

# Advanced Applications of MR imaging of the breast (multiparametric (mp)MRI)

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# Disclosure Statment

## Research grants:

- SIEMENS Healthcare, Germany
- GUERBET, France
- HOLOGIC – MEDICOR, Germany



# MRI of the Breast (30 years!)

- Detection of breast cancer (BC): MRI of the breast highest sensitivity (89-100%)

Kaiser et al., MRI 1994  
Berg et al., Radiology 2004  
Kuhl et al., Radiology I and II 2007  
Benndorf et al., Acta Radiol 2010

- Specificity (81-97%) - comparable to mammography

- Independent of breast density

Kuhl et al., Eur Radiol 2000  
Stoutjesdijk et al., MRI 2001  
Warner, J Clin Onc 2001

- Ability to detect non-invasive BC

Warner et al., JAMA 2004  
Kuhl et al., Radiology 2005

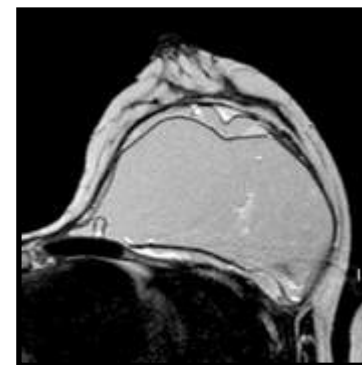
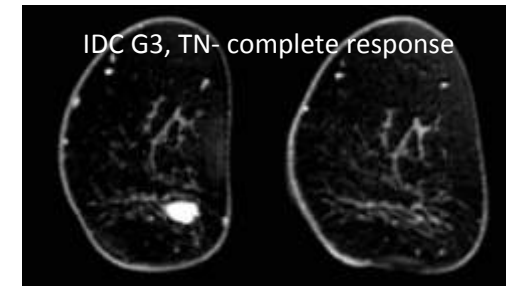
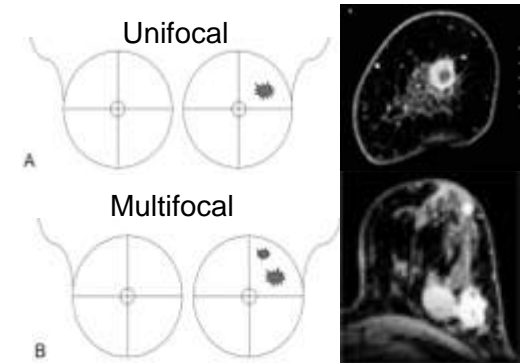
- Most accurate imaging modality for lesion extent

Berg et al., Radiology 2004  
Boetes et al., Radiology 1995  
Echevarria et al., JCAT 2006



# MRI of the Breast: Indications

- Staging
  - Lesion extent “tip of the iceberg“
  - Uni-, multifocal/ - centric, bilateral?
- Scar vs. recurrence
- Neoadjuvant therapy-monitoring
- Implants
- Screening in high-risk patients
- Problem solving



# MRI of the Breast: High-risk screening



JAMA 2004

NEJM 2004

Lancet 2005

Cancer 2005

JCO 2005

Radiology 2007

CCR 2007

JCO 2010

8 Studies

4,982 Pt

11,116 Exams

218 BCA

Sensitivity

Specificity

**MG** 35 % (25-59%)

96 % (93-99.8%)

**US** 40 % (25-43%)

93 % (90-97%)

**MRI** 83 % (71-100%)

89 % (81-97%)

**47%** BCA detected only with MRI

17% BCA not detected with MRI

10% with MG

2.5% with US

5% Interval Cancer



# MRI of the Breast for Screening

**JOURNAL OF CLINICAL ONCOLOGY** ORIGINAL REPORT

**Triple-Modality Screening Trial for Familial Breast Cancer Underlines the Importance of Magnetic Resonance Imaging and Questions the Role of Mammography and Ultrasound Regardless of Patient Mutation Status, Age, and Breast Density**

*Christopher C. Riedl, Nikolaus Lufi, Clemens Bernhart, Michael Weber, Maria Bernathova, Muy-Kheng M. Tea, Margaretha Rudas, Christian F. Singer, and Thomas H. Helbich*

**ABSTRACT**

**Purpose**  
To evaluate the breast cancer screening efficacy of mammography, ultrasound, and magnetic resonance imaging (MRI) in a high-risk population and in various population subgroups.

All authors: Medical University of Vienna, Vienna, Austria; and Christopher C. Riedl, Memorial Sloan-Kettering Cancer Center, New York, NY. Published online ahead of print at www.jco.org on February 23, 2015.

**Table 1. Mutation Characteristics of 559 Women Under Surveillance Because of a High Risk for Breast Cancer**

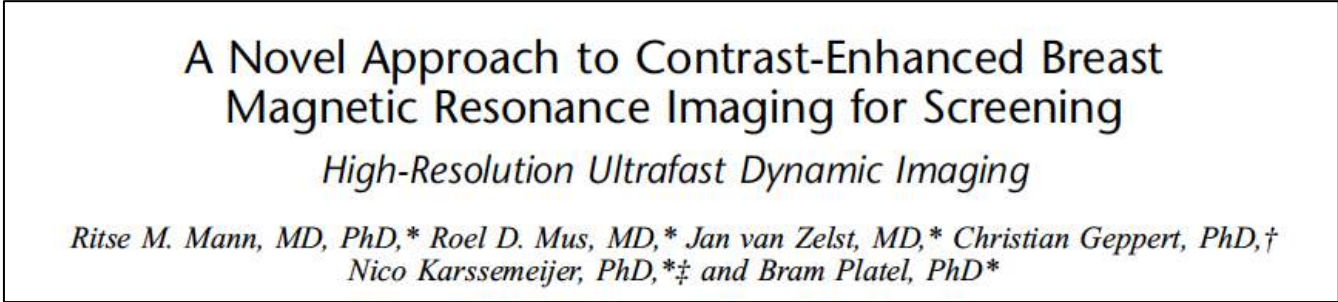
Mutation Status	Patients		Age (years)		
	No.	%	Range	Median	Mean
Total	559		22-83	42	50
<i>BRCA1/2</i> positive	156	28	22-80	39	41
<i>BRCA1</i>	115	21	22-80	38	41
<i>BRCA2</i>	41	7	23-76	40	42
No <i>BRCA</i> mutation	297	53	23-83	42	43
Unclassified variant	184	33	23-67	42	43
Wild type	113	20	23-83	43	44
Incomplete genetic records	106	19	23-74	42	42

**Table 3. Diagnostic Performance**

Screening Modality	Sensitivity*	P†
<b>US</b>		
No./total No.	15/40	< .001
Rate, %	37.5	
95% CI	24.2 to 53.0	
<b>MG</b>		
No./total No.	15/40	< .001
Rate, %	37.5	
95% CI	24.2 to 53.0	
<b>MRI</b>		
No./total No.	36/40	NA
Rate, %	90.0	
95% CI	76.9 to 96.0	
<b>US + MG</b>		
No./total No.	20/40	< .001
Rate, %	50.0	
95% CI	35.2 to 64.8	
<b>US + MRI</b>		
No./total No.	36/40	1.000
Rate, %	90.0	
95% CI	76.9 to 96.0	
<b>MG + MRI</b>		
No./total No.	38/40	
Rate, %	95.0	
95% CI	83.5 to 98.6	
<b>US + MG + MRI</b>		
No./total No.	38/40	.148
Rate, %	95.0	
95% CI	83.5 to 98.6	



# MRI of the Breast for Screening



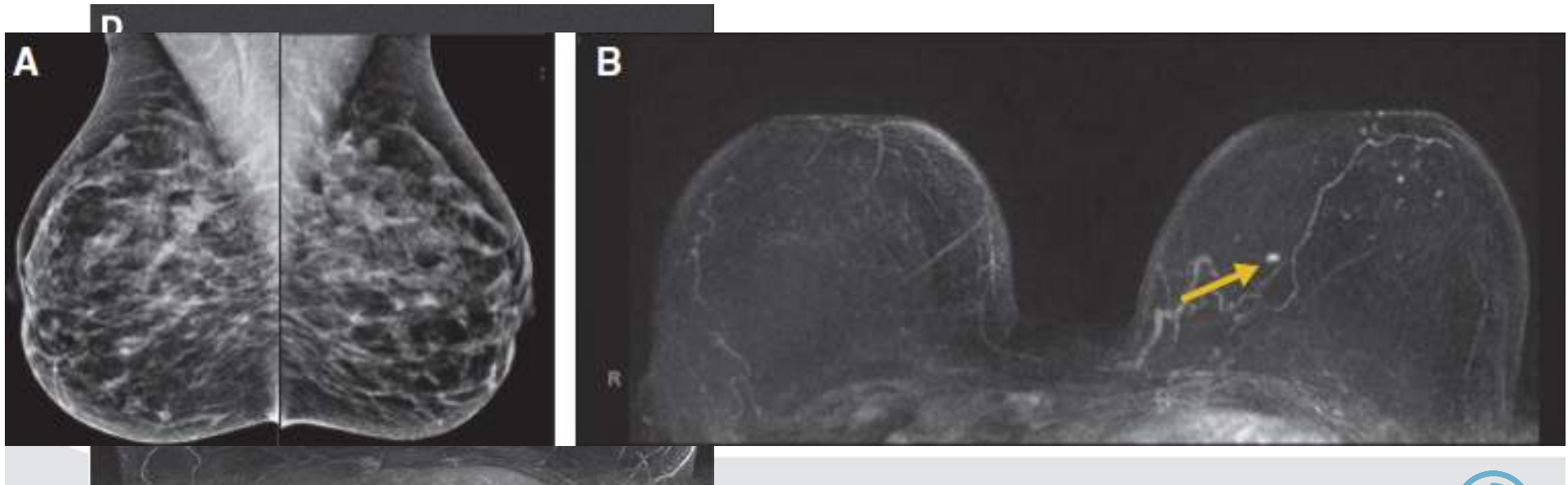
DEPARTMENT OF BIOMEDICAL IMAGING AND IMAGE-GUIDED THERAPY



# MRI of the Breast for Screening



- MRI: 3 min (1 pre, 1 post)
- Reading time: < 30 sec (MIP!)
- NPV: 99.8%,
- Add. cancer yield 18.2 per 1000



# MRI of the Breast for Screening

- Tumor morphology

- Focus

- Mass

- Shape

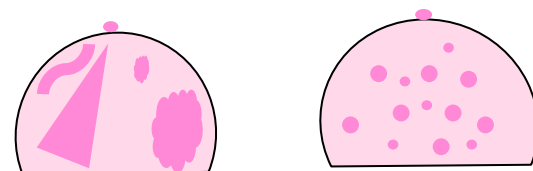
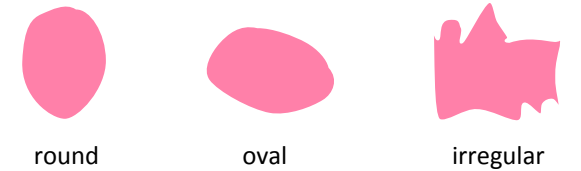
- Margin

- Internal enhancement characteristics

- Non mass Enhancement

- Distribution

- Internal enhancement pattern

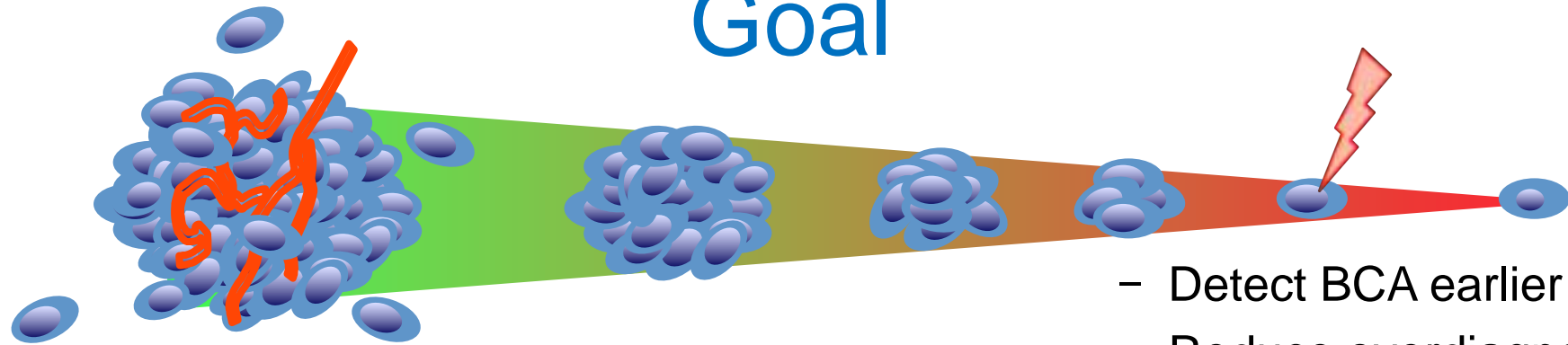


Linear, segmental, focal, regional, diffuse  
Homogeneous, heterogeneous, clumped, clustered ring



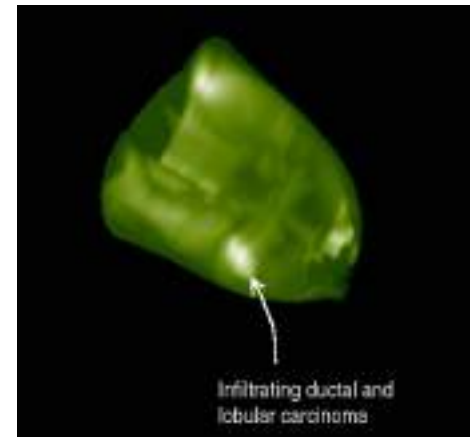
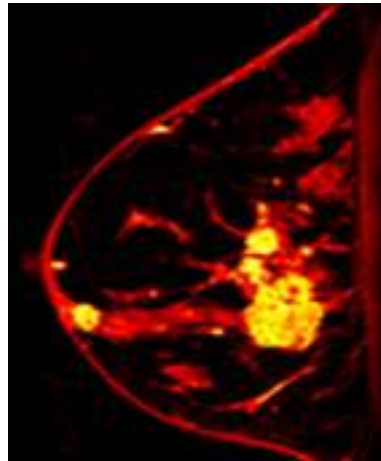
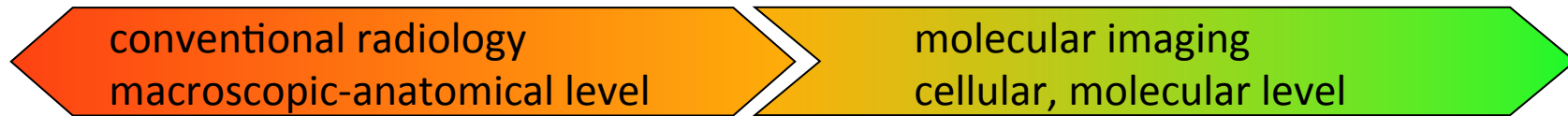


# Goal

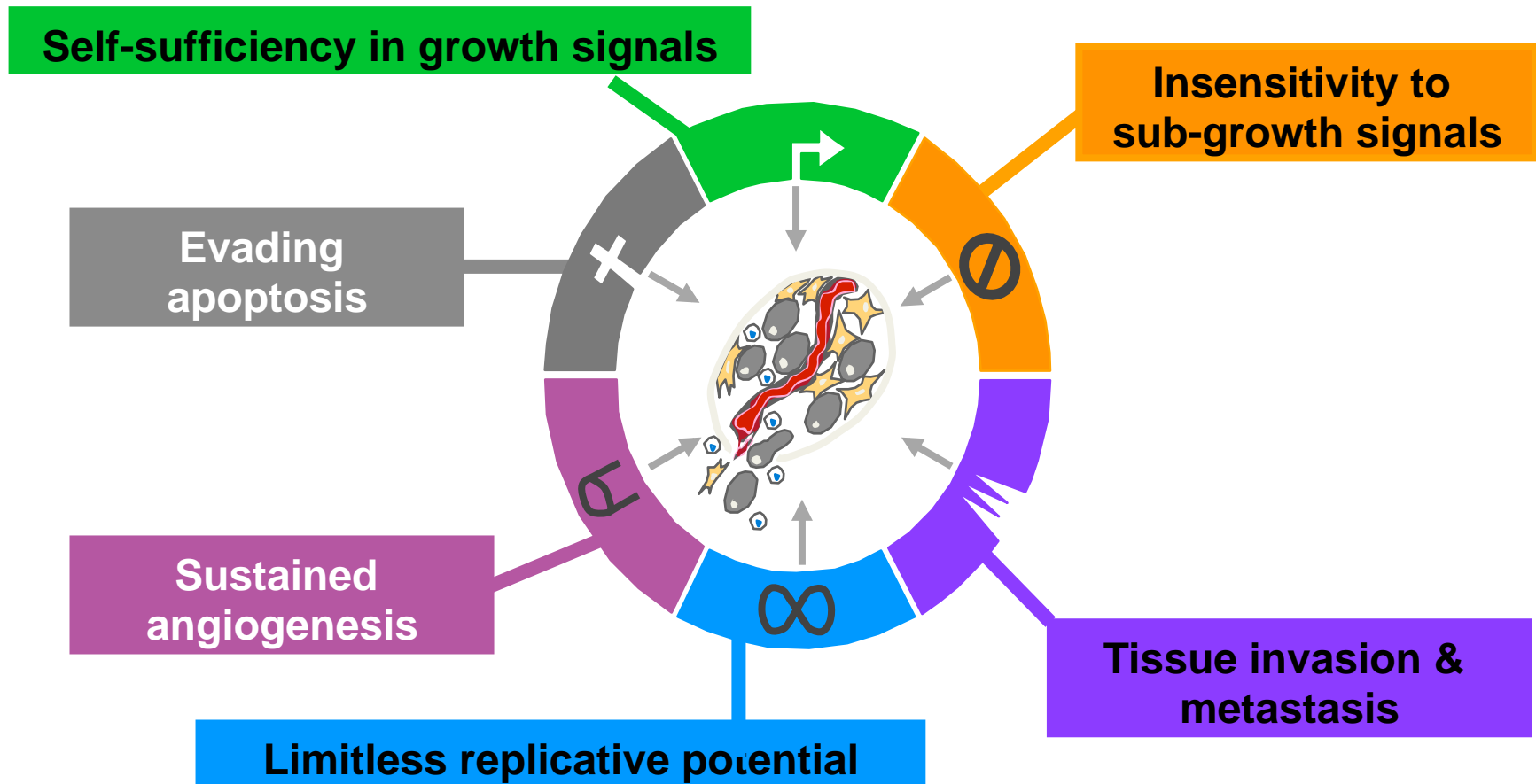


- Detect BCA earlier
- Reduce overdiagnosis

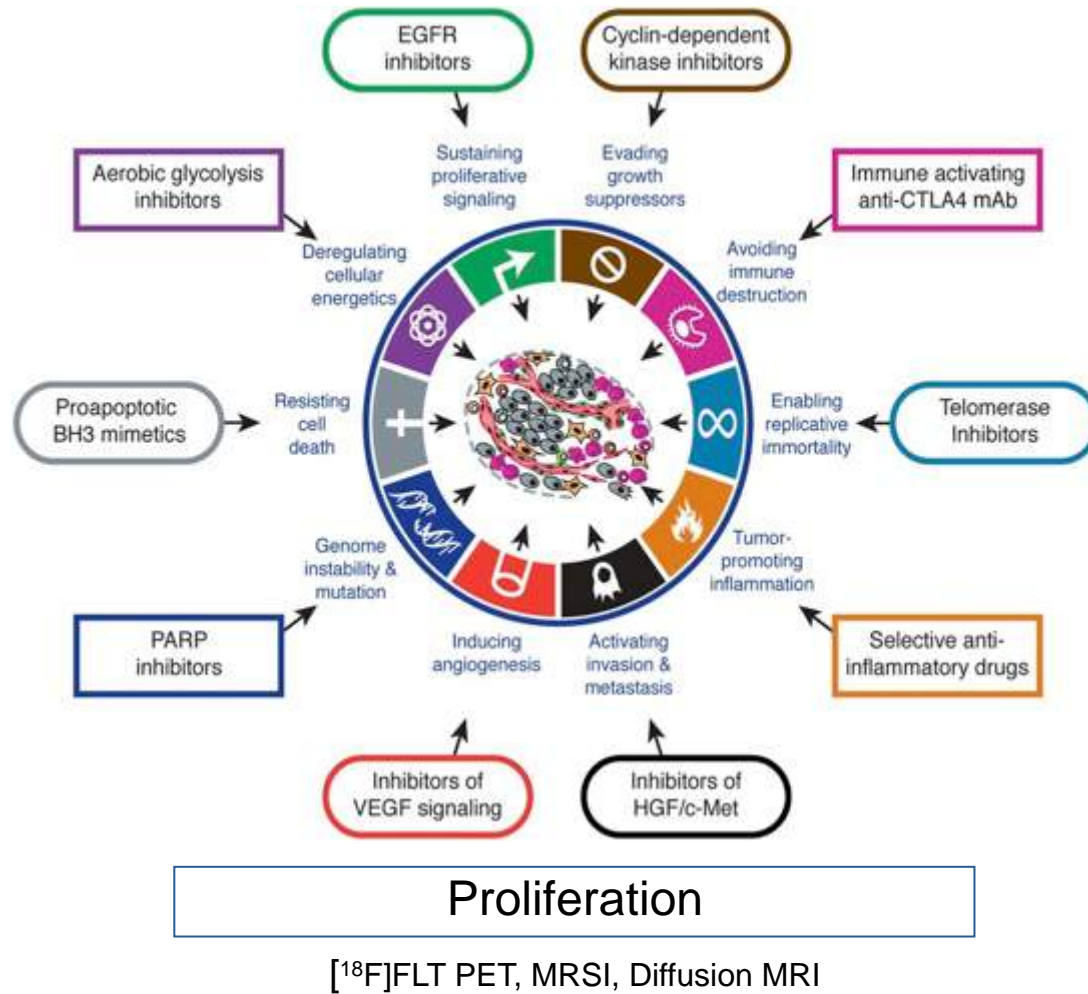
$1 \times 10^9$



# Hallmarks of Cancer



Hanahan D. et al.  
Cell 2011;144:646-74.



### Altered Metabolism

[18F]FDG PET  
MRSI  
Hyperpolarized MRI  
[18F] MISO PET  
BOLD MRI

### Metastasis

[18F]FDG PET  
DWIBS  
Bone Scan  
CT/MRI

### Angiogenesis

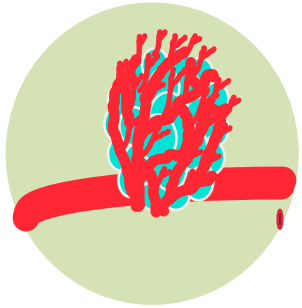
[18F]FDG PET  
DWIBS  
Bone Scan  
CT/MRI

### Cell Death

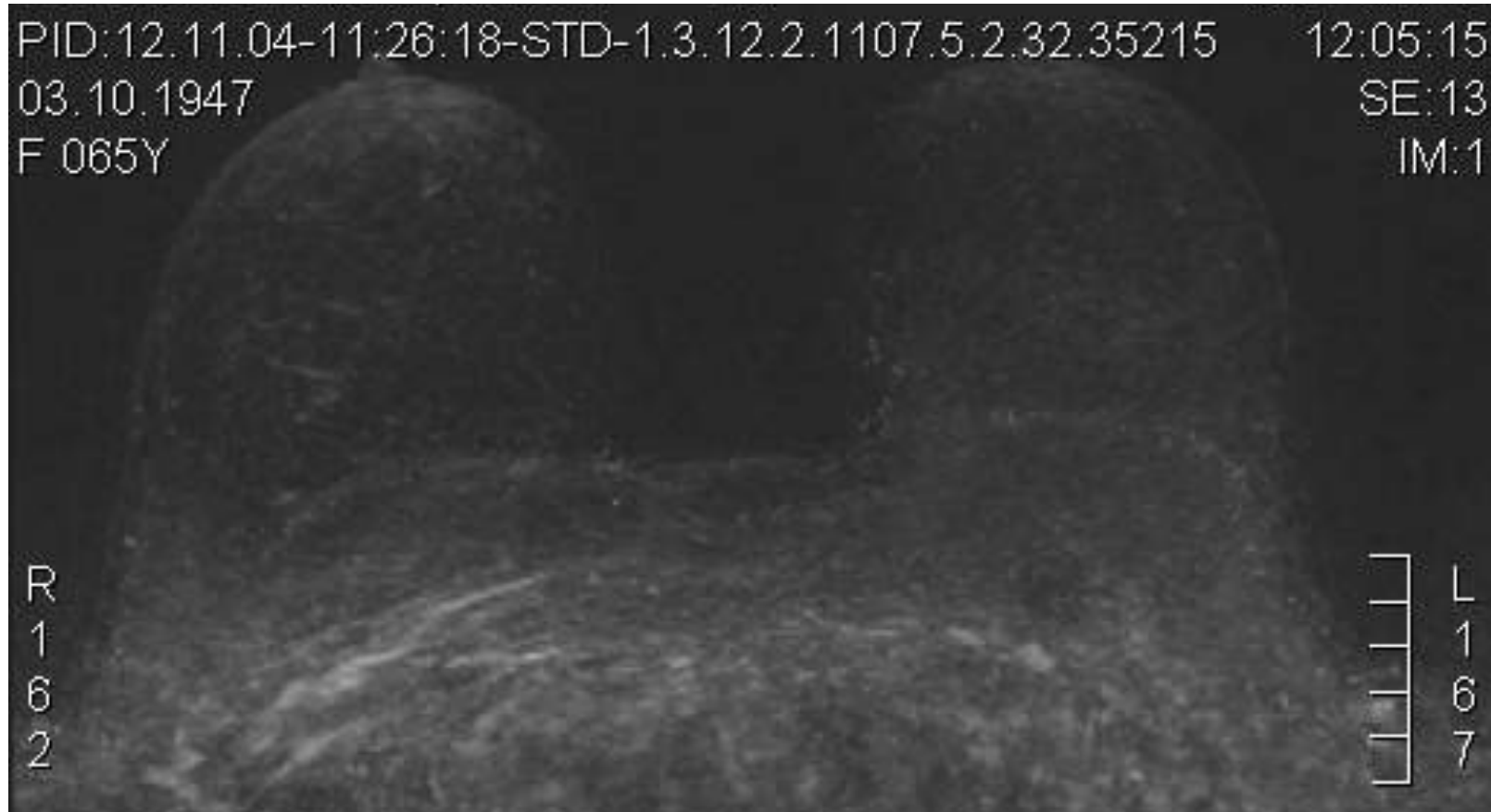
Annexin  
Diffusion MRI  
Hyperpolarized MRI

# HALLMARKS





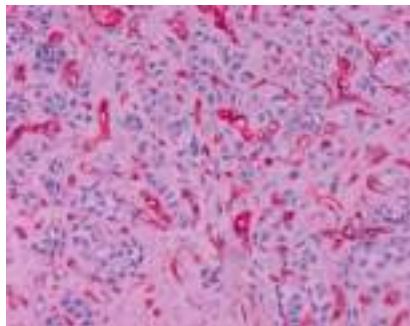
# DCE-MRI



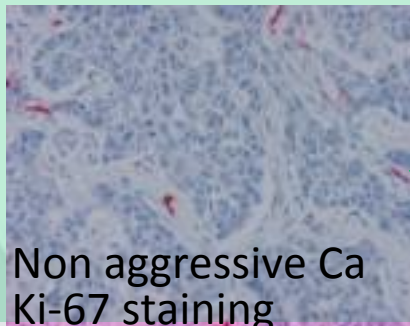
MIP, (3T, 3D TWIST, voxel: 1.x 1 x 1mm, temp. res.: 14 sec.)



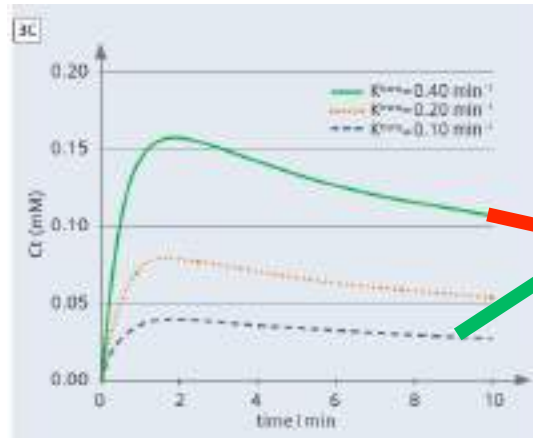
# Beyond the breast - Prognostic information



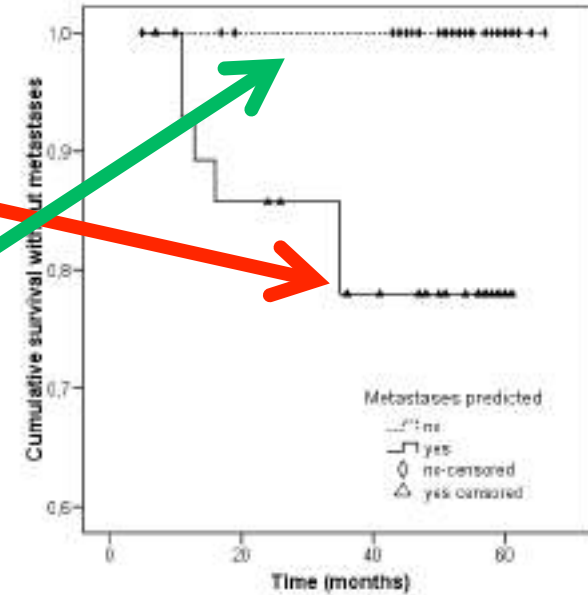
Aggressive Cancer



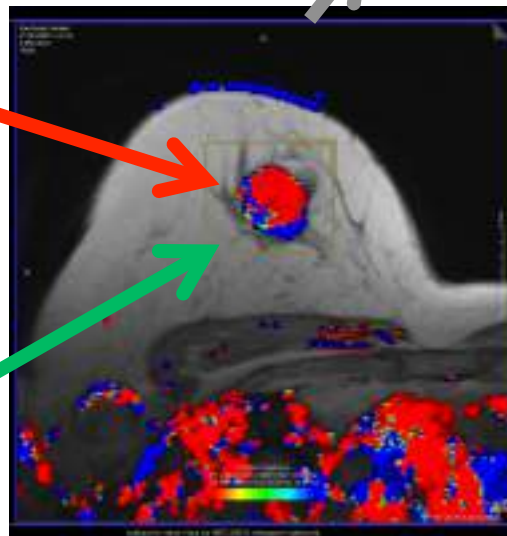
Non aggressive Ca  
Ki-67 staining



Pharmakokinetiks



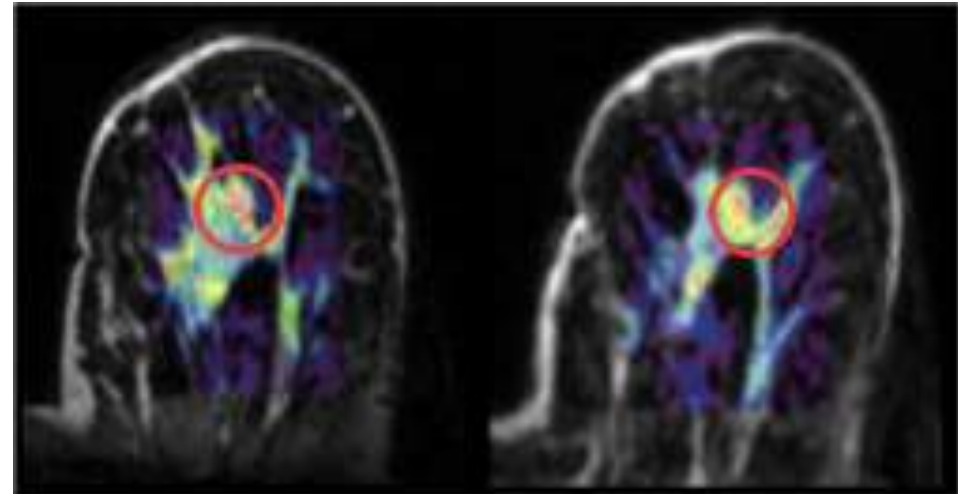
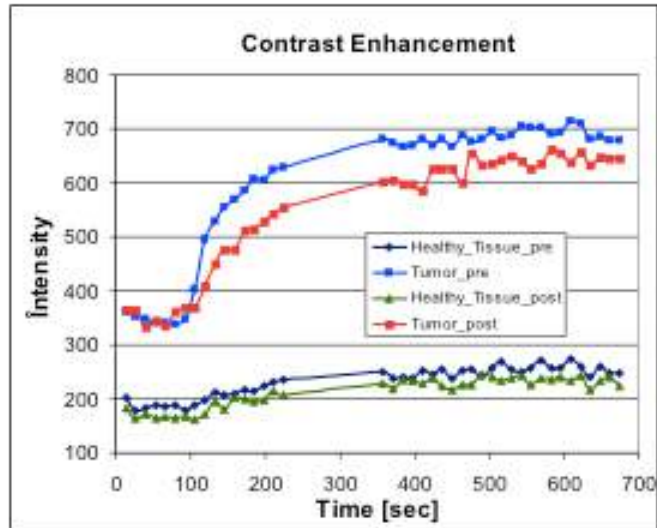
Survival prediction



Enhancement quantification by MRI



# Enhancement kinetics



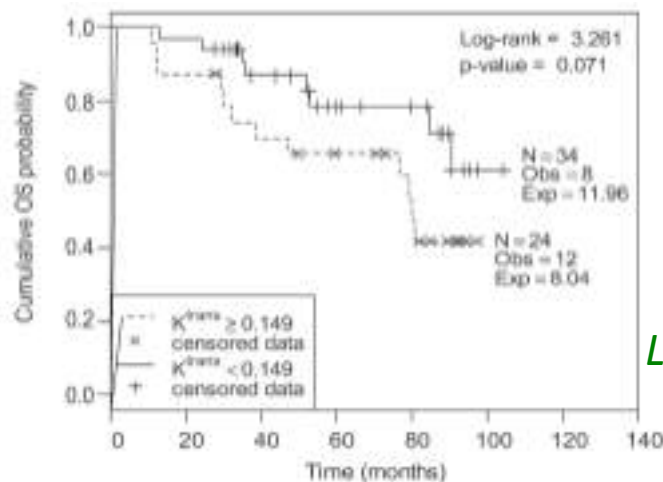
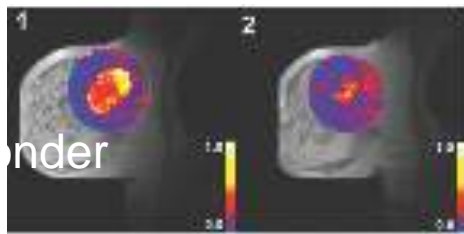
Reductions in enhancement correlate  
with response to treatment



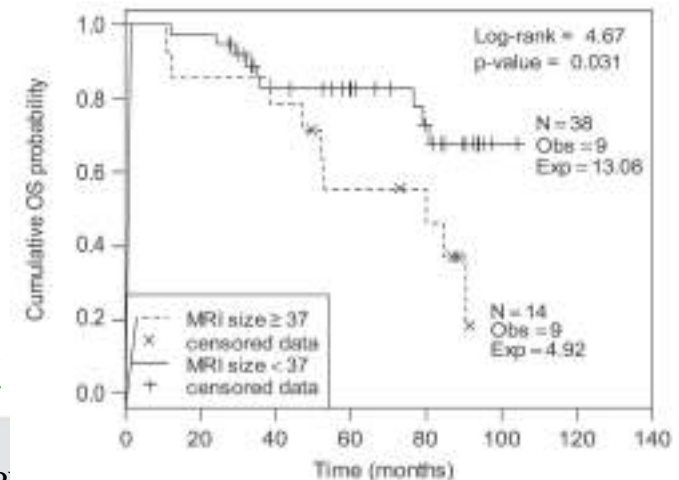
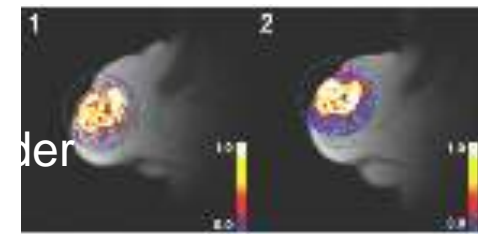
# Fast dynamic CE-MRI

Changes can predict survival in patients with NAC

- High post treatment  $K_{trans}$  / larger post treatment TU size
- Worse overall survival, worse disease-free survival



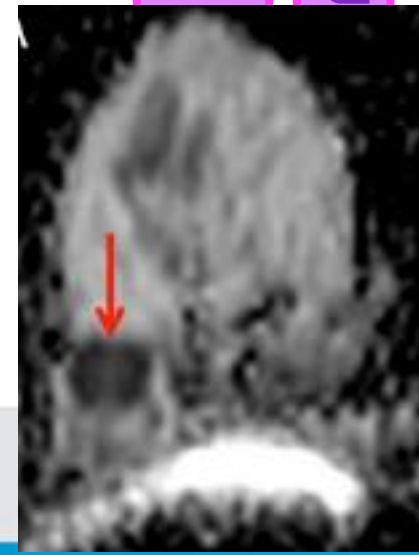
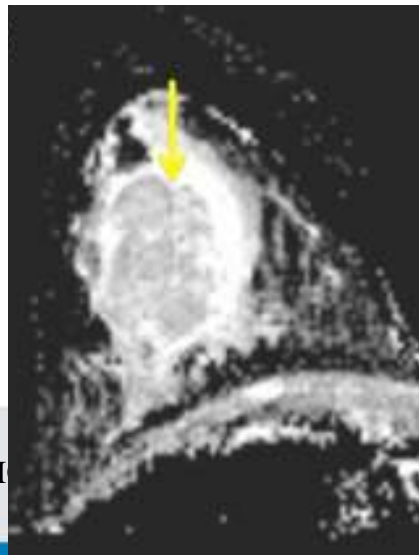
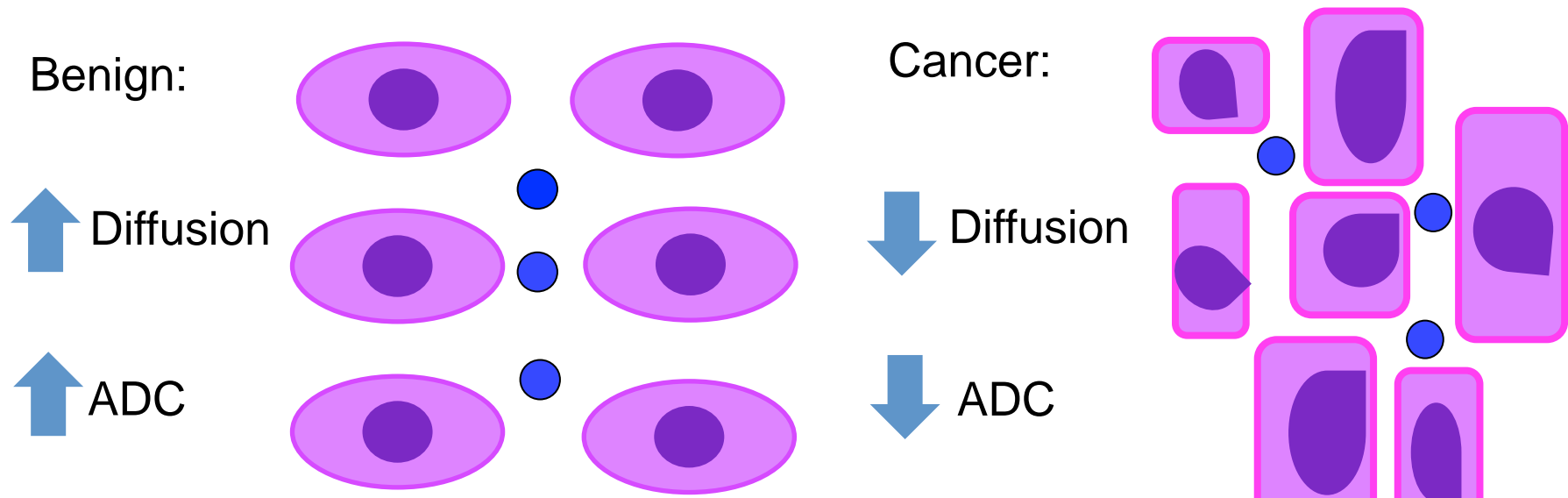
*Li et al; Radiology 2011*



AND IMAGE-GUIDED THERAPY



# Diffusion Weighted Imaging (DWI)



# DWI of the breast (ADC)

## Results:

- ❑ ADC value in benign tissue higher than in carcinomas ( $p=0.001$ )
- ❑ ADC allows differentiation of benign and malignant breast tumor
- ❑ Sens: 0.93      Spec: 0.88

*Guo et al JMRI 2002*

*Woodhams et al JCAT 2005*



# DWI of the breast

- large variations in reported ADC values (Kuroki et al. 2004; Hatakenaka et al. 2008; Woodhams et al. 2005; Wenkel et al. 2007)
- large variations in diffusion parameters (max, min, no. of b-values) (Matsuka et al. 2008)
- systematic evaluation of diffusion protocols?



# Diffusion-weighted MR for Differentiation of Breast Lesions at 3.0 T: How Does Selection of Diffusion Protocols Affect Diagnosis?<sup>1</sup>

Wolfgang Bogner, MSc  
Stephan Gruber, PhD  
Katja Pinker, MD  
Günther Grabner, MSc  
Andreas Stadlbauer, PhD  
Michael Weber, PhD  
Ewald Moser, PhD  
Thomas H. Helbich, PhD  
Siegfried Trattnig, PhD

**Purpose:**

To compare the diagnostic quality of diffusion-weighted (DW) imaging schemes with regard to apparent diffusion coefficient (ADC) accuracy, ADC precision, and DW imaging contrast-to-noise ratio (CNR) for different types of lesions and breast tissue.

**Materials and Methods:**

Institutional review board approval and written, informed consent were obtained. Fifty-one patients with histopathologic correlation or follow-up performed with a 3.0-T MR imager were included in this study. There were 112 re-

*Radiology*: Volume 253: Number 2—November 2009 • [radiology.rsna.org](http://radiology.rsna.org)

