

# A technology non-invasive assessment of the fractional flow reserve

Yuri Vassilevski<sup>1,2,3</sup>

<sup>1</sup> Institute of Numerical Mathematics RAS

<sup>2</sup> Sechenov University

<sup>3</sup> Moscow Institute of Physics and Technology

*The Fourth German–Russian Workshop on Numerical Methods and  
Mathematical Modelling in Geophysical and Biomedical Sciences*

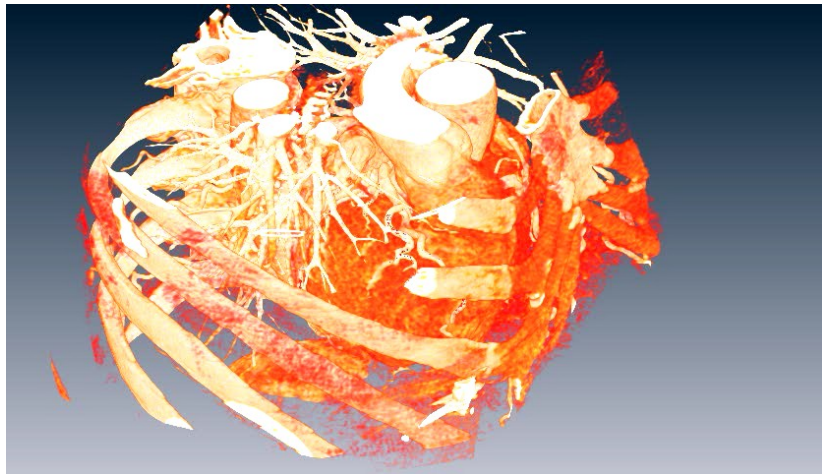
The Week of Applied Mathematics and Mathematical Modelling

October 7, 2019, Vladivostok

## Joint work with colleagues from Sechenov University:

- ▶ Timur Gamilov,
- ▶ Sergey Simakov,
- ▶ Roman Pryamonosov,
- ▶ Alexander Danilov,
- ▶ Darya Gognieva,
- ▶ Philipp Kopylov

# Coronary arteries



# Motivation

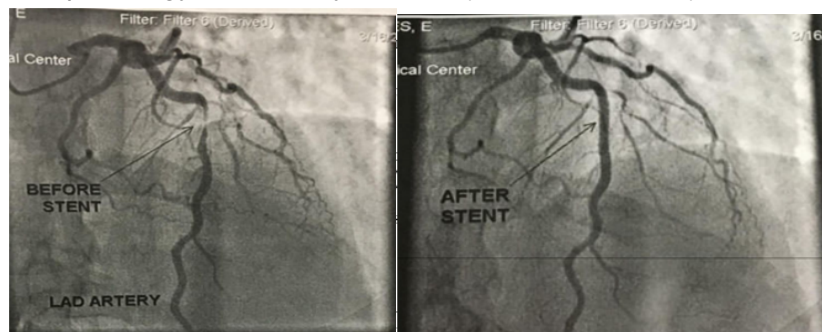
Ischemic heart disease is caused by

- ▶ pathology of microvasculature (therapy)
- ▶ pathology of coronary arteries (revascularization)

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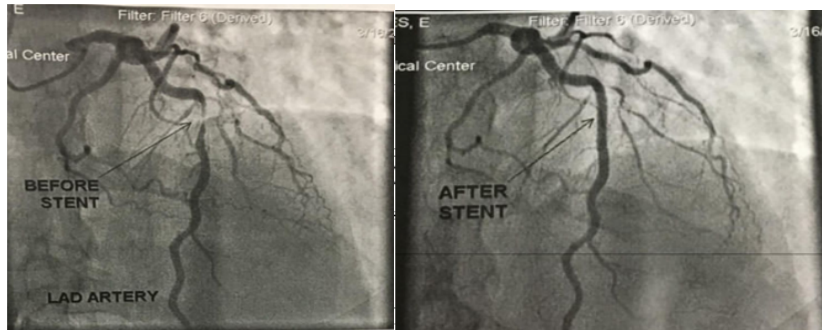
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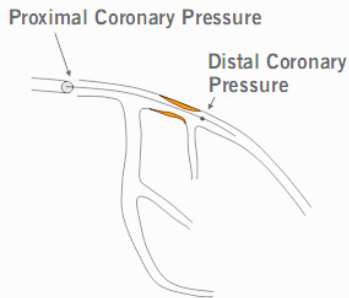
Indication for revascularization

- ▶ before 2014: Vascular occlusion factor (relative lesion cross-sectional area)  
 $VOF > 0.7$
- ▶ after 2014: Fractional flow reserve  $FFR < 0.75$

# Fractional flow reserve (FFR)

$$\text{FFR} = \frac{\text{Distal Coronary Pressure}}{\text{Proximal Coronary Pressure}}$$

(During Maximum Hyperemia)



Clinical practice: endovascular intervention, expensive transducer

# Virtual fractional flow reserve $FFR_{CT}$

- ▶ Hemodynamic simulation based on personalized data:
  - ▶ Computed Tomographic Coronary Angiography (DICOM)

- ▶  $FFR_{CT} = \frac{\bar{P}_{dist}}{\bar{P}_{aortic}}$



# Virtual fractional flow reserve $FFR_{CT}$

- ▶ Hemodynamic simulation based on personalized data:
  - ▶ Computed Tomographic Coronary Angiography (DICOM)
- ▶  $FFR_{CT} = \frac{\bar{P}_{dist}}{\bar{P}_{aortic}}$
- ▶ Advantages of  $FFR_{CT}$ 
  - ▶ non-invasivity
  - ▶ physiological significance of each of multiple lesions
  - ▶ virtual stenting
  - ▶ applicability to any segment of the coronary tree

# Virtual fractional flow reserve from 3D simulations

## 3D Navier-Stokes equations

HeartFlow has gained U.S. Food and Drug Administration (FDA) approval for the use of  $FFR_{CT}$  as a class II Coronary Physiologic Simulation Software Device

Morris P. et al. "Virtual" (Computed) Fractional Flow Reserve: Current Challenges and Limitations. *J Am Coll Cardiol Intv.* 2015, **8** (8)

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Difficulties of  $FFR_{CT}$  evaluation by 3D simulations:

- ▶ boundary conditions for 3D problem
- ▶ simulation time
- ▶ frozen vascular walls (physics?) or FSI (expensive, coefficients?)

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Alternative approach: 1D hemodynamics (1D flows in elastic tubes)

# Hemodynamic equations

## Mass and momentum balance

$$\begin{aligned}\partial S_k / \partial t + \partial (S_k u_k) / \partial x &= 0, \\ \partial u_k / \partial t + \partial (u_k^2 / 2 + p_k / \rho) / \partial x &= -\frac{8\pi\mu u_k}{S_k},\end{aligned}$$

$k$  is index of the tube,  $t$  is the time,  $x$  is the distance along the tube,  $\rho$  is the blood density (constant),  $S_k(t, x)$  is the cross-section area,  $u_k(t, x)$  is the linear velocity averaged over the cross-section,  $p_k(S_k)$  is the blood pressure

S.S.Simakov, A.S.Kholodov. Computational study of oxygen concentration in human blood under low frequency disturbances. *Mathematical Models and Computer Simulations*, 2009 **1** (2)

# Hemodynamic equations

At the vessels junctions continuity of the total pressure and mass conservation

$$p_i(S_i(t, \tilde{x}_i)) + \frac{\rho u_i^2(t, \tilde{x}_i)}{2} = p_j(S_j(t, \tilde{x}_j)) + \frac{\rho u_j^2(t, \tilde{x}_j)}{2},$$

$$\sum_{k=k_1, k_2, \dots, k_M} \varepsilon_k S_k(t, \tilde{x}_k) u_k(t, \tilde{x}_k) = 0,$$

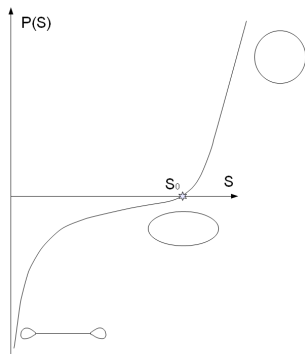
$\varepsilon = 1$ ,  $\tilde{x}_k = L_k$  for incoming tubes,  $\varepsilon = -1$ , and  $\tilde{x}_k = 0$  for outgoing tubes

S.S.Simakov, A.S.Kholodov. Computational study of oxygen concentration in human blood under low frequency disturbances. *Mathematical Models and Computer Simulations*, 2009 **1** (2)

# Hemodynamic equations

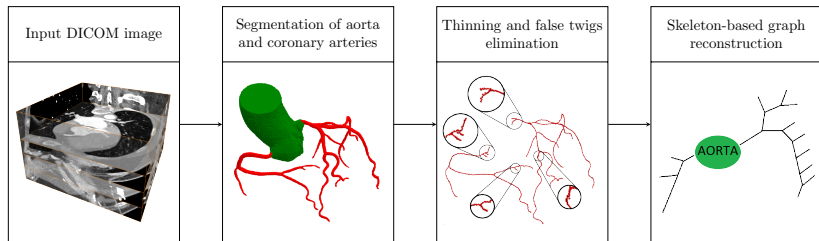
Elasticity of the tube wall:

$$p_k(S_k) - p_{*k} = \rho c_k^2 f(S_k)$$



Vassilevski Yu., Salamatova V., Simakov S. On the elasticity of blood vessels in one-dimensional problems of hemodynamics. J. Computational Mathematics and Mathematical Physics, V.55, No.9, p.1567-1578, 2015.

# Automatic segmentation and skeletonization

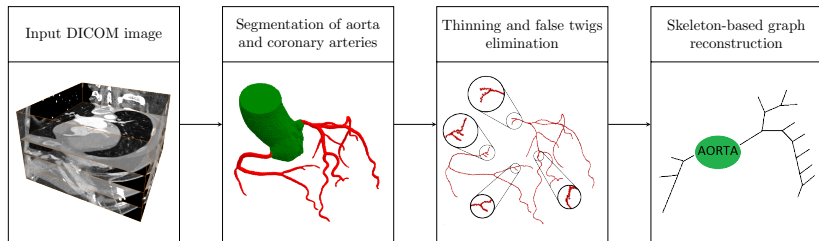


## Overview of pipeline for automatic network reconstruction

A. Danilov, et al. Methods of graph network reconstruction in personalized medicine. IJNMBE, 2016



# Automatic segmentation and skeletonization



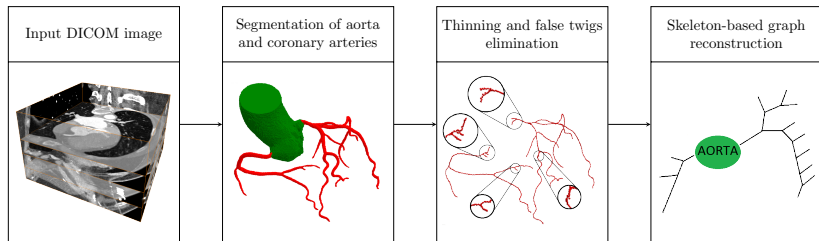
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### Aorta segmentation by isoperimetric distance trees

L. Grady. Fast, quality, segmentation of large volumes – Isoperimetric distance trees. ECCV, 2006.

# Automatic segmentation and skeletonization



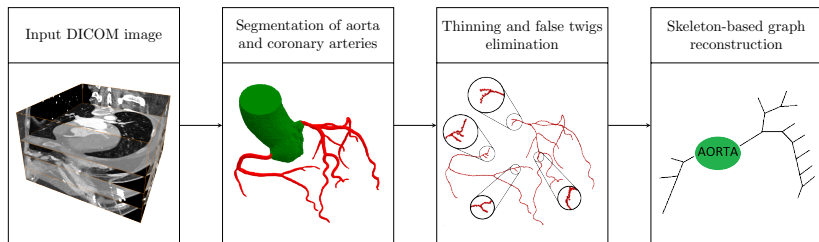
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Frangi vesselness filter generates bigger values inside bright tubular structures

A. Frangi, W. Niessen, K. Vincken, and M. Viergever. Multiscale vessel enhancement filtering. MICCAI, 1998.

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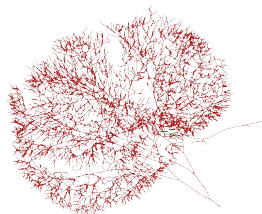
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Skeletonization produces vascular 1D computational network

C. Pudney. Distance-ordered homotopic thinning: A skeletonization algorithm for 3D digital images. CVIU, 1998.

# Skeletonization efficiency



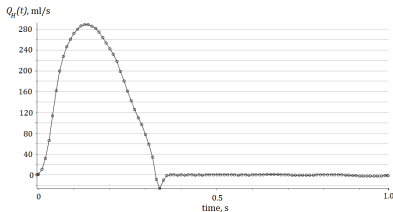
Skeletons of a coronary tree and of a micro-CT of vascular corrosion cast of rabbit kidney provided by J. Alastruey, Department of Bioengineering, King's College London, UK

	Case 1	Rabbit kidney
Resolution	$512 \times 512 \times 248$	$2000 \times 1989 \times 910$
Distance map	0.20 sec	58.12 sec
Thinning	0.79 sec	526.98 sec
False twigs cleaning	0.15 sec	16.61 sec
Graph construction	0.13 sec	12.27 sec
Skeleton segments	22	4302

# Coronary hemodynamics in silico

T.Gamilov, Ph.Kopylov, R.Pryamonosov, S.Simakov. Virtual Fractional Flow Reserve Assessment in Patient-Specific Coronary Networks by 1D Hemodynamic Model. *Russ. J. Numer. Anal. Math. Modelling*, 2015 **30** (5)

- ▶ On arterial entry unsteady flux (1Hz, 65ml) is scaled to HR and systolic/diastolic pressures, venous pressure (12 mmHg) is given



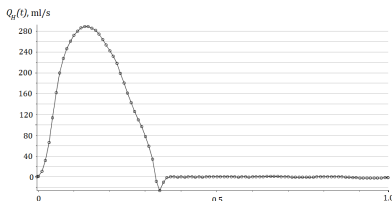
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- ▶ On arterial entry unsteady flux (1Hz, 65ml) is scaled to HR and systolic/diastolic pressures, venous pressure (12 mmHg) is given
- ▶ Compression of arteries during systola by myocard:

$$p_{*k} = P_{ext}^{cor}(t), R_k^{syst} = 3R_k^{diast}$$



$P_{ext}^{cor}$  is normalised by the ventricular pressure

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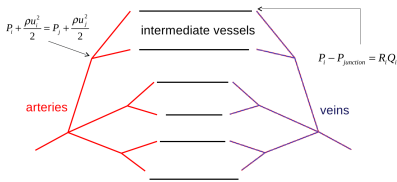
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- ▶ Resistance of microcirculation

$$p_k(S_k(t, \tilde{x}_k)) - p_{veins} = R_k S_k(t, \tilde{x}_k) u_k(t, \tilde{x}_k)$$



Systole: 1)  $P^{ext}(t, x)$  to intermediate vessels  
2) increased resistance of intermediate vessels

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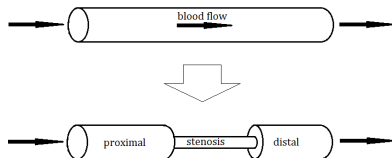
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- ▶  $c_k$  and  $R_k$  are chosen to agree with literature

- ▶ Stenosis with fraction  $\alpha$ :  $S_0^{st} = (1 - \alpha)S_0$



# Computation of virtual fractional flow reserve

Patient 1



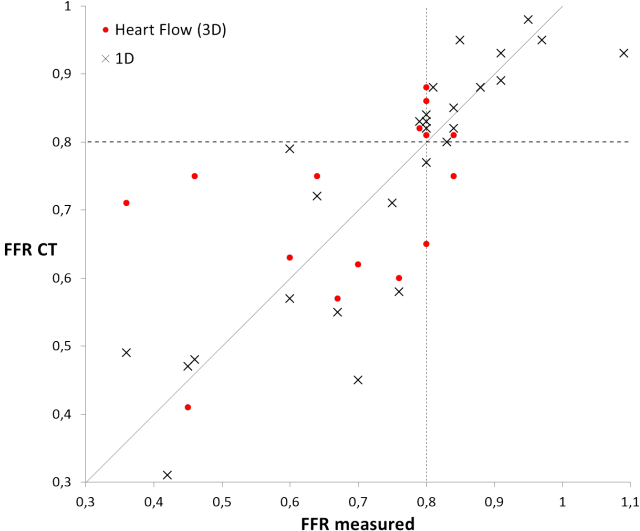
Patient 2



reconstructed arterial part based on two anonymous patient-specific data sets

T.Gamilov, Ph.Kopylov, R.Pryamonosov, S.Simakov. Virtual Fractional Flow Reserve Assessment in Patient-Specific Coronary Networks by 1D Hemodynamic Model. *Russ. J. Numer. Anal. Math. Modelling*, 2015 **30** (5)

# Computation of virtual fractional flow reserve



Non-invasive coronary CT angiography-derived fractional flow reserve (FFR): A benchmark study comparing the diagnostic performance of four different computational methodologies. *Int.J.Num.Meth.Biomed.Engng.*2019;e3235.



# Open issues

- ▶ Intensive validation for  
1D  $\text{FFR}_{CT} \leftrightarrow \text{FFR}$

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- ▶ Concept of FFR for multiple stenoses



# FFR<sub>CT</sub> within Multivox toolbox

Medical computer systems, Lomonosov Moscow State Univ.

The screenshot displays the Multivox software interface for FFR<sub>CT</sub> analysis. The main window is divided into several panels:

- Top Menu:** Режим, Файл, База данных, Правка, Просмотр, Преобразование интенсивности, Измерения, Преобразование геометрии, Инструменты, Параметры.
- Left Panel (Visualisation):** Includes a 'Реализм' (Realistic) rendering style, lighting controls, and a '3D Сегментация' (3D Segmentation) section with 'Отрезать' (Cut) and 'Выделение объектов' (Object Selection) options.
- Top Left Panel (Patient Info):** ANON, AN: 1, ID: 1, пол: жен, 13.03.2017 [21:59:36], HEART [CT].
- Top Center Panel (3D Model):** Shows a 3D reconstruction of the coronary arteries with a green cylinder representing a stenosis. A small human figure is visible for scale.
- Top Right Panel (Analysis):** 'Анализ сосуда' (Vessel Analysis) window showing cross-sectional views of the vessel with a yellow line indicating the stenosis. It includes a 'Масштаб' (Scale) control set to 0,0.
- Bottom Left Panel (Object Management):** 'Несортированные изображения' (Unsorted Images) section for 'ANON/CT (01.01.1900)'. It includes a 'Менеджер объектов' (Object Manager) with 'Vessel\_1' and 'Удалить' (Delete) options.
- Bottom Center Panel (Measurements):** 'CaScoreCirculation\_CB' results: W=800 L=200, 96%. 'ANON/CT (01.01.1900)' details: Номер: 6, РН: 82,31, CaScoreCirculation, n\_CS: 0,75, SD: 63%, Cr: 0,53, Калибр: 248.
- Bottom Right Panel (Measurements & Lists):** 'Измерения' (Measurements) section showing C=6,03 mm<sup>2</sup>, R=8,19 mm<sup>2</sup>, R=5,34 mm<sup>2</sup>, A%=89,08%, L=321 mm. Below it is a 'Пороги детектора' (Detector Thresholds) section with 'Мин' (Min) at 160 and 'Макс' (Max) at 650. A 'Редактирование' (Editing) list shows 'left vessel: 3' through 'left vessel: 8', with 'left vessel: 8' selected.

# Conclusion

- ▶ Fractional flow reserve for indication to surgical intervention
- ▶ Automatic coronary graph reconstruction
- ▶ Virtual  $FFR_{CT}$  estimate can be automated
- ▶ The next steps are preclinical and clinical studies

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This work was supported by grants of the Russian Science Foundation and the Russian Foundation for Basic Research

**Thank you for your attention!**