Purpose:

With the increased interest in using MR as a means of assessing therapy response, it is important to assess longitudinal systematic variations. In this study, T_1 and contrast-to-noise ratio (CNR) variations during a dynamic contrast enhanced (DCE) acquisition were assessed on three scanners at three time points.

Method and Materials:

CNR and T_1 measures were calculated from images of a modified Eurospin TO-5 phantom (DiagnosticSonar, Scotland) consisting of 19 compartments with T_1 values ranging from 208-1630 ms. Three GE Excite HD scanners were evaluated. Multiple TI (N=10) inversion recovery (IR), multiple flip angle (N=7) fast spoiled gradient echo (FSPGR), and FSPGR DCE data were acquired at three time points (baseline, 1 hr, 1 week). T_1 measurements were obtained using both IR and FSPGR data. CNR measurements were computed using the longest T_1 sample as a reference. Correlation and Bland-Altman repeatability (same scanner) and agreement (different scanners) measures were computed.

Results:

Correlations of the IR- and FSPGR-based T_1 measures were significant for all three scanners (R²>0.996; slopes ranging from 0.84-1.11). Short-term (1 hr) and one-week FSPGR repeatability results ranged from 7.0-9.1ms and 10.0-17.4 ms, respectively, with limits of agreement ranging from -15.5-15.1 ms and -21.5-31.7 ms, respectively. The FSPGR BA analyses indicated a linear increase in T_1 differences with increasing T_1 and the maximum difference was 343 ms. The IR based measurements did not demonstrate such a linear trend and differences were less than 40 ms. Short-term (1 hr) IR/FSPGR repeatability and limits of agreement results ranged from 91.3-185.1 ms and -330.7-39.5 ms, respectively. Intra-DCE scan CNR variations ranged from 0.3-0.6% across scanners and time points.

Conclusion:

The clinical scanners evaluated demonstrate good repeatability of T_1 and CNR measurements on a given scanner with larger variations seen between different scanners, even from the same vendor.