



## WORKSHOP

# Oxygen Imaging in Tissue and Blood Circulation with Two-Photon Phosphorescence Lifetime Microscopy

25 December 2017, Kharazmi University

POLYTECHNIQUE  
MONTREAL



LE GÉNIE  
EN PREMIÈRE CLASSE



INSTITUT DE  
CARDIOLOGIE  
DE MONTRÉAL

### Presenter:

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# Schedule

- 3 hours
- 4 lectures:

**Lecture 1** (Oxygen imaging)

**Lecture 2** (Two-photon microscopy)

**Lecture 3** (Phosphorescent O<sub>2</sub> nano-probes)

**Lecture 4** (*In vivo* implementation)

# Lecture 1

## Oxygen Imaging



# Outline

- Why oxygen imaging?
- Available methods for oxygen imaging
- Advantages and disadvantages of each method
- Oxygen sensing with phosphorescent lifetime microscopy

# Why oxygen imaging?

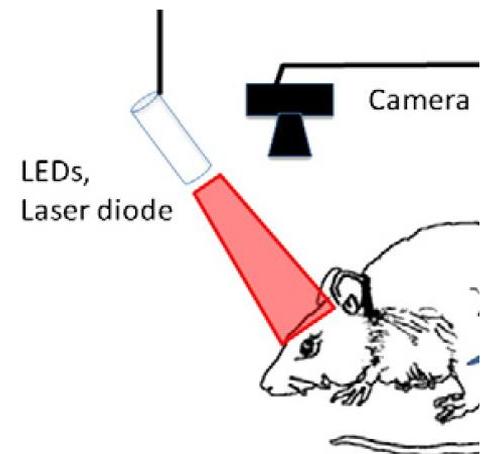
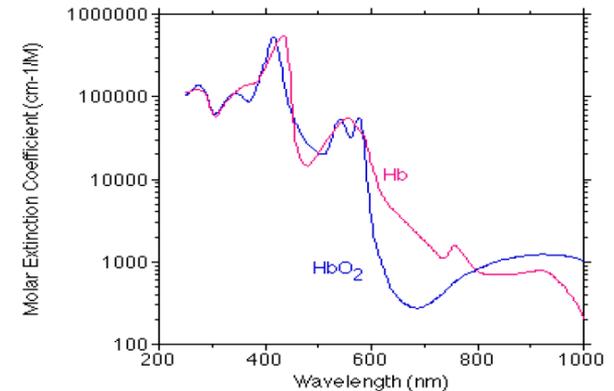
- $O_2$  is essential for energy metabolism in every cell in the body.
  - No food: up to 1 month, no water: up to 2 weeks, no oxygen: up to 10 min
- More critical for the brain
  - High rate of oxygen consumption
  - No reserved oxygen in brain
  - Limited neuroregeneration
  - Glucose in the brain enough for several minutes,  $O_2$  enough for just 1 second
- Compromised oxygen delivery to the brain in healthy aging and/or diseases and possible role in neuronal death and neurodegenerative diseases.
  - Dementia
  - Alzheimer's Disease
  - Parkinson's Disease
- Cancer therapy
  - Hypoxic tumors
  - More resistant to treatments
  - Diagnosis and optimization of treatment protocols

# Available methods for oxygen imaging

- Optical imaging of intrinsic signals
- Photo-acoustic tomography
- Blood-oxygen-level dependent (BOLD) fMRI
- Positron emission tomography (PET)
- Electron paramagnetic resonance (EPR) oximetry
- Polarographic O<sub>2</sub> sensors
- Immunochemical methods
- Methods based on oxygen dependent quenching of phosphorescence

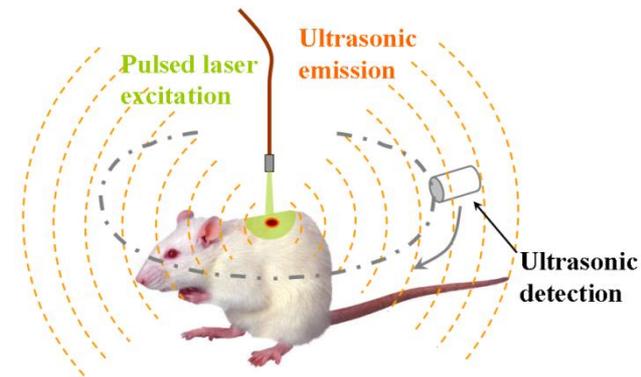
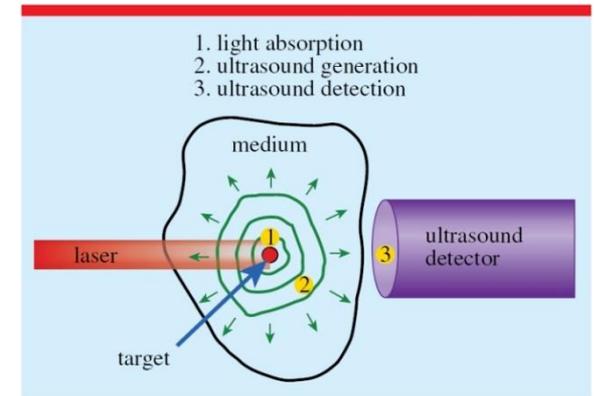
# Optical imaging of intrinsic signals

- Based on differential absorption spectra of oxy- and deoxy-hemoglobin
- Beer–Lambert law
- Cannot measure absolute values of Hb or OHb concentrations
- Oxygen saturation ( $SO_2$ ) = the ratio of oxygenated hemoglobin concentration to total hemoglobin concentration
- Non-invasive
- No need for loading of extrinsic O<sub>2</sub>-sensitive probes
- Excellent temporal resolution (real-time measurements)
- Low cost
- Long penetration depth
- Measurement of oxygen saturation of blood rather than actual oxygen content
- Unable to measure tissue  $pO_2$



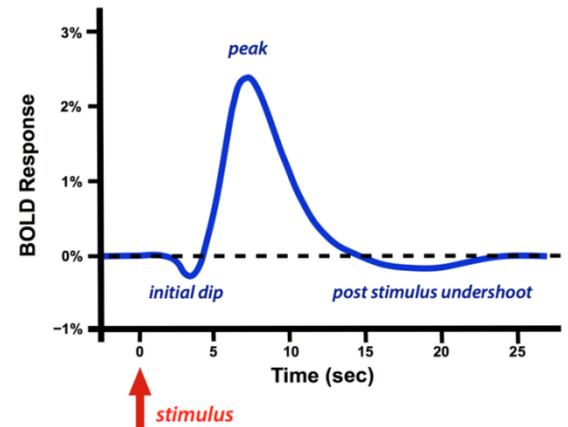
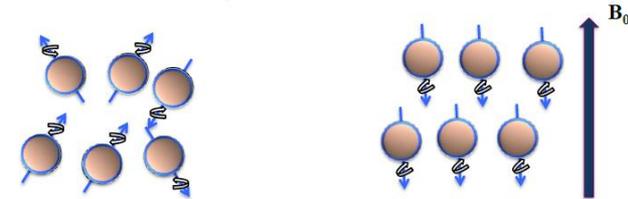
# Photo-acoustic microscopy

- Similar to optical imaging of intrinsic signals
- Photoacoustic effect: formation of sound waves following light absorption
- Modulated light or pulsed light
- Pulsed laser → absorption → thermal expansion → acoustic waves → ultrasound detection
- Based on differential absorption spectra of oxy- and deoxy-hemoglobin
- Non-invasive
- No need for loading of extrinsic O<sub>2</sub>-sensitive probes
- Excellent temporal resolution (real-time measurements)
- Long penetration depth
- Measurement of oxygen saturation of blood rather than actual oxygen content
- Unable to measure tissue pO<sub>2</sub>



# Blood-oxygen-level dependent (BOLD) fMRI

- Based on differential magnetic properties of oxy- and deoxy-hemoglobin
- The oxygenation dependence of the transverse relaxation time of water protons
- Changes in the local magnetic field around the blood vessels
- Non-invasive
- No need for loading of extrinsic  $O_2$ -sensitive probes
- Good temporal resolution
- Can only measure **changes** in blood oxygenation
- Low spatial resolution (in the order of 1 mm)
- Unable to measure tissue  $pO_2$

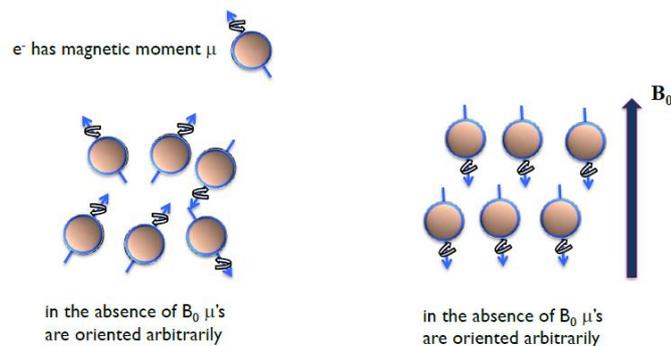


# <sup>19</sup>F MRI

- <sup>19</sup>F nuclear magnetic resonance (NMR) relaxation rate of perfluorocarbon (PFC) probes varies linearly with oxygen concentration.
- Unlike conventional MRI (proton imaging), a probe based on PFCs is used
- Absolute values of oxygen concentration
- Requirement of an exogenous probe
- Low spatial resolution (in the order of 1 mm)

# Electron paramagnetic resonance (EPR) oximetry

- A Magnetic resonance method
- Similar to MRI, but transition of electrons (instead of protons) between two energy levels is observed.
- Spin probes: broadening of EPR spectrum with  $O_2$  concentration
- Absolute values of  $O_2$  concentration
- Minimally invasive
- Requirement of an exogenous probe
- Low spatial resolution (in the order of 1 mm)
- Poor SNR
- Long acquisition times (Low temporal resolution)



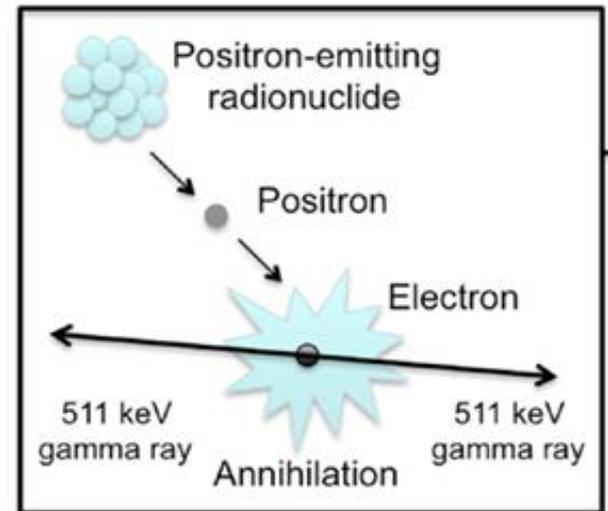
Ahmad and Kuppusamy (2010) *Chem. Rev.*, 110, 3212.

# Immunochemical methods

- Hypoxia markers such as 2-nitroimidazoles
- Maximum binding to severely hypoxic cells, increased inhibition with increasing oxygenation
- Allowing tissue  $pO_2$  imaging
- Cannot measure real-time tissue  $pO_2$
- Dependence of binding on factors other than  $pO_2$  (level of tissue perfusion, the amount of reductases in the tissue) → Difficulty in quantification of the results
- Nonoxygen-dependent metabolism

# Positron emission tomography (PET)

- A nuclear medicine functional imaging technique
- Short-lived radiotracers  
(Fluorine-18, half-time~110 min)
- Injection of the radiotracer
- Perfusion in tissue
- Imaging
  
- Positron emission decay of the radiotracer
- Travel of emitted positron in tissue for a short distance (typically <1 mm)
- Kinetic energy loss
- Interaction of decelerated positron with an electron (annihilation)
- Production of a pair of gamma photons moving in opposite directions
- Coincident detection of the pair of photons with a scintillator



# Positron emission tomography (PET)

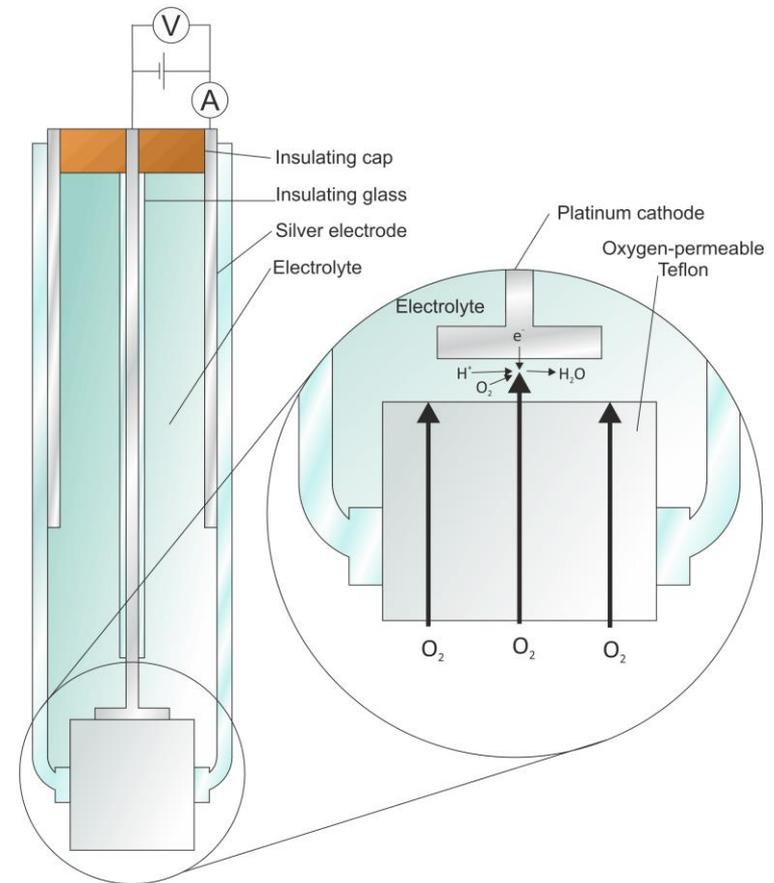
- Fludeoxyglucose (FDG), an analogue of glucose: tissue metabolic activity
- Hypoxia imaging: Similar to immunochemical methods  
2-nitroimidazole compounds (18F-FMISO, 18F-FAZA)
- Accumulation of the tracer in cells is influenced by the O<sub>2</sub> level
- Tissue pO<sub>2</sub>
- 3D
- Minimally invasive
- Difficulty in quantification of the results
- Low spatial resolution (in the order of 5 mm)
- Limited by the availability and cost of cyclotrons to produce short-lived radionuclides

# Polarographic O<sub>2</sub> sensors

- Clark electrodes: “gold standard” for measuring tissue oxygenation
- Based on electrochemical reduction of oxygen at the cathode:



- Maximum current depends on the oxygen concentration
- Absolute O<sub>2</sub> concentration
- Allowing tissue pO<sub>2</sub> imaging
- Good temporal resolution
- Invasive
- Low spatial resolution
- O<sub>2</sub> consumption
- Poor SNR at low oxygen concentrations
- Need for repeated calibrations



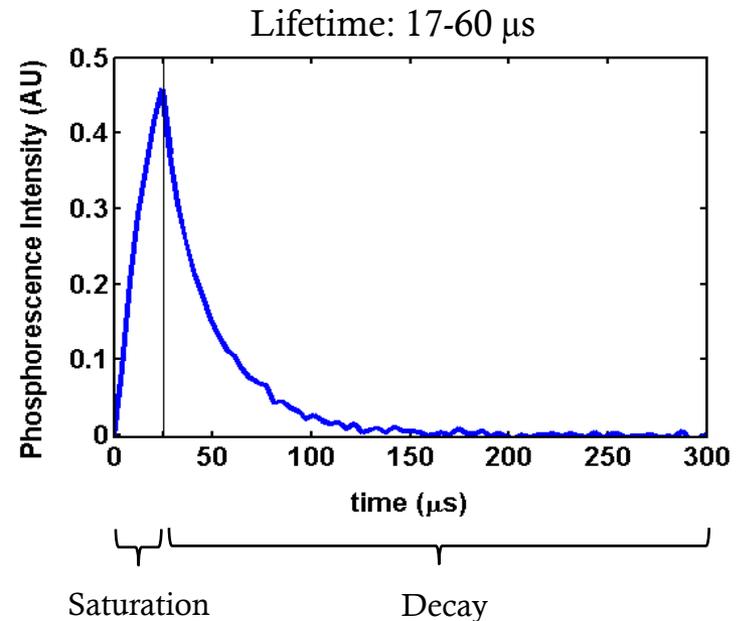
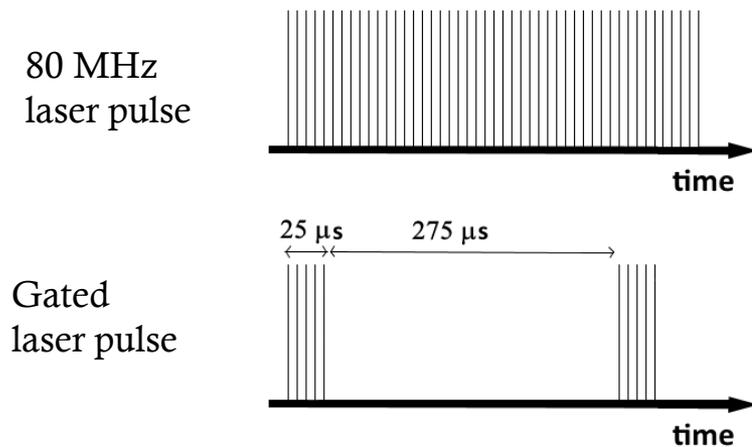
# Oxygen dependent quenching of phosphorescence

- Phosphorescence process:



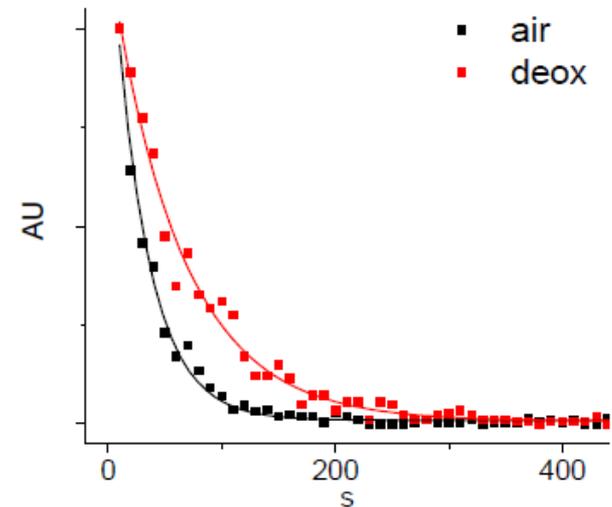
- Phosphorescence lifetime rather than intensity

Gated excitation rather than continuous excitation



# Oxygen dependent quenching of phosphorescence

- Collision of oxygen molecules with phosphorescence molecule in the excited triplet state quenches the emitted phosphorescence (energy transfer to  $O_2$ )
- Higher oxygen concentration → Higher decay rate of phosphorescence (shorter lifetime)



- Requirement of an exogenous probe
- Absolute measurement of  $pO_2$  in blood and tissue
- Independent of probe concentration
- Real-time measurements
- Minimally invasive
- High spatial resolution

# Phosphorescence lifetime two-photon microscopy

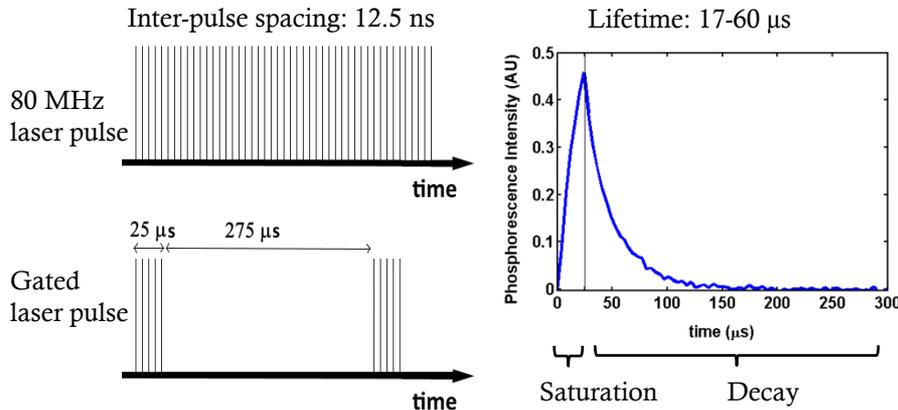
Recent progress: development of new FRET-based phosphorescent probes that can be combined with two-photon microscopy:<sup>1,2</sup>

## Phosphorescence lifetime imaging

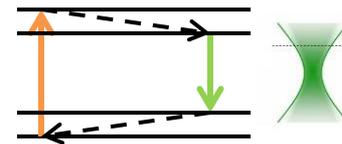
Based on oxygen-dependent quenching of phosphorescence



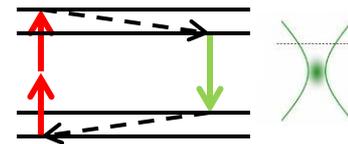
## Two-photon microscopy



Single-photon excitation



Two-photon excitation



3D measurements

Higher spatial resolution

Deeper measurements

Reduced risk of photodamage

<sup>1</sup> Finikova et al. (2008). Chem Phys Chem 9: 1673.

<sup>2</sup> Sakadžić et al. (2010) Nature Methods, 7, 755.