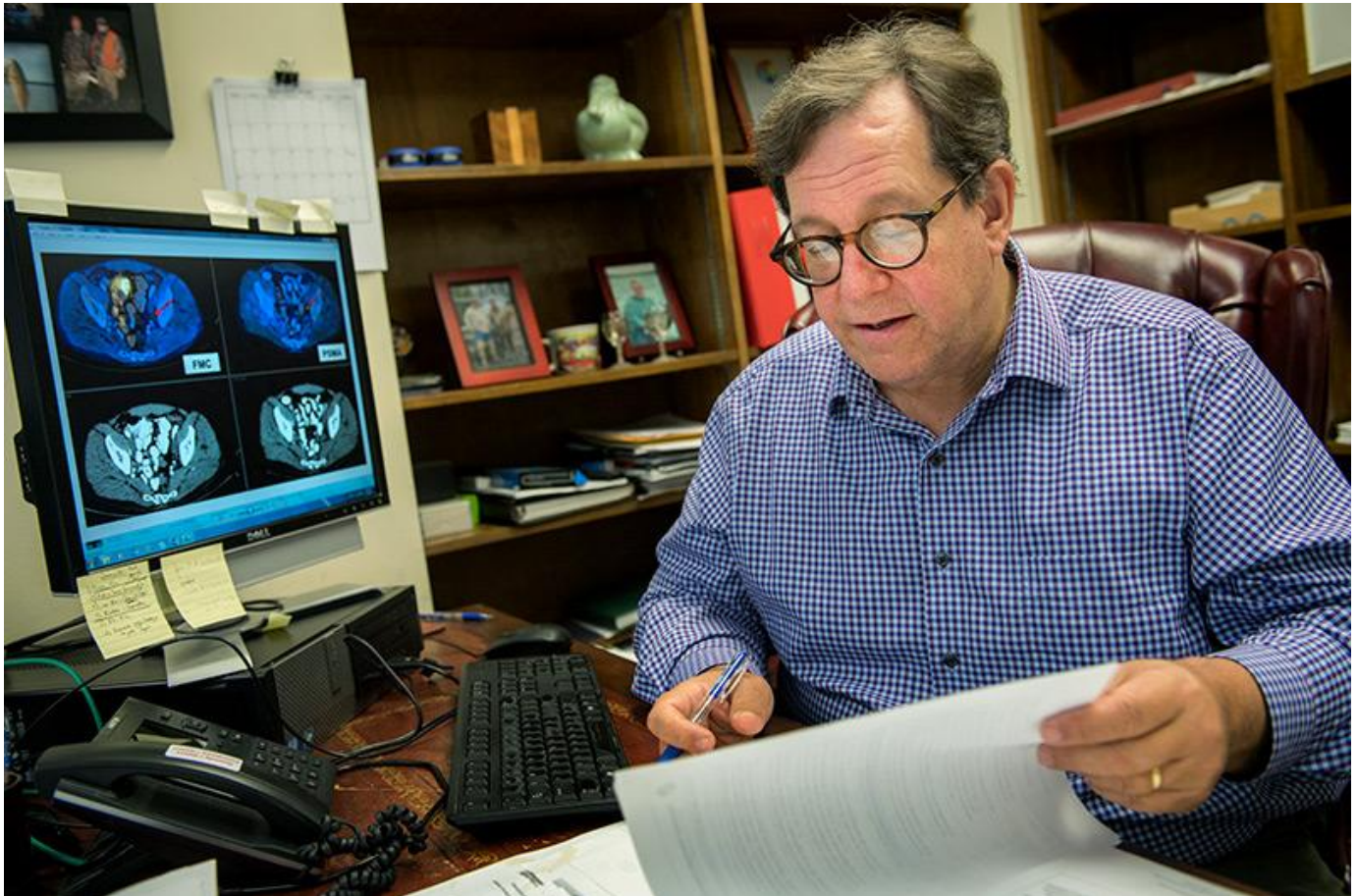


Tulane Cancer Center offers imaging tool to detect recurring prostate cancer

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Tulane Cancer Center is one of the first in the region to provide the latest PET imaging tool to detect recurring prostate cancer. Oliver Sartor, M.D., is the center's medical director. (Photo by Paula Burch-Celentano)

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Prostate cancer is the second-leading cause of cancer death in American men. While most primary prostate cancer is successfully treated through surgery and/or radiation therapy, the disease recurs in up to one-third of patients and can metastasize to other parts of the body.

“Once a patient has undergone traditional prostate cancer treatments, we continue to monitor them with periodic PSA (prostate specific antigen) blood tests,” said Oliver Sartor, M.D., medical director of the [Tulane Cancer Center](#). “If the cancer comes back, we can detect that through the PSA test, but the whereabouts of the recurring cancer cannot always be located through conventional imaging.”

Axumin™ (fluciclovine F-18) is an FDA-approved molecular imaging agent that is designed to specifically target prostate cancer cells. The drug is administered to a patient prior to a PET scan via an injection.

“Axumin is a synthetic amino acid that is drawn like a magnet to prostate cancer cells,” said Olga P. Molchanova-Cook, M.D., chief of nuclear medicine in the Tulane University [School of Medicine](#) Department of [Radiology](#). “The prostate cancer cells absorb the drug, making the cells visible on a PET scan so we can see if and where the cancer is located and how quickly it’s spreading.”

“The more accurately we can detect the location of recurring prostate cancer, the better we can potentially pinpoint treatments – which can increase the chances of a more positive outcome,” Sartor added.

Beginning at age 50, men at average risk (those with no family history) for developing prostate cancer should begin to discuss the pros and cons of screening with their doctor. Men at high risk for developing prostate cancer should begin discussing screening even sooner.

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— Oliver Sartor, M.D.