



The Association between Urine N-Glycome and Prognosis after Initial Therapy for Primary Prostate Cancer

1. Supplementary figures

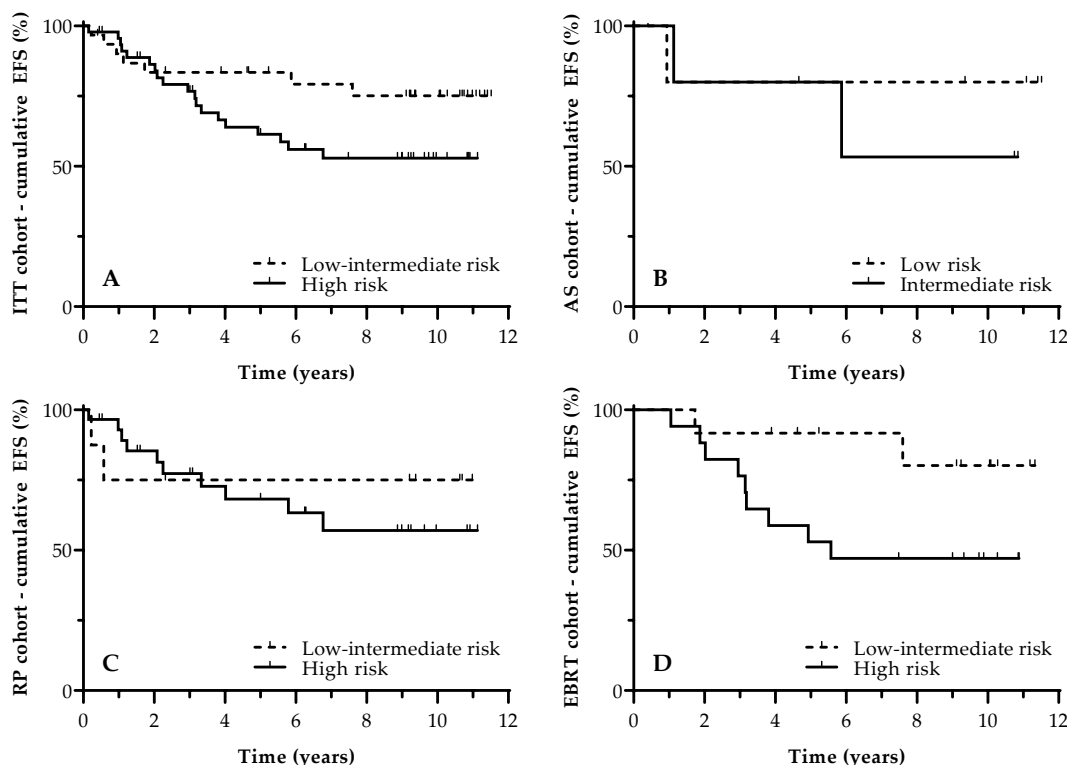


Figure S1. Kaplan-Meier EFS curves for D'Amico Risk Classification for PCa. Y-axis depicts cumulative EFS (%), X-axis depicts survival time in years. EFS curves are demonstrated for (A) ITT cohort ($HR_{\text{high risk}} = 1.97$ [0.91–4.29]; $P = 0.0874$), (B) AS cohort ($HR_{\text{intermediate risk}} = 2.00$ [0.21–19.5]; $P = 0.5492$), (C) RP cohort ($HR_{\text{high risk}} = 1.43$ [0.37–5.51]; $P = 0.6066$), and (D) EBRT cohort ($HR_{\text{high risk}} = 9.34$ [2.48–35.2]; $P = 0.0010$). Censored data are indicated in the graph. AS, active surveillance; EBRT, external beam radiotherapy; ITT, intention-to-treat; EFS, progression-free survival; RP, radical prostatectomy.

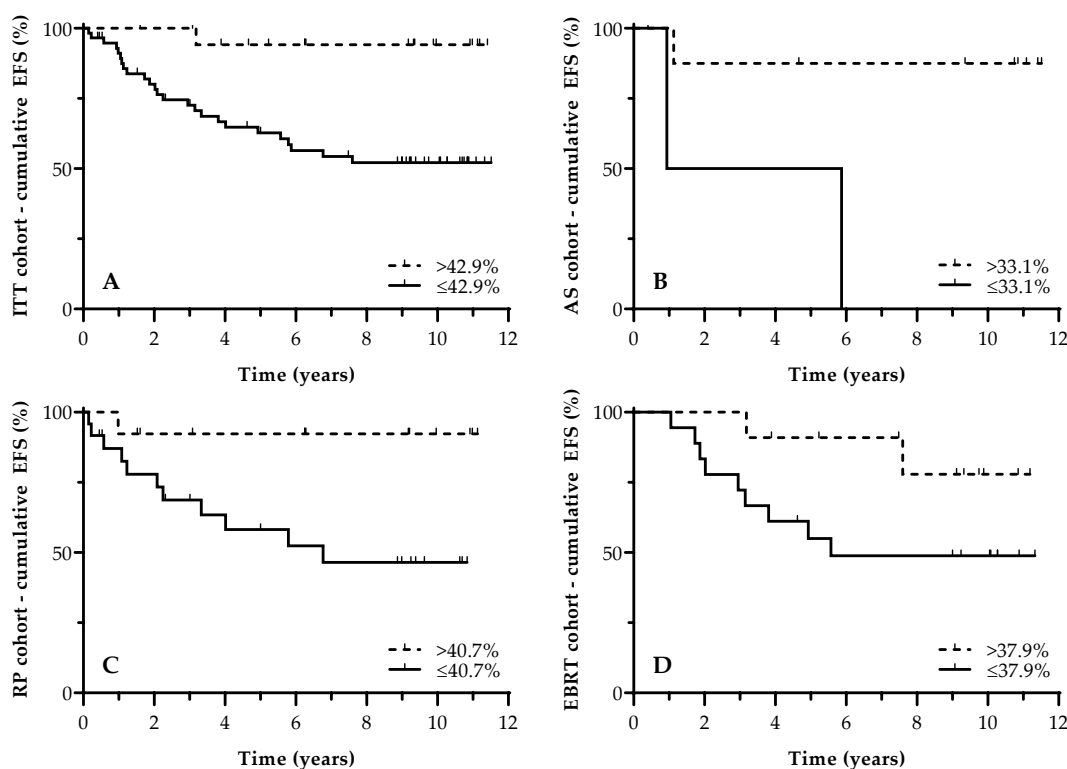


Figure S2. Kaplan-Meier EFS curves for 2AFc/MA. Y-axis depicts cumulative EFS (%), X-axis depicts survival time in years. EFS curves are demonstrated for (A) ITT cohort ($HR_{>42.9} = 0.29$ [0.12-0.67]; $P = 0.0039$), (B) AS cohort ($HR_{>33.1} = 0.02$ [0.00-0.41]; $P = 0.0123$), (C) RP cohort ($HR_{>40.7} = 0.27$ [0.08-0.85]; $P = 0.0260$), and (D) EBRT cohort ($HR_{>37.9} = 0.38$ [0.11-1.27]; $P = 0.1168$). Censored data are indicated in the graph. 2AFc/MA, ratio of fucosylated biantennary structures / total of multiantennary structures; AS, active surveillance; EBRT, external beam radiotherapy; ITT, intention-to-treat; EFS, progression-free survival; RP, radical prostatectomy.

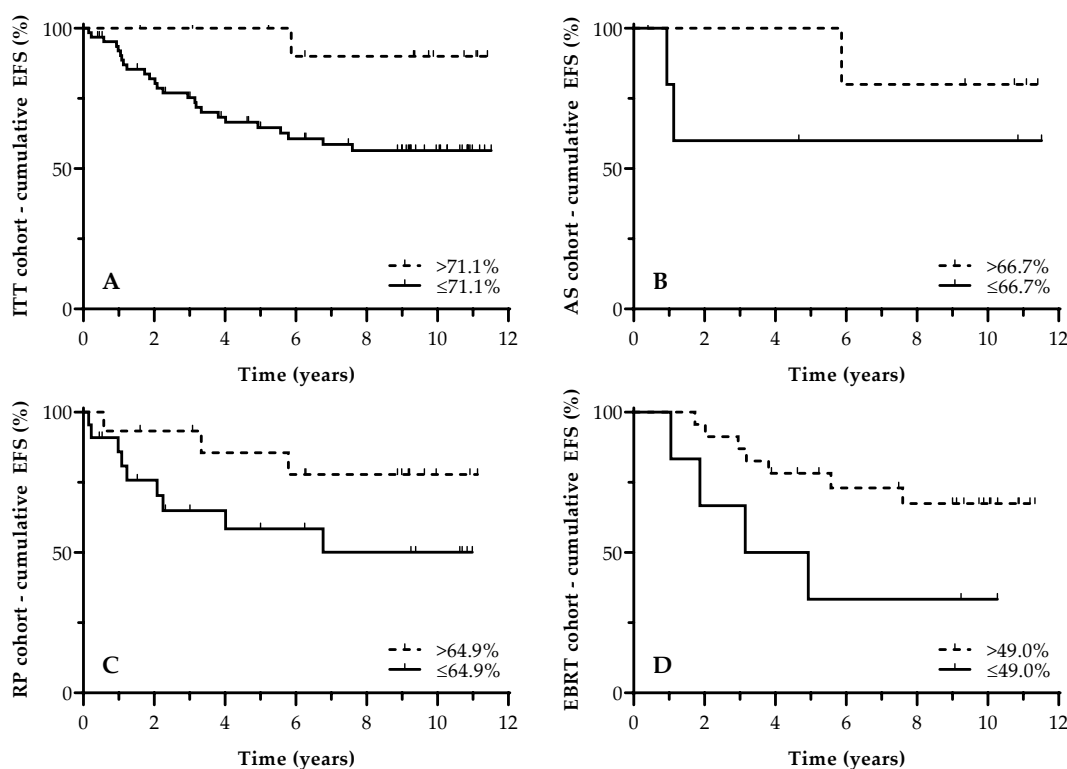


Figure S3. Kaplan-Meier EFS curves for Fc/MA. Y-axis depicts cumulative EFS (%), X-axis depicts survival time in years. EFS curves are demonstrated for (A) ITT cohort ($HR_{>71.1} = 0.36$ [0.14-0.93]; $P = 0.0356$), (B) AS cohort ($HR_{>66.7} = 0.33$ [0.03-3.47]; $P = 0.3578$), (C) RP cohort ($HR_{>64.9} = 0.39$ [0.12-1.22]; $P = 0.1045$), and (D) EBRT cohort ($HR_{>49.0} = 0.21$ [0.04-1.06]; $P = 0.0589$). Censored data are indicated in the graph. AS, active surveillance; EBRT, external beam radiotherapy; Fc/MA, ratio of fucosylated structures / total of multiantennary structures; ITT, intention-to-treat; EFS, progression-free survival; RP, radical prostatectomy.

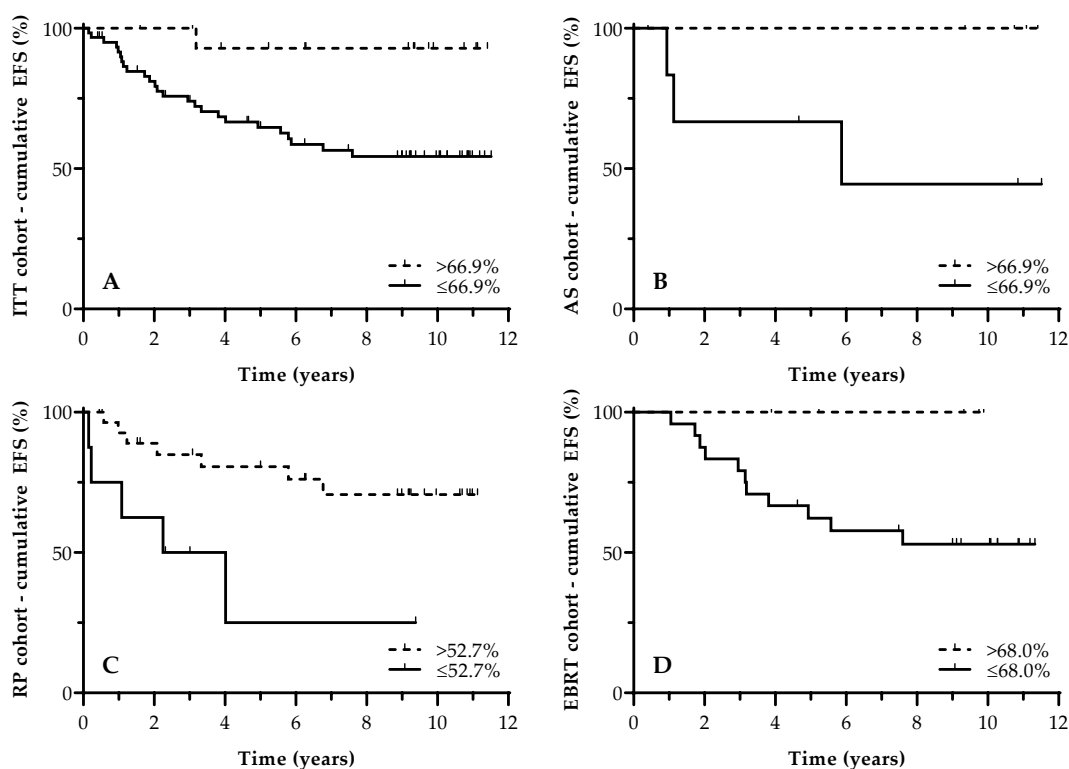


Figure S4. Kaplan-Meier EFS curves for 2AFc/2T. Y-axis depicts cumulative EFS (%), X-axis depicts survival time in years. EFS curves are demonstrated for (A) ITT cohort ($HR_{>66.9} = 0.33$ [0.13-0.80]; $P = 0.0144$), (B) AS cohort ($P = 0.0979$), (C) RP cohort ($HR_{>52.7} = 0.12$ [0.02-0.60]; $P = 0.0097$), and (D) EBRT cohort ($P = 0.1000$). Censored data are indicated in the graph. 2AFc/2T, ratio of fucosylated biantennary structures / total of biantennary structures; AS, active surveillance; EBRT, external beam radiotherapy; ITT, intention-to-treat; EFS, progression-free survival; RP, radical prostatectomy.