not much drug has yet reached the perivascular surface. As shown in equation (52), up to any given time, the sum of total drug absorbed and present in all layers, as well as lost from the luminal and perivascular surfaces must add up to the total amount of drug delivered. This total sum is also plotted in Figure 5(a), and is shown to be very close to the total amount of drug delivered. The overall mass balance shown by this agreement is encouraging and indicates validation of the analysis presented in Section 2.

A similar plot of evolution of drug delivered, absorbed, present and lost during Stage B is presented in Figure 5(b). As expected, the total amount of drug delivered remains flat during Stage B, because the balloon has been withdrawn, and no more drug enters the artery. Drug present in the three layers of the artery at the start of Stage B continues to diffuse over time, and can be either absorbed in the media layer, or lost from the luminal and perivascular boundaries. Figure 5(b) clearly shows that during Stage B, the amount of drug present in intima and media layers reduces as time passes. These layers were saturated with a high drug content during Stage A. In contrast, not much drug diffused into the outer-most adventitia layer during Stage A, which is why, Figure 5(b) shows that during Stage B, drug available in the adventitia layer first increases due to diffusion from the media layer, and then gradually decreases due to drug loss at the perivascular surface. The amount of drug lost from the luminal and perivascular surfaces increases and reaches a saturation value. Finally, the amount of drug bound in the media layer rises sharply at first, due to the large amount of drug available in the media layer, and then saturates as the amount of drug available for binding reduces over time. The total amount of drug bound in the media is a small fraction of the drug concentration in the balloon. This indicates that despite the application of the balloon, the amount of drug actually delivered into the media layer is expected to be relatively

small compared to drug concentration in the balloon. The drug loading in the balloon must therefore be designed accordingly. Similar to Figure 5(a), the total sum of drug available, bound and lost is also plotted as a function of time in Figure 5(b). This sum is found to be close to the total amount of drug delivered, which confirms overall mass balance during Stage B. Note that the time scale over which Stage B has been computed (approximately 3 days) is much longer compared to Stage A (60 seconds, which is the typical period after which the balloon is withdrawn).

In addition to providing validation of the analytical expressions derived in Section 2, Figures 5(a) and 5(b) highlight the interesting dynamics between drug diffusion, advection, absorption and boundary loss. These plots provide practical insights into the design of balloon based balloon drug delivery systems.

#### 4.4. Impact of reaction coefficient

The impact of reaction coefficient in the media layer,  $\bar{\beta}_2$  on drug content and amount of drug bound in the artery is examined next. Drug content in the artery is the total amount of drug present in all layers of the artery, whether bound or not, and is an important indicator of the safety of the drug delivery process [22]. Figure 6(a) plots the drug content in the artery as a function of time during Stage A for four different values of  $\bar{\beta}_2$ , within the range reported in the literature [15]. As expected, there is practically no influence of  $\bar{\beta}_2$  on the amount of drug delivered. This is because the amount of drug delivered, and thus contained in the artery mainly depends on the nature of the boundary condition at the luminal surface, as well as diffusion properties of the inner-most arterial layer. This process is largely unrelated to the reaction coefficient in the media layer, especially since only a small amount of drug diffuses into the media layer during the short time period of Stage A.

In contrast, Figure 6(b) plots the drug bound in the artery as a function of time during Stage B, when most of the drug binding process occurs within the media layer. During this Stage, Figure 6(b) shows that the larger the value of  $\bar{\beta}_2$ , the faster is the drug absorption process, and the larger is the amount of drug bound in the artery. This is because a small value of  $\bar{\beta}_2$  results in lesser drug binding, and therefore, a greater amount of drug available to diffuse to the boundaries and be lost into the luminal blood flow and surrounding perivascular tissue.

The total drug content in the artery is the sum of bound and unbound drug available in the artery. The impact of the reaction coefficient  $\bar{\beta}_2$  on the relative amounts of bound and unbound drug is of interest, and is examined in Supplementary Figure 1. These two components as well as the total drug content are plotted as functions of  $\bar{\beta}_2$  at  $\tau = 0.18$ . This plots shows that most of the drug is in the bound state: since  $\tau = 0.18$  corresponds to a relatively long time, much of the drug delivered by the balloon has been consumed in binding reactions. Supplementary Figure 1 shows that for very small values of  $\bar{\beta}_2$ , there may be some unbound drug still remaining at this time.

#### 4.5. Impact of luminal and perivascular boundary conditions

The impact of convective boundary conditions on the luminal and perivascular boundaries, as expressed mathematically by equations (2) and (3) is investigated next. These boundary conditions are represented by Sherwood numbers –  $Sh_{in}$  and  $Sh_{out}$ , respectively. The specific value of the Sherwood number depends, among other factors, on the physical properties and functionality of the arterial tissue at these boundaries. For example, application of the balloon on the luminal

surface may damage the endothelial cells at that surface, resulting in reduced rate of convective transport at that surface. Further, the nature of tissue surrounding the artery may influence the value of  $Sh_{out}$ . Figures 7(a) and 7(b) plot the amount of drug lost at the luminal and perivascular surfaces as functions of time for different values of Shin and Shout, respectively. The amount of drug lost is expressed as a fraction of the total drug delivered. In both cases, as expected, the greater the Sherwood number, the greater is the amount of drug lost. Note that for a large value of  $Sh_{in}$ , up to around 80% of the drug delivered may be lost at the luminal surface. This strong impact is because the luminal surface is close to where most of the drug delivered by the end of Stage A is concentrated. Comparing the dynamics of drug loss at the two surfaces, it is seen that while drug loss at the luminal surface rises sharply with time, drug loss at the perivascular surface lags behind, which is explained by the time taken for the drug to diffuse through the artery to the perivascular surface. In contrast, drug is readily available close to the luminal surface because that is where the balloon was applied in Stage A. This also explains why the amount of drug lost from the luminal surface is nearly an order of magnitude larger than drug lost from the perivascular surface. Over the time period considered here, the amount of drug lost at the luminal surface reaches a steady value because the drug in the intima layer continues to diffuse radially outwards and towards the perivascular surface. This is also the reason why drug lost at the perivascular surface takes longer to reach a steady value.

To investigate this further, Figure 8 plots the amount of drug lost up to a certain time as a function of the Sherwood number. Plots for the luminal and perivascular surfaces are presented in Figures 8(a) and 8(b), respectively. Similar to Figure 7, the amount of drug lost is expressed as a fraction of the total drug delivered. As expected, the amount of drug lost increases with increasing value of Sherwood number. A saturation effect is observed in both cases. For example, beyond a

value of 100 for  $Sh_{out}$ , Figure 8(b) shows negligible additional drug loss upon increasing  $Sh_{out}$  further, indicating that this value is the threshold for reaching an infinite sink boundary condition.

It is also important to examine the impact of the boundary conditions on drug content in the artery. Supplementary Figure 2 plots drug content in the artery as a function of time during Stage A for different values of the perivascular Sherwood number, Shout. As expected, Shout has negligible impact on drug content during Stage A. This is because in the short time duration of Stage A, drug diffusion into the artery is limited mainly to the intima and media layers, and therefore, the boundary condition on the perivascular surface is relatively insignificant. In contrast, Figures 9(a) and 9(b) plot drug content as function of time in Stage B for different values of luminal and perivascular Sherwood numbers, Shin and Shout, respectively. Figure 9(a) shows a very strong dependence of drug content in the artery on  $Sh_{in}$ . For relatively large value of  $Sh_{in}$ , the drug content drops dramatically with time. This is because the luminal surface, where  $Sh_{in}$  is applied, is located next to the intima, which is rich in drug delivered during Stage A. Therefore,  $Sh_{in}$ strongly influences drug content in the artery, and for large values of  $Sh_{in}$ , there is significant drug loss from the luminal surface. A large value of  $Sh_{in}$  may arise, for example, due to strong convective mass transfer to luminal blood flow, facilitated also by possible endothelial damage due to the application of the balloon. In contrast, the impact of  $Sh_{out}$ , which is applied on the perivascular surface, is relatively smaller, particularly in the early part of Stage B, as shown in Figure 9(b). This is because the perivascular surface is located far from the drug-rich intima, and by the time drug diffuses to the perivascular surface, so that the impact of Shout begins to be felt, much of the drug is already bound in the media layer. The five curves shown in Figure 9(b) are nearly identical at early times, when not much drug has diffused to the perivascular surface, and the influence of  $Sh_{out}$  is mainly observed only afterwards.

#### 4.6. Impact of diffusion coefficient of the intima

While each layer in the artery has a distinct diffusion coefficient, that of the intima layer is expected to play a key role in determining the drug delivery and binding characteristics. This is because the intima layer is adjacent to the drug-carrying balloon. Further, drug diffusion during Stage A occurs mainly in the intima layer, and therefore, the total amount of drug delivered before the balloon is withdrawn is strongly dependent on the diffusion coefficient of the intima.

Despite the short duration, Stage A is critical for determining the total amount of drug delivered, because the balloon is withdrawn at the end of Stage A, after which, there is no more drug entering the artery. In order to investigate the impact of intima diffusion coefficient on drug delivery, Figure 10 plots the amount of drug delivered as a function of time during Stage A for different values of  $\overline{D}_1$ . The parametric range considered here is one order of magnitude lower and greater than the nominal value based on past literature [15,16]. Figure 10 shows that the larger the value of  $\overline{D}_1$ , the greater is the amount of drug delivered. For each case considered here, the drug delivery curve becomes approximately linear after a short time. However, the greater the value of  $\overline{D}_1$ , the greater is a saturation effect, in that once  $\overline{D}_1$  is reasonably large, further increase in  $\overline{D}_1$  does not significantly increase the amount of drug delivered. This may be because once  $\overline{D}_1$  is sufficiently large, drug diffuses very rapidly through the intima, and the overall drug delivery process starts to become limited by  $\overline{D}_2$  instead. Note that the intima diffusion coefficient is assumed to not be influenced by the process of applying the balloon on the luminal surface.

Drug content and drug bound in the media is plotted as a function of time for different values of  $\overline{D}_1$  in Figures 11(a) and 11(b), respectively. During Stage B, the drug content reduces

with time due to loss from the boundaries, whereas the amount of drug bound increases with time because of reactions that convert unbound drug available in the media to a bound state. Figure 11(a) shows very gradual reduction in the drug content over time since the definition of drug content includes both unbound and bound drug. The intima diffusion coefficient only influences the initial drug content at the start of Stage A, and not so much the extent of reduction over time. On the other hand, as shown in Figure 11(b), the amount of drug bound in the media layer has a strong dependence on  $\overline{D}_1$ , particularly in the low range of  $\overline{D}_1$ . This is because the greater the value of  $\overline{D}_1$ , the more rapid is the rate of diffusion of the drug from the drug-rich intima into the media, where binding reactions occur. Similar to the effect observed in Figure 10, there is a saturation effect, in that beyond a threshold value of  $\overline{D}_1$ , further increase in  $\overline{D}_1$  does not result in significant further increase in the amount of drug bound.

#### 4.7. Impact of advection

A key feature of drug transport in this problem is the advection of drug due to radially outwards plasma flow. This radial flow is driven by the transmural pressure difference, and the velocity has been shown to proportional to 1/r, also depending on the pressure gradient and various porous flow properties. The impact of the Péclet number, which represents the magnitude of this flow field on drug delivery and binding characteristics is examined next. Supplementary Figures 3(a) and 3(b) plot the amount of drug delivered during Stage A and amount of drug bound during Stage B as functions of time for several different values of *Pe*, including the baseline value of *Pe*=0 that represents the case of no advection. Note that the range of *Pe* considered is based on estimates derived from existing literature [13]. The plots show that the value of the Péclet number, in the range considered here, has minimal impact on drug delivery and binding characteristics. In

Stage B, the amount of drug bound in the media layer actually reduces with increasing Péclet number. This is likely because as *Pe* increases, a greater amount of drug is removed from the media layer and into the adventitia due to advection than is brought into the media from the intima. Note that there are several second-order effects that are not considered in this analysis. For example, the application of the balloon is likely to increase the transmural pressure gradient during Stage A. Due to the relatively short time duration of Stage A, it is anticipated that the effect on the performance indicators considered in this model will be small and, therefore, a constant Péclet number is assumed throughout the time duration considered here. Further, the application of the balloon may damage endothelial cells in the intima layer, which may impact the nature of porous flow through the intima, and therefore, the Péclet number. However, the intima thickness is only 5% of the overall artery thickness, and therefore, this is also likely to be a small effect.

#### 4.8. Results for a homogeneous artery

In some cases, it may be acceptable to neglect the multi-layer nature of the artery, and instead treat it as a homogeneous body. The drug transport problem can be considerably simplified in such a case. Due to the practical importance of this special case, it is instructive to explicitly write the solution for this problem. The governing equations and solution for this problem can be derived by setting M=1 in Section 2. These equations and closed-form expressions for concentration distribution and various performance indicators for this case are summarized in Supplementary Information.

#### 5. Summary and Conclusions

Endovascular drug delivery involves complex interactions between several physical and biological processes, including diffusion, advection and binding reactions, which is further complicated by the multilayer nature of the artery. Experimental investigation of drug delivery is time-consuming, expensive and may raise ethical questions where animals are used, which is why mathematical models can provide valuable insights and guidance into appropriate design of experiments. The general mathematical model presented in this work may fulfil this role for arterial drug delivery from a balloon. Key insights gained from this work include the important role of intima diffusion coefficient and medial reaction rate in determining the amount of drug delivered and bound, respectively. The model also highlights the key role played by the nature of boundary conditions in this process. Such insights can be used to balance safety and efficacy.

It is important to re-emphasize the key assumptions made here, necessarily employed to enable a closed-form analytical solution. Only one linear, non-saturable binding reaction is assumed to occur. Boundary conditions, as well as transvascular pressure, which influences the Péclet number, are assumed to not be influenced by balloon application or withdrawal. All properties are assumed to be uniform and independent of concentration. For a broad range of practical scenarios, these assumptions are reasonable. Further, note that while values of various properties were taken from existing literature, an integrated effort to measure these properties in the same arterial system, and to study possible variations in these values, may help further improve the accuracy of model predictions.

In addition to the practical insights into the endovascular drug delivery problem, this work also contributes towards theoretical heat/mass transfer by presenting an analytical solution for the multilayer cylindrical CDR problem, including the nature of quasi-orthogonality in this problem.

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# Appendix A: Quasi-orthogonality of eigenfunctions for the general *M*-layer cylinder case with diffusion, convection and reaction

For pure-diffusion multilayer problems, quasi-orthogonality of eigenequations is well-known, and has been widely used for solving standard problems. In the present problem, however, due to the presence of advection and reaction terms in addition to diffusion, the quasi-orthogonality relationship between eigenfunctions is not obvious. This Appendix derives an orthogonality relationship that accounts for these transport processes.

For the general *M*-layer cylindrical geometry considered in this work, the spatial component of the solution,  $f_{m,n}$  for the  $m^{\text{th}}$  layer is given by equation (31). For two distinct numbers *n* and *j*,  $f_{m,n}$  and  $f_{m,j}$  satisfy

$$f_{m,n}^{\prime\prime} + \left(1 - \frac{Pe_m}{\overline{D}_m}\right) \frac{f_{m,n}^{\prime}}{\xi} + \frac{\left(\lambda_n^2 - \bar{\beta}_m\right)}{\overline{D}_m} f_{m,n} = 0 \tag{A.1}$$

$$f_{m,j}^{\prime\prime} + \left(1 - \frac{Pe_m}{\overline{D}_m}\right) \frac{f_{m,j}^{\prime}}{\xi} + \frac{\left(\lambda_j^2 - \bar{\beta}_m\right)}{\overline{D}_m} f_{m,j} = 0$$
(A.2)

For each *m*, multiply equations (A.1) & (A.2) by  $f_{m,j}\xi^{1-2\mu_m}$  and  $f_{m,n}\xi^{1-2\mu_m}$ , then subtract to obtain

$$\left[ \left( f'_{m,n} f_{m,j} - f'_{m,j} f_{m,n} \right) \xi^{1-2\mu_m} \right]' = -\frac{\left(\lambda_n^2 - \lambda_j^2\right)}{\overline{D}_m} f_{m,n} f_{m,j} \xi^{1-2\mu_m}$$
(A.3)

Now, for each layer, *m*, equation (A.3) is divided by  $u_m$ , where  $\frac{u_{m+1}}{u_m} = \frac{\gamma_m^{1-2\mu_{m+1}}}{\gamma_m^{1-2\mu_m}}$  (*m*=1,2,..*M*-1) and  $u_1 = \gamma_1^{1-2\mu_1}$ . Each of the resulting equations is integrated within the respective layer, and added, to result in

$$-\overline{D}_{1} \frac{\left[f_{1,n}'(\gamma_{0})f_{1,j}(\gamma_{0}) - f_{1,j}'(\gamma_{0})f_{1,n}(\gamma_{0})\right]}{\gamma_{1}^{1-2\mu_{1}}} + \frac{\left[f_{M,n}'(1)f_{M,j}(1) - f_{M,j}'(1)f_{M,n}(1)\right]}{\gamma_{M-1}^{1-2\mu_{M}}} \\ + \sum_{m=2}^{M} \left[\overline{D}_{m-1}\left(f_{m-1,n}'(\gamma_{m-1})f_{m-1,j}(\gamma_{m-1}) - f_{m-1,j}'(\gamma_{m-1})f_{m-1,n}(\gamma_{m-1})\right)\right. \\ \left. - \overline{D}_{m}\left(f_{m,n}'(\gamma_{m-1})f_{m,j}(\gamma_{m-1}) - f_{m,j}'(\gamma_{m-1})f_{m,n}(\gamma_{m-1})\right)\right]$$

$$\left. = \left(\lambda_{n}^{2} - \lambda_{j}^{2}\right)\sum_{m=1}^{M} \frac{1}{u_{m}}\int_{\gamma_{m-1}}^{\gamma_{m}} f_{m,n}f_{m,j}\,\xi^{1-2\mu_{m}}d\xi$$
(A.4)

The first term on the left hand side of equation (A.4) is zero because from the boundary condition at  $\xi = \gamma_0$  during Stage A,  $f_{1,n}(\gamma_0) = f_{1,n}(\gamma_0) = 0$ . Similarly, the second term in the left-hand side of equation (A.4) may be shown to be zero, based on the boundary condition at  $\xi = 1$ .

Focusing on the remaining terms on the left hand side, each term within the square bracket inside the summation pertains to the interface between the  $(m-1)^{\text{th}}$  and  $m^{\text{th}}$  layer (m=2,..M). Each term in this summation can be shown to be zero as follows: From the interface condition at  $\xi = \gamma_{m-1}$  given by equations (10),  $\overline{D}_{m-1}f'_{m-1,n} = \overline{D}_m f'_{m,n} - Pe_m f_{m,n} + Pe_{m-1}f_{m-1,n}$  and  $\overline{D}_{m-1}f'_{m-1,j} =$  $\overline{D}_m f'_{m,j} - Pe_m f_{m,j} + Pe_{m-1}f_{m-1,j}$ . Further, from equation (11),  $\overline{D}_{m-1}f'_{m-1,n} = Pe_{m-1}f_{m-1,n} - \overline{k}_{m-1}(f_{m,n} - f_{m-1,n})$  and  $\overline{D}_{m-1}f'_{m-1,j} = Pe_{m-1}f_{m-1,j} - \overline{k}_{m-1}(f_{m,j} - f_{m-1,j})$ . Here, all functions are evaluated at  $\xi = \gamma_{m-1}$ . Using these relationships, each term within square bracket inside the summation on the left hand side of equation (A.4) can be re-arranged as  $Pe_{m-1}f_{m-1,j}f_{m-1,n} - \overline{k}_{m-1}(f_{m,n} - f_{m-1,n})f_{m-1,j} - Pe_{m-1}f_{m-1,j}f_{m-1,n} + \overline{k}_{m-1}(f_{m,n} - f_{m-1,j})f_{m-1,n} - (f'_{m,n}f_{m,j} - f'_{m,j}f_{m,n})$ , which can be further simplified to  $\overline{k}_{m-1}(f_{m,j}f_{m-1,n} - f_{m,n}f_{m-1,j}) - (Pe_m f_{m,n}f_{m,j} - \overline{k}_{m-1}(f_{m,n} - f_{m-1,n})f_{m,j} - Pe_m f_{m,j}f_{m,n} - \overline{k}_{m-1}(f_{m,j} - f_{m-1,j})f_{m,n})$ , which is zero.

This shows that the left hand side of equation (A.4) is zero. Therefore, for distinct n and j, the following relationship between the spatial eigenfunctions may be written:

$$\sum_{m=1}^{M} \frac{1}{u_m} \int_{\gamma_{m-1}}^{\gamma_m} f_{m,n} f_{m,j} \,\xi^{1-2\mu_m} d\xi = 0 \qquad \qquad n \neq j \text{ (A.5)}$$

This orthogonality relationship differs from the standard orthogonality for pure-diffusion multilayer problems in the  $\xi^{1-2\mu_m}$  term as well as the definition of  $u_m$ . Equation (A.5) plays an important role in deriving an expression for the last remaining coefficient,  $\hat{g}_n$  of the problem.

Along similar lines, it can be shown that the orthogonality relationship given by equation (A.5) also holds for the eigenfunctions for Stage B.

# Appendix B: Explicit expressions for parameters

By inserting equations (13) and (46) in the definitions for various performance parameters given in Table 1, one may derive the following explicit expressions:

Stage A:

$$\bar{\nu}(\tau) = \frac{-2\gamma_0}{1-\gamma_0^2} \Biggl[ \left[ A_{\nu,1} \, I_{\mu_1-1}(\sigma_1 \gamma_0) - B_{\nu,1} \, K_{\mu_1-1}(\sigma_1 \gamma_0) \right] \sigma_1 \gamma_0^{\mu_1} \tau \\ + \sum_{n=1}^{\infty} \hat{g}_n (\hat{A}_{1,n} \, J_{\mu_1-1}(\hat{\omega}_{1,n} \gamma_0) + \hat{B}_{1,n} \, Y_{\mu_1-1}(\hat{\omega}_{1,n} \gamma_0)) \hat{\omega}_{1,n} \gamma_0^{\mu_1} \left( \frac{1-\exp\left(-\hat{\lambda}_n^2 \tau\right)}{\hat{\lambda}_n^2} \right) \Biggr]$$
(B.1)

$$\begin{split} \bar{\chi}_{m}(\tau) &= \frac{2\bar{\beta}_{m}}{1 - \gamma_{0}^{2}} \Biggl[ \left[ A_{v,m} \, I_{\mu_{m}+1}(\sigma_{m}\gamma_{m}) - B_{v,m} \, K_{\mu_{m}+1}(\sigma_{m}\gamma_{m}) \right] \frac{\gamma_{m}^{\mu_{m}+1}}{\sigma_{m}} \tau \\ &- \left[ A_{v,m} \, I_{\mu_{m}+1}(\sigma_{m}\gamma_{m-1}) - B_{v,m} \, K_{\mu_{m}+1}(\sigma_{m}\gamma_{m-1}) \right] \frac{\gamma_{m-1}^{\mu_{m}+1}}{\sigma_{m}} \tau \\ &+ \sum_{n=1}^{\infty} \frac{\hat{g}_{n}}{\hat{\omega}_{m,n}} \Bigl[ \left( \hat{A}_{m,n} \, J_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m}) + \hat{B}_{m,n} \, Y_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m}) \right) \gamma_{m}^{\mu_{m}+1} \\ &- \left( \hat{A}_{m,n} \, J_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m-1}) + \hat{B}_{m,n} \, Y_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m-1}) \right) \gamma_{m-1}^{\mu_{m}+1} \Bigr] \left( \frac{1 - \exp\left(-\hat{\lambda}_{n}^{2}\tau\right)}{\hat{\lambda}_{n}^{2}} \right) \Biggr] \end{split}$$
(B.2)

$$\bar{\rho}_{m}(\tau) = \frac{2}{1-\gamma_{0}^{2}} \left[ \left[ A_{\nu,m} \, I_{\mu_{m}+1}(\sigma_{m}\gamma_{m}) - B_{\nu,m} \, K_{\mu_{m}+1}(\sigma_{m}\gamma_{m}) \right] \frac{\gamma_{m}^{\mu_{m}+1}}{\sigma_{m}} - \left[ A_{\nu,m} \, I_{\mu_{m}+1}(\sigma_{m}\gamma_{m-1}) - B_{\nu,m} \, K_{\mu_{m}+1}(\sigma_{m}\gamma_{m-1}) \right] \frac{\gamma_{m-1}^{\mu_{m}+1}}{\sigma_{m}} + \sum_{n=1}^{\infty} \frac{\hat{g}_{n}}{\hat{\omega}_{m,n}} \left[ \left( \hat{A}_{m,n} \, J_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m}) + \hat{B}_{m,n} \, Y_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m}) \right) \gamma_{m}^{\mu_{m}+1} - \left( \hat{A}_{m,n} \, J_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m-1}) + \hat{B}_{m,n} \, Y_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m-1}) \right) \gamma_{m-1}^{\mu_{m}+1} \right] \exp\left(-\hat{\lambda}_{n}^{2}\tau\right) \right]$$
(B.3)

$$\bar{\psi}_{out}(\tau) = \frac{2Sh_{out}}{1 - \gamma_0^2} \left[ \left[ A_{\nu,M} \, I_{\mu_M}(\sigma_M) + B_{\nu,M} \, K_{\mu_M}(\sigma_M) \right] \tau + \sum_{n=1}^{\infty} \hat{g}_n \left[ \hat{A}_{M,n} \, J_{\mu_M}(\widehat{\omega}_{M,n}) + \hat{B}_{M,n} \, Y_{\mu_M}(\widehat{\omega}_{M,n}) \right] \left( \frac{1 - \exp\left(-\hat{\lambda}_n^2 \tau\right)}{\hat{\lambda}_n^2} \right) \right]$$
(B.4)

$$\bar{\psi}_{in}(\tau) = 0 \tag{B.5}$$

Stage B:

$$\bar{\nu}(\tau) = \frac{-2\gamma_0}{1-\gamma_0^2} \Biggl[ \left[ A_{\nu,1} \, I_{\mu_1-1}(\sigma_1 \gamma_0) - B_{\nu,1} \, K_{\mu_1-1}(\sigma_1 \gamma_0) \right] \sigma_1 \gamma_0^{\mu_1} \tau_d \\ + \sum_{n=1}^{\infty} \hat{g}_n \big( \hat{A}_{1,n} \, J_{\mu_1-1}(\widehat{\omega}_{1,n} \gamma_0) + \hat{B}_{1,n} \, Y_{\mu_1-1}(\widehat{\omega}_{1,n} \gamma_0) \big) \widehat{\omega}_{1,n} \gamma_0^{\mu_1} \left( \frac{1 - \exp\left(-\hat{\lambda}_n^2 \tau_d\right)}{\hat{\lambda}_n^2} \right) \Biggr]$$
(B.6)

$$\begin{split} \bar{\chi}_{m}(\tau) &= \frac{2\bar{\beta}_{m}}{1 - \gamma_{0}^{2}} \Biggl[ \left[ A_{\nu,m} \, I_{\mu_{m}+1}(\sigma_{m}\gamma_{m}) - B_{\nu,m} \, K_{\mu_{m}+1}(\sigma_{m}\gamma_{m}) \right] \frac{\gamma_{m-1}^{\mu_{m}+1}}{\sigma_{m}} \tau_{d} \\ &- \left[ A_{\nu,m} \, I_{\mu_{m}+1}(\sigma_{m}\gamma_{m-1}) - B_{\nu,m} \, K_{\mu_{m}+1}(\sigma_{m}\gamma_{m-1}) \right] \frac{\gamma_{m-1}^{\mu_{m}+1}}{\sigma_{m}} \tau_{d} \\ &+ \sum_{n=1}^{\infty} \frac{\hat{g}_{n}}{\hat{\omega}_{m,n}} \Bigl[ \left( \hat{A}_{m,n} \, J_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m}) + \hat{B}_{m,n} \, Y_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m}) \right) \gamma_{m}^{\mu_{m}+1} \\ &- \left( \hat{A}_{m,n} \, J_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m-1}) + \hat{B}_{m,n} \, Y_{\mu_{m}+1}(\hat{\omega}_{m,n}\gamma_{m-1}) \right) \gamma_{m-1}^{\mu_{m}+1} \Bigr] \left( \frac{1 - \exp(-\hat{\lambda}_{n}^{2}\tau_{d})}{\hat{\lambda}_{n}^{2}} \right) \\ &+ \sum_{n=1}^{\infty} \frac{\tilde{g}_{n}}{\tilde{\omega}_{m,n}} \Bigl[ \left( \tilde{A}_{m,n} \, J_{\mu_{m}+1}(\tilde{\omega}_{m,n}\gamma_{m}) + \tilde{B}_{m,n} \, Y_{\mu_{m}+1}(\tilde{\omega}_{m,n}\gamma_{m}) \right) \gamma_{m-1}^{\mu_{m}+1} \Bigr] \left( \frac{1 - \exp(-\hat{\lambda}_{n}^{2}\tau)}{\hat{\lambda}_{n}^{2}} \right) \Bigr] \end{split}$$
(B.7)

$$\bar{\rho}_{m}(\tau) = \frac{2}{1-\gamma_{0}^{2}} \left[ \sum_{n=1}^{\infty} \frac{\tilde{g}_{n}}{\tilde{\omega}_{m,n}} \left[ \left( \tilde{A}_{m,n} J_{\mu_{m}+1} \left( \tilde{\omega}_{m,n} \gamma_{m} \right) + \tilde{B}_{m,n} Y_{\mu_{m}+1} \left( \tilde{\omega}_{m,n} \gamma_{m} \right) \right) \gamma_{m}^{\mu_{m}+1} - \left( \tilde{A}_{m,n} J_{\mu_{m}+1} \left( \tilde{\omega}_{m,n} \gamma_{m-1} \right) + \tilde{B}_{m,n} Y_{\mu_{m}+1} \left( \tilde{\omega}_{m,n} \gamma_{m-1} \right) \right) \gamma_{m-1}^{\mu_{m}+1} \right] \exp\left(-\tilde{\lambda}_{n}^{2} \tau\right) \right]$$
(B.8)

$$\begin{split} \bar{\psi}_{out}(\tau) &= \frac{2Sh_{out}}{1 - \gamma_0^2} \Biggl[ \left[ A_{\nu,M} \, \mathrm{I}_{\mu_M}(\sigma_M) + B_{\nu,M} \, \mathrm{K}_{\mu_M}(\sigma_M) \right] \tau_d \\ &+ \sum_{n=1}^{\infty} \hat{g}_n [\hat{A}_{M,n} \, \mathrm{J}_{\mu_M}(\widehat{\omega}_{M,n}) + \hat{B}_{M,n} \, \mathrm{Y}_{\mu_M}(\widehat{\omega}_{M,n})] \Biggl( \frac{1 - \exp\left(-\hat{\lambda}_n^2 \tau_d\right)}{\hat{\lambda}_n^2} \Biggr) \\ &+ \sum_{n=1}^{\infty} \tilde{g}_n [\tilde{A}_{M,n} \, \mathrm{J}_{\mu_M}(\widetilde{\omega}_{M,n}) + \tilde{B}_{M,n} \, \mathrm{Y}_{\mu_M}(\widetilde{\omega}_{M,n})] \Biggl( \frac{1 - \exp\left(-\hat{\lambda}_n^2 \tau_d\right)}{\hat{\lambda}_n^2} \Biggr) \Biggr] \end{split}$$
(B.9)

$$\bar{\psi}_{in}(\tau) = \frac{2\gamma_0 S h_{in}}{1 - \gamma_0^2} \left[ \sum_{n=1}^{\infty} \tilde{g}_n \left[ \tilde{A}_{1,n} J_{\mu_1} \left( \tilde{\omega}_{1,n} \gamma_0 \right) + \tilde{B}_{1,n} Y_{\mu_1} \left( \tilde{\omega}_{1,n} \gamma_0 \right) \right] \gamma_0^{\mu_1} \left( \frac{1 - \exp\left( -\tilde{\lambda}_n^2 \tau \right)}{\tilde{\lambda}_n^2} \right) \right]$$
(B.10)

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Figure 2. Schematic of the geometry and boundary conditions for the balloon-driven drug delivery problem for a multi-layer artery. (a) shows Stage A during which the balloon is applied on the luminal surface of the artery, and (b) shows Stage B during which the balloon has been withdrawn.

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(REVISED) Figure 9. Effect of luminal and perivascular boundary conditions on drug content: Drug content in artery as a function of time for different values of (a)  $Sh_{in}$ , (b)  $Sh_{out}$ .

(REVISED) Figure 10. Effect of intima diffusion coefficient: Drug delivered as a function of time during Stage A for different values of  $\overline{D}_1$ . Values of other parameters are listed in Table 2.

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Table 1. Definitions and explicit expressions for various drug delivery and absorption parameters.

Table 2. Values of various problem parameters.

	Parameter	Stage A		Stage B		
		Integral definition	Expression	Integral definition	Expression	
1	Amount delivered up to time $\tau$	$\bar{\nu}(\tau) = \frac{2\gamma_0}{1-\gamma_0^2} \int_0^{\tau} \left( -\overline{D}_1 \left( \frac{\partial \theta_1}{\partial \xi} \right)_{\xi=\gamma_0} + \frac{Pe_1}{\gamma_0} \right) d\tau^*$	Eq. (B.1) in Appendix B	$\bar{\nu}(\tau) = \frac{-2\gamma_0}{1-\gamma_0^2} \int_0^{\tau_d} \left(-\overline{D}_1 \left(\frac{\partial\theta_1}{\partial\xi}\right)_{\xi=\gamma_0} + \frac{Pe_1}{\gamma_0}\right) d\tau^*$	Eq. (B.6) in Appendix B	
2	Amount absorbed in $m^{\text{th}}$ layer up to time $\tau$	$\bar{\chi}_m(\tau) = \frac{2\bar{\beta}_m}{1-\gamma_0^2} \int_0^{\tau} \int_{\gamma_{m-1}}^{\gamma_m} \xi \theta_m(\xi,\tau^*) d\xi  d\tau^*$	Eq. (B.2) in Appendix B	$\bar{\chi}_m(\tau) = \frac{2\bar{\beta}_m}{1-\gamma_0^2} \left[ \int_0^{\tau_d} \int_{\gamma_{m-1}}^{\gamma_m} \xi \theta_m(\xi,\tau^*) d\xi d\tau^* + \int_0^{\tau} \int_{\gamma_{m-1}}^{\gamma_m} \xi \phi_m(\xi,\tau^*) d\xi d\tau^* \right]$	Eq. (B.7) in Appendix B	
5	Amount remaining in $m^{\text{th}}$ layer at time $\tau$	$\bar{\rho}_m(\tau) = \frac{2}{1 - \gamma_0^2} \int_{\gamma_{m-1}}^{\gamma_m} \xi \theta_m(\xi, \tau) d\xi$	Eq. (B.3) in Appendix B	$\bar{\rho}_m(\tau) = \frac{2}{1-\gamma_0^2} \int_{\gamma_{m-1}}^{\gamma_m} \xi \phi_m(\xi,\tau) d\xi$	Eq. (B.8) in Appendix B	
3	Amount lost from the perivascular surface	$\bar{\psi}_{out}(\tau) = \frac{2Sh_{out}}{1-\gamma_0^2} \int_0^\tau \theta_M(1,\tau^*) d\tau^*$	Eq. (B.4) in Appendix B	$\overline{\psi}_{out}(\tau) = \frac{2Sh_{out}}{1-\gamma_0^2} \left[ \int_0^{\tau_d} \theta_M(1,\tau^*) d\tau^* + \int_0^{\tau} \phi_M(1,\tau^*) d\tau^* \right]$	Eq. (B.9) in Appendix B	
4	Amount lost from luminal surface	$ar{\psi}_{in}( au)$ =0	Eq. (B.5) in Appendix B	$\bar{\psi}_{in}(\tau) = \frac{2\gamma_0 Sh_{in}}{1-\gamma_0^2} \int_0^{\tau} \phi_1(\gamma_0, \tau^*) d\tau^*$	Eq. (B.10) in Appendix B	

# Table 1. Definitions and explicit expressions for various drug delivery and absorption parameters

# Table 2. Values of various problem parameters based on past work [13, 15, 16, 26].

Symbol	Definition	Value	Unit	Source
R <sub>0</sub>	Lumen radius	1.5×10 <sup>-3</sup>	m	[21]
$h_{in}^*$	Luminal mass transfer coefficient	0 to $\infty$	ms <sup>-1</sup>	[25]
$h_{out}$	Perivascular mass transfer coefficient	0 to $\infty$	ms <sup>-1</sup>	[21]
Pe	Péclet number for fluid flow	0-4		[25]
М	Number of arterial layers	3		[15]
$D_1, D_2, D_3 **$	Diffusivity in arterial layers	1.67×10 <sup>-11</sup> , 7×10 <sup>-12</sup> , 4×10 <sup>-12</sup>	$m^2s^{-1}$	[15]; [21]
$R_1 - R_0, R_2 - R_1, R_3 - R_2$	Arterial layer thicknesses	10×10 <sup>-6</sup> , 500×10 <sup>-6</sup> , 400×10 <sup>-6</sup>	m	[21]
$k_1, k_2$	Interfacial mass transfer conductance	9.6×10 <sup>-6</sup>	ms <sup>-1</sup>	[21]; [26]
$\beta_1, \beta_2, \beta_3$	Reaction coefficient in artery	0, 10 <sup>-4</sup> , 0	s <sup>-1</sup>	[15]



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