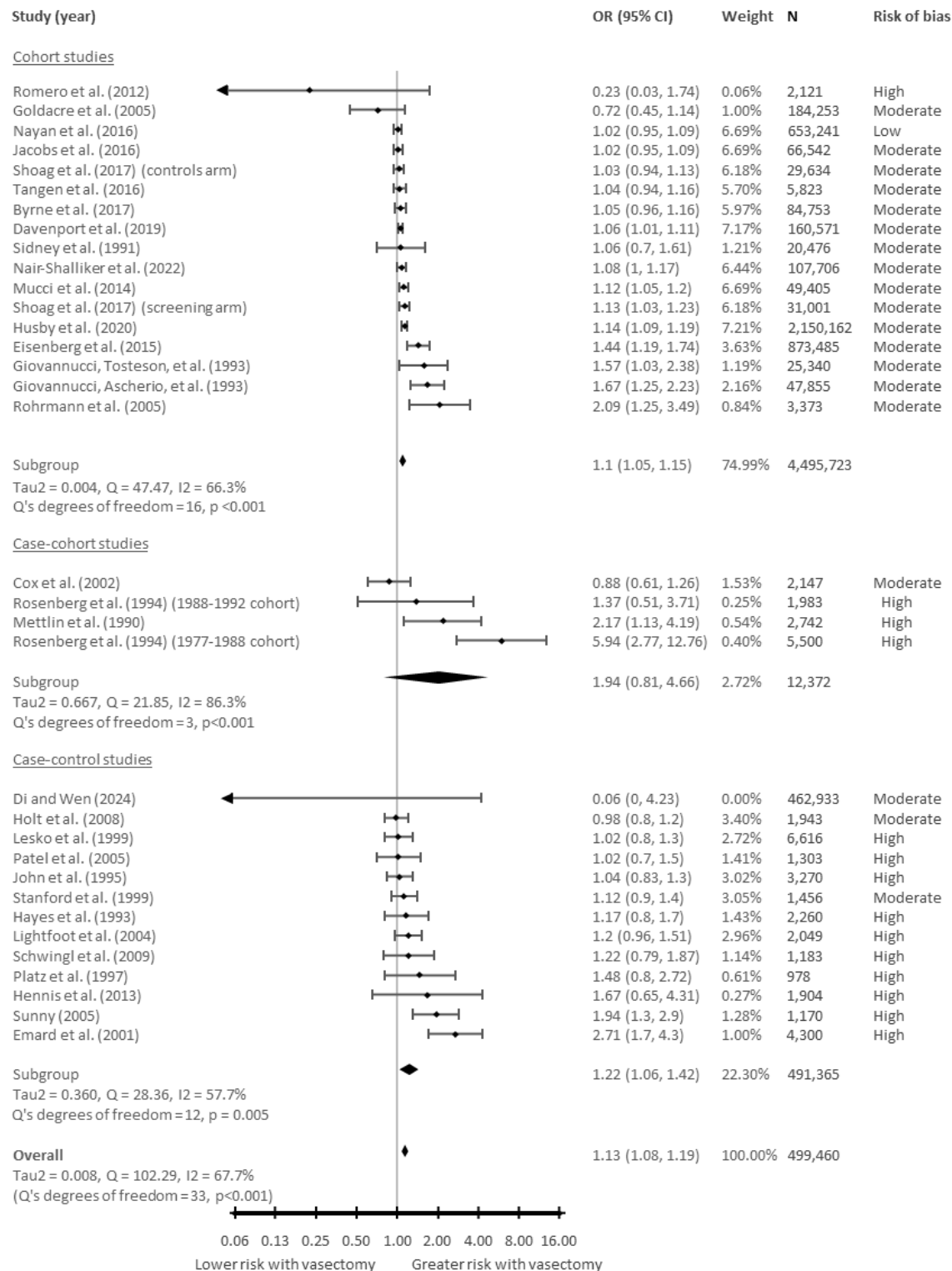
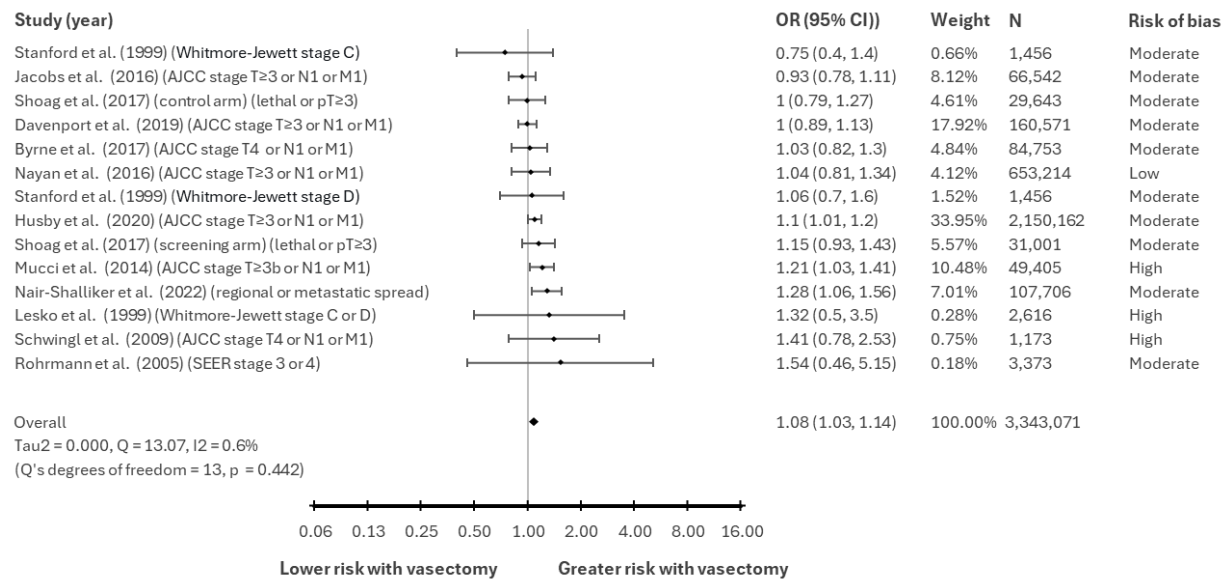


# Appendix A

Figure 1. Meta-analysis of the association between vasectomy and prostate cancer: Subgroup analysis by study design

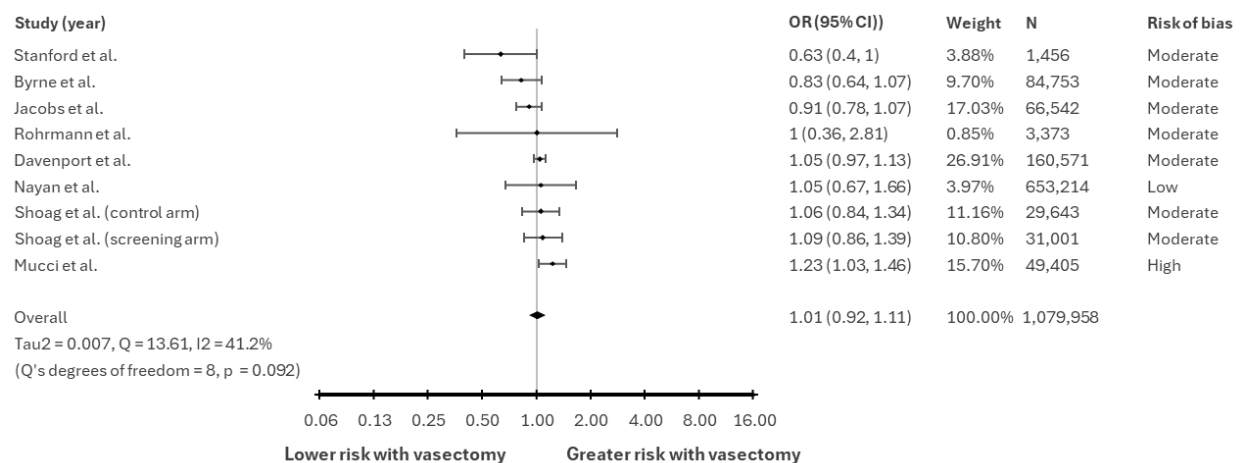


**Figure 2A. Meta-analysis of the association between vasectomy and locally advanced or metastatic prostate cancer**



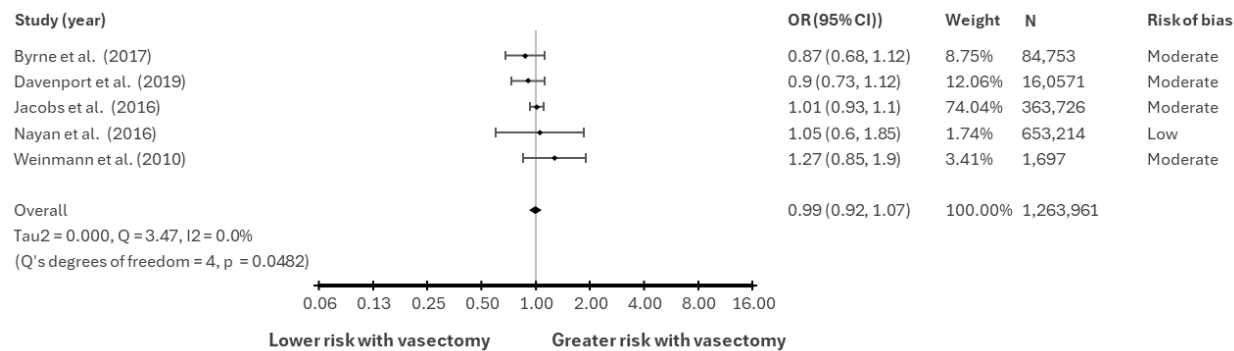
CI, confidence interval; OR, odds ratio; Q, Chi-squared statistic; Tau2, tau-squared statistic; I2, heterogeneity index. Risk of bias is according to the Quality in Prognostic Studies tool.

**Figure 2B. Meta-analysis of the association between vasectomy and high-grade (Gleason score >7) prostate cancer**



CI, confidence interval; OR, odds ratio; Q, Chi-squared statistic; Tau2, tau-squared statistic; I2, heterogeneity index. Risk of bias is according to the Quality in Prognostic Studies tool.

Figure 2C. Meta-analysis of the association between vasectomy and prostate cancer mortality



CI, confidence interval; OR, odds ratio; Q, Chi-squared statistic; Tau2, tau-squared statistic; I2, heterogeneity index. Risk of bias is according to the Quality in Prognostic Studies tool.

## Appendix B

Table 3. Risk of occlusive failure in comparative studies published after 1990 according to occlusion techniques and risk of bias

Study	Occlusion technique n/N (%)							Risk of Bias
	L+E	L+E+FI-T1	EC+E+FI-T1	L+E+FI-T2	MC± E ± FI-T2/A	MC+FI-A-C	MC+FI-A-O	
Altok <sup>143</sup>		5/66 (7.6)	4/59 (6.8)					High
Labrecque <sup>83</sup>	126/1453 (8.7)						3/1165 (0.3)	High
Li* <sup>85</sup>	6/427 (1.4)	10/380 (2.6)			21/442 (4.8)			High
Moss <sup>84</sup>						1/3081 (0.03)	1/3103 (0.03)	High
Shakeri <sup>86</sup>	13/228 (5.7)			0/954 (0)				High
Sokal <sup>80</sup>	53/416 (12.7)	24/410 (5.9)						Low
Sokal <sup>79</sup>		20/410 (4.9)			4/389 (1.0)			High

L+E= Ligatures of vas deferens with suture or clips + excision of a small segment (~1 cm)

L+E+FI-T1= Ligatures of vas deferens with suture or clips +excision of a small segment (~1 cm) + fascial interposition covering the testicular segment with a ligature applied on the abdominal segment.

EC+E+FI-T1 = Extremities of both ends of the divided vas cauterized using a bipolar electrocautery + excision of a small segment (~1 cm) + fascial interposition covering the testicular segment with a ligature applied on the abdominal segment.

L+E+FI-T2 = Ligatures of vas deferens with suture or clips with excision of a small segment (~1 cm) + fascial interposition covering the testicular segment with ligation of the fascia.

MC± E± FI-T2/A= Mucosal cautery of one or both vas segments of the divided vas using thermal cautery ± excision of a small segment (1-2 cm) ± fascial interposition covering the testicular or abdominal segment with ligation of the fascia with metal clip/suture.

MC+FI-A-C =Mucosal cautery of both vas segments of the divided vas using thermal cautery + fascial interposition covering the abdominal segment with ligation of the fascia with metal clip/suture material

MC+FI-A-O =Mucosal cautery of abdominal vas segment with testicular end left open(open-end) using thermal cautery without excision of vas segment + fascial interposition covering the abdominal segment with ligation of the fascia with metal clip/suture material

\* The Li et al. study compared seven combinations of occlusion technique, but only three were included in the table because of the lack of precision or relevance of the techniques presented.