

Supplementary Appendices

Appendix 1 – Patient questionnaire

1. Please state your height: _____ cm*
2. Please state your current weight: _____ kg*
3. Please state your abdominal girth: _____ cm*
4. Please state your hip girth: _____ cm*
5. What does your current diet consist of? (multiple answers are permitted)
 - Fish approx. twice a week
 - Poultry approx. twice a week
 - Meat approx. three times a week
 - Milk and dairy products approx. twice daily
 - Fruit or vegetables (almost) daily
6. Do you suffer from a lipid metabolism disorder (raised blood fats)?*
 - No
 - Yes → Which blood fat levels are raised (multiple answers are permitted):
 - Raised neutral fats (triglycerides)
 - Raised cholesterol (total)
 - Raised LDL cholesterol
 - Lowered HDL cholesterol
 - Not known
7. Do you suffer from diabetes mellitus?*
8. What other major concomitant diseases are you known to have?*

.....

9. Which medicines are you currently taking?*

.....

.....

10. Which sentence best describes your current level of sporting activity?
 - I don't do any sport
 - I rarely do any sport
 - I do sport at least once a week
 - I do sport more than once a week
 - I do sport daily

11. On which topics have you received information material in the study centre [recently or in the past]* / [since the beginning of the study]**?

Prostatic carcinoma, hormone therapy of prostatic carcinoma			
<input type="checkbox"/> No	<input type="checkbox"/> Yes →	<input type="checkbox"/> As a brochure/book	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As a DVD	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As an internet link	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As a link to a social network	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As contact to a self-help group	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> Other: _____	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
Sport			
<input type="checkbox"/> No	<input type="checkbox"/> Yes →	<input type="checkbox"/> As a brochure/book	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As a DVD	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As an internet link	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As a link to a social network	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As contact to a self-help group	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> Other: _____	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
Nutrition:			
<input type="checkbox"/> No	<input type="checkbox"/> Yes →	<input type="checkbox"/> As a brochure/book	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As a DVD	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As an internet link	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As a link to a social network	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As contact to a self-help group	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> Other: _____	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
Other topics: _____			
<input type="checkbox"/> No	<input type="checkbox"/> Yes →	<input type="checkbox"/> As a brochure/book	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As a DVD	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> As an internet link	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
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		<input type="checkbox"/> As contact to a self-help group	→ <input type="checkbox"/> used – <input type="checkbox"/> not used
		<input type="checkbox"/> Other: _____	→ <input type="checkbox"/> used – <input type="checkbox"/> not used

* Only in the questionnaire at inclusion in the study

** In the questionnaire at the end of the study

Appendix 2 - Study Centre Questionnaire

1. In total, how many patients have you treated in your practice/clinic during the last quarter?
 - Approx. ____ patients
2. How many of these patients were diagnosed with prostatic carcinoma (new diagnosis + follow-up care)?
 - Approx. ____ patients
3. What dosing frequency of GnRH analogues do you prefer?
 - monthly
 - every 3 months
 - every 6 months
 - other: _____
4. On the basis of which risk parameters do you perform adjuvant treatment with GnRH analogues **after radical prostatectomy**? (multiple answers are permitted)
 - Not at all
 - Positive excisional margins
 - Tumour stage pT3/4
 - Positive lymph nodes
 - High Gleason score (8-10)
 - Initial PSA value >20 ng/ml
 - Other: _____
5. If yes: How long do you continue any necessary adjuvant treatment with GnRH analogues **after radical prostatectomy**? (multiple answers are permitted)
 - 3 months
 - 6 months
 - 12 months
 - 24 months
 - >24 months
6. What proportion of your patients receive adjuvant administration of GnRH analogues **after radiotherapy**? (risk classification according to A. D'Amico)
 - High risk: _____ %
 - Intermediate risk: _____ %
 - Low risk: _____ %

7. How long do you continue any necessary adjuvant treatment with GnRH analogues **after radiotherapy**? (multiple answers are permitted)
- 3 months
 - 6 months
 - 12 months
 - 24 months
 - >24 months
8. Which treatment concept(s) do you prioritise in the treatment of patients with **primary metastatic prostatic carcinoma**? (multiple answers are permitted)
- MAB (maximal androgen blockade)
 - GnRH monotherapy
 - Antiandrogen monotherapy
 - Orchiectomy
 - Other: _____
9. In what proportion of your patients with primary metastatic prostatic carcinoma do you use intermittent androgen deprivation (IAD)?
- In ____ %
10. Which treatment concept(s) do you prioritise in the treatment of patients with **biochemical relapse following total prostatectomy or radiotherapy**? (multiple answers are permitted)
- MAB (maximal androgen blockade)
 - GnRH monotherapy
 - Antiandrogen monotherapy
 - Orchiectomy
 - Other: _____
11. In what proportion of your patients with biochemical relapse following total prostatectomy or radiotherapy do you start an intermittent androgen blockade (IAD)?
- In ____ %
12. On what grounds would you break off/end treatment with GnRH analogues in patients with prostatic carcinoma? (multiple answers are permitted)
- Intolerance (hot flushes, mastodynia)
 - Long-term remission >5 years (PSA < 1 ng/ml)
 - Patient age
 - Cardiovascular comorbidity
 - Disease progression

13. After radical prostatectomy, at what PSA limit do you consider postoperative radiotherapy? (multiple answers are permitted)
- 0.2 ng/ml
 - 0.4 ng/ml
 - 1 ng/ml
 - 4 ng/ml
 - other limits: _____
 - It depends more on the doubling time than on absolute values
14. After radical prostatectomy **with subsequent postoperative radiotherapy**, at what PSA limit do you consider androgen deprivation? (multiple answers are permitted)
- 0.2 ng/ml
 - 0.4 ng/ml
 - 4 ng/ml
 - 10 ng/ml
 - other limits: _____
 - It depends more on the doubling time than on absolute values
15. On average, how often do you determine the PSA value in your patients with prostatic carcinoma?
- every 3 months
 - every 6 months
 - annually
16. General testosterone target value in the centre (“Castration level”)
- 0.5 ng/ml (173.4 nmol/L)
 - 0.2 ng/ml (69.3 nmol/L)
 - other value: _____
17. On average, how often do you determine the testosterone value in your patients with prostatic carcinoma?
- not regularly
 - every 3 months
 - every 6 months
 - annually

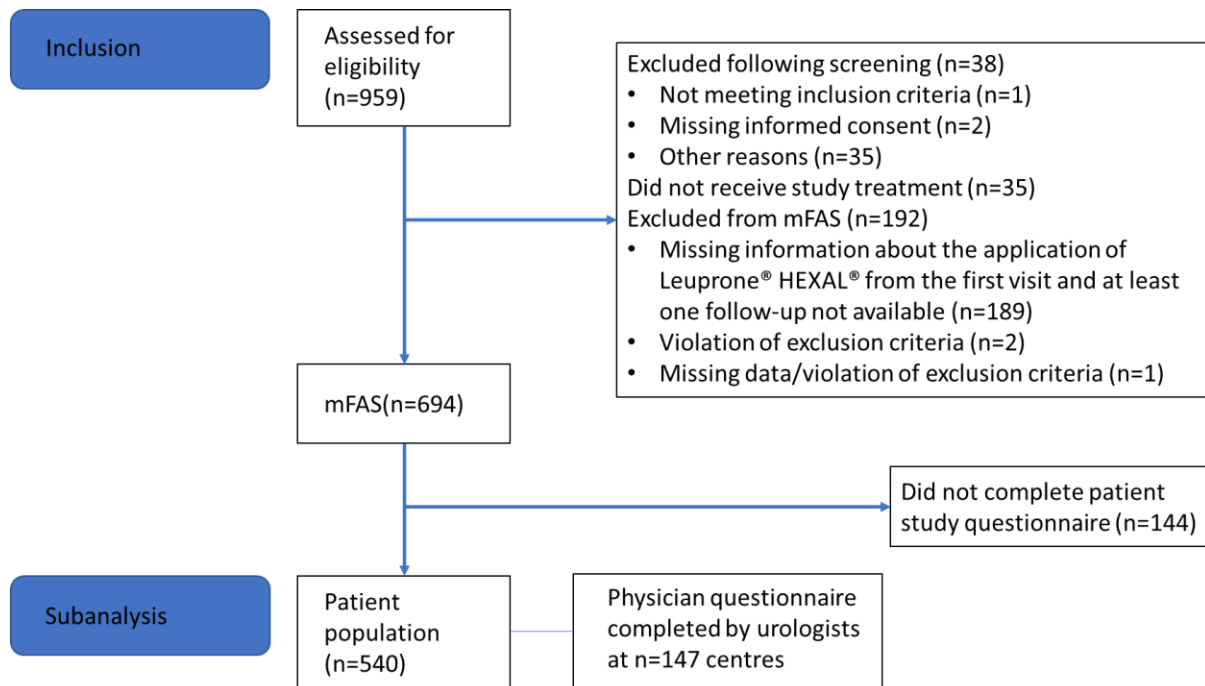
18. In your opinion, what methods could improve patient compliance with the treatment? (multiple answers are permitted)
- More time for explanations by reducing other time-consuming obligations
 - Printed material/brochures to inform patients about the disease and the benefits and possible risks of treatment
 - Material on the internet to inform patients about the disease and the benefits and possible risks of treatment
 - Inclusion of family members
 - Public information campaign about prostatic carcinoma and its treatment
 - Greater support for patient self-help organisations
 - Frequent testing of the testosterone level as an easily communicable efficacy criterion
 - Frequent testing of the PSA level as an easily communicable efficacy criterion
 - Patient-friendly pharmaceutical form of hormone therapy
 - Other: _____
19. What concomitant measures do you suggest to your patients who have prostatic carcinoma?
- Nutritional advice
 - Sports groups
 - Patient self-help organisations
 - Other: _____
20. In your opinion, to what extent are your patients with prostatic carcinoma physically active? (sum total should amount to 100 %)
- ____ % do no sport
 - ____ % do sport rarely
 - ____ % do sport at least once a week
 - ____ % do sport more than once a week
 - ____ % do sport daily
21. In your opinion, to what extent do your patients with prostatic carcinoma heed disease-related dietary advice? (sum total should amount to 100 %)
- ____ % pay no heed to the advice
 - ____ % partially heed the advice
 - ____ % mainly heed the advice
 - ____ % meticulously heed the advice and have a healthy diet

22. What guidelines on the diagnosis and treatment of prostatic carcinoma play a role in your daily practice? (multiple answers are permitted)
- Joint S3 guideline of the DGU (German Urology Association [*Deutsche Gesellschaft für Urologie*])/DKG (German Cancer Association [*Deutsche Krebsgesellschaft*])/AWMF (Association of Scientific Medical Professional Societies [*Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften*])
 - EAU (European Association of Urology) guideline
 - AUA (American Urological Association) guidelines
 - Local and other guidelines
23. In your daily work, how important and useful are the following sources in communicating important new information? (Answers on a scale of 0: not at all; 1: hardly; 2: moderately 3: very; to 4: by far the best)
- Medical Association
 - Association(s) of Statutory Health Insurance Physicians
 - Professional Associations
 - Congresses
 - Lectures/Information from opinion formers
 - Colleagues
 - Medical journals
 - Offprints
 - Brochures and information sheets
 - Communications by post
 - Pharmaceutical sales forces
 - Online medical portals
 - Newsletters, mails, SMS
24. From what proportion of GPs and other medical specialists treating your patients with prostatic carcinoma do you regularly receive clinical and laboratory findings for these patients?
- From ____ % of GPs
 - From ____ % of medical specialists
25. How do you assess the preparation of the Leuprone® HEXAL® syringe?
- very easy
 - easy
 - laborious
 - very laborious

Acknowledgement: The questionnaires take into consideration questions from the Hungarian PLUS programme of Barbara Nogradi, Sandoz Hungary LLC

Appendix 3.

Fig. S1. Patients included in the subanalysis (modified from Schmitz-Dräger et al. 2021*).



* Schmitz-Dräger BJ, Mühlich S, Lange C et al. (2021) *Urol Int* **105**, 436–445.

Appendix 4

Tables reporting odds ratios regarding effect of provision of information at start of study.

Table S1. Guidance and behaviour regarding consuming milk and dairy products approximately twice a day.

Nutrition: Received information	Patient response to whether they consumed milk and dairy products approximately twice a day at beginning/end of study	mFAS (N=360)
Missing	Yes/Yes	2 (100.0%)
No	Yes/Yes	101 (51.8%)
	Yes/No	31 (15.9%)
	No/Yes	35 (17.9%)
	No/No	28 (14.4%)
Yes	Yes/Yes	93 (57.1%)
	Yes/No	27 (16.6%)
	No/Yes	17 (10.4%)
	No/No	26 (16.0%)

Odds ratio (improvement diet behaviour stratified according to info received yes/no) = 0.53 95% CL: [0.29, 0.99]
CL, confidence level; mFAS, modified full analysis set*.

Table S2. Guidance and behaviour regarding eating fruit and vegetables almost daily.

Nutrition: Received information	Patient response to whether they ate fruit and vegetables almost daily at beginning/end of study	mFAS (N=360)
Missing	Yes/Yes	2 (100.0%)
No	Yes/Yes	138 (70.8%)
	Yes/No	16 (8.2%)
	No/Yes	23 (11.8%)
	No/No	18 (9.2%)
Yes	Yes/Yes	130 (79.8%)
	Yes/No	14 (8.6%)
	No/Yes	9 (5.5%)
	No/No	10 (6.1%)

Odds ratio (improvement diet behaviour stratified according to information obtained yes/no) = 0.44 95% CL: [0.20, 0.97]
CL, confidence level; mFAS, modified full analysis set*.

Table S3. Guidance and behaviour regarding eating fish about twice a week.

Nutrition: Received information	Patient response to whether they ate fish about twice a week at beginning/end of study	mFAS (N=360)
Missing	Yes/Yes	2 (100.0%)
	No/No	
No	Yes/Yes	62 (31.8%)
	Yes/No	27 (13.8%)
	No/Yes	28 (14.4%)
	No/No	78 (40.0%)
Yes	Yes/Yes	67 (41.1%)
	Yes/No	15 (9.2%)
	No/Yes	23 (14.1%)
	No/No	58 (35.6%)

Odds ratio (improvement diet behaviour stratified according to information obtained yes/no) = 0.98 95% CL: [0.54, 1.78] CL, confidence level; mFAS, modified full analysis set*.

Table S4. Guidance and behaviour regarding eating poultry about twice a week.

Nutrition: Received information	Patient response to whether they ate poultry about twice a week at beginning/end of study	mFAS (N=360)
Missing	Yes/Yes	1 (50.0%)
	No/No	1 (50.0%)
No	Yes/Yes	58 (29.7%)
	Yes/No	27 (13.8%)
	No/Yes	39 (20.0%)
	No/No	71 (36.4%)
Yes	Yes/Yes	56 (34.4%)
	Yes/No	19 (11.7%)
	No/Yes	23 (14.1%)
	No/No	65 (39.9%)

Odds ratio (improvement diet behaviour stratified according to information obtained yes/no) = 0.66 95% CL: [0.37, 1.15] CL, confidence level; mFAS, modified full analysis set*.

Table S5. Guidance and behaviour regarding eating red meat about 3 times a week.

Nutrition: Received information	Patient response to whether they ate red meat about 3 times a week at beginning/end of study	mFAS (N=360)
Missing	Yes/No	1 (50.0%)
	No/No	1 (50.0%)
No	Yes/Yes	58 (29.7%)
	Yes/No	29 (14.9%)
	No/Yes	21 (10.8%)
	No/No	87 (44.6%)
Yes	Yes/Yes	45 (27.6%)
	Yes/No	23 (14.1%)
	No/Yes	24 (14.7%)
	No/No	71 (43.6%)

Odds ratio (improvement diet behaviour stratified according to information received yes/no) = 1.43 95% CL: [0.76, 2.68] CL, confidence level; mFAS, modified full analysis set*.

Table S6. Guidance and behaviour regarding sport/physical activity.

Sports: Received information	Patient response to whether they took part in sport/physical activity at the end of studies compared to the beginning of studies	mFAS (N=335)
Missing	Yes	0 (0.0%)
	No	2 (100.0%)
No	Yes	42 (17.2%)
	No	202 (82.8%)
Yes	Yes	17 (19.1%)
	No	72 (80.9%)

Odds ratio (improvement sport stratified according to info received yes/no) = 1.14 95% CL: [0.61, 2.12]
CL, confidence level; mFAS, modified full analysis set*.

* Excluding patients who did not receive study treatment or had missing data.