

This is a repository copy of Quality of Life Outcomes after Primary Treatment for Clinically Localised Prostate Cancer: A Systematic Review.

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/119692/

Version: Supplemental Material

## Article:

Lardas, M, Liew, M, van den Bergh, R et al. (21 more authors) (2017) Quality of Life Outcomes after Primary Treatment for Clinically Localised Prostate Cancer: A Systematic Review. European Urology, 72 (6). pp. 869-885. ISSN 0302-2838

https://doi.org/10.1016/j.eururo.2017.06.035

(c) 2017, European Association of Urology. Published by Elsevier B.V. This manuscript version is made available under the CC BY-NC-ND 4.0 license https://creativecommons.org/licenses/by-nc-nd/4.0/

## Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

## **Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



Table 1a: Baseline characteristics of RCTs

Study ID & year, country, design, recruitment period, PROM tool used	Interventions	N	Age: Mean (SD), median [range]	FU (months) Mean (SD), median [range]	T stage	Gleason score n or mean (SD)	PSA, n mean (SD) median [range]	Co-morbidity
Crook 2011 [11], North America, RCT- prospective, 2002-2004 EPIC	Radical prostatectomy	66	61.4 (6.2)	62.4 [38.4 – 78]	NR but inclusion criteria: either T1c or T2a	NR but inclusion criteria: ≤6	5.5 (2.1)	50% *
	Brachytherapy	102	59.4 (5.9)				5.3 (2.8)	*% of patients taking medications for Diabetes Mellitus, Hypertension or Cardiovascular disease
Donovan 2016 [12], UK, RCT, 1999-2009 EPIC EORTC QLQ-C30	Active monitoring	545	62 (5)	EORTC QLQ- C30 was assessed at 60 months EPIC was assessed at 72 months	T1c: 410 (75%) T2: 135 (25%)	6: 421 (77%) 7: 111 (20%) 8-10: 13 (2%) Missing: 0	4.7 [3.7-6.7]	
	Radical prostatectomy	553	62 (5)		T1c: 410 (74%) T2: 143 (26%)	6: 422 (76%) 7: 120 (22%) 8-10: 10 (2%) Missing: 1	4.9 [3.7-6.7]	NR
	Radiotherapy	545	62 (5)		T1c: 429 (79%) T2: 116 (21%)	6: 423 (78%) 7: 108 (20%) 8-10: 14 (3%) Missing: 0	4.8 [3.7-6.7]	
Giberti 2009 [13], Italy, RCT, 1999-2002	Radical prostatectomy	100	65.2 [57–74]	68.2 [60–102]	T1c: 64 (64%) T2a: 36 (36%)	5.9	7.8 [3.5-10]	NR

Study ID & year, country, design, recruitment period, PROM tool used	Interventions	N	Age: Mean (SD), median [range]	FU (months) Mean (SD), median [range]	T stage	Gleason score n or mean (SD)	PSA, n mean (SD) median [range]	Co-morbidity
EORTC QLQ-C30 EORTC QLQ-PR25	Brachytherapy	100	65.6 [56-74]		T1c: 59 (59%) T2a: 41 (41%)	5.7	7.5 [2.9-9.3]	

NR: not reported