

Metabolic Characterization of Intracranial Lymphoma at 14T using Frequency-Selective 3D Echo-planar ¹³C Imaging

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INTRODUCTION: Determining the extent of intracranial tumors is critical for surgical resection and focused radiotherapy, but is often difficult by traditional ¹H imaging techniques. This problem has been addressed by ¹H MRS, positron emission tomography (PET), and most recently hyperpolarized (HP) ¹³C MR spectroscopy studies in preclinical models [1]. However, HP ¹³C studies have generally been limited by low spatial resolution, with significant volume averaging limiting interpretation. Here we report application of fast 3D echo-planar imaging (EPI) ¹³C imaging methods to the murine brain at 14T, in a primary central nervous system lymphoma (PCNSL) xenograft model. This model was chosen since (1) PCNSL can be challenging to diagnose and manage (2) elevated lactate dehydrogenase (LDH) is a lymphoma biomarker suggesting the utility of [1-¹³C] pyruvate and (3) PCNSL is highly infiltrative, requiring methods capable of detecting subtle metabolic differences. Recently, we employed gas chromatography-mass spectrometry (GC-MS) to profile a broad spectrum of metabolites in the CSF of human patients. Metabolite concentrations in CSF from 15 subjects with active PCNSL were compared to 15 controls without brain tumors. Despite similar tumor burdens, the CSF concentrations of lactate were higher in patients with refractory lymphoma compared to chemotherapy-sensitive tumors (Figure 1). Our hypothesis is that this elevated CSF lactate correlates directly with the PCNSL microenvironment, making disease progression amenable to metabolic evaluation with HP [1-¹³C] pyruvate. Here we report preliminary data in a PCNSL xenograft model validating multi-parametric ¹H and ¹³C HP imaging at 14T with significantly improved spatial resolution in the murine brain.

METHODS: *Murine lymphoma xenografts:* Implantation of a Burkitt's cell line (Raji) into the brains RAG-deficient mice was performed, with tumor progression monitored by bioluminescence. MR imaging was performed at 10-12 days and the mice sacrificed immediately thereafter. *Polarization and dissolution of [1-¹³C] pyruvate:* Polarization of [1-¹³C] pyruvate was performed by the typical method [2] on the Oxford Hypersense Polarizer (Oxford, UK). *MR imaging methods:* *In vivo* MR studies were performed on a 14T, 600WB micro-imaging spectrometer equipped with 100G/cm gradients (Varian Instruments). Multi-slice T₂-weighted anatomic images were acquired using a respiratory-gated spin-echo sequence with a T_E=20ms, T_R=1200ms, fat saturation, FOV 40 x 40 mm, 256 x 256 points (RO x PE). Diffusion-weighted images were acquired using a spin-echo based sequence with similar parameters, 4 B-values (102, 305, 406, and 508) and apparent diffusion coefficient maps were calculated. For ¹³C

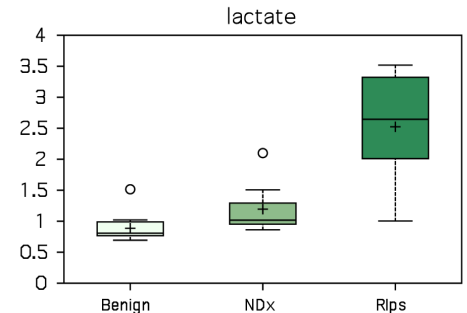


Figure 1. GC-MS data obtained from the CSF of controls (N=15), newly diagnosed cases (N=9) and relapsed/ refractory cases (N=6) indicating levels of relative expression (y-axis).

Histologic analysis: After imaging, histopathologic analysis including standard H&E staining was performed on tumors. *Data processing and analysis:* 14T *in vivo* MRI data was processed using custom software written in Matlab 2009b (MathWorks, MA, USA) and IDL 8 (ITT Visual Information Solutions, CO, USA). Data were zero-filled and transformed to a final resolution of 1.25mm isotropic (0.002cc).

RESULTS: *In vivo* studies in Raji mice were performed at 14T, with correlative histopathology. The results are shown in Figure 3, demonstrating significant differences between lymphoma and normal brain using both conventional ¹H imaging and HP ¹³C pyruvate. In these studies, T₂-weighted imaging demonstrated relatively subtle areas of T₂ prolongation, significantly reduced ADC values, and central foci of avid post-gadolinium enhancement in tumor, corresponding to areas of infiltrating hypercellularity observed in the pathologic specimen. HP [1-¹³C] pyruvate imaging demonstrated striking elevation in the metabolite [1-¹³C] lactate in tumor, with the abnormal signal extending beyond the gross abnormality identified histologically.

DISCUSSION: Elevated serum lactate dehydrogenase (LDH) is a hallmark of lymphoma, and correlates with disease relapse/ recurrence in several lymphoma subtypes [3]. As for other cancers, enhanced expression of LDH (with a concomitant rise in lactate) reflects a primitive phenotype shifted away from oxidative phosphorylation and towards glycolysis, consistent with the Warburg hypothesis [4]. This phenotype not only reflects the elevated energy demands of tumor, but also relates to tumor progression, with acidification of the tumor microenvironment promoting local invasion [5]. Our hypothesis is that changes in CSF lactate seen in PCNSL patients relate directly to tumor adaptation and disease aggressiveness. Preliminary data obtained in a PCNSL xenograft model employing multi-parametric ¹H and ¹³C methods at 14T suggest that this may be the ideal platform to investigate fundamental metabolic changes in brain tumors.

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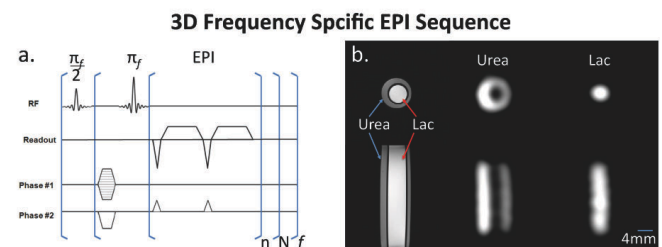


Figure 2. (a) Diagram of 3D frequency specific imaging pulse sequence utilizing both frequency specific 90° and 180° pulses. (b) Phantom images demonstrating the application of the 3D frequency specific imaging sequence with a corresponding reference ¹H gradient echo image. The inner tube contains 4M [1-¹³C] lactate, while the outer tube contains 4M ¹³C Urea. f = frequency, N, n = 12 or 16, resolution of 1.25mm x 1.25mm x 1.25mm, Lac = lactate.

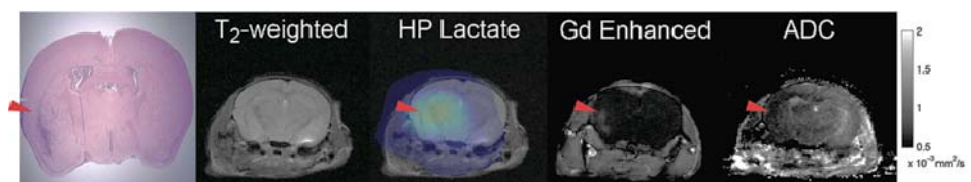


Figure 3. Typical MR data obtained for an implanted Burkitt's lymphoma (Raji) mouse at 14T. Corresponding to the region of infiltrating tumor identified on H&E staining, signal abnormality was seen on T₂ FSE, hyperpolarized ¹³C lactate imaging, T₁ GE post-gadolinium, and apparent diffusion coefficient (ADC) mapping.