

Degarelix for treating advanced hormone-sensitive prostate cancer

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Abstract

Background

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Background

Objectives

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Criteria for considering studies for this review

Types of outcome measures

Search methods for identification of studies

Data collection and analysis

Results

Description of studies

Risk of bias in included studies

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Data and analyses

Comparison 1

Degarelix versus standard androgen suppression therapy

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size	
1.1 Serious adverse events	9	2750	Risk Ratio (M-H, Random, 95% CI)	0.80 [0.62, 1.05]	
1.2 Quality of life	3	2887	Std. Mean Difference (IV, Random, 95% CI)	0.06 [-0.05, 0.18]	
1.3 Injection site pain	8	2670	Risk Ratio (M-H, Random, 95% CI)	15.68 [7.41, 33.17]	
1.4 Cardiovascular events	1	80	Risk Ratio (M-H, Random, 95% CI)	0.15 [0.04, 0.61]	
1.5 Back pain	5	2102	Risk Ratio (M-H, Random, 95% CI)	0.66 [0.46, 0.96]	

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size	
1.6 Gynecomastr	1	25	Risk Ratio (M-H, Random, 95% CI)	0.31 [0.01, 6.94]	
1.7 Constriction	4	1112	Risk Ratio (M-H, Random, 95% CI)	0.75 [0.39, 1.46]	
1.8 Diahrrhea	2	253	Risk Ratio (M-H, Random, 95% CI)	1.56 [0.47, 5.18]	
1.9 Vomiting	2	837	Risk Ratio (M-H, Random, 95% CI)	1.56 [0.79, 3.08]	
1.10 Loss of sexual interest	2	270	Risk Ratio (M-H, Random, 95% CI)	1.06 [0.35, 3.17]	
1.11 Loss	2	427	Risk Ratio (M-H, Random, 95% CI)	0.82 [0.39, 1.69]	

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size	
1.12 Fatty liver disease	6	1996	Risk Ratio (M-H, Random, 95% CI)	0.83 [0.60, 1.16]	
1.13 Hepatic steatosis	8	2412	Risk Ratio (M-H, Random, 95% CI)	0.99 [0.86, 1.14]	
1.14 Anemia	5	1914	Risk Ratio (M-H, Random, 95% CI)	0.31 [0.13, 0.74]	
1.15 Hepatic enzyme increase (alanine aminotransferase)	4	1014	Risk Ratio (M-H, Random, 95% CI)	2.15 [1.26, 3.66]	

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size	
1.16 Dyspnea	1	182	Risk Ratio (M-H, Random, 95% CI)	0.39 [0.02, 9.41]	
1.17 Urinary tract infection	5	1908	Risk Ratio (M-H, Random, 95% CI)	0.47 [0.25, 0.87]	
1.18 Hematuria	2	636	Risk Ratio (M-H, Random, 95% CI)	1.69 [0.58, 4.94]	
1.19 Urinary retention	5	1925	Risk Ratio (M-H, Random, 95% CI)	0.43 [0.13, 1.40]	
1.20 Mortality	4	1821	Risk Ratio (M-H, Random, 95% CI)	0.45 [0.21, 0.97]	

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size	
During study conductio (post hoc)					
1.21 Discontinuation due to adverse events (post hoc)	8	2666	Risk Ratio (M-H, Random, 95% CI)	1.11 [0.79, 1.56]	
1.22 Total no	8	2412	Risk Ratio (M-H, Random, 95% CI)	1.08 [1.01, 1.15]	

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size	
1.2.3 Bioc hem ical prog res sion	2	691	Risk Ratio (M-H, Random, 95% CI)	0.61 [0.43, 0.87]	

<p>Comparison 2</p> <p>Degarelix versus androgen suppression therapy (GnRH agonists or maximum androgen suppression therapy): subgroup analysis based on different doses</p>

Outcome subgroup title	No. of studies	No. of participants	Statistical method	Effect size	
2.1 Serious adverse events	9	2951	Risk Ratio (M-H, Random, 95% CI)	0.80 [0.63, 1.03]	
2.1.1 Degree of relaxation/ relaxation	7	1466	Risk Ratio (M-H, Random, 95% CI)	0.66 [0.39, 1.14]	
2.1.2 Degree of relaxation/ relaxation	1	403	Risk Ratio (M-H, Random, 95% CI)	0.85 [0.51, 1.42]	
2.1.3 Degree	2	1082	Risk Ratio (M-H, Random, 95% CI)	0.90 [0.64, 1.26]	

Outcome subgroup title		No. of studies	No. of participants	Statistical method	Effect size	
	garlix 240 mg/480 mg					
	2.2 Quality of life	3	2887	Std. Mean Difference (IV, Random, 95% CI)	0.06 [-0.05, 0.18]	
	2.2.1 Degree of garlix 240 mg/480 mg	2	2040	Std. Mean Difference (IV, Random, 95% CI)	-0.03 [-0.33, 0.28]	
2.2 Degree of garlix 240 mg/480 mg	1	847	Std. Mean Difference (IV, Random, 95% CI)	0.10 [-0.04, 0.24]		

Outcome subgroup title					
	No. of studies	No. of participants	Statistical method	Effect size	
	2.3 In je ct io n si te p ai n 8	2670	Risk Ratio (M-H, Random, 95% CI)	15.68 [7.41, 33.17]	
	2.3.1 D e g a r r e l i x 6	1286	Risk Ratio (M-H, Random, 95% CI)	14.94 [4.48, 49.81]	
2.3.2 D e g a r r e l i x 1		302	Risk Ratio (M-H, Random, 95% CI)	61.20 [3.82, 979.36]	
	2.3.3 D e g a r r e l i x 2	1082	Risk Ratio (M-H, Random, 95% CI)	15.24 [8.50, 27.31]	

Outcome subgroup title	No. of studies	No. of participants	Statistical method	Effect size	
240 mg/480 mg					

History

Protocol first published: Issue 2, 2017

Review first published: Issue 8, 2021

Sources of support

Internal sources

- No sources of support provided

External sources

- No sources of support provided

Characteristics of studies

Characteristics of included studies [ordered by study ID]

Anderson 2013 (CS28)

Study characteristics		
Methods		
Participants		
Interventions		
Outcomes		
Funding sources		
Declarations of interest		
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote from publication: "Patients were randomised 3:1" Comment: insufficient information to permit judgment.
Allocation concealment (selection bias)	Unclear risk	Quote from publication: "Patients were randomised 3:1" Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias)	High risk	Quote from publication: "open-label study"; there was no blinding (or it was not reported) Comment: we judge that subjective outcomes are influenced by lack of blinding.

ce bias) Subjective outcomes		
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from publication: "open-label study"; there was no blinding of outcome assessment (or it was not reported) Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Comment: two of 42 randomized participants (4.8%) were excluded from analysis because they were never treated. The proportion of missing outcomes is not enough to have a clinically relevant impact on the intervention effect estimate.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	Comment: quality of life assessment was not included because data were not relevant to this review (scale used: IPSS).
Selective reporting (reporting bias)	Low risk	Comment: the study protocol is available, and all outcomes of interest have been reported.
Other bias	Low risk	Comment: we did not identify other sources of bias.

Axcrona 2012 (CS31)

Study characteristics		
Methods		
Participants		
Interventions		
Outcomes		
Funding sources		
Declarations of interest		
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote from publication: "patients were randomized" Comment: insufficient information to permit judgment.
Allocation concealment (selection bias)	Unclear risk	Quote from publication: "patients were randomized" Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from publication: "open-label trial"; there was no blinding (or it was not reported) Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from publication: "open-label trial"; there was no blinding of outcome assessment (or it was not reported) Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	Comment: quality of life assessment was not included because data were not relevant to this review (scale used: BPHII).
Selective reporting (reporting bias)	Low risk	Comment: the study protocol is available, and all outcomes that are of interest have been reported.
Other bias	Low risk	Comment: we did not identify other sources of bias.

Crawford 2013 (CS37)

Study characteristics		
Methods		
Participants		
Interventions		
Outcomes		
Funding sources		
Declarations of interest		
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote from publication: "men were randomized" Comment: insufficient information to permit judgment.
Allocation concealment (selection bias)	Unclear risk	Quote from publication: "men were randomized" Comment: insufficient information to permit judgment.

Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from ClinicalTrials.gov: "This was an open-label, randomized, parallel-arm, multicenter study" Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from publication: "open-label trial"; there was no blinding of outcome assessment (or it was not reported) Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Low risk	Comment: missing outcome data balanced in numbers across intervention groups (Group 2 18.0% vs Group 3 15.7%).
Selective reporting (reporting bias)	Unclear risk	Comment: the study protocol is available, but we did not identify full-text publications.
Other bias	Low risk	Comment: we did not identify other sources of bias.

Klotz 2008 (CS21)

Study characteristics		
Methods		
Participants		
Interventions		
Outcomes		
Funding sources		
Declarations of interest		
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote from publication: "Randomization lists were prepared centrally (...), using validated computer program" Comment: randomization was adequately performed.
Allocation concealment (selection bias)	Low risk	Quote from publication: "Central allocation" Comment: adequate allocation concealment.
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from publication: "open-label study" Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from publication: "Open-label study"; "personnel were unaware of blood values" Comment: insufficient information to permit judgment. The "personnel were unaware of blood values," but it remained unclear if outcome assessment was blinded to PSA values for evaluation of biochemical progression, and there was no information for assessment of adverse events.
Incomplete outcome data (attrition bias) Biochemical progression	Low risk	Comment: no relevant missing outcome data.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Low risk	Comment: the return rate of questionnaires used in the study was minimum 90.6%. Plausible effect size among missing outcomes not enough to have a clinically relevant impact on observed effect size.
Selective reporting (reporting bias)	Low risk	Comment: the study protocol is available, and all outcomes of interest have been reported.
Other bias	Low risk	Comment: we did not identify other sources of bias.

Margel 2019 (0102-15-RMC)

Study characteristics	
Methods	
Participants	
Interventions	
Outcomes	
Funding sources	
Declarations of interest	
Notes	
Risk of bias	

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote from publication: "Randomization was done by minimization using MINIM software" Comment: we assume that randomization was adequately performed.
Allocation concealment (selection bias)	Low risk	Quote from publication: "The allocation sequence was created and coordinated at the study central office" Comment: adequate allocation concealment.
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from publication: "open-label study" Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Low risk	Quote from publication: "A cardiologist blinded to treatment assignment reviewed all medical records and categorized all cardiac events" Comment: adequate outcome assessment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Comment: no missing outcome data
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	Comment: the study did not address this outcome.
Selective reporting (reporting bias)	High risk	Comment: the study protocol is available. Quality of life is prespecified in the protocol but not reported in the results.
Other bias	Low risk	Comment: we did not identify other sources of bias.

Mason 2013 (CS30)

Study characteristics

Methods	
Participants	
Interventions	
Outcomes	
Funding sources	
Declarations of interest	
Notes	

Risk of bias

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote from publication: "patients were randomised in a 3:1 ratio" Comment: insufficient information to permit judgment.
Allocation concealment (selection bias)	Unclear risk	Quote from publication: "patients were randomised in a 3:1 ratio" Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from publication: "open-label trial"; there was no blinding (or it was not reported) Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from publication: "open-label trial"; there was no blinding of outcome assessment (or it was not reported) Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	Comment: quality of life assessment was not included because data were not relevant to this review (scale used: IPSS).
Selective reporting (reporting bias)	Low risk	Comment: the study protocol is available, and all outcomes of interest have been reported.
Other bias	Low risk	Comment: we did not identify other sources of bias.

Ozono 2018 (3550-CL-0010)

Study characteristics

Methods	
Participants	
Interventions	
Outcomes	
Funding sources	

Declarations of interest		
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote from publication: "subjects were randomly allocated into a degarelix or goserelin group using a minimization method of adjusting age, cancer stage, pretreatment, and serum PSA" Comment: we assume that randomization was adequately performed.
Allocation concealment (selection bias)	Unclear risk	Quote from publication: "subjects were randomly allocated into a degarelix or goserelin group using a minimization method of adjusting age, cancer stage, pretreatment, and serum PSA" Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from publication: "open-label, parallel-arm study", "For the safety analysis, the incidence of AEs, SAEs, and ADRs were collected and graded according to Common Terminology Criteria for Adverse Events version 4.0." Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from publication: "open-label trial"; there was no blinding of outcome assessment (or it was not reported) Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Quote from publication: "degarelix group: withdrawals 19/117 (=16.2 %); goserelin group: withdrawals 23/117 (=19.7 %)" Comment: missing outcome data are balanced in numbers across intervention groups with similar reasons for missing data across groups.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	Comment: the study did not address this outcome.
Selective reporting (reporting bias)	Low risk	Comment: the study protocol is available, and all outcomes of interest have been reported.
Other bias	Low risk	Comment: we did not identify other sources of bias.

Sawazaki 2019

Study characteristics		
Methods		
Participants		
Interventions		
Outcomes		
Funding sources		
Declarations of interest		
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote from publication: "prospective randomized, parallel-arm, open-label, single-center trial" Comment: insufficient information to permit judgment.
Allocation concealment (selection bias)	Unclear risk	Quote from publication: "prospective randomized, parallel-arm, open-label, single-center trial" Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from publication: "Open-label study" Comment: none of the reported outcomes were relevant to this review, therefore none were included in the review. Evaluation of adverse events could have been expected, and we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from publication: "open-label study"; there was no blinding of outcome assessment (or it was not reported) Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	Comment: the study did not address this outcome.
Selective reporting (reporting bias)	High risk	Comment: adverse events were not reported, although evaluation of this outcome could have been expected.

Other bias	Low risk	Comment: we did not identify other sources of bias.
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Sayyid 2017 (DEG_PRE-OP)

Study characteristics		
Methods		
Participants		
Interventions		
Outcomes		
Funding sources		
Declarations of interest		
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	<p>Quote from publication: "patients were block-randomized 1:1:1"</p> <p>Quote from correspondence: "This study followed block randomization and was stratified by study site using a computer-generated list of random numbers."</p> <p>Comment: adequate random sequence generation.</p>
Allocation concealment (selection bias)	Low risk	<p>Quote from publication: not reported</p> <p>Quote from correspondence: "The allocation sequence was created and coordinated centrally, through the University Health Network Uro-Oncology Research Unit in Toronto. Participant enrolment and assignment to intervention was performed at each site utilizing prefilled sequential randomisation envelopes which contained a 4-digit code (2-digit centre code followed by a 2-digit patient code plus the treatment assignment listed as Arm A, B, or C). This 4-digit randomisation number was recorded in the site enrolment log, the subject's eCRF and on the study medication page."</p> <p>Comment: adequate allocation concealment.</p>
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	<p>Quote from publication: "Open-label study"</p> <p>Quote from correspondence: "This was an open label randomized study; therefore all study investigators, participants and research coordination staff were unblinded to the treatment allocation for the duration of the study."</p> <p>Comment: we judge that subjective outcomes are influenced by lack of blinding.</p>
Blinding of outcome assessment (detection bias) Subjective outcomes	Low risk	<p>Quote from correspondence: "Tissue and data handlers and analysts were blinded to the treatment allocation."</p> <p>Comment: adequate outcome assessment.</p>
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	Comment: the study did not address this outcome.
Selective reporting (reporting bias)	Unclear risk	<p>Quote from correspondence: "While safety was not pre-specified as an outcome, toxicity of study treatments was monitored throughout the study, with regular reporting..."</p> <p>Comment: insufficient information to permit judgment.</p>
Other bias	Low risk	Comment: we did not identify other sources of bias.

Shore 2012 (CS35)

Study characteristics	
Methods	
Participants	
Interventions	
Outcomes	
Funding sources	
Declarations of interest	

Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote from publication: "open-label, randomised study" Comment: insufficient information to permit judgment.
Allocation concealment (selection bias)	Unclear risk	Quote from publication: "open-label, randomised study" Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from publication: "open-label study"; there was no blinding (or it was not reported) Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from publication: "open-label study"; there was no blinding of outcome assessment (or it was not reported) Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Low risk	Comment: exclusion rate 1 of 848 (0.1%).
Selective reporting (reporting bias)	Unclear risk	Comment: the study protocol is available, but we did not identify full-text publications.
Other bias	Low risk	Comment: we did not identify other sources of bias.

Xie 2016 (PANDA)

Study characteristics		
Methods		
Participants		
Interventions		
Outcomes		
Funding sources		
Declarations of interest		
Notes		
Risk of bias		
Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote from correspondence: "Computer-generated randomisation lists allocating patients to one of the two treatments in a 1:1 ratio per stratum. The randomisation lists were stratified into groups of patients having had previous therapy with 5-alpha reductase inhibitors within the last year, and those patients that did not." Comment: adequate random sequence generation.
Allocation concealment (selection bias)	Unclear risk	Quote from correspondence: "The treatment allocation was open-label." Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias) Subjective outcomes	High risk	Quote from correspondence: "An open-label design was chosen as blinding was not feasible due to the formulation differences between degarelix and goserelin." Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias) Subjective outcomes	Unclear risk	Quote from correspondence: "Testosterone and PSA levels (with the exception of the screening samples) were masked for Sponsor personnel directly involved in the trial." Comment: blood values are not likely to be influenced by lack of blinding, but insufficient reporting regarding outcome assessment of adverse events.
Incomplete outcome data (attrition bias) Biochemical progression	Low risk	Comment: no relevant missing outcome data.
Incomplete outcome data (attrition bias) Adverse events	Low risk	Quote from correspondence: "There were two patients withdrawing consent after randomisation and before first trial product administration ('first dose'); otherwise no exclusions were made." Comment: the proportion of missing outcomes is not enough to have a clinically relevant impact on the intervention effect estimate.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	Comment: the study did not address this outcome.
Selective reporting (reporting bias)	Unclear risk	Comment: no study protocol is available.

Other bias	Low risk	Comment: we did not identify other sources of bias.
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References

References to studies included in this review

Anderson 2013 (CS28) {published data only}

Axcrona 2012 (CS31) {published data only}

Crawford 2013 (CS37) {published data only}

Klotz 2008 (CS21) {published data only}

Margel 2019 (0102-15-RMC) {published data only}

Mason 2013 (CS30) {published data only}

Ozono 2018 (3550-CL-0010) {published data only}

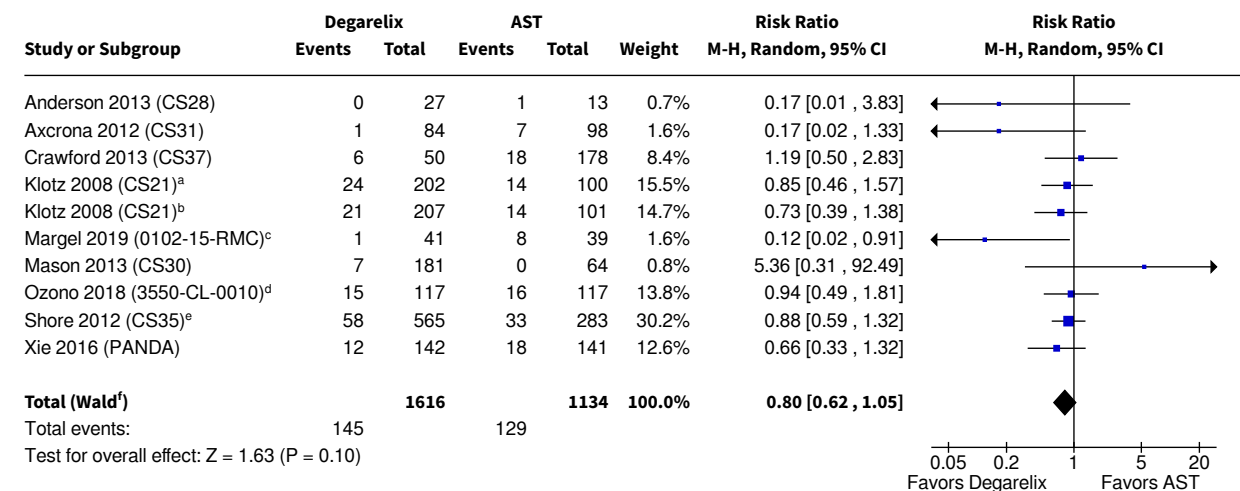
Sawazaki 2019 {published data only}

Sayyid 2017 (DEG_PRE-OP) {published data only}

Shore 2012 (CS35) {published data only}

Xie 2016 (PANDA) {published data only}

Analysis 1.1



Footnotes

^aDegarelix 240 mg induction dose/160 mg maintenance dose s.c.

^bDegarelix 240 mg induction dose/80 mg maintenance dose s.c.

^cMajor cardiovascular and cerebrovascular events

^dDegarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.

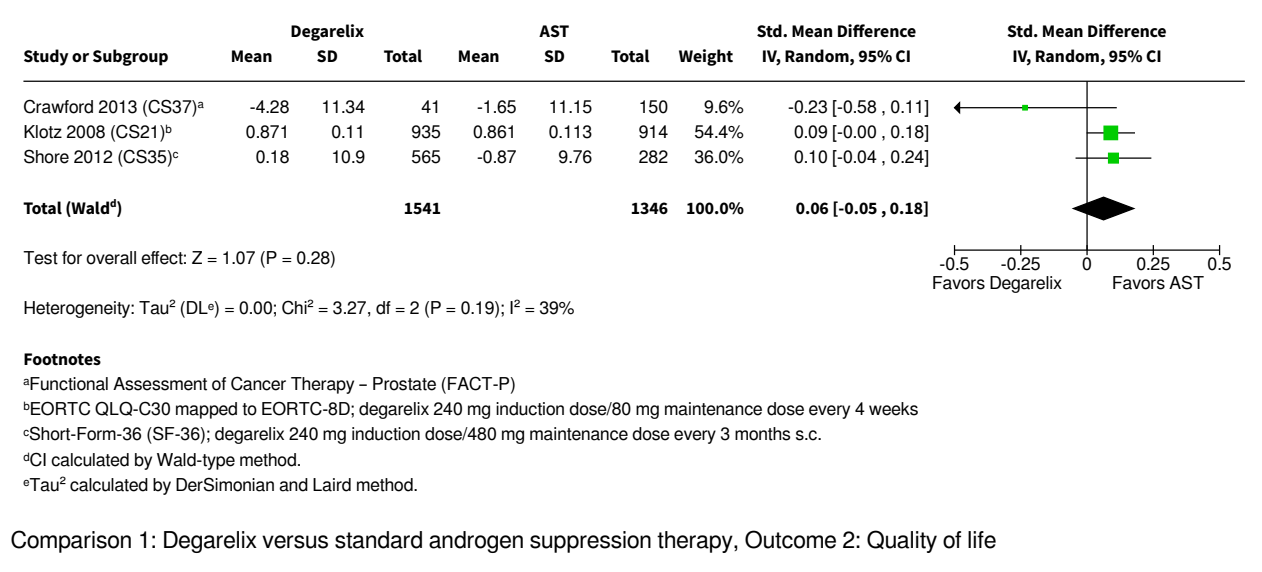
^eDegarelix 240 mg induction dose/480 mg maintenance dose every 3 month s.c.

^fCI calculated by Wald-type method.

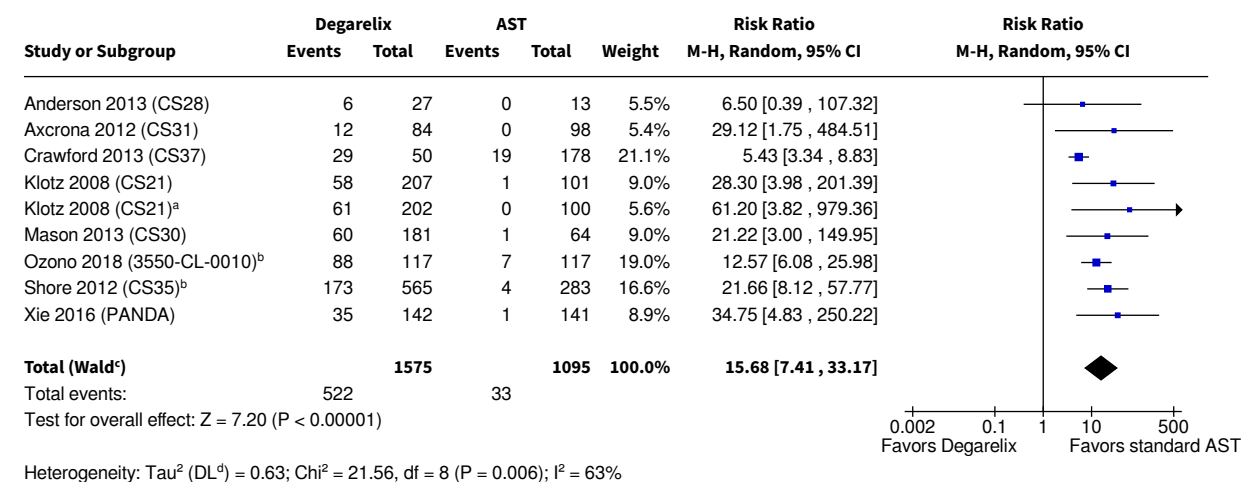
^gTau² calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 1: Serious adverse events

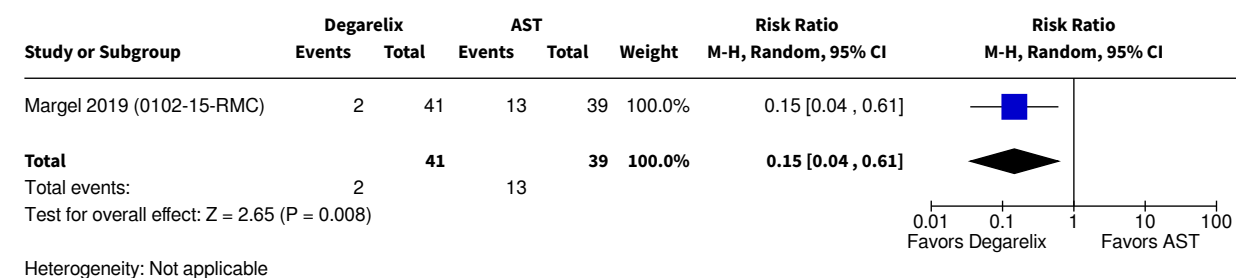
Analysis 1.2



Analysis 1.3



Analysis 1.4



Analysis 1.5

Study or Subgroup	Degarelix		AST		Weight	Risk Ratio M-H, Random, 95% CI	Risk Ratio M-H, Random, 95% CI
	Events	Total	Events	Total			
Axcrona 2012 (CS31)	2	84	2	98	3.7%	1.17 [0.17 , 8.10]	
Crawford 2013 (CS37)	3	50	10	178	8.9%	1.07 [0.31 , 3.73]	
Klotz 2008 (CS21)	12	207	9	101	20.2%	0.65 [0.28 , 1.49]	
Klotz 2008 (CS21) ^a	12	202	8	100	18.7%	0.74 [0.31 , 1.76]	
Ozono 2018 (3550-CL-0010) ^b	6	117	5	117	10.4%	1.20 [0.38 , 3.82]	
Shore 2012 (CS35) ^c	19	565	21	283	38.2%	0.45 [0.25 , 0.83]	
Total (Wald^d)		1225		877	100.0%	0.66 [0.46 , 0.96]	
Total events:	54		55				
Test for overall effect: Z = 2.17 (P = 0.03)							
Heterogeneity: Tau ² (DL ^e) = 0.00; Chi ² = 3.49, df = 5 (P = 0.63); I ² = 0%							
Footnotes							
^a Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.							
^b Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.							
^c Degarelix 240 mg induction dose/480 mg maintenance dose every 3 month s.c.							
^d CI calculated by Wald-type method.							
^e Tau ² calculated by DerSimonian and Laird method.							
Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 5: Back pain							

Analysis 1.6

Study or Subgroup	Degarelix		AST		Weight	Risk Ratio M-H, Random, 95% CI	Risk Ratio M-H, Random, 95% CI
	Events	Total	Events	Total			
Sayyid 2017 (DEG_PRE-OP)	0	13	1	12	100.0%	0.31 [0.01 , 6.94]	
Total		13		12	100.0%	0.31 [0.01 , 6.94]	
Total events:	0		1				
Test for overall effect: Z = 0.74 (P = 0.46)							
Heterogeneity: Not applicable							

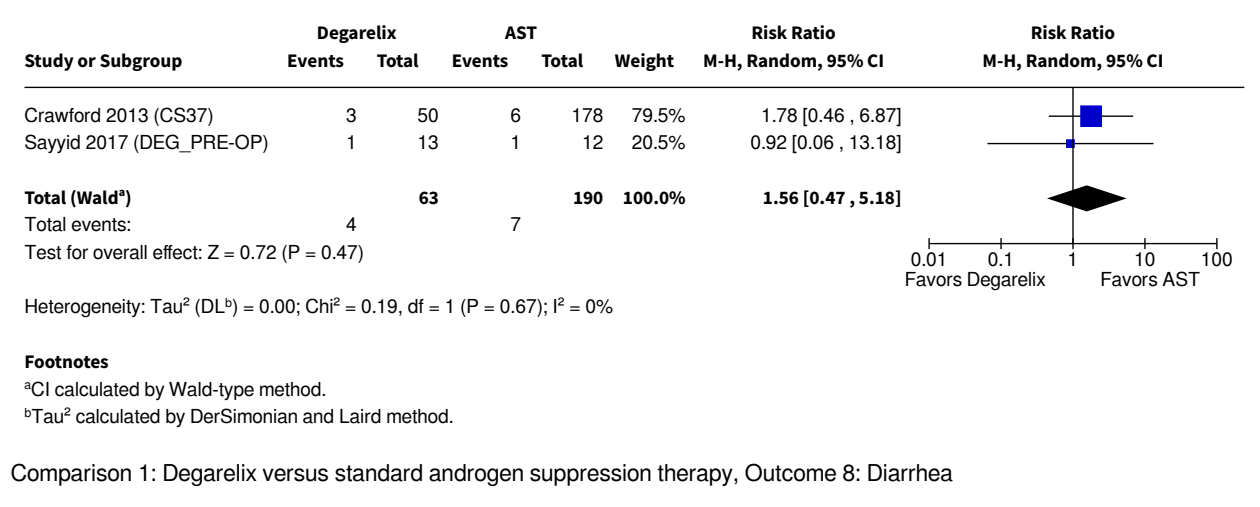
Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 6: Gynecomastia

Analysis 1.7

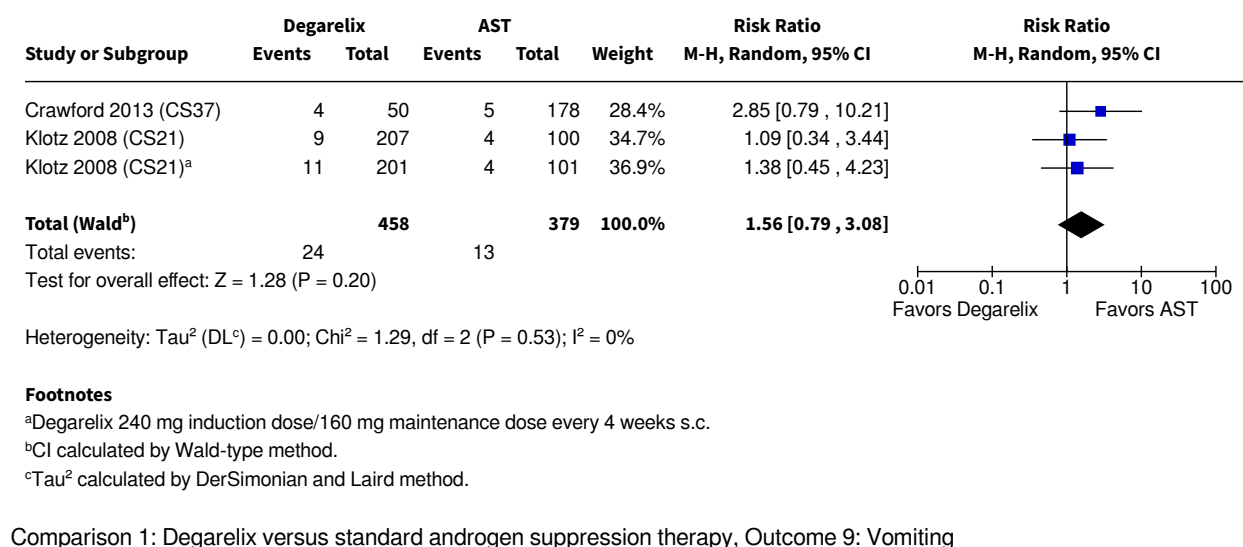
Study or Subgroup	Degarelix		AST		Weight	Risk Ratio M-H, Random, 95% CI	Risk Ratio M-H, Random, 95% CI
	Events	Total	Events	Total			
Anderson 2013 (CS28)	3	27	0	13	4.9%	3.50 [0.19 , 63.16]	
Crawford 2013 (CS37)	4	50	12	178	24.9%	1.19 [0.40 , 3.52]	
Klotz 2008 (CS21)	11	207	5	101	26.8%	1.07 [0.38 , 3.01]	
Klotz 2008 (CS21) ^a	6	202	5	100	22.7%	0.59 [0.19 , 1.90]	
Ozono 2018 (3550-CL-0010) ^b	3	117	12	117	20.7%	0.25 [0.07 , 0.86]	
Total (Wald^c)		603		509	100.0%	0.75 [0.39 , 1.46]	
Total events:	27		34				
Test for overall effect: Z = 0.84 (P = 0.40)							
Heterogeneity: Tau ² (DL ^d) = 0.15; Chi ² = 5.43, df = 4 (P = 0.25); I ² = 26%							
Footnotes							
^a Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.							
^b Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.							
^c CI calculated by Wald-type method.							
^d Tau ² calculated by DerSimonian and Laird method.							

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 7: Constipation

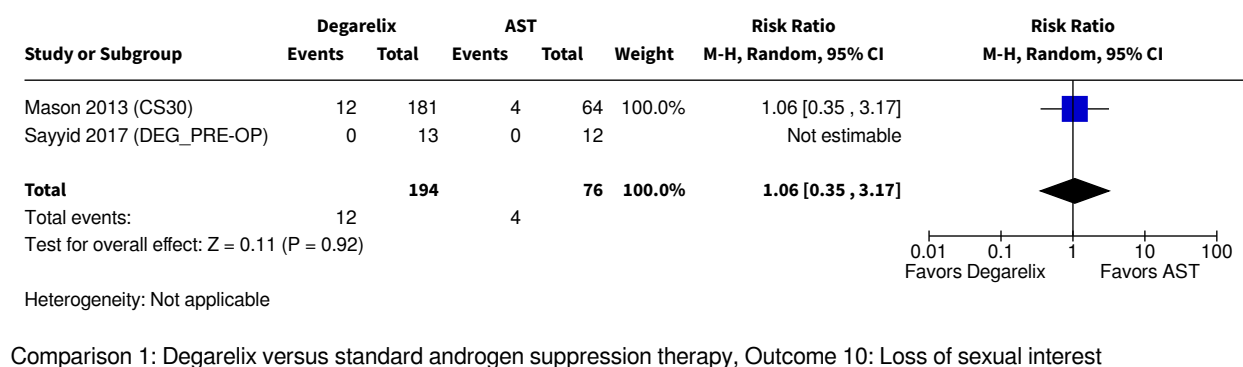
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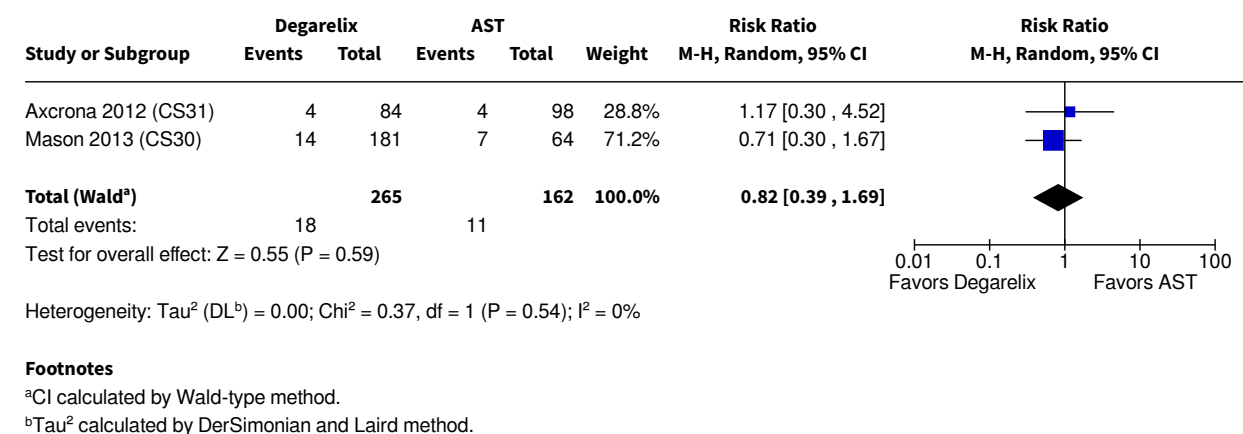
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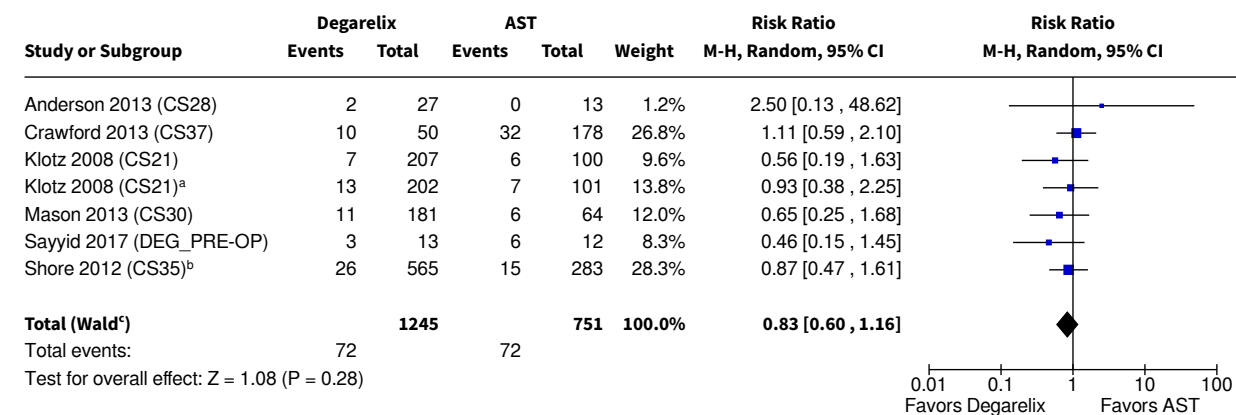
Analysis 1.10



Analysis 1.11



Analysis 1.12

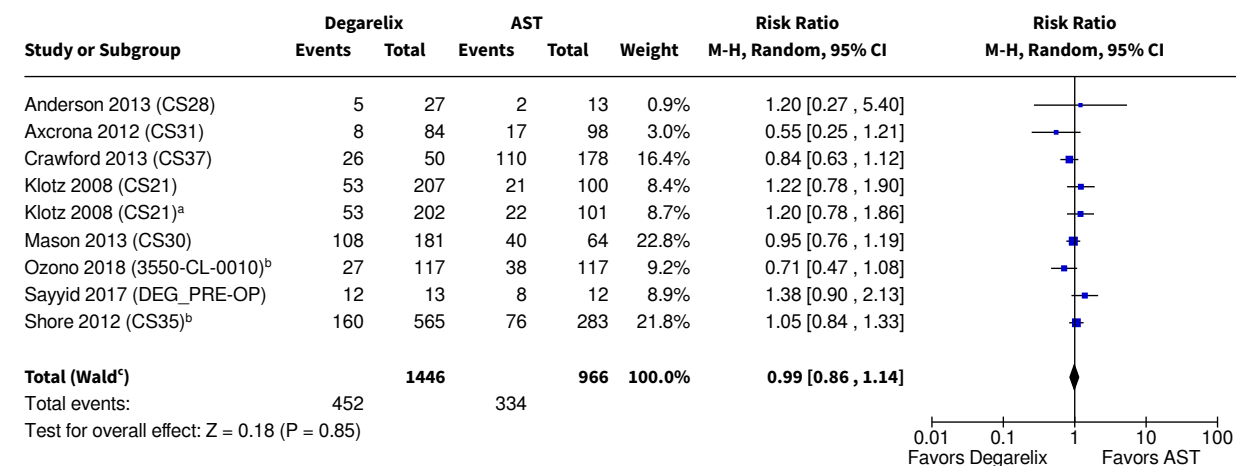


Footnotes

^aDegarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.^bDegarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.^cCI calculated by Wald-type method.^dTau² calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 12: Fatigue

Analysis 1.13

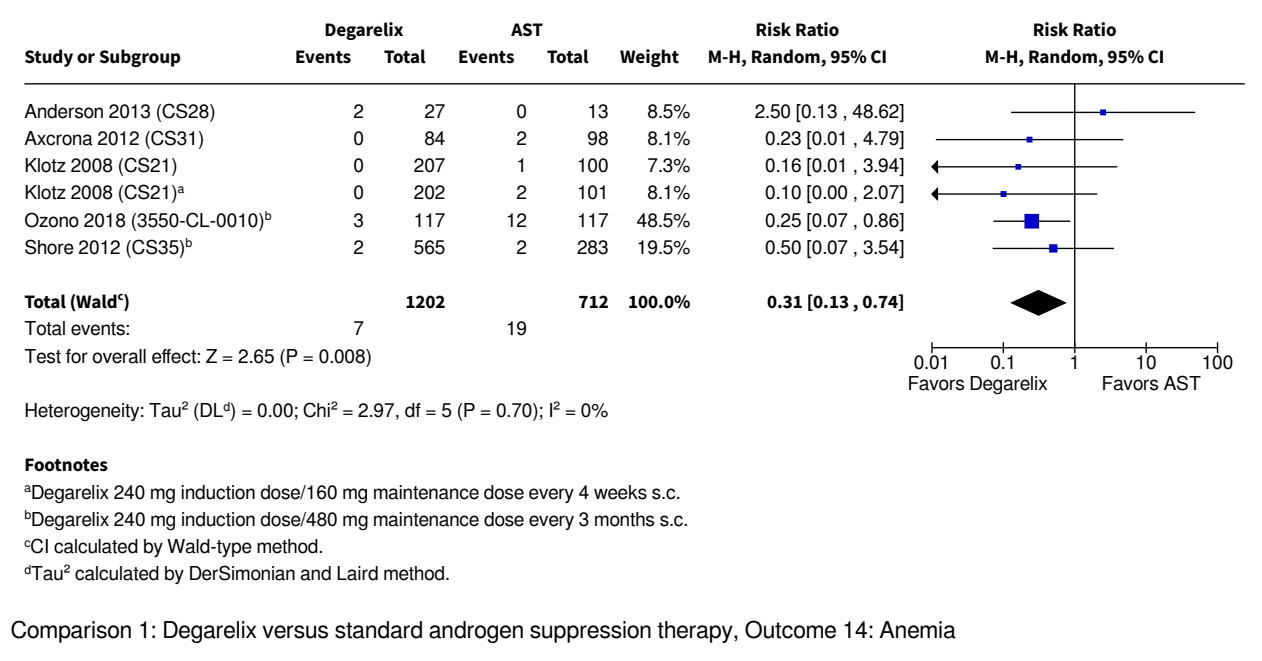


Footnotes

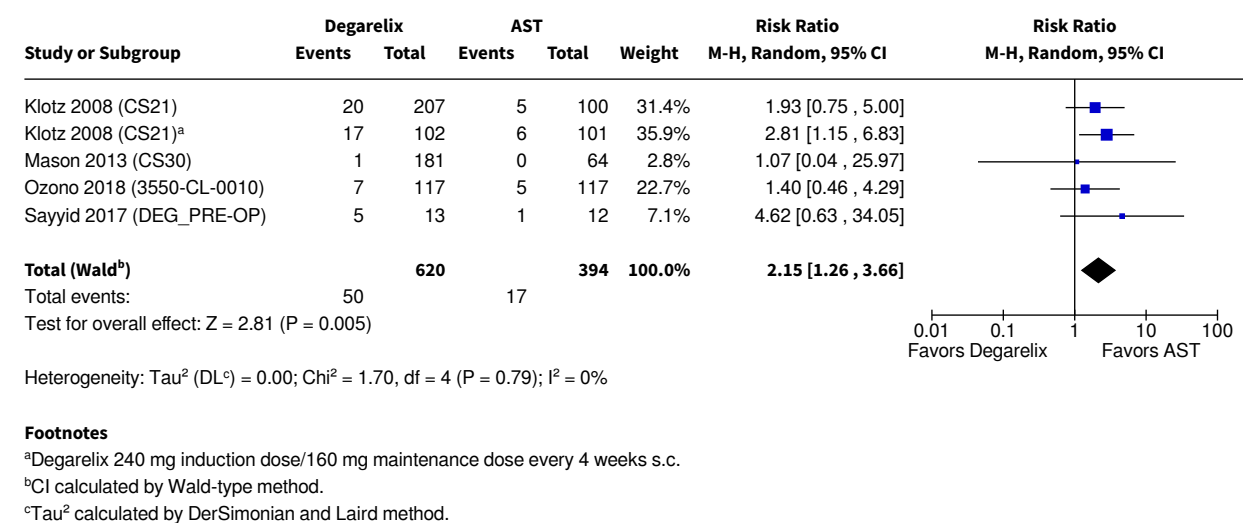
^aDegarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.^bDegarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.^cCI calculated by Wald-type method.^dTau² calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 13: Hot flushes

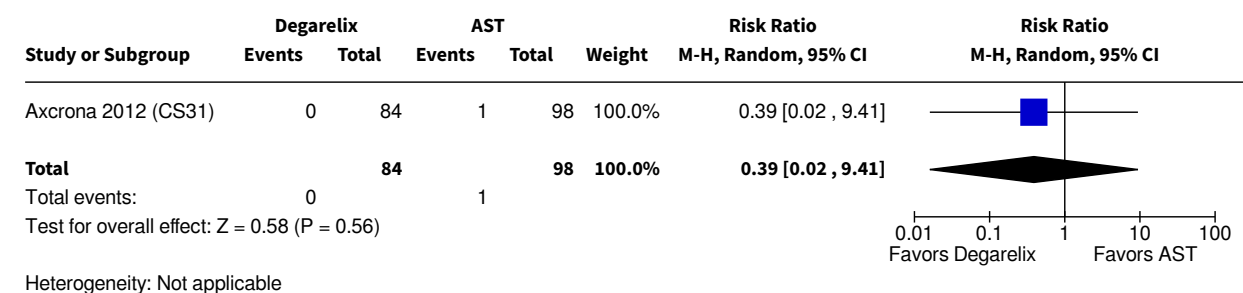
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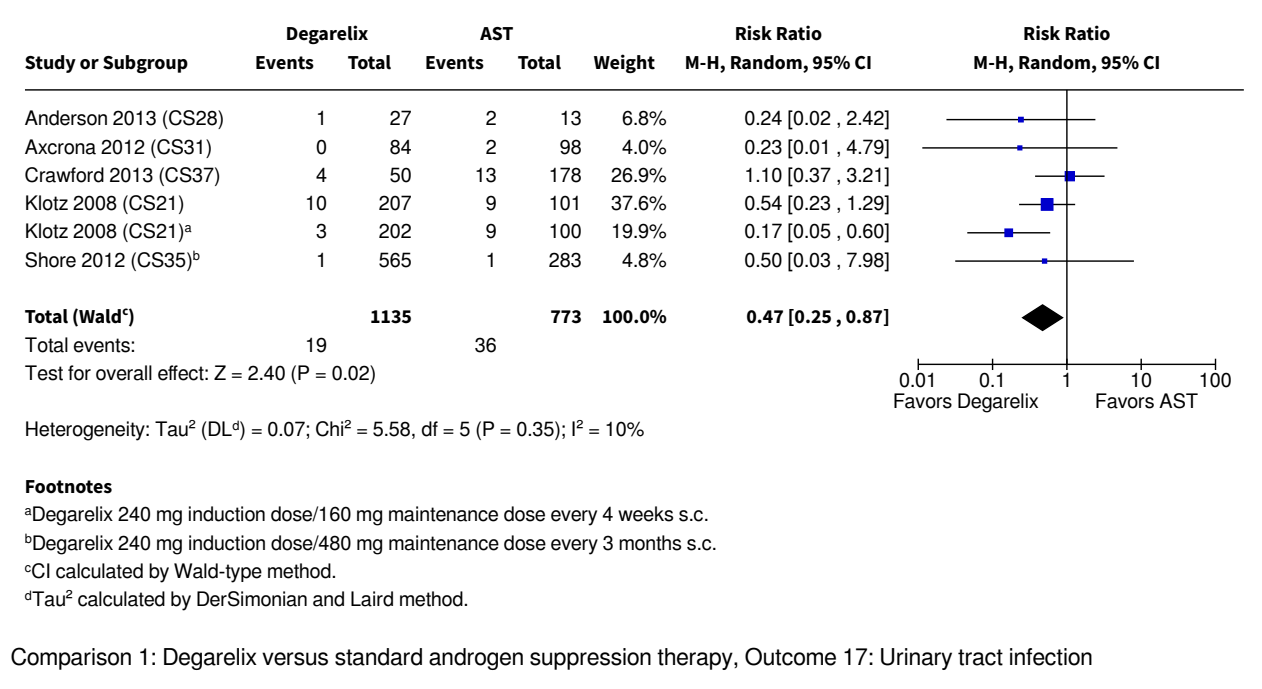
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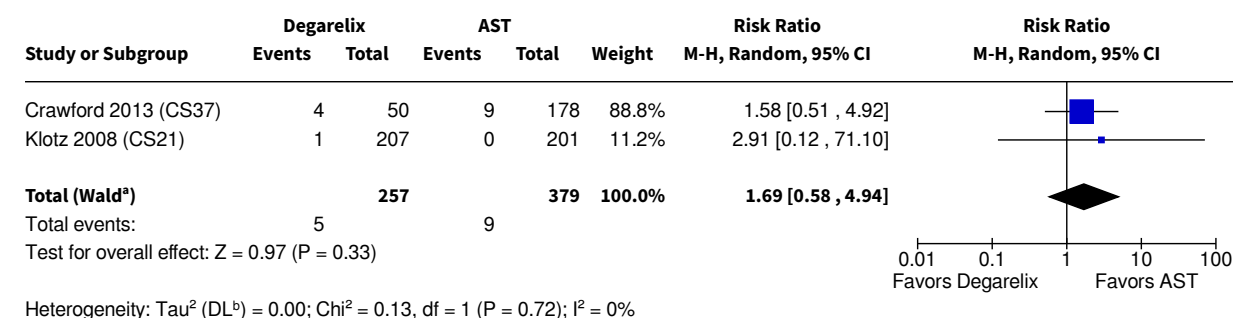
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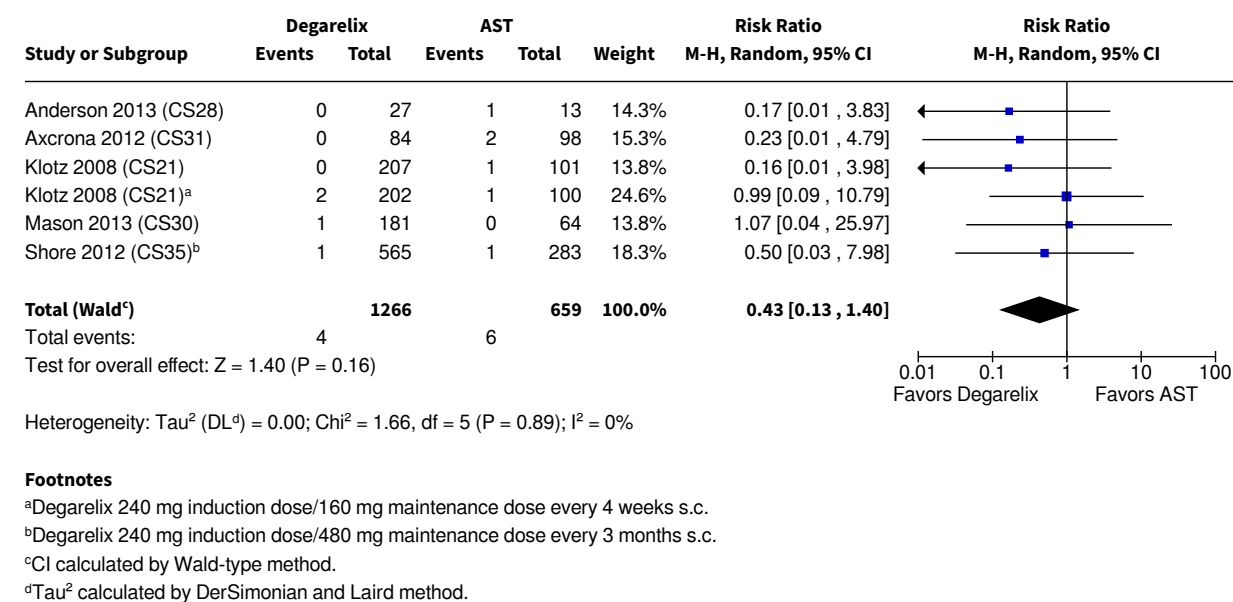
Analysis 1.17



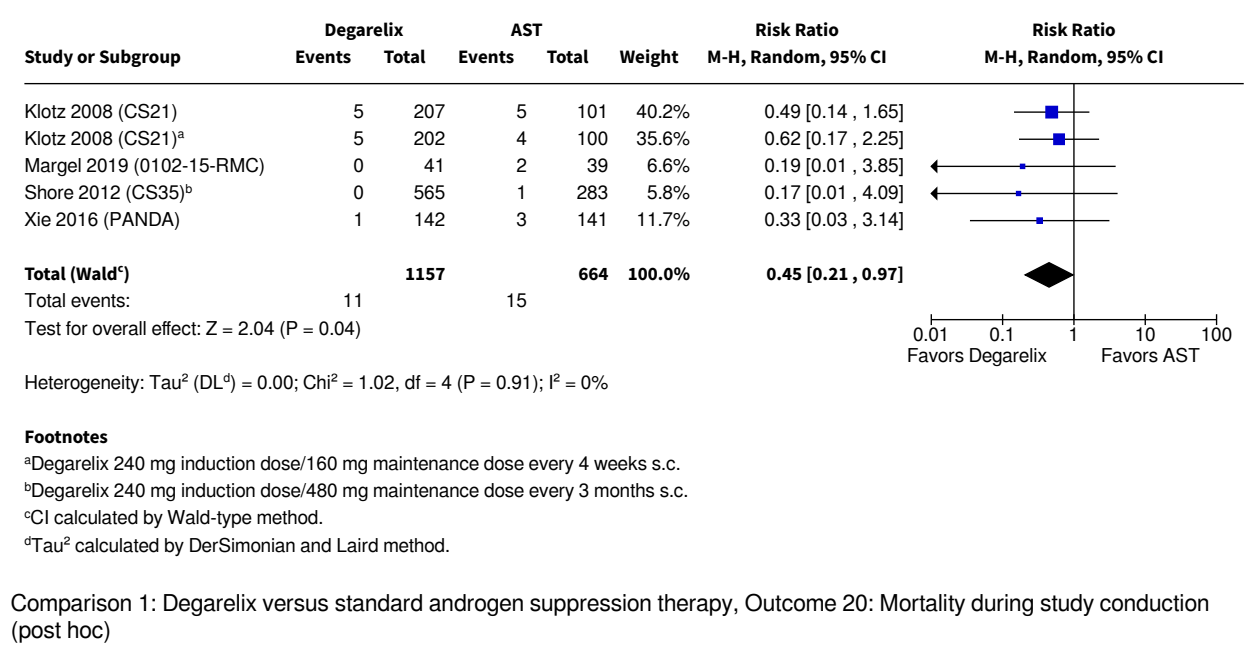
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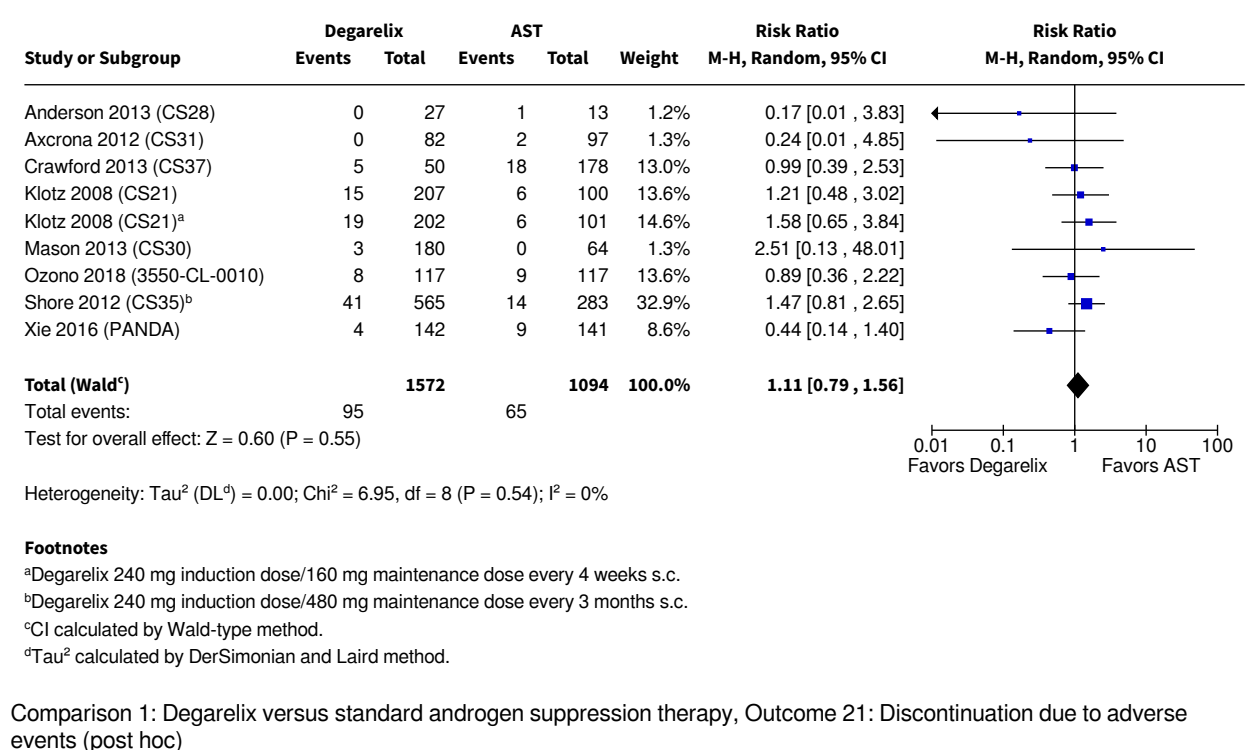
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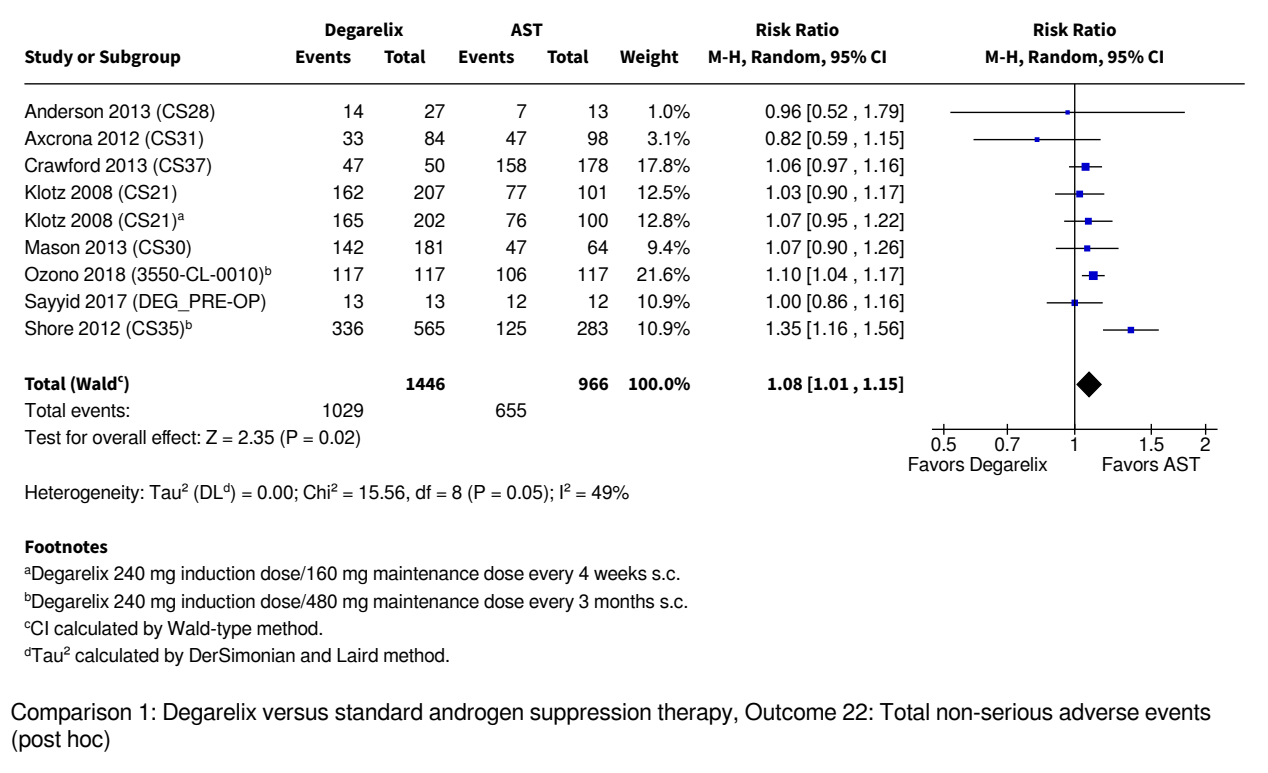
Analysis 1.20



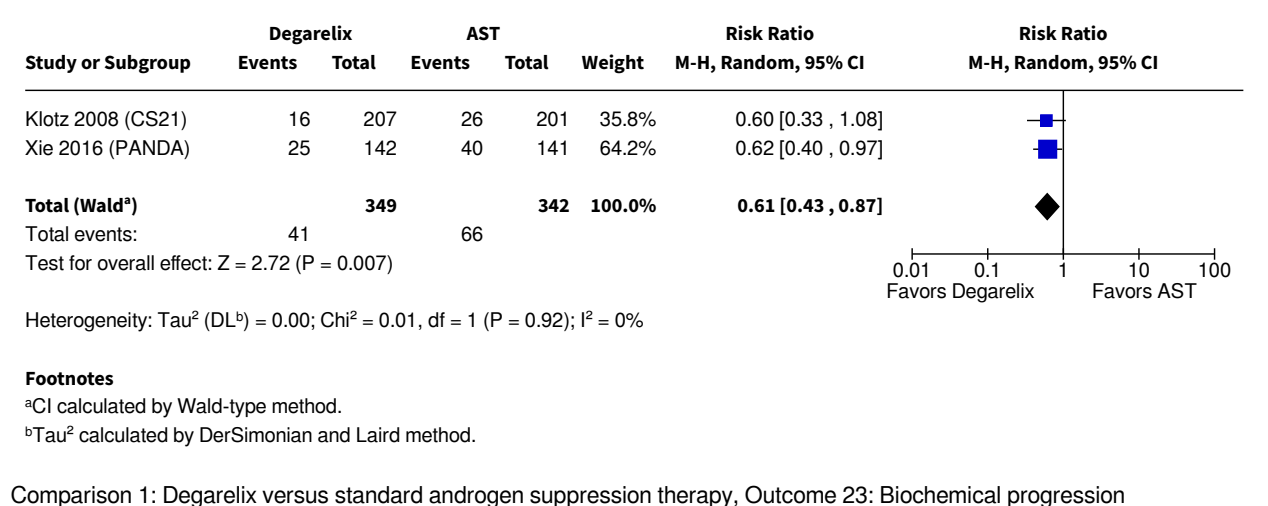
Analysis 1.21



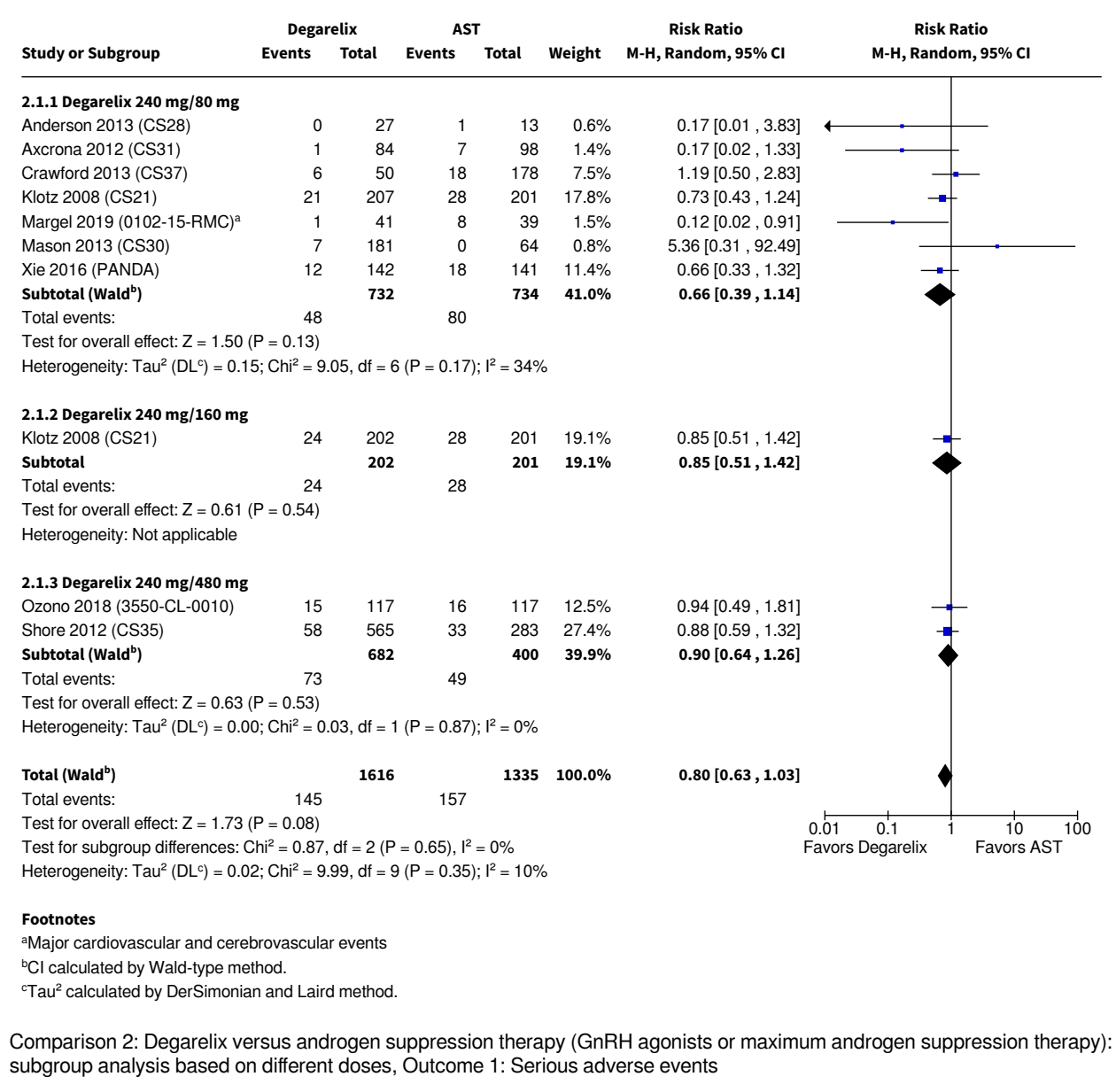
Analysis 1.22



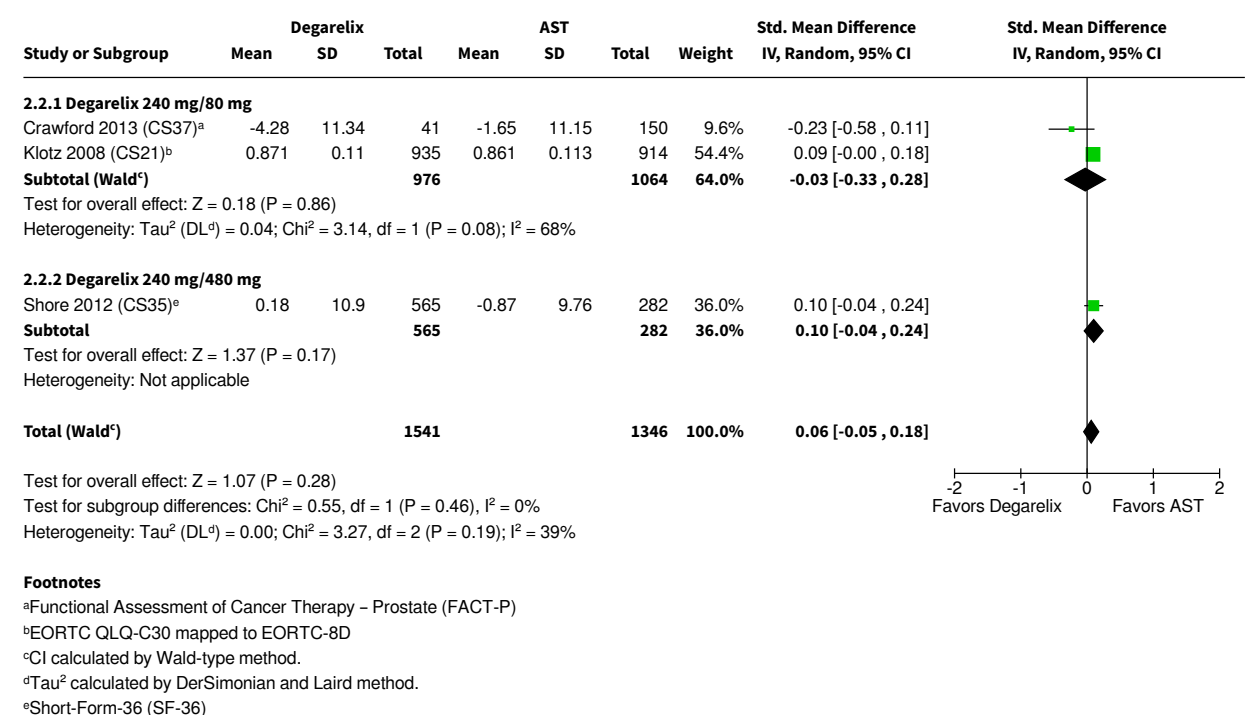
Analysis 1.23



Analysis 2.1

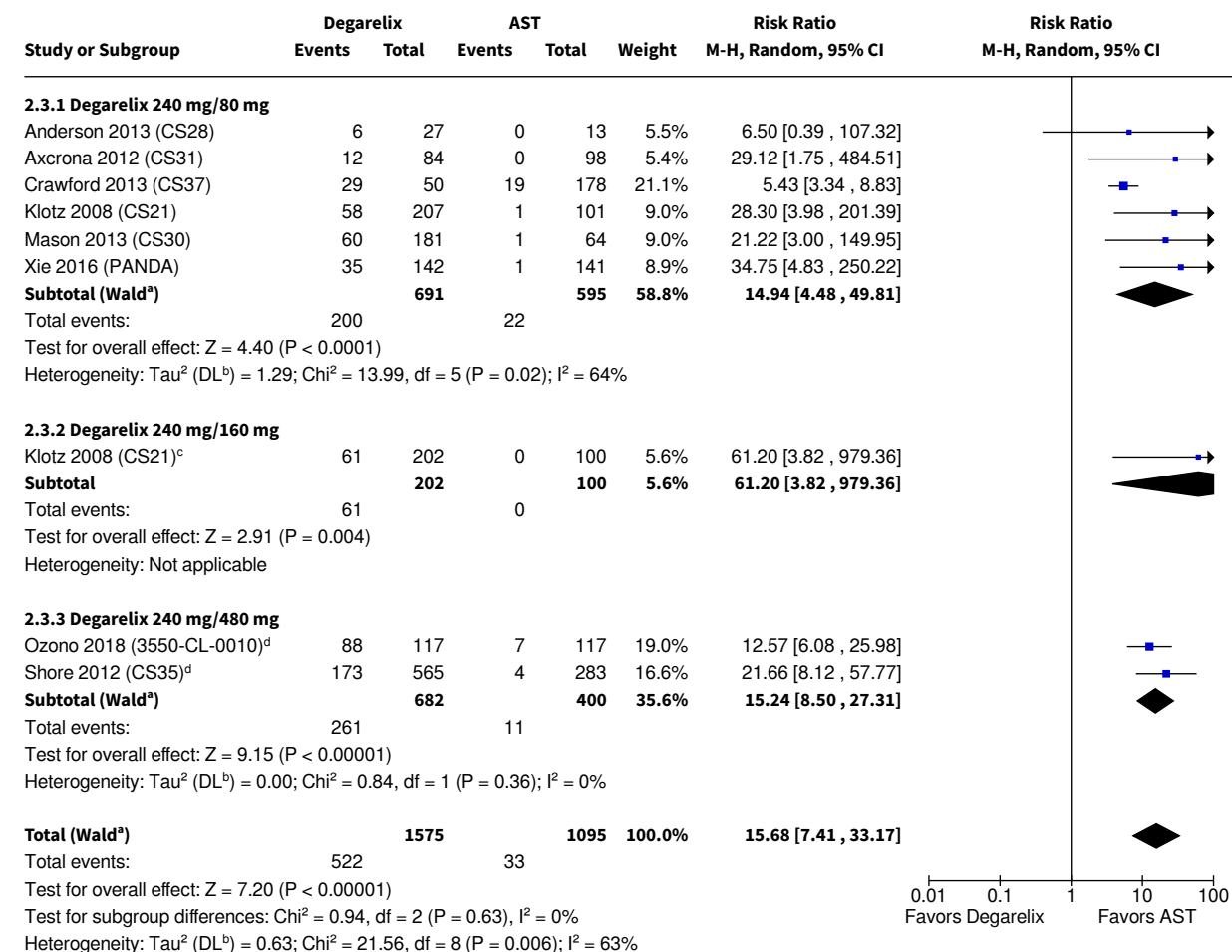


Analysis 2.2



Comparison 2: Degarelix versus androgen suppression therapy (GnRH agonists or maximum androgen suppression therapy): subgroup analysis based on different doses, Outcome 2: Quality of life

Analysis 2.3



Footnotes

^aCI calculated by Wald-type method.

^bTau² calculated by DerSimonian and Laird method.

^cDegarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.

^dDegarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.

Comparison 2: Degarelix versus androgen suppression therapy (GnRH agonists or maximum androgen suppression therapy): subgroup analysis based on different doses, Outcome 3: Injection site pain