Advances in Finite Element Modeling of Breast Tissue Mechanics: Applications and Challenges

A. Alotaibi¹, H. Besbes^{1,2}, Aicha Rima Cheniti³

¹Physics Department, Faculty of Sciences, King Abdulaziz University, Jeddah, Saudi Arabia ²Center for Artificial Intelligence in Precision Medicine, King Abdulaziz University, Jeddah, Saudi Arabia ³Laboratoire de Recherche Structure et Mecanique Appliquee Ecole Polytechnique de Tunis, Universite de Carthage, Tunisia

Corresponding Author: A. Alotaibi

DOI: https://doi.org/10.52403/ijshr.20230413

ABSTRACT

Finite Element Modeling (FEM) has emerged as a transformative tool in the study of breast tissue mechanics, ushering in a new era of understanding and innovation in breast healthcare and research. This comprehensive review explores the intricate landscape of breast tissue, spanning its anatomy and diverse mechanical properties. It delves into the fundamentals of FEM. illuminating its principles and applications, with a particular focus on its role in diagnosis, surgical planning, and implant design, radiation therapy. Challenges in data acquisition, model complexity, and validation are addressed. Emerging trends, including machine learning integration and multi-scale modeling, are examined. Ethical and regulatory considerations are also underscored. Through this exploration, the review underscores the potential of FEM to revolutionize breast healthcare, providing personalized solutions and advancing our understanding of breast tissue mechanics.

Keywords: Breast tissue, Finite Element Modeling (FEM), mechanical properties, biomechanics, medical imaging, surgical planning, breast cancer diagnosis, implant design, radiation therapy, machine learning, multi-scale modeling, personalized healthcare, ethical considerations.

I. INTRODUCTION

Breast tissue, a complex and dynamic organ, holds immense significance in both clinical practice and biomedical research [1]. Its

composition. intricate structure. and mechanical behavior play pivotal roles in various aspects of women's health, including breast cancer detection, surgical reconstruction procedures, interventions. radiation and therapy planning. Understanding the mechanical properties and responses of breast tissue is paramount enhancing medical diagnostics. in therapeutic strategies, and overall patient care [2].

Finite Element Analysis (FEA) has emerged as a powerful tool in the realm of biomedical modeling, offering a means to simulate and investigate the behavior of biological tissues under various conditions [3]. The integration of FEA techniques with breast tissue research has opened up new frontiers, enabling researchers and healthcare professionals to delve deeper into the mechanical intricacies of this vital organ. Through the creation of sophisticated Finite Element Models (FEMs) tailored to breast tissue, we gain the capacity to explore, quantify, and predict its mechanical behavior with unprecedented precision [4]. review paper embarks This on а

comprehensive journey through the world of Finite Element Modeling of breast tissue mechanics. We traverse the intricate landscape of breast anatomy and the varying mechanical properties it exhibits. We delve into the fundamentals of FEA and its application in biomedical modeling, examining the advantages it brings and the limitations it faces. Our exploration extends to the development of FEMs for breast tissue, discussing data acquisition, material modeling, mesh generation, boundary conditions, and validation techniques. We then navigate the vast realm of applications, spanning from tumor detection and surgical planning to biomechanical studies and radiation therapy.

While the capabilities of breast tissue FEMs continue to expand, this field is not without its challenges. The diversity of breast tissue individuals. among data limitations. computational complexities, and ethical considerations all present formidable obstacles. This paper will also contemplate the future horizons of this research. discussing emerging trends such as machine learning integration and multi-scale modeling, and the evolving ethical and regulatory landscape.

this review underscores the remarkable progress made in finite element modeling of breast tissue mechanics, offering a roadmap for researchers and clinicians alike. It emphasizes the potential for this technology to reshape diagnostics and treatments in breast healthcare. By addressing the current state of knowledge, challenges, and future prospects, we aim to foster collaboration and inspire further interdisciplinary research in this critical area of women's health.

1. Importance of understanding breast tissue mechanics

Understanding breast tissue mechanics is of paramount importance for several reasons, encompassing both clinical and research domains. In this section, we will elaborate on the significance of comprehending breast tissue mechanics:

Breast Health and Disease Detection: A fundamental aspect of breast health involves the early detection of anomalies, particularly breast cancer. Mechanical changes in breast tissue, such as alterations in stiffness or elasticity, can be indicative of underlying pathologies [5]. Therefore, a robust understanding of breast tissue mechanics aids in the development of more sensitive and specific diagnostic techniques, potentially allowing for earlier detection and intervention.

Improved Surgical Outcomes: Breast surgeries, including breast-conserving surgery and breast reconstruction. necessitate a profound understanding of tissue mechanics. Surgeons need to make informed decisions about tissue manipulation, incision placement, and implant selection. Enhanced knowledge of tissue behavior can lead to improved surgical outcomes, reduced complications, and better cosmetic results [6].

Enhanced Treatment Planning: Radiation therapy, which is a common treatment modality for breast cancer, relies on accurate delineation of the tumor and healthy tissue boundaries. Finite Element Models (FEMs) of breast tissue can aid in treatment planning by providing insights into how radiation is distributed within the breast, thereby improving the precision of therapy and minimizing collateral damage to healthy tissue [7].

Customized Implant Design: For breast reconstruction and augmentation customized implants procedures. are becoming increasingly popular. Understanding the mechanical properties of breast tissue is crucial for designing implants that closely mimic natural breast characteristics, offering improved comfort and aesthetics to patients [8].

Biomechanical Research: Researchers use breast tissue models to investigate a wide range of biomechanical questions, including how breast tissue responds to external forces, how it ages, and how it behaves under different physiological conditions. Such research can lead to advancements in breast health knowledge and the development of new medical technologies. Patient-Centered Care: Ultimately. tissue mechanics understanding breast contributes to providing patient-centered care [9]. By tailoring diagnostics and treatments to individual patients' unique tissue properties, healthcare providers can offer more effective and personalized healthcare solutions, thereby improving overall patient outcomes and quality of life. breast tissue mechanics is a critical field of study that has far-reaching implications for breast health, disease detection, treatment, and research. It empowers healthcare professionals and researchers to make informed decisions, develop innovative technologies, and provide the highest standard of care for individuals facing breast-related conditions [10].

2. Role of finite element modeling in biomedical research

The role of Finite Element Modeling (FEM) in biomedical research is multifaceted and crucial for advancing our understanding of various biological processes, disease mechanisms, and medical interventions. In this section, we will delve into the significant role FEM plays in biomedical research [11]:

Biomechanical Understanding: FEM allows researchers to simulate and analyze the mechanical behavior of biological structures and tissues, including bones, muscles, organs, and blood vessels. By creating computational models, researchers gain valuable insights into how these structures respond to forces, loads, and deformations under different conditions. This understanding is vital for studying normal physiological processes and the biomechanics of diseases [12].

Disease Modeling: FEM enables the creation of realistic models of pathological conditions. Researchers replicate can diseases such as cancer, heart disease, or orthopedic disorders to investigate their progression, effects on tissues, and potential treatments. This modeling approach provides a safe and controlled environment for testing hypotheses and developing new therapeutic strategies [13].

Medical Device Design: FEM is instrumental in designing and optimizing medical devices, such as implants, medical prosthetics. and instruments. Researchers can simulate the interaction between these devices and the human body, ensuring they are safe, effective, and function as intended. This process reduces the need for extensive animal and clinical trials, accelerating the development of medical technologies [14].

Treatment Planning and Optimization: FEM is applied in treatment planning for various medical procedures, including surgery, radiation therapy, and drug delivery. It allows healthcare providers to tailor treatments to individual patients by simulating the outcomes of different interventions. This personalized approach can improve treatment effectiveness and reduce adverse effects [14].

Drug Development and Delivery: FEM aids in drug development by modeling drug interactions with tissues and cells. Researchers can predict drug distribution, absorption, and release within the body, facilitating the design of optimal drug formulations and delivery systems. This contributes to the development of more effective and targeted therapies [15].

Silico Experiments: FEM enables In researchers to conduct in silico experiments, which are simulations that mimic real-world experiments but are performed virtually. This approach is particularly valuable for studying complex biological systems and processes that are difficult or ethically challenging to investigate in vivo or in vitro. Data Integration: FEM can integrate various types of data, including medical imaging, clinical data. and experimental measurements, into a unified model. This data fusion allows researchers to develop comprehensive models that capture the complexities of biological systems and diseases [16].

Hypothesis Testing: FEM serves as a powerful tool for testing hypotheses and exploring what-if scenarios. Researchers can manipulate model parameters, boundary conditions, and material properties to assess the impact of different factors on biological systems, facilitating hypothesis validation and refinement [17].

Finite Element Modeling plays an indispensable role in biomedical research by offering a versatile and quantitative framework for studying biological systems, diseases, and medical interventions. Its ability to simulate complex physiological and pathological processes enhances our understanding of the human body and accelerates the development of innovative healthcare solutions.

II. Anatomy and Mechanical Properties of Breast Tissue

The breast is a dynamic and intricate organ with a complex structure that varies among individuals. Understanding its anatomy and mechanical properties is fundamental to appreciating the challenges and opportunities presented by Finite Element Modeling (FEM) in breast tissue research [12], [18].

A. Overview of Breast Anatomy

The breast is primarily composed of glandular tissue, adipose tissue, and connective tissue. The glandular tissue consists of lobules and ducts responsible for milk production and transport. Adipose tissue provides cushioning and insulation, while connective tissue, including ligaments suspensory Cooper's ligaments, and maintains structural integrity [19], [20]. Blood vessels and lymphatics also course through the breast, contributing to its dynamic physiology(figure1).

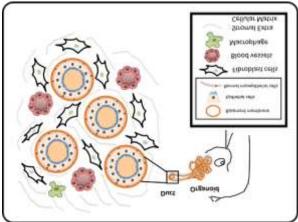


figure 1 Schematic representation of the structure of normal human breast.

B. Composition of Breast Tissue

Glandular Tissue: Glandular tissue, also known as parenchyma, constitutes the functional component of the breast. It comprises glandular acini, ductal structures, and alveoli, all intricately arranged to facilitate milk production during lactation [21].

Adipose Tissue: Adipose tissue represents the fatty component of the breast and varies significantly among individuals. It plays a role in determining breast size and shape and provides an energy reservoir.

Connective Tissue: The connective tissue framework within the breast, including collagen and elastin fibers, imparts structural support and contributes to the breast's mechanical properties.

C. Mechanical Properties of Breast Tissue

Breast tissue exhibits a diverse range of mechanical properties crucial for its function and behavior. Understanding these properties is central to developing accurate Finite Element Models (FEMs) for breast tissue:

Elasticity: Breast tissue displays both linear and nonlinear elastic behavior. It exhibits elastic deformation under low loads and nonlinear behavior at higher strains. The elasticity is influenced by the proportion of glandular and adipose tissue [22].

Viscoelasticity: Breast tissue demonstrates viscoelastic properties, meaning its response to mechanical loading depends on the rate and duration of deformation. This viscoelasticity is particularly relevant during processes like breast compression in mammography.

Anisotropy: The mechanical properties of breast tissue are anisotropic, meaning they vary with direction. This anisotropy is attributed to the orientation of collagen fibers, which influences tissue stiffness along different axes [23].

Heterogeneity: Breast tissue exhibits spatial variations in mechanical properties due to its complex composition. Variability in glandular-to-adipose tissue ratio and connective tissue distribution leads to local variations in stiffness [24].

Age-Related Changes: The mechanical properties of breast tissue change with age. Younger breasts tend to be more elastic, while aging leads to increased adipose tissue and decreased elasticity [25].

Pathological Alterations: Diseases such as breast cancer can significantly alter the mechanical properties of breast tissue, making it stiffer and less compliant.

Understanding the interplay of these mechanical properties is essential for creating realistic FEMs that accurately mimic breast behavior. These FEMs can then be leveraged for a wide range of applications in breast healthcare, diagnostics, and research [26].

III. Finite Element Analysis (FEA): Fundamentals

Finite Element Analysis (FEA) is a powerful computational technique that forms the cornerstone of modeling complex systems, including biological tissues like breast tissue. This section provides an overview of the fundamental principles and concepts of FEA, highlighting its relevance in biomedical research [27].

A. Basic Principles of FEA

Discretization of Domain: FEA divides a complex geometry, such as breast tissue, into smaller, simpler elements called finite elements. These elements approximate the original structure and are interconnected at nodes [23]. By discretizing the domain, FEA transforms complex differential equations into a system of algebraic equations that can be numerically solved. Equations: Constitutive Constitutive equations describe the relationship between stresses and strains within each finite element. In the context of breast tissue, these equations define how the tissue deforms in response to applied loads. Constitutive models may vary from linearly elastic to more complex nonlinear formulations to capture tissue behavior accurately.

Boundary Conditions: Accurate representation of boundary conditions is crucial in FEA. This involves specifying how the modeled structure interacts with its external environment. In breast tissue FEA, boundary conditions may include constraints at the chest wall or interaction with surrounding tissues [28].

B. Advantages and Limitations of FEA in Biomedical Modeling

Advantages:

- a. Flexibility: FEA can model complex geometries and material properties, making it suitable for simulating the intricate structure of breast tissue [29].
- b. Predictive Capability: FEA can provide quantitative predictions of mechanical behavior under various conditions, aiding in hypothesis testing and decision-making.
- c. Non-Invasive: FEA allows for noninvasive exploration of tissue mechanics, reducing the need for invasive experiments on live subjects [30].
- d. Parameter Sensitivity Analysis: FEA permits sensitivity analysis to understand the influence of various parameters (e.g., material properties) on tissue response.

Limitations:

- a. Computational Resources: FEA can be computationally intensive, requiring substantial computational power and time for simulations, especially for complex models [31].
- b. Model Complexity: Developing accurate FEMs necessitates a deep understanding of the material properties and behavior of breast tissue, which can be challenging to acquire.
- c. Validation: Validating FEA models against experimental data can be complex, as obtaining precise experimental measurements of breast tissue mechanics is itself challenging.
- d. Simplifications: In some cases, FEA models may involve simplifications or

assumptions that limit their accuracy and applicability [32].

C. Previous Applications of FEA in Biological Tissues

FEA has been widely employed in modeling various biological tissues and organs, including bone, muscles, and the cardiovascular system. In the context of breast tissue, previous applications of FEA have focused on breast compression during mammography, biomechanical studies of breast motion, and the analysis of implanttissue interactions in breast augmentation and reconstruction.

In summary, Finite Element Analysis is a versatile and robust computational technique that underpins the modeling of breast tissue mechanics. Understanding its fundamentals is crucial for the development of accurate and insightful Finite Element Models (FEMs) specific to breast tissue, enabling us to explore its complex mechanical behavior in diverse applications within the realm of biomedical research [33].

IV. Development of Finite Element Models for Breast Tissue

The creation of Finite Element Models (FEMs) tailored to breast tissue is a pivotal step in advancing our understanding of its mechanical behavior and its applications in healthcare. This section delves into the various aspects involved in the development of FEMs for breast tissue.

A. Data Acquisition and Imaging Techniques

Medical Imaging: The foundation of breast tissue FEMs lies in medical imaging techniques, such as mammography, ultrasound, MRI, and CT scans. These modalities provide essential information about breast geometry, density, and internal structures.

3D Reconstruction: 3D reconstruction of breast tissue from 2D medical images is often necessary to create accurate FEMs. Advanced imaging algorithms and software are employed to convert 2D data into detailed 3D representations [2].

B. Material Modeling for Breast Tissue

Material Properties: Accurate characterization of breast tissue's mechanical properties is crucial. Material properties, including elasticity, viscoelasticity, and anisotropy, must be defined in the FEM. These properties can vary between individuals and with age.

Constitutive Models: Various constitutive models are available to describe breast tissue behavior, ranging from linear elastic models for simplicity to more complex nonlinear models that capture tissue response more accurately. Selecting an appropriate model is essential [1].

C. Mesh Generation

Mesh Types: Mesh generation involves dividing the breast tissue geometry into finite elements. Various types of mesh elements, such as tetrahedral, hexahedral, or hybrid meshes, can be used. The choice of mesh type influences the accuracy and computational efficiency of the FEM [5].

Mesh Refinement: Achieving convergence and accurate results often requires mesh refinement near regions of interest, such as tumors or surgical sites. Adaptive meshing techniques can be employed to optimize computational resources [6].

D. Boundary Conditions and Loadings

Boundary Conditions: Accurate representation of boundary conditions is essential. This involves specifying how the breast tissue interacts with external factors, including constraints, contact conditions, and interactions with surrounding tissues. Loadings: Loadings, such as mechanical forces or displacements, are applied to the FEM to simulate various physiological or surgical scenarios. These loadings should align with the objectives of the study, whether it's breast compression during mammography or surgical simulations [8].

E. Validation and Verification of Breast Tissue FEA Models

Experimental Data Comparison: FEA models must be validated by comparing their predictions to experimental data. This involves conducting physical experiments, such as mechanical testing of breast tissue samples, and comparing the results with FEM predictions.

Sensitivity Analysis: Sensitivity analysis helps assess the impact of varying model parameters, material properties, or boundary conditions on the FEM's outcomes. It enhances the model's reliability and robustness [2].

Developing FEMs for breast tissue is a meticulous process that demands а multidisciplinary approach, involving expertise in engineering, biology, and medical imaging. These models serve as virtual laboratories, allowing researchers and healthcare professionals to investigate breast tissue mechanics under diverse conditions and contribute to advancements in breast healthcare, diagnostics, and surgical interventions.

V. Applications of Breast Tissue FEA Models

Finite Element Models (FEMs) of breast tissue have found diverse and valuable applications in the fields of healthcare, diagnostics, and research. This section explores the wide array of applications where these models have made significant contributions [8].

A. Tumor Detection and Analysis

Breast Cancer Diagnosis: FEMs aid in understanding the mechanical properties of breast tumors. By simulating tumor behavior under compression or palpation, these models contribute to improved breast cancer diagnosis, especially in cases where tumors are small or difficult to detect via traditional imaging techniques [34].

Elastography: FEMs are used to develop elastography methods that visualize tissue stiffness variations. These methods can assist in distinguishing between benign and malignant breast lesions, enhancing diagnostic accuracy.

B. Breast Reconstruction Simulations

Surgical Planning: FEMs support surgical planning for breast reconstruction procedures following mastectomy or trauma. Surgeons can simulate different surgical approaches, including tissue flap design, implant placement, and vascular anastomosis, to optimize outcomes and minimize complications [35].

Implant Selection: FEMs aid in selecting the most appropriate type and size of breast implants for reconstruction or augmentation. By considering patient-specific tissue characteristics, these models help achieve natural-looking results.

C. Surgical Planning and Guidance

Breast Conservation Surgery: FEMs are used to plan breast-conserving surgeries (e.g., lumpectomy) by predicting tissue deformations and ensuring complete tumor removal while preserving healthy tissue[27]. Nipple-Sparing Mastectomy: These models assist in planning nipple-sparing mastectomy procedures by assessing tissue viability and optimizing incision placement to preserve aesthetic outcomes.

D. Implant Design and Evaluation

Customized Implants: FEMs are instrumental in designing customized breast implants that match the unique mechanical and aesthetic requirements of individual patients, improving patient satisfaction and comfort.

Implant Safety: These models help evaluate the safety of breast implants by simulating long-term implant-tissue interactions, predicting complications, and informing regulatory decisions [21].

E. Biomechanical Studies of Breast-Related Conditions

Breast Motion Analysis: FEMs enable the study of breast motion during physical activities. Understanding breast biomechanics is crucial for designing supportive undergarments, sports bras, and minimizing breast discomfort.

Postoperative Outcomes: Researchers use FEMs to investigate postoperative outcomes, such as tissue deformation, scarring, and long-term cosmetic results. These insights contribute to refining surgical techniques [1].

F. Radiation Therapy Planning

Dosimetry: FEMs assist in radiation therapy planning by predicting the distribution of radiation dose within breast tissue. This optimization minimizes radiation exposure to healthy tissue while effectively treating tumors.

Tissue Response: Understanding how breast tissue responds to radiation, including changes in stiffness and deformation, helps improve the precision and effectiveness of radiation therapy [34], [36].

The applications of breast tissue FEA models continue to expand, offering valuable insights into breast health and healthcare. These models enhance diagnostic accuracy, improve surgical outcomes, guide treatment decisions, and biomechanical facilitate research. As technology and research methods advance, FEMs will play an increasingly integral role in breast healthcare and research.

VI. Challenges and Future Directions

While Finite Element Modeling (FEM) of breast tissue has made substantial strides in advancing breast healthcare and research, several challenges persist, and emerging trends indicate exciting avenues for future exploration [36].

A. Challenges in Modeling Breast Tissue

Data Availability and Quality: Acquiring high-quality, patient-specific data for FEMs remains a challenge. Variability in breast tissue composition, patient demographics, and disease states necessitates comprehensive datasets for accurate modeling.

Model Complexity: Capturing the full complexity of breast tissue, including its

heterogeneity and anisotropy, demands sophisticated FEMs. Balancing model complexity with computational efficiency is an ongoing challenge [37].

Computational Resources: Complex breast tissue FEMs require substantial computational power and time. Advancements in high-performance computing are essential to make simulations more accessible.

Validation: Validating FEMs against experimental data can be challenging, as obtaining precise mechanical measurements from breast tissue remains difficult. Developing standardized validation protocols is necessary.

B. Emerging Trends and Technologies

Machine Learning Integration: The integration of machine learning techniques FEMs holds immense promise. into Machine learning can assist in automating model parameterization, enhancing datadriven modeling, and improving predictions. Multi-Scale Modeling: Incorporating multimodeling approaches scale allows researchers to bridge the gap between molecular-level interactions and tissue-level behavior. This enables more а comprehensive understanding of breast tissue mechanics [38].

Patient-Specific Modeling: Advancements in medical imaging and data analytics enable the creation of highly patient-specific FEMs. These models can better account for individual variability and improve personalized healthcare.

Ethical and Regulatory Considerations: As FEMs play an increasingly central role in healthcare decision-making, ethical and regulatory considerations must be addressed. Ensuring patient data privacy, model transparency, and adherence to regulatory standards is crucial.

C. Future Research Directions

Biomechanics of Breast Cancer: Further research is needed to understand the biomechanical changes in breast tissue associated with cancer progression. This knowledge can enhance early detection and treatment strategies.

Quantifying Age-Related Changes: Investigating how breast tissue mechanics change with age is essential, particularly given the aging population. It can inform healthcare interventions for older individuals [20].

Simulation-Based Training: FEMs can serve as tools for training healthcare professionals in breast-related procedures, optimizing surgical outcomes, and reducing complications.

Integration with Clinical Practice: Expanding the integration of FEMs into clinical practice can lead to better patient outcomes. This includes using FEMs for real-time surgical guidance and treatment planning [39].

, while challenges persist in modeling breast tissue mechanics, the future of Finite Element Modeling is promising. Integration with emerging technologies, greater access to high-quality data, and a focus on patientspecific modeling hold the potential to revolutionize breast healthcare. Ethical and regulatory considerations will play a crucial role in shaping the responsible and ethical use of FEMs in healthcare. By addressing these challenges and embracing innovative approaches, researchers and clinicians can further enhance our understanding of breast tissue mechanics and its applications.

VII. CONCLUSION

Finite Element Modeling (FEM) of breast tissue mechanics has emerged as a transformative force in the realms of breast healthcare, diagnostics, and research. This review has explored the multifaceted landscape of breast tissue mechanics. delving into its intricate anatomy. mechanical properties, and the fundamental principles of FEM. We have elucidated the painstaking process of developing FEMs tailored to breast tissue, from data acquisition to material modeling, mesh generation, and validation. Moreover, the applications of these models have been showcased across a spectrum, from aiding

in tumor detection and surgical planning to guiding implant design and supporting radiation therapy planning.

Nonetheless, challenges loom, from the quest for comprehensive and high-quality data to the computational demands of increasingly complex models. As we look to the future, exciting prospects beckon. The fusion of machine learning and multi-scale modeling, coupled with a renewed focus on patient-specificity and ethical considerations, promises to propel FEM into new frontiers.

Finite Element Modeling of breast tissue stands at the intersection of engineering, and healthcare, offering biology, the potential to revolutionize the way we approach breast-related conditions. Bv bringing together diverse expertise and forging interdisciplinary collaborations, we can harness the power of FEM to provide more personalized and effective healthcare solutions. As we navigate the challenges and opportunities that lie ahead, the overarching goal remains clear: to enhance patient care, advance research, and improve the lives of countless individuals through a deeper understanding of breast tissue mechanics.

In this ever-evolving landscape, where science meets technology and compassion meets innovation, we are poised to unlock the mysteries of the breast, ushering in a new era of discovery and transformation in breast healthcare.

Declaration by Authors Acknowledgement: None Source of Funding: None Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

- 1. J. Zhang *et al.*, "Non-linear finite element model established on pectoralis major muscle to investigate large breast motions of senior women for bra design," *Textile Research Journal*, vol. 92, no. 19–20, 2022, doi: 10.1177/00405175221075049.
- 2. T. Y. Chang, J. Wu, P. Y. Liu, Y. L. Liu, D. Luzhbin, and H. C. Lin, "Using Breast

Tissue Information and Subject-Specific Finite-Element Models to Optimize Breast Compression Parameters for Digital Mammography," *Electronics (Switzerland)*, vol. 11, no. 11, 2022, doi: 10.3390/electronics11111784.

- 3. A. M. Teixeira and P. Martins, "A review of bioengineering techniques applied to breast tissue: Mechanical properties, tissue engineering and finite element analysis," **Frontiers** Bioengineering in and Biotechnology, vol. 11. 2023. doi: 10.3389/fbioe.2023.1161815.
- P. Alcañiz *et al.*, "Soft-tissue simulation of the breast for intraoperative navigation and fusion of preoperative planning," *Front Bioeng Biotechnol*, vol. 10, 2022, doi: 10.3389/fbioe.2022.976328.
- 5. O. Mukhmetov, A. Mashekova, Y. Zhao, A. Midlenko, E. Y. K. Ng, and S. C. Fok, "Patient/breast-specific detection of breast tumor based on patients' thermograms, 3d reverse breast scans. and thermal modelling," Applied Sciences (Switzerland), vol. 11. no. 14. 2021. doi: 10.3390/app11146565.
- C. Xue, F. H. Tang, C. W. K. Lai, L. J. Grimm, and J. Y. Lo, "Multimodal patientspecific registration for breast imaging using biomechanical modeling with reference to AI evaluation of breast tumor change," *Life*, vol. 11, no. 8, 2021, doi: 10.3390/life11080747.
- C. Goodbrake *et al.*, "On the Three-Dimensional Mechanical Behavior of Human Breast Tissue," *Ann Biomed Eng*, vol. 50, no. 5, 2022, doi: 10.1007/s10439-022-02951-y.
- 8. M. Hertel *et al.*, "Towards a biomechanical breast model to simulate and investigate breast compression and its effects in mammography and tomosynthesis," *Phys Med Biol*, vol. 68, no. 8, 2023, doi: 10.1088/1361-6560/acc30b.
- 9. S. Shrestha, G. K.C., and D. B. Gurung, "Temperature Variation in Breast Tissue Model With and Without Tumor Based on Porous Media," *Journal of Nepal Mathematical Society*, vol. 4, no. 1, 2021, doi: 10.3126/jnms.v4i1.37116.
- 10. N. Briot, G. Chagnon, N. Connesson, and Y. Payan, "In vivo measurement of breast tissues stiffness using a light aspiration device," *Clinical Biomechanics*, vol. 99,

2022,

10.1016/j.clinbiomech.2022.105743.

doi:

- 11. C. E. Onyekanne *et al.*, "Laser-induced heating of polydimethylsiloxane-magnetite nanocomposites for hyperthermic inhibition of triple-negative breast cancer cell proliferation," *J Biomed Mater Res B Appl Biomater*, vol. 110, no. 12, 2022, doi: 10.1002/jbm.b.35124.
- V. D. Sree, J. D. Toaquiza-Tubon, J. Payne, L. Solorio, and A. B. Tepole, "Damage and Fracture Mechanics of Porcine Subcutaneous Tissue Under Tensile Loading," Ann Biomed Eng, 2023, doi: 10.1007/s10439-023-03233-x.
- W. L. Richey, J. S. Heiselman, M. J. Ringel, I. M. Meszoely, and M. I. Miga, "Computational Imaging to Compensate for Soft-Tissue Deformations in Image-Guided Breast Conserving Surgery," *IEEE Trans Biomed Eng*, vol. 69, no. 12, 2022, doi: 10.1109/TBME.2022.3177044.
- 14. J. L. Rajput, A. B. Nandgaonkar, S. L. Nalbalwar, and A. E. Wagh, "Heat Flow Modeling for Controlled Focusing of Microwave Hyperthermia of Breast Cancer: a Computational Feasibility Study," *Int J Adv Sci Eng Inf Technol*, vol. 11, no. 4, 2021, doi: 10.18517/ijaseit.11.4.14030.
- K. Wang and T. Kesavadas, "Real-Time FEA-based breast deformation simulation using artificial neural network," *Computer Methods and Programs in Biomedicine Update*, vol. 2, 2022, doi: 10.1016/j.cmpbup.2022.100052.
- 16. G. Arora, P. Maman, A. Sharma, N. Verma, and V. Puri, "Systemic overview of microstrip patch Antenna's for different biomedical applications," *Advanced Pharmaceutical Bulletin*, vol. 11, no. 3. 2021. doi: 10.34172/apb.2021.051.
- T. A. Akano and O. A. Fakinlede, "The biomechanics of the fibrocystic breasts at finite compressive deformation," *Journal of Biomimetics, Biomaterials and Biomedical Engineering*, vol. 49, 2021, doi: 10.4028/www.scientific.net/JBBBE.49.33.
- 18. M. Singh, T. Singh, and S. Soni, "Preoperative Assessment of Ablation Margins for Variable Blood Perfusion Metrics in a Magnetic Resonance Imaging Based Complex Breast Tumour Anatomy: Simulation Paradigms Thermal in Therapies," Comput Methods Programs

Biomed, vol. 198, 2021, doi: 10.1016/j.cmpb.2020.105781.

- A. Martínez-Lozano *et al.*, "Uwb-printed rectangular-based monopole antenna for biological tissue analysis," *Electronics (Switzerland)*, vol. 10, no. 3, 2021, doi: 10.3390/electronics10030304.
- K. Paul, S. Razmi, B. A. Pockaj, L. Ladani, and J. Stromer, "Finite Element Modeling of Quantitative Ultrasound Analysis of the Surgical Margin of Breast Tumor," *Tomography*, vol. 8, no. 2, 2022, doi: 10.3390/tomography8020047.
- 21. S. R. Gunakala, V. M. Job, P. V. S. N. Murthy, P. Nagarani, H. Seetharaman, and B. V Chowdary, "In-silico investigation of intratumoural magnetic hyperthermia for breast cancer therapy using FePt or FeCrNbB magnetic nanoparticles," *International Journal of Thermal Sciences*, vol. 192, 2023, doi: 10.1016/j.ijthermalsci.2023.108405.
- M. Yamawaki, Z. Wang, S. Hirai, and A. Sakamoto, "A Finite Element Analysis of Gravity Effects on Breast Based on Microgravity Geometry," *Transactions of Japanese Society for Medical and Biological Engineering*, vol. Annual59, no. Proc, 2021, doi: 10.11239/jsmbe. Annual59.799.
- S. Mahdy, O. Hamdy, M. A. A. Eldosoky, and M. A. Hassan, "Influence of Tumor Volume on the Fluence Rate Within Human Breast Model Using Continuous-Wave Diffuse Optical Imaging: A Simulation Study," *Photobiomodul Photomed Laser Surg*, vol. 41, no. 3, 2023, doi: 10.1089/photob.2022.0100.
- 24. P. Tahmasebi, M. M. Dastjerdi, A. Fallah, and S. Rashidi, "Noninvasive diagnosis of the type of breast tumor through artificial neural networks," in 2021 29th Iranian Conference on Electrical Engineering, ICEE 2021, 2021. doi: 10.1109/ICEE52715.2021.9544420.
- 25. A. S. K. Verbruggen and L. M. McNamara, "Mechanoregulation may drive osteolysis during bone metastasis: A finite element analysis of the mechanical environment within bone tissue during bone metastasis and osteolytic resorption," *J Mech Behav Biomed Mater*, vol. 138, 2023, doi: 10.1016/j.jmbbm.2023.105662.
- 26. B. Dołęga-Kozierowski *et al.*, "Numerical and physical modeling of breast cancer

based on image fusion and artificial intelligence," *Breast Cancer Res Treat*, 2023, doi: 10.1007/s10549-023-07056-1.

- 27. C. Li, Y. Li, and G. Liu, "Influence of density change on the detection of breast liposarcoma by magneto-acousto-electrical tomography," *International Journal of Applied Electromagnetics and Mechanics*, vol. 70, no. 4, 2022, doi: 10.3233/JAE-210236.
- 28. H. Nazmdeh, M. Vahabi, and M. A. Nazari, "Finite element modeling of non-Fourier heat transfer in a cancerous tissue with an injected fat layer during hyperthermia treatment," *J Therm Biol*, vol. 100, 2021, doi: 10.1016/j.jtherbio.2021.103073.
- 29. X. Song *et al.*, "Construction of breast cancer photoacoustic imaging model based on COMSOL," 2021. doi: 10.1117/12.2591388.
- 30. M. M. Hossain and C. M. Gallippi, "Quantitative Estimation of Mechanical Anisotropy Using Acoustic Radiation Force (ARF)-Induced Peak Displacements (PD): In Silico and Experimental Demonstration," *IEEE Trans Med Imaging*, vol. 41, no. 6, 2022, doi: 10.1109/TMI.2022.3141084.
- 31. J. Rajput, A. Nandgaonkar, S. Nalbalwar, A. Wagh, and N. Huilgol, "Feasibility Study for Local Hyperthermia of Breast Tumors: A 2D Modeling Approach," in *Lecture Notes in Networks and Systems*, 2022. doi: 10.1007/978-981-16-4863-2_22.
- 32. R. Sinkus, J. Lorenzen, D. Schrader, M. Lorenzen, M. Dargatz, and D. Holz, "Physics in Medicine & Biology Related content High-resolution tensor MR elastography for breast tumour detection," *Phys. Med. Biol.*, vol. 45, 2000.
- 33. Y. Ardeshirpour, M. Huang, and Q. Zhu, "Effect of the chest wall on breast lesion reconstruction," *J Biomed Opt*, vol. 14, no. 4, 2009, doi: 10.1117/1.3160548.
- 34. C. Li and M. R. Cheung, "The utility of a marched absorbing layer boundary condition in the finite element analysis of diffuse photon density wave propagation in tissues relevant to breast imaging," *Comput Biol Med*, vol. 39, no. 10, 2009, doi: 10.1016/j.compbiomed.2009.07.011.
- 35. S. Mahdy, O. Hamdy, M. A. Hassan, and M. A. A. Eldosoky, "A modified source-detector configuration for the discrimination between normal and diseased human breast based on the continuous-wave diffuse

optical imaging approach: a simulation study," *Lasers Med Sci*, vol. 37, no. 3, 2022, doi: 10.1007/s10103-021-03440-9.

- 36. F. J. González, "Thermal Simulations of Cancerous Breast Tumors and Cysts on a Realistic Female Torso," *J Biomech Eng*, vol. 143, no. 6, 2021, doi: 10.1115/1.4049957.
- 37. R. L. Barbour, H. L. Graber, and S. L. S. Barbour, "Hemoglobin state-flux: A finitestate model representation of the hemoglobin signal for evaluation of the resting state and the influence of disease," *PLoS One*, vol. 13, no. 6, 2018, doi: 10.1371/journal.pone.0198210.
- 38. D. Nayak, N. Bhatnagar, and P. Mahajan, "Machining studies of ud-frp composites part 2: Finite element analysis," *Machining Science and Technology*, vol. 9, no. 4, 2005, doi: 10.1080/10910340500398183.
- 39. C. M. Archangelo, E. P. Rocha, J. A. Pereira, M. Martin Junior, R. B. Anchieta, and A. C. Freitas Júnior, "Periodontal ligament influence on the stress distribution in a removable partial denture supported by implant: A finite element analysis," *Journal* of Applied Oral Science, vol. 20, no. 3, 2012, doi: 10.1590/S1678-77572012000300012.

How to cite this article: A. Alotaibi, H. Besbes, Aicha Rima Cheniti. Advances in finite element modeling of breast tissue mechanics: applications and challenges. *International Journal of Science & Healthcare Research*. 2023; 8(4): 86-97.

DOI: https://doi.org/10.52403/ijshr.20230413
