

Simultaneous Bloch-Siebert B_1 mapping and imaging of hyperpolarized pyruvate, bicarbonate, and lactate, in a single tracer bolus

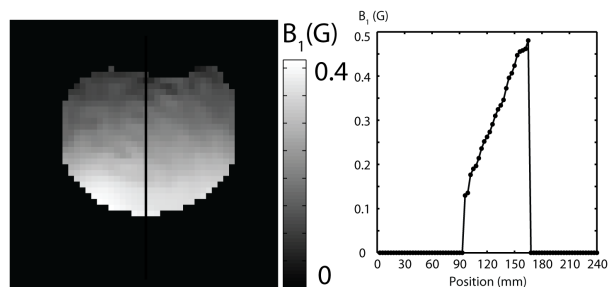
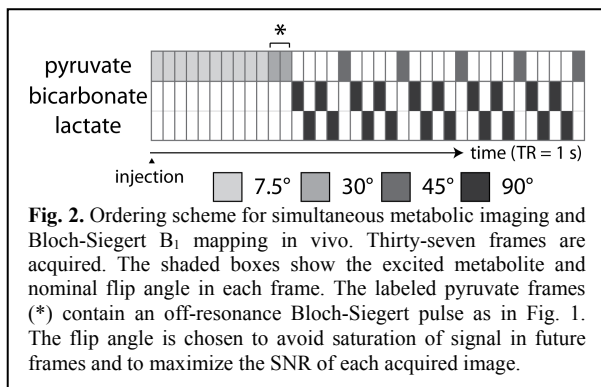
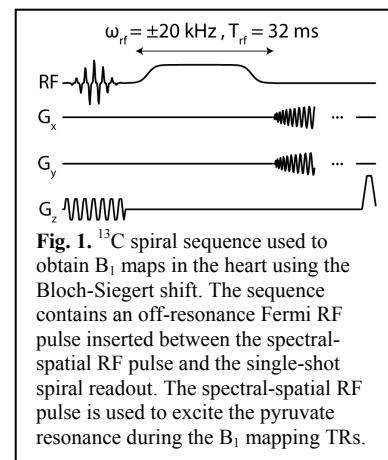
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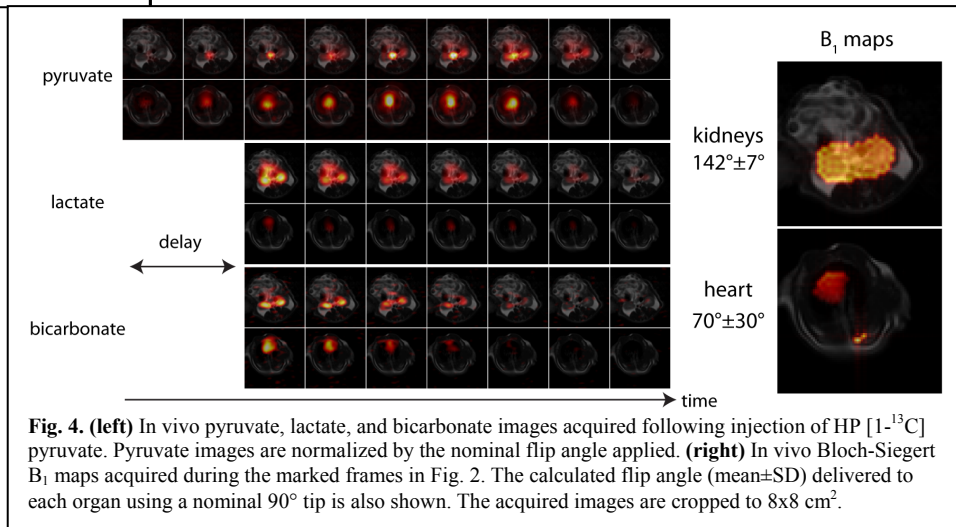
Introduction: Hyperpolarization of spins via DNP has been explored to non-invasively study real-time metabolic processes *in vivo* using ^{13}C labeled substrates [1-3]. In these studies, calibration of RF transmit power is required to efficiently utilize the rapidly decaying magnetization. Conventional transmit RF field (B_1^+) mapping methods are unsuitable for hyperpolarized (HP) magnetization due to the need for a fixed, known state (the steady state magnetization) prior to perturbation. Recently, a phase-based B_1 mapping method based on the Bloch-Siebert shift has been reported [4]. This method uses a B_1 -dependent, M_z -independent shift in the resonance frequency of nuclei experiencing an off-resonance RF pulse. In this abstract, we investigate the feasibility of combining Bloch-Siebert B_1 mapping and imaging of metabolism of HP [^{13}C] pyruvate *in vivo*, in a single injection. The technique is demonstrated with phantom experiments and *in vivo* in a rat model.

Methods: Animals: All animal experiments were approved by the local animal care committee. ^1H and HP ^{13}C MR imaging was performed on a nude rat (weight 400 g).

Hardware, pulse sequences: Studies were performed on a MR750 3T GE scanner (GE Healthcare, Waukesha, WI) with a dual tuned $^1\text{H}/^{13}\text{C}$ volume coil. The sequence in Fig. 1 was used to acquire axial ^{13}C images (2 slices, 16384×1 , $T_{\text{read}} = 64$ ms, TR 1 s, SITHk 15 mm, Spc 30 mm, FOV 48cm, in-plane res. $6 \times 6 \text{ mm}^2$, the Fermi pulse was applied only during the acquisition of the B_1 map image pair). Bloch-Siebert B_1 maps were reconstructed from the image pair in Fig. 2 with in-plane resolution of $30 \times 30 \text{ mm}^2$. The peak B_1 of the Fermi pulse was set to 212% of the B_1 required for a nominal 90° tip ($K_{\text{bs}} = 3.75 \text{ rad/G}^2$, $B_{1,\text{max}} = 0.1376 \text{ G}$). Data acquisition started at the beginning of the 2 ml/10 s bolus injection of HP [^{13}C] pyruvate. Phantom images using the same ordering scheme (TR 1s, SITHk 30 mm, $10 \times 10 \text{ mm}^2$ in-plane res.) were acquired with a ^{13}C T/R surface coil on a 10 cm diameter sphere filled with HP [^{13}C] pyruvate.



Results and Discussion: HP phantom data is shown in Fig. 3. *In vivo* data are shown in Fig. 4. These data demonstrate the feasibility of the sequence in acquiring dynamic images of [^{13}C]pyruvate, [^{13}C]lactate, and ^{13}C bicarbonate, along with a transmit B_1^+ map, following a single bolus injection of the tracer. The metabolic images demonstrate that the additional Bloch-Siebert B_1 mapping frames do not significantly impact image quality. The reduction in measured B_1 between the kidney and heart locations is consistent with the heart position at the edge of the coil, and with the SNR variation in a sagittal proton image through both organs. The increased variability in measured B_1 in the heart is presumably due to motion-related phase inconsistency between the two frames, which may be removed with the use of cardiac gating. The acquired B_1 maps can be used for image intensity correction, prospective adjustment of transmit power, as input to kinetic modeling routines, for parallel transmit applications, and to calculate concentration of hyperpolarized substrates *in vivo*.



Conclusions: We have demonstrated the feasibility of simultaneously acquiring dynamic images of [^{13}C]pyruvate and ^{13}C bicarbonate, along with a transmit B_1^+ map, following a single tracer injection, by incorporating a Bloch-Siebert B_1 mapping pulse into a single-shot spiral imaging sequence. This approach is anticipated to improve quantitative measurements of HP ^{13}C *in vivo*.

References: [1]Ardenkjaer-Larsen et al. PNAS USA 2003;100(18):10158–10163. [2]Schroeder et al. PNAS USA 2008;105(33):12051–12056. [3]Golman et al. MRM 2008;59(5):1005-1013. [4] Sacolick et al. MRM 2010;63(5):1315-22. [5] Lau et al. MRM 2010;64(5):1323-31.

Acknowledgements: NSERC, CIHR, MCM, GE Healthcare.