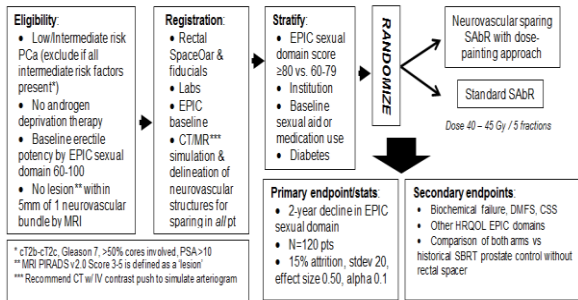


Trial Schema



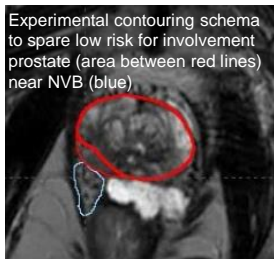
Patient talking points

- While achieving high survival rates, standard surgery or radiation for localized prostate cancer results in erectile dysfunction (ED) or loss of sexual function in 50% or more of men
- Nerves and blood vessels supplying the penis surround the prostate and are damaged during radiation or surgery
- In this study, we are testing the ability of SAbR, a highly focused radiation technique, with detailed MR imaging and a rectal spacer hydrogel (SpaceOAR®, Augmenix) to spare these neurovascular elements and hopefully reduce ED
- If you choose to participate, you will be randomly offered either standard SAbR therapy or SAbR with reduced dose to neurovascular structures and followed with quality of life questionnaires.

Eligibility Summary (see protocol for full criteria)

- Age \geq 18 years & ECOG/Zubrod 0-2
- AJCC 7th cT1-T2N0M0 (DRE optional)
- Gleason 6-7 (template bx recommended. If only fusion bx, all PIRADS v2 score 4-5 must be sampled)
- Serum PSA \leq 20 ng/mL
- Baseline AUA symptom score \leq 19
- EPIC sexual domain composite score 60-100 (Key inclusion)**
- mpMRI prostate required with confirmed $>$ 5mm minimum distance from at least once side's neurovascular bundle to nearest lesion (defined PIRADS v2 score 3-5). See example image.
- Gland size \leq 80 gm (consider cytoreduction for $>$ 60gm size)
- No androgen deprivation therapy
- No significant penile malformation or implant
- Men must not require ED medication or device to achieve erections sufficient for intercourse.
- No prior TURP
- Testosterone $>$ 280 ng/dL
- MRI equivocal ECE opposite to spared side allowed at investigator discretion
- Pts may not have all 3 int risk features (PSA $>$ 10, cT2b-c, Gleason 7) AND \geq 50% template cores involved

Experimental contouring schema to spare low risk for involvement prostate (area between red lines) near NVB (blue)



Example $>$ 5mm to NVB measure

