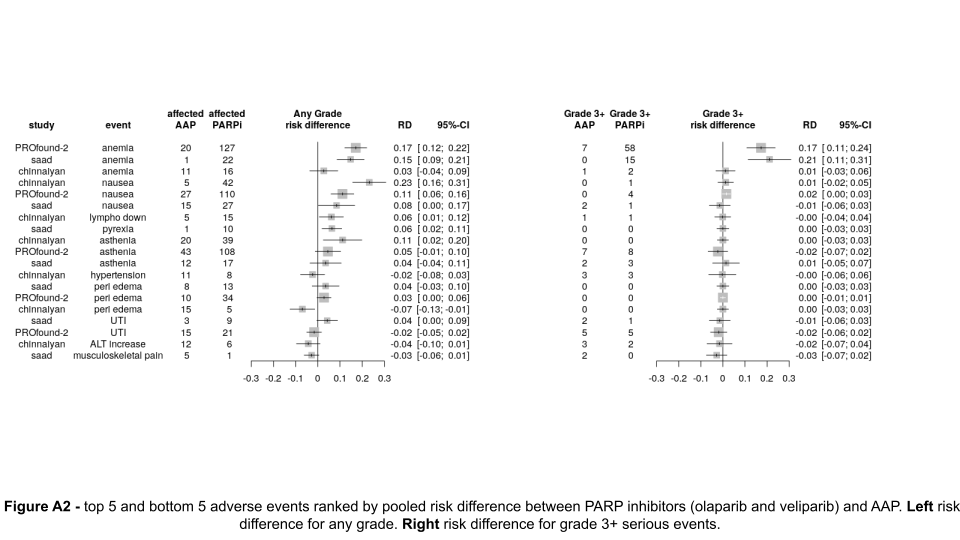
# **Appendix**

**Glossary:**AAP Abiraterone Acetate + PrednisoneAE adverse eventAR androgen receptor  
ARD androgen receptor directed  
BAWTO biomarkers associated with therapeutic outcomes DRD DNA repair deficiency  
ENZ enzalutamide  
HR hazard ratioHRD: homologous recombination deficiency  
PARP poly ADP ribose polymerase  
PARPi poly ADP ribose polymerase inhibitor  
PFS progression-free survival  
PSA prostate specific antigen  
mCRPC metastatic castration-resistant prostate cancer  
ML machine learning  
MOB model-based recursive partitioning   
NLP natural language processing  
OS overall survivability  
RECIST response evaluation criteria in solid tumors  
SER systematic evidence review  
SLR systematic literature review  
  
  
homologous recombination and DNA repair deficiency (HRD/DRD)

**A1 Clinical Trial Hazards -** Clinicaltrials.gov and AACT provide some programmatic access to adverse events from clinical trials. While Clinicaltrials.gov covered fewer trials but had more adverse events per trial. Clinicaltrials.gov also does a better job of normalizing vocabularies and has an organ/vocabulary system for reporting adverse events. It is possible that some of the adverse events captured in our research have yet to be added to the Clinicaltrials.gov system. In the below figure, adverse events are reported at the organ level in a format similar to Fig 6.

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**A2 AAP vs. PARPi Risk Difference -** Reported adverse event rates in trials with both a PARP-i and AAP or Enzalutamide (ARD) arm can be used to evaluate risk differences. The below figure demonstrates some subtlety in risk differences at the low-grade level. At the high-grade level, anemia was the only adverse event that reached significance.

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