

Multimodal approach to assess tumour vasculature

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The 3 Revolutions of biomed



Timeline: The Three Revolutions

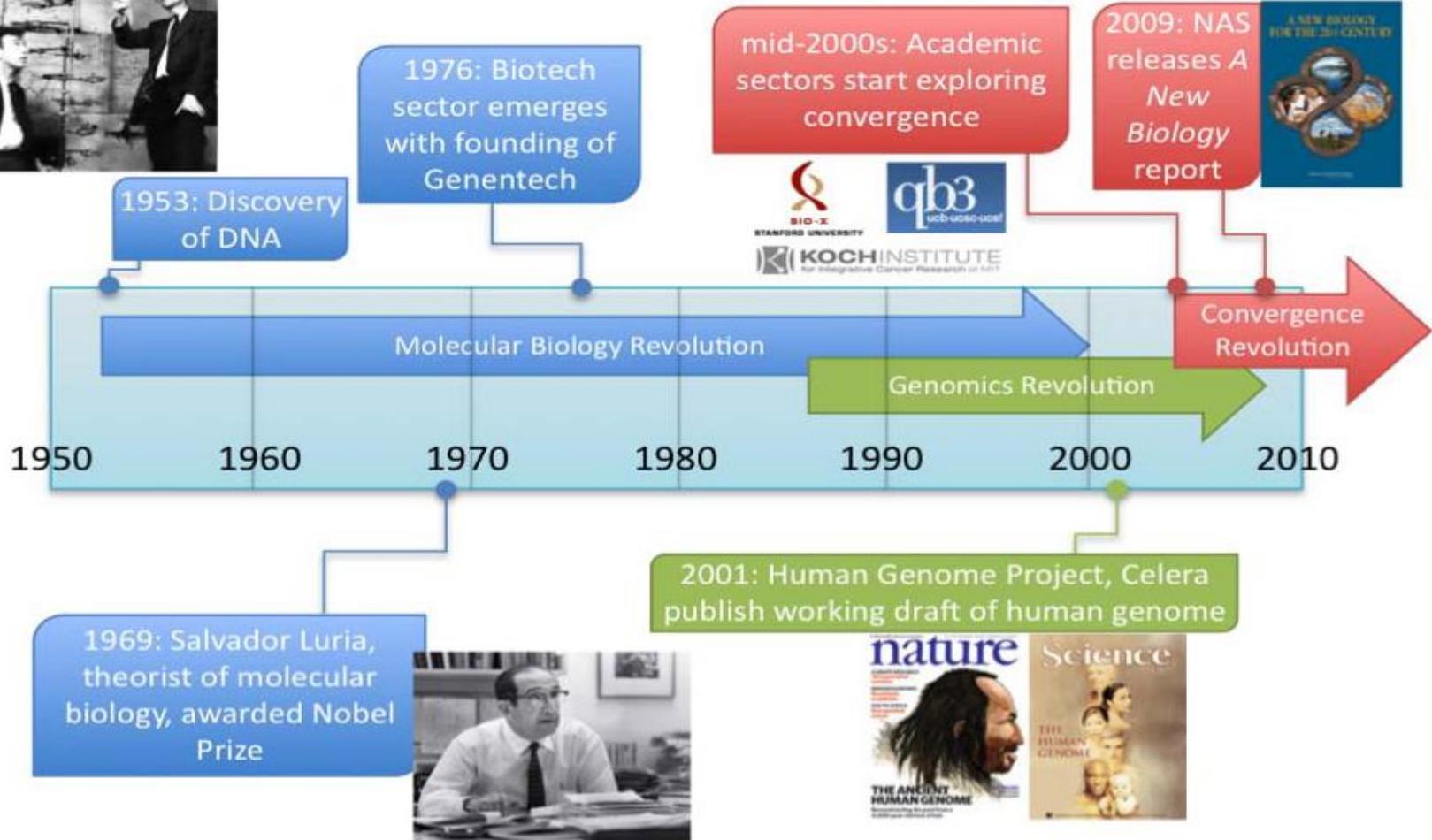
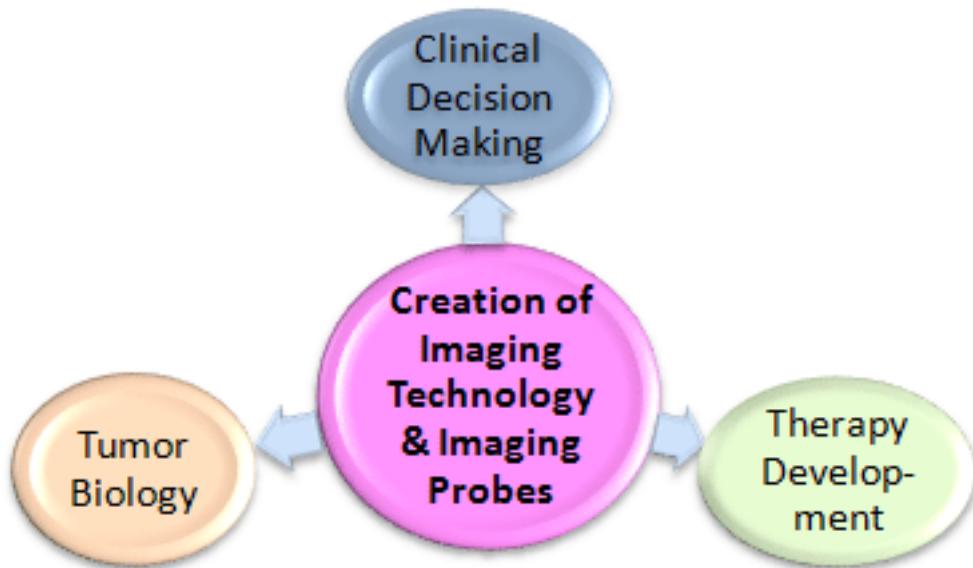


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Imaging & the convergence of science

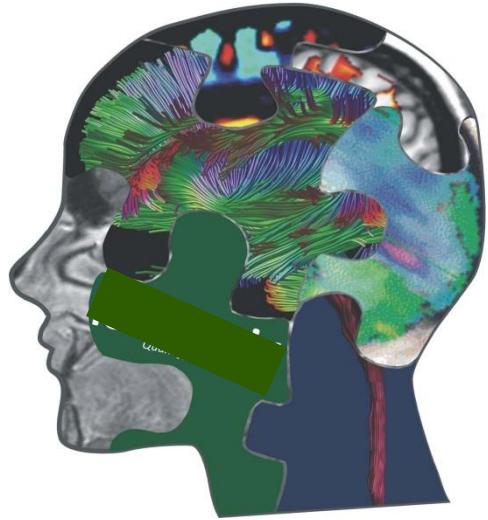


“Imaging allows the interrogation of an intact biologic system across the spectrum from sub-cellular to macroscopic and from discovery to clinical decision making.”
-NCI

Imaging & the convergence of science



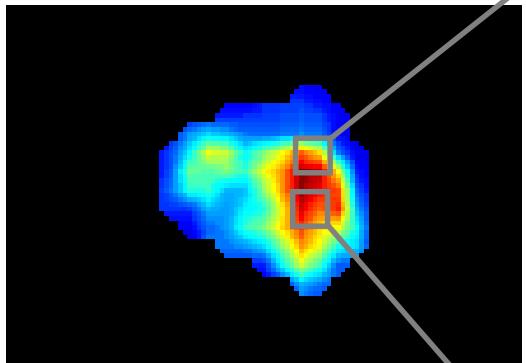
- Anatomical imaging
- Quantitative imaging



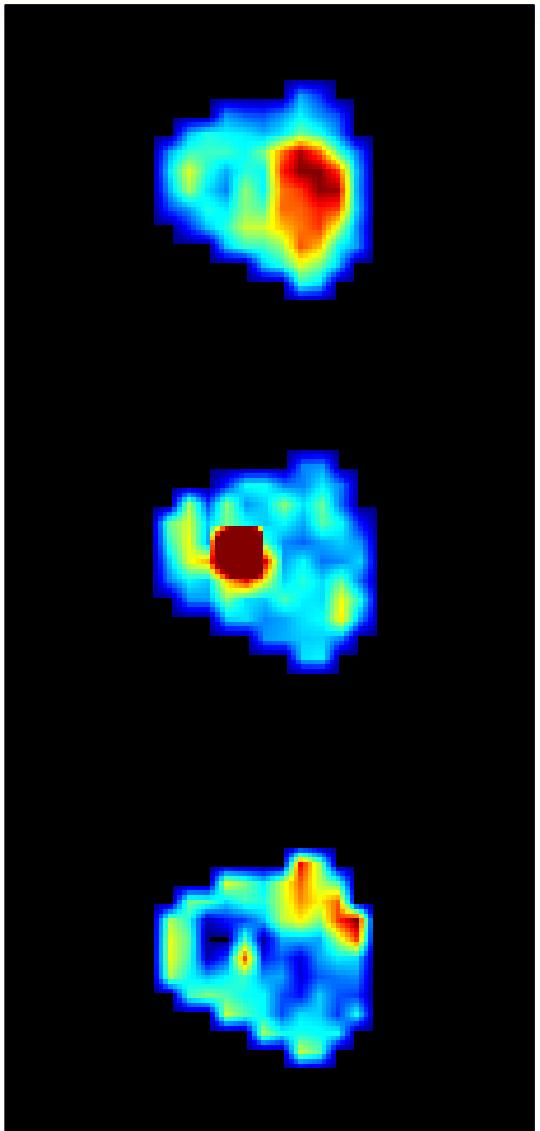
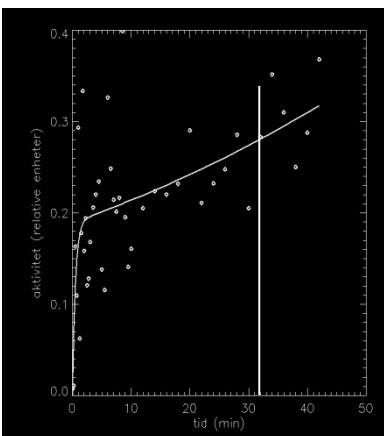
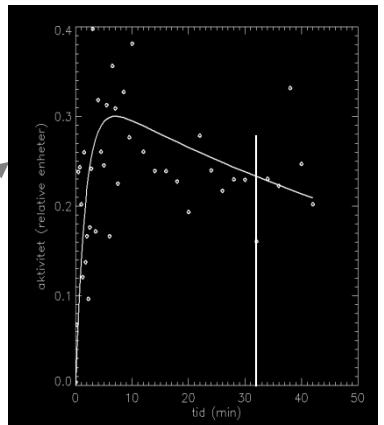
Quantitative imaging



Quantitative PET imaging



32 min post injection
of ^{18}F -FDG



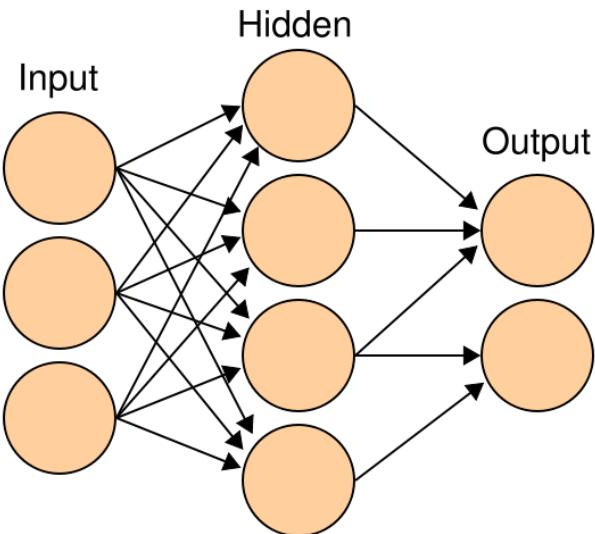
Multi-parametric imaging



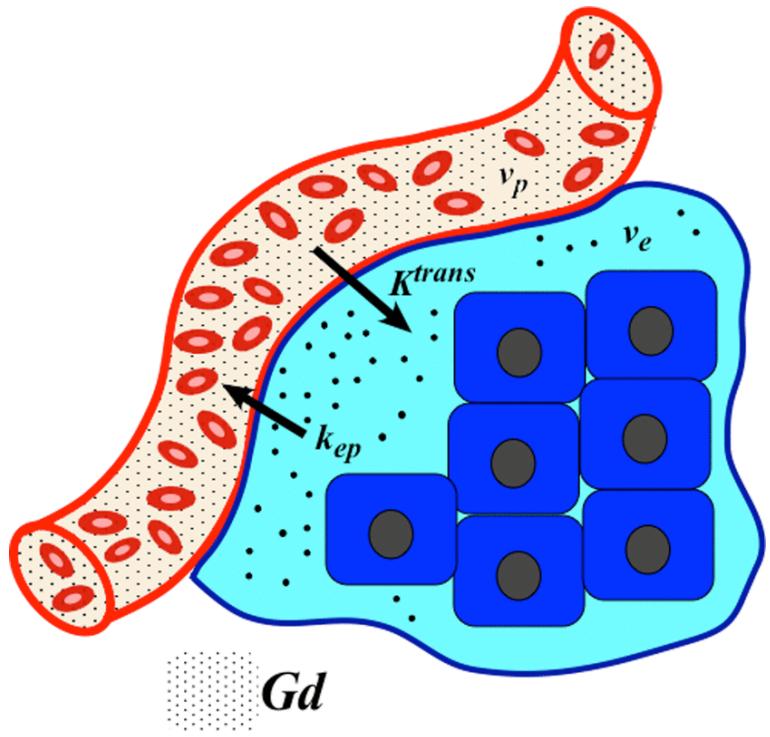
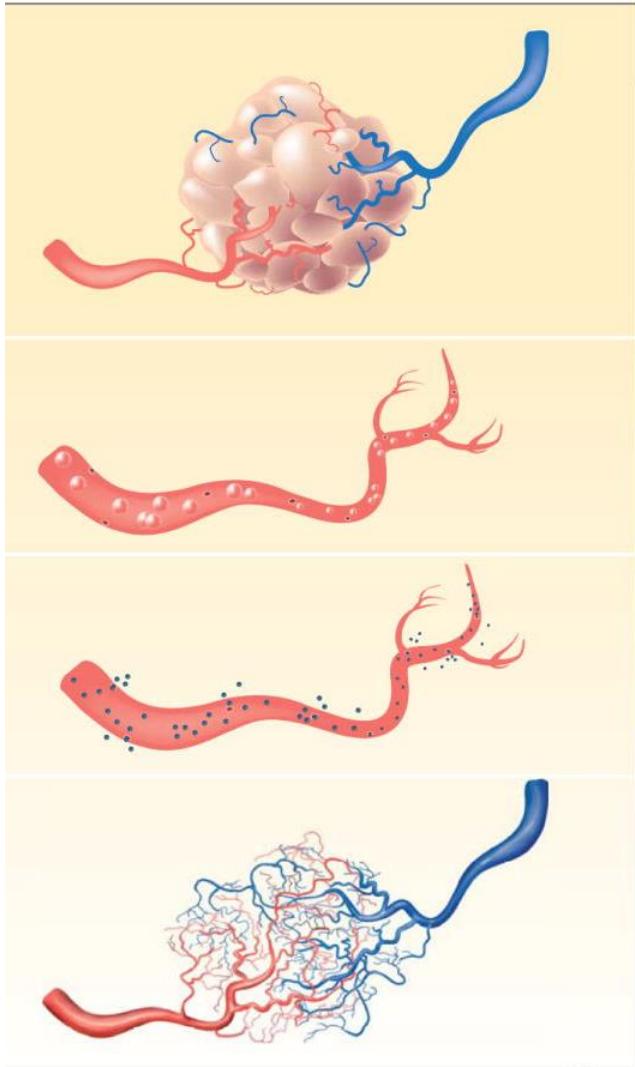
No single parameter will provide robust prediction about out-come/response to therapy.

AI and systems biology approach

- Provide no insight into mechanisms
- Heuristic



Dynamic Contrast Enhanced (DCE) imaging



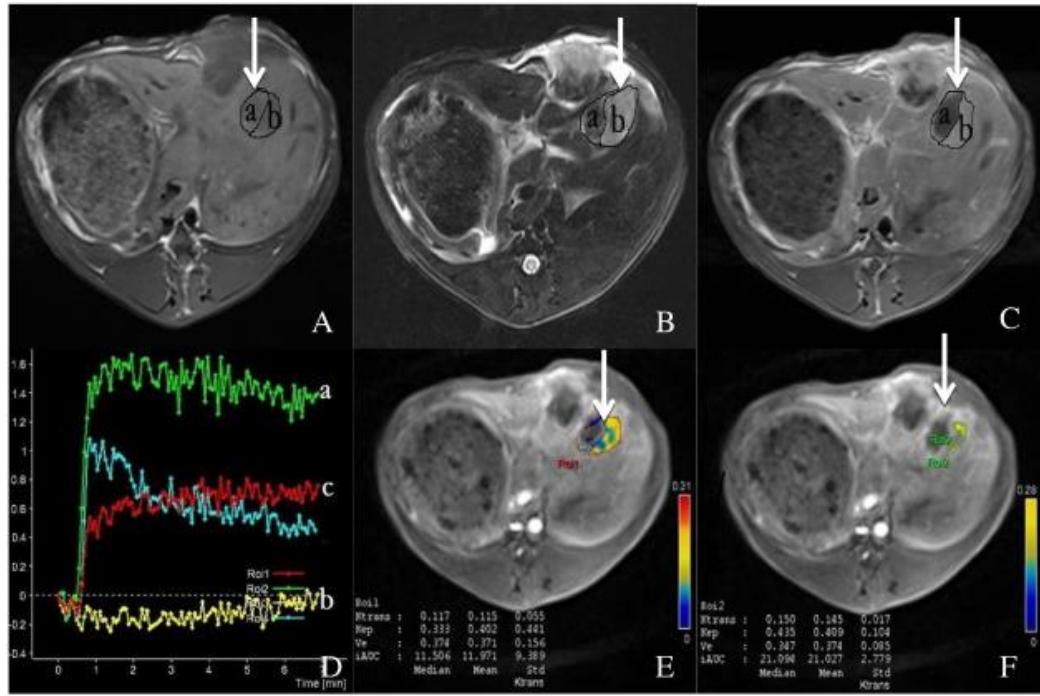
Fundamental parameters of DCR-MRI



Symbol	Parameter	Unit
K^{trans}	Volume transfer constant (or coefficient) between blood plasma and extravascular extracellular space (EES)	min^{-1}
v_e	Volume of EES per unit volume of tissue	None (%)
k_{ep}^{**}	Rate constant between EES and blood plasma (backflux exchange rate)	min^{-1}

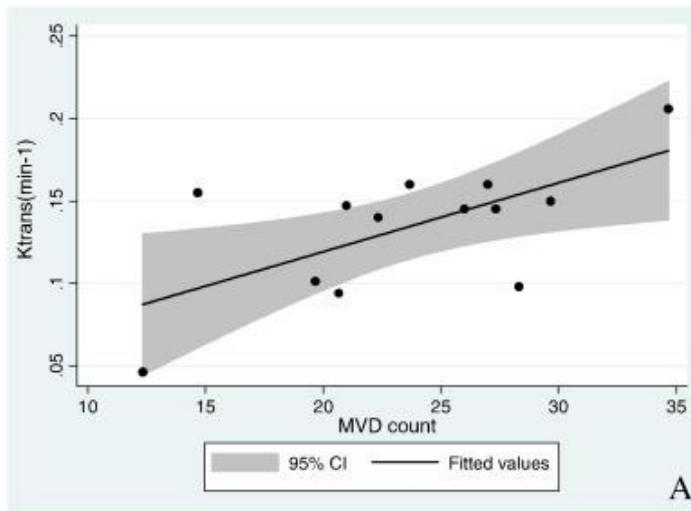
$k_{ep}^{**} = K^{\text{trans}}/v_e$; DCE-MRI, dynamic contrast-enhanced magnetic resonance imaging.

DCE-MRI & microvessel density

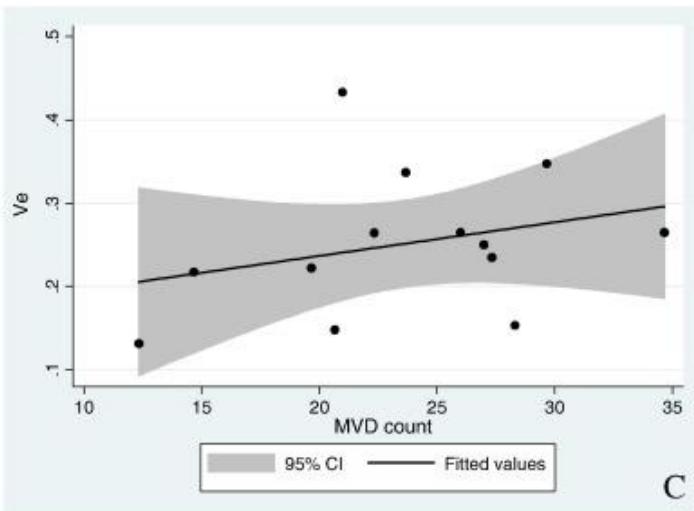


A-C: T1WI, T2WI and DCE-MRI of the VX2 liver tumor following therapy.
a – necrotic portion
b – viable tumor portion.

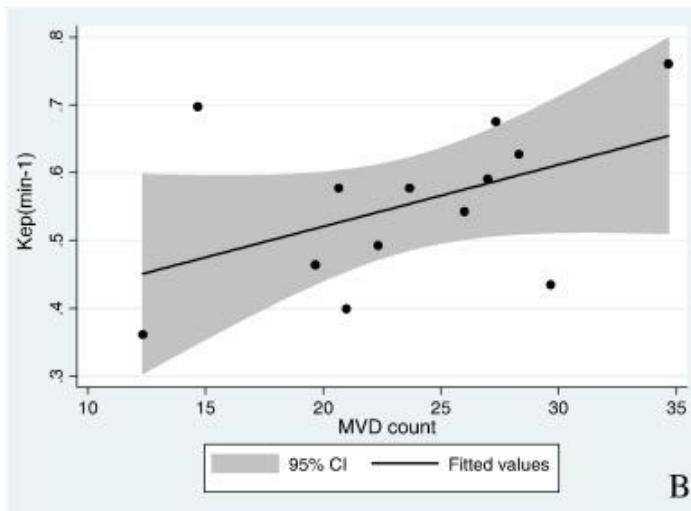
DCE-MRI & microvessel density



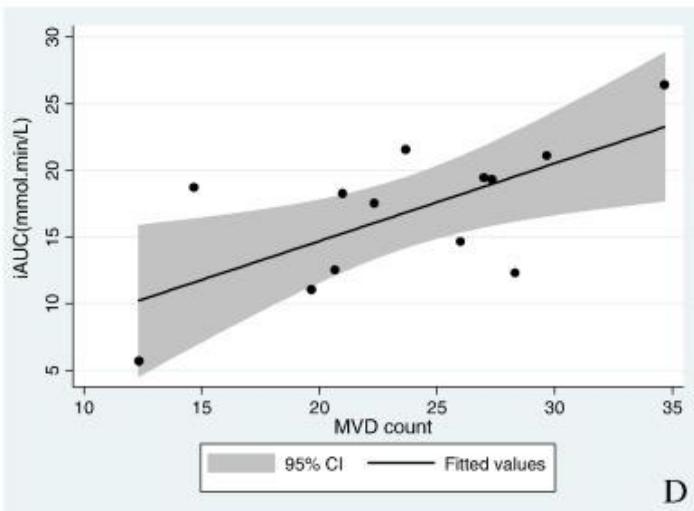
A



C

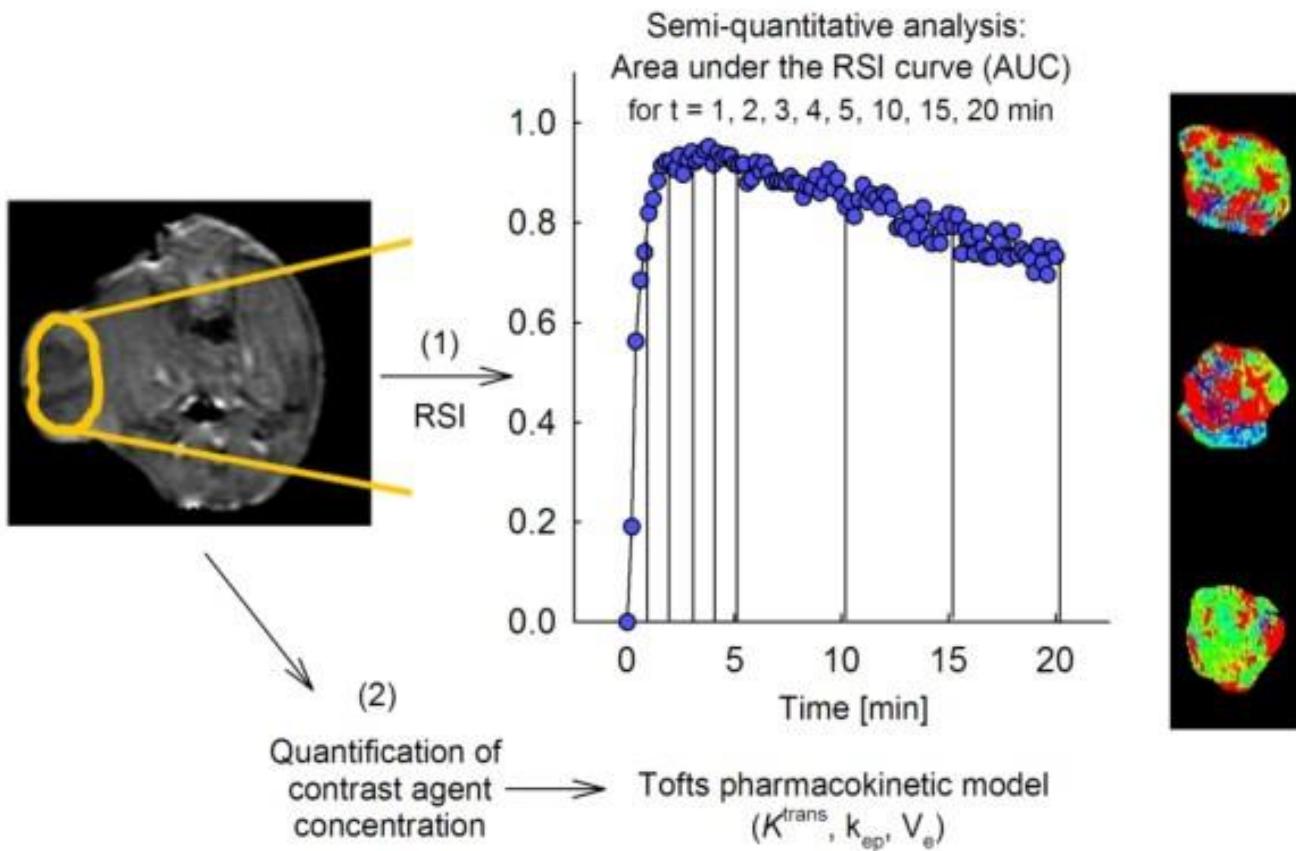


B

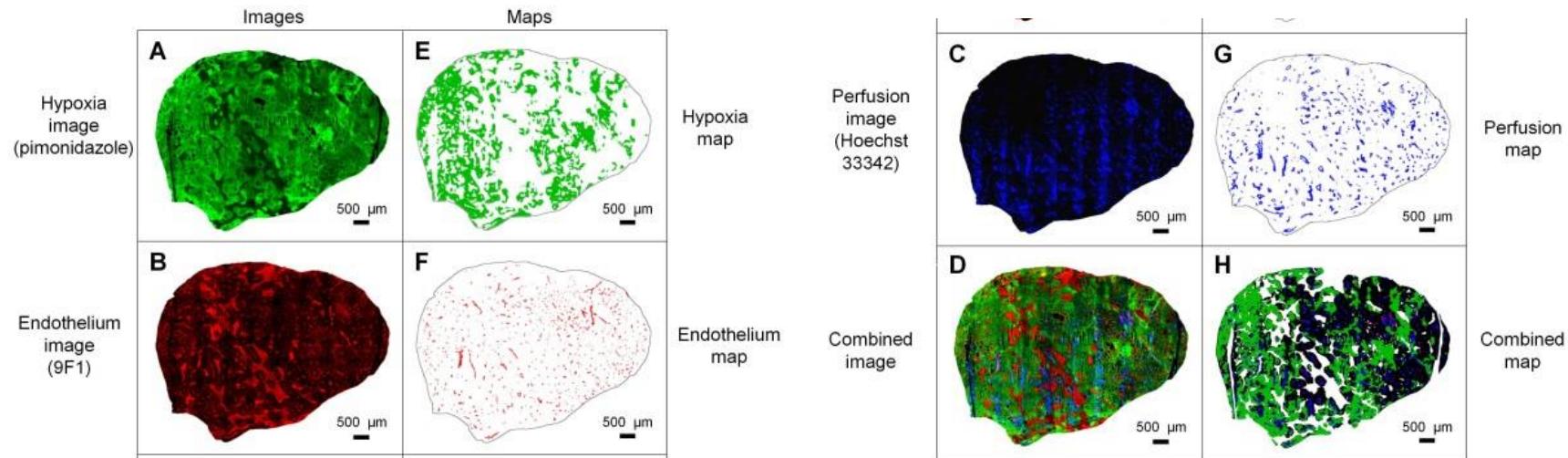


D

DCE-MRI & tumor vasculature



DCE-MRI & tumor vasculature



Parameter	VS	VD	VF	PF	DHV	NF	HF	AHS
K^{trans}	⊖	⊕	+	+	⊖	⊖	+	+
k_{ep}	⊖	⊕	⊕	⊕	⊖	⊖	-	⊕
V_e	-	+	+	+	-	-	+	+
Unfit fraction	⊕	⊖	⊖	⊖	⊕	⊕	-	-

Multi-modality quantitative imaging

- Does a multi-modality approach provide more, independent parameters and better predictions of treatment response/out-come ?
.....or.....
- Is the imaging modality of no importance and indifferent with respect to the DCE-derived tumour vasculature characteristics ?

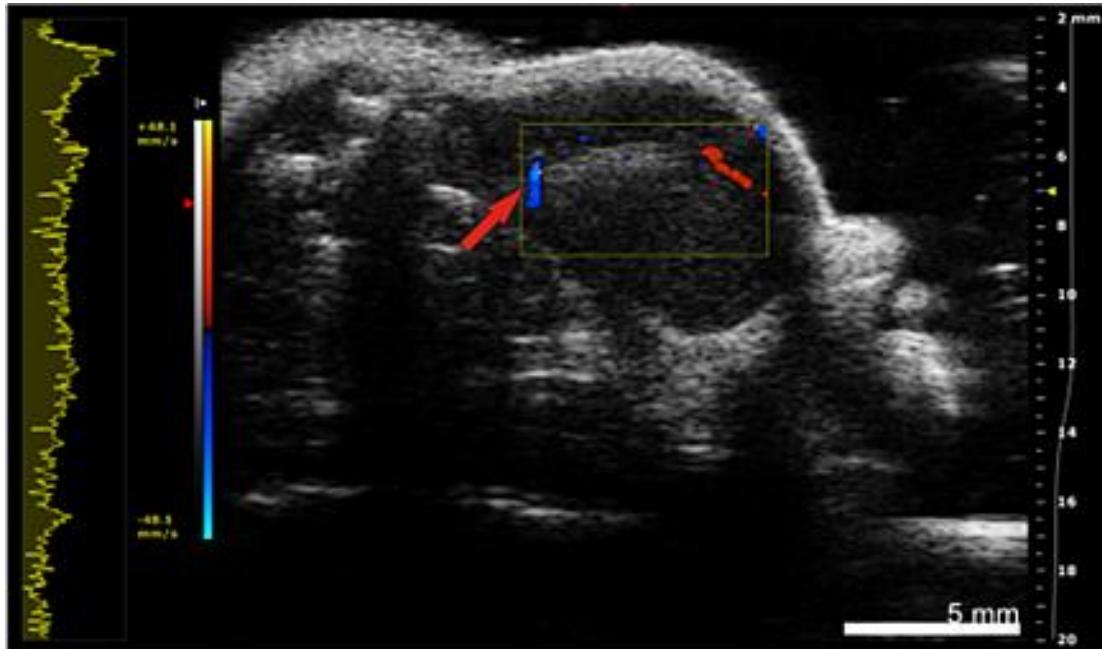
Multi-modality quantitative imaging

- DCE-US & DCE-MRI
- Prostate tumour xenografts
- Pre-treatment and 24 h post-treatment DCE-imaging
- Treatment: 7.5 Gy single fraction irradiation
- Tumour vasculature assessed by Brix analysis of DCE-images

$$\text{RSI } (t) = \frac{\text{SI } (t) - \text{SI}(0)}{\text{SI}(0)}$$

$$\text{RSI } (t) = \frac{A \cdot k_{\text{ep}}}{k_{\text{el}} - k_{\text{ep}}} \cdot (e^{-k_{\text{ep}} t} - e^{-k_{\text{el}} t}).$$

Power Doppler

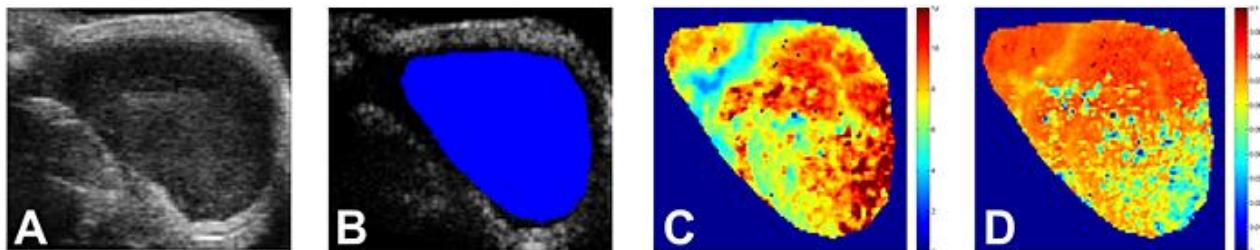


Power Doppler imaging of a prostate tumour xenograft visualizes a feeding vessel (left part of the tumour shown in blue and marked with a red arrow)

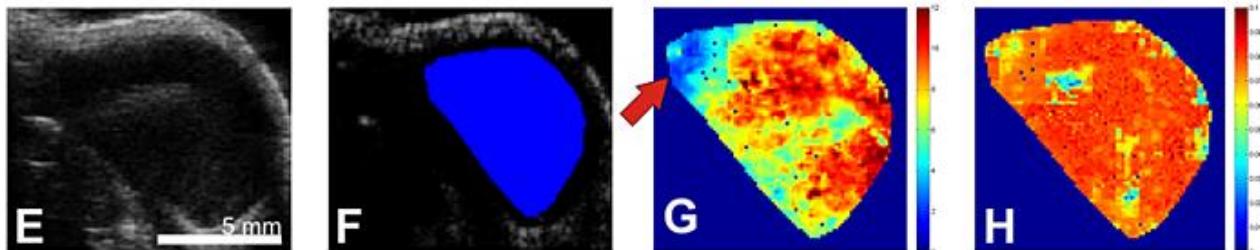
DCE-US analysis



Day 0



Day 2



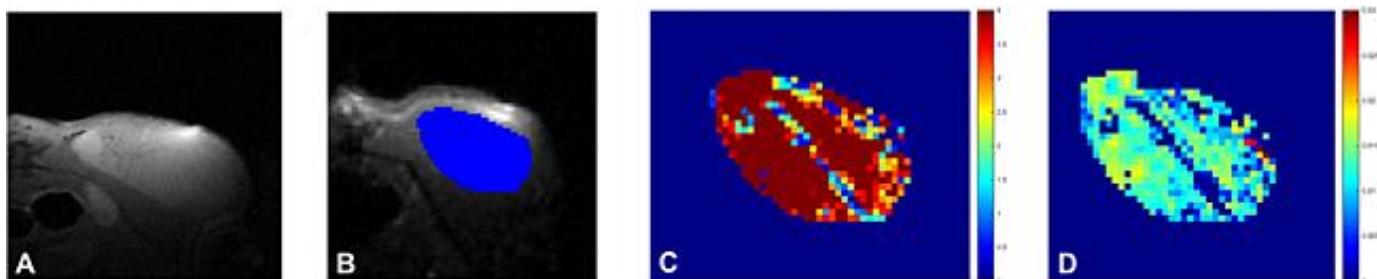
B-mode images (A, E), tumour delineation (B, F), and the parametric maps associated to the microvascular parameters k_{ep} (C, G) and k_{el} (D, H)

Red arrow shows the blood vessel detected.

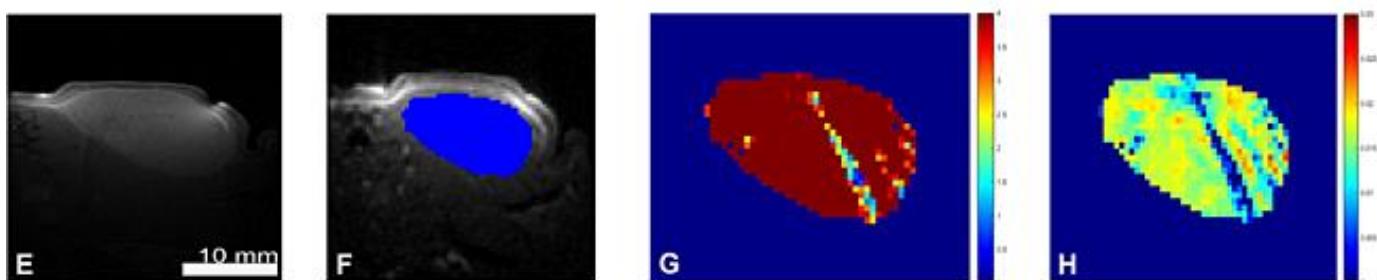
DCE-MRI analysis



Day 0

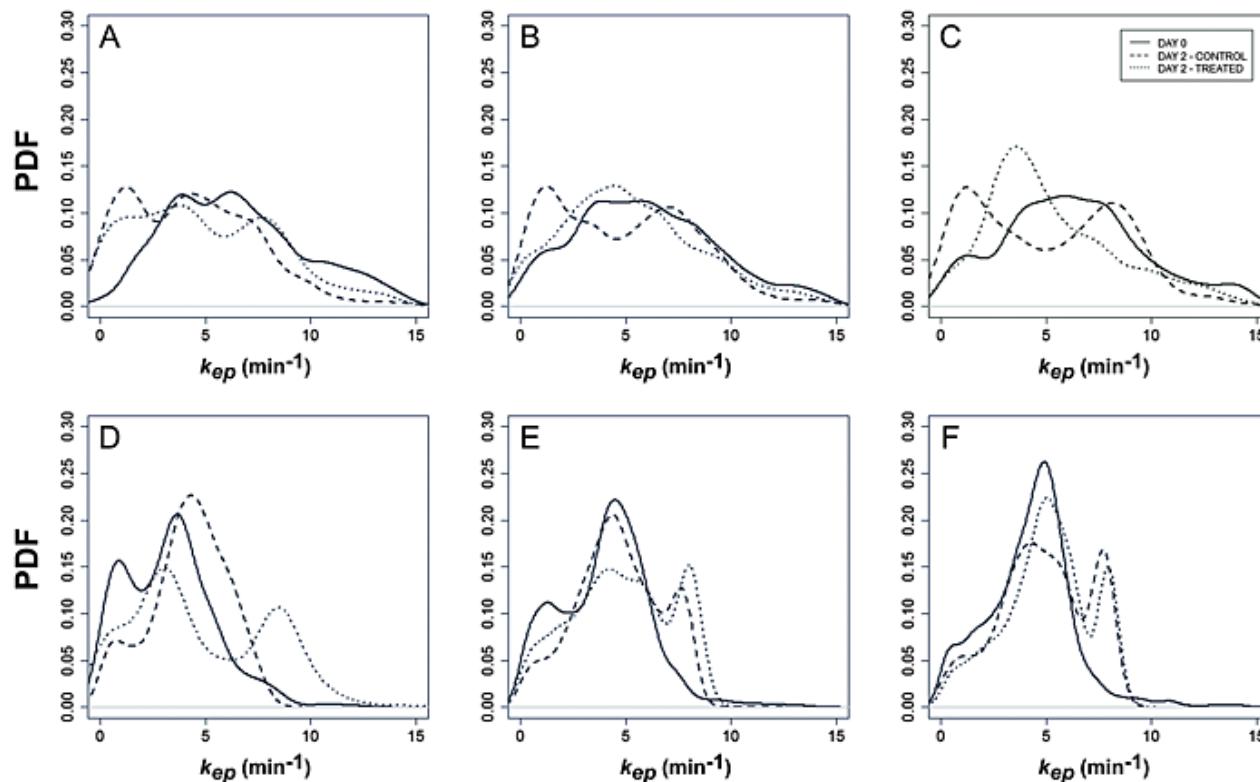


Day 2



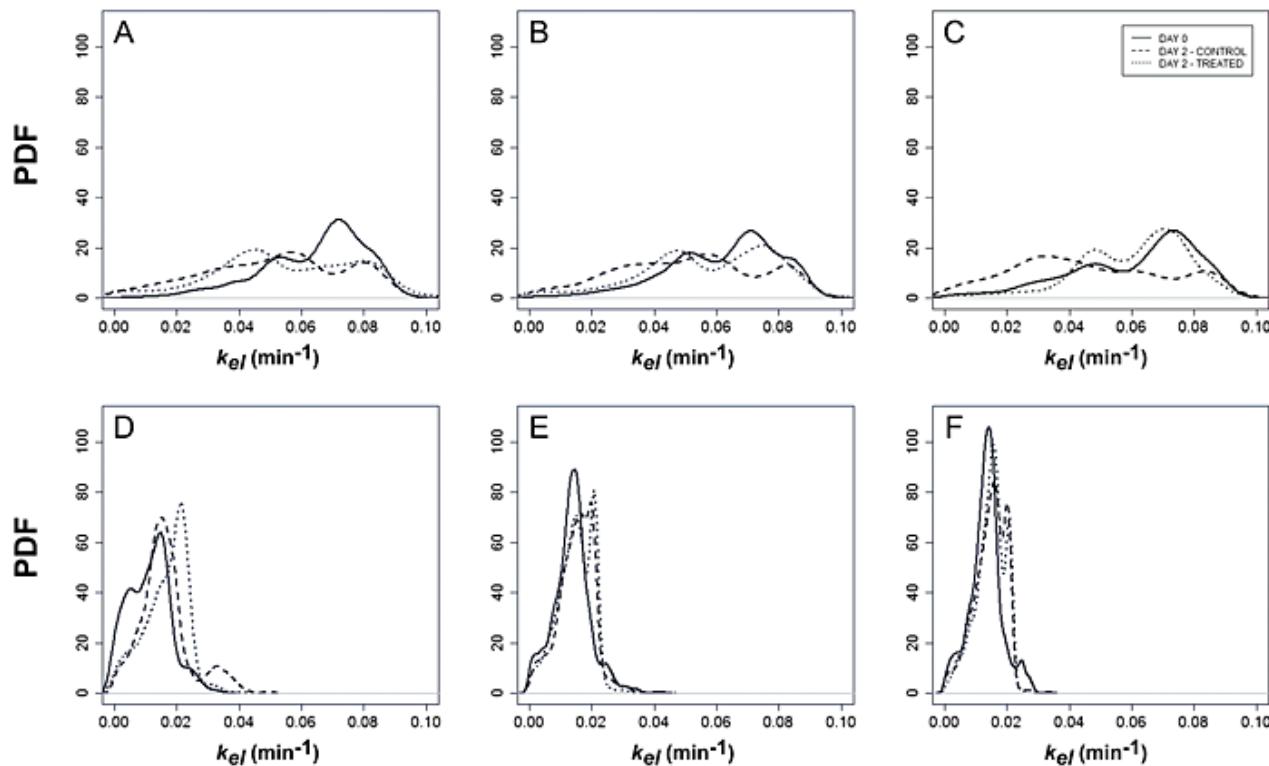
T1-weighted images (A,E), dynamic T1-weighted images with illustration of tumour delineation (B, F), and parametric maps associated to the microvascular parameters k_{ep} (C, G) and k_{el} (D, H).

Probability density analysis



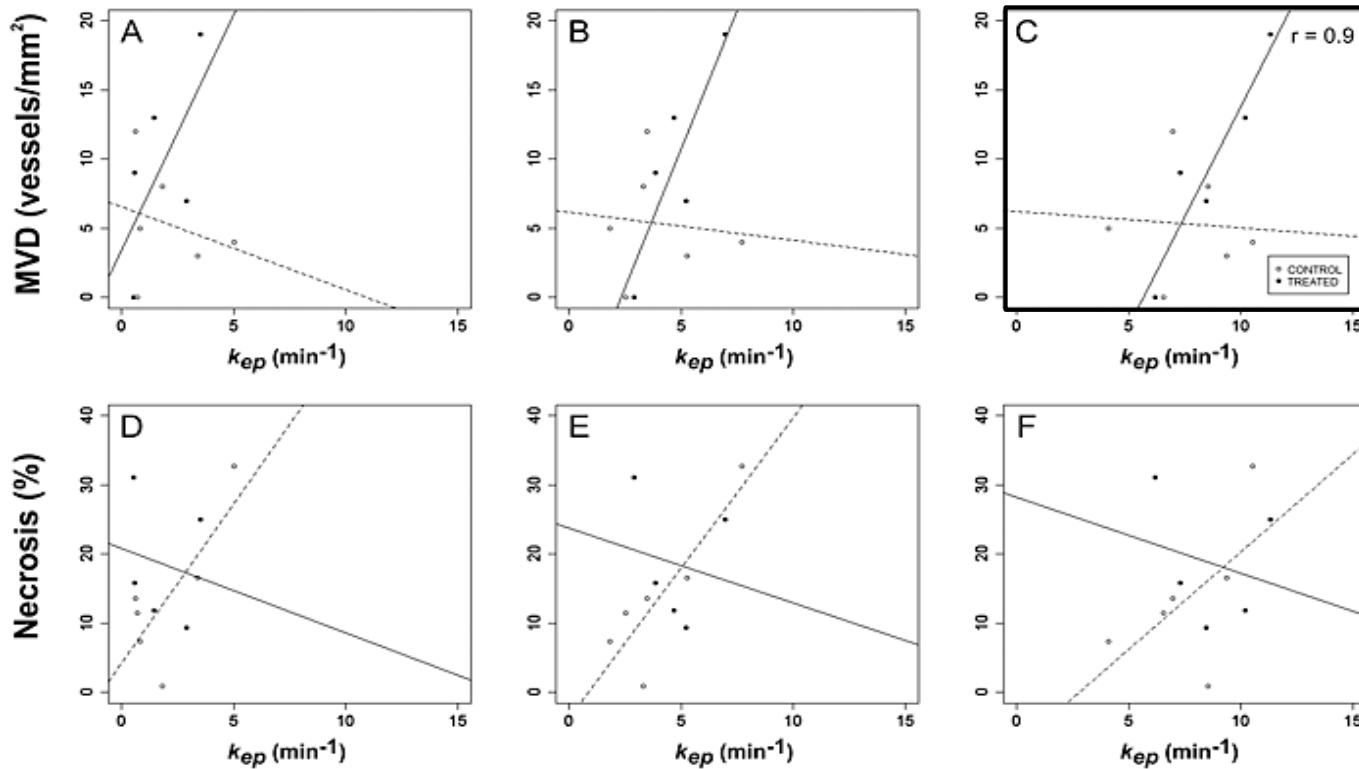
PDF of k_{ep} derived from DCE-US (A) low-, (B) intermediate-, and (C) high-enhancement regions and from DCE-MRI (D) low, (E) intermediate and (F) high enhancement regions.

Probability density analysis



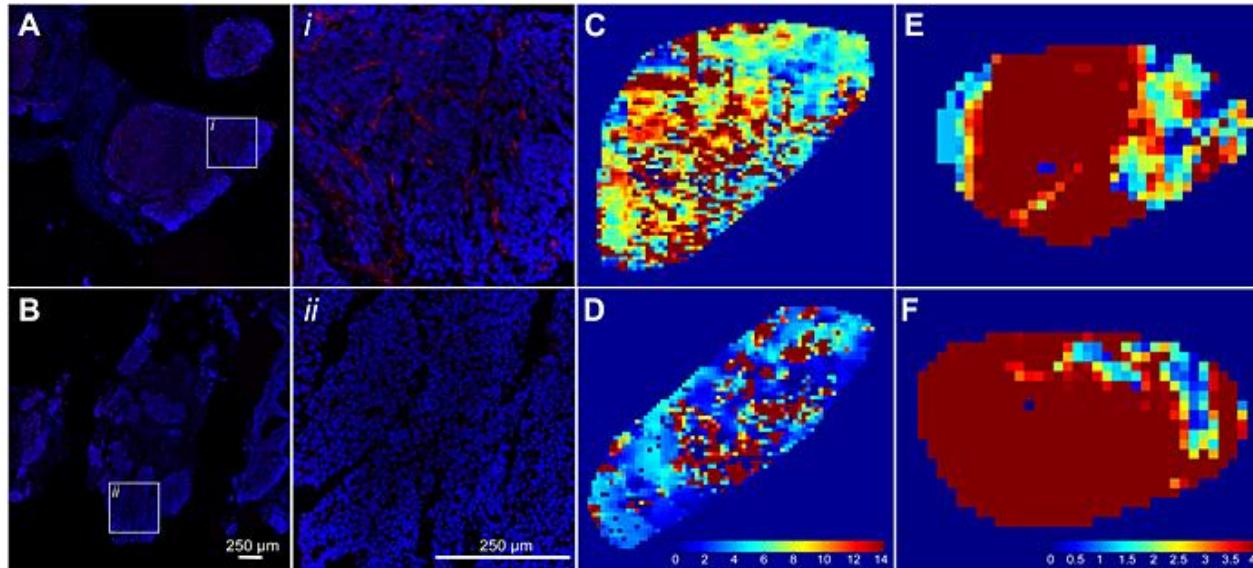
PDF of k_{el} derived from DCE-US (A) low-, (B) intermediate-, and (C) high-enhancement regions and from DCE-MRI (D) low, (E) intermediate and (F) high enhancement regions.

Vasculation and image parameters



MVD and k_{ep} from DCE-US (A) low-, (B) intermediate-, and (C) high-enhanced regions for the treated and the control group. Necrosis and k_{ep} from DCE-US(D) low, (E) intermediate and (F) high enhancement.

Vasculation and image parameters



High MVD (A) and low MVD (B). Blood vessels by CD31(red) and nuclei were counterstained with DAPI (blue). The areas *i* and *ii* are enlarged from the outlined regions of the images. k_{ep} DCE-US association to MVD (C, D), but not from DCE-MRI (E, F).

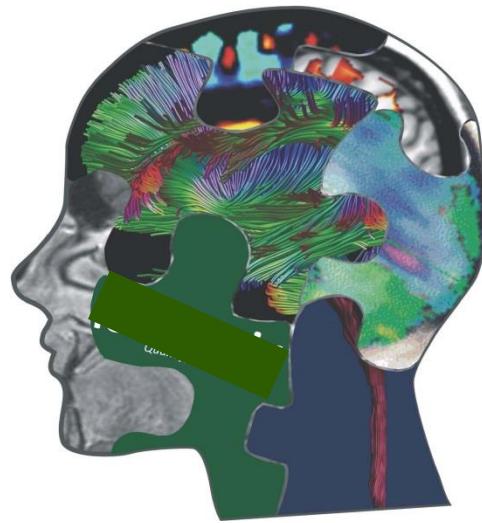
Summary of findings:

- k_{ep} and k_{el} based on both DCE-MRI and DCR-US changed following therapy
- k_{ep} and k_{el} values from DCE-US were significantly higher than those from DCE-MRI
- k_{ep} from DCE-US was correlated to MVD in high-enhancement areas for the treated
- microvascular parameters from DCE-US seem to provide reliable biomarkers during radiotherapy as validated by histology
- DCE-US could be a stand-alone or a complementary technique

Quantification

Validation

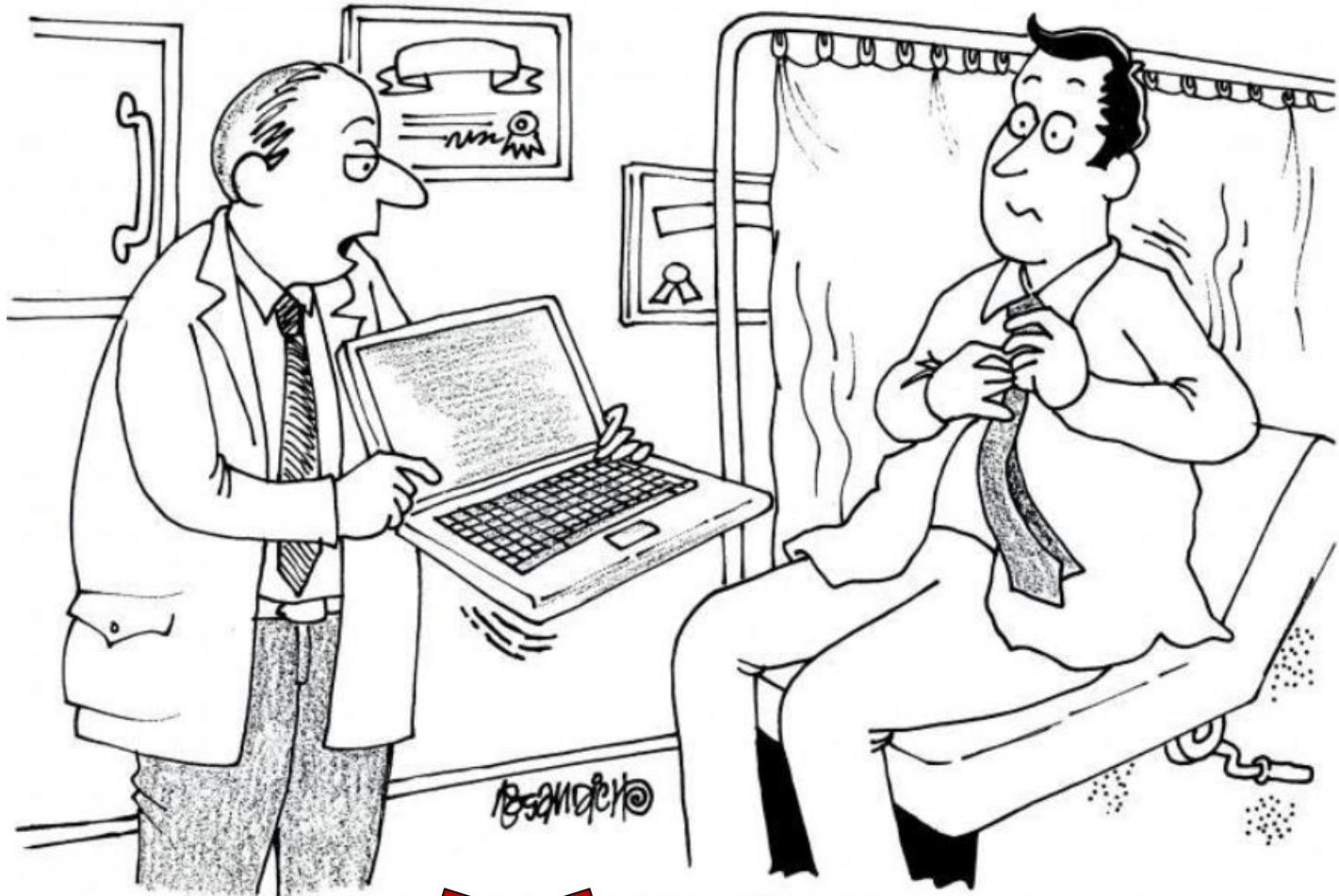
Visualization



Computer-assisted decision-making



"If you want a second opinion, I'll ask my computer."



"If you want a ~~s~~ opinion, I'll ask my computer."