Recurrent malignant melanoma detected on fluciclovine 

\(^{(18}\text{F})\) PET/CT imaging for prostate cancer

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Short title as running head:
Melanoma recurrence detected on fluciclovine PET (43 characters)

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Unstructured abstract
A 66-year-old man presented with biochemical recurrence of prostate cancer and underwent fluciclovine (18F) PET/CT to detect sites of recurrence. He had a history of resected truncal stage IIIC malignant melanoma, with bilateral axillary node involvement on sentinel node biopsy, in complete remission for 3 years.

Fluciclovine (18F) PET/CT demonstrated an incidental fluciclovine-avid right axillary node (SUV$_{\text{max}}$=4.3). Diagnostic sampling confirmed recurrent malignant melanoma.

Figure legend
A 66-year-old man with a history of radical prostatectomy for prostate cancer, presented with biochemical recurrence (prostate specific antigen level 0.32 ng/ml) and underwent fluciclovine (18F) PET/CT to detect sites of disease recurrence. He also had a history of resection of a truncal stage IIIC 4-mm non-ulcerated malignant melanoma, with bilateral axillary node involvement on sentinel node biopsy, in complete remission for 3 years. While the site of prostate cancer recurrence was not demonstrated, an incidental fluciclovine-avid (SUV$_{\text{max}}$=4.3) 12-mm right axillary node was detected. Diagnostic sampling and subsequent right axillary node dissection two months later confirmed recurrent malignant melanoma.
Fluciclovine ($^{18}$F) / anti-1-amino-3-$[^{18}$F]-fluorocyclobutane-1-carboxylic acid (FACBC) is a synthetic amino acid, recently FDA-approved for imaging recurrent prostate cancer$^1$. It is predominantly transported into cells by high-affinity glutamine transporter ASCT2, and leucine transporter LAT1$^2, 3$. There has been therapeutic interest in targeting glutamine metabolism by utilising ASCT2 inhibitors in melanoma$^4$ as well as prostate cancer$^5$, which in the case of melanoma, is fuelled by observation of a metabolic switch to glutamine dependence on developing resistance to BRAF inhibition$^6, 7$. Disease detection aside, this raises potential application in patient selection and response assessment to such emerging therapies.

Unlike fluorodeoxyglucose, which demonstrates non-specific uptake upon activation of both innate and adaptive immune response components, preclinical studies report uptake of fluciclovine only upon T- and B-cell activation, but not in granulocytes and macrophages$^8$. Fluciclovine may therefore have the potential ability to selectively image T-cell modulation in the tumour microenvironment.

References


