

OSCILLATING GRADIENT DIFFUSION MRI IN THE EX-VIVO PROSTATE TO ASSESS ADC BEHAVIOR AT SMALL DIFFUSION TIMES

Andre Bongers¹, Aritrick Chatterjee², Geoffrey Watson³, and Roger Bourne⁴

¹Mark Wainwright Analytical Centre, University of New South Wales, Sydney, NSW, Australia, ²University of Sydney, Sydney, NSW, Australia, ³Royal Prince Alfred Hospital, Sydney, NSW, Australia, ⁴University of Sydney, Sydney, NSW, Australia

Target audience: Researchers interested in the biophysical basis of diffusion contrast and optimization of DWI for cancer detection

Purpose: To investigate regional ADC variation at short diffusion times using OGSE DWI in fresh and fixed prostate tissue.

Introduction: ADCs as measured by pulsed gradient (PGSE) DWI methods have been shown to be sensitive to cellular changes occurring in prostate cancer¹. However, the exact nature of restrictions causing these changes and the corresponding non-mono-exponential diffusion decay is still unclear. As standard PGSE methods have limited capability to sample short diffusion times these methods are sensitive to multiple scales of restrictions, including internal cell structures and boundaries. The aim of this study was to explore the ability of OGSE to detect subcellular changes in prostate tissue.

Methods: A cos-OGSE sequence as described in ² (OGSE-C1) was implemented on a BioSpec Avance III 94/20 system equipped with BGA-12S HP gradients ($G_{\max}=660\text{mT/m}$, $dG/dt_{\max}=4570\text{Tm/s}$) and 72-mm quad-RF-coil. A radical prostatectomy specimen histologically diagnosed with prostate cancer Gleason Score (3+4) was prepared as described in ³ and imaged in unfixed state and again after 48hr formalin fixation. OGSE DWI was performed at oscillation frequencies $f = 50, 100, 150$ and 200 Hz (corresponding to effective diffusion times $\Delta_{\text{eff}} = 5, 2.5, 1.66, 1.25$ ms) and b -values $200, 400, 600, 800$ s/mm^2 + “ b_0 ”-image for each frequency. Imaging parameters: FoV: $5.12 \times 5.12\text{cm}$, Matrix: 64×64 , Resolution: $800 \times 800 \mu\text{m}$, Slice Thickness: 2mm + 2mm gap, 6 slices, TE = 90.2ms , TR = 2500ms , $\delta = 40\text{ms}$, $\Delta = 44\text{ms}$, Avg = 3, time per freq = 40 min. ADC maps were calculated for each oscillation frequency by mono-exponential fitting $S = S_0 \times \exp(-ADC \times b)$. Distinct regions in cancer tissue and peripheral zone were delineated on H&E stained slices and co-registered to the DWI images by anatomical landmark matching. Dependency of apparent mean square displacement $\langle r_{\text{app}}^2 \rangle = 6 \times ADC \times \Delta_{\text{eff}}$ on sampled diffusion time was investigated in ROIs from histology.

Results: In the diffusion time range $\Delta_{\text{eff}} = 1.25$ — 5 ms prostate tissue exhibits a systematic increase in ADC with decreasing diffusion time. Overall mean increase $\Delta ADC_{200\text{Hz}/50\text{Hz}}$ was 23% for unfixed and 29% for fixed tissue (Fig. 2). ADC mapping revealed substantial dependence of ADC-diffusion-time-relation on prostate region and tissue type (Figs. 1 & 3). Histologically defined cancer (Gleason 3+4) correlated well with regions of lowest ADC and showed substantially different ADC-diffusion-time dependence from normal peripheral zone tissue (Fig 3).

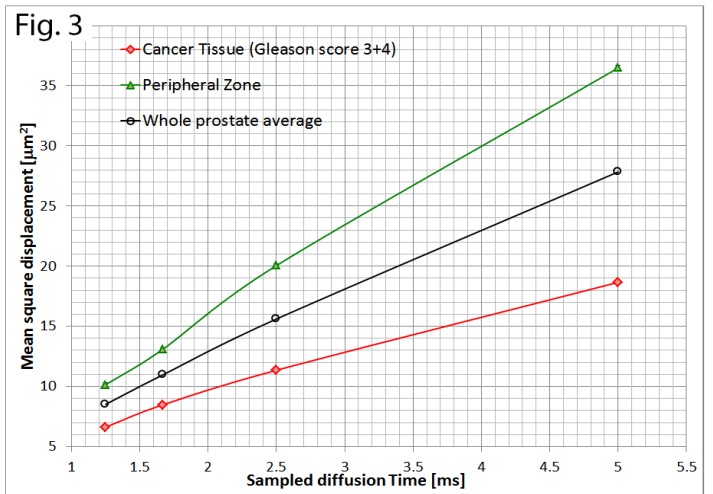
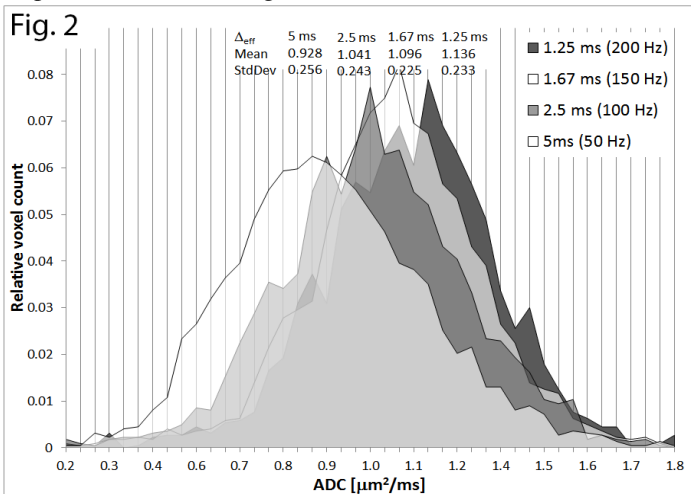
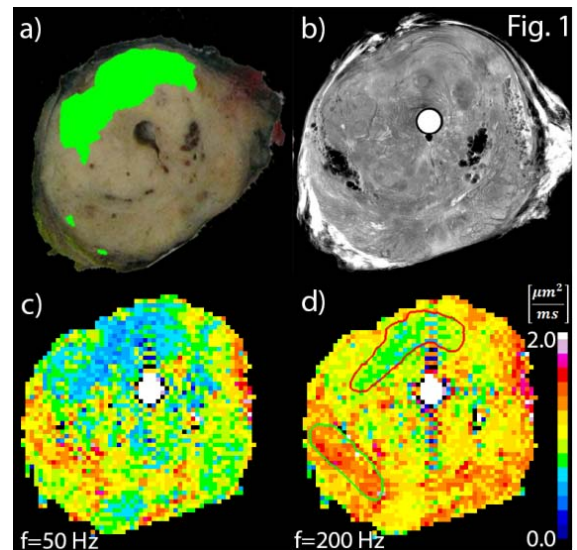


Fig 1: OGSE ADC maps [$\mu\text{m}^2/\text{ms}$], corresponding cancer delineation from histology, and T2w anatomy of unfixed prostate: a) Prostate section with cancer Gleason Score (3+4) region (green), b) TurboRARE T2w anatomical slice, c) OGSE ADC map 50Hz, d) OGSE ADC map $f=200\text{Hz}$ (including ROIs). **Fig2:** Histograms of ADC values of complete prostatectomy sample for $\Delta_{\text{eff}} = 5, 2.5, 1.66, 1.25$ ms **Fig 3:** ROI analysis of apparent mean square displacement for distinct prostate regions/tissue types.

Conclusion: For the short diffusion times assessed in this study substantial tissue-specific ADC-diffusion time dependencies have been found. Apparent mean displacements for short diffusion times are less than cell dimensions and significantly smaller for cancer than for normal tissue, suggesting that cancer induces intracellular structure changes. Modeling of OGSE DWI can provide useful information about internal cell restrictions and help to elucidate the basis of non-mono-exponential behavior found in DWI signal decays of prostate cancer.

References: ¹Gibbs et al. MRM 46 (2001) ; ²Does et al.: MRM 49 (2003) ; ³Bourne et al. MRM 70 (2012)