Supplementary material has been published as submitted. It has not been copyedited or typeset by Scandinavian Journal of Urology.

Description of variables at the online public reported platform – RATTEN

Link to website: https://statistik.incanet.se/npcr/

1. Multidisciplinary conference/reception

About
A multidisciplinary conference (MDC) serves to coordinate all clinical disciplines and competences in prostate cancer care in order to ensure best possible care for the patient. The 2017 national care program for prostate cancer specified that MDC should primarily be used for men with newly diagnosed high-risk cancer, distant metastatic cancer, relapses after treatment with a curative purpose and other complicated cases.

Interpretation
Regional variation depends on different routines for inclusion to MDC. Altered guidelines for which patients that should be discussed at a MDC affects the proportion of cases. Results from groups with fewer than 5 cases are not shown separately.

Technical description
The variable is presented per unit/county/region making the treatment decision for diagnoses during the selected period.

2. MR or PET-CT used in target definition during external/external + brachy RT

About
As support in defining the tissue to be irradiated (the 'target') during external radiotherapy, magnetic resonance imaging (MRI) and positron emission tomography combined with computed tomography (PET-CT) may be used.

Interpretation
Regional variation depends on different routines or access to MRI or PET-CT.
Results from groups with fewer than 5 cases are not shown separately.

Technical description
The variable is presented per treating unit/county/region for radiotherapy treatments during the selected period.

3. Proportion of men with prostate cancer given active surveillance

About

Active surveillance includes regular, frequent follow up of PSA levels and regular prostate examinations. The aim is to offer the patient curative treatment if signs of tumour progression are observed.

Interpretation
It is important to note which risk categories are included in the displayed data as active surveillance is primarily indicated for low-risk prostate cancer.

Regional variation depends on different routines for inclusion to active surveillance. Altered routines over time have affected the proportion of patients eligible for active surveillance. Results from groups with fewer than 5 cases are not shown separately.

Technical description
The variable is presented per unit/county/region making the treatment decision for diagnoses during the selected period.

4. Proportion of men with prostate cancer given curative primary treatment

About
Use of curative treatment is decided in consultation with the patient, taking risk category, overall patient health and patient preference into account. Curative primary treatment means either prostatectomy or curative radiotherapy, in some cases a combination of hormonal therapy and radiotherapy. Especially men with intermediate and high-risk cancer are appropriate for curative treatment.

Interpretation
It is important to note the risk categories included in the displayed data since curative treatment is not indicated for most low-risk cancers. Proportions therefore vary on selected risk category.

Regional variation may depend on differing routines for selection of curative treatment. Altered guidelines have affected the proportion of patients eligible for curative treatment. Results from groups with fewer than 5 cases are not shown separately.

Technical description
The variable is presented per unit/county/region making the treatment decision for diagnoses during the selected period.

5. Intra-/interfascicular nerve sparing resection

About
During a radical prostatectomy, a nerve-sparing resection can be performed in order to reduce the risk of post-operative erectile dysfunction and incontinence. There is a balance between nerve-sparing and positive margins i.e. radical surgery.

Interpretation

The use of nerve-sparing is related to grade and stage so regional variation reflects case mix as well as the surgeon ´s decision on type of surgery.
Results from groups with fewer than 5 cases are not shown separately.

Technical description
The variable is presented per operating unit/county/region for surgeries during the selected period.

6. Negative surgical margin after radical prostatectomy

About
After a radical prostatectomy (RP) the surgically removed tissue is microscopically analysed. If the tumour have spread to the edge of the removed tissue this is called 'positive margin'. If there is no clear statement regarding margin status in the report from the pathologist, the assessment is defined as 'uncertain'.

Interpretation
Regional variation depends on case mix and surgical technique.
Results from groups with fewer than 5 cases are not shown separately.

Technical description
The variable is presented per operating unit/county/region for surgeries during the selected period.

7. Proportion given neoadjuvant ADT before RT

About
Neoadjuvant androgen deprivation therapy (ADT) is administered before radiotherapy in order to increase tissue sensitivity to radiation. It is normally used for high-risk and extensive intermediate-risk prostate cancer. Usually, ADT is administered for three months before radiotherapy. This indicator shows the proportion of patients with high-risk prostate cancer given neoadjuvant ADT before radiotherapy.

Interpretation
Regional variation depends on different routines for patient selection for neoadjuvant ADT. Results from groups with fewer than 5 cases are not shown separately.

Technical description
The variable is presented per treating unit/county/region for radiotherapy treatments during the selected period.