## Comparison between Readout-Segmented (RS)-EPI and an improved distortion correction method for Short-Axis Propeller (SAP)-EPI

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**Introduction:** 'Short-Axis readout Propeller EPI' (SAP-EPI) (1) and 'Readout-Segmented EPI' (RS-EPI) (2) have been proposed for use in high resolution diffusion-weighted (DW) imaging (Fig. 1). SAP-EPI and RS-EPI share common characteristics, in that *k*-space is traversed by several EPI 'segments' (referred to as blades (SAP-EPI) or blinds (RS-EPI)) in order to reduce the distortion and blurring that typically hampers EPI images. Previous work comparing RS-EPI and SAP-EPI (3) concluded that SAP-EPI suffers from considerably more blurring compared with RS-EPI despite attempts to correct for distortion. With an improved distortion correction method, we demonstrate that SAP-EPI results in a similar image resolution to RS-EPI for a given SNR normalized for scan time/slice.

**Methods:** All images were acquired on a 3T whole-body MRI unit (GE Discovery MR750) using an 8channel head coil and a high-performance gradient system (50 mT/m, SLR=200 mT/m/s). Scan-time matched SAP-EPI and RS-EPI experiments were first performed on healthy volunteers using two matrix sizes: 256×252 (blade/blind width = 64) and 384×384 (blade/blind width = 96). Other parameters were: FOV = 26 cm, #blades/#blinds = 7,  $\Delta z$  = 5 mm, TR/TE = 4 s/76 ms, GRAPPA *R* = 3, NEX = 3, partial



Fig 1: K-space trajectories for RS-EPI and SAP-EPI. RS-EPI requires an extra navigator echo for the DW image resulting in reduced scan efficiency, thus SNR, despite that fewer segments are required to fill k-space. The overlapping blades in the center of k-space in SAP-EPI may also contribute to a higher  $\eta = SNR / \sqrt{scan time/slice}$ .

Fourier with 24 overscans, twice-refocused diffusion preparation, and  $b = 1000 \text{ s/mm}^2$ . The maximum number of slices for SAP-EPI and RS-EPI was 35/31, respectively (matrix size = 252<sup>2</sup>) and 35/31 (matrix size = 384<sup>2</sup>). Together with noise maps generated from repeated b = 0 scans, the scan time efficiency ( $\eta = SNR / \sqrt{\text{scan time/slice}}$ ) was calculated from the RS-EPI and distortion-corrected SAP-EPI images. Patient RS-EPI and SAP-EPI DTI data were then collected on three pediatric patients using a matrix size of 192<sup>2</sup> (blade/blind width = 64, #blades/#blinds = 7, FOV = 20 cm,  $\Delta z = 5$  mm, TR/TE = 3000/76 ms, R = 3, NEX = 3, partial Fourier (24 overscans), twice refocusing, 1 b = 0, 7 isotropic diffusion directions with  $b = 1000 \text{ s/mm}^2$ , scan time = 7:36min). Here, the maximum number of slices that could be selected for SAP-EPI was 25, compared with 19 for RS-EPI. In our previous distortion correction implementation for SAP-EPI (4), the distorted blade data underwent two unnecessary sampling steps which now have been removed. Each of these resampling steps caused a slight loss in resolution, which also added a blur in the final image. For the new implementation presented in this work, we estimate (again only using the blade data itself) the  $\Delta B_0$  field in the laboratory space while using the original blade data in their own native coordinate systems, each having their unique 4×4 voxel-to-world matrix (defining its position and rotation) applied to the resampling coordinates.



252x252 (left) and 384x384 (right). SAP-EPI and RS-EPI datasets were acquired in equivalent scan times of 1:24min/volume. SAP-EPI RS-EPI **Results**: Fig. 2 shows SAP-EPI, distortion-corrected SAP-EPI, and RS-EPI b = 0 and DW images acquired with matrix sizes of 252<sup>2</sup> and 384<sup>2</sup>. The SAP-EPI images show considerably less blurring when corrected for distortion, with a resolution approaching that of the RS-EPI scan. The normalized SNR ratio (SNR<sub>SAP</sub>-EPI/SNR<sub>RS-EPI</sub>) was 1.3 and 1.6 for the 252<sup>2</sup> and 384<sup>2</sup> matrix sizes, respectively – indicating that one must scan RS-EPI approximately twice as long in order to achieve the same SNR as SAP-EPI. Fig. 3a depicts the normalized noise maps for the 384<sup>2</sup> acquisitions. To correct for the difference in normalized SNR, the RS-EPI images were blurred to achieve the same SNR as SAP-EPI (Fig. 3b), demonstrating that at a comparative SNR the resolution is now very slightly reduced for RS-EPI. Fig. 4 shows pediatric patient data comparing distortion-corrected-SAP-EPI and RS-EPI. SAP-EPI had a higher SNR (particularly evident in the color FA maps) than RS-EPI. Note that RS-EPI appears sharper in the frontal region in the left panel due to incomplete distortion correction at the FOV boundaries.



**Discussion & Conclusion:** This study demonstrates that SAP-EPI combined with an improved distortion-correction method and RS-EPI produce images of similar quality. At first glance, distortion-corrected SAP-EPI images (Figs. 2 and 4) appear more blurred than RS-EPI images. Without scan time restrictions, the unidirectional distortions in RS-EPI result in a sharper image, particularly with increasing resolution. However, one must scan RS-EPI approximately twice as long to achieve the same SNR. For an SNR-matched scenario, as shown in Fig. 3, the image quality of the two acquisitions very closely resemble each other – with a slight reduction in resolution for RS-EPI. In addition to the larger slice coverage/TR, SAP-EPI has one important advantage over RS-EPI in that for each blade, the stack of 2D slices forms a 'brick' in the image domain, making image domain 3D motion correction possible.

Fig 4: Comparison between distortion-corrected-SAP-EPI and RS-EPI acquired on three pediatric patients (labeled 1 through 3). Both the isoDWI and 1<sup>st</sup> eigenvector color maps are shown at 3 levels of the brain. Note that patient #1 presented with Ewing's sarcoma (metastatic spread to the calvarium, white arrows).

References: [1] Skare S. MRM 2006, 55:1298-1307. [2] Porter D. ISMRM 2008, p3262. [3] Holdsworth S. ISMRM 2008, p1808. [4] Skare S. ISMRM 2008, p417.

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