### **Supplementary Document 1**







### **Acceptability of Prostate MRI:**

# Patient Consent Form 1 (Questionnaire)

Please initial box

1.	I confirm that I have read and understood the information sheet dated (version) for the above	
	questionnaire study. I have had the opportunity to consider the information, ask questions and had these	
	answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason,	
	without my medical care or legal rights being affected.	
3.	I agree to my GP being informed of my participation in the study.	
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4.	I agree to take part in the above study.	
т.	ragice to take part in the above study.	
	Name of participant:	
	Date:	
	Signature:	
	Name of person taking consent:	
	Date:	
	Signature:	









### **Acceptability of Prostate MRI:**

#### **Patient Information Sheet**

- In the past (1980s 2000s) MRI had very limited availability and was not commonly used:
  - Men suspected to have prostate cancer would not normally have an MRI scan 0
  - They would normally undergo a prostate biopsy (tissue sample) through the rectum (bottom) 0
  - This could cause side-effects, including: pain, infection (1-3%) and bleeding

But, this technique did not detect every prostate cancer: approximately 50% could still be missed

- Furthermore, many of these men did not need a prostate biopsy in the first place
- <u>Today MRI is now widely available in the UK:</u>
  - We now use MRI scans to see if prostate cancer is likely to be present or not (before a biopsy is performed)
  - If the MRI scan shows:
    - Suspicious areas in the prostate then you will likely be advised to still have a prostate biopsy
    - No suspicious areas in the prostate then you will probably not need to have biopsy
  - MRI scans can now detect around 80-90% of important prostate cancers
  - So, by using MRI we can prevent many men from unnecessarily having a prostate biopsy

But, MRI does not detect every prostate cancer: approximately 10-20% can still be missed by MRI

Therefore, by using MRI, we could miss approximately 10-20% of important prostate cancers









## **Acceptability of Prostate MRI:**

### **Patient Questionnaire**

(Adapted from: Schönenberger et al. 2007, with kind permission of Professor Marc Dewey)

	Please give	e your answers based o	on your own knowledge and	naving read the patient info	ormation sheet.		
1.	How satisfied are you with the ability of prostate biopsy alone to help detect prostate cancer?						
	Very poor □	Poor □	Barely Acceptable	Good □	Very good □		
2.	How satisfied ar	re you with the ability o	f MRI scans to help detect pr	ostate cancer?			
	Very poor □	Poor 🗆	Barely Acceptable □	Good □	Very good □		
3.	Please rate your degree of concern that your MRI scan might miss important prostate cancer:  No concern   Little   Moderate   Very intense   Very intense						
	If you are conce	erned, why are you con-	cerned?				
4. 5.	No □	Yes □ Do	of prostate cancer, would you't know □ of prostate cancer, would you't know □				
<ul><li>6.</li><li>7.</li></ul>	example: life expectancy, quality of life, spread of cancer around the body, urine/sexual symptoms)						
Phone	ould be willing hate number: address:	ave a short interview on	this topic, then please leave	your contact details below	<i>y</i> :		







## **Acceptability of Prostate MRI:**

## Patient Consent Form 2 (Interview)

Please initial box

1.	I confirm that I have read and understood the information sheet dated (version) for the above					
	interview study. I have had the opportunity to consider the information, ask questions and had these answered					
	satisfactorily.					
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason,					
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	without my medical care or legal rights being affected.					
3.	I agree to my GP being informed of my participation in the study.					
4.	I agree to take part in the above study.					
	Name of participants					
	Name of participant:					
	Date:					
	Signature:					
	Name of person taking consent:					
	Date:					
	Signature:					