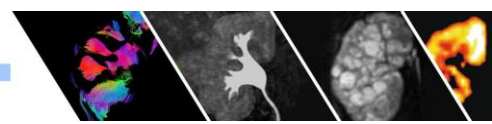


Future directions of renal MRI

3d international conference of functional renal imaging

Steven Sourbron



Growth of renal MRI (2015 - 2020)



Bordeaux
Oct 2015

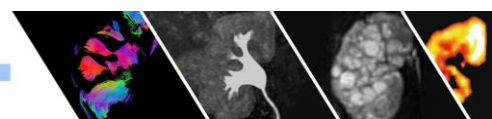


Berlin Oct
Oct 2017



Nottingham
Oct 2019

??? Oct 2021 ???



Drivers for growth of renal MRI

Validation of Plasma Biomarker Candidates for the Prediction of eGFR Decline in Patients With Type 2 Diabetes

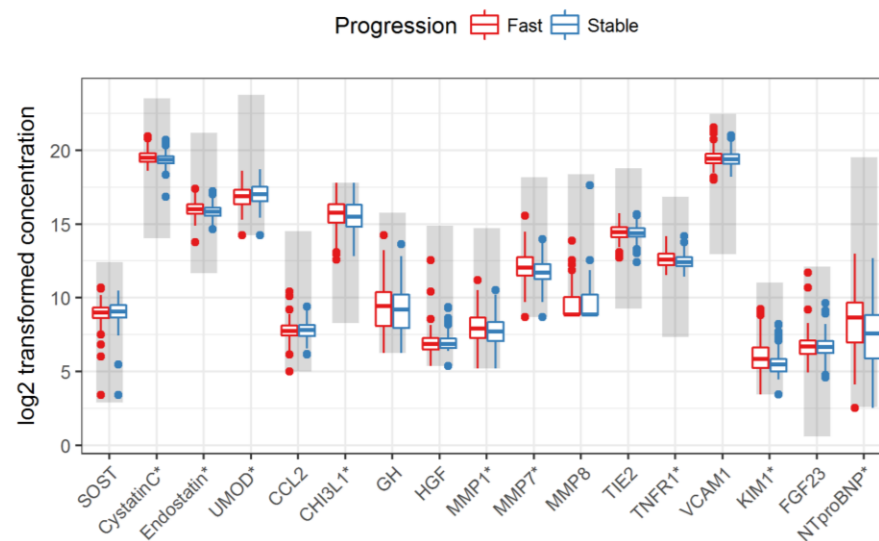
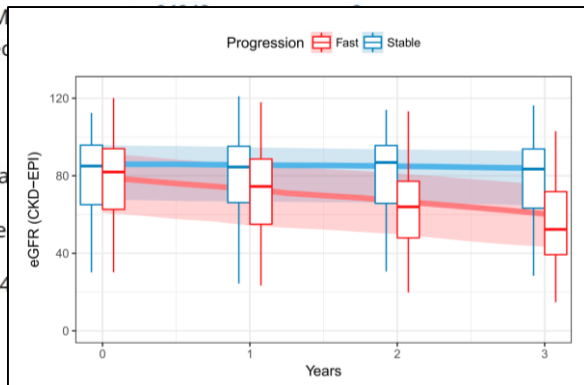
Andreas Heinzl¹, Michael Kammer^{1,2}, Gert Mayer³, Roman Reindl-Schwaighofer¹, Karin Hu¹, Paul Perco³, Susanne Eder³, Laszlo Rosivall⁴, Patrick B. Mark⁵, Wenjun Ju⁶, Matthias Kretzler⁶, Peter Gilmour⁷, Jonathan M. Wilson⁸, Kevin L. Duffin⁸, Moustafa Abdalla^{9,10,11}, M. Heerspink¹³, Andrzej Wiecek¹⁴
BEAt-DKD Consortium

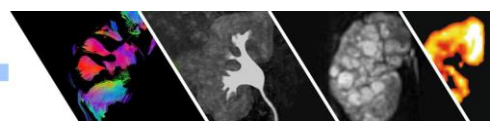
+ Author Affiliations

Corresponding author: Ra

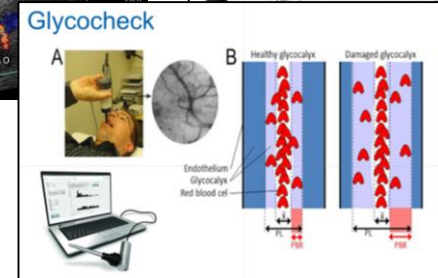
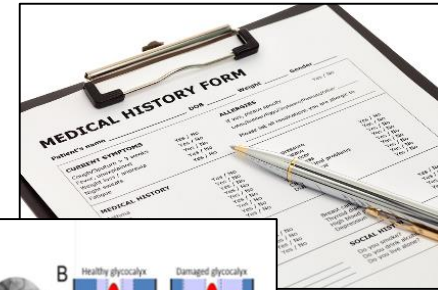
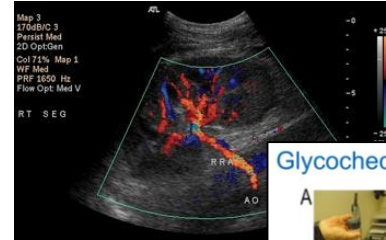
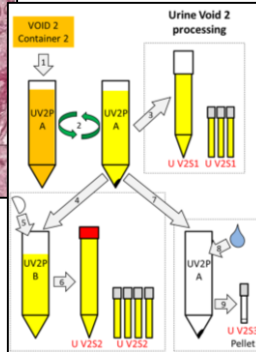
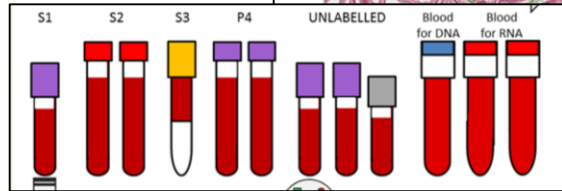
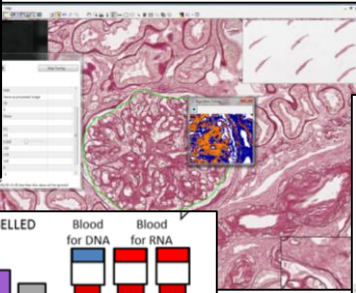
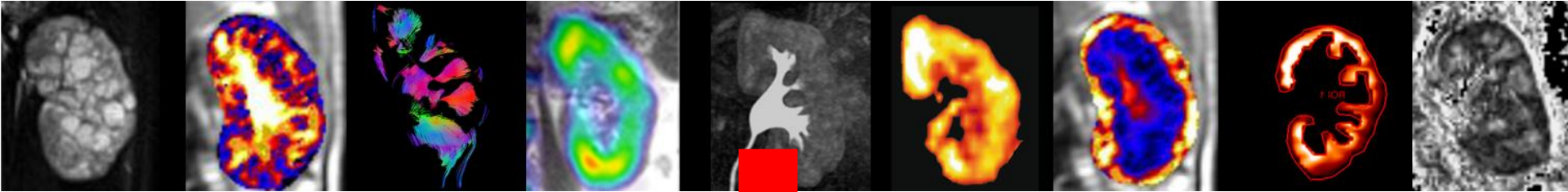
A.H. and M.Ka. contribute

Diabetes Care 2018 Sep; 4



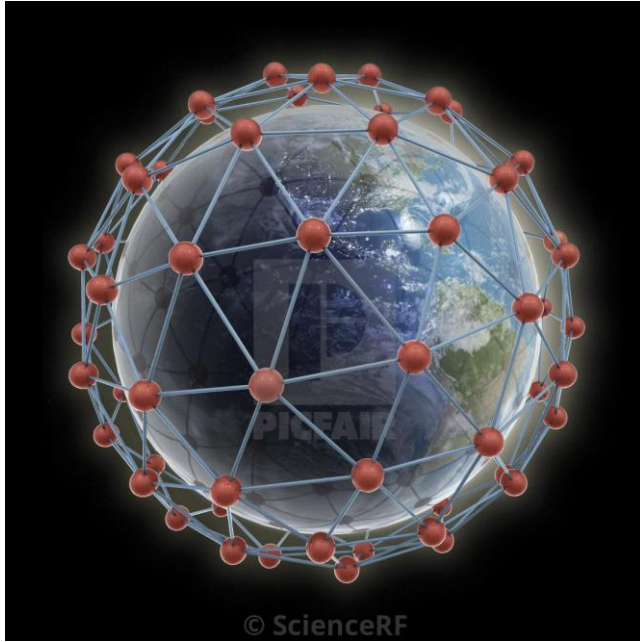
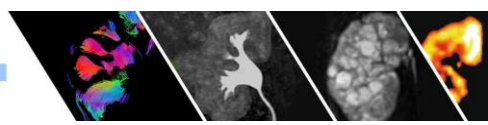


Promises of renal MRI



ISRMR 2029 award ceremony

8th international conference on renal MRI



Category I: Novel technologies and contrast mechanisms in renal MRI

Category II: How reliable are MRI biomarkers of the kidney?

Category III: What does renal MRI tell us about kidney structure and function?

Category IV: How are renal MRI biomarkers useful?

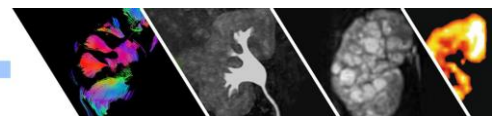


Category I. Novel technologies and contrast mechanisms

Gold
award

Silver
award

Bronze
award



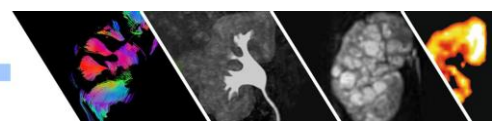
Category I. Novel technologies and contrast mechanisms

Gold
award

Silver
award

Bronze
award

A 10-minute MRI acquisition protocol for renal anatomy, diffusion-tensor imaging, tractography, intravoxel incoherent motion, blood oxygenation-level dependent imaging, T1- and T2 mapping, magnetisation transfer contrast, chemical exchange saturation transfer, angiography, phase contrast, hyperpolarised MRI, MR renography, multiple inversion time arterial spin labelling, elastin expression, time-resolved MRI spectroscopy, Sodium MRI, quantitative susceptibility mapping and MR urography.



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Journal of Magnetic Resonance

journal homepage: www.elsevier.com/locate/jmr



Ultimate MRI

Lawrence L. Wald*

Athinoula A. Martinos Center for Biomedical Imaging, Dept. of Radiology, Harvard Medical School, Massachusetts General Hospital, Harvard-Massachusetts Institute of Technology Division of Health Sciences and Technology, Cambridge, MA

ARTICLE INFO

Article history:

Received 31 May 2019

Accepted 8 July 2019

Available online 9 July 2019

Keywords:

ABSTRACT

The basic principles of Magnetic Resonance imaging for over 40. At this point, it is a revolution. But we are by no means confined to old technologies. The resolution constraint imposed by a seemingly

Highlights

- MRI is moving toward a more generalized approach with added degrees of freedom in the RF reception, transmission and encoding fields, and relying on generalized model based reconstructions that can use this information and reconstruct an image from just about anything.
- Model-based reconstructions, together with their streamlined approach to adding prior knowledge will increase opportunities for faster imaging and imaging with relaxed hardware constraints, ultimately extending the performance and reach of MRI.



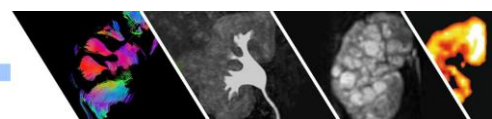
Category I. Novel technologies and contrast mechanisms

Gold
award

Silver
award

Bronze
award

A 10-minute MRI acquisition protocol for renal anatomy, diffusion-tensor imaging, tractography, intravoxel incoherent motion, blood oxygenation-level dependent imaging, T1- and T2 mapping, magnetisation transfer contrast, chemical exchange saturation transfer, angiography, phase contrast, hyperpolarised MRI, MR renography, multiple inversion time arterial spin labelling, elastin expression, time-resolved MRI spectroscopy, Sodium MRI, quantitative susceptibility mapping and MR urography.



Category I. Novel technologies and contrast mechanisms

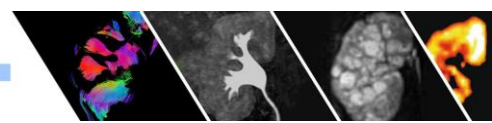
Gold
award

Silver
award

A dedicated low-field MRI scanner for AKI assessment on the intensive care ward.

Bronze
award

A 10-minute MRI acquisition protocol for renal anatomy, diffusion-tensor imaging, tractography, intravoxel incoherent motion, blood oxygenation-level dependent imaging, T1- and T2 mapping, magnetisation transfer contrast, chemical exchange saturation transfer, angiography, phase contrast, hyperpolarised MRI, MR renography, multiple inversion time arterial spin labelling, elastin expression, time-resolved MRI spectroscopy, Sodium MRI, quantitative susceptibility mapping and MR urography.



REVIEW ARTICLE

Low-Cost and Portable

Lawrence L. Wald, PhD,^{1,2,3*} Patrick C. McDaniel, MS,^{1,4} T

Jason



Research in MRI technol
mentation to enable M
resolution, or expandin
direction, extending th
by increasing the numb
quent and varied use. T
monitoring application
been considered, we ha
scanners and quantum
reduction of cost and si
ners) have not been co
scanner in a centralize
computed tomography
recent advances in har



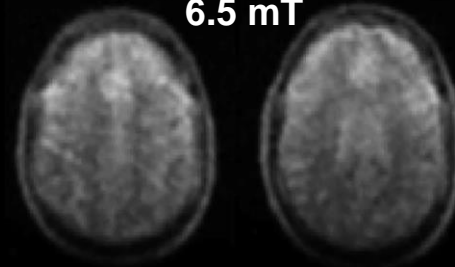
SCIENTIFIC REPORTS

OPEN

Low-Cost High-Performance MRI

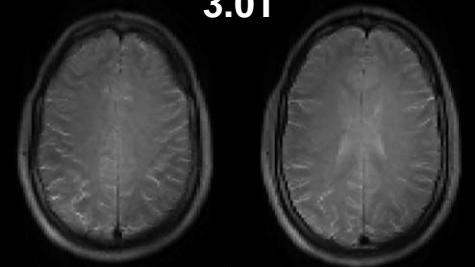
Mathieu Sarracanie^{1,2}, Cristen D. LaPierre^{1,2}, Najat Salameh^{1,2,3}, David E. J. Waddington^{1,2,4},
Thomas Witzel¹ & Matthew S. Rosen^{1,2,5}

6.5 mT



a

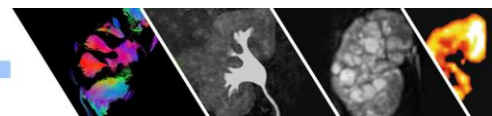
3.0T



b

Low-Field MRI: An MR Physics Perspective

José P. Marques,^{1*} Frank F.J. Simonis,² and Andrew G. Webb, PhD³



Category I. Novel technologies and contrast mechanisms

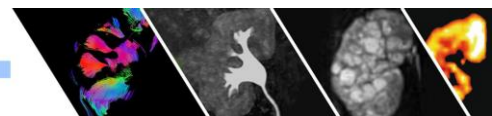
Gold
award

Silver
award

A dedicated low-field MRI scanner for AKI assessment on the intensive care ward.

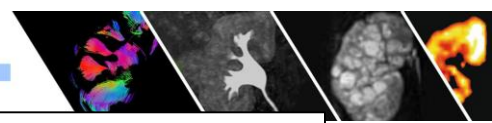
Bronze
award

A 10-minute MRI acquisition protocol for renal anatomy, diffusion-tensor imaging, tractography, intravoxel incoherent motion, blood oxygenation-level dependent imaging, T1- and T2 mapping, magnetisation transfer contrast, chemical exchange saturation transfer, angiography, phase contrast, hyperpolarised MRI, MR renography, multiple inversion time arterial spin labelling, elastin expression, time-resolved MRI spectroscopy, Sodium MRI, quantitative susceptibility mapping and MR urography.



Category I. Novel technologies and contrast mechanisms

Gold award	A novel MRI method for the prenatal measurement of single-kidney function.
Silver award	A dedicated low-field MRI scanner for AKI assessment on the intensive care ward.
Bronze award	A 10-minute MRI acquisition protocol for renal anatomy, diffusion-tensor imaging, tractography, intravoxel incoherent motion, blood oxygenation-level dependent imaging, T1- and T2 mapping, magnetisation transfer contrast, chemical exchange saturation transfer, angiography, phase contrast, hyperpolarised MRI, MR renography, multiple inversion time arterial spin labelling, elastin expression, time-resolved MRI spectroscopy, Sodium MRI, quantitative susceptibility mapping and MR urography.



EUR
IR | EUROPEAN INSTITUTE
FOR BIOMEDICAL
IMAGING RESEARCH



STRATEGIC RESEARCH AGENDA FOR BIOMEDICAL IMAGING

CHALLENGE 1

Meeting the
personalised
medical imaging

CHALLENGE 2

Developing n

CHALLENGE 3

Contributing
information o
development

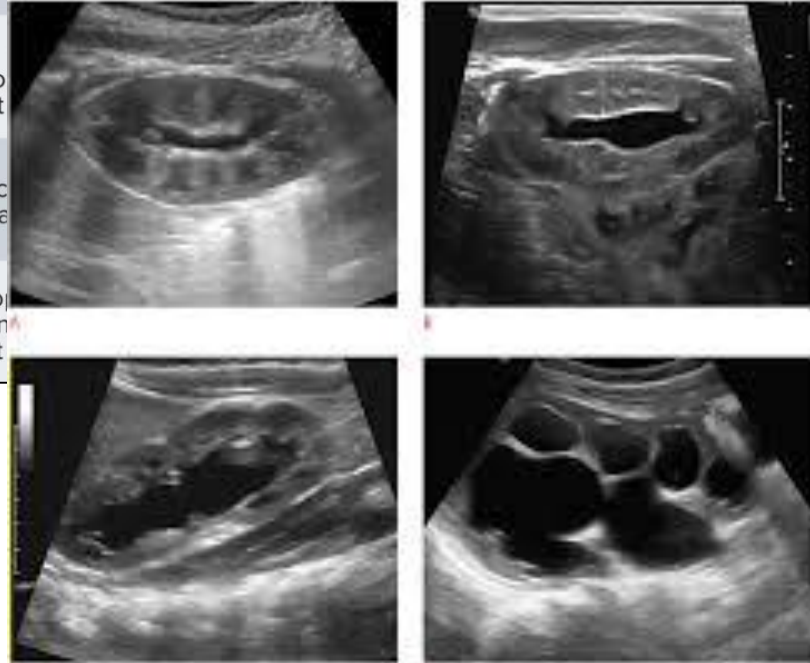
CHALLENGE 4

Providing ac
environmental

CHALLENGE 5

Making Euro
intelligence in
to implement

- 25% of all prenatal US detect congenital abnormalities of the genitourinary tract.
- The impact on kidney function is difficult to determine (no blood & urine)
- Fetal MRI is very difficult (size, motion)



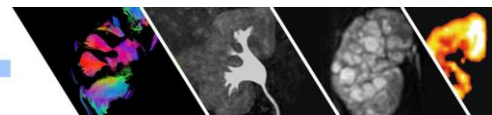


Category II. Accuracy and precision of renal MRI biomarkers

Gold
award

Silver
award

Bronze
award

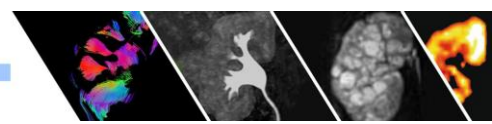


Category II. Accuracy and precision of renal MRI biomarkers

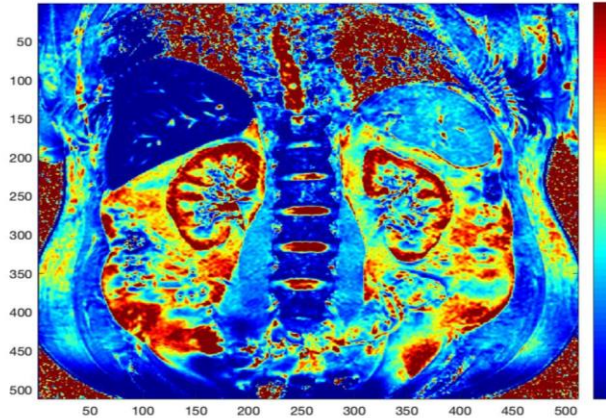
Gold
award

Silver
award

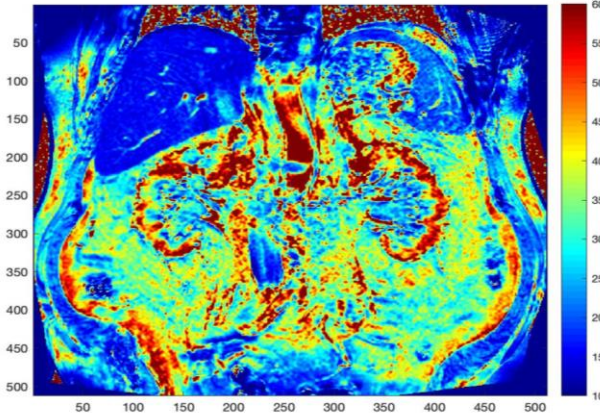
Bronze award	Normal reference ranges for 45 renal MRI biomarkers: a UKRIN imaging biobank study in 5000 healthy subjects
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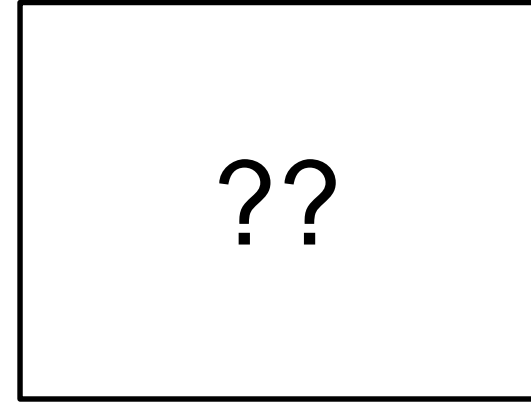
45 yr old, male, healthy



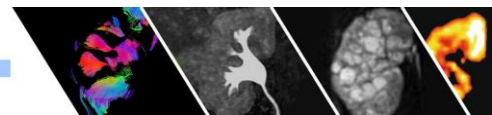
74 yr old, male, Type 2 diabetes



72 yr old, male, Healthy



T_2^* mapping



Category II. Accuracy and precision of renal MRI biomarkers

Gold
award

Silver
award

Bronze award	Normal reference ranges for 45 renal MRI biomarkers: a UKRIN imaging biobank study in 5000 healthy subjects
-----------------	---



Category II. Accuracy and precision of renal MRI biomarkers

Gold
award

Silver
award

Patient-specific error estimates in cortical fractional anisotropy with a 5% confidence.

Bronze
award

Normal reference ranges for 45 renal MRI biomarkers: a UKRIN imaging biobank study in 5000 healthy subjects



Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Rte
Patient Last Name					
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
40/		M	No		
Patient Address					
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name		
05/18/12 14:50	05/18/12	05/19/12 07:17ET	PLUNK, O		
Tests Ordered					
CBC With Differential/Platelet;Comp. Metabolic Panel (14);Testosterone, Serum;FSH, Serum;Estradiol					
General Comments					
PID: W 24954					

Private MD Labs
93 MATHIS DRIVE
DICKSON, TN 370

MRI Biomarker Panel

TEST

RESULT

UNIT

FLAG

Volumetry

Kidney Volume

250

ml

Cystic volume

70

%

High?

Renography

SK-GFR:

65

ml/min

Blood Flow:

644

ml/min

Extraction Fraction:

18

%

Blood Volume:

22

%

Low?

Transit Time:

2.2

min

Functional Volume:

212

ml

Diffusion

ADC (medulla):

2.84

10⁻³ mm²/s

ADC (cortex):

2.55

10⁻³ mm²/s

FA (medulla):

39

%

FA (cortex):

22

%

BOLD

T2* (medulla)

54

ms

High?

T2* (cortex)

66

ms

Reserve (medulla)

13

%

Reserve (cortex)

12

%

TESTS	RESULT	FLAG	UNIT
CBC With Differential/Platelet			
WBC	5.9		x10 ⁹
RBC	5.40		x10 ⁶
Hemoglobin	16.9		g/dl
Hematocrit	50.3	High	
MCV	93		fL
MCH	31.3		pg
MCHC	33.6		g/dl
RDW	13.2		%
Platelets	215		x10 ⁹
Neutrophils	52		%
Lymphs	36		%
Monocytes	10		%
Eos	2		%
Basos	0		%

0-3 01



Category II. Accuracy and precision of renal MRI biomarkers

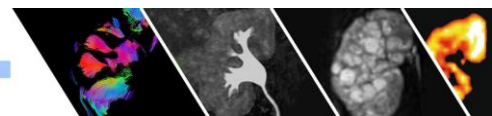
Gold
award

Silver
award

Patient-specific error estimates in cortical fractional anisotropy with a 5% confidence.

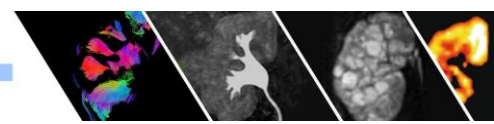
Bronze
award

Normal reference ranges for 45 renal MRI biomarkers: a UKRIN imaging biobank study in 5000 healthy subjects



Category II. Accuracy and precision of renal MRI biomarkers

Gold award	Implementation of renal MRI biomarker results traceable to the SRMR international reference standard.
Silver award	Patient-specific error estimates in cortical fractional anisotropy with a 5% confidence.
Bronze award	Normal reference ranges for 45 renal MRI biomarkers: a UKRIN imaging biobank study in 5000 healthy subjects



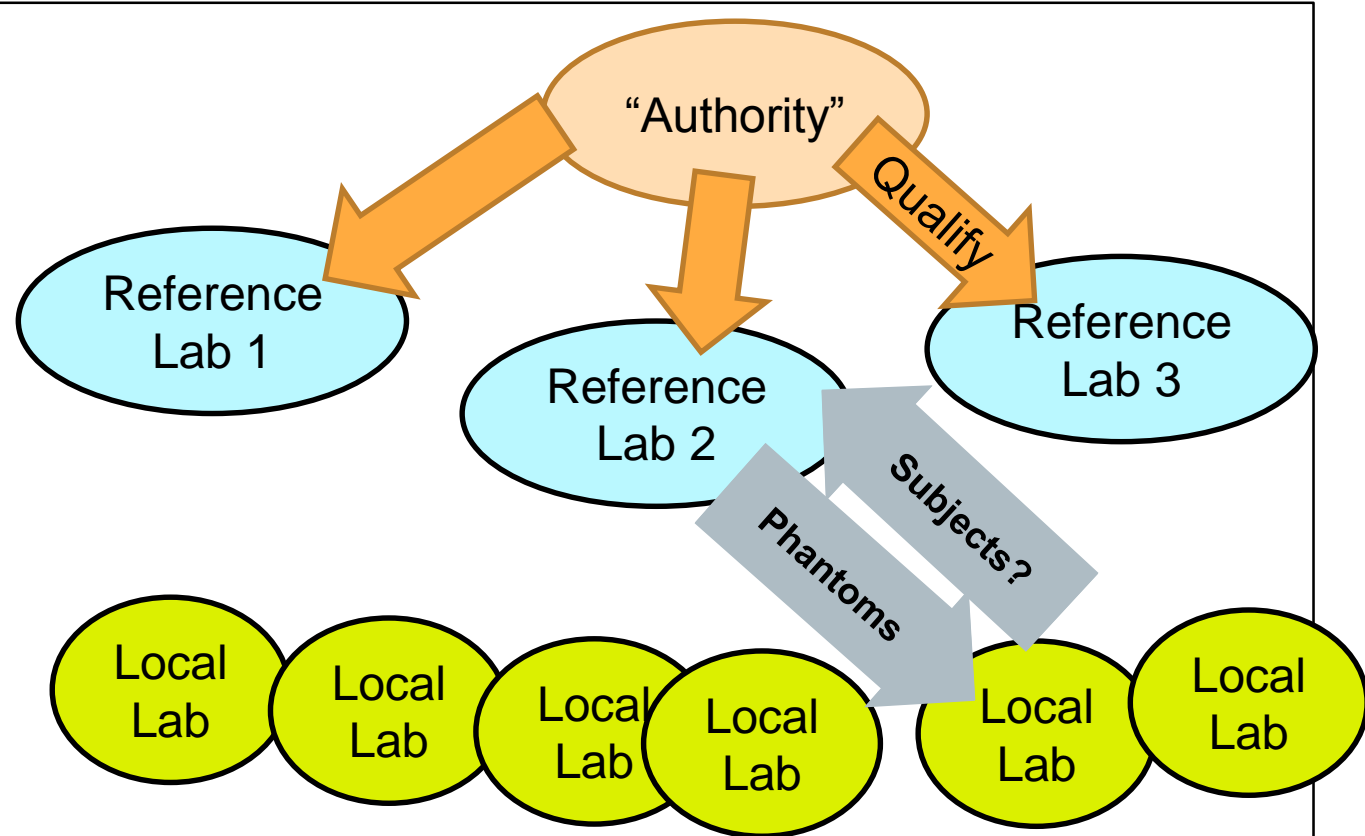
- *Is my new machine (assay) well calibrated?*
- *Is my machine (assay) still accurate?*
- *Has my software upgr*
- *Is this new product ac*
- *Should I buy machine*
- *Are the values from la*

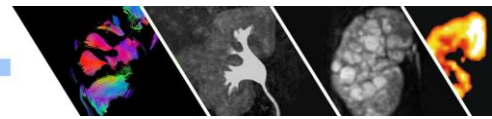
Clin Chem Lab Med 2002; 40(1):78-89 © 2002 by Walter de Gruyter

Approved IFCC Reference Method for of HbA_{1c} in Human Blood

International Federation of Clinical Chemistry and
Laboratory Medicine (IFCC)^{1,2)}

Scientific Division
Working Group on HbA_{1c} Standardisation³⁾ and
Network of Reference Laboratories for HbA_{1c}⁴⁾





Category III. Biological sensitivity & specificity of renal MRI

Gold
award

Silver
award

Bronze
award



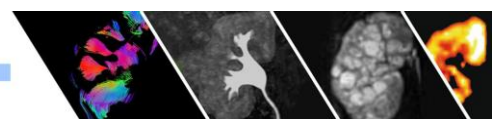
Category III. Biological sensitivity & specificity of renal MRI

Gold
award

Silver
award

Bronze
award

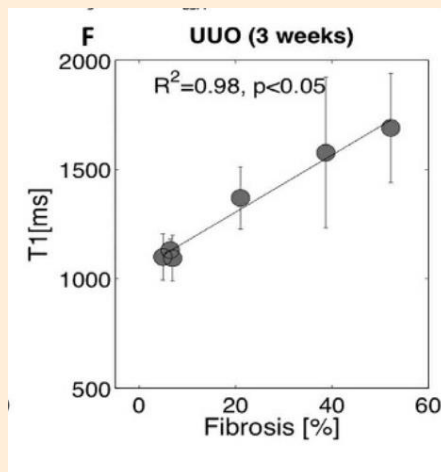
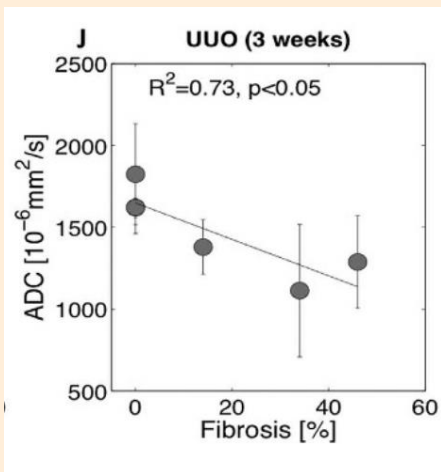
A non-invasive MRI biomarker shows 95% specificity to tubulo-interstitial fibrosis.



- ☺ Fibrosis changes => Biomarker changes
- ☹ Biomarker changes => fibrosis changes

“Fibrosis reduces extracellular water => reduces ADC”

“Fibrosis increases extracellular water => increases T1”

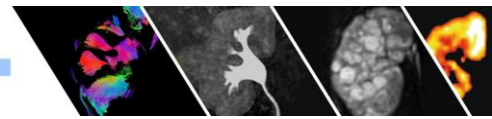


Friedli 2016

Diffusion-Weighted MRI Does Not Reflect Kidney Fibrosis in a Rat Model of Fibrosis

Peter Boor, MD, PhD,^{1,2,3,4*} Michael Perkuhn, MD, MS,^{5,6} Martin Weibrecht, MS,^{5,6}
Stephanie Zok, MS,² Ina V. Martin, PhD,² Jürgen Giesecke, MS,⁷
Felix Schoth, MD, PhD,⁵ Tammo Ostendorf, PhD,² Christiane Kuhl, MD,⁵
and Jürgen Floege, MD²

nephron. The reduced ADC in patients with chronic kidney diseases likely represents secondary changes associated with fibrosis, either being reduced perfusion or reduced renal function (directed water transport), but not fibrosis per se.



Category III. Biological sensitivity & specificity of renal MRI

Gold
award

Silver
award

Bronze
award

A non-invasive MRI biomarker shows 95% specificity to tubulo-interstitial fibrosis.



Category III. Biological sensitivity & specificity of renal MRI

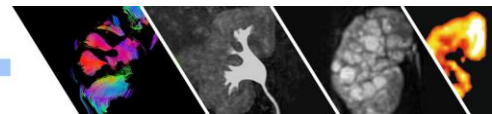
Gold
award

Silver
award

Dual-agent MRI of the ultrafiltrate measures elevated albumin in normo-albuminuric diabetic nephropathy.

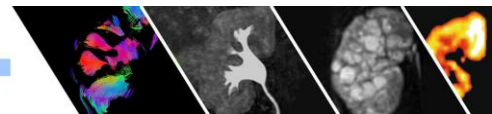
Bronze
award

A non-invasive MRI biomarker shows 95% specificity to tubulo-interstitial fibrosis.



Category III. Biological sensitivity & specificity of renal MRI

Gold award	Mapping single nephron GFR across the human kidney: a validation study.
Silver award	Dual-agent MRI of the ultrafiltrate measures elevated albumin in normo-albuminuric diabetic nephropathy.
Bronze award	A non-invasive MRI biomarker shows 95% specificity to tubulo-interstitial fibrosis.



Category IV. Utility of renal MRI in drug development and clinical practice

Gold
award

Silver
award

Bronze
award



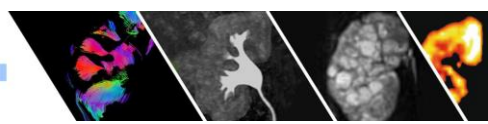
Category IV. Utility of renal MRI in drug development and clinical practice

Gold
award

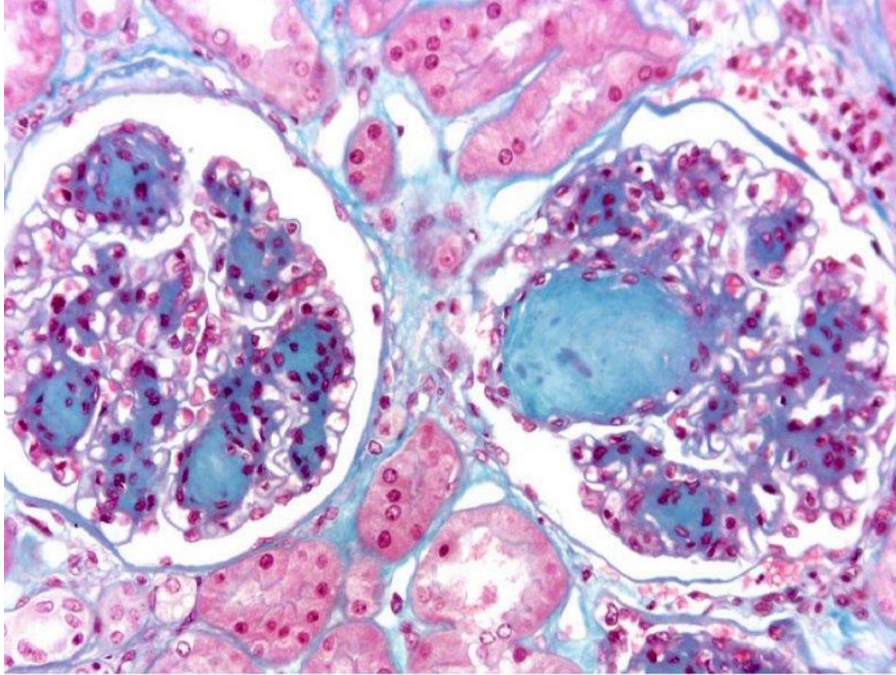
Silver
award

Bronze
award

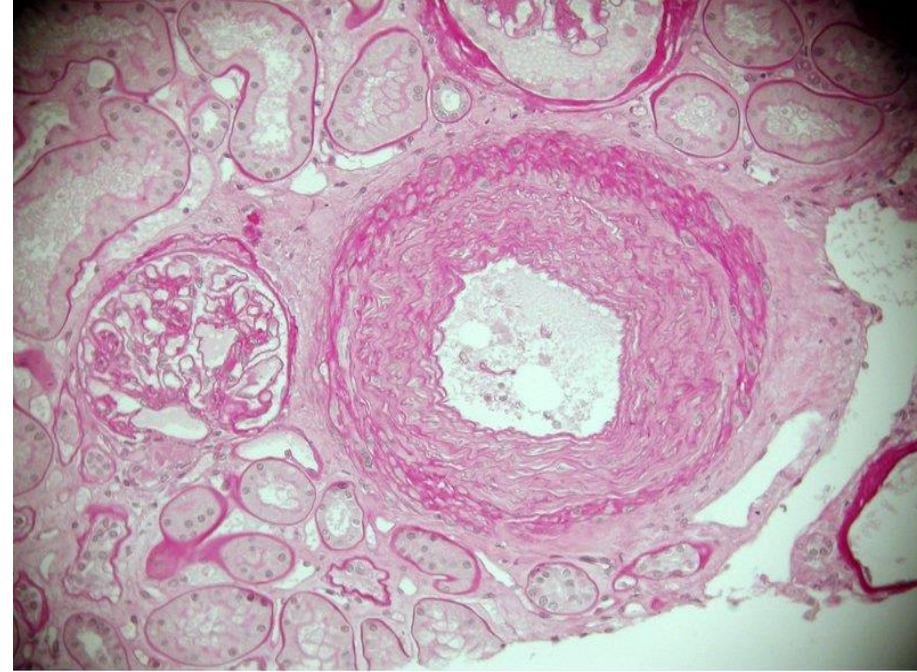
Virtual MRI biopsy distinguishes diabetic glomerulosclerosis from hypertensive microvascular disease.



Diabetic glomerulosclerosis



Vascular wall thickening



Courtesy Loreto Gesualdo



Category IV. Utility of renal MRI in drug development and clinical practice

Gold
award

Silver
award

Bronze
award

Virtual MRI biopsy distinguishes diabetic glomerulosclerosis from hypertensive microvascular disease.



Category IV. Utility of renal MRI in drug development and clinical practice

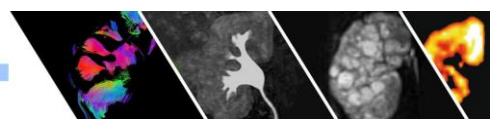
Gold
award

Silver
award

FDA qualification of a fibrosis-specific MRI contrast agent as surrogate endpoint in clinical trials.

Bronze
award

Virtual MRI biopsy distinguishes diabetic glomerulosclerosis from hypertensive microvascular disease.



KIDNEY FIBROSIS

Elastin imaging enables noninvasive staging and treatment monitoring of kidney fibrosis

Qinxue Sun^{1,2*}, Maike Baues^{3*}, Barbara M. Klinkhammer^{1,4*}, Josef Ehling³, Sonja Djurdjevic^{3,5}, Natascha I. Drude^{3,5}, Christoph Daniel⁶, Kerstin Amann⁶, Rafael Kramann⁴, Hyojin Kim³, Julio Saez-Rodriguez^{7,8}, Ralf Weiskirchen⁹, David C. Onthank¹⁰, Rene M. Botnar¹¹, Fabian Kiessling³, Jürgen Floege⁴, Twan Lammers^{3,12†}, Peter Boor^{1,4,13,14†}

Fibrosis is the common endpoint and currently the best predictor of progression of chronic kidney diseases (CKDs). Despite several drawbacks, biopsies remain the only available means to specifically assess renal fibrosis. Here, we show that molecular imaging of the extracellular matrix protein elastin enables noninvasive staging and treatment monitoring of kidney fibrosis.

invasive staging, rat, and human progression. Elastin imaging also in fibrosis and it enables effects. Large routine as imaging n

f. BQRT Recommendations

Based upon consideration of the strengths and limitations of the data, the BQRT recommends that Total Kidney Volume (TKV) determined at baseline, in combination with patient age and baseline eGFR, can be qualified as a prognostic enrichment biomarker for autosomal dominant polycystic kidney disease (ADPKD) subjects at high risk for a progressive decline in renal function, defined as a confirmed 30% decline in eGFR.

U.S. FOOD & DRUG ADMINISTRATION

[Home](#) / [Drugs](#) / [Development & Approval Process | Drugs](#) / [Drug Development Tool Qualification Programs](#) / [Reviews: Qualification of Biomarker: Total Kidney Volume in Studies for Treatment of Autosomal Dominant Polycystic Kidney Disease](#)

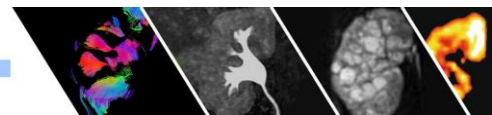
Reviews: Qualification of Biomarker: Total Kidney Volume in Studies for Treatment of Autosomal Dominant Polycystic Kidney

[Volume \(PDF\)](#)
[Qualification](#)
[CDRH](#)
[Submission](#)

Clinical Outcome Assessments (COA) Qualification Submissions

(DIVISION OF Cardiovascular and Renal Products (CDR) (PDF - 750KB)

- Statistical Review and Evaluation: Biomarker Qualification Total Kidney Volume (TKV) (PDF - 1,324KB)
- Secondary Statistical Review: Total Kidney Volume (TKV) (PDF - 350KB)



Category IV. Utility of renal MRI in drug development and clinical practice

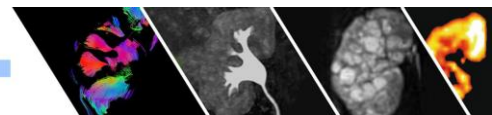
Gold
award

Silver
award

FDA qualification of a fibrosis-specific MRI contrast agent as surrogate endpoint in clinical trials.

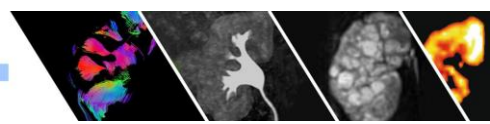
Bronze
award

Virtual MRI biopsy distinguishes diabetic glomerulosclerosis from hypertensive microvascular disease.

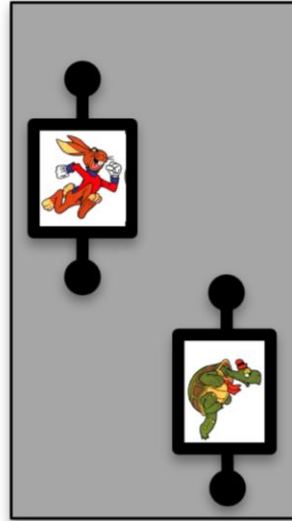
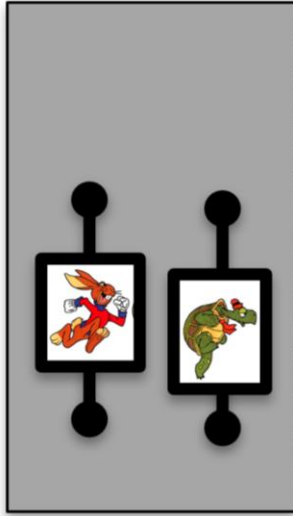


Category IV. Utility of renal MRI in drug development and clinical practice

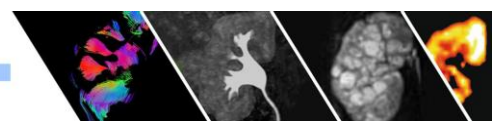
Gold award	MRI biomarkers improve the prediction of eGFR decline in patients with Type 2 diabetes – the iBEAt study
Silver award	FDA qualification of a fibrosis-specific MRI contrast agent as surrogate endpoint in clinical trials.
Bronze award	Virtual MRI biopsy distinguishes diabetic glomerulosclerosis from hypertensive microvascular disease.



Progression Risk



Fourth international renal imaging meeting 2021



renalmri.org/taskforce/20

parenchima **cost** Working group 1 Working group 2 Working group 3 Working group 4 Working group 5

5.2 INTERNATIONAL RENAL IMAGING MEETINGS

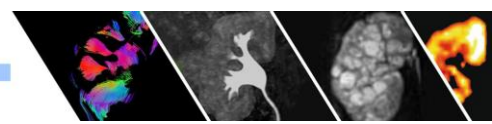
This task force will organise the bi-annual international scientific meetings on renal MRI, in cooperation with a local organising committee.

The **first** international meeting on renal MRI was held in Bordeaux, France, in 2015 (<http://www.renalmri.org/action/8>). It predates PARENCHIMA but was attended by all PARENCHIMA participants and provided the momentum for the funding application to COST.

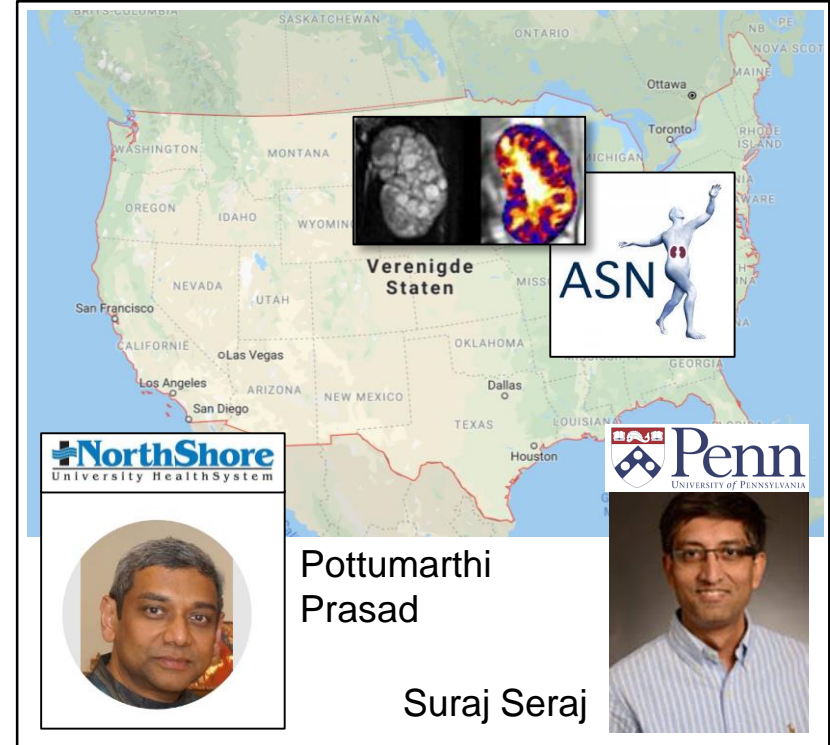
The **second** international meeting on renal MRI was held in Berlin, Germany, in 2017 and was co-organised by PARENCHIMA (<http://www.renalmri.org/action/13>).

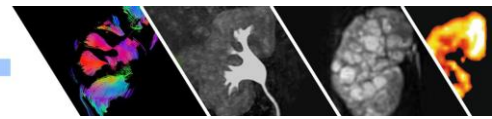
The **third** international meeting on renal MRI will be held in Nottingham, UK, in 2019 and will be co-organised by PARENCHIMA with the [UK Renal Imaging Network](#) (UKRIN).

The **fourth** international meeting on renal MRI will be held in 2021 and will thus fall beyond the funding period of PARENCHIMA, but the expectation is that this task force will remain involved in the planning up until may 2021 (end of PARENCHIMA) in order to guarantee continuity and enable transfer of experience. After 3 meetings in Europe, our expectation would be that the 4th meeting is held in another part of the world.



2021 International Meeting





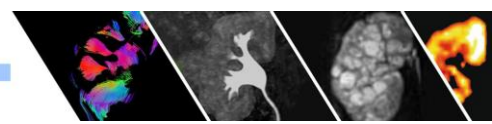
Plenary discussion

Location next meeting (2021)?

- Somewhere in US (ASN satellite)
- Sweden, Uppsala

Frequency of future meetings?

- Continue with October time bi-annual meetings?
- Ad-hoc planning?



Thank you to the organisers!!



Susan
Francis



Nick
Selby



Maarten
Taal

3rd International Conference
on Functional Renal Imaging
2019

Co-organised by

UKRIN
UK Renal Imaging Network

parenchima
COST

cost
EUROPEAN COOPERATION
IN SCIENCE & TECHNOLOGY

Nottingham, UK
October 15-17th

www.nottingham.ac.uk/go/3rdrenalmri

Supported by the Horizon 2020 Framework Programme
of the European Union