ΤΜΗΜΑ ΠΥΡΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ
Διευθυντής | Καθ. Δρ. Αλέξης Βραχίμης
NUCLEAR MEDICINE DEPARTMENT
Director | Prof. Dr. Alexis Vrachimis
nuclear.medicine@goc.com.cy 25208003 25208051

German Oncology Center

MEDICAL REPORT

PATIENT NAME			
HIS ID			
EXAMINATION DATE	**22-03-2024**		
DOB			
POLICE ID		GESY REGISTRY NO	**771059**

Procedure: 18F-PSMA PET/CT scan

Dr. Zamboglou C.

Medical History: Current situation: Re-staging after 1st Cycle PSMA-Lu/Ac

2001 Biopsy: confirmation of malignancy (Adeno-Ca of the prostate, Gleason score 5 (2+3) (no report submitted)
2001 2x Hypethermia as well as diverse alternative treatments
2018-21 Initiation of anti-androgen, Bicalutamide (initially 50 mg then 150 mg)
2021 Gradual PSA despite Bicalutamide
05/22 Ga68-PSMA PET/CT (Wiesbaden, Germany): highly PSMA expressing prostatic malignancy with SV invasion, and ECE with at least contact to the anterior rectal wall. Highly PSMA positive pelvic and retroperitoneal LNs, supradiaphragmatic LNs, and multiple bone lesions (Th3, Th12, 7th rib, L5)
05/22 MRI Pelvis: Prostate volume 43cc. PI-RADS V lesion within the posterior PZ extending just above the apex of the prostate.
11/22 PSA 248 ng/ml
11/22 ADT initiation with Goserelin 10.8 mg and Enzalutamide (GOC)
12/22 SBRT of T3 spine 30 Gy in 10 Gy
05/23 PSA 80 ng/ml under sufficient testosteron suppresion
08/23 PSA 128 ng/ml under sufficient testosteron suppresion
08/23 PSMA-PET/CT: SD and CR in the prostate and LNs, mixed response in bones with up to 5 bone mets in progress
12/23 patients started with abirateron (private)
01-02/24 massive PSA progress >1000 ng/ml
02/23 1st cycle PSMA-Lu/Ac + Zoladex in Saarland Germany

Indication/Medical question: Restaging.

Patient's personal data: Weight= 84 Kg, Height= 180 cm

Technique: Imaging was performed 120 minutes after intravenous administration of 202 MBq 18F-PSMA (Prostate-Specific Membrane Antigen). Images were acquired

Λεωφόρος Νίκης 1, 4108 Άγιος Αθανάσιος, Λεμεσός, Κύπρος * Τ.Θ. 52503, 4065 Λεμεσός, Κύπρος
1 Nikis Avenue, 4108 Agios Athanasios, Limassol, Cyprus * P.O. Box 52503, 4065 Limassol, Cyprus
+357 25208000, +357 25208005, info@goc.com.cy www.goc.com.cy

using a Discovery IQ2 PET/CT system (4 rings; 16 slices) of General Electric. The images were obtained from head to mid-thighs in supine position with elevated arms. Axial, sagittal and coronal PET reconstructions with and without attenuation correction were performed. Corresponding CT images were reviewed in axial, coronal and sagittal planes. The CT scan was a limited non-contrast study for the purposes of anatomical correlation and attenuation correction (only pertinent findings will be reported). This resulted in a total DLP of the CT-examination of 1372 mGy-cm. All SUV measurements provided are given as SUV Peak (as measured in the MAC plus QClear reconstruction using commercially available software) unless otherwise stated.

Comparison: ex-domo 68Ga-PSMA PET/CT from 21.02.2024 and in-domo 18F-PSMA PET/CT from 24.08.2023, 20.12.2022, 05.05.2022.

Findings:

Head/Neck:

Physiological radiopharmaceutical distribution in the lacrimal and salivary glands. Mastoid cells and paranasal sinuses free. Stable as compared to the previous examination PSMA overexpressing lymph nodal secondaries left cervical (Se1351/Im94-97). No new lesions.

Thorax:

In the low-dose CT no evidence of suspicious pulmonary lesions. Absence of pleural or pericardial effusion. Normal appearance of the mediastinal and axillar lymph nodes without PSMA expression.

Abdomen/Pelvis:

Physiological radiopharmaceutical distribution in the abdominal organs and intestine. Renal cyst left. Persistant highly PSMA-expressing LN metastases left lateroaortic groups (Se1351/Im196-207). Stable PSMA+ve left seminal vesicle focus (Se1351/Im262) and of the prostate (Se1351/Im269-274).

Musculoskeletal system:

(Restricted from the innumerable number of metastases) relative stable appearance of the osseous secondaries disseminated in the skeleton. No new lesions.

Impression

1. (Restricted from the innumerable number of metastases) relative stable appearance of the osseous secondaries disseminated in the skeleton.
2. Stability of extrapelvic lymph nodal spread.
3. Stable PSMA+ve involvement of the left seminal vesicle and of the primary.
4. No new lesions.

With kind regards,

Prof. Dr. Alexis Vrachimis, MD, PhD
Director of Nuclear Medicine

Dr. Ioannis Tsechelidis
Nuclear Medicine Physician

(The report has been electronically signed), 29-03-2024 15:31