nature portfolio

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Reporting Summary

Nature Portfolio 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 Portfolio policies, see our Editorial Policies and the Editorial Policy Checklist.

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For	all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.
n/a	Confirmed
	$oxed{\boxtimes}$ The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement
	🔀 A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly
	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 description of all covariates tested
	🔀 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)
	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 <i>Give P values as exact values whenever suitable.</i>
\boxtimes	For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings
	For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes
	$oxed{\boxtimes}$ Estimates of effect sizes (e.g. Cohen's d , Pearson's r), 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

Policy information about <u>availability of computer code</u>

Data collection

Provide a description of all commercial, open source and custom code used to collect the data in this study, specifying the version used OR state that no software was used.

Data analysis

All the custom code used to process and analyze the sequencing data is available at the following GitHub link: https://github.com/ljwharbers/sbg2004-cutsea

For manuscripts utilizing 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 reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Portfolio guidelines for submitting code & software for further information.

Data

Policy information about availability of data

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

- Accession codes, unique identifiers, or web links for publicly available datasets
- A description of any restrictions on data availability
- For clinical datasets or third party data, please ensure that the statement adheres to our policy

The data that support the findings of this study are available from the corresponding authors (J.B., N.C., T.F.) upon reasonable request

Field-spe	cific reporting			
Please select the or	ne below that is the best fit for your research. If you are not sure, read the appropriate sections before making your selection.			
Life sciences	Behavioural & social sciences Ecological, evolutionary & environmental sciences			
For a reference copy of t	he document with all sections, see <u>nature.com/documents/nr-reporting-summary-flat.pdf</u>			
Life scier	nces study design			
All studies must dis	close on these points even when the disclosure is negative.			
Sample size	Analyses are from material from a randomized phase II trial/feasibility study for a phase 3 study (NCT00798070). All patients with available tumor samples were included in these analyses and no specific sample size calculation was performed.			
Data exclusions	Only patients with no available tissue for analysis were excluded from this study			
Replication	be the measures taken to verify the reproducibility of the experimental findings. If all attempts at replication were successful, confirm this here are any findings that were not replicated or cannot be reproduced, note this and describe why.			
Randomization	Randomization to the three treatment arms was performed at a 1:1:1 ratio centrally at Karolinska University Hospital			
Blinding	Researchers, including pathologist, CUTseq and multiplex immunohistochemistry, were blinded to the clinical data.			
We require informatic system or method list Materials & exp n/a Involved in th	ChIP-seq cell lines programmer of the company of			
Antibodies				
Antibodies used	All antibodies used are listed in detail in supplementary table 5			
Validation	Describe the validation of each primary antibody for the species and application, noting any validation statements on the manufacturer's website, relevant citations, antibody profiles in online databases, or data provided in the manuscript.			
Human rese	arch participants			
Policy information	about studies involving human research participants			

Population characteristics Women with operated breast cancer

Recruitment

Prospective randomized trial, patients enrolled from ten participating centers in Sweden

Ethics committee at Karolinska Institutet, Stockholm, Sweden Ethics oversight

Note that full information on the approval of the study protocol must also be provided in the manuscript.

Clinical data

Outcomes

Policy information about <u>clinical studies</u>

 $All\ manuscripts\ should\ comply\ with\ the\ ICMJE\ \underline{guidelines\ for\ publication\ of\ clinical\ research}\ and\ a\ completed\ \underline{CONSORT\ checklist}\ must\ be\ included\ with\ all\ submissions.$

Clinical trial registration	Feasibility part for study: NCT00798070	
Study protocol	Uploaded and available	
Data collection	Surgical specimens from patients enrolled to SBG 2004-1 (5/2004-12/2006) in ten centers in Sweden	

No clinical outcomes were used for the scope of this study