

Patient Specific Computational Modeling of Cardiac Mechanics

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17.01.2018

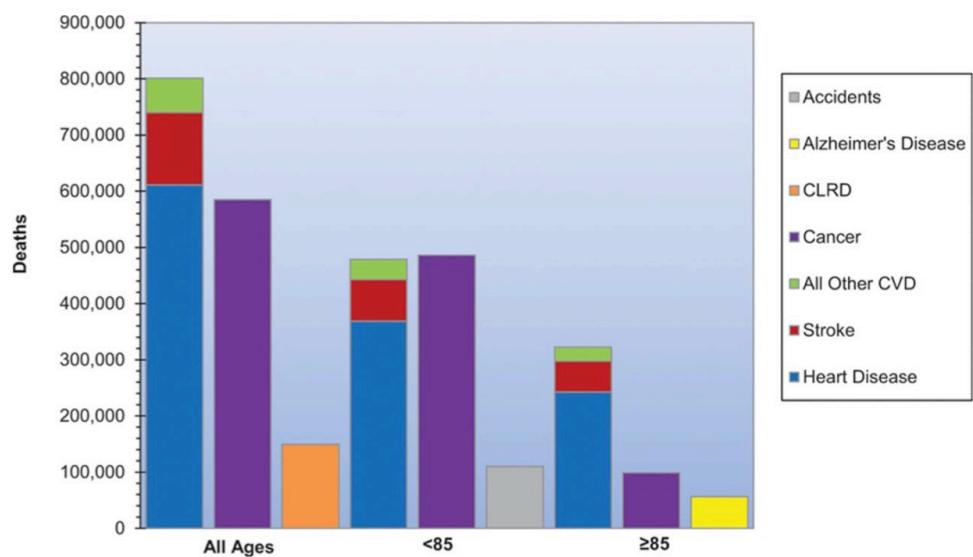


simula

Cardiovascular diseases are the number one cause of death in the western world



Cardiovascular disease (CVD) and other major causes of death: total, <85 years of age, and ≥85 years of age.

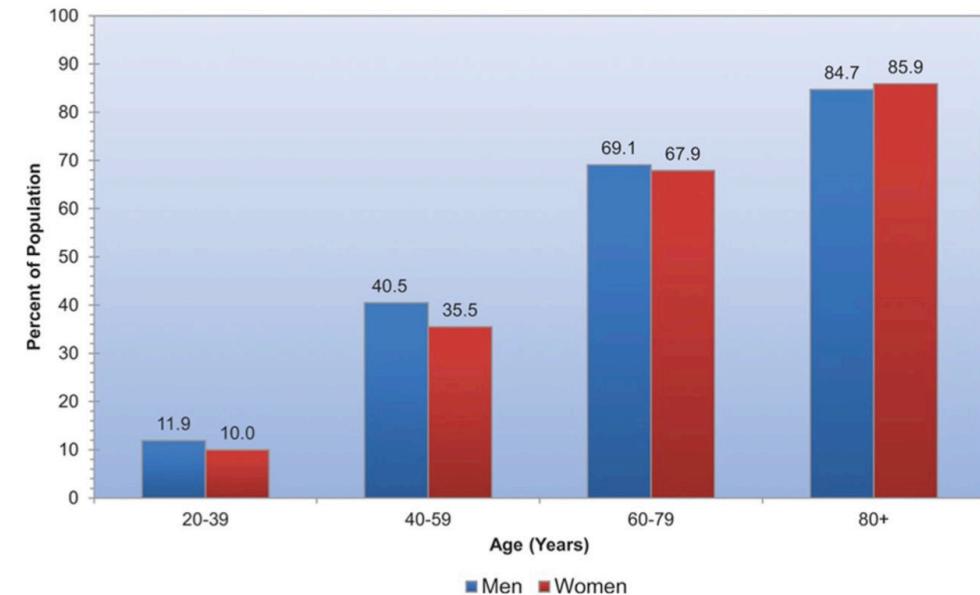


Dariush Mozaffarian et al. Circulation. 2016;133:e38-e360



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Prevalence of cardiovascular disease in adults ≥20 years of age by age and sex (National Health and Nutrition Examination Survey: 2009–2012).

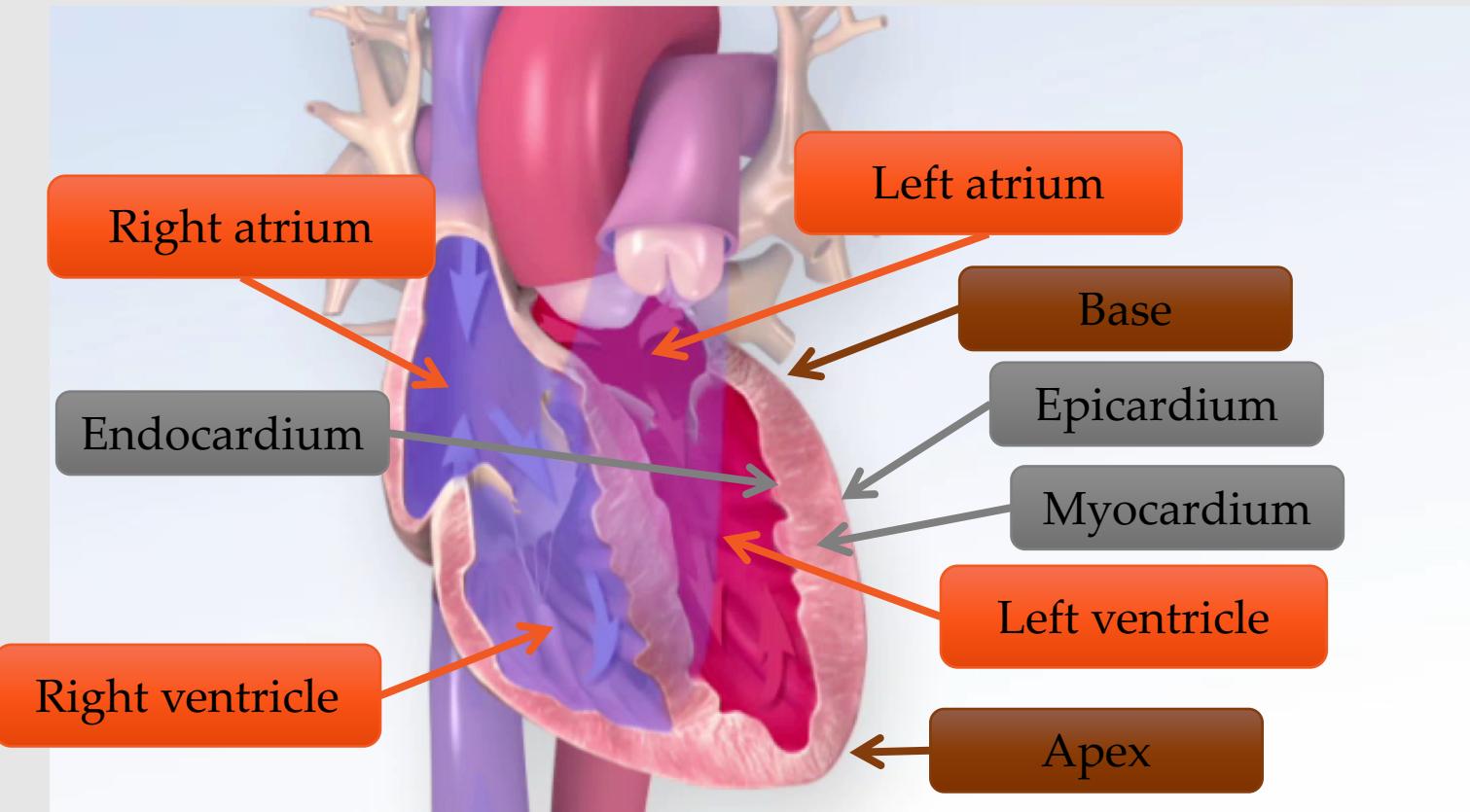


Dariush Mozaffarian et al. Circulation. 2016;133:e38-e360

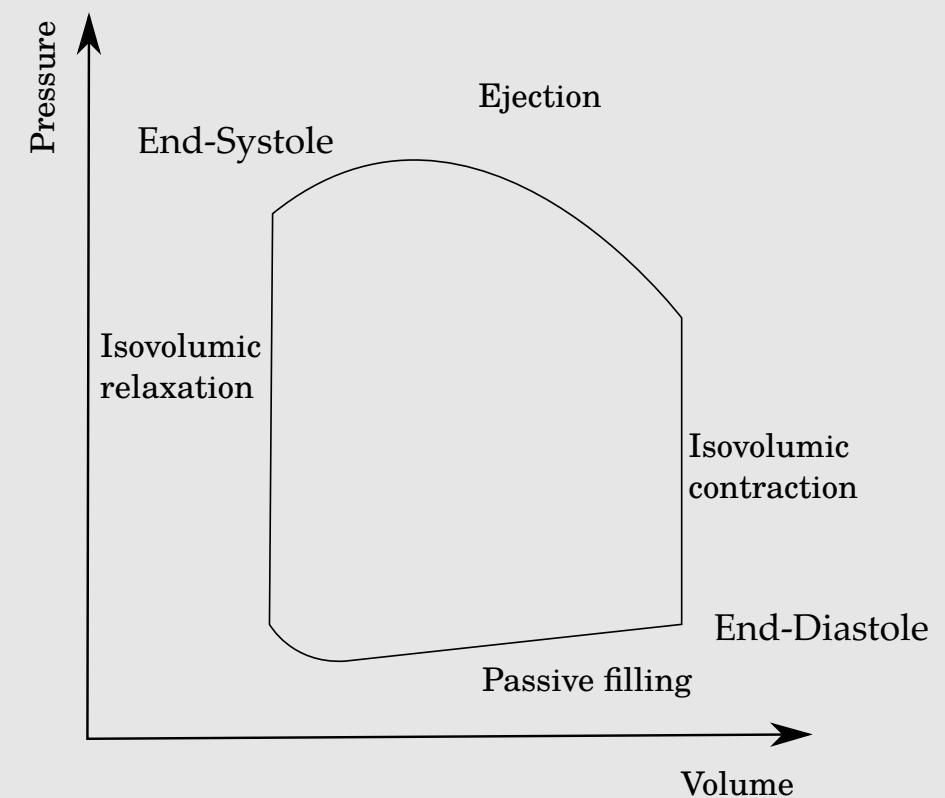


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A cardiac cycle can be visualized using the pressure-volume loop



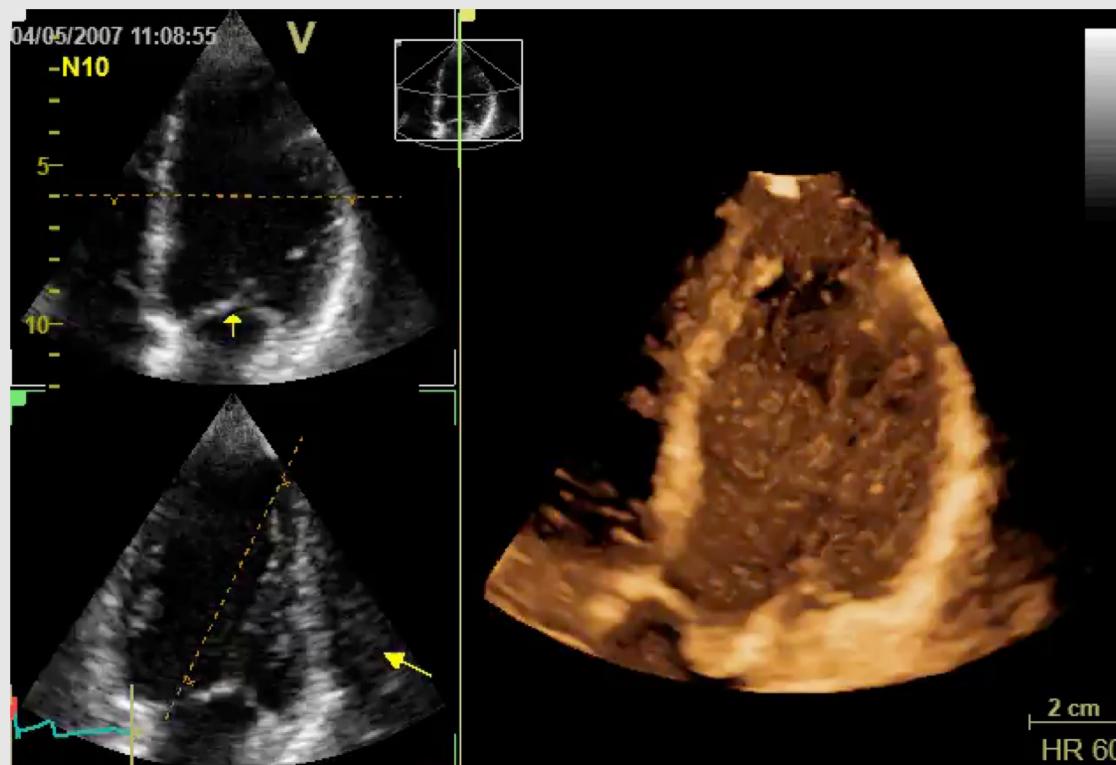
Pressure-Volume (PV) loop



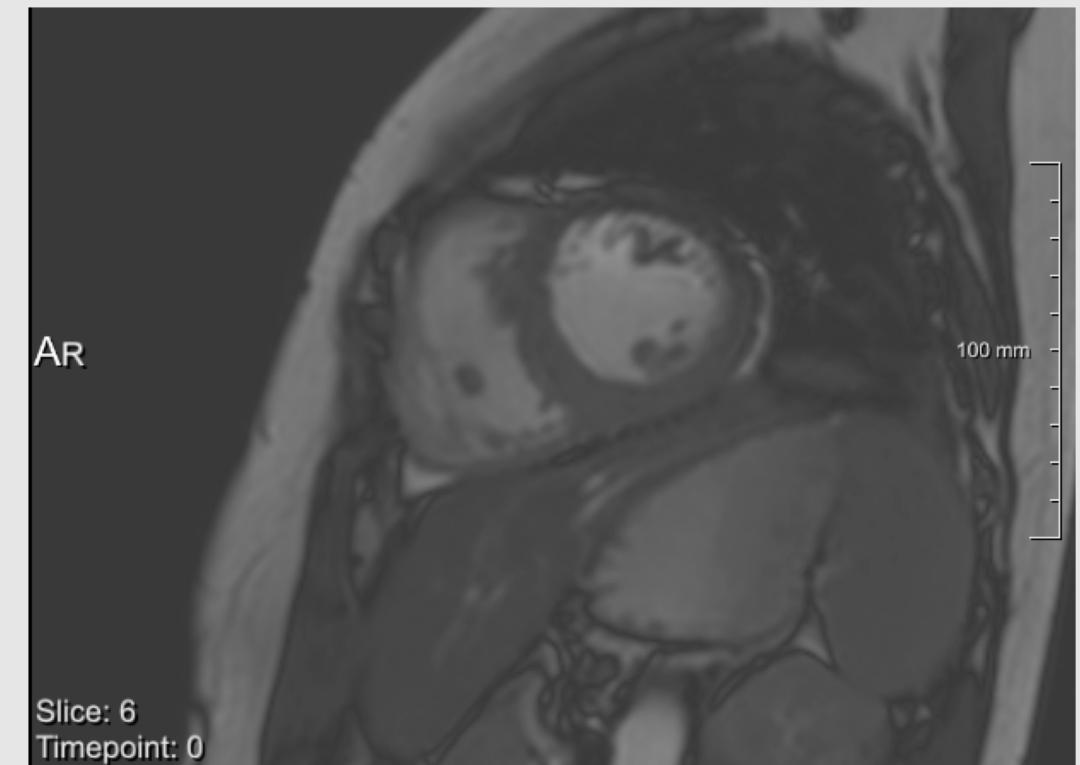
Source: American Heart Association

Cardiac structure and kinematics can be assessed through medical imaging techniques

Echocardiography (ultrasound)

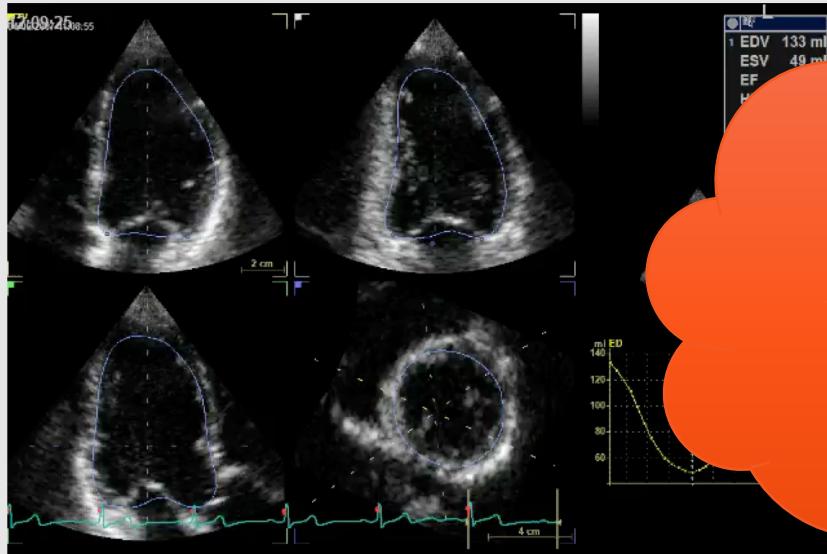


Magnetic Resonance Imaging (MRI)

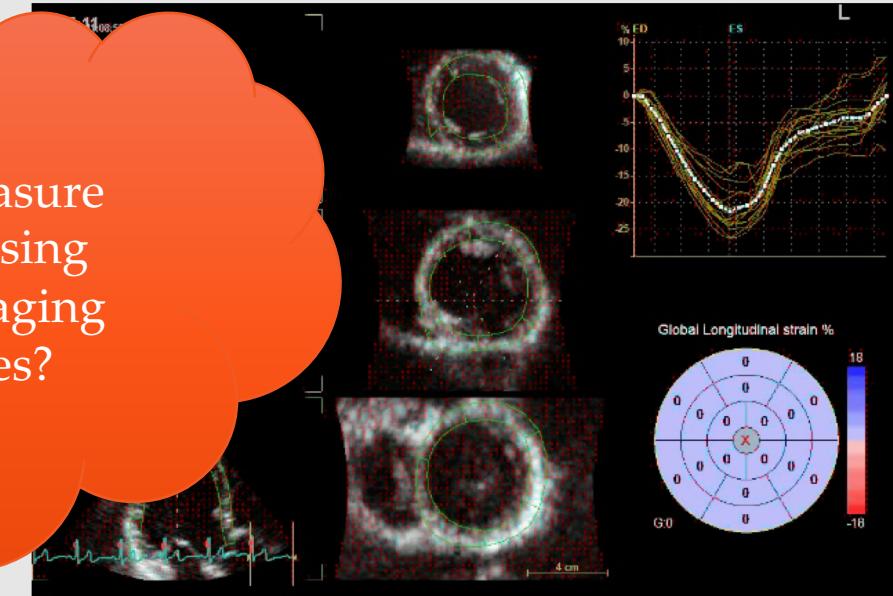


Cardiac structure and kinematics can be assessed through medical imaging techniques

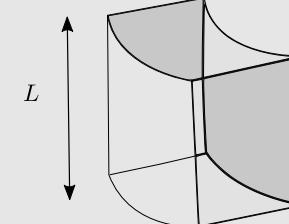
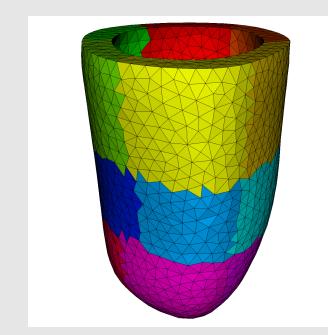
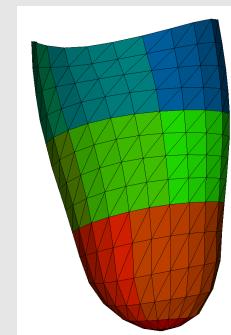
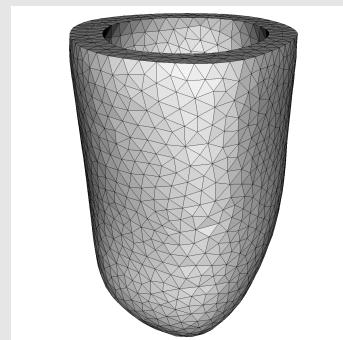
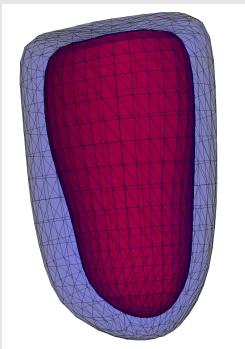
Volume and geometry



Regional strain



Can we measure anything using medical imaging techniques?



We cannot measure the forces in a beating heart

Law of Laplace (Woods 1892)

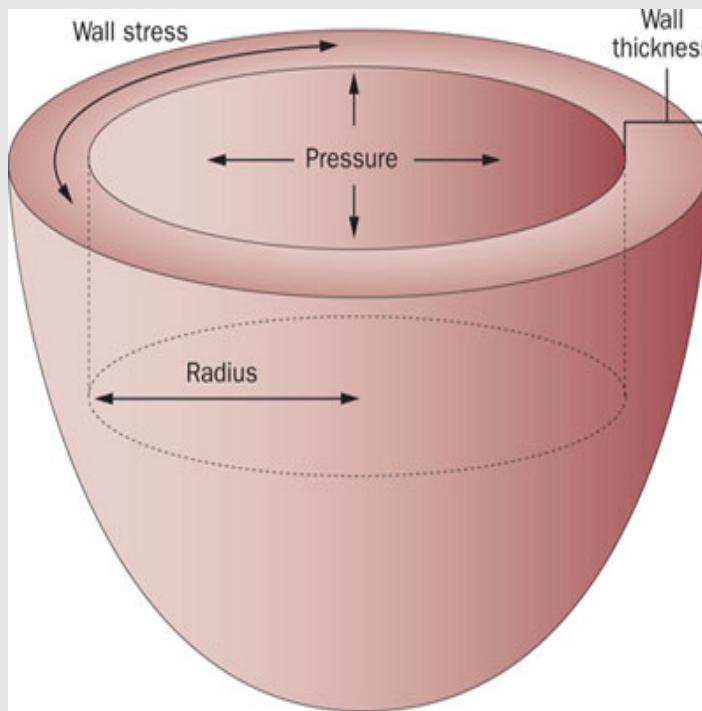
$$\text{wall stress} = \frac{P \times r}{2 \times w}$$

P : pressure

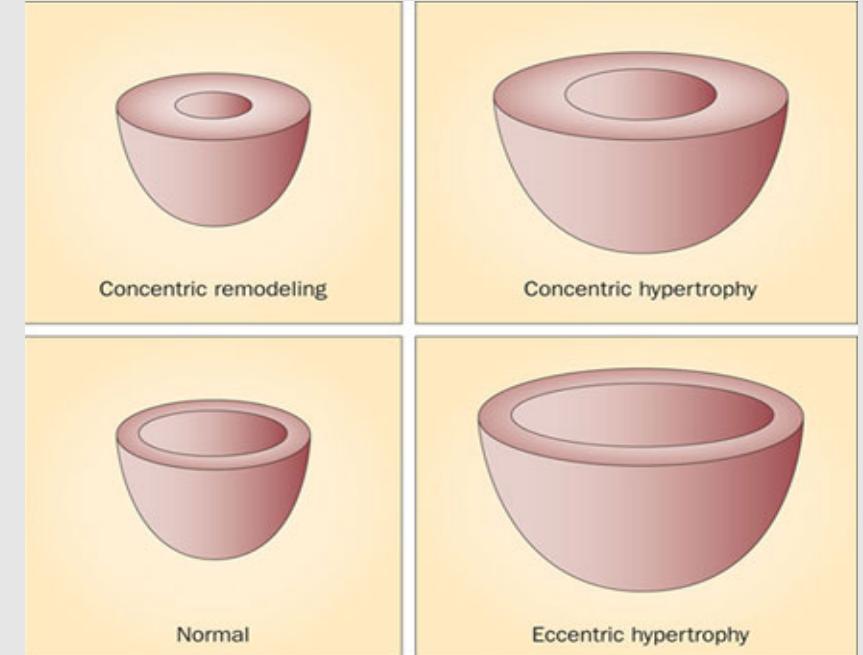
r : radius

w : wall thickness

One of the first examples of a **mathematical model** used to understand cardiac physiology

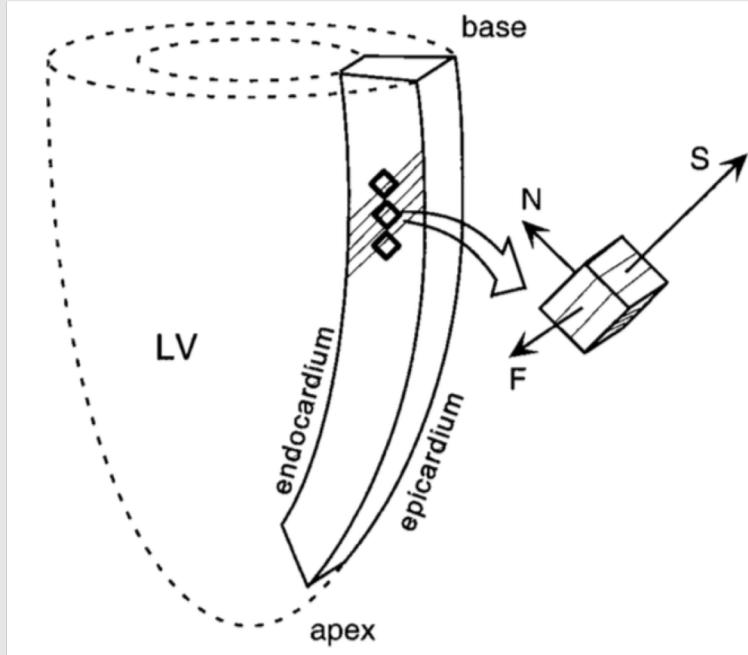


Gjesdal, 2011



Gjesdal, 2011

A mathematical model is a simplification of the reality realized through equations



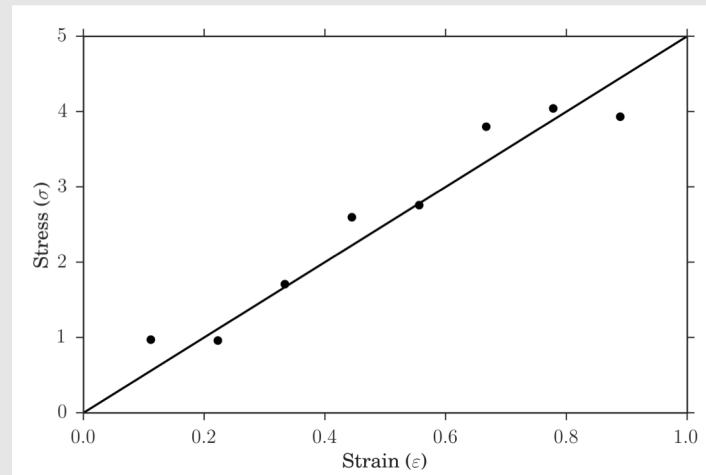
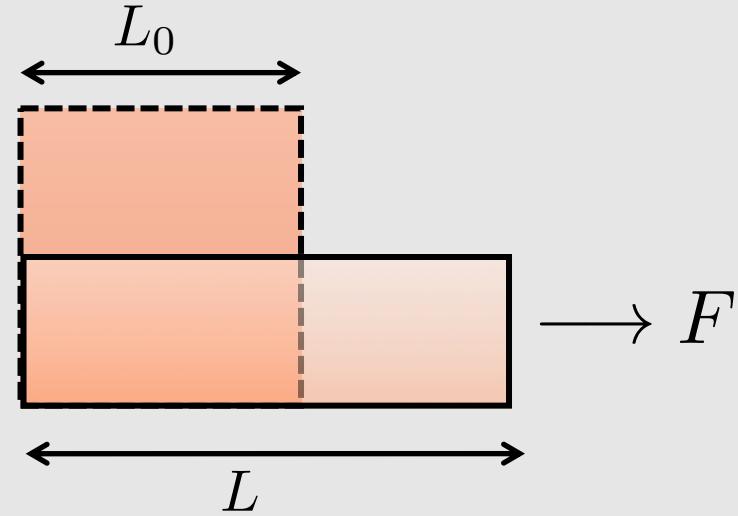
Dokos, 2002

Observation:

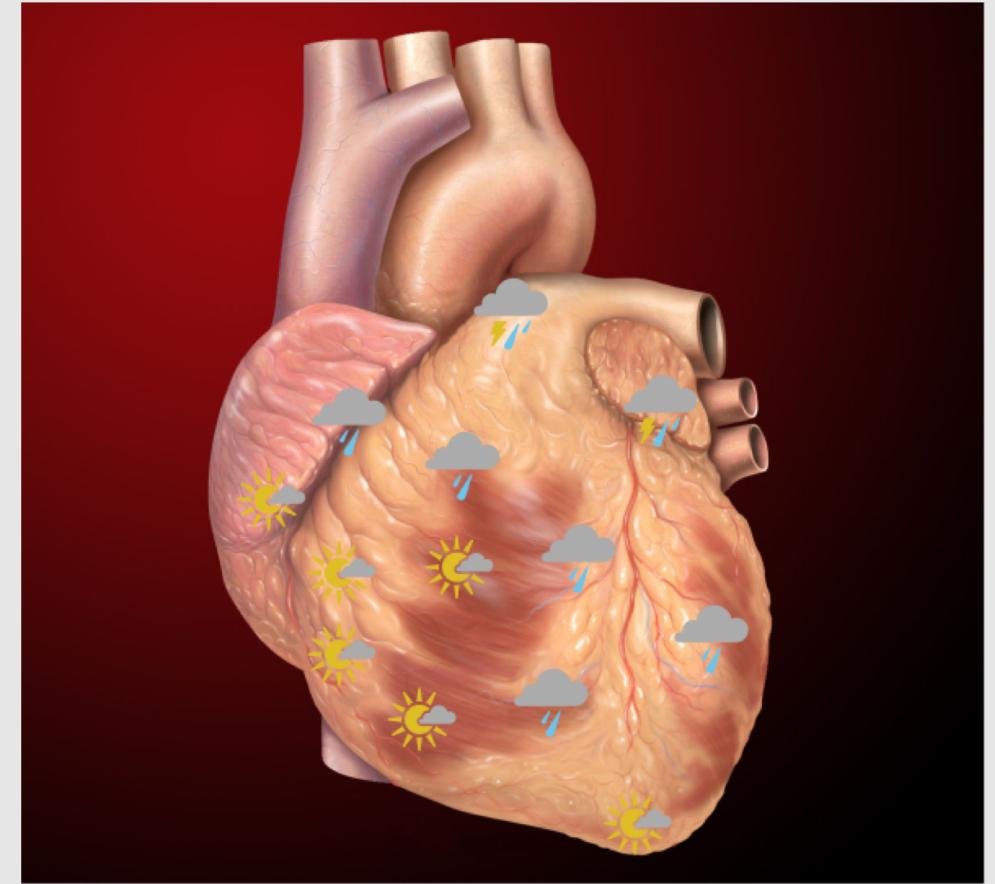
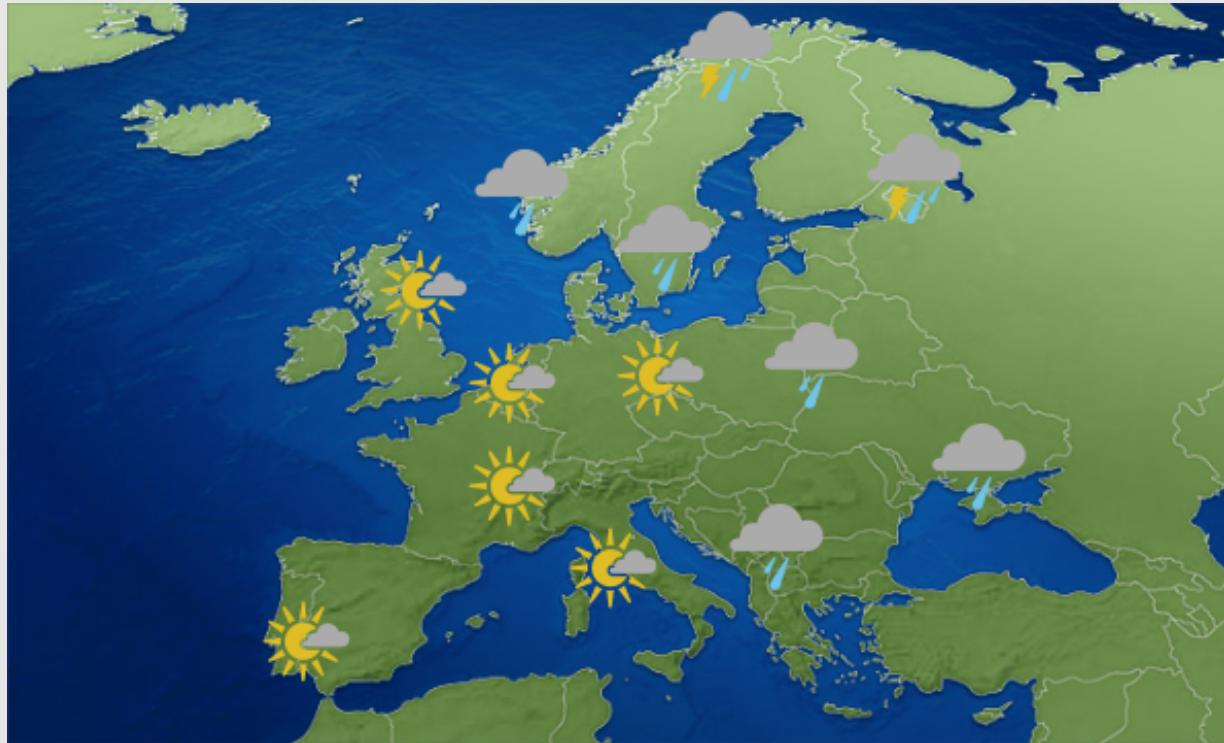
$$\sigma = \frac{F}{A} \quad \varepsilon = \frac{L - L_0}{L_0}$$

Assumption:

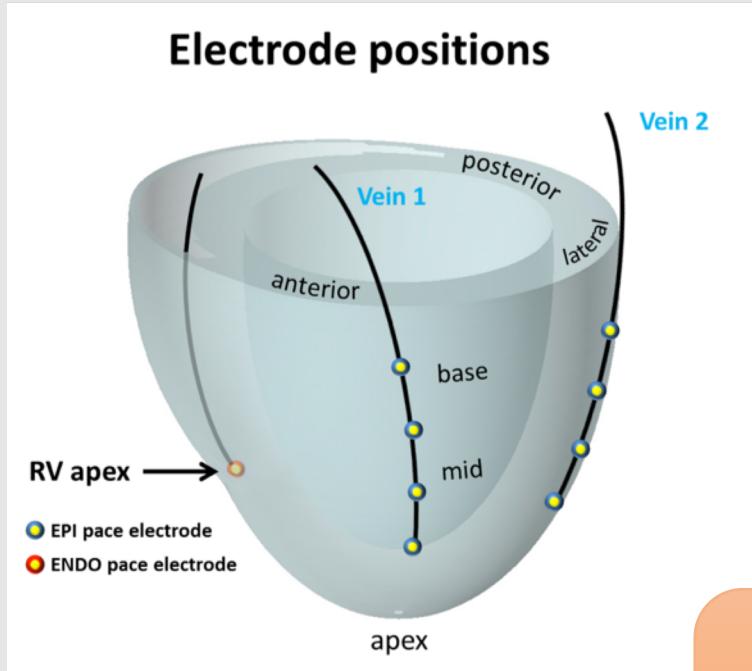
$$\sigma = D\varepsilon$$



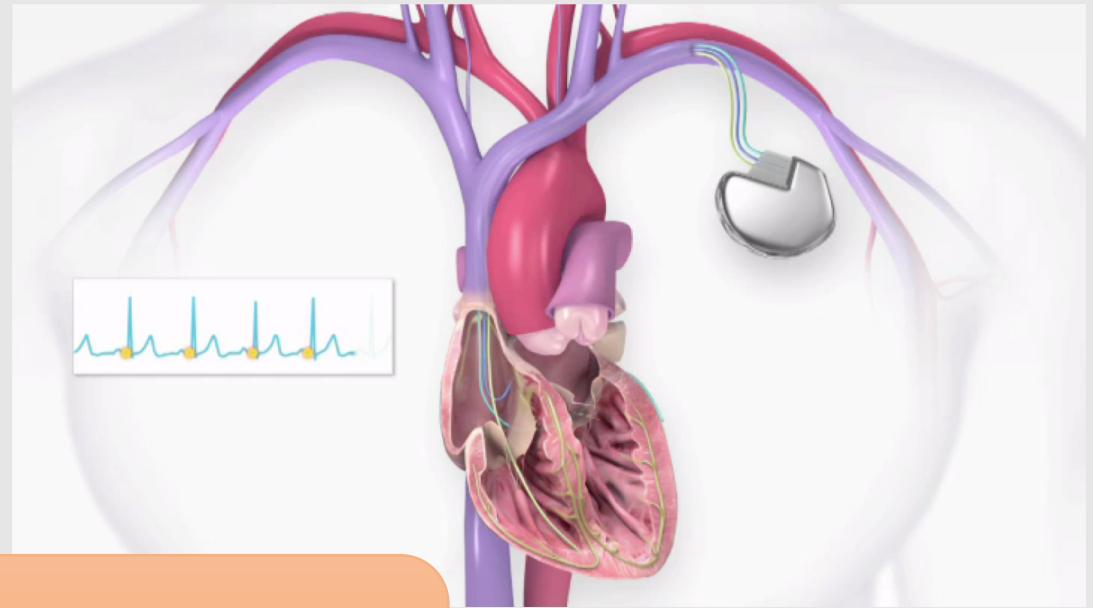
We can forecast the weather, but can we predict the outcome of a specific treatment of the heart?



Clinicians want to improve responder rates of cardiac resynchronization therapy (CRT)



Left bundle branch block (LBBB)

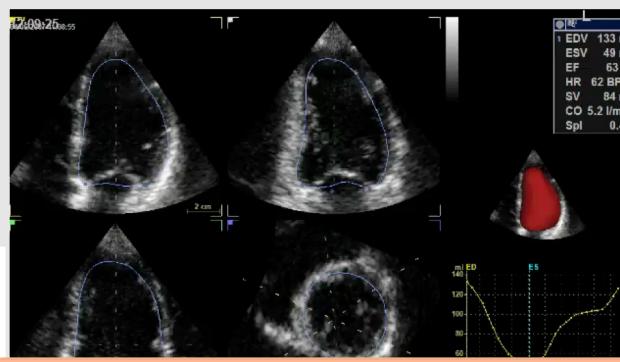
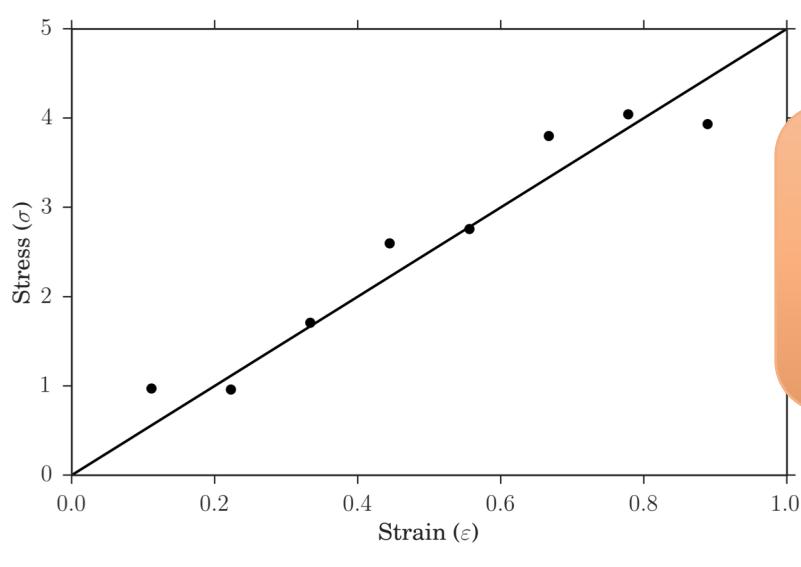


Source: American Heart Association

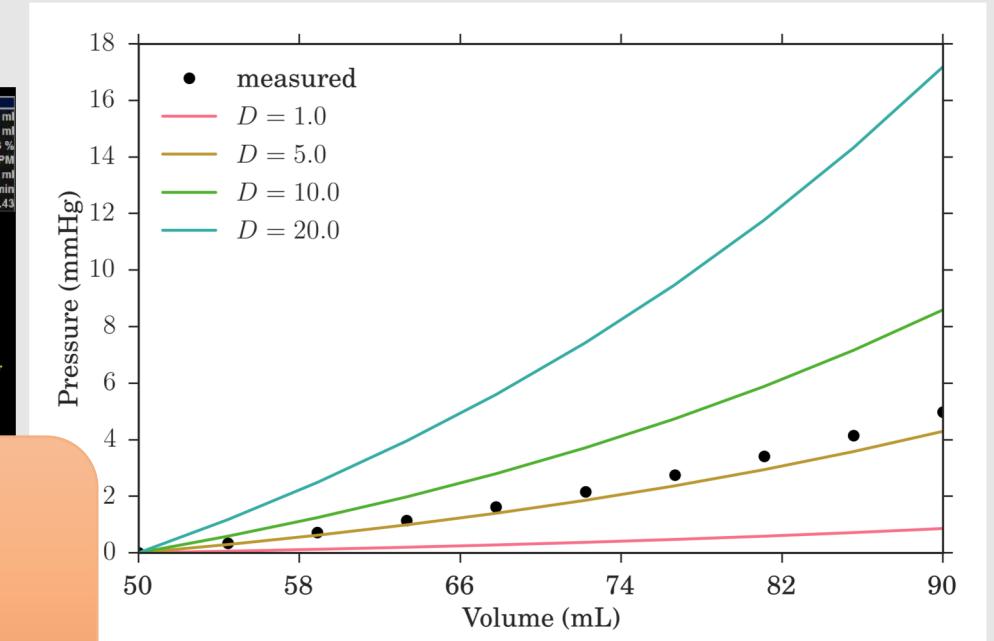
30-40 % do not respond!

Models depend on parameters that have to be determined, but we might not have access to the data that we want

$$\sigma = D\varepsilon$$



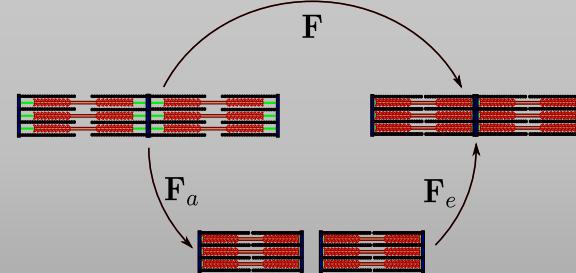
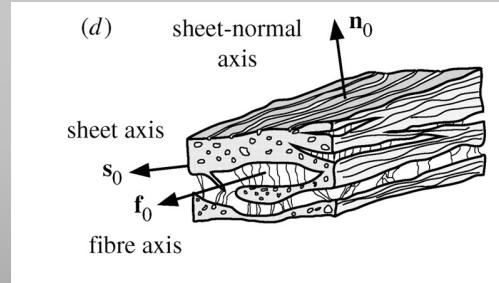
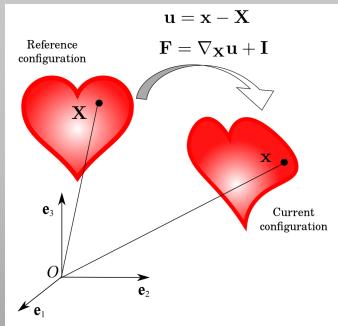
Data assimilation



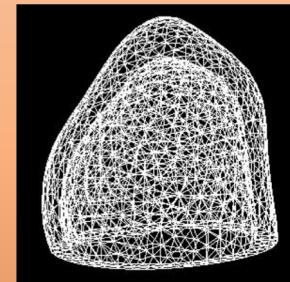
minimize : $(\text{observations} - \text{simulations})^2$
subject to : Newton's laws should hold

Outline

Mathematical modeling

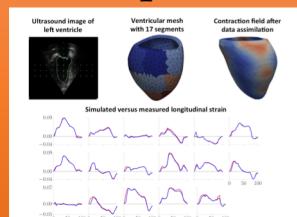


Model Personalization

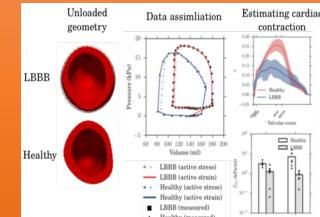


Summary of papers

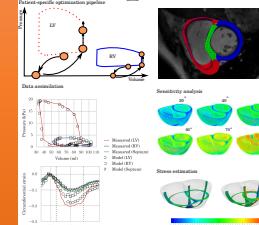
Paper 1



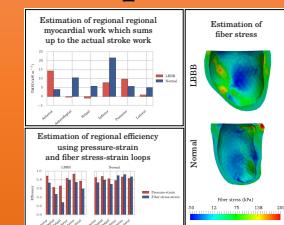
Paper 2



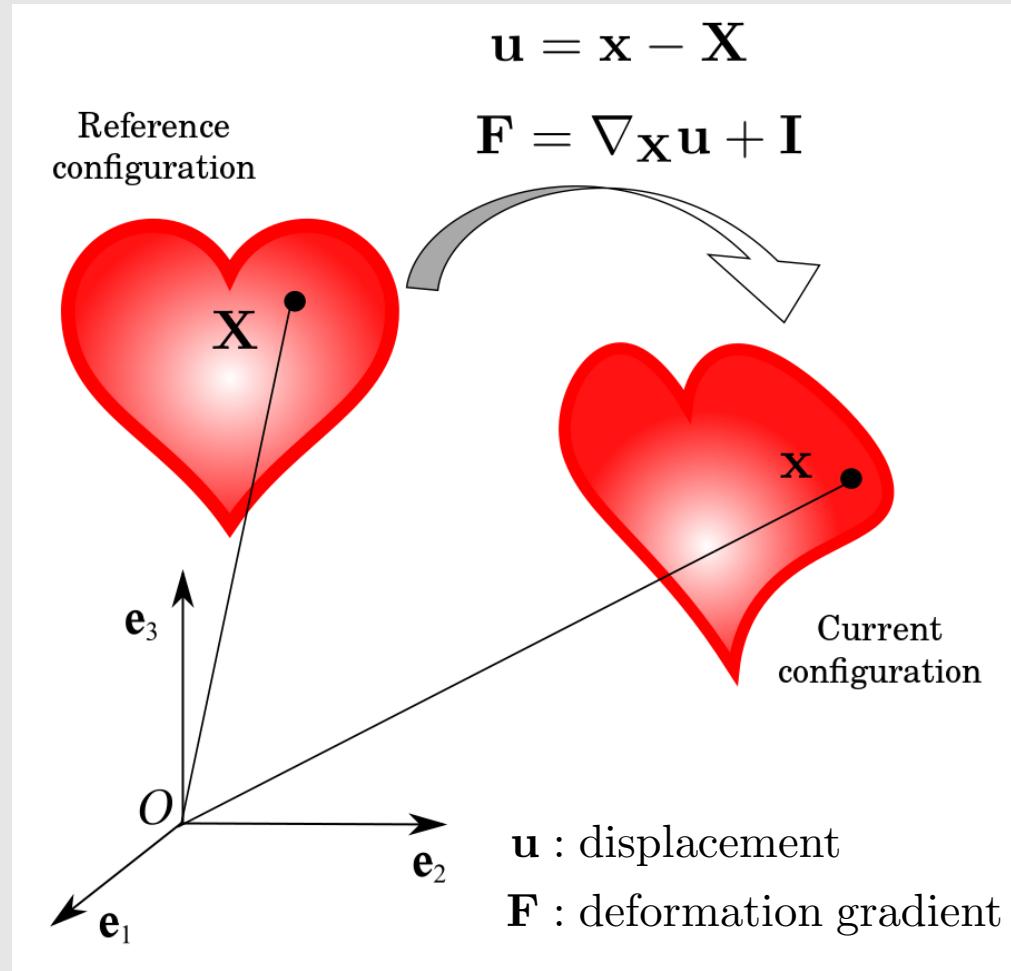
Paper 3



Paper 4



We represent the heart as a continuum body in the Lagrangian description



Mapping of vectors:

$$d\mathbf{x} = \mathbf{F} d\mathbf{X}$$

Mapping volumes:

$$dv = \det(\mathbf{F}) dV = J dV$$

Right Cauchy Green deformation tensor:

$$\mathbf{C} = \mathbf{F}^T \mathbf{F}$$

Green-Lagrange strain tensor

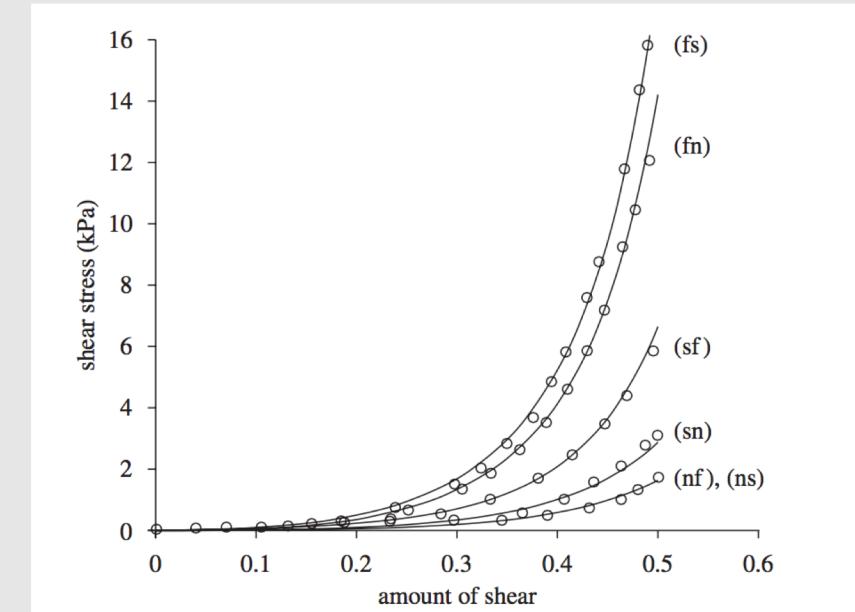
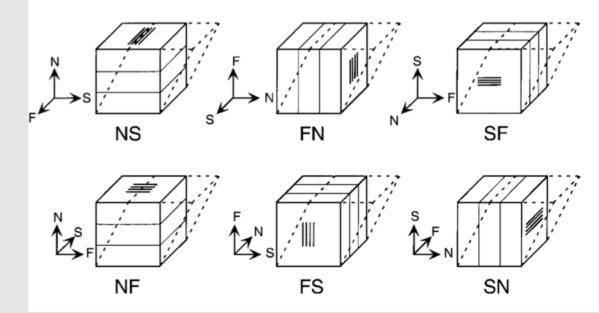
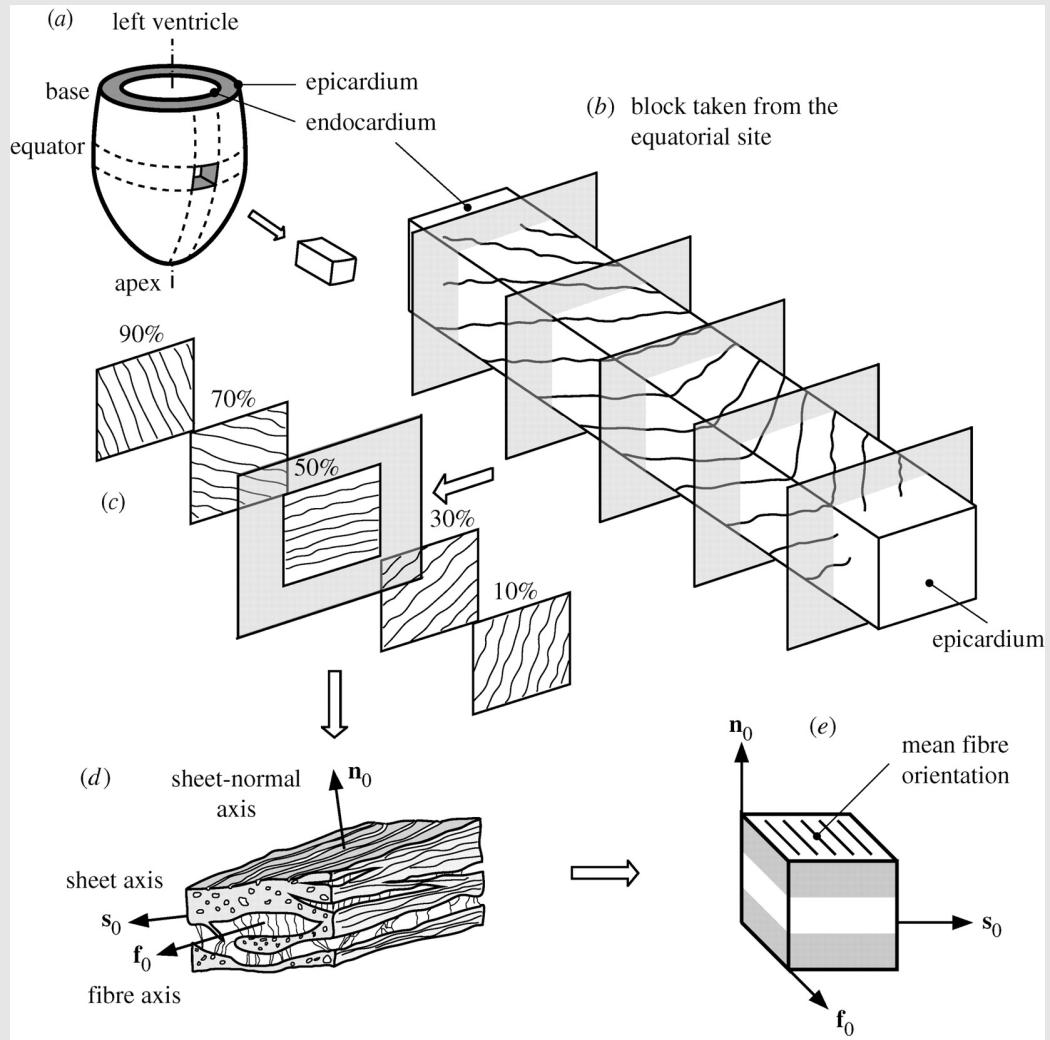
$$\mathbf{E} = \frac{1}{2} (\mathbf{C} - \mathbf{I})$$

We assume that the myocardium is a hyperelastic material

Stress is related to strain via
a strain-energy density
function

$$\mathbf{P} = \frac{\partial \Psi(\mathbf{F})}{\partial \mathbf{F}}$$

Myocardium is in general considered to be an orthotropic material



Dokos, 2002
Holzapfel and Ogden, 2009

We make a further assumption that the myocardium is transversally isotropic

$\Psi =$

$$\frac{a}{2b} \left(e^{b(I_1 - 3)} - 1 \right) \text{ Extracellular matrix}$$
$$+ \frac{a_f}{2b_f} \left(e^{b_f(I_{4f} - 1)^2} - 1 \right) \text{ Fibers}$$
$$+ \frac{a_s}{2b_s} \left(e^{b_s(I_{4s} - 1)^2} - 1 \right) \text{ Sheets}$$
$$+ \frac{a_{fs}}{2b_{fs}} \left(e^{b_{fs}I_{8fs}^2} - 1 \right) \text{ Angle between fibers and sheets}$$

Transversally isotropic

Orthotropic

$$I_1 = \text{tr}\mathbf{C}$$

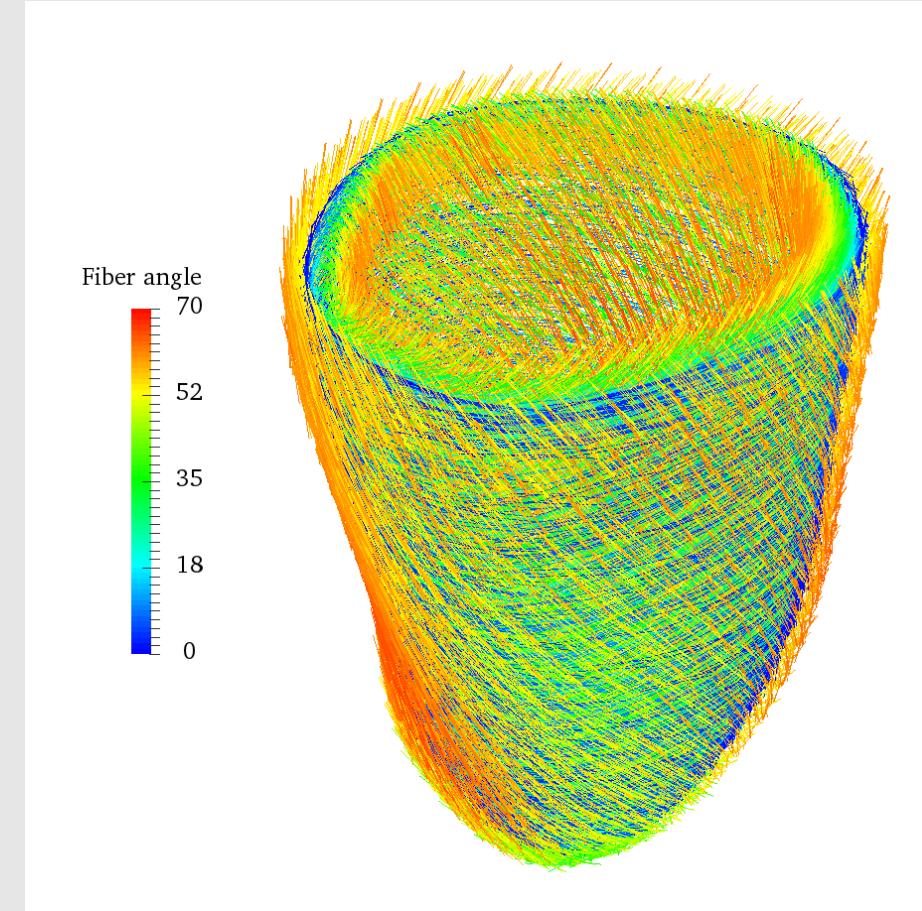
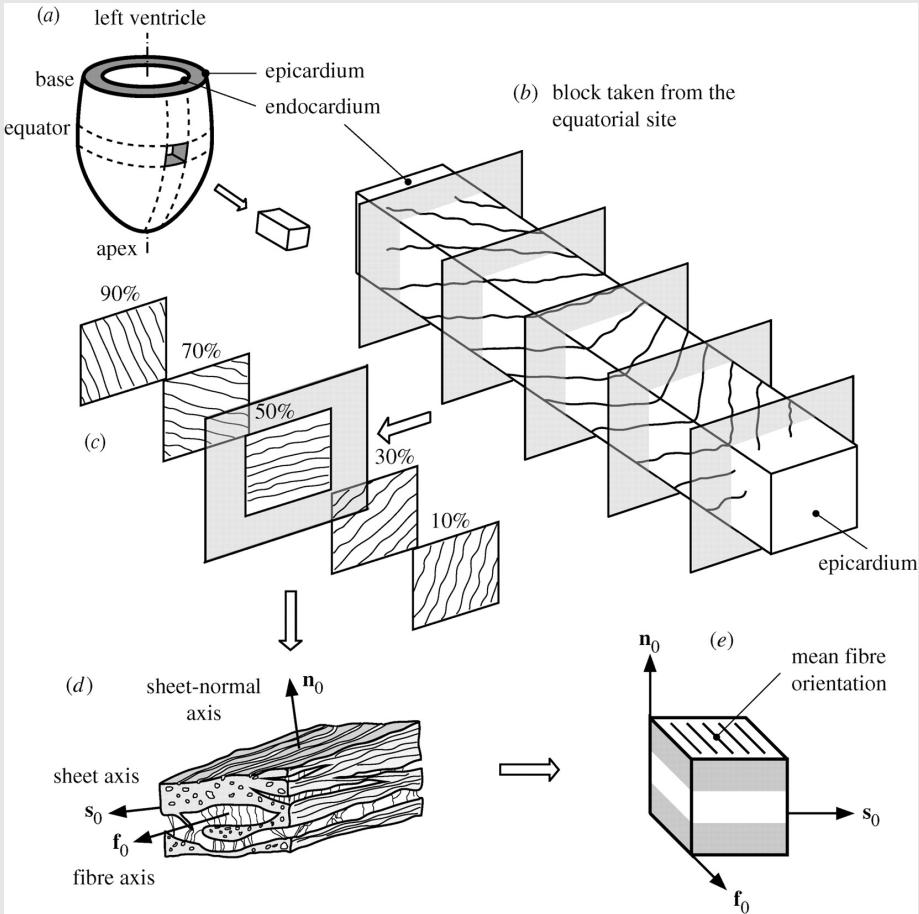
$$I_2 = \frac{1}{2} [I_1^2 - \text{tr}(\mathbf{C}^2)]$$

$$I_3 = \det\mathbf{C}$$

$$I_{4\mathbf{a}_0} = \mathbf{a}_0 \cdot (\mathbf{C}\mathbf{a}_0)$$

$$I_{8\mathbf{a}_0\mathbf{b}_0} = \mathbf{a}_0 \cdot (\mathbf{C}\mathbf{b}_0)$$

Myocardial fiber orientations are assigned using a rule-based algorithm



We assume that the myocardium is incompressible

Constraint:

$$J = \det(\mathbf{F}) = 1$$

**Enforce constraint using
Lagrange multiplier:**

$$\Psi = \Psi(\mathbf{F}) + p(J - 1)$$

There are two main approaches to model the active contraction

- the active strain and the active stress approach

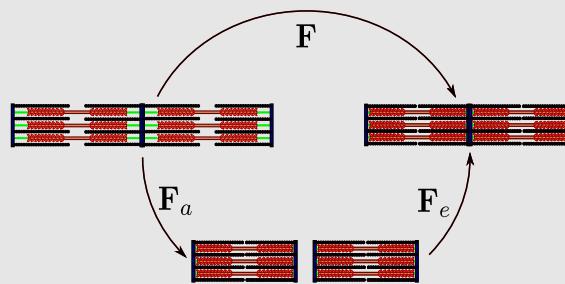
Active strain

$$\mathbf{F} = \mathbf{F}_e \mathbf{F}_a$$

$$\Psi = \Psi(\mathbf{F}_e)$$

$$\mathbf{F}_a = (1 - \gamma) \mathbf{f} \otimes \mathbf{f} + \frac{1}{\sqrt{1 - \gamma}} (\mathbf{I} - \mathbf{f} \otimes \mathbf{f})$$

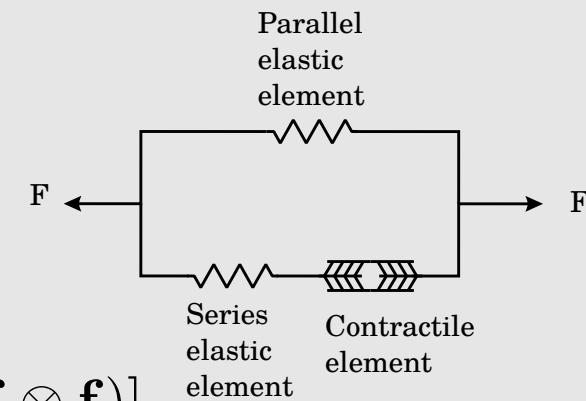
\mathbf{f} : fiber field in the current configuration



Active stress

$$\sigma = \frac{1}{J} \frac{\partial \Psi(\mathbf{F})}{\partial \mathbf{F}} \mathbf{F}^T + \sigma_a$$

$$\sigma_a = T_a [\mathbf{f} \otimes \mathbf{f} + \eta (\mathbf{I} - \mathbf{f} \otimes \mathbf{f})]$$



Mathematical properties are inherited from the strain-energy density

Well established and physiologically inspired

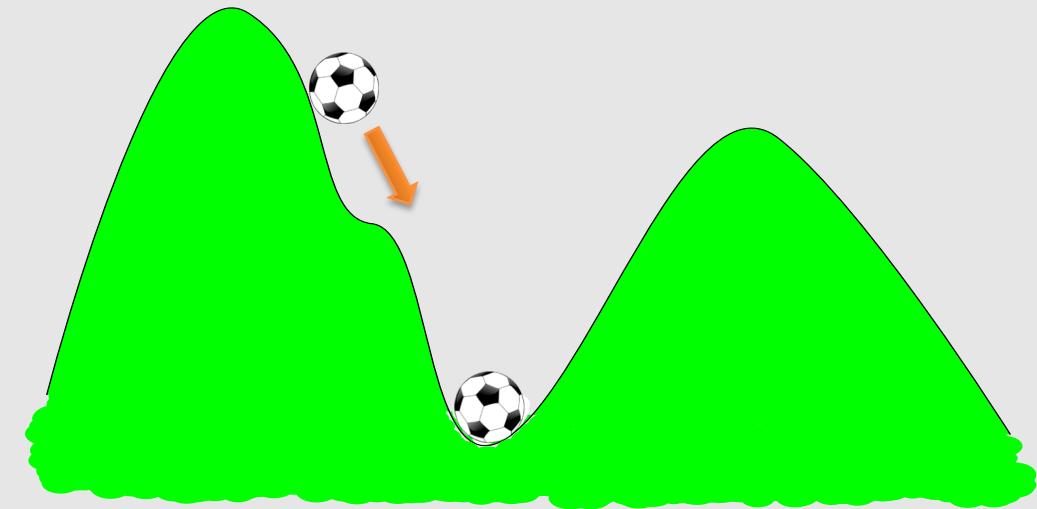
Balance of forces can be obtained through minimization of the total potential energy

Total energy:

$$\Pi(\mathbf{u}, p) = \Pi_{\text{int}}(\mathbf{u}, p) + \Pi_{\text{ext}}(\mathbf{u}).$$

$$\Pi_{\text{int}}(\mathbf{u}, p) = \int_{\Omega} [p(J - 1) + \Psi(\mathbf{F})] \, dV$$

$$\Pi_{\text{ext}}(\mathbf{u}) = - \int_{\Omega} \mathbf{B} \cdot \mathbf{u} \, dV - \int_{\partial\Omega_N} \mathbf{T} \cdot \mathbf{u} \, dS$$

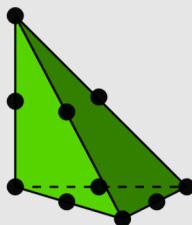
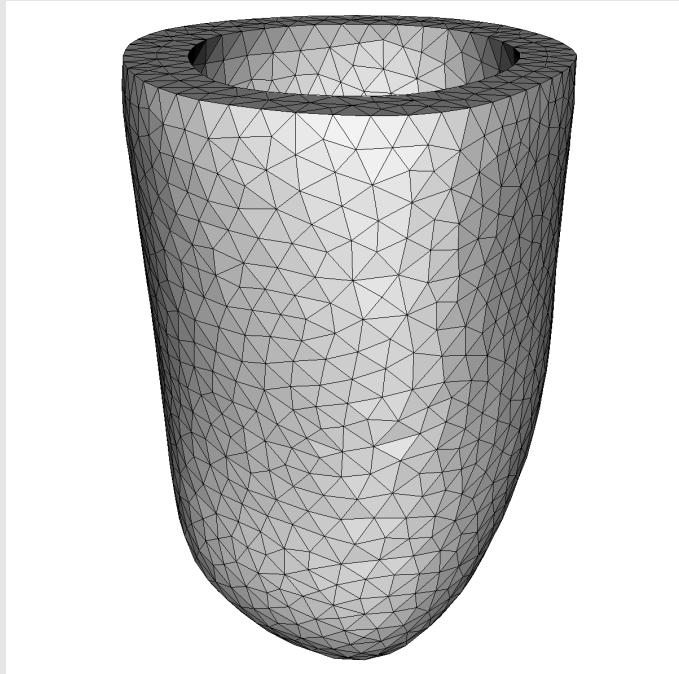


Minimization of energy:

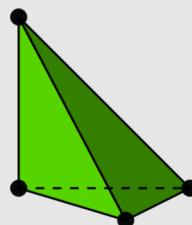
$$0 = D_{\delta p} \Pi(\mathbf{u}, p) = \int_{\Omega} \delta p (J(\mathbf{u}) - 1) \, dV$$

$$0 = D_{\delta \mathbf{u}} \Pi(\mathbf{u}, p) = \int_{\Omega} [p J \mathbf{F}^{-T} + \mathbf{P}] : \text{Grad } \delta \mathbf{u} \, dV - \int_{\Omega} \mathbf{B} \cdot \delta \mathbf{u} \, dV$$

Equations are discretized and solved using the finite element method



Piecewise quadratic Lagrange elements for displacement

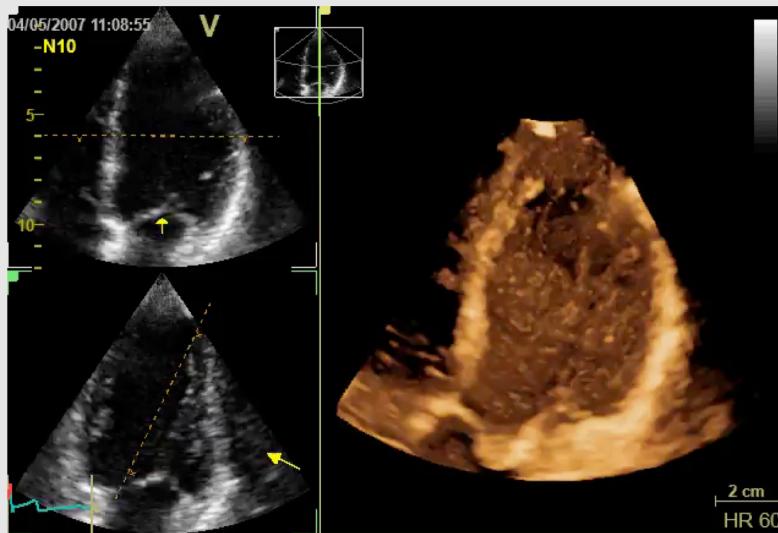


Piecewise linear Lagrange elements for hydrostatic pressure

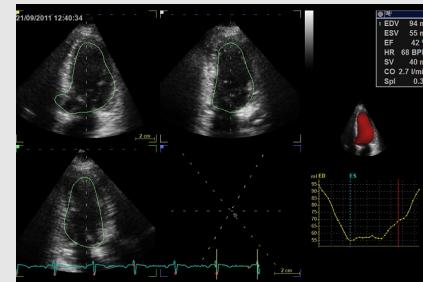


Taylor-Hood finite elements

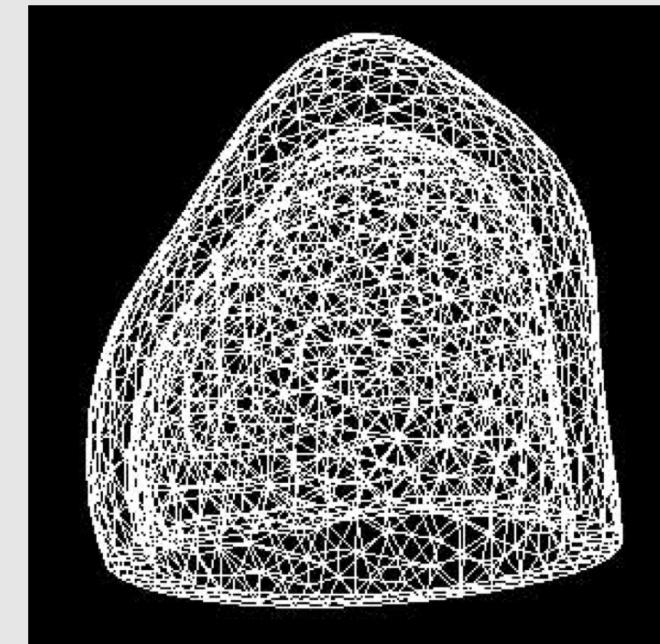
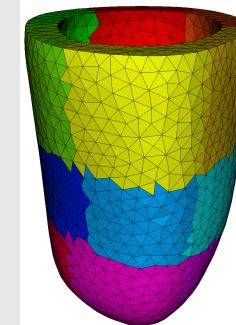
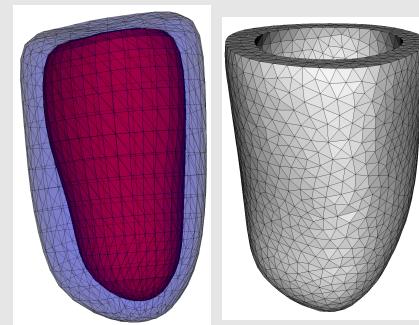
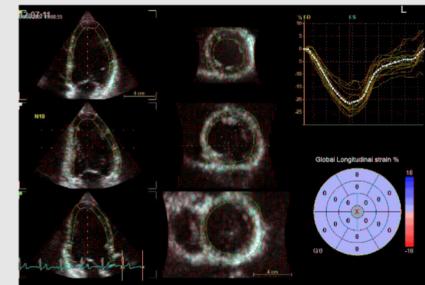
We want to make models specific at the level of the individual



Volume



Regional strain



Models contain model parameters that can be tuned in order to obtain patient specificity

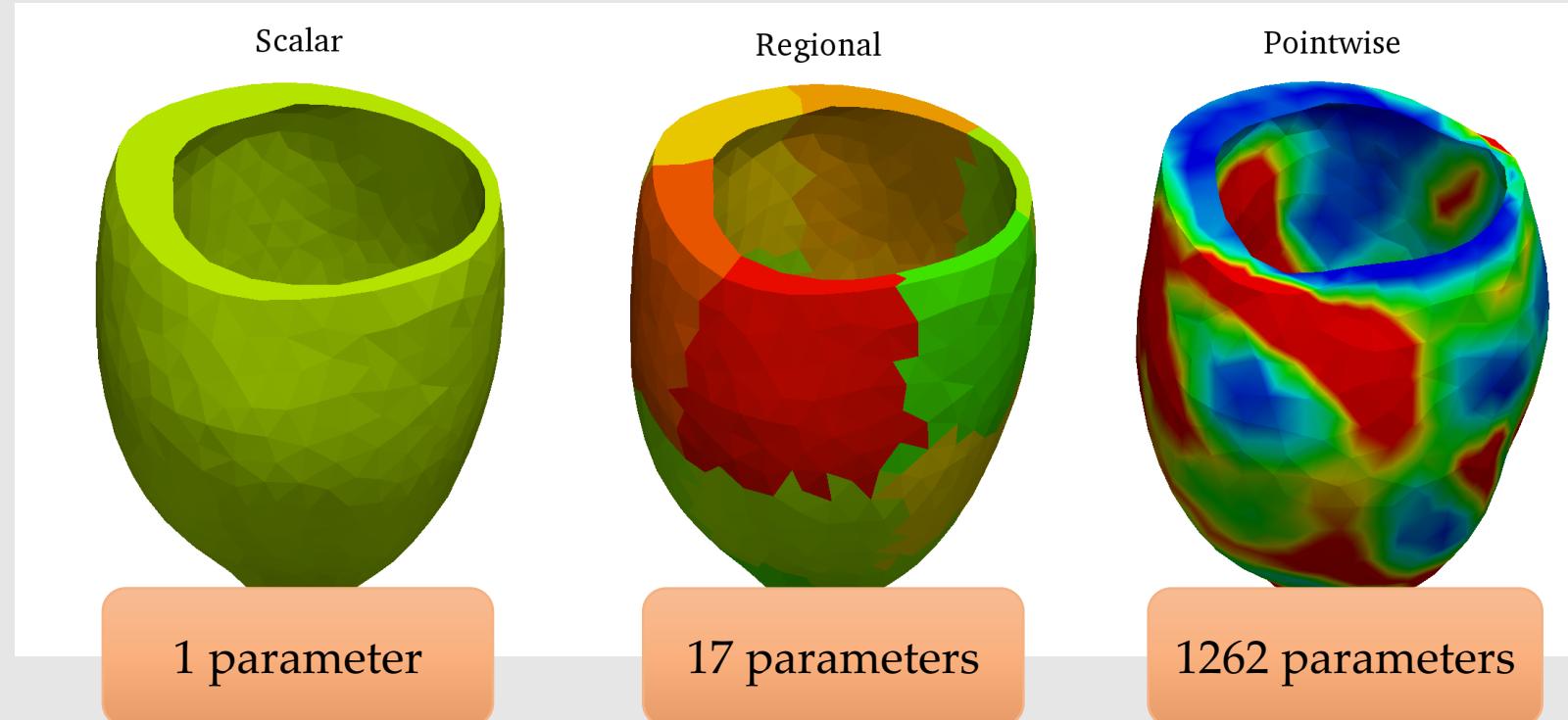
Parameters in the **passive** model

$$\Psi = \frac{a}{2b} \left(e^{b(I_1 - 3)} - 1 \right) + \frac{af}{2b_f} \left(e^{b_f(I_{4f} - 1)^2} - 1 \right)$$

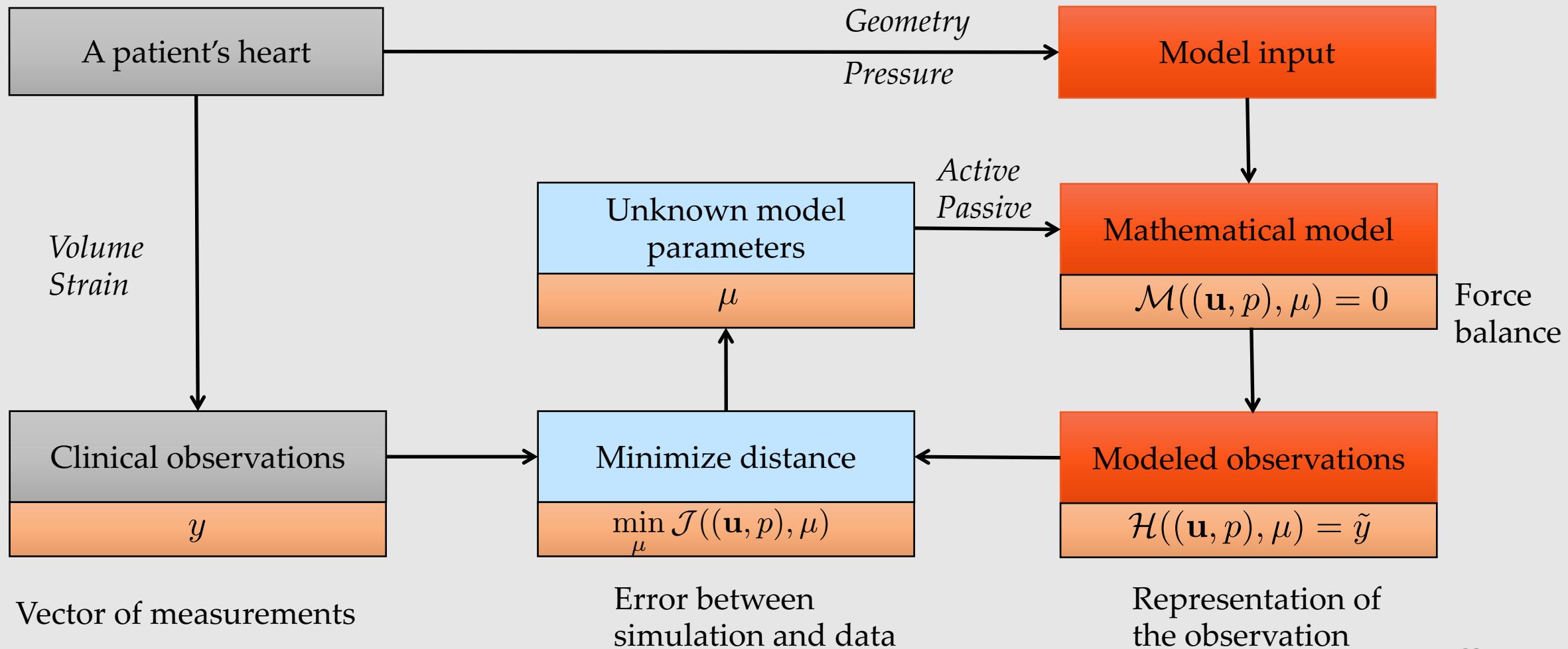
Parameters in the **active** model

$$\mathbf{F}_a = (1 - \gamma)\mathbf{f} \otimes \mathbf{f} + \frac{1}{\sqrt{1 - \gamma}}(\mathbf{I} - \mathbf{f} \otimes \mathbf{f})$$

Spatial
resolution:



Clinical observations can be fitted to the model by minimizing the difference between model and data



Minimization of model-data mismatch is formulated as a PDE-constrained optimization problem

Data assimilation

Minimize difference between model and observations by tuning parameters in the model

Mismatch functional

$$\min_{\mu} \mathcal{J}((\mathbf{u}, p), \mu)$$

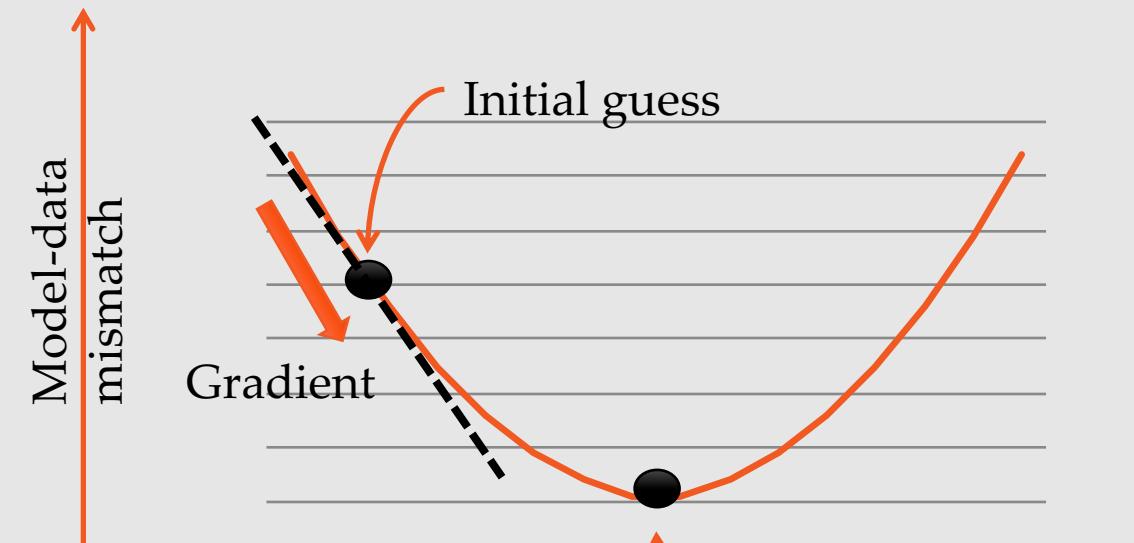
subject to $\mathcal{M}((\mathbf{u}, p), \mu) = 0$

Force balance equation

Expensive to evaluate functional

Keep number of functional evaluation at a minimum

Gradient-based optimization



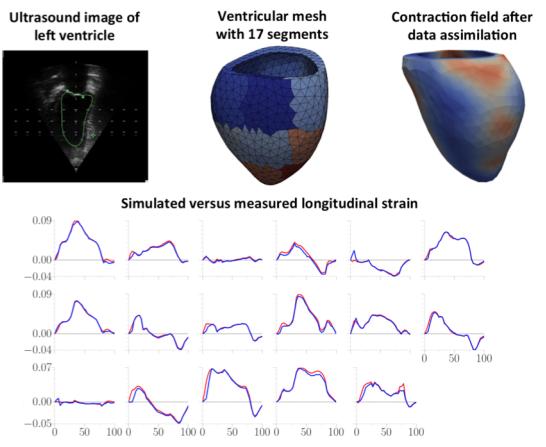
How to compute $\frac{d\mathcal{J}}{d\mu}$?



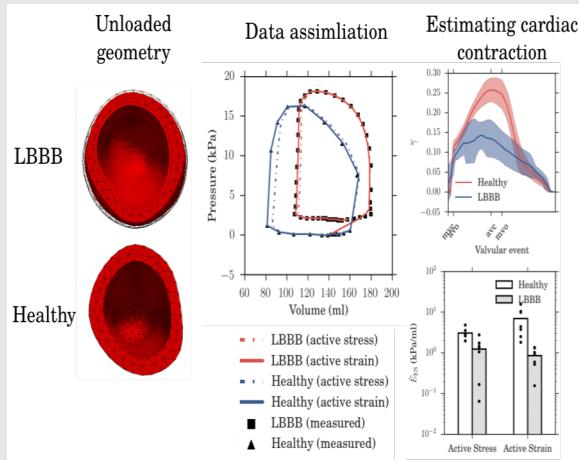
dolfin-adjoint

Summary of papers

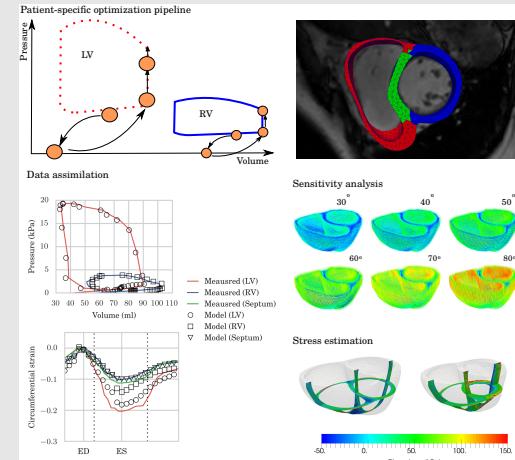
Paper 1



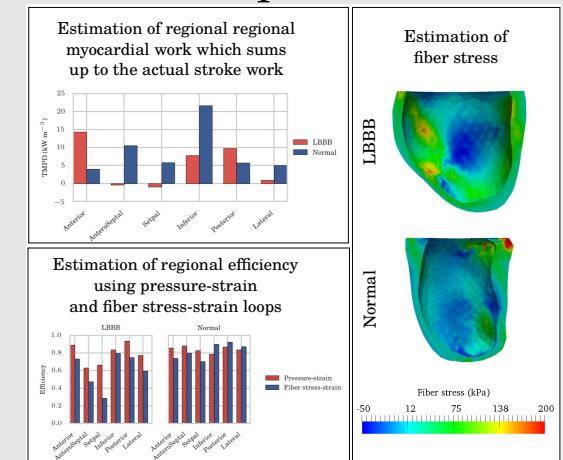
Paper 2



Paper 3



Paper 4



Paper 1

Title:

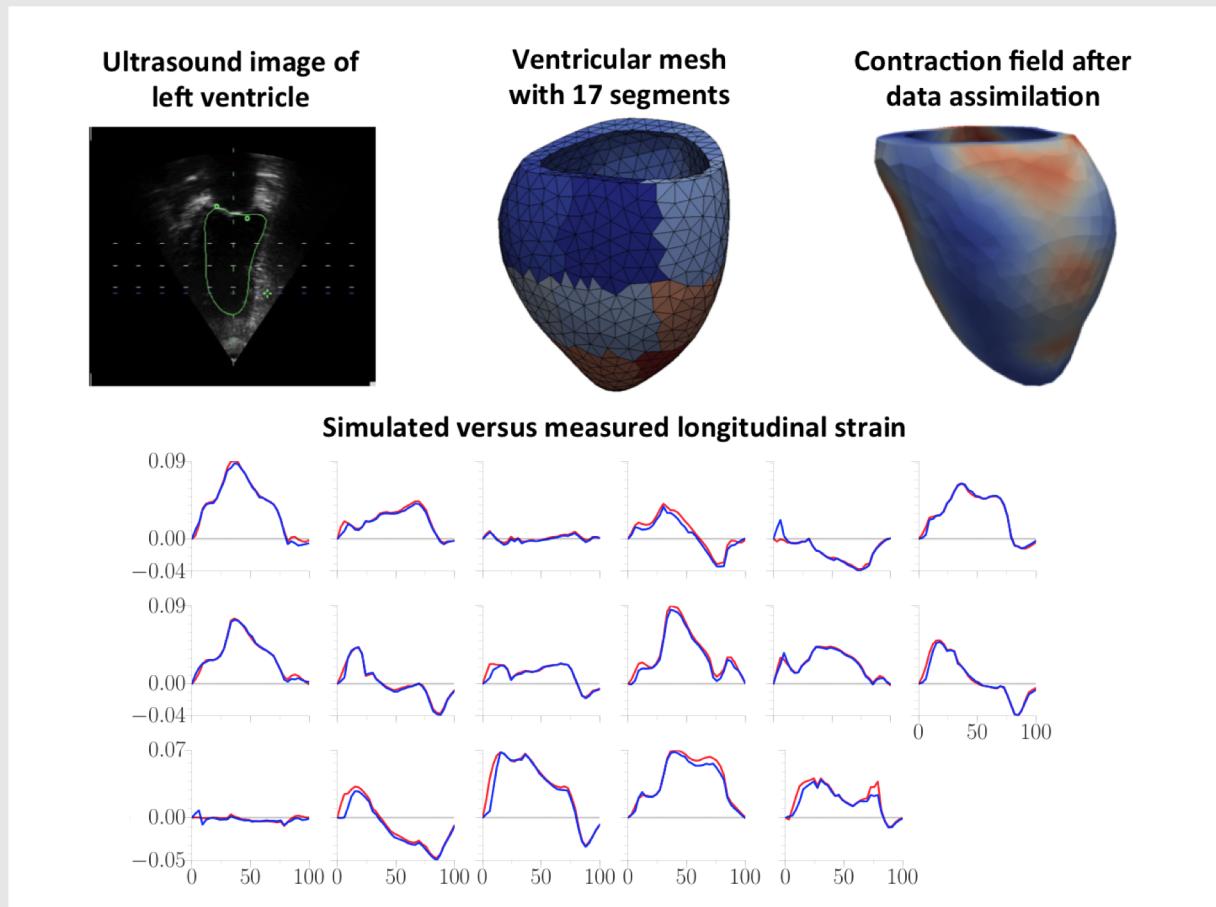
High-resolution data assimilation of cardiac mechanics applied to a dyssynchronous ventricle

Authors:

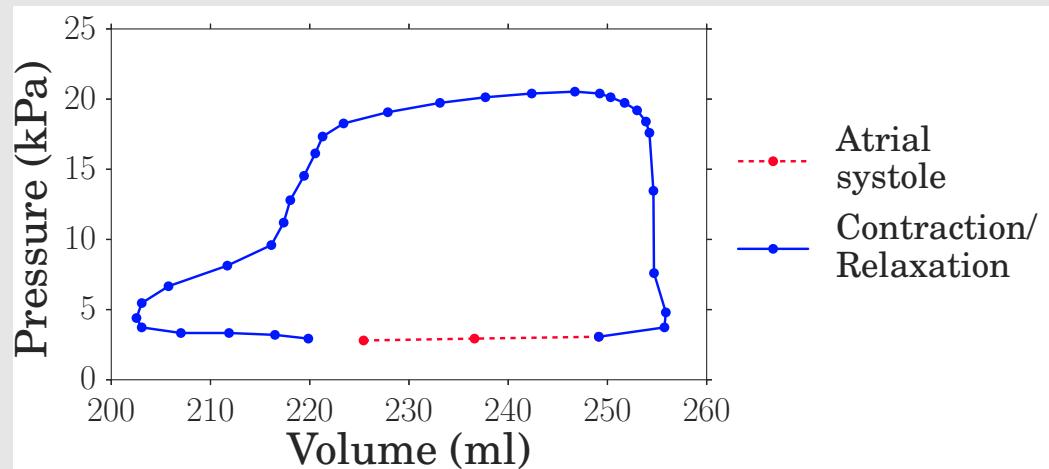
Gabriel Balban, Henrik Finsberg, Hans Henrik Odland, Marie E. Rognes, Stian Ross, Joakim Sundnes, and Samuel Wall

Status:

Published in International journal for numerical methods in biomedical engineering



We estimated model parameters to fit measured strain and volume



Passive

$$\Psi = \frac{a}{2b} \left(e^{b(I_1 - 3)} - 1 \right) + \frac{a_f}{2b_f} \left(e^{b_f(I_{4f} - 1)^2} - 1 \right)$$

Scalar

$$\mathcal{J} = \sum \mathcal{J}_{\text{vol}}^i$$

Active

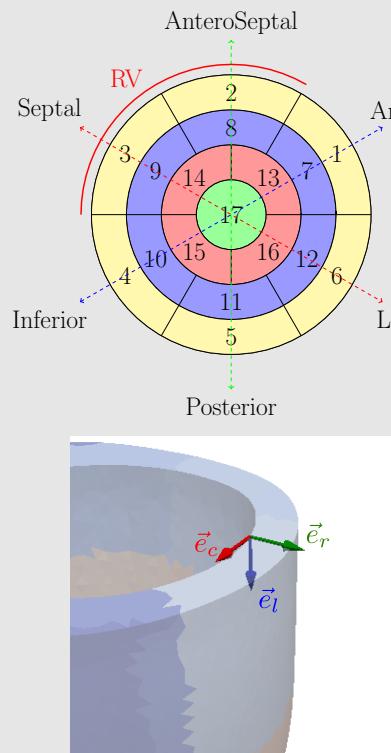
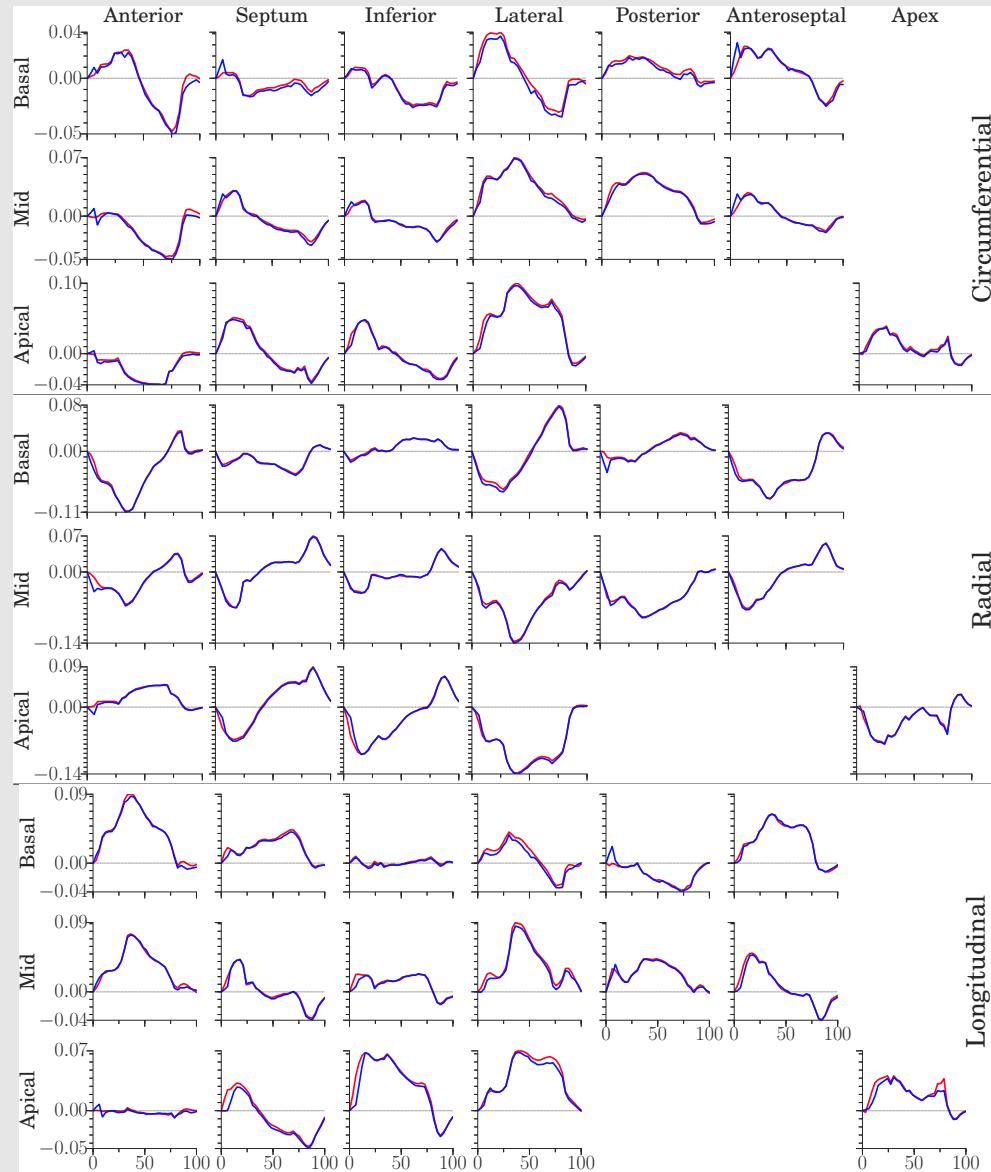
$$\mathbf{F}_a = (1 - \gamma) \mathbf{f} \otimes \mathbf{f} + \frac{1}{\sqrt{1 - \gamma}} (\mathbf{I} - \mathbf{f} \otimes \mathbf{f})$$

Scalar, Regional, Pointwise (P1)

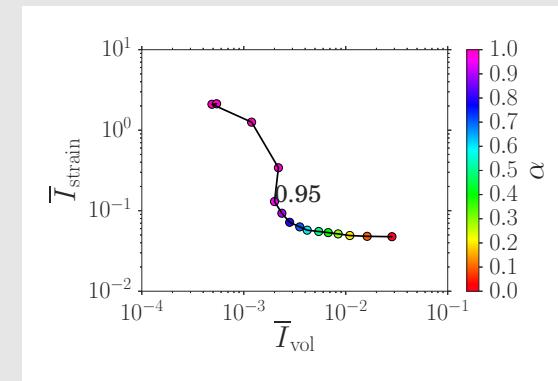
$$\mathcal{J} = \mathcal{J}_{\text{data}}^i(\alpha) + \mathcal{J}_{\text{smooth}}^i(\lambda)$$

$$\begin{aligned}\mathcal{J}_{\text{vol}}^i &= \left(\frac{V^i - \tilde{V}^i}{V^i} \right)^2 \\ \mathcal{J}_{\text{strain}}^i &= \sum_{j=1}^{17} \sum_{k \in \{c,r,l\}} (\varepsilon_{kj}^i - \tilde{\varepsilon}_{kj}^i)^2 \\ \mathcal{J}_{\text{data}}^i(\alpha) &= \alpha \mathcal{J}_{\text{vol}}^i + (1 - \alpha) \mathcal{J}_{\text{strain}}^i \\ \mathcal{J}_{\text{smooth}}^i(\lambda) &= \lambda \|\nabla \gamma^i\|^2\end{aligned}$$

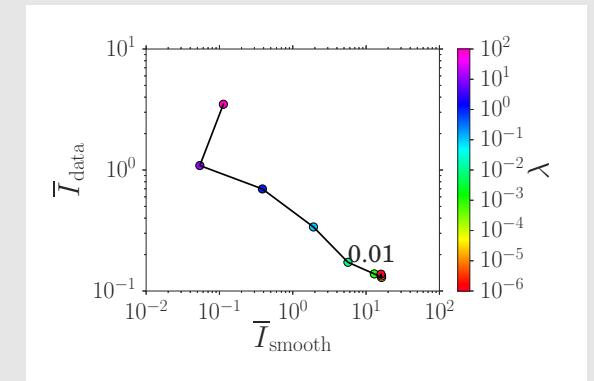
It is possible to tune parameters to “almost perfectly” fit the data



Choose α

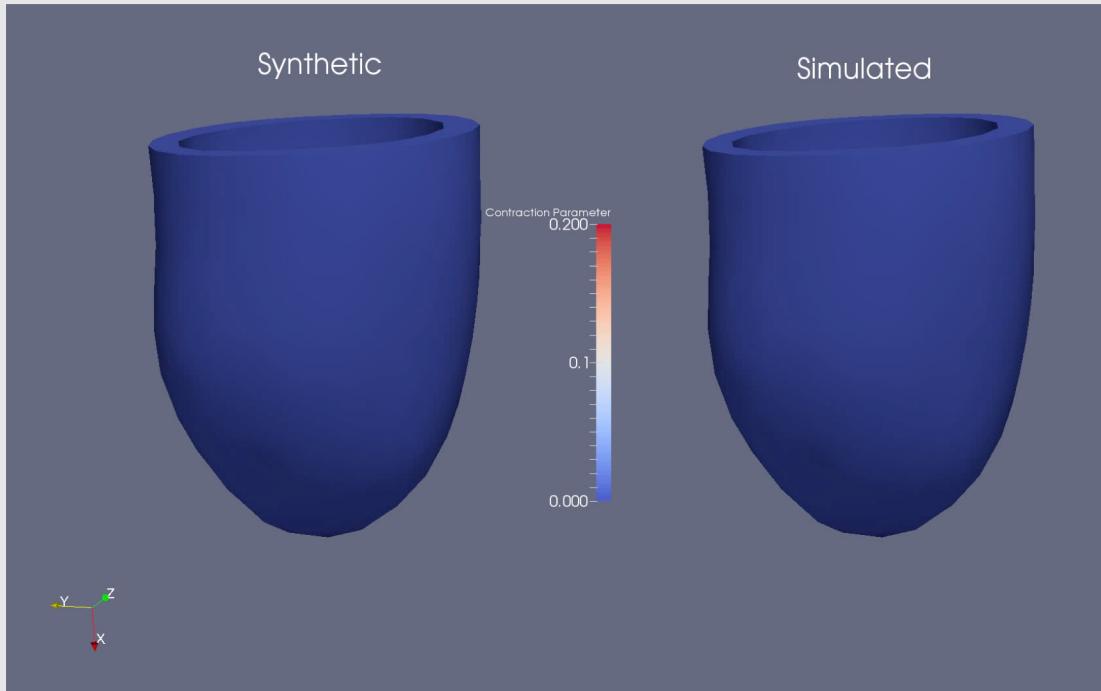


Choose λ

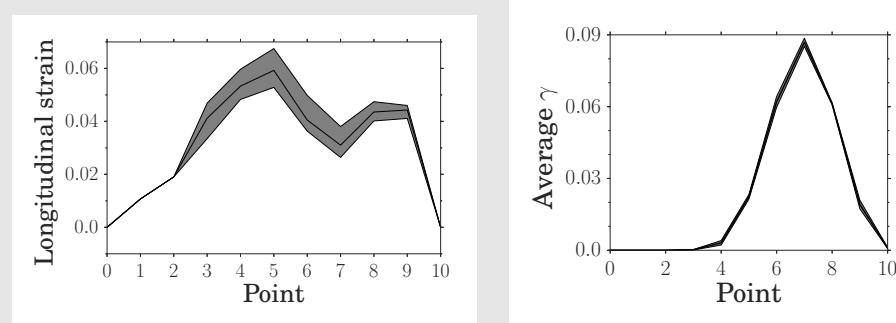


We verified identifiability of the contraction field using a synthetic data set

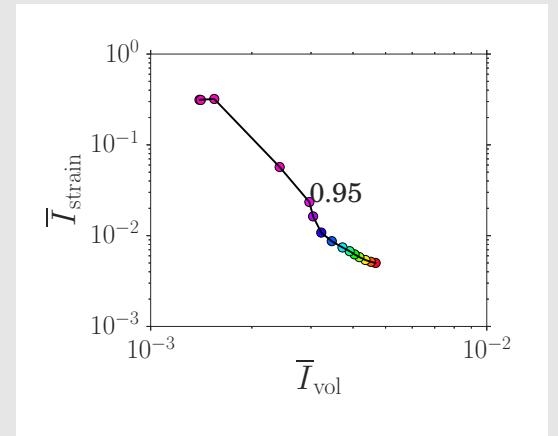
Noise-free



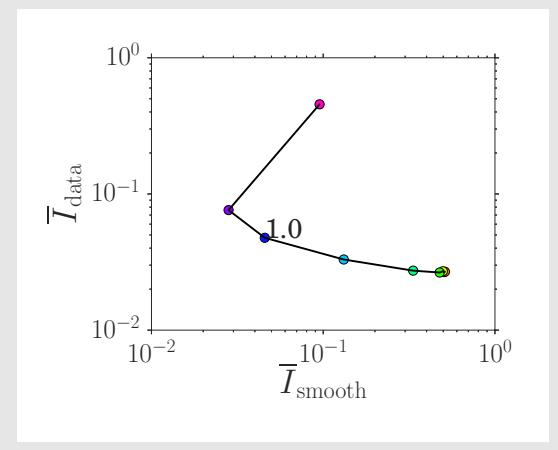
Effect of noise



Choose α

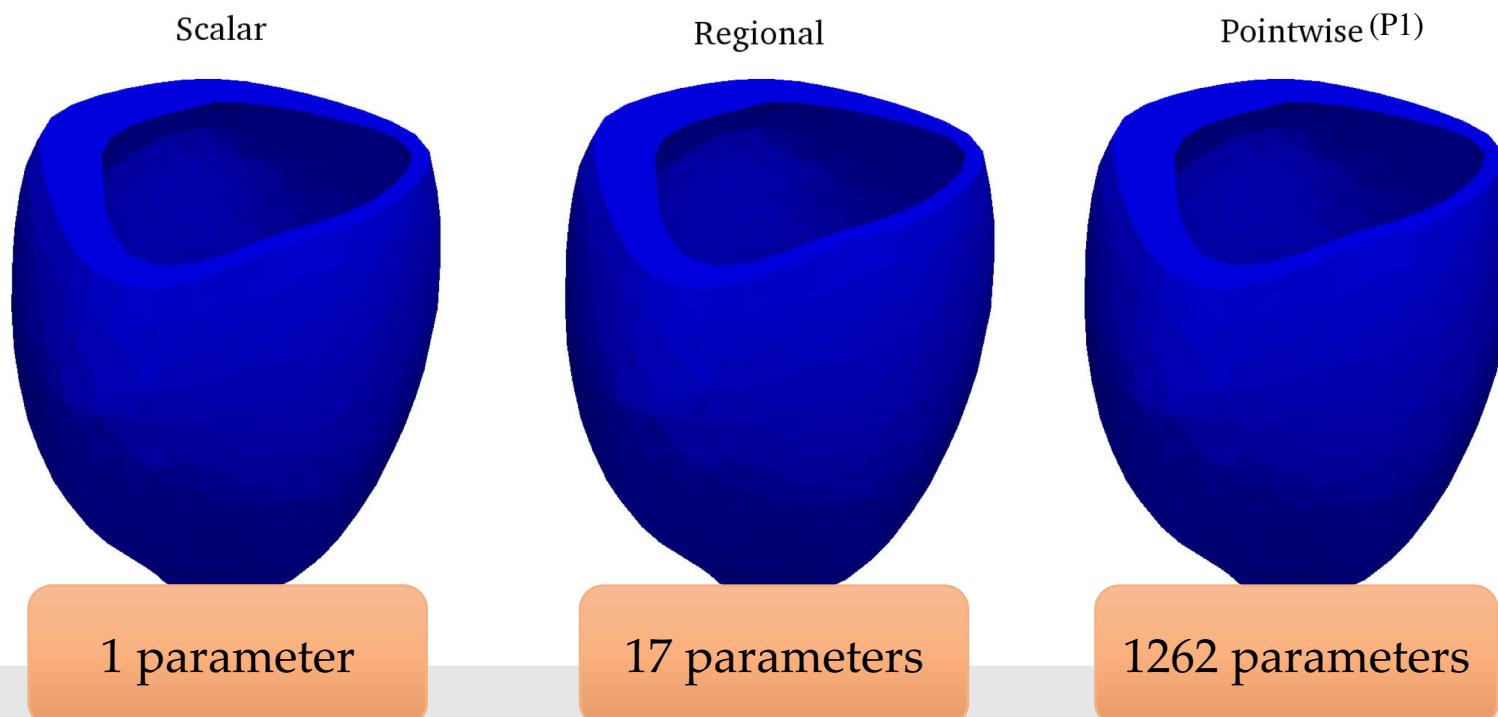


Choose λ



We tested different spatial resolution of the contraction parameter

resolution of γ	forward solves	adjoint solves	total run time (s)	adjoint evaluation
	average	average		average run time (s)
scalar	4.6	2.8	280	7.4
regional	12	6.5	210	19.3
P1	46	46	1100	7.9



resolution of γ	\bar{I}_{vol}	\bar{I}_{strain}	$\bar{I}_{\text{strain}}^{\text{relmax}}$
scalar	0.044	1.5	0.27
regional	0.024	1.1	0.16
P1	0.0037	0.17	0.029

Paper 2

Title:

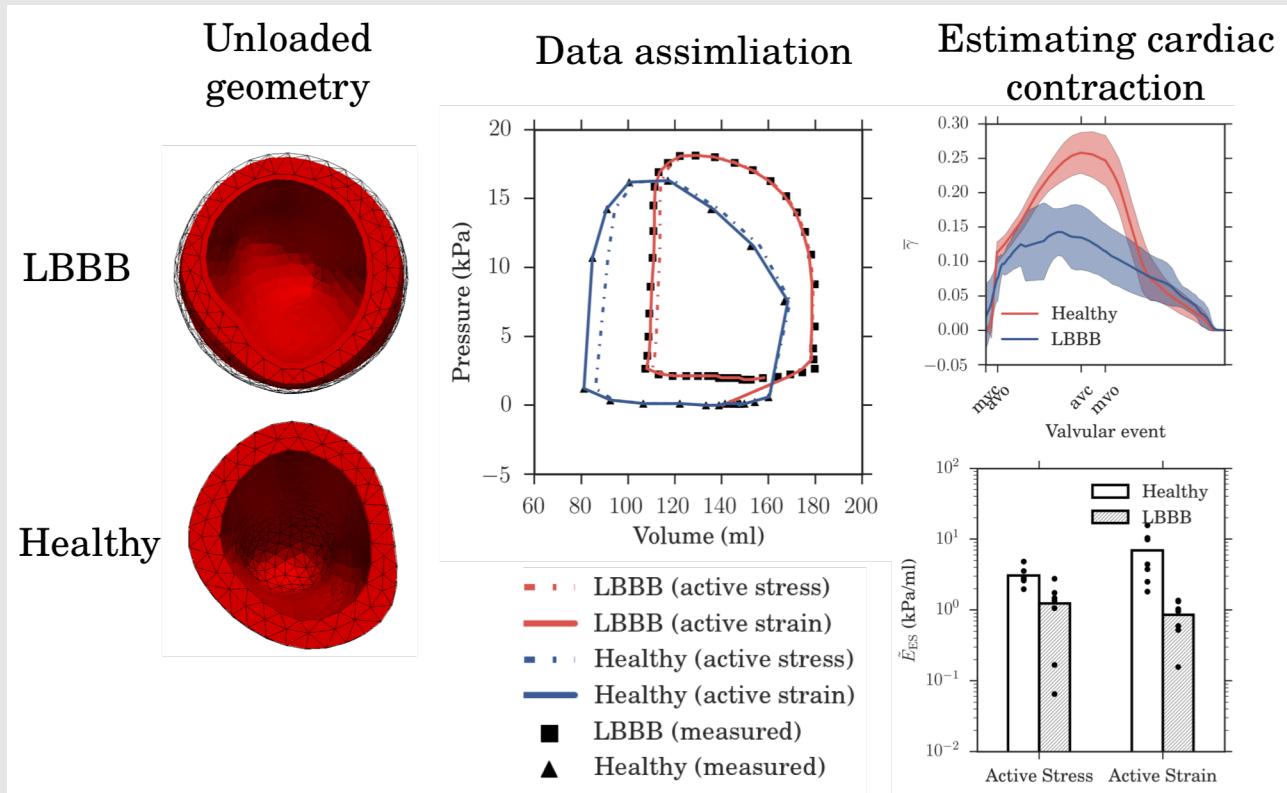
Estimating cardiac contraction through high resolution data assimilation of a personalized mechanical model

Authors:

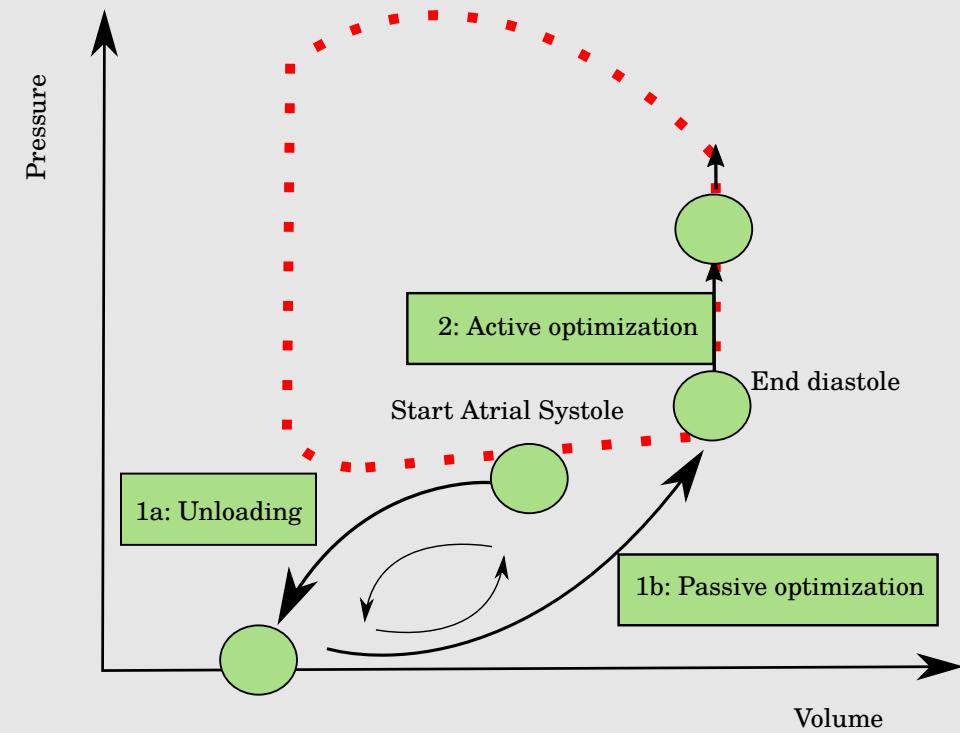
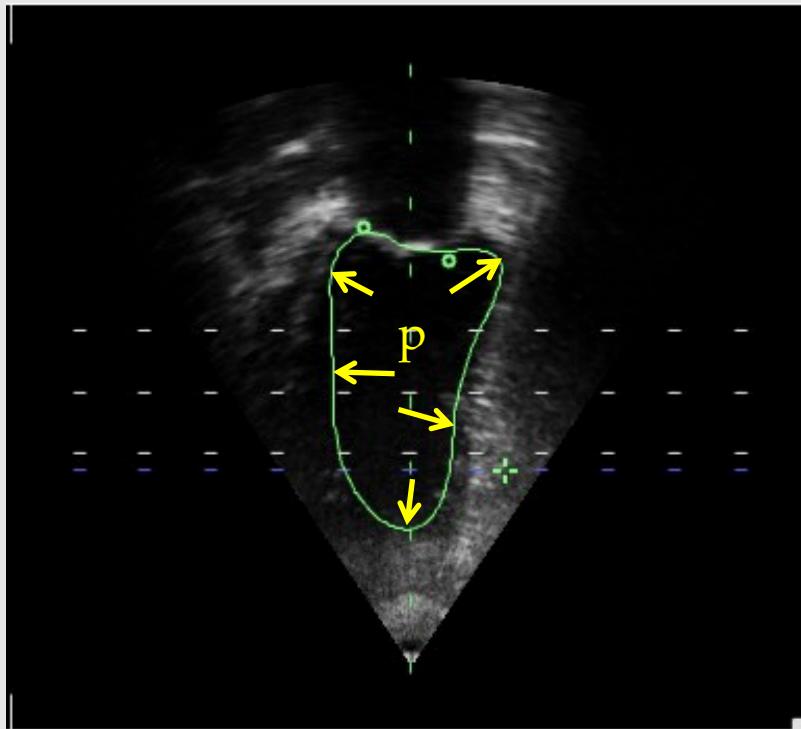
Henrik Finsberg, Gabriel Balaban, Stian Ross, Trine F. Håland, Hans Henrik Odland, Joakim Sundnes, and Samuel Wall

Status:

Published in Journal of Computational Science

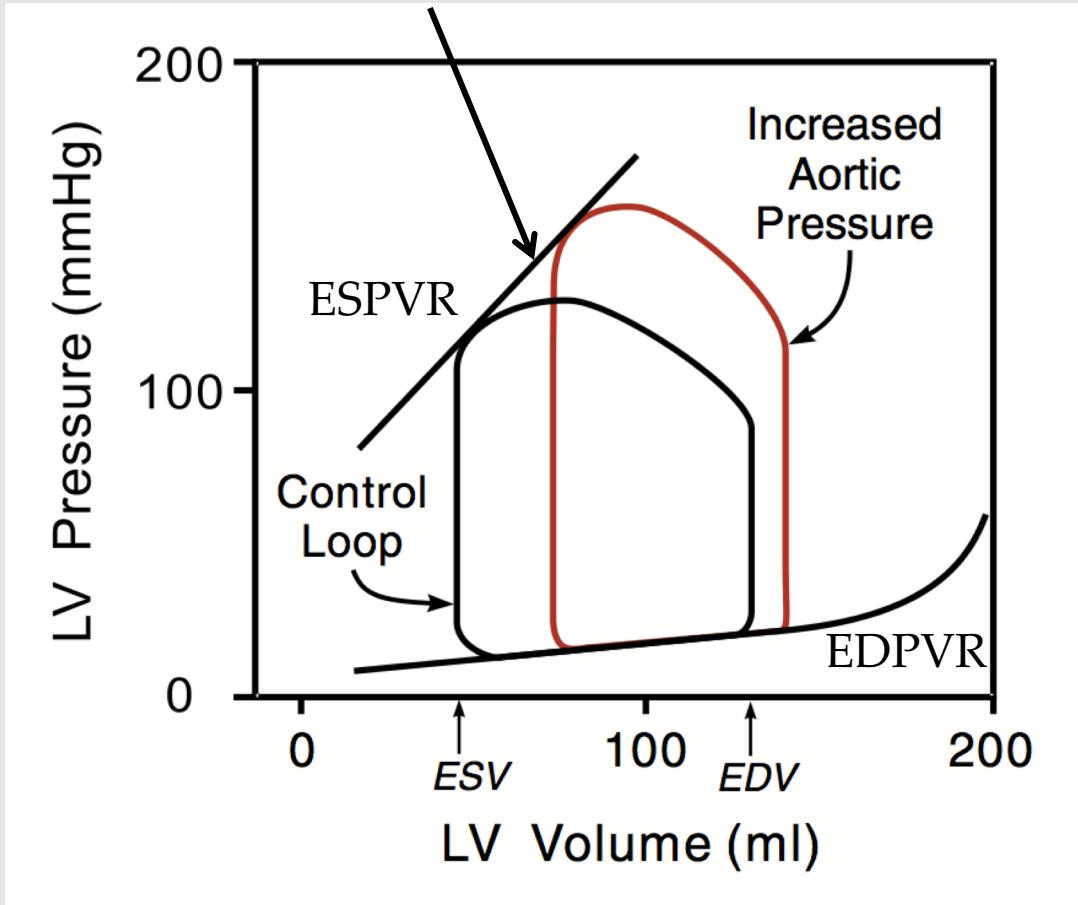


We improved the pipeline by also including an estimation of the unloaded configuration



The end-systolic elastance is an index of myocardial contractility

$$\text{Slope} = \text{Contractility} = E_{ES}$$



$$P(t) = E(t)(V(t) - V_0)$$

$$E_{ES} \approx \frac{P(t_{ES})^\Delta - P(t_{ES})}{V(t_{ES})^\Delta - V(t_{ES})}$$

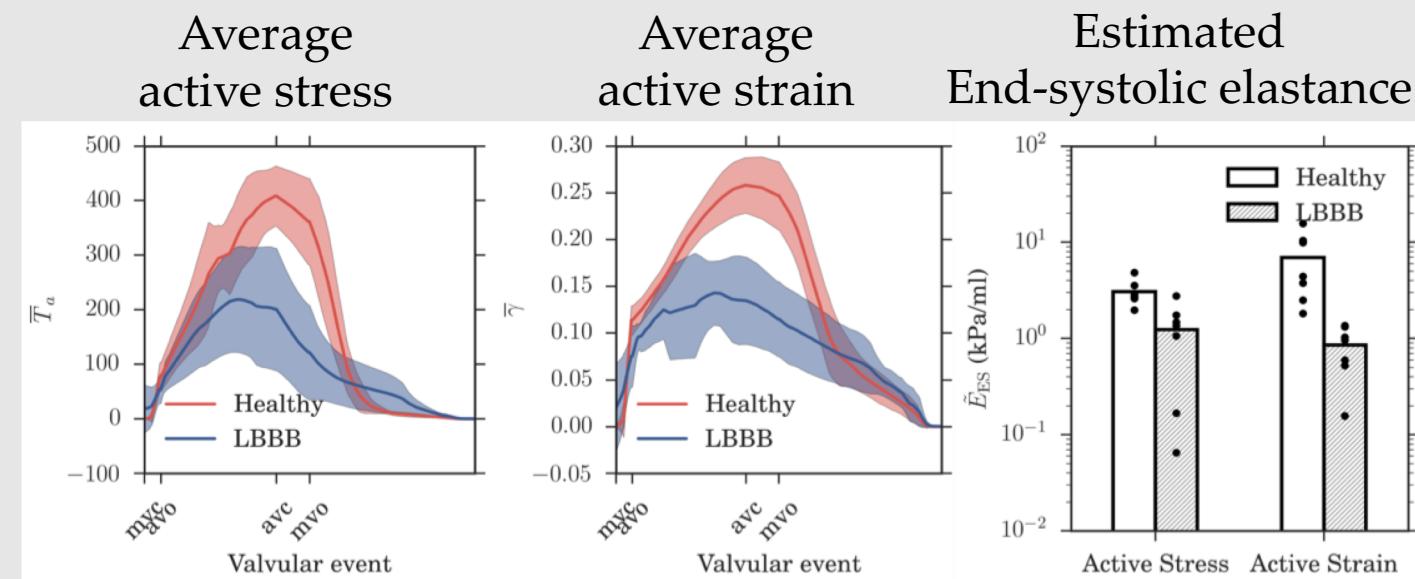
Patients with heart failure showed reduced contractility compared to healthy subjects

$$\mathbf{F}_a = (1 - \gamma)\mathbf{f} \otimes \mathbf{f} + \frac{1}{\sqrt{1 - \gamma}}(\mathbf{I} - \mathbf{f} \otimes \mathbf{f})$$

Average active strain: $\bar{\gamma} = \frac{1}{|\Omega|} \int_{\Omega} \gamma(\mathbf{X}) d\mathbf{X}$

$$\sigma_a = T_a \mathbf{f} \otimes \mathbf{f}$$

Average active stress: $\bar{T}_a = \frac{1}{|\Omega|} \int_{\Omega} T_a(\mathbf{X}) d\mathbf{X}$



Paper 3

Title:

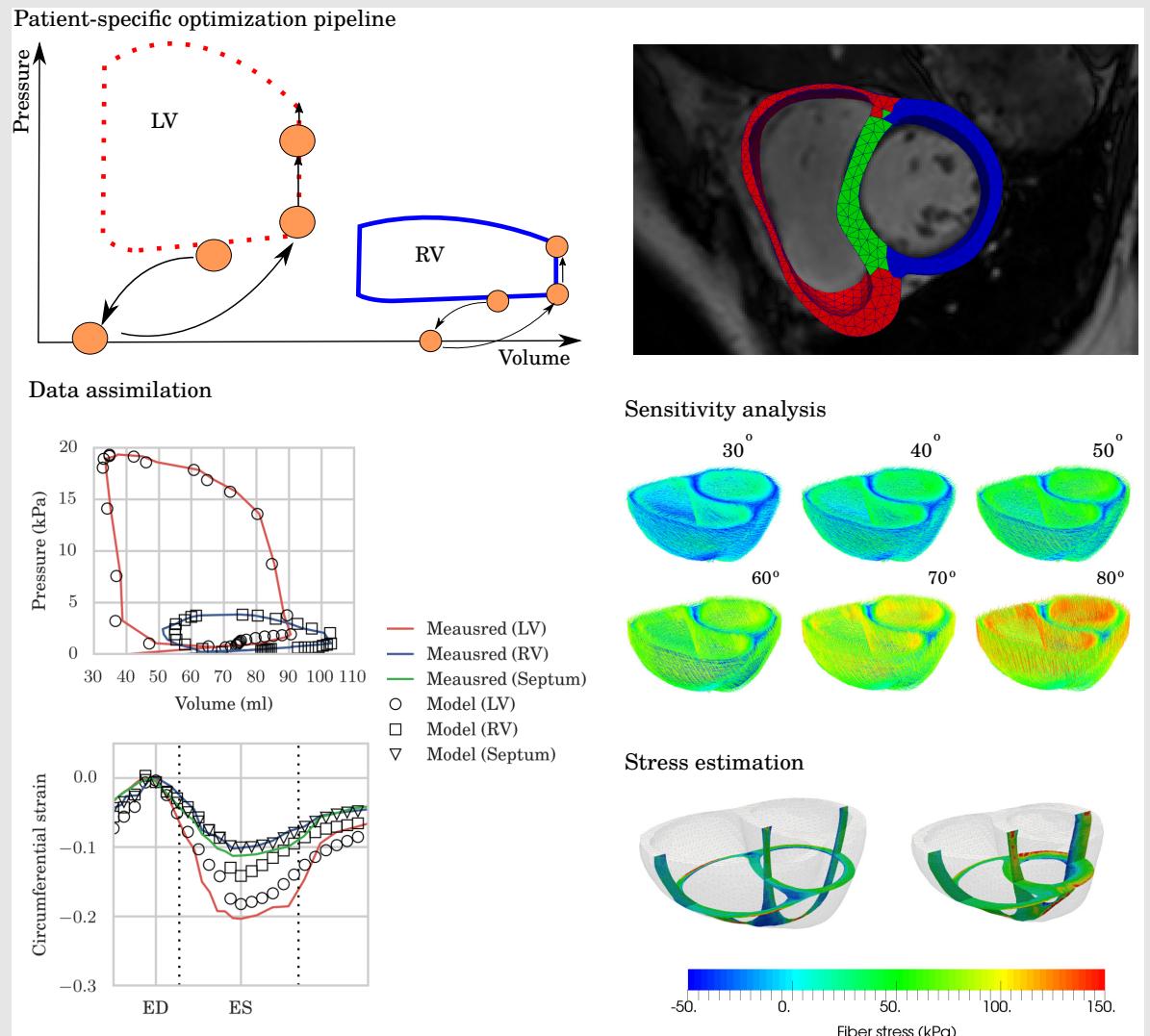
Efficient estimation of personalized biventricular mechanical function employing gradient-based optimization

Authors:

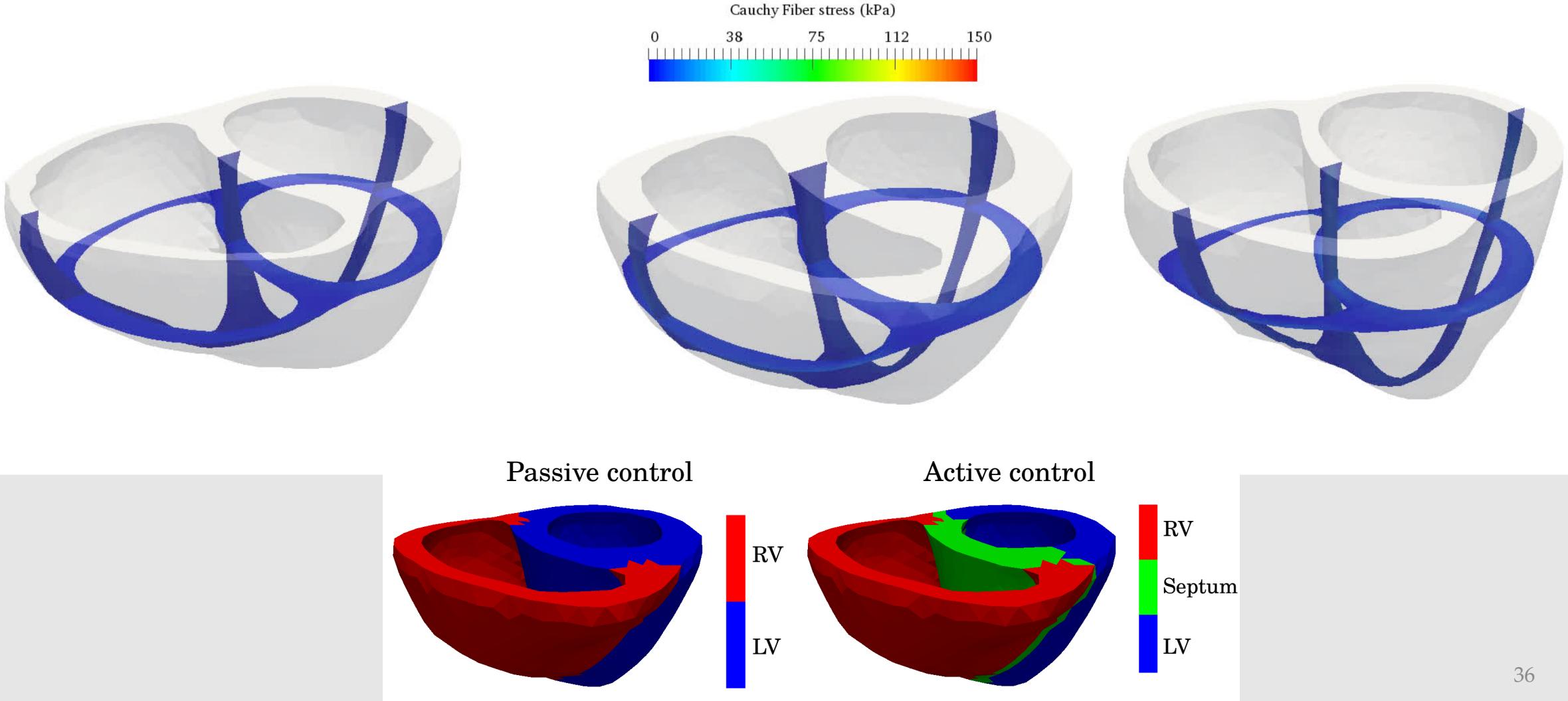
Henrik Finsberg, Ce Xi, Ju Le Tan, Liang Zhong,
Martin Genet, Joakim Sundnes,
Lik Chuan Lee, and Samuel T. Wall

Status:

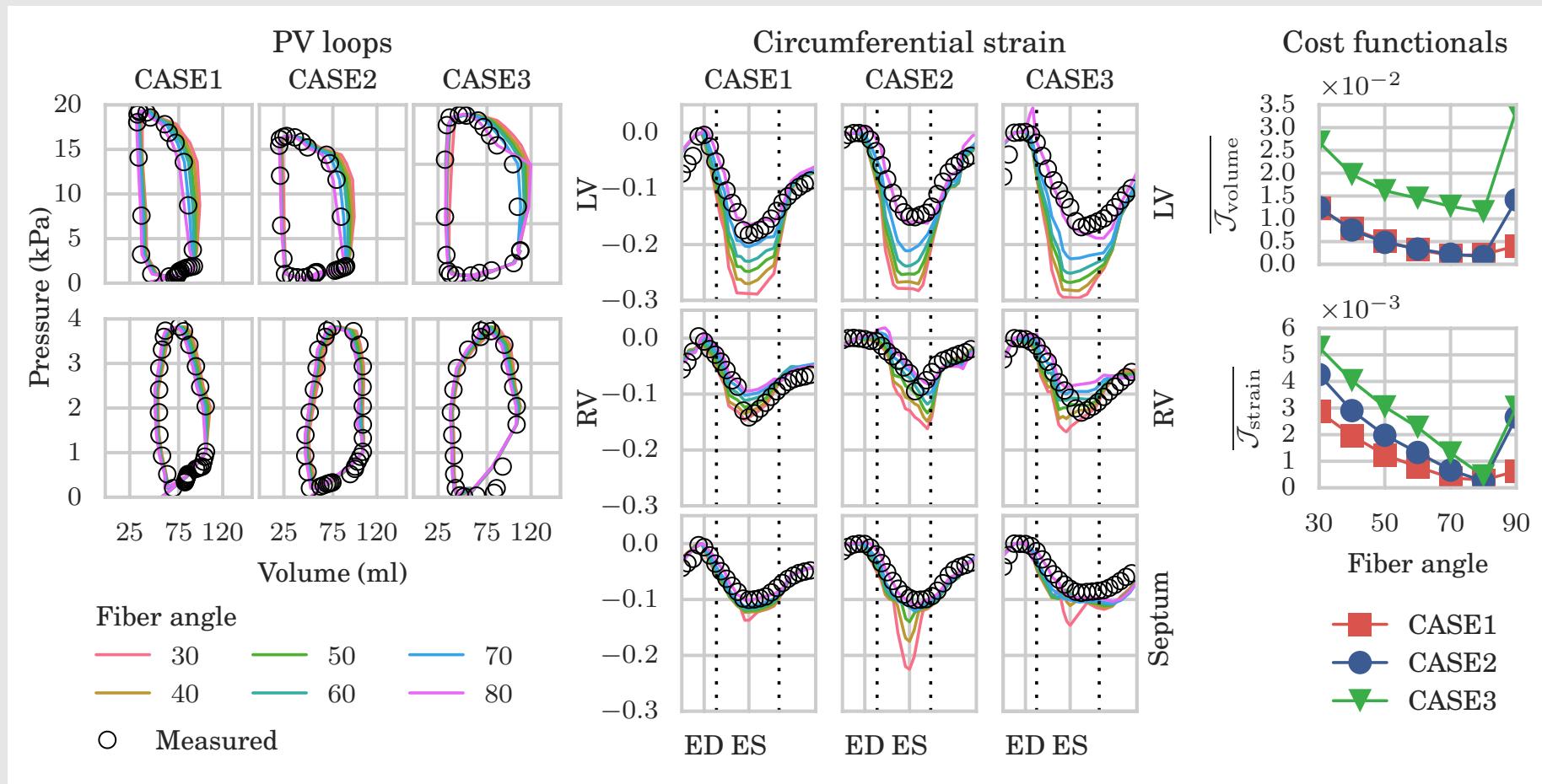
Submitted to International journal for
numerical methods in biomedical engineering



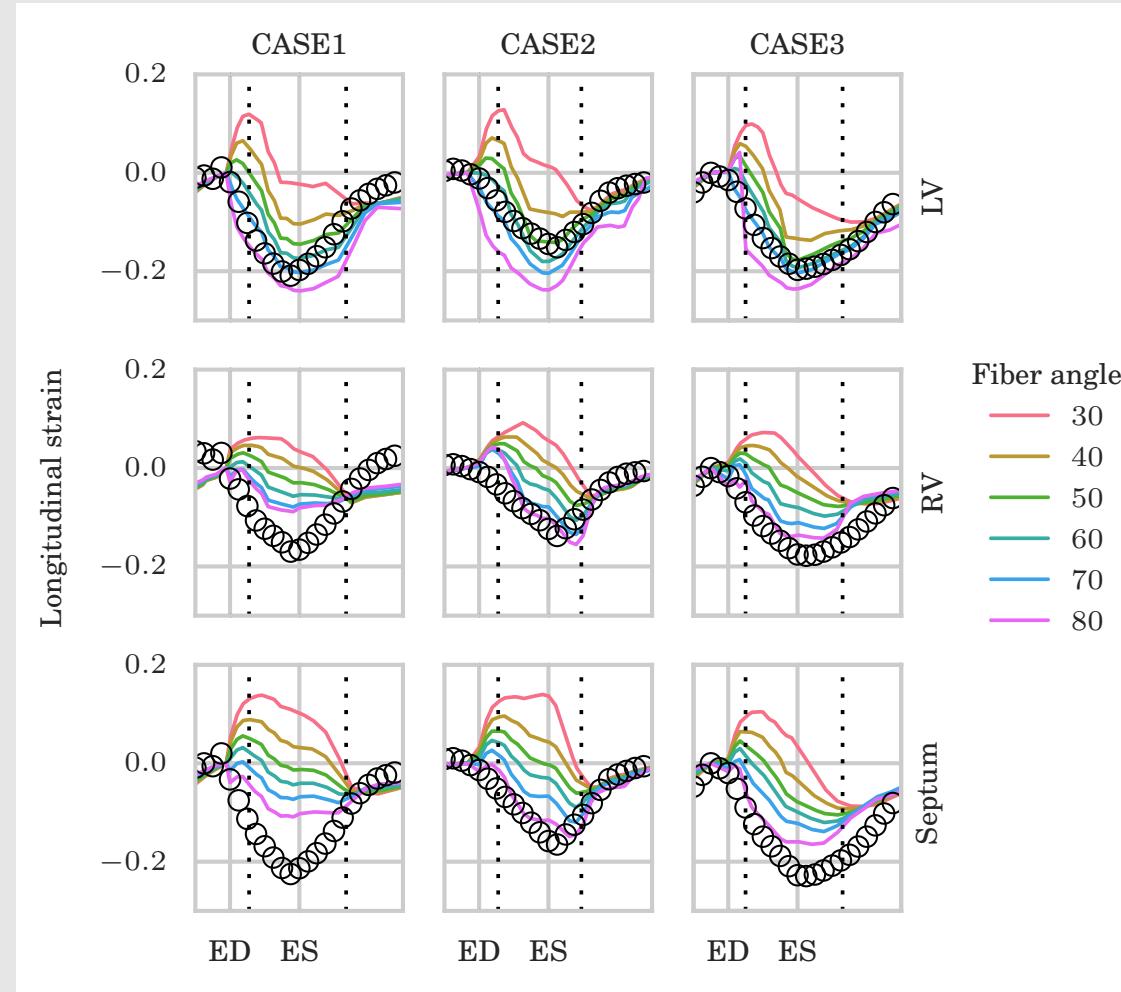
Data assimilation pipeline was tested on three healthy bi-ventricles



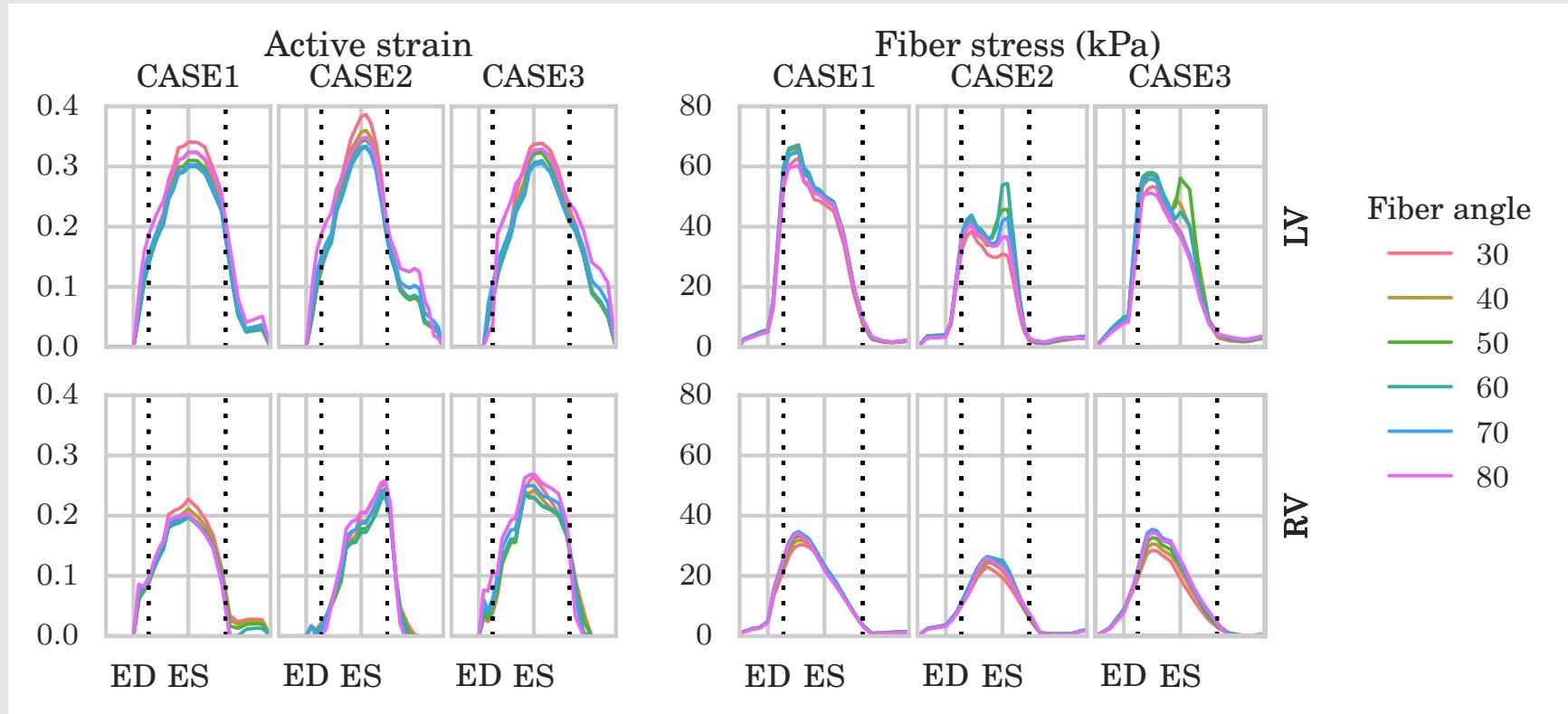
We tested a range of different fiber angles, and found large differences in optimal fit



Longitudinal strain traces were not used in the optimization, and serve as model validation



Active strain and fiber stress were not very sensitive to varying fiber angles



Paper 4

Title:

Assessment of regional myocardial work from a patient-specific cardiac mechanics model

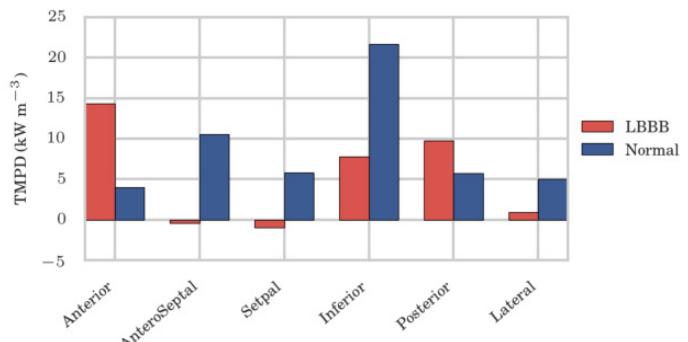
Authors:

Henrik Finsberg, John Aalen, Camilla K. Larsen, Espen Remme, Joakim Sundnes, Otto A. Smiseth, and Samuel T. Wall.

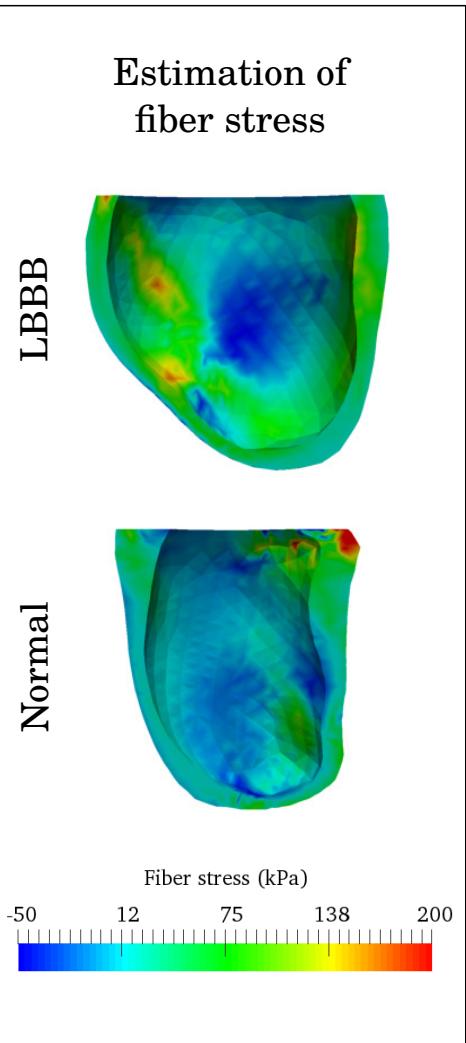
Status:

To be submitted

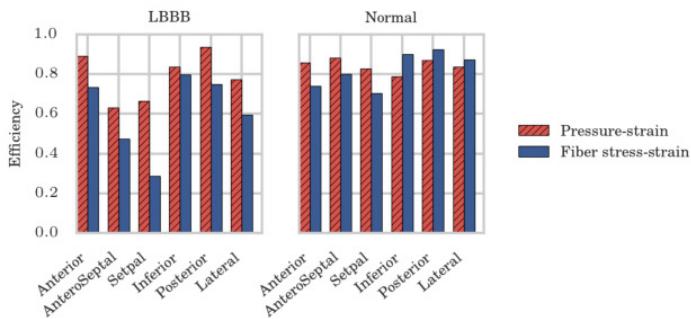
Estimation of regional myocardial work which sums up to the actual stroke work



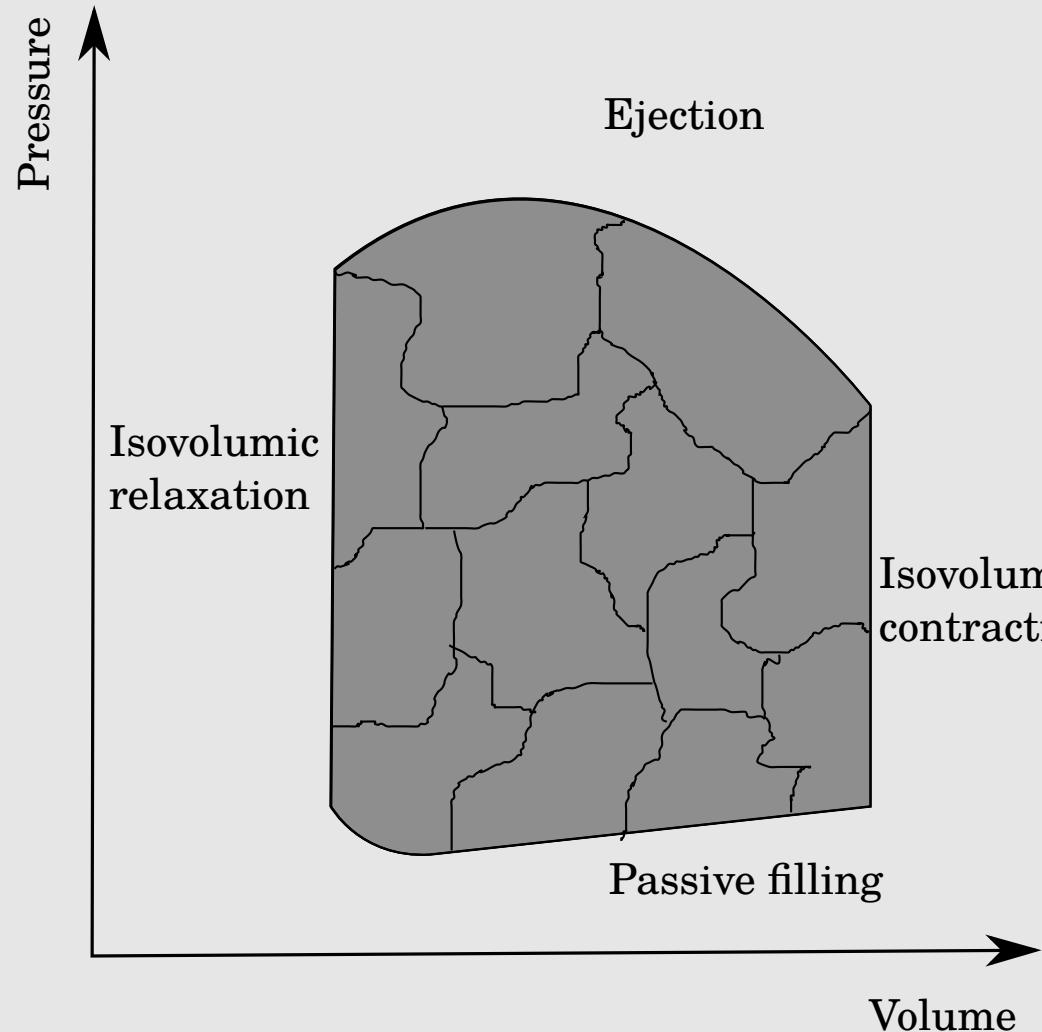
Estimation of fiber stress



Estimation of regional efficiency using pressure-strain and fiber stress-strain loops



Total myocardial work in the left ventricle can be estimated by the area of the pressure-volume loop



$$\left[\frac{m^3}{t} \cdot \text{Pa} \cdot t \right] = [\text{Pa} \cdot m^3] = [\text{Joule}]$$

$$W = \int \frac{dV}{dt} P(t) dt$$

How to compute
regional work?

The patient specific mechanics models can be used to estimate work

Work:

$$\mathcal{W}(t_1, t_2)[\Omega_j] = - \int_{t_1}^{t_2} \int_{\Omega_j} \mathbf{S}(t, \mathbf{X}) : \dot{\mathbf{E}}(t, \mathbf{X}) d\mathbf{X} dt$$

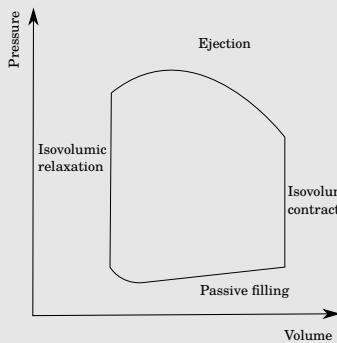
Second Piola-Kirchhoff stress tensor: $\mathbf{S}(t, \mathbf{X})$

Green-Lagrange strain tensor: $\mathbf{E}(t, \mathbf{X})$

Power density:

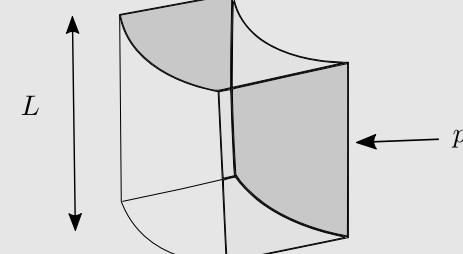
$$\mathcal{W}(t_1, t_2)[\Omega_j]/|\Omega_j| \cdot (t_2 - t_1)$$

Case	PV area (kW m^{-3})	Full (kW m^{-3})	Fiber (kW m^{-3})	Pressure-GLS (kW m^{-3})
LBBB	8.41	10.60	6.42	1.02
Normal	15.79	16.35	9.59	1.59

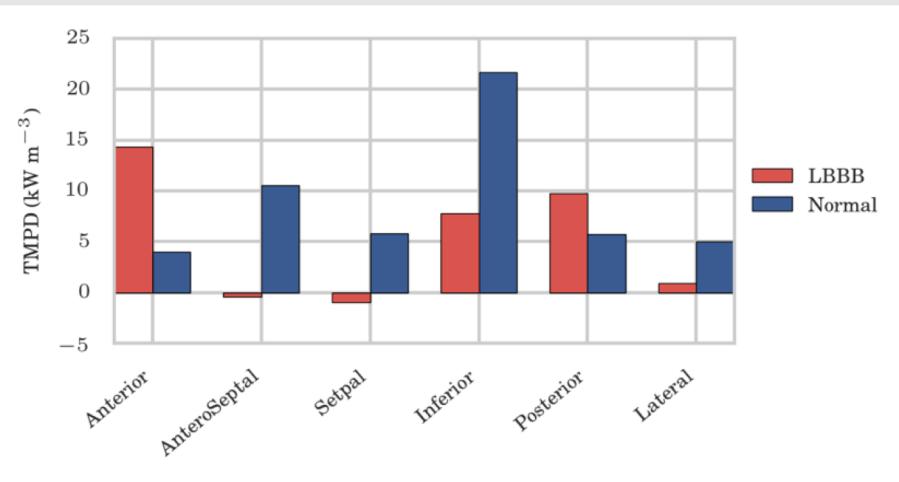


$$\begin{pmatrix} \sigma_{11} & \sigma_{12} & \sigma_{13} \\ \sigma_{21} & \sigma_{22} & \sigma_{23} \\ \sigma_{31} & \sigma_{23} & \sigma_{33} \end{pmatrix}$$

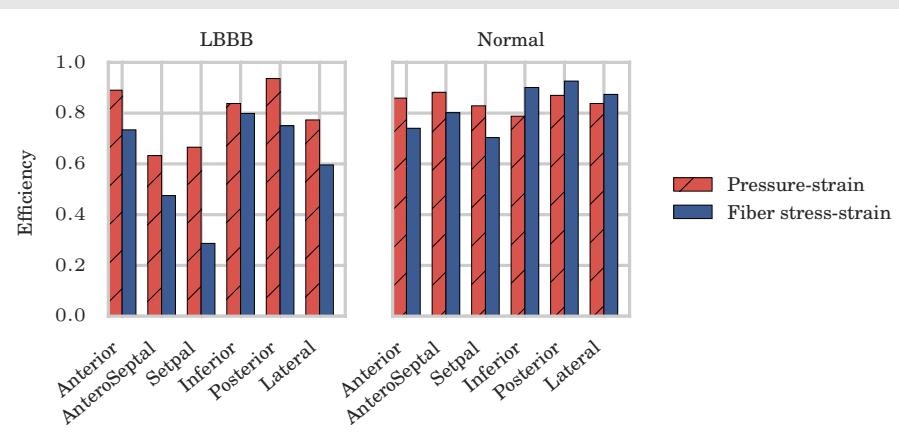
$$\begin{pmatrix} \sigma_{ff} & \cdot & \cdot \\ \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot \end{pmatrix}$$



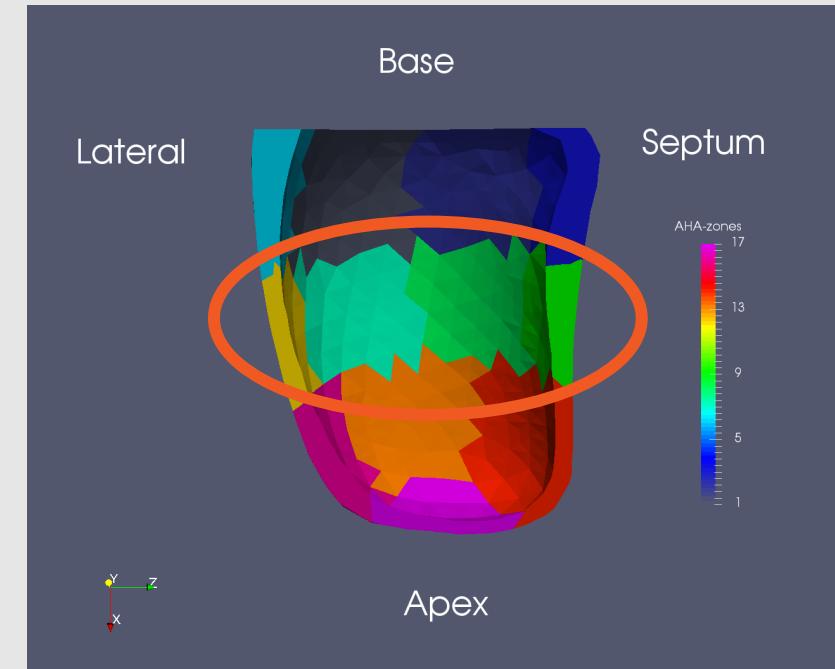
The regional efficiency of each segment show the same trend regardless of how work is estimated



Regional total power density
Positive values indicate generation of work
Negative values indicate work usage

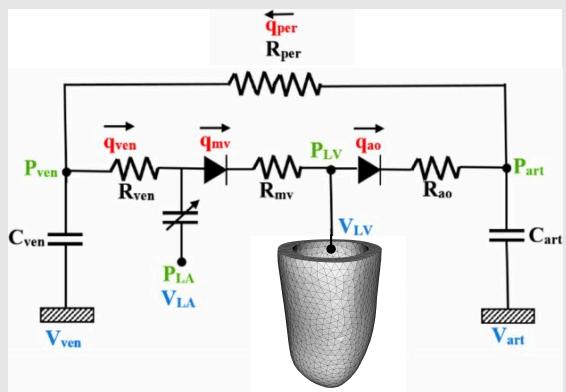


Regional efficiency
Higher values indicate higher efficiency



Next steps

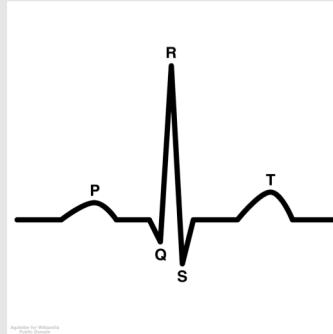
Circulatory model



Shavik et. al, 2017

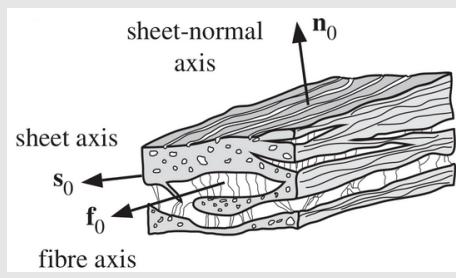
Model fidelity versus parameter identifiability

Electro-mechanical coupling



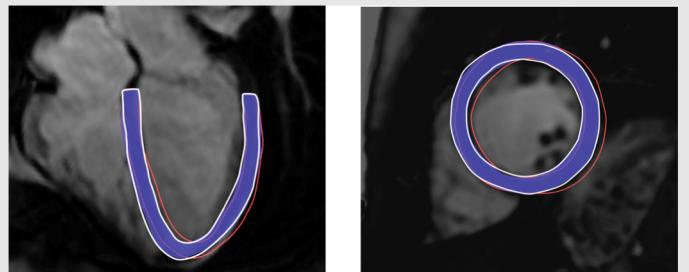
Agencies for Wikipedia
Public Domain

Realistic material properties



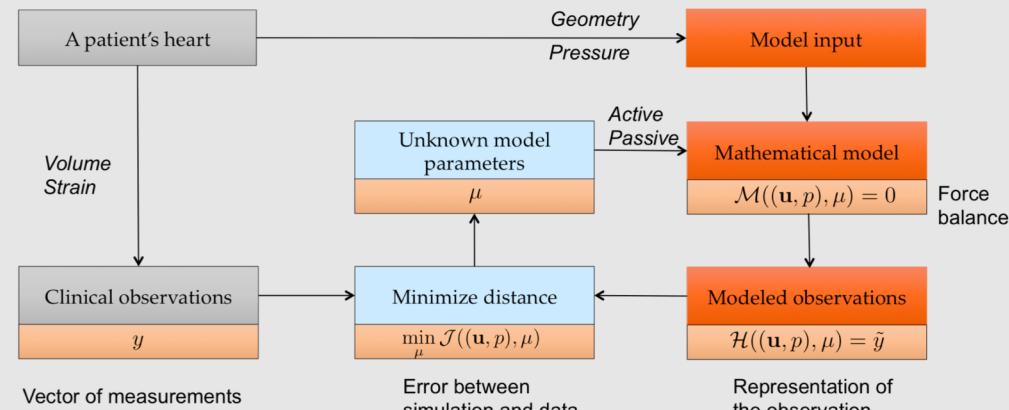
Holzapfel et. al, 2009

Realistic boundary conditions

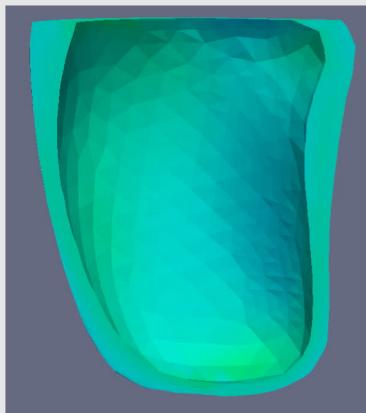


Asner, et. al, 2017

Summary and future directions



Validation
is what matter most!



In silico medicine

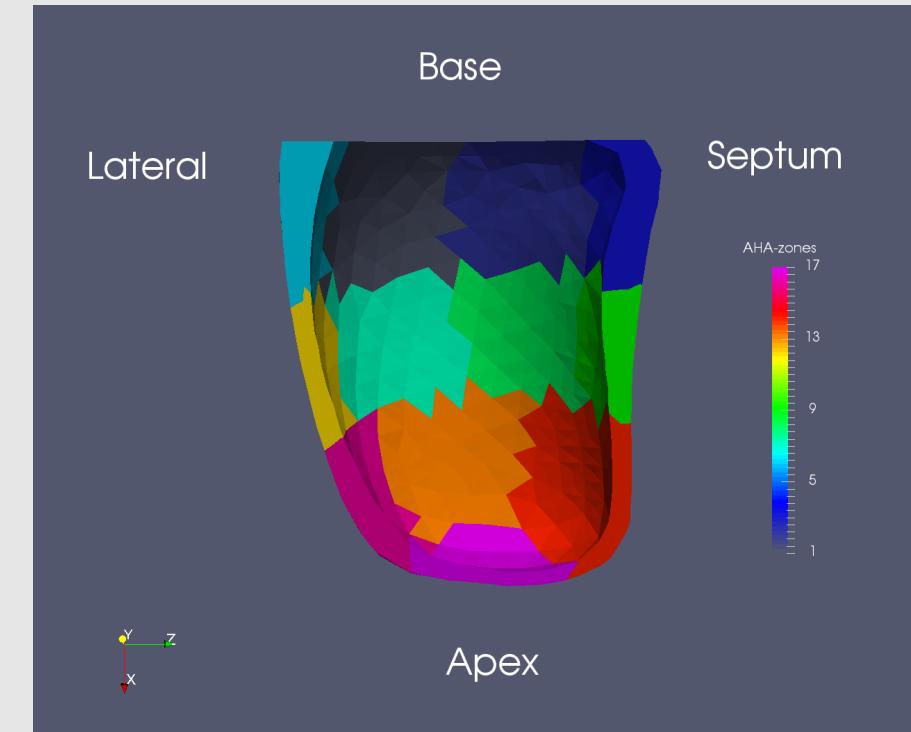
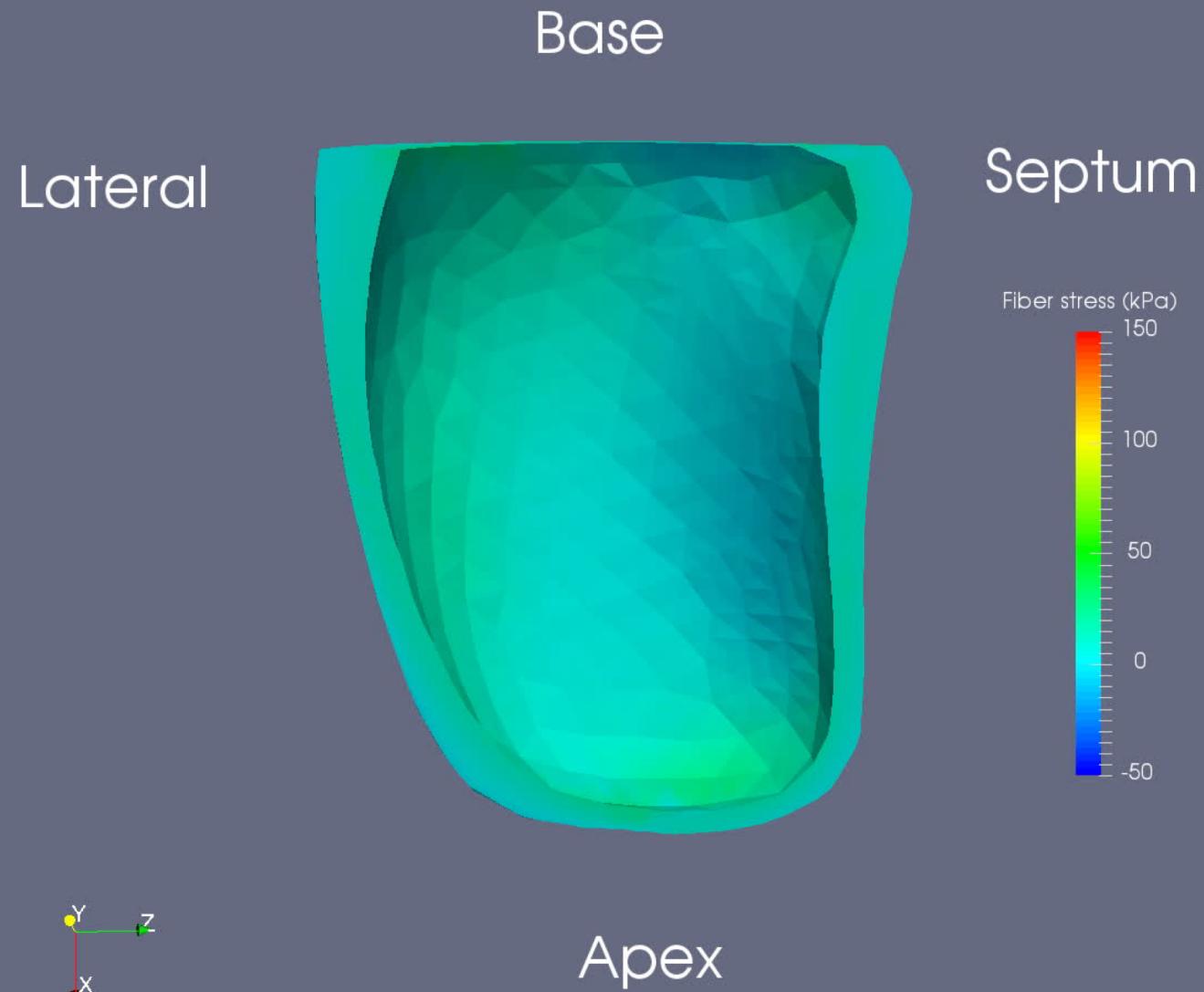
Acknowledgements:

- Supervisors
- Simula
- CCI
- Family

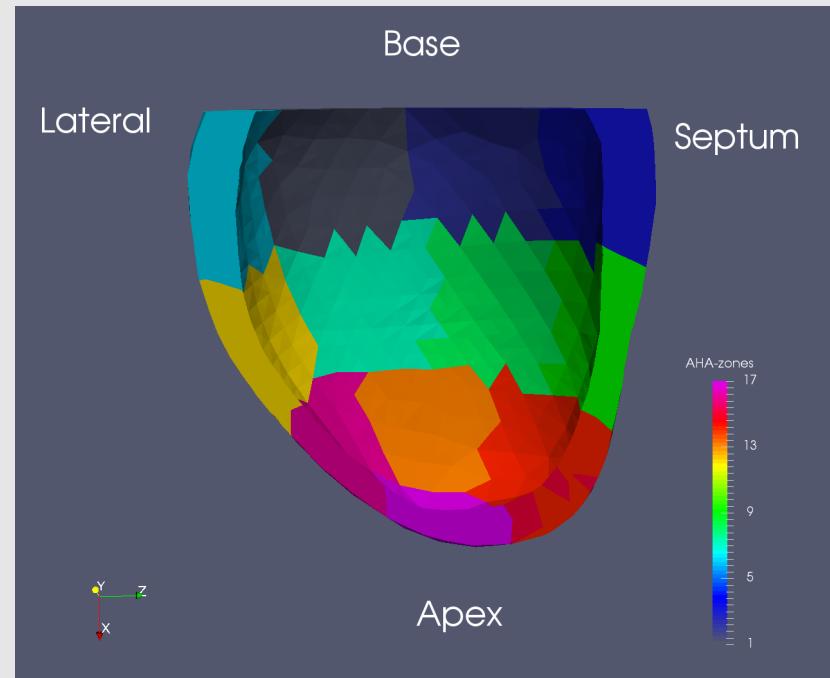
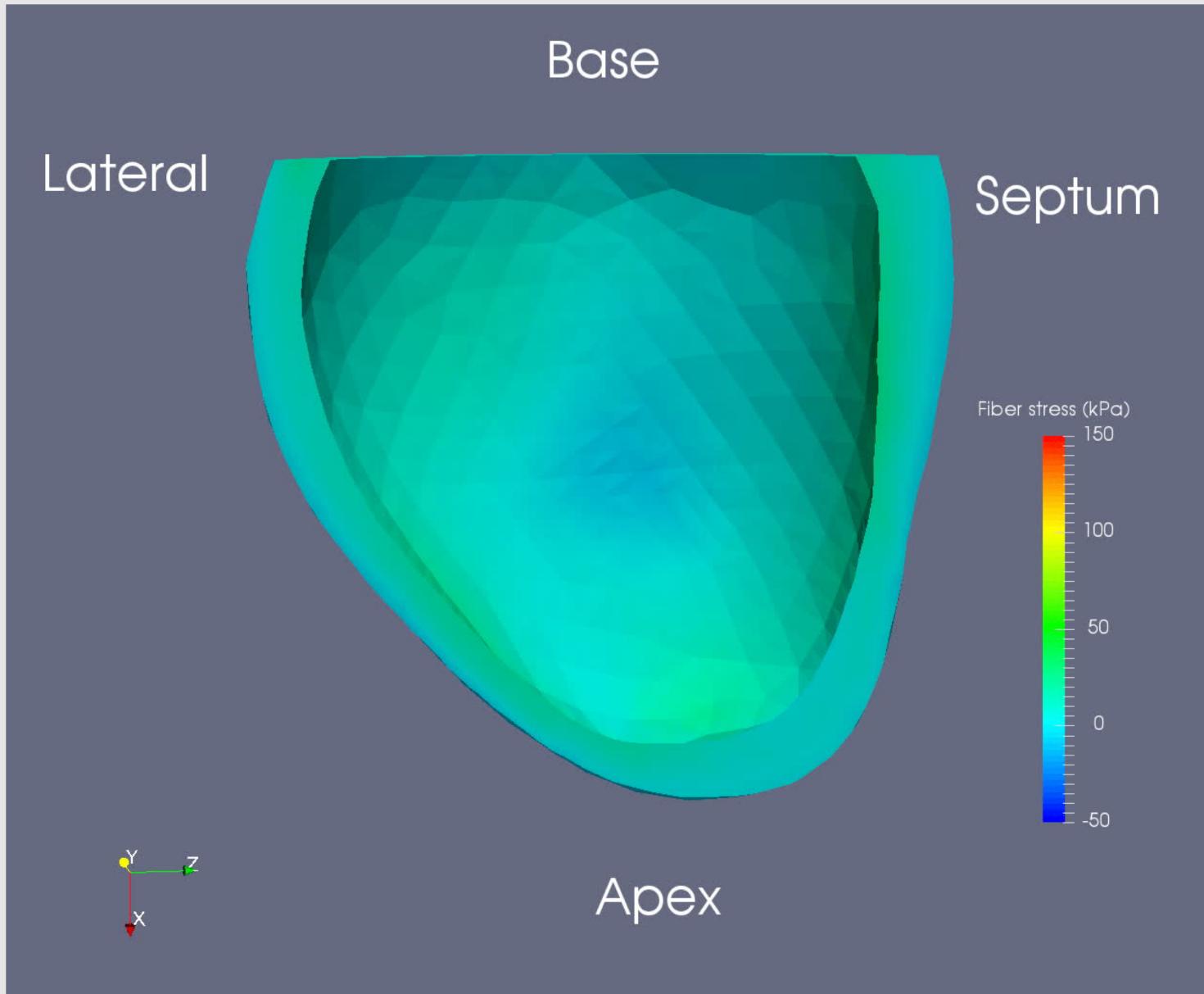
simula

Extra slides

Normal



LBBB



For high dimensional parameter spaces, the gradient is most efficiently computed by considering the adjoint problem.

Chain rule:

$$\frac{d}{d\mu} \mathcal{J} = \frac{\partial}{\partial \mu} \mathcal{J}(\mathbf{w}(\mu), \mu) + \frac{\partial}{\partial \mathbf{w}} \mathcal{J}(\mathbf{w}(\mu), \mu) \frac{d}{d\mu} \mathbf{w}(\mu) \quad \mathbf{w} = (\mathbf{u}, p)$$

Differentiate the force balance equation:

$$\frac{d}{d\mu} \mathcal{M}(\mathbf{w}(\mu), \mu) = \frac{\partial}{\partial \mathbf{w}} \mathcal{M}(\mathbf{w}(\mu), \mu) \frac{d}{d\mu} \mathbf{w}(\mu) - \frac{\partial}{\partial \mu} \mathcal{M}(\mathbf{w}(\mu), \mu) = 0$$

Rewrite terms:

$$\frac{\partial}{\partial \mathbf{w}} \mathcal{J}(\mathbf{w}(\mu), \mu) \frac{d}{d\mu} \mathbf{w}(\mu) = -z^* \frac{\partial}{\partial \mu} \mathcal{M}(\mathbf{w}(\mu), \mu) \quad z^* \frac{\partial}{\partial \mathbf{w}} \mathcal{M}(\mathbf{w}(\mu), \mu) = \frac{\partial}{\partial \mathbf{w}} \mathcal{J}(\mathbf{w}(\mu), \mu)$$

Take the adjoint!

$$\frac{\partial}{\partial \mathbf{w}} \mathcal{M}(\mathbf{w}(\mu), \mu)^* z = \frac{\partial}{\partial \mathbf{w}} \mathcal{J}(\mathbf{w}(\mu), \mu)^*$$



dolfin-adjoint