Molecular Imaging Services
Advanced Molecular Imaging Solutions

Comparison:
NCCN vs SNMMI vs ASCO vs AUA Guidelines for Prostate Cancer and PSMA-PET Imaging

A comparison with ASCO, SNMMI, and AUA guidance

1 NCCN Prostate Cancer Guidelines: Overview



At publication, the NCCN (National Comprehensive Cancer Network) Prostate Cancer guidelines were at Version 1.2027. NCCN is a "living" guideline, updated several times per year as new evidence and FDA approvals emerge — this is the fastest-moving of the guideline sources covered in this document.

2 Role of PSMA-PET Imaging in NCCN Guidelines

NCCN recommends PSMA-PET in three main clinical scenarios:

- **Initial staging** — for patients with unfavorable intermediate-, high-, and very-high-risk prostate cancer.
- **Biochemical recurrence** — in patients with a rising PSA following curative-intent therapy (radical prostatectomy or radiation).
- **mCRPC / radioligand therapy eligibility** — to determine whether a patient with metastatic castration-resistant prostate cancer qualifies for PSMA-targeted radioligand therapy (^{177}Lu-PSMA-617 / Pluvicto).

NCCN treats PSMA-PET as a legitimate front-line replacement for conventional imaging, not merely a second-line add-on. The panel has stated that conventional imaging (CT, MRI, bone scan) is not a necessary prerequisite to PSMA-PET, and that PSMA-PET/CT or PSMA-PET/MRI can serve as an equally effective — if not more effective — front-line imaging tool, given its superior sensitivity and specificity for micrometastatic disease. For staging, NCCN allows PSMA-PET as a single-scan option covering both bone and soft-tissue imaging.

Approved tracers referenced in the guidelines include Ga-68 PSMA-11, F-18 piflufolastat (DCFPyL / Pylarify), and F-18 flotufolastat, all of which are also accepted for determining eligibility for ^{177}Lu-PSMA-617 therapy. NCCN notes these PSMA tracers have higher sensitivity than older agents such as C-11 choline or F-18 fluciclovine.

3 What's New in 2026

- NCCN replaced "other hormonal agents" with "ARPIs," added a Cardiovascular Disease Risk Assessment page, and created a new FDA-Cleared PET Imaging Tracers table; Pluvicto is FDA-approved after an ARPI, before or after taxane chemotherapy, and, since July 31, 2026, with an ARPI in hormone-sensitive disease.
- AUA/SUO amended its Advanced Prostate Cancer guideline in 2026, integrating PSMA-PET much more broadly and moving away from its earlier "conventional imaging first" posture.
- AUA/ASTRO's 2026 Clinically Localized guideline now recommends PSMA PET as an equal alternative to bone scan + cross-sectional imaging for unfavorable intermediate- and high-risk staging.
- Open question across guidelines: how to integrate PSMA-PET for metastatic castration-sensitive (APMS) disease, since prior trials there relied only on conventional imaging.

4 Comparison: NCCN vs. SNMMI vs. ASCO vs. AUA

All four organizations broadly agree on which patients should be considered for PSMA-PET, but they differ in emphasis, how central PSMA-PET is to the workup, and how current each document is.

Aspect	NCCN	SNMMI (AUC)	ASCO	AUA
Document type / scope	Living clinical practice guideline, updated multiple times per year	Formal Appropriate Use Criteria (AUC) specific to PSMA PET	General imaging guideline for advanced prostate cancer, plus separate systemic-therapy guidelines	Two 2026 guidelines: AUA/ASTRO Clinically Localized Prostate Cancer, and AUA/SUO Advanced Prostate Cancer (amended via 2025 evidence review)
Initial staging (unfavorable intermediate / high / very-high risk)	Recommended for initial staging of unfavorable intermediate- and high-risk disease, extending to very-high-risk	Appropriate for newly diagnosed unfavorable intermediate-, high- or very-high-risk prostate cancer	Supportive in principle (superior detection performance, alters management), but core 2020 guideline predates FDA approval of PSMA tracers	Recommended — stage unfavorable intermediate- and high-risk disease using PSMA PET or bone scan + cross-sectional imaging (Strong Rec., Grade B); not routine in low-/favorable-risk disease
Biochemical recurrence	Recommended following curative-intent therapy	Appropriate for men with BCR after prostatectomy or radiation	Supported — next-gen imaging (incl. PSMA where available) recommended when conventional imaging is negative/equivocal with rising PSA	Now the preferred imaging modality for periodic staging after PSA recurrence following exhausted local therapy, especially with rapid PSA doubling time
Is conventional imaging required first?	No — panel states conventional imaging is not a necessary prerequisite; PSMA-PET/CT or PET/MRI can be an equally or more effective front-line test	Generally aligned with NCCN	Historically more conservative — AUA/ASCO have suggested PSMA PET after conventional imaging is negative or equivocal, rather than as first-line	Shifted away from its earlier conservative stance in the 2026 amendment — PSMA PET is now preferred for its higher sensitivity, whether used up front or after negative conventional imaging
mCRPC — eligibility for ^{177}Lu-PSMA-617 (Pluvicto)	Yes — Ga-68 PSMA-11, F-18 flotufolastat, or F-18 piflufolastat can be used to determine eligibility	Yes — rated appropriate; Ga-68 PSMA-11 and F-18 piflufolastat (Pylarify) considered equivalent for selection	Yes, explicit — use PSMA PET with Ga-68 PSMA-11 or F-18 piflufolastat to determine eligibility for 177Lu-PSMA-617; newer mCRPC guidance also supports staging rising PSA not seen on conventional imaging	Yes, explicit — offer ^{177}Lu-PSMA-617 for mCRPC progressing after an ARPI (± prior docetaxel) with a positive PSMA PET/CT (Strong Rec., Grade B)
Use for on-treatment response monitoring	Not emphasized as routine	Not addressed as routine in the original AUC	Explicitly does not recommend routine use — prospective response-assessment data still emerging	Not specifically addressed in current recommendations
Most current version	Version 1.2027 (Prostate Cancer)	2022 AUC, updated in 2022 and 2024	Imaging guideline core from 2020 (pre-FDA approval); mCRPC-specific guidance updated as a Living Guideline in 2025	2026 — Advanced Prostate Cancer (AUA/SUO) amendment and Clinically Localized Prostate Cancer (AUA/ASTRO); among the most recently updated of the group

5 Bottom Line

NCCN, SNMMI, ASCO, and AUA now agree on the same core patient populations for PSMA-PET: newly diagnosed unfavorable-intermediate/high/very-high-risk disease, biochemical recurrence, and radioligand-therapy (Pluvicto) eligibility in mCRPC.

NCCN remains the most permissive about using PSMA-PET as a genuine front-line test and is updated most frequently. SNMMI's Appropriate Use Criteria are largely mirrored by NCCN. ASCO's dedicated imaging guideline is the oldest of the group (2020, predating FDA approval of PSMA tracers) and has historically leaned toward using PSMA-PET after conventional imaging rather than instead of it. AUA has moved the most since 2023: its 2026 amendment integrates PSMA-PET throughout both the localized and advanced-disease guidelines, bringing it much closer to NCCN's frontline positioning — a notable shift from AUA's previously more conservative stance.

Note: ASCO does not appear to have issued a full, updated standalone imaging guideline since 2020; its position is pieced together from that older document plus newer systemic-therapy guidance. AUA's 2026 guidelines, by contrast, are among the most recently updated of the group — worth checking **auanet.org** directly for the full recommendation language.

Sources

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