

Cranial Hemodynamics assessed with MRI: An introduction with relevance to AD



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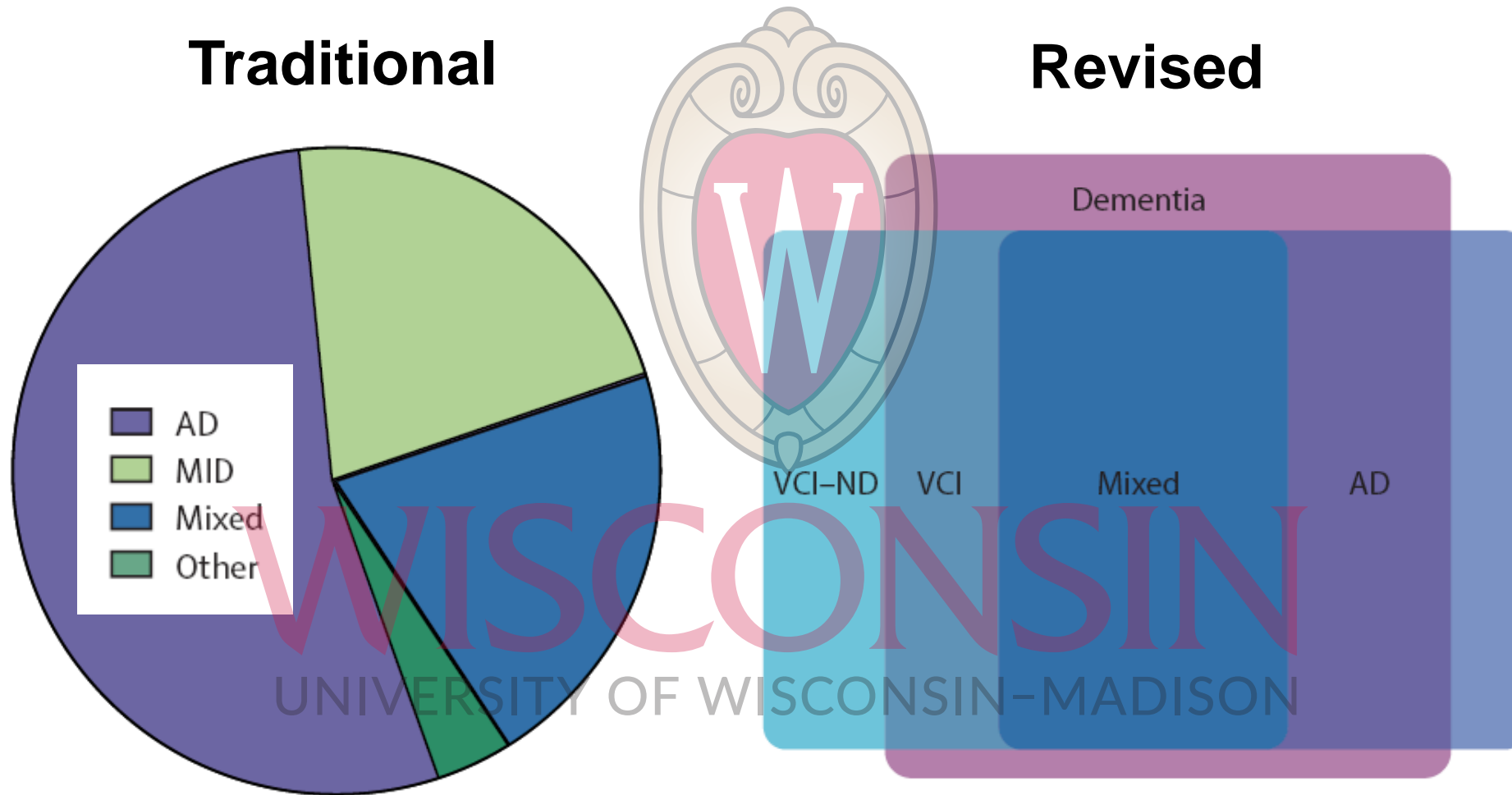


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Biomed. Eng.
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Contribution of Vascular Disease to Dementia



Vascular Disease Markers

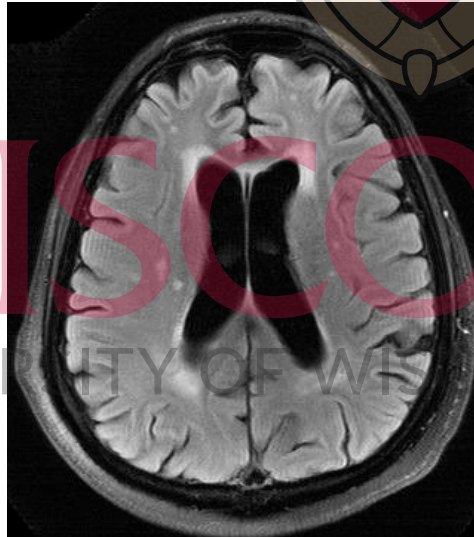
Systemic Markers

Blood Pressure
Cholesterol
Genetics



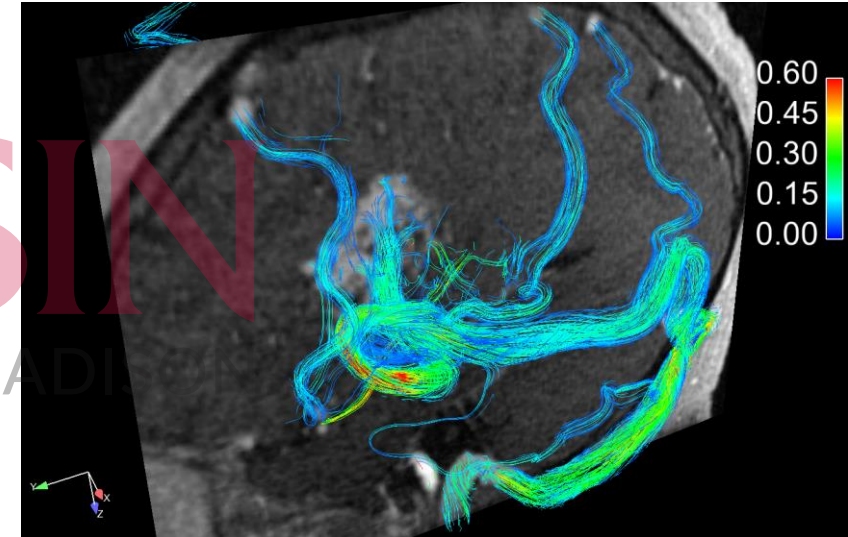
Structural Imaging

White Matter Lesions
Microbleeds
Diffusion



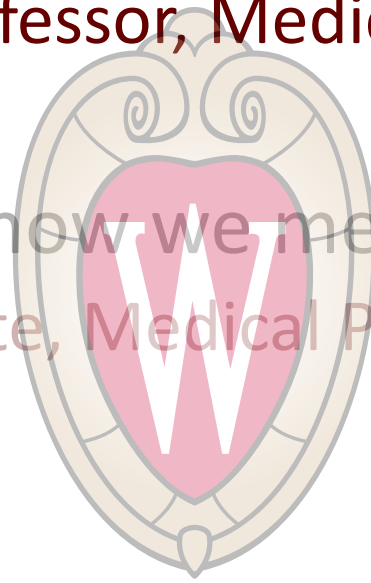
Functional Vascular Imaging

Perfusion
Flow imaging



- **Introduction** to Blood Flow Measures with MRI
 - Kevin Johnson, Assistant Professor, Medical Physics and Radiology
- **What can we measure** and how we measure it
 - Grant Roberts, PhD Candidate, Medical Physics
- **Results** in studies of ADRD
 - Leonardo Rivera-Rivera, Postdoctoral Fellow

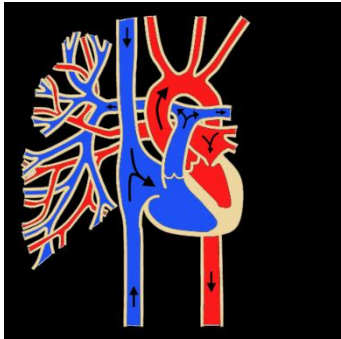
- **Introduction to Blood Flow Measures with MRI**
 - Kevin Johnson, Assistant Professor, Medical Physics and Radiology
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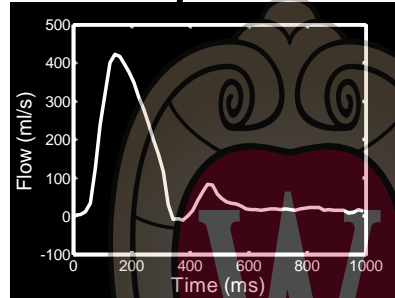
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Vascular System

Waste / Nutrient
Exchange
(lung/liver/kidneys)

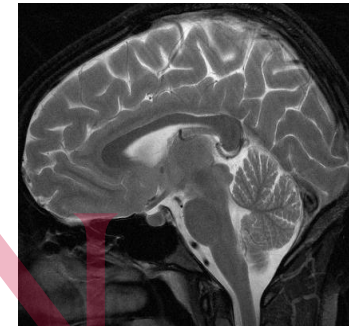


Arterial Network
transport +

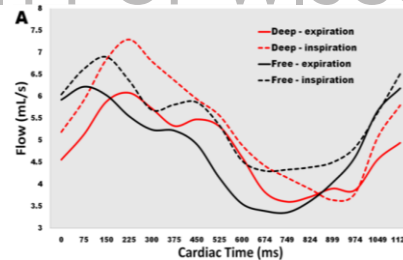


Brain Tissue

Capillary Bed
exchange + regulation

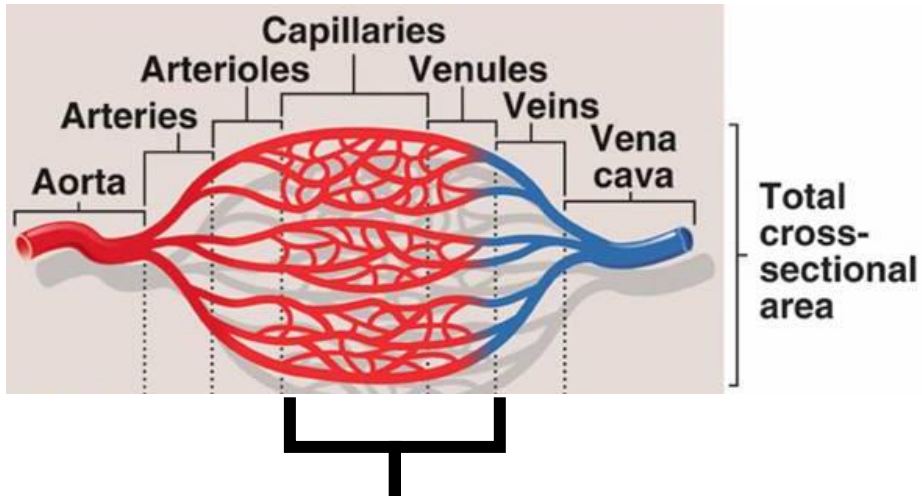


Venous Network
transport (waste clearance)



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Vascular Imaging Landscape



Tissue Perfusion

Cerebral Blood Flow CBF [ml/100g/min]
Cerebral Blood Volume CBV [ml/100g]

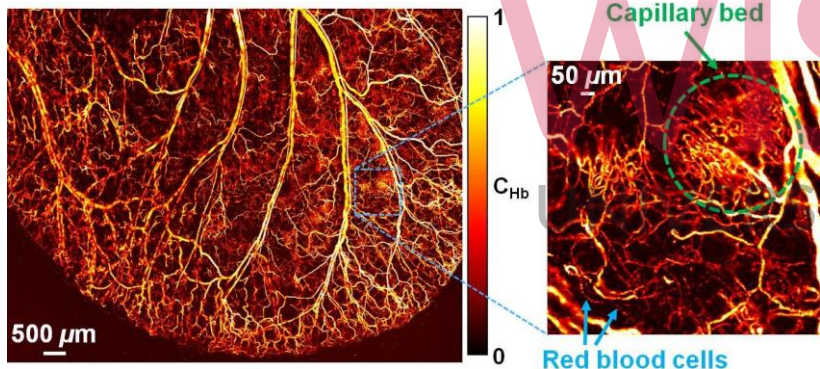
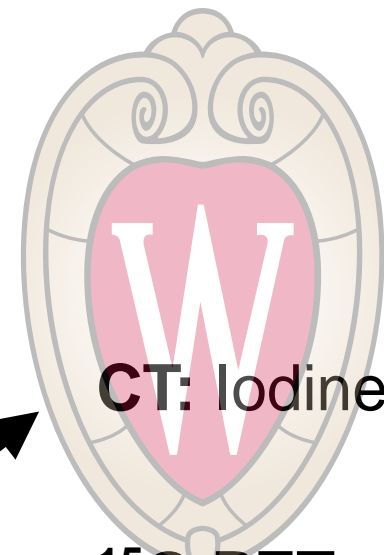


Photo acoustic Microscopy: Yeh, C et al. J
Biomed Optics 14', 19(9):96011



CT: Iodine, Xenon

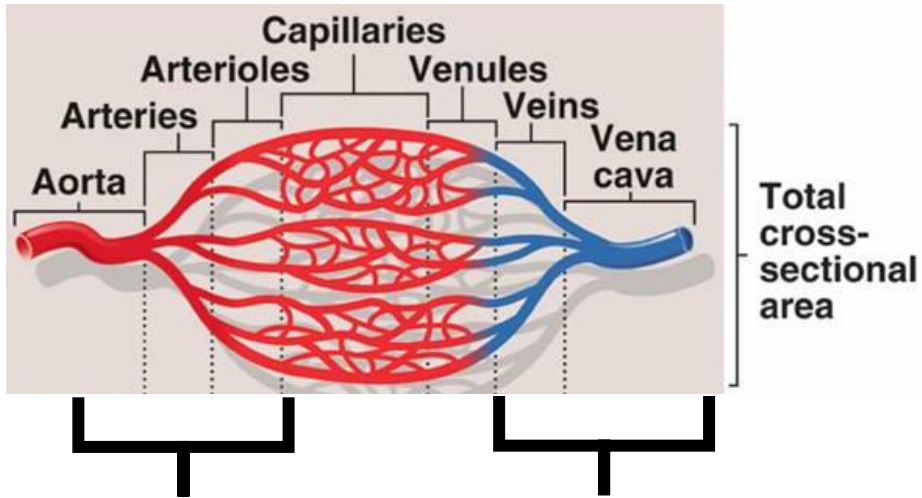
¹⁵O PET

MRI:

Arterial Spin Labeling (ASL),
Contrast Media

To be covered in future lecture

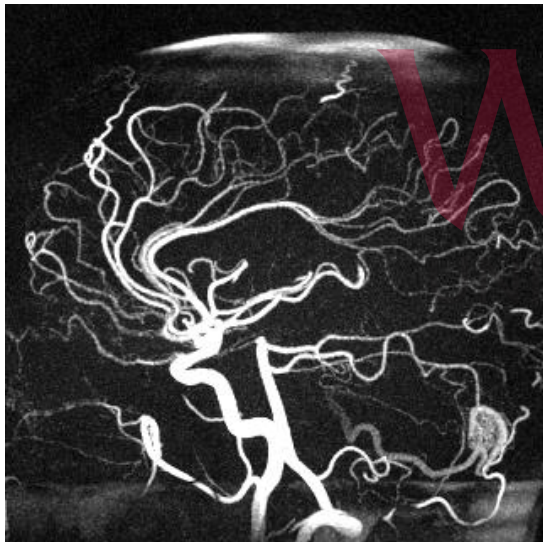
Vascular Imaging Landscape



Arteries

Veins

CT / DSA Angiography



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Quantifying Intracranial Hemodynamics

- X-Ray Digital Subtraction Angiography
 - (+) High spatial and temporal resolution
 - (-) Radiation, intra-arterial injections of contrast agent
 - (-) Extracting velocities / flow is challenging



Intracranial Aneurysm – DSA

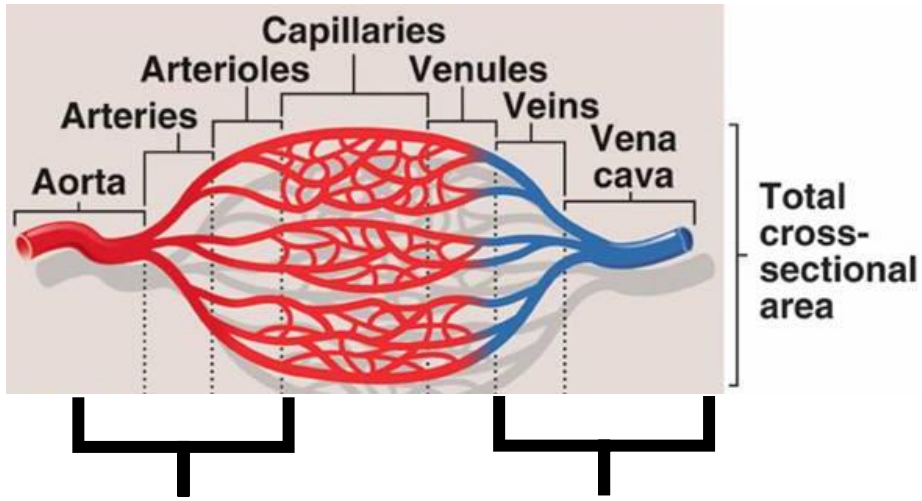
2D projection

1024x1024 matrix,

30 frames per second

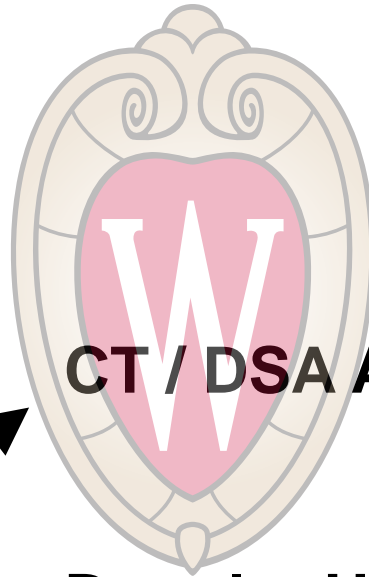
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Vascular Imaging Landscape



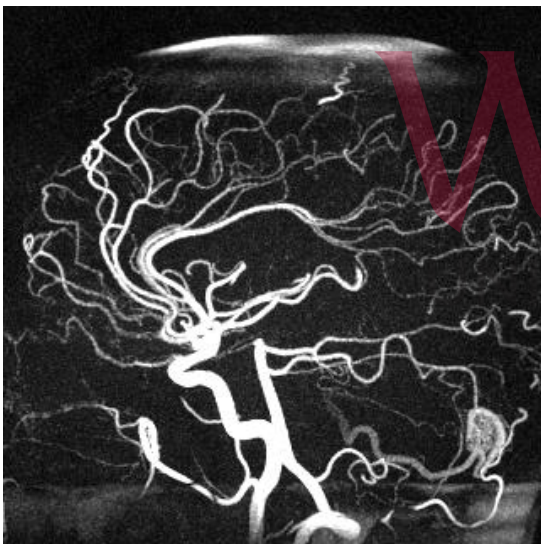
Arteries

Veins



CT / DSA Angiography

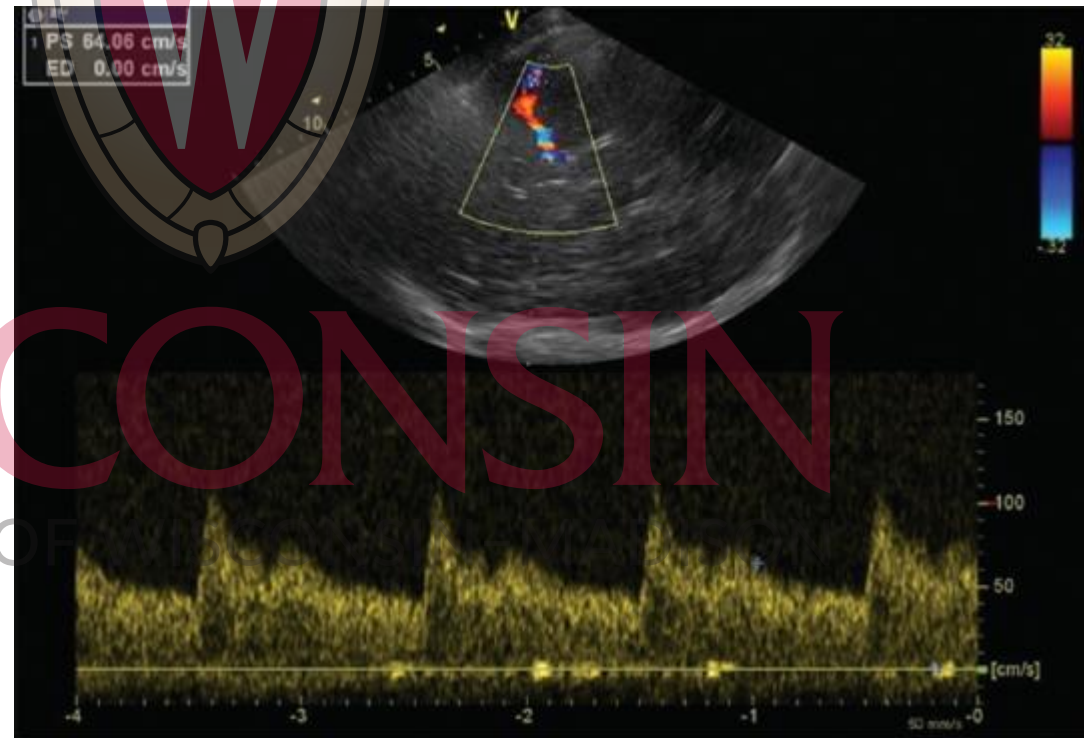
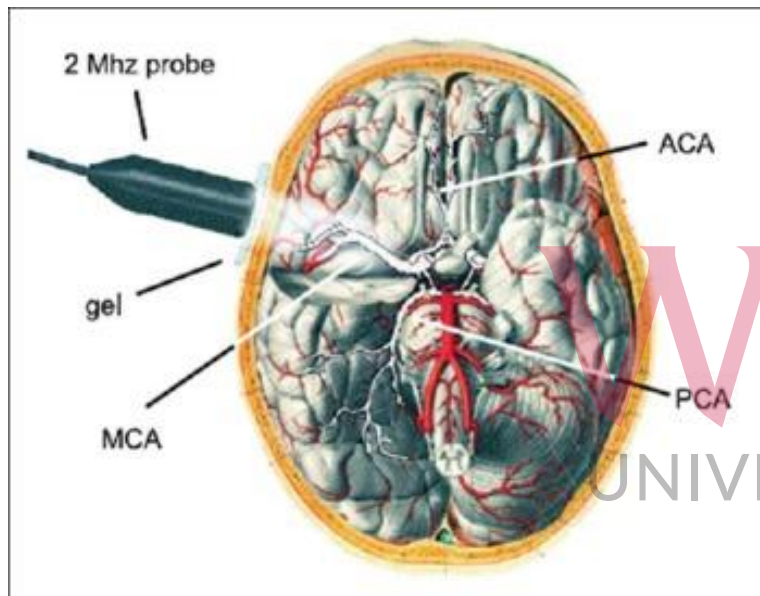
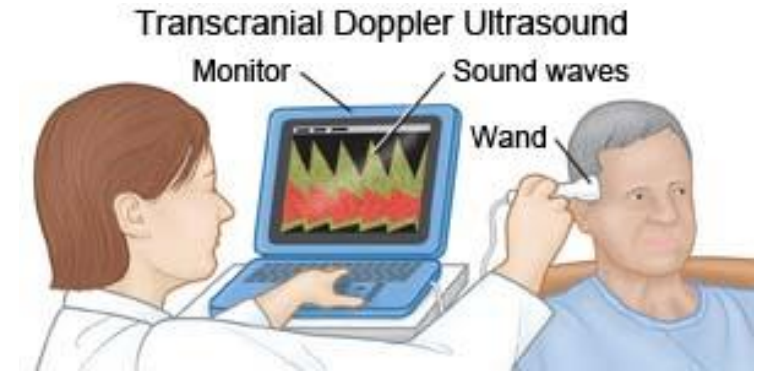
Doppler Ultrasound



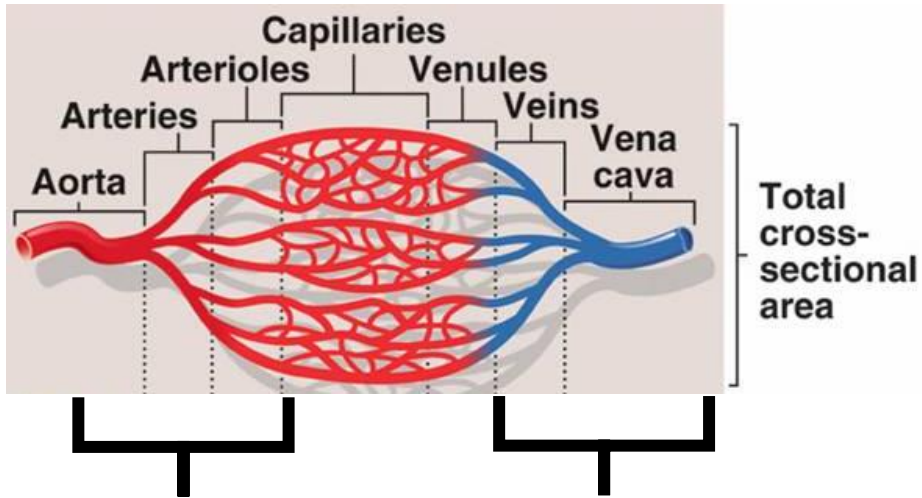
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Quantifying Intracranial Hemodynamics

- Transcranial Doppler ultrasound (TCD)
 - (+) Inexpensive, high frame rates
 - (-) Dependent on sonographer skill
 - (-) Limited by beam penetration of the bone window
 - (-) Flow estimated from velocity profile and area estimate



Vascular Imaging Landscape



Arteries

Veins

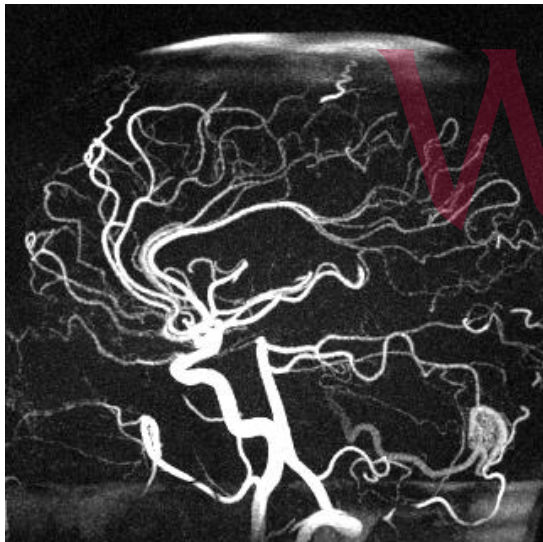
CT / DSA Angiography

Doppler Ultrasound

MRI:

MR Angiography

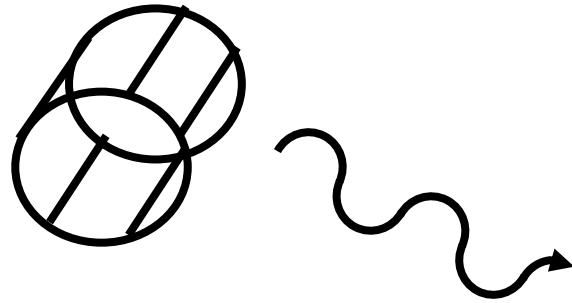
Phase Contrast Flow Imaging



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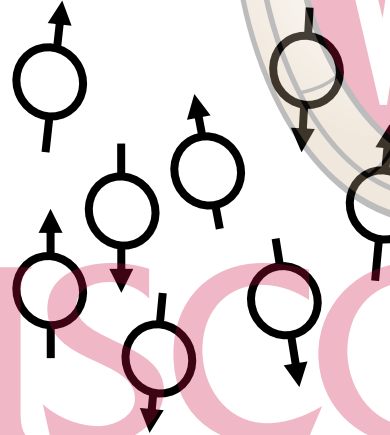
MRI : Excitation

RF Transmitter



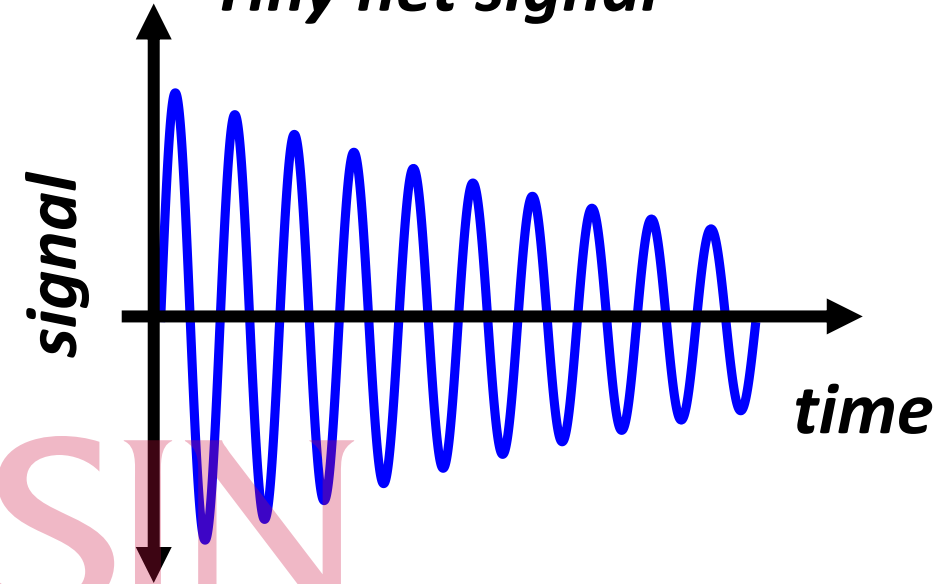
**High Power
RF Wave**

Hydrogen Atoms
(each like a little
magnet)



RF Receiver

Tiny net signal

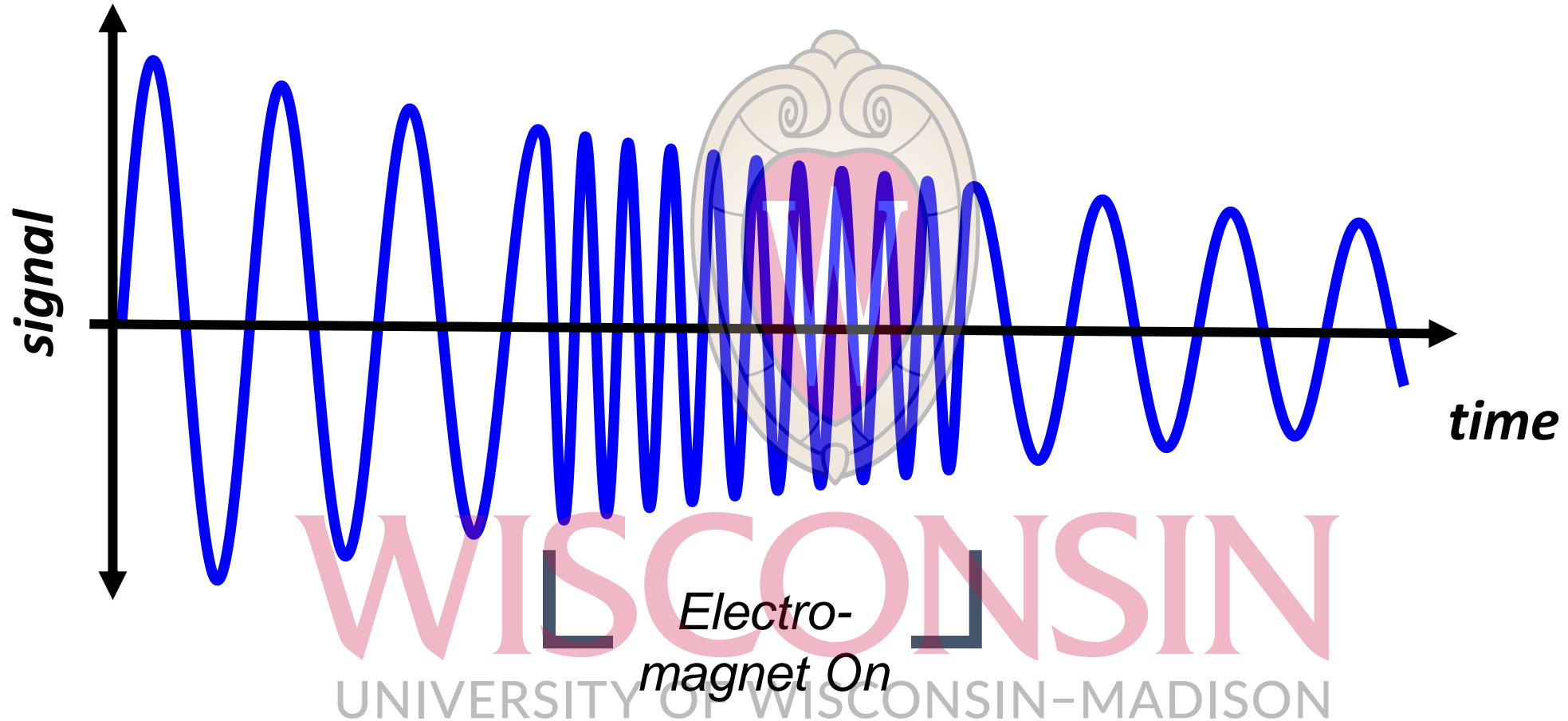


Lasts ~1-100ms

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MRI : Spatial Encoding

- The signal can be modified after excitation and has memory!

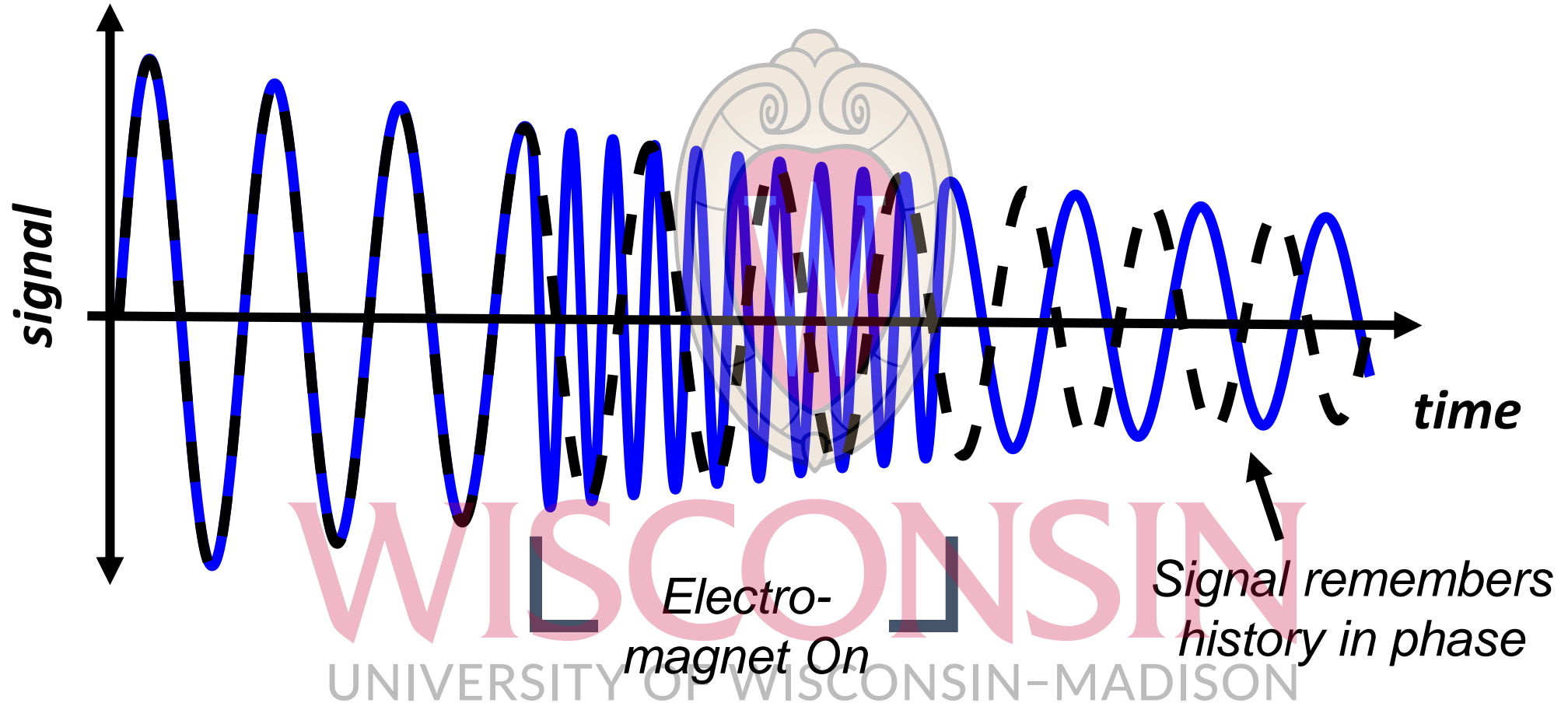


Dynamic Electromagnets encode Position

(Also make scans loud)

MRI : Spatial Encoding

- The signal can be modified after excitation and has memory!



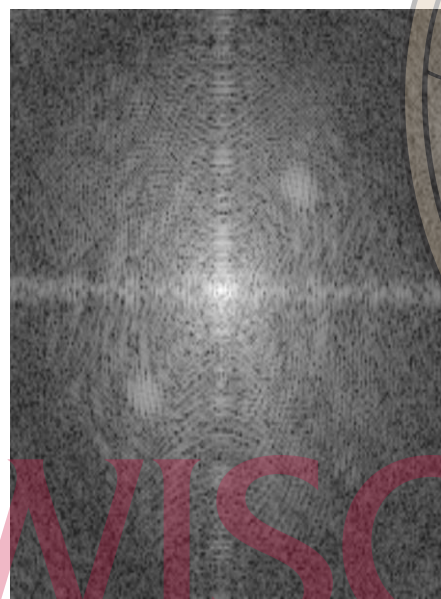
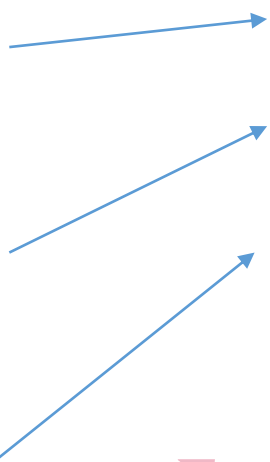
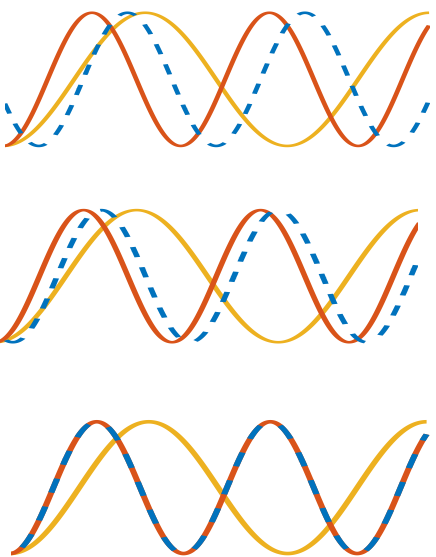
Dynamic Electromagnets encode Position

(Also make scans loud)

MRI : Spatial Encoding

Raw Data

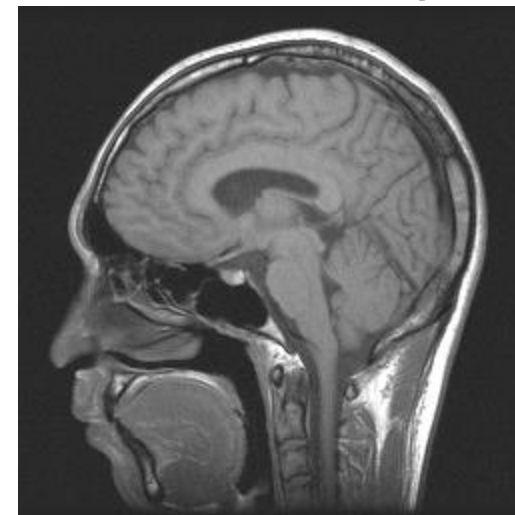
(Mixed Frequencies)



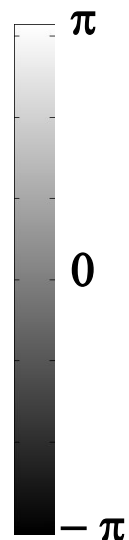
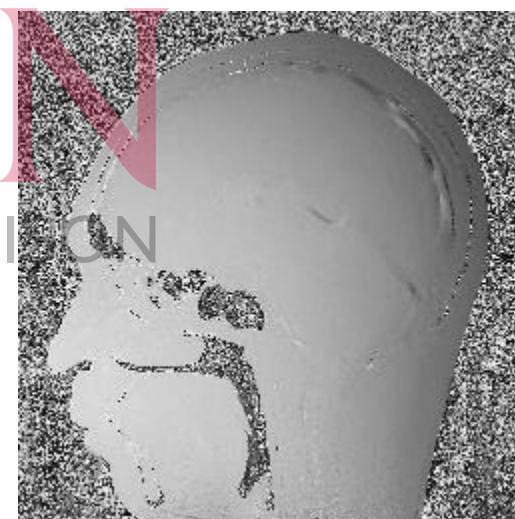
Signal Separator
(~Fourier transform)



MRI Image



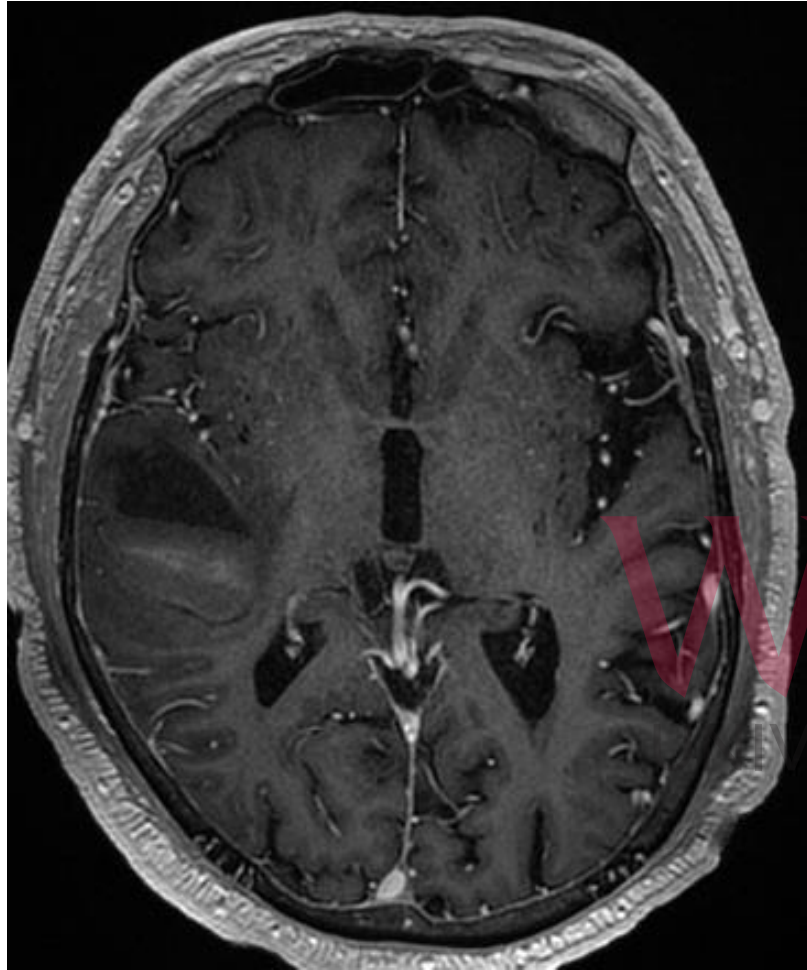
phase [$f(x,y)$]



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MRI Provides Opportunities to Manipulate Contrast

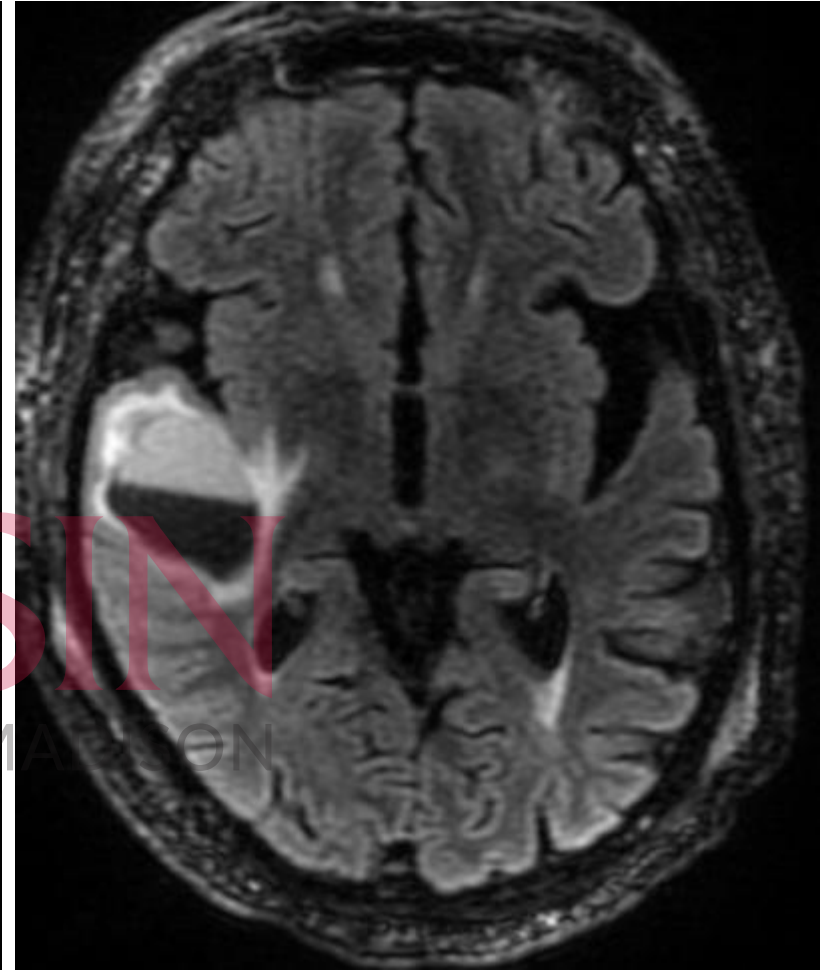
Bright Blood



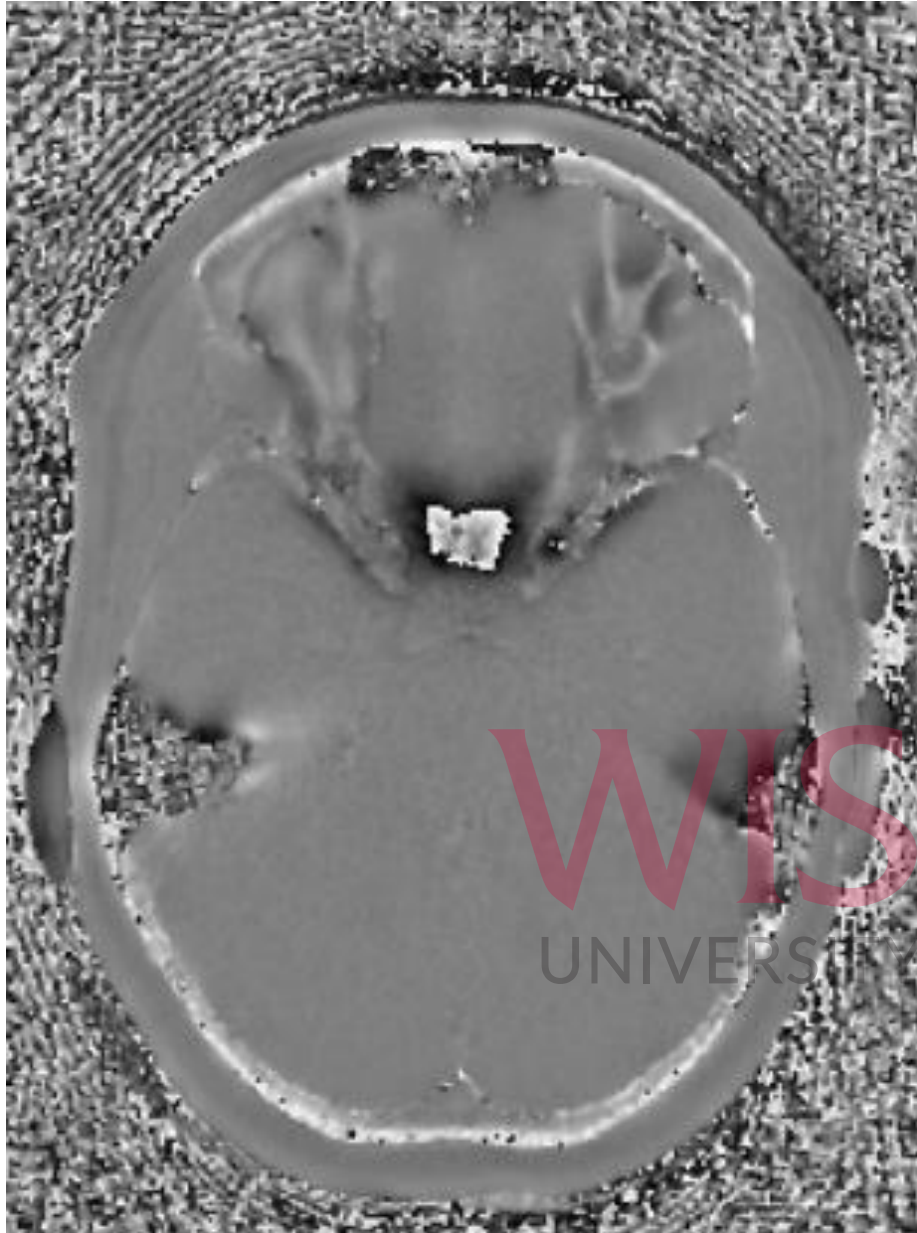
Bright Fluid



Dark Fluid



The image phase is often uninteresting

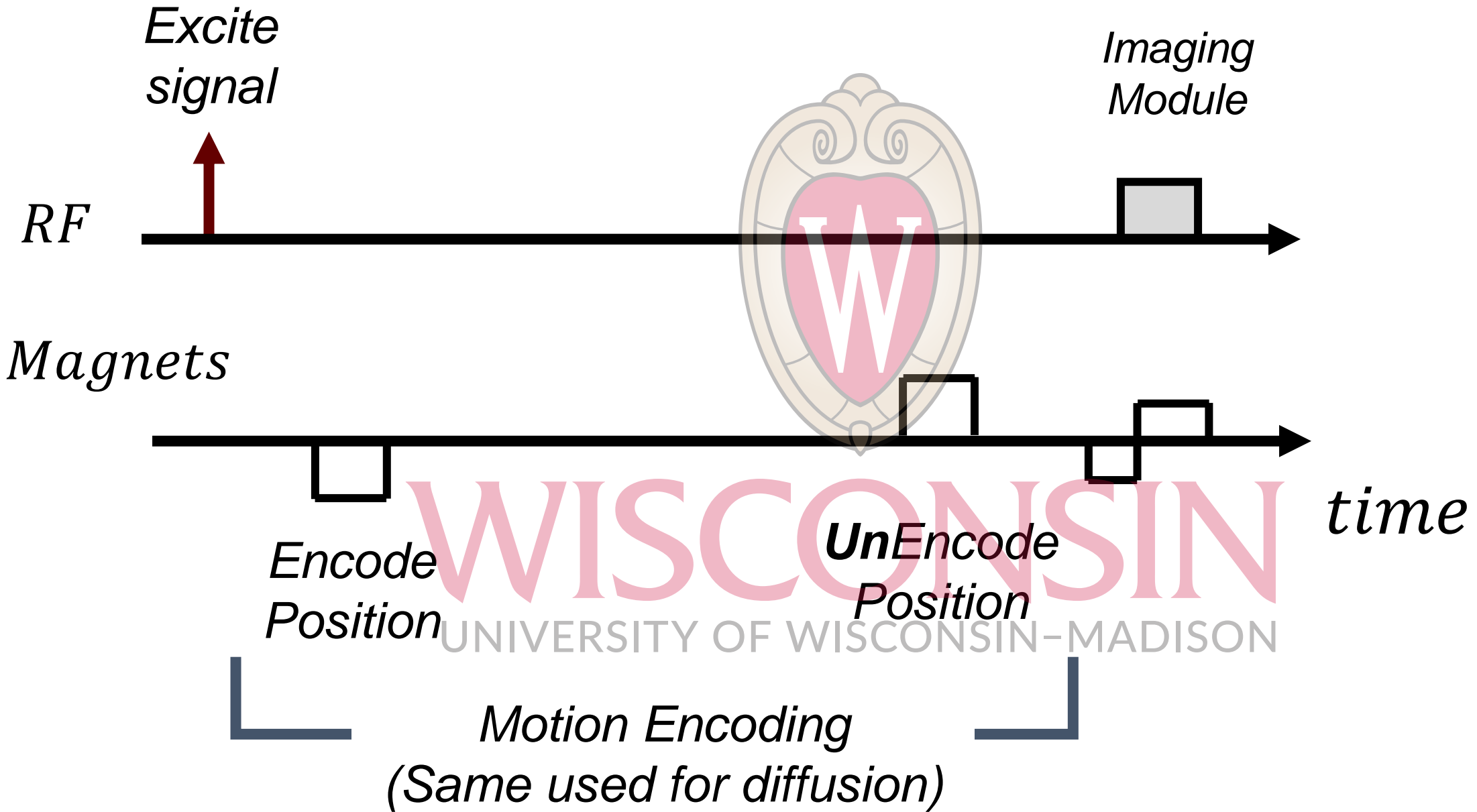


*Phase image has
limited contrast*



*(QSM) Susceptibility
Mapping does use this
phase*

Motion Sensitization with MRI



Without Motion Encoding

With Motion Encoding



Phase images change based on velocity

Without Motion
Encoding

-

With Motion
Encoding

=

Difference
(Velocity)



ϕ

$\phi + v$

v

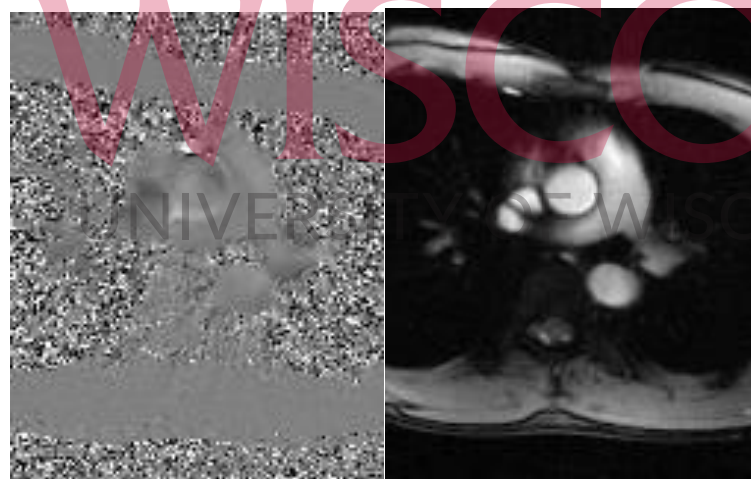
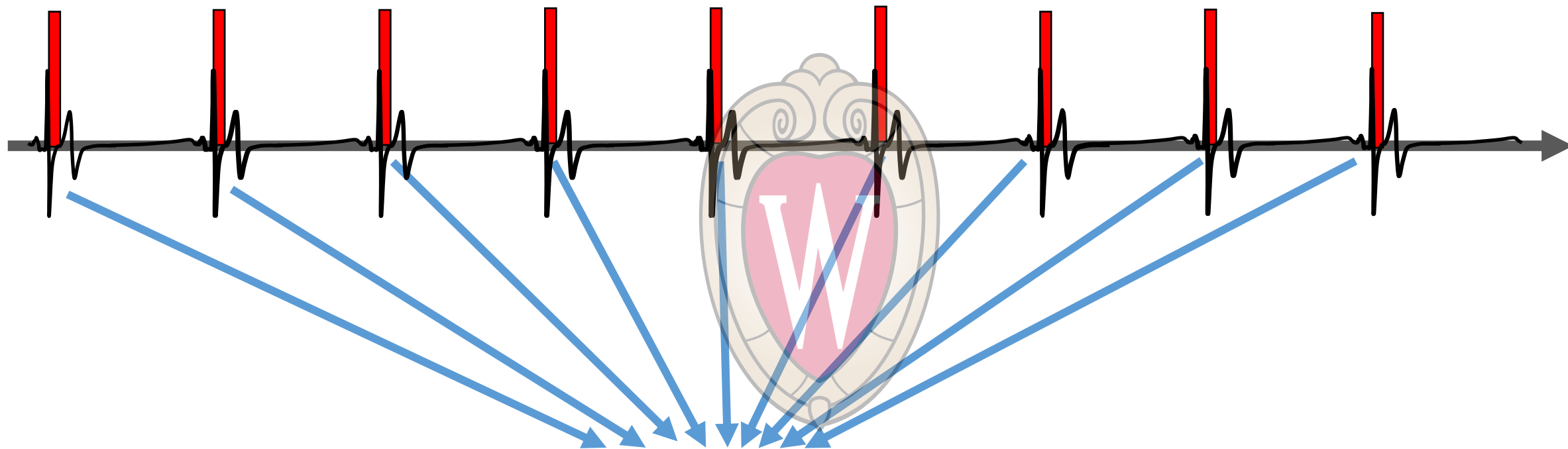
Without Motion Encoding

With Motion Encoding



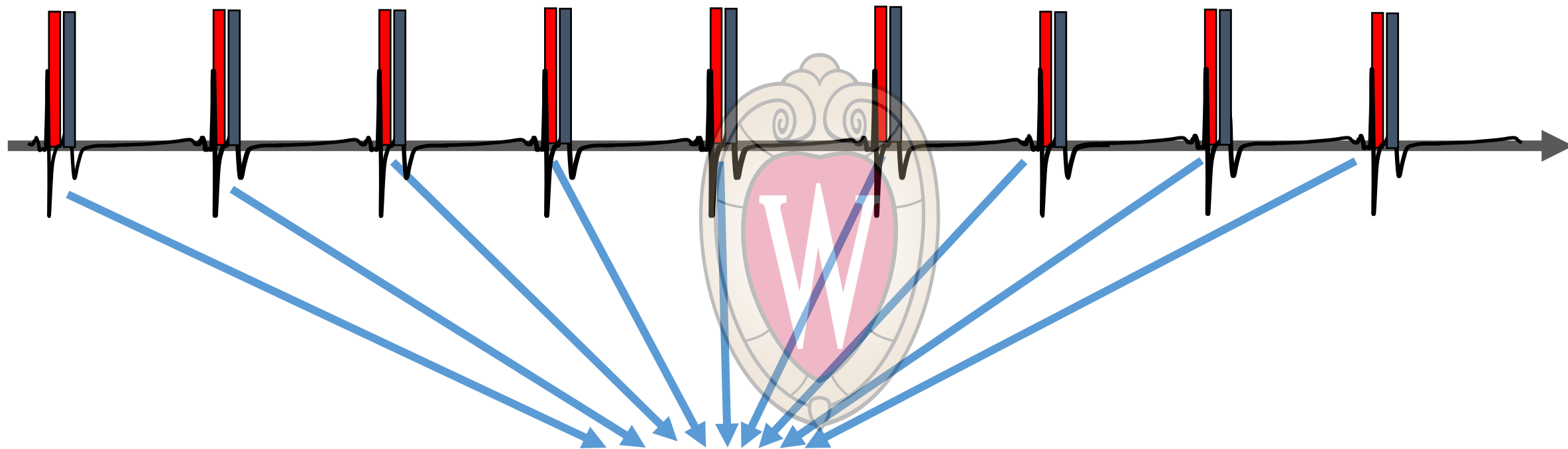
Magnitude images unaffected unless we use strong gradients (diffusion imaging!)

“Gating” allows part of image to be collected in each cycle

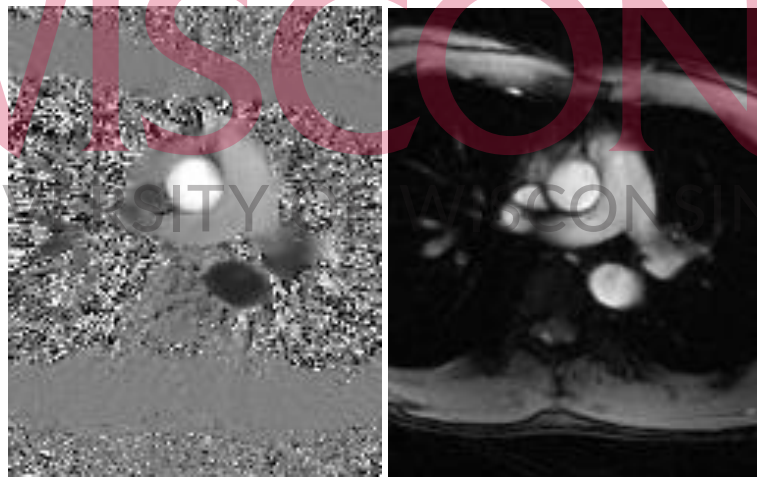


- Gated Image
 - From many cycles
 - Temporal resolution as low as 5-10 ms

“Gating” allows part of image to be collected in each cycle



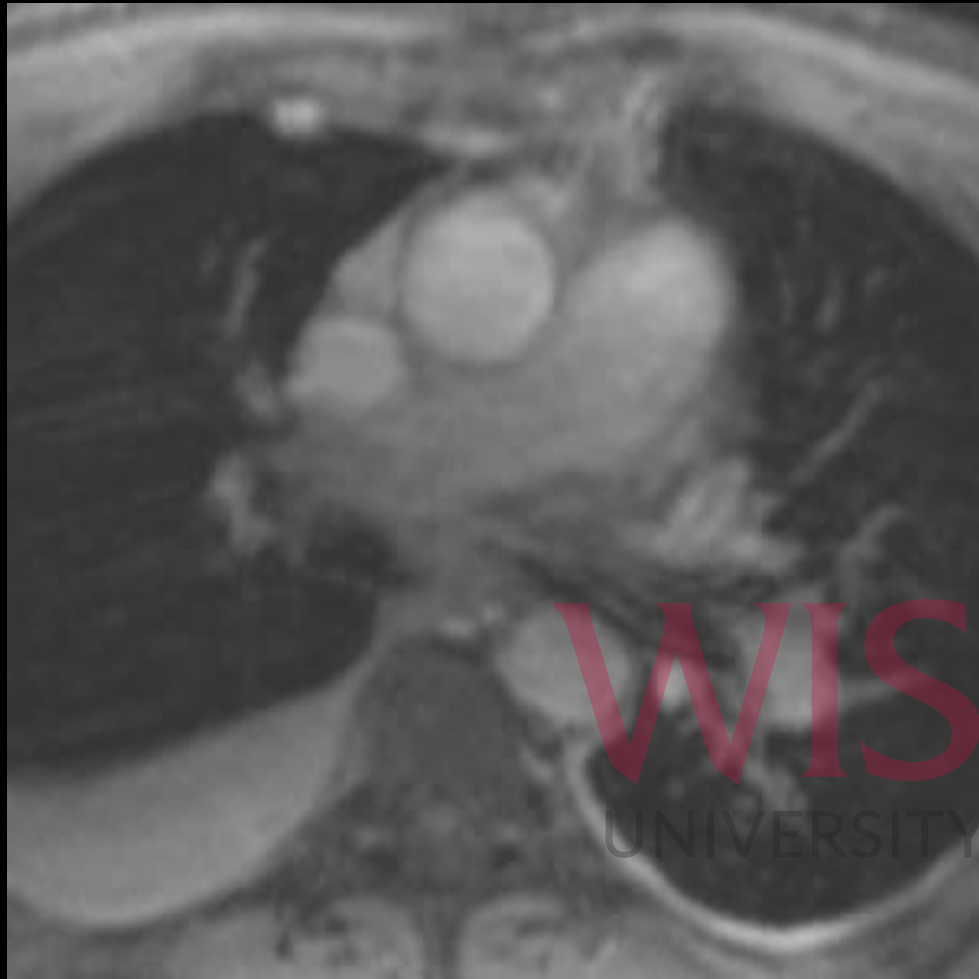
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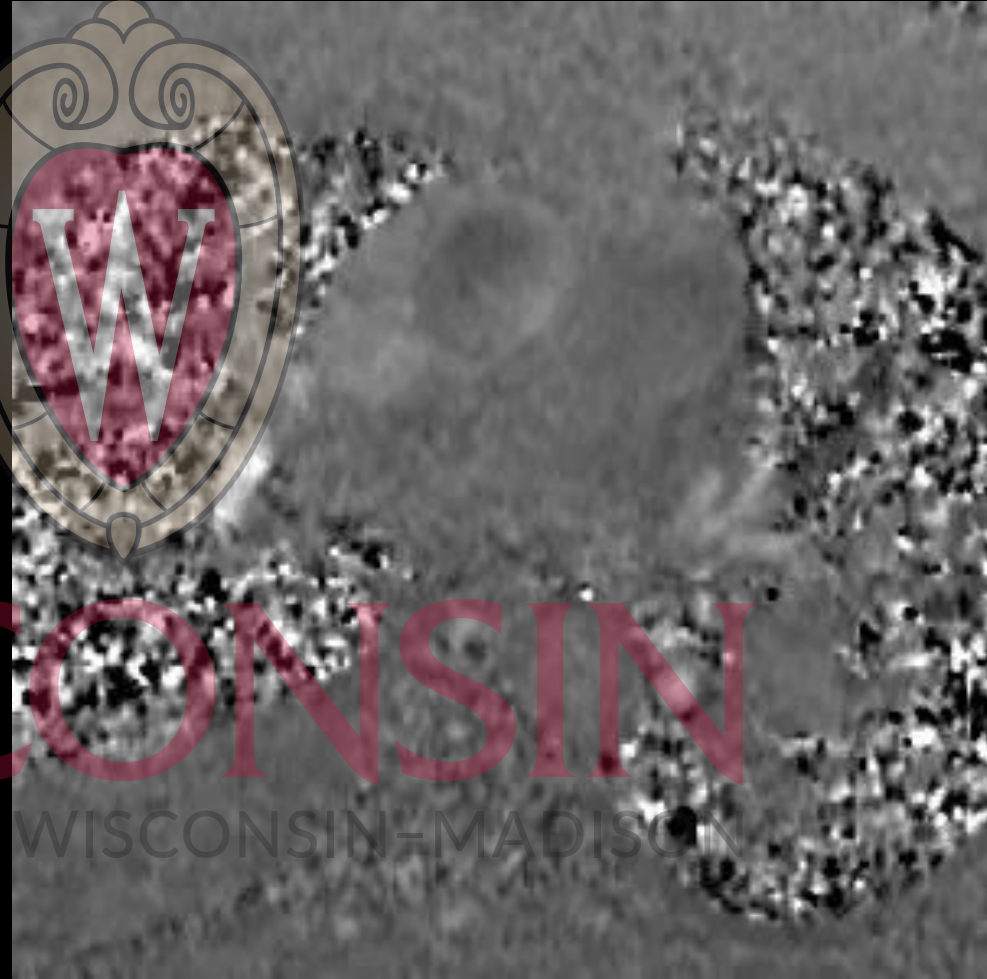
- Gated Image
 - From many cycles
 - Temporal resolution as low as 5-10 ms

RESULTING IMAGES – CARDIAC RESOLVED

Magnitude



Velocity



150 cm/s



0 cm/s

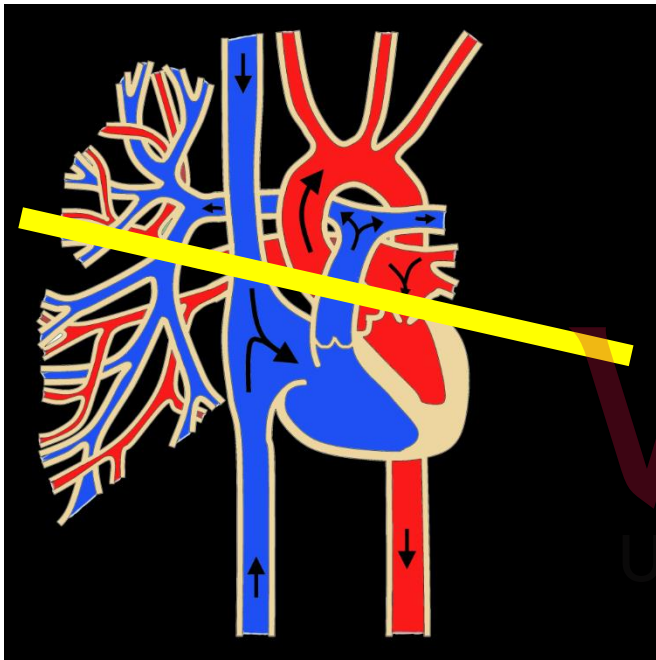
- 150 cm/s

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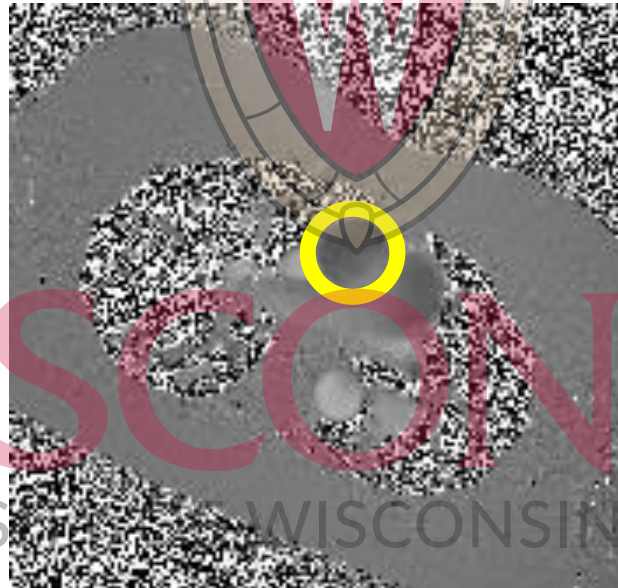
2D Phase Contrast MRI

- Common flow techniques use 2D MRI planes

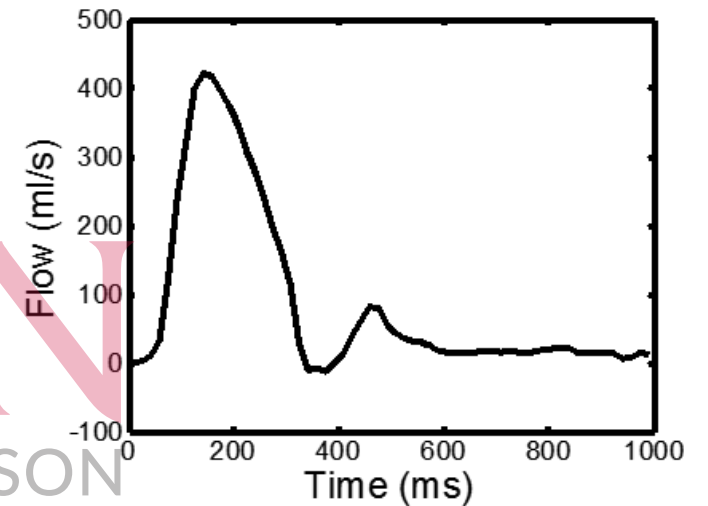
Plan Target Plane
(cross section of artery)



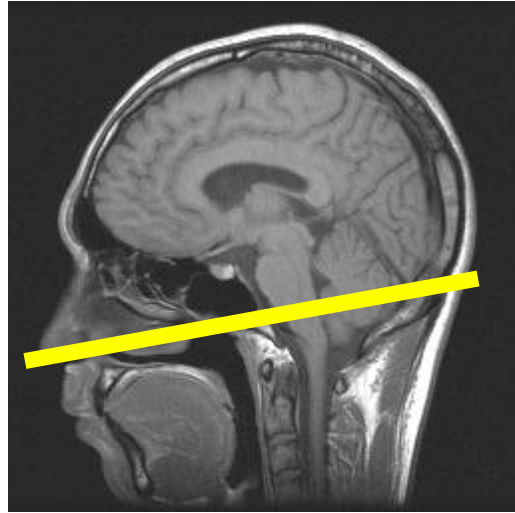
Acquire Images



Analyze Locally
(e.g. flow)

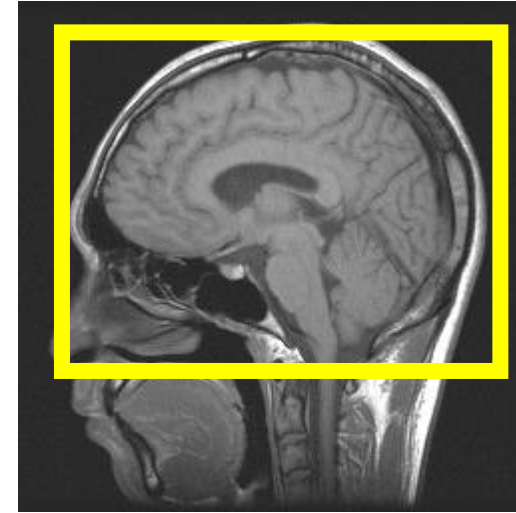


2D PC MRI



- ***Prospectively Targeted plane(s)***
- ***Need vessel image to acquire***
- ***One vessel at a time***
- ***Usually 1 direction of velocity***

4D Flow



- ***Volumetric acquisition***
- ***All vessels simultaneously***
- ***All 3 velocity directions***
- ***Retrospective analysis***

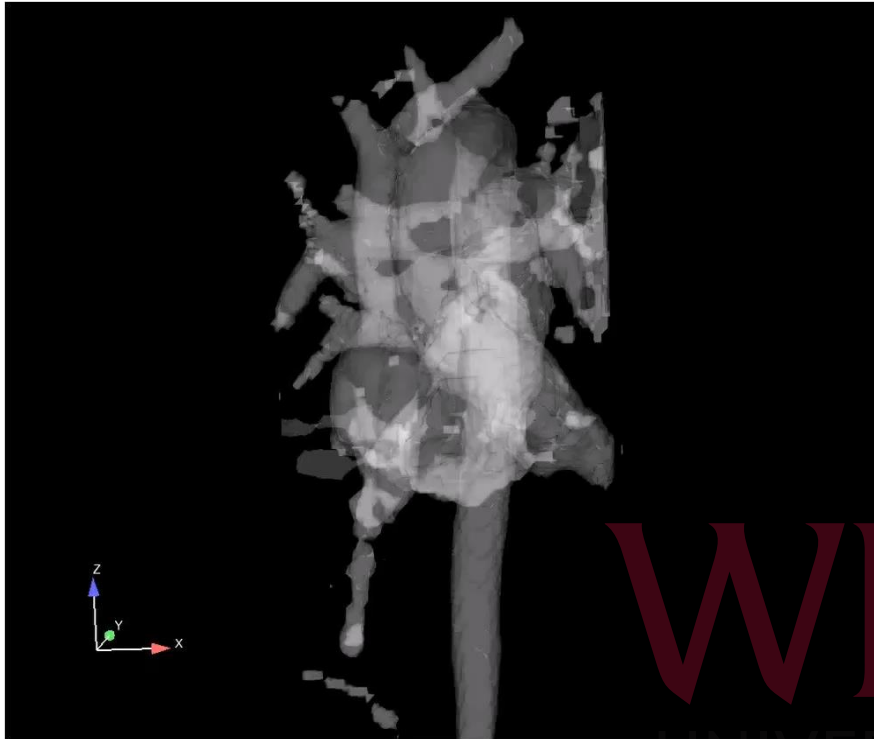
Speed of MRI

- MR Imaging rate is $\sim 50,000$ voxels/pixels per second
 - HD Camera : 62,208,000 pixels/s (1200x faster)
- 256x256 image: ~ 1 second to acquire
- 256³ volume: ~ 4 minutes to acquire
- 20 volumes: > 1 hr to acquire
- Need acceleration methods for 4D Flow

4D Flow in the Heart vs Brain

Targeted Aorta Scan

(Markl et al)



Blood Flow Origin

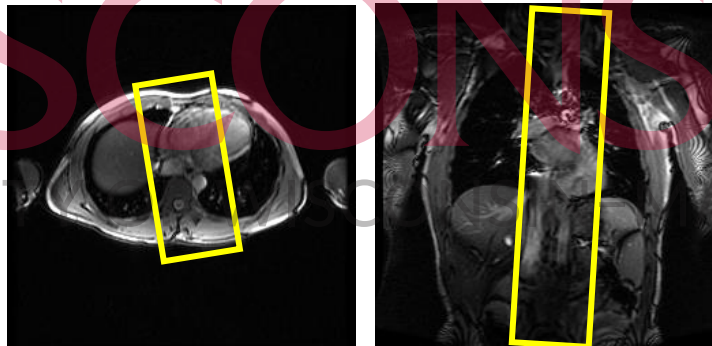
- Red Left ventricle (LV) & aorta (Ao)
- Yellow Left pulmonary vein (LPV)
- Yellow Right pulmonary vein (RPV)
- Blue Inferior vena cava (IVC)
- Cyan Superior vena cava (SVC)

Brain poses challenges for 4D flow

Aorta

Large vessels
(10+mm)

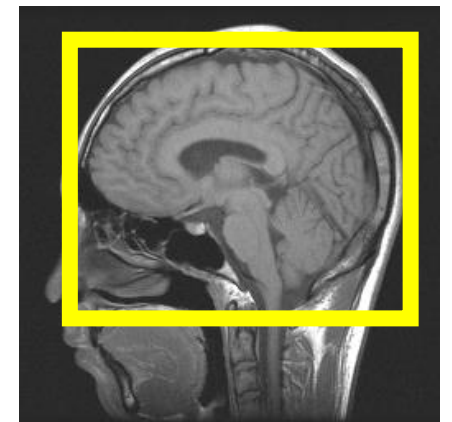
Tailored geometry



Brain

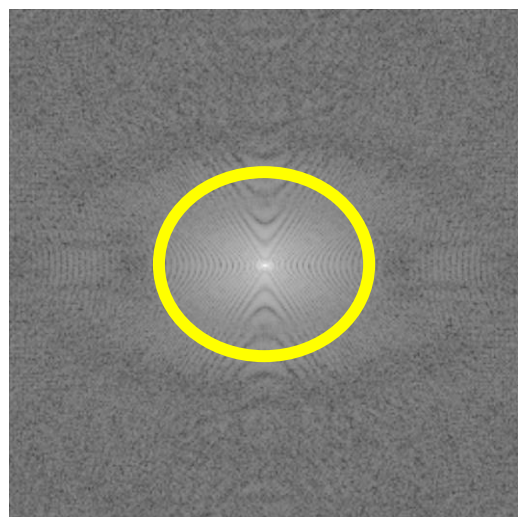
Smaller vessels
(1-7 mm)

Large volume of
interest

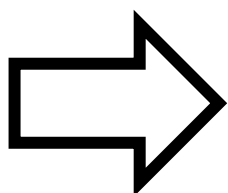


PC VIPR (Accelerated 4D-Flow) Principle

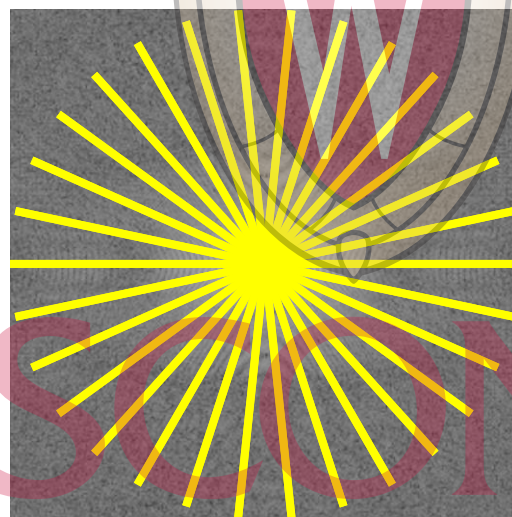
Raw Data energy is focused



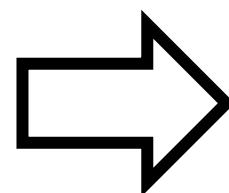
(center most needed)



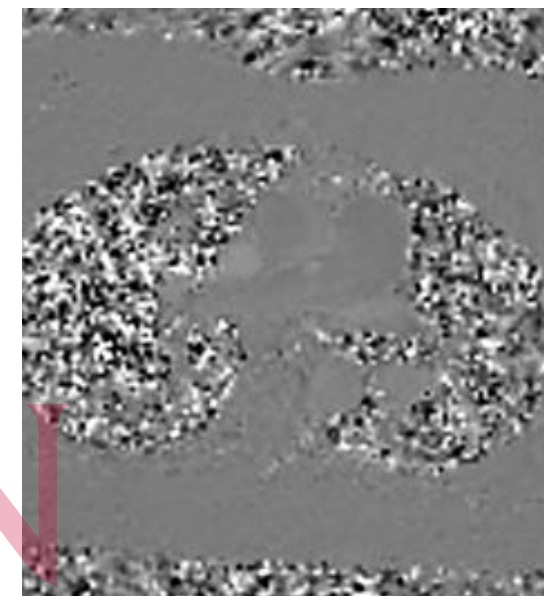
Focus on collecting most important data



(3D radial sampling)



Accurate images with much less data (10-30x)



(when images sparse or compressible)

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PCVIPR History

Core development

Refinement / Validation

05'

08'

Initial Idea

Chuck Mistretta

TL Gu



Core Technical Methods

Kevin Johnson



Steve Kecskemeti



Oliver Wieben



Eric Schrauben



Mike Loecher



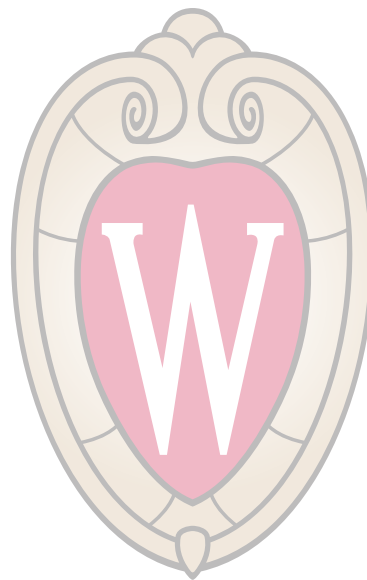
Liz Nett



Leonardo Rivera-Rivera



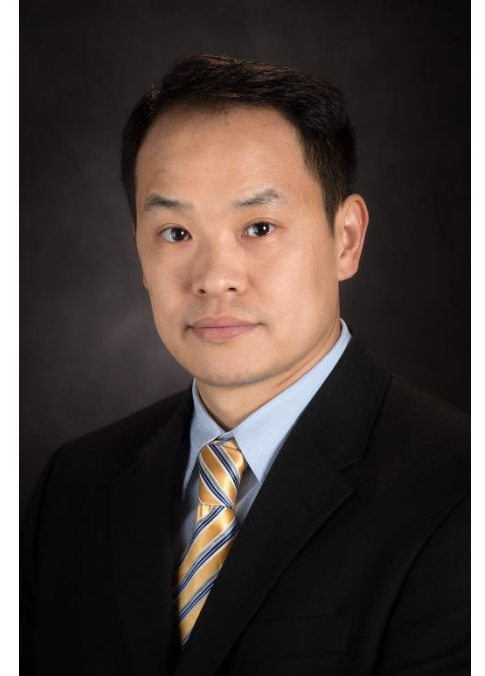
+ many more



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March 2009

This is Guofan from Dept. of Medicine & Radiology. We currently start a new Alzheimer's disease research project with MR neuroimaging. **I am interested in the carotid artery flow speed measurement.** Dr. Rowley and Dr. Turski told me that I should use the PC-VIPR sequence and you are the best person to ask. I read that VIPR paper in 2005 AJNR. Is that sequence available on the new GE x750 system? If possible, could you give me some updates about this technique and data processing? Thanks!



PCVIPR History

Core development

Refinement / Validation

05'

Initial Idea

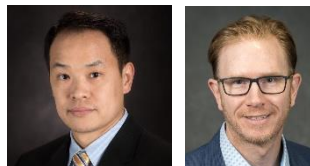
Chuck Mistretta
TL Gu



08' 09'

ADRC Scans

Guofan Xu,
Sterling Johnson



15'

First AD Papers

Sara Berman,
Leonardo Rivera



Validation (throughout)

Alex
Frydrychowicz



Alejandro
Roldan



Darren
Lum



Thorsten
Bley



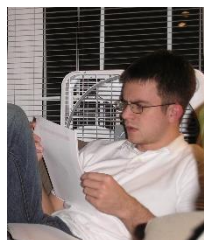
Andrew
Wendtland



+ many
more

Core Technical Methods

Kevin
Johnson



Steve
Kecskemeti



Oliver
Wieben



Eric
Schrauben



Mike
Loecher



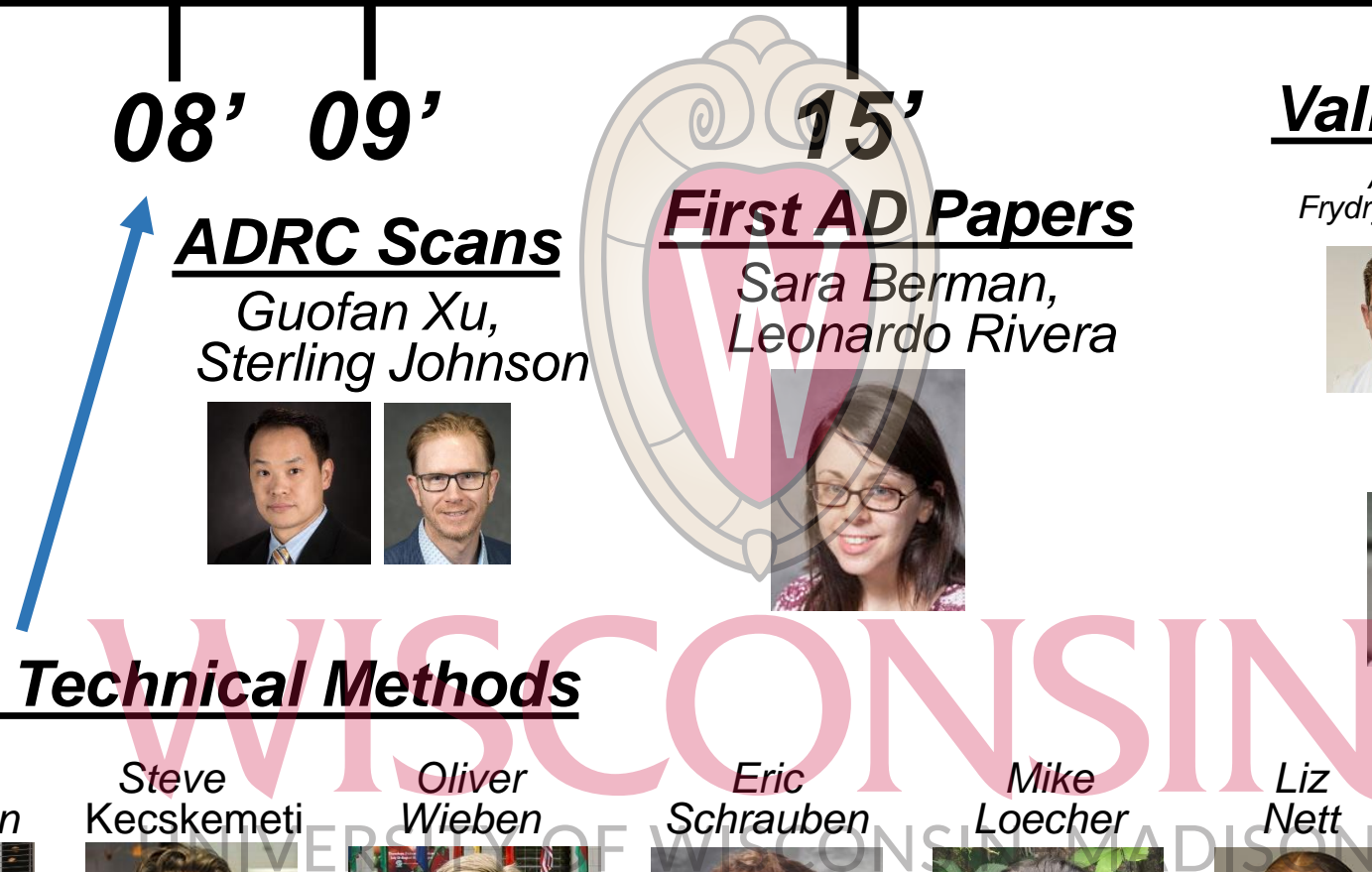
Liz
Nett

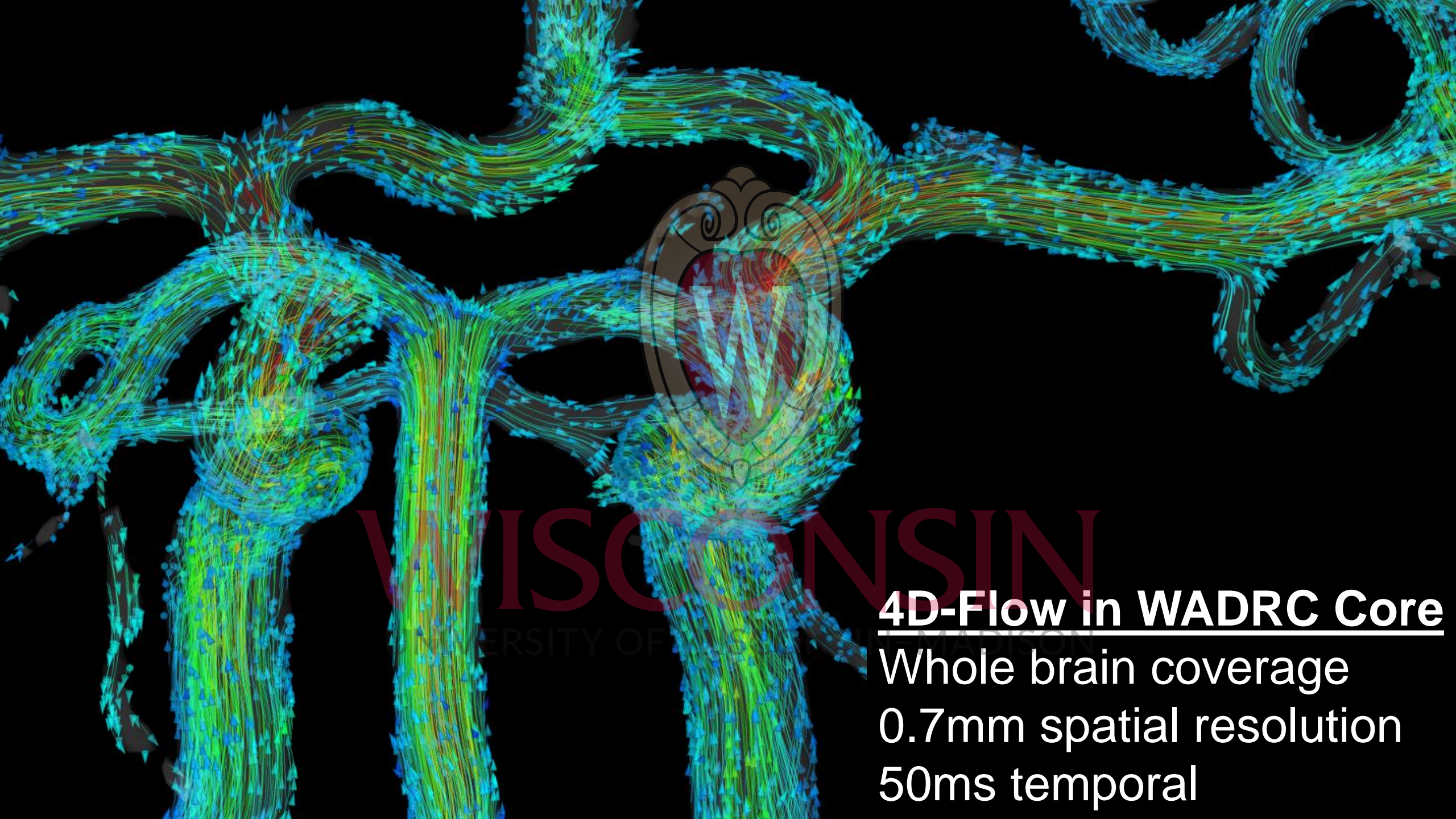


Leonardo
Rivera-Rivera



+ many
more





4D-Flow in WADRC Core

Whole brain coverage
0.7mm spatial resolution
50ms temporal

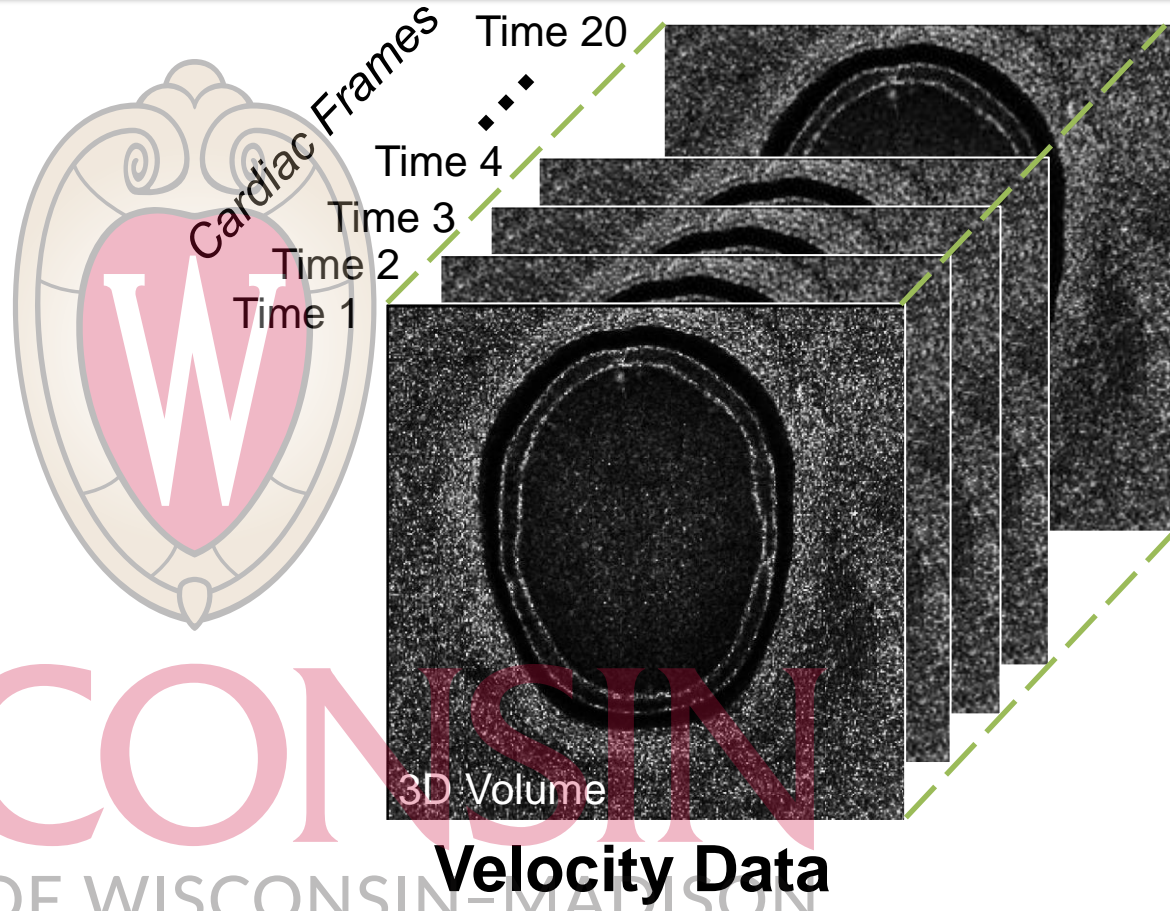
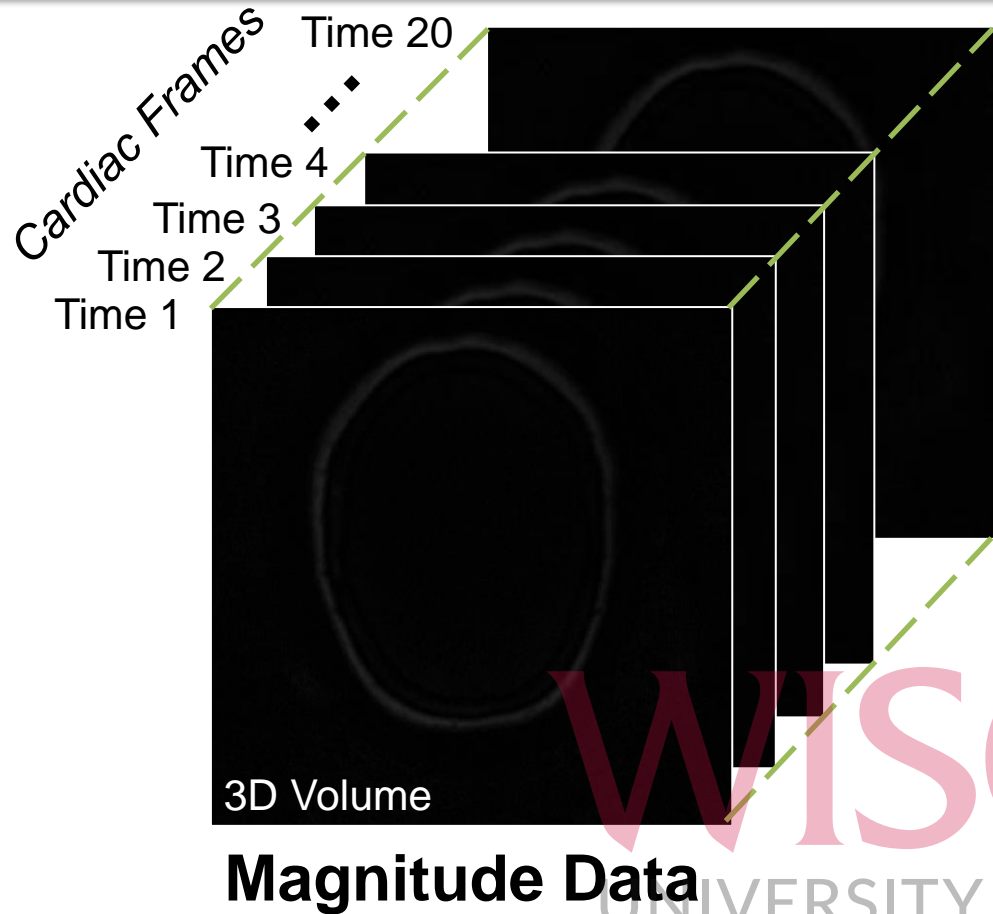
Overview

- **Introduction** to Blood Flow Measures with MRI
 - Kevin Johnson, Assistant Professor, Medical Physics and Radiology
- **What can we measure** and how we measure it
 - Grant Roberts, PhD Candidate, Medical Physics
- **Results** in studies of ADRD
 - Leonardo Rivera-Rivera, Postdoctoral Fellow



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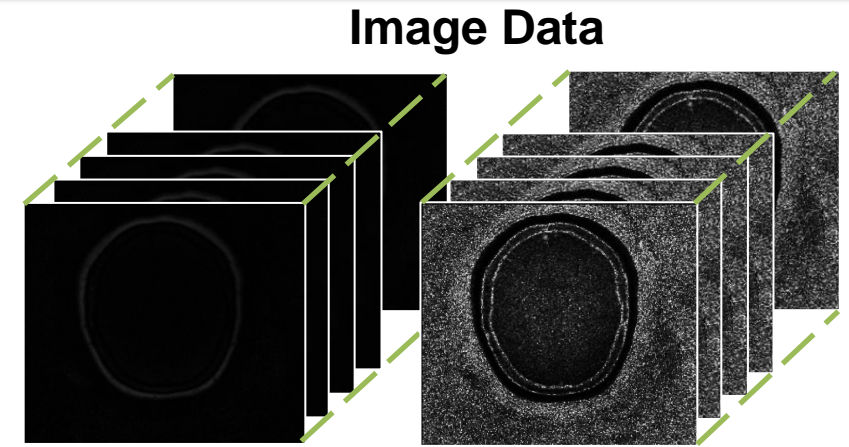
4D Flow Post-Processing



- Image sizes: 320 x 320 x 320 x 20
- **We have a lot of data!**

4D Flow Post-Processing

- Our goal now is to
 1. Boil down this large amount of 4D flow data
 2. Extract blood flow measurements
 - Vessel diameters
 - Blood flow rates
 - Pulsatility
 - Wall shear stress
 - ... Many More!

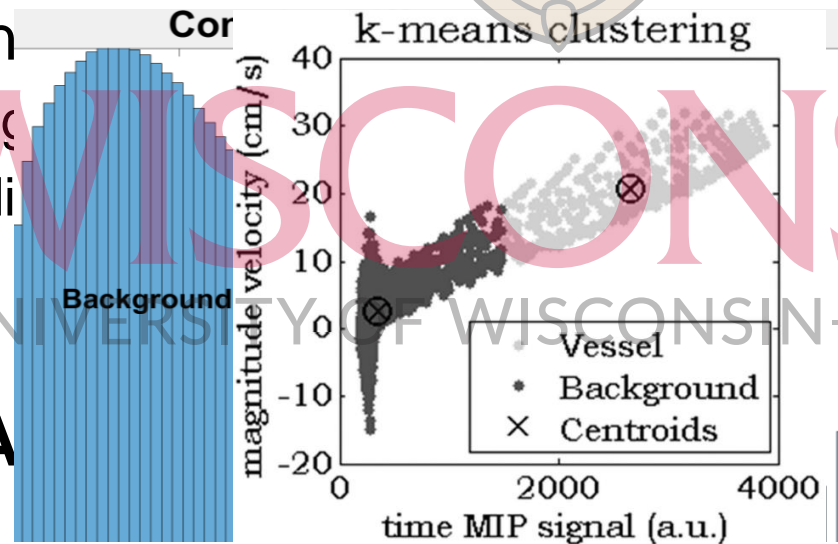


- First Step: **Segmentation**

Vessel	Pulsatility Index
ICA	0.80 ± 0.15
BA	0.74 ± 0.14
MCA	0.71 ± 0.08
PCA	0.72 ± 0.13
ACA	0.74 ± 0.16

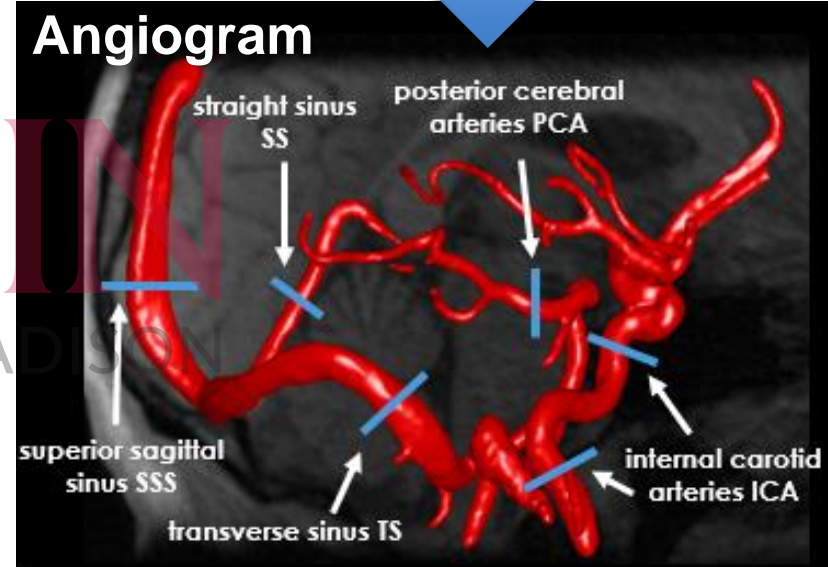
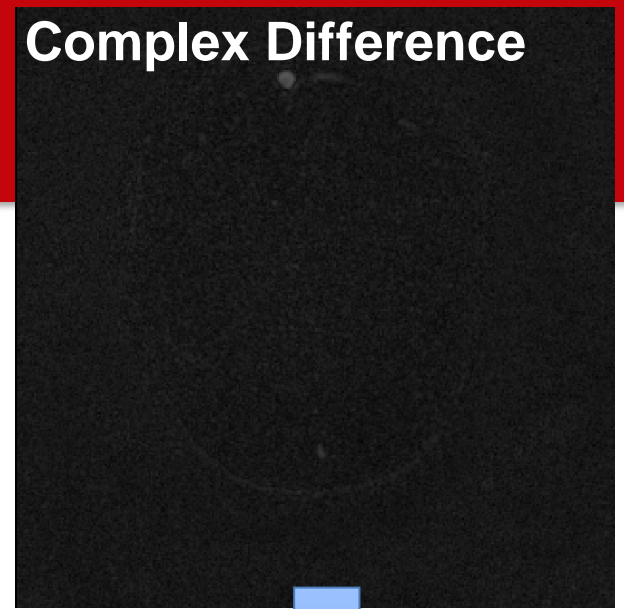
Vessel Segmentation

- Identify vessel vs. not vessel
 - Termed “angiogram”
 - Complex difference images delineate vessels well
- Segmentation techniques
 - Manual segmentation
 - Threshold-based
 - Automatic Segmentation
 - K-Means Clustering
 - Adaptive thresholding
 - Sliding threshold
- Second Step: ROI A



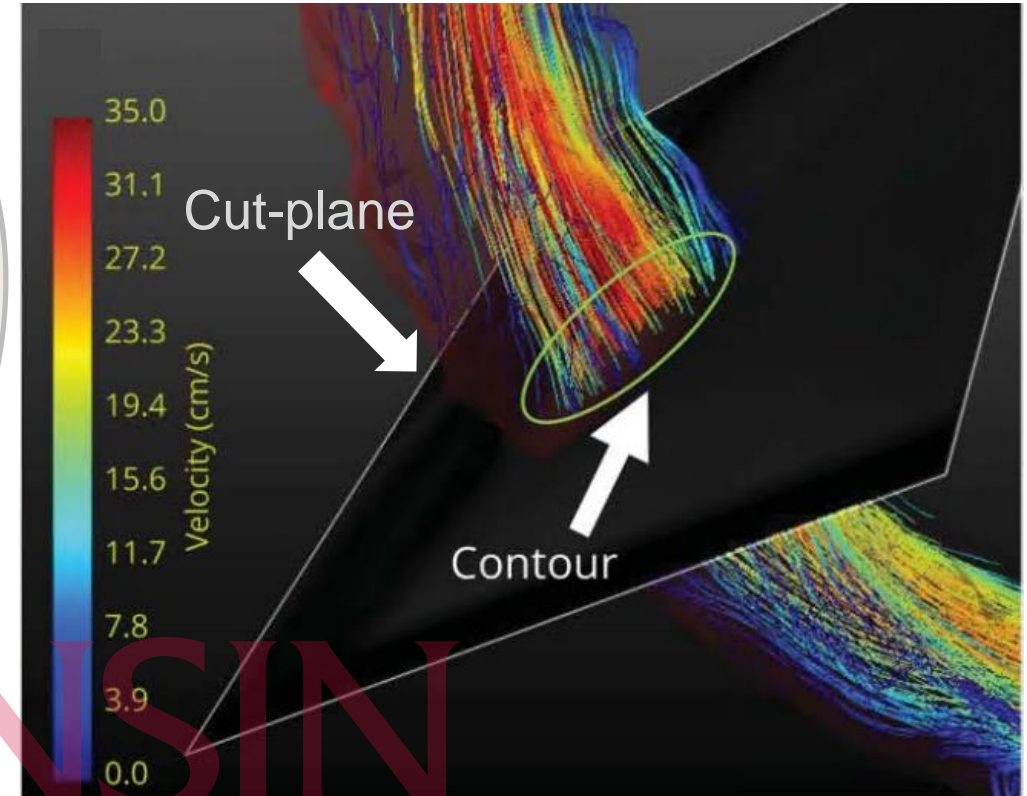
From: Schrauben E, et al. *JMRI* 2015 (42)

Complex Difference



ROI Analysis

- Define vessel of interest
- Make cut-plane
 - Measure “through-plane” velocity
 - Analogous to 2DPC
 - Ideally perpendicular to length of vessel
- Segmentation defines vessel boundary
- Analyze velocities inside vessel
 - Allows for quantitative hemodynamic measures
 - Blood flow, velocity, pulsatility, etc.



From: Yunduo Li et. al. *Neurology* 2018 (91)

Hemodynamic Parameters

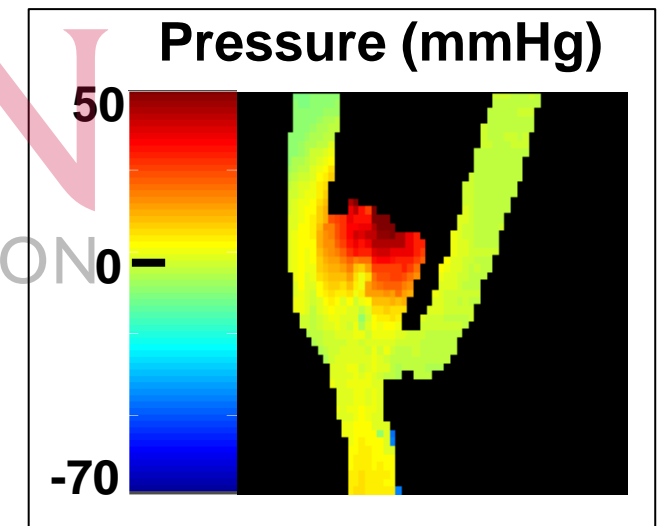
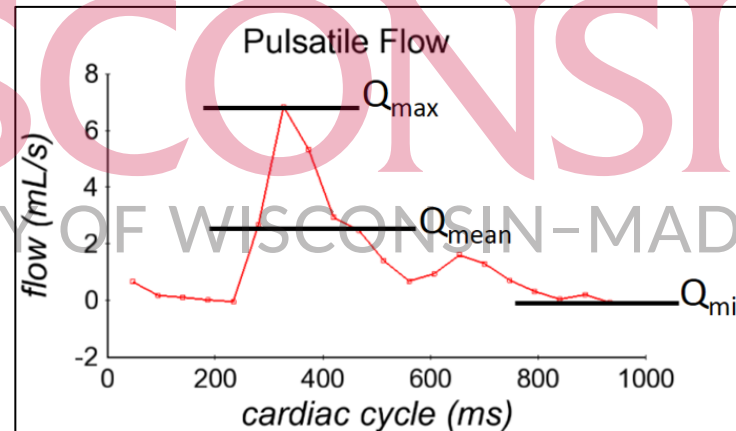
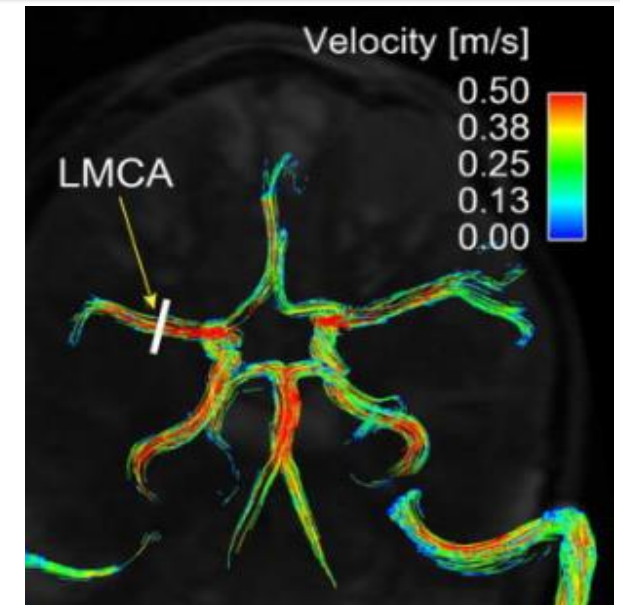
- What can 4D flow measure?

- Morphological

- Vessel Areas
- Vessel lengths

- Functional

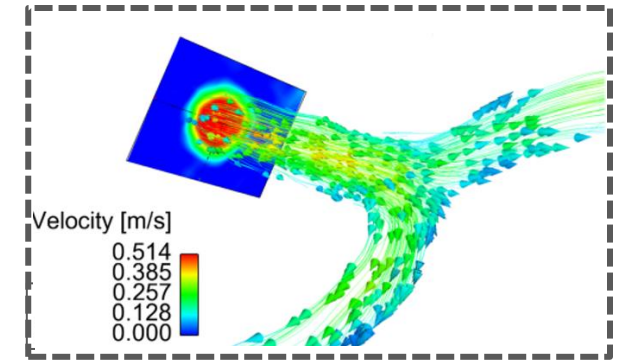
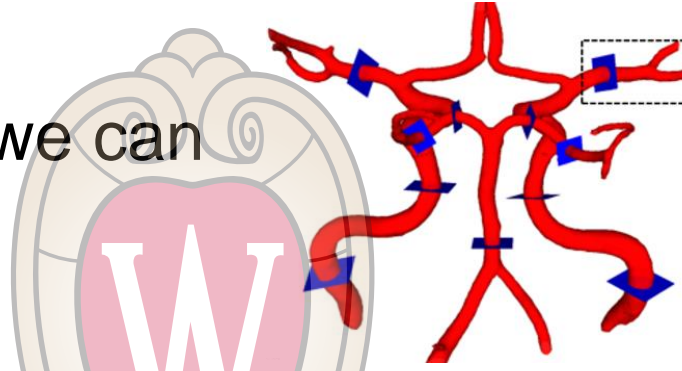
- Blood flow
- Blood velocities
- Pulsatility Index
- Resistivity Index
- Pressure maps
- Wall-shear stress
- Pulse wave velocity
- Kinetic energy



Velocity and Blood Flow

Blood velocity

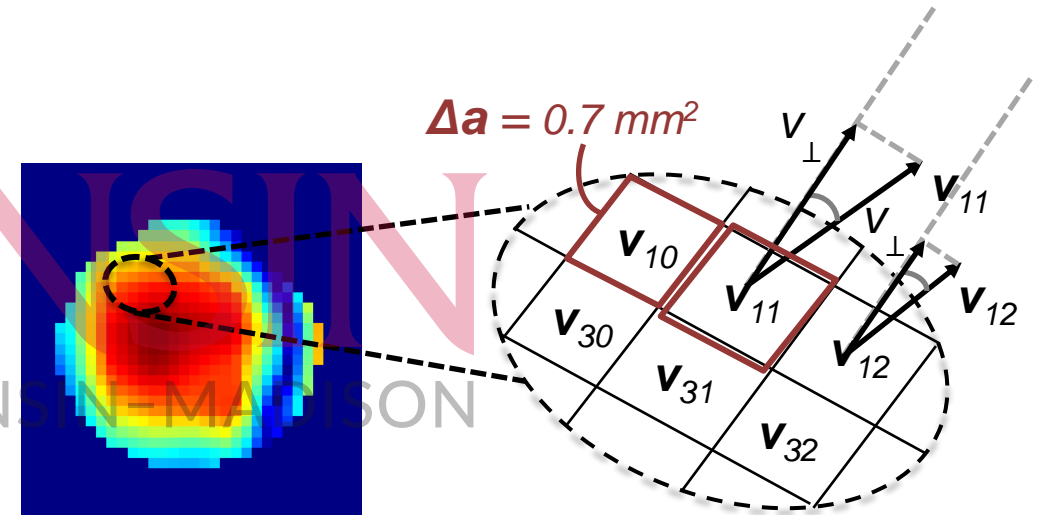
- After defining ROI in cut-plane, we can measure velocity in vessel.
 - Peak systolic velocity
 - Mean velocity over cardiac cycle



From: Rivera-Rivera LA et al. *JCBFM* 2016 (36)

Blood flow

- Instantaneous volumetric flow rate (mL/s)
 - $Q = \sum(v_{\perp} \cdot \Delta a)$
- Average volumetric flow rate (mL/s)
 - Just average Q_f over all cardiac frames!



Cardiac frame 1

$$Q_1 = \dots v_{\perp,10} \cdot \Delta a + v_{\perp,11} \cdot \Delta a + v_{\perp,12} \cdot \Delta a + \dots$$

Pulsatility and Resistivity Index

Pulsatility Index (PI)

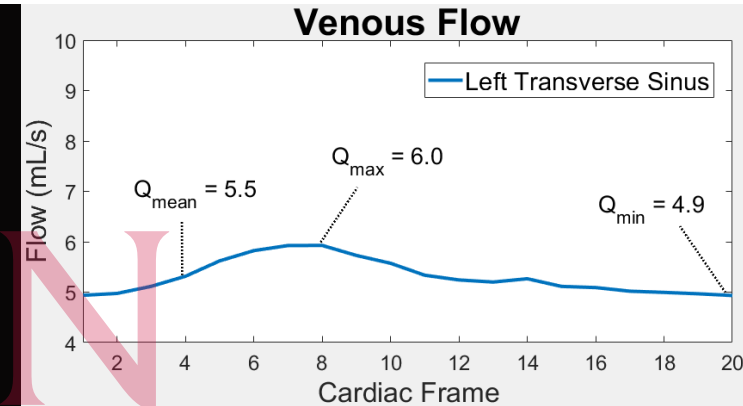
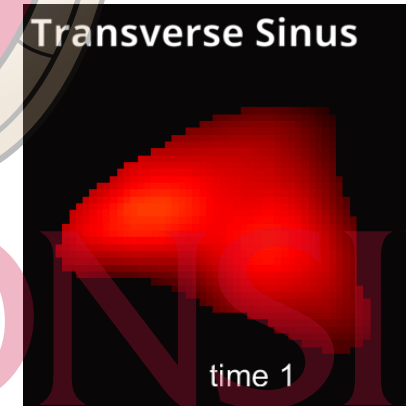
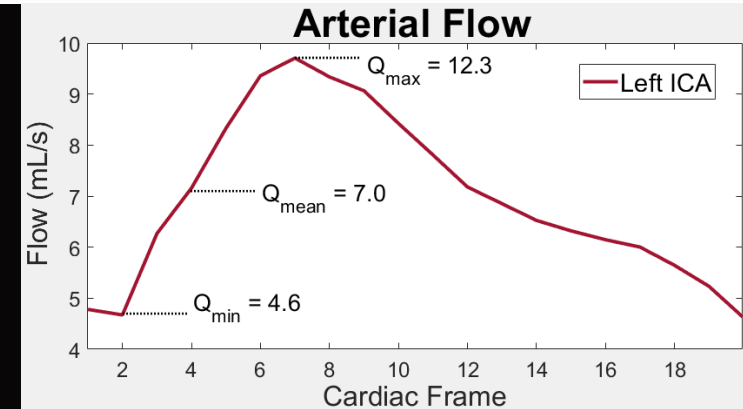
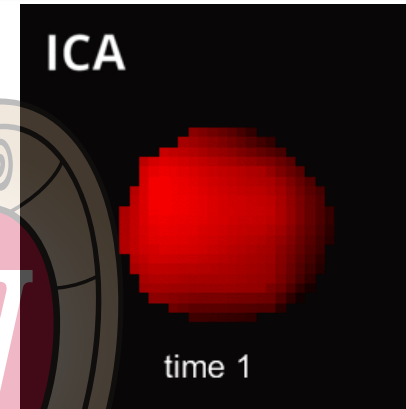
- $PI = \frac{Flow_{max} - Flow_{min}}{Flow_{mean}}$

Resistivity Index (RI)

- $RI = \frac{Flow_{max} - Flow_{min}}{Flow_{max}}$

- Clinical importance

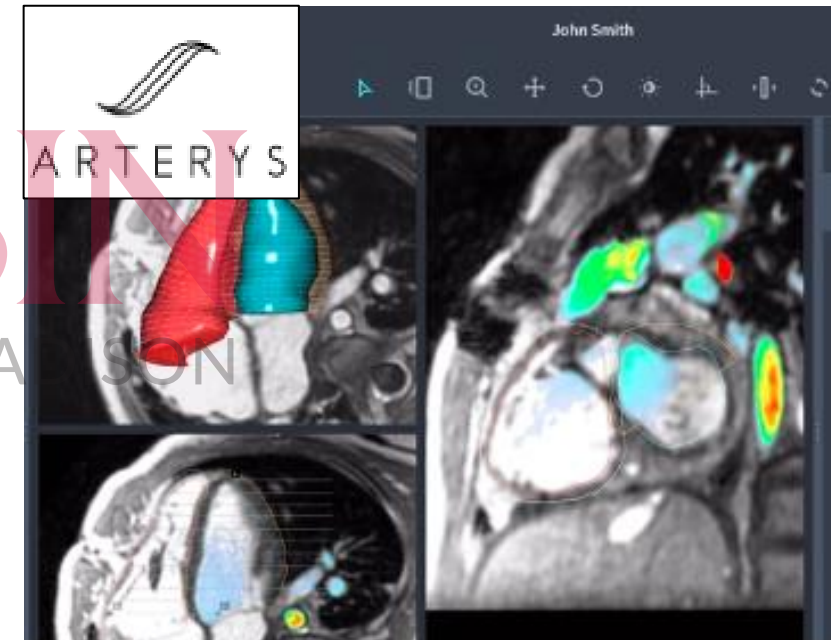
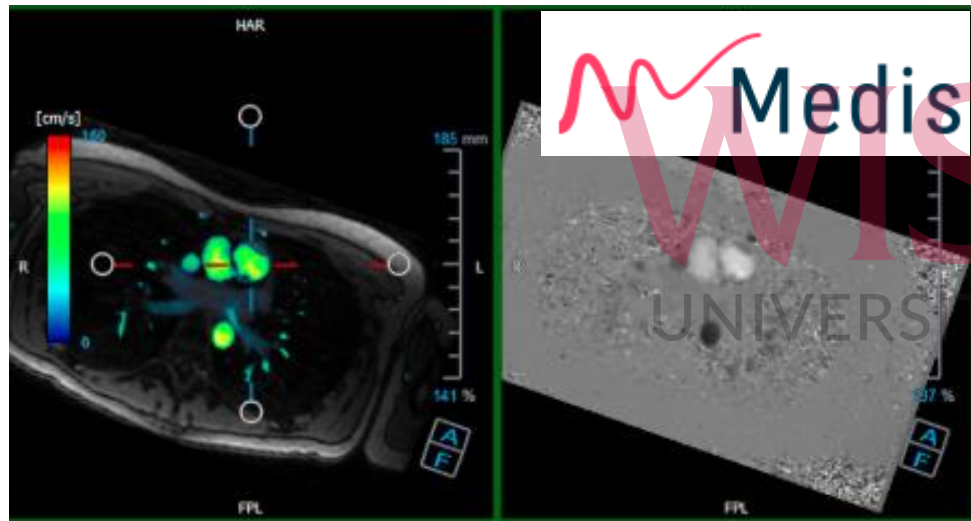
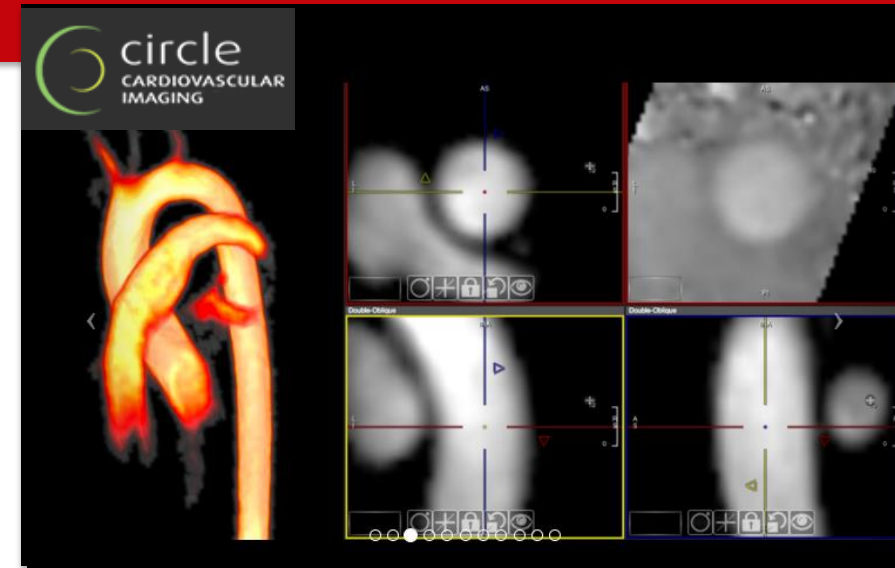
- Both are measures of downstream vascular resistance and intracranial compliance.
- Affected in diseases like TBI, hydrocephalus, and AD.



Vessel	Pulsatility Index	Resistivity Index
Arterial → Left ICA	1.10	0.63
Venous → Left Trans. Sinus	0.20	0.18

Commercial 4D Flow Software

- Commercial 4D flow post-processing software already exist.
 - However, applications are primarily cardiac
- **No software dedicated to cranial 4D flow**



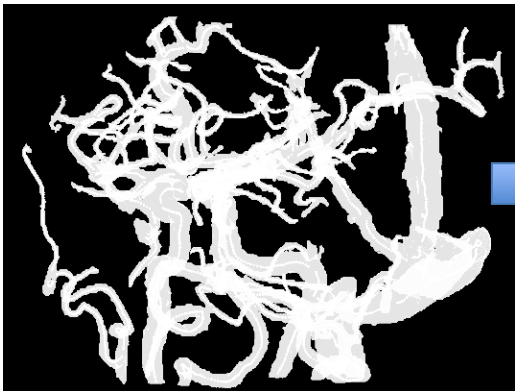
Automated Tool

- UW pioneers in cranial 4D flow post-processing software
 - Initial work done by Eric Schrauben in 2014.
- Allows for automatic flow analysis along all cranial vessels.
 - Automatically segments
 - Creating “centerlines”
 - Calculate orthogonal cut-planes (tangent planes)
 - Calculate in-plane hemodynamics

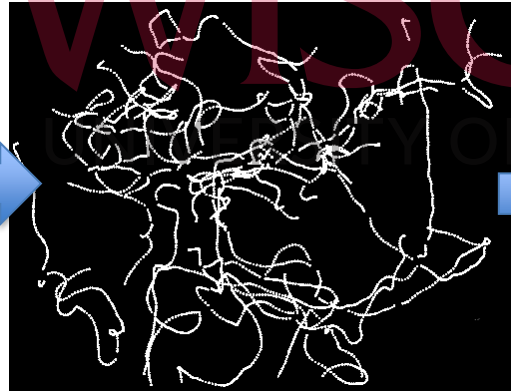


Eric Schrauben

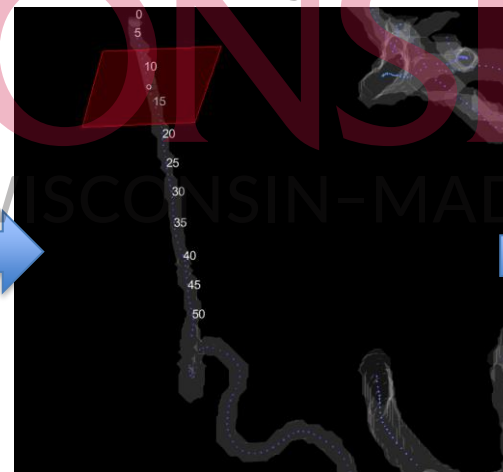
Automatic Segmentation



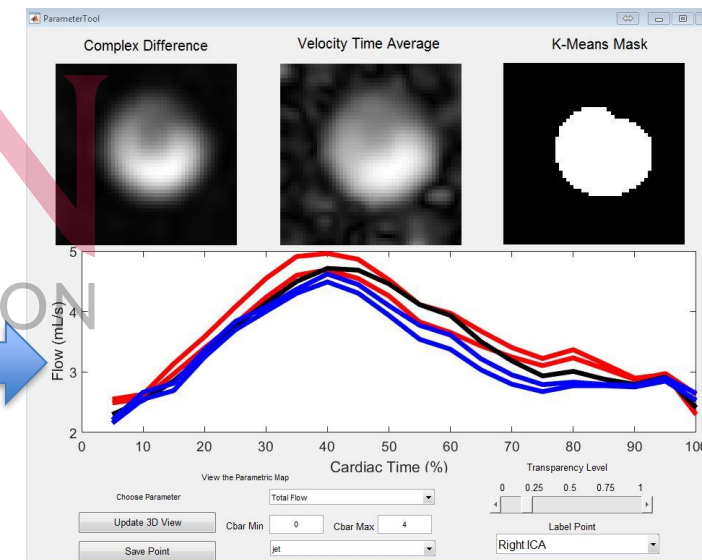
Create Centerlines



Automatic Tangent Planes



Flow Analysis



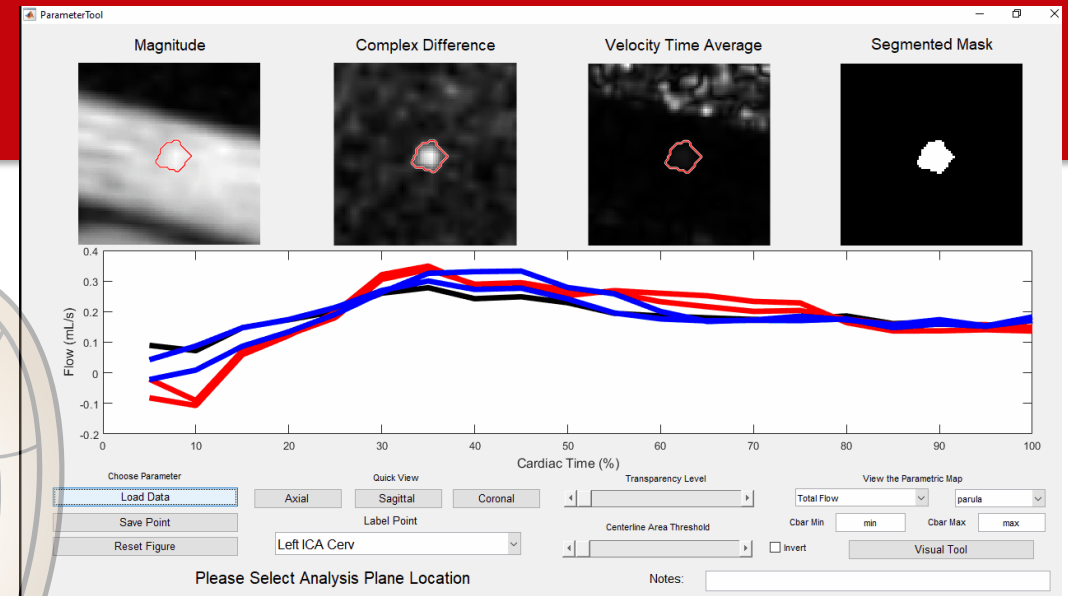
Automated Tool

- Nearly finalized a major update to this tool
 - Interactive 3D display
 - Visualize in-plane magnitude, velocity, complex difference data in real-time.
 - Overlay centerlines on angiogram
 - Color-coding of 4D flow parameters
 - Streamlined code
 - Faster with less memory usage
 - Saves user-state

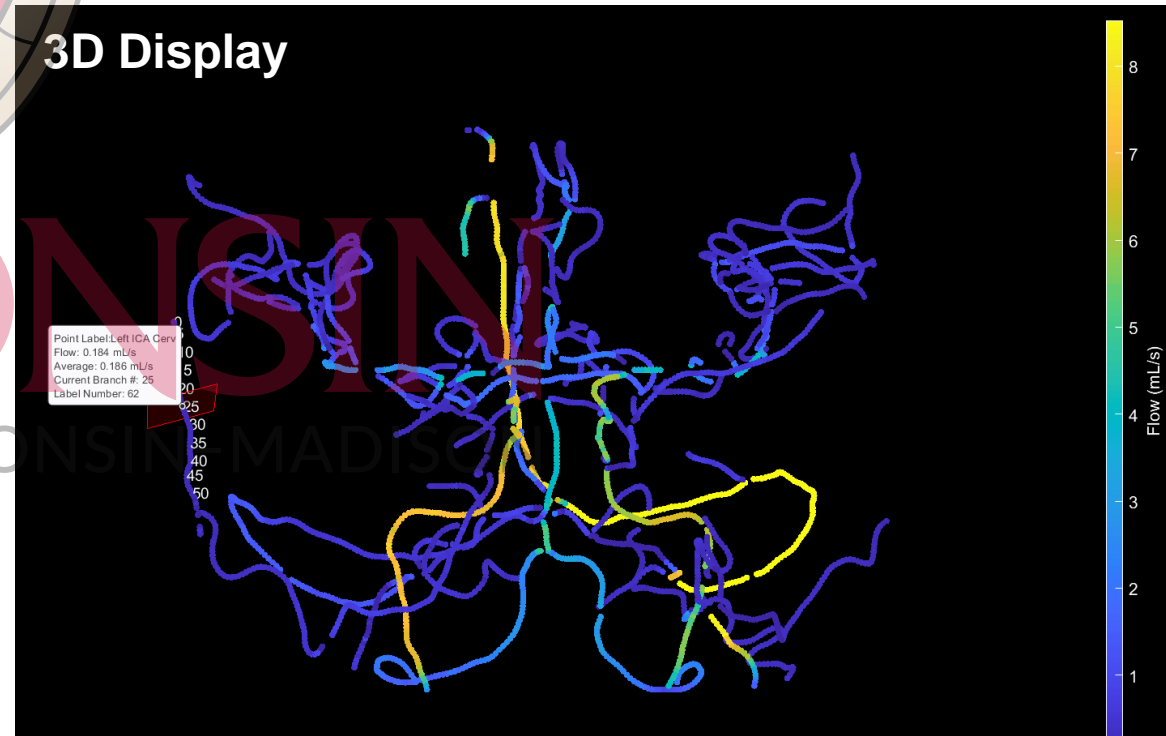


Carson Hoffman

Control Window

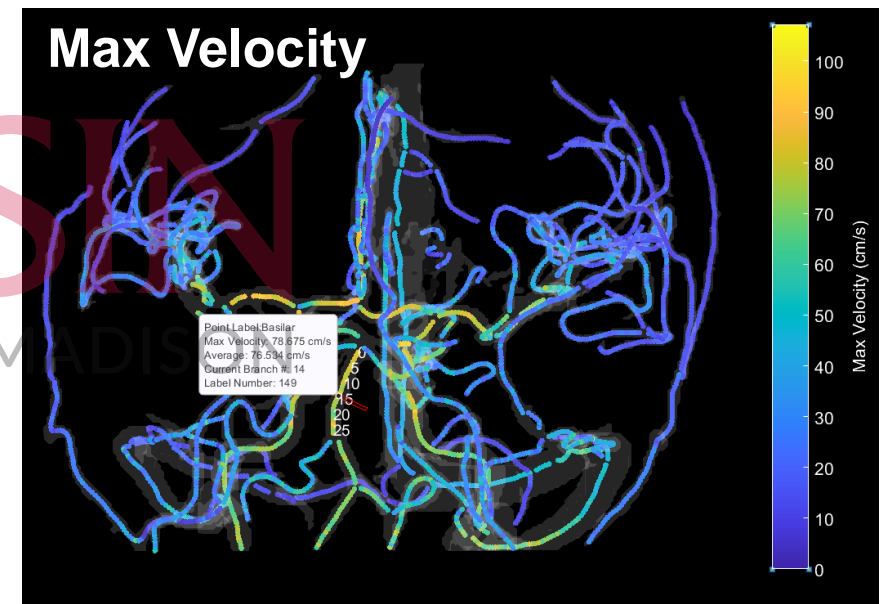
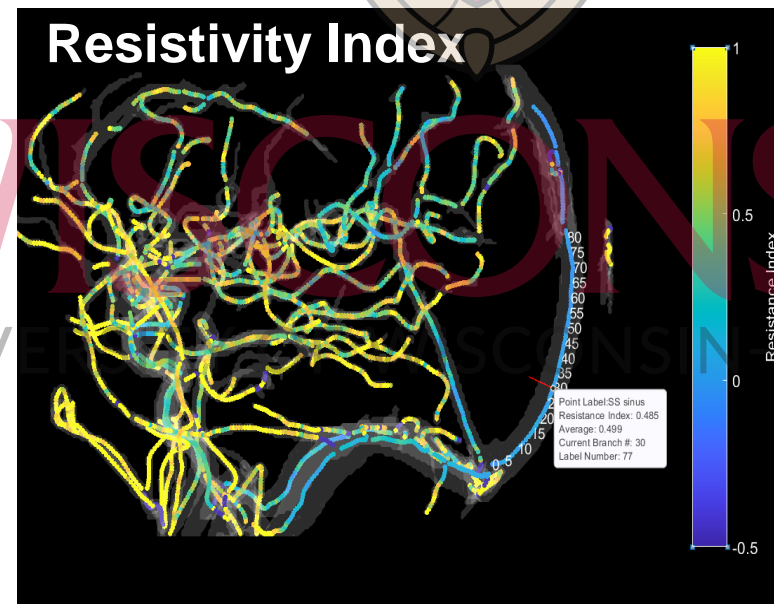
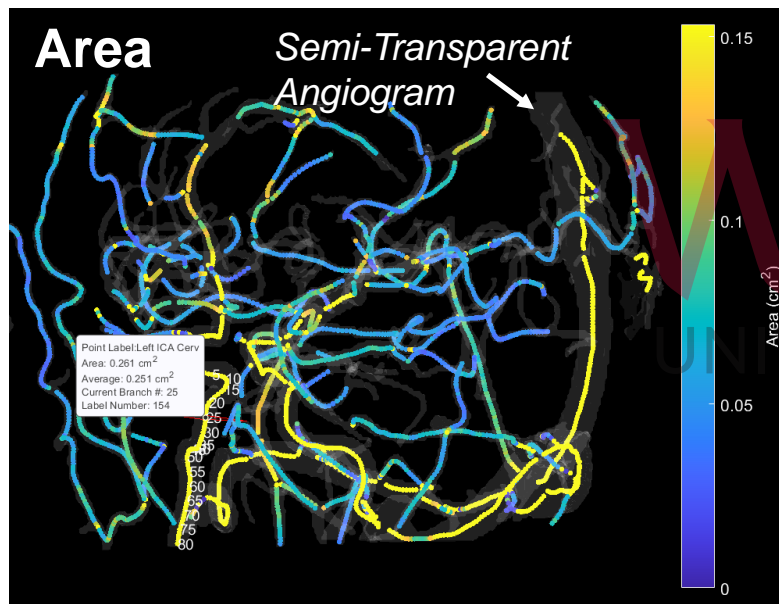
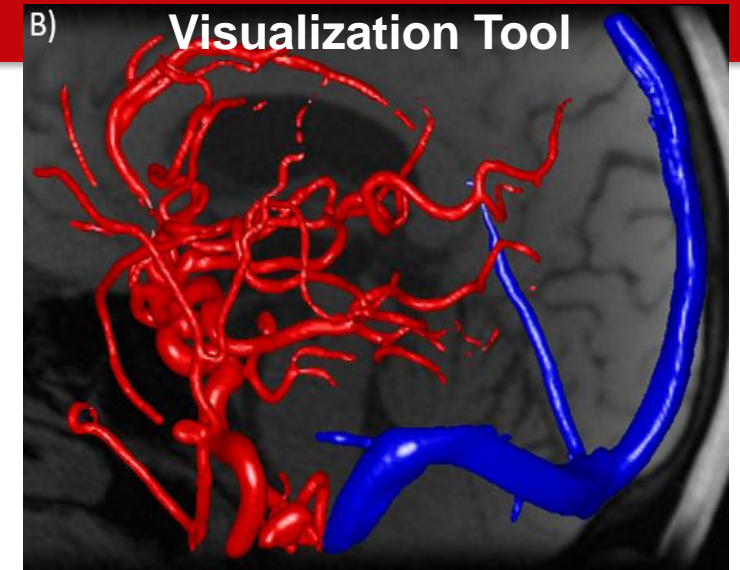


3D Display



Automated Tool

- Examples of visualization
 - Display angiogram (right)
 - Color-coded hemodynamics (below)
 - Can display: area, pulsatility index, resistivity index, mean velocity, max velocity, consistency of flow along vessel, and more.



Other Exciting Hemodynamic Parameters

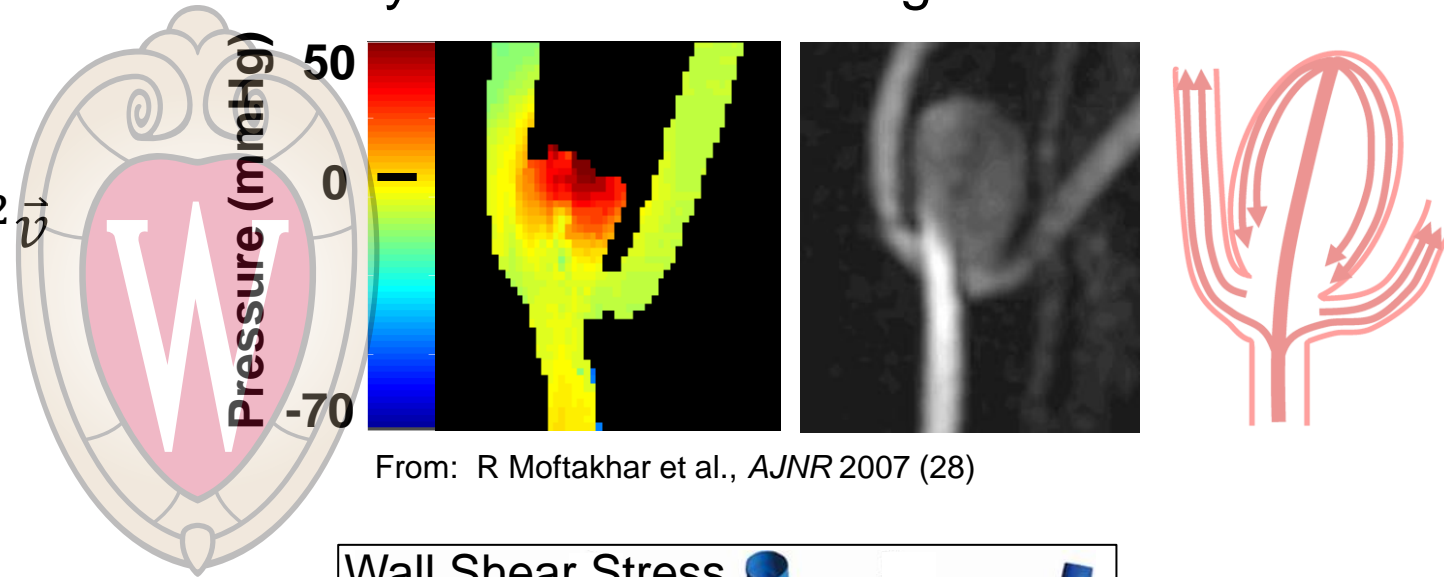
Intravascular Pressure

- Navier-Stokes equation

$$-\nabla P = -\rho \left(\frac{\partial \vec{v}}{\partial t} + \vec{v} \cdot \nabla \vec{v} - g \right) + \mu \nabla^2 \vec{v}$$

- May be useful in stratifying high risk aneurysms or DAVFs

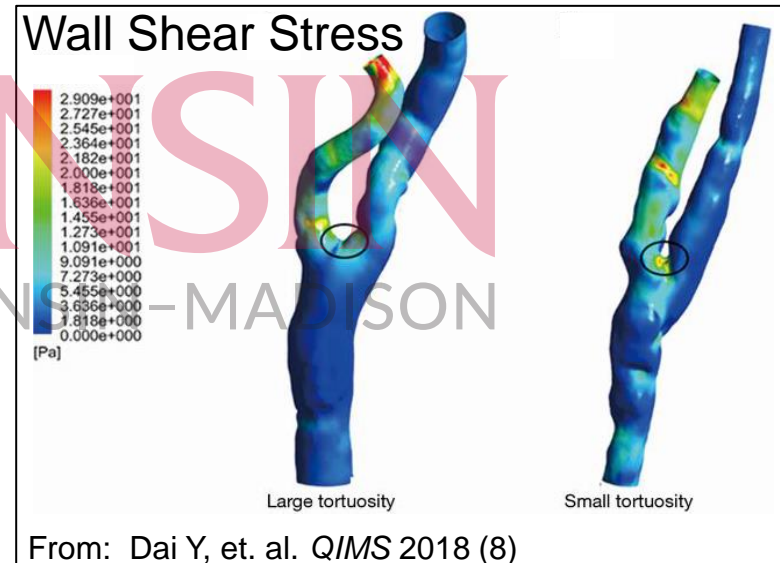
Aneurysm Jet Pattern - High Dome Pressure



From: R Moftakhar et al., *AJNR* 2007 (28)

Wall Shear Stress (WSS)

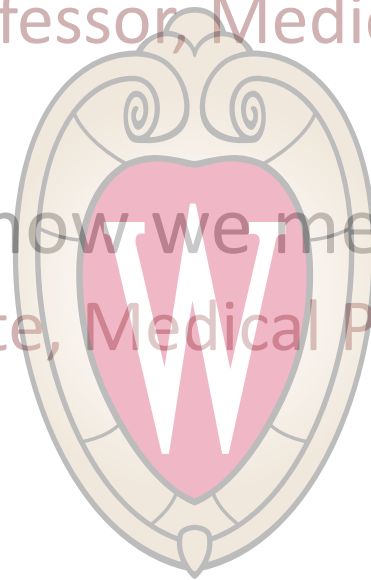
- Defined as the frictional force exerted on endothelium by pulsatile blood flow.
- Critical determinant of vessel diameter and vascular remodeling via atherogenesis



From: Dai Y, et. al. *QIMS* 2018 (8)

Overview

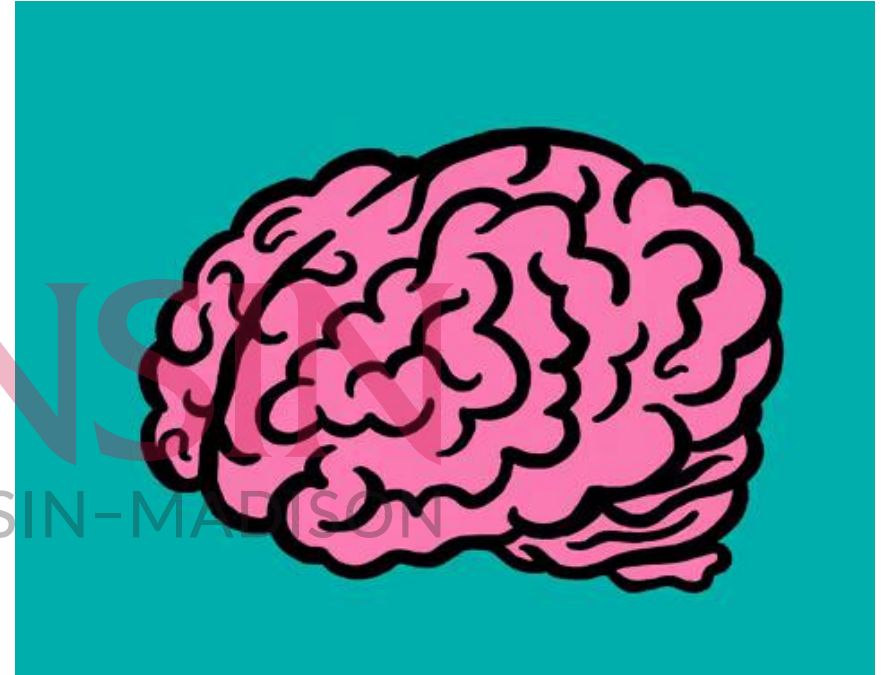
- **Introduction** to Blood Flow Measures with MRI
 - Kevin Johnson, Assistant Professor, Medical Physics and Radiology
- **What can we measure** and how we measure it
 - Grant Roberts, PhD Candidate, Medical Physics
- **Results** in studies of ADRD
 - Leonardo Rivera-Rivera, Postdoctoral Fellow



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- CVD manifests in AD but is also an independent cause of dementia
- **AD – CVD hypotheses need testing:**
 - Additive, causative, AND/OR combinatorial effects ?
 - Will CVD biomarkers improve early diagnosis of dementia?
- **Potential for MRI biomarkers of CVD [1]**
 - Tissue Perfusion, ASL
 - Blood-brain barrier, DCE
 - Macrovascular flow, 4D flow



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Published Studies (n=9, 1st around 5 years ago)



- Hemodynamics of the brain macrovasculature (from 4D flow)

- Clinically diagnosed AD, MCI, subjects at risk (FH+, APOE4+) and healthy controls
- CSF bio markers, brain atrophy and cognitive performance

Original Article

Macrovascular blood flow vs Microvascular brain perfusion (pcASL)



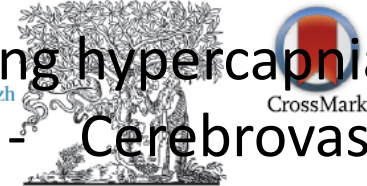
JCBFM

Journal of Cerebral Blood Flow & Metabolism



Insulin resistance

During hypercapnia challenges



Cerebrovascular reactivity

Cardiovascular risk factors and

Intracranial arterial blood flow in AD dementia

Sara E. Berman^{a,b,c}, Macrovascula

Jon G. Keevil^{f,g},

Howard A. Rowley^{a,f},]

4D flow MR

Lindsay

Siobhan M. Ho

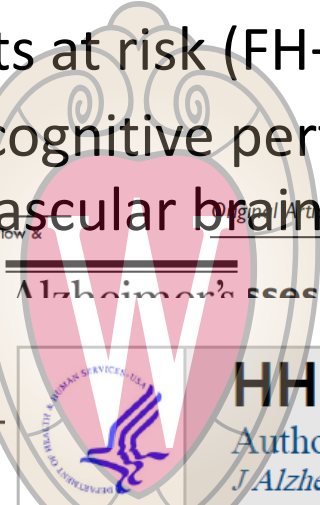
Leonardo A River

Patrick Turski^{1,2},

Howard A Rowley

Sterling C Johnson^{4,5,6} and Oliver Wieben¹

Cynthia M



HHS Public Access

Author manuscript

J Alzheimers Dis. Author manuscript; available in PMC 2020 March 19.

Published in final edited form as:

J Alzheimers Dis. 2019 ; 72(3): 919–929. doi:10.3233/JAD-190645.

Association of Cardiovascular and Alzheimer's Disease Risk Factors with Intracranial Arterial Blood Flow in Whites and African Americans

Lindsay R. Clark^{a,b,c}, Derek Norton^d, Sara E. Berman^e, Sterling C. Johnson^{a,b,c}, Barbara B. Bendlin^{a,b}, Oliver Wieben^{f,g}, Patrick Turski^{f,g}, Cynthia Carlsson^{a,b,c}, Sanjay Asthana^{a,c}, Carey E. Gleason^{a,c,*}, Heather M. Johnson^{h,*}

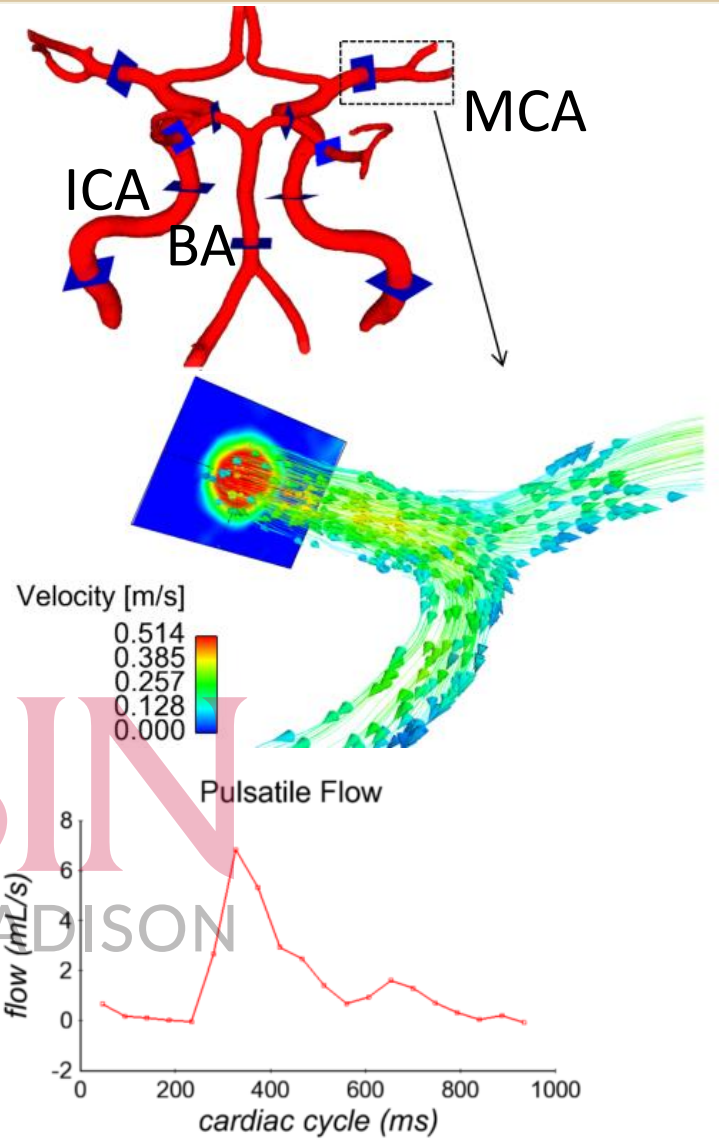
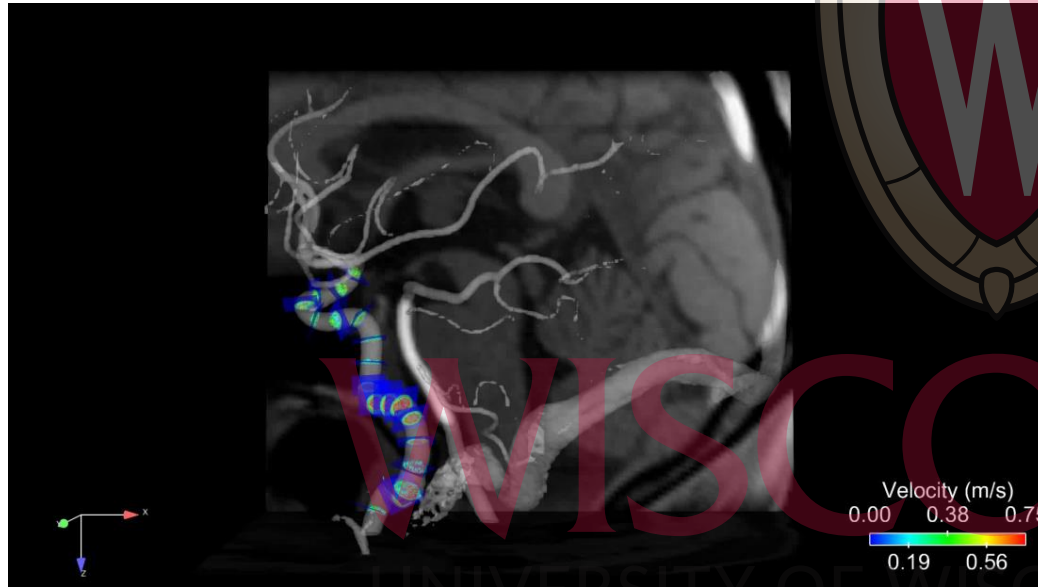
4D FLOW MRI

Kathleen B. Miller¹, Anna J. Howery¹, Leonardo A. Rivera-Rivera², Sterling C. Johnson^{3,4}, Howard A. Rowley², Oliver Wieben² and Jill N. Barnes^{1*}

Blood flow and Pulsatility Index in the circle of Willis



- Macrovascular hemodynamics
 - Vessel size ~ 4 mm

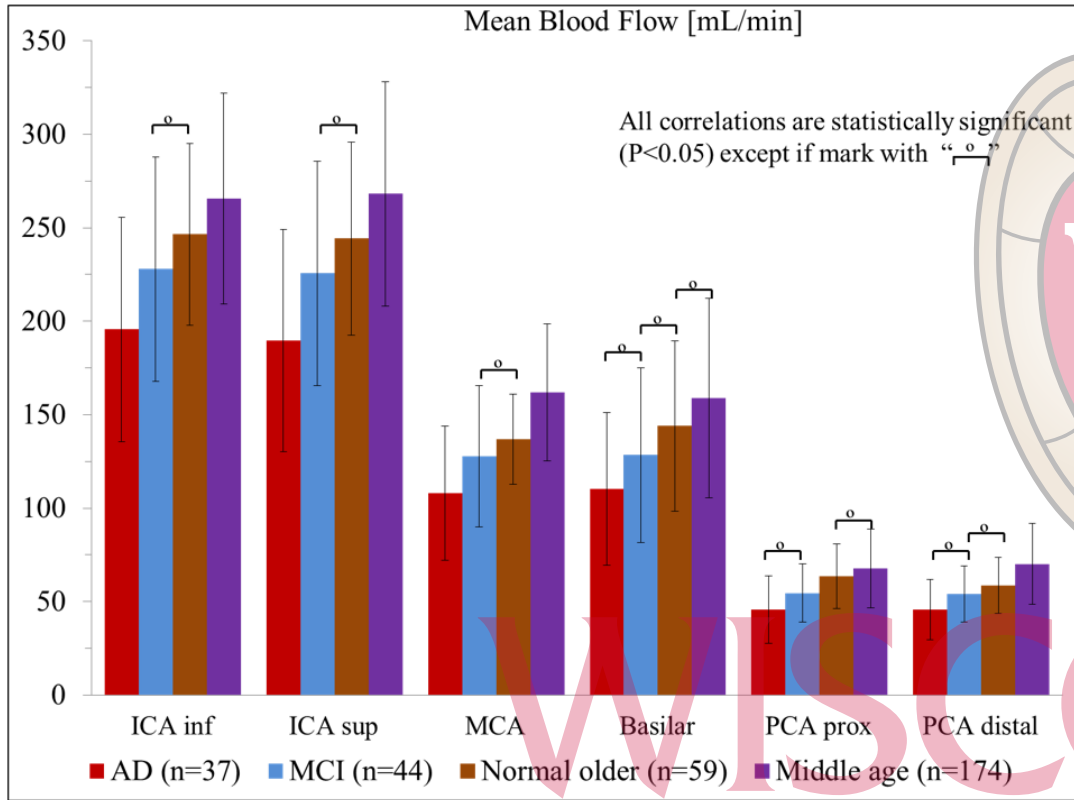


[1] Rivera-Rivera LA, et al. J Cereb Blood Flow Metab. 2016 Oct;36(10):1718-1730.

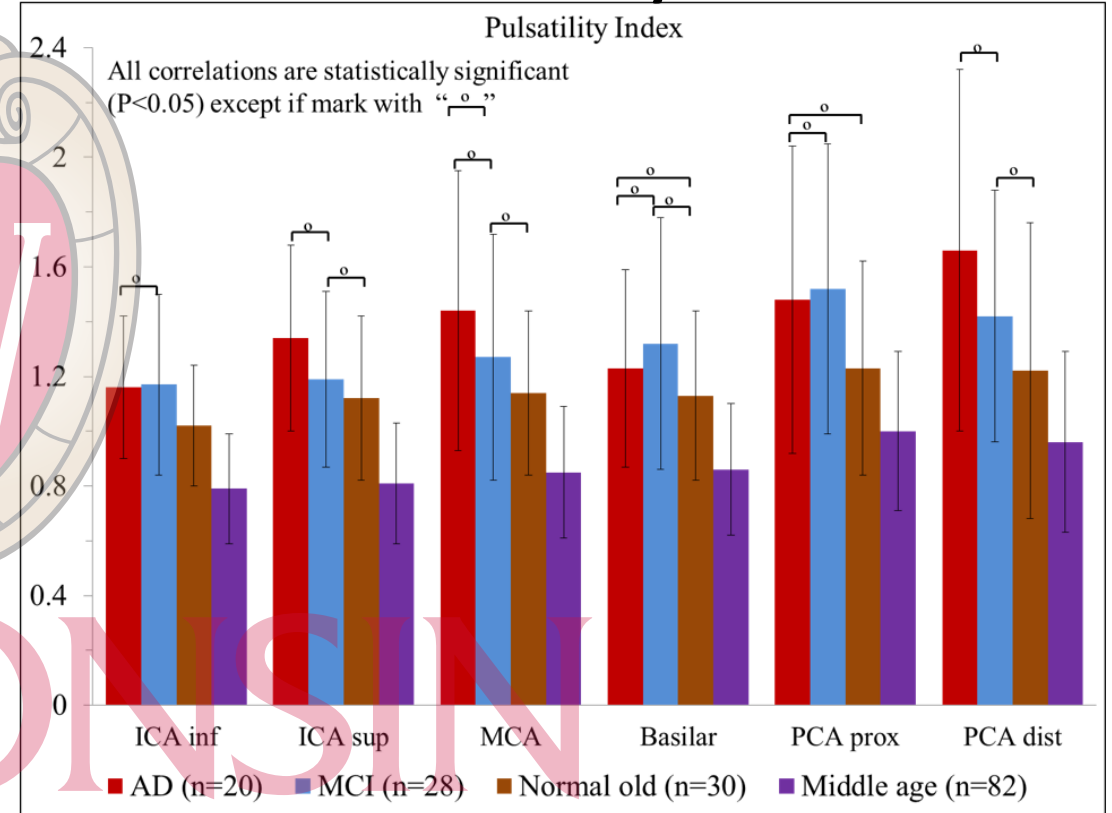
Blood flow and Pulsatility Index in the circle of Willis



Blood Flow (mL/min)

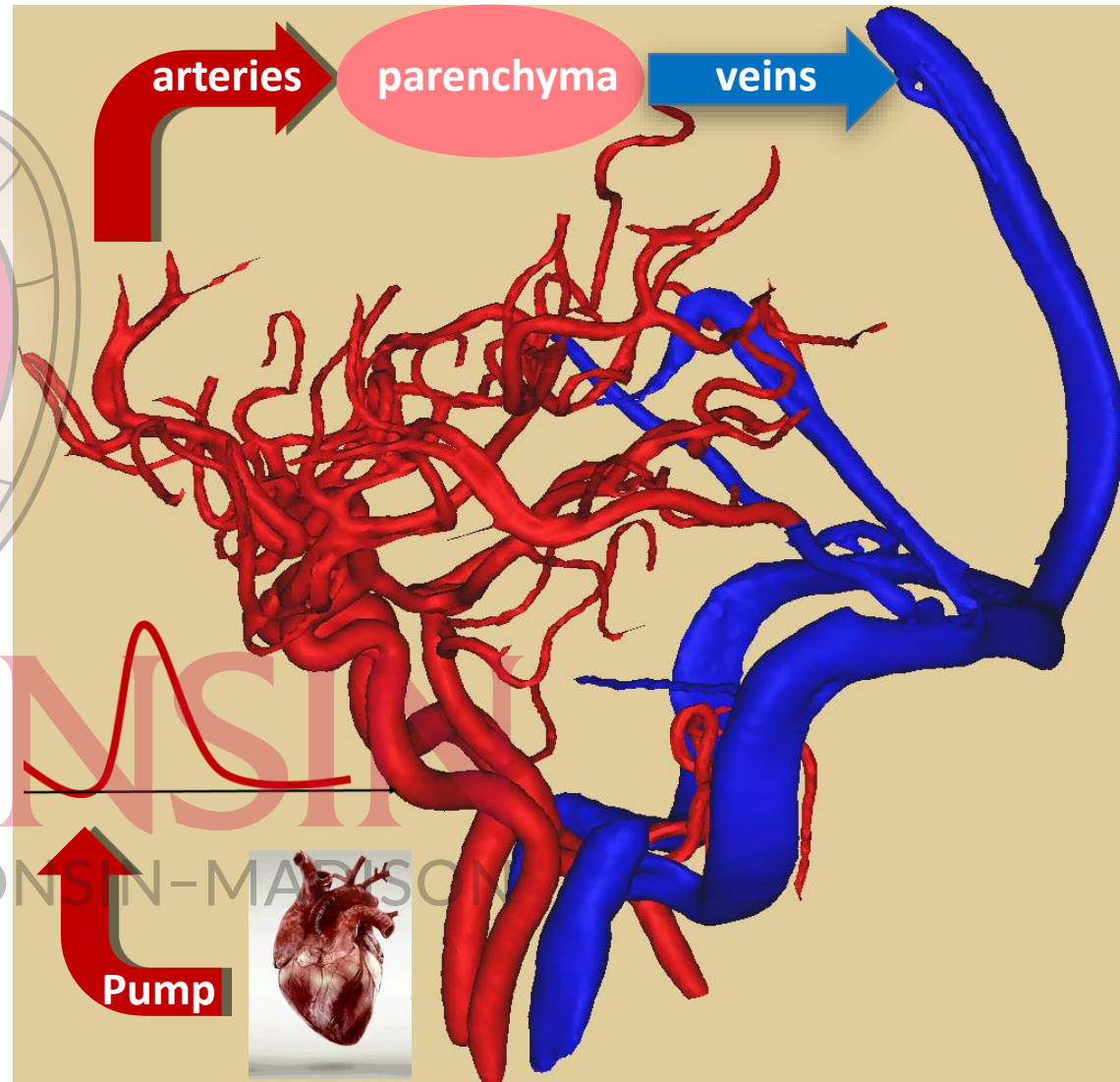
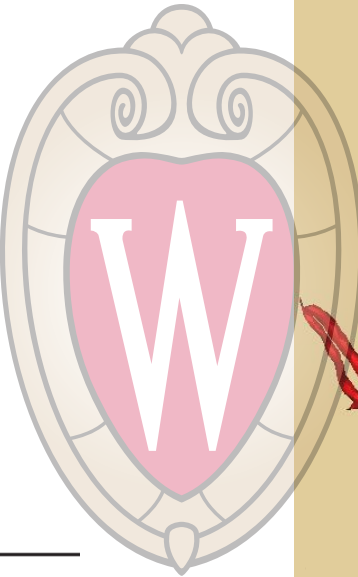
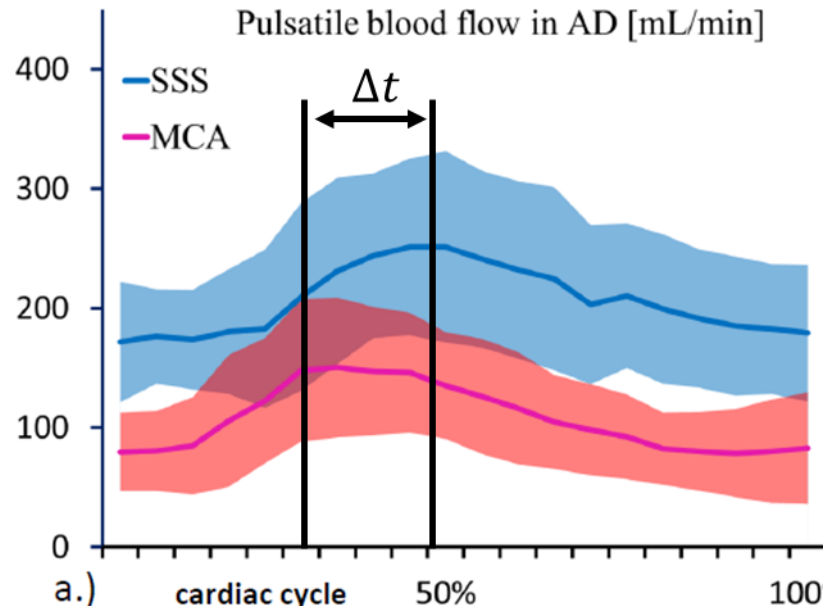


Pulsatility index



- **Clinical AD: significant decrease in blood flow and increase in PI, suggesting decreased brain metabolism and vessel compliance**

Cardiac Wave: How long it takes to traverse the brain ?



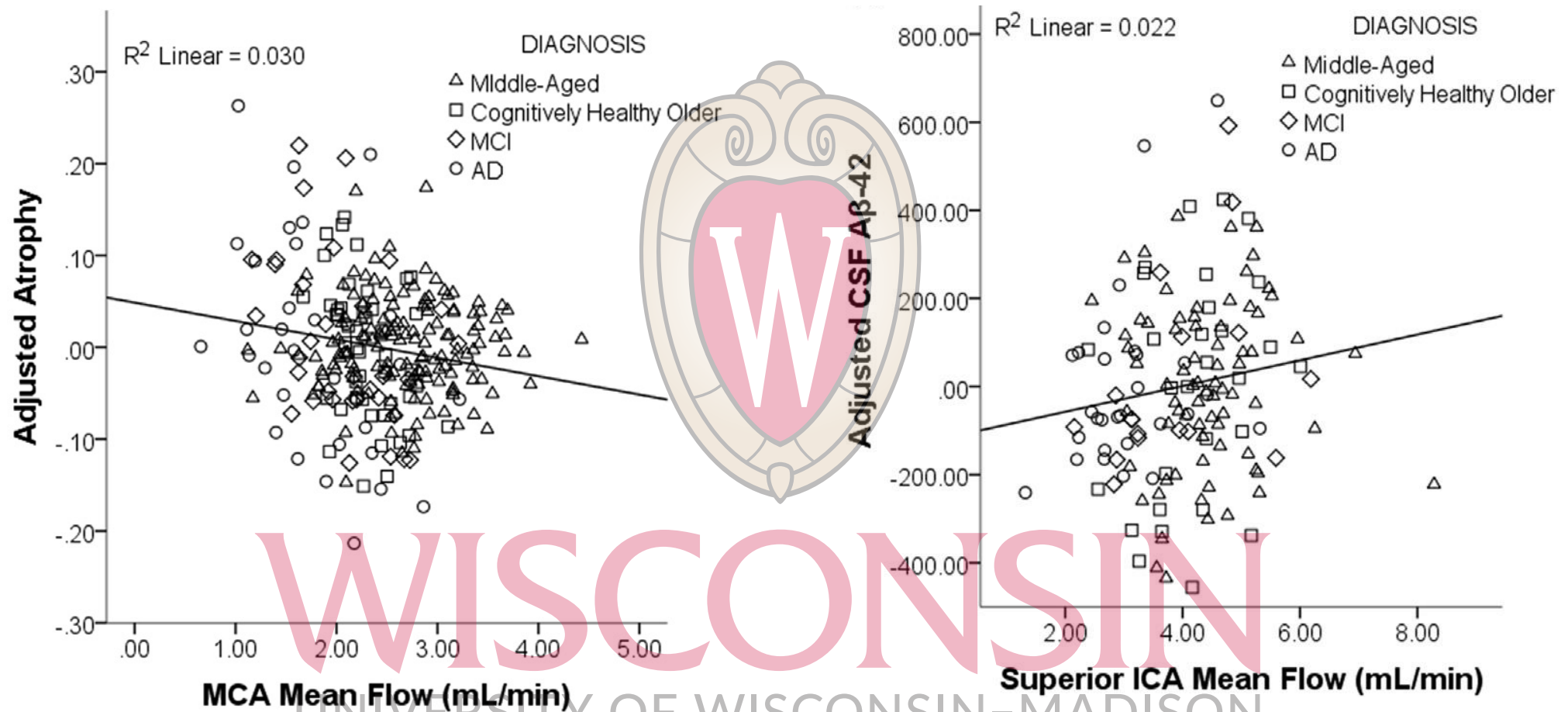
Time(ms)	AD (n = 26)	Age-matched control (n = 26)
Time to peak (SSS-MCA)	99 ± 93	171 ± 77

- **Significantly shorter transit times in clinical AD**
- **Stiffer vessels, capillaries ? Reduced effective distance ?**



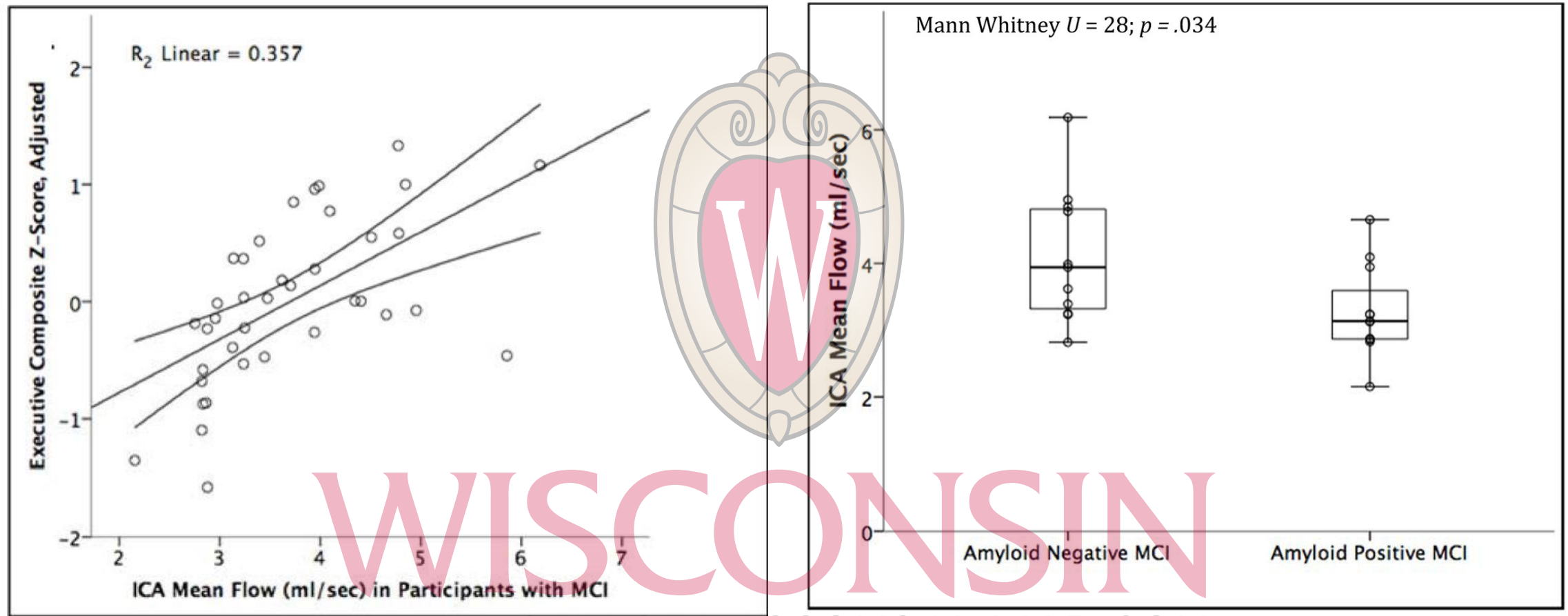
- **Decreased brain blood flow and vessel compliance**
- **Correlation with AD markers?**
 - **Brain atrophy**
 - **Amyloid pathology measured via CSF**

Blood flow, brain atrophy, and $A\beta_{42}$ levels in CSF



- Subjects with lower blood flow had greater degree of atrophy.
- Lower flow was associated with lower levels of $A\beta_{42}$ in the CSF.
- 4D flow adds information beyond that acquired using standard vascular risk scores.

Blood flow, executive function, $A\beta_{42}$ positivity in MCI



- Greater arterial flow correlates with better executive functioning performance.
- Participants with lower mean flow in the ICA were more likely to be amyloid positive.
- No relationships were observed in this sample between flow and tau positivity.

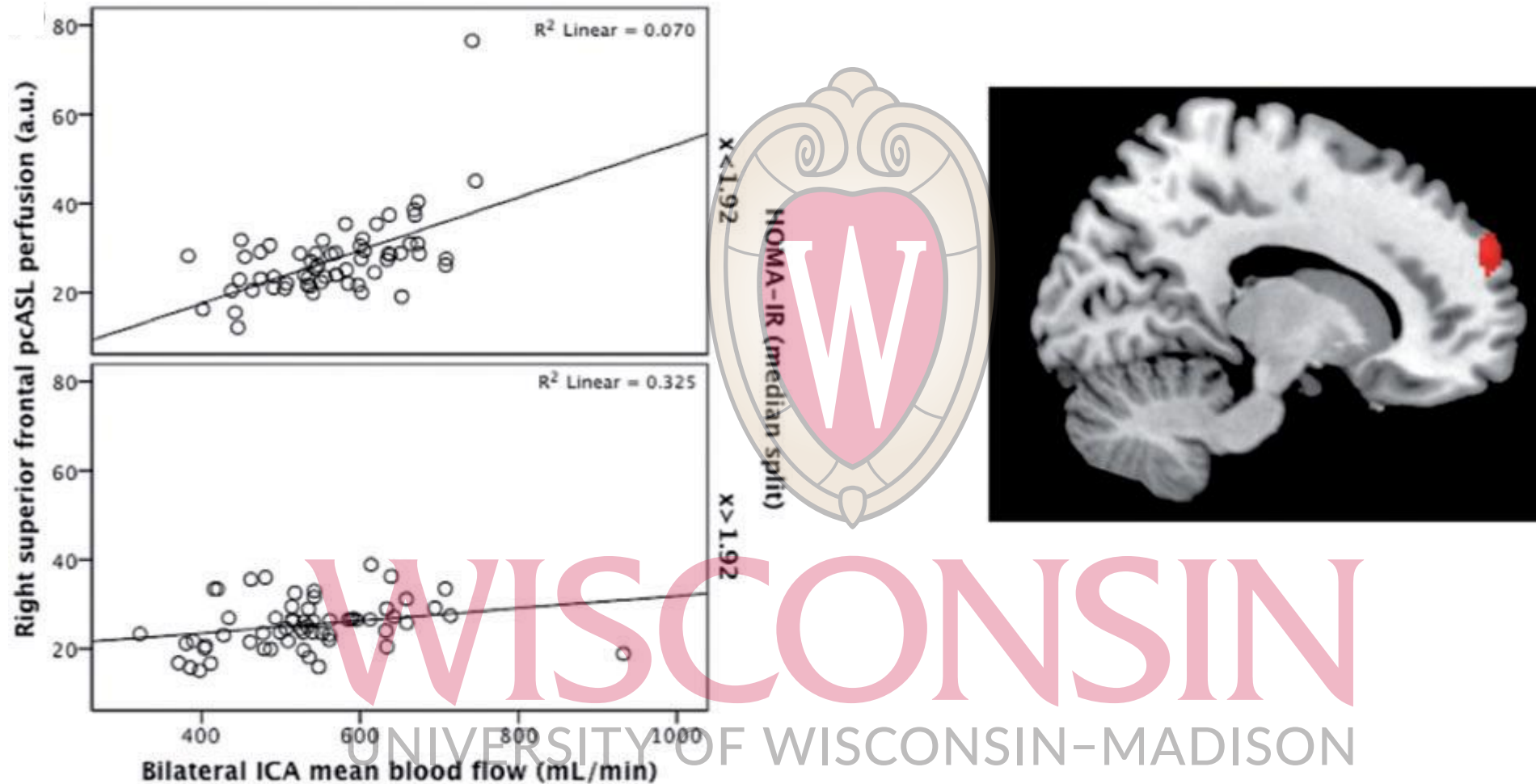
Insulin resistance and cerebral blood flow



- IR is associated with cardiovascular disease and cognitive decline
- Metabolic syndrome
 - a cluster of cardiovascular risk factors characterized (IR, obesity, elevated levels)
 - linked to cognitive decline and decrease cortical perfusion
- **How do IR and cerebral macrovascular blood flow relate ?**

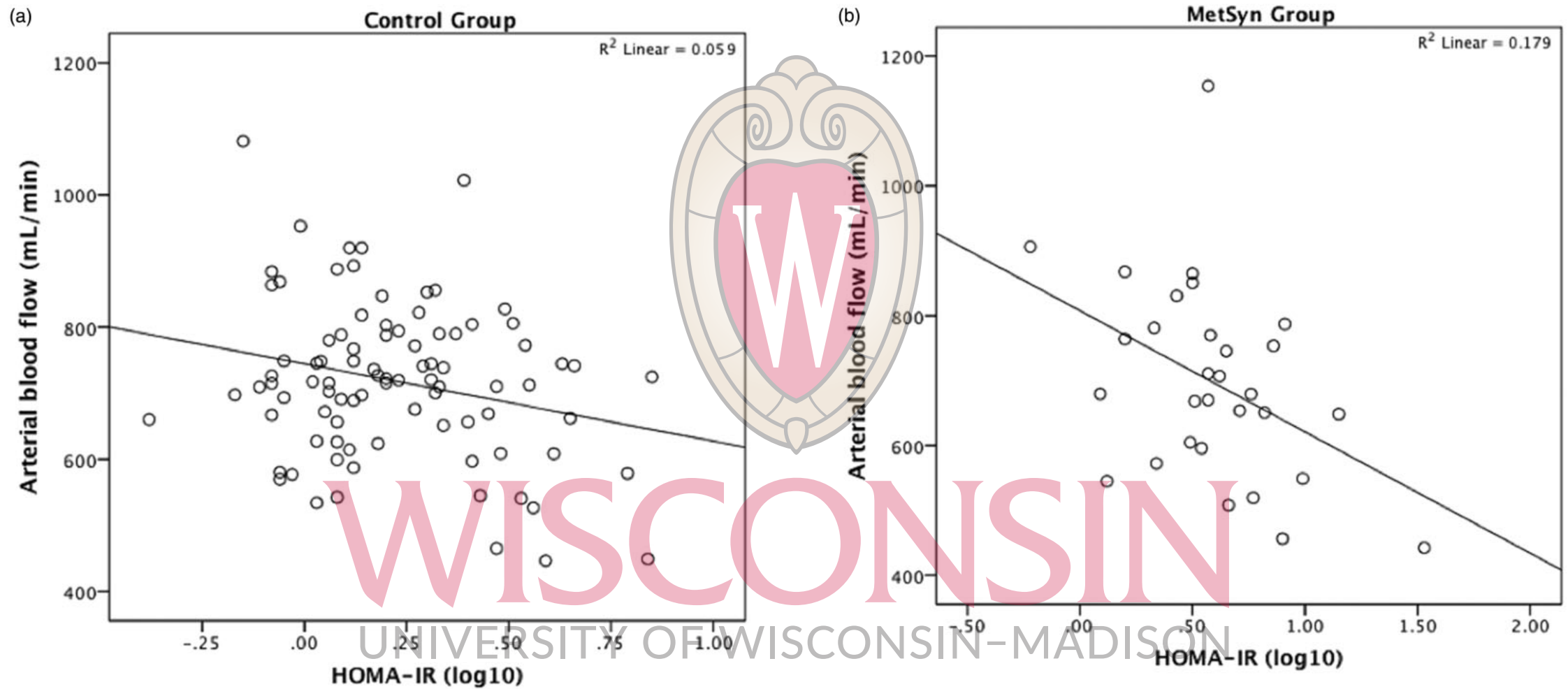
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Insulin resistance and cerebral blood flow



- Higher mean blood flow was associated with greater perfusion in the right superior frontal gyrus in individuals with lower IR index ($x < 1.92$).

Insulin resistance and cerebral blood flow

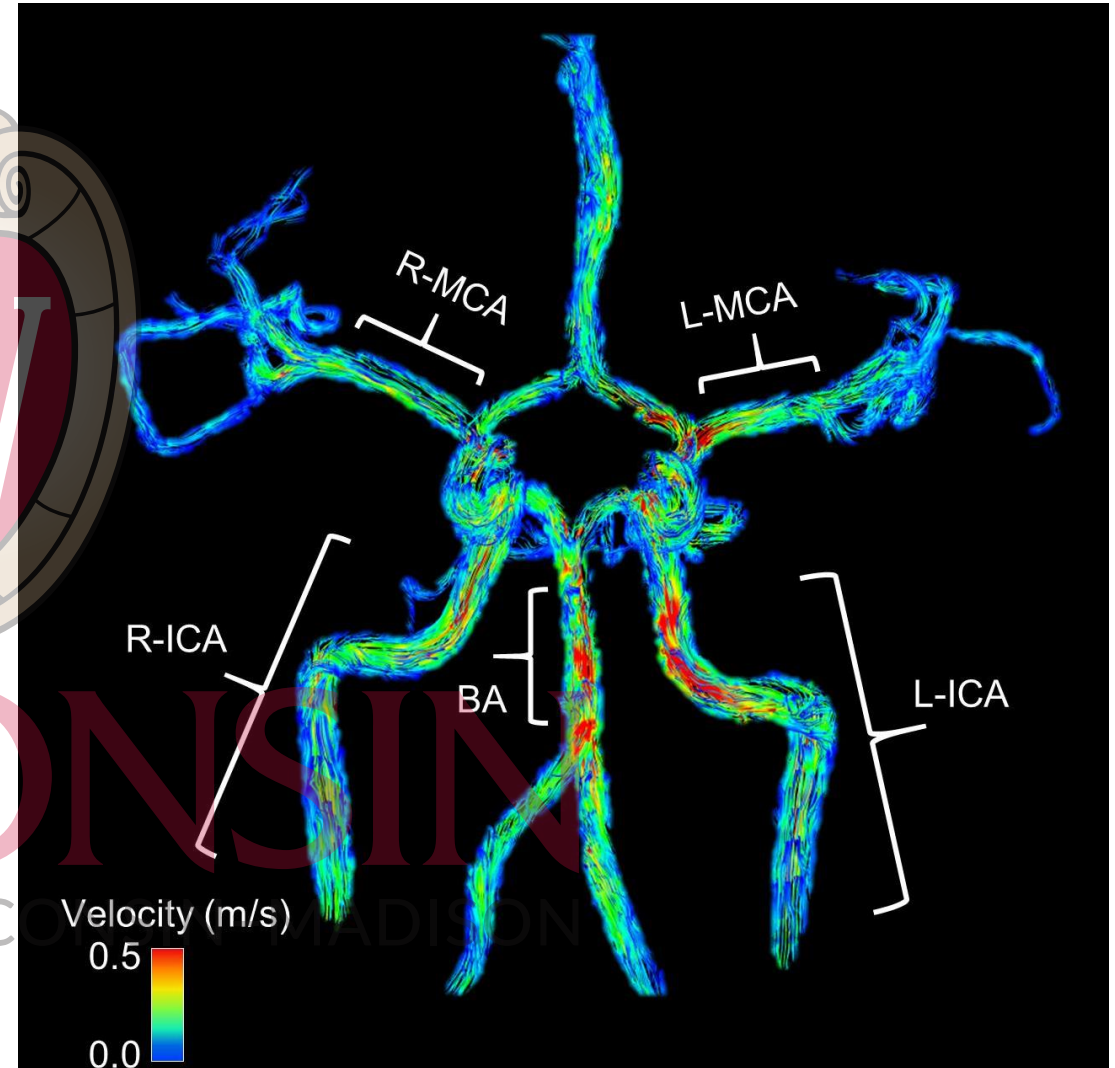


- Higher IR predicted lower arterial blood flow in Metabolic Syndrome subjects, but not in controls.

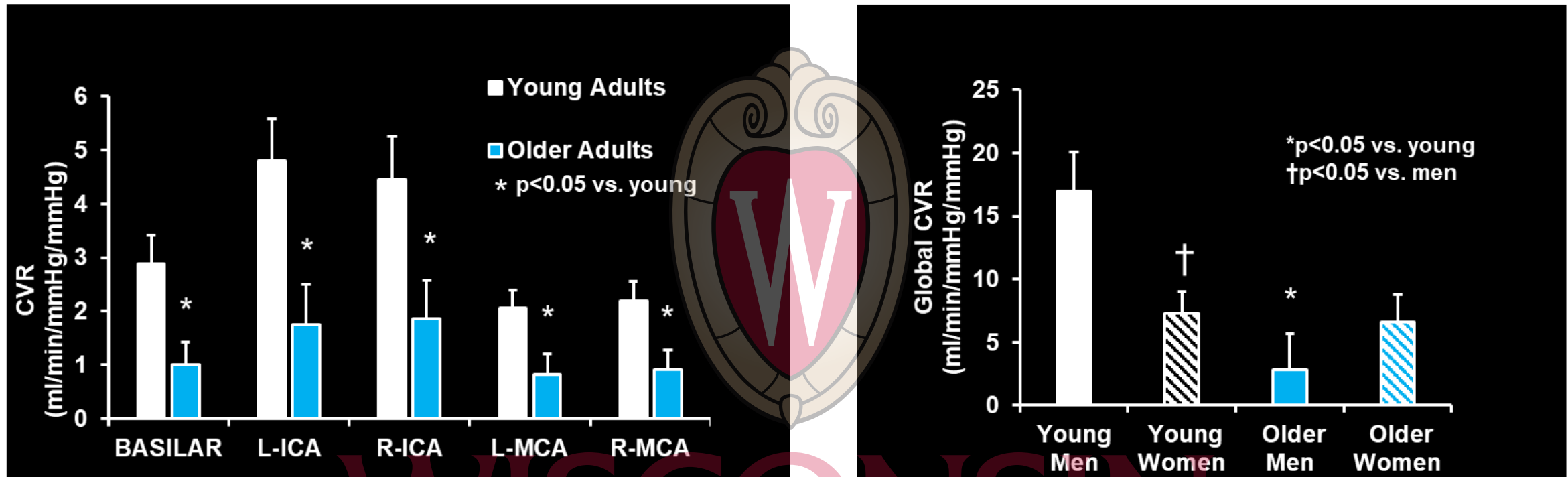
Cerebrovascular reactivity (CVR) and aging



- CVR = response of brain blood vessels to vasoactive stimuli (e.g. neural activity, increases in CO₂)
- CVR relates to future risk of CVD and is lower in patients with AD compared with cognitively normal
- Estimated from linear relationship between cerebrovascular conductance (flow/mean arterial pressure) and end-tidal carbon dioxide during CO₂ inhalation.



CVR to Hypercapnia



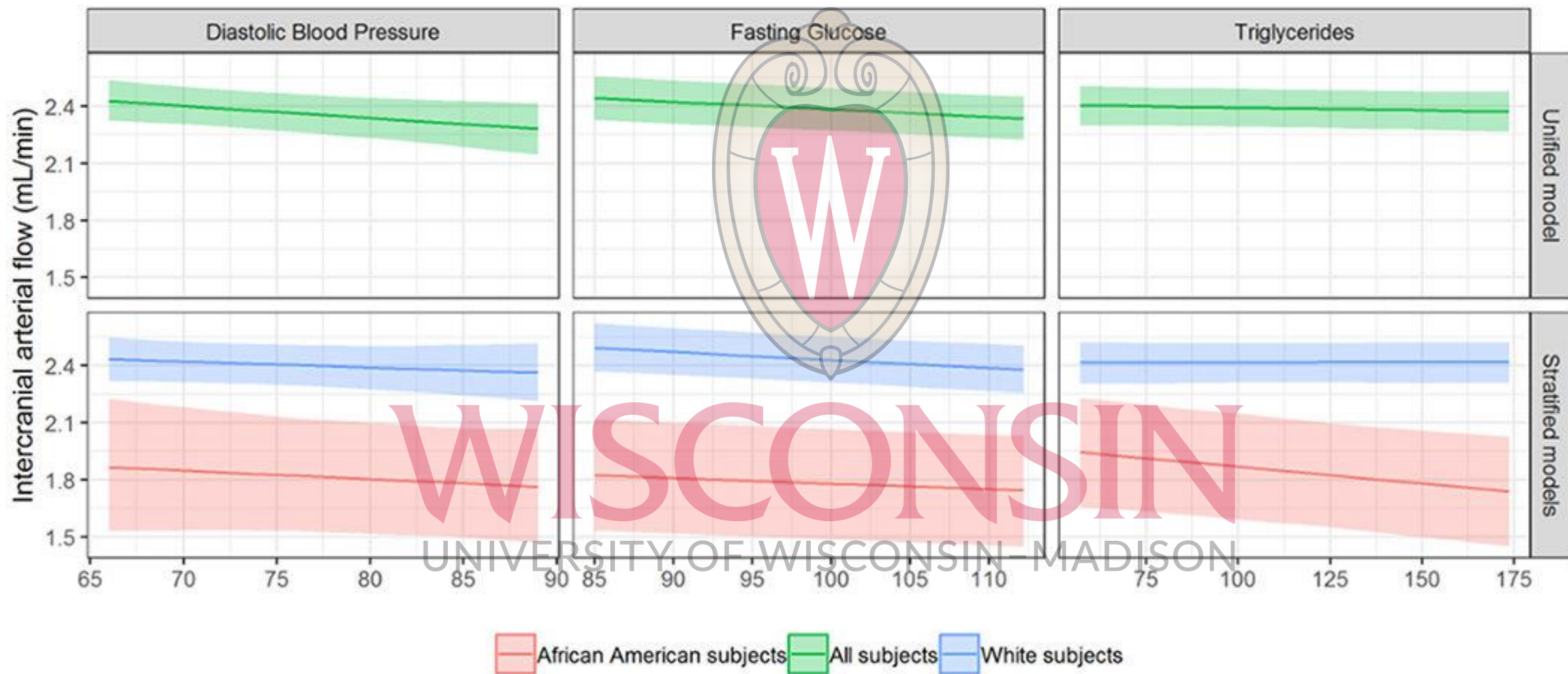
- The brain blood flow response to a vasodilatory stimulus (hypercapnia) was reduced in older adults.
- Findings may be sex-specific



- AD has a higher prevalence among African Americans.
- Is there a relationship among **cardiovascular and metabolic risk factors** and **brain blood flow in Whites and African Americans** enriched for AD risk ?
- 399 cognitively unimpaired adults from the WADRC



Cardiovascular risk factors and racial/ethnic disparities in AD



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- **Elevated fasting glucose and triglycerides were associated with lower intracranial arterial flow**
- **These relationships were more prominent in African Americans.**
- **Targeting metabolic risk factors may impact intracranial arterial health.**





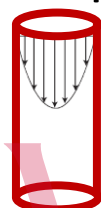
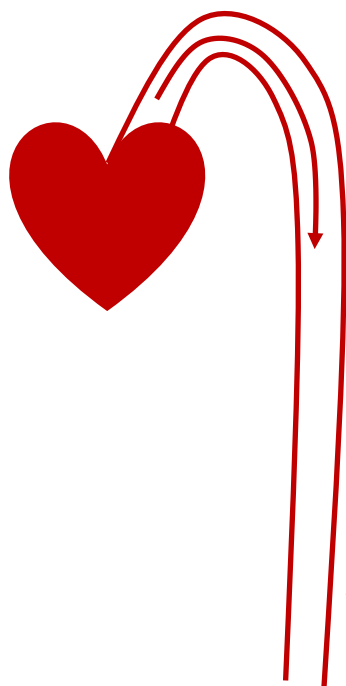
- **What else besides flow and PI ?**
- **Clinical AD patients showed decreased blood flow and increased PI**
 - **neuron loss -> decreased metabolism -> decreased blood flow**
 - **increase cerebrovascular resistance -> increase PI**
- **What about a more local marker of vascular health ?**



4D flow MRI: Other vascular markers



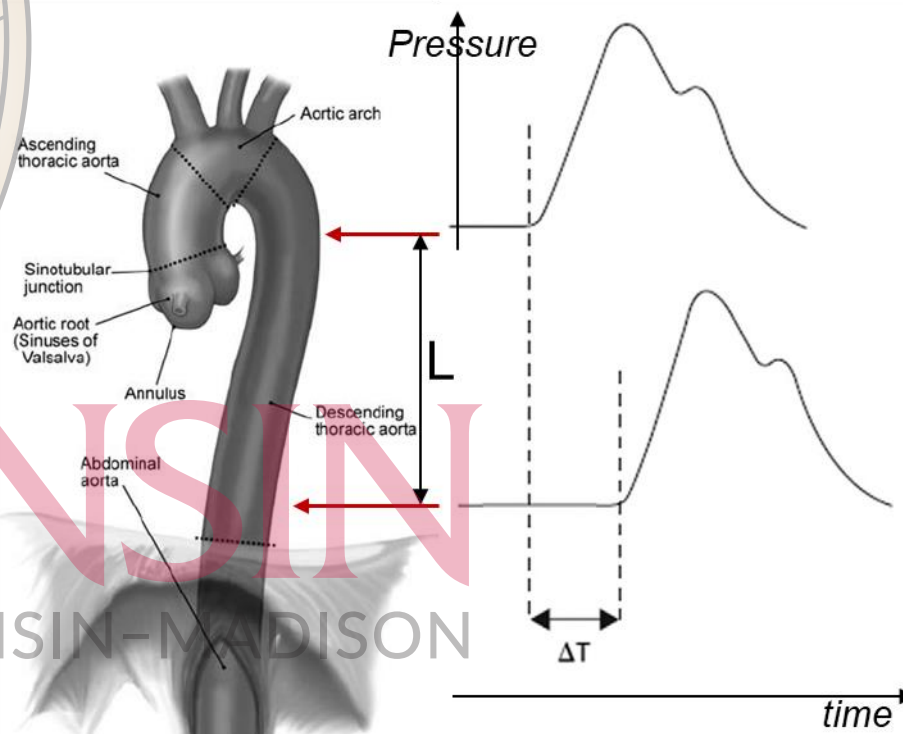
- **Pulse wave velocity (PWV)** gold standard noninvasive biomarker for arterial stiffness
- Arterial stiffness is a significant risk factor for cardiovascular disease and mortality [1]



High speeds:
-high blood pressure
-arterial stiffness



Low speeds:
-low blood pressure
-elastic arteries



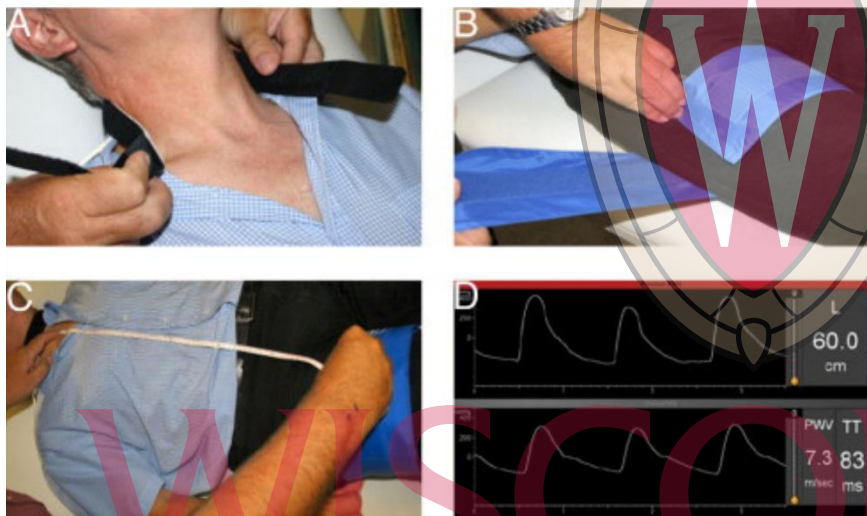
$$PWV = \frac{L}{\Delta T}$$

4D flow MRI: Other vascular markers



- carotid-femoral PWV associated with deposition of A β in nondemented individuals [2]

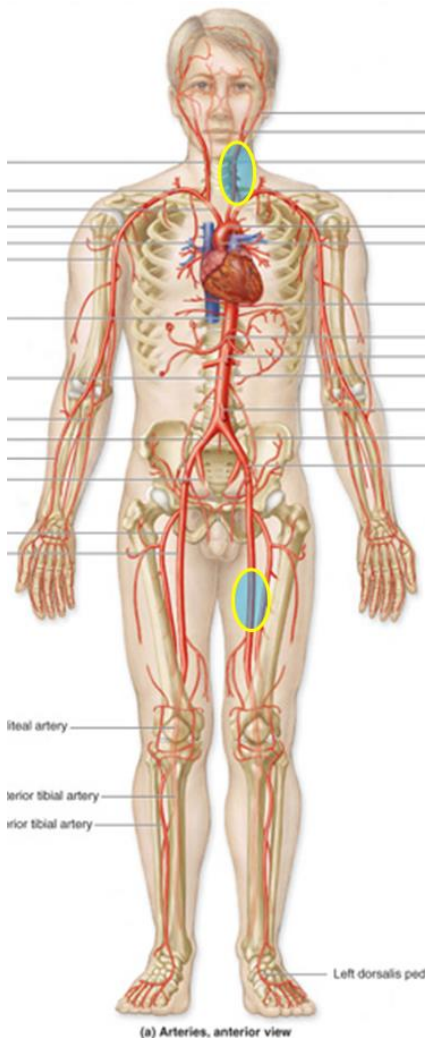
- measured using applanation tonometry



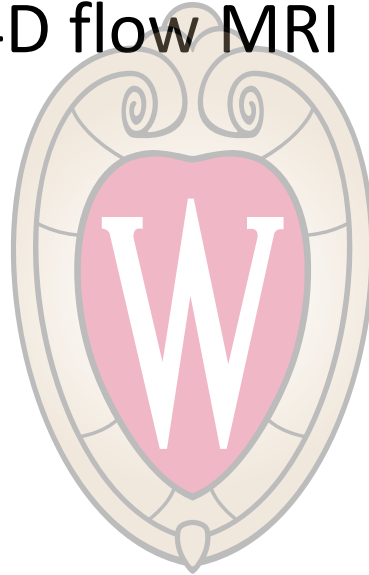
from Cavalcante et al. *JACC*. 2011;57(14):1511-22.

- + Easy & inexpensive, accessible
- Includes aorta + peripheral arteries
 - *Stiffness and effect of CVD varies*
 - *Increased wave reflections from peripheral arteries*
 - *Flow in opposite directions*
- Inaccurate distance measure
 - *Estimated from body surface area*
 - *No 3D considerations*
 - *Vessels are not always straight*

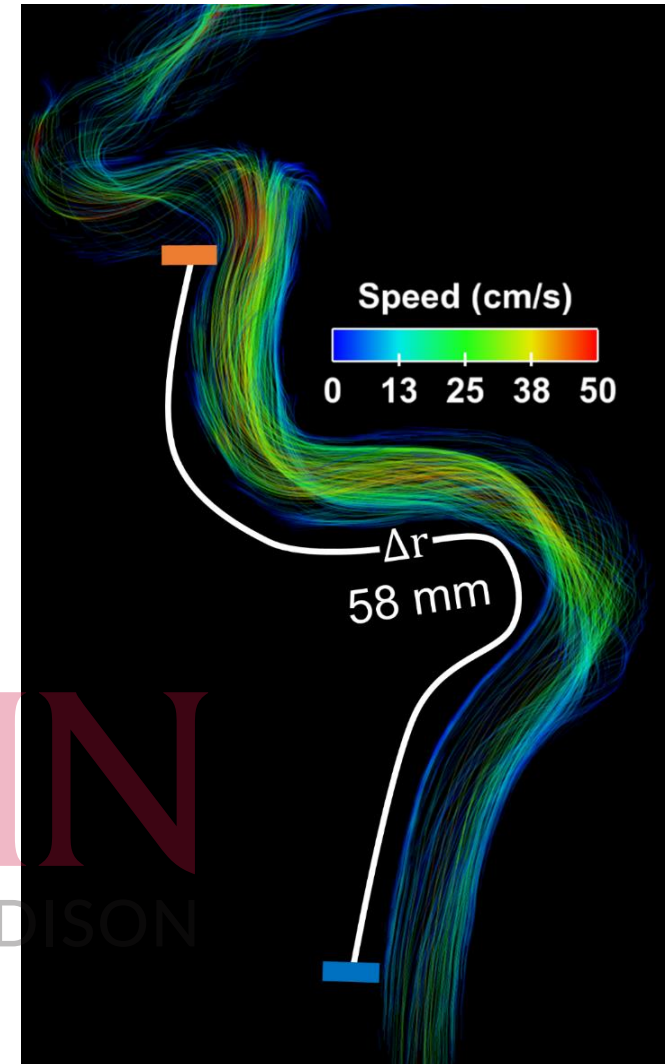
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- Estimate intracranial PWV using 4D flow MRI
 - Technical challenges
 - High temporal resolution
 - Iterative reconstructions
 - AD, MCI, subjects at risk of AD and controls



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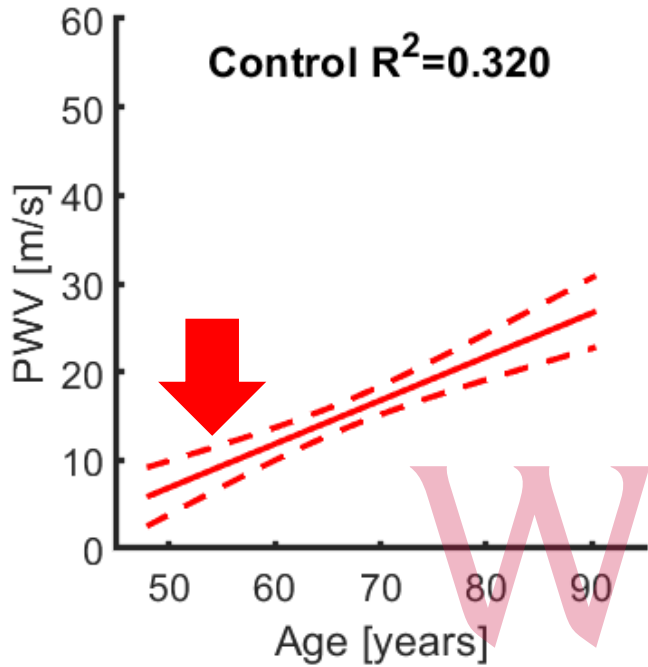


Sagittal view of ICA segment

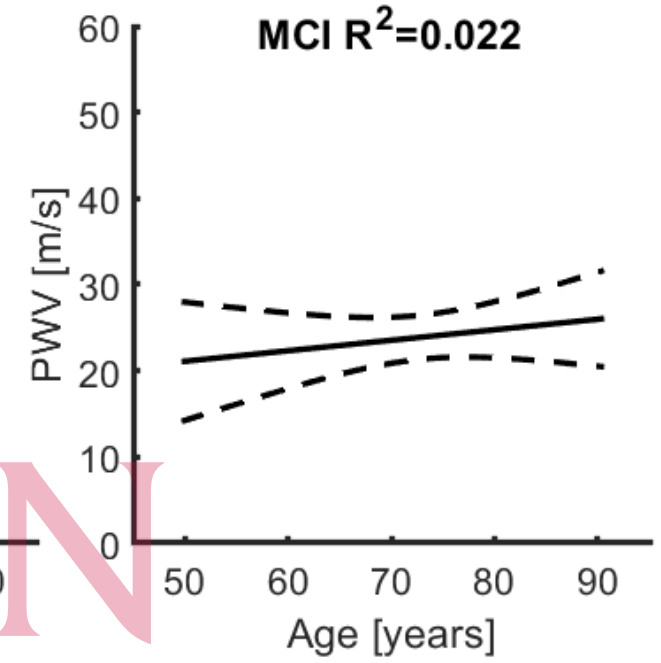
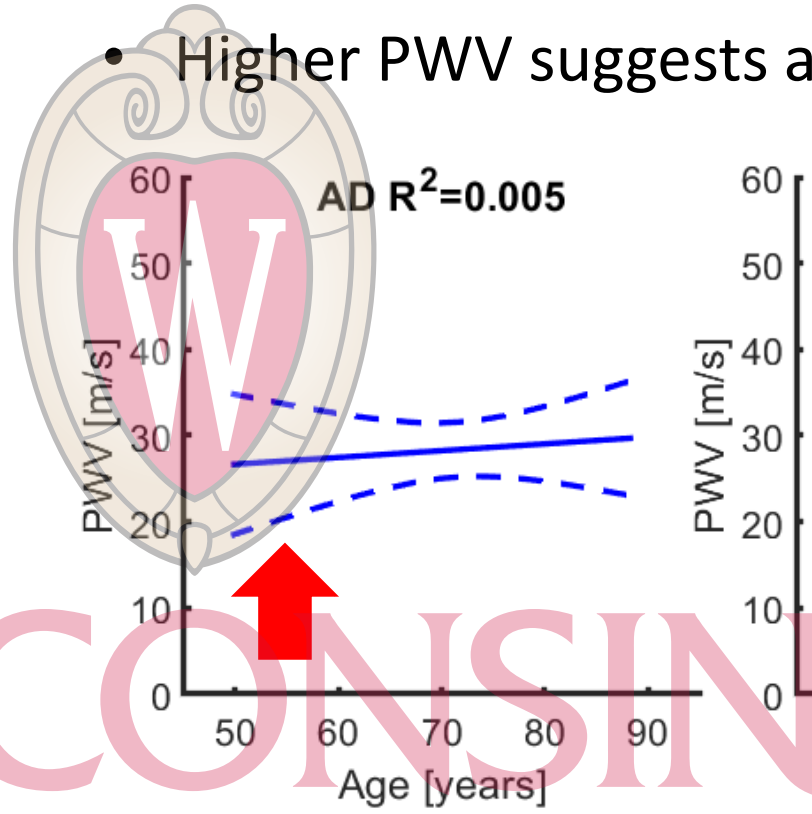
Pathology and age effects



- PWV increases with age in healthy



- Higher PWV suggests arterial stiffness in AD



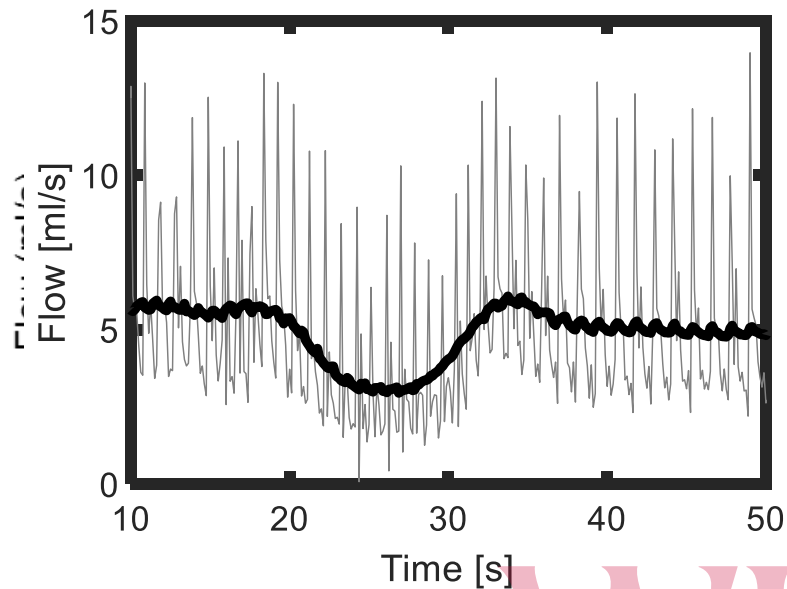
- AD appears to accelerate aging effect

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4D Flow MRI (PCVIPR) Outlook



- Probe other components of macrovascular hemodynamics



- How about flow variations throughout the scan?
• 1 cardiac waveform average throughout ~5min scanning

- Blood flow, PI, PWV
- Low frequency oscillations

- Clearance mechanism hypothesis

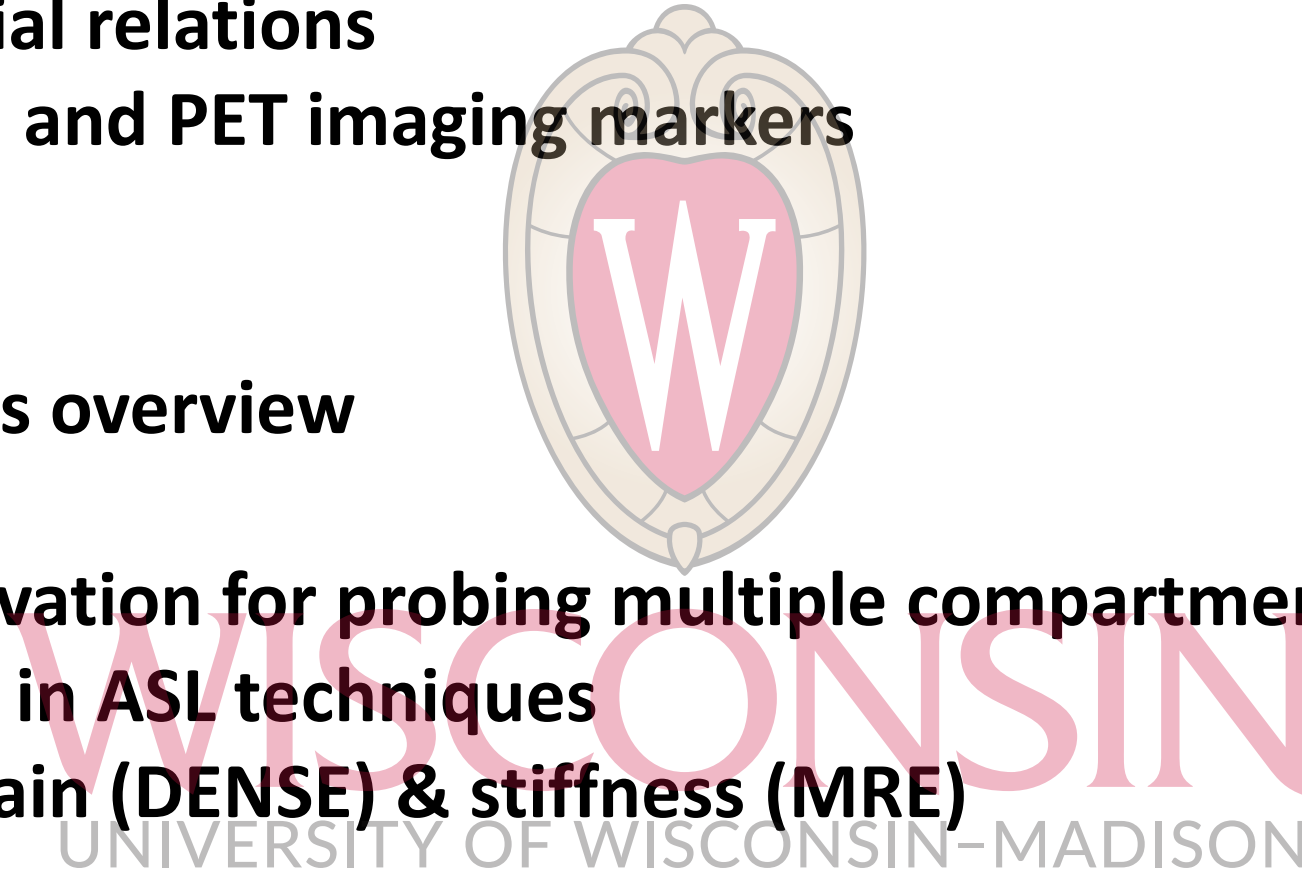
- lymphatic flow
- cardiac, smooth muscle cells driven

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<http://www.nytimes.com/2014/01/12/opinion/sunday/goodnight-sleep-clean.html>



- **Explore potential relations**
 - **4D flow MRI and PET imaging markers**
- **Next lecture:**
 - **finish studies overview**
 - **clinical motivation for probing multiple compartments**
 - **advances in ASL techniques**
 - **tissue strain (DENSE) & stiffness (MRE)**



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