

## Appendix E1

### Imputation Procedure

96 of the 222 biopsied calcifications used for the final analysis had a first recorded size of 0 because the corresponding mammogram did not show any calcifications. For these calcifications, the start of growth may have occurred at any time between the first recorded mammogram (at time  $t_1$  with lesion size  $l_1 = 0$ ) and the second mammogram (at time  $t_2$  with lesion size  $l_2 > 0$ ).

To account for this possibility, we used a multiple imputation procedure to predict the time of initiation for these 96 calcifications. More precisely, to enable the subsequent use of log-transformed response models, we imputed the time  $\hat{t}_1 \in (t_1, t_2)$  when the lesion would have reached size  $0.5\text{mm}$ . We proceeded as follows.

**Step 1.** We redefined values of  $l_1 = 0$  as missing and used the PROC MI routine to impute missing values based on race, age at diagnosis, biopsy finding, time from mammogram to diagnosis for mammograms 1–3, and lesion size for mammograms 1–3. This resulted in a completed data set with imputed  $\hat{l}_1$  at time  $t_1$ . 100 imputed data sets were created.

**Step 2.** Next, in each of the 96 calcifications with imputed first mammogram size, we replaced the imputed lesions size  $\hat{l}_1$  by  $\min(\hat{l}_1, 0)$  because (i) for  $\hat{l}_1 \geq 0$  we thus remained consistent with the recorded value of 0 mm, and (ii) for  $\hat{l}_1 < 0$  we allowed for the time of initiation of the calcifications to occur after the time of the first mammogram  $t_1$ .

**Step 3.** For each case of biopsied calcification with imputed mammogram size of  $\min(\hat{l}_1, 0)$  at time  $t_1$ , we then used a univariable linear regression model (lesion size regressed on time) to estimate the time  $\hat{t}_1 \in (t_1, t_2)$  when the calcifications reached the size of 0.5 mm. This was done separately for each case of biopsied calcifications and imputation.

**Step 4.** For each imputed case of biopsied calcifications, we replaced the first mammogram time and size  $(t_1, \hat{l}_1)$  with  $(\hat{t}_1, 0.5\text{mm})$ . Of note, each imputed data set consisted thus of the original data for the 126 cases with positive first mammogram size and imputed first mammogram time and size  $(\hat{t}_1, 0.5\text{mm})$  for the 96 calcifications with recorded first mammogram size of 0 mm.

All 100 imputed data sets were used in subsequent linear mixed effects modeling. Analyses were stratified by imputation number and estimates were combined using PROC MIANALYZE.

## Appendix E2

### Model Selection

Model selection was performed between the three proposed linear mixed effects models with untransformed, square root-transformed, and log-transformed response variables (long-axis length), respectively. Based on the Akaike Information Criterion (AIC), and as shown in the table below, the log-transformed model yields the best fit (lowest AIC). Of note, the results of the log-transformed model are also presented in Table 2.

Effect	Linear Mixed Effects Model		Linear Mixed Effects Model with Square Root Transformation		Linear Mixed Effects Model with Log Transformation	
	Parameter Estimate (95% CI)	P Value	Parameter Estimate (95% CI)	P Value	Percent Change (95% CI)*	P Value
Intercept	6.07 (0.37, 11.76)	.04	2.25 (1.32, 3.19)	<.001	336.6 (121.1, 762.4)	<.001
Diagnosis						
DCIS	7.44 (3.42, 11.47)	<.001	0.89 (0.43, 1.35)	<.001	69.1 (29.5, 120.8)	<.001
Benign	REF		REF			
Time to diagnosis (y)	1.60 (1.29, 1.91)	<.001	0.42 (0.36, 0.48)	<.001	67.7 (56.2, 80.1)	<.001
Age at diagnosis (y)	0.09 (0.00, 0.18)	.05	0.01 (0.00, 0.03)	.04	1.2 (0.1, 2.2)	.03
Breast density						
Fatty	-3.91 (-9.32, 1.49)	.16	-0.41 (-1.33, 0.50)	.37	-25.2 (-62.2, 47.7)	.40
Scattered fibroglandular	-2.37 (-6.30, 1.57)	.24	-0.42 (-1.06, 0.23)	.21	-25.0 (-53.6, 21.0)	.24
Heterogeneously dense	-2.91 (-6.76, 0.93)	.14	-0.44 (-1.07, 0.19)	.17	-23.7 (-52.1, 21.3)	.25
Extremely dense	REF		REF		REF	
Race						
Black	-0.64 (-2.56, 1.28)	.52	0.10 (-0.22, 0.42)	.52	9.1 (-13.7, 38.0)	.47
White	REF		REF		REF	
Time * diagnosis						
DCIS	3.05 (1.49, 4.61)	<.001	0.32 (0.15, 0.50)	<.001	17.0 (0.5, 36.1)	.04
Benign	REF		REF		REF	
No. of converging imputations	100		100		100	
AIC	4692.23 (4685.67, 4718.10)		1895.43 (1883.98, 1920.99)		1850.46 (1832.65, 1877.16)	
<b>Variance-Covariance of Random Effects, Median (Range)**</b>						
DCIS						
Intercept-intercept	268.45 (262.90, 272.85)		3.09 (3.02, 3.18)		0.76 (0.70, 0.84)	
Intercept-time	6.42 (6.23, 6.53)		0.05 (0.05, 0.06)		0.006 (0.004, 0.007)	
Time-time	0.27 (0.26, 0.27)		0.003 (0.002, 0.003)		0.001 (0.001, 0.002)	
Benign						
Intercept-intercept	62.51 (61.53, 63.25)		1.20 (1.18, 1.22)		0.50 (0.47, 0.53)	
Intercept-time	0.64 (0.61, 0.65)		0.007 (0.007, 0.008)		-0.003 (-0.003, -0.002)	
Time-time	0.008 (0.007, 0.009)		0.0004 (0.0003, 0.0004)		0.0006 (0.0006, 0.0007)	
Residual/scale	9.64 (9.48, 10.38)		0.21 (0.20, 0.23)		0.28 (0.27, 0.30)	

\* For each model coefficient  $\hat{\beta}$  estimated on the log-transformed scale, percent change on the natural scale was calculated as  $100*(e^{\hat{\beta}} - 1)$ .

\*\* AIC and variance-covariance estimates are reported as median (range) of all converging imputation models. REF refers to the reference standard for calculations.

## Appendix E3

### Goodness of Fit

A modified *R*-squared was computed for each model fit as 1-(Sum of Squared Residuals of Full Model/Sum of Squared Residuals of Intercept-Only Model). For the full model, residuals were estimated from the fitted model for each patient using the best linear unbiased predictors (BLUPs). The following table summarizes the modified *R*-squared values for the different models.

Model	Modified <i>R</i> -squared
Imputed data–median (range)	
Linear mixed effects model	0.79 (0.77, 0.79)
LMM with square root transformation	0.82 (0.80, 0.83)
LMM with log transformation	0.78 (0.76, 0.80)
Original data	
Linear mixed effects model	0.75
LMM with square root transformation	0.80

The following figure illustrates the model fit by comparing the raw data means (symbols) against the means of the model predictions (lines; based on the BLUPs). For each data point and corresponding model prediction, the time was rounded to the nearest full year, and for each year, the respective data and model means are shown.

## Appendix E4

### Sensitivity Analysis

Results of the mixed effects models with unstructured covariance and time to diagnosis \* diagnosis interaction without imputation. Only the untransformed and square root transformations are evaluated; the analysis is not applicable to the log-transformed model due to the presence of 0-valued entries. The results are similar to those with imputation shown in Table 2.

Effect	Linear Mixed Effects Model		LMM with Square Root Transformation	
	Parameter Estimate (95% CI)	<i>P</i> Value	Parameter Estimate (95% CI)	<i>P</i> Value
Intercept	5.65 (–0.04, 11.35)	.05	2.27 (1.31, 3.23)	<.001
Diagnosis				
DCIS	7.03 (2.96, 11.09)	.001	0.82 (0.37, 1.28)	.001
Benign	REF		REF	
Time to diagnosis (y)	1.57 (1.27, 1.87)	<.001	0.52 (0.45, 0.58)	<.001
Age at diagnosis (y)	0.10 (0.006, 0.18)	.04	0.02 (0.001, 0.03)	.04
Breast Density				
Fatty	–3.74 (–9.23, 1.74)	.18	–0.46 (–1.41, 0.49)	.34
Scattered fibroglandular	–2.83 (–6.81, 1.15)	.16	–0.42 (–1.09, 0.25)	.21
Heterogeneously dense	–2.91 (–6.80, 0.99)	.14	–0.45 (–1.09, 0.20)	.18
Extremely dense	REF		REF	
Race				
Black	–0.11 (–2.07, 1.85)	.91	0.11 (–0.22, 0.44)	.51
White	REF		REF	

Time to diagnosis * diagnosis				
DCIS	2.86 (1.28, 4.44)	<.001	0.28 (0.10, 0.47)	.003
Benign	REF		REF	
AIC	4741.96		2132.21	
<b>Variance-Covariance of Random Effects</b>				
DCIS				
Intercept-intercept	268.27		2.98	
Intercept-time	6.63		0.05	
Time-time	0.28		0.003	
Benign				
Intercept-intercept	63.22		1.10	
Intercept-time	0.60		0.003	
Time-time	0.006		0.0005	
Residual/scale	11.92		0.35	

## Appendix E5

### Model of Non-high-grade DCIS versus High-grade DCIS

**Mixed effects models with unstructured covariance and time\*diagnosis interactions with imputed data (100 imputed data sets). Diagnosis included as High-grade DCIS, Non-high-grade DCIS, and Benign.**

Effect	LMM with Log Transformation	
	Percent Change (95% CI)*	P Value
Intercept	340.6% (122.1%, 774.1%)	<.001
Diagnosis		
High-grade DCIS	95.0% (31.2%, 189.8%)	.001
Non-high-grade DCIS	55.4% (11.7%, 116.2%)	.009
Benign	REF	
Time to diagnosis (y)	67.9% (56.4%, 80.3%)	<.001
Age at diagnosis (y)	1.2% (0.1%, 2.2%)	.03
Breast density		
Fatty	-24.5% (-61.5%, 47.9%)	.41
Scattered fibroglandular	-24.9% (-53.5%, 21.2%)	.24
Heterogeneously dense	-23.4% (-51.8%, 21.6%)	.26
Extremely dense	REF	
Race		
Black	9.3% (-14.3%, 39.4%)	.47
White	REF	
Time * diagnosis		
High-grade DCIS	50.8% (12.5%, 102.0%)	.006
Non-high-grade DCIS	1.48% (-12.6%, 17.9%)	.85
Benign	REF	
No. of converging imputations	100	
AIC	1846.18 (1827.74, 1874.04)	
Variance-covariance of random effects		
High-grade DCIS		
Intercept-intercept	0.63 (0.48, 0.71)	
Intercept-time	0.02 (0.01, 0.02)	

Time-time	0.002 (0.002, 0.003)
Non-high-grade DCIS	
Intercept-intercept	0.88 (0.83, 0.99)
Intercept-time	-0.0002 (-0.0009, 0.001)
Time-time	0.0007 (0.0007, 0.0008)
Benign	
Intercept-intercept	0.51 (0.48, 0.56)
Intercept-time	-0.002 (-0.003, -0.002)
Time-time	0.0006 (0.0006, 0.0007)
Residual/scale	0.28 (0.26, 0.30)

\* For each model coefficient  $\hat{\beta}$  estimated on the log-transformed scale, percent change on the natural scale was calculated as  $100*(e^{\hat{\beta}} - 1)$ .

Growth rates estimated from model outlined above.

Diagnosis	Annual Growth Rate
High-grade DCIS	153.1% (90.5%, 236.2%)
Non-high-grade DCIS	70.4% (49.3%, 94.5%)
Benign	67.9% (56.4%, 80.3%)

## Appendix E6

### Model of ER-positive versus ER-negative DCIS

Mixed effects models with unstructured covariance and time\*diagnosis interactions with imputed data (100 imputed data sets). Diagnosis included as ER-positive DCIS, ER-negative DCIS, and Benign.

Effect	LMM with Log Transformation	
	Percent Change (95% CI)*	P Value
Intercept	343.1% (121.7%, 785.3%)	<.001
Diagnosis		
ER-positive DCIS	58.9% (19.2%, 111.9%)	.002
ER-negative DCIS	136.5% (31.7%, 324.7%)	.004
Benign	REF	
Time to diagnosis (y)	67.8% (56.2%, 80.1%)	<.001
Age at diagnosis (y)	1.1% (0.08%, 2.2%)	.04
Breast density		
Fatty	-24.8% (-62.3%, 50.0%)	.42
Scattered fibroglandular	-23.2% (-52.6%, 24.4%)	.28
Heterogeneously dense	-23.3% (-52.0%, 22.6%)	.27
Extremely dense	REF	
Race		
Black	9.3% (-14.3%, 39.3%)	.47
White	REF	
Time * diagnosis		
ER-positive DCIS	9.9% (-5.2%, 27.3%)	.21
ER-negative DCIS	66.8% (6.7%, 160.8%)	.02
Benign	REF	

No. of converging imputations	100
AIC	1850.64 (1831.92, 1877.42)
Variance-covariance of random effects	
ER-positive DCIS	
Intercept-intercept	0.76 (0.68, 0.86)
Intercept-time	-0.001 (-0.002, 0.001)
Time-time	0.001 (0.0009, 0.001)
ER-negative DCIS	
Intercept-intercept	0.85 (0.55, 0.93)
Intercept-time	0.03 (0.02, 0.03)
Time-time	0.003 (0.003, 0.003)
Benign	
Intercept-intercept	0.52 (0.49, 0.59)
Intercept-time	-0.002 (-0.003, -0.002)
Time-time	0.0006 (0.0006, 0.0007)
Residual/scale	0.28 (0.26, 0.30)

\* For each model coefficient  $\hat{\beta}$  estimated on the log-transformed scale, percent change on the natural scale was calculated as  $100*(e^{\hat{\beta}} - 1)$ .

Growth rates estimated from model outlined above.

Diagnosis	Annual Growth Rate
ER-positive DCIS	84.3% (61.9%, 109.8%)
ER-negative DCIS	179.9% (80.0%, 335.1%)
Benign	67.8% (56.2%, 80.1%)