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& Exhibition • 22–27 April 2017

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# Declaration of Financial Interests or Relationships

Speaker Name: Aaron Oliver-Taylor

I have the following financial interest or relationship to disclose with regard to the subject matter of this presentation:

Company Name: Gold Standard Phantoms Limited

Type of Relationship: Employee, Shareholder

# A Calibrated Perfusion Phantom For Quality Assurance of Quantitative Arterial Spin Labelling

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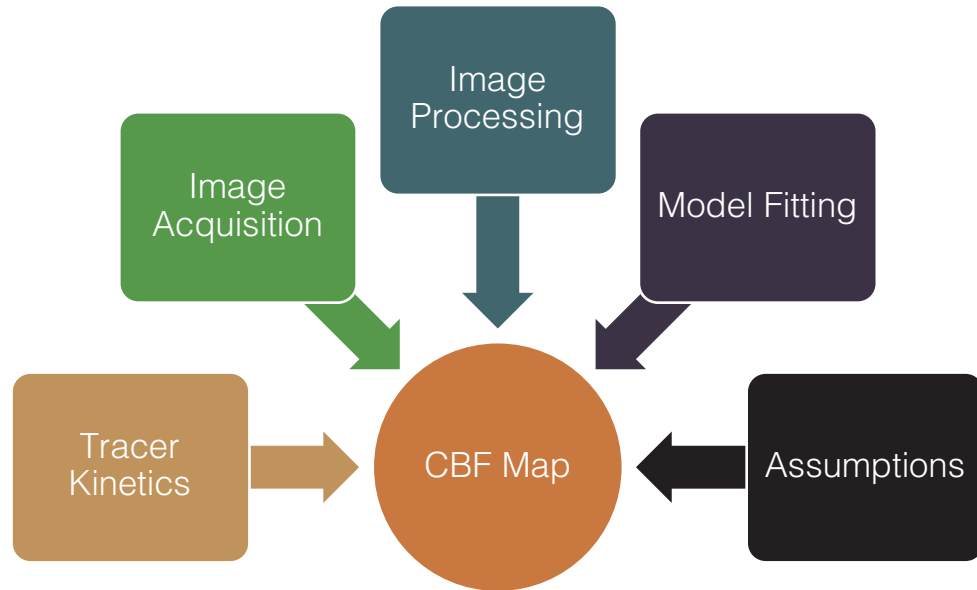
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# The need for a reference standard

Arterial Spin Labelling MRI is used to **measure** perfusion.

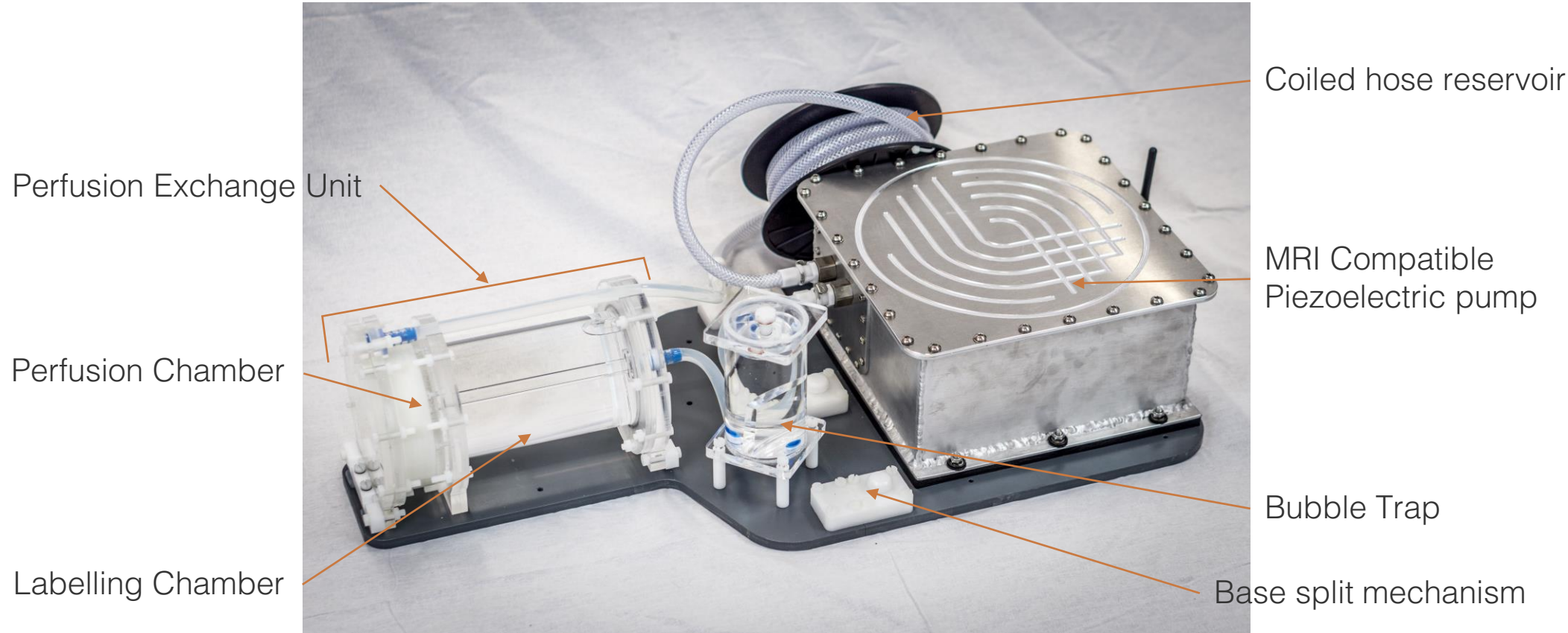


For ASL to be **truly** quantitative, it is important to:

- **Validate** each of these processes
- Quantify and associate **uncertainties**

This cannot be done in-vivo, hence a reference standard is required

# ASL Perfusion Phantom



# Perfusion Exchange Unit

Perfusion medium: Porous UHMW-PE Discs

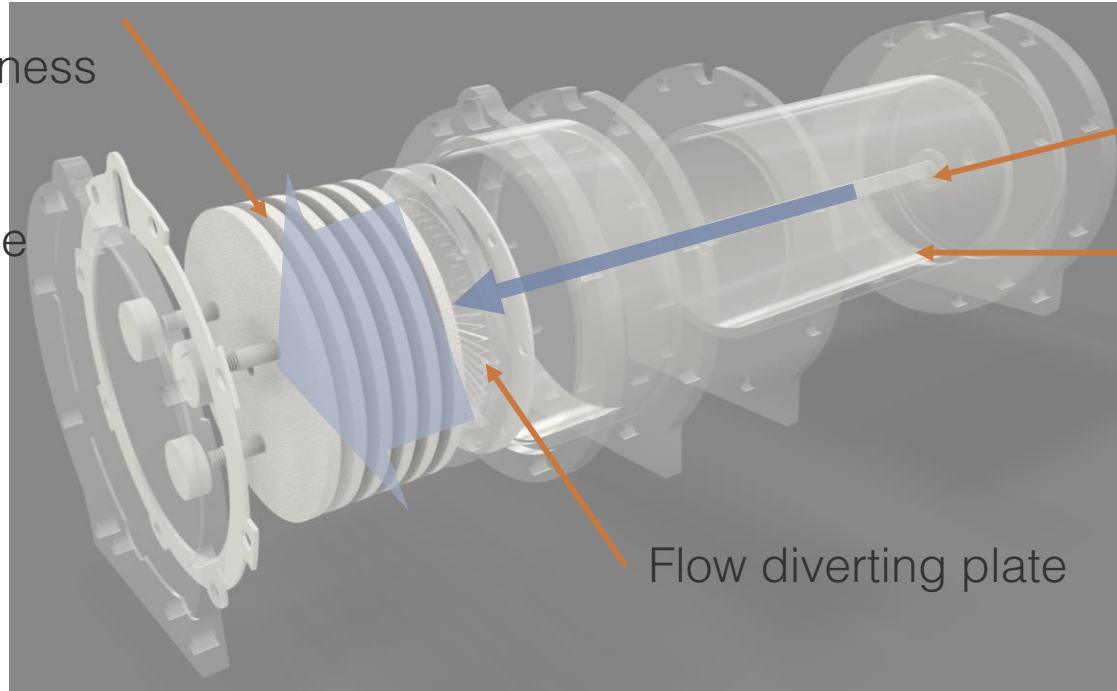
6 layers

4.75mm layer thickness

32% void volume

->  $\lambda=0.32$

7 $\mu$ m mean pore size

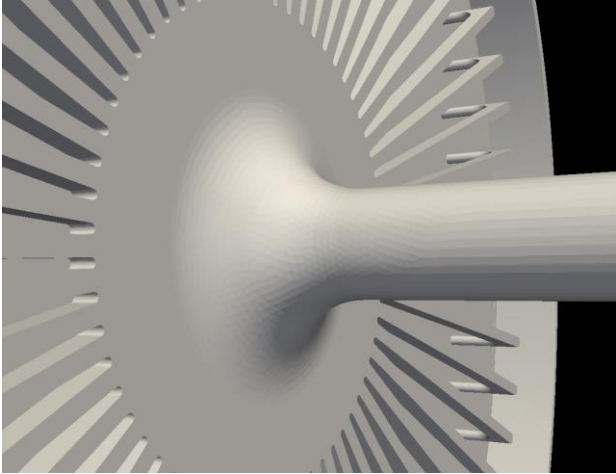


Inflow tube

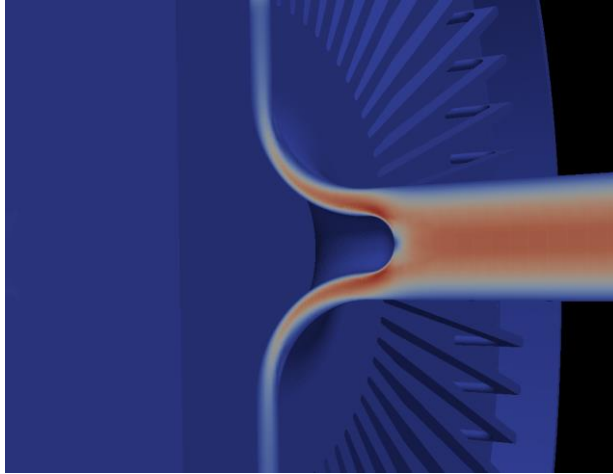
Labelling chamber

Flow diverting plate

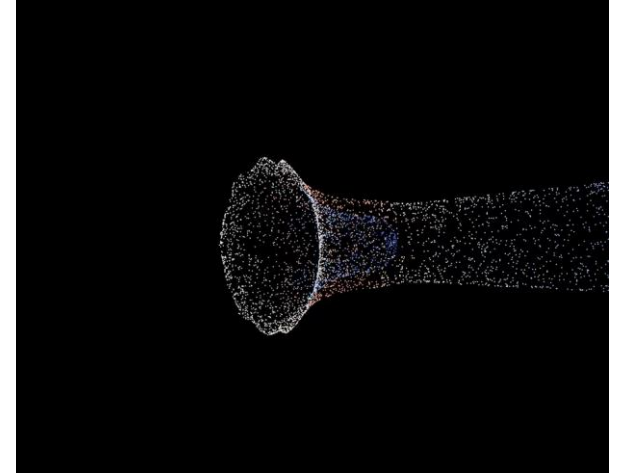
# Perfusion chamber design optimisation



Geometric model



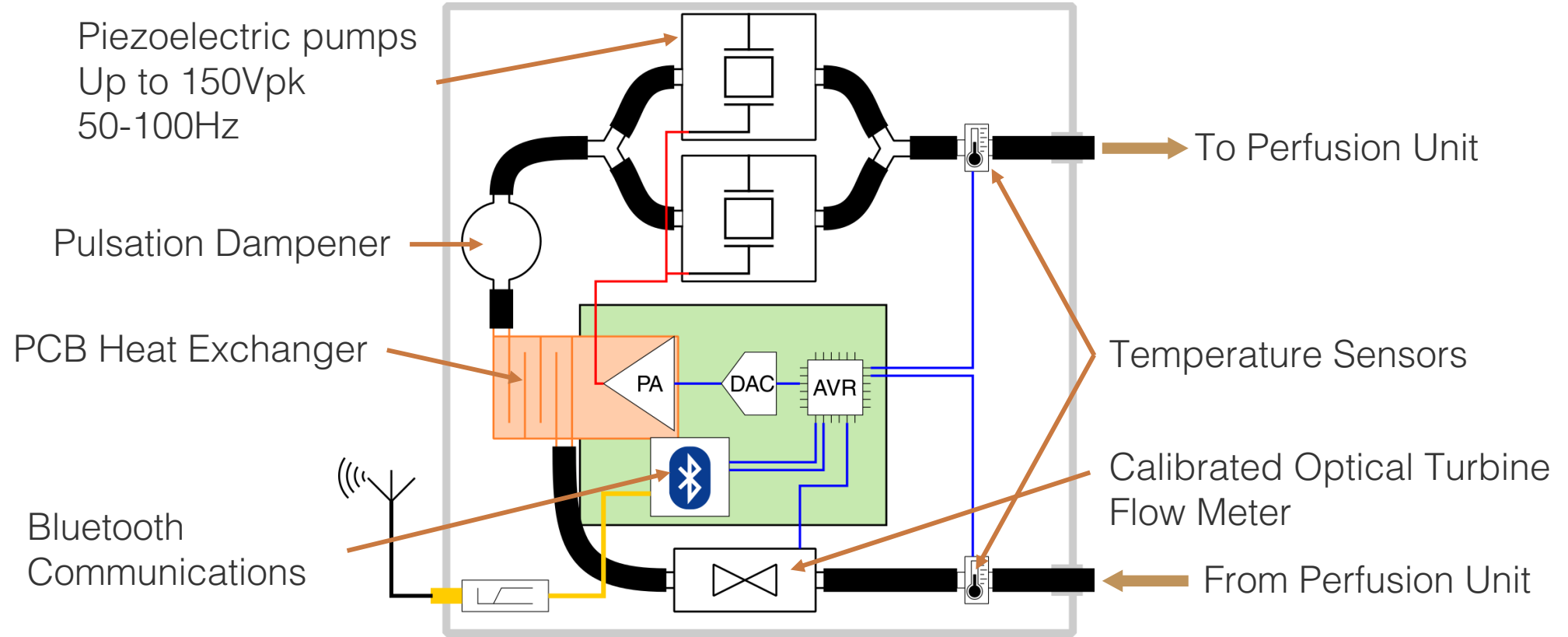
Velocity Map



Particle simulation

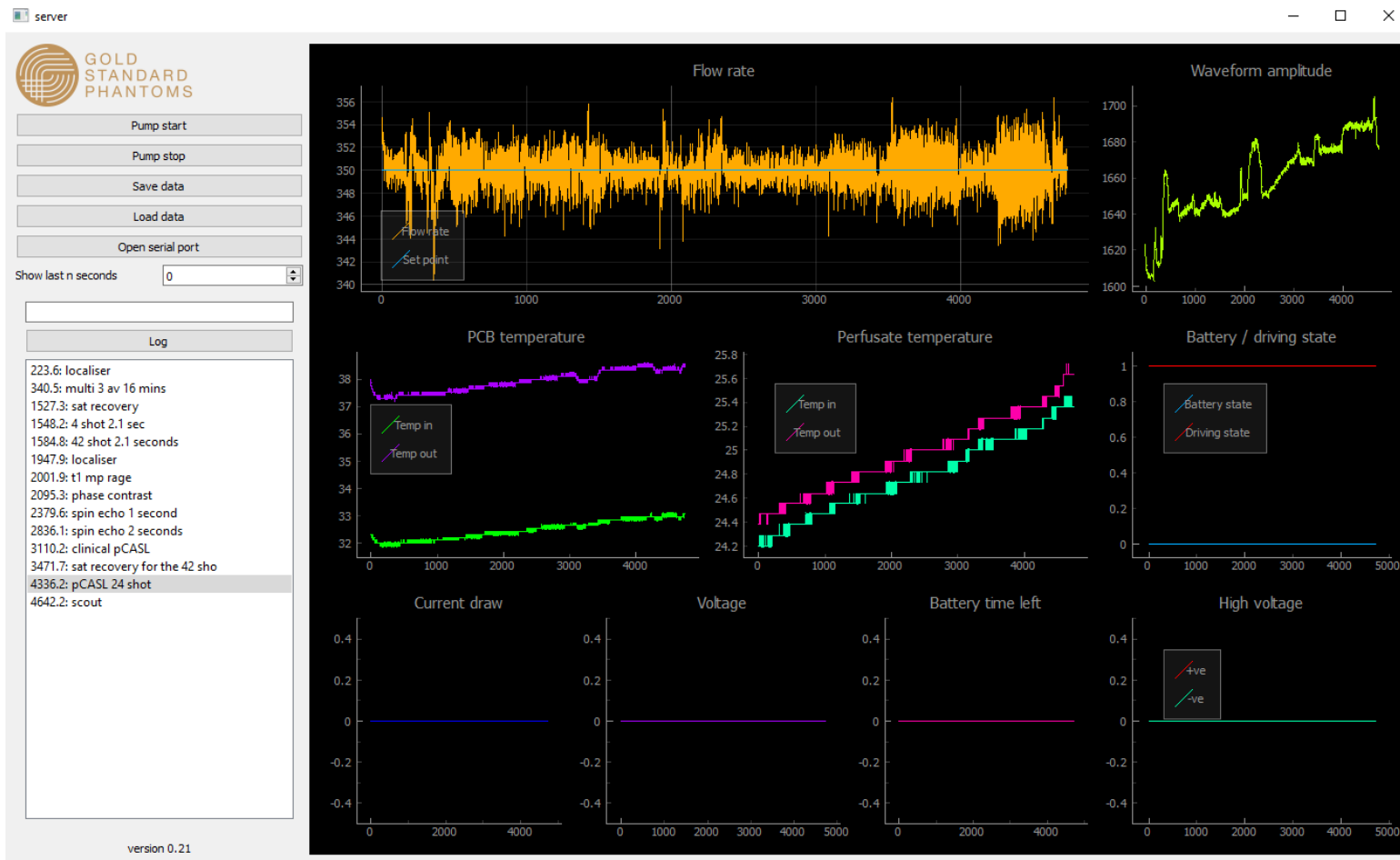
- CFD performed in OpenFoam ([www.openfoam.com](http://www.openfoam.com))
- Achieved Arterial Transit Time of 0.5 – 1.5s @ 350ml/min
- So that the CFD solver converges, flow must be laminar -> increase perfusate viscosity (glycerol-water mix 22.85% v/v).

# MRI Compatible Pump



# Phantom Control Software

- Python based
- Multi-OS
- Monitor flow rate, driving amplitude, temperatures
- Control flow rate set point, amplitude, pump frequency, on/off.
- Log MR scan start times





# MRI Evaluation

Siemens Prisma 3T, syngo MR E11

## Structural Scan: Sagittal 2D T1 Weighted

- 2.5mm slice thickness, FOV 170x140mm, 352x282x31 image matrix
- TR=250ms, TE=3.03ms, BW=303Hz/Px, FA=70deg

## T1 Map

- Multi-TR Spin Echo
- 3mm slice thickness, 64x64x3 image matrix
- TR = 1, 2, 3, 5s
- TE = 7.2ms
- Pump turned **off**
- Fit to  $I_m = M_0(1 - e^{-\frac{TR}{T_1}})$
- Manually draw elliptical ROI in centre of slice (pure perfusate, no porous plastic)
- Calculate average T1.

# MRI Evaluation: ASL

## Multi-TI FAIR PASL 3D-GRASE

- Product Sequence
- TI = 350-2600ms, interval 250ms
- 3 averages, 4 shot segmented (EPI Factor 15, Turbo Factor 32)
- 3mm slice thickness, FOV 170x170mm, 64x60x32 image matrix
- TR=4000ms, TE/ $\Delta$ TE=14.12ms, BW=2298Hz/Px
- Repeated in 3 sessions
  
- Phantom Flow = 350ml/min
  
- Manual quadrant segmentation
- Mean  $\Delta$ M for each quadrant calculated at each TI.

## pCASL 3D-GRASE

- WIP Sequence
- Labelling duration = 1800ms, Post labelling delay = 1800ms
- 4mm slice thickness, FOV 220x220mm, 64x60x28 image matrix.
- TE/ $\Delta$ TE=13.28ms, BW=2242Hz/Px
- 4 shot segmented (EPI Factor 15, Turbo Factor 28), TR=4600ms
- M0 image acquired as first in series (no tag/control), TR=4000ms
  
- Phantom Flow = 350ml/min

# CBF Quantification

Single subtraction pCASL CBF quantification as per the ASL White Paper\*

$$CBF = \frac{6000 \cdot \lambda \cdot (SI_{control} - SI_{label}) \cdot e^{-PLD/T_1}}{2 \cdot \alpha \cdot SI_{PD} \cdot (1 - e^{-\tau/T_1})}$$

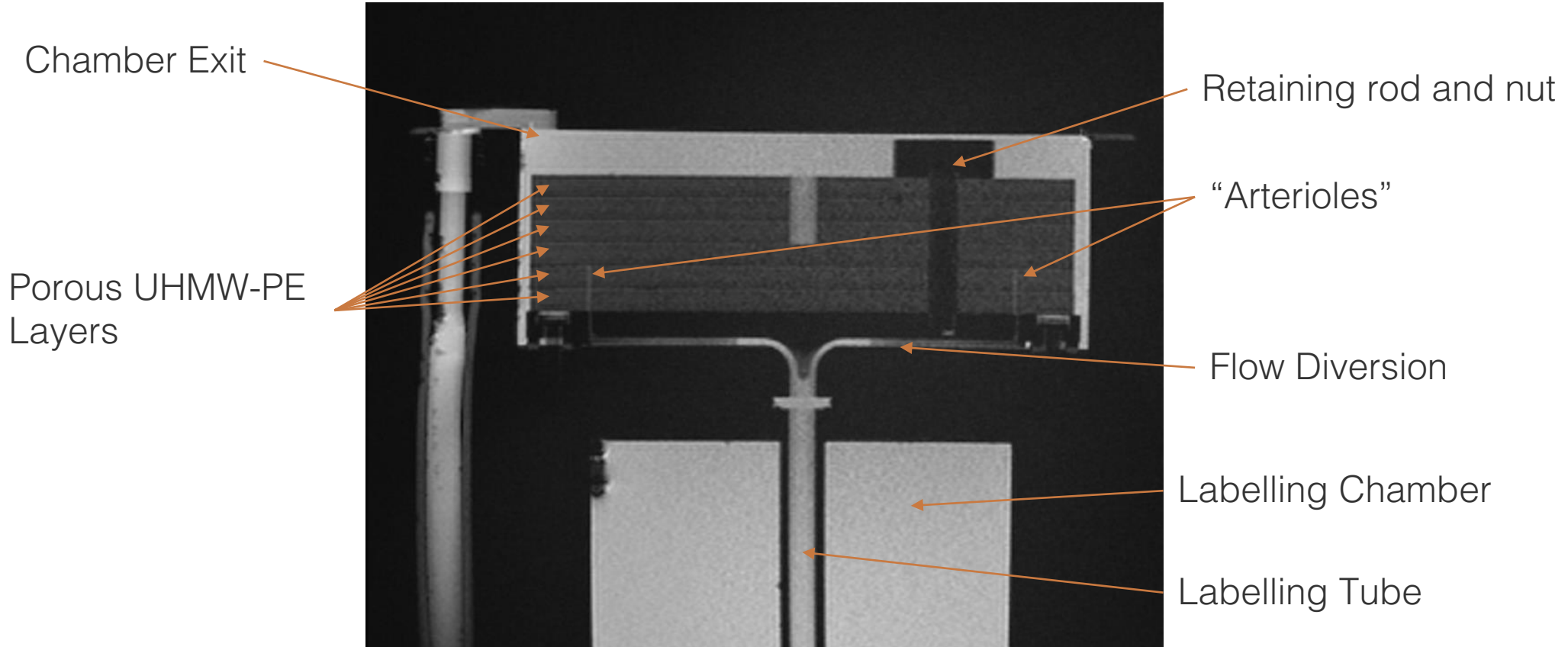
T1 as measured in the multi-TR spin-echo acquisition

$\lambda=0.32$

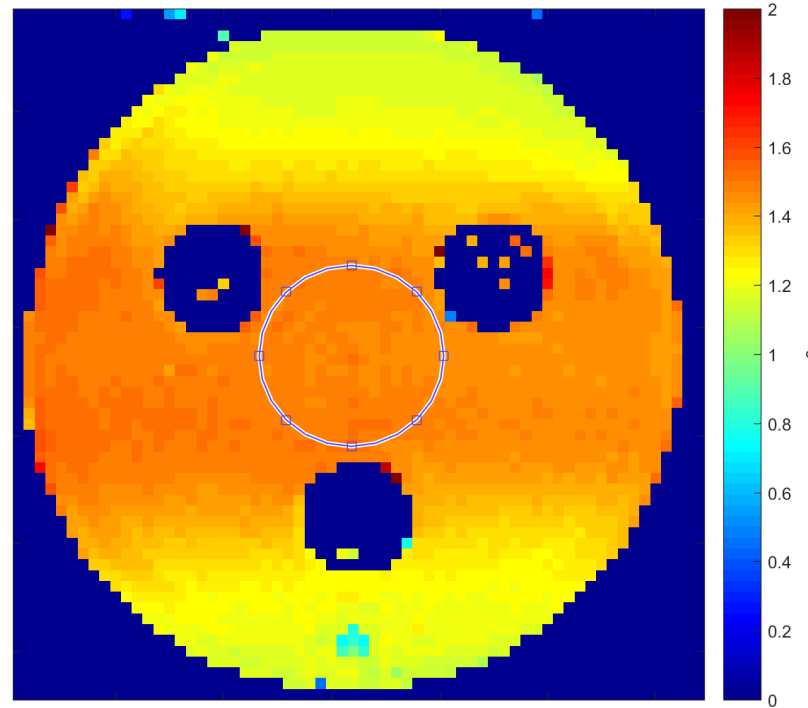
$\tau = 1.8s$ ,  $PLD = 1.8s$

\*Alsop DC, et al. MRM 2015; 73: 102-116

# Results: Structural



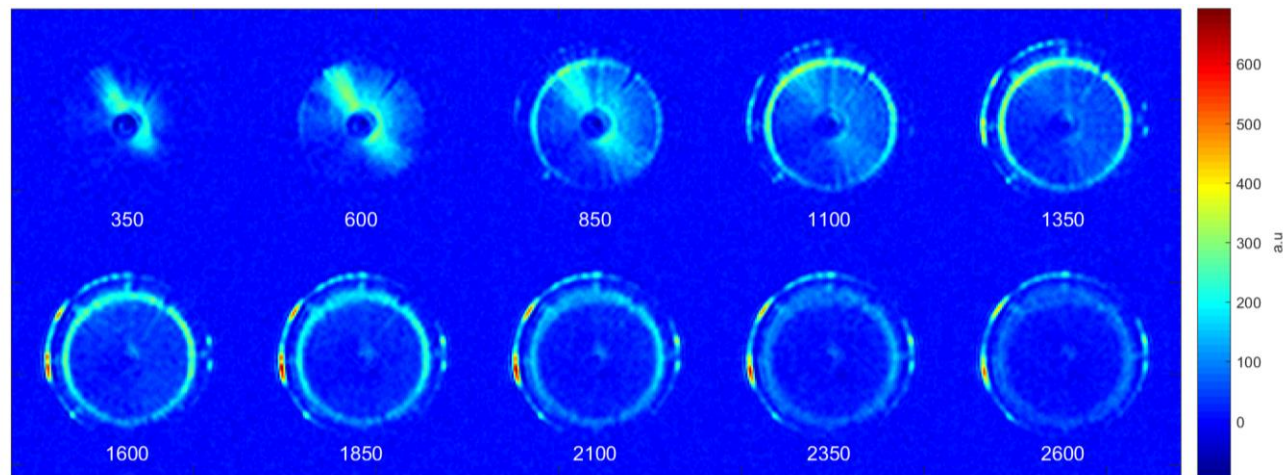
# Results: T1 Map



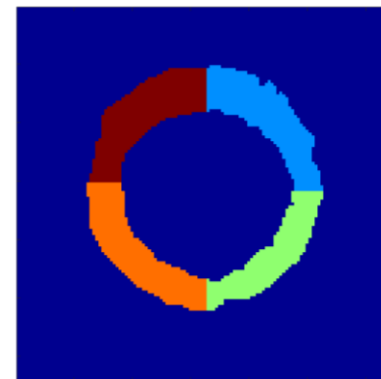
$$T_1 = 1474 \pm 13 \text{ ms}$$

Close to  $T_{1,\text{blood}}$

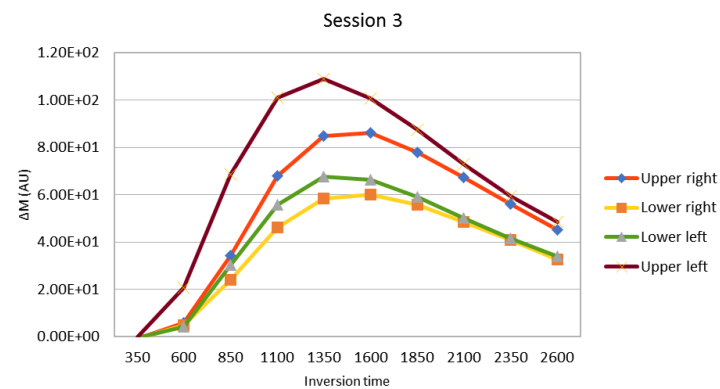
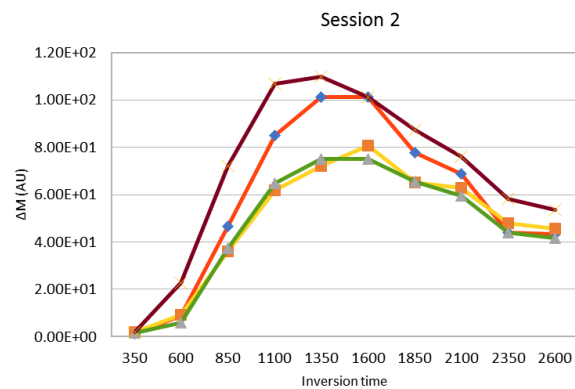
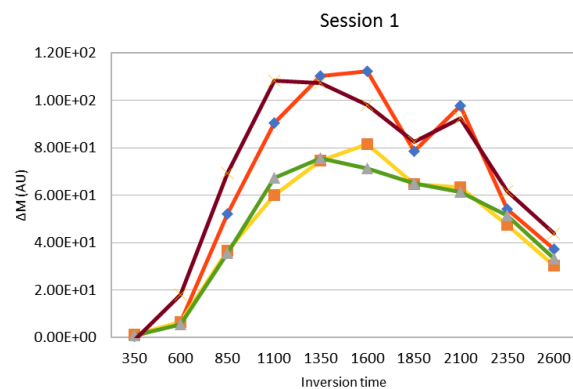
# Results: Multi-TI FAIR PASL



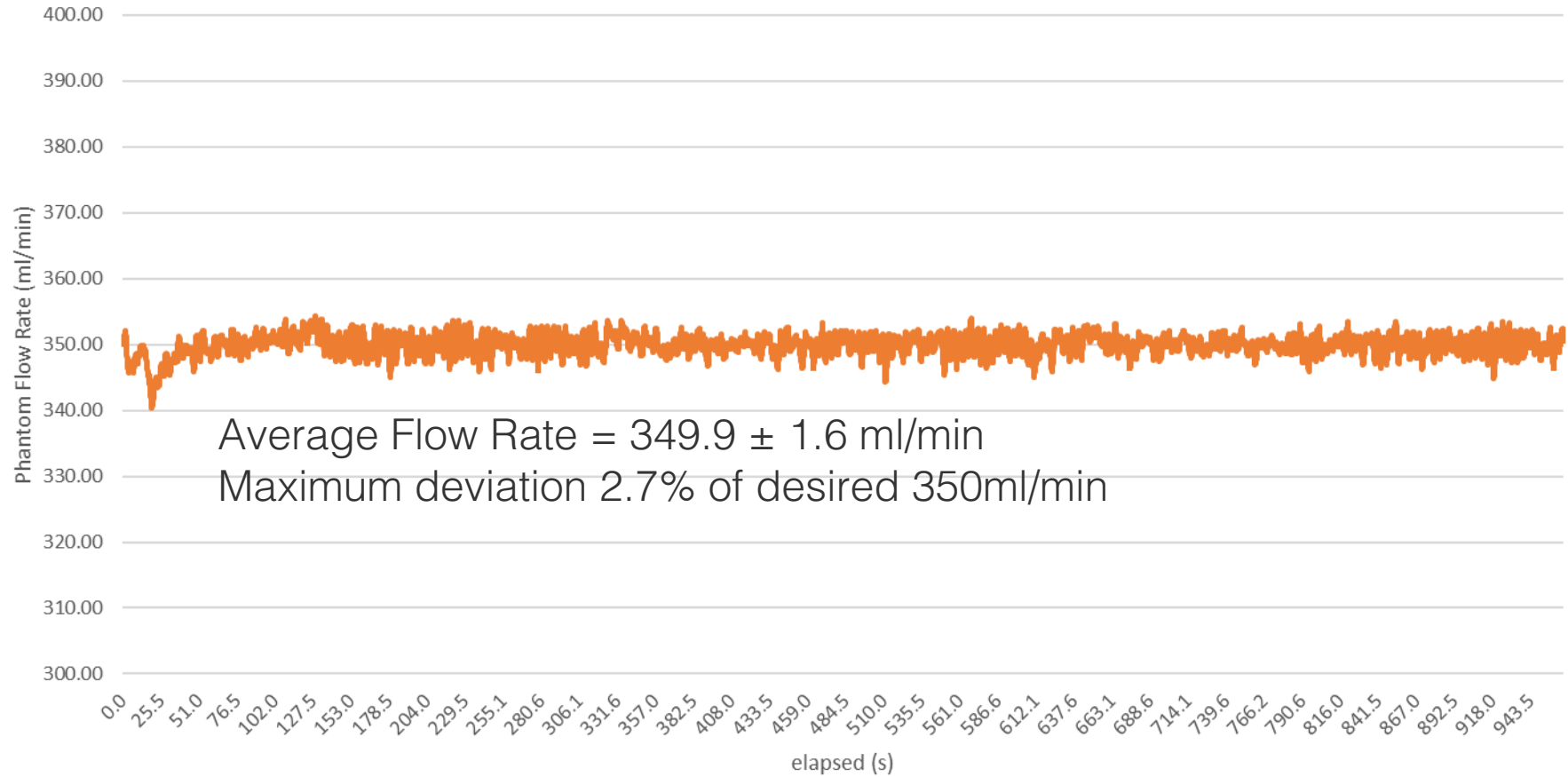
$\Delta M$  Images



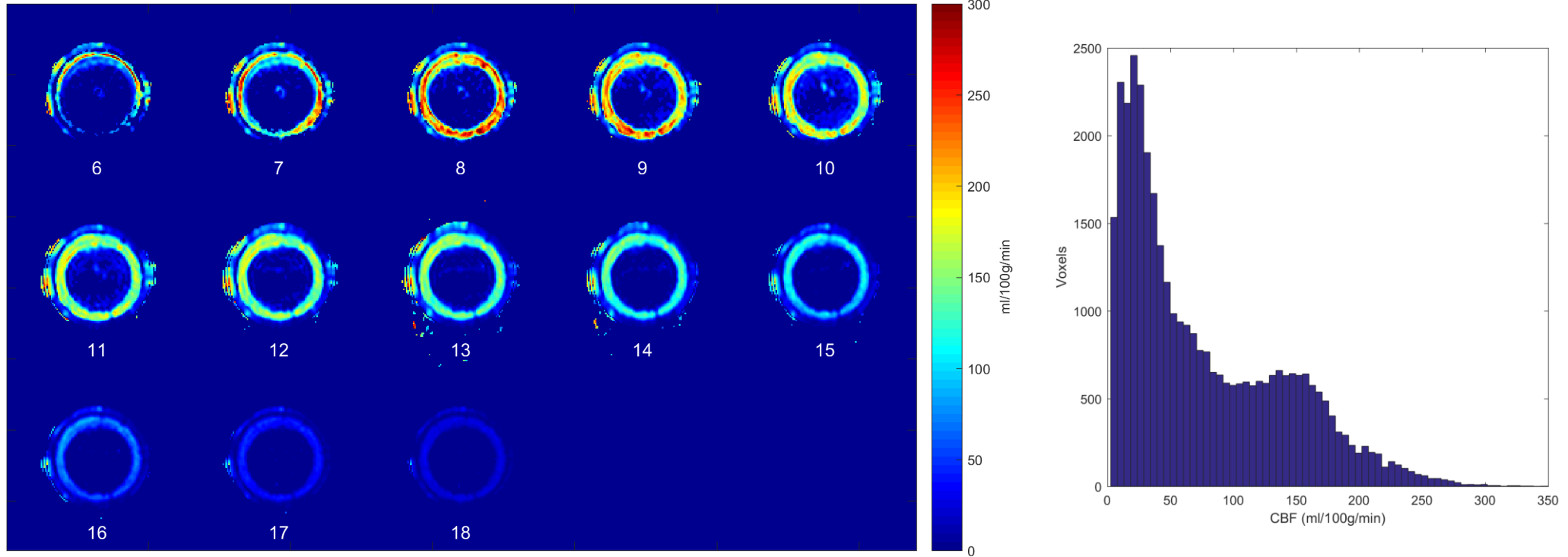
Segmented Mask



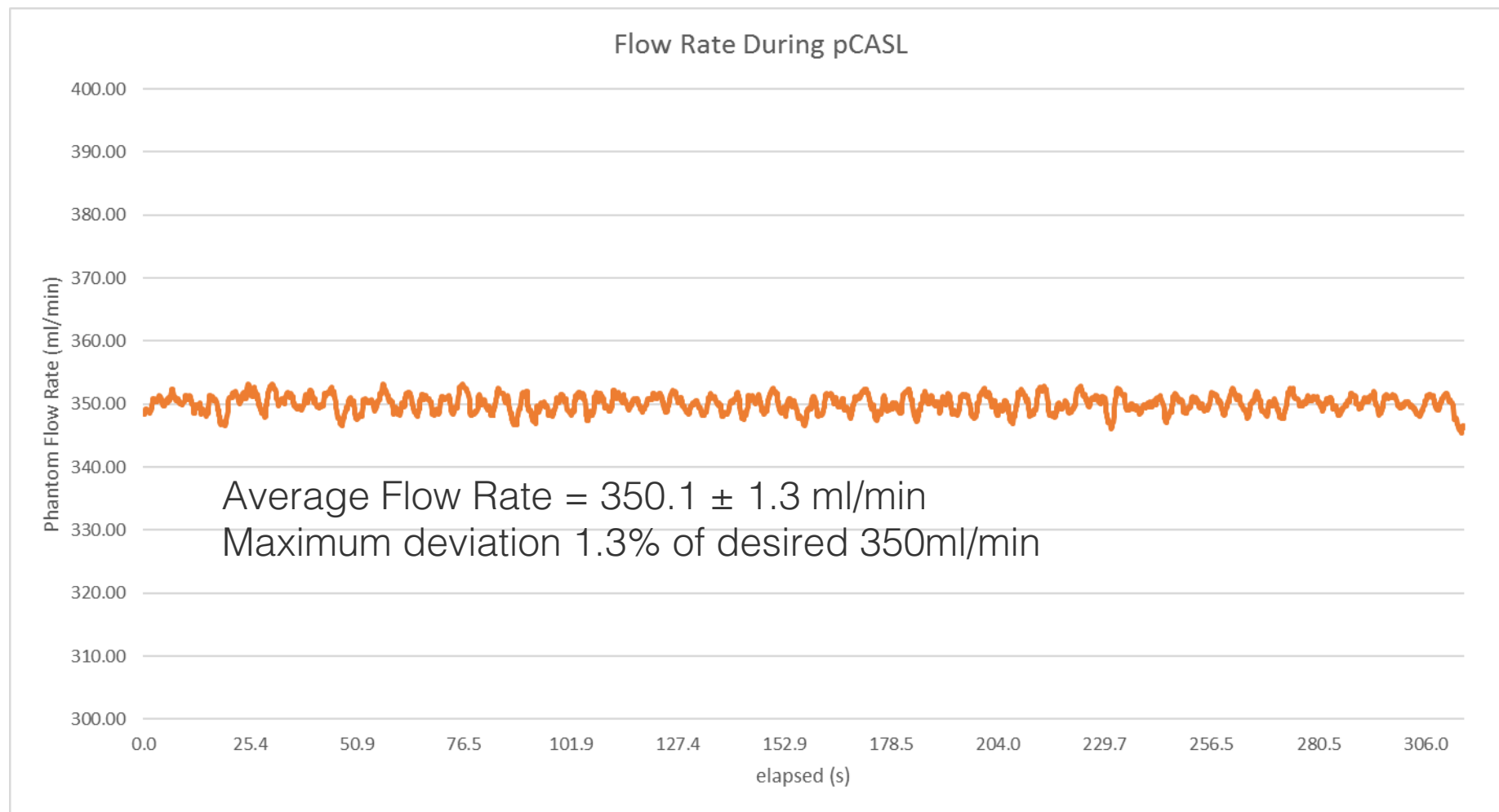
### Flow Rate During Multi-TI FAIR PASL



# Results: Single PLD pCASL





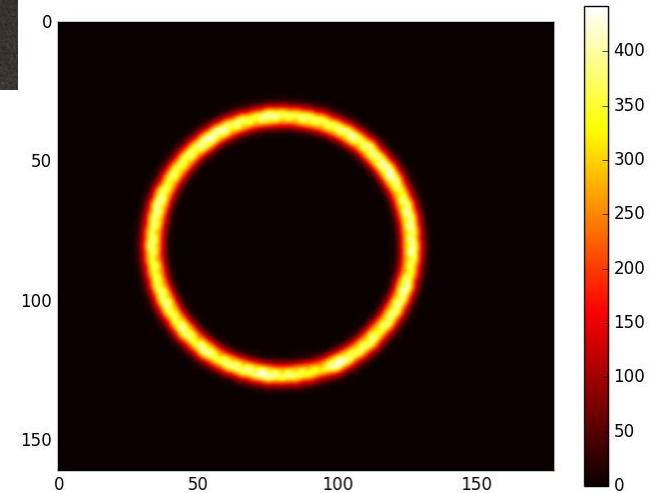
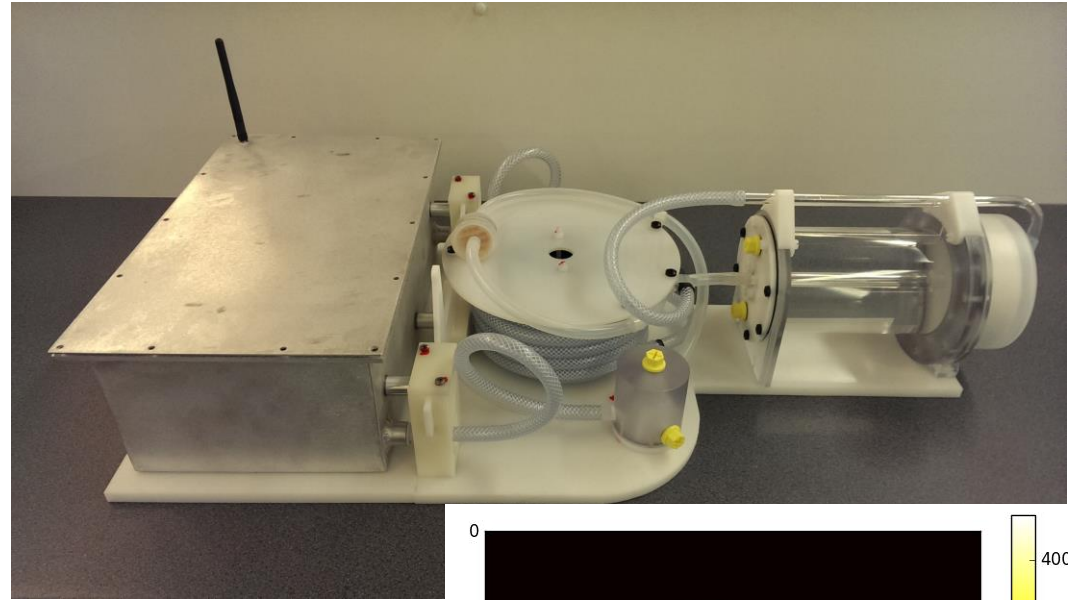


# Discussion

- Stable, reproducible, and known flow rate in to the perfusion exchange chamber.
- Measured perfusion values encompass the range of expected values in most of the body – brain and renal.
- ATT within the range of for cerebral perfusion. Single-subtraction CBF quantification possible.
- Single compartment – no exchange
- Only the perfusate contributes to the measured signal.
  - No static background.
- Perfusate is always moving within the porous material
  - Source of labelled perfusate is adjacent voxels.
  - Skews multi-TI perfusion values by signal from earlier TI's.
  - Different perfusion distribution and value for each TI.
  - But the pump can be turned off!

# Future Work

- Fully characterise and validate the phantom
- Can we make 10 that are the same?
- Generate a perfusion ground truth using our CFD-MRI simulation
- Develop an uncertainty model



## Thank You!

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