In the absence of head-to-head trials, indirect comparisons based on Bayesian CHAARTED and GETUG-AFU 15 reported outcomes for patients with NDx HVD. To identify more recently published data from RCTs included in the indirect comparison, we performed Bayesian pairwise and network meta-analyses of ADT+AA+P vs ADT+DOC. The network analysis included 14 RCTs, published in 51 publications and assessed on grounds of study design, population, interventions, and outcomes. 

The population from LATITUDE included only patients with NDx HRD; data on the proportion of patients with NDx HVD are not available for LATITUDE or STAMPEDE 4.

Indirect comparisons based on Bayesian pairwise and network meta-analyses showed ADT+AA+P was at least as effective as, and possibly more effective than, ADT+DOC across the following outcomes:

- **Overall survival (OS)**
- **Radiographic progression-free survival (rPFS)**
- **Metastases and/or death**

The indirect comparison was consistent with the results of the main analysis from the cohort with HRD (ITT population). The hazard ratio for ADT+AA+P compared with ADT+DOC was 0.71 (95% CI: 0.49, 1.02) for OS, 0.91 (95% CI: 0.71, 1.18) for rPFS, and 0.87 (95% CI: 0.63, 1.14) for metastases and/or death.

**RESULTS**

- **OS**: CHAARTED and GETUG-AFU 15 reported outcomes for patients with NDx HVD. As the intent-to-treat (ITT) population in LATITUDE was patients with NDx HRD, a post hoc analysis of LATITUDE data provided results for subgroups of patients with NDx HVD/HRD, which were used in the main analysis: the LATITUDE NDx HVD population was matched to that of LATITUDE and were therefore included in the primary network with LATITUDE (Figure 3).

- **rPFS**: Based on the Bayesian indirect comparison, ADT+AA+P is at least as effective as, and possibly more effective than, ADT+DOC (Table 2).

**CONCLUSIONS**

- **OS**: The indirect comparison was consistent with the results of the main analysis from the cohort with HRD (ITT population). The hazard ratio for ADT+AA+P compared with ADT+DOC was 0.71 (95% CI: 0.49, 1.02) for OS, 0.91 (95% CI: 0.71, 1.18) for rPFS, and 0.87 (95% CI: 0.63, 1.14) for metastases and/or death.

**ACKNOWLEDGMENTS**

The study was supported by funding from Janssen Research & Development. Acting assistance was provided by Dave Young, PhD, PAREXEL, and Shala Thomas, PhD, of PAREXEL, and was funded by Janssen Global Services, LLC.

**REFERENCES**