## Magnetic Resonance Properties of Gd-conjugated Microbubbles for use in MRI-guided Focused Ultrasound: Distinguishing Intact and Fragmented Microbubbles by Relaxivity Michael A. Boss<sup>1</sup>, Jameel A. Feshitan<sup>2</sup>, and Mark A. Borden<sup>2</sup>

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**Purpose**: Gas-filled microbubbles exhibit great potential for use in MRI-guided focused ultrasound (MRIgFUS) surgery [1]. In order to more easily track the microbubbles in vivo, it is useful to conjugate Gd-chelates to enhance the local relaxation rate of water protons in the vicinity of the microbubbles. This study was conducted to characterize the relaxation behavior of microbubbles when conjugated with a Gd-chelate, and whether cavitation state can be determined by changes in relaxivity.

Methods: 1-2 µm microbubbles were synthesized in aqueous solution from lipid precursors. They contained a gas core of perfluorobutane (PFB), and were coated in a brush layer of polyethylene glycol (PEG) to prevent agglomeration. DOTA complexes were conjugated either to the lipid surface of the microbubbles or to the end of the PEG chains; gadolinium was then introduced into the solution and sequestered by the DOTA (Fig. 1). These solutions were characterized via NMR relaxometry at 1.5 T using inversion recovery and CPMG to measure  $T_1$  and  $T_2$ , respectively. The microbubbles were then subjected to ultrasound at 45 kHz to induce cavitation and Relaxometry was performed fragmentation. postfragmentation. This process was repeated for dilutions of the stock microbubble solution at 25, 50 and 75% concentration. A sample with no Gd-conjugation was used as a control to isolate the contributions of the PFB gas.

**Results**: Typical relaxometry results from each of the two types of microbubbles are shown in Fig. 2. Lipid-bound Gd-DOTA microbubbles exhibited an increase in longitudinal relaxivity,  $r_1$ , by an average factor of 2.4; there was little change in their transverse relaxivity,  $r_2$ . In contrast, PEG-bound Gd-DOTA microbubbles exhibited a *decrease* in  $r_1$  by an average factor of 2.1, as well as a decrease in  $r_2$  by an average factor of 8.0. The control microbubbles exhibited virtually no enhancement of longitudinal relaxation, but a very high transverse relaxation.  $R_2$  decreased by a factor of 36 after fragmentation.

**Discussion**: The two different types of microbubbles, lipidvs. PEG-bound Gd-DOTA, exhibited different behaviors. In both cases, however, the microbubble state, intact or fragmented, was discernible using  $r_1$ . The control microbubbles had a large  $R_2$  due to a susceptibility effect



Figure 1: Conjugation of Gd-DOTA to microbubbles: conjugation to the lipid headgroups (left) and to the end of the PEG brush layer (right).



Figure 2: Microbubble solution relaxation rates. (A and B)  $R_1$  and  $R_2$ , respectively, of lipid-bound Gd-DOTA microbubble dilutions. (C and D)  $R_1$  and  $R_2$ , respectively, of PEG-bound Gd-DOTA microbubble dilutions.

from the PFB gas, as evidenced in previous studies [2-4]. Lipid-bound Gd-DOTA microbubbles exhibited increased  $r_1$  postfragmentation: this is likely due to increased water access to the previously "buried" Gd.  $r_2$  remained similar in these microbubbles due to competing effects: greater access of water protons to the Gd-DOTA enhanced transverse relaxation, while the loss of the PFB gas decreased it: the net effect was one of cancelation. PEG-bound Gd-DOTA microbubbles did not allow for enhanced access to the gadolinium: decreases in the rotational correlation time post-fragmentation likely served to reduce the longitudinal relaxation, while transverse relaxation decreased due to the loss of the PFB gas, similar to the control microbubbles. Finally, fragmented lipid-bound Gd-DOTA microbubbles show promise as a relaxation agent *per se*, with relaxivities exceeding those of clinically-used Gd-based contrast agents.

**Conclusion**: Intact and fragmented microbubbles can be distinguished by their relaxivities. This behavior will allow for better MRIgUS by allowing non-invasive detection of microbubble state in real-time.

**References**: [1] FA Jolesz, J. Mag. Res. Imag. **27**:391-399 (2008), [2] AL Alexander et al., Magn. Res. Med. **35**:801-806 (1996), [3] KK Wong et al., Magn. Res. Med. **52**:445-452 (2004), [4] JS Cheung et al., Neuroimage **46**:658-664 (2009)