Supplemental Online Content

Lipsyc-Sharf M, Ballman KV, Campbell JD, et al. Age, body mass index, tumor subtype, and racial and ethnic disparities in breast cancer survival. *JAMA Netw Open*. 2023;6(10):e2339584. doi:10.1001/jamanetworkopen.2023.39584

eMethods. Supplemental Methods

eFigure 1. Kaplan-Meier Estimates of Recurrence-Free Survival in Breast Cancer Subtype by Race and Ethnicity

eFigure 2. Kaplan-Meier Estimates of Overall Survival in Breast Cancer Subtype by Race and Ethnicity

eFigure 3. Kaplan-Meier Estimates of Recurrence-Free Survival in Age Category by Race and Ethnicity

eFigure 4. Kaplan-Meier Estimates of Overall Survival in Age Category by Race and Ethnicity

eFigure 5. Kaplan-Meier Estimates of Recurrence-Free Survival in Body Mass Index (BMI) Category by Race and Ethnicity

eFigure 6. Kaplan-Meier Estimates of Overall Survival in Body Mass Index (BMI) Category by Race and Ethnicity

eReferences.

This supplemental material has been provided by the authors to give readers additional information about their work.

eMethods. Supplemental Methods

Pooled data from four clinical trials were included in this analysis:

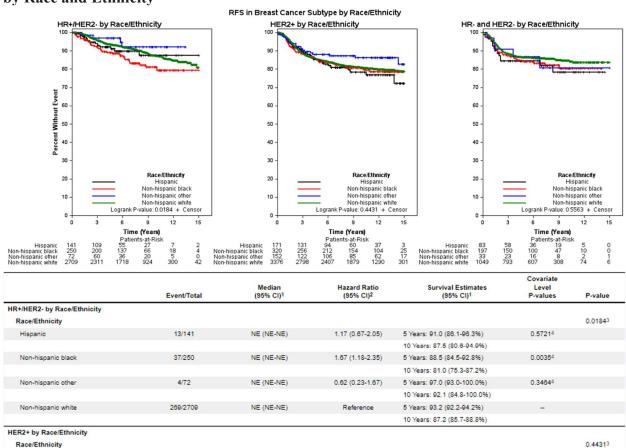
Cancer and Leukemia Group B (CALGB) C9741, C49907, C40101, or North Central Cancer Treatment Group (NCCTG) N9831. Here we have included a short description of each of these clinical trials. Of note, all patients in these trials received chemotherapy. None of the patients with triple negative breast cancer in these trials received immunotherapy. Given the timing of these trials, administration of anti-HER2 therapy for patients with HER2-positive breast cancer was variable except in N9831 in which all patients received HER2-directed therapy. For additional details, please consult the full publications of these clinical trials.

CALGB C9741: This trial studied the efficacy and safety of sequential versus concurrent combination chemotherapy as well as the safety and efficacy of dose density of chemotherapy. Specifically, the four arms of the study included 1) sequential doxorubicin then paclitaxel and then cyclophosphamide, administered every 3 weeks; 2) sequential doxorubicin then paclitaxel and then cyclophosphamide, administered every 2 weeks; 3) concurrent doxorubicin and cyclophosphamide followed by paclitaxel, administered every 3 weeks; and 4) concurrent doxorubicin and cyclophosphamide followed by paclitaxel, administered every 2 weeks. The trial found that dose density improved disease-free survival (DFS) and overall survival (OS), and that there was no difference in DFS or OS between sequential and concurrent chemotherapy schedules.

CALGB C49907: This trial studied standard adjuvant chemotherapy regimens versus capecitabine in women ages 65 years and older with early-stage breast cancer and found that recurrence-free survival was significantly longer for patients receiving standard adjuvant chemotherapy than for patients receiving capecitabine. Patients that received standard chemotherapy received either CMF (cyclophosphamide, methotrexate, and fluorouracil) or AC (doxorubicin and cyclophosphamide).

CALGB C40101: This trial studied whether treatment with paclitaxel alone was non-inferior to treatment with doxorubicin and cyclophosphamide (AC) in adjuvant treatment of patients with 0 to 3 positive axillary lymph nodes. The trial found that, while paclitaxel was better tolerated than AC, the efficacy of paclitaxel was not non-inferior to AC.

NCCTG N9831: This trial studied trastuzumab administered either sequentially or concurrently with chemotherapy in adjuvant treatment of patients with early-stage HER2+ breast cancer and found that trastuzumab given concurrently with taxane chemotherapy improved DFS. Chemotherapy included treatment with doxorubicin and cyclophosphamide (AC) followed by either paclitaxel alone or paclitaxel plus trastuzumab.



eFigure 1. Kaplan-Meier Estimates of Recurrence-Free Survival in Breast Cancer Subtype by Race and Ethnicity

¹Kaplan-Meier method; ²Cox model; ³Logrank test; ⁴Wald Chi-Square test;

Hispanic

Non-hispanic black

Non-hispanic othe

Non-hispanic white

Non-hispanic black

Non-hispanic other

Non-hispanic white

Race/Ethnicity Hispanic

HR- and HER2- by Race/Ethnicity

These supplemental Kaplan-Meier estimates show unadjusted survival by subgroup.

32/171

59/320

20/152

621/3376

14/83

32/197

5/33

142/1049

NE (NE-NE)

1.14 (0.80-1.62)

1.05 (0.81-1.38)

0.73 (0.47-1.14)

Reference

1.35 (0.78-2.33)

1.23 (0.84-1.81)

1.19 (0.49-2.90)

Reference

5 Years: 85.1 (79.6-91.0%)

10 Years: 78.4 (71.6-85.9%)

5 Years: 84.0 (79.9-88.3%)

10 Years: 80.5 (76.0-85.3%)

5 Years: 88.0 (82.8-93.5%)

10 Years: 86.1 (80.4-92.2%) 5 Years: 85.1 (83.8-86.3%)

10 Years: 80.8 (79.4-82.2%)

5 Years: 84.6 (76.9-93.0%)

10 Years: 78.3 (67.7-90.5%) 5 Years: 84.1 (79.0-89.6%)

10 Years: 80.4 (73.9-87.4%)

5 Years: 86.8 (75.4-99.9%)

10 Years: 80.6 (65.8-98.6%)

5 Years: 86.6 (84.5-88.8%)

10 Years: 84.7 (82.3-87.2%)

0.47404

0.70124

0.16874

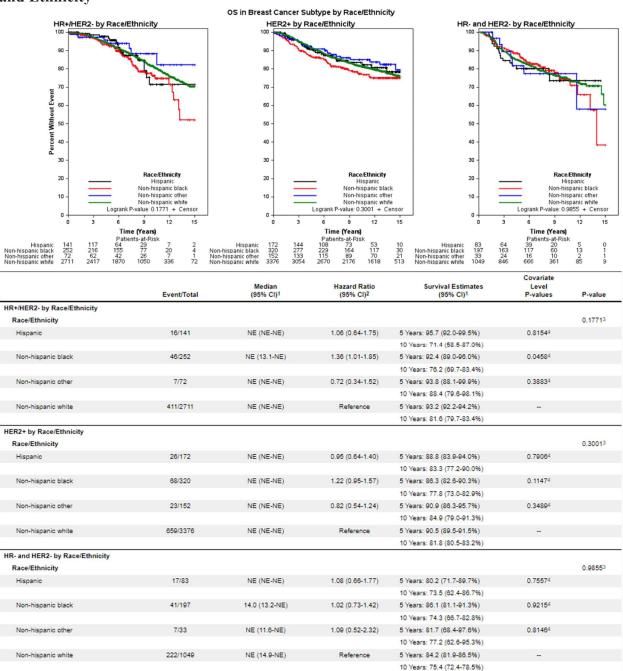
0.28864

0.2862

0.70414

0.55633

Abbreviations: RFS, recurrence-free survival; HR+, hormone receptor positive; HER2-, human epidermal growth factor receptor 2-negative; HER2+, human epidermal growth factor receptor 2-positive; HR-, hormone receptor negative.

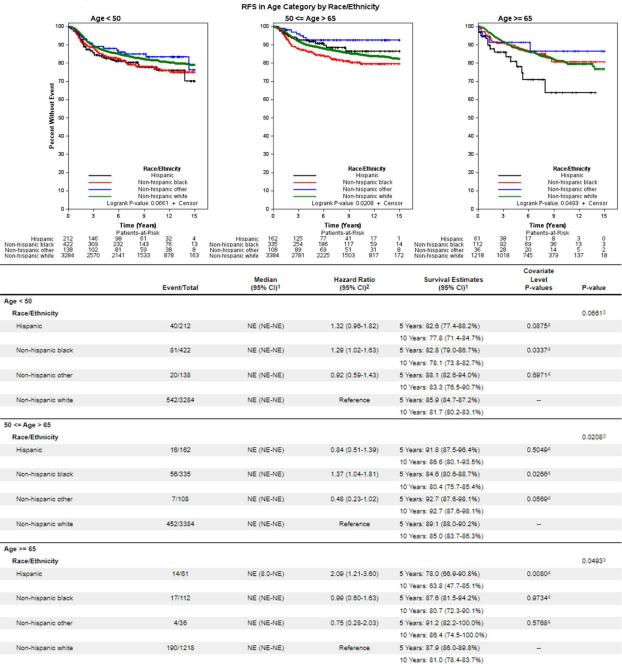


eFigure 2. Kaplan-Meier Estimates of Overall Survival in Breast Cancer Subtype by Race and Ethnicity

¹Kaplan-Meier method; ²Cox model; ³Logrank test; ⁴Wald Chi-Square test;

These supplemental Kaplan-Meier estimates show unadjusted survival by subgroup.

Abbreviations: OS, overall survival; HR+, hormone receptor positive; HER2-, human epidermal growth factor receptor 2-negative; HER2+, human epidermal growth factor receptor 2-positive; HR-, hormone receptor negative.



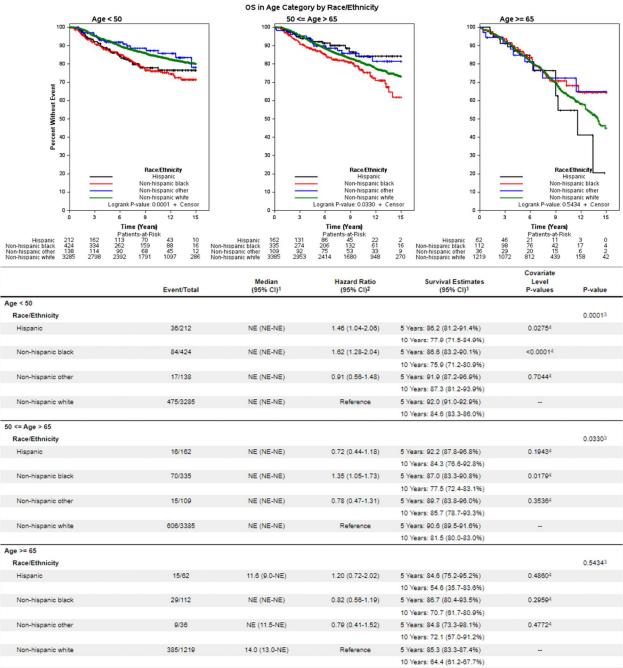
eFigure 3. Kaplan-Meier Estimates of Recurrence-Free Survival in Age Category by Race and Ethnicity

¹Kaplan-Meier method; ²Cox model; ³Logrank test; ⁴Wald Chi-Square test;

These supplemental Kaplan-Meier estimates show unadjusted survival by subgroup.

Age is represented in years.

Abbreviations: RFS, recurrence-free survival.



eFigure 4. Kaplan-Meier Estimates of Overall Survival in Age Category by Race and Ethnicity

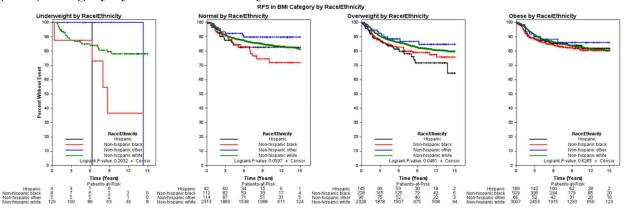
¹Kaplan-Meier method; ²Cox model; ³Logrank test; ⁴Wald Chi-Square test;

These supplemental Kaplan-Meier estimates show unadjusted survival by subgroup.

Age is represented in years.

Abbreviation: RFS, recurrence-free survival.

eFigure 5. Kaplan-Meier Estimates of Recurrence-Free Survival in Body Mass Index (BMI) Category by Race and Ethnicity



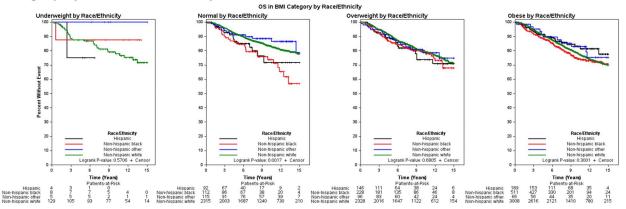
Body Mass Index (BMI) groups were determined based on National Institutes of Health definitions of underweight, normal weight, overweight, and obesity as follows: <18.5, 18.5 to <25, 25 to <30, ≥ 30 kg/m² respectively.²⁴

	Event/Total	Median (95% CI) ¹	Hazard Ratio (95% CI) ²	Survival Estimates (95% CI) ¹	Covariate Level P-values	P-value
Underweight by Race/Ethnicity						
Race/Ethnicity						0.2032
Hispanic	1/4	6.3 (NE-NE)	1.93 (0.28-14.52)	5 Years: 100.0 (100.0-100.0%)	0.52244	
				10 Years: 0.0 (NE-NE%)		
Non-hispanic black	4/8	8.7 (6.3-NE)	2.93 (1.01-8.50)	5 Years: 87.5 (67.3-100.0%)	0.04714	
				10 Years: 38.5 (12.4-100.0%)		
Non-hispanic other	1/5	14.3 (NE-NE)	0.97 (0.13-7.21)	5 Years: 100.0 (100.0-100.0%)	0.97974	
				10 Years: 100.0 (100.0-100.0%)		
Non-hispanic white	24/129	NE (NE-NE)	Reference	5 Years: 84.9 (78.7-91.6%)	-	
				10 Years: 78.2 (70.7-86.5%)		
formal by Race/Ethnicity						
Race/Ethnicity						0.0597
Hispanic	13/92	NE (NE-NE)	1.28 (0.74-2.24)	5 Years: 84.4 (76.5-93.0%)	0.37844	
				10 Years: 82.5 (74.2-91.8%)		
Non-hispanic black	22/112	NE (NE-NE)	1.59 (1.03-2.45)	5 Years: 84.4 (77.3-92.0%)	0.03554	
				10 Years: 74.4 (65.1-85.1%)		
Non-hispanic other	10/114	NE (NE-NE)	0.64 (0.34-1.20)	5 Years: 92.3 (87.3-97.6%)	0.16724	
				10 Years: 89.8 (84.0-96.1%)		
Non-hispanic white	327/2313	NE (NE-NE)	Reference	5 Years: 88.3 (86.9-89.7%)	-	
				10 Years: 84.3 (82.7-85.9%)		
Overweight by Race/Ethnicity						
Race/Ethnicity						0.0481
Hispanic	29/145	NE (NE-NE)	1.56 (1.07-2.28)	5 Years: 83.7 (77.5-90.4%)	0.02124	
				10 Years: 71.6 (62.1-82.6%)		
Non-hispanic black	42/228	NE (NE-NE)	1.29 (0.94-1.77)	5 Years: 83.2 (78.1-88.6%)	0.12154	
				10 Years: 79.0 (73.3-85.2%)		
Non-hispanic other	12/96	NE (NE-NE)	0.83 (0.47-1.48)	5 Years: 88.6 (82.1-95.5%)	0.53124	
				10 Years: 84.6 (76.6-93.4%)		
Non-hispanic white	368/2328	NE (NE-NE)	Reference	5 Years: 87.3 (85.9-88.7%)		
				10 Years: 82.0 (80.2-83.7%)		
Obese by Race/Ethnicity						
Race/Ethnicity						0.6265
Hispanic	27/189	NE (NE-NE)	1.08 (0.72-1.57)	5 Years: 86.8 (81.8-92.0%)	0.76084	
				10 Years: 83.9 (78.2-90.0%)		
Non-hispanic black	82/509	NE (NE-NE)	1.15 (0.91-1.45)	5 Years: 84.9 (81.7-88.2%)	0.25124	
				10 Years: 81.9 (78.3-85.7%)		
Non-hispanic other	8/66	NE (NE-NE)	0.82 (0.41-1.65)	5 Years: 88.2 (80.3-96.8%)	0.57814	
				10 Years: 88.1 (77.5-95.6%)		
Non-hispanic white	449/3007	NE (NE-NE)	Reference	5 Years: 87.5 (88.2-88.7%)	-	
				10 Years: 83.2 (81.7-84.7%)		

These supplemental Kaplan-Meier estimates show unadjusted survival by subgroup.

Abbreviations: RFS, recurrence-free survival; BMI, body mass index.

eFigure 6. Kaplan-Meier Estimates of Overall Survival in Body Mass Index (BMI) Category by Race and Ethnicity



Body Mass Index (BMI) groups were determined based on National Institutes of Health definitions of underweight, normal weight, overweight, and obesity as follows: <18.5, 18.5 to <25, 25 to <30, ≥ 30 kg/m² respectively.²⁴

	Event/Total	Median (95% CI) ¹	Hazard Ratio (95% CI) ²	Survival Estimates (95% CI) ¹	Covariate Level P-values	P-value
Inderweight by Race/Ethnicity						
Race/Ethnicity						0.57063
Hispanic	1/4	NE (2.4-NE)	1.89 (0.25-14.18)	5 Years: 75.0 (42.8-100.0%)	0.53424	
				10 Years: NE (NE-NE%)		
Non-hispanic black	1/8	NE (NE-NE)	0.53 (0.07-3.88)	5 Years: 87.5 (67.3-100.0%)	0.53124	
				10 Years: 87.5 (67.3-100.0%)		
Non-hispanic other	0/5	NE (NE-NE)	0.00 (0.00-)	5 Years: 100.0 (100.0-100.0%)	0.98954	
				10 Years: 100.0 (100.0-100.0%)		
Non-hispanic white	29/129	NE (NE-NE)	Reference	5 Years: 87.6 (81.9-93.7%)		
				10 Years: 79.0 (71.8-86.9%)		
Iormal by Race/Ethnicity						
Race/Ethnicity						0.00173
Hispanic	15/92	NE (NE-NE)	1.60 (0.95-2.69)	5 Years: 85.0 (77.1-93.7%)	0.07454	
				10 Years: 71.6 (58.5-87.6%)		
Non-hispanic black	27/112	NE (12.5-NE)	1.93 (1.31-2.86)	5 Years: 85.7 (79.1-93.0%)	0.00104	
				10 Years: 73.7 (64.4-84.4%)		
Non-hispanic other	13/115	NE (NE-NE)	0.78 (0.45-1.36)	5 Years: 91.1 (85.6-96.8%)	0.37864	
				10 Years: 88.5 (82.3-95.2%)		
Non-hispanic white	359/2315	NE (NE-NE)	Reference	5 Years: 91.5 (90.3-92.7%)		
				10 Years: 83.6 (82.0-85.3%)		
verweight by Race/Ethnicity						
Race/Ethnicity						0.6805
Hispanic	25/148	NE (NE-NE)	1.18 (0.79-1.77)	5 Years: 88.1 (82.7-94.0%)	0.41154	
				10 Years: 73.8 (64.4-84.6%)		
Non-hispanic black	44/228	NE (NE-NE)	1.16 (0.85-1.59)	5 Years: 85.4 (80.8-90.5%)	0.33444	
				10 Years: 80.0 (74.4-86.1%)		
Non-hispanic other	17/98	NE (NE-NE)	1.01 (0.62-1.64)	5 Years: 88.7 (82.4-95.6%)	0.96684	
		Contract (Contract of Contrac		10 Years: 80.8 (72.2-90.3%)		
Non-hispanic white	447/2328	NE (NE-NE)	Reference	5 Years: 90.2 (88.9-91.4%)	-	
				10 Years: 79.3 (77.5-81.2%)		
bese by Race/Ethnicity						
Race/Ethnicity						0.3001
Hispanic	26/189	NE (NE-NE)	0.80 (0.54-1.18)	5 Years: 89.8 (85.3-94.5%)	0.25434	
				10 Years: 83.1 (76.8-89.9%)		
Non-hispanic black	106/511	NE (NE-NE)	1.14 (0.93-1.40)	5 Years: 87.6 (84.7-90.6%)	0.21414	
				10 Years: 74.7 (70.3-79.3%)		
Non-hispanic other	11/66	NE (NE-NE)	0.81 (0.44-1.46)	5 Years: 89.6 (82.0-97.9%)	0.47634	
				10 Years: 82.8 (73.0-93.9%)		
Non-hispanic white	607/3008	NE (NE-NE)	Reference	5 Years: 89.8 (88.7-91.0%)	-	
	10000000	······		10 Years: 78.6 (76.9-80.3%)		

¹Kaplan-Meier method; ²Cox model; ³Logrank test; ⁴Wald Chi-Square test;

These supplemental Kaplan-Meier estimates show unadjusted survival by subgroup.

Abbreviations: RFS, recurrence-free survival; BMI, body mass index.

eReferences.

1. Muss HB, Berry DA, Cirrincione CT, et al. Adjuvant Chemotherapy in Older Women with Early-Stage Breast Cancer. *New England Journal of Medicine*. 2009;360(20):2055-2065. doi:10.1056/NEJMoa0810266

2. Perez EA, Suman VJ, Davidson NE, et al. Sequential versus concurrent trastuzumab in adjuvant chemotherapy for breast cancer. *J Clin Oncol*. Dec 1 2011;29(34):4491-7. doi:10.1200/jco.2011.36.7045

3. Shulman LN, Berry DA, Cirrincione CT, et al. Comparison of doxorubicin and cyclophosphamide versus singleagent paclitaxel as adjuvant therapy for breast cancer in women with 0 to 3 positive axillary nodes: CALGB 40101 (Alliance). *J Clin Oncol*. Aug 1 2014;32(22):2311-7. doi:10.1200/jco.2013.53.7142

4. Citron ML, Berry DA, Cirrincione C, et al. Randomized trial of dose-dense versus conventionally scheduled and sequential versus concurrent combination chemotherapy as postoperative adjuvant treatment of node-positive primary breast cancer: first report of Intergroup Trial C9741/Cancer and Leukemia Group B Trial 9741. *J Clin Oncol*. Apr 15 2003;21(8):1431-9. doi:10.1200/jco.2003.09.081