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Notable and Newsworthy



[Dr. David Jarrard](#) has been named Deputy Director of the UW Carbone Cancer Center. Dr. Jarrard is a long-standing, independently-funded physician-scientist with expertise in clinical urologic cancer management, clinical trials, and translational research. His research teams examine epigenetic factors underlying prostate cancer progression, and novel approaches to treating advanced disease.

“It’s a true honor to have David in this role, based on his vast experience within the cancer realm at UW Carbone,” said Howard Bailey, MD, UW Carbone Cancer Center Director.

“Undoubtedly, his leadership in this role will help us exponentially as we continue to leverage our translational cancer research efforts.”

Dr. Jarrard has held several distinguished positions nationally, including serving on the Department of Defense Prostate Cancer Research Program integration panel, and cancer guidelines panels for both the National Comprehensive Cancer Network (NCCN) and the American Urological Association. He has had leadership roles within the Society for Urologic Oncology, and served as President of the North Central Section of the American Urological Association, the Society for Academic Urology, and the Society for Basic Urologic Research.

UW-Madison Researchers Seek to Expand Use of Novel Diagnostic Agent for Prostate Cancer Diagnosis

Researchers in the Departments of Urology and Radiology at UW-Madison are studying a promising new tool in the diagnosis and treatment of prostate cancer. Led by radiologists Steve Cho, MD, and Shane Wells, MD, and urologists [David Jarrard, MD](#), and [Tudor Borza, MD](#), the research team is examining a radiotracer called Pylarify[®] (¹⁸F-DCFPyL) to determine if using this novel imaging agent in PET Scans improves cancer detection in low-risk prostate cancer patients compared to previously used diagnostic methods.

PET scans are a leading imaging technique for diagnosing cancer throughout the body. A radiotracer – the imaging agent used in PET scans – binds to and concentrates in specific prostate cancer cells, allowing us to better detect and distinguish them from non-cancerous cells. Pylarify[®], the radiotracer under study, binds to PSMA – a protein found mainly on prostate cancer cells – indicating precise cancer location and any spreading beyond the prostate. UW researchers believe that Pylarify will improve the effectiveness of cancer diagnosis over previous radiotracers because it has demonstrated a high tumor-to-background ratio and a high tumor-specific uptake when being developed, allowing for a greater chance of cancer detection.

Pylarify has been FDA approved for about a year and has been tested and established as an effective diagnostic tool for patients with advanced prostate cancer. **UW-Madison is one of the first and only research sites approved to study this new PET scan imaging agent in a cohort of very-low to low-risk prostate cancer patients.**

The team has been recruiting study participants for roughly six months. Patients who qualify to participate in this study have prostate cancer requiring "active surveillance" (observation and testing) rather than active treatment, as the probability of their cancer spreading is low. Current standard-of-care procedures to follow their cancer progression include pelvic MRI and ultrasound-guided prostate biopsy. An MRI identifies cancerous lesions in the prostate and specific regions of the prostate that require biopsy in addition to the standard tested areas. However, MRI misses some cancers as it relies on differences in density and blood flow that may not be detectable in all tumors.

These discrepancies and inaccuracies with MRI alone led the research team to their examination of PET Scans using Pylarify as a new diagnostic option for these active surveillance patients. If UW Researchers demonstrate that a Pylarify PSMA PET scan is a more sensitive and accurate method for cancer detection in low-risk patients as compared to current standard-of-care MRI imaging, or if it is shown to be effective in combination with MRI imaging, a broader patient population will have access to a more powerful diagnostic tool. The chance of cancer in these patients being missed or spreading would lessen, ultimately allowing patients and their urologists to make better treatment decisions.

We are still recruiting participants for this study and have experienced a high level of interest, including from patients outside Wisconsin. If you would like to learn more, have questions, or are interested in joining the study, contact one of the team members listed below.

Abigail Wiedmer (Urology research coordinator) wiedmer@urology.wisc.edu, 608-265-9172
Igor Bereslavsky (Radiology research coordinator), IBereslavsky@uwhealth.org, 608-716-9233

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