Molecular Imaging Services
Advanced Molecular Imaging Solutions

The Guidelines Are Converging



PSMA PET is moving closer to the center of prostate cancer care.

From initial staging to rising PSA to therapy selection, the strategic question for independent urology groups is changing.

THE QUESTION IS NO LONGER WHETHER PSMA PET WILL MATTER.

It is how your practice will integrate it.

A physician-facing practice brief for independent urologists and practice leadership.

THE CLINICAL PATHWAY

One modality. Three critical decisions.

PSMA PET is not a screening test. Its value is decision-driven: defining extent, locating recurrence, and identifying PSMA-positive disease for targeted therapy.

DIAGNOSIS

1 Stage

Define extent before definitive treatment.

PATIENTS:
Newly diagnosed unfavorable intermediate-, high-, or very-high-risk disease.

DECISION:
Is the disease truly localized?

More complete staging can influence whether the treatment plan remains local or becomes multimodal.

RISING PSA

2 Localize

Find recurrence when PSA begins rising.

PATIENTS:
Rising PSA after prostatectomy or radiation.

DECISION:
Where is the disease recurring?

Earlier localization can redirect salvage radiation fields, metastasis-directed therapy, or systemic strategy.

THERAPY SELECTION

3 Select

Confirm PSMA-positive disease for targeted therapy.

PATIENTS:
PSMA-positive metastatic prostate cancer being evaluated for PSMA-targeted radioligand therapy.

DECISION:
Does the patient meet the imaging requirement?

An approved PSMA PET product is part of selecting patients for Pluvicto under current FDA indications.

2026 Inflection Point

AUA: The 2026 localized guideline places PSMA PET alongside bone scan plus cross-sectional imaging for staging unfavorable intermediate- and high-risk disease.

FDA: On July 31, 2026, Pluvicto plus an ARPI was approved for PSMA-positive metastatic androgen pathway modulation-naive/sensitive prostate cancer, with selection using an approved PSMA PET product.

Practice Lens

PSMA PET is becoming longitudinal infrastructure - not a single-use test.

CONNECT:



» The opportunity is not another scan. It is a more connected prostate-cancer pathway. «

Molecular Imaging Services
Advanced Molecular Imaging Solutions

THE STRATEGIC TAKEAWAY

Waiting for every guideline to use identical language may mean waiting while the care pathway is already changing.

For independent urology groups, the opportunity is to prepare deliberately: define appropriate-use pathways, build reliable operations, and decide how imaging should fit within the practice's broader prostate-cancer strategy.

THE GUIDELINE SIGNAL

Different language. Same direction.

The organizations differ in publication cadence and emphasis, but consensus is strongest in the clinical settings that drive meaningful management decisions.

NCCN

FRONTLINE FLEXIBILITY

Current guideline language supports PSMA PET as a frontline imaging option in relevant initial-staging and biochemical-recurrence settings; conventional imaging is not treated as a universal prerequisite.

AUA

MAJOR 2026 MOVEMENT

The localized guideline allows either PSMA PET or bone scan plus cross-sectional imaging for unfavorable intermediate- and high-risk staging. Salvage and advanced guidance also elevate PSMA PET in recurrence.

SNMMI

APPROPRIATE-USE FRAMEWORK

The multidisciplinary AUC classifies PSMA PET as appropriate for newly diagnosed unfavorable intermediate-, high-, or very-high-risk disease and for biochemical recurrence after prostatectomy or radiation.

ASCO

OLDER DEDICATED IMAGING BASELINE

The 2020 imaging guideline predates U.S. approval of the major PSMA PET agents. It recognized superior detection with next-generation imaging when conventional imaging is negative or equivocal while outcome evidence was still developing.

Converging Clinical Signal

STAGE HIGHER-RISK DISEASE → LOCALIZE RECURRENCE → SELECT TARGETED THERAPY

Clinical decisions remain patient-specific. Negative PSMA PET does not exclude disease, and results must be interpreted in the full clinical context.



DEFINE PATHWAYS

Translate guidance into ordering criteria.



BUILD ACCESS

Make appropriate imaging operationally reliable.



PLAN FOR THE FUTURE

Connect imaging with theranostics readiness.

EXPERIENCE. RESOURCES. SOLUTIONS.

MIS helps independent practices evaluate, launch, and operate PET/CT programs.

Support can span opportunity analysis, equipment options, implementation, clinical workflow, dose supply, and ongoing program management.

FROM GUIDELINE TO PRACTICE

Build the program - not just the room.

The durable advantage comes from integrating technology, clinical workflow, patient access, dose logistics, and long-term program support.

1 Quantify the opportunity.

Map prostate-cancer volume, staging and recurrence patterns, referral leakage, payer mix, and local access gaps.

2 Choose the right operating model.

Align equipment, facility, capital, and service structure with the practice's clinical strategy and risk tolerance.

3 Design the workflow.

Build ordering criteria, authorization, scheduling, tracer coordination, protocols, interpretation, and result follow-up.

4 Prepare the people.

Establish roles, training, quality controls, radiation-safety responsibilities, and escalation pathways.

5 Connect imaging to the future.

Create referral and collaboration pathways that support advanced disease management and theranostics readiness.

Request a Prostate Imaging Opportunity Analysis

» **Readiness is the starting point.** A durable program is the goal. «

Selected Sources

1 NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer, current 2026 version. Source

2 AUA/ASTRO, Clinically Localized Prostate Cancer Guideline (2026). Source

3 AUA/ASTRO/SUO, Salvage Therapy for Prostate Cancer Guideline. Source

4 AUA/SUO, Advanced Prostate Cancer Guideline (2026). Source

5 Jadvar H, et al. Appropriate Use Criteria for PSMA PET Imaging. *J Nucl Med.* 2022;63:59-68. Source

6 Trabulsi EJ, et al. Optimum Imaging Strategies for Advanced Prostate Cancer: ASCO Guideline. *J Clin Oncol.* 2020. Source

7 FDA. Pluvicto plus ARPI approval for PSMA-positive mAPMN/S prostate cancer, July 31, 2026. Source

Educational use only. This brochure summarizes selected publicly available guidance as of August 21, 2026 and is not a substitute for the complete current guidelines, prescribing information, payer requirements, or patient-specific clinical judgment. NCCN, AUA, SNMMI, ASCO, Pluvicto, and other names are the property of their respective owners. No organization listed has endorsed Molecular Imaging Services or this brochure.

This material was developed by Molecular Imaging Services for educational purposes and is not sponsored or endorsed by any product manufacturer.

Pluvicto is a registered trademark of Novartis AG and/or its affiliates.

Molecular Imaging Services
Advanced Molecular Imaging Solutions

www.mismedical.com
866-937-8855