



Pre-Operative Assessment of Personalized Treatment Priorities

Please rank the following surgical outcomes by your personal priority, 10 being your highest priority. There is no right answer. You may only select a single 10, a single 9, a single 8 etc.

Continence:

A- Absence of total incontinence

1 2 3 4 5 6 7 8 9 10

B- Complete urinary control (no leakage)

1 2 3 4 5 6 7 8 9 10

Safety of the operation

A- No major complications (eg. heart attack, kidney failure, need for reoperation)

1 2 3 4 5 6 7 8 9 10

B- No minor complications (eg. prolonged catheterization, urinary tract infection)

1 2 3 4 5 6 7 8 9 10

Cancer Control / No Biochemical Recurrence

1 2 3 4 5 6 7 8 9 10

Potency:

A- Absence of complete ED (Erections firm enough for intercourse >50% of the time)

1 2 3 4 5 6 7 8 9 10

B- Normal erectile function (Erections firm enough for intercourse whenever you want them)

1 2 3 4 5 6 7 8 9 10

No blood transfusion:

1 2 3 4 5 6 7 8 9 10

Cost:

1 2 3 4 5 6 7 8 9 10

No urethral catheter:

1 2 3 4 5 6 7 8 9 10

Figure S1 Pre-operative assessment of personalized treatment priorities.