

Enzalutamide enhances PSMA expression of PSMA-low prostate cancer – Supplemental Figures

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Suppl. Fig. 1 ^{68}Ga -PSMA PET/CT before and after enzalutamide.

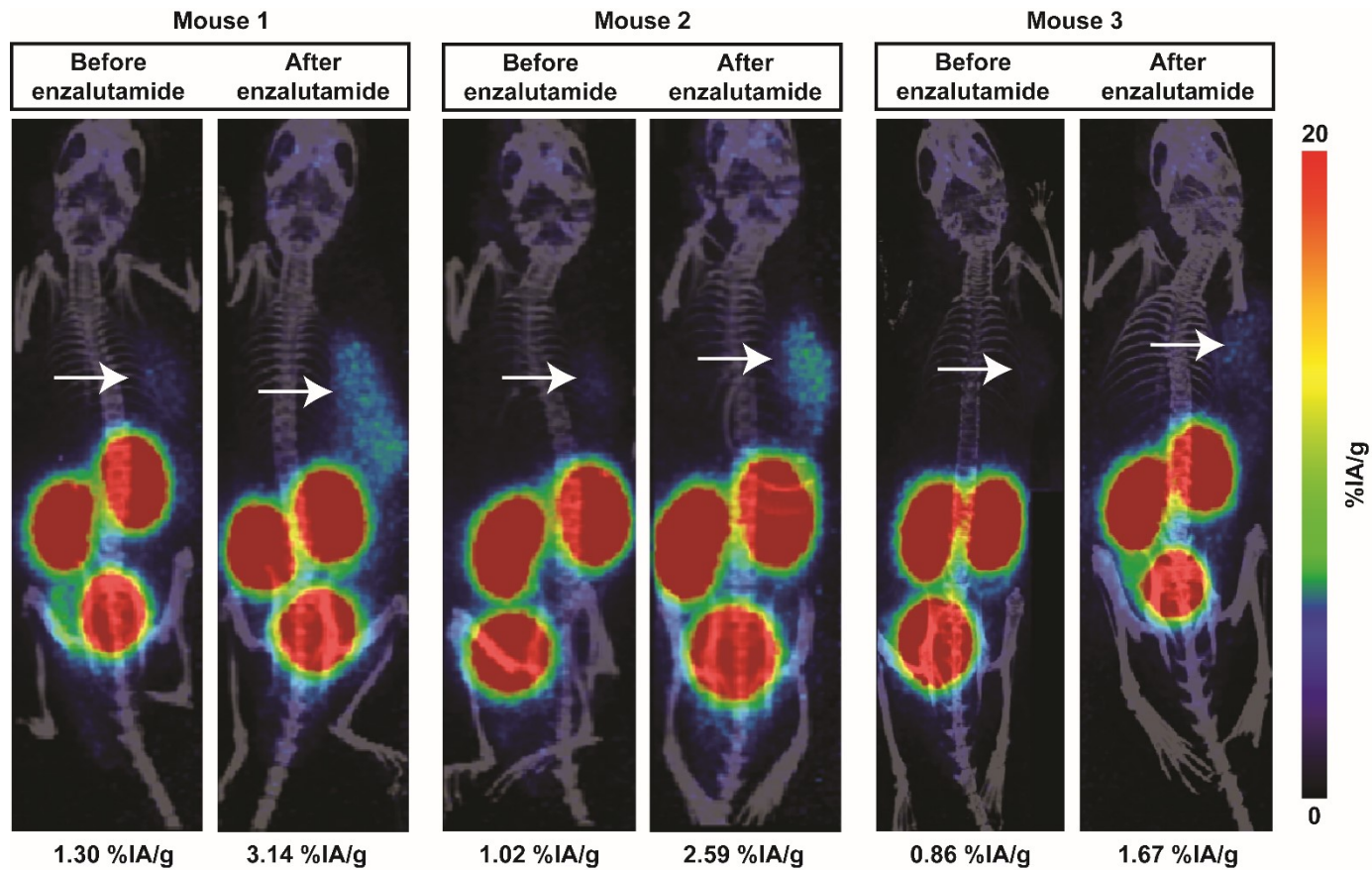


Fig S1. ^{68}Ga -PSMA PET/CT before and after enzalutamide. Representative maximum intensity projections (MIP) of three different mice bearing 22Rv1 tumors (arrow) before (baseline) and after a two-week treatment with enzalutamide are shown (n=9). Average ^{68}Ga -PSMA tumor uptake is given below the image. **Abbreviations:** %IA/g, % injected activity per gram tissue.

Suppl. Fig. 2 Empiric partial volume effect (PVE) correction data and methodology.

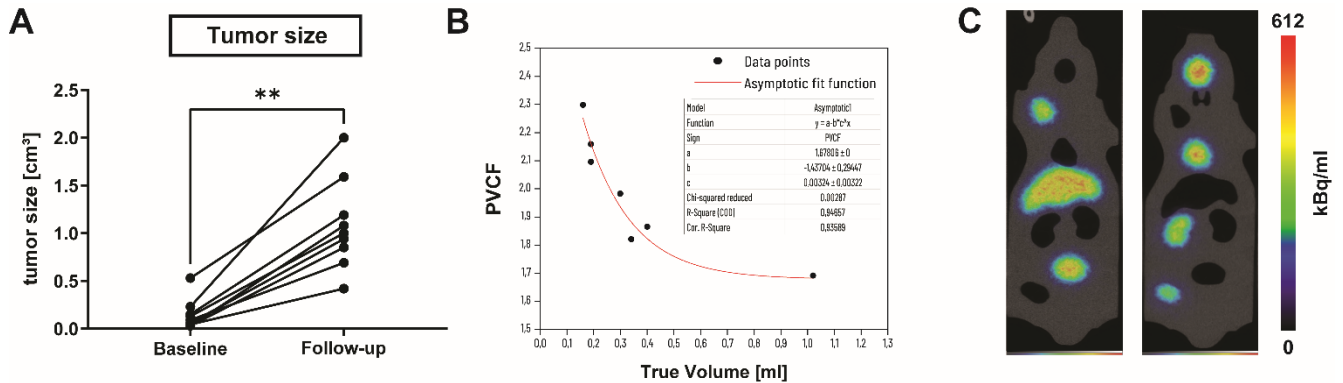


Fig S2. Empiric partial volume effect (PVE) correction data and methodology. Since the tumor size at baseline is significantly lower than at follow-up (A), it is appropriate to correct for partial volume effects (PVE). A partial volume correction factor (PVCF) profile was fitted to an asymptotic curve (B) with a dependency on the cavity volume measured in a mouse-like phantom (C). The PVCF was calculated by dividing the calibrated activity concentration by the mean calibrated activity contained in the PET reconstructed images. **Statistics:** Wilcoxon matched-pairs signed rank test. ** $p \leq 0.01$.

Suppl. Fig 3 Control tissue microarray for immunohistochemistry stainings.

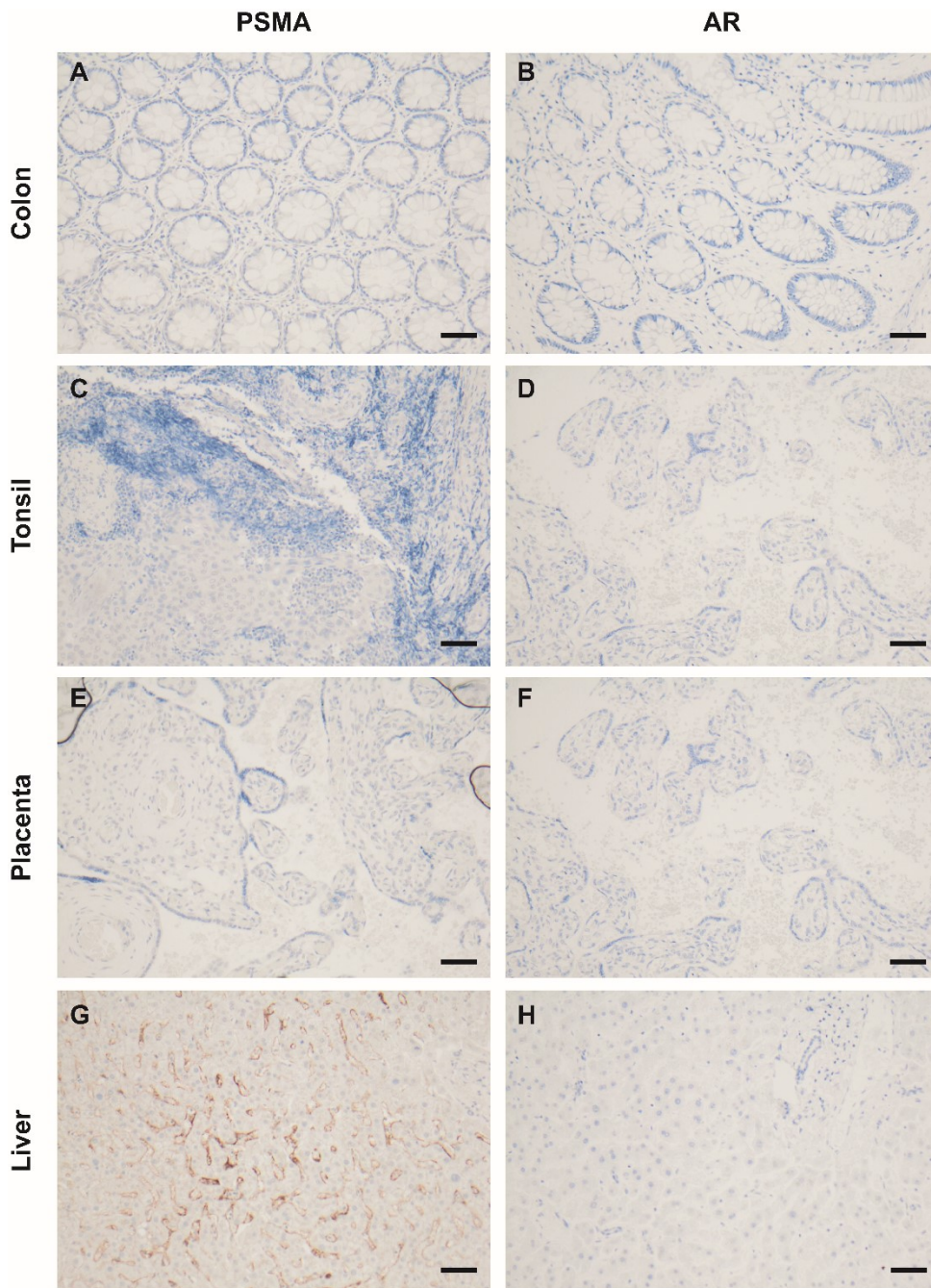


Fig S3. Control tissue microarray for immunohistochemistry stainings. Colon, tonsil and placenta serve as negative controls for PSMA and AR. Live tissue is negative for AR and typically positive for PSMA. **Scale:** 50 μ m.