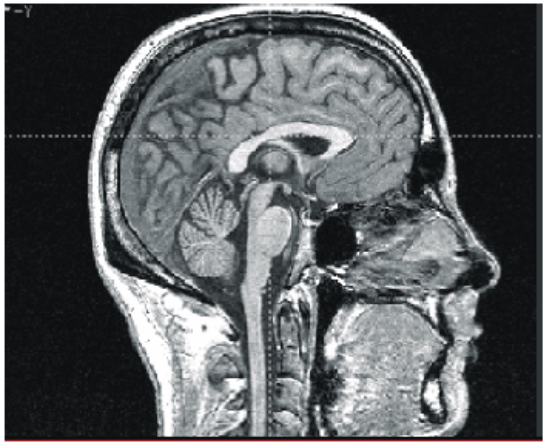
Magnetic Resonance Imaging (MRI)



MR sagittal image of human head

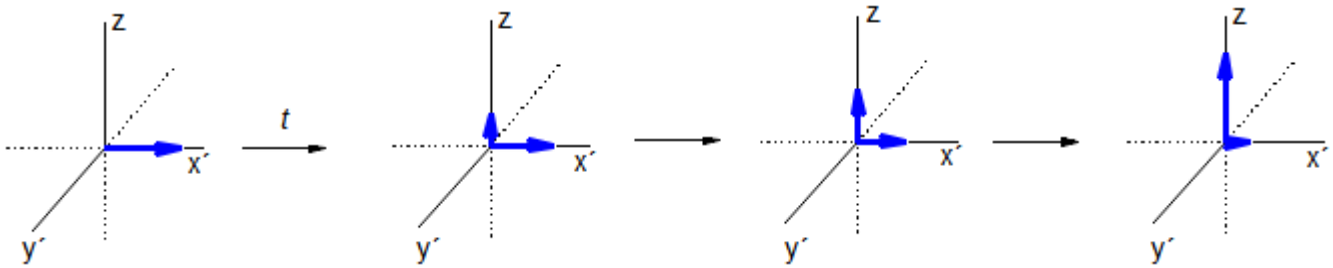
- Non-invasive and safe technique
- Great spatial resolution (μm scale)
- Outstanding diagnostic capability

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

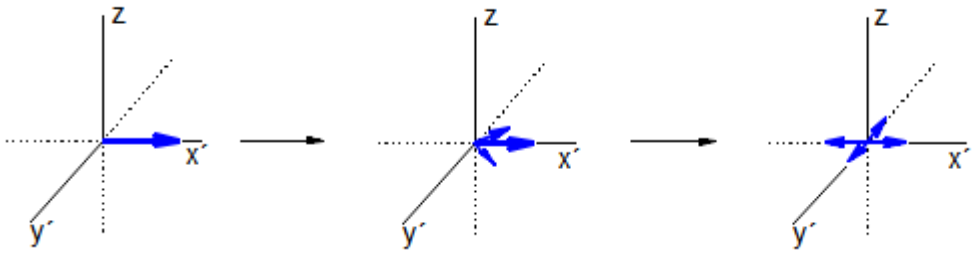
The contrast is mainly generated by difference in the relaxation times (T_1 and T_2) of water protons

Nuclear spin relaxation processes

T_1 Relaxation (Spin-Lattice Relaxation)



T_2 Relaxation (Spin-Spin Relaxation)



T_1 ca. 5 T_2

Contrast Agents (CA)

CA's contain paramagnetic atoms. 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.

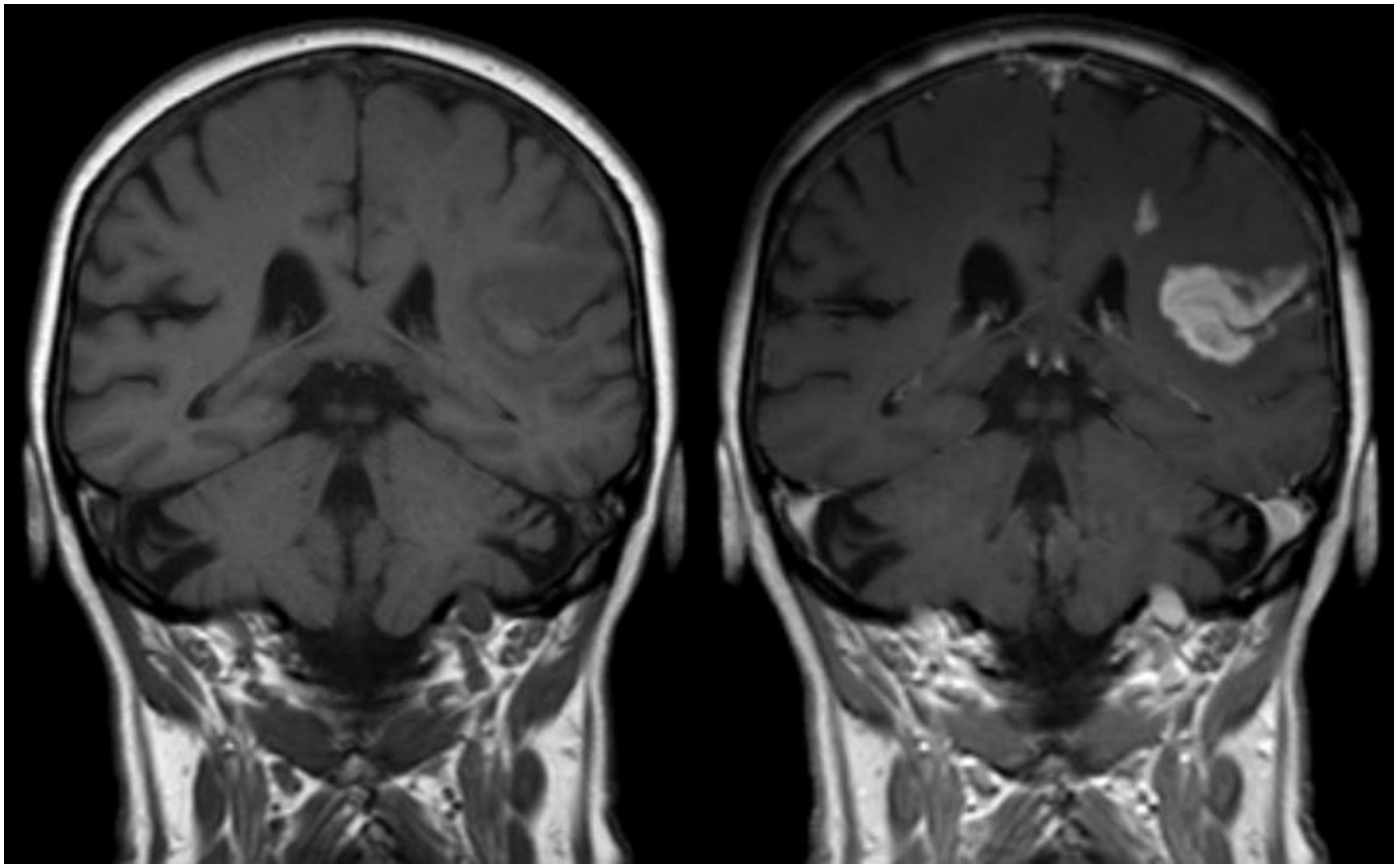
T_1 contrast agents (positive = hyper-intense signal): paramagnetic metal complexes Fe(III), Mn(II), Gd(III)

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

3 classes of CAs: non-specific extra-cellular agents, organo-specific agents, and blood-specific agents

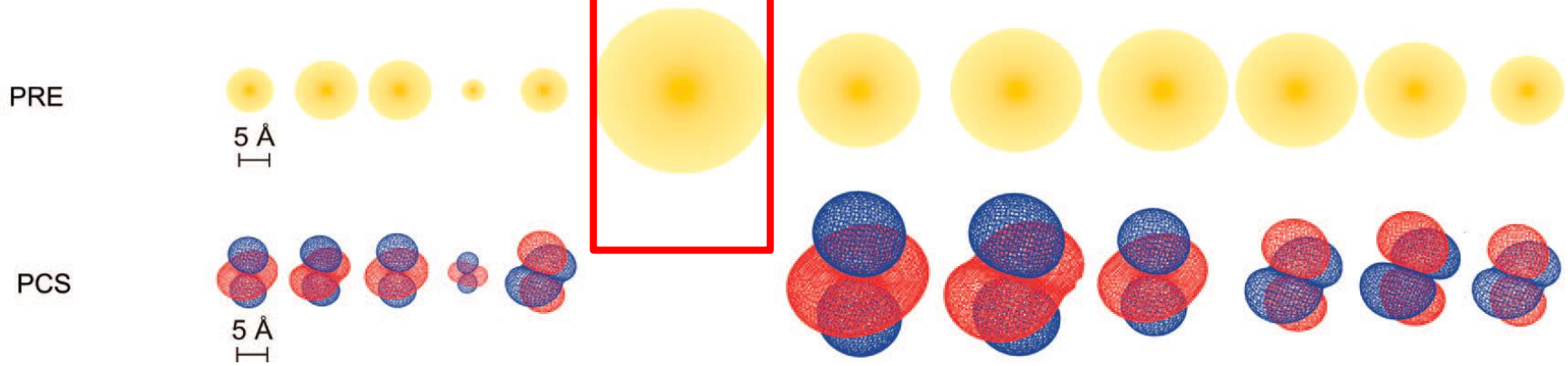
No CA extra-cellular CA



Defect of the blood-brain barrier after stroke shown in MRI.
T1-weighted images.

The relaxation time of the **electronic** spin moment of Gd(III) is much longer than for other lanthanide ions (*totally symmetrical spin state*), leading to a more efficient relaxation of nuclear spins of bulk water molecules.

Ln	La^{3+}	Ce^{3+}	Pr^{3+}	Nd^{3+}	Sm^{3+}	Eu^{3+}	Gd^{3+}	Tb^{3+}	Dy^{3+}	Ho^{3+}	Er^{3+}	Tm^{3+}	Yb^{3+}	Lu^{3+}
$\mu_{eff}/\mu B$ cald.	0.00	2.54	3.58	3.68	0.85	0.00	7.94	9.72	10.63	10.60	9.59	7.57	4.53	0.00
$\chi/10^{-32}m^3$	0.0	5.6	11.2	11.4	0.6	6.0	55.1	82.7	99.2	98.5	80.3	50.0	18.0	0
$\Delta\chi_{ax}/10^{-32}m^3$	0	2.1	3.4	1.7	0.2	-2.3	0	42.1	34.7	18.5	-11.6	-21.9	-8.3	0
$\Delta\chi_{rh}/10^{-32}m^3$	0	0.7	2.1	0.4	-0.1	-1.6	0	11.2	20.3	5.8	-8.6	-20.1	-5.8	0



PCS = *Pseudo-Contact Shift*

PRE = *Paramagnetic Relaxation Enhancement*

The diameter of the yellow sphere indicates the distance from the metal core at which the protons undergo a significant shortening of the nuclear spin relaxation time (i.e. the larger, the better).

~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

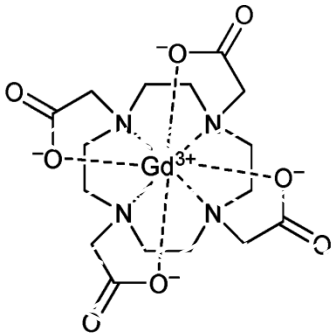
Market > 1 billion $/year

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

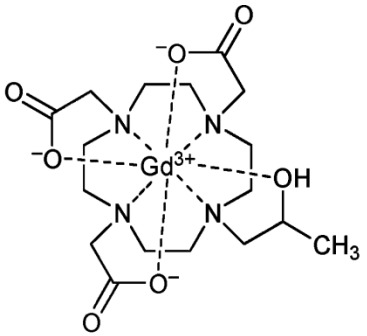
The Gd(III) ion is quite toxic (LD_{50} = 0.2 mmol·kg^{-1})

Some commercial T_1 contrast agents

(extracellular fluid CAs)

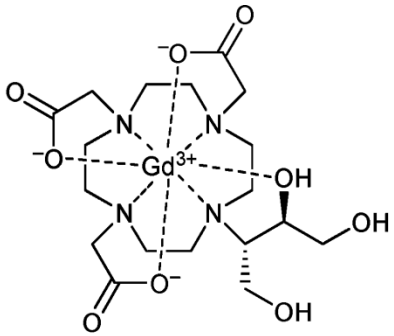


Gd-DOTA
Dotarem®
(Guerbet)

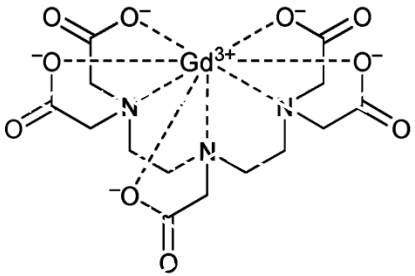


Gd-HP-DO3A
ProHance®
(Bracco)

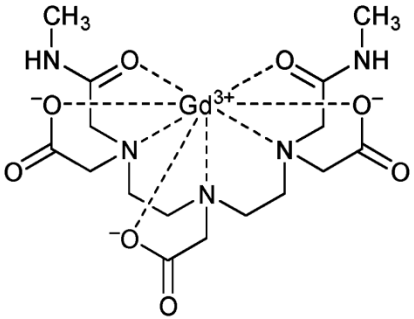
Typical dose =
0.1 – 0.3 mmoles/kg



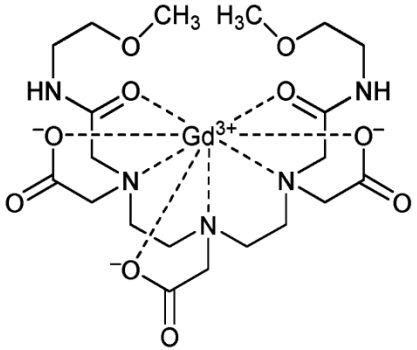
Gd-BT-DO3A
Gadovist®
(Schering)



Gd-DTPA
Magnevist®
(Schering)



Gd-DTPA-BMA
Omniscan®
(Amersham)



Gd-DTPA-BMEA
OptiMARK®
(Mallinckrodt)

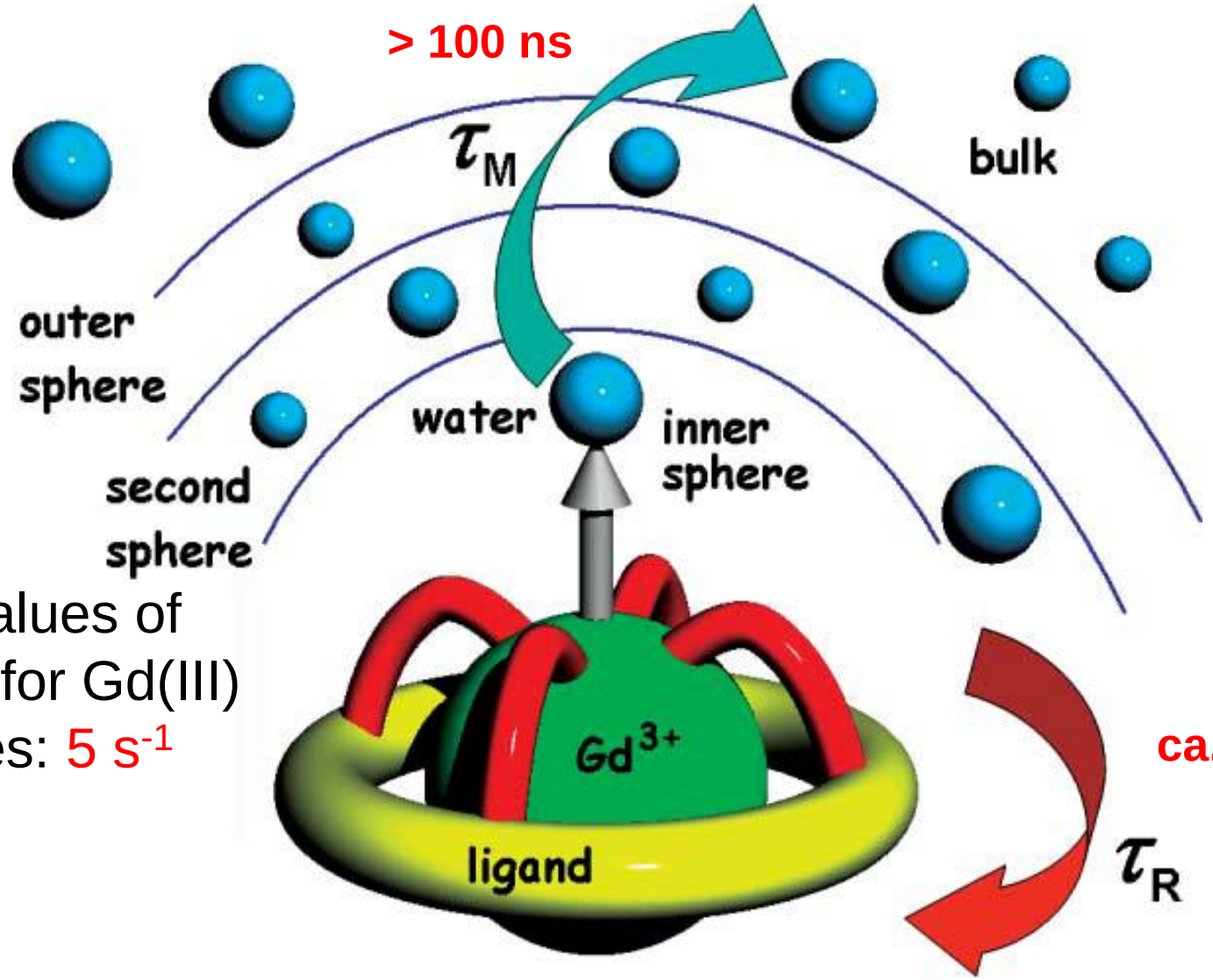
Typically, a pathology is identified because of **anatomical** (e.g., narrower arteries) or **physiological** (e.g., permeable, damaged blood-brain barrier) changes.

Relaxivity

Relaxivity r_1 ($mM^{-1}\ s^{-1}$) of a CA is the ability of its 1 mM solution to **increase** the longitudinal relaxation rate R_1 (= $1/T_1$) of the nuclear spin moment of water protons.
The higher the relaxivity, the better is the CA.

Parameters that affect Relaxivity

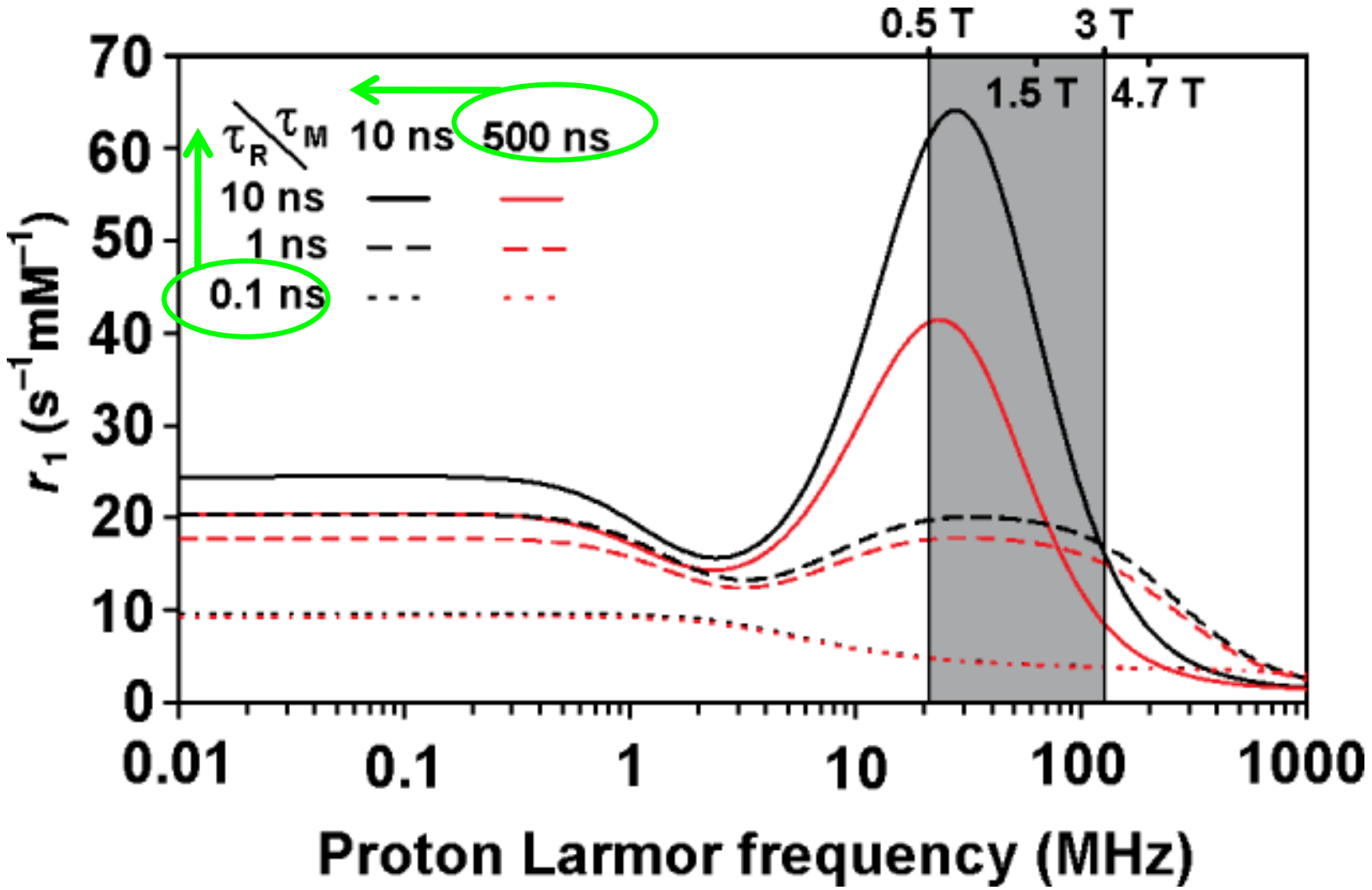
Solomon-Bloembergen-Morgan Theory (*SBM Theory*)



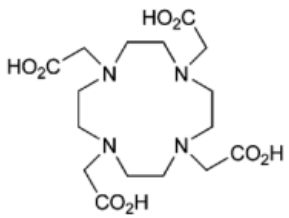
Typical values of relaxivity for Gd(III) complexes: 5 s^{-1} mM^{-1}

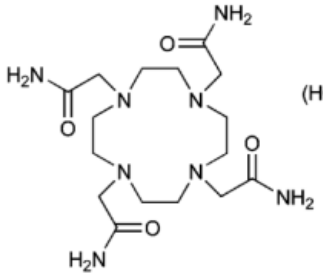
[Gd] > 125 μM for affording a visible contrast

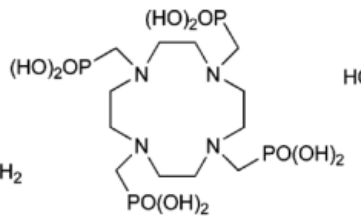
Optimal water-exchange and tumbling times

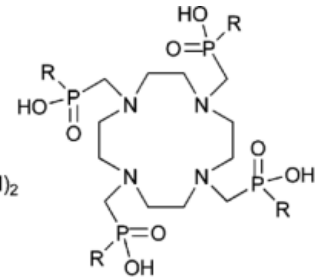


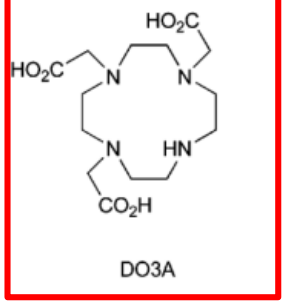
DOTA family

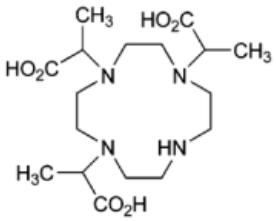

DOTA

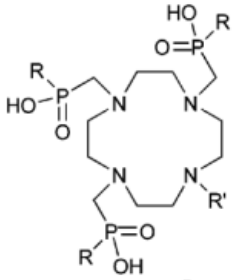

DOTAM

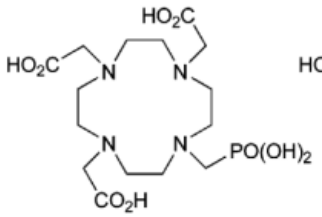

DOTP

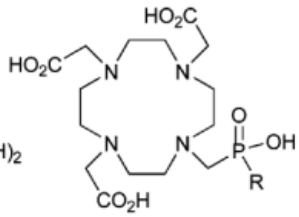

$DOTP^{R}$

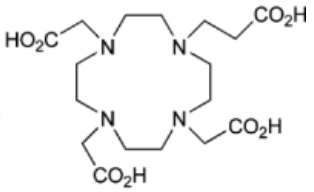

DO3A

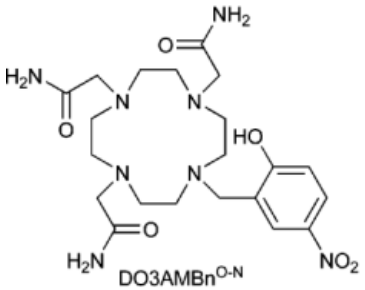

DO3MA

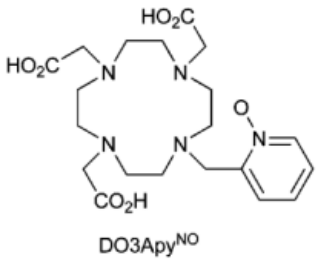

$DO3P^{R}$

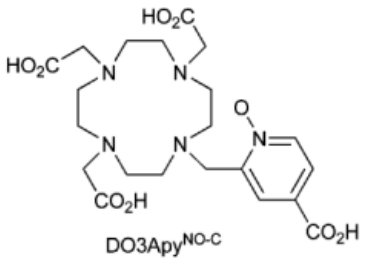

DO3AP

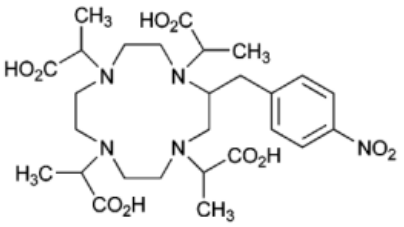

$DO3AP^{R}$

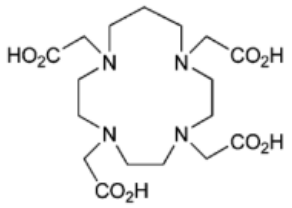

DO3ACE

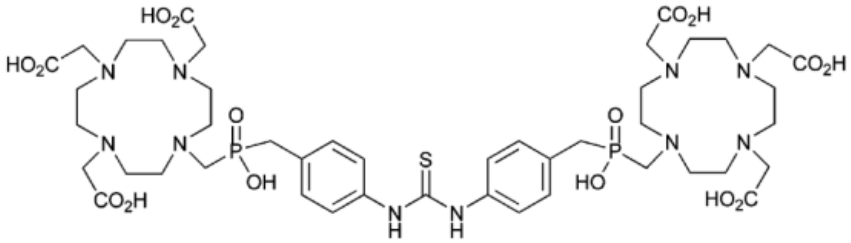

$DO3AMBn^{O-N}$

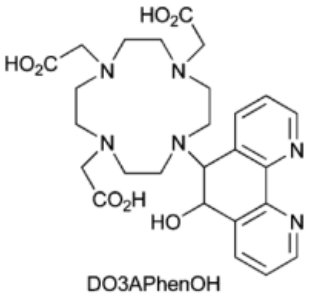

$DO3Apy^{NO}$


$DO3Apy^{NO-C}$

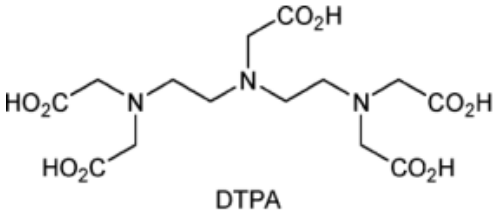

NBnDOTMA


TRITA

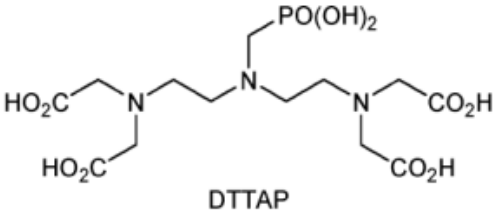

$(DO3AP^{ABn})_2CS$


DO3APhenOH

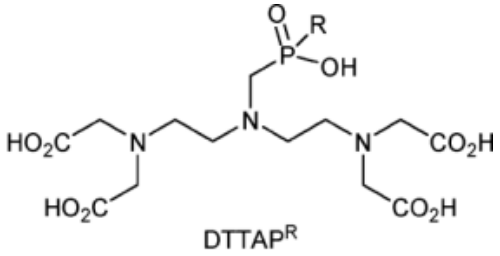
DTPA family



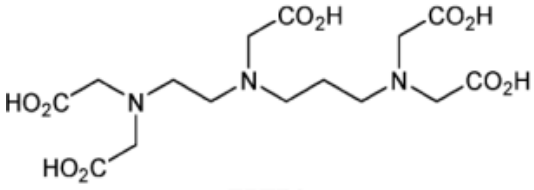
DTPA



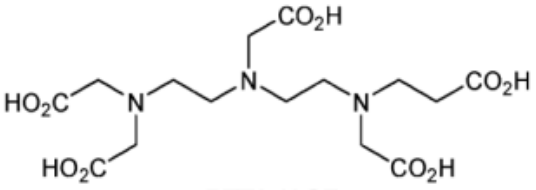
DTTAP



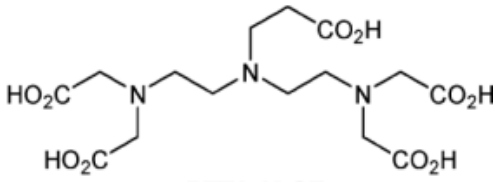
DTTAP^{R}



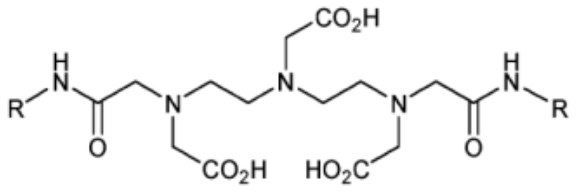
EPTPA



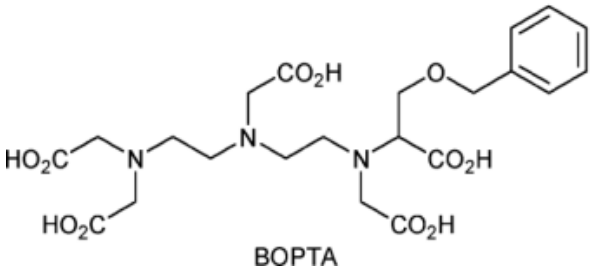
DTTA-*N*-CE



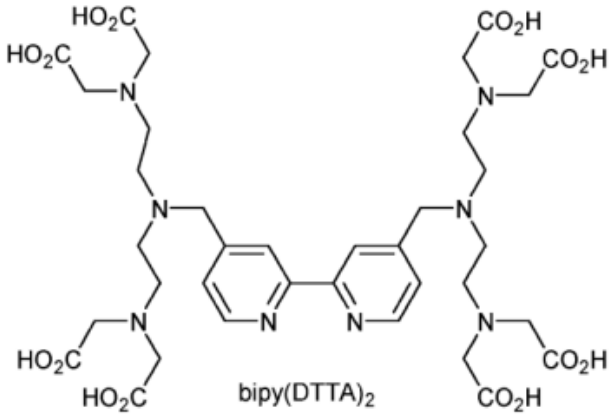
DTTA-*N'*-CE



DTPA-bis(amide)

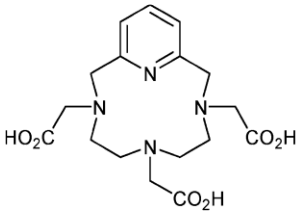


BOPTA

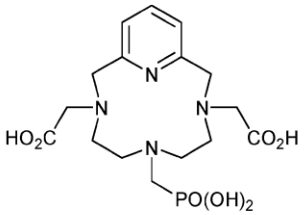


bipy(DTTA)$_2$

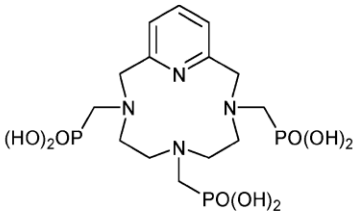
New polidentate chelators for Gd(III) CA's



pyDO3A



pyDO2AP



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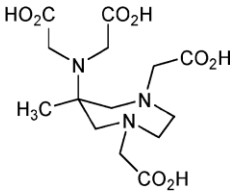
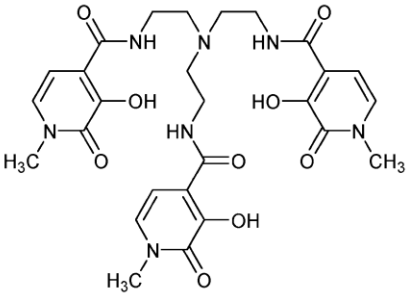
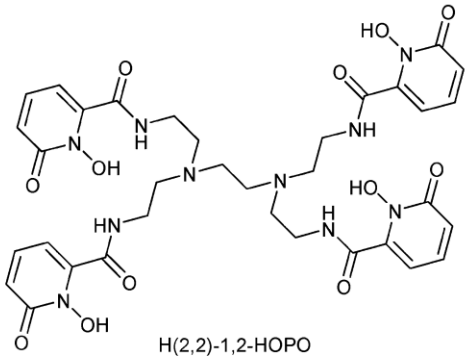


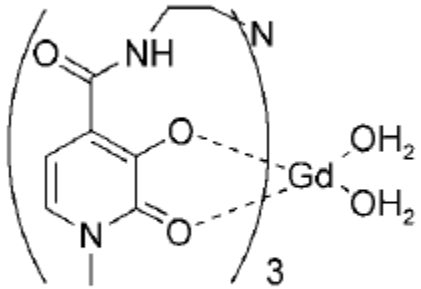
AAZTA



2,3-HOPO

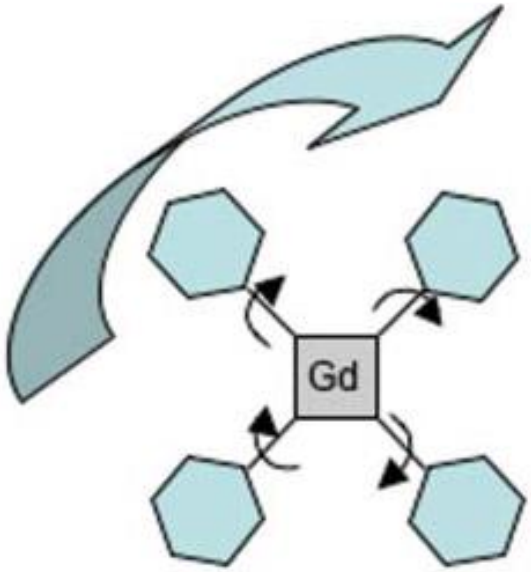


H(2,2)-1,2-HOPO

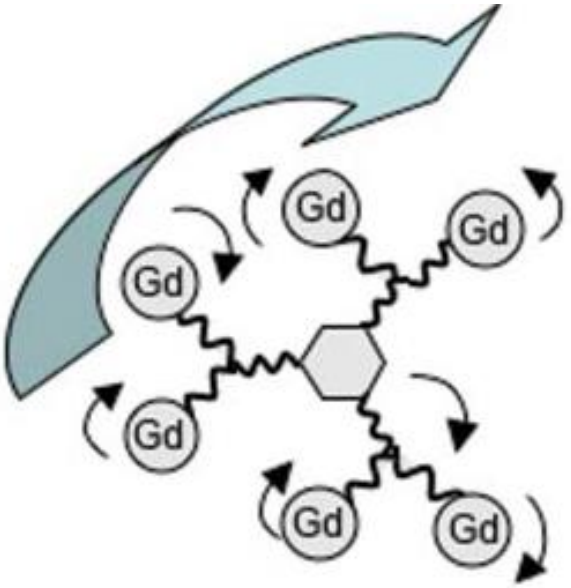


[Gd{tren(1-Me-3,2-hopo)$_3$}(H_2O)$_2$]

Strategies for increasing the tumbling time τ_M

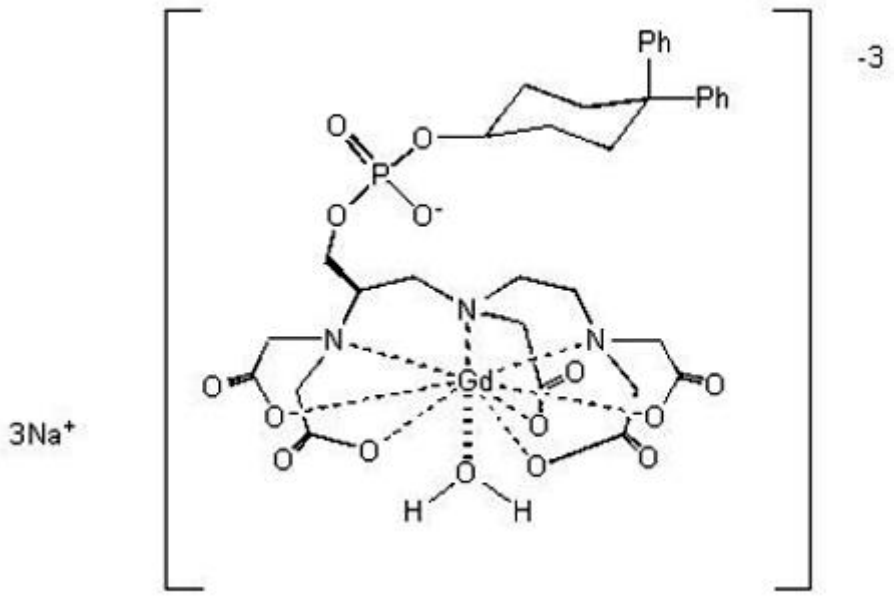


baricenter approach

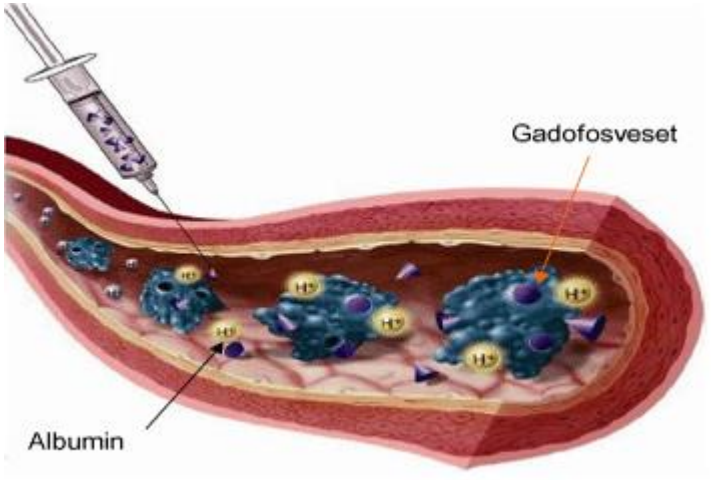


dendrimer approach

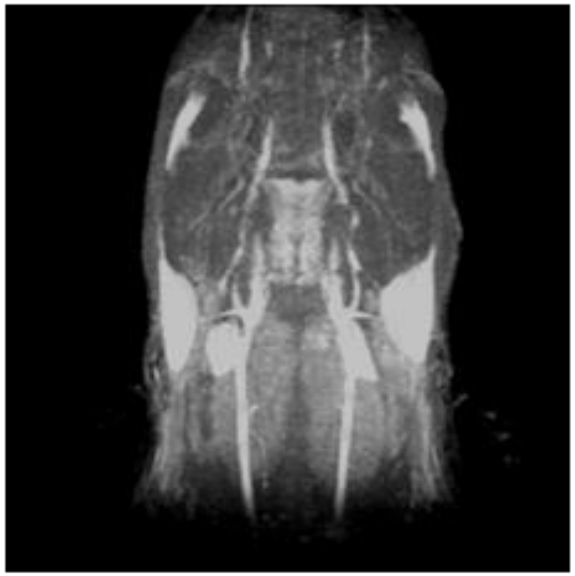
Blood pool (angiographic) contrast agents



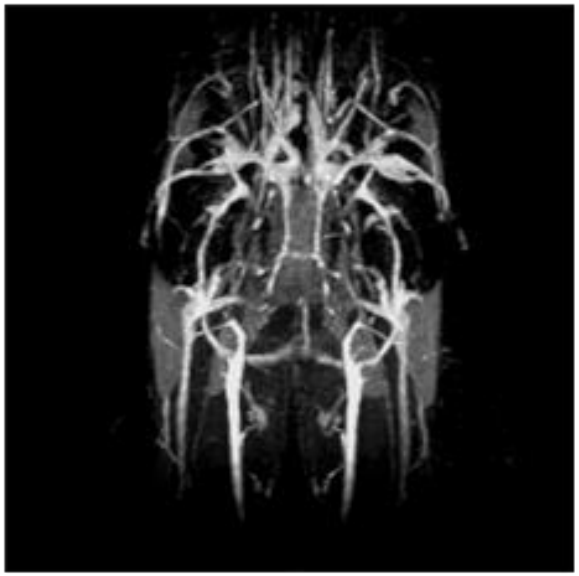
Vasovist®



Binding of the C.A. to serum albumin increases its tumbling time (τ_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 for MRI

A commercial CA of Gd, with a relassivity of about 5 $mM^{-1} \cdot s^{-1}$, must reach a **concentration of at least 125 μM** to give visible contrast.

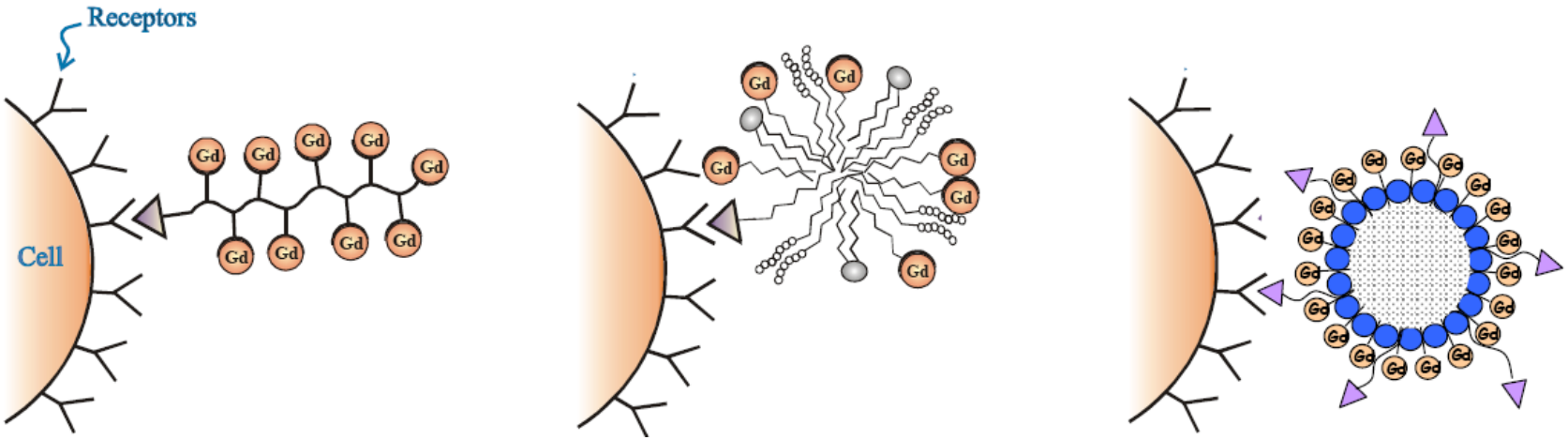
Towards molecular imaging with MRI

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

C > 125 μM

Several strategies can be adopted

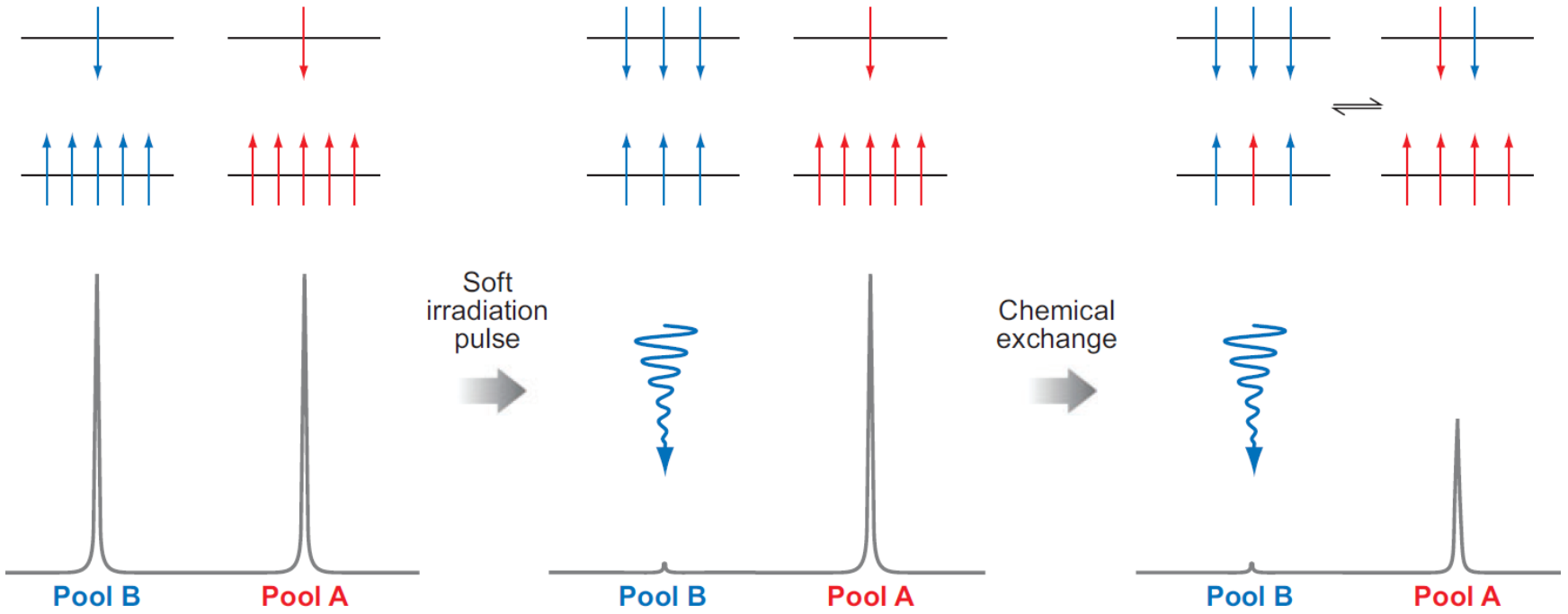
- Gd-chelates covalently or non-covalently linked to biocompatible polymer (proteins, polysaccharides, etc…)
- Self-assembling of complexes (e.g. micelles)
- Use of Gd-loaded nanoparticles (e.g. liposomes,…)



CEST Contrast Agents

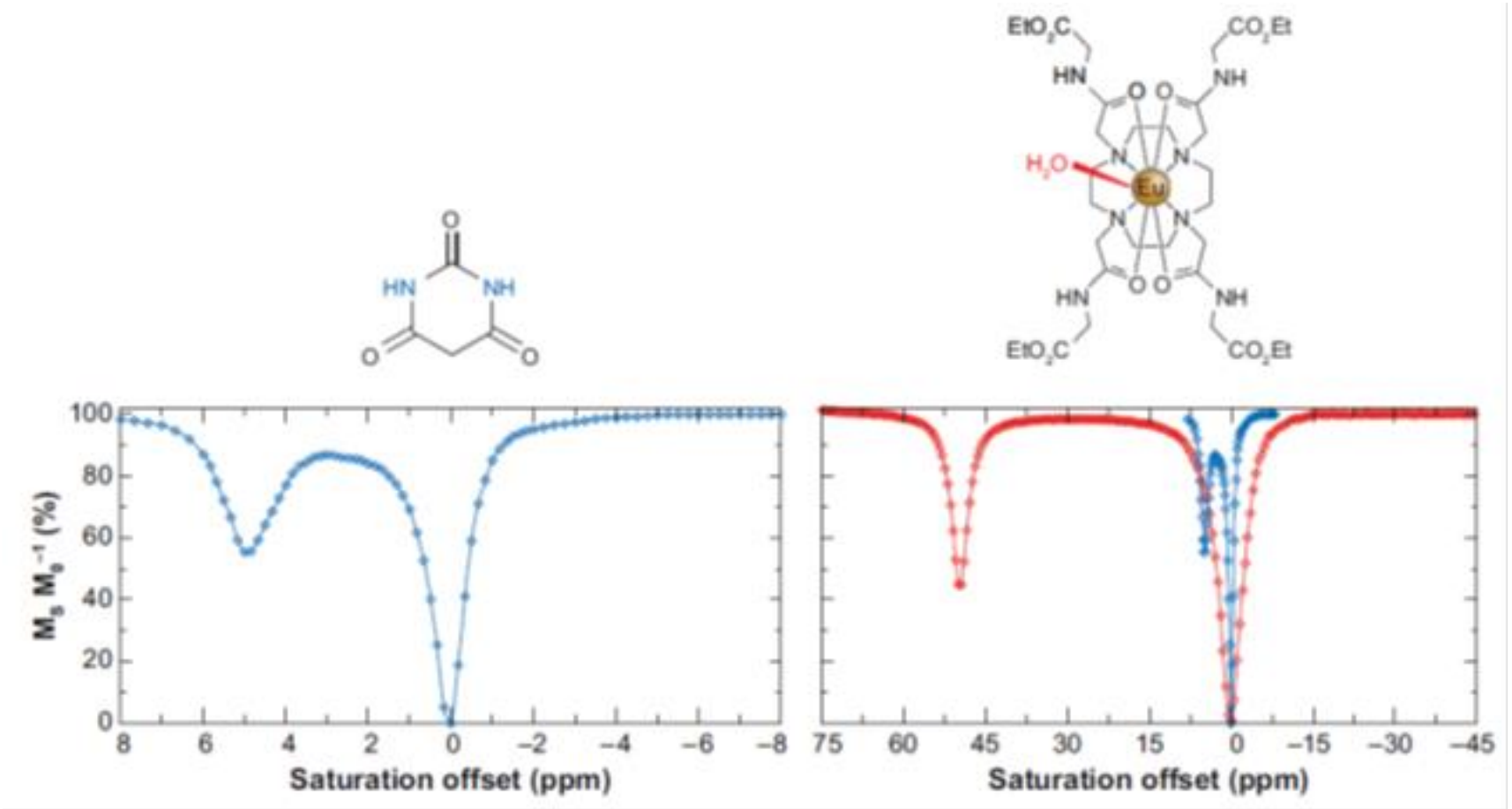
Chemical Exchange Saturation Transfer

compounds with protons in slow exchange with bulk water



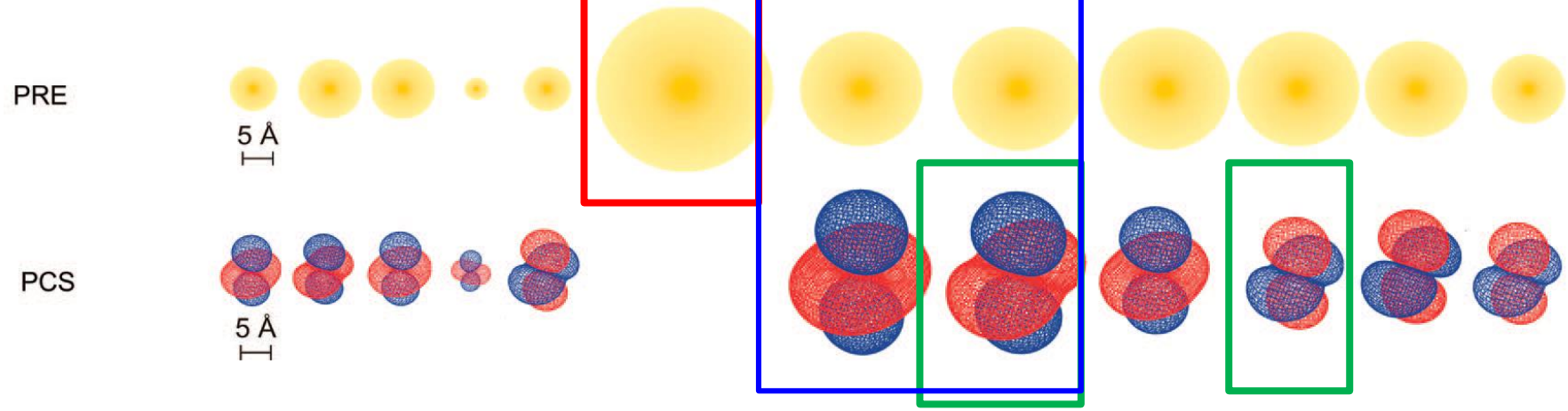
$$k_{CEST} < \Delta\omega$$

CEST and PARACEST agents: saturation offset



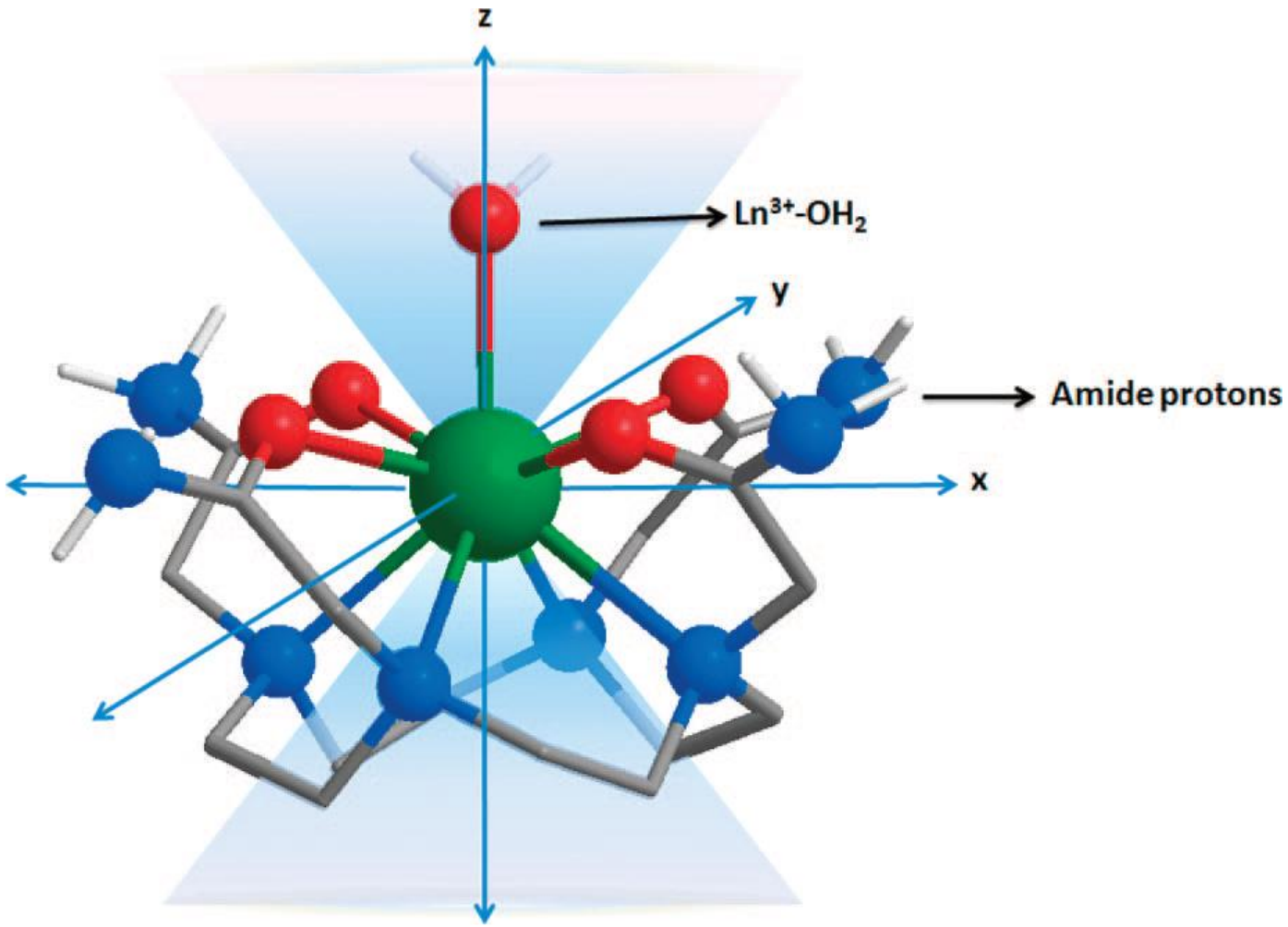
isotrope

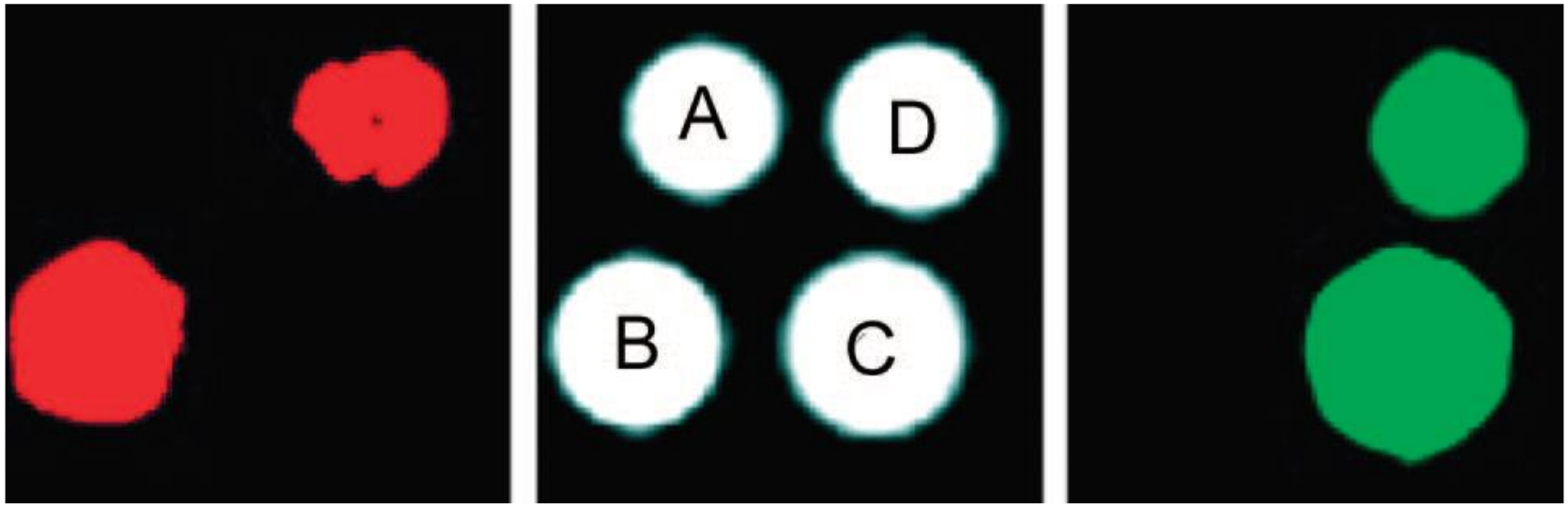
Ln	La^{3+}	Ce^{3+}	Pr^{3+}	Nd^{3+}	Sm^{3+}	Eu^{3+}	Gd^{3+}	Tb^{3+}	Dy^{3+}	Ho^{3+}	Er^{3+}	Tm^{3+}	Yb^{3+}	Lu^{3+}
$\mu_{eff}/\mu B$ cald.	0.00	2.54	3.58	3.68	0.85	0.00	7.94	9.72	10.63	10.60	9.59	7.57	4.53	0.00
$\chi/10^{-32}m^3$	0.0	5.6	11.2	11.4	0.6	6.0	55.1	82.7	99.2	98.5	80.3	50.0	18.0	0
$\Delta\chi_{ax}/10^{-32}m^3$	0	2.1	3.4	1.7	0.2	-2.3	0	42.1	34.7	18.5	-11.6	-21.9	-8.3	0
$\Delta\chi_{rh}/10^{-32}m^3$	0	0.7	2.1	0.4	-0.1	-1.6	0	11.2	20.3	5.8	-8.6	-20.1	-5.8	0



PCS = *Pseudo-Contact Shift*

determines the chemical shift change induced by each ion on neighboring nuclei, and the iso-surfaces represent the magnitude and sign of the chemical shift

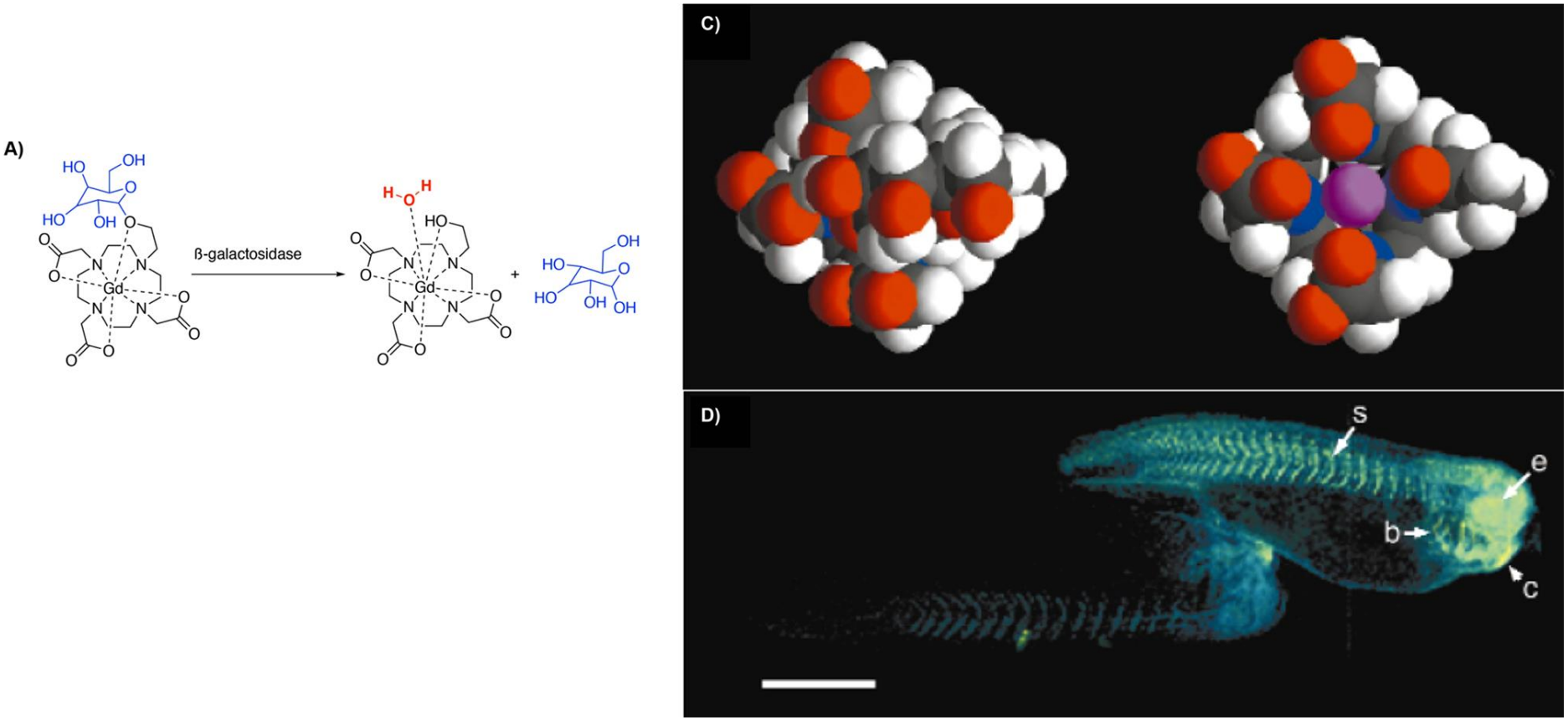

z
Ln^{3+}-OH_2
y
Amide protons
x



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

Responsive (*smart*) CA

Sensor of β-galactoxidase



The addition of 0.5 mM CA alone (left) increases contrast slightly in the embrio, but the addition of β-galactoxidase enzyme 4 mM (right) generates a significant increase in contrast (q goes from 0 to 1).

T_2 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

Biocompatible coating biocompatibile: dextran, starch, glycosamino-glycan, organic siloxanes, sulfonated styrene-divinylbenzene copolymers,….

Future developments

Multimodal imaging agents and theranostics