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Submission Title: The Effects of Motion Compensated Encoding Waveforms in Cardiac Diffusion Tensor Imaging: A Moving Phantom Study

SUBMISSION PREVIEW: THE EFFECTS OF MOTION COMPENSATED ENCODING WAVEFORMS IN CARDIAC DIFFUSION TENSOR IMAGING: A MOVING PHANTOM STUDY

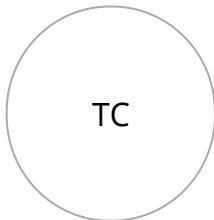
The Effects of Motion Compensated Encoding Waveforms in Cardiac Diffusion Tensor Imaging: A Moving Phantom Study

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I Agree

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Disclosure Status: Complete**Disclosure:** Does Disclose**Signed:** *Daniel Ennis* (09/18/2020, 12:59 PM)

GE Healthcare

Part 1

I Agree

Part 2

I Agree

Abstract

Topic

Contrast Agents and Novel Contrast Mechanisms

Format Type

- Scientific Sessions or SCMR/ISMRM Co-Provided Workshop

Presentation Type

- Oral Presentation or Traditional Poster

Background

Recent developments in diffusion gradient waveform design enables *in vivo* cardiac Diffusion Tensor Imaging (cDTI) as a feasible and reliable approach^[1-3]. Exploration of cDTI has proven to be a useful clinical tool to assess several types of cardiomyopathies^[4-9]. Spin-echo approaches use high-order motion compensation that increases the echo time (TE) and thus the temporal footprint of diffusion encoding. Although the efficacy of motion compensated diffusion encoding strategies have been demonstrated *in silico*^[10] and *in vivo*^[1-3], it remains unclear how residual motion affects the accuracy of the diffusion measurement. The **objective** of this work was to evaluate the accuracy and precision of quantitative tensor invariants with various motion compensated diffusion encoding strategies using a programmable linear motion stage.

Methods

An isotropic agar phantom was connected to a programable MRI compatible linear motion stage (Shelley Medical) programmed and triggered to simulate cardiac motion with a sinusoidal motion trajectory (± 5 mm, 1000ms R-R).

Imaging was performed at 3T (Skyra, Siemens) using a 32-channel array. Images were acquired with and

without programmed motion at one slice location using a custom spin-echo EPI cDTI sequence (b-values: 0, 350s/mm²; 6 directions; 1.5 x 1.5 x 5.0mm³; 5 averages; TR=1000ms) with different orders of motion compensation (position moment nulling: M₀, velocity moment nulling: M₁, acceleration moment nulling: M₂) for which the TEs were 82, 115, and 112ms, respectively.

cDTI was measured at three time points spanning a mix of velocities and accelerations (Fig. 1). Motion compensation with and without programmed motion was compared using mean diffusivity (MD) and fraction of anisotropy (FA).

Results

Fig. 2 shows DWI, MD, and FA maps with and without programmed motion. Fig. 3 shows MD and FA plots for the M₀, M₀+M₁, and M₀+M₁+M₂ sequences for the static phantom and three moving timepoints. In the presence of motion, the M₀ and M₀+M₁+M₂ sequences show a change in the mean MD value and an increased standard deviation, with respect to the static data. MD values measured with the M₀+M₁ sequence were most similar to the static phantom at the three imaging times. FA values were expected to be ~0 (isotropic phantom) and the measurements show a small change across all sequences.

Conclusion

Moment nulling, as previously shown, is an efficient way to mitigate cardiac motion in cDTI acquisitions. However, these controlled experiments indicate that higher moment nulling does not always correlate with more accurate quantitative results when imaged under the same conditions. Additional experiments that: emphasize encoding motion around the refocusing pulse; test different encoding durations; evaluate more combinations of acceleration and velocity; and include deformation are required for more insight on the effects of residual moments due to motion.

Uploaded File(s)

Images

Figure 1. Position (top left), velocity, (middle left), and acceleration (bottom left) curves of the 1D programmable linear motion stages shown with the corresponding start time for each sequence. Inset plots show the separation of sequence start times for M₀ (red), M₁ (green) and M₂ (blue) which each sharing the same center of k-space acquisition to acquire slices in the same exact location. The pulse sequence diagrams for for M₀ (top right), M₁ (middle right), and M₂ (bottom right) show the diffusion footprint and TEs for each. It should be noted that on the M₁ sequence, crushers (labeled C and colored orange) are required.

Effects_of_MoCo_cDTI_Figure_1.pdf

Figure 2. Example acquisition from the M₂ nulled sequence acquired at Time Point 2 both without (top row) and with motion (bottom). From left to right, the images are: non-diffusion weighted, diffusion weighted, Mean Diffusivity (MD) maps, and Fraction of Anisotropy (FA) maps.

Effects_of_MoCo_cDTI_Figure_2.pdf

Figure 3. Quantitative box and whisker plots for Mean Diffusivity (top) and Fractional Anisotropy (bottom). Baseline timepoints, labeled as Static, are compared with moving Time Point 1 (minimum absolute velocity and maximum absolute acceleration), moving Time Point 2 (non-zero velocity and non-zero acceleration), and moving Time Point 3 (maximum absolute velocity and minimum absolute acceleration) for different orders of motion compensation (M0, M1, and M2). M1 motion compensation shows stable MD and FA across all timepoints with respect to the Static phantom.

Effects_of_MoCo_cDTI_Figure_3.pdf

References

References

1. Aliotta E, Moulin K, Magrath P, Ennis DB. Quantifying precision in cardiac diffusion tensor imaging with second-order motion-compensated convex optimized diffusion encoding. *Magn Reson Med*. 2018; 80: 1074- 1087.
2. Stoeck CT, von Deuster C, Genet M, Atkinson D, Kozerke S. Second-order motion-compensated spin echo diffusion tensor imaging of the human heart. *Magn Reson Med* 2015; 17(Suppl 1): P81.
3. Nguyen C, Fan Z, Xie Y, et al. In vivo diffusion-tensor MRI of the human heart on a 3 Tesla clinical scanner: an optimized second order (M2) motion compensated diffusion-preparation approach. *Magn Reson Med*. 2016; 76: 1354- 1363.
4. Ferreira PF, Kilner PJ, McGill LA, Nelles-Vallespin S, Scott AD, Ho SY, McCarthy KP, Haba MM, Ismail TF, Gatehouse PD, et al.: In vivo cardiovascular magnetic resonance diffusion tensor imaging shows evidence of abnormal myocardial laminar orientations and mobility in hypertrophic cardiomyopathy. *J Cardiovasc Magn Reson*. 2014;16:87.
5. McGill LA, Ismail TF, Nelles-Vallespin S, Ferreira P, Scott AD, Roughton M, Kilner PJ, Ho SY, McCarthy KP, Gatehouse PD, et al. Reproducibility of in-vivo diffusion tensor cardiovascular magnetic resonance in hypertrophic cardiomyopathy. *J Cardiovasc Magn Reson*. 2012;14:86.
6. Tseng WY, Dou J, Reese TG, Wedeen VJ. Imaging myocardial fiber disarray and intramural strain hypokinesis in hypertrophic cardiomyopathy with MRI. *J Magn Reson Imaging*. 2006;23:1-8.
7. Nguyen C, Fan Z, Xie Y, Dawkins J, Tseliou E, Bi X, Sharif B, Dharmakumar R, Marban E, Li D. In vivo contrast free chronic myocardial infarction characterization using diffusion-weighted cardiovascular magnetic resonance. *J Cardiovasc Magn Reson*. 2014;16:68.
8. Moulin K, Viallon M, Romero W, Chazot A, Mewton N, Isaaz K, Croisille P. MRI of reperfused acute myocardial infarction edema: ADC quantification versus T1 and T2 mapping. *Radiology*. 2020;293
9. Nguyen C, Lu M, Fan Z, Bi X, Kellman P, Zhao S, Li D. Contrast-free detection of myocardial fibrosis in hypertrophic cardiomyopathy patients with diffusion-weighted cardiovascular magnetic resonance. *J Cardiovasc Magn Reson*. 2015;17:107.
10. Welsh CL, DiBella EV, Hsu EW. Higher-order motion-compensation for in vivo cardiac diffusion tensor imaging in rats. *IEEE Trans Med Imaging*. 2015; 34: 1843- 1853.

Keywords

Keyword One:

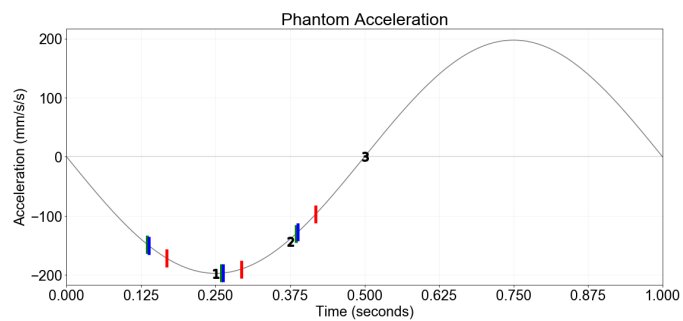
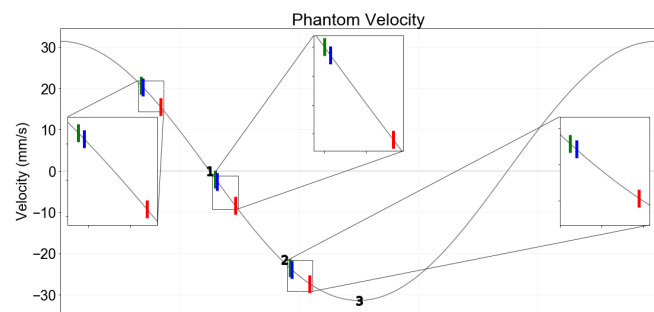
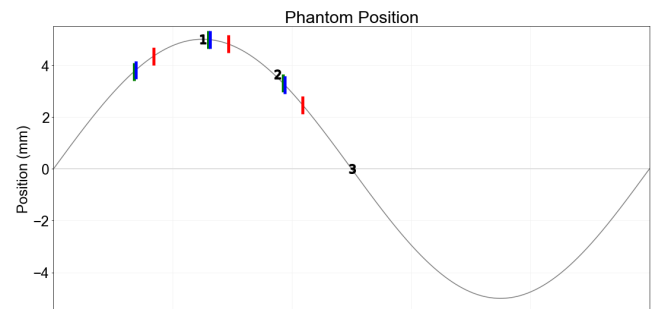
Diffusion Weighted Imaging

Keyword Two:

Motion Correction

Keyword Three:

Pulse Sequences



1 TE for Time Point 1
2 TE for Time Point 2
3 TE for Time Point 3

— M_0 Sequence Start — M_1 Sequence Start — M_2 Sequence Start

