





Investigating the applicability of dual echo ASL for simultaneous BOLD- and CBF-based mapping of cerebrovascular reactivity

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Declaration of Financial Interests or Relationships

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I have no financial interests or relationships to disclose with regard to the subject matter of this presentation.

Cerebro-vascular reactivity (CVR) with dual echo Arterial Spin Labelling (deASL)

•	Cerebro-vascular diseases	s major health risk ^{1,2}
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Background

- CVR promising for vascular status
- Vasoactive stimulus & simultaneous imaging (BOLD or ASL)

Purnose	•	Investigating the applicability of deASL for
i dipose		CVR



Comparing dual echo ASL with dedicated BOLD and pCASL MRI



Study population included young and healthy subjects



\rightarrow 1 failure in GE-EPI; 2 failures in pCASL; 5 failures in deASL

Group average maps – signal change



 \overrightarrow{A} Better correlation for BOLD CVR Similar signal change (Δ S) for single echo sequences (GE-EPI&pCASL) vs deASL Better correlation for single echo sequences Comparing ΔS , (temporal) SNR and contrast to noise ration (CNR)



→ BOLD CVR similar for both methods
→ CBF (t)SNR and CNR reduced

 \rightarrow CNR_{BOLD} > CNR_{CBF}

How do both method correlate with the GM-mean signal?



→ Reduced correlation coefficients & significance (p-values) for deASL and CBF-CVR

Discussion

Is the deASL suitable for CVR?

Higher sensitivity & CNR for BOLD CVR in agreement with literature¹

Similar signal differences for single echo vs deASL, TE₁ & TE₂

Reduced correlation for deASL, TE_1 and TE_2

Higher total drop out for deASL (23.8%) vs 9.5% for pCASL and 4.8% for BOLD

	Similar performance under ideal circumstances
nmary	Lower sensitivity for deASL (corr. coeff.)
Sun	Elevated failure rate expected in patients





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