

Supplemental Table 2. ¹⁸F-Fluciclovine PET/CT interpretation guide.

	Consider suspicious for cancer	Exceptions
Prostate bed (prostatectomy)	Focal uptake, visually \geq that in bone marrow, in a site typical for prostate cancer recurrence	If the focus of uptake is small (< 1cm), it may be considered suspicious if the uptake is visually greater than blood pool activity
Prostate bed (non-prostatectomy)	Moderate asymmetric focal uptake, visually \geq bone marrow uptake	If the focus of uptake is small (< 1cm) and in a site typical for recurrence), it may be considered suspicious if the lesion is visually greater than blood pool activity
Lymph nodes	<ul style="list-style-type: none"> • Nodal uptake visually \geq than bone marrow uptake in a site typical of recurrence • Mild, symmetric nodal uptake in sites <i>atypical for recurrence (inguinal, distal external iliac, hilar, and axillary nodes)</i> is typically considered physiologic unless within the context of other clear malignant disease when it <i>is</i> suspicious for recurrence 	<ul style="list-style-type: none"> • If the uptake is in a small node (< 1cm) and in a site typical for recurrence, it is considered suggestive if the uptake is visually greater than blood pool activity
Bone	Focal uptake clearly visualized on maximum-intensity-projection or PET-only images	A bone abnormality visualized on CT (e.g., dense sclerosis without uptake) does not exclude the presence of metastasis