SUPPLEMENTAL DATA

to

"Building Prognostic Models for Breast Cancer Patients Using Clinical Variables and Hundreds of Gene Expression Signatures"

by

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Supplementary Tables and Figures

Supplemental Table 1. Summary of the combined models built from expression and clinical variables in the different patient cohorts.

Supplemental Figure 1. Kaplan-Meier survival estimates of relapse-free survival among 550 patients, according to the data set evaluated.

Supplemental Figure 2a-c. Unsupervised hierarchical cluster analysis of 323 gene expression modules (rows) across the microarray data of 550 node-negative breast cancer patients (columns). Exact localization of modules is shown on the right side of figures 2a, 2b and 2c.

Supplemental Figure 3. Survival prediction analyses of the different models under evaluation from a total of 319 modules (which excludes the known modules that were trained on patient prognosis). (A) Models for all patients; (B) Models for ER-positive patients; (C) Models for ER-negative patients; (D) Models for HER2-positive patients. 1) Hazard ratio and p-value of the Cox proportional hazard model (Cox-model), for both the training and testing sets, respectively; 2)

Kaplan–Meier survival estimates of relapse-free survival among training set and testing set, according to each model. Patients were stratified into high-risk (red curve) and low-risk (blue curves) groups based on their respective risk score, which was defined as the natural logarithm of the hazard ratio. The chosen cut-off value for stratification into high and low-risk groups was zero. P-values were obtained from the log-rank test. + denotes observations that were censored owing to loss to follow-up or on the date of last contact.

Supplemental Figure 4. Significant prognostic combined models built for all patients (**A**) and ER-positive patients (**B**) from 319 gene expression modules (which excludes the known modules that were trained on patient prognosis). Modules in blue identify those modules and/or clinical variables that were evaluated in the combined model in Supplemental Figure 3. Colored squares identify the modules and/or clinical variables association with poor (red) or good (green) prognosis, respectively. Freq, frequency of selection of a particular module/clinical variable among 200 models; Ref, references of previously published modules.

Supplemental Figure 5. Performance of the MDACC module for predicting pathological complete response (pCR) after anthracycline/taxane-based chemotherapy using Popovici et al. dataset (n=225).

Defined Calend			Tra	in	T	Test		
Patient Cohort	Train	Test	Cox HR*	P-value	Cox HR*	P-value		
All	359	191	5.99	<0.0001	3.71	<0.0001		
ER-positive (ER+)	259	136	5.27	<0.0001	2.38	<0.001		
ER+/HER2-negative	232	118	6.78	<0.0001	14.7	<0.001		
ER-negative	100	55	4.18	< 0.0001	1.43	0.093		
HER2-positive	73	37	7.03	< 0.0001	0.801	0.670		
Luminal	183	104	4.67	<0.0001	2.33	<0.005		
Luminal A	98	58	7.06	< 0.0001	0.996	0.99		
Luminal B	85	46	11.4	< 0.0001	7.93	0.08		
Basal-like	72	34	20.4	< 0.0001	2.26	0.59		
HER2-enriched	56	27	NA	NA	NA	NA		

Supplemental Table 1. Summary of the Combined Models Built from Expression and Clinical Variables in the Different Patient Cohorts.

*Cox HR, hazard ratio for RFS. NA, a Cox proportional hazard model could not be built.

Supplemental Figure 1



Supplemental Figure 2a





Supplemental Figure 2b



SCORE





Supplemental Figure 2c





Supplemental Figure 3

A. All Patients (N = 550)

1)

		Combined model		Genomic	s model	Clinical model	
		Hazard Ratio	P-Value	Hazard Ratio	P-Value	Hazard Ratio	P-Value
Training	(N = 359)	6.28	<1.0e-22	6.7	<1.0e-22	3.34	3.4e-06
Testing	(N = 191)	3.47	9.3e-06	4.48	9.1e-06	4.34	0.001

2)



B. ER-positive Patients (N = 395)

1)

2)

		Combined model		Genomics model		Clinical model	
		Hazard Ratio P-Value		Hazard Ratio	P-Value	Hazard Ratio	P-Value
Training	(N = 259)	5.45	<1.0e-22	5.8	<1.0e-22	3.83	2.3e-05
Testing	(N = 136)	1.95	0.0097	2.15	0.011	5.16	0.0037



D. HER2-positive Patients (N = 110)

1)

		Combined model		Genomics model		Clinical model	
		Hazard Ratio P-Value		Hazard Ratio	P-Value	Hazard Ratio	P-Value
Training	(N=73)	7.54	7.6e-8	7.71	8.2e-08	2.85	0.011
Testing	(N=37)	0.777	0.64	0.77	0.63	0.934	0.92



C. ER-negative Patients (N = 155)

1)

		Combined model		Genomics model		Clinical model	
		Hazard Ratio P-Value		Hazard Ratio	P-Value	Hazard Ratio	P-Value
Training	(N = 100)	3.92	5.5e-9	3.52	5.5e-08	4.35	0.013
Testing	(N=55)	1.51 0.073		1.47	0.096	1.29	0.73



A. All Patients

B. ER-positive Patients

	FREQ	REF		FREQ	REF
IGG_Cluster	99%		IGG_Cluster	90%	
E2F1_Repressed_by_Serum	86%	22	Scorr_LumA	89%	50
19p13_Amplicon	68%		Unknown_12	48%	
HS_Green19	62%		E2F1_NOT_Repressed_by_Serum	48%	22
MUnknown_28	58%		MUnknown_28	39%	
E2F1_NOT_Repressed_by_Serum	49%	22	MM_Red21	36%	
HS_Green22	47%		MNB1	30%	
MM_Red21	47%		HS_Red16	30%	
MKRAS_amplicon	46%		MHistone	28%	
MM_Green23	43%		HS_Green19	23%	
MNB1	25%		19p13_Amplicon	21%	
8p22_Amplicon	21%		1p36_Amplicon	20%	
MUnknown_20	21%		MM_Green23	16%	
MHistone	20%		Scorr_IE	16%	9
Scorr_LumA	19%	50	MKRAS_amplicon	16%	
MM_Red18	19%		HS_Green22	16%	
Unknown_2	19%		Oncogenic_MYC	13%	10
Oncogenic_MYC	18%	10	StemCell_11genes	12%	60
Scorr_P53_Wt	17%	11	Fibrinogen_Cluster	11%	
MUnknown_15	17%		Response predictor MDACC	7%	37
ESC_CORE	8%	29	HER2_Amplicon	21%	10
HS_Red25	13%		IGFB	23%	12
Pcorr_IGS	16%	68	LKB1	23%	28
MM_p53hull	20%	13	Scorr_Her2	24%	50
NKI_IAM	20%	20		24%	11
MM_Red23	20%		HS_Red25	26%	10
MUNKNOWN_1	24%		CD44+PROCR+-vs-CD24+-Downregulated	28%	12
	28%			29%	
MINUTCH4	30%	10	ADM_S100A10_ATTONDGR1_Cluster	30%	26
	31%	10	VEGF_13genes	32%	20
CD44+PROCR+-vs-CD24+-Downlegulated	3370 270/	12	MNO(CH4	3470 420/	
ADM S100A10 A110NDCR1 Cluster	52%		Chechysic Signature	4370	26
ADM_STOCATO_ATTONDGRT_Cluster	55%			44 /0	20
	50%		Rono Motastasis Underexpressed	47 /0	58
	61%	26	DUTIE_INICIASIASIS_UTUETEX.PRESSED	55%	14
	66%	20		61%	14
Score Hor?	88%	50	10424X НС рад 22	72%	
	97%	50	MI Inknown 30	94%	
Histological Grade	98%		Histological Grade	QQ%	
instological Glade	50 /0		inistological Glade	5570	

Supplemental Figure 5

