



University of
Sheffield



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

Jim Wild

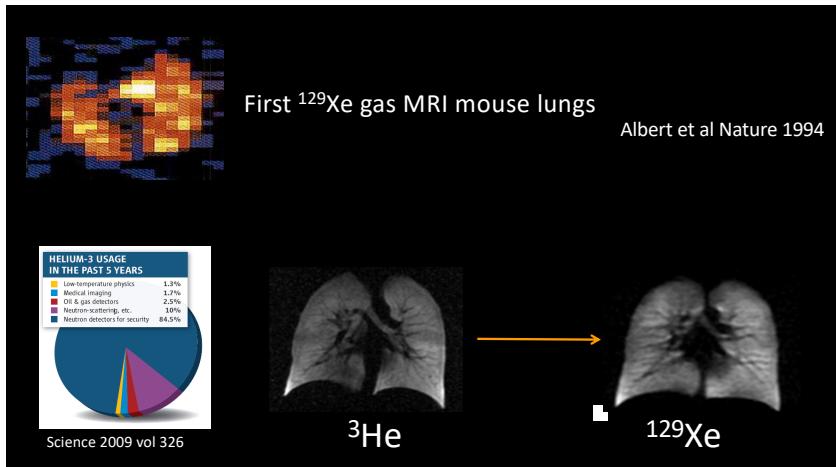
Aarhus October 2024

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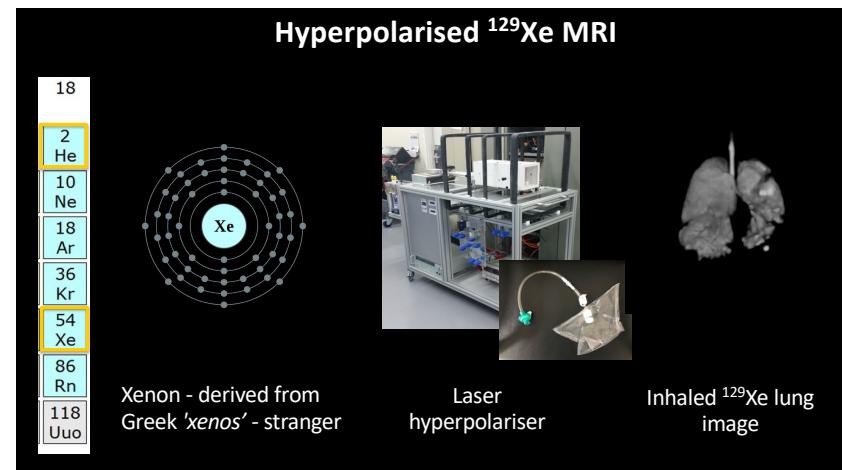
Overview

- ^{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

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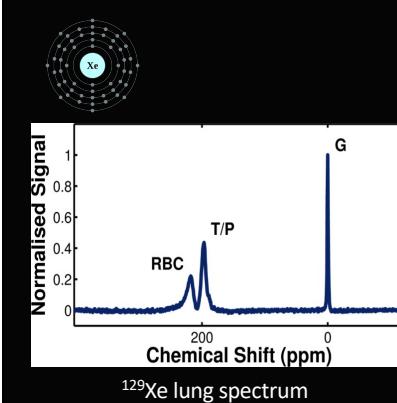
NMR properties



Property	¹ H	² 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^2s^{-1})	-	~ 0.2	~ 0.04	~0.015 (C ₁ F ₈)
Cost (£/L)	-	~ 500?	~ 150 (EN ~80%)	
			~ 20 (NA ~ 26%)	(>10L needed) 2
T1 gas in air		40 s	20 s	

5

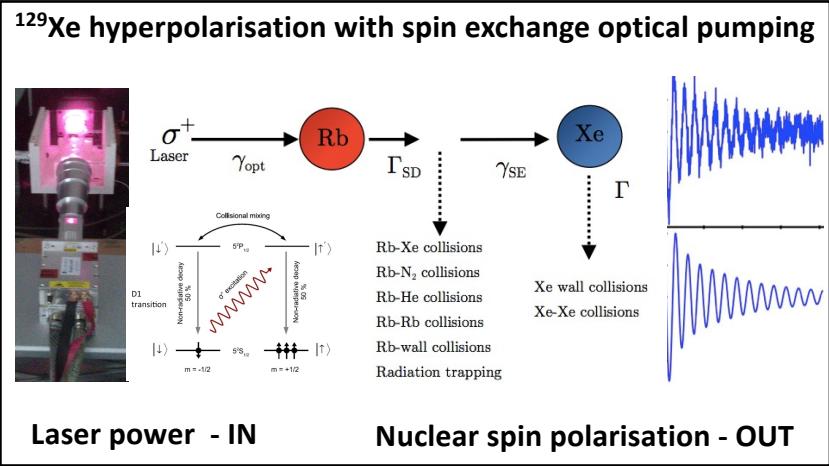
¹²⁹Xe solubility and chemical shift



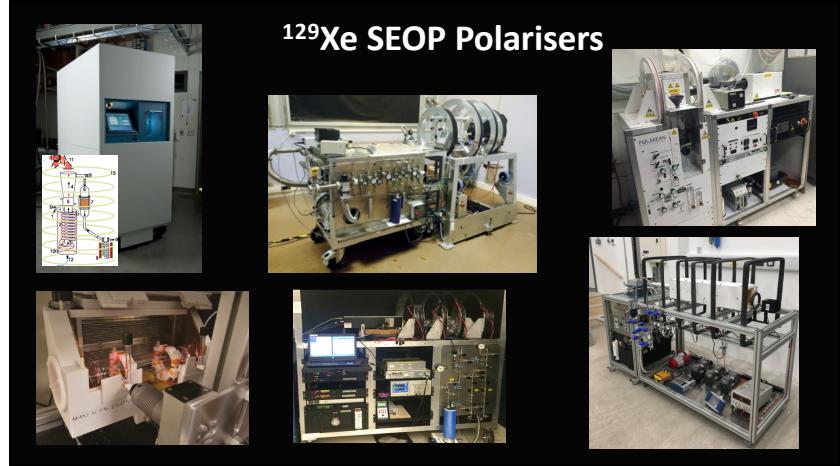
¹²⁹Xe lung spectrum

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

6



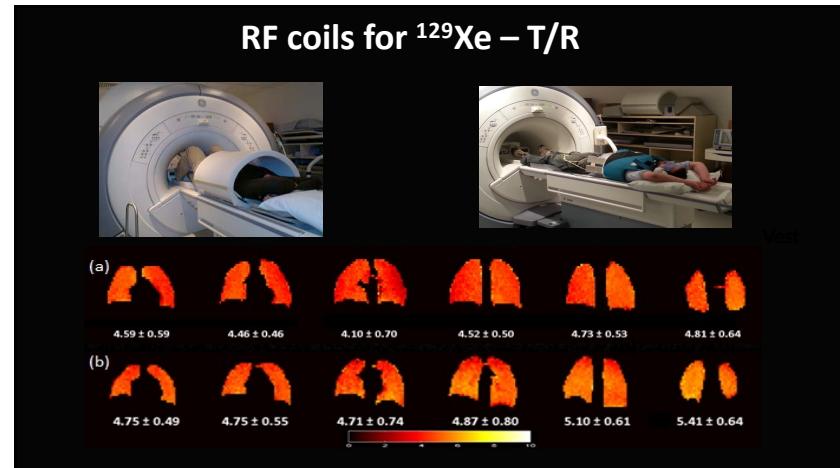
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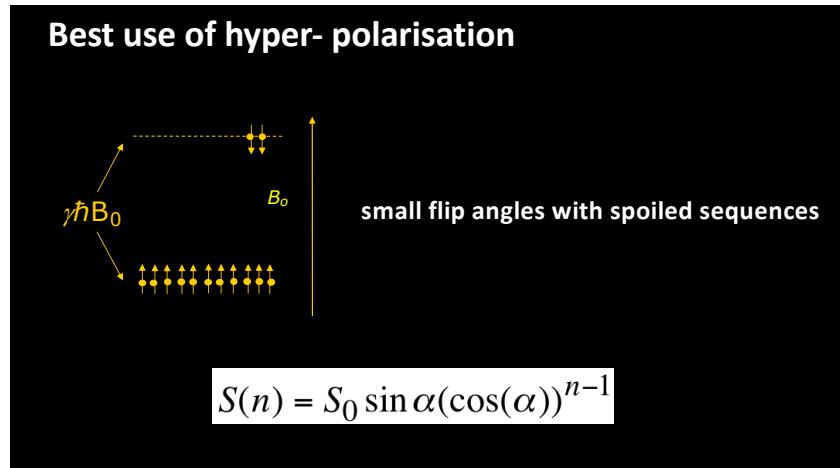
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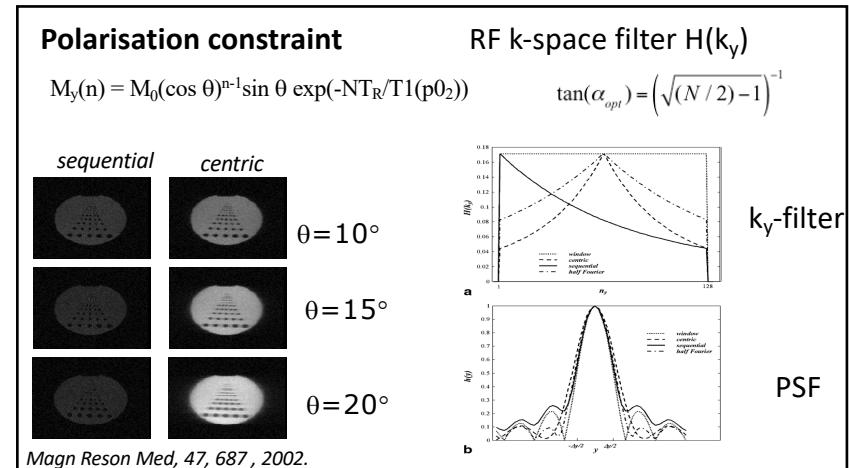
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Variable flip angle spoiled gradient echo

Use a progressively increasing F.A. to maintain constant transverse magnetisation M_{xy}

use ALL the Longitudinal magnetisation up – most efficient use of polarisation

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

VFA technique introduces no additional blurring :

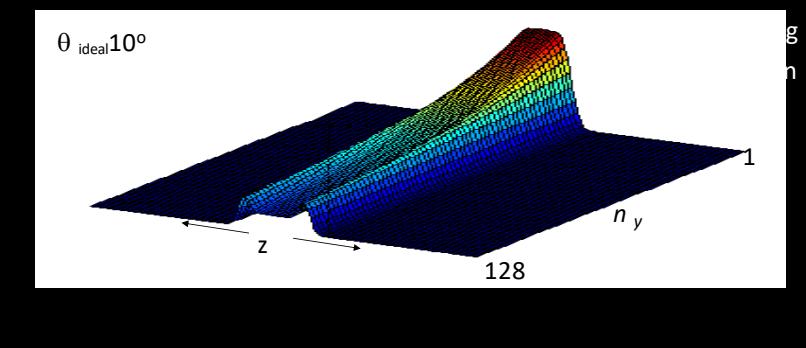
$H(k_y) = \text{constant}$

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

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

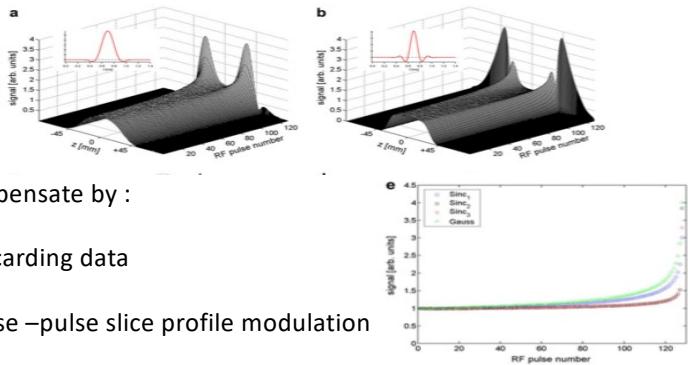
13

2D or 3D?



14

Slice profile effects with variable flip angle

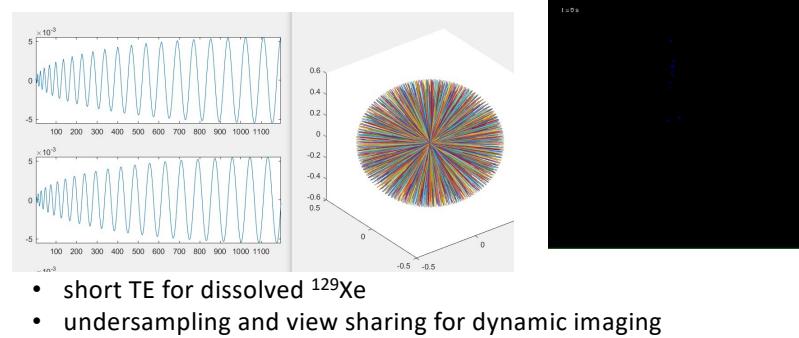


Compensate by :

- discarding data
- pulse –pulse slice profile modulation

Journal of Magnetic Resonance 202 (2010) 180–189

Non Cartesian sampling

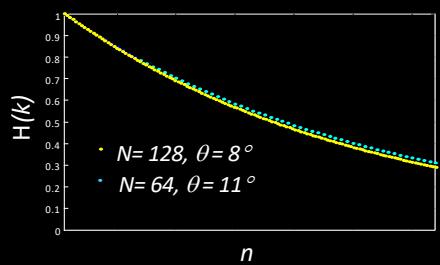


- short TE for dissolved ^{129}Xe
- undersampling and view sharing for dynamic imaging

15

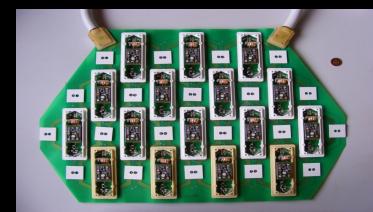
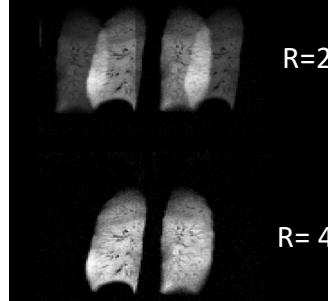
16

RF undersampling – flip angle



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

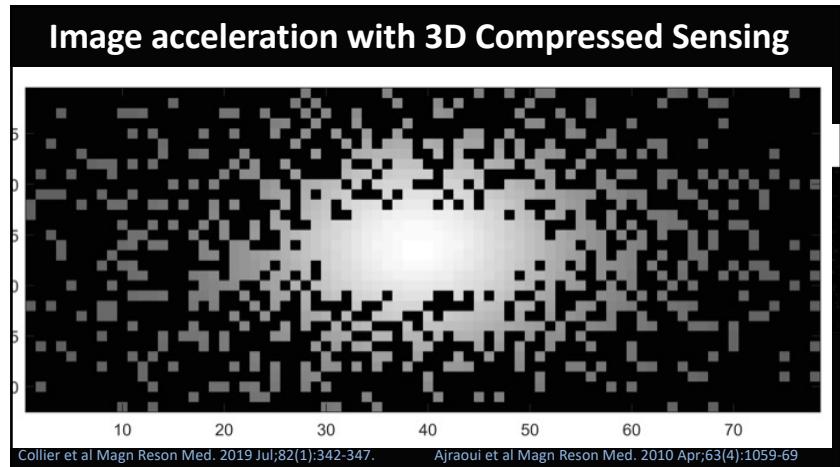
Parallel Imaging – efficient use of polarisation



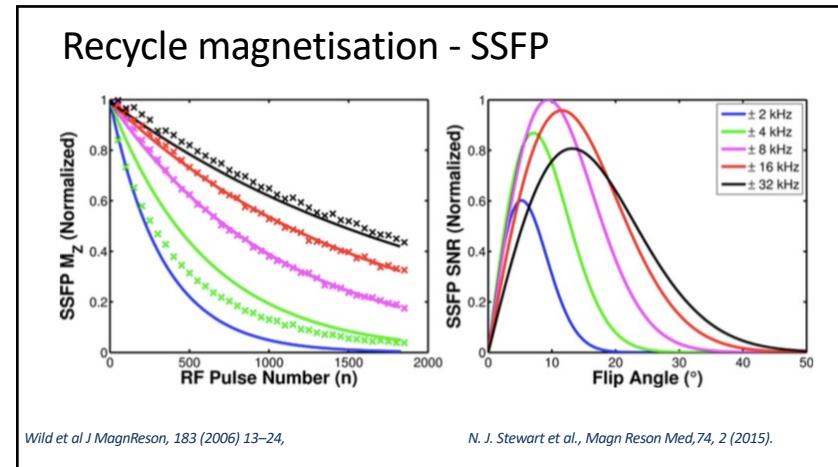
Deppe et al Magn Reson Med. 2011 Dec;66(6):1788-97.

17

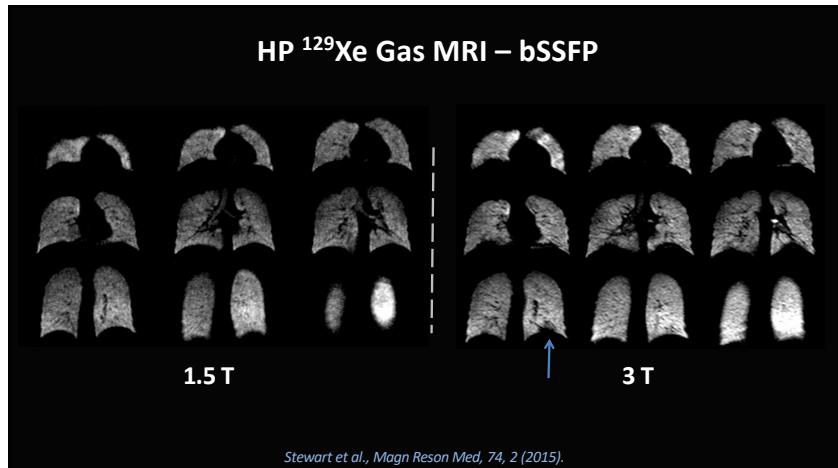
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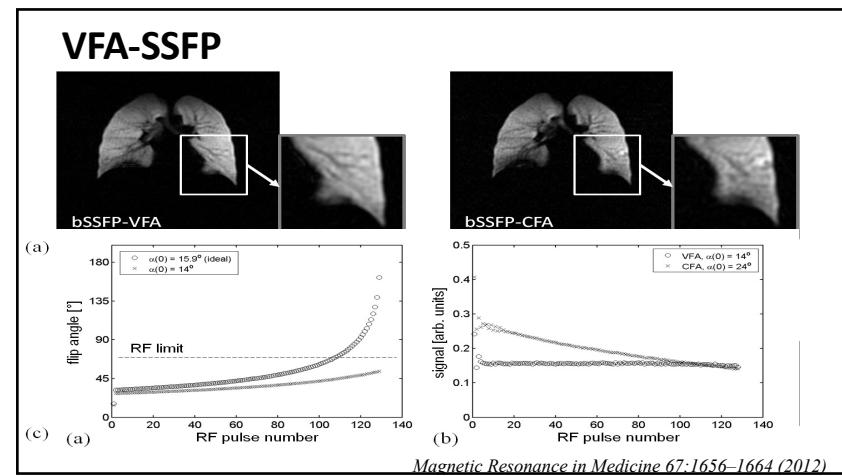
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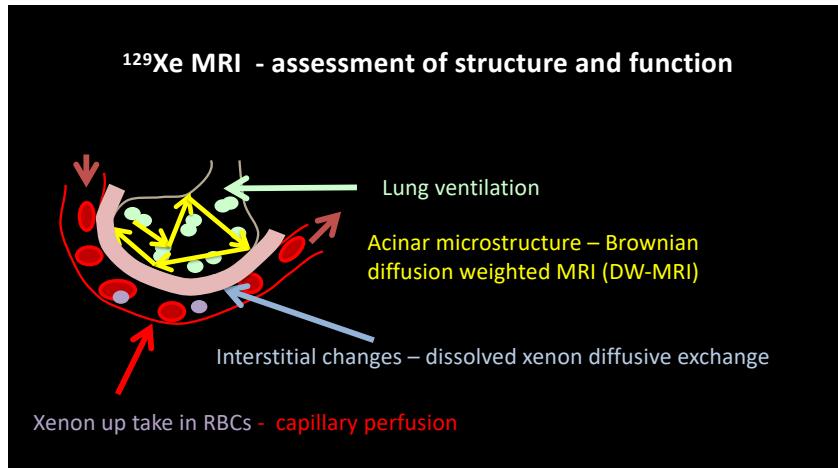
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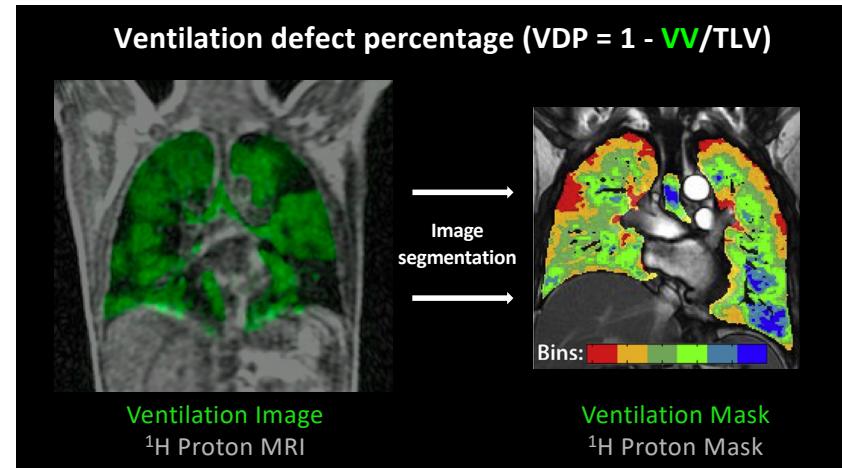
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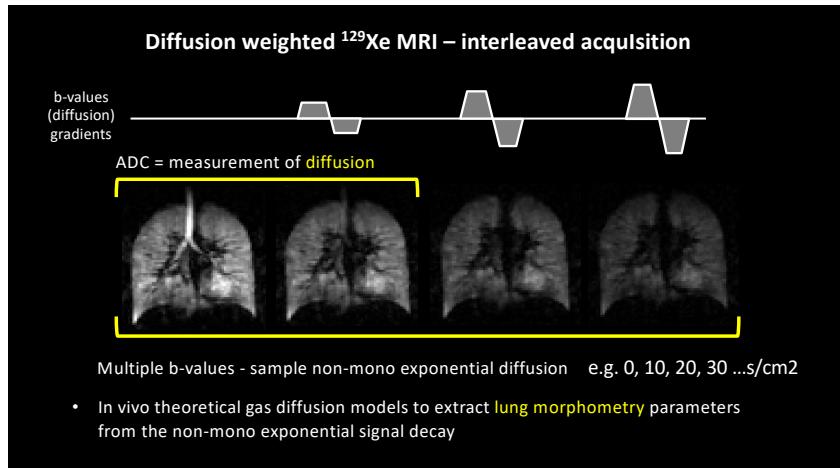
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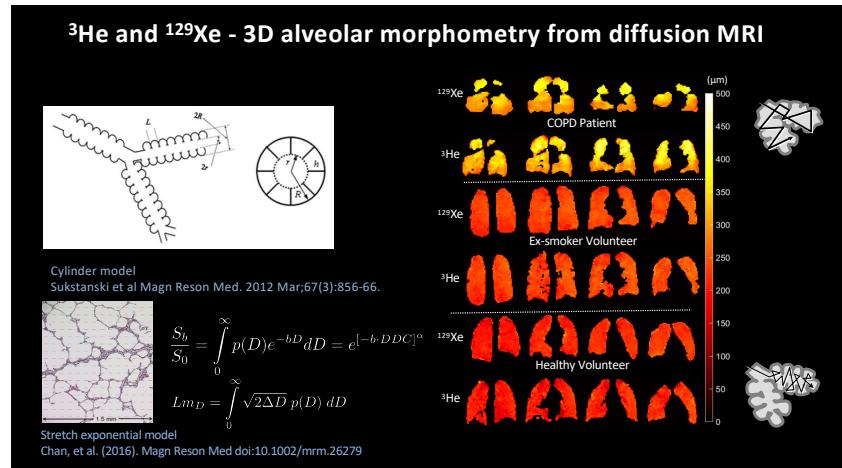
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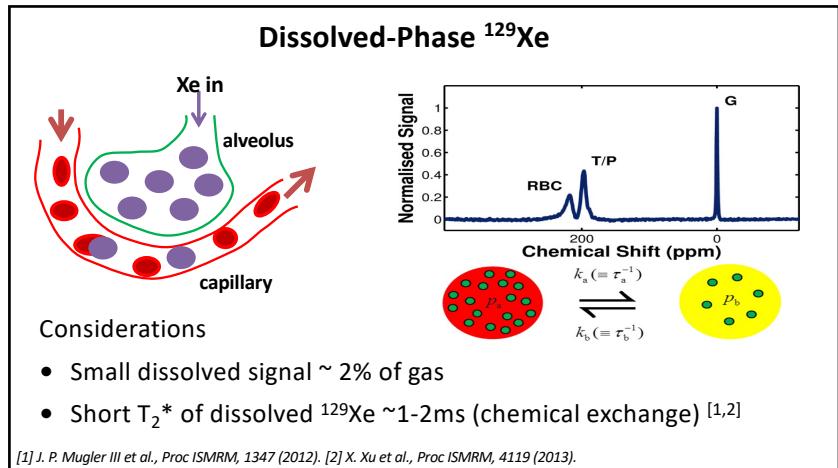
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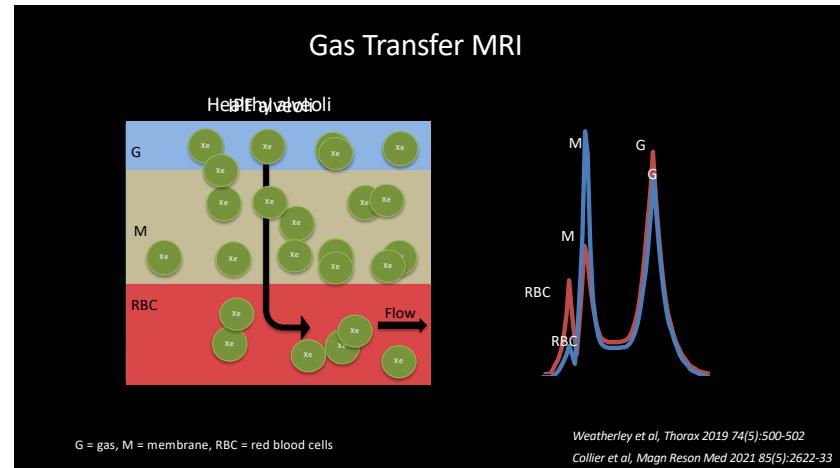
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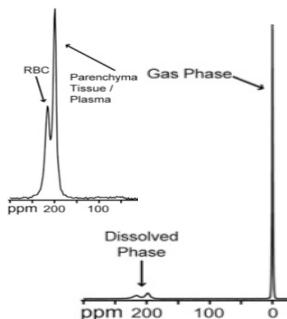
28

^{129}Xe dissolved phase imaging

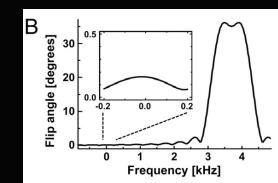
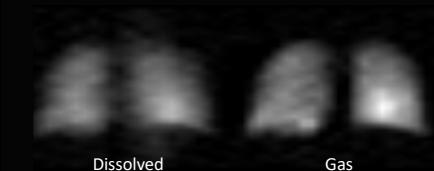
- short $T2^*$ (< 2ms) due to chemical exchange effects between RBC and tissue/plasma
- large gas signal contaminates (but also acts as a signal reservoir by gas exchange in lungs – can use larger FA)

Use:

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



Dissolved-Phase ^{129}Xe imaging

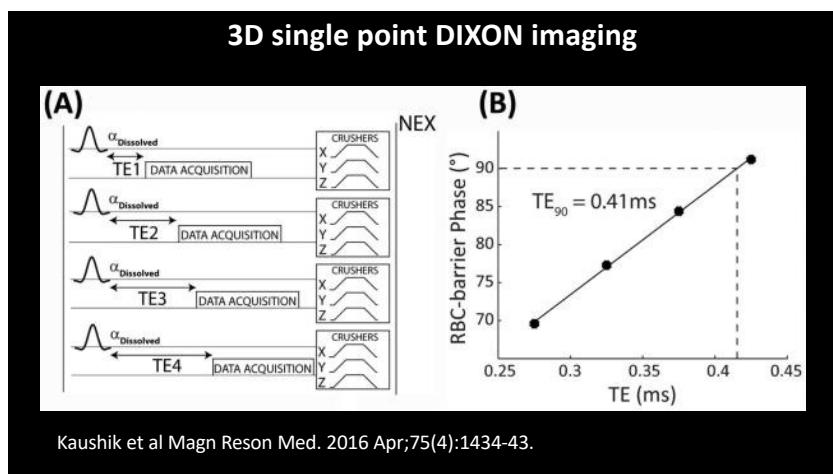


- gas & dissolved ^{129}Xe separated in frequency direction [1]
- narrow band RF pulses for selective dissolved excitation [2]

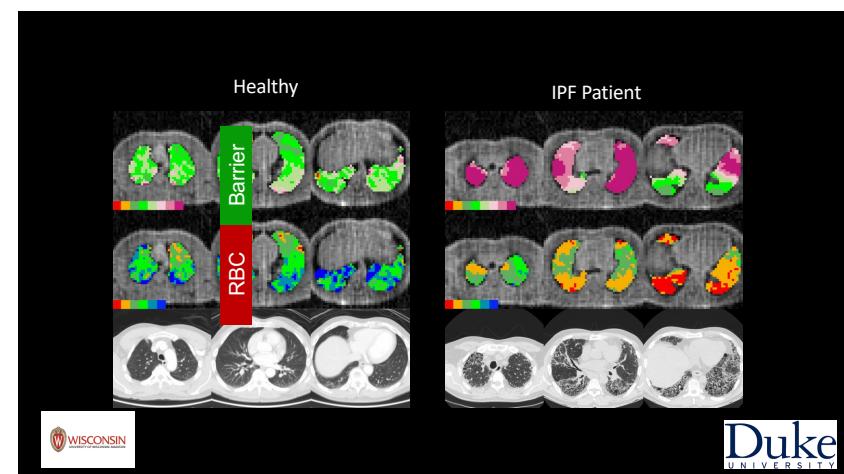
[1] J. P. Mugler et al., PNAS, 107, 50 (2010). [2] Leung et al MRM

29

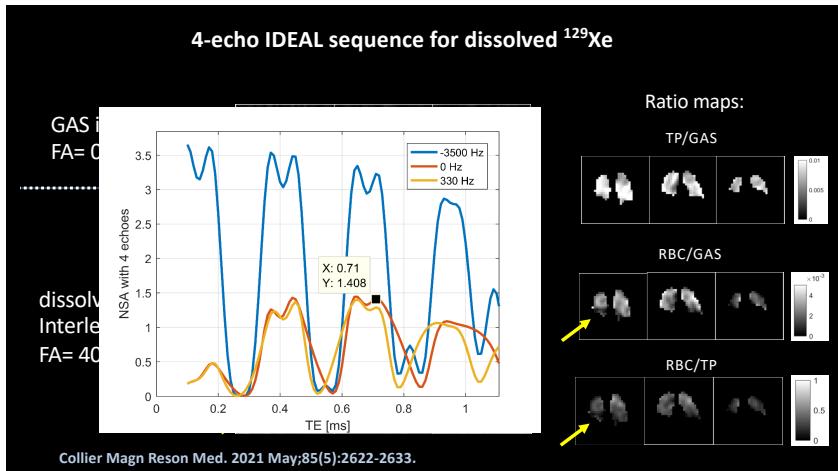
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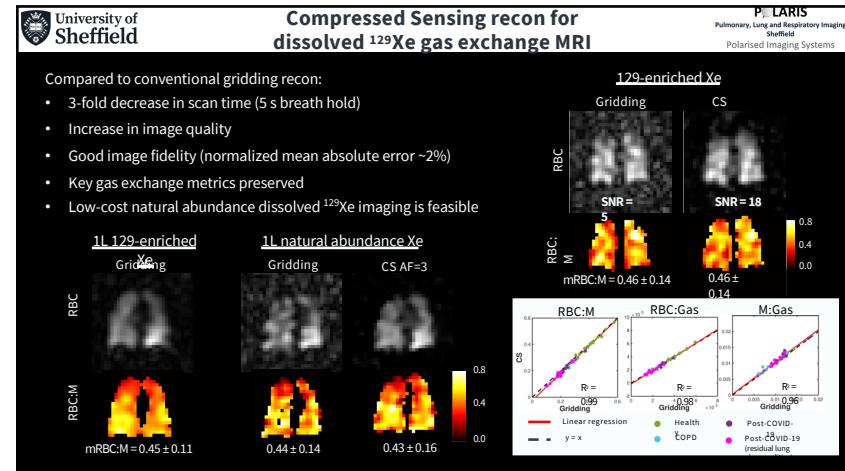
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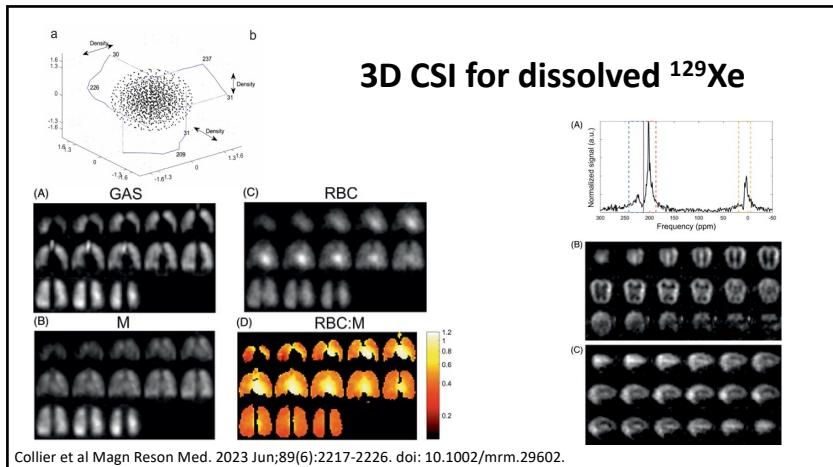
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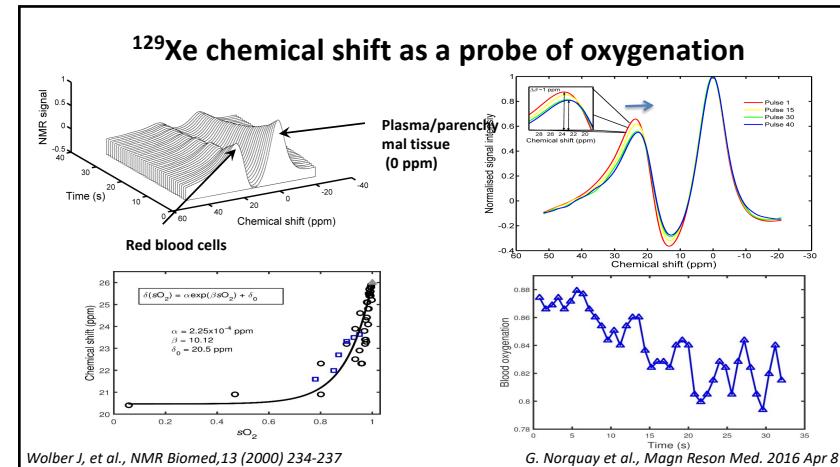
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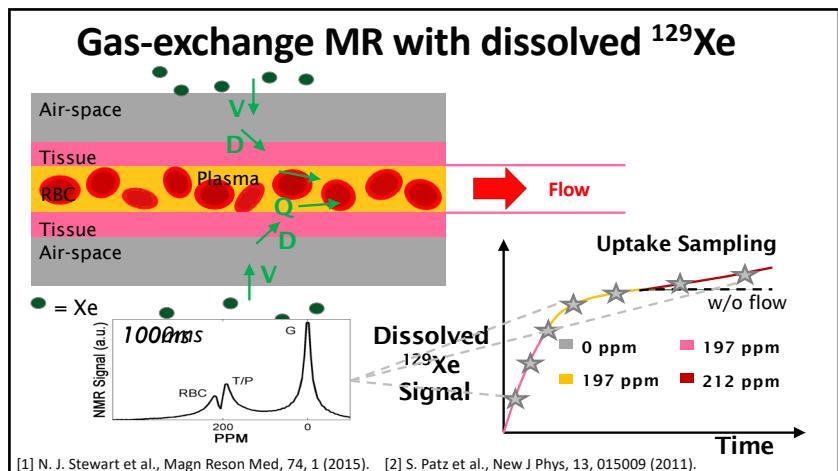
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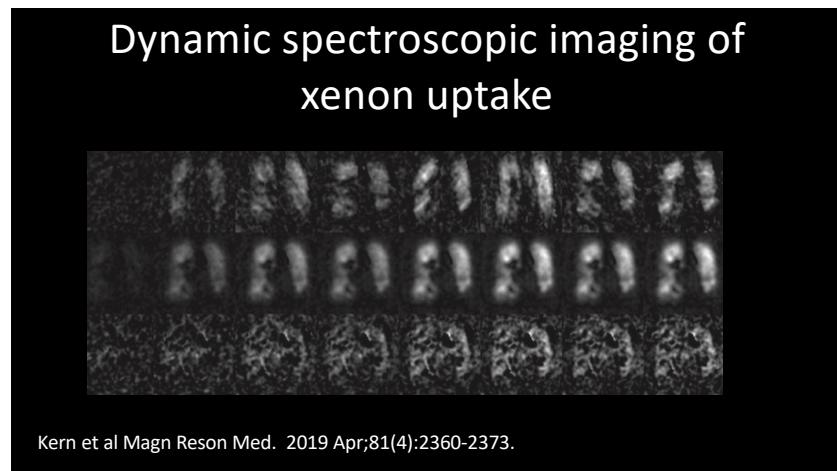
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36



37



38

19

Clinical applications where lung MRI can add value

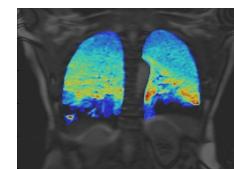
- Paediatrics and Infants : CF and BPD
- Assessment of interventions in asthma and COPD
- Diseases of gas exchange

39

Imaging tools for pulmonary disease

Better understanding of lung
physiology and disease mechanisms

Early detection,
diagnosis

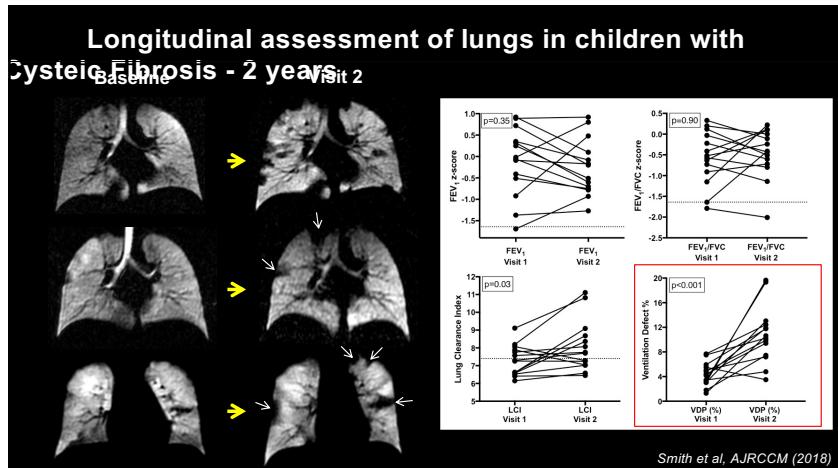


Better,
personalised and
regionally targeted
treatments

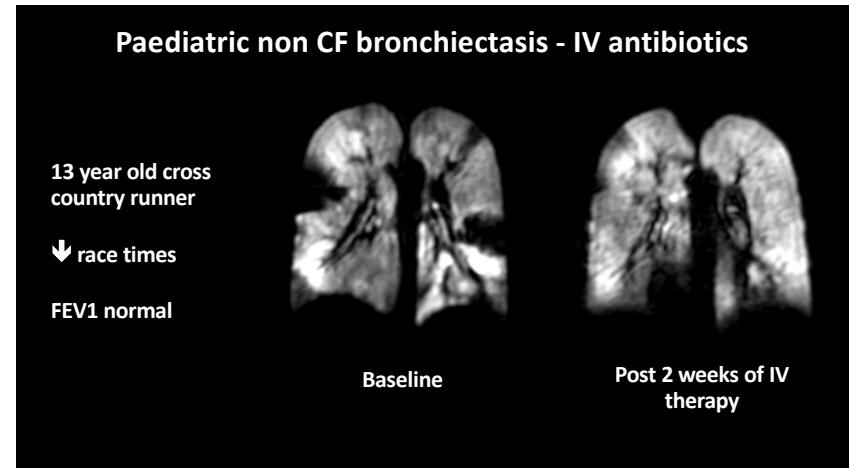
Sensitive *regional markers* of
therapy and progression

40

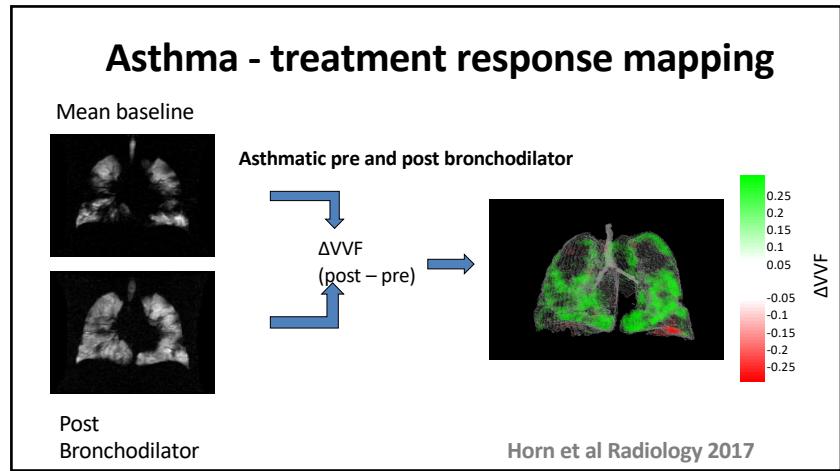
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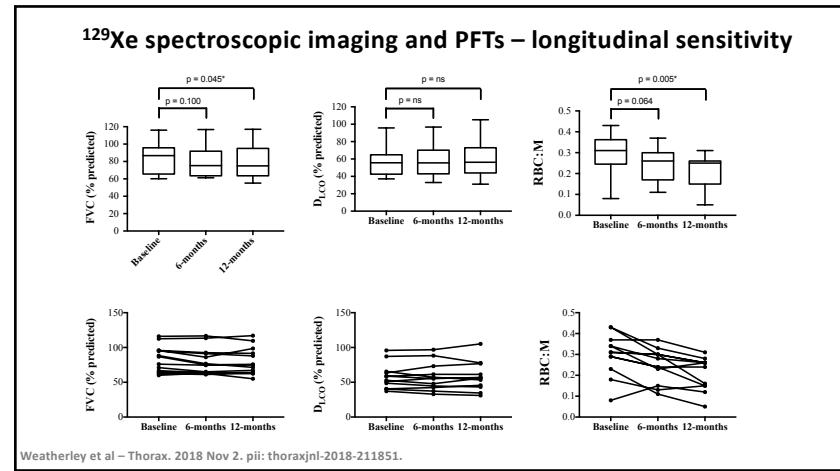
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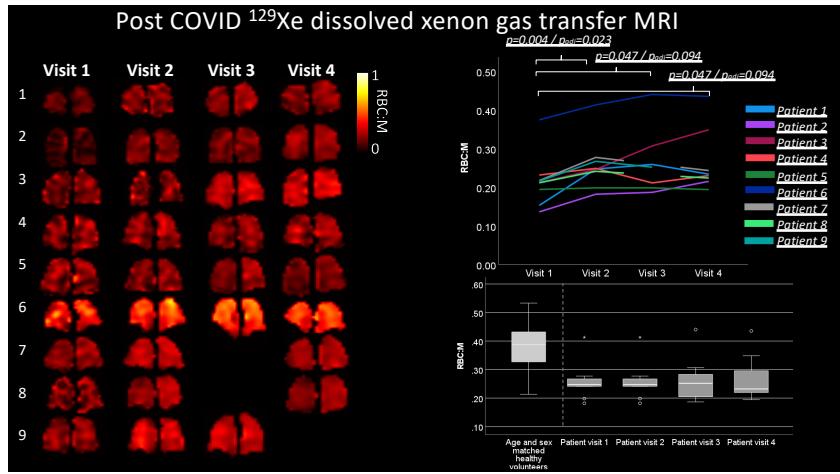
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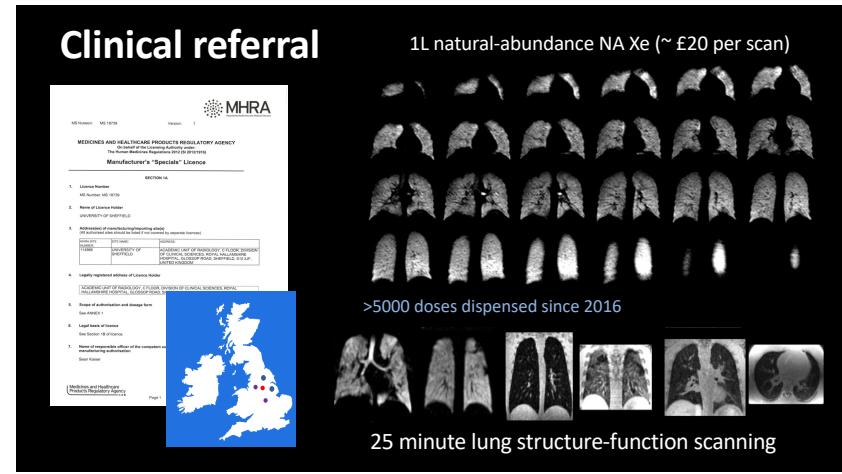
43



44



45



46

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 DOI: 10.1002/mrm.28985

GUIDELINES

Magnetic Resonance in Medicine

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}

47

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

GE HealthCare **University of Sheffield**

Sheffield-GEHC Lung Protocol

• 1.5T | 3T | DCE | ^{129}Xe |

All sequences

Xe 3D Ventilation **Images** **Details**

Xe 3D Ventilation Research sequences High resolution 3D MRI sequences to generate maps of lung ventilation.

Diseased ventilation detects early, subtle, characteristic of obstructive lung diseases.

References: Davies NJ, et al. *Evaluation of human volunteers using hyperpolarized carbon-13 MRI to detect ventilation heterogeneity in the lungs of patients with chronic obstructive pulmonary disease*. *Respir Med* 2005; 99(10):1301-1307.

Keywords: Xe-3D-Ventilation, detection of early subclinical lung disease.

Sequence	Description	Status
1	Xe-3D-Ventilation	Normal
2	Xe-3D-Ventilation	Normal
3	Xe-3D-Ventilation	Normal
4	Xe-3D-Ventilation	Normal
5	Xe-3D-Ventilation	Normal
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198	Xe-3D-Ventilation	Normal
199	Xe-3D-Ventilation	Normal
200	Xe-3D-Ventilation	Normal
201	Xe-3D-Ventilation	Normal
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204	Xe-3D-Ventilation	Normal
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206	Xe-3D-Ventilation	Normal
207	Xe-3D-Ventilation	Normal
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209	Xe-3D-Ventilation	Normal
210	Xe-3D-Ventilation	Normal
211	Xe-3D-Ventilation	Normal
212	Xe-3D-Ventilation	Normal
213	Xe-3D-Ventilation	Normal
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218	Xe-3D-Ventilation	Normal
219	Xe-3D-Ventilation	Normal
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223	Xe-3D-Ventilation	Normal
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226	Xe-3D-Ventilation	Normal
227	Xe-3D-Ventilation	Normal
228	Xe-3D-Ventilation	Normal
229	Xe-3D-Ventilation	Normal
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233	Xe-3D-Ventilation	Normal
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236	Xe-3D-Ventilation	Normal
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242	Xe-3D-Ventilation	Normal
243	Xe-3D-Ventilation	Normal
244	Xe-3D-Ventilation	Normal
245	Xe-3D-Ventilation	Normal
246	Xe-3D-Ventilation	Normal
247	Xe-3D-Ventilation	Normal
248	Xe-3D-Ventilation	Normal
249	Xe-3D-Ventilation	Normal
250	Xe-3D-Ventilation	Normal
251	Xe-3D-Ventilation	Normal
252	Xe-3D-Ventilation	Normal
253	Xe-3D-Ventilation	Normal
254	Xe-3D-Ventilation	Normal
255	Xe-3D-Ventilation	Normal
256	Xe-3D-Ventilation	Normal
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259	Xe-3D-Ventilation	Normal
260	Xe-3D-Ventilation	Normal
261	Xe-3D-Ventilation	Normal
262	Xe-3D-Ventilation	Normal
263	Xe-3D-Ventilation	Normal
264	Xe-3D-Ventilation	Normal
265	Xe-3D-Ventilation	Normal
266	Xe-3D-Ventilation	Normal
267	Xe-3D-Ventilation	Normal
268	Xe-3D-Ventilation	Normal
269	Xe-3D-Ventilation	Normal
270	Xe-3D-Ventilation	Normal
271	Xe-3D-Ventilation	Normal
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276	Xe-3D-Ventilation	Normal
277	Xe-3D-Ventilation	Normal
278	Xe-3D-Ventilation	Normal
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290	Xe-3D-Ventilation	Normal
291	Xe-3D-Ventilation	Normal
292	Xe-3D-Ventilation	Normal
293	Xe-3D-Ventilation	Normal
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327	Xe-3D-Ventilation	Normal
328	Xe-3D-Ventilation	Normal
329	Xe-3D-Ventilation	Normal
330	Xe-3D-Ventilation	Normal

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

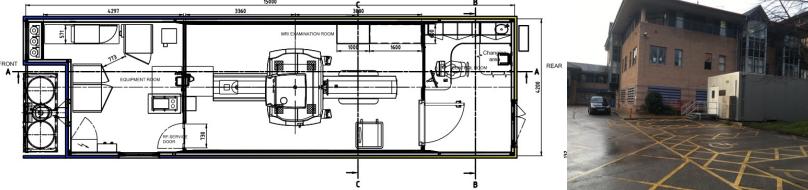
- Respiratory medicine / pharma
- Regulatory licencing




49

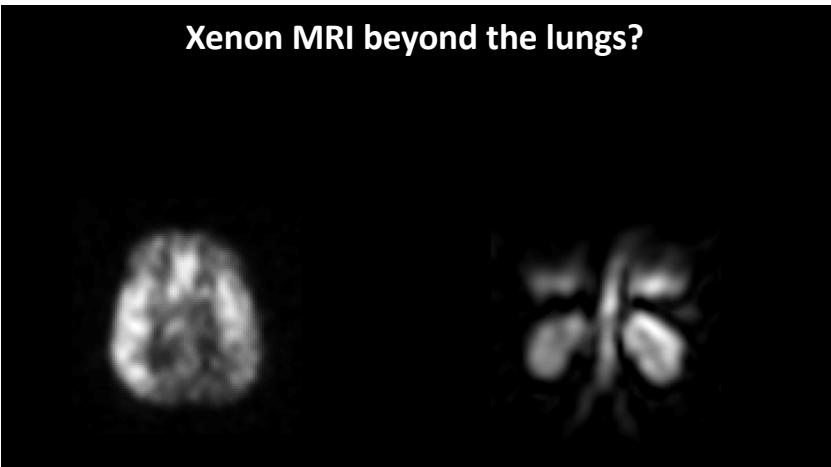
Accessibility and portability of technology

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

50

Xenon MRI beyond the lungs?

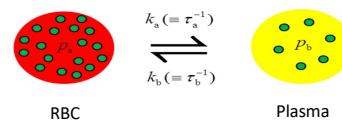


51

Dissolved ^{129}Xe - T1 in blood

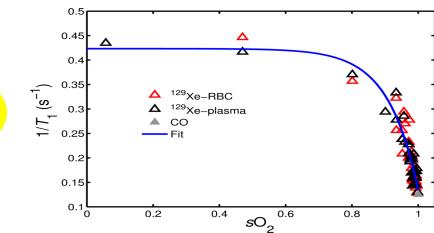
T_1 of ^{129}Xe in oxygenated blood is sufficiently long for transport to distal organs

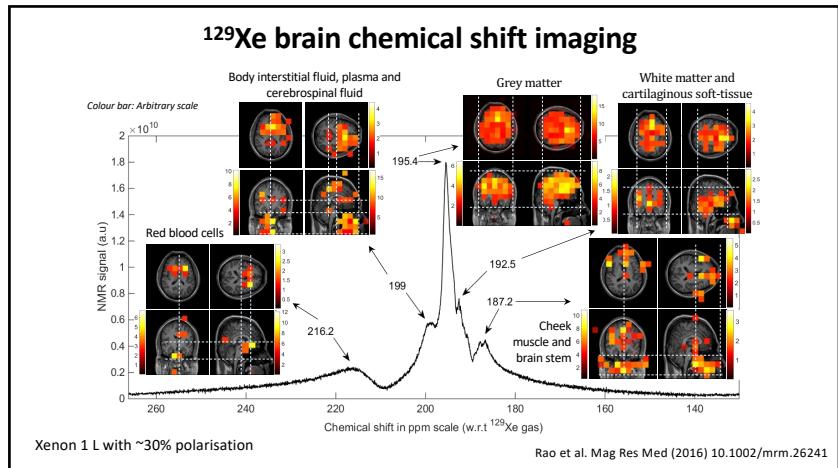
oxyHb ^{129}Xe -blood T_1	7.7 s
deoxyHb ^{129}Xe -blood T_1	2.4 s



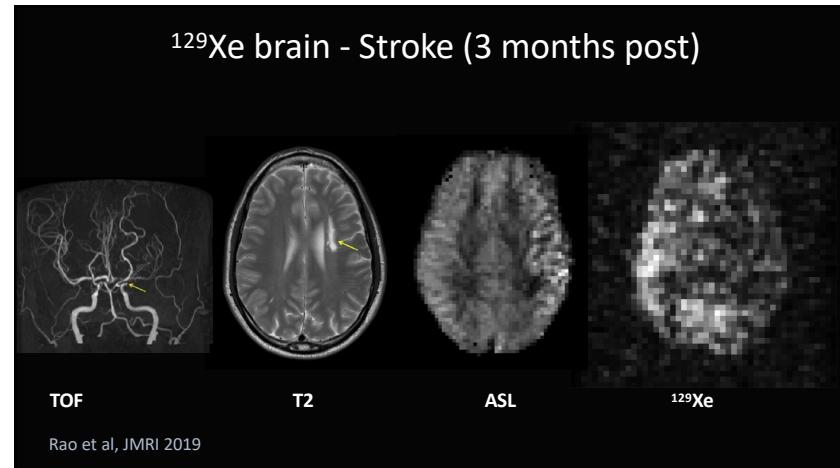
G. Norquay et al., Magn Reson Med, 74, 2 (2015).

52





53

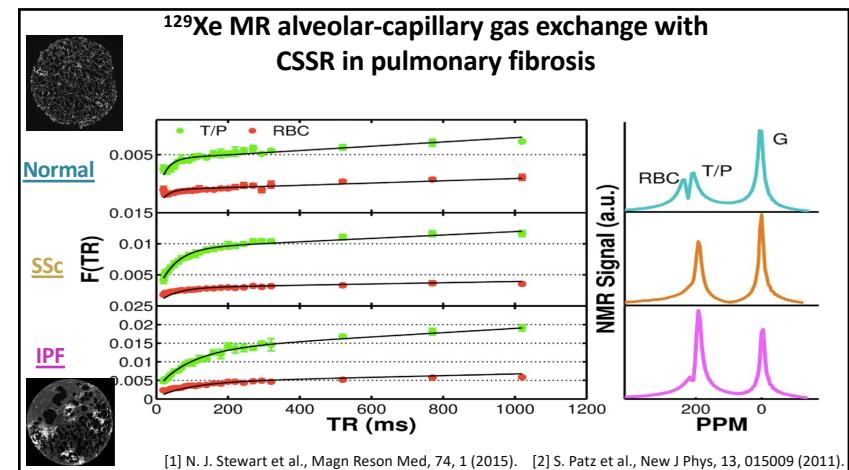


54

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

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

55



56