

# Improved DCE-MRI Quantification of Pharmacokinetics based on an Accurate Approach for Individually Measured Arterial Input Functions

H-L. M. Cheng<sup>1,2</sup>

<sup>1</sup>The Hospital for Sick Children, Toronto, Ontario, Canada, <sup>2</sup>Medical Imaging, The University of Toronto, Toronto, Ontario, Canada

## INTRODUCTION

Accurate quantification of pharmacokinetic parameters in dynamic contrast-enhanced (DCE) MRI is known to depend on reliable measurement of the arterial input function (AIF), or plasma contrast concentration time-course. However, AIF characterization depends on accurate blood  $T_1$  measurement, which is non-trivial and is subject to system imperfections and in-flow effects, and may be limited by additional factors such as partial volume error. In this study, we demonstrate improved pharmacokinetic estimation of blood volume ( $v_b$ ) and endothelial transfer constant ( $K^{trans}$ ) in rabbit muscle using individually measured AIFs that account for errors arising from  $B_1$  field, in-flow, and partial volume. The proposed technique provides a simple means for direct AIF determination, thereby circumventing the need to adopt conventional alternatives (standard curve [1] or measured cohort-average [2]) and enabling individual differences to be easily accounted.

## METHODS

Female rabbits ( $n=10$ ) were imaged on a 1.5-Tesla MRI system (Signa EXCITE TwinSpeed, GE), using an 8-channel transmit/receive knee-array coil over the abdomen. Gadomer (Schering) was bolus-injected via the ear vein (0.033 mmol/kg). Pre-injection blood  $T_1$  was measured using a 3D fast SPGR sequence (FA=2°, 10°, 20°) and segmented SE-EPI (60°/120°, 120°/240°) to correct for  $B_1$  variation [3]. DCE-MRI with 3D  $T_1$ -weighted SPGR was acquired before and for 5 min after contrast injection [TR=5.2, TE=1.3 ms, FA=15°, FOV=12 cm, SL=3 mm, 256×224×16 matrix, 0.75 FOV, 1 NEX, BW=31 kHz, 14 s per dataset]. Single time-point measurements at a higher resolution (4 NEX) were taken over the next 60 minutes.

Pre-injection  $T_1$  maps corrected for  $B_1$  errors were computed as described in [3]. Plasma contrast concentration was determined assuming linearity with the change in  $1/T_1$ , a relaxivity of  $16 \text{ s}^{-1}\text{mM}^{-1}$  [4], and a hematocrit of 0.2857 [5]. A region-of-interest (ROI) was manually defined on the iliac artery at least 9 cm distal from entry into image slab to eliminate in-flow effects. Only purely vascular, non-partial volume voxels were retained in the ROI (peak concentration changes within the top 25% of the maximum peak change in the first 15 s post-contrast). ROI-averaged  $T_1$  and plasma concentrations were obtained, the latter used to determine the AIF.

Measured AIFs were fitted to a bi-exponential decay function and then applied to a two-compartment pharmacokinetic model [6] to estimate  $v_b$  and  $K^{trans}$  in resting skeletal muscle. Mean  $v_b$  and  $K^{trans}$  values were obtained in each rabbit by averaging across at least three ROIs.

## RESULTS

Measured blood  $T_1$  ( $1267 \pm 72$  ms) agreed with literature reports ( $1262 \pm 80$  ms [7],  $1318 \pm 76$  ms [8]). Reproducibility of uncorrected  $T_1$  ( $1544 \pm 173$  ms) was improved by correcting for  $B_1$  variations (0.83 – 1.14), while correction for partial volume improved only accuracy ( $1408 \pm 176$  ms). Figure 1 illustrates AIFs measured in one rabbit, derived from corrected and uncorrected pre-injection blood  $T_1$ 's. Note that AIFs fit well to a biexponential decay function; fit parameters are compared to literature values for Gadomer clearance in rabbit (Table 1), showing better agreement for corrected AIFs. Parameters  $v_b$  ( $2.47 \pm 0.65\%$ ) and  $K^{trans}$  ( $3.6 \pm 1.0 \times 10^{-3} \text{ min}^{-1}$ ) derived in muscle from corrected AIFs were more reproducible and agreed better with literature values (Fig. 2)

## CONCLUSIONS

The proposed method enables accurate in vivo blood  $T_1$  and AIF measurements and can be easily implemented in a range of DCE-MRI applications to improve both the accuracy and reproducibility of pharmacokinetic parameters.

## REFERENCES

- [1] Tofts PS and Kermod AG. MRM 1991; 17:357. [2] Simpson NE, et al. MRM 1999; 42:42.  
 [3] Cheng HL, et al. MRM 2005; 55:566.  
 [4] Rohrer M, et al. Invest Radiol 2005; 40:715.  
 [5] Dittmer DS, ed. Biological handbooks: blood and other body fluids, 1961.  
 [6] Patlak CS, et al. J Cereb Blood Flow Metab 1983; 3:1.  
 [7] Tadamura E, et al. JMRI 1997; 7:220.  
 [8] Guo JY, et al. Med Phys 2005; 32:1083.  
 [9] Faranesh AZ, et al. MRM 2006; 55:1114.  
 [10] Misselwitz B, et al. MAGMA 2001; 12:128.  
 [11] Donahue KM, et al. MRM 1996; 36:858.  
 [12] Everett NB, et al. Circ Res 1956; 4:419.

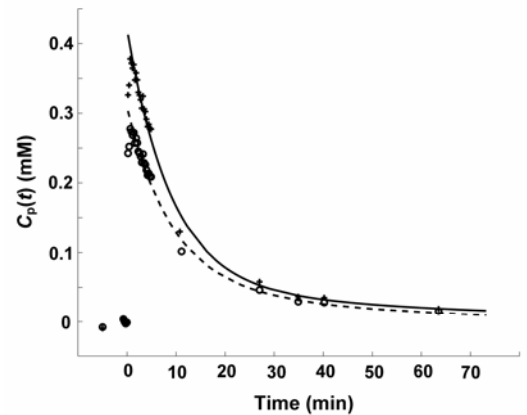


Fig. 1. AIF measurement in one rabbit using corrected (+) and uncorrected (o) pre-injection blood  $T_1$ , along with fitted biexponential decay curves.

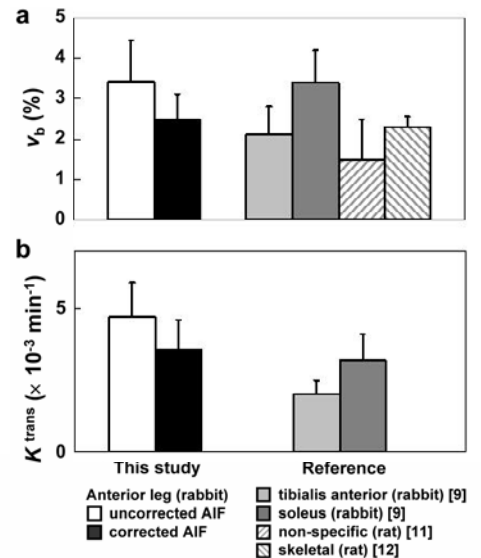


Fig. 2. Comparison of  $v_b$  and  $K^{trans}$  to literature values (mean  $\pm$  SD).  $K^{trans}$  comparison based on Gadomer.

Table 1. AIF measurements of Gadomer clearance in rabbits ( $n=10$ ) using corrected and uncorrected pre-injection blood  $T_1$ : literature comparison of biexponential decay fit parameters (mean  $\pm$  SD).

Ref.	Pre-injection blood $T_1$ (ms)	Amplitudes (kg/L)		Decay rate constants ( $\text{min}^{-1}$ )		
		$A_1$	$A_2$	$m_1$	$m_2$	
This study	Corrected AIF	$1267 \pm 72$	$9.09 \pm 2.62$	$2.60 \pm 1.85$	$0.143 \pm 0.040$	$0.034 \pm 0.024$
	Uncorrected AIF	$1544 \pm 173$	$6.33 \pm 1.84$	$2.41 \pm 1.21$	$0.139 \pm 0.034$	$0.039 \pm 0.021$
[9]			28.1	2.4	0.17	0.02
[10]			23.4	1.59	0.173	0.022