

CCI Journal Club

What are all these models, and do we really need them?

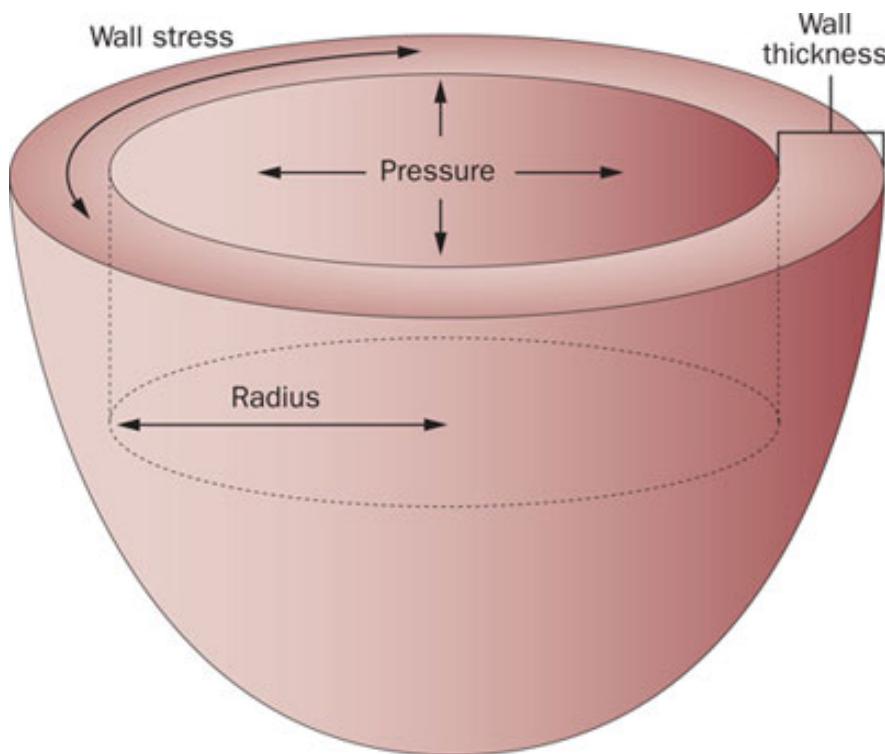
Translating cardiac mechanical modeling
into clinical applications

Henrik Finsberg
PhD student

March 27, 2017

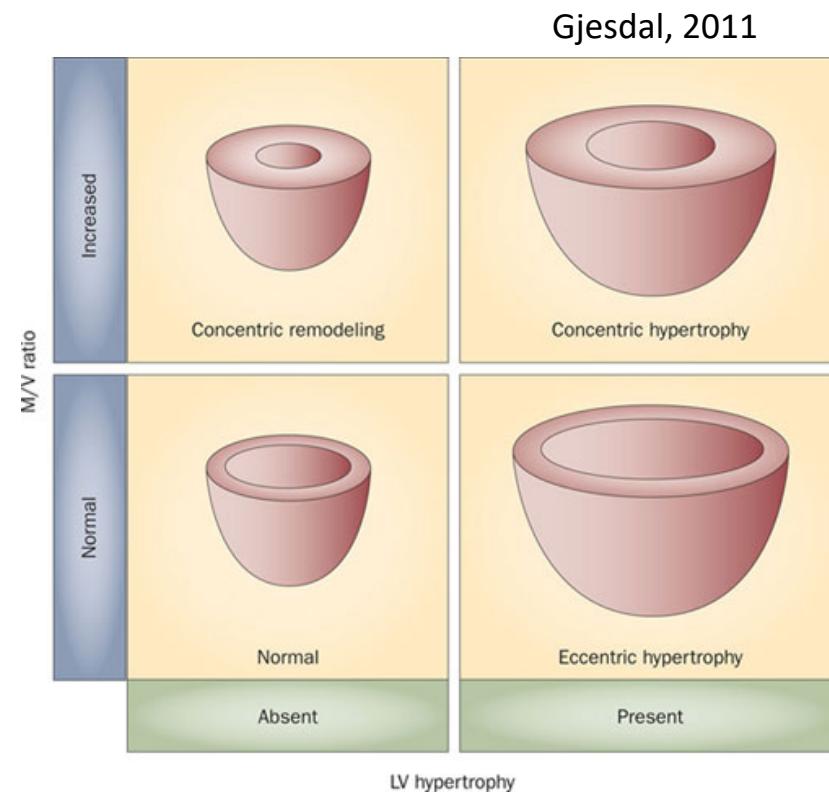


The Law of Laplace is one of the earliest examples of models used to understand cardiac physiology



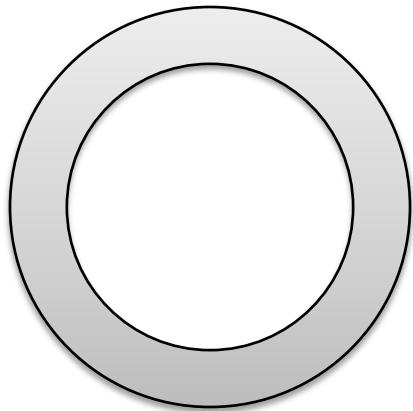
Gjesdal, 2011

$$\text{wall stress} = \frac{\text{pressure} \times \text{radius}}{2 \times \text{wall thickness}}$$



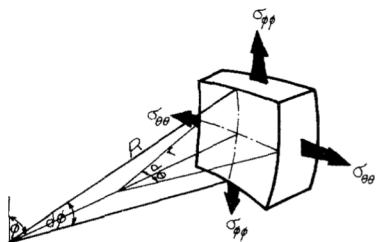
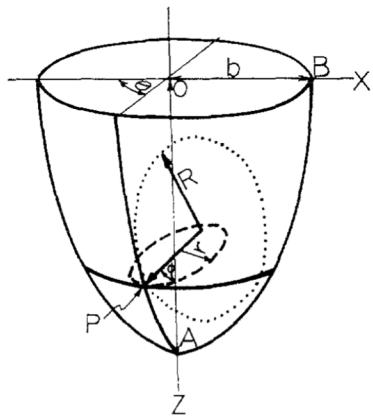
Geometrical models have developed from simple spheres to truncated ellipsoids to patient specific geometries

Sphere



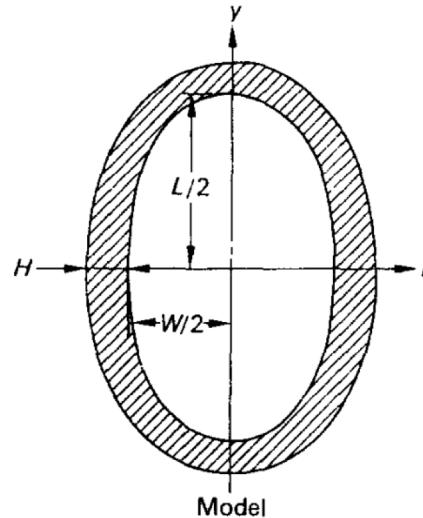
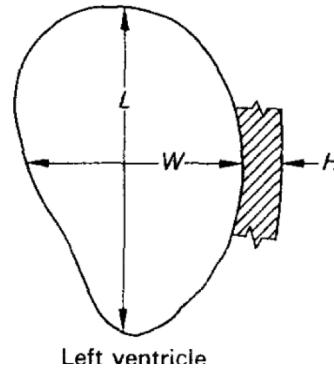
Woods, 1892

Ellipsoidal



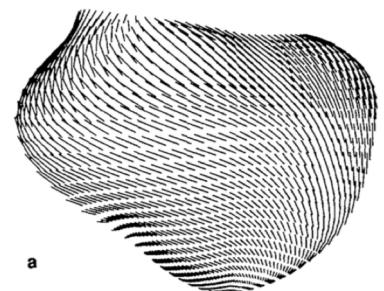
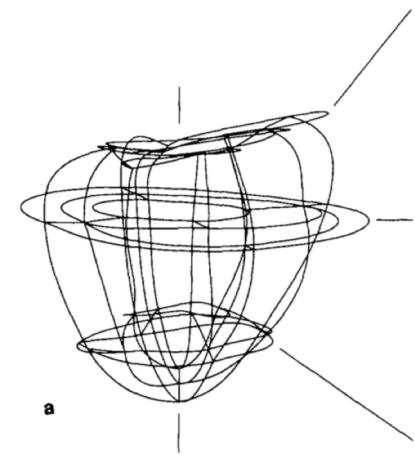
Wong 1967;
Mirsky, 1969;

Axisymmetric

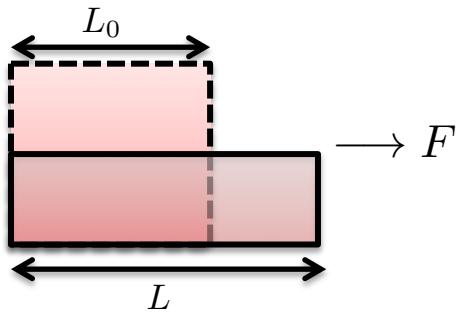


Streeter, 1970;
Ghista 1973

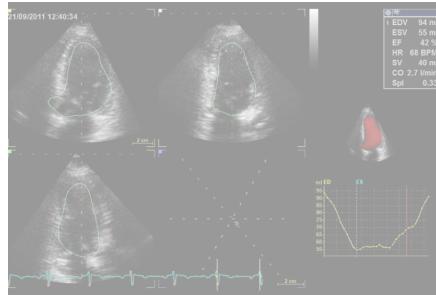
Patient specific



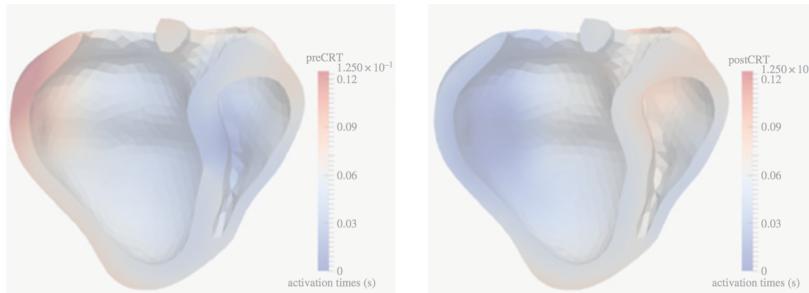
Hunter, 1988;
McCulloch, 1987



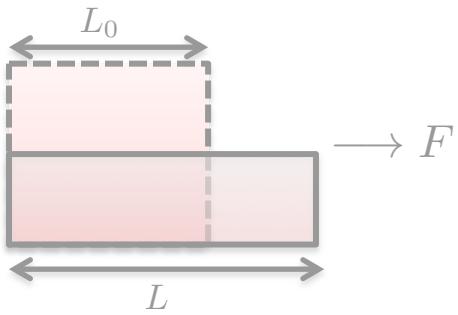
**What is a model, and
where does it comes
from?**



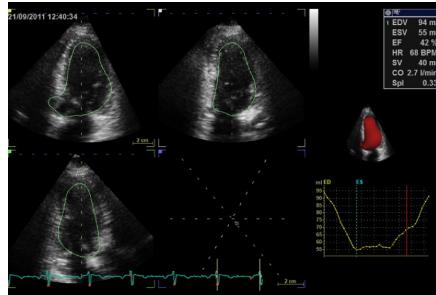
**How can we make a
model patient specific?**



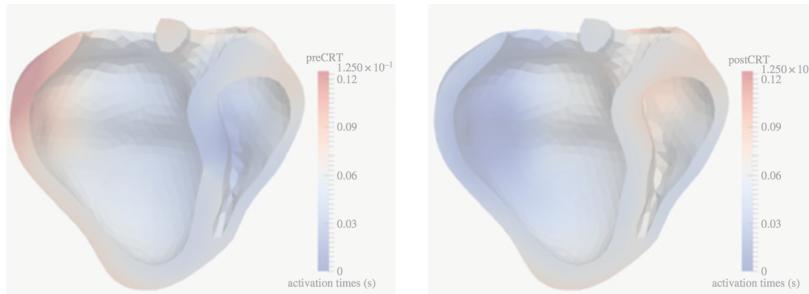
**What can we use
models for?**



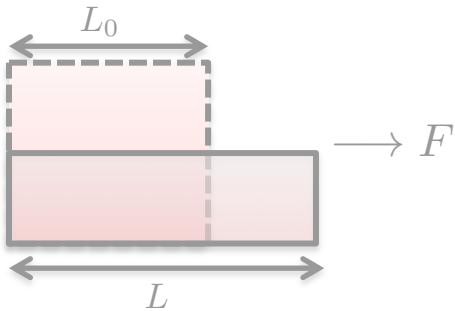
What is a model, and where does it comes from?



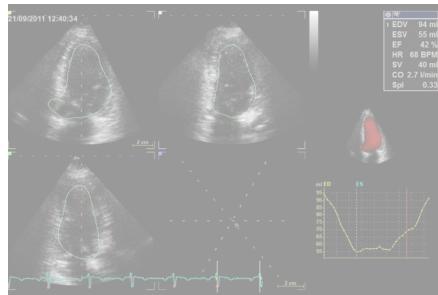
How can we make a model patient specific?



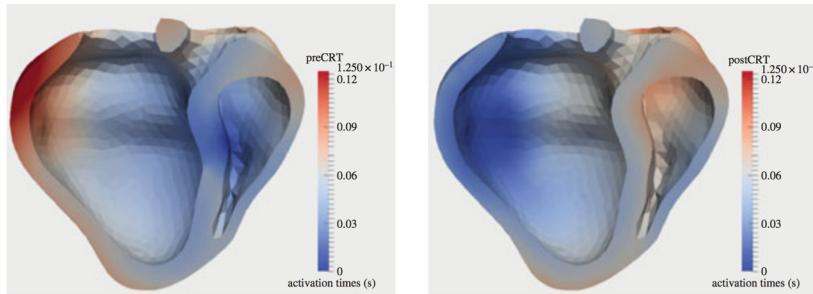
What can we use models for?



What is a model, and
where does it comes
from?

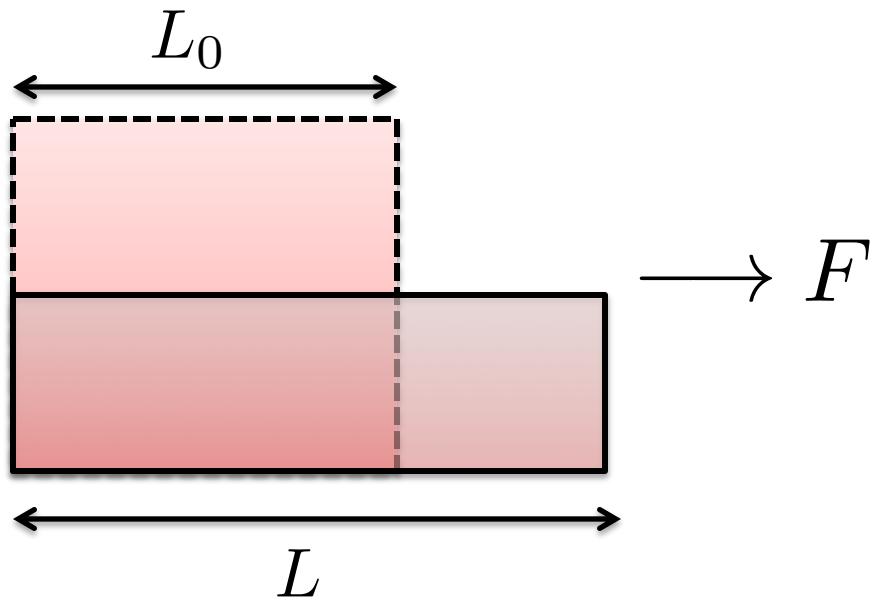
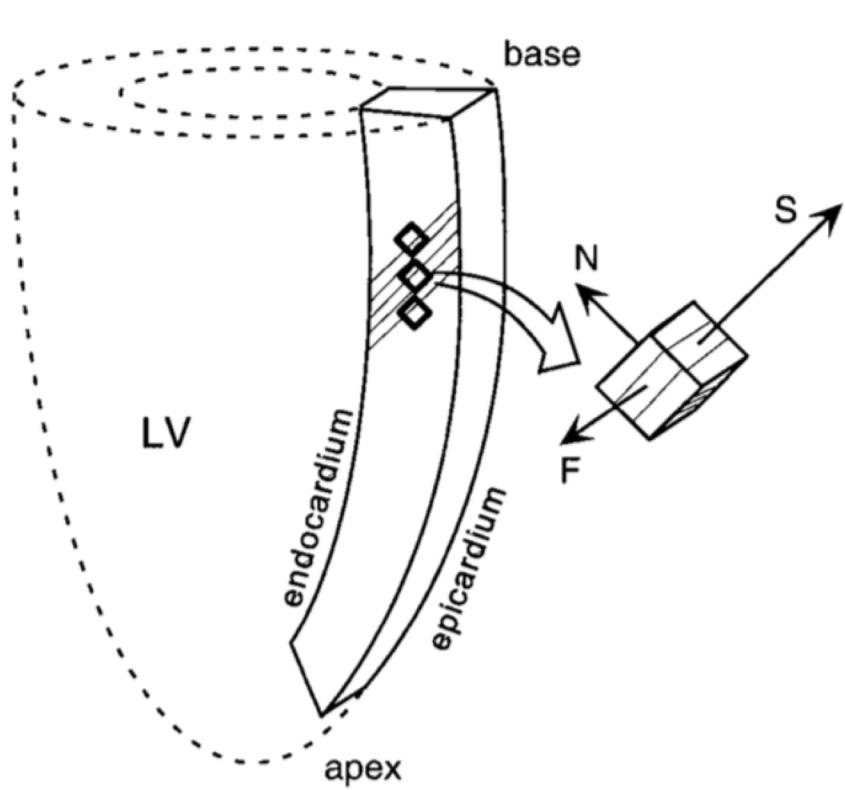


How can we make a
model patient specific?

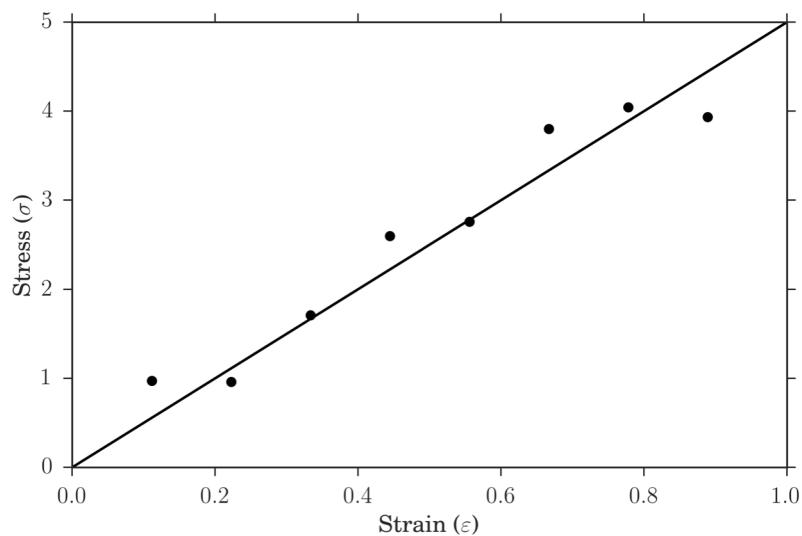


What can we use
models for?

A model is a set of equations describing some phenomena based on experimental observations, physical laws and assumptions



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

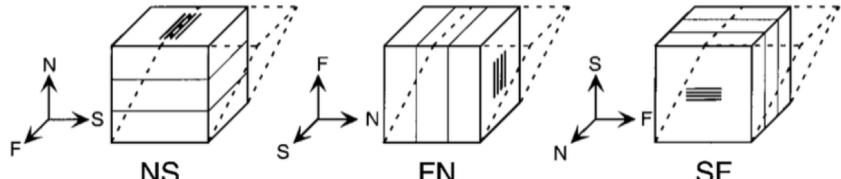


To capture anisotropy of the myocardium, more complex models have to be developed

$$\Psi =$$

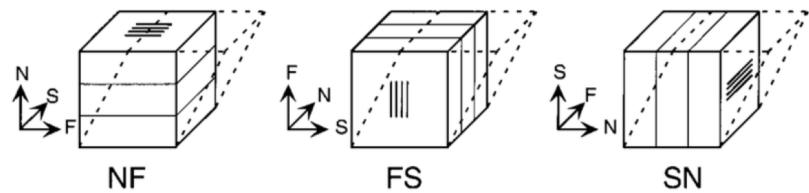
Contribution from

Extracellular matrix



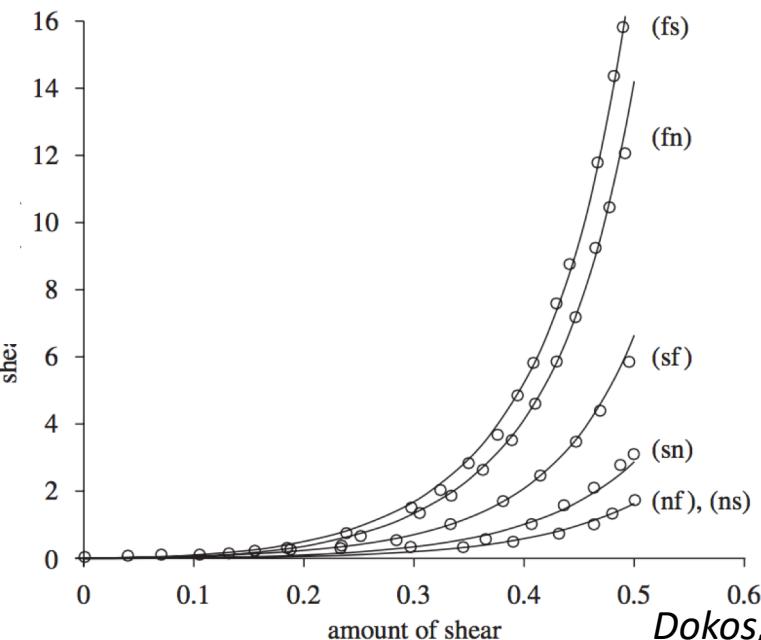
+ Contribution from

Fibers



+ Contribution from

Sheets



Fiber-Sheets

Dokos, 2002

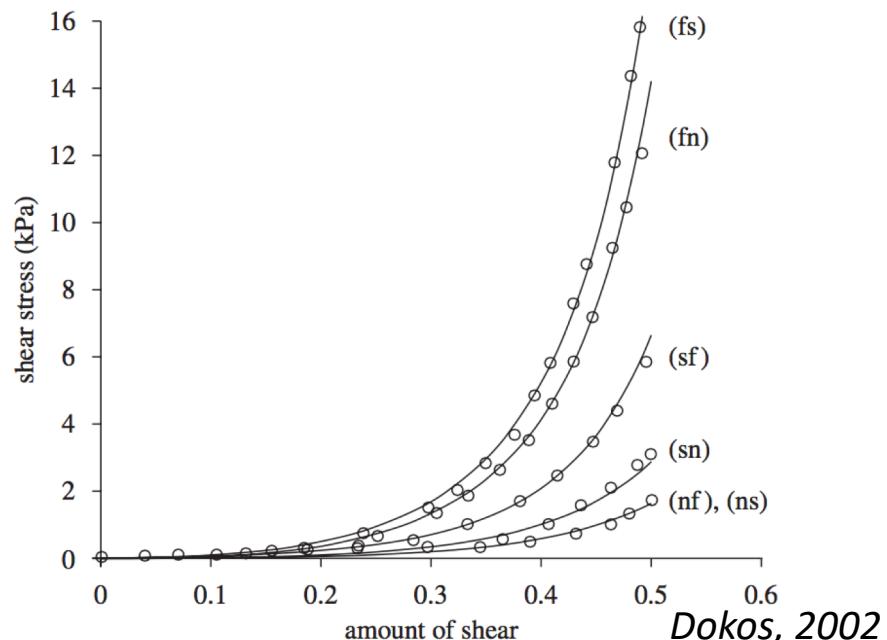
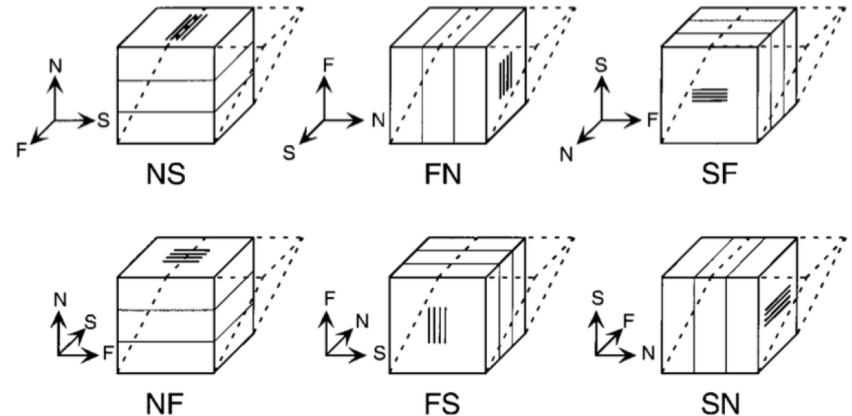
To capture anisotropy of the myocardium, more complex models has to be developed

$$\Psi = \frac{a}{2b} \left(e^{b(I_1 - 3)} - 1 \right) \quad \text{Extracellular matrix}$$

$$+ \frac{a_f}{2b_f} \left(e^{b_f(I_{4f} - 1)^2} - 1 \right) \quad \text{Fibers}$$

$$+ \frac{a_s}{2b_s} \left(e^{b_s(I_{4s} - 1)^2} - 1 \right) \quad \text{Sheets}$$

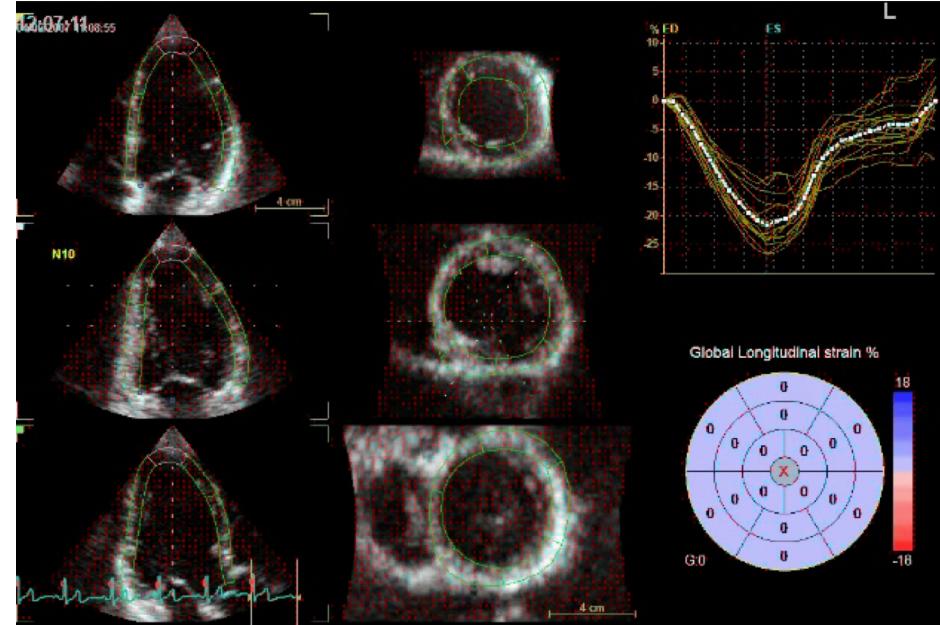
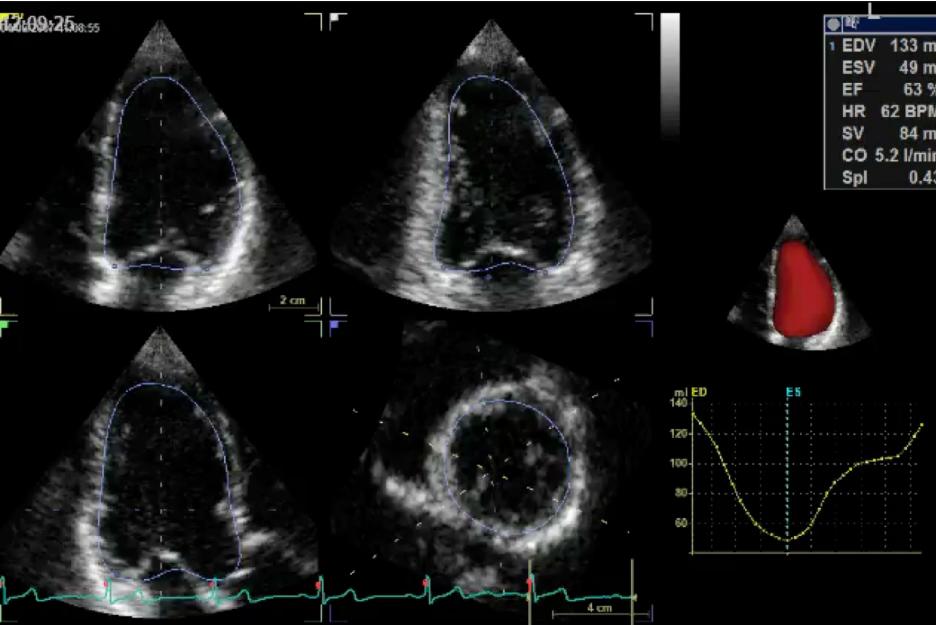
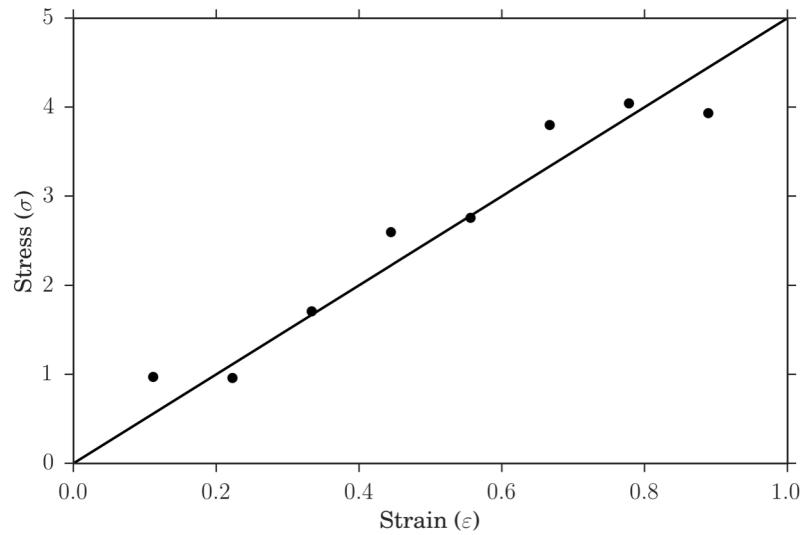
$$+ \frac{a_{fs}}{2b_{fs}} \left(e^{b_{fs}I_{8fs}^2} - 1 \right) \quad \text{Fiber-Sheets}$$



$$\sigma = J^{-1} \frac{\partial \Psi}{\partial \mathbf{F}} \mathbf{F}^T$$

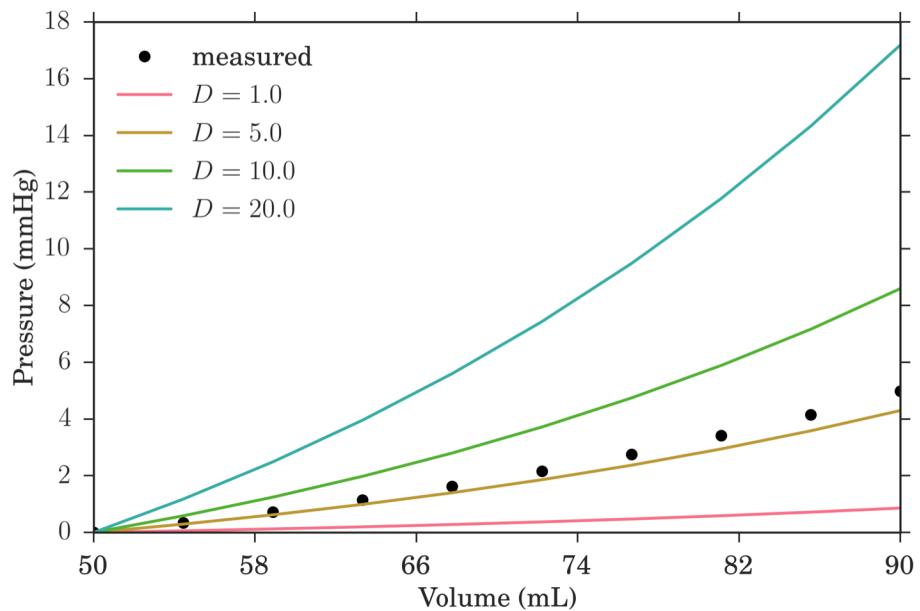
Models depend upon parameters which need to be determined

$$\sigma = D\varepsilon$$



Data assimilation is a technique for estimating parameters based on clinical observations

$$\sigma = D\varepsilon$$



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

Advances in medical imaging is key to make models more reliable

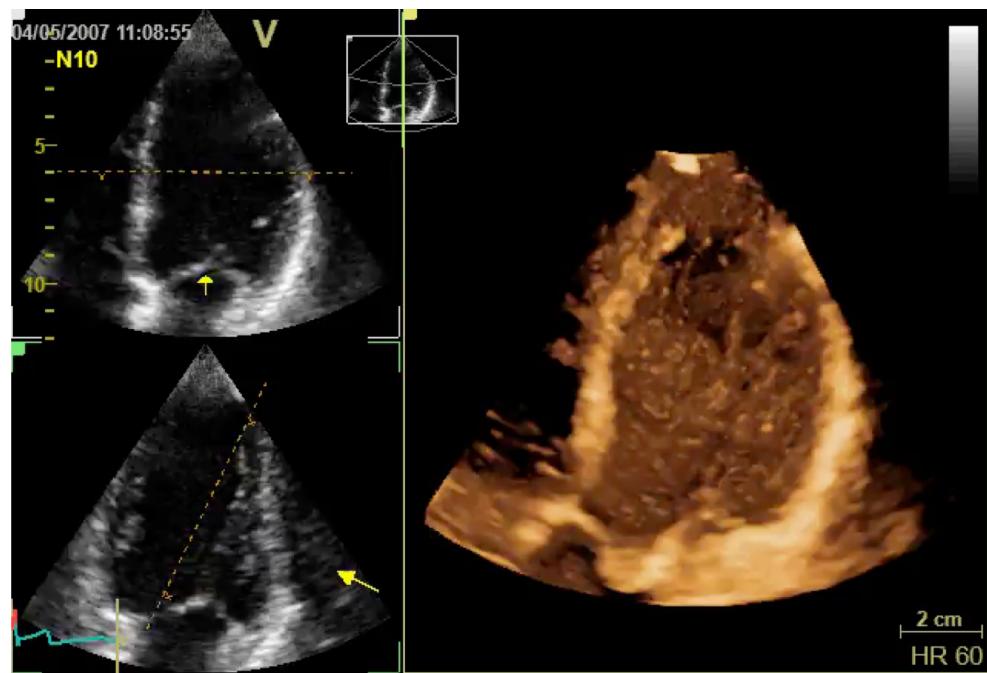
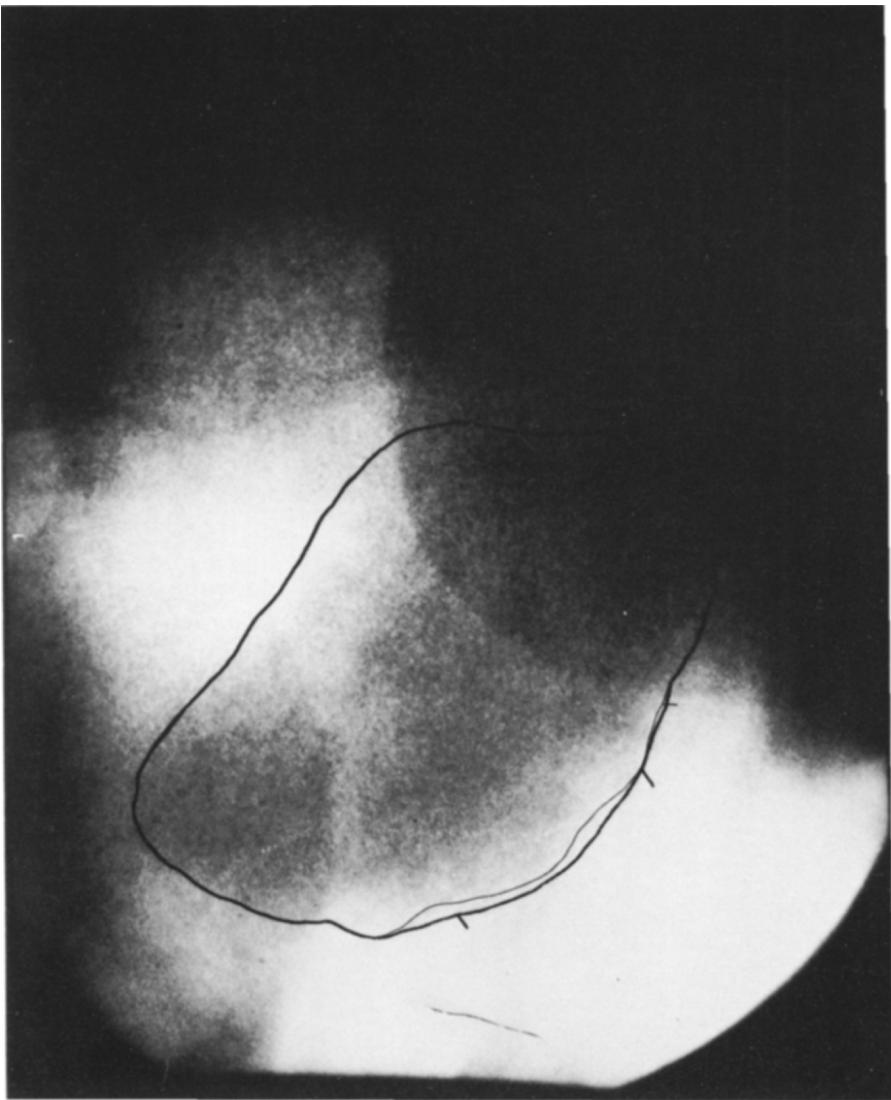


Fig. 1. An X-ray film of the left ventricle in anteroposterior projection.

Advances in medical imaging is key to make models more reliable

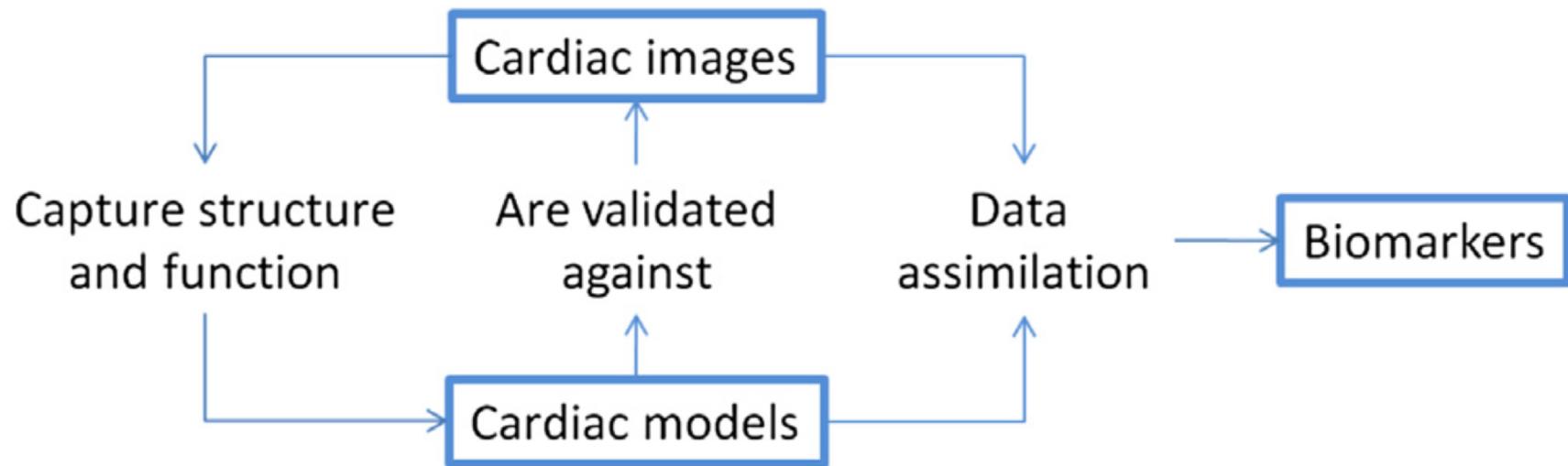


Fig. 1. Conceptual scheme of how cardiac images interact with computational models to generate novel insight and drive research progress.

Models can be used for extracting biomarkers, and (in the future) make predictions

Biomarkers

Tool to gain insight into
cardiac physiology

Short term predictions

Long term predictions

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Biomarkers

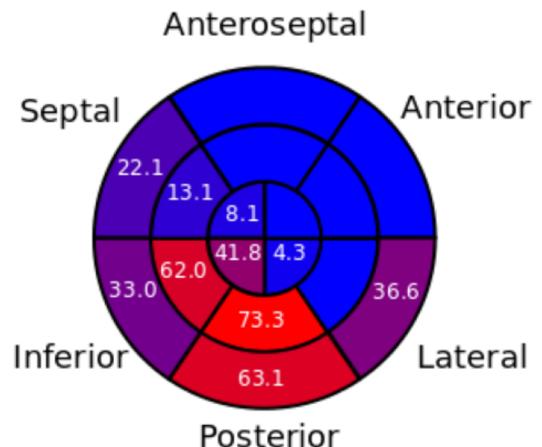
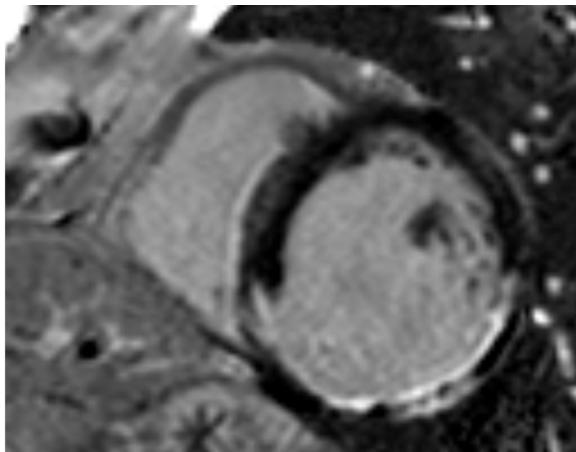
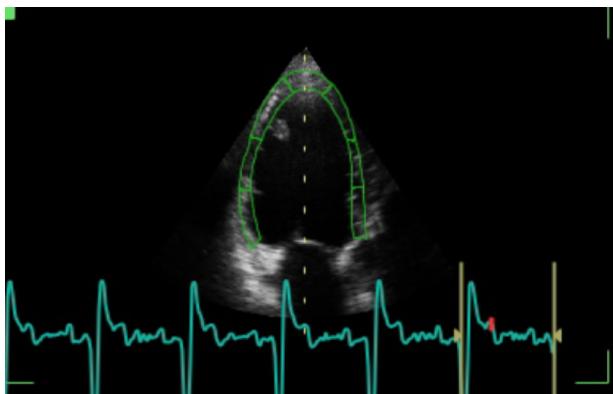
Tool to gain insight into
cardiac physiology

Short term predictions

Long term predictions

Estimation of tissue stiffness

Myocardial Scar



$$\Psi =$$

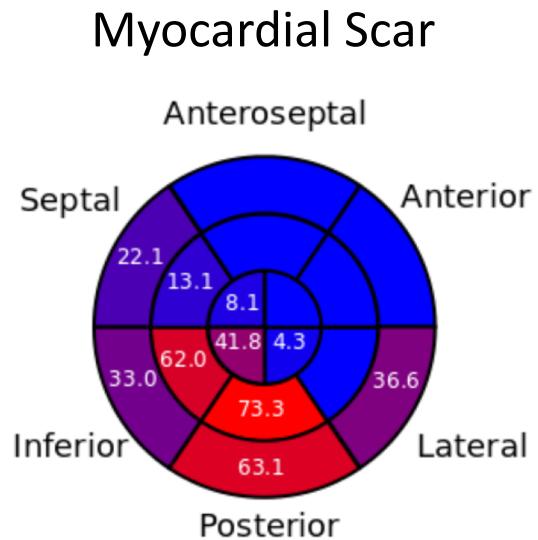
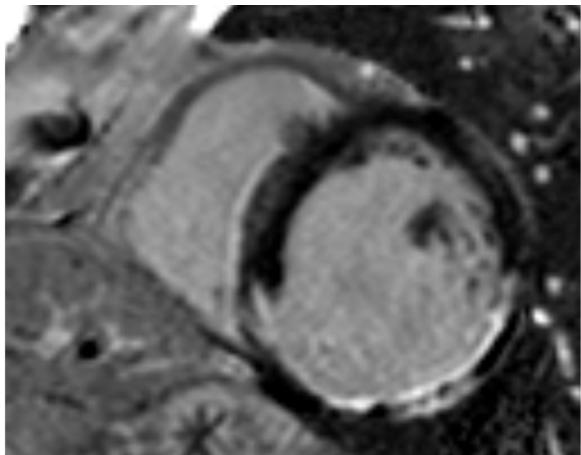
Contribution from

Extracellular matrix

+ Contribution from

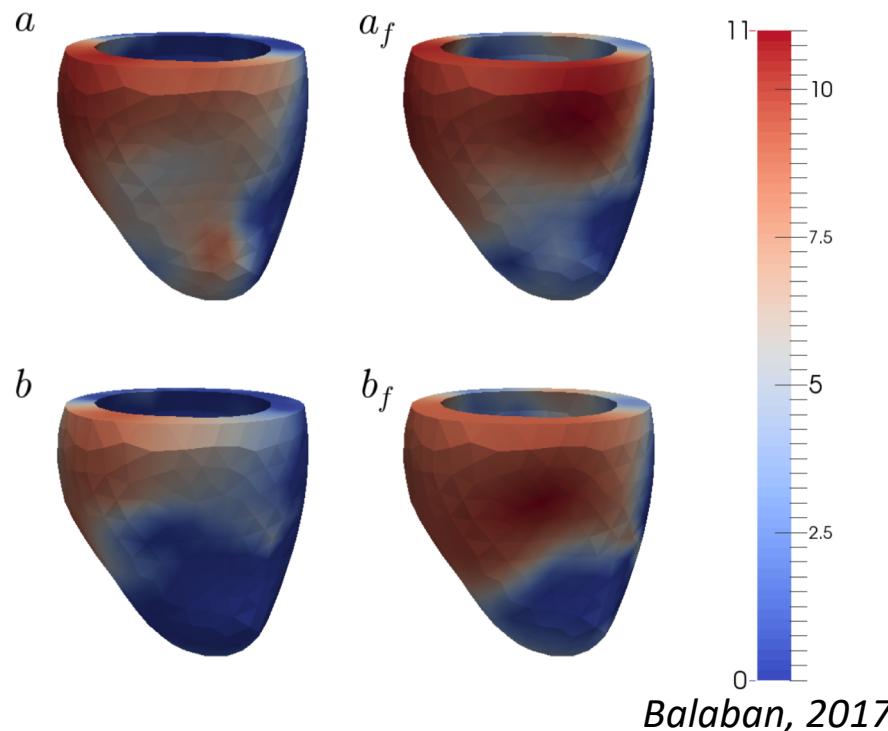
Fibers

Estimation of tissue stiffness



$$\Psi = \frac{a}{2b} \left(e^{b(I_1 - 3)} - 1 \right) \quad \text{Extracellular matrix}$$

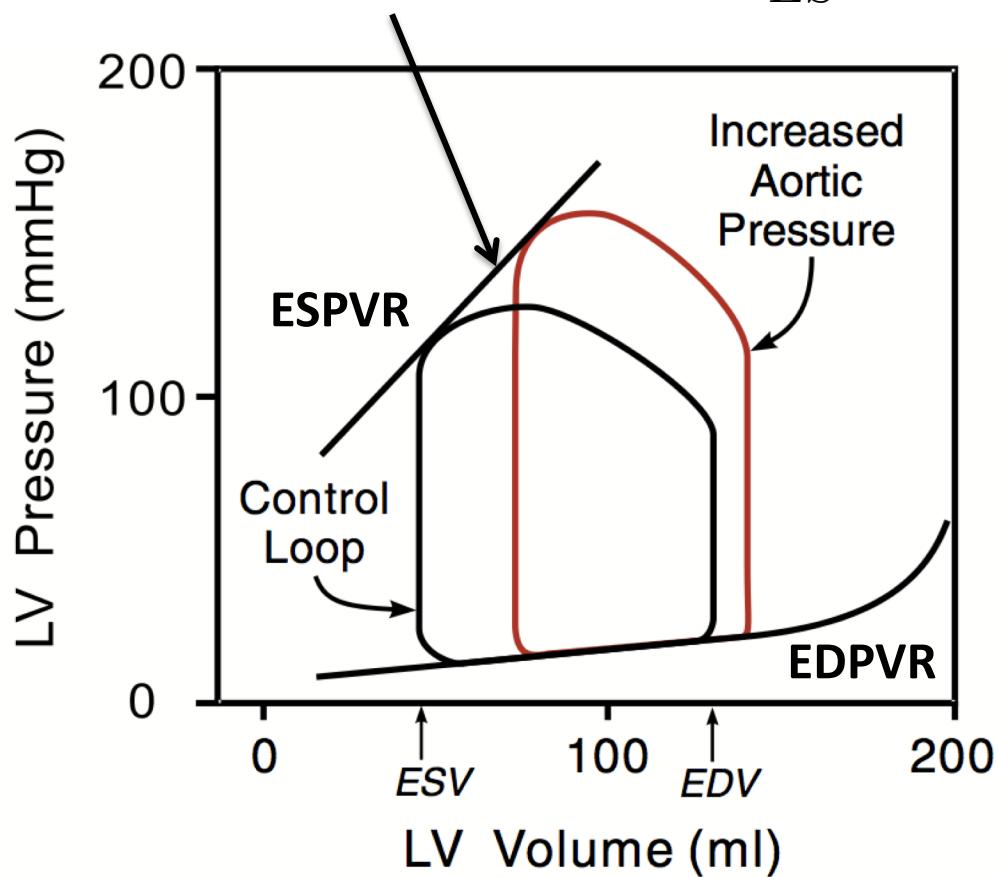
$$+ \frac{a_f}{2b_f} \left(e^{b_f(I_{4f} - 1)^2} - 1 \right) \quad \text{Fibers}$$



Estimation of contractility

Katz: *Myocardial Contractility is the ability of the heart to do work*

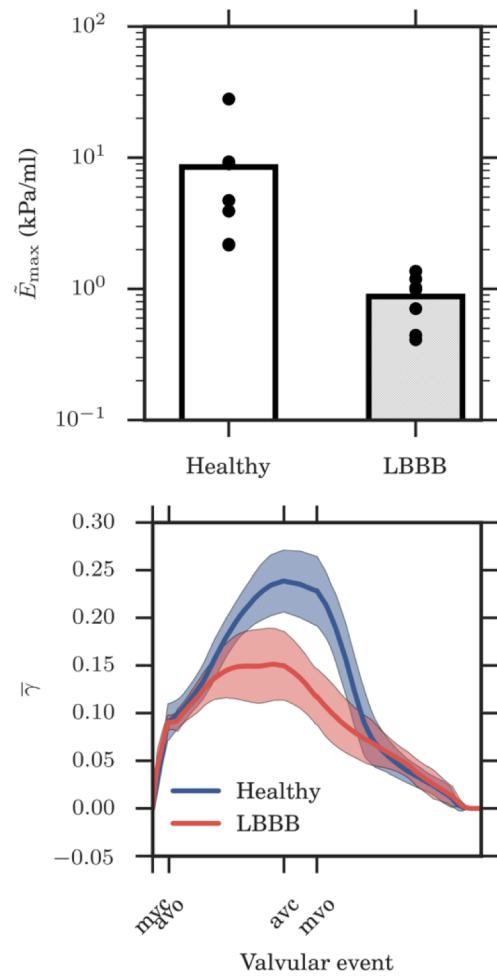
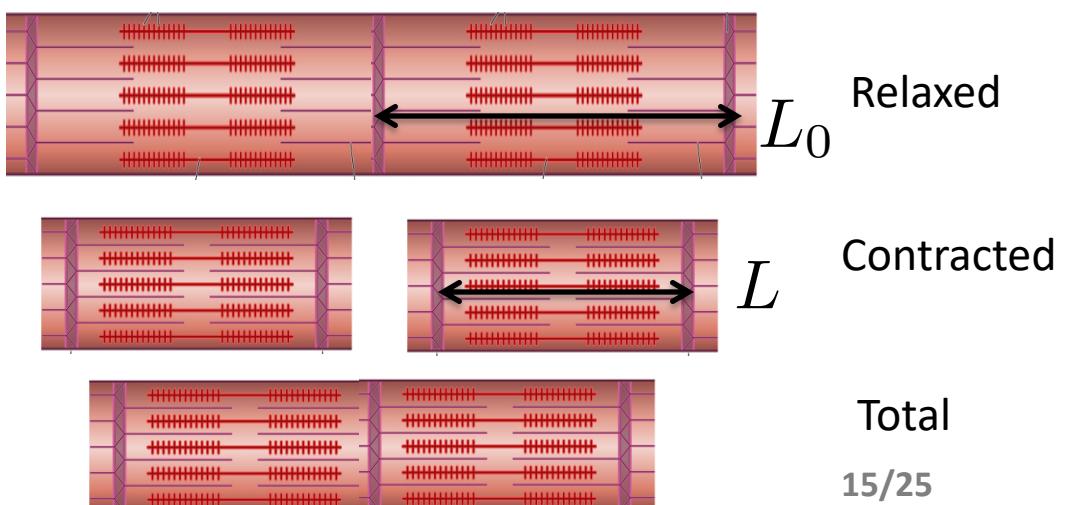
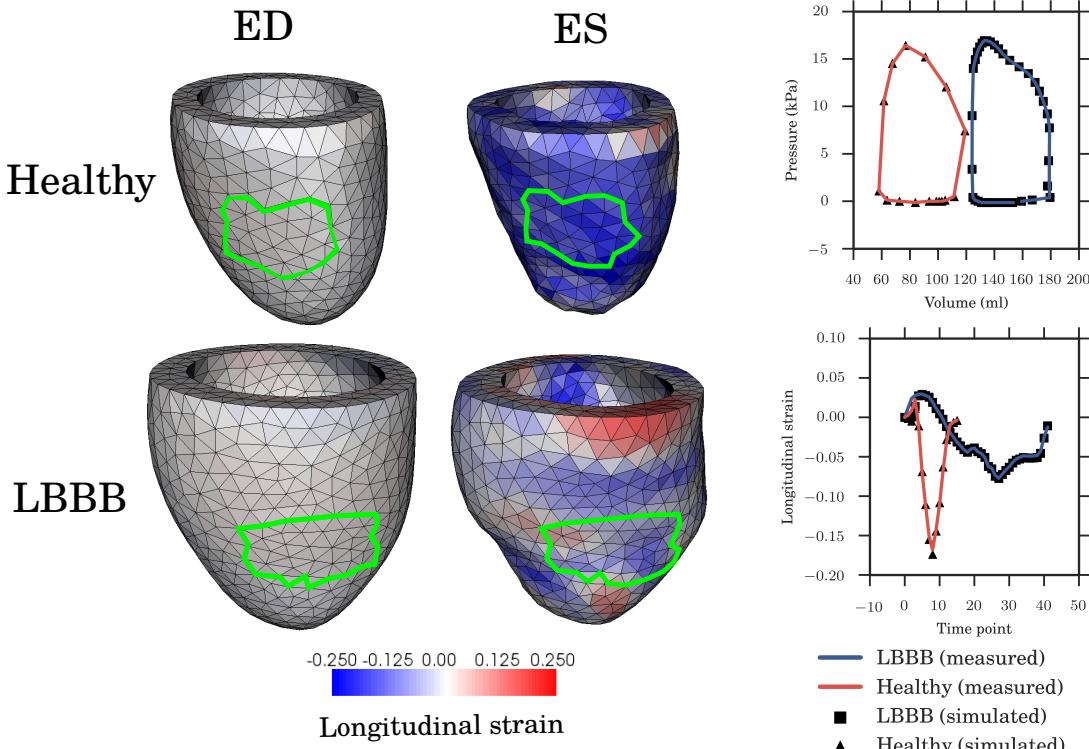
$$\text{Slope} = \text{Contractility} = E_{ES}$$



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

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

Estimation of contractility



$$\gamma \approx -\frac{L - L_0}{L_0}$$

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Short term predictions

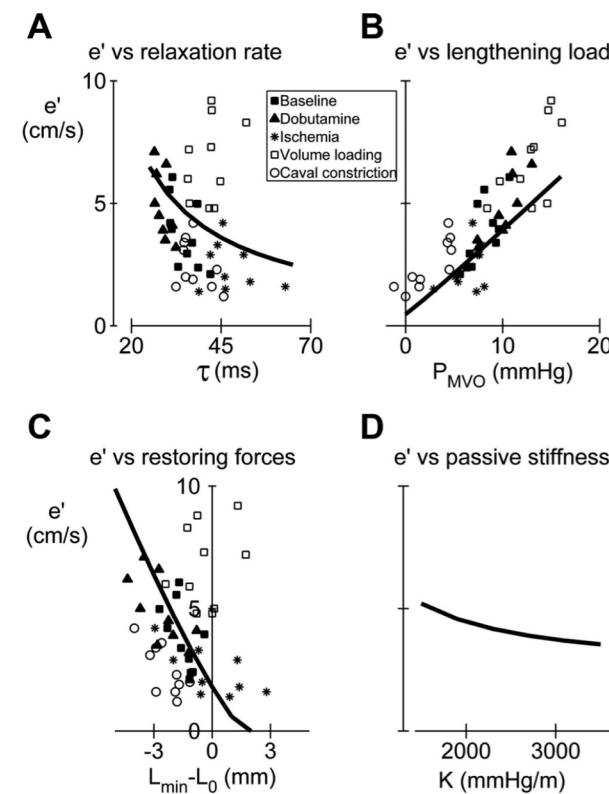
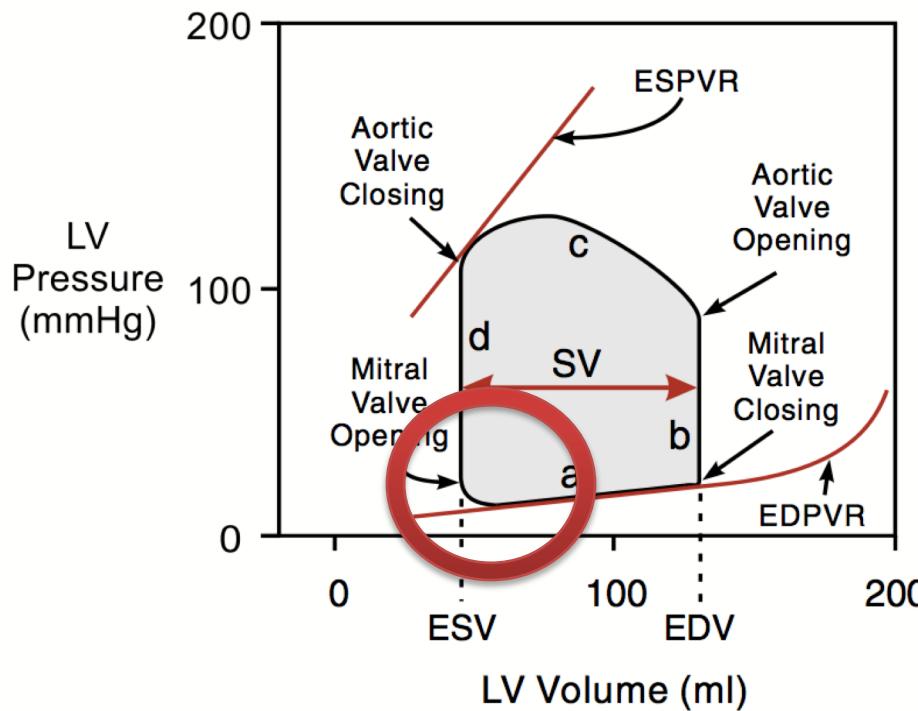
Long term predictions

Mechanics of left ventricular relaxation, early diastolic lengthening, and suction investigated in a mathematical model

Espen W. Remme,^{1,2} Anders Opdahl,^{1,2} and Otto A. Smiseth^{1,2}

¹Department of Cardiology and ²Institute for Surgical Research, Oslo University Hospital, Rikshospitalet, and University of Oslo, Oslo, Norway

Submitted 18 February 2010; accepted in final form 8 February 2011



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Short term predictions

Long term predictions



Patient-specific electromechanical models of the heart for the prediction of pacing acute effects in CRT: A preliminary clinical validation

M. Sermesant^{a,b,*}, R. Chabiniok^c, P. Chinchapatnam^b, T. Mansi^a, F. Billet^a, P. Moireau^c, J.M. Peyrat^a, K. Wong^a, J. Relan^a, K. Rhode^b, M. Ginks^b, P. Lambiase^e, H. Delingette^a, M. Sorine^f, C.A. Rinaldi^d, D. Chapelle^c, R. Razavi^b, N. Ayache^a

^a INRIA, Asclepios Project, 2004 route des Lucioles, 06 902 Sophia Antipolis, France

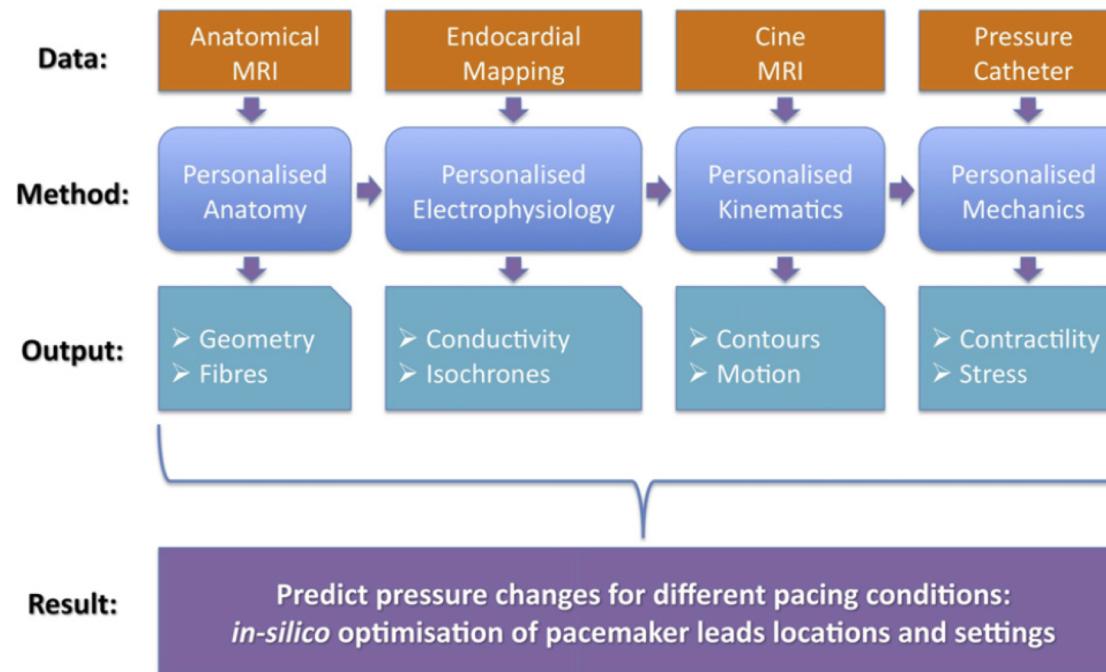
^b King's College London, Division of Imaging Sciences, St. Thomas' Hospital, London, UK

^c INRIA, Macs Project, Rocquencourt, Le Chesnay, France

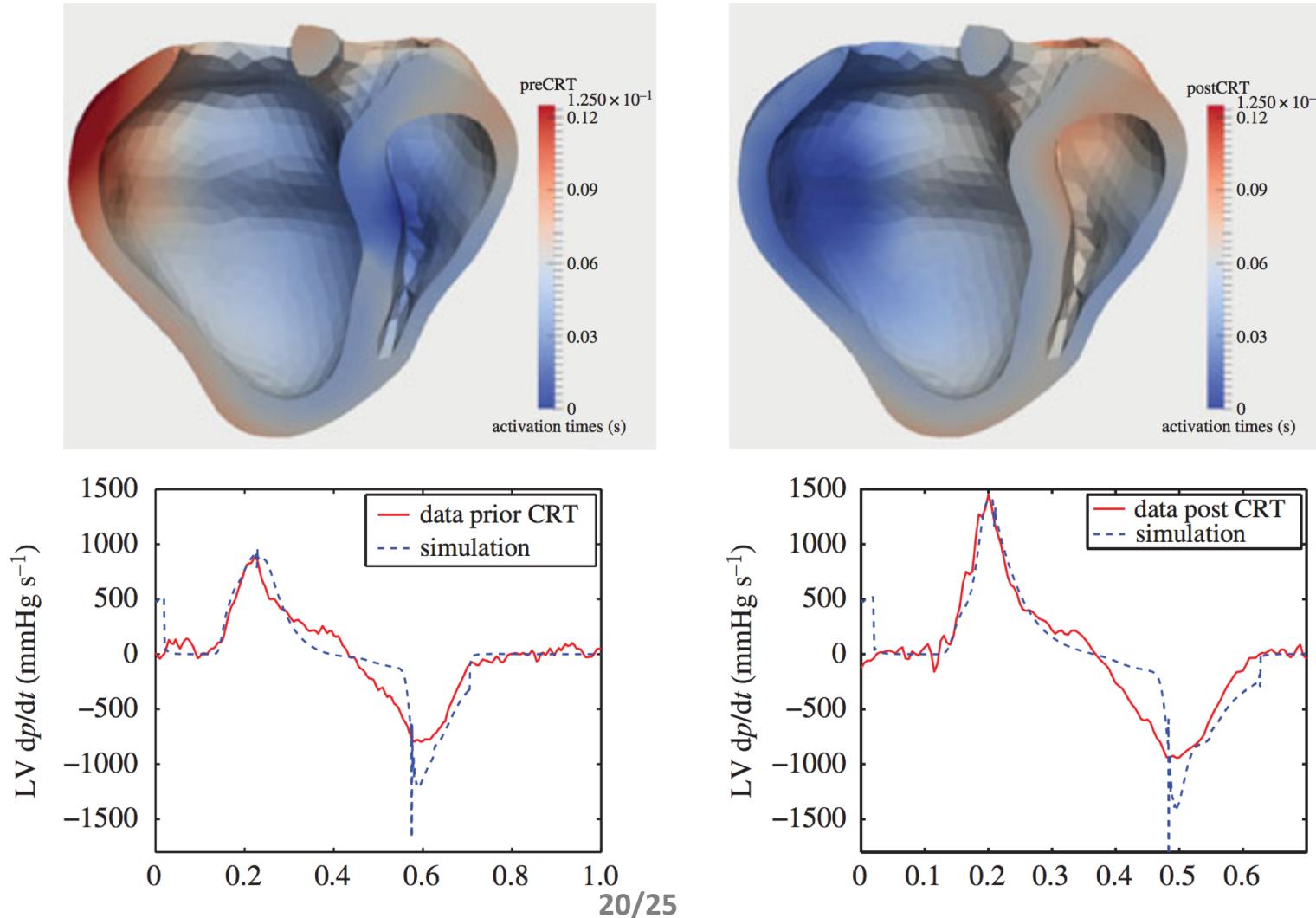
^d Department of Cardiology, St. Thomas' Hospital, London, UK

^e Heart Hospital, University College London NHS Foundation Trust, London, UK

^f INRIA, Sisyphe Project, Rocquencourt, Le Chesnay, France



Agreement between simulated and measured dp/dt (both pre- and post CRT) were obtained using baseline as calibration



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Biomarkers

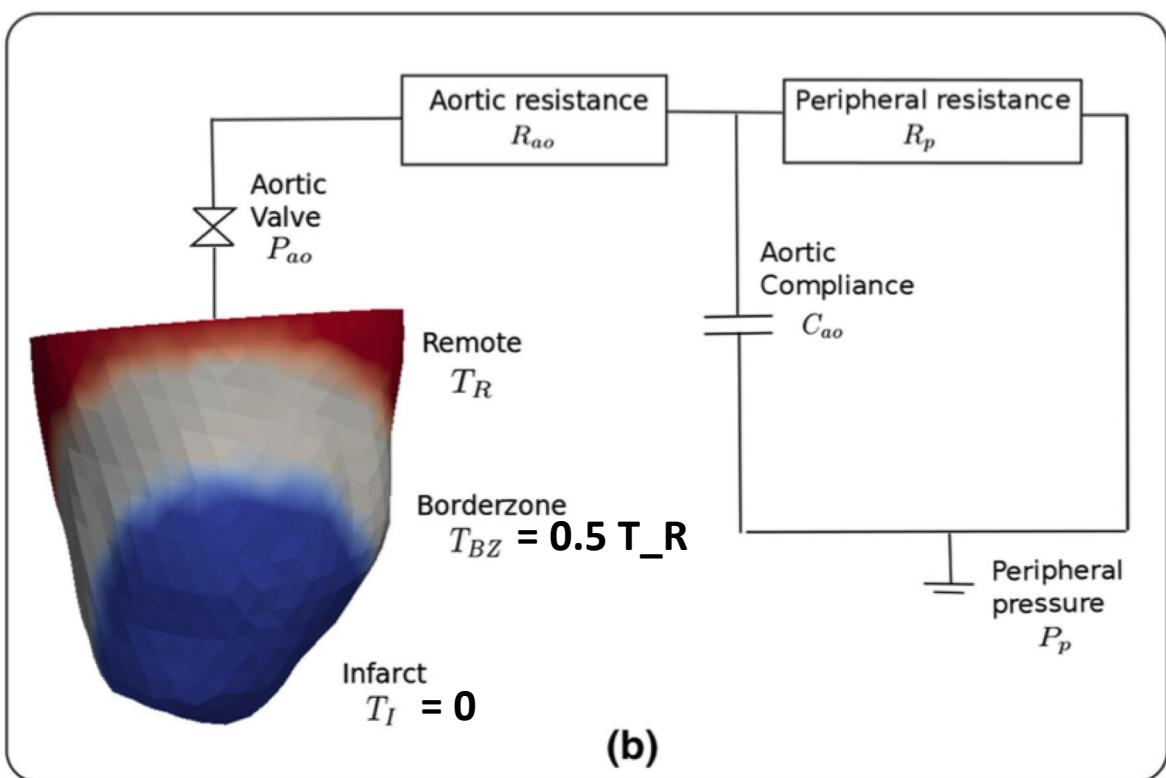
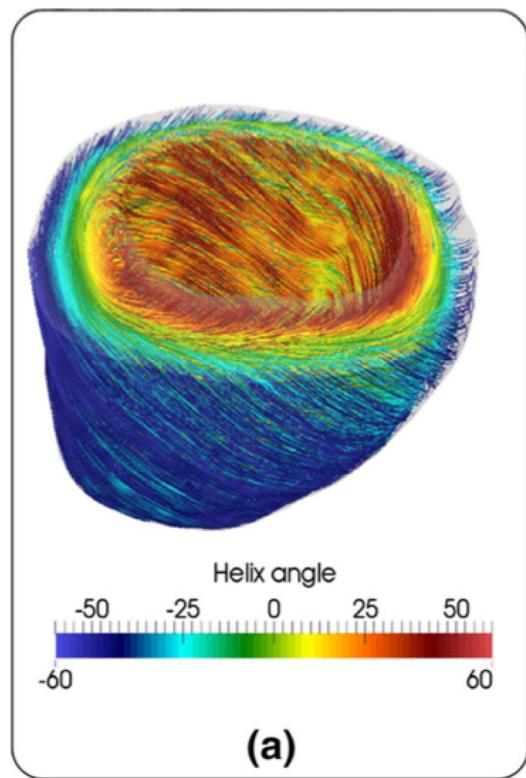
Tool to gain insight into
cardiac physiology

Short term predictions

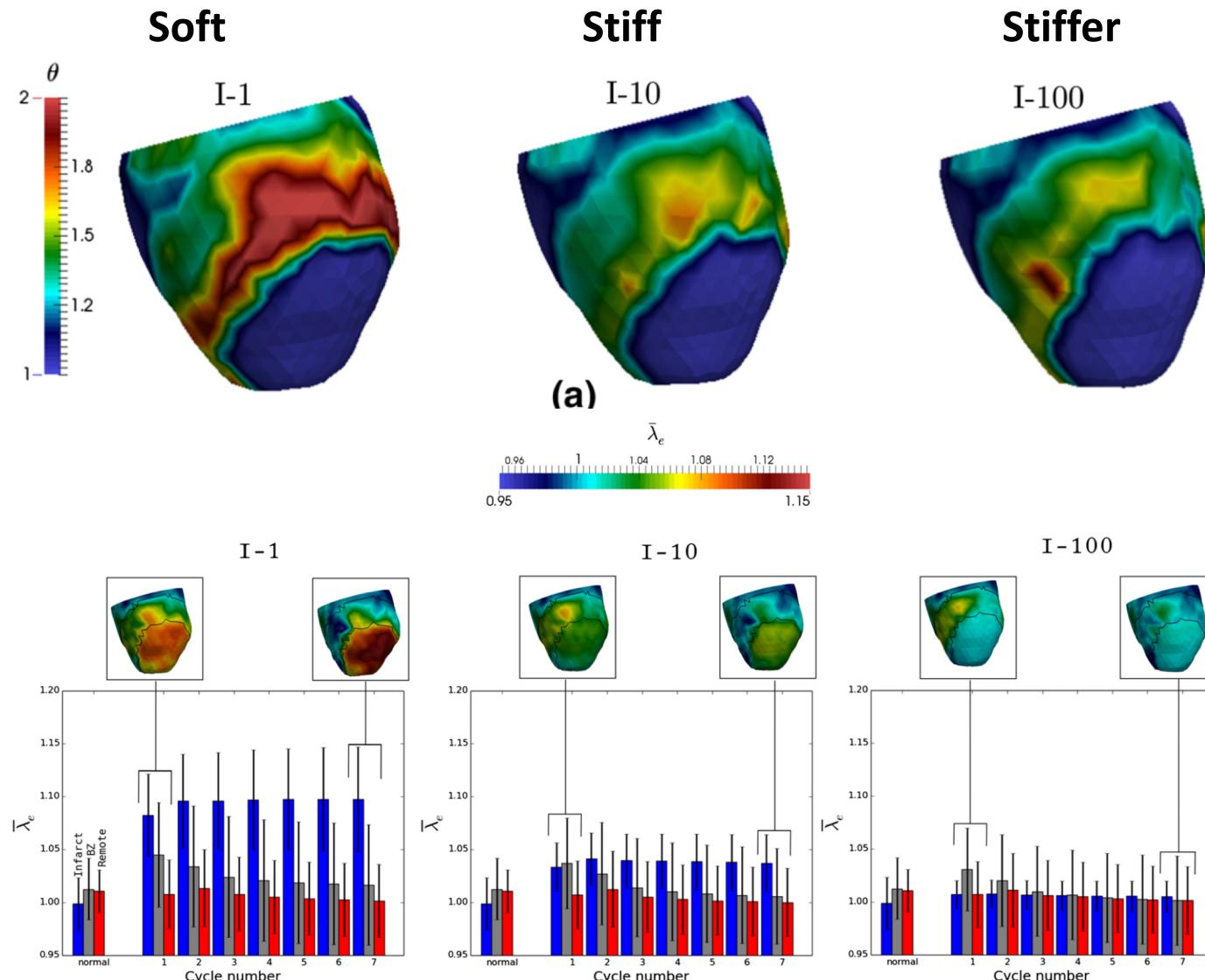
Long term predictions

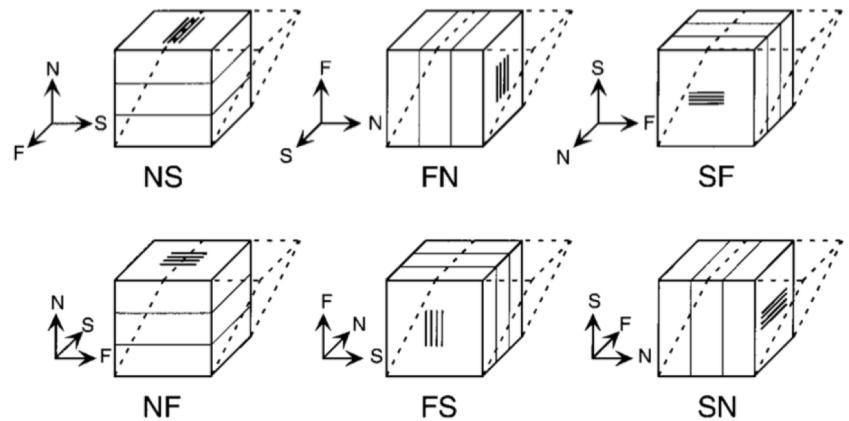
An integrated electromechanical-growth heart model for simulating cardiac therapies

Lik Chuan Lee¹ · Joakim Sundnes² · Martin Genet³ · Jonathan F. Wenk⁴ ·
Samuel T. Wall²

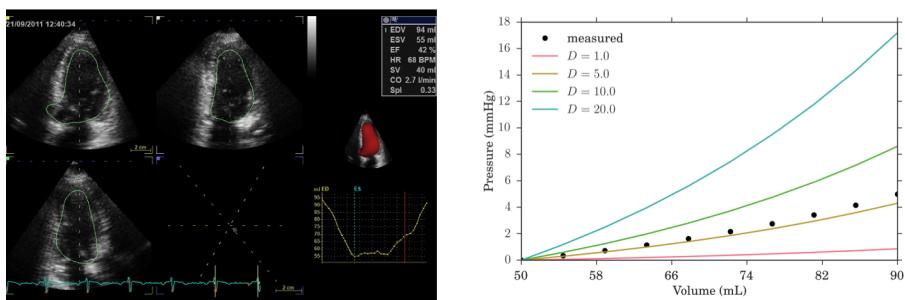


A stiffened infarct reduces the elastic myofiber stretch in BZ and hence reduces growth





A model starts with physical reasoning, simplifications and experiment



Making a model patient specific requires good images and data assimilation techniques

Do we really need mechanical models? Yes!

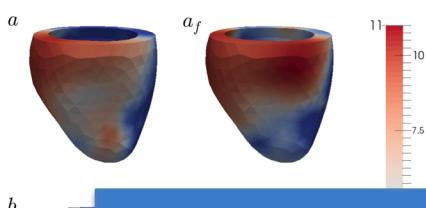
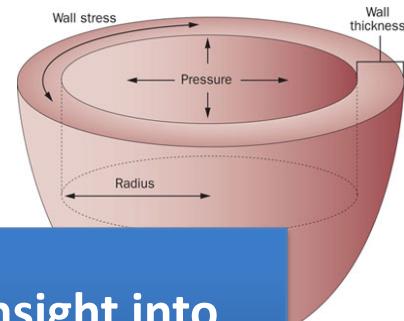
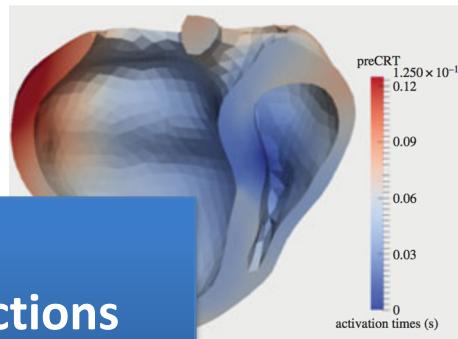


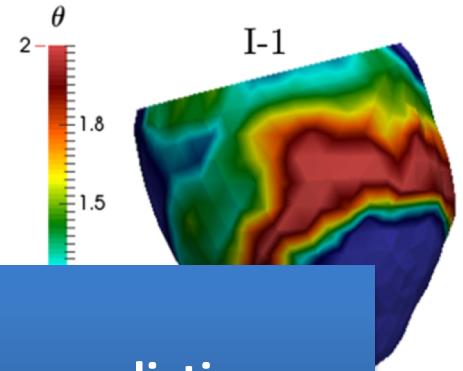
Figure 7: Pos



Tool to gain insight into cardiac physiology



Short term predictions



Long term predictions

Questions?

