Temperature effect on the HRMAS spectra of human brain tumour biopsies, their pattern recognition analysis and their post-HRMAS histopathology

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Purpose/Introduction

a)

Recent studies aimed to profile tumour biopsies by HRMAS are performed at 1-4°C to minimize spectral pattern changes^{1,2}, while other studies^{3,4} used higher temperatures (20-30°C). Our purpose was to investigate the effect of temperature used to record HRMAS of human brain tumour biopsies in the accuracy of classification obtained using pattern recognition (PR) analysis.

| Sequence | Т | PCs# | LOO-CV (% | Samples and Methods |
|-----------------------------|------|------|-----------|-------------------------------------|
| Pulse and acquire | 0°C | 7 | 92.1 | |
| | 37°C | 6 | 79.6 | 20 meningothelial meningioma |
| Spin echo without J | 0°C | 9 | 95.2 | grade glioma (LGG) biopsies w |
| modulation 30ms | 37°C | 9 | 88.9 | 37°C with presat and spin ech |
| Spin echo without J | 0°C | 8 | 95.2 | sequences. Spectra were proce |
| modulation 136ms | 37°C | 8 | 93.8 | corrected Calibration was car |
| Spin echo with J modulation | 0°C | 9 | 90.8 | 1 22ppm If leasters was too low |
| 30ms | 37°C | 8 | 88.9 | - 1.55ppin. If factate was too low, |
| Spin echo with J modulation | 0°C | 9 | 79.4 | -creatine methyl singlet (3.03ppm |
| 136ms | 37ºC | 9 | 88.9 | Unit length normalization was a |

20 meningothelial meningioma (MM), 22 glioblastoma multiforme (GBM) and 17 low grade glioma (LGG) biopsies were analyzed. HRMAS spectra were obtained at 0°C and _37°C with presat and spin echo (30 and 136ms with and without phase modulation) sequences. Spectra were processed with 0.5Hz line broadening, phased and baseline -corrected. Calibration was carried out setting the lactate doublet central position at 1.33ppm. If lactate was too low, the central position of the alanine doublet (1.45ppm) or the creatine methyl singlet (3.03ppm) were used.

Table 1. Summary of results of the Principal Component Analysis and the accuracy achieved with the classifier. PCs# number of principal components used for classifier development

_Unit length normalization was applied. Mean class spectra were calculated. All statistical procedures were carried out using R.

Principal Component Analysis (PCA) was applied to the whole set of spectra. Principal components chosen explained at least 80% of the variance. Linear Discriminant Analysis (LDA) and Leave-one-out Cross-validation (LOO-CV) were applied to the selected variables to develop and test the classifier. No independent test set was used for classifier testing purposes.

46 out of 59 samples were analyzed by post-HRMAS histopathology to control sample integrity.



Mean spectra demonstrated clear changes in the spectral pattern due to temperature, specifically in the lipid/macromolecule regions (figure 1). These changes were reversible for the three tumour types investigated (n=3 for MM, n=3 for GBM and n=2 for LGG). See also [6].

Classifier accuracy was above 80% for almost all instances (table 1), except when using the pulse and acquire at 37°C and for the spin echo with J modulation 136ms at 0°C acquisition

Figure 1. Main changes detected on a glioblastoma sample when acquiring spectra at $0^{\circ}C$ (lower) and at $37^{\circ}C$ (upper) at the choline-containing compounds (a) and the mobile conditions. In general, classifier success was higher when acquiring spectra at $0^{\circ}C$, except for the spin echo with J modulation 136ms at $0^{\circ}C$ acquisition updates $37^{\circ}C$ (upper) at the choline-containing compounds (a) and the mobile conditions. In general, classifier success was higher when acquiring spectra at $0^{\circ}C$, except for the spin echo with J modulation 136ms sequences.



Figure 2. Classification plot for the three classes studied using a spin echo without J modulation 136ms sequence aquired at 37°C. Blue colour stands for meningioma, red for glioblastoma and green for low grade glioma. Boundaries are the decision boundaries of the clasifier. *labels potentially unusable cases after post-HRMAS histopathology.

Eight of the samples analyzed by post-HRMAS histopathology were necrosed or had less than 50% recognizable tumour tissue (4 samples) or were not evaluable (2 because of the small amount of sample and 2 because of artifacted sample). These samples were not discarded from the PCA analysis but are singled out in figure 2.

Discussion/conclusion

A better overall classification of the cases studied seems to be achieved at 0°C (figure 2). This could be caused by the additional pattern variability introduced by the changes in the lipid/macromolecule region when acquiring spectra at 37°C. Since it has been recently described that there may exist molecular subtypes of GBM^{7,8}, the acquisition of HRMAS spectra at 37°C could be probing this differential tumour type heterogeneity.

The acquisition protocols used at 37°C did not preclude histopathology analysis of post-HRMAS samples.

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