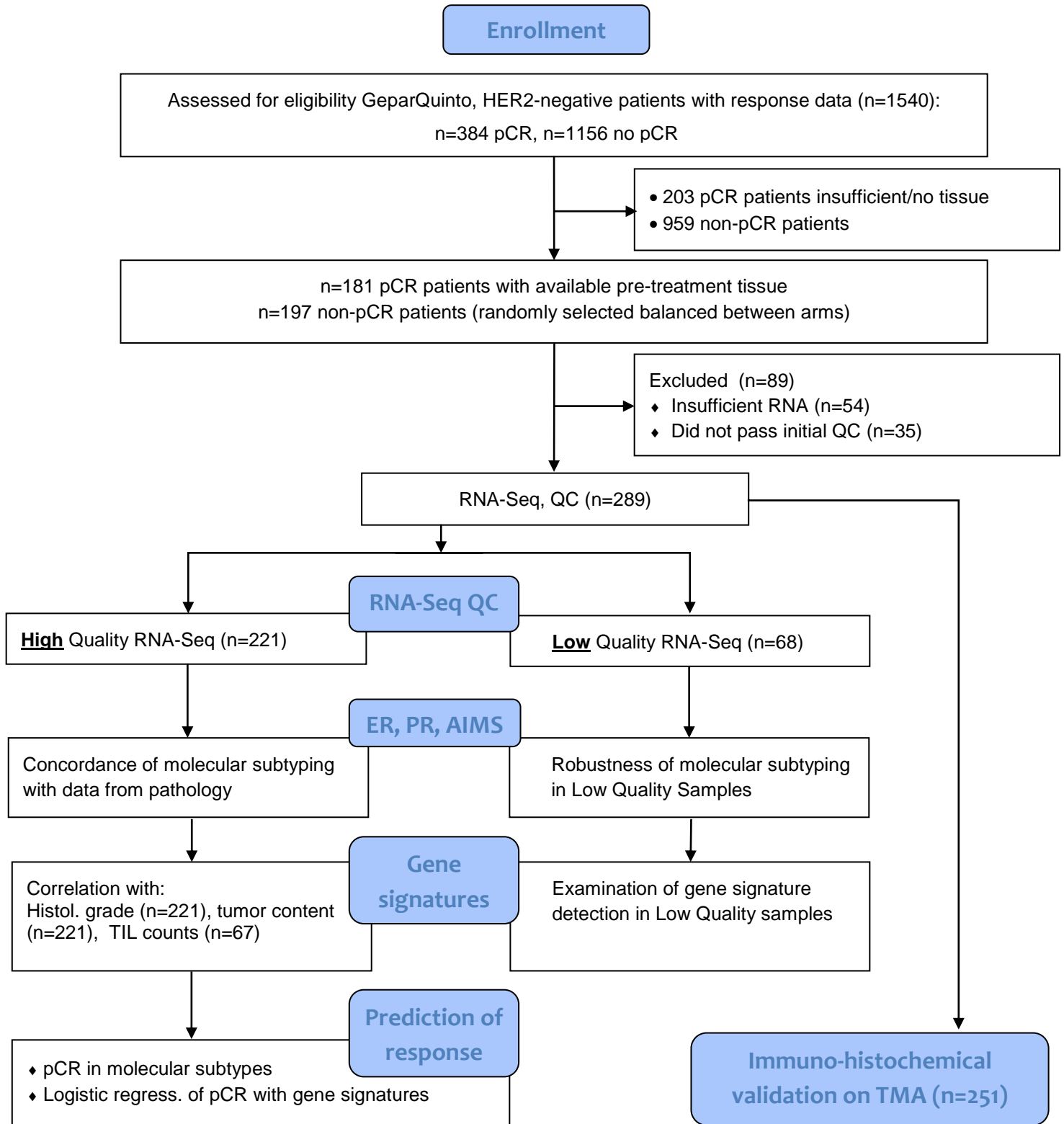




CONSORT

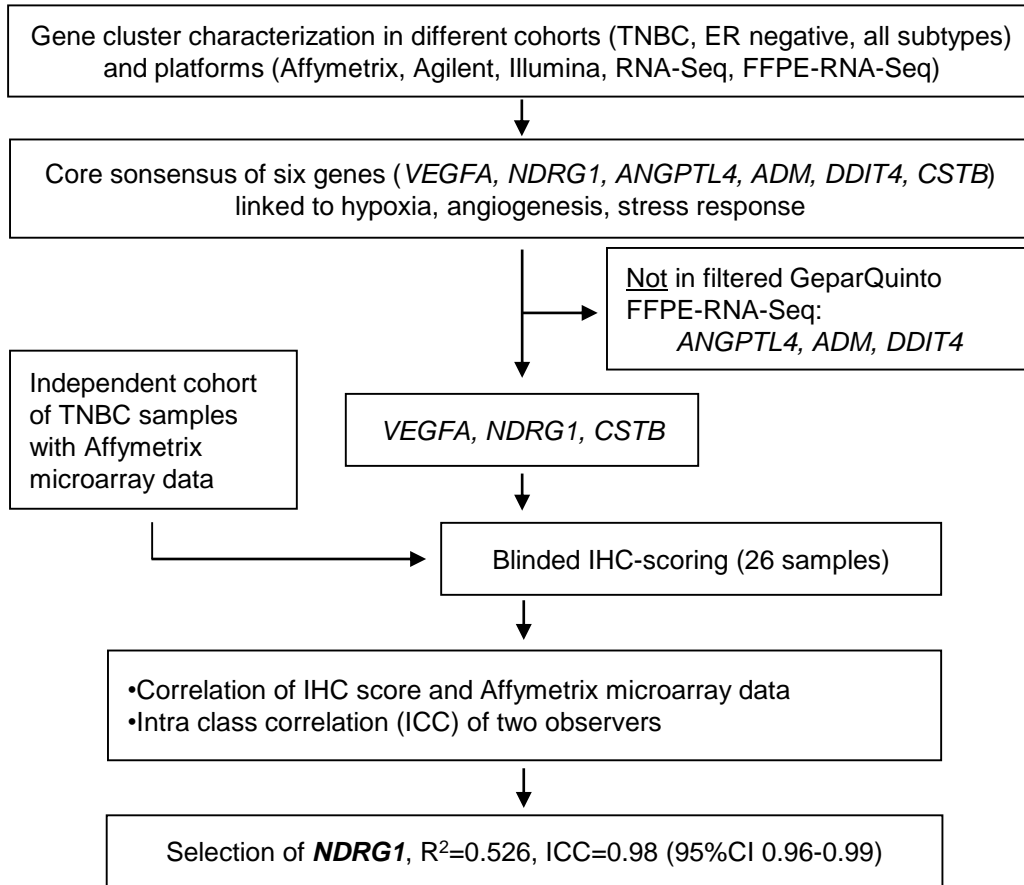
TRANSPARENT REPORTING of TRIALS

CONSORT 2010 Flow Diagram

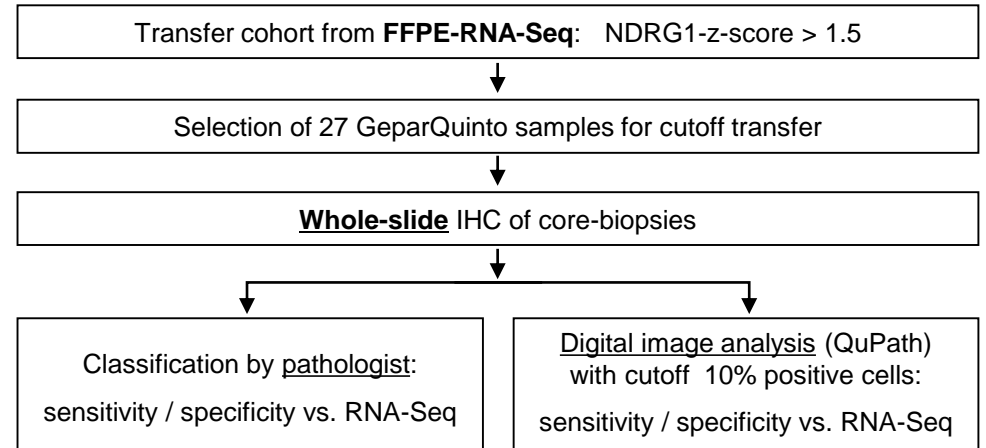


Supplementary Figure S1: Flow of samples through the study

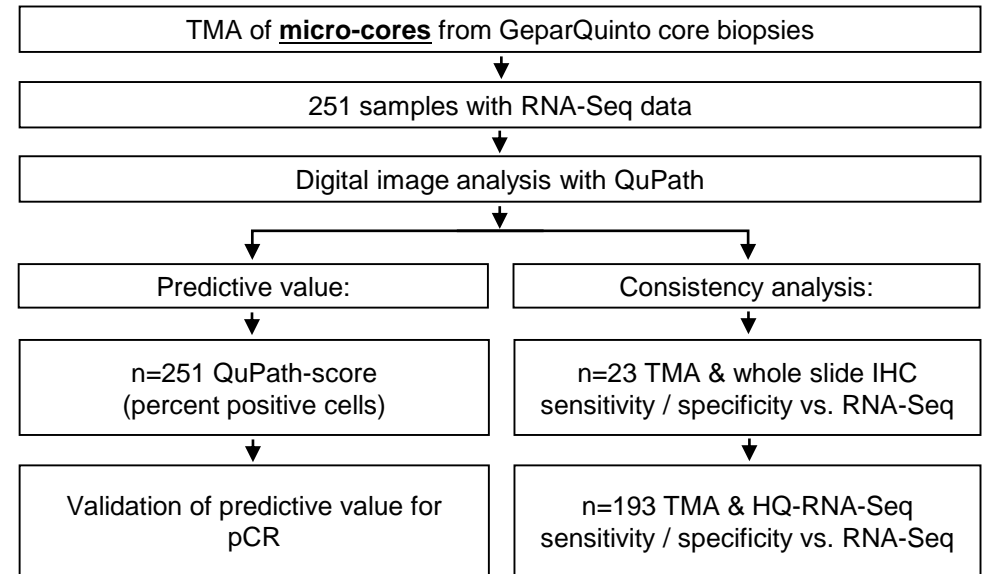
Part A: Marker selection

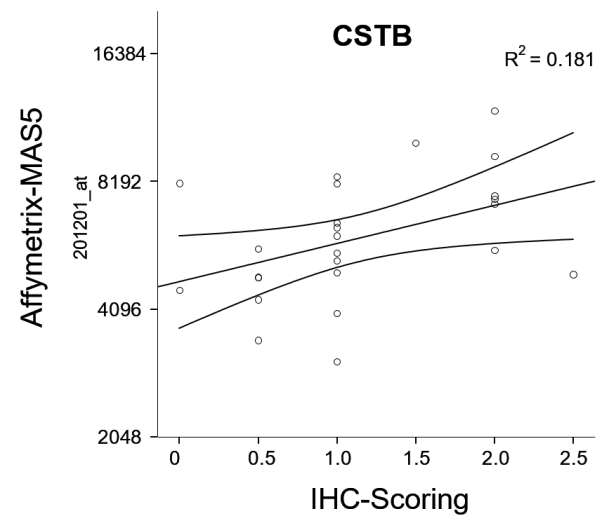
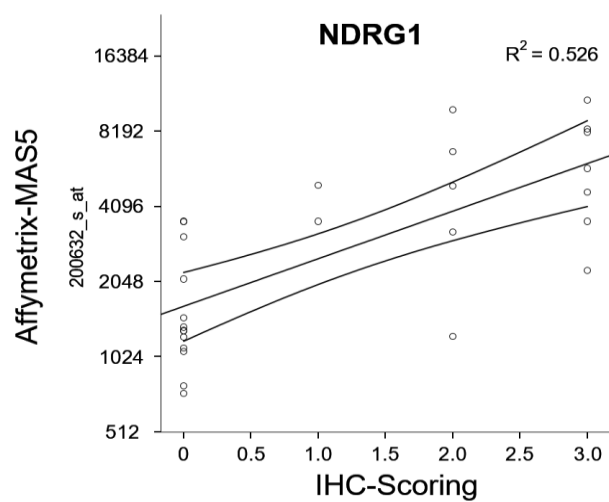
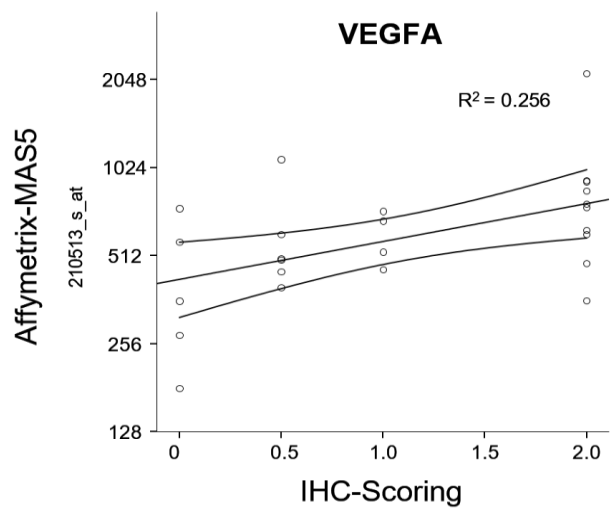


Part B: IHC of core biopsy samples



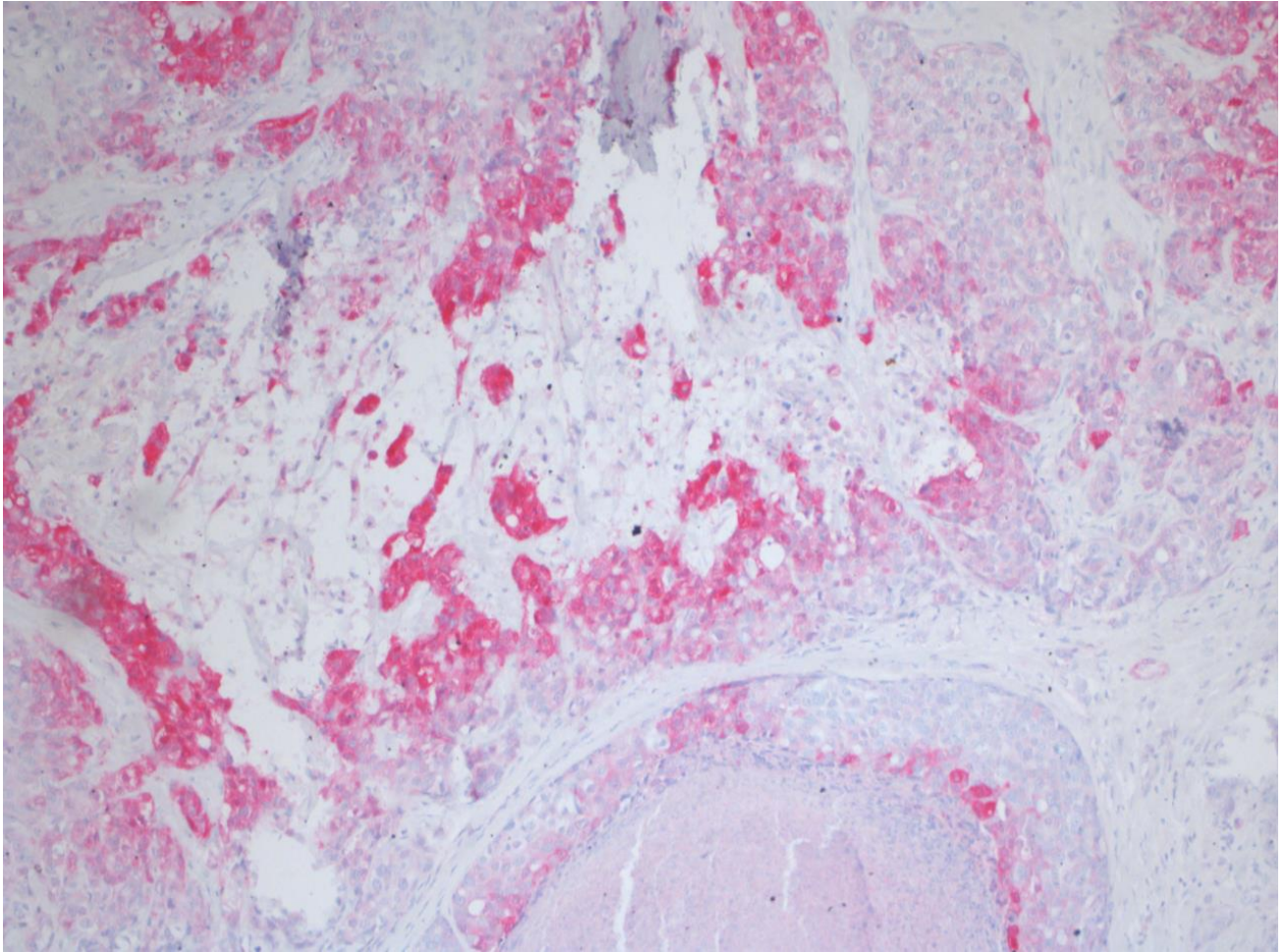
Part C: Transfer to TMA format and validation of predictive value





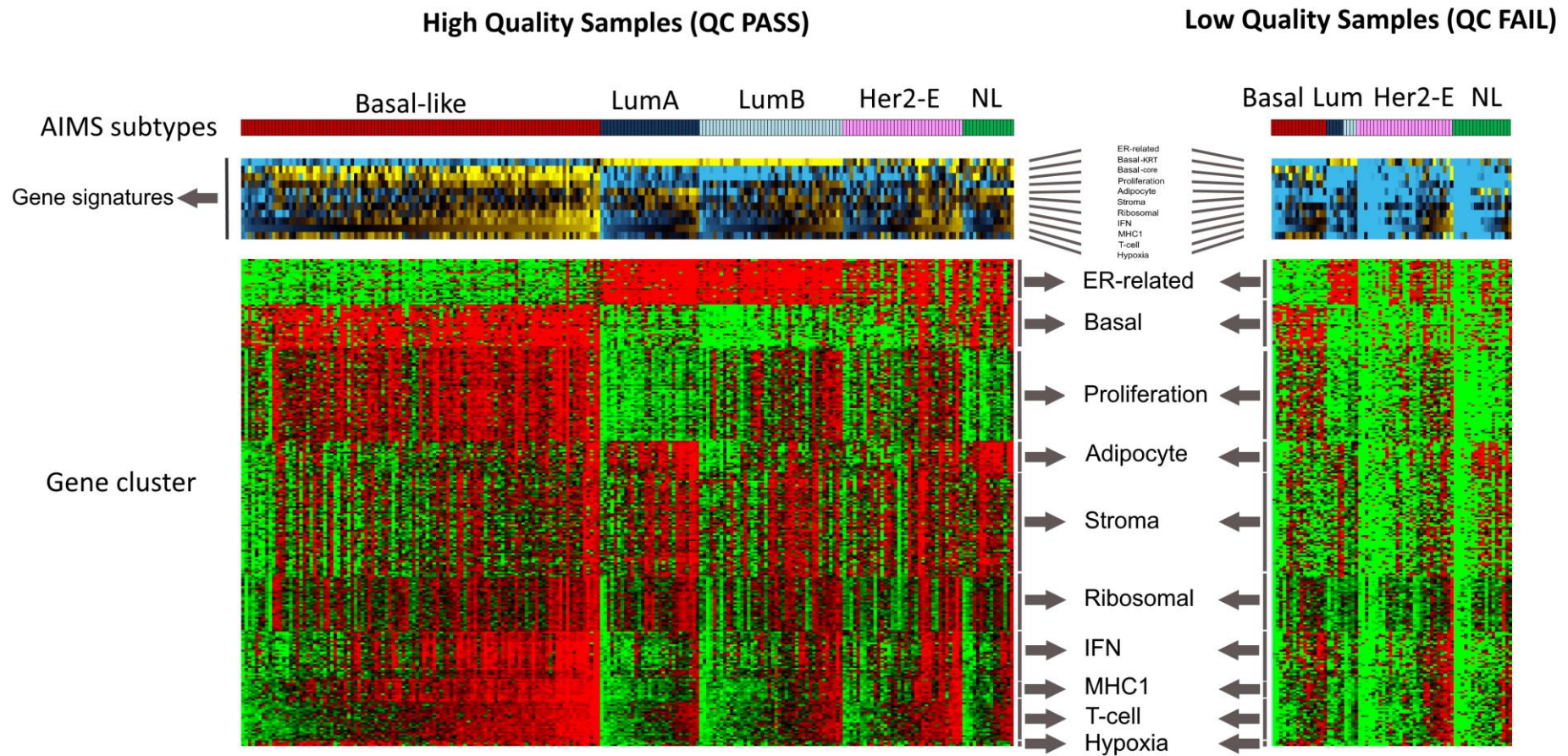
Supplementary Figure S3: Correlation of Affymetrix microarray expression data and IHC scoring of three genes in independent TNBC dataset

RNA expression from Affymetrix on y-axis is compared with immunohistochemical scoring for three individual genes (VEGFA, NDRG1, CSTB) from the hypoxia signature. R^2 values are from Spearman rank correlation.



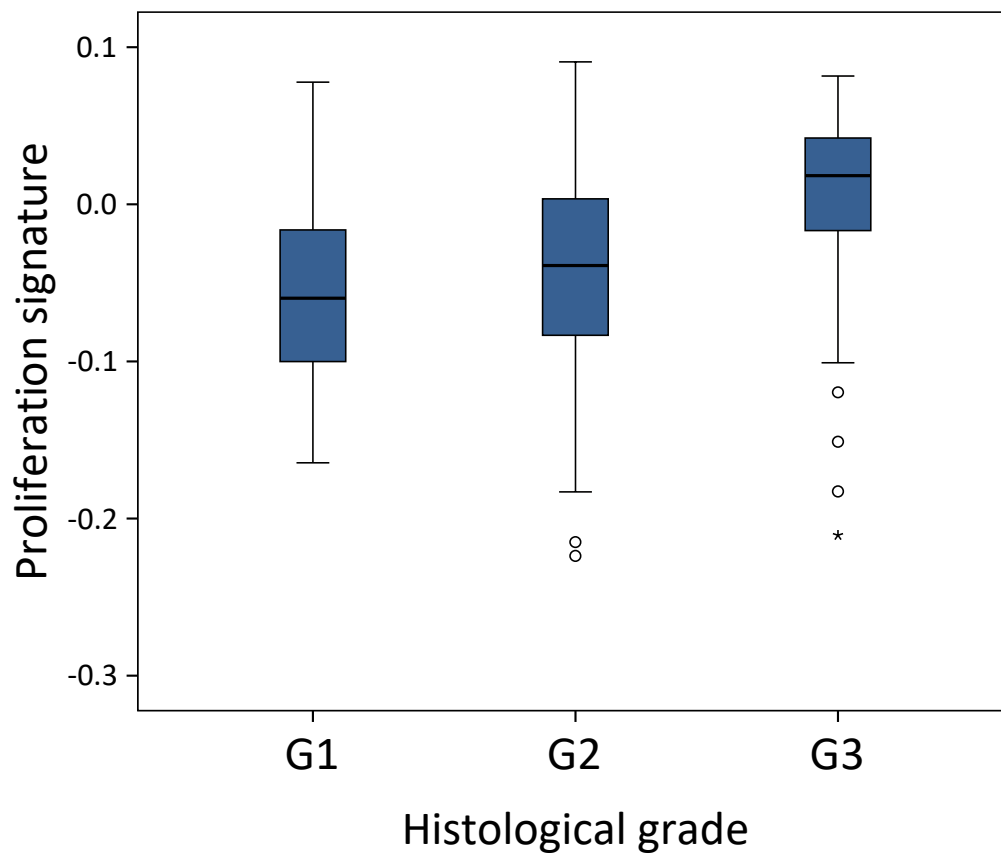
Supplementary Figure S4: Para-necrotic expression of NDRG1 in TNBC

Strong expression of NDRG1 is detected in regions of tumor necrosis (upper part) as well as DCIS necrosis (lower part).



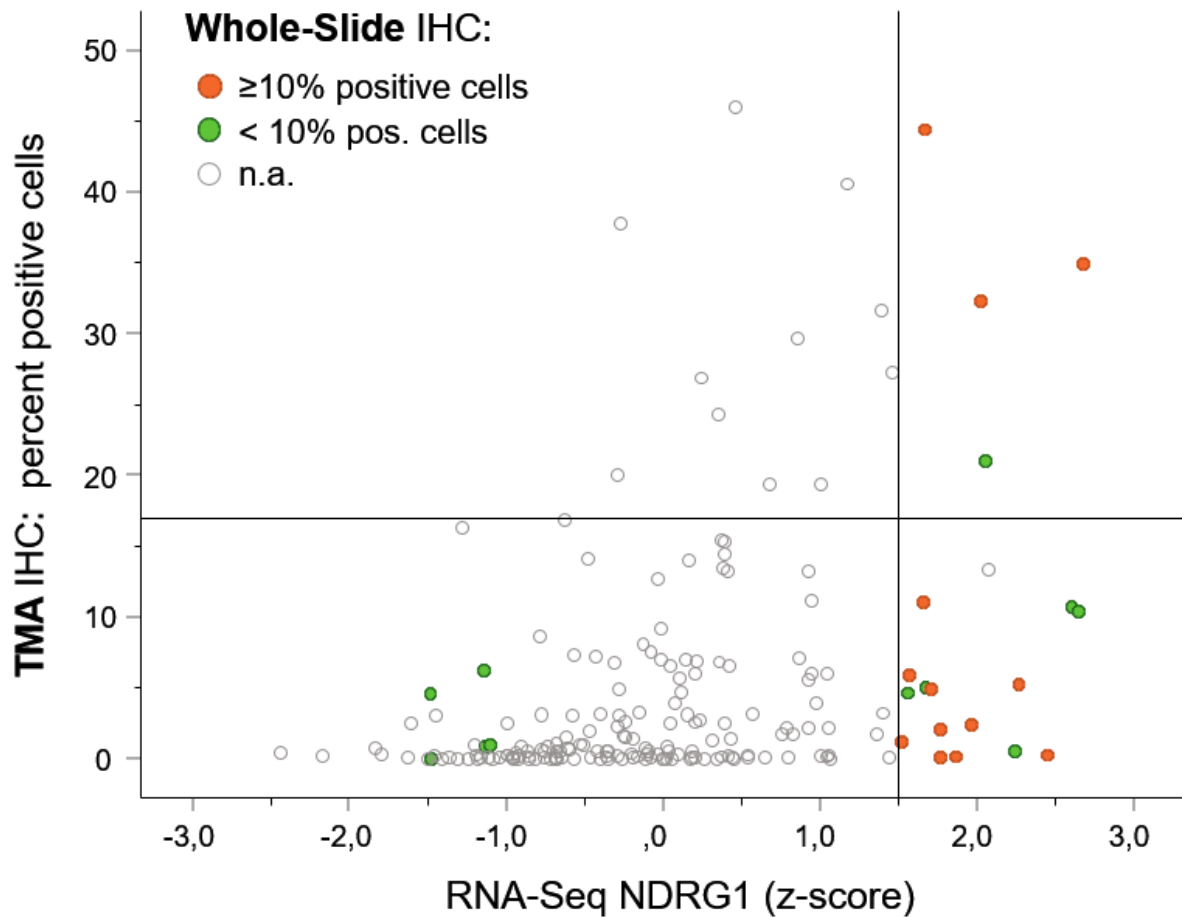
Supplementary Figure S5: Comparison of signature detection in High Quality and Low Quality Samples

Upper row presents results from AIMS subtyping for 221 *High Quality Samples* (left) and 68 *Low Quality samples* (right). Log₂ count data of the 268 genes shown in the lower (red/green) heatmaps were normalized by median centering across all 289 samples together for the analysis shown here. Gene signatures in the above (yellow/blue) heatmaps were calculated as mean values of the respective gene clusters in the lower panels. The *Low Quality samples* on the right show a larger proportion of samples classified as Her2-enriched and Normal-Like (NL) subtypes (Supplementary Table S8). The heatmaps of the *Low Quality samples* reveal that no effective detection was obtained for most individual genes (green in the lower right panel) and signatures (blue in the upper right panel). (Sample sorting from left to right follows AIMS subtype and subsequently T-cell signature expression).



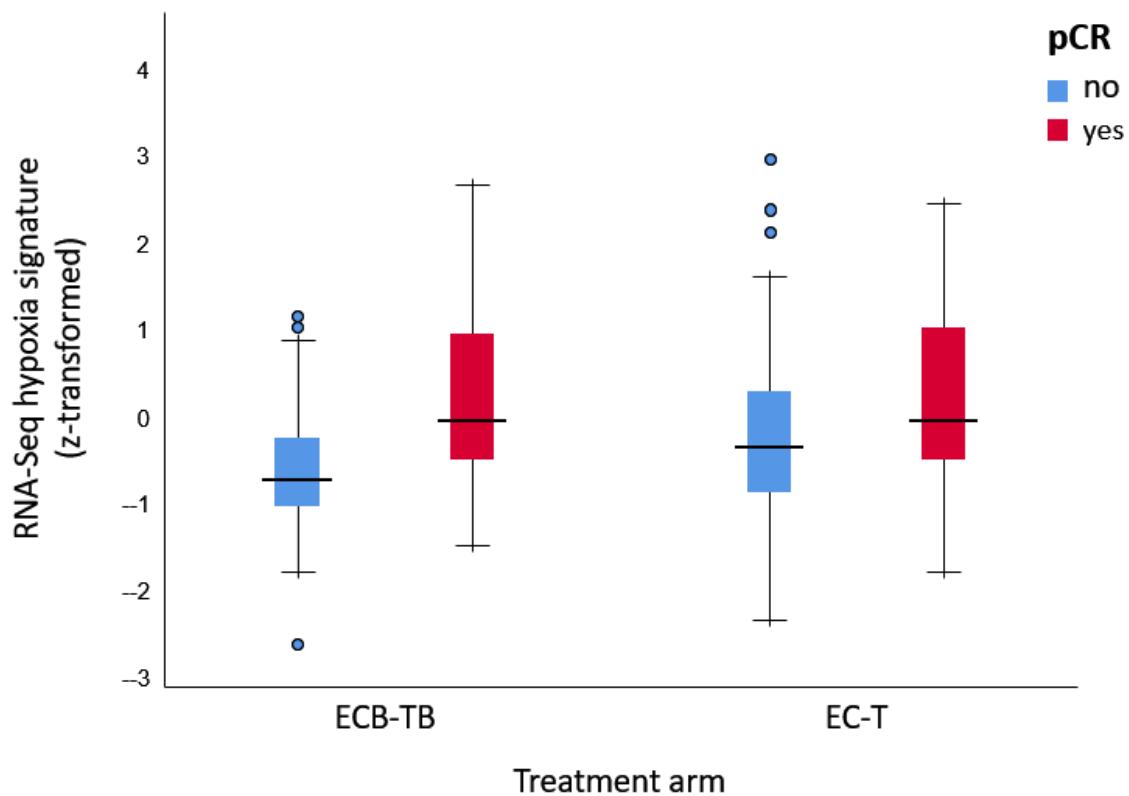
Supplementary Figure S6: Correlation of proliferation signature and histological grade

Box-plot demonstrating expression of proliferation signature in 221 high quality samples stratified by histological grading (median -0.73, -0.39, and 0.53 in G1, G2, and G3, respectively; $P < 0.001$).



Supplementary Figure S7: Poor detection of NDRG1 expression signal in TMA analysis

Scatterplot comparing NDRG1-RNA-Seq expression (x-axis) and IHC detection on TMA (y-axis) as percent positive cells from digital image analysis by QuPath. Horizontal and vertical lines represent 1.5 z-score cutoff values for RNA-Seq and TMA-IHC, respectively. In general, samples with high percentage of positive cell in the TMA analysis are associated with higher RNA-Seq values (Spearman rank correlation = 0.429). But for many samples with high RNA expression the signal was lost in TMA analysis. 23 of the samples, which were also analyzed by whole-slide IHC of core biopsies, are coloured in orange ($\geq 10\%$ positive cells) and green ($< 10\%$ positive cells) according to the whole-slide result. The majority of the positive samples from whole slide IHC (orange) did not reach the 10% value in the TMA analysis.



Supplementary Figure S8: Hypoxia signature and response by treatment arm

Box-plots of expression of the hypoxia signature from RNA-Seq in samples showing a pCR (red) or not (blue). The box-plots are given separately for the patients from the two treatment arms of the trial either with bevacizumab (ECB-TB) or without (EC-T). Univariate logistic regression of pCR by the hypoxia signature was significant in the bevacizumab group (ECB-TB: OR 3.52, 95% CI 1.91-6.49, $P < 0.001$) and only showed a trend in the group without bevacizumab (EC-T: OR 1.40, 95% CI 0.97-2.02, $P = 0.076$).

Supplementary Table S1: Specific analysis roles and blinding status of contributing teams

| Order of analysis | Role | Team members | Location/Affiliation | Blinding status |
|-------------------|--|--|--------------------------------------|--|
| 1 | Pathological analyses, tissue banking, sample provision | CD, KE, BS, CSo, IS, TF | Local trial units, central pathology | blinded to molecular and clinical study data |
| 2 | RNA preparation and sequencing | BMY, BLJ | Avera Cancer Institute | fully blinded |
| 3 | Primary RNA-Seq raw data analysis and QC | TM, JB | Avera Cancer Institute | fully blinded |
| 4 | Sample coding, dataset assembly and distribution | KW, VN | GBG-Statistics Dept. | unblinded |
| 5 | Blinded gene expression analysis, development of statistical analysis plan and SPSS script | TK, UH | Goethe University | fully blinded |
| 6 | Correlation with patient data according to predeveloped SPSS script | KW, VN | GBG-Statistics Dept. | unblinded |
| 7 | Blinded interpretation of summary results | TK, UH | Goethe University | no patient level data |
| 8 | Monitoring and review of results | SL, MU, PAF, FM, VM, BG, CSch, CH, ES, JH, MvM | GBG-Boards | no patient level data |

Supplementary Table S2: Pre-defined analytical aims of the study:

| Pre-defined analytical aims of the study: | |
|--|--|
| 1. | Concordance of RNA-Seq-derived genomic ER-/PR-status, proliferation, immune signature expression, and molecular subtype with pathology-derived IHC-based ER-/PR-status, histological grading, and tumor-infiltrating-lymphocyte (TIL)-scoring, respectively. |
| 2. | Robustness of the above concordances with regard to sample quality (QC class). |
| 3. | Univariate predictive value for pCR of RNA-Seq-derived molecular subtypes, and signatures for proliferation, stroma, T-cell signature, and hypoxia signature. |
| 4. | Multivariate logistic regression of pCR including the following predictor variables: a) Hormone receptor status, treatment arm (+/- Bev), hypoxia signature, and the interaction between hypoxia signature and treatment arm. b) All predictor variables from (a), with additional clinical variables (age, cT, cN, histological grade) as predictors. |

Supplementary Table S3: Comparison of clinical parameters of the complete trial cohort and the RNA-Seq cohorts

| Parameter | Category | Total cohort | RNA-Seq data | P-Value [§] | High Quality RNA-Seq data | P-Value [§] |
|-------------------------|------------------|----------------------------|--------------|----------------------|---------------------------|----------------------|
| | | 1540 [#] (100.0%) | 289 (100.0%) | | 221 (100.0%) | |
| Age | median | 48 | 46 | <0.001 | 46 | 0.009 |
| clin. tumor status | T1 | 261 (17.0%) | 45 (15.6%) | 0.028 | 37 (16.8%) | 0.035 |
| | T2 | 883 (57.5%) | 188 (65.3%) | | 145 (65.9%) | |
| | T3 | 224 (14.6%) | 33 (11.5%) | | 23 (10.5%) | |
| | T4a-c | 79 (5.1%) | 8 (2.8%) | | 8 (3.6%) | |
| | T4d | 89 (5.8%) | 14 (4.9%) | | 7 (3.2%) | |
| | missing | 4 | 1 | | 1 | |
| clin. lymph node status | negative | 772 (51.0%) | 148 (51.6%) | n.s. | 115 (52.5%) | n.s. |
| | LN1-3 | 668 (44.1%) | 124 (43.2%) | | 93 (42.5%) | |
| | LN4-9 | 57 (3.8%) | 11 (3.8%) | | 7 (3.2%) | |
| | LN>=10 | 17 (1.1%) | 4 (1.4%) | | 4 (1.8%) | |
| | missing | 26 | 2 | | 2 | |
| HER2 status | negative | 1540 (100.0%) | 289 (100.0%) | | 221 (100.0%) | |
| Hormone receptor status | negative | 558 (36.2%) | 133 (46.0%) | <0.001 | 102 (46.2%) | 0.001 |
| | positive | 982 (63.8%) | 156 (54.0%) | | 119 (53.8%) | |
| Histological grade | G1 | 53 (3.5%) | 9 (3.1%) | <0.001 | 7 (3.2%) | <0.001 |
| | G2 | 781 (51.0%) | 119 (41.5%) | | 86 (39.3%) | |
| | G3 | 697 (45.5%) | 159 (55.4%) | | 126 (57.5%) | |
| | missing | 9 | 2 | | 2 | |
| Histological subtype | Ductal invasive | 1241 (80.8%) | 238 (82.4%) | n.s. | 179 (81.0%) | n.s. |
| | Lobular invasive | 162 (10.5%) | 26 (9.0%) | | 23 (10.4%) | |
| | other | 133 (8.7%) | 25 (8.7%) | | 19 (8.6%) | |
| | missing | 4 | 0 | | 0 | |
| Treatment arm | EC-T | 743 (48.2%) | 150 (51.9%) | n.s. | 117 (52.9%) | n.s. |
| | ECB-TB | 797 (51.8%) | 139 (48.1%) | | 104 (47.1%) | |
| pCR | no | 1156 (75.1%) | 149 (51.6%) | <0.001 | 112 (50.7%) | <0.001 |
| | yes | 384 (24.9%) | 140 (48.4%) | | 109 (49.3%) | |

[§] P-values are the result of Fisher's exact tests for binary variables, of chi-square tests for variables with three or more levels, and of Wilcoxon test for continuous variables, respectively.

[#] 1540 total patients with HER2 negative disease with response data from treatment arms out of the ITT population of 2572 patients from the GeparQuinto trial.

Supplementary Table S5: Core genes of the hypoxia signature cluster from different datasets with correlated expression

| Gene symbol | Gene name | Category | Details | FFPE-RNA-Seq data |
|--------------------|------------------------------------|-----------------------|--|--------------------------|
| VEGFA | Vascular endothelial growth factor | Angiogenesis | Growth factor active in angiogenesis, vasculogenesis and endothelial cell growth. Induces endothelial cell proliferation, promotes cell migration, inhibits apoptosis and induces permeabilization of blood vessels. Binds to the FLT1/VEGFR1 and KDR/VEGFR2 receptors, heparan sulfate and heparin. | yes |
| NDRG1 | N-myc downstream regulated gene 1 | Stress response | Involved in stress responses, hormone responses, cell growth, and differentiation. Necessary for p53-mediated caspase activation and apoptosis. | yes |
| ANGPTL4 | Angiopoietin-like 4 | Angiogenesis, hypoxia | Hypoxia-induced expression in endothelial cells. May act as a regulator of angiogenesis and modulate tumorigenesis. In response to hypoxia, the unprocessed form of the protein accumulates in the subendothelial extracellular matrix. | no |
| ADM | Adrenomedullin | Angiogenesis | Adrenomedullin functions include vasodilation, regulation of hormone secretion, and promotion of angiogenesis. | no |
| DDIT4 | DNA damage induced transcript 4 | Stress response | Regulates cell growth, proliferation and survival via inhibition of mTORC1. Important role in responses to cellular energy levels and cellular stress, including responses to hypoxia and DNA damage. | no |
| CSTB | Cystatin-B | Proteinase inhibitor | Intracellular thiol proteinase inhibitor thought to play a role in protecting against proteases leaking from lysosomes. | yes |

Supplementary Table S6: Accuracy of IHC detection of NDRG1 as marker of the hypoxia signature

| Cohort | Finding (N=23) | Finding (N=23) | Finding (N=23) | Full (N=193) |
|----------------------|----------------------|------------------------|------------------------|------------------------|
| Source | Whole slide | Whole slide | TMA | TMA |
| Method | pathological scoring | digital image analysis | digital image analysis | digital image analysis |
| Cutoff | pos/neg | >10% positive cells | >10% positive cells | >10% positive cells |
| Positive by RNA-Seq* | 19 | 19 | 19 | 20 |
| Negative by RNA-Seq* | 4 | 4 | 4 | 173 |
| Accuracy | 91.3 % | 73.9 % | 47.8 % | 81.9 % |
| Sensitivity | 89.5 % | 68.4 % | 36.8 % | 40.0 % |
| Specificity | 100.0 % | 100.0 % | 100.0 % | 86.7 % |
| PPV | 100.0 % | 100.0 % | 100.0 % | 25.8 % |
| NPV | 66.7 % | 40.0 % | 25.0 % | 92.6 % |

* based on cutoff z-score 1.5 from RNA-Seq

Supplementary Table S7: Comparison of hormone receptor status from RNA-Seq and IHC

| High Quality samples | Sensitivity | Specificity | PPV | NPV | Accuracy |
|---|-------------|-------------|--------|--------|----------|
| ER _{RNA-Seq} vs. ER _{IHC} (N=221) | 75.7 % | 93.4 % | 92.6 % | 78.0 % | 84.2 % |
| PR _{RNA-Seq} vs. PR _{IHC} (N=221) | 76.6 % | 83.5 % | 77.4 % | 82.8 % | 80.5 % |
| Low Quality samples | Sensitivity | Specificity | PPV | NPV | Accuracy |
| ER _{RNA-Seq} vs. ER _{IHC} (N=68) | 72.7 % | 88.6 % | 85.7 % | 77.5 % | 80.9 % |
| PR _{RNA-Seq} vs. PR _{IHC} (N=67) | 61.3 % | 86.1 % | 79.2 % | 72.1 % | 74.6 % |

Supplementary Table S8: Comparison of Molecular Subtyping between High Quality and Low Quality Samples

| Group | Basal-like | Her2-enrich. | LumA | LumB | Normal-like |
|------------------------|-------------|--------------|------------|------------|-------------|
| Total (N=289) | 119 (41.2%) | 60 (20.8%) | 33 (11.4%) | 46 (15.9%) | 31 (10.7%) |
| HQ no dupl. (N=221, %) | 103 (46.6%) | 33 (14.9%) | 28 (12.7%) | 42 (19.0%) | 15 (6.8%) |
| LQ no dupl. (N=68, %) | 16 (23.5%) | 27 (39.7%) | 5 (7.4%) | 4 (5.9%) | 16 (23.5%) |

The distributions of molecular subtypes according to AIMS differ significantly ($P = 8.6 \times 10^{-9}$, Fisher's Exact Test) between samples with high and low quality.

Supplementary Table S9: Univariate logistic regression of pCR by molecular markers (N=221 High Quality samples)

| Molecular marker | OR | 95% CI | P-value |
|--------------------------------------|-----------|---------------|------------------|
| Basal-like* | 8.88 | 2.34-33.6 | 0.001 |
| HER2-enriched* | 3.33 | 0.79-14.1 | 0.10 |
| Lum-A* | 0.87 | 0.18-4.28 | 0.86 |
| Lum-B* | 2.22 | 0.54-9.14 | 0.27 |
| T-cell signature [#] | 1.60 | 1.21-2.12 | 0.001 |
| Proliferation signature [#] | 2.88 | 2.00-4.16 | <0.001 |
| Hypoxia signature [#] | 1.92 | 1.41-2.60 | <0.001 |

* vs. Normal-like subtype, [#] z-score

Supplementary Table S10: Multivariate logistic regression of pCR with NDRG1 from TMA analysis

| | OR | 95% CI | P-value |
|--|-----------|---------------|------------------|
| Hormone receptor (neg. vs. pos.) | 4.35 | 2.34-8.07 | <0.001 |
| NDRG1-TMA-IHC (z-score >1.5) | 3.79 | 0.85-16.9 | 0.080 |
| Bevacizumab therapy | 0.92 | 0.53-1.60 | 0.766 |
| Interaction NDRG1-TMA-IHC * bevacizumab | 1.31 | 0.78-2.21 | 0.309 |
| cN (≥10 vs 4-9 vs 1-3 vs 0 positive nodes) | 0.80 | 0.52-1.24 | 0.323 |
| cT (T4d vs T4a-c vs T3 vs T2 vs T1) | 0.80 | 0.59-1.0 | 0.173 |
| Grading (G3 vs G2 vs G1) | 1.43 | 0.83-2.48 | 0.197 |