

CMRO₂ quantification by direct ¹⁷O MRI at 7 T in the macaque brain: assessment of energy metabolism impairment *in vivo*

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TARGET AUDIENCE This work should be of interest for researchers studying brain energy metabolism.

INTRODUCTION

Direct oxygen-17 (¹⁷O) MRI is a promising tool for mapping the cerebral metabolic rate of oxygen consumption (CMRO₂) *in vivo* through the detection of the reduction of ¹⁷O₂ into ¹⁷O-labelled water (H₂¹⁷O) [1]. As such, this technique could allow the monitoring of brain energy metabolism in normal and pathological conditions. However, it suffers from relatively low SNR, the cost of the enriched ¹⁷O gas and the difficulty to accurately quantify CMRO₂. Recently, measurements were performed in rodents and in a human volunteer [2, 3] and a new three-phase metabolic model of H₂¹⁷O production and clearance was proposed [3]. In this study, we developed a simple gas delivery system and conducted direct ¹⁷O imaging experiments *in vivo* in the brain of one healthy macaque monkey and one macaque monkey undergoing chronic oxidative stress induced by 3-NP (3-nitropropionic acid), a mitochondrial toxin inhibiting succinate dehydrogenase in the TCA cycle and used as a model for Huntington's disease [4].

MATERIALS AND METHODS

In vivo experiments Experiments were conducted on a 7 T Agilent primate MRI scanner. A ¹⁷O loop coil was used for RF transmission and reception. Acquisitions were performed before, during and after ¹⁷O₂ inhalation using a 3D pulse-acquire CSI sequence (TR/TE=4.5/0.36 ms, 18.5 s per image, 8.75 mm isotropic voxels on a 16×16×16 data grid, total scanning time of 35 minutes). Experiments were carried out on two macaque monkeys (*Macaca fascicularis*) anesthetized by an i.v. propofol infusion: one healthy macaque monkey (control) and one 3-NP treated macaque monkey (chronic systemic injection).

¹⁷O gas delivery During the experiments, the animals were intubated and connected to a three-way stopcock to efficiently switch from a poorly enriched ¹⁷O₂ gas (natural abundance) to a 70% enriched ¹⁷O₂ gas (NUKEM isotopes GmbH, Germany). A closed-loop breathing circuit, containing a CO₂ absorber to maintain longer ¹⁷O₂ inhalation, was filled with ¹⁷O₂ gas before the experiments. The system, displayed in Figure 1, allowed the animals to spontaneously breathe the ¹⁷O₂ gas over a period of 10 minutes.

Data analysis and modeling k-space was filtered using a 3D Hanning window. The signal from each voxel was then quantified by measuring the area under the H₂¹⁷O resonance peak. The signal collected before ¹⁷O₂ inhalation was averaged, converted into moles of H₂¹⁷O/g of brain tissue and used to scale the entire H₂¹⁷O dynamic. A three-phase metabolic model, proposed by Atkinson *et al.* [3], was used to quantify CMRO₂. Basically, the amount of H₂¹⁷O in each voxel ($M_v^{H_2^{17}O}$) depends on (i) the conversion of ¹⁷O₂ into H₂¹⁷O in the mitochondria (CMRO₂), (ii) the clearance of H₂¹⁷O from brain tissue to the arteriovenous system (with a rate constant K_L) and (iii) the gain of H₂¹⁷O due to the transfer of H₂¹⁷O produced in the entire body from the blood to the brain tissue (with a rate constant K_G). This model is described by the following equation: $dM_v^{H_2^{17}O}/dt = 2 * CMRO_2 * A^{17O}(t) - K_L * M_v^{H_2^{17}O}(t) + K_G * B_v^{H_2^{17}O}(t)$ where A^{17O} and $B_v^{H_2^{17}O}$ are the amount of arterial ¹⁷O and H₂¹⁷O in the blood in excess of natural abundance. A^{17O} depends on the pulmonary arteriovenous difference fraction ($F_{AV}=0.25$) and the mean blood circulation time ($T_C=20$ s). $B_v^{H_2^{17}O}(t)$ is proportional to the amount of A^{17O} converted into H₂¹⁷O in the entire body up to time t . When fitting H₂¹⁷O dynamics, three parameters were adjusted in each voxel: CMRO₂, K_L and K_G .

RESULTS AND DISCUSSION

Control monkey The good quality of the signal allowed us to monitor the H₂¹⁷O signal dynamics in each brain voxel. Signal dynamic in one voxel is reported in Figure 2. When fitting the experimental data, CMRO₂ values were below 1.2 μmole/g of brain tissue/min, which is lower than expected values estimated from previous TCA cycle rate (V_{TCA}) measurement in the monkey brain (CMRO₂~3V_{TCA}~1.8 μmole/g of brain tissue/min, [5]). This difference can be explained by different assumptions made when modeling the experimental data. We arbitrarily fixed F_{AV} and T_C to values measured in humans [3] and assumed that the proportion of cerebrospinal fluid (CSF) was negligible. A decrease in F_{AV} and considering that the voxel encloses some proportions of CSF would lead to an increase in CMRO₂.

3-NP treated monkey This animal presented a bilateral 3-NP striatal lesion. We selected an axial slice that includes the lesion on both sides and compare the CMRO₂, K_G and K_L in three regions of interest in both the control and treated monkeys. As shown in Figure 3 and reported in Table 1, we found a 35-42% decrease in CMRO₂, a 40-60% decrease in K_G and 11-42% decrease in K_L . Note that, when imposing the same K_L in both the healthy and treated monkeys (there is no obvious reason why the clearance from brain tissue would be reduced under 3-NP treatment), a similar decrease in CMRO₂ and K_G was found. Decreased K_G may reflect a general decrease of oxidative metabolism and H₂¹⁷O production in the entire body. Measured CMRO₂ decrease is consistent with previous works performed in our group with ¹³C NMR spectroscopy [6] and with the effect of 3-NP intoxication (inhibition of succinate dehydrogenase in the mitochondria) [4].

CONCLUSION

In the present work, direct ¹⁷O MRI experiments were performed for the first time in the monkey brain. The quality of the data allowed us to measure CMRO₂ voxel-by-voxel in the brain of one healthy and one 3-NP treated macaque monkeys. CMRO₂ values were lower than expected, presumably due to assumptions used in the model. However, strong and relevant differences were still observed between the two monkeys suggesting that our measurement is sensitive to brain energy metabolism impairment and that direct ¹⁷O MRI could be a powerful technique to study abnormal oxygen consumption in neurodegenerative diseases.

REFERENCES [1] Zhu *et al.*, *NMR in Biomed* 18, 83-103 (2005) [2] Cui *et al.*, *JCBFM* 33, 1846-1849 (2013) [3] Atkinson *et al.*, *NeuroImage* 51, 723-733 (2010) [4] Brouillet *et al.*, *J Neurochem* 95, 1521-1540 (2005) [5] Chaumeil *et al.*, *Proc Natl Acad Sci USA* 106, 3988-3993 (2009) [6] Boumezbear *et al.*, *Proc Intl Soc Mag Reson Med* (2008)

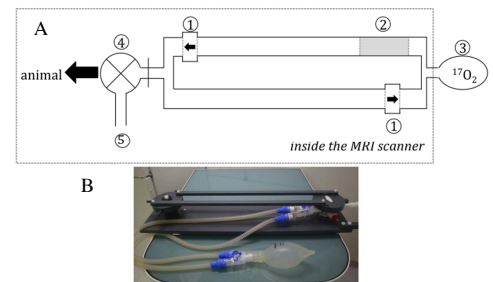


Figure 1: (A) ¹⁷O gas delivery system contains two one-way valves (1), a CO₂ absorber (2), a 1 L breathing bag (3), a three-way stopcock (4), and an in/outlet port for ventilation before/after ¹⁷O inhalation (5). (B) Closed-loop breathing system and frame.

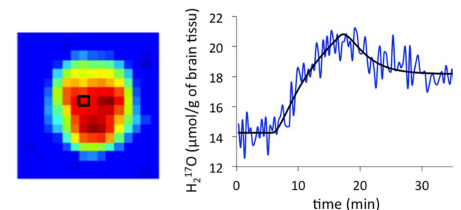


Figure 2: H₂¹⁷O signal variation (blue) in one voxel (black square) in one axial slice and best fit (black) using the three-phase model [3]: CMRO₂=1.07 μmole/g of brain tissue/min, $K_G=0.18$ and $K_L=0.33$.

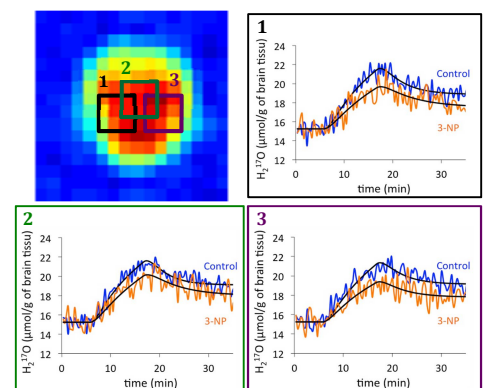


Figure 3: H₂¹⁷O variation in three regions of interest in the control (blue) and 3-NP (orange) monkey brain.

		CMRO ₂	K_G	K_L
Control	1	0.88	0.12	0.24
	2	0.95	0.16	0.29
	3	0.82	0.14	0.26
3-NP	1	0.52	0.05	0.15
	2	0.57	0.06	0.17
	3	0.54	0.08	0.23

Table 1: CMRO₂ (μmole/g of brain tissue/min), K_G and K_L in three regions in control and 3-NP treated monkeys.