



Drug-induced effects on the heart: insights from HPC simulations

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Acknowledgements

Esther Pueyo, Lucia Romero, Alberto Corrias, Martin Fink,
David Gavaghan, Kevin Burrage

Chaste Team: Joe Pitt-Francis, Miguel Bernabeu among
others: www.comlab.ox.ac.uk/chaste/theteam)

Image processing and Mesh generation: Vicente Grau,
Martin Bishop, Gernot Plank

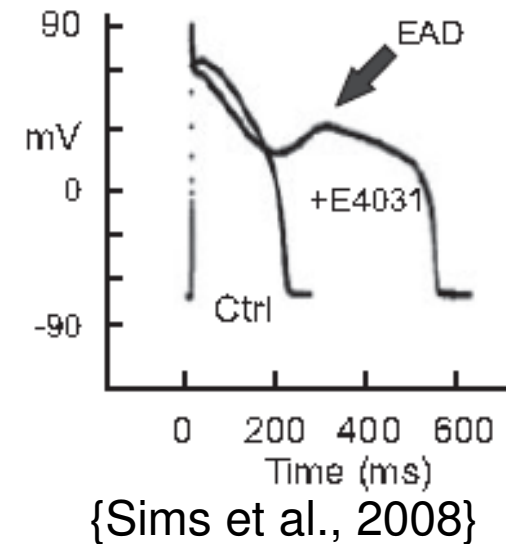


The Problem

£200 million, 13 years → Drug market approval (DiMasi et al., 2003).

Cardiotoxicity: unwanted side effects that can result in arrhythmia

Torsades de Pointes

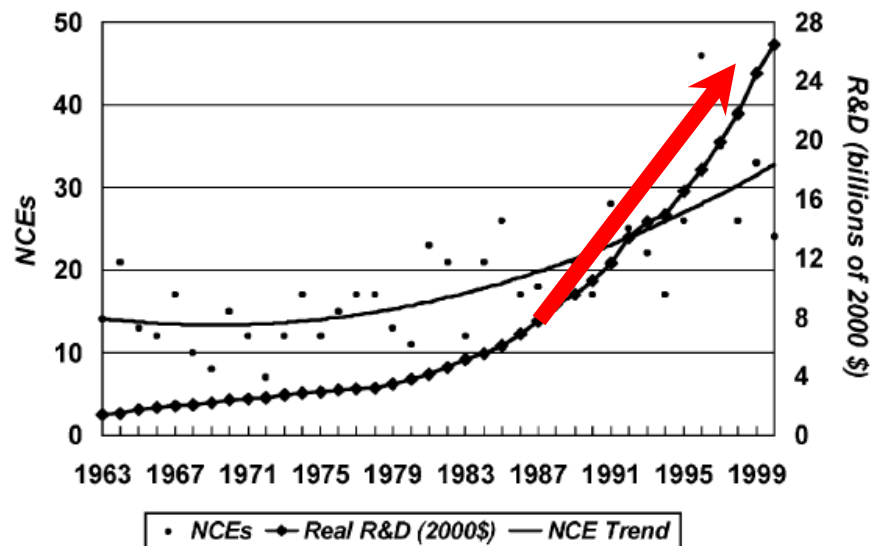


The Methods

Drugs that induce arrhythmias prolong APD and QT interval

Preclinical assessment of drug cardiotoxicity

Recordings of the HERG current (I_{Kr})
Action potential duration (at 1Hz)
In vivo QT interval

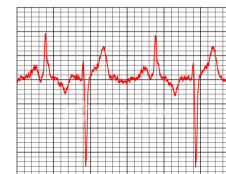
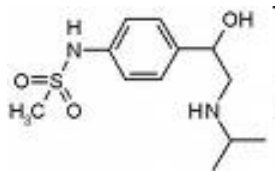


Something is not working...

The preDiCT project (EU VPH)

AIM

To identify **new biomarkers of drug-induced cardiotoxicity** using computational techniques



PARTNERS

Academic: University of Oxford, Universidad Politecnica de Valencia, CRS4 in Sardinia, University of Szeged

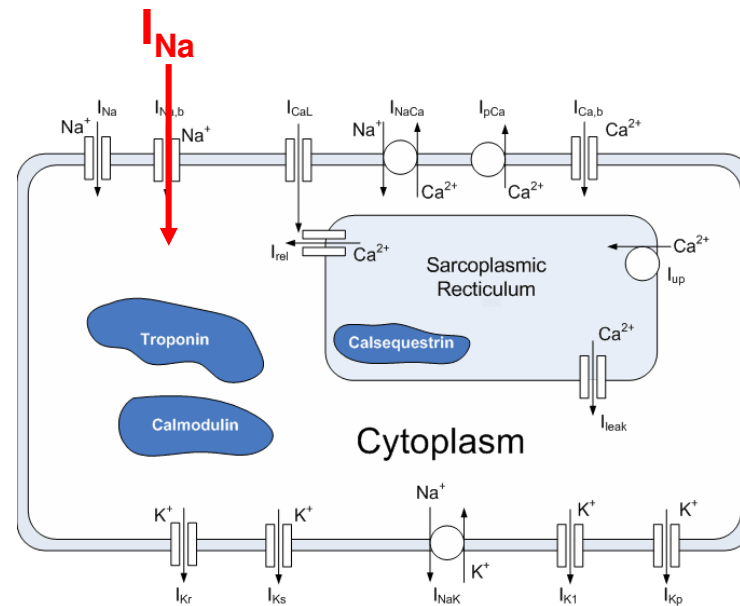
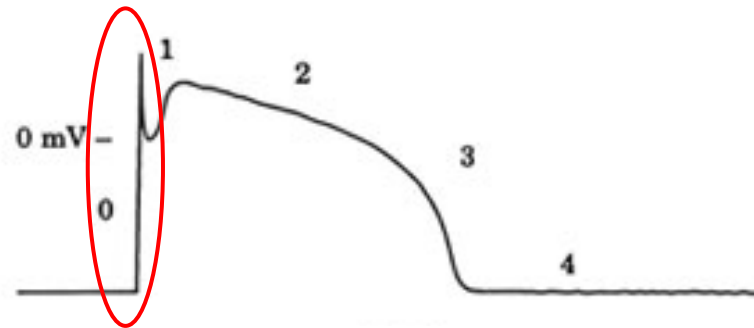
Industrial: Fujitsu, Aureus, GSK, Novartis, Roche, Pfizer, AstraZeneca



<http://www.vph-predict.eu>

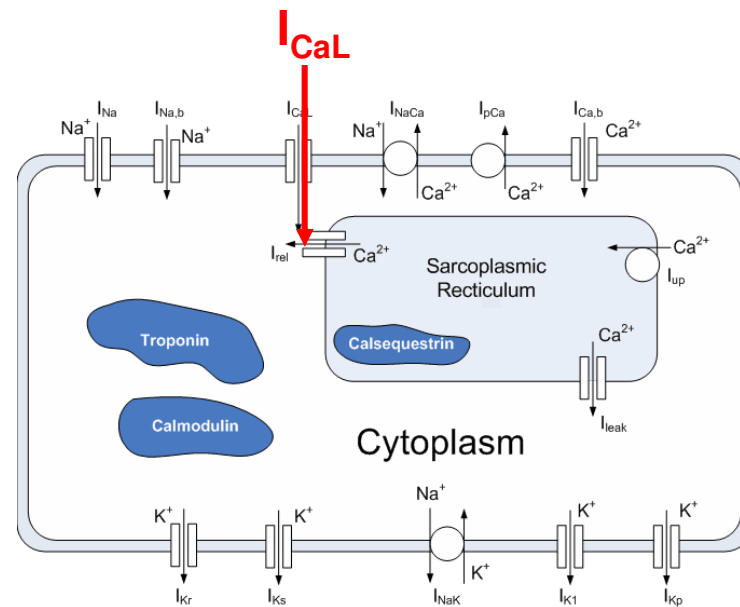
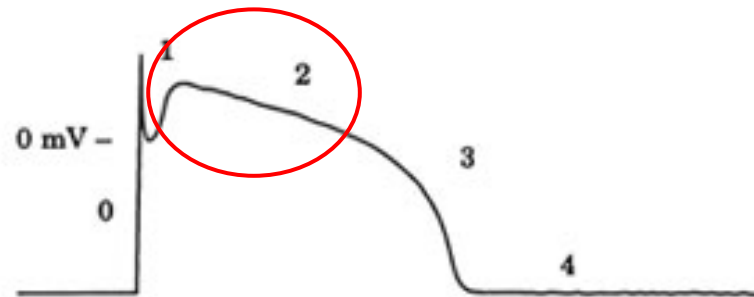
Action Potential

Action Potential



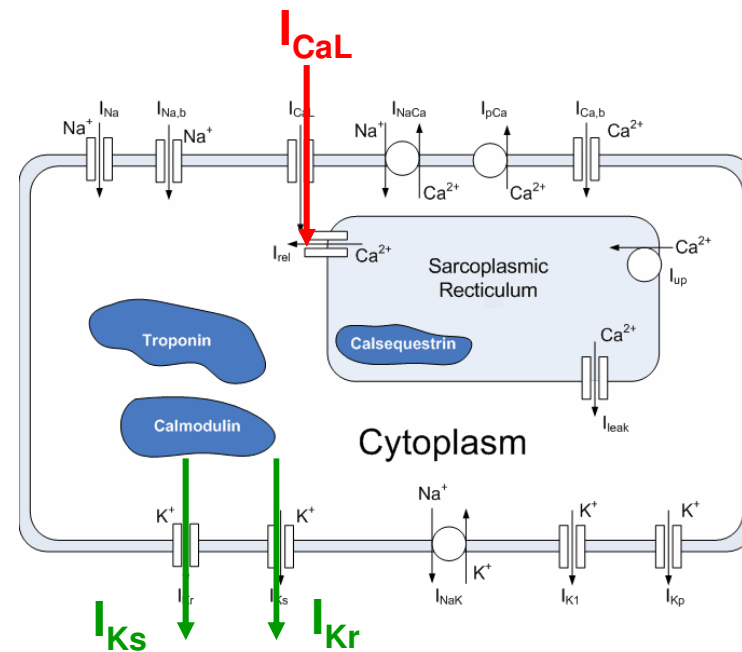
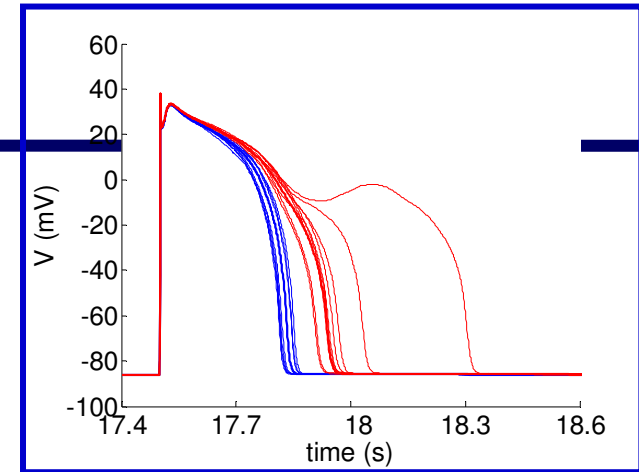
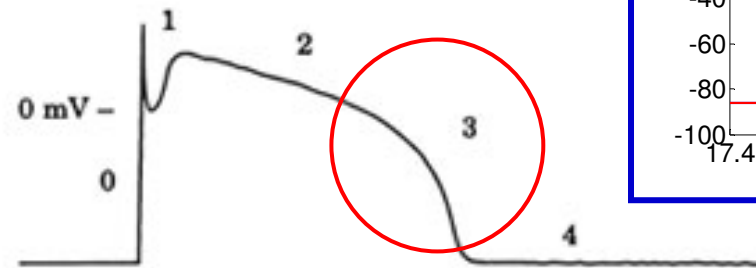
Action Potential

Action Potential

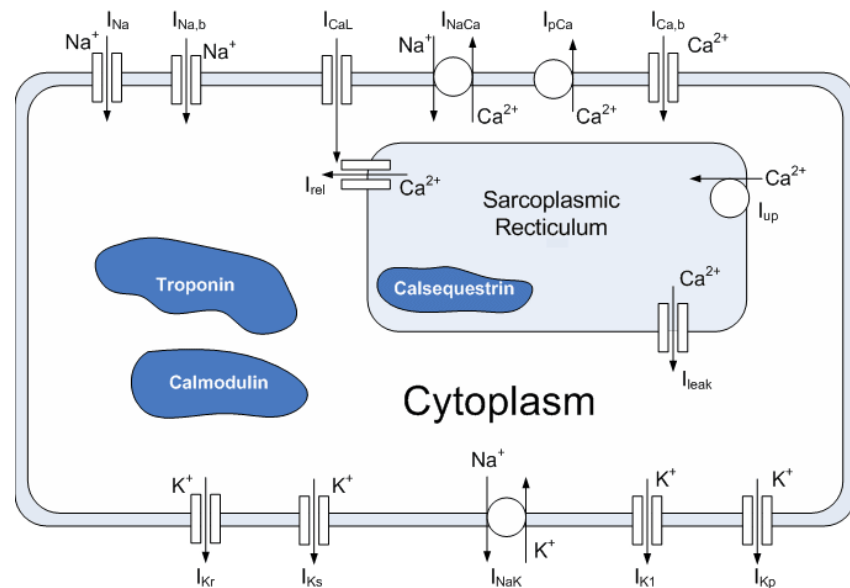


Action Potential

Action Potential



Ten Tusscher Human Ventricular AP Model



Based on **human** data

“**Average**” human cell **behaviour**

Variability due to age, sex, location

How does variability in ionic current properties affect

APD?

± 30% changes in properties of I_{Kr} , I_{Ks} , I_{K1} , I_{CaL} , I_{NaCa} , I_{NaK} :

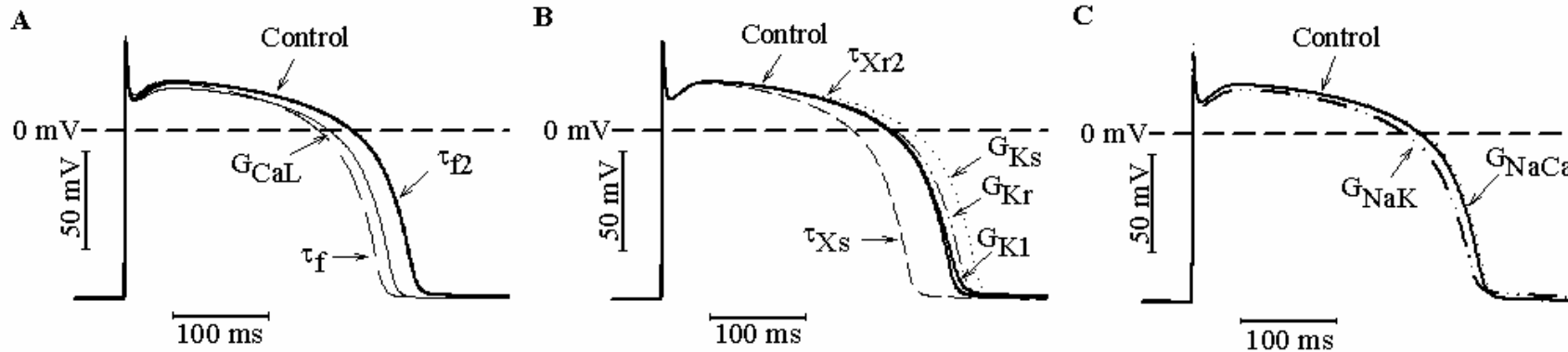
- maximum conductance (g)
- time constant of inactivation (τ)



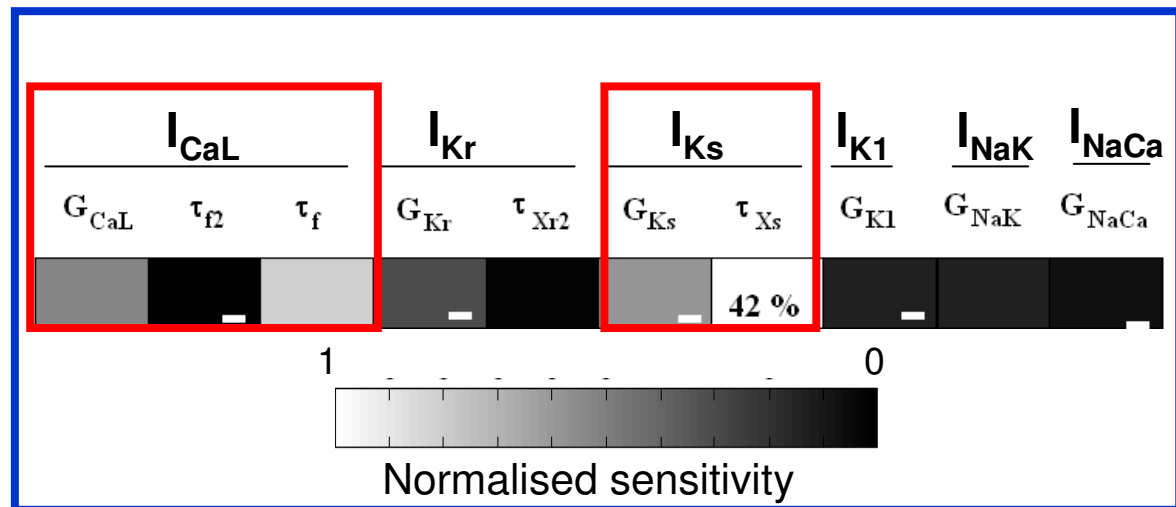
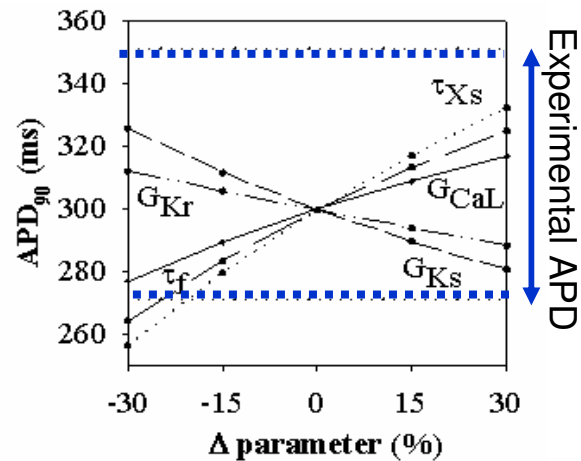
{Ten Tusscher and Panfilov, 2006}

<http://www.cellml.org/>

Ionic Basis of Repolarization

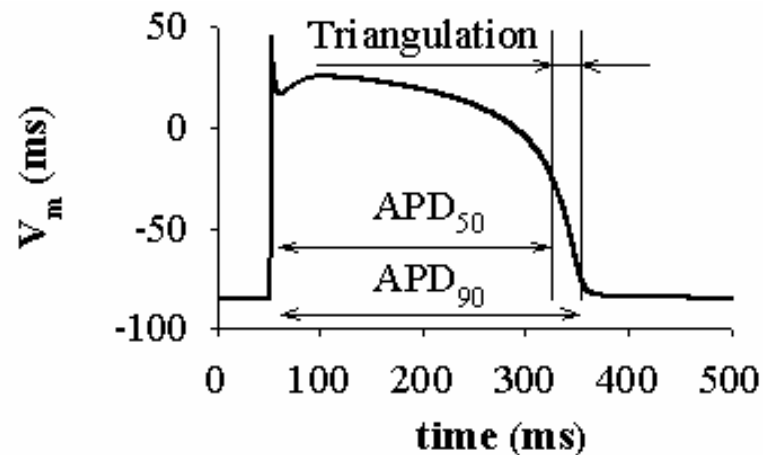


APD sensitivity to $\pm 30\%$ changes

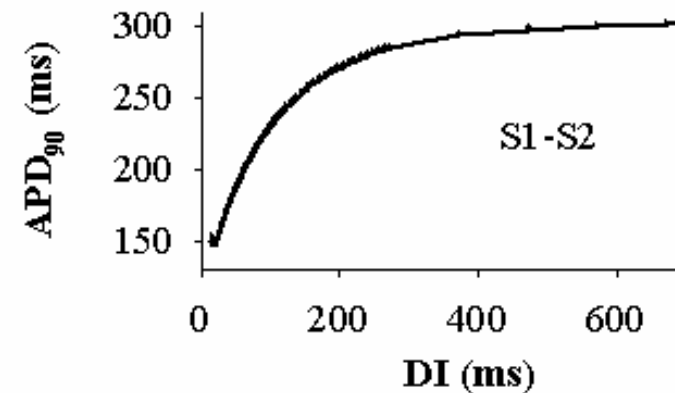


Preclinical Biomarkers

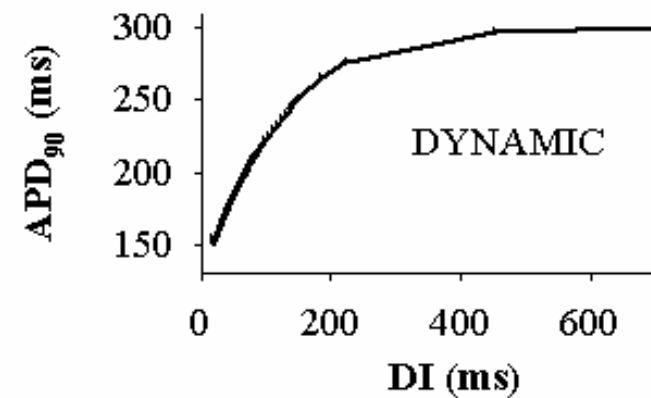
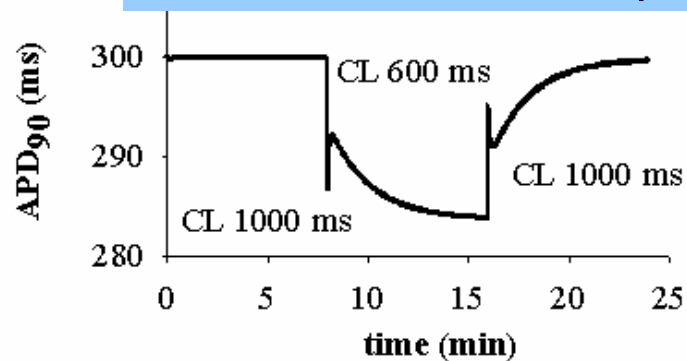
Action Potential at 1Hz



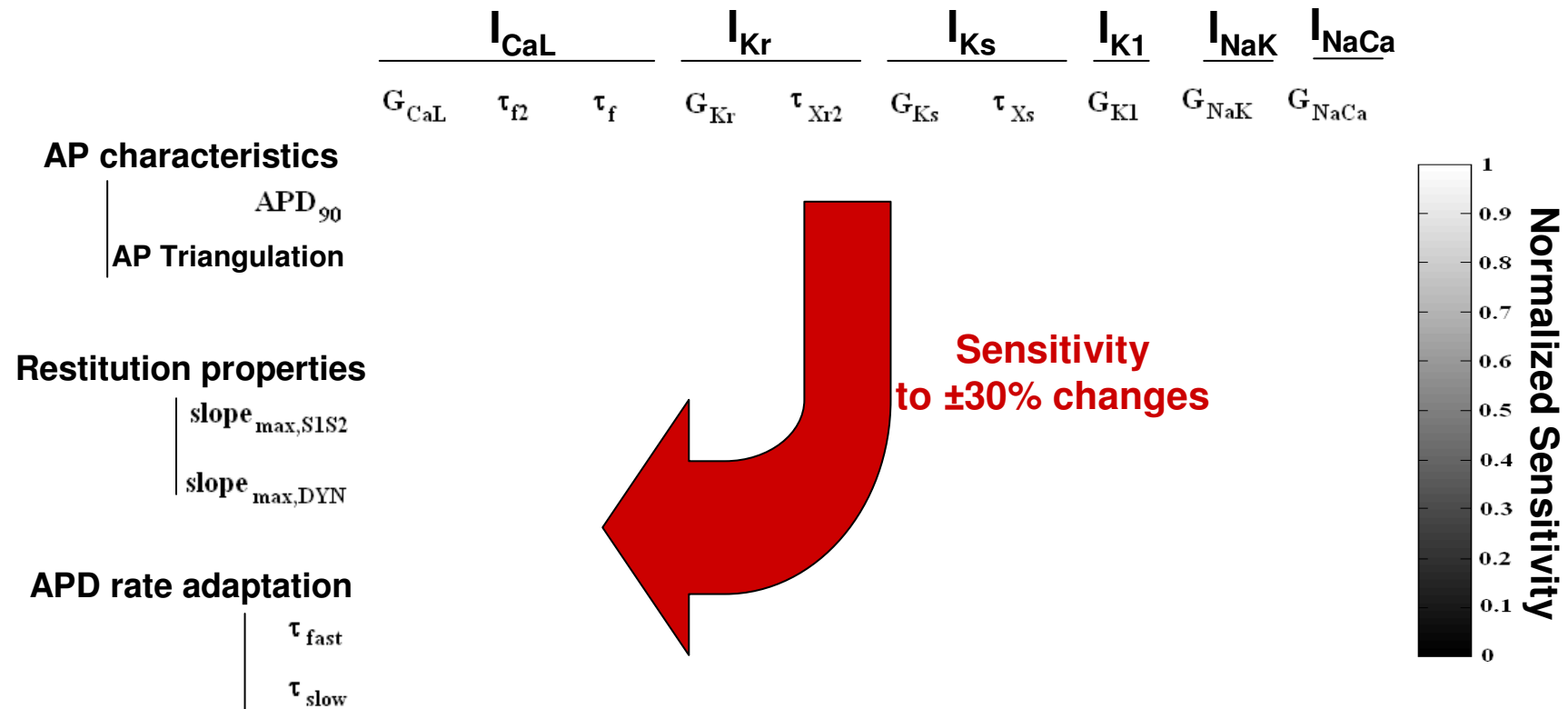
APD vs Heart Rate



APD Heart Rate Adaptation

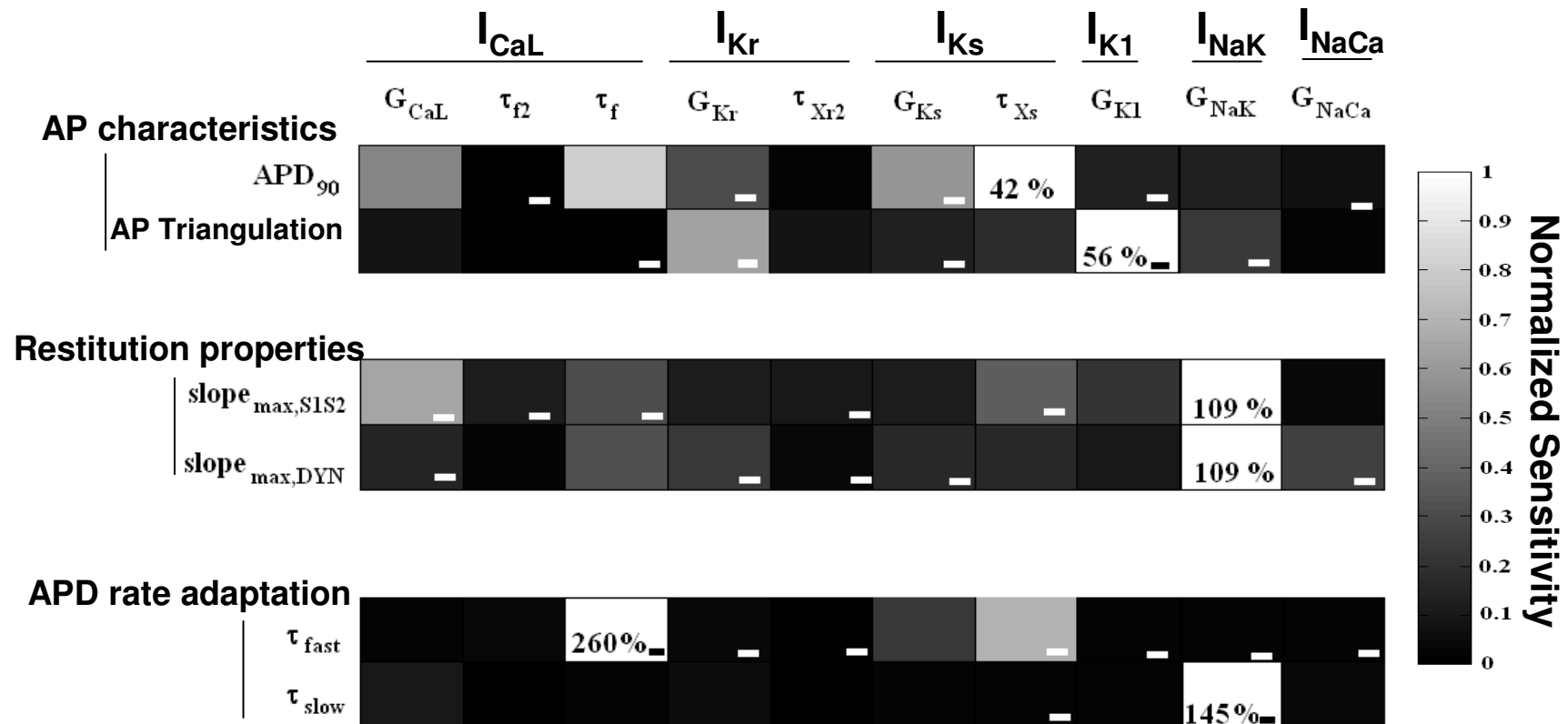


Ionic Basis of Preclinical Biomarkers



{Romero L, Pueyo E, Fink M, Rodriguez B, Am J Physiol, under review}

Ionic Basis of Preclinical Biomarkers



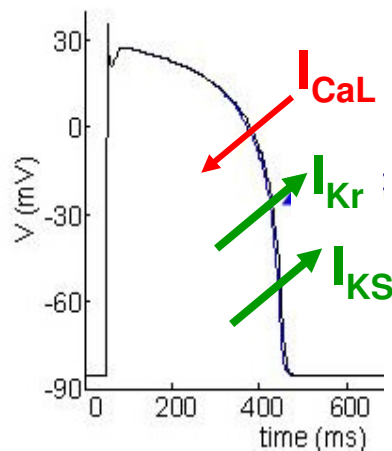
Repolarization reserve

Pro-arrhythmic drugs block I_{Kr} and prolong APD and QT

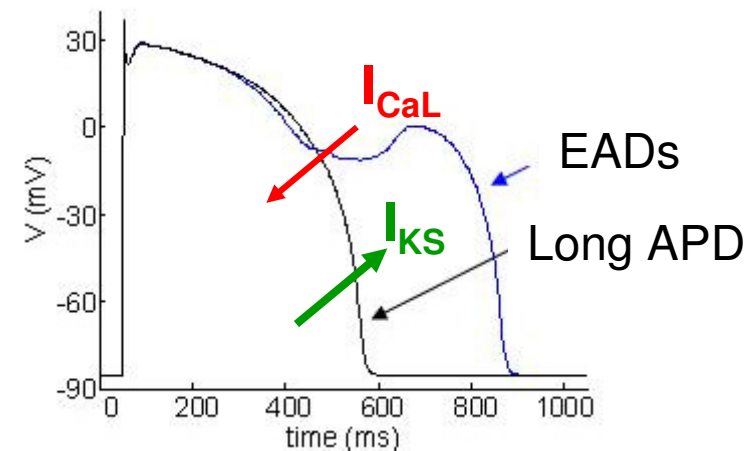
I_{Kr} block causes Torsades de Pointes

but not always...

then when?



I_{Kr} block

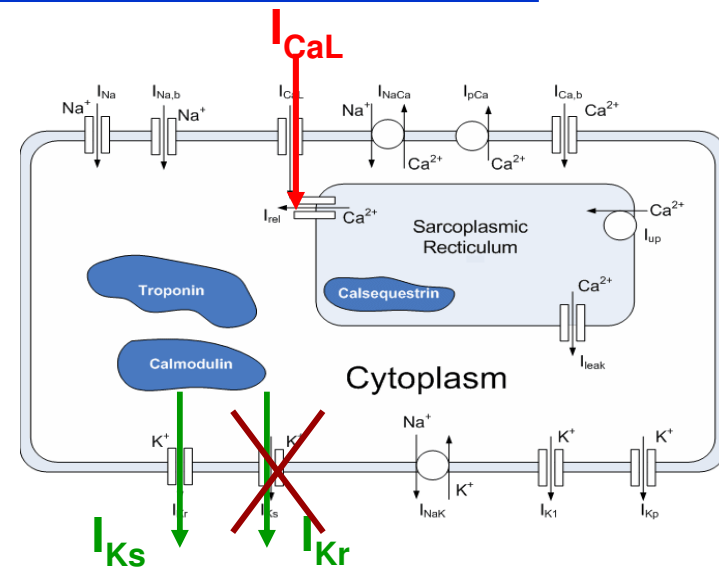
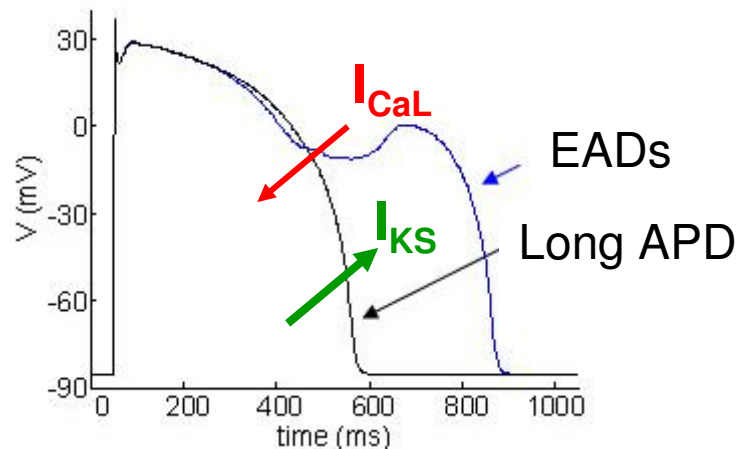


{Pueyo E, Corrias A, Gavaghan D, Burrage K, Rodriguez B, Heart Rhythm, 2009}

Repolarization Reserve

APD sensitivity to $\pm 30\%$ changes

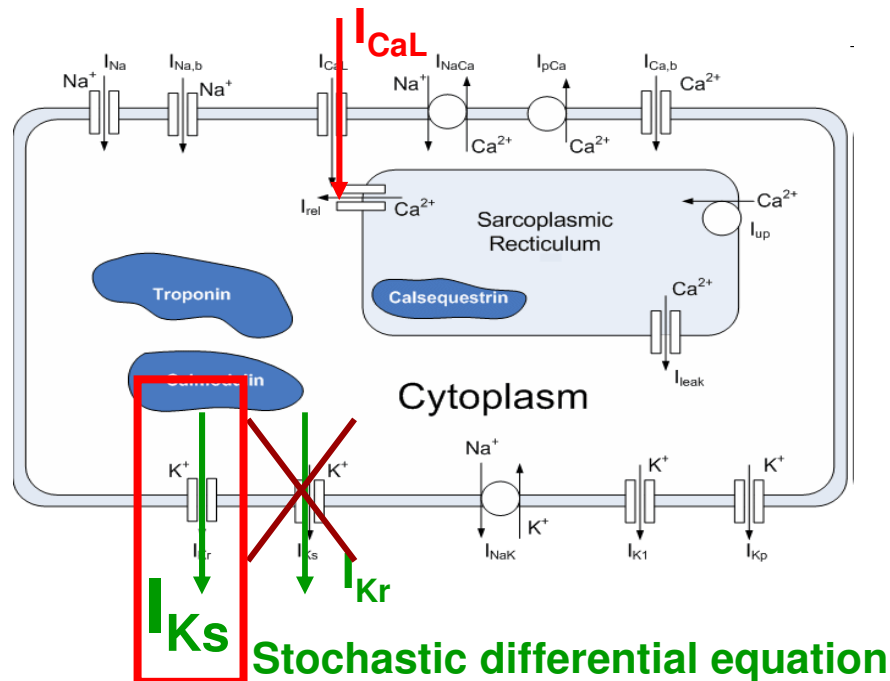
I_{CaL}			I_{Kr}		I_{Ks}		I_{K1}	I_{NaK}	I_{NaCa}
G_{CaL}	τ_{f2}	τ_f	G_{Kr}	τ_{Xr2}	G_{Ks}	τ_{Xs}	G_{K1}	G_{NaK}	G_{NaCa}
						42 %			



What is the role of I_{Ks} and I_{CaL} in repolarization reserve?

IKs stochastic behavior

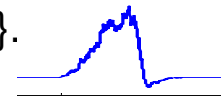
Human ventricular model



I_{Ks} variability

varies with location in the ventricles
(↓midmyocardial cells → long APD)

- increases during 24h exposure to I_{Kr} blocker {Xiao et al., 2008}
- Small number of channels → **ion channel stochastic behaviour** manifests itself at macroscopic ionic current level {Krogh-Madsen, 2004}.

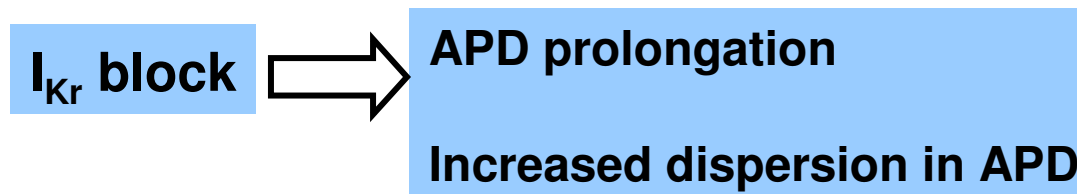
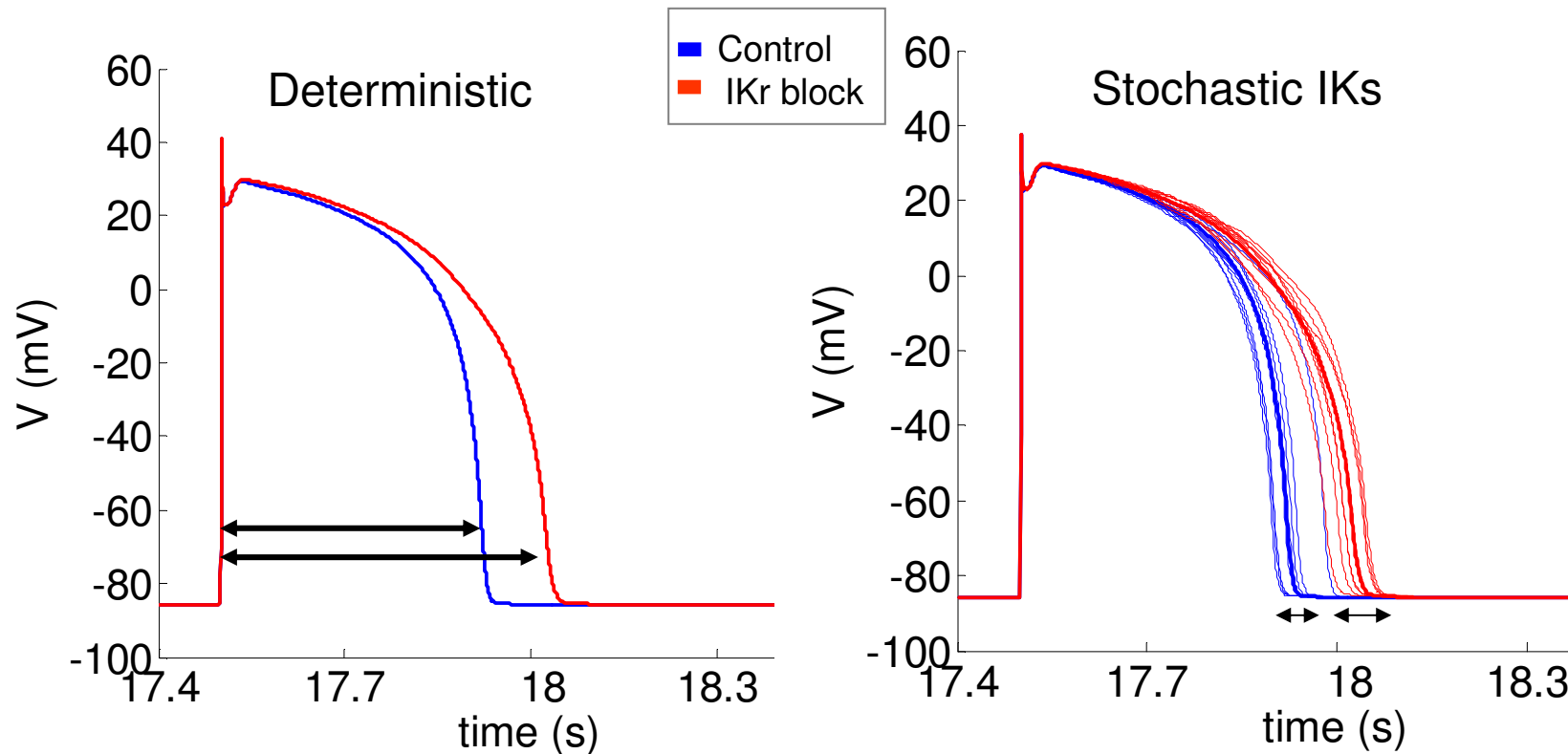


How does **noise** in I_{Ks} kinetics due to ion channel **stochastic behaviour** affect **repolarization reserve**?

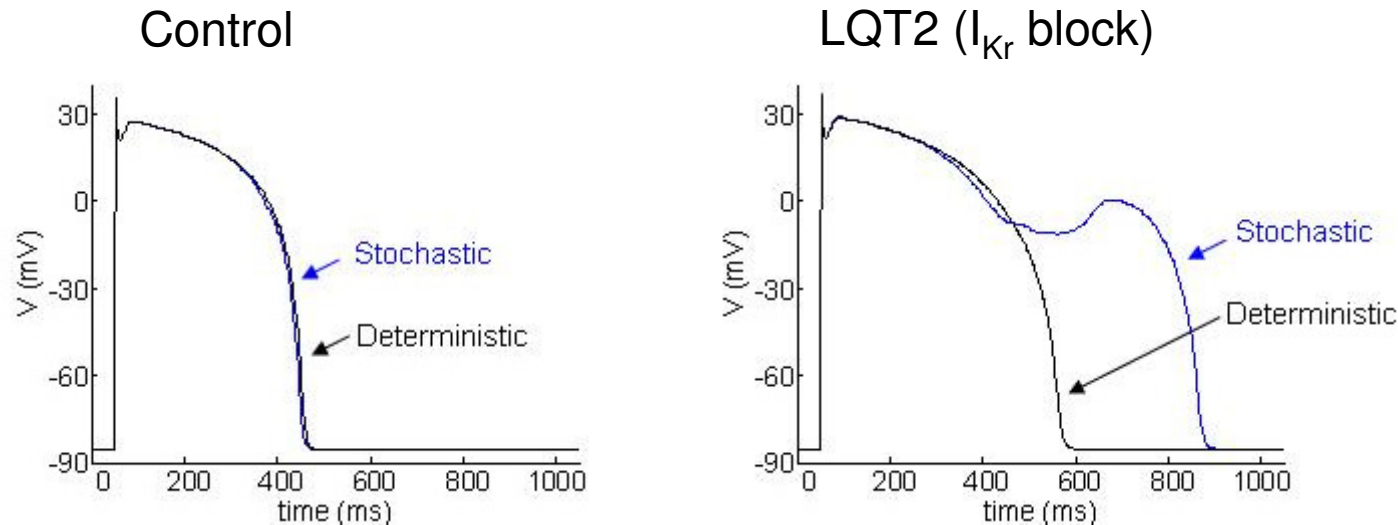


{Pueyo E, Corrias A, Gavaghan D, Burrage K, Rodriguez B, Heart Rhythm, 2009}

I_{Kr} Block and I_{Ks} stochastic properties



I_{Kr} Block and I_{Ks} stochastic properties

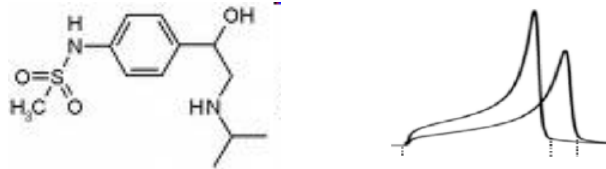


I_K s stochastic behaviour might contribute to arrhythmogenesis in LQT2 due to:

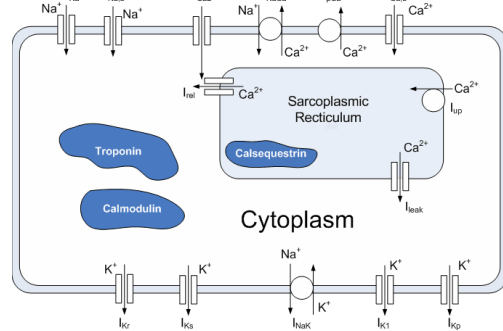
- EADs generation (probability=0.2)
- Increased dispersion of APD

Multi-scale Modelling of Drug-induced Effects

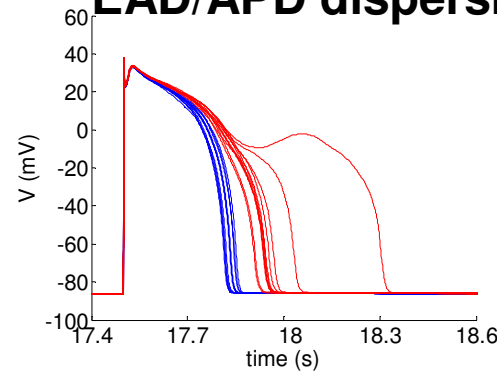
Drug/Ion Channel model



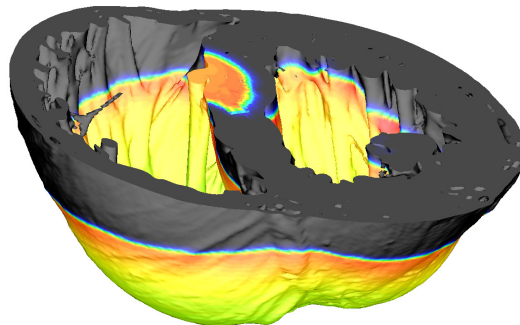
Cellular AP model



EAD/APD dispersion



Ventricular model

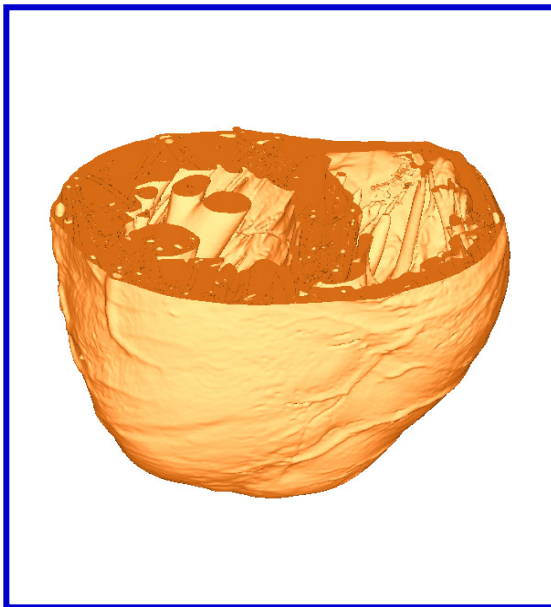


Torsades de Pointes



Challenges

Ventricular geometry



Chaste simulator

Bidomain equations

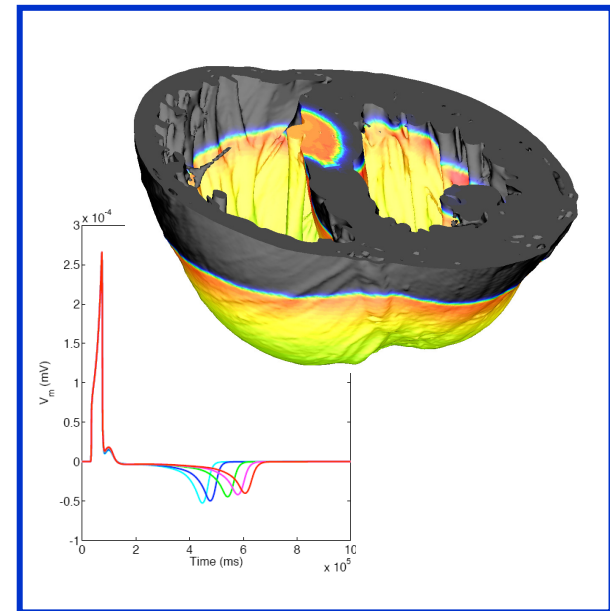
2 PDEs

$$\nabla \cdot (\sigma_i \nabla \Phi_i) = I_m + I_{stim,i}$$

$$\nabla \cdot (\sigma_e \nabla \Phi_e) = -I_m - I_{stim,e}$$

20 ODEs

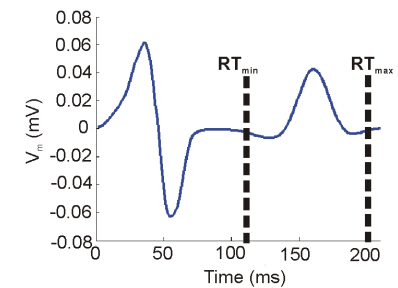
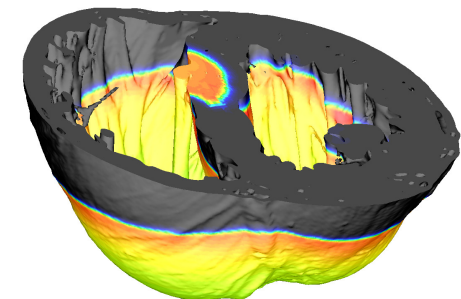
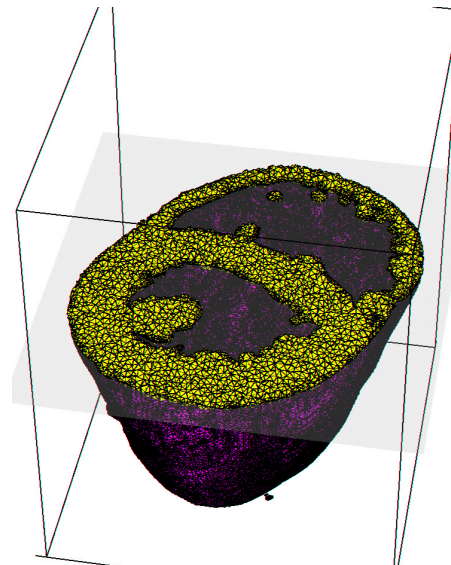
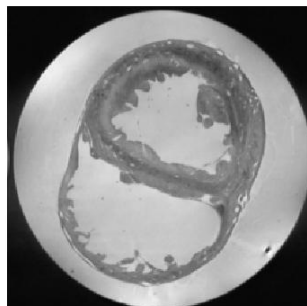
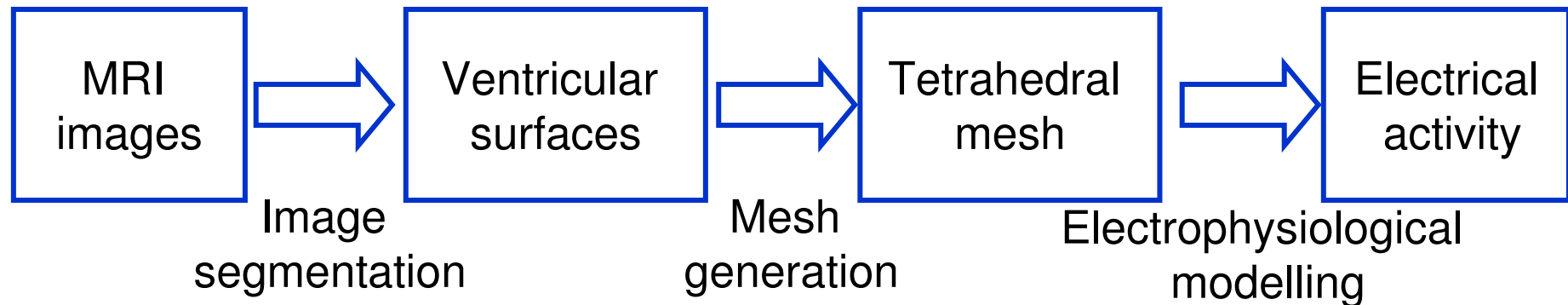
Modelling & Simulation



New Biomarkers for Drug Cardiotoxicity



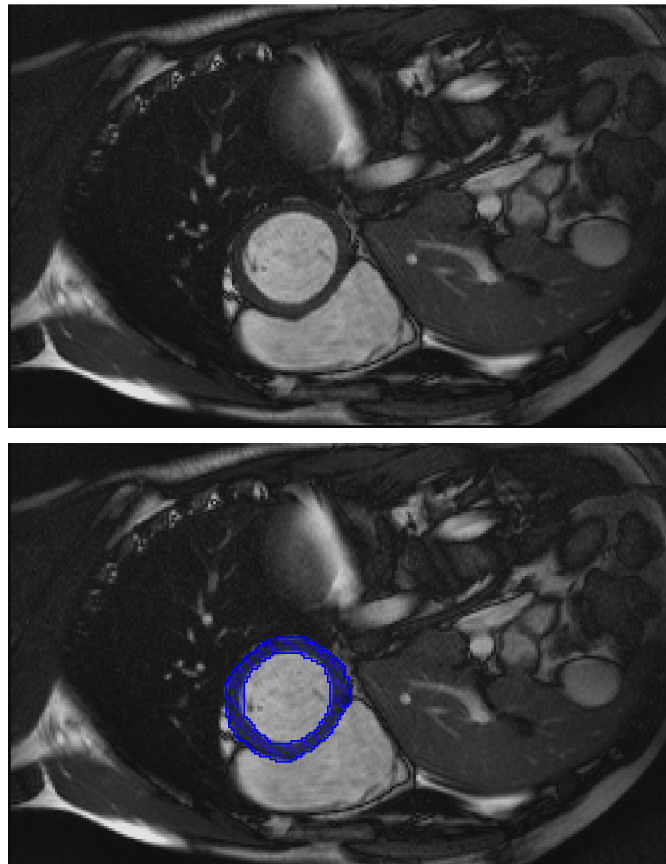
From MRI Images to Cardiac Models



{Plotkowiak, Rodriguez, Plank, Scheneider, Gavaghan, Kohl, Grau. LNCS, 2008}

From Clinical MRI to Human Models

Short Axis Slices



{Images courtesy of Matthew Robson}

Volume reconstruction
using Short axis MRI



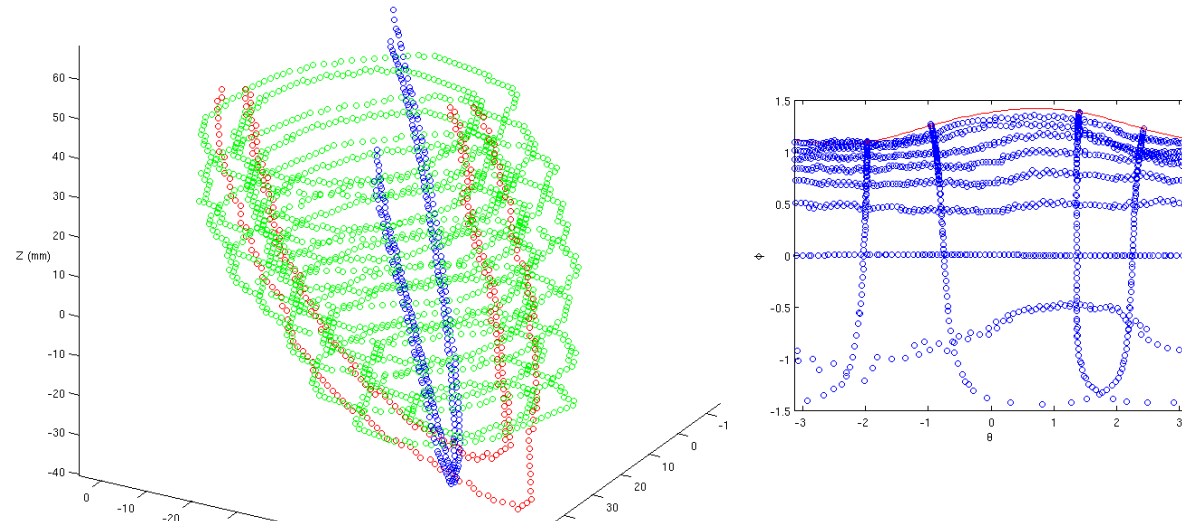
Resolution: 1mm intraslice; 1cm interslice



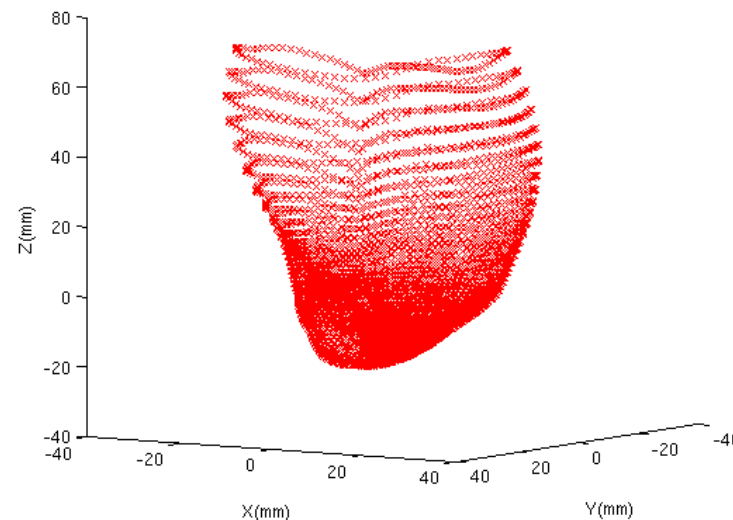
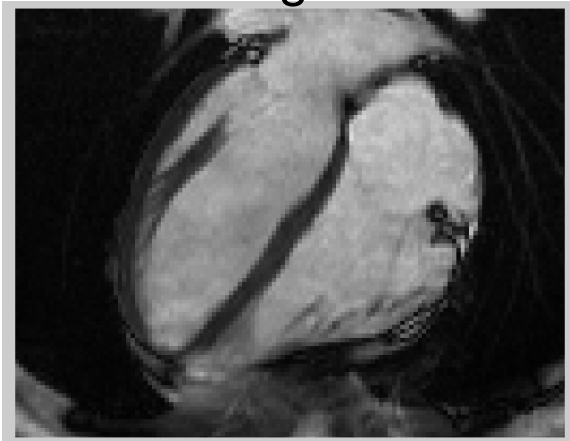
{Phil Prior, Blanca Rodriguez, Vicente Grau. Computers in Cardiology, 2009}

From Clinical MRI to Human Models

Short axis

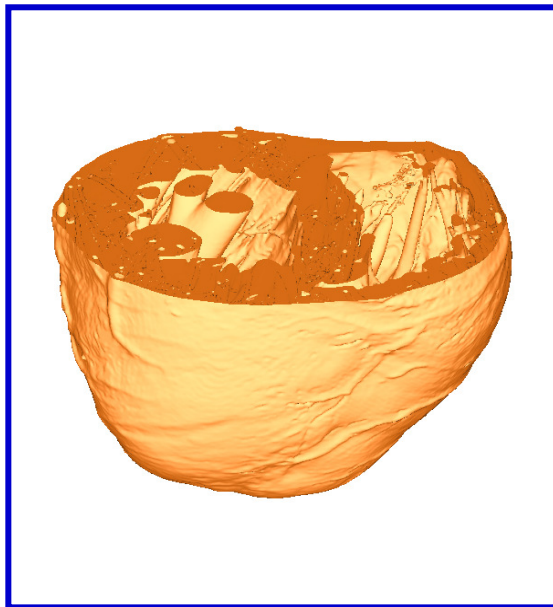


Long axis



Challenges

Ventricular geometry



Chaste simulator

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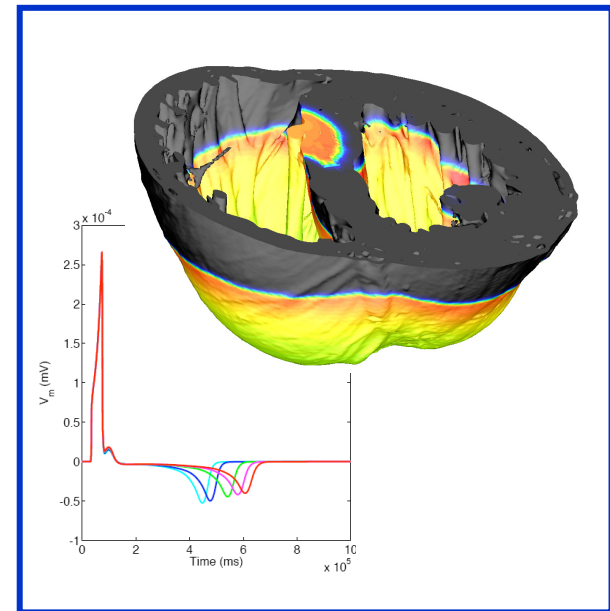
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20 ODEs

Modelling & Simulation



New Biomarkers for Drug Cardiotoxicity



The Chaste project

Cancer **Heart** and Soft-Tissue Software Environment

Features:

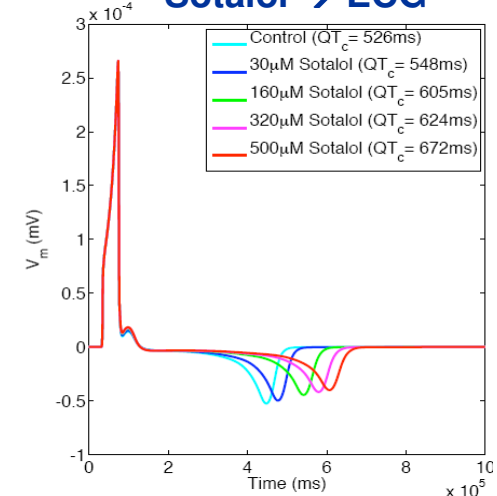
- Cardiac electrophysiology simulator (monodomain/bidomain)
- Open source (www.comlab.ox.ac.uk/chaste)
- Professional software engineering methods (Xtreme programming)
- State-of-the-art FEM solutions
- Maximum efficiency on HPC platforms
- Easy integration of cell models using CellML with PyCML
- XML for input definition

Contributors:

University of Oxford
Fujitsu Laboratories Europe
CSR4



Sotalol → ECG

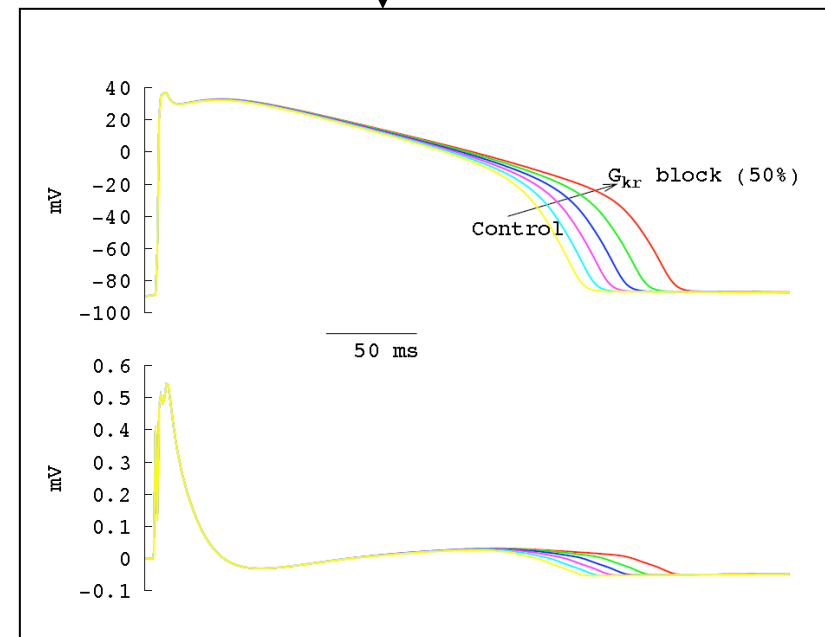
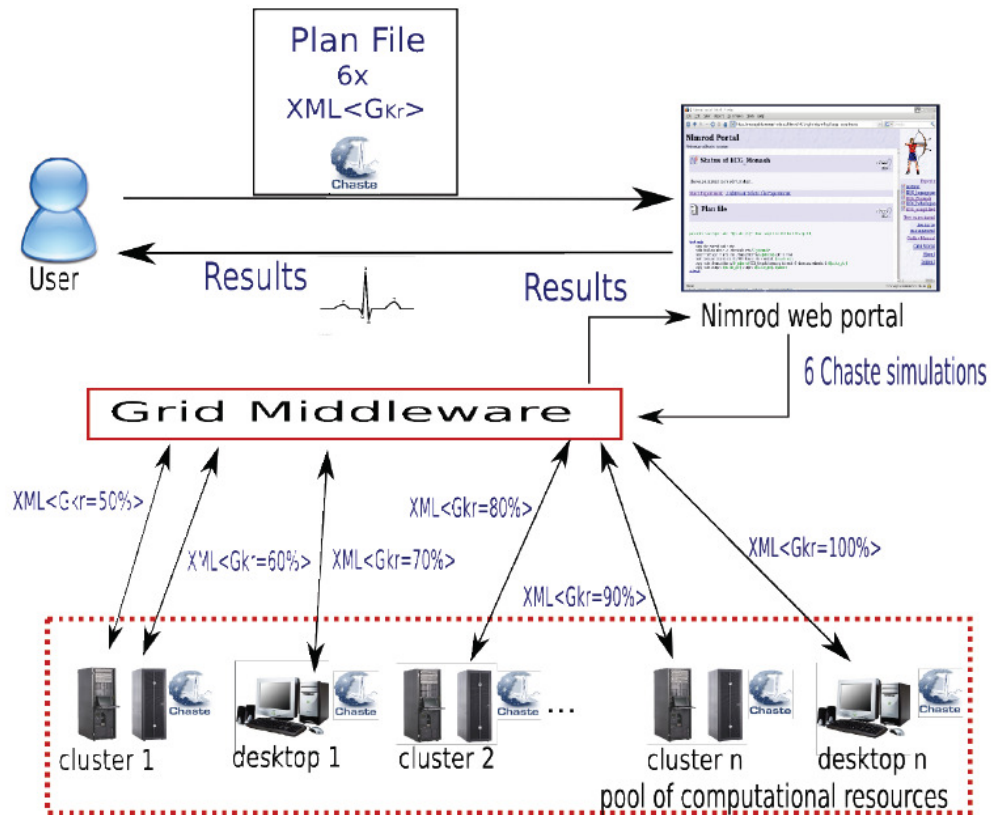


{Brennan, Fink,
Rodriguez, EJPS, 2009}



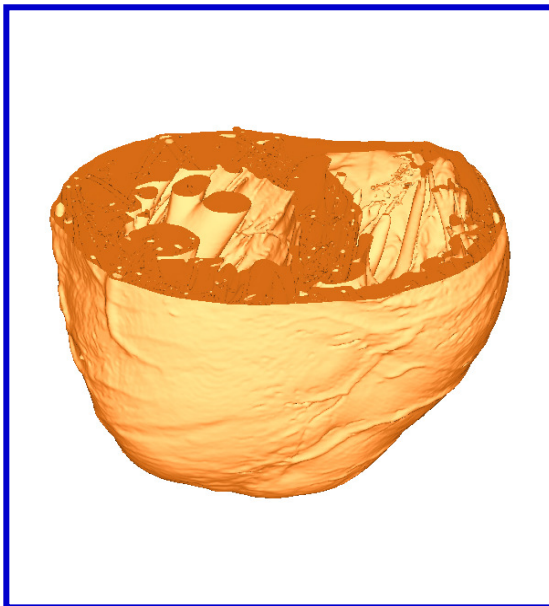
(www.comlab.ox.ac.uk/chaste_workshop_2009)

Nimrod and Chaste



Summary

Ventricular geometry



Chaste simulator

Bidomain equations

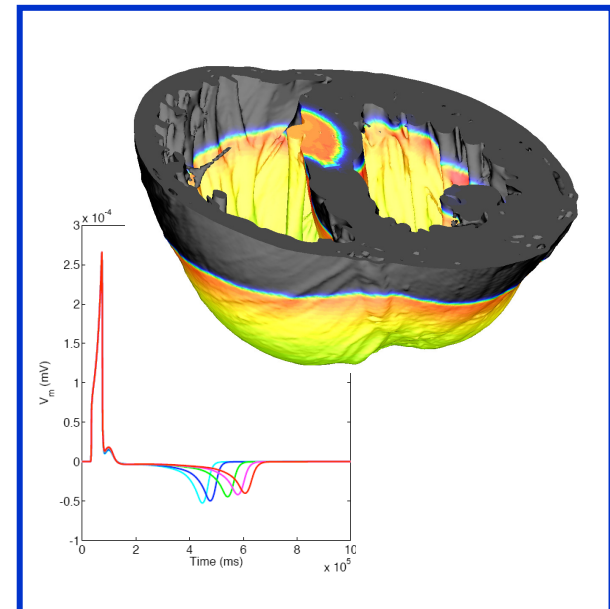
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