



University of
Sheffield



Methods for and applications of hyperpolarised ^{129}Xe gas MRI

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Aarhus October 2024

1

Overview

- ^{129}Xe MRI – background physics and engineering
- ^{129}Xe MRI acquisition and quantification methods
- Pathophysiological sensitivity – ventilation, microstructure, gas exchange - quantitative metrics
- Few examples of clinical utility

2

First ^{129}Xe gas MRI mouse lungs
Albert et al Nature 1994

HELIUM-3 USAGE IN THE PAST 5 YEARS

Low-temperature physics	1.3%
Medical imaging	1.7%
Oil & gas detectors	2.5%
Neutron scattering, etc.	10%
Neutron detectors for security	84.5%

Science 2009 vol 326

^3He ^{129}Xe

3

Hyperpolarised ^{129}Xe MRI

18
2 He
10 Ne
18 Ar
36 Kr
54 Xe
86 Rn
118 Uuo

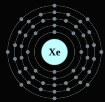
Xenon - derived from Greek '*xenos*' - stranger

Laser hyperpolariser

Inhaled ^{129}Xe lung image

4

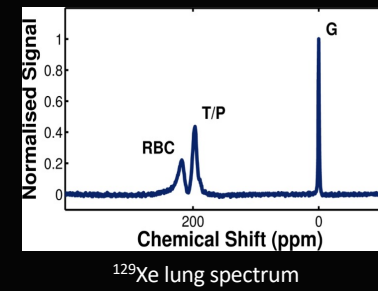
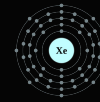
NMR properties



Property	¹ H	³ He	¹²⁹ Xe	¹⁹ F
Nuclear spin, <i>I</i>	1/2	1/2	1/2	1/2
Gyromagnetic ratio, γ (MHz/T)	42.58	-32.44	-11.78	40.07
T2* in gas phase		14-28 ms	30-50 ms	~4 ms
T1 in gas phase	-	20 s	40 s	~12 ms
T1 dissolved in blood /tissue			2-10 s	
ADC in healthy lungs (cm ² s ⁻¹)	-	~ 0.2	~ 0.04	~0.015 (C ₃ F ₈)
Cost (£/L)	-	~ 500?	~ 150 (EN ~80%)	
			~ 20 (NA ~ 26%)	2 (>10L needed)
T1 gas in air		40 s	20 s	

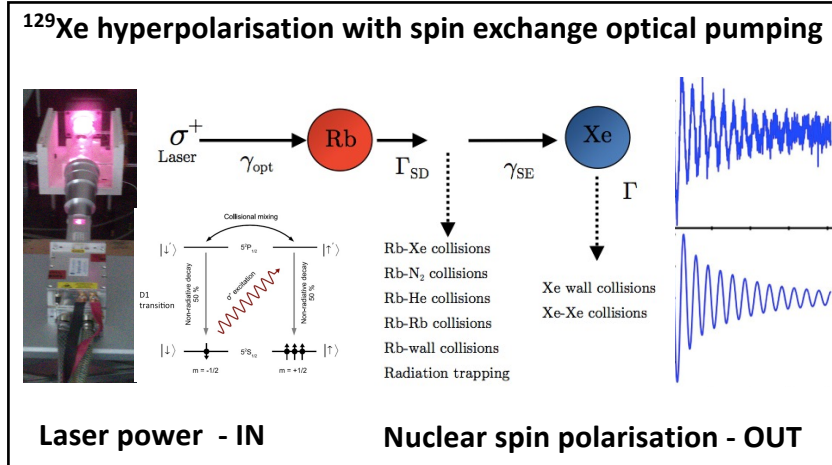
5

¹²⁹Xe solubility and chemical shift

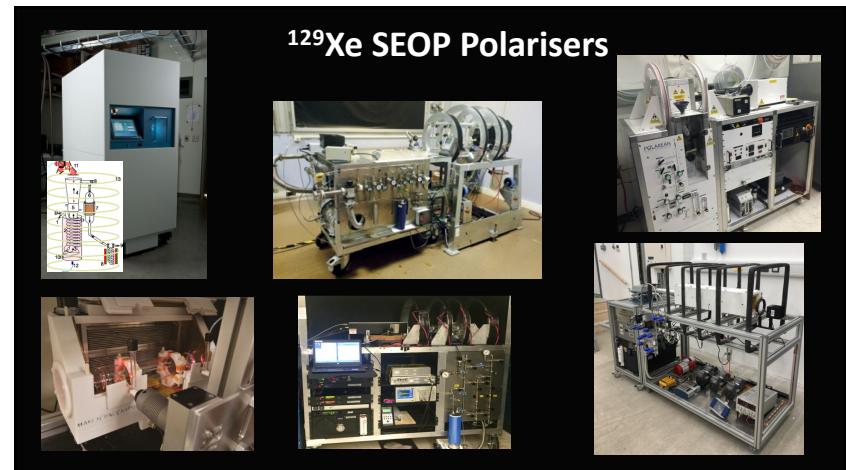


Solvent	Ostwald Solubility Coefficient, λ	Chemical shift, δ (ppm)
Distilled H ₂ O	0.083	190
Saline	0.078 – 0.093	194 – 196
Olive oil	1.79 – 1.83	198
Adipose tissue	1.715	191
Plasma	0.091 – 0.103	192 – 197
RBCs	0.19 – 0.27	216 – 222

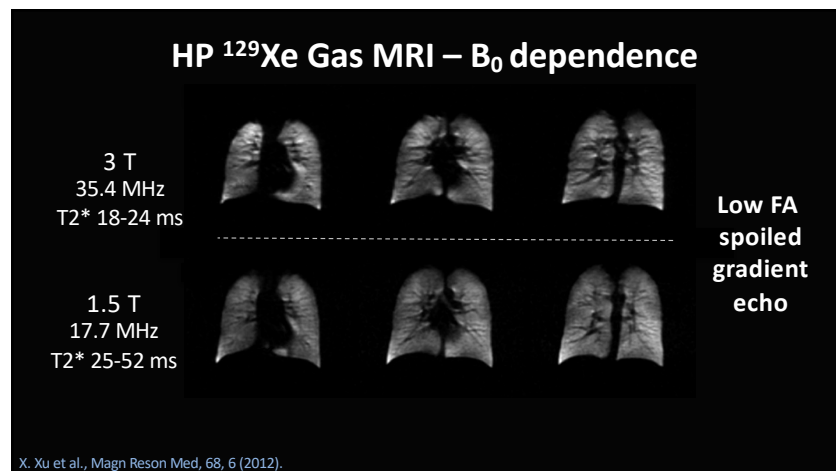
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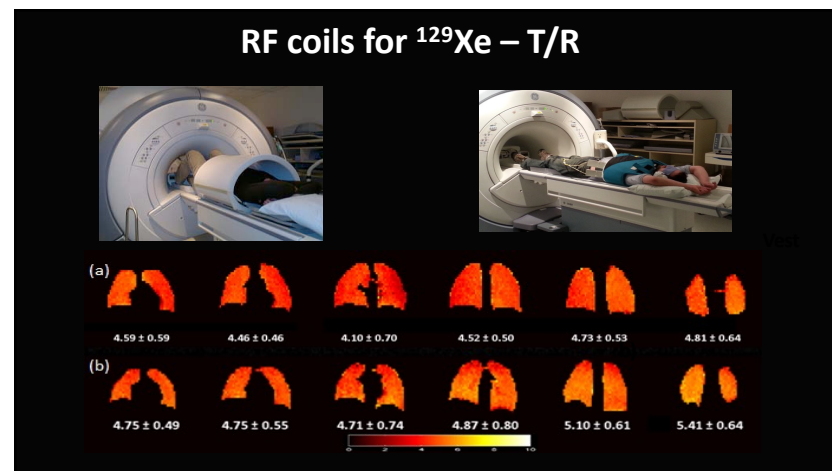
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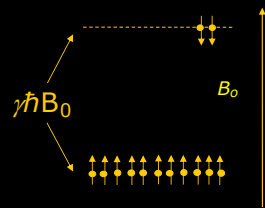


9



10

Best use of hyper- polarisation



small flip angles with spoiled sequences

$$S(n) = S_0 \sin \alpha (\cos(\alpha))^{n-1}$$

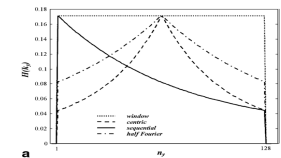
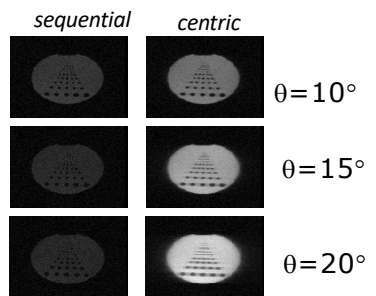
11

Polarisation constraint

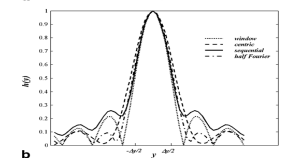
$$M_y(n) = M_0 (\cos \theta)^{n-1} \sin \theta \exp(-NT_R/T1(p0_2))$$

RF k-space filter $H(k_y)$

$$\tan(\alpha_{opt}) = \left(\sqrt{(N/2) - 1} \right)^{-1}$$



k_y -filter



PSF

Magn Reson Med, 47, 687, 2002.

12

Variable flip angle spoiled gradient echo

Use a progressively increasing F.A. to maintain constant transverse magnetisation M_{xy}
use ALL the Longitudinal magnetisation up – most efficient use of polarisation

For a given N ; $SNR \propto \sin\theta_1$ $\theta(n) = \arctan\left(\frac{1}{\sqrt{N-n}}\right)$

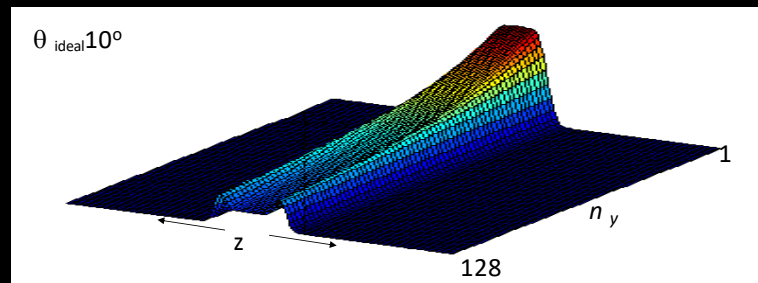
VFA technique introduces no additional blurring :
 $H(k_y) = \text{constant}$

$$\tan(\alpha_{opt}) = \left(\sqrt{(N/2)-1}\right)^{-1}$$

Zhao et al J Magn Reson B. 1996;113(2):179-83

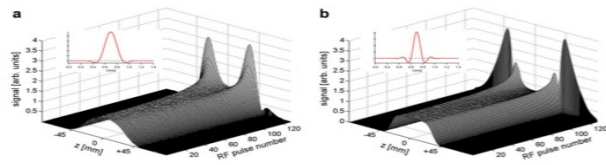
13

2D or 3D?



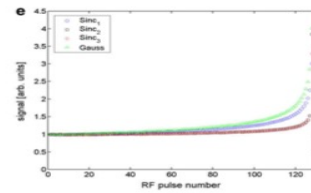
14

Slice profile effects with variable flip angle



Compensate by :

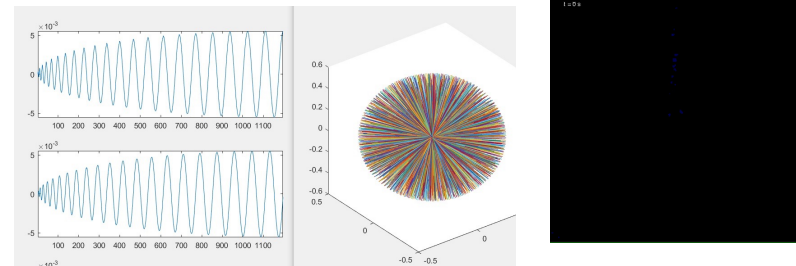
- discarding data
- pulse –pulse slice profile modulation



Journal of Magnetic Resonance 202 (2010) 180–189

15

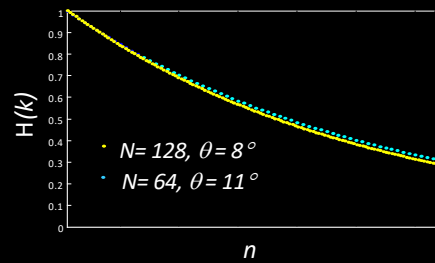
Non Cartesian sampling



- short TE for dissolved ^{129}Xe
- undersampling and view sharing for dynamic imaging

16

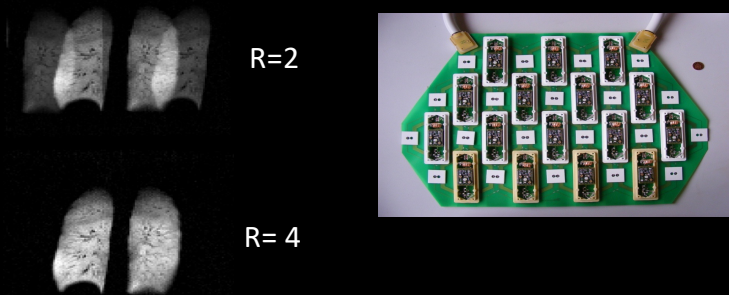
RF undersampling – flip angle



Undersampling – increase the FA when reducing N to overcome the SNR penalty ($\text{SNR} \propto \sqrt{N}$)

17

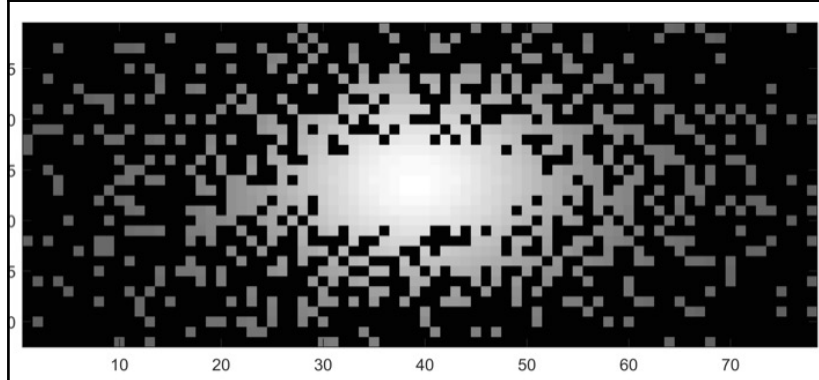
Parallel Imaging – efficient use of polarisation



Deppe et al Magn Reson Med. 2011 Dec;66(6):1788-97.

18

Image acceleration with 3D Compressed Sensing

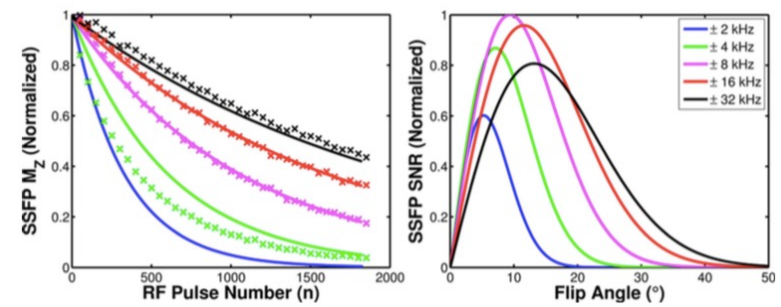


Collier et al *Magn Reson Med*, 2019 Jul;82(1):342-347.

Ajraoui et al *Magn Reson Med*, 2010 Apr;63(4):1059-69

19

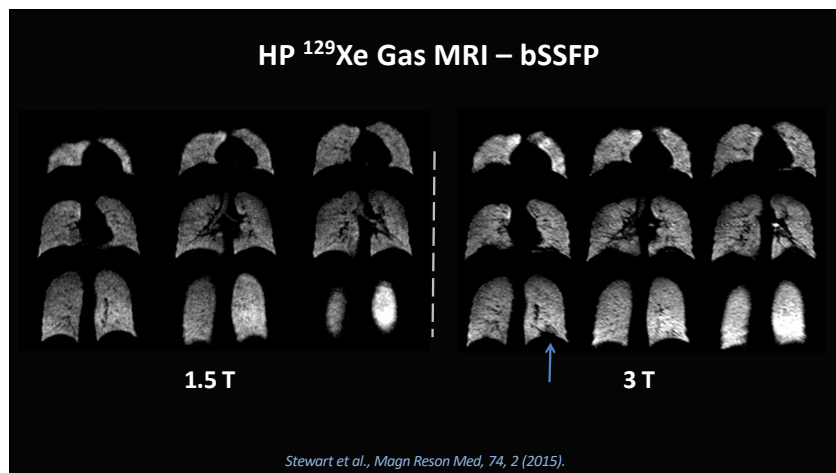
Recycle magnetisation - SSFP



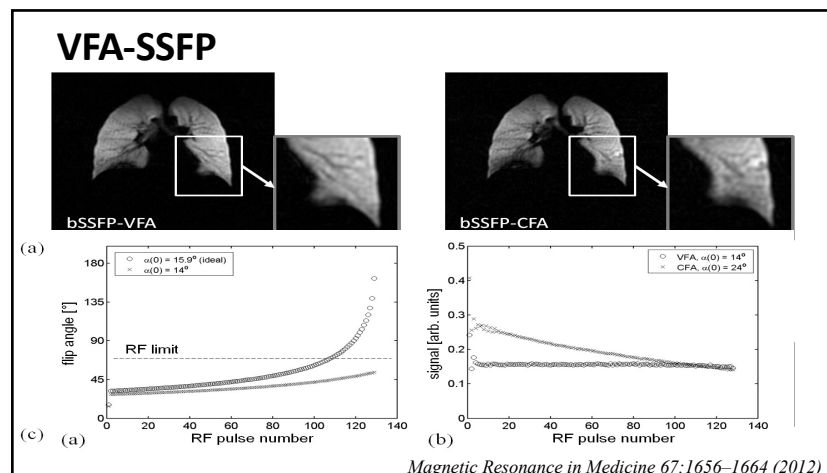
Wild et al *J MagnReson*, 183 (2006) 13-24,

N. J. Stewart et al., *Magn Reson Med*, 74, 2 (2015).

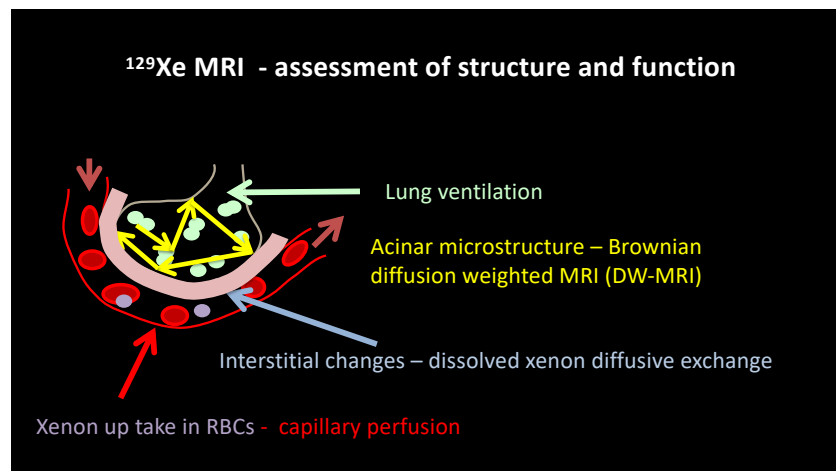
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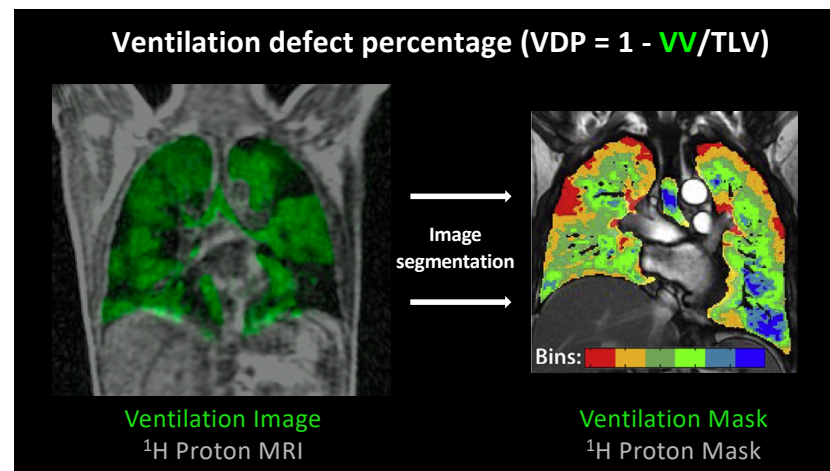
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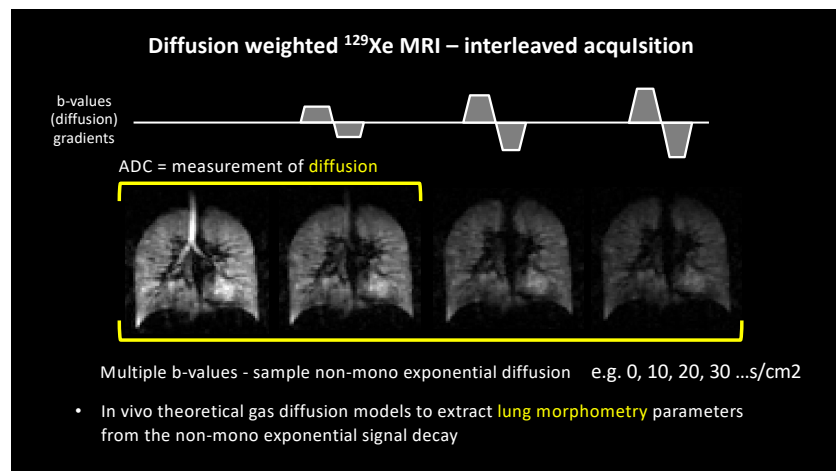
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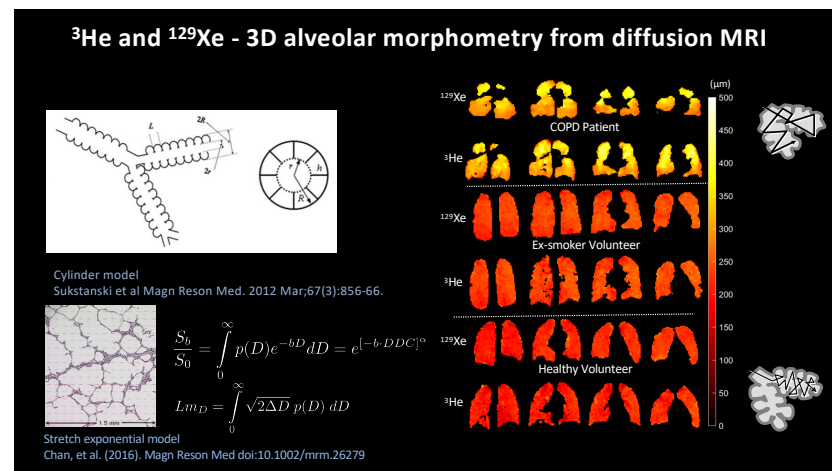
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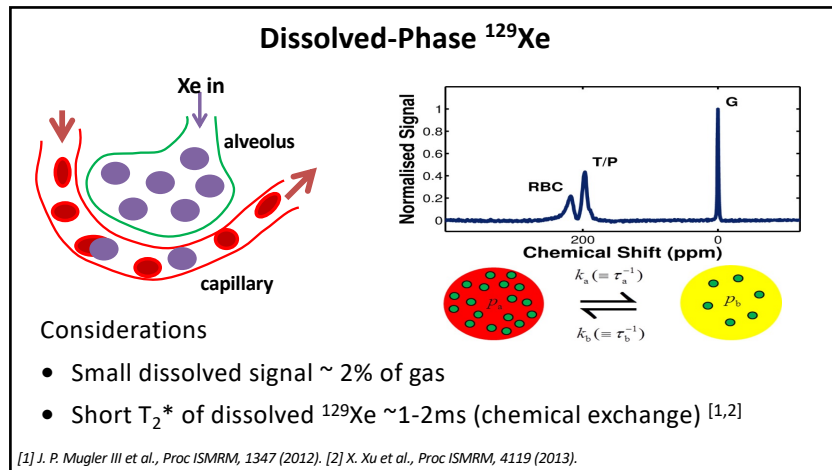
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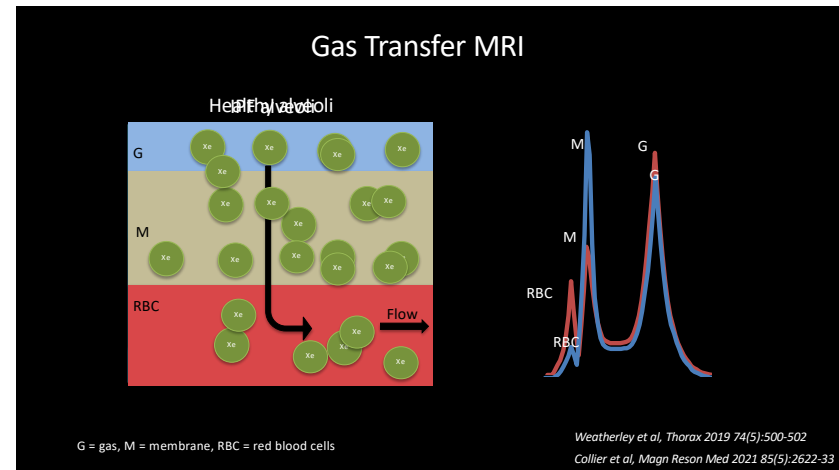
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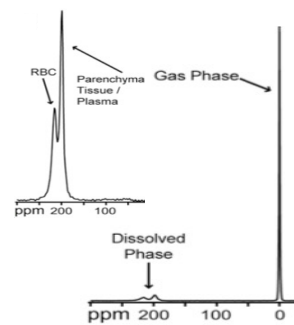
28

^{129}Xe dissolved phase imaging

- short T_2^* ($< 2\text{ms}$) due to chemical exchange effects between RBC and tissue/plasma
- large gas signal contaminates (but also acts as a signal reservoir by gas exchange in lungs – can use larger FA)

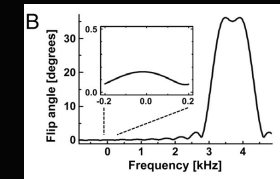
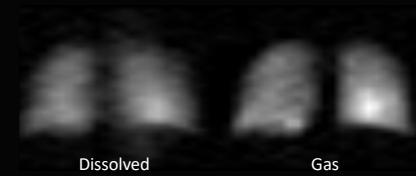
Use:

- UTE (radial/spiral/ 3D radial)
- Frequency selective RF pulses



29

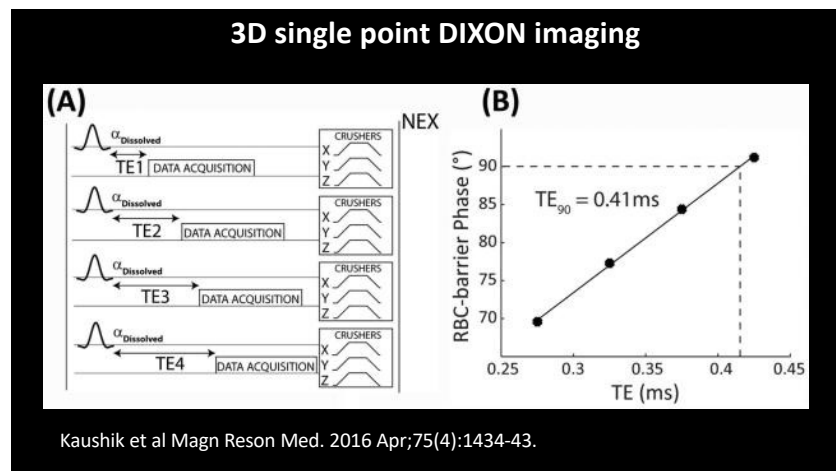
Dissolved-Phase ^{129}Xe imaging



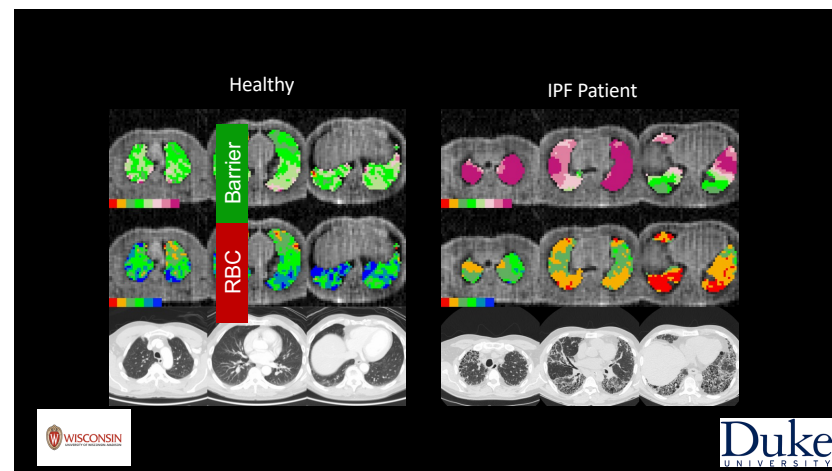
- gas & dissolved ^{129}Xe separated in frequency direction [1]
- narrow band RF pulses for selective dissolved excitation [2]

[1] J. P. Mugler et al., PNAS, 107, 50 (2010). [2] Leung et al MRM

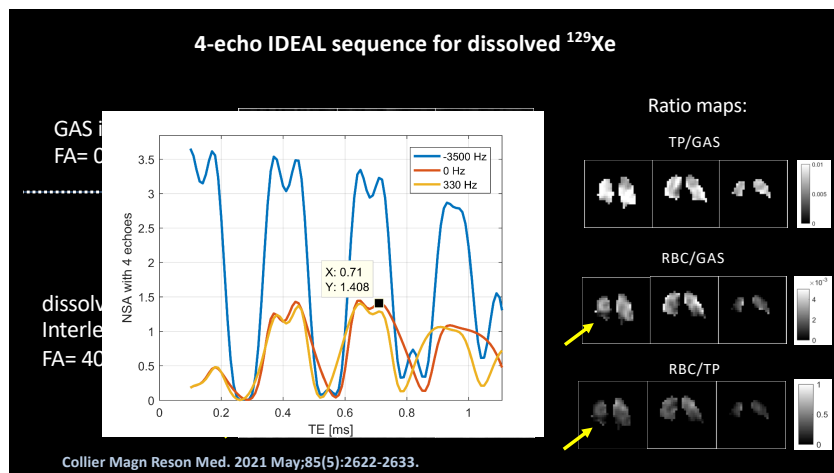
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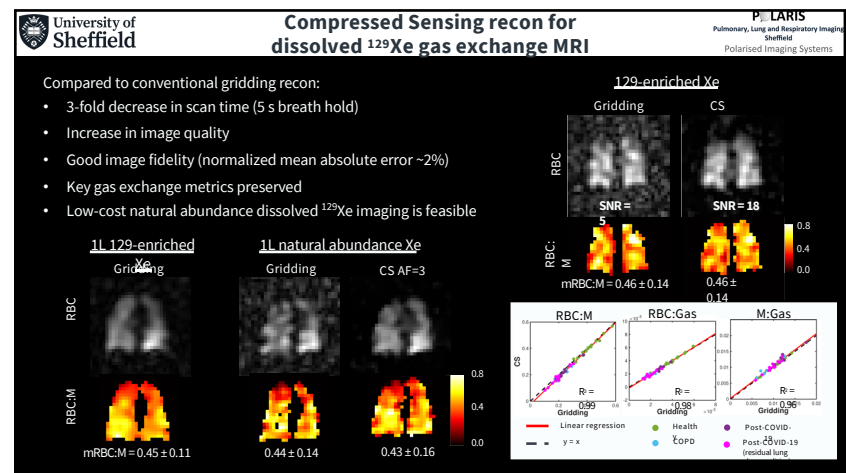
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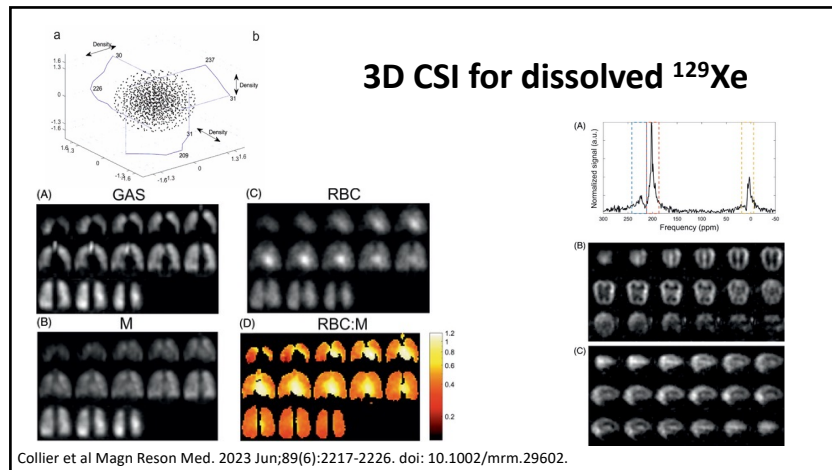
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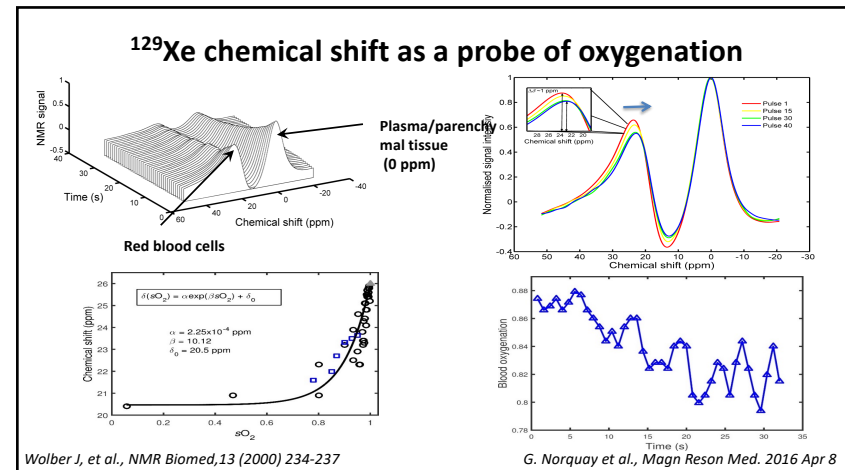
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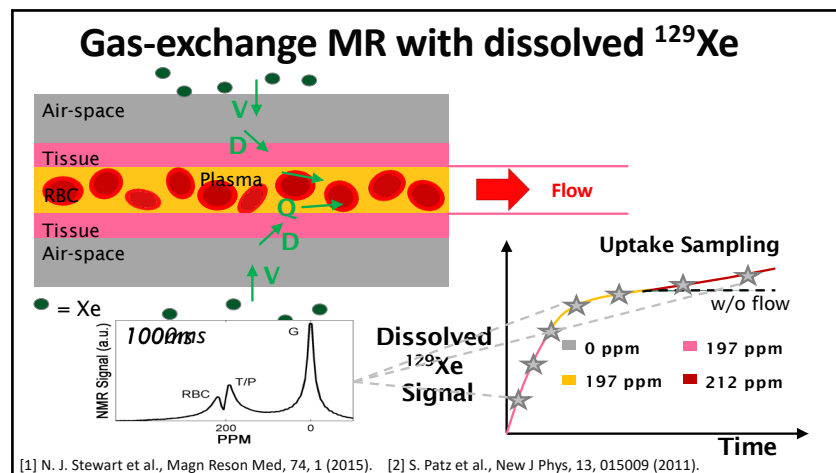
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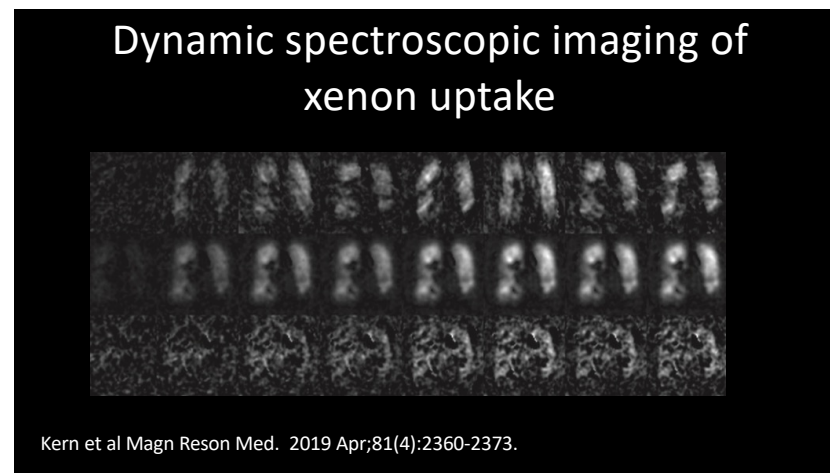
35



36



37



38

Clinical applications where lung MRI can add value

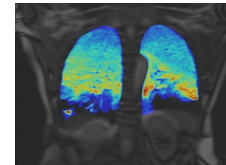
- Paediatrics and Infants : CF and BPD
- Assessment of interventions in asthma and COPD
- Diseases of gas exchange

39

Imaging tools for pulmonary disease

Better understanding of lung
physiology and disease mechanisms

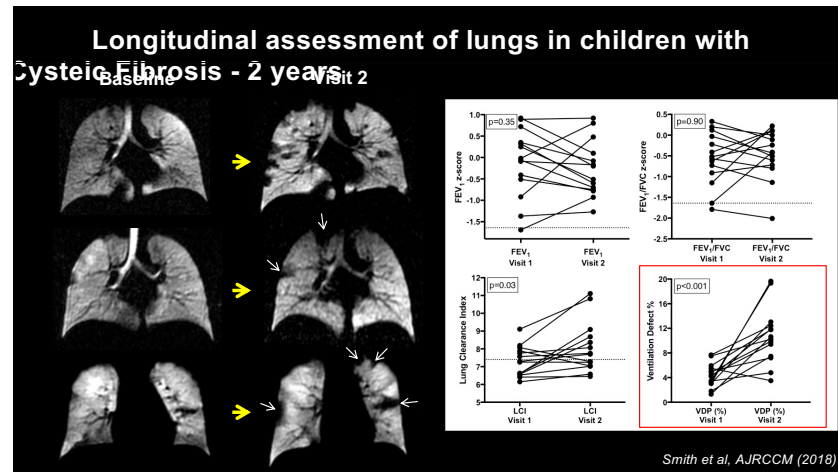
Early detection,
diagnosis



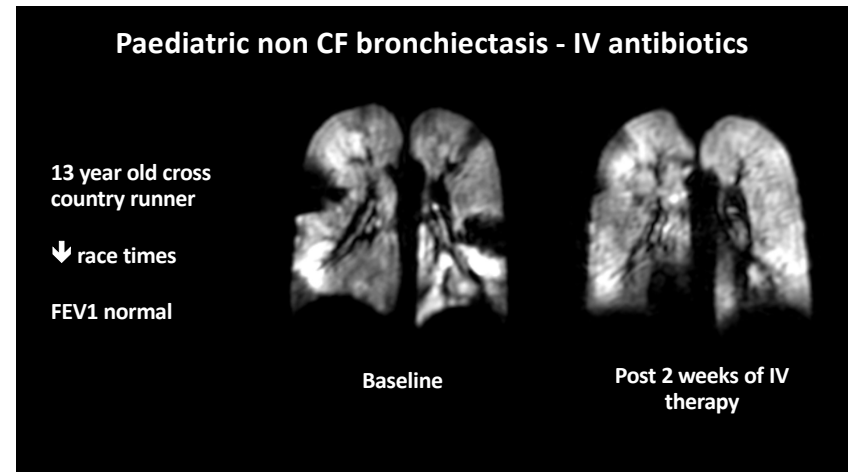
Better,
personalised and
regionally targeted
treatments

Sensitive *regional markers* of
therapy and progression

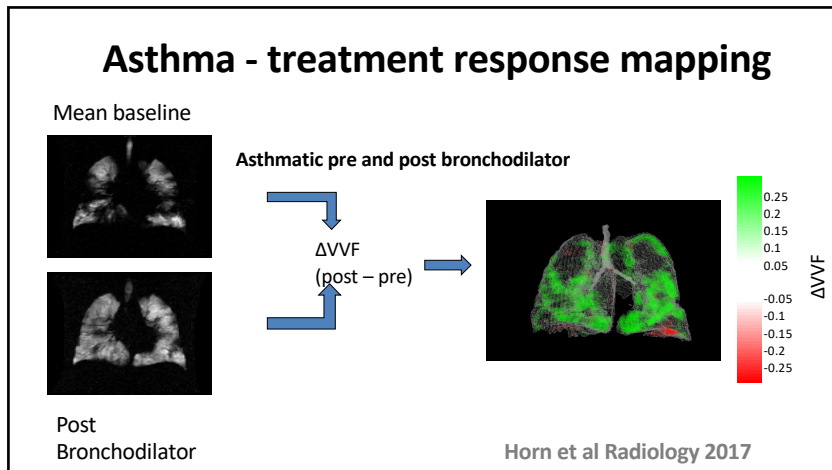
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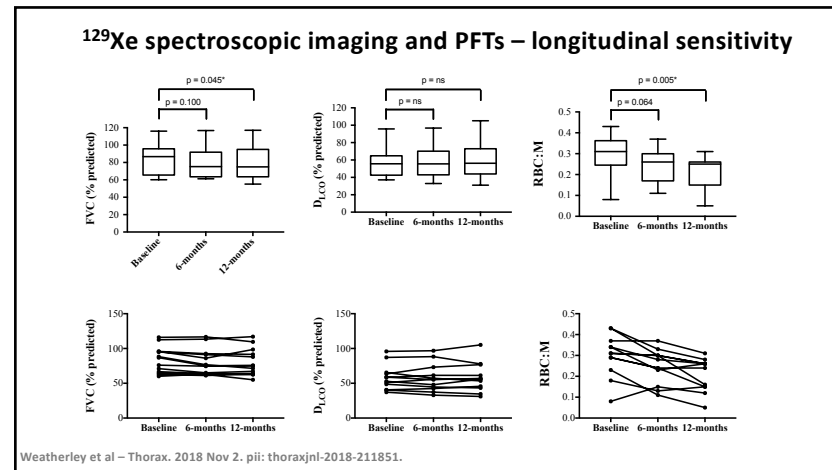
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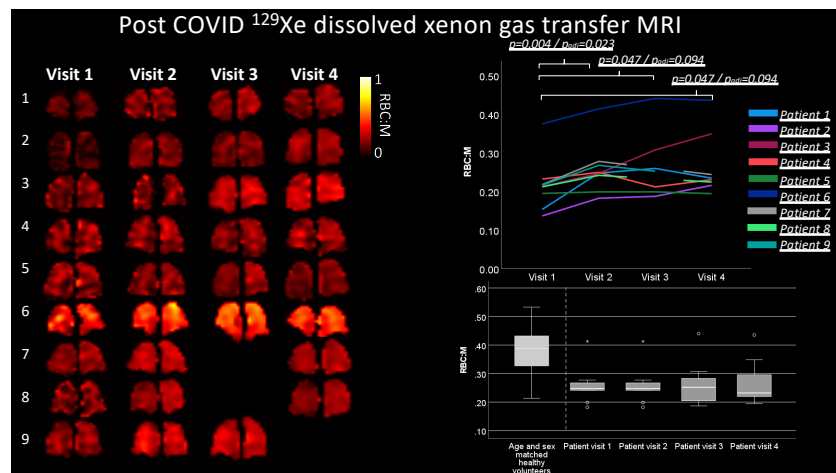
42



43



44



45

Clinical referral

1L natural-abundance NA Xe (~ £20 per scan)

MHRA

Medicines and Healthcare Products Regulatory Agency

Manufacturer's "Specials" Licence

1. Licence Number: M0123456789

2. Name of the product: 1L natural-abundance NA Xe

3. Address of the manufacturer: 123 Main Street, London, UK

4. Supply representative of the product: Dr. John Doe, 456 High Street, London, UK

5. Name of the distributor and storage form: 789 High Street, London, UK

6. Legal name of the distributor: 101 High Street, London, UK

7. Name of the responsible officer of the distributor: Dr. Jane Smith, 101 High Street, London, UK

8. Name of the responsible officer of the manufacturer: Dr. John Doe, 123 Main Street, London, UK

9. Name of the responsible officer of the distributor: Dr. Jane Smith, 101 High Street, London, UK

10. Name of the responsible officer of the manufacturer: Dr. John Doe, 123 Main Street, London, UK

>5000 doses dispensed since 2016

25 minute lung structure-function scanning

46

Protocols for multi-site trials using hyperpolarized ^{129}Xe MRI for imaging of ventilation, alveolar-airspace size, and gas exchange: A position paper from the ^{129}Xe MRI clinical trials consortium

Peter J. Niedbalski¹ | Chase S. Hall¹ | Mario Castro¹ | Rachel L. Eddy^{2,3} | Jonathan H. Rayment⁴ | Sarah Svenningsen^{5,6} | Grace Parraga⁷ | Brandon Zanette⁸ | Giles E. Santyr^{8,9} | Robert P. Thomen¹⁰ | Neil J. Stewart¹¹ | Guilhem J. Collier¹¹ | Ho-Fung Chan¹¹ | Jim M. Wild¹¹ | Sean B. Fain¹² | G. Wilson Miller¹³ | Jaime F. Mata¹³ | John P. Mugler III¹³ | Bastiaan Driehuys¹⁴ | Matthew M. Willmering¹⁵ | Zackary I. Cleveland^{15,16} | Jason C. Woods^{15,16}

<https://polaris-sheffield.github.io/sheffield-lung-protocol/>

GE HealthCare | University of Sheffield

Sheffield-GEHC Lung Protocol

1.5T | 3T | 7T | 129Xe

Filter by Lung Condition

All sequences

3D ventilation

3D 129Xe ventilation research sequence

High resolution 3D 129Xe sequences generate maps of lung ventilation

Localized ventilation defects can be evaluated characteristic of obstructive lung disease

Reference: Gossard AJ et al. Feasibility of human high resolution 3D 129Xe MRI ventilation imaging with fully polarized methane detection. *Proc Intl Symp Mag Resonance Med Biol*. 2019;39:1202-1205.

Sheffield, U.K. et al. Detection of early obstructive lung disease with hyperpolarized 129Xe MRI

Parameter	Value
Sequence Name	3D 129Xe ventilation
Protocol	Research
Field Strength	1.5T
Resolution	3D
Gas	129Xe
Application	Ventilation
Manufacturer	GE Healthcare
Version	1.0
Created	2021-07-13
Modified	2021-07-13
Author	Chase S. Hall
Reviewer	Jason C. Woods
Approved	Yes
Published	Yes

Logistical considerations for ^{129}Xe MRI

Cost

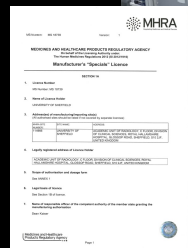
- RF coils & broad band RF amplifier ~ £150 k
- Gas polariser ~ £300 k
- Gas ~ £20/L

Technical support

- MR physicist and MR radiographer

Clinical interest

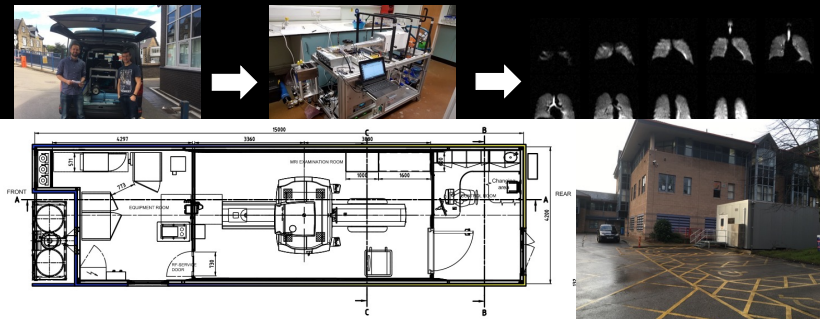
- Respiratory medicine / pharma
- Regulatory licencing



49

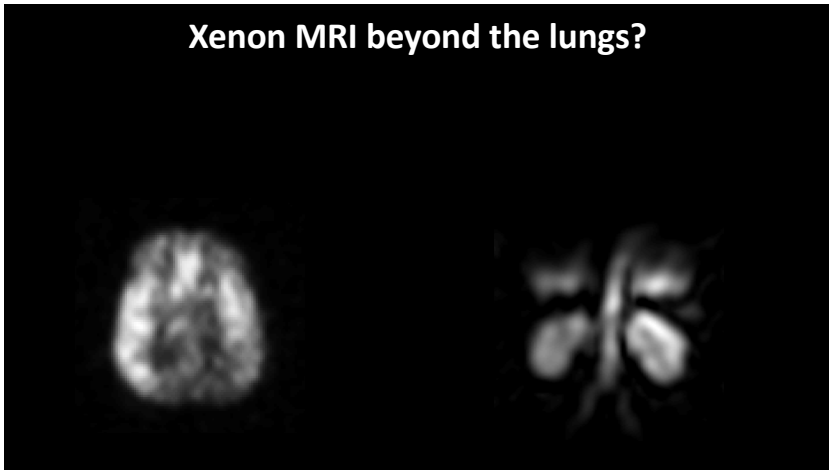
Accessibility and portability of technology

- ^{129}Xe lung imaging at novice clinical imaging centre
- no specialist equipment is needed for polarizer installation



50

Xenon MRI beyond the lungs?

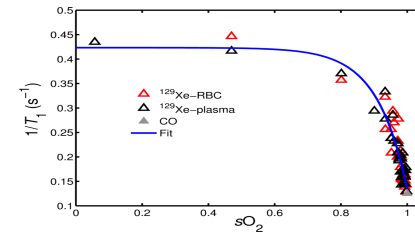
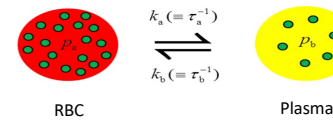


51

Dissolved ^{129}Xe - T₁ in blood

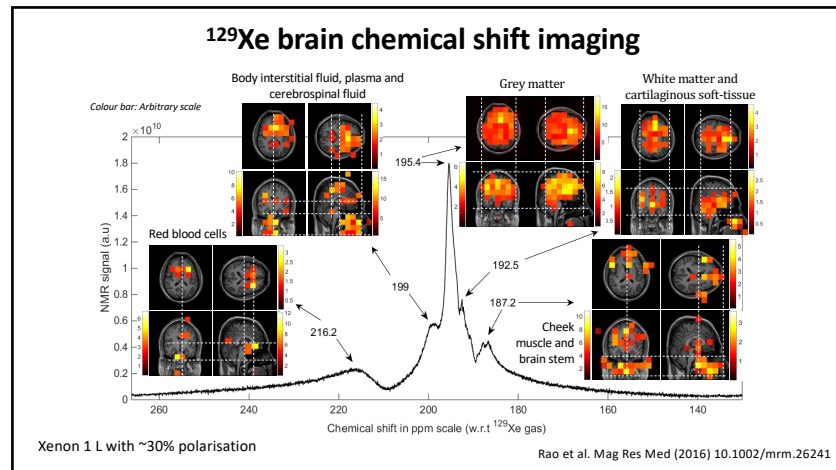
T₁ of ^{129}Xe in oxygenated blood is sufficiently long for transport to distal organs

oxyHb ^{129}Xe -blood T ₁	7.7 s
deoxyHb ^{129}Xe -blood T ₁	2.4 s

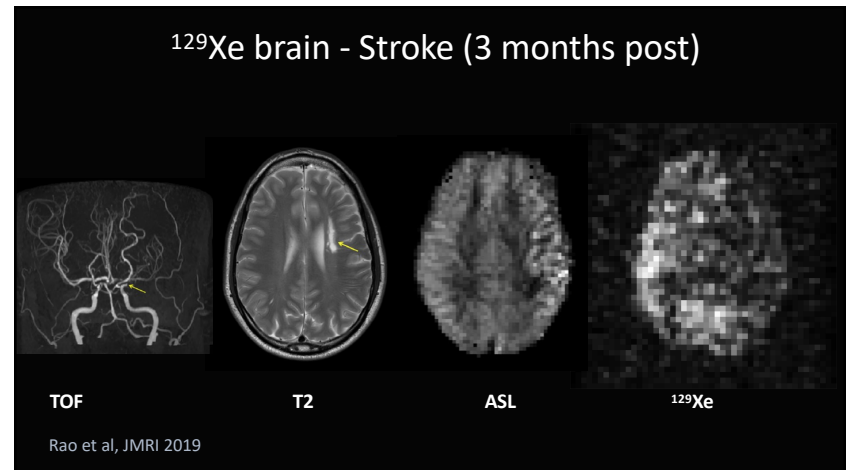


G. Norquay et al., *Magn Reson Med*, 74, 2 (2015).

52



53

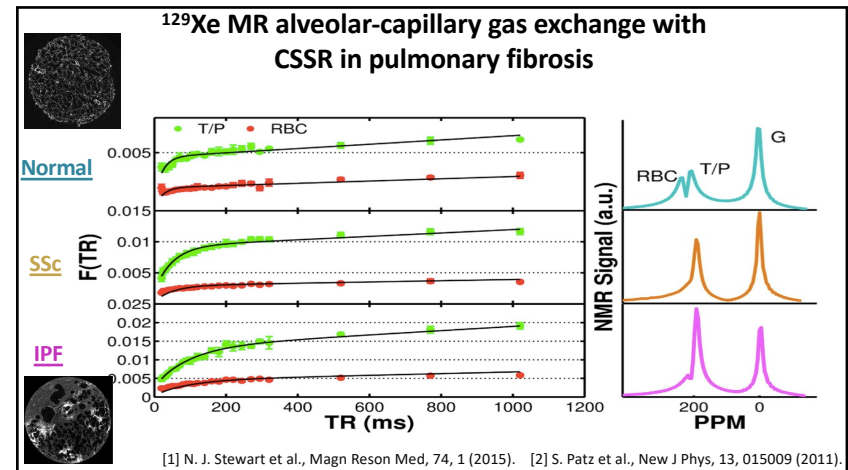


54

<https://www.sheffield.ac.uk/polaris>

<https://polaris-sheffield.github.io/sheffield-lung-protocol/>

55



56