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TITLE: Non-Uniformly Sampled MR Correlated Spectroscopic Imaging in Breast Cancer and Nonlinear Reconstruction

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| 13. SUPPLEMENTARY NOTES | | | | | |
| 14. ABSTRACT: Magnetic Resonance Imaging (MRI) is an excellent anatomical tool to image tissue non-invasively. Dynamic contrast enhanced MRI (DCE-MRI) has excellent sensitivity but with varying specificity. MR Spectroscopy (MRS) enables biochemical characterization non-invasively of metabolites. Three major hypotheses are: (1) Accelerated 5-dimensional (5D) echo-planar imaging based correlated spectroscopic imaging (EP-COSI) acquisition produces multi-slice based multi-voxel two-dimensional (2D) MRS in a clinically feasible time. (2) Incorporating non-uniform under sampling (NUS) for spectral/spatial sampling into the 5D EP-COSI data acquisition and the group sparsity (GS)-based reconstruction will reduce the total acquisition time by at least a factor of 12. (3) ADC values derived from the multi-slice DWI data will correlate negatively with choline groups and positively with lipids quantified by the EP-COSI technique. Three goals are proposed: i) NUS schemes will be combined with 5D EP-COSI sequence. ii) GS- based CS reconstruction schemes will be developed for accelerated acquisition and optimized to reconstruct the NUS EP-COSI data with better reliability . iii) Alterations in metabolite and lipid levels will be correlated with ADC changes in breast cancer patients compared to healthy women which will improve the diagnostic accuracy. The study patient cohort will include 50 patients with malignant breast carcinoma, 20 patients with benign breast tumor and 20 healthy women. | | | | | |
| 15. SUBJECT TERMS Dynamic contrast enhanced (DCE) MRI, MR Spectroscopy (MRS), echo-planar imaging based correlated spectroscopic imaging (EP-COSI), five-dimensional (5D), two-dimensional (2D), apparent diffusion coefficient (ADC) | | | | | |
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1. Introduction: Breast cancer death rates are higher than those for any other cancer, besides lung cancer in US. More than 232,670 new cases are diagnosed annually (1). Diagnostic accuracy and effective therapeutic management of the breast tumor remain significant medical challenges, hence early detection, diagnosis, and timely treatments are essential to successful health care (2-6). Currently, histological classification from biopsy specimens is generally used as the gold standard to determine malignancy. Hence, optimal imaging methods will enable predicting whether a tumor is going to behave in a benign or aggressive fashion. The proposed Breakthrough Step I grant application will focus on three specific goals: 1) To implement and optimize the NUS based 5D EP-COSI sequence on a 3T Prisma MRI scanner to accelerate the acquisition by an order of magnitude. 2) To develop GS- and total variation (TV)- based CS reconstruction schemes for accelerated acquisition and optimized to reconstruct the NUS EP-COSI data with better fidelity. 3) To record changes in metabolite and lipid levels will be correlated with ADC changes in breast cancer patients compared to healthy women to improve the diagnostic accuracy. Next to lung cancer, breast cancer is the leading cause of death in women in the US. Improving the specificity of malignant and benign tumors using accelerated MRI techniques will be a major outcome. Compressed sensing (CS)-based multi-dimensional magnetic resonance spectroscopic imaging (MRSI) will significantly increase the speed of data acquisition with minimal discomfort for breast cancer patients leading to improved diagnostic accuracy and early detection. In this proposal, we will develop a novel technique for identifying breast cancers more robustly and with greater accuracy than methods currently available.

2. Keywords: Dynamic contrast enhanced (DCE) MRI, MR Spectroscopy (MRS), echo-planar imaging based correlated spectroscopic imaging (EP-COSI), five-dimensional (5D), two-dimensional (2D), apparent diffusion coefficient (ADC). Group sparsity (GS), compressed sensing (CS), total variation (TV)

3. Accomplishments:

Three major goals are the following: 1) To further optimize a novel five-dimensional (5D) technology called accelerated echo-planar based correlated spectroscopic imaging (EP-COSI) on a 3T Prisma MRI/MRS scanner (using the Siemens IDEA compiler running on the latest VD13D platform). 2) To implement and optimize non-linear reconstruction methods such as group sparsity and total variation. 3) To record i) the 5D NUS EP-COSI data, and ii) DWI and to evaluate ADC maps in the malignant and benign breasts, and healthy women and to correlate the MRSI findings with that of DWI in differentiating benign from malignant breast cancers, and to calculate specificity, sensitivity and accuracy of multi-voxel based 2D MRS and DWI data to differentiate benign from malignant tumors.

What was accomplished Under these goals:

To accomplish the above mentioned goals, we proposed the following ten tasks:

Task 1: To implement and evaluate a novel five-dimensional (5D) technology called accelerated echo-planar based correlated spectroscopic imaging (EP-COSI) on a 3T Prisma MRI/MRS scanner (using the latest Siemens IDEA compiler running on the latest VE11 platform). (**Months 1-6**).

The 5D EP-COSI sequence as shown in Fig.1 was implemented on three different platforms (VE11A, VE11B and VE11C): top row: the analog-to-digital converter (ADC); 2nd row: the radio-frequency (RF) wave forms used to the slice localization along 3 spatial dimensions; 3rd through 5th rows represent X, Y and Z gradient wave forms.

Task 3: To implement and optimize non-linear reconstruction methods (group sparsity and total variation). (**Months 3-9**).

Using the above corn oil and the metabolite (quad) phantoms, the undersampled data at 8X and 12X were reconstructed using two different non-linear reconstruction methods: 1) total variation and 2) group sparsity (GS). The GS method was able to retain the fidelity even when higher acceleration schemes were used (12X and 16X).

Task 4: To continue to evaluate/optimize the accelerated 5D EP-COSI data using the breast phantom containing two concentric spheres, to optimize the echo speed-factor and other acquisition parameters using the phantom (**Months 7-18**).

We will purchase a spherical flask containing two layers in which the corn oil will be inside one layer and breast metabolites (choline, phosphoryl and glycerylphosphoryl choline, uridine phosphate) from Sigma-Alrich.

Task 5: To record the 5D EP-COSI spectra in the fatty, glandular and ductal areas of healthy breasts. Twenty healthy female volunteers (25-70 years old) with no previous history of breast cancer will be investigated. (**Months 9-36**).

As shown in Fig.3, the accelerated (8X) 5D EP-COSI data was acquired in a healthy subject and the reconstructed data using TV and GS are shown. The chemical shift multi-slice images were of good quality using both reconstruction methods.

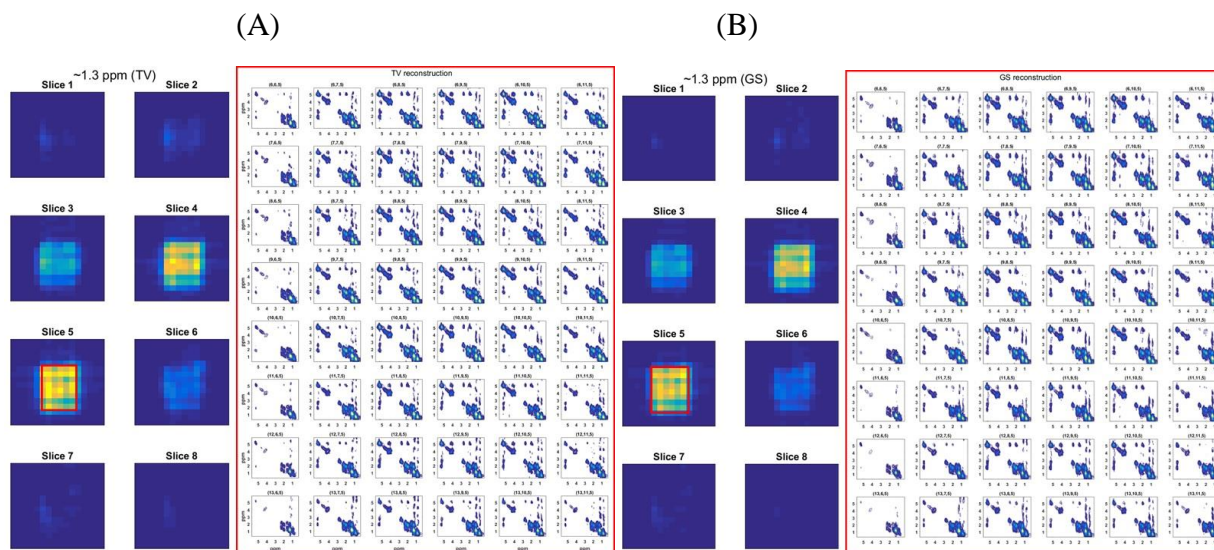


Fig.3. The accelerated 5D EP-COSI data acquired in a healthy volunteer and reconstructed using TV (A) and GS (B)

Eight healthy women (age range of 26-58 years) were screened for the MRI scans. One subject declined to continue with the scan due to claustrophobia. Hence, the 5D EP-COSI data have been successfully scanned in 7 healthy using the Siemens 3T Skyra MRI scanner currently running on the VE11C platform.

Task 6: To record multi-slice DWI in twenty healthy breasts, and to calculate the ADC maps. (Months 9-36).

Diffusion weighted MRI data have been successfully recorded in 7 healthy subjects using the Siemens 3T Skyra MRI scanner currently running on the VE11C platform.

Task 7: To record the 5D EP-COSI spectra in twenty patients with benign breast tumor (fibroadenoma, proliferative fibrocystic change and papillomas) (Months 9-36).

The 5D EP-COSI and diffusion weighted MRI data have been successfully scanned in 5 benign breast cancer subjects using the Siemens 3T Skyra MRI scanner currently running on the VE11C platform.

Task 8: To record the 5D EP-COSI spectra in fifty patients with biopsy-proven breast cancer (ductal carcinoma and invasive lobular cancer) (Months 9-36).

Four malignant breast cancer patients have been screened so far out of which one patient was investigated using the 5D EP-COSI sequence.

Task 9: To record multi-slice DWI in fifty malignant patients with biopsy-proven breast cancer and twenty benign breast cancer, and to calculate the ADC maps. (Months 9-36).

Four malignant breast cancer patients have been screened out of which one patient was investigated using the DWI sequence.

Task 10: To correlate the accelerated 5D EP-COSI findings with that of DWI in differentiating benign from malignant breast cancers, and to calculate specificity, sensitivity and accuracy of the MRSI and DWI data in differentiating benign from malignant tumors. (Months 12-36).

This task will be investigated after successfully recording 20 malignant, 20 benign and 20 healthy women and repeated at the end of the proposed study.

Major Activities: 1) Our protocol was approved by both UCLA IRB and HRPO. The HRPO approval was received on June 8, 2017. 2) The 5D EP-COSI sequence has been compiled on the Siemens VD13D, VE11A, VE 11B and VE 11C platforms and it was tested using a phantom containing several metabolites at physiological concentrations and also, at pH of 7.2 and a corn oil phantom containing oil

Significant Results/Key Outcomes: After testing the 5D EP-COSI sequence using phantom solutions, 8 healthy women (age range of 26-58 years) and 5 benign breast cancer subjects (age range of 26-67 years) were screened for the MRI scans. One subject declined to continue with the scan due to claustrophobia. However, the 5D EP-COSI and diffusion weighted MRI have been successfully scanned in 7 healthy and 5 benign breast cancer subjects using the Siemens 3T Skyra MRI scanner currently running on the VE11C platform.

What Opportunities for training and professional development has the project provided?:
Nothing to Report

How were the results disseminated to communities of interest: Nothing to Report

What do you plan to do during the next reporting period to accomplish the goals?: We will continue to screen malignant and benign breast cancer patients and healthy subjects. After screening the subjects for MRI safety and other related issues, they will be scanned using the 3T Skyra MRI scanner equipped with a dedicated breast coil. After compiling the data in 12 healthy and 12 malignant/benign cancer subjects, we plan to submit an abstract to the 2018 Radiological Society of Northern America (RSNA) or cancer related conferences.

4. Impact:

What was the impact on the development of the principal disciplines of the project?: Nothing to Report

What was the impact on other disciplines?: Nothing to Report

What was the impact on technology transfer?: Nothing to Report

What was the impact on society beyond science and technology?: Nothing to Report

5. Changes/Problems: Nothing to Report

6. Products:

- 1) Publications, Conference papers and Presentations: An ePoster on the abstract entitled "Correlation of Diffusion Weighted Imaging and Echo planar Correlated Spectroscopic Imaging of Breast Cancer at 3T" was prepared and submitted to the ISMRM website on April 14th. The ePoster was presented at the 25th International Society of Magnetic Resonance in Medicine (ISMRM) in Honolulu, HI April 22-27, 2017.

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

What individuals have worked on the project?

| | |
|------------------------------------|---|
| Name | M. Albert Thomas Ph.D. |
| <u>Project Role</u> | <u>P.I.</u> |
| <u>Researcher Identifier</u> | 0000-0001-9037-2585 |
| <u>Nearest person month worked</u> | <u>12 months</u> |
| <u>Contribution to Project</u> | <u>Design of the project and supervision of the MRI data acquisition and pos-processing</u> |
| <u>Funding Support</u> | <u>Dr. Thomas is currently funded by NIH and VA Merit grant also</u> |
| Name | Melissa Joines M.D. |
| <u>Project Role</u> | <u>Co.I.</u> |
| <u>Researcher Identifier</u> | None |
| <u>Nearest person month worked</u> | <u>5 months</u> |
| <u>Contribution to Project</u> | <u>Study Subject Recruitment and review of MRI</u> |
| <u>Funding Support</u> | <u>None</u> |
| Name | Nanette DeBruhl M.D. |

| | |
|------------------------------------|--|
| <u>Project Role</u> | <u>Co.I.</u> |
| <u>Researcher Identifier</u> | <u>None</u> |
| <u>Nearest person month worked</u> | <u>5 months</u> |
| <u>Contribution to Project</u> | <u>Study Subject Recruitment and review of MRI</u> |
| <u>Funding Support</u> | <u>None</u> |
| Name | Manoj Sarma |
| <u>Project Role</u> | <u>Co-I</u> |
| <u>Nearest person month worked</u> | <u>4 months</u> |
| <u>Contribution to Project</u> | <u>Sequence Development and Data Processing</u> |
| <u>Funding Support</u> | <u>Partly funded by NIH grants also</u> |
| Name | Andres Saucedo M.S. |
| <u>Project Role</u> | <u>Graduate Student Researcher</u> |
| <u>Research Identifier</u> | <u>None</u> |
| <u>Contribution to Project</u> | <u>Data Acquisition and Post-processing</u> |
| <u>Funding support</u> | <u>Partly funded by NIH grants</u> |
| Name | Stephanie Gilbert B.S. |
| <u>Project Role</u> | <u>Study Coordinator</u> |
| <u>Nearest person month worked</u> | <u>5 months</u> |
| <u>Contribution to Project</u> | <u>IRB protocol renewal/amendment, recruitment</u> |
| <u>Funding Support</u> | <u>Radiology Departmental funds</u> |

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period? Nothing to Report

What other organizations were involved as partners? Nothing to Report

8. SPECIAL REPORTING REQUIREMENTS: Nothing to Report

9. Appendices: Nothing to Report.