Supplementary Information for CARDIOPULMONARY RESPONSES TO MAXIMAL AEROBIC EXERCISE IN PATIENTS WITH CYSTIC FIBROSIS

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An empirical relation for ventilation

A global model of the human cardio-vasular and respiratory system is developed in [1]. Given a prescribed workload we may use this to predict how an individual will physiologically respond. Although many physiological factors are of importance when determining an individual's fitness and prognosis, gas exchange during exercise is of particular interest.

The total ventilation \dot{V}_E can be divided into alveolar ventilation \dot{V}_A and dead-space ventilation \dot{V}_D .

$$
\dot{V}_E = \dot{V}_A + \dot{V}_D
$$

In every breath, a certain proportion of the air does not take part in gas exchange; this is the dead-space ventilation. For patients with cystic fibrosis, during exercise a large proportion of total ventilation is wasted.

Total ventilation, as in Timischl's model [1], can be described by the empirical relation

$$
\dot{V}_E = G_p e^{-0.05P_{a_{O_2}}}(P_{a_{CO_2}} - I_p) + G_c(P_{a_{CO_2}} - I_c)
$$

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A model with no dead-space

If we start by assuming that dead-space ventilation is so small that we may neglect it's contribution to \dot{V}_E , thus assuming $\dot{V}_E = \dot{V}_A$. Then using the empirical form for \dot{V}_E , we could use Timischl's model to give predictions of how each individual will respond to their prescribed workload.

Fig. A: Model simulations of \dot{V}_E assuming $\dot{V}_D = 0$, compared to the recorded data value of \dot{V}_E obtained during the CPET. The thin red line gives \dot{V}_E as measured from the data and the bold coloured line gives V_E as simulated by the model. The colour given to each patient is the same as given in **Fig. 2** in the main text of the paper.

From the model simulations in **Fig. A** we can see that for many of the patients assuming $\dot{V}_E = \dot{V}_A$ gives a reasonably good fit to the data. In all cases the shape is generally similar, but in some cases the scaling of the graphs does seem to differ.

A linear model for ventilatory dead-space

During exercise, it is known that dead-space ventilation, V_D increases [2]. Thin et al. [2], demonstrated that this increase is significantly greater in the CF patient. Physiologically this is because, in the CF patient tidal volume, V_T , is limited. Therefore, there must be an increase in the frequency of respiration, BF, in order to maintain gas exchange, this is what leads to the increase in V_D in the CF patient.

Now, it is observed that tidal volume is decreased in the CF patient as the disease severity increases. Thus, it seems reasonable to suggest that the size of increase in V_D with exercise is dependent on the severity of the disease. We can consider this in the case of the 15 CF patients tested.

For each of these patients a work load was prescribed dependent on their previous performances. Therefore, those individuals who have performed well in previous tests, and therefore are presumably 'fitter'. Patients in green were those who performed best in previous tests and it is therefore reasonable to assume that their progression of the disease is less than those in red. Looking at **Fig. A**, we can see that generally, the CF patients whose disease is less severe (those in green) is modelled better with no ventilatory dead-space than those whose disease is more severe.

We therefore suggest modelling V_D by a function of the form;

$$
\dot{V}_D = \dot{V}_{D_B} + aW(t)
$$

where \dot{V}_{D_B} is the base level \dot{V}_D for each patient and *a* is a scaling parameter based on the severity of the disease in the patient. For those patients whose disease progression is less severe the relatively low scaling factor will be needed and for those whose condition is more severe, a much larger one.

To determine the values of \dot{V}_{D_B} and *a* we may make use of the data.

$$
\dot{V}_D = \text{BF} \times V_D
$$

Our data gives values of *BF* and *V^D* both at rest and during exercise (see **Fig. 11** in the main text). We can therefore determine a value for \dot{V}_{D_B} :

$$
\dot{V}_{D_B} = \text{BF}_{\text{Rest}} \times V_{D_{\text{Rest}}}
$$

and a value for *a*:

$$
a = \frac{\text{BF}_{\text{Exercise}} \times V_{D_{\text{Exercise}}}}{W_{\text{Exercise}}}
$$

Now running the model with this added ventilatory dead-space, we can obtain predictions for \dot{V}_E , as before. These are shown in **Fig. B**.

Fig. B: Model simulations of \dot{V}_E using the proposed linear model of \dot{V}_D , compared to the recorded data value of \dot{V}_E obtained during the CPET. The thin red line gives \dot{V}_E as measured from the data and the bold coloured line gives \dot{V}_E as simulated by the model. The colour given to each patient is the same as given in in **Fig. 2** in the main text of the paper. Fitted parameter values can be found below.

The results of these simulations are summarised in **Fig. 11** in the main text. The results in this figure are comparable to what has been obtained by Thin et al. [2]. The changes observed within our 15 patient sample are much more extreme than those seen by Thin et al. [2]. This is not a surprise as the patients in our sample were being tested to much higher intensities and as such there is more dependence of BF and thus the more extreme responses to exercise.

Now using this improved form of \dot{V}_E we may run our model once more to gain a better understanding of how other physiological factors change during exercise.

The Timischl's Model

For completeness we include the full model equations here.

The full model, as given by [1] and used in all model simulation and analysis is given.

$$
V_{A_{CO_2}} \dot{P}_{a_{CO_2}}(t) = 863 F_p(t) (C_{v_{CO_2}}(t) - C_{a_{CO_2}}(t)) + \dot{V}_A (P_{I_{CO_2}} - P_{a_{CO_2}}(t)),
$$

\n
$$
V_{A_{O_2}} \dot{P}_{a_{O_2}}(t) = 863 F_p(t) (C_{v_{O_2}}(t) - C_{a_{O_2}}(t)) + \dot{V}_A (P_{I_{O_2}} - P_{a_{O_2}}(t)),
$$

\n
$$
V_{T_{CO_2}} \dot{C}_{v_{CO_2}}(t) = MR_{CO_2} + F_s(t) (C_{a_{CO_2}}(t) - C_{v_{CO_2}}(t)),
$$

\n
$$
V_{T_{O_2}} \dot{C}_{v_{O_2}}(t) = -MR_{O_2} + F_s(t) (C_{a_{O_2}}(t) - C_{v_{O_2}}(t)),
$$

\n
$$
c_{as} \dot{P}_{as}(t) = Q_l(t) - F_s(t),
$$

\n
$$
c_{vs} \dot{P}_{vs}(t) = F_s(t) - Q_r(t),
$$

\n
$$
\dot{S}_l(t) = \sigma_l(t),
$$

\n
$$
\dot{S}_r(t) = \sigma_r(t),
$$

\n
$$
\dot{\sigma}_l(t) = -\gamma_l \sigma_l(t) - \alpha_l S_l(t) + \beta_l H,
$$

\n
$$
\dot{\sigma}_r(t) = -\gamma_r \sigma_r(t) - \alpha_r S_r(t) + \beta_r H
$$

With arterial pulmonary pressure given by,

$$
P_{ap}(t) = \frac{1}{c_{ap}}(V_0 - c_{as}P_{as}(t) - c_{vs}P_{vs}(t) - c_{vp}P_{vp}(t)),
$$
\n(2)

Systemic and pulmonary blood flows given by,

$$
F_s(t) = \frac{P_{as}(t) - P_{vs}(t)}{R_s},
$$

\n
$$
F_p(t) = \frac{P_{ap}(t) - P_{vp}(t)}{R_p}
$$
\n(3)

If R_s and R_p are treated as constant parameters, we are modelling the resistance vessels as rigid tubes. Alternatively, during steady state we may model resistances by,

$$
R_p = 1.965 + 1.17W,
$$

\n
$$
R_s = A_{pesk}C_{v_{O_2}},
$$

\n
$$
A_{pesk} = 177.3 + 1.17W
$$
\n(4)

Cardiac outputs given are by,

$$
Q_{l}(t) = H \frac{c_{l} P_{vp} f(S_{l}(t), P_{as}(t))(1 - e^{-\frac{t_{d}}{R_{l}c_{l}}})}{P_{as}(t)(1 - e^{-\frac{t_{d}}{R_{l}c_{l}}}) + f(S_{l}(t), P_{as}(t))e^{-\frac{t_{d}}{R_{l}c_{l}}}},
$$

\n
$$
Q_{r}(t) = H \frac{c_{r} P_{vs} f(S_{r}(t), P_{ap}(t))(1 - e^{-\frac{t_{d}}{R_{r}c_{r}}})}{P_{ap}(t)(1 - e^{-\frac{t_{d}}{R_{r}c_{r}}}) + f(S_{r}(t), P_{ap}(t))e^{-\frac{t_{d}}{R_{r}c_{r}}}},
$$
\n
$$
(5)
$$

with

$$
f(s,p) = 0.5(s+p) - 0.5((p-s)^{2} + 0.01)^{1/2},
$$
\n(6)

Diastole duration given by,

$$
t_d = \left(\frac{60}{H}\right)^{\frac{1}{2}} \left(\left(\frac{60}{H}\right)^{\frac{1}{2}} - \kappa\right),\tag{7}
$$

Where, from experimental results, heart rate is given by,

$$
H = 35MR_{O_2} + 66,\t\t(8)
$$

The metabolic oxygen demand is given by,

$$
MRO_2(t) = MR_{O_2}^e + K\dot{C}_{v_{O_2}}(t),
$$
\n(9)

with

$$
MR_{O_2}^e = MR_{O_2}^r + \rho W,\t\t(10)
$$

and metabolic carbon dioxide production given by,

$$
MR_{CO_2}(t) = RQMR_{O_2}(t),\tag{11}
$$

Finally,

$$
C_{a_{O_2}}(t) = K_1 (1 - e^{-K_2 P_{a_{O_2}}}(t))^2,
$$

\n
$$
C_{a_{CO_2}}(t) = K_{CO_2} P_{a_{CO_2}}(t) + k_{CO_2}.
$$
\n(12)

Model Parameters

| Parameter | Value |
|-----------------------|---------|
| γ_l | 37.33 |
| γ_r | 11.88 |
| c_{as} | 0.01002 |
| c_{vs} | 0.643 |
| c_{ap} | 0.03557 |
| c_{vp} | 0.1394 |
| R_l | 11.35 |
| R_r | 4.158 |
| c_l | 0.01289 |
| $\overline{c_r}$ | 0.06077 |
| rho | 0.011 |
| V_0 | 5.0 |
| $\overline{M}R_{O_2}$ | 0.350 |
| τ_p | 0.5 |
| κ | 0.4 |
| \overline{G}_p | 0.504 |
| \overline{G}_c | 0.025 |
| \overline{I}_p | 35.5 |
| \bar{I}_c | 35.5 |
| | |

Table A: Parameter values

A model for ventilatory dead-space - model parameters

| Patients | V_{D_B} | \overline{a} |
|------------|-----------|----------------|
| $\rm CF01$ | 5.6917 | 0.0391 |
| CF02 | 2.8548 | 0.0986 |
| CF03 | 2.6404 | 0.0891 |
| CF04 | 2.1808 | 0.1500 |
| CF05 | 0.8075 | 0.0876 |
| CF06 | 2.4948 | ${0.0339}$ |
| CF07 | 1.3923 | 0.1850 |
| CF08 | 1.9317 | $\,0.0535\,$ |
| CF09 | 0.9369 | 0.1467 |
| CF10 | 1.9203 | ${0.0493}$ |
| $\rm CF11$ | 2.2408 | 0.1455 |
| CF12 | 1.7298 | 0.0498 |
| $\rm CF13$ | 3.9371 | ${0.0649}$ |
| CF14 | 2.3089 | 0.0889 |
| CF15 | 3.7070 | $\,0.0658\,$ |

Table B: Calculated values of \dot{V}_{D_B} and *a* for the linear model of ventilatory deadspace.

Notational Defintions

Table C: Definitions of model parameters

References

[1] Timischl S. (1998). A Global Model for the Cardiovascular and Respiratory System: *Karl-Franzens-Universität Graz, Austria*

[2] A.G. Thin, J.D. Dodd, C.G. Gallagher, M.X. Firzgerald, P. Mclougjlin (2004). Effect of respiratory rate on airway deadspace ventilation during exercise in cystic fibrosis *Respiratory Medicine*, **98**, 1063-1070.