

Public health evidence report following engagement activity

This form is to be completed by the Policy Working Groups Public Health Lead if stakeholders identify potential new evidence during policy development engagement activities. The Public Health Lead will assess the evidence raised to against the Population, Intervention, Comparator and Outcome (PICO) criteria and will record the studies in the appropriate boxes in the 'Outcome for studies suggested during engagement activities' section of this form. In cases where newly identified evidence has a material impact please return the completed form to the Clinical Effectiveness Team (CET).

URN	2307
Policy title:	Prostate-Specific Membrane Antigen (PSMA) radiotracers in Positron Emission Tomography – Computed Tomography (PET-CT) Imaging for individuals with high-risk primary or recurrent prostate cancer
CRG:	
NPOC:	Cancer
Engagement activity	Stakeholder testing
Date	14/12/2023

Description of comments during engagement (If studies have been suggested please provide a list of references)	Stakeholders asked for the findings and relevance of the following studies to be considered in the development of the policy:
	 Afaq A, Payne H et al. A Phase II, Open- label study to assess safety and management change using 68Ga-THP PSMA PET/CT in patients with high risk primary prostate cancer or biochemical recurrence after radical treatment: The PRONOUNCED study. J Nucl Med. 2021; 62: 1727–1734. BNMS. PET-CT Tracer Commissioning Manifesto. September 2023
	 de Feria Cardet R, Hofman M et al. Is Prostate-specific Membrane Antigen Positron Emission Tomography/Computed Tomography Imaging Cost-effective in

	 Prostate Cancer: An Analysis Informed by the proPSMA Trial. Eur Urol. 2021; 79: 413– 418. Ferraro D, Garcia Schüler H et al. Impact of 68Ga-PSMA-11 PET staging on clinical decision-making in patients with intermediate or high-risk prostate cancer. Eur J Nucl Med Mol Imaging. 2020; 47(3): 652-664. Hofman M, Lawrentschuk N et al. Prostate- specific membrane antigen PET-CT in patients with high-risk prostate cancer before curative-intent surgery or radiotherapy (proPSMA): a prospective, randomised, multicentre study. Lancet. 2020; 395: 1208– 1216. Kulkarni M, Hughes S et al. The management impact of 68gallium- tris(hydroxypyridinone) prostate-specific membrane antigen (68Ga-THP-PSMA) PET- CT imaging for high-risk and biochemically recurrent prostate cancer. Eur J Nucl Med Mol Imaging. 2020; 47: 674–686.
Action taken by Public Health lead	A full evidence review was not undertaken by NHSE to inform the development of the policy proposition and a PICO was not created. The following criteria, based on those used to identify the best available evidence in the development of the original policy, were used to assess the relevance of the suggested papers:
	Population
	Adult men with high-risk primary or recurrent prostate cancer.
	Intervention
	PET-CT imaging using either Ga68-PSMA or F18- PSMA radiotracers
	Comparator
	(11C) choline or (18F) choline, CT or isotope bone scan.

Outcome for studies sugges	sted during engagement activities
1. Evidence already identified during the evidence review	 Hofman M, Lawrentschuk N et al. Prostate- specific membrane antigen PET-CT in patients with high-risk prostate cancer before curative-intent surgery or radiotherapy (proPSMA): a prospective, randomised, multicentre study. Lancet. 2020; 395: 1208– 1216.
	 Ferraro D, Garcia Schüler H et al. Impact of 68Ga-PSMA-11 PET staging on clinical decision-making in patients with intermediate or high-risk prostate cancer. Eur J Nucl Med Mol Imaging. 2020; 47(3): 652-664.
2.New evidence identified by stakeholders that does not fall within PICO and search methodology	 BNMS. PET-CT Tracer Commissioning Manifesto. September 2023te none or not applicable This is commissioning guidance.

3.New evidence identified by stakeholders that falls within PICO and search methodology but does not materially affect the conclusions of the existing evidence review	 Afaq A, Payne H et al. A Phase II, Open- label study to assess safety and management change using 68Ga-THP PSMA PET/CT in patients with high risk primary prostate cancer or biochemical recurrence after radical treatment: The PRONOUNCED study. J Nucl Med. 2021; 62: 1727–1734. de Feria Cardet R, Hofman M et al. Is Prostate-specific Membrane Antigen Positron Emission Tomography/Computed Tomography Imaging Cost-effective in Prostate Cancer: An Analysis Informed by the proPSMA Trial. Eur Urol. 2021; 79: 413– 418. Kulkarni M, Hughes S et al. The management impact of 68gallium- tris(hydroxypyridinone) prostate-specific membrane antigen (68Ga-THP-PSMA) PET- CT imaging for high-risk and biochemically recurrent prostate cancer. Eur J Nucl Med Mol Imaging. 2020; 47: 674–686.
4.New evidence identified by stakeholders that falls within PICO and search methodology, that does materially affect the conclusions of the existing evidence review. Updated evidence review to be undertaken (to be agreed with CET)	The evidence did not meet this criterion.

Completed by:	Public health consultant
Date:	14/12/2023

Peer reviewed and	N/A
supported by:	
Date:	N/A