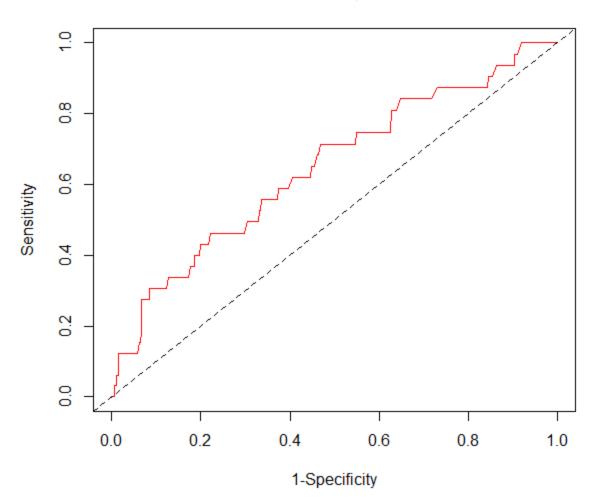


Supplementary Figure 1. Discriminatory accuracy of PREDICT+ in patients with ≥4 positive lymph nodes.

Abbreviations: ROC: receiver-operator characteristic; AUC: area under curve.



ROC at time t=5, AUC=64.8

Supplementary Figure 2. Discriminatory accuracy of PREDICT+ in patients with 1-3 positive lymph nodes.

Abbreviations: ROC: receiver-operator characteristic; AUC: area under curve.

, 8. 0 0.0 Sensitivity 0 4 0.2 0.0 0.0 0.2 0.4 0.6 0.8 1.0 1-Specificity

ROC at time t=5, AUC=77.3

Supplementary Figure 3. Discriminatory accuracy of PREDICT+ in patients with negative lymph nodes. Abbreviations: ROC: receiver-operator characteristic; AUC: area under curve.

Supplementary Table 1. Studies and cohorts involving patients with HER2-positive breast cancer used for the development and validation of PREDICT+.

Study/Cohort	Population characteristics	Aim
Breast Cancer Association Consortium (BCAC), 2011	N= 10,179, none treated with trastuzumab	Estimates for the prognostic effect of HER2 status
British Columbia dataset, Canada cohort (BJC, 2012)	N=1,653 (HER2-positive n=203), none treated with trastuzumab	Validation
FinHER (Joensuu et al, 2009) HERA (Smith et al, 2007) B31/N9831 (Romond et al, 2005; Perez et al, 2010) BCIRG006 (Slamon et al, 2011)	Early HER2-positive breast cancer (details for each study are reported in Table 5)	Evaluation and incorporation of benefit from trastuzumab

Supplementary Table 2. Studies providing estimates of trastuzumab benefit for PREDICT+ and comparison with the present study.

Study	Population	Treatment	Outcome
FinHER	node-	HER2+ cohort:	HER2+ cohort:
(Joensuu	positive or	Arm A: docetaxel(x3)	5-yr OS: 91.3% (CT+trastuzumab) vs
et al, 2009)	high-risk	+/- trastuzumab	82.3% (CT, no trastuzumab)
	node-	\rightarrow FEC(x3)	
	negative	Arm B:	5-yr OS: 94.4% in trastuzumab,
	NL 4040	vinorelbine(x3) +/-	docetaxel, FEC cohort vs 82.0% in
	N=1010	trastuzumab	docetaxel, FEC, no trastuzumab
	(overall) N=232	→FEC(x3)	
	(HER2+)		
HERA	HER2+	Standard	3-yr OS: 92.4% (trastuzumab) vs
(Smith et	node	(neo)adjuvant CT* +/-	89.7% (no trastuzumab)
al, 2007)	positive or	trastuzumab for 1	
ui, 2007)	high-risk	year	
	node	<i>y</i> = 5	
	negative		
	breast		
	cancer		
	N=3401		
B31/N9831	surgically	AC→paclitaxel +/-	4-yr OS: 85.6% in control group and
(Romond	removed	trastuzumab	93.0% in trastuzumab group
et al, 2005;	HER2+BC		
Perez et al,	N=3951		
2010) BCIRG006	HER2+	AC→docetaxel +/-	$E_{\rm VII} O \Omega = \frac{870}{400} (A \Omega = dependence) ve$
(Slamon et	early BC	$AC \rightarrow docelaxer +/-$	5-yr OS: 87% (AC→docetaxel) vs 92% (AC→docetaxel + trastuzumab)
al, 2011)	N=3222	docetaxel and	vs 91% (docetaxel and carboplatin +
ai, 2011)	IN-5222	carboplatin +	trastuzumab)
		trastuzumab	
ALTTO	HER2+	Design 2:	5-yr observed OS: 95.0%
PREDICT+	early BC	Anthracycline→	5-yr predicted OS by PREDICT+:
Study	N=2794	taxane + anti-HER2	88.0%
-		(trastuzumab-based)	
		Design 2B:	
		docetaxel+carboplatin	
		+ anti-HER2	
		(trastuzumab-based)	

*in 68% of pts anthracycline-based, no taxanes, in 26% anthracyclines+taxanes, 6% no anthracyclines

Abbreviations: HER2+: HER2-positive, FEC: 5-fluorouracil, epirubicin and cyclophosphamide, OS: overall survival, CT: chemotherapy, BC: breast cancer, AC: doxorubicin and cyclophosphamide.