

Supplementary Table and Figures

**Clinical estimation of alpha/beta values for prostate cancer from
isoeffective phase III randomized trials with moderately
hypofractionated radiotherapy, *Datta NR et al***

Supplementary Table I: Radiotherapy treatment details in the seven trials

Author	Radiotherapy technique*	Treatment portals			
		Seminal vesicles in CTV (% patients)		Lymph node	CTV expansion for PTV [#]
		No	Full / base		
PROFIT [4]	3D-CRT/ IMRT	91.6	8.4	No	+10 mm; +7 mm posteriorly
Arcangeli et al [5]	3D-CRT	0	100	No	+10 mm ; +6 mm posteriorly
RTOG 0415 [6]	3D-CRT/ IMRT (79.1%)	100	0	No	+4-10 mm
CHHiP [7]	IMRT	0	100	No	+5-10 mm for sequential PTVs during RT at various doses
HYPRO [8]	3D-CRT/ IMRT (95%)	19.7	80.3	No	+3-10 mm, boost to the seminal vesicles: +3-5 mm, +0 mm posteriorly
Pollack et al [9]	IMRT	0	100	Yes (31.7%)	CRT: +8 mm; +5 mm posteriorly HRT: +7 mm; +3 mm posteriorly
Kuban et al [10]	IMRT ^Δ	0 ^Δ	100	No ^Δ	+10-15 mm, +4-8 mm posteriorly ^Δ

*% patients on IMRT indicated wherever available; [#]Posterior margin stated separately if mentioned; ^Δbased on [29]; 3D-CRT: three dimensional conformal radiation therapy; IMRT: intensity-modulated radiotherapy; CTV: clinical target volume; PTV: planning target volume;

Supplementary Table II: Effect measures of odds ratio, risk ratio and risk difference between hypofractionated (HRT) and conventional radiation therapy (CRT) for (a) biochemical failure (b) biochemical and /or clinical failure (c) overall mortality and (d) prostate cancer specific mortality.

Endpoint	Effect measure	Point estimate	95% CI		p value
			Lower	Upper	
Biochemical failure	Odds ratio	0.832	0.686	1.011	ns
	Risk ratio	0.858	0.729	1.009	ns
	Risk difference	-0.020	-0.040	0.001	ns
Biochemical and /or clinical failure	Odds ratio	0.949	0.794	1.134	ns
	Risk ratio	0.956	0.822	1.112	ns
	Risk difference	-0.006	-0.025	0.014	ns
Overall mortality	Odds ratio	0.911	0.786	1.057	ns
	Risk ratio	0.920	0.806	1.049	ns
	Risk difference	-0.008	-0.021	0.005	ns
Prostate cancer specific mortality	Odds ratio	0.849	0.527	1.368	ns
	Risk ratio	0.853	0.537	1.354	ns
	Risk difference	-0.002	-0.007	0.004	ns

ns: not significant

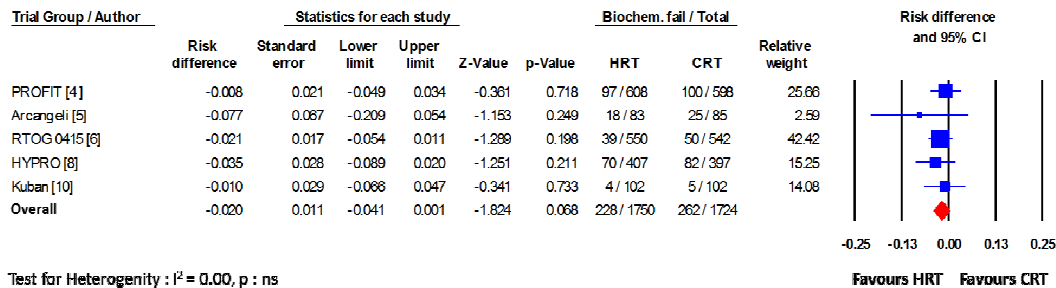
Supplementary Table III

Stepwise multivariate regression including the PROFIT trial [4] for the computed α/β values (dependent variable) for trials between conventional fractionated and hypofractionated radiotherapy.

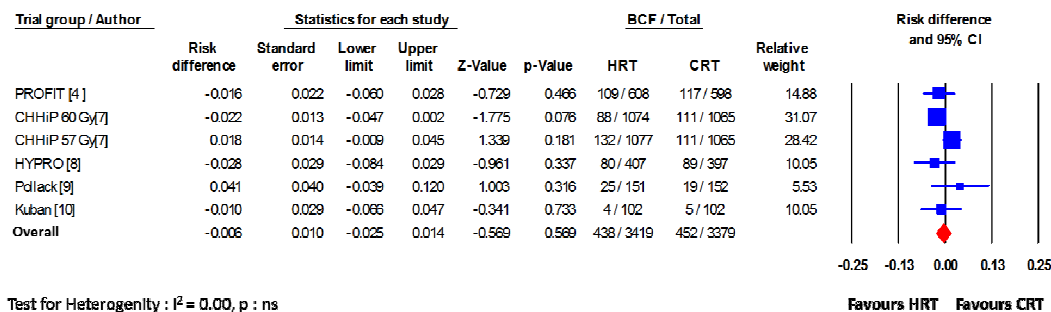
Model	Unstandardized		95% CI		Significance
	coefficients				
	B	SE	Lower bound	Upper bound	
Constant	3.25	1.25	0.19	6.31	0.04
% low risk patients	0.08	0.03	0.00	0.17	0.05

Model $R^2 = 0.51$; Adjusted $R^2 = 0.43$; ANOVA, $F = 6.30$, $df = 7$; $p = 0.05$.

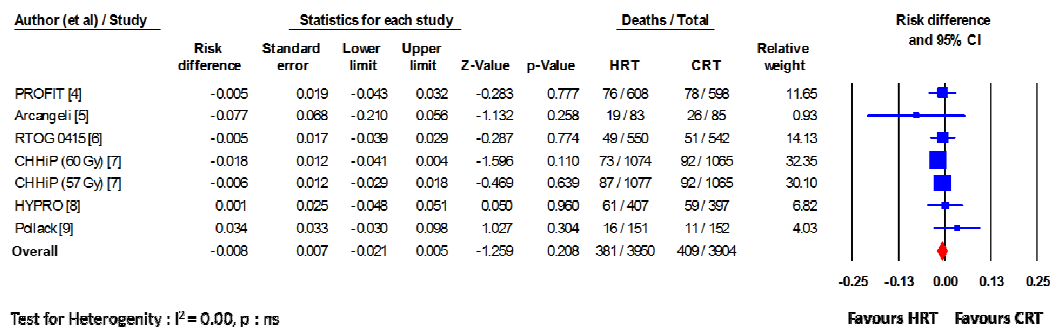
(a)

Risk difference: Biochemical failure (HRT vs. CRT)

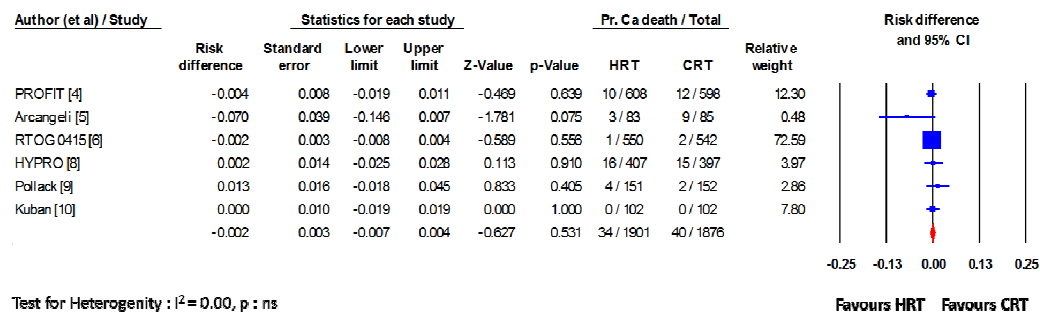
(b)

Risk difference: Biochemical and/or clinical failure (HRT vs. CRT)

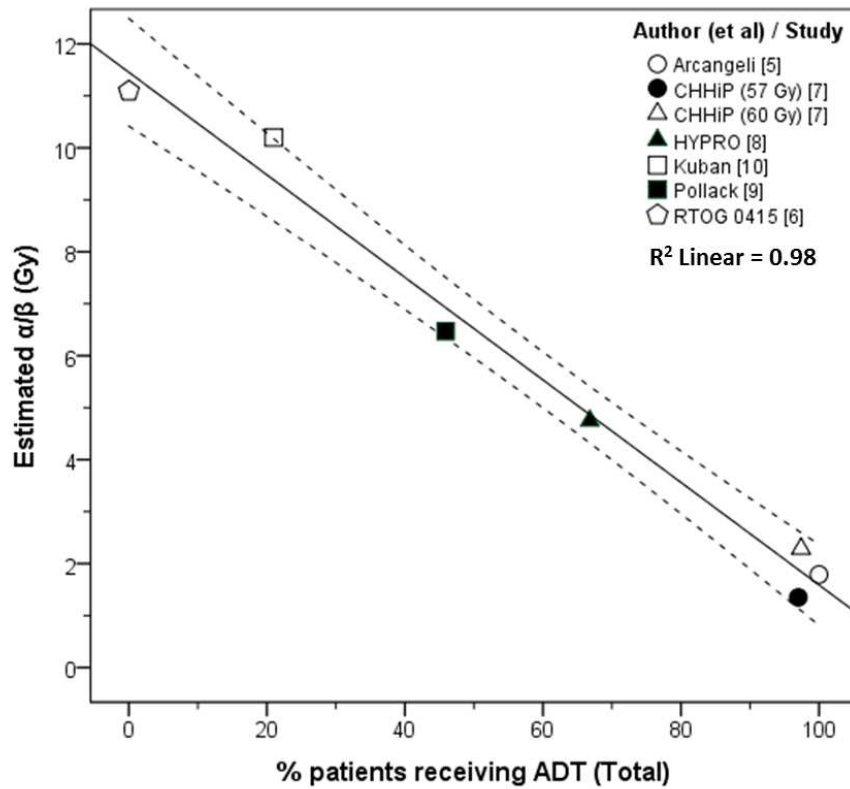
(c)

Risk difference: Overall mortality (HRT vs. CRT)

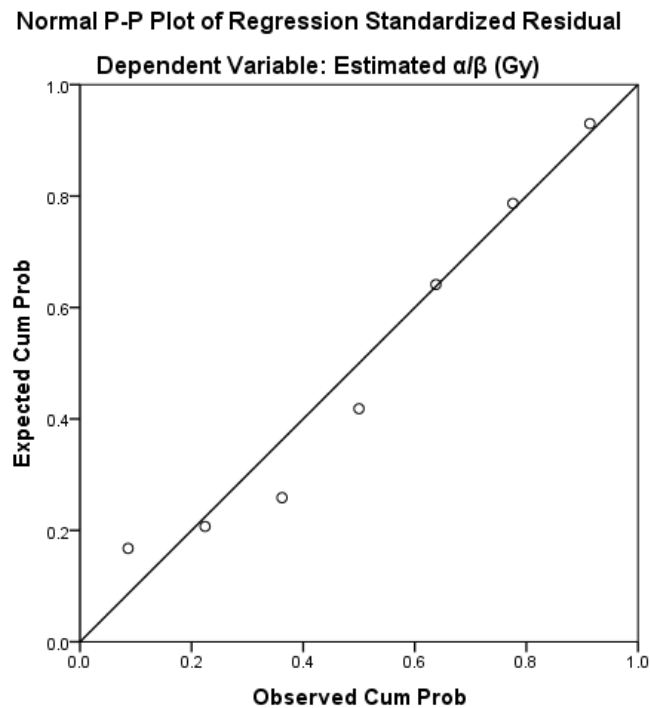
(d)

Risk difference: Prostate cancer specific mortality (HRT vs. CRT)

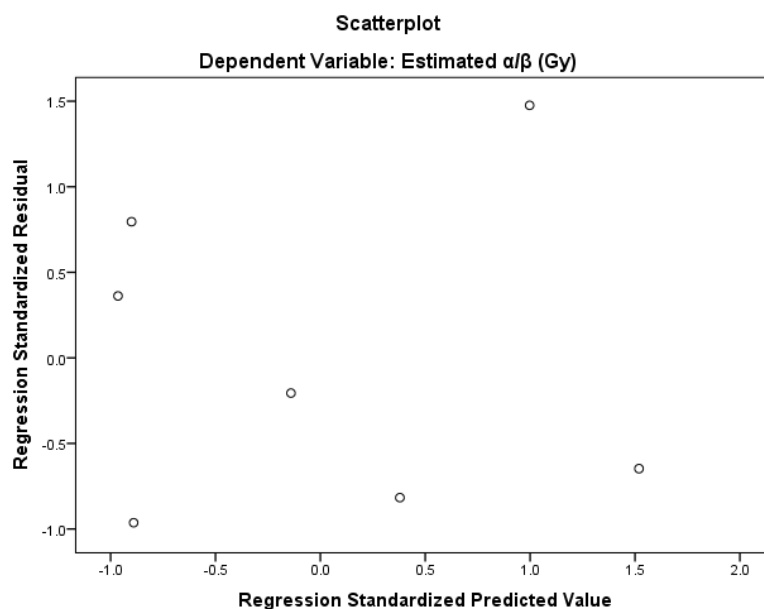
Supplementary Figures 1 a-d: Risk difference between hypofractionated (HRT) and conventional radiation therapy (CRT) for (a) biochemical failure (b) biochemical and /or clinical failure (c) overall mortality and (d) prostate cancer specific mortality.



Supplementary Figure 2. Percentage of patients who received androgen deprivation therapy (ADT) excluding the PROFIT study [4] vs. the estimated α/β for each of the seven isoeffective treatment arms. The linear regression line (in solid) and the 95% confidence intervals (in broken lines) are depicted in the scatterplot.



Supplementary Figure 3a. Normal probability plot of regression standardized residual. Estimated α/β values were considered as dependent variable with all trials except the PROFIT study [4].



Supplementary Figure 3b: Scatter plot between standardized predicted and residual values with all trials except the PROFIT study [4].