

MRI EQUILIBRIUM SIGNAL MAPPING IS A QUANTITATIVE AND REPRODUCIBLE ALTERNATIVE TO CT FOR THE ESTIMATION OF LUNG DENSITY IN COPD

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Introduction: In MRI, the equilibrium tissue magnetisation is proportional to tissue water density. The aim of this study was to explore the feasibility and reproducibility of mapping the signal (S_0) associated with the equilibrium magnetisation in the assessment of structural abnormalities in COPD. We compare quantitative S_0 (qS_0) values with CT measures of lung tissue density.

Method: Ethical approval and written informed consent were obtained. MRI: MRI images were acquired in 12 COPD patients (64±7 yrs, GOLD stage 2-3) and 12 healthy volunteers (63±12 yrs) twice within 1 week on a 1.5 tesla Philips Achieva using a coronal 2D inversion recovery half-Fourier single-shot turbo spin-echo sequence for the measurement of T_1 and S_0 maps via pixelwise fitting ¹. Lung S_0 values were normalized by dividing by muscle S_0 to provide a quantitative S_0 (qS_0) value to account for day-to-day scanner settings. Short TE was used to minimise T_2 influence on the qS_0 values. Scanning parameters: TR/TE 6000 ms/3.2 ms, TI=50, 300, 1100, 2000, 5000 ms, 128 x 128 matrix, 10 mm thickness, pixel size 3.52 mm x 3.52 mm, free breathing, no respiratory or cardiac triggering. All images were registered to the position of end expiration ². Quantitative CT: multi-slice CT was performed once on COPD patients only. A single slice which matched the MRI slice was selected for the calculation of the 15th percentile lung density (PD 15) and the relative lung area with attenuation value less than -950 HU (RA -950).

Result: All COPD patients showed moderate to severe emphysema in the selected CT slices, with the RA-950 ranging from 8.3% to 41.8%. qS_0 maps of the lung were reproducible in both groups (Figure. 1). The Bland-Altman plots (Figure. 2) show a good agreement between the two measurements of the mean qS_0 values of the lung, with an intraclass correlation coefficient (ICC) of 89.3% for healthy group and 88.5% for COPD group. The low value areas in qS_0 maps of the COPD lungs (blue) had a good consistency with the CT detected emphysema areas (red). The mean lung qS_0 value was significantly lower in COPD group than in healthy group, while the inter quartile range of mean lung qS_0 values of the two groups were similar (Table. 1). The mean and the 15th, 25th, 50th (median), 75th percentile qS_0 values showed strong positive correlations with PD₁₅ and negative correlations with RA -950 (Table. 2, Figure. 3).

Conclusion: Equilibrium signal maps extracted from MRI correlate strongly with CT density estimates, indicating that qS_0 may be a reproducible, non-invasive, non-ionising measure for quantifying lung density abnormalities in COPD.

References: 1) Kingsley, P.B. and Gordon Monahan, W., *Magn Reson Imaging*, 2001. 19(2): p. 279-282. 2) Naish, J.H., et al., *Magn Reson Med*, 2005. 54(2): p. 464-469. **Acknowledgement:** This work was supported by the EPSRC and AstraZeneca.

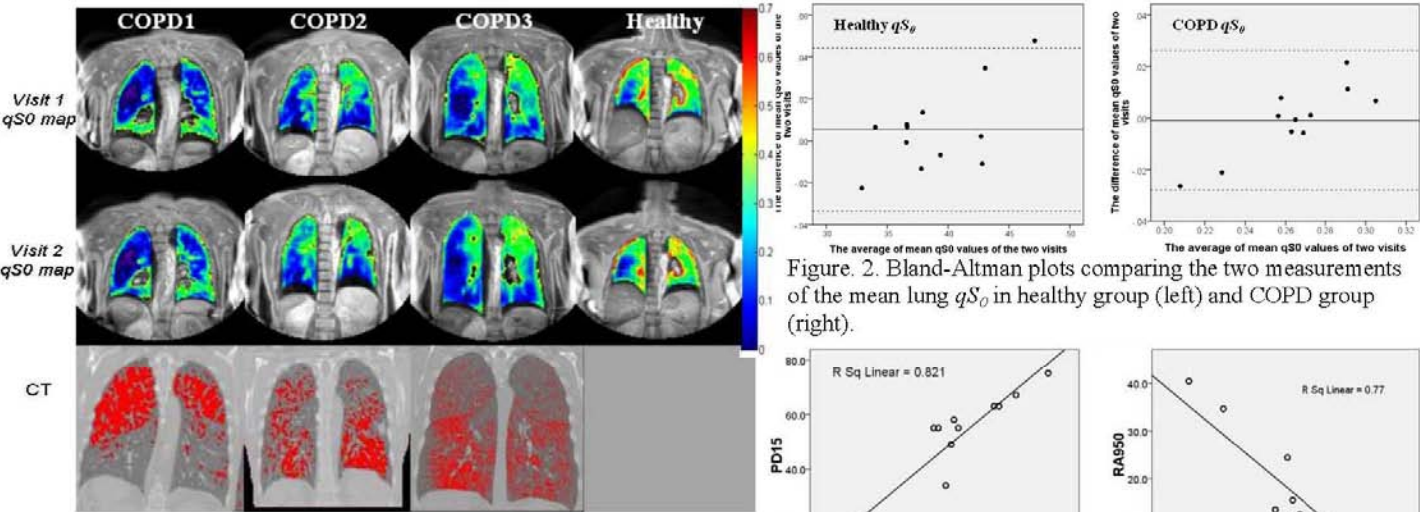


Figure. 1. Example lung qS_0 maps and the corresponding CT images with areas of attenuation value below RA -950 HU showing in red.

Table.2. Pearson correlation between lung qS_0 values and CT parameters

		Mean qS_0	15 th centile qS_0	25 th centile qS_0	50 th centile qS_0	75 th centile qS_0
PD15	CC [†]	0.906**	0.837**	0.866**	0.919**	0.887**
RA-950	CC [†]	-0.878**	-0.820**	-0.823**	-0.877**	-0.875**

[†] Correlation coefficient; ** p value < 0.01.

Figure. 2. Bland-Altman plots comparing the two measurements of the mean lung qS_0 in healthy group (left) and COPD group (right).

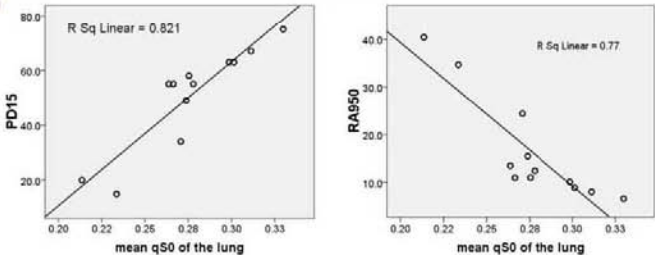


Figure. 3. Scatter plots showing the correlation between lung qS_0 values and PD₁₅ (left) and RA₋₉₅₀ (right) in COPD

Table.1 The comparison of the lung qS_0 between 2 groups

	Healthy	COPD	p-value
mean qS_0	0.39±0.05	0.28± 0.03	<0.001
IQR qS_0	0.13±0.02	0.14±0.02	0.547