ONCOSCOPE
REAL-TIME ONCOLOGY LIBRARY

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What is the right comparator when no standard exists?

A living evidence approach to JCA planning in early-stage prostate cancer

BACKGROUND

The **European Joint Clinical Assessment (EU-JCA)** requires early, transparent, and evidence-based definition of Population–Intervention–Comparator–Outcome (PICO) frameworks. Defining appropriate comparators can be particularly challenging when emerging therapies are being developed in settings where treatment standards are not yet established. In **early-stage prostate cancer**, neoadjuvant novel androgen receptor pathway inhibitor (ARPI) strategies prior to radical prostatectomy (RP) are under active investigation, while no guideline-recommended neoadjuvant ARPI standard currently exists.

OBJECTIVES

To evaluate how utilizing Oncoscope **REAL-SLR** database **enables** evidence-based comparator identification and PICO development for future JCA planning.

METHODS

Oncoscope is a **PRISMA-compliant** continuously updated REAL-SLR conducted using protocol-driven searches. Evidence from interventional trials, regulatory sources, clinical guidelines, and technology assessments is systematically identified and structured. Studies are mapped by study design, population, intervention, comparator, endpoints, and reported subgroup analyses.

This continuously updated evidence-base REAL-SLR was used to refine JCA-relevant PICO scenarios in early-stage Prostate Cancer without repeating literature searches.

Table1. **Oncoscope REAL-SLR PICOS & JCA mapping**

PICOS	REAL-SLR PICOS	JCA Mapping
Patient population	Patients diagnosed with prostate cancer at any stage	**Patients who are in the non-metastatic stage**
Interventions and Comparators	Any intervention used for the treatment of prostate cancer (surgery, radiotherapy, drugs, biologics, cell treatments, vaccines, etc.)	Same as REAL-SLR PICOS
Outcomes measures	Efficacy (OS, PFS, other progression, response), PROs, safety	Same as REAL-SLR PICOS
Study design	RCTs, non-RCTs, single arm, Phase 1, Phase 1/2, Phase 2, Phase 2/3, Phase 3, Phase 4; Pooled analyses of RCTs; ECTs	Same as REAL-SLR PICOS

KEY TAKEAWAYS

Oncoscope REAL-SLR database enabled transparent, EVIDENCE-BASED COMPARATOR SELECTION and PICO development in an evolving treatment setting lacking an established standard of care.

Living evidence approaches may improve comparator justification, reduce evidence-generation uncertainty, and strengthen JCA preparedness for EMERGING oncology THERAPIES.

In settings where treatment paradigms are evolving faster than guideline development, CONTINUOUSLY updated evidence MAPPING may support earlier alignment of clinical development, comparator selection, and HTA evidence requirements.

Figure 1. **Continuously updated PRISMA (REAL-SLR framework) in prostate cancer**
(updated Jun 16, 2026)

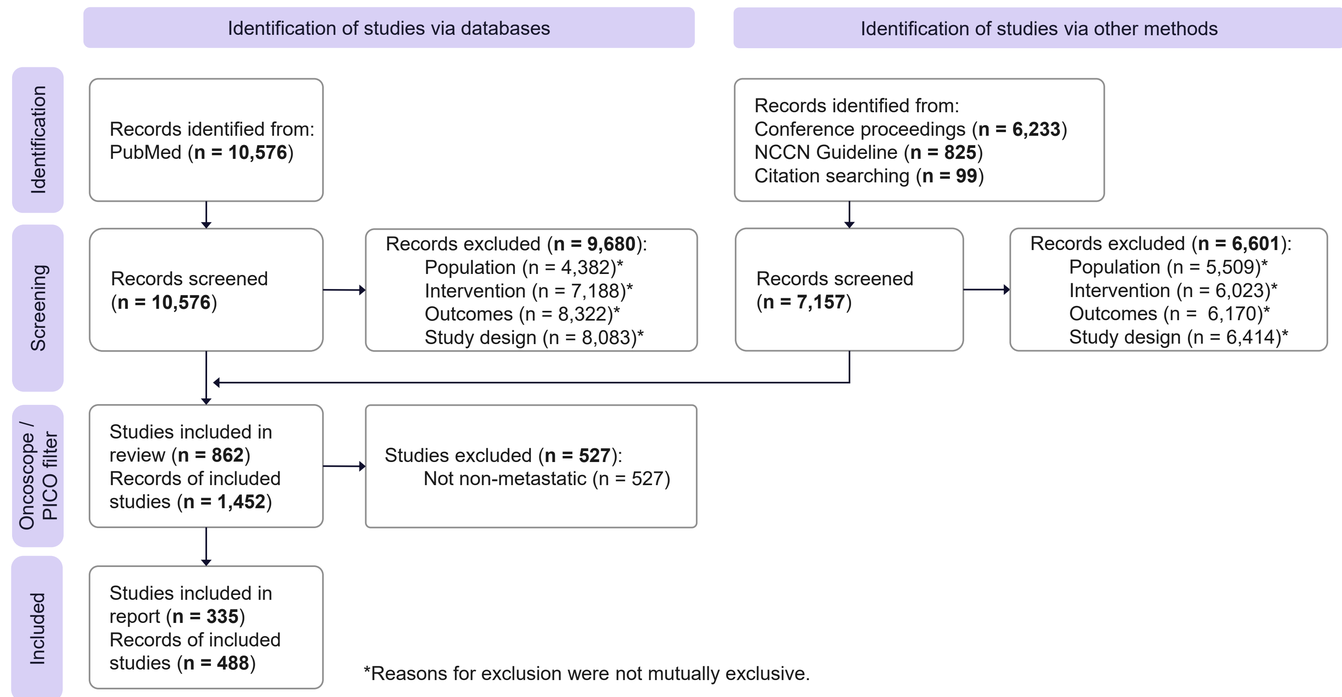
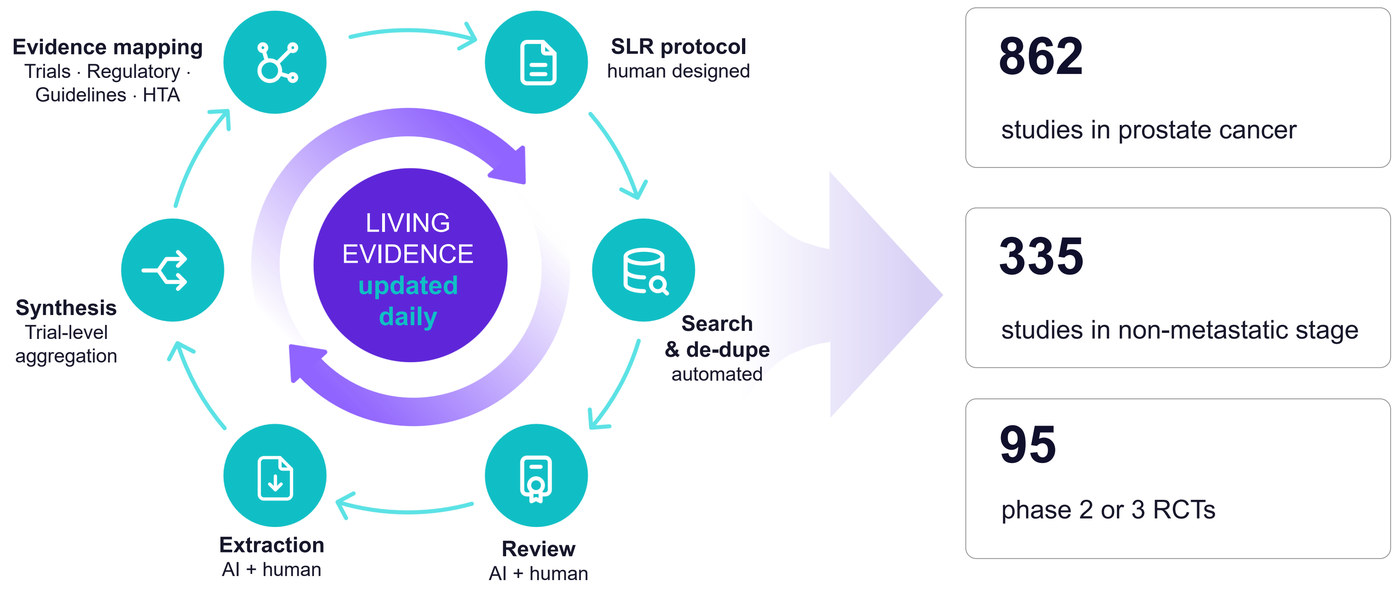


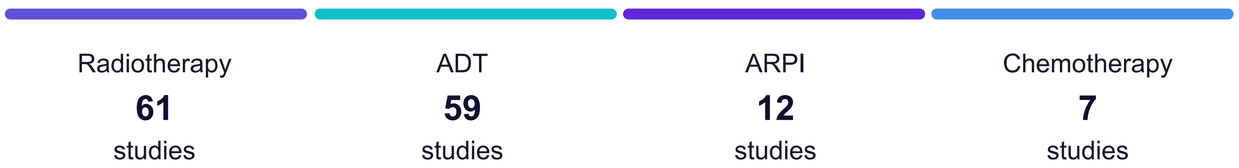
Figure 2. **REAL-SLR evidence capture summary (as of June 16, 2026)**



RESULTS

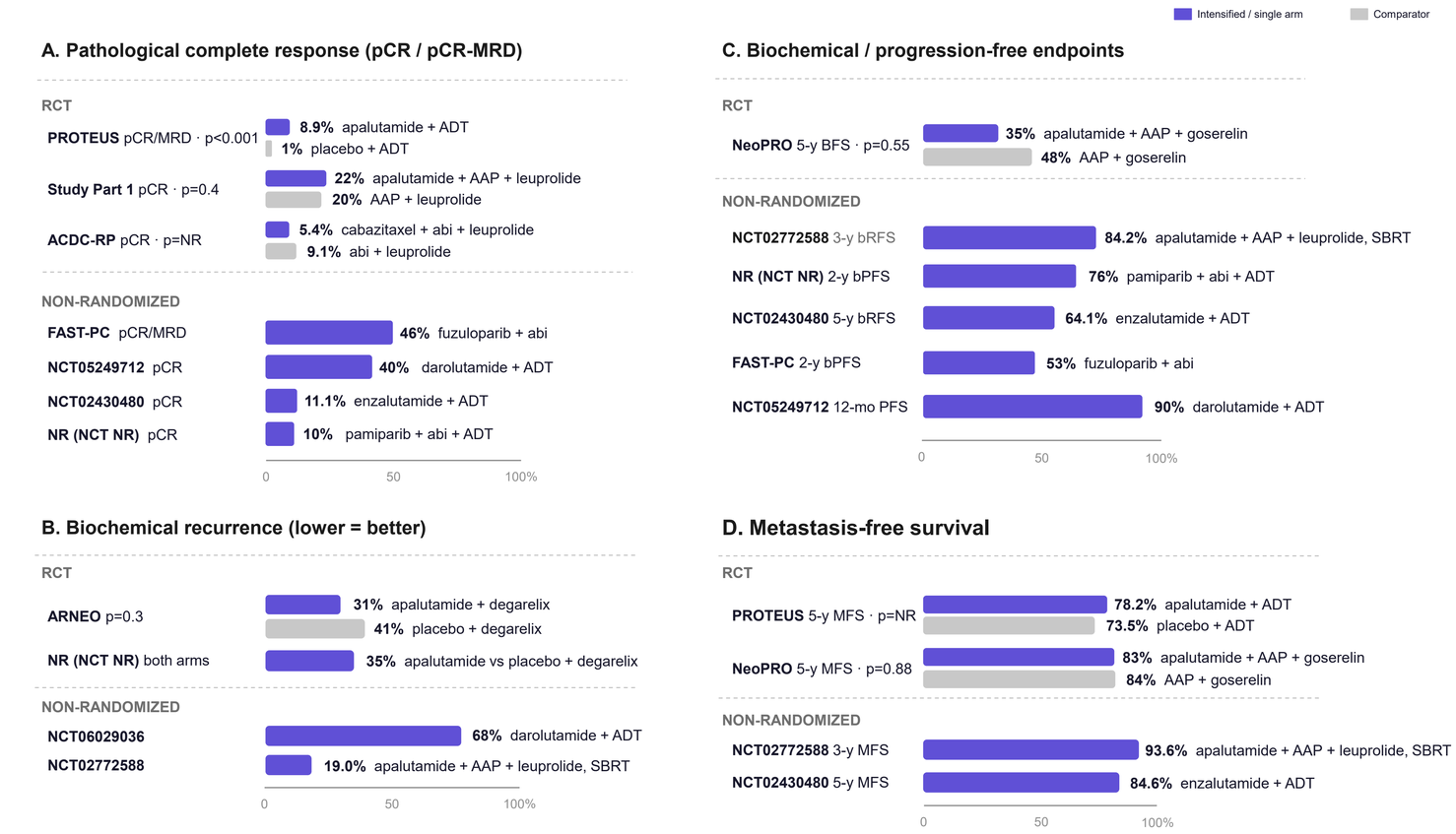
- Among phase 2/3 RCTs in non-metastatic prostate cancer, only 12 (12.6%) investigated ARPI therapies.
- In the absence of guideline-recommended neoadjuvant ARPI therapies for patients undergoing RP, evidence mapping identified multiple comparator options including surgery alone and treatment strategies established in definitive radiotherapy settings, such as androgen deprivation therapy (ADT) alone or ADT plus abiraterone.
- PICO refinement further identified clinically relevant populations based on disease risk stratification, treatment modality (RP versus radiotherapy) and endpoint availability. The most common outcomes reported for neoadjuvant novel ARPI strategies included pathological complete response, progression-free endpoints, biochemical recurrence and metastasis-free survival.

Figure 3. **Common investigated therapies identified in phase 2/3 RCTs in the Oncoscope library**



Categories are not mutually exclusive; individual trials may involve multiple intervention types.

Figure 4. **Response/progression outcomes of neoadjuvant novel ARPI strategies**



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ABBREVIATIONS

AAP, abiraterone acetate plus prednisone; **abi**, abiraterone; **ADT**, androgen deprivation therapy; **ARPI**, androgen receptor pathway inhibitor; **BFS,** biochemical failure-free survival; **bPFS/bRFS**, biochemical progression-/recurrence-free survival; **ECT**, externally controlled trial; **EU-JCA**, European Union Joint Clinical Assessment; **HTA,** health technology assessment; **MFS,** metastasis-free survival; **MRD,** minimal residual disease; **NCCN,** National Comprehensive Cancer Network; **NR**, not reported; **OS**, overall survival; **PC**, prostate cancer; **pCR**, pathological complete response; **PICOS**, population, intervention, comparator, outcomes, study design; **PFS**, progression-free survival; **PRISMA**, Preferred Reporting Items for Systematic Reviews and Meta-Analyses; **PRO**, patient-reported outcome; **RCT,** randomized controlled trial; **REAL-SLR**, Real-time AI-assisted Living Systematic Literature Review; **RP,** radical prostatectomy; **SBRT**, stereotactic body radiotherapy; **SLR**, systematic literature review.