# An investigation of histological and DCE-MRI correlates of intrinsic susceptibility contrast relaxivity (R<sub>2</sub>\*) in human breast cancer

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### 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 ( $R_2^*$ ).

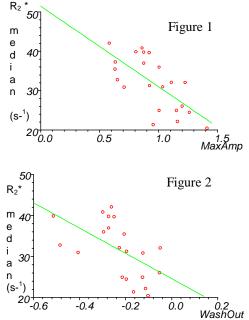
### Methods

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°, sl 8mm, 256<sup>2</sup> 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°, 256<sup>2</sup> 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°, 128<sup>2</sup> 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<sup>trans</sup>, k<sub>ep</sub>, v<sub>e</sub>, 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.

N=23	Median $R_2^*$	95th centile R <sub>2</sub> *
Pathology		
CA-IX (+/-)		
Tumour grade	P=0.015	0.0001
MRI Morphology		
Size		
T <sub>1</sub> W DCE-MRI		
Mean Gradient		
Max Amp	0.0004 (r = -0.684)	0.002 (r = -0.624)
Wash-out	0.008 (r = -0.56)	0.02 (r = -0.52)
Modelling Failures		
K <sup>trans</sup>		
v <sub>e</sub>		
Max Gd		
Rate Constant k <sub>ep</sub>		
T <sub>2</sub> * DCE-MRI		
rBV	0.003	0.03
	(r = -0.6)	(r = -0.46)
rBF	0.003	0.03
	(r = -0.6)	(r = -0.5)
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:  $R_2^*$  95<sup>th</sup> centile p=0.0001). Significant inverse correlations were found between median  $R_2^*$  and rBV and rBF (p=0.003, 95<sup>th</sup> centile p=0.03 for both), Maximum amplitude (p=0.0004: figure 1,  $R_2^*$  95<sup>th</sup> centile p=0.002) and washout gradient (p=0.008: figure 2,  $R_2^*$  95<sup>th</sup> 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