Patient Population		Treatment Strategy		
Newly Diagnosed	Localized	Curative intent	Radiation therapy Radical prostatectomy Active surveillance	
		Non- curative intent	Observation Androgen Deprivation Therapy (ADT)	
	Metastatic	ADT + Enzalı ADT + Abira	ADT + Docetaxel ADT + Enzalutamide ADT + Abiraterone ADT + Apalutamide	
Recurrent ADT naïve	Non-metastatic	ADT Clinical trials	ADT Clinical trials	
	Metastatic	ADT + Enzal	ADT + Docetaxel ADT + Enzalutamide ADT + Abiraterone	
CRPC	Non-metastatic	ADT + Darolutamide ADT + Apalutamide ADT + Enzalutamide		
mCRPC*	Minimal/no symptoms	Sipuleucel-T		
	Symptomatic bone-metastases	Radium-223		
	Symptomatic or asymptomatic	Enzalutamide Abiraterone Docetaxel Clinical trial		
	Post-abiraterone or post- enzalutamide	Olaparib [%]	Olaparib [%]	
	Post-docetaxel	Cabazitaxel Rucaparib [#]		

Figure 1 footnotes have been updated, as noted below:

Although not available at the time of publication, for patients with TMB-H or MSI-H/dMMR tumors, pembrolizumab or dostarlimab may be considered, based on FDA-approved indications.

- (1) Metastasis defined by positive technetium bone scan or CT scan
- (*) Treatment with continuous testosterone suppression, and with or without denosumab or zoledronic acid
- (%) Patients with deleterious or suspected deleterious germline or somatic homologous recombination repair gene mutation who have progressed after treatment with enzalutamide or abiraterone
- (#) Patients with deleterious germline or somatic BRCA mutation who have been treated with taxane-based chemotherapy