

Optimizing Diffusion Tensor Imaging Protocol using *a priori* Structure Information: Experimental Validation

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Outline

- Introduction
- Motivation
- Simulations
- Experiments
- Results
- Conclusion

Introduction

- Diffusion Tensor Imaging (DTI)¹ is an advanced MRI technique which can quantify diffusivity of water in tissues.
- MR signal is modeled as a function of diffusion and experimental parameters.
- Uncertainty in estimation of diffusion parameters depends on the choice of experimental parameters.
- A D-optimal technique² using *a priori* structure information for selection of experimental parameters to reduce estimation uncertainty is proposed and experimentally validated.

[1] P. J. Basser, J. Mattiello, and D. Le Bihan, "MR Diffusion Tensor Spectroscopy and Imaging", *J. Biophys.*, 1994, vol. 66, p 259-267.

[2] S. Majumdar, S. S. Udpa, and L. G. Raguin, "Robust Optimization of Diffusion-Weighted MRI Protocols Used for Fiber Reconstruction", *J. Phys: Conf. Series*, 2008, vol. 135, p 012069.

DTI Formulation

DTI signal: $E = S(\mathbf{g})/S_0 = \exp(-b\mathbf{g}^T D \mathbf{g})$, \mathbf{g} is diffusion encoding gradient direction.

$$D = \begin{bmatrix} D_{xx} & D_{xy} & D_{xz} \\ D_{xy} & D_{yy} & D_{yz} \\ D_{xz} & D_{yz} & D_{zz} \end{bmatrix}$$

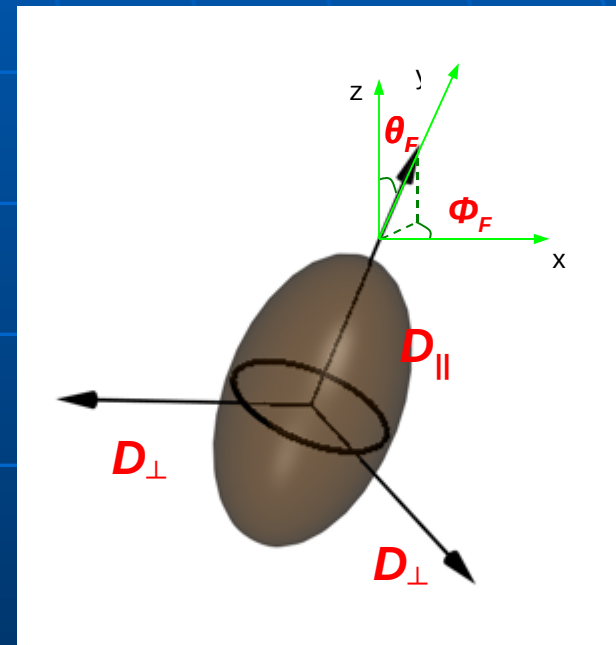
Estimation parameters:

$$\beta = \{D_{xx}, D_{yy}, D_{zz}, D_{xy}, D_{xz}, D_{yz}\}$$

$$D = R^T D R, R = R(\theta_F, \phi_F), D = \begin{bmatrix} D_{\perp x} & 0 & 0 \\ 0 & D_{\perp y} & 0 \\ 0 & 0 & D_{\parallel} \end{bmatrix}$$

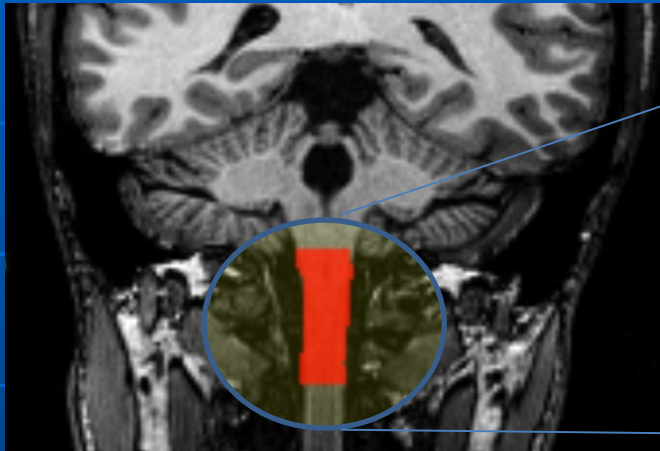
We have used,

$$\text{Axisymmetric condition: } D_{\perp x} = D_{\perp y} = D_{\perp}$$

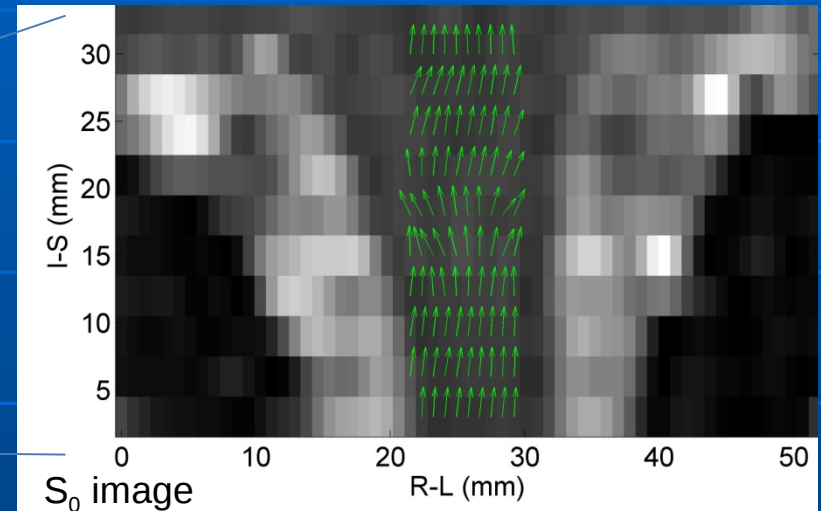


Diffusion ellipsoid

Motivation: Using *A Priori* Information



T1 image

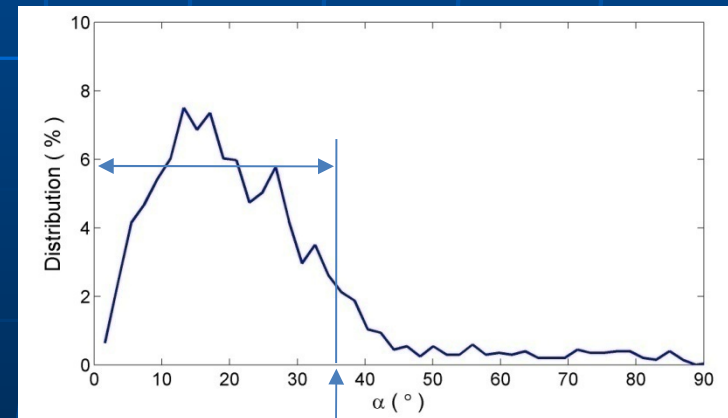


For special structures such as spinal cord, most nerve fibers are oriented within $\sim 35^\circ$ of mean fiber orientation as obtained from preliminary studies.

A priori spread of fiber distribution
 $\sim 35^\circ$

Optimization of
gradient directions

Reduced
Uncertainty



35° : at 80% cumulative distribution

Optimization

- Assume: Noise is additive, Gaussian and independent.
- For a nonlinear least-squares estimation, the Cramer-Rao bound¹ on estimator covariance:

$$\Sigma_{CR} = \sigma^2 (X^T X)^{-1}$$

where sensitivity matrix, $X(\Omega, \beta), \Omega = \{\mathbf{g}_i, i \in [1, N]\}$

$$\beta = \{\mathbf{D}\}$$

and $X_{ij} = \eta_j(\mathbf{g}_i, \beta), \eta_j(\mathbf{g}, \beta) = \partial E(\mathbf{g}, \beta) / \partial \beta_j, j \in [1, M]$

M=4, no. of parameters

Taking determinant, $\det \Sigma_{CR} = \frac{\sigma^{2M}}{\det(X^T X)}$

$$\det \Sigma_{CR} \downarrow = \det(X^T X) \uparrow$$

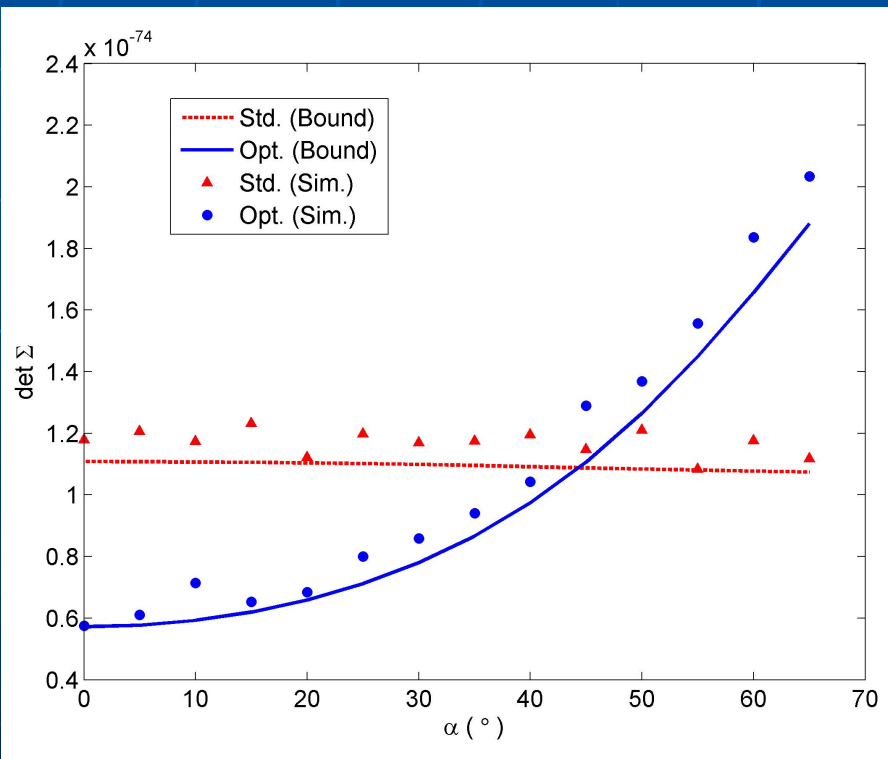
Robust optimization (using a priori information):

$$\Omega_{robust} = \arg[\min_{\Omega} (\max_{\{\theta_F, \phi_F\} \in \Lambda} f)] f = 1 / \det(X^T X)$$

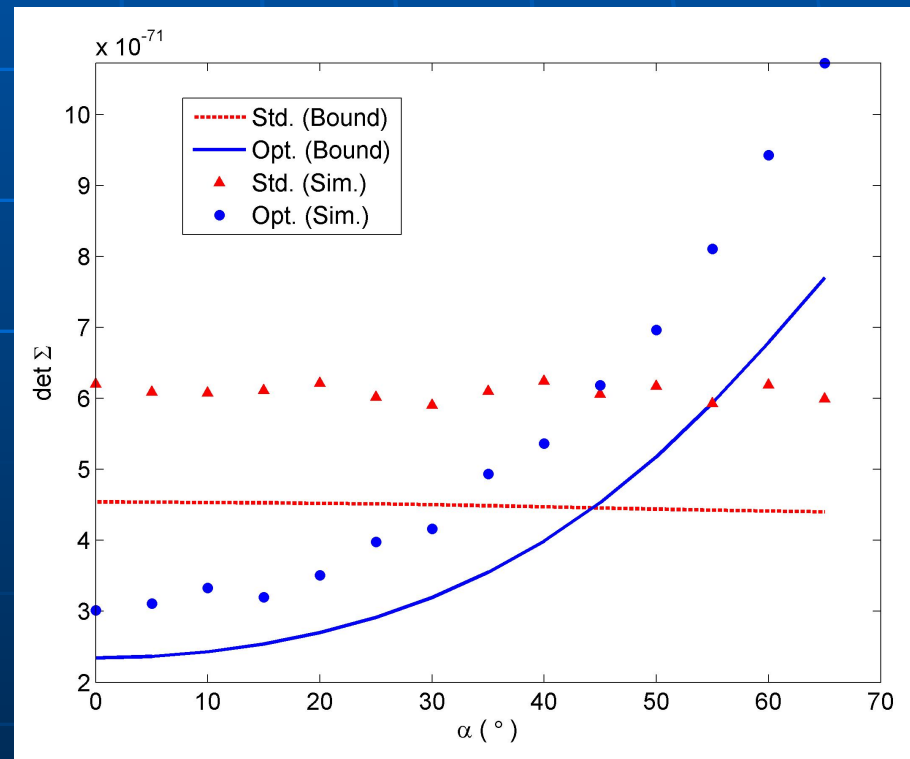
- “minimax” technique; a priori information in f and Λ .

Simulations

- Monte Carlo simulations with 20,000 realizations of the DTI signal
- $D_{zz} = 1.82 \times 10^{-5} \text{ cm}^2 \text{ s}^{-1}$, $D_{xx} = D_{yy} = 9.25 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$,
 $D_{xy} = D_{xz} = D_{yz} = 0$, $b = 1 \times 10^5 \text{ s cm}^{-2}$



$\sigma = 0.1$



$\sigma = 0.2$

Experiment design

■ Using *a priori* data

From prescan data of spinal cord region, *a priori* information,

$$\text{mean } D_{\parallel} = 1.367 \times 10^{-3} \text{ mm}^2 \text{ s}^{-1}$$

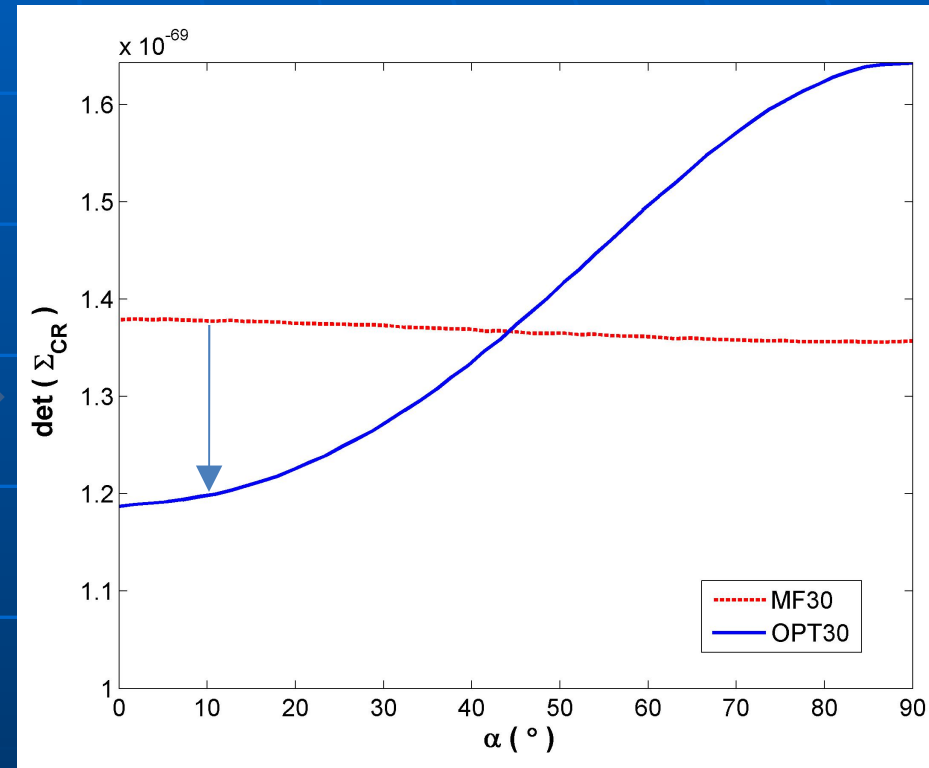
$$\text{mean } D_{\perp} = 0.623 \times 10^{-3} \text{ mm}^2 \text{ s}^{-1}$$

$$\text{mean } (\theta_F, \varphi_F) = (19.5^\circ, -10^\circ)$$

noise, $\sigma = 0.2$

Spread of fiber distribution $\sim 35^\circ$

$$b = 1 \times 10^5 \text{ s cm}^{-2}$$



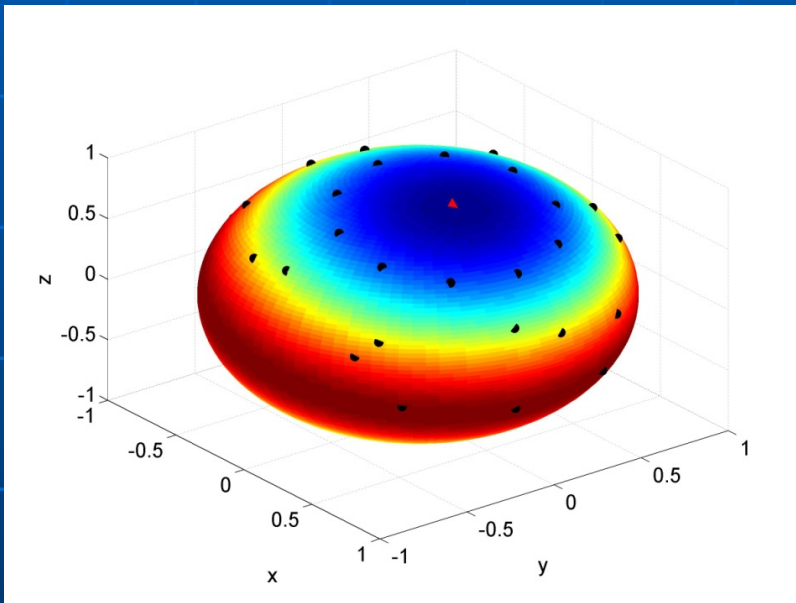
Performance prediction: Lower predicted covariance bound in OPT30 implies possible reduction in estimation uncertainty (α is from mean (θ_F, φ_F))

Experiment design

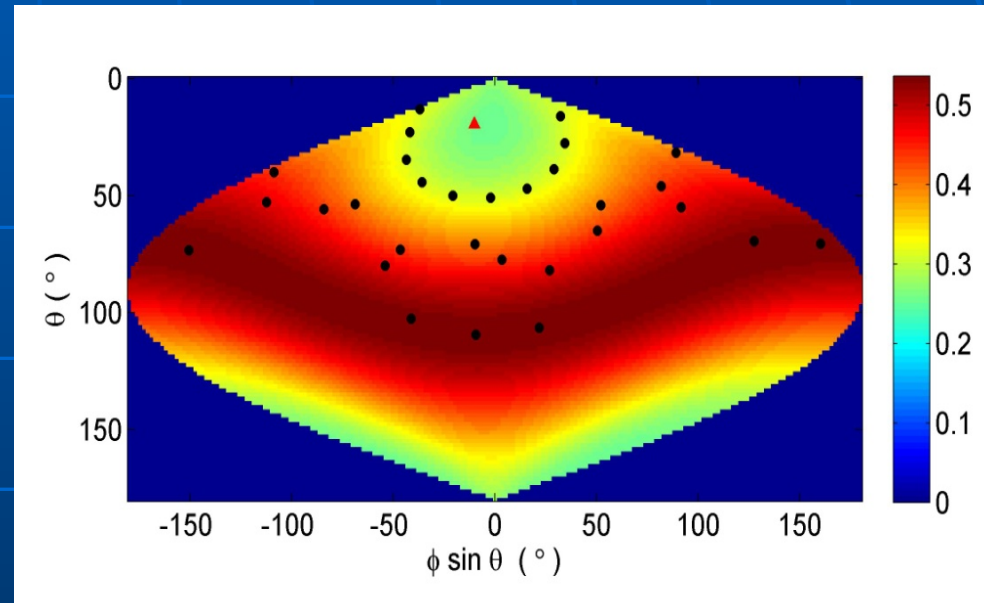
- MRI specifications:
 - T2 and diffusion-weighted images were acquired
 - A spin echo EPI sequence on a 3T GE Signa HDx scanner (GE Healthcare, Waukesha, WI), 8-channel head coil:
 - 30 contiguous 3-mm axial slices, TR = 8000 ms, TE = 76 ms,
 - matrix size = 128x128, FOV = 22 cm x 22 cm, number of excitations = 2,
 - parallel imaging acceleration factor = 2, b = 1000 s/mm², 30 diffusion encoding gradients each (OPT30, MF30) and scan time per set = 8 min 32 sec
- 5 sets of data for OPT30 and MF30 each were collected
- Bootstrapping method was used to regenerate data to 5000 realizations
 - For covariance computation
 - Mean signal from original 5 set data was maintained during Bootstrapping

Experiment design

- Gradient directions (OPT30):



(a)

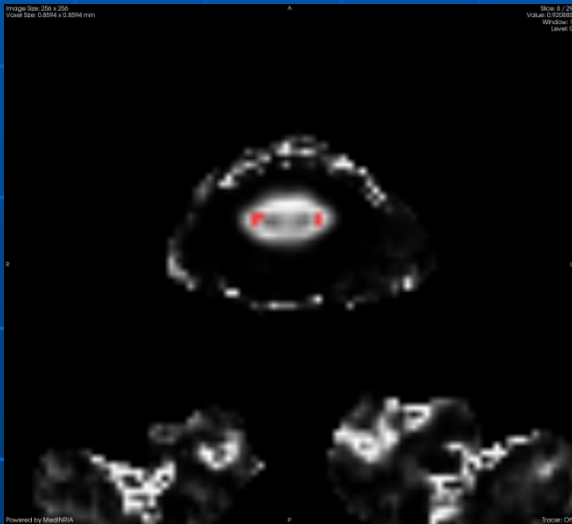


(b)

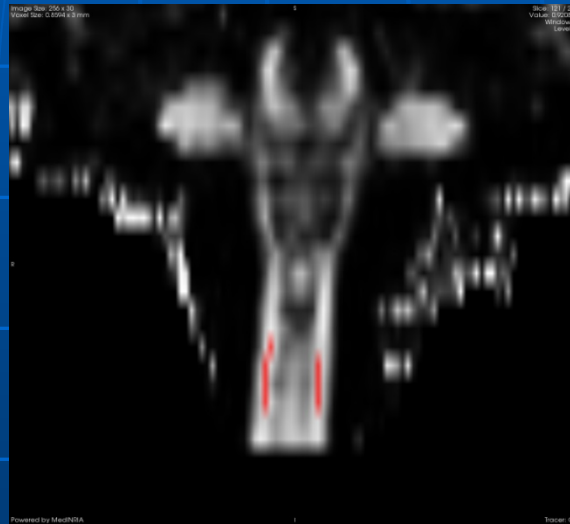
Gradient directions (a) on 3D unit sphere , (b) In 2D (opened sphere), underlying echo signal for range of gradient directions

Region of Interest (ROI)

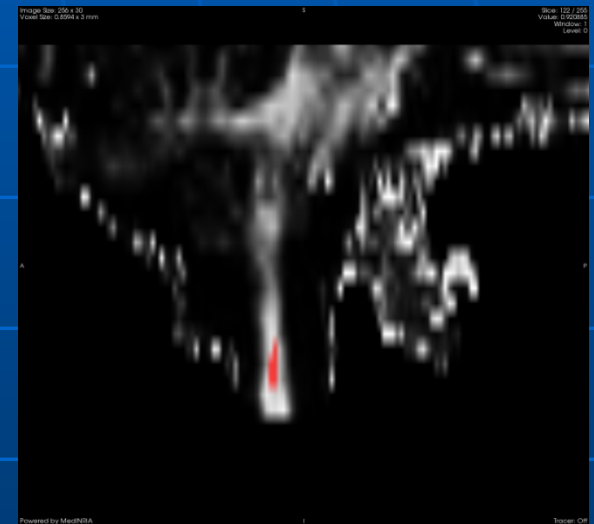
- Extract spinal cord tract voxels



(a)



(b)



(c)

(a) Axial, (b) Coronal and (c) Sagittal FA maps of cervical spinal cord. Spinal cord tract voxels (near C1-C2) selected for analysis marked in red.

Results

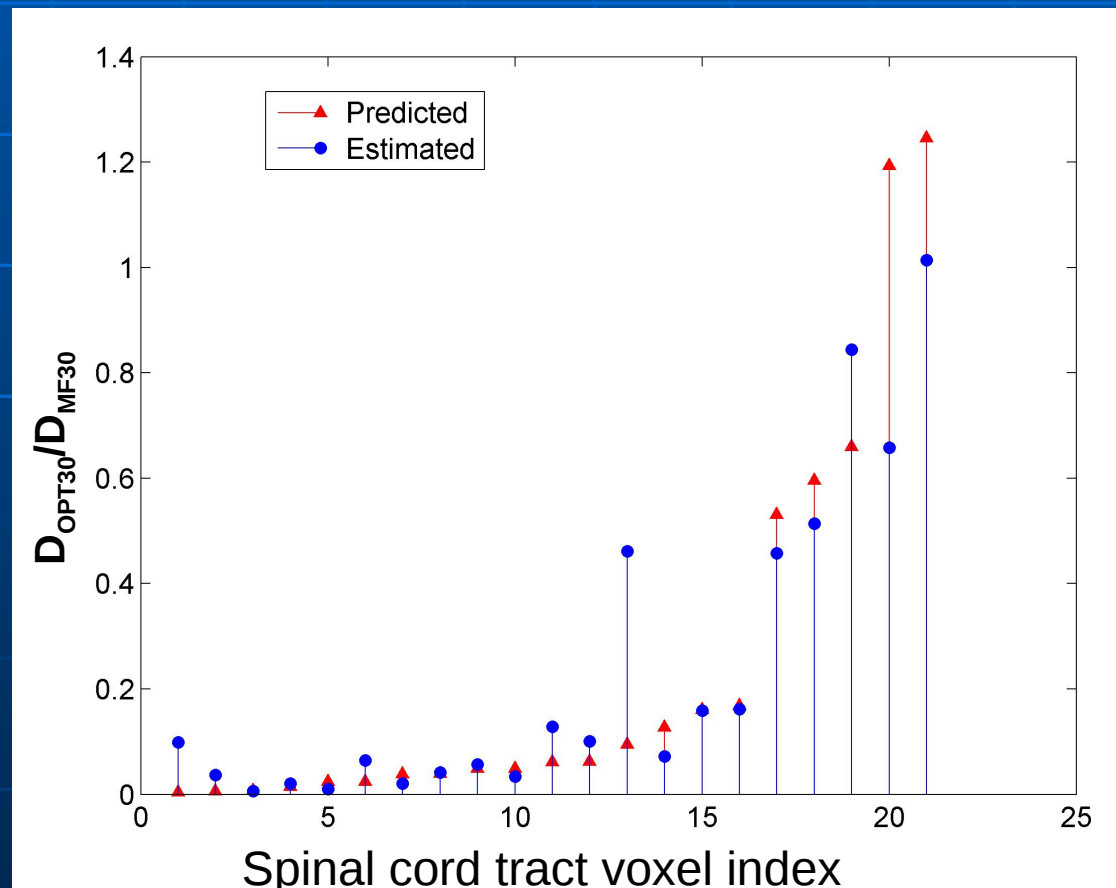
- Reduction in uncertainty for the voxels in the spinal cord tracts:

$$D_{OPT\ 30} / D_{MF\ 30} < 1, \text{ where } D = \det(\Sigma),$$

$$\Sigma = \text{covariance}(\text{estimation}), \Sigma = \text{covariance}(\text{bound}(\text{prediction}))$$

- Experimental results matched predicted reduction.

- Voxels in spinal cord tracts (white matter) are more anisotropic than other grey matter regions. Performance is expectedly better than MF30.



Conclusion

- 21 voxels selected in the cervical spinal cord tracts show reduction in uncertainty using OPT30 as compared to MF30(standard)
- *A priori* structure information has been used in optimization to reduce estimation uncertainty: a spread of 35° in fiber distribution has been incorporated in the optimization
- Optimized gradient scheme can provide better performance even at larger angular deviation (α) from mean fiber orientation indicating robustness of the gradient scheme
- Improved uncertainty can imply applications in spinal cord MRI studies for detection of multiple sclerosis and myelopathy

Thank you!