



Advances in MRI for Radiation Therapy

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Advances in MRI

- Structural Imaging
- Fast Imaging
- Motion Imaging
- Functional Imaging
- System and QA

Ultrashort Echo-Time (UTE) MRI

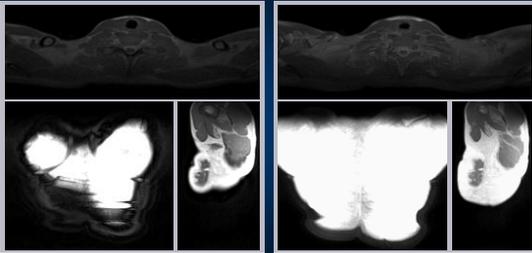
- To image tissues with short T2*, such as bone and lung parenchyma that generally disappear too quickly for accurate MR imaging.
- Generating synthetic CT from MRI for MRI-based planning, and for MRI-base attenuation correction for PET/MRI



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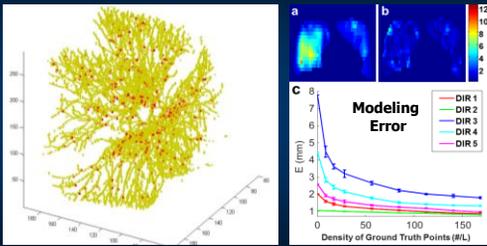
Toshiba UTE and the Vantage Titan 3T MR

Ultra-resolution Body MRI



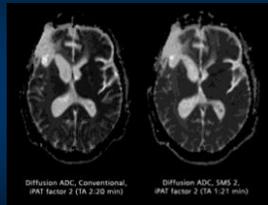
G. Wilson Miller, University of Virginia

Physiological Motion Modeling



Simultaneous Multi-Slice MRI

- Speed up 2D imaging significantly through the simultaneous multiband excitation and readout of multiple slices.
- Reduce scan time and/or achieve higher spatial/diffusion resolution
- Particularly useful for functional imaging (DWI, DTI, BOLD perfusion MRI)

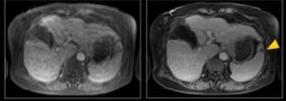


Motion Robust Rapid MRI

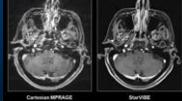
- TWIST-VIBE/StarVIBE/GRASP, Fat-suppressed T1-w 3D GRE
- Radial version of VIBE, Stacks of star k-space sampling
- Compressed sensing & parallel imaging
- High robustness to motion artifacts
- Thorax, abdomen, pelvis, DCE, 4D, cardiac



• Liver-cirrhosis patient with spleen lesion

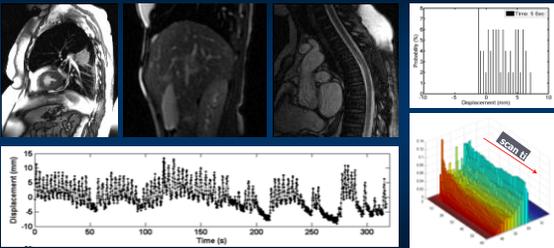


• 85-year-old patient with unexplained visual loss



Siemens, NYU Langone Medical Center

2D Cine MR Imaging

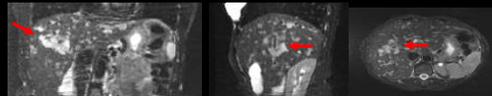


4D-MRI: Imaging

4D-CT



4D-MRI



Compared to 4D-CT, 4D-MRI improves tumor contrast and tumor motion measurement for abdominal cancers.

4D-MRI: Treatment Plan

Treatment plan based on 4D-CT

Treatment plan based on 4D-MRI

Treatment plan based on 4D-MRI spared more healthy liver tissue as compared to that based on 4D-CT. Mean dose to liver is 34.2 Gy in 4D-CT plan and 20.7 Gy in 4D-MRI plan.

4D Diffusion-weighted MRI (4D-DWI)

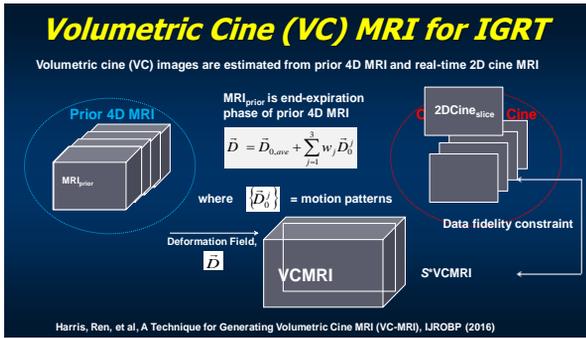
ADC	4D	FB	Reference
Axial	~100	~100	~100
Coronal	~100	~100	~100
Sagittal	~100	~100	~100

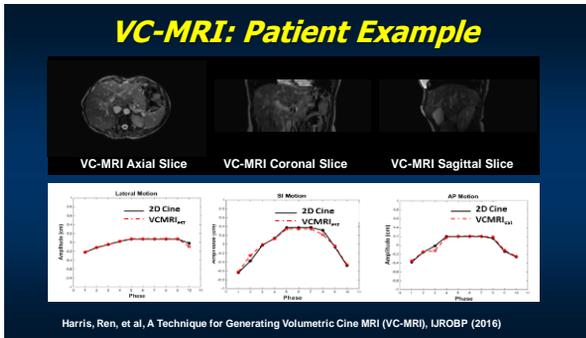
Bar chart p-values: 4D vs FB (p=0.001), 4D vs Reference (p=0.001)

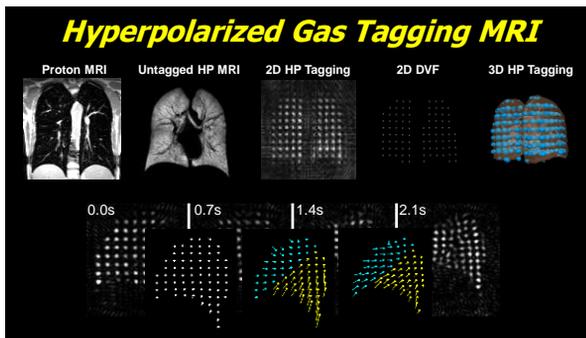
Fast 4D-MRI with View Sharing

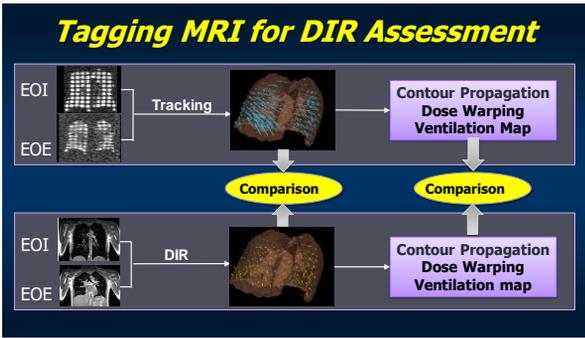
Reference No VS VS w. Equal Freq Cutoff VS w. Vari. Freq Cutoff

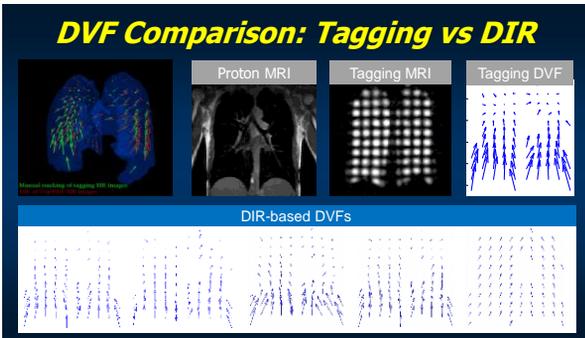
Subashi E, Cai J, et al

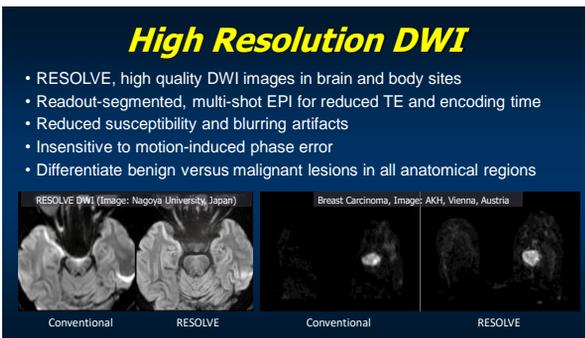








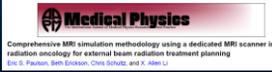




MRI QA for RT

Table IV. MRI simulator quality assurance protocols (frequency and measurements) established at our institution.

Weekly QA (MRI technologists)	Monthly QA (Therapy physicists)	Annual QA (MRI physicists)
<ul style="list-style-type: none"> • Transmitter gain constancy • Center frequency constancy • Signal-to-noise ratio constancy • Slice thickness accuracy • Slice position accuracy 	<ul style="list-style-type: none"> • Patient safety (monitors, intercom, panic button, emergency off's, and signage) • Patient comfort (bore lights, and bore fan) • Percent signal phasing • Percent image uniformity • High/low contrast constancy • Laser alignment • Couch position accuracy • Image artifacts 	<ul style="list-style-type: none"> • RF coil integrity check • B0 constancy • B1 + constancy • Gradient linearity constancy



Summary

- Significant improvement in MR imaging technology has been achieved recently, especially in body imaging via the development of fast imaging techniques.
- High spatial and temporal accuracy is now achievable with the state-of-the-art MRI technology. Applications of these advanced MRI techniques in RT are yet to be fully explored and validated.
