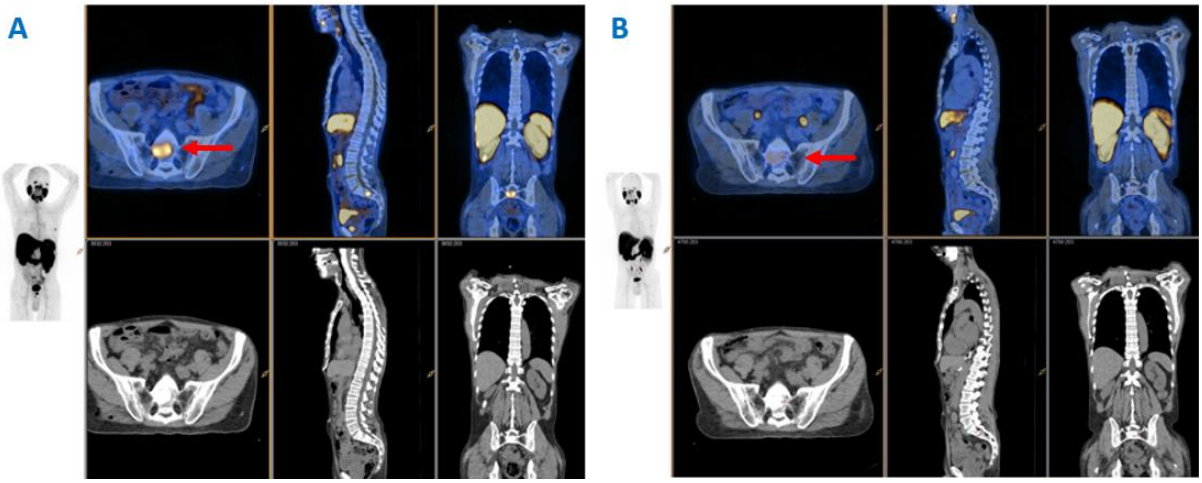
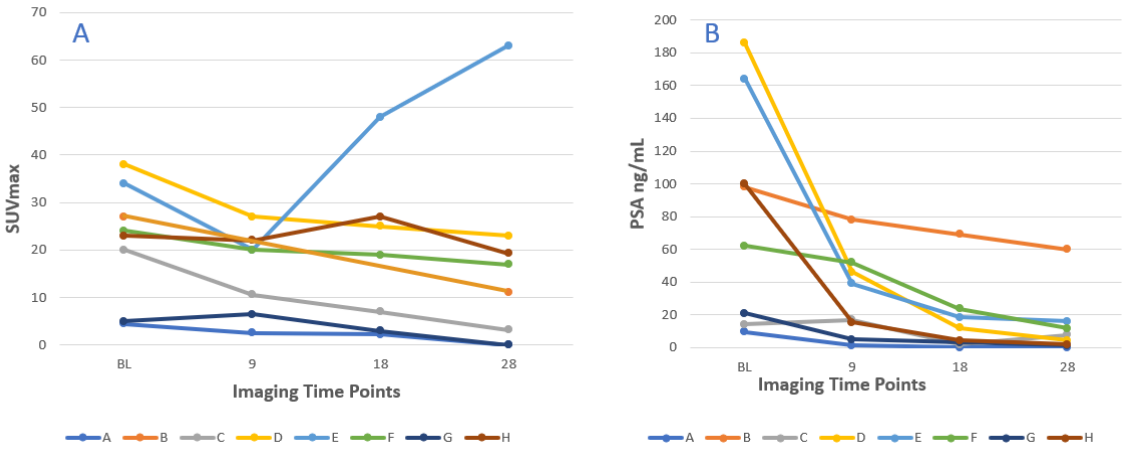
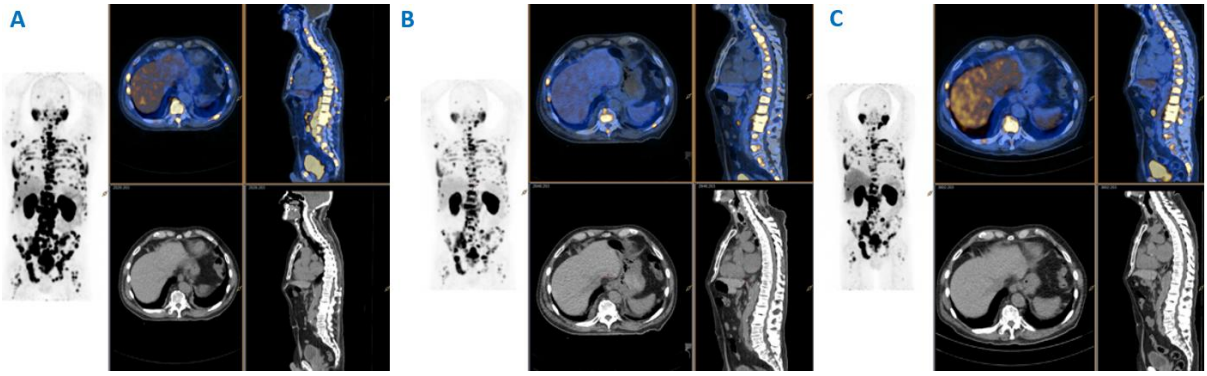


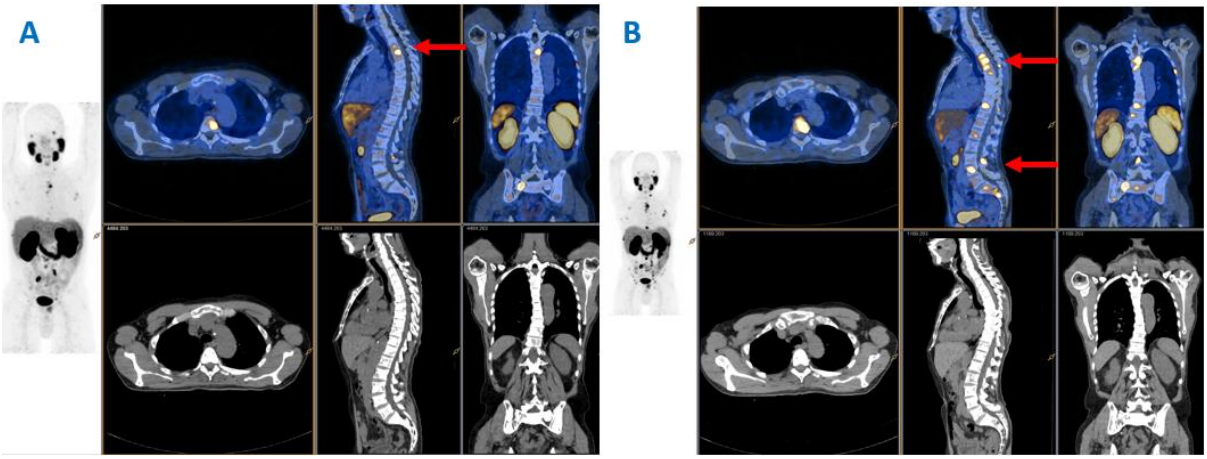
Supplemental Figure 1. Metastatic bone disease demonstrated a marked reduction in PSMA SUV max from baseline (A: SUV max 8) to day 9 (B: SUV max 3) (Red Arrow), in response to LHRH + bicalutamide (Patient C in Figure 2).



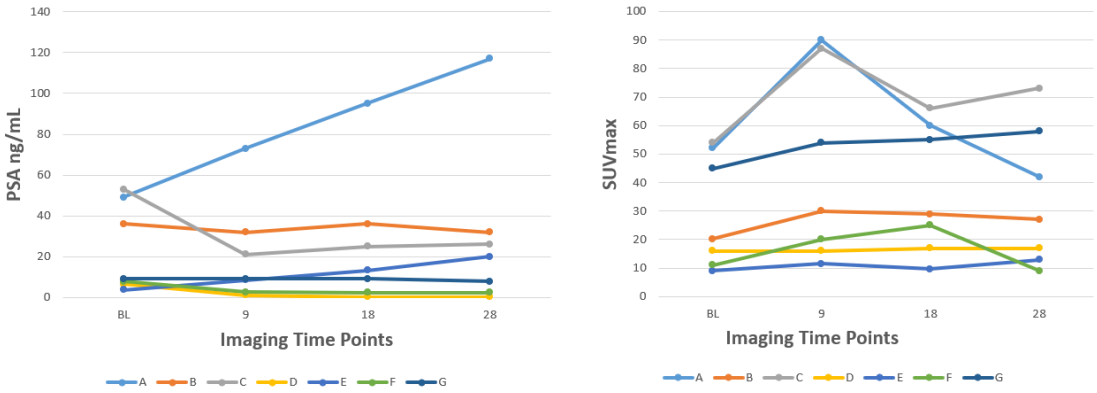
Supplemental Figure 2. Serial time point PSMA PET imaging measuring SUV max (A) and serial serum PSA (B) in men with Hormone Sensitive PCa commencing LHRH ± Bicalutamide.



Supplemental Figure 3. A man with newly diagnosed extensive bone metastases on PSMA PET (Patient E in Figure 2). PSMA SUV max 35 at BL (A) initially showed a reduction to an SUV max 20 at day 9(B). This then increased to SUV max 65 at day 28 (C), although the total volume of disease was significantly reduced by day 28. There was a marked PSA response to treatment (-90%), although PSA response was short lived on follow-up.



Supplemental Figure 4. All men with mCRPC experienced an increased in PSMA SUV max and SUV mean in response to androgen signalling inhibition. This man (patient B in Figure 5) had an increase in SUV max from 20 at BL (A) to 30 at day 9 (B) and an increase in the number of metastatic lesions visible on PSMA PET(Red arrows).



Supplemental Figure 5. An increase in PSMA SUV max was noted in all men with mCRPC commencing androgen signalling inhibition. PSA response in men with mCRPC commencing androgen signalling inhibition after LHRH was slower with 2/7 demonstrating progression of PSA on treatment.