# <sup>18</sup>F-Fluciclovine

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# **CLINICAL INDICATIONS**

<sup>18</sup>F-fluciclovine (Axumin; Blue Earth Diagnostics) is an amino acid analog indicated for PET in men with suspected recurrent prostate cancer based on an elevated level of prostate-specific antigen (PSA) after prior treatment (4).

# **CONTRAINDICATIONS**

None.

#### PATIENT EDUCATION AND PREPARATION

# Before Arrival in PET/CT Department

- Allow the patient to take prescribed medications with small sips of water.
- Instruct the patient not to take any food or water by mouth for at least 4 h before receiving the <sup>18</sup>F-fluciclovine injection.
- Instruct the patient to avoid significant strenuous exercise for 24 h before receiving the <sup>18</sup>F-fluciclovine injection.
- Instruct the patient to avoid voiding the urinary bladder for at least 1 h before receiving the <sup>18</sup>F-fluciclovine injection and undergoing imaging.

# On Arrival in PET/CT Department

- Obtain a focused history of past and current diseases, interventional or surgical procedures, and medications.
- Obtain and document the patient's height and weight.
- Educate the patient in detail about the procedure, including time to completion, required position for imaging (supine), and voiding restrictions.
- Evaluate the patient's ability to lie still for up to 30 min.

# PROTOCOL AND ACQUISITION

- Unless contraindicated, place an intravenous catheter in the right arm (avoids possible uptake in the Virchow lymph node in the left supraclavicular fossa, should any portion of the dose be infiltrated), and verify patency with a normal-saline flush (1,3).
- Position the patient supine on the imaging table, with the arms above the head.
- Evaluate patient comfort, emphasizing to the patient the importance of remaining still.

- Perform a scout CT view.
- Plan the CT and PET region to be from skull base to mid thigh, with the prostate bed centered in the first bed position.
- Acquire a CT scan from upper mid thigh to skull base for anatomic correlation and attenuation correction, per site standards, before assaying the patient dose. Refer to the manufacturer's recommendations for the CT acquisition parameters.
- Move the patient into position for the PET scan, and prepare for the scan but do not start it (Table 1) (2).
- Prepare and calibrate the recommended dose (370 MBq [10 mCi] ± 20%), inject it intravenously (with the patient's arms down) over a period of 5–10 s, and follow it by a 10-mL saline flush.
- Begin imaging within 3–5 min after injection (with a goal of 4 min).

# **PROCESSING**

- · Review raw data for motion.
- Use <sup>18</sup>F-FDG reconstruction parameters (iterative reconstruction is most often used, and the gaussian filter should not exceed 5 mm).

**TABLE 1**Standard PET Acquisition Parameters

| Parameter  | Specifications  |
|--|---|
| Camera type<br>Energy peak                       | PET or PET/CT<br>511 keV  |
| Injection-to-imaging time Attenuation correction | 3–5 min (4 min optimal) PET: cesium or germanium  |
| Attenuation correction                           | source  |
| Patient position                                 | PET/CT: CT acquisition Supine   |
| Arm position                                     | Above head  |
| Bed positions                                    | Adequate to include<br>upper thigh to skull<br>base (ischial tuberosities<br>to vertex) |
| Time per bed position*                           | 5 min for pelvis region<br>(2 bed positions)  |
|  | 3–5 min for remaining bed positions   |
| View   | Mid thigh to skull base   |

<sup>\*</sup>Site- and scanner-dependent.

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- Refer to the manufacturer's guidelines for emissiondata reconstruction protocols that correct for detector efficiency (normalization), system dead time, random coincidences, scatter attenuation, and sampling nonuniformity.
- Create non-attenuation-corrected and attenuation-corrected images.
- Appropriately scale data and display in transaxial, coronal, and sagittal planes and as a rotating maximum-intensity-projection image.

# **REFERENCES**

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