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## Silent T<sub>1</sub>-Mapping Using the Variable Flip Angle Method with B<sub>1</sub> Correction

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## FULL PAPER

# Silent $T_1$ -Mapping Using the Variable Flip Angle Method with $B_1$ Correction

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**Purpose:** To compare the silent Rotating Ultra-Fast Imaging Sequence (RUFIS) to a traditional Cartesian gradient-echo acquisition scheme for Variable Flip-Angle (VFA)  $T_1$ -mapping.

**Method:** A two point VFA measurement was performed using RUFIS and Cartesian gradient echo in a quantitative phantom and healthy volunteers. To correct for  $B_1$ -errors, a novel Silent Magnetisation Prepared  $B_1$ -map Acquisition (SIMBA) was developed, which combined with RUFIS VFA allows for a completely silent  $T_1$ -mapping protocol.

**Results:** The silent protocol was found to have comparable repeatability but higher reproducibility *in-vivo* compared to the standard Cartesian protocol, and showed no increase in acoustic noise levels above background noise levels compared to a 30dB increase for the Cartesian acquisition.

**Conclusion:** VFA  $T_1$ -mapping using RUFIS is a feasible alternative to Cartesian gradient echo, achieving silent  $T_1$ -mapping with comparable acquisition time.

### KEYWORDS

$T_1$ , Quantitative, MRI, Silent, ZTE

## 1 | INTRODUCTION

The variable flip angle method (VFA), also referred to as DESPOT1, is a method for  $T_1$  estimation, originally proposed by Christensen and later adapted for imaging by Fram [1, 2, 3, 4, 5]. To obtain a  $T_1$  estimate, two or more fully-spoiled gradient-echo images are acquired with varying excitation flip angles and linearly fitted to the signal equation [6]. Due to the use of a gradient-echo sequence and the low number of acquisitions required, the VFA method is highly efficient compared to inversion-recovery based methods [7]. However, due to the large phase-encoding and spoiler gradients and short TR typically used in clinical protocols, the VFA method produces loud acoustic noise which is a drawback for patient comfort. In addition, at modern field strengths of 3T and above,  $B_1$  inhomogeneity becomes a significant issue that must be corrected for with a separate acquisition.

In this work, we present a method for VFA  $T_1$ -mapping using the 3D Rotating Ultra-Fast Imaging Sequence (RUFIS)[8], which presents several potential advantages over a traditional Cartesian acquisition. First, because of the centre-out radial  $k$ -space trajectory and gradual change of the gradient direction between subsequent excitations, the acquisition is almost completely silent [9]. Secondly, the RUFIS sequence achieves an effective echo time of zero (ZTE) by performing RF excitation with the readout gradients on and directly acquiring the free induction decay (FID)[10]. This extends the limit of  $T_1$  quantification to tissues with very short  $T_2$  such as bone and lung tissue, which often are considered to be MR-invisible [11, 12].

We present theoretical signal equations for RUFIS and analyse the constraints imposed on the acquisition by the ZTE readout. The theory and implementation of a novel silent  $B_1^+$ -mapping technique, using an extension to the double angle method with a RUFIS readout, is also presented. The proposed silent  $T_1$  and  $B_1^+$ -mapping techniques, are demonstrated in a quantitative phantom with known relaxation characteristics and in vivo in four healthy volunteers, and compared to Cartesian methods. [12]

## 2 | METHOD

### 2.1 | Theory - Quantitative RUFIS

An outline of the RUFIS pulse sequence diagram is shown in figure 1a. Each spoke is a single FID readout with a centre-out trajectory in  $k$ -space. The magnitude of the applied gradients remains the same, while the relative strength along each axis changes the direction of the spoke in  $k$ -space. The  $k$ -space trajectory is designed such that the endpoints of the spokes trace a spiral on the surface of a sphere in  $k$ -space, resulting in a near silent acquisition [9]. Data acquisition starts as soon as the system has switched from transmit to receive mode, resulting in an effective echo time of zero (ZTE). To achieve this, only ultra-short hard RF pulses with low flip angles can be used with RUFIS. Further more, the TR in RUFIS is only limited by the readout duration since no time is required for slice/slab and phase encoding gradients.

When a steady state has been reached with RUFIS, the acquired signal will be equivalent to that of a spoiled gradient echo sequence, with the signal intensity depending on  $T_1$  and proton density  $\rho$ , as well as the repetition time (TR), and flip angle ( $\alpha$ ) as

$$M_{z,spgr} = \rho \cdot \frac{1 - e^{-TR/T_1}}{1 - \cos(\alpha)e^{-TR/T_1}}. \quad (1)$$

With RUFIS, only short TRs and low flip angles are used, and therefore a first order approximation of (1) can be

made [13, 14] as

$$M_{z,spgr} = \frac{\rho}{1 + \frac{T_1}{TR} \cdot \frac{\alpha^2}{2}}. \quad (2)$$

This assumes that the signal is fully spoiled between repetitions. In RUFIS, this is achieved with RF spoiling as well as gradient spoiling from the readout gradients.

To perform a  $T_1$ -measurement using the variable flip angle method (VFA), a minimum of two flip angles are required. Spatial variations in the  $B_1^+$  field has to be measured independently since changes in  $T_1$  and  $\alpha$  cannot be separated in the signal equation, as seen in (2). In RUFIS, there are two sources of  $B_1^+$  variation; dielectric effects, and excitation profile effects. The former is here address through development of a novel  $B_1^+$ -mapping technique using RUFIS (described in the next section), and the latter through an analytical correction.

The non-uniform excitation profile in RUFIS is caused by the readout gradient being present during RF excitation[15]. For a given spoke, the gradients alter the resonant frequency across the sample parallel to the spoke direction, resulting in an unwanted sinc-shaped spatial variation of the flip angle in the direction of the spoke. The excitation profile is determined by the product of the duration of the RF pulse ( $\tau_{rf}$ ) and readout gradient magnitude  $G$  (which is inversely proportional to the readout bandwidth) as

$$B_1^+(\bar{r}) = \text{sinc}(\tau_{rf} \cdot \omega_G) \quad (3)$$

where  $\omega_G = \vec{G} \cdot \bar{r}$  and  $\vec{G}$  and  $\bar{r}$  are vectors describing the current gradient direction and the position in the sample, and  $\max|\omega_G| = rBW$ , i.e. the readout bandwidth.

In order to achieve a flat excitation profile, hard RF pulses with the shortest possible duration should be used. This requires using the maximum possible RF amplitude and choosing the duration of the RF pulse to be that required to achieve the highest flip angle desired. This introduces a practical upper limit of the maximum flip-angle that can be achieved. Therefore, optimization of a RUFIS VFA  $T_1$ -mapping protocol has to consider a series of linked constraints. First, given a readout bandwidth the maximum excitation pulse width is limited to maintain an acceptable excitation profile; here we chose a limit of  $\tau_{rf} \cdot rBW < 0.5$  which results in the excitation flip-angle at the edge of the FoV falling to 63% of the prescribed flip-angle. The chosen bandwidth will also determine the TR. The optimal flip angle sampling scheme in a VFA acquisition depends on the TR of the acquisition and the  $T_1$  for which it is optimised [16]. With  $T_1$  fixed, the optimal flip angles decrease with shorter TR. At the same time, a shorter TR, resulting from higher bandwidth, will also result in a shorter pulse width, and thus lower achievable flip angles. Tests on our scanner revealed that the pulse-width is the main limiting factor, and only at low bandwidths, here  $\pm 7.8$  kHz can flip angles close to the optimal be achieved. However, the flip angle limitations might be different for different MR systems as it depends on the RF amplifier, coils and SAR constraints.

## 2.2 | Theory - $B_1^+$ -mapping with RUFIS

The proposed  $B_1^+$  mapping method uses a composite preparation pulse with different flip angles prior to a RUFIS readout to saturate the magnetisation proportional to the total flip angle. We hereafter refer to this technique as SIMBA (Silent Magnetisation prepared  $B_1^+$  Acquisition). To enable magnetisation preparation, the RUFIS readout is divided into segments with  $N$  spokes per segment. A series of  $n$  RF pulses with the same phase, flip angle  $\alpha_1$ , and short inter-pulse spacing are applied as a preparation, acting as one composite pulse with effective flip angle  $n \cdot \alpha_1$ . The transverse magnetisation after preparation is spoiled using a spoiling gradient, resulting in an initial longitudinal magnetisation

before readout given by  $\tilde{M}_0 = \rho \cdot \cos(n\alpha_1)$ . To produce a  $B_1^+$ -mapping technique that is consistent with the RUFIS readout, ultra-short RF pulses are used in the preparation. Using similar pulses in the preparation as in the readout enables characterization of potential errors in the RF pulse shape, which would result in a global, non-spatial,  $B_1^+$  error.

The observed magnetisation in a RUFIS acquisition is proportional to the average magnetisation within a segment  $\bar{M}_T(N)$  which can be expressed as

$$\bar{M}_T = \sin \alpha \cdot \bar{M}_z \quad (4)$$

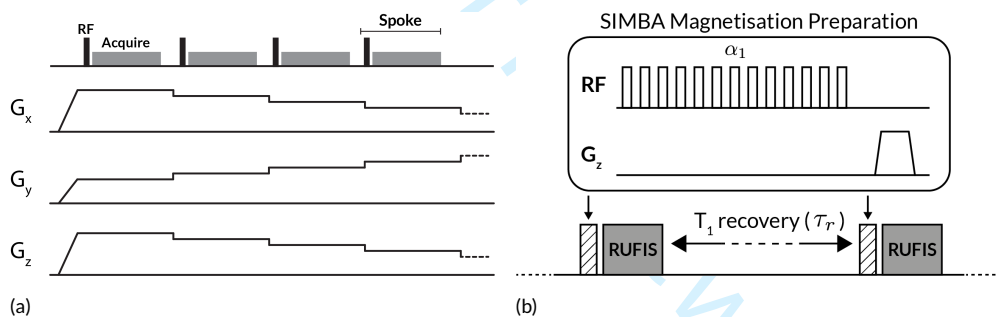
$$\bar{M}_z = \tilde{M}_0 \cdot f + M_{z,spgr}(1 - f) \quad (5)$$

$$f = \frac{\xi - \xi^{N+1}}{N(1 - \xi)}, \quad \xi = \cos \alpha \cdot e^{-TR/T_1}. \quad (6)$$

where  $\tilde{M}_0$  is the prepared longitudinal magnetisation at the beginning of the segment, and  $\alpha$  is the excitation flip angle in the RUFIS readout. The full derivation of this expression can be found in the appendix. Encoding deviations in the  $B_1^+$ -field in the preparation as a factor  $\lambda$ , makes the transverse magnetisation proportional to  $\lambda$  as

$$\bar{M}_T = [\rho \cdot \cos(n \cdot \lambda \cdot \alpha_1) \cdot f + M_{z,spgr}(1 - f)] \cdot \sin \alpha_0 \quad (7)$$

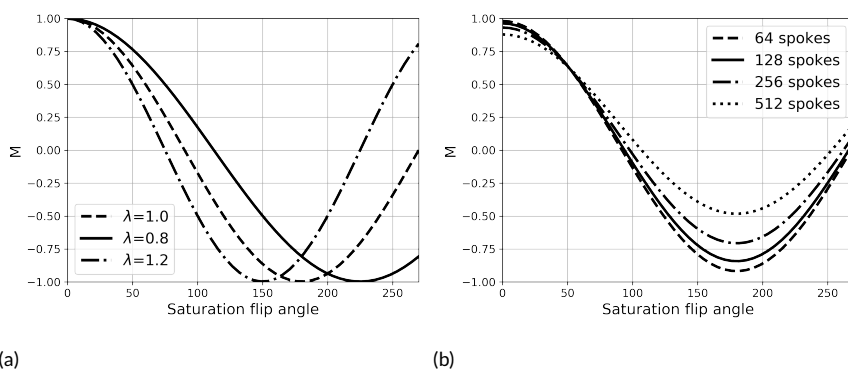
assuming full  $T_1$  recovery between preparations. Figure 2a shows how the prepared magnetisation changes with the total preparation flip angle ( $n \cdot \alpha_1$ ) for  $\lambda = (0.8, 1.0, 1.2)$ . The repeated excitation in the RUFIS readout results in a positive offset in the signal, explained by the second term in (7), as shown in figure 2b. While increasing the number of spokes per segment will reduce the acquisition time, it will also reduce the dynamic range of the measurement.



**FIGURE 1** (a) Schematic pulse sequence diagram of the RUFIS sequence. Excitation is performed with an ultra-short hard RF pulse with the gradients on, and the free induction decay (FID) is acquired. The gradient magnitude stays the same and only the direction changes for each spoke. (b) Schematic of the SIMBA pulse sequence with the magnetisation preparation module before the RUFIS readout segment. A series of hard pulses with flip angle  $\alpha_1$  is applied and the transverse magnetisation after the train of pulses is crushed with a gradient on the z-axis. The delay  $\tau_r$  between preparations allows for  $T_1$  recovery.

## 2.3 | MR Acquisition

MR experiments were performed on a GE MR750 3T scanner (GE Healthcare, Chicago, IL) using the body coil for RF transmission and a 12-channel head RF receive coil. VFA  $T_1$ -mapping data were acquired with a 3D RUFIS sequence



**FIGURE 2** (a) Simulation showing the effect of  $B_1$  variation ( $\lambda$ ) on prepared magnetisation. (b) Simulation showing the effect of the RUFIS readout on the prepared magnetisation assuming  $\lambda = 1$ ,  $T_1 = 1$  s, RUFIS FA=2° and TR=1 ms.

and a Cartesian SPGR sequence for comparison. The acquisitions were matched in field of view (FOV) (192x192x192 mm<sup>3</sup>), voxel size (1.5x1.5x1.5 mm<sup>3</sup>), and acquisition time ( $\approx$ 4 min). Because of the difference in TR between RUFIS and SPGR, a different set of flip angles ( $\alpha$ ) were acquired, to match the optimal set [16]. RUFIS data were acquired with  $\alpha=2^\circ$  &  $12^\circ$ , TR=4.4 ms, TE=0 ms, readout bandwidth= $\pm$ 7.8 kHz, 24576 readout spokes in total. The RF pulse width was fixed to 64  $\mu$ s. The current implementation of the RUFIS sequence is restricted to a segmented readout, resulting in an inter-segment spacing of about 20 ms. However, with a higher number spokes per segment, here 512, this delay does not alter the steady state significantly. Cartesian images were collected with  $\alpha=3.5^\circ$  &  $20^\circ$ , TR=10.6 ms, TE=3.4 ms, parallel imaging factor=1.5 (ASSET).

Two sets of  $B_1^+$  maps were acquired; Bloch-Siegert [17] for correcting the SPGR data, and SIMBA for RUFIS data. Bloch-Siegert data were acquired using a 2D multi-slice sequence with FA=15°, in-plane resolution=4x4 mm<sup>2</sup>, slice thickness=4 mm. SIMBA data were acquired using the 3D RUFIS sequence with readout bandwidth= $\pm$ 9.25 kHz,  $\alpha=1^\circ$ , 6x6x6mm<sup>3</sup> resolution, 256 spokes per segment, preparation  $\alpha_1=5^\circ$ , number of pulses in preparation train=[54,36,18,0], 3 s recovery time. Total acquisition time was 1 min. Each scanning session also included a sagittal  $T_1$ -weighted IR-SPGR (BRAVO) for tissue segmentation with TE/TR/TI=3/7/400 ms, FOV=270x270x240 mm<sup>3</sup>, slice thickness=1.2 mm, in-plane resolution=1.05x1.05 mm<sup>2</sup>, FA=11°, BW=31.25 kHz, and ASSET=1.75.

Four healthy volunteers were scanned twice with the same protocol, with an average time between scan sessions of 50 days (range: 48-52 days). In each session, the anatomical BRAVO image was acquired once and the VFA  $T_1$ -mapping protocols using RUFIS and SPGR, with  $B_1^+$  correction, were acquired twice (without repositioning). All scans were collected under ethical approval by the Camberwell St Giles NHS (National Health Service) HRA (Health Research Authority) Research Ethics Committee and participants gave written informed consent.

The protocol details above were also used to scan a quantitative phantom consisting of 12 vials with a range of  $T_1$  values ( $T_1=200$ -1500 ms, EUROSIN test object 5 (TO5)[18]). Vials were mounted in an in-house made styrofoam mount. Due to the small size of the vials ( $\approx$ 2 cm in diameter), an additional SIMBA scan with higher resolution (4x4x4mm<sup>3</sup>) was acquired for the phantom experiment. Increasing the resolution also increased the TR to 1.6 ms which was accounted for by reducing the number of spokes per segment to 176, to maintain the same  $T_1$  recovery during the readout.

Acoustic noise measurements were performed using a Casella (IDEAL Industries, Ill) CEL-63X sound meter with an external microphone placed in the centre of the bore, mounted to a cylindrical water phantom with padding between



the phantom and microphone to avoid vibrations. Measurements were taken throughout each of the scans with a sampling rate of 1 sample every 2 s. Within a 40 s segment for each sequence, the average A-weighted equivalent sound level (LAEQ [dBA]) and C-weighted peak sound level (LCPEAK [dBC]) were calculated.

## 2.4 | Image Reconstruction and Processing

Data acquired with RUFIS were reconstructed offline in MATLAB (MathWorks, Natick, MA, USA). Radial k-space data were gridded using the Kaiser-Bessel method. Coil sensitivity maps were estimated using ESPIRiT, implemented in the Berkeley Advanced Reconstruction Toolbox (BART) [19, 20, 21]. Images were reconstructed using a SENSE reconstruction with 3D Total Variation regularization with  $\lambda = 0.001$  implemented in the `pics` command in BART. For SIMBA data, coil sensitivity maps were estimated from the centre of k-space using the method described by McKenzie et al., also implemented in BART [22].

To calculate the SIMBA  $B_1^+$ -map, the data were mapped onto the real axis using the first image (no preparation pulses) as the reference. The  $B_1^+$ -map was then calculated through a non-linear fit of the real data to the following equation

$$M = A \cdot \cos(B_1 \cdot n \cdot \alpha) + C. \quad (8)$$

To correct for the excitation profile in the RUFIS acquisition, an iterative simulation was performed where the excitation profile for individual spokes was calculated analytically using equation (3). The 3D excitation profile was calculated for 1024 spokes and then averaged. The simulated excitation profile was then multiplied by the SIMBA  $B_1^+$ -map to obtain a total  $B_1^+$ -correction.

Data acquired with RUFIS and SPGR were motion corrected using mcFLIRT[23].  $B_1^+$ -maps from SIMBA and Bloch-Siegert were registered and transformed to the space of the associated VFA acquisition using an affine transformation [24]. The transformed  $B_1^+$ -maps were smoothed using a Gaussian kernel with 8 mm FWHM to reduce propagation of noise into the  $T_1$ -maps. Quantitative  $T_1$  and proton density maps were calculated using a linear fit, implemented in the QUantitative Imaging Tools (QUIT) [25]. The first RUFIS and SPGR acquisition within each scanning session were registered to the BRAVO scan using a combined affine and non-linear registration[26]. The second VFA acquisition of each scanning session was registered to the first VFA acquisition using an affine transformation. This transformation was then combined with the non-linear transformation to the BRAVO image.

To obtain unbiased regions of interest (ROI) for analysis of the  $T_1$ -maps, the BRAVO data for each subject and each visit were segmented using FreeSurfer [27]. The following ROIs from the FreeSurfer analysis were used in the analysis: Pallidum (ID:13+52), Thalamus (ID:10+49), Caudate (ID:11+50), Putamen (ID:12+51), Corpus Callosum (CC) posterior (ID:255), CC anterior (ID:251), cerebral white matter (WM) (ID:2+41), cerebral cortex (ID:3+42). FreeSurfer ROIs were warped to the native space of the VFA data using the previously calculated transformations in a single step with MultiLabel interpolation [24]. Average  $T_1$  values were calculated within each ROI, bilateral ROIs were averaged. The image analysis pipelines were developed using the `nipype` framework [28].

## 2.5 | Statistical Analysis

Repeated scans within the same session were treated as measurements performed under identical conditions, defined as repeatability conditions [29], and analysed using the methods described by Bland and Altman[30]. Within each visit, each sequence, and each ROI, the mean ( $\bar{d}$ ) and standard deviation ( $s_d$ ) of the difference between repeated scans across

the subjects were calculated, from which the limits of agreement (LoA) were calculated as  $\text{LoA} = \bar{d} \pm 1.96 \cdot s_d$ . The coefficient of repeatability (CoR) was calculated as  $\text{CoR}_w = 2s_d$ , with subscript  $w$  indicating within visit. The CoR is an aggregate measure of the absolute variability in the data, i.e. it does not scale with the true  $T_1$  within the ROI. This gives complimentary information to that from the coefficient of variation (CoV), which is calculated per subject as  $\text{CoV}_w = 100 \cdot \text{std}(y_1, y_1) / \text{mean}(y_1, y_2)$  where  $y_1$  and  $y_2$  are the test-retest  $T_1$  values. The CoV is a percentage estimate, which is scaled by the true  $T_1$  inside the ROI. CoR and average CoV will be reported here. Low CoR and CoV indicates high repeatability.

Repeated scans at the two different time points (i.e. visits), were treated as measurements taken under reproducibility conditions[29], with day-to-day biological variation and conditions in the scan room being factors not held constant. All other parameters were matched between the two scans. The within subject test-retest mean and difference in  $T_1$  were utilized for the reproducibility analysis. The average difference between the test-retest values at each time point ( $D$ ) and the standard deviation ( $s_D$ ) were calculated. The corrected standard deviation of the mean of the differences was calculated as  $s_c = \sqrt{s_D^2 + \frac{1}{4}s_{d,1}^2 + \frac{1}{4}s_{d,2}^2}$ [30], where  $s_{d,1}$  and  $s_{d,2}$  are the standard deviation of the test-retest differences at the two time points. The coefficient of reproducibility was calculated as  $\text{CoR}_b = 2s_c$ , and the coefficient of variability as  $\text{CoV}_b = 100 \cdot \text{std}(y_1, y_1) / \text{mean}(y_1, y_2)$  where  $y_1$  and  $y_2$  are the average  $T_1$  values for visit 1 and 2 for each subject. Subscript  $b$  here indicates between visits.

### 3 | RESULTS

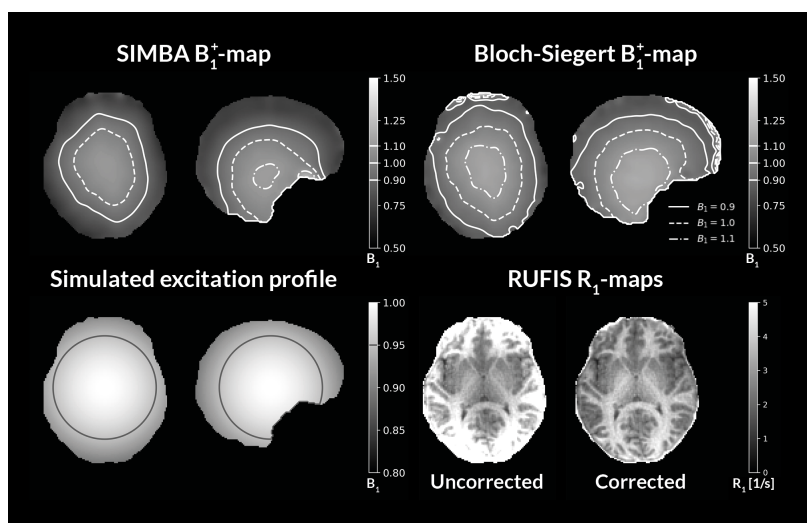
#### 3.1 | $B_1^+$ -mapping with SIMBA

The calculated  $B_1^+$  map from SIMBA is shown in figure 3 along with the Bloch-Siebert  $B_1^+$ -map for comparison. The  $B_1^+$  maps have been transformed to VFA space and smoothed as previously described. In this example, the  $B_1^+$  field estimated by SIMBA is lower than Bloch-Siebert, a pattern that was also observed in the other subjects and in the repeated scans. The simulated excitation profile in figure 3 shows that the average excitation profile results in an effective  $B_1^+$  down to about 0.9 of the nominal  $B_1^+$ . Comparing RUFIS  $R_1$ -maps before and after  $B_1^+$ -correction using SIMBA and slice profile correction, also shown in figure 3, shows clear improvement.

#### 3.2 | $T_1$ -mapping

An overview of the  $T_1$ -maps and whole brain  $T_1$  histograms calculated from the average of the two scans in the first visit from RUFIS, with SIMBA  $B_1^+$  correction, and SPGR, with Bloch-Siebert  $B_1^+$  correction, are presented in figure 4. Qualitatively, the  $T_1$ -maps from RUFIS looks very similar to Cartesian in the brain and the histograms also overlap to a great extent. One noticeable difference between the two acquisitions is outside the brain. The ZTE readout in RUFIS captures the short  $T_2$  signal from the skull which can be seen clearly in the proton density map and  $T_1$  maps. The location of the WM peak in the  $T_1$ -histograms is similar between RUFIS and SPGR, with an average difference for the WM peak of  $\Delta WM_{peak} = 68 \pm 41$  ms. However, a greater variability was observed for GM,  $\Delta GM_{peak} = -179 \pm 74$  ms. This is also reflected in the Bland-Altman plot comparing  $T_1$ -values from RUFIS and SPGR within isolated ROIs presented in figure 5a, which shows larger difference for GM structures. Average  $T_1$  values between the two repeated scans in the first visit, within isolated ROIs, are shown in table 1.

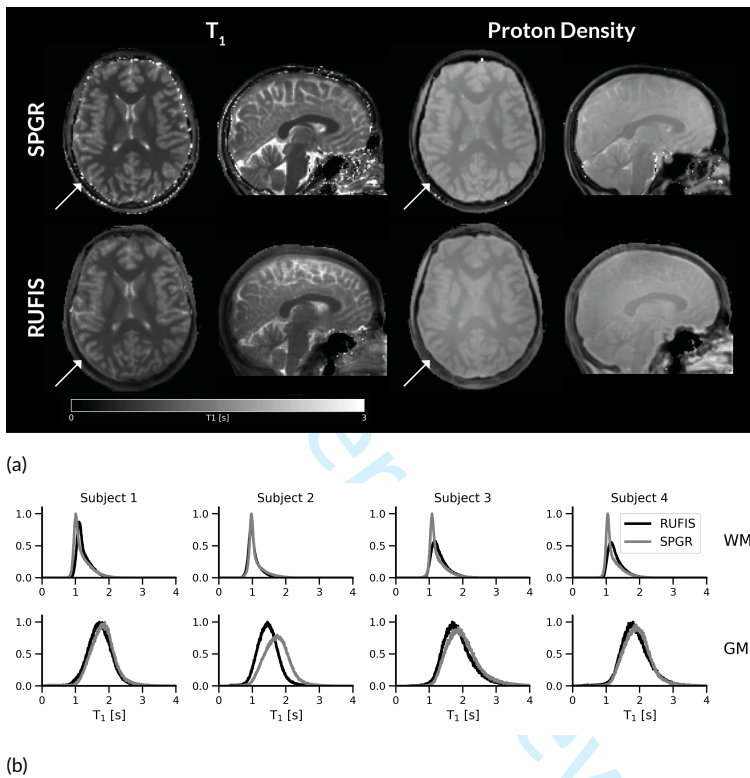
Similar results were observed in the phantom experiments. The RUFIS and Cartesian  $T_1$ -values were found to be highly correlated (Pearson's  $\rho = 0.93$ ), but Bland-Altman analysis (figure 5b) showed a trend for larger differences in  $T_1$  between the two sequences for longer  $T_1$ . The average difference was  $\bar{d} = -0.39$  s with  $\text{LoA} = (-1.22, 0.45)$ s.



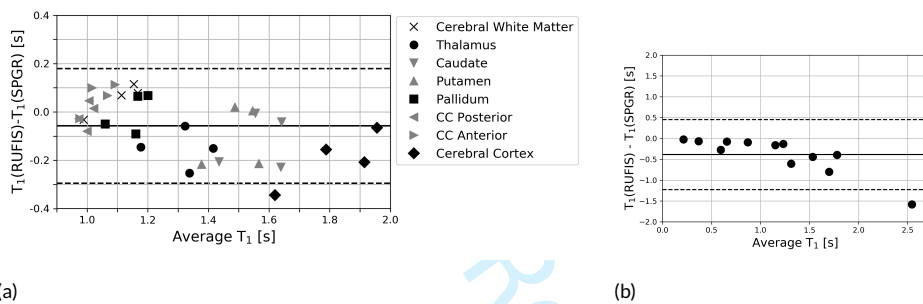
**FIGURE 3** Top row: Comparison of  $B_1^+$ -maps acquired with SIMBA and Bloch-Siebert shift. SIMBA produces slightly lower  $B_1^+$  values, as seen by the contour lines. Bottom row: Simulated slice profile correction for RUFIS and calculated RUFIS  $R_1$  maps with and without  $B_1^+$  correction using SIMBA and slice profile correction. The  $R_1$  map is shown instead of  $T_1$  as it better highlights the effects of the  $B_1^+$  correction.

The within session average difference in  $T_1$  in the phantom experiment, as calculated across all vials, was lower for SPGR ( $\bar{d}_1 = -0.0046s$ ,  $\bar{d}_2 = -0.0032s$ ) than RUFIS ( $\bar{d}_1 = -0.018s$ ,  $\bar{d}_2 = -0.0057s$ ). The limits of agreement (LoA) were comparable between SPGR ( $LoA_1 = (-0.011, 0.0023)s$ ,  $LoA_2 = (-0.014, 0.0076)s$ ) and RUFIS ( $LoA_1 = (-0.040, 0.0037)s$ ,  $LoA_2 = (-0.017, 0.0053)s$ ). Reproducibility analysis of the phantom data, calculated between the two visits across all vials, showed lower average difference with SPGR  $\bar{D}_{SPGR} = -0.0008$  compared to RUFIS  $\bar{D}_{RUFIS} = -0.026$ . However, there was a larger variability between the vials in the SPGR experiment, with  $LoA_{SPGR} = (-0.14, 0.13)$  compared to RUFIS  $LoA_{RUFIS} = (-0.092, 0.041)$ .

Bland-Altman analysis of the in vivo data for each individual ROI reflects the results observed in the phantom data. The average within session repeatability for all ROIs for the two visits were comparable between the two sequence; RUFIS  $CoR_{w,1} = 0.062/CoR_{w,2} = 0.024$ , SPGR  $CoR_{w,1} = 0.048/CoR_{w,2} = 0.082$ . Better between sessions average reproducibility between all ROIs was found for RUFIS ( $CoR_b = 0.066$ ) compared to SPGR ( $CoR_b = 0.16$ ). Table 1 summarises the repeatability and reproducibility estimates from each individual ROI.



36 **FIGURE 4** (a) Example of quantitative  $T_1$  and proton density maps from one subject acquired with RUFIS and  
 37 Cartesian SPGR. Due to the ZTE readout in RUFIS, a  $T_1$  fit could be obtained in the cortical bone, indicated by the white  
 38 arrows, and a higher proton density was observed in the same area. (b)  $T_1$ -histograms of whole brain white matter and  
 39 cortical gray matter from all four subjects from the first visit, averaged over the two scans.



**FIGURE 5** Bland Altman analysis comparing RUFIS and SPGR in vivo (a), and in the EUROSPIN quantitative phantom (b). Both in vivo and phantom experiment showed lower  $T_1$  estimates from RUFIS for longer  $T_1$ .

**TABLE 1**  $T_1$  values in isolated ROIs averaged between the two scans in the first visit together with within session repeatability estimates ( $CoR_w$  &  $CoV_w$ ) from the first visit and between sessions reproducibility measurements ( $CoR_b$  and  $CoV_b$ ). Lower values of  $CoR$  and  $CoV$  are better. CoV are reported as mean $\pm\sigma$

ROI	RUFIS					SPGR				
	$T_1$ [s]	$CoR_{w,1}$	$CoV_{w,1}$	$CoR_b$	$CoV_b$	$T_1$ [s]	$CoR_{w,1}$	$CoV_{w,1}$	$CoR_b$	$CoV_b$
Cerebral WM	1.13 $\pm$ 0.09	0.066	1.8 $\pm$ 0.9	0.068	3 $\pm$ 2	1.08 $\pm$ 0.04	0.013	0.7 $\pm$ 0.4	0.077	2 $\pm$ 1
Thalamus	1.23 $\pm$ 0.09	0.049	1.2 $\pm$ 0.7	0.055	1.6 $\pm$ 0.6	1.38 $\pm$ 0.08	0.091	2 $\pm$ 1	0.21	5 $\pm$ 4
Caudate	1.5 $\pm$ 0.1	0.063	1.2 $\pm$ 0.7	0.093	1.9 $\pm$ 0.4	1.63 $\pm$ 0.08	0.054	1.0 $\pm$ 0.4	0.24	5 $\pm$ 3
Putamen	1.4 $\pm$ 0.1	0.047	1.0 $\pm$ 0.6	0.052	1.1 $\pm$ 0.5	1.55 $\pm$ 0.08	0.040	0.9 $\pm$ 0.7	0.22	5 $\pm$ 4
Pallidum	1.15 $\pm$ 0.07	0.042	1.1 $\pm$ 0.7	0.04	1.0 $\pm$ 0.2	1.16 $\pm$ 0.04	0.024	1.3 $\pm$ 0.7	0.14	4 $\pm$ 3
CC Posterior	0.99 $\pm$ 0.03	0.045	1.5 $\pm$ 0.9	0.045	1.2 $\pm$ 0.4	1.01 $\pm$ 0.03	0.041	2 $\pm$ 1	0.14	4 $\pm$ 2
CC Anterior	1.07 $\pm$ 0.06	0.060	1.7 $\pm$ 0.7	0.036	0.5 $\pm$ 0.4	1.01 $\pm$ 0.03	0.079	2 $\pm$ 1	0.11	3 $\pm$ 3
Cerebral Cortex	1.7 $\pm$ 0.2	0.12	2 $\pm$ 1	0.14	3 $\pm$ 2	1.92 $\pm$ 0.08	0.044	0.9 $\pm$ 0.5	0.18	3 $\pm$ 2
Mean	-	0.062	1.5 $\pm$ 0.4	0.066	1.6 $\pm$ 0.8	-	0.048	1.4 $\pm$ 0.6	0.16	3.8 $\pm$ 1

### 3.3 | Acoustic Noise Measurements

Table 2 shows average LAeq and LCpeak values from the acquisitions used in the protocol along with the ambient noise level in the scan room. RUFIS showed no measurable increase in sound pressure levels, but the sequence is in practice still just audible as it produces a higher pitched sound than the background noise (e.g. compressor pump) in the scan room. These measurement are comparable to those reported by Alibek et al., who measured a non-significant increase of 0.07 dB between RUFIS and ambient noise levels. Costagli et al. measured an increase of 2.5dBA for RUFIS compared to ambient noise levels, however, the ambient noise level in their scan room was 52.7 dBA which is much lower than what we measured. The increased acoustic noise during the SIMBA acquisition is due to the spoiling gradients after the preparation module.

**TABLE 2** Summary of acoustic noise measurements from each sequence. Values are reported as mean $\pm\sigma$  noise levels over a 40 s period. The large standard deviation in the noise levels for SIMBA is due to the periodic spoiling gradients. (LAEQ - A-weighted equivalent continuous sound level, LCPEAK - C-weighted peak sound level)

Sequence	LAEQ [dBA]	LCPEAK [dBC]
Ambient	70.0 $\pm$ 0.2	89.7 $\pm$ 0.7
RUFIS	70.0 $\pm$ 0.2	89.6 $\pm$ 0.7
SIMBA	75.2 $\pm$ 4.0	102.5 $\pm$ 9.5
SPGR	103.3 $\pm$ 0.04	116.2 $\pm$ 0.1
Bloch-Siegert	98.8 $\pm$ 0.04	111.0 $\pm$ 0.1

## 4 | DISCUSSION

### 4.1 | Silent $T_1$ -mapping

The acoustic noise produce by the MRI scanner during data acquisition is commonly reported by patients as one of the main unpleasant features of the scanning experience [32, 33]. In this work we have shown that the silent RUFIS sequence can be used for  $T_1$ -mapping together with a novel, silent,  $B_1^+$ -mapping method, SIMBA. We compared RUFIS to a Cartesian spoiled gradient echo acquisition and found that the two sequences produce comparable  $T_1$  maps. The agreement between the two sequences was best in white matter, while in gray matter a longer  $T_1$  was observed with the Cartesian acquisition. These results were also reflected in our phantom experiment. We found comparable in vivo repeatability between the two sequences, but reproducibility was better for RUFIS.

There are several differences in the data acquisition between the two sequences that could contribute to the observed difference in  $T_1$ . The signal equation used for VFA  $T_1$ -mapping assumes full spoiling of the transverse magnetisation before subsequent RF excitation. In the Cartesian sequence, spoiling was achieved by RF and separate gradient spoiling after the readout. In RUFIS, spoiling was mainly achieved using RF spoiling, together with some gradient spoiling from the readout gradients. Another difference is that RUFIS uses ultra-short hard RF pulses for excitation, compared to the shaped pulses used for slab-selective excitation in the Cartesian sequence. The excitation profile in RUFIS was corrected for using a first order correction. However, as the readout direction changes for each spoke, the effective flip-angle at any point in space, except isocentre, will change over time. A first order correction will make the effective flip-angle equal to the average flip-angle over time, and thus spin history effects are neglected.

The stronger excitation profile around the edges of the brain could contribute to the difference in  $T_1$  in cortical GM between the two sequence. However, we also see a difference in  $T_1$  in deep GM structures, suggesting a non-spatial phenomenon.

Various methods have been used for reducing the acoustic noise in MRI scanning, which broadly can be categorised as; hardware modifications [34, 35] or pulse sequence modifications, mainly through soft gradient pulses [36, 37, 38, 39]. In contrast, the silent properties of RUFIS arise naturally from the gradient ordering of the sequence, and so performance is not compromised. Previous studies have used RUFIS for silent imaging including T2-prepared fMRI [40], and structural imaging at 3T [31] and 7T [9]. Another silent ZTE sequence is Looping Star which uses gradient echoes for  $T_2^*$  weighted imaging [41]. Our acoustic noise measurement showed no measurable increase in the sound pressure levels during RUFIS scanning compared to background noise levels, similar to Alibek et al. [31]. However, the quoted decibel values will differ depending on the scan room environment and are not necessarily what the subject would experience inside the scanner. The acoustic noise will also change depending on scan parameters such as the TR and number of spokes. Nevertheless, we do not envisage any greater acoustic disturbance than measured herein.

While this study is the first to use the variable flip angle (VFA) method for  $T_1$ -mapping with RUFIS, there are previous studies utilizing RUFIS for  $T_1$ -mapping using other techniques. Hsu and Lowe used RUFIS for 2D  $T_1$ -mapping by acquiring multiple volumes during the transition to steady state [42]. Liu et al. have presented preliminary results using RUFIS for  $T_1$ -mapping with inversion recovery and low-rank regularisation [43]. Their results look promising, however only low spatial resolution ( $3 \times 3 \times 3 \text{mm}^3$ ) images were presented.

We chose to use a relatively low readout bandwidth (7.8 kHz) for the RUFIS acquisition in this study as our sequence optimisation showed that this would enable the most optimal VFA flip angle sampling scheme. However, lower bandwidths will widen the point spread function and increase chemical shift artefacts [44]. In a 3D radial acquisition, chemical shift artefacts manifest in all three dimension as a spherical artefact. The chemical shift does not appear to be a major issue in our study at 3T, but translating this technique to higher field strength will require higher readout bandwidth. One benefit of the RUFIS acquisition is that changes in bandwidth is almost directly mirrored in the acquisition time, since the TR only is limited by the readout duration. It is therefore possible to have two acquisition with different readout bandwidths but increase the number of spokes to achieve the same acquisition time and thus equivalent SNR. For a variable flip angle experiment however, increasing the bandwidth also reduces the maximum flip angle.

## 4.2 | Silent $B_1^+$ -mapping

$T_1$  mapping using VFA is inherently sensitive to errors in the  $B_1^+$ -map estimation. As shown by equation (2), and previously by other authors, the apparent  $T_1$  scales with the square of the flip angle bias field [13, 14]. It is therefore likely that some of the variability in  $T_1$  reported in the VFA literature can be attributed to  $B_1^+$ -errors, especially given the large number of  $B_1^+$ -mapping techniques available. In this study, we chose to compare two complete protocols for  $T_1$ -mapping including  $B_1^+$ -mapping. We chose to use the Bloch-Siegert method for  $B_1^+$ -correction of the Cartesian SPGR data, as it is a standard sequence on the GE platform. This is not a silent sequence, however, and therefore we developed a new methods for silent  $B_1^+$ -mapping (SIMBA), specifically designed for correction of RUFIS data. A train of hard RF pulses was used for magnetisation saturation to match the RUFIS acquisition as closely as possible. SIMBA could also be used with a single saturation pulse with different flip angle to match the excitation pulse in other sequences as well.

It was outside the scope of the current work to provide a thorough comparison of Bloch-Siegert and SIMBA, but we can draw some conclusions from our results. If there were discrepancies between the two  $B_1^+$ -mapping methods, then



1  
2 265 this would result in differences in the  $T_1$  estimation of brain structures that are located in the same area of the brain.  
3 266 However, in our data we observe a difference in  $T_1$  in both deep and cortical GM but much smaller difference in WM,  
4 267 suggesting that other phenomena might be involved.

### 6 7 268 **4.3 | Zero TE effects**

8  
9 269 One aspect of the RUFIS sequence that has not been studied in this work is the zero echo time (ZTE) readout, which  
10 270 results in sensitivity to short  $T_2$  components, otherwise invisible to MR acquisitions [11, 12]. The ZTE effects can be  
11 271 observed in the  $T_1$  and PD maps obtained with RUFIS, where a much higher proton density and better  $T_1$  fit was observed  
12 272 in the cortical bone which has a very short  $T_1$  and  $T_2$ , see white arrows in figure 4a. Recent works have suggested that  
13 273 the ultra short  $T_2$ -component from the myelin lipids are visible using ZTE and ultra short TE (UTE) acquisitions [45, 46].  
14 274 However, the low bandwidth used in this work means that the signal from the solid myelin components will decay within  
15 275 the first few samples, and would, if anything, only contribute to an increased point spread function. Therefore, it is  
16 276 unlikely that the ZTE properties of RUFIS contribute to the observed differences in  $T_1$  between RUFIS and SPGR.

## 18 19 277 **5 | CONCLUSIONS**

20  
21 278  $T_1$ -mapping with the variable flip angle method (VFA) using spoiled gradient echo imaging (SPGR) is a highly efficient  
22 279 method for  $T_1$ -mapping but requires an additional  $B_1^+$ -map for correction of the  $B_1^+$ -field. RUFIS is a zero TE, silent  
23 280 imaging sequence with a spoiled free induction decay (FID) readout which effectively can be used for quantitative  
24 281 imaging using the same signal equations as SPGR. In this work we have shown that RUFIS can be used for silent VFA  
25 282  $T_1$ -mapping with results that are very similar to conventional Cartesian SPGR acquisition. A novel silent  $B_1^+$ -mapping  
26 283 technique based on RUFIS was also presented which can provide the necessary  $B_1^+$  correction for VFA  $T_1$ -mapping  
27 284 using RUFIS.

28  
29 285 We demonstrated a fully silent VFA  $T_1$  and  $B_1^+$ -mapping protocol with higher reproducibility and comparable  
30 286 repeatability than the equivalent standard Cartesian sequence. Adoption of this protocol could lead to increased  
31 287 patient comfort in quantitative imaging studies.

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42 296 directly.

## APPENDIX

### 5.1 | Derivation of the quantitative RUFIS signal equation

We begin from the results derived by Hsu and Lowe[42]. Let the longitudinal magnetisation of spoke  $n$  in segment  $m$  be  $M_z(n, m)$ . With  $N$  spokes per segment we get

$$M_z(n, m) = M_z(0, m) \cdot \cos^n(\alpha)E_1 + \rho(1 - E_1) \cdot \frac{1 - \cos^n(\alpha)E_1^n}{1 - \cos(\alpha)E_1} \quad (9)$$

where  $E_1 = e^{-TR/T_1}$ ,  $\alpha$  is the excitation flip angle, and  $\rho$  is the proton density. If  $n \rightarrow \infty$  then  $\cos^n(\alpha) \rightarrow 0$ , and (9) approaches the well known gradient echo steady state signal equation

$$\lim_{n \rightarrow \infty} M_z(n, m) = \rho \cdot \frac{1 - E_1}{1 - \cos(\alpha)E_1} = M_{z,spgr} \quad (10)$$

To simplify (9), we set  $\xi = \cos(\alpha)E_1$  and substitute in  $M_{z,spgr}$  to obtain

$$M_z(n, m) = M_z(0, m) \cdot \xi^n + M_{z,spgr} \cdot (1 - \xi^n). \quad (11)$$

With a segment of  $N$  spokes, the acquired magnetisation is proportional the average longitudinal magnetisation of all spokes. This can be formulated as

$$\bar{M}_z(m) = \frac{1}{N} \sum_{i=1}^N M_z(i, m) = \frac{1}{N} \sum_{i=1}^N (M_z(0, m) \cdot \xi^i + M_{z,spgr} \cdot (1 - \xi^i)) = M_z(0, m) \cdot f + M_{z,spgr}(1 - f) \quad (12)$$

where

$$f = \sum_{i=1}^N \xi^i = \frac{\xi - \xi^{N+1}}{N(1 - \xi)} = \frac{\cos \alpha \cdot e^{-TR/T_1} - (\cos \alpha \cdot e^{-TR/T_1})^{N+1}}{N(1 - \cos \alpha \cdot e^{-TR/T_1})}. \quad (13)$$

When data is collected in a steady state, the inter-segment delay ( $\tau$ ) will cause intermittent  $T_1$ -recovery. The effect of this will depend on the number of spokes per segment as well as  $\tau$ . The effect of this delay can be calculated analytically. The magnetisation at the beginning of segment  $m + 1$  is proportional to the magnetisation at the end of the previous segment as well as the  $T_1$ -recovery between segments as

$$M_z(0, m + 1) = M_z(N, m) \cdot e^{-\tau/T_1} + \rho(1 - e^{-\tau/T_1}). \quad (14)$$

Combining (14) with (11) yields

$$M_z(0, m + 1) = [M_z(0, m) \cdot \xi^N + M_{z,spgr} \cdot (1 - \xi^N)] e^{-\tau/T_1} + \rho(1 - e^{-\tau/T_1}). \quad (15)$$

If the magnetisation at the beginning of each segment has reached a steady state ( $\bar{M}_0$ ) we can substitute  $M_z(0, m + 1)$

and  $M_z(0, m)$  with  $\tilde{M}_0$  in (15) and solving for  $\tilde{M}_0$  to get

$$\tilde{M}_0 = M_{z,spgr} \cdot \frac{e^{-\tau/T_1}(1 - \xi^N)}{1 - \xi^N e^{-\tau/T_1}} + \rho \frac{1 - e^{-\tau/T_1}}{1 - \xi^N e^{-\tau/T_1}}. \quad (16)$$

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