

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/examining-the-role-of-psma-pet-ct-imaging-in-mcrpc/24313/>

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Examining the Role of PSMA PET-CT Imaging in mCRPC

Announcer:

Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by Novartis, we'll hear from Dr. Dan Cohen, who's a nuclear medicine specialist practicing at Tel Aviv Sourasky Medical Center in Israel. He'll discuss PMSA PET-CT imaging and its role in metastatic castration-resistant prostate cancer, which is a topic he spoke about at the 2024 Society of Nuclear Medicine and Molecular Imaging Annual Meeting. Here's Dr. Cohen now.

Dr. Cohen:

Molecular imaging is a system where you use a probe—a probe that is injected inside the body of a patient. The probe can target a molecule of interest inside the body. The probe emits some signal that can be detected by an outside camera, let's say a PET camera. So if your probe is detected by the PET camera and targets a specific molecule of interest inside the body, you can specially map the whole-body distribution of your molecule of interest. In the case of prostate cancer, the prostate cancer cells overexpress a glycoprotein named PSMA. So if you inject a PSMA ligand, some probe that can trace where PSMA is located, you just inject your probe, and you can see the whole-body distribution of the overexpression of PSMA.

During my conversation, I touched on several points where PSMA PET really changed the way that we understand and approach prostate cancer these days. A few years ago when PSMA PET was not very popular for imaging prostate cancer patients, they did CT and bone scan. These modalities cannot see in a molecular level where prostate cancer lesions are distributed in the body. PET PSMA really revolutionized the way that we image patients with prostate cancer, and now we see with way better sensitivity where the lesions of prostate cancer are distributed inside the body. And not only the sensitivity, but also the ease in just one modality—the PET PSMA—instead of doing CT and bone scan. So this is one thing.

At the end of my talk, I also touched upon the issue that we saw was that in some cases, clinicians do imaging without prior imaging biopsy. This is something that people did not do before, and this is just one example of how PET PSMA changed the way that we do clinical prostate cancer these days.

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