

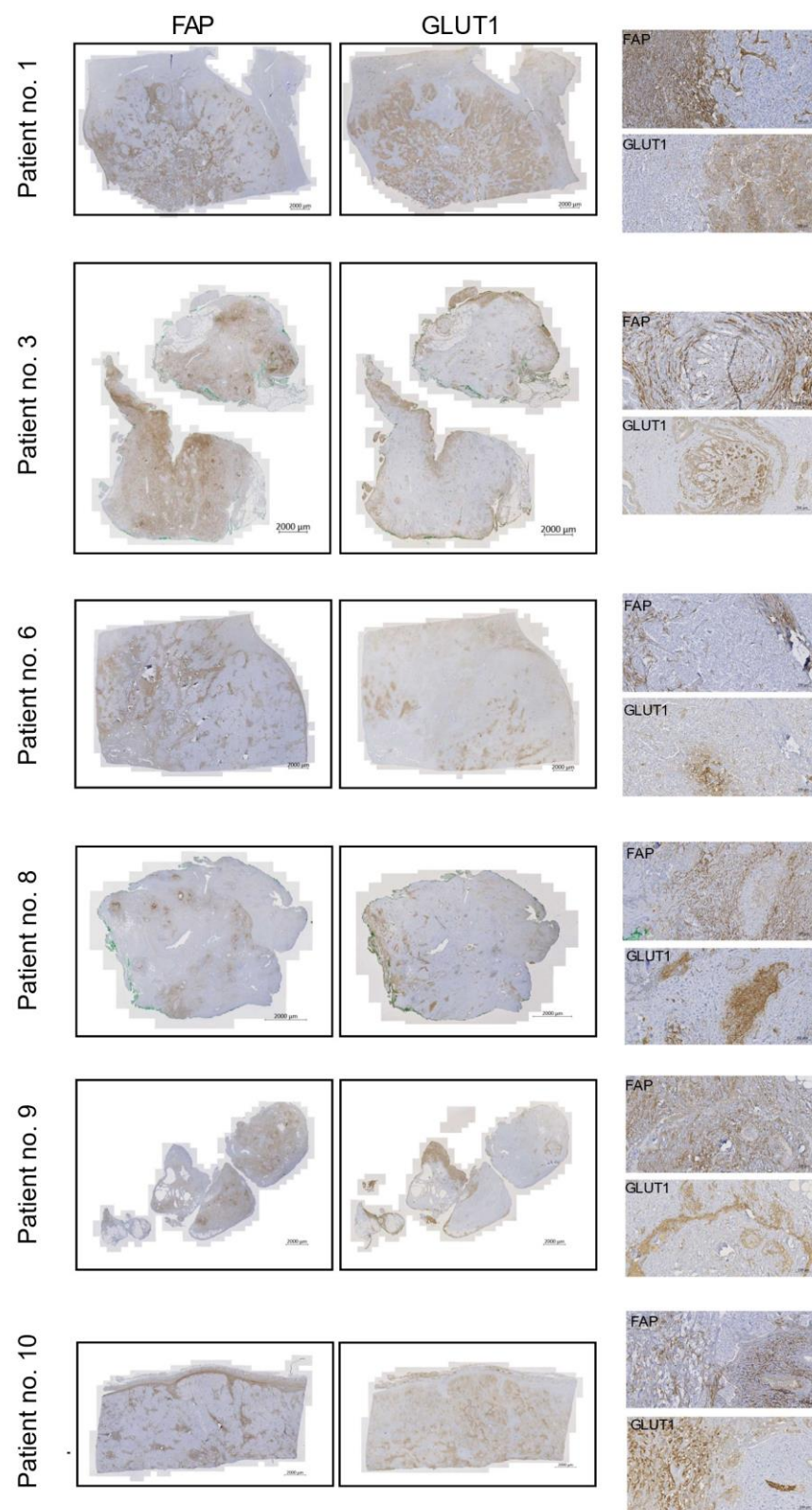
## 7. Physician Survey Preimaging

Record ID	<input type="text"/>
<b>PRE-IMAGING SURVEY (QUESTIONNAIRE 1)</b>	
Date of survey	<input type="text"/>
Q1: Indicate summary of disease location	<input type="text"/> (Please mention local lesions, involved lymph nodes, as well as visceral and bone mets)
Q2: If FAPI PET scan was not available, which additional imaging test would you order?	<input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Ultrasound <input type="checkbox"/> FDG/Choline/Acetate/PSMA/DOA PET <input type="checkbox"/> Bone scan/Fluoride PET <input type="checkbox"/> Biopsy, image-guided <input type="checkbox"/> Other
Other (provide description)	<input type="text"/>
Q3. What would be your next step in management, if you were not to order this study?	<input type="checkbox"/> Surgery/local resection <input type="checkbox"/> Radiation therapy or similar local targeting <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hormone therapy <input type="checkbox"/> Immune therapy <input type="checkbox"/> Radionuclide therapy <input type="checkbox"/> Bone targeted therapy <input type="checkbox"/> Modify dose of existing therapy <input type="checkbox"/> Active surveillance <input type="checkbox"/> Other (please describe below)
What was the other type of management listed	<input type="text"/>
Name of person signing the form	<input type="text"/>
Please sign this form	<input type="text"/>

## 8. Physician Survey Postimaging

Record ID	<input type="text"/>
<b>POST-IMAGING SURVEY (QUESTIONNAIRE 2)</b>	
Date of survey	<input type="text"/>
Q1: Indicate a summary of disease location	<input type="text"/> (Please mention local lesions, involved lymph nodes, as well as visceral and bone mets)
Q2: Did the FAPI PET enable you to avoid any test or procedure?	<input type="radio"/> Yes <input type="radio"/> No
If yes, then what test was prevented:	<input type="text"/>
Q3: Did the FAPI PET result in any additional test or procedure?	<input type="radio"/> Yes <input type="radio"/> No
If yes, then what test was performed:	<input type="text"/>
Q4: Did FAPI PET findings trigger a planned biopsy/tissue sampling?	<input type="radio"/> Yes <input type="radio"/> No
Q5: Based on FAPI PET findings, what is your treatment plan? (Select all that apply)	<input type="checkbox"/> Surgery/local resection <input type="checkbox"/> Radiation therapy or similar local targeting <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hormone therapy <input type="checkbox"/> Immune therapy <input type="checkbox"/> Radionuclide therapy <input type="checkbox"/> Bone targeted therapy <input type="checkbox"/> Modify dose of existing therapy <input type="checkbox"/> Active surveillance <input type="checkbox"/> Other (please describe below)
What was the other treatment	<input type="text"/>
Name of person signing the form	<input type="text"/>
Please sign this form	<div><div>DATE NAME</div><input type="text"/></div>

**Supplemental Figure 3.** Patient-based immunohistochemical analysis of GLUT1 and FAP expression of primary tumor samples



Abbreviations: FAP: fibroblast activation protein, GLUT1: glucose transporter 1

**Supplemental Table 1.** Imaging ( $^{68}\text{Ga}$ -FAPI-46 and  $^{18}\text{F}$ -FDG PET/CT / PET/MRI) and immunohistochemical target expression

Pat. No.	$^{68}\text{Ga}$ -FAPI-46 imaging	$^{68}\text{Ga}$ -FAPI-46 (SUV <sub>max</sub> )	$^{68}\text{Ga}$ -FAPI-46 (SUV <sub>mean</sub> )	$^{68}\text{Ga}$ -FAPI-46 (SUV <sub>peak</sub> )	IHC FAP stroma grade	$^{18}\text{F}$ -FDG imaging	$^{18}\text{F}$ -FDG (SUV <sub>max</sub> )	$^{18}\text{F}$ -FDG (SUV <sub>mean</sub> )	$^{18}\text{F}$ -FDG (SUV <sub>peak</sub> )	IHC GLUT1 tumor grade
1	PET/CT	14.3	7.9	9.9	3	PET/MRI	6.3	3.6	4.9	2-3
2	PET/CT	17.5	10.2	13.5	N.A.	PET/CT	5.1	3.1	4.4	N.A.
3	PET/CT	14.5	7.3	8.7	3	PET/CT	8.0	4.1	5.7	2
4	PET/CT	28.6	16.7	24.4	N.A.	PET/CT	5.2	3.4	4.5	N.A.
5	PET/CT	11.4	5.8	7.5	N.A.	PET/CT	11.6	6.8	7.4	N.A.
6	PET/CT	9.3	5.0	8.0	2-3	PET/CT	4.0	2.6	3.6	1-2
7	PET/CT	25.4	13.8	19.3	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8	PET/CT	N.A.	N.A.	N.A.	3	PET/CT	N.A.	N.A.	N.A.	1-2
9	PET/CT	9.8	6.0	7.8	2-3	PET/CT	12.6	8.0	9.6	1-2
10	PET/CT	7.7	4.8	4.9	2-3	PET/CT	9.2	5.3	3.9	1-2
<b>Median</b>		<b>14.3</b>	<b>7.3</b>	<b>8.7</b>			<b>7.2</b>	<b>3.9</b>	<b>4.7</b>	
<b>(IQR)</b>		<b>(7.3)</b>	<b>(4.4)</b>	<b>(5.7)</b>			<b>(4.6)</b>	<b>(2.4)</b>	<b>(1.9)</b>	

Abbreviations: IHC: immunohistochemistry, N.A.: not available, SUV<sub>max</sub>: maximum standardized uptake value, SUV<sub>mean</sub>: mean standardized uptake value, SUV<sub>peak</sub>: peak standardized uptake value, IQR: interquartile range.