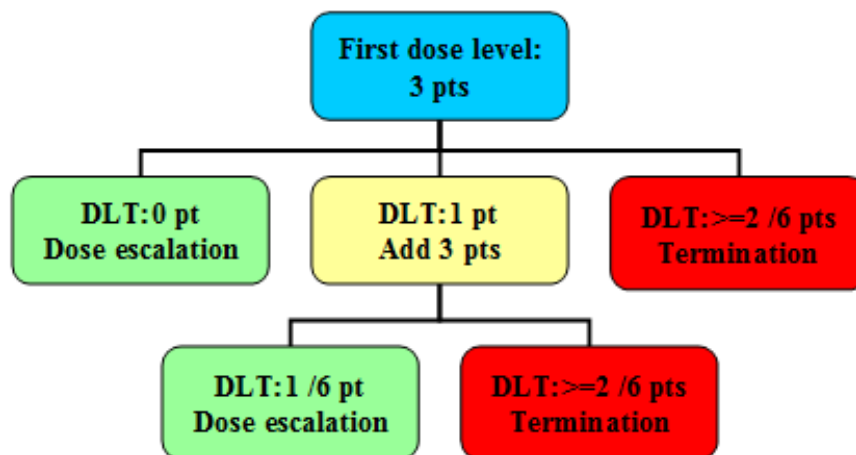
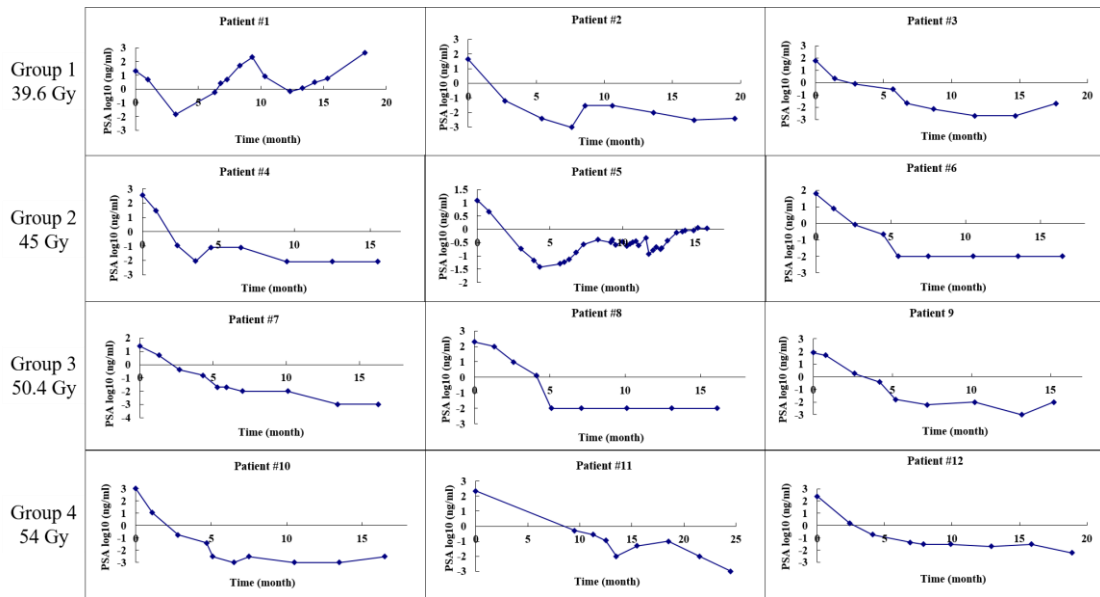


Supplementary Figure 1. General treatment design of neoadjuvant radiohormonal therapy. The patient was first administered with ADT for 1 month, followed by neoadjuvant radiotherapy. After a 5- to 14-week interval, robotic-assisted radical prostatectomy plus extended pelvic lymph node dissection was delivered. ADT was carried on for at least 2 years postoperatively. Salvage therapy was delivered in case of treatment failure or disease progression. ADT, androgen deprivation therapy; naRT, neoadjuvant radiotherapy; RP, radical prostatectomy.



Supplementary Figure 2. Graphical depiction of 3+3 dose-escalation for radiotherapy. DLT, dose-limiting toxicity; MTD, maximum tolerable dose; Pt, patient.



Supplementary Figure 3. PSA changes (depicted in IgPSA) in every individual patient during the treatment course. The first four values were acquired before enrollment, before naRT, after naRT, and before RARP, respectively. Subsequent PSA values were acquired monthly after RARP. PSA, prostate-specific antigen; naRT, neoadjuvant radiotherapy; RARP, robotic-assisted radical prostatectomy.