



# Guideline Amendment Summary

## Advanced Prostate Cancer

Published 2020; Amended 2023

The changes below constitute updates made in the 2023 Amendment:

Section	Document Update
Methodology	The methodology section was updated to note updated search dates and amendment peer review details
Background	The background “Epidemiology” section was updated to include updated information on cancer statistics
Statement 2	Statement was not updated. However, there was a small change in supporting text to include “mental health professionals” as one of many health experts to care for advanced prostate cancer patients
Statement 5	Statement was updated to include PSMA PET imaging. The supporting text was updated to include updated information on PSMA PET agents
Statement 6	Statement was updated to:  Clinicians should utilize PSMA PET imaging preferentially, where available, in patients with PSA recurrence after failure of local therapy as an alternative to conventional imaging due to its greater sensitivity, or in the setting of negative conventional imaging. (Expert Opinion)  The supporting text has been updated to provide minor edits throughout and to reference the ORIOLE and SABR COMET studies
Statement 7	Statement was updated to remove “conventional” as there are other imaging modalities available in this setting. The supporting text has been updated to state that there are no systemic treatments with proven efficacy for men without metastatic disease who received maximal local therapy.



Section	Document Update
Statement 9	Statement has been updated to reorder the metastatic disease stages as well as removing “conventional imaging”. The supporting text has been updated to provide information on PSMA PET imaging and <sup>68</sup> Ga-PSMA-11 and <sup>18</sup> F-DCFPyL
Statement 13	Statement has been updated to:  “In patients with mHSPC, clinicians should offer germline testing, and consider somatic testing and genetic counseling. (Clinical Principle)”  There were minor changes to the 2 <sup>nd</sup> paragraph of supporting text
Statement 15	Statement has been updated and “continued” before “ADT” has been removed. The supporting text has been updated to include new information for Docetaxel, Abiraterone Acetate, Apalutamide, and Enzalutamide. A new section was created on “Therapeutic decision-making in mHSPC” for existing information on lack of comparative data. There was discussion added on triplet therapy for select de novo metastatic patients
Statement 16	This is a new statement developed based on new literature
Statement 21	This was originally statement 20. The statement and supporting text have been updated to include PSMA PET imaging.
Statement 26	This was originally statement 25. This statement has been rewritten to:  “In mCRPC patients without PSA progression or new symptoms, clinicians should perform imaging at least annually. (Expert Opinion)”  The supporting text was modified to remove “conventional” before imaging to go in line with the updated statement
Statement 27	This is a new statement developed based on new literature
Statement 28	This was originally statement 26. The statement has been modified to:  “In patients with mCRPC, clinicians should offer germline (if not already performed) and somatic genetic testing to identify DNA repair deficiency, microsatellite instability (MSI) status, tumor mutational burden, and other potential mutations that may inform prognosis and familial cancer risk, as well as direct potential targeted therapies. (Clinical Principle)”



Section	Document Update
	The supporting text has not been updated
Statement 29	This was originally statement 27. The statement has been updated to include newly diagnosed mCRPC patients “who have not received prior androgen receptor pathway inhibitors”  The supporting text has not been updated
Statement 30	This statement was deleted
Statement 31	This was originally statement 29. This statement has not changed. There was a minor change to the supporting text to remove “consideration to” in the following line: “the Panel recommends consideration to obtaining abdomen/pelvis CT...”
Statement 32	This is a new statement developed based on new literature
Future Directions	The following sections have been updated to further discuss: Integration of care, Advanced PET imaging and theranostics, metastasis-directed therapy (new section), biomarkers and other systemic therapies, and unmet needs
References	The reference list was updated to reflect document additions and deletions
Algorithm	The algorithm was updated to reflect all statement changes referenced herein

Note: Additional editorial changes were made throughout the guideline to align with current AUA guideline criteria and for consistency purposes. These additional changes were not substantial and were not content-related.