## **Supplementary Table S1: Seminar content**

Category topic	Sub-topics	Time
		(minutes)
General diet information for	Body changes related to prostate cancer	35
health and management of co-	Body Mass Index (BMI), healthy weights	
morbidities	Heart disease, diabetes, osteoporosis	
	Fruits and vegetables	
	Meat, fish, poultry-protein	
	Starches and grains	
	Fats	
	Alcohol	
	Sugar	
	Plate model	
Prostate cancer: primary and	Bone health	30
secondary prevention	Phytonutrients and antioxidants (soy, lycopene,	
	fibre)	
	Dietary supplements (selenium, vitamin E)	
Symptom management during	Diarrhea	10
treatment	Hot flushes	
General questions		15

## **Supplementary Table S2: Participant quotes regarding themes from thematic analysis**

Theme	Quotes
1.Diet	
information	
a. Need for diet information	"When I asked both my oncologist and urologist about any changes I should make in my diet they both said to continue as I amI had to ask for info regarding diet change and asked to see a dietitian."  "Resolution between conflicting claims for example: red meat, cholesterol"  "Peer-reviewed current research on nutrition, prostate cancer."  "Knowledge on what food would be good for me for my condition."  "Sugar-yes or no. red meat-how much?"  "More info on fats and grains. Sugar and salt content in certain foods."  "Is coffee good for you? How much alcohol is tolerated?"  "Info about eggs, ham, bacon, cheese"  "Can I eat pasta? Artificial sweeteners? Fish or shellfish?"  "What supplements to take?"
	"Need more detail withissues with diarrhea. Long term changes that I need to make."
b. Participant feedback	"The DAPPER study was well presented. The information gained from the study is fundamental to all that follows."  "Enjoyed attending the DAPPER study. Found it very informative. I am making changes to my diet now. Maybe not have prostate cancer now!"
	"The session/quiz for me rethinking much more fully my dietThis session gives me more tools to broaden my simple plain modelPS. I am grilling a tomato a day!"
2. Integrative	"I liked the information provided and the opportunity to ask specific questions."  "The cancer clinic does not have an integrated approach to treatment (diet as it
Approach	relates to oncology)."  "This course should be integrated into the medical oncological team between patient and the agency. Indeed the nutritionist should attend the first consult and then follow up to customize as much as possible dietary info and support."  "I believe DAPPER study should be part of cancer treatment. It was educational and helpful to change thinking and diet."  "I think working with a dietician should be included in prostate cancer treatment protocols. Mandatory for all patients."
3. Group Learning	"Engaging minds, allowing for conversationThere's a need to engage the population because food promotion is based on marketing. Food needs to be part of routine conversation You can learn lots in a support group; these conversations are very useful, very healthy."  "Small, only 3 participants, interaction with instructor"  "Willingness of instructor to deviate from power point."