

## Vascular CMR measurements

**Table 3e.1: Comparative (validation) studies for CMR vascular endpoints with alternative techniques.** Agreement is expressed as Pearson’s correlation coefficient (R), coefficient of variation (CoV, derived from SD of the difference between the measurements divided by mean value, expressed as %) or linear regression index (R<sup>2</sup>). PWV – pulse wave velocity (expressed as m/s). CAD - coronary artery disease. Ao - aorta. T-p - through-plane velocity-encoding CMR. I-p - in-plane velocity-encoding CMR. BA-PWV - brachial-ankle pulse wave velocity. DST - distensibility. AA - ascending aorta. DA - descending aorta. C-F PWV - carotid-femoral pulse wave velocity. TOF – time of flight angiography

Study	N	Population	Reference	Parameter	PWV(invasive) vs. CMR		
					Agreement		
Grotenhuis [1]	18	Suspected CAD	Invasive PWV	PWV (total, proximal, distal)	Ao <sub>total</sub>	6.5±1.1 vs 6.2±1.1 R=0.53	0.08
					Ao <sub>prox</sub>	6.5±1.3 vs 6.2±1.1 R=0.69	0.16
					Ao <sub>distal</sub>	6.9±1.1 vs 6.1±1.0 R=0.71	<0.01
Westenberg[2]	14	Suspected CAD	Invasive PWV	PWV Ao <sub>total</sub>	T-p	R=0.58 CoV 10%	0.03
					I-p	R=0.75 CoV 12%	0.003
Westenberg [3]	17	Suspected CAD	Invasive PWV	PWV (proximal and distal)	I-p Ao <sub>prox</sub>	R=0.69 CoV 24%	0.002
					I-p Ao <sub>distal</sub>	PCC=0.91 CoV 19%	<0.001
Kim [4]	124	Healthy volunteers	BA-PWV	PWV (total, proximal, distal, abdominal) DST (AA, DAproximal, DAdistal, abdominal)	BA-PWV yields higher values (45% average)		
					PWV Ao <sub>total</sub>	R <sup>2</sup> =0.697	<0.001
					PWV Ao <sub>prox</sub>	R <sup>2</sup> =0.588	<0.001
					PWV Ao <sub>distal</sub>	R <sup>2</sup> =0.468	<0.001
					PWV Ao <sub>abd</sub>	R <sup>2</sup> =0.418	<0.001
DST AA	R <sup>2</sup> =0.673	<0.001					

					DST DA <sub>prox</sub>	R <sup>2</sup> =0.626	<0.001
					DST DA <sub>distal</sub>	R <sup>2</sup> =0.596	<0.001
					DST Abd	R <sup>2</sup> =0.583	<0.001
Nelson [5]	20	Healthy volunteers	Aplanation tonometry (C-F PWV)	DST (AA, DAproximal, DAdistal)	DST AA	R <sup>2</sup> =0.57	
					DST DA <sub>prox</sub>	R <sup>2</sup> =0.60	
					DST DA <sub>distal</sub>	R <sup>2</sup> =0.72	
Biasioli [6]	18	Patients with significant carotid artery stenosis	TOF	Arterial Wall measurement		Cohen's $\kappa$ = 0.68	
Chai [7]	26	Patients with significant carotid artery stenosis	Histology	T2 value (T2 mapping)	Plaque type (AHA classification)	R <sup>2</sup> =0.808 (Cohen's $\kappa$ = 0.73)	
					Lipid content (area)	R <sup>2</sup> =0.85	<0.001

**Table 3e.2. Reproducibility of vascular endpoints.** Reproducibility is presented as coefficient of variation (CoV, derived from SD of the difference between the measurements divided by mean value, expressed as %), Pearson’s R§ or mean difference±SD\*. PWV: pulse wave velocity. DST: distensibility. Ao: aorta. T-p: through-plane velocity- encoding CMR. I-p: In- plane velocity-encoding CMR.

Anatomical measures	Chan§[8]	Roes[9]		
	Patients (=16)	Healthy volunteers (n=10)		
Imaging technique	T2W-TSE	HASTE (T2-3D BB)		
Thoracic descending aorta	Interstudy	Intraobserver	Interobserver	Interstudy
Lumen area	0.99			
Mean vessel wall volume	0.85	2.3%	3.5%	0.945 5.8%

Functional measurements	Westenberg[2]				Grotenhuis[1]			Noda*[10]	Nelson[5]		
	PWV										DST
Measurement	Total Ao		Proximal Ao		Distal Ao		Total Ao	Proximal Ao	Distal Ao	Proximal Ao	
Method	T-p	I-p	T-p	I-p	T-p	I-p	T-p	T-p	T-p	T-p	T-p
Intraobserver	3%	3%	6%	4%	2%	3%				0.1±0.6	1%
Interobserver	3%	4%	11%	8%	5%	5%				0.1±1.4	2%
Interstudy	13%	7%	17%	10%	16%	12%	9%	13%	9%	-0.05±3.0	

**Table 3: Normal values for aortic dimensions (Table A), PWV and aortic distensibility (Table B) with CMR according to age and sex.** Dimensions expressed in mm (mean value followed by 95% CI in brackets, or mean value±SD); PWV m/s and distensibility as  $\text{kPa}^{-1} \times 10^{-3}$  or  $\text{mmHg}^{-1}$ . PWV – pulse wave velocity. DST - distensibility. AA - ascending aorta. DA - descending aorta. AbdA – abdominal aorta BSA – body surface area.

<b>Table A</b>	<b>Sex</b>	<b>Age (years)</b>												
<b>Turkbey [11]</b>	<b>AA</b>	<b>45-54</b>		<b>55-64</b>		<b>65-74</b>		<b>75-84</b>						
	Male	31.6(27.2-37.3)		32.8(28.2-40.7)		34.2(28.1-40.7)		34.7(28.6-40.8)						
	BSA indexed (mm/m <sup>2</sup> )	15.9 (13.3-19.5)		16.8 (13.6-21.1)		17.8 (14.2-21.8)		18.6 (15.2-22.6)						
	Female	28.8(24.6-34.4)		30.1 (25.7-36.4)		30.6 (26.1-36.3)		31.1 (26.8-37.1)						
	BSA indexed (mm/m <sup>2</sup> )	16.7 (13.5-20.7)		17.6 (14.8-22.1)		8.1 (14.5-22.1)		9.7 (15.3-28.2)						
<b>Burman [12]</b>	<b>Aortic root cusp-commissure</b>	<b>20-29</b>		<b>30-39</b>		<b>40-49</b>		<b>50-59</b>		<b>60-69</b>		<b>70-79</b>		
			<b>Systole</b>	<b>Diastole</b>	<b>Systole</b>	<b>Diastole</b>	<b>Systole</b>	<b>Diastole</b>	<b>Systole</b>	<b>Diastole</b>	<b>Systole</b>	<b>Diastole</b>	<b>Systole</b>	<b>Diastole</b>
		Male	34.4(26-43)	32.8(25-40)	33.8 (26-41)	32.0(24-40)	36.0 (31-41)	34.1(30-40)	36.3(25-48)	35.2(24-47)	37.4(32-43)	36.2(31-41)	37.8(28-44)	37.9(30-44)
	BSA indexed (mm/m <sup>2</sup> )	17.7 (14-22)	16.9(13-21)	17.2 (13-21)	16.2(12-20)	17.4 (15-20)	16.5 (14-19)	18.5 (14-23)	17.9 (13-23)	19.2 (15-24)	18.6 (15-23)	19.4 (17-22)	19.0 (16-22)	
	Female	30.2 (21-40)	28.4(19-38)	30.0(24-36)	28.7(23-35)	33.9(29-39)	32.8(28-38)	31.4(26-36)	30.6(25-36)	32.8(28-37)	32.0(28-36)	32.9(30-36)	32.0(29-35)	



Table B	Numbers of participants (male)	Biomarker	Age					
			20-29	30-39	40-49	50-59	60-69	≥70
Redheuil [14]	122 (60)	Central PWV	3.5±0.5	3.9±1.1	5.6±1.4	7.2±2.3	9.7±2.9	11.1±4.6
		AA DST	74±23	61±23	31±18	18±7	12±7	10±6
		DA DST	72±18	70±24	38±17	29±13	18±8	17±6
			<b>Sex</b>					
			<b>Men</b>			<b>Women</b>		
Rose[15]	26 (13)	AA DST	6.1±2.5			8.6±2.7		
		DA DST	5.1±2.4			7.2±1.6		
Redheuil [13]	100 (45)	AA DST	3.8±2.7			3.8±3.1		
		DA DST	4.4±3.0			4.5±2.4		
		AbdA DST	8.8±3.8			7.3±4.7		
Voges [16]	71 (30)	Central PWV	3.7 ± 0.9			3.5 ± 0.6		
		AA DST	8.5 ± 4.2			9.2 ± 3.0		
		DA DST	7.7 ± 2.7			8.8 ± 3.1		

**Table 4: Outcome studies with PWV with CMR confirming the predictive associations.**

Dimensions expressed in mm; PWV m/s and distensibility as  $\text{kPa}^{-1} \times 10^{-3}$  or  $\text{§mmHg}^{-1}$ . DST - distensibility. AA - ascending aorta. PWV – pulse wave velocity. \* adjusted for age, sex, weight, height, ethnicity, mean BP, smoking, antihypertensive medication, total cholesterol, HDL cholesterol, and diabetes. § adjusted for age, sex, ethnicity, systolic blood pressure, use of blood pressure medication, resting heart rate, diabetes mellitus, current smoking, body mass index, and hypercholesterolemia.

	Study type	Population	Age, number of participants (male, %)	Follow up (years)	Endpoint	Outcome (event rate)	Statistics (HR (95%CI))
<b>Redheuil</b> [17]	Observational prospective	Asymptomatic participants	61±10 3675 (56)	8.5	AA DST	All-cause mortality (9.3%)	Univariate: 6.5 (2.4-12.3), p<0.001 (for upper quintile)
							Multivariate*: 2.3 (1.2-4.4), p=0.009
						CV mortality (6.7%)	Univariate: 5.7 (2.8-11.7), p<0.001 (for upper quintile)
							Multivariate*: 1.9 (0.9-3.8), p=0.09
<b>Maroules</b> [18]	Observational prospective	Asymptomatic participants	44±10 2122 (44)	7.8±1.5	AA DST	CV mortality (6.9%)	Univariate: 1.63 (1.50-1.77), p<0.001
							Multivariate§: 1.18(0.95-1.46), p=0.08
							PWV
						Multivariate§:	

							1.11(0.89-1.32), p=0.28
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## References

1. Grotenhuis HB, Westenberg JJM, Steendijk P, van der Geest RJ, Ottenkamp J, Bax JJ, et al. Validation and reproducibility of aortic pulse wave velocity as assessed with velocity-encoded MRI. *J Magn Reson Imaging*. 2009; 30:521–6.
2. Westenberg JJM, de Roos A, Grotenhuis HB, Steendijk P, Hendriksen D, van den Boogaard PJ, et al. Improved aortic pulse wave velocity assessment from multislice two-directional in-plane velocity-encoded magnetic resonance imaging. *J Magn Reson Imaging*. 2010;32:1086–94.
3. Westenberg JJ, van Poelgeest EP, Steendijk P, Grotenhuis HB, Jukema JW, de Roos A. Bramwell-Hill modeling for local aortic pulse wave velocity estimation: a validation study with velocity-encoded cardiovascular magnetic resonance and invasive pressure assessment. *J Cardiovasc Magn Reson*. 2012;14:2.
4. Kim EK, Chang S-A, Jang SY, Choi KH, Huh EH, Kim JH, et al. Brachial-ankle pulse wave velocity as a screen for arterial stiffness: a comparison with cardiac magnetic resonance. *Yonsei Med J*. 2015;56:617–24.
5. Nelson AJ, Worthley SG, Cameron JD, Willoughby SR, Piantadosi C, Carbone A, et al. Cardiovascular magnetic resonance-derived aortic distensibility: validation and observed regional differences in the elderly. *J Hypertens*. 2009;27:535–42.
6. Biasioli L, Lindsay AC, Chai JT, Choudhury RP, Robson MD. In-vivo quantitative T2 mapping of carotid arteries in atherosclerotic patients: segmentation and T2 measurement of plaque components. *J Cardiovasc Magn Reson*. 2013;15:69.
7. Chai JT, Biasioli L, Li L, Alkhalil M, Galassi F, Darby C, et al. Quantification of Lipid-Rich Core in Carotid Atherosclerosis Using Magnetic Resonance T2 Mapping: Relation to Clinical Presentation. *JACC: Cardiovascular Imaging*. 2017;10:747–56.
8. Chan SK, Jaffer FA, Botnar RM, Kissinger KV, Goepfert L, Chuang ML, et al. Scan reproducibility of magnetic resonance imaging assessment of aortic atherosclerosis burden. *J Cardiovasc Magn Reson*. 2001;3:331–8.
9. Roes SD, Westenberg JJM, Doornbos J, van der Geest RJ, Angelié E, de Roos A, et al. Aortic vessel wall magnetic resonance imaging at 3.0 Tesla: a reproducibility study of respiratory navigator gated free-breathing 3D black blood magnetic resonance imaging. *Magn Reson Med*. 2009;61:35–44.
10. Noda C, Ambale-Venkatesh B, Ohyama Y, Liu C-Y, Chamara E, Redheuil A, et al. Reproducibility of functional aortic analysis using magnetic resonance imaging: the MESA. *Eur Heart J Cardiovasc Imaging*. 2016;17:909–17.
11. Turkbey EB, Jain A, Johnson C, Redheuil A, Arai AE, Gomes AS, et al. Determinants and normal values of ascending aortic diameter by age, gender, and race/ethnicity in the Multi-Ethnic Study of Atherosclerosis (MESA). *J Magn Reson Imaging*. 2014;39(2):360–8.

12. Burman ED, Keegan J, Kilner PJ. Aortic root measurement by cardiovascular magnetic resonance: specification of planes and lines of measurement and corresponding normal values. *Circulation: Cardiovascular Imaging*. 2008;1(2):104–13.
13. Redheuil A, Yu W-C, Mousseaux E, Harouni AA, Kachenoura N, Wu CO, et al. Age-related changes in aortic arch geometry: relationship with proximal aortic function and left ventricular mass and remodeling. *J Am Coll Cardiol*. 2011;58:1262–70.
14. Redheuil A, Yu W-C, Wu CO, Mousseaux E, de Cesare A, Yan R, et al. Reduced ascending aortic strain and distensibility: earliest manifestations of vascular aging in humans. *Hypertension*. 2010;55(2):319–26.
15. Rose J-L, Lalande A, Bouchot O, Bourenane E-B, Walker PM, Ugolini P, et al. Influence of age and sex on aortic distensibility assessed by MRI in healthy subjects. *Magnetic Resonance Imaging*. 2010;28(2):255–63.
16. Voges I, Jerosch-Herold M, Hedderich J, Pardun E, Hart C, Gabbert DD, et al. Normal values of aortic dimensions, distensibility, and pulse wave velocity in children and young adults: a cross-sectional study. *J Cardiovasc Magn Reson*. 2012;14:77.
17. Redheuil A, Wu CO, Kachenoura N, Ohyama Y, Yan RT, Bertoni AG, et al. Proximal aortic distensibility is an independent predictor of all-cause mortality and incident CV events: the MESA study. *J Am Coll Cardiol*. 2014;64:2619–29.
18. Maroules CD, Khera A, Ayers C, Goel A, Peshock RM, Abbara S, et al. Cardiovascular outcome associations among cardiovascular magnetic resonance measures of arterial stiffness: the Dallas heart study. *Journal of Cardiovascular Magnetic Resonance*. 2014;16:33.