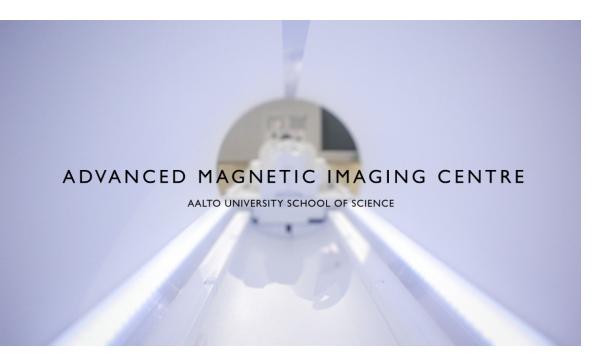






Preliminary information to user groups:

### MRI at AMI



Toni Auranen AMI-Centre O.V. Lounasmaa Laboratory School of Science, Aalto University

> AMI-Centre July, 2012

## AMI-Centre is an infrastructure providing services for its users





Otakaari 5 I (Magnethouse), Espoo

#### Key personnel:

- Simo Vanni, Scientific Director, vanni@neuro.hut.fi
- Toni Auranen, Technical Director, toni@neuro.hut.fi
- Marita Kattelus, Radiographer, marita.kattelus@aalto.fi
- Ari Laiho, Physicist, ari.laiho@aalto.fi

### AMI-Centre maintains the operation of a 3 T MR-device used for MRI and fMRI



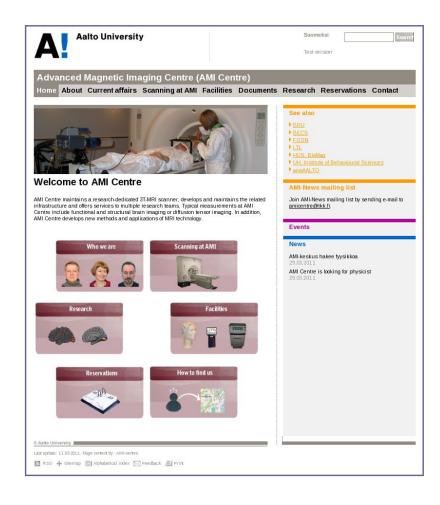
3 T GE Signa (2002 – 8/2011) 3 T Siemens Skyra (11/2011 –)

#### For the needs of research groups at:

- Aalto University (AU)
- University of Helsinki (HY)
- Hospital district of Helsinki and Uusimaa (HUS)
- Other users (Other academic, industry etc.)

#### More info?

- Check our webpage: http://ami.tkk.fi
- Join AMI mailing list
- Come for a visit



### Standard clinical scanner

- MR scanner: whole-body Siemens MAGNETOM Skyra 3T
- RF-coils:
  - 32-channel head array
  - 20-channel head-neck array
  - Flex coils (large and small)
  - Body coil (transmitting)
  - 1. Versatile stimulus- and response systems
  - 2. Daytime measurement times available
  - Quality assurance, assistance & consultation for fMRI
  - 4. Constant development of the environment and knowhow



## Overview – topics to be covered

- fMRI data acquisition
- Stimulation systems
- Subject monitoring & Safety
- Quality control
- Future and Summary



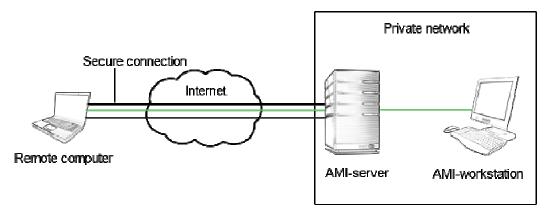
### Scanning at AMI – requirements



- Users must have passed the AMI Centre's Safety Course
- Users must read and follow AMI Centre's Safety and Operations instructions
- All studies involving human subjects, must acquire a supporting *ethical* statement
- Apply a research permission from AMI
- Username/Password for the reservation calendar and AMI computer network

### Learn to use: Equipment

- Magnet and magnet console
  - Invisible to users: Electronics, amplifiers, cabinets, signal processing hardware, ...
  - What you need: console operation, subject positioning, etc.
- Stimulus systems, accessories
- AMIserver, AMI computer network
  - Data transfer
  - Remote use of AMI network
  - Data analysis





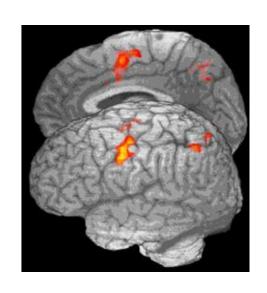


From: www.siemens.com

### Measurements – general

- Reservations
  - Learn the rules and follow them!
  - Changes are informed at AMI-news list
- Keep things where they belong
- Stick to the schedule!
  - Separate preparation area (you can freely use it 30 min. prior and 30 min. after your reserved time)
- One person from the group must be responsible for that session
- Radiographer help Marita Kattelus
- Please, notify AMI personnel immediately if something is missing/broken etc.





# • • Reservations

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#### Cancellation policy

• Cancellation within 48 hours before the measurement is not acceptable without a force major reason (such as subject falling ill etc.)

#### Prereservations are recommended

 These prereservations must be canceled two weeks before the measurement if you plan not to use them

#### Rush hour rule

- If you reserve more than 7 weekday hours (9-16) within one week, you should announce it in AMInews list (ami-news@tkk.fi), so that if within 24 hours another research group asks for the same hours, you need to modify your reservation
- If you plan to reserve more than 20 hours per month, please contact AMI scientific director beforehand

#### Remember these:

- Free 2 pilot hours for new groups/projects
- You can practise freely with the stimulus computer, eye-movement camera etc. when there are no reservations (if you use the scanner, you must make a valid reservation)

## • • • At the console

- In principle, data acquisition is straightforward
  - Plan well, imaging parameters, ...
  - Reserve time for piloting (phantom & human subject)
  - AMI personnel will help with paracticalities and how to use the console
- Do it yourself vs. Use radiographer's assistance
- Fill in scanner log while scanning



From: www.siemens.com



## • • Still at the console

- Create, modify, and save your research protocol using the console
  - Localizer scan
  - Variable number of functional and anatomical scans
- Monitor your subject
- Check for artefacts during scanning
- Standard DICOM images
  - MOSAIC format
  - Backups are not provided by AMI (2-week grace period)
  - Transfer your data or burn it on CD/DVD



From: www.siemens.com



## • • • The most valuable thing – Data

- Data transfered to AMIserver from the console automatically
  - Kept in AMIserver only for two weeks
  - On the console the same or even less.
  - Back-up your data as soon as possible!
- Stimulus computer, EEG-computer, and other computers in the console room
  - Not backed-up day-by-day basis...
  - Someone might change or accidentally delete something
  - Copy your logfiles and other data immediately (USB-sticks, portable HDs)

### Measurements – general (cont.)

- Remember to prepare your studies well!
  - Practice (you will save time)
- Pre-screen your subjects
  - Contraindications for MR, Safety questionnaire (in the webpages)
- Ask for help if needed, we are happy to assist you!





## Differences between GE and Siemens

- Other than the console operations itself, things are roughly the same as before
  - If you knew how to scan with GE, you will with Siemens as well
- AMI Centre has ready-made protocols and we will gladly assist you to put together your own protocol
- What are the minimum requirements from you:
  - Know your paradigm well, <u>have your stimuli</u> and a <u>working Presentation script</u>
  - Basic parameters: TR, TE, flip angle, # of slices, slice orientations, matrix size etc.
  - We'll help you choose the other parameters (and these as well) if needed!
- Note that if you want to optimize your paradigm, you should do background research on similar studies/paradigms yourself

## Differences between GE and Siemens (cont.)

- GRE-EPI, SE-EPI
  - One fMRI trigger pulse per volume (GE: one per slice)
  - Dummies don't send pulses and are not included (GE: you could choose this)
    - You may want to add more dummies than the scanner does, check your paradigm!
  - Less time-points with Siemens' SE-EPI (sequence programming required)
- GE T1 SPGR, BRAVO / Siemens MPRAGE
  - Current T1 anatomicals work well with e.g. Freesurfer's automatic process flow
- T2 anatomicals
  - No surprises, 3D sequence now possible (SPACE)
- Siemens DTI sequences
  - Current images look good and it is easy to get some nice tracts on the console

## Differences between GE and Siemens (cont.)

- FOV, matrix sizes, slice thickness etc.
  - No surprises
  - You should be able to get to at least to the same as before
- DICOM data format / Scanner coordinate system
  - Siemens Mosaic format
  - Most software recognize these from header information
- Signal-to-noise ratio
  - Siemens 32ch coil at least 1.9 times better than our old 16ch coil with GE
  - Even more so when closer to the surface of the head
- Magnet homogeinity
  - GE was a long bore magnet → more homogeneous

### Your options with fMRI

#### 1. Coils

- 32-channel head (A+P or P alone)
- 20-channel head-neck (12ch for head; A+P or P alone)
- Flex coils, body coil (transmitting coil)

#### 2. Other measurement modalities

- EEG, GSR, eye-tracking
- pulse, respiration, ECG, EMG, motion sensors

#### 3. Stimulation

- Visual, auditory, somatosensory (pneumatic, pain/laser)
- Presentation, E-Prime, Psychtoolbox

#### 4. Response devices

Response buttons, trackball, joystick

#### 5. Coming soon:

- Insert earphones (already operational)
- Blood pressure (already operational)
- Active-noise cancellation and an optical microphone (in test use)
- Custom-made 30-channel coil (in test use)
- New projector
- (EEG update, grip-force, ...)



### Simultaneously with fMRI: EEG, GSR

- Electroencephalography (EEG) / Galvanic skin response (GSR)
  - BrainProducts GmbH
  - Guidance & Instructions available
- EEG only with the 20ch coil
- Limitations with used sequences and measurement times





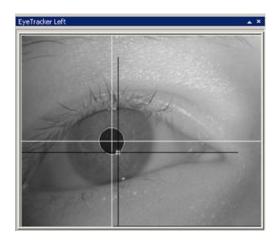
### Simultaneously with fMRI: Eye-tracking

- Eye-movement and pupil size
  - SR-Research EyeLink 1000 for fMRI



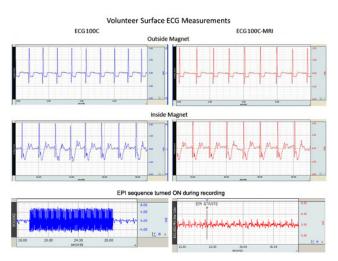
From: http://www.sr-research.com

- Guidance and instructions available
- More robust than our old system
  - Approx. 5 minutes to set up



### Simultaneously with fMRI: Biopac

- Electrocardiography (ECG)
- Pulse plethysmography (PPG) x 2
- Respiration signal (RSP)
  - Biopac Systems, Inc.
  - Guidance and instructions available
  - Other measurements available by adding "blocks" to the system
    - Blood pressure sensor just arrived
    - EDA/GSR possibly in the future, CO<sub>2</sub>, ...



From: www.biopac.com

### • • • Simultaneously with fMRI: Others

- ECG, respiration, and pulse sensors with scanner integrated devices
  - Good for monitoring purposes
- Movement sensors (accelerometers)
  - Custom-made at BRU
- Electromyography (EMG)
- If you need something else, ask us!

# • • Practice makes perfect

- You can and should practice your measurements with phantoms
- Especially important if you have difficulty in your paradigm (ECG, EEG, ...)
- Although you need to reserve the scanner, it will pay off in the future
- You can practice with the other measurements devices for free
  - Also: 2 hours of free phantom piloting with the scanner for new studies/groups



From: www.phantomlab.com

## Stimulus delivery & paradigm design

- Presentation software (Neurobehavioral Systems)
  - Timing: Scanner pulses sent to Presentation (and other computers)
  - Two computers, one for backup use
  - Newest software versions
- E-Prime (and Psychtoolbox) can be used as well
- Researcher's own laptops and software can also be used
  - May need some special arrangements
- You can test the stimulus system when there are no scanner reservations for free!
  - AMI Centre does not prepare or implement your paradigm!

### Auditory and Visual stimulation

- External high-quality audio card (E-MU 1616m)
- Waveforms transformed to sounds and relayed via tubing (Unides ADU2a)
- Scanner noise can be further dampened via isolation and padding



- Data projector (Christie Vista X3)
  - Stimuli reflected using surface mirrors
  - Luminance output values measured for calibration
  - Remember to turn off when finished!
- Eye sight correction (MediGoggles)
- New projector system in development





### Somatosensory stimulation

Pneumatic tactile stimulator



Laser stimulator



 Both rarely used → may require some extra setup-time and checks

## • • Subject response

- Two 4-button optical response boxes (Photon control)
- Optical trackball with two buttons (Current Designs)
- Optical joystick (Current Designs)
- Need any of these? Sliders, wheels, ... contact us!





### • • During the scanning

- Two-way intercom system for communication
- Visual contact to the subject by the person operating the scanner (camera & window)

- Squeeze ball for subject emergency
- Heart rate and breathing can easily be monitored
- Talk to your subject!



## Safety first! – Safety courses are organized several times a year











- Superconducting magnet: always on
- Attracts ferromagnetic objects!
- Danger may be inside subject's body (implants, pacemaker etc.)
- RF-power may be focused, heating
- SAR (specific abrorption rate) monitoring
- Acoustic noise
- Helium, claustrofobia, contrast agents, ...

## Safety first! – Safety courses are organized several times a year



### Safety precautions

- You are in charge!
- Access limited to the MRI unit
  - Shielded room is strongly restricted
- Safety course must be passed
- Safety questionnaire and screening
- Measurement clothes, metal detector, test magnet, ...
- Double hearing protection for subjects



# Safety precautions – there can't be too many

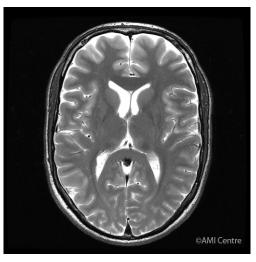
- Responsible researcher (or medical doctor) has to make sure that the measurement situation is proper (ethics committee)
- Items that are allowed inside the shielded room are labeled as such – MRI safe – all the others are not!
- Oxygen level monitoring, emergency ventilation
- Advanced medical life support equipments and medicines, automatic defibrillator, and oxygen
- All abnormal subject sensations and near accidents must be reported to AMI personnel!

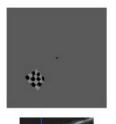
# • • Daily quality routines

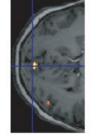
- Stability of the scanner is checked every morning
- Operation of squeeze ball and defibrillator ensured
- All the equipment checked for faults or breaking
- Helium level, temperatures, etc. monitored
- Equipment and pharmaceuticals in the first-aid kit checked constantly
- In case of problems with the scanner hardware, Siemens service should be notified immediately

### What? - Mostly fMRI and anatomical images

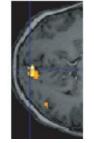




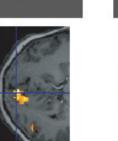




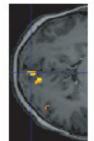












- fMRI (& physiological data)
- Different anatomical contrasts
  - T1, T2
- Diffusion tensor imaging (DTI) and tractography
- Other body parts (minor)
- Clinical cases (minor)





## Current or recent research topics by different groups measuring @AMI

- Human visual- and auditory-systems
- Somatosensory and motor studies, pain studies
- Attention, memory, language processing
- Anatomical reference images for MEG source localization (and fMRI)
- Decision making, neuroeconomics
- Movies, music, natural stimulation
- Physiological measurements



# • • • AMI in near future

- User training, Safety courses
- Constant development of stimulus systems and measurement environment
- Sequence programming
  - 3 people have already been to the Siemens' IDEA/ICE course
- Methods development projects
- There are preliminary plans that a 7T machine would be purchased in 5–7 years time
  - Ultra-high field magnets will most likely be the standard in basic research
  - AMI will be actively involved

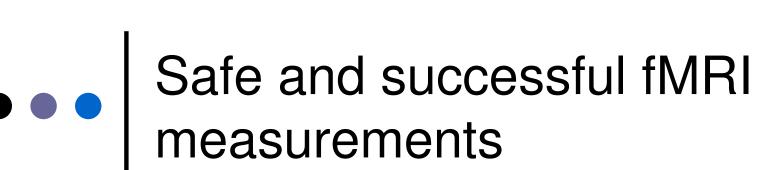
### Practicalities – am I ready?

- Research idea and funding?
- Ethical statement?
  - Aalto, HY, HUS, ...
- AMI permission?
- Safety course?

- Study the following:
  - Safety and Operations Instructions
  - Your favorite MR physics & MR in practice book



- Reservation calendar account
- AMI computer network user account



- Plan and pilot your studies well
- Develop good working practices
- Instruct your MR co-workers
- Select and prepare carefully your patients/subjects
- Follow the instructions and procedures
- Ask, if in doubt!





## • • • Questions and answers?



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