## Supplemental Tables

**Supplemental Table 1. Presence and extent of intraprostatic inflammation and abundancea of immune cell markers by joint aspirin and statinsb, in a subsetc of men from the placebo arm of PCPT**

|  |  |
| --- | --- |
|  | Use of Both Aspirin and Statinsb |
|  | No, % | Yes, % | *p*-valued |
| ≥1 core with inflammation | 65 | 79 | 0.4 |
| Percent of cores with inflammation |  |  |  |
| None | 35 | 30 | 0.7 |
| Some | 56 | 64 |  |
| All | 8 | 6 |  |
| Mean percent tissue area with inflammation |  |  |  |
| None | 35 | 30 | 0.9 |
| <3% | 30 | 41 |  |
| ≥3% | 35 | 29 |  |
| CD4 |  |  |  |
| Low | 17 | 22 | 0.2 |
| Medium | 41 | 44 |  |
| High | 42 | 34 |  |
| CD8 |  |  |  |
| Low | 9 | 15 | 0.1 |
| Medium | 69 | 70 |  |
| High | 22 | 16 |  |
| FoxP3 |  |  |  |
| Low | 5 | 5 | 0.5 |
| Medium | 67 | 72 |  |
| High | 28 | 22 |  |
| CD68 |  |  |  |
| Low | 11 | 22 | **0.007** |
| Medium | 77 | 72 |  |
| High | 12 | 6 |  |
| c-KIT |  |  |  |
| Low | 9 | 10 | 0.4 |
| Medium | 72 | 77 |  |
| High | 19 | 14 |  |

aAbundance was scored on a scale of 0-4. When multiple slides per individual were scored, a weighted average was calculated using the number of cores per slide. Abundance was categorized based on the median value of 1 (low: <1, medium: 1, high: >1)

bMen who reported use of both aspirin and statins were compared to men who used only one medication or neither

cFrom a case-control study of LUTS nested in the placebo arm of the PCPT (5). The men did not have a clinical indication for biopsy.

dp-value from the chi-square test (for dichotomous variables) or Cochran-Armitage trend test (for ordinal variables). Bolded values are statistically significant.

PCPT, Prostate Cancer Prevention Trial

**Supplemental Table 2. Presence and extent of intraprostatic inflammation and abundancea of immune cell markers by aspirin use and statins use, in a subsetb of men from the placebo arm of PCPT who did not have LUTSc, n=86**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Aspirin Use |  | Statins Use |  |
|  | No, % | Yes, % | *p*-valued | No, % | Yes, % | *p*-valued |
| ≥1 core with inflammation | 63 | 67 | 0.7 | 67 | 62 | 0.7 |
| Percent of cores with inflammation |  |  |  |  |  |  |
| None | 37 | 33 | 0.1 | 33 | 38 | 0.5 |
| Some | 51 | 65 |  | 60 | 59 |  |
| All | 11 | 2 |  | 7 | 3 |  |
| Mean percent tissue area with inflammation |  |  |  |  |  |  |
| None | 37 | 33 | 0.9 | 33 | 38 | 0.9 |
| <3% | 31 | 37 |  | 37 | 31 |  |
| ≥3% | 31 | 29 |  | 30 | 31 |  |
| CD4 |  |  |  |  |  |  |
| Low | 7 | 20 | 0.2 | 14 | 18 | 0.9 |
| Medium | 50 | 47 |  | 51 | 41 |  |
| High | 43 | 33 |  | 35 | 41 |  |
| CD8 |  |  |  |  |  |  |
| Low | 7 | 11 | 0.6 | 2 | 25 | **0.02** |
| Medium | 76 | 74 |  | 81 | 63 |  |
| High | 17 | 15 |  | 17 | 13 |  |
| FoxP3 |  |  |  |  |  |  |
| Low | 0 | 9 | 0.2 | 6 | 5 | 0.2 |
| Medium | 75 | 71 |  | 76 | 63 |  |
| High | 25 | 20 |  | 18 | 32 |  |
| CD68 |  |  |  |  |  |  |
| Low | 14 | 13 | 0.9 | 8 | 25 | **0.03** |
| Medium | 76 | 79 |  | 81 | 71 |  |
| High | 10 | 9 |  | 12 | 4 |  |
| c-KIT |  |  |  |  |  |  |
| Low | 14 | 3 | 0.2 | 6 | 10 | 0.2 |
| Medium | 75 | 85 |  | 79 | 86 |  |
| High | 11 | 13 |  | 15 | 5 |  |

aAbundance was scored on a scale of 0-4. When multiple slides per individual were scored, a weighted average was calculated using the number of cores per slide. Abundance was categorized based on the median value of 1 (low: <1, medium: 1, high: >1)

bFrom a case-control study of LUTS nested in the placebo arm of the PCPT (5). The men did not have a clinical indication for biopsy.

cLUTs controls included men with IPSS<8 at baseline and at year 7 (n=41) and men with IPSS<8 at baseline and baseline to year 7 slope <25th percentile (n=45)

dp-value from the chi-square test (for dichotomous variables) or Cochran-Armitage trend test (for ordinal variables). Bolded values are statistically significant.

PCPT, Prostate Cancer Prevention Trial; LUTS, lower urinary tract symptoms

**Supplemental Table 3. Presence and extent of intraprostatic inflammation and abundancea of immune cell markers by aspirin use and statins use, in a subsetb of men from the placebo arm of PCPT without cancer detected at the end-of-study biopsy, n=295**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Aspirin Use |  | Statins Use |  |
|  | No, % | Yes, % | *p*-valuec | No, % | Yes, % | *p*-valuec |
| ≥1 core with inflammation | 66 | 67 | 0.8 | 64 | 73 | 0.2 |
| Percent of cores with inflammation |  |  |  |  |  |  |
| None | 35 | 33 | 0.3 | 36 | 27 | 0.4 |
| Some | 54 | 61 |  | 55 | 66 |  |
| All | 11 | 6 |  | 9 | 7 |  |
| Mean percent tissue area with inflammation |  |  |  |  |  |  |
| None | 34 | 33 | 0.9 | 36 | 27 | 0.8 |
| <3% | 32 | 36 |  | 30 | 44 |  |
| ≥3% | 34 | 31 |  | 34 | 29 |  |
| CD4 |  |  |  |  |  |  |
| Low | 14 | 22 | 0.1 | 19 | 18 | 0.9 |
| Medium | 44 | 40 |  | 41 | 44 |  |
| High | 43 | 37 |  | 40 | 38 |  |
| CD8 |  |  |  |  |  |  |
| Low | 6 | 11 | 0.2 | 9 | 11 | 0.2 |
| Medium | 72 | 71 |  | 71 | 73 |  |
| High | 21 | 18 |  | 21 | 15 |  |
| FoxP3 |  |  |  |  |  |  |
| Low | 2 | 7 | **0.04** | 7 | 3 | 1.0 |
| Medium | 67 | 71 |  | 67 | 75 |  |
| High | 30 | 22 |  | 26 | 22 |  |
| CD68 |  |  |  |  |  |  |
| Low | 14 | 17 | 0.4 | 13 | 23 | **0.008** |
| Medium | 74 | 75 |  | 75 | 74 |  |
| High | 11 | 8 |  | 12 | 4 |  |
| c-KIT |  |  |  |  |  |  |
| Low | 10 | 9 | 1.0 | 9 | 9 | 0.1 |
| Medium | 73 | 74 |  | 70 | 81 |  |
| High | 17 | 17 |  | 20 | 9 |  |

aAbundance was scored on a scale of 0-4. When multiple slides per individual were scored, a weighted average was calculated using the number of cores per slide. Abundance was categorized based on the median value of 1 (low: <1, medium: 1, high: >1)

bFrom a case-control study of LUTS nested in the placebo arm of the PCPT (5). The men did not have a clinical indication for biopsy.

cp-value from the chi-square test (for dichotomous variables) or Cochran-Armitage trend test (for ordinal variables). Bolded values are statistically significant.

PCPT, Prostate Cancer Prevention Trial

**Supplemental Table 4. Presence and extent of intraprostatic inflammation and abundancea of immune cell markers by aspirin use and statins use, in a subsetb of men from the placebo arm of PCPT without clinical indication for biopsy, n=317**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Aspirin Use |  | Statins Use |  |
|  | No, % | Yes, % | *p*-valuec | No, % | Yes, % | *p*-valuec |
| ≥1 core with inflammation | 64 | 68 | 0.4 | 66 | 67 | 0.8 |
| Percent of cores with inflammation |  |  |  |  |  |  |
| None | 38 | 32 | 0.3 | 34 | 34 | 0.9 |
| Some | 54 | 62 |  | 58 | 61 |  |
| All | 8 | 6 |  | 8 | 6 |  |
| Mean percent tissue area with inflammation |  |  |  |  |  |  |
| None | 36 | 32 | 0.5 | 34 | 33 | 0.8 |
| <3% | 32 | 36 |  | 33 | 38 |  |
| ≥3% | 31 | 33 |  | 33 | 30 |  |
| CD4 |  |  |  |  |  |  |
| Low | 12 | 22 | 0.2 | 18 | 18 | 0.9 |
| Medium | 50 | 41 |  | 44 | 43 |  |
| High | 39 | 37 |  | 37 | 38 |  |
| CD8 |  |  |  |  |  |  |
| Low | 7 | 13 | 0.2 | 10 | 13 | 0.4 |
| Medium | 71 | 68 |  | 69 | 69 |  |
| High | 22 | 19 |  | 21 | 18 |  |
| FoxP3 |  |  |  |  |  |  |
| Low | 2 | 7 | 0.5 | 6 | 5 | 0.8 |
| Medium | 74 | 68 |  | 70 | 70 |  |
| High | 24 | 25 |  | 24 | 25 |  |
| CD68 |  |  |  |  |  |  |
| Low | 12 | 15 | 0.5 | 10 | 21 | **0.02** |
| Medium | 78 | 76 |  | 79 | 72 |  |
| High | 11 | 10 |  | 11 | 7 |  |
| c-KIT |  |  |  |  |  |  |
| Low | 9 | 9 | 0.5 | 9 | 9 | 0.4 |
| Medium | 77 | 74 |  | 73 | 78 |  |
| High | 13 | 18 |  | 18 | 13 |  |

aAbundance was scored on a scale of 0-4. When multiple slides per individual were scored, a weighted average was calculated using the number of cores per slide. Abundance was categorized based on the median value of 1 (low: <1, medium: 1, high: >1)

bFrom a case-control study of LUTS nested in the placebo arm of the PCPT (5). The men did not have a clinical indication for biopsy.

cp-value from the chi-square test (for dichotomous variables) or Cochran-Armitage trend test (for ordinal variables). Bolded values are statistically significant.

PCPT, Prostate Cancer Prevention Trial

**Supplemental Table 5. Presence and extent of intraprostatic inflammation and abundancea of immune cell markers by non-aspirin NSAID use, in a subsetb of men from the placebo arm of PCPT**

|  |  |
| --- | --- |
|  | Non-Aspirin NSAID Use |
|  | No, % | Yes, % | *p*-valuec |
| ≥1 core with inflammation | 65 | 69 | 0.5 |
| Percent of cores with inflammation |  |  |  |
| None | 35 | 32 | 0.5 |
| Some | 58 | 60 |  |
| All | 7 | 8 |  |
| Mean percent tissue area with inflammation |  |  |  |
| None | 35 | 31 | 0.3 |
| <3% | 34 | 31 |  |
| ≥3% | 32 | 38 |  |
| CD4 |  |  |  |
| Low | 19 | 18 | 0.8 |
| Medium | 40 | 44 |  |
| High | 41 | 38 |  |
| CD8 |  |  |  |
| Low | 11 | 9 | 0.4 |
| Medium | 70 | 68 |  |
| High | 19 | 23 |  |
| FoxP3 |  |  |  |
| Low | 6 | 5 | 0.4 |
| Medium | 66 | 73 |  |
| High | 28 | 22 |  |
| CD68 |  |  |  |
| Low | 14 | 13 | 0.4 |
| Medium | 76 | 75 |  |
| High | 10 | 13 |  |
| c-KIT |  |  |  |
| Low | 9 | 10 | 0.4 |
| Medium | 72 | 75 |  |
| High | 19 | 15 |  |

aAbundance was scored on a scale of 0-4. When multiple slides per individual were scored, a weighted average was calculated using the number of cores per slide. Abundance was categorized based on the median value of 1 (low: <1, medium: 1, high: >1)

bFrom a case-control study of LUTS nested in the placebo arm of the PCPT (5). The men did not have a clinical indication for biopsy.

cp-value from the chi-square test (for dichotomous variables) or Cochran-Armitage trend test (for ordinal variables). Bolded values are statistically significant.

NSAID; nonsteroidal anti-inflammatory drug; PCPT, Prostate Cancer Prevention Trial