# Supplementary Appendix

Supplement to: Hamdy FC, Donovan JL, Lane JA , et al. Fifteen-year outcomes after monitoring, surgery, or radiotherapy for prostate cancer. N Engl J Med. DOI: 10.1056/NEJMoa2214122

This appendix has been provided by the authors to give readers additional information about the work.

# Supplementary Appendix

(Hamdy FC et al. 15-year Outcomes after Monitoring, Surgery, or Radiotherapy for Localized Prostate Cancer)

## Table of Contents

## PROTECT STUDY GROUP INVESTIGATOR LIST

***Principal Investigators:***

Freddie C. Hamdy (Chief Investigator), Jenny L. Donovan, David E. Neal.

***Trial Co-ordinator:***

J. Athene Lane.

***Trial Statisticians:***

Chris Metcalfe, Grace J Young, Tim J. Peters.

***Clinical Centre leads:***

Bristol (David Gillatt, Edward Rowe), Edinburgh (Prasad Bollina), Newcastle (Phillip Powell, Edgar Paez), Sheffield (Freddie Hamdy, Derek Rosario), Cardiff (Howard Kynaston, Owen Hughes), Leicester (Roger Kockelbergh), Cambridge (David Neal, Andrew Doble, Vincent Gnanapragasam), Leeds (Stephen Prescott, Alan Paul), Birmingham (Alan Doherty)

***Urologists:***

John B. Anderson*, Jonathan Aning, Richard J Bryant, James Catto, Garett Durkan, Anthony Kouparis, Hing Leung, Param Mariappan, Alan McNeill, Raj Persad, Hartwig Schwaibold, David Tulloch, Michael Wallace.

***Nurses****:*

*Lead*: Peter Holding. *Site leads:* Susan Bonnington*, Lynne Bradshaw, Deborah Cooper, Emma Elliott, Phillipa Herbert, Joanne Howson, Amanda Jones, Teresa Lennon, Norma Lyons, Hilary Moody, Claire Plumb, Tricia O'Sullivan, Elizabeth Salter, Pauline Thompson, Sarah Tidball, Jan Blaikie, Catherine Gray. Tonia Adam, Sarah Askew, Sharon Atkinson, Tim Baynes, Carole Brain, Viv Breen, Sarah Brunt, Sean Bryne, Jo Bythem, Jenny Clarke, Jenny Cloete, Susan Dark, Gill Davis, Rachael De La Rue, Jane Denizot, Elspeth Dewhurst, Anna Dimes, Nicola Dixon, Penny Ebbs, Ingrid Emmerson, Jill Ferguson, Ali Gadd, Lisa Geoghegan, Alison Grant, Collette Grant, Rosemary Godfrey, Louise Goodwin, Susie Hall, Liz Hart, Andrew Harvey, Chloe Hoult, Sarah Hawkins, Sharon Holling, Alastair Innes, Sue Kilner, Fiona Marshall, Louise Mellen, Andrea Moore, Sally Napier, Julie Needham, Kevin Pearse, Anna Pisa, Mark Rees, Elliw Richards, Lindsay Robson, Janet Roxburgh, Nikki Samuel, Irene Sharkey, Michael Slater, Donna Smith, Pippa Taggart, Helen Taylor, Vicky Taylor, Ayesha Thomas, Briony Tomkies, Nicola Trewick, Claire Ward, Christy Walker, Ayesha Williams, Colin Woodhouse, Elizabeth Wyber.

***Oncologists****:*

*Leads*: Malcolm Mason, John Staffurth

Amit Bahl, Richard Benson, Mark Beresford, Catherine Ferguson, John Graham, Chris Herbert, Grahame Howard, Nick James, Peter Kirkbride, Alastair Law, Carmel Loughrey, Duncan McClaren, Helen Patterson*, Ian Pedley, Trevor Roberts*, Angus Robinson, Simon Russell, Paul Symonds, Narottam Thanvi, Subramaniam Vasanthan, Paula Wilson.

***Histopathologists***:

*Leads:* Jon Oxley, Mary Robinson

Selina Bhattarai, Neeta Deshmukh, John Dormer, Malee Fernando, John Goepel, David Griffiths, Ken Grigor, Patricia Harnden, Nick Mayer, Murali Varma, Anne Warren.

***Radiologists and medical physicists:***

Helen Appleby, Dominic Ash, Dean Aston, Steven Bolton, Graham Chalmers, John Conway, Nick Early, Tony Geater, Lynda Goddall, Claire Heymann, Deborah Hicks, Liza Jones, Susan Lamb, Geoff Lambert,

Gill Lawrence, Geraint Lewis, John Lilley, Aileen MacLeod, Pauline Massey, Alison McQueen, Rollo Moore, Lynda Penketh, Janet Potterton, Neil Roberts, Helen Showler, Pam Shuttleworth, Stephen Slade, Alasdair Steele, James Swinscoe, Marie Tiffany, John Townley, Jo Treeby, Michael Weston, Joyce Wilkinson, Lorraine Williams, Lucy Wills, Owain Woodley, Sue Yarrow.

***Researchers and data managers:***

Lucy Brindle, Linda Davies, Michael Davis, Dan Dedman, Elizabeth Down, Kirsty Garfield, Hanan Khazragui, Richard M. Martin, Nicola Mills, Sian Noble, Hilary Taylor, Marta Tazewell, Emma L. Turner, Julia Wade, Eleanor Walsh.

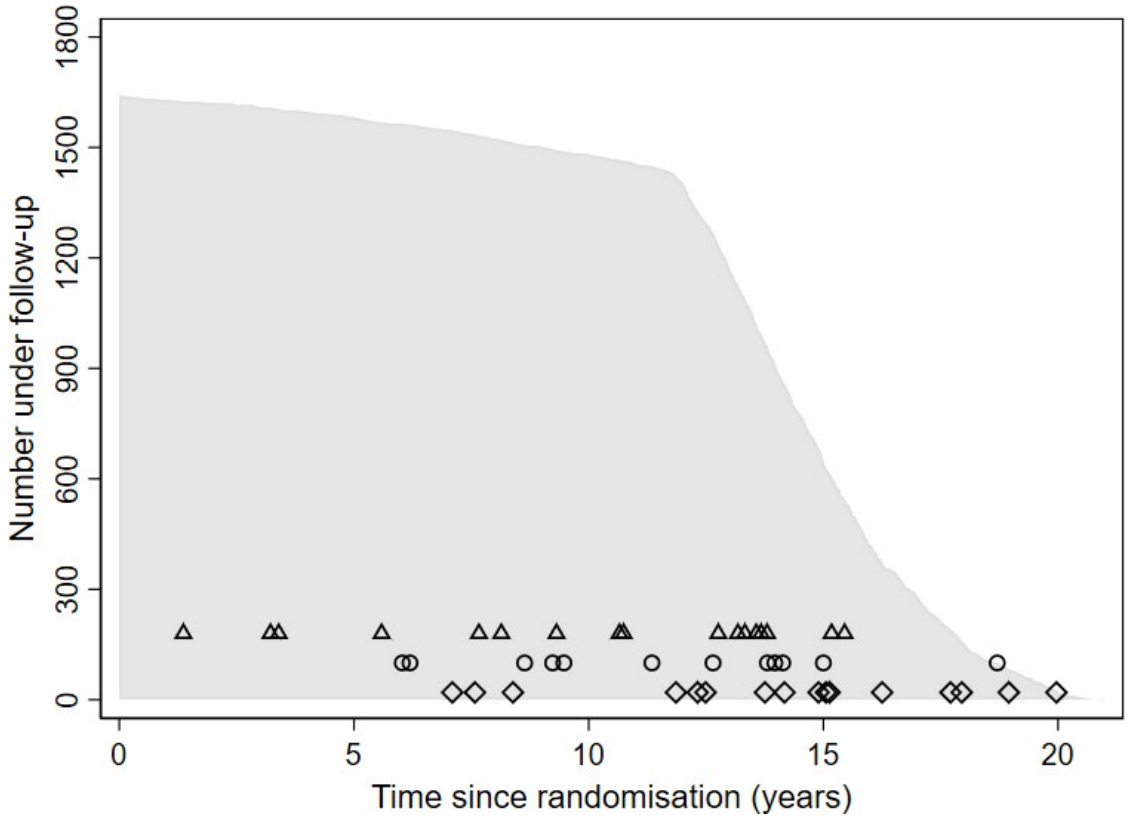
***Administrative support:***

Susan Baker, Elizabeth Bellis-Sheldon, Chantal Bougard, Joanne Bowtell, Catherine Brewer, Chris Burton, Jennie Charlton, Nicholas Christoforou, Rebecca Clark, Susan Coull, Christine Croker, Rosemary Currer, Claire Daisey, Gill Delaney, Rose Donohue, Jane Drew, Rebecca Farmer, Susan Fry, Jean Haddow, Alex Hale, Susan Halpin, Belle Harris, Barbara Hattrick, Sharon Holmes, Helen Hunt, Vicky Jackson, Donna Johnson, Mandy Le Butt, Jo Leworthy, Tanya Liddiatt, Alex Martin, Jainee Mauree, Susan Moore, Gill Moulam, Jackie Mutch, Kathleen Parker, Christopher Pawsey, Michelle Purdie, Teresa Robson, Lynne Smith, Carole Stenton, Tom Steuart-Feilding, Beth Stott, Chris Sully, Caroline Sutton, Carol Torrington, Zoe Wilkins, Sharon Williams, Andrea Wilson, Ashleigh Weaver.

*Deceased

## Supplementary Figures

**Figure S1.** Time since randomisation at which prostate cancer deaths occurred amongst those allocated to Active Monitoring (triangles, n=17), Prostatectomy (circles, n=12) and Radiotherapy (diamonds, n=16). The height of the shaded area indicates the number of men under follow-up for all three groups combined. (See also related **Table S6**)




Prostate cancer deaths by quinquennium of the follow-up period in the three allocated groups

| | 0 to 5 years | >5 to 10 years | >10 to 15 years | >15 to 20 years | Total |
|---|---|---|---|---|---|
| Active Monitoring | 3 | 4 | 8 | 2 | 17 |
| Prostatectomy | 0 | 5 | 6 | 1 | 12 |
| Radiotherapy | 0 | 3 | 6 | 7 | 16 |
| Total | 3 | 12 | 20 | 10 | 45 |

**NB** Please also see related **Table S7** Hazard ratio estimates from the model that accommodate the changing relative treatment effect on prostate cancer mortality for the comparison between radiotherapy and active monitoring.

**Figure S2** All-cause mortality (active monitoring: green dash; prostatectomy: red; radiotherapy: blue)

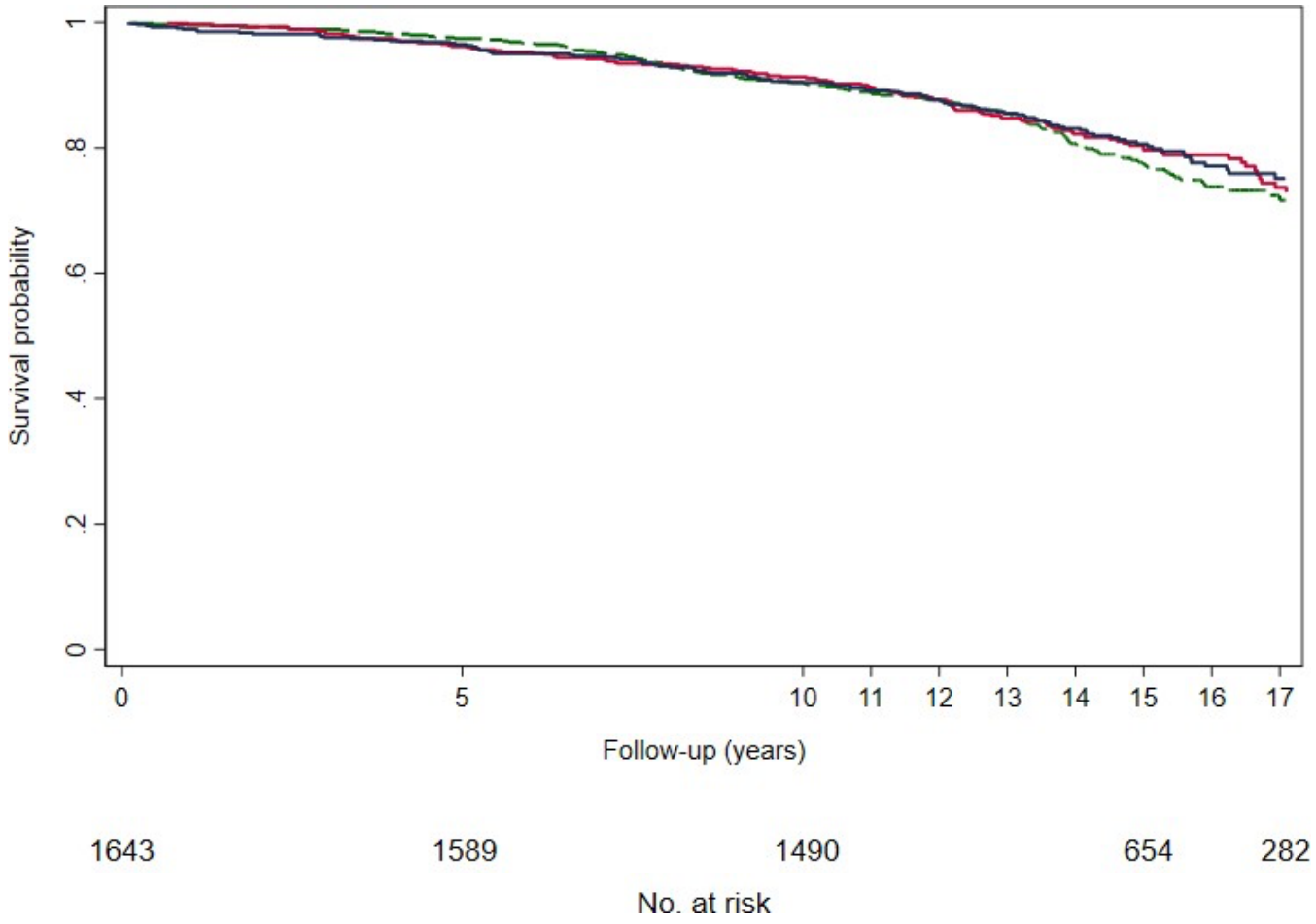
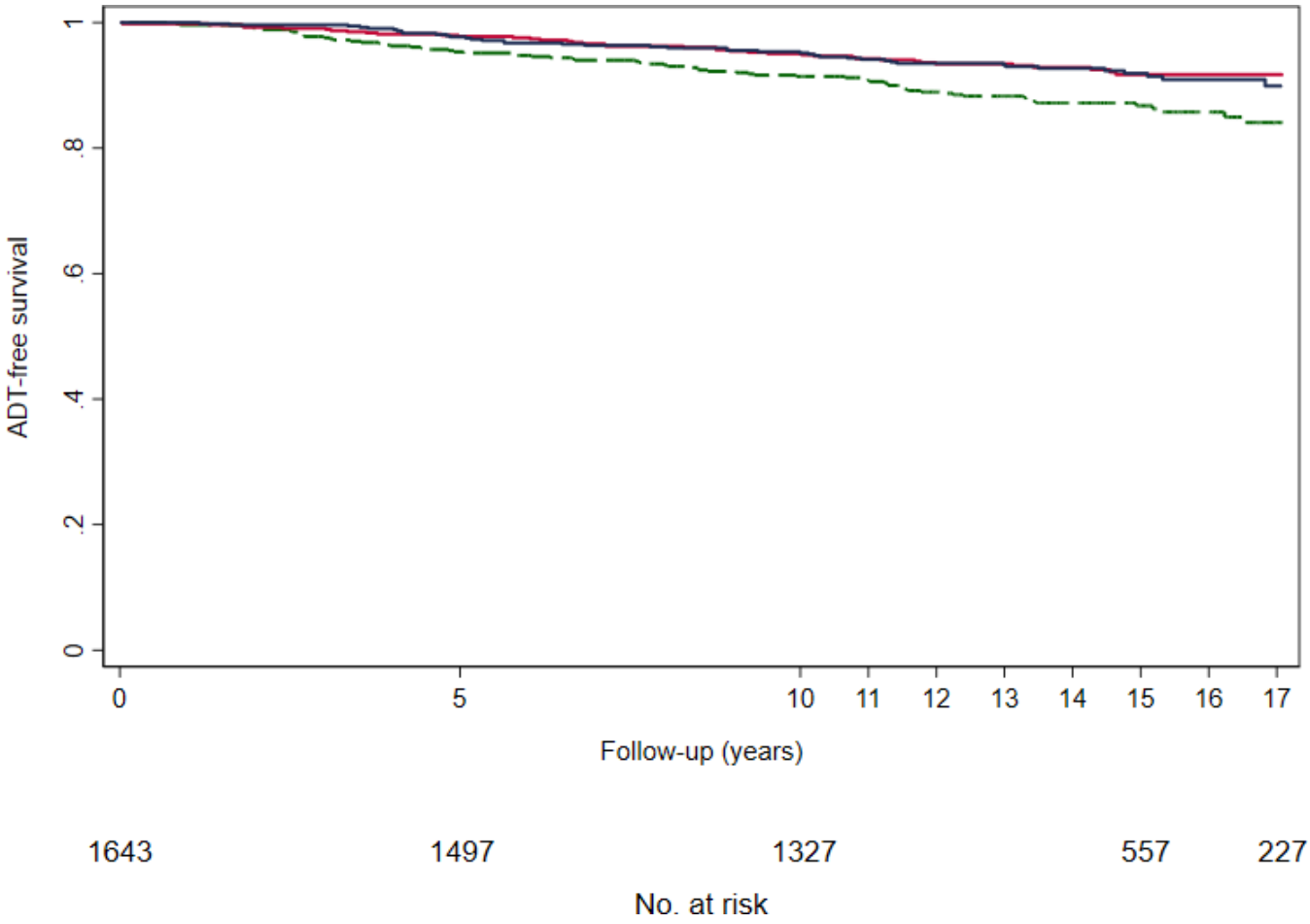


**Figure S3.** Onset of androgen deprivation therapy (Active Monitoring: green dash; Prostatectomy: red; Radiotherapy: blue)



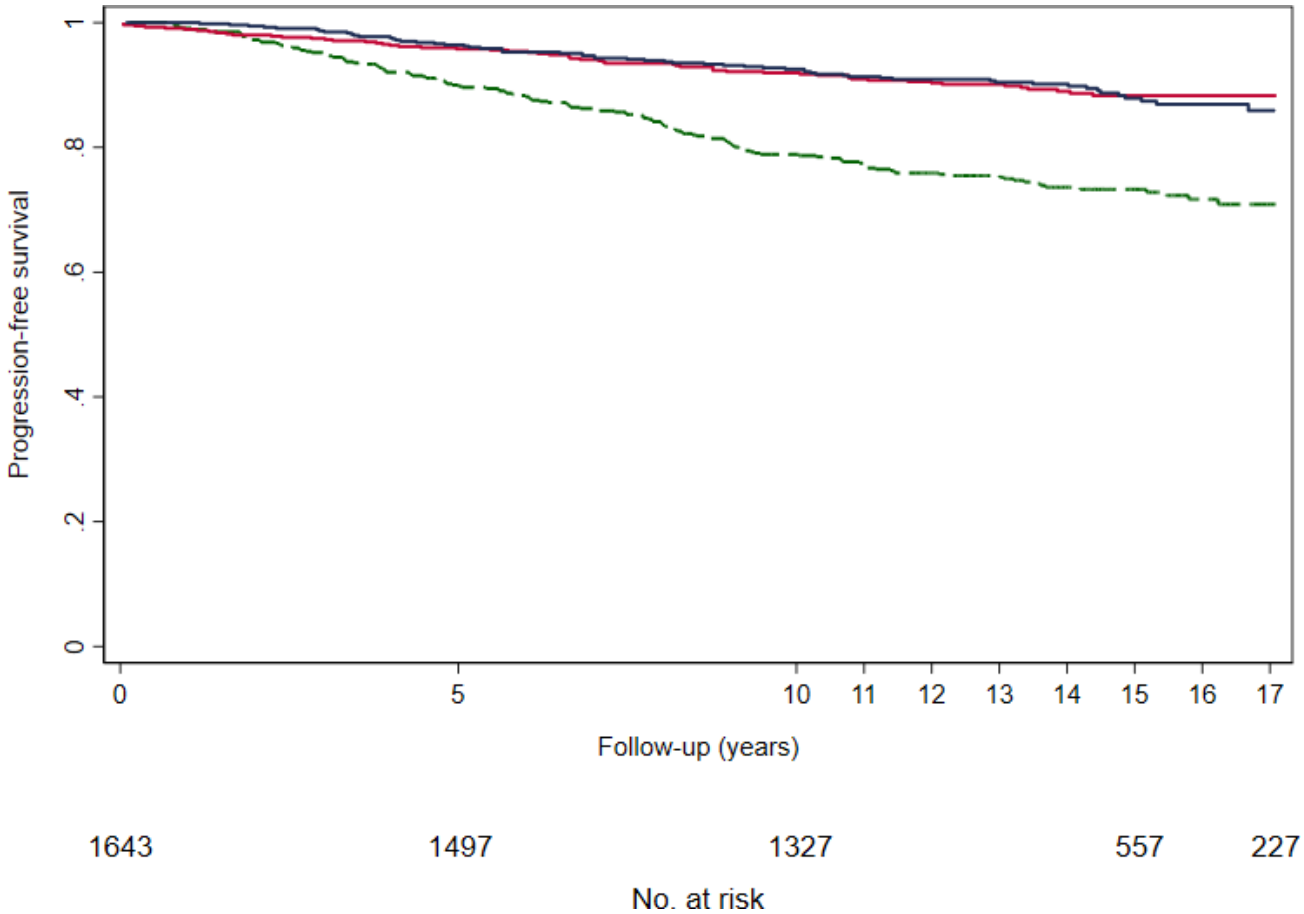



**Figure S4.** Clinical Progression (Active Monitoring: green dash; Prostatectomy: red; Radiotherapy: blue)

**Figure S5** Forest plot of sub-group analysis of age

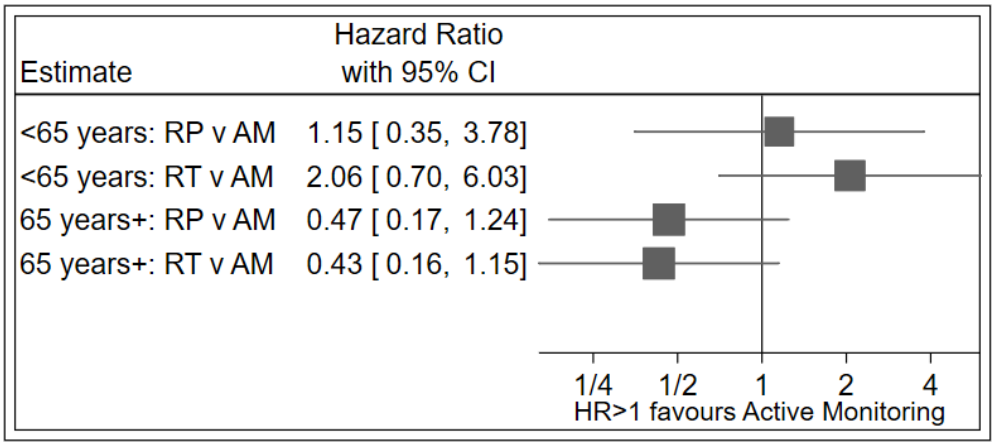
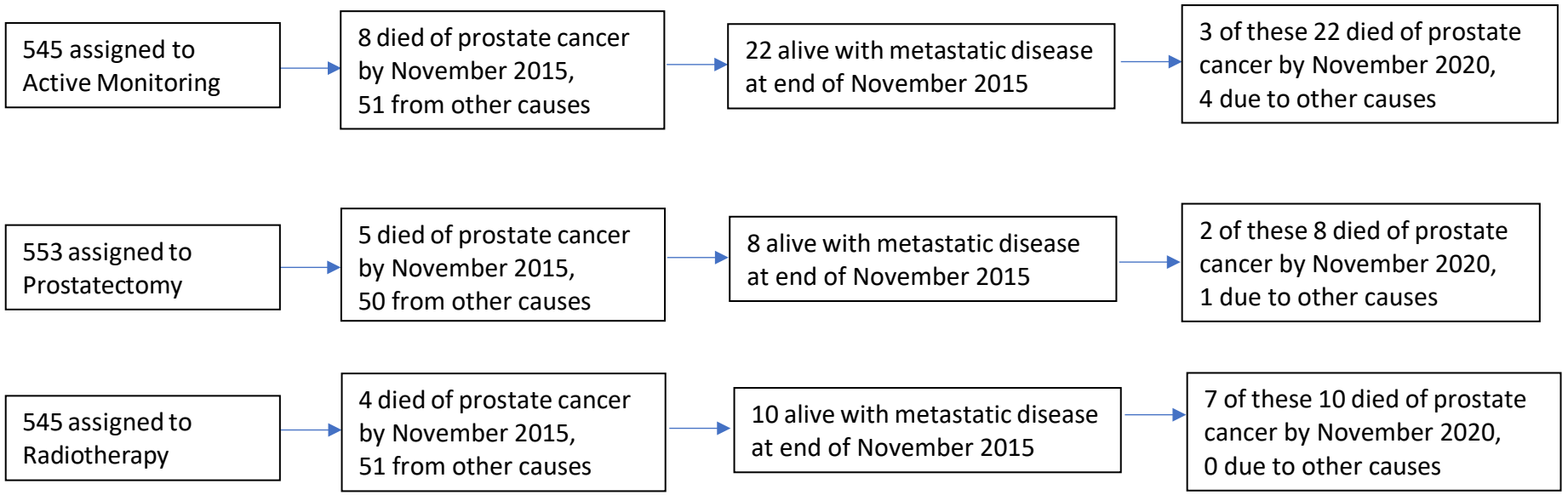


**Figure S6.** Prostate cancer-specific and other-cause mortality in 2020 among men alive with metastatic disease in 2015



## Supplementary Tables

**Table S1.** ProtecT participant prostate cancer risk-stratification at baseline and by random allocation according to major stratification systems.

| | CAPRA[1] system scores (n=1619) | | | D'Amico risk stratification[2] (n=1530[3]) | | | Cambridge Prognostic groups[4] (n=1642) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Score 0-2 | Score 3-5 | Score 6-10 | Low | Intermediate | High | Group 1 | Group 2 | Groups 3-5 |
| Active Monitoring | 381 | 143 | 13 | 328 | 129 | 49 | 382 | 116 | 47 |
| Prostatectomy | 382 | 150 | 8 | 343 | 118 | 54 | 395 | 112 | 45 |
| Radiotherapy | 388 | 135 | 19 | 343 | 122 | 44 | 384 | 109 | 52 |
| Overall | 1151 (71%) | 428 (26%) | 40 (2%) | 1014 (66%) | 369 (24%) | 147 (10%) | 1161 (71%) | 337 (21%) | 144 (9%) |

[1] CAPRA: (Cancer of the Prostate Risk Assessment score). The score is calculated using points assigned to: age at diagnosis, PSA at diagnosis, Gleason score of the biopsy, clinical stage and percent of biopsy cores involved with cancer. These variables are outlined below. A CAPRA score of 0-2 indicates **low-risk**; CAPRA score of 3-5 indicates **intermediate-risk**, and CAPRA score of 6-10 indicates **high-risk**.

| Variable | Specific Patient's level | Points to be assigned |
|---|---|---|
| Age at diagnosis | Under 50 years | 0 |
| | 50 years or older | 1 |
| PSA at diagnosis | Less than or equal to 6 ng/ml | 0 |
| | Between 6.1 and 10 ng/ml | 1 |
| | Between 10.1 and 20 ng/ml | 2 |
| | Between 20.1 and 30 ng/ml | 3 |
| | More than 30 ng/ml | 4 |
| Gleason score of the biopsy (primary/secondary) | No pattern 4 or 5 | 0 |
| | Secondary pattern 4 or 5 | 1 |
| | Primary pattern 4 or 5 | 3 |
| Clinical stage (T stage) | T1 or T2 | 0 |
| | T3a | 1 |
| Percent of biopsy cores involved with cancer | 34 percent or more | 1 |

Footnotes [2, 3, 4] – see overleaf

[2] D'Amico's risk classification. PSA less than or equal to 10 ng/ml, Gleason 6 (3+3), clinical stage T1-T2a indicates **low-risk**; PSA between 10-20 ng/ml, Gleason score of 7 (3+4 or 4+3), clinical stage T2b indicates **intermediate risk**; PSA more than 20 ng/ml, Gleason score equal or higher than 8, clinical stage T2c-T3a indicates **high-risk**.

[3] 108 T2s excluded as could not be recoded as a/b/c

[4] Cambridge Prognostic Groups.
Group 1: low risk. Grade group 1 (Gleason score 3+3=6), PSA less than10 ng/ml, clinical stage T1-T2;
Group 2: favorable intermediate risk. Grade group 2 (Gleason score 3+4=7) OR PSA 10-20ng/ml and clinical stage T1-T2;
Group 3: intermediate risk. Grade group 2 (Gleason score 3+4=7), PSA 10 to 20 ng/ml, clinical stage T1-T2; OR: Grade group 3 (Gleason score 4+3=7) and clinical stage T1-T2;
Group 4: high risk. One of the following: Grade group 4 (Gleason score 8) or PSA >20ng/ml OR clinical stage T3;
Group 5: high risk: Two criteria as in Group 4 OR Grade group 5 (Gleason score 9-10) OR clinical stage T4.

**Low risk prostate cancer** is similar to CPG 1.
**Medium or intermediate risk prostate cancer** is similar to CPG 2 and CPG 3.
**High risk prostate cancer** is similar to CPG 4 and CPG 5

**Table S2.** Number up-staged from cT1/T2 at baseline biopsy to pT3/T4 according to prostatectomy specimen among those receiving prostatectomy within 12 months of randomization (irrespective of allocation). Key percentages below table.

| Pathological (pT) stage from prostatectomy | Clinical (cT) stage at diagnosis T1 | T2 | Total |
|---|---|---|---|
| pT2a | 60 | 13 | 73 |
| pT2b | 26 | 12 | 38 |
| pT2c | 196 | 39 | 235 |
| pT3a | 68 | 56 | 124 |
| pT3b | 5 | 6 | 11 |
| pT4 | 3 | 0 | 3 |
| Missing | 3 | 1 | 4 |
| Total | 361 | 127 | 488 |

Key percentages:

138/484 (29%) cT1/T2 at baseline (biopsy) were upstaged to pT3 or pT4

76/358 (21%) cT1 at baseline (biopsy) were upstaged to pT3 or pT4

62/126 (49%) cT2 at baseline (biopsy) were upstaged to pT3 or pT4

**Table S3.** Number up-graded from baseline biopsy to prostatectomy specimen among those receiving prostatectomy within 12 months of randomization (irrespective of allocation). Key percentages below table.

| | **Grade Group from biopsy** | | | | | |
|---|---|---|---|---|---|---|
| **Grade Group from prostatectomy** | 1 | 2 | 3 | 4 | 5 | Total |
| 1 | 230 | 8 | 1 | 1 | 0 | 240 |
| 2 | 121 | 67 | 6 | 2 | 0 | 196 |
| 3 | 9 | 17 | 8 | 2 | 1 | 37 |
| 4 | 1 | 2 | 1 | 3 | 1 | 8 |
| 5 | 2 | 1 | 1 | 0 | 0 | 4 |
| Missing | 0 | 3 | 0 | 0 | 0 | 3 |
| Total | 366 | 95 | 17 | 8 | 2 | 488 |

Key percentages:

Upgraded from biopsy to prostatectomy 155 / 483 (32%)

Upgraded from Grade Group 1 (3+3=6) at biopsy to Grade Group 2 or higher at prostatectomy 133 / 363 (37%)

Found with Grade Group 2 or higher at prostatectomy 245 / 485 (51%)

**Table S4:** Characteristics of patients who received radical prostatectomy and died of prostate cancer.

| Age | Year randomised | Baseline PSA | Baseline Gleason /stage | RP year | RT salvage year | Death | Path grading | Path staging | CAPRA score |
|---|---|---|---|---|---|---|---|---|---|
| 68 | RT 2000 | 5.9 | GGG1; 3+3=6; T2a | 2002 | 2002 | 2020 | GGG2; 3+4=7 | pT3bN0M0*# | 1 |
| 66 | RP 2001 | 8.05 | GGG4; 4+4=8; T1c | 2002 | X | 2020 | GGG2; 3+4=7 | pT2bN0M0 | 5 |
| 64 | RT 2001 | 7.37 | GGG1; 3+3=6; T1c | 2002 | 2008 | 2020 | GGG3; 4+3=7 | pT2cN0M0* | 2 |
| 60 | RP 2003 | 4.45 | GGG3; 4+3=7; T2b | 2003 | 2005 | 2009 | GGG5; 4+5=9 | pT3aN0M0* | 4 |
| 67 | RP 2004 | 3.95 | GGG2; 3+4=7; T2b | 2004 | 2006 | 2013 | GGG2; 3+4=7 | pT3aN0M0 | 2 |
| 56 | AM 2005 | 4.3 | GGG1; 3+3=6; T1c | 2006 | 2014 | 2018 | GGG2; 3+4=7 | pT3aN0M0 | 1 |
| 66 | RP 2005 | 3.15 | GGG2; 3+4=7; T2b | 2005 | 2009 | 2020 | GGG2; 3+4=7 | pT3bN0M0*# | 3 |
| 65 | RT 2006 | 4.8 | GGG2; 3+4=7; T1c | 2008 | 2009 | 2013 | GGG5; 5+4=9 | pT3aN1M0* | 2 |
| 63 | RT 2006 | 7.6 | GGG3; 4+3=7; T1c | 2008 | 2009 | 2018 | GGG5; 4+5=9 | pT3aN0M0 | 5 |
| 54 | RP 2008 | 4.35 | GGG1; 3+3=6; T2b | 2008 | 2014 | 2020 | GGG2; 3+4=7 | pT3aN0M0 | X |
| 66 | RP 2008 | 4.2 | GGG2; 3+4=7; T2a | 2009 | 2014 | 2020 | GGG4; 4+4=8 | pT3aN0M0* | 2 |
| 58 | AM 2006 | 4.95 | GGG1; 3+3=6; T2a | 2010 | 2011 | 2020 | GGG3; 4+3=7 | pT3bN0M0# | 1 |
| 57 | RP 2006 | 9.05 | GGG1; 3+3=6; T1c | 2010 | X | 2020 | GGG4; 4+4=8 | pT4N1M0*# | 3 |

RT: Radical Radiotherapy; RP: Radical prostatectomy; AM: Active Monitoring; GGG: Gleason Grade Group.

*Positive surgical margin; # seminal vesicle involvement

Upgraded at radical prostatectomy: 10/13 (77%); Low-risk GGG1 disease at baseline: 6/13 (46%); CAPRA score 0-2 7/13 (77%); Upstaged at radical prostatectomy: 13/13 (100%); Received salvage radiotherapy: 11/13 (84%); Received radical prostatectomy within 2 years of diagnosis: 10/13 (77%); Lymph node involvement (N1): 2/13 (15%).

**Table S5.** Baseline characteristics of patients who developed metastases.

| | **Metastatic disease (n=104)** | **Whole cohort (n=1643)** |
|---|---|---|
| Grade group 1 (%) | 53 (51%) | 1268 (77%) |
| Grade group 2 (%) | 32 (31%) | 275 (17%) |
| Grade groups 3-5 (%) | 19 (18%) | 99 (6%) |
| | | |
| cT1 | 56 (54%) | 1249 (76%) |
| cT2 | 48 (46%) | 394 (24%) |
| | | |
| CAPRA Score 0-2 (%) | 49 (48%) | 1151 (71%) |
| CAPRA Score 3-5 (%) | 45 (44%) | 428 (26%) |
| CAPRA Score 6-10 (%) | 9 (9%) | 40 (2%) |
| | | |
| D'Amico low risk (%) | 35 (41%) | 1014 (66%) |
| D'Amico intermediate risk (%) | 34 (40%) | 369 (24%) |
| D'Amico high risk (%) | 17 (20%) | 147 (10%) |
| | | |
| Cambridge Prognostic Group 1 (%) | 45 (43%) | 1161 (71%) |
| Cambridge Prognostic Group 2 (%) | 34 (33%) | 337 (21%) |
| Cambridge Prognostic Group 3+ (%) | 25 (24%) | 144 (9%) |
| | | |
| Mean age (standard deviation) | 63 (5) | 62 (5) |
| Mean PSA (standard deviation) | 6.8 (3.8) | 5.8 (3.0) |

**Table S6**: Analysis exploring definite, probable, and possible prostate cancer death

| Allocation | Definite/probable prostate cancer death | Definite/probable and possible prostate cancer death | Randomized |
|---|---|---|---|
| Active monitoring | 17 (3.2%) | 20 (3.7%) | 545 |
| Prostatectomy | 12 (2.2%) | 12 (2.2%) | 553 |
| Radiotherapy | 16 (2.9%) | 16 (2.9%) | 545 |
| | 45 (2.7%) | 48 (2.9%) | 1,643 |

No evidence against the null hypothesis of no difference in the rate of prostate cancer-specific death across the three groups (p=0.27)

**Table S7.** Hazard ratio estimates from the model that accommodate the changing relative treatment effect on prostate cancer mortality for the comparison between radiotherapy and active monitoring.

The likelihood ratio test of the null hypothesis of no difference in prostate cancer mortality over median 15-year follow-up between the three allocated groups gives p=0.51

| | Prostate cancer deaths / person years | | |
|---|---|---|---|
| **Comparison** | **Radical treatment** | **Active Monitoring** | **Hazard ratio (95% CI)** |
| Prostatectomy versus Active Monitoring | 12 / 7766 | 17 / 7633 | 0.66 (0.32, 1.39) |
| Radiotherapy versus Active Monitoring | | | |
| Up to 12.76 years | 6/6498 | 9/6534 | 0.62 (0.23, 1.66) |
| After 12.76 years | 10/1130 | 8/1100 | 1.18 (0.49, 2.88) |

**NB** Please also see related **Figure S1.** Time since randomisation at which prostate cancer deaths occurred amongst those allocated to Active Monitoring, Prostatectomy, and Radiotherapy – above.

**Table S8.** Underlying causes of death overall and by random allocation

| Causes of death | Active monitoring | Prostatectomy | Radiotherapy | Total |
|---|---|---|---|---|
| Prostate cancer | 17 | 12 | 16 | 45 |
| Other cancers | 58 | 52 | 54 | 164 |
| Cardiovascular (circulatory, respiratory) | 34 | 37 | 30 | 101 |
| Other | 22 | 13 | 19 | 54 |
| Total with codes | 113 | 102 | 103 | 318 |
| Unavailable (deaths in Scotland not available) | 11 | 15 | 12 | 38 |

**Table S9.** Breakdown of evidence of clinical progression and metastases by randomized group.

| | Active monitoring (n=545) | Prostatectomy (n=553) | Radiotherapy (n=545) |
|---|---|---|---|
| **Evidence of clinical progression** | | | |
| None | 404 (74%) | 495 (90%) | 485 (89%) |
| Clinical restaging (DRE and CT/other scans) | 69 (13%) | 15 (3%) | 17 (3%) |
| Long-term androgen-deprivation | 21 (4%) | 17 (3%) | 16 (3%) |
| **Evidence of metastases** | | | |
| Metastases assumed from PSA>100 | 1 (<1%) | 0 | 0 |
| Regional node metastases | 15 (3%) | 4 (<1%) | 4 (<1%) |
| Visceral / distant node metastases | 2 (<1%) | 1 (<1%) | 3 (<1%) |
| Bony metastases | 16 (3%) | 9 (2%) | 4 (<1%) |
| Prostate cancer specific death | 17 (3%) | 12 (2%) | 16 (3%) |

NB. A hierarchical approach was taken – any evidence of prostate cancer death, IF NOT bony metastases IF NOT any visceral / distant node metastases IF NOT regional node metastases IF NOT any evidence of long-term androgen-deprivation IF NOT evidence of clinical progression from digital rectal examination (DRE), CT or other scans restaging. No men fell solely into the other categories of progression (ureteric obstruction, rectal fistula, or the need for a permanent catheter).

**Table S10.** Baseline measures of all 545 participants randomized to active monitoring and 133 who had started AM and had not undergone radical treatment and were alive and not on androgen-deprivation therapy (ADT).

| | Allocated to AM | |
|---|---|---|
| **Baseline measures** | **No radical treatment subsequent to AM, no ADT & alive in Nov 2020 (n=133)** | **Whole group (n=545)** |
| Mean age in years (SD) | 63 (5) | 62 (5) |
| Mean PSA ng/ml (SD) | 4.6 (2.3) | 5.7 (3.0) |
| Grade group 1 (%) | 119 (89) | 419 (77) |
| Grade group 2 (%) | 12 (9) | 93 (17) |
| Grade group 3-5 (%) | 2 (2) | 33 (6) |
| T1 (%) | 119 (89) | 410 (75) |
| T2 (%) | 14 (11) | 135 (25) |
| D'Amico Low Risk | 113 (87) | 328 (65) |
| D'Amico Intermediate Risk | 12 (9) | 129 (25) |
| D'Amico High Risk | 5 (4) | 49 (10) |
| CAPRA Score 0-2 | 115 (91) | 382 (70) |
| CAPRA Score 3-5 | 12 (9) | 116 (21) |
| CAPRA Score 6-10 | 0 | 47 (9) |
| Cambridge Prognostic Group 1 | 119 (89) | 381 (71) |
| Cambridge Prognostic Group 2 | 10 (8) | 143 (27) |
| Cambridge Prognostic Group 3-5 | 4 (3) | 13 (2) |

**Table S11.** Key factors compared between younger (age 50-64) and older (65-69) aged men at baseline.

| | **Age <65 years (n=1034)** | **Age 65 years+ (n=609)** |
|---|---|---|
| Grade group 1 (%) | 832 (81) | 436 (72) |
| Grade group 2 (%) | 153 (15) | 122 (20) |
| Grade group 3-5 (%) | 48 (5) | 51 (8) |
| T1 (%) | 787 (76) | 462 (76) |
| T2 (%) | 247 (24) | 147 (24) |
| Received prostatectomy/radiotherapy / allocated to active monitoring, (%) | 58/340 (17) | 20/205 (10) |
| Received prostatectomy/radiotherapy / allocated to prostatectomy, (%) | 282/353 (80) | 158/200 (79) |
| Received prostatectomy/radiotherapy / allocated to radiotherapy, (%) | 297/341 (87) | 164/204 (80) |
| Prostate cancer deaths (%) | 21 (2) | 24 (4) |
| All cause deaths (%) | 168 (16) | 188 (31) |