

Deutsche
Gesellschaft
für Nuklearmedizin
e.V.

**Translational Research
in Molecular Imaging and Radionuclid Therapy**


August 27 - 29, 2015

Tracer Kinetic Modelling for Quantification
in Nuclear Medicine Imaging

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Quantification by tracer kinetic modelling...


- ...what is it all about?
- ...is it interesting in research? (example: brain FDG PET)
- ...how does it work?
- ...is it useful in routine patient care?
- ...very short summary

 two technical issues (statistical noise, nonlinearity)

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Quantification in nuclear medicine



Level 1 („dosimetry“): tracer concentration (kBq/ml)


Level 2 („diagnostics“): physiological parameters

- metabolic rates (μmol substrate / g tissue / min)
- perfusion (ml blood / g tissue / min)
- receptor density (fmol / mg)
- affinity of tracer for target (nM)
- density of pathological targets (A β -plaques, τ -tangles...)
- ...

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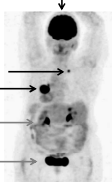
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[F-18]-fluorodeoxyglucose (FDG): function / target depends on the region of interest

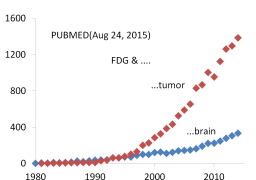


- 20% energy consumption
- 2% body weight

information processing via neurotransmitter systems

tumor: glycolysis (Warburg effect)

kidneys / bladder: renal clearance



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FDG-PET of the brain: surrogate for signaling-related synaptic activity

Kadekaro, Crane, Sokoloff
Proc. Natl. Acad. Sci USA 1985; 82: 6010-13

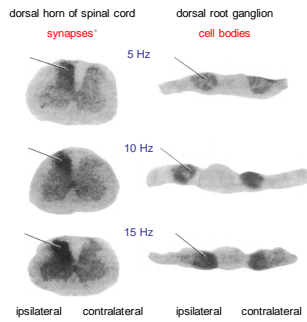
electrical stimulation of sciatic nerve (rat)

C-14-glucose i.v.

45 min uptake period

post mortem autoradiography

- *: euronil
- axonterminals
- dendritic processes
- astrocytic processes

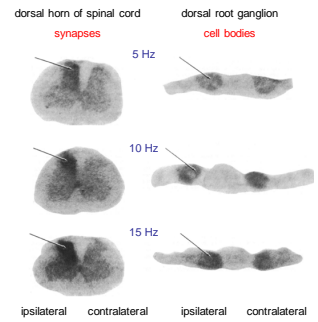
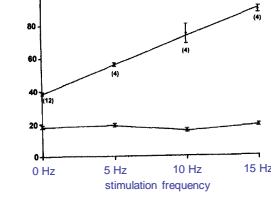


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FDG-PET of the brain: surrogate for signaling-related synaptic activity

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Proc. Natl. Acad. Sci USA 1985; 82: 6010-13
Sokoloff, Neurochem Res 1999; 24: 321-329

metabolic rate of glucose ($\mu\text{mol} / 100\text{g} / \text{min}$)

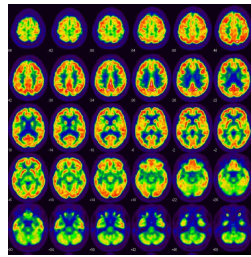
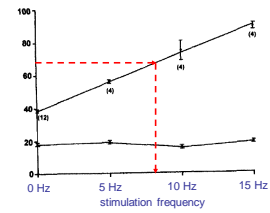


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FDG-PET: mapping of spike frequency of the brain („rest“ / stimulation)

Sokoloff, Neurochem Res 1999; 24: 321-329

metabolic rate of glucose ($\mu\text{mol} / 100\text{g} / \text{min}$)



metabolic rate of glucose ($\mu\text{mol} / 100\text{g} / \text{min}$)

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Quantification by tracer kinetic modelling...

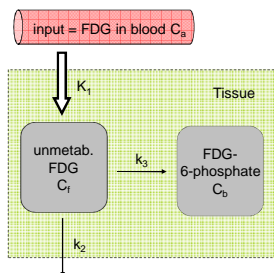
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two technical issues (statistical noise, nonlinearity)

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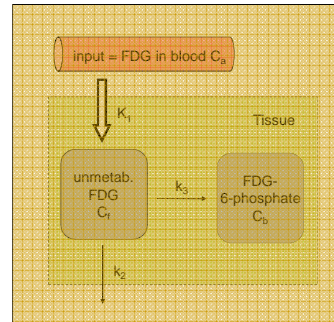
Quantification of physiologic parameters in PET: problem



compartments defined by function not localization

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Quantification of physiologic parameters in PET: problem



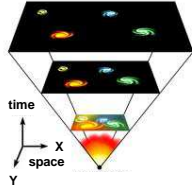
PET image volume element (voxel)
sum of signals from all compartments

compartments defined by function, not localization

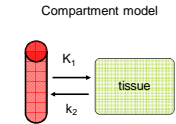
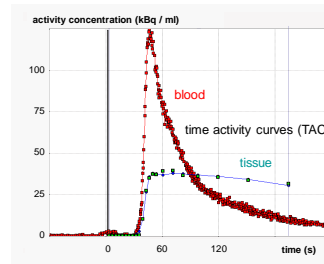
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Quantification of physiologic parameters in PET: **solution**

functional compartments might be separated in **time** (rather than space)



Quantification of physiologic parameters: tracer **kinetic** modelling



2. fit model to measured data
(→ „modelling“)

Workflow

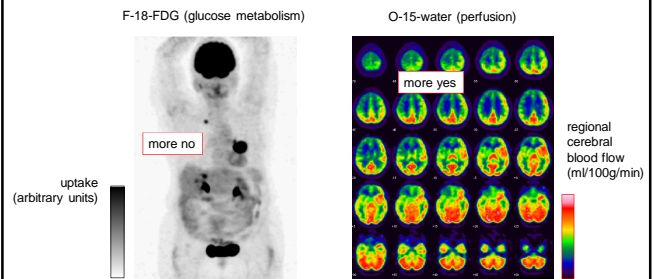
- 1a) dynamic PET (SPECT) imaging
- 1b) sampling (arterial) blood (input function)
3. maps of physiological parameters

Quantification by tracer kinetic modelling...

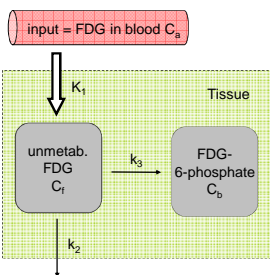
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! two technical issues (statistical noise, nonlinearity)

Kinetic modelling: To model or not to model?



FDG PET: quantification versus semi-quantification



$$K_i = K_1 \cdot k_3 / (k_2 + k_3)$$

semi-quantification

Standardized Uptake Value

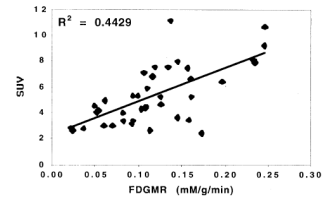
$$SUV = \frac{\text{tracer concentration in ROI}}{\text{injected tracer dose per kg bw}}$$

FDG-PET: tracer kinetic modelling versus retention image

Graham M et al., Nucl Med & Biol 2000; 27: 647-55

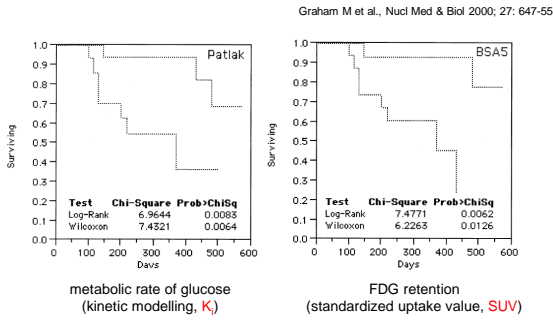
40 patients with colon cancer

FDG retention
(standardized uptake value, SUV)



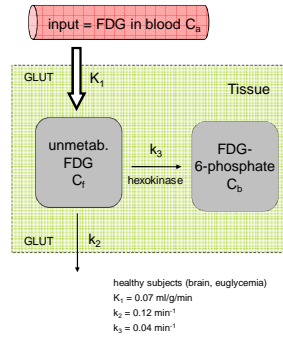
metabolic rate of glucose K_i
(kinetic modelling)

FDG-PET: tracer kinetic modelling versus retention image



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FDG: pharmacokinetics



- phosphorylation is irreversible
- single pass extraction fraction is small

$$K_1 = E \cdot F$$

$$F = \text{perfusion (ml / 100g / min)}$$

$$E = \text{extraction} = 1 - \exp(-PS/F)$$

(Renkin-Crone)

$$PS = \text{permeability surface area product}$$

$$E \approx 1 - (1 - PS/F) = PS/F$$

$$K_1 = E \cdot F = PS/F \cdot F = PS$$

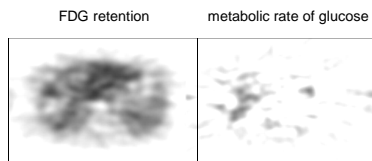
i.e., K_1 independent of perfusion

FDG retention ~ metabolic rate

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FDG: cave in extreme conditions

Recurrence of hepatocellular carcinoma after chemoembolisation



adapted from Wolfgang Burchert, Bad Oeynhausen

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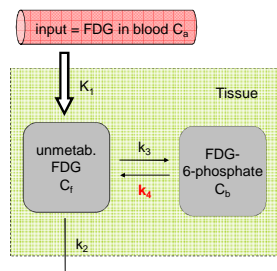
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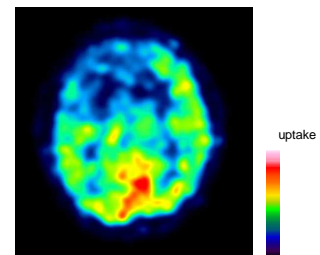
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FDG: cave liver

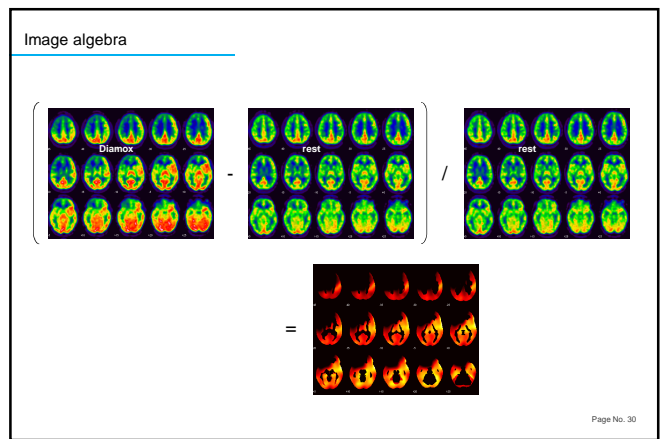
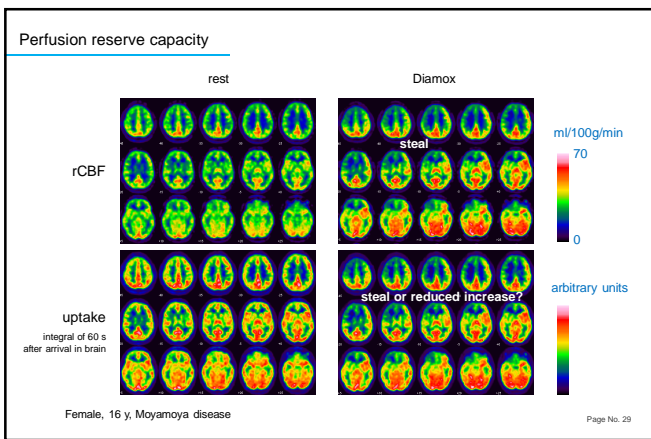
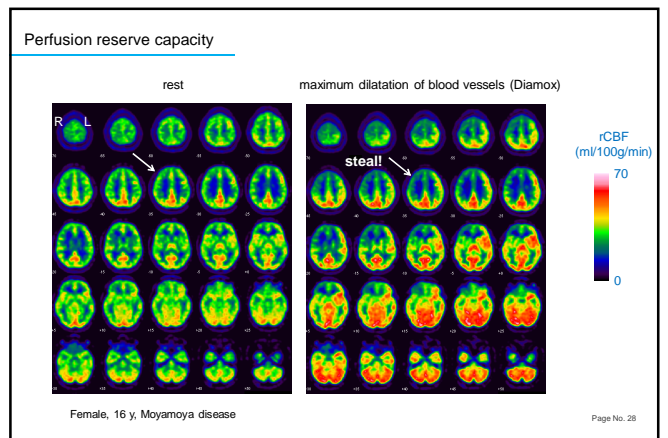
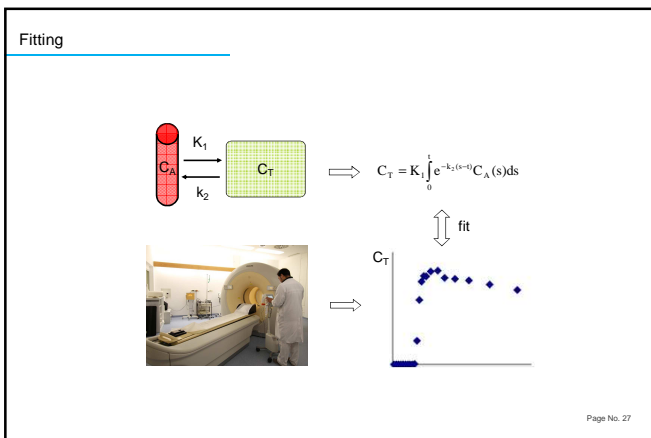
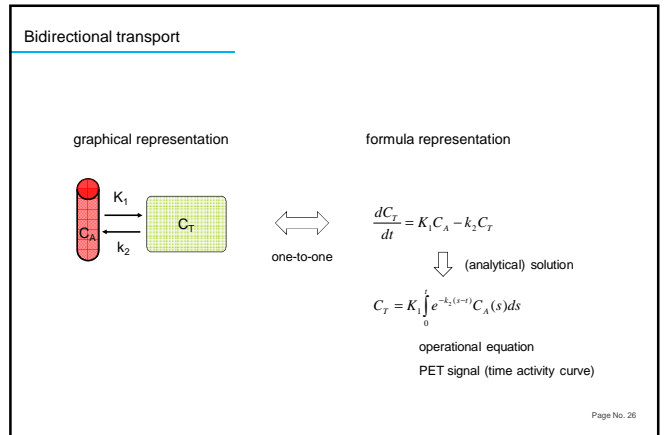
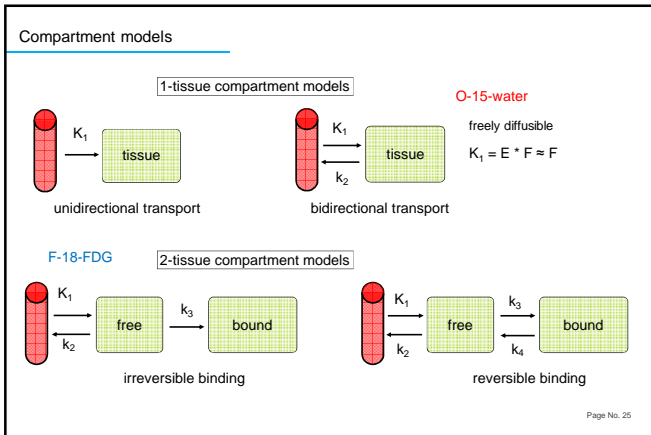


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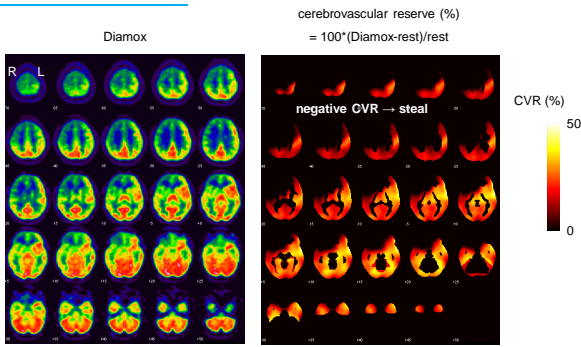
O-15-water



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Perfusion reserve capacity



Female, 16 y, Moyamoya disease

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two technical issues (statistical noise, nonlinearity)

Quantification by tracer kinetic modelling...

- ...what is it all about?
 - quantitative estimates of physiological parameters
- ...is it interesting in research? (example: brain FDG PET)
 - yes!
- ...how does it work?
 - expensive
- ...is it useful in routine patient care?
 - yes, but for a few indications only

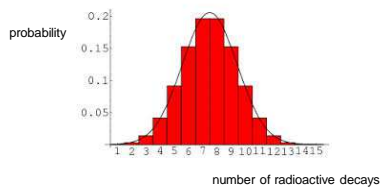
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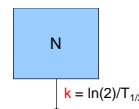
„technical“ issue: statistical noise



How to handle statistical noise

aim: determine half-life time of a radioactive source

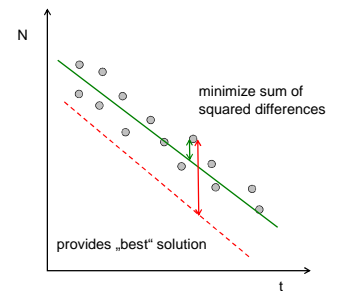
model:



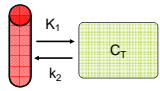
solution (operational equation):

$$N = N_0 \cdot \exp(-kt)$$

$$\ln(N) = \ln(N_0) - kt$$



„technical“ issue: nonlinearity

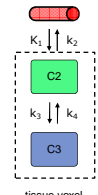


$$C_T = K_1 \int_0^t e^{-k_2(s-t)} C_A(s) ds$$

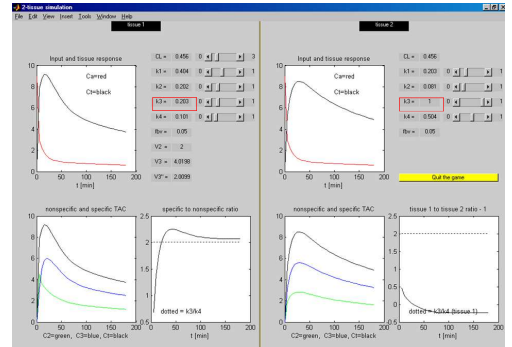
nonlinear operational equation
(with respect to the rate constants)

Nonlinearity → „ill-conditioned“

reversible binding

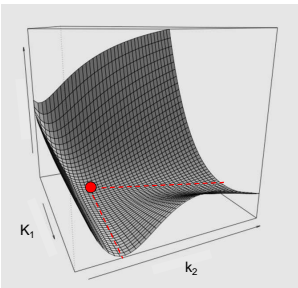


tissue voxel



How to handle nonlinearity

sum of squared differences



No method that guarantees identification of the global minimum particularly in presence of noise

Thank you!