

Figure S1 PSA best response rate between combined androgen blockade therapy (CAB) and luteinizing hormone-releasing hormone analog (LH-RHa) monotherapy. Waterfall plots show the best PSA reduction rate with CAB and LH-RHa monotherapy. PSA, prostate-specific antigen.

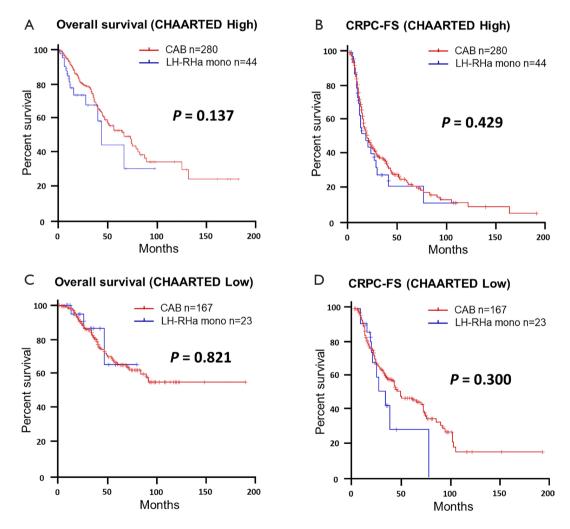


Figure S2 Oncological outcomes between combined androgen blockade therapy (CAB) and luteinizing hormone-releasing hormone analog (LH-RHa) monotherapy by CHAARTED classification. The 5-year overall survival was compared between the CAB and LHRHa monotherapy in the CHAARTED high (A) and low (C). The 5-year CRPC-FS was compared between the CAB and LHRHa monotherapy in the CHAARTED high (B) and low (D).

IPTW-adjusted Cox regression model

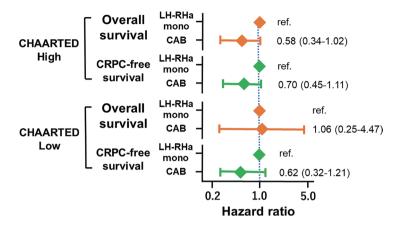


Figure S3 Multivariate Cox hazard proportional analysis adjusted by inverse probability of treatment weighting (IPTW) model for prognosis by CHAARTED classification. IPTW-adjusted multivariate Cox hazard proportional analysis was performed to investigate the effect of combined androgen blockade on overall survival, and castrate-resistant prostate cancer free survival by CHAARTED classification. Adjusted variables were age, iPSA, ECOG-PS, GS, EOD, CHAARTED classification, treatment with DTX, AA and/or ENZ, estramustine, BMA. iPSA, initial prostate-specific antigen; ECOG-PS, Eastern Cooperative Oncology Group performance status; GS, Gleason score; EOD, extent of disease; DTX, docetaxel; AA, abiraterone acetate; ENZ, enzalutamide; BMA, bone-modifying agents.

Weighting by the inverse probability of treatment

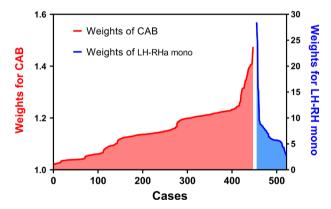


Figure S4 Weighting by the inverse probability of treatment of combined androgen blockade therapy (CAB) and luteinizing hormone-releasing hormone analog (LH-RHa) monotherapy. The weight for treatment between the CAB and LH-RHa monotherapy groups were shown.