



# LONGITUDINAL STUDY TO ASSESS THE PREDICTIVE VALUE OF DTI PARAMETERS IN RRMS PATIENTS

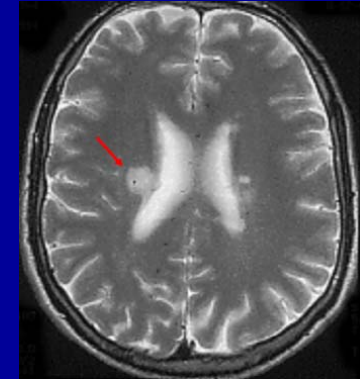
E. Graulière, J-A. Lotterie, E. Cassol, A. Gerdelat, M. Clanet, I. Berry

**MIAMS NEW-YORK - 2008**

# INTRODUCTION

🌐 cMRI: diagnosis and management of multiple sclerosis (MS)

→ lesions in the central nervous system (CNS)



🌐 Correlations between lesion load (LL) and EDSS weak

🌐 Non-conventional MRI techniques: pathological process in NAWM and GM

🌐 **Diffusion tensor imaging (DTI):** sensitive in detecting occult MS-related brain abnormalities

🌐 No marker monitor or predict progression of MS

🌐 **Aim:** potential of quantitative DTI parameters and LL to predict

# MULTIPLE SCLEROSIS AND DTI

## 1. DTI

🌐 Microscopic random motion of water molecules:

→ Brownian motion

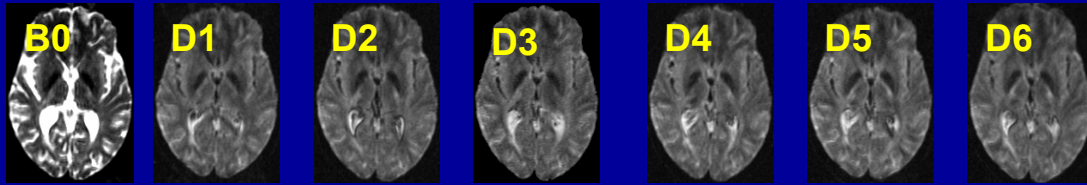


🌐 Diffusion is not the same in all directions: WM tracts

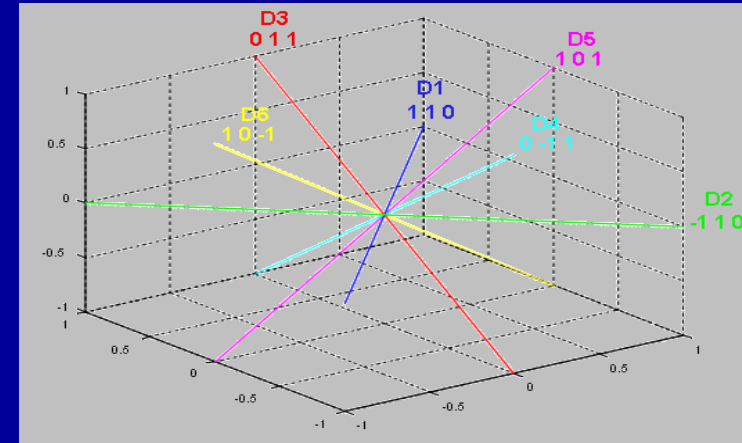
→ Anisotropy

🌐 **Tensor:**

$$\mathbf{D} = \begin{pmatrix} \mathbf{D}_{xx} & \mathbf{D}_{xy} & \mathbf{D}_{xz} \\ \mathbf{D}_{yx} & \mathbf{D}_{yy} & \mathbf{D}_{yz} \\ \mathbf{D}_{zx} & \mathbf{D}_{zy} & \mathbf{D}_{zz} \end{pmatrix}$$



$$g_1=(1\ 0\ -1)\quad g_2=(1\ -1\ 0)\quad g_3=(0\ -1\ 1)\quad g_4=(1\ 0\ 1)\quad g_5=(1\ 1\ 0)\quad g_6=(0\ 1\ 1)$$



🌐 6 weighted diffusion images in 6  $\neq$  directions of gradient + 1 non weighted diffusion image

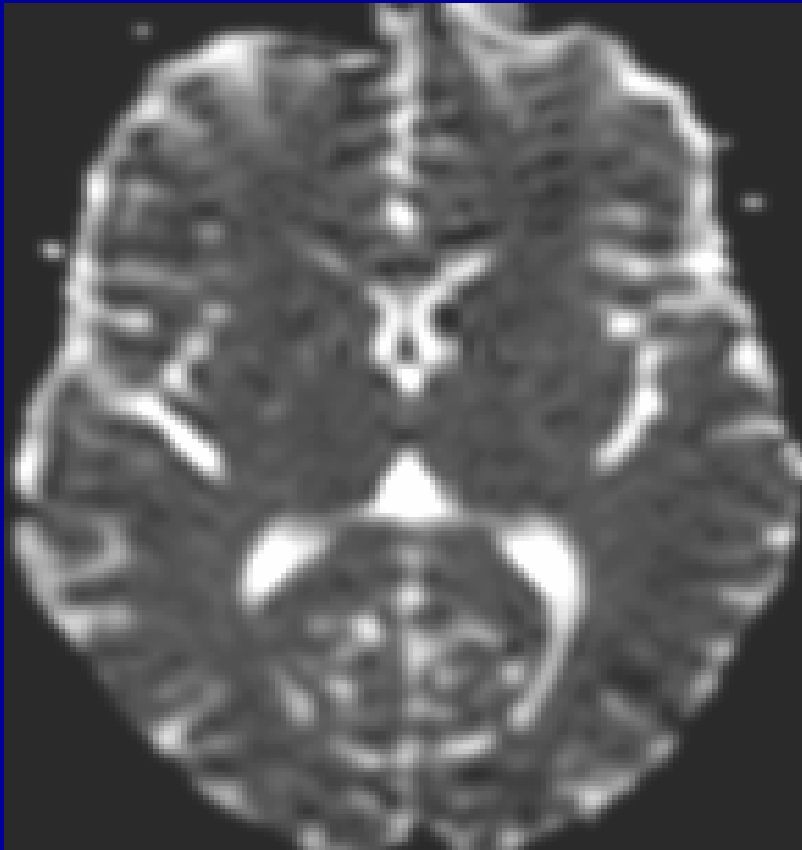
$$\begin{pmatrix} \mathbf{D}_{xx} & \mathbf{D}_{xy} & \mathbf{D}_{xz} \\ \mathbf{D}_{yx} & \mathbf{D}_{yy} & \mathbf{D}_{yz} \\ \mathbf{D}_{zx} & \mathbf{D}_{zy} & \mathbf{D}_{zz} \end{pmatrix} \xrightarrow{\text{Diagonalisation}} \begin{pmatrix} \lambda 1 & 0 & 0 \\ 0 & \lambda 2 & 0 \\ 0 & 0 & \lambda 3 \end{pmatrix}$$

$V_1, V_2, V_3$ : eigen vectors associated with the main diffusion directions

$\lambda 1, \lambda 2, \lambda 3$ : eigen values associated with eigen vectors

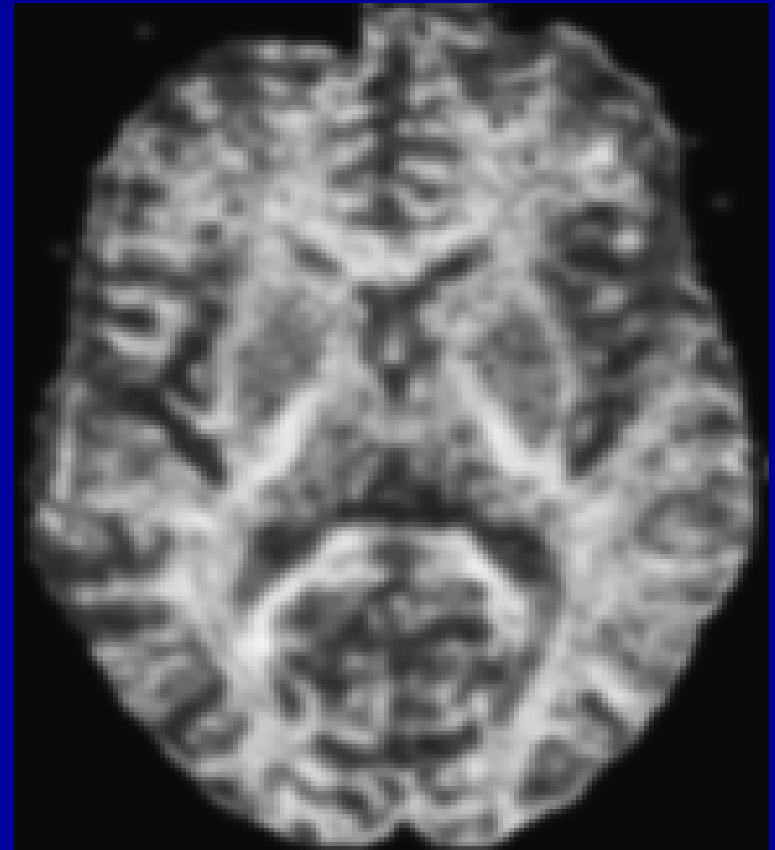


# Maps



Mean diffusivity (MD)

$$DM = (\lambda_1 + \lambda_2 + \lambda_3) / 3$$

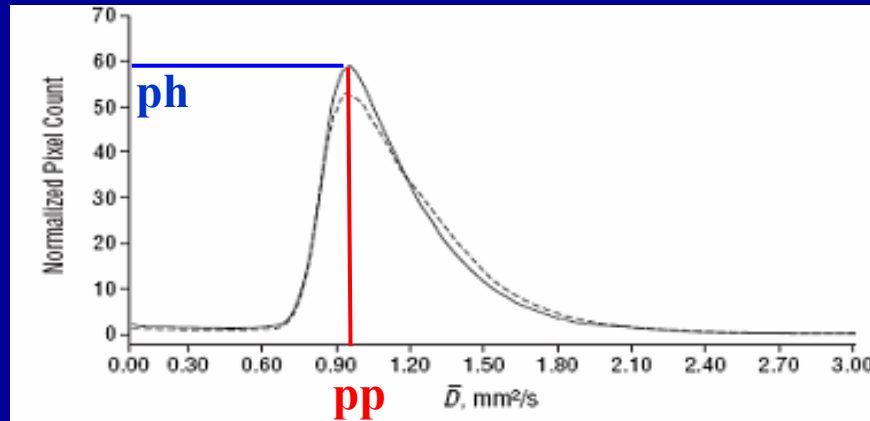


Fractional anisotropy (FA)

$$FA = \frac{1}{\sqrt{2}} \frac{\sqrt{(\lambda_1 - \lambda_2)^2 + (\lambda_2 - \lambda_3)^2 + (\lambda_1 - \lambda_3)^2}}{\sqrt{(\lambda_1^2 + \lambda_2^2 + \lambda_3^2)}}$$

FA from 0 to 1

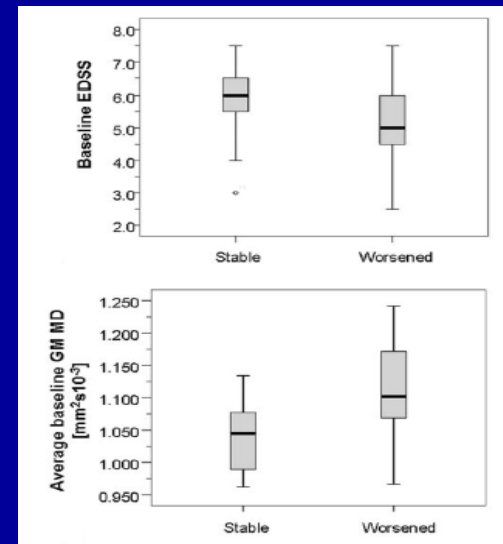
## 2. DTI in multiple sclerosis



(Oreja-Guevara, Arch Neurol, 2005)

↗ MD and ↘ FA in NAWM and GM compared with healthy subjects

↖ Association abnormal MD values with disease progression (Rovaris et al., 2006)



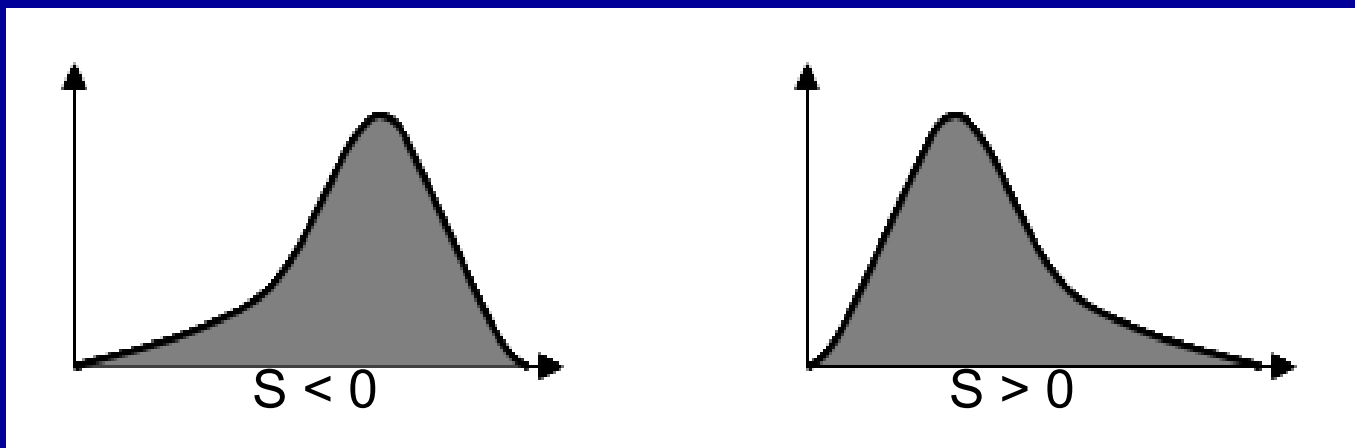
# 🌐 Previous DTI study over 3 months on a group of RRMS patients

(Graulieres E., Lotterie J.A., Cassol E., Gerdelat A., Clanet M., Berry I. Relevance of the Skewness index in DTI exploration of multiple sclerosis. Magma. submitted)

→ **Skewness (S)** to describe MD and FA histograms in NAWM and GM

→ more reliable than pp and ph

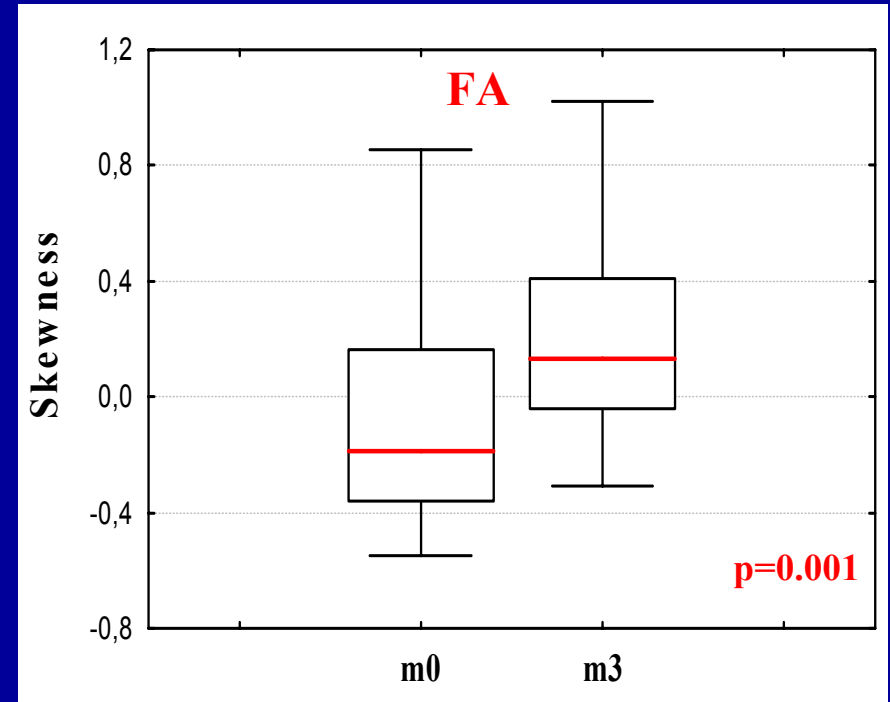
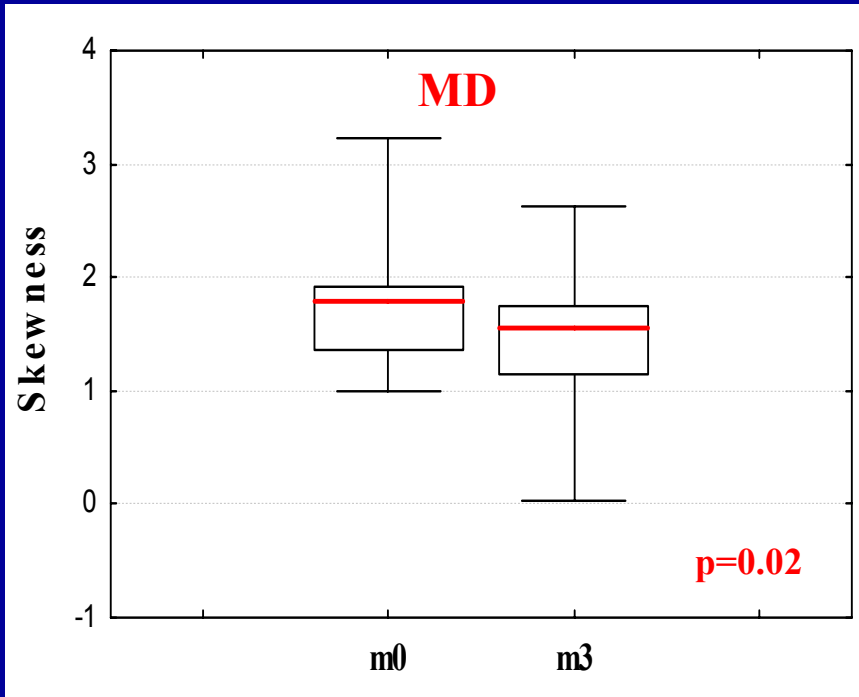
Measure of the lack of symmetry



Skewed right

Skewed left

🌐 No clinical evolution over 3 months but S in GM for both histograms showed significant change towards abnormal values






🌐 S may be an alternative parameter to monitor disease evolution compared to EDSS

→ **Objective: DTI parameters and LL have potential to predict the course of RRMS patients?**






# MATERIALS AND METHODS

## Patients

-  13 RRMS patients: 2 examinations within 3 months (m0 and m3)
-  Clinical evaluation (EDSS score) and cMRI and DTI
-  7 years (y7): clinical evaluation

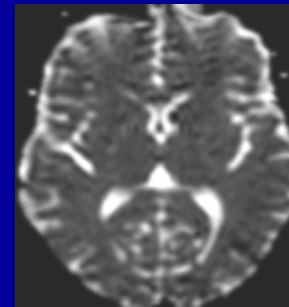
## MRI acquisition and post processing

-  MRI 1.5 T
-  DTI: 6 non collinear directions of gradient ( $b=506 \text{ s.mm}^{-2}$ ) ("single shot" echo planar)
-  cMRI:  $T_2$  weighted images (WI)

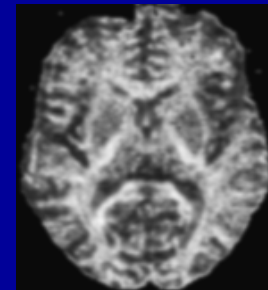
🌐  $T_2$  images: calculation of LL with semi-automated process (Analyse™, Biomedical Imaging Resource, Mayo Foundation, CNSoftware Ltd, UK)

🌐 Correction of eddy currents distortion  
(coregistration of diffusion weighted images on the diffusion un-weighted image)

🌐 Calculation of the tensor and MD and FA values voxel by voxel  
(Sisyphé, Dr Lotterie J-A, Université Paul Sabatier, Toulouse)

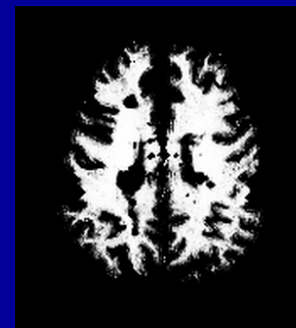


MD



FA

🌐 Masks NAWM and GM  
(SPM2, K. Friston, University College London, UK)



Mask NAWM



Mask GM

🌐 Apply to MD and FA maps: histograms of MD and FA

🌐 For each patient, at m0 and m3, from each MD and FA histogram:

- **Skewness**

- **pp**

- **ph**

🌐 For each patient, at m0, m3 and y7: EDSS

→ whole group of patients

→ 2 groups according to change in EDSS over 7 years ( $<2$  and  $\geq 2$ )

## ☁ **Statistical analysis**

🌐 Spearman rank: correlations between change in DTI parameters and LL over 3 months and change in EDSS over 7 years

🌐 2 tailed t-test power and sample size calculation

🌐 Student t test: change over 3 months  $\neq$  between the 2 groups

# RESULTS

 For the whole group of patients

		<b>r</b>	<b>p</b>	<b>Power</b>	<b>N</b>
<b>Lesion load</b>		0.09	0.78	0.06	>1000
<b>NAWM MD</b>	<b>S</b>	-0.22	0.47	0.11	213
	<b>pp</b>	0.13	0.68	0.07	617
	<b>ph</b>	0.0008	0.99	0.05	*
<b>NAWM FA</b>	<b>S</b>	-0.15	0.62	0.07	462
	<b>pp</b>	0.19	0.53	0.09	287
	<b>ph</b>	0.22	0.47	0.11	213
<b>GM MD</b>	<b>S</b>	-0.06	0.84	0.05	>1000
	<b>pp</b>	0.15	0.63	0.07	462
	<b>ph</b>	-0.03	0.93	0.05	>1000
<b>GM FA</b>	<b>S</b>	-0.22	0.48	0.11	213
	<b>pp</b>	0.22	0.48	0.11	213
	<b>ph</b>	-0.55	0.05	0.53	30

Correlations between change in DTI parameters and LL over 3 months and change in EDSS over 7 years

# For the 2 groups of patients (EDSS <2 and ≥2)



		<b>p</b>
<b>Lesion load</b>		0.44
<b>NAWM MD</b>	<b>S</b>	0.82
	<b>pp</b>	0.1
	<b>ph</b>	0.66
<b>NAWM FA</b>	<b>S</b>	0.64
	<b>pp</b>	0.1
	<b>ph</b>	1
<b>GM MD</b>	<b>S</b>	0.18
	<b>pp</b>	0.22
	<b>ph</b>	0.19
<b>GM FA</b>	<b>S</b>	0.42
	<b>pp</b>	0.33
	<b>ph</b>	0.86

p values: change in DTI parameters and LL over 3 months ≠?



# DISCUSSION

- 🌐 DTI based studies: role of NAWM and GM
- 🌐 No prediction of the evolution of the pathology
  - long term follow-up of RRMS patients to test DTI parameters (S) and LL
- 🌐 No correlation except for ph from FA histograms in GM
- 🌐 No  $\neq$  in change of DTI parameters or LL between the 2 groups (moderate and more pronounced)
  - limitations

## **Clinical considerations**

-  Therapy: role in  $\neq$  evolution of clinical score
-  Not enough subjects

## **Methodological considerations**

-  Power of correlations inadequate (power $<$ 0.9) and sample size larger
-  Limitation of DTI sequences:
  - image distortions
  - patient motion artifact
  - signal to noise ratio
  - partial volume errors during segmentation

 Results show S or another parameter cannot predict evolution of MS

 Improved DTI sequences: more stable measures

→ **Further studies with larger sample size and improved  
DTI sequences**



Thank you for your attention

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