

Replies to Reviewer 1.

Dear Reviewer,

Thank you for your efforts and your valuable comments. Below please find our replies to the respective comment.

***Specific Comments to Authors:** Dear Authors, Thanks for your valuable paper with focusing on PC therapy. As you know these days, whole of the world focused on the NM therapy regarding 177Lu-PSMA-617 or alpha therapy. Therefore, it seems that the future treatment of the PC will be these ways.*

REPLY: This has been included in the Discussion (Page 22, Lines 24-27, references 19-20).

I would like to share you these comments for your reference; 1.Docetaxel and ADT have been strongly recommended by oncological guidelines since 2016, particularly for high-volume mHSPC. Even though CHAARTED and GETUG-15 strongly indicates that only high-volume disease patients benefit from the addition of docetaxel to ADT, the impact of metastatic burden has been debated.

REPLY: This has been clarified in the Introduction (Page 6, Lines 21-27).

2. Overall, we found that patients managed in clinical practice were older and had higher PSA values, poorly differentiated PCa more frequently, and a higher metastatic burden than patients included in clinical trials. However, the effect of docetaxel for mHSPC patients treated in routine practice appears comparable with the overall efficacy reported in the literature.

REPLY: An additional paragraph, addressing this, has been added (Page 7, Lines 12-15).