Cancer type(s)/subtype(s)/stage(s)/condition	Hormone receptor-positive early breast cancer
Considerations related to:	
Sex	Hormone receptor-positive breast cancer, as all other subtypes of breast cancer, is a predominantly female disease and is rare in men. Male breast cancer represents only between 0.5 and 1% of all breast cancers diagnosed each year. Hormone receptor- positive breast cancer incidence is around 70-90%% among all breast cancer subtypes in the overall largely female population, but its incidence in males appears to be slightly higher (>90%) when compared to the other subtypes.
Age	The median age at the time of all breast cancer diagnoses is around 60
Race/Etnicity	In the USA from 2014 to 2018, the overall breast cancer incidence rate was 127.1 cases per 100,000 among Black women and 132.5 cases per 100,000 among White women.
	According to European Cancer Information System (ECIS) of the Joint Research Centre based on incidence trends from pre-pandemic years, around 371,276 new cases of breast cancer were expected in Europe in 2020, and 371,276. In Italy, around 54,960 were expected. No dedicated data are currently available on breast cancer incidence among black women living in EU and Italy.
Overall representativeness of this study	The age distribution of our study is similar to the average age distribution of hormone receptor-positive in the literature, median age of 60 (same as our study).
	Being a multicenter Italian study, our study enrolled patients both from the south, center and north of Italy.
	In the years when the trial was recruiting, black women represented less than 1-2% of the whole Italian population (source: ISTAT). As the incidence was extremely low at that time, no black patients were recruited in our study, although this was not an exclusion criterium.
	However, it must be noted that the percentage of black women living in Italy has significantly increased over time. In 2021, Italians of first and second generation represented the 8.5% of the whole Italian population, and a significant proportion of them are citizens of African (or al least non Caucasian) descent (source:
	ISTAT). Since our study investigated the prognostic role of single-nucleotide polymorphisms in breast cancer, and that those polymorphisms are known to change greatly in different ethnic groups, our results should be confirmed in diverse populations before being transferred to patients with non Caucasian
	descent. Since estrogen synthesis is different in women and man, only women patients were eligible for this study.

Table S1. Representativeness of Study Participants