## Supplementary Information file: Use of ctDNA in early breast cancer: analytical validity and clinical potential

Supplementary Table 1: Criteria for ctDNA positivity of tumor-agnostic assays

Author and ref	ctDNA assay technique	Criteria for ctDNA positivity	
Schrag et al <sup>1</sup>	Targeted methylation analysis	Computational algorithm	
	Galleri <sup>TM</sup>		
Cohen et al <sup>2</sup> , Lennon et al <sup>3</sup>	Amplicon-based NGS CancerSEEK	<ul> <li>The mutation must be in the COSMIC database or inactivate a tumor suppressor gene</li> <li>Statistical confirmation and control on WBC DNA to exclude CHIPs when a mutation is detected</li> </ul>	
Stecklein et al <sup>4</sup>	Amplicon-based NGS of 275 genes related to cancer	<ul> <li>Tumoral VAF ≥ 3%</li> <li>Patients with mutations only in <i>DNMT3A</i>, <i>TET2</i>, <i>ASXL1</i>, or <i>JAK2</i> were classified as ctDNA-negative as most likely arising from CHIPs</li> </ul>	
Radovitch et al <sup>5,6</sup>	Hybridization-based targeted NGS of cancer-related genes	• Statistical model used for calling a ctDNA sample positive	
	FoundationACT <sup>TM</sup> or FoundationOneLiquid <sup>TM</sup>		
Li S. et al <sup>7-9</sup>	Hybridization-based NGS of 1021 genes	<ul> <li>CHIPs mutation filtering, excluding mutations in <i>DNMT3A</i>, <i>IDH1</i>, and <i>IDH2</i> and specific alterations within <i>ATM</i>, <i>GNAS</i>, and <i>JAK2</i></li> <li>No clear criteria for ctDNA positivity were given</li> </ul>	
Lin P.H. et al <sup>10</sup>	Tumor-agnostic Amplicon-based NGS	• Presence of a pathogenic or likely pathogenic mutation according to the American College of Medical Genomics and Genetics (ACMG) guidelines	

		• Tumor-sequencing in some case to confirm the tumoral origin of mutation
Janni et al <sup>11,12</sup>	Hybridization-based NGS and methylation analysis GuardantReveal <sup>TM</sup>	• Bioinformatics pipeline software, trained to detect the presence of ctDNA based on multiple analytic features, including genomic variation (single-nucleotide variants and insertion-deletion alterations) and epigenomic signals, and to exclude common sources of interference such as CHIPs
Elliott et al <sup>13,14</sup>	Tumor-agnostic  Methylation analysis from GuardantINFINITY <sup>TM</sup>	Bioinformatics pipeline software trained to detect cancer based on epigenomic signals

Abbreviations: ctDNA: circulating tumor DNA, CHIPs: Clonal hematopoiesis of indeterminate potential, NGS: next-generation sequencing, SNV: single nucleotide variation, VAF: Variant allele frequency WBC: white blood cell

Supplementary Table 2: Criteria for ctDNA positivity of tumor-informed assays

Author and ref	ctDNA assay technique	Number of somatic mutations followed	Criteria for ctDNA positivity
Cavallone et al <sup>15</sup> , Roseshter et al <sup>16</sup> , Basik et al <sup>17</sup>	ddPCR	5	Two standard deviations above the control (assay conducted on the plasma of three healthy donors)
Garcia- Murillas et al <sup>18,19</sup> , Turner et al (c-TRAK TN) <sup>20</sup>	ddPCR	1 or 2	≥ 2 positive droplets.  • To confirm a positive result, it was repeated on a 2 <sup>nd</sup> sample from the same timepoint in the c-TRAK TN trial
Ciriaco et al <sup>21</sup>	Amplicon- based NGS via Sysmex SafeSEQ	1 to 6	≥ 3 copies/mL and 3 times the value of the background established for each variant (from commercial healthy genomic DNA)

Parsons et al (TBCRC 030 trial) <sup>22,23</sup>		319 to 1000 (Median 1000)	Predefined 90% power. If less than 10 mutations were identified, they were reviewed manually
McDonald et al <sup>24</sup>	amplicon- based NGS TARDIS	6 to 115 (average 30)	<ul> <li>Minimum 2 read families (RFs)</li> <li>For each mutation: at least 0.5 mutant copies/reaction (mutant RFs / total RFs)</li> <li>If only one variant is present: at least two different RF lengths</li> </ul>
			Each sample-level positive ctDNA result was confirmed using the Bonferroni corrected p-value <0.05
Rothé et al <sup>25</sup>	ddPCR	1	Statistically higher than the control (mean of 8 assays conducted on mutation-negative cell lines or healthy donors)
Riva et al <sup>26</sup>	ddPCR	1	≥ 2 positive droplets  • Cut-off established testing their assay on a minimum of 5 control DNA for each variant. Specificity 99.4%
Zhou et al <sup>27</sup>	ddPCR	average 2.6 mutations	<ul> <li>Tumoral VAF ≥ 0.1%</li> <li>Established testing their assay on commercial mutated DNA for some variants</li> </ul>
Ortolan et al <sup>28</sup> , La Rocca et al <sup>29</sup>	ddPCR	1	≥ 3 positive droplets in all replicates
Chen YH. et al <sup>30</sup>	Amplicon- based targeted NGS.	Not applicable	Only mutation(s) present(s) in the primary tumor were considered ctDNA-positive
Takahashi et al <sup>31</sup>	OS-MSP of RASSF1A	1 (methylated gene)	≥ 3.3 copies/mL  • Established testing their assay on commercial fully methylated DNA
Magbanua et al <sup>32</sup> , Cailleux et al <sup>33</sup> , Shaw et al <sup>34</sup> ,	Signatera <sup>TM</sup>	16	• ≥ 2 variants present with a confidence score above a predefined algorithm threshold (0.97)

			Exclude mutations from CHIPs (from sequencing the buffy coat and bioinformatic pipeline)
Lipsyc-Sharf et al <sup>35</sup>	RaDaR <sup>TM</sup>	Up to 48	<ul> <li>A statistical model is used to assess the statistical significance of the observed mutant counts for each variant to consider a sample positive or negative</li> <li>Exclude mutations from CHIPs (from sequencing the buffy coat and bioinformatic pipeline)</li> </ul>

Abbreviations: 2<sup>nd</sup>: second, CHIPs: Clonal hematopoiesis of indeterminate potential, ctDNA: circulating tumor DNA, ddPCR: digital drop polymerase chain reaction, mL: milliliter, NGS: next-generation sequencing, RF: read family, VAF: Variant allele frequency

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