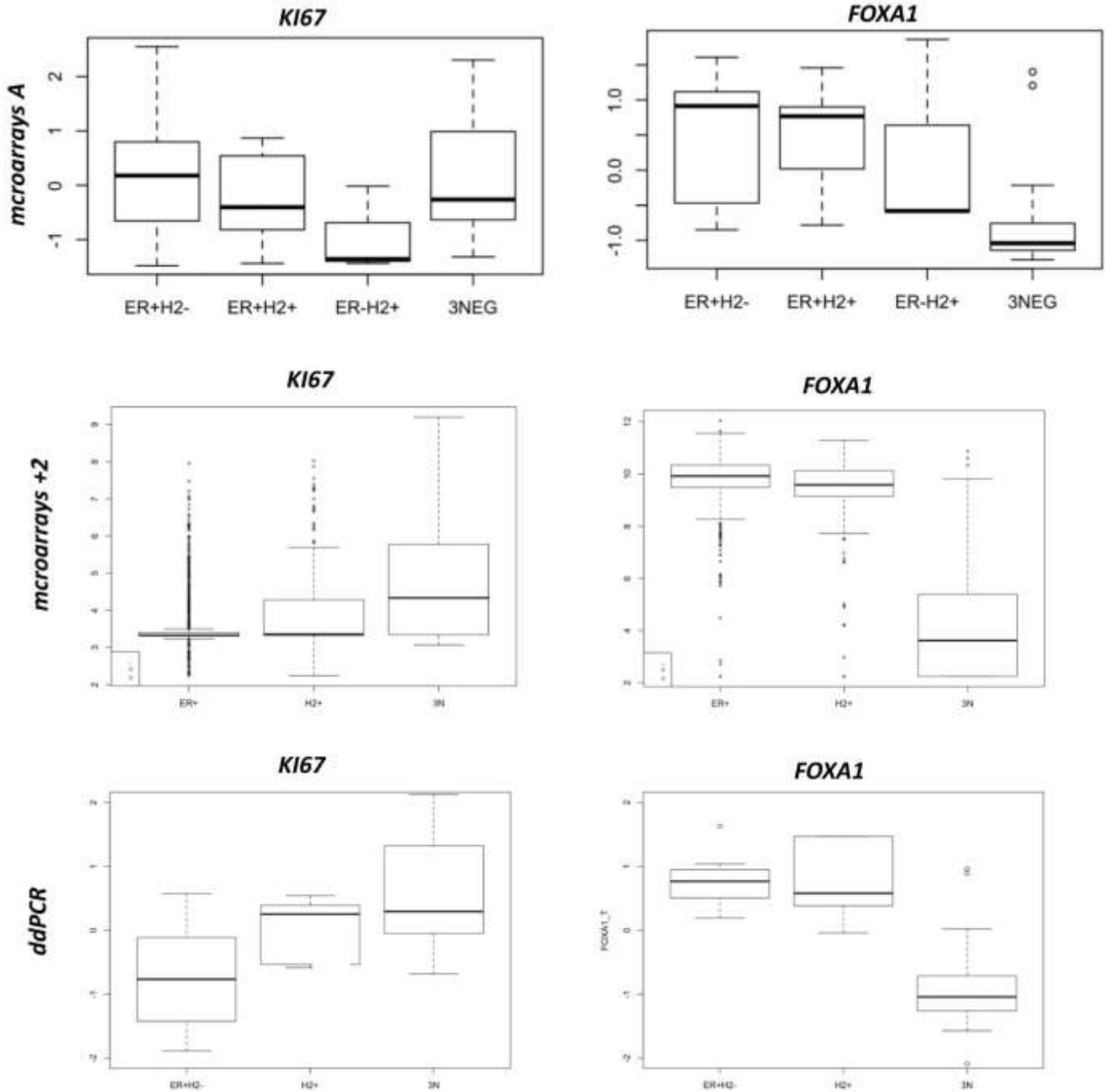
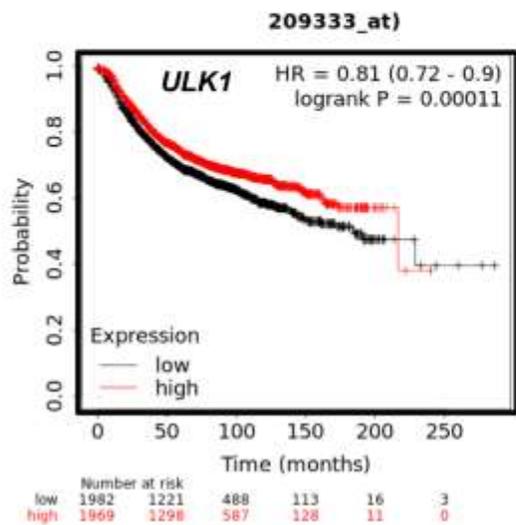
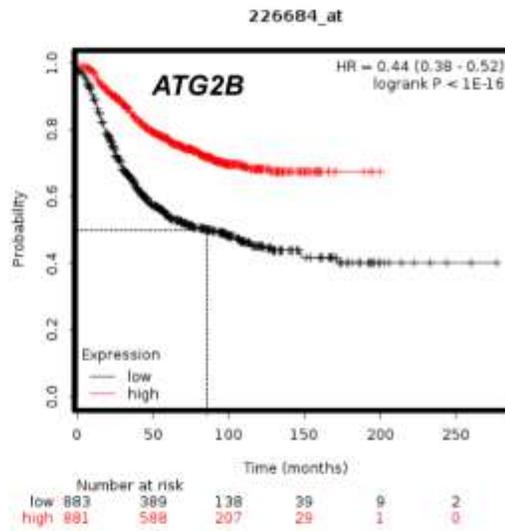
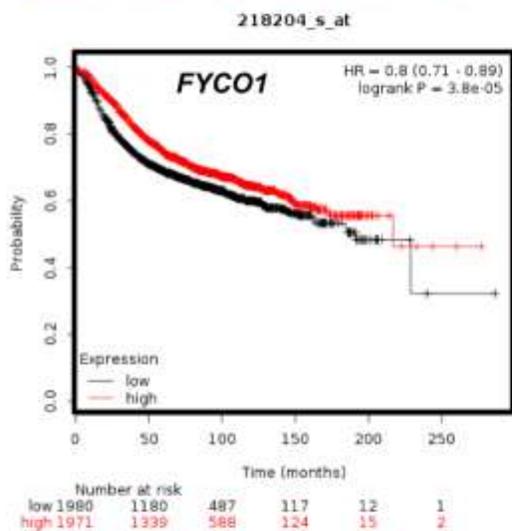
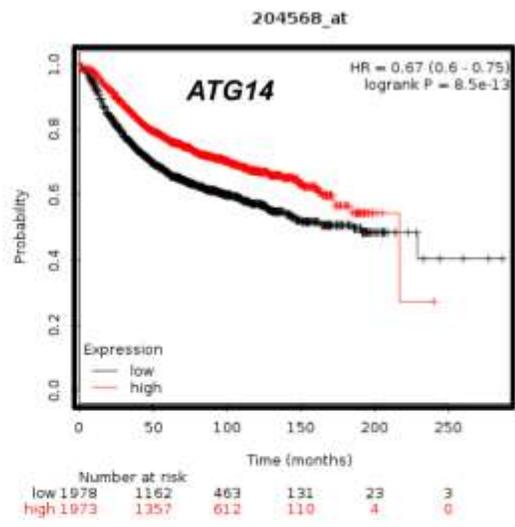
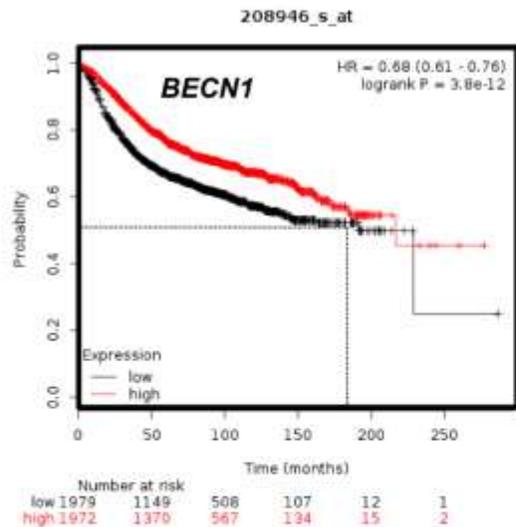


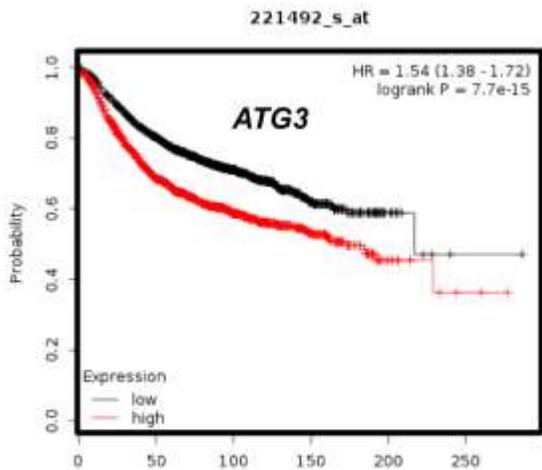
Autophagy is associated with a robust specific transcriptional signature in breast cancer subtypes – Grandvallet et al



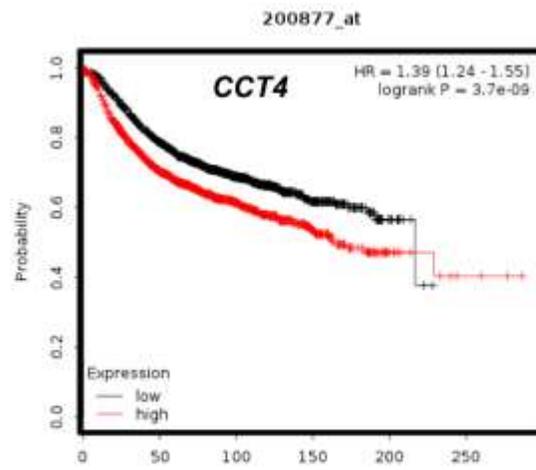
Supplementary Figure 1: Confirmation of BC subgroups classification using ddPCR. *KI67* and *FOXA1* expressions were quantified using HG-U133 plus2, microarrays “A” or ddPCR.



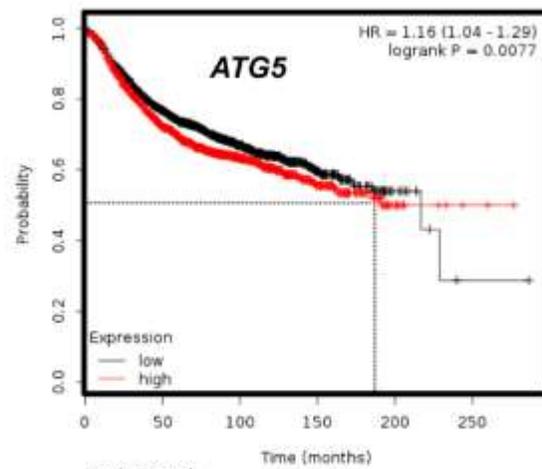
Supplementary Figure 2: A high expression of *ATG2B*, *BECN1*, *ATG14* or *FYCO1* is associated with a good prognosis. Kaplan Meier data analysis confirmed a significant better prognosis for BC patients presenting a high expression of *ATG2B*, *BECN1*, *ATG14* or *FYCO1*.



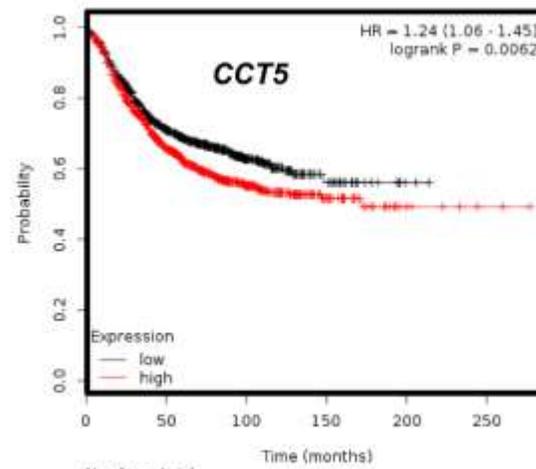
Number at risk		Time (months)				
		0	50	100	150	200
low	1977	1413	631	131	14	1
high	1974	1106	444	110	13	2



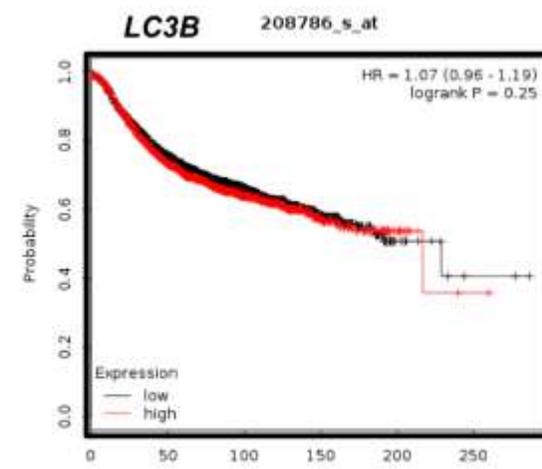
Number at risk		Time (months)				
		0	50	100	150	200
low	1976	1372	635	134	13	0
high	1975	1147	440	107	14	3



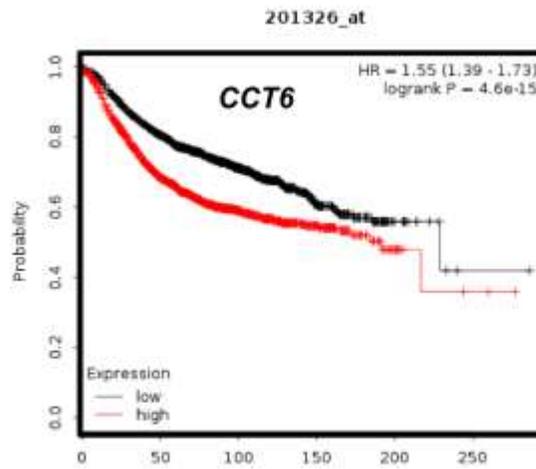
Number at risk		Time (months)				
		0	50	100	150	200
low	1981	1312	573	120	13	1
high	1970	1207	502	121	14	2



Number at risk		Time (months)				
		0	50	100	150	200
low	882	511	165	24	2	0
high	882	466	180	44	8	2

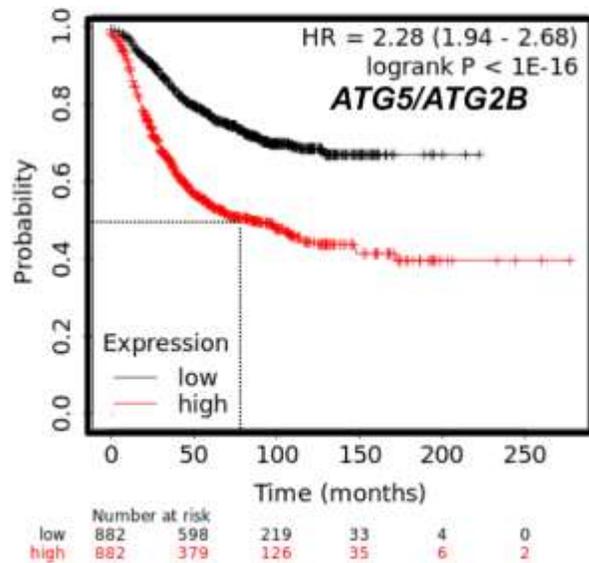
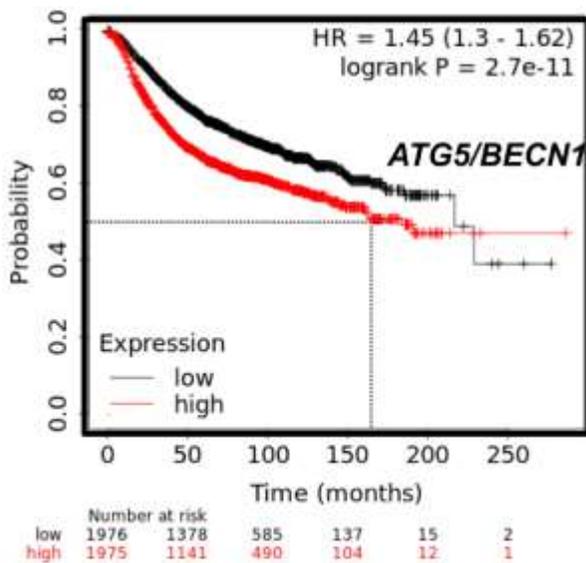
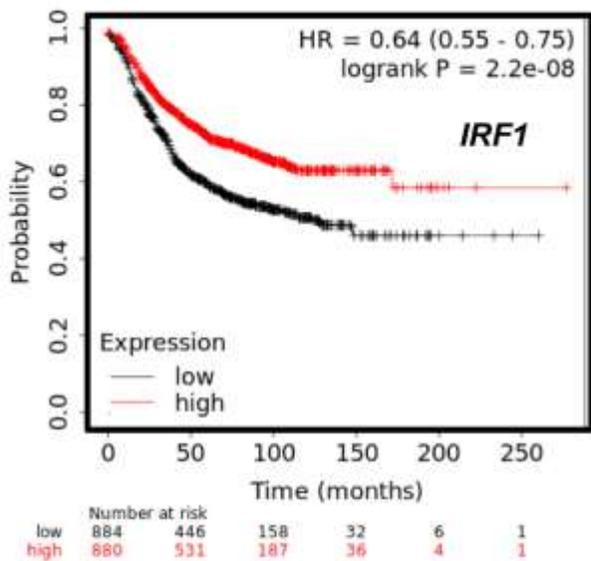


Number at risk		Time (months)				
		0	50	100	150	200
low	1978	1340	593	144	12	2
high	1973	1179	482	97	15	1



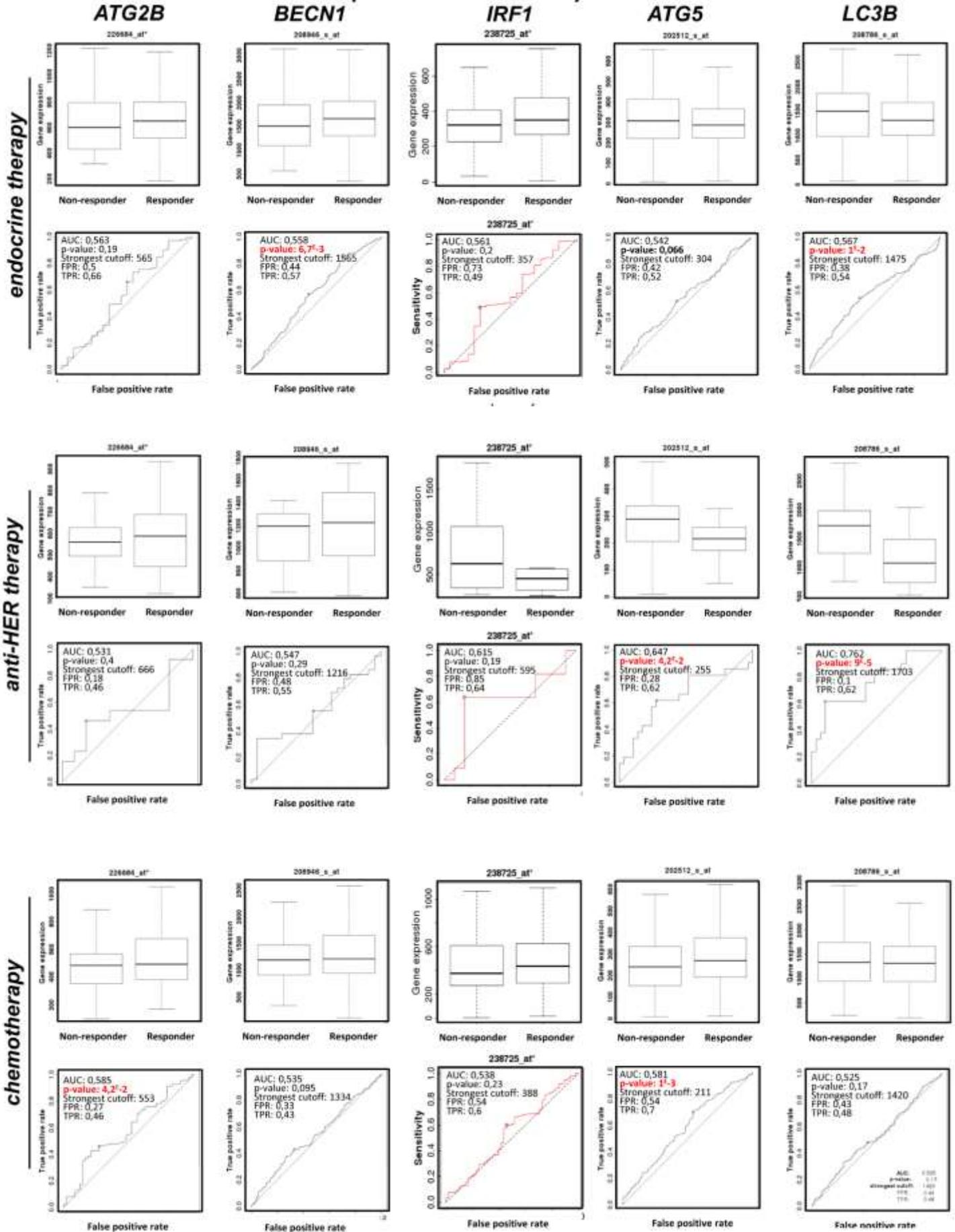
Number at risk		Time (months)				
		0	50	100	150	200
low	1976	1389	627	134	15	1
high	1975	1130	448	107	12	2

Supplementary Figure 3: A high expression of *ATG5*, *ATG3*, *LC3B*, *CCT4*, *CCT5* or *CCT6* is associated with a poor prognosis. Kaplan Meier data analysis confirmed a significant worst prognosis for BC patients presenting a high expression of *ATG5*, *ATG3*, *CCT4*, *CCT5* or *CCT6*.

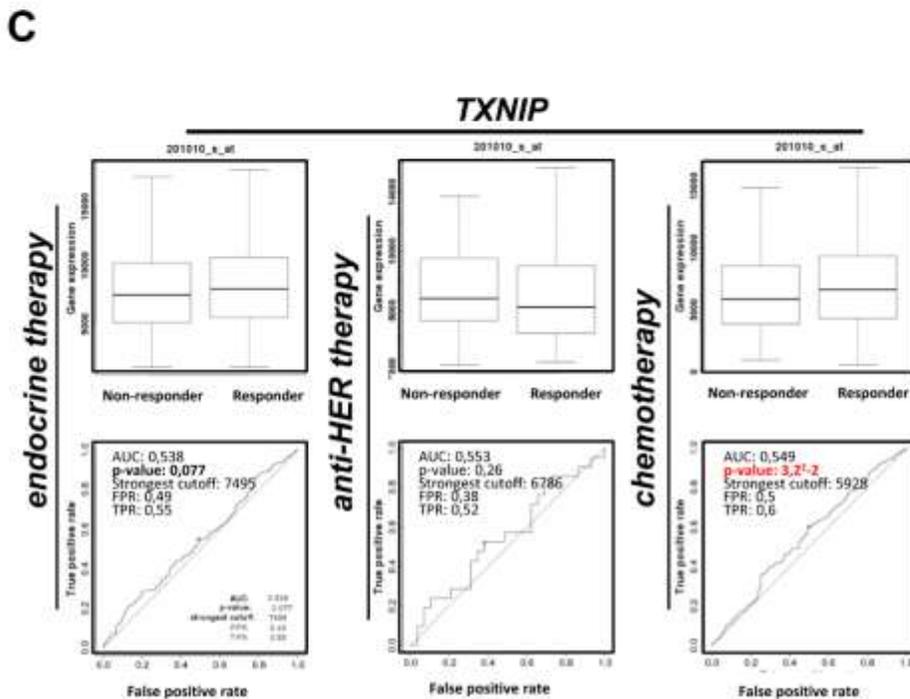
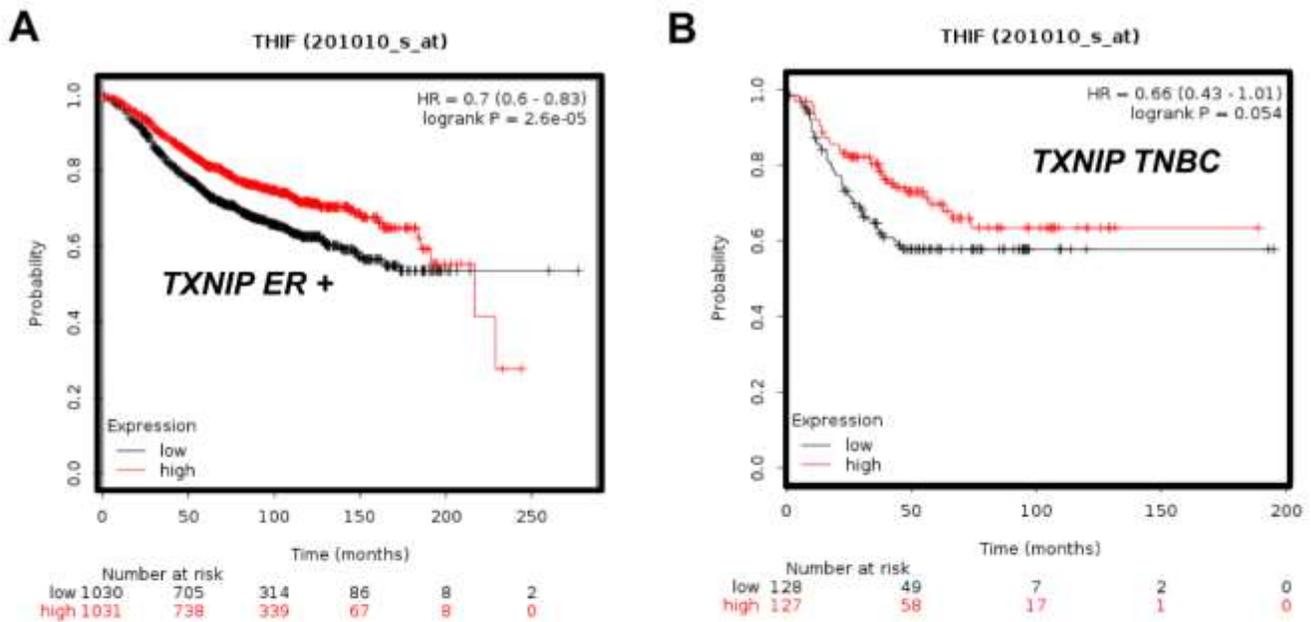


Supplementary Figure 4: A high *ATG5/BECN1* and *ATG5/ATG2B* expression ratio is associated with a poor prognosis.

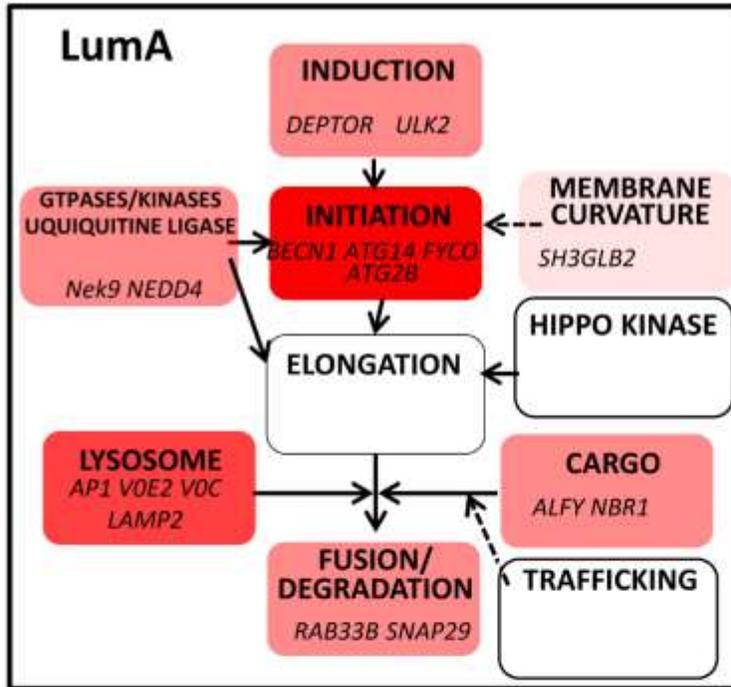
Relapse-free survival at 5 years



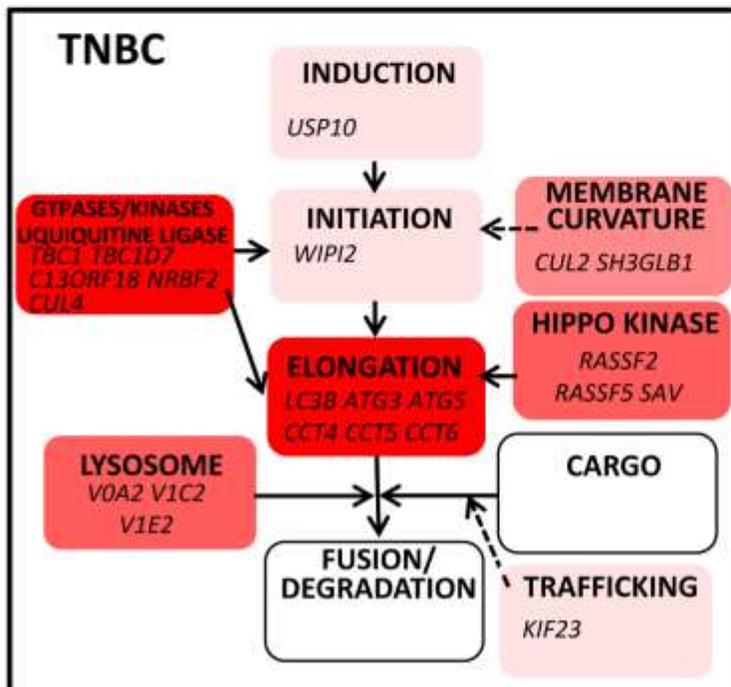
Supplementary Figure 5: The expression of *ATG2B*, *BECN1*, *ATG5*, *LC3B* and *ATG3* can be used to establish the prognosis of relapse-free survival at 5 years following anti-cancer therapies. ROC Plotter database showed: *i*) the association of a high expression of *BECN1* with a higher response to endocrine therapy; *ii*) an inverse correlation between a high expression of *ATG5* to response to endocrine therapy and to anti-HER therapy and a correlation to response to chemotherapy; *iii*) an inverse correlation between the expression of *LC3B* to endocrine and anti-HER therapy responses.



Supplementary Figure 6: The expression of *TXNIP1* is a marker of good prognosis in BC patients, independently of BC subgroups. A: ER patients presented a higher *TXNIP* expression compared to TNBC patients. **B-C:** Kaplan Meier data analysis demonstrated that a high *TXNIP* expression remained associated with a good prognosis in both ER+ patients and TNBC patients. **D:** ROC Plotter database showed that the *TXNIP* expression was associated with a good response to any chemotherapy.



Chi-square 17,54; 9
P=0,04



Supplementary Figure 7: The genes involved in the different steps of autophagy are differentially expressed between LumA and TNBC. The 50 genes with the highest differential expression presented in the heatmap of Figure 1 were classified according to the different autophagy steps, meaning induction, GTPases/kinases/ ubiquitine ligase, initiation, membrane curvature, hippo kinase, elongation, lysosome, cargo, fusion/degradation and trafficking, for LumA **A.** or TNBC **B.** patients. Colors (from white = 0 gene in the category to brilliant red ≥ 4 genes in the category) indicates the proportions of genes mostly expressed in the category. Chi-square confirmed a differential distribution in activated categories between LumA and TNBC tumors.