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Reporting Summary

Nature Research wishes to improve the reproducibility of the work that we publish. This form provides structure for consistency and transparency in reporting. For further information on Nature Research policies, see our <u>Editorial Policies</u> and the <u>Editorial Policy Checklist</u>.

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For	all statistical ar	alyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.				
n/a	Confirmed					
	The exact	ne exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement				
\boxtimes	A stateme	statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly				
	The statis Only comm	The statistical test(s) used AND whether they are one- or two-sided Only common tests should be described solely by name; describe more complex techniques in the Methods section.				
	A descript	A description of all covariates tested				
	A descript	A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons				
		A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals)				
\boxtimes		For null hypothesis testing, the test statistic (e.g. <i>F</i> , <i>t</i> , <i>r</i>) with confidence intervals, effect sizes, degrees of freedom and <i>P</i> value noted Give <i>P</i> values as exact values whenever suitable.				
\boxtimes	For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings					
\boxtimes	For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes					
\boxtimes	Estimates of effect sizes (e.g. Cohen's <i>d</i> , Pearson's <i>r</i>), indicating how they were calculated					
Our web collection on <u>statistics for biologists</u> contains articles on many of the points above.						
Software and code						
Poli	cy information	about <u>availability of computer code</u>				
D	ata collection Qupath for H&E annotation					
D	ata analysis	R (Version 3.5.1) for statistical and outcome analysis				
	,	g custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors and encourage code deposition in a community repository (e.g. GitHub). See the Nature Research guidelines for submitting code & software for further information.				

Data

Policy information about <u>availability of data</u>

All manuscripts must include a <u>data availability statement</u>. This statement should provide the following information, where applicable:

- Accession codes, unique identifiers, or web links for publicly available datasets
- A list of figures that have associated raw data $% \left(1\right) =\left(1\right) \left(1\right) \left($
- A description of any restrictions on data availability

De-identified data, including clinical covariates are available in supplementary files. Code available upon request.

Field-specific reporting					
Please select the on	ne below th	at is the best fit for your research. If you are not sure, read the appropriate sections before making your selection.			
\times Life sciences		Behavioural & social sciences Ecological, evolutionary & environmental sciences			
For a reference copy of th	he document v	with all sections, see nature.com/documents/nr-reporting-summary-flat.pdf			
Life scien	ices s	tudy design			
All studies must disc	close on the	ese points even when the disclosure is negative.			
Sample size	_	161 HR-negative patients were available with clinical data matching the criteria of this study. Patients were decided based on HER2 status positive n=62 and negative n=99) and the number of germinal centers in their cancer-free lymph nodes (≤2 GCs n = 40 and >2 GCs n = 120)			
Data exclusions	One patient	One patient was excluded. This was due to the staining of their sections being too dark for analysis.			
Replication	N/A				
Randomization	N/A				
Blinding	N/A				
2	,				
Reporting	g for	specific materials, systems and methods			
		ors about some types of materials, experimental systems and methods used in many studies. Here, indicate whether each material, t to your study. If you are not sure if a list item applies to your research, read the appropriate section before selecting a response.			
Materials & exp	perimenta	al systems Methods			
n/a Involved in the		n/a Involved in the study			
Antibodies		ChIP-seq			
Eukaryotic o	cell lines	Flow cytometry			
Palaeontolo	ogy and arch	aeology MRI-based neuroimaging			
	d other organ				
	earch particip	pants			
Clinical data		ncorn			
Dual use research of concern					
Human resea	arch pa	rticipants			
Policy information a	about <u>studi</u> e	es involving human research participants			
Population characteristics		161 female breast no special type carcinoma patients, treated between 2005 - 2010 at Medical University Cancer Hospital, China. Patients were HR-negative, had positive lymph nodes and had histological grade 3. Median age was 52 with a range of 23 - 75. Treatment protocols were the same for all patients.			
Recruitment		Retrospective study using sections stored in hospital's biobank			
Ethics oversight		Medical Ethics Committee of Tianjin Medical University Cancer Institute and Hospital, Ek2020021			
Note that full informat	tion on the a	pproval of the study protocol must also be provided in the manuscript.			
Clinical data					
Policy information about <u>clinical studies</u> All manuscripts should comply with the ICMJE <u>guidelines for publication of clinical research</u> and a completed <u>CONSORT checklist</u> must be included with all submissions					
Clinical trial regist	egistration N/A				
Study protocol	udy protocol N/A				
Data collection	ata collection Patient selection and data analyses are reported according to Reporting Recommendations for Tumor Marker Prognostic St				

(REMARK) criteria.

The primary endpoint was distant Disease Free Survival, defined as the date of first distant recurrence or death from any cause. Invasive Disease Free Survival was defined as the date of first invasive recurrence, or second primary, or death from any cause