nature research

Corresponding author(s):	Shugeng Gao
Last updated by author(s):	Sep 27, 2021

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 Editorial Policies and the Editorial Policy Checklist.

~					
5	۲a	t	ict	ш	\sim

an statistical analyses, commit that the following items are present in the figure regend, table regend, main text, or interious section.
Confirmed
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>
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
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

Policy information about availability of computer code

Data collection

No software are used for data collection.

Data analysis

Trimmomatic was used for FASTQ file quality control. Qualified reads were then mapped to reference human genome (hg19) using Burrows-Wheeler Aligner. PCR duplicates were removed by Picard (Broad Institute, MA, USA) after local realignment around known indels and base quality recalibration using Genome Analysis Toolkit (GATK 3.4.0). Single-nucleotide variations and insertion/deletion were detected using VarScan2. Genomic fusions were identified by FACTERA. All statistical analyses were performed using R version 4.0.2. R package 'survival' (version 3.2-10) was used for survival analysis. R package 'JMbayes' (version 0.8-85) was used for construction and evaluation of joint models and cox models. Reference scripts to reproduce the results of this study is available at https://github.com/cancer-oncogenomics/ctDNA-dynamic-prediction-lung-cancer.

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 Research guidelines for submitting code & software for further information.

Data

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

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
- A description of any restrictions on data availability

All raw targeted DNA-sequencing data have been deposited in the National Genomics Data Center (NGDC) under the accession code HRA001346 (https://bigd.big.ac.cn/gsa-human/browse/HRA001346). The deposited and publicly available data are compliant with the regulations of the Ministry of Science and

Technology of the People's Republic of China. The raw sequencing data contain information unique to individuals and are available under controlled access. Access to the data can be requested by completing the application form via GSA-Human System and is granted by the corresponding Data Access Committee. Additional guidance can be found at the GSA-Human System website [https://ngdc.cncb.ac.cn/gsa-human/document/GSA-Human_Request_Guide_for_Users_us.pdf]. Data used for survival analysis and joint model construction and evaluation are publicly available at https://github.com/cancer-oncogenomics/ctDNA-dynamic-prediction-lung-cancer. All specific mutation genomic locations and allele frequencies are available in Supplementary Data 2. Source data are provided with this paper.

Field-spe	ecific re	porting			
x Life sciences	В	the best fit for your research. If you are not sure, read the appropriate sections before making your selection. ehavioural & social sciences			
Life scier	nces stu	ıdy design			
All studies must dis	sclose on these	points even when the disclosure is negative.			
Sample size	methods, but w	dy included 397 plasma samples from 103 patients with resectable NSCLC. Sample size was not predetermined based on statistical s, but was chosen on the basis of prior studies that showed significant effects with similar sample sizes (Abbosh, Christopher, et al. 645.7655 (2017): 446-451; Chaudhuri, Aadel A., et al. Cancer discovery 7.12 (2017): 1394-1403.).			
Data exclusions	13 patients who	o lost to follow up, withdrew consent, and with SCLC or with non-cancer causes of death were excluded.			
Replication	This study is a c	a cohort study and therefore is not applicable for experimental replication.			
Randomization	There is no rand groups.	e is no randomization as part of this study. Patients were enrolled based on their cancer types and were not allocated into experimental ps.			
Blinding	_	Investigators who collected and processed samples were blinded to survival outcomes while conducting the ctDNA measurements. Blinding was not applicable for analyses involving comparison of patient groups based on their clinical outcomes.			
We require informati	on from authors a	Decific materials, systems and methods about some types of materials, experimental systems and methods used in many studies. Here, indicate whether each material, your study. If you are not sure if a list item applies to your research, read the appropriate section before selecting a response.			
Materials & ex	perimental s	ystems Methods			
Animals an Animals an Human res Clinical dat Dual use re	cell lines logy and archaeol nd other organism search participant ta esearch of concer	s s			
Human rese	arch parti	cipants			
Policy information	about <u>studies ir</u>	nvolving human research participants			
Population charact	eristics	Median age: 64 yeas (range from 38 to 82). Sex: 35% females. Smoking status: 59% smoking.			
Recruitment		Patients in this study were recruited at the Cancer Hospital of Chinese Academy of Medical Sciences from 2018 to 2020 (ChiCTR1900024656). Patients who were aged at >=18 years old (including both males and females) and with resectable non-small cell lung cancer confirmed by histology and/or cytology were included. Potential self-selection bias or other biases were not identified.			

The study was approved by the Ethics Committee of Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union

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

Medical College. All patients provided oral and written informed consent.

Ethics oversight

Clinical data

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

All manuscripts should comply with the ICMJEguidelines for publication of clinical research and a completed CONSORT checklist must be included with all submissions.

Clinical trial registration

This study was registered at Chinese Clinical Trial Registry (ChiCTR) (ChiCTR1900024656; data of registration 20/07/2019).

Study protocol

Study protocol will be available with publication.

Data collection

Patients were enrolled at Cancer Hospital Chinese Academy of Medical Sciences from 2018 to 2020. Tumor tissues were collected at surgery and pretreatment blood samples were collected before surgery. The first post-surgical blood samples were collected within 30 days after surgery. Patients were then scheduled to be followed every 3 months with computed tomography scan and blood collections until recurrences determined by computed tomography (CT) scan results.

Outcomes

Primary outcome was recurrence measured by the CT imaging diagnostic result. Secondary outcome was ctDNA mutations measured by the NGS analysis.