

# DCE-MRI using Inversion Recovery TrueFISP for quantitative permeability measurements in rat tumors

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## Introduction

Dynamic contrast-enhanced magnetic resonance imaging (DCE-MRI) has been widely used in pre-clinical and clinical research to test anti-angiogenic and anti-vascular drugs. After intravenous injection of a gadolinium based contrast agent (CA), the time course of the  $T_1$  change is measured with fast MRI methods and the tracer kinetics can be calculated. Recently, it was proposed to perform  $T_1$ -mapping with the inversion recovery (IR) TrueFISP method (1). IR TrueFISP for DCE-MRI was already tested in patients with liver metastasis on a clinical scanner (2).

In this study, an IR TrueFISP method was developed for DCE-MRI studies in experimental tumor models on a high-field animal scanner. The method was applied to measure a mean vascular input function and to quantify vascular permeability of orthotopic breast tumors in rats.

## Methods

Experiments were performed in a 4.7 T Bruker Biospec MR system in anesthetized healthy or orthotopic BN472 breast tumor bearing Brown Norway rats. After automatic, local shimming with FASTMAP,  $T_1$  was measured with an IR TrueFISP sequence with 16 IR delays between 210 and 2500 ms ( $TE=1.69$  ms,  $TR=3.38$  ms, matrix  $64 \times 48$ ,  $FOV=60$  mm  $\times$  45 mm). Temporal resolution was 8 s; 80 scan series were acquired during 12 min. 0.1 mmol Gd/kg of GdDOTA or 0.028 mmol Gd/kg of P792 (both from Guerbet, France) was injected into the tail vein on scan series 8.  $T_1$  maps were calculated for each of the 80 time points using the method described in (3). From the  $T_1$  maps, the CA concentration in the tissue  $C_m$  was calculated. Using the tracer kinetics model of Tofts and Kermode (4), vascular permeability (transfer constant  $K^{trans}$ ) and leakage space  $v_e$  were quantified. The input function was measured for the same CA dose in 6 healthy Brown Norway rats in the jugular vein in the neck with the same temporal resolution, but higher spatial resolution (matrix  $128 \times 96$  and  $FOV 30$  mm  $\times$  22.5 mm). The plasma Gd concentration curves were calculated and averaged to yield a standard input function  $C_p(t)$  used for the Tofts-model. For *in vivo* validation of the method,  $T_1$  was also measured with a segmented IR FLASH sequence (1 k-space line acquired per inversion) in 3 rats with tumors. 11 images were acquired in 70 min with inversion delays between 50 ms and 3500 ms.  $T_1$  was derived from a 3 parameter fit.

## Results and Discussion

Comparing the results for pre-CA  $T_1$  in leg muscle and tumor showed that the values derived from IR TrueFISP are up to 15% higher than the values derived from segmented IR FLASH (muscle:  $1.77 \pm 0.05$  s vs.  $1.55 \pm 0.02$  s.; tumor:  $2.31 \pm 0.04$  s vs.  $2.04 \pm 0.12$  s). So IR TrueFISP seems to systematically overestimate  $T_1$  *in vivo*. The mean input function showed a small standard deviation (see Fig. 1). The first pass of the CA bolus could not be resolved in the  $C_p(t)$  curve with this time resolution. A biexponential fit of the  $C_p(t)$  curve yielded  $C_p(t) = 0.511 \cdot \exp(-0.0138 \text{ s}^{-1} \cdot t) + 0.597 \cdot \exp(-0.000812 \text{ s}^{-1} \cdot t)$  for GdDOTA and  $C_p(t) = 0.168 \cdot \exp(-0.00212 \text{ s}^{-1} \cdot t) + 0.181 \cdot \exp(-0.00213 \text{ s}^{-1} \cdot t)$  for P792.

Fig. 2 shows the map of  $K^{trans}$  for GdDOTA and P792 in a BN472 tumor. The inhomogeneity is clearly visible. Median value for  $K^{trans}$  was  $0.090 \text{ min}^{-1}$  for GdDOTA,  $0.010 \text{ min}^{-1}$  for P792. Median value for  $v_e$  was 0.12 for GdDOTA, 0.08 for P792. Highest  $C_m$  values shortly after injection were the 0.4 mM for GdDOTA, 0.06 mM for P792. Results in other animals were similar: the average of the medians ( $n=12$ ) for  $K^{trans}$  was  $0.078 \pm 0.044 \text{ min}^{-1}$  (GdDOTA) and  $0.015 \pm 0.005 \text{ min}^{-1}$  (P792); for  $v_e$  it was  $0.15 \pm 0.04$  (GdDOTA) and  $0.10 \pm 0.03$  (P792).

## Conclusion

IR TrueFISP can be applied for quantitative DCE-MRI in rats on an animal scanner. Comparison between GdDOTA and the larger molecule P792 in the same animal model showed the differences in the vascular input function and permeability.

## References

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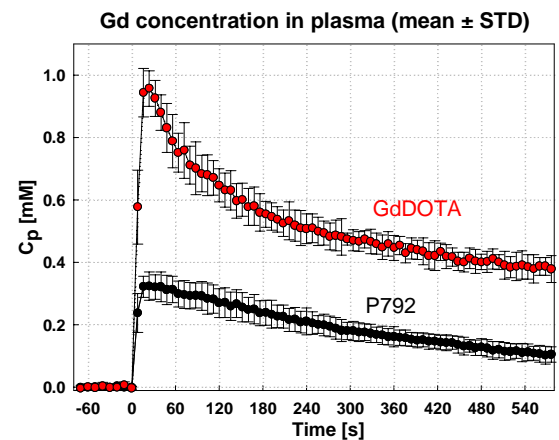


Fig. 1: Input functions measured in the jugular vein of BN rats

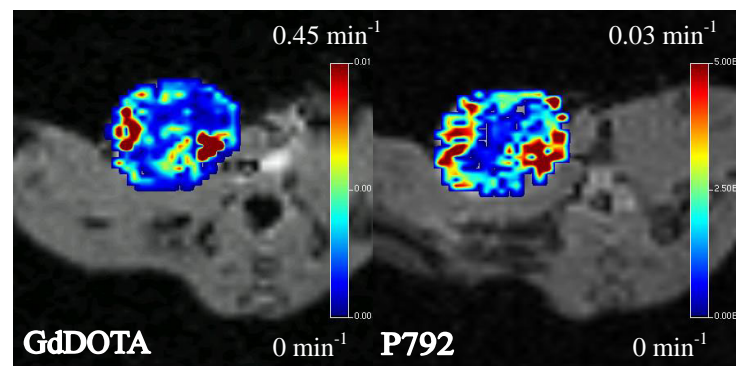


Fig. 2: Color-coded  $K^{trans}$  maps (left GdDOTA, right P792) overlaid over TrueFISP-images of BN472 tumor