



Strain Imaging: Myocardial Mechanics Simplified and Applied

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Director of Clinical Research Division of Cardiology




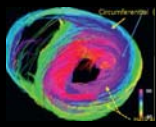
Disclosures: Research grant from Hitachi-Aloka, Medtronic, GE and Biotronik

VECTORS OF CONTRACTION





Shortening






Thickening





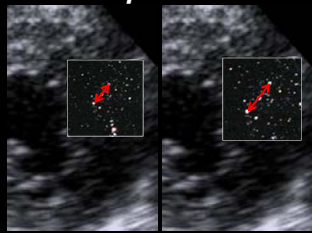
Twisting




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Calculation of Strain From Speckle Tracking

Not Dependent on Doppler Angle



Strain =
Change in Length / Original Length



← % Lengthening or Thinning
← % Shortening or Thickening

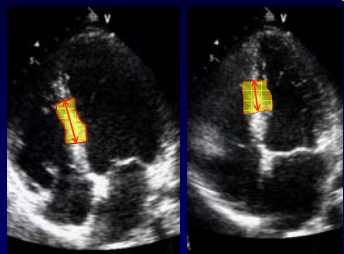
Modified from Kawagishi, K

LONGITUDINAL STRAIN IMAGING



Strain = Change in Length / Original Length

Longitudinal Strain LV Shortening



End-Diastole End-Systole

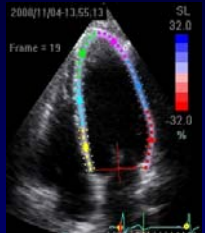
↑ ↓ %


↓ ↑

Strain = % Change in Length

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Longitudinal Strain

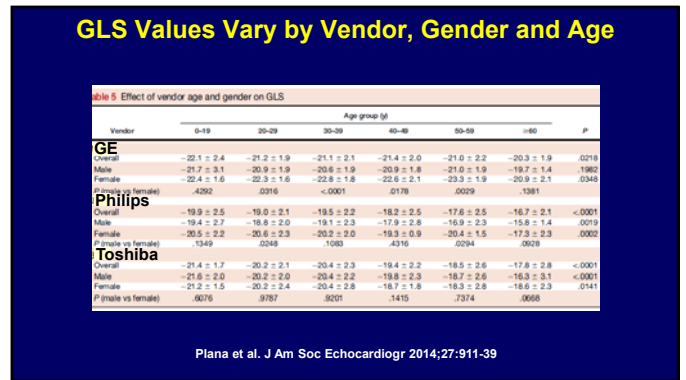
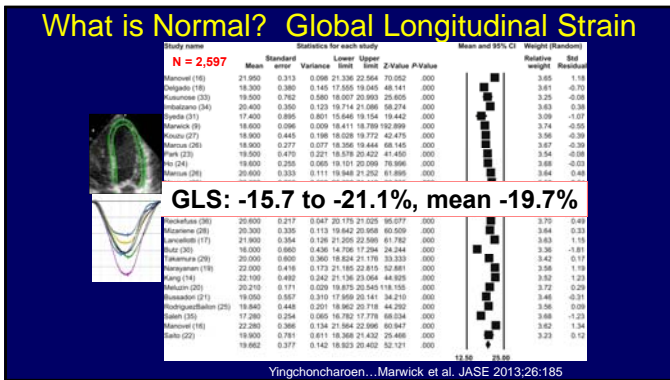
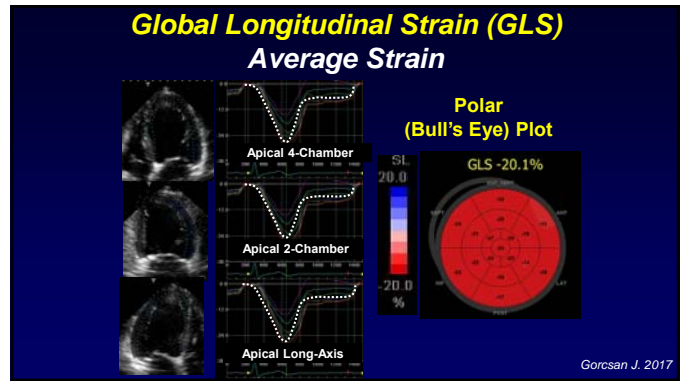
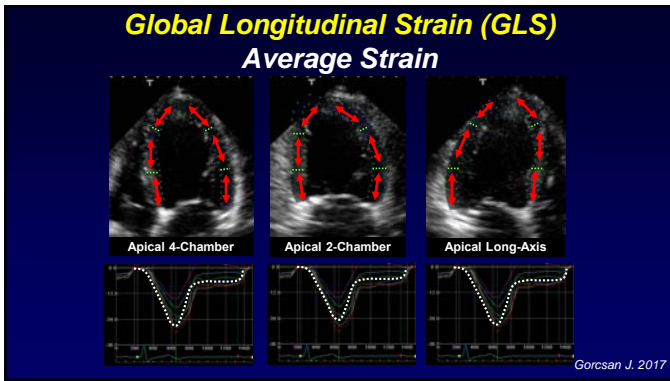




← End-Diastole

← End-Systole - 23%

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Normal Strain Values Threshold for Abnormal

- Global Longitudinal Strain

Normal GLS: $\geq -17\%$

Borderline GLS: between -17% and -15%

Clearly Abnormal GLS: $\leq -15\%$

Think of GLS in absolute values (I Prefer to Forget the - sign)

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Global Strain Must Relate to Ejection Fraction

LV Deformation = LV Blood Ejection

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Journal of Biomechanics
 On the geometrical relationship between global longitudinal strain and ejection fraction in the evaluation of cardiac contraction
 Gianni Pedrizzetti^{1,2,3,4}, Jan Mangual¹, Giovanni Tonti¹
 $EF = 1 - \frac{V_D}{V_S} = 1 - \left(\frac{a_D}{a_0}\right)^3 \frac{f(shape_S)}{f(shape_D)}$
 $GLS = \frac{L_S}{L_D} - 1 = \frac{a_S g(shape_S)}{a_D g(shape_D)} - 1$

G. Pedrizzetti et al. / Journal of Biomechanics 47 (2014) 746–749

Mathematical Linear Relationship of GLS to EF

Linear Fit EF = 3 (GLS)

G. Pedrizzetti et al. / Journal of Biomechanics 47 (2014) 746–749

Echo vs. Cardiac Magnetic Resonance

Normal Heart Failure Patient

Normal Systolic Function vs. Systolic Dysfunction

Global Longitudinal Strain (GLS) measurements at various segments: Basal-Septal, Apical Lateral, Mid-Septal, Mid-Lateral, Basal-Lateral.

Onishi T., ... Gorcsan et al. JASE 2015

GLS vs. EF

EF = 3 * |GLS| + 8

p < 0.0001, R = 0.88 (n=73)
 p < 0.0001, R = 0.85 (n=68)

Onishi T., ... Gorcsan et al. JASE 2015

Differences in EF and Strain LV Hypertrophy

Normal Heart, Concentric Hypertrophy, Dilated Cardiomyopathy

End-Diastole and End-Systole volumes and strain measurements.

Lumens et al. 2016

What Additional Information? GLS as a Marker for Scar

Myocardial Scar by Late Gadolinium Enhancement CMR

ENDOCARDIAL SCARRING (N=59), MIDMYOCARDIAL SCARRING, TRANSMURAL SCARRING

INTEGRAL SIZE (G) vs GLOBAL STRAIN (%)

Gjesdal et al. Clinical Science (2007) 113, 287–296
 Kansal et al. Eur Heart J Cardiovasc Imaging 2012

Strain is Additive to EF

Ejection Fraction

- Blood Displacement

Strain

Wall Properties of Disease

- Hypertrophy
- Fibrosis

More Reproducible than EF

Washington University in St. Louis Gorcsan J. 2017

Strain is Additive to EF

Far Ends of Spectrum

JACC: CARDIOVASCULAR IMAGING VOL. 8, NO. 12, 2015
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http://dx.doi.org/10.1016/j.jcm.2015.07.013

ORIGINAL RESEARCH

Global Longitudinal Strain Is a Superior Predictor of All-Cause Mortality in Heart Failure With Reduced Ejection Fraction

Morten Sengeløv, MD,^a Peter Godsk Jørgensen, MD,^{a,†} Jan Skov Jensen, MD, PhD, DMSc,^{a,†} Niels Eske Bruun, MD, DMSc,^{a,†} Flemming Javier Olsen, MB,^a Thomas Fritz-Hansen, MD,^a Kotaro Nochioka, MD, PhD,^a Tor Biering-Sørensen, MD, PhD^{b,†}

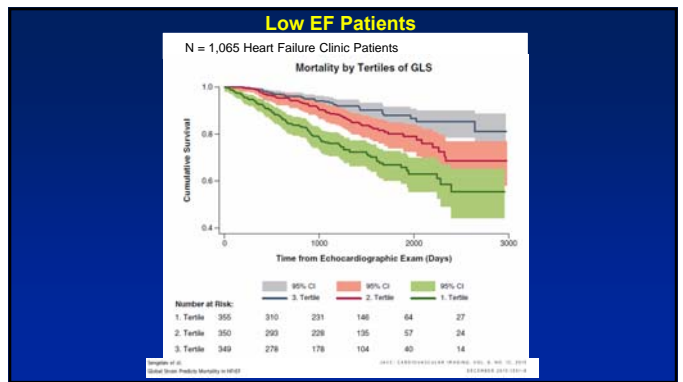


TABLE 3. Univariable and Multivariable Cox Proportional Hazard Models (N = 1,065 Heart Failure Clinic Patients)

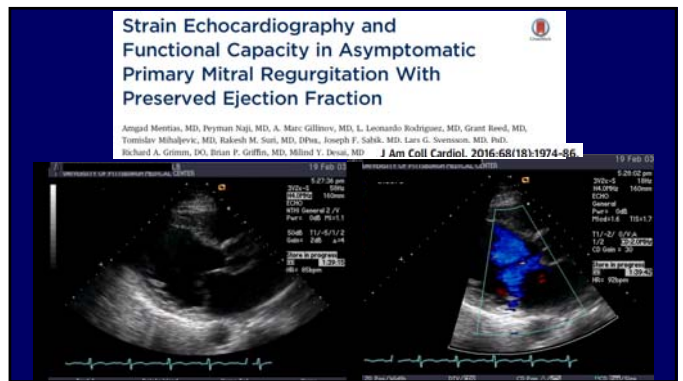
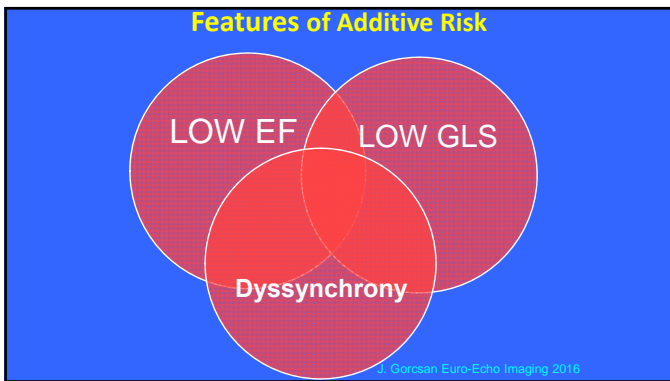
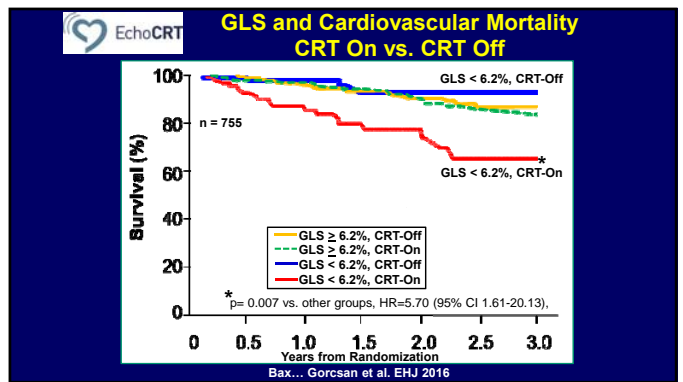
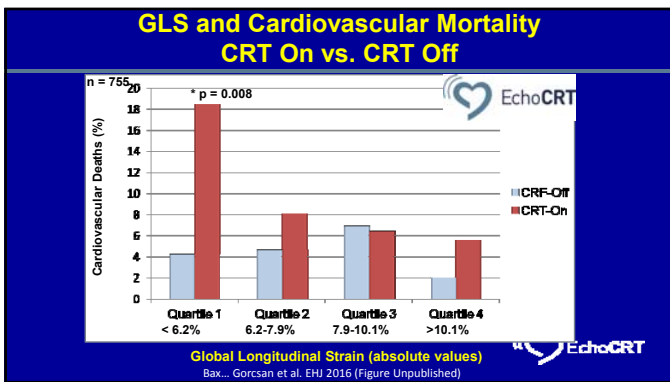
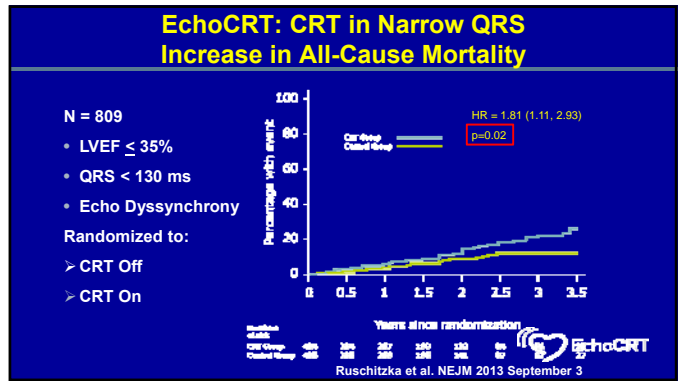
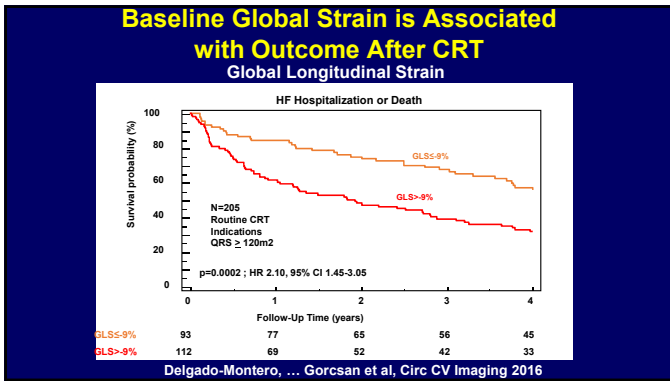
	Univariable Analysis			C-Statistic	Multivariable Analysis ^a		
	HR	95% CI	p Value		HR	95% CI	p Value
Age, per 1-yr increase	1.05	1.03-1.06	<0.001		1.05	1.02-1.07	<0.001
MAP, per 1-mm Hg increase	0.97	0.96-0.98	<0.001		0.97	0.95-0.98	<0.001
Heart rate, per 1-beat/min decrease	1.05	1.00-1.02	0.015				
Ischemic cardiomyopathy	1.14	0.84-1.53	0.39		1.32	0.78-2.26	0.305
CABG	1.41	1.01-1.96	0.043				
PTCA	0.56	0.38-0.82	0.003				
Cholesterol, per 1-mmol/L increase	0.83	0.72-0.96	0.013				
NO2M	1.89	1.25-2.81	0.002		2.66	1.55-4.30	<0.001
BNP, per 1-g/L increase	0.91	0.84-0.97	<0.001	0.6333			
LVMI, per 1-g/m ² decrease	1.04	1.00-1.01	0.036	0.5645			
LAVI, per mL/m ² decrease	1.02	1.01-1.03	<0.001	0.6048			
TMPE, per 1-cm increase	0.84	0.34-0.58	<0.001	0.6379			
E, per 1-m/s increase	1.88	1.20-2.96	0.005	0.5684			
DT, per 1-ms decrease	0.99	0.99-1.00	0.031	0.5638			
E/A, per 1 increase	1.23	1.08-1.41	0.003	0.5709			
v', per 1-cm/s increase	0.004	0.00-0.196	0.08	0.5502			
E/e', per 1 decrease	1.06	1.02-1.06	0.001	0.6902			
GCS vM, per 1-s ⁻¹ decrease	1.85	0.96-3.60	0.067	0.5833			
GCS vE, per 1/s decrease	1.11	1.06-1.16	<0.001	0.6371			
GLS, per 1% decrease	1.17	1.04-1.30	<0.001	0.6536			
GLS, per 1% decrease	1.20	1.14-1.26	<0.001	0.6735	1.15	1.04-1.27	0.005

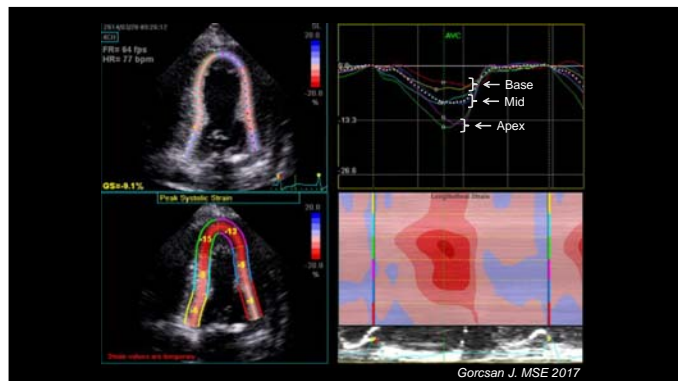
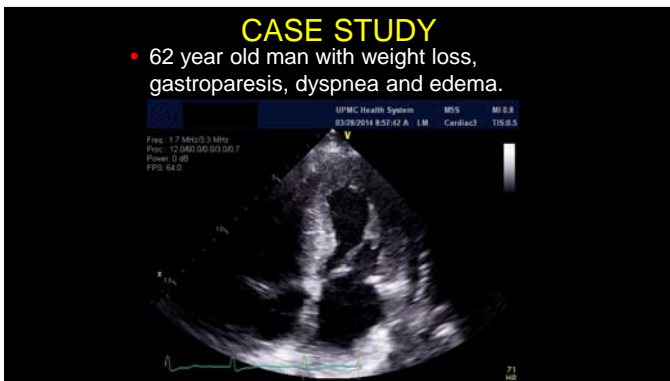
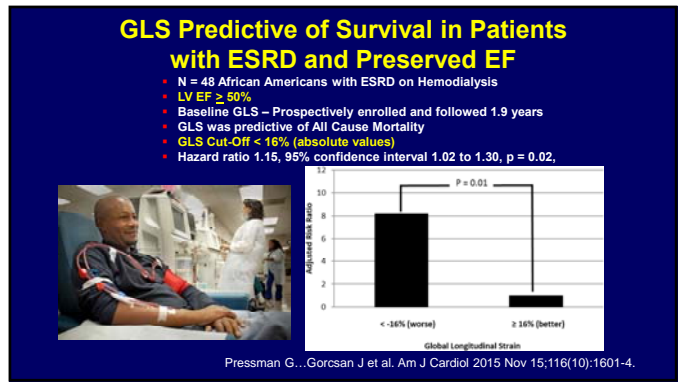
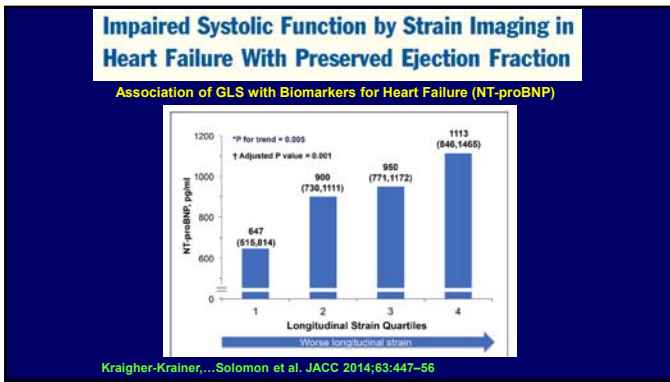
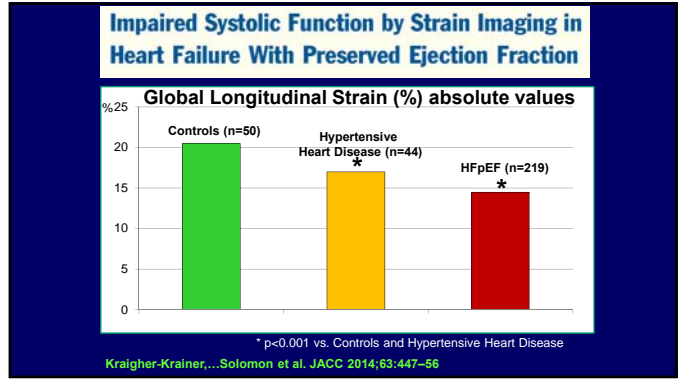
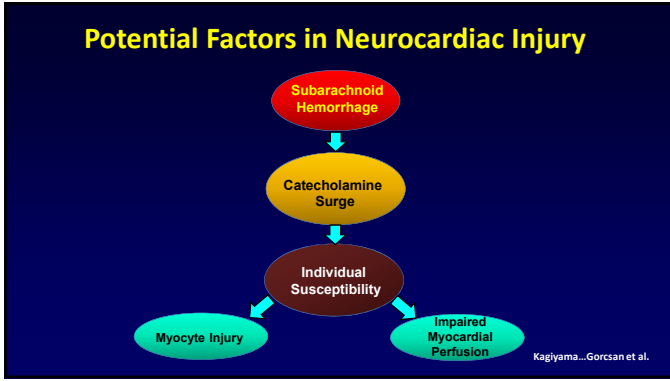
^aMultivariable model includes age, sex, BNP, total cholesterol, MAP, heart rate, ischemic cardiomyopathy, PTCA, CABG, NO2M, LVMI, LAVI, TMPE, DT, E velocity, E/e' ratio, E/A ratio, and GCS vM. HRs for variables that are significant in the multivariable analysis are shown.
CI = confidence interval; HR = hazard ratio; other abbreviations as in Tables 1 and 2.

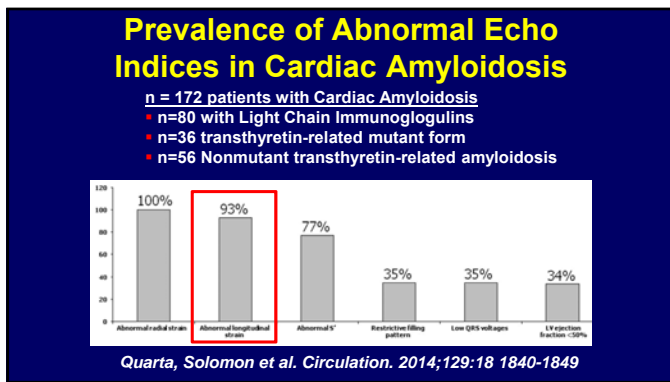
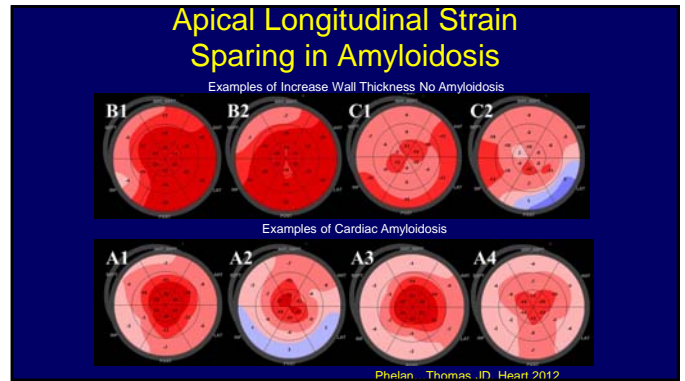
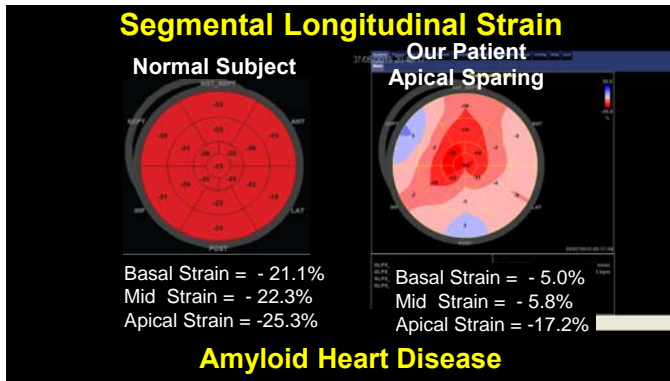
Cardiac Resynchronization Therapy

Treatment for Low EF Wide QRS Heart Failure

Two-site LV Pacing





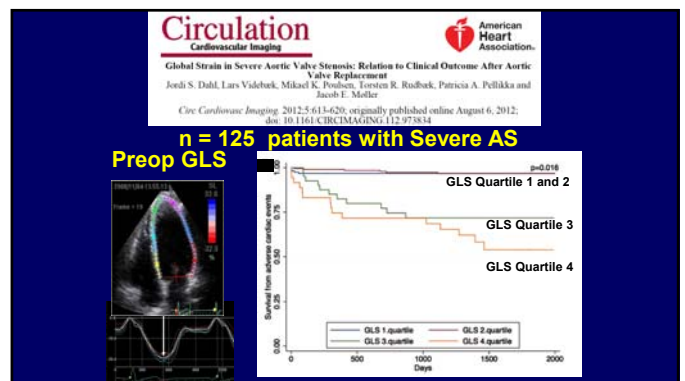
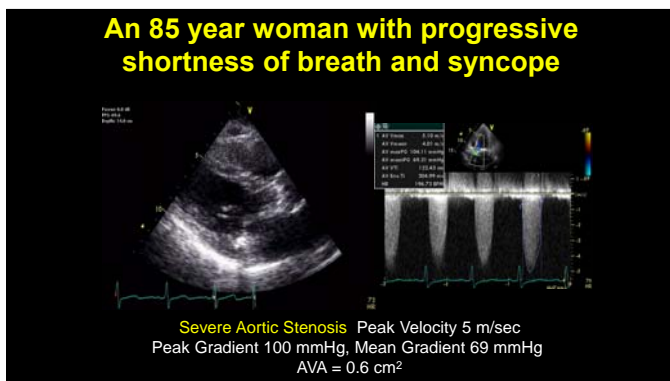


GLS Predicts Survival in Cardiac Amyloidosis

Table 6. Multivariable Analysis of Risk of Death Resulting from Any Cause and Incident Heart Failure

	HR	95% CI	P
Death resulting from any cause			
Pathogenesis of ATTRm versus AL	0.39	1.66-0.92	0.032
Pathogenesis of ATTRwt versus AL	0.36	0.18-0.71	0.003
NYHA class III-IV	1.92	1.00-3.65	0.047
eGFR, each incremental 1 mL/min	0.98	0.97-0.99	0.001
Global LV longitudinal strain, each incremental 1%	1.1	1.01-1.19	0.026

Quarta, Solomon et al. *Circulation*. 2014;129:18 1840-1849

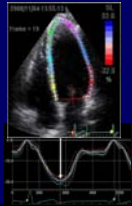


Circulation
Cardiovascular Imaging

Global Strain in Severe Aortic Valve Stenosis: Relation to Clinical Outcome After Aortic Valve Replacement
Jordi S. Dahl, Lars Videbæk, Mikael K. Poulsen, Torsten R. Rodbæk, Patricia A. Pellikka and Jacob E. Møller

Circ Cardiovasc Imaging 2012;5(6):620. originally published online August 6, 2012; doi: 10.1161/CIRCIMAGING.112.978834

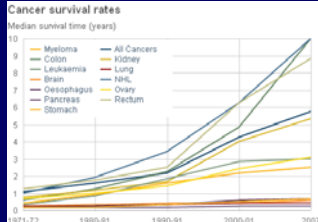
GLS was Additive to Clinical Features and EF



Model Components	Model Chi-square	p-value
EuroScore	~10	-
EuroScore + EF	~13	p=0.31
EuroScore + EF + IHD	~15	p=0.44
EuroScore + EF + IHD + GLS	~18	p=0.0007

Cardio-oncology
Progress in Cancer Survival Rates

- Substantial improvements in cancer patient survival.
- 14.5 million cancer survivors in the US
- Leads to a higher prevalence of patients with cancer and cardiovascular disease



Cancer survival rates
Median survival time (years)


Legend: Myeloma, Colon, Leukaemia, Brain, Oesophagus, Pancreas, Stomach, All Cancers, Kidney, Lung, NHL, Ovary, Rectum

Data are for adults aged 15-99 diagnosed in England and Wales. 2007 data are predicted survival estimates. Prostate, breast and bladder cancer are excluded. Breast cancer median survival time has been more than 10 years since at least the early 1990s.

DeSantis C.E., Lin C.C., Mariotto A.B., et al: Cancer treatment and survivorship statistics, 2014. *CA Cancer J Clin*. 2014;64:252-271.

Source: Macmillan Cancer Support

GLS was Additive to EF to Predict Chemo Cardiotoxicity



Chi-square

N = 24 patients with cardiotoxicity

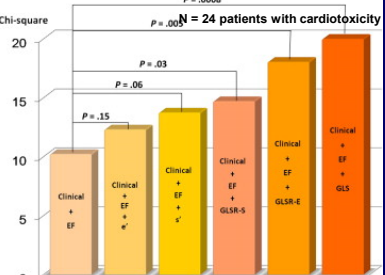
$P = .0008$

$P = .005$

$P = .03$

$P = .06$

$P = .15$


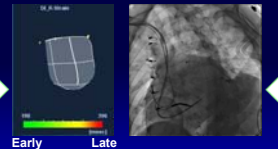


GLS < 11%

Nigishi...Marwick et al. JASE 2013

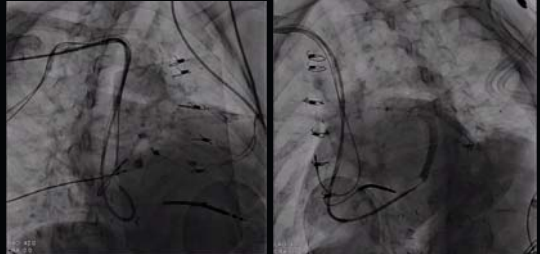
Strain New Directions: Fusion imaging

Ultrasound system Fluoroscopy Angiographic System


Strain Activation: Early Late

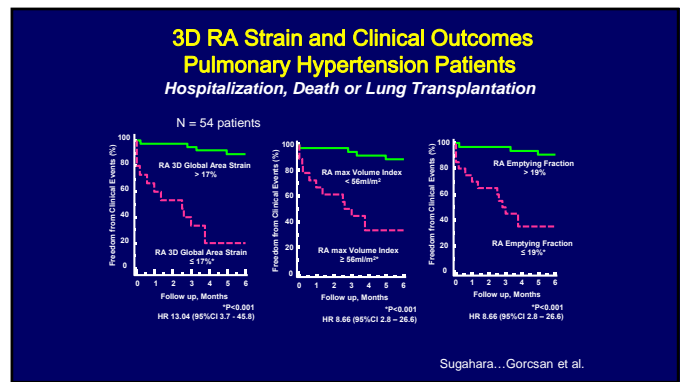
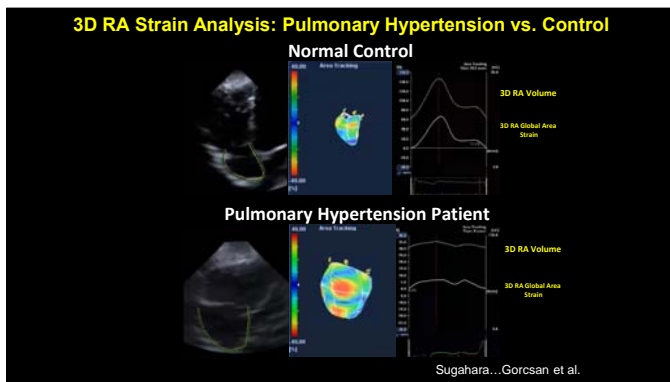
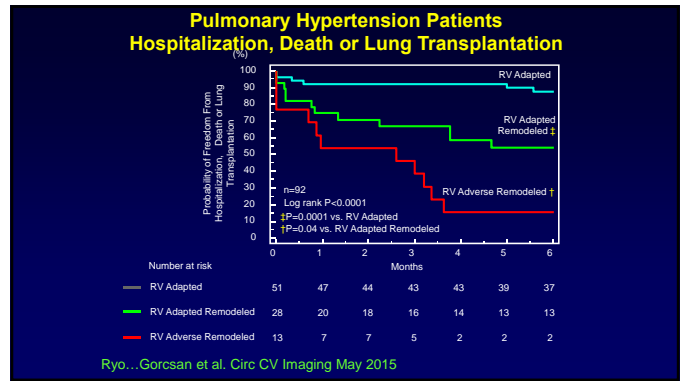
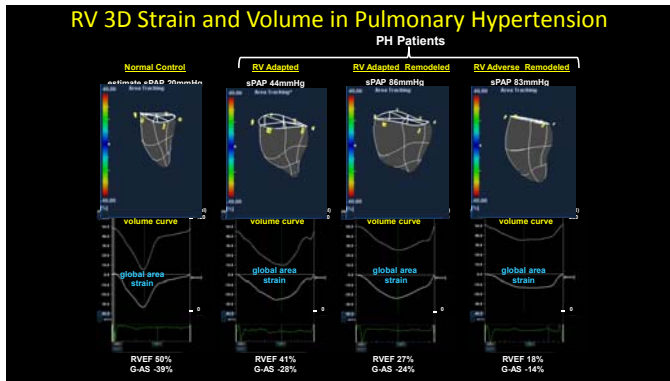
Fusion imaging



RAO View LAO View

RV 3D SPECKLE TRACKING





Strain Imaging into the Future

Definitions for a Common Standard for 2D Speckle Tracking Echocardiography: Consensus Document of the EACVI/ASE/Industry Task Force to Standardize Deformation Imaging

J Am Soc Echocardiogr 2015;28:183-93

ASE Announcement:
Myocardial Strain Imaging
 Acceptance of New CPT Category III code, 039X9T
 Introduced January, 2016.
 Category III codes are not yet reimbursed: Often lead to the adoption of payable codes by CMS and other payers.

Take Home Messages

- Speckle Tracking Strain has emerged as the most useful new echocardiographic tool to assess myocardial function.
- Global Longitudinal Strain is best represented in the literature as being a sensitive measure additive to EF.
- Most Promising New Clinical Applications:
 - Adding to EF in Heart Failure to Enhance Prognosis
 - Cardiac Amyloidosis
 - Valvular Heart Disease
 - Neurocardiac Injury
 - Cardio-oncology
 - 3D Strain has promise for the future!

Gorcsan J. 2017
 Washington University in St. Louis