

[Previous Abstract](#)**TH 305****Functional MRI Using Regularized Sensitivity Encoded Echo-Planar Imaging**Fa-Hsuan Lin¹, Teng-Yi Huang¹, Nan-Kuei Chen², Fu-Nien Wang¹, Christina TriantafyLawrence L. Wald¹, John W. Belliveau¹, Kenneth K. Kwong¹¹MGH-MIT-HMS Athinoula A. Martinos Center for Biomedical Imaging, ²Department of Radiology, Brigham and Women's Hospital, Harvard Medical School**Introduction**

Functional MRI utilizing BOLD contrast to differentiate the state of the brain activity uses echo-planar imaging (EPI) to achieve sufficient spatiotemporal resolution. Recent advances in the parallel MRI acquisition can potentially further improve the spatiotemporal resolution and to reduce the artifacts of EPI by simultaneous data acquisition from multiple receiver coils and a reduced k-space trajectory (1,3). However, the loss of SNR and contrast-to-noise ratio (CNR), due to the reduced data sample and the noise amplification during unfolding aliased images is not fully investigated. Previously we reported a regularized SENSE imaging reconstruction approach to reduce the noise derived from image unfolding (2). Here we report the enhanced CNR in block-design fMRI experiments using regularization, compared to standard SENSE reconstructions.

Methods

The functional MRI data were acquired from a 3T scanner (Siemens Medical Solution, Inseln, NJ) with an 8-channel head phased array coil and a 1.5 T scanner (GE medical, Milwaukee, WI) with a 4-channel head phased array coil. Two healthy subjects were recruited to the study after the approval from the Institutional Review Board. At 3T scanner visual checkerboard fMRI with block-design paradigm was performed. Imaging acquisition used a 2D segmented gradient echo echo-planar imaging (EPI) sequence with parameters: TR=2000 msec, TE=40 msec, slice thickness=3 mm with 1.5 mm gap, 10 slices, FOV=240 mm x 200 mm, image matrix size=128 x 128, EPI phase encoding step per shot=43 or 31. Volumetric functional data of 75 time points were acquired. At 1.5T scanner, motor finger tapping fMRI with block-design paradigm was performed. Imaging acquisition used a 2D gradient EPI sequence with parameters as: TR=2000 msec, TE=50 msec, slice thickness=3 mm (no gap), 8 slices, FOV=240 mm x 240 mm, image matrix size=128 x 128, EPI phase encoding step per shot=64. Volumetric functional data of 64 time points were acquired in 2min.

Each segment of EPI volume was reconstructed to achieve 3.0-fold and 4.0 fold acceleration in visual fMRI data, and 2.0-fold acceleration in motor fMRI data. Regularized SENSE reconstruction was computed based on the L-curve technique (2). To quantify the improvement in detection power using regularization, receiver-operating-characteristic (ROC) curves were computed for the t-statistics calculated from regularized and non-regularized reconstructions.

Results and Discussion

Figure 1a shows the t-statistics of the fMRI data using full k-space, regularized and unregularized SENSE fMRI acquisitions at 3.0- and 4.0-fold accelerations. Note that at the same t-statistics level, fewer activation pixels are present in SENSE acquisitions. The low BOLD SNR is due to the reduced data samples in SENSE accelerations. Regularized and unregularized SENSE reconstructions show qualitatively similar activation maps. Figure 1b compares the ROC curves of regularized and unregularized SENSE fMRI detection using full phase-encoding acquisitions as a gold standard. In 3.0- and 4.0-fold accelerations, regularized SENSE reconstructions have higher sensitivity and specificity in comparison to unregularized reconstructions. Compared to standard SENSE reconstruction, regularization

also improved the detection power in motor fMRI (Figure 2).

References

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3. Preibisch et al. (2003). Neuroimage 19(2 Pt 1): 412-21.

The t statistics maps and ROC curves of full k-space acquisition, 3.0- and 4.0-fold SENSE accelerations with/without regularization in 3T visual fMRI data.

The t statistics maps and ROC curves of full k-space acquisition, 2.0-fold SENSE accelerations with/without regularization in 1.5T motor fMRI data.