

# Imaging in Prostate Cancer Staging Criteria

Risk Category	Conventional Imaging MUSIC Appropriateness <b>CT Scan/MRI and Bone Scan</b>	PSMA-PET NCCN and AUA Guidelines
<b>Low</b>	Not Recommended <sup>1</sup>	Not Indicated
<b>Favorable Intermediate</b>	Not Recommended <sup>1,2</sup>	Not Indicated
<b>Unfavorable Intermediate</b>	Not Recommended <sup>2</sup>	Indicated <sup>4,5</sup>
<b>High</b>	Recommended <sup>3</sup>	Indicated <sup>4,5</sup>

1. MRI indicated if used as a confirmatory test (within 6 months of diagnosis) for those considering active surveillance or as a tumor burden assessment for patient on active surveillance
2. MRI indicated a) prebiopsy for screening/ diagnostic purposes; b) for treatment planning (surgical or radiation therapy)
3. Staging CT or second MRI does not need to be obtained if patient already had a recent MRI (either prebiopsy or after diagnosis)
4. Per the AUA guidelines, in patients with prostate cancer at high risk for metastatic disease with negative conventional imaging, clinicians may obtain molecular imaging to evaluate for metastasis. Alternatively, the NCCN panel did not believe negative conventional imaging was a prerequisite to obtaining a PSMA PET.
5. PSMA PET should not be obtained in patients with demonstrated metastasis on conventional imaging, unless the results of the PSMA PET will change management (i.e. metastasis directed therapy vs. systemic therapy).