

DYNAMIC CONTRAST IMAGING AIDS UROLOGISTS

Lexington Diagnostic Center & Open MRI medical director reports on the first year of implementation

LEXINGTON In the October 2010 issue of M.D. Update, we reported having a new imaging technique for evaluation of prostate cancer at Lexington Diagnostic Center & Open MRI. This test known as Dynamic Contrast Enhanced (DCE) MRI of the prostate uses Computer Assisted Diagnosis (CAD) is helping urologists, internists and radiation oncologists to determine the existence of and the location of cancer(s) and whether or not a cancer may have spread outside of the prostate.

We are happy to report on our first year of experience with prostate DCE MRI. We have performed 42 DCE-MRI scans ordered by 7 Urologists, 4 Internists and 2 Radiation



BY Dr George W. Privett, Jr

Oncologists. There were no complications. In one case CAD analysis was not possible due to technical problems.

Following are the scan findings (through August 28,

2011) according to the reasons doctors have for ordering DCE-MRI. Readers may view slides at <http://en.calameo.com/read/0005896554b10e852d15f>

(A) Rising/High PSA for Pre-biopsy Planning

There were 12 cases and the findings were: 4 Negative, 2 Suspicious, 4 Positive for cancer, and 1 Positive for cancer with extra-capsular extension.

(B) Rising/High PSA and Negative Biopsy

There were 16 cases in this category and the findings were: 5 Negative, 1 Suspicious, and 10 Positive for cancer with suggested area(s) to target a biopsy.

(C) Positive Biopsy for Pre-treatment Planning & Staging

There were 11 cases in this category and the findings were: 0 Negative, 1 Suspicious, 7 Positive for Cancer, and 3 Positive for Cancer with extra-capsular extension.

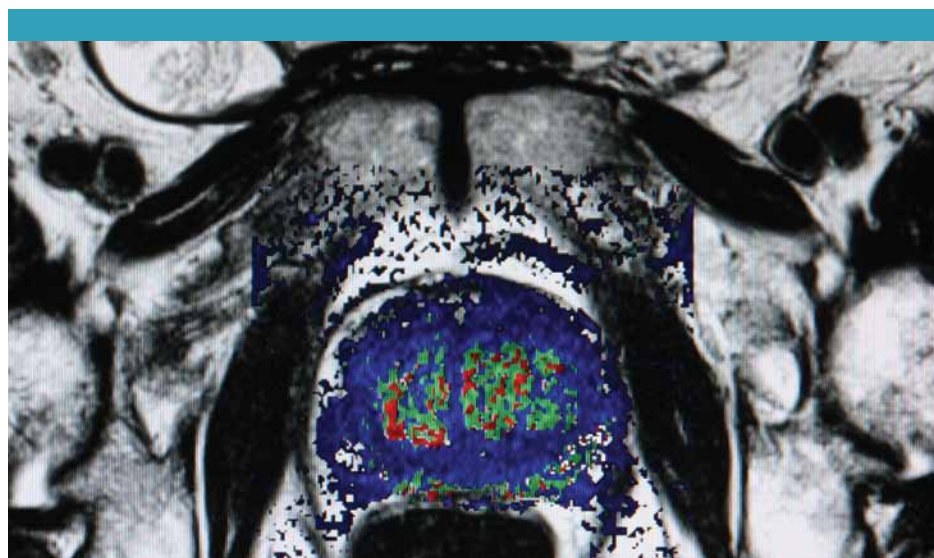
(D) Post Treatment for Rising PSA or Re-staging

There were 3 cases: 2 Negative and 1 Positive for Cancer.

In categories A and B the treating internists and urologists reported that positive DCE-MRI has been helpful in biopsy planning and a negative DCE-MRI has been helpful in reassuring the patients that their elevated PSA is not due to prostate cancer. In categories C and D the treating urologists and radiation oncologists have reported that DCE-MRI has given helpful information for performing targeted biopsies, determining treatment modalities and evaluating the possibility of performing nerve sparing procedures.

As our radiologists and referring urologists, oncologists and internists get more experience with this procedure and their confidence grows, DCE-MRI should become even more useful in the evaluation and treatment of prostate cancer.

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