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See related article on page 309

# From better imaging to better decisions: The Canadian Consensus on PSMA theranostics

Prostate-specific membrane antigen (PSMA) positron emission tomography (PET) offers greater diagnostic sensitivity than conventional imaging, introducing a new clinical challenge: clinicians are increasingly required to make treatment decisions in clinical scenarios that were not represented in the pivotal trials that established many current standards of care.

The present consensus<sup>1</sup> builds on areas of clinical uncertainty and transforms them into practical recommendations relevant to the Canadian healthcare system. The consensus especially contributes by providing guardrails against both over- and understaging across different clinical scenarios.

While PSMA PET has demonstrated superior diagnostic performance for distant metastatic disease and high detection rates in biochemical recurrence, certain important caveats exist.<sup>2</sup> When compared to histopathology after radical prostatectomy and pelvic lymph node dissection, PSMA PET has demonstrated insufficient sensitivity to confidently rule out microscopic pelvic nodal disease.<sup>2</sup> Additionally, a number of false-positives exist, particularly for bone lesions, reinforcing that PSMA PET findings should be interpreted under a multidisciplinary approach, including anatomical imaging and clinicopathologic risk factors.

Consensus regarding clinical questions was lower compared to consensus across questions related to nuclear medicine (61% vs. 87%), highlighting the dynamic evolution of the field and the need for clinicians to navigate decision-making in areas where prospective evidence is limited. This is particularly relevant, as PSMA-theranostics increasingly influence not only disease detection, but also treatment selection and sequencing.<sup>3</sup>

Importantly, the panel was instructed to answer the questions assuming unrestricted access to PSMA PET and RLT; however, implementation across Canada can be challenged by variation among provincial healthcare systems where access, reimbursement, scanner availability, geography, and treatment

capacity vary.<sup>4</sup> Clearly defining appropriate indications for PSMA imaging and RLT may help prioritize limited resources toward clinical scenarios in which their use is most likely to meaningfully alter management.

Overall, therapeutic PSMA-targeted RLT has improved outcomes for patients with advanced prostate cancer, and PSMA theranostics generally have reshaped how cancer-care providers interact and make decisions. By blurring traditional specialty boundaries, it underscores the need for multidisciplinary interpretation that integrates tumor biology, clinicopathologic characteristics, patient preferences, nuclear imaging, and therapeutic consequences of those results.

Ultimately, the challenge ahead is translating this consensus into better cancer care for Canadian patients with prostate cancer, while ensuring appropriate resource utilization and equitable access to novel imaging and therapeutic strategies in a rapidly moving field.

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## REFERENCES

1. Lalani AKA, Swiha M, Yogasingam S, et al. Theranostics for prostate cancer: A Canadian multidisciplinary expert report. *Can Urol Assoc J* 2026;10:309-332. <http://dx.doi.org/10.5489/cuaj.10062>
2. Hope TA, Eiber M, Armstrong WR, et al. Diagnostic accuracy of 68Ga-PSMA-11 PET for pelvic nodal metastasis detection prior to radical prostatectomy and pelvic lymph node dissection: A multicenter, prospective, phase 3 imaging trial. *JAMA Oncol* 2021;7:1635-42. <https://doi.org/10.1001/jamaoncol.2021.3771>
3. Gierulski N, Jankowska N, Kwiatkowska A, et al. PSMA-targeted radioligand therapy in advanced prostate cancer: A narrative review of 177Lu-PSMA, emerging 225Ac-PSMA strategies, and therapeutic sequencing. *Oncol Rev* 2026;20:1834484. <https://doi.org/10.3389/or.2026.1834484>
4. Prostate-specific membrane antigen PET-CT imaging for the staging of prostate cancer in Canada: CMII Report. Canadian Agency for Drugs and Technologies in Health; 2022. Available at: <http://www.ncbi.nlm.nih.gov/books/NBK602666/>. (accessed September 2, 2026)

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