Quantification of Cerebral Glucose Metabolic Rate in Mice Using ¹⁸F-FDG and Small-Animal PET

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The aim of this study was to evaluate various methods for estimating the metabolic rate of glucose utilization in the mouse brain (cMR_{alc}) using small-animal PET and reliable blood curves derived by a microfluidic blood sampler. Typical values of ¹⁸F-FDG rate constants of normal mouse cerebral cortex were estimated and used for cMR_{alc} calculations. The feasibility of using the image-derived liver time-activity curve as a surrogate input function in various quantification methods was also evaluated. Methods: Thirteen normoglycemic C57BL/6 mice were studied. Eighteen blood samples were taken from the femoral artery by the microfluidic blood sampler. Tissue time-activity curves were derived from PET images. cMR_{glc} values were calculated using 2 different input functions (one derived from the blood samples [IF_{blood}] and the other from the liver time-activity curve [IF_{liver}]) in various quantification methods, which included the 3-compartment ¹⁸F-FDG model (from which the ¹⁸F-FDG rate constants were derived), the Patlak analysis, and operational equations. The estimated cMR_{alc} value based on IF_{blood} and the 3-compartment model served as a standard for comparisons with the cMR_{qlc} values calculated by the other methods. Results: The values of K_1^* , k_2^* , k_3^* , k_4^* , and K_{FDG}^* estimated by IF_{blood} and the 3-compartment model were 0.22 \pm 0.05 mL/min/g, 0.48 \pm 0.09 min^{-1} , $0.06 \pm 0.02 \text{ min}^{-1}$, $0.025 \pm 0.010 \text{ min}^{-1}$, and 0.024 \pm 0.007 mL/min/g, respectively. The standard cMR_{qlc} value was, therefore, $40.6 \pm 13.3 \,\mu\text{mol}/100$ g/min (lumped constant = 0.6). No significant difference between the standard $\mbox{cMR}_{\mbox{\scriptsize glc}}$ and the $\mbox{cMR}_{\mbox{\scriptsize glc}}$ estimated by the operational equation that includes k_4^* was observed. The standard cMR_{glc} was also found to have strong correlations (r > 0.8) with the cMR_{alc} value estimated by the use of IFliver in the 3-compartment model and with those estimated by the Patlak analysis (using either IFblood or IF_{liver}). Conclusion: The ¹⁸F-FDG rate constants of normal mouse cerebral cortex were determined. These values can be used in the k_4^* -included operational equation to calculate cMR_{glc}. IF_{liver} can be used to estimate cMR_{glc} in most methods included in this study, with proper linear corrections applied. The validity of using the Patlak analysis for estimating cMR_{glc} in mouse PET studies was also confirmed.

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ET with ¹⁸F-FDG provides a noninvasive quantitative approach to measuring the glucose utilization rates in various brain regions in vivo (1-3). Quantitative studies in rodents have been improved with the aid of better image resolutions of small-animal PET in recent years (~1.3-mm full width at half maximum [FWHM] at the center of the field of view) (4). The quantification of cMR_{glc} requires either dynamic imaging with an input function (i.e., using the kinetic model fitting or the Patlak analysis) or static imaging with the input function (i.e., using the operational equations) (5–8). The latter also needs the typical values of ¹⁸F-FDG rate constants $(K_1^*, k_2^*, k_3^*, \text{ and } k_4^*)$. In mouse studies, the ¹⁸F-FDG rate constants of mouse cerebral cortex have not been reported; therefore, the constants estimated from the rat brain have been usually used in the operational equation (9).

An input function is required by both of the dynamic and static imaging methods. The blood samples are usually collected manually from the femoral artery of a rodent (I0). The total blood volume of a mouse is approximately 2 mL (e.g., \sim 7.5% of the body weight of a mouse) (I1). Up to 10% (e.g., \sim 0.2 mL for an adult mouse) of the total blood volume can be taken from a mouse without altering significantly the physiologic conditions (I2). To minimize blood loss and to overcome the procedural difficulty in sampling blood from a mouse during a dynamic small-animal PET scan, a microfluidic blood sampler was developed previously. The amount of blood loss in a quantitative study with this device was less than 5% of the total blood volume in the animal (I3).

Because of the technical difficulty involved in arterial catheterization for taking blood samples from a mouse, the liver time-activity curve derived from small-animal PET dynamic images is sometimes used as a surrogate input function based on the assumption that the liver is a large blood pool and has relatively low ¹⁸F-FDG retention (14,15). Without the need of arterial catheterization, the derivation of the input function from a liver time–activity curve is highly desirable for longitudinal studies.

In this study, we performed dynamic ¹⁸F-FDG PET studies in 13 mice and, for each study, took blood samples using the microfluidic blood sampler to estimate the mouse cerebral ¹⁸F-FDG rate constants $K_1^*-k_4^*$. A noninvasive-image-derived input function from the liver for estimating cMR_{glc} by various quantification methods was also evaluated. The merits and the limitations of various quantification approaches for calculating cMR_{glc} were discussed.

MATERIALS AND METHODS

Animal Preparation

All animal experiments were conducted in compliance with the Animal Care and Use Program established by the Chancellor's Animal Research Committee of UCLA. The animals were bred and kept in a sterilized environment at UCLA Oncology vivarium until the day of the study. Thirteen normoglycemic (6.7–15.5 mmol/L) C57/BL6 male mice (19-28.5 g) that had not fasted were studied. The average age of the mice was approximately 3 mo. Under approximately 1.5% isoflurane, a 5-cm-long catheter (PE 10 polyethylene tubing; Intramedic) filled with 50 IU of heparinized saline was cannulated into the right femoral artery of the mouse before small-animal PET. Once the femoral catheter was in place, the blood flow rate in the catheter was measured to confirm that the catheter was not clotted and had a normal flow rate (~4 μL/s). The blood flow was measured by multiplying the traveling speed of the blood front in the catheter by the cross-sectional area of the catheter. Another catheter (a 28.50-gauge needle connected with PE 20 polyethylene tubing filled with saline) was placed in the tail vein for ¹⁸F-FDG injection.

Physiologic Variables and Small-Animal PET

During surgery, the body temperature of the mouse was maintained by a thermostat-controlled thermal heater; the mouse was imaged on a small-animal PET scanner (microPET Focus 220; Concorde Microsystems, LLC). Before dynamic small-animal PET, arterial glucose concentration was measured by a glucose meter (FreeStyle; TheraSense, Inc.). The mouse underwent a 60-min dynamic scan. $^{18}\text{F-FDG}$ tracer ($\sim\!12.6$ MBq) was injected as a bolus ($\sim\!60~\mu\text{L}$) through the tail vein catheter within the first 2 s of the small-animal PET scan. After the PET scan, a 10-min CT scan was obtained for attenuation correction of small-animal PET images (16).

Reconstruction of Small-Animal PET Images

Images were reconstructed using the filtered backprojection algorithm with CT-based photon attenuation correction (*16*). The frame rates of the dynamic small-animal PET images were 1×3 , 12×0.5 , 2×1.5 , 1×16 , 1×32 , 1×180 , 1×300 , 1×460 , 1×540 , 1×600 , 1×750 , 1×700 , and 1×10 s. The voxel size was $0.4\times0.4\times0.8$ mm³. The image resolution (FWHM) was 1.75 mm at the center of the field of view.

Derivation of Time-Activity Curves of Various Organs

To minimize the bias, manually drawn volumes of interest (VOIs) on fused PET/CT images (which provided visual guides of

anatomically defined regions for the VOI selection) were used instead of the regions of highest activity. The time–activity curves of the liver, cerebral cortex, and myocardium were derived by superimposing the ellipsoid VOIs (3.2, 0.47, and 1.2 mm³, respectively) to the images of each time frame of the entire 60-min small-animal PET dynamic image sequence.

Blood Sampling and Acquisition of Input Functions

Eighteen serial blood samples were automatically taken at a set of 18 preselected sampling time points from the mouse femoral artery by the microfluidic blood sampler (13). The 18 preselected sampling time points were at 5, 7, 9, 11, 13, 15, 17, 19, 36, 53, 85, 267, 569, 931, 1,473, 2,075, 2,737, and 3,505 s of the scan time. Each collected blood sample was approximately 0.25 µL. The total blood loss of a study was less than 100 µL, which was mainly due to a 5-s quality-assurance procedure (\sim 20 μ L) performed before the PET scan to test the cannulation and catheter connections and a dead-space clearing procedure (~5 µL) immediately before each blood sampling for the last 10 blood samples. The blood samples were transferred to individual test tubes, and the radioactivity in each tube was counted by a γ -counter. The radioactivity was decay-corrected to the injection time. The 18F-FDG activity in plasma (IF_{blood}) was estimated from the wholeblood samples using the following equation to correct the activity of ¹⁸F-FDG taken up by red blood cells (13):

$$R_{FDG} = 0.39e^{-0.19t} + 1.17,$$
 Eq. 1

where R_{FDG} is the ratio of plasma to whole blood as a function of blood-sampling time (in minutes) after tracer injection. To evaluate the use of the liver time–activity curve as a surrogate input function, the liver time–activity curve was converted to an input function (IF $_{liver}$) using Equation 1.

Three-Compartment-Model Fitting

By importing the 60-min data of either IF_{blood} or IF_{liver} and cerebral time–activity curve into the 3-compartment model in the kinetic imaging system (7), the ¹⁸F-FDG rate constants (K_1^* [mL/min/g], k_2^* [min⁻¹], k_3^* [min⁻¹], and k_4^* [min⁻¹]) were estimated. The goodness of the model fitting was judged by the small sum of squares of the residual and large R values ($R^2 > 0.81$).

 K_1^* and k_2^* are the first-order rate constants depicting $^{18}\text{F-FDG}$ forward and reverse capillary membrane transport between plasma and brain tissue, respectively; k_3^* and k_4^* are the first-order rate constants characterizing phosphorylation of $^{18}\text{F-FDG}$ and dephosphorylation of $^{18}\text{F-FDG-6-phosphate}$, respectively (6). The $^{18}\text{F-FDG}$ uptake constant (K_{FDG}^* [mL/min/g]) and the cerebral glucose metabolic rate (cMR_{glc} [µmol/100 g/min]) were then calculated by:

$$K_{FDG}^* = \frac{K_1^* \times k_3^*}{k_2^* + k_3^*},$$
 Eq. 2

and

$$cMR_{glc} = \frac{C_P \times K_{FDG}^*}{LC},$$
 Eq. 3

respectively, where LC is a lumped constant representing the ratio of ¹⁸F-FDG utilization to actual glucose utilization in the brain (a

LC value of 0.6 was used in this study (17)), and C_P is the plasma glucose concentration measured before dynamic small-animal PET. Constant glucose concentration in plasma is assumed in the kinetic analysis. The assumption was evaluated in a separate set of 3 mouse studies under similar conditions, with approximately 20 μ L of blood withdrawn every 10 min for glucose concentration measurements. The amount of change in plasma glucose concentration over 1 h was approximately 15%.

The cMR_{glc} value calculated by Equation 3, with the values of the $^{18}\text{F-FDG}$ rate constants determined by IF_{blood} and the 3-compartment model, was considered as the standard in this study. The calculation of cMR_{glc} by various other methods (Patlak analysis, operational equation A [Op-Eq. A] and operational equation B [Op-Eq. B]) is compared with this standard cMR_{glc}.

The $^{18}\text{F-FDG}$ uptake constants in the liver $(K^*_{\text{FDG,liver}})$ and myocardium $(K^*_{\text{FDG,myocardium}})$ were also estimated with IF_{blood} and the corresponding tissue time–activity curve.

Validation of Liver Time–Activity Curve as an Input Function

The assumption of low $^{18}\text{F-FDG}$ uptake in the liver was examined by comparing the $K^*_{FDG,liver}$ with $K^*_{FDG,myocardium}$ and $K^*_{FDG,cerebral\,cortex}.$ The reason for choosing the cerebral cortex and myocardium as the comparing tissue regions was that $^{18}\text{F-FDG}$ has been commonly used for measuring glucose utilization rates in these 2 organs with PET.

To evaluate the use of IF_{liver} in the 3-compartment-model fitting, 2 sets of ¹⁸F-FDG rate constants and cMR_{glc} estimated by each of the 2 input functions were subjected to the paired t test and regression analysis. The validity of IF_{liver} as an input function was determined by assessing whether the 2 sets of rate constants and cMR_{glc} values are statistically similar (P > 0.05).

Evaluation of Various Approaches for Quantification of cMR_{elo}

Patlak Analysis. K_{PDG}^* and cMR_{glc} were estimated by Patlak graphical analysis in the kinetic imaging system (for clarity, the uptake constant and glucose utilization rate were denoted as K_{Patlak}^* and cMR_{glc,Patlak}, respectively). In the Patlak analysis, because the rate of dephosphorylation of ¹⁸F-FDG-6-phosphate (k_4^*) was not negligible in this study, the frames after 22 min of the small-animal PET images were excluded for the estimation of the K_{Patlak}^* (13,18). The frames in the first 3 min were also excluded because of a delay in establishing an equilibrium condition when the Patlak plot is linear. The cMR_{glc,Patlak} was calculated from K_{Patlak}^* using Equation 3. Both IF_{blood} and IF_{liver} were used separately as the input function in the Patlak analysis, and the results were compared with the standard cMR_{glc}.

Operational Equations. The cMR_{glc} values were calculated by Op-Eq. A, which did not include k_4^* (i.e., k_4^* was assumed to be small and, thus, negligible) (19),

$$\mathrm{cMR}_{\mathrm{glc,Op-Eq.A}} = \frac{C_p \bigg[C_i^*(T) - k_1^* e^{-(k_2^* + k_3^*)T} \int_0^T C_P^*(t) e^{(k_2^* + k_3^*)t} dt \bigg]}{\mathrm{LC} \bigg[\int_0^T C_P^*(t) dt - e^{-(k_2^* + k_3^*)T} \int_0^T C_P^*(t) e^{(k_2^* + k_3^*)t} dt \bigg]},$$
 Op-Eq. A

and Op-Eq. B, which incorporated k_4^* (6),

$$\begin{split} \text{cMR}_{\text{glc,Op-Eq.B}} &= \\ &\frac{C_p \bigg\{ C_i^*(T) - \bigg(\frac{k_1^*}{\alpha_2 - \alpha_1} \bigg) \big[(k_4^* - \alpha_1) e^{-\alpha_1 t} + (\alpha_2 - k_4^*) e^{-\alpha_2 t} \big] \otimes C_p^*(t) \bigg\}}{\text{LC} \bigg(\frac{k_2^* + k_3^*}{\alpha_2 - \alpha_1} \bigg) \Big[(e^{-\alpha_1 t} - e^{-\alpha_2 t}) \otimes C_p^*(t) \Big]}, \end{split}}, \\ &\text{Op-Eq. B} \end{split}$$

where

$$\alpha_1 = \frac{1}{2} \left[k_2^* + k_3^* + k_4^* - \sqrt{\left(k_2^* + k_3^* + k_4^* \right)^2 - 4k_2^* k_4^*} \right]$$

$$\alpha_2 = \frac{1}{2} \left[k_2^* + k_3^* + k_4^* + \sqrt{\left(k_2^* + k_3^* + k_4^*\right)^2 - 4k_2^* k_4^*} \right]$$

and \otimes denoted the operation of convolution. $C_i^*(T)$ was the value of the total content of ¹⁸F per unit mass in tissue calculated from the 24th frame (duration, 50.5–59.7 min after injection) of dynamic ¹⁸F-FDG small-animal PET images. C_p was the glucose concentration in plasma, and $C_p^*(t)$ was the input function. ¹⁸F-FDG rate constants $K_1^*-k_4^*$, estimated by the 3-compartment model and IF_{blood} as described earlier, were used. A LC of 0.6 was used (17). IF_{blood} and IF_{liver} were used separately as $C_p^*(t)$ to estimate cMR_{glc} in these 2 operational equations.

RESULTS

Estimation of ¹⁸F-FDG Rate Constants and cMR_{glc}

The kinetic fitting of cerebral time–activity curves by the 3-compartment $^{18}\text{F-FDG}$ model was good in all studies $(r=0.95\pm0.05,\,n=13)$. Figure 1A shows a representative quantitative analysis of the $^{18}\text{F-FDG}$ kinetics in 1 of the mouse experiments. The VOIs of the cerebral cortex were drawn on fused small-animal PET/CT images (Fig. 1B; only the small-animal PET images were shown). For the 13 mouse studies, the averaged values of $K_1^*,\,k_2^*,\,k_3^*,\,k_4^*$,

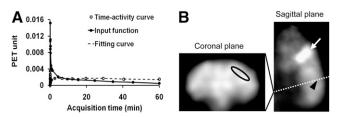


FIGURE 1. (A) Representative example shows quantitative analysis of ¹⁸F-FDG kinetics in mouse experiment using 3-compartment-model fitting. Dashed line is regression line that depicts goodness of model fitting (*r* = 0.99); ● = input function derived from blood samples taken by microfluidic blood sampler (IF_{blood}); ○ = cerebral time-activity curve derived from small-animal PET images. (B) Small-animal PET images showing VOI in mouse cerebral cortex. Coronal plane crosses over parietal cortex, which corresponds to white dotted line in sagittal plane. Ellipse on coronal plane indicates boundary of selected VOI. Arrow points to Harderian gland, and arrowhead indicates parietal cortex.

and K^*_{FDG} estimated with IF $_{blood}$ were 0.22 \pm 0.05 mL/min/ g, 0.48 \pm 0.09 min $^{-1}$, 0.06 \pm 0.02 min $^{-1}$, 0.025 \pm 0.010 min $^{-1}$, and 0.024 \pm 0.007 mL/min/g, respectively (mean \pm SD). The averaged cMR $_{glc}$ was 40.6 \pm 13.3 μ mol/100 g/ min. This set of cMR $_{glc}$ values served as the standard for the comparison with cMR $_{glc}$ values estimated by other methods.

Evaluation of Liver Time-Activity Curve as an Input Function

The differences between IF_{blood} and IF_{liver} were shown in Figure 2. In Figure 2B, the input functions were plotted with PET equivalent counts against the logarithm of time to reveal the peaks in the early phase of the curves. The 2 input functions were not identical, especially during the early scan times. Compared with the peak of the IF_{blood} , the peak of the IF_{liver} was wider, lower, and delayed.

The assumption of low uptake of $^{18}\text{F-FDG}$ in the liver was examined by comparing K^*_{FDG} in the liver with K^*_{FDG} in the myocardium and cerebral cortex. Both the liver and myocardium time–activity curves were well fitted by the 3-compartment model ($r=0.987\pm0.016$ and 0.995 ± 0.011 , respectively; n=13). As shown in Figure 3, the values of $K^*_{FDG,liver}$ were 0.003 ± 0.002 mL/min/g, which were relatively small, compared with the values of $K^*_{FDG,myocardium}$ (0.12 ±0.07 mL/min/g) and $K^*_{FDG,cerebralcortex}$ (0.024 ±0.007 mL/min/g).

In the 3-compartment-model fitting, K_{FDG}^* , K_1^* , k_3^* , and k_4^* values estimated with IF_{liver} were all significantly different from the corresponding ones obtained with IF_{blood} (paired t test, P < 0.005). There was, however, no statistical difference (P = 0.986) between the values of k_2^* . The correlations between the values from IF_{blood} and IF_{liver} were weak for K_1^* , k_2^* , and k_4^* (r = 0.27, 0.09, and 0.35, respectively) and were relatively strong for k_3^* and K_{FDG}^* (r = 0.90 and 0.81, respectively). The regression plots were shown in Figure 4. The cMR_{glc} estimated by the

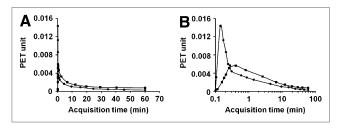


FIGURE 2. Comparison of 2 input functions. One was derived from blood samples (IF_{blood}) and other was derived from liver time-activity curve (IF_{liver}). (A) Plots show differences between IF_{blood} (\bullet) and IF_{liver} (\blacksquare) from 1 mouse experiment. (B) Logarithmic scale in time axis is used for better visual comparison of peaks in early phase of curves shown in A. IF_{liver} shows delayed and broader peak, compared with IF_{blood} .

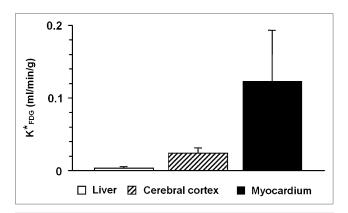


FIGURE 3. Averaged ¹⁸F-FDG uptake constants (K_{FDG}^*) of liver, cerebral cortex, and myocardium. K_{FDG}^* in liver, compared with that in cerebral cortex and myocardium (13% of cerebral cortex and 2.5% of myocardium), is relatively small. Error bars indicate +SD (n=13).

2 input functions were significantly different but well correlated (Eq. 4). The linear dependence was:

$$cMR_{glc,3-compartment,IF_{liver}} = 0.92 cMR_{glc,standard} + 10.99 (r = 0.83).$$
 Eq. 4

Glucose Utilization Calculated by Other Quantification Approaches

Patlak Analysis. The values of $K_{\rm patlak}^*$ estimated by $IF_{\rm blood}$ and $IF_{\rm liver}$ were 0.020 ± 0.005 and 0.021 ± 0.004 mL/min/g, respectively. There was no significant difference between these 2 numbers. However, there were significant differences (paired t test, P < 0.05) between the standard cMR_{glc} and the cMR_{glc,Patlak} using either $IF_{\rm blood}$ or $IF_{\rm liver}$, but the correlations were strong (Fig. 5). The linear relationships were:

$$cMR_{glc,Patlak,IF_{blood}} = 0.65 cMR_{glc,standard} + 7.52 \quad (r = 0.93),$$
 Eq. 5

and

$$\label{eq:cMR_glc,Patlak,IF_liver} cMR_{glc,Patlak,IF_{liver}} = 0.66\,cMR_{glc,standard} + 8.57 \quad (r = 0.81).$$
 Eq. 6

Operational Equations

The results of cMR_{glc}, calculated by the 2 operational equations (i.e., Op-Eq. A and Op-Eq. B) with either IF_{blood} or IF_{liver}, were shown in Figure 6. With either IF_{blood} or IF_{liver}, there was no significant difference (P > 0.05) between the standard cMR_{glc} and the cMR_{glc} estimated by Op-Eq. B. However, a significant difference ($P < 5 \times 10^{-5}$) was found between the standard cMR_{glc} and the cMR_{glc} estimated by Op-Eq. A.

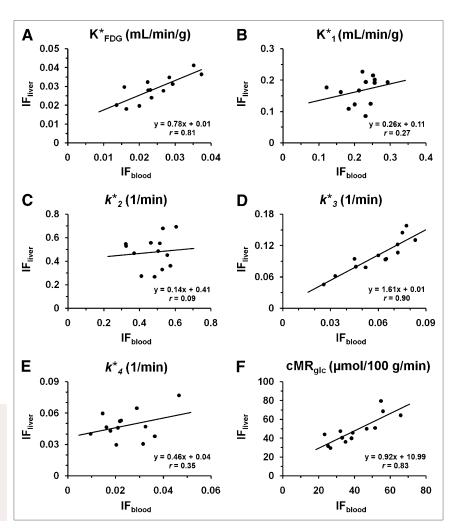


FIGURE 4. Regression analysis of ¹⁸F-FDG uptake constant, $K_{\rm FDG}^*(A)$, ¹⁸F-FDG rate constants, K_1^* - k_4^* (B–E), and cerebral glucose utilization rate, cMR_{glc} (F), estimated by each of 2 input functions. Each point on graph corresponds to value estimated using IF_{blood} and IF_{liver}, respectively (n=13).

DISCUSSION

Using the 3-compartment model with the input function derived from the arterial blood samples, we obtained the values of the ¹⁸F-FDG rate constants K_1^* - k_4^* and the cMR_{glc} of mouse brains. We evaluated the 3-compartment model both with a k_4^* ($k_4^* \neq 0$) and without a k_4^* ($k_4^* = 0$) and compared their fittings (to brain time–activity curves) using statistical tests. The kinetic data fitted significantly better to the model with k_4^* than the one without k_4^* by Akaike's information criteria and by F test (P < 0.05). We also

observed similar k_4^* values when 3 brain tissue curves with different scan durations (i.e., 35, 45, and 60 min) from the same scan were used (20). Furthermore, in most cases, the Patlak plots had an apparent curvature at 30 min after injection (data not shown), consistent with the model fitting result that favored a nonzero k_4^* . According to Ghosh et al. (21), substantial expression of functional glucose-6-phosphatase- β and glucose-6-phosphate transporter were found in mouse astrocytes, which accounts for more than 50% of cell mass in the mouse brain. This expression suggested

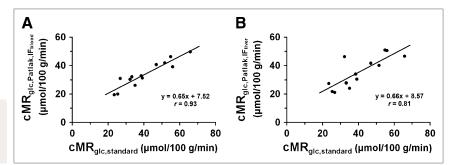


FIGURE 5. Correlation between standard cMR_{glc} and cMR_{glc} estimated by Patlak model with either IF_{blood} (A) or IF_{liver} (B) (n = 13).

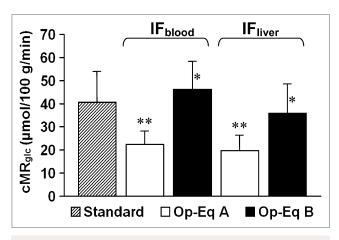


FIGURE 6. Standard cMR_{glc} (\boxtimes), compared with cMR_{glc} values calculated by Op-Eq. A (\square) or Op-Eq. B (■) with either IF_{blood} or IF_{liver}. There was no significant difference between standard cMR_{glc} and cMR_{glc} estimated from Op-Eq. B either with IF_{blood} or IF_{liver} (paired t test with regard to standard cMR_{glc}; *P > 0.05, ** $P < 5 \times 10^{-5}$). Error bar is +SD (n = 13).

that $^{18}\text{F-FDG-6-phosphate}$ could be a substrate of this functional glucose-6-phosphatase that could be the molecular basis of a nonnegligible k_4^* in the mouse brain. Because of the limited spatial resolution of small-animal PET, the image-derived time-activity curves unavoidably have contributions from heterogeneous brain tissues and, thus, might cause an overestimated k_4^* value (22,23). To reduce this effect, brain VOIs were drawn carefully with the guidance of CT images. However, the contribution to k_4^* from heterogeneous tissue kinetics needs further investigations with the aid of higher-resolution small-animal PET.

Using these cMR_{glc} values as standard references, we evaluated various quantification methods for calculation of cMR_{glc}. First, the use of the liver time-activity curve as an input function was examined. The ¹⁸F-FDG uptake in the liver tissue, compared with ¹⁸F-FDG uptake in the myocardium and cerebral cortex, was low. Although the input function derived from the liver (IF_{liver}) is not purely arterial input, the liver is a large blood reservoir—approximately 25% of the liver volume is accounted for by blood volume (24), and the liver has low ¹⁸F-FDG uptake. Moreover, the area under the curve (AUC) over 60 min was close to the AUC of IF_{blood} (the average AUC ratios of IF_{blood} to IF_{liver} was 0.98). Therefore, the good correlations in K_{FDG}^* and cMR_{glc} between the use of the 2 input functions for various quantification methods (i.e., the 3-compartment model and the Patlak analysis) were expected and were supported by our results (Figs. 4A, 4F, and Fig. 5; Eqs. 4–6). The input functions derived from the liver time-activity curve had different shapes from IF_{blood}. The dissimilarity in input functions was one of the causes of different estimates of K_1^* , k_2^* , and k_4^* (Fig. 4). Our results suggested, however, that the input function derived from the liver time-activity curve was not reliable for estimating the values of the ¹⁸F-FDG rate constants $K_1^*-k_4^*$.

The methods proposed by Ferl et al. (25) and by Fang et al. (26) are alternatives to deriving input functions. On the basis of their work, the input function derived from the heart ventricle is expected to be suitable for estimating the $^{18}\text{F-FDG}$ uptake constant (K_{FDG}^*) using the 3-compartment model. However, the use of imaged-derived input functions for estimating $^{18}\text{F-FDG}$ rate constants ($K_1^*-k_4^*$) still needs to be evaluated. On the other hand, because of respiratory and heart motions, it is difficult to obtain spatial-invariant time–activity curves, and motion correction may be required.

If the cMR_{glc} was estimated by the Patlak analysis, our results suggested that the cMR_{glc} can be calculated using either IF_{blood} or IF_{liver}. However, to be comparable to the standard cMR_{glc} obtained by the 3-compartment-model fitting, the values needed to be corrected using Equation 5 or Equation 6. With these proper corrections, only a short small-animal PET scan (e.g., 22 min used in this study) is needed for cMR_{glc} quantification by the Patlak analysis. The time interval (3-22 min) for Patlak analysis was determined on the basis of the early onset of curvature in Patlak plots of mouse brain tissues. The Patlak plot fitted a straight line well from 3 min up to about 30 min, after which a downward curvature often appeared consistent with a nonzero k_4^* value. When later time intervals (20–40, 20-60, and 40-60 min) were used in the Patlak analysis, K_{FDG}^* was underestimated, compared with the K_{FDG}^* estimated by the 3-compartment model with k_4^* . On the basis of our result, IF_{liver} will be a favorable choice over IF_{blood} because investigators can avoid the procedural difficulty of taking blood samples from a mouse, especially in longitudinal studies.

We also compared the standard cMR_{glc} and the cMR_{glc} estimated using the operational equations with or without the inclusion of a k_4^* value. There was no significant difference between the standard cMR_{glc} and the cMR_{glc} estimated from Op-Eq. B, either with IF_{blood} or with IF_{liver}, if the proper typical values of the rate constants were used. However, Op-Eq. A underestimated the cMR_{glc} with either IF_{blood} or IF_{liver} (Fig. 6). Our study suggested that the k_4^* cannot be neglected in mouse brain PET studies. To reduce the influence from k_4^* , we explored the use of only the first 45 min of data from the IF_{blood} and cerebral time-activity curve and recalculated the cMR_{glc} using both operational equations. The deviations of the 2 cMR_{glc} values from the standard cMR_{glc} became smaller $(cMR_{glc,Op\text{-}Eq.\ A}$ increased ${\sim}11\%,$ and cMR $_{glc,Op\text{-}Eq.~B}$ decreased ${\sim}7\%).$ These data support the contribution of k_4^* to the difference of cMR_{glc} obtained by the 2 operational equations.

On the other hand, to evaluate if the underestimation of cMR_{glc} by Op-Eq. A was due to the use of nonmatching rate constants that include a k_4^* value, the rate constants were estimated by the 3-compartment model without k_4^* and cMR_{glc} was calculated by this set of rate constants and Op-Eq. A. We found the results were comparable to each other $(22.5 \pm 5.8 \text{ vs. } 21.2 \pm 5.7 \text{ } \mu \text{mol}/100 \text{ g/min})$. Therefore, the

estimated cMR_{glc} was sensitive to the operational equation being used but not to the set of rate constants (from $k_4^*=0$ or $k_4^*\neq 0$ model) used. Because the activity of glucose-6-phosphatase in the mouse brain might be significant (21) and all our analyses favored a nonzero k_4^* , Op-Eq. B would be more proper for cMR_{glc} estimation in the mouse brain than would Op-Eq. A. cMR_{glc} in the mouse under isoflurane has been measured and reported by Toyama et al. (9) to be 26.4 ± 10.3 and 26.3 ± 6.1 µmol/100 g/min using 2-deoxy-D-1⁴C-glucose (1⁴C-DG) and 1⁸F-FDG, respectively; these results are comparable to the ones obtained in the present study when the same operation equation (Op-Eq. A) was used.

Two other factors that would affect the estimated value of cMR_{glc} in specific regions of mouse brain are spillover and partial-volume effects. For spillover, the most affected regions, such as the frontal cortex, are near the Harderian gland, which has high ¹⁸F-FDG uptake in PET images and contributes to the spillover in neighboring substructures (27). Because of partial-volume effects, on the other hand, for any structure that is smaller than twice the FWHM, the amount of activity would be underestimated (28). Even though in our study the small-animal PET scanner provides the resolution of 1.75-mm FWHM at the center of the field of view, many structures in the mouse brain are smaller than 3.5 mm. In our cMR_{glc} calculation, the influence of the spillover of the Harderian glands should be small because the VOI is distant from the Harderian glands (Fig. 1B). However, the general partial-volume effect due to the limited image resolution would result in a combined activity of the cerebral cortex and nearby structures.

Because the typical values of 18 F-FDG rate constants (k^* values) of mouse brain were not available before, k^* values of other species, such as rats or humans, were used in the operation equation to estimate the cMR_{glc}. Therefore, we also examined the sensitivity of cMR_{glc} calculated by Op-Eq. B, with the k^* values from human and rat brains (K_1^* , 0.102, 0.195 mL/min/g; k_2^* , 0.130, 0.379 min⁻¹; k_3^* , 0.062, 0.088 min⁻¹; and k_4^* , 0.0068, 0.009 min⁻¹, respectively) (3,29). The errors of using the sets of k^* values derived from humans and rats were significant, about 50% and 40% underestimated, respectively. These results suggested that the k^* values estimated from rats and humans are not suitable for the estimation of cMR_{glc} of the mouse brain by Op-Eq. B.

CONCLUSION

In this study, the ¹⁸F-FDG rate constants, $K_1^*-k_4^*$, of mouse cerebral cortex were estimated using the arterial blood samples and the 3-compartment model. The cMR_{glc} values determined in this study were comparable to those reported by others (9). The ¹⁸F-FDG uptake in mouse liver was shown to be relatively low, as compared with ¹⁸F-FDG uptake in the myocardium and brain. Our results verified that the liver time–activity curve can be used as an input function to

estimate cMR_{glc} (using either the operational equation incorporating k_4^* , the Patlak analysis, or the 3-compartment model), though some adjustments in the estimated results are needed. However, reliable estimation of the ¹⁸F-FDG rate constants requires arterial blood samples.

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REFERENCES

- Silverman DH, Small GW, Chang CY, et al. Positron emission tomography in evaluation of dementia: regional brain metabolism and long-term outcome. *JAMA*. 2001;286:2120–2127.
- Phelps ME. PET: a biological imaging technique. Neurochem Res. 1991;16:929–940
- Phelps ME, Huang SC, Hoffman EJ, Selin C, Sokoloff L, Kuhl DE. Tomographic measurement of local cerebral glucose metabolic rate in humans with (F-18)2-fluoro-2-deoxy-D-glucose: validation of method. *Ann Neurol*. 1979;6:371–388.
- Tai YC, Ruangma A, Rowland D, et al. Performance evaluation of the microPET Focus: a third-generation microPET scanner dedicated to animal imaging. J Nucl Med. 2005;46:455–463.
- Patlak CS, Blasberg RG. Graphical evaluation of blood-to-brain transfer constants from multiple-time uptake data: generalizations. J Cereb Blood Flow Metab. 1985:5:584–590.
- Huang SC, Phelps ME, Hoffman EJ, Sideris K, Selin CJ, Kuhl DE. Noninvasive determination of local cerebral metabolic rate of glucose in man. Am J Physiol. 1980;238:E69–E82.
- Huang SC, Truong D, Wu HM, et al. An Internet-based "kinetic imaging system" (KIS) for MicroPET. Mol Imaging Biol. 2005;7:330–341.
- Moore AH, Osteen CL, Chatziioannou AF, Hovda DA, Cherry SR. Quantitative assessment of longitudinal metabolic changes in vivo after traumatic brain injury in the adult rat using FDG-microPET. J Cereb Blood Flow Metab. 2000;20: 1492–1501.
- Toyama H, Ichise M, Liow JS, et al. Absolute quantification of regional cerebral glucose utilization in mice by ¹⁸F-FDG small animal PET scanning and 2-¹⁴C-DG autoradiography. *J Nucl Med.* 2004;45:1398–1405.
- Shimoji K, Ravasi L, Schmidt K, et al. Measurement of cerebral glucose metabolic rates in the anesthetized rat by dynamic scanning with ¹⁸F-FDG, the ATLAS small animal PET scanner, and arterial blood sampling. *J Nucl Med*. 2004;45:665–672.
- Klempt M, Rathkolb B, Aigner B, Wolf E. Clinical chemical screen. In: Angelis M, Chambon P, Brown S, eds. Standards of Mouse Model Phenotyping. Weinheim, Germany: Verlag; 2006: chapter 4, p. 94.
- Hoff J. Methods of blood collection in the mouse. Lab Anim (NY). 2000;29: 47–53.
- Wu HM, Sui G, Lee CC, et al. In vivo quantitation of glucose metabolism in mice using small-animal PET and a microfluidic device. J Nucl Med. 2007; 48:837–845.
- Green LA, Gambhir SS, Srinivasan A, et al. Noninvasive methods for quantitating blood time-activity curves from mouse PET images obtained with fluorine-18-fluorodeoxyglucose. J Nucl Med. 1998;39:729–734.
- Choi Y, Hawkins RA, Huang SC, et al. Evaluation of the effect of glucose ingestion and kinetic model configurations of FDG in the normal liver. J Nucl Med. 1994;35:818–823.
- Chow PL, Rannou FR, Chatziioannou AF. Attenuation correction for small animal PET tomographs. Phys Med Biol. 2005;50:1837–1850.
- Lear JL, Ackermann RF. Regional comparison of the lumped constants of deoxyglucose and fluorodeoxyglucose. Metab Brain Dis. 1989;4:95–104.
- Patlak CS, Blasberg RG, Fenstermacher JD. Graphical evaluation of bloodto-brain transfer constants from multiple-time uptake data. J Cereb Blood Flow Metab. 1983;3:1–7.

- Sokoloff L, Reivich M, Kennedy C, et al. The [14C]deoxyglucose method for the measurement of local cerebral glucose utilization: theory, procedure, and normal values in the conscious and anesthetized albino rat. J Neurochem. 1977;28:897–916.
- Yu AS, Lin HD, Leong SC, Huang SC, Phelps ME, Wu HM. Optimizing the total dynamic scanning time needed for quantitative mouse brain FDG microPET studies [abstract]. J Nucl Med. 2007;48(suppl 2):97P.
- Ghosh A, Cheung YY, Mansfield BC, Chou JY. Brain contains a functional glucose-6-phosphatase complex capable of endogenous glucose production. J Biol Chem. 2005;280:11114–11119.
- Schmidt K, Mies G, Sokoloff L. Model of kinetic behavior of deoxyglucose in heterogeneous tissues in brain: a reinterpretation of the significance of parameters fitted to homogeneous tissue models. J Cereb Blood Flow Metab. 1991:11:10–24.
- 23. Schmidt KC, Mies G, Dienel GA, Cruz NF, Crane AM, Sokoloff L. Analysis of time courses of metabolic precursors and products in heterogeneous rat brain tissue: limitations of kinetic modeling for predictions of intracompartmental concentrations from total tissue activity. *J Cereb Blood Flow Metab.* 1995;15:474–484.

- Lautt WW, Ming Z. Hepatic hemodynamics. In: Sanyal AJ, Shah VH, eds. Portal Hypertension. Totowa, NJ: Humana Press; 2005:85–97.
- Ferl GZ, Zhang X, Wu HM, Huang SC. Estimation of the ¹⁸F-FDG input function in mice by use of dynamic small-animal PET and minimal blood sample data. J Nucl Med. 2007;48:2037–2045.
- Fang YH, Muzic RF Jr. Spillover and partial-volume correction for imagederived input functions for small-animal ¹⁸F-FDG PET studies. J Nucl Med. 2008;49:606–614.
- Kuge Y, Minematsu K, Hasegawa Y, et al. Positron emission tomography for quantitative determination of glucose metabolism in normal and ischemic brains in rats: an insoluble problem by the Harderian glands. *J Cereb Blood Flow Metab.* 1997;17:116–120.
- Hoffman EJ, Huang SC, Phelps ME. Quantitation in positron emission computed tomography: 1. Effect of object size. J Comput Assist Tomogr. 1979;3:299–308.
- Redies C, Matsuda H, Diksic M, Meyer E, Yamamoto YL. In vivo measurement of [18F]fluorodeoxyglucose rate constants in rat brain by external coincidence counting. *Neuroscience*. 1987;22:593–599.