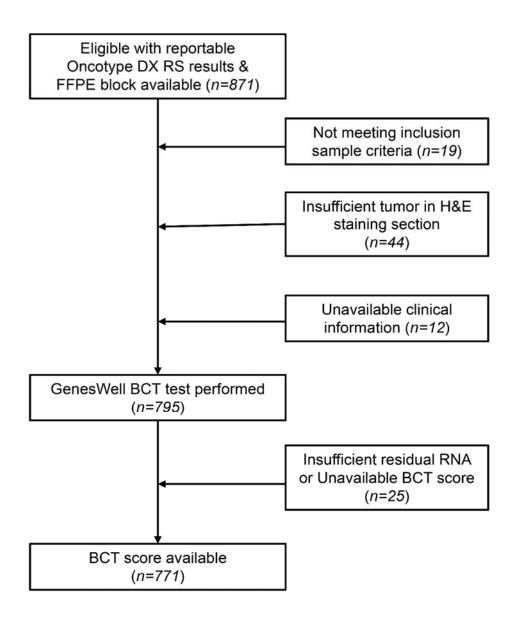
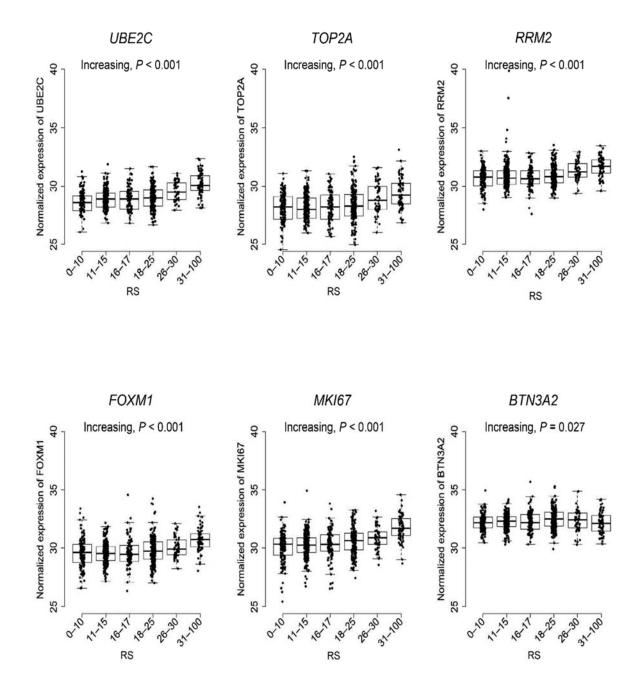
Supplementary Figures



Supplementary Figure 1. Study diagram of the availability of samples for analysis. FFPE, formalin-fixed, paraffin-embedded; H&E, hematoxylin and eosin



Supplementary Figure 2. Correlation between the expression of BCT prognostic genes and Oncotype DX RS. The expression of five proliferation-related genes (*UBE2C*, *TOP2A*, *RRM2*, *FOXM1*, and *MKI67*) and one immune response-related gene (*BTN3A2*) was determined by qRT-PCR. The Y-axis indicates the normalized gene expression value relative to three reference genes. The *P* value of the trend was determined using the Jonckheere-Terpstra test (one-sided).

Supplementary Tables

Supplementary Table 1. Clinical characteristics of the risk groups according to the Oncotype DX RS

				Oncotype DX RS (Clinical cut-off)						Oncotype DX RS (TAILORx cut-off)						
Characteristics	s All			w risk <18)	Intermediate risk (18–30)		High risk (≥31)		P value	Low risk (<11)		Intermediate risk (11–25)		High risk (≥26)		P value
n, %		771	441	57.2%	261	33.9%	69	8.9%	-	134	17.4%	516	66.9%	121	15.7%	-
Age (years)									0.724							0.101
<i>≤</i> 40	135	17.5%	74	54.8%	49	36.3%	12	8.9%		15	11.1%	98	72.6%	22	16.3%	
40–50	379	49.2%	228	60.2%	119	31.4%	32	8.4%		66	17.4%	260	68.6%	53	14.0%	
50-60	175	22.7%	94	53.7%	62	35.4%	19	10.9%		33	18.9%	107	61.1%	35	20.0%	
>60	82	10.6%	45	54.9%	31	37.8%	6	7.3%		20	24.4%	51	62.2%	11	13.4%	
ER									-							-
Positive	771	100.0%	441	57.2%	261	33.9%	69	8.9%		134	17.4%	516	66.9%	121	15.7%	
PR									<0.001							<0.001
Negative	78	10.1%	25	32.1%	29	37.2%	24	30.8%		5	6.4%	39	50.0%	34	43.6%	
Positive	693	89.9%	416	60.0%	232	33.5%	45	6.5%		129	18.6%	477	68.8%	87	12.6%	
Tumor size (cm)									0.074							0.006
≤2.0	504	65.4%	298	59.1%	169	33.5%	37	7.3%		93	18.5%	347	68.8%	64	12.7%	
>2.0	267	34.6%	143	53.6%	92	34.5%	32	12.0%		41	15.4%	169	63.3%	57	21.3%	
pN									0.448							0.327
0	619	80.3%	349	56.4%	211	34.1%	59	9.5%		105	17.0%	411	66.4%	103	16.6%	
1	152	19.7%	92	60.5%	50	32.9%	10	6.6%		29	19.1%	105	69.1%	18	11.8%	
Histologic grade									<0.001							<0.001
1	137	17.8%	100	73.0%	35	25.5%	2	1.5%		36	26.3%	94	68.6%	7	5.1%	
2	542	70.3%	322	59.4%	185	34.1%	35	6.5%		95	17.5%	378	69.7%	69	12.7%	
3	92	11.9%	19	20.7%	41	44.6%	32	34.8%		3	3.3%	44	47.8%	45	48.9%	

Nuclear grade										<0.001							<0.001
	1	63	8.2%	44	69.8%	19	30.2%	0	0.0%		14	22.2%	46	73.0%	3	4.8%	
	2	589	76.4%	356	60.4%	196	33.3%	37	6.3%		110	18.7%	409	69.4%	70	11.9%	
	3	119	15.4%	41	34.5%	46	38.7%	32	26.9%		10	8.4%	61	51.3%	48	40.3%	
Histology										0.051							0.179
	Ductal	656	85.1%	368	56.1%	223	34.0%	65	9.9%		113	17.2%	436	66.5%	107	16.3%	
	Lobular	67	8.7%	45	67.2%	22	32.8%	0	0.0%		14	20.9%	49	73.1%	4	6.0%	
	Mucinous	18	2.3%	12	66.7%	6	33.3%	0	0.0%		2	11.1%	15	83.3%	1	5.6%	
	Others*	27	3.5%	16	59.3%	9	33.3%	2	7.4%		5	18.5%	16	59.3%	6	22.2%	
	Unknown	3	0.4%	0	0.0%	1	33.3%	2	66.7%		0	0.0%	0	0.0%	3	100.0%	

*Cribriform, ductal carcinoma with mucinous, tubular, mixed ductal and lobular, papillary, micropapillary, and metaplastic Abbreviations: ER, estrogen receptor; pN, pathologic nodal status; PR, progesterone receptor; RS, recurrence score; TAILORx, Trial Assigning Individualized Options for Treatment ER and PR status was assessed by immunohistochemistry. *P* values <0.05 are marked in bold.

			Р	athologic info	ormation		B	CT score	0	Incotype DX RS	Treatment	
No.	Age (years)	Tumor size (cm)	pN	Histologic grade	Nuclear grade	Clinical risk	BCT score	Risk group	RS	Risk group (TAILORx cut-off)	Chemotherapy	
1	44	1.5	0	2	2	Low	2.97	Low	6	Low	No	
2	57	1.7	0	2	2	Low	4.84	High	32	High	Yes	
3	56	1.6	0	2	2	Low	3.51	Low	28	High	Yes	
4	52	1.8	0	2	2	Low	2.57	Low	18	Intermediate	No	
5	34	1.5	0	3	3	High	4.00	High	49	High	Yes	
6	37	1.5	1	2	2	High	4.26	High	21	Intermediate	No	
7	43	3.0	1	2	2	High	4.36	High	34	High	Yes	

Supplementary Table 2. Risk classification of patients with distant metastasis according to the BCT score and Oncotype DX RS

Abbreviations: BCT, Breast Cancer Test; pN, pathologic nodal status; RS, recurrence score; TAILORx, Trial Assigning Individualized Options for Treatment Clinical risk was determined using the modified version of Adjuvant! Online as reported in the MINDACT trial.