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# Degarelix for treating advanced hormone-sensitive prostate cancer

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## **Abstract**

**Background** 

**Objectives** 

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**Background** 

## **Objectives**

## **Methods**

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**Data collection and analysis** 

## **Results**

**Description of studies** 

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**Authors' conclusions** 

## **Data and analyses**

Comparison 1

Degarelix versus standard androgen suppression therapy

u No. of studies b gr o u p tit	No. of partici pants	Statistical m ethod	Effect size	
1. 1 S er io u s a d 9 v er s e e e v e nt s	2750	Risk Ratio (M-H, Rando m, 95% CI)	0.80 [0.62, 1.05]	
1. 2 Q u	2887	Std. Mean Di fference (IV, Random, 9 5% CI)	0.06 [-0.05, 0.18]	
1. 3 In je ct io 8 si te p ai n	2670	Risk Ratio (M-H, Rando m, 95% CI)	15.68 [7.41, 33.17]	
c ul ar e v e	30	Risk Ratio (M-H, Rando m, 95% CI)	0.15 [0.04, 0.61]	
nt s 1.5 2 2 5 8 4 c k p		Risk Ratio (M-H, Rando m, 95% CI)	0.66 [0.46, 0.96]	

Out c o m e or s u b gr o u p tit le ai	No. of studies	No. of partici pants	Statistical m ethod	Effect size	
n 1.6 G y n e c o m a st ia 1.	1	25	Risk Ratio (M-H, Rando m, 95% CI)	0.31 [0.01, 6.94]	
7 O n st ip at io n	4	1112	Risk Ratio (M-H, Rando m, 95% CI)	0.75 [0.39, 1.46]	
n 1. 8 D ia rr h e a 1.	2	253	Risk Ratio (M-H, Rando m, 95% CI)	1.56 [0.47, 5.18]	
1. 9 V o m iti n g	2	837	Risk Ratio (M-H, Rando m, 95% CI)	1.56 [0.79, 3.08]	
1 0 L o s s of s e x u al in te re st		270	Risk Ratio (M-H, Rando m, 95% CI)	1.06 [0.35, 3.17]	
1. 1 1 0 s	2		Risk Ratio (M-H, Rando m, 95% CI)	0.82 [0.39, 1.69]	

0	I				
ut c o m e or s u b gr o u p tit le	No. of studies	No. of partici pants	Statistical m ethod	Effect size	
of s e x u al fu n ct io n 1.					
2 F at ig u e 1. 1 3 H ot fl		1996	m, 95% CI)	0.83 [0.60, 1.16]	
ot flushes 1.14An		2412	Risk Ratio	0.99 [0.86, 1.14]	
e m ia 1. 1 5 H e p	4	1014		0.31 [0.13, 0.74] 2.15 [1.26, 3.66]	
at ic e n z y m e in cr e					
a s e (a la ni n e a m					

Out come or sub	No. of studies	No. of partici pants	Statistical m ethod	Effect size	
b gr o u p tit le in ot ra n sf					
er a s e) 1. 1 6 D y s p n	1	182	Risk Ratio (M-H, Rando m, 95% CI)	0.39 [0.02, 9.41]	
e a 1. 1 7 U ri n ar	5	1908	Risk Ratio (M-H, Rando m, 95% CI)	0.47 [0.25, 0.87]	
ct in fe ct io n 1. 1 8 H e m		636	Risk Ratio	1.69 [0.58, 4.94]	
at ur ia 1. 1 9 Uri n ar y	5	1925	Risk Ratio	0.43 [0.13, 1.40]	
re te nt io n 1. 2 0 M or ta lit	4		Risk Ratio (M-H, Rando m, 95% CI)	0.45 [0.21, 0.97]	

O ut c c o m e or s No. of studies b gr o u	No. of partici pants	Statistical m ethod	Effect size	
tit le y d ur in g st u d y c				
O ut c o m e or s u b gr o u p titt le y d ur in g st u d y c c o n d u ct io n (p o st h o c c)  1. 22 1 D is c				
is c o o nt in u at io n d u e to a d v er s e e e v v	2666	Risk Ratio (M-H, Rando m, 95% CI)	1.11 [0.79, 1.56]	
e v e nt s (p o st h o c) 1. 8 2 2 T ot al n o o		Risk Ratio (M-H, Rando m, 95% CI)	1.08 [1.01, 1.15]	

gr o u p tit le	No. of partici pants	Statistical m ethod	Effect size	
n- s er io u s a d v er s e e e v e nt s (p o st h o c c) 1. 2 3 Bi o c h e m ic 2				
1. 22 3 Bii 0	691	Risk Ratio (M-H, Rando m, 95% CI)	0.61 [0.43, 0.87]	

Degarelix versus androgen suppression therapy (GnRH agonists or maximum androgen suppression
therapy): subgroup analysis based on different doses

No. of studies  No. of studies	No. of partici pants	Statistical m ethod	Effect size	
e i i i i i i i i i i i i i i i i i i i	2951	Risk Ratio (M-H, Rando m, 95% CI)	0.80 [0.63, 1.03]	
2	1466	Risk Ratio (M-H, Rando m, 95% CI)	0.66 [0.39, 1.14]	
k 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	403	Risk Ratio (M-H, Rando m, 95% CI)	0.85 [0.51, 1.42]	
g/ 6 0 n 1 2. 2 		Risk Ratio (M-H, Rando m, 95% CI)	0.90 [0.64, 1.26]	

Std. Mean Di   Reference (IV.   Random. 9   S% CI)   Std. Mean Di   Reference (IV.	O ut c c o m e e o r s No. of studies b g r o u p tit le g a r	No. of partici pants	Statistical m ethod	Effect size	
1 D e e g a r e el grand de la companyation de la c	el ix 2 4 0		Std. Mean Di		
m g	1 D e g a		5% CI)  Std. Mean Difference (IV, Random, 9		
	m g/ 8 0	847	fference (IV, Random, 9	0.10 [-0.04, 0.24]	

O ut c c o m e o o r s wood of studies u b g g r o o u u p titt le m g	No. of partici pants	Statistical m ethod	Effect size	
g 2. 3 In je ct io n si te p ai n	2670	Risk Ratio (M-H, Rando m, 95% CI)	15.68 [7.41, 33.17]	
te p ai n 2. 3. 1 D e g a r el ix 6 2 4 0 m g g 8 0 m g g	1286	Risk Ratio (M-H, Rando m, 95% CI)	14.94 [4.48, 49.81]	
m g/8 0 0 m g 2 2 3 2 D e g g a a r e e l ix 2 2 4 0 0 m g g/1 1 6 0 0 m m	302	Risk Ratio (M-H, Rando m, 95% CI)	61.20 [3.82, 979.36]	
g/ 1 6 0 0 m g 2. 2 3. 3 D e e g a a r e el ix	1082	Risk Ratio (M-H, Rando m, 95% CI)	15.24 [8.50, 27.31]	

O ut c o m e o r s u b g r o u p tit le 2 4 0	o. of studies	No. of partici pants	Statistical m ethod	Effect size	
2 4 0 m g/ 4 8 0 m					

## **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					
	Authors' judgeme nt	Support for judgement			
Random sequence gener	Unclear ri	Quote from publication: "Patients were randomised 3:1"			
	ماد	Comment: insufficient information to permit judgment.			
Allocation concealment	Unclear ri	Quote from publication: "Patients were randomised 3:1"			
(selection bias)	sk	Comment: insufficient information to permit judgment.			
	High risk	Quote from publication: "open-label study"; there was no blinding (or it was not reported)			
nd personnel (performan		Comment: we judge that subjective outcomes are influenced by lack of blinding.			

ce bias) Subjective outcomes		
Blinding of outcome asse ssment (detection bias) Subjective outcomes	SK	Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression	Unclear ri sk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events	Low risk	<b>Comment:</b> 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 ri sk	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' judg ement	Support for judgement
Random sequence generation (selectio		Quote from publication: "patients were randomized"
n bias)	Unclear risk	Comment: insufficient information to permit judgment.
Allocation concealment (selection bias)	Unclear risk	Quote from publication: "patients were randomized"
Allocation concealment (selection bias)	Officieal fisk	Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias)	High risk	<b>Quote from publication:</b> "open-label trial"; there was no blinding (or it was not reported)
Subjective outcomes		Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias)	Unclear risk	<b>Quote from publication:</b> "open-label trial"; there was no blinding of outcome asses sment (or it was not reported)
Subjective outcomes		Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression		Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events		Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	<b>Comment:</b> quality of life assessment was not included because data were not relevant to this review (scale used: BPHII).
Selective reporting (reporting bias)	Low risk	<b>Comment:</b> the study protocol is available, and all outcomes that are of interest hav e 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' judg ement	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)		<b>Quote from ClinicalTrials.gov:</b> "This was an open-label, randomized, parallel-arm, multicenter study"
Subjective outcomes		Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias)		<b>Quote from publication:</b> "open-label trial"; there was no blinding of outcome asses sment (or it was not reported)
Subjective outcomes		Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression		Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events		Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Low risk	<b>Comment:</b> missing outcome data balanced in numbers across intervention groups (Group 2 18.0% vs Group 3 15.7%).
Selective reporting (reporting bias)	Unclear risk	<b>Comment:</b> 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 intere		
st		
Notes		
Risk of bias	1	
	Author	
Bias		Support for judgement
	ment	
Random sequence ge neration (selection bia	Low risk	<b>Quote from publication:</b> "Randomization lists were prepared centrally (), using validated computer program"
s)		Comment: randomization was adequately performed.
Allocation concealme	l our riols	Quote from publication: "Central allocation"
nt (selection bias)	Low risk	Comment: adequate allocation concealment.
Blinding of participant s and personnel (perf ormance bias) Subjective outcomes	1.	Quote from publication: "open-label study"  Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome a ssessment (detection bias) Subjective outcomes		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 d ata (attrition bias) Biochemical progressi on		Comment: no relevant missing outcome data.
Incomplete outcome d ata (attrition bias) Adverse events		Comment: no missing outcome data.
Incomplete outcome d ata (attrition bias) Quality of life	Low risk	<b>Comment:</b> the return rate of questionnaires used in the study was minimum 90.6%. Plausible effect size a mong missing outcomes not enough to have a clinically relevant impact on observed effect size.
Selective reporting (re porting 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' jud gement	Support for judgement
Random sequence generation (sele ction bias)	Low risk	Quote from publication: "Randomization was done by minimization using MINIM softw are"
Clion bias)		Comment: we assume that randomization was adequately performed.
Allocation concealment (selection bi as)	Low risk	<b>Quote from publication:</b> "The allocation sequence was created and coordinated at the study central office"
(45)		Comment: adequate allocation concealment.
Blinding of participants and personn el (performance bias)	High risk	Quote from publication: "open-label study"
Subjective outcomes	nigirrisk	Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (de tection bias)	Low risk	<b>Quote from publication:</b> "A cardiologist blinded to treatment assignment reviewed all medical records and categorized all cardiac events"
Subjective outcomes		Comment: adequate outcome assessment.
Incomplete outcome data (attrition bi as) Biochemical progression	Unclear risk	Comment: the study did not address this outcome.
Incomplete outcome data (attrition bi as) Adverse events	Low risk	Comment: no missing outcome data
Incomplete outcome data (attrition bi as) Quality of life		Comment: the study did not address this outcome.
Selective reporting (reporting bias)	High risk	<b>Comment:</b> the study protocol is available. Quality of life is prespecified in the protocol b ut 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' judg ement	Support for judgement
Random sequence generation (selectio	l la ala au viale	Quote from publication: "patients were randomised in a 3:1 ratio"
n bias)	Unclear risk	Comment: insufficient information to permit judgment.
Allo antico according antico bisa	Unclear risk	Quote from publication: "patients were randomised in a 3:1 ratio"
Allocation concealment (selection bias)		Comment: insufficient information to permit judgment.
Blinding of participants and personnel (performance bias)	High risk	<b>Quote from publication:</b> "open-label trial"; there was no blinding (or it was not reported)
Subjective outcomes		Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detection bias)	Unclear risk	<b>Quote from publication:</b> "open-label trial"; there was no blinding of outcome assessment (or it was not reported)
Subjective outcomes		Comment: insufficient information to permit judgment.
Incomplete outcome data (attrition bias) Biochemical progression		Comment: the study did not address this outcome.
Incomplete outcome data (attrition bias) Adverse events		Comment: no missing outcome data.
Incomplete outcome data (attrition bias) Quality of life	Unclear risk	<b>Comment:</b> quality of life assessment was not included because data were not rele vant to this review (scale used: IPSS).
Selective reporting (reporting bias)	Low risk	<b>Comment:</b> the study protocol is available, and all outcomes of interest have been r eported.
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' j udgemen t	Support for judgement		
Random sequence gener ation (selection bias)		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 (s election bias)	Unclear ri sk	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 an d personnel (performance bias) Subjective outcomes	LP along the	<b>Quote from publication:</b> "open-label, parallel-arm study", "For the safety analysis, the incidence of A Es, SAEs, and ADRs were collected and graded according to Common Terminology Criteria for Adv erse Events version 4.0." <b>Comment:</b> we judge that subjective outcomes are influenced by lack of blinding.		
Blinding of outcome asses sment (detection bias) Subjective outcomes	unciear ri sk	Quote from publication: "open-label trial"; there was no blinding of outcome assessment (or it was n ot reported)  Comment: insufficient information to permit judgment.		
Incomplete outcome data (attrition bias) Biochemical progression		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: withdraw als 23/117 (=19.7 %)"  Comment: missing outcome data are balanced in numbers across intervention groups with similar re asons for missing data across groups.		
Incomplete outcome data (attrition bias) Quality of life	Unclear ri sk	Comment: the study did not address this outcome.		
Selective reporting (report ing 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' judgeme nt	Support for judgement
Random sequence gene	Unclear r	Quote from publication: "prospective randomized, parallel-arm, open-label, single-center trial"
ration (selection bias)	isk	Comment: insufficient information to permit judgment.
Allocation concealment	Unclear r isk	Quote from publication: "prospective randomized, parallel-arm, open-label, single-center trial"
(selection bias)		Comment: insufficient information to permit judgment.
Blinding of participants a		Quote from publication: "Open-label study"
nd personnel (performan ce bias) Subjective outcomes	High risk	<b>Comment:</b> 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.
	Unclear r isk	<b>Quote from publication:</b> "open-label study"; there was no blinding of outcome assessment (or it was n ot reported)
Subjective outcomes		Comment: insufficient information to permit judgment.
Incomplete outcome dat a (attrition bias) Biochemical progression	Unclear r isk	Comment: the study did not address this outcome.
Incomplete outcome dat a (attrition bias) Adverse events	Unclear r isk	Comment: the study did not address this outcome.
Quality of life	Unclear r isk	Comment: the study did not address this outcome.
Selective reporting (reporting bias)	High risk	<b>Comment:</b> adverse events were not reported, although evaluation of this outcome could have been ex pected.

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

#### Sayyid 2017 (DEG\_PRE-OP) Study characteristics Methods Participants Interventions Outcomes Funding source Declarations of interest Notes Risk of bias Autho rs' jud Rias Support for judgement geme Quote from publication: "patients were block-randomized 1:1:1" Random seque Low ri Quote from correspondence: "This study followed block randomization and was stratified by study site using a com nce generation puter-generated list of random numbers. (selection bias) Comment: adequate random sequence generation. Quote from publication: not reported Quote from correspondence: "The allocation sequence was created and coordinated centrally, through the Univers ity Health Network Uro-Oncology Research Unit in Toronto. Participant enrolment and assignment to intervention Allocation conc I ow r was performed at each site utilizing prefilled sequential randomisation envelopes which contained a 4-digit code (2 ealment (selecti -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 me on bias) dication page." Comment: adequate allocation concealment. Blinding of parti Quote from publication: "Open-label study" cipants and per sonnel (perform High r Quote from correspondence: "This was an open label randomized study; therefore all study investigators, participa ance bias) isk nts and research coordination staff were unblinded to the treatment allocation for the duration of the study." Subjective outc Comment: we judge that subjective outcomes are influenced by lack of blinding. omes Blinding of outc ome assessme Low ri Quote from correspondence: "Tissue and data handlers and analysts were blinded to the treatment allocation." nt (detection bi as) Comment: adequate outcome assessment. Subjective outc omes Incomplete out come data (attri Uncle tion bias) Comment: the study did not address this outcome. ar risk Biochemical pr ogression Incomplete out come data (attri Low ri Comment: no missing outcome data. tion bias) Adverse events Incomplete out come data (attri Uncle ar risk Comment: the study did not address this outcome. tion bias) Quality of life Quote from correspondence: "While safety was not pre-specified as an outcome, toxicity of study treatments was Selective report Uncle monitored throughout the study, with regular reporting...' ing (reporting bi ar risk as) Comment: insufficient information to permit judgment. Low ri Other bias 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' judg ement	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 (p erformance bias) Subjective outcomes	High risk	Quote from publication: "open-label study"; there was no blinding (or it was not r eported)  Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detecti on bias) Subjective outcomes	Unclear risk	Quote from publication: "open-label study"; there was no blinding of outcome as sessment (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	<b>Comment:</b> 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	ı	
Methods		
Participants		
Interventions		
Outcomes		
Funding sources		
Declarations of inter		
est		
Notes		
Risk of bias	T	
	Author	
Bias		Support for judgement
	ment	
Random sequence generation (selection bias)	Low ris k	<b>Quote from correspondence:</b> "Computer-generated randomisation lists allocating patients to one of the two t reatments in a 1:1 ratio per stratum. The randomisation lists were stratified into groups of patients having ha d previous therapy with 5-alpha reductase inhibitors within the last year, and those patients that did not." <b>Comment:</b> adequate random sequence generation.
Allocation concealm	Linclear	Quote from correspondence: "The treatment allocation was open-label."
	risk	Comment: insufficient information to permit judgment.
Blinding of participa nts and personnel (p erformance bias) Subjective outcome s	High ris k	Quote from correspondence: "An open-label design was chosen as blinding was not feasible due to the form ulation differences between degarelix and goserelin."  Comment: we judge that subjective outcomes are influenced by lack of blinding.
Blinding of outcome assessment (detecti on bias) Subjective outcome	Unclear risk	Quote from correspondence: "Testosterone and PSA levels (with the exception of the screening samples) w ere masked for Sponsor personnel directly involved in the trial."  Comment: blood values are not likely to being influenced by lack of blinding, but insufficient reporting regarding outcome assessment of adverse events.
s Incomplete outcome data (attrition bias) Biochemical progre ssion	Low ris k	Comment: no relevant missing outcome data.
Incomplete outcome data (attrition bias) Adverse events	Low ris k	<b>Quote from correspondence:</b> "There were two patients withdrawing consent after randomisation and before first trial product administration ('first dose'); otherwise no exclusions were made." <b>Comment:</b> 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 ris k Comment: we did not identify other sources of bias.

## 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}

	Degar	elix	AST	Г		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Anderson 2013 (CS28)	0	27	1	13	0.7%	0.17 [0.01 , 3.83]	<del></del>
Axcrona 2012 (CS31)	1	84	7	98	1.6%	0.17 [0.02 , 1.33]	<del></del>
Crawford 2013 (CS37)	6	50	18	178	8.4%	1.19 [0.50 , 2.83]	<del>_</del> -
Klotz 2008 (CS21) <sup>a</sup>	24	202	14	100	15.5%	0.85 [0.46 , 1.57]	
Klotz 2008 (CS21)b	21	207	14	101	14.7%	0.73 [0.39 , 1.38]	<del></del>
Margel 2019 (0102-15-RMC) <sup>c</sup>	1	41	8	39	1.6%	0.12 [0.02, 0.91]	<del></del>
Mason 2013 (CS30)	7	181	0	64	0.8%	5.36 [0.31, 92.49]	
Ozono 2018 (3550-CL-0010)d	15	117	16	117	13.8%	0.94 [0.49 , 1.81]	<del></del>
Shore 2012 (CS35) <sup>e</sup>	58	565	33	283	30.2%	0.88 [0.59 , 1.32]	-
Xie 2016 (PANDA)	12	142	18	141	12.6%	0.66 [0.33 , 1.32]	
Total (Wald <sup>f</sup> )		1616		1134	100.0%	0.80 [0.62, 1.05]	•
Total events:	145		129				1

Heterogeneity:  $Tau^2$  (DL<sup>g</sup>) = 0.02;  $Chi^2$  = 9.93, df = 9 (P = 0.36);  $I^2$  = 9%

#### **Footnotes**

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

<sup>&</sup>lt;sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose s.c.

<sup>&</sup>lt;sup>b</sup>Degarelix 240 mg induction dose/80 mg maintenance dose s.c.

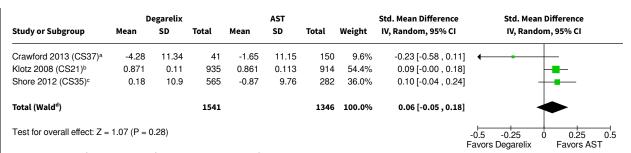
<sup>&</sup>lt;sup>c</sup>Major cardiovascular and cerebrovascular events

<sup>&</sup>lt;sup>d</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.

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

fCI calculated by Wald-type method.

<sup>&</sup>lt;sup>9</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

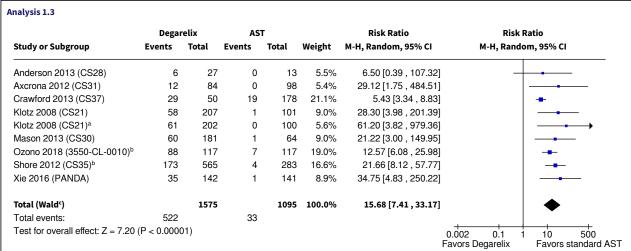


Heterogeneity:  $Tau^2$  (DLe) = 0.00;  $Chi^2$  = 3.27, df = 2 (P = 0.19);  $I^2$  = 39%

#### **Footnotes**

- <sup>a</sup>Functional Assessment of Cancer Therapy Prostate (FACT-P)
- <sup>b</sup>EORTC QLQ-C30 mapped to EORTC-8D; degarelix 240 mg induction dose/80 mg maintenance dose every 4 weeks
- cShort-Form-36 (SF-36); degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- dCI calculated by Wald-type method.
- eTau2 calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 2: Quality of life

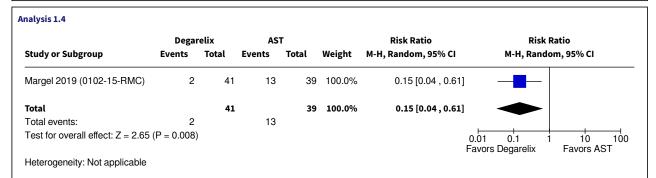


Heterogeneity:  $Tau^2$  (DL<sup>d</sup>) = 0.63;  $Chi^2$  = 21.56, df = 8 (P = 0.006);  $I^2$  = 63%

#### Footnotes

- $^{\rm a}\text{Degarelix}$  240 mg induction dose/160 mg maintenance dose s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- <sup>c</sup>CI calculated by Wald-type method.
- <sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 3: Injection site pain



Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 4: Cardiovascular events

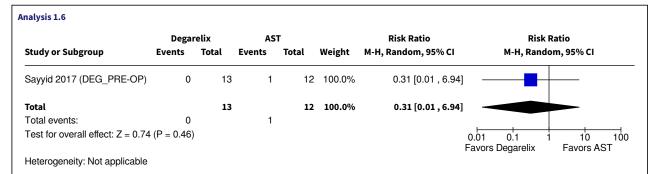
	Degar	elix	AS <sup>*</sup>	Т		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Axcrona 2012 (CS31)	2	84	2	98	3.7%	1.17 [0.17 , 8.10]	
Crawford 2013 (CS37)	3	50	10	178	8.9%	1.07 [0.31, 3.73]	
Klotz 2008 (CS21)	12	207	9	101	20.2%	0.65 [0.28 , 1.49]	<del></del>
Clotz 2008 (CS21) <sup>a</sup>	12	202	8	100	18.7%	0.74 [0.31 , 1.76]	<del></del>
Ozono 2018 (3550-CL-0010) <sup>b</sup>	6	117	5	117	10.4%	1.20 [0.38 , 3.82]	<del></del>
Shore 2012 (CS35) <sup>c</sup>	19	565	21	283	38.2%	0.45 [0.25 , 0.83]	-
otal (Wald <sup>d</sup> )		1225		877	100.0%	0.66 [0.46, 0.96]	•
Total events:	54		55				•
Fest for overall effect: Z = 2.17	(P = 0.03)						0.01 0.1 1 10 10 Favors Degarelix Favors AST

Heterogeneity:  $Tau^2$  (DLe) = 0.00;  $Chi^2$  = 3.49, df = 5 (P = 0.63);  $I^2$  = 0%

#### Footnotes

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °Degarelix 240 mg induction dose/480 mg maintenance dose every 3 month s.c.
- <sup>d</sup>CI calculated by Wald-type method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 5: Back pain



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



Heterogeneity:  $Tau^2$  (DL<sup>d</sup>) = 0.15;  $Chi^2$  = 5.43, df = 4 (P = 0.25);  $I^2$  = 26%

#### Footnotes

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.

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

eTau2 calculated by DerSimonian and Laird method.

<sup>&</sup>lt;sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

	Degar	elix	AS'	T		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Crawford 2013 (CS37)	3	50	6	178	79.5%	1.78 [0.46 , 6.87]	
Sayyid 2017 (DEG_PRE-OP)	1	13	1	12	20.5%	0.92 [0.06 , 13.18]	
Total (Wald <sup>a</sup> )		63		190	100.0%	1.56 [0.47,5.18]	
Total events:	4		7				
Test for overall effect: $Z = 0.72$	(P = 0.47)						0.01 0.1 1 10 1 Favors Degarelix Favors AST

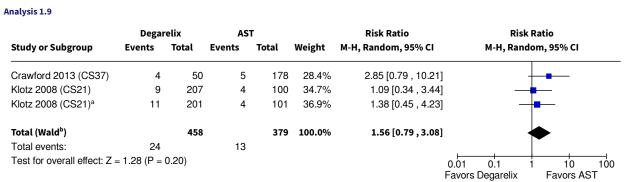
Heterogeneity:  $Tau^{2}$  (DL<sup>b</sup>) = 0.00;  $Chi^{2}$  = 0.19, df = 1 (P = 0.67);  $I^{2}$  = 0%

#### Footnotes

<sup>a</sup>Cl calculated by Wald-type method.

<sup>b</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 8: Diarrhea



Heterogeneity:  $Tau^2$  (DL°) = 0.00;  $Chi^2$  = 1.29, df = 2 (P = 0.53);  $I^2$  = 0%

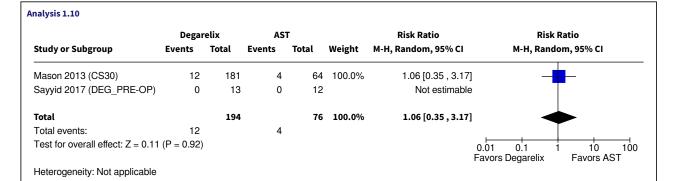
#### Footnotes

<sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.

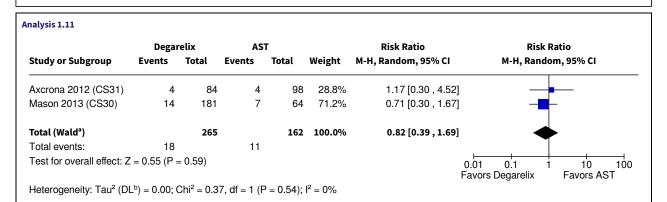
<sup>b</sup>Cl calculated by Wald-type method.

°Tau² calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 9: Vomiting



Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 10: Loss of sexual interest



#### Footnotes

<sup>a</sup>Cl calculated by Wald-type method.

<sup>b</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

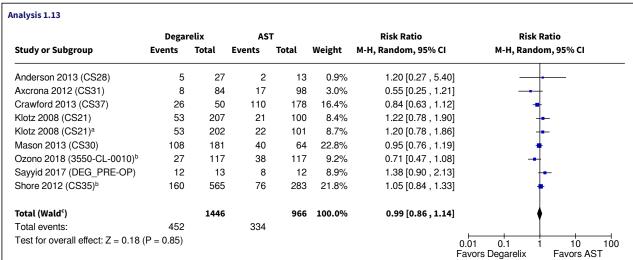
#### Analysis 1.12 Degarelix Risk Ratio AST **Risk Ratio** Study or Subgroup Weight Total Total M-H, Random, 95% CI M-H, Random, 95% CI Events **Events** Anderson 2013 (CS28) 2 27 0 13 1.2% 2.50 [0.13, 48.62] Crawford 2013 (CS37) 10 50 32 178 26.8% 1.11 [0.59, 2.10] Klotz 2008 (CS21) 7 207 6 100 9.6% 0.56 [0.19, 1.63] Klotz 2008 (CS21)<sup>a</sup> 13 7 13.8% 0.93 [0.38, 2.25] 202 101 Mason 2013 (CS30) 0.65 [0.25, 1.68] 11 181 6 64 12.0% Sayyid 2017 (DEG\_PRE-OP) 3 13 6 12 8.3% $0.46 \, [0.15 \, , \, 1.45]$ Shore 2012 (CS35)b 26 565 283 28.3% 0.87 [0.47, 1.61] 15 Total (Wald<sup>c</sup>) 1245 751 100.0% 0.83 [0.60, 1.16] Total events: 72 72 Test for overall effect: Z = 1.08 (P = 0.28) 0.01 0.1 10 100 Favors Degarelix Favors AST

Heterogeneity:  $Tau^2$  (DLd) = 0.00;  $Chi^2$  = 3.21, df = 6 (P = 0.78);  $I^2$  = 0%

#### **Footnotes**

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.

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



Heterogeneity:  $Tau^2$  (DLd) = 0.01;  $Chi^2$  = 10.15, df = 8 (P = 0.25);  $I^2$  = 21%

#### Footnotes

- $^{\rm a} \text{Degarelix}$  240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- $^{\rm b}\text{Degarelix}$  240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.

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

<sup>&</sup>lt;sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

<sup>&</sup>lt;sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

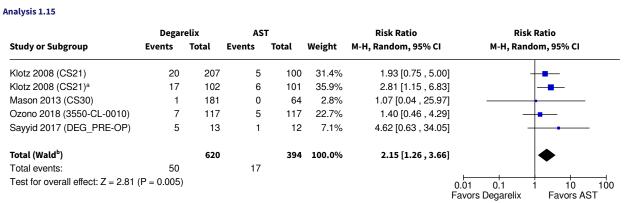
	Degar	elix	AS <sup>*</sup>	Т		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Anderson 2013 (CS28)	2	27	0	13	8.5%	2.50 [0.13 , 48.62]	
Axcrona 2012 (CS31)	0	84	2	98	8.1%	0.23 [0.01, 4.79]	·
Klotz 2008 (CS21)	0	207	1	100	7.3%	0.16 [0.01, 3.94]	· • • • • • • • • • • • • • • • • • • •
Klotz 2008 (CS21) <sup>a</sup>	0	202	2	101	8.1%	0.10 [0.00 , 2.07]	· • • • • • • • • • • • • • • • • • • •
Ozono 2018 (3550-CL-0010) <sup>b</sup>	3	117	12	117	48.5%	0.25 [0.07, 0.86]	_ <b></b>
Shore 2012 (CS35) <sup>b</sup>	2	565	2	283	19.5%	0.50 [0.07 , 3.54]	-
otal (Wald <sup>c</sup> )		1202		712	100.0%	0.31 [0.13, 0.74]	•
Total events:	7		19				-
Test for overall effect: Z = 2.65	(P = 0.008)						0.01 0.1 1 10 100 Favors Degarelix Favors AST

Heterogeneity:  $Tau^2$  (DL<sup>d</sup>) = 0.00;  $Chi^2$  = 2.97, df = 5 (P = 0.70);  $I^2$  = 0%

#### Footnotes

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 14: Anemia

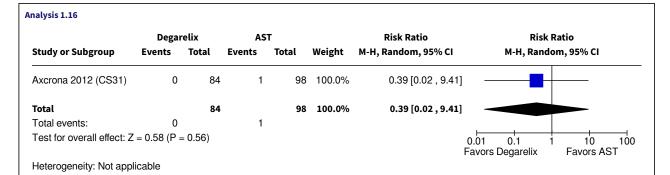


Heterogeneity:  $Tau^2$  (DLc) = 0.00;  $Chi^2$  = 1.70, df = 4 (P = 0.79);  $I^2$  = 0%

#### Footnotes

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>CI calculated by Wald-type method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 15: Hepatic enzyme increase (alanine aminotransferase)



Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 16: Dyspnea

<sup>&</sup>lt;sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

<sup>&</sup>lt;sup>c</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

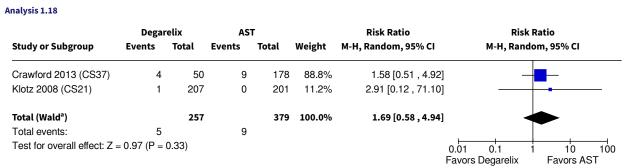
	Degar	elix	AS	Т		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Anderson 2013 (CS28)	1	27	2	13	6.8%	0.24 [0.02 , 2.42]	]
Axcrona 2012 (CS31)	0	84	2	98	4.0%	0.23 [0.01, 4.79]	l <del></del>
Crawford 2013 (CS37)	4	50	13	178	26.9%	1.10 [0.37 , 3.21]	] —
Klotz 2008 (CS21)	10	207	9	101	37.6%	0.54 [0.23 , 1.29]	] —
Klotz 2008 (CS21) <sup>a</sup>	3	202	9	100	19.9%	0.17 [0.05, 0.60]	] —
Shore 2012 (CS35) <sup>b</sup>	1	565	1	283	4.8%	0.50 [0.03 , 7.98]	1
Total (Wald <sup>c</sup> )		1135		773	100.0%	0.47 [0.25 , 0.87]	ı •
Total events:	19		36				•
Test for overall effect: Z =	= 2.40 (P = 0	0.02)					0.01 0.1 1 10 100 Favors Degarelix Favors AST

Heterogeneity:  $Tau^2$  (DLd) = 0.07;  $Chi^2$  = 5.58, df = 5 (P = 0.35);  $I^2$  = 10%

#### Footnotes

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.
- <sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 17: Urinary tract infection



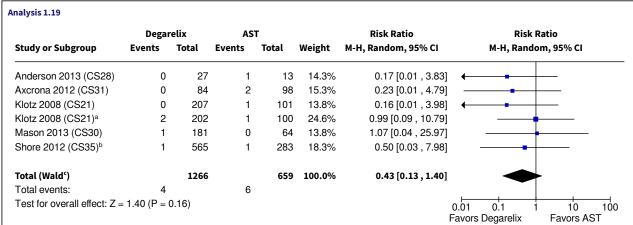
Heterogeneity:  $Tau^{2}$  (DL<sup>b</sup>) = 0.00;  $Chi^{2}$  = 0.13, df = 1 (P = 0.72);  $I^{2}$  = 0%

#### Footnotes

<sup>a</sup>CI calculated by Wald-type method.

<sup>b</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 18: Hematuria

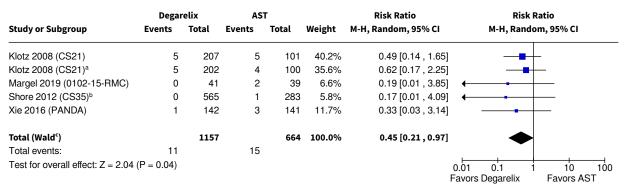


Heterogeneity:  $Tau^2$  (DL<sup>d</sup>) = 0.00;  $Chi^2$  = 1.66, df = 5 (P = 0.89);  $I^2$  = 0%

#### Footnotes

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.
- <sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 19: Urinary retention

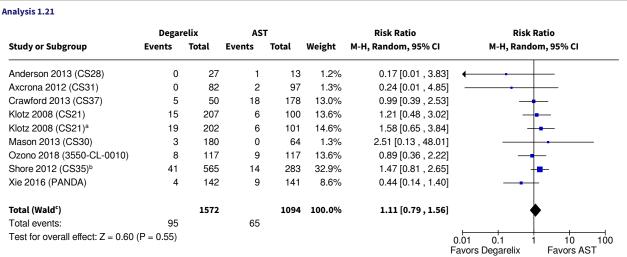


Heterogeneity:  $Tau^2$  (DL<sup>d</sup>) = 0.00;  $Chi^2$  = 1.02, df = 4 (P = 0.91);  $I^2$  = 0%

#### **Footnotes**

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 20: Mortality during study conduction (post hoc)



Heterogeneity:  $Tau^{2}$  (DL<sup>d</sup>) = 0.00;  $Chi^{2}$  = 6.95, df = 8 (P = 0.54);  $I^{2}$  = 0%

#### Footnotes

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 21: Discontinuation due to adverse events (post hoc)

<sup>&</sup>lt;sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

<sup>&</sup>lt;sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

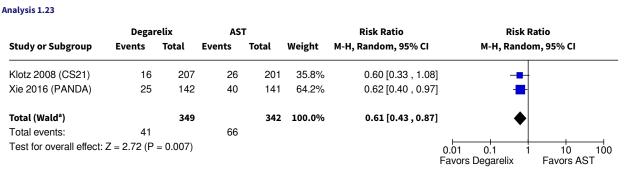
	Degar	elix	AS	Т		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Anderson 2013 (CS28)	14	27	7	13	1.0%	0.96 [0.52 , 1.79]	
Axcrona 2012 (CS31)	33	84	47	98	3.1%	0.82 [0.59 , 1.15]	<del></del>
Crawford 2013 (CS37)	47	50	158	178	17.8%	1.06 [0.97, 1.16]	<del> -</del>
Klotz 2008 (CS21)	162	207	77	101	12.5%	1.03 [0.90 , 1.17]	<del>-</del>
Klotz 2008 (CS21) <sup>a</sup>	165	202	76	100	12.8%	1.07 [0.95 , 1.22]	<del> </del>
Mason 2013 (CS30)	142	181	47	64	9.4%	1.07 [0.90 , 1.26]	<del> -</del>
Ozono 2018 (3550-CL-0010) <sup>b</sup>	117	117	106	117	21.6%	1.10 [1.04 , 1.17]	-
Sayyid 2017 (DEG_PRE-OP)	13	13	12	12	10.9%	1.00 [0.86 , 1.16]	<del></del>
Shore 2012 (CS35) <sup>b</sup>	336	565	125	283	10.9%	1.35 [1.16 , 1.56]	-
Total (Wald <sup>c</sup> )		1446		966	100.0%	1.08 [1.01, 1.15]	•
Total events:	1029		655				ľ
Test for overall effect: Z = 2.35	(P = 0.02)						0.5 0.7 1 1.5 2 Favors Degarelix Favors AST

Heterogeneity:  $Tau^2$  (DL<sup>d</sup>) = 0.00;  $Chi^2$  = 15.56, df = 8 (P = 0.05);  $I^2$  = 49%

#### Footnotes

- <sup>a</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.
- <sup>b</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.
- °CI calculated by Wald-type method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 22: Total non-serious adverse events (post hoc)



Heterogeneity:  $Tau^2$  (DLb) = 0.00;  $Chi^2$  = 0.01, df = 1 (P = 0.92);  $I^2$  = 0%

#### Footnotes

- <sup>a</sup>Cl calculated by Wald-type method.
- <sup>b</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

Comparison 1: Degarelix versus standard androgen suppression therapy, Outcome 23: Biochemical progression

 $<sup>{}^{\</sup>rm d}\text{Tau}^2$  calculated by DerSimonian and Laird method.

	Degar	elix	AS'	Т		Risk Ratio	Risk Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
2.1.1 Degarelix 240 mg/80 mg							
Anderson 2013 (CS28)	0	27	1	13	0.6%	0.17 [0.01, 3.83]	<del></del>
Axcrona 2012 (CS31)	1	84	7	98	1.4%	0.17 [0.02 , 1.33]	<del></del>
Crawford 2013 (CS37)	6	50	18	178	7.5%	1.19 [0.50 , 2.83]	<del></del>
Klotz 2008 (CS21)	21	207	28	201	17.8%	0.73 [0.43 , 1.24]	<del></del>
Margel 2019 (0102-15-RMC) <sup>a</sup>	1	41	8	39	1.5%	0.12 [0.02, 0.91]	
Mason 2013 (CS30)	7	181	0	64	0.8%	5.36 [0.31, 92.49]	<del></del>
Xie 2016 (PANDA)	12	142	18	141	11.4%	0.66 [0.33 , 1.32]	<del></del>
Subtotal (Wald <sup>b</sup> )		732		734	41.0%	0.66 [0.39, 1.14]	
Total events:	48		80				
Test for overall effect: $Z = 1.50$	(P = 0.13)						
Heterogeneity: $Tau^2 (DL^c) = 0.1$	5; Chi <sup>2</sup> = 9.	.05, df = 6	6 (P = 0.17)	); I <sup>2</sup> = 34%	6		
2.1.2 Degarelix 240 mg/160 mg	;						
Klotz 2008 (CS21)	24	202	28	201	19.1%	0.85 [0.51 , 1.42]	
Subtotal		202		201	19.1%	0.85 [0.51, 1.42]	•
Total events:	24		28				
Test for overall effect: $Z = 0.61$	(P = 0.54)						
Heterogeneity: Not applicable							
2.1.3 Degarelix 240 mg/480 mg	<b>;</b>						
Ozono 2018 (3550-CL-0010)	15	117	16	117	12.5%	0.94 [0.49 , 1.81]	+
Shore 2012 (CS35)	58	565	33	283	27.4%	0.88 [0.59 , 1.32]	-
Subtotal (Wald <sup>b</sup> )		682		400	39.9%	0.90 [0.64, 1.26]	<b>•</b>
Total events:	73		49				1
Test for overall effect: $Z = 0.63$	(P = 0.53)						
Heterogeneity: $Tau^2 (DL^c) = 0.0$	00; $Chi^2 = 0$ .	.03, df = 1	(P = 0.87)	); $I^2 = 0\%$			
Total (Wald <sup>b</sup> )		1616		1335	100.0%	0.80 [0.63, 1.03]	
Total events:	145		157			- , -	<b>Y</b>
Test for overall effect: Z = 1.73	(P = 0.08)						0.01 0.1 1 10
Test for subgroup differences: (	,		_				Favors Degarelix Favors AS

#### Footnotes

<sup>a</sup>Major cardiovascular and cerebrovascular events

Heterogeneity:  $Tau^2$  (DLc) = 0.02;  $Chi^2$  = 9.99, df = 9 (P = 0.35);  $I^2$  = 10%

<sup>b</sup>Cl calculated by Wald-type method.

°Tau² calculated by DerSimonian and Laird method.

Comparison 2: Degarelix versus androgen suppression therapy (GnRH agonists or maximum androgen suppression therapy): subgroup analysis based on different doses, Outcome 1: Serious adverse events

	D	egarelix			AST			Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
2.2.1 Degarelix 240 mg/8	0 mg								
Crawford 2013 (CS37) <sup>a</sup>	-4.28	11.34	41	-1.65	11.15	150	9.6%	-0.23 [-0.58 , 0.11]	<del></del>
Klotz 2008 (CS21)b	0.871	0.11	935	0.861	0.113	914	54.4%	0.09 [-0.00, 0.18]	<b>=</b>
Subtotal (Wald <sup>c</sup> )			976			1064	64.0%	-0.03 [-0.33, 0.28]	•
Test for overall effect: Z =	•	,							
Test for overall effect: Z = Heterogeneity: Tau <sup>2</sup> (DL <sup>c</sup>	•	,	df = 1 (P =	= 0.08); I <sup>2</sup> =	= 68%				
Heterogeneity: Tau <sup>2</sup> (DL <sup>c</sup> 2.2.2 Degarelix 240 mg/4	<sup>d</sup> ) = 0.04; Ch	ni <sup>2</sup> = 3.14,	,	,.					
Heterogeneity: Tau <sup>2</sup> (DL <sup>c</sup>	d) = 0.04; Ch	,	df = 1 (P = 565	= 0.08); I <sup>2</sup> = -0.87	9.76	282	36.0%	0.10 [-0.04 , 0.24]	
Heterogeneity: Tau <sup>2</sup> (DL <sup>c</sup> 2.2.2 Degarelix 240 mg/4	<sup>d</sup> ) = 0.04; Ch	ni <sup>2</sup> = 3.14,	,	,.		282 <b>282</b>	36.0% <b>36.0%</b>	0.10 [-0.04 , 0.24] <b>0.10 [-0.04 , 0.24</b> ]	•
Heterogeneity: Tau <sup>2</sup> (DL <sup>c</sup> <b>2.2.2 Degarelix 240 mg/4</b> Shore 2012 (CS35) <sup>e</sup>	(d) = 0.04; Ch (d) = 0.04; Ch (d) = 0.18	ni <sup>2</sup> = 3.14,	565	,.				•	•
Heterogeneity: Tau <sup>2</sup> (DL <sup>c</sup> <b>2.2.2 Degarelix 240 mg/4</b> Shore 2012 (CS35) <sup>o</sup> <b>Subtotal</b>	(B80 mg 0.18 = 1.37 (P = 0	ni <sup>2</sup> = 3.14,	565	,.				•	•
Heterogeneity: Tau <sup>2</sup> (DL <sup>c</sup> <b>2.2.2 Degarelix 240 mg/4</b> Shore 2012 (CS35)° <b>Subtotal</b> Test for overall effect: Z =	(B80 mg 0.18 = 1.37 (P = 0	ni <sup>2</sup> = 3.14,	565	,.				•	•
Heterogeneity: Tau <sup>2</sup> (DL <sup>4</sup> 2.2.2 Degarelix 240 mg/4 Shore 2012 (CS35) <sup>6</sup> Subtotal Test for overall effect: Z = Heterogeneity: Not applic	st) = 0.04; Ch st80 mg 0.18 = 1.37 (P = 0	10.9 0.17)	565 <b>565</b>	,.		282	36.0%	0.10 [-0.04, 0.24]	2 -1 0 1

#### Footnotes

<sup>a</sup>Functional Assessment of Cancer Therapy - Prostate (FACT-P)

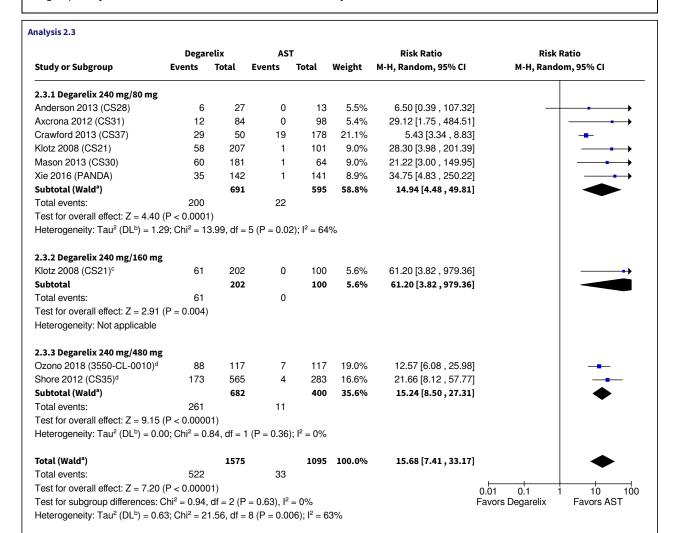
bEORTC QLQ-C30 mapped to EORTC-8D

°CI calculated by Wald-type method.

<sup>d</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

eShort-Form-36 (SF-36)

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



#### Footnotes

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

<sup>&</sup>lt;sup>a</sup>CI calculated by Wald-type method.

<sup>&</sup>lt;sup>b</sup>Tau<sup>2</sup> calculated by DerSimonian and Laird method.

<sup>&</sup>lt;sup>c</sup>Degarelix 240 mg induction dose/160 mg maintenance dose every 4 weeks s.c.

<sup>&</sup>lt;sup>d</sup>Degarelix 240 mg induction dose/480 mg maintenance dose every 3 months s.c.