

# Rapid Simultaneous Data acquisition of T1 and T2 Mapping, using Multishot EPI and Automated Variations of TR and TE at 3T

X. Liu<sup>1</sup>, Y. Feng<sup>2</sup>, Z-R. Lu<sup>3</sup>, and E-K. Jeong<sup>4</sup>

<sup>1</sup>Physics, University of Utah, Salt Lake City, Utah, United States, <sup>2</sup>Materials Engineering, University of Utah, Salt Lake City, Utah, United States, <sup>3</sup>Pharmaceutics and Pharmaceutical Chemistry, University of Utah, Salt Lake City, Utah, United States, <sup>4</sup>Radiology, University of Utah, Salt Lake City, Utah, United States

**INTRODUCTION** The change of the apparent relaxation rate ( $R_1=1/T_1$ )  $\Delta R_1$  has been accepted as a quantity, which linearly reflects the concentration of a contrast agent in DCE MR imaging using Gd-DTPA.<sup>1</sup> Pharmacokinetic information can be obtained from the time-variation of  $\Delta R_1(\mathbf{r})$  at position  $\mathbf{r}$ . Conventional spin-echo imaging pulse sequence with either inversion-recovery (IR) or saturation-recovery (SR) has been used as the most accurate acquisition methods. However, its usage is limited the stationary tissues because of the long imaging time. 2D ss-EPI and its variant sequences (Look-Locker EPI, IR-EPI) may be used for very high temporal resolution, but its spatial resolution is limited by susceptibility-induce artifact. Multishot spin-echo EPI acquires relatively good temporal and spatial resolutions<sup>2</sup>. The change of  $T_2$  due to the change of the concentration of the Gd<sup>3+</sup> based contrast agent might introduce  $T_2$  decay effect into the  $T_1$  map, although the change in  $T_2$  may be negligible at low concentration. The angiogenesis of the tumor physiology typically induces the large blood supply, which may require the correction of  $T_2$  decay effect from the dynamic MR signal to improve the accuracy of the quantization of the pharmacokinetics. In this report, a rapid multishot EPI (ms-EPI) is presented to simultaneously acquire images to measure  $T_1$  and  $T_2$  values, and use  $T_2$  remove the  $T_2$  decay effect from dynamic  $T_1$  map.

**METHODS** Using IDEA (MR Pulse sequence development environment) on a clinical 3T MRI system (Siemens Medical Solution, Erlangen, Germany), a segmented spin-echo EPI sequence was modified to add 180° RF and acquisition of an additional EPI echotrain, and to vary TR and TE automatically to eliminate the additional delay time between different series of imaging. The signals from both echoes in each segment are described by the standard saturation recovery spin-echo equation<sup>3</sup>

$S(\bar{r}; TR, TE) = S(\bar{r}; \infty, TE) \cdot (1 - e^{-TR/T_1(\bar{r})}) \cdot e^{-TE/T_2(\bar{r})} \dots$  eq. (1).  $T_1$  measurement was accomplished by using first echoes in multishot segments with different TRs and fixed TE ( $TE_0$ ). The calculation of precontrast  $T_1$  for the acquired data was performed pixel-by-pixel, using equation (1).  $T_2$  was calculated by using second echoes with different TRs and TEs ( $TE_1$  and  $TE_n=TE_1+(n-1)\Delta TE$ ). At each imaging pixel, two echo signals of the largest TR which had echo times  $TE_0$  and  $TE_n$ , were used for the smallest and the largest TEs, and the second echoes of other repetition times were used for those in between. For example, the signal for the echotime  $TE_a$  was calculated from the second echo of  $TR_a$  multiplied by a factor  $S_{n0}/S_{a0}$ , which is the ratio of the first echo signals of  $TR_n$  and  $TR_a$  where  $TR_n$  (the largest TR),

$S_{na} = S_{n0}/S_{a0} \cdot S_{aa} = (S_0 \cdot (1 - e^{-TR_n/T_1}) \cdot e^{-TE_a/T_2}) / (S_0 \cdot (1 - e^{-TR_n/T_1}) \cdot e^{-TE_0/T_2}) \cdot S_0 \cdot (1 - e^{-TR_a/T_1}) \cdot e^{-TE_0/T_2} = S_0 \cdot (1 - e^{-TR_n/T_1}) \cdot e^{-TE_a/T_2} \dots$  eq. (2). Then, the resultant signal for the second echo  $TE_a$  has the same  $T_1$  recovery term  $1 - e^{-TR_n/T_1}$  as those echoes of  $TE_0$  and  $TE_n$ . These signals were fitted to a line (semi-log) to calculate  $T_2$  value. The calculation of dynamic  $T_1$  is similar to that of precontrast  $T_1$  except that we use the calculated value for the fully recovered signal intensity,

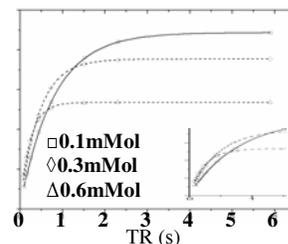
$S_0(\bar{r}; C(t)) = S_0(\bar{r}) \cdot e^{-TE_0/T_2(\bar{r}; C(t))} = S_0(\bar{r}) \cdot e^{-TE_0/(T_2(\bar{r}; C=0))} \cdot e^{-TE_0/(T_2(\bar{r}; C(t)) - T_2(\bar{r}; C=0))}$  as an additional data in dynamic imaging, where  $S_0(\bar{r}) \cdot e^{-TE_0/T_2(\bar{r}; C=0)}$  is the fully recovered signal

intensity with  $T_2(\bar{r}; C=0)$  and  $T_2$  decay calculated from precontrast imaging; and  $e^{-TE_0/(T_2(\bar{r}; C(t)) - T_2(\bar{r}; C=0))}$  shows how we correct  $T_2$  changing effect by using both precontrast and dynamic  $T_2$  maps.

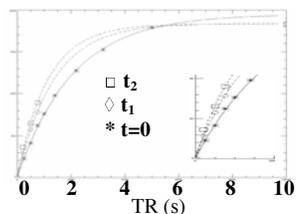
MnCl<sub>2</sub> solution phantom was used to acquire  $T_1$  and  $T_2$  using both ms-EPI and IR-SE to measure and compare the stationary  $T_1$  and  $T_2$ . The technique was applied to acquire DCE data from a mouse in transaxial imaging plane, with echotrain 3, imaging matrix 64x28, inplane spatial resolution 1.0x1.0 mm<sup>2</sup>, and slice thickness 2.0 mm, for 4 slices. Precontrast  $T_1$  mapping data was acquired with 8 different TRs: 0.15, 0.25, 0.4, 0.8, 1.4, 2.2, 3.2, and 5.0 s;  $TE_0=8.1$  ms,  $TE_1=19$  ms and  $\Delta TE=10$  ms, and used to calculate baseline relaxivity  $1/T_{10}(\mathbf{r})$ , the equilibrium magnetization  $M_0(\mathbf{r})$  and  $T_{20}(\mathbf{r})$ . In dynamic imaging, TRs of 250, 500, and 800 ms;  $TE_0=8.1$  ms,  $TE_1=19$  ms,  $\Delta TE=15$  ms were used, of which the number and the values of TRs and TEs may vary depending on the desired temporal resolution. The total number of slices was limited by the shortest TR, i.e., 0.25 s in current protocol.

**RESULTS & DISCUSSIONS**  $T_1$  recovery curves of different concentrations of MnCl<sub>2</sub> solutions are plotted in Fig. 1. We treated the data for 0.1 mMol as the precontrast data and the first 3 points in 0.3 and 0.6 mMol as dynamic data. At TR=6 s, the calculated signal values are close to the measured values; 1854.1 versus 1884.8 for 0.3 mMol and 1265.4 versus 1339.7 for 0.6 mMol. The signal recovery plots in Fig. 2 indicate the shortening of  $T_1$  values of the early few time points within 2.0 min after administration of contrast agent. Imaging duration for each time point was 20.0 s for 3 TRs. Precontrast and dynamic  $T_1$  curves reached the different values at TR=10 s, which is similar to our phantom  $T_1$  results in Fig. 1. This is because of the change of  $T_2$  due to the change of the concentration of the Gd<sup>3+</sup> based contrast agent. The total imaging time for a time point may be varied by changing acquisition matrix and ETL. Larger ETL can be used to compensate the increased imaging time by larger imaging matrix, at the expense of increased susceptibility-induced distortion. This technique (ms-SEPI) is faster and the result is more accurate than those using fast gradient echo imaging with flipangle variation, of which the calculated  $T_1$  value is sensitive to RF field uniformity.<sup>3,4</sup>

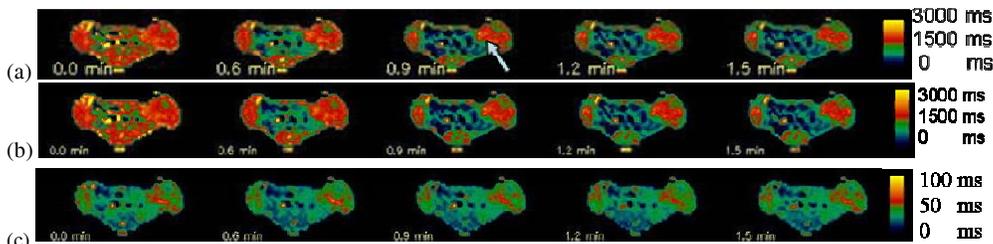
The calculated  $T_1$  and  $T_2$  maps are displayed in Fig. 3 for a middle slice.  $T_1$  does not change at the core of the tumor which indicates the lack of the blood flows, while it rapidly changes near the tumor periphery due to the a high Gd<sup>3+</sup> concentration by large blood supply, where  $T_2$  correction may be necessary.



**Fig. 1**  $T_1$  recovery curves of MnCl<sub>2</sub> solution phantoms with different concentrations.



**Fig. 2**  $T_1$  recovery curve of a single pixel at different dynamic time point (0, 0.9, 1.5 min), near a tumor periphery, indicated by the arrow in Fig. 3.



**Fig. 3.**  $T_1$  maps (a) with and (b) without  $T_2$  correction, and (c)  $T_2$  maps at different time. The 1<sup>st</sup> images are the precontrast maps.

**CONCLUSIONS** A rapid acquisition technique for simultaneously  $T_1$  and  $T_2$  mapping, multishot EPI with automated TR and TE variations, was developed and applied to acquire quantitative DCE imaging in small animal (mice). The method may be useful to improve the accurate pharmacokinetics study upon drug delivery.

**ACKNOWLEDGEMENTS** Supported by NIH Grants 1R01EY015181, R01EB000498, and R01CA097465.

**REFERENCE:** 1. Greg J. Stanisz, R. Mark Henkelman. MRM 2000;44:665-667. 2. X. Liu, Y. Feng, Z.R. Lu, L.S. Li, E.K. Jeong. ISMRM proceeding 2006; 2500. 3. Daldrup H, Shames DMet. al. AJR Am J Roentgenol 1998;171:941-949. 4. Deoni SC, Rutt BKet. al. MRM 2003;49:515-526.