## Investigation of Bi-exponential Diffusion in Treated Brain Tumors

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**Introduction:** Diffusion weighted MRI has been an indispensable tool for the evaluation of tumors response to treatment. Traditionally, quantifying diffusion from MRI is typically performed using a mono-exponential model, which describes Brownian motion of water. Recent literature has shown that the actual signal attenuation due to diffusion in tissues does not follow a single exponential decay. At very high b-values (greater diffusion weighting), a slower diffusion coefficient becomes apparent, that isn't quite so obvious in the traditionally used weightings (<1500 s/mm<sup>2</sup>). The physical reason for this bi-exponential nature, however, remains elusive. Speculations have been made that the bi-exponential attenuation could be due either to water binding or compartmentalization [1,2]. The following study investigates the bi-exponential behavior of water diffusion in a brain tumor during therapeutic treatment.

**Methods and Materials:** *Animal Model:* Sixteen male Fischer 344 rats (8 control, 8 treatment), weighing between 125 and 150g, were implanted, intra-cranially, with a suspension of 9L rat glioma cells. Once the tumors reached 40-80 mm<sup>3</sup>, animals were imaged and then separated into control and treated groups. The treated group was injected intraperitoneally with 13.3 mg/kg BCNU (5 mg/mL in a 10% ethanol solution).

*MRI Experiment:* Each animal was imaged every three days using a 9.4T Varian *Direct Drive* system and a linear rat head RF coil (Doty Scientific, Inc.). Anatomical images were acquired using a fast spin-echo sequence with the following parameters: TR/TE = 4000/42.72 ms, field of view (FOV) = 30 mm, matrix size = 256x128, slice thickness = 1 mm, 2 averages. Diffusion-weighted images were acquired using a spin-echo sequence, with a navigator echo and gradient waveforms sensitive to isotropic diffusion, with the following parameters: TR/TE = 4000/47 ms, field of view (FOV) = 30 mm, matrix size = 128x64, slice thickness = 1 mm, and 17 b-values ranging from 120 to 3400 s/mm<sup>2</sup>.

*Data Analysis:* Image analysis was done using in-house software developed in MATLAB (The MathWorks, Inc., Natick, MA). Volumes of interest (VOI) over the tumors were drawn on the anatomical images. Diffusion VOIs were drawn using the low b-value image (120 s/mm<sup>2</sup>), which included viable tissue while avoiding necrotic tissue areas. The bi-exponential model for diffusion was fit to the mean signal intensities from the VOIs of the 17 diffusion-weighted images. The adjustable parameters from the model were the fast and slow ADC and the fractional signal intensity. In addition, the mono-exponential model was used for calculating mean ADC. This was performed by generating ADC maps with b values 120 and 1200 s/mm<sup>2</sup> and calculating the mean ADC within the VOI.

*Statistics:* Student t-tests were used to compare control and treated groups at each time point. Animal population was stratified based on the median  $D_{fast}$ ,  $D_{slow}$ , 2-pt ADC, and  $f_{fast}$ . Kaplan-Meier survival curves and the log-rank test on days 3, 6, and 9 were used to characterize and compare the groups in terms of overall survival. Significance was assessed at p-values < 0.05.

**Results:** Figure 1 shows representative diffusionweighted images of a rat brain tumor at b-values of 120, 1200 and 3000 s/mm<sup>2</sup>. The bi-exponential fit to signal intensity of healthy brain matter is presented in Figure 2. The data profile shows transitioning from



Figure 1: Representative images of a rat brain tumor at b-values of (A) 120, (B) 1200, and (C) 3000 s/mm<sup>2</sup>.

the fast diffusion line (dashed) to the slower diffusion at about 1500 s/mm<sup>2</sup>. After treatment with BCNU, both diffusion coefficients significantly increased and reached maxima on day six post-therapy (Figure 3). Figure 3 shows the mean percent change in the diffusion coefficients from pre-therapy values. The most significant increase was observed in the fast diffusion coefficient, which showed a greater increase than the two-point ADC calculation. Another interesting finding was that the fast diffusion signal fraction,  $f_{fast}$ , did not seem to change along with the diffusion coefficients. Instead,  $f_{fast}$  was found to significantly increase from pre-therapy values at day nine post-therapy (p=0.006). Survival analysis showed significance between stratified groups in  $f_{fast}$  on day 3, all four values ( $D_{fast}$ ,  $D_{slow}$ , 2-pt ADC, and  $f_{fast}$ ) on day 6, and all but  $D_{slow}$  on day 9 post-therapy.

**Discussion:** Our two-point ADC values correlate well with what was observed in the literature [3]. We observed a significant increase in all components of the bi-exponential model by day 6.  $D_{fast}$  showed the largest relative increase from baseline (70%), followed by  $D_{slow}$  (40%) and  $f_{fast}$  (14%). These results indicate that the therapeutic response not only involves a shift in the relative fractional volume, but also the actual diffusion rates. Survival stratification showed significance in all bi-exponential variables on day 6, but only  $f_{fast}$  was significant on day 3 **p**st-therapy. This was very interesting since a student t-test between control and treated groups did not reveal statistical significance for  $f_{fast}$ .

## **References:**

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**Figure 3:** Average percent change (+/-SEM) in  $D_{fast}$ ,  $D_{slow}$ , the 2-point ADC calculation (120-1200 s/mm<sup>2</sup>), and  $f_{fast}$  over a period after a treatment of BCNU.