

Improved measurement of labile proton concentration-weighted chemical exchange rate (k_{ws}) with experimental factor-compensated chemical exchange saturation transfer (CEST) MRI

Phillip Zhe Sun¹, Chang-Ming Liu¹, Philip K Liu¹, and Renhua Wu^{2,3}

¹Department of Radiology, Athinoula A. Martinos Center for Biomedical Imaging, Charlestown, MA, United States, ²Department of Radiology, 2nd Affiliated Hospital of Shantou University Medical College, Shantou, Guangdong, China, People's Republic of, ³Provincial Key Laboratory of Medical Molecular Imaging, Shantou, Guangdong, China, People's Republic of

Introduction CEST MRI provides an exchange-dependent contrast mechanism that enables measuring low concentration CEST agents and microenvironment properties, and remains promising for a host of in vivo applications¹⁻⁷. However, CEST MRI contrast is complex, depending on not only the labile proton concentration and exchange rate, but also on experimental parameters such as field strength and RF irradiation power. There is a demonstrable need to develop quantitative CEST MRI for improved mechanistic understanding of the underlying CEST system. The CEST MRI contrast can be described as a multiplication of the simplistic CEST contrast and an experimental factor that includes the labeling coefficient and spillover factor^{8,9}. The labeling coefficient quantifies the saturation efficiency of the exchangeable protons, while the spillover factor calculates the direct RF saturation of the bulk water signal, which competes with the CEST effect. We postulated that the reverse chemical exchange rate (k_{ws}) could be derived from CEST MRI with reasonable estimation of the experimental factor.

Materials and Methods **Phantom:** Creatine solution phantom was added to gadolinium-doped phosphate buffered solution (PBS) at concentrations of 20, 40, 60, 80 and 100 mM; pH was titrated to 6.75 (within ± 0.01). **MRI:** Single-slice, single-shot echo planar imaging (EPI) images were obtained at 4.7 T. For the CEST MRI, 3-point CEST imaging was performed with continuous wave (CW) RF irradiation applied at ± 1.875 ppm, in addition to a control scan. The RF power was varied from 1, 1.5, 2, 2.5, 3, 3.5 and 4 μ T. In addition, the Z-spectrum was acquired with RF irradiation from -3 to 3 ppm, per 0.125 ppm ($B_1=2 \mu$ T). T_1 (TR/TE = 12,000/28 ms, NA=2) and T_2 (TR=12,000 ms, NA=2) were obtained using an inversion recovery and spin echo sequences, respectively.

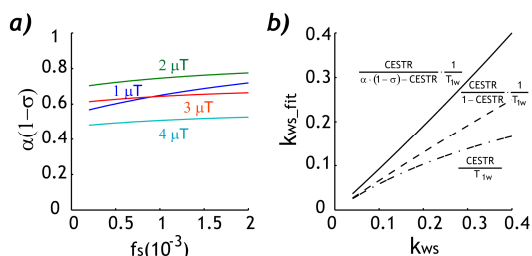


Fig. 1. Experimental factor (η) as a function of CEST agent concentration (f_s). a) η remains nearly constant with f_s when intermediate RF power level is used. b) Experimental factor-compensated k_{ws} is significantly improved from simplifies solutions.

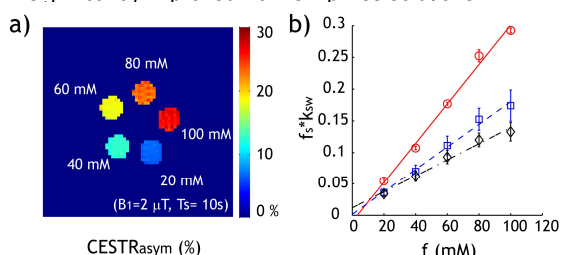


Fig. 2. Quantitative CEST MRI. a) CEST contrast is sensitive to agent concentration. b) The accuracy of k_{ws} estimation improves using the proposed algorithm, in good agreement with simulation.

proposed experimental factor-corrected algorithm, the experimental factor was estimated assuming that k_{sw} was 200 s^{-1} at labile proton concentration of 1:1000. Moreover, we assumed T_1 and T_2 to be 1.76 and 1.18 s, respectively, from the extrapolated T_1 and T_2 measurements. We repeated the calculation for RF powers of 2, 2.5, 3, 3.5 and 4 μ T, as suggested by Fig. 1. The results can be described by linear regression, where $K_{ws}=0.0013 [C] + 0.0119$, $K_{ws}=0.0018 [C] + 0.0015$ and $K_{ws}=0.0031 [C] - 0.0097$, for the first-order approximation of the simplistic solution (diamond), the simplistic solution (square), and the proposed solution (circle), respectively. The proposed solution is approximately equal to that obtained from the Bloch-McConnell numerical fitting (i.e. $K_{ws}=0.0028 [C]$), significantly improved from the results of the conventional solutions. In summary, the proposed solution provides more accurate measurement than conventional CEST-weighted MRI contrast, which will thus further aid the development of quantitative CEST imaging.

References 1) Ward et al. JMR 2000;143:79-87. 2) Zhang JACS 2005;127:17572-3. 3) Gilad et al. Nat Biotechnolo 2007; 25:217-9. 4) Zhou et al. Nat Med. 2011;17:130-4. 5) Sun et al. JCBFM 2011;31:1743-1750. 6) Shah et al. MRM 2011;65:432-7. 7) Longo et al MRM 2011;65:202-11. 8) McMahon et al MRM 2006;55:836-47. 9) Sun et al. JMR 2005;175:193-200.