

Supplemental table 1. Performance of ^{68}Ga -PSMA-11 PET according to literature

Literature	Sensitivity	Specificity	PPV	NPV	ACC	N=
Hope et al 2018	74	96	93	85	86	266
v. Eyben et al 2016	61	97				273
Corfield et al 2018	33–92	64–91	83–96	80–96		216
Perera et al 2016	86	86				239
Our Results	72	93	74	93	93	58

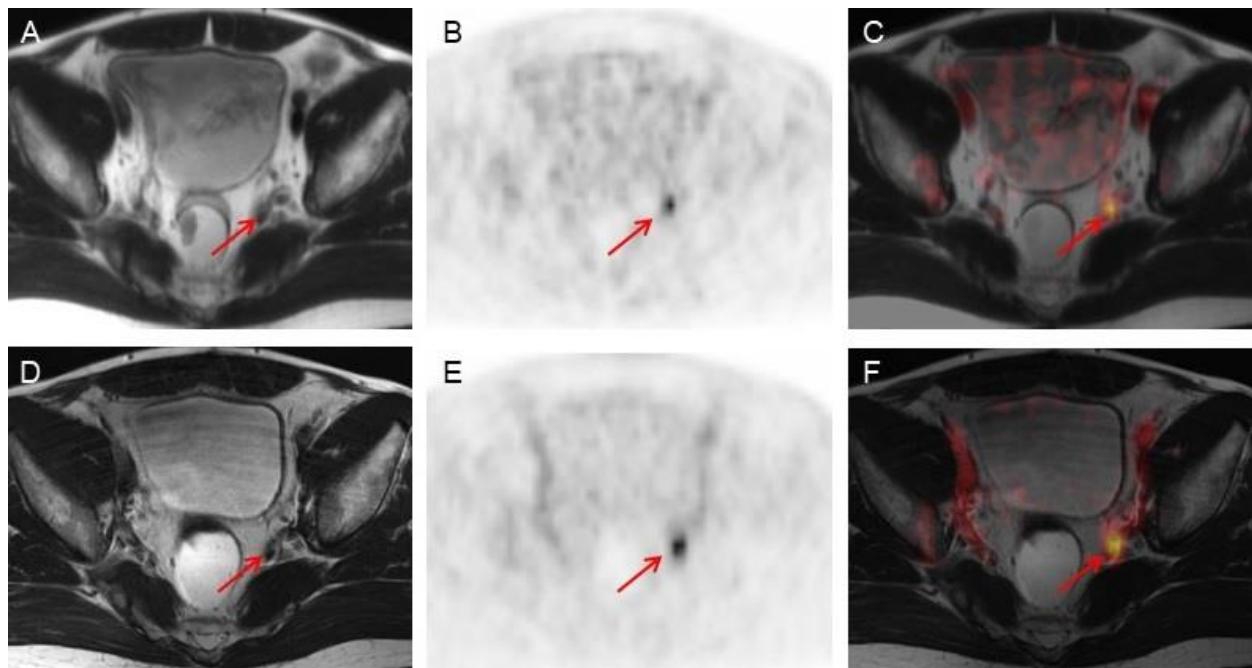
Supplemental table 2

Diagnostic accuracy of ¹⁸F-rhPSMA-7 PET and cross-sectional imaging compared with histology (template-based analysis) modified by data retrieved from follow up.

Morphological Grading		Histology: LN metastasis		¹⁸ F- rhPSMA7- PET Grading	
		pos.	neg.		
1†	2	3		1*	26
2†	0	0		2*	4
3†	4	12		3	1
4	12	24	PPV: 28.6%	4	17
5	36	282	NPV: 86.4%	5	286
Total	54	321	375	Total	54
	Sens.: 11.1%	Spec.: 95.3%	Acc.: 83.2%		Sens.: 55.6%
					Spec.: 97.5%
					Acc.: 91.4%

(pos.: positive; neg.: negative; Sens.: sensitivity; Spec.: specificity; PPV: positive predictive value; NPV: negative predictive value; Acc.: accuracy; LN: lymph nodes; †: values for Morphological grading: 1–3 positive (4–5 negative**), *: values for ¹⁸F-rhPSMA-7 PET Grading: 1+2 positive (3–5: negative) for LN metastasis**)

** based on highest Youden index



Supplemental Fig. 1: Pre- (lower row) and 7 months postoperative (upper row) ^{18}F -rhPSMA-7 PET/MR datasets from a 61-year-old patient (Gleason Score 9, iPSA 25.98 ng/mL). Preoperative staging shows an ^{18}F -rhPSMA-7-positive lymph node in the left pelvic. After surgery PSA persistence at a PSA value of 0.21 ng/ml was noted. ^{18}F -rhPSMA-7 PET/MR imaging revealed the lymph node metastasis still in place which was subsequently successfully removed using PSMA-targeted radio-guided surgery.