Peer Review Overview

Manuscript Title: European Association of Nuclear Medicine Focus 5: Consensus on Molecular Imaging and Theranostics in Prostate Cancer

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1st Decision letter

Reference: EURUROL-D-23-00448
Title: European Association of Nuclear Medicine Focus 5: Consensus on Molecular Imaging and Theranostics in Prostate Cancer
Journal: European Urology

Reviewer #1
I read with pleasure this consensus statement reached during EANM focus conference. The methodology is strong and reliable. The message is clear, and I do not have major concerns regarding this study.
Comments:
1.I would suggest authors to remove yellow highlights from the text and the tables.
2.I would also suggest authors to emphasise about the role of standardised reporting systems and to discriminate among different PSMA PET radiopharmaceuticals, as PSMA-1007 is well renown to have higher incidence of inconclusive findings (with several implications in the management of PCa patients in staging.

Reviewer #2
The authors have conducted a Delphi process to explore agreement in the use of new imaging and treatment modalities. The Discussion section summarizes their findings. The use of PSMA PET CT/MRI are not particularly novel or controversial. There is less certainty and agreement with the use of radiopharmaceuticals. The details of the Delphi process add little to the paper's findings.

1st Author Response Letter
Response to comments from Editors and Reviewers:

Reviewer #1
I read with pleasure this consensus statement reached during EANM focus conference. The methodology is strong and reliable. The message is clear, and I do not have major concerns regarding this study.
Comments:
1.I would suggest authors to remove yellow highlights from the text and the tables.
Reply: Thank you for the kind words and for noting this. The yellow highlighting is there to indicate that a new question was added in Delphi round 2 which was not included in round 1. It does not need to be yellow highlighted, but it does need flagged in some way. Given that this is a display issue and not related to the scientific merit of the project, we are happy to follow the instructions of the editorial board on how they would prefer this is displayed if/when the manuscript is accepted.

2.I would also suggest authors to emphasise about the role of standardised reporting systems and to discriminate among different PSMA PET radiopharmaceuticals, as PSMA-1007 is well renown to have higher incidence of inconclusive findings (with several implications in the management of PCa patients in staging.
Reply: We thank Reviewer #1 for this valuable comment. To address this, we have now add a (last) paragraph in the Discussion session, at page 24.

'An important point must be highlighted, when referring to PSMA PET in this consensus on molecular imaging and theranostics in PCa. The term 'PSMA' was generically used, including all available types of ^{68}Ga- or ^{18}F-radiolabelled PSMA PET tracers. This has consequences on the confidence grade on the reporting findings,

especially considering known non-specific bone activity for some tracers (e.g., ^{18}F-PSMA-1007). Nevertheless, to reduce the number of false positive and/or inconclusive results, different guidelines have been proposed for structured reporting PSMA PET and harmonization of interpretation criteria and are successfully applied in clinical practice. [34–37]'

Reviewer #2
The authors have conducted a Delphi process to explore agreement in the use of new imaging and treatment modalities. The Discussion section summarizes their findings. The use of PSMA PET CT/MRI are not particularly novel or controversial. There is less certainty and agreement with the use of radiopharmaceuticals. The details of the Delphi process add little to the paper's findings.
Reply: RESPONSE. Thank you for your candid appraisal. We agree that the Delphi process is not easy to describe succinctly but also feel it is important to be transparent in methodology. If the editorial board feel we need to delegate any text to an appendix we are happy to consider that on discussion with them. We also agree that PSMA PET-CT/MRI doesn't represent a controversial topic. However, the questions related to these techniques were intended to investigate the local practice variations and to identify current indications and preferred positioning of hybrid imaging through the diagnostic chain of prostate cancer. We further agree that there is less certainty and agreement with the use of PSMA radiopharmaceuticals. Since large prospective studies randomizing between different PSMA tracers are currently lacking, we rely on that the new tracers approval of Food and Drug Administration (FDA) and European Medicine Agency (EMA) will guide the clinical practice to select the proper available radiopharmaceuticals.

Accept Letter

Dear Assoc. Professor Oprea-Lager,

We are pleased to inform you that your above-mentioned revised manuscript has been accepted for publication in EUROPEAN UROLOGY. We will forward it to our Publishing Department, which will undergo a desk editing process to ensure the highest quality publication.

If you have not already, you will soon receive a letter detailing the modifications made by the copyeditor and those that need to be addressed when you receive the proofs from the Publishing Department.

We at the Editorial Office of EUROPEAN UROLOGY would like to personally thank you for your interest and support to the Journal, and we do hope that you continue submitting valuable manuscripts to us in the future.

Thank you again for your interest and collaboration with European Urology, The Platinum Journal.

Yours sincerely,

James Catto — Editor-in-Chief
Giacomo Novara — Associate Editor

-------- End of Review Comments --------