

# An investigation of histological and DCE-MRI correlates of intrinsic susceptibility contrast relaxivity ( $R_2^*$ ) in human breast cancer

A. R. Padhani<sup>1</sup>, M-L. W. Ah-See<sup>2</sup>, N. J. Taylor<sup>1</sup>, J. J. Stirling<sup>1</sup>, F. M. Daley<sup>2</sup>, P. I. Richman<sup>2</sup>, J. A. d'Arcy<sup>3</sup>, S. Walker-Samuel<sup>3</sup>, A. L. Harris<sup>4</sup>, D. J. Collins<sup>3</sup>, M. O. Leach<sup>3</sup>, A. Makris<sup>2</sup>

<sup>1</sup>Paul Strickland Scanner Centre, Mount Vernon Hospital, Northwood, Middlesex HA6 2RN, United Kingdom, <sup>2</sup>Mount Vernon Hospital, Northwood, Middlesex, HA6 2RN, United Kingdom, <sup>3</sup>CRUK Clinical MR Research Group, Institute of Cancer Research, Sutton, Surrey SM2 5PT, United Kingdom, <sup>4</sup>Weatherall Institute, John Radcliffe Hospital, Oxford, United Kingdom

## Introduction

Intrinsic susceptibility contrast ( $R_2^*$ ) yields unique quantitative image contrast in visceral tumours whose imaging correlates are relatively underexplored. Theoretically,  $R_2^*$  is related to blood oxygenation, blood volume, blood haematocrit and other physical and physiological parameters (Howe). This study aims to assess the dynamic contrast enhanced MRI (DCE-MRI) correlates of breast cancer  $T_2^*$  relaxivity ( $R_2^*$ ).

## Methods

23 untreated patients with solid, non-necrotic and non-infiltrating invasive ductal carcinoma were imaged. This subgroup was chosen because in infiltrating/septal spreading disease, intact breast septae can cause increases in  $R_2^*$  and necrosis causes a paradoxical decrease in  $R_2^*$  [1]. A spoiled multiple gradient echo  $T_2^*w$  sequence (TE 5-75ms, TR 100ms,  $\alpha=40^\circ$ , sl 8mm,  $256^2$  matrix, single slice) was used to acquire data for  $R_2^*$  calculation (performed using an IDL<sup>®</sup> least-squares fitting routine). Following this, a  $T_1w$  DCE-MRI sequence with 0.1mmol/kg Gd-DTPA dose (4 slices with one matched to the  $R_2^*$  position, TE 4.7ms, TR 11ms,  $\alpha=35^\circ$ ,  $256^2$  matrix) and a  $T_2^*w$  DCE-MRI sequence with a 0.2mmol/kg Gd-DTPA dose (single slice, TE 20ms, TR 30ms,  $\alpha=40^\circ$ ,  $128^2$  matrix) were run.  $T_1w$  DCE-MR images were processed using MRIW software and the Tofts' model[2] (Institute of Cancer Research, London) to give quantitative and semi-quantitative parametric maps:  $K^{trans}$ ,  $k_{ep}$ ,  $v_e$ , maximum Gd concentration (MaxGd), maximum amplitude (MaxAmp), mean gradient and washout gradient. A gamma-variate fit was performed on the  $T_2^*w$  DCE-MR images to give relative blood volume rBV, relative blood flow rBF and mean transit time MTT. Regions of interest (ROI) were drawn around the tumour on the MR images. Median values for each parameter were recorded.

N=23	Median $R_2^*$	95th centile $R_2^*$
<b>Pathology</b>		
CA-IX (+/-)		
Tumour grade	<b>P=0.015</b>	<b>0.0001</b>
<b>MRI Morphology</b>		
Size		
<b><math>T_1w</math> DCE-MRI</b>		
Mean Gradient		
Max Amp	<b>0.0004</b> ( <b>r = -0.684</b> )	<b>0.002</b> ( <b>r = -0.624</b> )
Wash-out	<b>0.008</b> ( <b>r = -0.56</b> )	<b>0.02</b> ( <b>r = -0.52</b> )
<b>Modelling Failures</b>		
$K^{trans}$		
$v_e$		
Max Gd		
Rate Constant $k_{ep}$		
<b><math>T_2^*w</math> DCE-MRI</b>		
rBV	<b>0.003</b> ( <b>r = -0.6</b> )	<b>0.03</b> ( <b>r = -0.46</b> )
rBF	<b>0.003</b> ( <b>r = -0.6</b> )	<b>0.03</b> ( <b>r = -0.5</b> )
MTT		
Only significant correlations are shown		

Histological variables (CA-IX staining and tumour grade) were acquired from biopsies or surgical specimens.

Univariate analyses were carried out, dividing histological features from morphology and DCE-MRI kinetics. Correlates were first sorted with median

$R_2^*$  and if significant, then with 95th centile  $R_2^*$  values. Continuous variables (all MRI parameters) were analysed with linear regression and discrete variables (histological grade) with a 2-tailed Mann-Whitney test set with a significant value set at  $p < 0.01$ . Multivariate analyses were then carried out on the most significant variables from the univariate analysis.

## Results

Significant results are given in the Table. With univariate analysis, a significant negative correlation was found between median  $R_2^*$  and tumour grade ( $p=0.015$ :  $R_2^*$  95th centile  $p=0.0001$ ). Significant inverse correlations were found between median  $R_2^*$  and rBV and rBF ( $p=0.003$ , 95th centile  $p=0.03$  for both), Maximum amplitude ( $p=0.0004$ : figure 1,  $R_2^*$  95th centile  $p=0.002$ ) and washout gradient ( $p=0.008$ : figure 2,  $R_2^*$  95th centile  $p=0.02$ ). On multivariate analysis, MaxAmp and wash-out were the only significantly correlated parameters ( $p = 0.0079$  and  $0.0006$  respectively).

## Discussion

There is a strong but inverse association between tumour grade and  $R_2^*$ . This is a potentially a very useful result since in general, MR imaging does not predict histological tumour grade in breast cancer. The inverse correlations between  $R_2^*$  and MaxAmp and washout as well as blood volume and flow strongly indicate that the  $R_2^*$  contrast is dominated by blood volume,

blood flow and capillary permeability. The multivariate analysis shows that as explanatory variables, the maximum amplitude and wash-out are dominant.

## References

[1] Taylor, N.J *et al.*, *Proc. I.S.M.R.M. 10th Ann. Meet.* 2002 p2126

[2] Tofts, PS and Kermode, AG. *JMRI* 1997;7:91

