

Relaxivity Matters





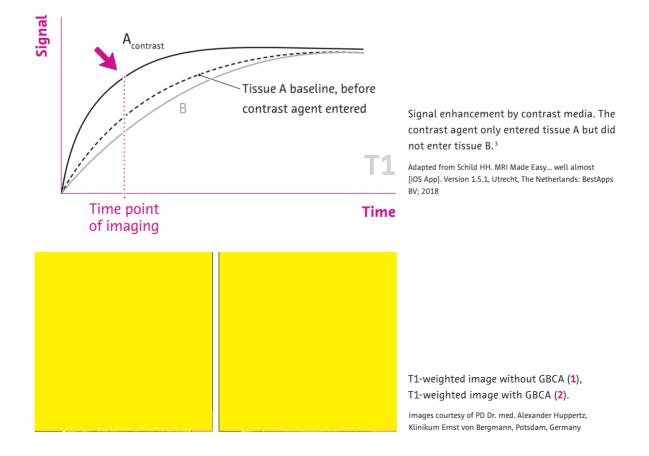


What Is Relaxivity?

The effect of a gadolinium-based contrast agent (GBCA) to generate contrast mainly depends on its local tissue concentration and relaxivity.¹

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 Relaxivity is a marker for the ability of a GBCA to enhance signal intensity on the MR image and is a prerequisite of technical efficacy of GBCAs.²



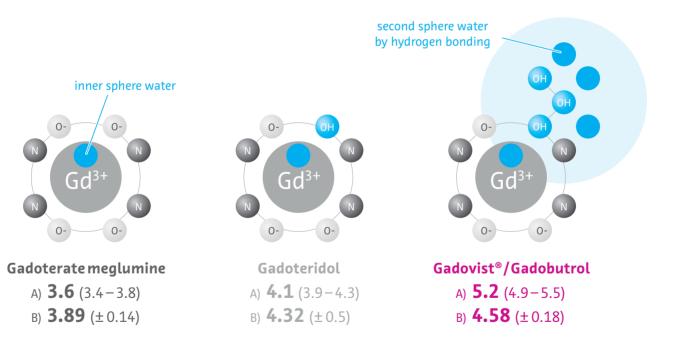
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Relaxivity Matters

Molecular Structure Influences Relaxivity

 High relaxivity can be generated by additional hydroxy groups leading to better interaction with bulk water and higher water exchange rates^{4–6}

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T1 relaxivity (L mmol⁻¹ s⁻¹) at 1.5T in A) bovine plasma at 37°C (based on Rohrer M et al. 2005)⁷, B) human whole blood at 37°C (based on Shen Y et al. 2015)⁸

High relaxivity due to molecular properties of Gadovist^{® 5,7}

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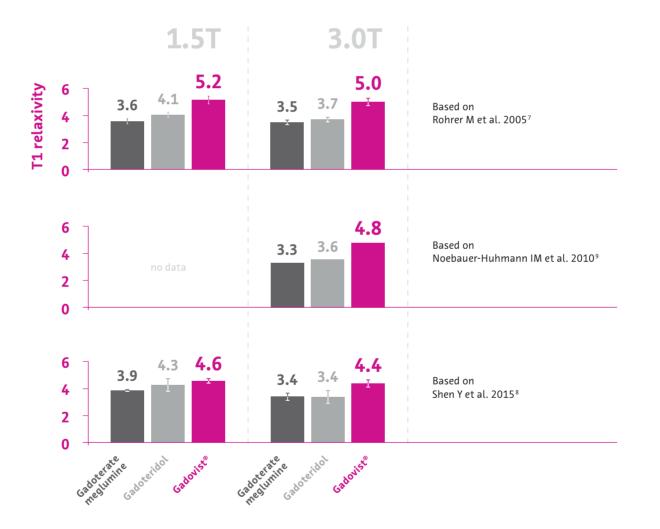
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Relaxivity of Gadovist[®] Compared to Other Macrocyclic GBCAs

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While the absolute relaxivity values differ from study to study due to different measurement conditions, the order of relaxivity values is consistent between studies⁷⁻⁹

Gadovist[®] shows consistently high relaxivity values

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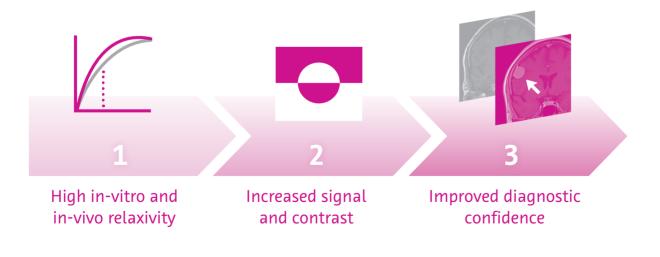
Why Is Relaxivity Important?

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Higher relaxivity could result in^{*}

- > increased signal on T1-weighted images^{10,11}
- > enhanced image quality¹¹
- > improved diagnostic confidence^{12,13}
- In steady-state imaging, GBCA distribution in tissue^{**} and imaging time point contributes to signal enhancement: higher relaxivity leads to higher signal increase¹
- In dynamic imaging (e.g. MRA), the image is obtained while the GBCA passes through a certain area: local tissue concentration, injected dose and relaxivity impact the signal^{14,15}

Relationship between higher relaxivity and improved image quality and diagnostic confidence in three steps^{10,11,16}



at equal contrast dose

** e.g. leakage due to blood brain barrier disruption or vascularization

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How to Investigate the Clinical Effect of Relaxivity

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- Direct comparison studies have been conducted to investigate the effect of the high relaxivity of Gadovist[®] vs. the other macrocyclic GBCAs gadoteridol and gadoterate meglumine
- Injected dose and imaging parameters need to be kept identical in intra-individual trials when investigating possible effects of relaxivity differences between two GBCAs
- In 3 out of 4 direct comparison trials, Gadovist[®] showed a higher signal intensity and better detection, delineation and characterization vs. gadoteridol in CE CNS MRI.^{12,13,17,18}
- In 2 out of 3 direct comparison trials, Gadovist[®] showed a higher signal intensity and better detection, delineation and characterization vs. gadoterate meglumine in CE CNS MRI.^{19–21}
- In 4 out of 4 direct intra-individual comparison trials, Gadovist[®] led to a higher signal increase in MRA and 3 out of those 4 showed an overall preference of Gadovist[®] vs. gadoterate meglumine.^{15,22-24}

Comparison Studies CNS

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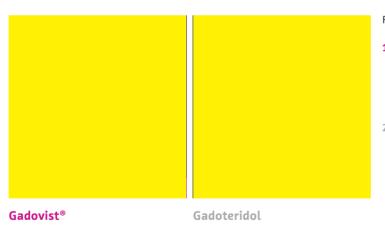
Gadovist[®] 1.0

Gutierrez JE et al. 2015 – A prospective, multicenter, randomized, double-blind, intra-individual comparison study.

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Gadovist[®] Demonstrates Greater CE, Improved Sensitivity and Accuracy for Detection of Malignant Disease vs. Gadoteridol in CNS¹²

- Improved differentiation of malignant vs. benign lesions attributed to higher relaxivity of Gadovist[®]
- Gadovist[®] shows significantly higher sensitivity and accuracy for detection of malignancy compared to gadoteridol without change in specificity.



	Gadovist®	Gadoteridol	Nominal P-value
Sensitivity (n = 93)	66.7 %	60.2 %	P=0.014
Specificity (n = 199)	97.5 %	97.5 %	P = 1.000
Accuracy (n = 292)	87.7 %	85.6%	P=0.034

Follow-up evaluation for a glioma diagnosis.

- 1 Gadovist® contrast-enhanced T1w image showed enhancement with sharp delineation of the anatomic involvement, which was diagnosed as residual / recurrent high-grade glial tumor.
- 2 Gadoteridol contrast-enhanced T1w image shows less sharp rings of enhancement that were characterized as infection rather than tumor.

Sensitivity, specificity, and accuracy in determination of malignancy for combined Gadovist® contrast-enhanced vs. combined gadoteridol contrast-enhanced imaging (majority reader diagnosis). Full analysis set (n = 336).

"Increase in diagnostic performance may be a result of improved enhancement in poorly enhancing malignant lesions"

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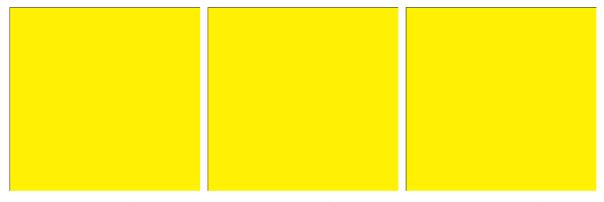
> Katakami N et al. 2011 – A phase II/III, multicenter, single-blind, randomized, controlled, crossover, intra-individual comparison study.

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Gadovist[®] Shows Improvement for Radiosurgery Planning vs. Gadoteridol¹³

Image Contrast

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Gadovist[®] 0.1 mmol/kg b.w.

Gadovist[®] 0.2 mmol/kg b.w.

Gadoteridol 0.2 mmol/kg b.w.

Performance in Stereotactic Radiosurgery Planning

0.2 mmol/kg gadoteridol vs. dose of Gadovist®	0.1 mmol/kg b.w. # patients (%)	0.2 mmol/kg b.w. # patients (%)
Gadovist® better than gadoteridol	26/65 (40.0)	22/62 (36.5)
Gadoteridol better than Gadovist®	15/65 (23.1)	10/62 (16.1)
Both agents the same	24/65 (36.9)	30/62 (48.4)

Single dose of Gadovist[®] was shown to be non-inferior to a double dose of gadoteridol at detecting brain metastases, and could be effectively used for treatment planning

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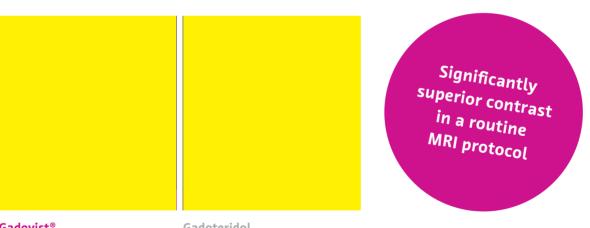
Gadovist[®] 1.0

> Koenig M et al. 2013 – A prospective, single-center, randomized, intra-individual comparison study.

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Significantly Superior CE Characteristics For Gadovist[®] in Primary and Secondary Brain Tumors¹⁸

- Intra-individual comparison showed preference of gadobutrol over gadoteridol
- Quantitative results demonstrated significant superiority **V** in lesion-to-brain contrast



Gadovist®

Gadoteridol

A 49-year-old male patient with metastasis of laryngeal squamous cell carcinoma. T1-weighted SE images after Gadovist[®] (1) and gadoteridol (2). There is a higher T1 signal with Gadovist® leading to a better enhancement of the tumor margin follow-up evaluation for a glioma diagnosis.

Overall preference (FAS **), N = 51	Reader 1, N (%)	Reader 2, N (%)
	P=0.0046	P = 0.002
Gadovist® better than gadoteridol	36/51(71%)	34/51 (67 %)*
Gadoteridol better than Gadovist®	15/51 (29%)	9/51 (18%)*

Adapted from Koenig M, et al. 2013¹⁸

* N = 8 were rated with no preference; ** Full analysis set

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Anzalone N et al. 2013 – A prospective, multicenter, randomized, open-label, intra-individual comparison study.

Better Visualization of Enhancing Brain Lesions by Gadovist[®] vs. Gadoterate Meglumine²⁰



* Three independent blinded readers assessed off-site their overall diagnostic preference (primary efficacy parameter) based on a matched pairs approach.

** Assessments in which a preference for either agent was expressed (P<0.001). No preference recorded in a further 175.

Gadovist[®] provided

- Better contrast enhancement of lesions than gadoterate meglumine (P<0.001)
- > Higher lesion-to-brain signal (P<0.001)
- > 9% difference in relative enhancement (P<0.001)

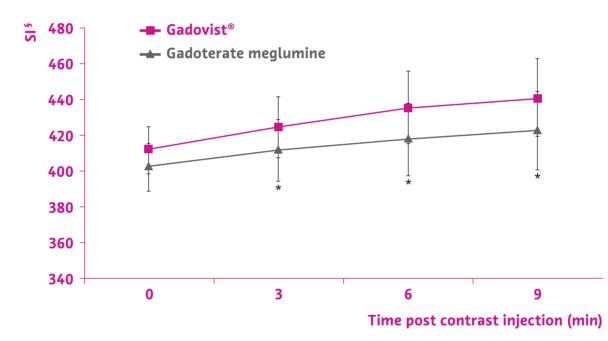
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Saake M et al. 2016 – A prospective, multicenter, randomized, intra-individual comparison study.

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Increased Enhancement in MS Lesions With Gadovist[®] vs. Gadoterate Meglumine²¹



Measured SI of MS lesions after GBCA injection. Asterisk indicates statistically significant difference (p<0.05). Bars show standard deviations. Gadovist[®] generated higher lesion SI at all time points.

 Significantly higher mean lesion enhancement for Gadovist[®] (p = 0.05)

Subjective preference showed non-significant tendency in favor of Gadovist[®]

§ SI = Signal Intensity

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Gadovist[®] 1.0

Comparison Studies MR Angiography

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Hoelter P et al. 2017 – A prospective, single-center, randomized, intra-individual comparison study.

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Higher Enhancement in Cervical and Intracranial MRA²⁴

- Significantly higher signal-to-noise (SNR) ratio (p = 0.032) and contrast to noise (CNR) ratio (p = 0.031) for Gadovist[®] compared to gadoterate meglumine
- Significantly better delineation of the M1/M2 segments for Gadovist[®] (p = 0.041)
- Overall preference was given to Gadovist[®] (p = 0.02)

MRA with high quality M1 (white arrow) / M2 segment (grey arrow) depiction of MCA after injection of Gadovist®.

Improved assessment of vasculature in CVD patients with Gadovist[®]"

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Gadovist[®] 1.0

> Kramer JH et al. 2013 – A prospective, single-center, randomized, intra-individual comparison study.

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Gadovist[®] Shows Higher SNR and CNR in MRA of Supra-Aortic Vessels¹⁵

- Significantly higher SNR and CNR for Gadovist[®] compared **V** to gadoterate meglumine
- High image quality for static and dynamic carotid MRA \checkmark



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Gadoterate meglumine

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Summary

✓ With its high relaxivity, Gadovist[®] leads to a higher signal intensity and contrast in CNS MRI than gadoterate meglumine and gadoteridol enabling better detection, delineation and characterization of CNS lesions.^{7-9,12,13,18,20,21}

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- The high relaxivity of Gadovist[®] combined with the 1-molar concentration can lead to higher SNR and CNR in CE MRA vs. gadoterate meglumine^{15,22-24}
- Gadovist[®] contrast-enhanced CNS MRI and MRA can lead to a higher diagnostic confidence both at 1.5T and 3T via better image quality and higher sensitivity/specificity.^{7-9,12,13,15,18,20-24}

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Relaxivity Matters

Gadovist[®] 1.0

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ABBREVIATED PRESCRIBING INFORMATION

Brand name of product: Gadovist 1.0 mmol/ml solution for injection. Approved name of the active ingredient: Each ml contains 1.0 mmol gadobutrol (equivalent to 604.72 mg gadobutrol). Indications: Gadovist is indicated in adults and children of all ages including term neonates for contrast enhanced whole body magnetic resonance imaging (MRI) including: Contrast enhancement in cranial and spinal magnetic resonance imaging (MRI); Contrast enhanced MRI of liver or kidneys in patients with high suspicion or evidence of having focal lesion to classify these lesions as benign or malignant; Contrast enhancement in Magnetic Resonance Angiography (CE-MRA); MR Imaging of pathologies of the whole body. It facilitates visualization of all onal structures or lesions and helps in the differentiation between healthy and pathological tissue. **Dosage and method of administration**: Dosage depends on indication. A single intravenous injection of 0.1 mmol gadobutrol per kg body weight (equivalent to 0.3 mmol gadobutrol per kg body weight) is generally sufficient. A total amount of 0.3 mmol gadobutrol per kg body weight (equivalent to 0.3 ml gadobutrol per kg body weight) is generally sufficient. A total amount of 0.1 ml Gadovist per kg body weight is sufficient to answer the clinical question. **Contraindications**: There are no absolute contraindications to the use of Gadovist. **Special warnings and special precautions for use**: *Hypersensitivity*: Particularly careful risk-benefit assessment is required in patients with known hypersensitivity to Gadovist. *Impaired renal function*: Prior to administration of Gadovist all patients should be screened for renal dysfunction by obtaining a history and/or laboratory tests. *Seizure disorders*: As with other gadolinium-chelate-containing contrast media, special precaution is necessary in patients with a low threshold for seizures. **Undesirable effects**: The most frequently observed adverse drug reactions (≥ 0.5 %) in patients receiving Gadovist are headache, nausea and dizziness. **For fur**

Subject to medical prescription.

For healthcare professional only



The patient data that appears in this document is actual health information but all personal identifiers have been removed or otherwise anonymized. No personally identifiable information is shown.

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