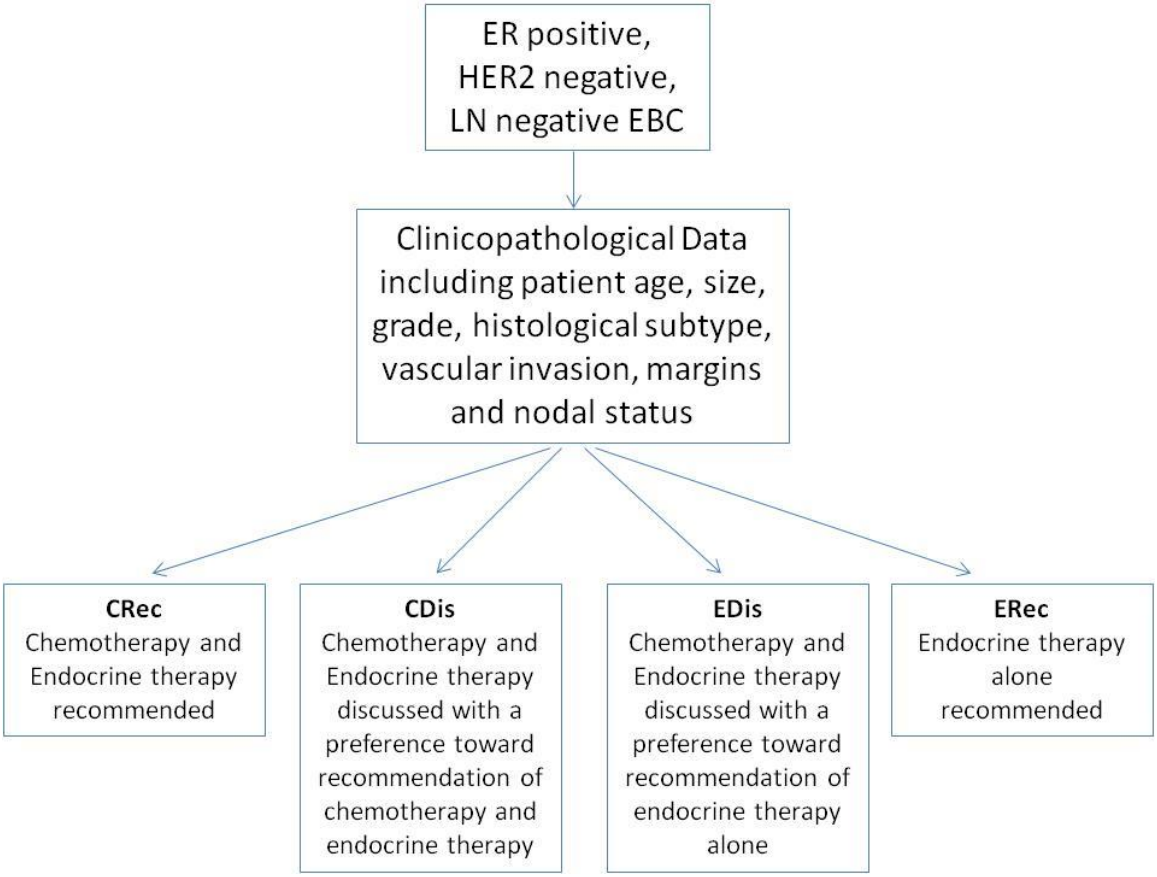

Figure 1: The Liverpool Adjuvant Systemic Therapy Decision Tool

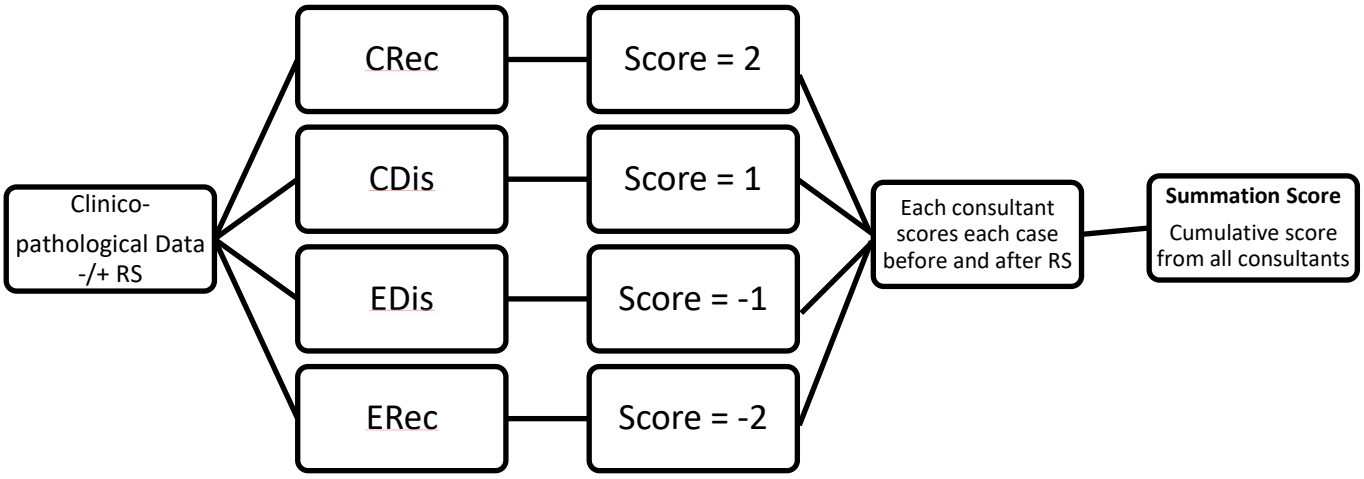

Figure 2: Summation Score of Consultant Decision-Making

Cdis: Chemotherapy discussion with preference towards recommendation of chemotherapy; Crec chemotherapy therapy recommended; Edis: chemotherapy discussion with a preference towards recommendation of endocrine therapy alone; Erec: endocrine therapy alone; RS: Recurrence scores

Table 1: Clinico-pathological information

Demographic	**n=50**
Age	56 (31-76)
Histology	
Ductal	38 (76%)
Lobular	9 (18%)
Ductal/ Lobular (Mixed)	3 (6%)
Size	
0-19mm	13 (26%)
20-50mm	31 (62%)
>50mm	6 (12%)
Grade	
1	2 (4%)
2	39 (78%)
3	9 (18%)
Lymph Node Involvement	
0	36 (72%)
Micrometastasis	11 (22%)
1	3 (6%)
Ki67 (evaluated in 39 cases)	
≤15%	24 (62%)
≥15%	15 (38%)
ER positive	50 (100%)
HER2 negative	50 (100%)
NPI Score	
≤2.4	0 (0%)
2.5 - 3.4	7 (14%)
3.5 - 5.4	41 (82%)
>5.4	2 (4%)
Oncotype Recurrence Score	
Low ≤17	21 (42%)
Intermediate 18-30	24 (48%)
High ≥ 31	5 (10%)

Table 1: Clinico-pathological information

ER: Estrogen receptor

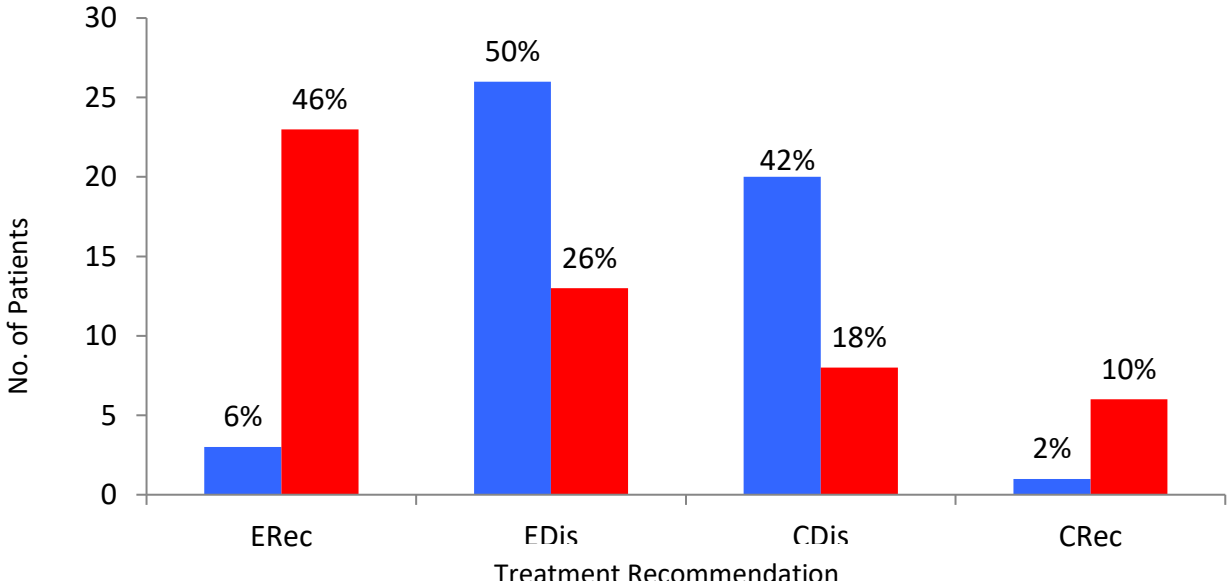

Figure 3: Treatment recommendations before (blue) and after (red) recurrence score

Cdis: Chemotherapy discussion with preference towards recommendation of chemotherapy; Crec chemotherapy therapy recommended; Edis: chemotherapy discussion with a preference towards recommendation of endocrine therapy alone; Erec: endocrine therapy alone.

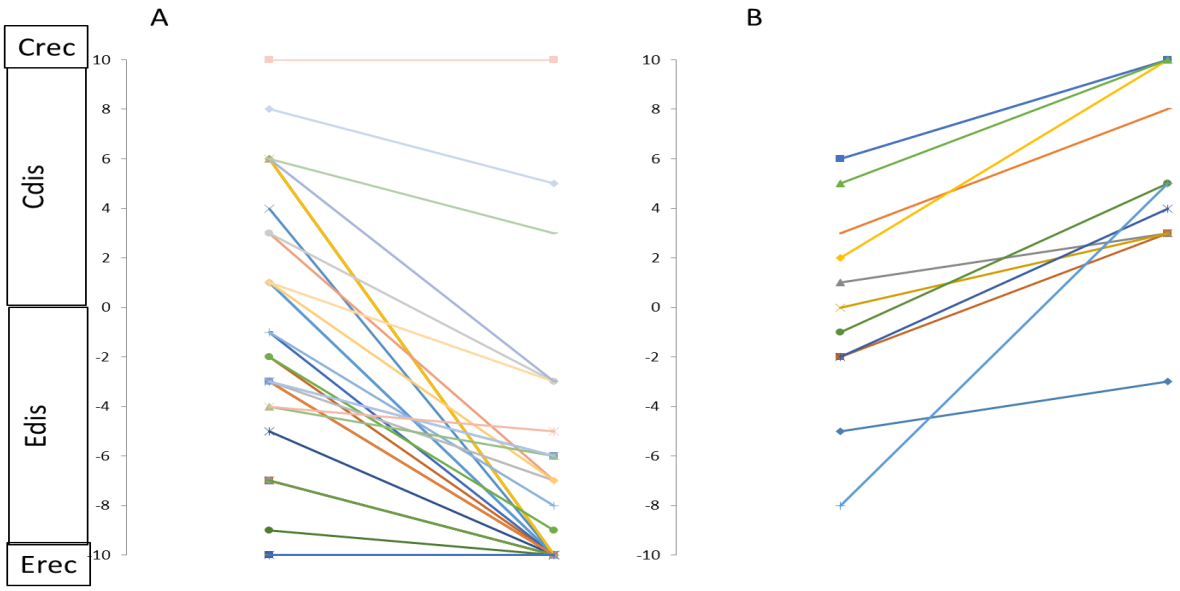

Figure 4: A: Individual treatment recommendation before and after the recurrence score in cases where the recurrence score altered the treatment recommendation away from chemotherapy or did not alter the recommendation (n=38); B: Individual treatment recommendation before and after the recurrence score in cases where the recurrence score altered treatment recommendation towards from chemotherapy (n=12).

Cdis: Chemotherapy discussion with preference towards recommendation of chemotherapy; Crec chemotherapy therapy recommended; Edis:chemotherapy discussion with a preference towards recommendation of endocrine therapy alone; Erec: endocrine therapy alone.

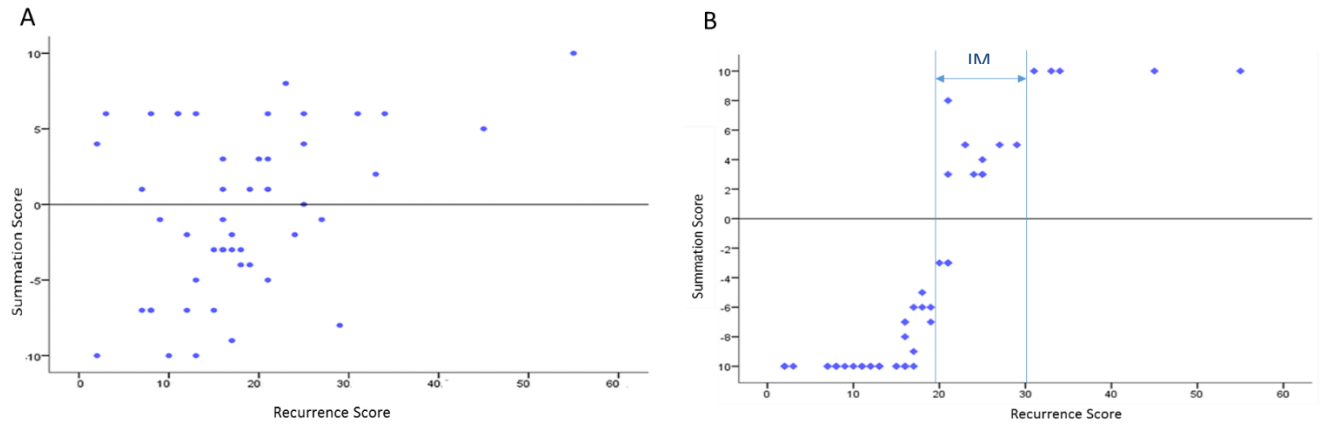

Figure 5: A: Pre-recurrence score summation score with the clinic-pathological information alone plotted by the subsequent RS score; B: summation score with the post-RS. IM indicates the intermediate recurrence score group (recurrence score: 18 to 30)

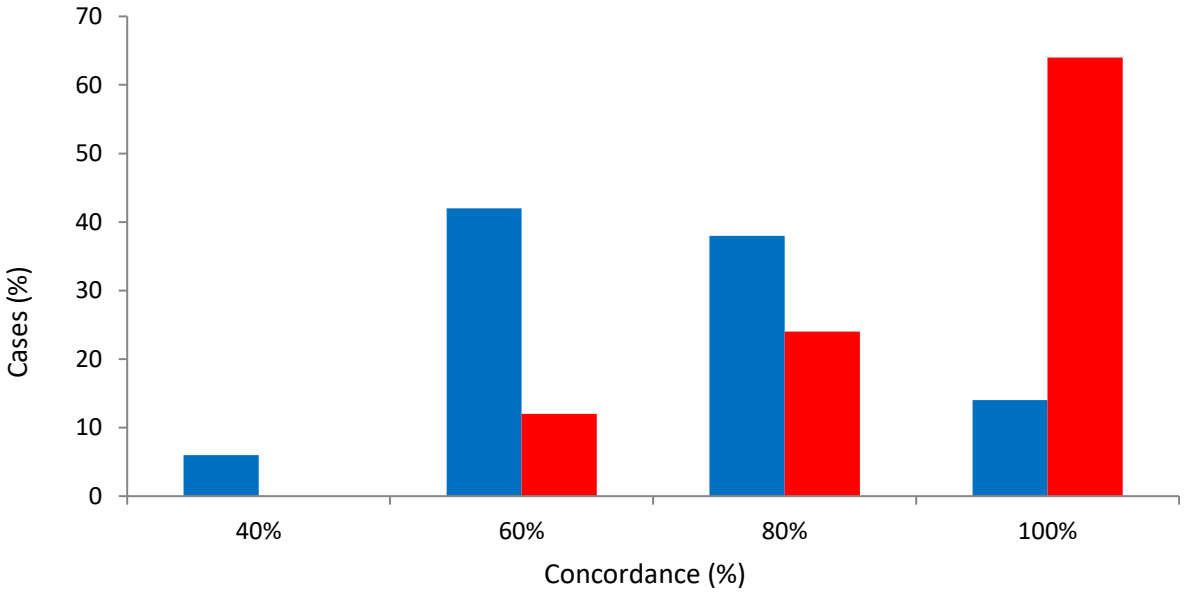

Figure 6: Concordance in treatment recommendations between all consultant oncologists before (blue) and after the recurrence score (red)

Decision	Kappa
Pre RS	
ERec	0.510
EDis	0.320
CDis	0.267
CRec	0.193
Post RS	
ERec	0.839
EDis	0.517
CDis	0.628
CRec	0.902

Table 2: Decision-wise Fleiss Kappas pre and post recurrence score (RS)

Cdis: Chemotherapy discussion with preference towards recommendation of chemotherapy; Crec chemotherapy therapy recommended; Edis: chemotherapy discussion with a preference towards recommendation of endocrine therapy alone; Erec: endocrine therapy alone.