4375

T2 relaxometry based CSF fraction (CSFF) mapping is a better biomarker for brain drainage pathology than DTI-based free water (DTI-FW) mapping

Llangdong Zhou¹, Thanh Nguyen², and Yi Ll² ¹Rodiology, Weill Cornell Medicine, New York, NY, United States, ²Weill Cornell Medicine, New York, NY, United Sta

Synopsis

We compared two free water methods, T2 relaxometry-based CSFF and DTI-based DTI-FW, by associating them with age, cognitive score RAVLT, amyloid beta deposition from PIB SUVr, tau deposition from MK6240, aqueduct CSF flow from PC-MRI and ventricle CSF clearance from MK-PET. Results show that CSFF outperforms DTI-FW in most relation pairs. CSFF works great for quantifying clearance related measures but DTI-FW failed

Introduction

Glymphatic clearance is important to maintain brain health, and its dysfunction is associated with the development of AD¹. The perivascular space (PVS) is a known key route of glymphatic clearance for the drainage of interstitial fluid and solutes such as soluble amyloid-beta (AB) and tau from the brain^{2,3}. Recent dy inplate clearance of miportant to maintain to an nearty, and is dystitution is associated with the development of AD - the perivascual space (PS) is a known key roug of gynphatic clearance of the durance of mice state and an solice studies studies and a solice studies studies and the durance of the durance of mice state and and solice studies studies studies studies studies and the durance of the durance water (DTI-FW) by fitting a two-compartment model, in which the free water compartment is considered to have isotropic diffusion⁵. This paper aims to compare the performances of both CSFF and DTI-FW in terms of correlating to the Aβ and tau deposition measured by PET.

Material and Methods

\$\$\${\bf Cerebrospinal\,fluid\,fraction\,(CSFF)⁴} Multi - echorSAST - T2Imagewasacquiredwith7 - echoes(TE = 0, 7.5, 17.5, 67.5, 147.5, 307.5, 1007.5ms). ThentheT2datawasf ittedtoathree - watercompartmentmodelbecausetheT2spectrumof thediff erenttissuetypes, specifically, myelinwaterwithT2 < 20ms, intro - extracellularwaterwithT2between20to200 (\bf DT\\based\free\water\mapping\, [DTI-FM)⁵})DTI - basedf reewatermappingisperf ormedusingtwo - compartmentf reewatereliminatingmodelusingmulti - shellDTIdataacquiredwith99directionsand11b - values. (\bf Data\acquisition\and\processing)\$\$\$ All the MRI data were acquired on a 3T Siemens Prisma scanner, FAST-T2, T1w, T2w, and multi-shell DTI, PC-MRI on aqueduct were run for the following data processing including FreeSurfer reconstruction for ROIs, coregistration of T1w to FAST-T2 and DTI spaces, CSF flow through aqueduct using PC-MRI. Amyloid PET and tau PET were run with PiB and MK6240 tracers for the quantification of 4β and tau deposition using SUVr. Dynamic tau PET data was used for computing the ventricle CSF clearance a slope. Both CSFF and DTI-FW will be correlated with age, RAVLT score, net CSF flow in aqueduct measured using PC-MRI⁶, ventricle CSF clearance⁷ measured using tau PET, tau SUVr in ROIs, and Aβ SUVr in ROIs. The performance of CSFF and DTI-FW will be compared by using the linear predictive p-value, Pearson correlation r, and adjusted R².

Results

Figure 1 shows the relationship between age and CSFF or DTI-FW, and the relationship between cognitive score RAVLT and CSFF/DTI-FW. Both CSFF and DTI-FW go high as age increase. Both high CSFF and DTI-FW correspond to low cognitive score RAVLT. But the DTI-FW with age has p>0.05 which is inferior to CSFF. Figure 2 shows the relationship between PiB SUVr and CSFF or DTI-FW. We see both CSFF and DTI-FW correlate with PiB PET measure about amyloid-beta. Figure 3 shows the relationship between Tau SUVr and CSFF or DTI-FW. We see both CSFF and DTI-FW correlate with MK6240 PET measure about Tau. We see CSFF (p=0.04, and 0.03) performs superior to DTI-FW (p=0.06 and 0.13) in both ROIs.

Figure 4 shows the relationship between ventricle CSF clearance (vCSF-SLOPEmk) and CSFF or DTI-FW; and the relationship between net CSF flow in aqueduct (net stroke volume) and CSFF or DTI-FW. We see CSFF (p=0.02, 0.01 and 0.02) outperforms DTI-FW (p=0.08, 0.62, and 0.54) in all three pairs. Figure 5 shows all comparable parameters for the significant relations, including p-value, correlation r and adjusted R-squared.

Discussion

There is a lack of imaging tools to noninvasively quantify the functioning of brain drainage pathology for a long time. The CSFF could potentially be a biomarker of brain drainage pathology as shown in Figure 1 to Figure 5. Figure-1 shows CSFF is associated with aging/cognitive. Figure-2&3 show CSFF is associated with aging/cognitive. Figure-2&3 show CSFF is associated with aging/cognitive. Figure-2 shows CSFF is associated with brain ventricle clearance measured by PC-MRI (net stroke volume) and PET (vCSF-SLOPE). It has been shown the dynamic PET-generated vCSF is a biomarker of CSF clearance previously. Figure 4 is a crossvalidation of the usefulness of CSFF in studying brain drainage pathology including the CSF clearance. Figure 5 summary the comparison between CSFF and DTI-FW, in which we clearly see CSFF outperforms DTI-FW in most comparison pairs. We see the both CSFF and D1-FW perform well in associating with D1-FW performs well in associating with D1-FW performs between the both D1-FW performs between

Acknowledgements

References

- 1. Wardlaw, J. M. et al. Perivascular spaces in the brain: anatomy, physiology and pathology. Nat. Rev. Neurol. 16, 137–153 (2020). 2. Marin-Padilla, M. & Knopman, D. S. Developmental aspects of the intracerebral microvasculature and perivascular spaces: insights into brain response to late-life diseases. J. Neuropathol. Exp. Neurol. 70, 1060–1069 (2011). 3. Weller, R. O., Subash, M., Preston, S. D., Mazanti, I. & Carare, R. O. Perivascular drainage of amyloid-beta peptides from the brain and its failure in cerebral amyloid angiopathy and Alzheimer's disease. Brain Pathol. Zurich Switz. 18, 253-266 (2008)
- 4. Nguyen, T. D. et al. Feasibility and reproducibility of whole brain myelin water mapping in 4 minutes using fast acquisition with spiral trajectory and adiabatic T2prep (FAST-T2) at 3T: Whole Brain Myelin Water Mapping with FAST-T2. Magn. Reson. Med. 76, 456–465 (2016).
- 5. Pasternak, O., Sochen, N., Gur, Y., Intrator, N. & Assaf, Y. Free water elimination and mapping from diffusion MRI. Magn. Reson. Med. 62, 717–730 (2009).
- 6. Spijkerman, J. M. et al. Phase contrast MRI measurements of net cerebrospinal fluid flow through the cerebral aqueduct are confounded by respiration. J. Magn. Reson. Imaging 49, 433–444 (2019), 7. Li, Y. et al. Decreased CSF clearance and increased brain amyloid in Alzheimer's disease. (2021) doi:10.21203/rs.3.rs-900478/v1

Figures p = 0.06, r = 0.45, n = 19

Figure 1 shows the relationship between pairs of age with (a) cerebral cortex CSFF, (b) cerebral cortex DTI-FW); and RAVLT with (c) cerebral cortex CSFF, (d) cerebral cortex DTI-FW. We see pairs (a)-(d) are all significantly associated (p<0.05). Both CSFF and DTI-FW go high as age increase. Both high CSFF and DTI-FW correspond to low cognitive score RAVLT. But the DTI-FW with age has p>0.05 which is inferior to CSFF.



Figure 2 shows the relationship between pairs of cerebral cortex CSFF with (a) cerebral cortex PIB SUVr, (c) posterior cingulate PIB SUVr; and cerebral cortex DTI-Fw with (b) cerebral cortex PIB SUVr, (d) posterior cingulate PIB SUVr. We see both CSFF and DTI-FW correlate with PIB PET measure about amyloid-beta.



Figure 3 shows the relationship between pairs of cerebral cortex CSFF with (a) cerebral cortex Tau SUVr, (c) entorhinal cortex Tau SUVr, (d) entorhinal cortex



Figure 4 shows the relationship between pairs of ventricle CSF clearance (vCSF-SLOPEmk) with (a) cerebral cortex CSFF, (b) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (e) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (a) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (a) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (a) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (a) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (a) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (a) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (a) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral white matter DTI-FW; and net CSF flow in aqueduct (net stroke volume) with (a) cerebral cortex CSFF, (f) cerebral cortex DTI-FW, (c) cerebral cortex DTI-FW, (c) cerebral cortex DTI-FW; and terebral cortex DTI-FW; and terebral cortex DTI-FW, (c) cerebral cortex DTI-FW, (c) cerebral cortex DTI-FW; and terebral cortex DTI-FW; and t We see CSFF (p=0.02, 0.01 and 0.02) outperforms DTI-FW (p=0.08, 0.62, and 0.54) in all three pairs. We see CSFF (p=0.02, 0.01 and 0.02) outperforms DTI-FW (p=0.08, 0.62, and 0.54) in all three pairs.

		A ee	RAVLT Score	vCSF- Slepe MK5240	Net Stroke Volume	Cerebral Certex PIB (SUW)	Posterior Gingulate (SUVr)	Cerebral Cortex Tau (SUVP)	Entorhin Cortex Tau (SUV
Cerebral cortex CSFF	p	<0.01	.0.04	0.02	0.02	0.01	<0.01	0.04	0.03
	,	0.73	-0.48	-0.72	-0.58	0.83	0.86	0.65	0.68
	R2	0.50	0.22	0.47	0.28	0.64	0.68	0.36	0.39
Cerebral Cortex DTI- FW	р		0.02			0.01	<0.01		
	1		-0.51			0.83	0.89		
	R2		0.29			0.64	0.74		
Cerebral white matter CSFF	p			0.01					
	,			-0.79					
	R ²			0.57					
Cerebral white matter DTI- FW	p								
	٢								
	R2								

Figure 5 shows all comparable parameters for the significant relations, including p-value, correlation r and adjusted R-squared.

Proc. Intl. Soc. Mag. Reson. Med. 30 (2022)

4375