



# Accelerated Diffusion-Weighted Hyperpolarized $^{129}\text{Xe}$ Gas Lung MRI

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## Declaration of Relevant Financial Interests and/or Relationships

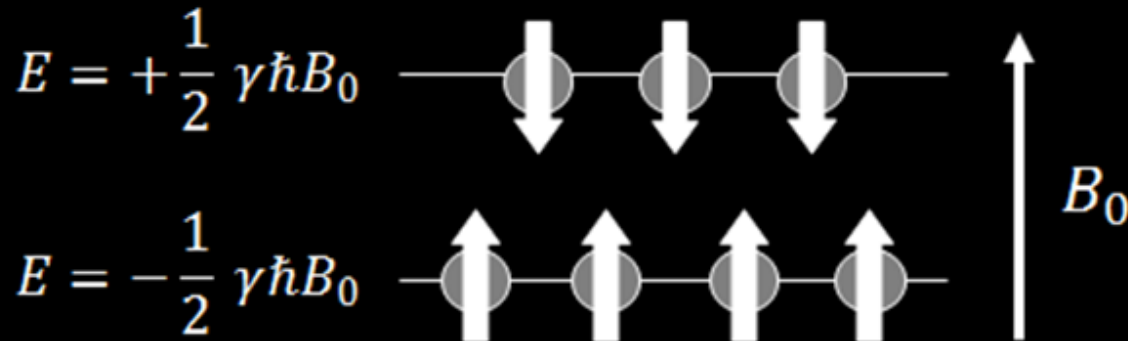
A. Ouriadov and all co-authors:

We have no relevant financial interests or relationships to disclose with regard to the subject matter of this presentation.

# Thermal Polarization

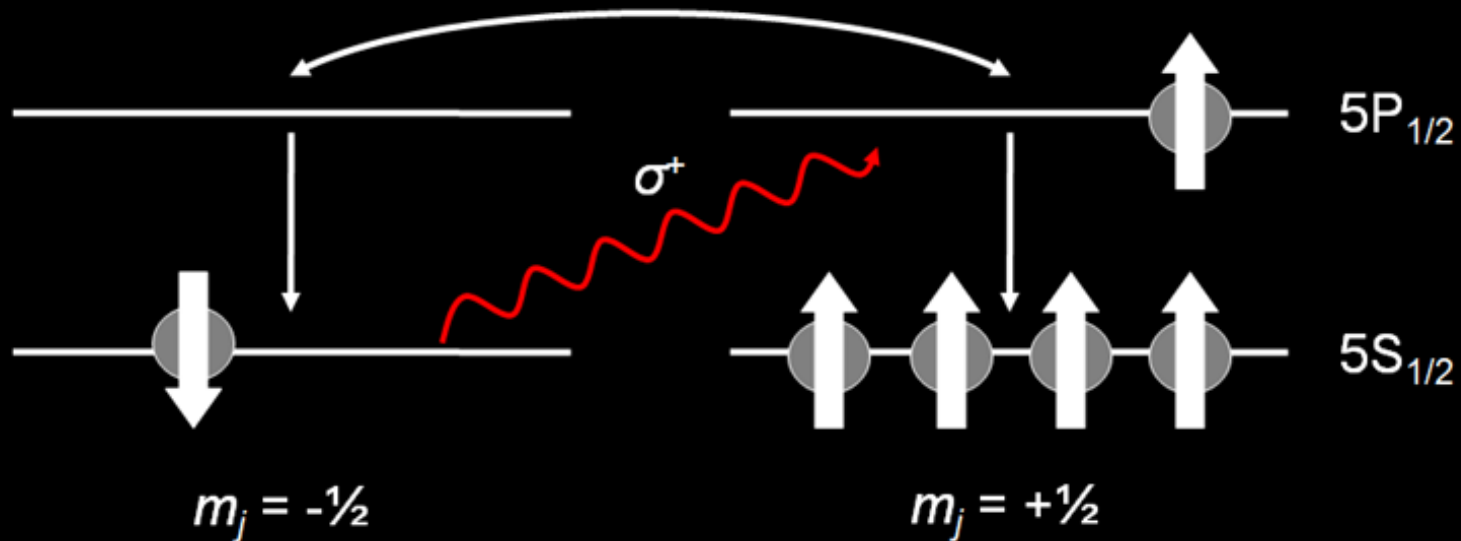
- Nuclei with spin =  $\frac{1}{2}$  are placed in an externally applied magnetic field
- Polarization (**P**) arises from a population difference in energy levels of spin =  $\frac{1}{2}$  nuclei

$$P = \frac{N_{\uparrow} - N_{\downarrow}}{N_{\uparrow} + N_{\downarrow}}$$



# Spin-Exchange Optical Pumping

- Rubidium electrons are optically pumped into an excited state using circularly polarized laser light
- The electronic polarization of Rb is transferred to the noble gas nuclei via collisions



# Spin-Exchange Optical Pumping

$^{129}\text{Xe}$  Polarizer, Polarean, USA



**Polarization: 30%**

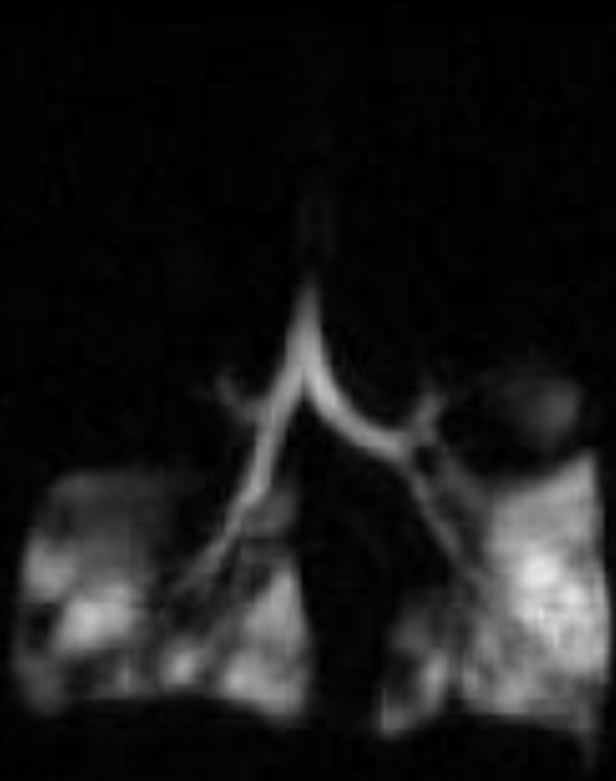
**Cryogens required  
for operation**

**Production Rate:  
~800ml/hour**

# $^1\text{H}$ MRI vs Hyperpolarized Gas MRI



# Hyperpolarized Gas MRI



**Helium-3**



**Xenon-129**

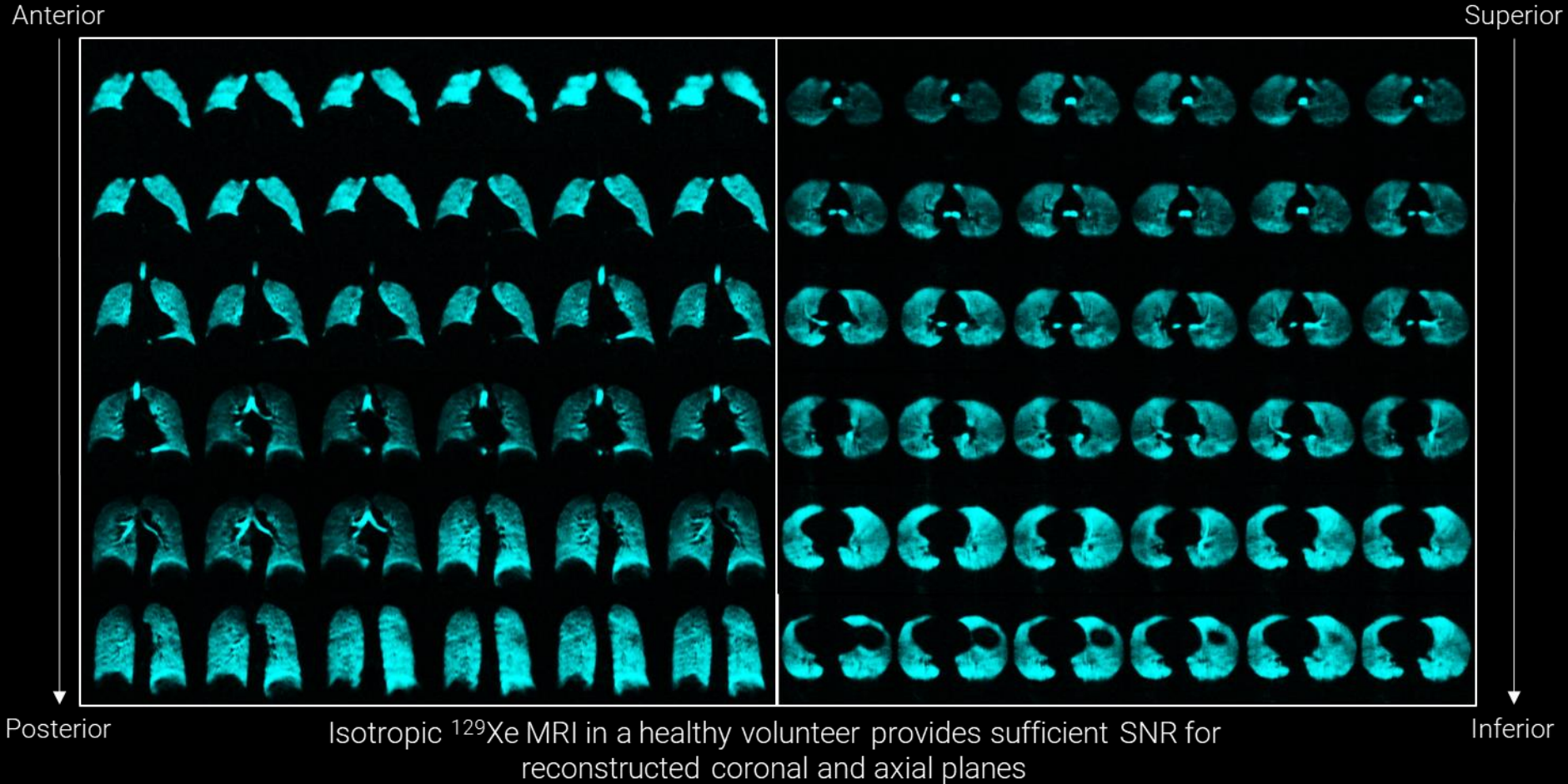


# $^{129}\text{Xe}$ MRI Hardware



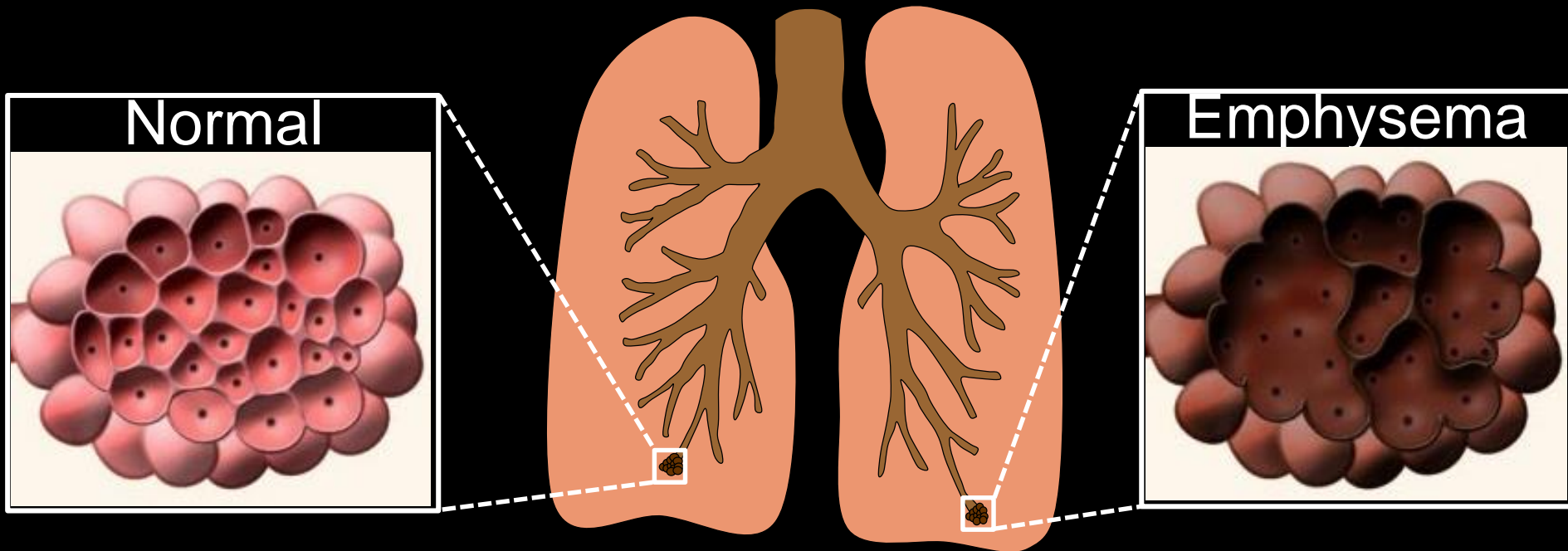


# Single Breath-hold Isotropic $^{129}\text{Xe}$ MRI



*Barker A, et al, ISMRM 2019*

# Emphysema: Pathology

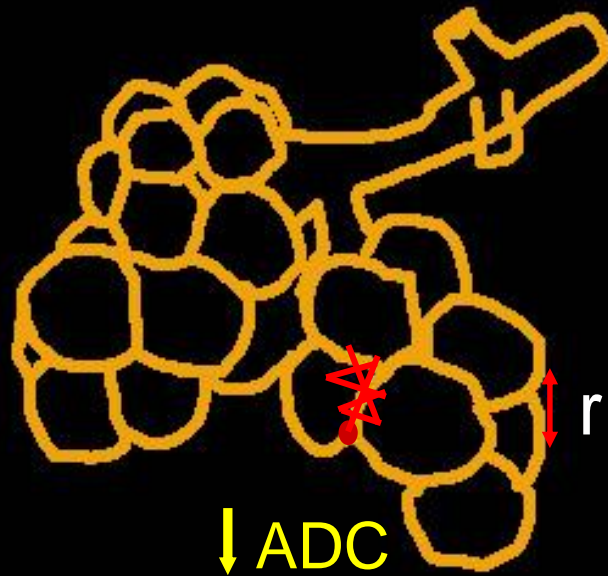


## Evaluating Emphysema

- Spirometry and Plethysmography
- Computed Tomography
- Diffusion-Weighted (DW) Hyperpolarized Gas MRI

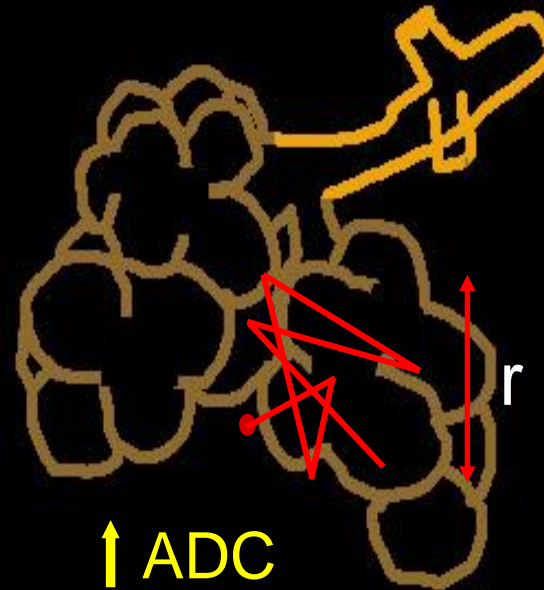
# DW Hyperpolarized Gas MRI

**Healthy**



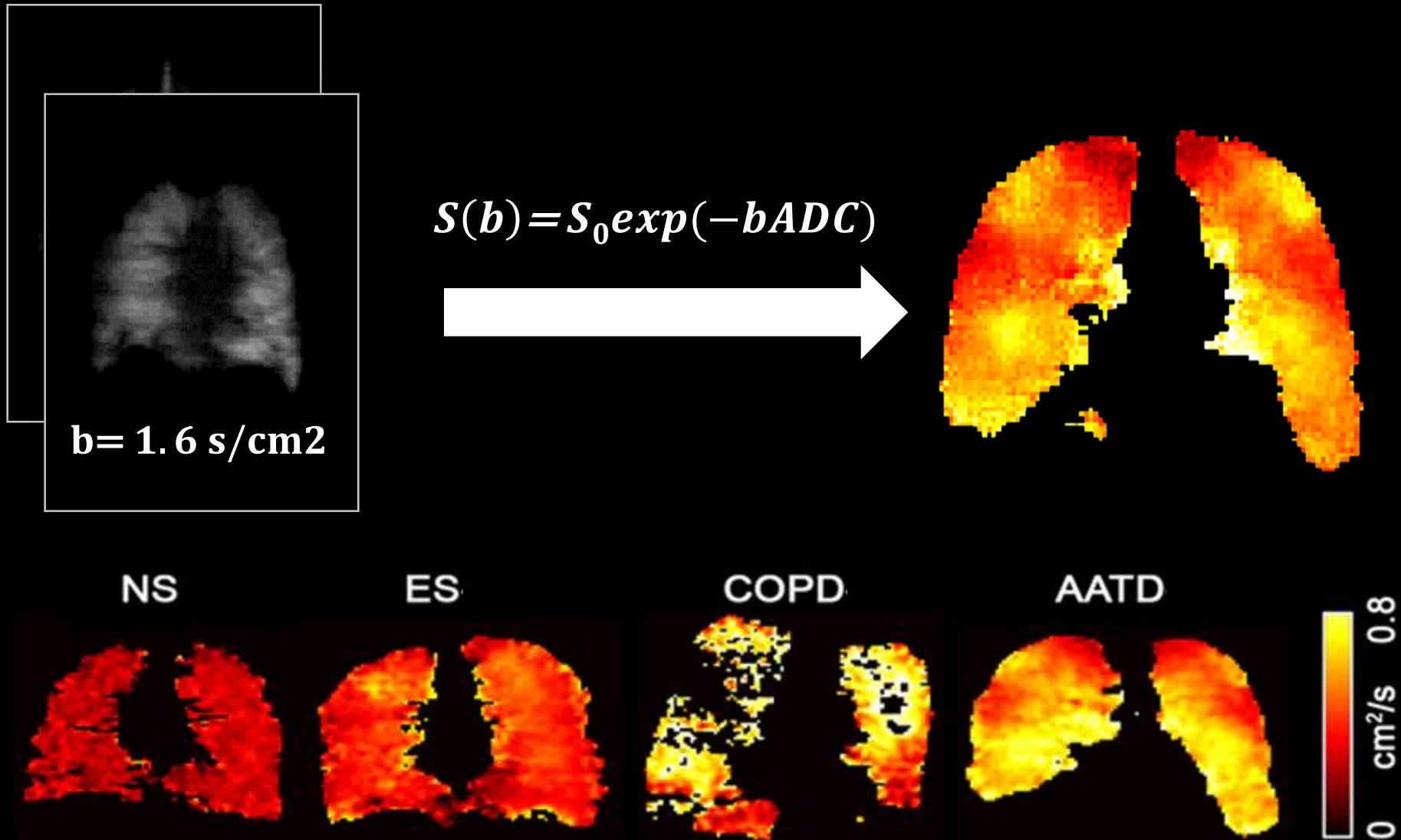
$$ADC = \frac{r^2}{2t}$$

**Emphysema**



ADC = apparent diffusion coefficient  
 $r$  = distance the helium atoms diffuse  
 $t$  = diffusion time

# DW Hyperpolarized Gas MRI



# Limitations to DW Hyperpolarized Gas MRI

- A stretched exponential method<sup>3</sup> (SEM) combined with under-sampling (compressed sensing) in the imaging and diffusion directions<sup>4</sup> was proposed for the evaluation of hyperpolarized gas multiple b-value diffusion-weighted MRI.
- The major advantage of this method is the possibility to significantly speed up the data acquisition using acceleration factors (AF) between 7 and 10.<sup>4</sup>

<sup>2</sup>Ouriadov A. et al. *Magn Reson Med* (2012)

<sup>3</sup>Chan H. F. et al. *Magn Reson Med*, (2016).

<sup>4</sup>Abascal J. F. A. et al. *ArXiv*, (2017)



# Research Objective



To develop the accelerated SEM-based  $^{129}\text{Xe}$  MRI approach and generate hyperpolarized gas MRI-based emphysema biomarkers in a small group of young healthy volunteers and Alpha-1 Antitrypsin Deficiency subjects.

# Research Hypothesis

Accelerated (7 folds faster) methods can be developed to provide whole lung hyperpolarized gas MRI-based emphysema biomarkers including static-ventilation,  $T_2^*$ , ADC and morphometry maps in a single 16 sec breath-hold.

# Methods: MRI Protocol

## 3.0 T Discovery MR750 (GEHC)

	Hyperpolarized $^{129}\text{Xe}$ MRI
Pulse Sequence Parameters	<b>Accelerated 2D Gradient Echo DW</b> <u>Short-TE/TE/TR/FA/BW</u> = <u>2ms/10ms/5ms/4°/31.25kHz</u> Matrix Size = 128x20, <u>Acceleration Factor = 7</u> Diffusion time ( $\Delta$ ) = 5.2ms $b$ -values = 0, 0, 12, 20, 30, 45.5 s/cm <sup>2</sup> FOV = 40x40cm <sup>2</sup> , 8 slices, 30 mm slice thickness
Dose	 
Coil	CMRS flexible transmit/receive chest coil

# Methods: Image Analysis

## Diffusion Attenuated MR Signal in SEM:

$$S(b) = S_0 \exp(-b \cdot \text{DDC})^\alpha,$$

where DDC=diffusivity,  $\alpha$ =heterogeneity index;  
and mean diffusion length ( $L_{m_D}$ ) =  $(2 \Delta \langle \text{DDC} \rangle)^{1/2}$

The SEM was extended<sup>4,5</sup> to provide clinically-relevant biomarkers of emphysema, such as mean linear intercept ( $L_m$ )<sup>6</sup> for  $^{129}\text{Xe}$ :

$$L_m = -562 \mu\text{m} + 4.3 \cdot L_{m_D} \cdot \sqrt{\frac{D_0^{\text{He}} \Delta_{\text{He}}}{D_0^{\text{Xe}} \Delta_{\text{Xe}}}}$$

$$D_0^{\text{He}} = 0.83 \text{ cm}^2/\text{s}^7$$

$$D_0^{\text{Xe}} = 0.22 \text{ cm}^2/\text{s}^7$$

$$\Delta_{\text{He}} = 1.46 \text{ ms}$$

$$\Delta_{\text{Xe}} = 5.2 \text{ ms}$$

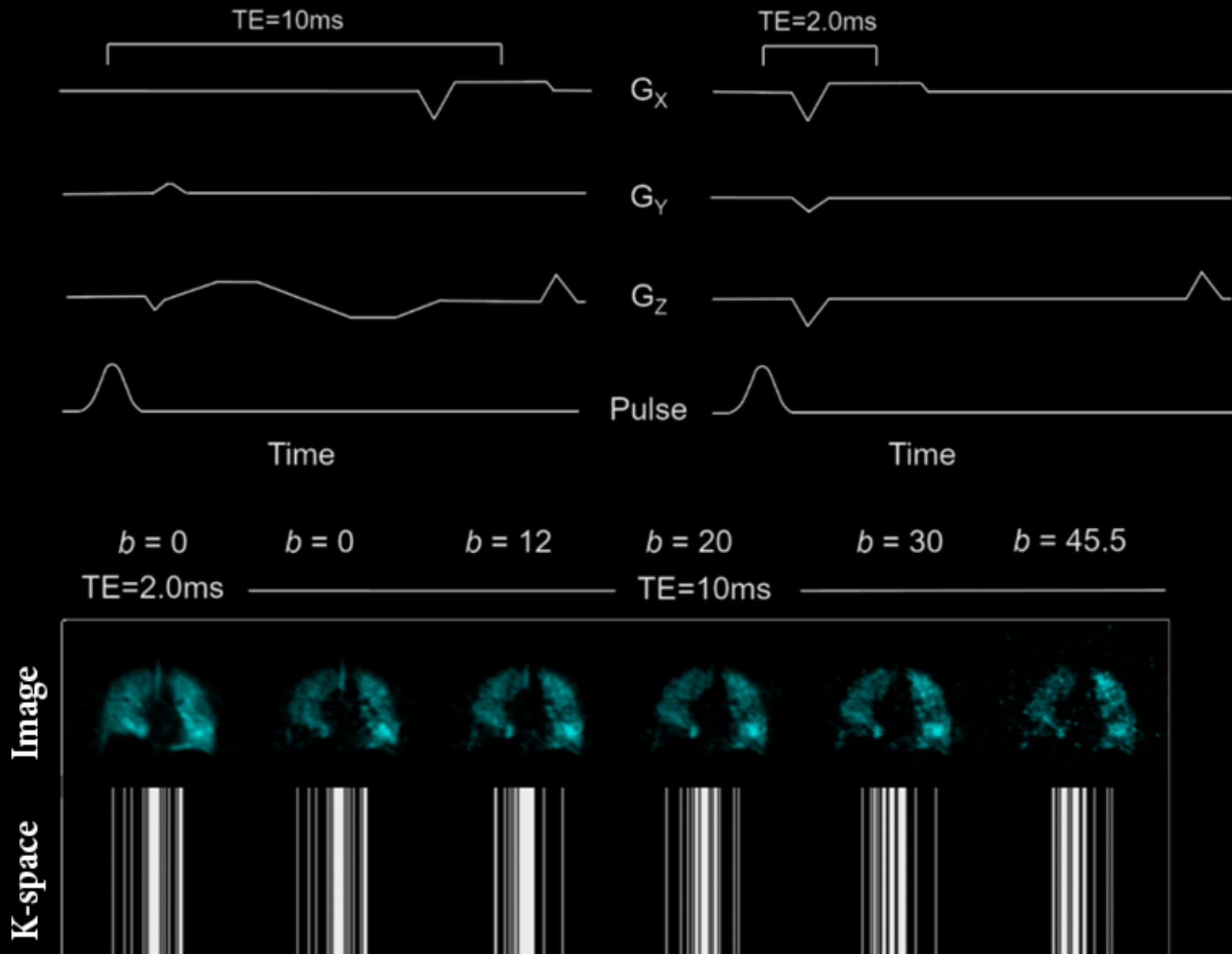
<sup>4</sup>Ouriadov A. et al. *Magn Reson Med* (2017)

<sup>5</sup>Ouriadov. et al. *ISMRM*, (2016).

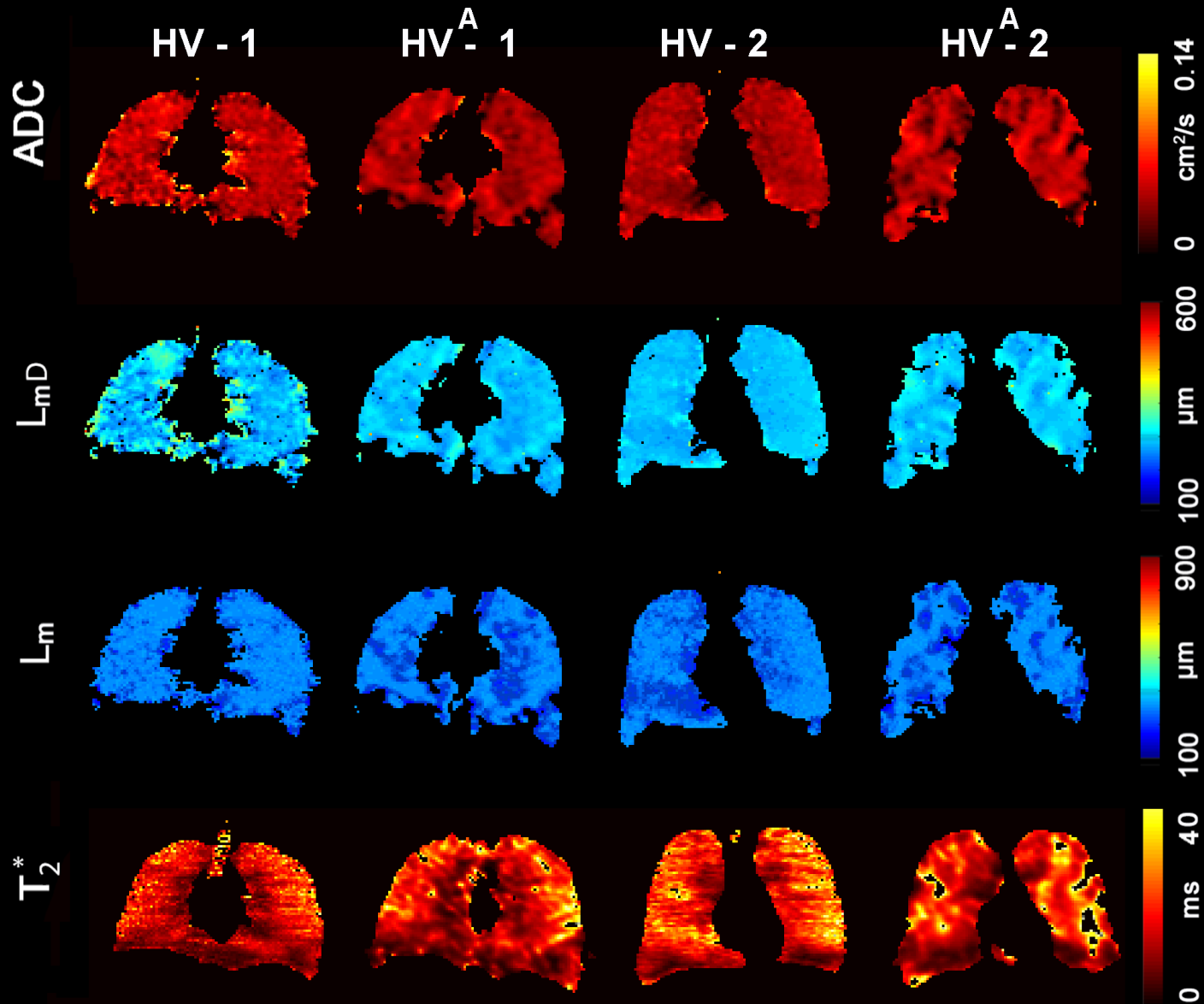
<sup>6</sup>Yablonskiy D. A. et al. *J Appl Physiol* 107, 1258-1265, (2009).

<sup>7</sup>Kirby M. et al. *Radiology* 265, 600-610, (2012)

# Methods: Pulse Sequence

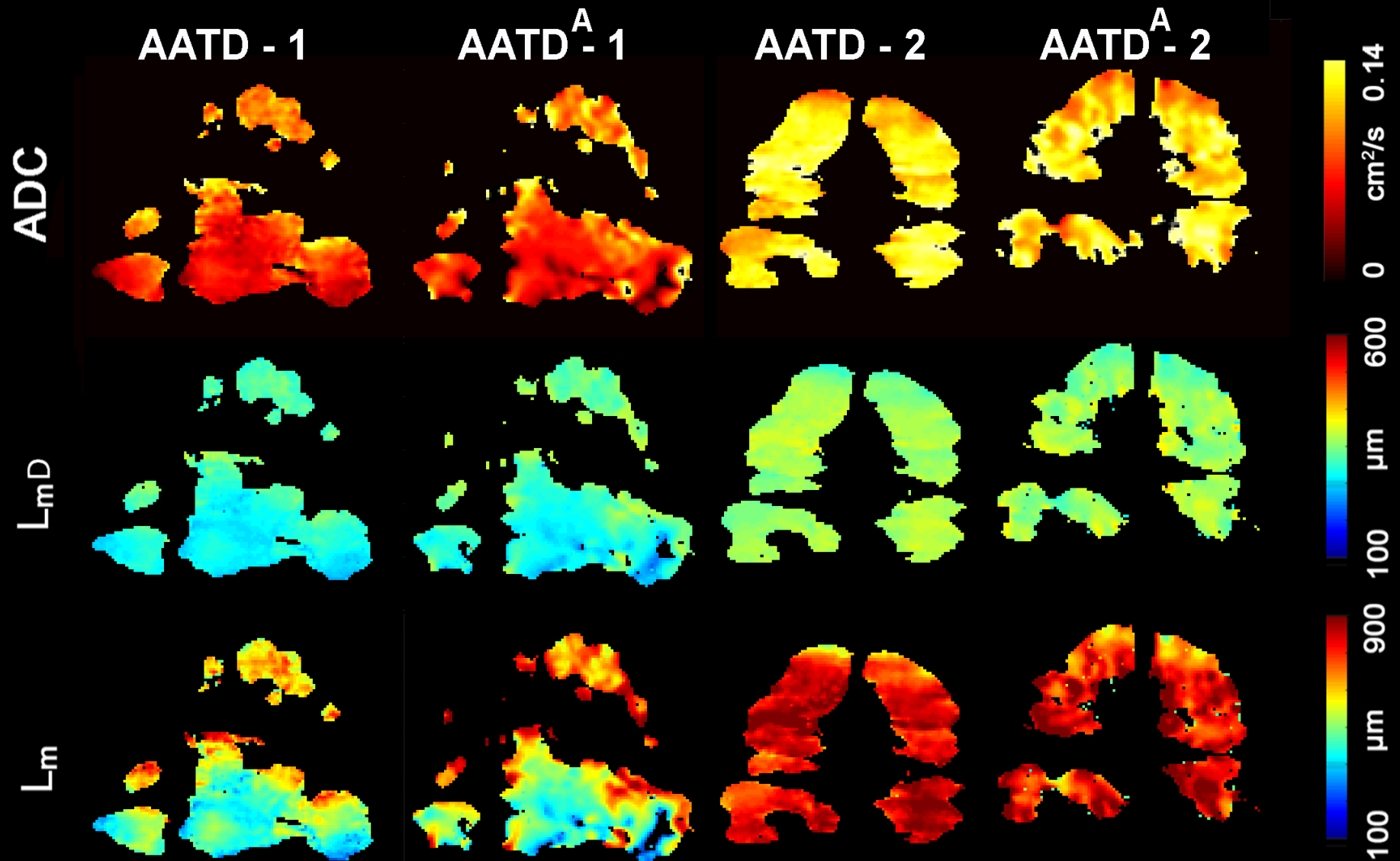


# Results: Accelerated $^{129}\text{Xe}$ MRI



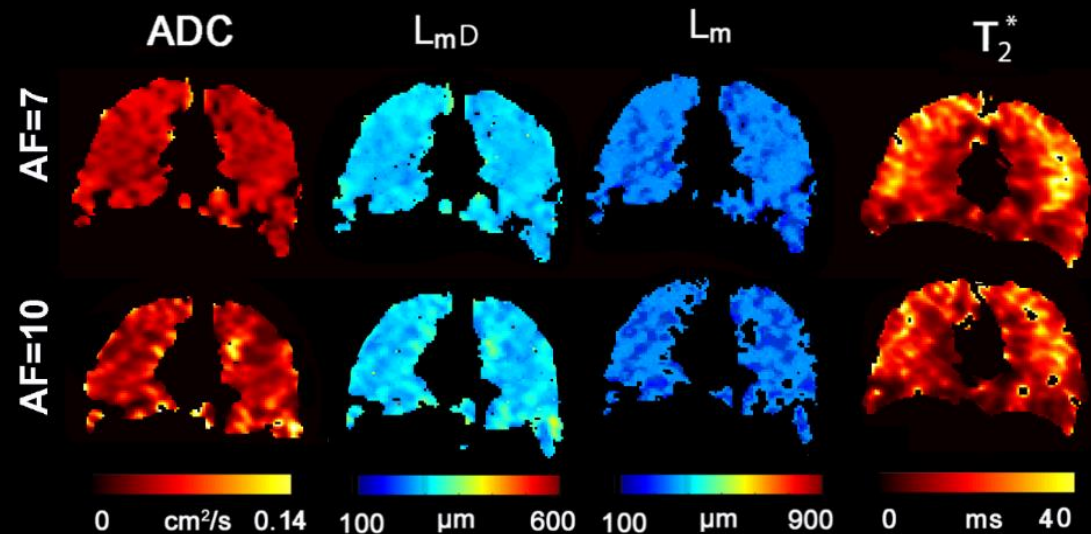


# Results: Accelerated $^{129}\text{Xe}$ MRI



# Conclusions

- Accelerated  $^{129}\text{Xe}$  MRI provides a way to generate alveolar morphometry estimates to regionally characterize emphysema and airspace enlargement in patients with AATD in a single 16 sec breath-hold scan
- The Signal-to-Noise Ratio (35-40) of the short-TE image was more than adequate for the calculation of the Ventilation Defect Percentage which may be simultaneously generated with  $T_2^*$ , ADC and  $L_m$  values in a single rapid breath hold
- This is the first in patient demonstration of this acceleration (7x) method for  $^{129}\text{Xe}$  and it suggests that the acceleration factors of 10 fold are possible. It will help retain resolution, maintain high number of b-values



Ouriadov A, et al, ISMRM 2019

# Translating $^{129}\text{Xe}$ MRI Across Canada

London ON:

Robarts Research Institute

Toronto ON:

The Hospital for Sick Children

Hamilton ON:

Firestone Institute for Respiratory Health

St. Joseph's Healthcare

Thunder Bay ON:

Thunder Bay Regional Research Institute

Montreal QC:

CHU Sainte-Justine

Université de Montreal

Vancouver BC:

The Institute of Heart and Lung Health

St. Paul's Hospital







# London Lung Imaging Research Team

