
Comparison of tumor microstructure derived NODDI and DTI metrics to histopathology in different grades of brain tumor

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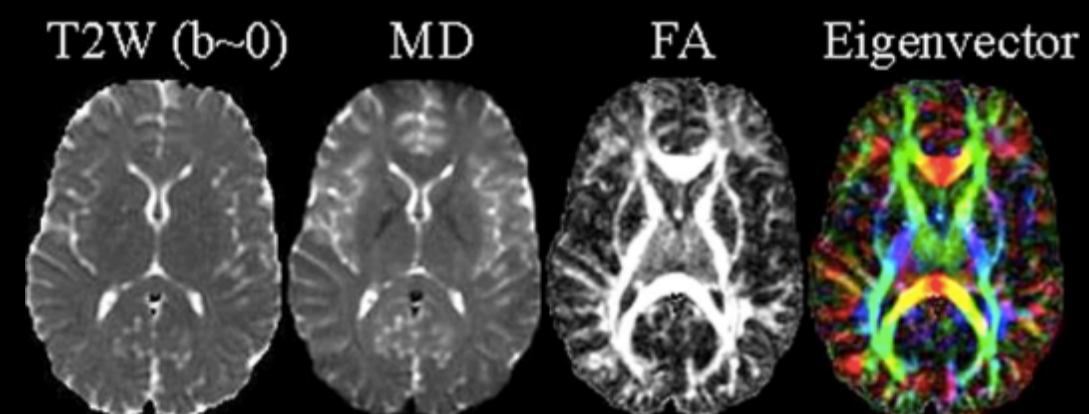
Introduction

- ✧ Diffusion of water inside a voxel of brain tissue is
 - ✧ Hindered primarily by cell membrane boundaries
 - ✧ Represents the combined water diffusion in a number of compartments

Alexander et al., Nov 2007

✧ Diffusion tensor imaging (DTI):

- ✧ Assumes single tensor with Gaussian model in each voxel
- ✧ Allows data profiling based on white matter tract orientation



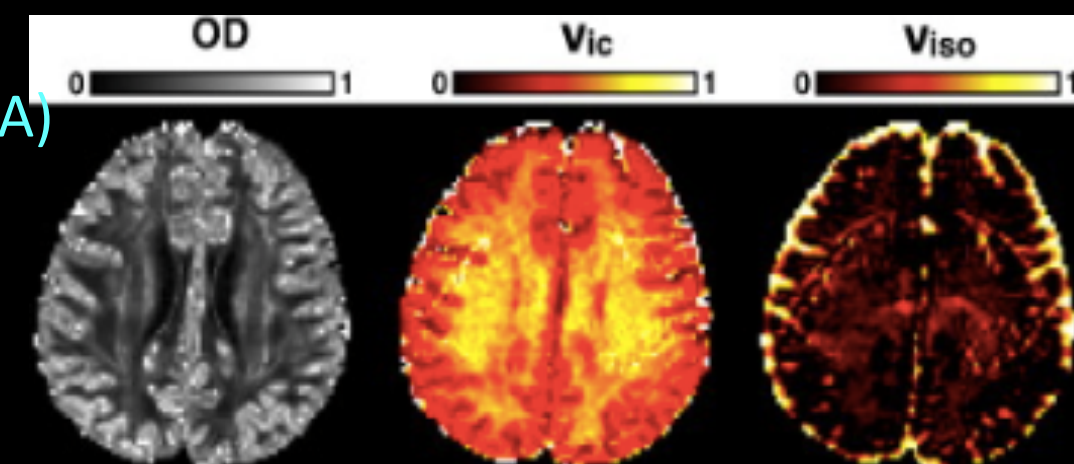
✧ Neurite orientation dispersion and density index (NODDI)

- ✧ Assumes a non-Gaussian biophysical model that distinguishes three types of microstructural environment: intra-neurite, extra-neurite, and CSF compartments

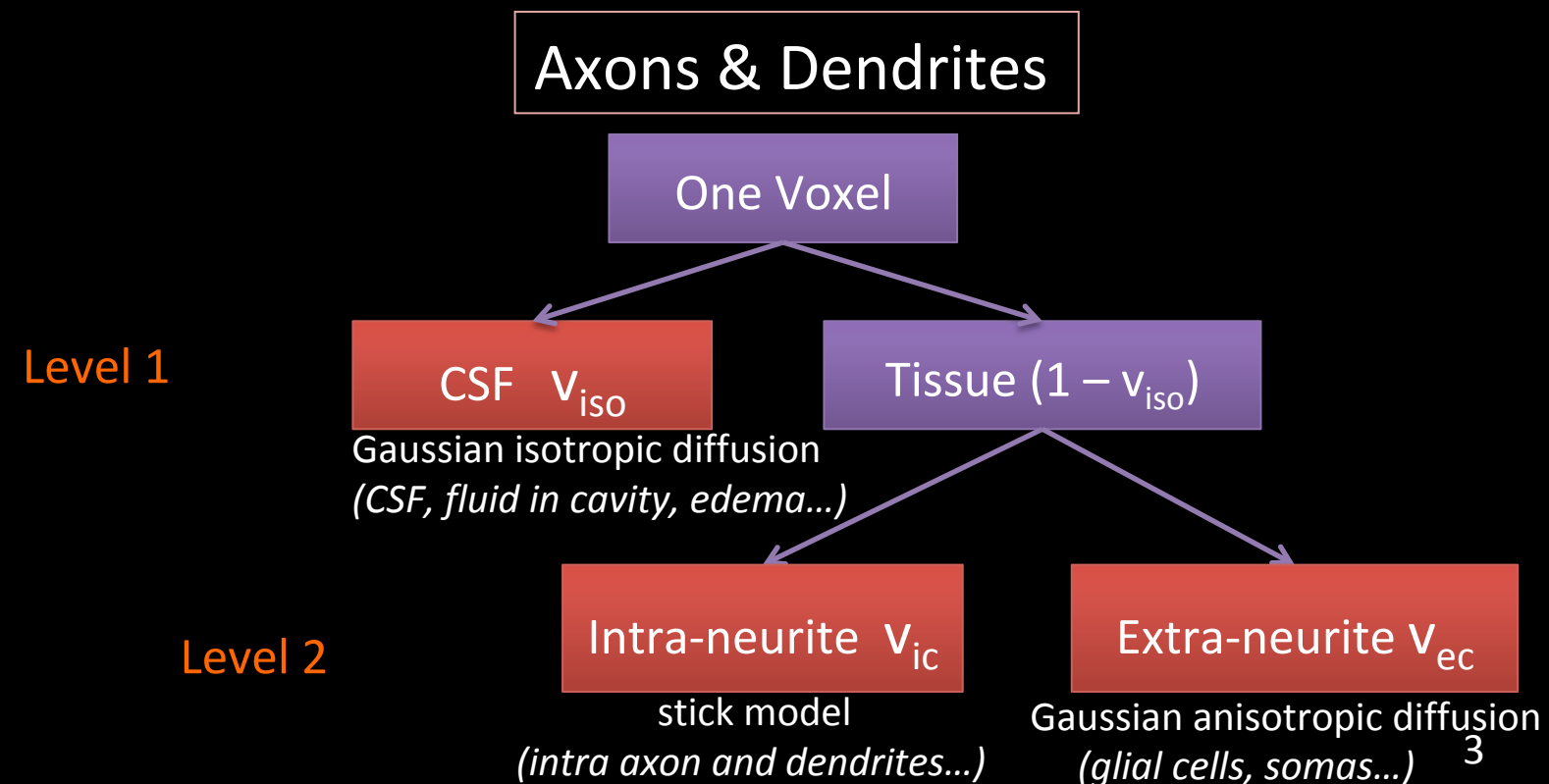
Zhang et al., Jul 2012

- ✧ Disentangles the key factors contributing to fractional anisotropy (FA)
- ✧ Provides output maps

- ✧ V_{ic} – Intra-neurite volume fraction
- ✧ V_{ec} – Extra-neurite volume fraction
- ✧ V_{iso} – Isotropic volume fraction
- ✧ ODI – Orientation Dispersion Index



NODDI Model Details



Matrices	Model	Description	Tissue
V_{iso}	Gaussian Isotropic	“Free water” compartment	CSF, fluid in cavity, edema, et al...
V_{ic}	Stick Model	“Spaghetti” Compartment	Axon, dendrites, et al..
V_{ec}	Gaussian Anisotropic	Everything else	Glial cells, Soma, et al...
ODI	Stick Model	High: highly dispersed Low: highly parallel	

Motivation

- In gliomas, tissue structure is very **heterogeneous**:
 - Including axons, normal cells, tumor cells, vasculature, edema, water-bonded macromolecules etc.
 - **DTI** is very **sensitive** to the underlying **tissue structure** but **not specific** (*Pierpaoli et al ., 1996*)
- **NODDI** allows **quantification** of **specific tissue microstructure** features and may have the potential to provide **meaningful biophysical indices**
 - However, **NODDI** is a **model-based** approach built on **normal brain**, that may be **limited** when **used to characterize abnormal tissue structure**
 - Recent work has shown the **application of NODDI** to brain tumors (*Wen et al., Neuroimage Clinical 2015*) to **overcome** the **low specificity** of DTI
- In this exploratory study we applied NODDI and DTI to histopathologic features in different tumor grades
 - In order to validate the diagnostic potential of these techniques

Objectives

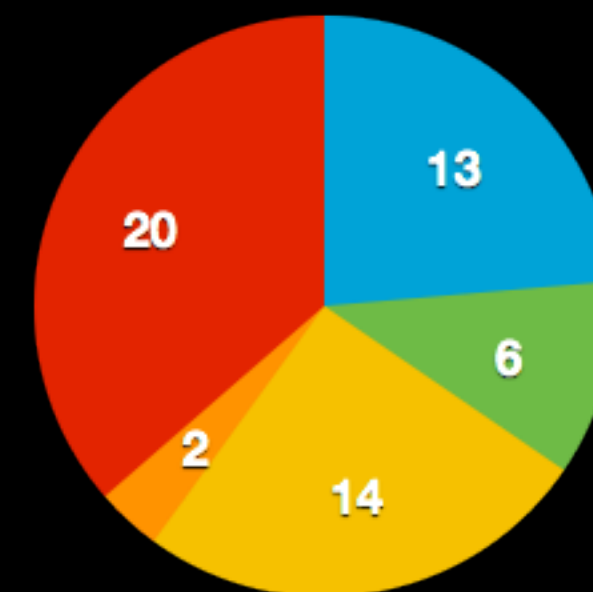
- To evaluate NODDI and DTI imaging metrics within the T2 lesion and image-guided tissue samples of different grade gliomas by:
 - comparing derived metrics that characterize the T2 lesion with non-enhancing lesion (NEL) and contrast-enhancing lesion (CEL) among different tumor grades
 - investigating the differences in parameters between non-enhancing (NE) and contrast-enhancing (CE) tissue samples in GBMs
 - relating diffusion parameters from acquired tissue samples to histopathological features

Methods: Patient Population

Lesion Data

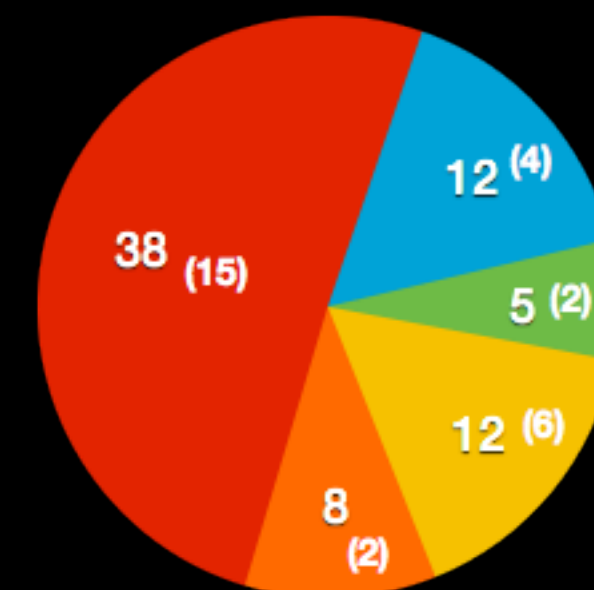
- 55 patients
- Median Age: 40 (20 –79)
- Gender: 35 Male/20 Female

* Oligoastro with 1p19q not deleted status are considered astro-like and are grouped into Astro group for analysis



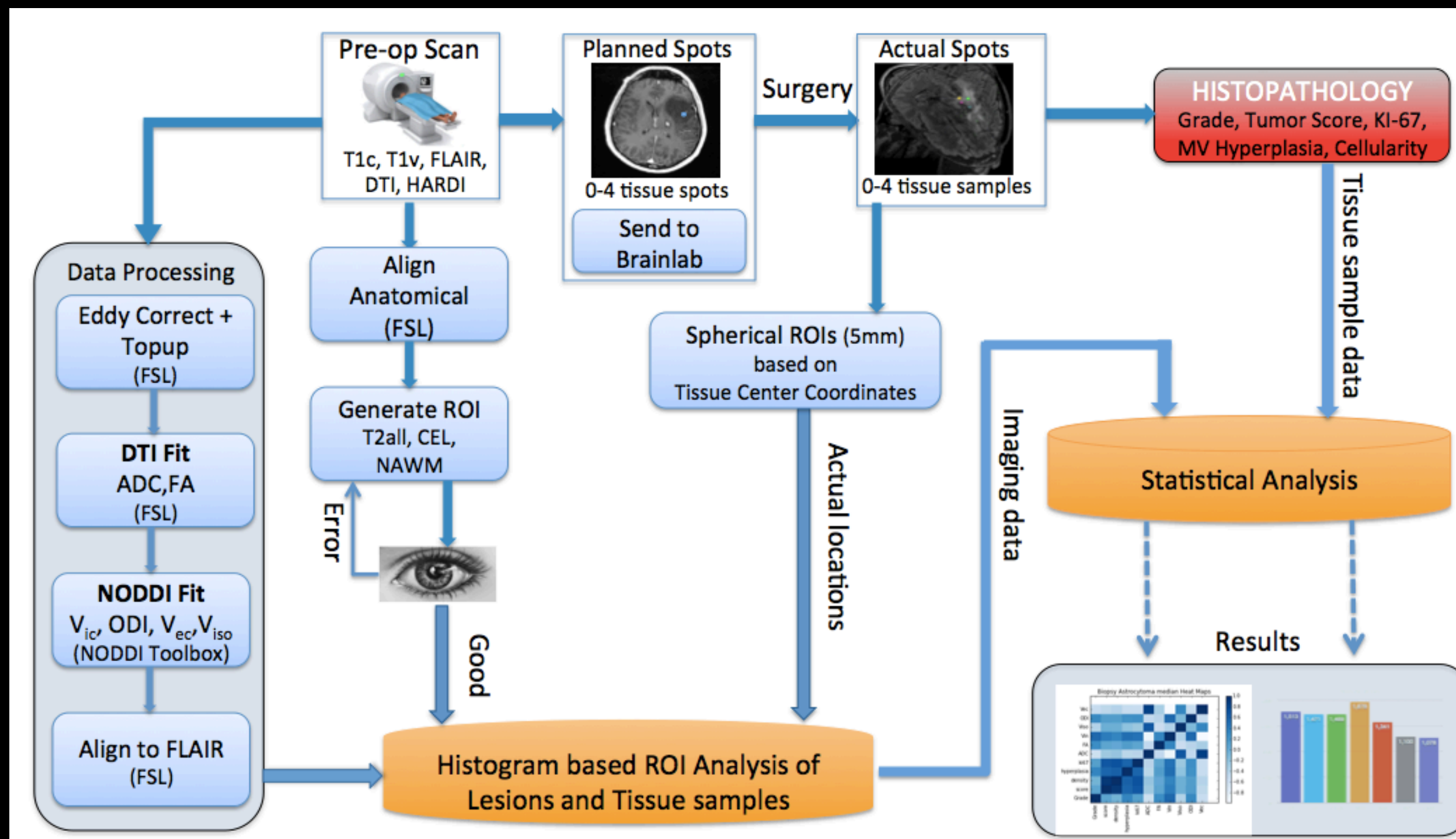
Tissue Data

- 29 patients
- 75 tissue samples
 - 4 necrotic spots, 44 NE, 21 CE, 6 on the border (based on T1 post-gad normalized intensity value)
- Median Age: 48 (24 –79)
- Gender: 17 Male/ 12 Female
- Mean samples/patient: 2.81 (range 1-4)



Tissue samples (patients)

Methods: Data Processing

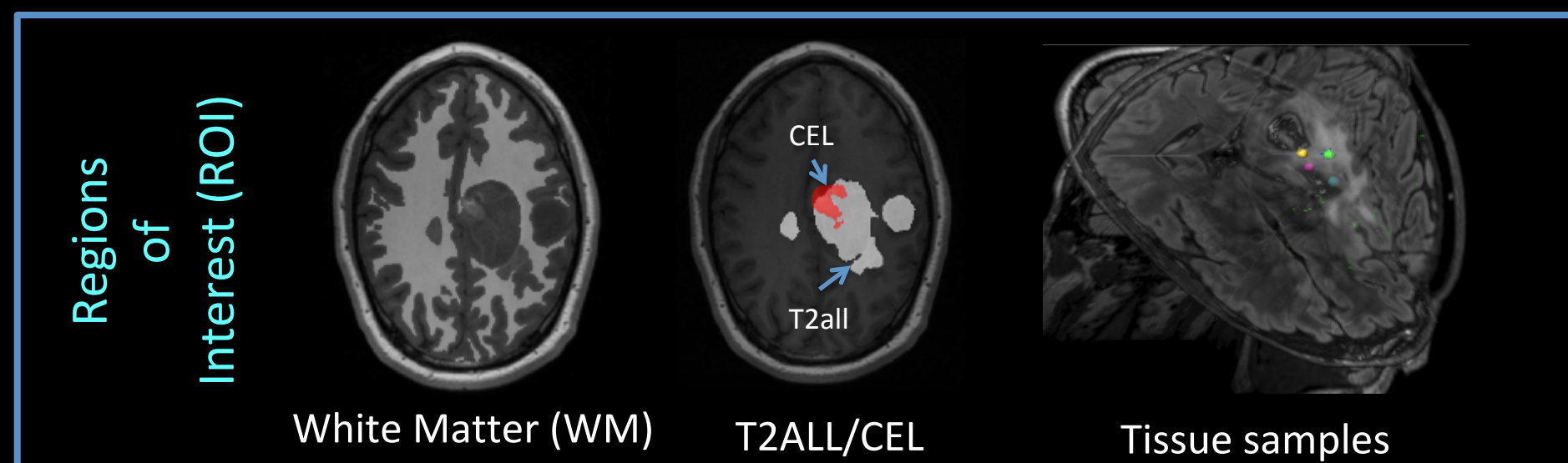
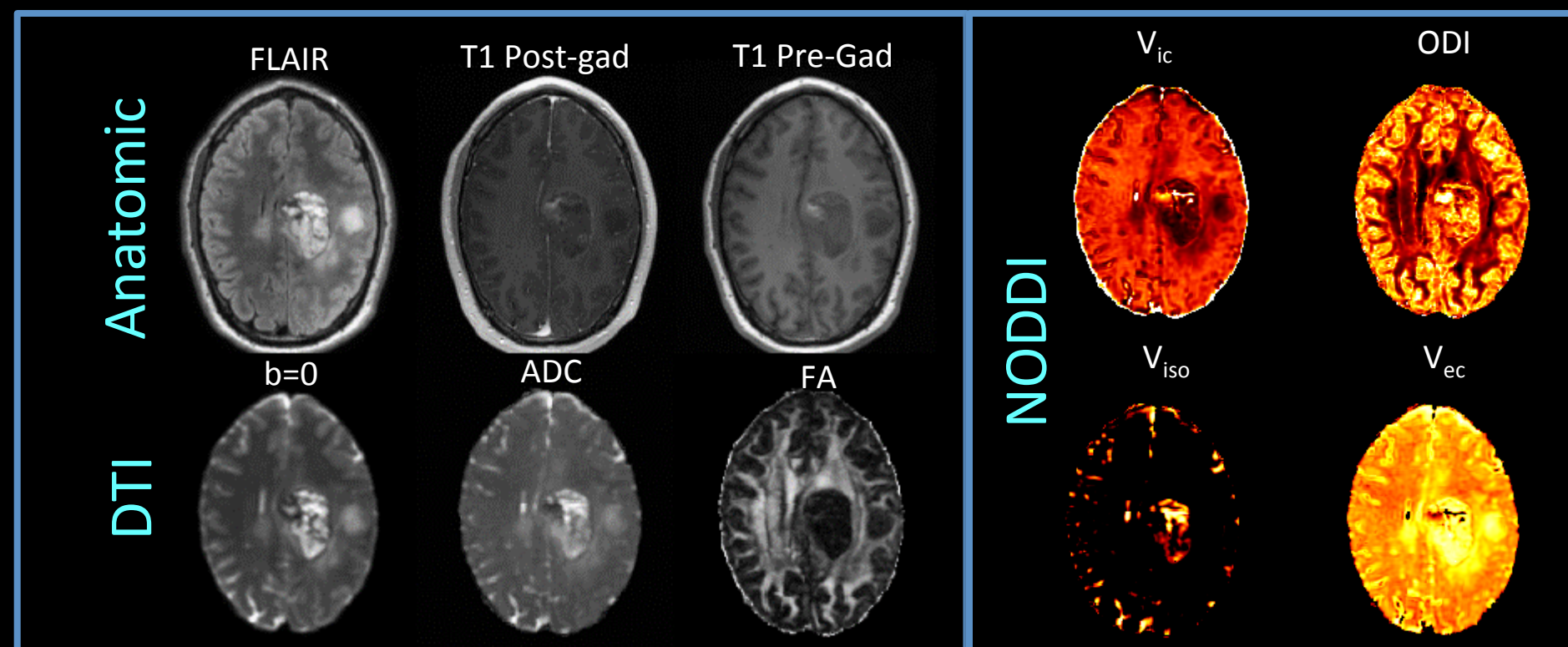


Methods: MR Imaging Protocol

3T Scan Protocol

(w/8-channel head coil)

- ✧ Calibration/Localization images
- ✧ Anatomical Imaging:
 - ✧ 3D T2 FLAIR (CUBE)
 - ✧ Ax T1 SPGR Pre- & Post-Gad
 - ✧ T1 Spin Echo (clinical)
- ✧ Diffusion-weighted Imaging:
 - ✧ 24 DIR, $b=1000$
 - ✧ 55 DIR, $b=2000$
 - ✧ standard SE-EPI sequence
 - ✧ nominal voxel size of $2 \times 2 \times 2$ mm
 - ✧ $TE/TR/T_{acq} = 99ms/10s/91s$

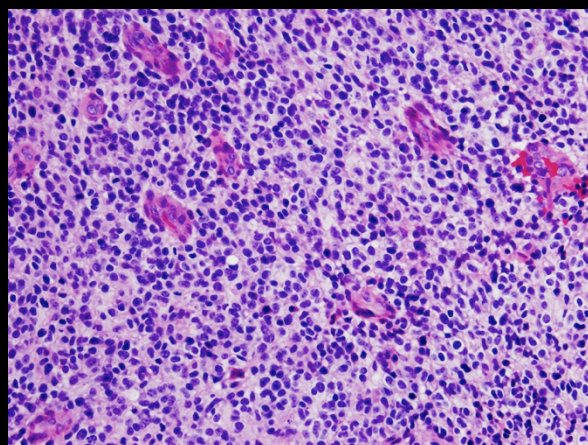


Methods: Histopathology Parameters

- ✧ Cellularity: Mean cell number per 200x-field of view
- ✧ Tumor Score:
 - ✧ 0 = neuropil without tumor
 - ✧ 1 = infiltrating margin
 - ✧ 2 = infiltrating tumor cells
 - ✧ 3 = high percentage of tumor cells

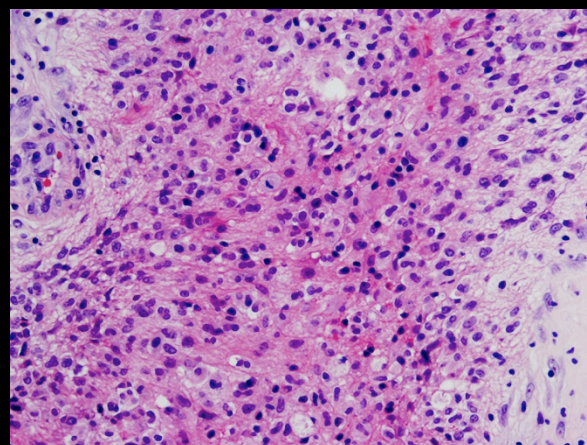
✧ % Tumor Nuclei

H&E



Tumor score = 3

Cellularity* = 254



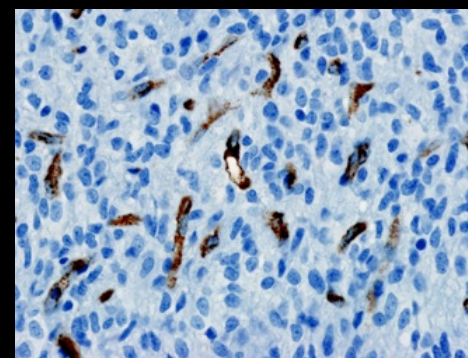
Tumor score = 3

Cellularity* = 135

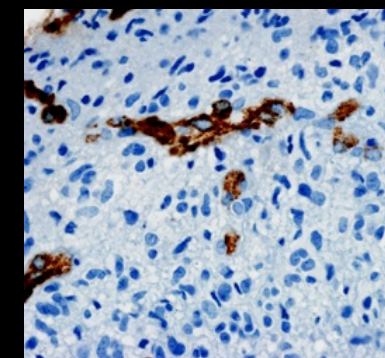
Estimated tumor nuclei = 90% Estimated tumor nuclei = 80%

Microvascular (MV) Hyperplasia

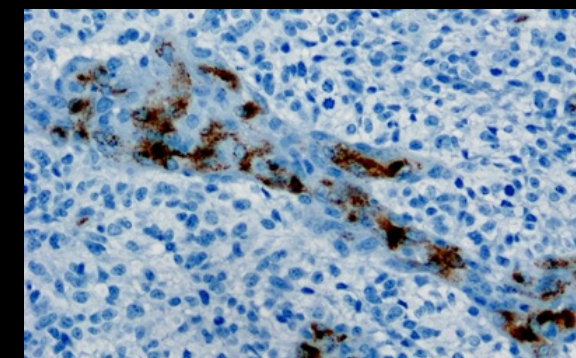
(Marker for Angiogenesis)



0 - Delicate



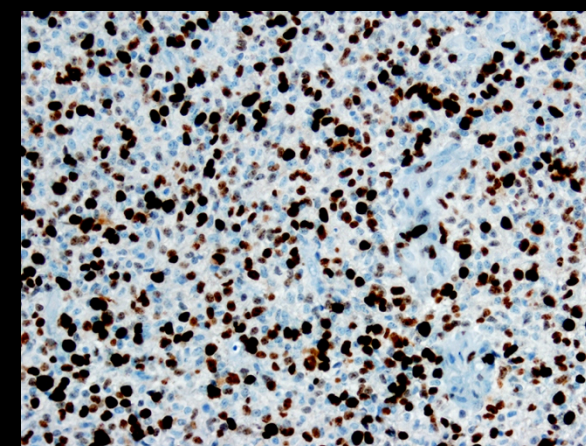
1 - Simple



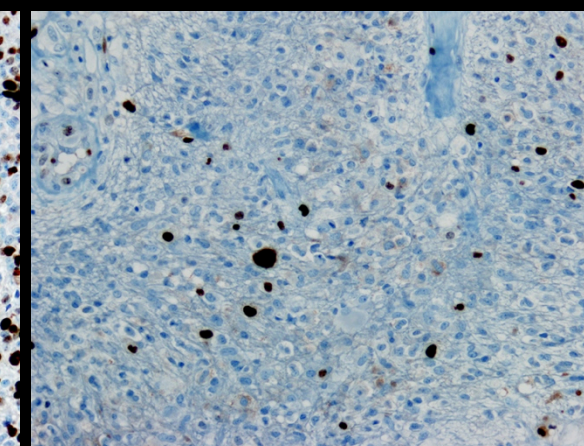
2 - Complex

KI-67

(% of all cells positive for MIB-1/Proliferation)



35.5% MIB1+



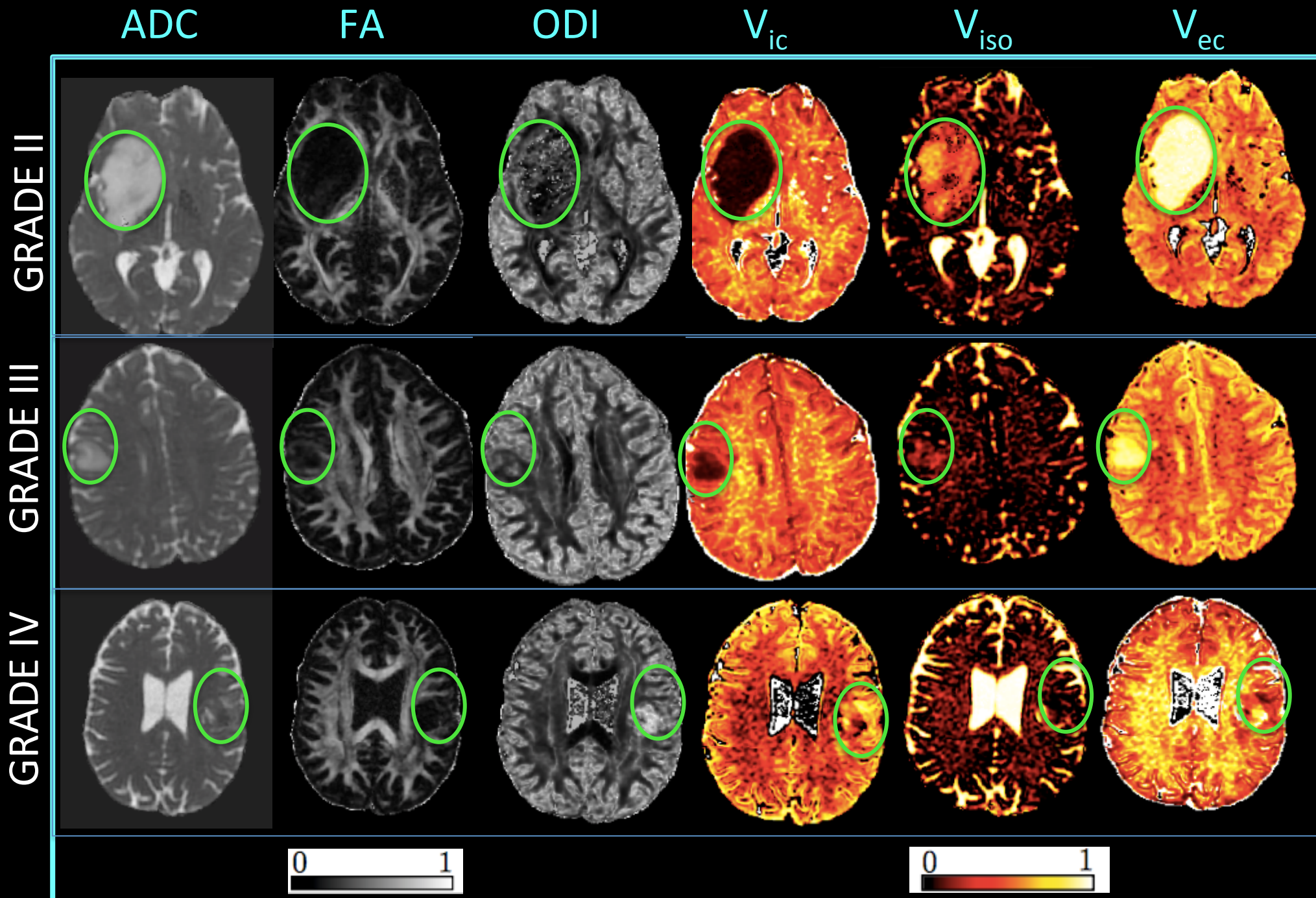
7.89% MIB1+

Methods: Statistical Analysis

Outcome type	Histopathology parameters	Statistical test	Group differences
Categorical	Tumor score, Tumor grade, MV Hyperplasia	Ordinal logistic regression	Wilcoxon rank-sum test
Continuous	Cellularity, % tumor nuclei, Proliferation	Spearman correlation	N/A

P-values ≤ 0.05 were considered statistically significant in this exploratory analysis

Results: Example DTI/NODDI Maps by Grade

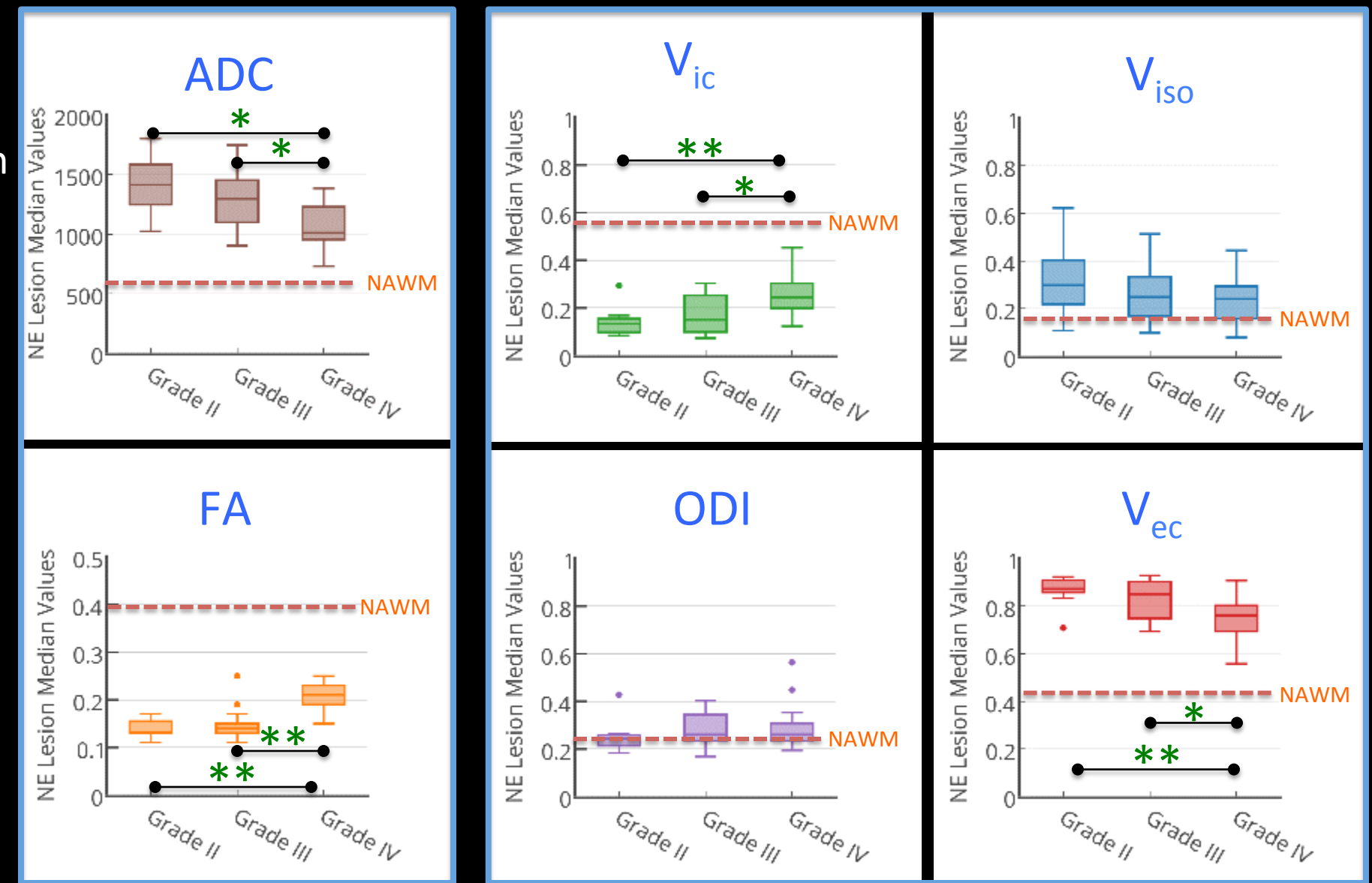


Parameter	G2→G4
ADC	↓
FA	↑
ODI	↑
V_{ic}	↑
V_{iso}	↓
V_{ec}	↓

Results: DTI/NODDI Lesion Metrics by Grade

- In all tumor grades, V_{ic} was reduced and V_{ec} elevated compared to NAWM, indicating lower neurite density
- ADC, FA, V_{ic} , & V_{ec} were associated with tumor grade and differentiated GBMs from lower grade tumors
- ODI & V_{iso} were associated with grade, but were not significantly different between grades

Median NE lesion differences by grade for Astrocytomas



Ordinal logistic regression results:

Parameters	χ^2	P-value
ADC	22.5	<0.0001
FA	6.6	<0.001
V_{ic}	28.6	<0.0001
ODI	10	<0.005
V_{iso}	6.9	<0.01
V_{ec}	26.3	<0.0001

NAWM = normal appearing white matter

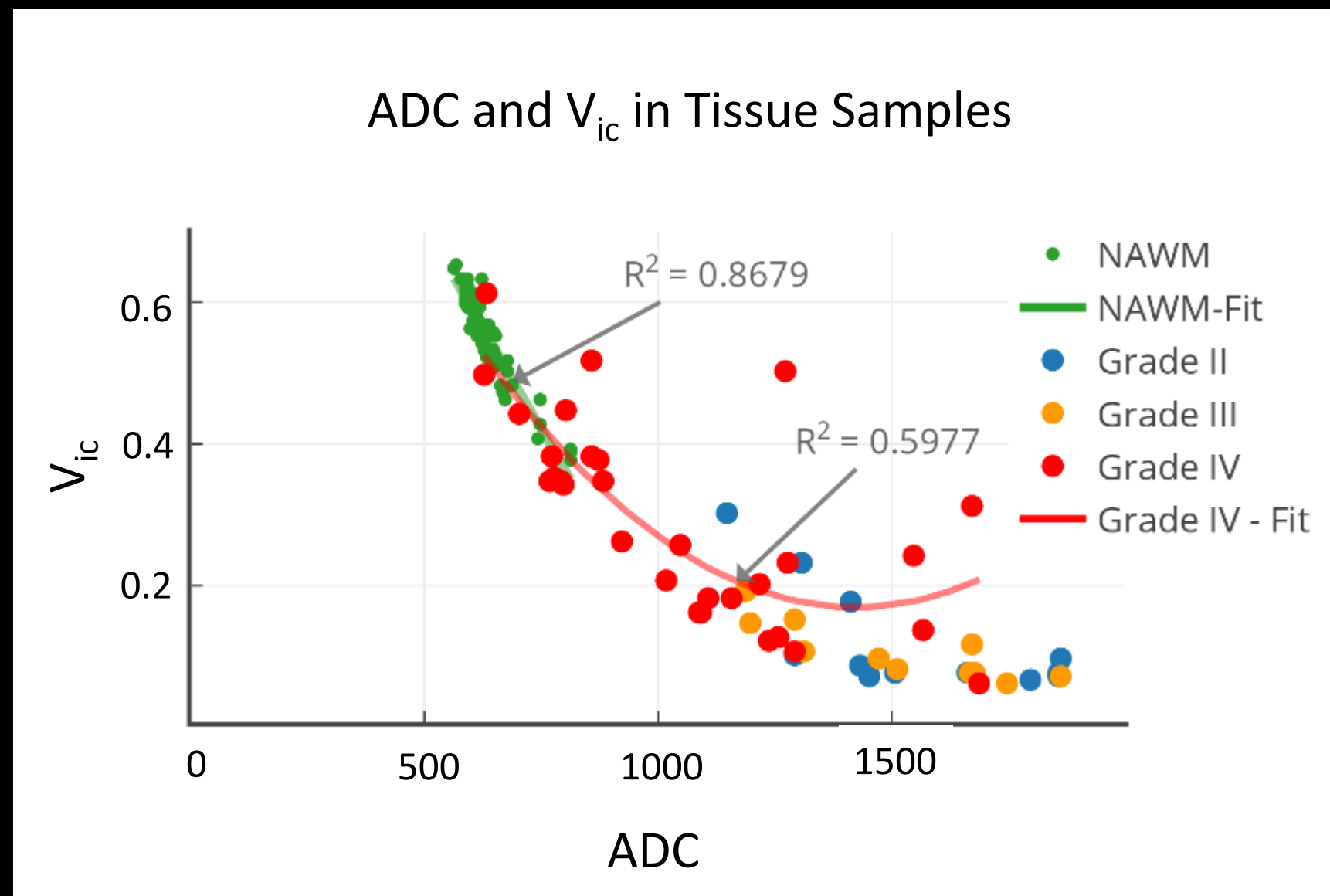
DTI

NODDI

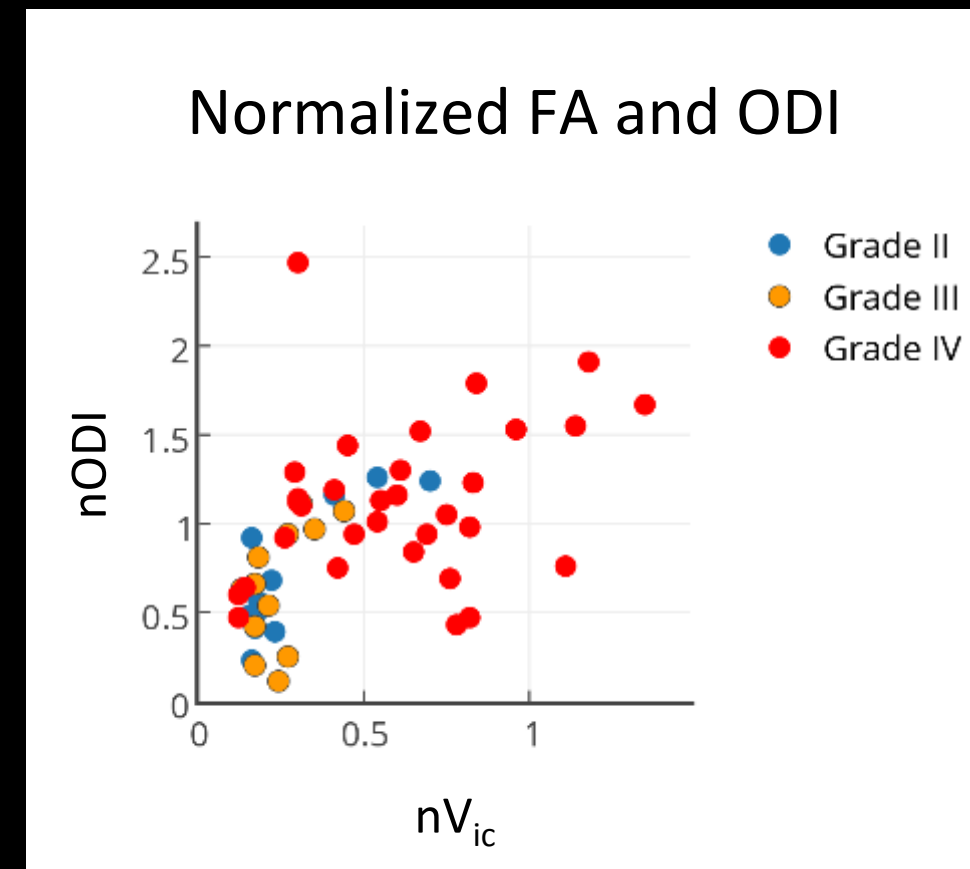
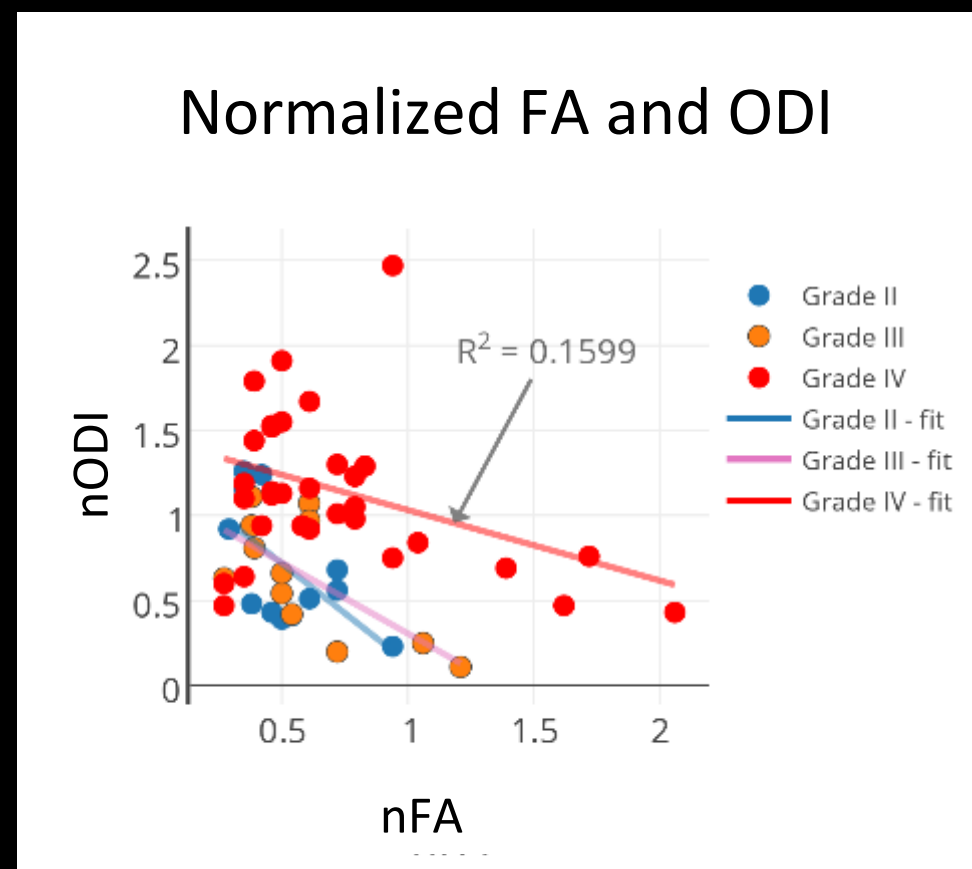
*p<0.05 and ** p<0.005

Results: Relationship Between DTI & NODDI

- ✧ ADC and V_{ic} are inversely correlated
 - ✧ In NAWM relationship is linear
 - ✧ In tumor region, relationship is non-linear
- ✧ Lower grades have low V_{ic} and high ADC
- ✧ GBMs are more heterogeneous, with a wider range of both V_{ic} and ADC values depending on the location sampled



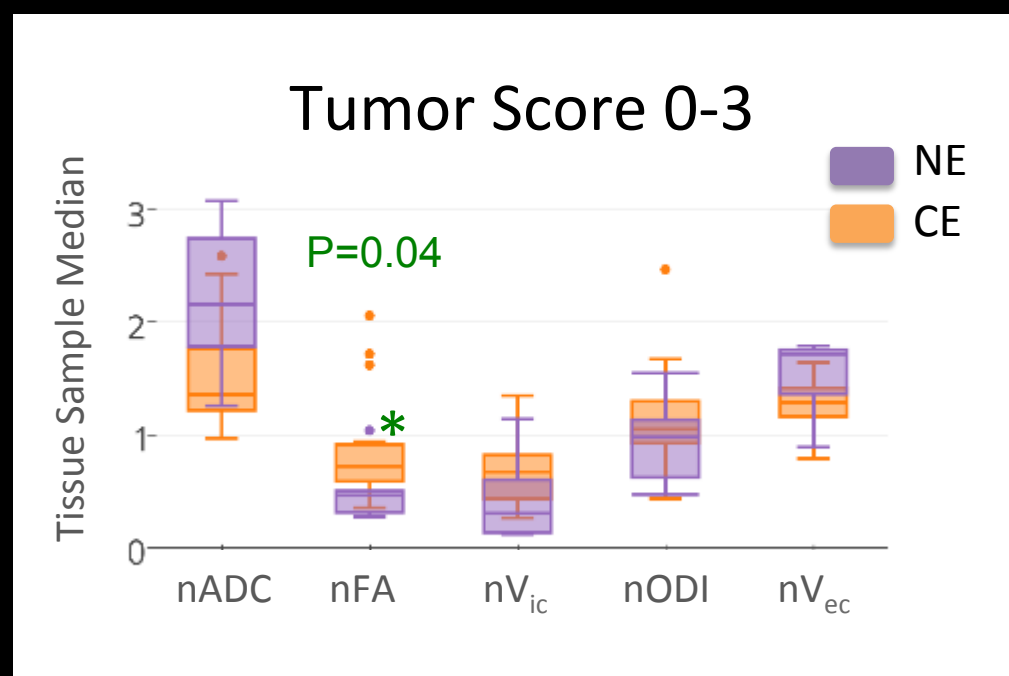
Results: Relationship Between DTI & NODDI



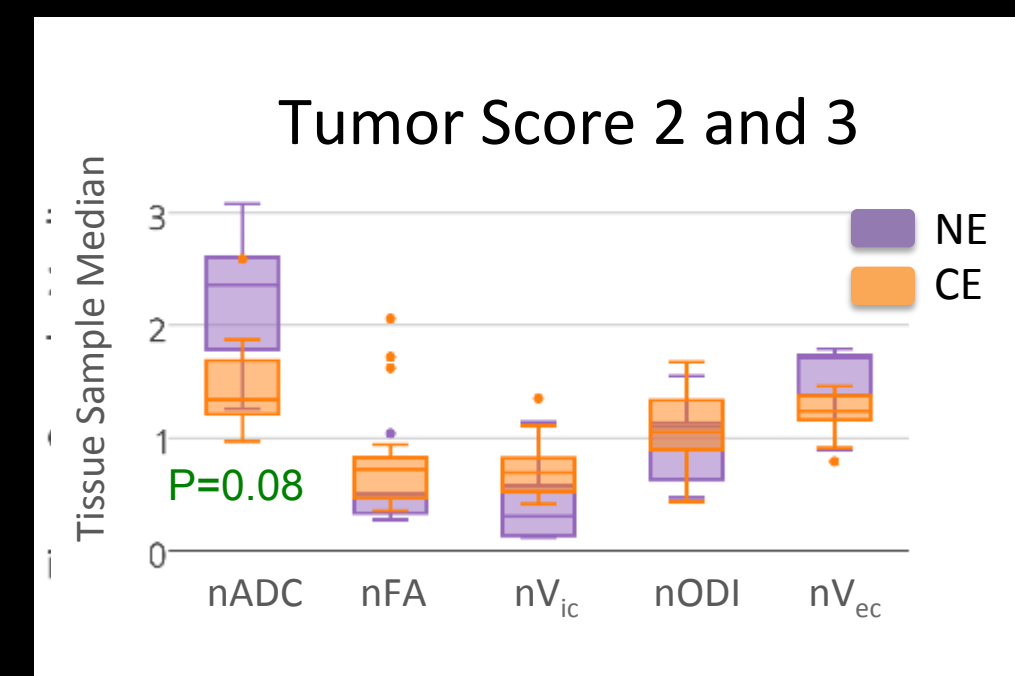
- ✧ FA and ODI are inversely correlated as expected, with lower FA indicating higher dispersion
- ✧ V_{ic} and ODI are positively correlated in all grades

Results: NE vs CE Tissue Samples in GBM

Median NE and CE values in DTI and NODDI parameters



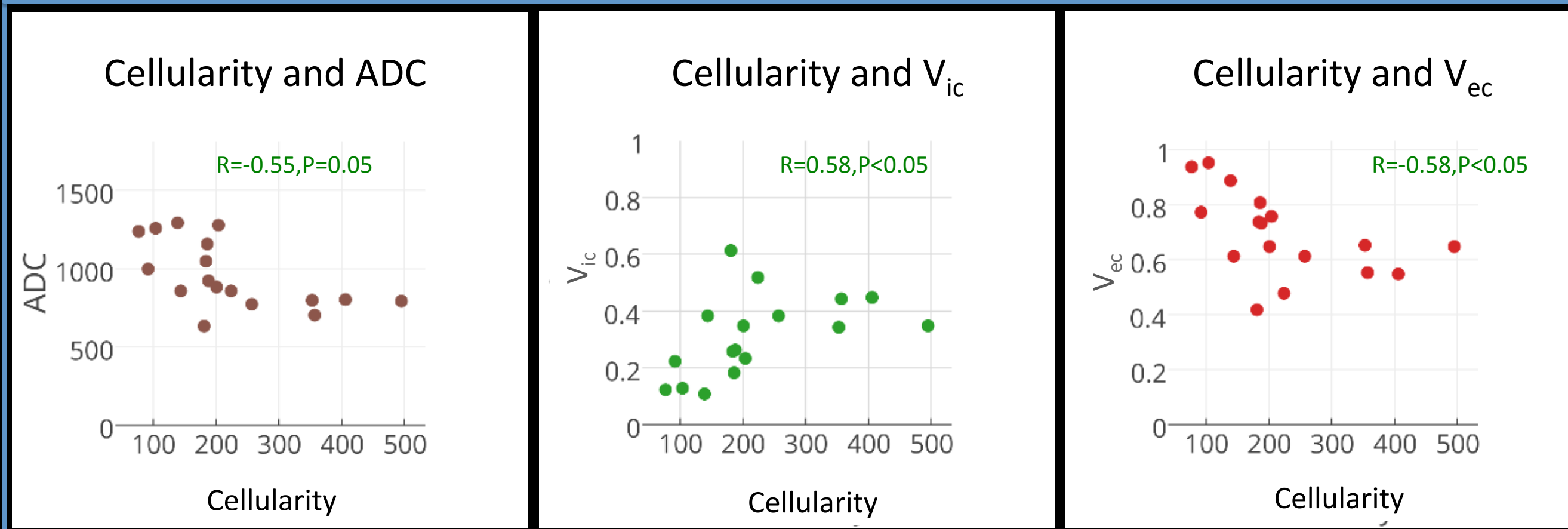
- 8 NE tissue samples
- 19 CE tissue samples



- Difference between NE and CE tissue sample means is only **statistically significant** for **FA** when considering **tumor score 0-3**
- A trend towards **lower ADC** and **elevated FA** in **CE** compared to NE tissue samples could suggest **more anisotropy**
- Trends toward **elevated V_{ic}** and **ODI** in **CE** compared to **NE** tissue samples is consistent with lesion analysis in *Wen et al., Neuroimage Clinical 2015* and may suggest more dispersion

Results: DTI/NODDI & MV Cellularity

Significant correlations of CE tissue samples with cellularity in GBM



- ADC and V_{ec} are negatively correlated with Cellularity while V_{ic} is positively correlated
- No association with cellularity was found in NE tissue samples or in lower grades of glioma

Results: DTI/NODDI & Tumor Score

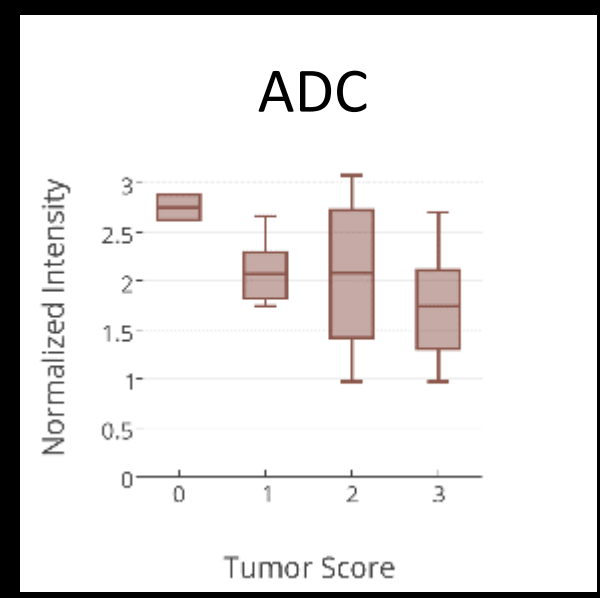
- Within **GBM**, tumor score and % tumor nuclei are associated
 - Positively with V_{ic}
 - Negatively with V_{ec}

Tumor score		
Parameters	χ^2	P-value
V_{ic}	7.7	<0.01
V_{ec}	-8.5	<0.05

%tumor nuclei		
Parameters	χ^2	P-value
V_{ic}	.42	<0.01
V_{ec}	.41	<0.01

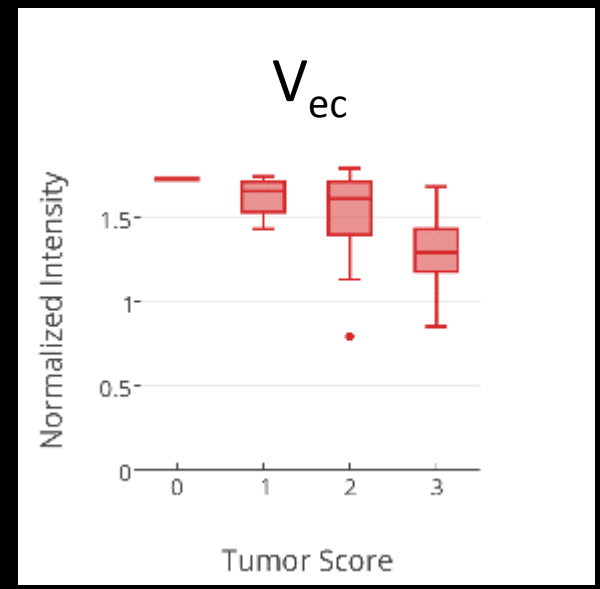
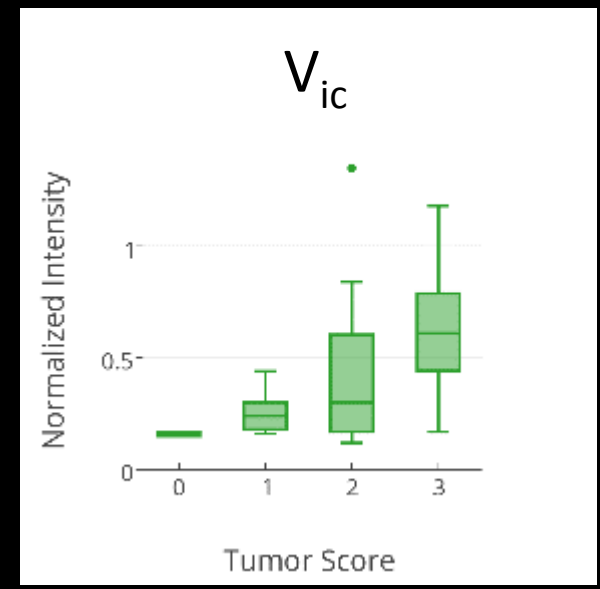
- ADC did not show any association
- This suggests that NODDI parameters may be more sensitive to malignant tumor cells than ADC
- However, across all grades of astrocytoma, ADC, V_{ic} and V_{ec} are associated with tumor score

Astrocytomas, all grades



- 0 - neuropil
- 1 - Infiltrating
- 2 - less tumor cells
- 3 - high % tumor cells

Parameters	χ^2	P-value
ADC	4.6	~0.03
V_{ic}	14.2	~0.002
V_{ec}	16	<0.001

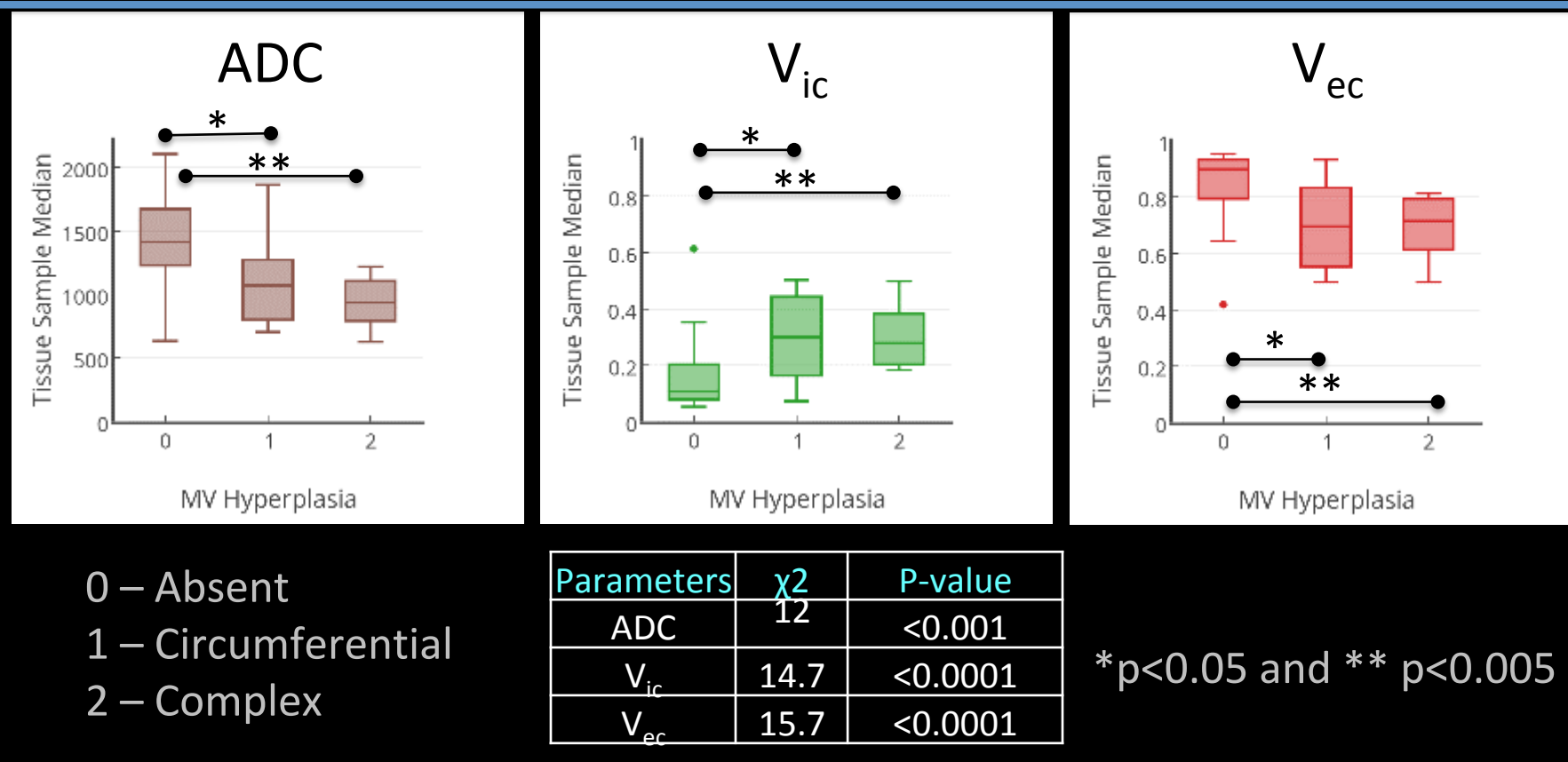


Results: DTI/NODDI & MV Hyperplasia

- In Astrocytoma across all grades:

- ADC, V_{ic} and V_{ec} are associated with MV Hyperplasia
- Significant differences were found in ADC, V_{ic} and V_{ec} between normal (0) and abnormal (1&2) vessels

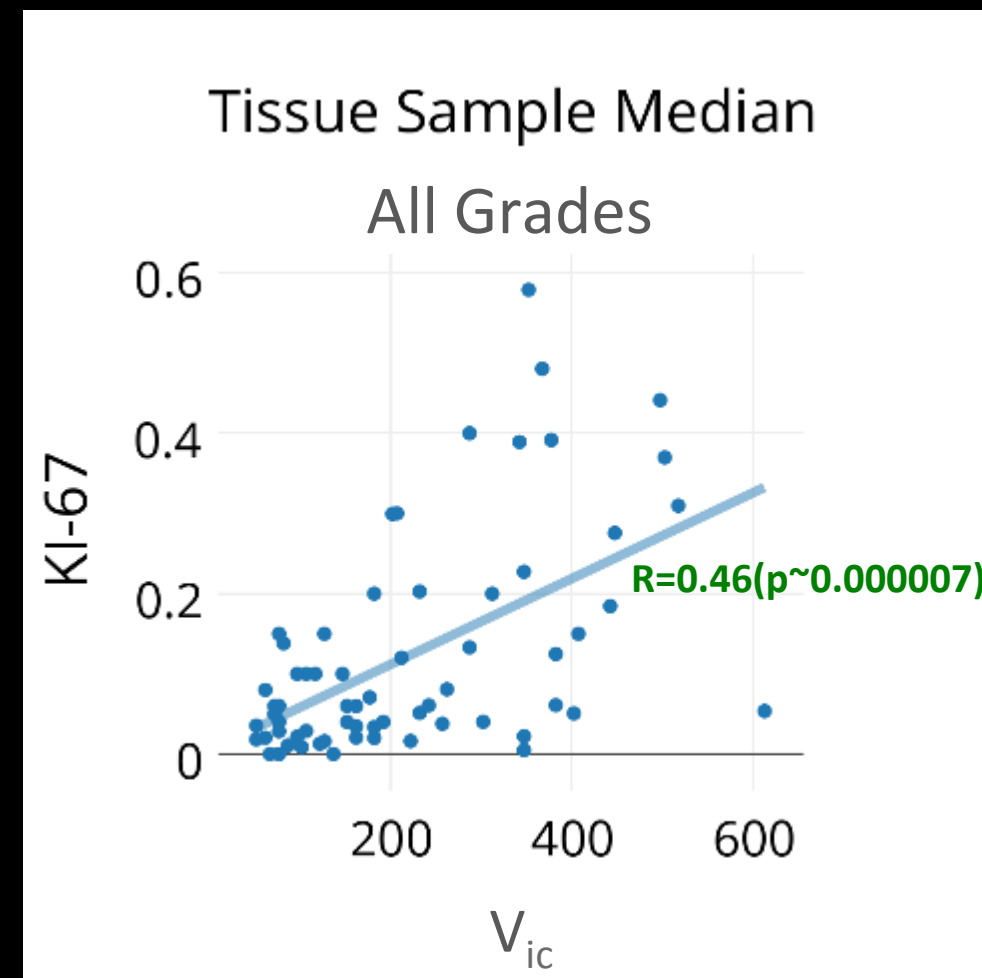
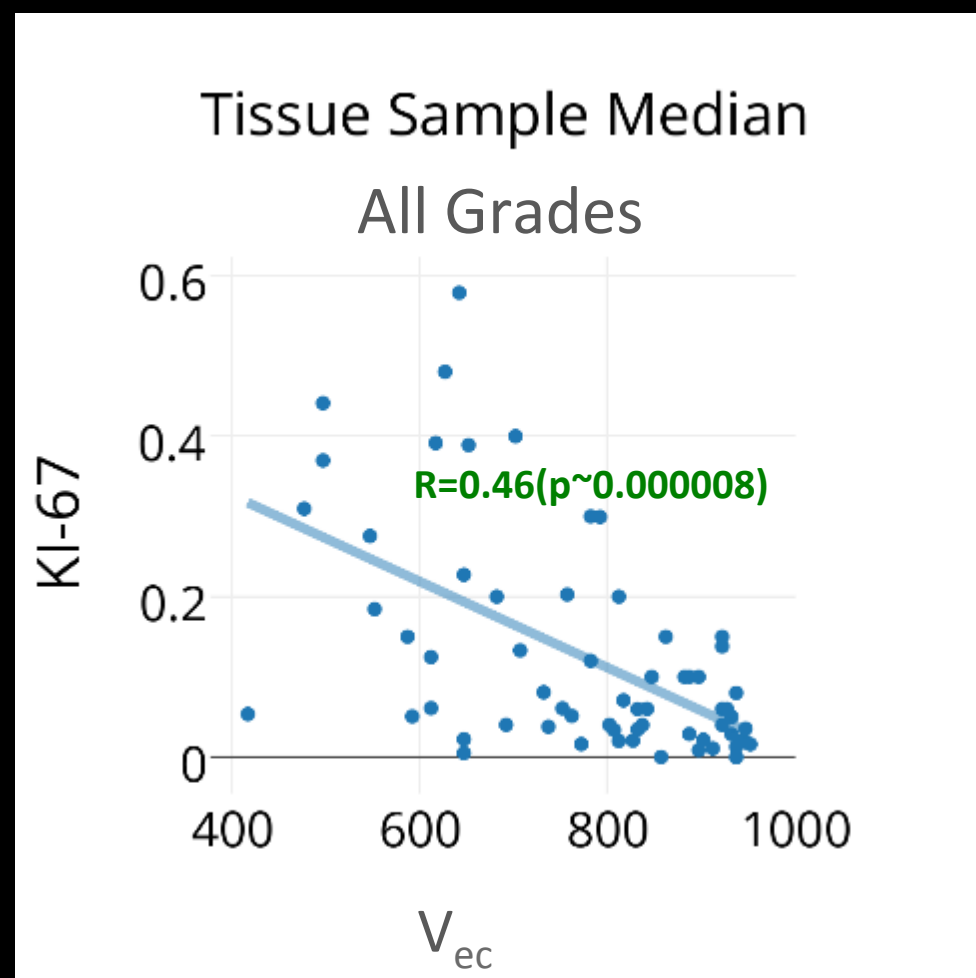
Astrocytomas all grades



****Double check Vic and Vec graphs with data**

- In GBM only, none of the parameters showed significant association with MV Hyperplasia

Results: DTI/NODDI & KI-67/Proliferation



All Grades

Parameters	R	P-value
ADC	-0.38	<0.005
V_{ic}	0.5	<0.00001
V_{ec}	-0.54	<0.00001
ODI	0.28	<0.05

GBM

Parameters	R	P-value
ADC	-0.33	<0.05
V_{ic}	0.5	<0.005
V_{ec}	-0.5	<0.005

- Considering all astrocytic tumor grades:
 - V_{ic} and ODI are positively correlated
 - ADC and V_{ec} are negatively correlated
- Within GBM:
 - no correlation with ODI
 - ADC, V_{ic} and V_{ec} correlated

Conclusions

- NODDI parameters are sensitive to tumor cellularity and complement the conventional DTI model metrics, although the NODDI model was not directly derived for tumor.
- V_{ic} and ADC have distinct variations within CE and NE regions that when combined can offer additional insight into the heterogeneity of tissue microstructure among brain tumors.
- ADC and NODDI parameters V_{ic} and V_{ec} were significantly correlated with brain tumor histopathology.
- Although FA and ODI were very highly correlated, their association with histopathology features varied, indicating that each of these provide distinct information about the underlying tissue structure.
- Although ADC and V_{ic} were highly correlated, only V_{ic} was associated with tumor score in GBM suggesting that it may be more specific to heterogeneous tumor microstructure.

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