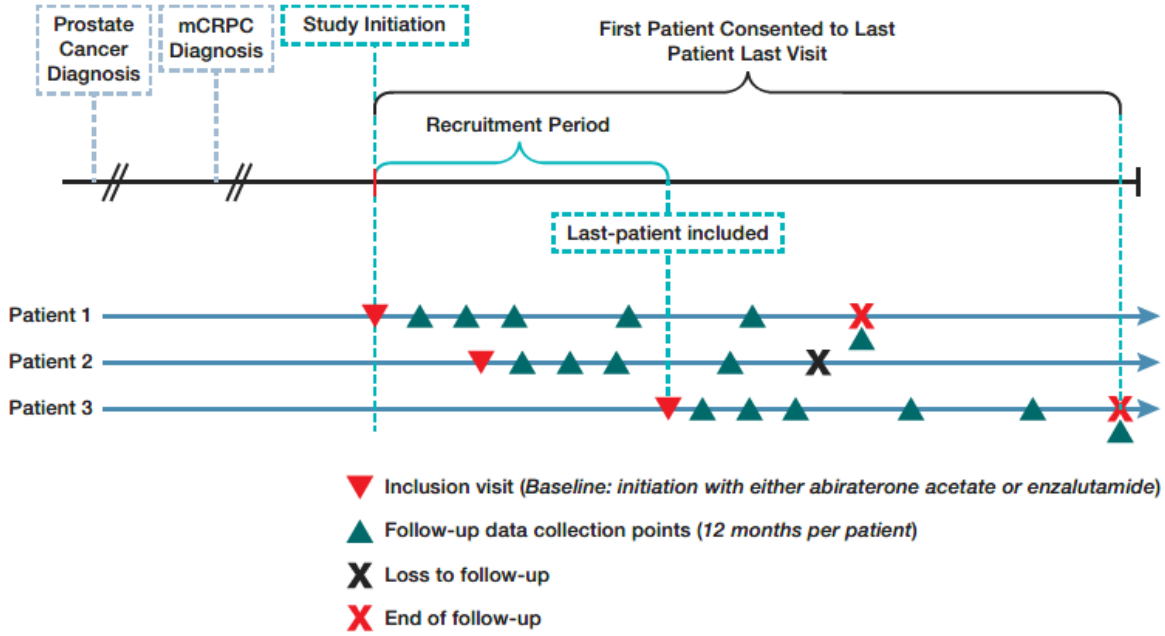
Online supplementary appendix

Supplementary figure 1 Study design.



mCRPC, metastatic castration-resistant prostate cancer.

Supplementary table 1 Assessment schedule

Data collection and parameters	**Baseline** (start of either abiraterone acetate or enzalutamide therapy)	**Follow-up period:** From baseline to month 3*	**Follow-up period:** from month 3 to month 12*	**End of study**
Screening/patient information				
Selection (eligibility criteria)	X			
Patient consent†	X			
Demographics	X			
Prostate cancer diagnosis and history	X			
Clinical characteristics	X			
Current treatment regimens				
Treatments received for mCRPC	X	In the case of change of treatment regimen	In the case of change of treatment regimen	X
Analgesic and corticosteroid use	X			X
Concomitant medications	X			X
Use of sedatives	X	When PROs are collected	When PROs are collected	X
Ongoing patient safety assessment				
Adverse events‡	X	Continuously	Continuously	X
Patient-reported outcomes				
HRQoL (EORCT QLQ-C30)	X§	At routine visit and to a minimum of each month¶	At routine visit and to a minimum of every 3 months¶	X
Fatigue (BFI-SF)	X§			X
Pain (BPI-SF)	X§			X
Cognitive functioning (FACT-Cog)	X§			X
Medical resource use **	X**	Every month	Every 3 months	X
Study completion/withdrawal				
End-of-study form				X††

*Data collection will be aligned with patient's routine visits to the clinic.

†Before start of data collection in this study, all patients must sign a participation agreement/informed consent form allowing data collection and source data verification in accordance with local requirements.

‡All adverse events following exposure to a produce under study and will apply to all adverse events that occur within 30 days after a patient's last use of abiraterone acetate or enzalutamide within the study.

§Baseline PROs must be collected before the first administration of abiraterone acetate or enzalutamide.

¶In case of treatment being switched between abiraterone acetate and enzalutamide, or vice versa, PROs have to be collected during the visit where either of the treatments is discontinued. In case of unscheduled visit(s) within routine practice, additional PROs can be collected; in such cases the PRO data will be entered in the electronic Case report form with the reason for the unscheduled visit. Routine visits are defined as patient visits to the clinic in accordance with planned appointment with their treating health care professional. Unscheduled visits are all unplanned visits that occurred outside of the planned appointment, due to reasons not expected at the last routine visit.

**Medical resource use related to mCRPC management will be collected for each patient from 6 months prior to baseline until the end of the follow-up period.

††When an enrolled patient completes or withdraws from the study, or is lost to follow-up, the participating physician will complete the end-of study form for the individual patient and provide a specific date for the end-of-study observation(s).

BFI-SF, Brief Fatigue Inventory-Short Form; BPI-SF, Brief Pain Inventory-Short Form; EORTC QLQ-C30, European Organization for Research and Treatment of Cancer Quality of Life questionnaire; FACT-Cog, Functional Assessment of Cancer Therapy-Cognitive Function; HRQoL, health-related quality of life; mCRPC, metastatic castration-resistant prostate cancer; PRO, patient-reported outcome.

Supplementary table 2 Lowest completion (%) of any scales within each PRO per cohort and time-point

	Baseline		Month 1		Month 2		Month 3	
PROs	**AAP**	**ENZ***	**AAP**	**ENZ**	**AAP**	**ENZ**	**AAP**	**ENZ**
All PROs, %	91.3	89.8	84.8	79.7	67.4	69.5	52.2	59.3
EORTC QLQ-C30, %	97.8	98.3	89.1	88.1	71.7	69.5	56.5	62.7
BPI-SF, %	91.3	89.8	84.8	79.7	67.4	69.5	52.2	59.3
BFI-SF, %	97.8	98.3	87.0	89.8	73.9	71.2	56.5	61.0
FACT-Cog, %	97.8	98.3	91.3	89.8	71.7	69.5	54.3	62.7

*For one patient in the ENZ treatment group, baseline PRO data were collected 1 day after initiation of treatment.

AAP, abiraterone acetate plus prednisone; BFI-SF, Brief Fatigue Inventory-Short Form; BPI-SF, Brief Pain Inventory-Short Form; ENZ, enzalutamide; FACT-Cog, Functional Assessment of Cancer Therapy-Cognitive Function; EORTC QLQ-C30, European Organization for Research and Treatment of Cancer Quality of Life questionnaire.

Supplementary table 3 Reasons for discontinuation or switching of treatment

	AAP (N=46)		ENZ (N=59)	
	Discontinued*	**Switched**	**Discontinued***	**Switched**
Number of patients, n/N (%)	**4/46 (8.70)**	**2/46 (4.35)**	**7/59 (11.86)**	**5/59 (8.47)**
Reason for discontinuation or switch, n/N				
Toxicity	1/4		5/7	4/5
PSA progression	1/4	1/2		
Clinical progression	1/4	1/2		
Radiographic progression			1/7	
Death	1/4			
Other			1/7	1/5

AAP, abiraterone acetate plus prednisone; ENZ, enzalutamide; PSA, prostate-specific antigen.

*Includes patients who switched.

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