

Supplementary Materials

Patient Preferences for Attributes of Androgen Deprivation Therapies in Prostate Cancer: A Discrete Choice Experiment with Latent Class Analysis

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Supplementary Appendix S1

Quota

Advanced Stage Prostate Cancer Treatment Preference Study
Patient Questionnaire

Quota	
Subgroup A: ADT-naïve	150
Subgroup B: ADT-experienced	150
Total	300

Length of interview = ~25 min

Section S: Screener

SHOW EVERYONE

Thank you for your interest in this study. We will start by asking you a few questions to see if you qualify. Once you have completed these questions, if you qualify, you will be invited to complete the rest of the survey.

ASK EVERYONE

S1. Please indicate your sex.

<i>Select only one</i>		
1	Male	
2	Female	<i>Terminate</i>
97	Prefer not to answer	<i>Terminate</i>

ASK EVERYONE

S2. How old are you?

<i>Enter whole number</i>	
_____	years old
Terminate if <40	

ASK EVERYONE

S4. Have you **ever** been diagnosed with any of the following conditions by a medical professional? Please select all that apply.

<i>Select all that apply</i>		
1	Diabetes	
2	Bladder Cancer	<i>Terminate if selected</i>
3	Prostate Cancer	<i>[Must select to proceed]</i>
4	Colon Cancer	<i>Terminate if selected</i>
5	Another type of cancer than bladder, prostate or colon cancer	<i>Terminate if selected</i>
6	High blood pressure (hypertension)	
7	Liver disease	
8	Osteoporosis or other bone disease	
9	Emphysema	
10	Asthma	
11	Congestive Heart Failure	

16	Heart Disease	
12	Alzheimer's disease	<i>Terminate if selected</i>
13	Dementia	<i>Terminate if selected</i>
14	Myocardial infarction (heart attack)	
15	Stroke	
98	None of these	<i>[Exclusive] terminate if selected</i>

Terminate if code 3 is not selected

Terminate if codes 2, 4, 5, 12, or 13 are selected

ASK IF DIAGNOSED WITH PROSTATE CANCER (S4 = 3)

S5. Has your doctor ever told you are disease-free, with regards to prostate cancer? *Disease-free means the signs and symptoms of your prostate cancer have gone away and tests show that your prostate cancer is no longer detectable.*

<i>Select one</i>		
1	Yes	
2	No	
99	Don't recall / Not sure	

ASK IF CANCER HAS EVER GONE INTO REMISSION (S5 = 1)

S6. Has your cancer ever returned? This is also referred to as "relapse" or "recurrence".

<i>Select one</i>		
1	Yes	
2	No	

ASK EVERYONE

S7. Have you ever used androgen deprivation therapy (ADT), also known as hormone therapy, to manage your prostate cancer? ADT includes treatments such as leuprolide (Lupron), goserelin (Zoladex), degarelix (Firmagon), relugolix (Orgovyx), histrelin (Vantas), triptorelin (Decapeptyl/Gonapeptyl), and leuprolide mesylate (Camcevi).

<i>Select one</i>		
1	Yes	
2	No	
99	Don't recall / Not sure	<i>Terminate</i>

ASK EVERYONE

S8. Are you currently participating in a clinical trial?

<i>Select one</i>		
1	Yes	<i>Terminate</i>
2	No	<i>Continue</i>

ASK EVERYONE

S9. Did you require assistance from a caregiver to complete this questionnaire?

<i>Select one</i>		
1	Yes	<i>Terminate</i>
2	No	<i>Continue</i>

ASK EVERYONE

S10. What kind of **health insurance** do you currently have? Please select ALL the types of health insurance you have.

<i>Select all that apply</i>		
1	Individual/family insurance plans (i.e., coverage purchased through your employer, your spouse's employer, or directly by you. This includes plans purchased through the ACA/"Obamacare")	
2	Medicaid (MediCal for California residents)	
3	Medicare	
4	Veterans administration (VA)/CHAMPUS	
5	TRICARE	
99	Not sure <i>[Exclusive] [Anchor]</i>	<i>Terminate</i>
98	I do not have health insurance <i>[Exclusive] [Anchor]</i>	
97	Decline to answer <i>[Exclusive] [Anchor]</i>	

ASK EVERYONE

S3. Have you had health insurance coverage in the United States throughout the last 3 years?

<i>Select only one</i>		
1	Yes	
2	No	<i>Terminate</i>

S11. What is your **ethnicity/race**?

<i>Select all that apply</i>	
1	African American / Black
2	Asian
3	American Indian / Alaska Native
4	Hispanic / Latino
5	Native Hawaiian or Other Pacific Islander
6	White or Caucasian
7	Other
97	Prefer not to answer <i>[Exclusive]</i>

PROGRAMMER: TERMINATE IF DO NOT HAVE HEALTH INSURANCE, ARE NOT SURE, OR DECLINE TO ANSWER

QUALIFY RESPONDENTS FOR SUBGROUPS BASED ON DEFINITIONS BELOW. IF SUBGROUP QUOTA FILLED OR NOT QUALIFYING, TERMINATE

Quota	
Subgroup A: ADT-naïve S7 = 2	150
Subgroup B: ADT-experienced S7 = 1	150
Total	300

Track following subgroups from completed surveys, no quotas:

Patient sub-group	Question responses
Recurrent	S6 = 1
Metastatic	E2 = 2
Advanced nonmetastatic	E2 = 1 & not 2

IF QUALIFY SHOW: Thanks, you have qualified for the study.

End screener

Informed consent

Please read and indicate you have read the following information. You may print a copy of this form to keep.

The purpose of this survey is to learn more about treatment preferences for prostate cancer.

This survey will take approximately 25 minutes.

If you complete all of the survey, you will receive the compensation mentioned in the survey invitation for your time.

There are no risks, discomforts, or inconveniences to taking this survey. You will not receive any health benefits from taking the survey.

Your participation in this survey is strictly voluntary, and other information, such as your identity, personal information, and answers, will be kept confidential.

Your answers will be combined with everybody's survey answers and the results will be reported all together. No one will know your answers to the survey questions.

You have the right to choose to not take the survey or to stop the survey at any time. If you do not take the survey or if you stop before completing the survey, you will not receive the compensation mentioned earlier.

If you have questions or concerns about your rights as a research participant, please contact the panel (recruitment company) who informed you about this study.

Do you agree to participate in this study on this basis?

(1)	(2)
Accept	Decline

TERMINATE IMMEDIATELY IF DECLINE

IF ACCEPT, SHOW NEXT SCREEN

IF DECLINE, SHOW: Thank you for your time.

[Next page]

By entering the survey link you understand and agree to the following:

I understand that the aim of this research is to gain my views for research purposes AND IS NOT INTENDED AS A PROMOTIONAL EXERCISE.

I agree that anything I see or read during this research should be treated as confidential. Any information presented during the course of this research is done so solely to explore reactions to such information and it should not be used to influence decisions outside the research setting.

I understand that I have the right to refuse to answer questions or withdraw at any time. Further information about my rights and data retention period is available at <https://www.cernerenviza.com/privacy-notice>.

I understand that any information I disclose will be treated in the strictest confidence and the results of the research aggregated to provide an overall picture of attitudes toward the areas being covered in this survey. I will remain anonymous unless I give permission to be identified. My personal information will not be passed to any other organization without my permission.

We are required to pass on to the sponsoring client any details of side effects or product complaints relating to their products that are

mentioned during the interview. This is to help them learn more about the safety of their medicines. If this happens, we will need to collect details and report the side effects or product complaint. You will be asked if you give permission for us to pass your details to the company's drug safety department for them to follow up. This will have no impact on the confidentiality and anonymity associated with the interview itself.

I confirm that I have read, understood and accept the points above, and agree to proceed with the research survey on this basis.

Click on the following links for full [Privacy Policy](https://www.cernerenviza.com/privacy-notice) and [Terms and Conditions](https://www.cernerenviza.com/terms-and-conditions)
<https://www.cernerenviza.com/privacy-notice>
<https://www.cernerenviza.com/terms-and-conditions>

(1)	(2)
Accept	Decline

TERMINATE IMMEDIATELY IF DECLINE

IF ACCEPT, SHOW: Thank you for agreeing to participate in this study.

IF DECLINE, SHOW: Thank you for your time.

Section A: Rating outcomes

To help you become familiar with the descriptions of prostate cancer therapies that appear in this survey, we would like you to rate how bothered you would be by each option. Please note that these represent potential or imaginary outcomes and attributes associated with treatment; they may not represent your own experience. There is no right or wrong answer, we just want to know your opinion.

A1. Below are possible ways a prostate cancer androgen deprivation therapy (ADT)/hormonal treatment could be taken. For each of the following ways of taking treatment, please tell us how bothered you would be.

		How <u>bothered</u> would you be by...?				
Select one per row		Not at all	A little bit	Somewhat	Quite a bit	Very much
1	Injection under the skin of the abdomen once a month at a doctor's office	1	2	3	4	5
2	Injection into the muscle of the arm, thigh, or buttock once every 3-4 months at a doctor's office	1	2	3	4	5
3	Injection into the muscle of the arm, thigh, or buttock once every 6 months at a doctor's office	1	2	3	4	5
4	Pill taken daily at home once daily	1	2	3	4	5

A2. Prostate cancer medication works by decreasing testosterone levels. Some prostate cancer androgen deprivation therapy (ADT)/hormonal treatments can cause a surge (rapid increase) in testosterone at the beginning of the treatment. This can lead to an increase in cancer symptoms, or new symptoms, if not treated. To prevent this surge, physicians often prescribe an additional oral (pill) medication for a week before and two weeks after ADT treatment is started.

Other prostate cancer androgen deprivation therapy (ADT)/hormonal treatments do not cause a surge in testosterone, so no additional medication is required.

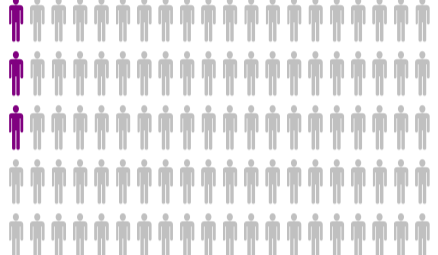
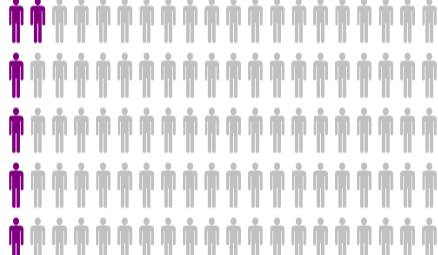
For each of the following options, please tell us how bothered you would be.

		How <u>bothered</u> would you be if...?				
Select one per row		Not at all	A little bit	Somewhat	Quite a bit	Very much
1	Additional medication (pill) needed to prevent testosterone surge, taken daily for approximately three weeks to prevent testosterone surge from occurring	1	2	3	4	5
2	The treatment does not cause a testosterone surge, so no additional medication is needed	1	2	3	4	5

A3. Because they decrease testosterone, prostate cancer ADT/hormonal treatments may cause a decreased interest in sex. For each of the following impacts on interest in sexual activity, please tell us how bothered you would be.

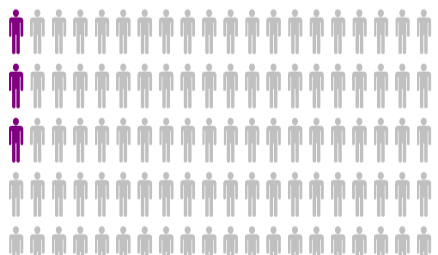
		How bothered would you be if the treatment...?				
Select one per row		Not at all	A little bit	Somewhat	Quite a bit	Very much
1	Decreases interest in sex very much	1	2	3	4	5
2	Decreases interest in sex moderately	1	2	3	4	5
3	Decreases interest in sex a little	1	2	3	4	5



A4. Some men have a heart-related event, such as a heart attack or stroke, while taking prostate cancer ADT/hormonal treatment. For each of the following options, please tell us how bothered you would be.

		How bothered would you be if...?				
Select one per row		Not at all	A little bit	Somewhat	Quite a bit	Very much
1	<p>3 out of 100 men (3%) taking the treatment have a heart-related event (such as heart attack or stroke)</p> 	1	2	3	4	5
2	<p>6 out of 100 men (6%) taking the treatment have a heart-related event (such as heart attack or stroke)</p> 	1	2	3	4	5

A5. When prostate cancer ADT/hormonal treatment is stopped, testosterone levels may slowly return to normal. When testosterone levels return to normal, there is a reduction in treatment-related side effects like hot flashes, fatigue, and sexual problems.

For each of the following chances that testosterone levels will return to normal 90 days (3 months) after stopping treatment, please tell us how bothered you would be.

		How bothered would you be if...?				
Select one per row		Not at all	A little bit	Somewhat	Quite a bit	Very much
1	<p>3 months after stopping treatment, 3 out of 100 men (3%) will return to normal testosterone levels, meaning a reduction in treatment-related side effects like hot flashes, fatigue, and sexual problems</p> 	1	2	3	4	5
2	<p>3 months after stopping treatment, 16 out of 100 men (16%) will return to normal testosterone levels, meaning a reduction in treatment-related side effects like hot flashes,</p>	1	2	3	4	5

	fatigue, and sexual problems 					
3	3 months after stopping treatment, 54 out of 100 men (54%) will return to normal testosterone levels, meaning a reduction in treatment-related side effects like hot flashes, fatigue, and sexual problems 	1	2	3	4	5

A6. For each of the following monthly out-of-pocket treatment costs, please tell us how bothered you would be. *Out-of-pocket costs refer to the amount you would pay out of your own pocket for a prostate cancer ADT/hormonal treatment that is not covered by insurance.*

Select one per row		How <u>bothered</u> would you be if...?				
		Not at all	A little bit	Somewhat	Quite a bit	Very much
1	Total out of pocket cost for treatment, including all doses, is \$5 per month	1	2	3	4	5
2	Total out of pocket cost for treatment, including all doses, is \$75 per month	1	2	3	4	5
3	Total out of pocket cost for treatment, including all doses, is \$200 per month	1	2	3	4	5
4	Total out of pocket cost for treatment, including all doses, is \$350 per month	1	2	3	4	5

Section B: DCE treatment preferences

Begin sawtooth programming

[New screen]

The questions in this section ask about your preferences for potential prostate cancer ADT/hormonal treatments.

Each question shows two options, Treatment A & Treatment B. Please read each option carefully and select the treatment you would choose if these were the only options available.


Please assume the treatments shown are FDA approved and recommended to you by your physician, and both treatments will be equally effective.

[New screen – example DCE task]

C1. If the following were your only options for a prostate cancer ADT/hormonal treatment, please indicate which option you would choose: **Treatment A** or **Treatment B**. Assume there are no other differences between the Treatment A versus B besides what is shown.

Treatment A

Pill taken daily at home



Additional medication (pill) needs to be taken once a day for approximately 3 weeks to prevent testosterone surge from occurring

Decreases interest in sex **a little**


3 out of 100 men (**3%**) taking the treatment have a heart event (such as heart attack or stroke)

3 months after stopping treatment, **54** out of 100 men (**54%**) will return to normal testosterone levels, meaning a reduction in treatment-related side effects like hot flashes, fatigue, and sexual problems

Total out of pocket cost for treatment, including all doses, is **\$75** per month

Treatment B

Injected into the muscle of the arm, thigh, or buttock once every 3-4 months at a doctor's office



The treatment does not cause a testosterone surge, so no additional medication is needed

Decreases interest in sex **moderately**

6 out of 100 men (**6%**) taking the treatment have a heart event (such as heart attack or stroke)



3 months after stopping treatment, **3** out of 100 men (**3%**) will return to normal testosterone levels, meaning a reduction in treatment-related side effects like hot flashes, fatigue, and sexual problems

Total out of pocket cost for treatment, including all doses, is **\$350** per month

Attribute (not shown)	Description	Levels
Mode/frequency/location of administration	How the medication is taken	Injected under the skin of the abdomen once a month at a doctor's office
		Injected into the muscle of the arm, thigh, or buttock once every 3–4 months at a doctor's office
		Injected into the muscle of the arm, thigh, or buttock once every 6 months at a doctor's office
		Pill taken daily at home
Testosterone surge within first few days of administration that can be treated with additional medication	Additional medication is needed to prevent a testosterone surge from occurring	Additional medication (pill) needs to be taken once a day for approximately 3 weeks to prevent testosterone surge from occurring
		The treatment does not cause a testosterone surge, so no additional medication is needed
Impact on of sexual activity	Decreases interest in sex	Decreases interest in sex very much
		Decreases interest in sex moderately
		Decreases interest in sex a little
Risk of cardiovascular events	X out of 100 men (X%) taking the treatment have a heart event (such as heart attack or stroke)	3
		6
% of patients achieving normal testosterone after 3 months	3 months after stopping treatment, X out of 100 men (X%) will return to normal testosterone levels, meaning a reduction in treatment-related side effects like hot flashes, fatigue, and sexual problems	3
		16
		54
OOP cost	Total out of pocket cost for treatment, including all doses, is \$xx per month	\$5
		\$75
		\$200
		\$350

[New screen – price sensitivity]

C2. If the following were your only options for a prostate cancer ADT/hormonal treatment, please indicate which option you would choose: **Treatment A** or **Treatment B**. Assume there are no other differences between the Treatment A versus B besides what is shown.

Treatment A	Treatment B
<p>Injected into the muscle of the arm, thigh, or buttock once every 3-4 months at a doctor's office</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>The treatment does not cause a testosterone surge, so no additional medication is needed</p> <p>Decreases interest in sex a little</p> <p>3 out of 100 (3%) have a heart event (such as heart attack or stroke)</p> <p>3 months after stopping treatment, 54 out of 100 men (54%) will return to normal testosterone levels, meaning a reduction in treatment-related side effects, like hot flashes, fatigue, and sexual problems</p> <p>Total out of pocket cost for treatment, including all doses, is \$5 per month</p> <div style="text-align: center; margin-top: 20px;"> <input type="button" value="Select"/> </div>	<p>Pill taken daily at home</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>The treatment does not cause a testosterone surge, so no additional medication is needed</p> <p>Decreases interest in sex a little</p> <p>3 out of 100 (3%) have a heart event (such as heart attack or stroke)</p> <p>3 months after stopping treatment, 54 out of 100 men (54%) will return to normal testosterone levels, meaning a reduction in treatment-related side effects, like hot flashes, fatigue, and sexual problems</p> <p>Total out of pocket cost for treatment, including all doses, is \$200 per month</p> <div style="text-align: center; margin-top: 20px;"> <input type="button" value="Select"/> </div>

Section D: Life impacts

End sawtooth programming

Start validated scale – Patient Health Questionnaire (PHQ-8)^a:

^a Details not shown; for further information, please see reference: Kroenke K, Strine TW, Spitzer RL, Williams JBW, Berry JT, Mokdad AH. The PHQ-8 as a measure of current depression in the general population. J Affect Disord. 2009;114(1–3):163–173.

Section E: Comorbidities and treatment history

ASK EVERYONE E1–E5

E1. Before receiving any prostate cancer treatment, did your doctor ever tell you that **you have low male hormone levels** (also known as *hypogonadal* or *having low testosterone*)?

Select only one	
1	Yes
2	No
99	Don't recall / Not sure

E2. Has your doctor ever referred to any of these terms to describe your cancer?

Select all that apply		
1	Advanced	
2	Metastatic	
3	Aggressive	

4	High risk	
5	Slow growing	
6	My doctor has never used any of these terms to describe my cancer	[Exclusive]
99	Don't recall / Not sure	[Exclusive]

E3a. What stage has your doctor most recently described your cancer as?

Select only one	
1	Stage I
2	Stage II
3	Stage III
4	Stage IV
99	Don't recall / Not sure

E3b. Which of the following best describes your cancer currently?

Select all that apply	
1	Cancer is in prostate only [Exclusive]
2	Cancer has spread to lymph nodes
3	Cancer has spread to bones and/or other organs
99	Don't recall / Not sure [Exclusive]

E4. Have you undergone any of the following procedures? Please select all that apply.

Select all that apply		
1	Prostatectomy (surgery to remove your entire prostate, seminal vesicles, and some nearby tissue)	
2	Procedure to treat an enlarged prostate (such as transurethral resection of the prostate [TURP], holmium laser enucleation of the prostate [HoLEP], simple prostatectomy, GreenLight laser therapy, prostate artery embolization, transurethral water vapor therapy [Rezum], UroLift and transurethral microwave thermotherapy [TUMT])	
3	Pelvic lymph node dissection (operation to remove lymph nodes from your pelvis)	
4	Orchiectomy (surgery to remove one or both testicles)	
5	Radiation (such as photon therapy, external beam radiation therapy, intensity modulated radiation therapy [IMRT], stereotactic body radiation therapy [SBRT, SABR or CyberKnife], proton therapy and/or brachytherapy)	
95	Another type of surgery to treat my prostate cancer not listed above	
98	None of these	[Exclusive]

E5. Which other treatments have you ever taken or used to manage your prostate cancer?

Select all that apply	
1	Chemotherapy (such as cabazitaxel [Jevtana], mitoxantrone hydrochloride [Novantrone or DHAD], or docetaxel [Taxotere])
2	Anti-androgens (such as nilutamide [Nilandron/Anandron], flutamide [Eulexin], or bicalutamide [Casodex])
3	Second-generation hormone therapies (such as darolutamide [Nubeqa], abiraterone acetate [Yonsa], abiraterone [Zytiga], enzalutamide [Xtandi], or apalutamide [Erleada])
4	Targeted therapies (such as radium 223 dichloride [Xofigo], rucaparib [Rubraca], or olaparib [Lynparza])
5	Immunotherapies (such as sipuleucel-T [Provenge] or pembrolizumab [Keytruda])
98	I have never taken any of these treatments to manage my prostate cancer [Exclusive]

ASK E6 IF CANCER HAS GONE INTO REMISSION AND RETURNED (S6=1) & IF ADT-EXPERIENCED S7=1 (Yes)

E6. Have you ever used androgen deprivation therapy (ADT) to manage your prostate cancer **since it has returned (recurred or relapsed)**? ADT includes treatments such as leuprolide (Lupron), goserelin (Zoladex), degarelix (Firmagon), relugolix (Orgovyx), histrelin (Vantas), triptorelin (Decapeptyl/Gonapeptyl), and leuprolide mesylate (Camcevi).

Select one	
1	Yes
2	No
99	Don't recall / Not sure

ASK E7 IF CANCER HAS GONE INTO REMISSION AND RETURNED (S6 = 1) & IF E4 = ANY CODES 1-95 OR E5 = ANY CODES 1-5
 E7. Which other procedures have you undergone, or treatments have you used to manage your prostate cancer **since it has returned (recurred or relapsed)?**

SHOW ALL RESPONSES SELECTED AT E4 (1-95) AND E5 (1-5) ALONG WITH:

98	None of these	[Exclusive]
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ASK EVERYONE

E8. Have you **ever** been diagnosed by a medical professional with any of the following medical conditions? Please select all that apply.

Select all that apply	
1	Anxiety or depression
2	Asthma
3	Coronary artery disease
5	High cholesterol
7	Irritable bowel syndrome
8	Irregular heart rhythms
9	Lower back pain
10	Lupus
11	Multiple sclerosis
12	PVD (Peripheral vascular disease)
13	Rheumatoid arthritis
14	Sjogren's Syndrome
15	Ulcerative colitis / Crohn's disease
16	Any condition that required pelvic or abdominal surgery
98	None of these [Exclusive]

ASK EVERYONE

E9. Which of the following treatments are you **currently** taking or using for any reason?

Select all that apply	
1	Androgen deprivation therapy (ADT) (such as leuprolide [Lupron], goserelin [Zoladex], degarelix [Firmagon], relugolix [Orgovyx], histrelin [Vantas], triptorelin [Decapeptyl/Gonapeptyl], or leuprolide mesylate [Camcevi]) SHOW ONLY IF S7 = 1
2	Chemotherapy (such as cabazitaxel [Jevtana], mitoxantrone hydrochloride [ovantrone or DHAD], or docetaxel [Taxotere]) SHOW ONLY IF E5 = 1
3	Anti-androgens (such as nilutamide [Nilandron/Anandron], flutamide [Eulexin], or bicalutamide [Casodex]) SHOW ONLY IF E5 = 2
4	Second-generation hormone therapies (such as darolutamide [Nubeqa], abiraterone acetate [Yonsa], abiraterone [Zytiga], enzalutamide [Xtandi], or apalutamide [Erleada]) SHOW ONLY IF E5 = 3
5	Targeted therapies (radium 223 dichloride [Xofigo], rucaparib [Rubraca], or olaparib [Lynparza]) SHOW ONLY IF E5 = 4
6	Immunotherapies (such as sipuleucel-T [Provenge] or pembrolizumab [Keytruda]) SHOW ONLY IF E5 = 5
7	Radiation (such as photon therapy, external beam radiation therapy, intensity modulated radiation therapy [IMRT], stereotactic body radiation therapy [SBRT, SABR or CyberKnife], and/or proton therapy) SHOW ONLY IF E4 = 5
98	I am not currently taking or using any of these [Exclusive]

ASK E10–E11 IF RECEIVED ADT (S7 =1)

E10. Which of the following ways have you taken androgen deprivation therapy (ADT)?
ADT includes treatments such as leuprolide (Lupron), goserelin (Zoladex), degarelix (Firmagon), relugolix (Orgovyx), histrelin (Vantas), triptorelin (Decapeptyl/Gonapeptyl), and leuprolide mesylate (Camcevi).

Select all that apply	
1	Injected into the abdomen/belly
2	Injected into the buttocks, thigh, or shoulder
3	Taken orally (pill)

E11. Over how many months have you received ADT treatment to manage your prostate cancer?

Enter whole number
Number of months: _____. Range: 1–99

ASK E12–13 IF RECEIVED ADT INJECTION (E10 = 1 OR 2)

E12. During the course of your ADT treatment, how many total ADT injections did you receive? Please only consider injectable ADT when answering.

Enter whole number
Number of injections: _____. Range: 1–99

ASK E13 IF RECEIVED MORE THAN ONE INJECTION (E12 > 1)

E13. On average, how many months did you wait between each administration of ADT injections?

Enter whole number
Number of months: _____. Range: 1–99

Section F: Disease history and treatment attitudes

ASK EVERYONE F1–F13

F1. What is your height in feet and inches?

Height (feet /inches) _____ft. _____ in.

[PROGRAMMER: CALCULATE TO INCHES, E.G., 5 FT + 5 IN = 65 IN] [RANGE FOR FT. 3–7; RANGE FOR IN. 0–11]

F2. Please tell us your weight. If you don't remember the exact number, please give us the best answer you can.

Weight (pounds) _____.

[PROGRAMMER: ALLOW WHOLE NUMBERS ONLY; RANGE 50–700 LBS]

F3. When were you first diagnosed with prostate cancer?

<i>Enter month and year</i>	
[Month] Year:_____	

PROGRAMMER: SHOW DROP-DOWN FOR MONTH AND YEAR, INCLUDING A “Don't recall” OPTION, YEAR CANNOT BE AFTER 2021 OR BEFORE YEAR OF BIRTH CALCULATED BASED ON AGE AT S2

F4. Have any of your blood relatives (brother, father, uncle, cousin, grandfather) been diagnosed with prostate cancer?

<i>Select one</i>	
1	Yes
2	No
3	Don't know

F5. Has your doctor ever told you that your prostate cancer has the BRCA1/2 mutation?

<i>Select one</i>	
1	Yes
2	No
3	Don't know / Not sure

F6. Have you ever been diagnosed with Lynch Syndrome?

<i>Select one</i>	
1	Yes
2	No
3	Don't know / Not sure

ASK EVERYONE

F8. How many times in the **last 6 months** did you visit each of the following healthcare providers about **your prostate cancer**? A visit means in person, video, telephone, or through your electronic health record (EHR) patient portal. The visit could be with a Doctor (MD or DO) or Nurse Practitioner (NP) or Physician's Assistant (PA). If not sure of the number of visits, please give us your best estimate.

<i>Enter whole numbers</i>		
1	General Practitioner / Family Practitioner / Internist	___
2	Gastroenterologist	___
3	Oncologist	___
4	Radiation Oncologist	___
5	Urologist	___
6	Psychiatrist	___
7	Psychologist or other mental health professional	___
95	Other	___

[PROGRAMMER: RANGE: 0–60 FOR EACH ROW. REQUIRE A RESPONSE FOR EACH ROW]

ASK EVERYONE

F9. How inconvenient is it for you to go to a doctor's office to receive treatment for your prostate cancer?

Select only one	
5	Extremely inconvenient
4	Very inconvenient
3	Somewhat inconvenient
2	Slightly inconvenient
1	Not at all inconvenient

ASK EVERYONE

F10. Currently, because of the coronavirus (COVID-19) pandemic, how anxious or fearful are you to go to a doctor's office or hospital for your prostate cancer?

Select only one	
5	Very anxious / fearful
4	Moderately anxious / fearful
3	Somewhat anxious / fearful
2	Slightly anxious / fearful
1	Not at all anxious / fearful

ASK EVERYONE

F11. Please indicate what you think of needles (or treatments that involve injections).

Select only one	
1	Do not like needles
2	Do not mind needles
3	Like needles

Section G: Demographics and socioeconomic factors

ASK EVERYONE G1–G4

G1. In what US state do you live?

Select one
[US STATE]

PROGRAMMER: SHOW DROP-DOWN FOR US STATES.

G2. What is your current marital status?

Select one	
1	Single, never married
2	Committed relationship / Married
3	Separated / Divorced
4	Widowed

G3. Which of the following describes your household?

Select all that apply	
1	I live alone [Exclusive]
2	I live with a partner or spouse
3	I live with children

4	I live with parents, aunts, uncles, or other relatives
5	I live with other adults I am not related to (such as friends or roommates)

ASK IF LIVE WITH CHILDREN (G3 = 3)

G3a. Of the children that live with you, how many children of any age do you have?

<i>Enter whole number</i>
Number of children: _____

RANGE: 0–30 response

ASK EVERYONE G4–G6

G4. What is the highest level of formal **education** you have completed?

<i>Select one</i>	
1	Some high school
2	High school graduate or equivalent (e.g., GED)
3	Completed some college, but no degree
4	Associate degree (e.g., A.A., A.S., A.A.S.)
5	College graduate (e.g., B.A., A.B., B.S.)
6	Completed some graduate school, but no degree
7	Completed graduate school (e.g., M.S., M.D., Ph.D.)

G5. What is your **employment status**?

<i>Select one</i>	
1	Employed full-time
2	Employed part-time
3	Homemaker
4	Retired
5	Student
6	Long-term or Short-term Disability
7	Not employed and looking for work
8	Not employed and not looking for work
97	Prefer not to answer [<i>Exclusive</i>]

ASK IF EMPLOYED FULL TIME OR PART TIME (G5 = 1 OR 2)

G5a. At your current job, where do you typically work?

<i>Select one</i>	
1	Remote worker / Work from home
2	Office worker / On-site

G6-G9 ASK EVERYONE

G6. What was your total annual **household** income before taxes for 2021? Please include money earned by you personally, your spouse / partner, and any other adult in the household. Please give us your best estimate if you're not sure.

<i>Select one</i>	
1	Less than \$15,000
2	\$15,001 to \$30,000
3	\$30,001 to \$60,000
4	\$60,001 to \$90,000
5	\$90,001 to \$150,000

6	More than \$150,000
97	Prefer not to answer

G7. Which of the following best describes the location where you live?

<i>Select one</i>	
1	Major metropolitan area, population > 500,000
2	Urban area, population between 100,000 and 500,000
3	Suburb of a large city, population > 100,000
4	Small city, population between 30,000 and 100,000
5	Rural or small town, population < 30,000

G8. Do you plan on being sexually active in the near future?

<i>Select only one</i>	
1	Yes
2	No
98	Prefer not to answer

G8a. What is your sexual orientation?

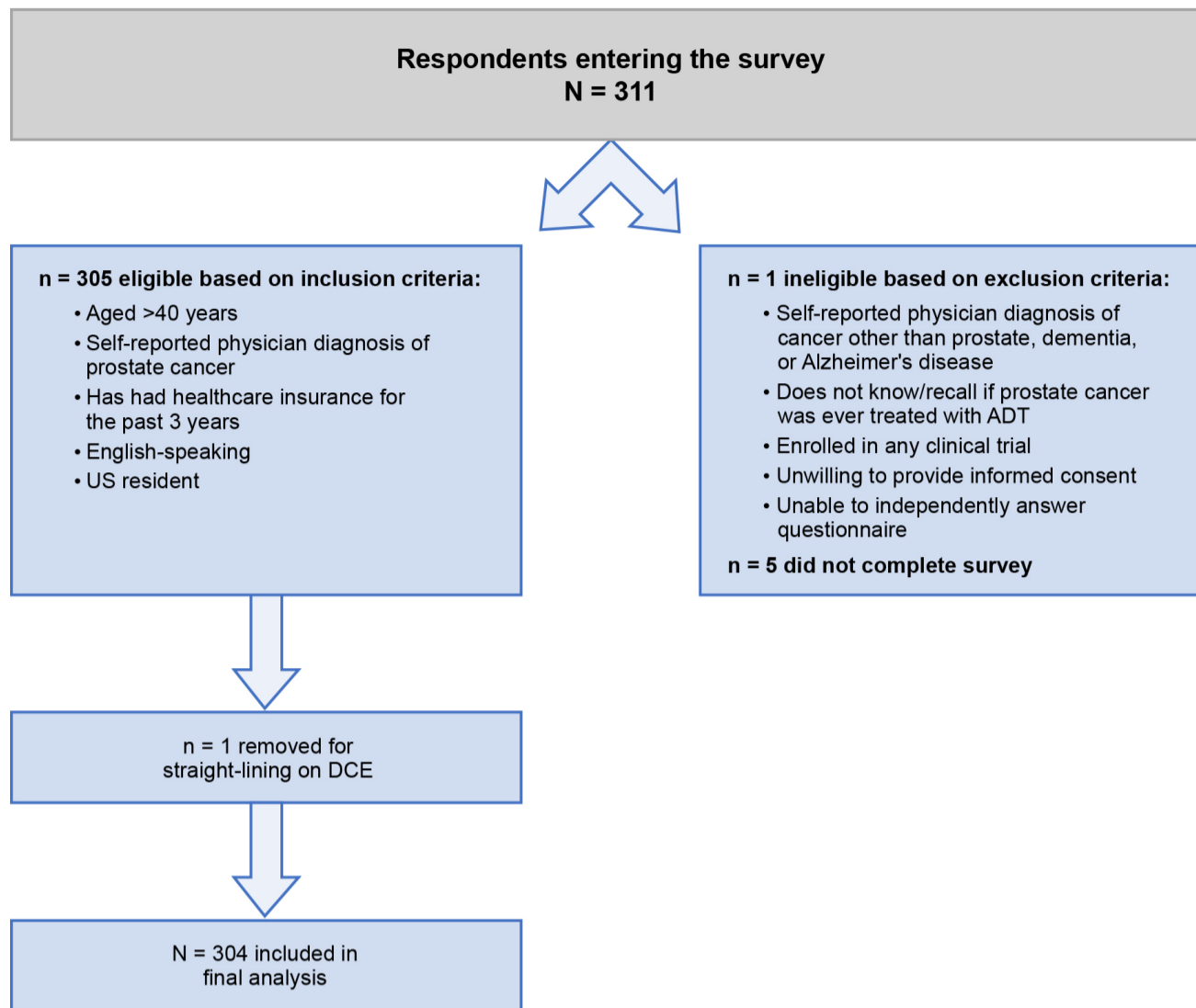
<i>Select only one</i>	
1	Asexual
2	Bisexual
3	Gay
4	Lesbian
5	Pansexual
6	Same Gender Loving (SGL)
7	Straight or Heterosexual
8	Other
98	Prefer not to answer <i>[Exclusive]</i>

G9. How often do you have problems learning about your medical condition because of difficulty understanding written information?

<i>Select only one</i>	
1	Never
2	Occasionally
3	Sometimes
4	Often
5	Always

Thank you for your participation.

Supplementary Figure S1 Eligibility criteria and respondent attrition [online only].



ADT androgen deprivation therapy; DCE discrete choice experiment; US United States