S1. Table. Patient questionnaire: Patients were asked about known risk factors for post-TRUS-Bx UTI as well as risk factors for harbouring FQ-R bacteria in their faecal flora

Have you ever had a urinary tract infection? YES NO
<u>Have you in the last 12 months prior to today's sampling:</u>
Had a urinary tract infection YES NO
Had a catheter? YES NO
Been treated with antibiotics? YES NO
If yes, was this for a urinary tract infection? YES NO
Travelled abroad, outside Europe? YES NO
If yes, what country or countries? _____
<u>Do you have:</u>
Diabetes YES NO
Weak urine flow/problems urinating YES NO

S2. Table. Examining physician's questionnaire for risk group stratification of patients undergoing TRUS-Bx

1) Is nitrite test (circle applicable answer):	Pos? Neg?
2) Based on medical history, bladder scan, uroflowmetry, urination list/urination time, IPSS, is the patient assessed as having problems urinating (circle applicable answer)?	YES NO
3) Which risk group should the patient be assigned to (circle applicable answer)?	
Risk group 1) HIGH treatment for	CATH, ongoing infection/positive for nitrites or ongoing infection.
Risk group 2) MEDIUM catheter.	Obstructive urination problems, previous UTI or previous
Risk group 3) LOW	No risk factors.
4) Take stool sample with attached culture stick, urine culture as needed.	
Standard prophylaxis (ciprofloxacin 750 mg orally) administered in risk groups 2 and 3; consider waiting for the culture results for risk group 1 and/or administer lower treatment,	
5) Prophylaxis: STANDARD OTHER: _____	

S3. Table. Risk group classification and definitions of UTI without SIRS and UTI with SIRS

Clinical risk for post-biopsy infection	**Definition**
High risk	Indwelling catheter, ongoing UTI, bacteriuria/positive Nitur® test, ongoing antibiotic treatment for UTI.
Medium risk	Patient history of UTI, history of indwelling catheter, urologist assesses that the patient has difficulties emptying the bladder completely.
Low risk	No risk factors.

Type of infection	Definition
UTI without SIRS	UTI +/- fever. Patient has clinical symptoms of UTI. There must be either a positive urine culture or high clinical probability of UTI. Examples of symptoms: urgency, painful micturition, suprapubic pain, pain over the kidneys, epididymitis.
UTI with SIRS	As above + at least two of the following: body temperature < 36 or >38, heart rate > 90/min, respiratory rate > 20/min or PaO2 < 4 kPa, WBC < 4 x 10^9 /L or > 12 x 10^9/L.

S4. Table. Definitions of susceptibility to ciprofloxacin in *E. coli* according to the present study and EUCAST, respectively (8)

	MIC: breakpoints in this study	**MIC: EUCAST breakpoints**
Wildtype/susceptible	≤ 0.06 mg/L	≤ 0.06 mg/L
S		≤ 0.25 mg/L
Low-level resistant	0.125–0.5 mg/L	
ATU		0.5 mg/L
R	> 0.5 mg/L	> 0.5 mg/L

EUCAST = European Committee on Antimicrobial Susceptibility Testing, MIC = minimum inhibitory concentration, S = susceptible, R = resistant, ATU = area of technical uncertainty