STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation	Reference in Manuscript
Title and abstract	1	(a) Indicate the study's design with a commonly used term in	An integrated genomic
		the title or the abstract	analysis
		(b) Provide in the abstract an informative and balanced	Structured abstract
		summary of what was done and what was found	Authorsummary
Introduction		-	
Background/rationale	2	Explain the scientific background and rationale for the	Introduction,
Zuvingro unu ruvionius		investigation being reported	paragraphs 1-3
Objectives	3	State specific objectives, including any prespecified	Introduction,
		hypotheses	paragraph 4
Methods		71	1 8 1
Study design	4	Present key elements of study design early in the paper	Introduction/paragraph
		The state of the s	4, Methods/sample
			collection and datasets
Setting	5	Describe the setting, locations, and relevant dates, including	Methods, MDACC
Setting	3	periods of recruitment, exposure, follow-up, and data	cohort
		collection	Conort
Participants	6	(a) Give the eligibility criteria, and the sources and methods of	Described in previous
		selection of participants. Describe methods of follow-up	study where the
		1 1	samples were
			collected; reference
			provided on p 8
		(b) For matched studies, give matching criteria and number of	Criteria for selecting
		exposed and unexposed	TNBC cases from
		exposed and unexposed	other cohorts provided
			(Fig. 1, p. 8-9)
Variables	7	Clearly define all outcomes, exposures, predictors, potential	Outcomes clearly
variables	,	confounders, and effect modifiers. Give diagnostic criteria, if	defined: pCR for
		applicable	neoadjuvant, Overall
		аррисанс	Survival for adjuvant
Data sources/	8*	For each variable of interest, give sources of data and details	Details for sequencing
measurement		of methods of assessment (measurement). Describe	and analysis provided
		comparability of assessment methods if there is more than one	in methods
		group	
Bias	9	Describe any efforts to address potential sources of bias	Validation in
		,	independent cohorts
			(TCGA and
			METABRIC)
Study size	10	Explain how the study size was arrived at	Explained on p.8
Stady SEN	•	•	under MDACC cohort
Quantitative	11	Explain how quantitative variables were handled in the	Explained throughout
variables		analyses. If applicable, describe which groupings were chosen	(clonal mutation
		and why	burden, BRCA-
		•	deficient status)
Statistical methods	12	(a) Describe all statistical methods, including those used to	Described in methods
	-	control for confounding	
		(b) Describe any methods used to examine subgroups and	Described methods for
		4	

	interactions	assessing association
		between BRCA-D
		status and OS
	(c) Explain how missing data were addressed	Only cases with
		complete data for the
		given analysis were
		used
	(d) If applicable, explain how loss to follow-up was addressed	Standard censoring in survival analysis
	(e) Describe any sensitivity analyses	None done
	<u>— — — — — — — — — — — — — — — — — — — </u>	
13*	(a) Report numbers of individuals at each stage of study—eg	P. 8 and Fig. 1
		- 1 08
		P. 8 and Fig. 1
	(c) Consider use of a now diagram	Fig 1 for TCGA
4.44		cohgort
14*		S1 Table
		S3 Table
	(c) Summarise follow-up time (eg, average and total amount)	For TCGA and
		METABRIC
		summarized in
		original publications
15*	Report numbers of outcome events or summary measures over time	Figs 3, 4
16	(a) Give unadjusted estimates and, if applicable, confounder-	Unadjusted and
	adjusted estimates and their precision (eg, 95% confidence	adjusted p-values for
		pathway analysis in S2
	•	Table
		P 19 for BRCA-D
		signature
	_	
17		Reported in results
17		(BRCA-D analysis)
	meractions, and sensitivity analyses	(Biter D analysis)
18	Summarise key results with reference to study objectives	Throughout discussion
		End of discussion
19		Latu of discussion
20		Th
20		Throughout discussion
21	Discuss the generalisability (external validity) of the study	Need for additional
	14*	(c) Explain how missing data were addressed (d) If applicable, explain how loss to follow-up was addressed (e) Describe any sensitivity analyses (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Summarise follow-up time (eg, average and total amount) 15* Report numbers of outcome events or summary measures over time 16 (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period 17 Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses 18 Summarise key results with reference to study objectives 19 Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias 20 Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence

		resuits	validation discussed
Other information			
Funding	22	Give the source of funding and the role of the funders for the	Provided in
		present study and, if applicable, for the original study on	Acknowledgments
		which the present article is based	

^{*}Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.