

# Magnetic Resonance Imaging (MRI)



MR sagittal image of human head

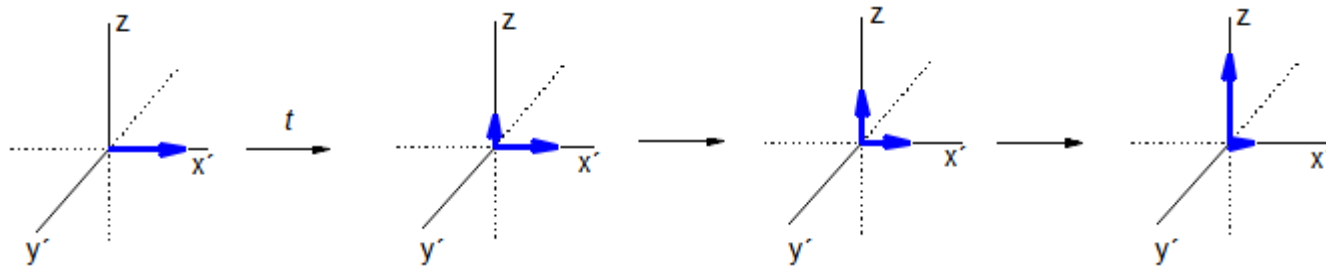
- Non-invasive and safe technique
- Great spatial resolution ( $\mu\text{m}$  scale)
- Outstanding diagnostic capability

A MR-image represents a map of the intensity of the  $^1\text{H}$ -NMR signal of water protons

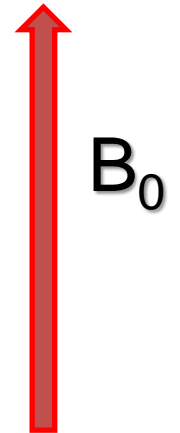
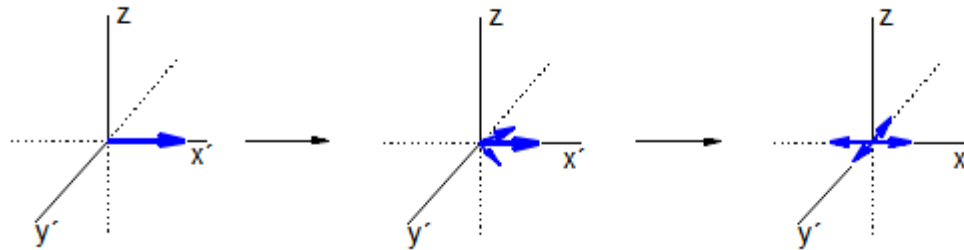
The contrast is mainly generated by difference in the relaxation times ( $T_1$  and  $T_2$ ) of water protons

# Nuclear spin relaxation processes

## $T_1$ Relaxation (Spin-Lattice Relaxation)



## $T_2$ Relaxation (Spin-Spin Relaxation)



$$T_1 \text{ ca. } 5 T_2$$

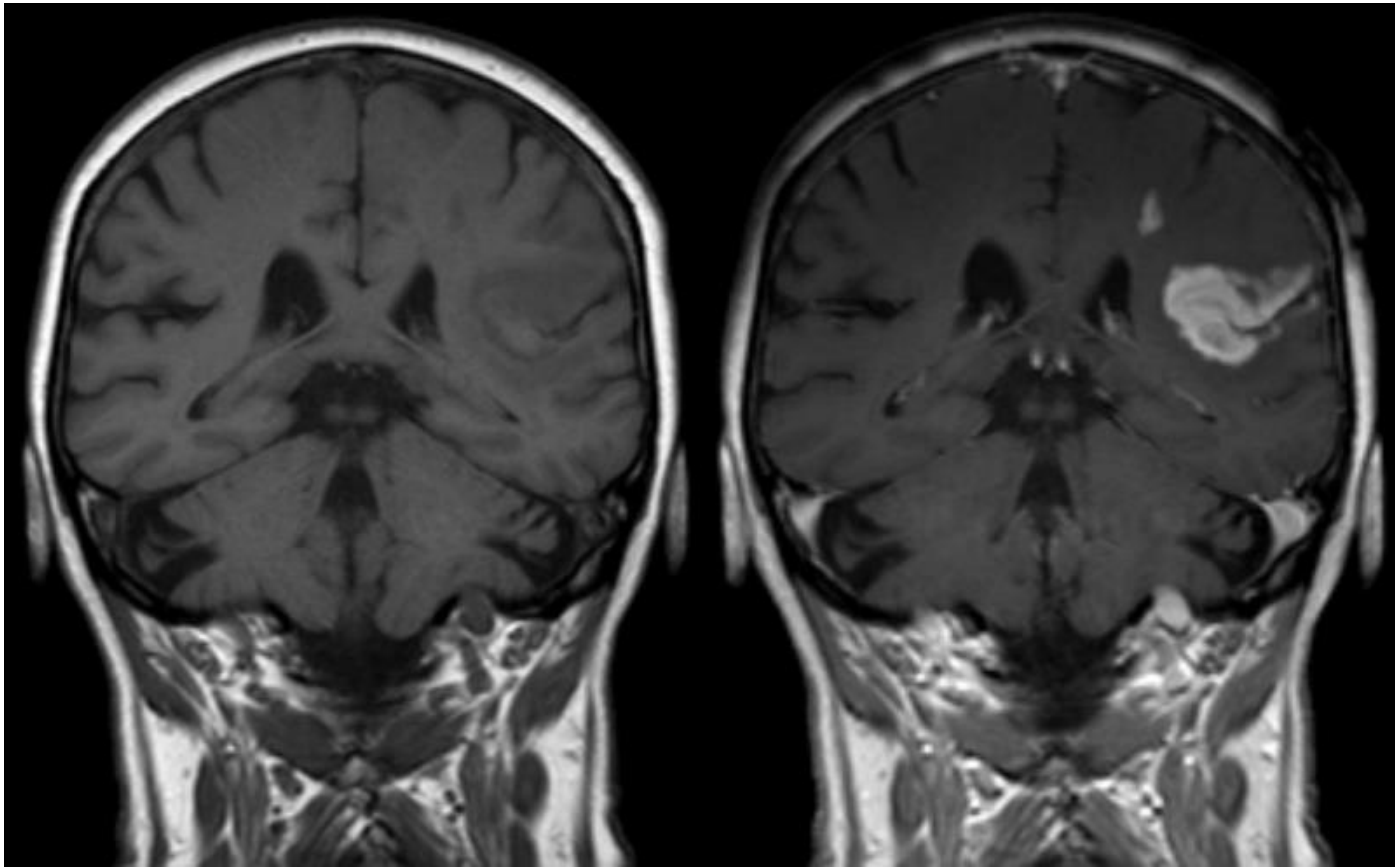
# Contrast Agents (CA)

The purpose of a CA is **to reduce  $T_1$  (parallel to  $B_0$ ) or  $T_2$  (perpendicular to  $B_0$ )** in order to obtain an hyper- or ipo-intense signal, respectively, in short times and with a better signal to noise ratio.

**$T_1$  contrast agents** (positive = hyper-intense signal):  
paramagnetic metal complexes Fe(III), Mn(II),  
**Gd(III)**

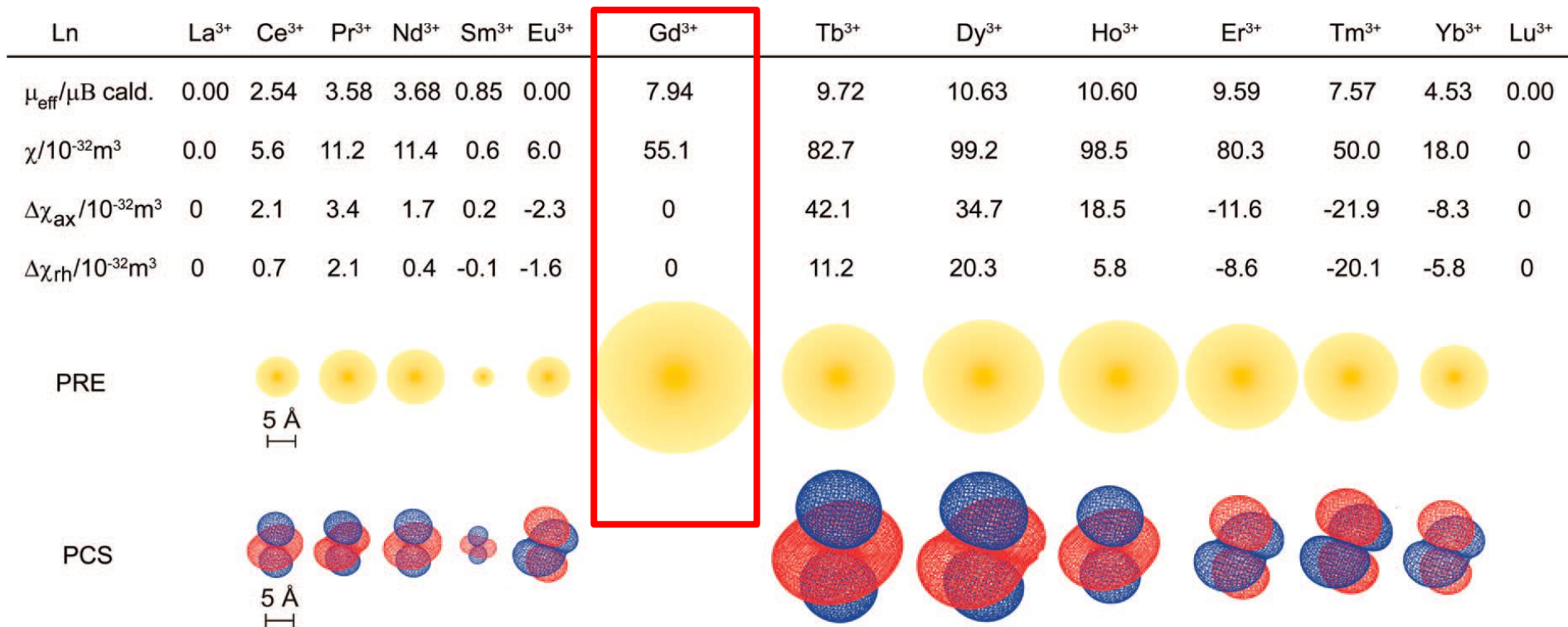
**$T_2$  contrast agents** (negative = ipo-intense signal):  
Small super-Paramagnetic Iron Oxide nanoparticles  
(SPIO) and Ultra-Small super-Paramagnetic Iron  
Oxide NPs (USPIO)

MRI CA's must have a catalytic (i.e. amplified) effect  
agenti extracellulari non-specifici, organo-specifici e del sangue



Defect of the blood-brain barrier after stroke shown in MRI. T1-weighted images: left image = without; right image = with contrast medium administration

*Il tempo di rilassamento del momento di spin elettronico del Gd(III) è molto più lungo che per gli altri ioni lantanidici (stato di spin totalmente simmetrico)*



**PCS = *Pseudo-Contact Shift***

**PRE = *Paramagnetic Relaxation Enhancement***

*il raggio della sfera gialla indica la distanza dal nucleo di metallo alla quale i protoni subiscono un significativo accorciamento del tempo di rilassamento dello spin nucleare*

~40% MRI scans use a Gd CA

~40 million MRI scans/year use a Gd CA  
worldwide

i.e. ~50 tons of Gd

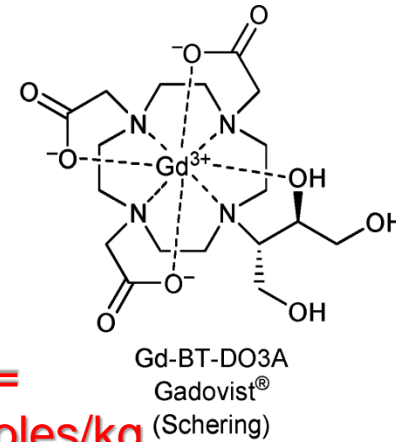
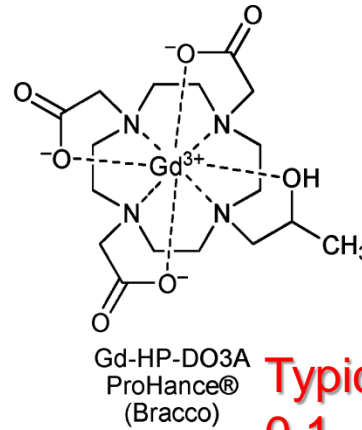
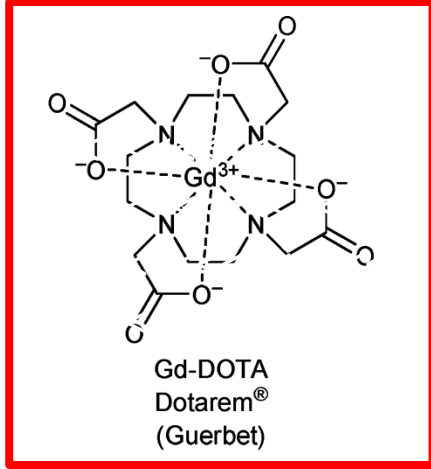
9 commercially used Gd CA

Market > 1 billion \$/year

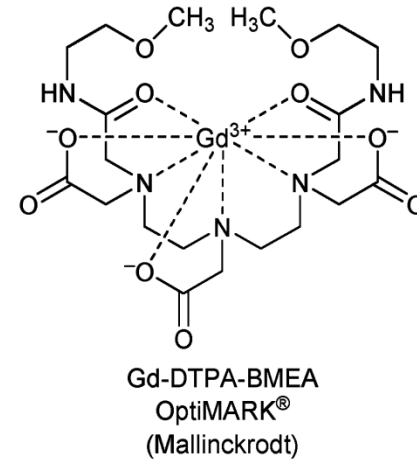
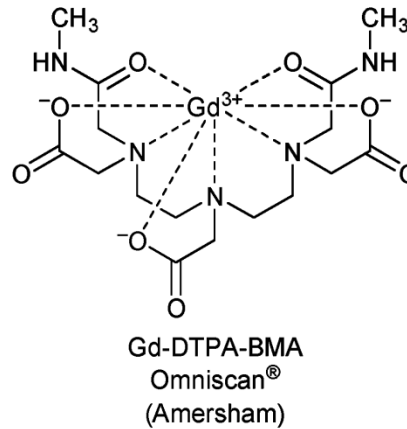
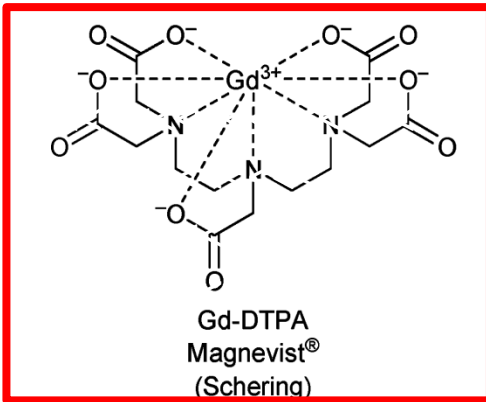
The technique has a low sensitivity: gram quantities of Gd compounds are used in each scan. This causes toxicity problems (nephrogenic systemic fibrosis)

The Gd(III) ion is quite toxic ( $LD_{50} = 0.2 \text{ mmol}\cdot\text{kg}^{-1}$ )

# Some commercial T<sub>1</sub> contrast agents (extracellular fluid CAs)



Typical dose =  
0.1 – 0.3 mmoles/kg



Tipicamente una patologia viene individuata per via di **variazioni anatomiche** (e.g. arterie più strette) oppure **fisiologiche** (e.g. barriera ematoencefalica permeabile, danneggiata).

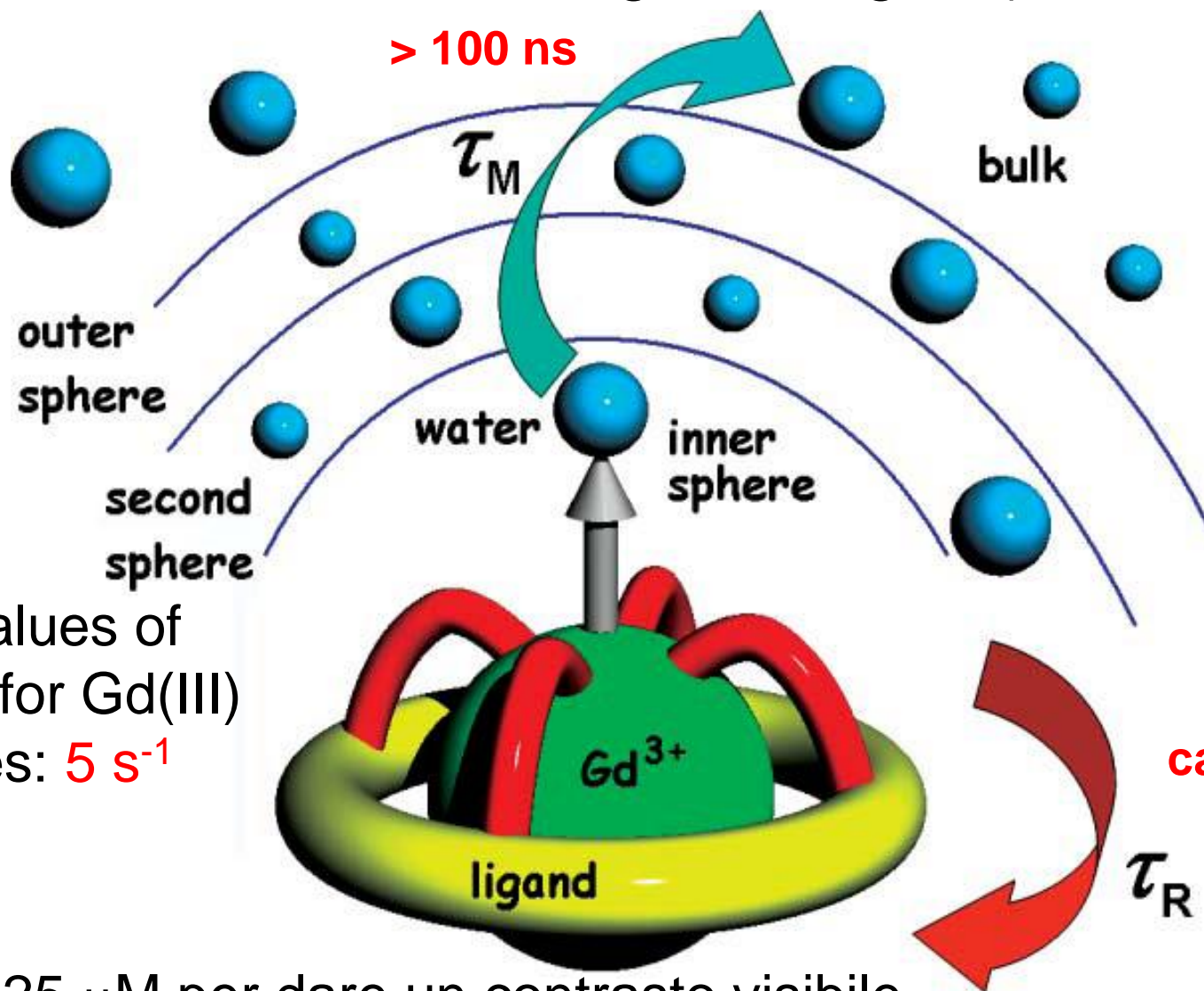
# Relassività (*relaxivity*)

La **relassività**  $r_1$  ( $\text{mM}^{-1} \text{s}^{-1}$ ) di un CA è la capacità di una sua soluzione 1 mM di **umentare** la velocità di rilassamento longitudinale  $R_1$  ( $= 1/T_1$ ) del momento di spin nucleare dei protoni dell'acqua



# Parameters that affect Relaxivity

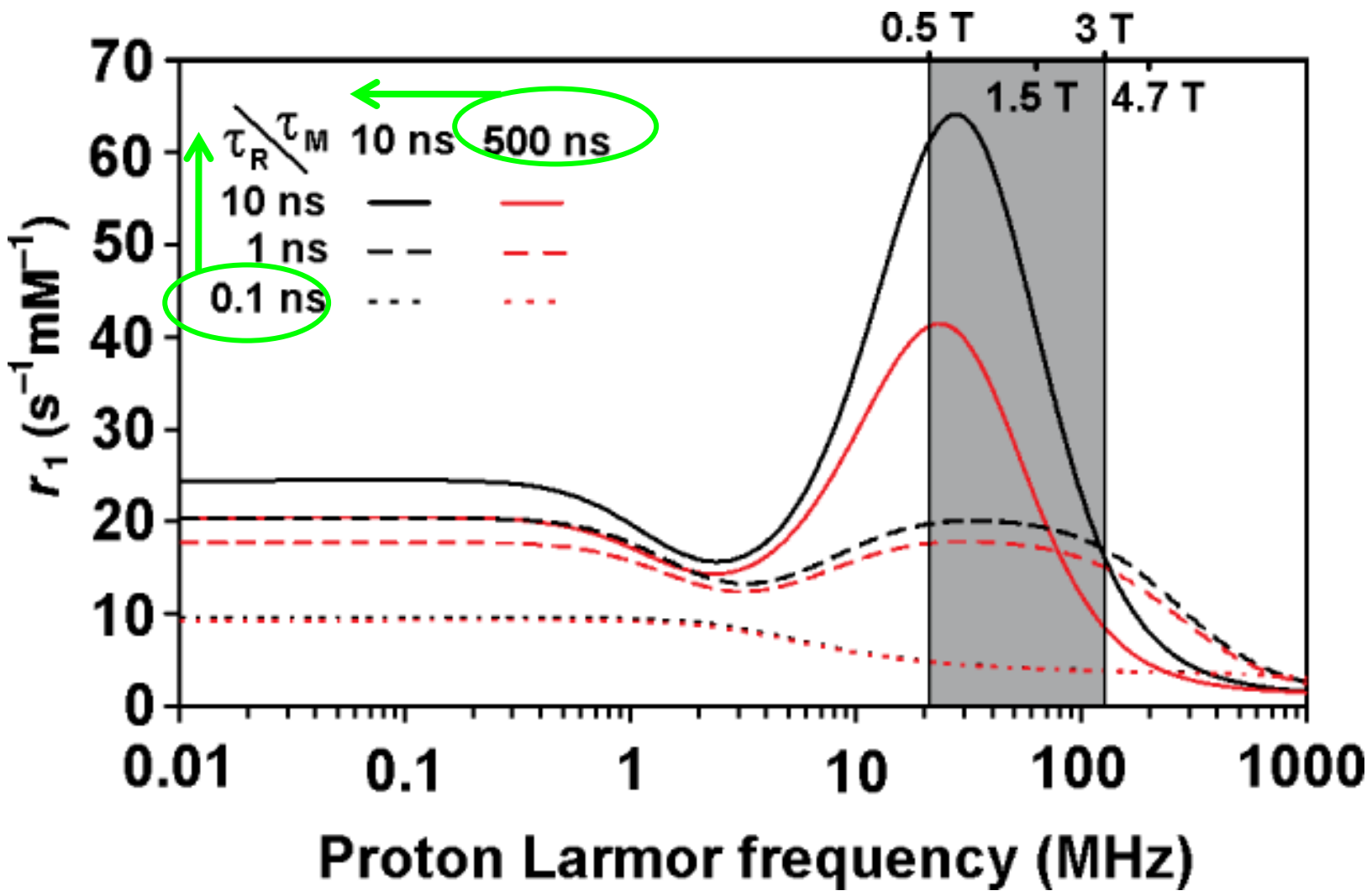
Teoria di Solomon-Bloembergen-Morgan (*SBM Theory*)



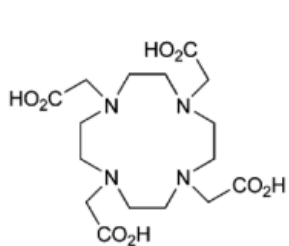
Typical values of relaxivity for  $Gd(III)$  complexes:  $5 \text{ s}^{-1} \text{ mM}^{-1}$

$[Gd] > 125 \mu\text{M}$  per dare un contrasto visibile

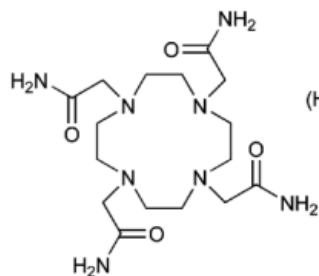
# Teoria di Solomon-Bloembergen-Morgan (*SBM Theory*)



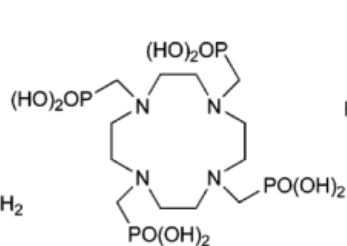
# DOTA family



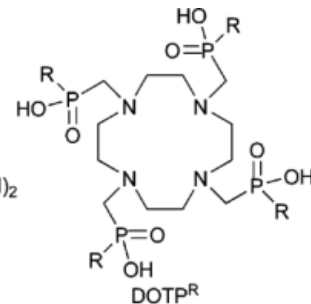
DOTA



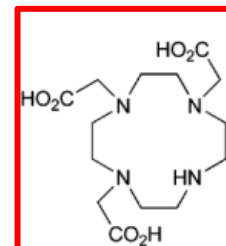
DOTAM



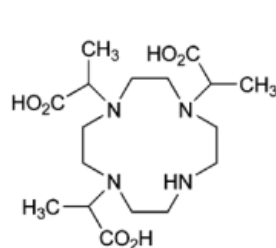
DOTP



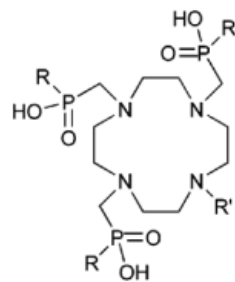
DOTP<sup>R</sup>



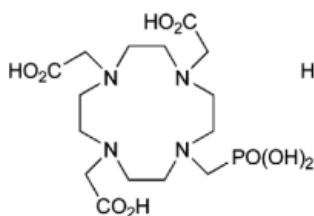
DO3A



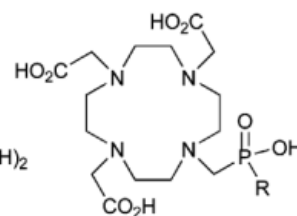
DO3MA



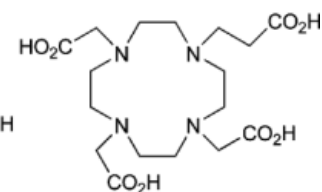
DO3P<sup>R</sup>



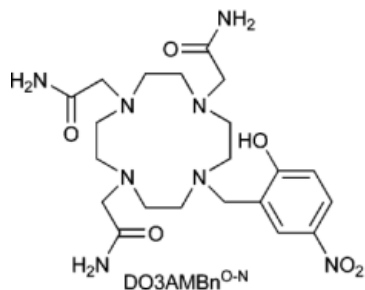
DO3AP



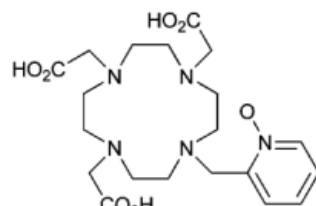
DO3AP<sup>R</sup>



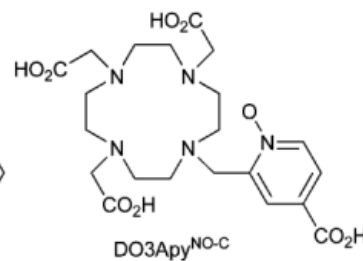
DO3ACE



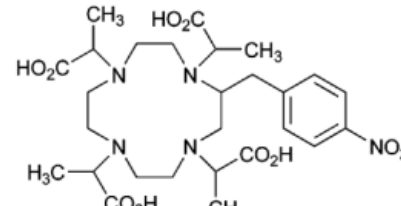
DO3AMBn<sup>O</sup>-N



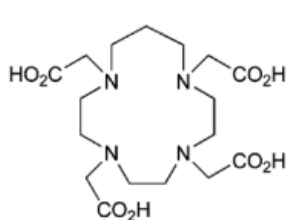
DO3Apy<sup>NO</sup>



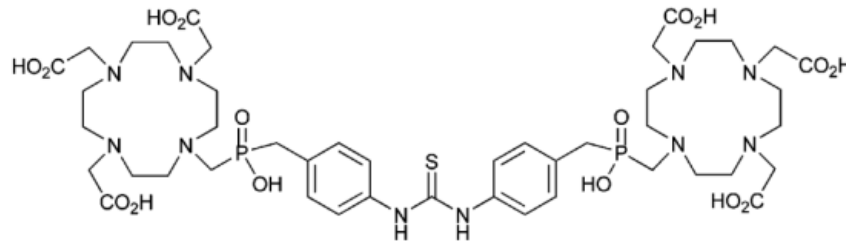
DO3Apy<sup>NO</sup>-C



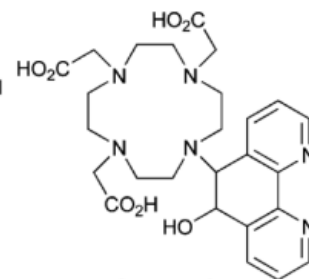
NBnDOTMA



TRITA



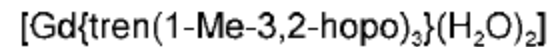
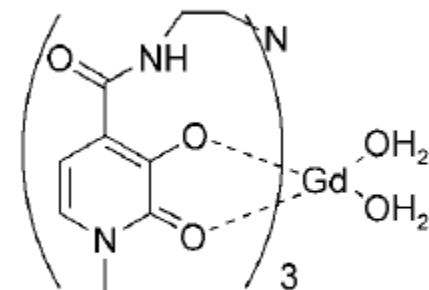
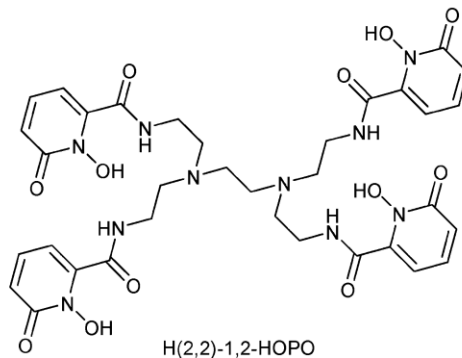
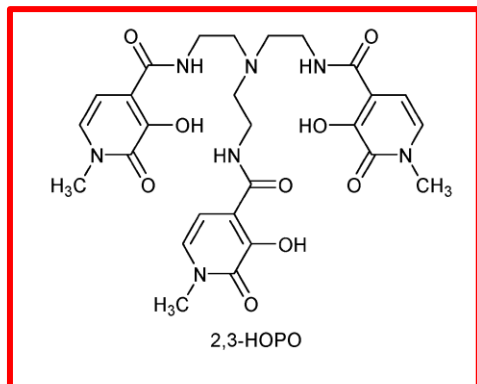
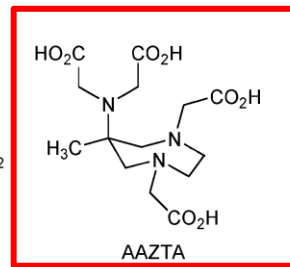
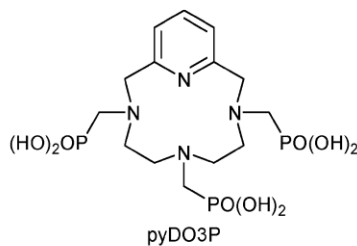
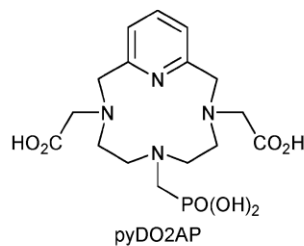
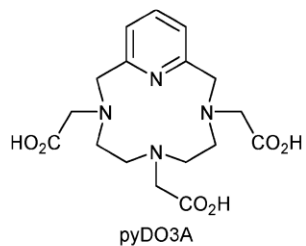
(DO3AP<sup>ABn</sup>)<sub>2</sub>CS



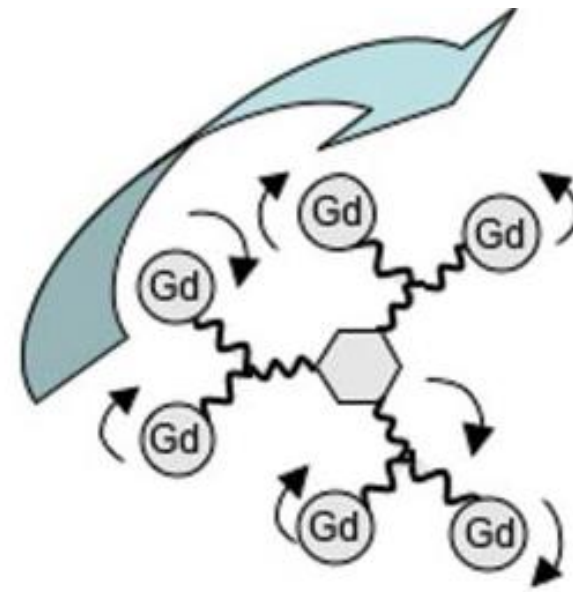
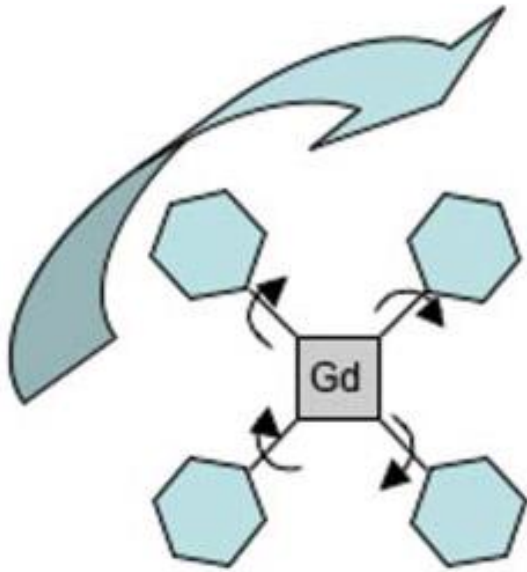
DO3AphenOH



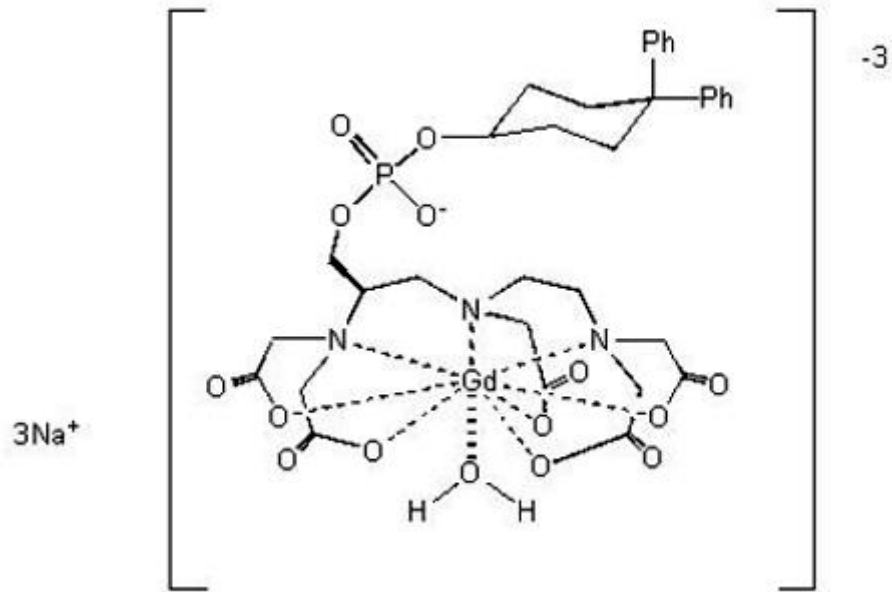
# Nuovi leganti polidentati per CA di Gd(III)



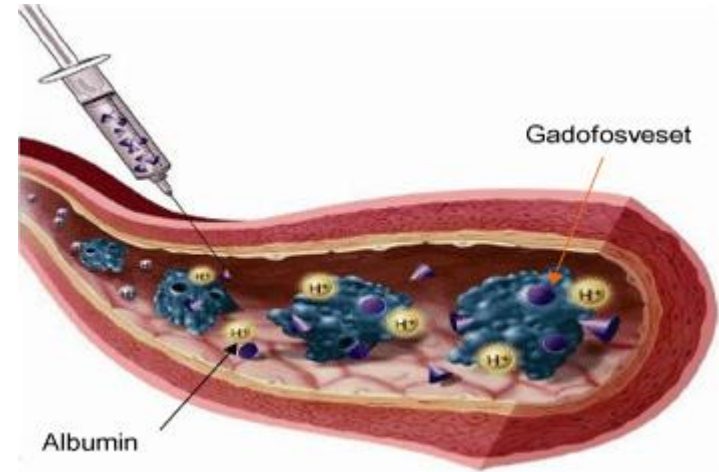
# Strategie per aumentare $\tau_M$



# Blood pool contrast agents



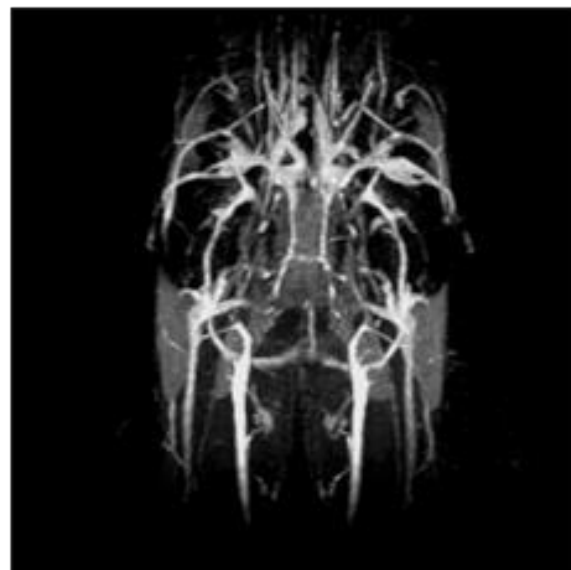
Vasovist®



Binding of the C.A. to serum albumin increases its tumbling time ( $\tau_R$ )



**5 min after  
0.1 mmol/kg i.v.  
of extracellular CA**



**5 min after  
0.015 mmol/kg i.v.  
of angiographic ca**



# Targeted CA's per MRI

Un CA commerciale di Gd, con una rilassività di circa  $5 \text{ mM}^{-1} \cdot \text{s}^{-1}$ , per dare un contrasto visibile deve raggiungere una **concentrazione di almeno 125 mM.**

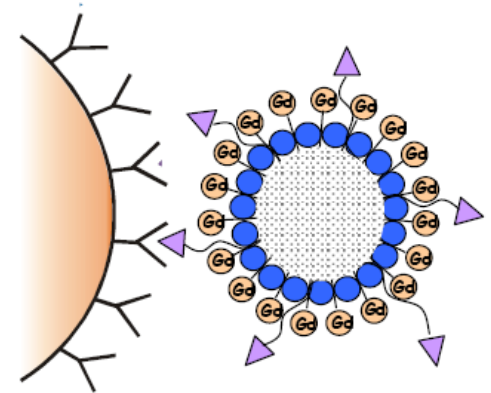
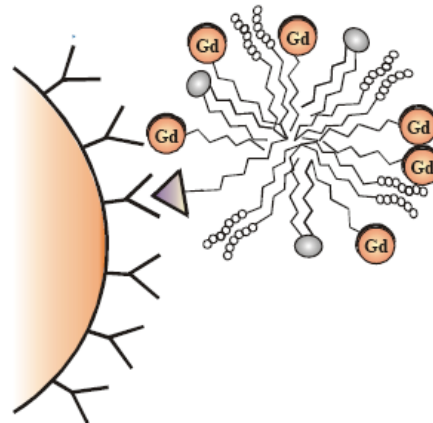
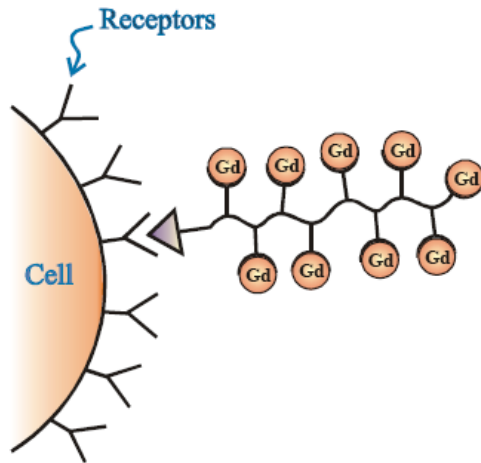
# Towards molecular imaging with MRI

The very low concentration of the target requires the delivery of a high number, and possibly efficient, Gd(III) centres

$C > 125 \mu\text{M}$

Several strategies can be adopted

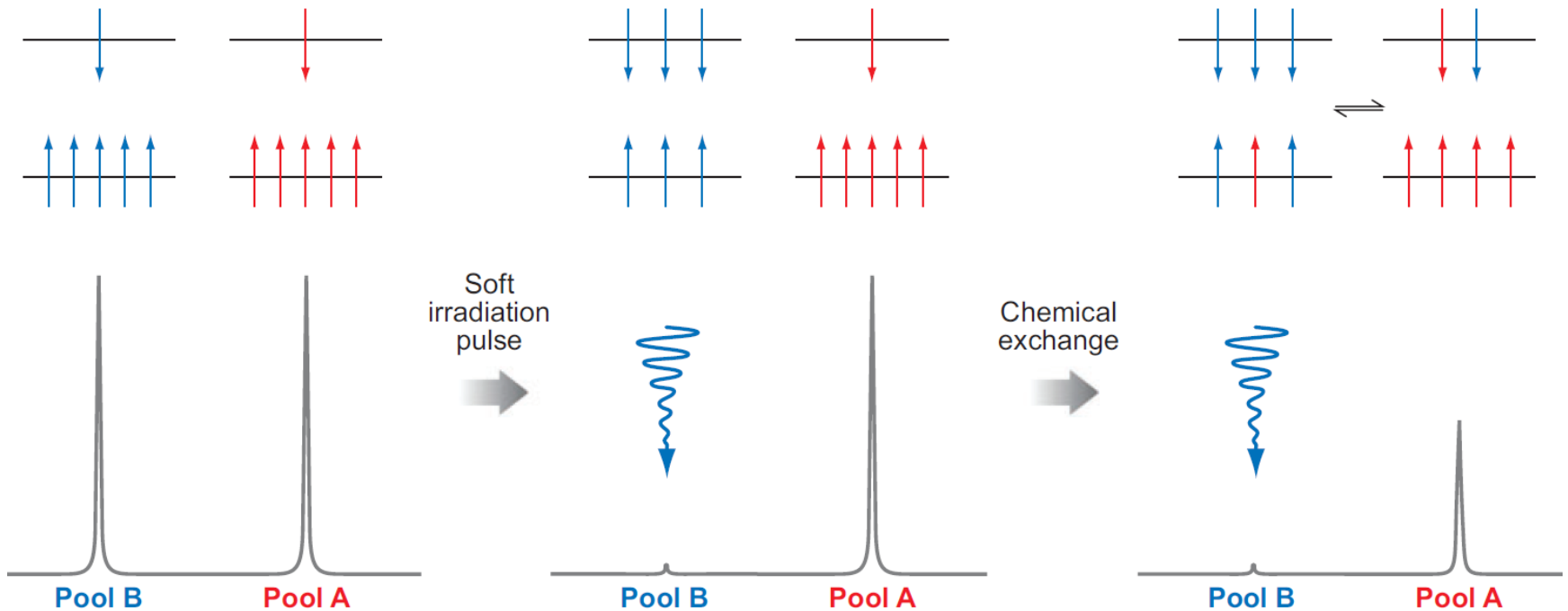
- Gd-chelates covalently or non-covalently linked to biocompatible polymer (proteins, polysaccharides, etc...)
- Self-assembling of complexes (e.g. micelles)
- Use of Gd-loaded nanoparticles (e.g. liposomes,...)



# CEST Contrast Agents

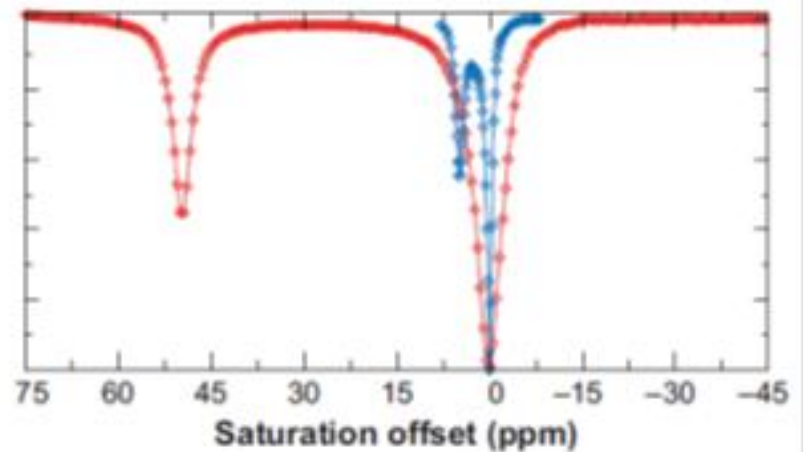
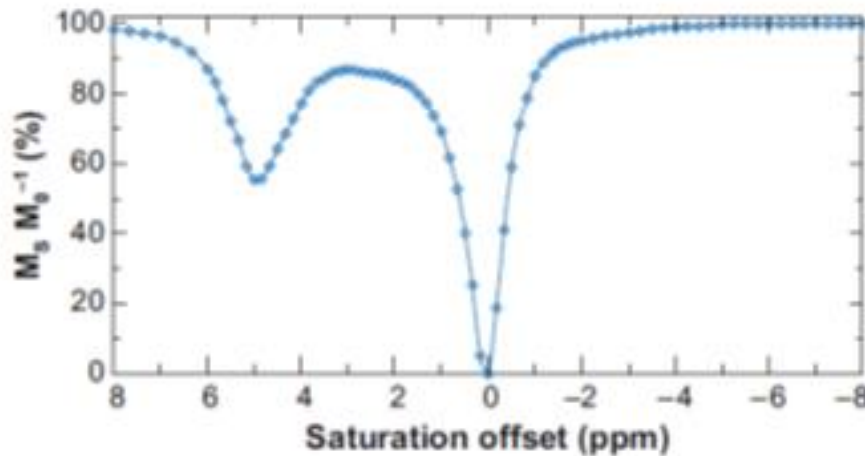
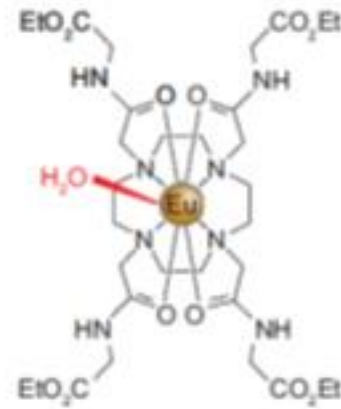
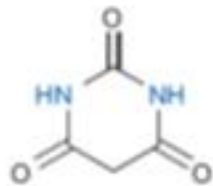
## *Chemical Exchange Saturation Transfer*

composti mobili con protoni in scambio lento con l'acqua di *bulk*

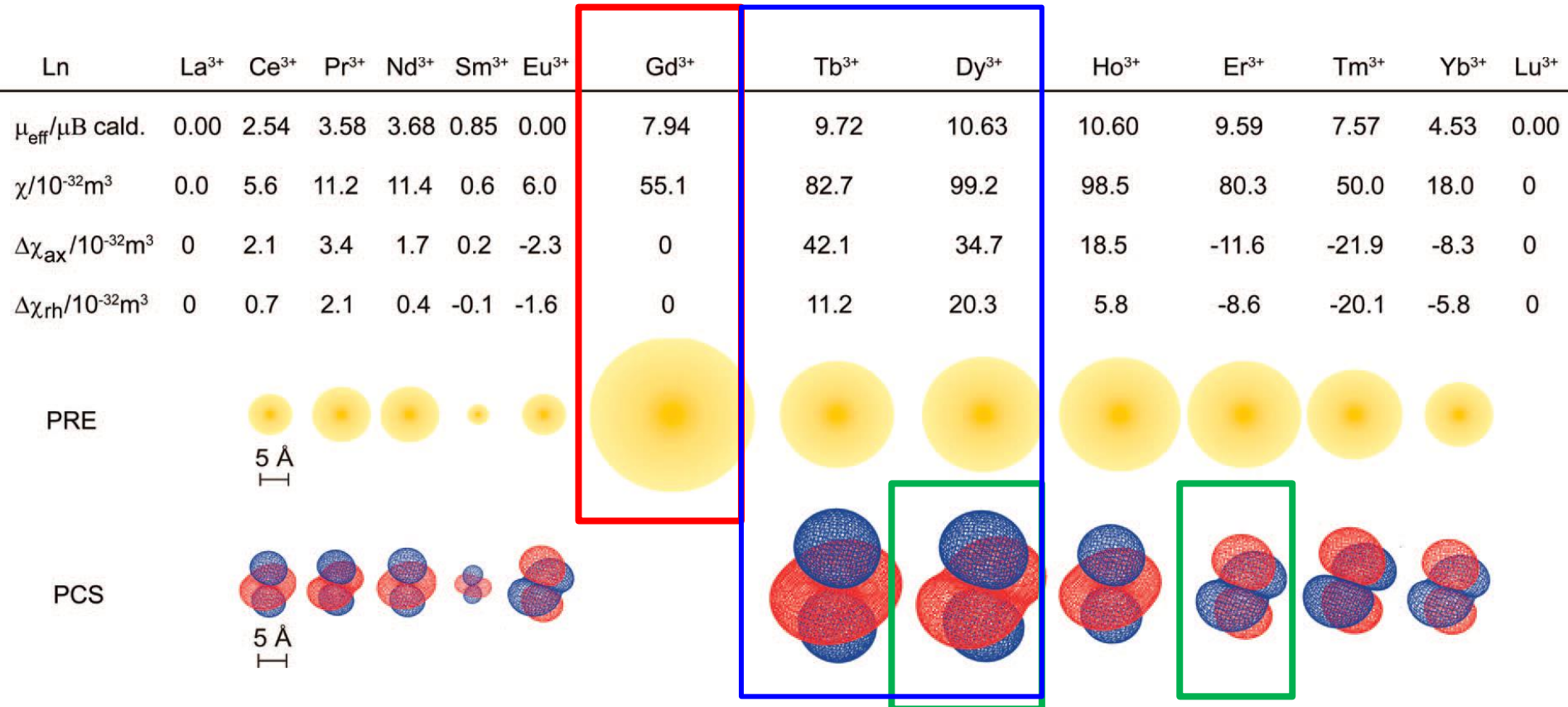


$$k_{\text{CEST}} < \Delta\omega$$

# CEST and PARACEST agents: saturation offset



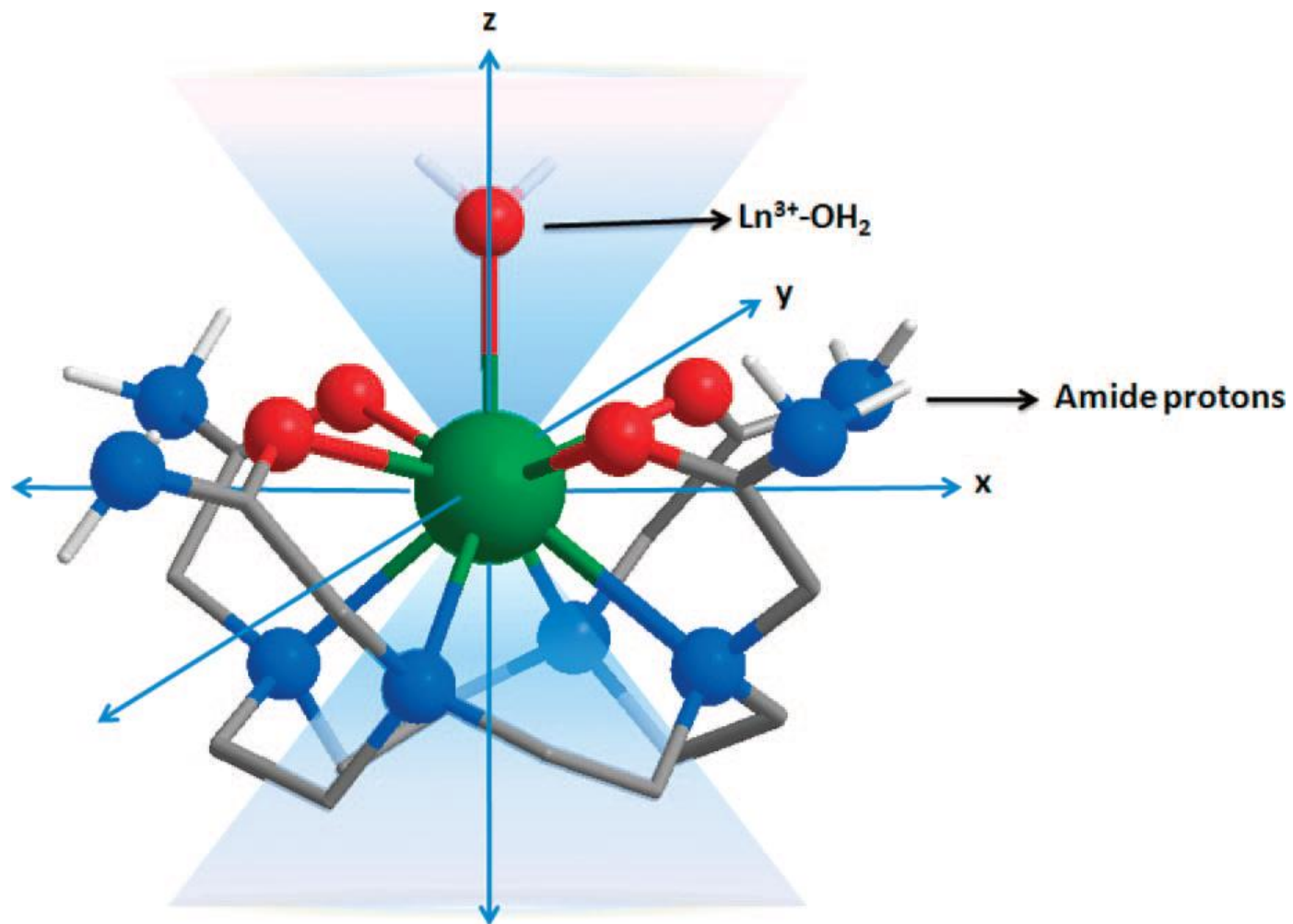
isotropo

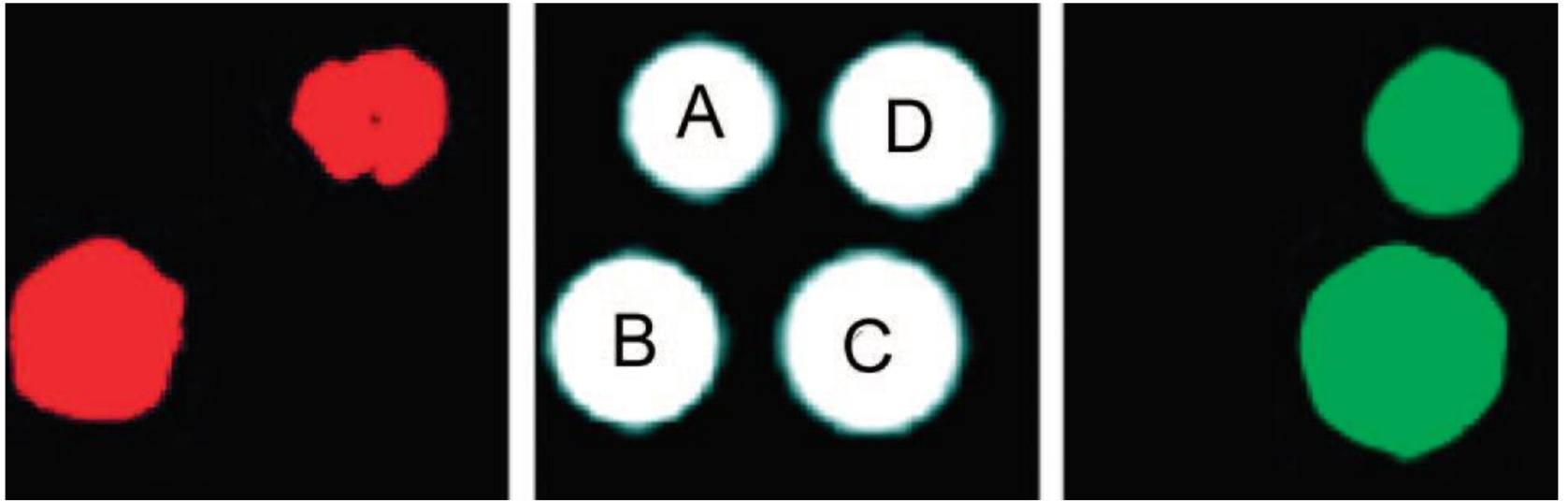


PRE = *Paramagnetic Relaxation Enhancement*

PCS = *Pseudo-Contact Shift*

*determina la variazione di chemical shift indotta da ciascuno ione sui nuclei vicini e le iso-superfici rappresentano la grandezza e il segno del chemical shift*





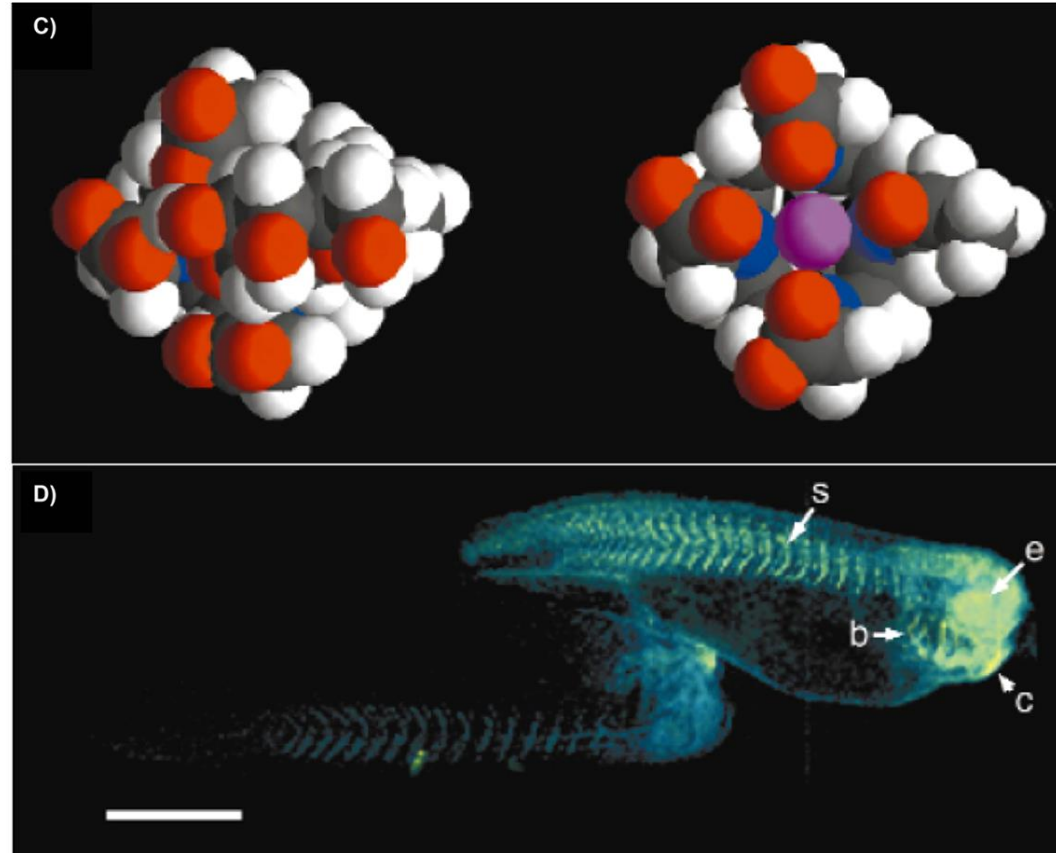
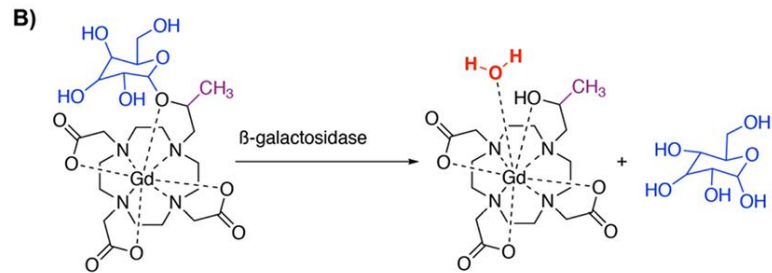
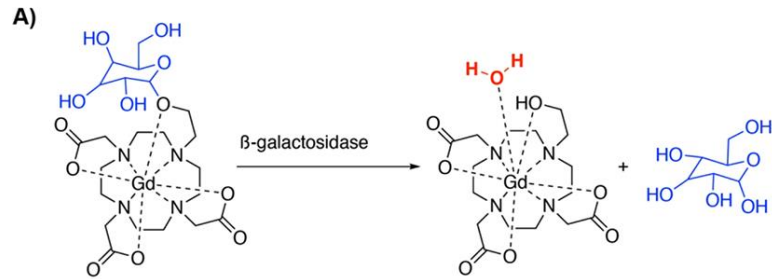
$B = [\text{Tb-DOTAMGly}]^-$

$C = [\text{Eu-DOTAMGly}]^-$

$D = [\text{Tb-DOTAMGly}]^- + [\text{Eu-DOTAMGly}]^-$

# Responsive (*smart*) CA

Sensore della  $\beta$ -galattosidasi



L'aggiunta del solo CA 0,5 mM (sinistra) aumenta di poco il contrasto, ma l'aggiunta dell'enzima  $\beta$ -galattosidasi 4 mM (destra) genera un notevole aumento di contrasto.



# T<sub>2</sub> contrast agents

## super-paramagnetic iron oxide particles (SPIO)

Ø = 60 – 250 nm

Pre-Clinical Agent	Commercial Name	MR Target	Status
AMI-25	Ferumoxide, Feridex, Endoderm	Liver	Approved
OMP	Abdoscan	Bowel	Approved
AMI-121	Gastromark, Ferumoxsil, Lumirem	Bowel	Approved
SHU555A	Resovist	Liver	Approved (EU, Japan, Australia), Phase III (USA)
AMI-227	Combidex, Sinerem, Ferumoxtran	Lymph Node Metastases	Phase III
CODE 7228	Feraheme, Ferumoxytol	Vasculature	Phase II

Coating biocompatibile: destrano, amido, glicosammino-glicano, silossani organici, copolimeri stirene-divinilbenzene solfonati,....