Title	Prediction of the failure strength of metastatic femurs with metastases: comparison between idealized and physiological loading conditions
Location	LBMC Univ Eiffel-UCBL UMR_T 9406, Lyon, https://lbmc.univ-gustave- eiffel.fr LYOS INSERM-UCBL, UMR1033, Lyon, www.lyos.fr
Supervisors	Aurélie Levillain, <u>aurelie.levillain@univ-lyon1.fr</u> Raphaël Dumas, raphael.dumas@univ-eiffel.fr David Mitton, david.mitton@univ-eiffel.fr Hélène Follet, <u>helene.follet@inserm.fr</u>

Project description:

Cancers, such as lung or breast cancers, can lead to bone tumour formation, called metastasis. Osteolytic bone metastases are responsible for long bone fracture leading to restricted mobility or surgery, which severely alter quality of life and have a huge socio-economic impact^{1,2}. It is estimated that 50% of patients with bone metastases will suffer from bone complications³. Currently, most patients with bone metastases associated with a risk of fracture benefit from a computed tomography (CT) scan centred on the lesion to characterise its size and location, but this examination remains qualitative. Clinicians need more accurate tools to predict the fracture risk of femures with metastases and choose the most suitable treatment for the patient.

LBMC UMR_T9406 and LYOS INSERM U1033 are developing patient-specific finite element (FE) models based on QCT scans to assess the strength of tumoral bone segments and provide clinicians with quantitative data. QCT scans of patients have been collected using a clinical protocol including several centres in France. In these FE models, idealized loading conditions that only simulate a single hip force are applied on the femur. In a preliminary study, we found that incorporating physiologic musculo-tendon forces into the FE models influenced local strains and stress, especially for metastases close to the muscle insertion site. Due to muscular redundancy, the distribution of musculo-tendon forces can also vary from an optimal muscle control, to altered controls in case of muscle weakness, neurological degeneration, joint pain...and this can maximise the risk of fracture⁵.



Idealized and physiological loading conditions applied to the femur to mimic single leg stance position.

Scientific objectives: In this context, the objectives of this internship are to 1/ apply patient-specific bodyweight-scaled musculo-tendon forces obtained from a musculoskeletal model in standing posture to the femur in the FE model, 2/ assess the influence of physiological loading on strain distribution and femoral strength, in comparison with idealized loading conditions, and /3 test the effect of non-optimal muscle control by introducing a distribution of musculo-tendon forces which may minimise/maximise joint loading.

Methodology: To achieve these goals, the methodology will be as follows:

- Conduct a literature review on the combination between musculoskeletal models and FE models of femur
- From QCT scans (Dicom images), 3D-reconstruct left and right femurs of each patient, and create the associated mesh, register the muscle origins and insertions





- Apply patient-specific bodyweight-scaled musculo-tendon forces to the femur based on musculoskeletal model available in the laboratory (model in standing posture or during simulated squat⁶, scaled to the height and weight of the subject)
- Use the musculoskeletal model to define musculo-tendon forces corresponding to minimal or maximal joint loads, minimal or maximal muscle co-activations.
- Compare strain and stress distribution and the failure loads obtained using idealized and different physiological loading conditions

Expected results: This project will contribute to the application of numerical methods for the prediction of metastatic bone strength, on patient data.

Duration of the internship: 6 months, Location: Lyon

Profile of the candidates: Candidates with solid mechanics and numerical simulation background. A good knowledge of Python and/or Matlab is desirable.

References

¹Weilbaecher et al, Nat Rev Cancer, 2011 ²Hofbauer et al, Lancet Diabetes Endocrinol, 2011 ³Jensen et al, BMC Cancer, 2011 ⁴Johnson et al, Biomed Eng Comput Biol, 2023 ⁵Viceconti et al, J Biomech, 2012 ⁶Latypova et al, Clin Biomech, 2016



