

# Quantitative DCE <sup>1</sup>H<sub>2</sub>O R<sub>1</sub> Measurements Suggest Increased Fractional Blood Water in MS Normal Appearing Brain Tissue

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## Introduction

It is well known from <sup>1</sup>H<sub>2</sub>O T<sub>1</sub> studies of subjects with multiple sclerosis (MS) that mean T<sub>1</sub> values in normal appearing white matter (NAWM) are elevated by about 5% with respect to healthy control (HC) subjects.<sup>1-4</sup> Likewise, <sup>1</sup>H<sub>2</sub>O T<sub>1</sub> studies have reported increases of about 3% in MS normal appearing gray matter (NAGM) T<sub>1</sub> values,<sup>3,4</sup> though this increase may be due, primarily, to the women MS subjects.<sup>4</sup> The relatively greater T<sub>1</sub> values in MS NAWM and NAGM likely reflect an increased water to macromolecule ratio,<sup>5</sup> and may be associated with microscopic disease activity; such as diffuse inflammation and subtle edema. However, it is unclear whether this disease related rise in the fractional water of MS brain tissue represents an increase in the intravascular or extravascular compartments. Because angiogenesis likely occurs in MS lesions,<sup>6</sup> it may also occur microscopically in NAWM and NAGM. Insight into the extent or absence of increased vascular water content (via microscopic angiogenesis or vasodilatation<sup>7</sup>) in normal appearing MS brain tissue can only aid in the determination of appropriate treatment strategies.<sup>6</sup> In this report, we examine possible disease and sex related differences in fractional blood water (p<sub>b</sub>) of 15 MS and 12 HC subjects by comparing mean NAWM and NAGM <sup>1</sup>H<sub>2</sub>O R<sub>1</sub> (i.e. 1/T<sub>1</sub>) values with, and without, contrast reagent (CR).

## Methods

12 HC subjects [7 W, mean age 33 (±12) y, and 5 M, mean age 33 (±9) y] and 15 MS subjects [8 W, mean age 35 (±7) y, and 7 M, mean age 40 (±8) y] provided informed consent before participating in this study. All MR data were obtained using a 4 T Varian INOVA instrument. The experimental details pertaining to data collection and quantitative R<sub>1</sub> mapping are as reported elsewhere.<sup>4</sup> R<sub>1</sub> maps were collected prior to, and seven min. after, CR injection (i.e. time between the injection and acquisition midpoints). A catheter placed within an antecubital vein was used to deliver 0.3 mmol/kg GdHPDO3A (Gadoteridol, Pro-Hance; Bracco) using a power injector (Spectris MR Injection System, MedRad, Inc.; Indianola, PA, USA). Bilateral regions of interest (ROIs) were carefully selected from the interior areas of three NAGM [putamen, thalamus, and the head of caudate nucleus] and five NAWM [centrum semiovale, genu of corpus callosum, splenium of corpus callosum, forceps major, and forceps minor] structures. All R<sub>1</sub> values and standard deviations (SD) are given in units of sec<sup>-1</sup>. Fractional blood water values (p<sub>b</sub>) were determined from the following equation for two-site-exchange<sup>8</sup> (transendothelial) and assuming no CR extravasation (i.e. K<sup>trans</sup> is effectively zero):

$$R_{1r}(t) = \left(\frac{1}{2}\right) \left\{ \left[ R_{1b}(t) + R_{1e} + \tau_b^{-1} + \frac{p_b}{\tau_b(1-p_b)} \right] - \left[ \left( R_{1e} - R_{1b}(t) - \tau_b^{-1} + \frac{p_b}{\tau_b(1-p_b)} \right)^2 + \frac{4p_b}{\tau_b^2(1-p_b)} \right]^{1/2} \right\} \quad (1)$$

where

$$R_{1e} = \frac{(R_{1r}(0) - p_b R_{1b}(0))}{(1 - p_b)} \quad (2)$$

R<sub>1</sub>(t) is R<sub>1</sub> of normal appearing brain tissue (mean NAWM or NAGM values), and R<sub>1b</sub>(t) is the R<sub>1</sub> of blood (mean sagittal sinus ROI value),<sup>9</sup> at time t (post-CR injection). R<sub>1</sub>(0) and R<sub>1b</sub>(0) represent the pre-CR injection R<sub>1</sub> values (the latter in the absence of exchange), τ<sub>b</sub><sup>-1</sup> is the unidirectional first-order rate constant for water extravasation, and p<sub>b</sub> is the mole fraction of water in the blood. MATLAB 7.0 (MathWorks Inc., Natick, MA, USA) was used to determine p<sub>b</sub> values from Eq. [1] (single-parameter fitting) with τ<sub>b</sub> held constant at 300 msec.<sup>10</sup> Statistical analyses were performed using SPSS 14.0 (SPSS Inc., Chicago, IL, USA). MANOVA was used to estimate the effects of disease and sex (main effects) on mean R<sub>1</sub> and p<sub>b</sub> values. All P values were corrected for multiple comparisons. Corrected P values ≤ 0.05 were considered statistically significant.

## Results

Group comparisons of mean NAWM and NAGM R<sub>1</sub> and p<sub>b</sub> values are listed in **Table 1**, and the MANOVA results of these comparisons (including sex) are displayed in **Table 2**. Compared to the HC subjects, we find significantly (P < 0.05) decreased mean R<sub>1</sub> values of about 4% in MS NAWM, with similar decreases observed in both men and women. In the women, average R<sub>1</sub> values were decreased by about 4% in MS NAGM, whereas no significant differences were observed in the men, or between the total (both men and women) MS and HC groups. With respect to the HC subject, mean p<sub>b</sub> values were significantly greater in MS NAGM by about 20%. The analysis did not reveal any significant sex differences in p<sub>b</sub> values.

## Discussion

The finding of significant sex-independent and sex-dependent decreases, respectively, in the mean MS NAWM and MS NAGM R<sub>1</sub> values, is similar to our results from a previous study.<sup>4</sup> However, unlike the R<sub>1</sub> values, there are no discernable sex-related differences in p<sub>b</sub> values. Furthermore, while there is a significant (~4%) difference in NAWM R<sub>1</sub> values between the MS and HC subjects, there is no significant difference in p<sub>b</sub> values; this finding is consistent with the literature.<sup>11</sup> On the other hand, despite not finding a statistical difference between the mean MS and HC NAGM R<sub>1</sub> values, our results indicate a significant increase in MS NAGM p<sub>b</sub> values. This is surprising considering that the R<sub>1</sub> differences in NAWM are greater than NAGM.<sup>1-4</sup> The data suggests a notable increase in MS NAGM p<sub>b</sub> due to microscopic angiogenesis or vasodilatation, and while similar changes likely take place in MS NAWM (nonsignificant ~13% increase), they appear to be proportionately less than the changes in NAGM. However, because our results are based on the assumption of no CR extravasation and a single, fixed τ<sub>b</sub> time constant for both the MS and HC groups, a more thorough analysis of differences in p<sub>b</sub> values is necessary to substantiate these results.

**Table 1.** MS vs. HC group comparisons of mean <sup>1</sup>H<sub>2</sub>O R<sub>1</sub> and p<sub>b</sub> values.

		HC (n = 12)	MS (n = 15)	% Diff. HC > MS
R <sub>1</sub> (±SD):	NAWM	1.015 (±0.036)	0.974 (±0.032)	4%
	NAGM	0.692 (±0.022)	0.685 (±0.028)	1%
		MS > HC		
p <sub>b</sub> :	NAWM	0.013 (±0.003)	0.015 (±0.005)	13%
	NAGM	0.023 (±0.003)	0.027 (±0.007)	20%

**Table 2.** P-values for Disease (MS) × Sex interactions and main effects.

		MS*Sex	MS	Sex
		P values		
R <sub>1</sub> (sec <sup>-1</sup> ):	NAWM	NS	0.002	0.02
	NAGM	0.04	NS	0.03
p <sub>b</sub> :	NAWM	NS	NS	NS
	NAGM	NS	0.04	NS

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