Imaging of the Malignant Spine

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Imaging of the Malignant Spine

Learning Objectives

- Basic understanding of the anatomy of the spine
- What imaging modalities are best suited to image the spine
- Understand the most common findings of cancer and treatment changes on the spine
- Become aware of some of the newer imaging techniques to evaluate the spine

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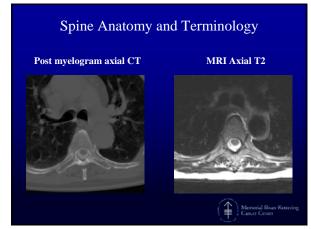
Spine Anatomy and Terminology

- Epidural
- Intradural
- Intramedullary

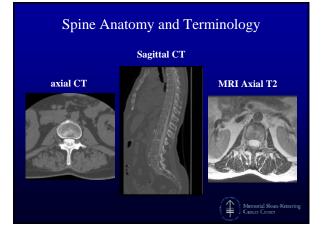
Stubblefield MD and O'Dell MW, editors. Cance Rehabilitation: Principles and Practice. 2009

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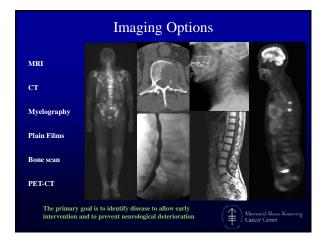
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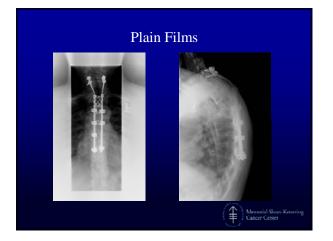


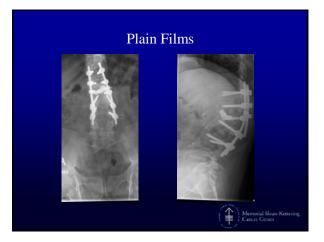
Plain films

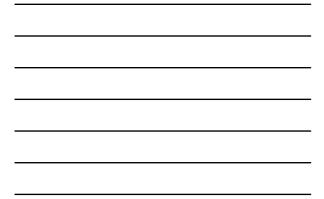
- Quick & easy, but often don't tell the whole story
- Up to 50% of bone needs to be destroyed before lesion is visible on radiographs
- Can identify collapse deformities
- · Best to look at hardware



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Bone Scan

- More sensitive than plain films for detecting spine metastasis
- Often also abnormal by disease processes other than tumor-degenerative change
- Some tumors such as multiple myeloma or tumors limited to the marrow are not detected
- Can identify non spinal bone lesions that maybe accounting for symptoms

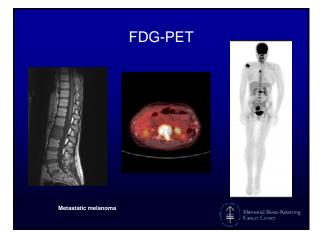
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Positron Emission Tomography

- Most common tracer is radioactive Fluorodeoxyglucose (¹⁸F-FDG)
- Often combined with CT
- Standarized uptake value (SUV)
- Other tracer becoming available

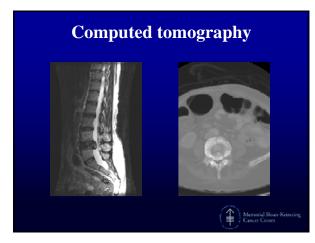




Computed Tomography

- Quick, 8-16-32-64 slice scanners can cover the entire spine under 2 minutes.
- Often available 24/7
- Sagittal and coronal reformations
- Intravenous contrast can help identify soft tissue components
- Usually complimentary to either Myelography or MRI or FDG-PET

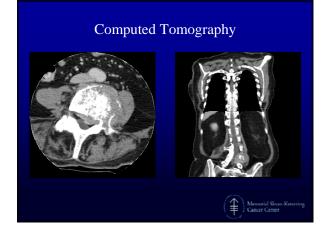






Computed tomography

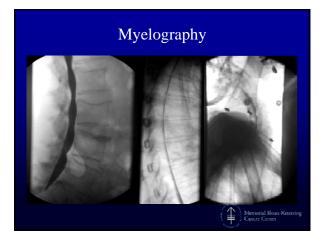


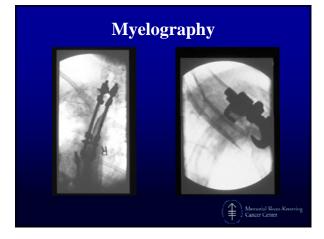


Myelography

- Invasive procedure
- Often combined with a post myelogram CT
- Largely replaced by MRI
- Used in patients that have a contraindication to MRI or those patients that have spinal instrumentation that degrades MR imaging.

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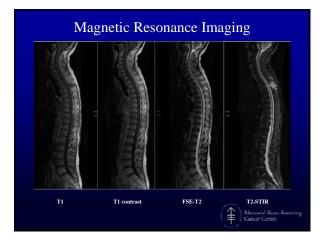
Myelography



Magnetic Resonance Imaging

- The workhorse of oncologic spine imaging
- Increased availability and accessibility
- Noninvasive
- High tissue contrast
- Multiplanar capabilities
- Most sensitive and specific modality for imaging spine abnormalities

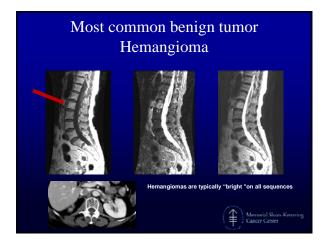
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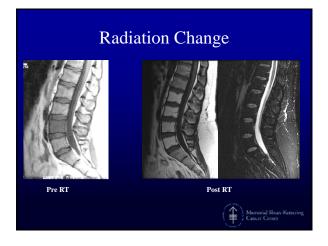








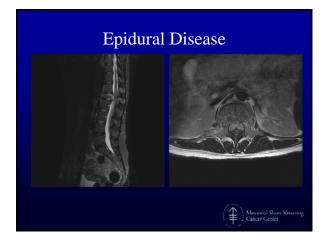


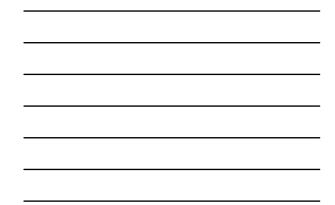


























Advanced Imaging of the Spine

Magnetic resonance imaging

- Faster imaging
- DCE: Perfusion imaging
- Diffusion weighted imaging
- Neurography
- Tractography
- Spectroscopy

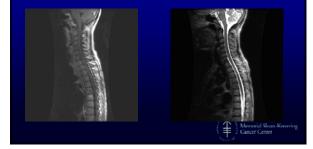
Computed Tomography Dual Energy CT scanners

- Better soft tissue contrast



Ultrafast Techniques: Half-Nex single shot

Can compensate for patient motion at the expense of lesion conspicuity



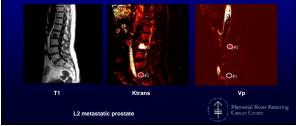
Dynamic Contrast Enhancement: MR Perfusion Imaging

- Asses vascularity
- Determine capillary density
- Determine permeability
- Potential to evaluate spine lesions before and after therapy
- Identify early failures: treatment modification
- Easily combined with DWI and standard MRI

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Materials and Methods

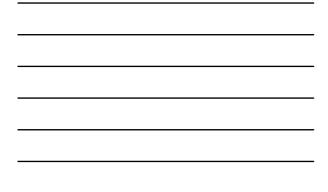
• V_p and K_{trans} of the metastasis were normalized as a ratio to adjacent nonirradiated marrow and compared pre and 1 hour post RT

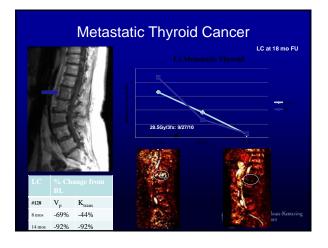


Materials and Methods

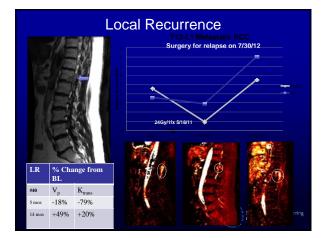
• Ratios of V_p and K_{trans} to adjacent marrow were plotted on a graph. Percent change Pre and one hour Post RT also computed.

30 25 20	5				L2	% change from baseline	
15 10		-5-K12	$\mathbf{V}_{\mathbf{p}}$	-60%			
5	0	10	-		$\mathbf{K}_{\mathrm{trans}}$	-29%	
0	9/27/2009	10/8/2009 (tx)	11/27/2009		4		
	L2 metastatic prostate				(ŧ	Memorial Sloan-Kette Cancer Center	









Preliminary Results

- Local control (n=19)
 - Average V_p decreased 66%
 - Average $K_{trans}\,decreased\,50\%$
- Local recurrence (n=4)
 - Average V_p increased 41%
 - Average K_{trans} increased 4%
- K_{trans}: **p=0.013**; V_p: **p=0.0007**

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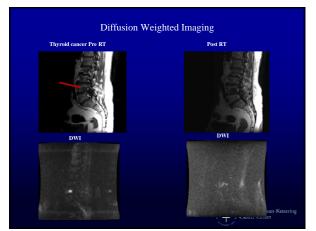
Preliminary Results

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 - Average V_p decreased 66%
 - Average K_{trans} decreased 50%
- Local recurrence (n=4)

Predicted local tumor recurrence at least 6 months before standard imaging

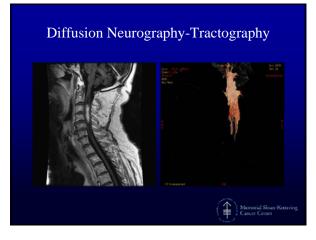
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Diffusion Neurography-Tractography Imaging based on molecular water motion Takes advantage of differences in the diffusibility of water in nerves and adjacent soft tissues The magnitude and direction of flow can also be determined-tractography









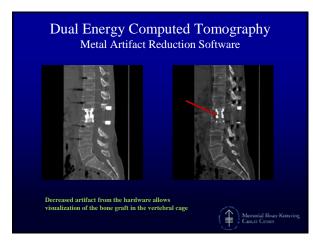
Dual Energy Computed Tomography

Better tissue contrast

Reduce metal artifact



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Thank You

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