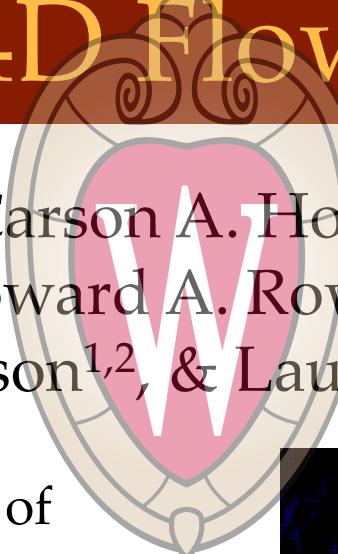


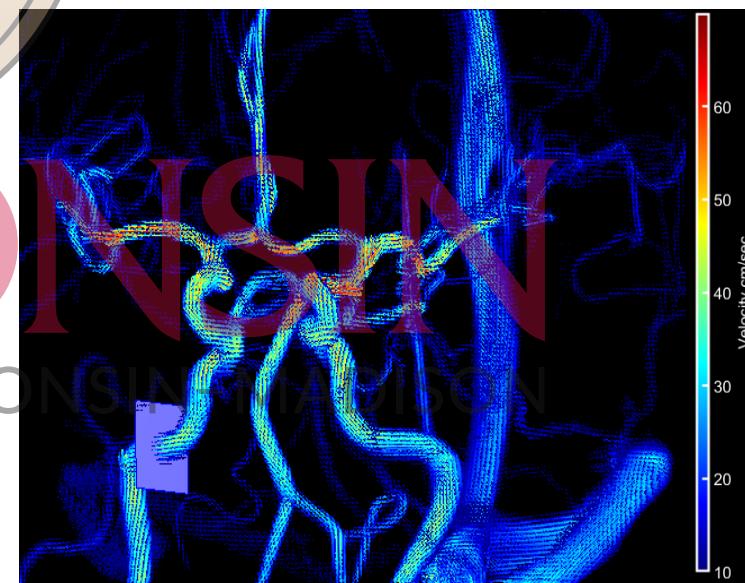
Defining Normative Cerebral Hemodynamics in Cognitively Healthy Older Adults with 4D Flow MRI

Grant S. Roberts¹, Anthony Peret², Carson A. Hoffman², Leonardo A. Rivera-Rivera^{1,3}, Karly A. Cody³, Howard A. Rowley², Oliver Wieben^{1,2}, Sterling C. Johnson³, Kevin M. Johnson^{1,2}, & Laura B. Eisenmenger²



University of Wisconsin – Madison: Dept. of

¹Medical Physics, ²Radiology, ³Medicine



JOINT ANNUAL MEETING ISMRM-ESMRMB
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Declaration of Financial Interests or Relationships



Speaker Name: Grant S. Roberts

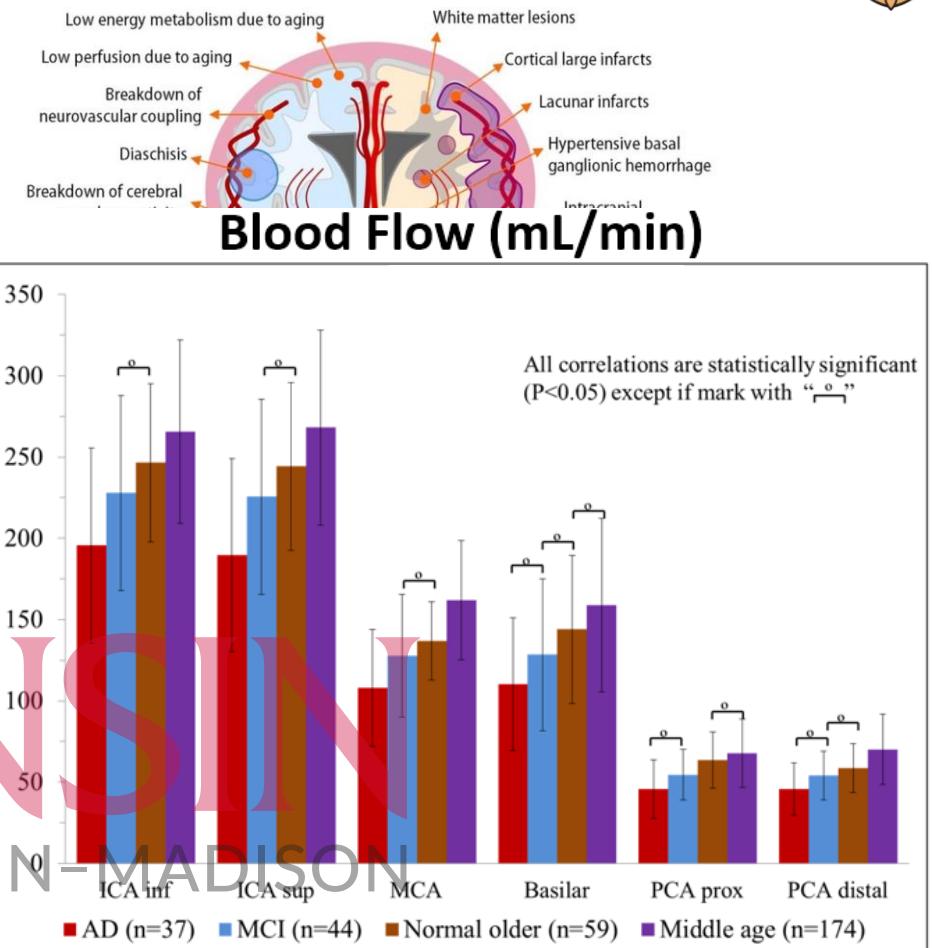
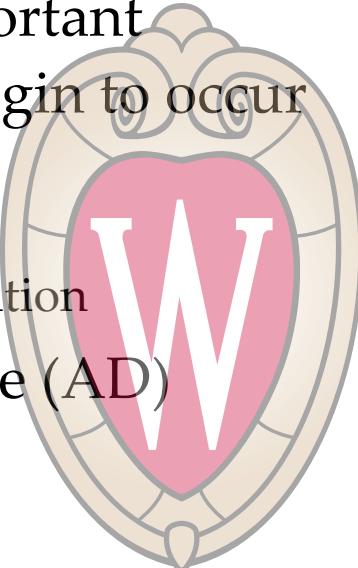
I have the following financial interest or relationship to disclose with regard to the subject matter of this presentation:

Company Name: GE Healthcare UNIVERSITY OF WISCONSIN-MADISON
Type of Relationship: Institutional Research Support (UW-Madison)



Background

- Adequate cerebral blood flow is important
- As we age, neurovascular changes begin to occur
 - Arterial stiffening¹
 - Breakdown of neurovascular unit²
 - Affect cerebral hemodynamics and cognition
- Relationship with Alzheimer's disease (AD)
 - Macrovascular changes³⁻⁵
 - Microvascular (perfusion) changes⁶
 - Normative data is still lacking
- Important to establish normal cerebrovascular hemodynamics in older adults



Courtesy: Leonardo Rivera-Rivera, PhD

¹Mitchell GF, et al (2011). *Brain* 134(11).

⁴Rivera-Rivera LA, et al (2017). *JCBFM* 37(6).

²Tarantini S, et al (2017). *Exp Gerontol* 94.

⁵Rivera-Rivera LA, et al (2020). *NeuroImage Clin* 28.

³Rivera-Rivera LA, et al (2016). *JCBFM* 36(10).

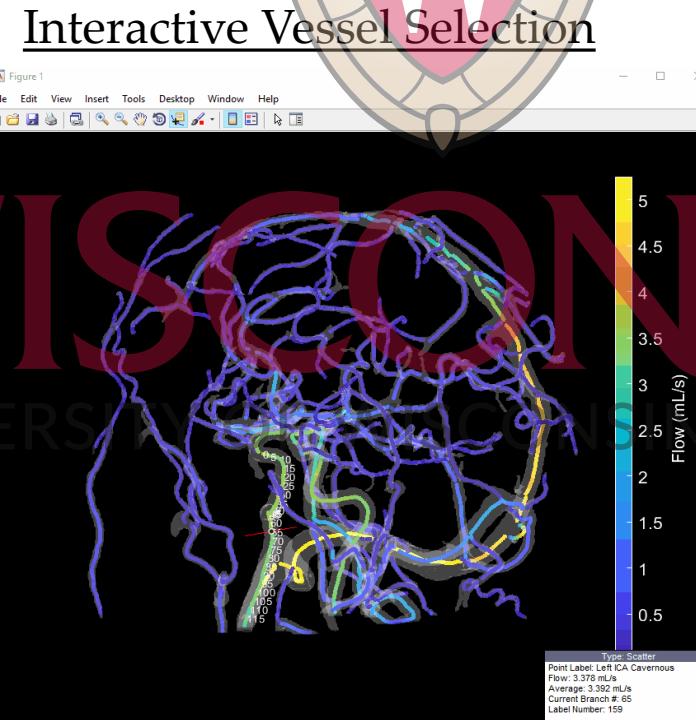
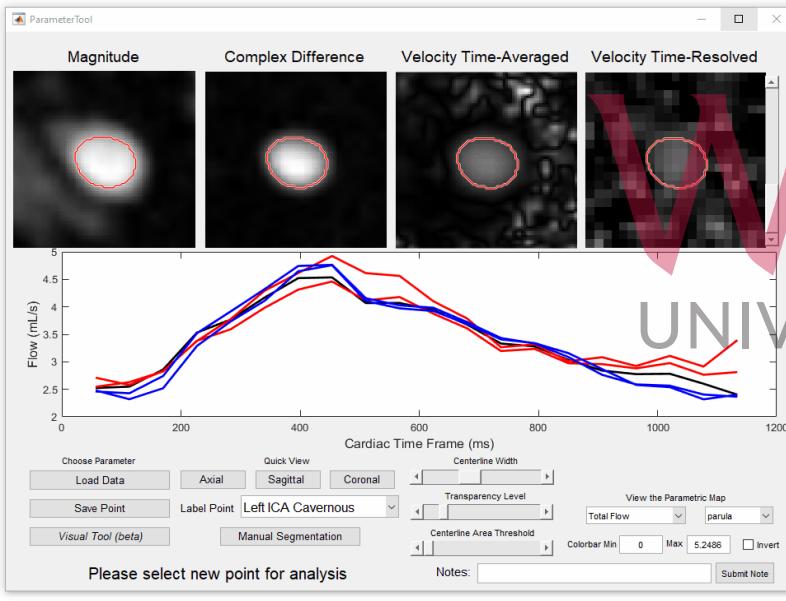
⁶Clark LR, et al (2017). *Alzheimers Dement* 7.



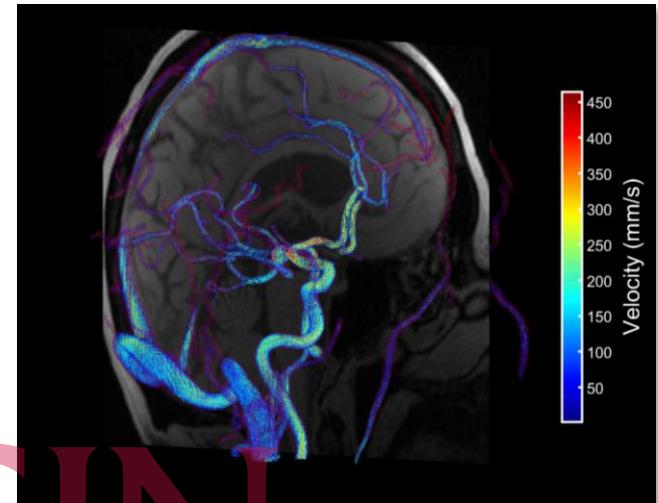
Background

- 4D flow MRI is a comprehensive vascular imaging technique
 - Post-processing is still a challenge
- We developed a cranial 4D flow analysis tool^{1,2}
 - Open Source: <https://github.com/uwmri/QVT>
 - Added visualization tools
 - Interactive vessel selection

Control Window



4D Flow Visualization Tool



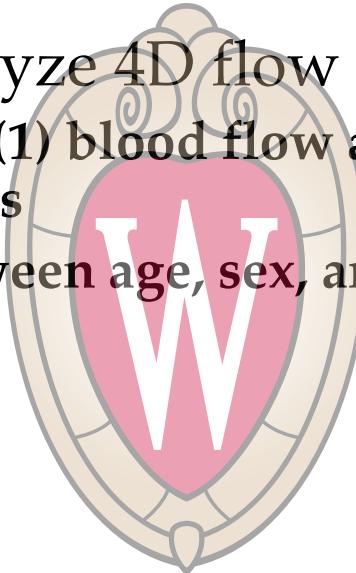
¹Schrauben E, et al (2015). *JMRI* 42(5)

²Hoffman CA, et al (2019). *SMRA* p80

Purpose



- This tool will then be used to analyze 4D flow data from 759 older adults:
 - **Aim 1:** Obtain reference values for (1) blood flow and (2) pulsatility in 13 major cerebral arteries and 4 major sinuses
 - **Aim 2:** Assess the relationship between age, sex, and ASCVD vascular risk scores on blood flow and pulsatility



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Methods – Subjects



- Subjects retrospectively obtained from:
 - Wisconsin Alzheimer's Disease Research Center (ADRC)
 - Wisconsin Registry for Alzheimer's Prevention (WRAP)
 - Between March 2010 – March 2020
- Exclusion criteria:
 - Abnormal cognitive status
 - PiB index > 1.19¹
 - Image quality and cardiac gating quality
- Take only most recent 4D flow MRI
- **759 subjects (mean age 65 years)**
 - Some measures deviate from “normal”
 - Sex (67% females)
 - APOE4 carriers
 - Parental history of dementia



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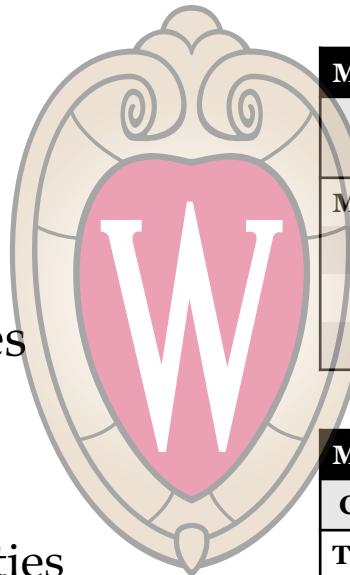
| Subject demographics | | | |
|--------------------------------------|-----------|-------------|-----|
| | Count (n) | Percent (%) | N* |
| Sex | | | 759 |
| Female | 506 | 66.7 | |
| Male | 253 | 33.3 | |
| Race | | | 757 |
| White | 645 | 85.3 | |
| Black or African American | 82 | 10.7 | |
| American Indian | 24 | 3.2 | |
| Asian | 2 | 0.3 | |
| Other | 4 | 0.5 | |
| Diabetes | 63 | 9.1 | 689 |
| Smoker | 29 | 4.2 | 689 |
| On Anti-hypertensive Meds | 240 | 34.8 | 689 |
| Parental history of dementia | 500 | 67.6 | 740 |
| APOE ε4 carrier** | 247 | 35.6 | 694 |
| | Mean | SD | N* |
| Age (years) | 64.7 | 7.7 | 759 |
| Systolic Blood Press. (mmHg) | 125.1 | 16.4 | 751 |
| Diastolic Blood Press. (mmHg) | 76.9 | 8.3 | 751 |
| Total Cholesterol (mg/dL) | 199.0 | 39.4 | 744 |
| Triglycerides (mg/dL) | 106.4 | 56.7 | 744 |

*Total number of measured data points over all subjects (759 total).
**APOE ε4 carrier defined as presence of at least one APOE ε4 allele.

Methods – Acquisition



- Subjects scanned at 3.0T
 - 3 different GE scanners
- Radially-undersampled acquisition
 - PCVIPR^{1,2}
- Data reconstructed into 20 cardiac frames
- Reconstruction
 - Temporal view sharing
 - Parallel imaging with localized sensitivities
 - Maxwell term phase correction
 - 3rd order background phase correction



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| MRI Scanners and Coils | Discovery MR750 (N=611) | Signa PET/MR (N=8) | Signa Premier (N=140) |
|------------------------|-------------------------|--------------------|-----------------------|
| MRI Coil Type | | | |
| 48 channel | - | - | 140 |
| 32 channel | 565 | - | - |
| 8 channel | 46 | 8 | - |

| MRI Acquisition Parameters | |
|----------------------------|--------------------------------|
| Characteristic | Value |
| TR (ms) | 7.71 |
| TE (ms) | 2.63 |
| Flip Angle (degrees) | 8 |
| Matrix Size | 320 |
| Resolution Size (mm) | 0.69 |
| Radial Projections | 11000 |
| VENC (cm/s) | 80 |
| Encoding Scheme | 4-point (58%) 5-point (42%) |
| Scan Time (min) | 5.6 (58%) 7.1 (42%) |

¹Gu T, et al (2005). AJNR 26(4).

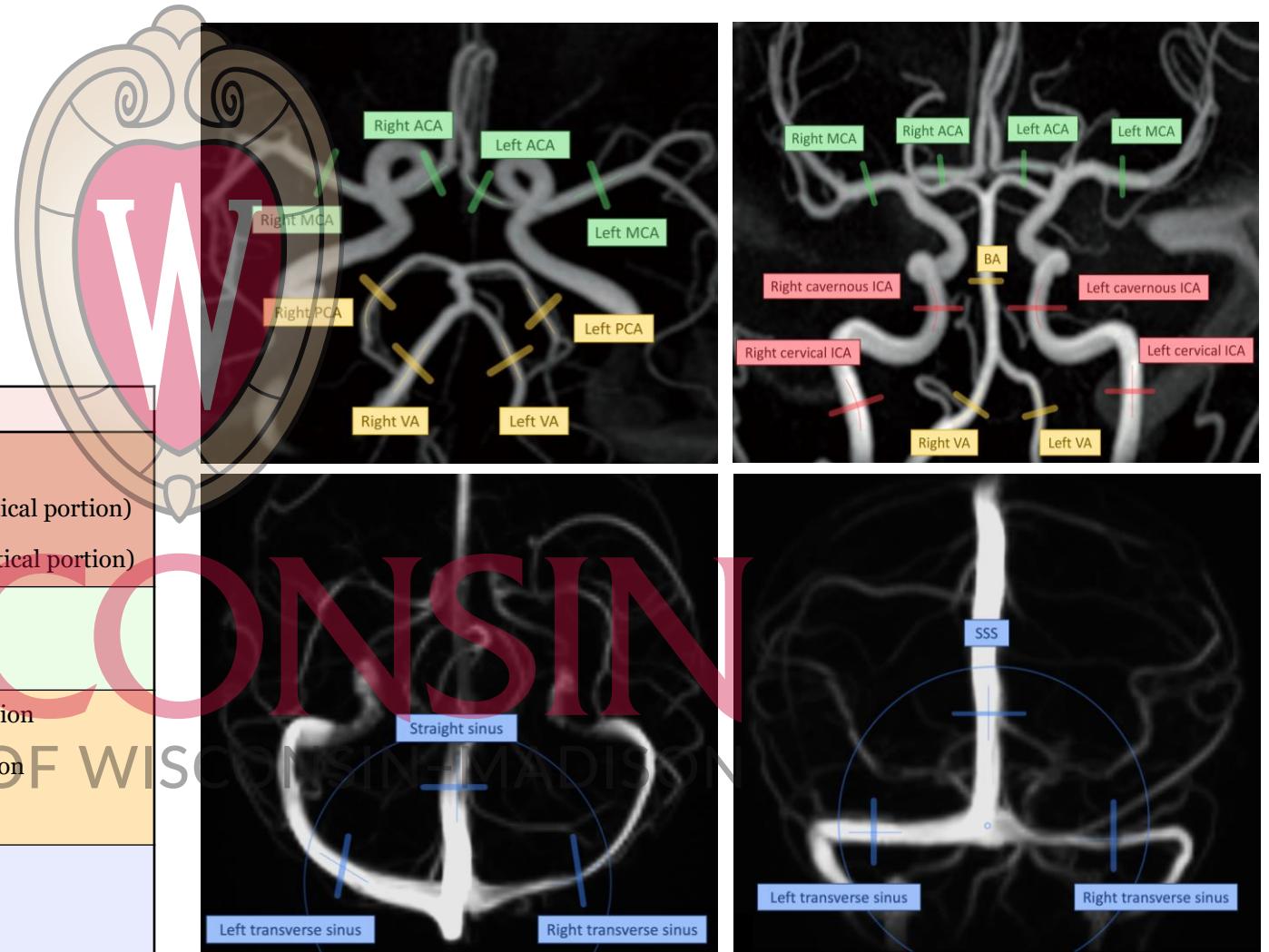
²Johnson KM, et al (2008). MRM 60(6).

Methods – Post-Processing



- Hemodynamic Measures
 - Volumetric flow rates (mL/min)
 - Pulsatility indices (a.u.)
 - $PI = (v_{max} - v_{min})/v_{mean}$
- Vessel Segment Locations
 - 13 arteries + 4 veins

| Vessel | Measurement Criteria |
|----------------------------------|--|
| Total Cerebral Blood Flow (TCBF) | LICA + RICA + BA |
| Cervical ICA (x2) | C1 segment (1-10 CL points from end of vertical portion) |
| Cavernous ICA (x2) | C3 segment (1-10 CL points from end of vertical portion) |
| Middle Cerebral Artery (x2) | Middle M1 \pm 5 CL points |
| Anterior Cerebral Artery (x2) | Middle A1 \pm 5 CL points |
| Basilar Artery | 10 \pm 5 CL points superior from BA-VA junction |
| Vertebral Artery (x2) | 10 \pm 5 CL points inferior from BA-VA junction |
| Posterior Cerebral Artery (x2) | 5-10 CL points before P1-P2 junction |
| Superior Sagittal Sinus | 15 \pm 5 CL points from SSS-TS-SS junction |
| Straight Sinus | 15 \pm 5 CL points from SSS-TS-SS junction |
| Transverse Sinus (x2) | 15 \pm 5 CL points from SSS-TS-SS junction |



Results – Analysis



- All 759 cases were successfully analyzed
 - Observer 1 = 302 cases (40%)
 - Observer 2 = 457 cases (60%)
 - Approximately 5 minutes per case
- Aliasing? → Laplacian unwrapping¹
- Poor Segmentation? → manual segmentation



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| Vessel | Observed | | | Unresolved | | |
|--------|----------|-----|-----|------------|-----|----|
| | ALI | SEG | NV | ALI | SEG | NV |
| ICA_C1 | 0 | 1 | 2 | 0 | 0 | - |
| ICA_C3 | 1 | 4 | 1 | 0 | 0 | - |
| MCA | 212 | 1 | 21 | 51 | 0 | - |
| ACA | 116 | 34 | 72 | 22 | 0 | - |
| BA | 4 | 3 | 2 | 0 | 0 | - |
| VA | 6 | 17 | 125 | 0 | 1 | - |
| PCA | 7 | 7 | 15 | 0 | 6 | - |
| SSS | 2 | 1 | 7 | 0 | 0 | - |
| STR | 5 | 1 | 6 | 0 | 0 | - |
| TS | 1 | 1 | 199 | 0 | 0 | - |

¹Loecker M, et al (2016). *JMRI* 43(4)

Results – Intra-observer Agreement



- Observer 1 re-analyzed 30 cases
 - 1 month between analysis
- Excellent reliability in 32/34 flow and pulsatility measures
 - Basilar artery and right VA only moderate reliability for pulsatility

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| Vessel Segment | N | Volumetric Flow Rates (mL/min) | | | | Pulsatility Indices (a.u.) | | | | | |
|----------------|----|--------------------------------|-------|--------|-----------|----------------------------|--------------|--------------|---------------|---------------|--------------|
| | | r | ICC* | Bias | Upper LOA | Lower LOA | r | ICC* | Bias | Upper LOA | Lower LOA |
| LICA_C1 | 30 | 0.995 | 0.997 | 0.932 | -8.124 | 9.988 | 0.973 | 0.986 | -0.004 | -0.098 | 0.089 |
| RICA_C1 | 30 | 0.996 | 0.998 | 0.171 | -8.494 | 8.835 | 0.97 | 0.98 | -0.009 | -0.123 | 0.105 |
| LICA_C3 | 30 | 0.993 | 0.997 | 0.007 | -10.934 | 10.948 | 0.93 | 0.964 | 0.006 | -0.134 | 0.145 |
| RICA_C3 | 30 | 0.997 | 0.998 | -0.539 | -9.114 | 8.036 | 0.892 | 0.927 | -0.041 | -0.188 | 0.106 |
| LMCA | 30 | 0.998 | 0.999 | -0.296 | -4.276 | 3.683 | 0.94 | 0.968 | 0.016 | -0.139 | 0.171 |
| RMCA | 29 | 0.999 | 1 | 0.127 | -1.943 | 2.196 | 0.992 | 0.99 | 0 | -0.179 | 0.179 |
| LACA | 29 | 0.999 | 1 | -0.103 | -2.126 | 1.921 | 0.997 | 0.997 | -0.012 | -0.125 | 0.1 |
| RACA | 30 | 0.993 | 0.996 | 1.365 | -4.282 | 7.012 | 0.937 | 0.968 | 0.005 | -0.142 | 0.153 |
| BA | 30 | 0.99 | 0.995 | 0.271 | -6.442 | 6.983 | 0.49 | 0.623 | -0.038 | -0.541 | 0.465 |
| LVA | 30 | 0.991 | 0.995 | -0.102 | -7.434 | 7.229 | 0.933 | 0.966 | -0.009 | -0.207 | 0.188 |
| RVA | 29 | 0.991 | 0.996 | 0.558 | -5.952 | 7.069 | 0.555 | 0.545 | 0.075 | -1.061 | 1.211 |
| LPCA | 30 | 0.944 | 0.971 | 0.623 | -5.971 | 7.217 | 0.871 | 0.931 | -0.022 | -0.278 | 0.233 |
| RPCA | 30 | 0.985 | 0.993 | 0.312 | -3.71 | 4.334 | 0.903 | 0.948 | 0.004 | -0.161 | 0.169 |
| SSS | 30 | 0.997 | 0.998 | -0.03 | -8.12 | 8.059 | 0.922 | 0.951 | -0.021 | -0.159 | 0.116 |
| STR | 30 | 0.978 | 0.989 | 0.419 | -6.942 | 7.78 | 0.87 | 0.931 | -0.016 | -0.238 | 0.207 |
| LTS | 24 | 0.999 | 1 | 0.788 | -4.982 | 6.559 | 0.921 | 0.96 | 0.007 | -0.222 | 0.236 |
| RTS | 29 | 1 | 1 | 0.079 | -5.787 | 5.945 | 0.953 | 0.976 | 0.007 | -0.122 | 0.135 |

*ICC(3,k) – Two-way mixed-effects model, absolute agreement, mean of measurements

Results – Inter-observer Agreement



- Observer 2 analyzed same 30 cases
 - 1 month between analysis
- Excellent reliability in 32/34 flow and pulsatility measures
 - Right VA and left transverse sinus moderate reliability for pulsatility

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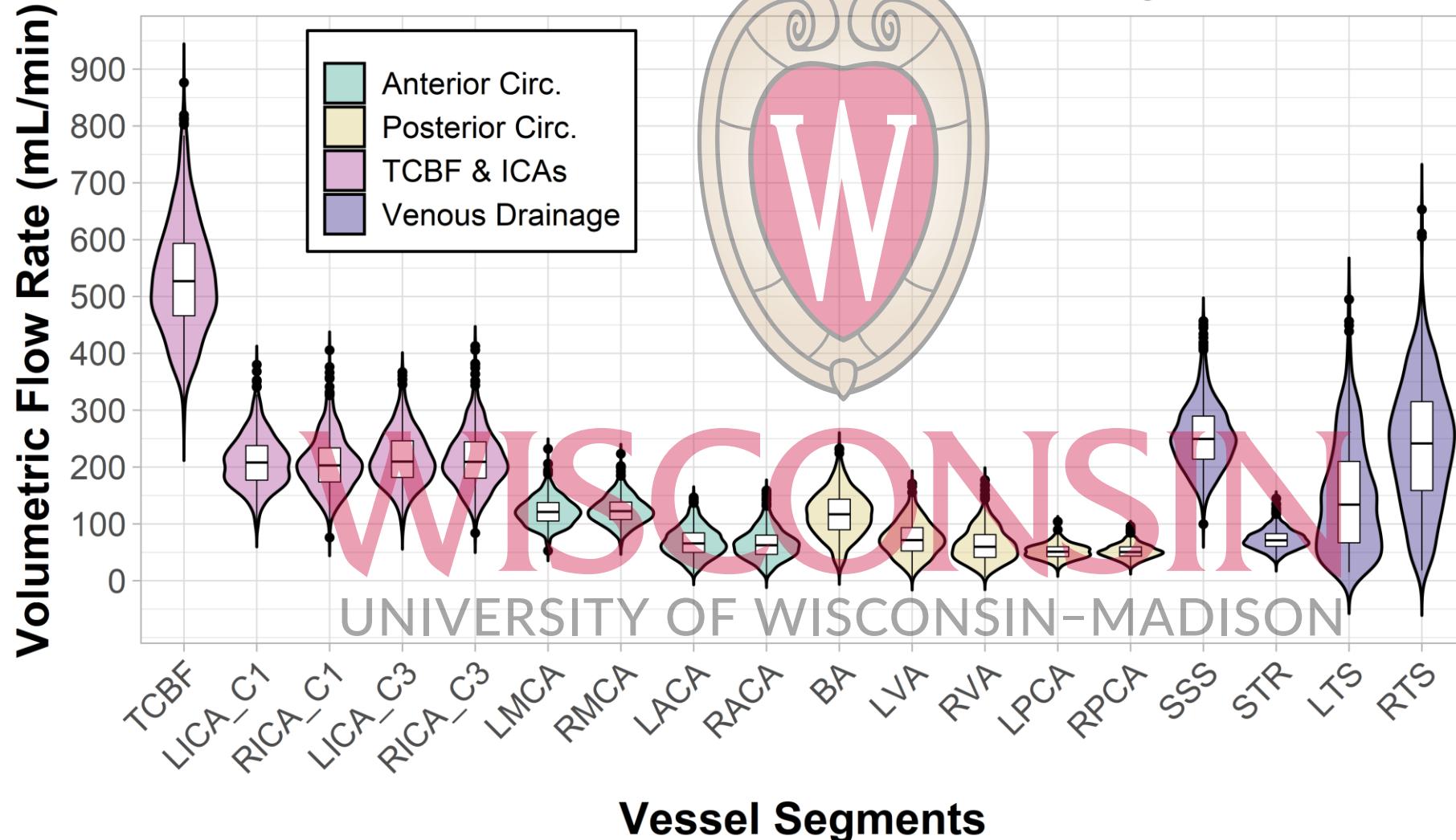
| Vessel Segment | N | Volumetric Flow Rates (mL/min) | | | | | Pulsatility Indices (a.u.) | | | | |
|----------------|----|--------------------------------|-------|--------|-----------|-----------|----------------------------|--------------|--------------|---------------|--------------|
| | | r | ICC* | Bias | Upper LOA | Lower LOA | r | ICC* | Bias | Upper LOA | Lower LOA |
| LICA_C1 | 30 | 0.986 | 0.992 | 2.979 | -12.176 | 18.134 | 0.966 | 0.981 | -0.019 | -0.122 | 0.085 |
| RICA_C1 | 30 | 0.993 | 0.996 | 0.498 | -11.36 | 12.356 | 0.959 | 0.971 | -0.034 | -0.152 | 0.085 |
| LICA_C3 | 30 | 0.987 | 0.993 | 1.745 | -13.519 | 17.008 | 0.866 | 0.927 | -0.01 | -0.215 | 0.195 |
| RICA_C3 | 30 | 0.98 | 0.987 | 5.039 | -16.93 | 27.007 | 0.842 | 0.913 | -0.01 | -0.189 | 0.169 |
| LMCA | 30 | 0.981 | 0.99 | 1.867 | -11.762 | 15.495 | 0.829 | 0.902 | 0.027 | -0.228 | 0.281 |
| RMCA | 29 | 0.993 | 0.996 | 1.233 | -5.846 | 8.311 | 0.939 | 0.968 | -0.041 | -0.372 | 0.29 |
| LACA | 29 | 0.968 | 0.981 | -2.843 | -14.494 | 8.807 | 0.926 | 0.952 | 0.047 | -0.371 | 0.465 |
| RACA | 30 | 0.945 | 0.972 | 0.27 | -15.288 | 15.827 | 0.924 | 0.959 | 0.018 | -0.139 | 0.175 |
| BA | 30 | 0.99 | 0.995 | 0.343 | -6.346 | 7.033 | 0.943 | 0.971 | 0.005 | -0.119 | 0.129 |
| LVA | 30 | 0.983 | 0.992 | -0.206 | -9.862 | 9.45 | 0.919 | 0.955 | 0.031 | -0.18 | 0.241 |
| RVA | 29 | 0.986 | 0.993 | 1.213 | -7.111 | 9.537 | 0.47 | 0.466 | 0.067 | -1.123 | 1.256 |
| LPCA | 30 | 0.891 | 0.94 | -0.202 | -10.189 | 9.784 | 0.9 | 0.949 | -0.007 | -0.237 | 0.222 |
| RPCA | 30 | 0.94 | 0.969 | -0.686 | -8.785 | 7.412 | 0.843 | 0.908 | -0.025 | -0.267 | 0.217 |
| SSS | 30 | 0.993 | 0.996 | 0.055 | -11.954 | 12.064 | 0.971 | 0.985 | -0.012 | -0.098 | 0.075 |
| STR | 30 | 0.989 | 0.994 | -0.737 | -6.01 | 4.536 | 0.895 | 0.945 | 0.009 | -0.192 | 0.209 |
| LTS | 24 | 0.996 | 0.998 | 2.223 | -12.972 | 17.418 | 0.778 | 0.86 | 0.05 | -0.302 | 0.403 |
| RTS | 29 | 0.999 | 0.999 | 0.457 | -11.045 | 11.959 | 0.886 | 0.941 | 0 | -0.191 | 0.191 |

*ICC(3,k) – Two-way mixed-effects model, absolute agreement, mean of measurements

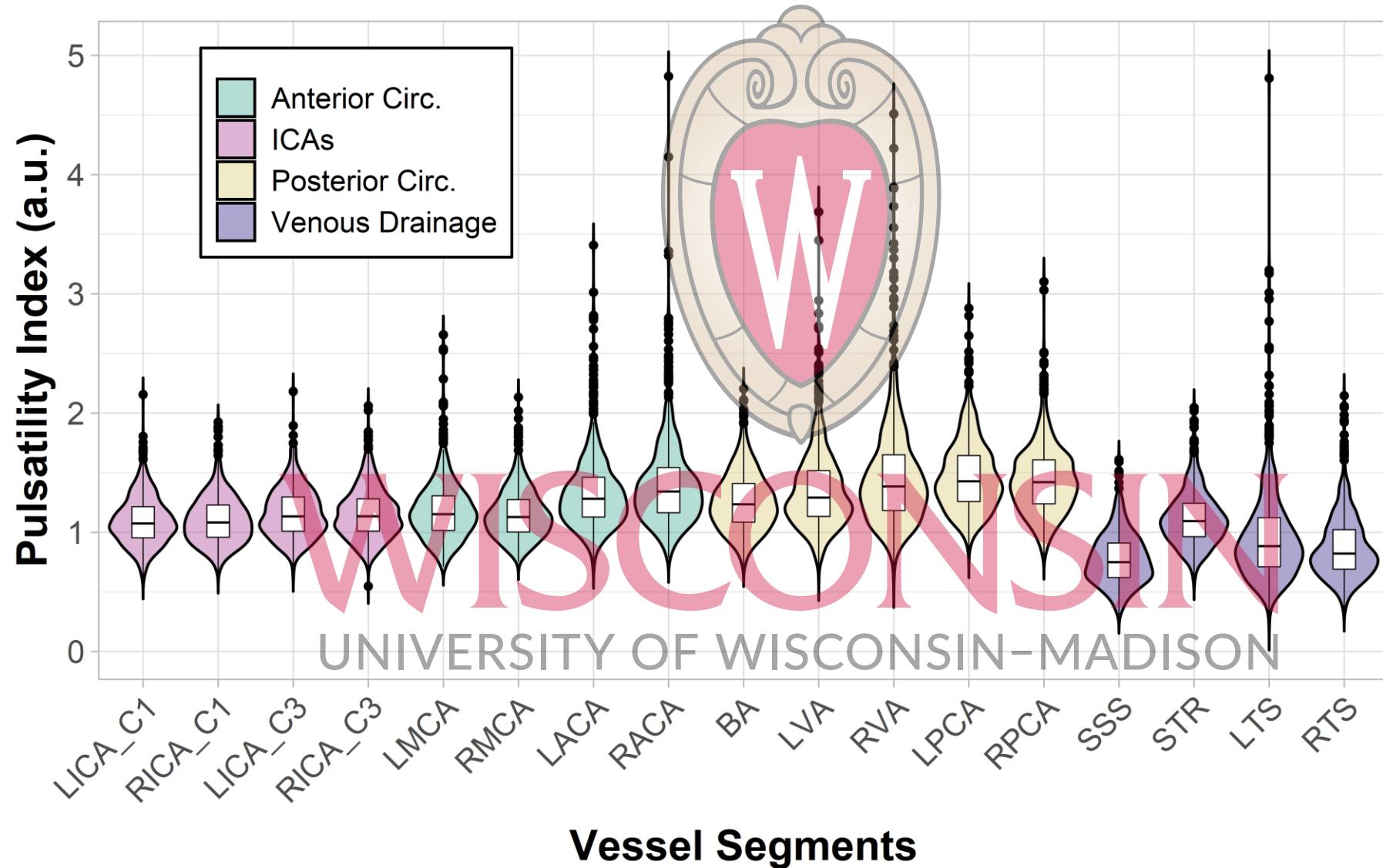
Results – Blood Flow



Blood Flow Rates in All Vessel Segments



Results – Vascular Pulsatility

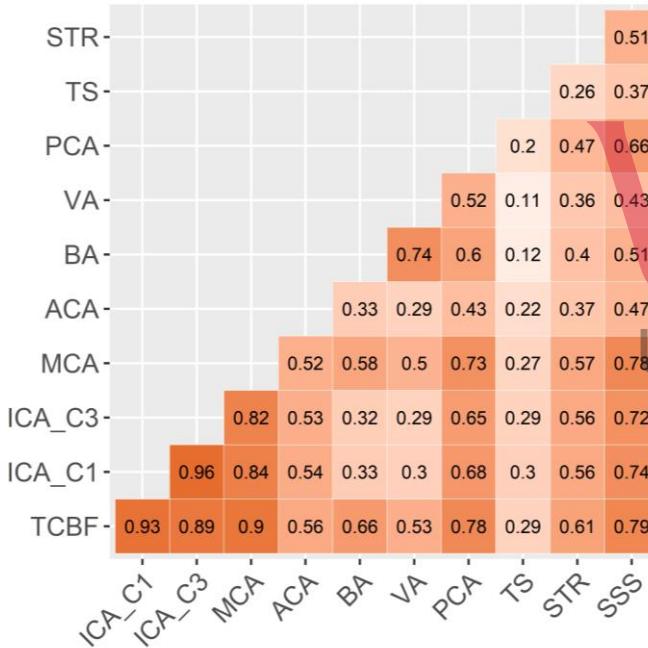


Results – Blood Flow

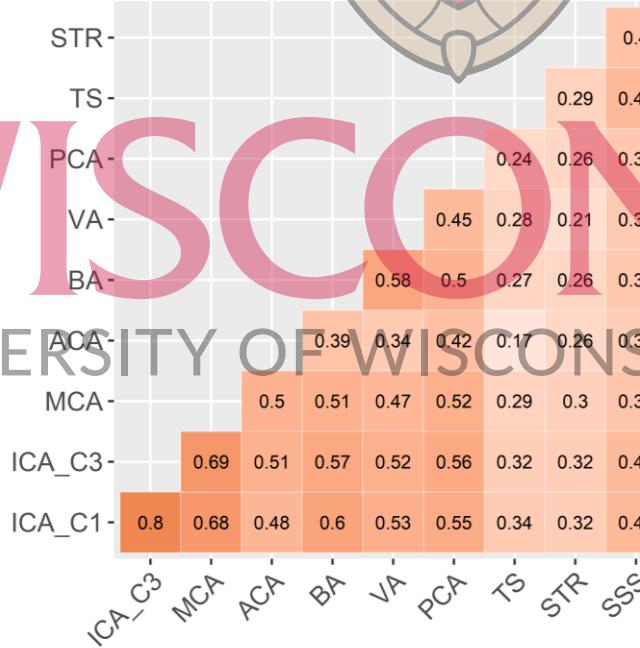


- Conservation of flow
 - LVA + RVA \approx BA
 - Similar results for ACA + MCA \approx ICA
- Flow and PI were significantly correlated between all vessel segments

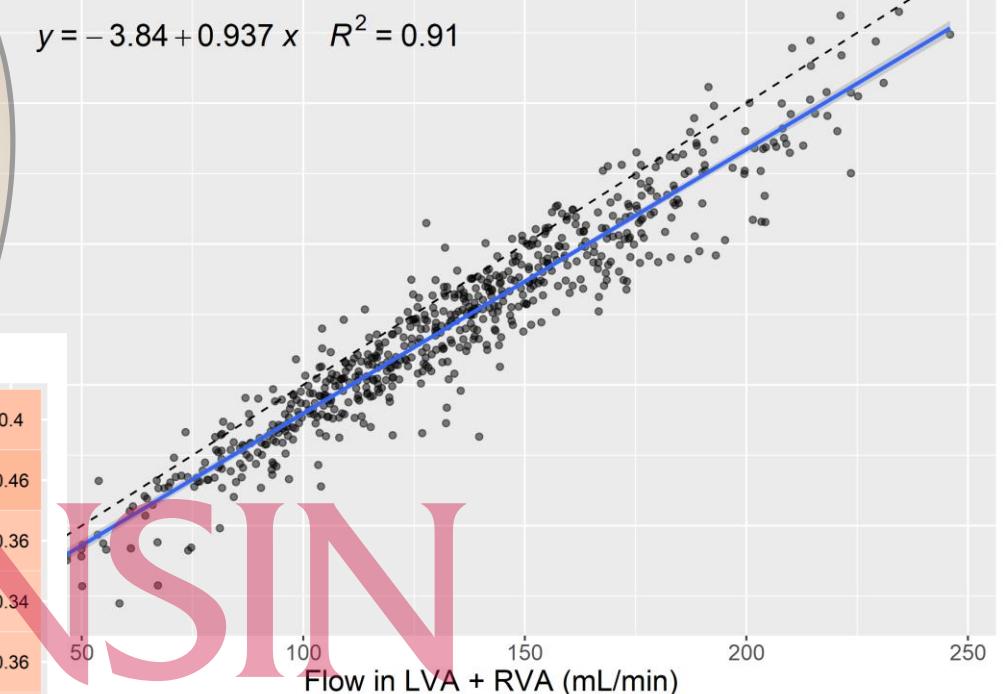
Correlation Matrix - Blood Flow



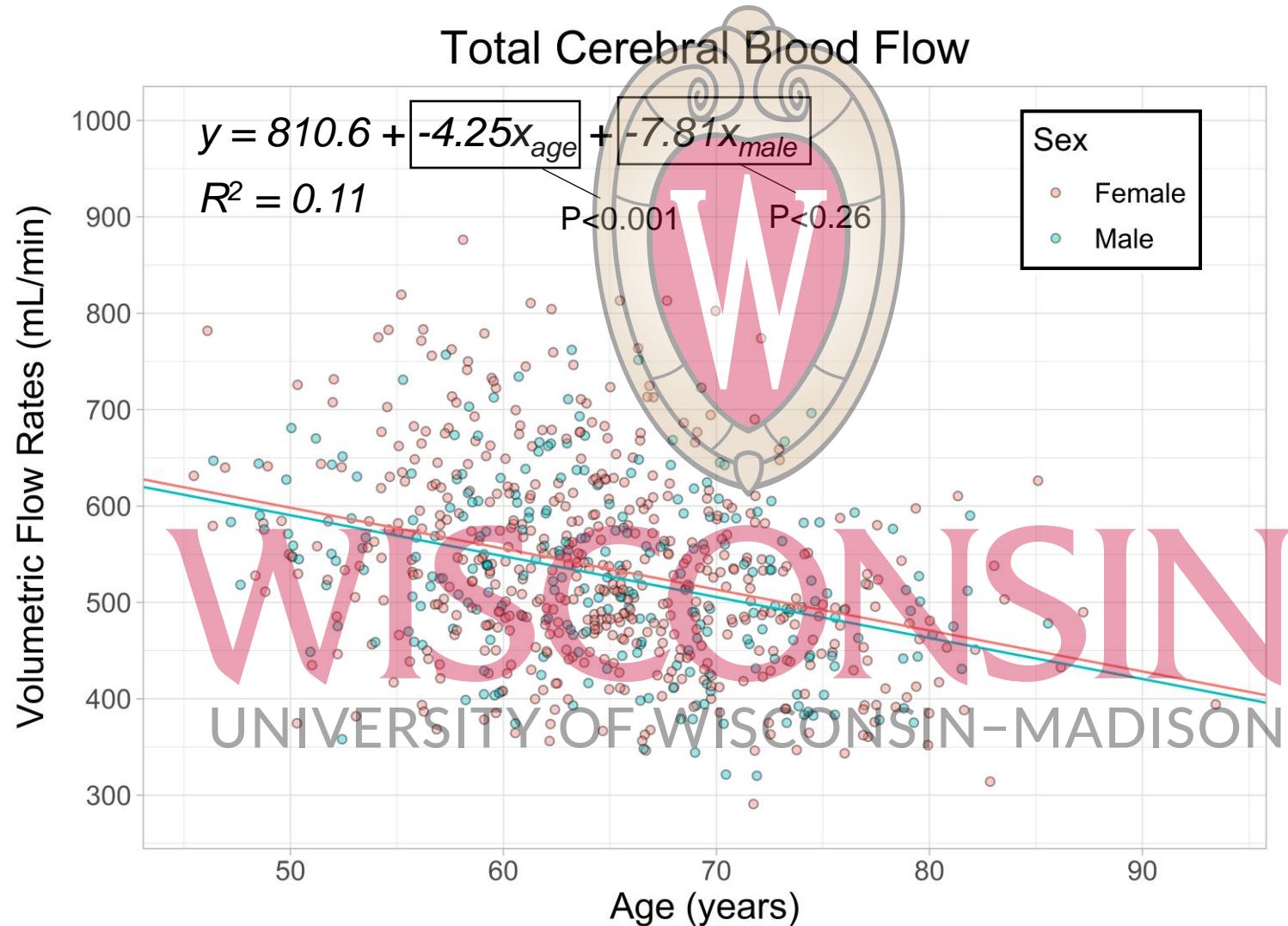
Correlation Matrix - Pulsatility



Conservation of Flow - Posterior Circulation



Results – Flow vs. Age/Sex





Results – Flow vs. Age/Sex

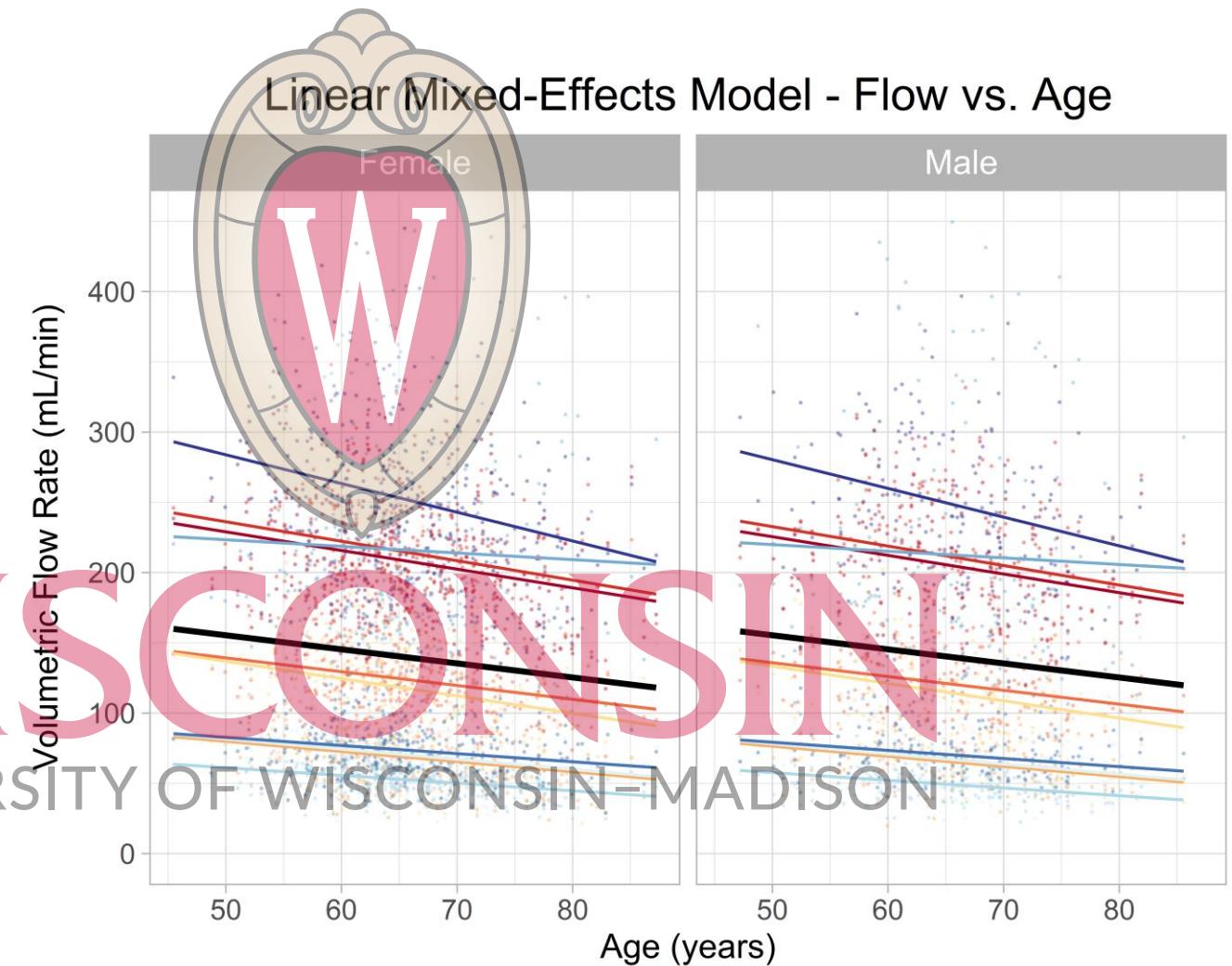
Flow ~ Age + Sex + (1 + Age | Vessel)

| | β (coefficients) | | |
|---------------------|--|-----------------|----------------|
| | Intercept | Age | Sex (male) |
| FIXED EFFECT | 205.4*** | -1.00*** | -3.46** |
| ICA_C1 | 295.4 | -1.33 | -3.46 |
| ICA_C3 | 305.4 | -1.38 | -3.46 |
| MCA | 188.4 | -0.98 | -3.46 |
| ACA | 115.9 | -0.72 | -3.46 |
| BA | 198.4 | -1.23 | -3.46 |
| VA | 117.6 | -0.72 | -3.46 |
| PCA | 88.5 | -0.55 | -3.46 |
| TS | 247.0 | -0.47 | -3.46 |
| STR | 111.7 | -0.58 | -3.46 |
| SSS | 386.0 | -2.04 | -3.46 |

T-tests using Satterthwaite's method

**p<0.01

***p<0.001





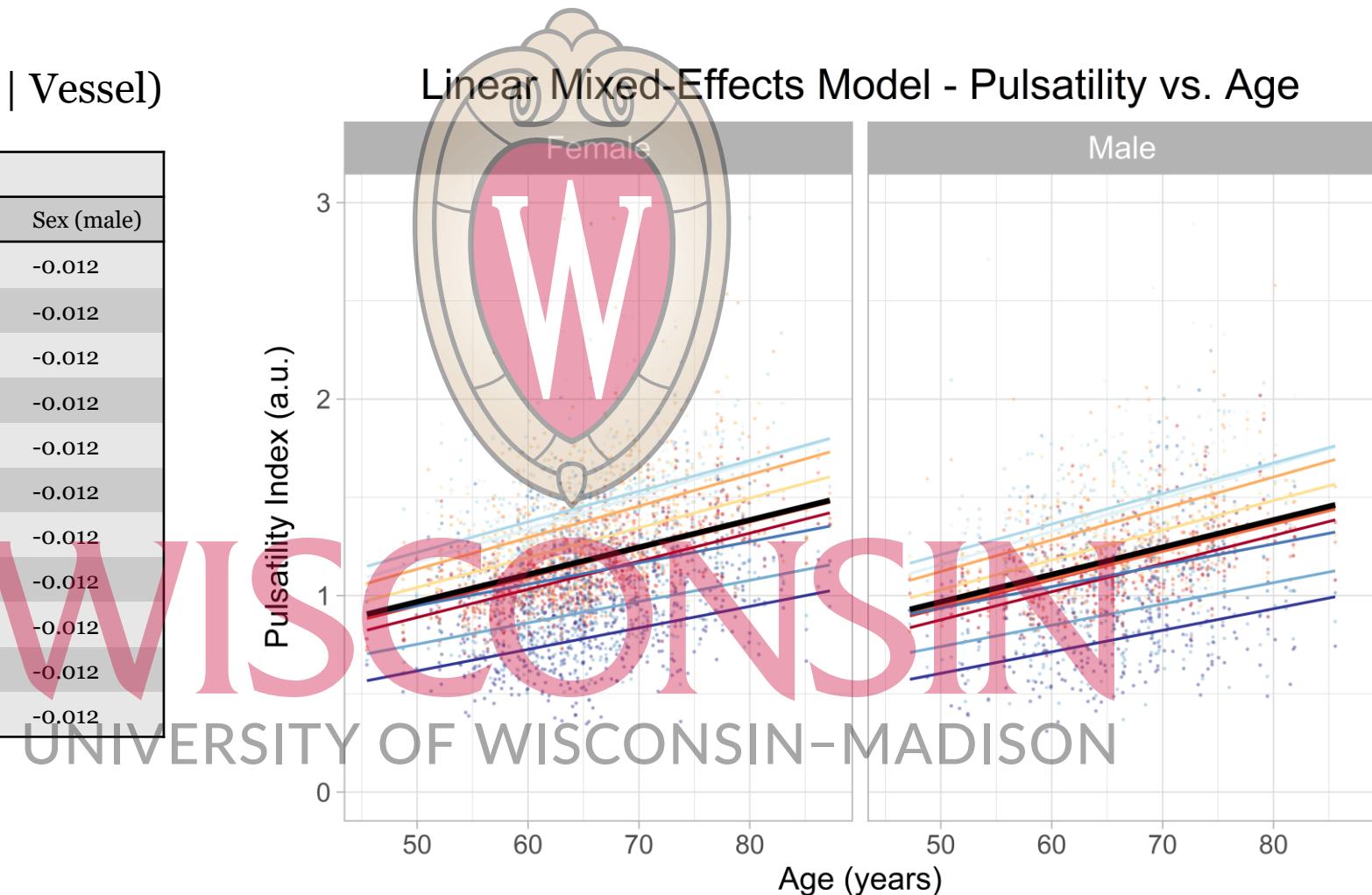
Results – Pulsatility vs. Age/Sex

$$\text{PI} \sim \text{Age} + \text{Sex} + (1 + \text{Age} | \text{Vessel})$$

| | β (coefficients) | | |
|---------------------|------------------------|-----------------|------------|
| | Intercept | Age | Sex (male) |
| FIXED EFFECT | 0.275*** | 0.014*** | -0.012 |
| ICA_C1 | 0.174 | 0.014 | -0.012 |
| ICA_C3 | 0.227 | 0.014 | -0.012 |
| MCA | 0.271 | 0.014 | -0.012 |
| ACA | 0.333 | 0.016 | -0.012 |
| BA | 0.286 | 0.015 | -0.012 |
| VA | 0.329 | 0.017 | -0.012 |
| PCA | 0.441 | 0.016 | -0.012 |
| TS | 0.211 | 0.011 | -0.012 |
| STR | 0.405 | 0.011 | -0.012 |
| SSS | 0.069 | 0.011 | -0.012 |

T-tests using Satterthwaite's method

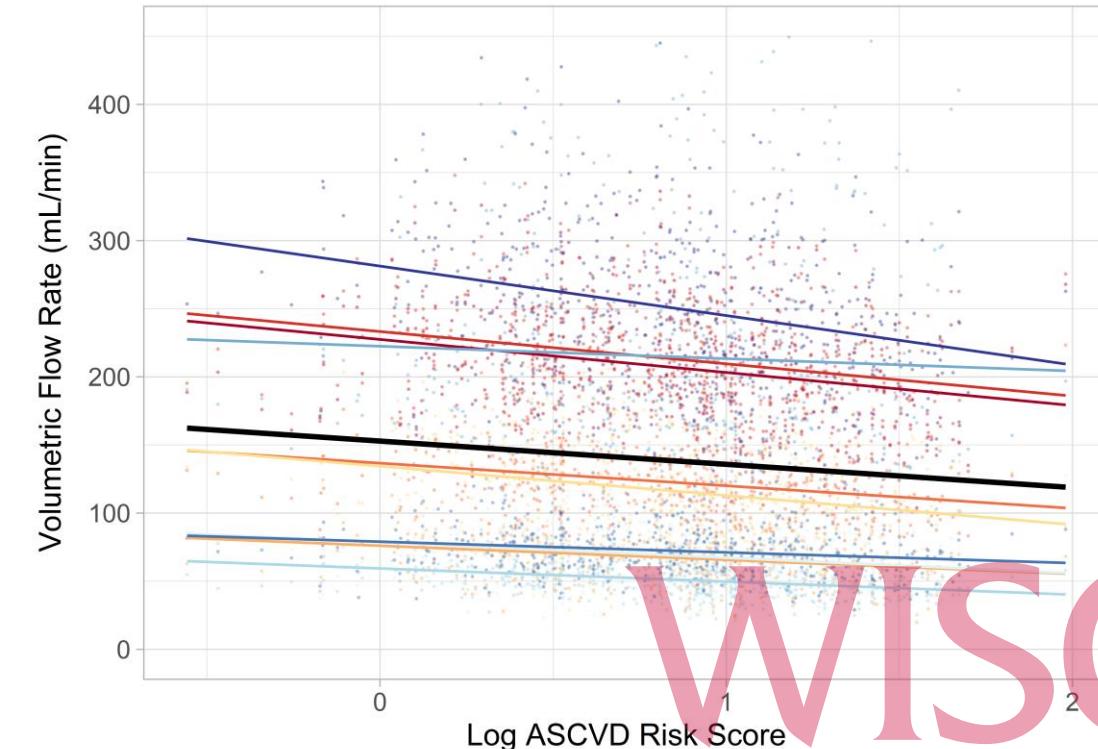
***p<0.001



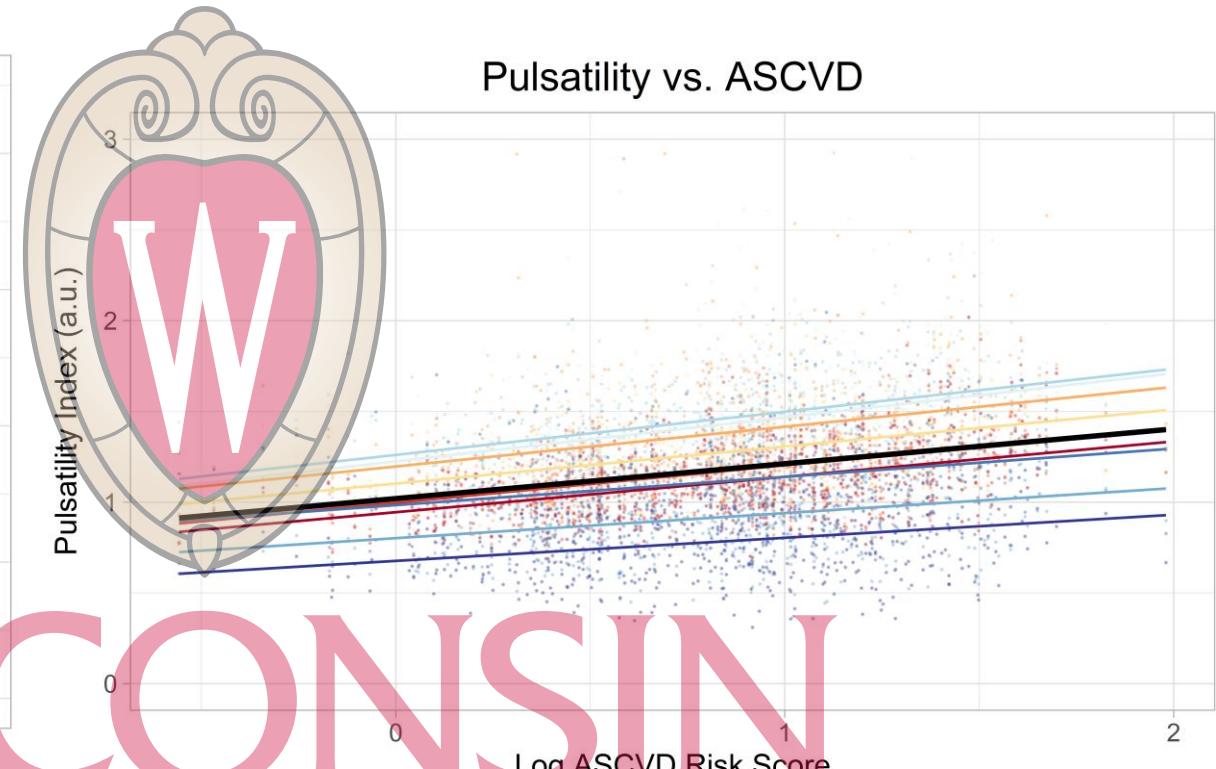
Results – ASCVD



Flow vs. ASCVD



Pulsatility vs. ASCVD



Fixed Effects
— Fixed Effects

Vessel

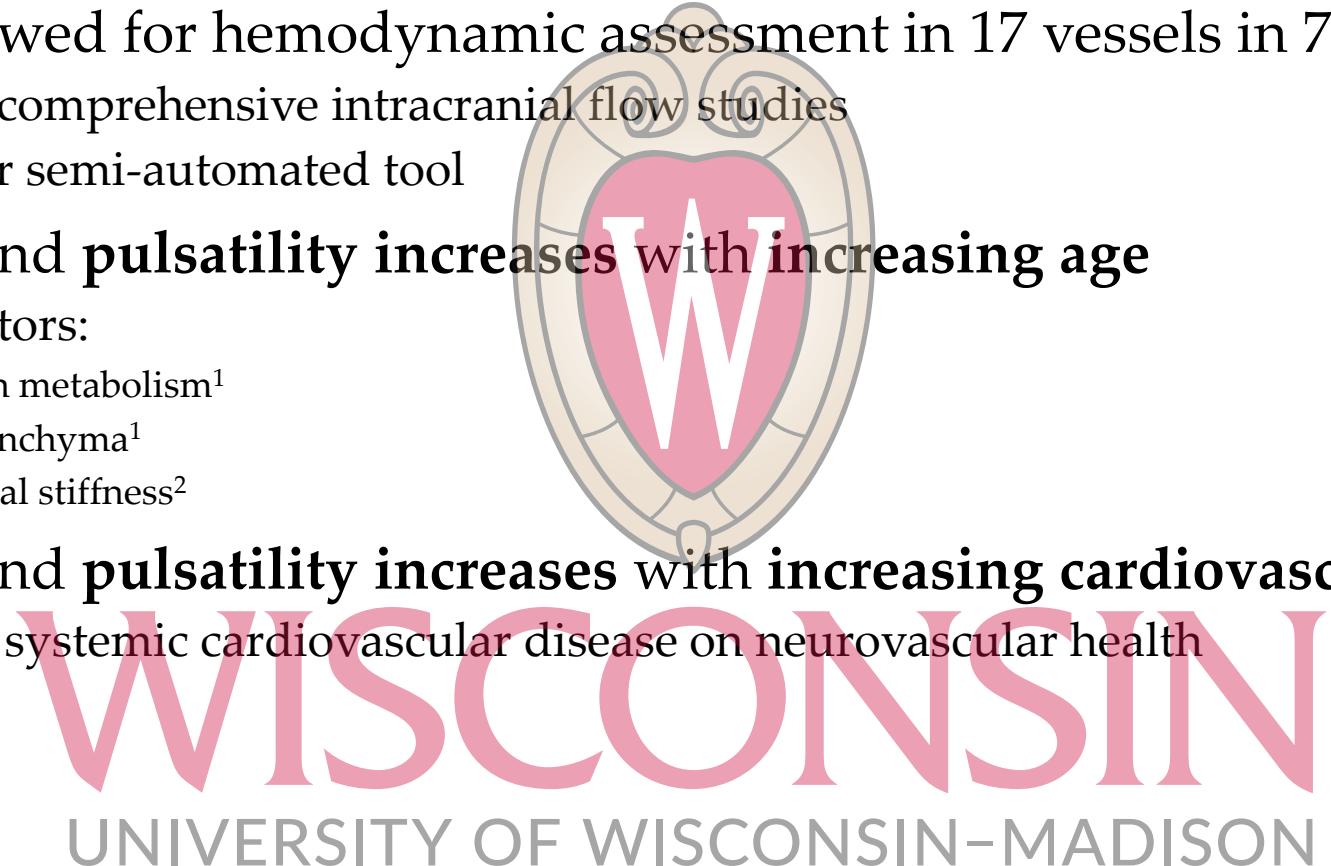
- ICA_C1
- ICA_C3
- MCA
- ACA
- BA
- VA
- PCA
- TS
- STR
- SSS

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Discussion



- 4D flow MRI allowed for hemodynamic assessment in 17 vessels in 759 subjects
 - One of the most comprehensive intracranial flow studies
 - Possible with our semi-automated tool
- **Flow decreases and pulsatility increases with increasing age**
 - Contributing factors:
 - Decreased brain metabolism¹
 - Decreased parenchyma¹
 - Increased arterial stiffness²
- **Flow decreases and pulsatility increases with increasing cardiovascular risk score**
 - Reflects effect of systemic cardiovascular disease on neurovascular health



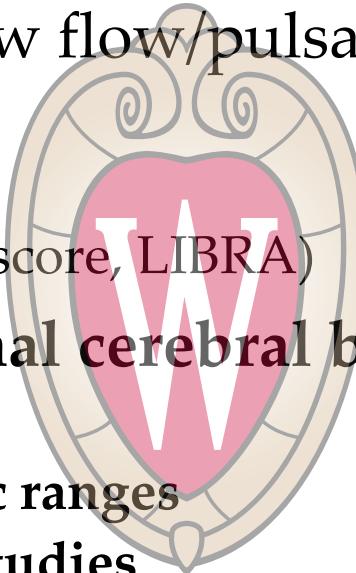
¹Leenders KL, et al (1990). *Brain* 113(1).

²Rosenberg AJ, et al (2020). *J Appl Physiol* 128.

Conclusion



- Future studies will investigate how flow/pulsatility is related to:
 - APOE genotype
 - White matter hyperintensities
 - Other risk scores (Framingham risk score, LIBRA)
- **First-step towards defining normal cerebral blood flow and pulsatility values in older adults**
 - Determine abnormal hemodynamic ranges
 - Help power future neurovascular studies



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Howard Rowley, MD

Eisenmenger Group

Laura Eisenmenger, MD

Anthony Peret, MD

Chenwei Tang, MS

Wieben Group

Oliver Wieben, PhD

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Alma Spahic, BS

Tarun Naren, BS



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Waismann Brain Imaging Team



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