## Case Report, <sup>68</sup>Ga-PSMA in Prostate Cancer.

## <sup>68</sup>Ga-PSMA Uptake in Lymphoma: A Potential Pitfall in Prostate Cancer PET Imaging.

Di Tamba, M<sup>1</sup>. Haffejee, M<sup>2</sup>. Nayler, S<sup>3</sup>. Dhoodhat, S<sup>1</sup>. Shamsuddeen, S<sup>1</sup>. Momodu, J<sup>1</sup>.

<sup>1</sup>Division of Nuclear Medicine and Molecular Imaging, Department of Radiation Sciences, University of the Witwatersrand. <sup>2</sup>Surgical Faculty Practice, Wits University Donald Gordon Medical Centre. <sup>3</sup>Department of Anatomical Pathology, National Health Laboratory Service, South Africa.

## **ABSTRACT:**

Receptor targeted imaging using prostate specific membrane antigen (PSMA)-a labeled radioisotope currently plays a key role in prostate cancer imaging. This is due to the overexpression of PSMA, a type II Tran's membrane protein, in prostate cancer cells. Gallium-68 and fluorine-18 labeled PSMA are currently available for positron emission tomography/ computed tomography (PET/CT) imaging for the diagnosis, staging, treatment planning and follow-up of prostate cancer.

In this case report we discuss a 70 year old male who presented with progressively rising serum prostate-specific antigen (PSA) levels. Three prostate biopsies performed at different

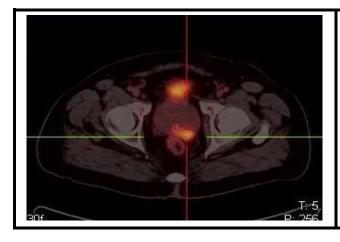
time points were negative and failed to provide a histological diagnosis. <sup>68</sup>Ga-PSMA PET/CT was subsequently requested to guide biopsy and appropriately stage the disease. PSA level at the time of imaging was 39ng/ml. Uptake was demonstrated in the left posterior-lateral aspect of the prostate gland (SUV<sub>max</sub>=15.27), identifying the target biopsy site for histological confirmation of the diagnosis of prostate cancer (*Figure 1*).

Unusual uptake was also noted in a right axillary lymph node (SUV $_{max}$ =6.18). Biopsy of this lymph node confirmed Hodgkin's Lymphoma (*Figure 2&3*).

This clinical case demonstrates the nonspecific nature of PSMA in prostate cancer, despite its name. We would like to advise caution in the interpretation of distant nodal uptake sites on <sup>68</sup>Ga-PSMA PET/CT imaging for the diagnosis and/or staging of prostate cancer.

**Key Words:** Prostate cancer, <sup>68</sup>Ga-PSMA, Lymphoma, Hodgkin's lymphoma.

**Corresponding author:** Momodu, J.

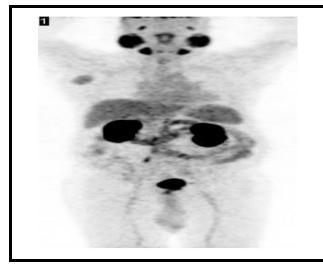


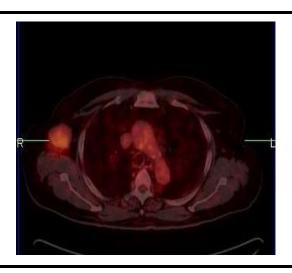
**Figure (1):** <sup>68</sup>Ga-PSMA activity is noted in the left posterior-lateral aspect of the prostate gland

**E-mail:** *itsememd@gmail.com.* 

(SUVmax=15.27).

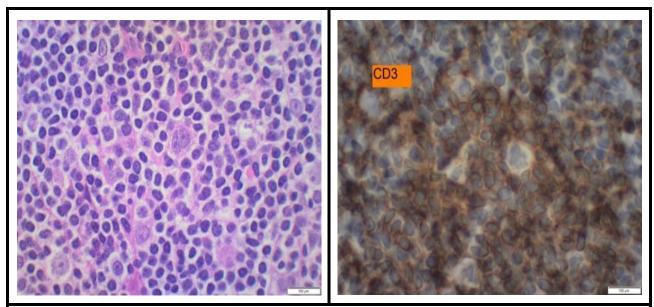
This represents the ideal biopsy site to histologically confirm the diagnosis of prostate cancer.





**Figure (2 A):** <sup>68</sup>Ga-PSMA PET/CT shows prostatic uptake below the bladder as well as a focus of uptake in the right axilla. The PSA level at the time of imaging was 39ng/ml.

**Figure (2 B):** a right axillary lymph node (SUVmax=6.18) which represents an unusual site of prostate cancer metastases. Biopsy of this lymph node revealed Hodgkin's Lymphoma.



**Figure (3 A,B):** Immunohistological stain of biopsy material from the right axillary nodal lesion at two different laboratories confirmed Hodgkin's Lymphoma.

## **REFERENCES:**

- 1. *Mease RC*, *Foss CA*, *Pomper MG*. PET Imaging in Prostate Cancer: Focus on Prostate-Specific Membrane Antigen. Curr. Top Med. Chem.13(8): 951–62; 2013.
- 2. Afshar-Oromieh A, Haberkorn U, Eder M, et al. Ga labelled PSMA ligand as superior PET tracer for the diagnosis of prostate cancer. Eur. J. Nucl. Med. Mol. Imaging: 39:1085–6; 2012.
- 3. Lütje S, Heskamp S, Cornelissen AS, et al. PSMA ligands for radionuclide imaging and therapy of prostate cancer: Clinical status.

Theranostics.5(12):1388-401; 2015.

- 4. *Dietlein M, Kobe C, Kuhnert G, et al.* Comparison of [18F]DCFPyL and [68Ga]Ga-PSMA-HBED-CC for PSMA-PET Imaging in Patients with Relapsed Prostate Cancer. Mol. Imaging Biol. 17(4): 575–84; 2015.
- 5. Afshar-Oromieh A, Malcher A, Eder M, et al. PET imaging with a [68ga]gallium-labelled psma ligand for the diagnosis of prostate cancer: Biodistribution in humans and first evaluation of tumour lesions. Eur. J. Nucl. Med. Mol. Imaging: 40(4):486–95; 2013.