SUPPLEMENTARY TABLE 1. Dose intensity and relative dose intensity for docetaxel plus cyclophosphamide chemotherapy to patients with breast cancer, stratified according to primary granulocyte-colony stimulating factor prophylaxis status*

	Non-G-CSF (n=38)	Primary G-CSF (n=193)	P value
Duration of chemotherapy course, wk	12.14 (11.86-14.14)	12.29 (12-17)	0.005
Dose intensity of docetaxel, mg/m^2/wk	5.86 (4.44-6.33)	5.97 (4.02-6.25)	0.93
Dose intensity of cyclophosphamide, mg/m^2/wk	47.73 (36.43-50.6)	48.28 (32.19-50.0)	0.83
Relative dose intensity of docetaxel, %	0.94 (0.71-1.01)	0.95 (0.64-1.00)	0.93
Relative dose intensity of cyclophosphamide, %	0.95 (0.73-1.01)	0.97 (0.64-1.0)	0.83

* Data are presented as median (range), analysed with Mann–Whitney *U* test

SUPPLEMENTARY TABLE 2. Breast cancers were classified into four breast cancer biology subtypes in accordance with the St Gallen 2013 Consensus Guideline[1,2] based on clinicopathological criteria (n=231)*

Biology subtype	No. (%) of patients
Luminal A–like (ER+ and PR+ [≥20%]†, HER2-, Ki67 <14%‡)	34 (14.7%)
Luminal B–like (HER2-) (ER+/PR- or low [<20%], or ER-/PR+, HER2-, Ki67 ≥14%§)	63 (27.3%)
Luminal B–like (HER2+) (ER and/or PR+, HER2+, any Ki67; if Ki67 was unknown, all histological grades)	46 (19.9%)
HER2+ (non-luminal) (ER-, PR-, HER2+)	23 (9.9%)
Triple negative (ER-, PR-, HER2-)	56 (24.2%)
Unclassified (HER2 unknown or equivocal, histological grade and/or Ki67 unknown)	9 (3.8%)

Abbreviation:s ER = oestrogen receptor; HER2 = human epidermal growth factor receptor 2; PR = progesterone receptor

* Data are presented as No. (%)

† PR ≥20% best corresponds with luminal A–like subtype[1]

‡ Ki67 <14% was used to define luminal A–like subtype; if Ki67 was unknown, histological grade 1 or 2[1,2]

§ Ki67 ≥14% was used to define luminal B-like subtype; If Ki67 was unknown, histological grade 3[1,2]

References

1. Goldhirsch A, Winer EP, Coates AS, et al. Personalizing the treatment of women with early breast cancer: highlights of the St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2013. Ann Oncol 2013;24:2206-23.
2. Goldhirsch A, Wood WC, Coates AS, et al. Strategies for subtypes—dealing with the diversity of breast cancer: highlights of the St. Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2011. Ann Oncol 2011;22:1736-47.

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