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Reporting Summary

Nature Portfolio wishes to improve the reproducibility of the work that we publish. This form provides structure for consistency and transparency in reporting. For further information on Nature Portfolio policies, see our <u>Editorial Policies</u> and the <u>Editorial Policy Checklist</u>.

Statistics						
For all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.						
a Confirmed						
The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement						
A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly						
The statistical test(s) used AND whether they are one- or two-sided Only common tests should be described solely by name; describe more complex techniques in the Methods section.						
A description of all covariates tested						
A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons						
A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals)						
For null hypothesis testing, the test statistic (e.g. <i>F</i> , <i>t</i> , <i>r</i>) with confidence intervals, effect sizes, degrees of freedom and <i>P</i> value noted Give <i>P</i> values as exact values whenever suitable.						
For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings						
For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes						
Estimates of effect sizes (e.g. Cohen's <i>d</i> , Pearson's <i>r</i>), indicating how they were calculated						
Our web collection on <u>statistics for biologists</u> contains articles on many of the points above.						
Software and code						
Policy information about <u>availability of computer code</u>						
Data collection N/A						
ata analysis N/A						
For manuscripts utilizing custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors and reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Portfolio guidelines for submitting code & software for further information.						
Data						
Policy information about <u>availability of data</u>						
All manuscripts must include a <u>data availability statement</u> . This statement should provide the following information, where applicable: - Accession codes, unique identifiers, or web links for publicly available datasets						
- A description of any restrictions on data availability						
- For clinical datasets or third party data, please ensure that the statement adheres to our <u>policy</u>						

The datasets used in the current analysis are available from the corresponding author upon reasonable request.

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Policy information a and sexual orientat		rith <u>human participants or human data</u> . See also policy information about <u>sex, gender (identity/presentation), thnicity and racism</u> .				
Reporting on sex	and gender	This study involved breast cancer patients and the study population primarily consisted of female patients. Therefore, it was not possible to conduct sex-based analysis.				
Reporting on race, ethnicity, or other socially relevant groupings		This study was conducted in Japanese patients only.				
Population charac	cteristics	See above.				
Recruitment		lot applicable as this was a retrospective, medical chart review study.				
,		protocol was approved by the centralized authority (Ethics Review Committee at Tokeikai Kitamachi Clinic), as well as the vidual ethics committees at each study center.				
Note that full informa	tion on the appro	oval of the study protocol must also be provided in the manuscript.				
Field-spe	cific re	porting				
Please select the or	ne below that is	the best fit for your research. If you are not sure, read the appropriate sections before making your selection.				
X Life sciences	В	ehavioural & social sciences				
For a reference copy of t	he document with a	all sections, see <u>nature.com/documents/nr-reporting-summary-flat.pdf</u>				
Life scier	ices stu	ıdy design				
All studies must dis	close on these	points even when the disclosure is negative.				
Sample size		s a multicenter, retrospective, medical chart review study. Data from HER2-positive breast cancer patients with BM who received T-atment between May 25, 2020, and April 30, 2021, were collected from each participating institution using a medical record retrieval				
Data exclusions	Patients who ex clinical trial wer	expressed a desire not to participate in the study prior to data fixation and those who had received T-DXd from participation in a lere excluded.				
Replication	N/A					
Randomization	N/A					
Blinding	N/A					
Reporting	g for sp	pecific materials, systems and methods				
		about some types of materials, experimental systems and methods used in many studies. Here, indicate whether each material, your study. If you are not sure if a list item applies to your research, read the appropriate section before selecting a response.				
Materials & exp		ystems Methods				
		n/a Involved in the study ChIP-seq				
Antibodies Lukaryotic cell lines		Flow cytometry				
Clinical data						
Dual use re	search of concer	1				

Clinical data

Policy information about <u>clinical studies</u>

All manuscripts should comply with the ICMJE guidelines for publication of clinical research and a completed CONSORT checklist must be included with all submissions.

Clinical trial registration | UMIN-CTR Clinical Trials, the identifier number UMIN000044995

Study protocol

Not available but can be requested from the corresponding author.

Data collection

Data from HER2-positive breast cancer patients with BM who received T-DXd treatment between May 25, 2020, and April 30, 2021, were collected from 62 medical institutions using a medical record retrieval system. The data cut-off date for survival and other information was October 31, 2021; data entry began on November 1, 2021, and information from medical records was entered retrospectively.

Outcomes

The following outcomes were evaluated for the total population: TTF, PFS, ORR based on investigator assessment, OS, and time-todeterioration of CNS metastasis-related symptoms. The following outcomes were evaluated for the population with imaging data of the brain lesion: IC-ORR, IC-PFS, IC-DOR, and IC-CBR.