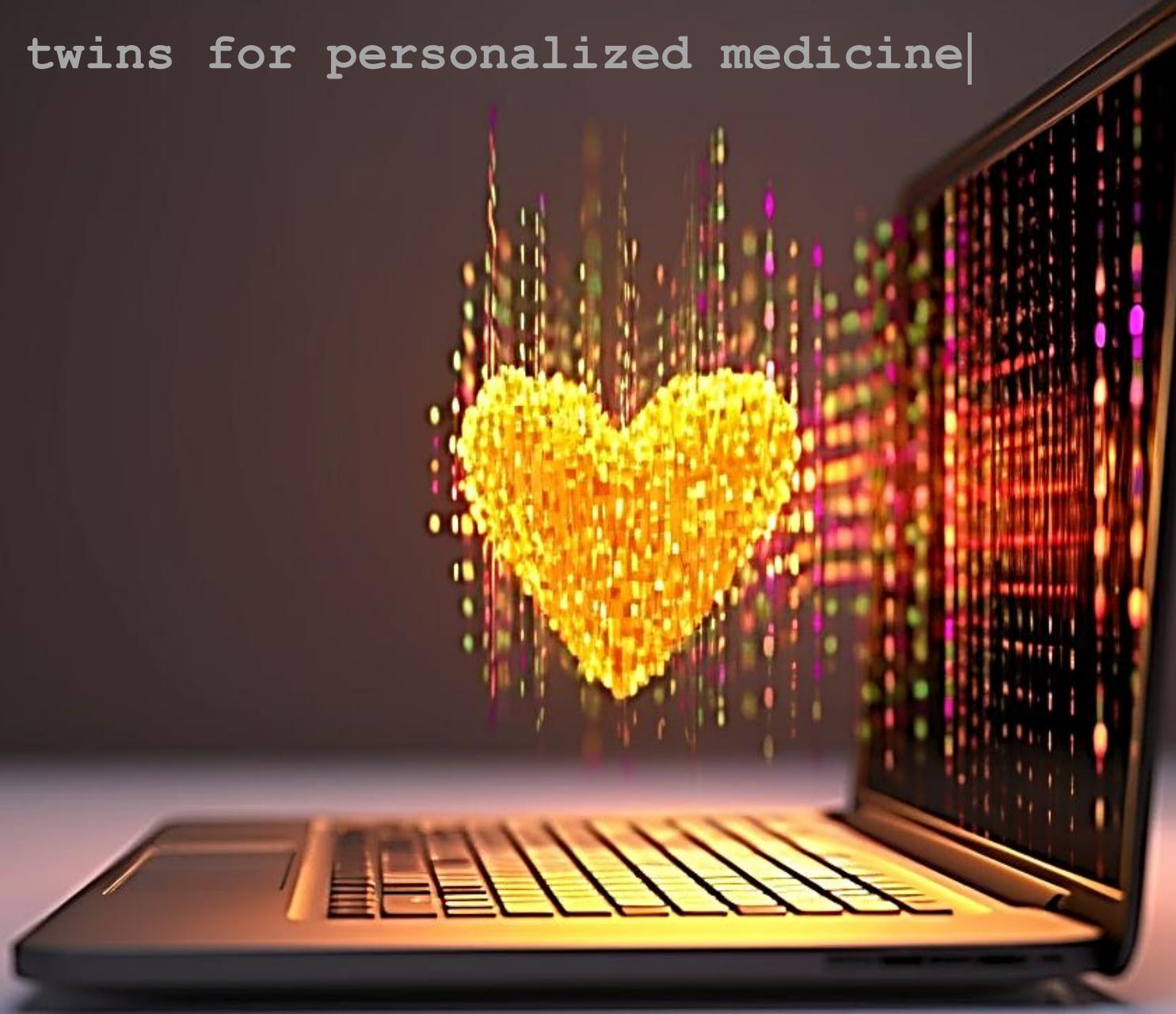


>> digital twins for personalized medicine|



prof. dr. ir. Joost Lumens

Professor of Computational Cardiology

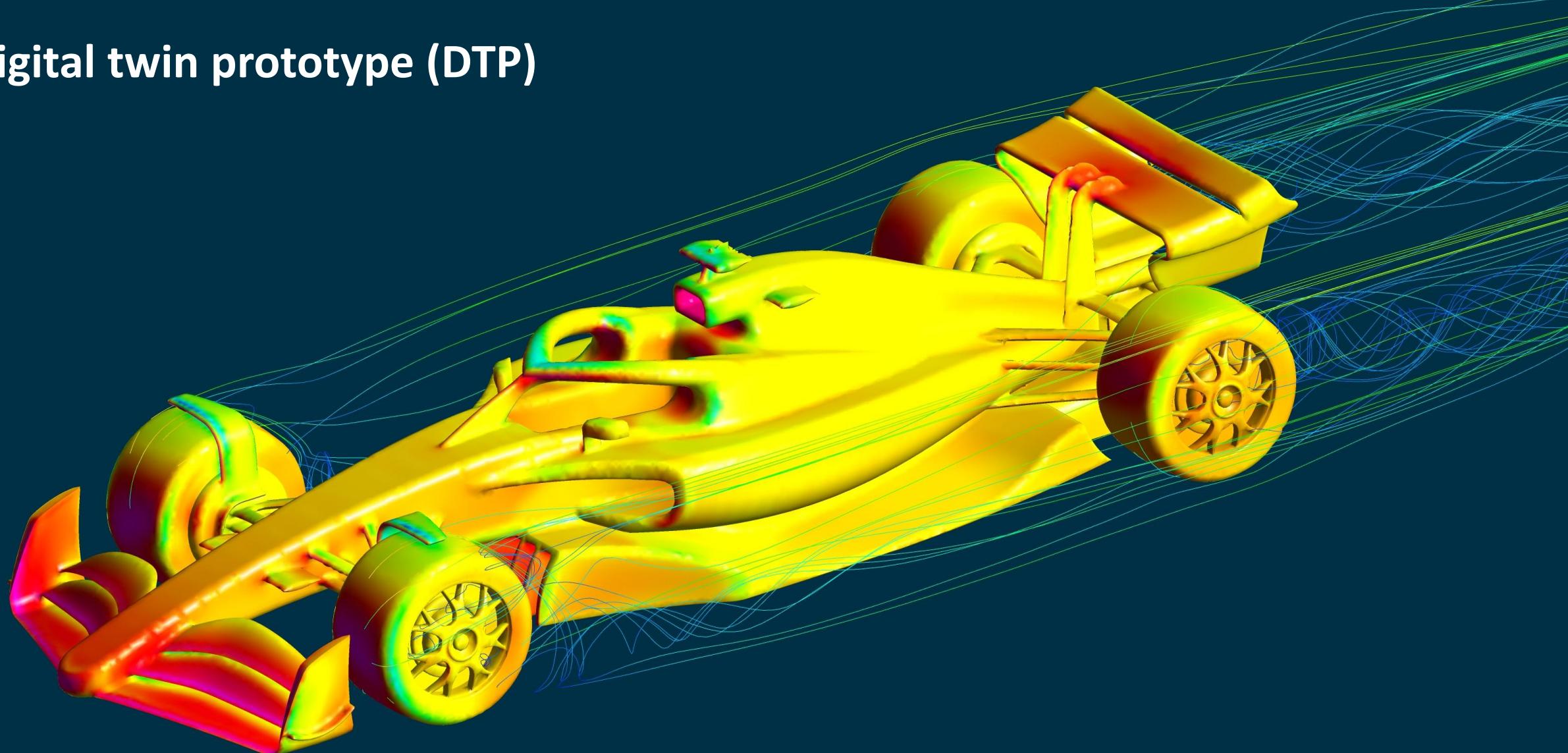


Cardiovascular Research Institute Maastricht (CARIM)
Maastricht University Medical Center+
joost.lumens@maastrichtuniversity.nl

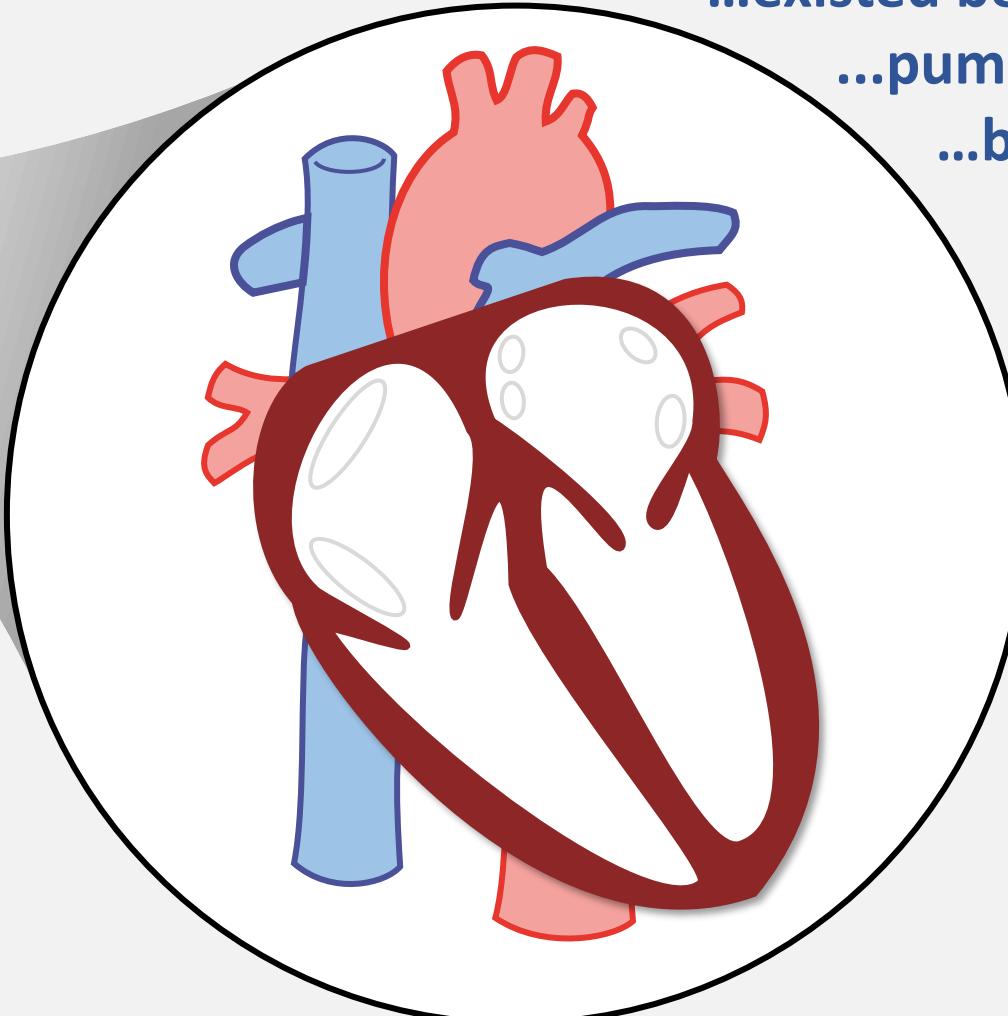
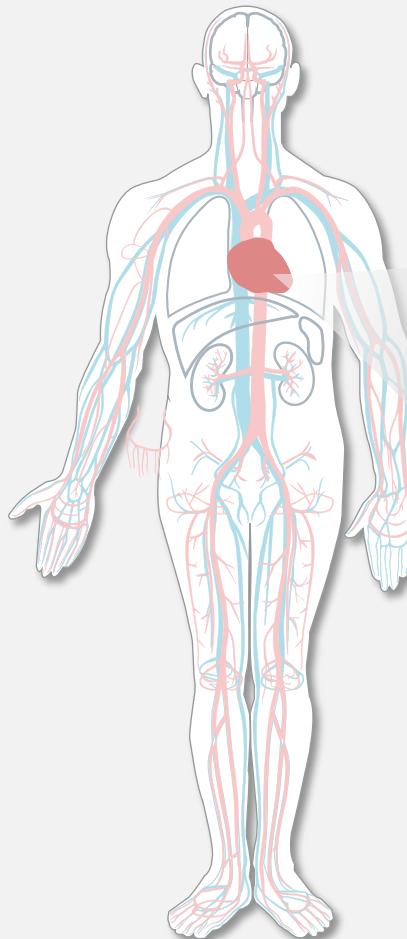
Birth of Digital Twin concept: US Apollo 13 mission in 1970



Digital twin prototype (DTP)



The heart ...

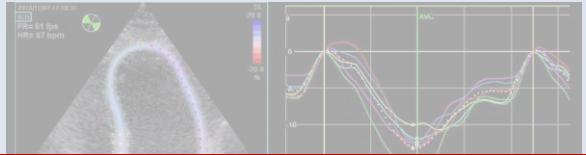


**...existed before its digital models/twins
...pumps ~7,500 liters of blood a day
...beats ~100,000 times a day**

Biophysical modeling in a nutshell ...



OBSERVATIONS



EFFECTS (y)

CAUSES (x)

SYSTEM PROPERTIES

Vascular Resistance

Cardiovascular physiology is complex, dynamic and non-linear



$$y = f(x, t)$$

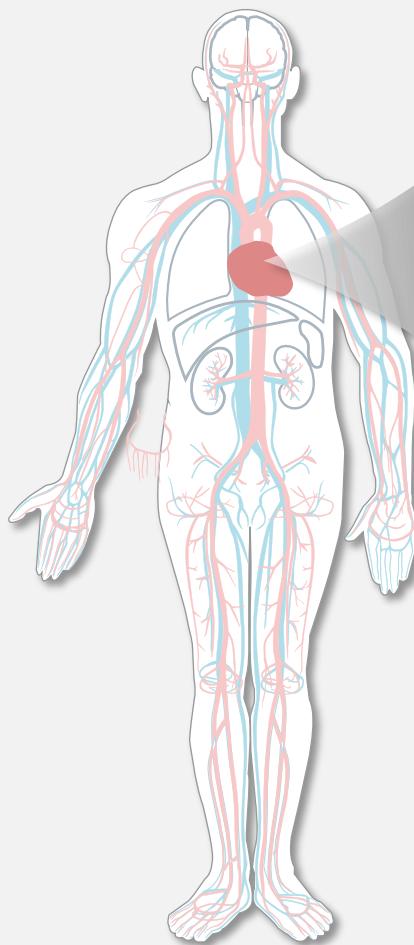
Ohm, Laplace, Bernoulli, Fick, ...

(Flow)

(Pressures)

...

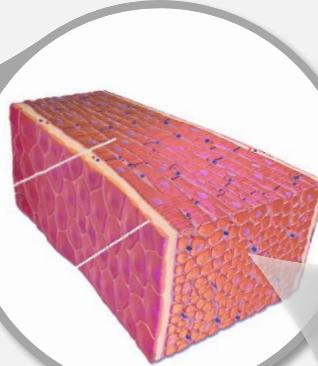
system



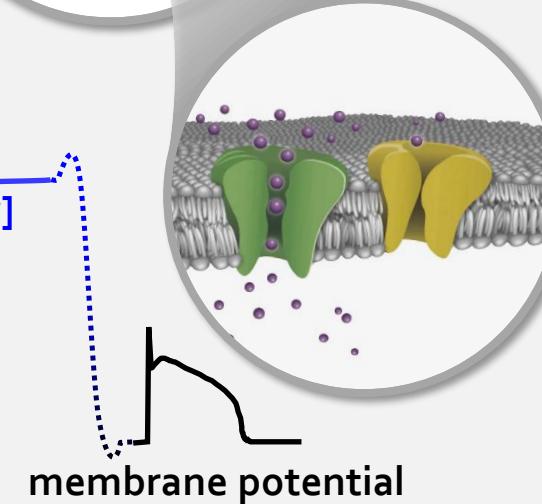
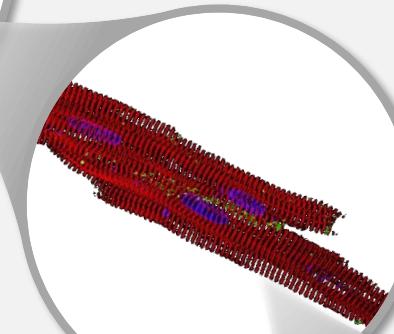
organ



tissue

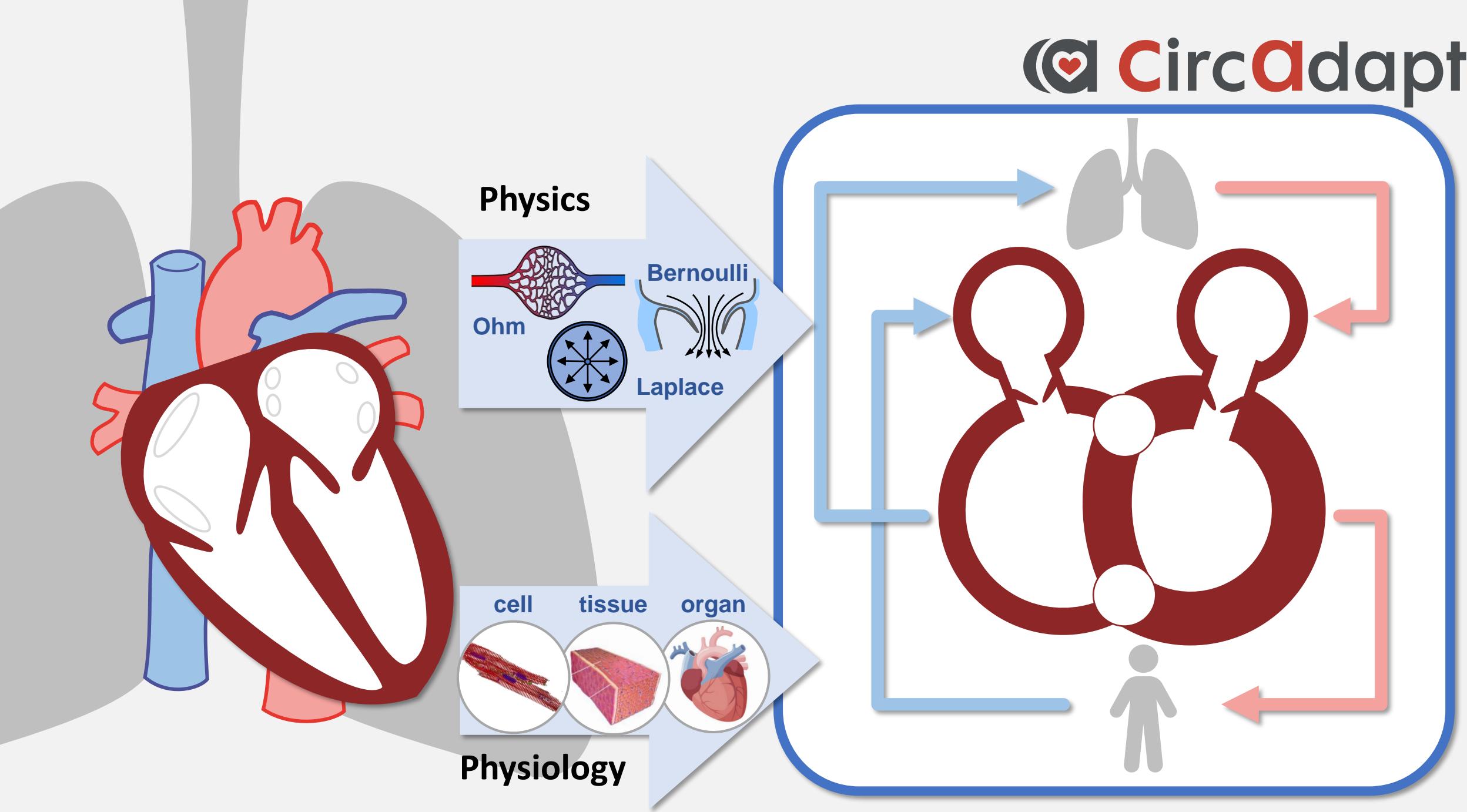


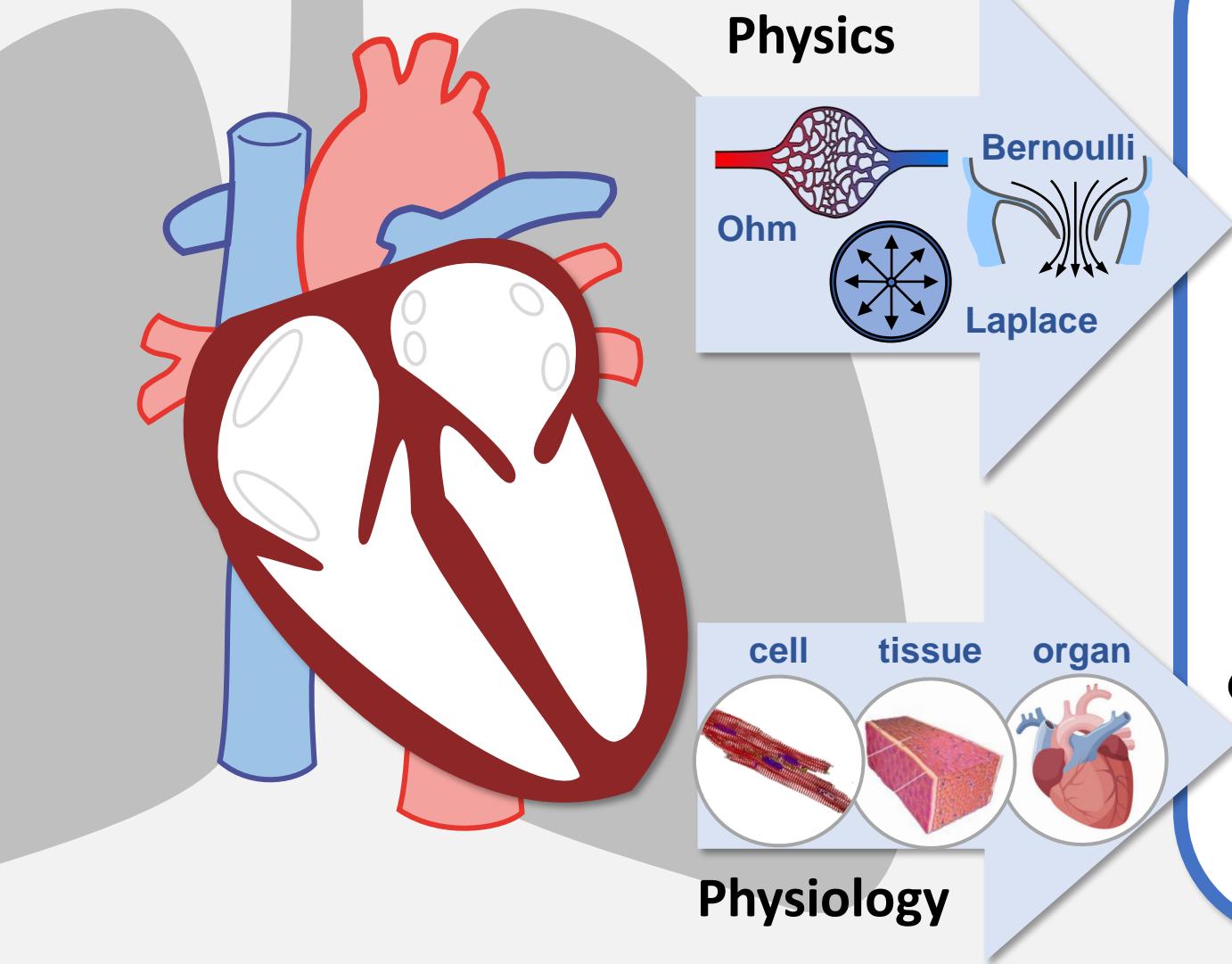
cell



protein
(ion channel, actin,
myosin, titin, etc.)



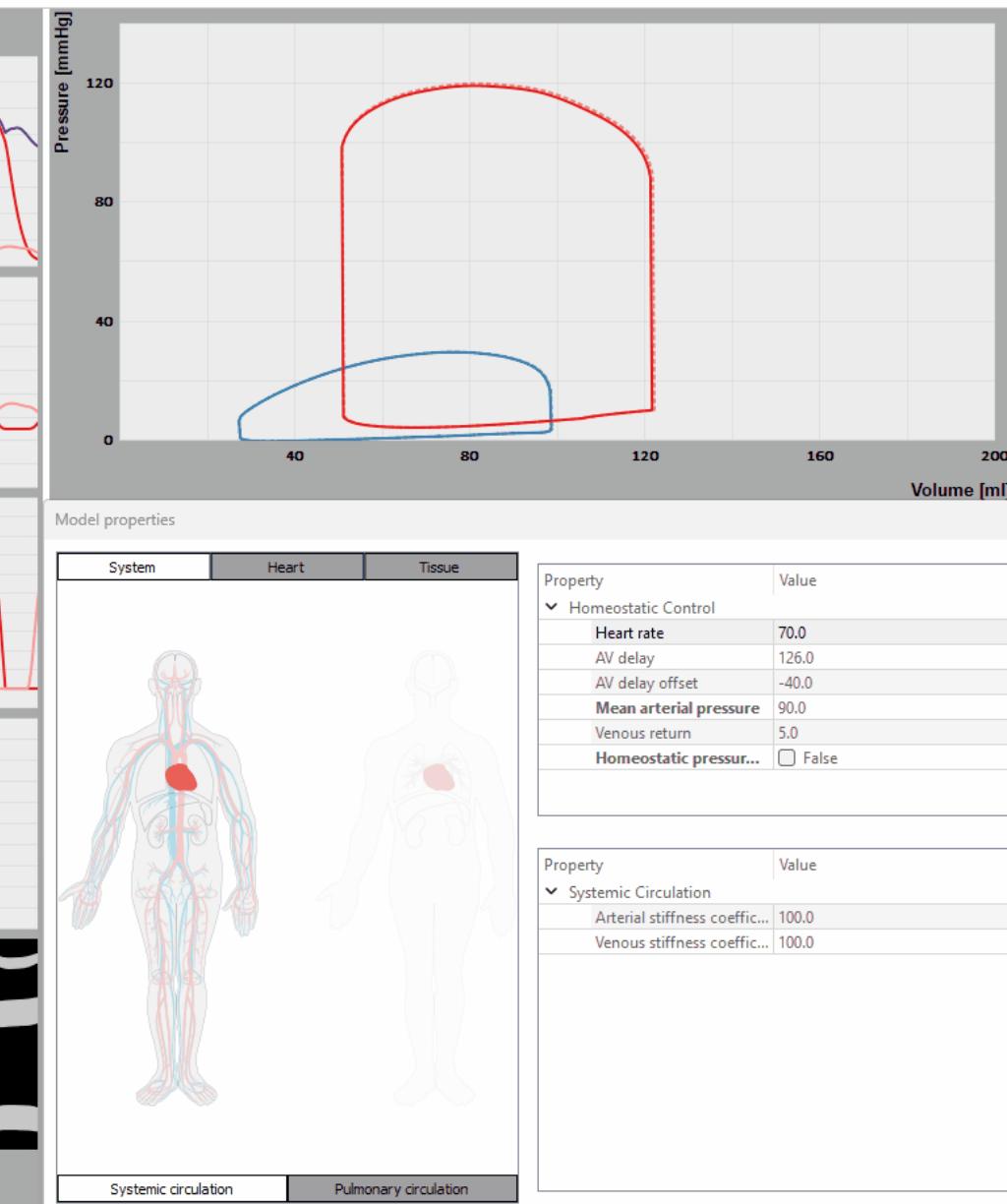
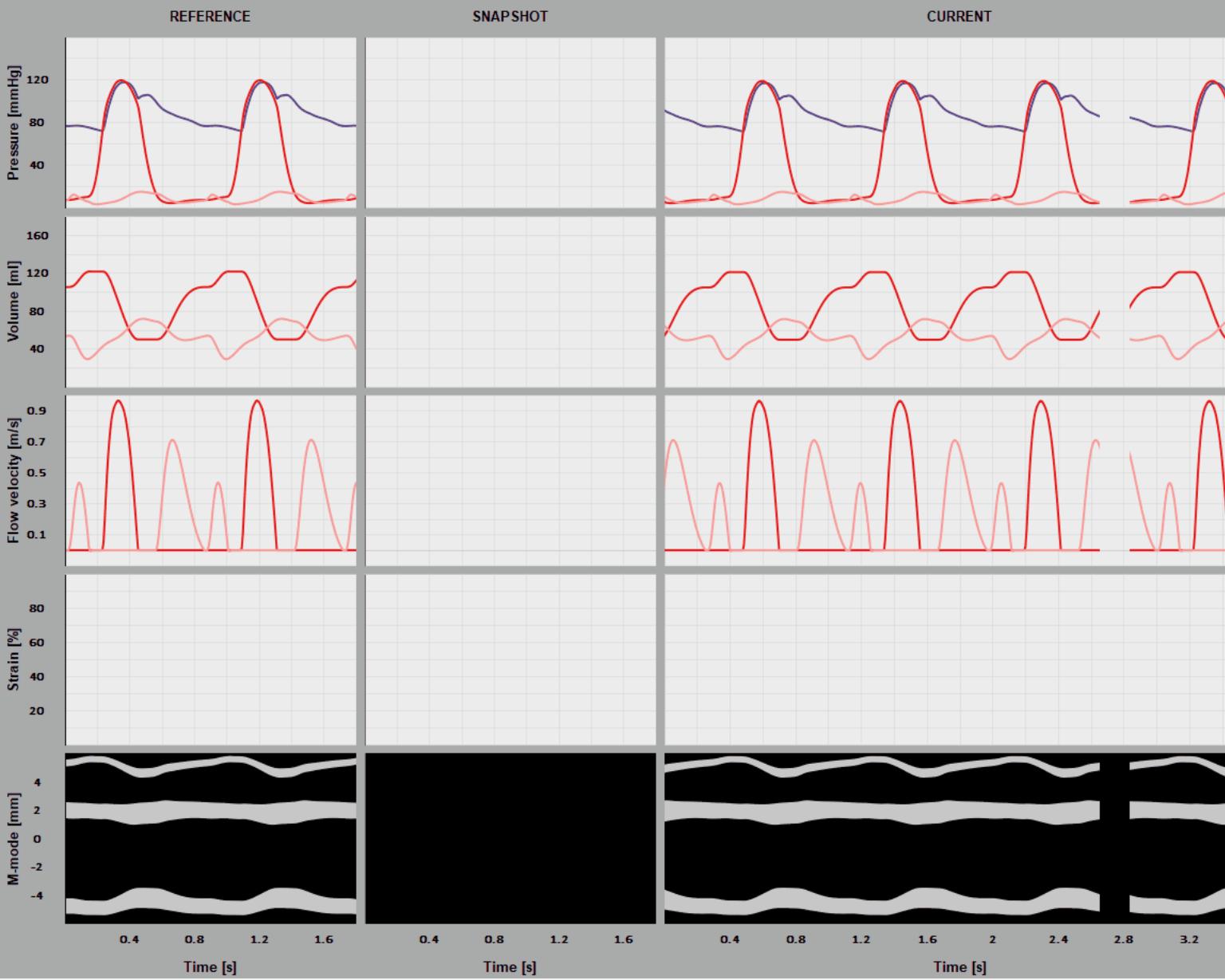




```

199 // Calculate Active stress based on C
200 LNormSe = (Ls - Lsi) / LenSeriesElement;
201 double SfIso = (C      * L) * (1.51*SfAct);
202 double SfRest = 0;
203 if (CRest !=0)
204     SfRest = L* (1.51 * CRest * SfAct);
205
206 // Passive Stress
207 double kk3 = 2 * LsRef / dLsPas;
208 double LfP = Ls / Ls0Pas;
209 double y = exp(log(LfP) * k1);
210 double yTit = exp(log(LfP) * kk3);
211 SfEcm = (y - 1)*(0.0349*SfPas);
212 SfPasT = SfEcm+(yTit - 1)*(0.01*SfAct);
213 double DSfPasDEF = y * (0.0349*SfPas*k1) + yTit * (0.01*SfAct*kk3);
214
215
216 // Calculate total stress
Sf = SfPasT +(SfIso + SfRest)*LNormSe - SfRest;

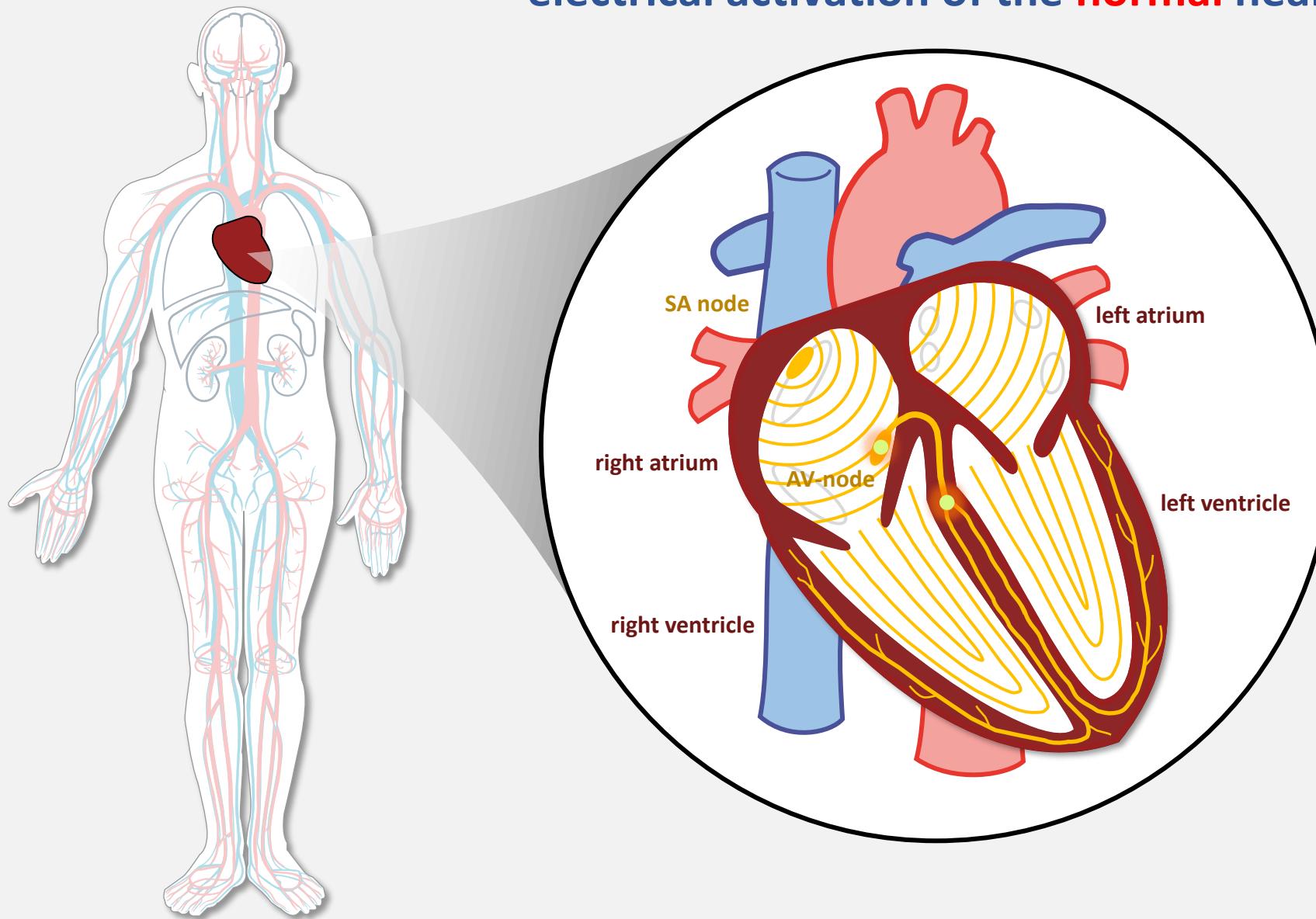
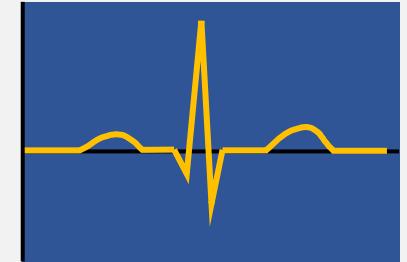
```



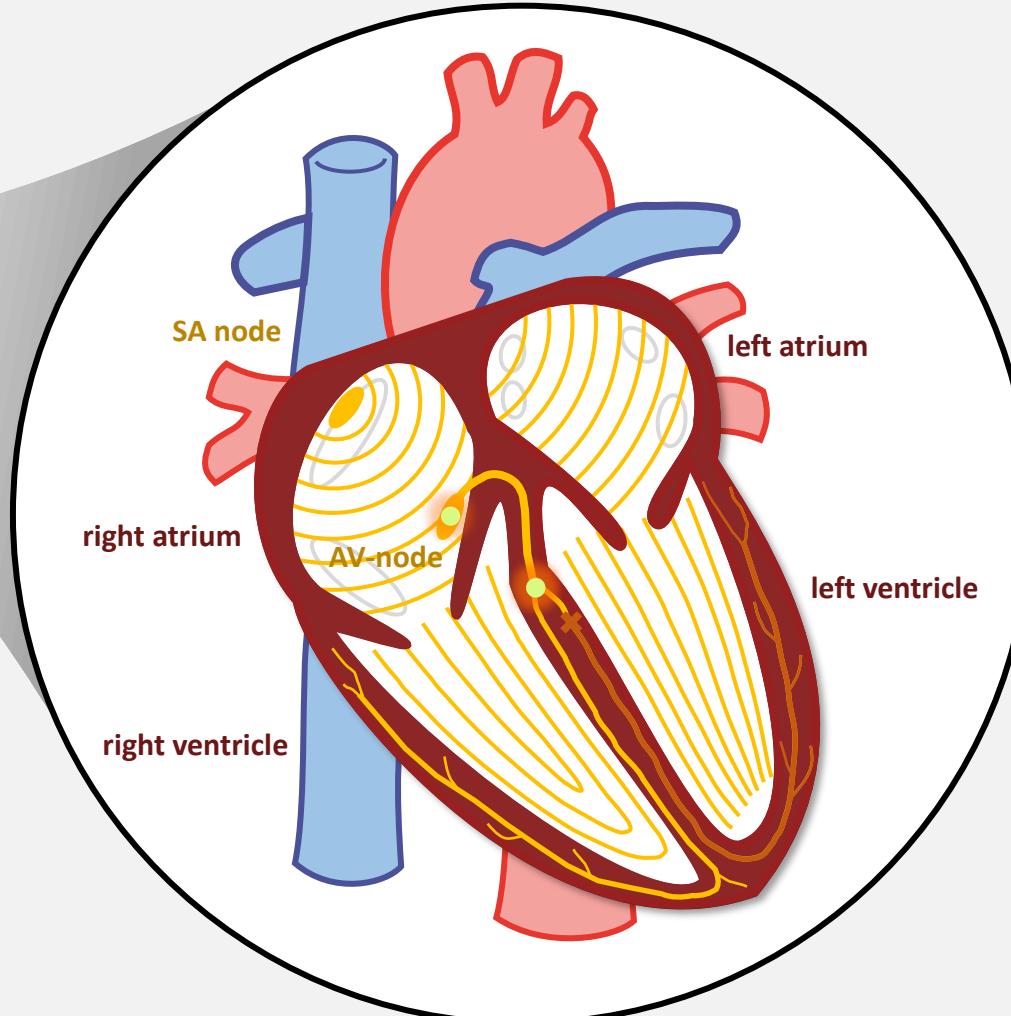
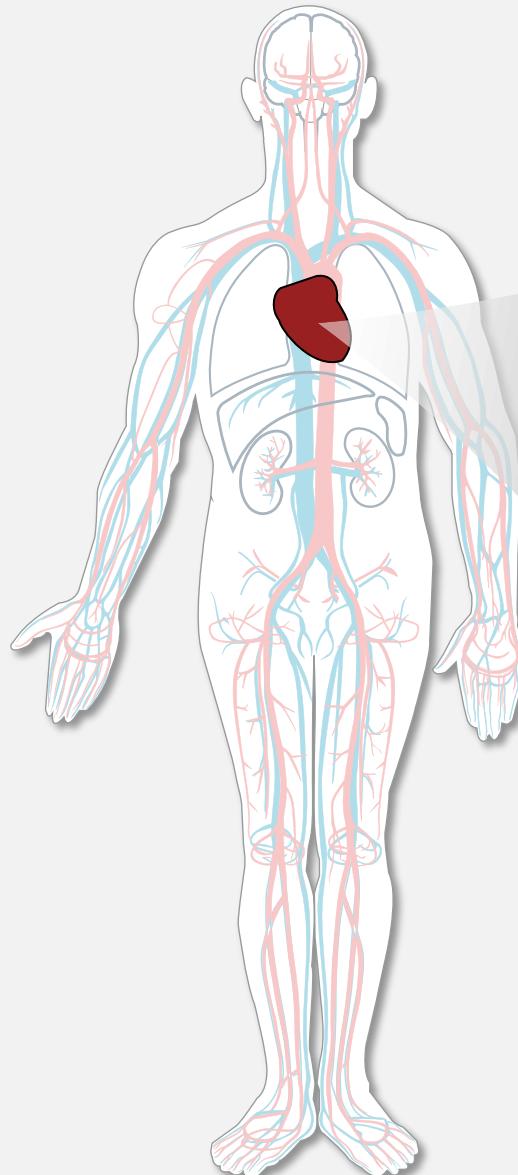
electrical activation of the **normal** heart



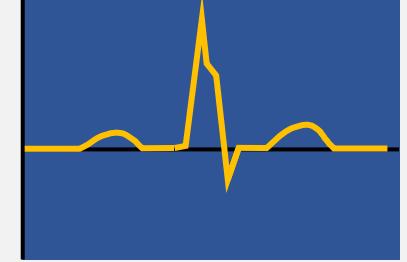
ECG



electrical activation disturbed in the failing heart



ECG



Left Bundle-Branch Block (LBBB)

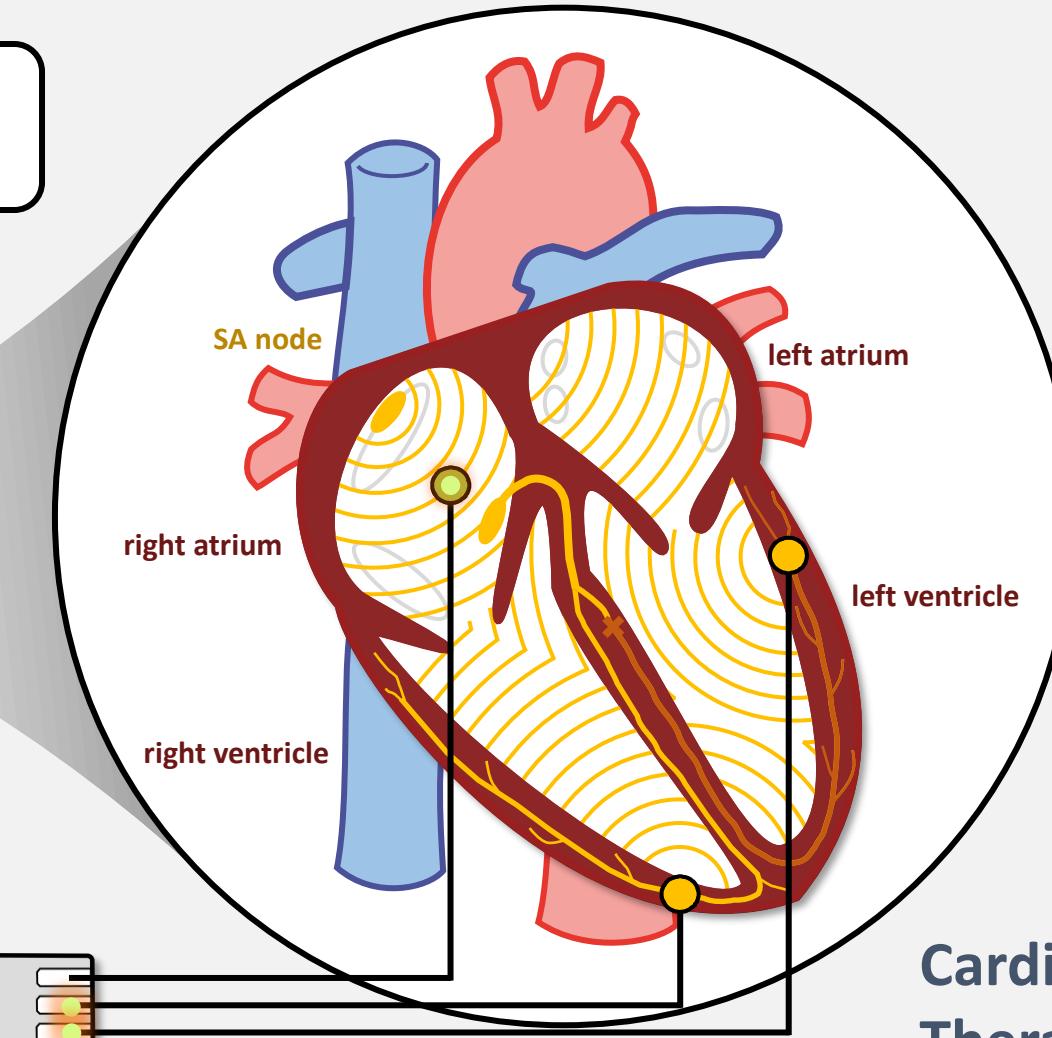
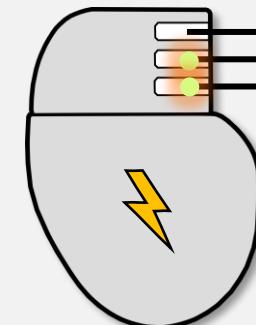




heart failure



pacemaker

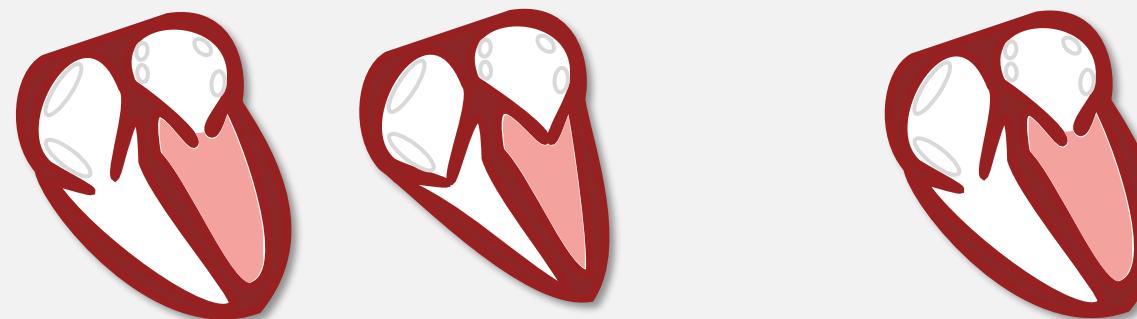
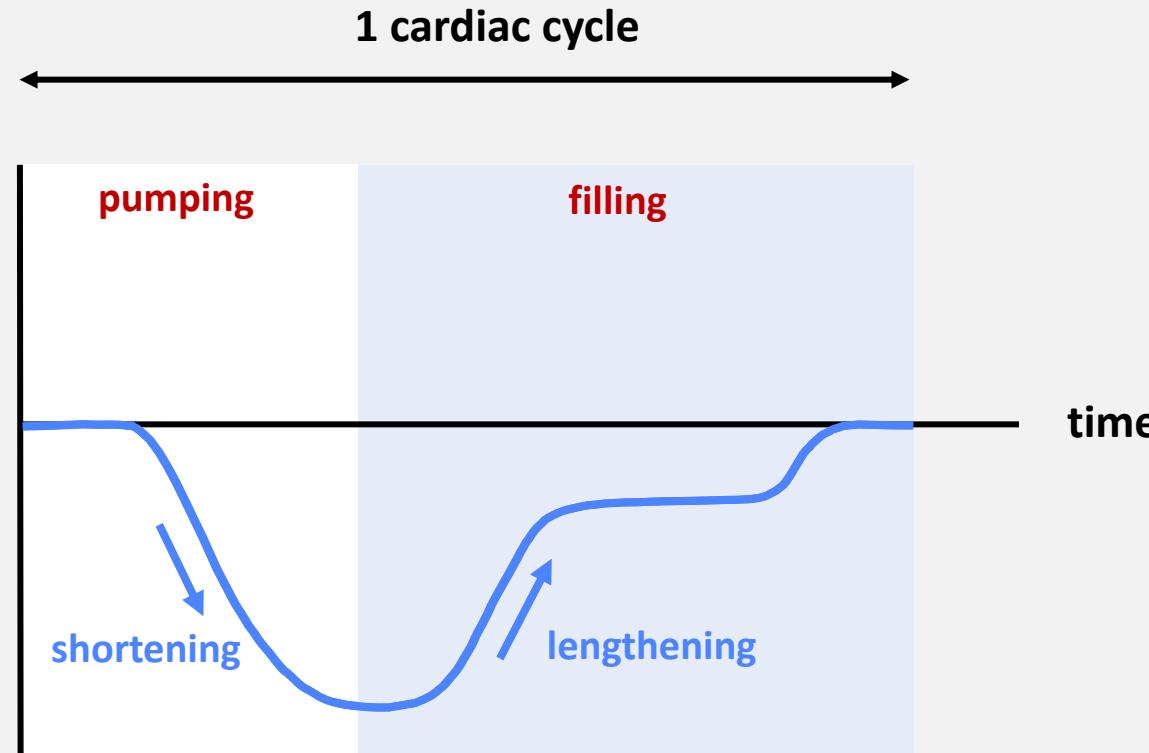
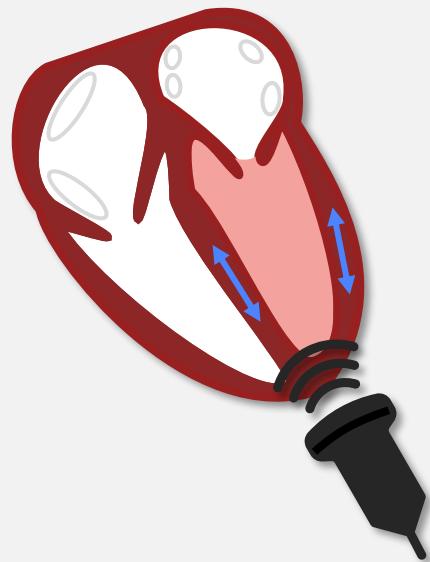


Cardiac Resynchronization
Therapy (CRT)

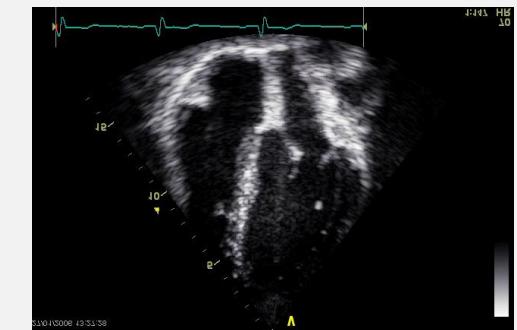
CRT success rate: 50-70% of the patients benefits
...one in three patient does not benefit from CRT



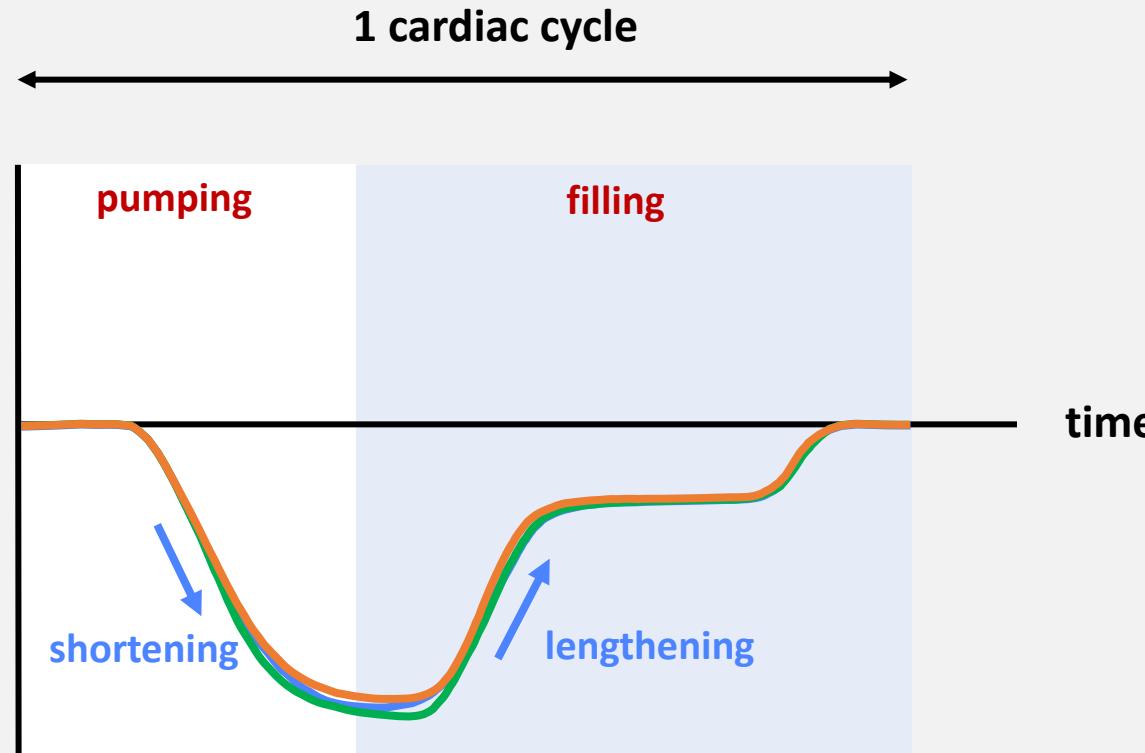
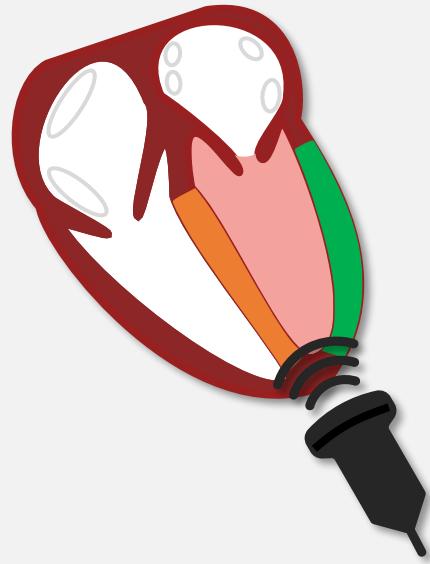
Deformation of the left ventricular wall



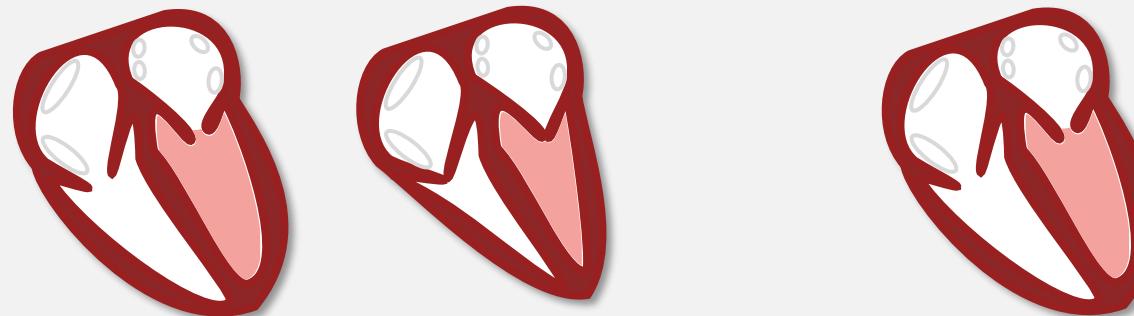
echocardiography



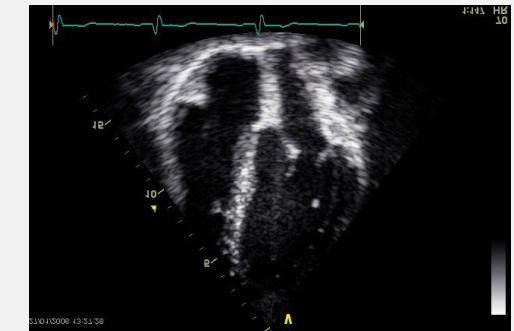
Deformation of the septum and free wall

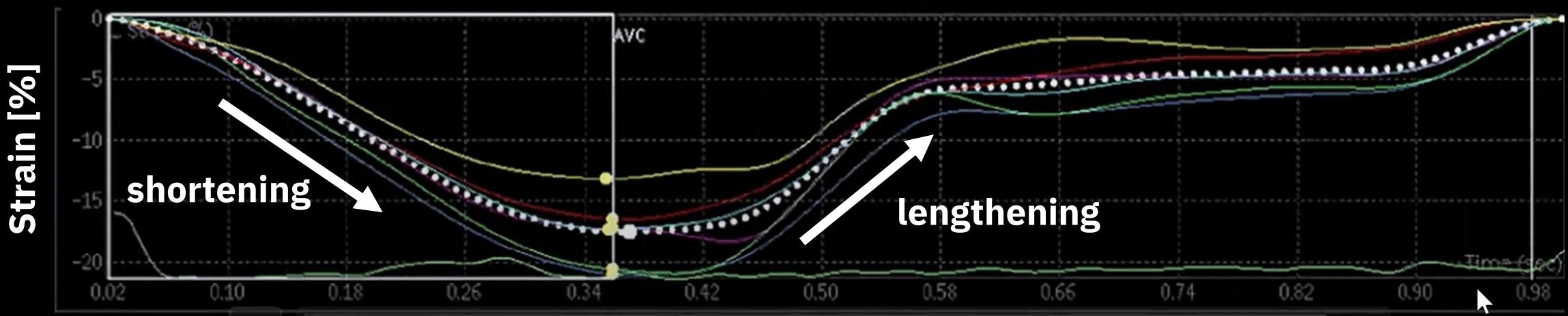
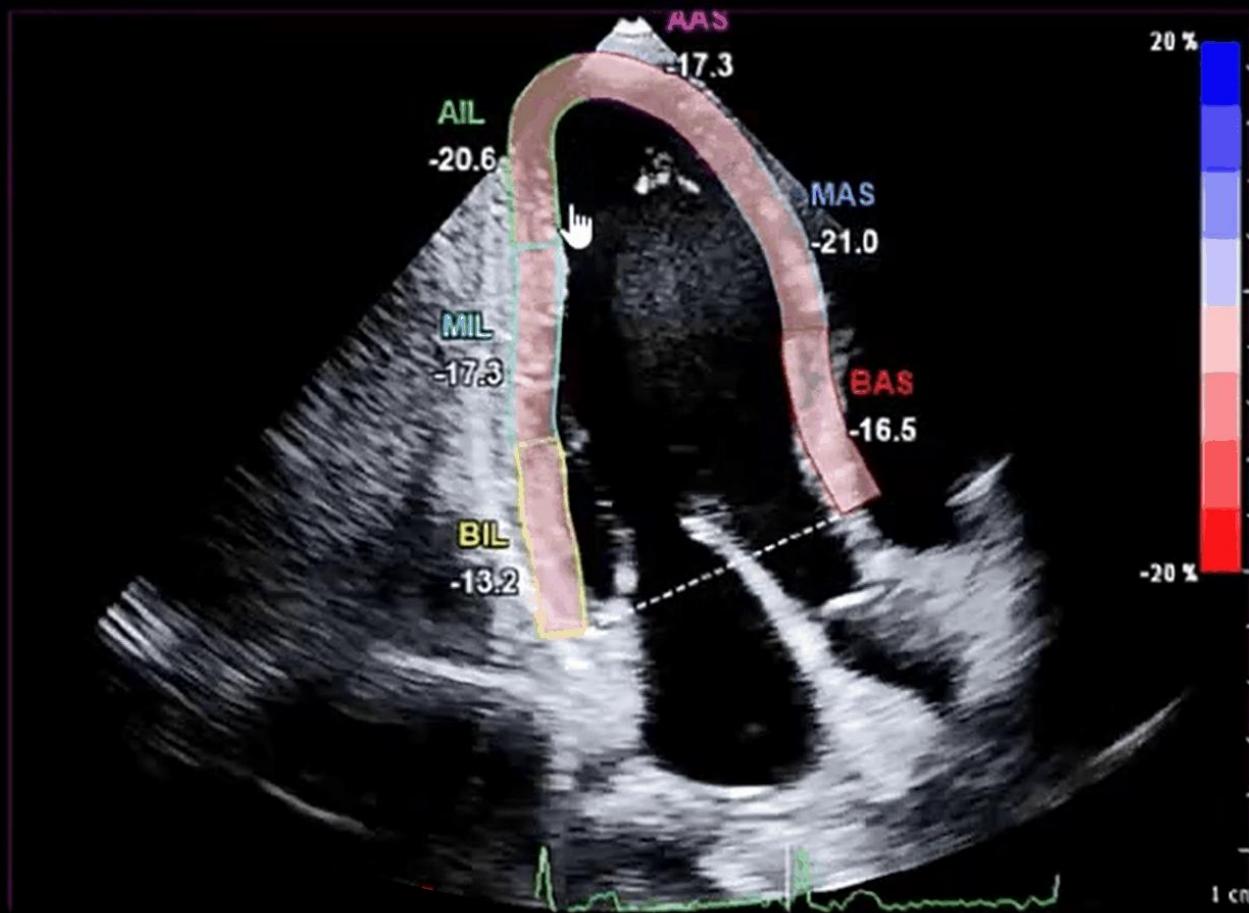


Global pump function of the left ventricle is the result of regional deformation patterns



echocardiography





Septal deformation patterns reveal underlying disease substrates



132 heart failure patients with LBBB



Leenders GE, Lumens J, et al. Circ Heart Fail 2012;5:87-96

Lumens J, Leenders GE, et al. Circ Cardiovasc Imaging 2012;5:491-499

Conclusion I



Biophysical models of the human heart and circulation can improve our
FORWARD understanding of (imaging-derived) phenotypic characteristics of the failing
heart. Models can be used for hypothesis generation / evaluation.

Fancy stuff, but how can the individual patient
benefit from this technology?

Nieuw onderzoek

'Digitale tweeling' uitkomst voor hartpatiënten: kan effect behandeling voorspellen

30 januari 2024 09:08 • Aangepast 30 januari 2024 11:18



Foto ter illustratie, een cardioloog implanteert een pacemaker bij het hart van een patiënt.



Met een 'digitale tweeling' controleren of een pacemakerbehandeling goed werkt voordat die bij de patiënt wordt uitgevoerd: dat kan volgens nieuw onderzoek van Universiteit Maastricht en UMC Utrecht. Met een computermodel wordt dan gecheckt of dit de juiste behandeling voor een hartpatiënt is.



Net binnen

- 22:06 Toch geen Apple Car meer in de maak: ontwikkeling gestopt
- 22:01 Suzanne van MAFS mist spanning in huwelijk met Bastiaan: 'Ik wil kunnen stomen'
- 21:53 Duitse voetbalsters voelen dat zij moeten winnen van Oranje
- 21:27 Man van Lady Gabriella Windsor op 45-jarige leeftijd overleden
- 20:50 Nederlandse wapens naar Oekraïne: 'Het moet meer en het moet sneller'

[Meer nieuws](#)

In silico trial: virtual cardiac resynchronization therapy (CRT) in Digital Twins of heart failure patients

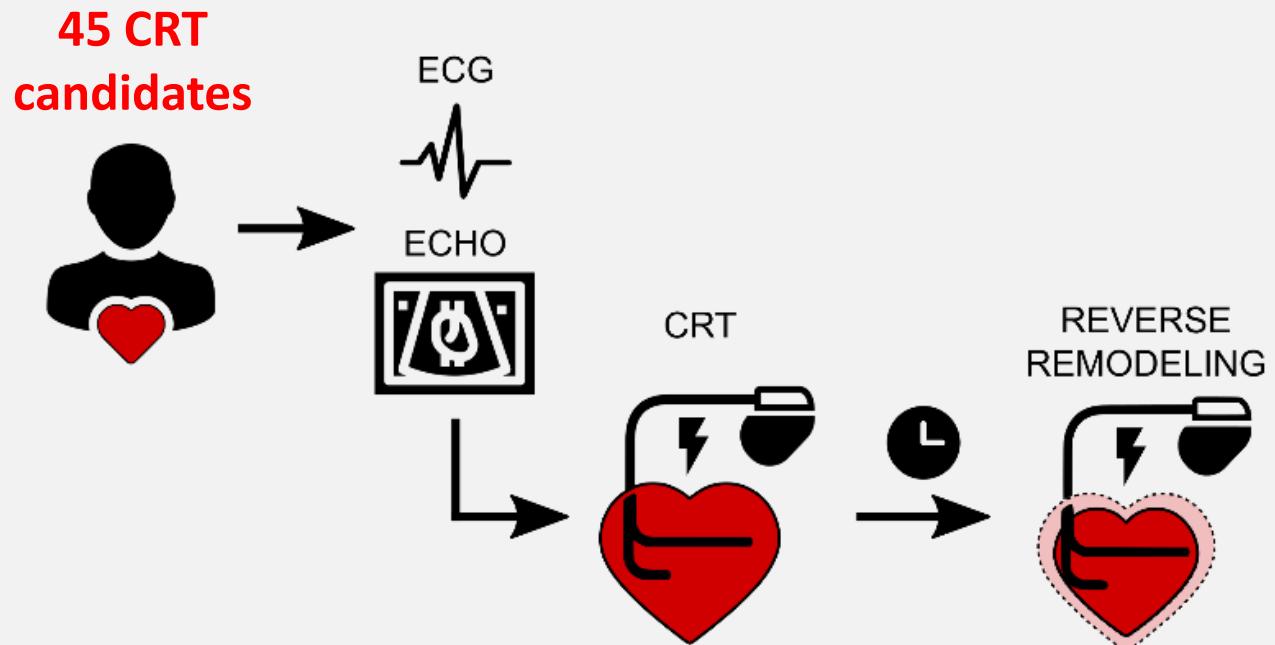


Table 1: Baseline characteristics (n=45).

Age (years)	66 ± 10
Male gender (%), n	62%, 28
QRS duration (ms)	171 ± 21
LBBB morphology ^a (%), n	84%, 38
CRT Class I indication (%), n	82%, 37
Atrial fibrillation (%), n	11%, 5
Ischaemic heart disease (%), n	33%, 15
LVEDV (mL)	217 ± 83
LVESV (mL)	172 ± 81
LVEF (%)	23 ± 9
ACE-inhibitor/AT2 (%), n	93%, 42
Beta-blocker (%), n	67%, 30
Diuretics (%), n	96%, 43
Spironolactone/eplerenone (%), n	51%, 23

Model complexity: reproducibility vs. quality of fit



REPRODUCIBILITY

intraclass correlation coefficient (ICC)

Excellent
Good

GLOBAL

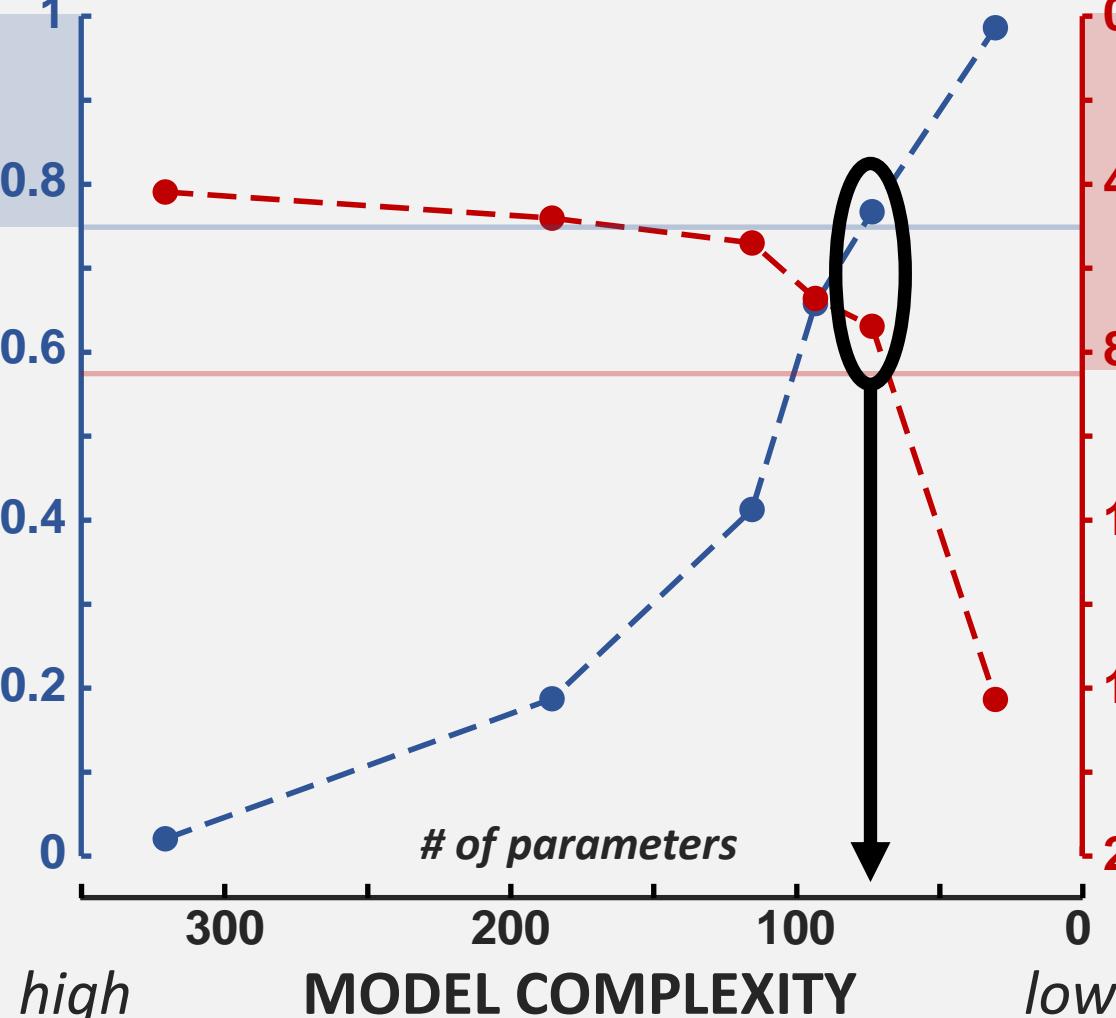
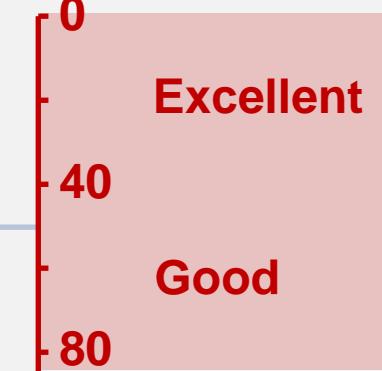
- ❖ Cardiac output
- ❖ AV delay
- ❖ Activation duration

REGIONAL (18 segments)

- ❖ Activation time
- ❖ Active stress (1 par)
- ❖ Passive stress (2 pars)

QUALITY OF FIT

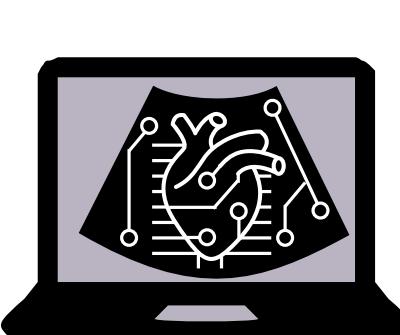
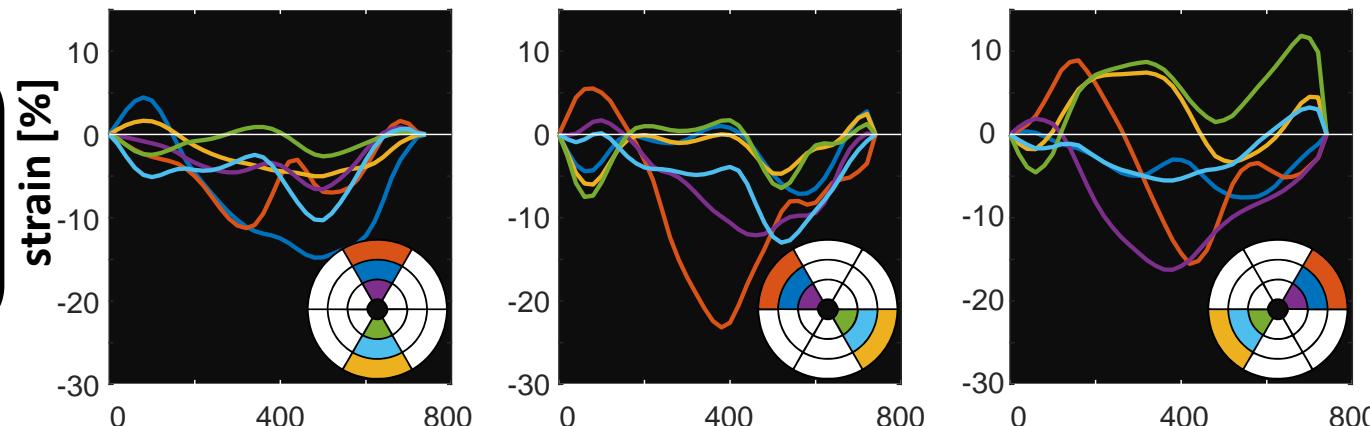
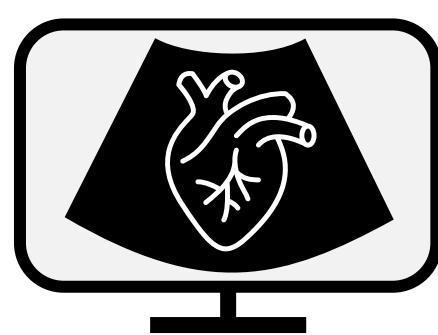
χ^2 simulated – measured strain



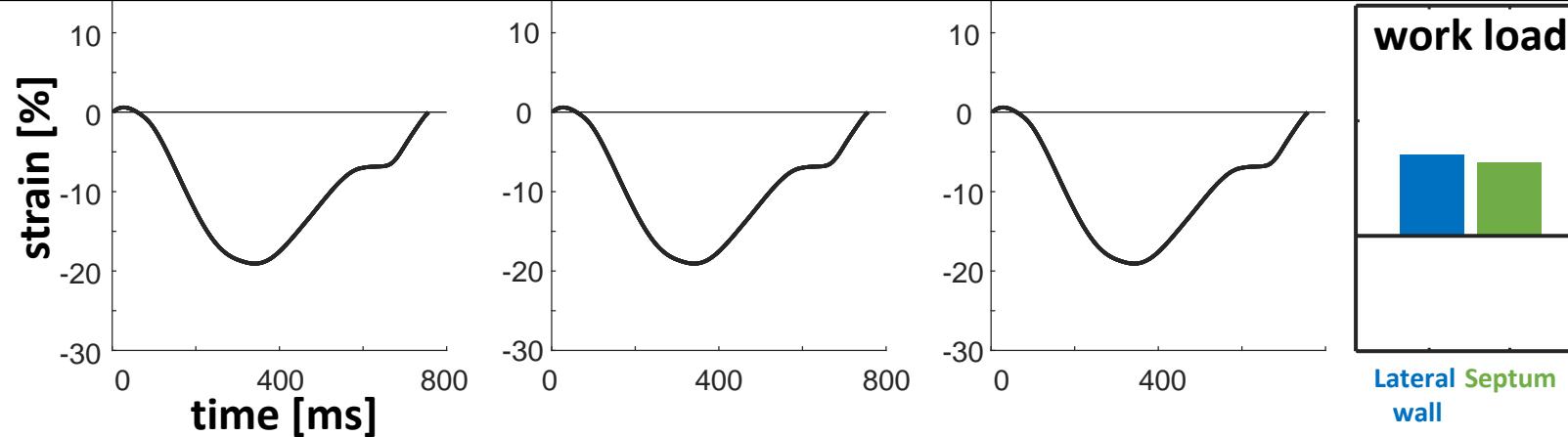
75 parameters



REAL PATIENT

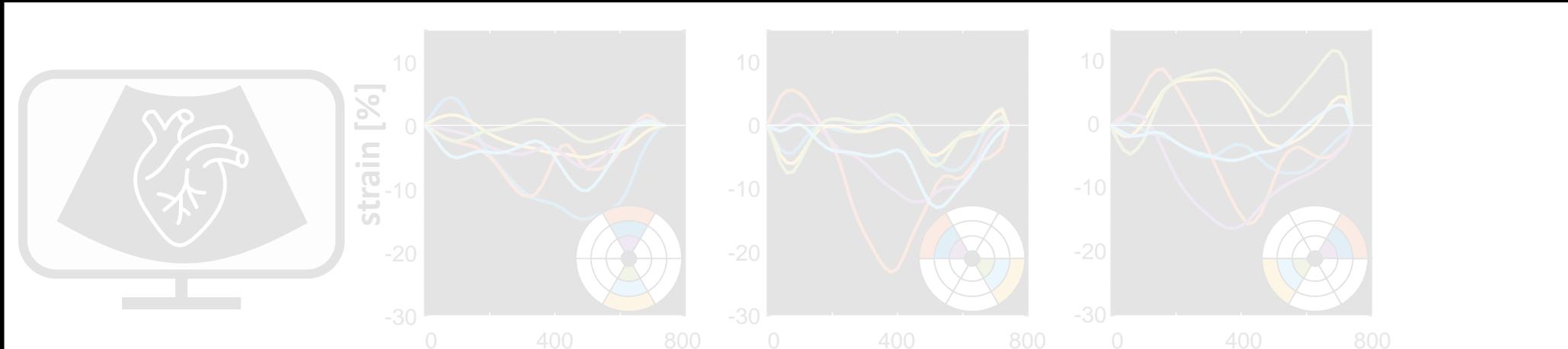


DIGITAL TWIN

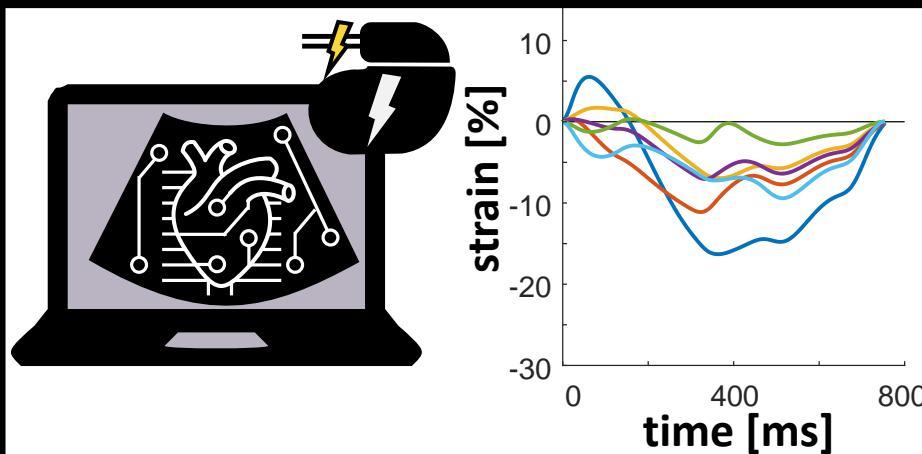




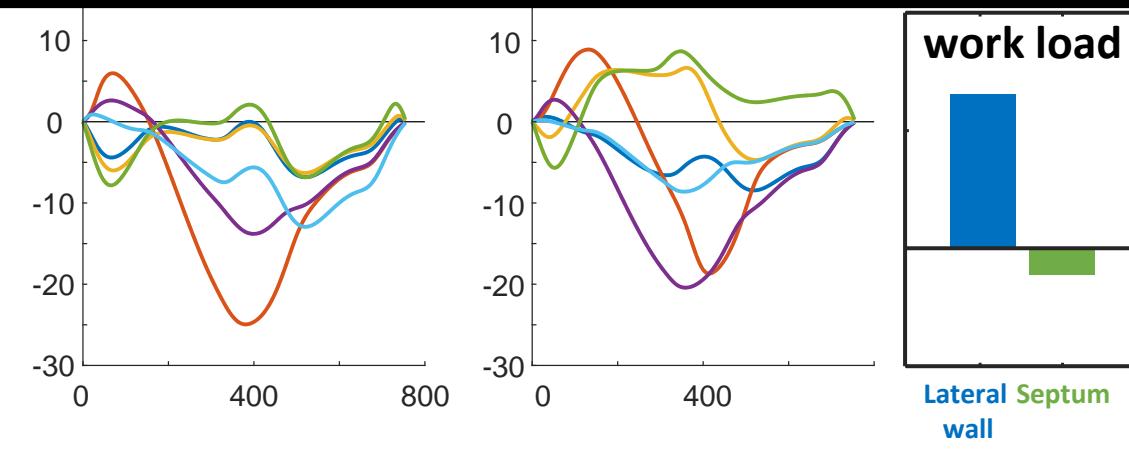
REAL PATIENT



virtual CRT

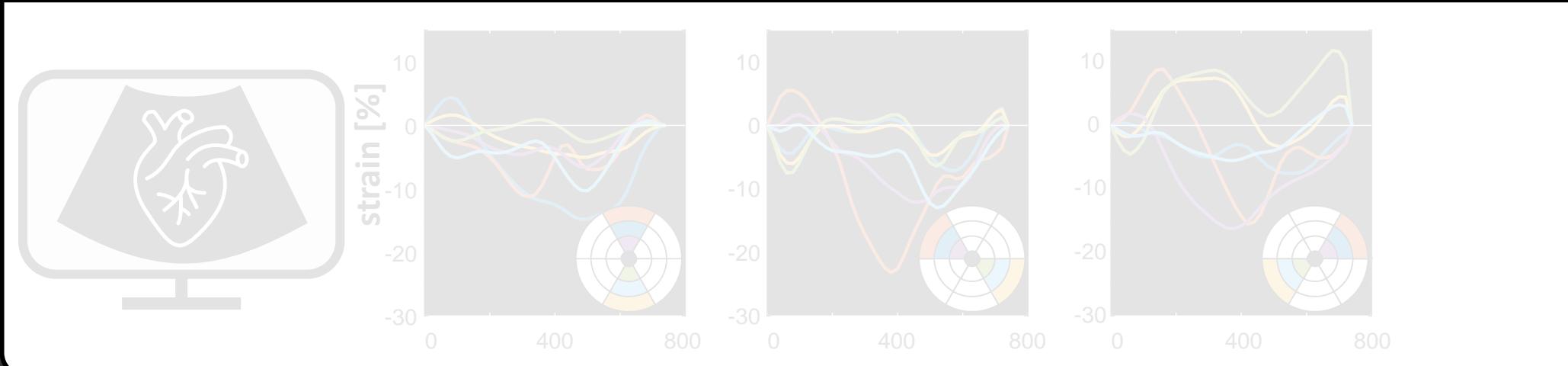


DIGITAL TWIN

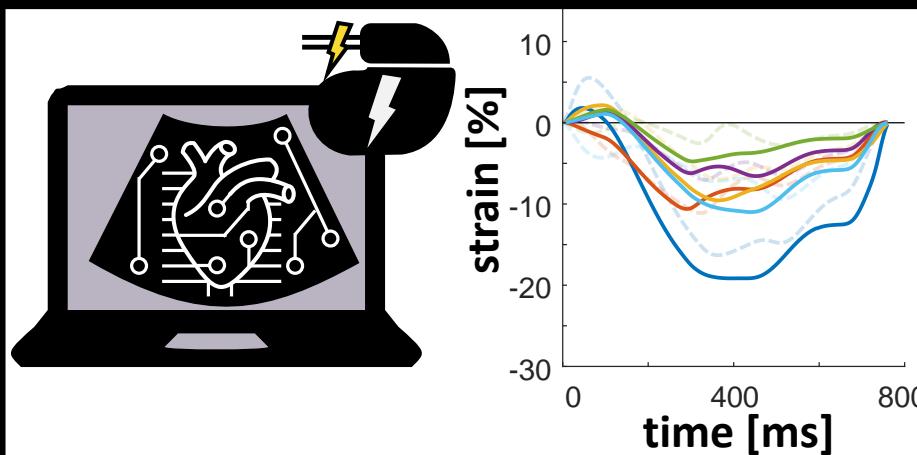




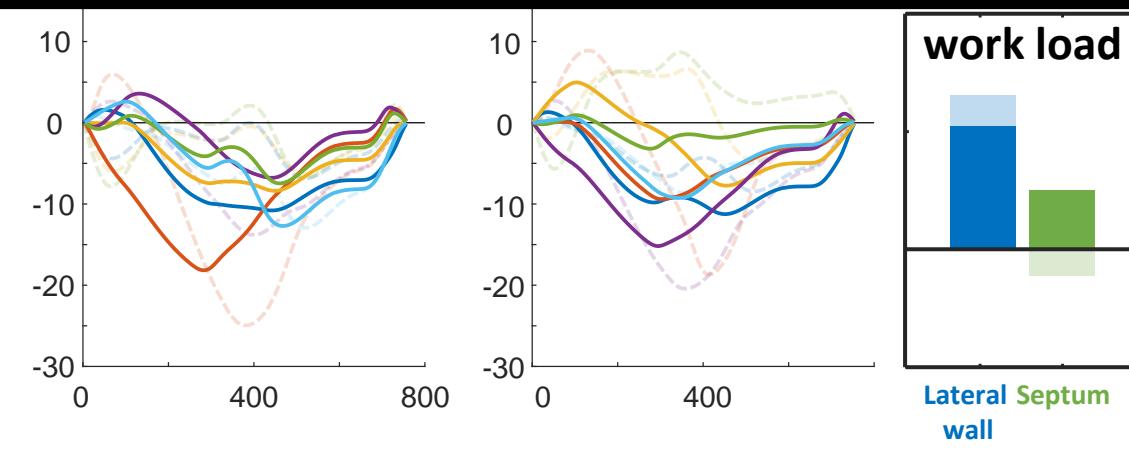
REAL PATIENT



virtual CRT



DIGITAL TWIN



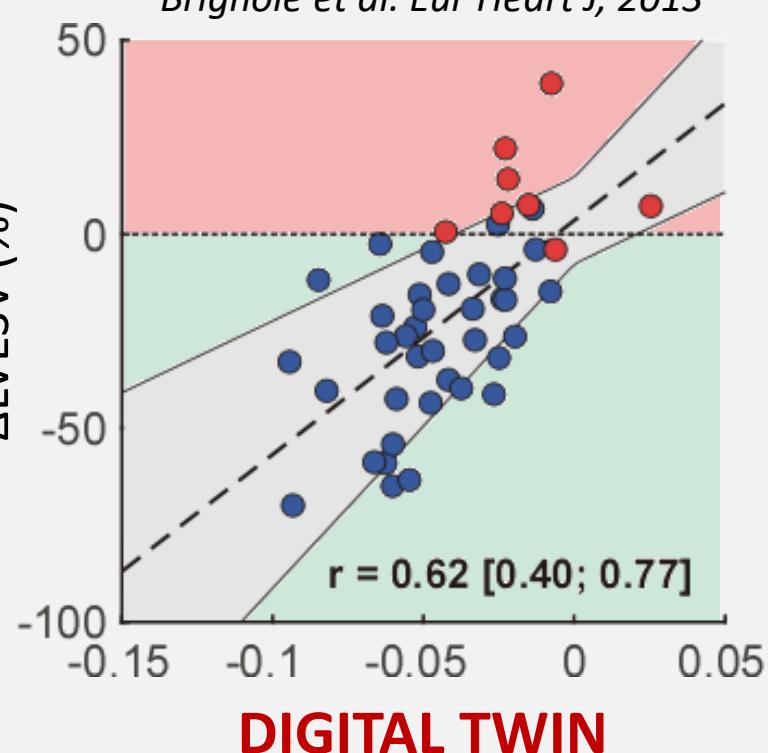
Digital Twins enable CRT response prediction: *a reflection on guidelines*



ESC 2013

Brignole et al. Eur Heart J, 2013

REAL PATIENT



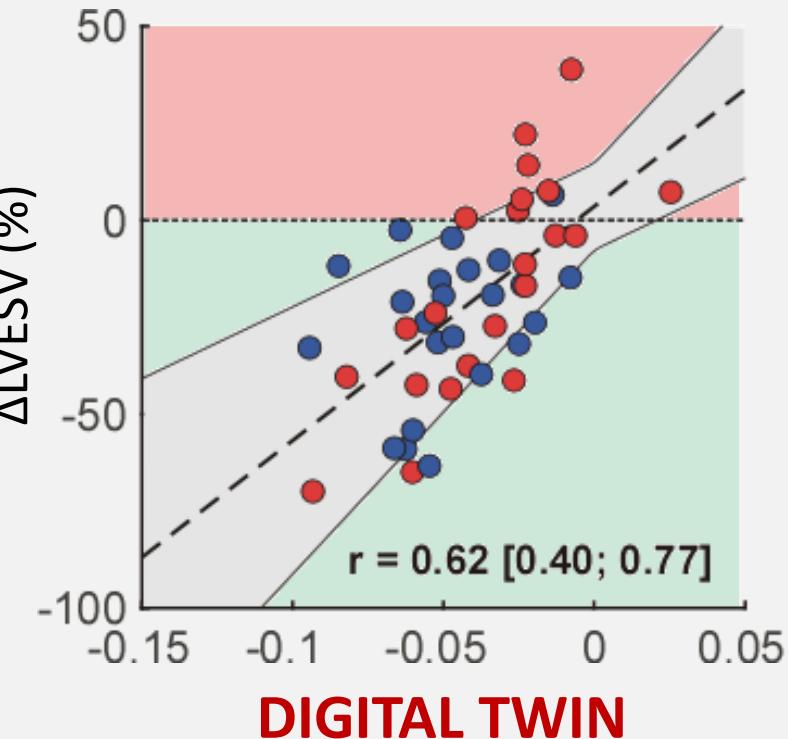
pacing-induced work redistribution (J)

- Class I indication
- Class IIa/IIb indication

ESC 2021

Glikson et al, Eur Heart J, 2021

REAL PATIENT



pacing-induced work redistribution (J)

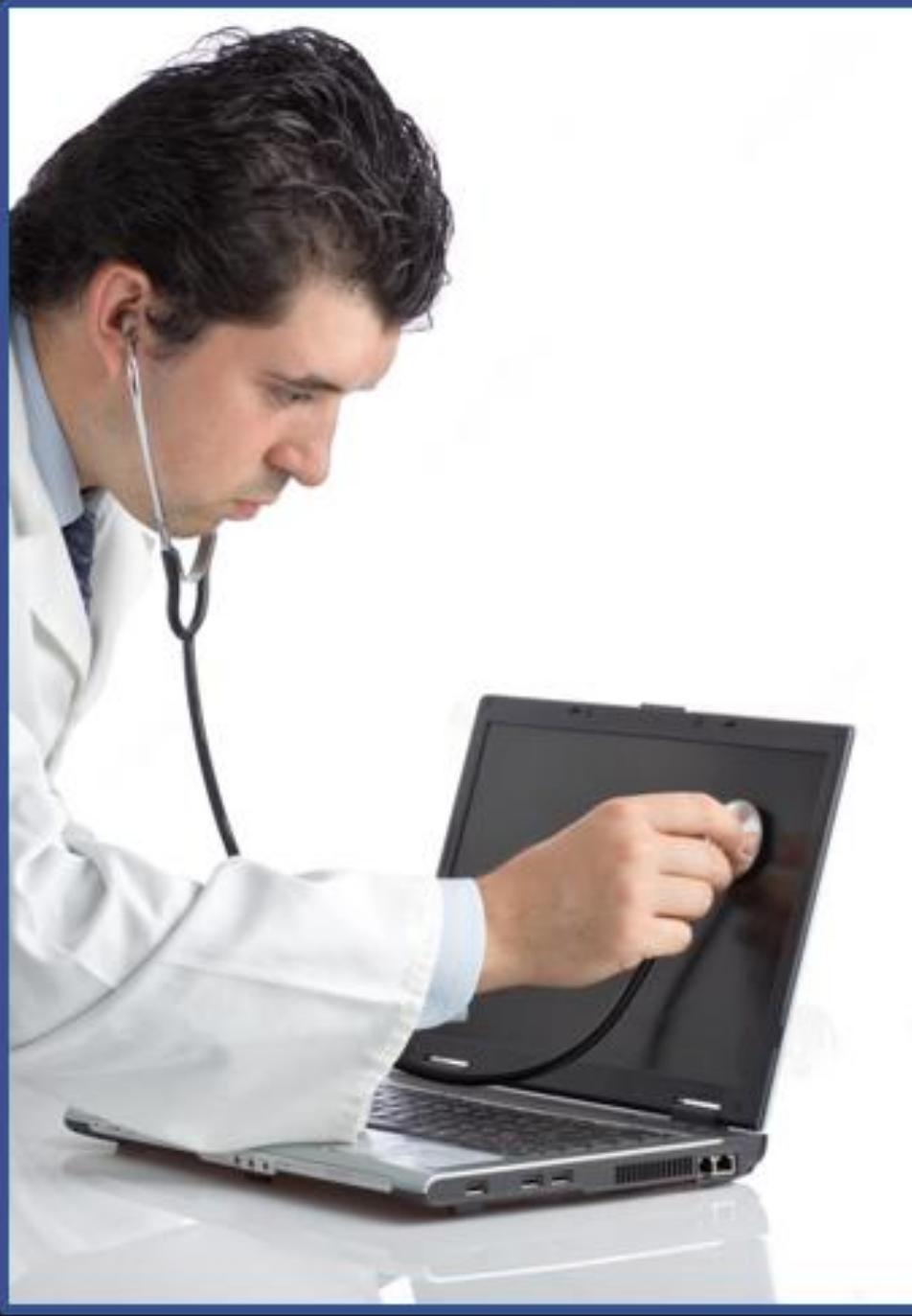
Conclusion II



FORWARD Biophysical models of the human heart and circulation can improve our understanding of (imaging-derived) phenotypic characteristics of the failing heart. Models can be used for hypothesis generation / evaluation.

INVERSE Integration of imaging-based diagnostic information in a personalised biophysical model (Digital Twin) can expose ‘hidden’ disease substrates that would remain concealed otherwise and predict therapy outcome.

The patient’s virtual heart is coming to life



echo, ECG, blood pressure, etc.



CircAdapt



virtual stress test



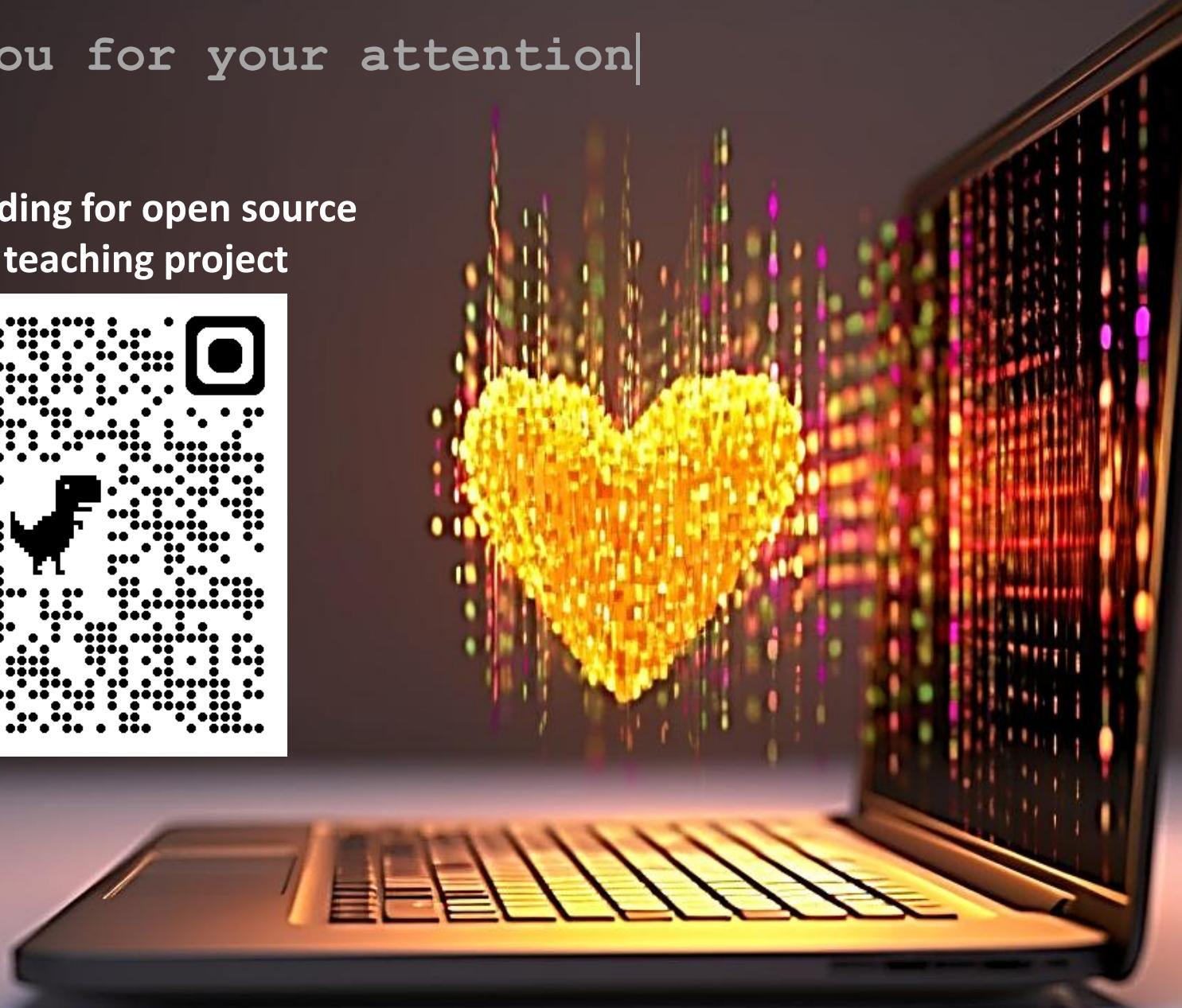
virtual therapy

in silico phenotyping

ventricular function
atrial function
valvular function
electrical function
vascular function
etc.

>> thank you for your attention|

UM crowdfunding for open source
CircAdapt teaching project



VISIT
www.circadapt.org



funded by the
dutch heart foundation



prof. dr. ir. Joost Lumens
Professor of Computational Cardiology



Cardiovascular Research Institute Maastricht (CARIM)
Maastricht University Medical Center+
joost.lumens@maastrichtuniversity.nl