Are PSMA PET-CT scans in our unit requested according to NHS England Commissioning Criteria on prostate cancer?

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Abstract code:
IUC26615-85

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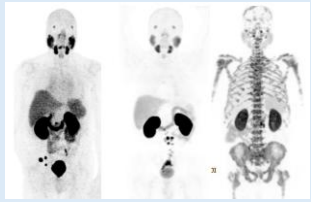


Clinical relevance of PSMA-PET scans

- More accurate initial staging and less radiation exposure vs conventional CT + bone scans
- Higher sensitivity than Choline PET scans in patients with biochemical recurrence
- Positivity correlates strongly with PSA levels

Audit objectives

- To assess our unit's compliance with the NHS England Commissioning policy regarding PSMA-PET imaging
- To evaluate the reasoning behind PSMA-PET requests which did not meet guideline-defined criteria

NHS Commissioning Policy Eligibility Guidelines

Patients >=18 years are eligible for PSMA PET-CT scanning if they meet either of the below:

1. **Staging** in high-risk primary prostate cancer
   - High-risk primary disease (PSA >20 ng/mL, T3 or above, or Gleason score >= 8) with equivocal lesions on conventional staging imaging, where confirmation/exclusion of distant disease would influence management

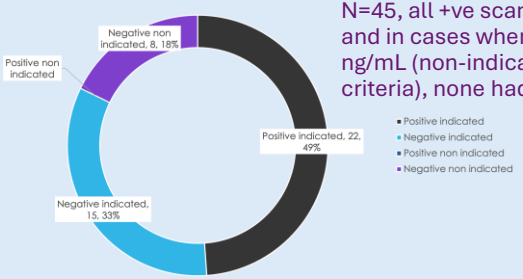
2. Detection of **biochemical recurrence** localisation
   - PSA **>= 0.2** ng/mL post RALP ***OR***
   - PSA increase **>= 2ng/mL above nadir** post radio/brachytherapy

Methodology

- All prostate cancer patients who had PSMA-PET scans done at Darent Valley Hospital over 12 months (2025), patients N=148, scans N= 183

Subgroup		N=
Group 1	Initial diagnosis	83
Group 2	Post-RALP	45
Group 3	Post-radiotherapy	20

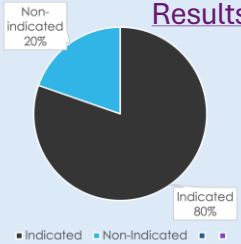
Results: PSMA-PET positivity in Group 2 (Post-RALP)



N=45, all +ve scans were indicated and in cases where PSA was < 0.2 ng/mL (non-indicated as per criteria), none had a +ve scan

F/U PSA level	PSMA +ve	Total number of patients
<0.2 ng/ml	0 (0%)	8
0.2-0.3 ng/ml	5 (33.3%)	15
0.3-0.5 ng/ml	5(71.4%)	7
>0.5 ng/ml	12(80%)	15

Results: Compliance



	Indicated	Percentage
Group I, n=83	72	86.7%
Group 2, n=45	38	84.4%
Group 3, n=20	15	75%

Conclusions

- Overall, 80% of scans were compliant with commissioning policy
  - In groups 2+3, non-indicated scans were arranged for rising PSA (yet below 0.2ng/mL threshold or <2 ng/mL above nadir)
  - Other reasons (groups 1+3) included abnormalities on MRI or bone scans
- PSMA-PET scans have specific indications guided by NHS England.
- MDT discussions are important, guided by clinical judgement
- Equivocal findings on conventional scans (MRI, CT, bone scans) should be further investigated with PSMA-PET