Supplementary Material
Supplementary Document 1

Acceptability of Prostate MRI:
Patient Consent Form 1 (Questionnaire)

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.

4. I agree 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
  - They would normally undergo a prostate biopsy (tissue sample) through the rectum (bottom)
  - 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

- **Today – MRI is now widely available in the UK:**
  - 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 your answers based on your own knowledge and having read the patient information sheet.

| Question                                                                 | Options                          |
|-------------------------------------------------------------------------|----------------------------------|
| 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 are you with the ability of MRI scans to help detect prostate 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, Intense, Very intense |
| If you are concerned, why are you concerned?                            |                                   |
| 4. If your MRI scan showed low suspicion of prostate cancer, would you be happy to not have a prostate biopsy? | No, Yes, Don’t know |
| 5. If your MRI scan showed low suspicion of prostate cancer, would you want to have a biopsy anyway? | No, Yes, Don’t know |
| 6. If you were diagnosed with prostate cancer, which aspect of the disease do you think would be most important to you? (For example: life expectancy, quality of life, spread of cancer around the body, urine/sexual symptoms) |                                   |
| 7. Are there any additional comments that you would like to make?       |                                   |

If you would be willing have a short interview on this topic, then please leave your contact details below:

| Details                  |
|--------------------------|
| Phone number:            |
| Email address:           |
| Postal address:          |
Acceptability of Prostate MRI:

Patient Consent Form 2 (Interview)

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, 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 participant:
Date:
Signature:

Name of person taking consent:
Date:
Signature: