



Overview of pQCT

Kate Ward (PhD)

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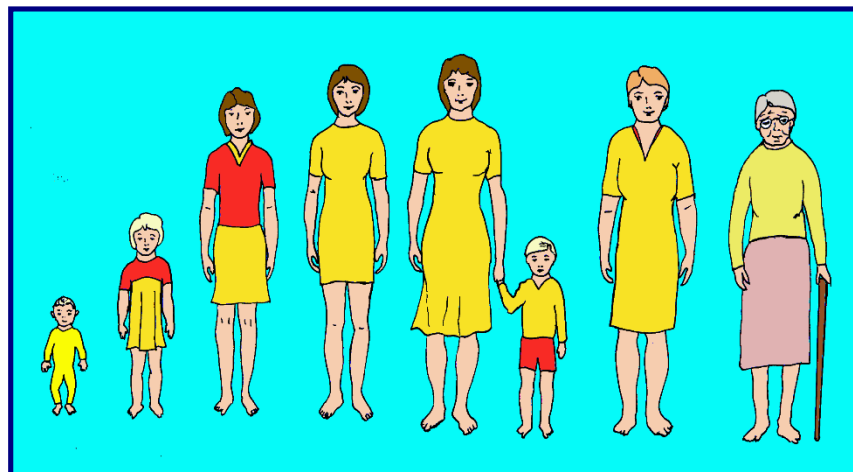
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Objectives

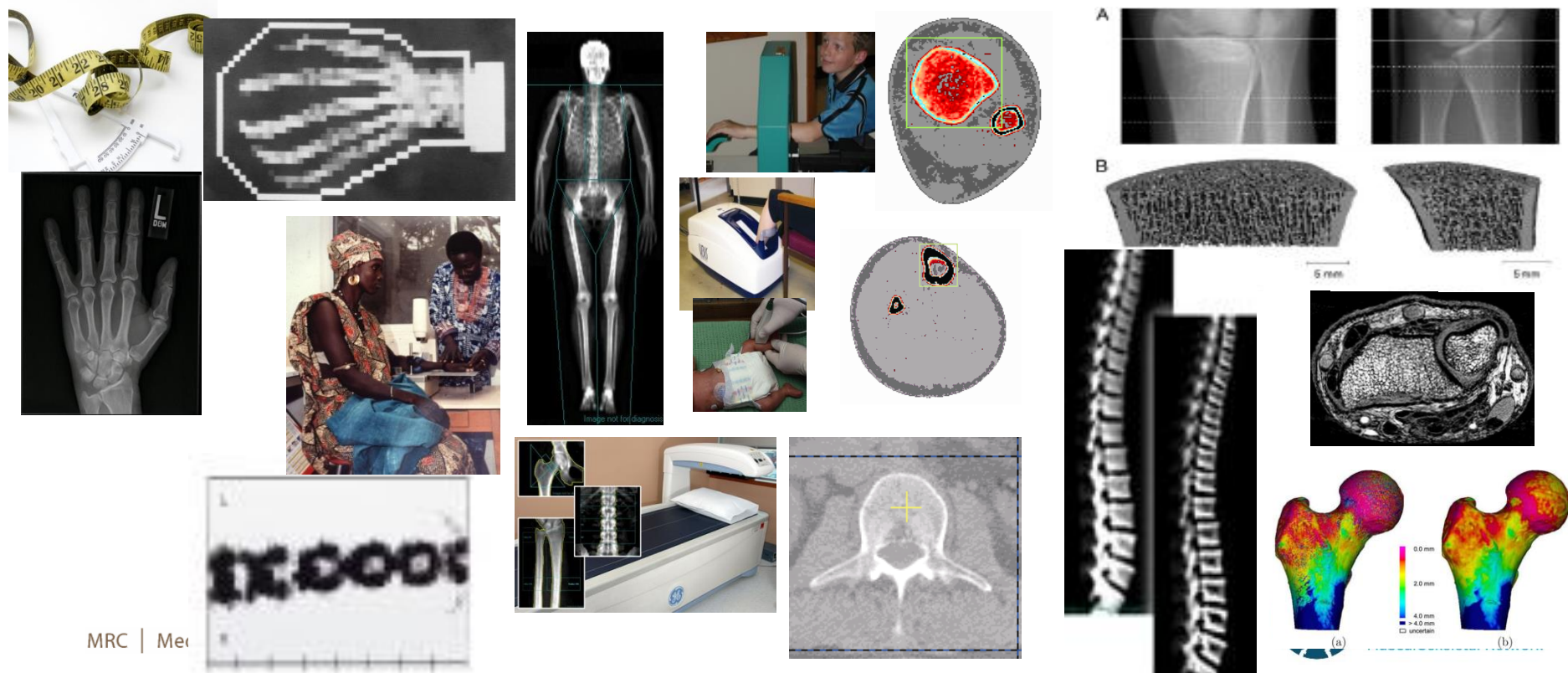
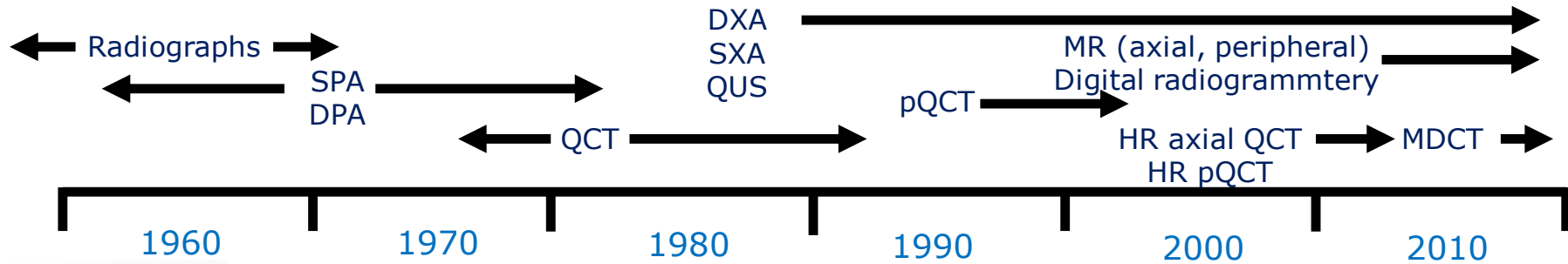
- Understand different methods of assessing bone in children and adults
- Optimise technique when performing pQCT
- Understand how to process and analyse the outputs generated by pQCT
- Understand and interpret assessments of bone age

How do we assess the skeleton?

- What do we want to measure?
- Clinically relevant sites
- Interpretation and what does it tell us?
- What is our research question?
- Population we want to measure

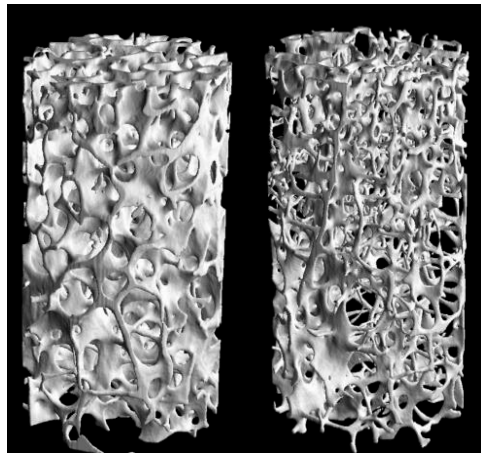


Timeline of quantitative assessment of bone



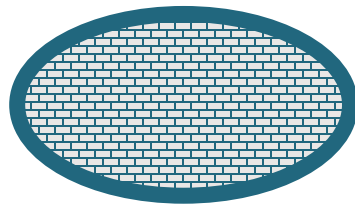
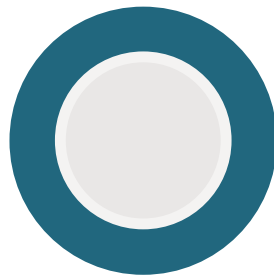
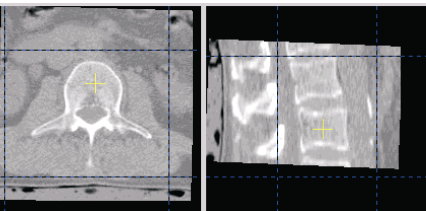
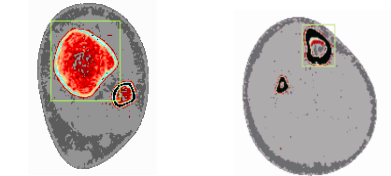
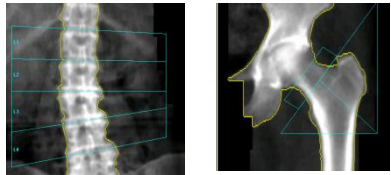
Clinical role of bone densitometry

- Diagnosis of osteoporosis
- Prognosis - to predict fracture risk
- Therapeutic intervention
- Monitoring treatment / change

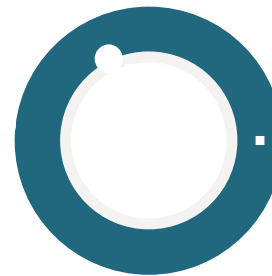


What are we measuring?

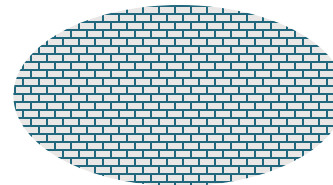
BMD_{TOTAL}



BMD_{COMPARTMENT}

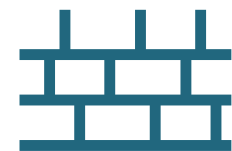


Cortical



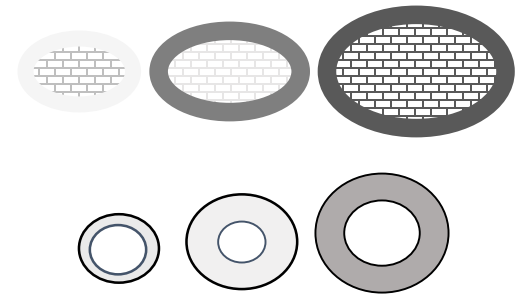
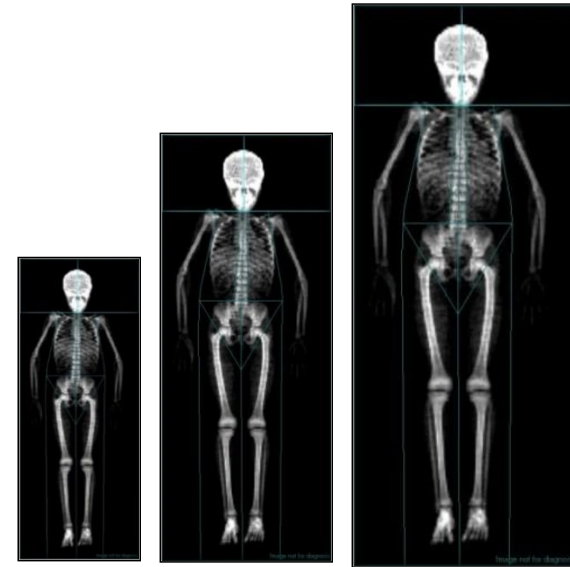
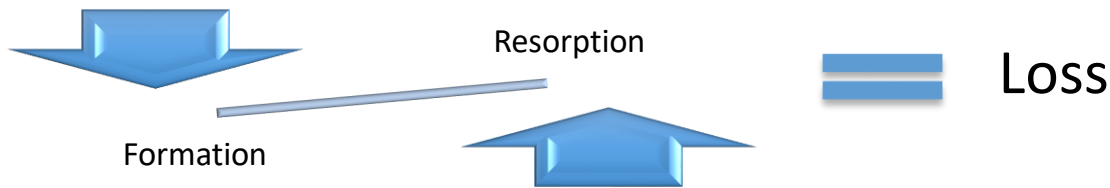
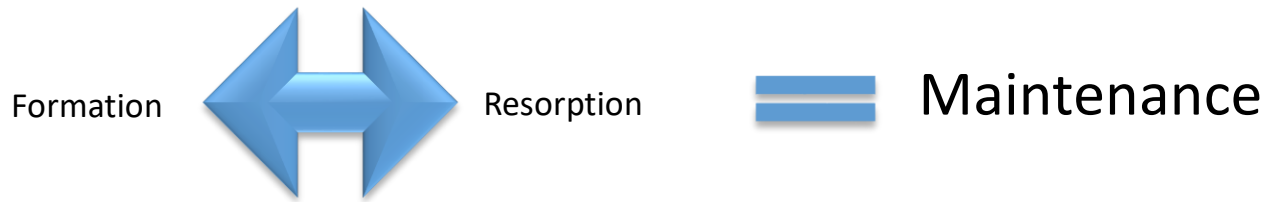
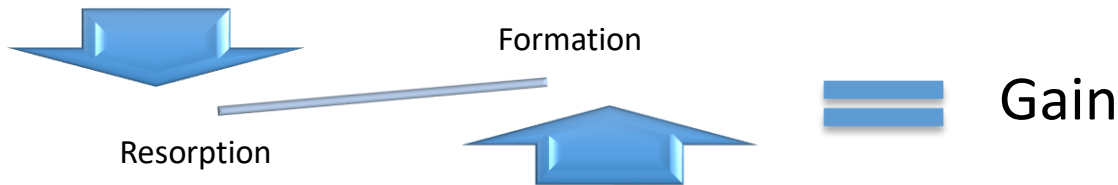
Trabecular

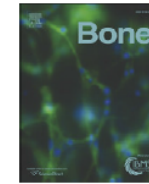
BMD_{MATERIAL}



		Cort	Trab	
DXA (g/cm ²)	✓	✓	✗	✗
QCT(g/cm ³)	✓	✓	✓	✓ (CtTBMD)

Bone turnover

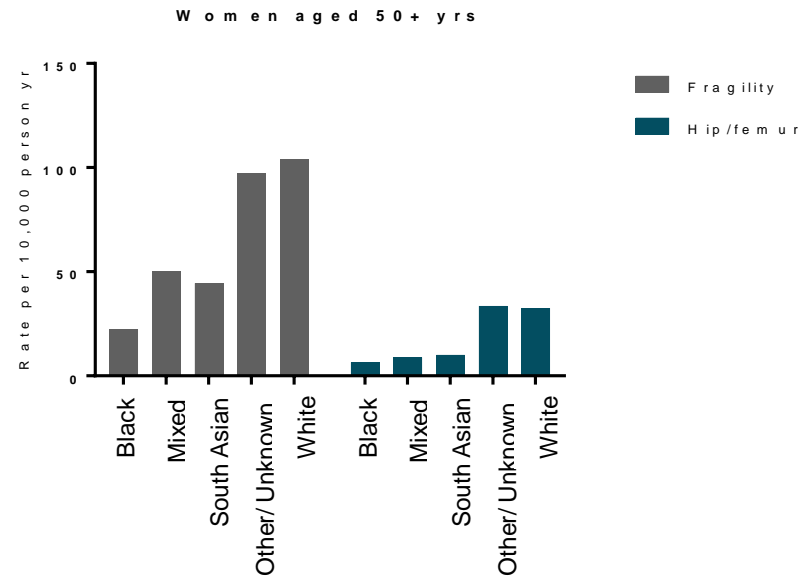
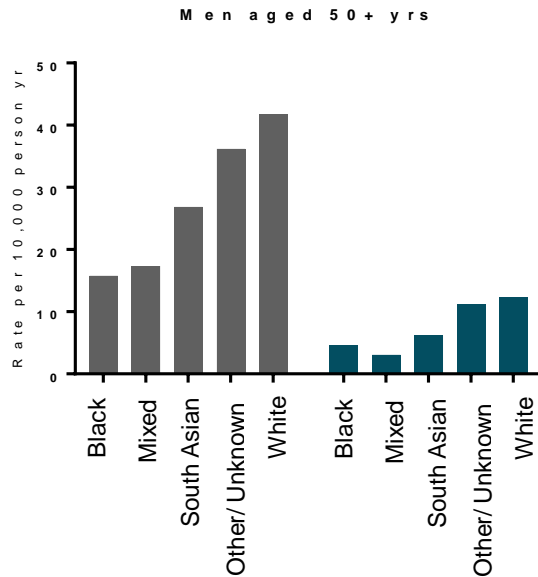




Epidemiology of fractures in the United Kingdom 1988–2012: Variation with age, sex, geography, ethnicity and socioeconomic status

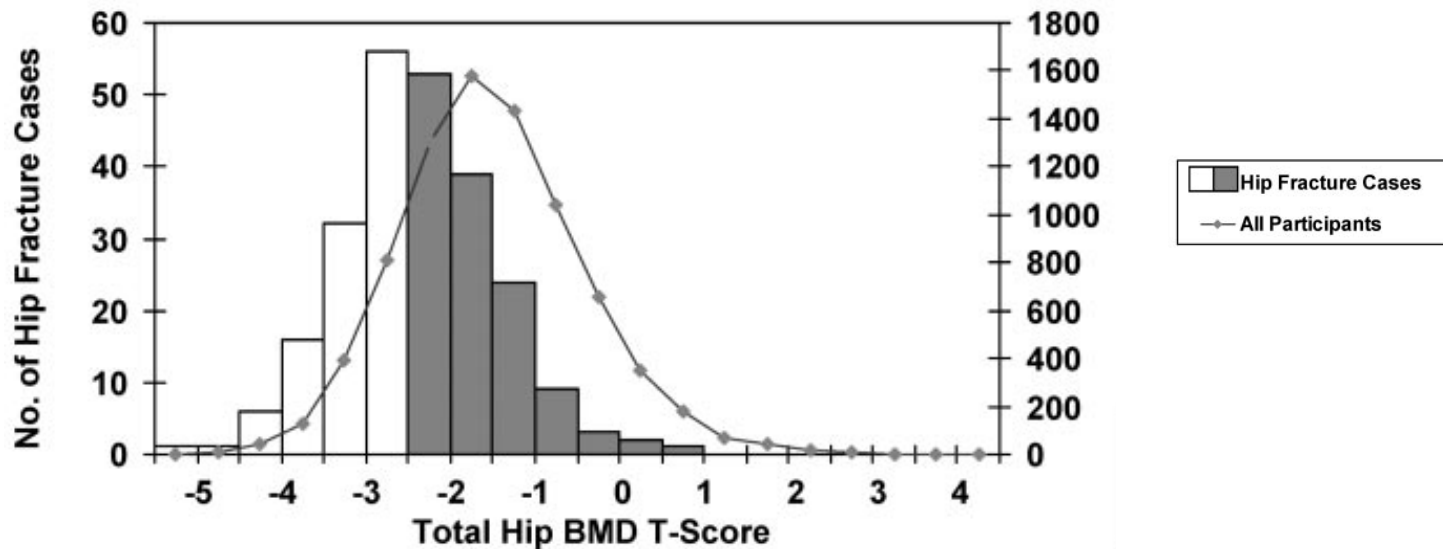


Elizabeth M. Curtis^a, Robert van der Velde^b, Rebecca J. Moon^{a,c}, Joop P.W. van den Bergh^{b,d}, Piet Geusens^{e,f}, Frank de Vries^{g,h}, Tjeerd P. van Staa^{h,i}, Cyrus Cooper^{a,j,k,*}, Nicholas C. Harvey^{a,j}



BMC/BMD & Fracture risk

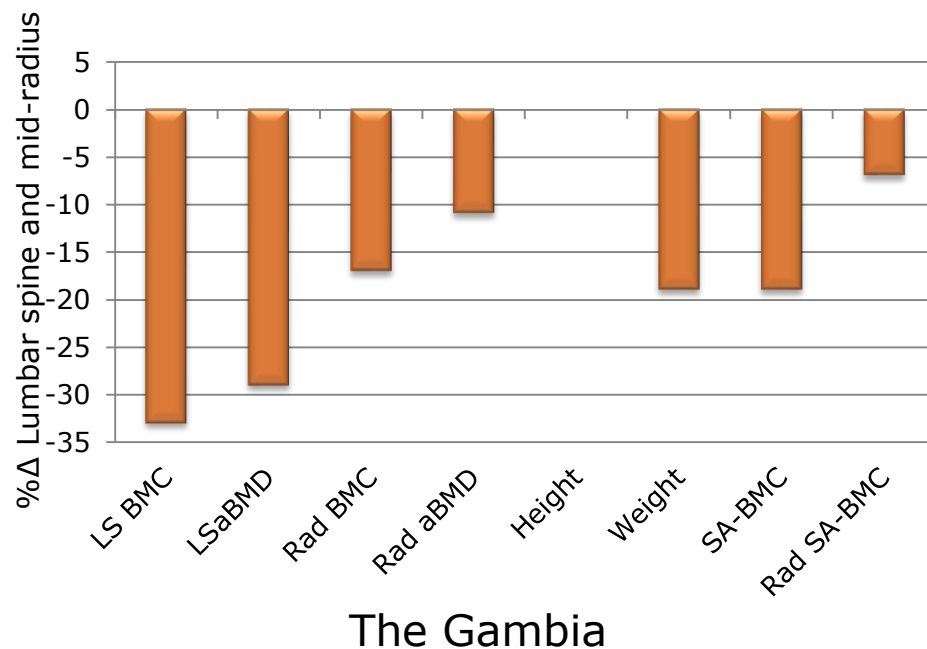
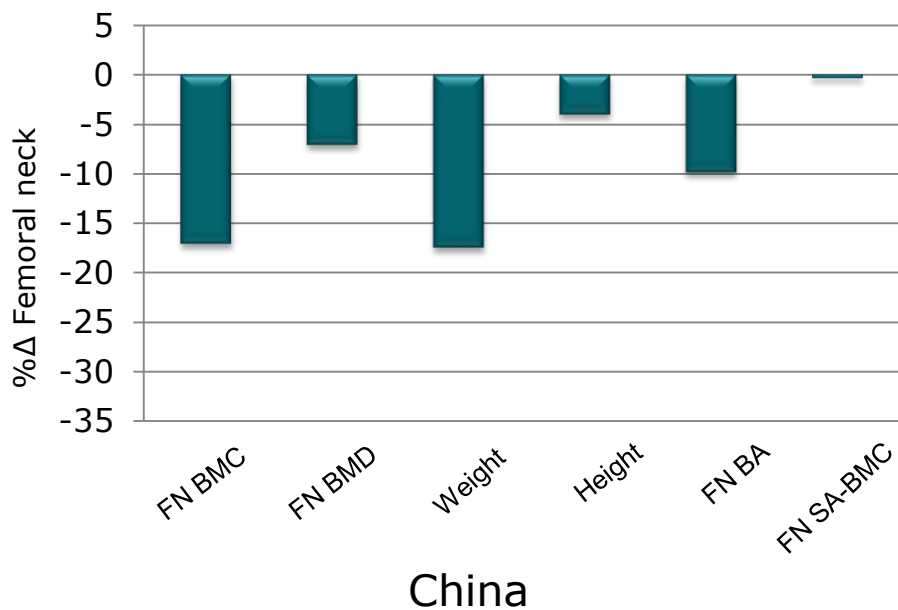
- Bone mass (70%) : Independent predictor of fracture risk
- Adults: 1SD ↓ \approx 1 ½ to 3-fold ↑
- Children: 1SD ↓ \approx 2-fold ↑
- > 50% individuals who fracture (excluding severe trauma) do not have osteoporosis (T score < -2.5)



BMC/BMD & Fracture risk

Does not apply across populations

- Low BMC/BMD in The Gambia & China
- Importance of bone and body size
- Low risk of fragility fracture in The Gambia & China



Dual Energy X-ray Absorptiometry



A11250204 a Whole Body

Patient Data

Scan Date: 25.11.2002 17:33

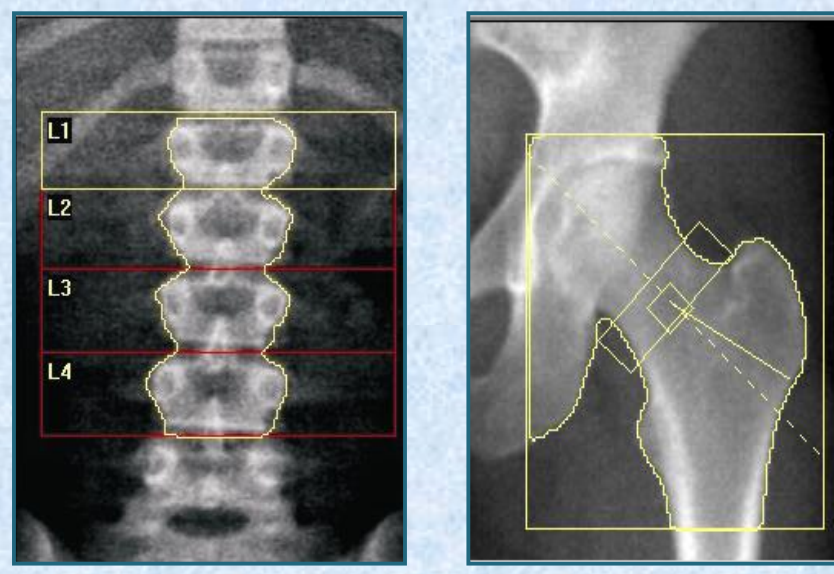
Sex: F
Age: 9
Height: 137.6 cm Weight: 33.8 kg
Ethnic: White

Whole Body Fan Beam Analysis
Image not for diagnostic use
TOTAL BMC and BMD CV is < 1.0%

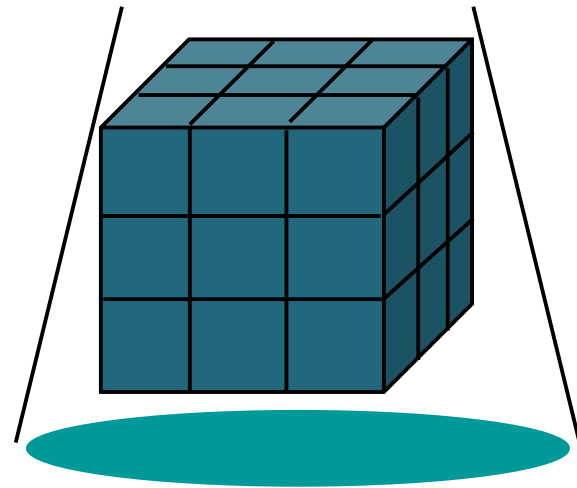
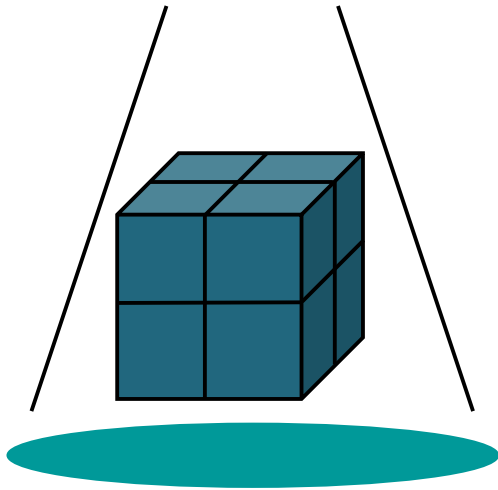
C.F. Region	1.020 Area(cm ²)	0.996 BMC(g)	1.000 BMD(g/cm ²)
L Arm	102.83	59.18	0.576
R Arm	95.68	55.15	0.576
L Ribs	102.83	51.88	0.504
R Ribs	96.47	51.24	0.531
T Spine	88.14	47.27	0.536
L Spine	25.01	19.38	0.775
Pelvis	113.55	101.12	0.891
L Leg	196.52	161.98	0.824
R Leg	206.45	178.23	0.863
Sub Tot	1027.47	725.42	0.706
Head	218.76	292.67	1.338
TOTAL	1246.23	1018.10	0.817

QDR 4500A SN:45936
Version 11.1 :3 25.11.2002 17:48

Dual Energy



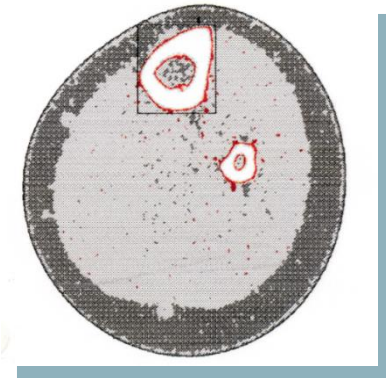
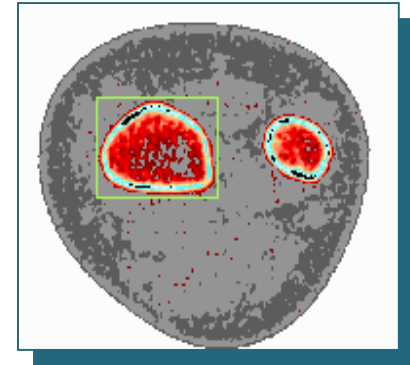
Size dependence of DXA



Mineral weight (g)	16	54
Volume (cm³)	8	27
Projected area (cm²)	4	9
Volumetric BMD(g/cm³)	2	2
Areal BMD (g/cm²)	4	6

Bone strength

- Structural integrity
- Size
- Morphometry
- Internal architecture
- Bone mass
- Loading conditions
- Organisation of material



Bone mass (70%) : Independent predictor of fracture risk

Adults: 1SD



≈ 1 ½ to 3-fold



Children: 1SD



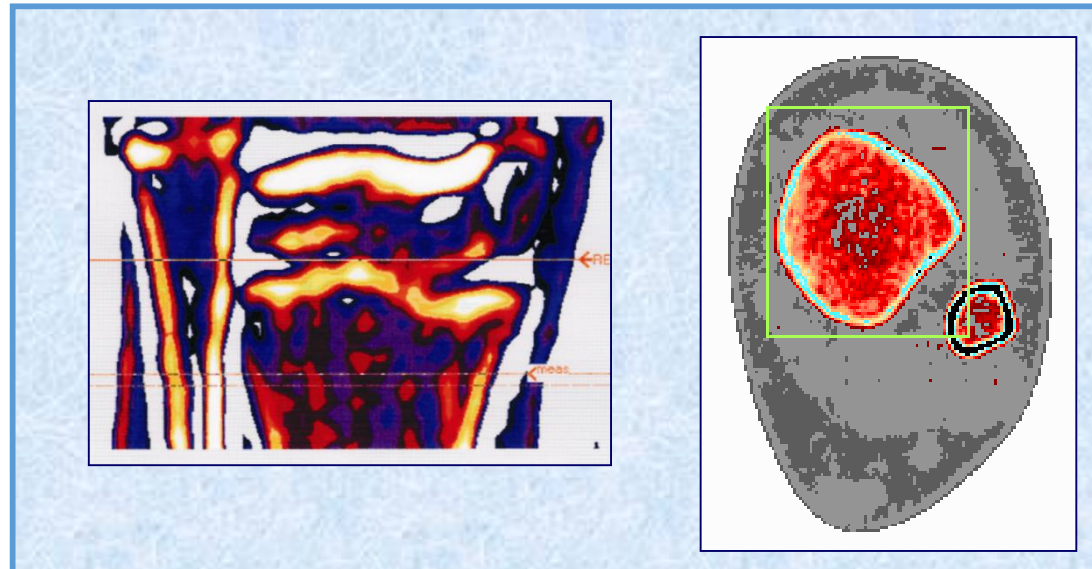
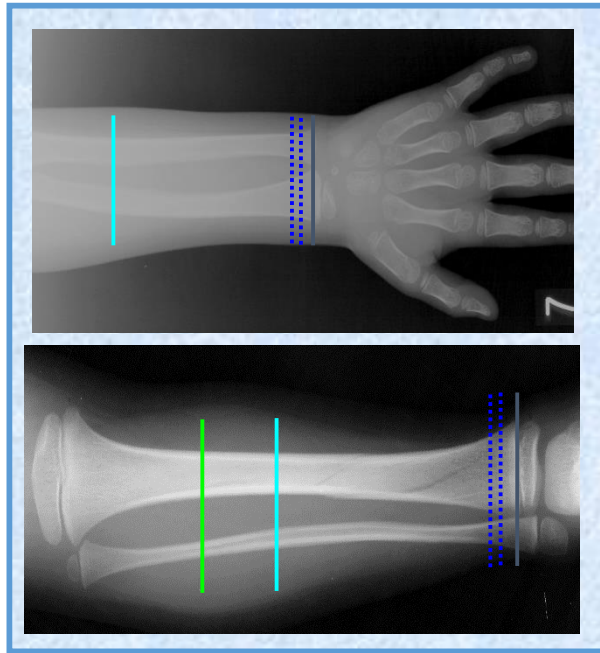
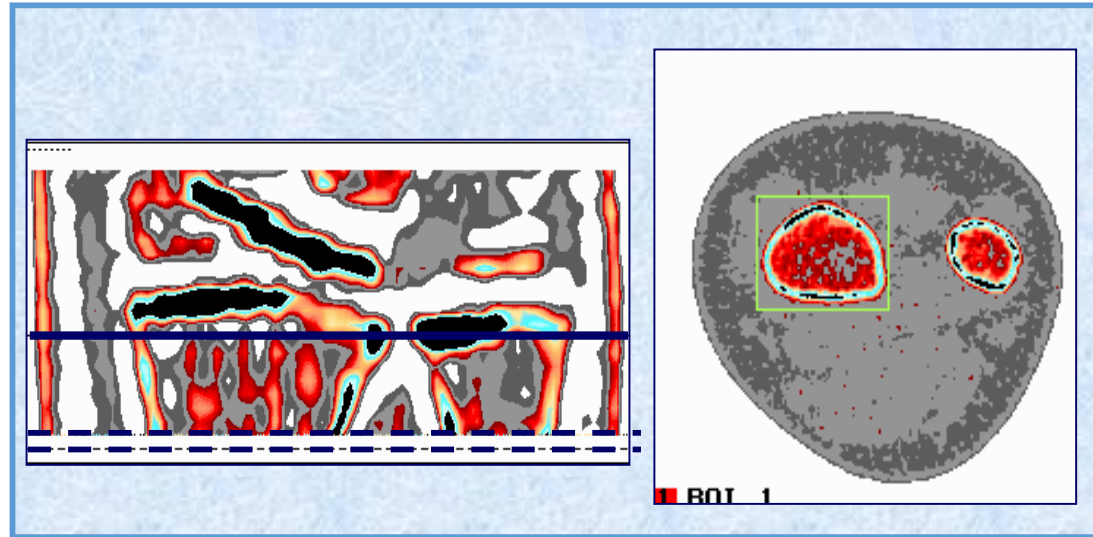
≈ 2-fold



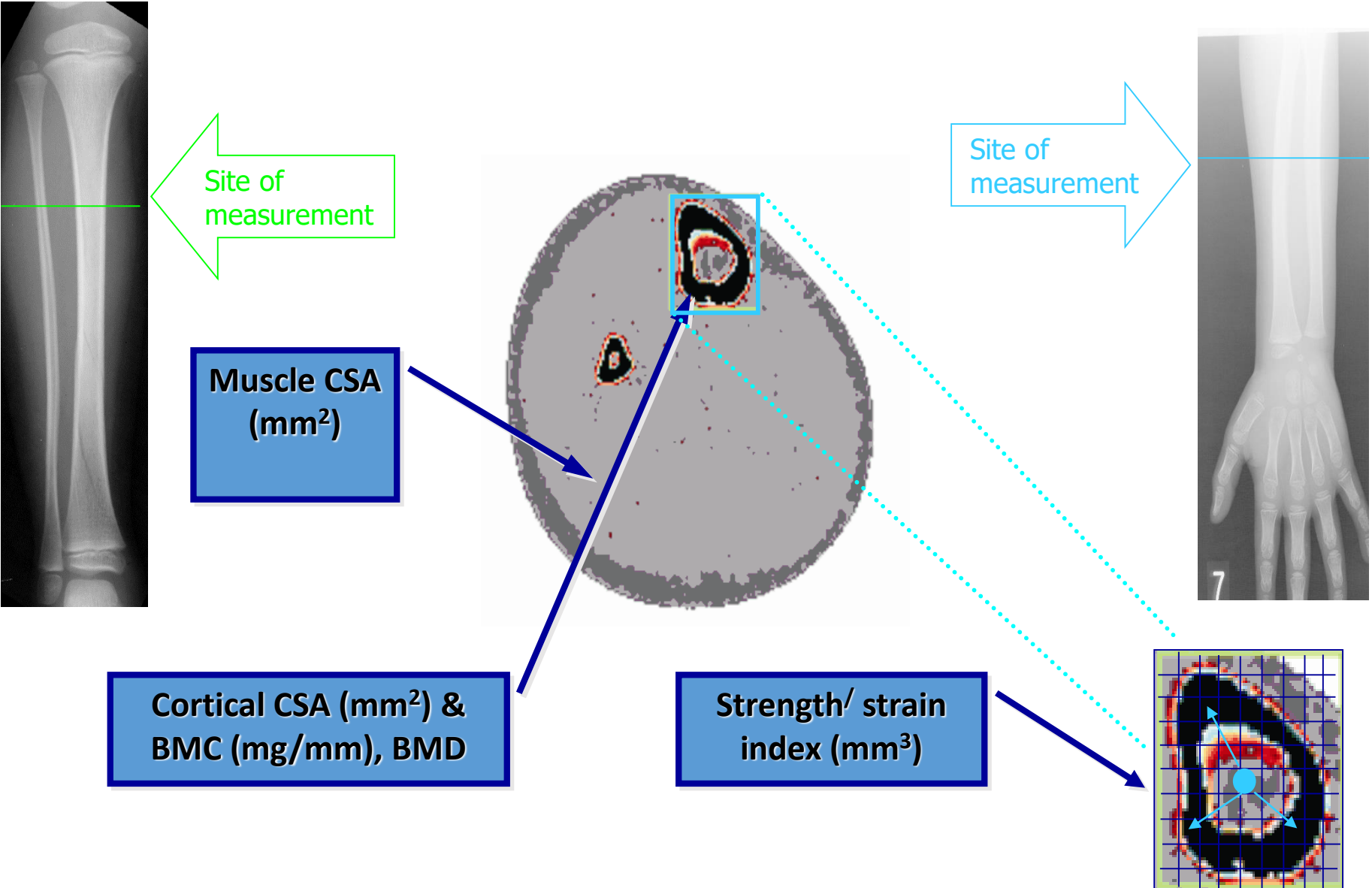
Compston et al 1995 BMJ 310: 1507-1510

Goulding et al. 2000 JBMR 15(10):2011-2018

Epiphysis outcome measures



Diaphysis outcome measures

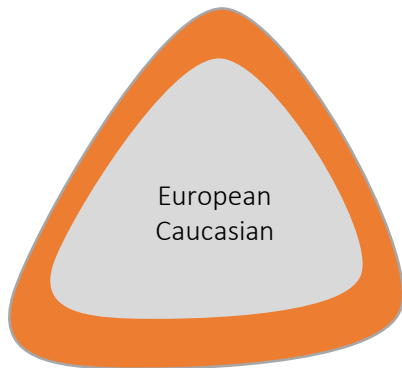


Ethnic differences in bone geometry in premenopausal women

Low vs moderate/high Ca



Gambian



European
Caucasian

	G vs EC	BA vs EC
vBMD	↑	
BMC	↓	
Med area	↑	
Cort thk	↓	
SSI	↔	

vBMD = cortical volumetric bone mineral density, BMC = bone mineral content, Med area = medullary area, Cort thk = cortical thickness, SSI = bone strength

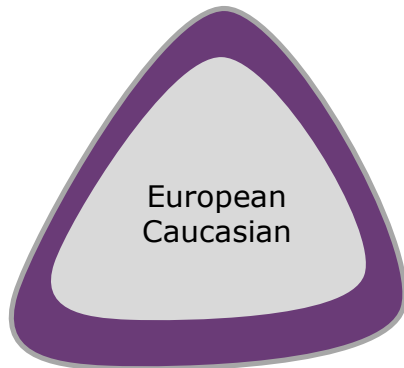
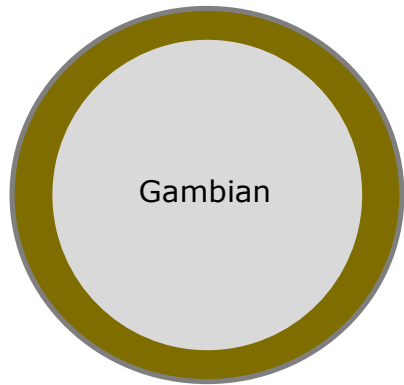
Ward et al; Bone 2007; 41: 117-121

Laskey et al; J Clin Densitom. 13(3): 247-55

Ward, Proc Nutr Soc (2012), 71, 27-37

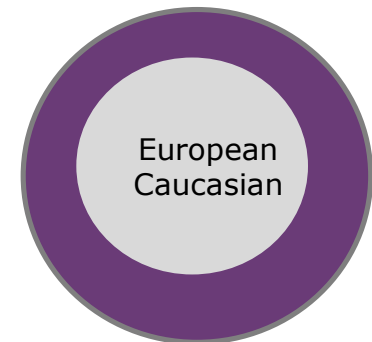
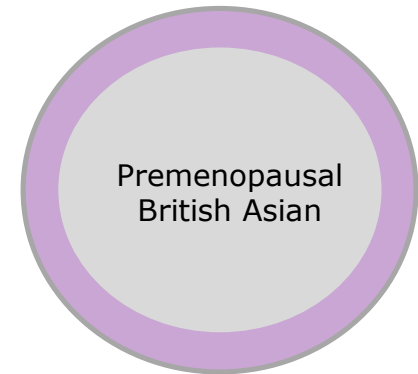
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Low vs moderate/high Ca



	G vs EC	BA vs EC
vBMD	↑	↓
BMC	↓	↓
Med area	↑	↑
Cort thk	↓	↓
SSI	↔	↔

Low vs adequate 25(OH)D



vBMD = cortical volumetric bone mineral density, BMC = bone mineral content, Med area = medullary area, Cort thk = cortical thickness, SSI = bone strength

MRC | Medical Research Council

Ward et al; Bone 2007; 41: 117-121

Laskey et al; J Clin Densitom. **13**(3): 247-55

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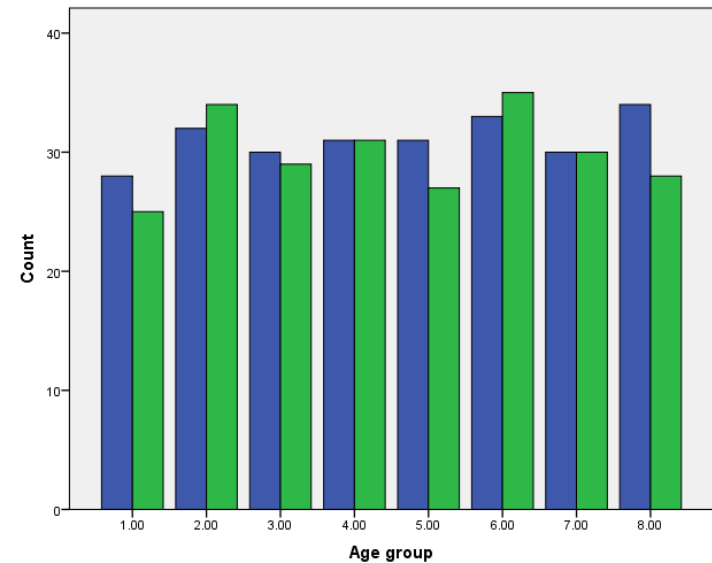
Global NCD risk - GamBAS

Growth, adult environment, musculoskeletal phenotype and fracture risk in Sub-Saharan Africa



AIM

- To characterise the individual change in bone strength (BMC/D, bone geometry) during ageing in Gambian males and females
- Define ageing process in muscle
- Understanding the interaction between mechanical and non-mechanical factors (nutrition, lifestyle, hormones)
- Prospective study, M&F, 8, 5yr age range bands - 40 to 75+. Stratified by age band and gender, randomised follow-up 1.5 to 2 years. 240 per gender, ~ 30 per age band
- DXA (+LVA), pQCT, jumping mechanography and grip strength. Fasting bloods, 2hr & 24hr urine, lifestyle and medical history
- Baseline data collection complete October 2012; n=488 (227M, 262F).

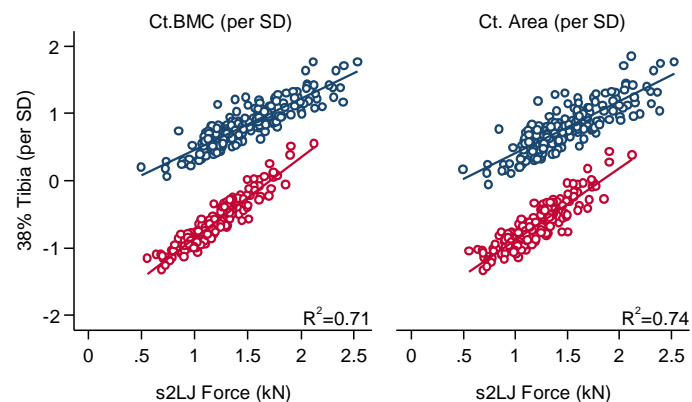


Muscle and bone

Table 3: Sub-analysis of participants who were “able” and “unable” to perform m1LH and s2LJ tests

	n	Able	n	Unable	p-value
Body Habitus					
Sex (n, M/F)	362	185/177	126	54/72	0.111
Age (yr)	362	57.1 ± 10.6	126	72.0 ± 10.5	<0.0001
Body Weight (Kg)	362	58.4 ± 10.6	126	54.0 ± 10.0	0.0001
Height (cm)	362	164.3 ± 8.3	126	160.6 ± 9.1	<0.0001
BMI (kg/cm ²)	362	21.6 ± 3.5	126	20.9 ± 3.1	0.052
Whole body Fat Mass (kg)	358	12.7 ± 8.2	119	12.8 ± 7.5	0.913
Whole body Fat Mass (%BW)	358	22.3 ± 12.2	119	24.1 ± 11.7	0.148
Whole body Lean Mass (kg)	358	42.9 ± 8.9	119	38.7 ± 7.7	<0.0001
Appendicular Lean mass (kg)	362	19.8 ± 4.8	124	17.2 ± 4.0	<0.0001
38% Tibia					
Ct. BMC (mg/mm)	326	314.7 ± 76.3	120	271.1 ± 80.3	<0.0001
Ct. Area (mm ²)	327	261.8 ± 58.6	120	229.8 ± 60.7	<0.0001
CSA (mm ²)	326	411.1 ± 72.3	120	389.8 ± 62.3	0.005
CSMI (mm ⁴)	326	13063.7 ± 5241.0	120	10911.6 ± 4152.7	0.0001
SSI (mm ⁴)	326	1686.8 ± 455.9	120	1489.4 ± 416.7	<0.0001
66% Tibia					
CSMA (mm ²)	319	5368.8 ± 1131.3	118	4665.2 ± 1077.0	<0.0001
Muscle Density (mg/cm ³)	311	70.4 ± 2.8	117	68.5 ± 2.8	<0.0001
Grip strength (kg)	362	27.6 ± 9.3	126	20.1 ± 7.2	<0.0001
CRT					
Relative force (N/kg)	357	1.4 ± 0.3	126	1.3 ± 0.4	0.352
Relative power (W/kg)	357	8.0 ± 2.8	126	5.8 ± 1.7	<0.0001
Time per test (s)	357	4.7 ± 1.5	126	6.3 ± 1.9	<0.0001

All values are mean ± SD. Bold indicates p<0.05. BMI, body mass index; BW, body weight; Ct, cortical; BMC, bone mineral content; CSA, cross-sectional area; CSMI, cross-sectional moment of inertia; SSI, stress strain index; CSMA, cross-sectional muscle area; s2LJ, single two-legged jump; SD, standard deviation; m1LH, multiple one leg hop; CRT, chair rise test.







How do we analyse a pQCT scan?

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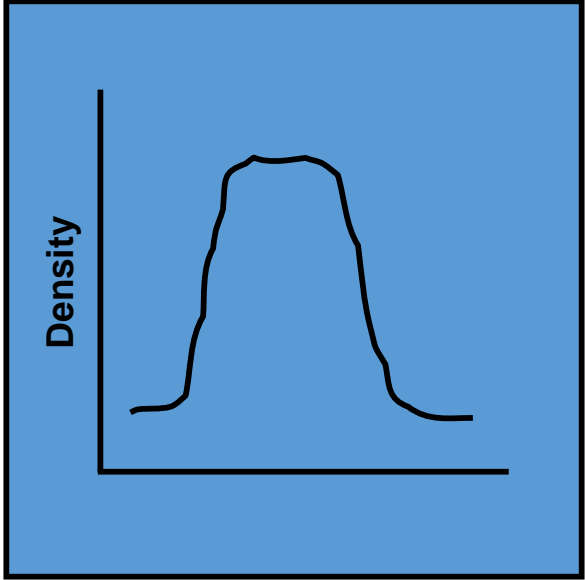
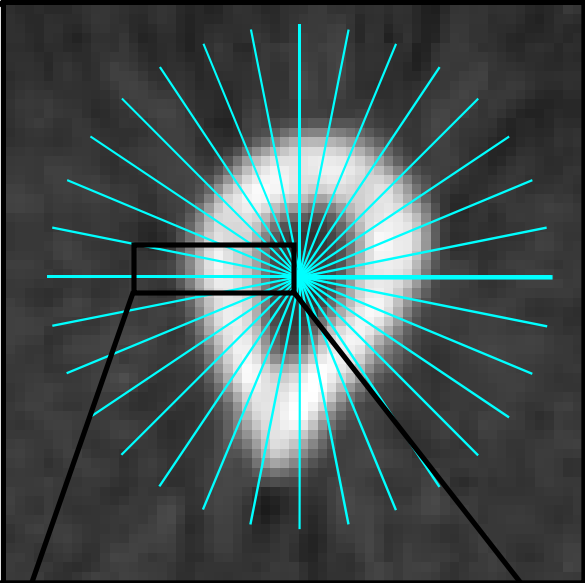
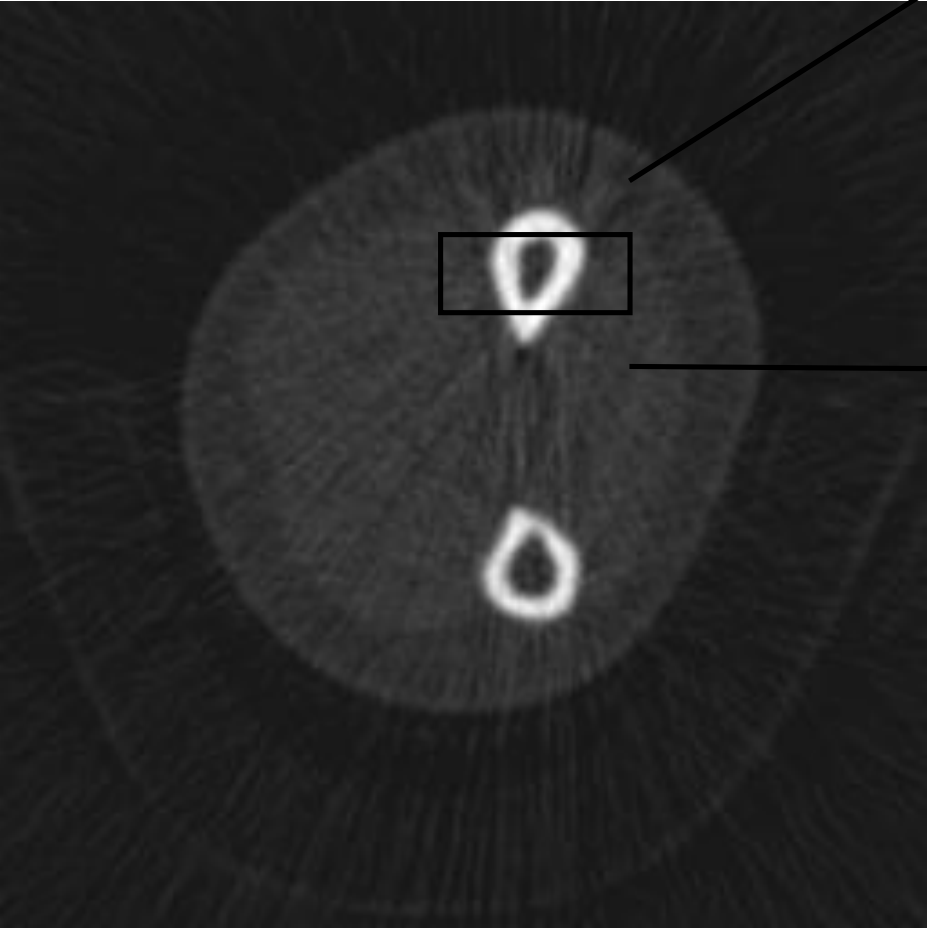


SAMSON
Sub-Saharan African
MuSculOskeletal Network

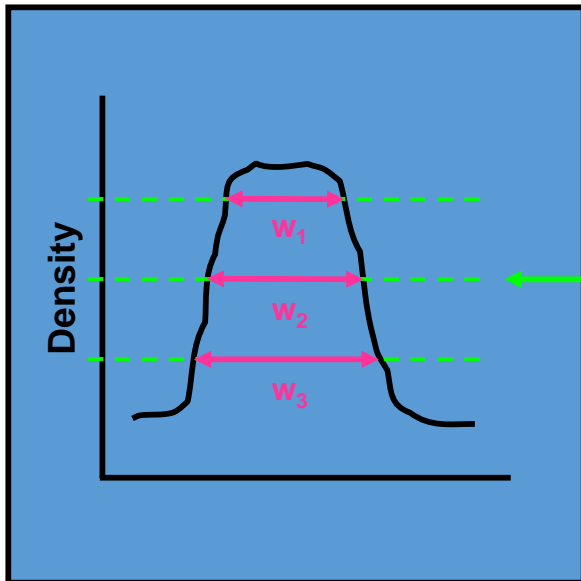
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- Understand how to process and analyse the outputs generated by pQCT
- Understand and interpret assessments of bone age

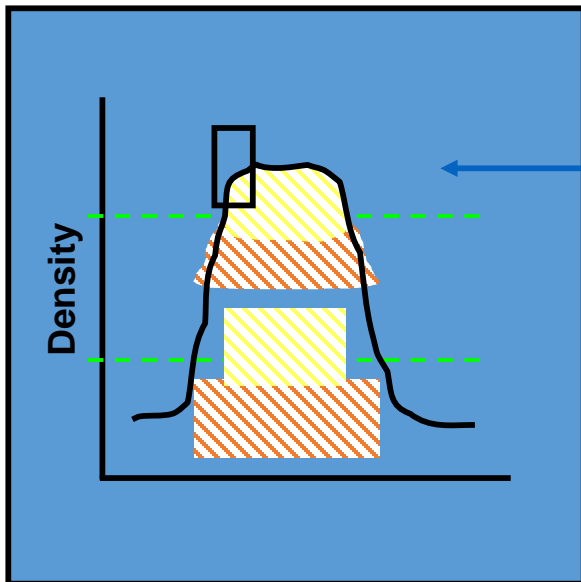
Analysis of Width and Density of Cortex



Thresholding of Image



correct threshold for width



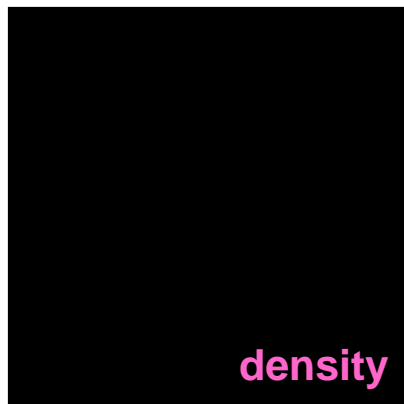
correct region for density

➤ Need separate approach for analyzing cortical width and cortical density.

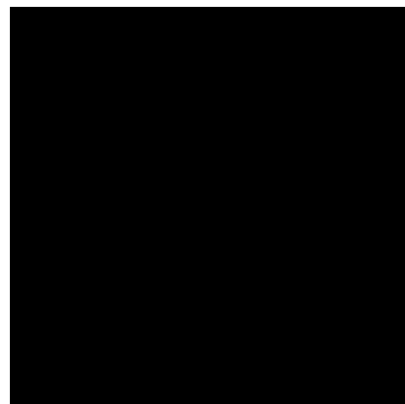
Threshold Influences Measured Size and Density



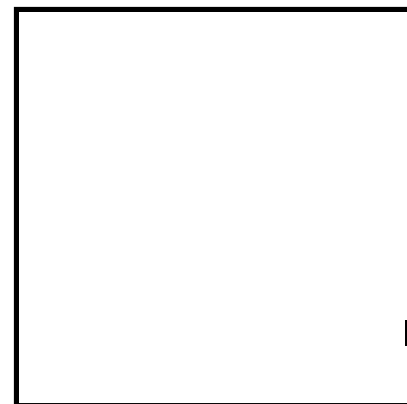
Original Image



$T_1=97\%$



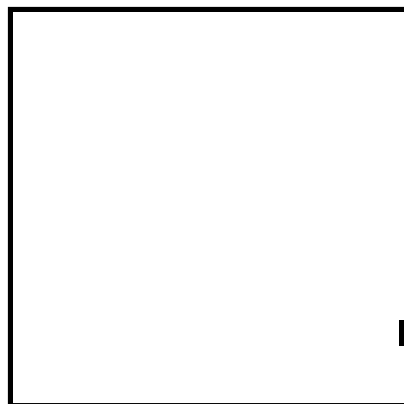
$T_2=81\%$



$T_3=65\%$



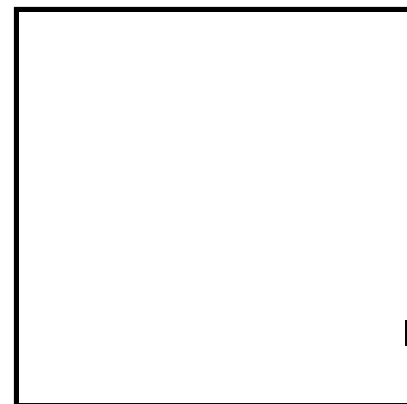
$T_4=50\%$



$T_5=36\%$

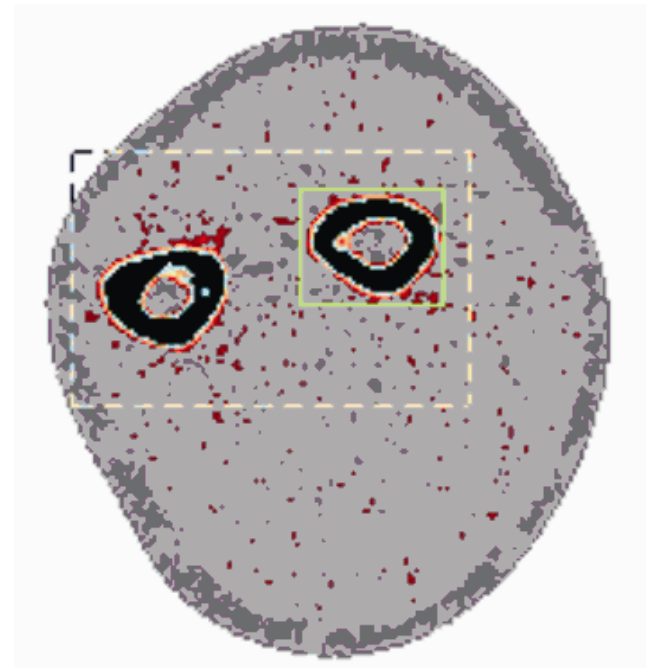
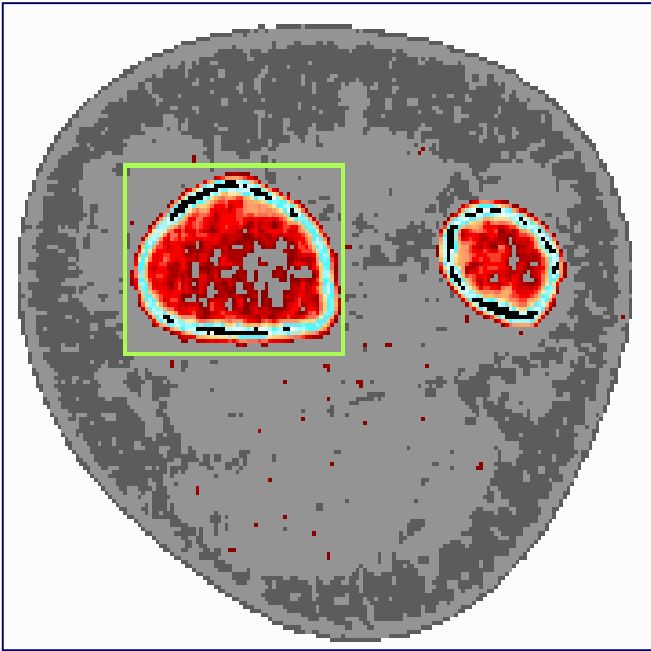


$T_6=22\%$



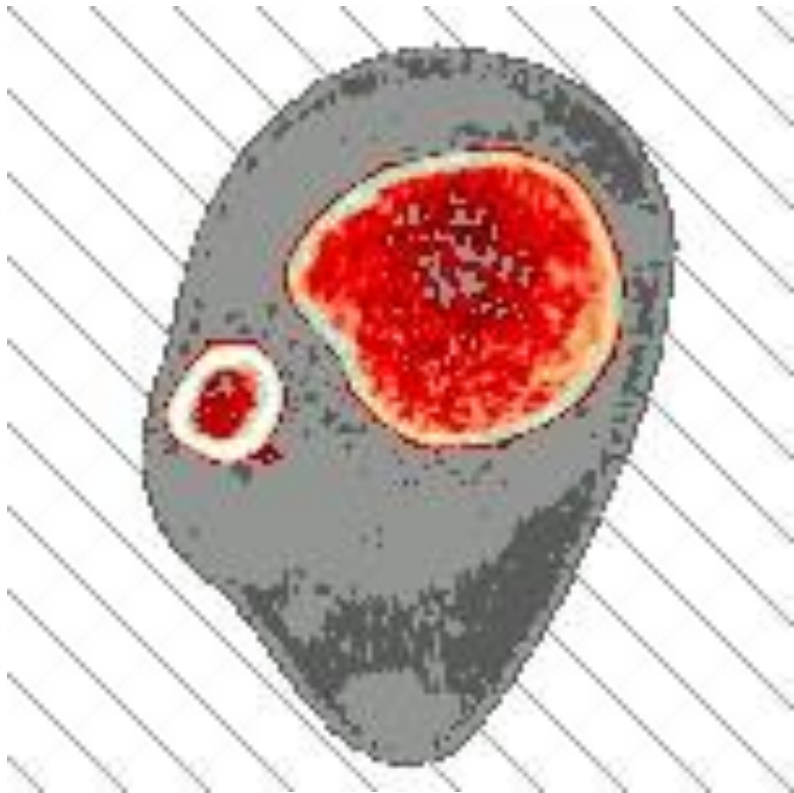
$T_7=8\%$

Regions of Interest (ROI)

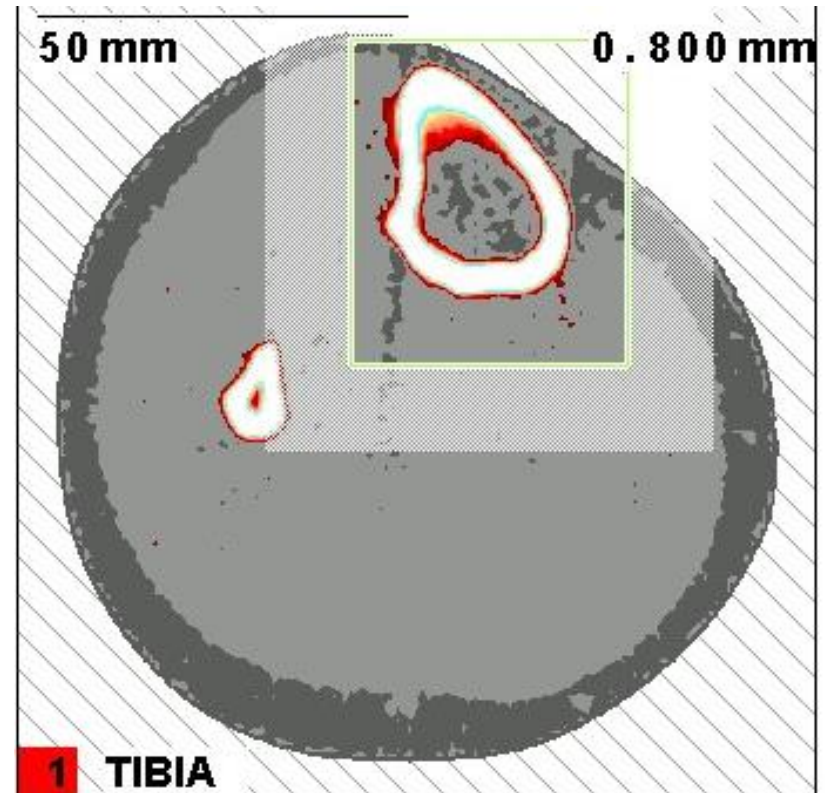


Radius

Regions of Interest (ROI)

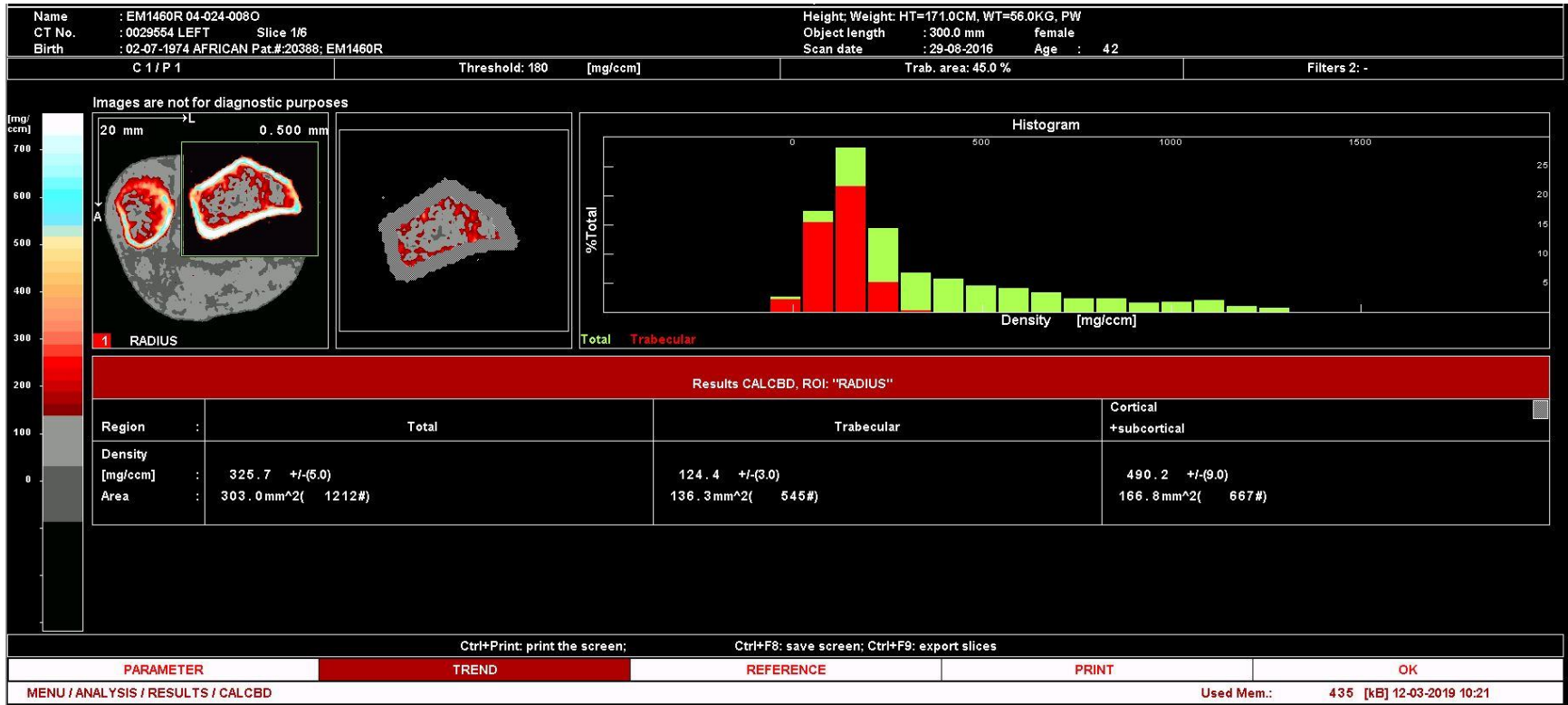


Tibia



1 TIBIA

CALCBD



CORTBD

Name : EM1460R 04-024-0080		Height: Weight: HT=171.0CM, WT=56.0KG, PW	
CT No. : 0029554 LEFT Slice 2/6		Object length : 300.0 mm female	
Birth : 02-07-1974 AFRICAN Pat.# 20368; EM1460R		Scan date : 29-08-2016 Age : 42	
Threshold: 711 [mg/ccm]		Separation mode: 1	
Filters 2: -			

Images are not for diagnostic purposes





20 mm 0.500 mm

2 RADIUS



Histogram

% Total

Density [mg/ccm]

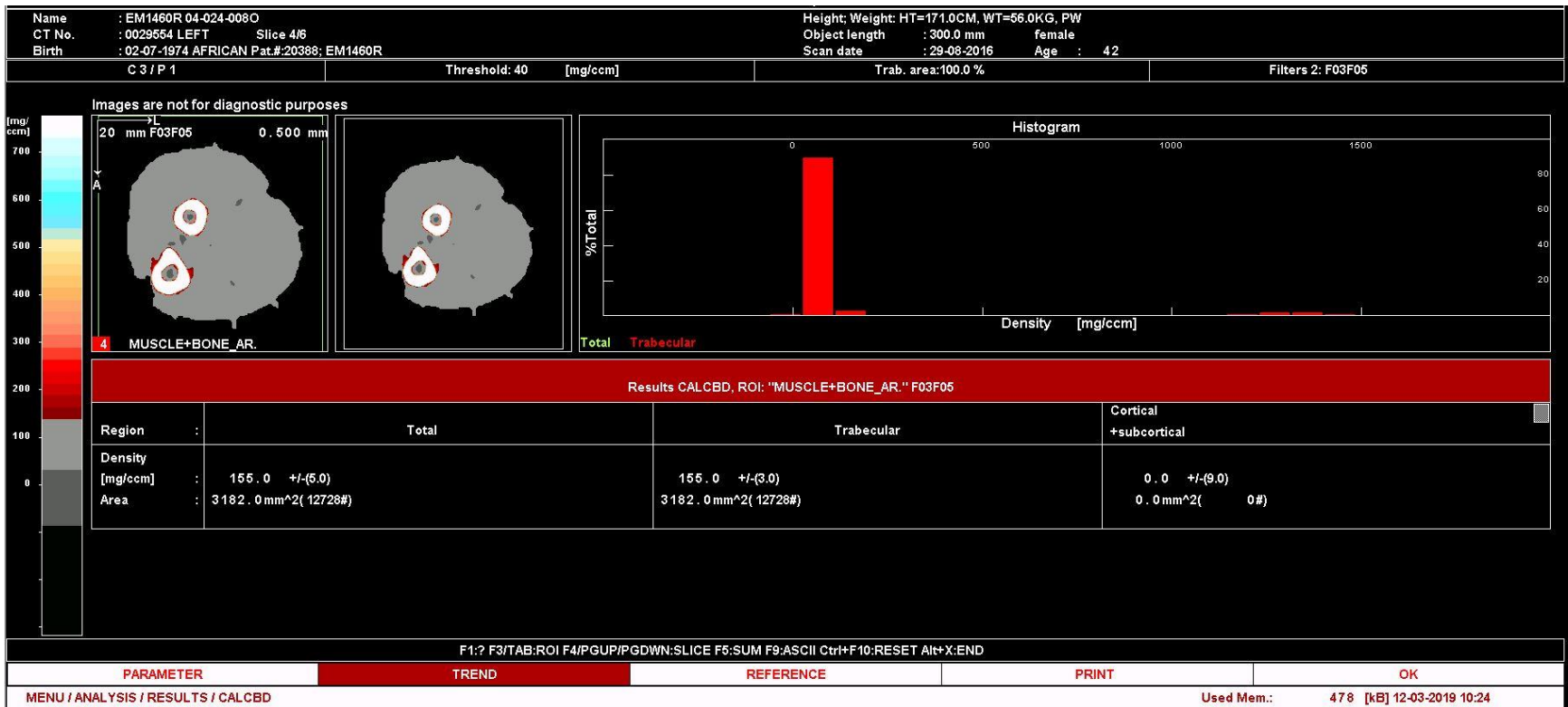
Results CORTBD, ROI: "RADIUS"

Density: 1264.0 [mg/ccm] +/- (9.0)	Attenuat.: 0.920 [1/cm]
Area: 84.3 mm^2(337 #)	

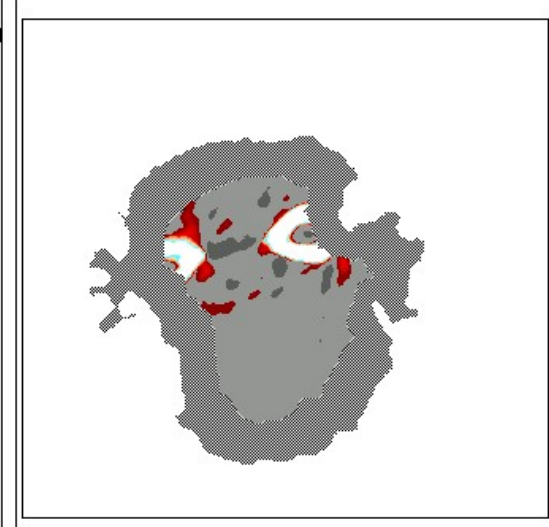
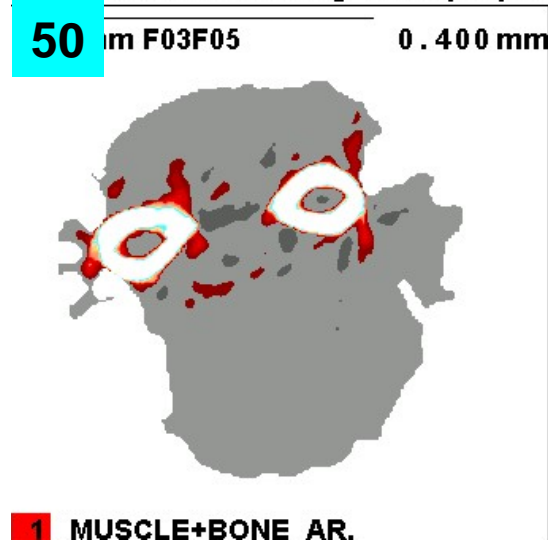
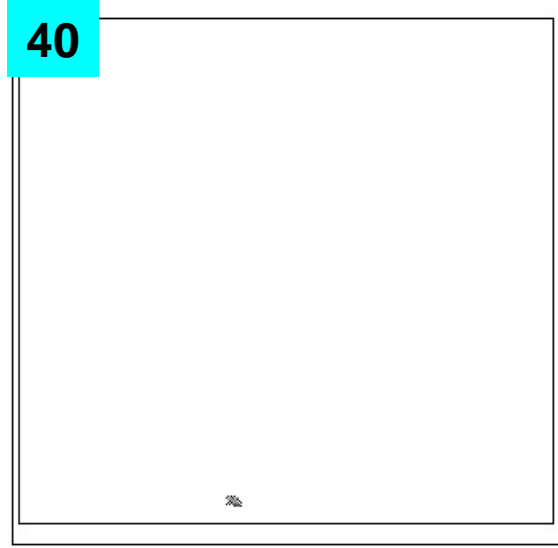
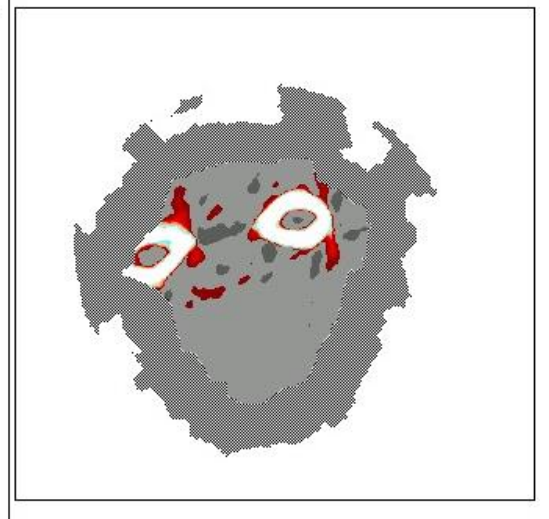
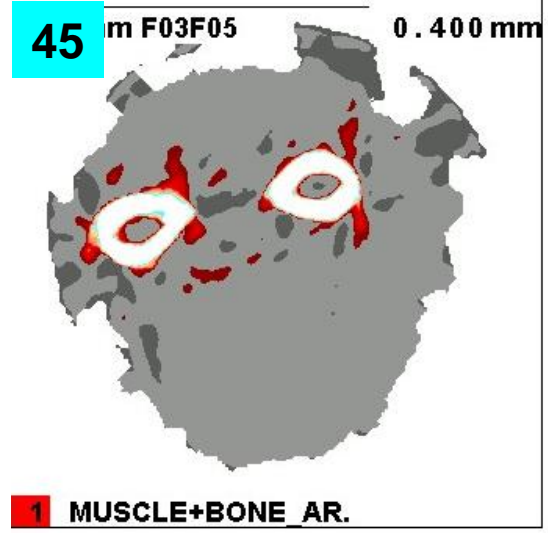
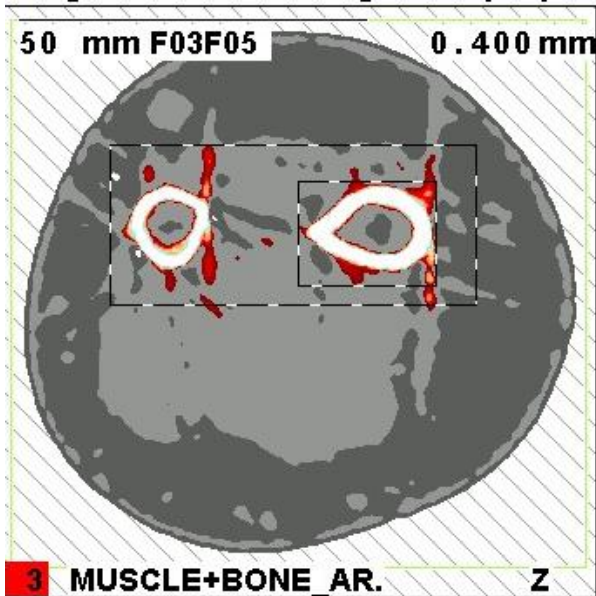
F1:? F3/TAB:ROI F4/PGUI/PGDWN:SLICE F5:SUM F9:ASCII Ctrl+F10:RESET Alt+X.END

PARAMETER	TREND	PRINT	OK
MENU / ANALYSIS / RESULTS / CORTBD			Used Mem.: 436 [KB] 12-03-2019 10:22

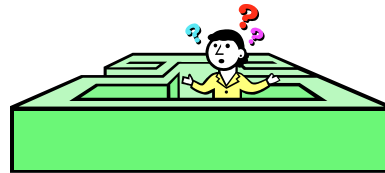
Muscle



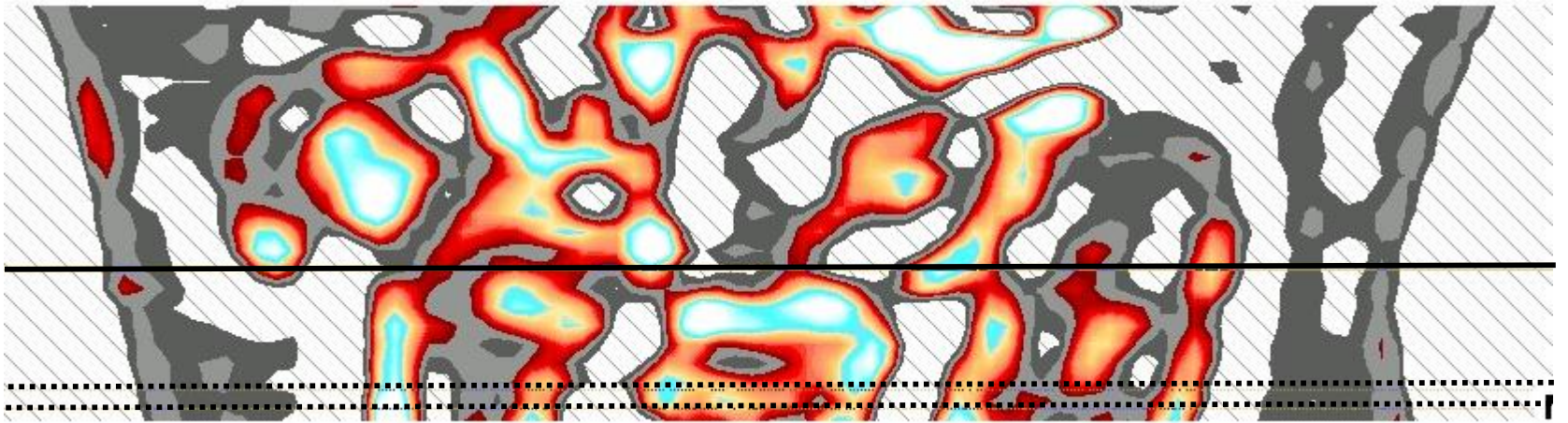
Muscle & bone - example



Examples of anomalies

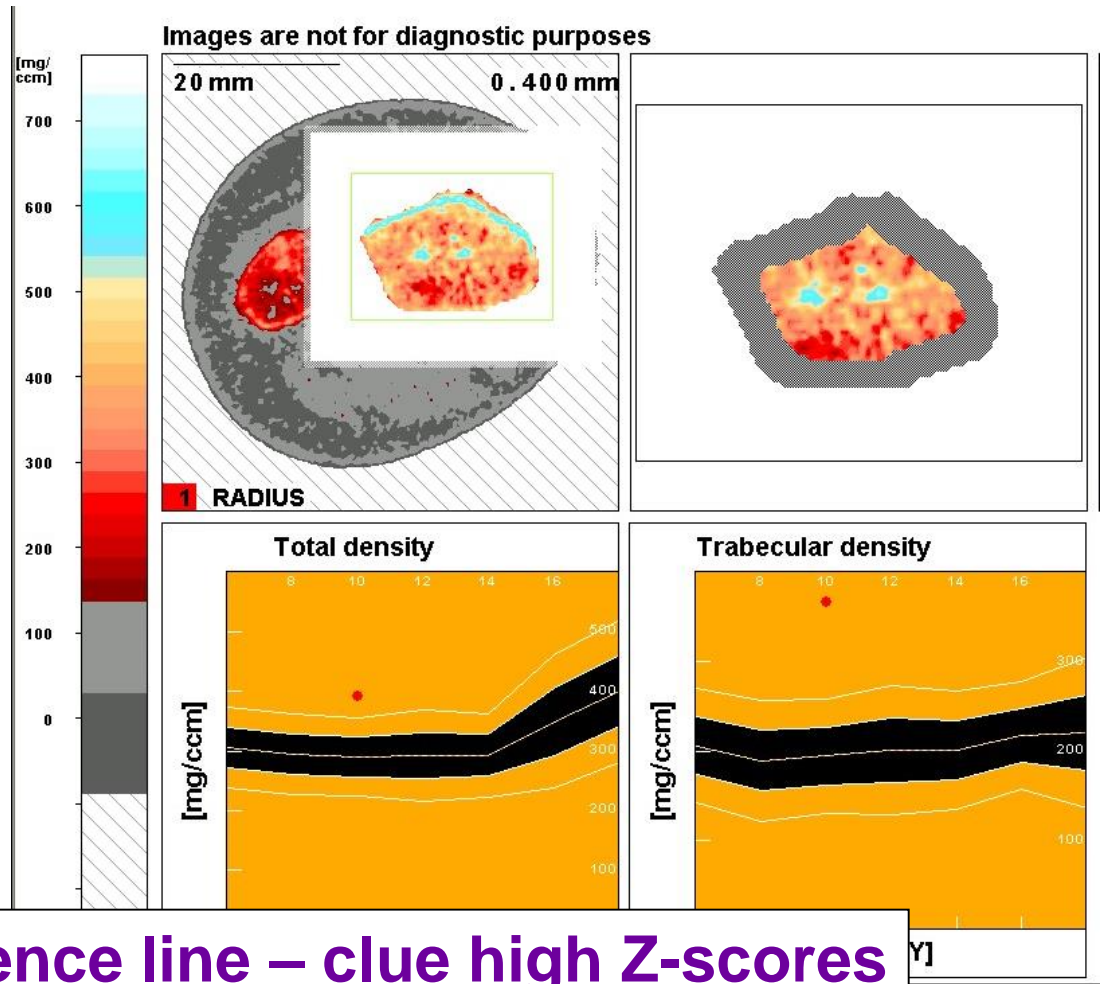
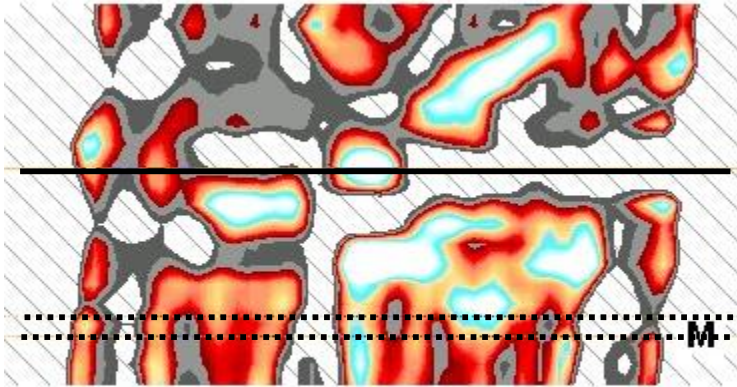


(1)



Madelungs deformity – Turners syndrome

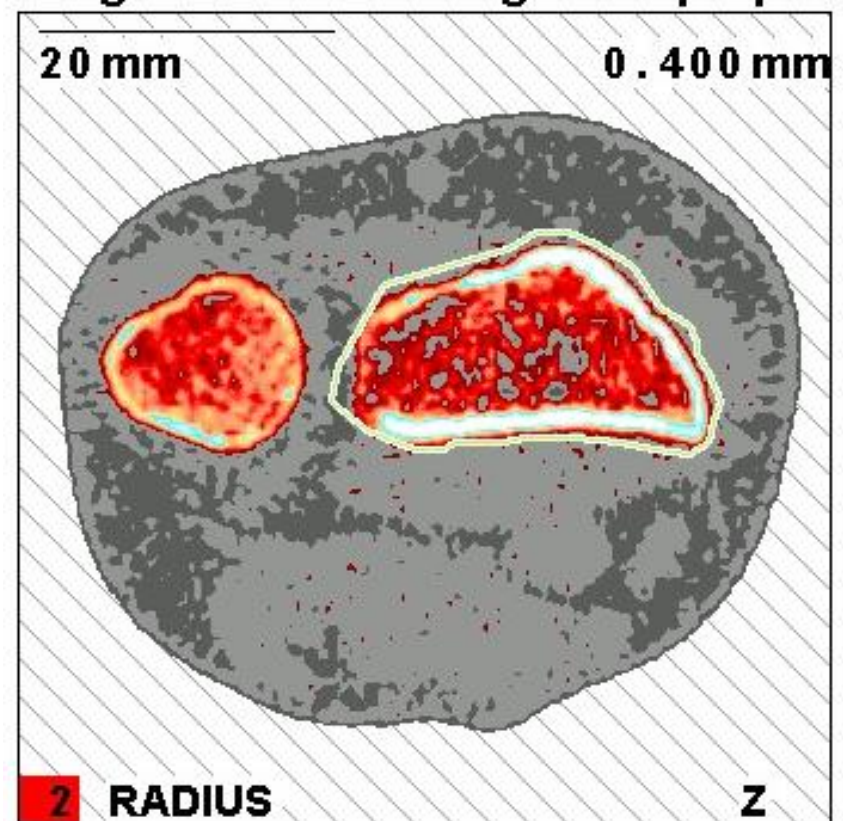
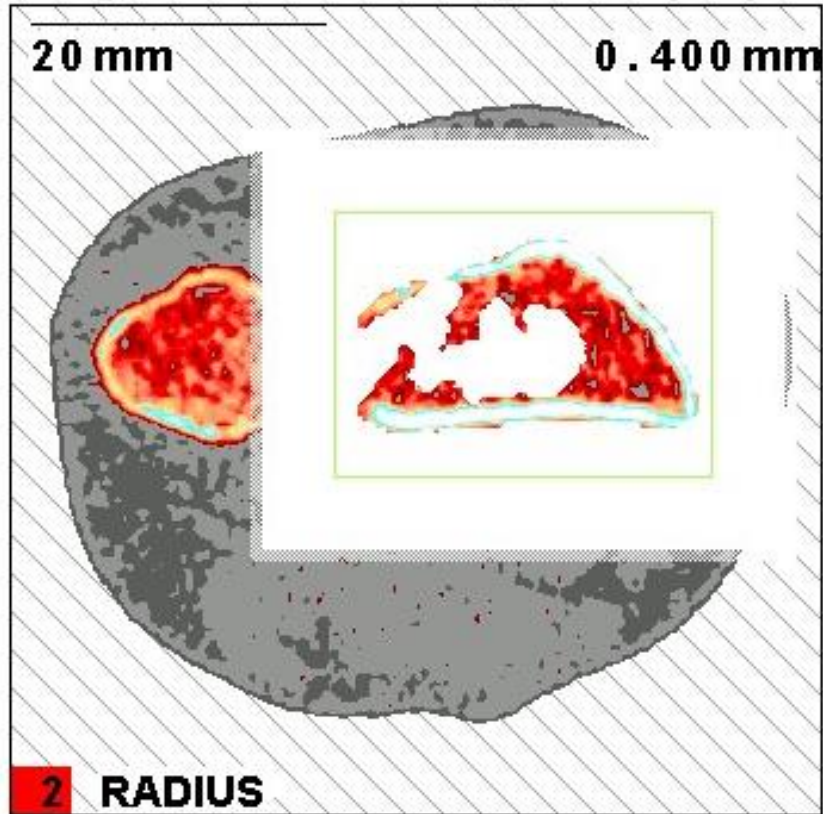
(2)



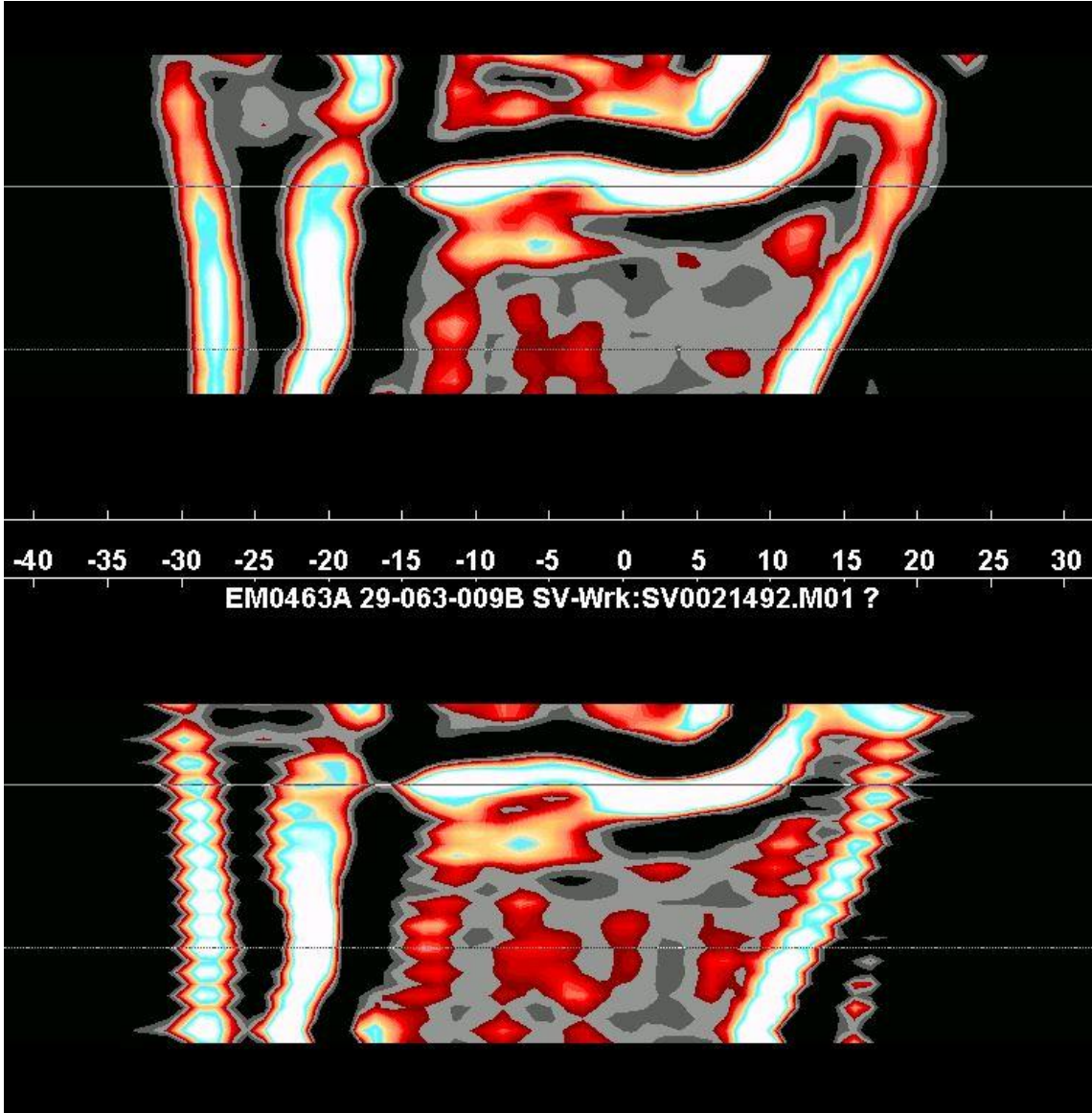
Incorrect reference line – clue high Z-scores

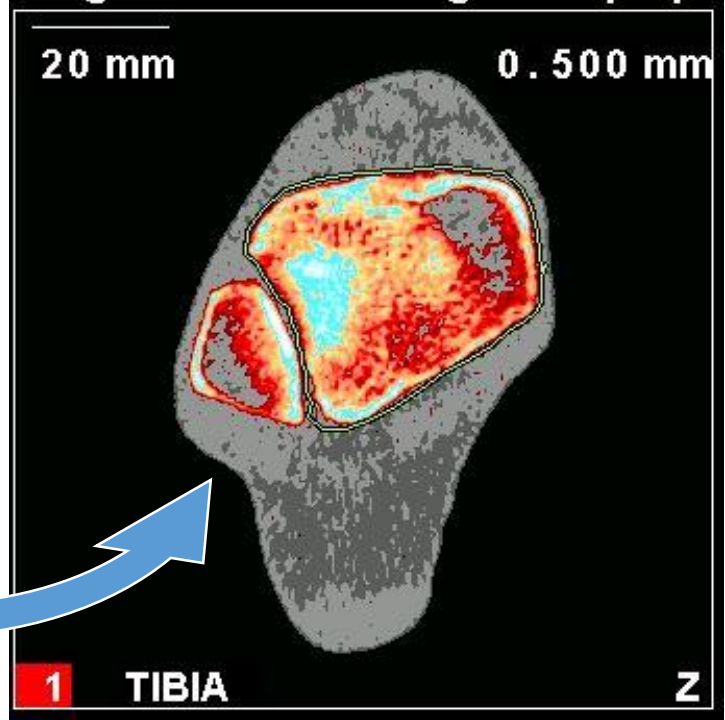
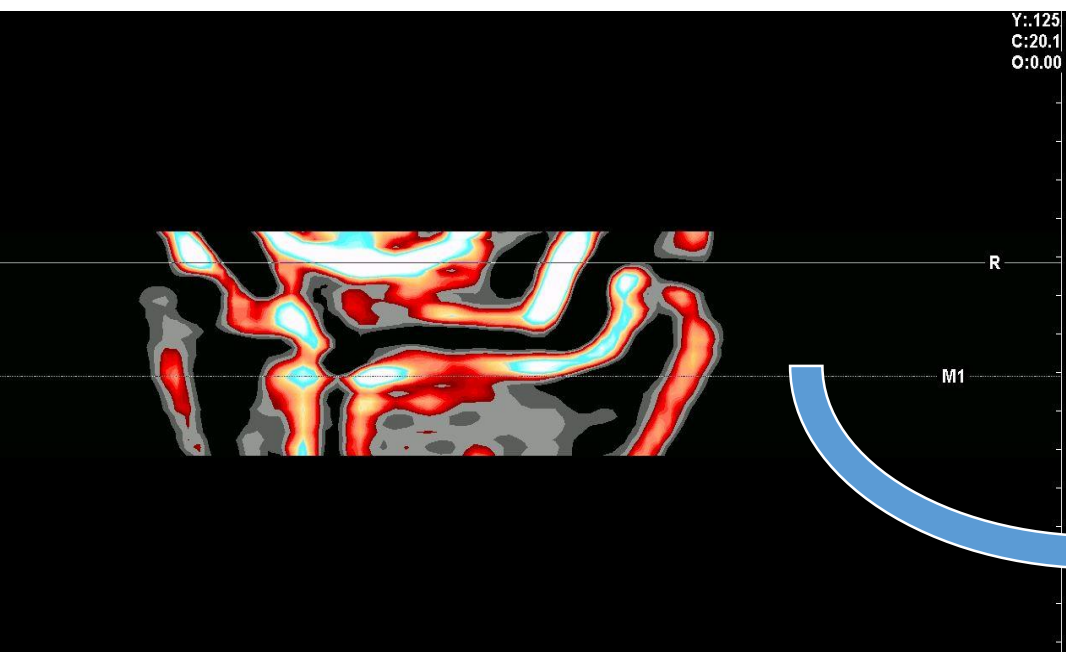
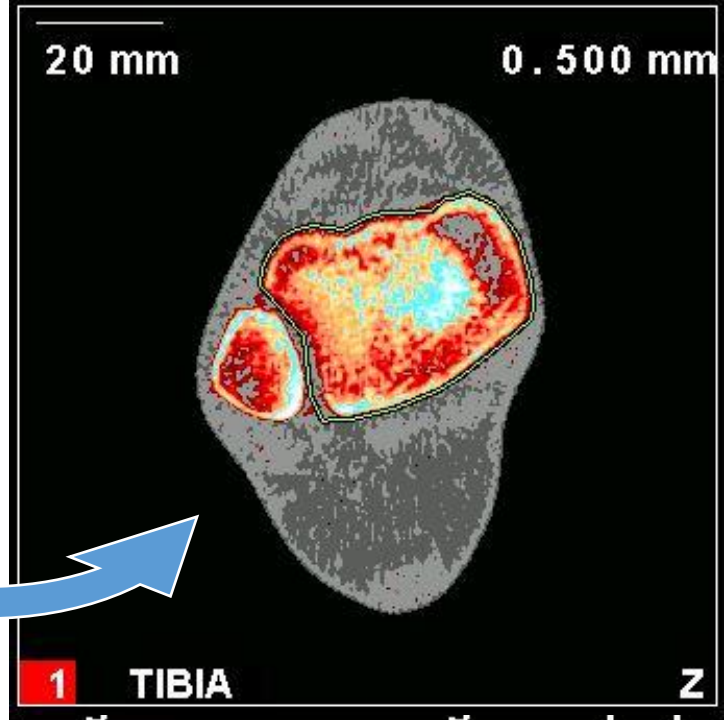
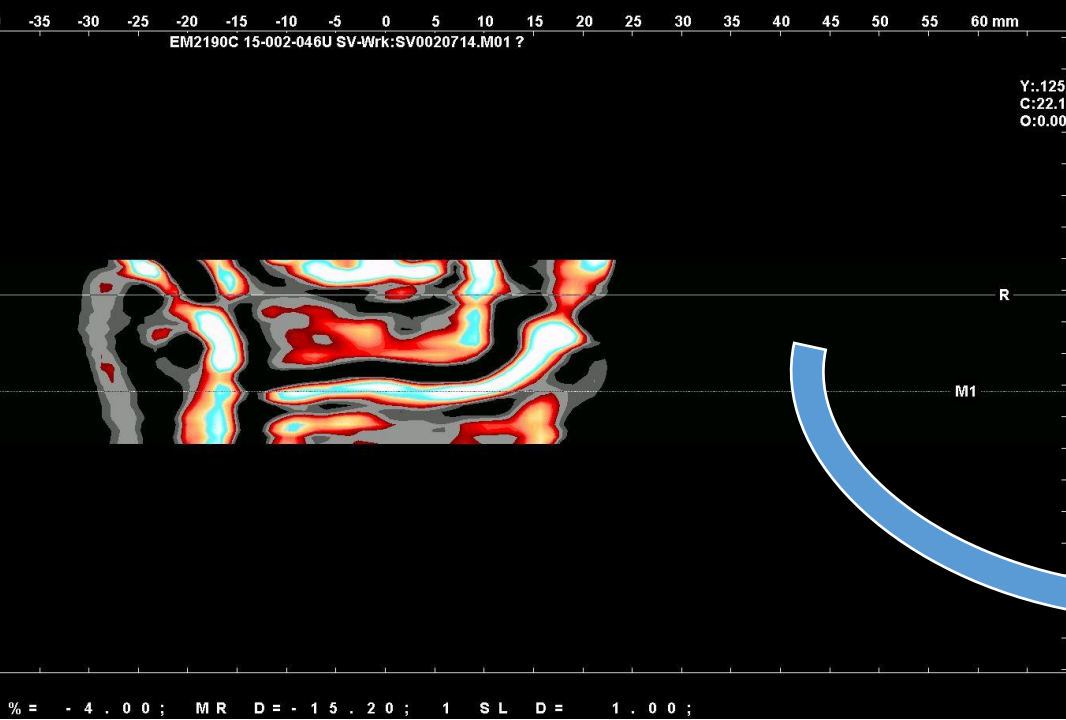
PARAMETER	TREND	REFERENCE
MENU / ANALYSIS / RESULTS / CALCBD		Use

(3)

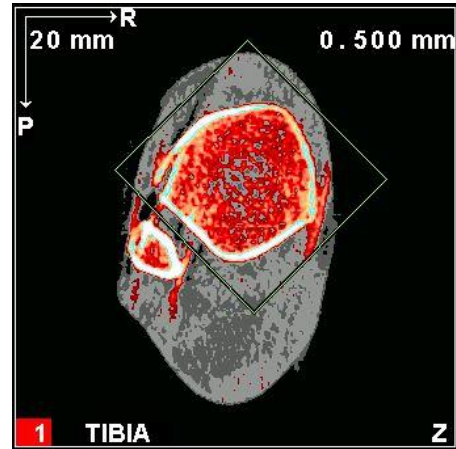
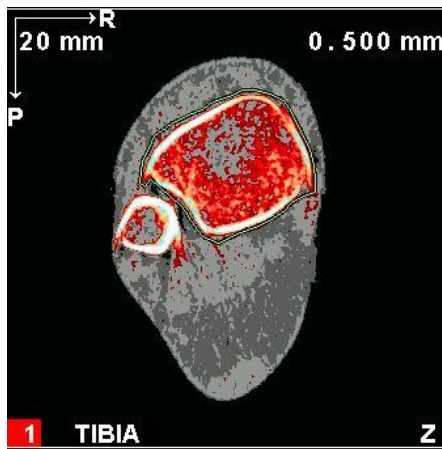
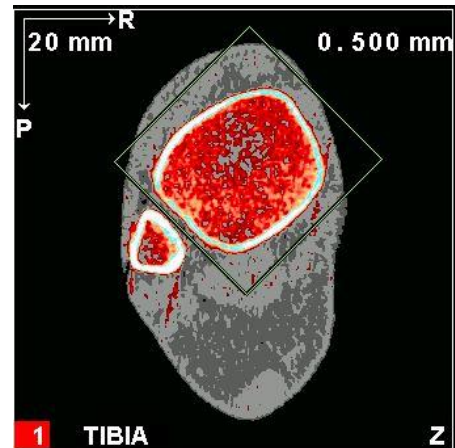
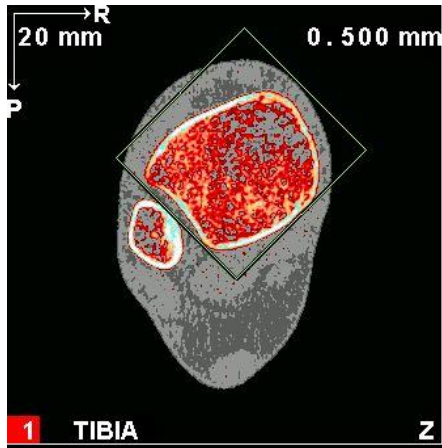


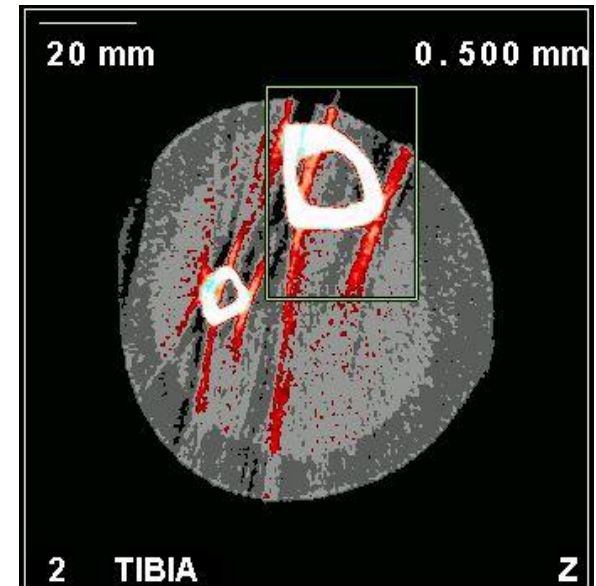
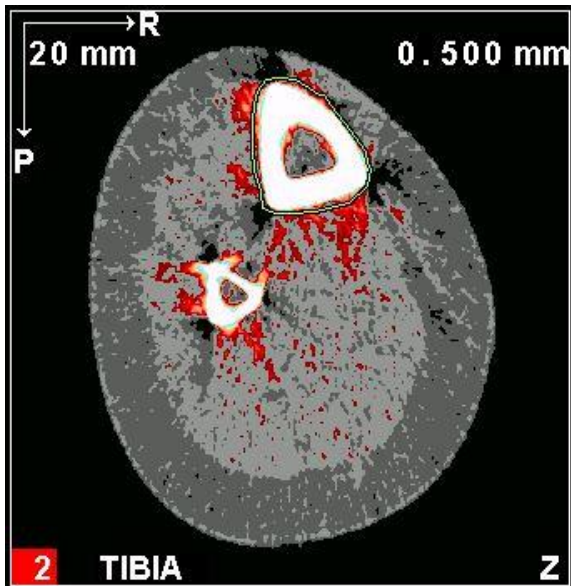
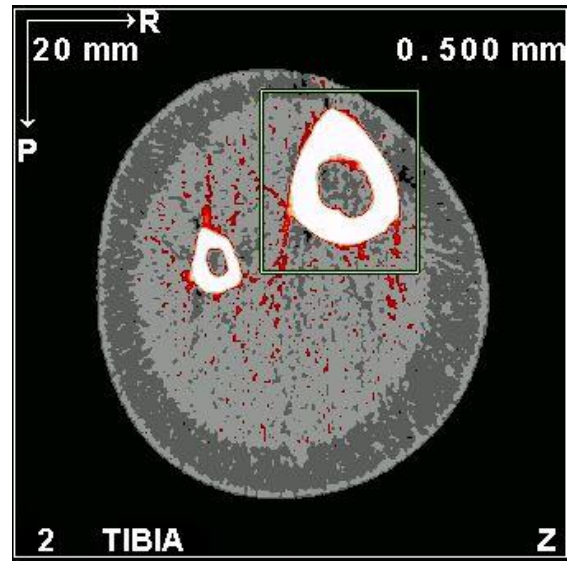
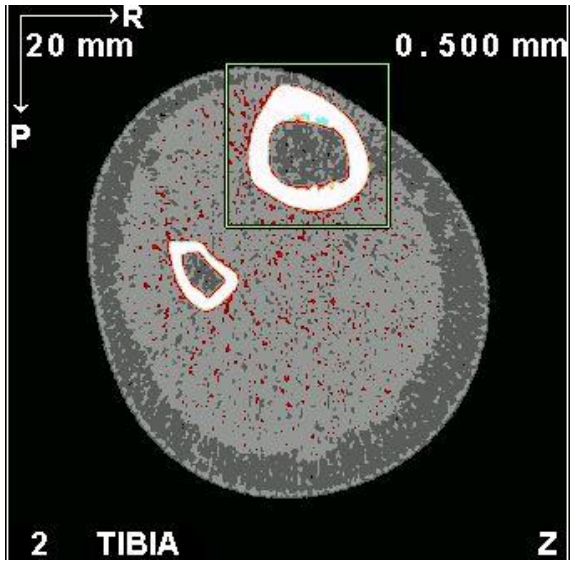
C2P1 not worked – what should we do?



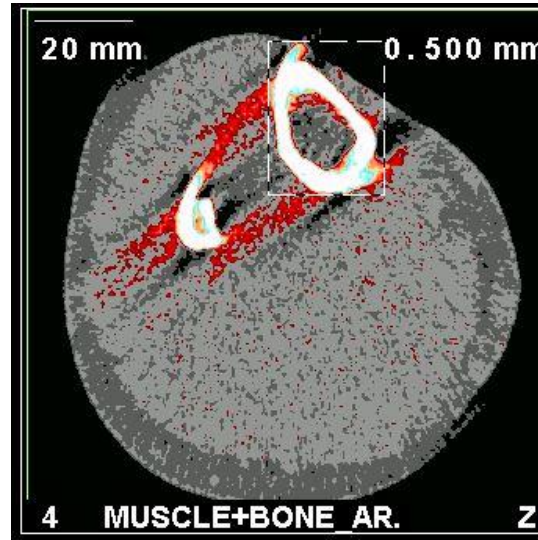
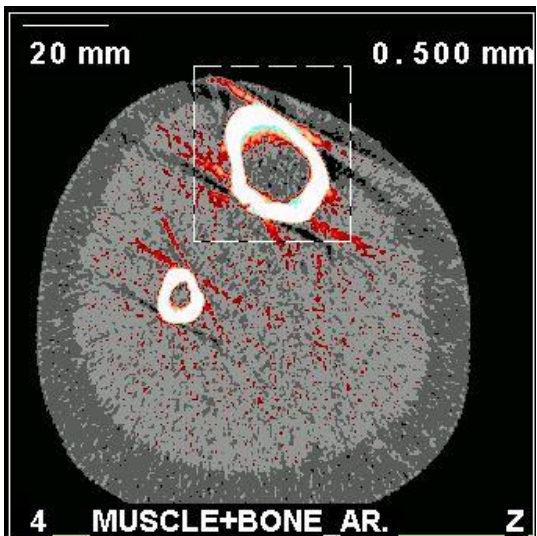
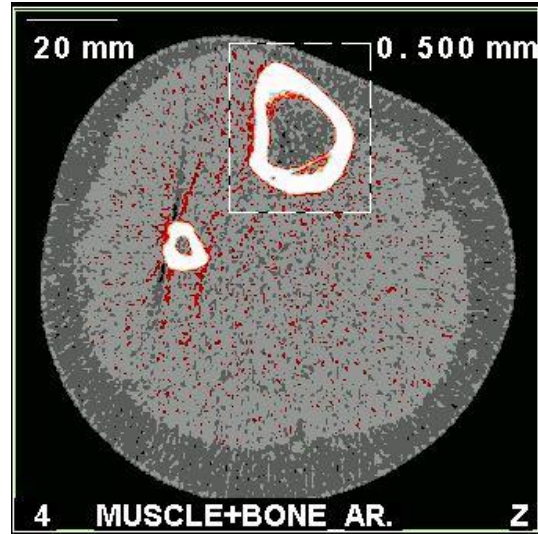
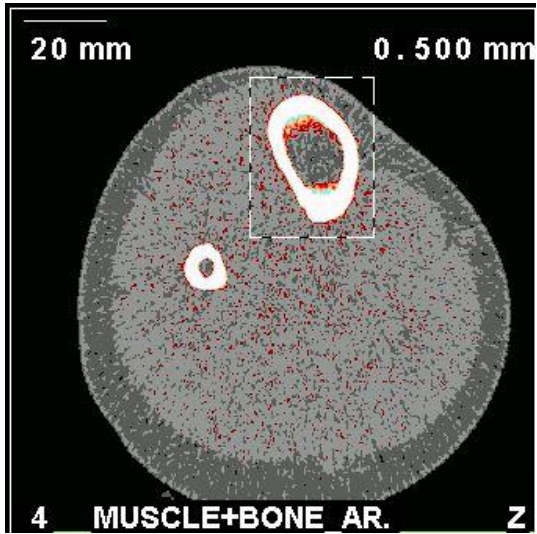


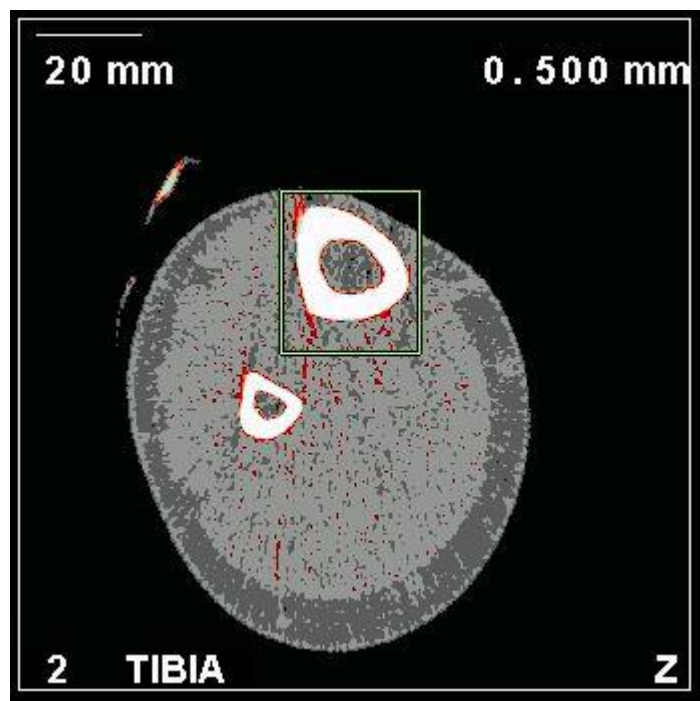
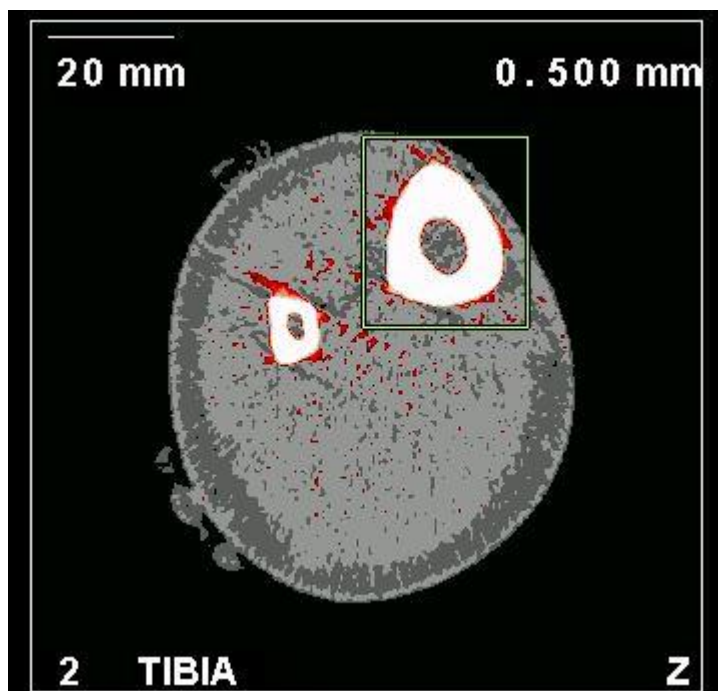
4% Distal tibia scans grade 0 - 3



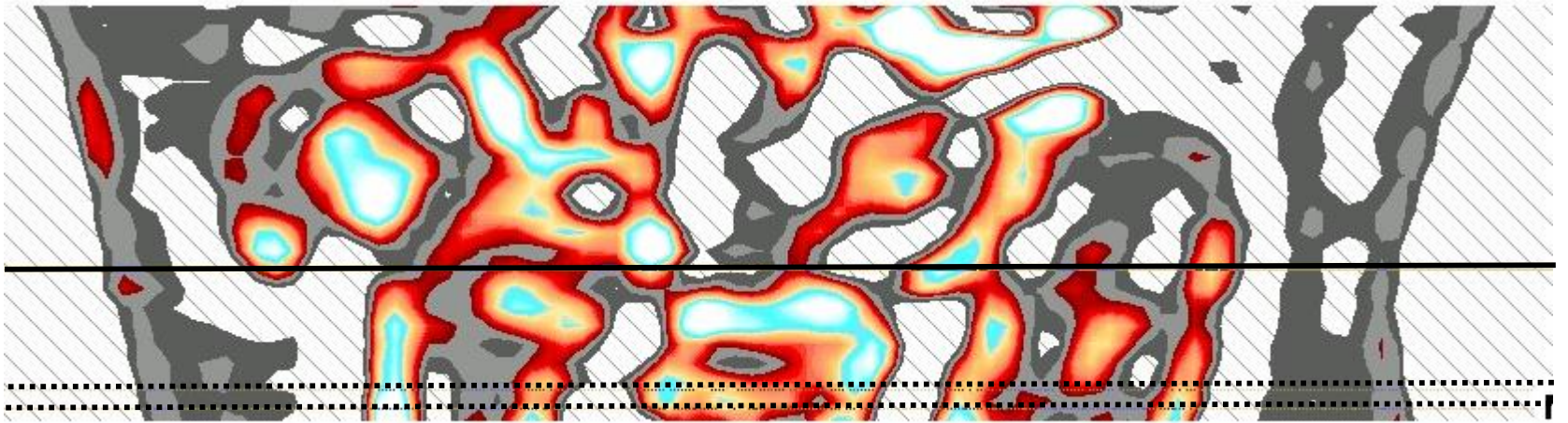


66% Proximal tibia scans grade 0 - 3



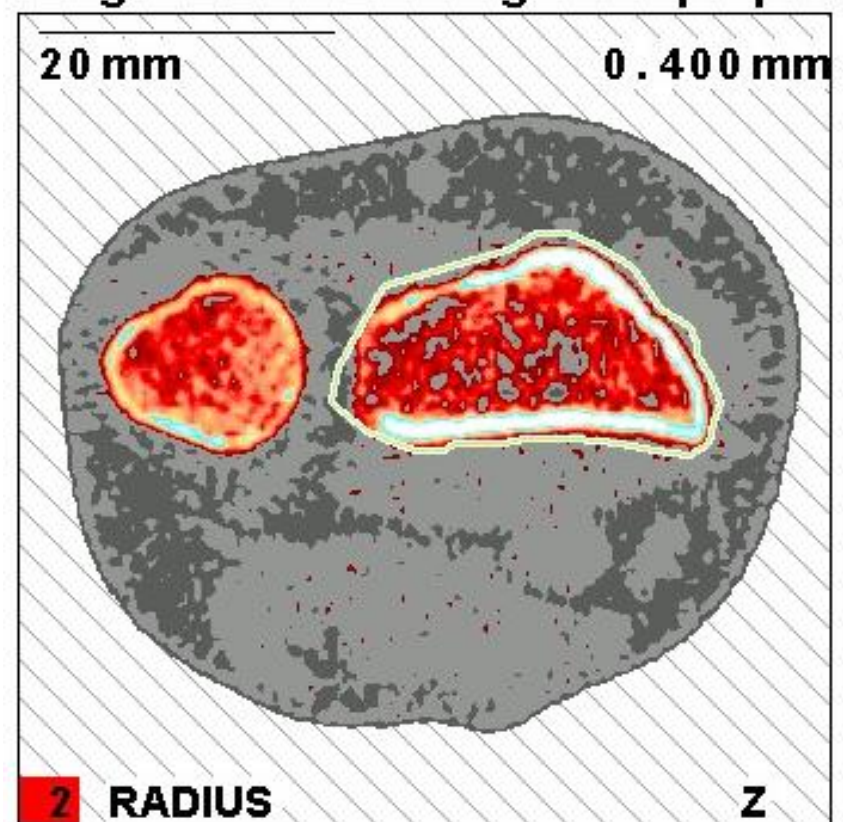
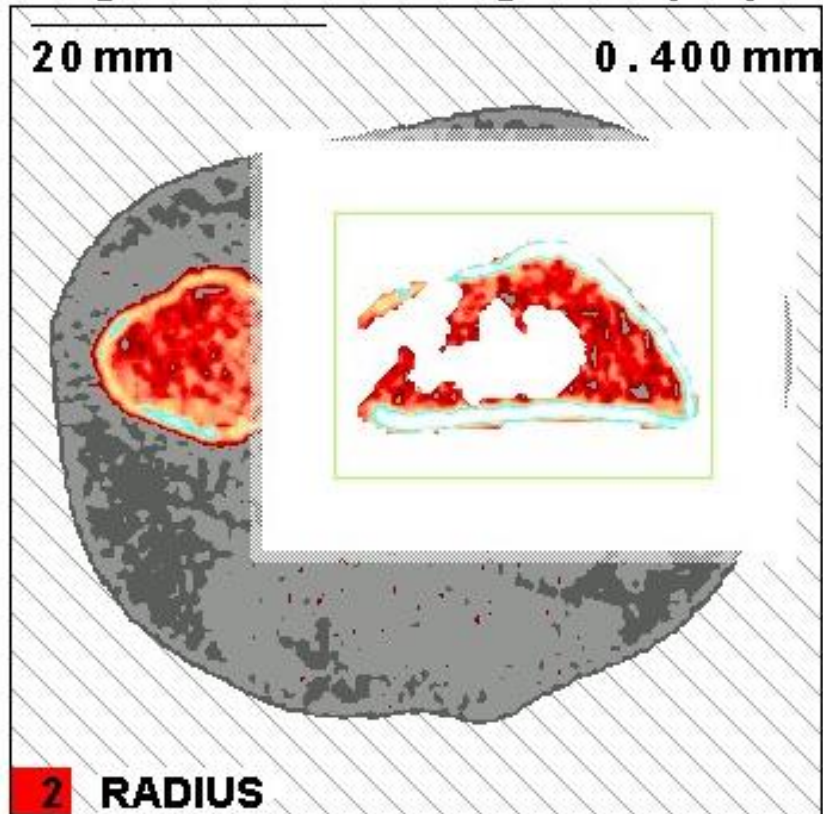


(1)



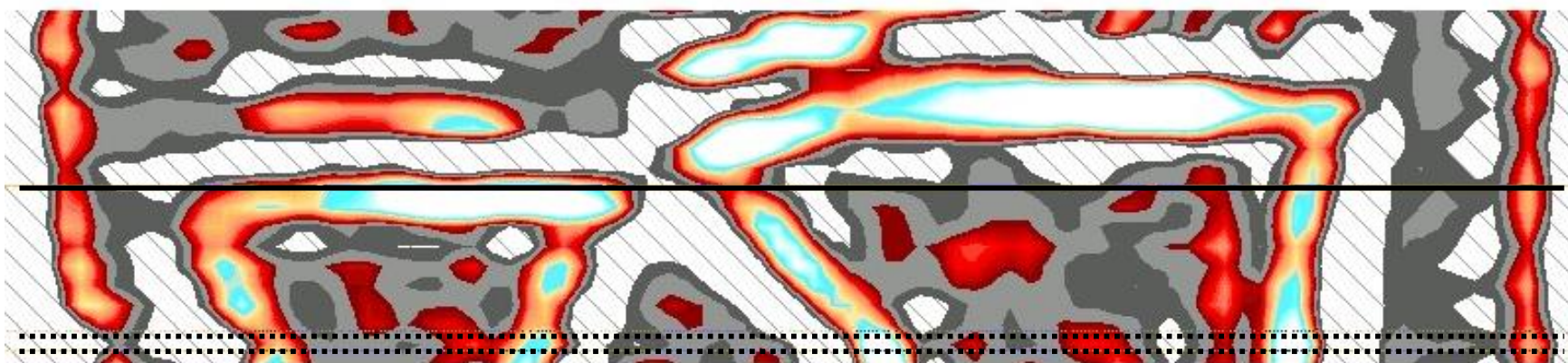
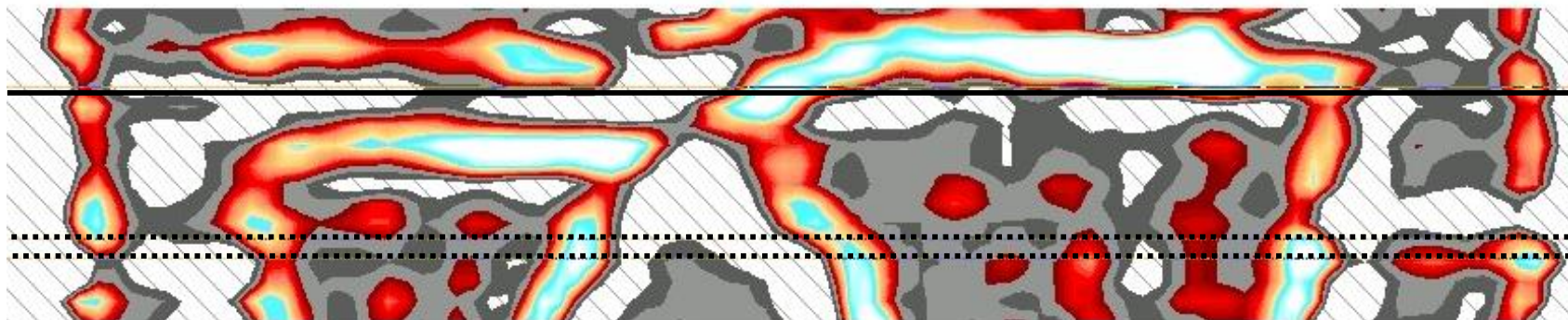
Madelungs deformity – Turners syndrome

(3)



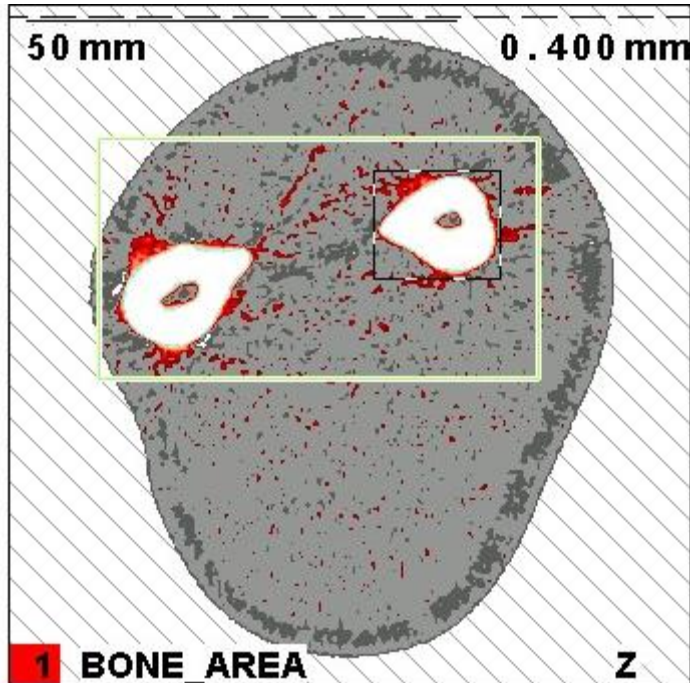
C2P1 not worked – what should we do?

(4)

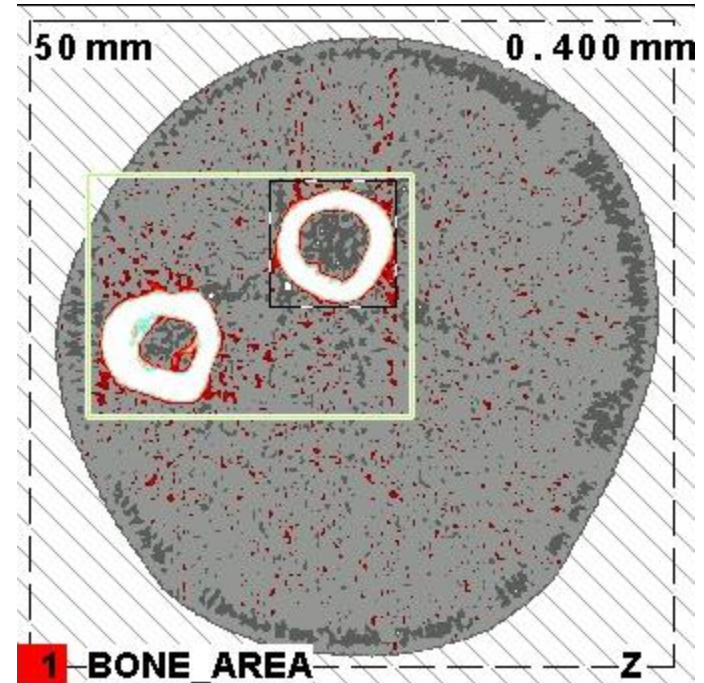


Reference line position

(5)

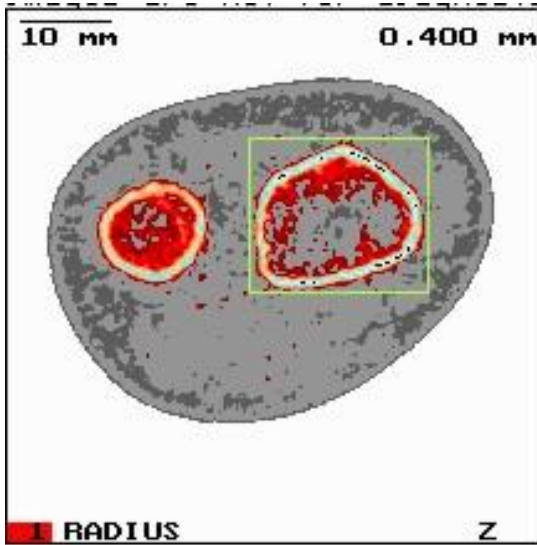


Extra thick cortices



Anatomy different
– circular radius &
ulna

(6)



Harris growth arrest line – illness, bisphosphonate treatment