

# Spin Echo Magnetisation Transfer Experiment (SEMTEX): a rapid, quantitative technique for magnetisation transfer imaging

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## Introduction

There are a number of MR techniques available for the characterisation of magnetisation transfer (MT) properties in clinical settings. The most common approach is one in which a single long, off-resonance pulse is emulated by a series of short pulses to selectively saturate the macromolecular bound proton pool, yielding only qualitative MT contrast. A number of methods exist for generating quantitative MT [1-6], which employ varying degrees of complexity and scanning times. We have implemented a quick and simple method for creating quantitative MT contrast using on-resonance pulsed saturation. Here we present the SEMTEX (Spin Entrapped Magnetisation Transfer Experiment) sequence and compare the method applied in phantoms and *in vivo* with a standard, widely accepted quantitative MT method [1]. The sequence is simple to program and execute on clinical systems.

## Methods

The SEMTEX sequence (Figure 1) consists of a train of 180° pulses, followed by an imaging module. The inversion pulse train saturates, and subsequently maintains saturation of macromolecular protons, whilst allowing liquid pool spins to invert and decay by  $T_1$ . The decay rate observed during the 180° pulse train is a function of  $T_1$  and signal loss due to MT (Figure 2). Overall decay is denoted  $T_1^{\text{effective}}$ . The MT component is extracted as a rate difference between the observed  $R_1$  and  $R_1^{\text{effective}}$ .

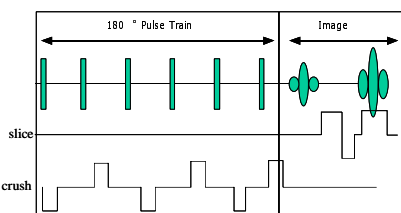


Figure 1: The SEMTEX sequence: a timing diagram illustrating the two principle components: inversion pulse train & image module.

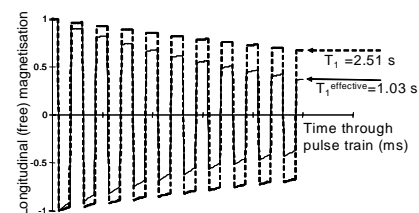


Figure 2: Simulation of  $T_1$  decay during the 180° pulse train of the SEMTEX sequence.  $T_1$  is decreased in the presence of MT effects (denoted  $T_1^{\text{effective}}$ ).

The SEMTEX sequence was compared with a conventional quantitative MT sequence [6] using a 300MHz horizontal bore magnet interfaced to a Varian Inova console (Varian Inc., Palo Alto, CA). Seven phantoms consisting of 1-7% (w/v) agarose, a control consisting of 0.3mMolar  $\text{NiCl}_2$ , and an isofluorane anaesthetised normal male Wistar rat were tested. Data were collected using the conventional MT sequence with a 5sec CW pulse applied at 4 RF amplitudes and as a function of 18 offset frequencies. MT parameters were generated by simultaneous fitting of all data, emulating the work of Henkelman *et al* [6]. SEMTEX data were collected during the same experiment, acquiring four images employing 0, 2, 4, and 8 inversion pulses (200µs hard pulses with inter pulse delay of 50ms). The imaging module in both cases was a fast spin echo sequence (5 echoes, 15ms echo spacing, 128x125 matrix, FOV 3.5 by 3.5cm, 1mm slice thickness, TR 3sec), acquisition time of approximately 90seconds per image.  $T_1^{\text{effective}}$  maps were calculated by exponential fitting of the SEMTEX data, and  $T_1$  maps by exponential fitting of spin-echo data acquired at inversion times from 0.01-1.4s (TR=5s).

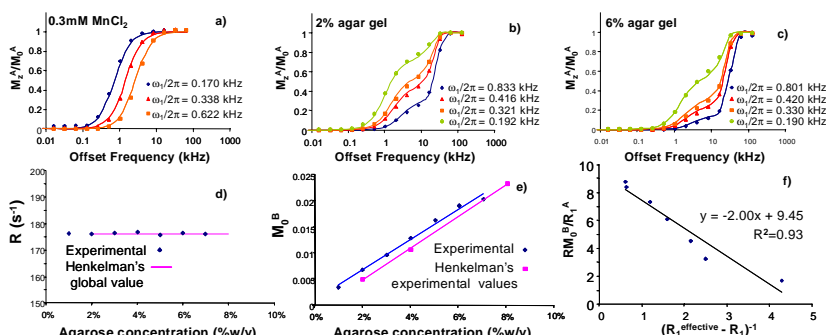


Figure 3: a) control fit of  $\text{MnCl}_2$  data to the equations used by Henkelman *et al* with example fits for b) 2% agar gel, and c) 5% used to generate MT parameters. d-e) Demonstration of validity of experimental data by comparison with Henkelman's data. f) Linear correlation between SEMTEX  $R_1^{\text{effective}}$  data and classically determined MT data.

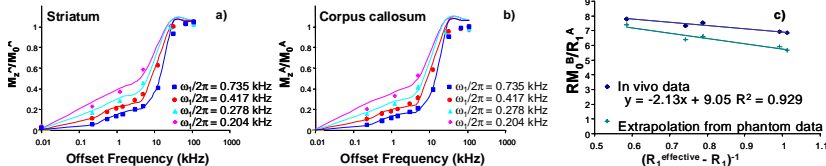


Figure 4: a-b) fit of *in-vivo* rat data to equations used by Henkelman *et al* c) correlation between SEMTEX  $R_1^{\text{effective}}$  data (diamonds) and conventionally determined MT data, with extrapolation of phantom data (crosses) plotted for comparison

## Conclusions

We have demonstrated that the SEMTEX approach produces image contrast which is related to quantitative MT parameters in phantoms, and *in vivo* which are strongly correlated with results from the standard quantitative MT approach. The SEMTEX sequence is a simple extension of conventional imaging and should be straightforward to implement in a clinical setting where the speed of the method will be of advantage.

## References

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