



CiBM
Centre d'Imagerie Biomédicale


NanoDiaRA



**UNIVERSITÉ
DE GENÈVE**

L. A. Crowe,
A. Gramoun,
W. Wirth,
K. Grosdemange,
A. Petri-Fink,
F. Eckstein,
H. Hofmann,
J.-P. Vallee;

Geneva/CH,
Salzburg/AT,
Fribourg/CH,
Lausanne/CH

Quantification of inhomogeneous iron oxide uptake over a 3D volume in a small animal arthritis model using dUTE MRI and customized segmentation software

Service de Radiologie
Hôpitaux Universitaires de Genève

Introduction

Iron oxide nanoparticles (SPION) as MRI contrast agents target macrophages in antigen-induced-arthritis (AIA) in rat

Easily detectable on MRI as dark regions

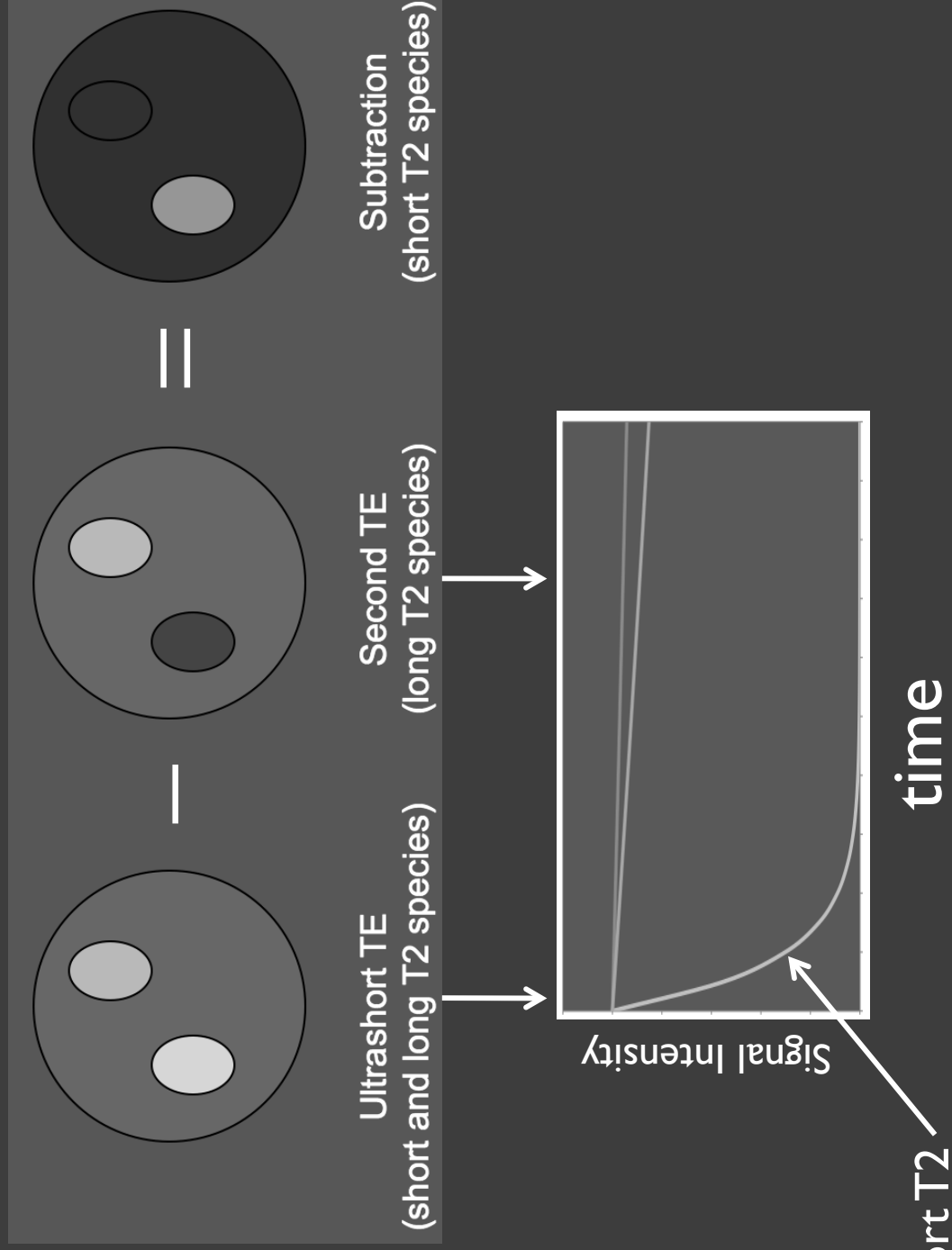
Quantification in vivo remains extremely challenging

low concentration => signal saturation

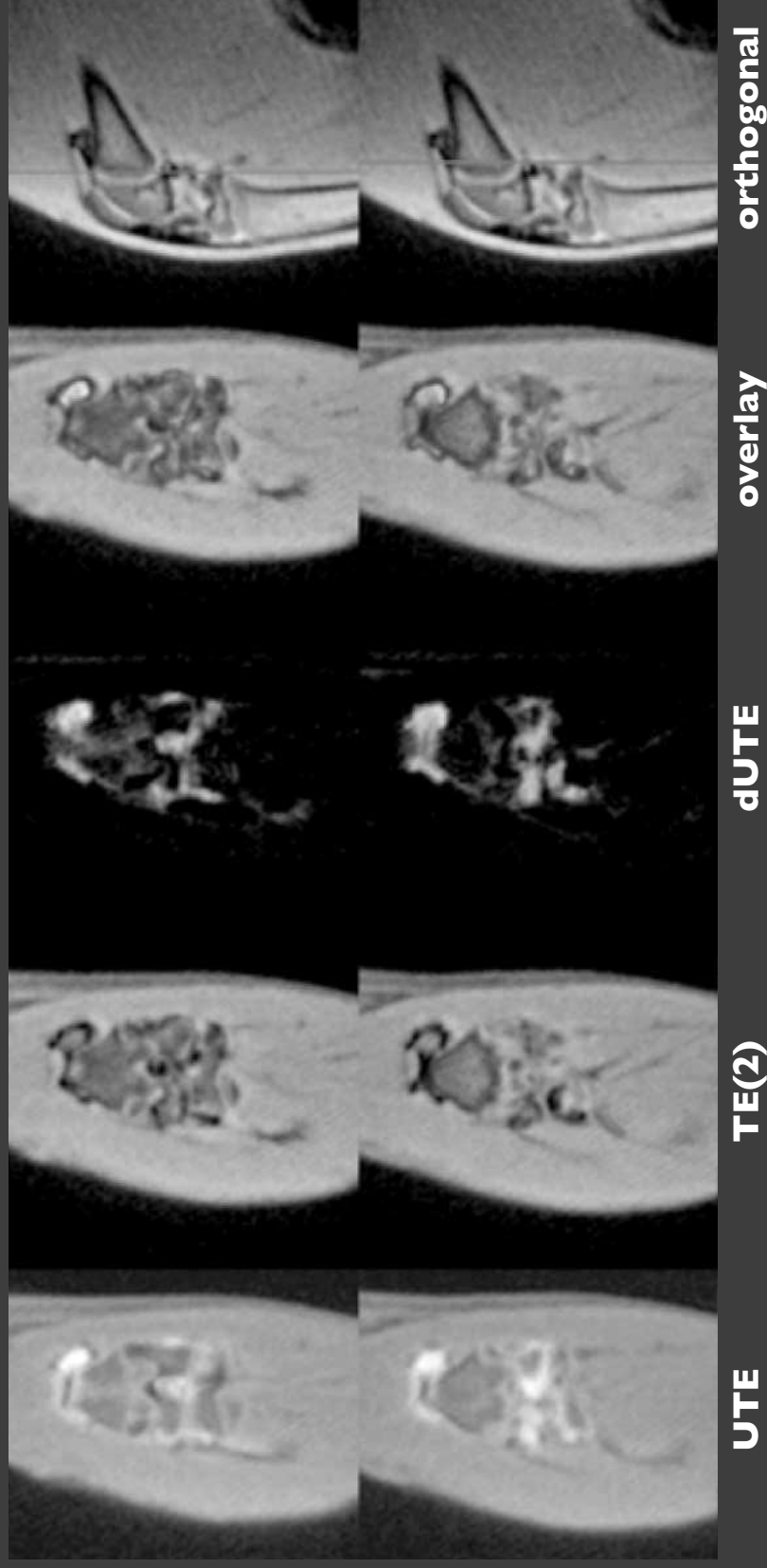
Developed and validated quantification based on positive contrast dUTE with semi-automated segmentation

- Purpose: in vivo quantification of SPION uptake after intra venous injection in the clinically relevant antigen-induced arthritis (AIA) model in rat.

dUTE



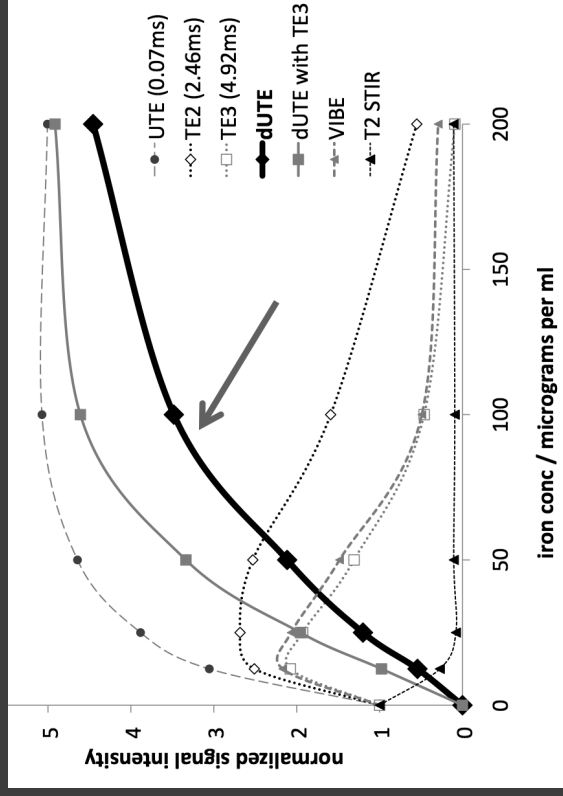
dUTE



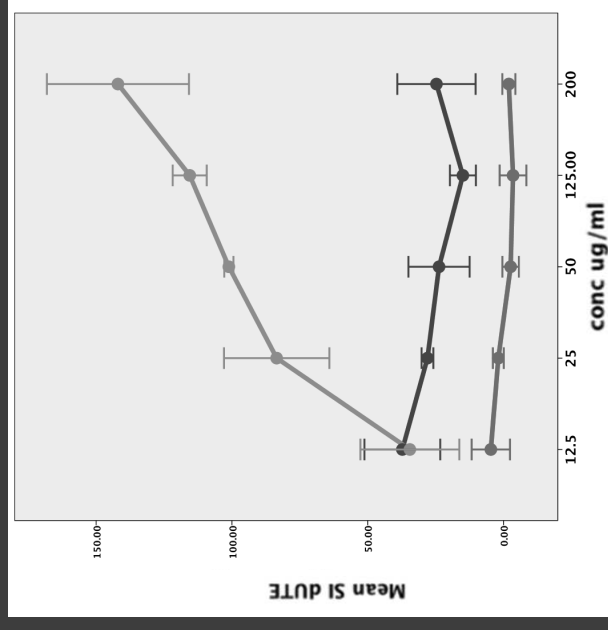
dUTE gives high-resolution 3D anatomical images with suppressed background, reduced artifacts and high iron contrast, and allows quantification of iron oxide

Previous work

Phantom



Intra-articular known concentration



Concentration phantom study and regional mean signal intensity after ia injection
 = monotonic signal increase with iron concentration

dUTE positive contrast method and automatic segmentation give pixel intensity histograms => quantification of both size and intensity of SPION biodistribution

Crowe LA, et al. Magn Reson Med 2012; 68 (5): 1544-1552.

Model

- Model
 - 23 Female Lewis rats (Janvier, France, weighing 150-175g, age 2 months) with right knee antigen-induced arthritis
 - Intravenous (iv) injection of 7mg SPION on day 5 after AIA induction.
 - iv injections = low, unknown and irregular uptake in the synovium, complex shape that requires 3D quantification.
- Particles
 - All particles described in this work were amino-PVA-SPIONs provided by EPFL, Lausanne, and University of Fribourg (7).

Ethical committee approval was obtained for the protocol and animals were kept in the institutions animal facility with free access to food and water.

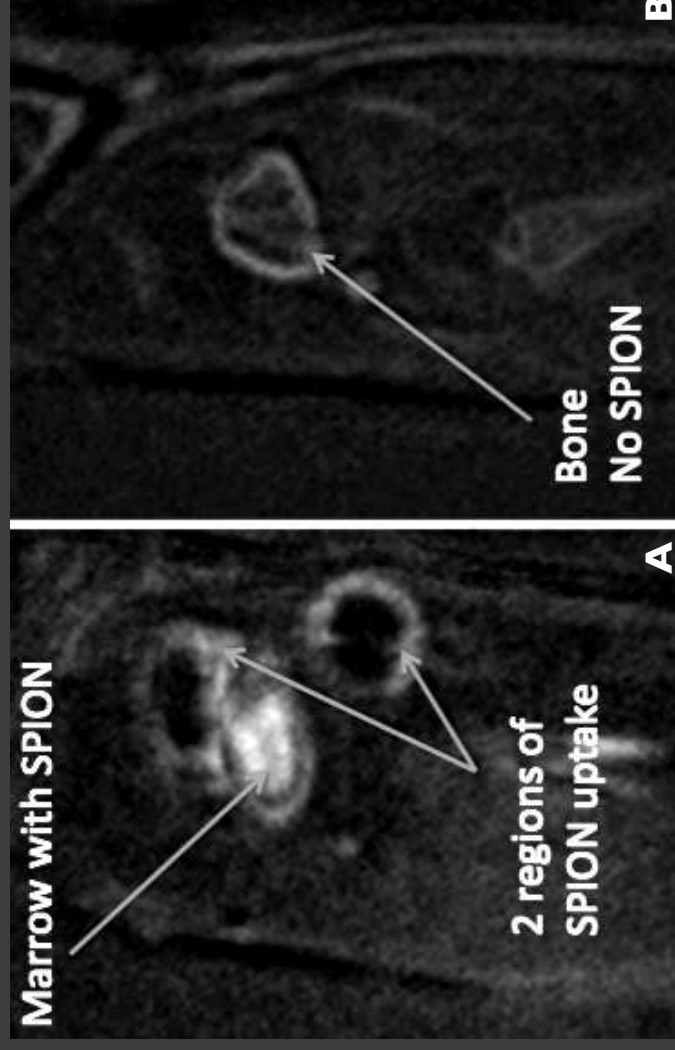
MR Imaging Protocol

- MR Imaging: Siemens Magnetom Trio 3T clinical scanner, 4cm loop coil.
 - 3D T1 gradient echo (VIBE) parameters were: TR/TE 14.3/5.9ms, flip angle 12°, fat suppression, isotropic resolution 0.31mm, and FOV 100mm.
- Quantifiable SPION image from dUTE MRI
 - simultaneous acquisition then subtraction of 2 TEs
 - 3D dUTE parameters were: 3D isotropic resolution of 0.18mm, an 80mm FOV, 50000 radial projections, UTE/TE2 0.07ms/2.46ms (for in-phase fat/water image), TR 9.6 ms and flip angle 10°.

Analysis

- Analysis software allowed simultaneous all three images (UTE, TE(2), dUTE)
- Important features included:
 - Semi-automatic segmentation
 - Thresholding: single pixel click region fill, intensity threshold and radius constraint
 - Quantification of volume and signal intensity for all images
 - Export of signal measurements for statistical analysis
- Manual segmentation (n=16) was used as a gold standard for the validation of the analysis software.

Images – SPION uptake

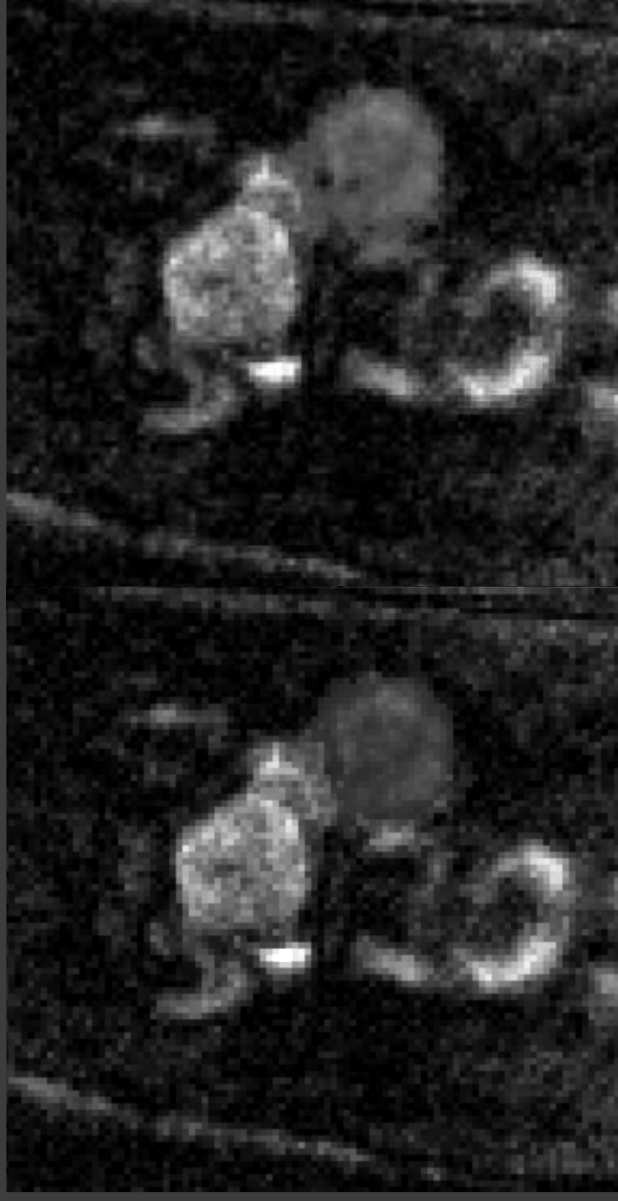


(A) Coronal slice from 3D dUTE of AIA knee at day 10 of AIA
 SPION uptake after iv injections (7mg on day 5)

Two different regions of the synovium (top and medial side of the knee) and
 bone marrow

(B) without SPION, only the cortical bone as hyperintense signal
 Lower than SPION intensity

Images – Manual vs automatic



Manual segmentation

Volume = 2.15mm²

mean signal (sd) = 175.3 (50.8)

Integral = 377.6

Semi-automatic segmentation

Volume = 2.45mm²

mean signal (sd) = 178.3 (43.8)

Integral = 432.4

Automatic method successful in all cases
<20 minutes per knee: >3 x faster than manual

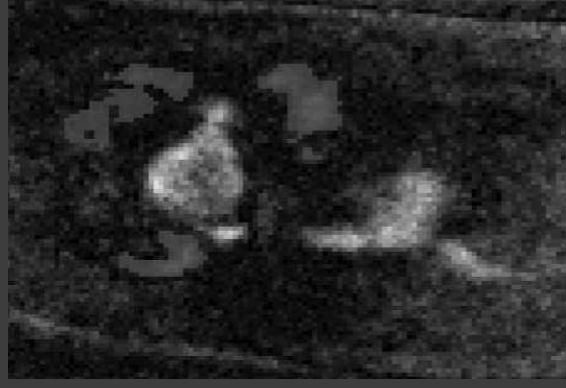
Quantification



Vol 3.87mm²
mean SI 179.5
Integral 694.7



Vol 3.99mm²
mean SI 162.3
Integral 647.6



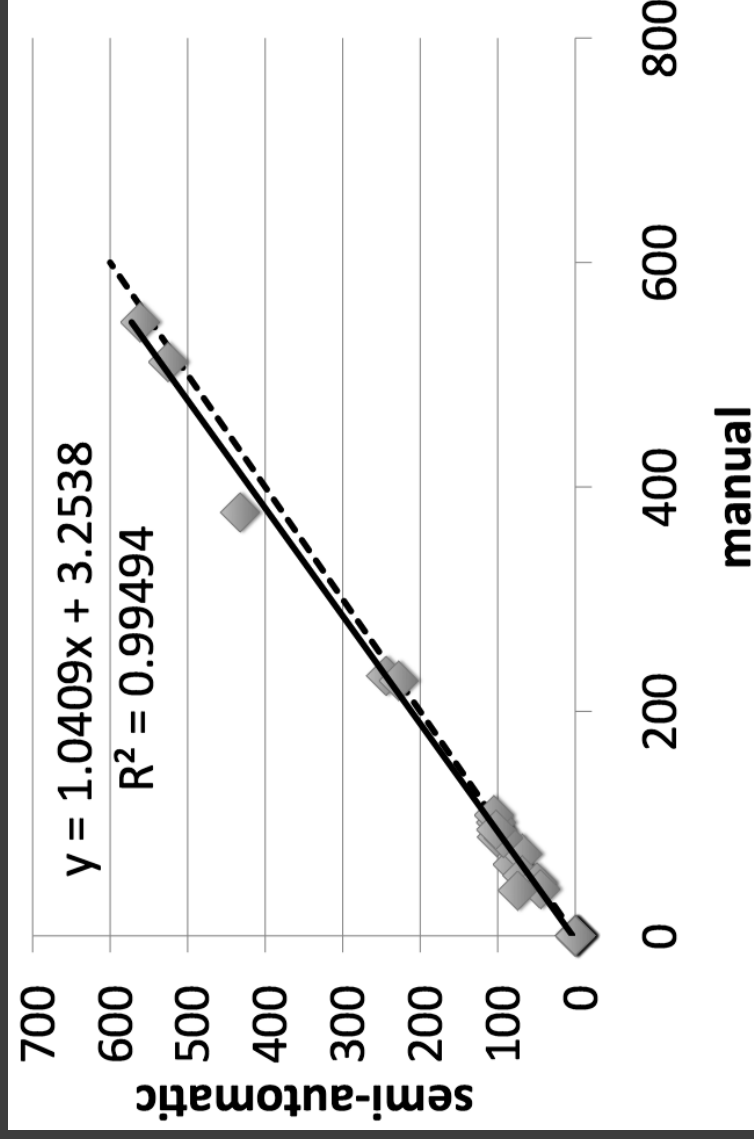
Vol 2.86mm²
mean SI 63.0
Integral 180.2



Vol 0.74mm²
mean SI 104.8
Integral 77.6

*An example of a semi-automatic segmentation of SPION
at different locations*

Quantification



Significant correlation between manual and semi-automatic segmentation of inhomogeneous uptake ($n=16$).

Both axes show pixel intensity*number of pixels.
Dotted line: $x=y$, solid line: fit of data showing excellent agreement ($p<0.0001$).

Discussion

- SPION biodistribution in the ALA knee is a complex process with heterogeneous accumulation of iron all over the synovium.
- Pixel variation is generally not assessable by traditional GRE T2* MR used to evaluate the SPION distribution due to the saturation induced by even small amounts of iron.
- The dUTE sequence offered the advantage of positive, concentration dependent, signal - useful in the case of heterogeneous iron distribution. Therefore, it became possible with dUTE to quantify both distribution and intensity. The total 'iron quantification integral' gave a more complete assessment.

Conclusion

- The advantages of the dUTE sequence are removal of artifactual hypointense regions in the image and improved delineation of the iron-enhanced synovium from the cortical bone for semi-automated segmentation.
- The efficiency and speed of the semi-automated segmentation was well illustrated by the validation against manual segmentation.
- **Conclusion: We demonstrated 3D quantification of irregular SPION uptake with robust, easier and faster assessment using semi-automated segmentation and dUTE, as applied to intravenous SPION uptake in arthritic rat knee.**



Acknowledgements



UNIVERSITÉ
DE GENÈVE

This work has been supported by the NanoDiaRA project, grant agreement number 228929 , funded by the EC Seventh Framework Programme FP7 - NMP-2008-L



Work supported in part by the Center for Biomedical Imaging (CIBM), Geneva and Lausanne, Switzerland



Lindsey.crowe@hcuge.ch

Centre d'Imagerie BioMédicale

Thank you
Questions?

1. Crowe LA, et al. Am J Transplant 2011; 11(6):1158-1168.
2. Nielles-Vallespin S, et al. Magn Reson Med 2007;57(1):74-81.
3. Crowe LA, et al. Magn Reson Med 2012; 68 (5): 1544-1552.
4. Xie J, et al. Adv Drug Deliv Rev 2010;62(11):1064-1079.
5. Butoescu N, et al. J Microencapsul 2008;25(5):339-350.
6. Beckmann N, et al. Magn Reson Med 2003;49(6):1047-1055.
7. Chastellain M, et al. J Colloid Interface Sci 2004;278(2):353-360.