

Fiona Heeman<sup>1</sup>, Janine Hendriks<sup>1</sup>, Isadora Lopes Alves<sup>1</sup>, Nelleke Tolboom<sup>2</sup>, Bart N.M. van Berckel<sup>1</sup>, Maqsood Yaqub<sup>1</sup>, Adriaan A. Lammertsma<sup>1</sup> <sup>1</sup>Amsterdam UMC, Vrije Universiteit Amsterdam, Radiology & Nuclear Medicine, <sup>2</sup> Imaging Division, Department of Radiology, UMC Utrecht

# Introduction

- Reductions in CBF are characteristic for Alzheime (AD) and could be used as proxy for disease progression.<sup>1,2</sup>
- Moderate-to-high correlations have been reporte  $[^{11}C]PiB$  PET derived  $R_1$  (relative tracer delivery [<sup>15</sup>O]H<sub>2</sub>O CBF, thus, it has been suggested that used as proxy for relative CBF<sup>3</sup>
- Longitudinal PET studies become more comm therefore it is important to understand the variabi determine what magnitude of change signifies change.

## Purpose

Assess precision of [<sup>11</sup>C]PiB R<sub>1</sub> through retrospective analysis of a test-retest data-

# Methods

## Subjects & Image acquisition

- 12 participants from a test-retest (TRT) st  $(Table 1)^4$
- Dynamic [<sup>11</sup>C]PiB PET 90 minutes and T1

## Image processing and analysis

The simplified reference tissue with (SRTM2) was used (with cerebellar gr region) to derive  $R_1$  values for a global smaller cortical regions

### **Statistics**

Test-retest variability was calculated (equa for all regions

 $TrT \ variability \ (\%) = \frac{|T-R|}{0.5 \cdot |T+R|} \cdot 100$ 

Correlation, Linear Mixed Effects Models Bland-Altman analysis were used to asses correlations and variability between test and retest measures.

# Test-retest variability of relative tracer delivery rate as measured by [<sup>11</sup>C]PiB

# Results

er's disease severity or
ed between / rate) and R <sub>1</sub> could be
non in AD, ility of R <sub>1</sub> to 5 an actual
set
tudy
MR scans
n fixed $k_2'$ n reference cortical and
ation 1)
(1)
(LME) and ss the

Test and retest  $R_1$  values were strongly correlated and the slope was not significantly different from 1 ( $R^2$ =0.92, slope=0.98 C.I.[0.94-1.01], p<0.001). Bland-Altman analysis showed a (0.69 $\pm$ 3.07%) between test and retest  $R_1$  (Figure 1).

The project leading to this application has received funding from the European Union's Horizon 2020 research and innovation programme and EFPIA.

#### **TABLE 1. Subject demographics**

	CU ( <i>N=</i> 5)	MCI ( <i>N=</i> 1)	AD ( <i>N=</i> 6)	
Age	64.6 ±6.4	71.0	61.0 ±3.0	
Females	60%	100%	17%	
VR positive	20%	0%	100%	
MMSE	29.8 ±0.4	28.0	20.7 ±2.0	

VR: Visual read, MMSE: Mini Mental State Examination, Values are depicted as Mean±SD, unless indicated otherwise

- Relative tracer delivery  $R_1$  was significantly lower in AD dementia patients compared with cognitively unimpaired participants (p< 0.01), Table 2.
- TRT variability was low for a global cortical region (1.70%), while the range of regional TRT variability was slightly higher (1.5-5.8%).

## **TABLE 2.** Relative tracer delivery values by diagnostic group

	SRTM2 derived- R <sub>1</sub>		
Diagnostic groups	Test	Retest	
<b>CN</b> ( <i>N</i> =5)	$0.93 \pm 0.04$	0.91 ± 0.03	
<b>MCI</b> ( <i>N</i> =1)	0.91	0.91	
<b>AD</b> ( <i>N</i> =6)	0.82 ± 0.04	0.82 ± 0.03	

Values are depicted as Mean±SD



- negligible bias



Figure 1. Relationship between SRTM2-derived test and retest R<sub>1</sub> (a) The correlation between  $R_1$  test and retest measures, with  $R^2$  and slope parameters corresponding to the LME analysis and (b) a Bland-Altman plot, which indicates the bias between the two measures.

 $\checkmark$  [<sup>11</sup>C]PiB relative tracer delivery rate  $R_1$  showed high global and regional precision in participants covering the AD spectrum. Therefore, [<sup>11</sup>C]PiB R<sub>1</sub> appears to be a stable parameter for measuring cross-sectional differences and longitudinal changes in relative CBF.

1. Ottoy et al. (2019) Alzheimers&Dement 2. Wierenga et al. (2014) J Alzheimers Dis. 42:S411-S419. 3. Chen et al. (2015) J. Nucl Med 56(8): 1199-1205. 4. Tolboom et al. (2009) Eur J Nucl Med Mol Imaging;36:1629-1638.

# Conclusion

## **Contact: f.heeman@amsterdamumc.nl**