SUPPLEMENTAL MATERIAL

Collagen turnover in relation to risk factors and hemodynamics in human intracranial aneurysms

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Supplemental Methods

We previously described tissue processing, collagen purification and the corresponding ¹⁴C birth dating method in IA samples derived from patients undergoing surgical repair for IA [1]. The 14C birth dating analysis, the mathematical model of collagen turnover and CFD simulations were performed independent from and blinded to each other.

Mathematical model of collagen turnover

The mathematical model for calculating turnover rates of collagen is based on previous models of tissue regeneration and collagen turnover [2-4]. For calculations of collagen turnover rates, the following assumptions were made:

- 1. Constant degradation rate $(\gamma$, unit year⁻¹): all collagens, regardless of their age, degradation at the same rate.
- 2. γ does not vary with the age of the sample donor.
- 3. Collagens are produced at a constant rate, invariant with age of the sample donor.
- 4. The amount of collagen in individuals is at homeostasis, i.e., each degraded collagen is replaced and the overall number of collagens in the systems does not change

The age of collagen (*a*, years) can be calculated using:

$$
a = t - t_0 \tag{1}
$$

t₀ is the time of production of collagen; a [months] = $a*12$, a [days] = $a*365$.

The equation describing the time course of change in number of collagens of age *a*, *n*^a would be:

$$
\frac{dn_a}{dt} = -\gamma n_a + \delta_{t-t_0}(a)N_0 \tag{2}
$$

 $N₀$ is the total number of collagens at the beginning of simulation. In case of our calculations the beginning of the simulation is time of birth of the sample donor.

 δ_{t-to} is the Dirac delta function to ensure that collagens of age *a* are only formed at the time of their production. The total number of collagens $(N(t))$ in an individual of age *t* can be calculated using the formula:

$$
N(t) = \sum_{a=0}^{A} n_a \tag{3}
$$

A is the number different n_a that we track during our simulations. It is worth noting that given our assumption of homeostasis, $N(t)=N_0$ at all times. For our calculations of collagen turnover, we solved equation (2) using Euler's method with a time step of 0.019 year (\sim 2 weeks).

The variable in our simulations is the value of degradation rate γ . When calculating turnover rates in either individuals or populations we began by generating a continuous 14C bomb-curve by linearly extrapolating between growing season averages of experimental measurements. This needed to be done only one time. Next, in an iterative fashion we:

- 1. Chose a γ value
- 2. Solved for the number of collagens of age *a* during the entire period from a person's birth date until the day when the collagen sample was collected.
- 3. We calculated the fraction of total collagens that had a certain age

$$
F_a = \frac{n_a}{N_0}
$$

4. We then calculated the expected ¹⁴C level for the chosen γ value in the collected sample $X(t, y)$

$$
X(t,\gamma) = \sum_{a=0}^{A} F_a^{14} C(t_0)
$$

Where ¹⁴C(*t₀*) is the value of ¹⁴C in the atmosphere on the day collagens of age *a* were formed.

- 5. Calculated the value *SSE*, the sum of square of error between $X(t, \gamma)$ and measured ${}^{14}C$ values.
- 6. Repeated the process starting from step 1 with a new slightly higher or lower (± 0.5) $\%$) *y* value, depending on which direction lowered the value of *SSE* until the changes in g would not lower *SSE*.
- 7. For population simulations (e.g. smokers), the same process was used except the goal was to reduce SSE for the all the samples from that population.

Image and image segmentation

To study the relation of collagen turnover rates and hemodynamics computed by CFD in human IA, 3D computed tomography angiographic (CTA) data were collected. The 3D CTA images of all patients were segmented using open-source Vascular Modeling Toolkit (VMTK, http://www.vmtk.org) [5]. VMTK is a semiautomated tool that uses a level-set method to place a contour at regions with maximum gradient intensity. After segmentation, a surface mesh for IA with surrounding parent vessels was generated using the threshold-based marching cubes algorithm [5]. Exclusion criteria were CTA data with a low image quality with a voxel size $>$ 0.5 mm or movement artifacts and a location of IA at the base level of the skull, which makes the segmentation difficult due to the presence of bone.

Computational fluid dynamics

The inlet and outlet surfaces of IA geometries were extended by 10 times of parent artery diameters to ensure fully developed flow at the inlet and avoid backflow at the outlets. We used commercial software STAR-CCM+ (Siemens PLM, Plano, TX, USA) for volumetric mesh generation and CFD simulations. IA geometries were discretized using volumetric polyhedral elements with a base size of 0.15 mm and four refined prism layers (thickness of 0.015 mm) to provide fine mesh resolution on lumen. Meshing resulted in ~1-4 million volumetric elements to represent the discretized flow domains in all the cases. A time step of 0.001 s was used for temporal resolution. The flow-governing Navier-Stokes equations were discretized using second-order upwind and first-order schemes for spatial and temporal discretization, respectively. For all the simulations, the wall was assumed to be rigid, and blood was considered as a Newtonian fluid with a viscosity of μ =3.5 cP and a density of ρ =1056 kg/m3. The residuals for convergence criteria for mass and momentum equations were set as 10-5. The patientspecific arterial flow was not available in our study. Therefore, we used a normalized velocity waveform derived from transcranial Doppler ultrasound measurements in the internal carotid artery of a healthy subject (32-year-old man) [6]. The waveform was scaled by literaturederived flow rates for the given vessel location (internal carotid artery: 4.6 ml/s, middle cerebral artery: 2 ml/s). For outlets, the flow rate was prescribed to be proportional to the vessel diameter cubed, based on Murray's Law of principle of optimum work [7]. CFD simulations were conducted for three cardiac cycles and the third one was used for post-processing.

Using the obtained flow field in each IA, we calculated the luminal wall shear stress (WSS). WSS is the tangential frictional stress caused by the action of flowing blood on the vessel wall endothelium [8]. We calculated aneurysm-averaged values for the following parameters (see table I: Time-averaged WSS, which is spatiotemporal WSS magnitude average through the cardiac cycle; normalized WSS (NWSS), which is WSS further normalized by the spatiotemporal average wall shear stress of the parent vessel; oscillatory shear index (OSI), which measures the directional change of the WSS through the cardiac cycle; relative residence time (RRT), which quantifies the stasis of blood near the aneurysm wall.

Risk factors

Risk factors for IA instability, such as arterial hypertension, current smoking, IA irregularity, IA size and IA site were assessed regarding a possible association with IA hemodynamics and collagen turnover. Arterial hypertension was defined as systolic blood pressure > 140 mmHg or diastolic blood pressure > 90 mmHg on admission or previous diagnosis of hypertension or antihypertensive treatment. Current smoking was defined as a risk factor, if the patients had smoked ≥ 100 cigarettes in their lifetime and smoked cigarettes regularly [9]. Irregularity was defined as multiple lobes, presence of daughter-sac or blebs. IA size was measured in Millimeter (mm).

Histological stainings

For visualization of collagen in IA samples Movat Pentachrome (Movat Pentachrome Stain Kit, Abcam, Cambrigde, United Kingdom) and Picrosirius Red (Picro Sirius Red Stain Kit, Abcam, Cambrigde, United Kingdom) stainings were performed on 8 µm longitudinal cryosections through IA dome and IA transition zone (zone between dome and neck). For microscopy Leica DMIRB Inverted Leica Modulation Contrast Microscope (Leica Microsystems GmbH, Wetzlar, Germany) was used with image analysis software Leica Application Suite Version 4.4 (Leica Microsystems GmbH, Wetzlar, Germany. To assess maturity of collagen linearpolarized microscopy was performed in cryosections stained with Picrosirius Red: immature collagen illustrates predominantly yellow-green birefringence, mature collagen shows predominantly orange-red birefringence [10, 11].

Statistical analyses

For statistical analyses the SPSS statistics software package 25 (IBM Corporation, Armonk, New York, USA) was used. If not indicated otherwise, data are reported as means $(M) \pm$ standard deviation (SD). The Mann-Whitney test was used for comparison of two independent conditions for non-normally distributed data as well as for normally distributed data due to small sample sizes. In case of an individual infinite collagen turnover rate, individual collagen turnover rates were at least > 2000 % per year, whereas several values were distinctly higher; such turnover rates were conservatively defined as 2000 % per year for further statistical analyses. To identify CFD parameters indicative of collagen turnover in IA, morphologic and hemodynamic parameters were correlated with collagen turnover rates using Pearson correlation for continuous variables and Spearman correlation for non-normally distributed data. Receiver operating characteristic (ROC) analysis was performed to define thresholds for rapid versus slow collagen turnover for each parameter, the cut-off value for differentiation was 1200 % per year. To identify predictors for rapid collagen turnover binary logistic regression analyses were performed with the same cut-off value for differentiation of collagen turnover, the likelihood ratio statistic was performed as a priori test. The value for statistically significant differences was set at probability (p) value ≤ 0.05 .

Supplemental Tables

Table I: Mathematical definitions of the hemodynamic parameters: These hemodynamic parameters are spatial distributions. For each IA, we reported the spatially averaged values of the aneurysm sac.

Abbreviations: IA indicates Intracranial aneurysm; OSI, Oscillatory shear index; t, Time; T, cardiac cycle; WSS, Wall shear stress; WSSi, Instantaneous wall shear stress.

Table II: Characteristics of the ¹⁴C birth dating cohort (calculation of collagen turnover rates) and computational fluid dynamics cohort.

Numbers are given in n (%) or Mean \pm SD.

Abbreviations: ACA indicates Anterior cerebral artery; ACOM, Anterior communicating artery; CFD, Computational fluid dynamics; ICA, Internal carotid artery; MCA, Middle cerebral artery; PCOM, Posterior communicating artery; SD, Standard deviation

Table III: Collagen turnover rates and F¹⁴C values of the cohort, according to sex, rupture status, and risk factors. Abbreviations: AHT indicates Arterial hypertension; SD, Standard deviation

Table IV: Hemodynamic parameters according to rupture status, and risk factors.

Abbreviations: WSS indicates Wall shear stress; Pa, Pascal; NWSS, Normalized wall shear stress; OSI, Oscillatory shear index; RRT, Relative residence time; M, Mean; SD, Standard deviation; P, Probability

Supplemental Figures

Figure I: Receiver operating characteristics-analysis of aneurysm time-averaged wall shear stress for differentiation between low and rapid collagen turnover (sensitivity 72.7 %, specificity 77.8 %).

Abbreviations: AUC indicates Area under the curve

Supplemental References

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