Q1: SURVEY BEFORE PSMA PET/CT  

Ga-68 PSMA-11 SCAN

**PATIENT INFORMATION**

Last name: _______________________  First Name: _______________________

Date of Birth: ____________________  Medical Record Number: _______________

1. **Indicate where do you know/think that prostate cancer disease is located before $^{68}$Ga-PSMA PET (select all that apply):**
   - [ ] Prostate fossa
   - [ ] Intrapelvic lymph nodes
   - [ ] Extrapelvic lymph nodes
   - [ ] Bone
   - [ ] Extrapelvic soft-tissue (non-bone)

2. **If $^{68}$Ga-PSMA PET was not available, which other imaging test would you order?**
   - [ ] MRI
   - [ ] CT
   - [ ] FDG PET
   - [ ] Acetate PET
   - [ ] Choline PET
   - [ ] Fluciclovine PET
   - [ ] ProstaScint
   - [ ] Bone scan
   - [ ] Fluoride PET
   - [ ] Other: _______________________

3. **If $^{68}$Ga-PSMA PET was not available, which treatment would you recommend/perform?**
   - [ ] Surgery – Prostatectomy
   - [ ] Surgery – Pelvic lymph node dissection
   - [ ] Surgery – Elective lymphadenectomy
   - [ ] XRT - Prostate fossa
   - [ ] XRT - Whole pelvic lymph nodes
   - [ ] XRT - Single pelvic lymph node
   - [ ] XRT - Extra-pelvic metastasis
   - [ ] Other focal therapy (please describe below):
   - [ ] Androgen deprivation therapy
   - [ ] Chemotherapy
   - [ ] PSMA Radionuclide therapy
   - [ ] Bone targeted Radionuclide therapy
   - [ ] Immunotherapy
   - [ ] Active surveillance
   - [ ] Other (please describe below):

Referring Physician Name: _______________________

Signature: _______________________  Date: _______________________
Q2: SURVEY WITHIN 4 WEEKS AFTER PSMA PET/CT

Ga-68 PSMA-11 SCAN

PATIENT INFORMATION

Last name: ____________________________ First Name: ____________________________

Date of Birth: ____________________________ Medical Record Number: ____________________________

1. Indicate where do you know/think that prostate cancer disease is located after ⁶⁸Ga-PSMA PET (select all that apply):
   - Unknown
   - Prostate fossa
   - Intrapelvic lymph nodes
   - Extrapelvic lymph nodes
   - Bone
   - Extrapelvic soft-tissue (non-bone)

2. Did the ⁶⁸Ga-PSMA PET enable you to avoid any diagnostic procedure?
   - Yes
   - No
   
   If yes, which one? ____________________________

3. Did the ⁶⁸Ga-PSMA PET result in any diagnostic procedure?
   - Yes
   - No

   If yes, which one? ____________________________

4. Based on ⁶⁸Ga-PSMA PET findings what is your treatment plan?
   - Surgery – Prostatectomy
   - Surgery – Pelvic lymph node dissection
   - Surgery – Elective lymphadenectomy
   - XRT - Prostate fossa
   - XRT - Whole pelvic lymph nodes
   - XRT - Single pelvic lymph node
   - XRT - Extra-pelvic metastasis
   - Other focal therapy (please describe below):

   Referring Physician Name: ____________________________

   Date: ____________________________ Signature: ____________________________
Supplemental Figure 1: Questionnaires.
Supplemental Figure 2. Detection rate stratified by sub-groups (upper image) and PSA levels (lower image).
Supplemental Figure 3: Location of disease based on PSMA PET/CT results. ADT: androgen deprivation therapy; RT: radiation therapy; LN: lymph nodes
Supplemental Figure 4. Impact of PSMA PET/CT imaging on management stratified by changes in stage.
Supplemental Figure 5. Example of a change in management: 54-year-old patient with increasing serum PSA levels post multiple treatments (advanced disease sub-group). PSA at time of PSMA PET/CT was 0.29 ng/ml. Radical prostatectomy on 3/2006 (Gleason Score 3+4=7 with extracapsular extension) and adjuvant radiation therapy on the prostatic fossa on 9/2007. In 2010, due to increasing PSA values, the patient started first-line hormonal therapy and developed castration-resistant prostate cancer in 2013. The patient was treated with two different immunotherapies with temporary reduction of PSA levels, but in 4/2017 serum PSA levels started to increase. The intended treatment before PSMA PET/CT was continuation of ADT. PSMA PET/CT on 4/2018 detected a single focus
of increased uptake in the sternum. The lesion was treated with stereotactic RT on 5/2018. PSA started decreasing in 10/2018, became undetectable on 4/2019 and remained so until the day this manuscript was finalized. $^{68}$Ga-PSMA-11 PET/CT MIP (A), CT (row B), fusion PSMA PET/CT (row C) and PET (row D).
**Supplemental Table 1.** Detailed analysis of changes in management stratified by clinical indication and by changes in stage. In parenthesis are percentages by column.