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## Ultra high-field MR

## Imaging and Spectroscopy

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« Session 5 : Technologies émergentes »

Introduction

I- Proton ultra-high field (UHF) MRI: a technical challenge C. Poupon

II- Metabolic Imaging using low gyromagnetic nuclei F. Boumezbeur

Conclusion

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MACRO 1mm

MESO 100µm

MICRO

Yesterday and today : macroscopic functional architecture of the brain

**Today and tomorrow** : genes and brain 25000 genes, 10<sup>11</sup> neurons, 10<sup>15</sup> synapses ! Brain development, plasticity

**Tomorrow** : the « neural code », challenge of the 21st century Coupling between structure and function, Multi-scale functional architecture





### Healthcare challenge :

- prevention, early diagnosis of pathologies (neurodegenerative, psychiatric)
- rehabilitation / reprogrammation (stroke, lesions)
- molecular therapies

Need for imaging at the mesoscale (<100µm) : structure & function



Nuclear magnetization  $\propto \gamma B_0 / kT$  therefore increasing the magnetic field enhances the observation of: - the neurons at work

- the connections between neurons
- the genes at work
- the metabolism of the brain
- the developing brain
- the brain disorders



post-mortem

Jouvent, Poupon et al 2011



## Example of imaging at 7T :



in vivo

#### cea The NeuroSpin facility : dedicated to UHF MRI and Neurosciences

#### Head : Dr Denis Le Bihan

JNIRS

#### ~170 people

#### 4 laboratories :

- Clinical and Translational Lab (L. Hertz-Pannier)
- MR Physics and Spectroscopy Lab (C. Poupon)
- Image Processing and Analysis Lab (V. Frouin)
- Cognitive neuroscience Lab (S. Dehaene)

- 7 research programs :
- MRI unlimited
- Brain development and plasticity
- Genetics, neuroimaging, bioinformatics
- Multiscale brain architecture
- Translational research
- Higher order cognitive functions

**Clinical 3T** 



"standard"



**Clinical 7T** 

« advanced »

« world 1st ? »

Clinical 11.7T

### Preclinical 7T Preclinical 11.7T Preclinical 17T



"standard"









« world 1st »

Introduction

## I- Proton ultra-high field (UHF) MRI: a technical challenge C. Poupon

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Since the 2000's, UHF MRI has been the standard for preclinical imaging

& was thought to be directly applicable to **clinical imaging**.

Yet several challenges have arisen that need to be alleviated :

- shorter wavelength: increasing the magnetic field decreases the wavelength. When λ becomes smaller than the size of the sample, signal/contrast inhomogeneities are observed over the field-of-view;
- **shorter T<sub>2</sub> relaxation times**: stronger signal decay means less time to acquire the signal;
- Ionger repetition times are needed due to longer T<sub>1</sub> and higher energy deposition. This leads to longer acquisition times;
- **safety**: more practical constrains are to be followed for a safe use of UHF MRI.

As a consequence, the UHF MRI community has dedicated this past decade on the development of novel methods to address these pitfalls.

## Solution to shorter wavelength: parallel transmission



## Solution to shorter T<sub>2</sub>: compress sensing

- Design of parcimonious k-space trajectories embedding hardware constrains
- Only a few percents of full kspace data sampled





Courtesy of P. Ciuciu, C. Lazarus, A. Vignaud

#### Magnetic resonance thermometry measurements on the anesthetized baboon

Boulant et al. NMR in biomedicine 28:101-107 (2015).



## Safety : monitoring of workers, revisited contra-indications for patients/volunteers

 Magnetic field monitoring of workers using a dedicated dosimeter (Healtis / INSERM IADI)

- Slow displacements around the magnet
- Patients & volunteers wearing clinical items of clothing to prevent any risk
- Enhanced contra-indications and specific care for implants
- (few of them are more than 3T proof)



Courtesy of Felblinger & Pasquier

workers

patients









Résolution: 200µm



**7.0T** 







Beaujoin et al, 2016

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**3.0T** 

UHF MRI also provides **novel sources of contrat** due to the presence of iron at various concentrations in brain structures.

Impact of 7T MRI on the study of Parkinsonian syndromes : brainstem nuclei are much better delineated at 7T in comparison with 3T using T2\* contrast



## <sup>1</sup>H UHF MRI = histological-like anatomical imaging



## Comparison of preclinical imaging at 7T versus 17T

**7**T



23µm x 23µm x 90µm

**17T** 



30µm x 30µm x 30µm

Ciobanu et al, 2011 Dhenain et al, 2011

Amyloid plaques are much better delineated at 17T than at 7T!

2010 : NeuroSpin was equiped with the 1st horizontal magnet at 17T in the world dedicated to preclinical studies in rondents capable of imaging single networks !

## Manganese-enhanced MRI of the bucal ganglia of aplysia californica:





- individual neurons (300µm)
- study of the axonal transport of a small neural network





Tractography of the polysynaptic circuit of a human brain hippocampus at 11.7T



Diffusion process providing signatures of the cellular environment









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## Non-proton (X) MR Imaging and Spectroscopy

aims at studying nuclei (other than <sup>1</sup>H) of biological relevance such as...

		Spin	Gyromagnetic ratio (10 <sup>7</sup> rad.T <sup>-1</sup> .s <sup>-1</sup> )	Frequency @ 7.0T (MHz)	Natural abundance	Relative sensitivity	[ ] <sub>in vivo</sub> (mol/L)
High abundance Nuclei	<sup>1</sup> H	1/2	26.752	298.04	99.98	1.00	80 (H <sub>2</sub> O)
	<sup>31</sup> P	1/2	10.841	120.58	100.00	6.65 10 <sup>-2</sup>	1-20 10 <sup>-3</sup>
	<sup>23</sup> Na	3/2	7.080	78.88	100.00	9.27 10 <sup>-2</sup>	~ 15.10 <sup>-3</sup> ~ 140.10 <sup>-3</sup>
	<sup>35</sup> CI	3/2	2.626	29.26	75.78	3.58 10 <sup>-3</sup>	~ 45.10 <sup>-3</sup>
	<sup>39</sup> K	3/2	1,250	13.93	93.26	4.75 10 <sup>-4</sup>	~ 145.10 <sup>-3</sup> ~ 4.10 <sup>-3</sup>
Low	<sup>13</sup> C	1/2	6.728	74.96	1.11	1.76 10 <sup>-4</sup>	1-20 10 <sup>-3</sup>
abundance Nuclei	<sup>15</sup> N	1/2	-2.712	30.21	0.37	3.86 10 <sup>-6</sup>	1-20 10 <sup>-3</sup>
	<sup>17</sup> O	5/2	-3.628	40.42	0.04	1.08 10 <sup>-5</sup>	40 (H <sub>2</sub> O)
Absent in vivo	<sup>з</sup> Не	1/2	-20.380	227.05	1.4 10 <sup>-4</sup>	5.75 10 <sup>-7</sup>	-
	<sup>7</sup> Li	3/2	10.398	115.84	92,58	0.272	~ 10 <sup>-3</sup>
	<sup>19</sup> F	1/2	25.181	280.54	100.00	0.834	-
	<sup>129</sup> Xe	1/2	-7.452	83.02	26,44	5.71 10 <sup>-3</sup>	

**X-NMR** 

Basic NMR properties of most nuclei of interest for biomedical research

X-NMR allows to probe noninvasively cellular homeostasis, metabolism and physiology.

### Research and Clinical applications

- Energy Metabolism (ex: CMRO<sub>2</sub>, ATP)
- Neurotransmission (ex: Glu, GABA cycling)
- Cellular compartments (ex: neuronal, glia)
- Disease and Physiology monitoring
- MR-based molecular imaging
- Drug development



For X-nuclei and their relatively low frequencies, the signal-to-noise ratio (SNR) increase almost quadratically with  $B_0$ :

SNR 
$$\propto \gamma^2 B_0^{7/4} . (T_2^*/T_1)^{1/2} . [nucleus] . V_{oxel} . (T_{acq})^{1/2}$$

From [Hoult & Richards, J Magn Reson 1976]



2D ATP concentration map in a healthy volunteer at 7T.

Courtesy A. Lopez-Kolkovsky

Yet, the intrinsically lower sensitivities and *in vivo* concentrations require a compromise in spatial and temporal resolution of X-MRI.

X-MRI requires specific hardware in particular dedicated dual-resonance <sup>1</sup>H/X radiofrequency coils.





Dual-resonance <sup>1</sup>H/<sup>31</sup>P RF coil (from Resonance Research Inc)

## Ultra High Magnetic Field





## Hyperpolarization



## Cryogenic RF coils



NeuroSpin will receive in 2016 the world-first clinical 11.7T MRI system with the objective to map the human brain at the mesoscopic scale.

NeuroSpin will be in charge of :

- managing the 11,7T MRI in collaboration with our colleagues from the Irfu
- converting the increased magnetic field into a gain in spatio-temporal resolution and contrast.



Courtesy P. Védrine, T. Schild & F. Lethimonnier



The aim of Hyperpolarization is to increase temporarily but dramatically the amount of signal. Typically a ~30000-fold SNR gain can be achieved *only for as long as the*  $T_1$ .



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Objective: to cool the RF detection electronic so as to reduce the thermal noise.

The gain in SNR depends on the operating frequency, the coil materials (copper or high temperature superconductors) and sample volume.





<sup>13</sup>C CryoProbe (Bruker) with an additional <sup>1</sup>H saddle coil for mouse brain <sup>13</sup>C spectroscopy





Despite its limitation at UHF to preclinical MRI, cryogenic RF coils holds the promise of a large increase in NMR sensitivity for X-MRI. Sequences such as the Twisted Projection Ultra-short TE Imaging (TPI) sequence are particularly relevant for imaging nuclei such as  $^{23}Na$ ,  $^{17}O$  or  $^{31}P$  with short T<sub>2</sub>\*.



TPI Non-Cartesian sampling sequence from [Boada *et al.,* MRM 1997].







Similarly to HR MRI, non-linear reconstruction algorithms (ex: FISTA<sup>1</sup>, NUFFT<sup>2</sup>) can be combined with sparse sampling (Compressed Sensing) to reduce acquisition times while preserving sensitivity.



#### <sup>23</sup>Na UTE MRI @ 3T

[1] A. Beck et al., SIAM J. Imaging Science 2009[2] J.A. Fessler et al., J Magn Reson 2007





Na<sup>+</sup>/K<sup>+</sup>-ATPase transmembrane Pump. From [Madelin et al. JMRI 2013].

▼TSC is higher in the brain of HD patients compared to healthy controls in particular in the striatum.



Imaging sodium (<sup>23</sup>Na) brain distribution in patients suffering from neurodegenerative diseases such as MS or HD allows to probe cellular homeostasis.

► In MS, the intracellular sodium volume fraction (ISVF) measured at 7T using TQF <sup>23</sup>Na MRI correlates with <sup>1</sup>H MR-visible lesions and Expanded Disability Status Scale.

More info tomorrow: IRM du sodium : vers un biomarqueur de la neurodégénérescence ? by Bertrand AUDOIN (CRMBM, Marseille)



## Cea <sup>17</sup>O MRI

Despite its low natural abundance (0,04%), <sup>17</sup>O offers the unique possibility to directly probe tissular perfusion, oxygenation and cellular respiration following the inhalation of <sup>17</sup>O<sub>2</sub> or the administration of labeled water (H<sub>2</sub><sup>17</sup>O).





*ex vivo* <sup>7</sup>Li MRI of a Litreated rat brain @ 17T

- Lithium is the leading treatment for relapse prevention.
- However, its mechanism of action remains poorly understood.
- Intracerebral Li concentration as a predicting biomarker of response to Lithium could improve patient outcome.
- Recently, a non-localized <sup>7</sup>Li MRS study at 3T (Machado-Vieira et al., Acta Psychiatr Scand 2015) has already validated our hypothesis.



▲<sup>7</sup>Li 3D CSI of the human brain at 4T. From [Lee et al., MRM 2012]



Dual-resonance <sup>1</sup>H/<sup>7</sup>Li RF coil (from Rapid Biomedical GmbH)

In Spring, a 7T<sup>7</sup>Li MRI study will start at NeuroSpin in collaboration with Frank Bellivier (Inserm UMR-S1144) to explore the brain distribution of Li in good and bad responders



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Proton & heteronuclear UHF MRI is a promising tool to investigate the brain structure, function and metabolism *in vivo* at unprecedented resolutions.

After a decade of methodological developments to alleviate the pitfalls of UHF MRI, UHF MRI has reached the level of maturity required for its application to clinical research and soon for clinical routine (as demonstrated by the announced CE and FDA 7T MRI systems available on the market).



Thanks you for your attention !

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**UHF MRI team :** 

MR Microscopy team :

Molecular imaging and drug Delivery team :

Brain metabolism and X nuclei imaging team :

**Coil Antenna team :** 

#### **Electronics & Mechanics shop :**

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