

Supplementary Table 1. Comparison of prostatic artery origin* for the two groups (A and B)

			Group A (n = 21, 42 pelvic sides)	Group B (n = 31, 62 pelvic sides)	P value
Type of PA origin					
I	(proportion of pelvic sides)		11/42	16/62	1
II	>> >>		5/42	15/62	0.136
III	>> >>		8/42	6/62	0.241
IV	>> >>		14/42	21/62	1
V	>> >>		4/42	4/62	0.711

Type I, common origin of the superior vesical and prostatic artery (PA); Type II, PA origin from the anterior division of the internal iliac, independent from and inferior to the superior vesical; Type III, PA origin from the obturator artery; Type IV: PA origin from the internal pudendal artery; Type V: less common PA origins. *In cases of supernumerary PAs (>1 PA in each pelvic side) only the most prominent PA in each pelvic side was taken into account Fischer exact test used for comparisons.

Supplementary Table 2. Comparison of other anatomic aspects for the two groups (A and B)

			Group A (n = 21)	Group B (n = 31)	P value
Supernumerary PAs	(proportion of patients)		5/21	8/31	1
Mild hyperplasia, PV ≤ 50 mL	>> >>		5/21	0/31	0.0078
Prominent median lobe	>> >>		3/21	2/31	0.382

Fischer's exact test used for comparisons.

PA, prostatic artery; PV, prostate volume.

Supplementary Table 3. Comparison of technical aspects of PAE for the two groups (A and B)

			Group A (n = 21)	Group B (n = 31)	P value
Uni-/bilateral PAE			2/19	3/28	1
Embolization of intraprostatic branches			10/21	14/31	1
Utilization of steerable microcatheter			2/21	4/31	1
Protective embolization			4/21	4/31	0.699
Intraprocedural CBCT			2/21	3/31	1
Intraprocedural CEUS			7/21	8/31	0.755

All values (except for the P values) represent proportions of patients. Fischer's exact test used for comparisons.

PAE, prostatic artery embolization; CBCT, cone-beam computed tomography, CEUS, contrast-enhanced ultrasonography.