Table 1. *Post hoc* analysis of oligometastatic and polymetastatic disease[a] –

Intent-to-treat population

Endpoint, HR (95% CI)[b]	Oligometastatic Disease					Polymetastatic Disease
	1 (n=67;[c] n=54[d])	≤2 (n=117;[c] n=107[d])	≤3 (n=176;[c] n=166[d])	≤4 (n=231;[c] n=211[d])	≤5 (n=270;[c] n=250[d])	≥6 (n=265;[c] n=281[d])
rPFS[e]	0.26 (0.05, 1.25)	0.46 (0.19, 1.13)	0.39 (0.21, 0.72)	0.33 (0.20, 0.55)	0.34 (0.22, 0.55)	0.38 (0.28, 0.52)
Time to PSA progression	0.13 (0.03, 0.57)	0.08 (0.02, 0.32)	0.15 (0.07, 0.34)	0.12 (0.06, 0.25)	0.14 (0.07, 0.26)	0.21 (0.14, 0.30)
Time to castration resistance	0.18 (0.05, 0.64)	0.26 (0.12, 0.57)	0.27 (0.16, 0.47)	0.23 (0.14, 0.37)	0.24 (0.16, 0.38)	0.28 (0.21, 0.37)
Time to new antineoplastic therapy	0.35 (0.09, 1.35)	0.37 (0.15, 0.97)	0.45 (0.22, 0.92)	0.30 (0.15, 0.57)	0.28 (0.15, 0.52)	0.28 (0.18, 0.42)

[a]Oligometastatic mHSPC was defined as 1–≤5 metastases; polymetastatic mHSPC was defined as ≥6 metastases; [b]HR <1 favors ENZA + ADT; HR >1 favors PBO + ADT; [c]Number of patients in subgroup who received ENZA + ADT; [d]Number of patients in subgroup who received PBO + ADT; [e]Assessed by independent central review, or death, within 24 weeks of treatment discontinuation.

ADT=androgen deprivation therapy; CI=confidence interval; ENZA=enzalutamide; HR=hazard ratio; mHSPC=metastatic hormone-sensitive prostate cancer; PBO=placebo; PSA=prostate-specific antigen; rPFS=radiographic progression-free survival.