**T2WI MR Segmentation**

Axial T2W MR slices were manually segmented using the polygon tool on ITK SNAP using separate labels for the peripheral zone (PZ), central gland (CG) and anterior fibromuscular stroma (AFS). The gland was segmented from base to apex. The base was identified below the bladder and subsequent images were segmented until the last slice with visible prostatic tissue was identified caudally. The CG, PZ and AFS were segmented independently according to their well-established anatomical characteristics on T2WI.[1-5](#_ENREF_1) The PZ was identified by its homogenous high signal intensity on T2WI, which is usually similar to that of the nearby periprostatic fat. The CG was visualized and delineated based on its heterogeneous and lower signal intensity as well as its location. Although not readily visible on every case, the AFS was identified by its low T2 signal intensity and its location anterior to the central gland.

**1.** Verma S, Rajesh A. A clinically relevant approach to imaging prostate cancer: review. *American Journal of Roentgenology.* 2011;196(3\_supplement):S1-S10 %@ 0361-0803X.

**2.** Jung AJ, Westphalen AC. Imaging Prostate Cancer. *Radiologic Clinics of North America.* 2012;50(6):1043-1059 %@ 0033-8389.

**3.** Poon PY, McCallum RW, Henkelman MM, et al. Magnetic resonance imaging of the prostate. *Radiology.* 1985;154(1):143-149 %@ 0033-8419.

**4.** Hricak H, Choyke PL, Eberhardt SC, Leibel SA, Scardino PT. Imaging prostate cancer: A multidisciplinary perspective1. *Radiology.* 2007;243(1):28-53 %@ 0033-8419.

**5.** Bonekamp D, Jacobs MA, El-Khouli R, Stoianovici D, Macura KJ. Advancements in MR imaging of the prostate: from diagnosis to interventions. *Radiographics.* 2011;31(3):677-703 %@ 0271-5333.