

MRI in glioma

Beyond Morphology: Advanced MRI for Glioma Stratification and Surgical Planning

Anna Falk Delgado

Associate Professor, Research group leader Karolinska Institutet
Senior consultant in neuroradiology, Department of Neuroradiology

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Why imaging?

What would you...

- Need to know?
- Like to know?



Why imaging?

What would you...

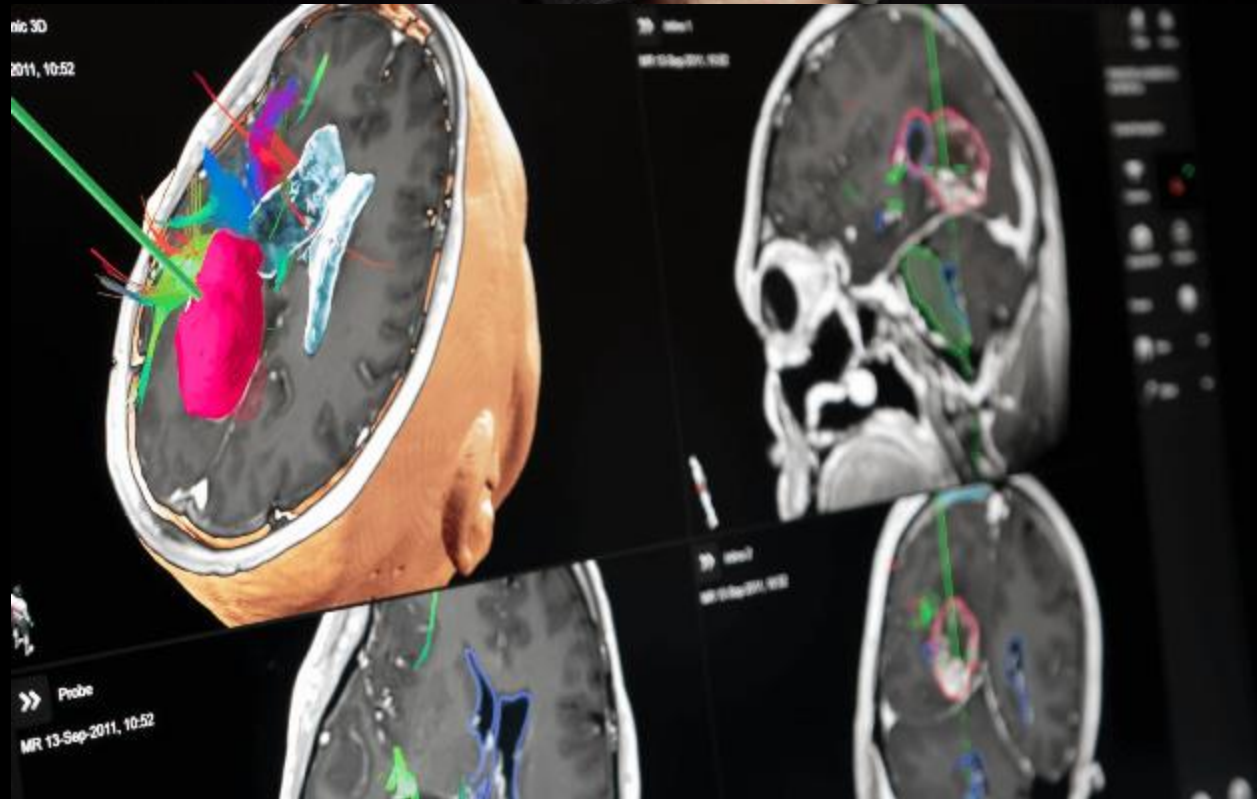
- Need to know?
- Like to know?



Why imaging?

What would you...

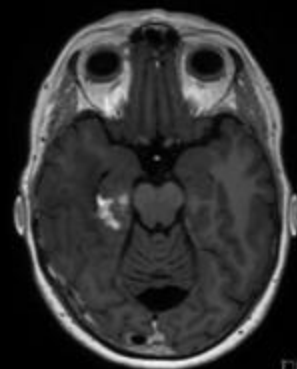
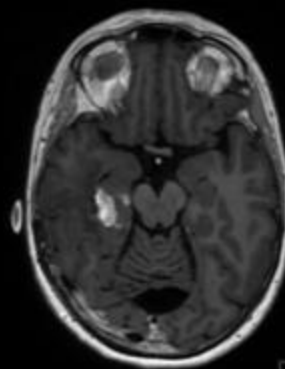
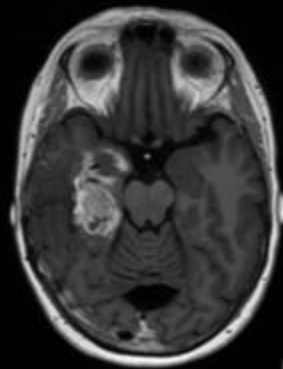
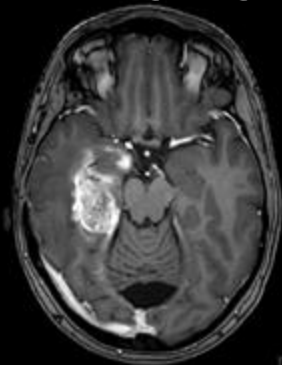
- Need to know?
- Like to know?



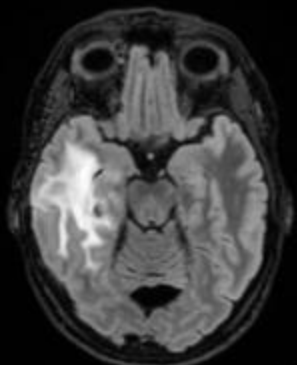
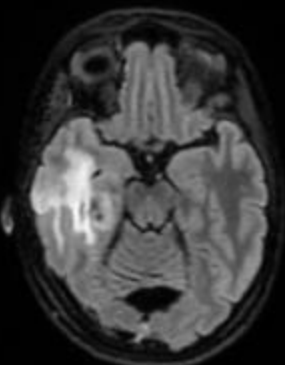
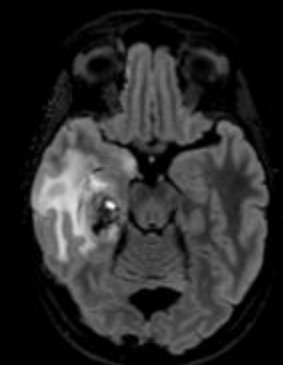
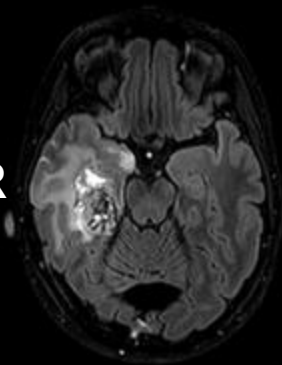
Why imaging?



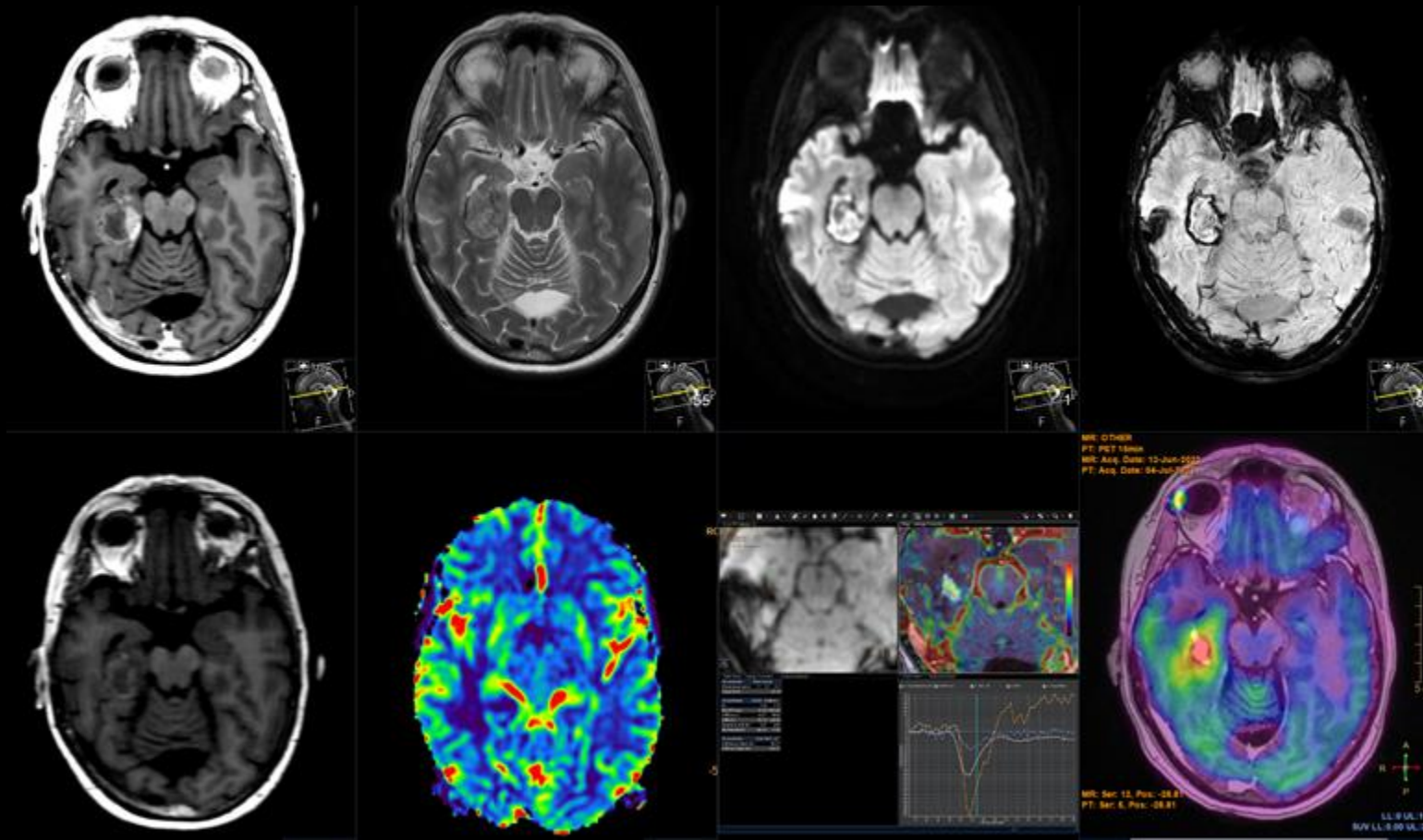
T1Gd



T2FLAIR



Why imaging?



Presurgical MR imaging of high grade glioma

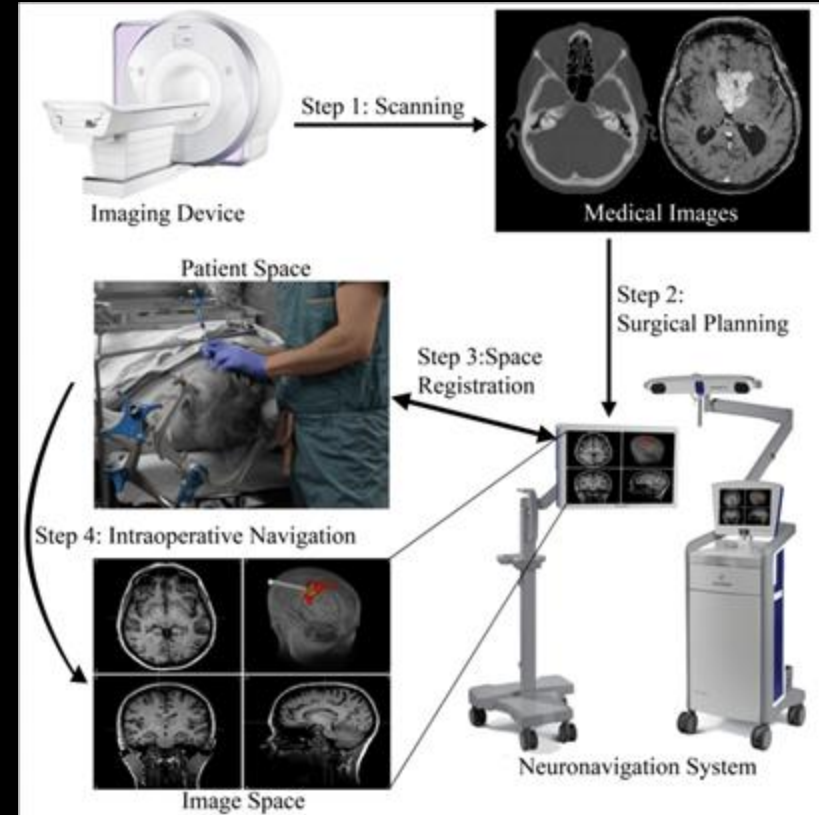
- High resolution T1 3D Gd
- Diffusion tensor imaging
- High resolution 3D T2 FLAIR

Full head including ears and nose,
to allow for surgical navigation
planning



Gerard 2016

www.brainlab.com



Standardized brain tumor imaging protocol

3DT1- pre gadolinium	<1.5 mm isotropic
3DT1- post gadolinium	<1.5 mm isotropic
3D T2	<1.5 mm isotropic
3DT2FLAIR	<1.5 mm isotropic
DWI	<2 x 2 x 4 mm
Encourage MR-perfusion	Dynamic susceptibility contrast

Standardized brain tumor imaging protocol

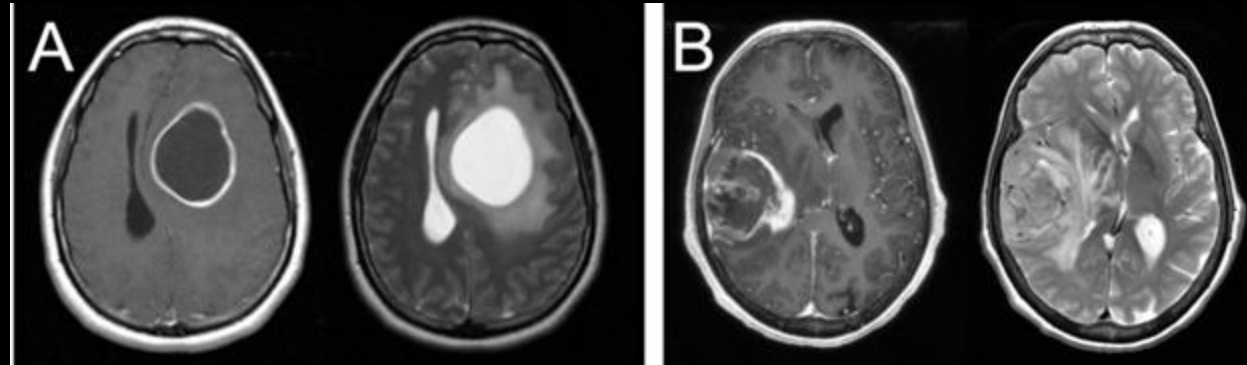
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Why imaging?

- Need to know?

Size of blood brain barrier leakage (T1 with contrast)

Size of edema and mass effect? (T2 FLAIR)



- Need to know?

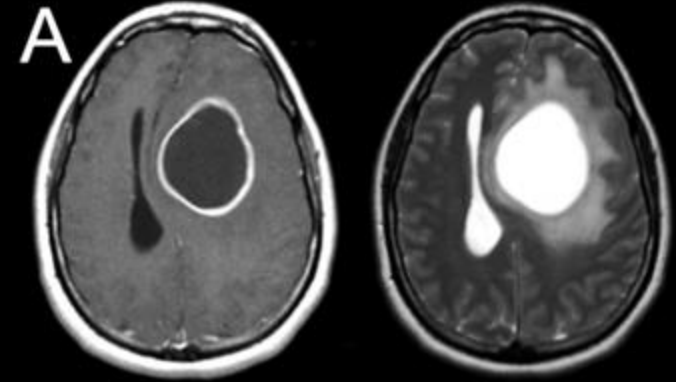
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- Size of edema and mass effect? (T2 FLAIR)

Clavreul 2019

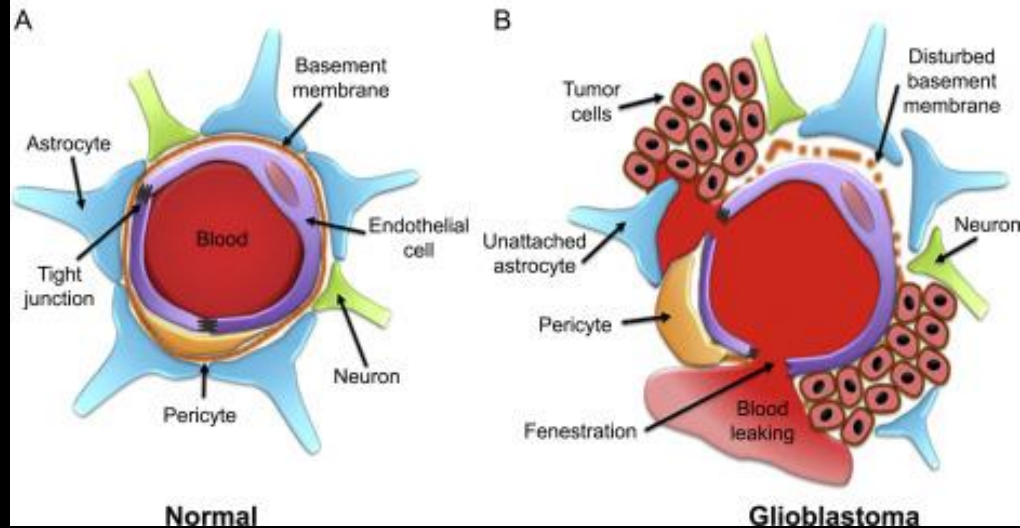
Sharma 2020

Curtin 2019

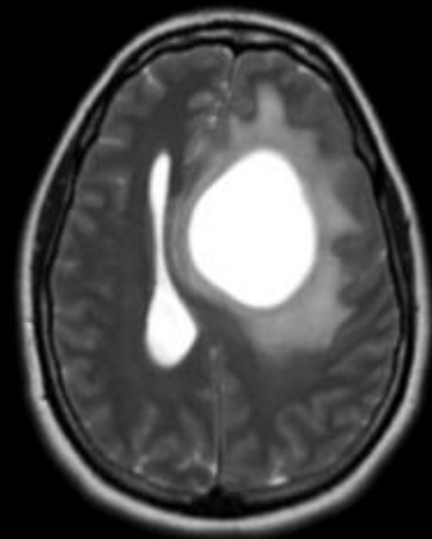
Glioblastoma



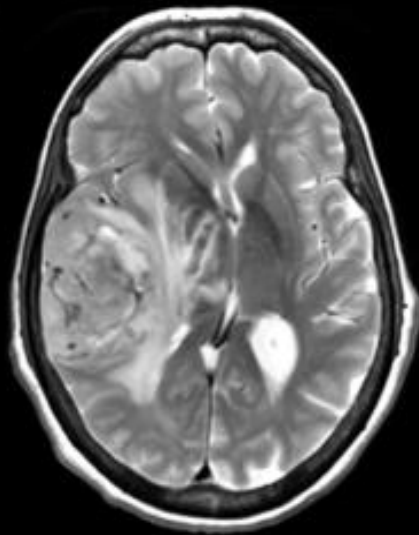
Cerebral Endothelial Cell



Glioblastoma



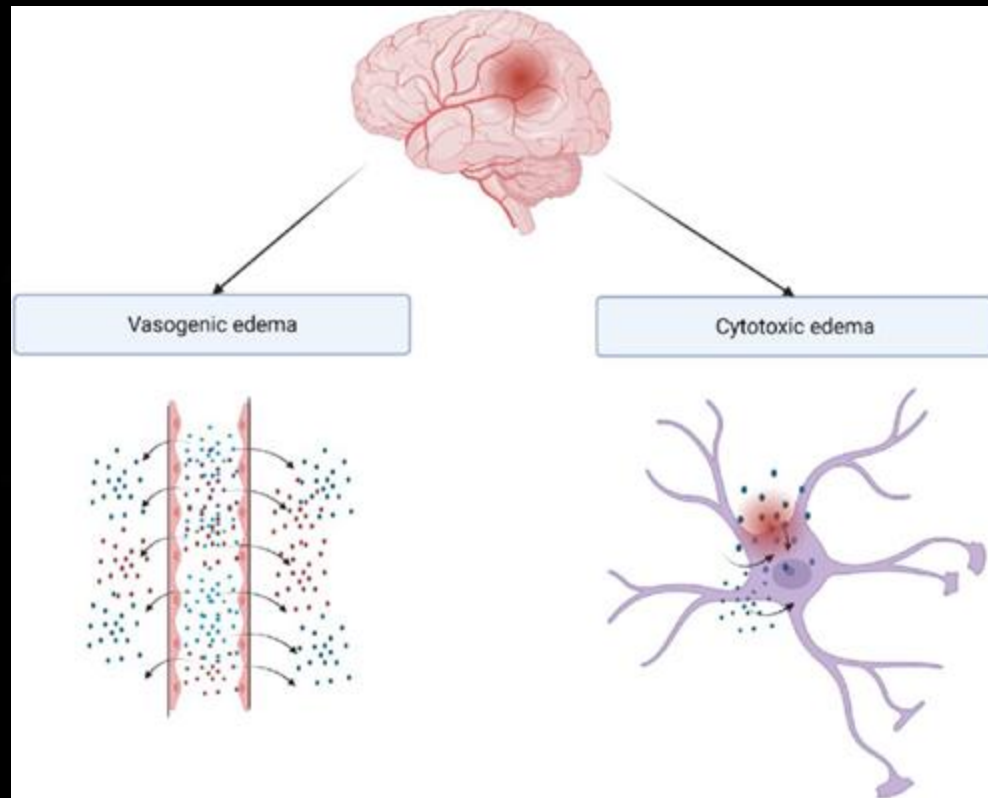
Glioblastoma



Fiani 2022

Sharma 2020

Curtin 2019



Why imaging?

- Need to know?

 - Size of blood brain barrier leakage (T1 with contrast)

 - Size of edema and mass effect? (T2 FLAIR)

Response Assessment in Neuro-Oncology (RANO) criteria in clinical trials (neuro-oncologists)

Assess treatment effectiveness

Increase consistency in evaluations

Why imaging?

- Need to know?

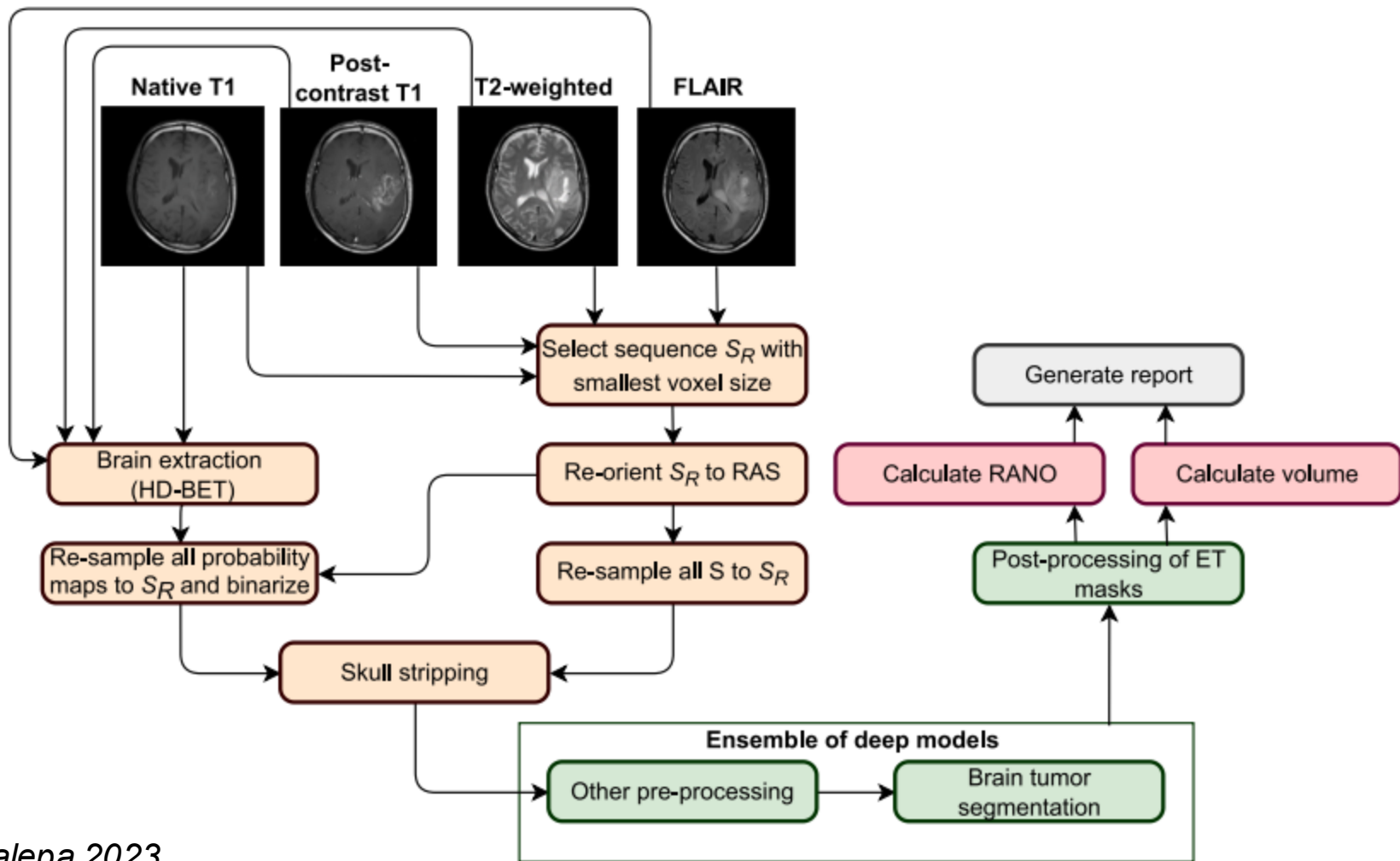
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Response Assessment in Neuro-Oncology (RANO) criteria in clinical trials (neuro-oncologists)

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Increase consistency in evaluations

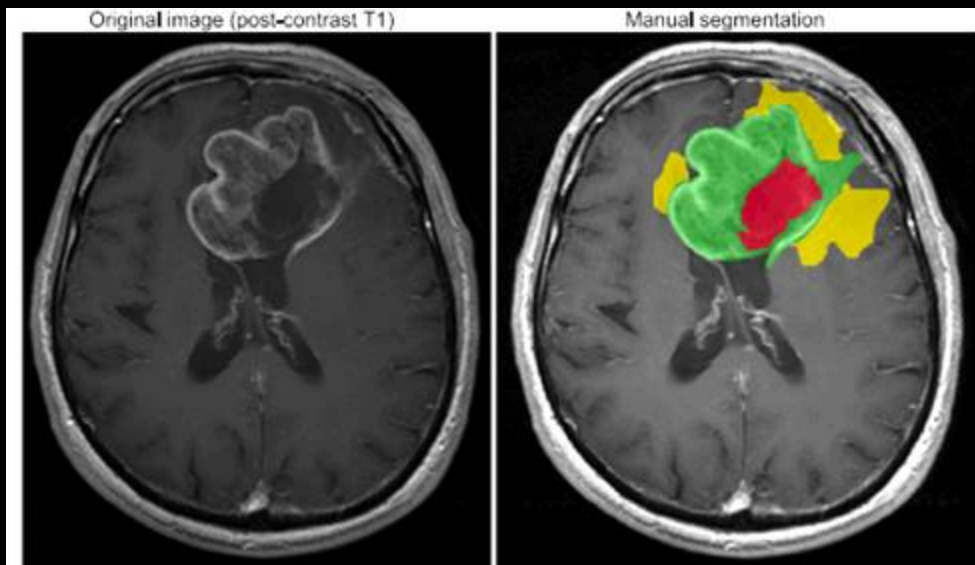
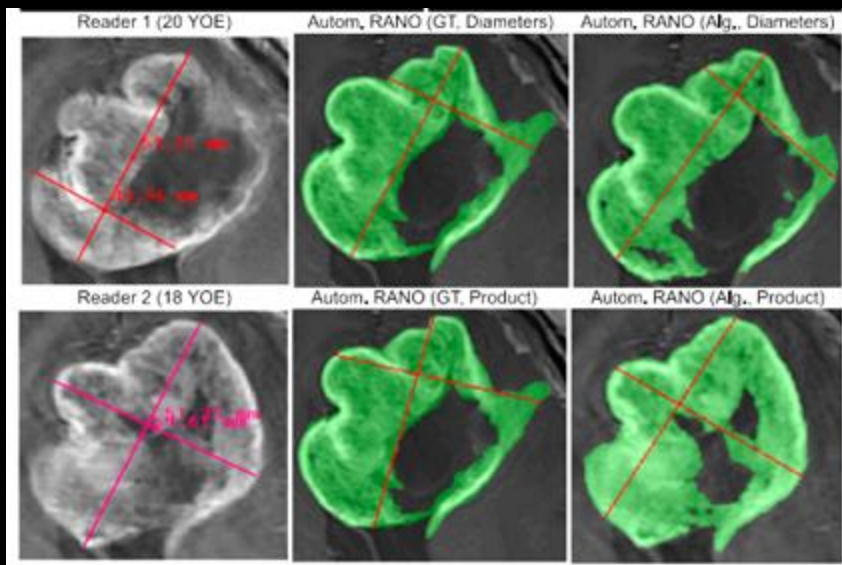


RANO 2.0 criteria



	Diameters [mm × mm]	RANO [mm ²]	Volume [mm ³]
Reader 1 (20 YOE)	59.21 × 40.96	2424.98	–
Reader 2 (18 YOE)	59.61 × 51.35	3061.13	–
Automated RANO (GT, Diameters)	61.93 × 43.84	2715.05	69413.47
Automated RANO (Algorithm, Diameters)	60.94 × 41.30	2516.80	60726.61
Automated RANO (GT, Product)	57.56 × 56.80	3269.61	69413.47
Automated RANO (Algorithm, Product)	57.47 × 51.87	2980.81	60726.61

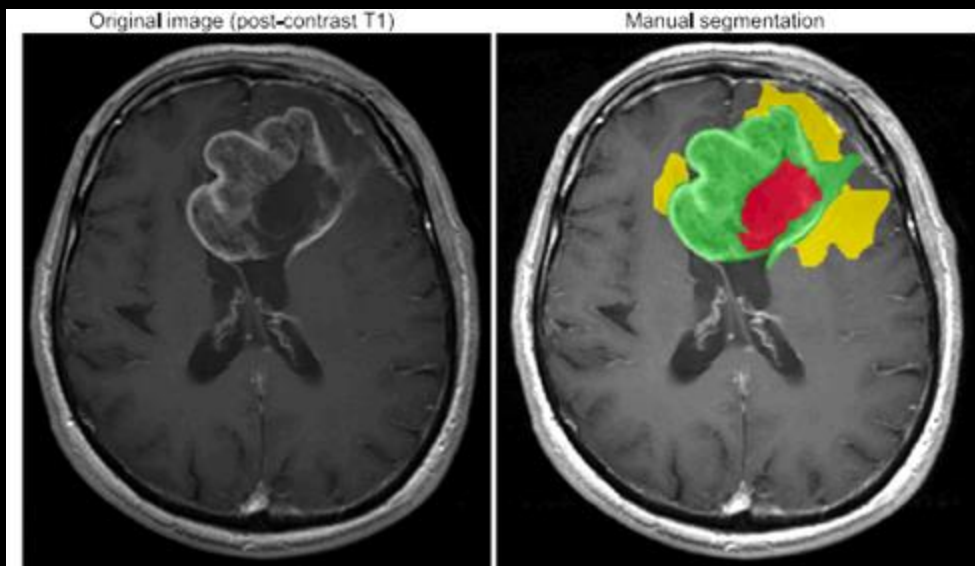
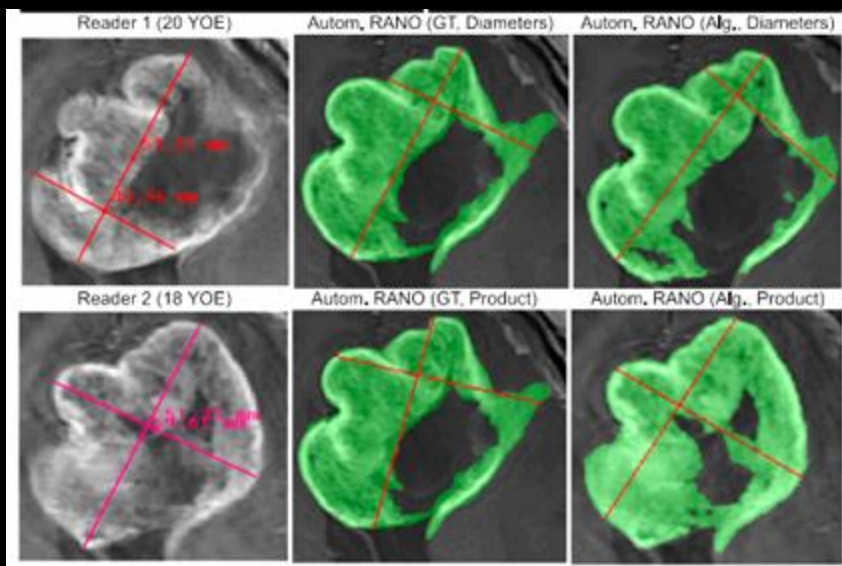
Nalepa 2023



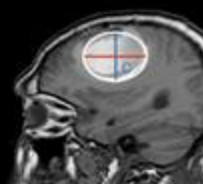
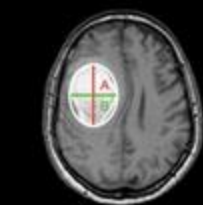
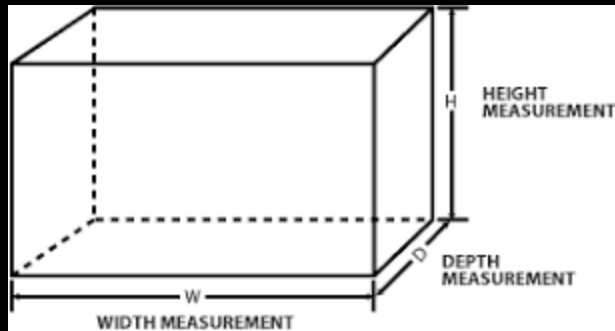
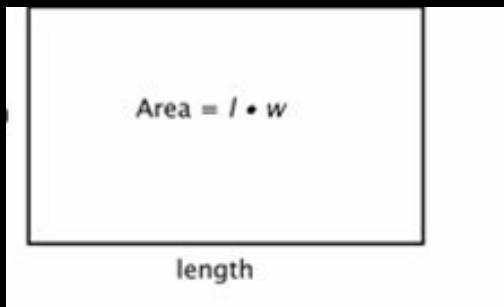
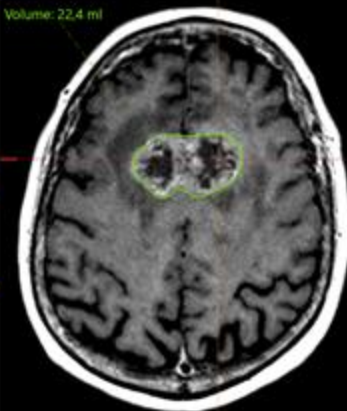
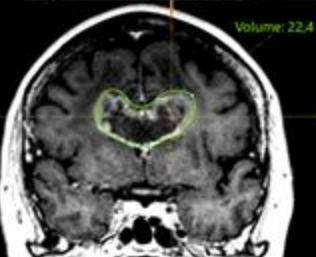
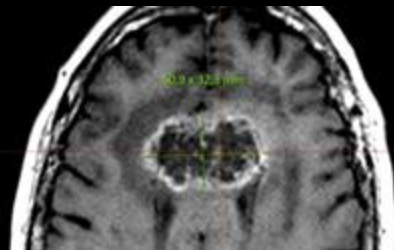
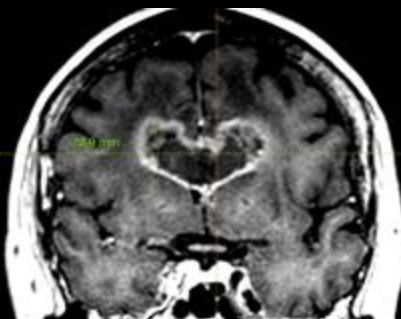
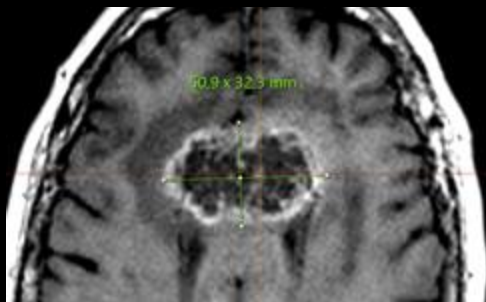
RANO 2.0 criteria



Nalepa 2023



Size and growth rate

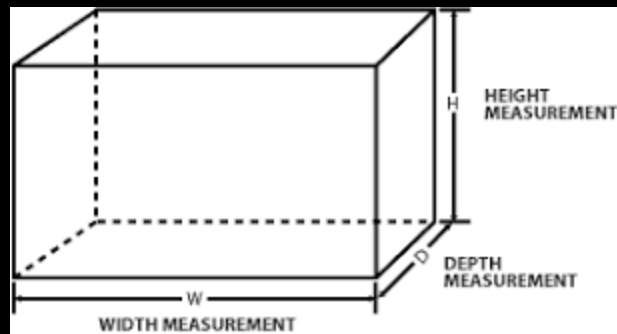
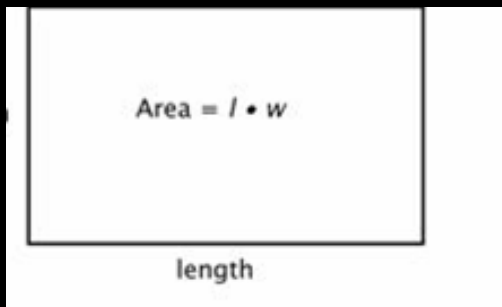
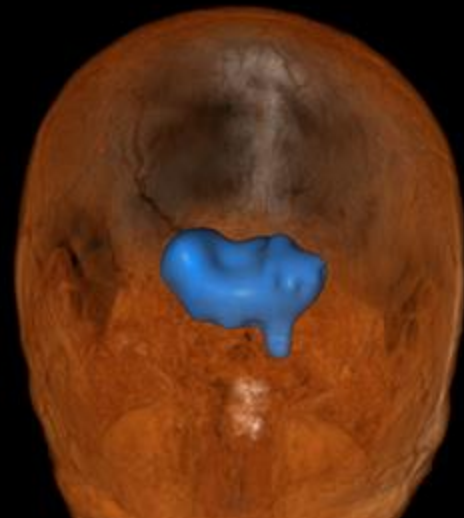
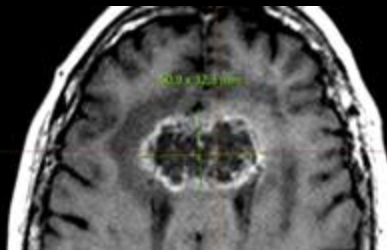
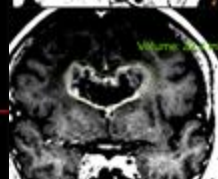
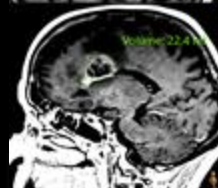
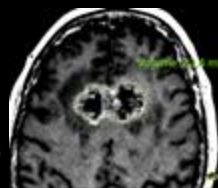
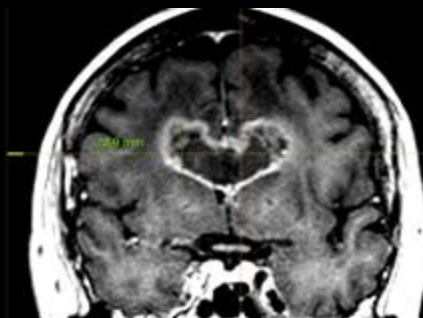
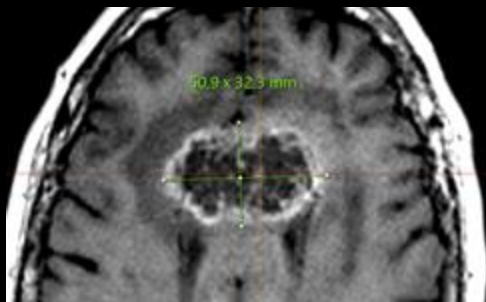


$$\text{Ellipsoid volume} = \frac{4\pi}{3} \times \frac{A}{2} \times \frac{B}{2} \times \frac{C}{2}$$

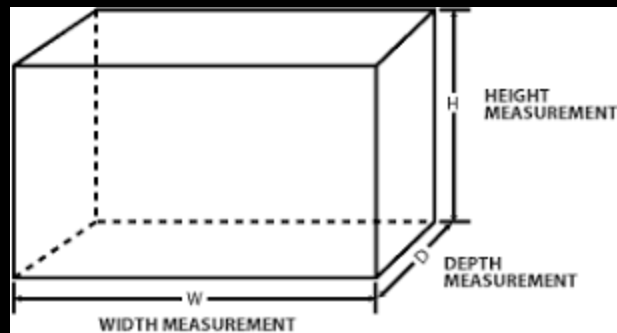
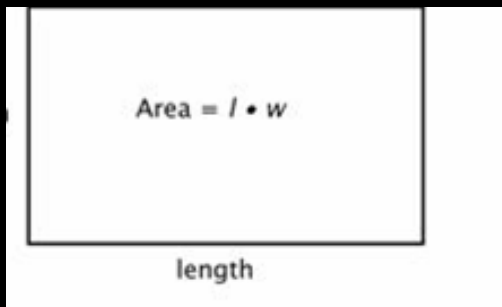
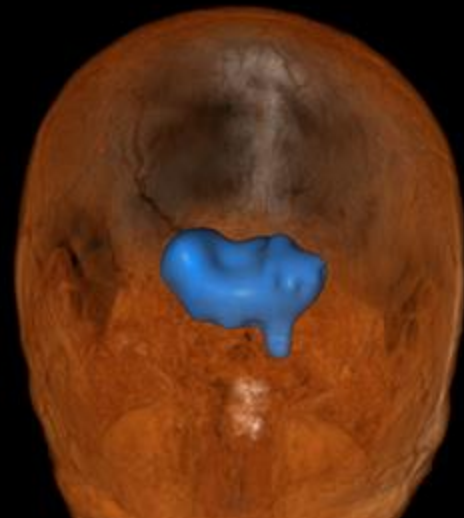
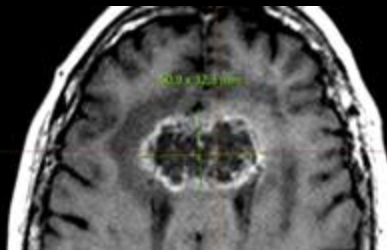
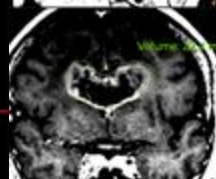
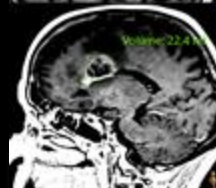
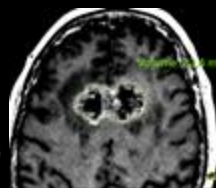
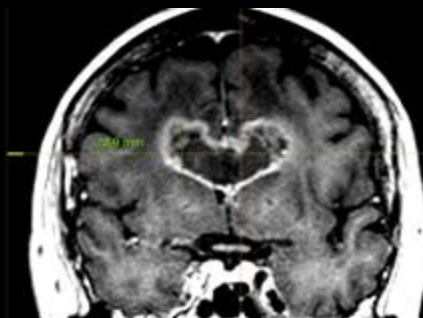
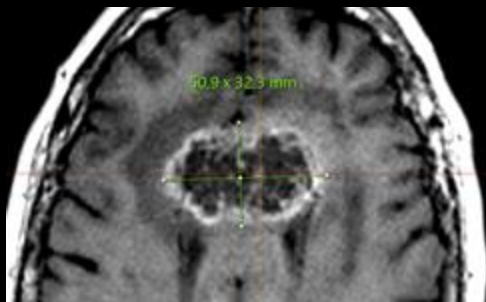
Let $n = 3$

$$\text{Ellipsoid volume} = \frac{1}{2} \times A \times B \times C$$

Size and growth rate



Size and growth rate



Why imaging?

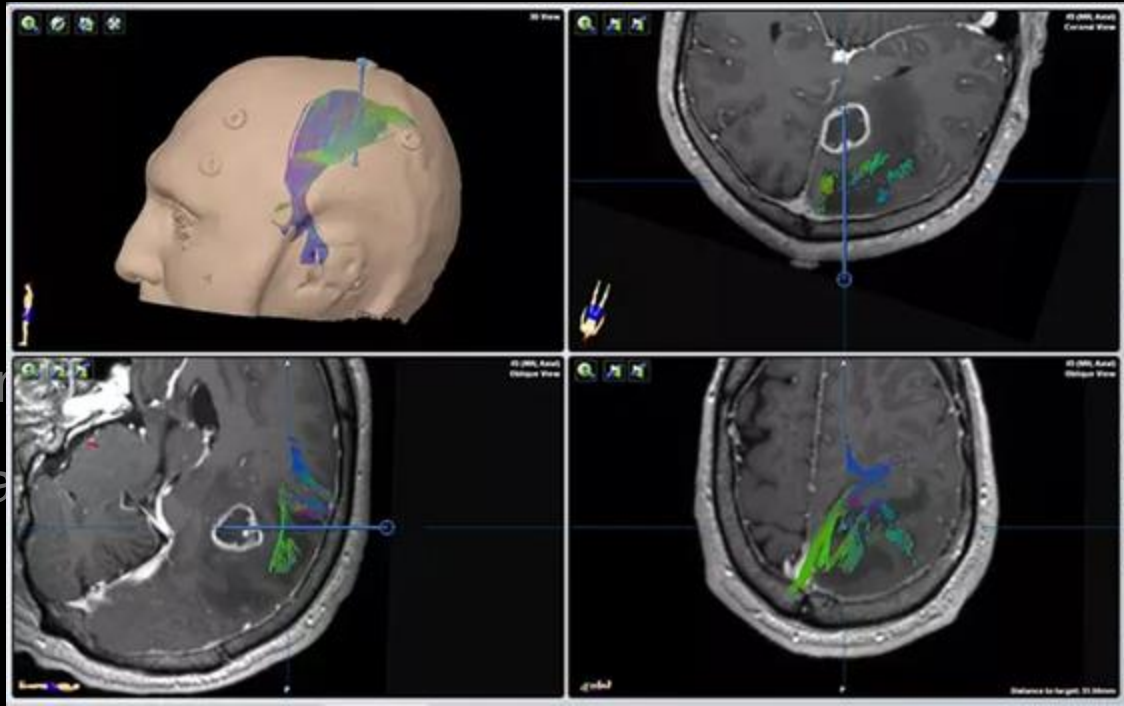
- Need to know?

Size of blood brain barrier

Size of edema and mass

- Off RANO criteria

New small contrast-enhancing lesion suitable for gamma knife surgery or laser interstitial thermal therapy



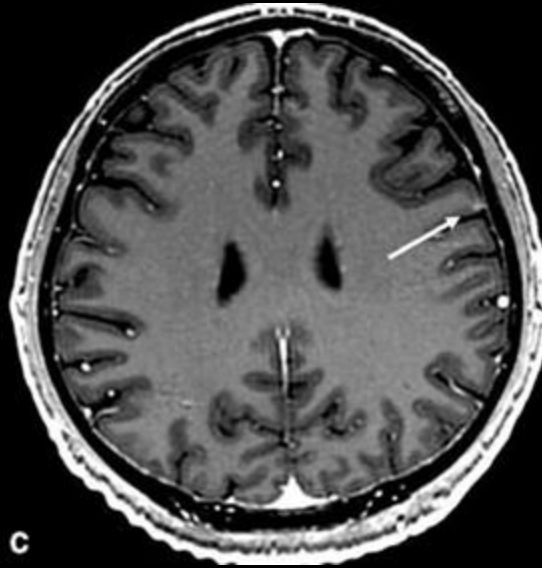
Why imaging?

- Off RANO criteria

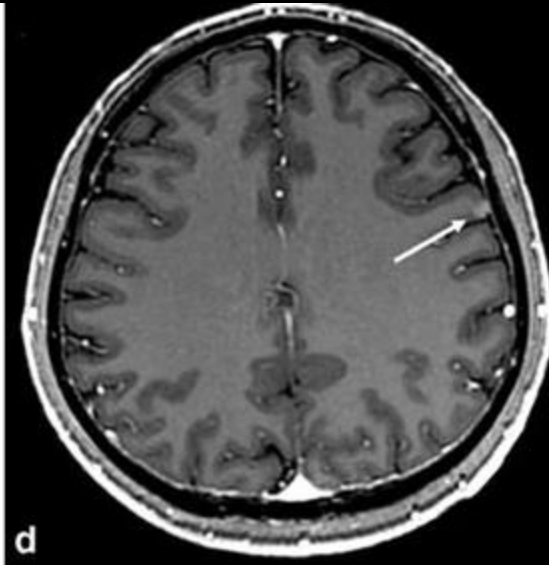
New small contrast-enhancing lesion suitable for gamma knife surgery or laser interstitial thermal therapy

- High resolution 3D T1 with gadolinium

T1Gd onset



T1Gd follow-up



Lung cancer metastasis at diagnosis and 4 month follow-up (contrast enhanced FSPGR)

Kakeda 2007

Why imaging?

- Off RANO criteria

New small contrast-enhancing lesion suitable for gammaknife surgery or laser interstitial thermal therapy

- High resolution 3D T1 with gadolinium




First Gamma Knife Esprit Patient Resumes Life as Usual Only Days After Brain Surgery

UK's National Centre for Stereotactic Radiosurgery in Sheffield is first in the world to begin treating with Elekta's latest Leksell Gamma Knife system



Laser interstitial thermal therapy using the Leksell Stereotactic System and a diagnostic MRI suite: how I do it

Margret Jensdottir¹  · Ulrika Sandvik¹ · Michael Fagerlund² · Jiri Bartek Jr.^{1,3}

Received: 6 September 2022 / Accepted: 10 December 2022 / Published online: 31 December 2022

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Why imaging?

- Need to know?

 - Size of blood brain barrier leakage (T1 with contrast)

 - Size of edema and mass effect? (T2 FLAIR)

- Like to know?

 - A lot!

Why imaging?

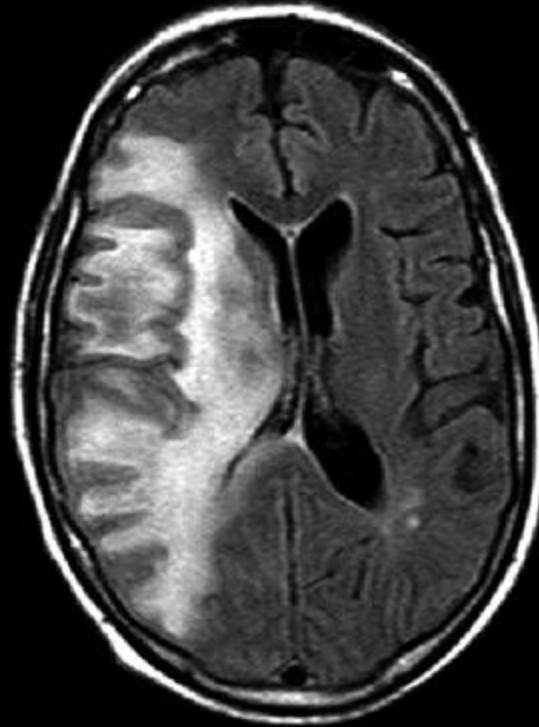
- Like to know?

Pre-operatively

Tumor type?

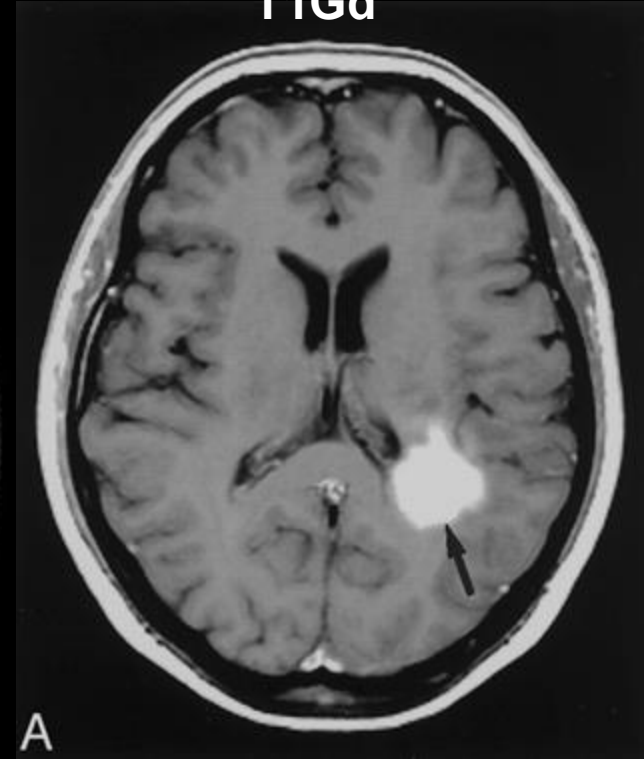
Tumor mimic?

T2FLAIR



Gliomatosis cerebri
Gupta 2016

T1Gd



Tumefactive demyelination
Saindane 2002

T2FLAIR

T1Gd

rCBV

A

B

C

D

E

F

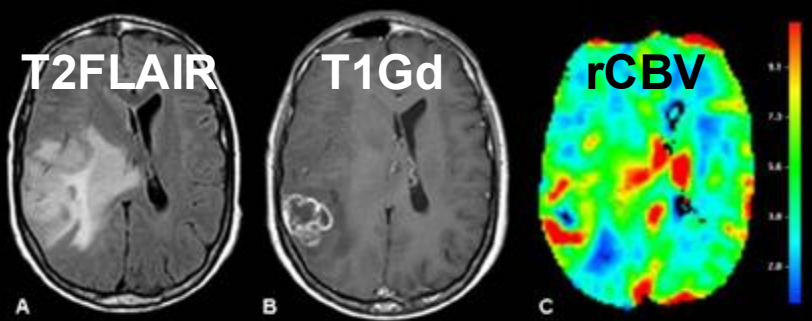
G

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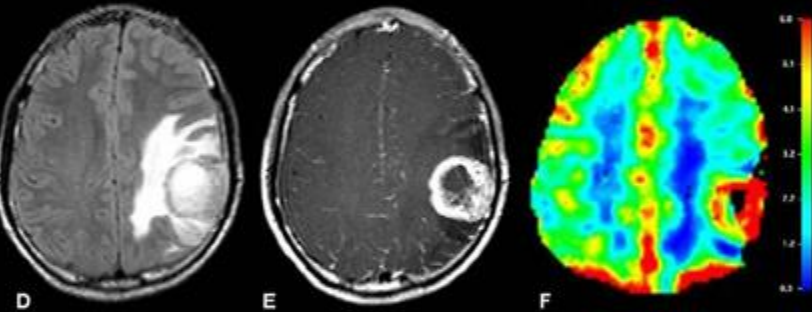
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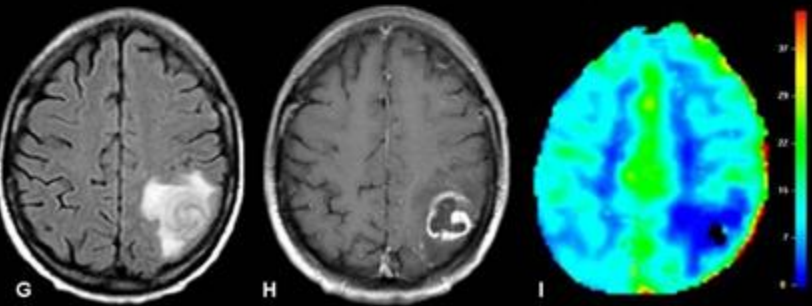
Floriano 2013



Glioblastoma with **high cerebral blood volume**



Malignant melanoma metastasis with **high cerebral blood volume**

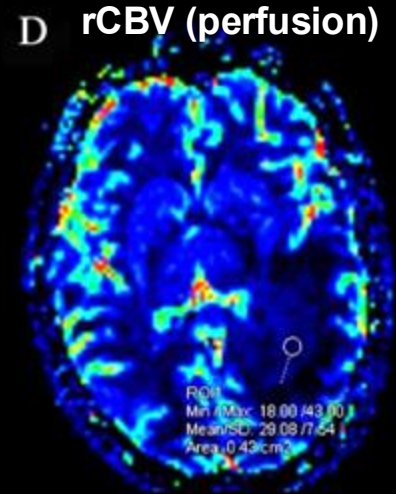
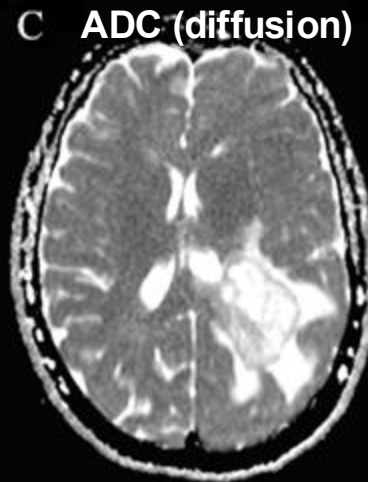
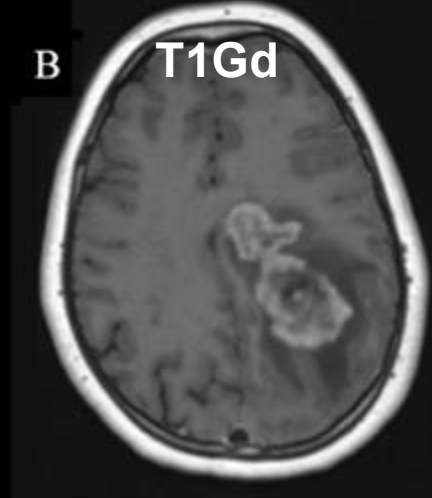
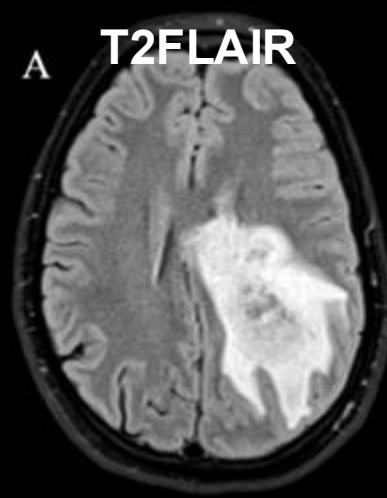


Cerebral toxiplasmosis with **low cerebral blood volume**

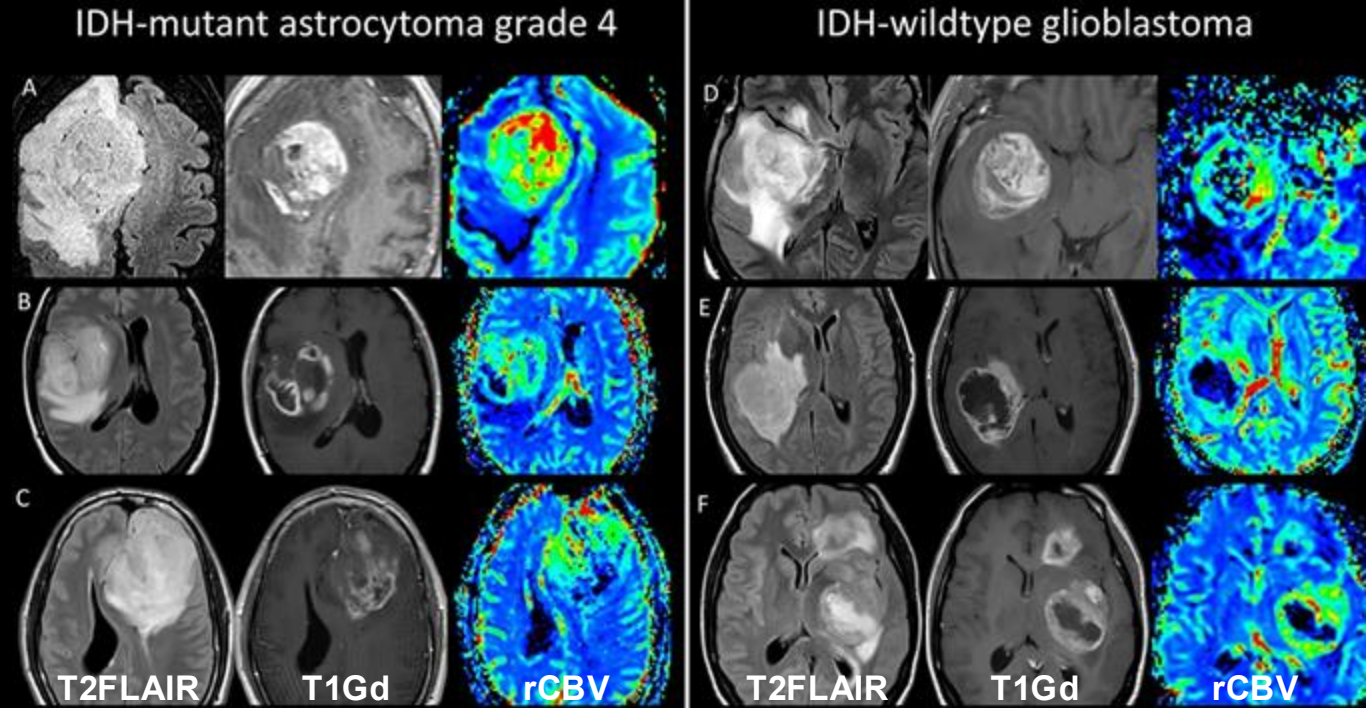
Tumefactive demyelination

Resemble Glioblastoma on T1 and T2 weighted images

Lower cerebral blood volume than glioblastoma

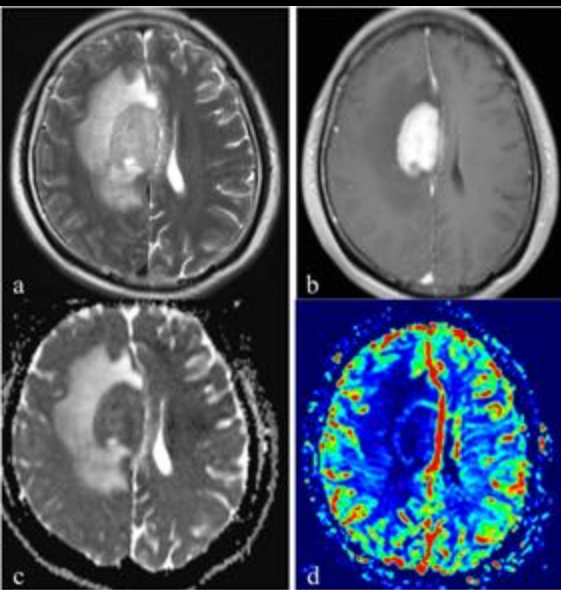


Lymphoma or Glioblastoma

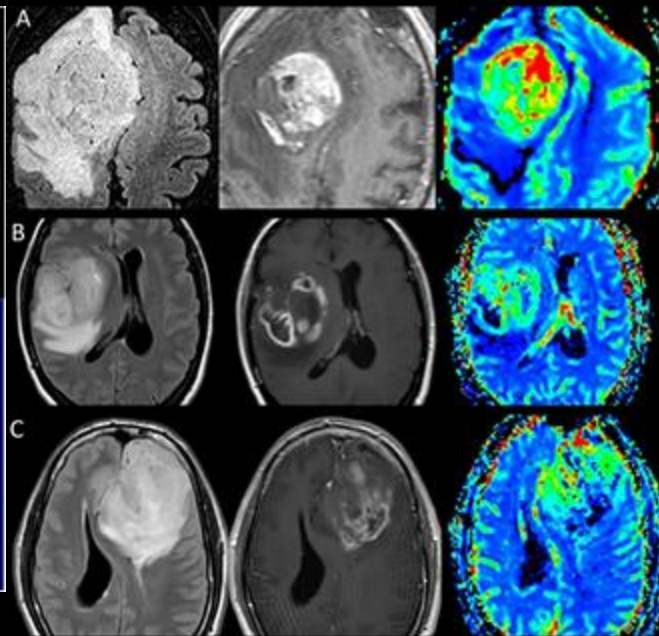


Lymphoma or Glioblastoma

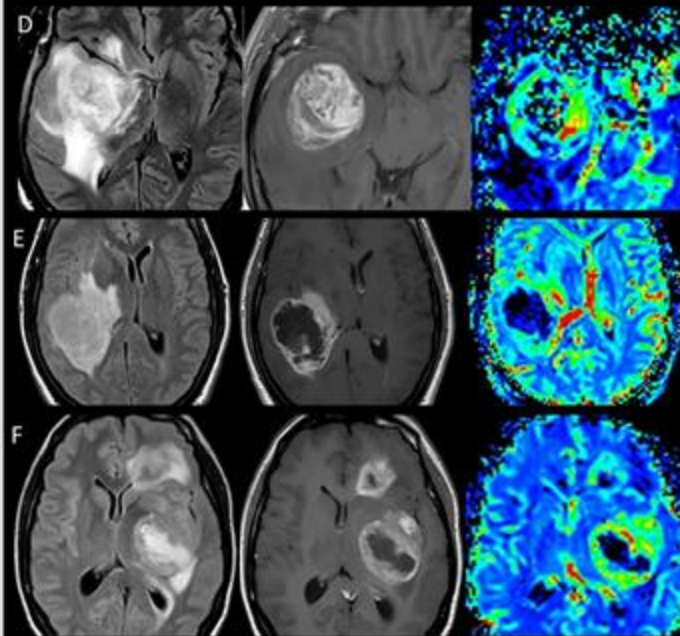
Lymphoma



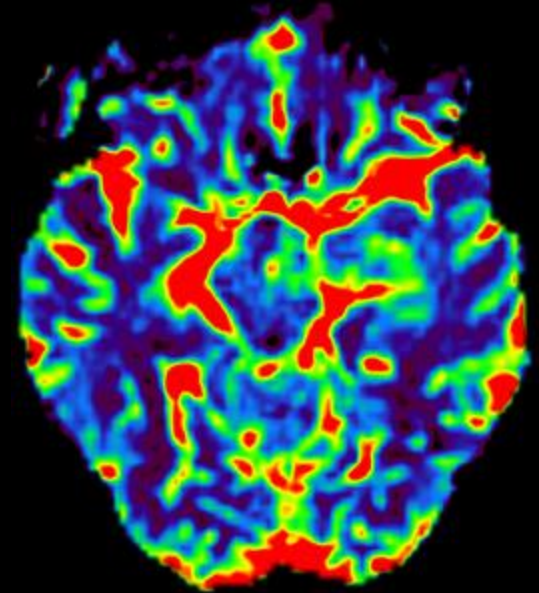
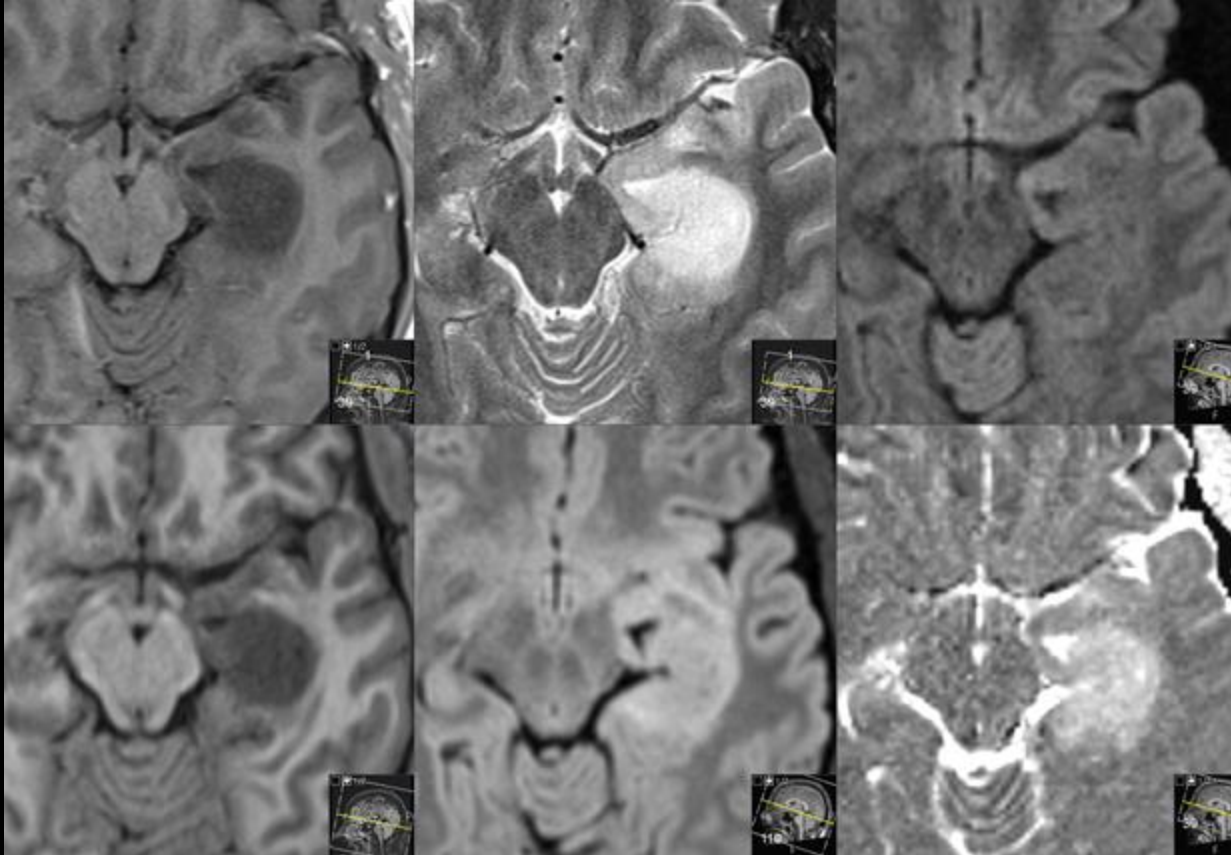
IDH-mutant astrocytoma grade 4



IDH-wildtype glioblastoma

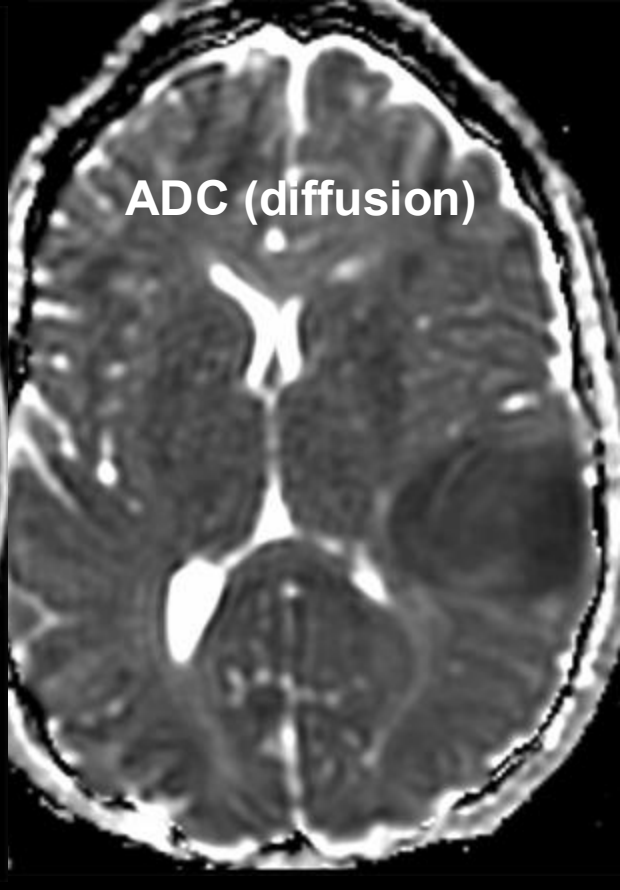
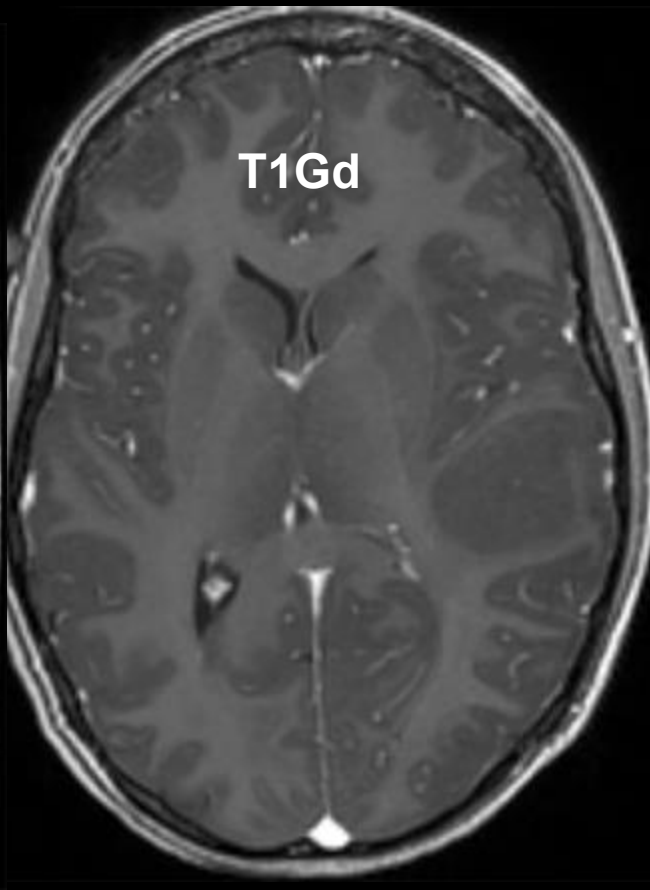
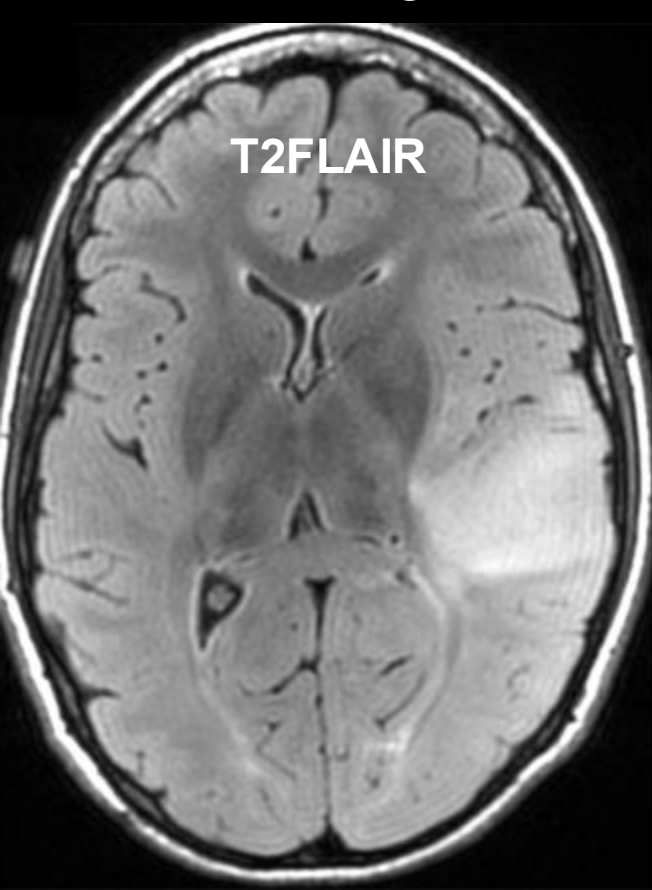


Molecular glioblastoma



rCBV (perfusion)

Molecular glioblastoma



Why imaging?

- Need to know:

 - Complications

- Like to know?

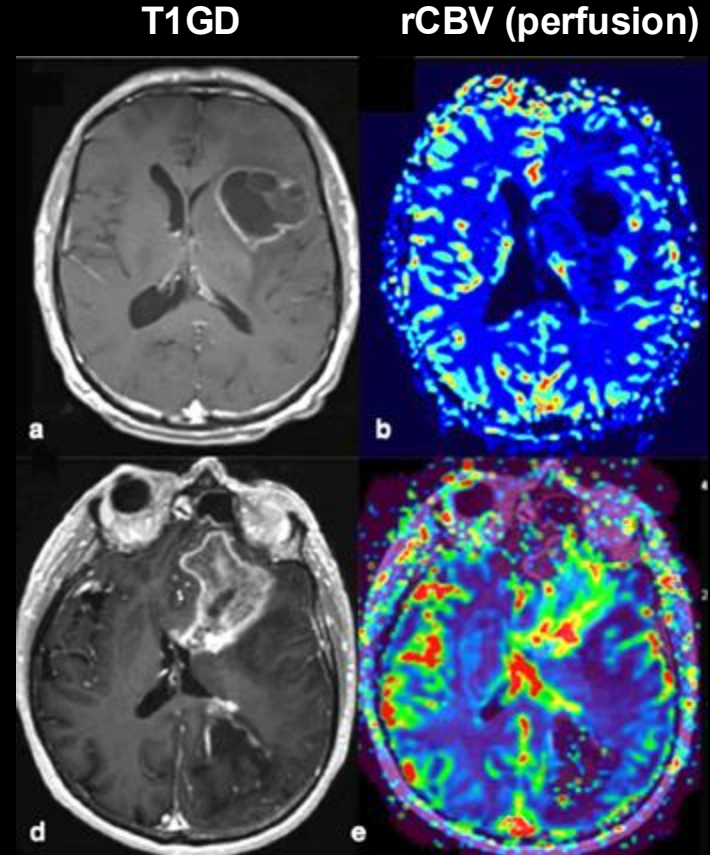
 - Post surgery:

 - Pseudo-response or pseudo-progression

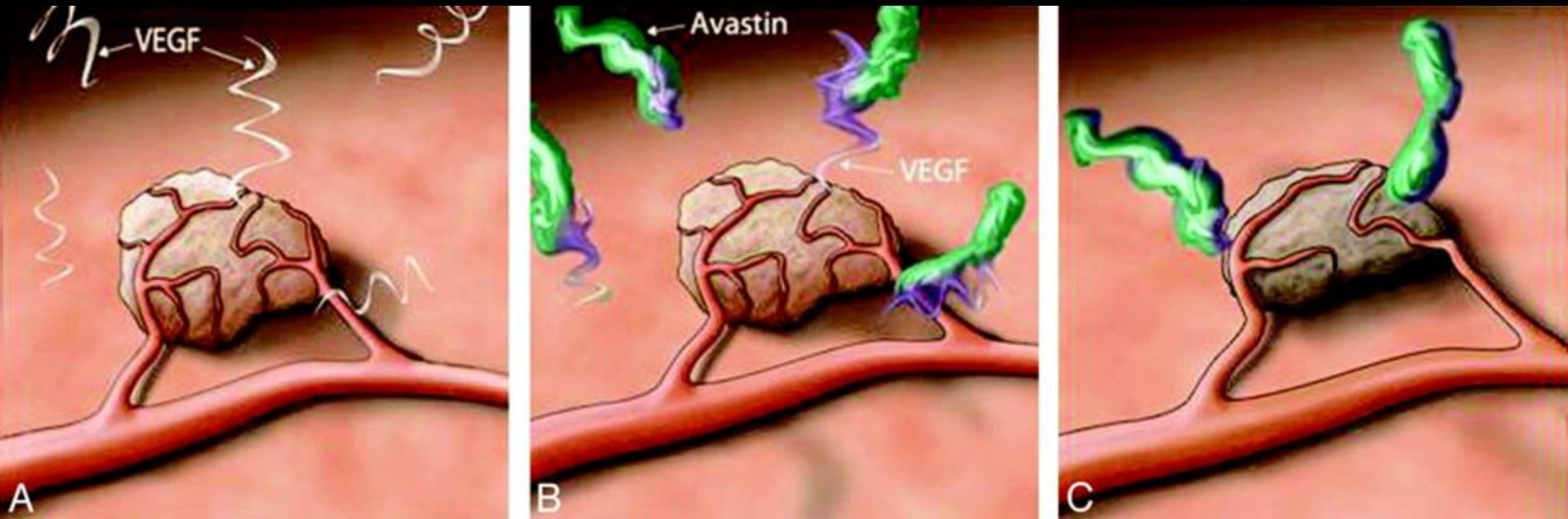
Pseudo-progression

Radiation necrosis has **low cerebral blood volume**

Tumor progression has **high cerebral blood volume**



Pseudo-response

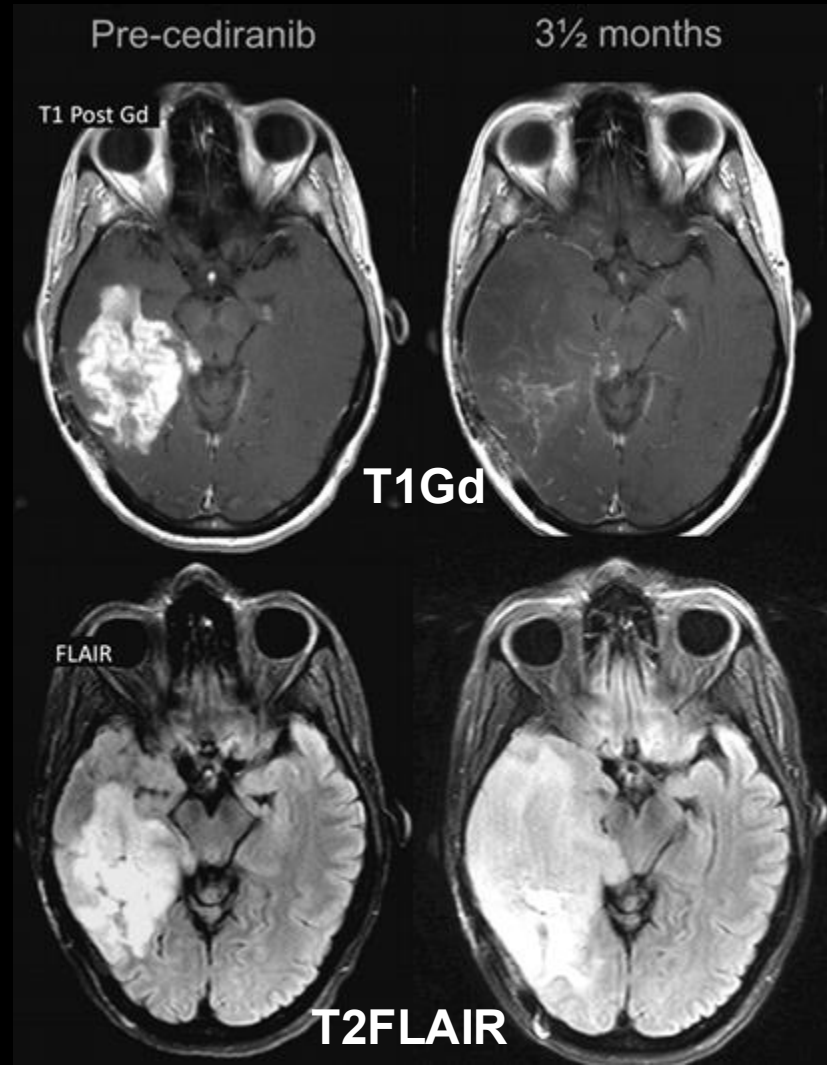


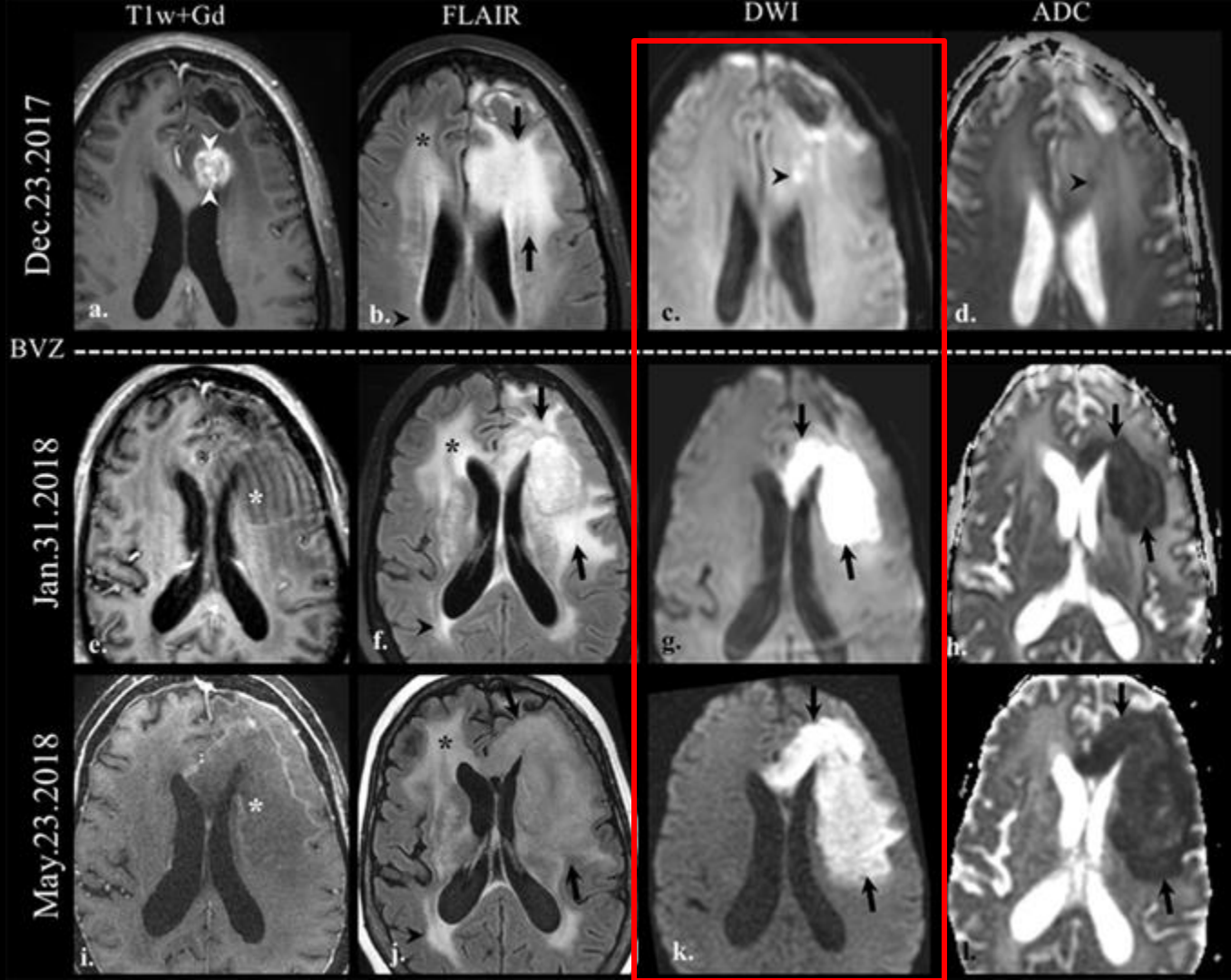
Pseudo regression

Effect of anti-angiogenic (cancer) therapy like Bevacizumab

Loss of contrast enhancement

Progression of expansive non-contrast enhancing tumor areas





BVZ

“Slow”

Why?

Accurate diagnosis

Patophysiological properties

MRI as the ultimate classifier

Long protocols

How?

MRI perfusion

MRI advanced diffusion

MRI spectroscopy

MRI Chemical exchange saturation transfer for example amide proton transfer imaging

MRI spectroscopy against Methionine-PET

O Axial Ch/NAA<->M3D/CubeT2flair: ...

S: 31.8 (coi)

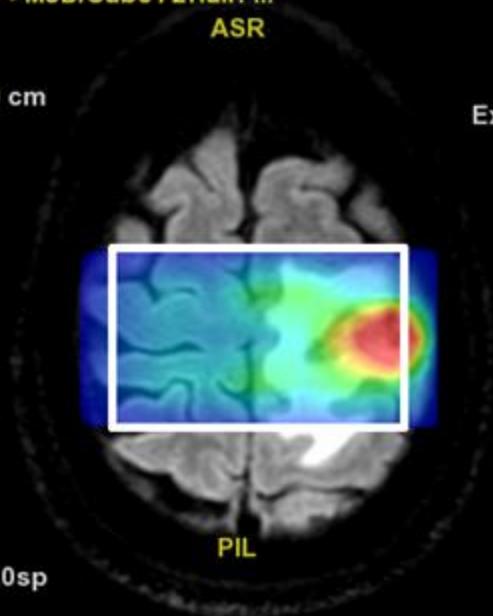
Im: 1

DFOV 23.4 x 18.0 cm

50 %

ASR

Ex: Nov 26 2024



PROBE-P

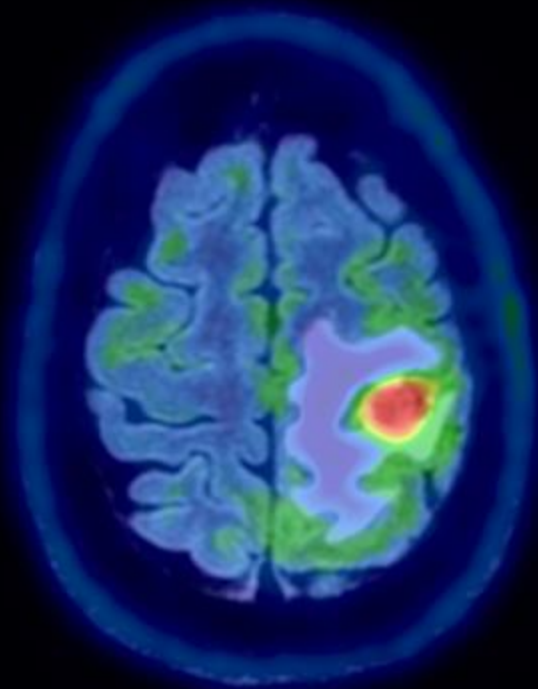
18.0/18.0mm /18.0sp

m=0.00 M=1.91

W=1.9 L=0.96

MRI Spectroscopy Ch/NAA

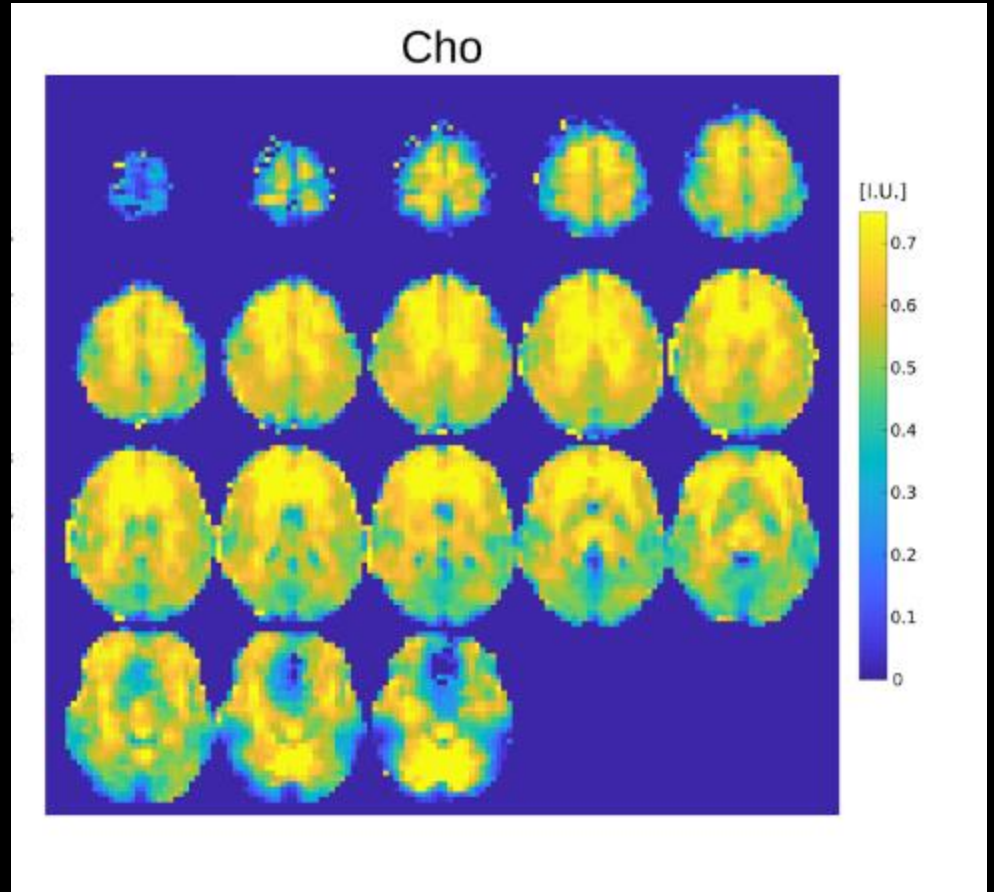
L
A

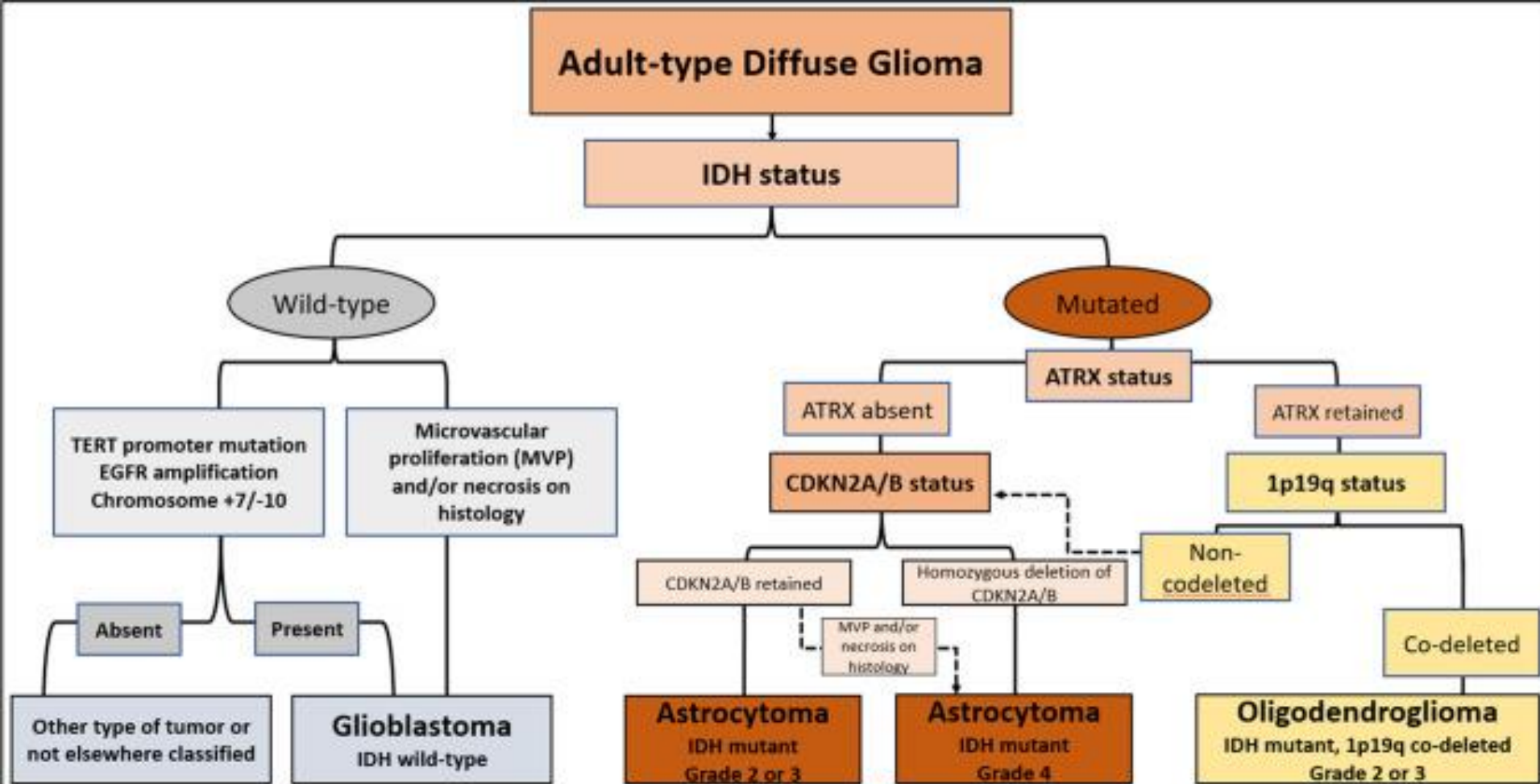


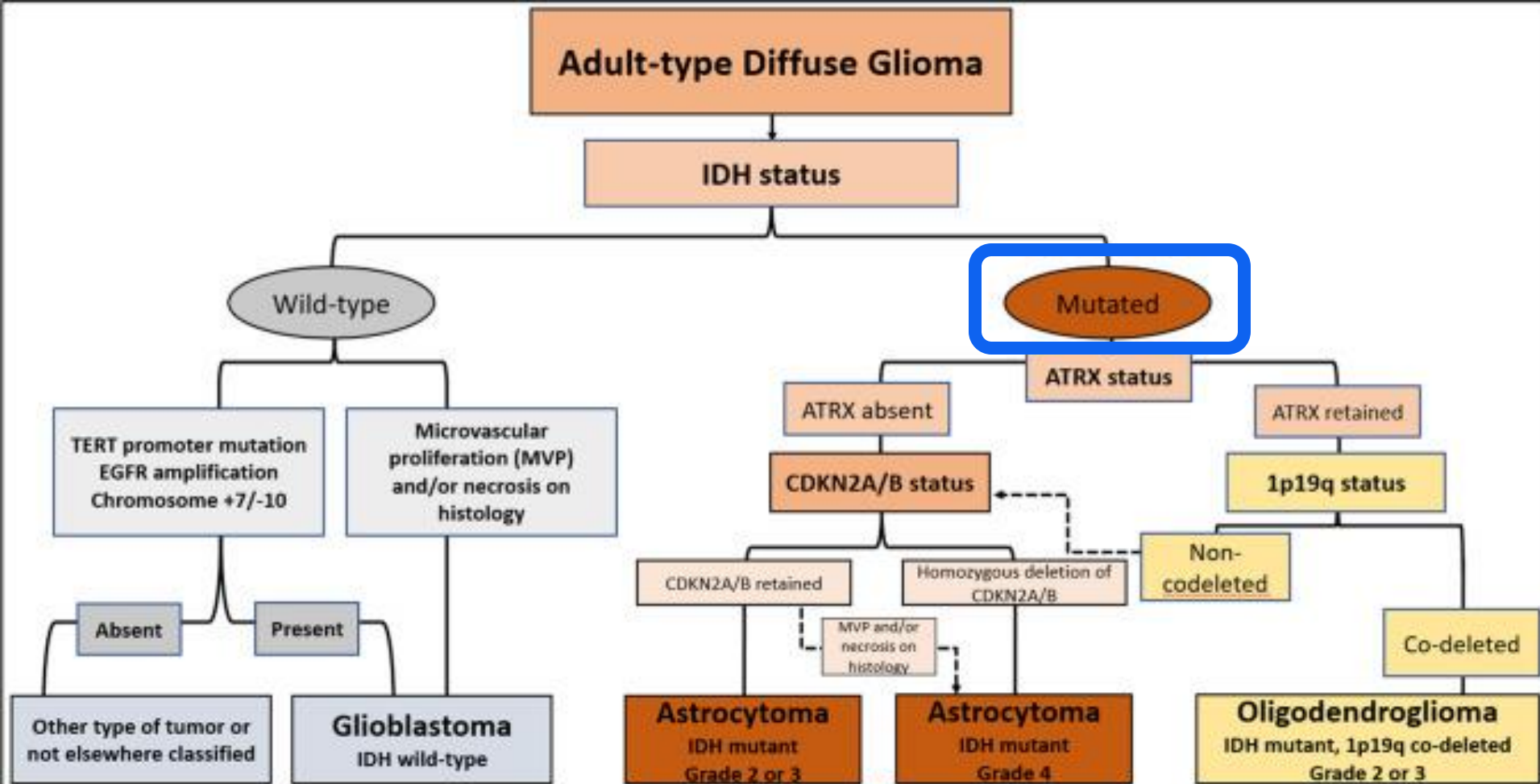
MET-PET

Whole-brain high-resolution metabolite mapping

20 minutes

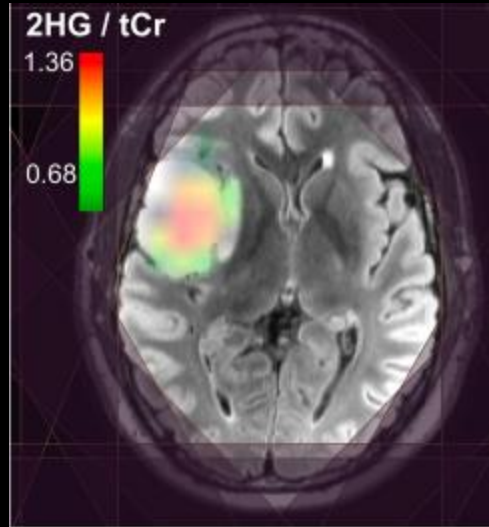






2HG MRI spectroscopy

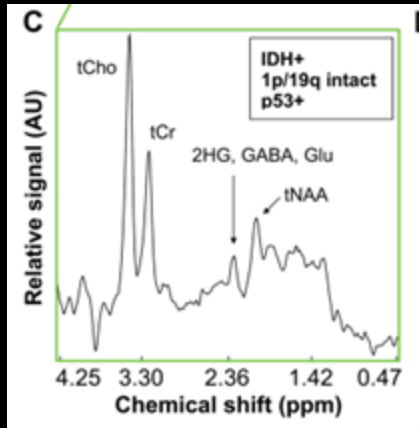
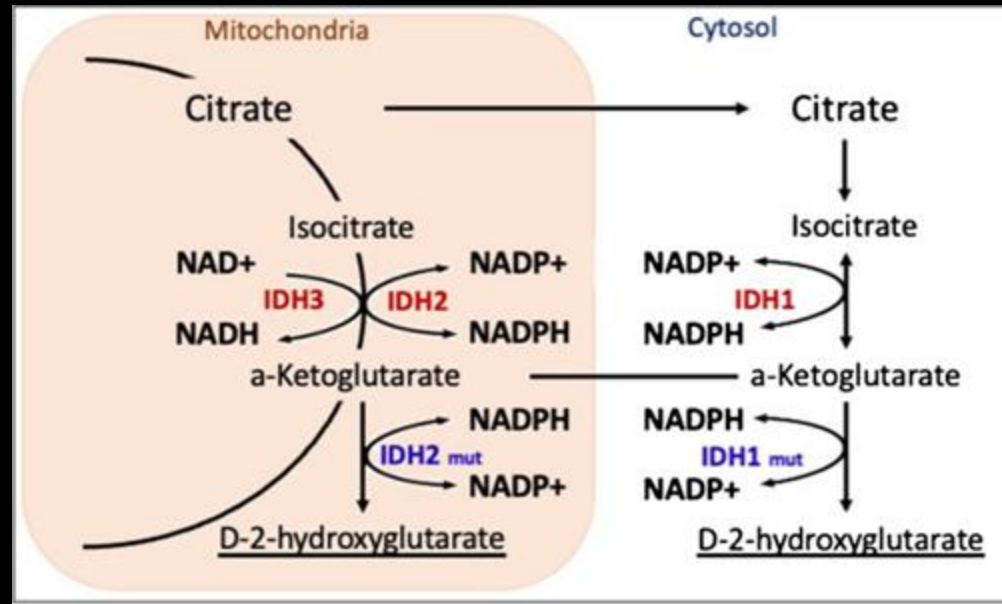
IDH inhibitors



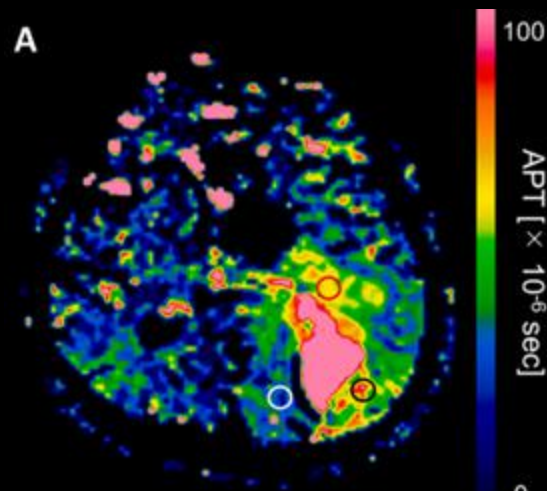
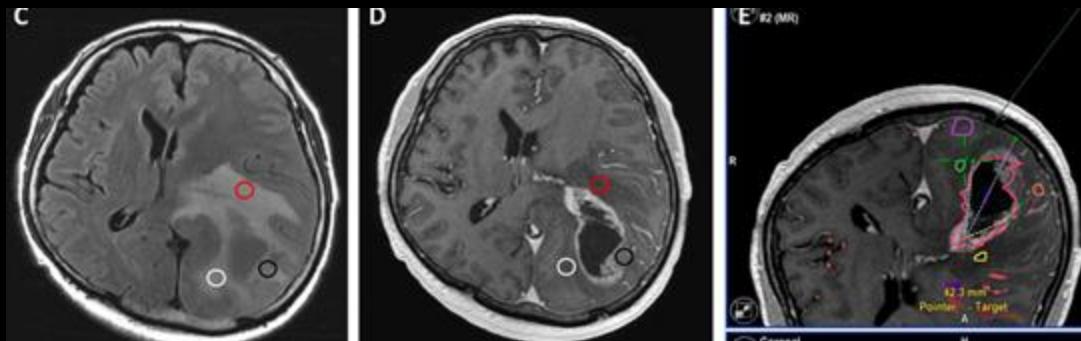
Autry 2022

Mellinghoff 2023

Alshiekh Nasany 2023

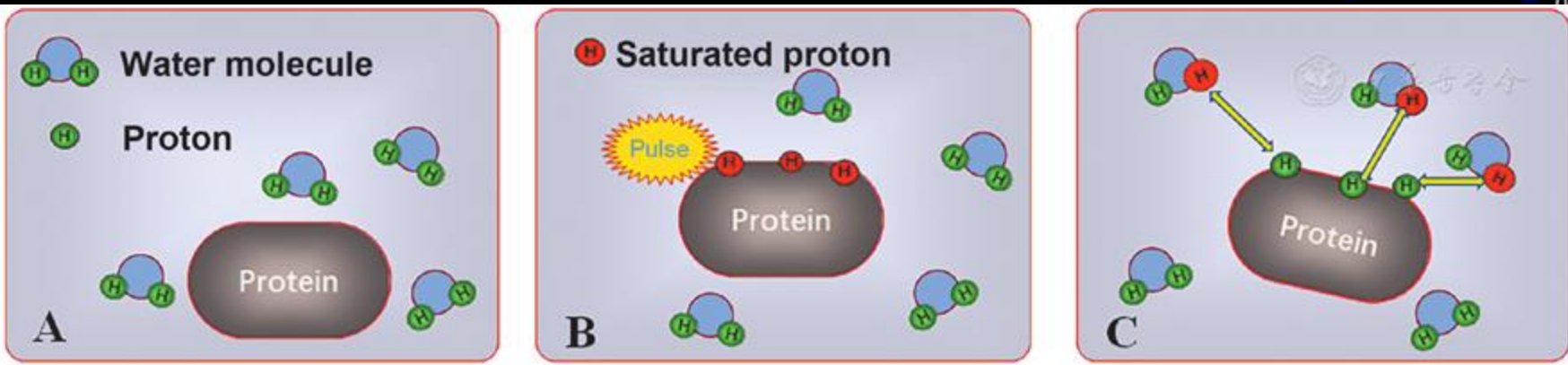


MRI Chemical exchange saturation transfer for example amide proton transfer (APT) imaging



Yamauchi 2022

Meng 2024



PET imaging

Amino acid tracers

- Methionine (MET)
- Tyrosine (FET)
- Phenylalanine (DOPA)
- Choline
- Fluciclovine (FACBC)

Prostate specific membrane
antigen (PSMA)



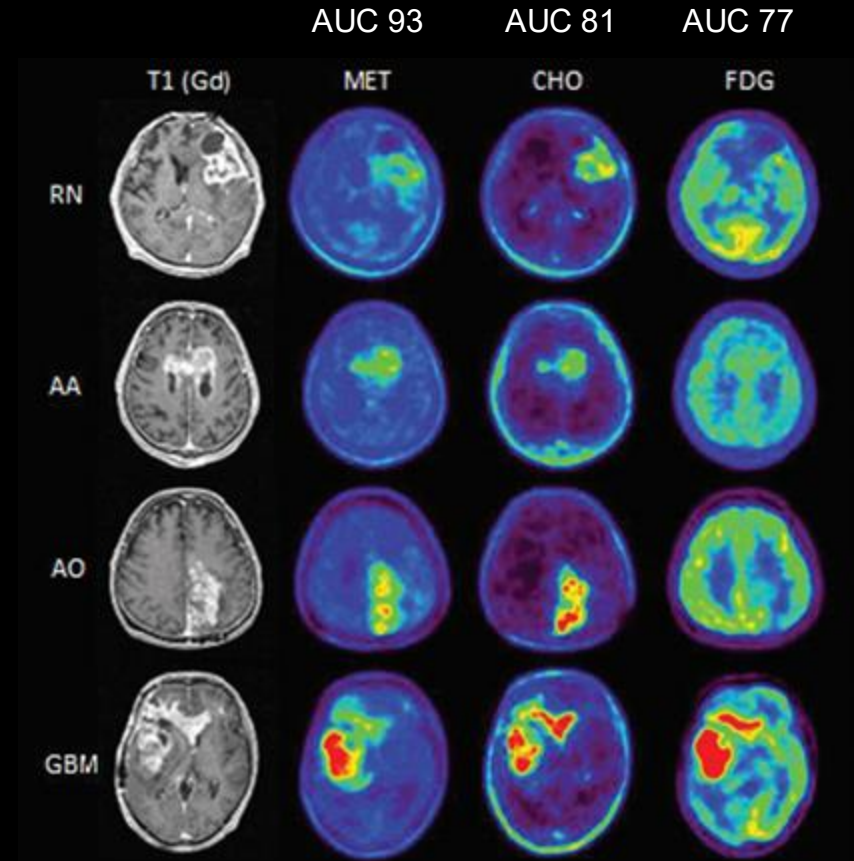
Royal Brisbane and Women's Hospital (RBWH)
Radiopharmaceutical Centre for Excellence (Q-TRaCE)

PET-imaging: amino acids, FDG

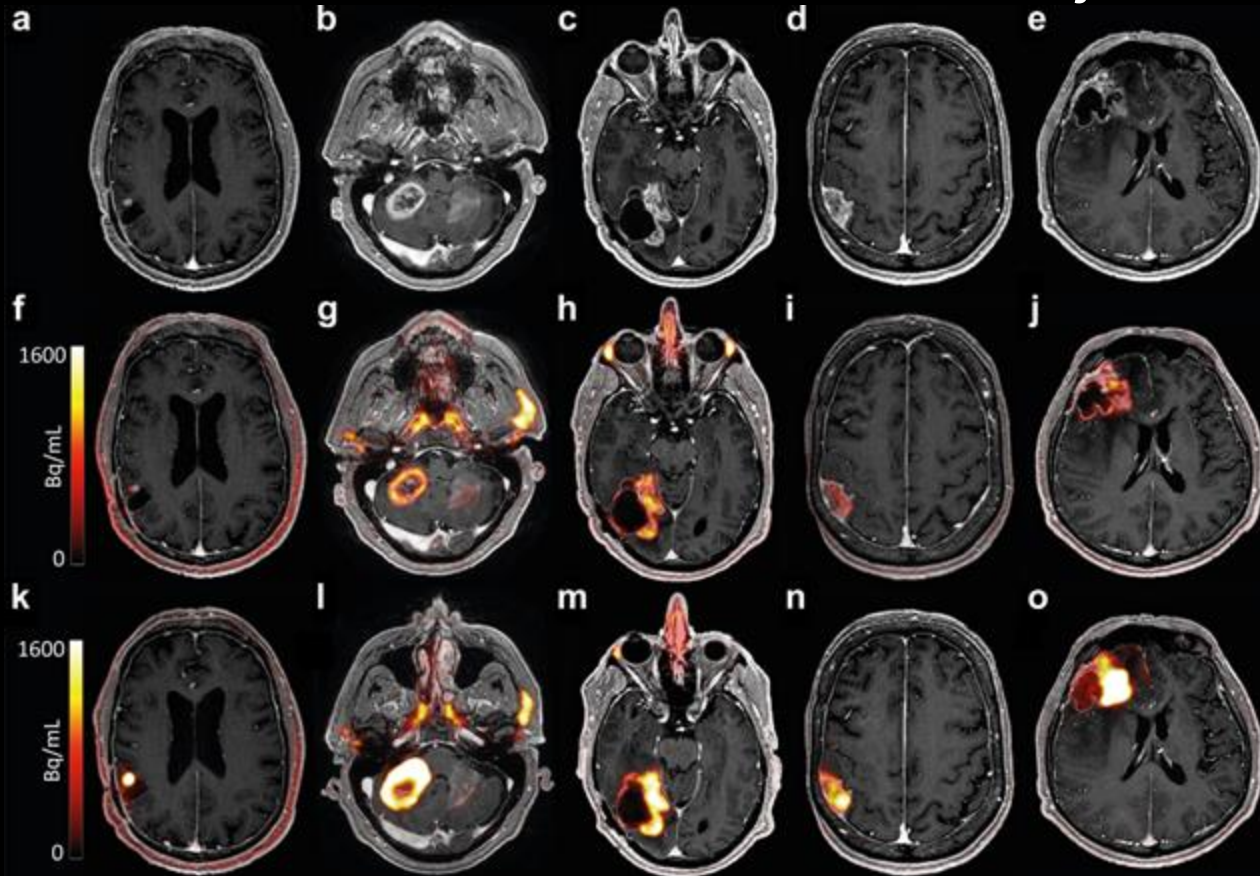
Radiation necrosis has **low uptake**

Tumor progression has **high uptake**

Takenaka 2013



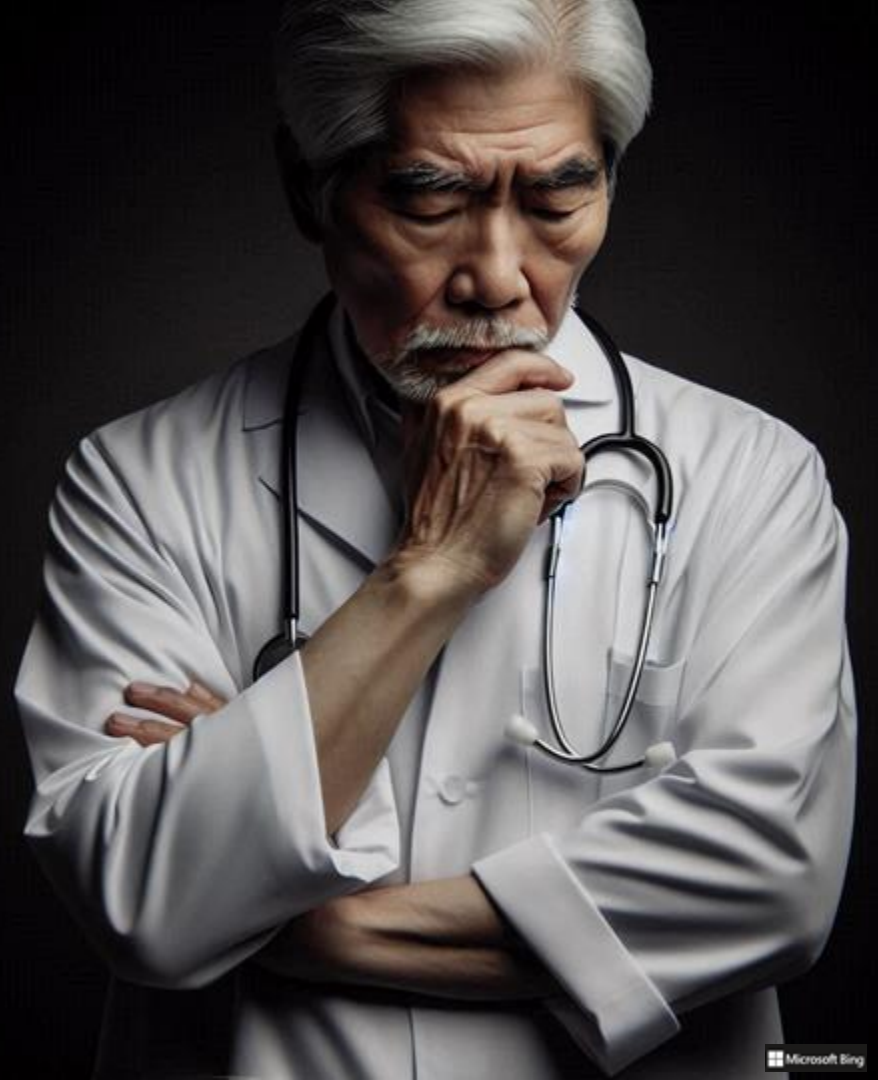
PSMA - intravenous or intra arterial injection in Glioblastoma



Why imaging?

What would you...

- Need to know?
- Like to know?





Thank you!

Stockholm County Council (ALF project)
KI faculty fund (KID)
Åke Wiberg
Magnus Bergvall
Department of Neuroradiology KS (FOU)
Swedish society of Medicine





Thank you!

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