A Clinician's Guide to Next Generation Imaging in Patients With Advanced Prostate Cancer (Prostate Cancer Radiographic Assessments for Detection of Advanced Recurrence [RADAR] III)

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	Newly Diagnosed Patients	Biochemical Recurrent Patients	M0 Castrate-Resistant Patients	M1 Castrate-Resistant Patients*
RADAR I Conventional Scan Recommendations	Conventional scan high- and intermediate-risk patient with at least 2 of the following criteria positive: • PSA level >10 ng/ml • Gleason score ≥7 • Palpable disease (≥T2b)	1st conventional scan when PSA level between 5 and 10 ng/ml. Imaging frequency if negative for previous conventional scan: 2nd scanning when PSA=20 ng/ml and every doubling of PSA level thereafter (based on PSA testing every 3 months)	1st conventional scan when PSA level ≥2 ng/ml. Imaging frequency if negative for previous conventional scan: 2nd conventional scan when PSA=5 ng/ml and every doubling of PSA level thereafter (based on PSA testing every 3 months)	
RADAR III NGI Recommendations	If conventional imaging is equivocal or negative with continued high suspicion for metastatic disease, consider NGI	Consider NGI for PSA ≥0.5. PSA <0.5 can be considered based on specific performance of various NGI techniques	Only consider NGI in the setting of PSADT <6 months, when M1 therapies would be appropriate	Utilize conventional scans, and consider NGI only if conventional scans are negative and the clincan still suspects disease progression. NGI based on at least one of the following: • With every doubling of PSA since the previous image • Every 6-9 months in the absence of PSA rise • Change in symptomatology • Change in performance status

*Limitations include lack of data and difficulty making comparisons to non-NGI techniques.