



## e-Seminar #24

# Simulating human cellular blood flow at extreme detail: a drop of blood at exascale



Presenter:

**Gábor Závodszy**  
(University of Amsterdam,  
Budapest University of Technology)

**5 July 2022**

**The e-Seminar will start  
at 2pm CEST / 1pm BST**



Moderator:

**Tim Weaving**  
(University College London)



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 823712



<https://insilicoworld.slack.com/archives/C0151M02TA4>

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in collaboration with:





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**Welcome!**



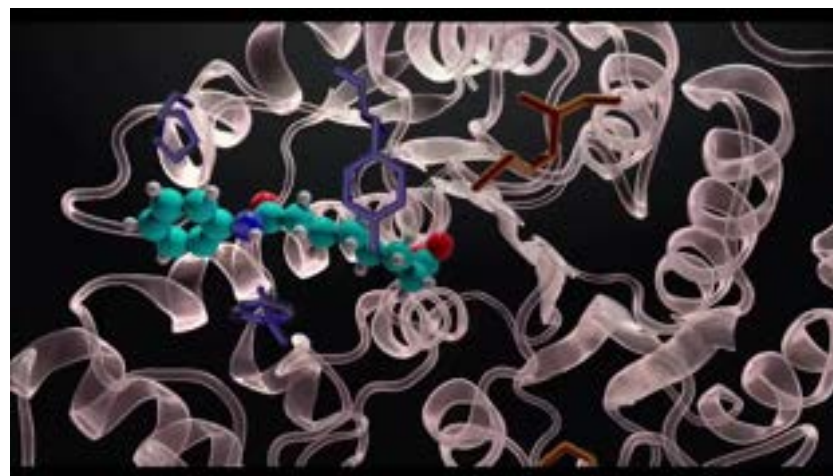
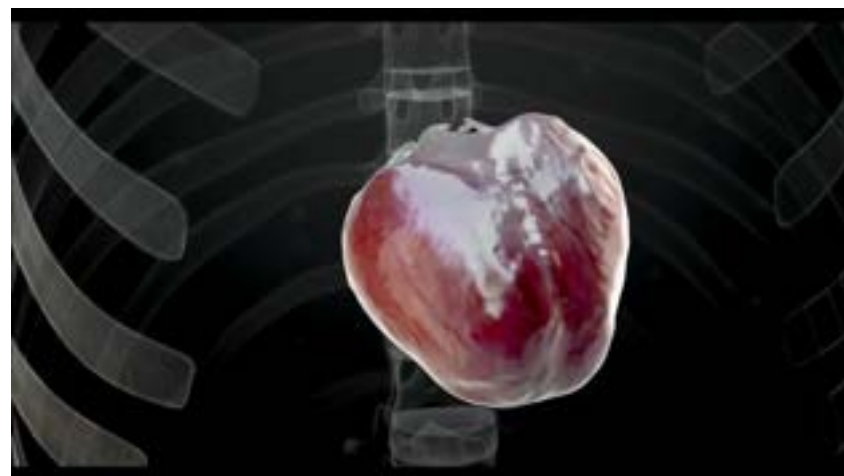
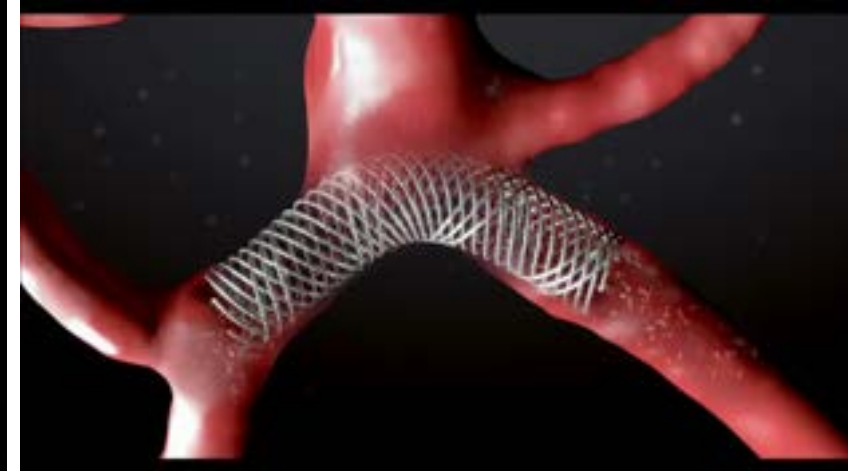
Moderator:

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(University College London)



- Introduction to the numerical modelling of blood.  
*Methods, validation, Uncertainty quantification*
- Computational challenges and solutions at scale.  
*Typical bottlenecks, adaptive time-step, dynamic load-balancing*
- Use-case demonstrations.  
*Production cases, experimental setups, usage strategy*

# Virtual Physiological Human Movie





# Scales of blood

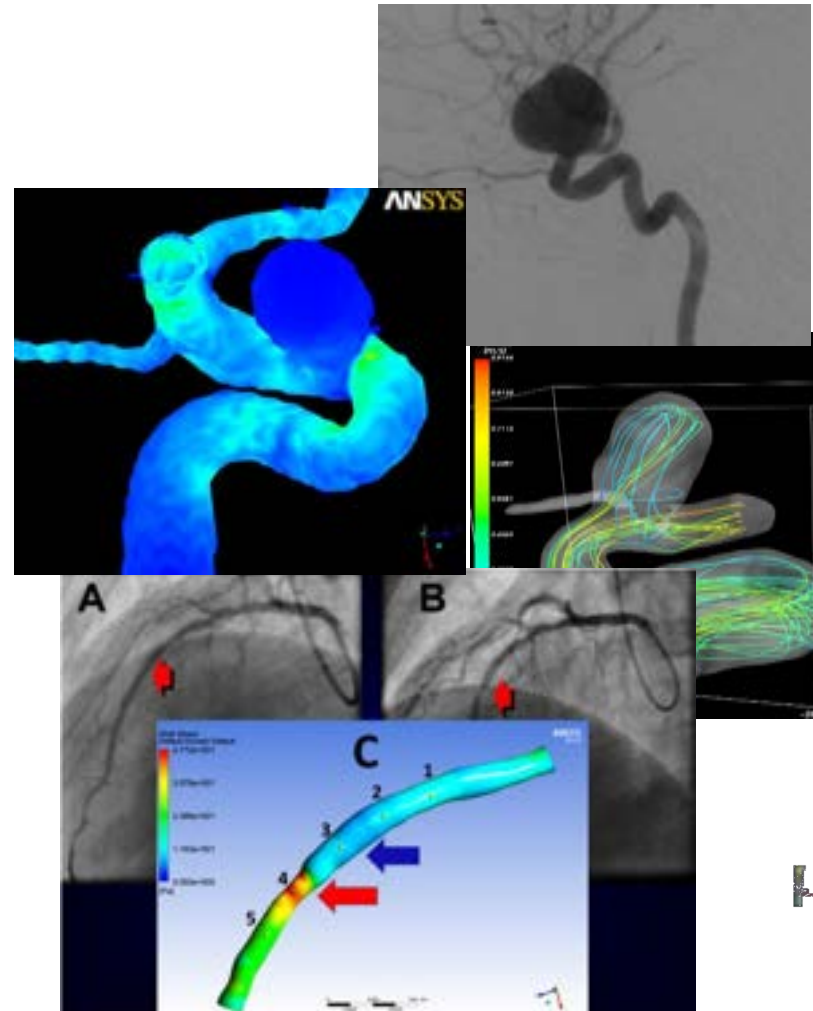
## Full-body scale

Reduced order models



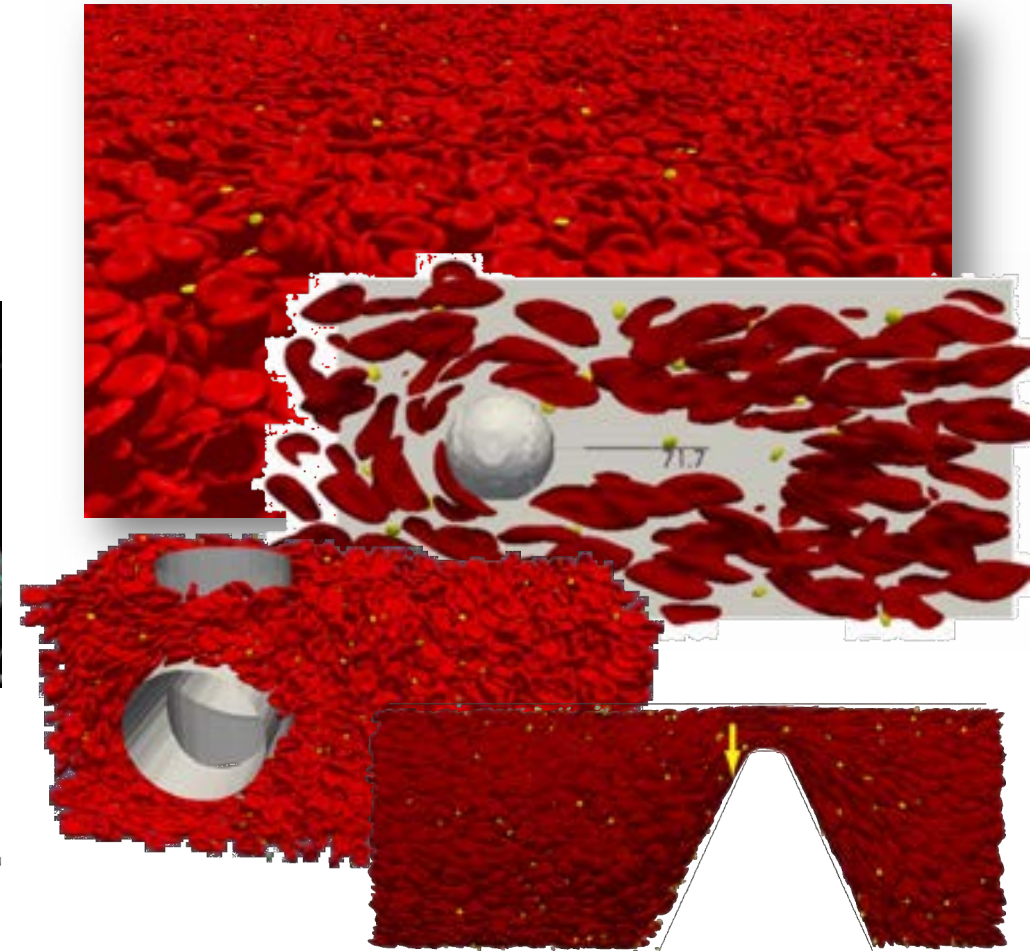
## Organ scale

3D continuum models

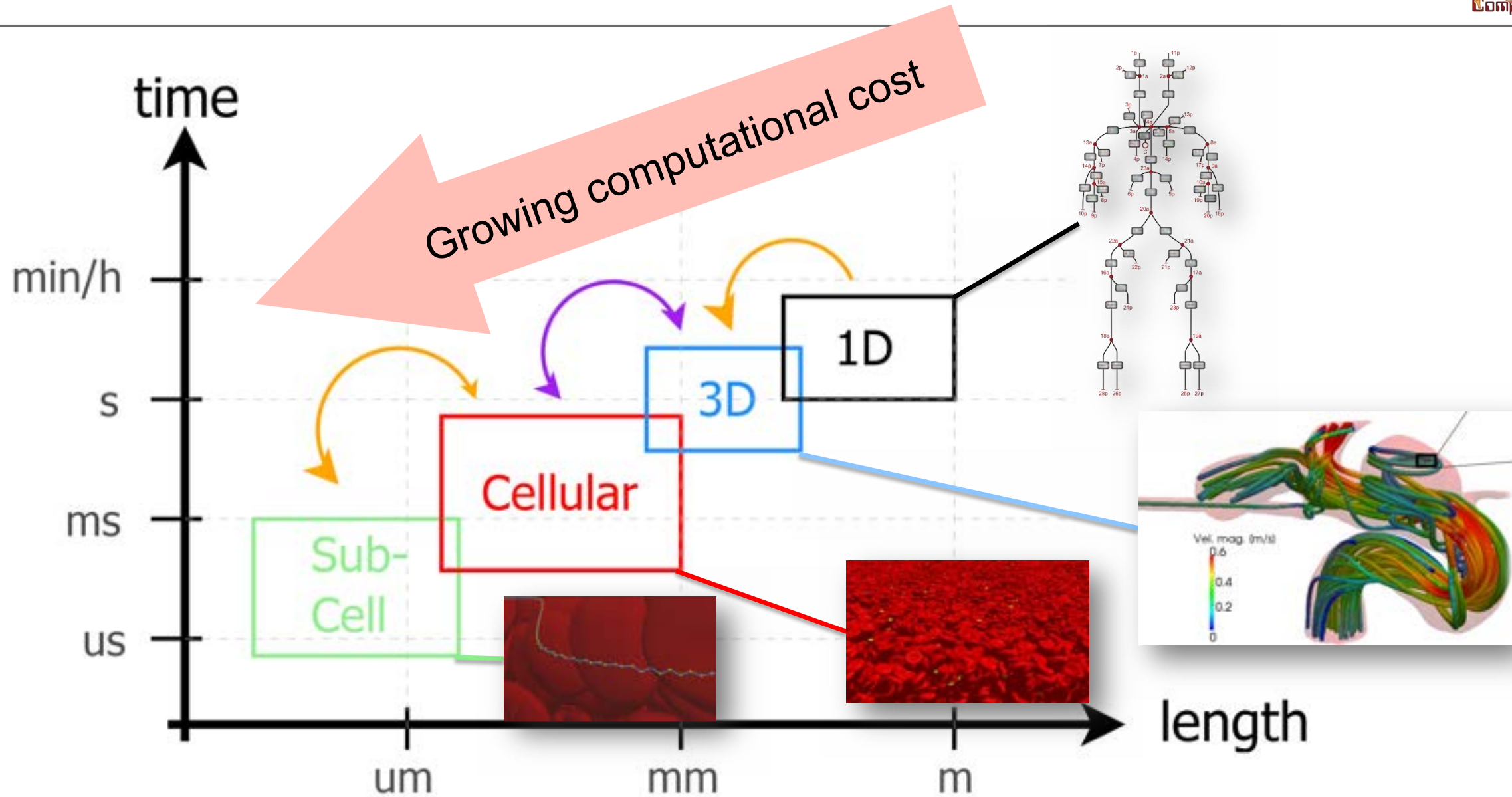


## Cellular scale

3D cellular models



# Computational cost



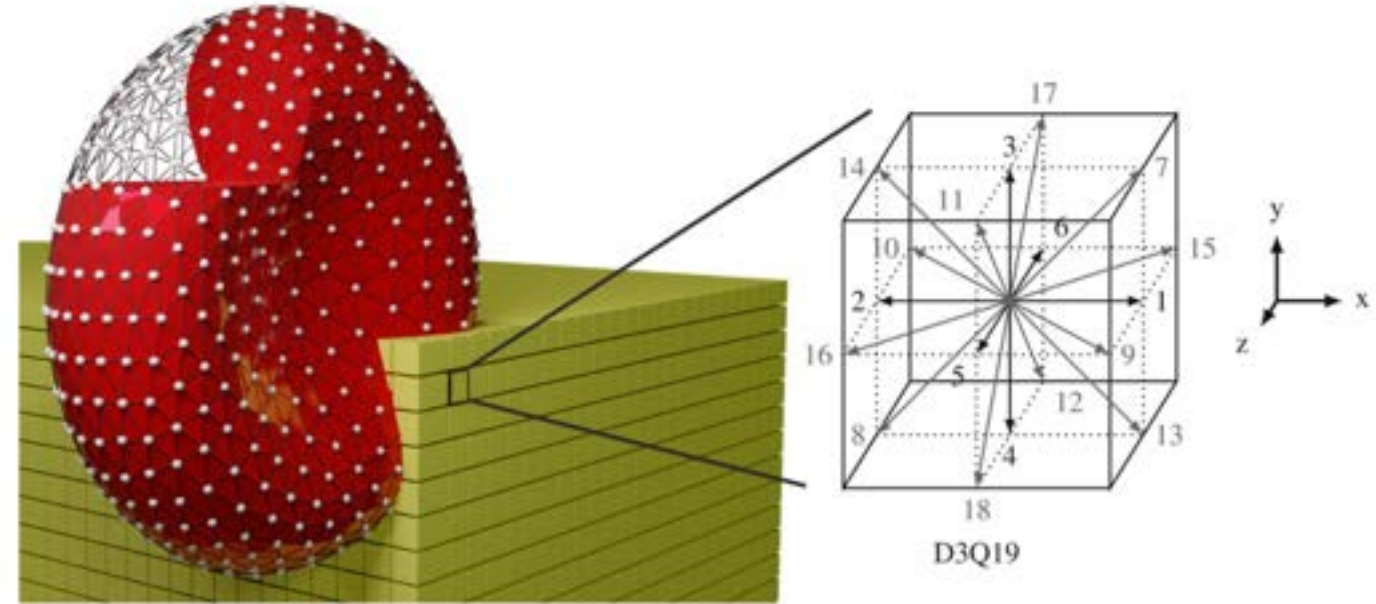
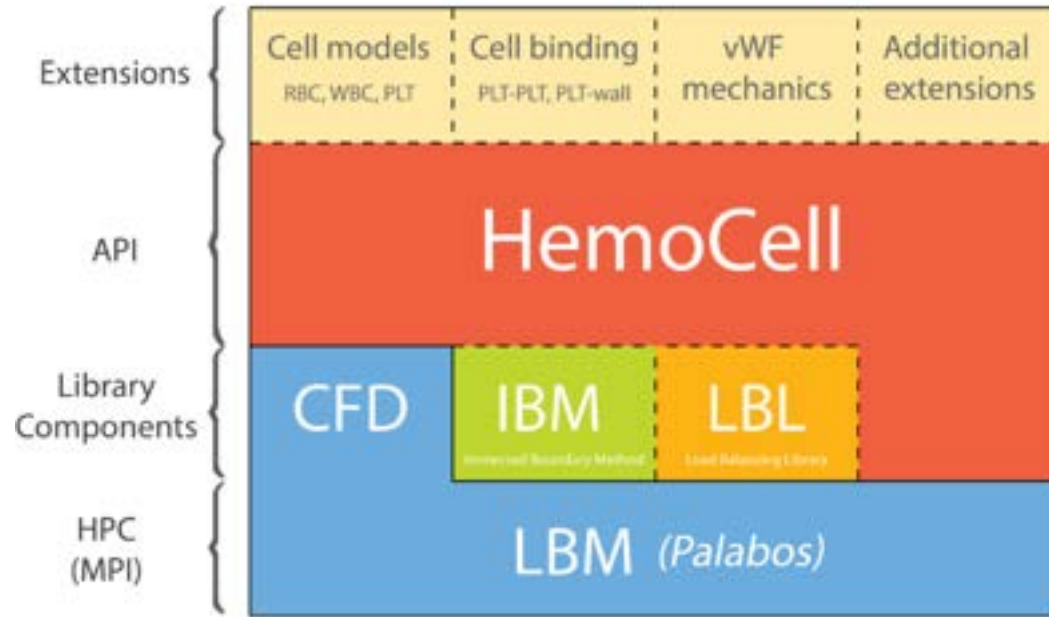


# Main features of HemoCell

- **Open-source code**  
*[www.hemocell.eu](http://www.hemocell.eu)*
- **Fully validated model**  
*VVUQ*
- **High-performance execution**  
*(>70% efficiency over 300,000+ cores)*
- **Advanced boundary conditions**  
*E.g., continuous cell influx.*
- **Numerically stable high-shear**  
*Up to 40,000 s<sup>-1</sup> (geometry dependent)*
- **Various cell types**  
*E.g., Human and mouse blood, diabetic blood*
- **Internal cell viscosity**  
*Fast algorithms to track internal nodes.*
- **More than 20 related publications**

# HemoCell - Modelling blood flows on a cellular level

[www.hemocell.eu](http://www.hemocell.eu)



Czaja et al. (2022). Comp. M. in Biomech. and Biomed. Eng. 1-19.  
Spieker et al. (2021). Ann. of Biomed. Eng., 49(12), 3609-3620.  
Závodszy, et al. (2019) Physics of Fluids, 31 (3), 031903  
van Rooij, et al. (2019) J. Royal Society Interface 16 (159).  
Alowayyed et al. (2018) Journal of Comp. Sci., 24, 1-7.  
Czaja et al. (2018) J. Royal Society Interface 2018.0485.  
de Haan et al. (2018) Applied Sciences, 8(9), 1616.  
Závodszy, et al. (2017) Fontiers in Physiology, 8, 563  
Závodszy, et al. (2017) Procedia Comput Sci.108,159.

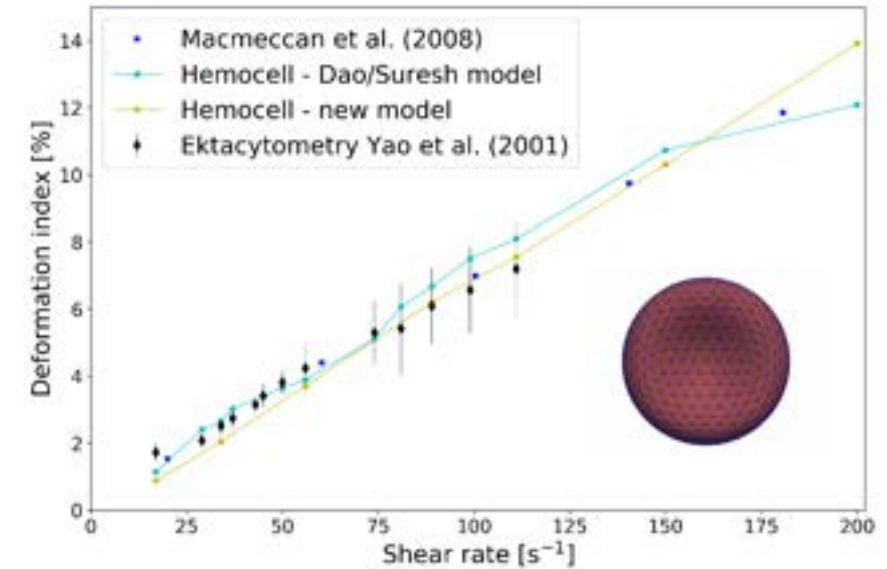
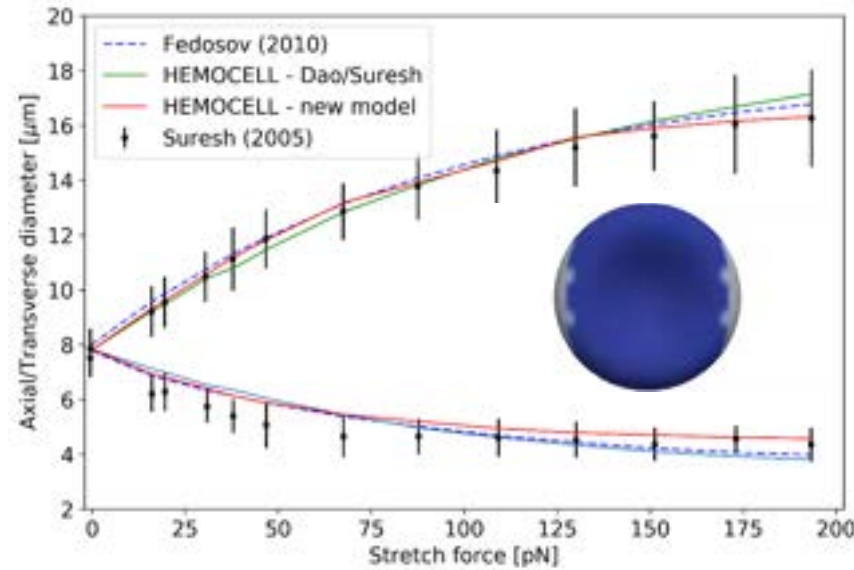
van Rooij et al. (2021). Interface focus, 11(1), 20190126.  
Czaja, et al. (2020). PLOS Comp. Biology 16.3 (2020): e1007716.  
De Vries et al., (2020) Int. J. for Uncertainty Quantification, 10 (4)  
Tarksalooyeh, et al. (2019) Procedia Comput Sci., 2019, 537-547  
Tarksalooyeh et al. (2018) Computers & Fluids, 172, 312-317.  
Mountrakis et al. (2016) EPL (Europhysics Letters) 114.1: 14002.  
Hoekstra et al. (2016). Phil. Trans. R. Soc. A. 374  
Mountrakis, et al. (2015) Journal of Computational Science 9 : 45.  
Závodszy, et al.. (2013). Int. J. of Heat and Fluid Flow, 44, 276



# Validation of cellular mechanics

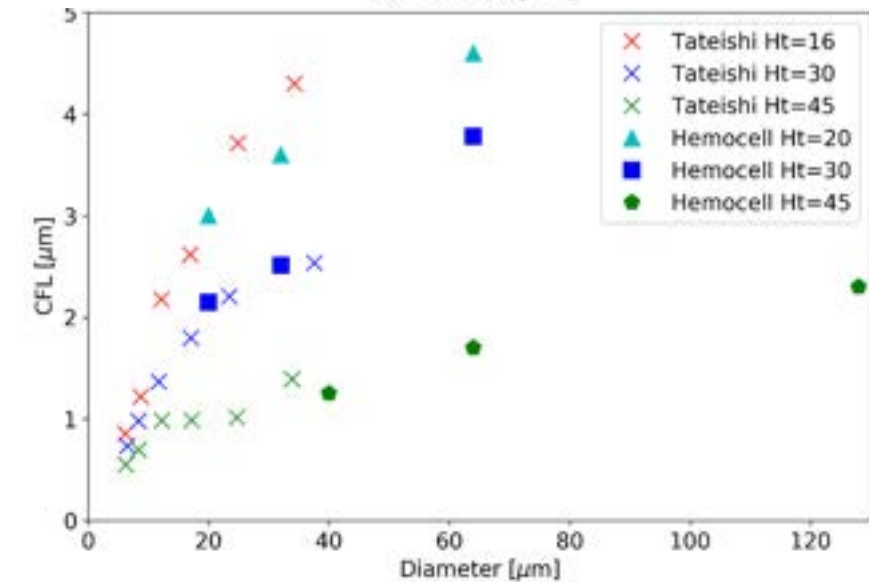
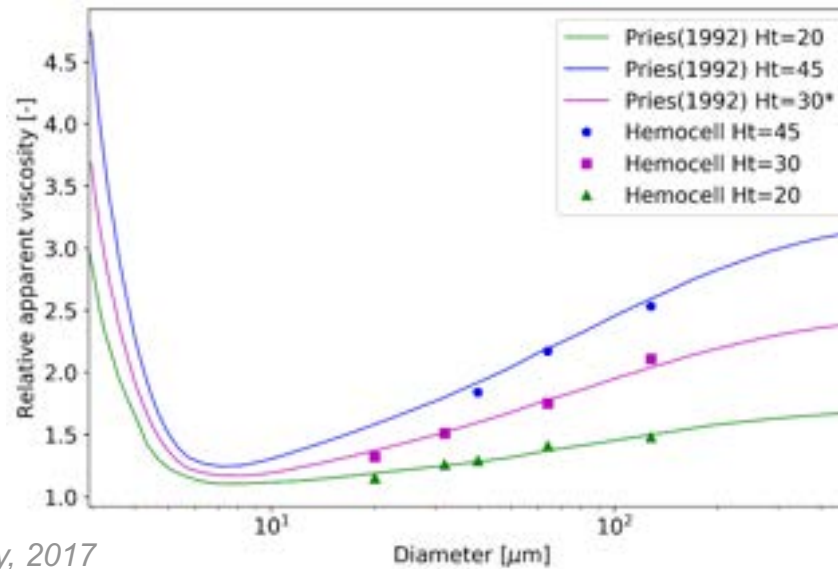
## Single-cell

Cell stretching, cell shearing



## Many-cell flows

Relative apparent viscosity in a pipe, cell free layer in a pipe



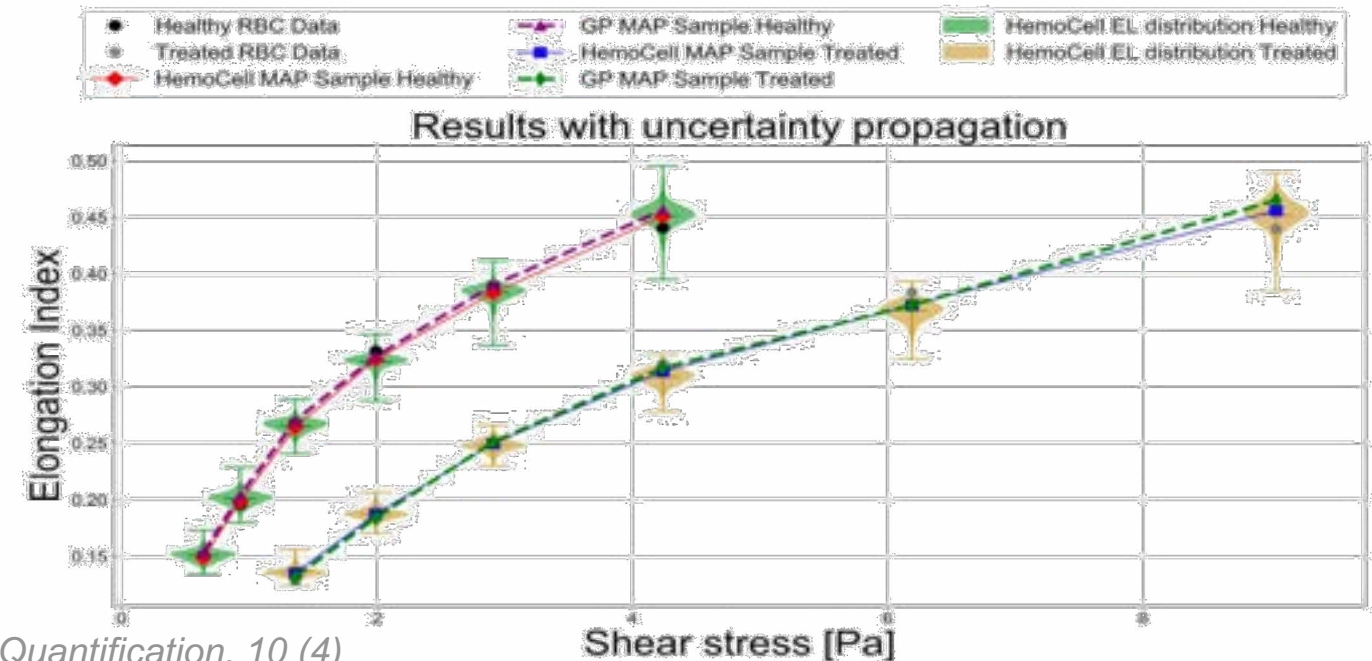
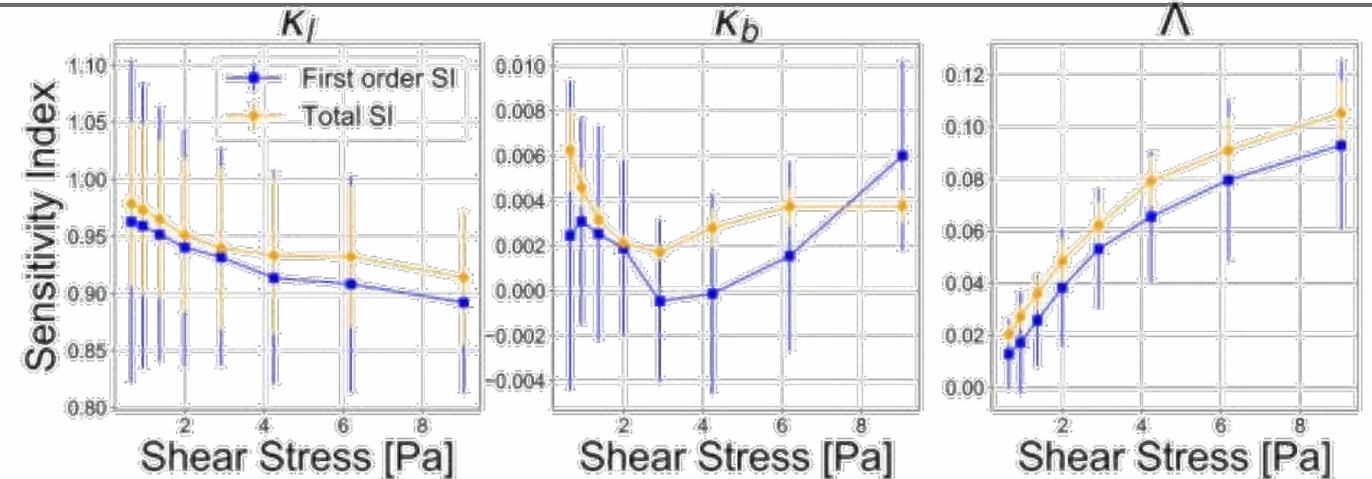
# Sensitivity analysis and inverse uncertainty quantification

## Sensitivity analysis

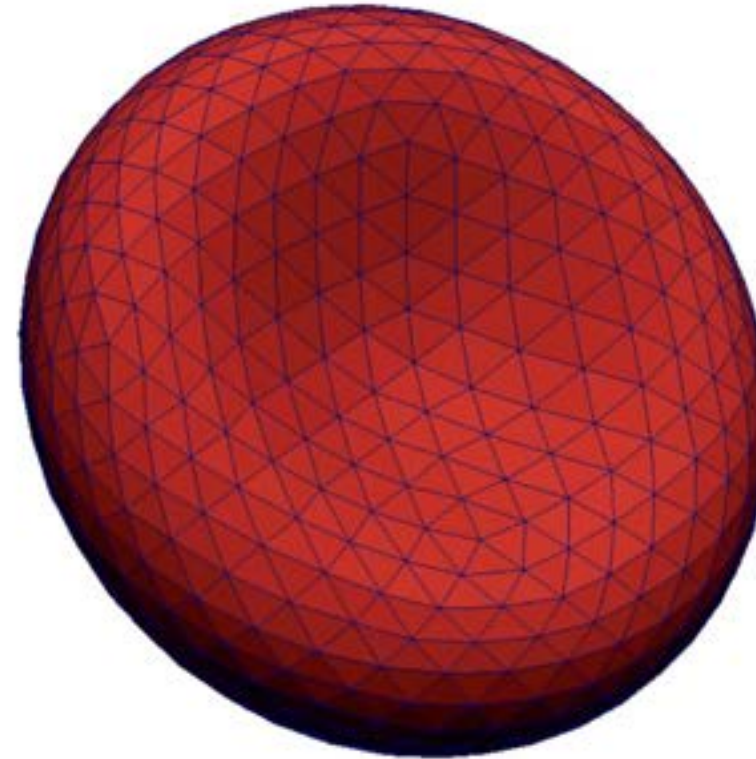
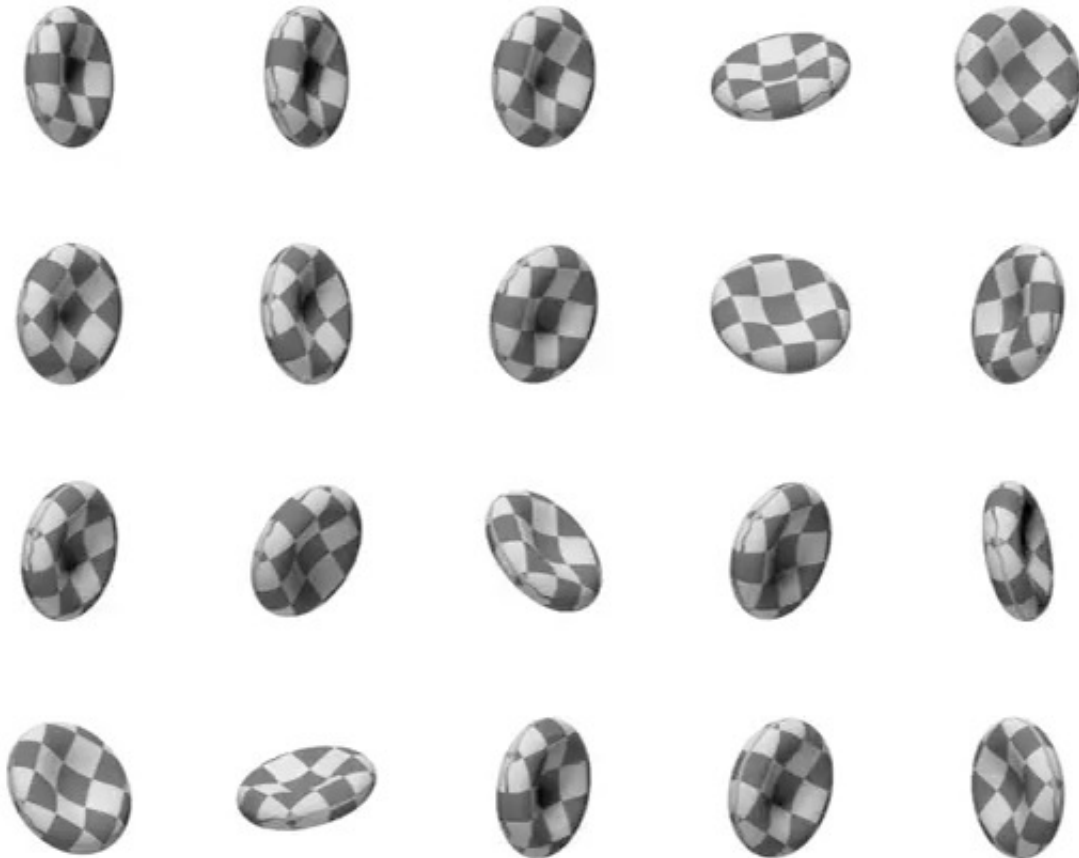
Helped reduce the complexity of the mechanical model description.

## Uncertainty quantification

Defines the uncertainty on the output given various sources of error on the model input.



# Computational cost of the cell model



## Membrane

- Area conservation
- Bending rigidity

## Cytoskeleton

- Elasticity
- Bending rigidity

## Inner cytoplasm

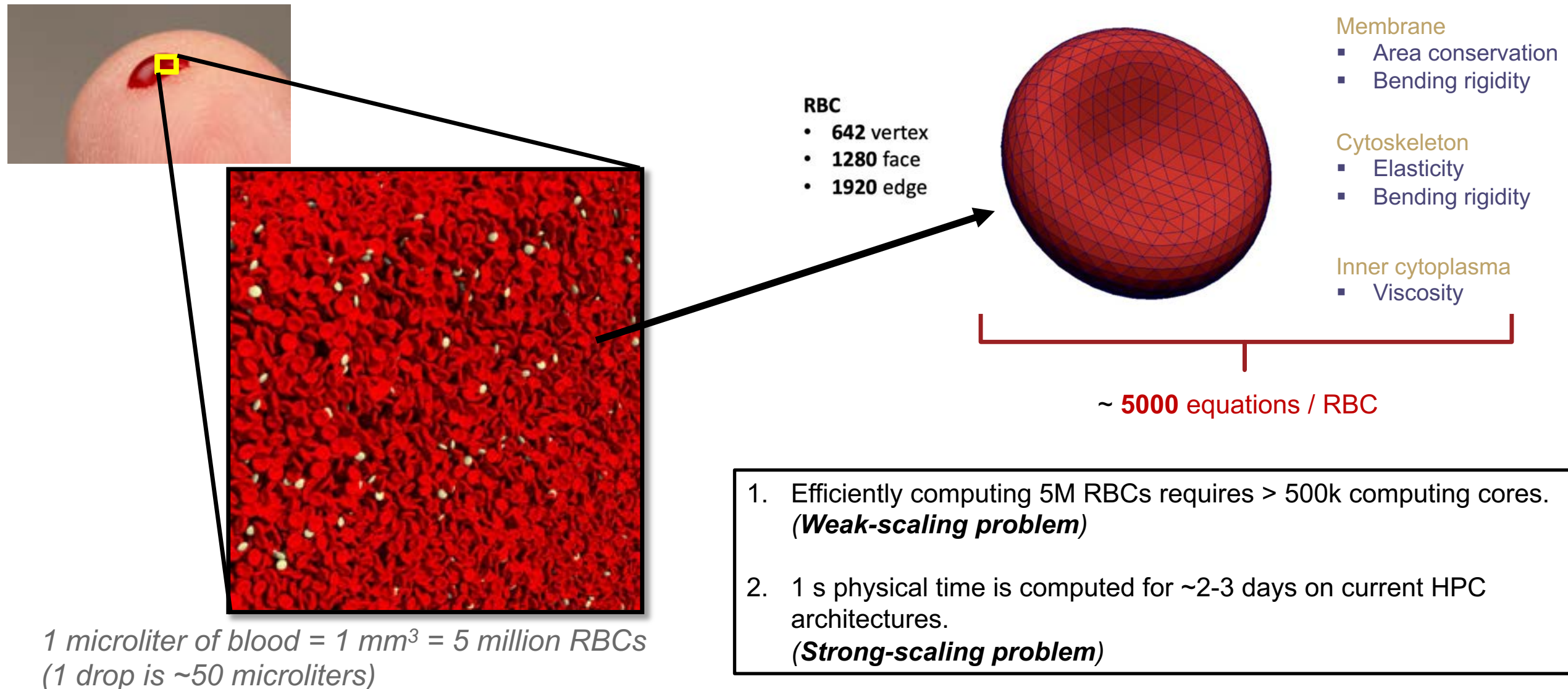
- Viscosity

~ 5000 equations / RBC



# Scales of blood – how costly is cellular resolution?

(And when do we need it?)



1 microliter of blood = 1 mm<sup>3</sup> = 5 million RBCs  
(1 drop is ~50 microliters)

# Onset of challenges encountered at scale

! " # \$ % & ' ( ) ' \* ( & % +

$10^0$

$10^1$

$10^4$

Pre-exascale

$10^5$

Exascale

! " !

*Minor challenges  
(e.g., scheduling inefficiencies).*

- Software stack scalability (libraries and tools) needing new standards e.g. MPI 4.0.
- Code porting (e.g. CPU -> GPU, different HPC architectures).
- Scaling of complex codes (e.g. coupled codes).
- Scalability of I/O, "Exascale is exabytes".

- **Load-balance (static and dynamic).**
- **Energy efficiency.**
- **Resilient computing and fault tolerance.**
- **Management of complex workflows.**

# HPC deployment



Superman (BME, Budapest)



SGI Altrix (QUT, Brisbane)



Sanam (KACST)



Eagle (PSNC, Poznan)



Archer2 (EPCC, Edinburgh)



Marenostrum (BSC, Barcelona)



Snellius and Lisa (SURF, Amsterdam)



Supermuc-NG (LRZ, Munich)



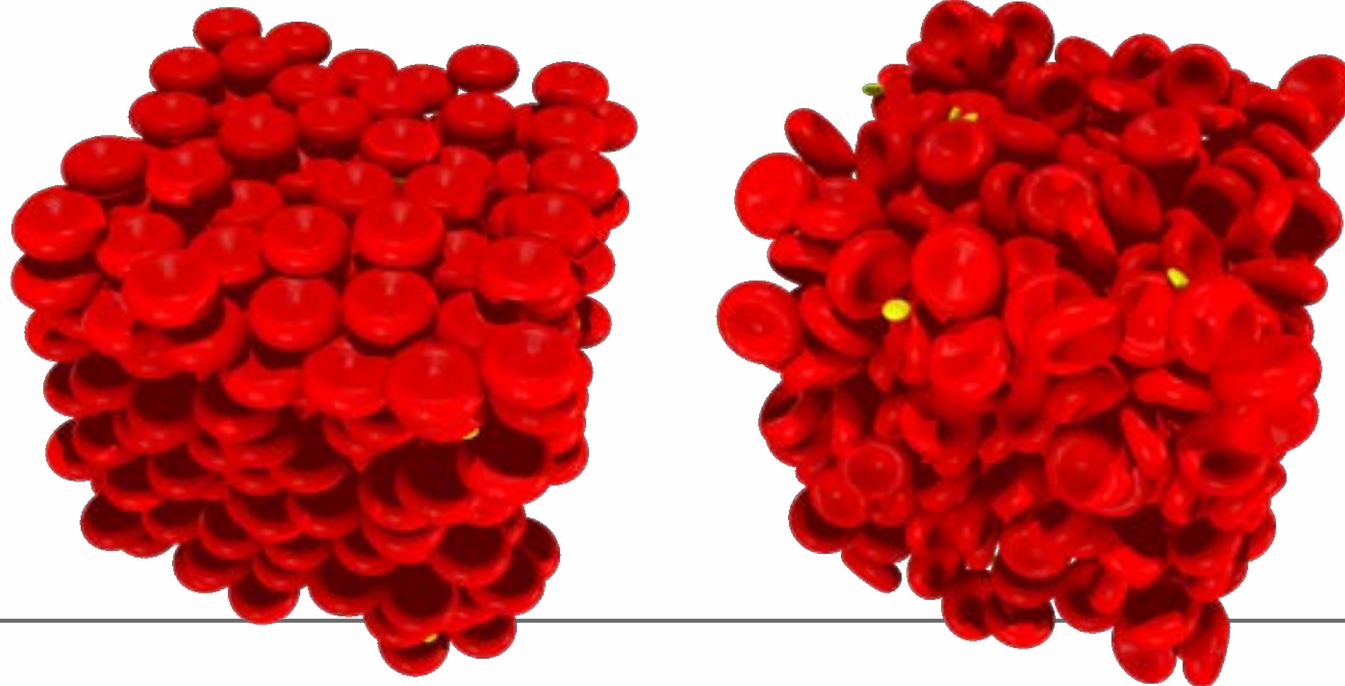
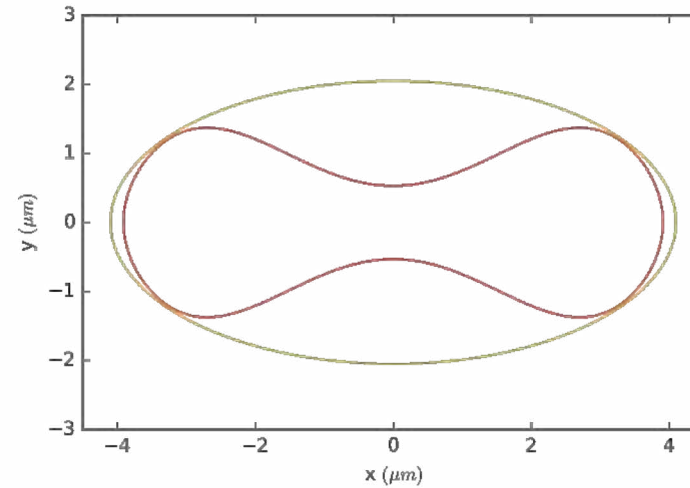
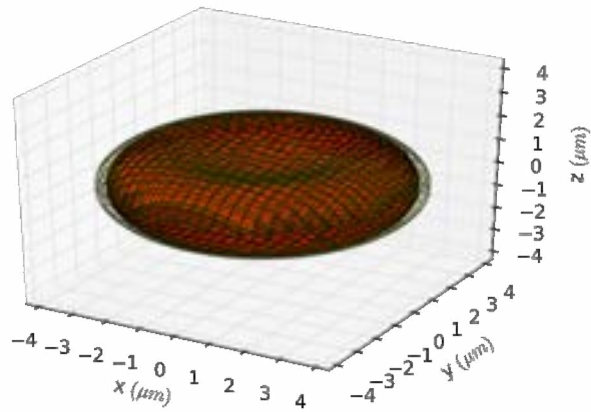
Aspire I (NSCC, Singapore)





- **Decomposition into rectangular domains.**
- **MPI communication.**
- **The fluid field assignment to CPUs is static.**
- **The cells move and passed on to be computed where the local fluid field is computed.**
- **This makes the fluid-structure coupling efficient.**
- **Two-step communication envelope.**

# How to initialize cells?



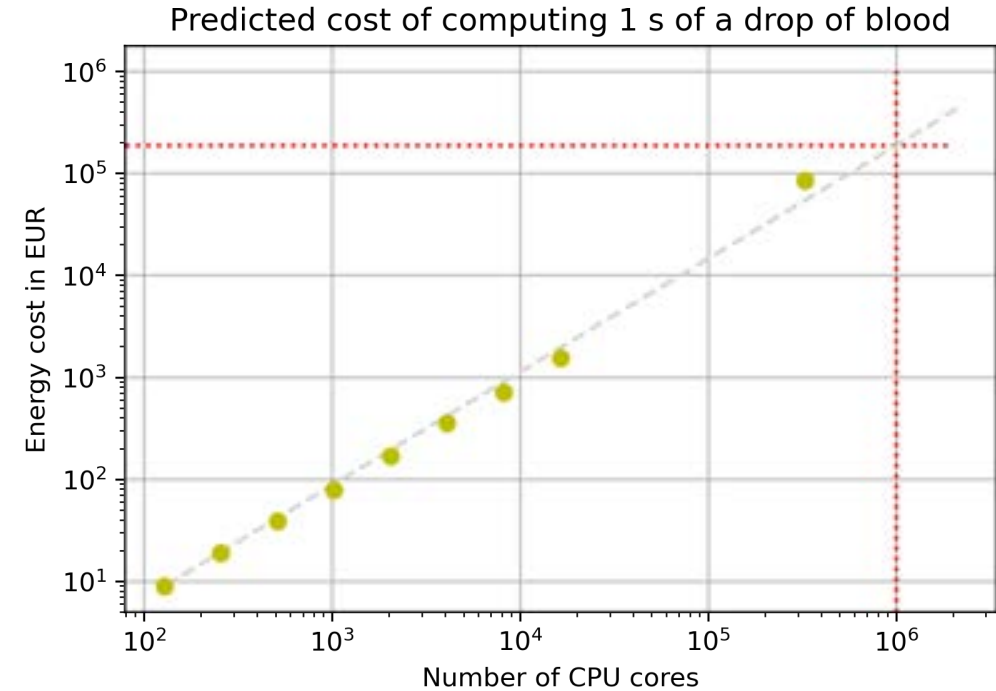
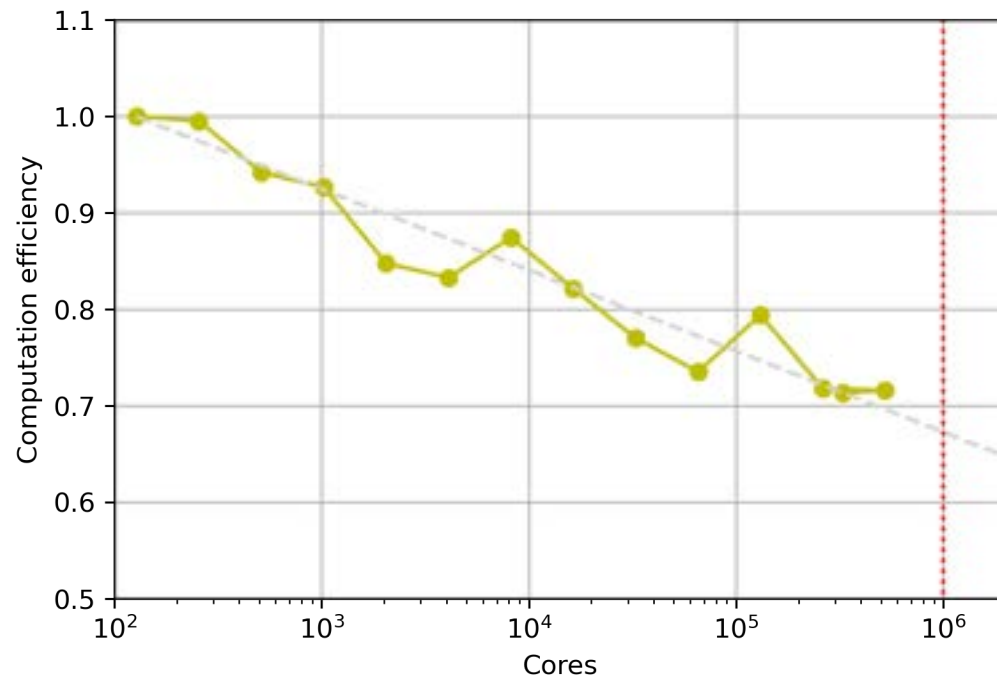
## Simulation to initialize cells

- We neglect deformation, and cover the cells with shape-fitted ellipsoids.
- Positioning based on the force-bias method:

$$\vec{F}_{ij} = \delta_{ij} p_{ij} \frac{\vec{r}_j - \vec{r}_i}{|\vec{r}_j - \vec{r}_i|}$$

- New cell-types are easy to add.
- Fast computation, position millions of cells on the scale of minutes.
- Code is significantly improved in the upcoming release (2.6)

# Performance and energy usage at scale (up to 330,000 cores)



- Computational efficiency above 70% with 330,000 cores (~1M cells).
- Energy usage is measured from short simulations. (No checkpointing, no load-imbalance).
- Cost projected to 1 s simulations.



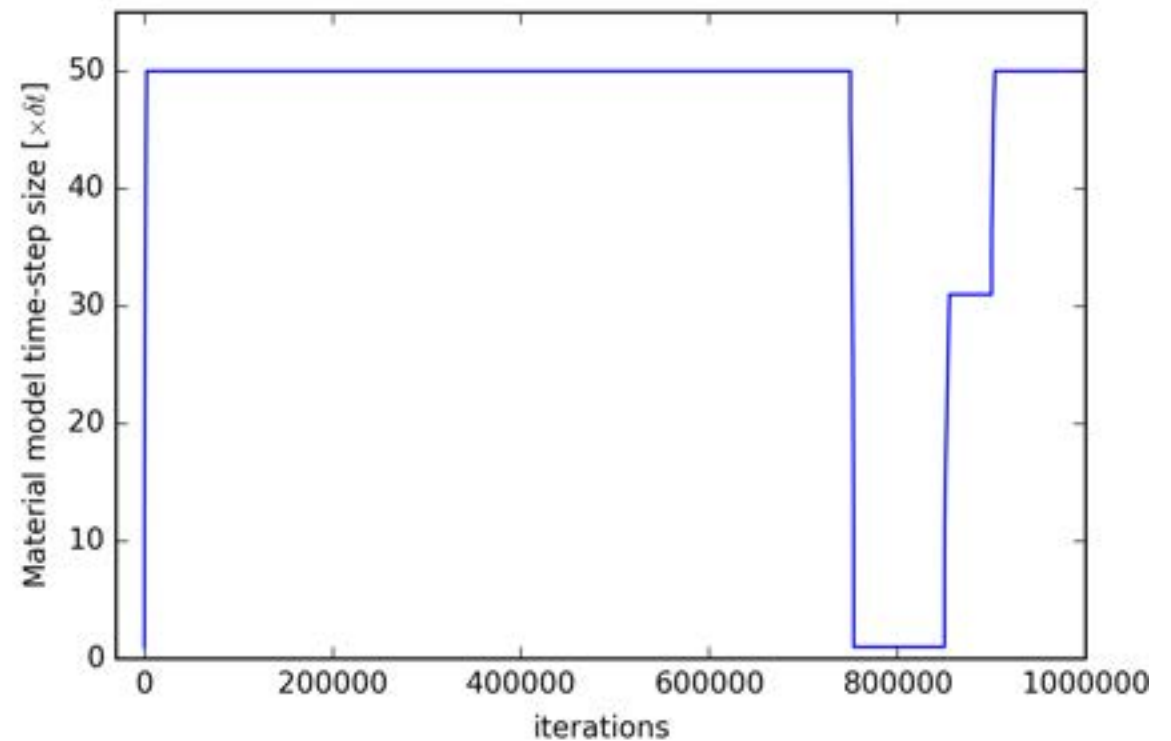
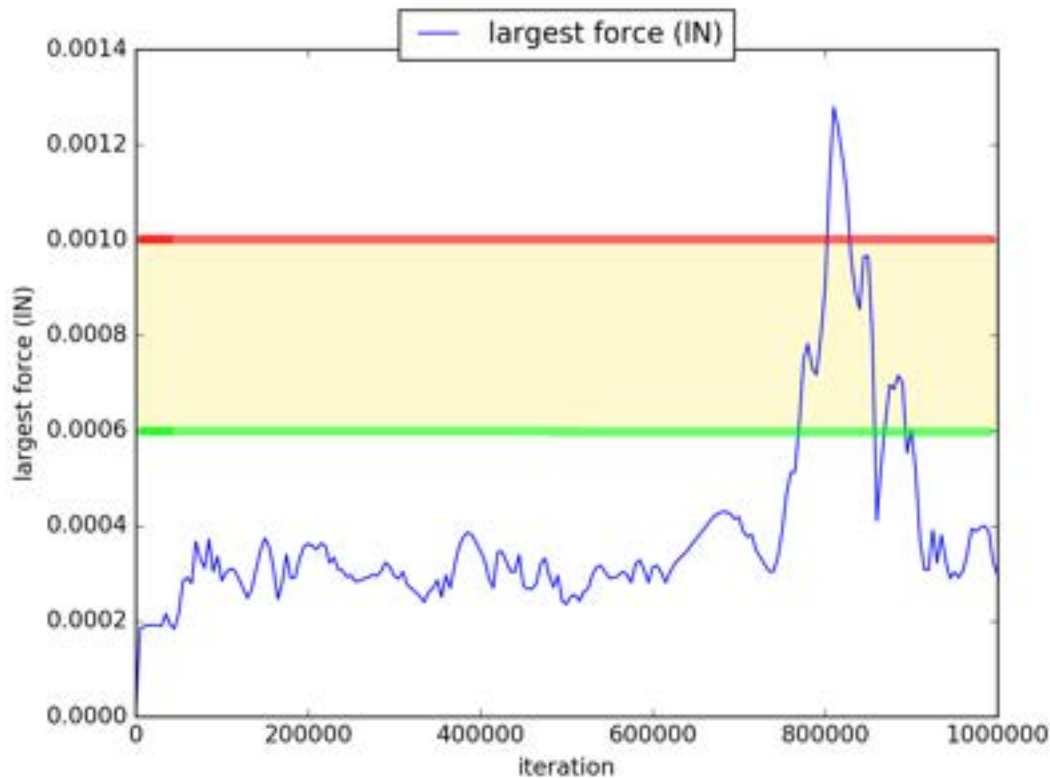
# Dynamic time-step size using separable time-scales

## Time steps:

- Fluid field (LBM):  $\Delta t$   $\sim 1e-8$  s
- FSI coupling (IBM):  $\Delta t$   $\sim 1-6 \Delta t$
- Material model (DEM):  $\Delta t$   $\sim 1-100 \Delta t$

$$\Delta t \leq \Delta t \leq \Delta t$$

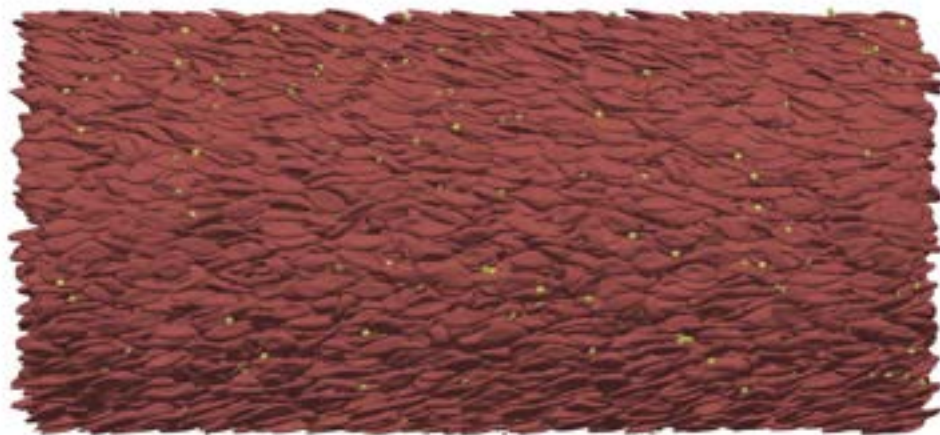
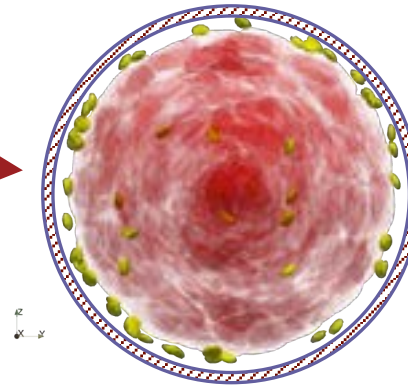
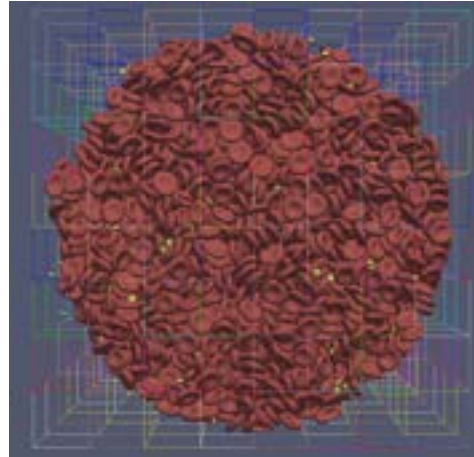
$\Delta t$ :



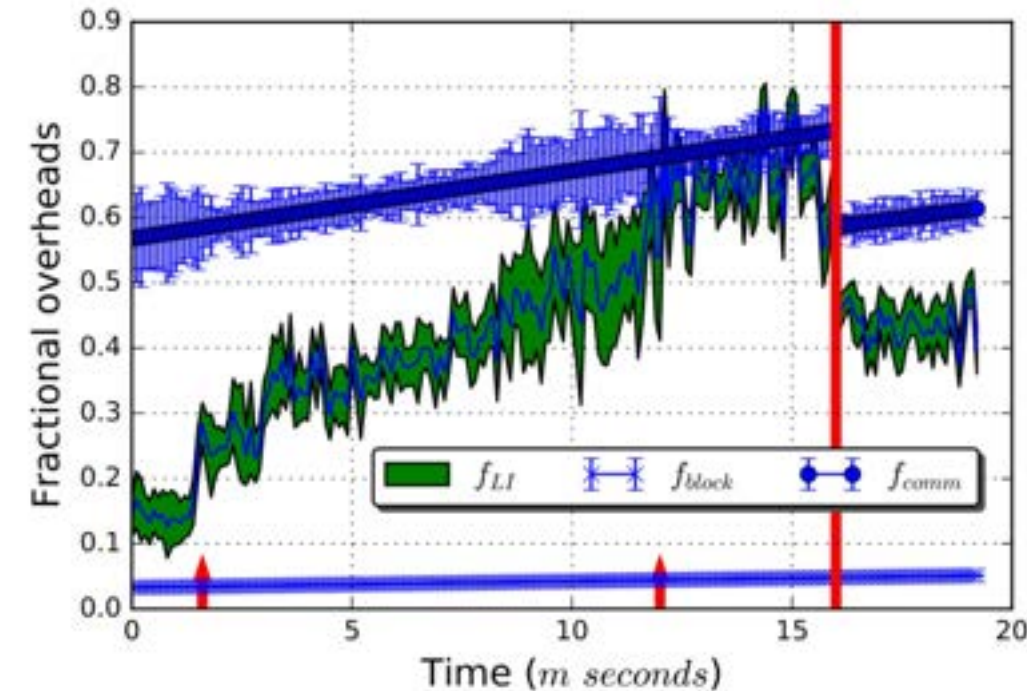
# Static and dynamic load-imbalance

## Sources of load-imbalance

- **Static** due to the geometry  
(Can be mitigated through a single domain decomposition step)
- **Dynamic** due to the movement of the cells  
(Requires rebalancing again and again in a dynamic system)



## Dynamic rebalancing

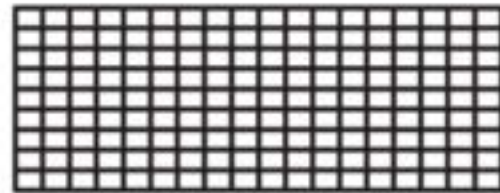


Rebalancing also has an associated cost (both compute time and space)!

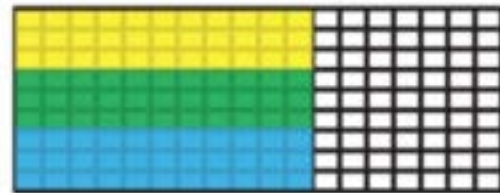
# Dynamic load-balancing via domain decomposition and fusion



a- *Initialize the domain*



b- *Build atomic blocks*



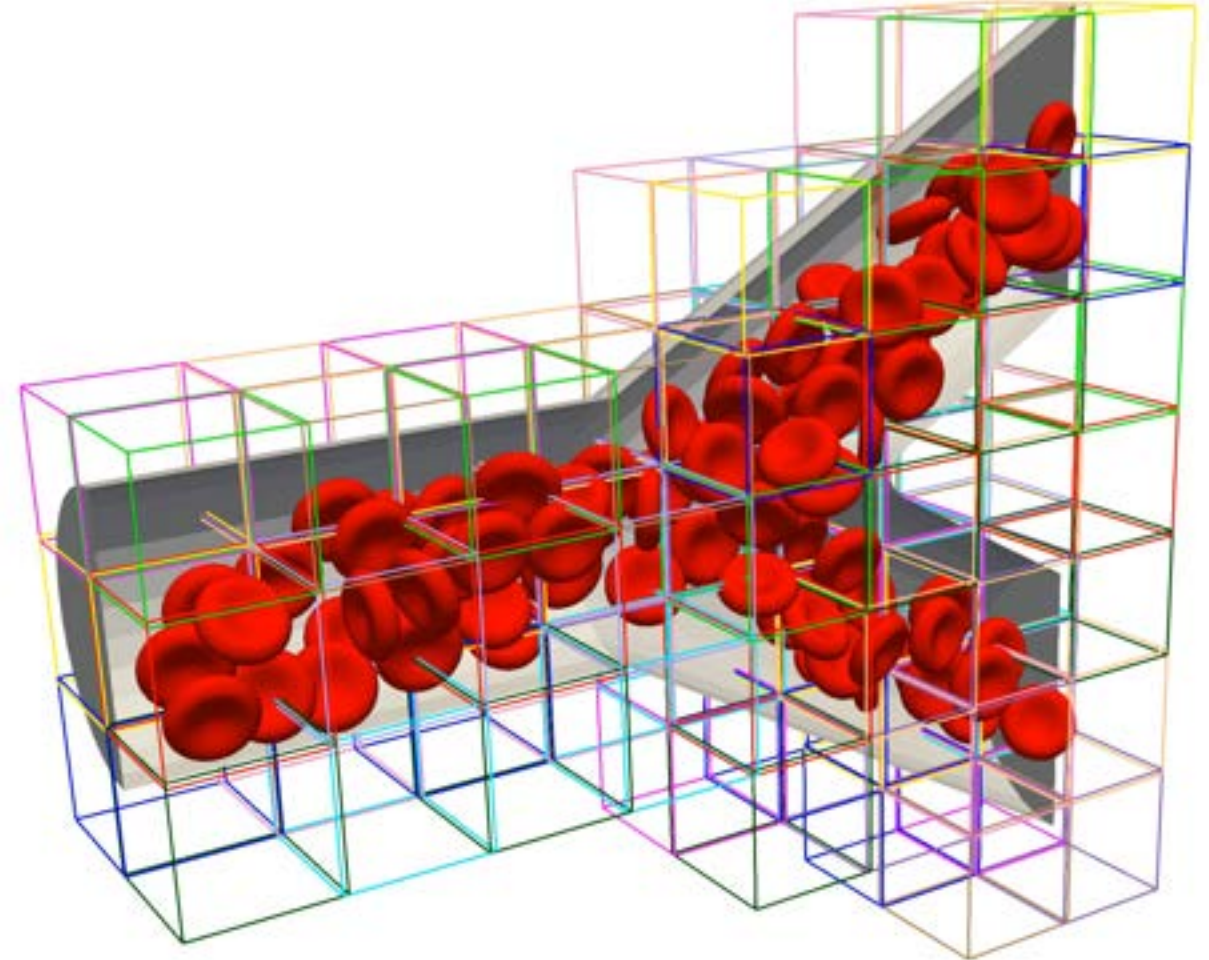
c- *Initial atomic block assignments*



d- *Rebalance atomic blocks*

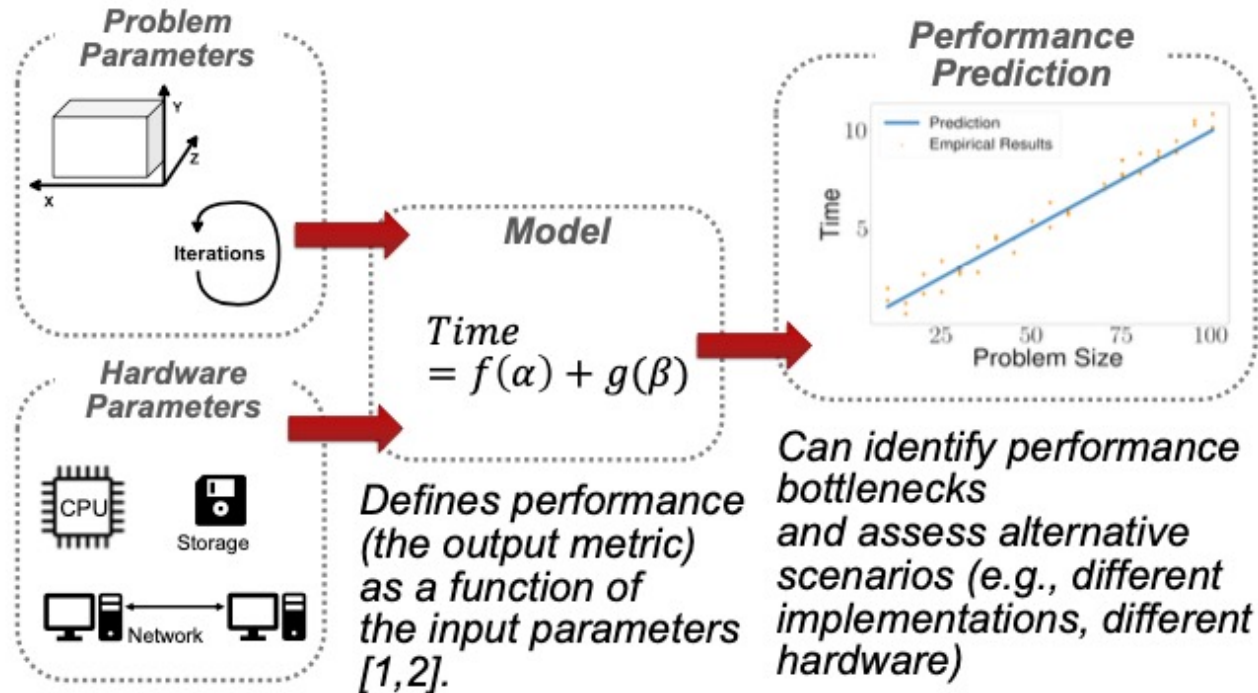


e- *Merge to large rectangular atomic blocks*

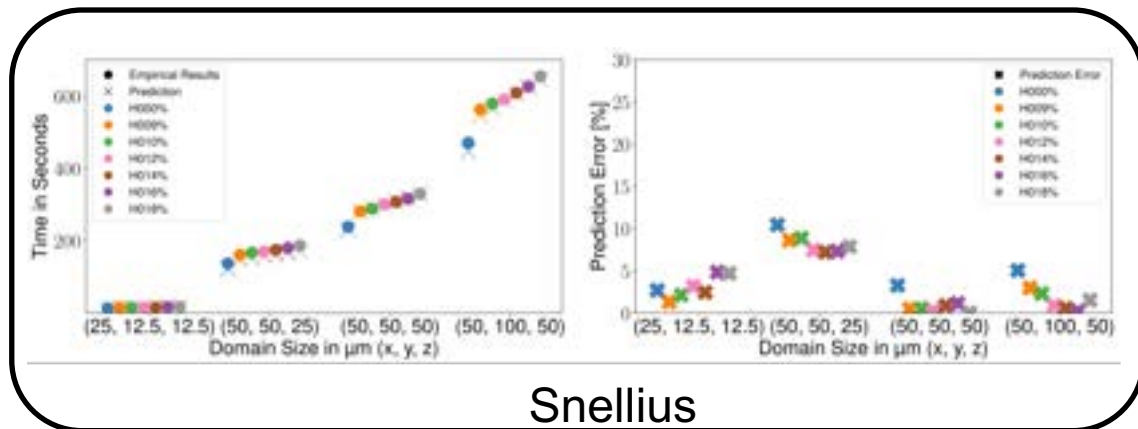




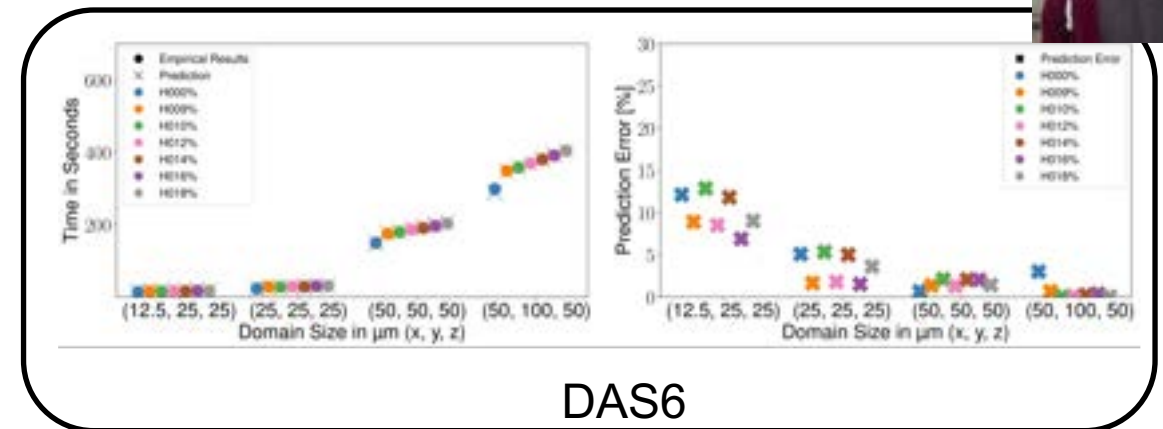
# Performance and energy modelling



- **Predict performance** and energy cost of simulations on upcoming exascale machines.
- Provide **trigger** for dynamic load-balancing.
- **Identify bottle necks** and drive further optimisation.



Snellius



DAS6



HemoCell 2.4 documentation - HemoCell Getting Started [previous](#) [next](#) [index](#)

## HemoCell Getting Started

### Setting up HemoCell from source

Requirements for compiling and/or running HemoCell from source:

Dependency	Version
OpenMpi or IntelMPI	1.10.2 or 17.0.5
GCC	5.2.0
CMake	3.7.2
HDF5	1.8.16
GNU Patch	2.7.5
h5py	2.6.0-1
Palabos	2.0
Parmetis (optional)	4.0.3

**Note:** These are minimal requirements, avoid OpenMPI 2.0.X as in our experience it introduces memory leaks.

On Ubuntu 16.04 most of these dependencies can be installed by running:

```
sudo apt-get install -y \
```

Table of Contents

- HemoCell Getting Started
  - Setting up HemoCell from source
  - Compiling HemoCell from source
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  - Running a HemoCell case
  - Case output folder
  - Parsing the output of a HemoCell case
  - Resuming from a checkpoint

Previous topic: HemoCell

Next topic: Example cases

This Page: [Show Source](#)

Quick search:

```
module list
Currently Loaded Modulefiles:
  1) libgfortran/32/1(default)  3) compilerwrappers  5) oldwheezy/1.0(default)  7) surfscara/1.1(default)
  2) stdenv/1.3(default)      4) licenses/1.0(default)  6) moab/default

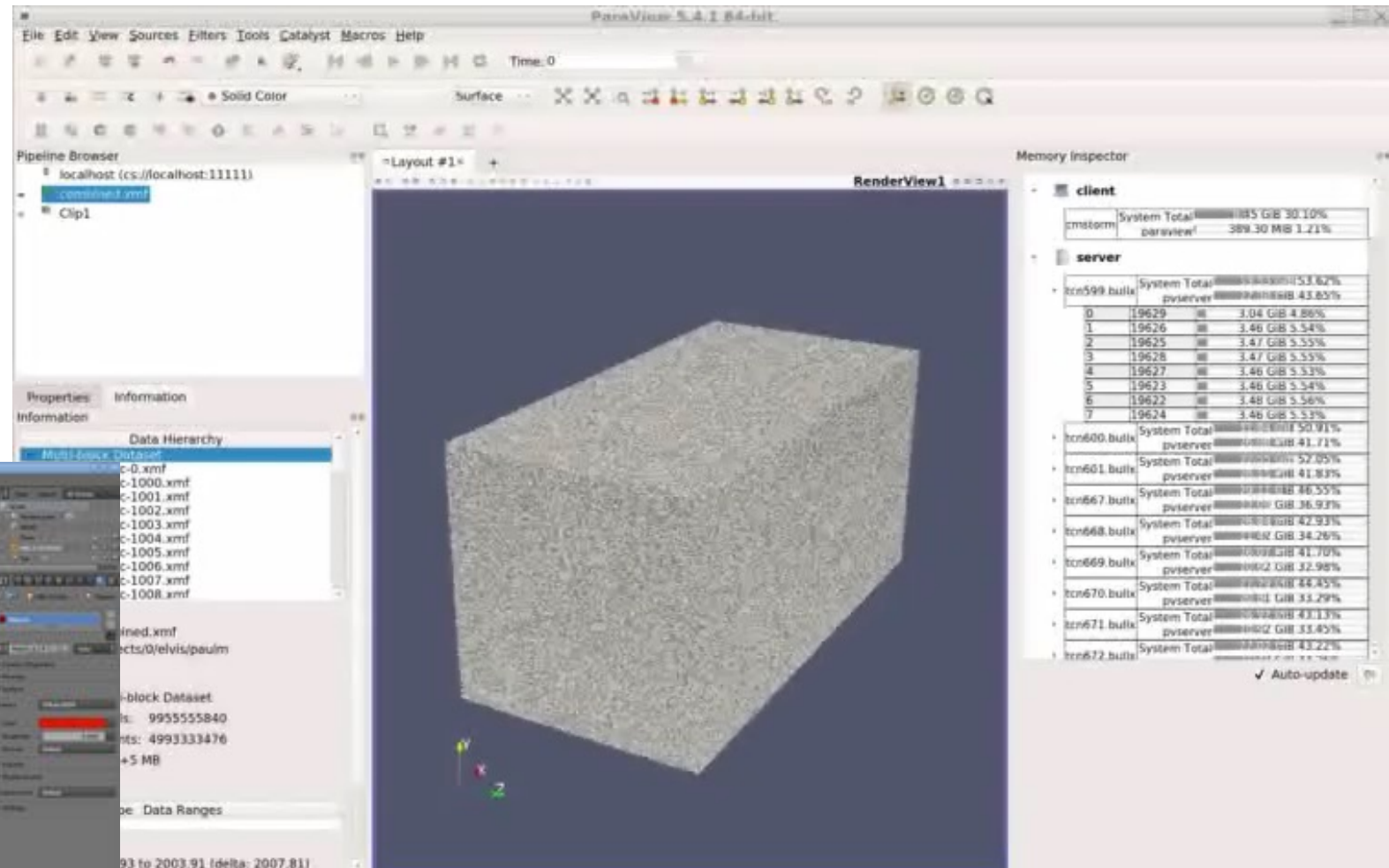
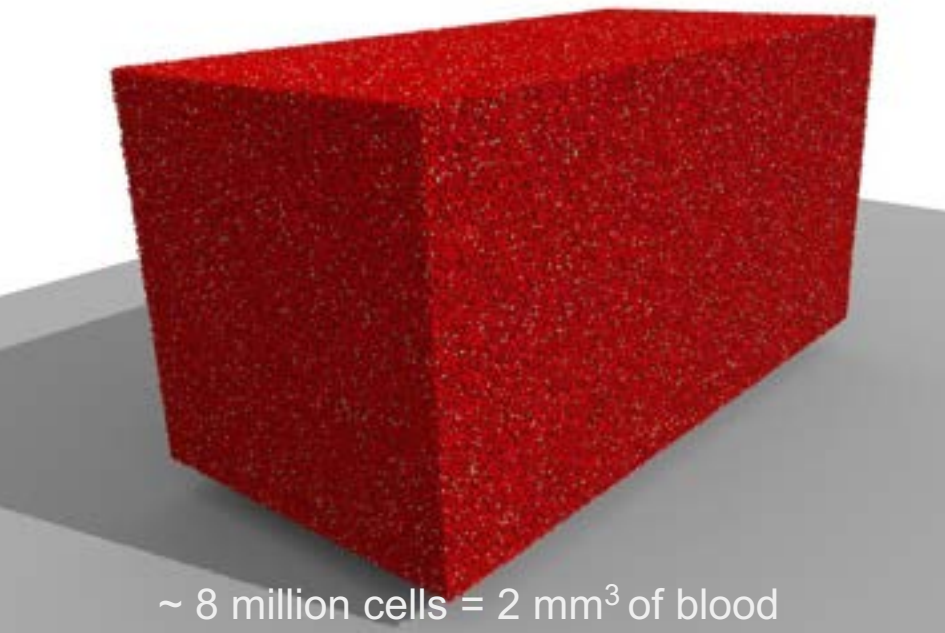
[gaborz][login][~/work/HemoCell-master]
└─ less scripts/lisa_env.sh
└─ [gaborz][login][~/work/HemoCell-master]
└─ source scripts/lisa_env.sh
Currently Loaded Modulefiles:
  1) libgfortran/32/1(default)  5) oldwheezy/1.0(default)  9) hdf5/intel/1.8.16-parallel
  2) stdenv/1.3(default)      6) moab/default           10) cmake/3.5.1(default)
  3) compilerwrappers        7) surfscara/1.1(default)  11) openmpi/gnu/1.6.5-xdefault
  4) licenses/1.0(default)   8) gcc/6.3.0

[gaborz][login][~/work/HemoCell-master]
└─ cd cases/stretchCell/
└─ [gaborz][login][~/work/HemoCell-master/cases/stretchCell]
└─ ls
OMakeLists.txt  RBC_H0.xml  clean.sh  config.xml  stretch37.gpl  stretchCell.cpp
RBC_H0.pps     RBC_H0_COT.xml  compile.sh  stretch173.gpl  stretch87.gpl
└─ [gaborz][login][~/work/HemoCell-master/cases/stretchCell]
└─ less compile.sh
└─ [gaborz][login][~/work/HemoCell-master/cases/stretchCell]
└─ sh ./compile.sh
===== Building =====
Mon Jun 4 22:01:16 CEST 2018
* Running OMake...
-- HEMOCELL_BASE_DIR: /home/gaborz/work/HemoCell-master
-- HEMOCELL_DIR: /home/gaborz/work/HemoCell-master/build/hemocell
-- PALABOS_BASE_DIR: /home/gaborz/work/HemoCell-master/palabos
```

## User resources

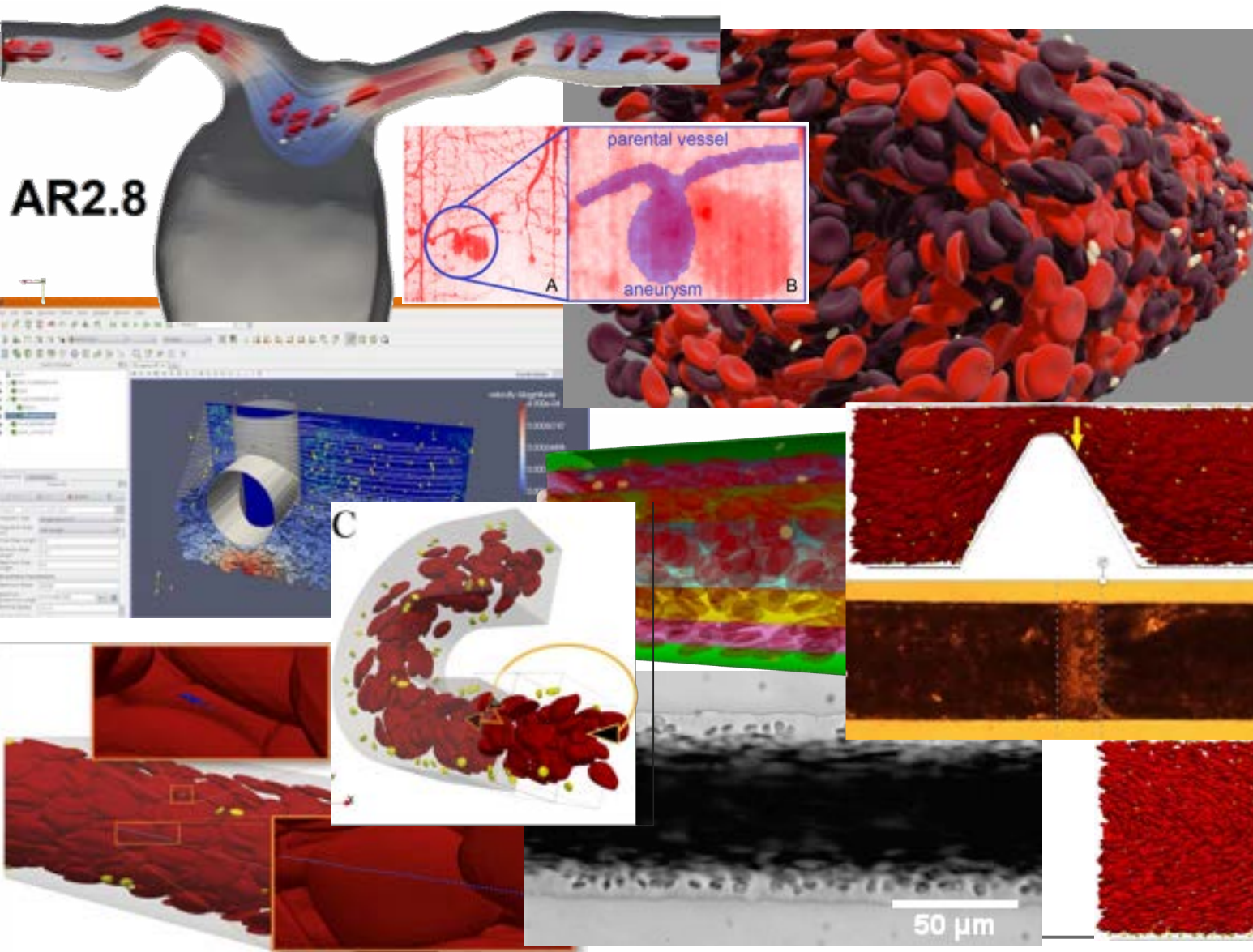
- Documentation, example cases:  
[https://www.hemocell.eu/user\\_guide/index.html](https://www.hemocell.eu/user_guide/index.html)
- Recorded terminal sessions:
  - MareNostrum: <https://asciinema.org/~bczaja>
  - Snellius&Lisa: <https://asciinema.org/~gzavo>
- Prepared module script for several HPCs
- Deployment tools are being added for upcoming releases (SPACK, EasyBuild)
- Videos on CompBioMed YouTube channel

# Visualization (Blender, ParaView), data analytics





# HemoCell applications

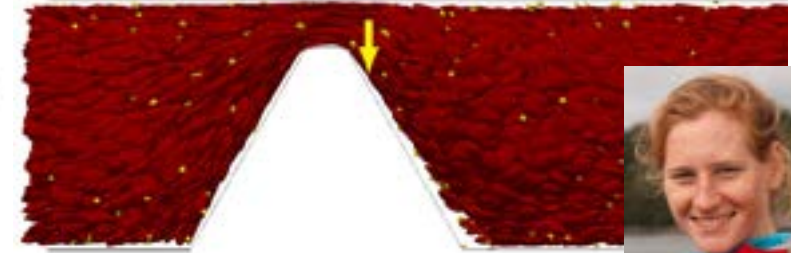
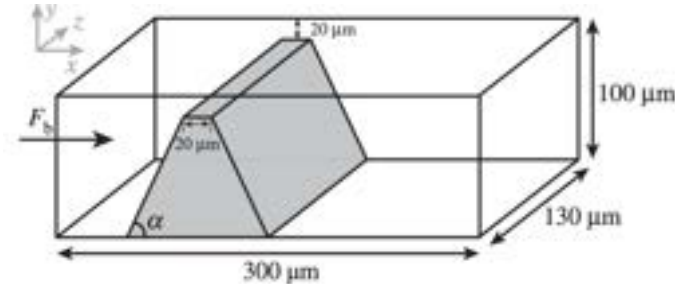
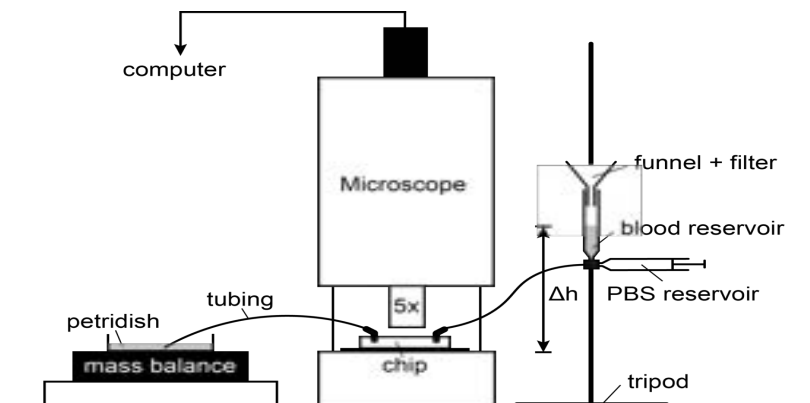


- The focus of the applications is on many cell flows
- Currently applied for research in:
  - Malaria
  - Diabetes
  - Retinal aneurysms
  - Platelet aggregation
  - Thrombus formation
  - Cell and particle transport
- Common points:
  - **Sustained high shear rate**
  - **Advanced boundary conditions**
  - **Large-scale (space/time)**

# Initiation of high-shear thrombus formation

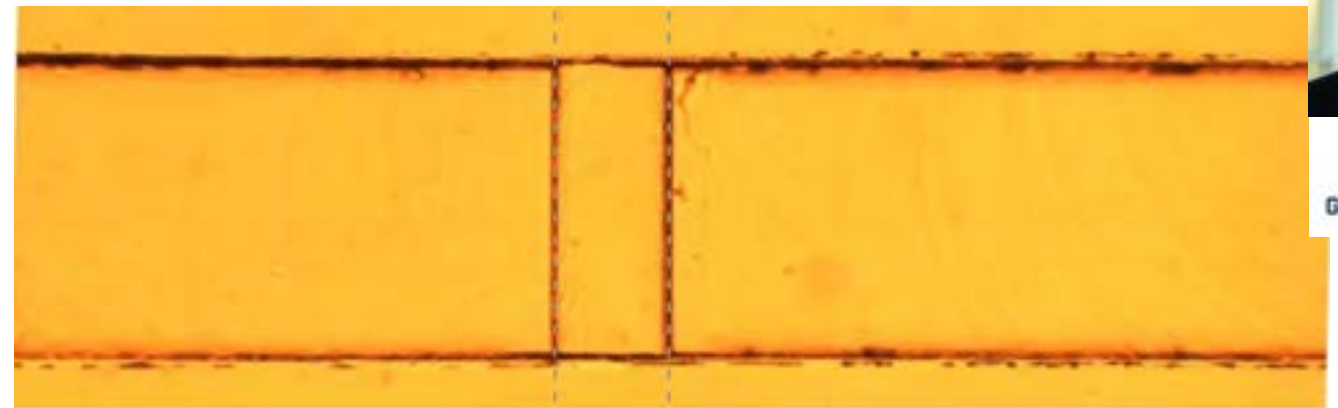
What are the necessary conditions?

- Combination of *in vitro* measurements and *in silico* computations.
- The simulations inform us about the detailed flow conditions (mechanics).
- **Necessary** conditions:
  - High-shear
  - Available platelets
- **Preferred** conditions:
  - Large CFL

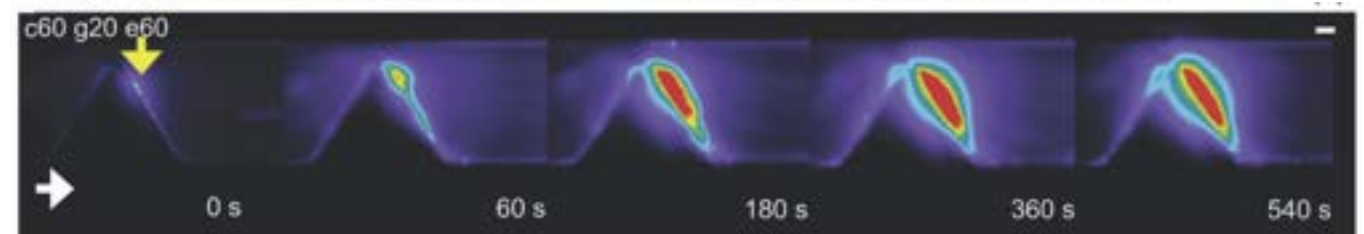


van Rooij, et al. (2019). *J Royal Soc. Interface*, 16(159), 20190148.

van Rooij et al. (2020). *Scientific reports*, 10(1), 1-11.



Van Rooij's flow chamber - Whole blood (5x speed increase)



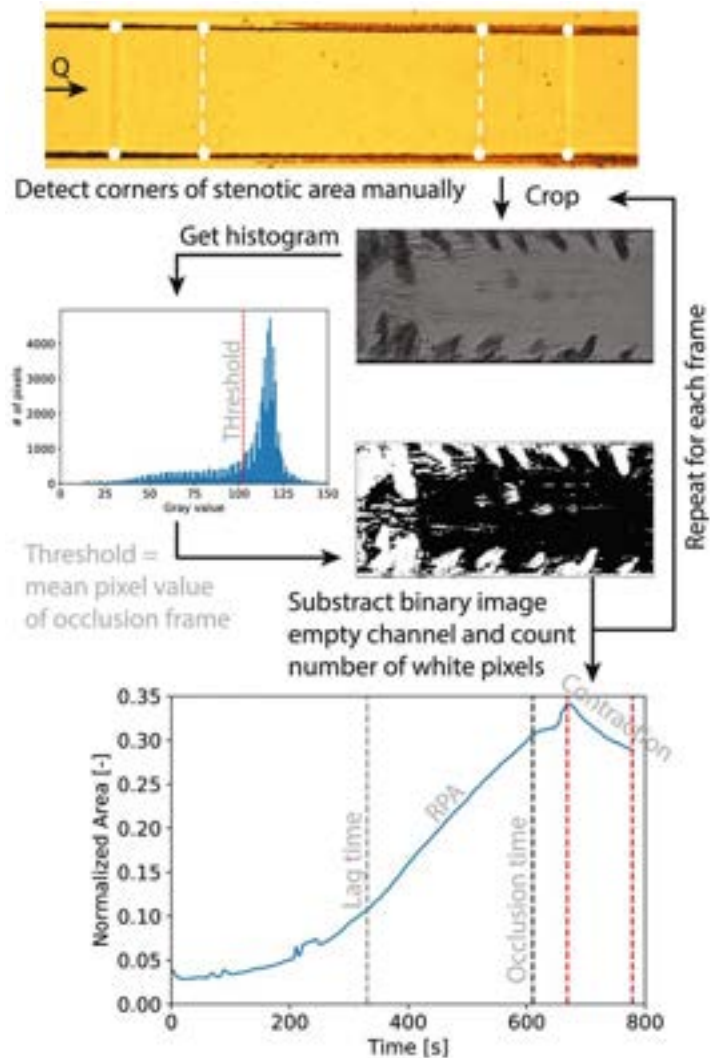
Tovar-Lopez and Nesbitt et al., *Lab Chip*, 2010, 10, 291-302



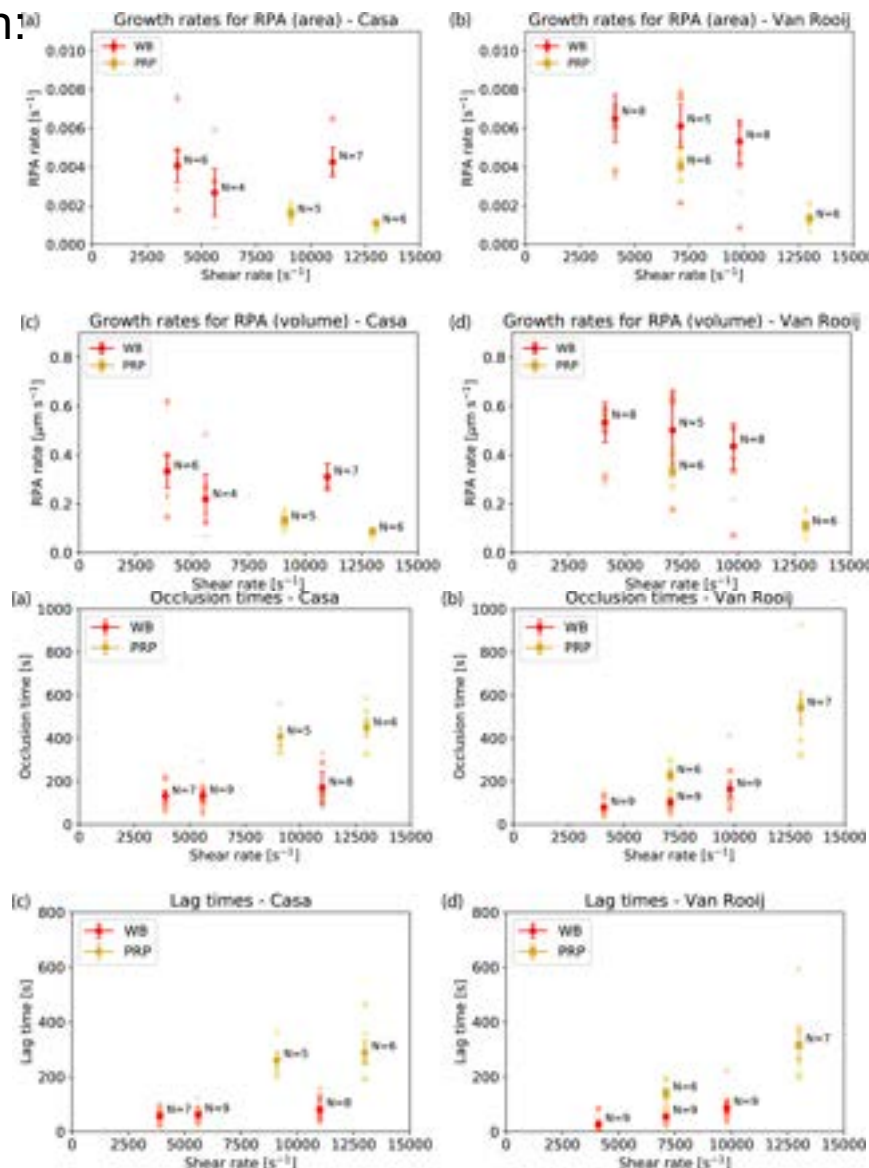


# HemoCell explains the role of platelet availability

Experiments for aggregation information:

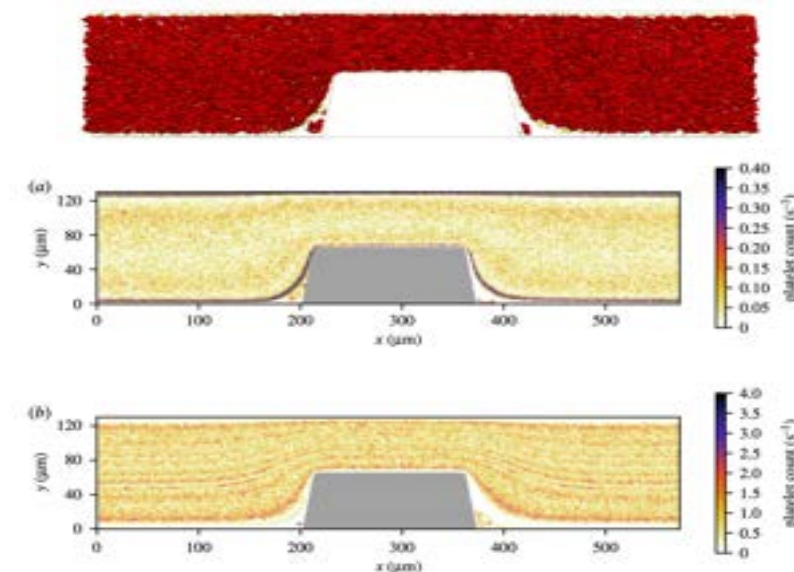


van Rooij et al. (2021). *Interface focus*, 11(1), 20190126.



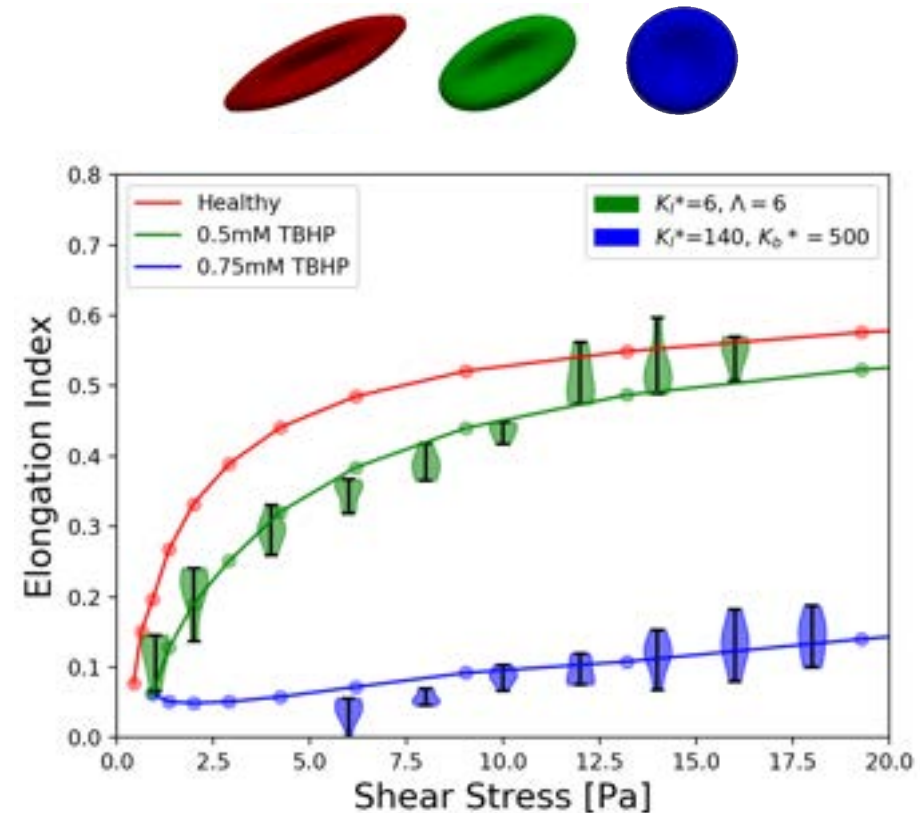
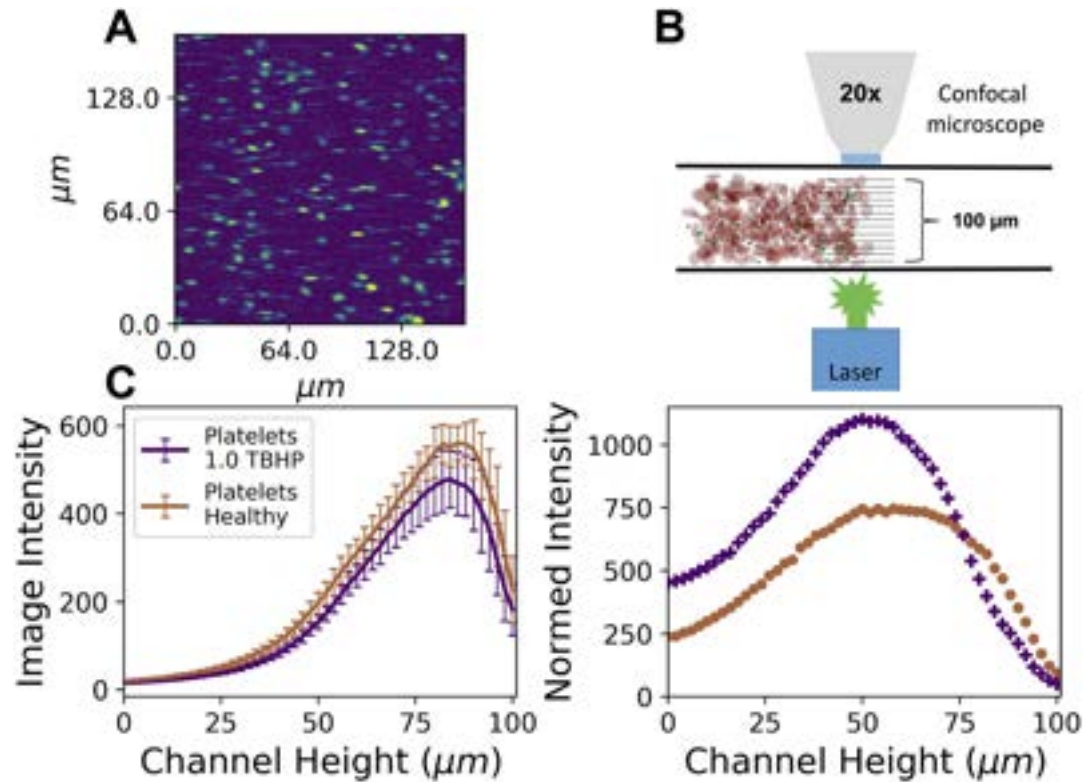
**Simulation for conditions**  
(e.g., shear rate, platelet availability):

- **Higher platelet availability (margination) facilitates all stages leading to occlusion.**
- **Shear rate acts as a critical threshold.**





# Effect of diabetic RBCs on cellular transport



- Chemically rigidified RBCs model diabetic cells, where the **deformability** is a **controllable** parameter.
- Due to the **limited experimental observation depth**, the results are **complemented by simulations**.

**Note:** *the diabetic model underwent the same validation and UQ as the healthy cell model.*

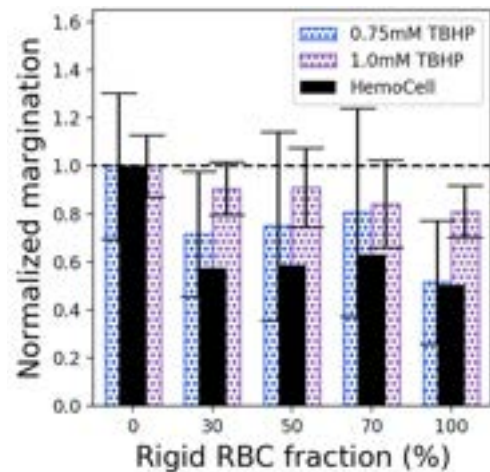
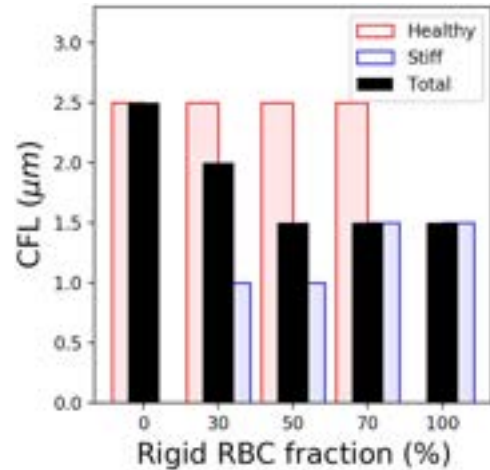
Czaja, et al. (2020). PLOS Comp. Biology 16.3 (2020): e1007716.

# HemoCell explains the mechanism of cellular transport

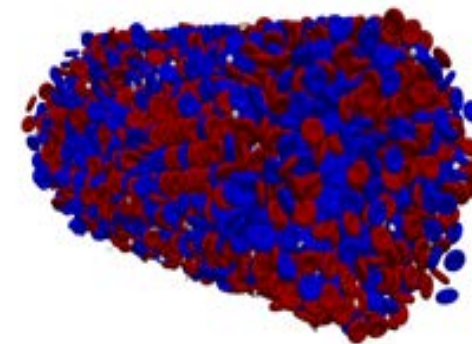
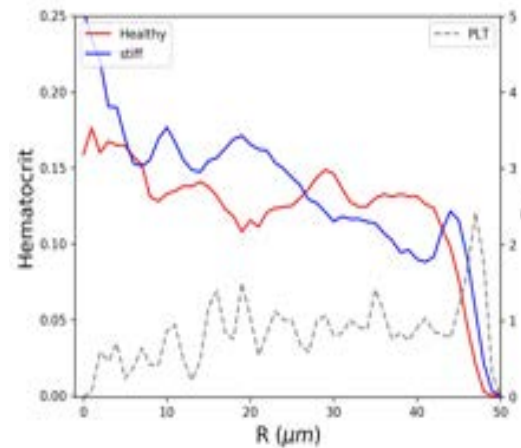
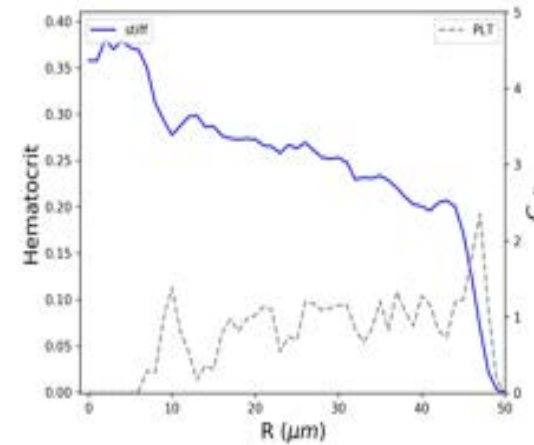
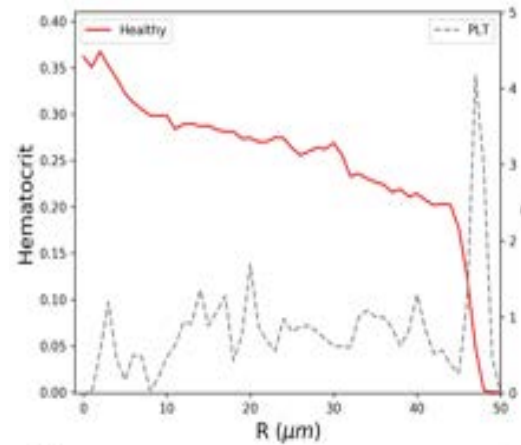


Outcomes:

Experiments with limited data availability:



Simulations with fine-grained details:

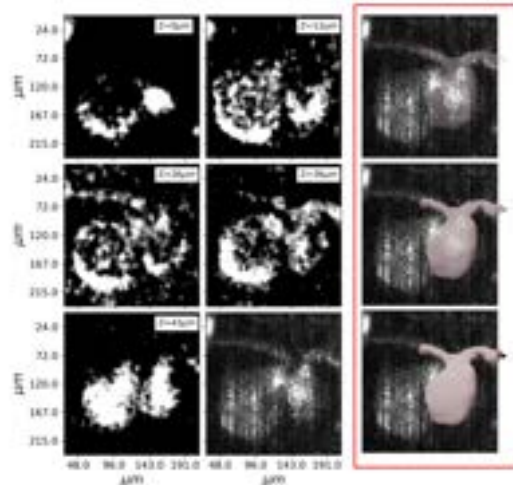
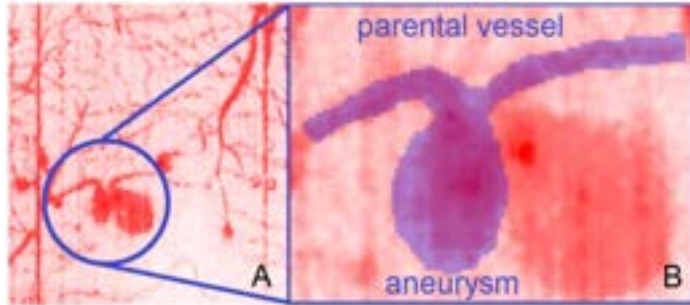


- The **direction** of the margination **does not change**.
- The **intensity** of margination is **disrupted** (reduced deformability).
- **Reduced CFL size:** diabetic cells are pushed closer to the wall (less lift force).

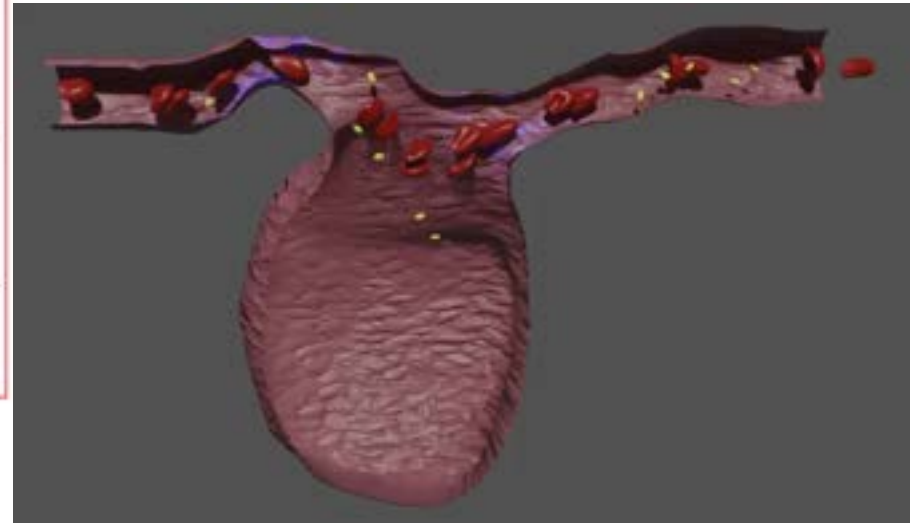
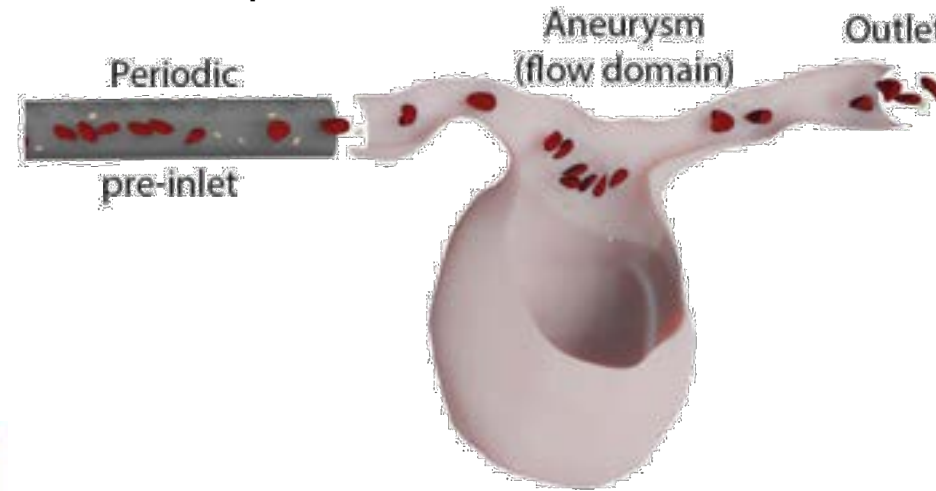
# Transport in pulsatile flow inside micro-aneurysms (diabetic retinopathy)

## Medical imagery:

Adaptive Optics combined with Optical Coherence Tomography (AO-OCT)



## Simulation of pulsatile flow:



- The combination of **Adaptive Optics combined with Optical Coherence Tomography** allows for **3D patient specific geometry**, which is a unique feature.
- The availability of validated diabetic cell models allow the in-depth investigation of cellular transport in already developed microaneurysms.

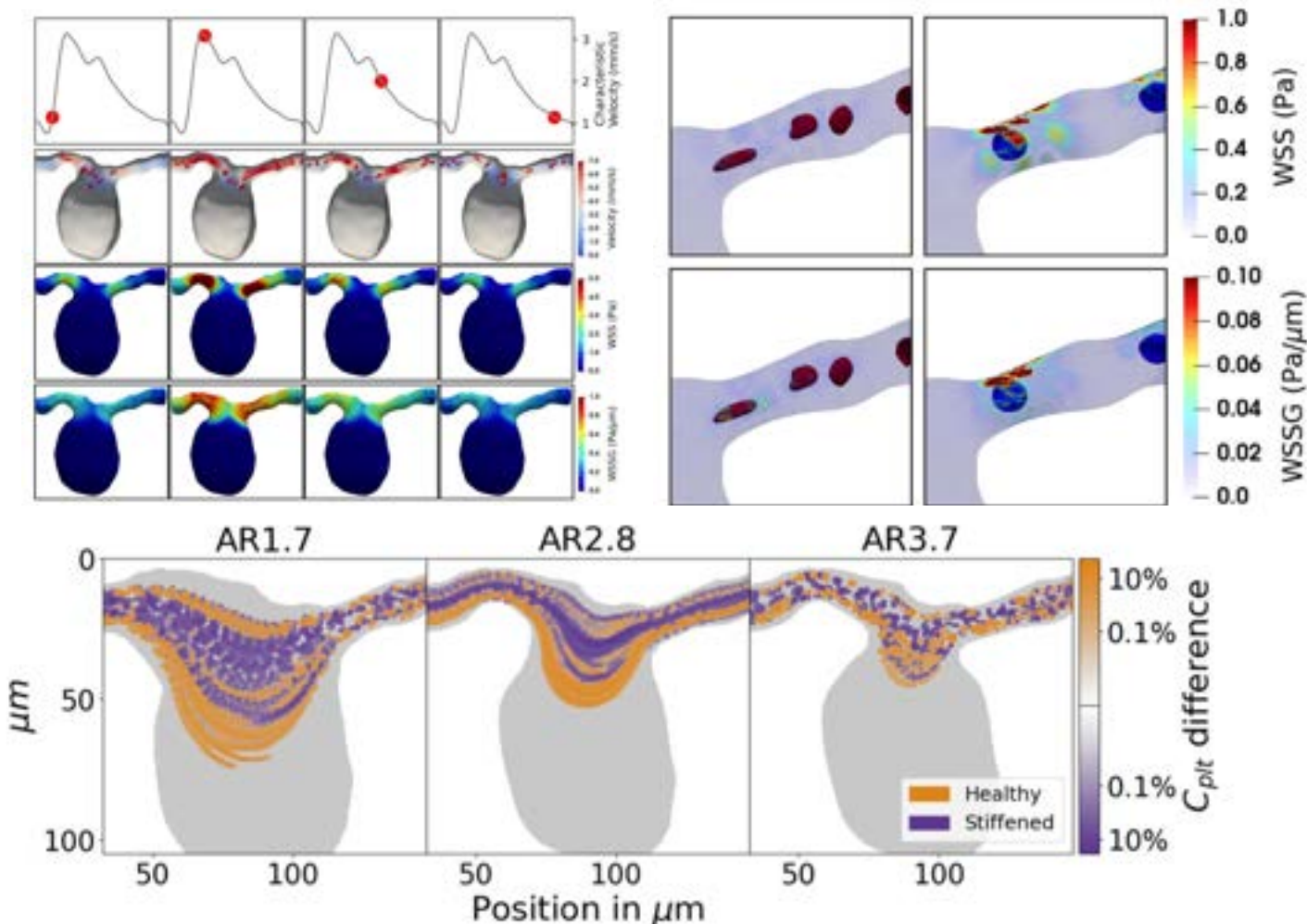


Czaja, Benjamin, et al. *Computer Methods in Biomechanics and Biomedical Engineering* (2022): 1-19.



# Transport in pulsatile flow inside micro-aneurysms (diabetic retinopathy)

Simulation results for a full cardiac cycle:

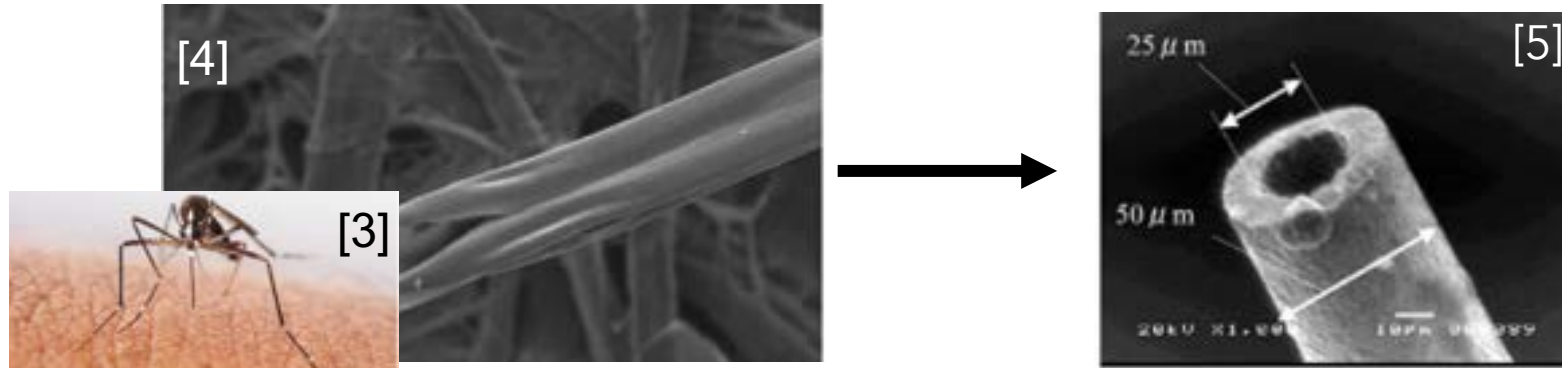


Outcomes:

- Healthy RBCs promote PLT penetration to the aneurysm.  
*Might be a beneficial mechanism to facilitate closure of the saccular regions.*
- Diabetic RBCs rarely penetrate the sac.  
*This implies that RBC filled aneurysms might indicate an already “leaky stage” in development. (But not yet rupture). Possible clinical indicator.*
- Diabetic cells give much more mechanical stimuli on the endothelial cells.  
*This might have a role in the formation of the aneurysms (to be investigated).*

# Vessel puncture by microneedle

Fascicle tip of female mosquito labium Microneedle development



**Clinical relevance:**

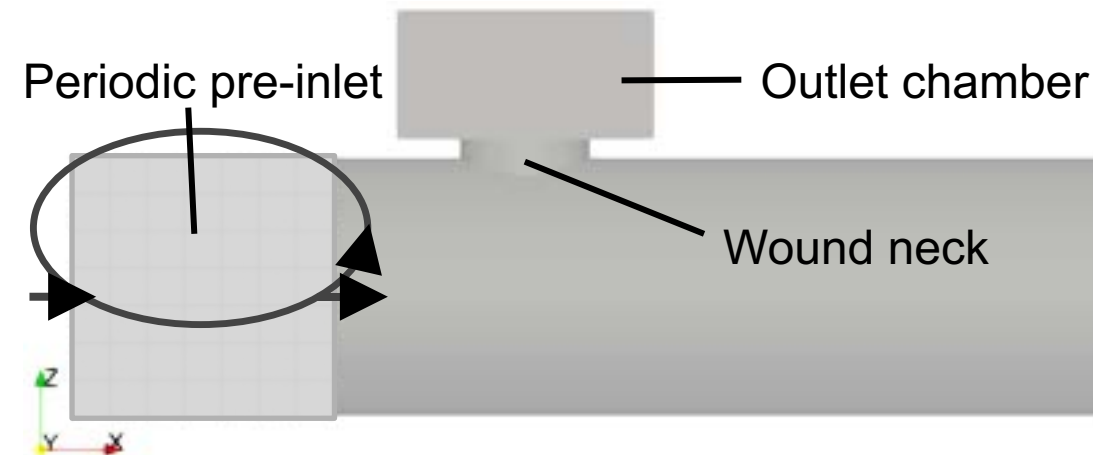
- minimally invasive
- painless

**Application:**

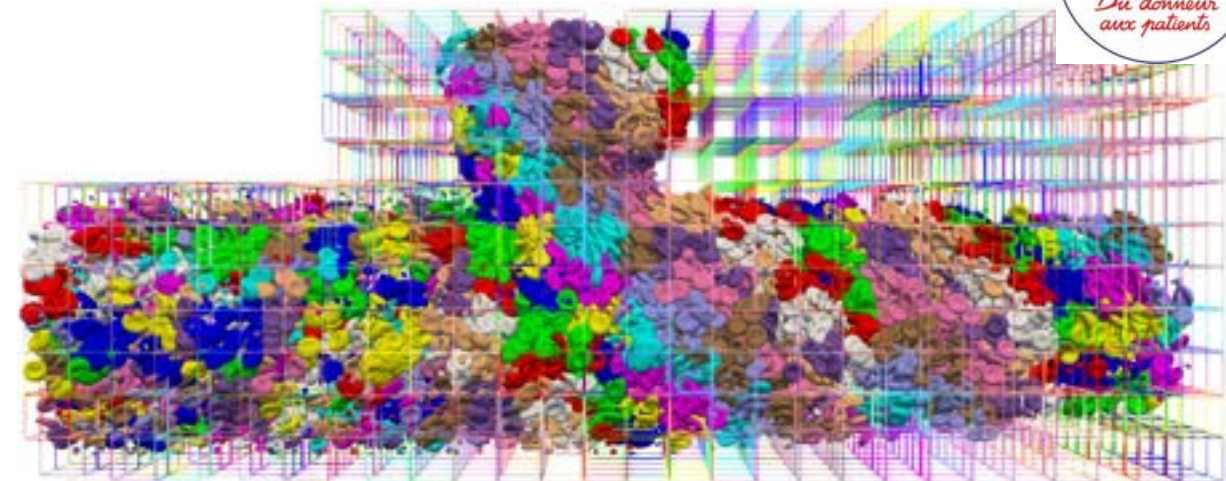
- blood drawing
- drug injection
- glucose monitoring



HemoCell setup



Domain decomposition



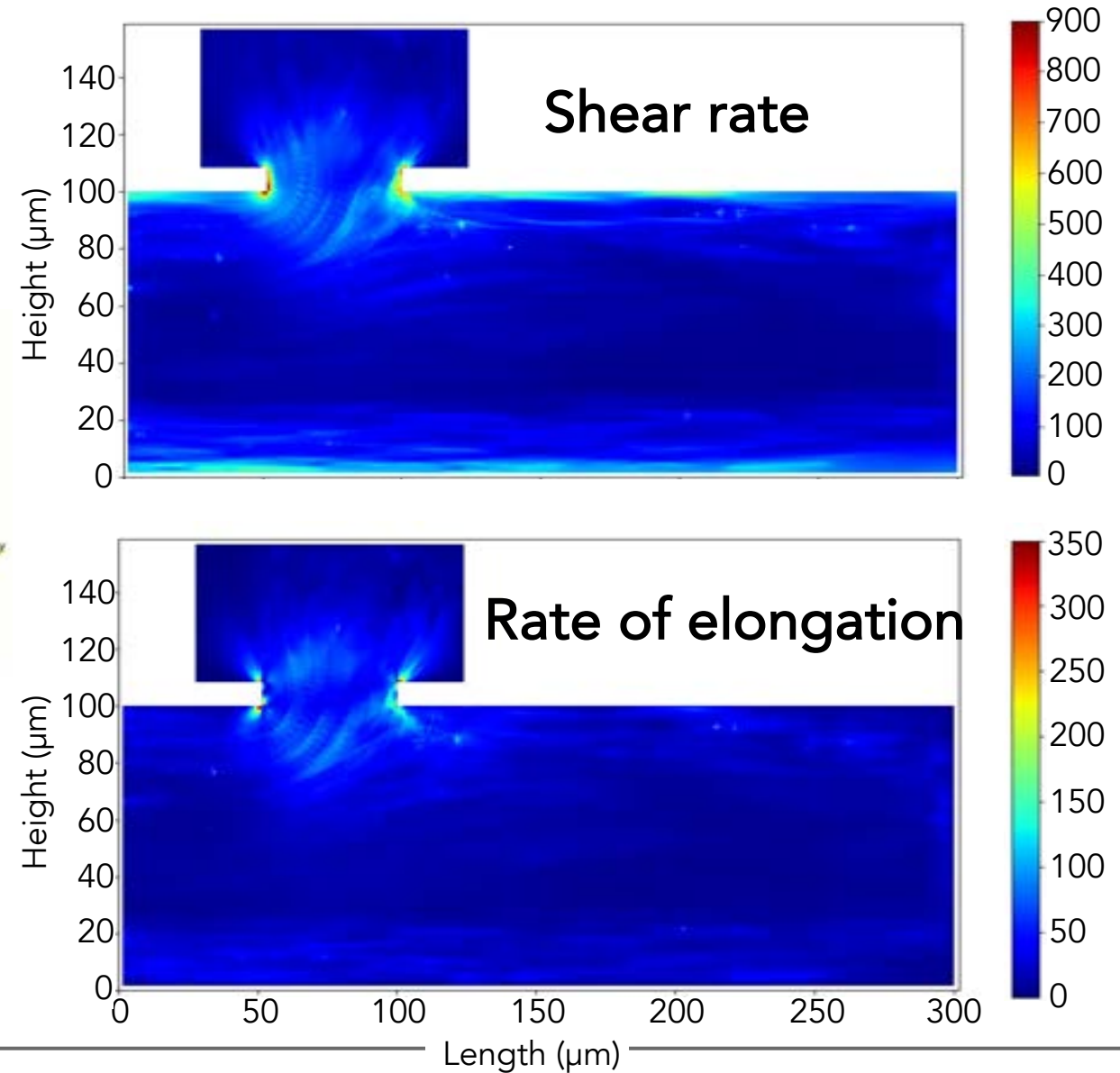
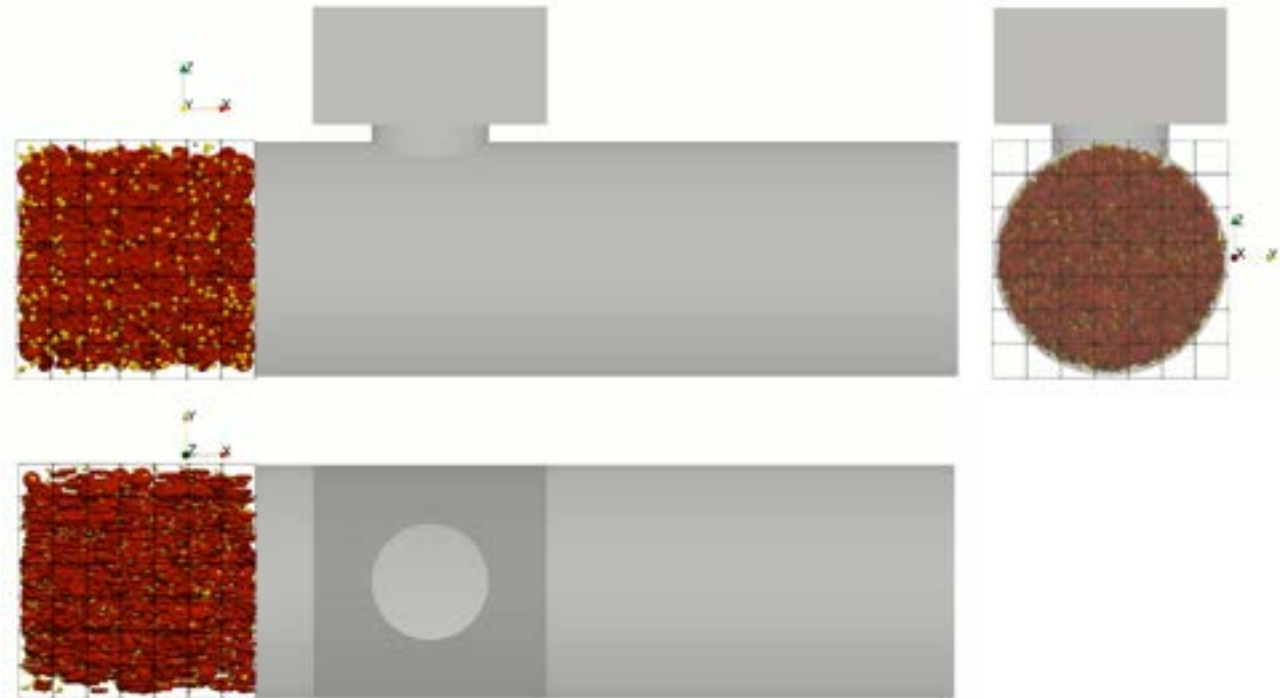
[3] Print K., 2018-01-09, <https://bit.ly/3zAX19V>

[4] Ramasubramanian et al., *Bioinsp. Biomim*, 2008, **3**, 10pp

[5] Chakraborty et al., *Journal of Applied Physics*, 2008, **103**, 114701

# Simulation results – work in progress

100  $\mu\text{m}$  diameter vessel  
25  $\mu\text{m}$  diameter  
puncture  
 $\text{Re} = 0.75$   
Hematocrit: 25%



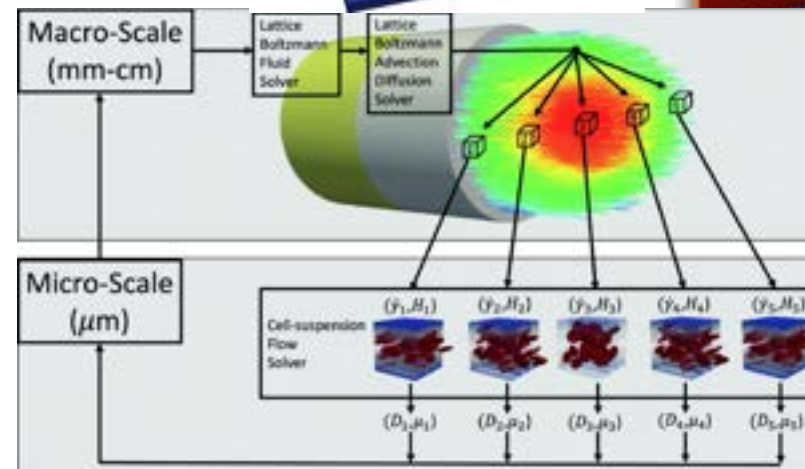
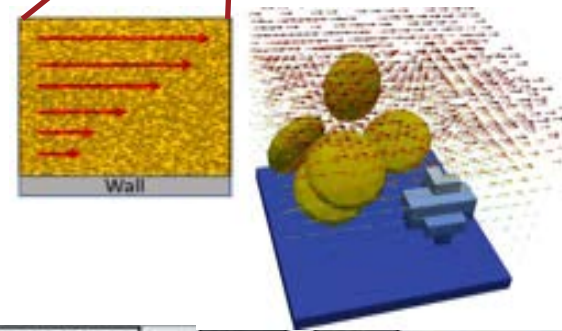
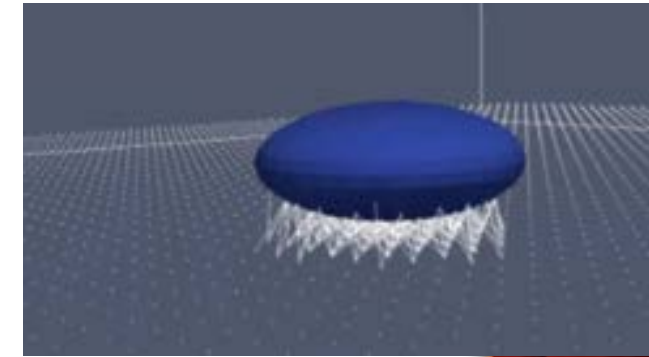
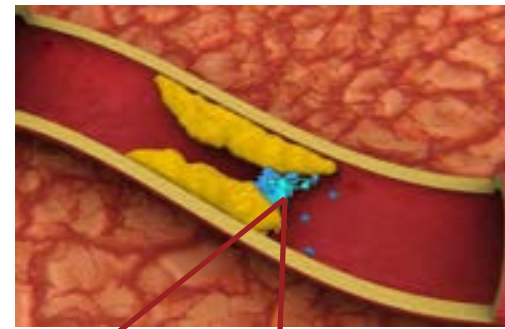


# Next steps in development, enabled by the largest scales

## Integrating more biological processes

- Thrombus formation  
*Platelet binding, build-up of thrombus in pathologic scenarios, in the presence of chemicals.*
- Sub-cellular processes  
*Protein mechanics, uncoiling of vWF, other components of pharmacological importance.*
- Multi-scale models joining the various scale of blood.  
*Important to capture micron-scale processes that influence the final organ-scale outcomes on clinical time-scales.*

This is happening now!



# Colleagues and contributors



# Q&A

To pose a question, you can write your question  
in the “Questions” tab



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 823712



<https://insilicoworld.slack.com/archives/C0151M02TA4>

The e-Seminar series is run  
in collaboration with:





**Thank you for participating!**

**...don't forget to fill in our feedback questionnaire...**

Visit the CompBioMed website ([www.compbiomed.eu/training](http://www.compbiomed.eu/training))  
for a full recording of this and other e-Seminars,  
to download the slides  
and to keep updated on our upcoming trainings



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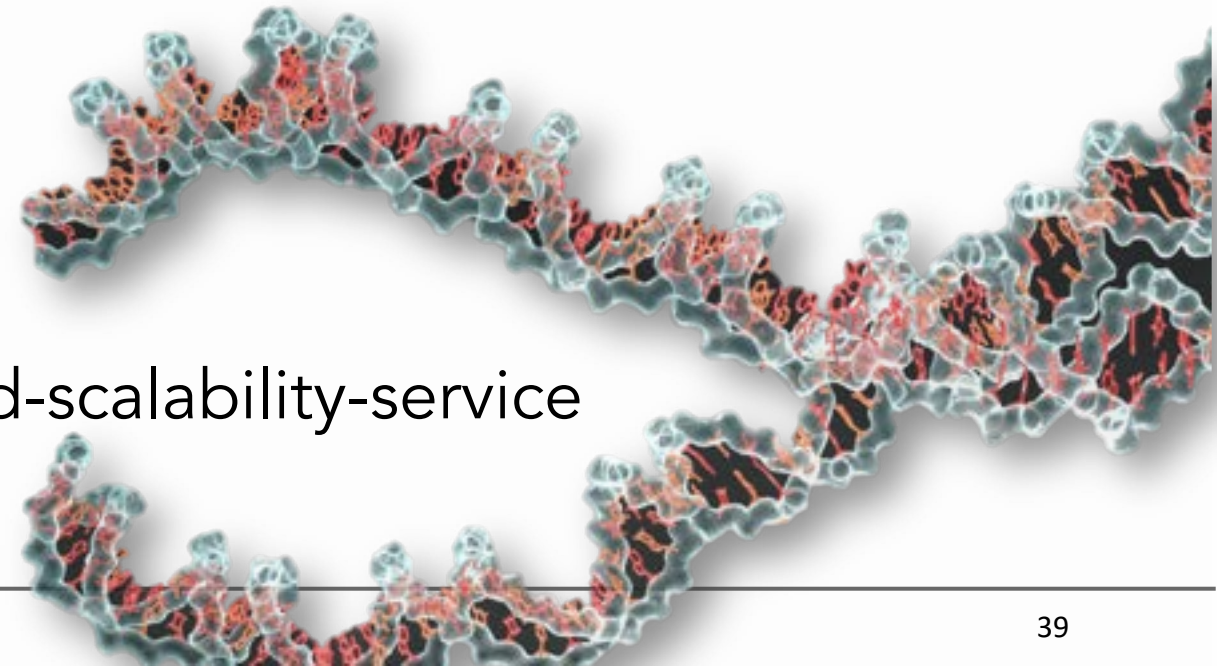
<https://insilicoworld.slack.com/archives/C0151M02TA4>

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- Contact for *Free* Service
  - General technical questions
    - Slack: #scalability channel of *the InSilicoWorld Community of Practice*
    - Email: [compbiomed-support@ucl.ac.uk](mailto:compbiomed-support@ucl.ac.uk)
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[www.insilico.world/community](http://www.insilico.world/community)

## Expertise

- The community is invitation only: in this way we ensure only interested experts have access

## Collaboration

- Join teams and collaboratively work on shared goals, projects, concerns, problems or topics

## Safe space

- A pre-competitive space where experts from academia, industry, and regulatory agencies can ask for and exchange advices

More than 500 experts have already joined the community and its channels

- **Large Biomedical Companies**

Medtronic, Smith & Nephew, Pfizer, Johnson and Johnson, Innovative Medicine Initiative, CSL Behring, Ambu, RS-Scan, Corwave EN, Zimmer Biomet, Novartis, Bayer, ATOS, Biogen, Agfa, Icon PLC, Amgen, ERT, Exponent, etc.

- **Biomedical SMEs**

Nova Discovery, Lynkeus, Obsidian Biomedical, Quibim, Mediolanum Cardio Research, Voisin Consulting, CRM-Microport, Mimesis srl, H. M. Pharmacon, MCHCE, etc.

- **Independent Software Vendors**

Ansys, In Silico Trials Technologies, 3DS, KIT, ASD Advanced Simulation & Design GmbH, Kuano-AI, Aparito, Chemotargets, Digital Orthopaedics, ExactCure, Materialise, Bio-CFD, Matical, FEOPS, 4RealSim, Exploristics, Synopsis, Virtonomy, Cad-Fem Medical, etc.

- **Regulators and Standardisation Bodies**

FDA, DIN, BSCI China, NICE, Critical Path Institute, ACQUAS, etc.

- **Clinical Research Institutions**

Istituto Ortopedico Rizzoli, Sloan Kettering Cancer Center, Royal College of Surgeons Ireland, Gratz University Hospital, Charite Berlin, Centre Nacional Invesigaciones Oncologicas, Aspirus Health, Universitätsklinikum des Saarlandes, European Society for Paediatric Oncology, etc.

