Supplementary Table 2: Oncologic outcomes post hemi-gland cryoablation for intermediate-high risk prostate cancer according to neoadjuvant ADT use.

We carried out a sub-analysis on patients with intermediate-high (N=131) risk prostate cancer. Patients with low-risk prostate cancer (N=29) were excluded (only 1 patient with low-risk prostate cancer received neoadjuvant ADT). The patients were grouped as follows: not receiving neoadjuvant ADT (N =103; 79%) versus those receiving neoadjuvant ADT (N=28, 21%). Similar analysis with the same outcomes, as reported in **Table 2**, performed for the entire cohort (N = 160), was performed for this subgroup of patients (N=131; 82%).

	Neoadjuvant ADT use in Intermediate-high risk prostate cancer patients undergoing hemi-gland cryoablation		
	No	**Yes**	**p-value**
No. patients (%)	103 (79%)	28 (21%)	-
Age, median (IQR)	67 (61-73)	71 (64-76))	0.16
Follow up month, median (IQR)	36 (20-58)	34 (18-54)	0.80
PSA nadir, median (IQR)	0.91 (0.6-2.2)	0.41 (0.19-1.7)	0.013
Time to PSA nadir, median (IQR)	4 (3-8)	4 (3-7)	0.95
PSA decreased %, median (IQR)†	83 (63-90)	93 (73-97)	0.007
No. patients PSA decreased > 70% (%)†	67 (65%)	22 (79%)	0.25
5-year Biochemical Failure-free survival*	58%	71%	0.81
5-year CSPCa-free survival	60%	79%	0.34
5-year Radical treatment-free survival**	85%	100%	0.08
5-year Free from repeat focal cryoablation	82%	100%	0.16
5-year ADT-free survival	95%	86%	0.65
5-year Treatment failure-free survival***	81%	86%	0.27
5-year Metastases-free survival	100%	100%	0.33
5-year Cancer-specific survival	100%	100%	-
5-year Overall survival	100%	100%	-

IQR, interquartile range; PSA, prostate specific antigen; CSPCa, clinically significant prostate cancer (Grade Group ≥2); ADT, androgen deprivation therapy; †Percent of PSA decreased at nadir = (PSA at entry - PSA nadir) / (PSA at entry x 100%). * Biochemical Failure by Phoenix criteria. **Radical treatment was defined as any whole-gland treatment. ***Treatment failure was defined as any whole-gland treatment, initiation of androgen deprivation therapy, metastases, and prostate cancer-specific mortality

Initially, neoadjuvant ADT significantly decreases PSA. However, as the ADT was discontinued, it does not seem to affect the natural course of the disease and, ultimately, does not affect the oncologic outcomes. Patients receiving neoadjuvant ADT had a trend towards higher RT-free survival and free from repeat focal cryoablation. However, patients receiving neoadjuvant ADT had trend towards lower ADT-free survival. As such, the primary endpoint of

the study, which is 5-year Treatment failure-free survival, is 81% vs 86% (p=0.27) for patients who did not received vs those who received neoadjuvant ADT, respectively. In fact, this is informative and indicates that neoadjuvant ADT, although decreases PSA initially, might not be beneficial as it doesn't seem to impact the natural course of the disease.