FULL PAPER

Lactate measurement by neurochemical profiling in the dorsolateral prefrontal cortex at 7T: accuracy, precision, and relaxation times

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National Center of Competence in Research (NCCR) "SYNAPSY - The Synaptic Bases of Mental Diseases; Swiss National Science Foundation, Grant/Award Number: 51AU40_125759; Biaggi Foundation **Purpose:** This assesses the potential of measuring lactate in the human brain using three non-editing MRS methods at 7T and compares the accuracy and precision of the methods.

Methods: ¹H MRS data were measured in the right dorsolateral prefrontal cortex using a semi-adiabatic spin-echo full-intensity acquired localized sequence with three different protocols: (I) TE = 16 ms, (II) TE = 110 ms, and (III) TE = 16 ms, TI = 300 ms. T_1 and T_2 relaxation times of lactate were also measured. Simulated spectra were generated for three protocols with known concentrations, using a range of spectral linewidths and SNRs to assess the effect of data quality on the measurement precision and accuracy.

Results: Lactate was quantified in all three protocols with mean Cramér-Rao lower bound of 8% (I), 13% (II), and 7% (III). The T_1 and T_2 relaxation times of lactate were 1.9 ± 0.2 s and 94 ± 13 ms, respectively. Simulations predicted a spectral linewidthassociated underestimation of lactate measurement. Simulations, phantom and *in vivo* results showed that protocol II was most affected by this underestimation. In addition, the estimation error was insensitive to a broad range of spectral linewidth with protocol I. Within-session coefficient of variances of lactate were $6.1 \pm 7.9\%$ (I), $22.3 \pm 12.3\%$ (II), and $5.1 \pm 5.4\%$ (III), respectively.

Conclusion: We conclude that protocols I and III have the potential to measure lactate at 7T with good reproducibility, whereas the measurement accuracy and precision depend on spectral linewidth and SNR, respectively. Moreover, simulation is valuable for the optimization of measurement protocols in future study design and the correction for measurement bias.

KEYWORDS

inversion, lactate, MRS, short-TE, semi-adiabatic SPECIAL (sSPECIAL), T1 and T2 relaxation times

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1 INTRODUCTION

Lactate, a metabolic product of glycolysis and an intermediate in the energy metabolism of carbohydrate-consuming organs, such as the brain,¹⁻³ has been recently shown to play a critical role in neuroplasticity and neuroprotection.⁴ Progressive increases in lactate uptake and metabolism in the brain has been reported during physical exercise,^{5,6} neuronal activation,^{7,8} and other changes in physiological state.^{9,10} Lactate abnormalities are implicated in psychiatric conditions such as bipolar disorder,¹¹⁻¹⁴ major depression,¹⁵ panic disorder,^{16,17} schizophrenia,¹⁸ and other brain pathological states, including mitochondrial dysfunction,¹⁹ tumors,²⁰ and ischemia.²¹

In vivo measurement of lactate by MRS is challenging because of its low abundance in the brain (~1 mM)^{22,23} and restricted spectral resolution, limiting its distinction from overlapping macromolecular signals at 1.2 ppm. A number of spectral editing techniques, such as J-difference editing²⁴⁻²⁶ and double-quantum filters,²⁷ have been proposed to achieve measurement of lactate without contamination from macromolecules. However, important information on other metabolites is generally sacrificed, and prior knowledge of relaxation dynamics is additionally required for quantification of data acquired with these methods.

Short-TE (<20 ms) MRS offers high sensitivity with minimal signal loss from T_2 relaxation and scalar coupling evolution. With further enhancement in sensitivity and spectra dispersion at 7T, many studies^{23,28-32} have demonstrated the potential of short-TE MRS for providing important insight in the neurochemical profile, including lactate and other metabolites implicated in psychiatric and neurological disorders. For example, alteration in glutamate, glutamine, glutathione, and γ -aminobutyric acid has been reported in schizophrenia, suggesting impaired NMDA receptor signaling and oxidative stress.³³ Increased lactate, glutamate, glutathione, and decreased glutamine have been observed during visual stimulation.³⁴ Changes in lactate and glutamate has been consistently observed during other neuronal stimuli,³⁵ underscoring their important roles in neuronal activity. Therefore, the simultaneous measurement of these metabolites may assist in offering a more comprehensive understanding of neurochemical mechanisms underlying psychiatric disorders or neuronal activities. Nevertheless, because of spectral overlap and the presence of broad macromolecular signals, metabolite quantification generally relies on deconvolution methods implemented in software applications such as LCModel³⁶ and jMRUI.³⁷ The quantification accuracy and precision requires further validation.

To achieve clear detection of lactate along with the measurement of other metabolites of interest, one can also perform an experiment at long TE or by inversion-recovery based on the large differences in T_1 and T_2 relaxation times between lactate and macromolecules. At long-TE (~1/J), macromolecular signals are minimized because of their short T_2 , and lactate appears as a characteristic negative doublet. At 7T with a TI of 300 ms, macromolecular signals are minimized around their zero-crossing point, whereas lactate still has a negative phase because of its slower T_1 relaxation.³⁸ However, increasing the TE or using inversion recovery typically results in loss of SNR because of the T_1 or T_2 relaxation effects.^{39,40}

The dorsolateral prefrontal cortex, a key region for cognitive function, has been strongly suggested to be altered in main psychiatric disorders such as schizophrenia,⁴¹⁻⁴³ bipolar disorders, and depression.⁴⁴ Functional imaging studies have shown dorsolateral prefrontal cortex (DLPFC) hypoactivity in depression (see Koenigs and Grafman⁴⁴ and references therein). Additionally, altered expression of genes encoding proteins involved in the synaptic activity, NMDA receptor activity, and energy metabolism are noted in the DLPFC in schizophrenia^{42,45} and bipolar disorder.

Therefore, we aimed to assess and compare three ¹H MRS approaches (short-TE, long TE, and inversion recovery) for simultaneous neurochemical profiling in the DLPFC of the human brain at 7T, with a focus on the accuracy and precision of the lactate measurement. In addition, to correct for relaxation effects on the lactate signal, T_1 and T_2 relaxation times of lactate were also measured.

2 | METHODS

2.1 | In vivo experiments

MR experiments were performed on a 7T/68 cm MR scanner (Siemens Medical Solutions, Erlangen, Germany) using a commercial transmit birdcage coil with 32-channel receive array (Nova Medical, Wilmington, MA). All volunteers provided informed consent before the study.

To alleviate the limitations imposed on B₁ in the peripheral region of the brain, a dielectric pad^{23,46} was placed above the right hemisphere of scalp covering the DLPFC. To position the voxel of interest (VOI = $30 \times 15 \times 15 \text{ mm}^3$) in the right DLPFC of the brain, 3D T_1 -weighted images were acquired using magnetization prepared 2 rapid acquisition gradient echoes (MP2RAGE)⁴⁷ with acquisition parameters of TE/TR = 4.94/6000 ms, $TI_1/TI_2 = 800/2700$ ms, voxel size = $0.6 \times 0.6 \times 0.6 \text{ mm}^3$, matrix size = $320 \times 320 \times 256$. B₀ field inhomogeneities were minimized over the VOI by adjusting the first and second-order shim terms using FAST(EST)MAP.48 ¹H MR spectra were acquired with the three different acquisition protocols from the VOI using the semi-adiabatic spin-echo full-intensity localized spectroscopy (sSPECIAL) sequence.³⁸ To minimize the unwanted signal from outside the VOI, outer volume suppression (OVS) was applied along six saturation bands around the VOI. Furthermore, water signal was suppressed using variable power radiofrequency

Seven subjects (24 ± 5 y, 3 females/4 males) participated in experiments of in vivo lactate measurement using three different protocols with the same total acquisition time. Data acquisition parameters, including TR of 6.5 s, spectral bandwidth of 4000 Hz, 100 averages (2 averages × 50 blocks) and 2048 sampling points were kept the same between the 3 protocols except for TE and TI, which were set as follows: protocol I, TE = 16 ms, no inversion; protocol II, TE = 110 ms, no inversion; protocol III, TE = 16 ms, TI = 300 ms. The 110 ms TE used in protocol II was determined with the following considerations: (1) at TE of 110 ms, the inverted signal intensity of lactate is similar to that at TE of 144 ms (1/J) (Supporting Information Figure S1, evolution of signal intensity with TE including effects of J-evolution and T_2 relaxation); and (2) a shorter TE (110 vs. 144 ms) to minimize T_2 relaxation signal loss for other metabolites. Based on the macromolecule T_1 value determined previously at 7T,38 a TI of 300 ms, previously estimated to be the nulling point of macromolecule signal, was used in protocol III. These three protocols were applied in a random order between subjects to avoid potential bias from the spectral quality changing over time. The linewidths of total creatine were evaluated for the three protocols and compared by one-way ANOVA. In addition, unsuppressed water spectra acquired at TE = 16 ms were used as internal references for obtaining apparent metabolite concentrations (in institutional unit, without relaxation correction).

To correct for relaxation effects on the estimation of lactate concentration, T_1 and T_2 relaxation times of lactate in the DLPFC were measured in 6 subjects (23 ± 3 y, 2 females/ 4 males). To measure T_1 , spectra were acquired using the sSPECIAL sequence with inversion-recovery at different TIs (50, 300, 1300, 2200, and 4000 ms) and 1 additional scan was performed without the inversion pulse (TI_{off} in Equation 1). To measure T_2 , spectra were acquired using sSPECIAL sequence with different TEs (16, 110, and 240 ms). The number of data points was determined to reach adequate measurement points within a 1-h time frame for each session.

2.2 | Post-processing procedure

Frequency drift and phase correction were applied before summation of multi-block spectra using an in-house MATLAB (The MathWorks, Natick, MA) program. LCModel³⁶ was used for the quantification of metabolites using basis sets generated for each protocol. The density matrix formalism^{38,50} was used to generate the basis sets in MATLAB. Metabolite spectra included alanine, ascorbate, aspartate, creatine, glucose, glycerophosphocholine, glycine, glutamate, glutamine, glutathione, lactate, myo-inositol, N-acetylaspartate (NAA), N-acetylaspartylglutamate, phosphocholine, phosphocreatine, phosphoethanolamine, serine, 1897

scyllo-inositol, taurine, and γ -aminobutyric acid. For protocols II and III, the CH₃ and CH₂ groups of creatine, phosphocreatine, and N-acetylaspartate were prepared as 2 separate metabolites in their basis sets, because of the difference in signal intensity at 110 ms TE and 300 ms TI resulting from different relaxation rates of those chemical groups. The macromolecule spectrum previously measured in vivo was incorporated in the basis sets for protocols I and III.⁵¹ For basis set of protocol II, additional macromolecule spectra were measured from 2 subjects using the sSPECIAL sequence with TI of 950 ms (previously determined at 7T)⁵¹ and TE of 110 ms. Minor residual metabolites resonances including those of total creatine, choline, NAA, and glutamate, were removed in jMRUI.⁵² The macromolecule spectrum for each protocol was incorporated in their basis set as one individual component with the other metabolites, and the built-in macromolecule-fitting function was disabled in LCModel by setting NSIMUL = 0 in the control file. The analysis window in LCModel was over the chemical shift range of 0.4-4.1 ppm. All metabolites with Cramér-Rao lower bound (CRLB) of 999% were considered as non-detectable. Spectral SNR was calculated as the maximum peak height of the NAA singlet at 2.01 ppm divided by the SD of noise between 11 and 12 ppm.

To estimate the T_1 relaxation time of lactate, the apparent concentrations of lactate at different TIs (*S*(*TI*)) were fitted versus their corresponding TIs using the following equation

$$S(TI) = S(TI_{off}) \cdot \left(1 - (1 + \alpha) \cdot e^{\frac{-TI}{T_1}} + \alpha \cdot e^{\frac{-6.5}{T_1}}\right) / \left(1 - e^{\frac{-6.5}{T_1}}\right),$$
(1)

 α represents the factor for flip angle of the inversion pulse. $S(TI_{off})$ represents the signal intensity at TE of 16 ms without inversion.

To account for different spectral patterns because of J-modulation at the three TEs used for T_2 measurement, we used TE-specific basis sets simulating the metabolite spectral pattern for each TE. After LCModel quantification, the obtained apparent concentrations will decay with TE as a function of apparent T_2 . These apparent concentrations of lactate at different TE were then fitted using $S(TE) = S_0 \times e^{-\text{TE}/\text{T2}}$ to calculate the apparent T_2 of lactate.

Lactate concentrations were corrected for T_1 and T_2 relaxation; briefly, apparent concentrations were divided by $e^{-\text{TE/T2}} \times (1 - e^{-\text{TR/T1}})$ for protocols I and II and by $e^{-\text{TE/T2}} \times (1 - 2 \times e^{-\text{TI/T1}} + e^{-\text{TR/T1}})$ for protocol III.

2.3 | Monte Carlo simulation

The accuracy and precision of acquisition protocols I, II, and III in MRS detection of lactate were explored further by Monte Carlo simulation. Synthesized MR spectra consisted of 21 metabolites simulated in MATLAB using the density

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	Apparent conce	ntration (–) ar	nd CRLB (%)				
Metabolite	Protocol I	CRLB	Protocol II	CRLB	Protocol III	CRLB	
Alanine	0.43 ⁵⁴	-	0.18 ^a	-	0.08 ± 0.10	128 ±131	
Ascorbate	1.12 ⁵⁵	-	0.85 ± 0.25	14 ± 3	0.62 ^a	-	
Aspartate	0.84 ± 0.21	22 ± 9	1.08 ± 0.17	8 ± 1	0.51 ± 0.19	23 ± 10	
Creatine	2.33 ± 0.25	4 ± 1	$(CH_3) 1.28 \pm 0.69$	13 ± 9	$(CH_3) 1.35 \pm 0.56$	16 ± 5	
			$(CH_2) 0.70 \pm 0.14$	9 ± 3	$(CH_2) 0.67 \pm 0.20$	9 ± 3	
Glucose	0.86^{54}	-	0.17 ± 0.06	64 ± 30	0.56 ^a	-	
Glycerophosphocholine	0.46 ± 0.15	14 ± 8	0.13 ± 0.08	38 ± 30	0.34 ± 0.07	4 ± 1	
Glycine	0.38 ± 0.14	18 ± 4	0.16 ^a	_	0.22 ± 0.07	19 ± 10	
Glutamate	6.37 ± 0.48	2 ± 0	2.74 ± 0.36	2 ± 0	3.51 ± 0.63	2 ± 0	
Glutamine	1.04 ± 0.43	9 ± 3	0.49 ± 0.14	12 ± 3	0.95 ± 0.26	6 ± 2	
Glutathione	0.55 ± 0.13	7 ± 1	0.17 ± 0.04	16 ± 3	0.30 ± 0.08	9 ± 2	
Lactate	0.54 ± 0.08	8 ± 1	0.17 ± 0.05	13 ± 3	0.38 ± 0.05	7 ± 1	
Myo-inositol	2.75 ± 0.47	3 ± 1	1.20 ± 0.22	4 ± 1	1.47 ± 0.34	3 ± 1	
Macromolecule	1.42 ± 0.04	1 ± 0	0.03 ± 0.01	7 ± 1	0.19 ± 0.03	5 ± 1	
N-acetylaspartate	9.04 ± 0.50	1 ± 0	$(CH_3) 5.39 \pm 0.54$	1 ± 0	$(CH_3) 5.14 \pm 0.80$	1 ± 0	
			$(CH_2) 4.27 \pm 0.51$	3 ± 1	$(CH_2) 3.37 \pm 0.63$	4 ± 1	
N-acetylaspartylglutamate	0.89 ± 0.24	8 ± 3	0.26 ± 0.08	16 ± 11	0.40 ± 0.09	10 ± 3	
Phosphocholine	0.27 ± 0.23	93 ±156	0.30 ± 0.12	13 ± 12	0.15 ^a	-	
Phosphocreatine	1.66 ± 0.08	5 ± 1	$(CH_3) 1.06 \pm 0.60$	28 ± 39	$(CH_3) 1.05 \pm 0.55$	32 ± 33	
			$(CH_2) 0.53 \pm 0.14$	12 ± 4	$(CH_2) 0.19 \pm 0.17$	69 <u>±</u> 76	
Phosphoethanolamine	1.76 ± 0.17	5 ± 1	0.80 ± 0.47	41 <u>+</u> 19	0.44 ± 0.11	17 ± 6	
Serine	0.35 ⁵⁴	-	0.15 ^a	127 ± 94	0.28 ± 0.11	32 ± 16	
Scyllo-inositol	0.12 ± 0.05	19 ± 7	0.05 ± 0.03	32 ± 25	0.08 ± 0.04	20 ± 15	
Faurine	0.66 ± 0.12	11 ± 1	0.25 ± 0.07	19 ± 10	0.60 ± 0.15	7 ± 2	
-aminobutyric acid	0.80 ± 0.18	13 ± 3	0.22 ± 0.04	15 ± 2	0.55 ± 0.23	15 ± 7	

TABLE 1 Apparent concentrations and CRLBs of metabolites measured in vivo (N = 7) using three protocols

Protocol I: TE = 16 ms, no inversion; protocol II: TE = 110 ms, no inversion; protocol III: TE = 16 ms, TI = 300 ms for the sSPECIAL sequence. All experimentally measured values were listed as mean \pm SD.

^aEstimated based on the value used in protocol I with relaxation effects.

matrix formalism, assuming an ideal double spin-echo at the TEs used in each protocol. To take into account the potential differences in T_1 and T_2 relaxation of individual resonances in NAA, creatine, and phosphocreatine^{38,53} in protocols II and III, NAA was split into methyl and aspartate moieties, and creatine and phosphocreatine were treated as 2 separate peaks of CH₃ and CH₂. Final simulated spectra were generated by combining experimentally measured macromolecule spectra with all metabolite spectra using the mean apparent concentrations measured in this study for each protocol shown in Table 1. Literature values^{54,55} were used for those metabolites that were not detected (CRLB = 999%) in protocol I. For non-detectable metabolites in protocols II and III, relaxation effects were applied on the values taken from protocol I assuming a T_1 of 1.2 s³⁸ and a T_2 of 110 ms.⁵³

To generate spectra at different spectral conditions, spectral linewidths were varied from 3 to 17 Hz in steps of 1 Hz. Normally distributed random noise was added to the simulated spectra to create a range of different SNR (25–500). For a given spectral linewidth and SNR, 100 spectra were generated with different noise seeds. Overall, every combination of 15 different linewidth values (ranging from 3–17 Hz in step of 1 Hz) and 16 different SNR values (ranging from 25–300 in steps of 25 and from 300–500 in steps of 50) results in generating 24,000 simulated spectra. All simulated spectra were further analyzed by LCModel.

2.4 | Accuracy and reproducibility assessment

To assess how closely the estimated concentration of lactate from LCModel output $C_{est}(i)$ matches its actual input concentration, C_{act} , used in simulation, the mean estimation error (%EE) was calculated using the following equation⁵⁴

$$\% EE = \frac{1}{N} \sum_{i=1}^{N} \frac{C_{est}(i) - C_{act}}{C_{act}} \times 100,$$
(2)

where N refers to the total number of simulations per experimental conditions (N = 100).

To check how well the acquisition protocols will return the same value for lactate concentration at different spectral conditions, the reproducibility error (RE), a component of precision in measurement, was determined by the following equation

$$\% RE = \frac{\sqrt{\frac{\sum_{i=1}^{N} \left(C_{est}(i) - \overline{C_{est}}\right)^{2}}{N-1}}}{\overline{C_{est}}} \times 100, \tag{3}$$

where $\overline{C_{est}}$ is the mean of estimated concentration in simulated spectra at a given experimental condition.

It should be noted that REs calculated from simulations suggest the measurement precision of the current quantification setting with spectral noise and linewidth as main contributors to variance.

To evaluate within-session reproducibility, in vivo data for each protocol were spitted into two sub-sessions, which were analyzed respectively for the calculation of withinsession coefficient of variance (CV).

To assess the effect of SNR on the reproducibility of in vivo lactate measurement, three blocks of data containing 20, 40, and 60 spectra from the same subjects were created for each protocol and analyzed with LCModel.

2.5 | Phantom experiments

To further validate the accuracy of lactate measurement by 3 protocols, additional experiments were performed on phantoms containing 0, 0.2, 0.4, 0.6, and 1 mM of lactate. These phantoms were prepared with phosphate buffer saline, 4% of bovine serum albumin (BSA) for mimicking the macromolecule spectrum, and 4 mM of creatine for frequency referencing in LCModel quantification. All chemicals were ordered from Sigma-Aldrich Chemie GmbH (Buchs, Switzerland).

¹H MR spectra were acquired in these phantoms using three protocols as used in vivo, except that TR was extended

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to 15s and VOI was $20 \times 20 \times 25 \text{ mm}^3$. Unsuppressed water spectra were acquired for quantification and eddy current correction.

The mean linewidth of water in phantoms is 3.5 Hz, therefore, 10 Hz line broadening was applied to spectra for mimicking the similar spectral linewidth in vivo. To generate the basis set for BSA quantification in phantom measurements, spectra were acquired using 3 protocols from a phantom containing simply BSA and 3-(trimethylsilyl) propionic-2,2,3,3-d4 acid sodium salt (TSP). In the control file, atth20 was set to 1 and wconc was set to 55,556. T_1 and T_2 relaxations of lactate in the phantom is 1647 ms $(R^2 = 0.999)$ and 322 ms $(R^2 = 0.944)$. Lactate concentrations measured by 3 protocols were corrected for relaxation effects. To evaluate the measurement accuracy, linear regression was performed between the true and measured lactate concentrations in phantoms. To study the effect of linewidth and SNR on the measurement accuracy, phantom data with lactate of 0.6 mM were further analyzed with different line broadening (0-10 Hz, 1 Hz/step) and different number of averages.

2.6 | Statistics

The comparison of values measured by the three protocols was performed using one-way ANOVA with Bonferroni's multiple comparison test in GraphPad Prism 5 (GraphPad Software, San Diego, CA). CV was calculated using SD of measured values divided by their mean value.

3 | RESULTS

 B_0 shimming over the voxel positioned in the right DLPFC (Figure 1) yielded water spectra with linewidth of 13.5 ± 1.0 Hz and a total creatine linewidth of 10.8 ± 1.7 Hz in watersuppressed spectra (n = 7). In vivo water suppressed spectra for neurochemical profiling were acquired using the sSPECIAL sequence with 3 acquisitions protocols consisting of (I) TE = 16 ms, no inversion; (II) TE = 110 ms, no inversion; and (III) TE = 16 ms, TI = 300 ms (Figure 2). With the total acquisition time of 10 min, spectra acquired using protocol I had a SNR of 330 ± 50 and the spectra acquired

FIGURE 1 T_1 -weighted images acquired using MP2RAGE (TE/TR = 4.94/6000 ms, $TI_1/TI_2 = 800/2700$ ms, voxel size = 0.6 × 0.6 × 0.6 mm³, matrix size = 320 × 320 × 256). Voxel of interest (VOI = 30 × 15 × 15 mm³) for acquisition of MRS data was placed in the right dorsolateral prefrontal cortex (DLPFC)





FIGURE 2 Representative in vivo ¹H spectra of the right DLPFC (VOI = $30 \times 15 \times 15 \text{ mm}^3$) acquired using the sSPECIAL sequence with (A) protocol I (TE = 16 ms, no inversion), (B) protocol II (TE = 110 ms, no inversion), and (C) protocol III (TE = 16 ms, TI = 300 ms). Individual fits from LCModel were shown for lactate (Lac), glutamate (Glu), glutamine (Gln), γ -aminobutyric acid (GABA), glutathione (GSH), and macromolecule (MM). On top of each spectrum, the area around the lactate peak at 1.3 ppm was enlarged for better visualization

using protocols II and III had lower SNRs of 145 ± 30 and 150 ± 30 , respectively. The linewidths of total creatine for the 3 protocols were highly consistent (P = 0.93), with 10.7 ± 1.7 Hz (protocol I), 10.7 ± 1.4 Hz (protocol II), and 11.0 ± 2.2 Hz (protocol III). The good spectral quality from each protocol together with effective water and outer volume suppression, allowed the quantification of a significant number of metabolites, including lactate, as shown in Table 1.

The spectral pattern varied across the acquisition protocols. As expected, the highest SNR was achieved when using protocol I with lactate sitting on the right shoulder of macromolecular resonances (Figure 2A). Because of rapid T_2 relaxation decay, signal intensities of macromolecules were largely attenuated in the spectra from protocol II. Both lactate and macromolecules underwent J-evolution, resulting in spectral patterns with negative phases and a distinct lactate peak (Figure 2B). Spectra from protocol III showed significant signal loss because of T_1 relaxation, with the macromolecular signal passing through the zero-crossing point, and a well-defined negative lactate methyl peak (Figure 2C). Lactate was quantified reliably in all 3 protocols with mean CRLB of 8% (protocol I), 13% (protocol II), and 7% (protocol III).

The T_1 and T_2 relaxation times of lactate were determined in vivo in the right DLPFC as 1.9 ± 0.2 s (R² = 0.986)

and 94 \pm 13 ms (R² = 0.973), respectively. After T_1 and T_2 relaxation correction, the lactate concentration was determined as 0.67 \pm 0.10 (protocol I), 0.57 \pm 0.16 (protocol II), and 0.66 \pm 0.09 (protocol III) (Figure 3). The CVs across 7 subjects were 15% for protocol I, 28% for protocol II, and 13% for protocol III, respectively. There is no significant difference between lactate values estimated through 3 protocols I, II, and III (P = 0.25). However, the mean lactate value of protocol II were 15% lower than those estimated from protocols I and III.

To investigate the impact of SNR on the estimated concentrations and CRLBs, three sub-spectra (averages of 20, 40, and 60) were generated for each protocol. SNRs ranged from 185–318 for protocol I, 80–141 for protocol II, and 88–155 for protocol III. Estimated lactate levels were not significantly different for three SNRs within each protocol (protocol I: P=0.99, protocol II: P=0.93, protocol III: P=0.89, Figure 4A). In addition, the CRLBs did not change significantly with the increase of SNR for protocol I (P=0.49), but they reduced by ~30% in protocol II and III from 20 to 60 averages (protocol II: P=0.09, protocol III: P=0.07) (Figure 4B).

Representative LCModel fits of glutamate, glutamine, glutathione, and γ -aminobutyric acid were shown in Figure 2. Glutamate was quantified in all 3 protocols with a mean CRLB of 2%. Glutamine and glutathione were quantified with

smaller mean CRLBs in protocols I and III (6–9%) relative to protocol II (12–16%). The mean CRLB of γ -aminobutyric acid was 13–15% in all three protocols (Table 1).

To evaluate the accuracy and precision of the lactate measurement, Monte Carlo simulations were performed and proton spectra were simulated using a double spin-echo sequence for protocols I, II, and III, with spectral linewidths ranging from 3–17 Hz and SNRs ranging from 25–500. Figure 5 depicts a series of simulated spectra with spectral linewidths of 3, 5, 11, and 17 Hz, and SNRs of 300 for protocol I and 150 for protocols II and III. LCModel fits of macromolecules, spline baseline, and lactate are also shown for every spectral condition.

The contour plots in Figure 6A illustrate the mean EE of lactate as a function of linewidth and SNR. Similar patterns were observed in variations of EE with linewidth and SNR in all three protocols. In general, an underestimation of lactate values was observed. The mean EE varies mainly with linewidth when SNR is above a given value (~100) and the narrower the linewidth, the more accurate the measurement. The slope of mean EE variations relative to linewidth at experimental SNR



FIGURE 3 The in vivo lactate concentration estimated using three protocols (I: TE = 16 ms, no inversion; II: TE = 110 ms, no inversion; III: TE = 16 ms, TI = 300 ms) based on the sSPECIAL sequence. The mean lactate concentrations were shown with horizontal bars

for protocol I (SNR = 300) and protocols II and III (SNR = 150) demonstrated that protocol I was less sensitive to the linewidth variations relative to the other two protocols (Figure 7). Under the experimental conditions, EE (mean \pm SD) was $-12 \pm 5\%$ in protocol I (LW = 11 Hz and SNR = 300) and increased to $-26 \pm 6\%$ in protocol II (LW = 11 Hz and SNR = 150) and $-14 \pm 4\%$ in protocol III (LW = 11 Hz and SNR = 150).

Figure 6B and C illustrate the RE and CRLB of lactate measurements as a function of linewidth and SNR. Contour plots of RE and CRLB followed the same pattern in all 3 protocols and were mainly influenced by the SNR of the spectra. Lactate was estimated with a RE of 5% and CRLB of 7% in protocol I, RE of 8% and CRLB of 11% in protocol II, and RE of 5% and CRLB of 9% in protocol III at the experimental conditions.

Additional experiments were performed on phantoms with different lactate levels to further validate the accuracy of lactate measurement. BSA is a macromolecule (~66 kDa) that contains many amino acids such as valine, lysine, threonine, histidine, alanine, etc.⁵⁶ The phantoms with BSA produced a similar broad spectrum mimicking the in vivo macromolecule spectrum. Examples of phantom spectra acquired using three protocols, fits of BSA, and lactate were shown (Supporting Information Figure S2). Measured phantom lactate concentrations by three protocols were compared with true lactate concentrations in phantoms. Using linear regression, slopes of 0.87 $(R^2 = 0.9947), 0.69 (R^2 = 0.9968), and 0.83 (R^2 = 9688)$ were obtained for protocols I, II, and III, respectively (Figure 8A). Overall, lactate levels were underestimated by all three protocols. The underestimation was similar for both protocols I and III but more pronounced for protocol II. When there is no lactate in the phantom, LCModel reported 0.004 mM (CRLB = 274%) for protocol I, 0.014 mM (CRLB = 76%) for protocol II, and 0 mM (CRLB = 999%) for protocol III. As predicted by simulations, the measurement accuracy depends more on



FIGURE 4 The dependence of (A) lactate concentration and (B) CRLB (%) on spectral SNR when using three protocols in vivo. Protocol I: TE = 16 ms, no inversion (\bigcirc); II: TE = 110 ms, no inversion (\bigcirc); III: TE = 16 ms, TI = 300 ms (Δ). Each data point showed the value obtained from spectra with 20 averages (blank), 40 averages (filled grey), and 60 averages (filled black). The SDs were shown as error bars for each data point point



FIGURE 5 Examples of simulated spectra for three protocols. (A) Protocol I: TE = 16 ms, no inversion; (B) protocol II: TE = 110 ms, no inversion; and (C) protocol III: TE = 16 ms, TI = 300 ms at spectral SNRs obtained at the experimental conditions with the same acquisition time (SNR 300 for protocol I and 150 for protocols II and III) and different linewidth (LW). Inset: LCModel fits of baseline, macromolecule spectrum, and lactate for each protocol

spectral linewidth. In Figure 8B, measured lactate levels in phantoms also showed similar dependency on the spectral linewidth. Figure 8C showed that measurement accuracy is insensitive to SNR once sufficient SNR is reached.

The within-session reproducibility was evaluated by CVs and the results were shown in Table 2. Both protocols I and III exhibit good reproducibility for lactate with CVs of $6.1 \pm 7.9\%$ and $5.1 \pm 5.4\%$, respectively. Among the three



FIGURE 6 Contour plots of mean estimation error (EE%) (A), mean reproducibility error (B), and mean Cramér-Rao lower bound (CRLB) (C) for lactate as a function of spectral linewidth and SNR for three protocols (left, middle, right)

protocols, protocol II showed the highest CVs for Lac, Glu, and Gln. For GABA, protocol I (11.7 \pm 8.4%) has the best reproducibility and then protocol II (16.5 \pm 9.6%), whereas protocol III had the poorest (39.2 \pm 32.2%).

The dependence of mean EE, RE, and CRLB on spectral linewidth and SNR in the estimation of glutamate, glutamine, glutathione, and γ -aminobutyric acid for the three protocols were also shown (Supporting Information, Figures S3, S4, and S5). Contour plots of EE, RE, and CRLB for glutamate are similar for different protocols, namely the EE is more sensitive to linewidth, and RE and CRLB are more sensitive to SNR. The patterns of EE for glutamine, glutathione, and γ -aminobutyric acid are different between different protocols. RE and CRLB for glutamine and glutathione depend more on SNR than on linewidth in all three protocols. The dependency of RE and CRLB of γ -aminobutyric acid on linewidth and SNR is complicated and different between three protocols. Under in vivo experimental conditions, the RE and CRLB of Glu and GABA measurement are comparable between three protocols. However, for Gln and GSH, protocol II has substantially higher RE and CRLB comparing to protocols I and III.

4 | DISCUSSION

In this study, we focused on investigating lactate measurement at 7T by three protocols for neurochemical profiling

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(I: TE = 16 ms; II: TE = 110 ms; III: TE/TI = 16/300 ms). We showed that simulations predicted a general underestimation of lactate measurement and it was consistent with the in vivo and phantom results that this underestimation was to the most extent for protocol II. Furthermore, lactate can be quantified by all three protocols with mean CRLB of 7–13% and mean within-session CVs of 5–6% (protocols I and III) and 20% (protocol II). The measurement accuracy was largely associated with spectral linewidth, whereas CRLB and RE were more associated with SNR.

The estimated lactate concentrations in vivo by protocols I, II, and III were 0.67 ± 0.10 , 0.57 ± 0.16 , and 0.66 ± 0.09 , respectively. The values from protocol II were lower than



FIGURE 7 Mean estimation error (EE%) of lactate, as a function of spectral linewidth at the experimental SNR. SNR of 300 for protocol I (TE = 16 ms, no inversion). SNR of 150 for protocols II (TE = 110 ms, no inversion) and III (TE = 16 ms, TI = 300 ms)

those measured by other two protocols. This was in good agreement with the respective estimation errors of $-12 \pm 5\%$, $-26 \pm 6\%$, and $-14 \pm 4\%$ predicted from simulations of the 3 protocols under in vivo experimental conditions, with protocol II yielding the most underestimated values. If one corrects the in vivo values with the estimated errors predicted by simulation, the lactate values are 0.75 ± 0.12 (protocol I), 0.76 ± 0.22 (protocol II), and 0.77 ± 0.11 (protocol III), which are in excellent agreement (P = 0.99). Phantom results (Figure 8A) suggested ~13\%, 21\%, and 17\% underestimation for protocols I, II, and III, respectively, which was consistent with EEs estimated by simulations. Such consistency advocates that simulations could correctly predict the measurement accuracy and be used for correcting measurement bias for in vivo measurements.

The within-session CVs of protocols I and III were $6.1 \pm 7.9\%$ and $5.1 \pm 5.4\%$, which were lower than the CVs (12–24%) measured by a J-difference editing technique in the striatum,⁵⁷ suggesting that good reproducibility can be achieved without spectral editing for lactate. However, CV of 22.3 \pm 12.3% for protocol II is the poorest among three protocols, which may be ascribed to the dramatic signal loss with T_2 relaxation.

Both simulation and phantom results showed that the measurement accuracy is largely related to spectral linewidth. The general underestimation of lactate existing in all protocols is likely attributable to the overestimation of spline baseline with the increase in linewidth. As shown in Figure 5,



FIGURE 8 (A) Phantom lactate concentrations measured by three protocols versus the actual lactate concentrations in the phantoms. The dotted line represents a reference line with a slope of 1. Solid lines are linear fits of values measured by three protocols. The slopes are $0.87(R^2 = 0.9947)$, 0.69 ($R^2 = 0.9968$), and 0.83 ($R^2 = 9688$) for protocols I, II, and III, respectively. Overall, phantom lactate levels were underestimated by all three protocols, to the most extent when using protocol II, which is consistent with the simulation results. Measured lactate levels from phantom spectra with different spectral linewidth (B) and number of averages (C). Lactate concentrations vary with the spectral linewidth whereas they are less sensitive to the spectral SNR.

CV (%)	Lac	Glu	Gln	GSH	GABA
Protocol I	6.1 ± 7.9	1.0 ± 0.5	6.2 ± 3.0	8.2 ± 6.6	11.7 ± 8.4
Protocol II	22.3 ± 12.3	4.4 ± 4.0	13.4 ± 13.3	13.4 ± 23.1	16.5 ± 9.6
Protocol III	5.1 ± 5.4	2.5 ± 2.1	4.8 ± 4.7	14.5 ± 13.2	39.4 ± 32.2^{a}

TABLE 2 Within-session CVs of metabolites of interest (N = 7)

Abbreviations: CVs, coefficients of variance.

^aNot detectable in the sub-sessions of two subjects.

the spline baseline becomes less flat with the increase of linewidth, and part of the lactate signal may be assigned to the baseline, leading to an underestimation. Because most studies perform comparisons between groups, matched spectral quality between groups, particularly for linewidth, would minimize systematic error originated from the quantification bias. Furthermore, EE is less sensitive to linewidth variations with protocol I than the others over a broad range of linewidth values (Figure 7), suggesting that short-TE MRS is a more sensitive method to detect lactate alterations in group comparison applications and for correlating with other parameters. However, for these common analyses, linewidth variation within experimental samples should be carefully inspected when using protocols II or III. Finally, the simulation results may also serve as a look-up table for correction factors at a given spectral condition.

In protocols II and III, macromolecular resonances were minimized and the methyl resonance of lactate was more clearly resolved relative to protocol I, where lactate was on the right shoulder of macromolecular resonances. However, both in vivo measurements and simulations showed consistent results that protocol I had CRLBs $(8 \pm 1\%)$ comparable to protocol III $(7 \pm 1\%)$ and lower than protocol II $(13 \pm 3\%)$, suggesting that short-TE spectra with quantitation by LCModel can reliably measure lactate despite the presence of underlying macromolecule resonances. This may be attributed to the association between SNR and CRLB consistently seen in within-session in vivo data (Figure 4B) and simulation results (Figure 6C). With the same acquisition time, SNR is doubled for protocol I relative to protocols II and III, which likely mitigates the effect of the spectral overlap on the measurement reliability. In addition, the analysis of sub-spectra with different SNR (Figure 4B) demonstrated that CRLBs remained approximately the same when SNR decreased by a factor of 2 in protocol I, whereas CRLB increased by 30% in protocols II and III. This suggests that the acquisition time can be substantially shortened when using protocol I, which is critical for patient studies with limited time. For example, within-session data showed that a 2.2-min scan of protocol I (20 averages) can achieve a SNR of 180 and CRLB of $9 \pm 1\%$, which is smaller than CRLB of $15 \pm 5\%$ obtained by protocol II and similar to $7 \pm 2\%$ by protocol III with 3-fold the scanning time.

Note that lactate measured by all three protocols in this study may contain signal contribution from threonine, which has similar chemical shifts and J-coupling constants as lactate. The separation of lactate and threonine is a challenging task even using editing methods. In the case with potential alterations in threonine, one may consider using a recently proposed J-difference editing with very narrow-bandwidth editing pulse at the high field⁵⁷ despite the moderate reproducibility. In addition, the methyl group of β -hydroxybutyrate at 1.19 ppm is close to that of lactate resonance at 1.31 ppm. Under normal physiological conditions, its level is ~0.05 µmol/g,⁵⁸

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therefore, we did not consider it in the current study. For studies under fasting, starvation, or ketosis, β -hydroxybutyrate levels may be substantially higher and it should then be included in the prior knowledge for quantification.

For short-TE protocol, the overlapping short T_2 components, mainly macromolecular resonances, including amino acids such as leucine, isoleucine, and valine from different proteins,⁵⁹ should be carefully handled. In this study, experimentally measured macromolecule spectrum from healthy subjects was included. Similarly, in the phantom study, broad BSA spectra were taken into account in the basis set. In the situation that no lactate is in the phantom, protocol I successfully reported the correct value like the other two protocols. Note that macromolecule spectrum in the brain may differ between different regions or under different pathological states. Therefore, the macromolecule spectrum should be experimentally evaluated and taken into account in the prior knowledge for spectral quantification to avoid potential effect on quantification of metabolites with low abundance. Overall, a complete basis set for quantification in a dedicated application study is crucial, as missing components in the spectral region of lactate may contribute to the "lactate" signal quantified by LCModel or other quantification tools using prior knowledge modeling approach. On the other hand, long TE and inversion protocols are less susceptible to this aspect as the macromolecule spectrum is minimized by relaxation schemes. The complete elimination of macromolecule resonances can be achieved by editing schemes such as J-difference editing⁵⁷ and doublequantum filters,²⁷ although sensitivity and information from other important metabolites are sacrificed.

In addition, the use of OVS module before the localization is a prerequisite for high quality spectra without extracranial lipid contamination that could substantially affect lactate measurement especially for the short-TE protocol. In applications with the presence of intense lipid signals such as brain tumors and stroke, spectral editing schemes may be more preferable approaches over all three protocols investigated in the current study. The long TE and inversion protocols may not be efficient as the T_1 and T_2 relaxation times of mobile lipids in tumors are longer than normal brain lipids.⁶⁰

Moreover, the effect of relaxation times on the signal intensity is an important aspect to consider, as relaxation times are sensitive to changes in the microenvironment and may vary because of aging,⁶¹ pathology, and across different brain regions. Of the three, protocol I, with short-TE and long TR, is the least sensitive protocol to relaxation effects. A 10% alteration in T_2 relaxation will only lead to a 1.5% change in lactate concentration, whereas for protocol II, a 11.5% change is expected. On the other hand, a 10% shorter T_1 will lead to 1.1% higher values for lactate concentrations measured by protocols I and II, but 28.7% higher values when using protocol III. Because research and clinical studies commonly conduct comparisons between groups such as healthy controls

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versus patients, the knowledge of relaxation times for individual groups is critical for protocols II and III, and additional measurements of relaxation times are required.

Concentrations of metabolites such as glutamate, glutamine, y-aminobutyric acid, and glutathione can provide important information on the pathophysiology of psychiatric and neurologic diseases⁶² and also insights into mechanisms underlying neuronal activity.^{29,34} The three evaluated protocols in our study all offer the possibility for the simultaneous detection of these metabolites with lactate, and in vivo measurements demonstrated that all 3 protocols had potential to measure their concentrations with CRLB <20%. Glu and GABA had similar measurement uncertainty across all protocols as indicated by their similar CRLBs (2% for Glu and 13-15% for GABA). Higher CRLBs for Gln and GSH in protocol II (12% for Gln, 16% for GSH) relative to III (6% for Gln and 9% for GSH) and I (9% for Gln and 7% for GSH) may be ascribed to J-evolution at long TE worsening the quality of quantification for these two J-coupled metabolites.

Several test-retest studies investigated the reproducibility of GABA, GSH, Gln, and Glu by non-editing (STEAM and semi-LASER) and editing techniques (for GABA and GSH) in different brain regions and with various measurement parameters at 7T (summarized in Supporting Information Table S1). The CRLBs of GABA, GSH, Glu, and Gln measured by protocols I and III are well in the range of these published studies at 7T.⁶³⁻⁶⁷ Protocol II has, in general, the highest CRLBs and within-session CVs for most of the metabolites including Glu, Gln, GSH, and Lac, therefore its reliability is the poorest among 3 protocols. On the contrary, short-TE is the most robust protocol as a general good reproducibility can be reached for all metabolites of interests (Table 2). In this study, within-session CVs for GSH using protocol I ($8.2 \pm 6.6\%$) are comparable with previous test-retest CVs for both J-difference editing methods $(7.8 \pm 3.2\%)$ and non-editing methods (STEAM, 5%; semi-LASER, 9%; STEAM with inversion: $11.6 \pm 5.1\%$).^{64,66,67} Test-retest CVs of GABA have been previously assessed for editing methods $(3.6-16.9\%)^{63,65,67}$ and non-editing methods (3.5–17%).^{63,66,67} The mean within-session CV of GABA in the present study was 11.7% for protocol I, which is within the range of previous studies. Nevertheless, CVs of GABA using protocol II, and especially protocol III, were unacceptably high. Therefore, GABA measurement is compromised when using protocols II and III, although good reproducibility can be achieved for Lac and Gln using protocol III.

Furthermore, the measurement accuracy of all these metabolites of interest depends on the spectral linewidth and SNR (Supporting Information Figure S4), which is consistent as the observation in another study of GABA at 3T.⁵⁴ Therefore, the respective measurement bias should be considered when performing absolute quantification, and matched spectral quality must be strictly controlled for studies with group comparison.

5 | CONCLUSIONS

Short-TE and inversion recovery protocols have the potential to measure lactate at 7T with good reproducibility. However, lactate levels were underestimated by all three protocols with long TE protocol having the greatest underestimation and measurement variance. Because measurement accuracy and precision depend on spectral linewidth and SNR, matched spectral quality is important for group comparisons. Moreover, simulation is valuable for the optimization of measurement protocols in future study design and the correction for measurement bias.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

FIGURE S1 (A) Signal intensity of lactate as a function of TE (T_2 relaxation effect is included) and (B) the corresponding spectra of lactate methyl (CH₃) resonance at TE of 110 ms (blue) and 144 ms (black)

FIGURE S2 MR spectra of phantoms (4% BSA, 4 mM creatine, 0.2 mM Lac) measured by three protocols and the respective fits of BSA and lactate

FIGURE S3 Contour plots of mean Cramér-Rao lower bound (CRLB) for glutamate (Glu), glutamine (Gln), γ -aminobutyric acid (GABA), and glutathione (GSH) as a function of linewidth and SNR for the three protocols (A) I: TE = 16 ms, no inversion; (B) II: TE = 110 ms, no inversion; and (C) III: TE = 16 ms, TI = 300 ms

FIGURE S4 Contour plots of mean estimation error (EE%) for glutamate (Glu), glutamine (Gln), γ -aminobutyric acid (GABA), and glutathione (GSH) as a function of linewidth and SNR for the three protocols (A) I: TE = 16 ms, no inversion; (B) II: TE = 110 ms, no inversion; and (C) III: TE = 16 ms, TI = 300 ms

FIGURE S5 Contour plots of mean reproducibility error (RE%) for glutamate (Glu), glutamine (Gln), γ -aminobutyric acid (GABA), and glutathione (GSH) as a function of linewidth and SNR for the three protocols (A) I: TE = 16 ms, no inversion; (B) II: TE = 110 ms, no inversion; and (C) III: TE = 16 ms, TI = 300 ms

TABLE S1 Summary of reproducibility studies of GABA,GSH, Gln, and Glu at 7T

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