Supplementary Material

# Supplementary Figure 1

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# Supplementary Figure 2

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# Supplementary Figure 3

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# Supplementary Figure 4

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# Supplementary Figure 5

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## Supplementary Figure legends

**Supplementary Figure 1. Cumulative 12-month incidence of cardiotoxicity (n=185).** Data were estimated with a competing risk cumulative incidence estimator, treating death-from-any-cause as the competing event of interest.

**Supplementary Figure 2. Distant Recurrence-free Survival (dRFS) experience of the overall study cohort (n=185).** Results were computed with a Kaplan-Meier estimator.

**Supplementary Figure 3. Cumulative 12-month incidence of cardiotoxicity according to pre-treatment high-sensitivity cardiac Troponin T (hs-cTnT) levels.** Data were estimated with a competing risk cumulative incidence estimator, treating death-from-any-cause as the competing event of interest. Panel A: hs-cTnT cut-off at the 75th percentile of its distribution (Q3, cut-off: 8pg/mL). Panel B: hs-cTnT cut-off at 14pg/mL (representing the established cut-off for the hs-cTnT assay used at our institution).

**Supplementary Figure 4. Cumulative 12-month incidence of cardiotoxicity according to pre-treatment N-terminal pro-brain natriuretic peptide (NT-proBNP) levels.** Data were estimated with a competing risk cumulative incidence estimator, treating death-from-any-cause as the competing event of interest. Cut-off at 150pg/mL (representing the established cut-off for the NT-proBNP assay used at our institution).

**Supplementary Figure 5. Longitudinal evolution of LVEF, hs-cTnT, and NT-proBNP during trastuzumab-based therapy.** Reported curves are derived from linear mixed models (random intercept and random slope) with a quadratic and cubic specification of follow-up time.

## Supplementary Paragraph 1

Among 1,196 echocardiography reports available for our study cohort, LVEF values were documented in 1,076 cases (n=120 LVEF values (10%) missing). However, among the 120 echocardiography reports with missing LVEF values, only 17 reports (1% of all reports) had truly missing LVEF values. Rather, in the remaining reports, LVEF was documented in a semiquantitative manner (e.g. “mildly-reduced systolic function”). To handle these semiquantitative data, we simulated LVEF values in % by randomly drawing from uniform distributions as follows:

|  |  |
| --- | --- |
| Semiquantitative assessment of LVEF | Random draw from uniform distribution with parameter bound (a,b) |
| “normal systolic LV function” | (54,74) |
| “borderline normal systolic LV function” | (54,74) |
| “mildly reduced systolic LV function” | (41,53) |
| “moderately reduced systolic LV function” | (30,40) |
| “moderately to severely reduced systolic LV function” | (20,35) |