

Multiscale prediction of patient-specific clotting function under flow.

Matthew H. Flamm^{*1}, Tom Colace^{*1}, Manash S. Chatterjee^{*1}, Daniel Jaeger¹, Huiyan Jing¹,

Lawrence F. Brass², Talid Sinno¹, Scott L. Diamond^{1,3}

¹Institute for Medicine and Engineering
Department of Chemical and Biomolecular Engineering
1024 Vagelos Research Laboratories
University of Pennsylvania
Philadelphia, PA 19104
215-573-5702
215-573-2772
sld@seas.upenn.edu

²Department of Hematology and Oncology
School of Medicine
University of Pennsylvania
Philadelphia, PA 19104

Predicting tissue function based upon an individual's unique cells requires a multiscale Systems Biology approach to understand the coupling of intracellular signaling with spatiotemporal gradients of extracellular biochemicals controlled by convective-diffusive transport. During thrombotic or hemostatic episodes, platelets bind collagen and release ADP and thromboxane-A₂ (TXA₂) to facilitate the recruitment of additional platelets to a growing deposit that distorts the flow field. Calcium dye-loaded platelets in PPACK and indomethacin-treated plasma (thus lacking thrombin and TXA₂) from 3 healthy donors were subjected to Pairwise Agonist Scanning where platelets were exposed to all pairwise combinations of ADP, U46619, and convulxin (at 0, 0.1, 1, 10 x EC₅₀) to activate P2Y₁/P2Y₁₂, TP, and GPVI receptors, respectively, in the presence or absence of the IP receptor agonist, iloprost. A set of 74 calcium responses allowed training of a neural network (NN) model of platelet calcium mobilization for each donor. Each NN model was then imbedded into a kinetic Monte Carlo/finite element/lattice Boltzmann simulation of platelet deposition under flow. Simulations predicted the measured clot buildup dynamics for each donor for PPACK-treated whole blood flowing over collagen at 200 s⁻¹ wall shear rate in the presence of indomethacin, iloprost, or MRS-2917 (a P2Y₁ inhibitor). Consistent with measurement and simulation, one donor displayed larger clots than the other two donors, while another donor was distinguished by combined indomethacin-resistance and U46619-insensitivity (allowing the discovery of a novel TP mutation). In silico representations of an individual's platelet phenotype allows prediction of blood function, essential to prioritizing patient-specific cardiovascular risk and drug response or to identify unsuspected gene mutations.