

Fiscal Year:	FY 2007	Task Last Updated:	FY 02/01/2008
PI Name:	Thomas, James David M.D.		
Project Title:	Echocardiographic Assessment of Cardiovascular Adaptation and Countermeasures in Microgravity		
Division Name:	Human Research		
Program/Discipline:	NSBRI Teams		
Program/Discipline--Element/Subdiscipline:	NSBRI Teams--Cardiovascular Alterations Team		
Joint Agency Name:	TechPort:	No	
Human Research Program Elements:	(1) HHC: Human Health Countermeasures		
Human Research Program Risks:	(1) Cardiovascular: Risk of Cardiovascular Adaptations Contributing to Adverse Mission Performance and Health Outcomes		
Space Biology Element:	None		
Space Biology Cross-Element Discipline:	None		
Space Biology Special Category:	None		
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Zip Code:	44195-0001	Congressional District:	11
Comments:			
Project Type:	GROUND	Solicitation / Funding Source:	2003 Biomedical Research & Countermeasures 03-OBPR-04
Start Date:	08/01/2004	End Date:	07/31/2008
No. of Post Docs:	5	No. of PhD Degrees:	1
No. of PhD Candidates:	1	No. of Master' Degrees:	0
No. of Master's Candidates:	1	No. of Bachelor's Degrees:	0
No. of Bachelor's Candidates:	1	Monitoring Center:	NSBRI
Contact Monitor:	Contact Phone:		
Contact Email:			
Flight Program:			
Flight Assignment:			
Key Personnel Changes/Previous PI:			
COI Name (Institution):	Greenberg, Neil (The Cleveland Clinic Foundation) Kassemi, Mohammad (NASA GRC) Freed, Alan (NASA GRC) Popovic, Zoran (The Cleveland Clinic Foundation) Setser, Randolph (The Cleveland Clinic Foundation) Penn, Marc (The Cleveland Clinic Foundation) Rodriguez, Luis (The Cleveland Clinic Foundation)		
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	<p>Among the most serious of the risks identified by NASA in the area of cardiovascular alterations are serious dysrhythmias and the development of orthostatic intolerance. Prolonged exposure to microgravity may lead to a reduction in cardiac performance, particularly during times of stress and that undiagnosed cardiovascular disease may manifest during long missions. The PI and colleagues have worked closely with NASA and NSBRI over the last six years to optimize use of ultrasound in the space program as an investigative modality, addressing fundamental cardiovascular problems in need of countermeasures development. We propose the following specific aims:</p> <ol style="list-style-type: none"> 1) Extension of work to calculate two-dimensional myocardial strain, improving sensitivity for detecting preclinical alterations in cardiac function. 2) Since early cardiac disease is usually manifest initially during exercise stress, we will develop and validate the tools to apply 2D strain in graded exercise to detect myocardial dysfunction in its earliest phases, allowing both diagnostic capabilities and a means of judging exercise as a countermeasure. 3) To continue our ongoing study of the magnitude and predictors of LV mass regression following acute volume and pressure unloading as a ground-based analog for manned spaceflight. This work will continue to focus on patients undergoing aortic valve surgery, but exploit recent knowledge of the roles of cytokines and integrins involved in cardiac hypertrophy and regression as well as emerging technologies such as gene chip analysis. 4) To develop, in collaboration with OBPR Fundamental Physics scientists from Glenn, a sophisticated fluid-structure model of the left ventricle constrained by the pericardium to investigate the impact that microgravity has on unloading the heart by a removal of pericardial constraint. <p>This work will be closely focused on risks and critical questions identified by the Cardiovascular Alterations Team as described in the Bioastronautics Critical Path Road Map Baseline Document. If successful, this project will enhance assessment of cardiac function during long duration missions and potentially suggest cytokine promoters or signal transduction pathways that could be targeted for cardiac atrophy countermeasures. In addition, we will continue to provide the facilities of our Core laboratory for access by investigators throughout the NASA and NSBRI programs in need of assistance in acquiring or analyzing ultrasonic data.</p>
Rationale for HRP Directed Research:	<p>Assessment of 2D strain and torsion will have an extensive application in earth-based clinical and research cardiology and might be expected to supplant Doppler methods.</p> <p>The 3D fluid-structure model of the left ventricle will also have an extensive application in earth-based research cardiology allowing investigators to alter fundamental inputs for myocardial function and assess the effects on ventricular performance.</p> <p>Wireless telemedicine systems for ultrasound enable transfer of ultrasound data within the hospital and remotely to workstations connected to our network.</p> <p>We have continued to investigate three-dimensional ultrasound capabilities. Building on our experience with the Volumetrics system, we have begun to use much improved acquisition devices (Philips ie33 and GE Medical Vivid 7) to obtain 3D examinations in a wide variety of cardiac pathologies.</p> <p>We have worked on the registration of CT and ultrasound data for improved understanding of both valvular and ventricular function. We are investigating prosthetic valve motion using both modalities to see if 3D ultrasound is able to noninvasively assess function. We are also working on the registration of 3D ultrasound data with nuclear medicine images for assessment of cardiac perfusion.</p>
Task Progress:	<p>AIM 1: NEW TECHNIQUES TO ASSESS CARDIAC FUNCTION IN SPACE</p> <p>We examined the clinical feasibility of quantifying regional myocardial strain with online speckle tracking echocardiography. We've studied myocardial strains in hypertrophic cardiomyopathy (HCM) patients and found that despite preserved LVEF and absence of scar, HCM patients have depressed longitudinal strain (LS) and circumferential strain, compared to healthy subjects. We utilized prototype software to evaluate LS and CS of subendocardium, midwall and subepicardium in these patient groups. Profound strain differences exist between different myocardial layers in both healthy subjects and HCM patients. We've also continued experimental work on the assessment of factors that affect strain, most important of which is myocardial ischemia. We performed validation studies of speckle tracking to detect changes induced by ischemic heart disease, both acute and chronic.</p> <p>AIM 2: USE EXERCISE ECHO TO DETECT CARDIAC DYSFUNCTION</p> <p>We have shown that the ability to augment IVPG is the best predictor of maximum exercise capacity, and that the release of ventricular torsion during the isovolumic relaxation period is closely correlated with IVPG, thereby linking systolic contraction to diastolic filling. We have also shown that the loss of IVPG during exercise is strongly linked to the loss of untwisting velocity to and to the loss of torsion. We have studied the effects of exercise on left ventricular diastolic function using strain techniques from AIM 1 and found that the longitudinal strain rate in healthy volunteers was the best predictor of the increase of untwisting velocity and IVPG.</p> <p>AIM 3: ASSESS PREDICTORS OF MASS REGRESSION FOLLOWING UNLOADING</p> <p>Cardiac atrophy may be a serious limitation in long-term space flight, and understanding its significance and genetic determinants is critical to designing appropriate countermeasures. We have shown by 3D echo that aortic valve replacement can result in up to 50% mass reduction in patients with aortic insufficiency of stenosis. We are continuing this study obtaining comprehensive echo studies pre and post-op (3, 7 days, 6, 12 months) with volumes, mass, ejection fraction, strain, torsion, and IVPG.</p> <p>AIM 4: DEVELOP A 3D FLUID-STRUCTURE INTERACTION MODEL OF THE HEART</p> <p>Coding has been completed on a full 3D model of the left ventricle, using realistic myocardial fiber architecture and calcium-transient-based contraction and relaxation coupled with full Navier-Stokes description of blood flow. We also constructed a novel lumped-parameter model of the cardiovascular system, based on calcium transients (instead of previous model based on fixed systolic elastance). This novel model has been published in the Ann of Bio Eng, shows</p>

	more realistic hemodynamics than the previous one, and is used to as an input to the 3D fluid-structure interaction model. A second manuscript was also submitted to Biomechanics and Modeling in Mechanobiology.
Bibliography Type:	Description: (Last Updated: 04/09/2019)
Abstracts for Journals and Proceedings	Buakhamsri A, Popovic ZB, Greenberg NL, Lever HM, Thomas JD. "Hypertrophic cardiomyopathy differentially affects strains in subendocardial and subepicardial myocardial layers: the result from novel echocardiography technique." American Heart Association Scientific Sessions, Orlando, FL, November 4-7, 2007. American Heart Association. Submitted, June 2007. , Jun-2007
Abstracts for Journals and Proceedings	Goh TH, Popovic ZB, Buakhamsri A, Greenberg NL, Thomas JD. "Effects of exercise on left ventricular diastolic function depend on homogenous increase in diastolic strain rates." American Heart Association Scientific Sessions, Orlando, FL, November 4-7, 2007. American Heart Association. Submitted, June 2007. , Jun-2007
Abstracts for Journals and Proceedings	Lowe BS, Tran H, Gudat S, Agler D, Popovic ZB, Thomas JD, Grimm RA. "Quantifying regional myocardial strain by online speckle tracking echocardiography: clinical feasibility and comparison with wall motion scoring." American Society of Echocardiography Annual Scientific Sessions, Seattle, WA, June 16-20, 2007. Journal of the American Society of Echocardiography 2007 May;20(5):584. , Jun-2007
Awards	Saracino G. "Computers in Cardiology Young Investigator Finalist, September 2007." Sep-2007