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1 **Objective uniaxial identification of transition points in non-linear**
2 **materials: sample application to porcine coronary arteries and the**
3 **dependency of their pre- and post-transitional moduli with position.**

4

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1 **Abstract**

2 **Purpose:** This study aimed to develop an objective method for the elastic characterisation of
3 pre- and post-transitional moduli of left anterior descending (LAD) porcine coronary arteries.

4 **Methods:** Eight coronary arteries were divided into proximal, middle and distal test
5 specimens. Specimens underwent uniaxial extension up to 3 mm. Force-displacement
6 measurements were used to determine the induced true stress and stretch for each specimen.
7 A local maximum of the stretch-true stress data was used to identify a transition point. Pre-
8 and post-transitional moduli were calculated up to and from this point, respectively.

9 **Results:** The mean pre-transitional moduli for all specimens was 0.76 MPa, as compared to
10 4.86 MPa for the post-transitional moduli. However, proximal post-transitional moduli were
11 significantly greater than that of middle and distal test specimens ($p < 0.05$).

12 **Conclusion:** post-transitional uniaxial properties of the LAD are dependent on location along
13 the artery. Further, it is feasible to objectively identify a transition point between pre- and
14 post-transitional moduli.

15

16 **Keywords:** Biomechanical Testing/ Analysis, Connective tissues, Coronary artery,
17 Mechanical properties, Young's modulus.

1 **Background**

2 Coronary heart disease is the leading cause of death worldwide [1]. Characterising the
3 mechanical properties of coronary arteries is important in order to determine stress and strain
4 on the arterial wall [2] and is thus vital for clinical treatments of arterial diseases, designs of
5 vascular implants (e.g. stents and grafts) as well as for tissue engineering [3].

6 The coronary arteries are the first arterial branches of the aorta [4] with the main
7 function of distributing oxygen at a high rate to the myocardium [5]. One of the two major
8 branches of coronary circulation is the left coronary artery [6] of which the left anterior
9 descending coronary artery (LAD) is of central importance [3]. The left coronary artery and
10 its branches supply a majority of the oxygenated blood to the ventricular myocardium, as
11 well as to the left atrium, left atrial appendage, pulmonary arteries and aortic root [5].

12 Coronary artery disease leads to chronic narrowing of the vessels or impaired vascular
13 function which in turn can lead to cardiac hypoxia and impaired contractile function as well
14 as increase the risk for a myocardial infarction [6].

15 Mechanical testing has been performed on both human [5,7-9], and porcine [2,9,10]
16 coronary arteries. Porcine hearts are often chosen for their anatomical similarity to human
17 hearts [8]. Uniaxial testing is a commonly chosen method for testing of coronary arteries
18 [3,8-10], with elastic material parameters often used in computational models [10-12].
19 However, a repeatable but objective measure of the pre- and post-transitional moduli
20 following stress-stretch uniaxial testing is not currently available. There is the potential to use
21 differences in post-transitional moduli to distinguish between healthy and diseased arteries
22 [7]; with potential for clinical translation via elastography. Further, variations in these moduli
23 along the length of the artery are unknown.

24 The aim of this study was to objectively measure the uniaxial behaviour of the left
25 anterior descending coronary arteries of porcine hearts. Therefore, a method to identify the

1 pre- and post-translational moduli of arteries following uniaxial tests has been trialled. The
2 methodology has been applied to proximal, middle and distal LAD coronary artery samples.

3

4 **Methods**

5 *Specimens*

6 Eight coronary arteries were obtained from eight porcine hearts. The porcine hearts were
7 delivered from a supplier (Fresh Tissue Supplies, Horsham, UK) who froze the hearts when
8 excised and delivered them frozen and sealed. When delivered to the laboratory, the hearts
9 were individually wrapped in tissue paper, soaked in Ringer's solution and then stored
10 at -40 °C in heat sealed bags. This followed protocols from previous studies involving
11 porcine hearts [13-17]. Porcine hearts were thawed overnight at 4 °C, after which the LAD
12 coronary artery was dissected from intact hearts. Each LAD coronary artery's length, width
13 and thickness was measured before and after being divided into proximal, middle and distal
14 test specimens, each 20.58 ± 0.75 mm in length (Figure 1; Table 1). Specimens underwent a
15 second freeze-thaw cycle ahead of uniaxial testing.

16

17 *Uniaxial testing*

18 Test specimens were held in place using grips lined with emery paper. A piece of P400 emery
19 paper with two rougher rectangular pieces of P60 emery paper, glued on using Araldite®
20 Rapid (Huntsman Corporation, Texas, USA), was folded around the sample. Grips were
21 attached to a Bose 3200 materials testing machine operated by WinTest software (Bose
22 Corporation, ElectroForce Systems Group, Minnesota, USA). Each test specimen had a
23 gauge length of 4.57 ± 0.75 mm. A thin piece of hydrated tissue paper was wrapped around
24 the sample and re-hydrated with Ringer's solution between each cycle in order to avoid
25 dehydration, as often performed for other soft connective tissues [13,18].

1 Each sample underwent ten cycles of uniaxial testing, for each cycle it was stretched
 2 to a longitudinal displacement of 3 mm at a rate of 0.5 mm/s (i.e. tested axially), consistent
 3 with the longitudinal displacement of the left coronary artery [19,20] which ranges from 0.5
 4 mm to 6.5 mm for the LAD [19]. Specimens were not tested to failure, as specimens were
 5 also used as part of a separate study [21]. Force-displacement data from the tenth, and final,
 6 cycle was used to calculate the pre- and post- transitional moduli (Figure 2). The first nine
 7 cycles were used as preconditioning cycles, which coronary arteries require [2,3,10,22].

8

9 *Pre- and post-transitional modulus*

10 Coronary arteries typically display a ‘J-shaped’ curve during uniaxial tests [12,23], by
 11 convention plotted as true stress, σ , over stretch, λ , [2,3,12,23,24] where λ is defined by
 12 equation 1 in terms of the actual length, l , and the initial length, L [10,23]. The initial length
 13 corresponded to the gauge length (see *Unaxial testing*, above) was used for calculations.
 14 Coronary arteries are considered to be incompressible [7,11,25], so equation 2 is used to
 15 calculate the actual cross-sectional area, a , in relation to the initial cross-sectional area, A .
 16 Therefore, σ can be calculated using equation 3 based on the measured load, P , during testing
 17 [23].

$$18 \qquad \qquad \qquad \lambda = \frac{l}{L} \qquad \qquad \qquad (1)$$

$$19 \qquad \qquad \qquad a = \frac{A}{\lambda} \qquad \qquad \qquad (2)$$

$$20 \qquad \qquad \qquad \sigma = \frac{P}{a} \qquad \qquad \qquad (3)$$

21 The stress-stretch curve of coronary arteries contain what is commonly termed as a toe and a
 22 linear region [10,26,27] (Figure 3). The stress-strain gradient within these toe and linear
 23 regions are defined as the pre- and post-transitional moduli, respectively. For this study, a
 24 critical point has been identified with corresponding stress, σ_C , and stretch, λ_C . This critical
 25 point, C in Figure 3, was defined by identifying the critical point closest to the origin (for λ , σ

1 > 0) of the estimated polynomial regression line of the data plotted as the stretch over true
2 stress. A third-degree polynomial regression line has been used. This is because it was the
3 lowest degree polynomial which led to a suitable goodness of fit ($R^2 = 85.65 \pm 9.19 \%$).
4 Further, it was the only regression trendline which consistently displayed an identifiable local
5 maximum at the transition point. This local maximum was identifiable when the data was
6 plotted as the stretch over true stress (Figure 3). Thus, this is an essential part of this method;
7 the use of lower order polynomials, for example, did not always lead to such an identifiable
8 point. The critical point stretch, λ_C , was used to identify a corresponding stretch (up to two
9 significant figures) on the actual experimental data which had been plotted. The result was a
10 transition stretch, λ_T . λ_T is necessary because λ_C does not necessarily match a data point on the
11 stress-stretch curve; λ_T is identified as the nearest data stretch point to λ_C . The transition
12 stretch, together with the corresponding transition true stress, σ_T , formed the transition point
13 (λ_T, σ_T) , point T in Figure 3. In essence, T is the mapping of C from the polynomial regression
14 line on to the experimental data. Subsequently, the pre- and post-transitional moduli were
15 calculated using point T as an end and start point for each, respectively.

16

17 *Statistical analysis*

18 The pre- and post-transitional moduli were analysed with respect to the LAD geometry.
19 Width and thickness of the samples were compared to the distance from the bifurcation, the
20 post-transitional modulus was compared to the width of the samples. Regression analysis was
21 performed with SigmaPlot (v12.0, Systat Software Inc., USA). Minitab (v17, Minitab Inc.,
22 USA) was used to assess statistical significance for one-way ANOVA ($p < 0.05$) between the
23 geometry of the proximal, middle and distal test specimens. Statistically significant
24 differences ($p < 0.05$) were also analysed between matched pre- and post-transitional moduli,
25 the storage and loss moduli using a paired t -test.

1 **Results**

2 The proximal, middle and distal samples had a mean width of 8.66 ± 1.03 mm, 6.90 ± 0.85
 3 mm and 5.62 ± 0.63 mm (Table 1), respectively, and decreased significantly along the
 4 distance from the bifurcation ($p < 0.05$, $R^2 = 70.91$ %; Figure 4). The thickness of the
 5 proximal, middle and distal pieces were 0.49 ± 0.08 mm, 0.34 ± 0.06 mm and 0.29 ± 0.10
 6 mm (Table 1), respectively, again decreasing significantly along the distance from the
 7 bifurcation ($p < 0.05$, $R^2 = 53.15$ %; Figure 4).

8 There was a statistically significant difference between pre- and post- transitional
 9 moduli (Table 2). The average pre-transitional modulus ranged from 0.67 MPa for proximal
 10 samples to 0.85 MPa for the distal samples; whereas, post-transitional moduli ranged from
 11 2.62 MPa (distal) to 8.06 MPa (proximal). However, there was no statistically significant
 12 difference between the stretch at which the transition point occurred for the proximal, middle
 13 or distal samples. The average transition point occurred at $\lambda = 1.53 \pm 0.11$.

14 There was no significant difference between the pre-transitional moduli at different
 15 distances from the bifurcation (Table 2). The overall mean pre-transitional modulus was
 16 0.76 ± 0.38 MPa. While a linear relationship was used to calculate this modulus, regression
 17 analysis shows that a quadratic fit (equation 4) provided a better fit for the data (Table 3).
 18 Constants from equation 4 for proximal, middle and distal samples are provided in Table 4.

$$19 \quad \sigma = \alpha\lambda^2 - \beta\lambda + \gamma \quad (4)$$

20 The mean post-transitional modulus for all test specimens was 4.86 MPa. However, there was
 21 a statistically significant difference in post-transitional moduli between proximal (8.06 MPa)
 22 and middle (3.90 MPa) or distal (2.62 MPa) samples (Table 2). There was little difference in
 23 R^2 values for linear (94 %) and quadratic (95%) σ - λ relationships (Table 3). The post-
 24 transitional modulus was also found to increase significantly ($p < 0.05$, Figure 5) with
 25 thickness and width, however, R^2 values were low at 26 % and 30 %, respectively.

1 **Discussion**

2 An objective method has been trialled to measure the pre- and post-transitional moduli for
3 proximal, middle and distal samples of the LAD coronary artery. The post-transitional
4 modulus varied across the length of the coronary artery and with the thickness of the LAD.
5 Unsurprisingly, there is a significant difference between the pre- and post-transitional moduli
6 of the LAD coronary artery. More importantly it was feasible to identify a transition point,
7 mathematically, to distinguish between pre- and post- transitional components of the true
8 stress-stretch curve.

9 The proximal post-transitional moduli from this study are consistent with the range of
10 values available in literature, ranging from around 1.5 MPa [7] up to 10 MPa [10]. However,
11 the identification of the point from where this post-transitional region starts is vaguely
12 defined in previous studies [7,10]. Lower values of around 0.1 MPa have also been reported
13 in the literature [12,28]. However, such findings are based on biaxial tests and there are
14 difficulties in comparing between uniaxial and biaxial testing methodologies. Thus, although
15 the sample size used in this study could be considered low, the results obtained in our study
16 are consistent with available literature. Further our sample size exceeds that of other studies
17 in literature [29].

18 The method used to calculate and identify the pre- and post-transitional modulus,
19 although novel, is based on there being an identifiable transition point between the pre- and
20 post-transition of a stretch-stress curve of a coronary artery [23]. Considering the advantages
21 of using a linear fit compared to a quadratic one in determining a pre- and post-transitional
22 modulus, the use of a linear fit is thus considered of greater value. For example,
23 implementation of a single pre- and/or post-transitional modulus simplifies the
24 implementation in using computational models [30, 31]. However, it is noted that this may

1 introduce some limitations in terms of the pre-transitional modulus which is best represented
 2 by a quadratic σ - λ relationship.

3 The lumen diameter of LAD has been previously documented. Dodge *et al.* [32] and
 4 Zhang *et al.* [33] observed the proximal and distal lumen diameter of human LAD coronary
 5 artery to be 3.7 mm and 3.92 mm as well as 1.9 mm and 2.10 mm, respectively. Leung *et*
 6 *al.*[34] measured the proximal human LAD lumen diameter to vary between 3.30-3.88 mm
 7 and Guo *et al.* [35] found the inner lumen diameter of porcine LAD to vary between 2.19 mm
 8 to 0.02 mm. During this study, the width of the LAD was measured when the specimen had
 9 been cut open to resemble a rectangular specimen. Thus, the measured widths, w , from our
 10 current study is a measure of the inner circumference of the artery. Assuming a circular cross-
 11 section, means that the outer diameter, d_o , measured in other studies would be approximately
 12 equivalent to

$$13 \quad d_o = \frac{w}{\pi} + 2t \quad (6)$$

14 here, t is the wall thickness. Thus, outer diameters for proximal, middle and distal samples
 15 were 3.7 mm, 2.9 mm and 2.4 mm, respectively. Although the measured width of the
 16 proximal section of the LAD in this study are consistent with those by Dodge *et al.* [32] and
 17 Leung *et al.* [34] other comparisons are hard to make since the location of the distal section is
 18 not always clear [36]. Measurements might also vary between human [33] and porcine
 19 specimens. Geometrical considerations are important because our study found that post-
 20 transitional moduli decreased with LAD thickness and, thus, along the artery.

21 A limitation of this study is that samples have undergone freeze-thaw cycles. Briefly,
 22 while freeze-thaw cycles might influence tissue mechanics to some extent, it is the method of
 23 freezing which is critical [37, 38, 39]; as discussed elsewhere in more detail [21].
 24 Microscopic assessment of coronary arteries using the freeze-thaw protocols employed in this
 25 study have found limited effect on their structure [40]. Ultimately, the agreement of our data

1 with literature suggests that it has not impaired the mechanics of the tissues assessed.
2 Furthermore, as the overall stress-strain trend has not been altered by this process, it does not
3 limit the assessment of an objective method for identifying a transition point. Such a
4 transition point has potential uses clinically, in terms of distinguishing between pre- and post-
5 transitional moduli. These moduli can be useful on their own in terms of enabling distinction
6 between healthy and diseased arteries [7] with potential applications to magnetic resonance
7 elastography [41] for diagnosis. Alternatively, they may enable the identification of linear
8 regions (i.e. post-transitional) for more advanced characterisation, such as dynamic
9 viscoelasticity of arteries [21], heart valves [42], and other tissues, replacement materials [43,
10 44] and/or chemically natural tissues [45]. Ahead implementation on a wide range of
11 materials, the authors would suggest that any test data used is consistent with existing
12 recommendations for test data to be suitable for characterisation, e.g. [46]. This is because
13 any characterisation method will be sensitive to the range of input data, and their spacing, as
14 the parameters of acquisition/sampling can disproportionately bias subsequent fits
15 (altering subsequent coefficients determined through characterisation).

16

17 **Conclusion**

18 It is feasible to identify a transition point from a pre- to a post-transitional modulus of soft
19 connective tissues. Using this objective method, the post-transitional modulus of porcine left
20 anterior descending coronary arteries was found to decrease along its proximal-distal length.

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1 **Declarations**

2 The authors declare that they have no conflict of interest;

3

4 **Authors' contributions**

5 JMF participated in the study's design, performed mechanical testing and drafted the initial
6 manuscript. HEB conceived the study, participated in its design, and edited the manuscript.

7 DME conceived the study, participated in its design, and edited the manuscript. All authors
8 read and approved the final manuscript.

9

10 **Animal studies**

11 No animals were sacrificed specifically for this study. Porcine hearts were supplied by Fresh
12 Tissue Supplies (Horsham, UK). Ethical approval was granted for this study by the
13 University of Birmingham Research Support Group, [ERN_15-0032].

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