## AbstractID: 9460 Title: Modulating Mn<sup>2+</sup> Efflux with SEA0400, Using Cardiac Manganese-Enhanced MRI (MEMRI) T<sub>1</sub>-Mapping in a Murine Model

**Purpose:** Ca<sup>2+</sup> is an important regulator of contractile function in the heart. Efflux mechanisms of the intracellular Ca<sup>2+</sup> concentration are regulated by the Na<sup>+</sup>/Ca<sup>2+</sup> exchanger (NCX) and plasma membrane Ca<sup>2+</sup>-ATPase (PMCA). During myocardial ischemic-reperfusion intracellular Ca<sup>2+</sup> overloads via the reverse mode of the NCX, exacerbating myocardial injuries. Protocols that selectively inhibit this exchanger have shown potential therapeutic effects. Cardiac manganese-enhanced MRI (MEMRI) can be implemented to quantify  $Mn^{2+}$  concentration *in vivo*, where  $Mn^{2+}$  has be sugested as a surrogate marker for  $Ca^{2+}$ . This study introduces a potential technique to study cardiac  $Mn^{2+}$  efflux by inhibiting the NCX using SEA0400. **Method and Materials:** Male C57Bl/6 mice (6-13 weeks) were separated into two groups to study the rate of  $Mn^{2+}$  efflux; a control group and a group treated with SEA0400. Both groups were infused with a single dose of 190±2 nmoles/g BW  $Mn^{2+}$ . The SEA0400 group were injected with 50 mg/kg SEA0400 one hour post-Mn<sup>2+</sup> infusion. Images were acquired on a horizontal 7.0 T Bruker BioSpec MRI spectrometer equipped with a micro imaging gradient. T<sub>1</sub>-maps were acquired pre-Mn<sup>2+</sup> infusion and at various time points post-Mn<sup>2+</sup> infusion using an ECG-gated, flow-compensated Look-Locker MRI pulse sequence. The change in relaxivity,  $\Delta R_1$ , in the left ventricular free wall (LV Wall), was calculated at different time points post-infusion. **Results:** In the LV Wall 50% of the signal enhancement is attenuated within ~3-4 hours post-Mn<sup>2+</sup> infusion. SEA0400 demonstrates the effectiveness of reducing the rate of Mn<sup>2+</sup> efflux. At a SEA0400 dose of 50 mg/kg the Mn<sup>2+</sup> efflux half-life was approximately two times longer than the control group. **Conclusion:** This T<sub>1</sub>-mapping technique can be used to quantify Mn<sup>2+</sup> efflux rates from the myocardium. By using a NCX inhibiting agent this technique can potentially be employed to interrogate individual  $Mn^{2+}$  efflux mechanisms and