

**Supplementary table 1:** Associations of immunohistochemical ErbB4 staining intensity with clinicopathological parameters

	<b>ErbB4 staining intensity</b>				<i>P</i> -value
	negative	low	moderate	strong	
	n (%)	n (%)	n (%)	n (%)	
<b>pT</b>					
<10 mm	13 (18)	28 (40)	25 (35)	5 (7)	n = 923 0.976
11-20 mm	57 (17)	134 (41)	106 (32)	32 (10)	
>20 mm	99 (19)	201 (38)	172 (33)	51 (10)	
<b>pN</b>					
0	22 (22)	38 (38)	30 (30)	10 (10)	n = 926 0.85
1-3	100 (18)	229 (41)	180 (32)	54 (9)	
>3	48 (18)	97 (37)	94 (36)	24 (9)	
<b>Histology</b>					
ductal	119 (17)	297 (41)	242 (33)	66 (9)	n = 926 NA*
lobular	50 (27)	58 (32)	56 (31)	19 (10)	
other	1 (5)	9 (47)	6 (32)	3 (16)	
<b>Grade</b>					
1	27 (20)	53 (40)	42 (32)	10 (8)	n = 887 0.844
2	65 (18)	140 (38)	122 (33)	41 (11)	
3	70 (18)	159 (41)	124 (32)	34 (9)	
<b>ER</b>					
-	50 (20)	121 (47)	67 (26)	17 (7)	n = 926 <b>0.003</b>
+	120 (18)	243 (36)	237 (35)	71 (11)	
<b>PR</b>					
-	73 (19)	163 (42)	118 (30)	35 (9)	n = 925 0.43
+	97 (18)	200 (37)	186 (35)	53 (10)	
<b>ERBB2</b>					
-	136 (19)	275 (38)	248 (34)	61 (9)	n = 926 0.052**
+	34 (18)	89 (43)	56 (27)	27 (13)	

\* There are too few patients in the "other" category to perform a chi square test. However, there is a difference between ductal and lobular histology; ErbB4 negativity is associated with lobular histology ( $P = 0.004$ )

\*\* The nearly significant *P*-value is probably due to coincidence, since there is no clear trend in the percentages