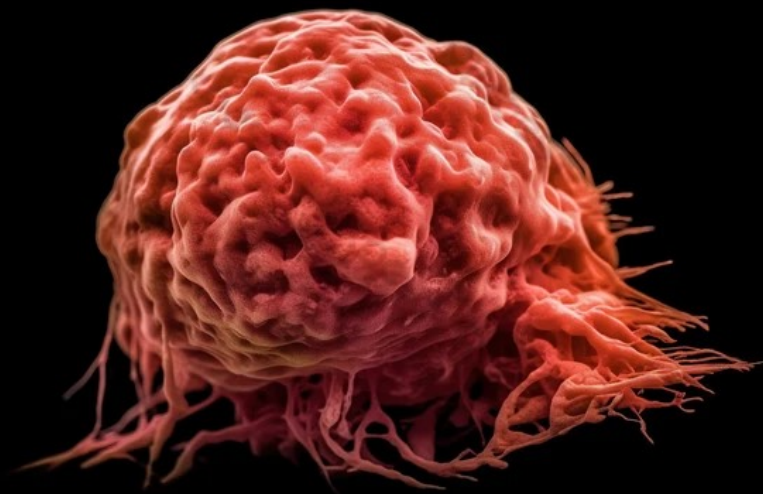


Edge of Chaos: The Big C

This essay explores the potential application of dynamic symmetry principles to cancer treatment and care. It examines how viewing cancer as a complex adaptive system could inform more effective therapeutic approaches, from precision medicine and immunotherapy to emerging technologies like AI-assisted diagnostics and personalised vaccines.



Published by The Oxford Quarterly Journal
of Symmetry & Asymmetry

www.oxq.org.uk

© 2025



Edge of Chaos:

The Big C

Benedict Rattigan

About the Author

Benedict Rattigan is Director of the Schweitzer Institute for Environmental Ethics, a think tank affiliated with Peterhouse, University of Cambridge. His fields of research include ethics, symmetry, and the relationship between order and chaos.

Rattigan's theory of dynamic symmetry has inspired conferences at the British Museum and Balliol College Oxford, an academic journal, and a book (*The Language of Symmetry*, Routledge) written by an interdisciplinary team of Oxford academics.

Acknowledgements

Thank you to everyone who has helped shape this essay. Your ideas, papers, feedback, and conversations have been priceless in bringing these concepts to life, in particular Denis Noble, Iain McGilchrist, Alan Barr, Joel David Hamkins, Sir Anthony Kenny, Anant Parekh, Robert Quinney, Dimitra Rigopoulou, and Caroline Terquem.

Edge of Chaos: The Big C © Benedict Rattigan 2025. All rights reserved. This work has been produced with the assistance of artificial intelligence (AI) technologies for research, writing enhancement, and editorial refinement. While AI tools have contributed to the development and polishing of the content, the core ideas, arguments and intellectual property remain the original work of Benedict Rattigan.

Abstract

This essay explores the potential application of dynamic symmetry principles to cancer treatment and care. It examines how viewing cancer as a complex adaptive system could inform more effective therapeutic approaches, from precision medicine and immunotherapy to emerging technologies like AI-assisted diagnostics and personalised vaccines. The paper discusses how dynamic symmetry concepts such as balance, adaptation, and emergence might guide the development of multi-modal treatment strategies that work with the body's natural processes to combat cancer more effectively and with fewer side effects. It also addresses the challenges and potential benefits of implementing dynamic symmetry-based approaches in clinical practice, and their implications for the future of oncology.

Dynamic Symmetry: A Novel Framework for Revolutionising Cancer Treatment

Introduction

Cancer remains one of the most formidable challenges in modern medicine, with approximately 10 million deaths attributed to the disease annually worldwide (World Health Organisation, 2021). Despite significant advances in our understanding of cancer biology and the development of novel therapies, the complexity and adaptability of cancer cells continue to pose substantial obstacles to effective treatment. As we move towards the late-2020s, the field of oncology is poised for transformative changes, driven by breakthroughs in technology, genetics, and our deepening comprehension of the intricate dynamics between tumours and their microenvironments.

In this context, the principles of dynamic symmetry – a theory that emphasises fluid, context-dependent balance in complex systems – offer a compelling framework for reimagining cancer treatment strategies. This paper explores how dynamic symmetry could play an increasingly important role in shaping the future of cancer care, examining its potential applications across various aspects of oncology, from basic research to clinical practice.

Dynamic Symmetry and Cancer Biology

Dynamic symmetry proposes that the most stable and resilient systems are those that operate at the 'edge of chaos', where order and disorder interplay in a delicate, ever-shifting balance. When applied to cancer biology and treatment, this perspective encourages us to view cancer not as a static entity to be eradicated, but as a dynamic process to be rebalanced. This shift in thinking aligns with emerging understandings of cancer as a complex adaptive system, capable of evolving in response to treatment pressures and environmental changes (Marusyk et al., 2020).

One of the key insights from dynamic symmetry theory is the importance of context-dependent balance. In the context of cancer, this suggests that effective treatments should not aim for a one-size-fits-all approach, but rather seek to restore balance within the specific context of each patient's unique tumour and overall health status. This aligns well with the growing field of

precision oncology, which aims to tailor treatments to individual patients based on the genetic profile of their tumours and other personal factors (Schwartzberg et al., 2020).

Moreover, the concept of dynamic symmetry encourages us to think beyond static genetic profiles and consider the temporal and spatial dynamics of tumour evolution. Advanced technologies like spatial transcriptomics and single-cell sequencing are providing unprecedented insights into the heterogeneity of tumours and their microenvironments (Larsson et al., 2021). By applying dynamic symmetry principles to analyse these complex datasets, researchers may uncover new patterns and relationships that could inform more effective treatment strategies.

Dynamic Symmetry in Cancer Treatment Strategies

The application of dynamic symmetry principles to cancer treatment could lead to several innovative approaches:

1. Adaptive Therapy:

Traditional cancer treatments often aim for maximum tumour cell kill, which can lead to the rapid evolution of resistant cells. An alternative approach, inspired by dynamic symmetry principles, is adaptive therapy. This strategy aims to maintain a stable tumour burden by adjusting treatment intensity based on tumour response, rather than attempting to eliminate all cancer cells (Gatenby et al., 2009). This approach has shown promise in preclinical studies and early clinical trials, particularly in prostate cancer (Zhang et al., 2017).

2. Immunotherapy Optimisation:

The immune system itself is a prime example of a complex adaptive system, constantly balancing between tolerance and activation. Cancer immunotherapies aim to harness this dynamic system to fight tumours, but their efficacy can be unpredictable and varies widely between patients. A dynamic symmetry approach to immunotherapy might involve developing treatments that aim to restore the dynamic balance of the immune system, rather than simply boosting immune activity indiscriminately. This could involve combination therapies that target multiple aspects of the immune response simultaneously (Sharma & Allison, 2015).

3. Chronotherapy:

The emerging field of chronotherapy – which aims to optimise treatment efficacy by aligning drug administration with the body's natural circadian rhythms – exemplifies the dynamic symmetry principle of working with, rather than against, the body's inherent processes. Early studies suggest

that the timing of chemotherapy administration can significantly impact both its efficacy and side effects, potentially allowing for more effective treatments with reduced toxicity (Ballesta et al., 2017).

4. Nanoparticle-based Therapies:

Nanoparticle-based therapies offer the potential for highly targeted drug delivery that can adapt to the specific conditions of the tumour microenvironment. By engineering nanoparticles to respond dynamically to factors such as pH levels, enzyme activity, or specific molecular markers, researchers aim to create treatments that can navigate the complex and heterogeneous landscape of tumours more effectively (Shi et al., 2017).

5. 'Living Therapies':

The development of 'living therapies' such as CAR-T cells and other forms of adoptive cell transfer represents a paradigm shift in cancer treatment, creating dynamic, self-regulating therapeutic agents that can potentially adapt to changes in the tumour over time. The dynamic symmetry perspective suggests that the most effective cell therapies will be those that can maintain a balance between potent anti-tumour activity and controlled proliferation to avoid severe side effects (June & Sadelain, 2018).

Dynamic Symmetry in Cancer Prevention and Early Detection

The concept of dynamic symmetry also has important implications for how we approach cancer prevention and early detection. Rather than viewing cancer as a binary state – present or absent – a dynamic symmetry perspective encourages us to think of cancer risk as a continuum that can be influenced by multiple interacting factors over time.

This view aligns with emerging research into the use of liquid biopsies and other non-invasive screening methods that can detect cancer-related biomarkers at very early stages. By monitoring these biomarkers over time and in conjunction with other health data, it may be possible to identify patterns that indicate an increased risk of cancer development long before a tumour becomes clinically detectable (Wan et al., 2019).

Moreover, the dynamic symmetry approach suggests that effective cancer prevention strategies should focus not just on eliminating risk factors, but on promoting overall health and resilience. This could involve personalised interventions that take into account an individual's genetic predispositions, lifestyle factors, and environmental exposures to maintain a dynamic balance that minimises cancer risk (Wild et al., 2020).

Challenges and Opportunities in Implementing Dynamic Symmetry Approaches

Applying dynamic symmetry principles to cancer care requires a fundamental shift in how we think about cancer, moving from a reductionist view focused on eliminating cancer cells to a systems-level perspective that considers the complex interactions between tumours, their microenvironment, and the body as a whole.

This shift will necessitate changes not only in how we develop and test new therapies, but also in how we train healthcare professionals, design healthcare systems, and communicate with patients about their treatment options. It will require greater collaboration across disciplines, bringing together experts in fields as diverse as oncology, immunology, physics, mathematics, and computer science to develop truly integrative approaches to cancer care.

Moreover, the implementation of dynamic symmetry-based approaches in clinical practice will likely face regulatory and economic challenges. Current regulatory frameworks and reimbursement models are often not well-suited to evaluating and supporting treatments that are highly personalised or that involve real-time adjustments based on patient response (Woodcock & LaVange, 2017).

Despite these challenges, the potential benefits of applying dynamic symmetry principles to cancer treatment are substantial. By working with, rather than against, the complex dynamics of biological systems, we may be able to develop treatments that are not only more effective but also less toxic and more sustainable over the long term.

The Role of Technology in Implementing Dynamic Symmetry Approaches

The integration of dynamic symmetry principles into cancer treatment strategies will likely be facilitated by advances in technology and data analysis. The increasing availability of real-time monitoring tools, such as wearable devices and implantable sensors, could allow for more dynamic and responsive treatment protocols that adjust in real-time to changes in the patient's condition (Sim, 2019).

Artificial intelligence (AI) and machine learning (ML) are poised to play a crucial role in this new paradigm of cancer treatment. Using AI/ML to analyse histological slides and impute transcriptomic profiles of patient tumour samples could potentially identify signs of treatment response or resistance earlier than currently available methods (Esteva et al., 2019). This aligns with the dynamic symmetry concept of maintaining balance through constant small-scale adjustments, allowing for more agile and responsive treatment protocols.

Moreover, the application of advanced analytics and machine learning to large-scale, longitudinal patient data sets could reveal new patterns and relationships that inform more

effective treatment strategies. By analysing the complex interplay between genetic factors, treatment responses, lifestyle variables, and environmental exposures over time, researchers may be able to develop predictive models that can guide personalised, adaptive treatment plans (Topol, 2019).

Implications for Clinical Trials and Drug Development

The dynamic symmetry perspective also has important implications for how we approach clinical trials and drug development. Traditional clinical trial designs, with their focus on standardised protocols and predefined endpoints, may not be well-suited to evaluating therapies based on dynamic symmetry principles. Instead, we may see a shift towards more adaptive trial designs that can accommodate the complexity and variability inherent in cancer biology.

Basket trials, which test a single drug across multiple cancer types based on shared genetic mutations, and umbrella trials, which test multiple drugs on a single cancer type, represent steps towards more flexible and adaptive clinical research models (Renfro & Sargent, 2017). Future trial designs might go even further, incorporating real-time data analysis and treatment adjustments to optimise outcomes for individual patients.

Conclusion

The application of dynamic symmetry principles to cancer treatment heralds a transformative era in oncology. This paradigm shift encourages us to view cancer not as an isolated enemy to be vanquished, but as a complex, adaptive process intricately woven into the fabric of human biology.

The future of cancer care, guided by dynamic symmetry, promises more personalised and holistic approaches. From adaptive therapies and chronotherapy to AI-driven diagnostics and nanoparticle-based treatments, we are witnessing the emergence of a new generation of cancer interventions that work in harmony with the body's natural rhythms and processes. These approaches have the potential to not only improve treatment efficacy but also significantly reduce side effects, enhancing patients' quality of life.

Cancer as a symmetric system: testable prediction

Hypothesis: Cancer progression and treatment response can be understood and optimised through the principles of dynamic symmetry, particularly the balance between order and disorder at different scales within biological systems.

Testable prediction: Tumours that exhibit a more balanced distribution of order and disorder across multiple scales (from cellular to tissue level) will respond more favourably to treatment and have a lower likelihood of developing resistance.

Experimental Approach:

1. Select a cohort of patients with a specific type of cancer (e.g., breast cancer) at various stages.
2. Conduct multi-scale analysis of tumour samples:
 - a) Cellular level: Analyse genetic mutations, epigenetic modifications, and protein expression patterns.
 - b) Tissue level: Examine tumour architecture, vasculature, and immune cell infiltration.
 - c) Systemic level: Monitor circulating tumour cells and immune markers.
3. Develop a quantitative measure of order-disorder balance across these scales.
4. Administer standard treatment protocols while continuously monitoring the order-disorder balance.
5. Implement adaptive treatment strategies for a subset of patients, adjusting therapy based on real-time changes in the order-disorder balance.
6. Compare treatment outcomes between the standard and adaptive treatment groups.
7. Analyse data using advanced statistical methods and machine learning algorithms to identify patterns and correlations between order-disorder dynamics and treatment response.

Expected Outcomes:

1. Identification of specific order-disorder patterns associated with better treatment outcomes and lower resistance development.
2. Quantification of how different treatments affect the order-disorder balance across multiple scales in tumours.
3. Development of a predictive model that can guide personalised treatment strategies based on a patient's unique tumour order-disorder profile.
4. Potential discovery of new therapeutic targets or approaches that specifically address the order-disorder balance in tumours.
5. Insights into how the principles of dynamic symmetry might be applied to improve cancer prevention and early detection strategies.

References

1. Marusyk et al., 2020: "Intratumor Heterogeneity: The Rosetta Stone of Therapy Resistance" published in *Cancer Cell*.
2. Schwartzberg et al., 2020: "Precision Oncology: Who, How, What, When, and When Not?" published in *American Society of Clinical Oncology Educational Book*.
3. Larsson et al., 2021: "Spatial maps of prostate cancer transcriptomes reveal an unexplored landscape of heterogeneity" published in *Nature Communications*.
4. Gatenby et al., 2009: "Adaptive Therapy" published in *Cancer Research*.
5. Zhang et al., 2017: "Integrating evolutionary dynamics into treatment of metastatic castrate-resistant prostate cancer" published in *Nature Communications*.
6. Ballesta et al., 2017: "Systems Chronotherapeutics" published in *Pharmacological Reviews*.
7. Shi et al., 2017: "Cancer nanomedicine: progress, challenges and opportunities" published in *Nature Reviews Cancer*.
8. Wan et al., 2019: "Liquid biopsies come of age: towards implementation of circulating tumour DNA" published in *Nature Reviews Cancer*.
9. Sim, 2019: "Mobile devices and health" published in *New England Journal of Medicine*.
10. Kauffman, S. A. (1993). *The origins of order: Self-organization and selection in evolution*. Oxford University Press.
11. Gatenby, R. A., Silva, A. S., Gillies, R. J., & Frieden, B. R. (2009). Adaptive therapy. *Cancer Research*, 69(11), 4894-4903.
12. Sharma, P., & Allison, J. P. (2015). Immune checkpoint targeting in cancer therapy: toward combination strategies with curative potential. *Cell*, 161(2), 205-214.
13. June, C. H., & Sadelain, M. (2018). Chimeric antigen receptor therapy. *New England Journal of Medicine*, 379(1), 64-73.
14. Topol, E. J. (2019). High-performance medicine: the convergence of human and artificial intelligence. *Nature Medicine*, 25(1), 44-56.
15. Renfro, L. A., & Sargent, D. J. (2017). Statistical controversies in clinical research: basket trials, umbrella trials, and other master protocols: a review and examples. *Annals of Oncology*, 28(1), 34-43.
16. Wild, C. P., Weiderpass, E., & Stewart, B. W. (Eds.). (2020). *World Cancer Report: Cancer Research for Cancer Prevention*. International Agency for Research on Cancer.
17. Sim, I. (2019). Mobile devices and health. *New England Journal of Medicine*, 381(10), 956-968.

18. Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *Nature*, 542(7639), 115-118.
19. Woodcock, J., & LaVange, L. M. (2017). Master protocols to study multiple therapies, multiple diseases, or both. *New England Journal of Medicine*, 377(1), 62-70.