

POSTER PRESENTATION

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# Novel highly accelerated real-time CINE-MRI featuring compressed sensing with k-t regularization in comparison to TSENSE segmented and real-time Cine imaging

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## Background

In patients with breath-holding difficulties or arrhythmia, real-time CINE-MRI is preferred over segmented acquisitions in one breath-hold. However, common real-time sequences require a deteriorating trade-off between spatial and temporal resolution. In the current work, highly accelerated real-time CINE-MRI which features compressed sensing with k-t regularization [1] was evaluated against segmented and real-time imaging with TSENSE in healthy volunteers as a potential alternative providing both high spatial and temporal resolution in real time.

## Methods

Sparse and incoherent sampling was implemented in a bSSFP 2D CINE-MRI sequence and a compressed sensing image reconstruction program featuring k-t regularization was provided. Thirteen healthy volunteers (7m/6f, age  $43 \pm 17$  y, BMI  $24 \pm 6.6$ ) underwent CMR imaging on a 1.5T system (MAGNETOM Aera, Siemens AG, Erlangen, Germany). 2-/3-/4-chamber as well as 3 short-axis views were acquired with a fixed temporal resolution of 33 ms but different net acceleration factors (NAF) and acquisition durations (acq) based on the used sequences:

- (1) segmented TSENSE, NAF 2, (sTSENSE2), acq: 6 heartbeats
- (2) segmented TSENSE, NAF 4, (sTSENSE4), acq: 3 heartbeats
- (3) real-time TSENSE, NAF 4, (rtTSENSE4), acq: 1 heartbeat

(4) real-time compressed sensing, NAF 10.9, (rtCS11), acq: 1 heartbeat

The acquired (reconstructed) voxel sizes were  $2.4 \times 1.7 \times 6 \text{ mm}^3$  ( $1.7 \times 1.7 \times 6 \text{ mm}^3$ ), except for rtTSENSE4 with  $6.0 \times 3.0 \times 6 \text{ mm}^3$  ( $3.0 \times 3.0 \times 6 \text{ mm}^3$ ). Image reconstruction was performed online. All images were qualitatively assessed by an experienced CMR reader on a five-point Likert scale (5-excellent, 1-non-diagnostic). Scoring was performed with respect to the overall image quality with focus on presence/severity of artifacts and the ability to visually assess global and regional myocardial function. A paired t-test was used to compare differences in image quality between the different sequences.

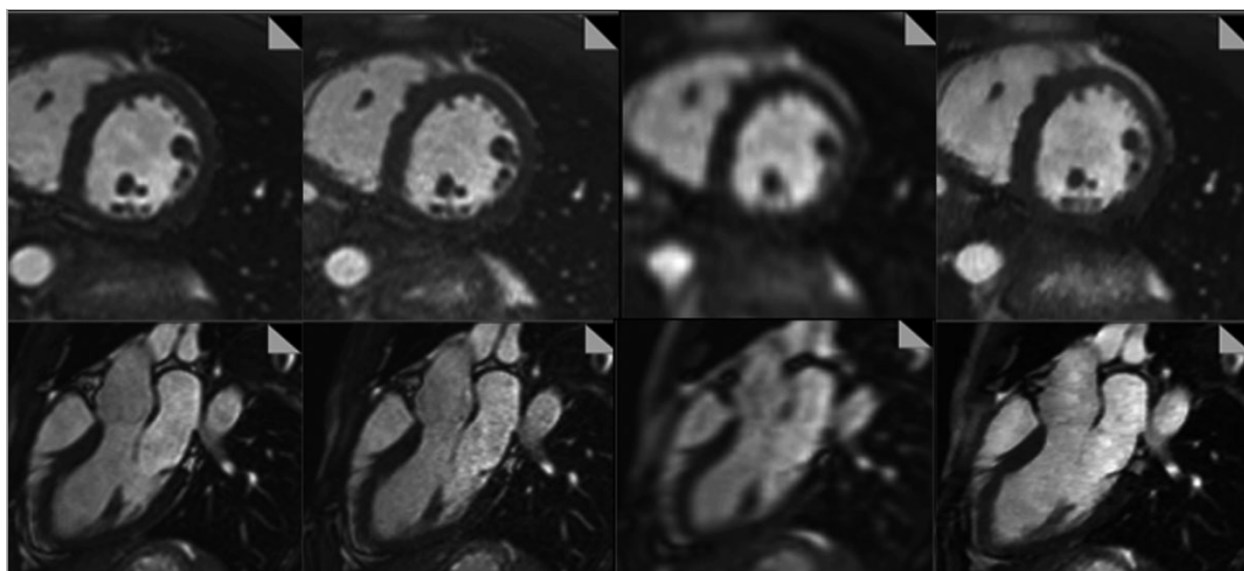
## Results

In all subjects, 2D datasets could be successfully acquired. The mean RR interval was  $934 \pm 116$  ms, three volunteers had sinus arrhythmia or extra systoles. Table 1 illustrates the results of the quality assessment. In terms of quality score, benchmark was set by sTSENSE2 ( $4.7 \pm 0.5$ ). rtCS11 was significantly better than rtTSENSE4 ( $3.6 \pm 0.7$  vs.  $2.7 \pm 0.6$ ,  $p < 0.0001$ ) and comparable to the quality of sTSENSE4 ( $3.9 \pm 0.5$ ,  $p = 0.004$ ). Quality-relevant artifacts were rather noise-related in sTSENSE4 and contour- as well as flow-related in rtCS11.

## Conclusions

As the image quality of rtCS11 was significantly better than in case of real-time TSENSE and close to that of sTSENSE4, the novel method may become a better alternative for the assessment of cardiac function in real time.

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**Figure 1** Example images of a short-axis and a 3-chamber view of volunteer 5 from left to right: sTSENSE2; sTSENSE4; rtTSENSE4; rtCS11.

**Table 1 Quality assessment**

	sTSENSE2	sTSENSE4	rtTSENSE4	rtCS11
Acq/temporal resolution	6hb/33 ms	3hb/33 ms	1hb/33 ms	1hb/33 ms
Spatial Resolution/SLT (mm)	2.4x1.7x6/6	2.4x1.7x6/6	6.0x3.0x3.0/6	2.4x1.7x6/6
Mean overall image quality	4.8±0.5	3.9±0.5	2.7±0.6	3.7±0.7
Comparison with rtCS11	p<0.001	p=0.004	p<0.001	

Further studies in a clinical setting are required to assess the performance in challenging cases.

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