

Relaxation along fictitious field, diffusion weighted imaging, and T₂ mapping of prostate cancer: correlation of quantitative values with Gleason score

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Purpose

To evaluate the performance of relaxation along fictitious field (RAFF) relaxation time (T_{RAFF}), apparent diffusion coefficient (ADC_m), and T₂ relaxation values for prostate cancer (PCa) detection and characterization.

Methods

Fifty-one patients (mean±SD age 63±7 years, mean±SD PSA 11.1±7.4 ng/ml) with histologically confirmed PCa underwent 3T MRI (Philips, Ingenuity PET/MR) examinations using 32 channel surface array coil and 2 channel volume whole body RF coil for RF transmission before radical prostatectomy. Repeated MR examination (T_{RAFF}, ADC_m) was performed in 17 patients following the first MR examination. T_{RAFF} was measured (1) with the pulse train durations of 0, 45, and 90 ms and the maximum radio frequency power of 11.74 μT. 3D T₁-FFE sequence was used as a read-out with the following parameters: TR/TE 4.0/2.3 ms, acquisition matrix size 168x144, reconstruction matrix size 384x384, slice thickness 5.0 mm, centric k-space coding, pulse interval 3000 ms. Diffusion weighed imaging data sets were acquired using a single shot spin-echo based sequence with monopolar diffusion gradient scheme, echo-planar read out, TR/TE 1394/44 ms, FOV 250x250 mm², acquisition matrix size 124x124, reconstruction matrix size 256x256, slice thickness 5.0 mm, b-values 0, 100, 300, 500 s/mm². T₂ relaxation values were measured using GraSE sequence with TR/TEs of 686/20, 40, 60, 80, 100 ms, FOV 230x183 mm², acquisition matrix size 256x163, reconstruction matrix size 512x400, slice thickness 5.0 mm. Furthermore, T₂-weighted images (T2wi) were obtained using a single shot TSE sequence. The RF field homogeneity (B₁ field) was evaluated using actual flip angle imaging method (2) with TRs/TE 30,150/2.2 ms, flip angle 60 degrees, FOV 400x400mm², slice thickness 6.0 mm. Using whole mount prostatectomy sections and anatomical T2wi as reference, one ROI (square of 4.56x4.56x5.00 mm³ for T_{RAFF}; square of 4.89x4.89x5.00 mm³ for DWI; square of 4.93x4.93x5.00 mm³ for T₂) was placed in the center of PCa area and the same sized ROI in the peripheral zone (PZ), and central gland (CG) not containing PCa. Mean signal intensity (SI) of each ROI was fitted using two parameter monoexponential function for RAFF and T₂ data. Apparent diffusion

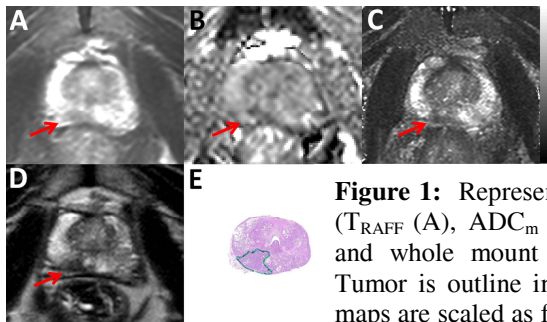


Figure 1: Representative relaxation time maps (T_{RAFF} (A), ADC_m (B) and T₂ (C)), T2wi (D) and whole mount prostatectomy section (E). Tumor is outline in green (E). The parametric maps are scaled as follows: T_{RAFF} (A) 0-200 ms, ADC_m (B) 0.0-3.0 μm²/ms, T₂ (C) 0-200 ms.

Results

T_{RAFF} and ADC_m demonstrated high repeatability with ICC(3,1) in the range of 0.68-0.92. AUC values for the differentiation of PCa from normal tissue were similar for all of the parameters and were in the range from 0.87 to 0.89 (Figure 1). Differences between tumors belonging to low and high Gleason score groups were statistically significant (p<0.01) for all of the quantitative parameters. In contrast, only T_{RAFF} values demonstrated statistically significant (p<0.05) differences between intermediate and high Gleason score group tumors. Furthermore, RAFF method outperformed DWI and T₂ mapping in tumor classification based on AUC values. When all PCa ROIs were included, ρ (95% confidence interval) values for T_{RAFF}, ADC_m, and T₂ values were -0.68 (-0.81, -0.49), -0.56 (-0.74, -0.32), and -0.35 (-0.58, -0.07), respectively (Figure 2). The corresponding values for PZ tumors were -0.72 (-0.85, -0.51), -0.57 (-0.76, -0.28), and -0.49 (-0.70, -0.19), respectively.

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Conclusion Relaxation values obtained using RAFF method outperformed ADC_m, and T₂ relaxation time values in Gleason score classification of PCa tumors. **References** 1. Liimatainen T et al. Magn Reson Med 2010; 64:983-994; 2. Yarnykh VL. Magn Reson Med 2007; 57:192-200

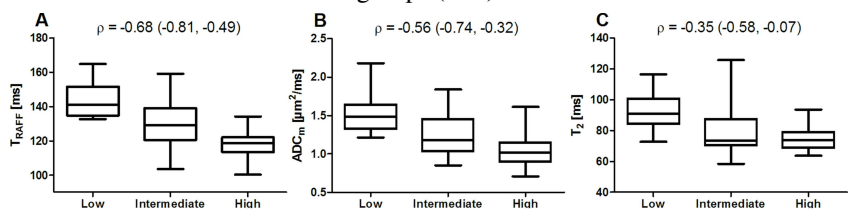


Figure 2: Box plots show T_{RAFF} (A), ADC_m (B), and T₂ relaxation (C) values of low, intermediate, and high Gleason score group tumors.