Re; Seniaray N, Verma R, Khanna S, Belho E, Pruthi A, Mahajan H. Localization and restaging of carcinoma prostate by 68Gallium prostate-specific membrane antigen positron emission tomography computed tomography in patients with biochemical recurrence. Indian J Urol 2020;36:191-9

We applaud the authors[1] for the comprehensive reporting of their experience with the ^{68}gallium prostate-specific membrane antigen positron emission tomography-computed tomography (^{68}Ga PSMA PET/CT) in prostate cancer (PCa) patients with biochemical recurrence (BCR) after curative-intent treatment. Detection rates similar to a recent meta-analysis[2] were reported in this study.

Although two physicians independently evaluated each scan, there was no mention of how inter-observer disagreements were resolved. In addition, no equivocal finding was reported in any scan, a feature inherent to the reporting of any imaging. It is essential to document the percentage of recurrences detected based on unequivocal or nonconsensual findings, as they are less likely to change further management.

Additional imaging findings were not reported if any. They could have served to validate the PET findings further and also allow direct comparison of detection rates. Similarly, the serum prostate-specific antigen levels of patients with follow-up imaging were not reported, which could have validated the PET observations. In the absence of tissue diagnosis, these findings are essential to detect false-positive interpretations.

Ongoing androgen deprivation therapy (ADT) is associated with increased PSMA PET detection rates.[3] Overall, 54% (n = 92) patients in this study were on ADT, and the detection rate in this subset would have been interesting to note.

Finally, the value of any diagnostic modality is in its ability to change the management. Accordingly, EAU guidelines recommend PSMA PET to be performed in patients with BCR if the results will affect further treatment decisions.[4] There was no discussion on management changes based solely on the PSMA PET reports in this study.

In our opinion, PCa with BCR after radical therapy represents a heterogeneous population with different tumor biology and disease aggressiveness. Hence, risk-stratification and selective use of PSMA-PET in this setting are highly advisable to avoid over-investigation and management dilemmas. Moreover, the clinical impact of the increased detection rate by PSMA PET in the form of survival benefit is a question that remains unanswered.

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