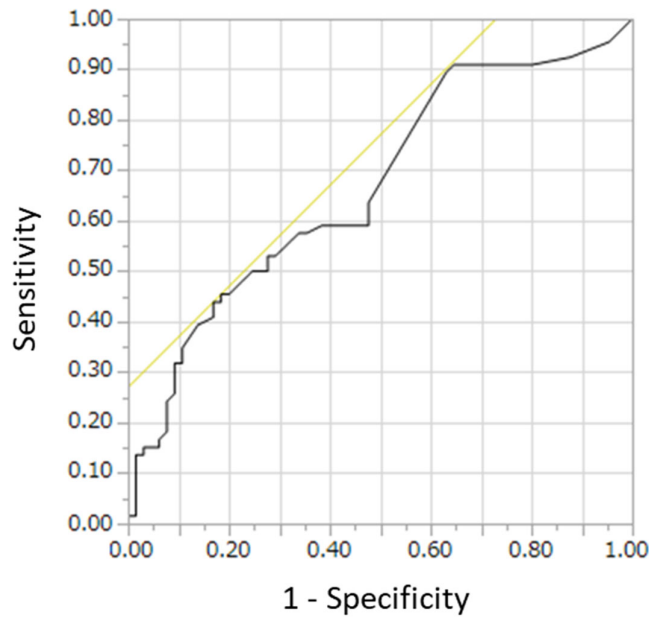
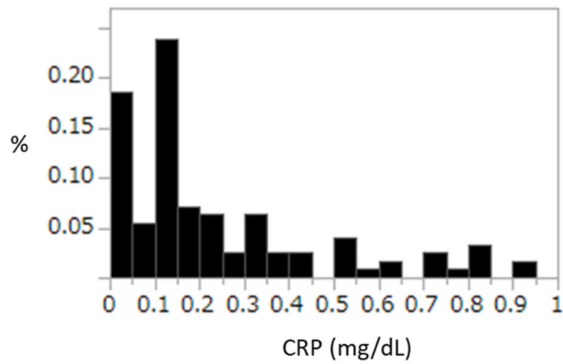


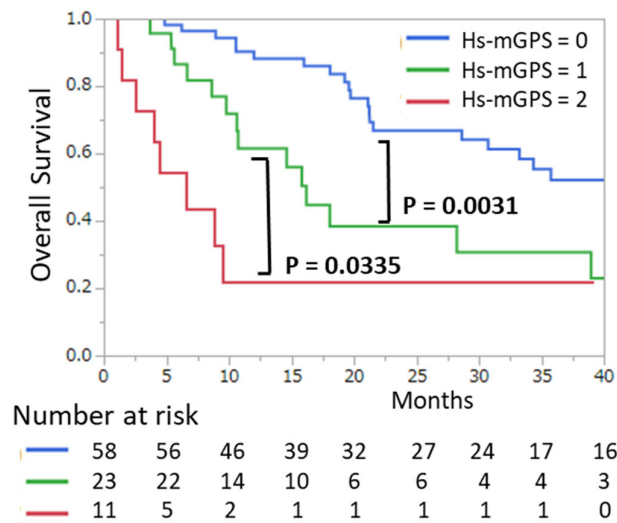
**Supplementary Material:**



**Figure S1.** Receiver operating characteristic (ROC) curves for C-reactive protein (CRP) to predict death, regardless of the cause of death. Area under the curve (AUC) of CRP was 0.668 (P = 0.0522).



**Figure S2.** Distribution of CRP level at the start of docetaxel therapy.



**Figure S3.** Kaplan-Meier curves for OS according to Hs-mGPS in patients who had received only best supportive care (BSC) after docetaxel. P-values were calculated by the log-rank test.

**Table S1.** Relationships of PSA and testosterone according to Hs-mGPS.

Hs-mGPS	Median/Average
Prostate specific antigen (ng/mL)	
0	21.7 / 64.3
1	45.1 / 67.5
2	41.9 / 498.7
Testosterone (ng/dL)	
0	9.0 / 13.4
1	16.5 / 17.1
2	23.0 / 21.5

PSA, prostate specific antigen; TST, testosterone; Hs-mGPS, high-sensitivity modified Glasgow prognostic score

**Table S2.** Two-group analysis with and without ARAT (abiraterone or enzalutamide) treatment before docetaxel.

	ARAT (+) N = 22	ARAT (-) N = 72	P value
Combined score*			
2-4	14 (63.6%)	37 (51.4%)	0.3099 <sup>¶</sup>
0-1	8 (36.4%)	35 (48.6%)	
PSA response			
≥ 50% response	10 (45.5%)	36 (50.0%)	0.7088 <sup>¶</sup>
< 50% response	12 (54.5%)	36 (50.0%)	

PSA, prostate-specific antigen; ARAT, androgen receptor axis targeted therapy, <sup>¶</sup> chi-square test, \* The combined score was calculated with the high sensitivity modified Glasgow prognostic score (score 0-2), PSA score (score 0-1), and testosterone score (score 0-1). A patient with PSA > 28.9 mg/mL was scored as 1, and a patient with TST > 13.0 ng/dL was scored as 1.