Tables

Table 1a: Summary of systematic review findings (total n=282 studies)

a. Summary of criteria within domains of inclusion, monitoring, reclassification and outcome measures

Domains	No. of different definitions	No. of studies providing definition for this criterion
Main Criteria for inclusion to DAT		
PSA cut-off	13	251
Gleason Sum Score	13	282
Clinical T-stage	14	275
Number of positive cores	12	270
Core involvement per core	11	270
PSA density	9	265
Monitoring and follow-up characteristics during DAT		
PSA testing frequency	23	193
DRE frequency	26	157
TRUS Re-biopsy frequency	32	197
Number of cores taken	29	122
mpMRI frequency	24	74

Reclassification characteristics during DAT		
Clinical T-stage	13	89
Gleason sum score	13	202
PSA doubling time	5	86
Number of positive cores	13	147
Core involvement per core	8	122
Patient preference	2	58
Types of outcomes measured		
Quality of life	6	81
Sexual function	3	75
Survival outcome	3	114
Disease-specific outcome	15	221

DAT = deferred active treatment; DRE = digital-rectal examination; mpMRI = multi-parametric magnetic resonance imaging; No. = number; PSA = prostate-specific antigen; TRUS = transrectal ultrasound.

b. Most common combinations of Inclusion criteria for DAT

PSA level	Gleason Score	Clinical T-category	N° of positive cores	Core Involvement (%)	PSA density	N° of studies
≤10	≤3+3	T1c-T2c	≤2	NR	<0.2	34

NR	≤3+3	T1c	≤2	<50%	<0.15	13
≤10	≤3+3	≤T2a	≤3	≤50%	NR	9
NR	≤3+3	NR	NR	NR	NR	7
≤10	≤3+3	≤T2c	≤2	NR	≤ 0.2	5
≤15	≤7	T1b-T2b	NR	NR	NR	5
<15	≤3+3	≤T2a	≤2	NR	NR	5
NR	≤3+3	≤T2a	≤2	≤ 20%	NR	4

n = number of studies; NR = not recorded; PSA = prostate-specific antigen.

c. Most common combination of Monitoring and follow-up characteristics during DAT

PSA frequency	**DRE frequency**	**TRUS re-biopsy frequency**	**Number of cores taken**	**mpMRI frequency**	**No. of studies**
6/12	6/12	12/12	multiple	multiple	24
6/12	6/12	multiple	multiple	multiple	18
3/12 for 2 yrs 6/12 thereafter	3/12 for 2 yrs 6/12 thereafter	multiple	multiple	NR	11
3/12	6/12	multiple	multiple	NR	9
3/12 for 2 yrs 6/12 thereafter	6/12 for 2 yrs 12/12 thereafter	multiple	multiple	multiple	6
3/12 1st yr 6/12 thereafter	3/12 1st yr 6/12 thereafter	multiple	multiple	NR	6

6/12	NR	12/12	multiple	multiple	6
3/12	3/12	12/12	NR	NR	5
3/12 1st yr 6/12 thereafter	multiple	multiple	multiple	NR	5
6-12/12	6-12/12	multiple	multiple	multiple	5

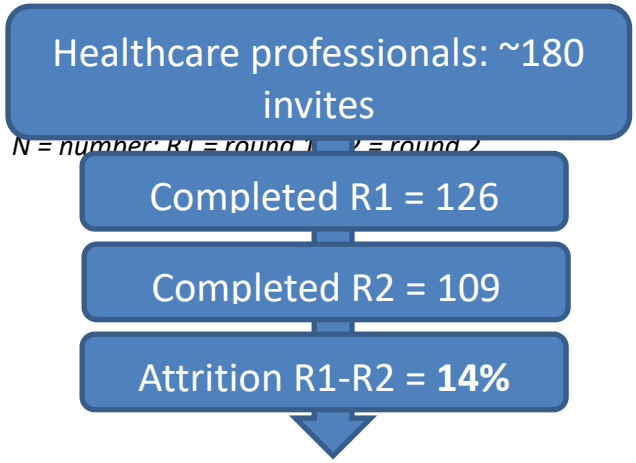
DAT = deferred active treatment; DRE = digital-rectal examination; N = number of studies; mpMRI = multi-parametric magnetic resonance imaging; NR = not recorded; PSA = prostate-specific antigen; TRUS = transrectal ultrasound; yr = year.

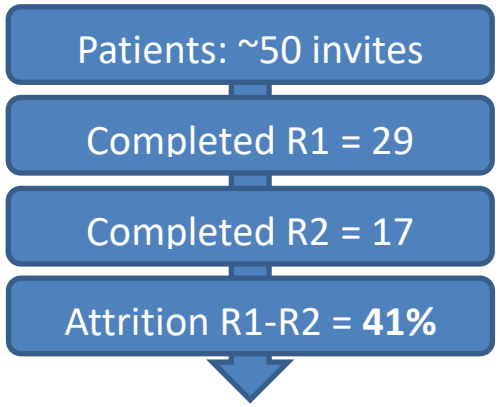
d. Most common for Reclassification definitions during DAT

Gleason Score	**Clinical T-category**	**PSA doubling time**	**N° of positive cores**	**Core Involvement (%)**	**Patient preference**	**N° of studies**
GSS > 6	NR	NR	>2	>50%	NR	14
Increase in GSS	Change in T-stage	NR	NR	NR	NR	11
GSS > 6	NR	NR	>3	>50%	NR	9
GSS > 6	NR	NR	>2	>20%	NR	7
GSS >6	NR	NR	NR	NR	NR	7
Increase in GSS	Change in T-stage	NR	NR	Multiple	Yes	6
GSS > 6	>T2	<3	>2	NR	NR	5
GSS ≥4+3	≥T2c	<3	>3	NR	NR	4

DAT = deferred active treatment; GSS = Gleason score; N = number of studies; NR = not recorded; PSA = prostate-specific antigen.

Table 2: Summary of characteristics of Delphi participants completing Round 1 (R1) and Round 2 (R2)





Specialty	R1 n (%)	R2 n (%)
Clinical or Radiation Oncology	14 (11)	12 (11)
Medical Oncology	3 (2)	2 (2)
Other	3 (2)	3 (3)
Pathology	7 (6)	7 (6)
Specialist Nurse	8 (6)	7 (6)
Urology	82 (65)	70 (64)
Radiology	9 (7)	8 (7)
Total N	126	109

Nationality	R1 n	R2 n
UK	14	10
Germany	1	0
Netherlands	3	1
Belgium	5	3
Ireland	1	0
Portugal	1	1
Sweden	1	1
Switzerland	1	1
Slovakia	1	0
Cyprus	1	0
Total N	29	17

N = number; R1 = round 1; R2 = round 2.

Table 3: Summary of statements and consensus status after two rounds of Delphi survey

Key:

In columns showing percentages agree/equivocal/disagree, red shaded cells = ≥70%; yellow shaded cells = 60%-70%

In 'consensus' column:

1	Consensus (≥70% agree and ≤15% disagree, or vice versa). No further discussion required, not taken forward to face-to-face meeting.
2	Near consensus (≥70% agree but ≥15% disagree, or vice versa; or ≥60% agree, and ≤20% disagree, or vice versa). Taken forward to discuss and vote in face-to-face meeting.
3	Divergent opinions (e.g. >50% agree and >25% disagree). Taken forward to discuss and vote in face-to-face meeting.
4	Equivocal or unclear results (e.g. Not >50% in any cell; or majority 'equivocal). Taken forward to discuss and vote in face-to-face meeting.

		Health care professionals (HCP)						Patients				
Domain	Item Number in Delphi and description	HCP % Disagree (1-3)	HCP % Equivocal (4-6)	HCP % Agree (7-9)	HCP Total N	HCP unable to score N	Consensus	Patients % Disagree (1-3)	Patients % Equivocal (4-6)	Patients % Agree (7-9)	Patients Total N	Patients unable to score N
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	1. There is no lower nor upper age limit for inclusion as long as the appropriate life expectancy criterion is fulfilled	3.7%	0.9%	95.4%	109	0	1	NA	NA	NA	NA	NA
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	2. The appropriate life expectancy criterion for inclusion is: i. ≥10 yrs	1.8%	4.6%	93.6%	109	0	1	NA	NA	NA	NA	NA
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	3. The appropriate life expectancy criterion for inclusion is: ii. ≥15 yrs	18.5%	45.4%	36.1%	109	1	4	NA	NA	NA	NA	NA
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	4. Life expectancy in everyday practice is best evaluated by: i. Performance status (e.g. ECOG, Karnofsky)	8.8%	46.1%	45.1%	109	7	4	NA	NA	NA	NA	NA
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	5. Life expectancy in everyday practice is best evaluated by: ii. Co-morbidity index measure (e.g. Charlson)	5.1%	38.4%	56.6%	109	10	3	NA	NA	NA	NA	NA
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	6. Life expectancy in everyday practice is best evaluated by: iii. Health status screening (e.g. Geriatric 8 screening tool)	6.5%	45.2%	48.4%	109	16	4	NA	NA	NA	NA	NA
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life	7. Life expectancy in everyday practice is best evaluated by: iv. Combination of performance status, co-morbidity index	0.0%	4.9%	95.1%	109	7	1	NA	NA	NA	NA	NA

expectancy	and health status screening											
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	8. Low-risk disease: i. is an automatic inclusion criterion regardless of other disease factors	50.0%	8.3%	41.7%	108	0	3	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	9. Low-risk disease: ii. is excluded if the extent of disease is high, based on biopsy core volume, length or number or proportion of core positivity	28.7%	8.3%	63.0%	108	0	3	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	10. Low-risk disease: iii. is excluded if the extent and/or stage of disease is high based on mpMRI	14.8%	21.3%	63.9%	108	0	2	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	11. Low-risk disease: iv. is excluded if mpMRI suggests biologically-aggressive disease	17.8%	21.5%	60.7%	108	1	2	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	12. Gleason 3+4=7 (ISUP grade 2): i. is an automatic exclusion criterion	69.4%	18.5%	12.0%	108	0	2	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	13. Gleason 3+4=7 (ISUP grade 2): ii. can be included only if favourable characteristics are present, including PSA (<10), clinical stage (≤cT2a) and biopsy characteristics (low core positivity)	7.4%	15.7%	76.9%	108	0	1	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	14. Gleason 4+3=7 (ISUP grade 3): i. is an automatic exclusion criterion.	5.6%	7.4%	87.0%	108	0	1	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	15. Gleason 4+3=7 (ISUP grade 3): ii. can be included only if favourable characteristics are present, including PSA (<10), clinical stage (≤cT2a) and biopsy characteristics (low core positivity)	72.2%	12.0%	15.7%	108	0	2	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	16. PSA :i. >10ng/ml is an automatic exclusion criterion, regardless of other disease characteristics	78.7%	13.9%	7.4%	108	0	1	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	17. PSA:ii. >20ng/ml is an automatic exclusion criterion, regardless of other disease characteristics	19.4%	12.0%	68.5%	108	0	2	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	18. PSA density: i. is an important inclusion criterion	18.1%	22.9%	59.0%	108	3	3	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion	19. PSA density: ii. for inclusion should be ≤ 0.15ng/ml per g	16.3%	32.7%	51.0%	108	4	3	NA	NA	NA	NA	NA

criteria. 2. Risk classification												
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	20. PSA density: iii. for inclusion should be ≤ 0.20ng/ml per g	32.4%	56.9%	10.8%	108	6	4	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	21. Clinical stage: i. ≥T2b is an automatic exclusion criterion, regardless of other disease characteristics	38.0%	36.1%	25.9%	108	0	4	NA	NA	NA	NA	NA
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	22. Clinical stage: ii. ≥T2c is an automatic exclusion criterion, regardless of other disease characteristics	17.6%	8.3%	74.1%	108	0	2	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	23. Targeted biopsies should be reported separately from systematic biopsies	0.0%	0.0%	100.0%	108	0	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	24. The extent of disease should be reported in: i. length (mm)	0.9%	2.8%	96.3%	108	0	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	25. The extent of disease should be reported in: ii. % tumour volume (as a proportion of total volume of core)	5.6%	7.4%	87.0%	108	0	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	26. ISUP grade (Gleason score) should be reported for each positive core	4.7%	1.9%	93.5%	108	1	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	27. Percentage of Gleason pattern 4 carcinoma should be provided for each biopsy site with Gleason score 7 carcinoma	1.9%	1.9%	96.3%	108	1	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	28. Intraductal and cribriform histology are exclusion criteria	1.0%	10.5%	88.6%	108	3	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	29. When systematic biopsies are performed, the extent of disease based on histological characteristics (e.g. core length, core volume, core positivity, etc.) is an important inclusion/exclusion criterion	2.8%	6.5%	90.7%	108	0	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	30. Extent of disease on histology is important even for Gleason 3+3=6/ISUP Grade 1 disease because it may lead to patients being excluded	14.2%	9.4%	76.4%	108	2	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	31. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease	89.3%	7.8%	2.9%	108	5	1	NA	NA	NA	NA	NA

	characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: i. Core positivity >20%											
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	32. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: ii. Core positivity >33%	71.8%	23.3%	4.9%	108	5	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	33. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: iii. Core positivity ≥50%	58.3%	11.7%	30.1%	108	5	3	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	34. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: iv. Positive cores >2	81.6%	10.7%	7.8%	108	5	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	35. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: v. Positive cores >3	73.8%	11.7%	14.6%	108	5	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	36. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: vi. Core length >3mm	93.1%	3.9%	2.9%	108	6	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	37. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: vii. Core length >5mm	87.3%	7.8%	4.9%	108	6	1	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	38. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: i. Core positivity >20%	52.0%	24.5%	23.5%	108	6	3	NA	NA	NA	NA	NA

3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	39. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: ii. Core positivity >33%	42.7%	30.1%	27.2%	108	5	4	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	40. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: iii. Core positivity ≥50%	26.2%	8.7%	65.0%	108	5	3	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	41. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: iv. Positive cores >2	25.2%	24.3%	50.5%	108	5	3	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	42. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: v. Positive cores >3	29.1%	15.5%	55.3%	108	5	3	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	43. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: vi. Core length >3mm	51.5%	23.3%	25.2%	108	5	3	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	44. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: vii. Core length >5mm	36.9%	28.2%	35.0%	108	5	4	NA	NA	NA	NA	NA
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	45. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: viii. Any disease extent (because Gleason 3+4=7/ISUP Grade 2 is an automatic exclusion)	78.6%	8.7%	12.6%	108	5	1	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging	46. If a patient has had upfront mpMRI followed by systematic and targeted biopsies, there is no need for	17.8%	7.5%	74.8%	108	1	2	NA	NA	NA	NA	NA

characteristics	confirmatory biopsies											
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	47. If targeted biopsies based upon mpMRI images are performed, the number of positive cores is not an indicator of extent of disease nor tumour volume	5.7%	22.6%	71.7%	108	2	1	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	48. The number of positive sextants based on systematic and/or targeted biopsies should be taken into account as an indicator of tumour volume	0.9%	11.1%	88.0%	108	0	1	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	49. The volume of the dominant lesion seen on mpMRI (PI-RADS V2 ≥3) should be taken into account as an indicator of tumour volume	2.8%	12.1%	85.0%	108	1	1	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	50. For inclusion, prostate biopsies should be performed by: i. mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) without systematic biopsies	86.9%	9.3%	3.7%	108	1	1	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	51. For inclusion, prostate biopsies should be performed by: ii. mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) with systematic biopsies	2.8%	3.7%	93.5%	108	1	1	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	52. For inclusion, prostate biopsies should be performed by: iii. Transperineal template biopsies instead of mpMRI-guided biopsies	71.0%	23.4%	5.6%	108	1	1	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	53. For inclusion, prostate biopsies should be performed by: iv. TRUS-guided systematic biopsies only	79.4%	15.9%	4.7%	108	1	1	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	54. Tumour volume (for ≤T2 disease) based purely on mpMRI characteristics is an important inclusion/exclusion criterion	32.4%	25.0%	42.6%	108	0	4	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	55. Disease aggressiveness (for ≤T2 disease) (e.g. low ADC value) based purely on mpMRI characteristics is an important inclusion/exclusion criterion	51.9%	33.0%	15.1%	108	2	3	NA	NA	NA	NA	NA
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	56. For inclusion, all patients need an mpMRI at some point	11.1%	5.6%	83.3%	108	0	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	57. During active surveillance in the first 2 yrs, men should have their PSA checked: i. Every 3 mo	37.4%	20.6%	42.1%	108	1	4	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	58. During active surveillance in the first 2 yrs, men should have their PSA checked: ii. Every 6 mo	13.1%	6.5%	80.4%	108	1	1	NA	NA	NA	NA	NA

5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	59. During active surveillance in the first 2 yrs, men should have their PSA checked: iii. Not checked at all	100.0%	0.0%	0.0%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	60. During active surveillance after the first 2 yrs, men should have their PSA checked: i. Every 3 mo	86.0%	8.4%	5.6%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	61. During active surveillance after the first 2 yrs, men should have their PSA checked: ii. Every 6 mo	2.8%	4.7%	92.5%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	62. During active surveillance after the first 2 yrs, men should have their PSA checked: iii. Not checked at all	100.0%	0.0%	0.0%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	63. During active surveillance, men should have a digital rectal examination (DRE):	9.3%	6.5%	84.1%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	64. During active surveillance, men should have a digital rectal examination (DRE): i. Every 3 mo	94.4%	5.6%	0.0%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	65. During active surveillance, men should have a digital rectal examination (DRE): ii. Every 6 mo	61.7%	12.1%	26.2%	108	1	3	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	66. During active surveillance, men should have a digital rectal examination (DRE): iii. Every 12 mo	16.8%	14.0%	69.2%	108	1	2	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	67. During active surveillance, men should have a digital rectal examination (DRE): iv. Not needed	84.1%	7.5%	8.4%	108	1	1					
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	68. During active surveillance, repeat biopsy should be performed: i. Every 12 mo	79.4%	9.3%	11.2%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	69. During active surveillance, repeat biopsy should be performed: ii. Every 24 mo	55.1%	17.8%	27.1%	108	1	3	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	70. During active surveillance, repeat biopsy should be performed: iii. Every 48 mo	77.6%	15.0%	7.5%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	71. During active surveillance, repeat biopsy should be performed: iv. At 1 yr, 4 ys and 7 yrs	20.8%	26.4%	52.8%	108	2	3	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	72. During active surveillance, repeat biopsy should be performed: v. Not routinely pre-planned unless triggered	62.6%	9.3%	28.0%	108	1	3	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	73. During active surveillance, repeat biopsy should be performed: vi. Triggered by a change in mpMRI (i.e. increase PI-RADS score, lesion volume or radiological T stage)	2.8%	3.7%	93.5%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	74. During active surveillance, repeat biopsy should be performed: vii. Triggered by PSA doubling time <3 yrs	13.2%	17.9%	68.9%	108	2	2	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and	75. During active surveillance, repeat biopsy should be performed: viii.	9.3%	6.5%	84.1%	108	1	1	NA	NA	NA	NA	NA

follow-up	Triggered by DRE progression											
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	76. If repeat biopsies are needed, they should be performed by: i. 10-12 core TRUS-guided	44.3%	18.9%	36.8%	108	2	4	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	77. If repeat biopsies are needed, they should be performed by: ii. mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) without systematic biopsies	70.1%	13.1%	16.8%	108	1	2	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	78. If repeat biopsies are needed, they should be performed by: iii. mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) with systematic biopsies	3.7%	2.8%	93.5%	108	1	1	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	79. If repeat biopsies are needed, they should be performed by: iv. Transperineal template biopsies instead of mpMRI-guided biopsies	69.8%	23.6%	6.6%	108	2	2	NA	NA	NA	NA	NA
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	80. If repeat biopsies are needed, they should be performed by: v. TRUS-guided systematic biopsies	57.0%	19.6%	23.4%	108	1	3	NA	NA	NA	NA	NA
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	81. Reclassification should only apply to patients with a life expectancy of ≥10 yrs at the time of assessment	7.6%	7.6%	84.8%	108	3	1	NA	NA	NA	NA	NA
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	82. Reclassification should only apply to patients with a life expectancy of ≥15 yrs at the time of assessment	34.3%	39.0%	26.7%	108	3	4	NA	NA	NA	NA	NA
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	83. Active surveillance should only be continued in patients with life expectancy of ≥10 yrs	9.5%	1.9%	88.6%	108	3	1	NA	NA	NA	NA	NA
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	84. Active surveillance should only be continued in patients with life expectancy of ≥15 yrs	38.1%	33.3%	28.6%	108	3	4	NA	NA	NA	NA	NA
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	85. Patient anxiety or depression is a valid reason for triggering reclassification (including active treatment)	6.5%	9.3%	84.1%	108	1	1	NA	NA	NA	NA	NA
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	86. Patient reluctance to undergo repeat biopsies or repeat imaging is a valid reason for triggering reclassification (including active treatment)	17.8%	18.7%	63.6%	108	1	2	NA	NA	NA	NA	NA

7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	87. PSA progression is sufficient to indicate reclassification in the absence of other factors.	72.2%	8.3%	19.4%	108	0	2	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	88. A rise in PSA mandates re-biopsy irrespective of other findings.	66.7%	14.8%	18.5%	108	0	2	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	89. A rise in PSA mandates re-imaging of the patient.	19.4%	14.8%	65.7%	108	0	2	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	90. A shortening of PSA doubling time: i. is sufficient to indicate reclassification in the absence of other factors	68.2%	16.8%	15.0%	108	1	2	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	91. A shortening of PSA doubling time: ii. Should only indicate reclassification if it falls below a defined threshold	39.6%	25.5%	34.9%	108	2	4	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	92. A shortening of PSA doubling time: iii. of < 36 mo indicates reclassification	65.7%	30.5%	3.8%	108	3	2	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	93. A shortening of PSA doubling time: iv. of < 24 mo indicates reclassification	47.6%	23.8%	28.6%	108	3	4	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	94. A shortening of PSA doubling time: v. even if minimal would indicate reclassification if accompanied by other PSA-based parameter changes	62.3%	30.2%	7.5%	108	2	2	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	95. A rise in PSA above an absolute threshold: i. of > 10 would indicate reclassification	67.0%	14.2%	18.9%	108	2	2	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	96. A rise in PSA above an absolute threshold: ii. of > 20 would indicate reclassification	24.5%	11.3%	64.2%	108	2	3	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	97. A PSA velocity: i. of > 0.75/yr would indicate reclassification	62.7%	36.3%	1.0%	108	6	2	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	98. A PSA velocity: ii. of > 1.0/yr would indicate reclassification	52.9%	37.3%	9.8%	108	6	3	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	99. An increase in PSA density: i. is sufficient to indicate reclassification in the absence of other factors	70.5%	27.6%	1.9%	108	3	1	NA	NA	NA	NA	NA

7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	100. An increase in PSA density: ii. would indicate reclassification if accompanied by other PSA-based parameter changes	42.9%	48.6%	8.6%	108	3	4	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	101. A change in PSA parameters which by itself is not sufficient, would indicate reclassification if accompanied by: i. changes in histology	0.9%	0.0%	99.1%	108	1	1	NA	NA	NA	NA	NA
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	102. A change in PSA parameters which by itself is not sufficient, would indicate reclassification if accompanied by: ii: changes in imaging	10.3%	20.6%	69.2%	108	1	2	NA	NA	NA	NA	NA
8. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 3. Based on histopathology grade	103. A higher Gleason score (or ISUP grade) on re-biopsy is required for reclassification	15.9%	3.7%	80.4%	108	1	2	NA	NA	NA	NA	NA
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	104. An increase in the number of positive cores on re-biopsy: i. indicates re-classification (i.e. no threshold needed)	65.7%	19.4%	14.8%	108	0	2	NA	NA	NA	NA	NA
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	105. An increase in the number of positive cores on re-biopsy: ii. if > 2 cores on re-biopsy indicates reclassification	58.3%	29.6%	12.0%	108	0	3	NA	NA	NA	NA	NA
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	106. An increase in the number of positive cores on re-biopsy: iii. If > 3 cores on re-biopsy indicates reclassification	40.7%	21.3%	38.0%	108	0	4	NA	NA	NA	NA	NA
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	107. An increase in the extent of core involvement: i. indicates re-classification (i.e. no threshold needed)	74.1%	19.4%	6.5%	108	0	1	NA	NA	NA	NA	NA
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	108. An increase in the extent of core involvement: ii. If > 20% of a core indicates reclassification	73.1%	24.1%	2.8%	108	0	1	NA	NA	NA	NA	NA
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	109. An increase in the extent of core involvement: iii. If > 33% of a core indicates reclassification	57.4%	30.6%	12.0%	108	0	3	NA	NA	NA	NA	NA
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	110. An increase in the extent of core involvement: iv. If > 50% of a core indicates reclassification	32.4%	28.7%	38.9%	108	0	4	NA	NA	NA	NA	NA

9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	111. An increase in the extent of core involvement: v. Is not important for Gleason 3+3=6/ISUP Grade 1 disease	33.3%	17.6%	49.1%	108	0	4	NA	NA	NA	NA	NA
10. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 5. Based on clinical extent	112. An increase in the clinical T-category based on DRE , as the sole criterion: i. If increase to cT2a, indicates reclassification	78.5%	15.9%	5.6%	108	1	1	NA	NA	NA	NA	NA
10. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 5. Based on clinical extent	113. An increase in the clinical T-category based on DRE , as the sole criterion: ii. If increase to cT2b indicates reclassification	56.1%	21.5%	22.4%	108	1	3	NA	NA	NA	NA	NA
10. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 5. Based on clinical extent	114. An increase in the clinical T-category based on DRE , as the sole criterion: iii. If increase to cT2c indicates reclassification	31.8%	5.6%	62.6%	108	1	3	NA	NA	NA	NA	NA
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	115. Radiological evidence of disease progression is sufficient to reclassify in the absence of other factors.	62.6%	15.0%	22.4%	108	1	3	NA	NA	NA	NA	NA
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	116. Radiological evidence of progression mandates an image-directed biopsy.	0.9%	4.7%	94.4%	108	1	1	NA	NA	NA	NA	NA
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	117. A new focus of cancer on repeat imaging indicates re-classification: i. Always	75.7%	19.6%	4.7%	108	1	1	NA	NA	NA	NA	NA
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	118. A new focus of cancer on repeat imaging indicates re-classification: ii. Only if accompanied by a re-biopsy	0.9%	4.7%	94.4%	108	1	1	NA	NA	NA	NA	NA
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	119. Increase in tumour volume (for ≤T2 disease) on imaging alone (i.e. in the absence of re-biopsy, PSA, etc.) indicates re-classification.	72.0%	21.5%	6.5%	108	1	1	NA	NA	NA	NA	NA
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	120. An increase in the PI-RADS score indicates reclassification in the absence of other features.	73.6%	16.0%	10.4%	108	2	1	NA	NA	NA	NA	NA
12. Reclassification (i.e. leaving active surveillance	121. Patient preference to switch to active treatment, regardless of other	5.6%	8.4%	86.0%	108	1	1	NA	NA	NA	NA	NA

for an active treatment) criteria. 7. Based on patient preference	factors, should trigger reclassification.											
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	122. Overall survival (i.e. how long you live, between your diagnosis and dying from any cause) is a critically important outcome for clinicians to measure for men on active surveillance	2.8%	0.9%	96.3%	108	0	1	6%	19%	75%	16	0
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	123. Prostate cancer-specific survival (i.e. how long you live, between your diagnosis and dying from prostate cancer) is a critically important outcome to measure for men on active surveillance	1.9%	0.0%	98.1%	108	0	1	6%	19%	75%	16	0
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	124. Progression to metastatic disease (i.e. your cancer spreading to other organs) is a critically important outcome to measure for men on active surveillance	0.0%	0.9%	99.1%	108	0	1	6%	0%	94%	16	0
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	125. Local progression (i.e. your cancer getting bigger or more advanced locally) is a critically important outcome to measure for men on active surveillance	1.9%	10.2%	88.0%	108	0	1	0%	0%	100%	16	0
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	126. Symptomatic progression (i.e. your cancer progressing locally to cause symptoms such as pain, bleeding in urine, difficulty in urinating, etc.) is a critically important outcome to measure for men on active surveillance	0.0%	1.9%	98.1%	108	0	1	0%	0%	100%	16	0
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	127. Re-classification (i.e. switching from active surveillance to active curative treatment e.g. surgery or radiotherapy) is a critically important outcome to measure for men on active surveillance	0.0%	3.7%	96.3%	108	0	1	0%	6%	94%	16	0
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	128. Urinary function (i.e. problems relating to passing urine) is a critically important outcome to measure for men on active surveillance	2.8%	11.1%	86.1%	108	0	1	0%	13%	87%	16	1
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	129. Sexual function (i.e. problems relating to erection, libido, ejaculation, etc.) is a critically important outcome to measure for men on active surveillance	1.9%	12.0%	86.1%	108	0	2	7%	27%	67%	16	1
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	130. Overall quality of life (i.e. satisfaction with general health and well-being) is a critically important outcome to measure for men on active surveillance	0.0%	0.9%	99.1%	108	0	1	0%	0%	100%	16	1

13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	131. Anxiety (due to your cancer or treatment) is a critically important outcome to measure for men on active surveillance	0.0%	1.9%	98.1%	108	0	1	7%	7%	87%	16	1
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	132. Depression (due to your cancer or treatment) is a critically important outcome to measure for men on active surveillance	0.0%	2.8%	97.2%	108	0	1	7%	7%	87%	16	1
Additional R2	9991. Biomarkers are useful in stratifying risk of disease progression for men undergoing active surveillance	25.0%	38.5%	36.5%	108	4	4	NA	NA	NA	NA	NA
Additional R3	9992. Men known to carry the BRAC2 mutation are ineligible for active surveillance	30.9%	30.9%	38.1%	108	11	4	NA	NA	NA	NA	NA

BRAC2 = DNA repair associated gene; DRE = digital-rectal examination; ECOG = Eastern Cooperative Oncology Group (performance status); HCP = healthcare professional; ISUP = International Society of Urological Pathology; mpMRI = multi-parametric magnetic resonance imaging; mo = month; N = number; NA = not applicable; PI-RADS = Prostate Imaging Reporting and Data System; PSA = prostate-specific antigen; TRUS = transrectal ultrasound; yr = year.

Table 4: Summary of characteristics of consensus meeting participants

Name	Role	Country of residence
Erik Briers	Patient	Belgium
Christopher Wallis	Urologist	Canada
Philippe Violette	Urologist	Canada
Jacques Irani	Chair (Urologist)	France
Alberto Bossi	Oncologist	France
Olivier Rouvière	Radiologist	France
Raphaele Renard-Penna	Radiologist	France
Nicolas Mottet	Urologist	France
Thomas Wiegel	Radiation Oncologist	Germany
Derya Tilki	Urologist	Germany
Michael Lardas	Urologist	Greece
Nikolaos Grivas	Urologist	Greece
Maurizio Colecchia	Pathologist	Italy
Giorgio Gandaglia	Urologist	Italy
Alberto Briganti	Urologist	Italy
Maria J Ribal	Urologist	Spain
Anders Bjartell	Urologist	Sweden
Christian Fankhauser	Urologist	Switzerland
Monique Roobol	Epidemiologist	The Netherlands
Arno Van Leenders	Pathologist	The Netherlands
Ruud Baanders	Patient	The Netherlands
Ivo Schoots	Radiologist	The Netherlands
Peter-Paul Willemse	Urologist	The Netherlands
Michiel Sedelaar	Urologist	The Netherlands
Chris Bangma	Urologist	The Netherlands
Theo van der Kwast	Pathologist	The Netherlands/Canada
Jeff Davies	Patient	United Kingdom
Jonathan Richenberg	Radiologist	United Kingdom
Malcolm Mason	Radiotherapist	United Kingdom

Thomas Lam	Urologist	United Kingdom
James N'Dow	Urologist	United Kingdom
Catherine Paterson	Urology Nurse Consultant & Research Fellow	United Kingdom
Karen Wilkinson	Uro-oncology Nurse Specialist	United Kingdom
Steven MacLennan	Chair (Methodologist)	United Kingdom
Philip Cornford	Urologist	United Kingdom
Silke Gillessen	Oncologist	United Kingdom/ Switzerland
Brett Cox	Radiation oncologist	United States

Table 5: Consensus Meeting: Summary of statements discussed, reviewed and voted upon, and consensus status – Consensus (Yes/No/Not voted*)

*Some items were discussed by the consensus meeting group and decided to have been superseded by the answer to a previous question and therefore not requiring a vote.

Domain	Item number from Delphi and description	% Disagree (1-3)	% Equivocal (4-6)	% Agree (7-9)	Total N	Consensus Yes/No/ Not voted
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	3. The appropriate life expectancy criterion for inclusion is: ii. ≥15 yrs	0%	0%	0%	NA	Not voted
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	4. Life expectancy in everyday practice is best evaluated by: i. Performance status (e.g. ECOG, Karnofsky)	0%	0%	0%	NA	Not voted
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	5. Life expectancy in everyday practice is best evaluated by: ii. Co-morbidity index measure (e.g. Charlson)	0%	0%	0%	NA	Not voted
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	6. Life expectancy in everyday practice is best evaluated by: iii. Health status screening (e.g. Geriatric 8 screening tool)	0%	0%	0%	NA	Not voted
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	8. Low-risk disease: i. is an automatic inclusion criterion regardless of other disease factors	0%	0%	0%	NA	Not voted
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	9. Low-risk disease: ii. is excluded if the extent of disease is high, based on biopsy core volume, length or number or proportion of core positivity	46%	15%	39%	28	No
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	10. Low-risk disease: iii. is excluded if the extent and/or stage of disease is high based on mpMRI	7%	9%	84%	30	Yes
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	11. Low-risk disease: iv. is excluded if mpMRI suggests biologically-aggressive disease	23%	27%	50%	30	No
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	12. Gleason 3+4=7 (ISUP grade 2): i. is an automatic exclusion criterion	80%	6%	13%	29	Yes
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	15. Gleason 4+3=7 (ISUP grade 3): ii. can be included only if favourable characteristics are present, including PSA (<10), clinical stage (≤cT2a) and biopsy characteristics (low core positivity)	97%	3%	0%	27	Yes
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	17. PSA:ii. >20ng/ml is an automatic exclusion criterion, regardless of other disease characteristics	55%	0%	45%	29	No
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	18. PSA density: i. is an important inclusion criterion	7%	15%	78%	28	Yes
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	19. PSA density: ii. for inclusion should be ≤ 0.15ng/ml per g	12%	24%	64%	24	No
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	20. PSA density: iii. for inclusion should be ≤ 0.20ng/ml per g	52%	32%	16%	25	No
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	21. Clinical stage: i. ≥T2b is an automatic exclusion criterion, regardless of other disease characteristics	78%	9%	13%	23	Yes
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	22. Clinical stage: ii. ≥T2c is an automatic exclusion criterion, regardless of other disease characteristics	8%	0%	92%	26	Yes
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	33. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: iii. Core positivity ≥50%	92%	4%	4%	23	Yes
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	38. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: i. Core positivity >20%	64%	18%	18%	28	No
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	39. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: ii. Core positivity >33%	48%	24%	28%	25	No

3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	40. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: iii. Core positivity ≥50%	30%	33%	37%	27	No
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	41. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: iv. Positive cores >2	34%	18%	48%	27	No
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	42. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: v. Positive cores >3	30%	19%	51%	27	No
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	43. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: vi. Core length >3mm	64%	24%	12%	25	No
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	44. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: vii. Core length >5mm	50%	27%	23%	26	No
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	46. If a patient has had upfront mpMRI followed by systematic and targeted biopsies, there is no need for confirmatory biopsies	10%	8%	82%	28	Yes
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	54. Tumour volume (for ≤T2 disease) based purely on mpMRI characteristics is an important inclusion/exclusion criterion	68%	0%	32%	25	No
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	55. Disease aggressiveness (for ≤T2 disease) (e.g. low ADC value) based purely on mpMRI characteristics is an important inclusion/exclusion criterion	74%	14%	12%	27	Yes
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	57. During active surveillance in the first 2 yrs, men should have their PSA checked: i. Every 3 mo	27%	10%	63%	29	No
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	65. During active surveillance, men should have a digital rectal examination (DRE): ii. Every 6 mo	79%	4%	17%	28	No
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	66. During active surveillance, men should have a digital rectal examination (DRE): iii. Every 12 mo	10%	17%	72%	29	Yes
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	69. During active surveillance, repeat biopsy should be performed: ii. Every 24 mo	73%	10%	17%	30	No
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	71. During active surveillance, repeat biopsy should be performed: iv. At 1 yr, 4 yrs and 7 yrs	22%	30%	48%	27	No
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	72. During active surveillance, repeat biopsy should be performed: v. Not routinely pre-planned unless triggered	59%	6%	35%	29	No
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	74. During active surveillance, repeat biopsy should be performed: vii. Triggered by PSA doubling time <3 yrs	18%	19%	64%	28	No
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	76. If repeat biopsies are needed, they should be performed by: i. 10-12 core TRUS-guided	0%	0%	0%	NA	Not voted
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	77. If repeat biopsies are needed, they should be performed by: ii. mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) without systematic biopsies	81%	3%	16%	30	No
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	79. If repeat biopsies are needed, they should be performed by: iv. Transperineal template biopsies instead of mpMRI-guided biopsies	90%	10%	0%	29	Yes
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	80. If repeat biopsies are needed, they should be performed by: v. TRUS-guided systematic biopsies	0%	0%	0%	NA	Not voted
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on	82. Reclassification should only apply to patients with a life expectancy of ≥15 yrs at the time of assessment	0%	0%	0%	NA	Not voted

patient characteristics						
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	84. Active surveillance should only be continued in patients with life expectancy of ≥15 yrs	0%	0%	0%	NA	Not voted
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	86. Patient reluctance to undergo repeat biopsies or repeat imaging is a valid reason for triggering reclassification (including active treatment)	11%	11%	78%	28	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	87. PSA progression is sufficient to indicate reclassification in the absence of other factors.	84%	3%	13%	31	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	88. A rise in PSA mandates re-biopsy irrespective of other findings.	89%	0%	11%	28	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	89. A rise in PSA mandates re-imaging of the patient.	47%	11%	42%	28	No
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	90. A shortening of PSA doubling time: i. is sufficient to indicate reclassification in the absence of other factors	86%	6%	8%	29	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	91. A shortening of PSA doubling time: ii. Should only indicate reclassification if it falls below a defined threshold	38%	16%	46%	26	No
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	92. A shortening of PSA doubling time: iii. of < 36 mo indicates reclassification	92%	4%	4%	28	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	93. A shortening of PSA doubling time: iv. of < 24 mo indicates reclassification	0%	0%	0%	NA	Not voted
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	94. A shortening of PSA doubling time: v. even if minimal would indicate reclassification if accompanied by other PSA-based parameter changes	96%	4%	0%	25	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	95. A rise in PSA above an absolute threshold: i. of > 10 would indicate reclassification	86%	7%	7%	29	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	96. A rise in PSA above an absolute threshold: ii. of > 20 would indicate reclassification	34%	11%	55%	27	Not voted
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	97. A PSA velocity: i. of > 0.75/yr would indicate reclassification	92%	4%	4%	25	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	98. A PSA velocity: ii. of > 1.0/yr would indicate reclassification	93%	6%	0%	27	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	100. An increase in PSA density: ii. would indicate reclassification if accompanied by other PSA-based parameter changes	82%	11%	7%	28	Yes
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	102. A change in PSA parameters which by itself is not sufficient, would indicate reclassification if accompanied by: ii: changes in imaging	48%	18%	34%	27	No
8. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 3. Based on histopathology grade	103. A higher Gleason score (or ISUP grade) on re-biopsy is required for reclassification	27%	10%	63%	30	No
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	104. An increase in the number of positive cores on re-biopsy: i. indicates re-classification (i.e. no threshold needed)	89%	0%	11%	27	Yes
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	105. An increase in the number of positive cores on re-biopsy: ii. if > 2 cores on re-biopsy indicates reclassification	77%	4%	19%	26	No
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	106. An increase in the number of positive cores on re-biopsy: iii. If > 3 cores on re-biopsy indicates reclassification	64%	12%	24%	25	No
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	109. An increase in the extent of core involvement: iii. If > 33% of a core indicates reclassification	86%	4%	10%	27	Yes

9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	110. An increase in the extent of core involvement: iv. If > 50% of a core indicates reclassification	84%	8%	8%	25	Yes
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	111. An increase in the extent of core involvement: v. Is not important for Gleason 3+3=6/ISUP Grade 1 disease	20%	8%	72%	25	No
10. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 5. Based on clinical extent	113. An increase in the clinical T-category based on DRE , as the sole criterion: ii. If increase to cT2b indicates reclassification	88%	4%	8%	27	Yes
10. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 5. Based on clinical extent	114. An increase in the clinical T-category based on DRE , as the sole criterion: iii. If increase to cT2c indicates reclassification	42%	26%	32%	24	No
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	115. Radiological evidence of disease progression is sufficient to reclassify in the absence of other factors.	92%	0%	8%	26	Yes
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	129. Sexual function (i.e. problems relating to erection, libido, ejaculation, etc.) is a critically important outcome to measure for men on active surveillance	3%	7%	90%	30	Yes
Additional R2	9991. Biomarkers are useful in stratifying risk of disease progression for men undergoing active surveillance	41%	28%	31%	22	No
Additional R3	9992. Men known to carry the BRAC2 mutation are ineligible for active surveillance	63%	21%	16%	19	No

BRAC2 = DNA repair associated gene; DRE = digital-rectal examination; ECOG = Eastern Cooperative Oncology Group (performance status); HCP = healthcare professional; ISUP = International Society of Urological Pathology; mo = month; mpMRI = multi-parametric magnetic resonance imaging; N = number; NA = not applicable; PSA = prostate-specific antigen; TRUS = transrectal ultrasound; yr = year.

Table 6: Final consensus statements from DETECTIVE Study

Domain	Item Number in Delphi and description	Consensus stage (Delphi/ Meeting)	Direction of Consensus (Agree/ disagree)
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	1. There is no lower nor upper age limit for inclusion as long as the appropriate life expectancy criterion is fulfilled	Delphi	Agree
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	2. The appropriate life expectancy criterion for inclusion is: i. ≥10 yrs	Delphi	Agree
1. Patient eligibility, inclusion and exclusion criteria. 1. Age and life expectancy	7. Life expectancy in everyday practice is best evaluated by: iv. Combination of performance status, co-morbidity index and health status screening	Delphi	Agree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	10. Low-risk disease: iii. is excluded if the extent and/or stage of disease is high based on mpMRI	Meeting	Agree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	12. Gleason 3+4=7 (ISUP grade 2): i. is an automatic exclusion criterion	Meeting	Disagree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	13. Gleason 3+4=7 (ISUP grade 2): ii. can be included only if favourable characteristics are present, including PSA (<10), clinical stage (≤cT2a) and biopsy characteristics (low core positivity)	Delphi	Agree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	14. Gleason 4+3=7 (ISUP grade 3): i. is an automatic exclusion criterion.	Delphi	Agree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	15. Gleason 4+3=7 (ISUP grade 3): ii. can be included only if favourable characteristics are present, including PSA (<10), clinical stage (≤cT2a) and biopsy characteristics (low core positivity)	Meeting	Disagree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	16. PSA :i. >10ng/ml is an automatic exclusion criterion, regardless of other disease characteristics	Delphi	Disagree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	18. PSA density: i. is an important inclusion criterion	Meeting	Agree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	21. Clinical stage: i. ≥T2b is an automatic exclusion criterion, regardless of other disease characteristics	Meeting	Disagree
2. Patient eligibility, inclusion and exclusion criteria. 2. Risk classification	22. Clinical stage: ii. ≥T2c is an automatic exclusion criterion, regardless of other disease characteristics	Meeting	Agree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	23. Targeted biopsies should be reported separately from systematic biopsies	Delphi	Agree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	24. The extent of disease should be reported in: i. length (mm)	Delphi	Agree
3. Patient eligibility, inclusion and exclusion	25. The extent of disease should be reported in: ii. % tumour volume (as a proportion	Delphi	Agree

criteria. 3. Pathology characteristics	of total volume of core)		
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	26. ISUP grade (Gleason score) should be reported for each positive core	Delphi	Agree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	27. Percentage of Gleason pattern 4 carcinoma should be provided for each biopsy site with Gleason score 7 carcinoma	Delphi	Agree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	28. Intraductal and cribriform histology are exclusion criteria	Delphi	Agree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	29. When systematic biopsies are performed, the extent of disease based on histological characteristics (e.g. core length, core volume, core positivity, etc.) is an important inclusion/exclusion criterion	Delphi	Agree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	30. Extent of disease on histology is important even for Gleason 3+3=6/ISUP Grade 1 disease because it may lead to patients being excluded	Delphi	Agree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	31. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: i. Core positivity >20%	Delphi	Disagree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	32. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: ii. Core positivity >33%	Delphi	Disagree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	33. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: iii. Core positivity ≥50%	Meeting	Disagree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	34. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: iv. Positive cores >2	Delphi	Disagree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	35. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: v. Positive cores >3	Delphi	Disagree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	36. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: vi. Core length >3mm	Delphi	Disagree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	37. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+3=6/ISUP Grade 1 disease is: vii. Core length >5mm	Delphi	Disagree
3. Patient eligibility, inclusion and exclusion criteria. 3. Pathology characteristics	45. The threshold of disease extent beyond which patients are automatically excluded based on systematic biopsy regardless of other disease characteristics for Gleason 3+4=7/ISUP Grade 2 disease is: viii. Any disease extent (because Gleason 3+4=7/ISUP Grade 2 is an automatic exclusion)	Delphi	Disagree

4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	46. If a patient has had upfront mpMRI followed by systematic and targeted biopsies, there is no need for confirmatory biopsies	Meeting	Agree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	47. If targeted biopsies based upon mpMRI images are performed, the number of positive cores is not an indicator of extent of disease nor tumour volume	Delphi	Agree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	48. The number of positive sextants based on systematic and/or targeted biopsies should be taken into account as an indicator of tumour volume	Delphi	Agree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	49. The volume of the dominant lesion seen on mpMRI (PI-RADS V2 ≥3) should be taken into account as an indicator of tumour volume	Delphi	Agree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	50. For inclusion, prostate biopsies should be performed by: i. mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) without systematic biopsies	Delphi	Disagree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	51. For inclusion, prostate biopsies should be performed by: ii. mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) with systematic biopsies	Delphi	Agree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	52. For inclusion, prostate biopsies should be performed by: iii. Transperineal template biopsies instead of mpMRI-guided biopsies	Delphi	Disagree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	53. For inclusion, prostate biopsies should be performed by: iv. TRUS-guided systematic biopsies only	Delphi	Disagree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	55. Disease aggressiveness (for ≤T2 disease) (e.g. low ADC value) based purely on mpMRI characteristics is an important inclusion/exclusion criterion	Meeting	Disagree
4. Patient eligibility, inclusion and exclusion criteria. 4. Imaging characteristics	56. For inclusion, all patients need an mpMRI at some point	Delphi	Agree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	58. During active surveillance in the first 2 yrs, men should have their PSA checked: ii. Every 6 mo	Delphi	Agree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	59. During active surveillance in the first 2 yrs, men should have their PSA checked: iii. Not checked at all	Delphi	Disagree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	60. During active surveillance after the first 2 yrs, men should have their PSA checked: i. Every 3 mo	Delphi	Disagree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	61. During active surveillance after the first 2 yrs, men should have their PSA checked: ii. Every 6 mo	Delphi	Agree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	62. During active surveillance after the first 2 yrs, men should have their PSA checked: iii. Not checked at all	Delphi	Disagree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	63. During active surveillance, men should have a digital rectal examination (DRE):	Delphi	Agree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	64. During active surveillance, men should have a digital rectal examination (DRE): i. Every 3 mo	Delphi	Disagree
5. Monitoring and follow-up criteria. 1.	66. During active surveillance, men should have a digital rectal examination (DRE): iii.	Meeting	Agree

Monitoring and follow-up	Every 12 mo		
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	67. During active surveillance, men should have a digital rectal examination (DRE): iv. Not needed	Delphi	Disagree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	68. During active surveillance, repeat biopsy should be performed: i. Every 12 mo	Delphi	Disagree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	70. During active surveillance, repeat biopsy should be performed: iii. Every 48 mo	Delphi	Disagree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	73. During active surveillance, repeat biopsy should be performed: vi. Triggered by a change in mpMRI (i.e. increase PI-RADS score, lesion volume or radiological T stage)	Delphi	Agree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	75. During active surveillance, repeat biopsy should be performed: viii. Triggered by DRE progression	Delphi	Agree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	78. If repeat biopsies are needed, they should be performed by: iii. mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) with systematic biopsies	Delphi	Agree
5. Monitoring and follow-up criteria. 1. Monitoring and follow-up	79. If repeat biopsies are needed, they should be performed by: iv. Transperineal template biopsies instead of mpMRI-guided biopsies	Meeting	Disagree
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	81. Reclassification should only apply to patients with a life expectancy of ≥10 yrs at the time of assessment	Delphi	Agree
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	83. Active surveillance should only be continued in patients with life expectancy of ≥10 yrs	Delphi	Agree
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	85. Patient anxiety or depression is a valid reason for triggering reclassification (including active treatment)	Delphi	Agree
6. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 1. Based on patient characteristics	86. Patient reluctance to undergo repeat biopsies or repeat imaging is a valid reason for triggering reclassification (including active treatment)	Meeting	Agree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	87. PSA progression is sufficient to indicate reclassification in the absence of other factors.	Meeting	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	88. A rise in PSA mandates re-biopsy irrespective of other findings.	Meeting	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	90. A shortening of PSA doubling time: i. is sufficient to indicate reclassification in the absence of other factors	Meeting	Disagree

7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	92. A shortening of PSA doubling time: iii. of < 36 mo indicates reclassification	Meeting	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	94. A shortening of PSA doubling time: v. even if minimal would indicate reclassification if accompanied by other PSA-based parameter changes	Meeting	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	95. A rise in PSA above an absolute threshold: i. of > 10 would indicate reclassification	Meeting	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	97. A PSA velocity: i. of > 0.75/yr would indicate reclassification	Meeting	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	98. A PSA velocity: ii. of > 1.0/yr would indicate reclassification	Meeting	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	99. An increase in PSA density: i. is sufficient to indicate reclassification in the absence of other factors	Delphi	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	100. An increase in PSA density: ii. would indicate reclassification if accompanied by other PSA-based parameter changes	Meeting	Disagree
7. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 2. Based on PSA	101. A change in PSA parameters which by itself is not sufficient, would indicate reclassification if accompanied by: i. changes in histology	Delphi	Agree
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	104. An increase in the number of positive cores on re-biopsy: i. indicates re-classification (i.e. no threshold needed)	Meeting	Disagree
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	107. An increase in the extent of core involvement: i. indicates re-classification (i.e. no threshold needed)	Delphi	Disagree
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	108. An increase in the extent of core involvement: ii. If > 20% of a core indicates reclassification	Delphi	Disagree
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4. Based on histopathology extent	109. An increase in the extent of core involvement: iii. If > 33% of a core indicates reclassification	Meeting	Disagree
9. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 4.	110. An increase in the extent of core involvement: iv. If > 50% of a core indicates reclassification	Meeting	Disagree

Based on histopathology extent			
10. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 5. Based on clinical extent	112. An increase in the clinical T-category based on DRE , as the sole criterion: i. If increase to cT2a, indicates reclassification	Delphi	Disagree
10. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 5. Based on clinical extent	113. An increase in the clinical T-category based on DRE , as the sole criterion: ii. If increase to cT2b indicates reclassification	Meeting	Disagree
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	115. Radiological evidence of disease progression is sufficient to reclassify in the absence of other factors.	Meeting	Disagree
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	116. Radiological evidence of progression mandates an image-directed biopsy.	Delphi	Agree
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	117. A new focus of cancer on repeat imaging indicates re-classification: i. Always	Delphi	Disagree
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	118. A new focus of cancer on repeat imaging indicates re-classification: ii. Only if accompanied by a re-biopsy	Delphi	Agree
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	119. Increase in tumour volume (for ≤T2 disease) on imaging alone (i.e. in the absence of re-biopsy, PSA, etc.) indicates re-classification.	Delphi	Disagree
11. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 6. Based on imaging	120. An increase in the PI-RADS score indicates reclassification in the absence of other features.	Delphi	Disagree
12. Reclassification (i.e. leaving active surveillance for an active treatment) criteria. 7. Based on patient preference	121. Patient preference to switch to active treatment, regardless of other factors, should trigger reclassification.	Delphi	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	122. Overall survival (i.e. how long you live, between your diagnosis and dying from any cause) is a critically important outcome for clinicians to measure for men on active surveillance	Delphi	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	123. Prostate cancer-specific survival (i.e. how long you live, between your diagnosis and dying from prostate cancer) is a critically important outcome to measure for men on active surveillance	Delphi	Agree
13. Outcome measures. Primary outcome	124. Progression to metastatic disease (i.e. your cancer spreading to other organs) is	Delphi	Agree

measures which must be measured and prioritised by all active surveillance programmes	a critically important outcome to measure for men on active surveillance		
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	125. Local progression (i.e. your cancer getting bigger or more advanced locally) is a critically important outcome to measure for men on active surveillance	Delphi	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	126. Symptomatic progression (i.e. your cancer progressing locally to cause symptoms such as pain, bleeding in urine, difficulty in urinating, etc.) is a critically important outcome to measure for men on active surveillance	Delphi	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	127. Re-classification (i.e. switching from active surveillance to active curative treatment e.g. surgery or radiotherapy) is a critically important outcome to measure for men on active surveillance	Delphi	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	128. Urinary function (i.e. problems relating to passing urine) is a critically important outcome to measure for men on active surveillance	Delphi	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	129. Sexual function (i.e. problems relating to erection, libido, ejaculation, etc.) is a critically important outcome to measure for men on active surveillance	Meeting	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	130. Overall quality of life (i.e. satisfaction with general health and well-being) is a critically important outcome to measure for men on active surveillance	Delphi	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	131. Anxiety (due to your cancer or treatment) is a critically important outcome to measure for men on active surveillance	Delphi	Agree
13. Outcome measures. Primary outcome measures which must be measured and prioritised by all active surveillance programmes	132. Depression (due to your cancer or treatment) is a critically important outcome to measure for men on active surveillance	Delphi	Agree

ADC = apparent diffusion coefficient; BRAC2 = DNA repair associated gene; DRE = digital-rectal examination; ISUP = International Society of Urological Pathology; mo = month; mpMRI = multi-parametric magnetic resonance imaging; PI-RADS = Prostate Imaging Reporting and Data System; PSA = prostate-specific antigen; TRUS = transrectal ultrasound; yr = year.

Table 7: Recommendations based on consensus statements from DETECTIVE Study

Recommendations
Eligibility, inclusion and exclusion criteria
1. For inclusion, patients must have a life expectancy ≥10 years but there is no lower nor upper age limit for inclusion.
2. Evaluate life expectancy using a combination of performance status, co-morbidity index and health status screening.
3. Patients with low-risk localised disease should be excluded if the extent and/or stage of disease is high based on mpMRI.
4. Patients with Gleason 3+4=7 (ISUP grade 2) should NOT be automatically excluded, if favourable characteristics are present, including PSA (<10), clinical stage (≤cT2a) and biopsy characteristics (low core positivity).
5. Patients with Gleason 4+3=7 (ISUP grade 3) should be automatically excluded.
6. Patients with PSA >10ng/ml should NOT be automatically excluded; instead PSA density should be utilised. However, the thresholds for inclusion/exclusion based on PSA density remain uncertain.
7. Patients with cT2b should NOT be automatically excluded.
8. Patients with ≥T2c should be automatically excluded.
9. Following targeted and systematic biopsies, the results of targeted biopsies should be reported separately from those of systematic biopsies.
10. Following prostate biopsies, the extent of disease should be reported in length (in mm) or % tumour volume (as a proportion of total volume of core).
11. Following prostate biopsies, the ISUP grade (Gleason sum score) should be reported for each positive core.
12. Following prostate biopsies, percentage of Gleason pattern 4 carcinoma should be provided for each biopsy site with Gleason score 7 carcinoma.
13. Patients with intraductal and cribriform histology on biopsy should be automatically excluded.
14. When systematic biopsies are performed, the extent of disease based on histological characteristics (e.g. core length, core volume, core positivity, etc.) should be reported as it influences inclusion and exclusion criteria.
15. Patients with Gleason 3+3=6/ISUP Grade 1 disease should be excluded if they have a high extent of disease on histology. However, the definition of 'high extent' remains uncertain.

16. There is no need for confirmatory biopsies if an upfront mpMRI followed by systematic and targeted biopsies have been performed.
17. If targeted biopsies based on mpMRI images have been performed, the number of positive cores should not be used as an indicator of extent of disease nor tumour volume. Instead, the number of positive sextants based on systematic and/or targeted biopsies should be considered as an indicator of tumour volume.
18. The volume of the dominant lesion seen on mpMRI (PI-RADS V2 ≥3) should be considered as an indicator of tumour volume.
19. For inclusion, prostate biopsies should be performed by mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) with systematic biopsies.
20. Patients with ≤T2 disease should NOT be automatically excluded on the basis of disease aggressiveness (e.g. low ADC values) based purely on mpMRI characteristics.
21. Perform mpMRI at some point for inclusion.
Monitoring and follow-up criteria
22. During active surveillance, men should have their PSA checked every 6 mo.
23. During active surveillance, men should have a digital rectal examination (DRE) every 12 mo.
24. During active surveillance, repeat biopsy should be performed if there is a change in mpMRI (i.e. increase in PI-RADS score, lesion volume or radiological T stage), or by DRE Progression or PSA progression. However, it remains unclear if repeat biopsy should be performed in the absence of any triggers (i.e. protocol-mandated).
25. If repeat biopsies are needed, they should be performed by mpMRI-guided targeted biopsies (including in-bore, cognitive guidance or mpMRI fusion) with systematic biopsies. However, it remains unclear when mpMRI should be performed during monitoring, and whether it should be performed routinely or triggered (e.g. by PSA or DRE changes.
26. Active surveillance should only be continued in patients if their life expectancy continues to be ≥10 yrs.
Reclassification criteria (i.e. leaving active surveillance for an active treatment)
27. Reclassification should only apply to patients with a life expectancy of ≥10 yrs at the time of assessment.
28. Consider reclassifying patients if they develop anxiety or depression due to prostate cancer.
29. Consider reclassifying patients if they are reluctant to undergo repeat biopsies or repeat imaging.
30. Patients should NOT be automatically reclassified based on PSA progression (including level of PSA, PSA kinetics or PSA density) alone in the absence of other

factors. PSA progression should only lead to reclassification if accompanied by changes in histology on repeat biopsy (i.e. upgrade in Gleason sum score/ISUP Grade).
31. Patients should NOT be automatically reclassified based on histological changes showing increase in disease extent (e.g. core positivity, % involvement of core, etc.) as the sole criterion.
32. Patients should NOT be automatically reclassified based on DRE showing an increase in clinical stage to cT2a or cT2b as the sole criterion.
33. Patients should NOT be automatically reclassified based on radiological evidence of disease progression as the sole criterion. Instead, radiological evidence of progression mandates an image-directed biopsy and only reclassify patients if this confirms upgraded disease.
34. Patients should NOT be automatically reclassified based on a new focus of cancer shown on repeat imaging; instead they should only be reclassified if image-directed biopsy confirms upgraded disease.
35. Patients should NOT be automatically reclassified based on an increase in tumour volume (for ≤T2 disease) on imaging alone (i.e. in the absence of re-biopsy, PSA, etc.); instead this mandates an image-directed biopsy and only reclassify patients if this confirms upgraded disease.
36. Patients should NOT be automatically reclassified based on an increase in the PI-RADS score as the sole criterion.
37. Consider reclassifying patients if they choose to undergo active treatment, independent of other factors.
Outcome measures which must be prioritised
38. The following outcome measures should be prioritised in all protocols of deferred active treatment: Overall survival Prostate cancer-specific survival Progression to metastatic stage Local progression Symptomatic progression Reclassification Urinary function Sexual function Overall quality of life (QoL) Anxiety Depression

ADC = apparent diffusion coefficient; DRE = digital-rectal examination; ISUP = International Society of Urological Pathology; mpMRI = multi-parametric magnetic resonance imaging; PI-RADS = Prostate Imaging Reporting and Data System; PSA = prostate-specific antigen.