

CHIC

The Computational Horizons in Cancer (CHIC) [1] project addresses the challenge of **personalised clinical decision support** for **cancer** treatment, based on the integration of multi-modality, multi-scale data. Computational models are developed for this purpose, as well as a secure infrastructure for data and model access, and reuse. CHIC focuses on selected clinical scenarios: **Nephroblastoma, Glioblastoma, Non-Small-Cell Lung Cancer** and **Prostate Cancer**.

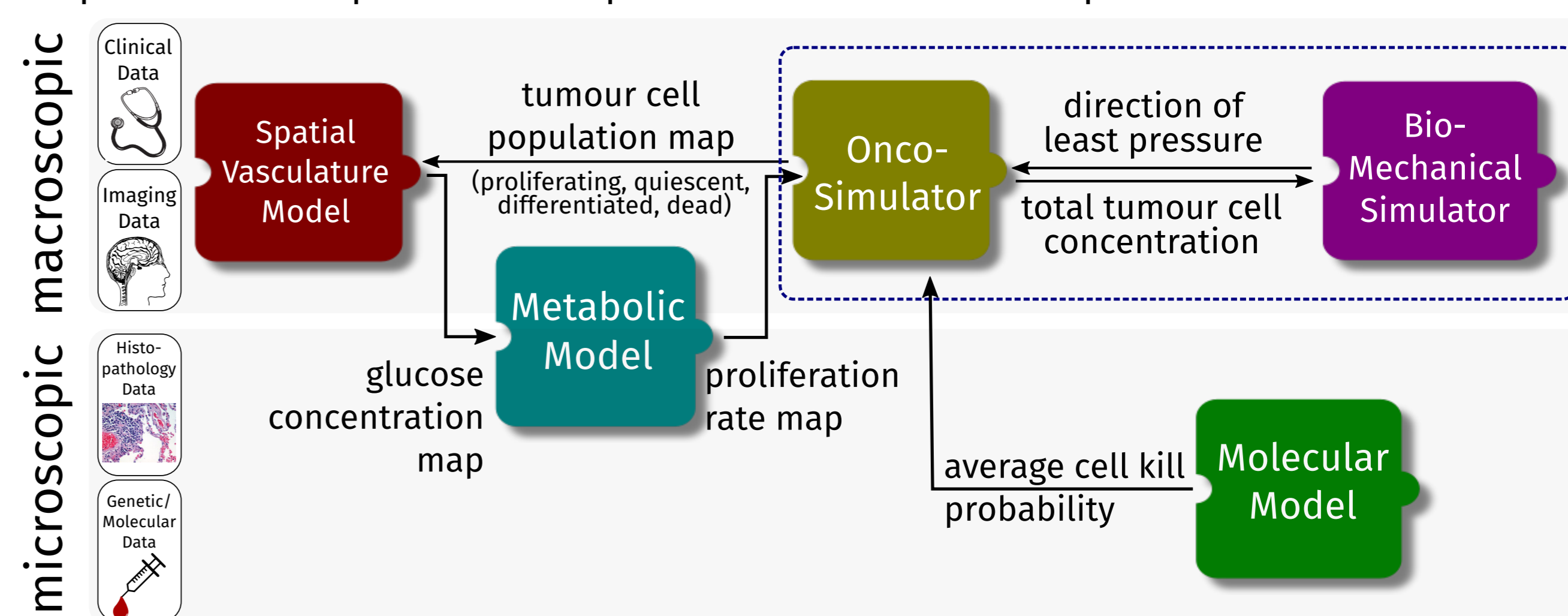
Cancer is a complex condition involving a large variety of processes on different length and time scales. Challenges related to the development, validation and maintenance of suitable **multi-scale models** are addressed through **hyper-modeling**.

Hyper-Modeling in CHIC

Hyper-modeling has been defined as the “general theory and practice of linking system models and their components” [2]. Here, a hyper-model represents a disease model which emerges from the **composition of multiple component models**, each of which captures existing knowledge about a portion of the process and operates at characteristic space-time intervals.

This approach facilitates the **collaborative development** of complex disease models and the **re-use of validated simulation components**.

In CHIC, **five mechanistic component models** are used. The main **model outcomes** refer to the **cell / tissue scale** and are **influenced by processes on molecular and tissue / body scale**.



Biomechanical Simulator

Biomechanical Simulator

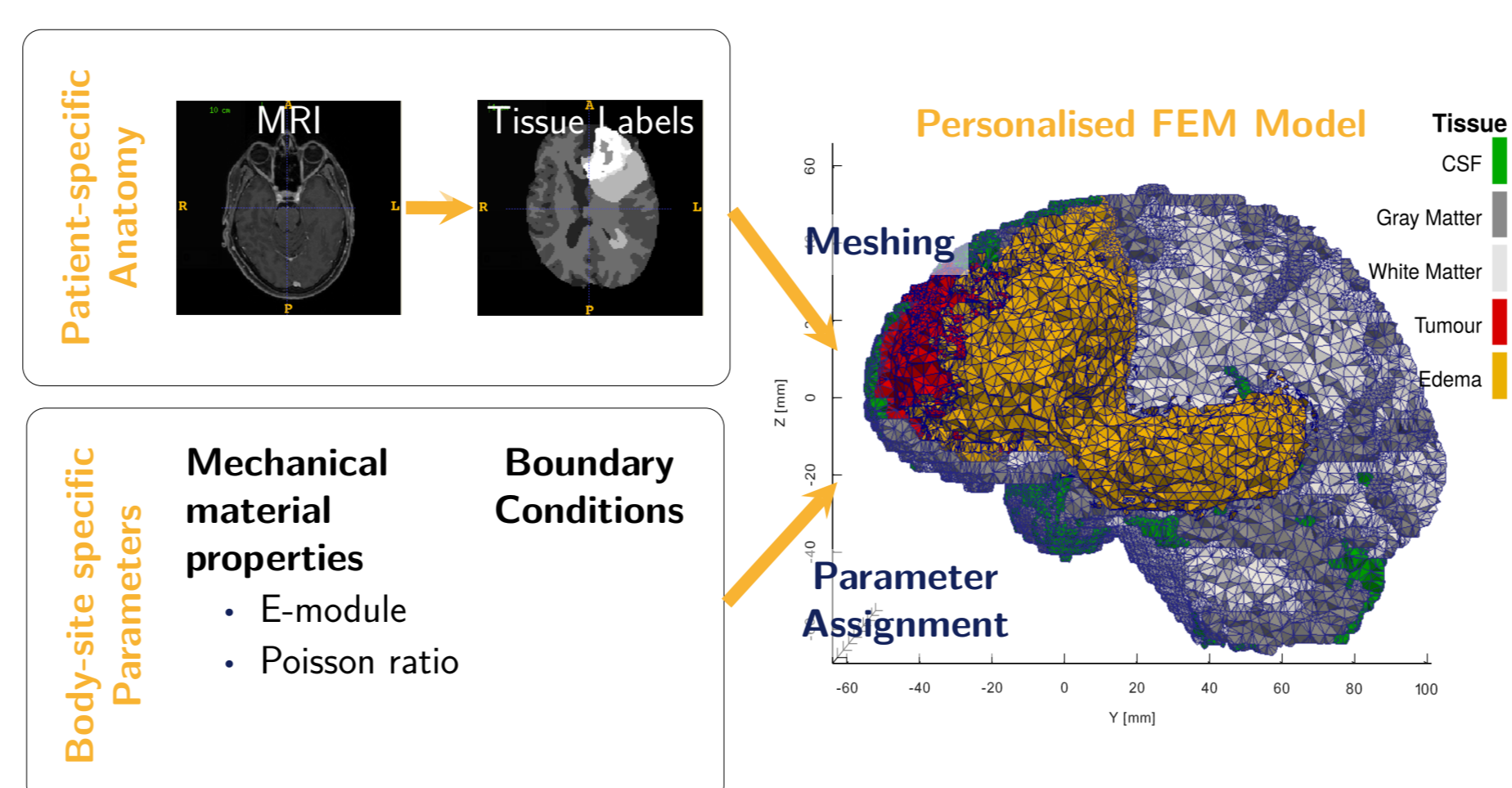
The Biomechanical Simulator (BMS) is a **component model** for the simulation of **bio-mechanical aspects of macroscopic tumour growth**. It relies on the Finite Element Method (FEM) to compute mechanical stresses and strains resulting from tumor growth or shrinkage in a patient-specific anatomy [3]. In CHIC, its output is used to **guide the direction of tumour expansion** by iterative coupled execution with a cellular-automaton based model of tumour cell proliferation and treatment effects, the Onco-Simulator (OS) [4]. Simulation involves two processes:

1. **Pre-processing**: Creation of personalised FEM model.
2. **Iterative coupled execution** with model of tumour growth dynamics.

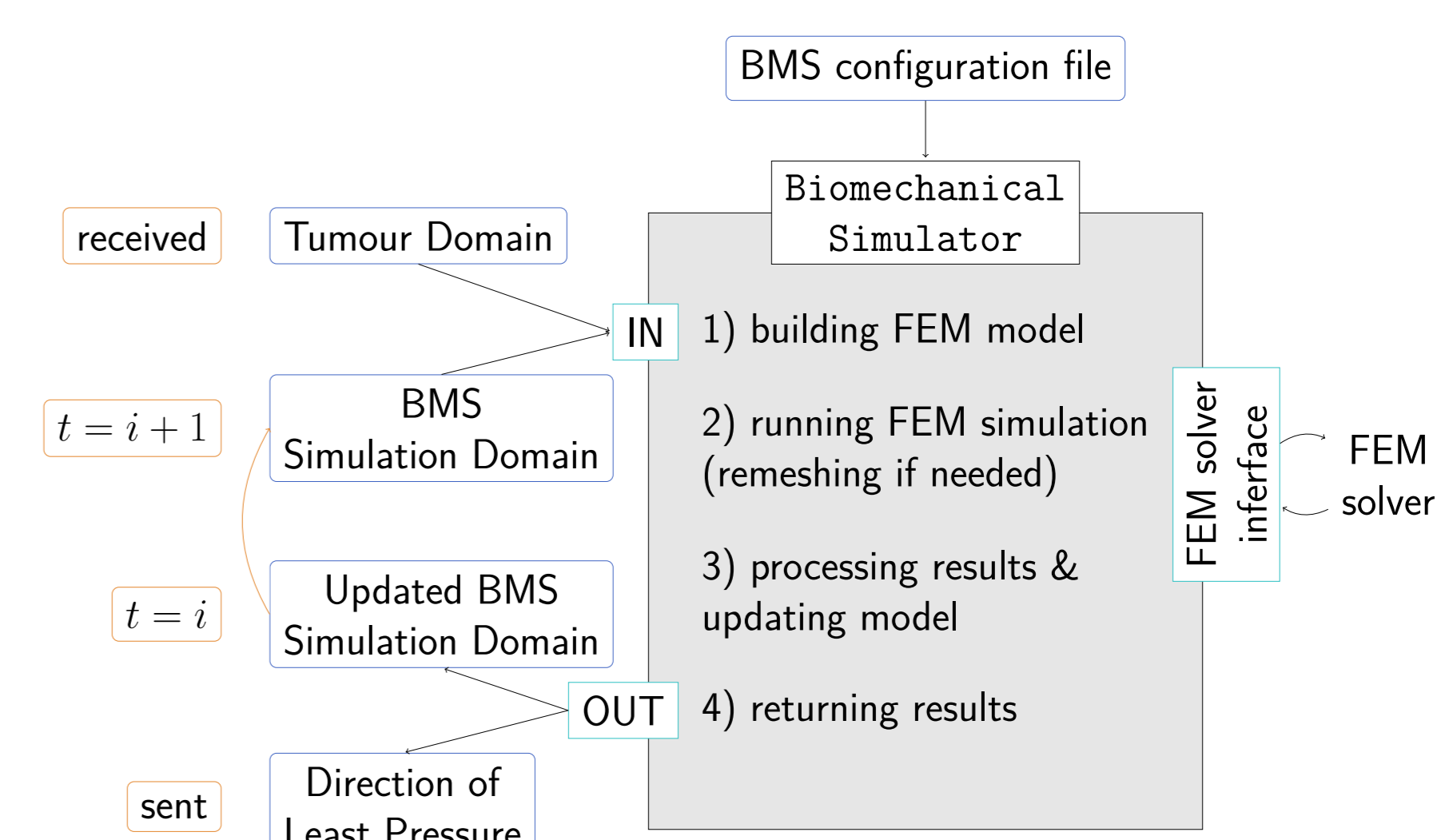
Model and pre-processing pipeline are implemented using **Open Source** libraries and software packages (CGAL, VTK, FEBio).

Pre-processing

A pre-processing pipeline **automates** the model **configuration process**, including the **assignment of body-site specific material properties** and **boundary conditions** from simple configuration options. In combination with automatic segmentation tools, this pipeline permits **rapid generation of patient-specific FEM** models for personalized simulations.



Simulation Tool



- Standalone or MUSCLE-enabled [5]
- Data I/O in VTK format
- FEBio [6] as FEM-backend

Coupled Execution

Interaction between BMS and OS component models:

- **Mechanical pressure informs growth direction.**
- Steps repeated in each iteration.

- Receiving **updated** map of tumour **cell concentrations** from OS.
- **Mapping** from OS domain to BMS simulation domain:

| | OS | BMS |
|-----------------------|--------------|----------------------------------|
| Tissues | tumour | tumour & close-by healthy tissue |
| Discretisation | regular grid | unstructured mesh |

- Computation of elements' **growth** from cell concentration c :

$$\epsilon_{\text{growth}} = \left(\frac{c}{c_0}\right)^{1/3} - 1,$$

with cell-carrying capacity of tissue c_0 .

- Growth assumed to result in **uniform and isotropic strain** in tissue:

$$\hat{\epsilon} = \hat{\epsilon}_{\text{mech}} - \mathbb{I} \epsilon_{\text{growth}}$$

- Computation of **mechanical stress** $\hat{\sigma}$ assuming **hyperelastic material**

$$\hat{\sigma} = \lambda \text{Tr}(\hat{\epsilon}) + 2\mu \hat{\epsilon},$$

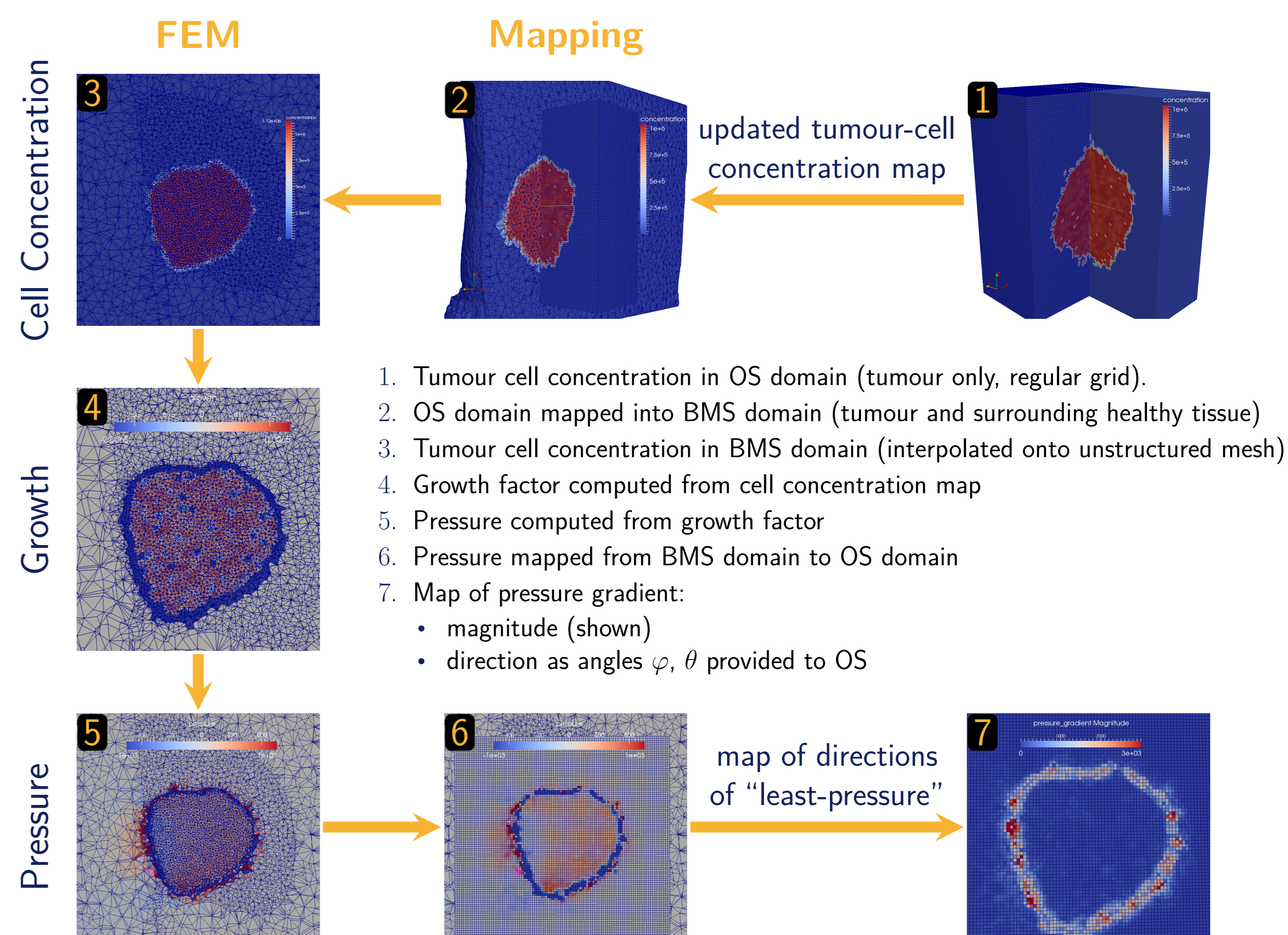
with Lamé constants $\lambda(E, \nu)$ and $\mu(E, \nu)$.

- Computation of **pressure** $p = \frac{1}{3} \text{Tr}(\hat{\sigma})$

- Computation of **direction of "least pressure"**: $-\frac{\nabla p}{\|\nabla p\|}$

Biomechanical Simulator (BMS)

Onco-Simulator (OS)



Summary

- **Macroscopic-continuum model of tumour bio-mechanics** (BMS) introduces **directionality** in otherwise isotropic tumour growth process (OS).
- Simulator **adaptable to different body-sites**, provided segmentations and estimates for bio-mechanical parameters.
- **Uncertainty in parameter assumptions**, boundary conditions and minimum size of simulation domain for most body-sites.

Outlook

- **Model evaluation** ongoing: BMS component model and composite hyper-model.
- **Model development**: simulation of tumour **mass-effect** & healthy tissue **invasion** as mechanically-coupled reaction-diffusion model.
- **Simulator improvements**: accuracy of parameter exchange between models, remeshing in case of large deformations.

Further Information

- [1] Computational Horizons In Cancer (CHIC): Developing Meta- and Hyper-Multiscale Models and Repositories for In Silico Oncology. URL: <http://chic-vph.eu/project/>.
- [2] P. A. Fishwick. "Hypermodelling: an integrated approach to dynamic system modelling". In: *Journal of Simulation* 6.1 (02/2012). 00000, pp. 2–8.
- [3] C. P. May et al. "Coupling biomechanics to a cellular level model: An approach to patient-specific image driven multi-scale and multi-physics tumor simulation". In: *Progress in Biophysics and Molecular Biology. Experimental and Computational Model Interactions in Bio-Research: State of the Art* 107.1 (10/2011). 00016, pp. 193–199.
- [4] G. Stamatakis et al. "An advanced discrete statediscrete event multiscale simulation model of the response of a solid tumor to chemotherapy: Mimicking a clinical study". In: *Journal of Theoretical Biology* 266.1 (09/2010). pp. 124–139.
- [5] J. Borgdorff et al. "Distributed multiscale computing with MUSCLE 2, the Multiscale Coupling Library and Environment". In: *J. Comput. Sci.* 5.5 (09/2014). pp. 719–731.
- [6] S. A. Maas et al. "FEBio: finite elements for biomechanics". In: *J Biomech Eng* 134.1 (01/2012). p. 011005.