Supplemental Online Content

Leon-Ferre RA, Jonas SF, Salgado R, et al. Tumor-infiltrating lymphocytes in triple-negative breast cancer. *JAMA*. doi:10.1001/jama.2024.3056

1. Study Population

eTable 1-A. Details on Patients Included/Excluded From Each Cohort

eTable 1-B. Criteria Used by Each Cohort To Define ER, PR, and HER2-Negative Status

eFigure 1-A. Inclusion Period According to Each Cohort

eFigure 1-B. Tumor Size Distribution per Cohort, Ordered According to First Year of Inclusion

eFigure 1-C. T1 Substage Distribution per Cohort, Ordered According to First Year of Inclusion

eFigure 1-D. Nodal Stage Distribution per Cohort, Ordered According to First Year of Inclusion

eFigure 1-E. Overall Stage Distribution per Cohort, According to First Year of Inclusion

eTable 1-C. Characteristics of the Population Included in the Study

2. TIL Distribution

eFigure 2-A. Distribution of the Stromal TILs in the Overall Study

eFigure 2-B. Distribution of the Stromal TILs per Cohort

eTable 2-A. Summary of TILs Values by Cohort

eTable 2-B. Correlation Matrix Between Clinicopathological Characteristics and TILs

eFigure 2-B. Graphical Display of the Correlation Matrix Between Clinicopathological Characteristics and TILs

eFigure 2-C. Scatterplot of Age vs TILs

3. Statistical Methods

eTable 3-A. Breast Cancer Clinical Trial End Points per STEEP 2.0

eTable 3-B. Number and Percentage of Composite Events, by Study and in Total

eTable 3-C. Number and Percentage of First Events, by Study and in Total

eTable 3-D. Details on Missing Values

eFigure 3-A. Patterns of Missing Values

eTable 3-E. Percentages and Contribution of Missing Values in Each Study on the 5 Adjustment Variables **eTable 3-F.** Comparison of the Characteristics of the Population With and Without Missing Values **eFigure 3-B.** Survival Among Patients With Missing Data vs Not

eFigure 3-C. Imputed Missing Values in the 20 Imputed Datasets: First Number Corresponds to Initial Dataset

4. Cox Models

eTable 4-A. Cox Models of Clinicopathological Variables and TILs vs Overall Survival

eTable 4-B. Cox Models of Clinicopathological Variables and TILs vs RFS

eTable 4-C. Cox Models of Clinicopathological Variables and TILs vs DDFS

eTable 4-D. Cox Models of Clinicopathological Variables and TILs vs DRFS

eTable 4-E. Cox Models Including Clinicopathological Variables and TILs on IBCFS

eTable 4-F. Cox Models of Clinicopathological Variables and TILs vs IDFS

5. Detailed Clinical Outcomes According to Various TIL Thresholds and According to Stage

eTable 5-A. Clinical Outcomes According to TIL Thresholds in the Overall Study Population, According to Age and Stage

eFigure 5-A. Overall Survival According to TILs <30% vs ≥30%

eFigure 5-B. RFS According to TILs <30% vs ≥30%

eFigure 5-C. DDFS According to TILs <30% vs ≥30%

eFigure 5-D. DRFS According to TILs <30% vs ≥30%

eFigure 5-E. IBCFS According to TILs <30% vs ≥30%

eFigure 5-F. IDFS According to TILs <30% vs ≥30%

eFigure 5-G. Overall Survival According to TILs <75% vs ≥75%

eFigure 5-H. RFS According to TILs <75% vs ≥75%

eFigure 5-I. DDFS According to TILs <75% vs ≥75%

eFigure 5-J. DRFS According to TILs <75% vs ≥75%

eFigure 5-K. IBCFS According to TILs <75% vs ≥75%

eFigure 5-L. IDFS According to TILs <75% vs ≥75%

eFigure 5-M. Overall Survival According to Nodal Status and TILs <30 vs ≥30%

eFigure 5-N. RFS According to Nodal Status and TILs <30 vs ≥30%

eFigure 5-O. DDFS According to Nodal Status and TILs <30 vs ≥30%

eFigure 5-P. DRFS According to Nodal Status and TILs <30 vs ≥30%

eFigure 5-Q. IBCFS According to Nodal Status and TILs <30 vs ≥30%

eFigure 5-R. IDFS According to Nodal Status and TILs <30 vs ≥30%

eFigure 5-S. Overall Survival According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs)

eFigure 5-T. RFS According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs)

eFigure 5-U. DDFS According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs) **eFigure 5-V.** DRFS According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs) **eFigure 5-W.** IBCFS According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs) **eFigure 5-X.** IDFS According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs)

6. Adjusted Forest Plots According to Each End Point

7. Additional Survival Rates

eTable 7-A. Survival Rates at 3 Years for Stage I TNBC

eTable 7-B. Survival Rates at 3, 5, and 10 Years According to Age and TIL Levels

8. Competing Risk Analysis

eTable 8-A. Competing Events

eTable 8-B. Competing Events According to TILs Level (30% Threshold)

eFigure 8-A. Influence of TILs <30% vs ≥30% on Distant Relapse, Death, or Second Cancers **eTable 8-C.** Competing Events According to TILs Level (50% Threshold)

eFigure 8-B. Influence of TILs <50% vs ≥50% on Distant Relapse, Death, or Second Cancers eTable 8-D. Competing Events According to TILs Level (30% Threshold) in the pN0 Population eFigure 8-C. Influence of TILs <30% vs ≥30% on Distant Relapse, Death, or Second Cancers in Node-Negative TNBC

eTable 8-E. Competing Events According to TILs Level (50% Threshold) in the pN0 Population **eFigure 8-D.** Influence of TILs <30% vs ≥30% on Distant Relapse, Death or Second Cancers in Node-Negative TNBC

9. Time-Dependent ROC Curves and AUC

eTable 9-A. AUC (IPCW) at 5 Years and Confidence Interval (CI)

eTable 9-B. AUC (IPCW) at 10 Years and Confidence Interval (CI)

10. Cross-Validation Study

eFigure 10-A. Overall Survival Calibration Plots

eFigure 10-B. Recurrence-Free Survival Calibration Plots

eFigure 10-C. Distant-Disease Free Survival Calibration Plots

eFigure 10-D. Invasive Disease-Free Survival Calibration Plots

eFigure 10-E. Invasive Breast Cancer–Free Survival Calibration Plots

11. Investigation of the Violation of the Proportional Effects Assumption in the Cox Model

eFigure 11-A. Schoenfeld Residuals of the Univariate Models for Each End Point

eFigure 11-B. Schoenfeld Residuals of the Multivariable Models for Each End Point

eTable 11. Multivariate Cox Model With End Point: Overall Survival Stratified on Time

12. Investigation of the Effect of Inclusion Year on Survival End Points According to TILs

eTable 12. Sensitivity Analysis of Survival Outcomes According to TIL Levels Pre- and Post- 1998 **eFigure 12-A.** Survival Outcomes in Patients With TNBC and TILs <30% Who Underwent Locoregional Therapy Before vs After 1998

eFigure 12-B. Survival Outcomes in Patients With TNBC and TILs ≥50% Who Underwent Locoregional Therapy Before vs After 1998

eReferences.

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

1. Study population

We received data on 2211 patients from 13 institutions:

- 22 patients without TILs value were excluded,
- 41 patients with ER levels above 1% (when the information was available) were excluded,
- 18 patients with PR levels above 1% (when the information was available) were excluded,
- 133 patients treated with neodjuvant chemotherapy were excluded,
- 21 patients without follow-up information were excluded,
- 1 patient with two cancers at diagnostic was excluded,
- 1 patient with preinvasive cancer was excluded,
- 8 patients without surgery were excluded.

After exclusions, a total of 1966 patients were included in the analysis.

eTable 1-A. Details on Patients Included/Excluded From Each Cohort										
Study	Initial number	Missing TILs	ER >1%	PR >1%	Chemo- treated	Missing follow-up	Two cancers at diagnosis	No surgery	Preinvasive cancer	Final number
Genova, Italy	16	0	0	0	0	0	0	0	0	16
Padova, Italy	40	0	1	1	0	0	0	0	0	38
Gothenburg, Sweden	65	5	3	0	0	0	0	4	0	53
Lyon, France*	59	0	NA	NA	0	0	1	0	0	58
Gustave Roussy, Paris, France*	98	3	NA	NA	0	0	0	0	0	95
Tokyo, Japan	125	0	13	3	0	0	0	0	0	109
UUĆM Seoul, Korea*	117	0	NA	NA	1	0	0	0	0	116
Curie, Paris, France	150	2	0	0	0	0	0	0	0	148
Milan, Italy	190	11	0	0	0	20	0	0	0	159
Mayo, MN, USA	182	1	0	0	0	0	0	0	0	181
Erasmus, Rotterdam, Netherlands	243	0	0	0	0	1	0	0	1	241
UBC, Vancouver, Canada	445	0	0	0	132	0	0	4	0	309
NKI, Amsterdam, Netherlands	481	0	24	14	0	0	0	0	0	443
Total	2211	22	41	18	133	21	1	8	1	1966

* ER/PR threshold used in this cohort was 10%, specific % value was not available

Information on the level of TIL and on the time elapsed between surgery (or the date of diagnosis) and the events considered (see details in section 3.1) or the date of the last follow-up were a pre-requisite to include the patient in the analysis.

In addition, all 13 centers provided data on requested covariates: tumor size, number of positive lymph nodes, age, histological grade, radiotherapy, type of surgery. Sporadic missing data were possible on these covariates (see details in the table S.2).

Additional covariates on histologic subtypes and menopausal status were also available for most studies, these covariates being used for descriptive purposes only.

eTable 1-B. Criteria Used by Each Cohort To Define ER, PR, and HER2-Negative Status

Study	ER nea	PR neg	HER2 nea
Mayo (USA)	1% threshold	1% threshold	IHC 0, 1+, or 2+ w/ FISH neg
NKI (Amsterdam)	1% threshold (24 patients excluded)	1% threshold (15 patients excluded including 1 with ER>0)	IHC 0, 1+, or 2+ w/ SISH neg/equivocal
UUCM (Ulsan)	10% threshold	10% threshold	IHC 0, 1+, or 2+ w/ FISH neg
IGR (Paris)	10% threshold	No IHC data	IHC 0
UBC (Vancouver)	1% threshold	1% threshold	IHC 0, 1+, or 2+ w/ FISH neg
IEO (Milano)	1% threshold	1% threshold	IHC 0, 1+, or 2+ w/ FISH neg
Curie (Paris)	1% threshold	1% threshold	IHC 0, 1+, or 2+ w/ FISH neg
Centre Leon Berard (Lyon)	10% threshold	10% threshold	IHC 0, 1+, or 2+ w/ FISH neg
IOV (Padova)	1% threshold (1 patient excluded)	1% threshold (1 patient excluded)	IHC 0, 1+, or 2+ ISH not amplified
UniGe (Genova)	1% threshold	1% threshold	IHC 0, 1+, or 2+ w/ FISH neg
Sahlgrenska UH (Göteborg)	1% threshold (3 patients excluded)	1% threshold	IHC 0, 1+, or 2+ w/ FISH neg
National Cancer Center (Tokyo)	1% threshold (13 patients excluded)	1% threshold (10 patients excluded including 7 with ER>0)	IHC 0, 1+, or 2+ w/ FISH neg
Erasmus University (Rotterdam)	1% threshold	1% threshold	IHC 0, 1+, or 2+ ISH not amplified

The following cohorts (which included patients treated prior to routine clinical testing of HER2 status) Evaluated HER2 status directly from tumor tissue, using the criteria noted in table S1A: Mayo Clinic (USA), UBC (Vancouver), NKI (Amsterdam), IEO (Milano), IGR (Paris), Sahlgrenska UH (Göteborg), Erasmus (Rotterdam).

The following cohorts abstracted HER2 status from the medical record without tissue retesting: IOV (Padova), National Cancer Center (Tokyo). Please note that period of enrollment for these cohorts was more recent, after HER2 testing became standard in the clinic.



eFigure 1-A. Inclusion Period According to Each Cohort





© 2024 American Medical Association. All rights reserved.



eFigure 1-C. T1 Substage Distribution per Cohort, Ordered According to First Year of Inclusion

eFigure 1-D. Nodal Stage Distribution per Cohort, Ordered According to First Year of Inclusion



eFigure 1-E. Overall Stage Distribution per Cohort, According to First Year of Inclusion



	UBC (Vancouver)	Curie (Paris)	Erasmus (Rotterdam)	UniGe (Genova)	IGR (Paris)	National Cancer Center (Tokyo)	UUCM (Ulsan)	Leon Berard (Lyon)	Mayo (USA)	IEO (Milano)	NKI (Amsterdam)	IOV (Padova)	Sahlgrenska (Göteborg)	Overall
	n= 309	n= 148	n= 241	n= 16	n= 95	n= 109	n= 116	n= 58	n= 181	n= 159	n= 443	n= 38	n= 53	n= 1966
Date of surgery (or diagn	osis)											<u>.</u>		
Min-Max	1986 - 1992	2005- 2013	1979 - 2003	2009 - 2015	1989-1995	2001 - 2015	1999-2017	2010-2017	1985-2012	1995 - 2014	1989 - 2000	2005 - 2014	2004 - 2015	1979 -2017
Age												<u>.</u>		
Mean	57.7	72.4	55.4	75.1	50.5	65.1	58.6	72.1	62.6	66.0	34.6	68.2	77.7	55.9
SD	12.9	12.8	13.6	12.8	10.0	13.3	14.3	12.8	14.8	14.2	3.6	13.2	9.7	17.5
Median	59.0	76.0	56.0	80.5	50.5	69.0	59.5	75.5	63.8	67.0	35.0	70.5	78.0	56.0
Q1-Q3	49.0 - 68.0	62.8 - 82.0	45.0 - 66.0	64.8 - 82.0	43.4 - 57.8	56.0 - 74.0	48.0 - 70.0	62.8 - 81.0	52.0 - 73.8	55.0 - 76.5	32.0 - 38.0	58.5 - 77.0	73.0 - 84.0	38.9 - 71.0
Min-Max	27.0 - 89.0	37.0 - 94.0	28.0 - 88.0	45.0 - 90.0	29.1 - 69.5	32.0 - 99.0	24.0 - 88.0	28.0 - 89.0	30.0 - 93.7	27.0 - 96.0	22.0 - 39.0	31.0 - 88.0	43.0 - 95.0	22.0 - 99.0
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age (category)														
[18-49y], <i>n</i> (%)	90 (29.1)	7 (4.7)	91 (37.8)	1 (6.2)	45 (47.4)	17 (15.6)	36 (31)	2 (3.4)	40 (22.1)	23 (14.5)	443 (100)	3 (7.9)	2 (3.8)	800 (40.7)
[50+y], <i>n</i> (%)	219 (70.9)	141 (95.3)	150 (62.2)	15 (93.8)	50 (52.6)	92 (84.4)	80 (69)	56 (96.6)	141 (77.9)	136 (85.5)	0 (0)	35 (92.1)	51 (96.2)	1166 (59.3)
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Menopausal status														
Premenopausal, n (%)	81 (27.1)	8 (5.6)	95 (39.6)	1 (6.2)	46 (48.4)	0 (0)	0 (NaN)	5 (8.6)	47 (26)	19 (11.9)	0 (NaN)	6 (15.8)	0 (NaN)	308 (23.4)
Postmenopausal, n (%)	217 (72.6)	134 (94.4)	145 (60.4)	15 (93.8)	49 (51.6)	87 (100)	0 (NaN)	53 (91.4)	134 (74)	140 (88.1)	0 (NaN)	32 (84.2)	0 (NaN)	1006 (76.5)
Pregnant, n (%)	1 (0.3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (NaN)	0 (0)	0 (0)	0 (0)	0 (NaN)	0 (0)	0 (NaN)	1 (0.1)
Missing	10	6	1	0	0	22	116	0	0	0	443	0	53	651
TILs value (cont)														
Mean	22.0	26.9	24.8	11.9	18.6	17.1	25.3	22.5	26.0	13.0	37.6	15.4	22.2	25.4
SD	19.8	24.0	26.7	20.1	18.5	18.5	30.1	25.1	21.0	18.9	33.3	20.5	25.0	26.5
Median	15.0	20.0	15.0	4.0	10.0	10.0	10.0	12.5	20.0	4.0	20.0	7.0	10.0	15.0
Q1-Q3	5.0 - 35.0	5.0 - 40.0	5.0 - 35.0	1.0 - 15.0	5.0 - 25.0	0.0 - 30.0	1.8 - 40.0	5.0 - 28.8	10.0 - 40.0	2.0 - 15.0	5.0 - 70.0	3.0 - 19.3	5.0 - 30.0	5.0 - 40.0
Min-Max	1.0 - 90.0	0.0 - 90.0	1.0 - 95.0	1.0 - 80.0	0.0 - 80.0	0.0 - 70.0	1.0 - 90.0	1.0 - 80.0	0.0 - 80.0	0.0 - 80.0	1.0 - 95.0	1.0 - 80.0	1.0 - 95.0	0.0 - 95.0
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TILs value (cat)														
[0-29], <i>n</i> (%)	217 (70.2)	86 (58.1)	165 (68.5)	14 (87.5)	74 (77.9)	77 (70.6)	74 (63.8)	43 (74.1)	115 (63.5)	134 (84.3)	231 (52.1)	32 (84.2)	38 (71.7)	1300 (66.1)
[30-49], <i>n</i> (%)	59 (19.1)	31 (20.9)	33 (13.7)	1 (6.2)	10 (10.5)	20 (18.3)	14 (12.1)	3 (5.2)	30 (16.6)	10 (6.3)	30 (6.8)	2 (5.3)	6 (11.3)	249 (12.7)
[50-74], <i>n</i> (%)	28 (9.1)	25 (16.9)	15 (6.2)	0 (0)	9 (9.5)	12 (11)	14 (12.1)	8 (13.8)	30 (16.6)	13 (8.2)	87 (19.6)	3 (7.9)	5 (9.4)	249 (12.7)
[75-100], <i>n</i> (%)	5 (1.6)	6 (4.1)	28 (11.6)	1 (6.2)	2 (2.1)	0 (0)	14 (12.1)	4 (6.9)	6 (3.3)	2 (1.3)	95 (21.4)	1 (2.6)	4 (7.5)	168 (8.5)
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Histological subtype						-								
Ductal, <i>n</i> (%)	234 (84.5)	92 (62.2)	197 (82.1)	12 (75)	0 (NaN)	69 (63.3)	99 (85.3)	33 (56.9)	115 (63.5)	119 (74.8)	372 (84)	24 (63.2)	34 (64.2)	1427 (76.3)
Lobular, <i>n</i> (%)	5 (1.6)	12 (8.1)	5 (2.1)	0 (0)	0 (NaN)	3 (2.8)	0 (0)	7 (12.1)	0 (0)	3 (1.9)	2 (0.5)	1 (2.6)	3 (5.7)	41 (2.2)
Medullary, <i>n</i> (%)	31 (10)	3 (2)	17 (7.1)	0 (0)	0 (NaN)	0 (0)	0 (0)	0 (0)	31 (17.1)	3 (1.9)	34 (7.7)	1 (2.6)	0 (0)	120 (6.4)
Tubular, <i>n</i> (%)	1 (0.3)	2 (1.4)	0 (0)	0 (0)	0 (NaN)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (0.2)
Mucinous, n (%)	4 (1.3)	2 (1.4)	2 (0.8)	0 (0)	0 (NaN)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.6)	0 (0)	0 (0)	0 (0)	9 (0.5)
Other, <i>n</i> (%)	5 (1.6)	32 (21.6)	10 (4.2)	4 (25)	0 (NaN)	37 (33.9)	9 (7.8)	13 (22.4)	35 (19.3)	31 (19.5)	35 (7.9)	8 (21.1)	13 (24.5)	232 (12.4)
Metaplastic, n (%)	2 (0.6)	5 (3.4)	9 (3.8)	0 (0)	0 (NaN)	0 (0)	8 (6.9)	5 (8.6)	0 (0)	24 (1.3)	0 (0)	4 (10.5)	3 (5.7)	38 (2)
Missing	0	0	1	0	95	0	0	0	0	0	0	0	0	96

eTable 1-C. Characteristics of the Population Included in the Study

	UBC (Vancouver)	Curie (Paris)	Erasmus (Rotterdam)	UniGe (Genova)	IGR (Paris)	National Cancer Center (Tokyo)	UUCM (Ulsan)	Leon Berard (Lyon)	Mayo (USA)	IEO (Milano)	NKI (Amsterdam)	IOV (Padova)	Sahlgrenska (Göteborg)	Overall
	n= 309	n= 148	n= 241	n= 16	n= 95	n= 109	n= 116	n= 58	n= 181	n= 159	n= 443	n= 38	n= 53	n= 1966
Tumor size (cm)														
Mean	2.3	2.0	2.6	2.0	2.1	1.7	1.6	2.2	2.0	1.6	2.2	1.9	3.8	2.1
SD	1.3	1.5	1.4	1.3	0.9	1.0	1.4	1.8	1.8	1.6	1.2	1.8	2.9	1.5
Median	2.0	1.7	2.3	2.0	2.0	1.7	1.3	1.9	1.5	1.2	2.0	1.6	2.7	2.0
Q1-Q3	1.5 - 2.8	0.9 - 3.0	1.7 - 3.0	1.0 - 2.5	1.6 - 2.5	1.1 - 2.5	0.5 - 2.0	0.8 - 2.5	1.0 - 2.5	0.3 - 2.3	1.5 - 2.5	0.8 - 2.2	1.9 - 5.2	1.2 - 2.6
Min-Max	0.1 - 9.9	0.3 - 8.0	0.6 - 9.0	0.4 - 5.5	0.0 - 5.0	0.1 - 4.6	0.2 - 10.0	0.1 - 8.0	0.1 - 15.0	0.0 - 10.7	0.5 - 14.0	0.2 - 10.0	0.3 - 13.4	0.0 - 15.0
Missing	1	0	14	1	1	0	0	0	0	7	50	0	0	74
Tumor category														
T1, n (%)	170 (55.2)	94 (63.5)	98 (43.2)	9 (60)	56 (59.6)	75 (68.8)	90 (77.6)	36 (62.1)	123 (68)	107 (70.4)	256 (58)	28 (73.7)	17 (32.1)	1159 (59.7)
T2, n (%)	128 (41.6)	48 (32.4)	117 (51.5)	5 (33.3)	38 (40.4)	34 (31.2)	22 (19)	18 (31)	51 (28.2)	39 (25.7)	175 (39.7)	8 (21.1)	22 (41.5)	705 (36.3)
T3/T4, n (%)	10 (3.2)	6 (4.1)	12 (5.3)	1 (6.7)	0 (0)	0 (0)	4 (3.4)	4 (6.9)	7 (3.9)	6 (3.9)	10 (2.3)	2 (5.3)	14 (26.4)	76 (3.9)
Missing	1	0	14	1	1	0	0	0	0	7	2	0	0	26
T1 subsets														
T1mi, <i>n</i> (%)	5 (1.6)	0 (0)	0 (0)	0 (0)	4 (4.3)	3 (2.8)	0 (0)	1 (1.7)	6 (3.3)	21 (13.8)	0 (0)	0 (0)	0 (0)	40 (2.1)
T1a, n (%)	8 (2.6)	13 (8.8)	0 (0)	1 (6.7)	0 (0)	12 (11)	30 (25.9)	7 (12.1)	13 (7.2)	30 (19.7)	2 (0.5)	6 (15.8)	2 (3.8)	124 (6.5)
T1b, n (%)	34 (11)	33 (22.3)	17 (7.5)	3 (20)	8 (8.5)	12 (11)	19 (16.4)	8 (13.8)	44 (24.3)	17 (11.2)	28 (6.8)	7 (18.4)	2 (3.8)	232 (12.1)
T1c, n (%)	123 (39.9)	48 (32.4)	81 (35.7)	5 (33.3)	44 (46.8)	48 (44)	41 (35.3)	20 (34.5)	60 (33.1)	39 (25.7)	199 (48.1)	15 (39.5)	13 (24.5)	736 (38.5)
T2, n (%)	128 (41.6)	48 (32.4)	117 (51.5)	5 (33.3)	38 (40.4)	34 (31.2)	22 (19)	18 (31)	51 (28.2)	39 (25.7)	175 (42.3)	8 (21.1)	22 (41.5)	705 (36.9)
T3/T4, n (%)	10 (3.2)	6 (4.1)	12 (5.3)	1 (6.7)	0 (0)	0 (0)	4 (3.4)	4 (6.9)	7 (3.9)	6 (3.9)	10 (2.4)	2 (5.3)	14 (26.4)	76 (4)
Positive lymph nodes														
Mean	0.4	0.6	1.2	0.7	0.9	0.6	0.3	0.4	0.4	1.0	0.0	0.2	2.3	0.5
SD	1.6	2.2	3.0	2.3	2.7	2.6	1.2	1.0	1.6	4.1	0.0	1.0	5.0	2.2
Median	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Q1-Q3	0.0 - 0.0	0.0 - 0.0	0.0 - 0.0	0.0 - 0.0	0.0 - 0.5	0.0 - 0.0	0.0 - 0.0	0.0 - 1.0	0.0 - 0.0	0.0 - 0.0	0.0 - 0.0	0.0 - 0.0	0.0 - 1.5	0.0 - 0.0
Min-Max	0.0 - 14.0	0.0 - 20.0	0.0 - 17.0	0.0 - 9.0	0.0 - 21.0	0.0 - 22.0	0.0 - 9.0	0.0 - 7.0	0.0 - 12.0	0.0 - 38.0	0.0 - 0.0	0.0 - 6.0	0.0 - 21.0	0.0 - 38.0
Missing	6	1	0	0	0	1	0	1	10	31	0	4	6	60
Positive lymph nodes (ca	it.)													
N0 (0), <i>n</i> (%)	262 (86.5)	122 (83)	184 (76.3)	14 (87.5)	71 (74.7)	91 (84.3)	103 (88.8)	42 (73.7)	149 (87.1)	109 (85.2)	443 (100)	32 (94.1)	29 (61.7)	1651 (86.6)
N1 (1-3), n (%)	30 (9.9)	16 (10.9)	25 (10.4)	1 (6.2)	20 (21.1)	14 (13)	10 (8.6)	14 (24.6)	16 (9.4)	11 (8.6)	0 (0)	1 (2.9)	8 (17)	166 (8.7)
N2 (4-9), n (%)	9 (3)	8 (5.4)	23 (9.5)	1 (6.2)	2 (2.1)	1 (0.9)	3 (2.6)	1 (1.8)	4 (2.3)	3 (2.3)	0 (0)	1 (2.9)	6 (12.8)	62 (3.3)
N3 (10+), n (%)	2 (0.7)	1 (0.7)	9 (3.7)	0 (0)	2 (2.1)	2 (1.9)	0 (0)	0 (0)	2 (1.2)	5 (3.9)	0 (0)	0 (0)	4 (8.5)	27 (1.4)
Missing	6	1	0	0	0	1	0	1	10	31	0	4	6	60
Histological grade												-		
1, <i>n</i> (%)	8 (2.7)	29 (20.9)	5 (2.1)	3 (18.8)	2 (2.1)	7 (6.4)	4 (3.5)	2 (3.6)	4 (2.2)	22 (14.4)	3 (0.7)	2 (5.4)	4 (7.5)	95 (4.9)
2, <i>n</i> (%)	64 (21.3)	50 (36)	44 (18.3)	6 (37.5)	44 (46.8)	38 (34.9)	45 (39.1)	20 (35.7)	26 (14.4)	54 (35.3)	59 (13.3)	11 (29.7)	12 (22.6)	473 (24.4)
3, <i>n</i> (%)	229 (76.1)	60 (43.2)	191 (79.6)	7 (43.8)	48 (51.1)	64 (58.7)	66 (57.4)	34 (60.7)	151 (83.4)	77 (50.3)	381 (86)	24 (64.9)	37 (69.8)	1369 (70.7)
Missing	8	9	1	0	1	0	1	2	0	6	0	1	0	29

	UBC (Vancouver)	Curie (Paris)	Erasmus (Rotterdam)	UniGe (Genova)	IGR (Paris)	National Cancer Center (Tokyo)	UUCM (Ulsan)	Leon Berard (Lyon)	Mayo (USA)	IEO (Milano)	NKI (Amsterdam)	IOV (Padova)	Sahlgrenska (Göteborg)	Overall
	n= 309	n= 148	n= 241	n= 16	n= 95	n= 109	n= 116	n= 58	n= 181	n= 159	n= 443	n= 38	n= 53	n= 1966
AJCC Prognostic Stages														
I, n (%)	142 (48.3)	83 (60.1)	83 (36.7)	9 (60)	46 (49.5)	68 (63)	81 (70.4)	27 (49.1)	110 (64.3)	78 (66.7)	256 (58)	23 (69.7)	12 (25.5)	1018 (54.9)
II, n (%)	124 (42.2)	35 (25.4)	100 (44.2)	4 (26.7)	35 (37.6)	31 (28.7)	29 (25.2)	18 (32.7)	43 (25.1)	23 (19.7)	175 (39.7)	7 (21.2)	19 (40.4)	643 (34.7)
III, n (%)	28 (9.5)	20 (14.5)	43 (19)	2 (13.3)	12 (12.9)	9 (8.3)	5 (4.3)	10 (18.2)	18 (10.5)	16 (13.7)	10 (2.3)	3 (9.1)	16 (34)	192 (10.4)
Missing	15	10	15	1	2	1	1	3	10	42	2	5	6	113
AJCC Anatomic Stages														
I, n (%)	147 (48.7)	88 (59.9)	83 (36.6)	9 (60)	46 (48.9)	68 (63)	82 (70.7)	29 (50.9)	110 (64.3)	80 (66.1)	256 (58)	24 (70.6)	12 (25.5)	1034 (55)
II, n (%)	141 (46.7)	48 (32.7)	111 (48.9)	5 (33.3)	44 (46.8)	37 (34.3)	31 (26.7)	25 (43.9)	52 (30.4)	33 (27.3)	185 (42)	9 (26.5)	22 (46.8)	743 (39.5)
III, n (%)	14 (4.6)	11 (7.5)	33 (14.5)	1 (6.7)	4 (4.3)	3 (2.8)	3 (2.6)	3 (5.3)	9 (5.3)	8 (6.6)	0 (0)	1 (2.9)	13 (27.7)	103 (5.5)
Missing	7	1	14	1	1	1	0	1	10	38	2	4	6	86
	UBC (Vancouver)	Curie (Paris)	Erasmus (Rotterdam)	UniGe (Genova)	IGR (Paris)	National Cancer Center (Tokyo)	UUCM (Ulsan)	Leon Berard (Lyon)	Mayo (USA)	IEO (Milano)	NKI (Amsterdam)	IOV (Padova)	Sahlgrenska (Göteborg)	Overall
	n= 309	n= 148	n= 241	n= 16	n= 95	n= 109	n= 116	n= 58	n= 181	n= 159	n= 443	n= 38	n= 53	n= 1966
Radiotherapy								•						
No, n (%)	138 (44.7)	40 (27)	64 (27.6)	5 (31.2)	15 (15.8)	66 (60.6)	75 (64.7)	23 (39.7)	105 (58.7)	48 (30.2)	125 (28.2)	13 (34.2)	26 (50)	743 (38)
	UBC (Vancouver)	Institut Curie (Paris)	Erasmus University (Rotterdam)	UniGe (Genova)	IGR (Paris)	National Cancer Center (Tokyo)	UUCM (Ulsan)	Centre Leon Berard (Lyon)	Mayo (USA)	IEO (Milano)	NKI (Amsterdam)	IOV (Padova)	Sahlgrenska UH (Göteborg)	Overall
	n= 309	n= 148	n= 241	n= 16	n= 95	n= 109	n= 116	n= 58	n= 181	n= 159	n= 443	n= 38	n= 53	n= 1966
Yes, n (%)	171 (55.3)	108 (73)	168 (72.4)	11 (68.8)	80 (84.2)	43 (39.4)	41 (35.3)	35 (60.3)	74 (41.3)	111 (69.8)	318 (71.8)	25 (65.8)	26 (50)	1211 (62)
Missing	0	0	9	0	0	0	0	0	2	0	0	0	1	12
Type of surgery														
Partial mastectomy, n (%)	163 (52.8)	97 (65.5)	141 (58.5)	10 (62.5)	70 (73.7)	51 (46.8)	81 (69.8)	23 (39.7)	87 (48.1)	132 (83)	298 (68.3)	30 (78.9)	18 (34)	1201 (61.3)
Complete mastectomy, n	146 (47.2)	51 (34.5)	100 (41.5)	6 (37.5)	25 (26.3)	58 (53.2)	35 (30.2)	35 (60.3)	94 (51.9)	27 (17)	138 (31.7)	8 (21.1)	35 (66)	758 (38.7)
Missing	0	0	0	0	0	0	0	0	0	0	7	0	0	7
Overall survival		-												
Alive, <i>n</i> (%)	85 (27.5)	125 (84.5)	128 (53.1)	10 (62.5)	59 (62.1)	94 (86.2)	89 (76.7)	51 (87.9)	84 (46.4)	123 (77.4)	275 (62.1)	22 (57.9)	18 (34)	1163 (59.2)
Dead, <i>n</i> (%)	224 (72.5)	23 (15.5)	113 (46.9)	6 (37.5)	36 (37.9)	15 (13.8)	27 (23.3)	7 (12.1)	97 (53.6)	36 (22.6)	168 (37.9)	16 (42.1)	35 (66)	803 (40.8)
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Follow-up (years) ¤*		-												
Median*	32.5	5.7	11.2	6.2	22.1	8.0	9.6	1.7	15.0	9.9	24.0	7.2	8.4	18.0
Confidence interval 95%	32.0 - 33.5	4.6 - 6.3	10.3 - 13.7	6.0 - NA	21.6 - 23.2	6.7 - 9.2	9.0 - 10.1	0.5 - 3.0	12.7 - 19.3	8.9 - 10.9	24.0 - 25.0	6.6 - 10.0	8.2 - NA	15.3 - 20.0
Min-Max	0.1 - 35.2	0.0 - 14.1	0.3 - 27.0	2.8 - 10.4	0.9 - 25.8	0.0 - 17.8	0.3 - 21.8	0.1 - 10.2	0.0 - 28.8	0.0 - 21.7	0.0 - 29.0	0.4 - 13.7	0.5 - 11.6	0.0 - 35.2
*Calculated with reverse Ka	plan-Meier m	ethod.												

2. TIL distribution





eFigure 2-B. Distribution of the Stromal TILs per Cohort



eTable 2-A. Summary of TILs Values by Cohort										
Study	Min	Quantile 25%	Median	Mean	Std	Quantile 75%	Мах	n		
Centre Leon Berard (Lyon)	1	5.0	12.5	22.5	25.1	28.8	80	58		
Erasmus University (Rotterdam)	1	5.0	15.0	24.8	26.7	35.0	95	241		
IEO (Milano)	0	2.0	4.0	13.0	18.9	15.0	80	159		
IGR (Paris)	0	5.0	10.0	18.6	18.5	25.0	80	95		
Institut Curie (Paris)	0	5.0	20.0	26.9	24.0	40.0	90	148		
IOV (Padova)	1	3.0	7.0	15.4	20.5	19.2	80	38		
Mayo (USA)	0	10.0	20.0	26.0	21.0	40.0	80	181		
National Cancer Center (Tokyo)	0	0.0	10.0	17.1	18.5	30.0	70	109		
NKI (Amsterdam)	1	5.0	20.0	37.6	33.3	70.0	95	443		
Sahlgrenska UH (Göteborg)	1	5.0	10.0	22.2	25.0	30.0	95	53		
UBC (Vancouver)	1	5.0	15.0	22.0	19.8	35.0	90	309		
UniGe (Genova)	1	1.0	4.0	11.9	20.1	15.0	80	16		
UUCM (Ulsan)	1	1.8	10.0	25.3	30.1	40.0	90	116		

eTable 2-B. Correlation Matrix Between Clinicopathological Characteristics and TILs									
	Tumor size	Histological grade	Number of lymph nodes	Stromal TILs					
Age	0.0 [0.0; 0.1]	-0.2 [-0.2; -0.1]	0.3 [0.3; 0.3]	-0.2 [-0.2; -0.1]					
_	p =0.12	p ≤10 ⁻⁵	p ≤10 ⁻⁶	p ≤10 ⁻⁶					
Tumor size		0.3 [0.2; 0.3]	0.2 [0.2; 0.3]	0.0 [0.0; 0.1]					
		p ≤10 ⁻⁶	p ≤10 ⁻⁶	p =0.22					
Histological grade			0.0 [0.0; 0.1]	0.3 [0.3; 0.3]					
			p =0.45	p ≤10 ⁻⁶					
Number of lymph nodes				0.0 [-0.1; 0.0]					
				p =0.18					

Pairwise correlation between the clinicopathological characteristics using Spearman's correlation (when both or at least one of the two variables compared were numerical). Otherwise, we used the Kendall's tau when the two variables compared were categorical. The correlation was assessed, for each pair, on complete observations (pairwise complete observations technique for the handling of missing data). Correlation coefficients values and confidence intervals obtained with bootstrap are given in Table 2.

eFigure 2-B. Graphical Display of the Correlation Matrix Between Clinicopathological Characteristics and TILs



eFigure 2-C. Scatterplot of Age vs TILs



While the association between age and TILs was significant, the Spearman correlation value was relatively weak (-0.2). We graphed age according to TILs level to evaluate if both variables are linearly linked. No pattern is easily visible which suggests the absence of a linear relationship between age and the level of TILs.

3. Statistical Methods

Survival endpoints

Composite events were defined according to the guidelines of the Updated Standardized Definitions for Efficacy End Points (STEEP) in Adjuvant Breast Cancer Clinical Trials, second edition¹. Survival times were calculated from the date of surgery in all studies when it was available and from date of diagnosis when it was not available. This later was the case for: UBC (Vancouver) and NKI (Amsterdam). Then survival delays were calculated from this start point to the date of occurrence of the event. Patients who did not experience the event are censored at the date of last follow-up. Considered events were: death, local and regional recurrence, distant recurrence, contralateral invasive breast cancer and second primary malignancy (other than breast cancer) for the following composite events:

eTable 3-A. Breast Cancer Clinical Trial End Points per STEEP 2.0

	Death (any cause)	Distant recurrence	Local regional invasive recurrence	Invasive ipsilateral breast tumor recurrence	Second primary invasive cancer (non-breast)	Invasive contralateral breast cancer
OS	Х				(,	
DDFS	Х	Х			Х	
DRFS	Х	х				
RFS	Х	х	Х	Х		
IBCFS	Х	Х	Х	Х		Х
IDES	X	X	X	×	X	X

In older cohorts, invasive contra-lateral breast cancer may not be differentiated from second cancer. This is the case in the IGR cohort (Paris) where the two events are confounded on a single variable. Consequently, the DDFS and IBCFS criteria will be slightly overestimated by 7% and 5% respectively.

In addition, some cohorts do not differentiate the ipsilateral invasive event from locoregional relapse; the former being counted as locoregional relapse without detail. No information on second primary invasive cancer (non breast) was available for the UBC (Vancouver) study.

Number of events

eTable 3-B. Number and Percentage of Composite Events, by Study and in Total

	ວຮັ	DDFS	DRFS	RFS	IBCFS	IDFS
UBC (Vancouver) (n=309)	224 (72.5%)	225 (72.8%)	225(72.8%)	229 (74.1%)	239 (77.3%)	239 (77.3%)
Institut Curie (Paris) (n=148)	23 (15.5%)	33 (22.3%)	27 (18.2%)	33 (22.3%)	34 (23%)	39 (26.4%)
Erasmus University (Rotterdam) (n=241)	113 (46.9%)	128 (53.1%)	116 (48.1%)	122 (50.6%)	134 (55.6%)	143 (59.3%)
UniGe (Genova) (n=16)	6 (37.5%)	7 (43.8%)	6 (37.5%)	6 (37.5%)	6 (37.5%)	7 (43.8%)
IGR (Paris) (n=95)	36 (37.9%)	50 (52.6%)	39 (41.1%)	46 (48.4%)	56 (58.9%)	56 (58.9%)
National Cancer Center (Tokyo) (n=109)	15 (13.8%)	23 (21.1%)	21 (19.3%)	27 (24.8%)	28 (25.7%)	30 (27.5%)
UUCM (Ulsan) (n=116)	27 (23.3%)	31 (26.7%)	29 (25%)	38 (32.8%)	40 (34.5%)	41 (35.3%)
Centre Leon Berard (Lyon) (n=58)	7 (12.1%)	8 (13.8%)	7 (12.1%)	10 (17.2%)	11 (19%)	12 (20.7%)
Mayo (USA) (n=181)	97 (53.6%)	104 (57.5%)	100 (55.2%)	103 (56.9%)	114 (63%)	118 (65.2%)
IEO (Milano) (n=159)	36 (22.6%)	39 (24.5%)	37 (23.3%)	52 (32.7%)	58 (36.5%)	60 (37.7%)
NKI (Amsterdam) (n=443)	168 (37.9%)	191 (43.1%)	174 (39.3%)	221 (49.9%)	263 (59.4%)	273 (61.6%)
IOV (Padova) (n=38)	16 (42.1%)	18 (47.4%)	16 (42.1%)	17 (44.7%)	17 (44.7%)	19 (50%)
Sahlgrenska UH (Göteborg) (n=53)	35 (66%)	37 (69.8%)	35 (66%)	36 (67.9%)	36 (67.9%)	37 (69.8%)
TOTAL (n=1966)	803 (40.8%)	894 (45.5%)	832 (42.3%)	940 (47.8%)	1036 (52.7%)	1074 (54.6%)

eTable 3-C. provides the number and percentage of each **first** event occurring for each patient. In case of simultaneous events, the order was as follows: Invasive ipsilateral breast tumor recurrence, Local regional invasive recurrence, Invasive contralateral breast cancer, Second primary invasive cancer, Distant recurrence and Death.

eTable 3-C. I	Table 3-C. Number and Percentage of First Events, by Study and in Total													
	UniGe (Genova)	IOV (Padova)	Sahlgrenska UH (Göteborg)	Centre Leon Berard (Lyon)	IGR (Paris)	National Cancer Center (Tokyo)	UUCM (Ulsan)	Institut Curie (Paris)	IEO (Milano)	Mayo (USA)	Erasmus University (Rotterdam)	UBC (Vancouver)	NKI (Amsterdam)	TOTAL
Death (any cause)	4 (25%)	10 (26%)	13 (25%)	6 (10%)	5 (5%)	4 (4%)	14 (12%)	7 (5%)	12 (8%)	44 (24%)	4 (2%)	120 (39%)	45 (10%)	288
Distant recurrence	1 (6%)	2 (5%)	14 (26%)	3 (5%)	25 (26%)	8 (7%)	6 (5%)	15 (10%)	14 (9%)	35 (19%)	58 (24%)	44 (14%)	59 (13%)	284
Local regional invasive recurrence	0 (0%)	4 (11%)	2 (4%)	1 (2%)	13 (14%)	6 (6%)	16 (14%)	3 (2%)	20 (13%)	4 (2%)	36 (15%)	25 (8%)	12 (3%)	142
Invasive ipsilateral breast tumor recurrence	0 (0%)	0 (0%)	3 (6%)	0 (0%)	0 (0%)	4 (4%)	0 (0%)	5 (3%)	0 (0%)	5 (3%)	5 (2%)	29 (9%)	59 (13%)	110
Invasive contralateral breast cancer	1 (6%)	0 (0%)	0 (0%)	1 (2%)	0 (0%)	1 (1%)	3 (3%)	1 (1%)	6 (4%)	14 (8%)	22 (9%)	21 (7%)	70 (16%)	140
Second primary invasive cancer	1 (6%)	3 (8%)	5 (9%)	1 (2%)	13 (14%)	7 (6%)	2 (2%)	8 (5%)	8 (5%)	16 (9%)	18 (7%)	Missing	28 (6%)	110
Alive	9 (56%)	19 (50%)	16 (30%)	46 (79%)	39 (41%)	79 (72%)	75 (65%)	109 (74%)	99 (62%)	63 (35%)	98 (41%)	70 (23%)	170 (38%)	892
TOTAL	16	38	53	58	95	109	116	148	159	181	241	309	443	1966

Statistical models

The Cox regression models will be used to test the independent prognostic value of the TILs to the standard clinicopathological variables through the use of likelihood ratio tests. Our standard clinicopathological variables include tumor size (continuous), tumor grade (well differentiated, moderately differentiated and poorly differentiated), age (continuous), numbers of positive lymph nodes (continuous), and radiotherapy treatment (RT) (yes/no). We will test the log-linearity assumption of the continuous variables of the model using fitting with linear tail-restricted cubic splines. The models are stratified on study. The following models will be fitted:

- Model 1: TILs (univariable)
- Model 2: age + tumor size + tumor grade + positive lymph nodes + RT
- Model 3: age + tumor size + tumor grade + positive lymph nodes + RT + TILs

For each model, the followings will be calculated: adjusted hazard ratios (HR), associated 95% confidence interval and p-value for each variable. The prognostic value of the TILs will be tested by comparing likelihood values between model 1 and the null model with a likelihood ratio test. The independent prognostic additional value of stromal TILs will be tested by comparing likelihood values between models 2 and 3 with a likelihood ratio test.

We will test the prognostic value of the TILs on each of the endpoints detailed above: IDFS, OS, DDFS, RFS and IBCFS

Before the statistical analysis, all the continuous variables included in the model will be tested for their linear effect. In case of non-linear effect, a fitted cubic spline version of the variable will be considered.

Pre-tests on log-linearity

All the continuous variables included in the model (Age, Tumor size) are evaluated for their linear effect.

Univariable graphic

Each continuous variable with its version fitted by cubic splines with **3 knots** (in red) is plotted with its confidence interval. Knots are located at the 0.1, 0.5 and 0.9th quantile. OS is the event of interest. The `Positive nodes' variable was not tested for its linear effect; its distribution is incompatible with the identification of 3 knots.



Handling of missing values

In this section, we look at the missing values in the adjustment variables which are: age, number of positive lymph nodes, tumor size, histological grade and radiotherapy.

eTable 3-D. Detai	ls on Missing Valu	Jes		
	Tumor size	Lymph nodes	Grade	Radiotherapy
Missing (n)	74	60	29	12
% of total values	4	3	1	1

173 (8.8%) patients have at least one missing value. Among whom, 2 (0.1%) patients have two missing values.



eFigure 3-A. Pattern of Missing Values

eTable 3-E. Percentages and Contribution of Missing Values in Each Study on the 5 Adjustment Variables

	% of missing values	Contribution on missing values
UBC (Vancouver)	4.90%	8.70%
Institut Curie (Paris)	6.80%	5.80%
Erasmus University (Rotterdam)	10%	13.90%
UniGe (Genova)	6.20%	0.60%
IGR (Paris)	2.10%	1.20%
National Cancer Center (Tokyo)	0.90%	0.60%
UUCM (Ulsan)	0.90%	0.60%
Centre Leon Berard (Lyon)	5.20%	1.70%
Mayo (USA)	6.60%	6.90%

IEO (Milano)	26.40%	24.30%
NKI (Amsterdam)	11.30%	28.90%
IOV (Padova)	13.20%	2.90%
Sahlgrenska UH (Göteborg)	13.20%	4%

eTable 3-F. Comparison of the Characteristics of the Population With and Without Missing Values

	Patients with at least one	Patients without missing	Overall
	missing value	value	
	n= 173	n= 1793	n= 1966
Date of surgery (or diagnosis)	4070 0047	1070 0017	4070 0047
Min-Max	1979-2017	1979-2017	1979-2017
Age			
Mean	57.7	55.7	55.9
SD	20.3	17.2	17.5
Median	59.0	56.0	56.0
Q1-Q3	37.0 - 75.0	39.0 - 70.0	38.9 - 71.0
Min-Max	23.0 - 99.0	22.0 - 96.0	22.0 - 99.0
n	173	1793	1966
Missing	0	0	0
Mononausal status			
Premenonausal n (%)	18 (15 7)	290 (24.2)	308 (23 4)
Postmenopausal $n(\%)$	07 (84 3)	200 (24.2)	1006 (76 5)
Pregnant $n(\%)$	0(0)	1(01)	1(01)
Missing	58	503	651
	50	535	001
Mean	23 /	25.6	25 4
	23.4	25.0	25.4
Modian	10.0	20.4	20.5
	30 400	5.0 40.0	50 400
Min-Max	0.0 - 95.0	0.0 - 95.0	0.0 - 40.0
	173	1703	1066
Missing	0	0	1900
	0	0	v
Ductal n (%)	123 (72 /)	1304 (76.7.)	1427 (763)
Lobular $n(\%)$	3(18)	38 (2 2)	41 (2 2)
Medullary $n(\%)$	10 (5 9)	110 (6 5)	120 (64)
Tubular $p(\%)$	0(0)	3(02)	3(02)
Mucinous $n(\%)$	2(12)	7(0.2)	9(05)
Other $n(\%)$	2 (1.2)	204(12)	232(12.4)
Metaplastic n (%)	Q(53)	53 (3 2)	38(2)
Missing	3	93	96
Tumor size (cm)	5	33	50
Mean	2.0	2.2	21
SD	1.8	15	1.5
Median	1.8	2.0	2.0
01-03	09-28	12-26	12-26
Min-Max	0.0 - 9.4	0.0 - 15.0	0.0 - 15.0
n	99	1793	1892
Missing	74	0	74
Details on T1			
T1mi n (%)	34 (1 9)	6 (5)	40 (2 1)
$T_{1a} n(\%)$	114 (6 4)	10 (8 3)	124 (6 5)
T1b n (%)	218 (12 2)	14 (11 7)	232 (12 1)
$T_{10}^{(10)}$	707 (39.4)	29(242)	736 (38 5)
$T_2 n(\%)$	651 (36 3)	54 (45)	705 (36 9)
$T_{3}/T_{4} n$ (%)	69 (3.8)	7 (5 8)	76 (4)
Missing	0	53	53
Tumor category	~		~~~
T1 n(%)	86 (58 5)	1073 (59 8)	1159 (59 7)
T2 n(%)	54 (36 7)	651 (36.3.)	705 (36.3.)
$T_{3}/T_{4} n$ (%)	7(71)	69 (38)	76(39)
Missina	26	0	26
		-	

	Patients with at least one missing value	Patients without missing value	Overall	
	n= 173	n= 1793	n= 1966	
Positive lymph nodes				
Mean	0.8	0.5	0.5	
SD	2.5	2.2	2.2	
© 2024 American Medical A	Association. All rights reser	ved.		

Median	0.0	0.0	0.0
Q1-Q3	0.0 - 0.0	0.0 - 0.0	0.0 - 0.0
Min-Max	0.0 - 12.0	0.0 - 38.0	0.0 - 38.0
n	113	1793	1906
Missing	60	0	60
Positive lymph nodes (cat.)			
N0 (0), <i>n</i> (%)	98 (86.7)	1553 (86.6)	1651(86.6)
N1 (1-3), <i>n</i> (%)	5(4.4)	161 (9)	166(8.7)
N2 (4-9), n (%)	6 (5.3)	56 (3.1)	62 (3.3)
N3 (10+), n (%)	4 (3.5)	23 (1.3)	27(1.4)
Missing	60	0	60
Histological grade			
1, <i>n</i> (%)	9(6.2)	86 (4.8)	95 (4.9)
2, n (%)	37 (25.7)	436 (24.3)	473 (24.4)
3, n (%)	98 (68.1)	1271 (70.9)	1369 (70.7)
Missing	29	Ò	29
Radiotherapy			
No, n (%)	68 (42.2)	675 (37.6)	743 (38)
Yes, n (%)	93 ([`] 57.8 [`])	1118 (62.4)	1211 (62)
Missing	`12 ´	ò	12 ′
Type of surgery			
Partial mastectomy, n (%)	113 (65.7)	1088 (60.9)	1201 (61.3)
Complete mastectomy, n (%)	59 (`34.3) [´]	699 (`39.1) [´]	758 (`38.7)
Missing	`1 <i>´</i>	6	7
Overall survival			
Alive. <i>n</i> (%)	83 (48)	1080 (60.2)	1163 (59.2)
Dead, n (%)	90 (52 <u>)</u>	713 (`39.8) [´]	803 (`40.8)
Missing	Û Í	O Í	`o ´
Follow-up (years)			
Median¤*	17.6	18.0	18.0
Confidence interval 95%*	12.7 - 25.0	15.3 - 20.0	15.3 - 20.0
Min-Max	0.1 - 35.0	0.0 - 35.2	0.0 - 35.2

*Calculated with reverse Kaplan-Meier method.

The missingness is strongly related to survival as shown on the figure below, which displays the Kaplan-Meier survival curves for those with (n = 173) and without (n = 1793) data on all variables included in the Cox model. Missing values are highly study dependent, with some studies having more than 25% missing values while others have almost none. For this reason, multiple imputation must consider the hierarchical structure of the data.

eFigure 3-B. Survival Among Patients With Missing Data vs Not

Kaplan-Meier curves of the TNBC Cohort, stratified according to missingness. The figure shows the survival probability since surgery (or diagnosis) for the whole sample with no missing observation (red) and the group with missing value in at least one positive node, radiotherapy, tumor size or grade variable (blue). Missingness indicator - No missing value - Missing value 1 00 0.75 Survival probability 0.50 0.25 p < 0.00010.00 10 5 Time from surgery (years) Number of subjects at risk (n (%)) 1793 (100) 1330 (74) 1225 (68) 821 (46) 1695 (95) 1571 (88) 1442 (80) 1138 (63) 1049 (59) 972 (54) 904 (50) 173 (100) 162 (94) 144 (83) 123 (71) 107 (62) 96 (55) 87 (50) 82 (47) 72 (42) 68 (39) 62 (36)

Imputation of missing values

We used multi-level multiple imputation⁴ recommended in meta-analyses of individual patient data (see also Chapter 7 in van Buuren's book⁵). As we have seen before, the missingness is related to the study and we cannot ignore this characteristic. We use the *MICE* package and its add-on *miceadds* for multiple imputation.

In practice, to do multiple imputation, it is recommended in Section 5 in White et al.(2011)⁶ to use covariates and the result of the analysis models, as well as predictors of the incomplete variable. Also, White and Royston (2009)⁷ recommend using the Nelson-Aalen estimate of cumulative hazard (instead of time to event) and event indicator. We will therefore keep the death status as well as the Nelson-Aalen of time to death and all the covariates including tils.

Regarding the method used for multiple imputation: for continuous variable (tumor size), we chose the Gibbs sampler from Kasim and Raudenbush (1998)⁸ which fits the situation where the within-group variance is heterogeneous, which was the case in our data. For the binary covariate (radiotherapy), we chose a multilevel imputation method for binary data based on the generalized linear mixed model presented in Jolani et al. (2015)⁹ which is adapted to meta-analysis data. For the categorical covariate (histological grade) and the integer (number of positive lymph nodes), we chose a generic function based on a two-level predictive mean matching based on a normal linear mixed effects model¹⁰.

Additionally, we have tumor category information for almost all patients in the NKI cohort. We use this information to impute missing tumor sizes in this study by performing constrained imputation.

eFigure 3-C. Imputed Missing Values in the 20 Imputed Datasets (in Red): First Number Corresponds to Initial Dataset



Regarding the pooling of results from the 20 imputed datasets, we will use Rubin's rules adapted to the statistic under consideration and, if necessary, the estimates will be transformed according to the current guidelines, see references for more details: Marschall & al. (2009)¹¹ and Van Buuren (2018)¹².

4. Cox Models

We evaluated the effect of TILs on each of the selected endpoints described earlier (OS, DDFS, DRFS, IDFS, IBCFS and RFS). A correction for multiplicity of tests will not be applied to the results of the log-likelihood tests, since the various endpoints are similar.

TIL values are divided by 10. The hazard ratios associated with the tils can be understood as the effect of a 10% increase in the TIL value.

For each model, we test the proportional hazards assumption for a Cox regression model fit¹³. The test is designated "PH" in the table. A value of less than 5% indicates a non-proportionality of the covariates in the model. Significant PH tests will be investigated in the appendix.

eTable 4-A. Cox Models of Clinicopathological Variables and TILs vs Overall Survival

	Model 1 n= 1966 e= 803 PH <10 ⁻²	Model 2 n= 1966 e= 803 PH <10 ⁻⁶	Model 3 n= 1966 e= 803 PH <10 ⁻⁶
Age at surgery		1.01 [0.99 ; 1.03] p = 0.19	1.01 [0.99 ; 1.03] p = 0.18
Age at surgery'		1.03 [1.01 ; 1.05] p <10 ⁻²	1.03 [1.01 ; 1.05] p = 0.01
Number of positive lymph nodes		1.13 [1.10 ; 1.16] p <10 ⁻⁶	1.13 [1.11 ; 1.16] p <10 ⁻⁶
Tumor size		1.47 [1.22 ; 1.76] p <10 ⁻⁴	1.49 [1.24 ; 1.79] p <10 ⁻⁴
Tumor size'		0.77 [0.66 ; 0.91] p <10 ⁻²	0.76 [0.64 ; 0.89] p <10 ⁻³
Histological grade 3		. 1	. 1
Histological grade 1		0.66 [0.41 ; 1.08] p = 0.10	0.52 [0.32 ; 0.85] p <10 ⁻²
Histological grade 2		0.98 [0.82 ; 1.18] p = 0.85	0.83 [0.70 ; 1.00] p = 0.05
Radiotherapy: no		1	1
Radiotherapy: yes	1	0.93 [0.80 ; 1.09] p = 0.37	0.93 [0.80 ; 1.09] p = 0.38
Tils	0.88 [0.86 ; 0.91] p <10 ⁻⁶		0.88 [0.85 ; 0.91] p <10 ⁻⁶
	χ²=70.16 p-value <10 ⁻⁶ (df=1)	Likelihood ratio $\chi^2=67.71$ p-value <10 ⁻⁶ (df=1)	
Considered end-point: OS			

eTable 4-B. Cox Models of Clinicopathological Variables and TILs vs RFS

	Model 1	Model 2	Model 3	
	n= 1966	n= 1966	n= 1966	
	e= 940	e= 940	e= 940	
	PH <10 ⁻³	PH <10⁻ ⁶	<i>PH</i> <10⁻ ⁶	
Age at surgery		1.00 [0.98 ; 1.01] p = 0.82	1.00 [0.98 ; 1.01] p = 0.83	
Age at surgery'		1.03 [1.02 ; 1.05] n <10 ⁻³	1.03 [1.01 ; 1.05] n <10 ⁻³	
Number of positive lymph nodes		1.11 [1.09 ; 1.13] p <10 ⁻⁶	1.11 [1.09 ; 1.14] p <10 ⁻⁶	
Tumor size		1.31 [1.11 ; 1.55] p <10 ⁻²	1.32 [1.12 ; 1.56] p <10 ⁻²	
Tumor size'		0.86[0.74; 1.00] p = 0.05	0.85 [0.73 ; 0.99] p = 0.03	
Histological grade 3		1	1	
Histological grade 1		0.68 [0.44 ; 1.05] p = 0.08	0.55 [0.35 ; 0.85] p <10 ⁻²	
Histological grade 2		0.98 [0.83 ; 1.16] p = 0.82	0.85 [0.72 ; 1.00] p = 0.05	
Radiotherapy: no		1	. <u>1</u>	
Radiotherapy: yes	1	0.96 [0.83 ; 1.11] p = 0.59	0.96 [0.83 ; 1.11] p = 0.62	
Tils	0.90 [0.88 ; 0.93] p <10 ⁻⁶		0.90 [0.87 ; 0.92] p <10 ⁻⁶	
	,	Likelihood ratio	1	
	x ² =61.08	x ² =6	51.51	
	p-value <10 ⁻⁶ (df=1)	p-value <10 ⁻⁶ (df=1)		
Considered and point: DES				

Considered end-point: RFS

 $\ensuremath{\mathbb{C}}$ 2024 American Medical Association. All rights reserved.

eTable 4-C. Cox Models of C	linicopathological Va	riables and TILs vs	DDFS
	Model 1	Model 2	Model 3
	n= 1966	n= 1966	n= 1966
	e= 894	e= 894	e= 894
	PH <10 ⁻²	PH <10 ⁻⁶	PH <10⁻ ⁶
Age at surgery		1.02 [1.00 ; 1.03] n = 0.03	1.02 [1.00 ; 1.03]
Age at surgery'		1.01 [1.00 ; 1.03]	1.01 [0.99 ; 1.03]
Age at surgery		p = 0.14	p = 0.27
Number of positive lymph nodes		1.11 [1.08 ; 1.13] p <10 ⁻⁶	1.11 [1.09 ; 1.14] p <10 ⁻⁶
Tumor size		1.36 [1.15 ; 1.62]	1.38 [1.16 ; 1.64]
		p < 10°	p<10° 0 92 [0 71 · 0 07]
Tumor size'		0.04[0.72, 0.90]	0.03[0.71, 0.97]
Histological grade 3		p = 0.05 1	p = 0.02 1
Histological grade 1		0.74 [0.48 ; 1.13]	0.57 [0.37 ; 0.88]
Histological grade 2		0.98 [0.82 ; 1.16]	0.82 [0.69 ; 0.97]
mistological grade z		p = 0.78	p = 0.02
Radiotherapy: no		1	1
Radiotherapy: yes	1	0.92 [0.79 ; 1.06] n = 0.25	0.92 [0.79 ; 1.07] n = 0.27
Tile	0.88 [0.85 ; 0.91]	p = 0.20	0.87 [0.85 ; 0.90]
110	p <10⁻ ⁶		p <10⁻ ⁶
		Likelihood ratio	
	χ ² =82.36	χ ² =8	3.31
	p-value <10⁻ੰ (df=1)	p-value <	10 ⁻⁶ (df=1)
Considered end-point: DDFS			

eTable 4-D. Cox Models of Clinicopathological Variables and TILs vs DRFS Model 1 Model 2 Model 3

	Model 1	Model 2	Model 3
	n= 1966	n= 1966	n= 1966
	e= 832	e= 832	e= 832
	PH <10 ⁻²	PH <10⁻ ⁶	PH <10 ⁻⁶
Age at surgery		1.01 [1.00 ; 1.03]	1.01 [1.00 ; 1.03]
Age at surgery'		1.02 [1.00 ; 1.04]	1.02 [1.00 ; 1.04]
Age at surgery		p = 0.02	p = 0.05
Number of positive lymph nodes		1.12 [1.09 ; 1.14] p <10 ⁻⁶	1.12 [1.10 ; 1.15] p <10 ⁻⁶
Tumor size		1.45 [1.21 ; 1.74]	1.47 [1.22 ; 1.76]
Tumor size'		0.80 [0.68 ; 0.94]	0.79 [0.67 ; 0.93]
		p <10-2	p <10-2
Histological grade 3		1	1
Histological grade 1		0.64 [0.39 ; 1.03] p = 0.07	0.49 [0.30 ; 0.80] p <10 ⁻²
Histological grade 2		0.98 [0.83 ; 1.17] n = 0.86	0.83 [0.69 ; 0.99] p = 0.04
Radiotherapy: no		p = 0.00 1	p = 0.04 1
Radiotherapy: yes	1	0.93 [0.80 ; 1.08] n = 0.36	0.93 [0.80 ; 1.09] p = 0.37
Tils	0.88 [0.85 ; 0.90] p <10 ⁻⁶		0.87 [0.84 ; 0.90] p <10 ⁻⁶
	•	Likelihood ratio	1
	x ² =80.64	y ² =8	0.82
	p-value $<10^{-6}$ (df=1)	p-value <	10 ⁻⁶ (df=1)
Considered end-point: DRES		praido	

onsidered end-point: DRFS

eTable 4-E. Cox Models Including Clinicopathological Variables and TILs on IBCFS

	Model 1	Model 2	Model 3
	n= 1966	n= 1966	n= 1966
	e= 1036	e= 1036	e= 1036
	PH <10⁻³	<i>PH</i> <10⁻ ⁶	PH <10⁻ ⁶
Age at surgery		0.99 [0.97 ; 1.00] p = 0.03	0.99 [0.97 ; 1.00] p = 0.04
Age at surgery'		1.04 [1.03 ; 1.06] p <10 ⁻⁶	1.04 [1.02 ; 1.06] p <10 ⁻⁵
Number of positive lymph nodes		1.11 [1.09 ; 1.13] p <10 ⁻⁶	1.11 [1.09 ; 1.13] p <10 ⁻⁶
Tumor size		1.22 [1.05 ; 1.43] p = 0.01	1.22 [1.05 ; 1.43] p = 0.01
Tumor size'		0.91 [0.79 ; 1.05] p = 0.19	0.91 [0.79 ; 1.05] p = 0.18
Histological grade 3		1	. 1
Histological grade 1		0.62 [0.40 ; 0.95] p = 0.03	0.52 [0.33 ; 0.80] p <10 ⁻²
Histological grade 2		1.01 [0.86 ; 1.18] p = 0.92	0.90 [0.76 ; 1.05] p = 0.18
Radiotherapy: no		1	1
Radiotherapy: yes	1	0.96 [0.83 ; 1.10] p = 0.54	0.96 [0.83 ; 1.10] p = 0.54
Tils	0.92 [0.90 ; 0.94] p <10 ⁻⁶		0.92 [0.89 ; 0.94] p <10 ⁻⁶
		Likelihood ratio	
	χ ² =43.77	χ ² =4	2.78
	p-value <10⁻⁶ (df=1)	p-value <	10 ⁻⁶ (df=1)
Considered end-point: IBCFS			

eTable 4-F. Cox Models of Clinicopathological Variables and TILs vs IDFS

	Model 1	Model 2	Model 3
	n= 1966	n= 1966	n= 1966
	e= 1074	e= 1074	e= 1074
	PH <10⁻³	PH <10⁻ ⁶	PH <10⁻ ⁶
Age at surgery		0.99 [0.98 ; 1.00] p = 0.17	0.99 [0.98 ; 1.00] p = 0.20
Age at surgery'		1.04 [1.02 ; 1.05] p <10 ⁻⁴	1.03 [1.02 ; 1.05] n <10 ⁻⁴
Number of positive lymph nodes		1.10 [1.08 ; 1.12] p <10 ⁻⁶	1.10 [1.08 ; 1.13] p <10 ⁻⁶
Tumor size		1.19 [1.02 ; 1.39] p = 0.02	1.19 [1.02 ; 1.39] p = 0.02
Tumor size'		0.93 [0.82 ; 1.07] p = 0.33	0.93 [0.81 ; 1.07] p = 0.32
Histological grade 3		1	1
Histological grade 1		0.68 [0.46 ; 1.03] p = 0.07	0.57 [0.38 ; 0.86] p <10 ⁻²
Histological grade 2		1.00 [0.86 ; 1.17] p = 0.99	0.89 [0.76 ; 1.04] p = 0.14
Radiotherapy: no		1	1
Radiotherapy: yes	1	0.96 [0.84 ; 1.10] p = 0.60	0.97 [0.85 ; 1.11] p = 0.64
Tils	0.92 [0.90 ; 0.94] p <10 ⁻⁶		0.92 [0.89 ; 0.94] p <10 ⁻⁶
		Likelihood ratio	
	χ ² =45.74	χ ² =4	5.16
	p-value <10 ⁻⁶ (df=1)	p-value <	10 ⁻⁶ (df=1)
Considered and point: IDES			

Considered end-point: IDFS

5. Detailed Clinical Outcomes According to Various TIL Thresholds and According to Stage

			Estimated survival with 95% bootstrapped confidence interval									
			ID	FS	RF	8	DI	DFS	DR	FS	C	S
	TILs	N (%)	5-year	10-year	5-year	10-year	5-year	10-year	5-year	10-year	5-year	10-year
	0-100	1966 (100%)	65% [63-67]	54% [52-56]	69% [67-71]	60% [58-62]	71% [70-73]	62% [60-64]	73% [71-75]	65% [63-67]	76% [75-78]	67% [65-69]
All patients	<30	1300 (66%)	60% [58-63]	49% [47-52]	63% [61-66]	54% [52-57]	66% [64-68]	55% [53-58]	68% [66-70]	59% [57-61]	72% [69-74]	62% [59-64]
(N=1966)	≥30	666 (34%)	74% [71-77]	63% [60-66]	79% [77-82]	71% [68-74]	81% [79-84]	75% [72-78]	84% [81-86]	77% [74-80]	86% [84-88]	78% [75-80]
(11 1900)	≥50	417 (21%)	78% [74-81]	67% [62-71]	83% [80-86]	75% [71-78]	86% [83-89]	81% [77-84]	88% [85-90]	82% [79-85]	90% [88-93]	82% [79-86]
	≥75	168 (9%)	84% [79-89]	73% [67-79]	90% [86-93]	81% [76-86]	92% [88-95]	89% [85-93]	94% [91-97]	90% [86-94]	96% [93-98]	90% [86-94]
	0-100	800 (100%)	65% [63-68]	57% [54-60]	70% [67-73]	65% [62-68]	74% [71-76]	69% [66-71]	75% [73-77]	71% [69-74]	79% [77-82]	74% [71-76]
A	<30	467 (58%)	58% [54-62]	51% [47-55]	62% [58-66]	57% [53-61]	65% [61-68]	58% [54-62]	67% [63-70]	62% [58-66]	72% [68-76]	66% [62-69]
Age <50	≥30	333 (42%)	76% [72-80]	66% [62-70]	82% [79-86]	77% [73-81]	86% [83-89]	83% [80-86]	87% [84-90]	84% [81-88]	89% [86-92]	84% [81-88]
(11-800)	≥50	249 (31%)	79% [75-83]	68% [63-73]	86% [82-89]	79% [75-83]	89% [86-92]	87% [83-90]	91% [88-94]	88% [84-91]	93% [90-96]	88% [84-91]
	≥75	119 (15%)	86% [80-91]	72% [65-79]	91% [87-95]	82% [76-88]	95% [92-98]	93% [90-97]	96% [92-98]	94% [91-97]	97% [94-100]	94% [90-97]
	0-100	1166 (100%)	64% [62-67]	51% [48-53]	68% [65-70]	55% [53-58]	69% [67-72]	56% [53-59]	72% [69-74]	60% [57-62]	74% [72-77]	61% [59-64]
A go >50	<30	833 (71%)	62% [58-65]	48% [44-51]	64% [62-67]	52% [49-56]	66% [64-69]	53% [50-56]	69% [66-71]	57% [53-60]	71% [69-74]	58% [55-61]
Age ≥ 30 (n=1166)	≥30	333 (29%)	72% [68-77]	59% [54-64]	76% [72-80]	64% [59-69]	77% [72-81]	64% [59-69]	80% [76-84]	67% [62-72]	83% [79-86]	69% [64-74]
(11-1100)	≥50	168 (14%)	75% [69-81]	63% [57-71]	79% [73-84]	66% [59-73]	80% [75-86]	68% [61-75]	83% [78-88]	71% [64-77]	86% [81-90]	72% [65-78]
	≥75	49 (4%)	81% [71-89]	78% [67-89]	87% [79-94]	80% [69-89]	83% [74-91]	77% [65-87]	89% [82-96]	78% [67-89]	91% [84-98]	78% [66-88]
	0-100	1711 (100%)	69% [67-71]	58% [56-60]	73% [71-75]	64% [62-66]	76% [74-77]	67% [65-69]	78% [76-79]	70% [68-72]	81% [79-83]	72% [70-74]
pN0	<30	1123 (66%)	65% [62-67]	53% [51-56]	68% [66-71]	59% [56-61]	71% [69-73]	61% [58-63]	73% [70-75]	64% [62-67]	77% [75-79]	67% [64-69]
(n=1711) ¹	≥30	588 (34%)	77% [74-80]	66% [63-69]	82% [80-85]	75% [72-78]	84% [82-87]	78% [76-81]	87% [84-89]	81% [78-84]	89% [87-91]	82% [79-85]
	≥50	377 (22%)	80% [77-84]	70% [66-74]	86% [83-89]	78% [74-82]	89% [86-91]	84% [80-87]	91% [88-93]	85% [82-88]	93% [91-95]	86% [82-89]
	≥75	161 (9%)	85% [81-90]	74% [68-80]	91% [87-95]	83% [78-88]	93% [90-96]	91% [87-94]	96% [92-98]	92% [88-95]	97% [94-99]	92% [88-95]
~ -	0-100	1081 (100%)	73% [70-75]	61% [59-64]	77% [75-79]	68% [65-70]	79% [77-81]	71% [69-73]	82% [80-83]	74% [72-76]	85% [83-87]	76% [74-79]
Stage I	<30	727 (67%)	69% [66-72]	58% [55-61]	73% [70-76]	64% [61-67]	76% [73-78]	66% [63-69]	78% [75-80]	70% [67-73]	82% [79-84]	72% [69-75]
$(n=1081)^{1}$	≥30	354 (33%)	80% [76-83]	68% [63-72]	85% [82-88]	76% [72-80]	87% [84-90]	81% [77-84]	90% [87-92]	83% [80-87]	91% [88-94]	84% [81-88]
	≥50	227 (21%)	84% [80-88]	70% [64-75]	89% [86-93]	78% [73-83]	91% [88-94]	86% [82-90]	94% [91-96]	88% [84-91]	95% [92-97]	89% [85-92]
	≥75	109 (10%)	86% [80-92]	73% [65-80]	91% [87-95]	80% [74-87]	92% [88-96]	90% [85-95]	95% [92-98]	92% [88-96]	96% [93-99]	92% [88-96]
	0-100	38 (100%)	86% [76-95]	76% [64-88]	92% [84-97]	85% [74-95]	92% [84-97]	88% [78-97]	95% [89-100]	91% [81-97]	97% [92-100]	90% [80-100]
nT1mi N0	<30	24 (63%)	83% [69-96]	72% [54-87]	92% [79-100]	86% [73-96]	88% [75-96]	82% [67-96]	92% [83-100]	86% [72-96]	96% [88-100]	85% [71-100]
$(n=38)^1$	≥30	14 (37%)	92% [77-100]	83% [63-100]	92% [78-100]	83% [63-100]	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]
(≥50	9 (24%)	88% [67-100]	70% [40-100]	88% [67-100]	70% [40-100]	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]
	≥75	0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	0-100	119 (100%)	85% [79-91]	68% [58-77]	92% [87-96]	79% [71-87]	90% [85-95]	79% [70-87]	95% [92-98]	86% [79-92]	98% [96-100]	89% [83-95]
pT1a N0	<30	73 (61%)	84% [75-91]	69% [57-80]	92% [85-97]	77% [67-88]	89% [81-95]	80% [69-89]	94% [88-98]	86% [77-94]	98% [95-100]	88% [81-96]
$(n=118)^{1}$	≥30	46 (39%)	87% [79-95]	67% [52-82]	92% [84-98]	84% [71-94]	92% [85-98]	76% [61-89]	97% [92-100]	86% [76-97]	97% [92-100]	91% [81-98]
	≥50	30 (25%)	87% [76-96]	74% [56-91]	92% [83-100]	85% [67-96]	91% [81-100]	80% [60-96]	96% [88-100]	89% [73-100]	96% [88-100]	96% [88-100]
	≥75	12 (10%)	91% [73-100]	NA ²	100% [100-100]	NA ²	91% [75-100]	NA ²	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]

eTable 5-A. Clinical Outcomes According to TIL Thresholds in the Overall Study Population, According to Age and Stage

			ID	FS	RF	S	DD	FS	DRFS		OS	
	TILs	N (%)	5-year	10-year	5-year	10-year	5-year	10-year	5-year	10-year	5-year	10-year
	0-100	222 (100%)	74% [69-79]	59% [53-65]	80% [75-84]	68% [62-74]	84% [80-88]	72% [67-78]	86% [82-90]	77% [72-83]	90% [87-94]	79% [74-84]
nT1h N0	<30	154 (69%)	71% [65-77]	54% [46-61]	76% [70-82]	64% [57-71]	81% [75-86]	66% [58-73]	83% [77-88]	72% [66-79]	88% [83-93]	75% [68-81]
$(n=222)^{1}$	≥30	68 (31%)	81% [72-89]	70% [59-80]	89% [81-95]	78% [67-87]	92% [85-97]	87% [78-94]	93% [88-98]	89% [81-95]	95% [90-99]	88% [81-95]
(II <i>- 222)</i>	≥50	37 (17%)	82% [71-92]	68% [53-82]	94% [88-100]	76% [62-89]	94% [86-100]	87% [76-97]	97% [91-100]	90% [80-100]	97% [91-100]	90% [80-97]
	≥75	18 (8%)	76% [59-94]	71% [50-88]	88% [75-100]	76% [59-93]	88% [75-100]	88% [75-100]	94% [82-100]	94% [83-100]	94% [83-100]	94% [83-100]
	0-100	702 (100%)	69% [67-72]	60% [56-63]	73% [70-76]	65% [62-68]	76% [73-78]	68% [65-71]	77% [75-80]	70% [67-73]	80% [78-83]	73% [70-76]
nT1c N0	<30	476 (68%)	66% [62-69]	57% [53-61]	69% [65-72]	61% [57-65]	72% [68-75]	64% [60-68]	73% [70-76]	66% [62-69]	77% [73-80]	69% [65-72]
$(n = 702)^{1}$	≥30	226 (32%)	77% [72-82]	66% [61-71]	82% [78-86]	73% [68-78]	84% [80-88]	78% [73-82]	87% [83-90]	80% [75-84]	88% [85-92]	81% [77-86]
(II-702)	≥50	151 (22%)	83% [78-88]	70% [64-76]	88% [84-92]	78% [72-83]	90% [86-94]	85% [80-90]	92% [89-96]	87% [82-91]	94% [90-97]	87% [82-91]
	≥75	79 (11%)	87% [81-94]	71% [62-79]	91% [86-96]	79% [71-87]	94% [88-97]	91% [86-96]	95% [91-99]	91% [86-96]	96% [92-99]	91% [85-96]
	0-100	779 (100%)	62% [59-64]	50% [47-53]	65% [62-68]	56% [53-60]	67% [64-70]	57% [54-60]	69% [66-72]	60% [57-63]	73% [70-76]	62% [59-65]
Stage II	<30	499 (64%)	55% [51-59]	43% [39-47]	58% [54-61]	48% [44-52]	61% [57-64]	47% [44-51]	62% [59-66]	52% [48-55]	66% [63-70]	54% [50-58]
(n=779) ¹	≥30	280 (36%)	73% [68-77]	62% [57-68]	78% [73-82]	71% [67-76]	79% [75-84]	73% [69-78]	81% [77-85]	75% [70-79]	84% [81-88]	75% [71-80]
	≥50	172 (22%)	74% [68-80]	67% [61-73]	79% [74-84]	76% [71-81]	84% [79-88]	79% [74-84]	85% [81-90]	80% [75-85]	89% [85-93]	80% [74-85]
	≥75	55 (7%)	86% [78-93]	79% [70-87]	91% [83-96]	89% [82-96]	95% [89-100]	92% [86-98]	96% [92-100]	92% [86-98]	98% [95-100]	92% [85-98]



eFigure 5-A. Overall Survival According to TILs <30% vs ≥30%

eFigure 5-B. RFS According to TILs <30% vs ≥30%







eFigure 5-D. DRFS According to TILs <30% vs ≥30%













eFigure 5-G. Overall Survival According to TILs <75% vs ≥75%









eFigure 5-J. DRFS According to TILs <75% vs ≥75%





eFigure 5-K. IBCFS According to TILs <75% vs ≥75%









eFigure 5-N. RFS According to Nodal Status and TILs <30 vs ≥30%

50 (64)

83 (47)

43 (55)

69 (39)

38 (49)

58 (33)

32 (41)

57 (32)

27 (35)

51 (29)

25 (32)

39 (22)

24 (31)

36 (20)

17 (22)

29 (16

60 (77)

107 (60)

78 (100) 71 (91)

pN+, tils< 30%-178 (100) 150 (84)

pN+ tils $\geq 30\%$







eFigure 5-P. DRFS According to Nodal Status and TILs <30 vs ≥30%













eFigure 5-S. Overall Survival According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs)

eFigure 5-T. RFS According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs)







eFigure 5-V. DRFS According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs)





eFigure 5-X. IDFS According to T1 Substage Among Patients With Stage I TNBC (Regardless of TILs)



6. Forest Plots

Below are the **adjusted forest plots** according to the different endpoints. The Cox models used to construct the forest plots are adjusted on the clinicopathologic variables. On each graph, we report the Cochran's Q test to assess the heterogeneity of effect-size estimates from the individual studies, as well as the heterogeneity index l². A non-significant Q test indicates that the TILs effect is the same across studies and variations across studies are simply caused by chance. I² provides an estimate of the percentage of variability in results across studies that is due to real differences and not due to chance. An I² of less than 25% is considered as low heterogeneity. Missing data are imputed in each study separately by multiple imputations with 20 imputed data sets.

The forest plots are ordered according to the first year of inclusion of the study. The effect of TILs across studies over time are similar, with no clear visual trend suggesting an association between the first year of inclusion on the HR.

Forest plot (OS)

Study	Events	n		HR	CI	1st inclusion year
Erasmus University (Rotterdam)	105	232		0.82	(0.74 - 0.90)	1979
Mayo (USA)	96	179		0.90	(0.80 - 1.00)	1985
UBC (Vancouver)	227	313	-	0.92	(0.86 - 1.00)	1986
IGR (Paris)	36	95		0.84	(0.67 - 1.04)	1989
NKI (Amsterdam)	168	443	•	0.87	(0.82-0.91)	1989
IEO (Milano)	36	159		0.87	(0.67 - 1.11)	1995
UUCM (Ulsan)	27	116		0.94	(0.82 - 1.09)	1999
National Cancer Center (Tokyo)	15	109	<- ·	0.80	(0.57 - 1.13)	2001
Sahlgrenska UH (Göteborg)	34	52		0.93	(0.79 - 1.09)	2004
Institut Curie (Paris)	23	148		0.94	(0.76 - 1.16)	2005
IOV (Padova)	16	38		0.93	(0.64 - 1.35)	2005
UniGe (Genova)	6	16	$\longleftrightarrow \bullet \bullet$	1.46	(0.04 - 51.67)	2009
Centre Leon Berard (Lyon)	7	58	<	0.38	(0.11 - 1.33)	2010
Summary	803	1966		0.88	(0.85 - 0.91)	

Test for homogeneity (Q) $\sim \chi^2_{12 \text{ df}}$: 8.03 , p= 0.78. I²: 0%

1.82 2.72

Forest plot (RFS)

Study	Events	n			HR	CI	1st inclusion year
Erasmus University (Rotterdam)	114	232			0.82	(0.74 - 0.90)	1979
Mayo (USA)	102	179	-		0.90	(0.81 - 1.00)	1985
UBC (Vancouver)	232	313	+		0.91	(0.84 - 0.98)	1986
IGR (Paris)	46	95			0.87	(0.71 - 1.05)	1989
NKI (Amsterdam)	221	443	-		0.92	(0.88 - 0.96)	1989
IEO (Milano)	52	159			0.91	(0.75 - 1.11)	1995
UUCM (Ulsan)	38	116			0.95	(0.84 - 1.07)	1999
National Cancer Center (Tokyo)	27	109	<		0.70	(0.52-0.94)	2001
Sahlgrenska UH (Göteborg)	35	52			0.89	(0.75 - 1.05)	2004
Institut Curie (Paris)	33	148			0.79	(0.65-0.95)	2005
IOV (Padova)	17	38			0.92	(0.64 - 1.34)	2005
UniGe (Genova)	6	16	<	\longrightarrow	3.77	(0.10 - 140.97)	2009
Centre Leon Berard (Lyon)	10	58	٠		0.64	(0.27 - 1.51)	2010
Summary	940	1966			0.90	(0.87 - 0.92)	

Test for homogeneity (Q) $\sim \chi^2_{12 \text{ df}}$: 11.79, p= 0.46. I^2 : 0%

1.82 2.72
Forest plot (DRFS)

Study	Events	n		HR	CI	1st inclusion year
Erasmus University (Rotterdam)	108	232	-	0.81	(0.73 - 0.89)	1979
Mayo (USA)	99	179		0.88	(0.79-0.98)	1985
UBC (Vancouver)	228	313	-	0.92	(0.85-0.99)	1986
IGR (Paris)	39	95		0.83	(0.68 - 1.03)	1989
NKI (Amsterdam)	174	443		0.86	(0.82-0.90)	1989
IEO (Milano)	37	159		0.86	(0.68 - 1.10)	1995
UUCM (Ulsan)	29	116		0.91	(0.78 - 1.05)	1999
National Cancer Center (Tokyo)	21	109	<	0.75	(0.54 - 1.04)	2001
Sahlgrenska UH (Göteborg)	34	52		0.92	(0.78 - 1.09)	2004
Institut Curie (Paris)	27	148		0.89	(0.73 - 1.09)	2005
IOV (Padova)	16	38		0.95	(0.70 - 1.28)	2005
UniGe (Genova)	6	16	\longleftrightarrow	3.77	(0.10 - 140.97)	2009
Centre Leon Berard (Lyon)	7	58	<	0.07	(0.00 - 2.49)	2010
Summary	832	1966		0.87	(0.84 - 0.90)	

Test r homogeneity (Q) $\sim \chi^2_{12 \text{ df}}$: 9.09 , p

1.82 2.72

			Forest plot (IBCF	S)		
Study	Events	n		HR	CI	1st inclusion
Erasmus University (Rotterdam)	125	232	-=-	0.85	(0.78 - 0.92)	1979
Mayo (USA)	113	179	-	0.90	(0.82-0.99)	1985
UBC (Vancouver)	242	313	+	0.91	(0.85 - 0.99)	1986
IGR (Paris)	56	95		0.85	(0.70-1.02)	1989
NKI (Amsterdam)	263	443	-	0.95	(0.91-0.99)	1989
IEO (Milano)	58	159		0.94	(0.79 - 1.11)	1995
UUCM (Ulsan)	40	116		0.96	(0.85 - 1.08)	1999
National Cancer Center (Tokyo)	28	109	~~~~	0.69	(0.52-0.93)	2001
Sahlgrenska UH (Göteborg)	35	52		0.89	(0.75 - 1.05)	2004
Institut Curie (Paris)	34	148		0.79	(0.66 - 0.96)	2005
IOV (Padova)	17	38		0.92	(0.64 - 1.34)	2005
UniGe (Genova)	6	16	<	→ 4.46	(0.08 - 250.77)	2009
Centre Leon Berard (Lyon)	11	58	<	0.58	(0.23 - 1.51)	2010
Summary	1036	1966		0.92	(0.89 - 0.94)	

1.82 2.72

Forest plot (IDFS)

Study	Events	n		HR	CI	1st inclusion year
Erasmus University (Rotterdam)	134	232	-	0.85	(0.79 - 0.93)	1979
Mayo (USA)	117	179	-	0.91	(0.83 - 1.00)	1985
UBC (Vancouver)	242	313	+	0.91	(0.85 - 0.99)	1986
IGR (Paris)	56	95		0.85	(0.70 - 1.02)	1989
NKI (Amsterdam)	273	443	-	0.95	(0.91 - 0.98)	1989
IEO (Milano)	60	159		0.94	(0.80 - 1.11)	1995
UUCM (Ulsan)	41	116		0.95	(0.85 - 1.07)	1999
National Cancer Center (Tokyo)	30	109	~ •	0.76	(0.58 - 0.99)	2001
Sahlgrenska UH (Göteborg)	36	52		0.89	(0.75 - 1.05)	2004
Institut Curie (Paris)	39	148		0.82	(0.69 - 0.98)	2005
IOV (Padova)	19	38		0.90	(0.62 - 1.28)	2005
UniGe (Genova)	7	16	<	1.04	(0.32 - 3.32)	2009
Centre Leon Berard (Lyon)	12	58	~	0.76	(0.46 - 1.27)	2010
Summary	1074	1966		0.92	(0.89 - 0.94)	

Test for homogeneity (Q) $\sim \chi^2_{12 \text{ df}}$: 11.08 , p= 0.52. I^2 : 0%

1.82 2.72

7. Survival rates in Subgroups

eTable 7-A. Survival Rates at 3 Years for Stage I TNBC

			IDFS	RFS	DDFS	DRFS	OS
			3-year survival				
T1N0	General	1081	81% [79-83]	84% [82-86]	86% [85-88]	88% [87-90]	93% [91-94]
	[0-29]	728 (67%)	78% [76-81]	81% [79-84]	83% [81-86]	85% [83-88]	91% [89-92]
	[30-100]	353 (33%)	86% [83-89]	91% [88-93]	93% [90-95]	94% [92-96]	97% [95-98]
	[0-49]	855 (79%)	79% [76-81]	81% [79-84]	84% [82-86]	86% [84-88]	91% [89-93]
	[50-100]	226 (21%)	90% [87-93]	95% [92-97]	96% [93-98]	97% [95-99]	99% [97-100]
	[0-74]	973 (90%)	80% [77-82]	83% [81-85]	85% [83-87]	87% [85-89]	92% [90-93]
	[75-100]	108 (10%)	92% [87-95]	97% [94-100]	96% [93-99]	98% [95-100]	99% [97-100]
T1mi N0	General	38	92% [84-100]	95% [87-100]	92% [84-97]	95% [89-100]	97% [92-100]
	[0-29]	24 (63%)	88% [75-96]	92% [83-100]	88% [75-100]	92% [83-100]	96% [88-100]
	[30-100]	14 (37%)	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100
	[0-49]	29 (76%)	90% [79-97]	93% [86-100]	90% [79-100]	93% [86-100]	97% [90-100]
	[50-100]	9 (24%)	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100]	100% [100-100
	[0-74]	38 (100%)	92% [84-100]	95% [89-100]	92% [84-100]	95% [89-100]	97% [92-100]
T1a N0	General	118	90% [85-95]	95% [91-98]	94% [90-98]	98% [96-100]	100% [100-100
	[0-29]	72 (61%)	90% [84-96]	95% [90-100]	94% [88-98]	97% [93-100]	100% [100-100
	[30-100]	46 (39%)	90% [81-98]	95% [89-100]	95% [89-100]	100% [100-100]	100% [100-100
	[0-49]	88 (75%)	90% [83-95]	95% [90-99]	94% [89-98]	97% [95-100]	100% [100-100
	[50-100]	30 (25%)	92% [82-100]	96% [88-100]	96% [88-100]	100% [100-100]	100% [100-100
	[0-74]	106 (90%)	90% [85-95]	94% [90-98]	95% [90-98]	98% [95-100]	100% [100-100
	[75-100]	12 (10%)	91% [75-100]	100% [100-100]	91% [75-100]	100% [100-100]	100% [100-100
T1mi and T1a N0	General	156	91% [86-94]	95% [92-98]	94% [90-97]	97% [95-99]	99% [98-100]
	[0-29]	96 (62%)	90% [84-94]	94% [90-98]	92% [87-97]	96% [92-99]	99% 97-100
	[30-100]	60 (38%)	92% [86-98]	96% [92-100]	96% [92-100]	100% [100-100]	100% 100-100
	[0-49]	117 (75%)	90% [85-94]	94% [91-98]	93% [89-96]	96% [93-99]	99% [97-100]
	[50-100]	39 (25%)	94% [86-100]	97% [91-100]	97% [91-100]	100% [100-100]	100% [100-100
	[0-74]	144 (92%)	91% [87-95]	95% [91-98]	94% [90-97]	97% [95-99]	99% [98-100]
	[75-100]	12 (8%)	91% [75-100]	100% [100-100]	91% [73-100]	100% [100-100]	100% [100-100
T1b N0	General	222	82% [78-86]	86% [82-90]	91% [88-94]	93% [90-96]	97% [94-99]
	[0-29]	154 (69%)	80% [75-85]	83% [78-88]	88% [84-92]	91% [87-95]	96% [94-99]
	[30-100]	68 (31%)	87% [80-94]	92% [87-97]	97% [92-100]	97% [93-100]	97% [92-100]
	[0-49]	185 (83%)	81% [76-86]	84% [79-89]	90% [85-93]	92% [88-95]	96% [94-98]
	[50-100]	37 (17%)	88% [79-97]	97% [91-100]	97% [91-100]	97% [91-100]	97% [91-100]
	[0-74]	204 (92%)	82% [77-86]	85% [81-90]	91% [87-94]	93% [89-96]	97% [95-99]
	[75-100]	18 (8%)	88% [75-100]	94% [82-100]	94% [82-100]	94% [83-100]	94% [83-100]
T1c N0	General	703	78% [76-81]	81% [79-84]	84% [81-86]	85% [83-87]	90% [88-92]
	[0-29]	478 (68%)	76% [72-79]	78% [75-81]	80% [77-83]	82% [79-85]	87% [84-90]
	[30-100]	225 (32%)	85% [80-89]	89% [85-92]	91% [87-94]	92% [89-95]	96% [94-98]
	[0-49]	553 (79%)	75% [72-78]	78% [75-81]	80% [78-83]	82% [79-85]	88% [85-90]
	[50-100]	150 (21%)	90% [86-94]	94% [90-97]	95% [92-98]	96% [93-99]	99% [97-100]
	[0-74]	625 (89%)	77% [74-79]	79% [76-82]	82% [79-84]	83% [81-86]	89% [87-91]
	[75-100]	78 (11%)	92% [87-97]	97% [95-100]	97% [95-100]	99% [96-100]	100% [100-100

eTable 7-B. Survival Rates at 3, 5, and 10 Years According to Age and TIL Levels

Sample	Tils levels	n(%)	Estimated surv	vival with 95% bo	ootstrapped interv	val confidence											
				IDFS			RFS			DDFS			DRFS			OS	
			3-year	5-year	10-year	3-year	5-year	10-year	3-year	5-year	10-year	3-year	5-year	10-year	3-year	5-year	10-year
T1N0	General	1081	81% [79-83]	73% [70-75]	61% [58-64]	84% [82-86]	77% [75-79]	68% [65-70]	86% [85-88]	79% [77-81]	71% [69-73]	88% [87-90]	82% [79-84]	74% [72-77]	93% [91-94]	85% [83-87]	76% [74-79]
	[0-29]	728 (67%)	78% [76-81]	69% [66-72]	58% [55-61]	81% [79-84]	73% [70-76]	64% [61-67]	83% [81-86]	76% [73-78]	66% [63-69]	85% [83-88]	78% [75-80]	70% [67-73]	91% [89-92]	82% [79-84]	72% [69-75]
	[30-100]	353 (33%)	86% [83-89]	80% [76-83]	68% [63-72]	91% [88-93]	85% [82-88]	76% [71-80]	93% [90-95]	87% [84-90]	81% [77-84]	94% [92-96]	90% [87-92]	83% [80-87]	97% [95-98]	91% [88-94]	84% [81-88]
	[50-100]	226 (21%)	90% [87-93]	84% [80-88]	70% [64-75]	95% [92-97]	89% [86-93]	78% [73-83]	96% [93-98]	91% [88-94]	86% [81-90]	97% [95-99]	94% [91-96]	88% [84-91]	99% [97-100]	95% [92-97]	89% [85-92]
	[60-100]	189 (17%)	90% [86-93]	85% [81-89]	70% [64-76]	95% [92-98]	90% [87-94]	78% [72-83]	96% [94-98]	92% [89-95]	87% [82-91]	97% [95-99]	94% [92-97]	89% [85-93]	99% [97-100]	96% [93-98]	90% [86-94]
T1N0	[75-100]	108 (10%)	92% [87-96]	86% [80-91]	73% [65-80]	97% [94-99]	91% [87-95]	80% [73-87]	96% [93-99]	92% [88-96]	90% [86-95]	98% [95-100]	95% [92-98]	92% [88-96]	99% [97-100]	96% [93-99]	92% [88-96]
T1N0 40+y	General	749	85% [82-87]	75% [72-78]	62% [59-66]	87% [85-89]	79% [76-82]	69% [65-72]	88% [86-90]	81% [78-84]	70% [67-73]	91% [89-92]	84% [81-86]	74% [71-77]	94% [92-95]	87% [85-89]	77% [74-80]
	[0-29]	540 (72%)	83% [80-85]	73% [69-76]	59% [55-63]	85% [83-88]	76% [73-79]	65% [61-69]	87% [85-89]	78% [75-82]	67% [63-71]	89% [87-92]	81% [78-84]	71% [67-74]	93% [91-95]	84% [82-87]	74% [70-77]
	[30-100]	209 (28%)	89% [86-93]	82% [77-87]	72% [66-78]	91% [88-95]	87% [83-91]	79% [74-84]	92% [89-95]	87% [83-91]	79% [74-84]	94% [91-97]	91% [87-94]	83% [77-88]	96% [94-98]	92% [89-95]	85% [80-89]
	[50-100]	112 (15%)	94% [90-98]	89% [83-94]	78% [71-86]	96% [92-99]	93% [88-97]	82% [75-89]	95% [91-98]	93% [88-97]	85% [77-91]	97% [94-99]	96% [93-99]	87% [81-93]	98% [95-100]	97% [94-99]	90% [84-95]
	[60-100]	85 (11%)	94% [88-97]	92% [87-97]	83% [74-91]	96% [92-100]	96% [92-99]	85% [77-93]	95% [90-99]	95% [90-99]	88% [81-95]	97% [94-100]	97% [94-100]	90% [82-96]	99% [96-100]	99% [96-100]	93% [87-98]
	[75-100]	41 (5%)	92% [85-98]	90% [82-97]	87% [77-95]	97% [93-100]	97% [92-100]	92% [83-100]	92% [85-100]	92% [85-98]	92% [84-98]	97% [92-100]	97% [92-100]	95% [89-100]	97% [92-100]	97% [92-100]	95% [89-100]
T1N0 18-40 y	General	332	73% [69-77]	66% [62-71]	57% [53-62]	78% [75-82]	72% [68-76]	65% [61-70]	82% [79-86]	76% [72-80]	72% [67-75]	83% [80-86]	77% [73-81]	73% [69-77]	90% [87-93]	81% [77-84]	75% [71-78]
	[0-29]	188 (57%)	66% [60-72]	59% [53-65]	53% [47-60]	69% [63-75]	64% [58-70]	59% [53-65]	74% [68-79]	68% [62-73]	63% [57-69]	75% [69-80]	68% [62-73]	64% [59-70]	85% [80-89]	74% [69-80]	67% [62-73]
	[30-100]	144 (43%)	83% [78-88]	76% [70-82]	63% [56-69]	90% [85-93]	82% [77-87]	72% [66-78]	94% [90-97]	87% [82-92]	82% [77-88]	94% [90-97]	88% [84-92]	84% [79-89]	97% [95-99]	89% [85-94]	84% [79-89]
	[50-100]	114 (34%)	87% [81-92]	80% [73-86]	63% [56-71]	94% [89-97]	87% [81-92]	74% [67-81]	96% [94-99]	90% [86-95]	86% [80-91]	96% [94-99]	92% [88-96]	88% [82-93]	99% [97-100]	93% [89-96]	88% [82-93]
	[60-100]	104 (31%)	86% [81-92]	80% [73-86]	62% [54-69]	94% [90-98]	86% [81-91]	73% [66-79]	97% [94-100]	90% [85-95]	85% [80-91]	97% [94-100]	92% [87-96]	87% [82-92]	99% [97-100]	93% [88-97]	87% [81-92]
	[75-100]	67 (20%)	91% [85-97]	84% [76-91]	65% [56-76]	97% [93-100]	88% [82-94]	74% [66-83]	99% [96-100]	93% [87-97]	89% [83-95]	99% [96-100]	94% [90-99]	91% [85-97]	100% [100-100]	96% [91-99]	91% [85-97]

8. Competing Risk Analysis

We aim to see the effect of TILs on the occurrence of a second cancer and distant relapse or death. To do this, we will estimate cumulative incidence functions from the competing risks data, as well as estimates and 95% confidence intervals for survival rates.

In this analysis, TILs are classified into two categories. First, TILs levels above and below 30%, and then above and below 50%.

Data on second cancers was not available in the UBC cohort (309 patients) and as such was excluded from this additional analysis.

eTable 8-A. Competing Events

Censored	Distant relapse or Death	Second cancer	Sum
988	541	128	1657

We plot below Aalen-Johansen curves for competing events. The confidence intervals for cumulative incidence estimates are calculated in the following way¹⁴: $(x^{exp(\pm z * se/(x*log(x)))})$, where (x) is the cumulative incidence estimate, (se) is the standard error estimate, and (z) is the z-score associated with the confidence level of the interval, e.g. (z=1.96) for a 95% CI.

eTable 8-B. Competing Events According to TILs Level (30% Threshold)

	Censored	Distant relapse or Death	Second cancer	Sum
TILs <30%	591	404	88	1083
TILs ≥ 30%	397	137	40	574
Sum	988	541	128	1657

eFigure 8-A. Influence of TILs <30% vs ≥30% on Distant Relapse, Death, or Second Cancers



© 2024 American Medical Association. All rights reserved.

eTable 8-C. Com	peting Events According	to TILs Level (50% Threshold)		
	Censored	Distant relapse or Death	Second cancer	Sum
Tils<50%	708	465	100	1273
Tils≥ 50%	280	76	28	384
Sum	988	541	128	1657

eFigure 8-B. Influence of TILs <50% vs ≥50% on Distant Relapse, Death, or Second Cancers



eTable 8-D. Competing Events According to TILs Level (30% Threshold) in the pN0 Population

	Censored	Distant relapse or Death	Second cancer	Sum
Tils<30%	551	309	74	934
Tils≥ 30%	363	106	40	509
Sum	914	415	114	1443

eFigure 8-C. Influence of TILs <30% vs ≥30% on Distant Relapse, Death, or Second Cancers in Node-Negative TNBC



eTable 8-E. Competing Events According to TILs Level (50% Threshold) in the pN0 Population

	Censored	Distant relapse or Death	Second cancer	Sum
Tils <50%	654	356	86	1096
Tils ≥50%	260	59	28	347
Sum	914	415	114	1443

eFigure 8-D. Influence of TILs <30% vs ≥30% on Distant Relapse, Death, or Second Cancers in Node-Negative TNBC



9. Time-Dependent ROC curves and AUC

We evaluate the discriminating ability of TILs by measuring the area under the time-dependent ROC curve (**AUC**) estimation at 5 and 10 years.

We use time-dependent ROC curves from censored survival data using Inverse Probability of Censoring Weighting (IPCW) estimates of Cumulative/Dynamic time-dependent ROC curve.¹⁵. For each element (tils, clinicopathological factors, tils + clinicopathological factors), at each unique marker value, proportions of true and false positives are calculated considering the time threshold of 5 years.

We also show pointwise confidence intervals. They are computed using an estimate of the variance and the quantiles of the standard normal distribution.

eTable 9-A. AUC (IPCW) at 5 Years and Confidence Interval (CI)						
	AUC	95% CI				
OS						
Tils	0.61	0.58	0.64			
Clinico-pathological factors (CP)	0.67	0.63	0.70			
CP + tils	0.71	0.68	0.74			
	RFS					
Tils	0.60	0.57	0.62			
Clinico-pathological factors (CP)	0.65	0.62	0.68			
CP + tils	0.69	0.66	0.72			
	DDFS	•	•			
Tils	0.60	0.57	0.63			
Clinico-pathological factors (CP)	0.64	0.61	0.67			
CP + tils	0.69	0.66	0.71			
	DRFS					
Tils	0.61	0.58	0.63			
Clinico-pathological factors (CP)	0.66	0.63	0.69			
CP + tils	0.71	0.68	0.73			
	IBCFS	1				
Tils	0.58	0.55	0.61			
Clinico-pathological factors (CP)	0.65	0.62	0.68			
CP + tils	0.68	0.66	0.71			
	IDFS					
Tils	0.58	0.55	0.61			
Clinico-pathological factors (CP)	0.63	0.60	0.66			
CP + tils	0.66	0.64	0.69			

eTable 9-B. AUC (IPCW) at 10 Years and Confidence Interval (CI)						
	95% CI					
OS						
Tils	0.62	0.59	0.65			
Clinico-pathological factors (CP)	0.71	0.68	0.74			
CP + tils	0.75	0.72	0.78			
	RFS					
Tils	0.62	0.59	0.65			
Clinico-pathological factors (CP)	0.68	0.65	0.71			
CP + tils	0.72	0.69	0.74			
DDFS						
Tils	0.63	0.60	0.66			
Clinico-pathological factors (CP)	0.70	0.67	0.73			
CP + tils	0.74	0.71	0.77			
	DRFS					
Tils	0.63	0.60	0.66			
Clinico-pathological factors (CP)	0.71	0.68	0.74			
CP + tils	0.75	0.72	0.78			
	IBCFS					
Tils	0.60	0.57	0.63			
Clinico-pathological factors (CP)	0.65	0.62	0.68			
CP + tils	0.68	0.66	0.71			
	IDFS					
Tils	0.60	0.57	0.63			
Clinico-pathological factors (CP)	0.64	0.62	0.67			
CP + tils	0.68	0.65	0.71			

10. Cross-Validation Study

We make a cross-validation analysis to assess how the results of our statistical analysis will generalize to an independent data set. In practice, it is a resampling method. One by one, each study is isolated, while the remaining studies are used to estimate the baseline risk. We then look at the concordance between the 5 year-survival predicted by the model and the actual 5 year-survival of the study. The results are presented in the form of graphs representing the observed results compared to the predicted results. A perfect match would be on the gray line in the center of the graph. This analysis allows to estimate how accurately this predictive model will perform in practice.

The clinicopathologic factors (age, number of positive lymph nodes, tumor size, histological grade, radiotherapy) and the tils are the adjustment factors.

Studies with less than 50 patients have been regrouped (Lyon, Padova, Genova, Göteborg)

eFigure 10-A. Overall Survival Calibration Plots





© 2024 American Medical Association. All rights reserved.



© 2024 American Medical Association. All rights reserved.



eFigure 10-B. Recurrence-Free Survival Calibration Plots



© 2024 American Medical Association. All rights reserved.



© 2024 American Medical Association. All rights reserved.





eFigure 10-C. Distant-Disease Free Survival Calibration Plots



© 2024 American Medical Association. All rights reserved.



© 2024 American Medical Association. All rights reserved.



© 2024 American Medical Association. All rights reserved.



© 2024 American Medical Association. All rights reserved.

eFigure 10-D. Invasive Disease-Free Survival Calibration Plots



© 2024 American Medical Association. All rights reserved.



© 2024 American Medical Association. All rights reserved.





eFigure 10-E. Invasive Breast Cancer–Free Survival Calibration Plots



© 2024 American Medical Association. All rights reserved.



© 2024 American Medical Association. All rights reserved.





11. Investigation of the Violation of the Proportional Effects Assumption in the Cox Model

The Cox models presented in the sections above were associated with a significant test for the overall proportional hazards hypothesis¹⁶. This means that one or more covariates do not have a proportional effect on survival over time. To investigate further, we will first plot the Schoenfeld residuals to have a better idea of the effect of each covariate over time.

eFigure 11-A. Schoenfeld Residuals of the Univariate Models for Each End Point

The first graphs represent the Schoenfeld residuals of the univariate models (only the TILs) with in red, the estimated coefficient from the Cox model and in green the null coefficient with the different endpoints.



Time





Schoenfeld residuals from an univariate Cox models with TILs (endpoint: DRFS)



Schoenfeld residuals from an univariate Cox models with TILs (endpoint: IBCFS)



Schoenfeld residuals from an univariate Cox models with TILs (endpoint: IDFS)



eFigure 11-B. Schoenfeld Residuals of the Multivariable Models for Each End Point

These graphs represent the Schoenfeld residuals of the multivariate model with, in green the null coefficient. OS is the considered endpoint.



Time





From the plot of the Schoenfeld residuals above, it appears that two variables are particularly affected by the non-proportionality: the size of the tumor and the TILs.

A way to deal with non-proportionality is to divide the time and then stratify the variable that has non-proportional hazard effect over time, on the divided time. From the graph obtained from a univariate model (section above), it appears that the TILs have a strong effect on the risk before 5 years but that the effect is weaker beyond.

Time is divided into several parts: before 5 years, 5-10 years and beyond 10 years. Then, the TILs are stratified on it. After the stratification on the sliced time, we again test the respect of the proportional hazards of the TILs in the multivariate Cox models.

eTable 11. Multivariate Cox Model With End Point: Overall Survival (Just the Coefficients of the TILs are Shown) Stratified on Time

Variable	Beta (SE)
----------	-----------

HR (95% CI)

Р

© 2024 American Medical Association. All rights reserved.

eTable 11. Multivariate Cox Model With End Point: Overall Survival (Just the Coefficients of the TILs are Shown) Stratified on Time

Variable	Beta (SE)	HR (95% CI)	Р
TILs before 5 years	-0.13 (0.02)	0.88 (0.85, 0.91)	< 0.001
TILs in [5;10] years	-0.05 (0.02)	0.95 (0.91, 1.00)	0.05
TILs after 10 years	-0.04 (0.03)	0.96 (0.91, 1.02)	0.23
12. Investigation of the Effect of Inclusion Year on Survival End Points According to TILs

Year of surgery	N (%)	TILs	n (%)	5-year IDFS	5-year RFS	5-year DRFS	5-year DDFS	5-year OS
1998 or	1181 (60%)	<30	745 (63%)	57% [54-60]	60% [57-63]	64% [61-67]	62% [59-65]	68% [65-71]
		≥30	436 (37%)	74% [70-77]	79% [76-82]	82% [79-85]	81% [78-84]	85% [82-88]
Delore		≥50	284 (24%)	77% [73-82]	84% [81-88]	88% [85-91]	86% [83-89]	91% [88-94]
		≥75	133 (11%)	86% [80-91]	91% [87-95]	94% [90-97]	92% [89-96]	96% [93-98]
1999 or after	785 (40%)	<30	555 (71%)	65% [62-69]	69% [65-72]	74% [71-77]	71% [68-75]	77% [74-80]
		≥30	230 (29%)	75% [71-81]	80% [75-85]	87% [82-90]	83% [79-87]	88% [84-92]
		≥50	133 (17%)	78% [71-84]	81% [74-87]	88% [82-93]	85% [79-91]	89% [84-94]
		≥75	36 (5%)	79% [66-91]	85% [74-94]	94% [87-100]	88% [77-97]	94% [86-100]

eTable 12. Sensitivity Analysis of Survival Outcomes According to TIL Levels Pre- and Post- 1998

eFigure 12-A. Survival Outcomes in Patients With TNBC and TILs <30% Who Underwent Locoregional Therapy Before vs After 1998



Survival Analysis of the inclusion year: pre/post 1998 (IBCFS) in the TILs<30%



Survival Analysis of the inclusion year: pre/post 1998 (RFS) in the TILs<30%





Survival Analysis of the inclusion year: pre/post 1998 (OS) in the TILs<30%



eFigure 12-B. Survival Outcomes in Patients With TNBC and TILs ≥50% Who Underwent Locoregional Therapy Before vs After 1998

Survival Analysis of the inclusion year: pre/post 1998 (IDFS) in the TILs>50%



Survival Analysis of the inclusion year: pre/post 1998 (IBCFS) in the TILs>50%



Survival Analysis of the inclusion year: pre/post 1998 (RFS) in the TILs>50%







Survival Analysis of the inclusion year: pre/post 1998 (OS) in the TILs>50%



eReferences.

- Tolaney, S. M., Garrett-Mayer, E., White, J., Blinder, V. S., Foster, J. C., Amiri-Kordestani, L., Hwang, E. S., Bliss, J. M., Rakovitch, E., Perlmutter, J., Spears, P. A., Frank, E., Tung, N. M., Elias, A. D., Cameron, D., Denduluri, N., Best, A. F., DiLeo, A., Baizer, L., ... Korde, L. A. (2021). Updated Standardized Definitions for Efficacy End Points (STEEP) in Adjuvant Breast Cancer Clinical Trials: STEEP Version 2.0. In Journal of Clinical Oncology (Vol. 39, Issue 24, pp. 2720–2731). American Society of Clinical Oncology (ASCO). https://doi.org/10.1200/jco.20.03613↔
- Hsieh, F. Y., & Lavori, P. W. (2000). Sample-Size Calculations for the Cox Proportional Hazards Regression Model with Non-binary Covariates. In Controlled Clinical Trials (Vol. 21, Issue 6, pp. 552– 560). Elsevier BV. https://doi.org/10.1016/s0197-2456(00)00104-5↔
- 3. Jolani, S., Debray, T. P. A., Koffijberg, H., van Buuren, S., & Moons, K. G. M. (2015). Imputation of systematically missing predictors in an individual participant data meta-analysis: a generalized approach using MICE. In Statistics in Medicine (Vol. 34, Issue 11, pp. 1841–1863). Wiley. https://doi.org/10.1002/sim.6451↔
- 4. van Buuren, S. (2018). Flexible Imputation of Missing Data, Second Edition. Chapman and Hall/CRC. https://doi.org/10.1201/9780429492259↔
- 5. IR White, P Royston, and AM Wood. Multiple imputation using chained equations: Issues and guidance for practice. Statistics in Medicine, 30(4):377–399, 2011. ISSN 1097-0258. doi:10.1002/sim.4067.↔
- 6. White, I. R., & Royston, P. (2009). Imputing missing covariate values for the Cox model. In Statistics in Medicine (Vol. 28, Issue 15, pp. 1982–1998). Wiley. https://doi.org/10.1002/sim.3618↔
- Kasim, R. M., and S. W. Raudenbush. 1998. "Application of Gibbs Sampling to Nested Variance Components Models with Heterogeneous Within-Group Variance." Journal of Educational and Behavioral Statistics 23 (2): 93–116.
- 8. Jolani, S., T. P. A. Debray, H. Koffijberg, S. Van Buuren, and K. G. M. Moons. 2015. "Imputation of Systematically Missing Predictors in an Individual Participant Data Meta-Analysis: A Generalized Approach Using MICE." Statistics in Medicine 34 (11): 1841–63.↔
- 9. Snijders, T. A. B., & Bosker, R. J. (2012). Multilevel analysis: An introduction to basic and advanced multilevel modeling. Thousand Oaks, CA: Sage↩
- 10. Marshall, A., Altman, D.G., Holder, R.L. et al. Combining estimates of interest in prognostic modelling studies after multiple imputation: current practice and guidelines. BMC Med Res Methodol 9, 57 (2009). https://doi.org/10.1186/1471-2288-9-57↔
- 11. van Buuren, S. (2018). Flexible Imputation of Missing Data, Second Edition. Chapman and Hall/CRC. https://doi.org/10.1201/9780429492259↔
- 12. P. Grambsch and T. Therneau (1994), Proportional hazards tests and diagnostics based on weighted residuals. Biometrika, 81, 515-26.↔
- 13. Competing Risks: A Practical Perspective, Melania Pintilie, ISBN: 978-0-470-87068-6↩
- 14. Uno, H., Cai, T., Tian, L. and Wei, L. (2007). *Evaluating prediction rules for t-years survivors with censored regression models.* Journal of the American Statistical Association, 102(478):527-537.
- 15. P. Grambsch and T. Therneau (1994), Proportional hazards tests and diagnostics based on weighted residuals. Biometrika, 81, 515-26↔