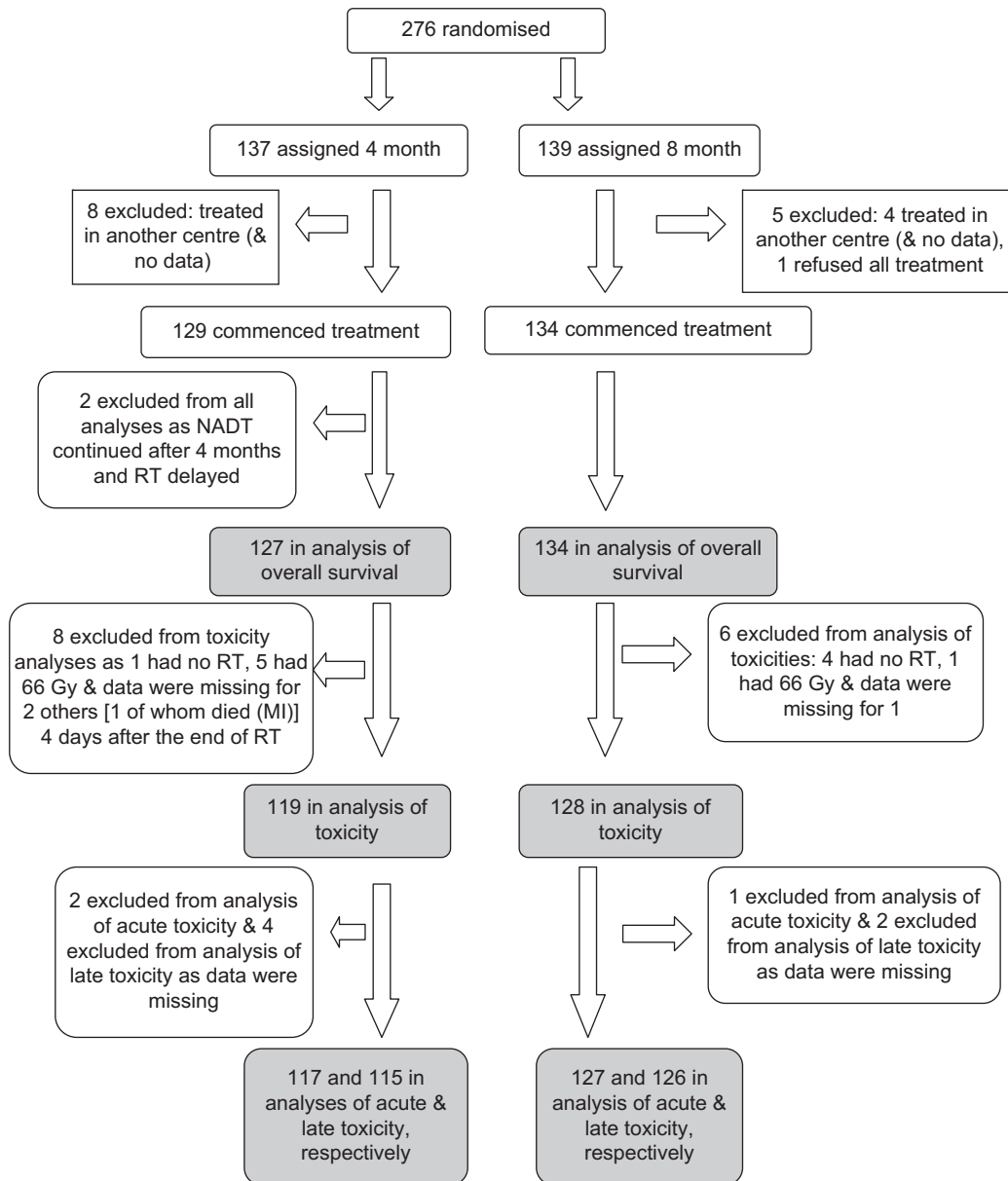


Supplementary material for Barry AS, et al. Temporal patterns of late bowel and bladder radiotherapy toxicity in a randomised controlled trial assessing duration of neo-adjuvant hormones in prostate cancer. Acta Oncol 2014;53:1390–7.



Supplementary Figure 1. Randomised trial ICORG 97-01 (1997–2001). Four-month neo-adjuvant hormone therapy versus 8 months prior to radiation, N0 M0, Participant Flow.

Supplementary Table I. Late GI and GU toxicity outcomes for 247 patients.

Median (range) follow-up from end of RT to last toxicity assessment (years)	6.8 (0.3–11.7)	
Median (range) number of assessments	13 (1–30)	
	GI	GU
	No/no assessed	No/no assessed
Prevalence of toxicity grades 2 +		
Within 1st year after end of RT 1–2 years after end of RT	8/228 (3%)	8/229 (3%)
2–3 years after end of RT	12/218 (5%)	14/216 (6%)
3–4 years after end of RT	11/201 (5%)	16/202 (8%)
4–5 years after end of RT	5/189 (3%)	11/184 (6%)
5–6 years after end of RT	3/170 (2%)	8/167 (5%)
6–7 years after end of RT	1/145 (1%)	8/141 (6%)
	3/126 (2%)	6/123 (5%)
Toxicity grade at last follow-up		
0	213 (88.7%)	199 (82.6%)
1	24 (10.0%)	30 (12.4%)
2	2 (0.8%)	11 (4.6%)
3	0 (0%)	1 (0.4%)
4	1 (0.4%)	0 (0%)
Toxicity grade at last follow-up		
0–1	237 (99%)	229 (95%)
2–4	3 (1%)	12 (5%)
Toxicity resolution during follow-up		
Mean number of times	0.8	0.7
Median number of times	0.0	0.0
Range	0–5	0–4
No resolution	130 (53.9%)	135 (56.0%)
Resolved and did not re-occur	63 (26.1%)	66 (27.4%)
Resolved, Re-occurred and Resolved again	26 (10.8%)	25 (10.4%)
Resolved 3 times	17 (7.1%)	12 (5.0%)
Resolved 4 times	3 (1.2%)	3 (1.2%)
Resolved 5 times	2 (0.8%)	0 (0%)