

# Prostate Cancer - Initial Work-up/Staging (ONC-19.2)

ON.PR.0019.2.A

V1.0.2023

Indication	Imaging Study
<p><u>Localized prostate cancer with any of the following risk groups (see: <b>ONC-19.0</b> for definition of risk groups):</u></p> <ul style="list-style-type: none"> <li>• Very low risk</li> <li>• Low risk</li> <li>• Favorable intermediate risk</li> </ul>	<p>Advanced imaging is not routinely indicated for initial staging</p> <p>If not already performed prior to biopsy, MRI Pelvis without and with contrast (CPT<sup>®</sup> 72197) is appropriate for any of the following:</p> <ul style="list-style-type: none"> <li>• Prior to planned treatment (surgery and/or radiation therapy)</li> <li>• To establish candidacy for active surveillance</li> </ul>
<p><u>Localized prostate cancer with any of the following risk groups (see: <b>ONC-19.0</b> for definition of risk groups):</u></p> <ul style="list-style-type: none"> <li>• Unfavorable intermediate risk</li> <li>• High-risk</li> <li>• Very high-risk</li> </ul>	<p><u>Any <b>ONE</b> of the following combinations, not all (may be obtained in addition to mpMRI prostate):</u></p> <ul style="list-style-type: none"> <li>• CT Chest with contrast (CPT<sup>®</sup> 71260), CT Abdomen and Pelvis with contrast (CPT<sup>®</sup> 74177), and Bone scan</li> <li>• CT Chest with contrast (CPT<sup>®</sup> 71260), CT Abdomen with contrast (CPT<sup>®</sup> 74160), MRI Pelvis without and with contrast (CPT<sup>®</sup> 72197) if not previously performed, and Bone scan</li> <li>• PSMA PET/CT scan (CPT<sup>®</sup> 78815 or CPT<sup>®</sup> 78816) using any one of the following radiotracers: <ul style="list-style-type: none"> <li>• <sup>68</sup>Ga-PSMA-11</li> <li>• <sup>18</sup>F Piflufolastat (Pylarify<sup>®</sup>)</li> <li>• <sup>68</sup>Ga Gozetotide (Illuccix<sup>®</sup> and Locametz<sup>®</sup>)</li> </ul> </li> </ul>
<p>Known or clinically suspected metastatic prostate cancer (including prior to prostate biopsy)</p>	<p>CT Chest with contrast (CPT<sup>®</sup> 71260), CT Abdomen and Pelvis with contrast (CPT<sup>®</sup> 74177), and Bone scan</p>
<p>Inconclusive bone scan</p>	<p>CT with contrast or MRI without and with contrast of involved body site</p>

Indication	Imaging Study
<p>For ANY of the following:</p> <ul style="list-style-type: none"> <li>Inconclusive bone findings on <b>both</b> CT/MRI and bone scan</li> <li>Conventional imaging studies (CT and bone scan) suggests oligo- or low volume metastatic disease that need further confirmation</li> </ul>	<ul style="list-style-type: none"> <li><u>PET/CT scan (CPT<sup>®</sup> 78815 or CPT<sup>®</sup> 78816) using any one of the following radiotracers:</u> <ul style="list-style-type: none"> <li><sup>18</sup>F Fluciclovine</li> <li><sup>11</sup>C Choline</li> <li><sup>68</sup>Ga-PSMA-11</li> <li><sup>18</sup>F Piflufolastat (Pylarify<sup>®</sup>)</li> <li><sup>68</sup>Ga Gozetotide (Illuccix<sup>®</sup> and Locametz<sup>®</sup>)</li> </ul> </li> </ul>

# Prostate Cancer - Restaging/Recurrence (ONC-19.3)

ON.PR.0019.3.A

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Indication	Imaging Study
<p>For ANY of the following:</p> <ul style="list-style-type: none"> <li>• Obvious progression by DRE with plans for prostatectomy or radiation therapy</li> <li>• Repeat TRUS biopsy for rising PSA shows progression to a higher Gleason's score with plans for prostatectomy or radiation therapy</li> <li>• Inconclusive findings on CT scan</li> </ul>	<ul style="list-style-type: none"> <li>• MRI Pelvis without and with contrast (CPT® 72197)</li> </ul>
<p><u>Non-metastatic prostate cancer previously treated with prostatectomy, radiation therapy, ablation, hormonal therapy or chemotherapy and any one of the following:</u></p> <ul style="list-style-type: none"> <li>• Clinical suspicion of relapse/recurrence</li> <li>• PSA fails to become undetectable post prostatectomy</li> <li>• Palpable anastomotic recurrence</li> <li>• PSA rises above post-treatment baseline to &gt;0.2 ng/mL but &lt;0.5 ng/mL on two consecutive measurements</li> </ul>	<p>Any <b>ONE</b> of the following combinations:</p> <ul style="list-style-type: none"> <li>• CT Chest with contrast (CPT® 71260), CT Abdomen and Pelvis with contrast (CPT® 74177), and Bone scan (see: <b><u>Nuclear Medicine (NM) Imaging in Oncology (ONC-1.3)</u></b> for bone scan coding)</li> <li>• CT Chest with contrast (CPT® 71260), CT Abdomen with contrast (CPT® 74160), MRI Pelvis without and with contrast (CPT® 72197), and Bone scan (see: <b><u>Nuclear Medicine (NM) Imaging in Oncology (ONC-1.3)</u></b> for bone scan coding)</li> </ul>

Indication	Imaging Study
<p><u>Non-metastatic prostate cancer previously treated with prostatectomy or radiation therapy, and <b>all</b> of the following are met:</u></p> <ul style="list-style-type: none"> <li>• PSA rises on two consecutive measurements above post-treatment baseline <b>and</b></li> <li>• PSA <math>\geq 0.5</math> ng/mL <b>and</b></li> <li>• Individual is a candidate for salvage local therapy</li> </ul>	<p><u>Any <b>ONE</b> of the following combinations, not both:</u></p> <ul style="list-style-type: none"> <li>• CT Chest with contrast (CPT<sup>®</sup> 71260), CT Abdomen and Pelvis with contrast (CPT<sup>®</sup> 74177), and Bone scan</li> <li>• CT Chest with contrast (CPT<sup>®</sup> 71260), CT Abdomen with contrast (CPT<sup>®</sup> 74160), MRI Pelvis without and with contrast (CPT<sup>®</sup> 72197), and Bone scan (see: <b><u>Nuclear Medicine (NM) Imaging in Oncology (ONC-1.3)</u></b> for bone scan coding)</li> <li>• PSMA PET/CT scan (CPT<sup>®</sup> 78815 or CPT<sup>®</sup> 78816) using any one of the following radiotracers: <ul style="list-style-type: none"> <li>• <sup>68</sup>Ga-PSMA-11</li> <li>• <sup>18</sup>F Piflufolastat (Pylarify<sup>®</sup>)</li> <li>• <sup>68</sup>Ga Gozetotide (Illuccix<sup>®</sup> and Locametz<sup>®</sup>)</li> </ul> </li> </ul>
<p><u>Non-metastatic prostate cancer previously treated with prostatectomy or radiation therapy, and <b>all</b> of the following are met:</u></p> <ul style="list-style-type: none"> <li>• PSA rises on two consecutive measurements above post-treatment baseline <b>and</b></li> <li>• PSA <math>\geq 1</math> ng/mL <b>and</b></li> <li>• Recent CT scan and bone scan are negative for metastatic disease <b>and</b></li> <li>• Individual is a candidate for salvage local therapy</li> </ul>	<ul style="list-style-type: none"> <li>• <u>PET/CT scan (CPT<sup>®</sup> 78815 or CPT<sup>®</sup> 78816) using any <b>ONE</b> of the following radiotracers:</u> <ul style="list-style-type: none"> <li>• <sup>18</sup>F-Fluciclovine</li> <li>• <sup>11</sup>C Choline</li> <li>• <sup>68</sup>Ga-PSMA-11</li> <li>• <sup>18</sup>F Piflufolastat (Pylarify<sup>®</sup>)</li> <li>• <sup>68</sup>Ga Gozetotide (Illuccix<sup>®</sup> and Locametz<sup>®</sup>)</li> </ul> </li> </ul>
<p><u>Suspected progression of known metastatic disease based on:</u></p> <ul style="list-style-type: none"> <li>• New or worsening signs/symptoms</li> <li>• Rising PSA levels</li> </ul>	<ul style="list-style-type: none"> <li>• CT Chest with contrast (CPT<sup>®</sup> 71260), CT Abdomen and Pelvis with contrast (CPT<sup>®</sup> 74177), and Bone scan (see: <b><u>Nuclear Medicine (NM) Imaging in Oncology (ONC-1.3)</u></b> for bone scan coding)</li> <li>• CT with contrast of any involved or symptomatic body part</li> </ul>

# Prostate Cancer - Follow-up On Active Surveillance (ONC-19.4)

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Active surveillance is being increasingly utilized in prostate cancer, and this therapeutic option involves regimented monitoring of an individual with known diagnosis of low risk prostate cancer for disease progression, without specific anticancer treatment. While being treated with active surveillance, an individual is generally considered a potential candidate for curative intent treatment approaches in the event that disease progression occurs.

It is important to distinguish active surveillance from watchful waiting (or observation), which is generally employed in individuals with limited life expectancy. Watchful waiting involves cessation of routine monitoring and treatment is initiated only if symptoms develop.

Current active surveillance guidelines suggest the following protocol:

- PSA every 6 months
- Digital Rectal Exam (DRE) every 12 months
- Repeat prostate biopsy every 12 months
- Repeat mpMRI (CPT® 72195 or CPT® 72197) no more often than every 12 months

Indication	Imaging Study
Routine monitoring on active surveillance protocol	<ul style="list-style-type: none"><li>• MRI Pelvis without (CPT® 72195) or without and with contrast (CPT® 72197) at initiation of active surveillance, and every 12 months thereafter</li></ul>
<u>For ANY of the following:</u> <ul style="list-style-type: none"><li>• Progression is suspected based on DRE changes or rising PSA and a recent TRUS biopsy was negative</li><li>• Repeat TRUS biopsy shows progression to a higher Gleason score</li></ul>	<ul style="list-style-type: none"><li>• MRI Pelvis without (CPT® 72195) or MRI Pelvis without and with contrast (CPT® 72197)</li></ul>