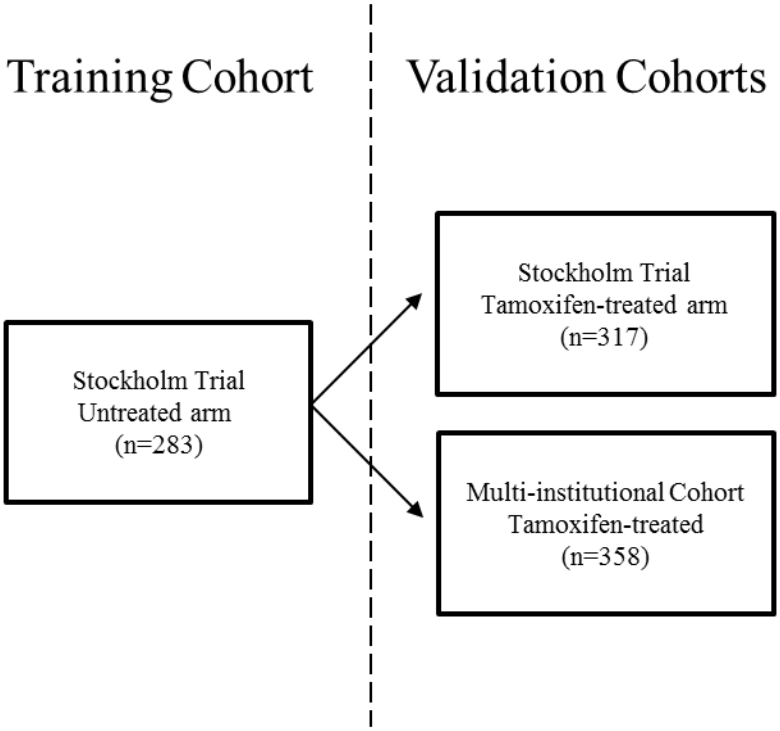
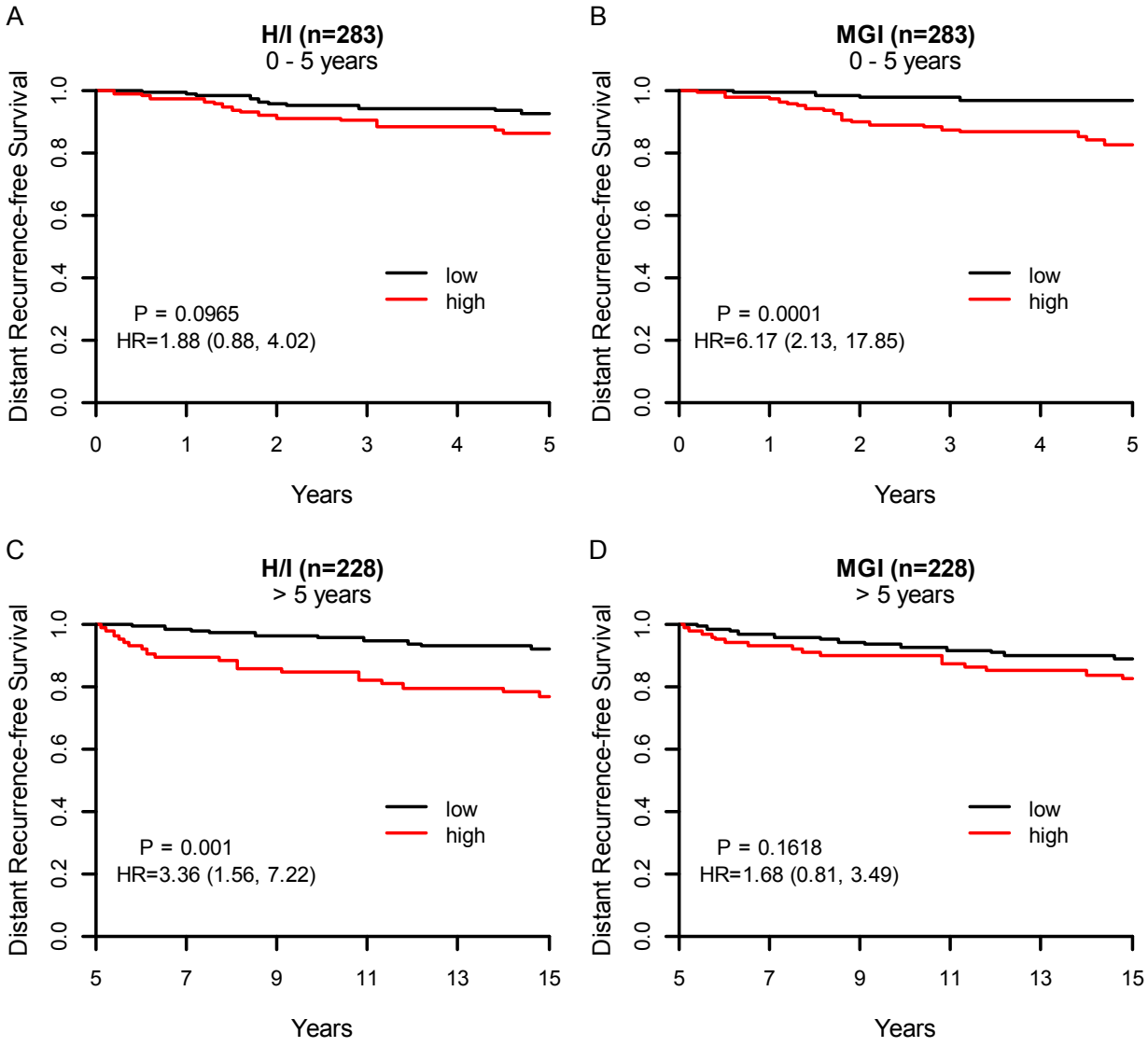
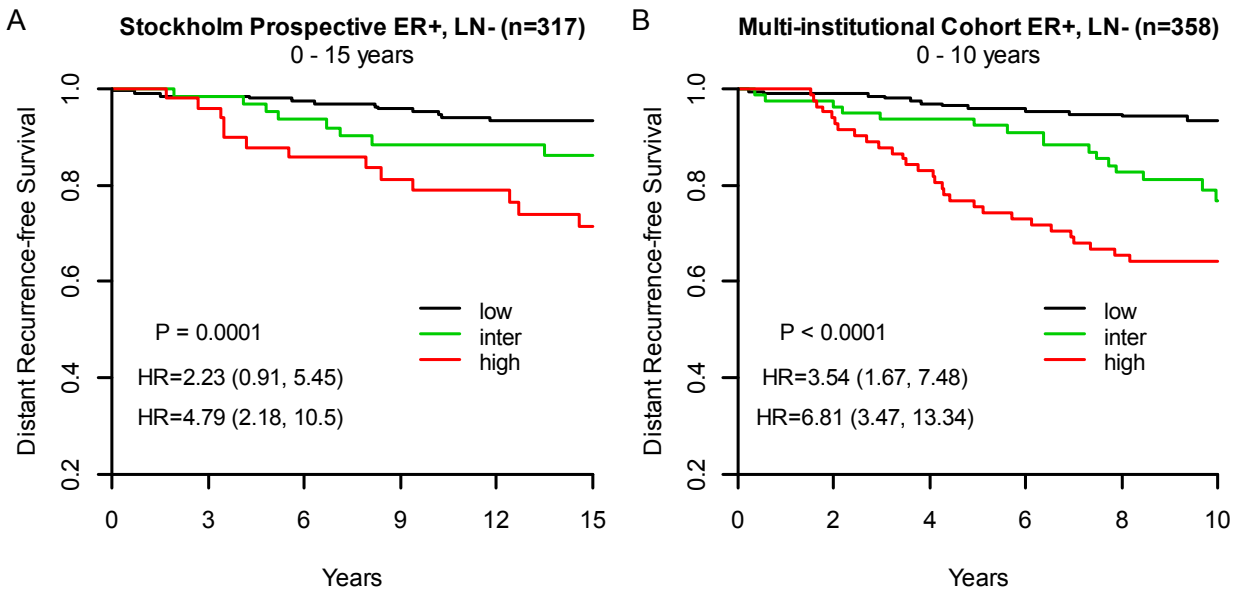
Supplemental Figure 1. Cohorts used for BCI model training and validation



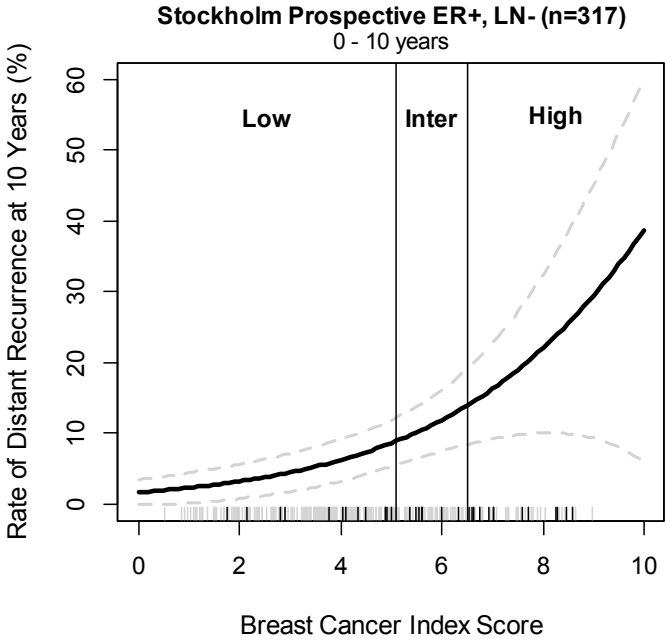
Supplemental Figure 2. Performance of H:I and MGI for early (0-5 years) and late (> 5 years) distant recurrence in Stockholm ER+, LN- untreated patients. A, C: H:I, 0-5 years and > 5 years. B, D: MGI, 0-5 years and > 5 years.



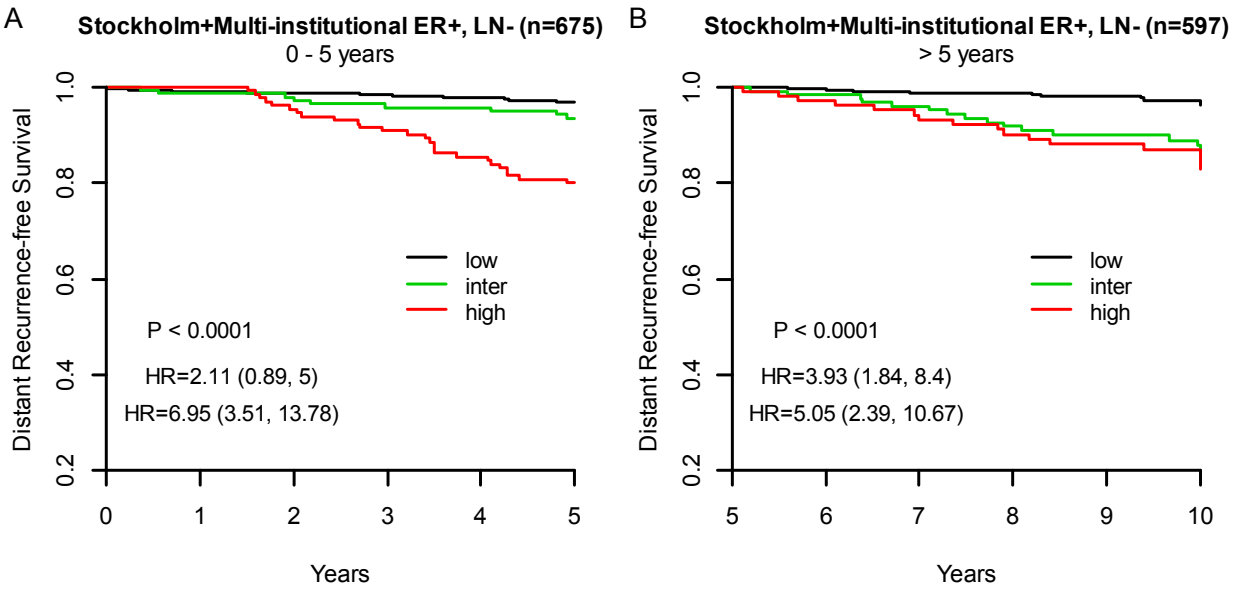
Supplemental Figure 3. BCI risk groups for prediction of overall distant recurrence in Stockholm TAM and Multi-institutional cohorts, ER+, LN- patients. A: Stockholm TAM cohort. B: Multi-institutional cohort. The two hazard ratios (HR) in the plot were for comparing intermediate (top) or high (bottom) vs. low risk groups, respectively.



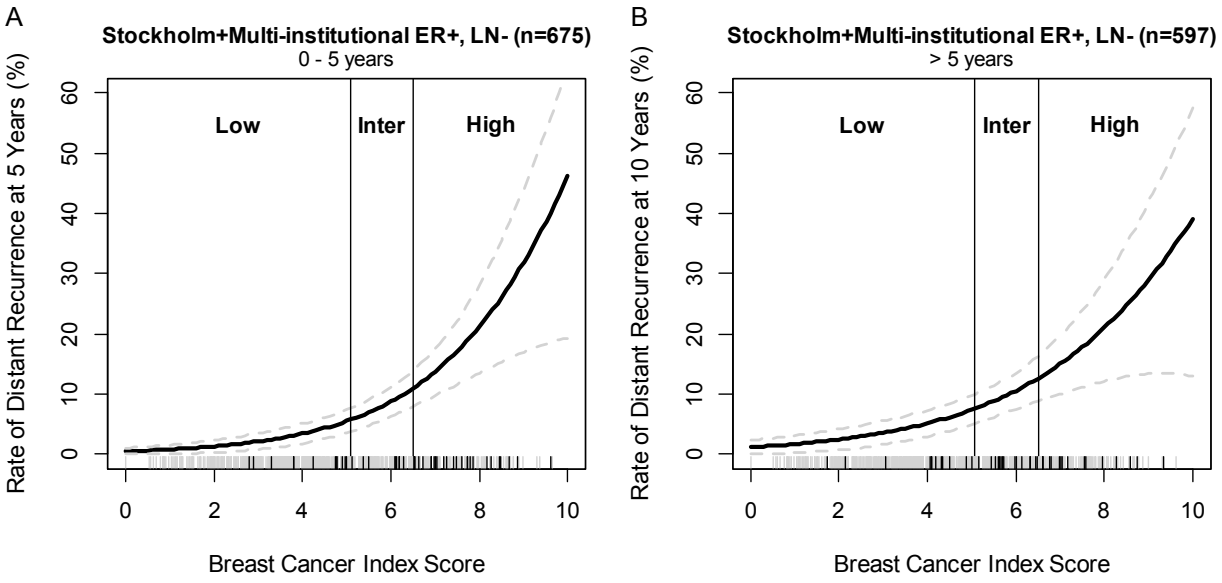
Supplemental Figure 4. Continuous BCI score for overall (0 - 10 years) rate of distant recurrence in Stockholm TAM cohort.



Supplemental Figure 5. BCI risk groups for prediction of early and late distant recurrence in the combined StockholmTAM and Multi-institutional cohort; ER+, LN-, tamoxifen-treated patients. A: early distant recurrence (0 - 5 years). B: late distant recurrence (> 5 years). Hazard ratios (HR) compare intermediate risk (top) and high risk (bottom) vs. low risk groups, respectively.



Supplemental Figure 6. Continuous BCI score for early (0 – 5 years) and late (> 5 years) rate of distant recurrence in the combined Stockholm TAM and Multi-institutional cohort (ER+, LN-, tamoxifen-treated patients). A: rate of early distant recurrence at 5 years. B: rate of late distant recurrence at 10 years. Gray and black rugged bars indicate individual patient BCI scores for non-recurrence and recurrence respectively.



Supplemental Figure 7. Prediction of tamoxifen benefit by H/I. A: no benefit of tamoxifen in H/I-low patients. B: benefit of tamoxifen in H/I-high patients.