#### Distinct reproductive risk profiles for intrinsic-like breast cancer subtypes: pooled 1 analysis of population-based studies 2

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- 161 **Keywords**: breast cancer, intrinsic-like subtypes, triple-negative, reproductive risk factors
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**ABSTRACT** (248 words; maximum 250 words)

166 **Background:** Reproductive factors have been shown to be differentially associated with risk

167 of estrogen receptor (ER) positive and ER-negative breast cancer. However, their

168 associations with intrinsic-like subtypes are less clear.

169 Methods: Analyses included up to 23,353 cases, and 71,072 controls pooled from 31

170 population-based case-control or cohort studies in the Breast Cancer Association Consortium

across 16 countries on 4 continents. Polytomous logistic regression was used to estimate the

association between reproductive factors and risk of breast cancer by intrinsic-like subtypes

173 (luminal A-like, luminal B-like, luminal B-HER2-like, HER2-enriched-like, and triple-

174 negative) and by invasiveness.

Results: Compared to nulliparous women, parous women had a lower risk of luminal A-like, 175 176 luminal B-like, luminal B-HER2-like and HER2-enriched-like disease. This association was apparent only after approximately 10 years since last birth and became stronger with 177 increasing time. In contrast, parous women had a higher risk of triple-negative breast cancer 178 right after their last birth that was attenuated with time but persisted for decades. Older age at 179 first birth and breastfeeding were associated with lower risk of triple-negative but not with 180 other disease subtypes. Younger age at menarche was associated with higher risk of all 181 subtypes; older age at menopause was associated with higher risk of luminal A-like but not 182 triple-negative breast cancer. Associations for in situ tumors were similar to luminal A-like. 183 184 Conclusion: This large and comprehensive study demonstrates a distinct reproductive risk factor profile for triple-negative breast cancer compared to other subtypes, with implications 185 for the understanding of disease etiology and risk prediction. 186

#### **INTRODUCTION** (3,646 words revised)

Reproductive factors such as parity, age at first birth, and breastfeeding are established breast cancer risk factors [1]. Although there is strong evidence for differential associations by estrogen receptor (ER) status of the tumor [2, 3], associations with risk of intrinsic-like breast cancer subtypes defined by the cross-classification of ER, progesterone receptor (PR), human epidermal growth factor receptor 2 (HER2) status and grade are unclear [4, 5].

194 Parity and younger age at first birth are associated with lower risk for developing ERpositive or luminal tumors [2, 4-9], but this protection does not seem to extend to ER-195 196 negative or triple-negative tumors [2, 4-7, 10]. Studies investigating time since last birth have shown a transient increase in breast cancer risk associated with childbirth followed by long-197 term protection [11-14]. More recent studies evaluating subtypes suggest the transient 198 199 increased risk to last <10 years for ER-positive tumors [15] but persist even  $\geq$ 25 years after 200 last birth for ER-negative tumors [8, 16]. Breastfeeding seems to be most often associated with a decreased risk of breast cancer, although this is not entirely consistent, especially for 201 202 ER-negative or triple-negative tumors [4, 5, 9, 10, 17]. A lower breast cancer risk associated with older age at menarche and younger age at menopause is most consistent for ER-positive 203 204 or luminal tumors [2, 4, 6, 7, 10, 18]. Effect modification by age of associations between reproductive risk factors and risk of breast cancer subtypes has been reported with conflicting 205 206 results [6, 8, 19, 20].

Elucidating these relationships between reproductive risk factors and breast cancer subtypes as well as invasiveness helps delineate the etiologic heterogeneity of breast cancer as well as informs the development of subtype-specific risk prediction. To this end, we pooled data from 31 population-based studies to evaluate primarily risk of invasive intrinsiclike subtypes and secondarily risk of invasiveness (ER-positive, ER-negative) and *in situ* 

tumors associated with reproductive history. We also aimed to assess whether associationsdiffer by age.

#### 214 METHODS

#### 215 Study sample

216 Thirty-seven population-based case-control or cohort studies from the Breast Cancer

217 Association Consortium were eligible for inclusion in the analysis. Following exclusions

shown in Supplementary Figure S1, the final study sample included 47,350 cases with

known invasiveness (including 23,353 with known intrinsic-like subtype) and 71,072 controls

from 13 prospective cohort studies, and 18 case-control studies. Studies included [21-50] are

221 described in Supplementary Table S1. All individual studies were approved by their

222 institutional review boards and/or medical ethical committees. Written informed consent was

223 obtained from all study subjects.

## 224 Breast cancer risk factors

Studies provided information on at least one reproductive risk factor, or exogenous hormone
use and lifestyle risk factors that will be the focus for subsequent analyses. Data from studies
was centrally quality-controlled and harmonized using a common data dictionary. The
distributions of individual risk factors according to study are shown in Supplementary Table
S2

### 230 Breast cancer tumor markers

231 The source of tumor marker data varied across studies and included clinical records and

immunohistochemistry (IHC) involving full face tumor sections or tissue microarrays [51].

233 Breast tumors were classified according to ER status (ER-positive/ER-negative), and the

following invasive intrinsic-like subtypes using histologic grade as proxy for proliferation

[52]: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like

236 (ER-positive or PR-positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or

237 PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-negative, PR-negative,

HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative,any grade).

#### 240 Statistical analyses

Polytomous logistic regression was used to fit multivariable models to estimate case-control 241 odds ratios (ORs) and 95% confidence intervals (CIs) for associations with breast cancer 242 243 subtypes for time since last birth (in 12 5-year categories) in women with different numbers of births (nulliparous (ref.), 1, 2,  $\geq$ 3 births), and the following additional variables: age at first 244 245 birth (<20 years (ref.), 20-<25, 25-<30,  $\geq$ 30), breastfeeding duration (0 months (ref.), >0-6, >6-12, >12-24, >24), age at menarche ( $\geq 15$  years (ref.), 14, 13,  $\leq 12$ ), and age at menopause 246 (<50 years (ref.), 50-54,  $\geq 54$ , premenopausal). We fit two models with all the covariates – 247 248 one for intrinsic-like subtypes and the other for ER-positive/ER-negative/in situ subtypes as 249 the outcome variables. All analyses were further adjusted for age at reference date (date of diagnosis for cases, date of interview for controls) and study. A category for missing values 250 251 was included for covariates as well as intrinsic-like subtypes. Heterogeneity in breast cancer risk factor associations between subtypes was 252

evaluated using polytomous logistic regression for case-case comparisons with luminal A-

like as reference for intrinsic-like subtypes, and ER-positive as reference for ER-positive/ER-

255 negative/*in situ* subtypes, including the same variables as the case-control models.

256 Categorical variables were modelled as ordinal variables using the median value for each

257 category. Both case-control and case-case models included the same covariates as described

above, and the same number of cases. Case-case analyses excluded controls and used luminal

259 A-like / ER-positive as the comparison group.

As secondary analyses and for comparison to previous reports evaluating reproductivefactors by subtypes, we also fit a series of multivariable polytomous logistic regression

262 models similar to those described above excluding time since last birth. These simpler models were also used to evaluate potential effect modification by age on these associations between 263 risk factors and intrinsic-like subtypes. Multivariable associations were stratified by 5-year 264 age categories based on reference age. Heterogeneity in estimates across 5-year age 265 categories was tested using the likelihood-ratio test comparing models with and without an 266 interaction term between age and each reproductive risk factor of interest as ordinal variables 267 268 using the median value for each category (P-interaction). Each subtype was tested separately in a case-control comparison in models fit excluding cases of the other subtypes. 269

270 We performed analyses to assess heterogeneity of risk estimates by study design using a likelihood-ratio test comparing models with and without an interaction term between study 271 design and each reproductive risk factor of interest as ordinal variables using the median 272 273 value for each category (P-interaction). To further test for heterogeneity by study, analyses 274 were additionally performed by study and the results meta-analyzed using a random-effects model. To explore the robustness of our results, risk associations were assessed excluding 275 276 studies with missing data in >90% of cases or controls on time since last birth or breastfeeding duration. 277

All statistical tests were two-sided; statistical significance was considered with P
values <0.05. Statistical analyses were performed using SAS, version 9.4 (SAS Institute). All</li>
figures were created using Wolfram Mathematica, version 12.1 (Wolfram Research).

281 **RESULTS** 

282 The distributions of risk factors according to intrinsic-like subtype are shown in **Table 1**.

283 Associations between reproductive risk factors and invasive intrinsic-like subtypes: case-

284 control analyses

Compared with nulliparous women, uniparous women were at decreased risk of breast
 cancer ~30 years after birth (Figure 1, Table 2 for ORs (95%CIs)). Biparous and multiparous

287 women had a higher risk of luminal A-like than nulliparous women within ~10 years since their last birth before crossing over to having lower risk. There was evidence of a stronger 288 risk decrease for multiparous (OR 0.59 (95% CI 0.49 to 0.71)) than biparous women (OR 0.94 289 290 (95%CI 0.80 to 1.10)) ~20 years after their last birth. For triple-negative disease, all parous women were at higher risk than nulliparous women, particularly within 5 years after last 291 birth. This relative increase in risk attenuated with time but persisted until 30-35 years after 292 293 last birth with no crossover in risk. Even for multiparous women the increased risk of triplenegative disease associated with childbirth lasted until 15 years after last birth. 294

295 *Heterogeneity of associations between reproductive risk factors and invasive intrinsic-like*296 *subtypes: case-case analyses*

Tests for OR heterogeneity by subtypes based on case-case comparisons showed 297 298 statistically significant differences in the ORs for time since last birth for triple-negative 299 compared to luminal-A-like breast cancer among uniparous (P-heterogeneity=5.49E-06), biparous (P-heterogeneity=1.17E-04), and multiparous women (P-heterogeneity=1.21E-02). 300 301 ORs for all the other subtypes were not significantly different from that for luminal-A-like tumors (Supplementary Figure S2, Supplementary Table S3). Increasing age at first birth 302 was associated with decreasing risk of triple-negative breast cancer, but not other intrinsic-303 like subtypes (P-heterogeneity=5.94E-08 for triple-negative compared to luminal-A like). 304 305 Breastfeeding for >6 months was associated with lower risk of triple-negative breast cancer 306 compared to no breastfeeding in parous women, but not other disease subtypes (P-307 heterogeneity=3.77E-05 for triple-negative compared to luminal-A like). Older age at menarche was inversely associated with risk of all subtypes, with strongest associations for 308 309 luminal-A-like (P-heterogeneity>1.68E-01). Older age at menopause was significantly associated with modest increase in risk of luminal A-like, luminal B-HER2-like and HER2-310 enriched-like breast cancer, but not luminal B-like or triple-negative breast cancer. However, 311

test for OR heterogeneity by subtype was not statistically significant (P-heterogeneity>2.43E01). These case-case analyses further demonstrate that evidence for etiological heterogeneity
was strongest for luminal A-like *vs.* triple-negative tumors.

315 Associations between reproductive risk factors and intrinsic-like subtypes stratified by age

Age modified the associations of number of births (P-interaction=8.89E-03) (**Figure** 

**2**, **Supplementary Table S4**), age at first birth (P-interaction=6.55E-05) (Supplementary

**Figure S3**, **Supplementary Table S5**) and breastfeeding duration (P-interaction=1.07E-02)

319 (Supplementary Figure S4, Supplementary Table S6) with risk of luminal A-like disease.

320 Risk associations were strongest for younger women in their 40's and attenuated with

321 increasing age. In contrast, younger age at menarche was associated with higher risk of triple-

negative breast cancer, particularly for younger women (P-interaction=1.59E-03)

(Supplementary Figure S5, Supplementary Table S7). There was no evidence that other
 associations between reproductive risk factors including age at menopause (Supplementary
 Figure S6, Supplementary Table S8) and intrinsic-like subtypes were modified by age.

326 Associations between reproductive risk factors and invasiveness (ER status and in situ)

For comparability to previous reports, we also evaluated associations by ER status 327 and in situ disease (for case-control comparisons: Figure 3, Supplementary Table S9; for 328 case-case comparisons: Supplementary Figure S7, Supplementary Table S10). Overall, 329 reproductive risk factor associations with risk of in situ and invasive ER-positive breast 330 331 cancer were like those observed for luminal-like subtypes. Associations for invasive ERnegative were like those we reported for triple-negative tumors, while associations for 332 invasive ER-positive were more similar to those for luminal-like tumors. A notable finding 333 334 was that breastfeeding for >6 months was associated with a decreased risk for ER-negative disease while longer breastfeeding duration of >24 months was necessary for similar decrease 335 in risk for ER-positive and in situ disease. 336

Associations between reproductive risk factors excluding time since last birth and invasive
intrinsic-like subtypes as well as invasiveness (ER status and in situ)

339 Parity was associated with decreased risk of all intrinsic subtypes except triplenegative, for which there was an increased risk becoming weaker with additional births 340 (Supplementary Figure S8, Supplementary Table S11). Increasing age at first birth also 341 showed differential associations, with increasing risk of luminal A-like but decreasing risk of 342 343 triple-negative breast cancer. Associations between other risk factors and intrinsic-like subtypes were like those from the model fit with time since last birth. Likewise, tests for OR 344 345 heterogeneity by subtypes based on case-case comparisons were like those from the model that included time since last birth (Supplementary Figure S9, Supplementary Table S12). 346 In case-control comparisons, associations between risk factors and risk of ER+/ER-/in 347 348 situ tumors were in line with those from the model fit with time since last birth (Supplementary Figure S10, Supplementary Table S13). Tests for OR heterogeneity by 349 invasiveness and *in situ* based on case-case comparisons (Supplementary Figure S11, 350 Supplementary Table S14) were similar to those from the model fit with time since last 351 birth in that there were differences in the ORs for number of births (P-heterogeneity=1.23E-352 14), age at first birth (P-heterogeneity=9.25E-03), and breastfeeding duration (P-353 heterogeneity=4.25E-04) for ER- compared to ER+ disease. ORs for age at menarche for in 354 situ disease was also different to those for ER+ disease (P-heterogeneity=1.73E-03). 355 356 Sensitivity analyses There was no evidence for heterogeneity by study design for associations between 357 reproductive risk factors and intrinsic-like subtypes (P-heterogeneity >8.00E-02) except for 358 359 age at menopause (P-heterogeneity=1.00E-03) (Supplementary Figures S12-S19).

360 Excluding studies that had missing data on time since last birth or breastfeeding duration in

361 >90% of cases or controls yielded substantially unchanged results (Supplementary Figure
362 S20).

#### 363 **DISCUSSION**

This report provides the strongest evidence to date for differential associations 364 between reproductive risk factors and breast cancer subtypes, as well as precise relative risk 365 estimates for subtype-specific associations. Risk factor associations for triple-negative tumors 366 367 were most distinct from other tumor subtypes. A key strength of this report is the large sample size, ~3-5 times larger than previously published reports [8, 15, 16], and wide range 368 369 of exposures that allowed us to expand considerably on previous reports. Most notably, we investigated associations of time since last birth for women with different numbers of births 370 on risk of breast cancer subtypes while accounting for other reproductive risk factors. 371

372 We provide confirmatory evidence and additional insights for several subtype-specific risk factor associations. Earlier age at first birth and increasing number of births has been 373 consistently associated with a lower risk for ER-positive disease [5, 6, 8, 18, 53, 54]. The 374 375 association with ER-negative disease has been less clear with studies suggesting no association [5, 18, 53, 54] or a higher risk [6, 8, 53]. Additionally, reports have shown a 376 transient increase in breast cancer risk after a recent childbirth that reverts to a long-term 377 protection [8, 11, 13-16]. A pooled analysis of premenopausal women of European descent 378 showed that this transient increase was limited to ER-positive tumors, while the increased 379 380 risk persisted for ER-negative tumors up to 35 years after birth [16]. We confirmed these patterns of risk associations with data that spanned beyond 55 years after last birth. 381 Compared to nulliparous women, parous women are at transient increased risk of all intrinsic-382 383 like subtypes peaking between 5-15 years after last birth for luminal-like tumors, lasting ~10 years for biparous and multiparous women, and 20 years for uniparous women before risk 384 decrease. Risk of triple-negative breast cancer after childbirth peaked immediately until <5 385

386 years after birth, lasted ~30-35 years for uniparous and biparous women and 10-15 years for multiparous women with no decrease in risk even >55 years after most recent birth. We 387 confirm that there is little protection from ER-negative tumors even decades after most recent 388 389 birth [8, 16]. Together with two case-case analyses [55, 56], these studies provide evidence of heterogeneous associations between time since last birth and hormone receptor subtypes. Our 390 results further reveal that it is primarily triple-negative and not HER2-enriched-like tumors 391 392 that differ in these risk factor associations from other breast cancer subtypes. Additional studies in diverse populations are needed to clarify possible differences of these associations 393 394 by race/ethnicity.

Associations of breastfeeding and risk of ER-positive breast cancer has not been 395 consistent and some studies suggest differences by race/ethnic groups [3, 8, 9, 17, 18]. Our 396 397 study of women mostly of European descent showed no protection of ER-positive disease 398 from breastfeeding, with a possible inverse association only for women with long breastfeeding duration (24 or more months). In contrast, breastfeeding for at least 6 months 399 400 was associated with a lower risk of triple negative disease. These findings are generally consistent with studies across race/ethnicity groups [3, 8, 9, 17, 18] and further support 401 promotion of breastfeeding for at least 6 months to reduce breast cancer risk, particularly 402 triple negative tumours that disproportionally affect women of African ancestry [57]. Given 403 that breastfeeding initiation and duration is lower for African-American women compared to 404 405 other races/ethnicities in the US [58], promotion of breastfeeding could help address breast cancer health disparities. 406

Younger age at menarche was associated with increased risk of all subtypes in the
current analysis, corroborating results from previous reports [2, 4, 6, 7, 10, 18]. Our results
further indicate that older age at menopause was associated with increased risk of ERpositive, ER-negative, luminal-like, and HER2-enriched-like but not triple-negative tumors.

411 Older age at menopause has been previously reported to increase luminal-like [4, 6] and
412 hormone receptor-positive tumors [7, 18].

413 Older age at first birth has been shown to increase risk of luminal A-like, luminal Blike, ER-positive, and hormone receptor-positive tumors and not to be associated with triple-414 negative, ER-negative, or hormone receptor-negative tumors [2, 4-7, 9]. However, none of 415 these previous studies had accounted for time since last childbirth. Our data adds to the 416 417 literature by providing clear evidence that older age at first birth is associated with decreased risk of triple-negative disease and ER-negative tumors after additionally accounting for time 418 419 since last birth. The inclusion of time since last birth to the model attenuates the associations between age at first birth and luminal-like and ER-positive tumors while strengthening the 420 inverse association with triple-negative disease and ER-negative tumors. 421

422 The possible biological mechanisms underpinning associations between reproductive history and breast cancer subtypes are unclear. Long-term protection of breast cells from 423 carcinogenic transformation is partly hypothesized to be from terminal differentiation of the 424 425 terminal ductal lobular unit in the final trimester of pregnancy, as proposed [59]. That we do not see long-term protection from childbirth even decades after the last birth in women who 426 develop triple-negative breast cancer mirrors those of a pooled analysis, where there was no 427 protection from ER- breast cancers even  $\geq 25$  years after the last birth [8]. The authors then 428 postulated that the mechanisms behind this long-term effect may be different from 429 430 mechanisms operating for pregnancy-associated breast cancers.

The potential biological mechanisms underlying the etiology of ER-negative breast cancer were recently described in a narrative review. These mechanisms include effects on progenitor cells in the mammary gland, involution following pregnancy, epigenetic reprogramming in the mammary gland following pregnancy hormone-induced differentiation and tissue remodeling, and aberrant DNA methylation of luminal progenitor genes [60].

436 We are unaware of other studies evaluating associations between time since last birth and risk of *in situ* breast cancer. Overall, we found evidence that patterns of association 437 between other reproductive factors and in situ disease are similar to those for invasive ER-438 439 positive tumors, in that increasing parity and increasing breastfeeding duration were observed to be associated with a decreased risk of in situ, in line with some studies [61-64] but not 440 others [64, 65]. Our observations that increasing age at first birth and younger age at 441 442 menarche were associated with increased risk of *in situ* tumors likewise corroborates results from some studies [61-63, 66] but not others [65-67] that were likely limited by small sample 443 444 sizes. Age at menopause was not associated with *in situ* in our much larger study sample, while younger menopausal age has been previously reported to decrease in situ breast cancer 445 risk [61-63, 66]. 446

447 Our results further demonstrate that relationships between some reproductive risk factors and breast cancer subtype risk are modified by age. At younger ages, parity, age at 448 first birth, and breastfeeding duration were more strongly associated with luminal A-like 449 450 tumors, with associations weakening with increasing age, whereas age at menarche was more likely to be strongly associated with triple-negative disease. That age modifies the association 451 452 between parity and hormone receptor status-based and intrinsic-like subtypes has been previously suggested [8, 19] although not confirmed when using a less granular 453 parameterization for age [6]. Age at first birth has been reported to be more strongly 454 455 associated with ER-positive disease for younger women (aged <50 years) than older women [20]. Unlike our results, studies in African and African-American women reported that in 456 women  $\geq$ 50 years of age, breastfeeding duration was more strongly related to a decreased 457 458 ER-positive risk [68] as well as decreased ER-negative risk [8], and older age at menarche to a decreased risk of ER-positive tumors [68]. 459

460 From sensitivity analyses, associations between reproductive risk factors and intrinsic-like subtypes were similar across the two study designs except for age at menopause. 461 Our study is limited by the categorization of tumor subtypes based on ER, PR, HER2, 462 and grade. Up to 20% of IHC determinations of ER and PR may be inaccurate due to varying 463 thresholds for positivity and interpretation criteria [69]. Another limitation is that we did not 464 examine breastfeeding duration specific for each birth. There was also missing data on the 465 466 reproductive factors (time since last birth: 42.2%, parity: 1.5%, age at first birth: 7.0%, breastfeeding duration: 41.5%, age at menarche: 6.2%, age at menopause: 13.5%), although a 467 468 sensitivity analysis demonstrated that the effects of missing data on these associations was likely to be minimal. Our study sample predominantly included women of European ancestry 469 (83.6%; Hispanic American 0.3%; African 4.5%; Asian subcontinent 0.1%; South-East Asian 470 471 5.4%; Other 3.8%; Unknown 2.2%), so generalizing our findings to women of other 472 ethnicities should be done with prudence. In conclusion, this large and comprehensive analysis using population-based data 473 474 demonstrates marked differences in associations of reproductive history with triple-negative breast cancer compared to the other intrinsic-like subtypes or *in situ* disease. These results are 475 476 valuable in providing further evidence for the understanding of etiologic heterogeneity in

477 breast carcinogenesis and could inform risk prediction and prevention strategies.

# 478 **REFERENCES**

Kelsey JL, Bernstein L. Epidemiology and prevention of breast cancer. Annu Rev Public Health
 1996;17:47-67.

481 2. Aktipis CA, Ellis BJ, Nishimura KK, *et al.* Modern reproductive patterns associated with 482 estrogen receptor positive but not negative breast cancer susceptibility. Evol Med Public Health 483 2014;2015(1):52-74.

484 3. Islami F, Liu Y, Jemal A, *et al.* Breastfeeding and breast cancer risk by receptor status--a 485 systematic review and meta-analysis. Ann Oncol 2015;26(12):2398-407.

486 4. Barnard ME, Boeke CE, Tamimi RM. Established breast cancer risk factors and risk of intrinsic
487 tumor subtypes. Biochim Biophys Acta 2015;1856(1):73-85.

- 488 5. Lambertini M, Santoro L, Del Mastro L, *et al.* Reproductive behaviors and risk of developing
  489 breast cancer according to tumor subtype: A systematic review and meta-analysis of epidemiological
  490 studies. Cancer Treat Rev 2016;49:65-76.
- 491 6. Gaudet MM, Gierach GL, Carter BD, *et al.* Pooled Analysis of Nine Cohorts Reveals Breast
  492 Cancer Risk Factors by Tumor Molecular Subtype. Cancer Res 2018;78(20):6011-6021.

493 7. Anderson KN, Schwab RB, Martinez ME. Reproductive risk factors and breast cancer
494 subtypes: a review of the literature. Breast Cancer Res Treat 2014;144(1):1-10.

495 8. Palmer JR, Viscidi E, Troester MA, *et al.* Parity, lactation, and breast cancer subtypes in
496 African American women: results from the AMBER Consortium. J Natl Cancer Inst 2014;106(10).

- 497 9. Sangaramoorthy M, Hines LM, Torres-Mejia G, *et al.* A Pooled Analysis of Breastfeeding and
  498 Breast Cancer Risk by Hormone Receptor Status in Parous Hispanic Women. Epidemiology
  499 2019;30(3):449-457.
- Holm J, Eriksson L, Ploner A, *et al.* Assessment of Breast Cancer Risk Factors Reveals Subtype
   Heterogeneity. Cancer Res 2017;77(13):3708-3717.

Lambe M, Hsieh C, Trichopoulos D, *et al.* Transient increase in the risk of breast cancer after
giving birth. N Engl J Med 1994;331(1):5-9.

- 50412.Albrektsen G, Heuch I, Hansen S, et al. Breast cancer risk by age at birth, time since birth and505time intervals between births: exploring interaction effects. Br J Cancer 2005;92(1):167-75.
- 506 13. Williams EM, Jones L, Vessey MP, *et al.* Short term increase in risk of breast cancer
  507 associated with full term pregnancy. BMJ 1990;300(6724):578-9.

Bruzzi P, Negri E, La Vecchia C, et al. Short term increase in risk of breast cancer after full
 term pregnancy. BMJ 1988;297(6656):1096-8.

- 510 15. Palmer JR, Boggs DA, Wise LA, *et al.* Parity and lactation in relation to estrogen receptor
- 511 negative breast cancer in African American women. Cancer Epidemiol Biomarkers Prev512 2011;20(9):1883-91.
- 51316.Nichols HB, Schoemaker MJ, Cai J, et al. Breast Cancer Risk After Recent Childbirth: A Pooled514Analysis of 15 Prospective Studies. Ann Intern Med 2019;170(1):22-30.
- 515 17. Fortner RT, Sisti J, Chai B, *et al.* Parity, breastfeeding, and breast cancer risk by hormone
  516 receptor status and molecular phenotype: results from the Nurses' Health Studies. Breast Cancer Res
  517 2019;21(1):40.
- 518 18. John EM, Phipps AI, Hines LM, *et al.* Menstrual and reproductive characteristics and breast
- cancer risk by hormone receptor status and ethnicity: The Breast Cancer Etiology in Minorities study.Int J Cancer 2020;147(7):1808-1822.
- 521 19. Brouckaert O, Rudolph A, Laenen A, *et al.* Reproductive profiles and risk of breast cancer
  522 subtypes: a multi-center case-only study. Breast Cancer Res 2017;19(1):119.

523 20. Anderson WF, Pfeiffer RM, Wohlfahrt J, et al. Associations of parity-related reproductive

histories with ER+/- and HER2+/- receptor-specific breast cancer aetiology. Int J Epidemiol
2017;46(1):86-95.

526 21. Koutros S, Alavanja MC, Lubin JH, *et al.* An update of cancer incidence in the Agricultural
527 Health Study. J Occup Environ Med 2010;52(11):1098-105.

528 22. Calle EE, Rodriguez C, Jacobs EJ, *et al.* The American Cancer Society Cancer Prevention Study
529 II Nutrition Cohort: rationale, study design, and baseline characteristics. Cancer 2002;94(9):2490530 501.
531 23. Bernstein L, Allen M, Anton-Culver H, *et al.* High breast cancer incidence rates among

- 531 23. Bernstein L, Allen W, Anton-Cuver H, *et al.* High breast cancer incidence rates antong
   532 California teachers: results from the California Teachers Study (United States). Cancer Causes Control
   533 2002;13(7):625-35.
- 534 24. Riboli E, Hunt KJ, Slimani N, et al. European Prospective Investigation into Cancer and

535 Nutrition (EPIC): study populations and data collection. Public Health Nutr 2002;5(6B):1113-24.

- Li J, Humphreys K, Eriksson M, et al. Worse quality of life in young and recently diagnosed
  breast cancer survivors compared with female survivors of other cancers: A cross-sectional study. Int
  J Cancer 2016;139(11):2415-25.
- 539 26. Milne RL, Fletcher AS, MacInnis RJ, *et al.* Cohort Profile: The Melbourne Collaborative Cohort 540 Study (Health 2020). Int J Epidemiol 2017;46(6):1757-1757i.
- 541 27. Kolonel LN, Henderson BE, Hankin JH, *et al.* A multiethnic cohort in Hawaii and Los Angeles: 542 baseline characteristics. Am J Epidemiol 2000;151(4):346-57.
- 543 28. Olsson HL, Ingvar C, Bladstrom A. Hormone replacement therapy containing progestins and 544 given continuously increases breast carcinoma risk in Sweden. Cancer 2003;97(6):1387-92.
- 545 29. Olson JE, Sellers TA, Scott CG, *et al.* The influence of mammogram acquisition on the 546 mammographic density and breast cancer association in the Mayo Mammography Health Study 547 cohort. Breast Cancer Res 2012;14(6):R147.
- 548 30. Hankinson SE, Willett WC, Manson JE, *et al.* Plasma sex steroid hormone levels and risk of 549 breast cancer in postmenopausal women. J Natl Cancer Inst 1998;90(17):1292-9.
- Tworoger SS, Missmer SA, Eliassen AH, et al. The association of plasma DHEA and DHEA
  sulfate with breast cancer risk in predominantly premenopausal women. Cancer Epidemiol
  Biomarkers Prev 2006;15(5):967-71.
- 553 32. Pfeiffer RM, Park Y, Kreimer AR, *et al.* Risk prediction for breast, endometrial, and ovarian 554 cancer in white women aged 50 y or older: derivation and validation from population-based cohort 555 studies. PLoS Med 2013;10(7):e1001492.
- Suzuki R, Ye W, Rylander-Rudqvist T, *et al.* Alcohol and postmenopausal breast cancer risk
  defined by estrogen and progesterone receptor status: a prospective cohort study. J Natl Cancer Inst
  2005;97(21):1601-8.
- 55934.Dite GS, Jenkins MA, Southey MC, et al. Familial risks, early-onset breast cancer, and BRCA1560and BRCA2 germline mutations. J Natl Cancer Inst 2003;95(6):448-57.
- 561 35. Fritschi L, Erren TC, Glass DC, *et al.* The association between different night shiftwork factors 562 and breast cancer: a case-control study. Br J Cancer 2013;109(9):2472-80.
- 56336.Rennert G, Pinchev M, Rennert HS. Use of bisphosphonates and risk of postmenopausal564breast cancer. J Clin Oncol 2010;28(22):3577-81.
- 565 37. Grundy A, Schuetz JM, Lai AS, *et al.* Shift work, circadian gene variants and risk of breast 566 cancer. Cancer Epidemiol 2013;37(5):606-12.
- 56738.Menegaux F, Truong T, Anger A, et al. Night work and breast cancer: a population-based568case-control study in France (the CECILE study). Int J Cancer 2013;132(4):924-31.
- 39. Widschwendter M, Apostolidou S, Raum E, *et al.* Epigenotyping in peripheral blood cell DNA
  and breast cancer risk: a proof of principle study. PLoS One 2008;3(7):e2656.
- 40. Pesch B, Ko Y, Brauch H, *et al.* Factors modifying the association between hormonereplacement therapy and breast cancer risk. Eur J Epidemiol 2005;20(8):699-711.
- 573 41. Chang-Claude J, Eby N, Kiechle M, *et al.* Breastfeeding and breast cancer risk by age 50 574 among women in Germany. Cancer Causes Control 2000;11(8):687-95.
- 42. Hartikainen JM, Tuhkanen H, Kataja V, *et al*. An autosome-wide scan for linkage
- 576 disequilibrium-based association in sporadic breast cancer cases in eastern Finland: three candidate
- 577 regions found. Cancer Epidemiol Biomarkers Prev 2005;14(1):75-80.

Wu AH, Yu MC, Tseng CC, *et al.* Dietary patterns and breast cancer risk in Asian American
women. Am J Clin Nutr 2009;89(4):1145-54.

580 44. Flesch-Janys D, Slanger T, Mutschelknauss E, *et al.* Risk of different histological types of
581 postmenopausal breast cancer by type and regimen of menopausal hormone therapy. Int J Cancer
582 2008;123(4):933-41.

45. Hadjisavvas A, Loizidou MA, Middleton N, *et al.* An investigation of breast cancer risk factors
in Cyprus: a case control study. BMC Cancer 2010;10:447.

58546.Zheng W, Long J, Gao YT, et al. Genome-wide association study identifies a new breast586cancer susceptibility locus at 6q25.1. Nat Genet 2009;41(3):324-8.

587 47. Newman B, Moorman PG, Millikan R, *et al.* The Carolina Breast Cancer Study: integrating
588 population-based epidemiology and molecular biology. Breast Cancer Res Treat 1995;35(1):51-60.

589 48. Garcia-Closas M, Egan KM, Newcomb PA, *et al.* Polymorphisms in DNA double-strand break
590 repair genes and risk of breast cancer: two population-based studies in USA and Poland, and meta591 analyses. Hum Genet 2006;119(4):376-88.

592 49. Evans DG, Astley S, Stavrinos P, et al. In. Improvement in risk prediction, early detection and
593 prevention of breast cancer in the NHS Breast Screening Programme and family history clinics: a dual
594 cohort study. Southampton (UK); 2016.

595 50. Wedren S, Lovmar L, Humphreys K, *et al.* Oestrogen receptor alpha gene haplotype and 596 postmenopausal breast cancer risk: a case control study. Breast Cancer Res 2004;6(4):R437-49.

597 51. Broeks A, Schmidt MK, Sherman ME, *et al.* Low penetrance breast cancer susceptibility loci
598 are associated with specific breast tumor subtypes: findings from the Breast Cancer Association
599 Consortium. Hum Mol Genet 2011;20(16):3289-303.

600 52. Goldhirsch A, Winer EP, Coates AS, *et al.* Personalizing the treatment of women with early
601 breast cancer: highlights of the St Gallen International Expert Consensus on the Primary Therapy of
602 Early Breast Cancer 2013. Ann Oncol 2013;24(9):2206-23.

53. Li H, Sun X, Miller E, *et al.* BMI, reproductive factors, and breast cancer molecular subtypes:
A case-control study and meta-analysis. J Epidemiol 2017;27(4):143-151.

54. Sarink D, White KK, Loo LWM, *et al.* Racial/ethnic differences in postmenopausal breast
cancer risk by hormone receptor status: The multiethnic cohort study. Int J Cancer 2022;150(2):221231.

Martinez ME, Wertheim BC, Natarajan L, et al. Reproductive factors, heterogeneity, and
breast tumor subtypes in women of mexican descent. Cancer Epidemiol Biomarkers Prev
2013;22(10):1853-61.

611 56. Cruz GI, Martinez ME, Natarajan L, *et al.* Hypothesized role of pregnancy hormones on
612 HER2+ breast tumor development. Breast Cancer Res Treat 2013;137(1):237-46.

61357.DeSantis CE, Ma J, Gaudet MM, et al. Breast cancer statistics, 2019. CA Cancer J Clin6142019;69(6):438-451.

61558.Li R, Perrine CG, Anstey EH, et al. Breastfeeding Trends by Race/Ethnicity Among US Children616Born From 2009 to 2015. JAMA Pediatr 2019;173(12):e193319.

617 59. Russo J, Mailo D, Hu YF, *et al.* Breast differentiation and its implication in cancer prevention.
618 Clin Cancer Res 2005;11(2 Pt 2):931s-6s.

619 60. Ambrosone CB, Higgins MJ. Relationships between Breast Feeding and Breast Cancer

620 Subtypes: Lessons Learned from Studies in Humans and in Mice. Cancer Res 2020;80(22):4871-4877.

621 61. Phillips LS, Millikan RC, Schroeder JC, *et al.* Reproductive and hormonal risk factors for ductal

622 carcinoma in situ of the breast. Cancer Epidemiol Biomarkers Prev 2009;18(5):1507-14.

623 62. Longnecker MP, Bernstein L, Paganini-Hill A, *et al*. Risk factors for in situ breast cancer.

624 Cancer Epidemiol Biomarkers Prev 1996;5(12):961-5.

625 63. Claus EB, Stowe M, Carter D. Breast carcinoma in situ: risk factors and screening patterns. J
626 Natl Cancer Inst 2001;93(23):1811-7.

- 627 64. Williams LA, Casbas-Hernandez P, Nichols HB, *et al.* Risk factors for Luminal A ductal 628 carcinoma in situ (DCIS) and invasive breast cancer in the Carolina Breast Cancer Study. PLoS One 629 2019;14(1):e0211488.
- 630 65. Meeske K, Press M, Patel A, *et al.* Impact of reproductive factors and lactation on breast 631 carcinoma in situ risk. Int J Cancer 2004;110(1):102-9.
- 66. Mullooly M, Khodr ZG, Dallal CM, *et al.* Epidemiologic Risk Factors for In Situ and Invasive
  Breast Cancers Among Postmenopausal Women in the National Institutes of Health-AARP Diet and
  Health Study. Am J Epidemiol 2017;186(12):1329-1340.
- 635 67. Li Cl, Littman AJ, White E. Relationship between age maximum height is attained, age at
  636 menarche, and age at first full-term birth and breast cancer risk. Cancer Epidemiol Biomarkers Prev
  637 2007;16(10):2144-9.
- 638 68. Figueroa JD, Davis Lynn BC, Edusei L, *et al.* Reproductive factors and risk of breast cancer by
  639 tumor subtypes among Ghanaian women: A population-based case-control study. Int J Cancer
  640 2020;147(6):1535-1547.
- 641 69. Hammond ME, Hayes DF, Dowsett M, et al. American Society of Clinical Oncology/College Of
- 642 American Pathologists guideline recommendations for immunohistochemical testing of estrogen and
- 643 progesterone receptors in breast cancer. J Clin Oncol 2010;28(16):2784-95.

644

# Table 1. Characteristics of risk factors among 23,353 breast cancer patients by intrinsic-like subtype and 71,072 controls from 31 population based studies.

				Luminal B-	HER2-enriched-	
		Luminal A-like <sup>†</sup>	Luminal B-like	HER2-like	like	Triple-negative
	Controls*	12,405	2,832	3,088	1,498	3,530
Characteristics	71,072	(53.1%)	(12.1%)	(13.2%)	(6.4%)	(15.1%)
Age at diagnosis (median						
(IQR))	58.0 (15.0)	62.0 (15.0)	60.0 (17.0)	59.0 (16.0)	57.0 (16.0)	56.0 (18.0)
Parity						
Nulliparous	8630 (12.1)	1750 (14.1)	429 (15.2)	479 (15.5)	212 (14.2)	394 (11.2)
1	11246 (15.8)	2153 (17.4)	504 (17.8)	622 (20.1)	367 (24.5)	703 (19.9)
2	26564 (37.4)	4464 (36.0)	1003 (35.4)	1063 (34.4)	495 (33.0)	1288 (36.5)
≥3	23966 (33.7)	3933 (31.7)	867 (30.6)	890 (28.8)	408 (27.2)	1122 (31.8)
Missing	666 (0.9)	105 (0.9)	29 (1.0)	34 (1.1)	16 (1.1)	23 (0.7)
Time since last birth						
0-<5 years	888 (1.3)	92 (0.7)	41 (1.5)	68 (2.2)	42 (2.8)	104 (3.0)
5-<10 years	1279 (1.8)	228 (1.8)	71 (2.5)	94 (3.0)	45 (3.0)	133 (3.8)
10-<15 years	2022 (2.9)	409 (3.3)	121 (4.2)	129 (4.2)	70 (4.7)	175 (5.0)
15-<20 years	2987 (4.2)	591 (4.8)	134 (4.7)	169 (5.5)	91 (6.1)	269 (7.6)
20-<25 years	4042 (5.7)	723 (5.8)	160 (5.7)	199 (6.4)	137 (9.2)	329 (9.3)
25-<30 years	4441 (6.3)	865 (7.0)	183 (6.5)	238 (7.7)	138 (9.2)	303 (8.6)
30-<35 years	4795 (6.8)	1119 (9.0)	231 (8.2)	292 (9.5)	142 (9.5)	314 (8.9)
35-<40 years	4892 (6.9)	1135 (9.2)	250 (8.8)	244 (7.9)	114 (7.6)	264 (7.5)
40-<45 years	2937 (4.1)	793 (6.4)	165 (5.8)	158 (5.1)	82 (5.5)	189 (5.4)
45-<50 years	1361 (1.9)	418 (3.4)	83 (2.9)	75 (2.4)	33 (2.2)	77 (2.2)
50-<55 years	408 (0.6)	149 (1.2)	34 (1.2)	29 (0.9)	10 (0.7)	33 (0.9)
≥55 years	87 (0.1)	65 (0.5)	16 (0.6)	8 (0.3)	7 (0.5)	8 (0.2)
Missing	32303 (45.5)	4068 (32.8)	915 (32.3)	906 (29.3)	375 (25.0)	938 (26.6)
Age at first full-term birth						
<20 years	6508 (9.2)	1295 (10.4)	311 (11.0)	299 (9.7)	178 (11.9)	578 (16.4)
20-<25 years	23178 (32.6)	4124 (33.2)	910 (32.1)	946 (30.6)	469 (31.3)	1231 (34.9)
25-<30 years	18563 (26.1)	3144 (25.3)	677 (23.9)	806 (26.1)	387 (25.8)	816 (23.1)
≥30 years	9609 (13.5)	1678 (13.5)	394 (13.9)	409 (13.2)	199 (13.3)	361 (10.2)
Missing	4584 (6.5)	414 (3.3)	111 (3.9)	149 (4.8)	53 (3.5)	150 (4.3)

Breastfeeding duration						
0 months	7031 (9.9)	1826 (14.7)	469 (16.6)	469 (15.2)	252 (16.8)	839 (23.8)
>0-6 months	10954 (15.4)	2528 (20.4)	559 (19.7)	702 (22.7)	311 (20.8)	739 (20.9)
>6-12 months	5625 (7.9)	1150 (9.3)	259 (9.2)	274 (8.9)	142 (9.5)	291 (8.2)
>12-24 months	4280 (6.0)	1013 (8.2)	219 (7.7)	224 (7.3)	91 (6.1)	232 (6.6)
>24 months	2374 (3.3)	500 (4.0)	101 (3.6)	102 (3.3)	46 (3.1)	129 (3.7)
Missing	32178 (45.3)	3638 (29.3)	796 (28.1)	838 (27.1)	444 (29.6)	906 (25.7)
Age at menarche						
$\leq 12$ years	23572 (33.2)	4469 (36.0)	1075 (38.0)	1106 (35.8)	510 (34.1)	1427 (40.4)
13 years	18005 (25.3)	3406 (27.5)	742 (26.2)	799 (25.9)	385 (25.7)	880 (24.9)
14 years	13151 (18.5)	2093 (16.9)	475 (16.8)	518 (16.8)	265 (17.7)	549 (15.6)
$\geq 15$ years	12041 (16.9)	1971 (15.9)	431 (15.2)	504 (16.3)	288 (19.2)	548 (15.5)
Missing	4303 (6.1)	466 (3.8)	109 (3.9)	161 (5.2)	50 (3.3)	126 (3.8)
Age at menopause						
<50	19399 (27.3)	4157 (33.5)	941 (33.2)	998 (32.3)	491 (32.8)	1144 (32.4)
50-<54	13647 (19.2)	3179 (25.6)	617 (21.8)	638 (20.7)	342 (22.8)	656 (18.6)
≥54	5863 (8.3)	1490 (12.0)	276 (9.8)	337 (10.9)	147 (9.8)	281 (8.0)
Missing	10496 (14.8)	989 (8.0)	245 (8.65)	219 (7.1)	80 (5.3)	256 (7.3)

648 \* Control subjects in population-based studies were randomly selected from the same source population as the case patients and recruited during the same
 649 period of time.

650 † Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-positive,

651 HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-negative, PR-negative,

652 HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).

Risk factor					Intrinsic-like breast cancer subtype								
		Lu	minal A-like	Lu	minal B-like	Lumi	nal B-HER2-like	HER2	2-enriched-like	Tr	iple-negative		
	Controls	Cases	OR (95%CI)	Cases	OR (95%CI)	Cases	OR (95%CI)	Cases	OR (95%CI)	Cases	OR (95%CI)		
Time since las	st birth (years	5)											
Nulliparous	8630	1750	1.00 (Ref.)	429	1.00 (Ref.)	479	1.00 (Ref.)	212	1.00 (Ref.)	394	1.00 (Ref.)		
1 birth													
			1.16		1.34		1.75		1.49		2.50		
0-<5	381	31	(0.77 to 1.75)	12	(0.71 to 2.55)	21	(1.04 to 2.95)	12	(0.75 to 2.94)	31	(1.59 to 3.92		
			1.04		1.47		1.20		1.02		1.72		
5<10	474	49	(0.75 to 1.46)	21	(0.88 to 2.44)	24	(0.74 to 1.94)	12	(0.52 to 1.98)	28	(1.10 to 2.70		
			1.37		1.49		1.16		1.10		1.74		
10<15	755	107	(1.07 to 1.76)	33	(0.98 to 2.27)	41	(0.78 to 1.71)	25	(0.66 to 1.82)	44	(1.20 to 2.52		
			1.25		1.10		1.10		0.91		1.95		
15<20	1125	151	(1.01 to 1.55)	34	(0.73 to 1.65)	66	(0.79 to 1.54)	42	(0.59 to 1.40)	83	(1.45 to 2.63		
			1.03		1.06		0.98		0.97		1.90		
20<25	1387	192	(0.85 to 1.25)	47	(0.74 to 1.51)	77	(0.72 to 1.33)	57	(0.66 to 1.43)	105	(1.45 to 2.49		
			1.01		0.93		0.80		0.98		1.42		
25<30	1427	274	(0.86 to 1.20)	56	(0.67 to 1.29)	72	(0.59 to 1.08)	56	(0.68 to 1.42)	92	(1.09 to 1.86		
			1.06		1.06		0.84		0.94		1.53		
30<35	1504	368	(0.90 to 1.23)	76	(0.79 to 1.43)	84	(0.63 to 1.11)	51	(0.65 to 1.36)	94	(1.18 to 1.99		
			0.82		0.95		0.70		0.87		1.31		
35<40	1564	369	(0.70 to 0.96)	79	(0.71 to 1.27)	81	(0.53 to 0.93)	50	(0.60 to 1.26)	88	(1.00 to 1.7)		
			0.63		0.88		0.71		0.69		1.21		
40<45	1073	241	(0.52 to 0.74)	60	(0.64 to 1.22)	62	(0.52 to 0.97)	28	(0.44 to 1.08)	60	(0.89 to 1.65		
			0.62		0.91		0.76		0.62		0.97		
45<50	615	169	(0.50 to 0.76)	40	(0.62 to 1.32)	41	(0.52 to 1.09)	15	(0.35 to 1.10)	29	(0.64 to 1.47		
			0.50		0.62		0.66		0.28		1.23		
50<55	203	68	(0.37 to 0.69)	13	(0.34 to 1.13)	16	(0.38 to 1.14)	3	(0.09 to 0.89)	17	(0.72 to 2.11		
			0.82		1.16		0.85		1.79		1.34		
≥55	54	55	(0.54 to 1.26)	11	(0.58 to 2.34)	7	(0.37 to 1.94)	6	(0.72 to 4.44)	6	(0.55 to 3.26		
2 births													
			1.53		2.33		2.43		2.07		3.59		
0-<5	264	37	(1.03 to 2.26)	18	(1.34 to 4.06)	30	(1.53 to 3.85)	12	(1.05 to 4.06)	39	(2.35 to 5.47		
			1.62		1.95		1.36		1.71		3.28		
5<10	393	90	(1.23 to 2.13)	32	(1.26 to 3.02)	34	(0.89 to 2.08)	19	(0.98 to 2.99)	64	(2.33 to 4.63		

Table 2. ORs and 95%CIs for case-control analyses\* of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes.

			1.15		1.32		0.97		0.92		1.50
10<15	697	164	(0.93 to 1.42)	50	(0.92 to 1.91)	54	(0.68 to 1.38)	23	(0.56 to 1.53)	64	(1.09 to 2.07)
10 110	0,,,	101	1.16		0.99	0.	0.70		0.62	0.	1.67
15<20	967	271	(0.97 to 1.38)	57	(0.70 to 1.39)	59	(0.50 to 0.97)	24	(0.38 to 1.01)	108	(1.28 to 2.18)
			0.94		0.77		0.57		0.74		1.37
20<25	1461	340	(0.80 to 1.10)	64	(0.56 to 1.06)	74	(0.43 to 0.77)	45	(0.50 to 1.09)	124	(1.07 to 1.76)
			0.79	-	0.82		0.70	_	0.73		1.27
25<30	1610	341	(0.67 to 0.92)	75	(0.61 to 1.11)	101	(0.54 to 0.92)	49	(0.51 to 1.06)	115	(0.99 to 1.62)
			0.75		0.70		0.61		0.76		1.36
30<35	1680	420	(0.65 to 0.88)	77	(0.52 to 0.94)	106	(0.47 to 0.80)	58	(0.54 to 1.09)	132	(1.07 to 1.73)
			0.54		0.74		0.47		0.40		0.77
35<40	1725	397	(0.46 to 0.63)	98	(0.56 to 0.97)	96	(0.36 to 0.62)	34	(0.27 to 0.61)	82	(0.59 to 1.02)
			0.50		0.57		0.38		0.57		0.94
40<45	997	279	(0.42 to 0.59)	53	(0.41 to 0.80)	53	(0.27 to 0.53)	31	(0.37 to 0.88)	67	(0.70 to 1.27)
			0.44		0.43		0.27		0.50		0.88
45<50	379	127	(0.35 to 0.55)	20	(0.26 to 0.71)	17	(0.16 to 0.45)	12	(0.26 to 0.94)	30	(0.58 to 1.33)
			0.34		0.60		0.32		0.36		0.75
50<55	117	41	(0.23 to 0.49)	12	(0.32 to 1.13)	8	(0.15 to 0.68)	3	(0.11 to 1.17)	9	(0.37 to 1.53)
			0.25		0.78				0.88		0.61
≥55	20	6	(0.10 to 0.64)	3	(0.22 to 2.74)	0	•	1	(0.11 to 6.93)	1	(0.08 to 4.69)
$\geq$ 3 births											
			1.11		1.65		1.46		3.45		3.12
0-<5	243	24	(0.70 to 1.76)	11	(0.85 to 3.19)	17	(0.84 to 2.53)	18	(1.93 to 6.18)	34	(2.02 to 4.83)
			1.46		1.08		1.26		1.15		1.75
5<10	412	89	(1.11 to 1.92)	18	(0.64 to 1.82)	36	(0.84 to 1.90)	14	(0.63 to 2.12)	41	(1.20 to 2.57)
			1.21		1.22		0.73		1.13		1.74
10<15	570	138	(0.97 to 1.52)	37	(0.82 to 1.81)	34	(0.49 to 1.09)	22	(0.68 to 1.87)	67	(1.27 to 2.39)
			0.79		0.82		0.55		0.76		1.30
15<20	895	169	(0.65 to 0.96)	43	(0.57 to 1.18)	44	(0.39 to 0.79)	25	(0.48 to 1.22)	78	(0.97 to 1.73)
			0.59		0.66		0.43		0.76		1.29
20<25	1194	191	(0.49 to 0.71)	49	(0.47 to 0.93)	48	(0.31 to 0.60)	35	(0.50 to 1.15)	100	(0.99 to 1.67)
			0.56		0.55		0.46		0.56		1.03
25<30	1404	250	(0.47 to 0.67)	52	(0.40 to 0.77)	65	(0.34 to 0.63)	33	(0.37 to 0.86)	96	(0.79 to 1.34)
			0.51		0.60		0.53		0.44	0.7	0.78
30<35	1611	331	(0.43 to 0.60)	78	(0.45 to 0.80)	102	(0.41 to 0.70)	33	(0.29 to 0.66)	88	(0.60 to 1.03)
			0.46		0.50		0.31	•	0.37		0.82
35<40	1603	369	(0.39 to 0.54)	73	(0.37 to 0.67)	67	(0.23 to 0.42)	30	(0.24 to 0.57)	94	(0.62 to 1.07)
40<45	867	273	0.49	52	0.53	43	0.30	23	0.47	62	0.87

			(0.41 to 0.59)		(0.38 to 0.75)		(0.21 to 0.43)		(0.29 to 0.77)		(0.63 to 1.18)
			0.36		0.42		0.23		0.27		0.54
45<50	367	122	(0.28 to 0.46)	23	(0.26 to 0.67)	17	(0.14 to 0.39)	6	(0.12 to 0.64)	18	(0.32 to 0.90)
			0.41		0.57		0.26		0.77		0.86
50<55	88	40	(0.27 to 0.61)	9	(0.28 to 1.18)	5	(0.10 to 0.67)	4	(0.27 to 2.21)	7	(0.38 to 1.95)
			0.22		0.75		0.33				0.94
≥55	13	4	(0.07 to 0.71)	2	(0.16 to 3.45)	1	(0.04 to 2.63)	0		1	(0.12 to 7.51)
Age at first b	irth‡ (years)										
<20	6508	1295	1.00 (Ref.)	311	1.00 (Ref.)	299	1.00 (Ref.)	178	1.00 (Ref.)	578	1.00 (Ref.)
			0.94		0.93		0.97		0.91		0.87
20-<25	23 178	4124	(0.87 to 1.01)	910	(0.81 to 1.07)	946	(0.85 to 1.12)	469	(0.76 to 1.10)	1231	(0.78 to 0.97)
			0.99		0.93		1.02		0.91		0.76
25-<30	18 563	3144	(0.92 to 1.07)	677	(0.80 to 1.08)	806	(0.88 to 1.18)	387	(0.75 to 1.11)	816	(0.67 to 0.87)
			1.03		1.00		0.94		0.89		0.63
≥30	9609	1678	(0.93 to 1.13)	394	(0.83 to 1.19)	409	(0.78 to 1.12)	199	(0.70 to 1.13)	361	(0.54 to 0.74)
Breastfeeding	g duration‡ (n	nonths)									
0	7031	1826	1.00 (Ref.)	469	1.00 (Ref.)	469	1.00 (Ref.)	252	1.00 (Ref.)	839	1.00 (Ref.)
			1.08		0.95		1.08		1.04		0.93
>0-6	10 954	2528	(1.00 to 1.16)	559	(0.83 to 1.08)	702	(0.95 to 1.23)	311	(0.87 to 1.24)	739	(0.83 to 1.04)
			0.99		0.91		0.89		0.94		0.74
>6-12	5625	1150	(0.90 to 1.08)	259	(0.77 to 1.07)	274	(0.76 to 1.05)	142	(0.75 to 1.17)	291	(0.64 to 0.86)
			1.08		1.01		1.10		0.88		0.78
>12-24	4280	1013	(0.98 to 1.19)	219	(0.85 to 1.21)	224	(0.92 to 1.31)	91	(0.68 to 1.13)	232	(0.66 to 0.92)
			0.92		0.81		0.92		0.77		0.72
>24	2374	500	(0.81 to 1.04)	101	(0.64 to 1.02)	102	(0.73 to 1.17)	46	(0.55 to 1.08)	129	(0.58 to 0.88)
Age at menan								-			
≥15	12 041	1971	1.00 (Ref.)	431	1.00 (Ref.)	504	1.00 (Ref.)	288	1.00 (Ref.)	548	1.00 (Ref.)
			1.11		1.09		1.10		1.08		1.06
14	13 151	2093	(1.03 to 1.19)	475	(0.95 to 1.25)	518	(0.97 to 1.25)	265	(0.91 to 1.28)	549	(0.94 to 1.21)
			1.18		1.13		1.17		1.15		1.12
13	18 005	3406	(1.10 to 1.26)	742	(0.99 to 1.27)	799	(1.04 to 1.32)	385	(0.98 to 1.35)	880	(1.00 to 1.26)
			1.27		1.25		1.24		1.16		1.26
≤12	23 572	4469	(1.20 to 1.35)	1075	(1.11 to 1.41)	1106	(1.11 to 1.39)	510	(0.99 to 1.36)	1427	(1.13 to 1.40)

Age at menop	Age at menopause (years)													
<50	19 399	4157	1.00 (Ref.)	941	1.00 (Ref.)	998	1.00 (Ref.)	491	1.00 (Ref.)	1144	1.00 (Ref.)			
			1.10		0.99		1.00		1.16		1.06			
50-<54	13 647	3179	(1.04 to 1.16)	617	(0.89 to 1.10)	638	(0.90 to 1.11)	342	(1.01 to 1.34)	656	(0.96 to 1.17)			
			1.17		1.00		1.21		1.19		1.06			
≥54	5863	1490	(1.09 to 1.25)	276	(0.87 to 1.15)	337	(1.06 to 1.38)	147	(0.98 to 1.44)	281	(0.92 to 1.21)			

\* The multivariable model was additionally adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

656 † Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-

positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-

negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).

659 ‡ Among parous women.

661

#### 660 FIGURE LEGENDS

**Figure 1.** ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control analyses of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes. The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

Figure 2. ORs (colored dots) and 95%CIs for case-control analyses of association between
number of births and luminal A-like and triple negative tumors according to reference age in
5-year categories (age at diagnosis for cases, age at interview for controls). The model was
also adjusted for study.

Figure 3. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control analyses
of associations between reproductive factors (time since last birth by number of births, age at
first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and ER
subtypes and *in situ* tumors. The model was also adjusted for reference age (age at diagnosis
for cases, age at interview for controls) and study.

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678	Role of the funder
679	
680	The funders had no role in the design of the study; the collection, analysis, and interpretation
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893

#### 894 **Authors' Contributions**

895

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921 review & editing. TM: Resources; Writing – review & editing. RAM: Resources; Writing – review & editing. AFO: Resources: Writing – review & editing. HO: Resources: Writing – 922 review & editing. AVP: Resources; Writing - review & editing. CMP: Resources; Writing -923 review & editing. GR: Resources; Writing – review & editing. RS: Resources; Writing – 924 review & editing. X-OS: Resources; Writing – review & editing. MCS: Resources; Writing – 925 926 review & editing. JS: Resources; Writing – review & editing. RMT: Resources; Writing – review & editing. LRT: Resources; Writing – review & editing. MAT: Resources; Writing – 927 review & editing. TT: Resources; Writing - review & editing. CMV: Resources; Writing -928 review & editing. SSW: Resources; Writing – review & editing. AW: Resources; Writing – 929 review & editing. AHW: Resources; Writing - review & editing. XRY: Resources; Writing -930 review & editing. WZ: Resources; Writing – review & editing. AMD: Data curation; 931 Funding acquisition; Project administration; Resources; Writing-review & editing. PDPP: 932 Data curation; Funding acquisition; Project administration; Resources; Writing-review & 933 934 editing. **DFE**: Data curation; Funding acquisition; Project administration; Resources; Writing—review & editing. **RLM**: Data curation; Funding acquisition; Project 935 administration; Resources; Writing-review & editing. NC: Data curation; Funding 936 937 acquisition; Methodology; Project administration; Resources; Writing-review & editing. MKS: Data curation; Funding acquisition; Project administration; Resources; Writing-938 review & editing. MG-C: Conceptualization; Data curation; Funding acquisition; 939 Methodology; Project administration; Resources; Supervision; Validation; Visualization; 940 Writing—original draft; Writing—review & editing. **JC-C**: Conceptualization; Data curation; 941 Funding acquisition; Methodology; Project administration; Resources; Supervision; 942 Validation; Visualization; Writing—original draft; Writing—review & editing. 943

944 Data availability statement: The data underlying this article cannot be shared publicly due
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947 permission from the Institutional Review Board.

# SUPPLEMENTARY TABLES

	p					Breast cancer case patients with information on ER, PR, HER2 expression a grade in the tumors*					
		Control	Case	Invasive		Luminal A-	Luminal B-	Luminal B-	HER2-	Triple-	
		subjects †	patients	tumors	In situ	like	like	HER2-like	enriched-like	negative	
Study, first author, year (reference)	Country	(n = 71,072)	(n = 47,350)	(n = 42,524)	(n = 5,055)	(n = 12,405)	(n = 2,832)	(n = 3,088)	(n = 1,498)	(n = 3,530)	
Prospective cohort											
AHS, Koutros, 2010 [1]	USA	1237	518	516	2	48	7	2	4	8	
CPSII, Calle, 2002 [2]	USA	3368	2703	2088	615	620	124	121	10	31	
CTS, Bernstein, 2002 [3]	USA	1621	1213	1213	0	0	0	0	0	101	
	France, Germany, Greece, Italy, Spain, The Netherlands,										
EPIC, Riboli, 2002 [4]	UK	3688	2672	2251	421	522	157	166	39	58	
KARMA, Li, 2016 [5]	Sweden	15292	2345	2051	294	1044	302	169	67	122	
MCCS, Milne, 2017 [6]	Australia	1365	1193	1184	9	578	147	99	55	139	
MEC, Kolonel, 2000 [7]	USA	1944	1617	1612	5	82	19	17	5	6	
MISS, Olsson, 2003 [8]	Sweden	1656	613	535	78	18	1	28	9	43	
MMHS, Olson, 2012 [9]	USA	1716	384	535	78	175	26	16	5	19	
NHS, Hankinson, 1998 [10]	USA	3568	2536	2018	518	456	108	136	41	118	
NHS2, Tworoger, 2006 [11]	USA	2164	1714	1229	485	513	111	110	38	95	
PLCO, Pfeiffer, 2013 [12]	USA	3070	3041	2355	686	1065	173	142	54	144	
SMC, Suzuki, 2005 [13]	Sweden	685	1177	1177	0	221	61	36	19	27	
Population-based case-control study											
ABCFS, Dite, 2003 [14]	Australia	1398	1445	1443	2	0	0	6	3	4	
BCEES, Fritschi, 2013 [15]	Australia	858	713	713	0	342	48	49	0	0	
BCINIS, Rennert, 2010 [16]	Israel	900	1960	1857	103	966	204	144	84	232	
CBCS, Grundy, 2013 [17]	Canada	1179	1151	931	220	381	120	239	69	76	
CECILE, Menegaux, 2013 [18]	France	1315	1208	1072	136	0	0	95	41	106	
ESTHER, Widschwendter, 2008 [19]	Germany	766	644	639	5	79	26	37	16	24	
GENICA, Pesch, 2005 [20]	Germany	1015	999	979	20	303	111	138	61	74	
GESBC, Chang-Claude, 2000 [21]	Germany	1381	600	555	45	0	0	0	0	0	
KBCP, Hartikainen, 2005 [22]	Finland	536	574	531	43	276	49	78	30	52	

# Supplementary Table S1. Description of studies included in the analysis.

LAABC, Wu, 2009 [23]	USA	1047	686	682	4	0	0	0	0	0
MARIE, Flesch-Janys, 2008 [24]	Germany	7337	3797	3554	243	1864	371	455	212	392
MASTOS, Hadjisavvas, 2010 [25]	Cyprus	1174	568	516	52	291	56	55	22	61
NBHS, Zheng, 2009 [26]	USA	1075	1061	855	206	61	31	88	99	217
NCBCS, Newman, 1995 [27]	USA	2022	4980	4477	503	1478	429	390	230	965
PBCS, Garcia-Closas, 2006 [28]	Poland	2393	1973	1844	129	772	97	117	124	262
PROCAS, Evans, 2016 [29]	UK	1745	478	381	97	250	54	31	9	21
SASBAC, Wedren, 2004 [30]	Sweden	1515	860	860	0	0	0	0	0	0
SBCGS, Zheng, 2009 [26]	China	2042	1927	1871	56	0	0	124	152	133

\* Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).

<sup>†</sup> Control subjects in population-based studies were randomly selected from the same source population as the case patients and recruited during the same period of time.

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study	Recruitment period*	Reference age (controls)	Reference age (cases)	Number of births (controls)	Number of births (cases)	Time since last birth (controls)	Time since last birth (cases)	Age at first birth (controls)	Age at first birth (cases)	Breastfeeding duration (controls)	Breastfeeding duration (cases)	Age at menarche (controls)	Age at menarche (cases)	Age at menopause (controls)	Age at menopause (cases)
Prospective cohort studies		58 (16)	64 (14)	2(1)	2(1)	26 (16)	29 (15)	25 (6)	24 (6)	6 (14)	6 (14)	13 (2)	13 (2)	50 (6)	50 (5)
AHS	1993-1997	53 (14)	61 (15)	3 (2)	3 (2)	24 (16)	35 (24)	22 (5)	23 (6)			13 (2)	13 (2)	48 (10)	49 (9)
CPSII	1982	62 (9)	71 (10)	3 (2)	3 (2)	32 (9)	46 (17)	23 (5)	24 (4)			13 (2)	13 (1)	49 (7)	50 (6)
CTS	1998-2008	55 (14)	62 (13)	2 (2)	2 (2)	24 (16)	29 (14)	26 (5)	26 (6)			12 (1)	12 (1)		
EPIC	1992-2000	53 (12)	60 (11)	2 (2)	2(1)	24 (12)	29 (11)	25 (5)	25 (5)	4 (8)	4 (8)	13 (2)	13 (2)	50 (6)	50 (5)
KARMA	2010-2013	57 (17)	60 (16)	2 (2)	2(1)	26 (20)	28 (18)	26 (7)	26 (7)	•	•	13 (2)	13 (2)	51 (5)	51 (7)
MCCS	1990-1994	63 (13)	64 (14)	2(1)	2 (2)	31 (12)	32 (12)	24 (5)	24 (6)	9 (16)	10 (16)	13 (2)	13 (2)	49 (7)	50 (6)
MEC	1993-2002	60 (15)	66 (14)	2 (3)	2 (2)	31 (13)	37 (20)	23 (4)	23 (9)	2 (11)	3 (11)	12 (2)	12 (2)	47 (13)	47 (13)
MISS	1990-1992	49 (15)	58 (18)	2 (2)	2 (2)	18 (21)	26 (18)	25 (5)	25 (6)	11 (12)	11 (12)	13 (2)	13 (2)	50 (5)	50 (5)
MMHS	2003-2006	43 (11)	65 (15)	2 (2)	2(1)	16 (13)	32 (23)	25 (8)	23 (6)		•	13 (1)	13 (1)	49 (7)	50 (7)
NHS	1989-1990	65 (12)	64 (12)	3 (2)	3 (2)	33 (12)	32 (12)	24 (3)	24 (4)	2 (9)	2 (9)	13 (1)	13 (1)	50 (4)	51 (3)
NHS2	1996-1999	49 (8)	50 (9)	2 (2)	2 (2)	19 (11)	19 (12)	26 (6)	26 (7)	12 (21)	12 (18)	12(1)	12 (2)	48 (8)	50 (4)
PLCO	1993-2001	62 (8)	68 (9)	3 (2)	3 (2)	35 (11)	38 (17)	22 (5)	22 (5)		•	13 (2)	13 (0)	47 (10)	52 (10)
SMC	1987-2011	59 (13)	64 (12)	2(1)	2 (2)	30 (12)	35 (16)	24 (7)	24 (6)			13 (2)	13 (2)	51 (4)	51 (4)
Population-based case-control studies		58 (15)	56 (18)	2 (2)	2 (2)	28 (15)	25 (16)	24 (6)	24 (7)	4 (10)	3 (10)	13 (2)	13 (2)	49 (7)	49 (7)
ABCFS	1992-1999, 1993-1998	44 (21)	40 (14)	2 (2)	2 (2)	17 (23)	12 (17)	25 (6)	25 (7)	9 (17)	8 (16)	13 (2)	13 (2)	48 (8)	48 (9)
BCEES	2009-2011	61 (14)	58 (17)	2 (1)	2(1)	30 (16)	26 (19)	24 (6)	24 (7)	11 (19)	12 (21)	13 (2)	13 (2)	48 (9)	49 (9)
BCINIS	1990-2000	64 (18)	63 (19)	2 (1)	2 (2)	45 (24)	37 (23)	23 (4)	23 (5)	8 (13)	8 (13)	13 (2)	13 (2)	50 (5)	50 (5)
CBCS	2005-2009	55 (15)	55 (17)	2 (2)	2 (2)	24 (17)	24 (18)	26 (7)	27 (7)	6 (7)	5 (6)	13 (2)	13 (2)	50 (7)	48 (7)
CECILE	2005-2007	55 (17)	55 (16)	3 (2)	2(1)	25 (18)	24 (17)	24 (5)	24 (6)	1 (4)	1 (4)	13 (2)	13 (2)	50 (6)	50 (6)
ESTHER	2001-2003	62 (14)	61 (13)	2 (2)	2 (2)	•		•	•	6 (7)	5 (9)	14 (3)	14 (3)	48 (8)	49 (7)
GENICA	2000-2004	59 (15)	59 (16)	2(1)	2(1)	30 (14)	30 (14)	25 (6)	25 (6)	2 (5)	2 (4)	14 (3)	13 (2)	48 (9)	49 (8)
GESBC	1992-1998	44 (8)	43 (8)	2(1)	1(1)	15 (11)	16 (12)	24 (6)	24 (7)	3 (8)	2 (6)	13 (2)	13 (2)	46 (7)	44 (7)
KBCP	1990-1995	52 (16)	58 (22)	2 (2)	2 (2)	23 (15)	25 (17)	24 (6)	24 (6)	0 (2)	0 (0)	13 (2)	13 (2)	50 (5)	50 (6)
LAABC	1995-2007	52 (14)	53 (16)	2 (1)	2 (2)							13 (2)	13 (2)	•	

## Supplementary Table S2. Distribution of risk factors according to study.

MARIE	2001-2005	62 (10)	62 (9)	2(1)	2(1)	33 (9)	33 (9)	24 (6)	24 (6)	3 (6)	2 (6)	14 (3)	14 (3)	49 (8)	49 (8)
MASTOS	1999-2005	55 (10)	51 (14)	2(1)	2(1)	26 (12)	21 (14)	23 (5)	24 (6)	5 (11)	3 (10)	13 (2)	13 (2)	50 (7)	49 (6)
NBHS	2001-2011	52 (18)	55 (18)	2 (2)	2 (2)	22 (22)	24 (19)	23 (7)	22 (8)			12(1)	12(1)	46 (13)	47 (12)
	1993-1996,														
	1996-2000,														
NCBCS	2008-2013	51 (17)	50 (17)	2 (2)	2 (2)	24 (16)	22 (18)	21 (6)	22 (8)	0 (5)	0 (6)	13 (2)	12(1)	45 (11)	46 (10)
PBCS	2000-2003	55 (16)	55 (15)	2 (1)	1(1)	26 (15)	25 (15)	23 (5)	24 (6)	6 (11)	4 (10)	14 (2)	13 (2)	50 (5)	50 (6)
PROCAS	2009-2014	60 (11)	61 (12)	2 (2)	2 (2)	28 (14)	30 (14)	25 (7)	25 (7)			13 (2)	13 (2)	50 (7)	50 (5)
SASBAC	1993-1995	63 (11)	63 (10)	2 (2)	2 (2)	31 (9)	31 (9)	24 (6)	25 (6)	9 (11)	9 (10)	14 (1)	14(1)	50 (4)	50 (5)
SBCGS	1996-2009	55 (13)	53 (14)	1 (1)	1(1)	23 (11)	21 (7)	26 (5)	27 (4)	10 (16)	7 (12)	15 (2)	14 (3)	49 (4)	50 (5)

\* In years. Note: All values are median (IQR) unless stated otherwise.

Risk factor			ý <u> </u>	U	Intrinsic-like b		r subtype‡		
			Luminal B-like	Lu	minal B-HER2-like	H	IER2-enriched-like		Triple negative
	Luminal A-like cases	Cases	OR (95%CI)						
Time since las	t birth (years)								•
Nulliparous	1750	429	1.00 (Ref.)	479	1.00 (Ref.)	212	1.00 (Ref.)	394	1.00 (Ref.)
1 birth									
0-<5	31	12	1.23 (0.60 to 2.52)	21	1.65 (0.88 to 3.08)	12	1.65 (0.77 to 3.57)	31	2.65 (1.50 to 4.69)
5<10	49	21	1.46 (0.82 to 2.60)	24	1.12 (0.64 to 1.96)	12	1.06 (0.51 to 2.18)	28	1.72 (1.01 to 2.93)
10<15	107	33	1.18 (0.74 to 1.86)	41	0.89 (0.58 to 1.39)	25	0.92 (0.53 to 1.59)	44	1.42 (0.93 to 2.17)
15<20	151	34	0.92 (0.60 to 1.43)	66	0.89 (0.61 to 1.30)	42	0.77 (0.48 to 1.24)	83	1.70 (1.20 to 2.41)
20<25	192	47	1.08 (0.73 to 1.58)	77	0.94 (0.66 to 1.33)	57	0.94 (0.61 to 1.44)	105	1.89 (1.38 to 2.59)
25<30	274	56	0.94 (0.67 to 1.34)	72	0.80 (0.58 to 1.11)	56	1.02 (0.69 to 1.52)	92	1.51 (1.12 to 2.04)
30<35	368	76	1.02 (0.75 to 1.40)	84	0.81 (0.59 to 1.10)	51	0.96 (0.65 to 1.42)	94	1.62 (1.21 to 2.16)
35<40	369	79	1.16 (0.85 to 1.58)	81	0.89 (0.65 to 1.21)	50	1.15 (0.78 to 1.69)	88	1.73 (1.29 to 2.32)
40<45	241	60	1.43 (1.01 to 2.02)	62	1.19 (0.84 to 1.67)	28	1.17 (0.73 to 1.87)	60	2.13 (1.52 to 2.98)
45<50	169	40	1.48 (0.99 to 2.21)	41	1.28 (0.86 to 1.90)	15	1.07 (0.59 to 1.94)	29	1.73 (1.11 to 2.69)
50<55	68	13	1.25 (0.67 to 2.35)	16	1.37 (0.76 to 2.46)	3	0.58 (0.18 to 1.92)	17	2.74 (1.54 to 4.87)
≥55	55	11	1.44 (0.72 to 2.87)	7	1.12 (0.49 to 2.56)	6	2.43 (0.98 to 6.02)	6	1.99 (0.83 to 4.81)
			P-het = 1.84E-01		P-het = 1.48E-01		P-het = 1.07E-01		P-het = 5.49E-06
2 births									
0-<5	37	18	1.66 (0.89 to 3.10)	30	1.79 (1.03 to 3.11)	12	1.72 (0.82 to 3.60)	39	2.92 (1.74 to 4.91)
5<10	90	32	1.31 (0.81 to 2.10)	34	0.93 (0.58 to 1.48)	19	1.27 (0.70 to 2.30)	64	2.35 (1.58 to 3.50)
10<15	164	50	1.23 (0.83 to 1.82)	54	0.92 (0.62 to 1.35)	23	0.94 (0.55 to 1.59)	64	1.51 (1.06 to 2.17)
15<20	271	57	0.90 (0.63 to 1.29)	59	0.66 (0.46 to 0.93)	24	0.64 (0.39 to 1.05)	108	1.66 (1.24 to 2.24)
20<25	340	64	0.85 (0.61 to 1.19)	74	0.65 (0.47 to 0.89)	45	0.91 (0.61 to 1.37)	124	1.67 (1.27 to 2.20)
25<30	341	75	1.07 (0.78 to 1.47)	101	0.94 (0.70 to 1.27)	49	1.07 (0.73 to 1.59)	115	1.84 (1.40 to 2.42)
30<35	420	77	0.93 (0.68 to 1.27)	106	0.84 (0.63 to 1.12)	58	1.12 (0.77 to 1.62)	132	2.00 (1.54 to 2.61)
35<40	397	98	1.36 (1.01 to 1.83)	96	0.90 (0.67 to 1.21)	34	0.79 (0.51 to 1.22)	82	1.53 (1.14 to 2.07)
40<45	279	53	1.15 (0.80 to 1.64)	53	0.78 (0.55 to 1.11)	31	1.15 (0.73 to 1.82)	67	1.96 (1.42 to 2.72)
45<50	127	20	0.99 (0.59 to 1.66)	17	0.61 (0.35 to 1.06)	12	1.14 (0.59 to 2.19)	30	2.11 (1.35 to 3.30)
50<55	41	12	1.78 (0.90 to 3.52)	8	0.98 (0.45 to 2.17)	3	1.03 (0.31 to 3.44)	9	2.33 (1.09 to 4.96)

**Supplementary Table S3**. ORs and 95%CIs for case-case\* analyses<sup>†</sup> of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes.

≥55	6	3	3.00 (0.73 to 12.37)	0		1	3.68 (0.42 to 32.09)	1	2.56 (0.30 to 22.04)
			P-het = 4.68E-01		P-het = 7.30E-01		P-het = 3.38E-01		P-het = 1.17E-04
$\geq$ 3 births									
0-<5	24	11	1.61 (0.76 to 3.44)	17	1.59 (0.81 to 3.12)	18	4.33 (2.15 to 8.70)	34	3.74 (2.09 to 6.67)
5<10	89	18	0.79 (0.45 to 1.37)	36	0.96 (0.61 to 1.50)	14	0.95 (0.50 to 1.81)	41	1.38 (0.89 to 2.21)
10<15	138	37	1.09 (0.71 to 1.67)	34	0.67 (0.43 to 1.03)	22	1.11 (0.65 to 1.90)	67	1.69 (1.18 to 2.42)
15<20	169	43	1.10 (0.74 to 1.63)	44	0.75 (0.51 to 1.11)	25	1.11 (0.67 to 1.82)	78	1.86 (1.34 to 2.58)
20<25	191	49	1.15 (0.79 to 1.66)	48	0.77 (0.53 to 1.11)	35	1.45 (0.94 to 2.25)	100	2.46 (1.82 to 3.32)
25<30	250	52	1.00 (0.70 to 1.42)	65	0.87 (0.63 to 1.22)	33	1.15 (0.74 to 1.78)	96	2.12 (1.58 to 2.84)
30<35	331	78	1.19 (0.87 to 1.63)	102	1.09 (0.81 to 1.46)	33	0.94 (0.61 to 1.46)	88	1.78 (1.32 to 2.38)
35<40	369	73	1.07 (0.78 to 1.47)	67	0.69 (0.50 to 0.96)	30	0.87 (0.55 to 1.37)	94	1.97 (1.47 to 2.64)
40<45	273	52	1.08 (0.75 to 1.55)	43	0.63 (0.43 to 0.92)	23	1.00 (0.60 to 1.65)	62	1.88 (1.35 to 2.64)
45<50	122	23	1.15 (0.70 to 1.89)	17	0.65 (0.38 to 1.14)	6	0.76 (0.32 to 1.81)	18	1.54 (0.90 to 2.65)
50<55	40	9	1.35 (0.63 to 2.89)	5	0.65 (0.25 to 1.70)	4	1.83 (0.62 to 5.38)	7	2.13 (0.91 to 4.94)
≥55	4	2	3.17 (0.57 to 17.73)	1	1.36 (0.15 to 12.56)	0	•	1	4.40 (0.48 to 40.11)
			P-het = 6.24E-01		P-het = 5.93E-01		P-het = 6.54E-02		P-het = 1.21E-02
Age at first b	oirth§ (years)	•		•		•		•	
<20	1295	311	1.00 (Ref.)	299	1.00 (Ref.)	178	1.00 (Ref.)	578	1.00 (Ref.)
20-<25	4124	910	1.00 (0.86 to 1.16)	946	1.04 (0.91 to 1.22)	469	0.98 (0.81 to 1.19)	1231	0.94 (0.83 to 1.07)
25-<30	3144	677	0.93 (0.80 to 1.10)	806	1.03 (0.88 to 1.21)	387	0.91 (0.73 to 1.12)	816	0.77 (0.67 to 0.88)
≥30	1678	394	0.96 (0.80 to 1.16)	409	0.91 (0.75 to 1.10)	199	0.84 (0.66 to 1.09)	361	0.60 (0.50 to 0.72)
			P-het = 3.21E-01		P-het = 3.90E-01		P-het = 8.62E-02		P-het = 5.94E-08
Breastfeedin	g duration§ (m	nonths)	1				- 1		
0	1826	469	1.00 (Ref.)	469	1.00 (Ref.)	252	1.00 (Ref.)	839	1.00 (Ref.)
>0-6	2528	559	0.87 (0.75 to 1.00)	702	0.98 (0.86 to 1.13)	311	0.93 (0.77 to 1.12)	739	0.84 (0.75 to 0.95)
>6-12	1150	259	0.91 (0.76 to 1.08)	274	0.93 (0.78 to 1.10)	142	0.99 (0.78 to 1.24)	291	0.76 (0.64 to 0.89)
>12-24	1013	219	0.91 (0.75 to 1.10)	224	1.01 (0.84 to 1.23)	91	0.82 (0.63 to 1.07)	232	0.71 (0.60 to 0.85)
>24	500	101	0.86 (0.67 to 1.11)	102	1.02 (0.79 to 1.31)	46	0.87 (0.61 to 1.24)	129	0.78 (0.62 to 0.98)
			P-het = 9.38E-02		P-het = 8.33E-01		P-het = 3.52E-01		P-het = 3.77E-05
Age at mena	rche (years)						I		
≥15	1971	431	1.00 (Ref.)	504	1.00 (Ref.)	288	1.00 (Ref.)	548	1.00 (Ref.)
14	2093	475	0.98 (0.85 to 1.14)	518	0.98 (0.85 to 1.13)	265	0.96 (0.80 to 1.16)	549	0.96 (0.83 to 1.10)
13	3406	742	0.95 (0.83 to 1.09)	799	0.97 (0.85 to 1.10)	385	0.94 (0.79 to 1.12)	880	0.93 (0.82 to 1.05)
≤12	4469	1075	0.98 (0.87 to 1.12)	1106	0.96 (0.85 to 1.09)	510	0.89 (0.76 to 1.05)	1427	0.96 (0.86 to 1.09)
			P-het = 7.97E-01		P-het = 1.68E-01		P-het = 2.04E-01		P-het = 7.09E-01

Age at meno	pause (years)								
<50	4157	941	1.00 (Ref.)	998	1.00 (Ref.)	491	1.00 (Ref.)	1144	1.00 (Ref.)
50-<54	3179	617	0.91 (0.81 to 1.02)	638	0.93 (0.83 to 1.04)	342	1.07 (0.92 to 1.25)	656	0.96 (0.86 to 1.08)
≥54	1490	276	0.87 (0.75 to 1.01)	337	1.06 (0.92 to 1.22)	147	1.03 (0.85 to 1.26)	281	0.92 (0.79 to 1.07)
			P-het = 2.43E-01		P-het = 4.92E-01		P-het = 5.42E-01		P-het = 9.50E-1

\* Luminal A-like is the reference.

<sup>†</sup> The multivariable model was additionally adjusted for reference age (age at diagnosis for cases) and study.

<sup>‡</sup> Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).

§ Among parous women.

					/	0					In	trinsic-l	like subty	ре								
Reference age (years)	Risk factor			Lumir	nal A-like			Lumi	nal B-like		Lu	ıminal H	B-HER2-l	ike	H	IER2-e	nriched-li	ke		Triple	negative	
	Number of births	Controls	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
<40	Nulliparous	750	48	1.00 (	(Ref.)	1	38	1.00	(Ref.)	1	33	1.00 (	Ref.)		17	1.00	(Ref.)	1	72	1.00 (	Ref.)	
	1	592	68	1.34	0.70	2.56	28	0.99	0.44	2.23	33	1.15	0.50	2.64	20	1.36	0.51	3.64	71	1.37	0.78	2.40
	2	1082	85	0.81	0.43	1.51	47	0.87	0.41	1.86	55	1.13	0.51	2.50	28	1.47	0.59	3.69	114	1.37	0.81	2.31
	≥3	646	51	0.76	0.40	1.42	22	0.62	0.28	1.35	28	0.98	0.44	2.19	23	1.89	0.77	4.65	72	1.26	0.74	2.13
40-<45	Nulliparous	937	98	1.00 (	(Ref.)	1	35	1.00	(Ref.)	1	47	1.00 (	Ref.)	r.	18	1.00	(Ref.)	1	39	1.00 (	Ref.)	
	1	1151	120	0.36	0.22	0.61	38	0.77	0.38	1.56	57	0.44	0.21	0.90	31	0.21	0.06	0.66	92	1.58	0.91	2.73
	2	2774	213	0.28	0.17	0.46	77	0.64	0.33	1.26	75	0.32	0.16	0.65	38	0.21	0.07	0.63	116	1.14	0.67	1.92
	≥3	1480	130	0.30	0.19	0.50	42	0.60	0.31	1.18	50	0.37	0.18	0.72	17	0.16	0.05	0.51	97	1.31	0.78	2.20
45-<50	Nulliparous	1047	181				45	1.00	(Ref.)	1	67	1.00 (	Ref.)		33	1.00	(Ref.)	1	53	1.00 (	Ref.)	
	1	1479	199	0.45	0.31	0.65	53	0.62	0.33	1.15	100	0.46	0.25	0.84	60	0.37	0.18	0.79	101	0.95	0.59	1.54
	2	3195	441	0.42	0.30	0.59	107	0.54	0.30	0.96	116	0.37	0.21	0.66	50	0.30	0.15	0.61	181	1.10	0.71	1.71
	≥3	1932	250	0.38	0.27	0.53	66	0.55	0.31	0.97	52	0.25	0.14	0.45	41	0.38	0.19	0.76	109	0.94	0.60	1.46
50-<55	Nulliparous	1339	263	1.00 (	(Ref.)		68	1.00	(Ref.)		85	1.00 (	Ref.)	-	31	1.00	(Ref.)		62	1.00 (	Ref.)	
	1	1975	300	0.70	0.52	0.94	59	0.68	0.39	1.18	88	0.59	0.35	0.99	83	1.46	0.79	2.69	107	1.08	0.69	1.69
	2	4371	583	0.62	0.47	0.82	136	0.67	0.40	1.12	137	0.46	0.28	0.76	82	1.03	0.57	1.87	198	1.09	0.72	1.67
	≥3	2976	326	0.52	0.39	0.69	67	0.48	0.28	0.82	83	0.40	0.24	0.66	57	1.02	0.55	1.87	123	0.86	0.56	1.33
55-<60	Nulliparous	1405	276				58	1.00	(Ref.)		69	1.00 (	Ref.)		41	1.00	(Ref.)		55	1.00 (	Ref.)	
	1	1807	376	0.92	0.70	1.21	83	1.53	0.91	2.57	104	0.79	0.49	1.29	61	0.92	0.50	1.71	123	1.56	1.00	2.43
	2	4413	626	0.71	0.55	0.93	142	1.12	0.68	1.84	193	0.70	0.44	1.12	82	0.74	0.41	1.34	210	1.28	0.84	1.95
	≥3	4144	370	0.47	0.36	0.62	99	0.88	0.53	1.46	132	0.58	0.36	0.92	58	0.67	0.37	1.23	166	1.06	0.69	1.62
60-<65	Nulliparous	1276	286				69	1.00	(Ref.)		65	1.00 (	Ref.)		33	1.00	(Ref.)		32	1.00 (	Ref.)	

**Supplementary Table S4**. ORs and 95%CIs for case-control\* analyses† of associations between number of births and intrinsic-like subtypes‡ according to reference age in 5-year categories.

	1	1771	396	0.96	0.74	1.26	90	1.19	0.71	1.99	103	1.17	0.72	1.89	53	0.64	0.31	1.34	92	2.41	1.39	4.17
	2	4465	878	0.91	0.70	1.17	169	0.92	0.56	1.50	191	0.93	0.59	1.47	86	0.46	0.22	0.93	183	2.11	1.25	3.55
	≥3	4711	615	0.60	0.47	0.78	137	0.69	0.42	1.12	166	0.73	0.46	1.14	63	0.34	0.17	0.70	140	1.34	0.80	2.26
65-<70	Nulliparous	1079	279	1.00 (	(Ref.)		64	1.00 (	(Ref.)		67	1.00 (	(Ref.)		19	1.00 (	Ref.)		47	1.00 (	Ref.)	
	1	1523	369	1.12	0.85	1.48	78	1.26	0.74	2.15	72	0.85	0.50	1.47	29	0.88	0.38	2.04	59	1.30	0.76	2.23
	2	3803	765	1.03	0.79	1.34	162	1.16	0.70	1.93	144	0.75	0.44	1.26	67	0.99	0.45	2.19	149	1.47	0.89	2.43
	≥3	4448	865	0.90	0.69	1.16	185	1.05	0.64	1.72	153	0.59	0.36	1.00	67	0.84	0.38	1.82	170	1.16	0.71	1.90
≥70	Nulliparous	797	319	1.00 (	(Ref.)		52	1.00 (	(Ref.)		46	1.00 (	(Ref.)		20	1.00 (	Ref.)		34	1.00 (	Ref.)	
	1	948	325	1.24	0.92	1.67	75	1.60	0.89	2.85	65	1.64	0.91	2.99	30	1.46	0.59	3.58	58	1.75	0.93	3.31
	2	2461	873	1.22	0.92	1.61	163	1.26	0.73	2.20	152	1.49	0.84	2.63	62	1.28	0.54	3.03	137	1.59	0.87	2.91
	≥3	3629	1326	1.08	0.82	1.42	249	1.18	0.69	2.03	226	1.32	0.76	2.30	82	1.01	0.43	2.36	245	1.63	0.90	2.95
				P for = 8.89	age inter 9E-03	action		9         1.18         0.09         2.03         2           P for age interaction         = 8.01E-01         -          -         -				P for = 8.03	age inter 5E-01	action		P for = 6.3	age inter 5E-02	action		P for = 9.52	age inter 2E-01	action

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

<sup>‡</sup> Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).

Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

				0		0						Intrin	sic-like su	ıbtype								
Reference age (years)	Risk factor			Lumir	nal A-like			Lumir	nal B-like		Lı	uminal	B-HER2-	like	]	HER2-ei	nriched-li	ke		Trij	ple negative	
	Age at first birth (years)	Controls	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
<40	<20	215	35	1.00 (	(Ref.)		21	1.00 (	(Ref.)		15	1.00	(Ref.)		18	1.00 (	Ref.)		62	1.00 (	(Ref.)	
	20- <25	740	65	0.83	0.50	1.40	32	0.76	0.40	1.46	30	1.03	0.51	2.05	19	0.57	0.28	1.19	77	0.74	0.48	1.15
	25- <30	851	68	0.84	0.49	1.43	18	0.37	0.18	0.79	46	0.37	0.18	0.79	25	0.69	0.33	1.45	76	0.70	0.44	1.11
	≥30	484	33	0.55	0.29	1.03	24	0.72	0.33	1.56	23	1.19	0.53	2.67	8	0.53	0.20	1.44	37	0.65	0.37	1.13
40-<45	<20	426	40	1.00 (	(Ref.)		24	1.00 (	(Ref.)		18	1.00	(Ref.)		5	1.00 (	Ref.)		68	1.00 (	(Ref.)	
	20- <25	1442	143	1.50	0.99	2.26	45	0.98	0.56	1.72	46	1.20	0.66	2.19	30	2.37	0.88	6.40	103	0.81	0.56	1.19
	25- <30	1812	149	1.86	1.22	2.85	51	1.24	0.70	2.22	66	1.55	0.85	2.85	29	2.24	0.80	6.29	75	0.63	0.41	0.96
	≥30	1605	121	1.97	1.25	3.09	35	0.87	0.46	1.66	49	1.43	0.75	2.73	21	2.68	0.92	7.82	52	0.63	0.39	1.00
45-<50	<20	669	98	1.00 (	(Ref.)		31	1.00 (	(Ref.)		23	1.00	(Ref.)		19	1.00 (	Ref.)		76	1.00 (	(Ref.)	
	20- <25	2102	277	1.08	0.82	1.42	76	1.09	0.69	1.73	74	1.19	0.72	1.95	47	1.23	0.69	2.18	142	1.03	0.74	1.42
	25- <30	2139	293	1.37	1.03	1.82	54	0.91	0.55	1.50	97	1.45	0.88	2.41	45	1.04	0.56	1.94	109	0.99	0.69	1.41
	≥30	1457	205	1.51	1.11	2.06	61	1.48	0.88	2.49	69	1.72	1.00	2.93	38	1.72	0.90	3.30	55	0.91	0.59	1.38
50-<55	<20	993	145	1.00 (	(Ref.)		37	1.00 (	(Ref.)		40	1.00	(Ref.)		44	1.00 (	Ref.)		80	1.00 (	(Ref.)	
	20- <25	3135	393	0.96	0.77	1.19	78	0.79	0.52	1.20	105	1.00	0.68	1.48	67	0.61	0.40	0.92	158	0.97	0.72	1.31
	25- <30	2955	380	1.14	0.91	1.42	85	0.99	0.65	1.52	82	0.87	0.58	1.32	69	0.65	0.42	1.01	123	0.98	0.71	1.36
	≥30	1668	249	1.26	0.99	1.62	58	1.10	0.69	1.76	65	1.14	0.73	1.78	36	0.58	0.35	0.97	51	0.75	0.50	1.12

**Supplementary Table S5**. ORs and 95%CIs for case-control\* analyses† of associations between age at first birth and intrinsic-like subtypes‡ according to reference age in 5-year categories.

55-<60	<20	1321	194	1.00 (	92     0.76     1.12     111       98     0.80     1.21     99       22     0.97     1.54     51       00 (Ref.)     49				Ref.)		52	1.00 (	Ref.)		34	1.00 (I	Ref.)		92	1.00 (	Ref.)	
	20- <25	4250	520	0.92	0.76	1.12	111	0.74	0.52	1.06	151	1.03	0.74	1.45	64	0.71	0.46	1.10	194	0.93	0.71	1.23
	25- <30	2870	375	0.98	0.80	1.21	99	0.90	0.62	1.30	139	1.34	0.95	1.90	64	1.03	0.66	1.63	128	0.96	0.71	1.30
	≥30	1296	235	1.22	0.97	1.54	51	0.88	0.57	1.35	64	1.31	0.87	1.96	31	1.08	0.62	1.86	57	0.95	0.65	1.38
60-<65	<20	1246	247	1.00 (	(Ref.)		49	1.00 (	Ref.)	•	59	1.00 (	(Ref.)		19	1.00 (I	Ref.)		73	1.00 (	Ref.)	
	20- <25	4719	759	0.85	0.72	1.01	175	0.93	0.67	1.31	203	0.93	0.68	1.27	99	1.43	0.86	2.38	178	0.80	0.60	1.09
	25- <30	3013	567	1.04	0.87	1.25	114	0.96	0.67	1.38	127	0.94	0.67	1.32	55	1.26	0.72	2.19	105	0.80	0.57	1.12
	≥30	1202	266	1.16	0.93	1.43	48	0.90	0.58	1.40	53	0.91	0.60	1.37	19	0.97	0.49	1.91	38	0.67	0.43	1.03
65-<70	<20	1049	273	1.00 (	(Ref.)		55	1.00 (	(Ref.)		41	1.00 (	(Ref.)		19	1.00 (I	Ref.)		65	1.00 (	(Ref.)	
	20- <25	4015	860	0.84	0.72	1.00	171	0.83	0.60	1.15	164	0.93	0.65	1.34	72	1.20	0.70	2.04	169	0.81	0.59	1.12
	25- <30	2832	562	0.85	0.71	1.02	128	0.92	0.65	1.30	109	0.89	0.61	1.31	41	1.04	0.58	1.87	94	0.71	0.50	1.01
	≥30	1087	251	1.03	0.83	1.27	47	0.89	0.58	1.37	36	0.75	0.46	1.22	26	1.73	0.89	3.33	29	0.61	0.37	0.99
≥70	<20	589	263	1.00 (	(Ref.)		44	1.00 (	Ref.)	•	51	1.00 (	(Ref.)		20	1.00 (I	Ref.)		62	1.00 (	Ref.)	
	20- <25	2775	1107	0.90	0.76	1.07	222	1.05	0.74	1.48	173	0.75	0.53	1.04	71	0.82	0.49	1.37	210	0.84	0.61	1.14
	25- <30	2091	750	0.83	0.69	1.00	128	0.81	0.56	1.18	140	0.80	0.56	1.14	59	0.95	0.55	1.63	106	0.59	0.41	0.83
	≥30	810	318	0.90			70	1.06	0.70	1.62	50	0.69	0.45	1.07	20	0.74	0.38	1.46	42	0.59	0.38	0.91
		-		P for	P for age interaction I				age inter 7E-01				age inter		-		ge intera				age interact	

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

‡ Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PRpositive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ERnegative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).

Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

					0 -	<u></u>	0				In	trinsic	like subt	уре								
Reference age (years)	Risk factor			Lumi	nal A-like	-		Lumi	nal B-like		Lı	minal	B-HER2-	like	H	IER2-e	nriched-li	ke		Triple	e negative	1
	Breastfeeding duration (months)	Controls	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
<40	0	298	51	1.00 (	Ref.)		26	1.00 (	Ref.)		37	1.00 (	(Ref.)		19	1.00	(Ref.)	1	97	1.00 (	Ref.)	
	>0-6	506	65	1.75	1.11	2.76	27	1.51	0.81	2.80	27	0.68	0.38	1.20	16	1.09	0.53	2.25	72	1.01	0.68	1.49
	>6-12	317	31	1.75	1.00	3.07	15	1.79	0.85	3.79	11	0.60	0.28	1.30	8	1.26	0.51	3.13	23	0.74	0.42	1.28
	>12-24	293	21	1.35	0.72	2.53	14	2.19	1.00	4.79	11	0.83	0.38	1.81	6	1.17	0.43	3.22	13	0.50	0.25	0.99
	>24	181	13	1.63	0.76	3.49	3	0.97	0.26	3.60	7	1.30	0.51	3.34	5	1.85	0.60	5.72	12	0.93	0.44	1.96
40-<45	0	493	99	1.00 (Ref.)			48	1.00 (	Ref.)		37	1.00 (	(Ref.)		18	1.00	(Ref.)		105	1.00 (	Ref.)	
	>0-6	703	128	1.45	1.05	2.01	29	0.81	0.48	1.36	54	1.40	0.87	2.25	27	1.73	0.91	3.28	66	0.98	0.68	1.42
	>6-12	486	72	1.18	0.81	1.73	15	0.65	0.34	1.25	27	1.07	0.60	1.89	8	0.73	0.30	1.77	24	0.60	0.36	1.00
	>12-24	320	57	1.22	0.80	1.85	16	0.98	0.51	1.89	12	0.85	0.41	1.76	4	0.71	0.23	2.22	16	0.56	0.31	1.02
	>24	203	38	1.22	0.75	2.00	8	0.82	0.35	1.92	14	1.69	0.82	3.49	5	1.39	0.47	4.14	22	1.25	0.70	2.22
45-<50	0	1002	189	1.00 (	Ref.)		59	1.00 (	Ref.)		62	1.00 (	(Ref.)		37	1.00	(Ref.)		157	1.00 (	Ref.)	
	>0-6	1138	241	1.59	1.25	2.01	54	1.25	0.83	1.90	67	1.06	0.72	1.55	28	1.02	0.60	1.74	78	0.86	0.63	1.18
	>6-12	669	115	1.46	1.10	1.95	33	1.49	0.91	2.45	28	0.76	0.46	1.24	15	0.96	0.50	1.86	37	0.77	0.51	1.15
	>12-24	404	110	1.94	1.43	2.63	22	1.43	0.82	2.52	23	1.23	0.72	2.10	11	1.44	0.69	2.99	25	0.82	0.51	1.32
	>24	265	60	1.48	1.01	2.16	9	0.77	0.35	1.69	13	1.23	0.62	2.44	6	1.26	0.49	3.27	15	0.75	0.41	1.37
50-<55	0	1268	270	1.00 (	Ref.)		61	1.00 (	Ref.)		62	1.00 (	(Ref.)		48	1.00	(Ref.)		134	1.00 (	Ref.)	
	>0-6	1767	316	0.98	0.81	1.19	62	0.95	0.65	1.40	85	1.16	0.81	1.65	55	1.07	0.71	1.62	104	0.86	0.65	1.15
	>6-12	1031	149	0.84	0.66	1.06	31	0.84	0.53	1.35	39	1.01	0.65	1.57	27	0.94	0.57	1.57	32	0.49	0.33	0.75
	>12-24	691	139	1.14	0.88	1.46	29	1.11	0.68	1.82	36	1.55	0.98	2.47	19	1.26	0.70	2.26	35	0.91	0.60	1.38
	>24	334	94	1.24	0.91	1.67	15	0.94	0.50	1.76	11	0.89	0.44	1.79	6	0.81	0.33	1.99	17	0.81	0.46	1.42

**Supplementary Table S6**. ORs and 95%CIs for case-control\* analyses<sup>†</sup> of associations between breastfeeding duration and intrinsic-like subtypes<sup>‡</sup> according to reference age in 5-year categories.

55-<60	0	1175	299	1.00 (	Ref.)		72	1.00 (	1.06 0.70 1.60 5			1.00 (	Ref.)		45	1.00	(Ref.)		133	1.00 (	Ref.)	
	>0-6	1972	433	1.09	0.91	1.30	83			1.10	133	1.10	0.81	1.48	51	0.86	0.56	1.32	128	0.89	0.68	1.17
	>6-12	892	141	0.89	0.71	1.13	42				50	1.05	0.71	1.55	22	0.84	0.49	1.45	54	0.93	0.66	1.33
	>12-24	731	128	1.05	0.82	1.36	28	0.96	0.60	1.55	39	1.08	0.70	1.66	10	0.47	0.23	0.96	40	0.87	0.59	1.30
			66																			
	>24	310		1.16	0.83	1.61	18	1.41	0.79	2.53	17	1.10	0.61	1.97	6	0.64	0.26	1.58	17	0.82	0.47	1.43
60-<65	0	1165	342	1.00 (	Ref.)	-	77	1.00 (	(Ref.)		90	1.00 (	Ref.)		33	1.00	(Ref.)		92	1.00 (	Ref.)	
	>0-6	2046	519	1.06	0.90	1.25	119	1.00	0.73	1.36	137	1.01	0.76	1.35	60	1.13	0.72	1.77	116	1.08	0.79	1.47
	>6-12	880	203	1.07	0.87	1.32	39	0.89	0.59	1.35	35	0.70	0.46	1.07	19	0.99	0.55	1.79	40	0.94	0.63	1.42
	>12-24	676	145	1.11	0.88	1.41	30	1.04	0.66	1.65	42	1.37	0.91	2.05	17	1.38	0.73	2.61	27	0.92	0.57	1.48
	>24	342	61	1.05	0.76	1.47	12	0.95	0.50	1.83	13	0.98	0.52	1.83	2	0.37	0.09	1.61	10	0.72	0.36	1.45
65-<70	0	937	320	1.00 (	Ref.)		72	1.00 (	(Ref.)		60	1.00 (	Ref.)		34	1.00	(Ref.)		84	1.00 (	Ref.)	
	>0-6	1604	437	0.92	0.77	1.10	106	0.98	0.71	1.36	108	1.13	0.80	1.58	36	0.72	0.43	1.18	91	0.86	0.62	1.19
	>6-12	735	216	1.03	0.83	1.27	44	0.96	0.64	1.44	45	1.08	0.71	1.65	17	0.77	0.41	1.44	31	0.63	0.40	0.98
	>12-24	591	139	0.86	0.67	1.10	27	0.78	0.48	1.26	21	0.67	0.39	1.14	15	0.86	0.44	1.67	35	0.89	0.57	1.38
	>24	393	61	0.64	0.46	0.88	11	0.54	0.28	1.07	13	0.65	0.34	1.25	6	0.46	0.18	1.17	14	0.48	0.26	0.90
≥70	0	693	256	1.00 (	Ref.)		54	1.00 (	(Ref.)		43	1.00 (	Ref.)		18	1.00	(Ref.)		37	1.00 (	Ref.)	
	>0-6	1218	389	0.87	0.72	1.06	79	0.78	0.53	1.13	91	1.07	0.73	1.58	38	1.08	0.60	1.94	84	1.39	0.92	2.10
	>6-12	615	223	0.87	0.70	1.10	40	0.66	0.42	1.02	39	0.87	0.55	1.39	26	1.41	0.74	2.66	50	1.40	0.88	2.22
	>12-24	574	274	1.08	0.86	1.35	53	0.91	0.59	1.39	40	1.00	0.62	1.61	9	0.52	0.22	1.21	41	1.09	0.67	1.78
	>24	346	107	0.71	0.54	0.95	25	0.73	0.43	1.24	14	0.59	0.31	1.12	10	0.81	0.35	1.89	22	0.78	0.44	1.40
					age intera		-		age intera				age intera		-		age intera				age intera	

† The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

‡ Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade). Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

				<u> </u>	2	0					I	ntrinsio	e-like subt	type								
Reference age (years)	Risk factor			Lumi	nal A-like			Lumi	nal B-like		Lu	minal	B-HER2-	like	Н	ER2-e	nriched-li	ke		Triple	negative	
	Age at menarche (years)	Controls	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
<40	≥15	362	25	1.00 (	(Ref.)		12	1.00	(Ref.)		16	1.00 (	Ref.)		10	1.00 (	Ref.)		25	1.00 (R	Ref.)	
	14	540	32	0.92	0.50	1.69	24	1.68	0.78	3.61	22	1.09	0.54	2.21	8	0.62	0.23	1.63	45	1.48	0.85	2.59
	13	894	67	1.13	0.66	1.93	33	1.17	0.57	2.39	35	0.99	0.51	1.89	19	0.87	0.38	1.94	74	1.34	0.80	2.25
	≤12	1279	128	1.33	0.81	2.20	66	1.44	0.73	2.81	76	1.32	0.72	2.39	50	1.30	0.63	2.70	184	1.88	1.16	3.03
40-<45	≥15	859	53	1.00 (	(Ref.)		27	1.00	(Ref.)		29	1.00 (	Ref.)		16	1.00 (	Ref.)		39	1.00 (R	Ref.)	
	14	1114	100	1.36	0.93	1.99	33	0.91	0.53	1.57	40	1.19	0.71	1.98	14	0.85	0.40	1.79	34	0.80	0.49	1.31
	13	1717	167	1.54	1.08	2.19	39	0.69	0.41	1.16	64	1.19	0.74	1.90	30	1.32	0.69	2.52	96	1.53	1.01	2.31
	≤12	2555	240	1.37	0.97	1.93	92	0.98	0.62	1.55	96	1.13	0.72	1.78	45	1.42	0.76	2.66	174	1.63	1.10	2.41
45-<50	≥15	1088	110	1.00 (	(Ref.)		21	1.00	(Ref.)		52	1.00 (	Ref.)		30	1.00 (	Ref.)		53	1.00 (R	Ref.)	
	14	1539	184	1.06	0.81	1.38	47	1.46	0.86	2.49	51	0.85	0.56	1.27	36	1.19	0.72	1.98	67	1.07	0.73	1.57
	13	1907	271	1.17	0.91	1.50	78	1.66	1.01	2.74	84	1.09	0.75	1.59	55	1.42	0.88	2.30	114	1.25	0.88	1.79
	≤12	3062	503	1.30	1.02	1.64	125	1.53	0.94	2.47	152	1.26	0.88	1.79	65	1.04	0.64	1.68	205	1.31	0.93	1.84
50-<55	≥15	1645	187	1.00 (	(Ref.)		43	1.00	(Ref.)		53	1.00 (	Ref.)		42	1.00 (	Ref.)		74	1.00 (R	Ref.)	
	14	2019	242	1.05	0.85	1.29	51	0.98	0.65	1.49	56	1.00	0.68	1.47	51	1.37	0.89	2.09	87	1.17	0.85	1.63
	13	2672	364	1.11	0.91	1.36	78	0.98	0.67	1.44	101	1.17	0.83	1.67	63	1.29	0.85	1.95	103	0.93	0.68	1.28
	≤12	3943	645	1.30	1.08	1.57	157	1.28	0.90	1.83	166	1.33	0.96	1.86	97	1.41	0.95	2.10	219	1.25	0.94	1.67
55-<60	≥15	1922	238	1.00 (	(Ref.)		46	1.00	(Ref.)		82	1.00 (	Ref.)		43	1.00 (	Ref.)		83	1.00 (R	Ref.)	
	14	2054	300	1.08	0.89	1.30	70	1.21	0.83	1.78	78	0.86	0.62	1.19	34	0.82	0.51	1.31	90	1.00	0.73	1.37
	13	3186	438	1.13	0.94	1.35	97	1.24	0.86	1.78	139	1.09	0.82	1.46	72	1.30	0.87	1.94	133	1.07	0.80	1.43
	≤12	3990	615	1.11	0.93	1.31	153	1.34	0.95	1.89	174	0.98	0.74	1.30	85	1.03	0.69	1.53	220	1.06	0.81	1.40
60-<65	≥15	2242	369	1.00 (	(Ref.)		72	1.00	(Ref.)		75	1.00 (	Ref.)		56	1.00 (	Ref.)		84	1.00 (R	Ref.)	
	14	2241	399	1.12	0.95	1.32	67	0.96	0.68	1.35	101	1.53	1.12	2.09	45	0.92	0.61	1.38	77	1.06	0.76	1.46
	13	3159	595	1.11	0.95	1.28	131	1.31	0.97	1.77	133	1.37	1.02	1.84	51	0.79	0.53	1.17	116	0.98	0.72	1.32

**Supplementary Table S7**. ORs and 95%CIs for case-control\* analyses† of associations between age at menarche and intrinsic-like subtypes‡ according to reference age in 5-year categories.

	≤12	3672	716	1.14	0.99	1.32	177	1.48	1.11	1.97	184	1.62	1.22	2.16	72	0.94	0.65	1.36	147	1.01	0.75	1.34
65-<70	≥15	2300	433	1.00	(Ref.)		92	1.00 (	Ref.)		92	1.00 (	Ref.)		42	1.00 (	(Ref.)		73	1.00 (R	ef.)	
	14	2153	389	1.05	0.90	1.23	86	1.14	0.84	1.55	99	1.36	1.01	1.84	40	1.30	0.83	2.04	65	1.15	0.81	1.64
	13	2598	629	1.15	0.99	1.32	130	1.18	0.89	1.57	105	1.10	0.81	1.48	42	1.03	0.65	1.61	122	1.56	1.14	2.13
	≤12	2891	731	1.28	1.11	1.48	152	1.30	0.98	1.71	117	1.10	0.81	1.47	49	1.09	0.70	1.70	145	1.60	1.18	2.18
≥70	≥15	1623	556	1.00	(Ref.)	•	118	1.00 (	Ref.)		105	1.00 (	Ref.)		49	1.00 (	Ref.)		117	1.00 (R	ef.)	<u>.</u>
	14	1491	447	1.12	0.96	1.31	97	1.02	0.76	1.36	71	0.96	0.69	1.32	37	1.23	0.78	1.93	84	1.03	0.76	1.40
	13	1872	875	1.15	1.00	1.32	156	0.96	0.74	1.24	138	1.15	0.87	1.51	53	1.13	0.74	1.72	122	0.87	0.66	1.15
	≤12	2180	891	1.19	1.04	1.36	153	0.89	0.69	1.16	141	1.10	0.83	1.46	47	1.04	0.67	1.61	133	0.91	0.69	1.21
				P for 8.80E	age intera E-01	ction =		P for 7.13E	age intera -01	ction =		P for 5.10E	age intera -01	ction =		P for 1.63E	age intera 2-01	ction =		P for ag 1.59E-0	ge interact	tion =

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

‡ Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade). Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

				J	ar categ						In	trinsic	like subty	ype								
Reference age (years)	Risk factor			Lumi	nal A-like			Lumi	nal B-like		Lı	iminal	B-HER2-	like	Н	ER2-e	nriched-l	ike		Triple	e negative	;
	Age at menopause (years)	Controls	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
<40	<50	73	17	1.00 (	(Ref.)		12	1.00 (	(Ref.)		11	1.00 (	(Ref.)		4	1.00 (	(Ref.)		21	1.00	(Ref.)	
	50-<54	0	0				0				0				0				0			
	≥54	0	0				0				0				0				0			
40-<45	<50	228	61	1.00 (	(Ref.)		25	1.00 (	(Ref.)		24	1.00 (	(Ref.)		8	1.00 (	(Ref.)		41	1.00	(Ref.)	
	50-<54	0	0				0				0				0				0			
	≥54	0	0				0				0				0				0			
45-<50	<50	1124	257	1.00 (	(Ref.)		66	1.00 (	(Ref.)		72	1.00 (	(Ref.)		63	1.00 (	(Ref.)		131	1.00	(Ref.)	
	50-<54	0	0				0				0				0				0			
	≥54	0	0				0				0				0				0			
50-<55	<50	2820	384	1.00 (	(Ref.)		88	1.00 (	(Ref.)		108	1.00 (	(Ref.)		93	1.00 (	(Ref.)		180	1.00	(Ref.)	
	50-<54	1626	274	1.28	1.07	1.53	54	1.15	0.80	1.65	68	1.31	0.95	1.81	58	1.08	0.76	1.54	93	1.09	0.82	1.44
	≥54	26	6	2.02	0.76	5.39	1	1.46	0.19	11.54	3	4.69	1.30	16.92	2	2.20	0.48	10.23	3	2.62	0.72	9.48
55-<60	<50	4088	626	1.00 (	(Ref.)		127	1.00 (	(Ref.)		198	1.00 (	(Ref.)		89	1.00 (	(Ref.)		222	1.00	(Ref.)	
	50-<54	3534	489	0.92	0.81	1.06	110	1.03	0.79	1.35	139	0.87	0.69	1.09	84	1.16	0.85	1.58	157	0.90	0.72	1.12
	≥54	1359	197	0.92	0.76	1.10	50	1.17	0.83	1.65	62	0.97	0.72	1.31	35	1.24	0.82	1.87	65	0.93	0.69	1.26
60-<65	<50	4429	824	1.00 (	(Ref.)		189	1.00 (	(Ref.)		202	1.00 (	(Ref.)		85	1.00 (	(Ref.)		191	1.00	(Ref.)	
	50-<54	3434	671	1.16	1.03	1.31	144	1.09	0.87	1.37	136	0.97	0.77	1.21	71	1.17	0.85	1.63	127	1.03	0.81	1.31
	≥54	1990	394	1.14	1.00	1.31	65	0.82	0.61	1.09	117	1.42	1.12	1.80	50	1.37	0.95	1.96	63	0.85	0.63	1.14
65-<70	<50	3991	887	1.00 (	(Ref.)		200	1.00 (	(Ref.)		172	1.00 (	(Ref.)	1	72	1.00 (	(Ref.)		180	1.00	(Ref.)	<u> </u>
	50-<54	2789	743	1.34	1.19	1.50	124	1.00	0.79	1.27	134	1.25	0.99	1.59	53	1.24	0.86	1.79	122	1.16	0.91	1.49

**Supplementary Table S8**. ORs and 95%CIs for case-control\* analyses† of associations between age at menopause and intrinsic-like subtypes‡ according to reference age in 5-year categories.

	≥54	1469	411	1.47	1.28	1.68	90	1.46	1.13	1.90	82	1.54	1.17	2.03	35	1.56	1.03	2.37	72	1.32	0.99	1.76
≥70	<50	2646	1101	1.00 (	Ref.)		234	1.00 (	Ref.)		211	1.00 (	Ref.)		77	1.00 (	Ref.)		178	1.00 (	Ref.)	
	50-<54	2264	1003	1.07	0.96	1.19	185	0.90	0.73	1.11	161	0.93	0.75	1.16	76	1.22	0.87	1.70	157	1.13	0.89	1.42
	≥54	1019	482	1.27	1.11	1.46	70	0.82	0.62	1.09	73	1.01	0.76	1.33	25	0.92	0.58	1.47	78	1.31	0.99	1.75
				P for a 4.77E	age intera -01	ction =		P for 3.86E	age intera 2-01	ction =		P for a 7.44E	age interac -01	ction =		P for a 7.18E	age intera -01	ction =		P for 4.58E	age intera -02	ction =

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).

Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

							ER subty	pe and <i>in sit</i>	u				
				ER+				ER-				in situ	
	Controls	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
Time since la	<b>st birth</b> (years	;)											
Nulliparous	8630	4701	1.00 (R	ef.)		1089	1.00 (1	Ref.)		697	1.00 (	Ref.)	
1 birth													
0-<5	381	123	1.05	0.83	1.33	106	2.33	1.76	3.06	15	1.08	0.61	1.89
5<10	474	171	1.00	0.82	1.24	80	1.53	1.15	2.03	30	1.16	0.76	1.77
10<15	755	348	1.12	1.12	1.12	133	1.44	1.14	1.82	40	0.93	0.64	1.36
15<20	1125	607	1.11	0.97	1.27	244	1.45	1.19	1.76	66	1.00	0.73	1.36
20<25	1387	730	0.97	0.86	1.09	337	1.63	1.37	1.94	97	1.12	0.86	1.46
25<30	1427	729	0.81	0.72	0.92	277	1.39	1.17	1.65	108	1.00	0.77	1.28
30<35	1504	786	0.80	0.72	0.90	225	1.27	1.06	1.52	86	0.77	0.59	1.01
35<40	1564	769	0.69	0.61	0.77	206	1.16	0.96	1.40	105	0.81	0.63	1.05
40<45	1073	585	0.59	0.52	0.67	118	0.92	0.73	1.15	68	0.57	0.43	0.77
45<50	615	360	0.53	0.45	0.62	64	0.81	0.61	1.09	36	0.41	0.28	0.60
50<55	203	176	0.52	0.41	0.65	27	0.79	0.51	1.21	34	0.79	0.53	1.20
≥55	54	122	0.78	0.55	1.11	20	1.82	1.05	3.15	9	0.43	0.21	0.91
2 births													
0-<5	264	196	1.63	1.32	2.02	130	2.79	2.15	3.62	21	1.75	1.07	2.88
5<10	393	304	1.46	1.22	1.75	170	2.46	1.96	3.09	41	1.45	0.99	2.11
10<15	697	431	1.00	0.86	1.17	179	1.40	1.14	1.73	79	1.22	0.91	1.65
15<20	967	580	0.91	0.80	1.04	238	1.36	1.12	1.63	110	1.11	0.86	1.45
20<25	1461	712	0.72	0.64	0.81	300	1.21	1.02	1.43	134	0.95	0.74	1.21
25<30	1610	758	0.65	0.58	0.73	274	1.06	0.90	1.26	125	0.89	0.70	1.13

**Supplementary Table S9**. ORs and 95%CIs for case-control\* analyses<sup>†</sup> of associations between reproductive factors (time since last birth by number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and ER subtypes and *in situ* tumors.

30<35	1680	846	0.61	0.55	0.69	261	1.01	0.85	1.20	120	0.85	0.67	1.09
35<40	1725	812	0.48	0.43	0.54	171	0.62	0.51	0.76	99	0.59	0.46	0.77
40<45	997	478	0.37	0.32	0.43	147	0.81	0.66	1.00	57	0.38	0.28	0.53
45<50	379	217	0.33	0.27	0.40	59	0.71	0.53	0.97	24	0.30	0.19	0.47
50<55	117	74	0.26	0.19	0.36	15	0.50	0.28	0.87	8	0.21	0.10	0.45
≥55	20	11	0.16	0.08	0.35	2	0.41	0.09	1.77		0.00	0.00	
≥3 births													
0-<5	243	135	1.15	0.91	1.46	111	2.47	1.88	3.24	16	1.33	0.77	2.31
5<10	412	275	1.16	0.97	1.39	107	1.46	1.13	1.88	31	0.93	0.62	1.41
10<15	570	319	0.87	0.74	1.02	146	1.43	1.14	1.78	60	0.98	0.71	1.35
15<20	895	437	0.69	0.60	0.79	186	1.20	0.98	1.46	66	0.64	0.47	0.87
20<25	1194	544	0.59	0.52	0.67	213	1.06	0.88	1.27	115	0.85	0.66	1.09
25<30	1404	630	0.49	0.44	0.56	214	0.87	0.73	1.05	105	0.65	0.50	0.84
30<35	1611	783	0.45	0.40	0.50	207	0.72	0.60	0.87	120	0.57	0.44	0.73
35<40	1603	740	0.36	0.32	0.40	178	0.61	0.50	0.74	115	0.45	0.35	0.57
40<45	867	508	0.35	0.30	0.40	111	0.62	0.49	0.78	60	0.28	0.20	0.38
45<50	367	192	0.24	0.19	0.29	44	0.52	0.37	0.73	27	0.20	0.13	0.31
50<55	88	58	0.23	0.16	0.32	13	0.58	0.32	1.07	9	0.19	0.09	0.40
≥55	13	7	0.16	0.06	0.40	1	0.32	0.04	2.51	1	0.13	0.02	1.03
Age at first	<b>birth</b> ‡ (years)												
<20	6508	3013	1.00 (R	ef.)		1151	1.00 (I	Ref.)		498	1.00 (	Ref.)	
20-<25	23178	10150	0.99	0.94	1.05	2719	0.86	0.80	0.94	1743	0.98	0.88	1.09
25-<30	18563	8463	1.07	1.01	1.13	2183	0.83	0.76	0.91	1299	0.96	0.86	1.08
≥30	9609	4323	1.08	1.01	1.15	1021	0.72	0.65	0.81	643	1.00	0.87	1.15
	ng duration‡ (												

0	7031	4283	1.00 (R	ef.)		1645	1.00 (H	Ref.)		649	1.00 (I	Ref.)	
>0-6	10954	5854	1.06	1.01	1.12	1755	0.96	0.89	1.04	818	1.10	0.99	1.24
>6-12	5625	2816	0.96	0.90	1.02	799	0.80	0.73	0.88	364	0.92	0.80	1.06
>12-24	4280	2383	1.03	0.96	1.11	613	0.80	0.72	0.90	316	0.98	0.85	1.14
>24	2374	1092	0.82	0.75	0.90	354	0.73	0.64	0.84	152	0.74	0.61	0.90
Age at mer	narche (years)												
≥15	12041	5076	1.00 (R	ef.)		1482	1.00 (F	Ref.)		747	1.00 (I	Ref.)	
14	13151	5677	1.12	1.06	1.17	1467	1.04	0.96	1.12	702	1.07	0.95	1.19
13	18005	8575	1.17	1.12	1.23	2162	1.11	1.03	1.19	1516	1.08	0.98	1.19
≤12	23572	11715	1.25	1.20	1.31	3200	1.19	1.11	1.28	1922	1.13	1.03	1.24
Age at mer	nopause (years)												
<50	19399	9709	1.00 (R	ef.)		2521	1.00 (F	Ref.)		1623	1.00 (I	Ref.)	
50-<54	13647	7461	1.08	1.04	1.13	1599	1.09	1.02	1.17	1246	1.04	0.96	1.12
≥54	5863	3353	1.17	1.11	1.23	671	1.14	1.04	1.26	484	1.06	0.95	1.18

† The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study. Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

‡ Among parous women.

					ER subtype	e and <i>in situ</i>	,	**	
				ER-				in situ	
	ER+ cases	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
Time since last b	irth (years)							·	
Nulliparous	4701	1089	1.00 (Ref	Ē.)		697	1.00 (Ref	Ē.)	
1 birth									
0-<5	123	106	2.56	1.88	3.49	15	0.87	0.48	1.58
5<10	171	80	1.62	1.19	2.20	30	1.02	0.65	1.59
10<15	348	133	1.38	1.08	1.77	40	0.77	0.52	1.13
15<20	607	244	1.38	1.12	1.69	66	0.83	0.61	1.14
20<25	730	337	1.71	1.42	2.06	97	1.15	0.87	1.52
25<30	729	277	1.78	1.48	2.14	108	1.16	0.89	1.51
30<35	786	225	1.71	1.41	2.07	86	0.93	0.71	1.23
35<40	769	206	1.81	1.49	2.20	105	1.13	0.87	1.47
40<45	585	118	1.59	1.26	2.01	68	0.97	0.72	1.32
45<50	360	64	1.58	1.17	2.12	36	0.78	0.53	1.16
50<55	176	27	1.54	1.00	2.38	34	1.58	1.03	2.40
≥55	122	20	2.41	1.46	3.99	9	0.58	0.28	1.18
			P-het = 1	.65E-5			P-het = 9	.07E-01	
2 births									
0-<5	196	130	2.10	1.60	2.75	21	0.85	0.51	1.41
5<10	304	170	1.98	1.56	2.52	41	0.86	0.58	1.27
10<15	431	179	1.59	1.27	1.98	79	1.11	0.82	1.52
15<20	580	238	1.67	1.37	2.03	110	1.14	0.87	1.49
20<25	712	300	1.89	1.58	2.26	134	1.22	0.95	1.56
25<30	758	274	1.83	1.53	2.19	125	1.28	0.99	1.64

**Supplementary Table S10**. ORs and 95% CIs for case-case\* analyses† of associations between reproductive factors (time since last birth by number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and ER subtypes and *in situ* tumors.

30<35	846	261	1.80	1.50	2.16	120	1.28	0.99	1.65
35<40	812	171	1.35	1.10	1.66	99	1.22	0.93	1.59
40<45	478	147	2.14	1.71	2.68	57	1.12	0.81	1.55
45<50	217	59	2.06	1.50	2.83	24	1.05	0.66	1.67
50<55	74	15	1.72	0.97	3.05	8	1.19	0.55	2.61
≥55	11	2	1.98	0.43	9.14	0	0.00	0.00	
			P-het = 2	.59E-04			P-het = 6	.92E-01	
≥3 births									
0-<5	135	111	2.59	1.93	3.48	16	0.99	0.56	1.75
5<10	275	107	1.42	1.09	1.85	31	0.72	0.47	1.10
10<15	319	146	1.85	1.46	2.34	60	1.03	0.74	1.44
15<20	437	186	1.93	1.56	2.38	66	0.85	0.62	1.16
20<25	544	213	1.97	1.62	2.40	115	1.36	1.04	1.77
25<30	630	214	1.94	1.60	2.35	105	1.21	0.93	1.59
30<35	783	207	1.74	1.43	2.11	120	1.23	0.95	1.59
35<40	740	178	1.77	1.44	2.17	115	1.30	0.99	1.69
40<45	508	111	1.76	1.38	2.24	60	0.92	0.66	1.27
45<50	192	44	2.12	1.48	3.03	27	1.11	0.71	1.76
50<55	58	13	2.26	1.21	4.21	9	1.06	0.50	2.27
≥55	7	1	1.88	0.23	15.40	1	0.90	0.10	7.94
			P-het = 5	.09E-03			P-het = 5	.99E-01	
Age at first birth‡ (year	s)								
<20	3013	1151	1.00 (Ref	<b>.</b> )		498	1.00 (Ref	.)	
20-<25	10150	2719	0.87	0.80	0.95	1743	1.02	0.91	1.14
25-<30	8463	2183	0.77	0.70	0.84	1299	0.94	0.83	1.06
≥30	4323	1021	0.67	0.59	0.75	643	0.97	0.84	1.13
			P-het = 1	.25E-10			P-het = 3	.48E-01	

Breastfeeding duratio	<b>n</b> ‡ (months)										
0	4283	1645	1.00 (Ref	.)		649	1.00 (Ref	.)			
>0-6	5854	1755	0.90	0.83	0.98	818	1.03	0.92	1.16		
>6-12	2816	799	0.85	0.76	0.94	364	0.94	0.81	1.09		
>12-24	2383	613	0.78	0.70	0.88	316	0.95	0.81	1.11		
>24	1092	354	0.88	0.76	1.02	152	0.89	0.72	1.10		
			P-het = 1	.72E-03			P-het = 3	P-het = 3.97E-02			
Age at menarche (year	rs)										
≥15	5076	1482	1.00 (Ref	.)		747	1.00 (Ref	.)			
14	5677	1467	0.93	0.86	1.02	702	0.96	0.86	1.08		
13	8575	2162	0.95	0.87	1.02	1516	0.92	0.83	1.01		
≤12	11715	3200	0.95	0.88	1.03	1922	0.89	0.81	0.99		
			P-het = 8	.04E-01			P-het = 4	.34E-03			
Age at menopause (ye	ars)										
<50	9709	2521	1.00 (Ref	.)		1623	1.00 (Ref	.)			
50-<54	7461	1599	1.01	0.94	1.08	1246	0.96	0.88	1.04		
≥54	3353	671	0.98	0.89	1.08	484	0.91	0.81	1.02		
			P-het = 6	.55E-01			P-het = 5	0.91 0.81 net = 5.57E-01			

\* ER+ is the reference.

† The model was also adjusted for reference age (age at diagnosis for cases) and study.

Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

‡ Among parous women.

**Supplementary Table S11**. ORs and 95%CIs for case-control\* analyses† of associations between reproductive factors (number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes‡.

<b>Risk factor</b>	,		Ĺ	5	,		,	0	- 1			-like subty									
			Lumi	nal A-like			Lumi	nal B-like		L	uminal	B-HER2-li	ke	H	IER2-e	nriched-lik	e		Triple	e negative	
	Controls	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
Number of b	irths																				
Nulliparous	8630	1750	1.00 (	Ref.)		429	1.00 (	Ref.)		479	1.00 (	Ref.)		212	1.00 (	Ref.)		394	1.00 (	Ref.)	
1	11246	2153	0.83	0.74	0.93	504	0.95	0.77	1.16	622	0.76	0.62	0.92	367	0.82	0.63	1.07	703	1.37	1.15	1.63
2	26564	4464	0.72	0.65	0.80	1003	0.78	0.65	0.95	1063	0.62	0.52	0.75	495	0.67	0.52	0.86	1288	1.26	1.07	1.49
≥3	23966	3933	0.60	0.54	0.67	867	0.67	0.56	0.82	890	0.52	0.43	0.63	408	0.61	0.48	0.79	1122	1.10	0.94	1.30
Age at first b	irth§ (years)																				
<20	6508	1295	1.00 (	Ref.)		311	1.00 (	Ref.)		299	1.00 (	Ref.)		178	1.00 (	Ref.)		578	1.00 (	Ref.)	
20-<25	23178	4124	0.97	0.90	1.05	910	0.96	0.84	1.10	946	1.01	0.88	1.16	469	0.94	0.78	1.13	1231	0.90	0.81	1.01
25-<30	18563	3144	1.10	1.02	1.19	677	1.00	0.87	1.16	806	1.14	0.99	1.31	387	1.00	0.82	1.21	816	0.84	0.74	0.95
≥30	9609	1678	1.25	1.14	1.36	394	1.15	0.98	1.36	409	1.16	0.98	1.36	199	1.04	0.83	1.30	361	0.75	0.65	0.88
Breastfeeding	g duration§ (	months)																			
0	7031	1826	1.00 (	Ref.)		469	1.00 (	Ref.)		469	1.00 (	Ref.)		252	1.00 (	Ref.)		839	1.00 (	Ref.)	
>0-6	10954	2528	1.06	0.99	1.14	559	0.95	0.83	1.09	702	1.09	0.96	1.23	311	1.03	0.86	1.23	739	0.93	0.83	1.04
>6-12	5625	1150	0.98	0.90	1.07	259	0.93	0.79	1.09	274	0.90	0.77	1.06	142	0.95	0.76	1.18	291	0.75	0.64	0.86
>12-24	4280	1013	1.08	0.99	1.19	219	1.03	0.87	1.23	224	1.10	0.93	1.31	91	0.90	0.70	1.17	232	0.80	0.68	0.94
>24	2374	500	0.96	0.85	1.08	101	0.85	0.67	1.07	102	0.94	0.75	1.19	46	0.82	0.59	1.15	129	0.75	0.61	0.92
Age at mena	rche (years)																				
≥15	12041	1971	1.00 (	Ref.)		431	1.00 (1	Ref.)		504	1.00 (	Ref.)		288	1.00 (	Ref.)		548	1.00 (	Ref.)	
14	13151	2093	1.12	1.04	1.20	475	1.10	0.96	1.26	518	1.11	0.98	1.26	265	1.09	0.91	1.29	549	1.07	0.95	1.22
13	18005	3406	1.19	1.11	1.27	742	1.13	1.00	1.28	799	1.18	1.05	1.33	385	1.16	0.99	1.36	880	1.13	1.01	1.26
≤12	23572	4469	1.28	1.20	1.36	1075	1.25	1.11	1.41	1106	1.25	1.11	1.40	510	1.17	1.00	1.37	1427	1.26	1.13	1.40

Age at mer	nopause (years)	)																			
<50	19399	4157	1.00 (	Ref.)		941	1.00 (	1.00 (Ref.)			1.00 (	Ref.)		491	1.00 (	Ref.)		1144	1.00 (	Ref.)	
50-<54	13647	3179	1.10	1.04	1.16	617	0.99	0.89	1.10	638	1.01	0.91	1.12	342	1.17	1.02	1.35	656	1.06	0.96	1.17
≥54	5863	1490	1.16	1.08	1.24	276	1.00	0.87	1.16	337	1.22	1.07	1.39	147	1.19	0.98	1.44	281	1.05	0.92	1.21

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

‡ Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-

positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-

negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).

Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

§ Among parous women.

Risk factor								]	Intrinsic-lil	ke subtyp	e						
			Lur	ninal B-like	e	1	Lumina	I B-HER2-I	ike		HER2-	enriched-li	ke		Trip	le negative	
	Luminal A- like cases	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
Number of b	irths					-								<u>.</u>			
Nulliparous	1750	429	429 1.00 (Ref.)		479	1.00 (	Ref.)	•	212	1.00 (	Ref.)		394	1.00 (	Ref.)		
1	2153	504	1.14	0.92	1.42	622	0.92	0.74	1.14	367	1.03	0.78	1.36	703	1.74	1.43	2.11
2	4464	1003	1.08	0.88	1.33	1063	0.89	0.72	1.09	495	0.99	0.76	1.29	1288	1.88	1.56	2.26
≥3	3933	867	1.12	0.91	1.37	890	0.89	0.73	1.09	408	1.08	0.83	1.40	1122	1.97	1.65	2.37
		P-het = 5.24E-01					P-het	= 8.50E-01			P-het	= 7.16E-02			P-het	= 1.94E-12	
Age at first h	oirth§ (years)																
<20	1295	311 1.00 (Ref.)			299	1.00 (	Ref.)		178	1.00 (Ref.)			578	1.00 (Ref.)			
20-<25	4124	910	0.99	0.86	1.15	946	1.05	0.91	1.22	469	0.98	0.81	1.19	1231	0.94	0.83	1.06
25-<30	3144	677	0.91	0.78	1.07	806	1.03	0.88	1.20	387	0.90	0.73	1.10	816	0.76	0.66	0.87
≥30	1678	394	0.93	0.78	1.11	409	0.92	0.77	1.10	199	0.83	0.66	1.05	361	0.59	0.50	0.70
			P-het	= 3.05E-01			P-het = 4.57E-01				P-het = 3.98E-02			P-het = 2.15E-02			
Breastfeedin	<b>g duration</b> § (mor	nths)															
0	1826	469	1.00 (	Ref.)		469	9 1.00 (Ref.)			252	1.00 (Ref.)			839	1.00 (Ref.)		
>0-6	2528	559	0.88	0.77	1.02	702	1.00	0.87	1.15	311	0.94	0.78	1.13	739	0.85	0.75	0.96
>6-12	1150	259	0.93	0.78	1.11	274	0.93	0.78	1.11	142	1.01	0.80	1.27	291	0.76	0.65	0.90
>12-24	1013	219	0.93	0.77	1.12	224	1.02	0.84	1.23	91	0.86	0.66	1.12	232	0.73	0.61	0.87
>24	500	101	0.87	0.68	1.12	102	1.01	0.79	1.30	46	0.93	0.66	1.32	129	0.79	0.63	0.99
		P-het = 3.15E-01			P-het = 9.58E-01				P-het = 5.33E-01				P-het = 5.91E-05				
Age at mena	rche (years)																
≥15	1971	431	1.00 (	Ref.)		504	1.00 (	Ref.)		288	1.00 (Ref.)			548	1.00 (Ref.)		
14	2093	475	0.98	0.85	1.14	518	0.98	0.85	1.13	265	0.96	0.80	1.15	549	0.96	0.83	1.10

**Supplementary Table S12**. ORs and 95%CIs for case-case\* analyses<sup>†</sup> of associations between reproductive factors (number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes<sup>‡</sup>.

13	3406	742	0.95	0.83	1.08	799	0.97	0.85	1.10	385	0.94	0.80	1.12	880	0.93	0.82	1.05
≤12	4469	1075	0.98	0.86	1.12	1106	0.96	0.85	1.09	510	0.89	0.76	1.05	1427	0.96	0.85	1.09
			P-het	= 6.41E-01		P-het = 1.59E-01			P-het	P-het = 1.22E-01			P-het = 8.28E-01				
Age at me	nopause (years)																
<50	4157	941	1.00 (	Ref.)		998	1.00 (	Ref.)		491	1.00 (Ref.)		1144	1.00 (Ref.)			
50-<54	3179	617	0.91	0.81	1.02	638	0.94	0.84	1.05	342	1.09	0.93	1.26	656	0.97	0.87	1.08
≥54	1490	276	0.87	0.75	1.01	337	1.08	0.93	1.24	147	1.05	0.86	1.28	281	0.93	0.80	1.08
							P-het = 1.65E-01			P-het = 4.82E-01				P-het = 8.85E-01			

\* Luminal A-like is the reference.

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.

‡ Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PRpositive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ERnegative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade). Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit. § Among parous women.

							ER sub	otype and <i>in</i>	situ				
				ER+				ER-				In situ	
	Controls	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL	Cases	OR	Lower CL	Upper CL
Number of b	irths						_						
Nulliparous	8630	4701	1.00 (Ref.)		1089	1.00 (I	Ref.)		697	1.00 (I	Ref.)		
1	11246	5900	0.71	0.66	0.77	1954	1.20	1.06	1.35	721	0.77	0.65	0.92
2	26564	11249	0.61	0.57	0.66	3032	1.04	0.93	1.17	1757	0.73	0.63	0.86
≥3	23966	10686	0.52	0.48	0.56	2614	0.93	0.83	1.04	1864	0.59	0.51	0.70
Age at first b	oirth‡ (years)												
<20	6508	3013	3013 1.00 (Ref.)			1151	1.00 (Ref.)			498	1.00 (Ref.)		
20-<25	23178	10150	1.03	0.98	1.09	2719	0.90	0.83	0.97	1743	1.02	0.91	1.13
25-<30	18563	8463	1.19	1.13	1.26	2183	0.92	0.85	1.01	1299	1.07	0.95	1.20
≥30	9609	4323	1.32	1.24	1.40	1021	0.88	0.80	0.97	643	1.19	1.04	1.36
Breastfeedin	<b>g duration</b> ‡ (m	nonths)											
0	7031	4283	1.00 (	Ref.)		1645	1.00 (Ref.)			649	1.00 (Ref.)		
>0-6	10954	5854	1.05	1.00	1.11	1755	0.96	0.89	1.04	818	1.08	0.96	1.21
>6-12	5625	2816	0.96	0.90	1.03	799	0.81	0.74	0.90	364	0.92	0.80	1.06
>12-24	4280	2383	1.04	0.97	1.12	613	0.83	0.74	0.92	316	0.99	0.85	1.15
>24	2374	1092	0.85	0.78	0.93	354	0.78	0.68	0.89	152	0.77	0.63	0.94
Age at mena	rche	·				·							
≥15	12041	5076	1.00 (	Ref.)		1482	1.00 (I	Ref.)		747	1.00 (Ref.)		
14	13151	5677	1.13	1.08	1.19	1467	1.05	0.96	1.13	702	1.08	0.96	1.20

**Supplementary Table S13.** ORs and 95%CIs for case-control\* analyses<sup>†</sup> of associations between reproductive factors (number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and ER subtypes and *in situ* tumors.

13	18005	8575	1.18	1.13	1.24	2162	1.11	1.03	1.20	1516	1.09	0.99	1.20
≤12	23572	11715	1.26	1.20	1.31	3200	1.19	1.11	1.28	1922	1.13	1.03	1.24
Age at mer	nopause		_				_			1			
Age at mer <50	<b>nopause</b> 19399	9709	1.00 (	Ref.)		2521	1.00 (R	Ref.)		1623	1.00 (F	Ref.)	
Age at mer <50 50-<54	<b>^</b>	9709 7461	1.00 ( 1.08	Ref.)	1.12	2521 1599	1.00 (R 1.09	Ref.)	1.17	1623 1246	1.00 (F	Ref.) 0.96	1.12

† The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study. Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

‡ Among parous women.

			ER subtype and in situ									
				ER-				in situ				
	ER+ cases	Cases	OR	Lower CL	Upper CL	Cases	OR Lower CL Upper		Upper CL			
Number of bir	ths											
Nulliparous	4701	1089	1.00 (Rei	f.)		697	1.00 (Ref.)					
1	5900	1954	1.69	1.49	1.92	721	1.05	0.88	1.26			
2	11249	3032	1.76	1.56	1.98	1757	1.15	0.97	1.35			
≥3	10686	2614	1.83	1.62	2.06	1864	1.09	0.93	1.29			
			P-het = 1.23E-14 P-het = 3.95E-01									
Age at first bi	r <b>th</b> ‡ (years)											
<20	3013	1151	1.00 (Rei	f.)		498	1.00 (Re	f.)				
20-<25	10150	2719	0.87	0.80	0.95	1743	1.01	0.90	1.13			
25-<30	8463	2183	0.77	0.70	0.84	1299	0.93	0.82	1.05			
≥30	4323	1021	0.67	0.60	0.74	643	0.93	0.81	1.07			
			P-het = 9	.25E-03			P-het = 9.34E-01					
Breastfeeding	duration‡ (month	ns)										
0	4283	1645	1.00 (Rei	f.)		649	1.00 (Ref.)					
>0-6	5854	1755	0.90	0.83	0.98	818	1.02	0.91	1.15			
>6-12	2816	799	0.86	0.77	0.95	364	0.93	0.80	1.07			
>12-24	2383	613	0.79	0.71	0.89	316	0.93	0.80	1.09			
>24	1092	354	0.90	0.78	1.04	152	0.87	0.71	1.07			
			P-het = 4	25E-04			P-het = 1	.09E-01				
Age at menaro	<b>:he</b> (years)											
≥15	5076	1482	1.00 (Ret	f.)		747	1.00 (Re	f.)				
14	5677	1467	0.93	0.85	1.01	702	0.96	0.86	1.08			

**Supplementary Table S14**. ORs and 95%CIs for case-case\* analyses† of associations between reproductive factors (number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and ER subtypes and *in situ* tumors.

13	8575	2162	0.95	0.87	1.02	1516	0.92	0.83	1.01	
≤12	11715	3200	0.95	0.88	1.03	1922	0.89	0.81	0.99	
			P-het = 8.97E-01				P-het = 1.73E-03			
Age at menopa	use (years)									
<50	9709	2521	1.00 (Ref	f.)		1623	1.00 (Re	1.00 (Ref.)		
50-<54	7461	1599	1.01	0.94	1.09	1246	0.97	0.89	1.05	
≥54	3353	671	0.98	0.89	1.08	484	0.92	0.82	1.03	
				.45E-01			P-het = 4			

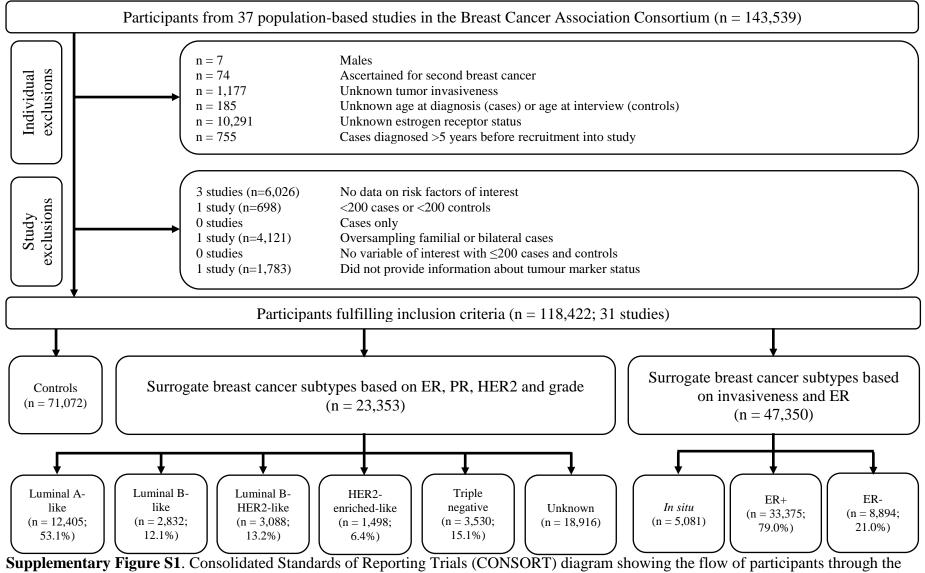
\* ER+ is the reference.

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.

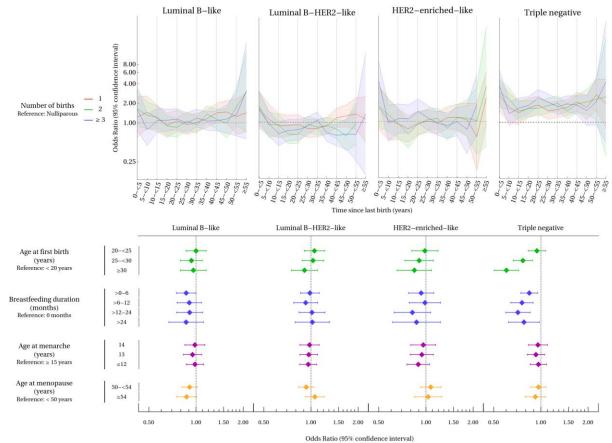
Definitions: OR: odds ratio, Lower CL: lower confidence limit, Upper CL: upper confidence limit.

‡ Among parous women.

## SUPPLEMENTARY FIGURES



study.

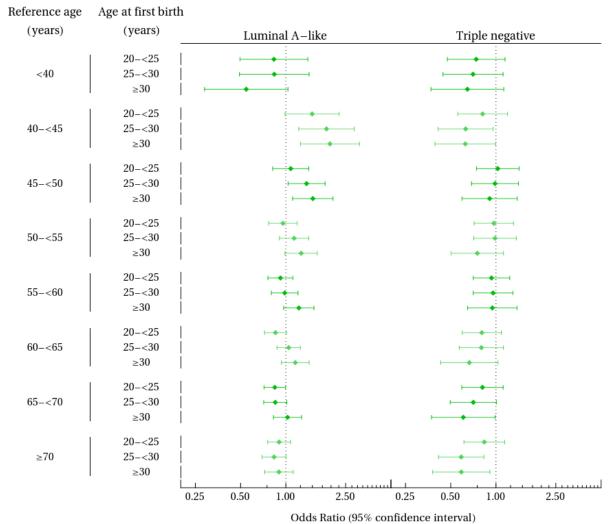


**Supplementary Figure S2**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-case\* analyses<sup>†</sup> of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes<sup>‡</sup>.

\* Luminal A-like is the reference.

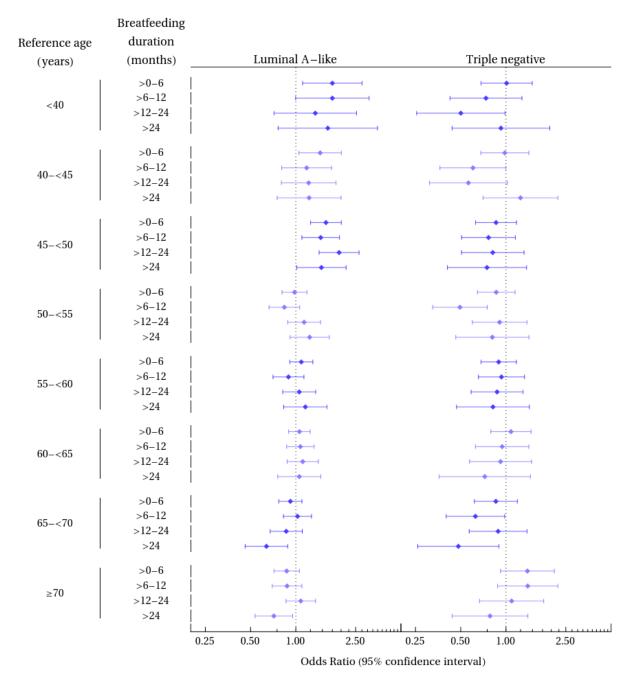
<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.

<sup>‡</sup> Intrinsic-like subtype definitions: luminal A-like (ER-positive or PR-positive, HER2-negative, grade 1&2), luminal B-like (ER-positive or PR-positive, HER2-negative, grade 3), luminal B-HER2-like (ER-positive or PR-positive, HER2-positive, any grade), HER2-enriched-like (ER-negative, PR-negative, HER2-positive, any grade), and triple-negative (ER-negative, PR-negative, HER2-negative, any grade).



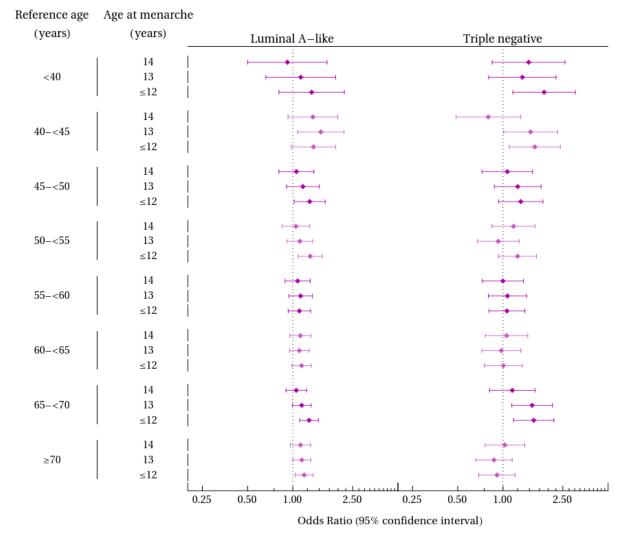
**Supplementary Figure S3**. ORs (colored dots) and 95%CIs for case-control\* analyses<sup>†</sup> of the association between age at first full-term birth and luminal A-like and triple negative tumors according to reference age in 5-year categories (age at diagnosis for cases, age at interview for controls).

<sup>†</sup> The model was also adjusted for study.



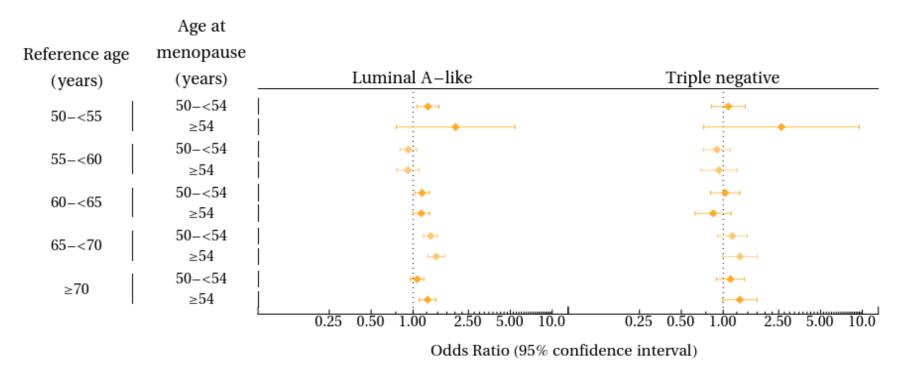
**Supplementary Figure S4**. ORs (colored dots) and 95%CIs for case-control\* analyses† of the association between breastfeeding duration and luminal A-like and triple negative tumors according to reference age in 5-year categories (age at diagnosis for cases, age at interview for controls).

- \* Controls is the reference.
- † The model was also adjusted for study.



**Supplementary Figure S5**. ORs (colored dots) and 95%CIs case-control\* analyses† of the association between age at menarche and luminal A-like and triple negative tumors according to reference age in 5-year categories (age at diagnosis for cases, age at interview for controls).

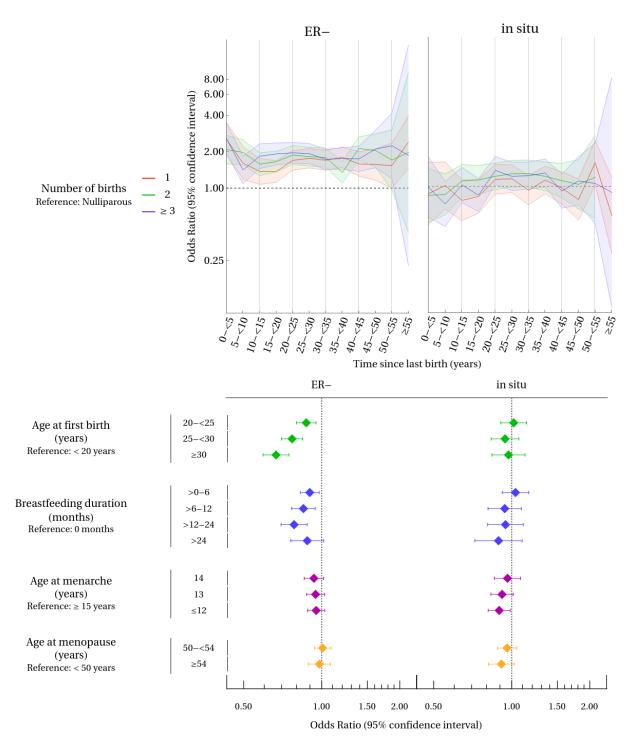
- \* Controls is the reference.
- † The model was also adjusted for study.



**Supplementary Figure S6**. ORs (colored dots) and 95%CIs for case-control\* analyses† of the association between age at menopause and luminal A-like and triple negative tumors according to reference age in 5-year categories (age at diagnosis for cases, age at interview for controls).

\* Controls is the reference.

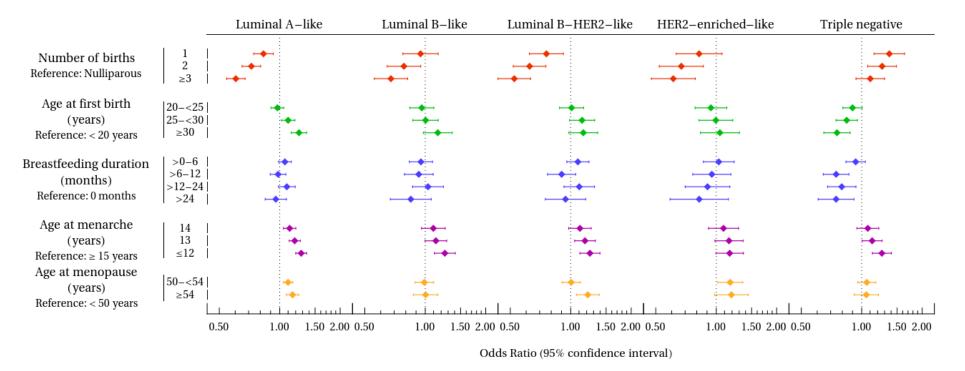
<sup>†</sup> The model was also adjusted for study.



**Supplementary Figure S7**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-case\* analyses† of associations between reproductive factors (time since last birth by number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and ER- and *in situ* tumors.

\* ER+ is the reference.

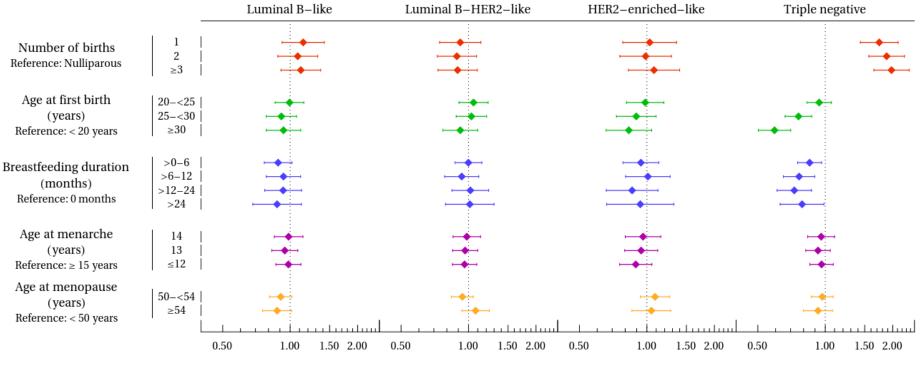
† The model was also adjusted for reference age (age at diagnosis for cases) and study.



**Supplementary Figure S8**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses<sup>†</sup> of associations between reproductive factors (number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes<sup>‡</sup>.

\* Controls are the reference.

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.

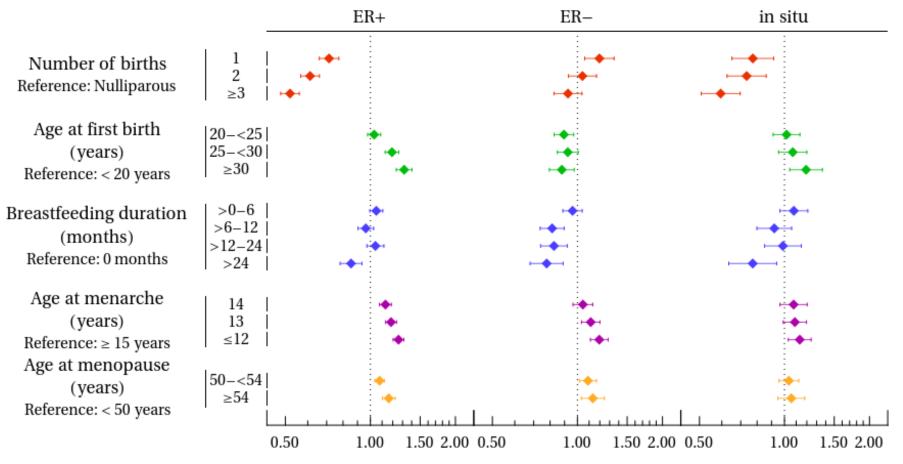


Odds Ratio (95% confidence interval)

**Supplementary Figure S9**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-case\* analyses† of associations between reproductive factors (number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes‡.

\* Luminal A-like is the reference.

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.

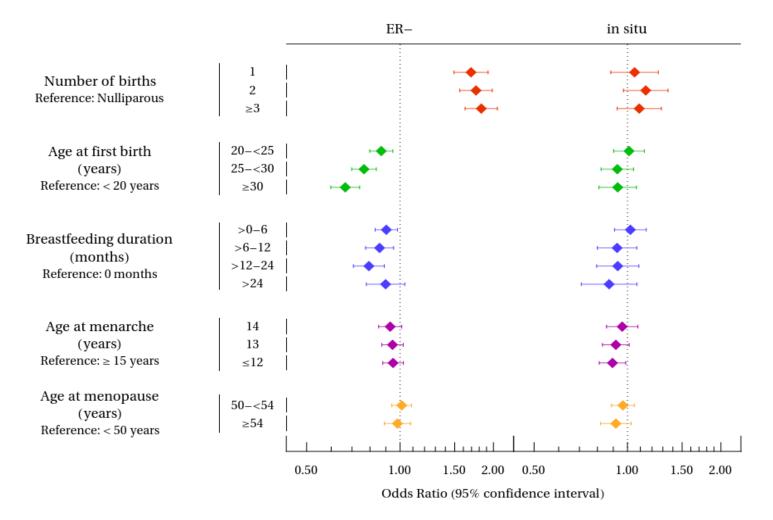


Odds Ratio (95% confidence interval)

**Supplementary Figure S10**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses<sup>†</sup> of associations between reproductive factors (number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and *in situ* and ER+/- tumors.

\* Controls is the reference.

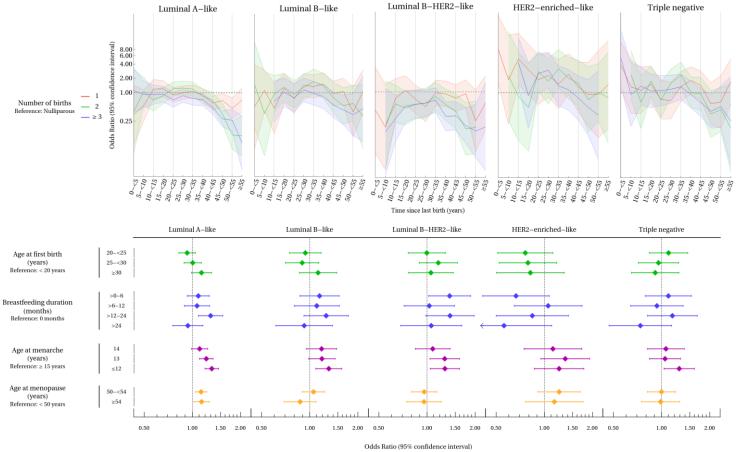
<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases, age at interview for controls) and study.



**Supplementary Figure S11**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-case\* analyses<sup>†</sup> of associations between reproductive factors (number of births, age at first full-term birth, breastfeeding duration, age at menarche, and age at menopause) and ER- and *in situ* tumors.

\* ER+ is the reference.

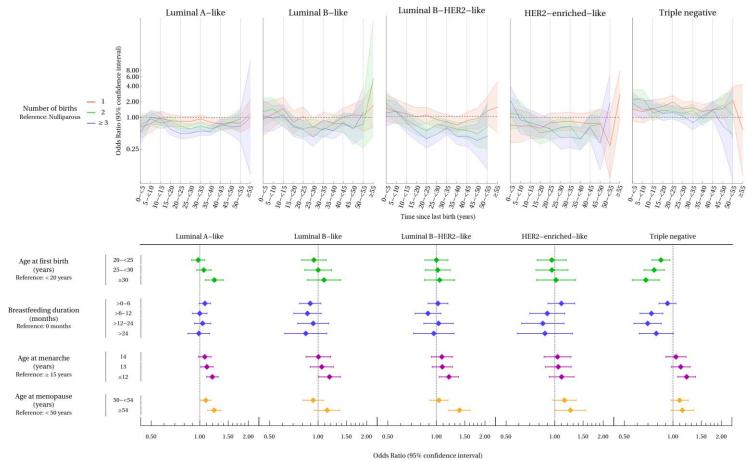
<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study



**Supplementary Figure S12**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses† of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes‡ in prospective cohort studies.

\* Controls is the reference.

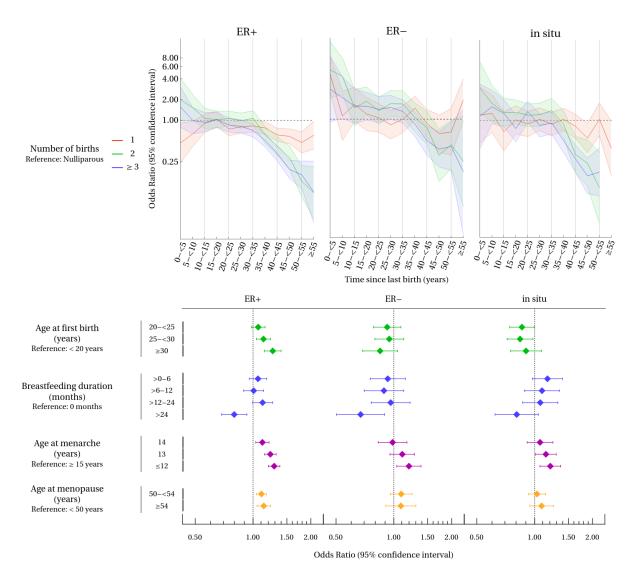
<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.



**Supplementary Figure S13**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses† of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes‡ in population-based case-control studies.

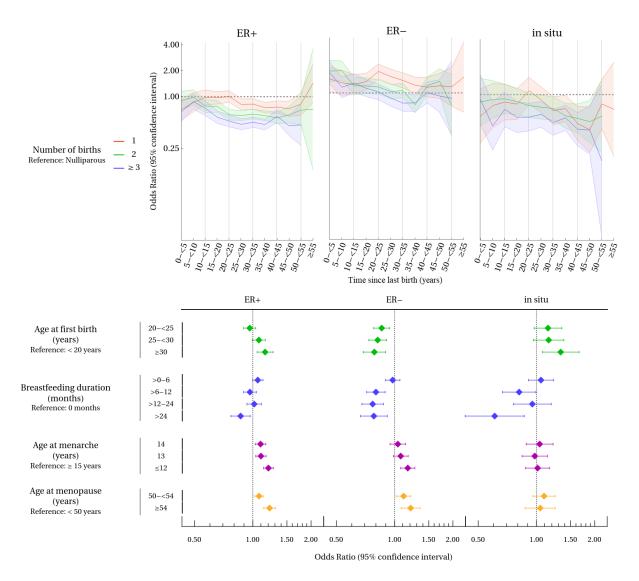
\* Controls is the reference.

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.



**Supplementary Figure S14**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses<sup>†</sup> of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and ER subtypes and *in situ* in prospective cohort studies.

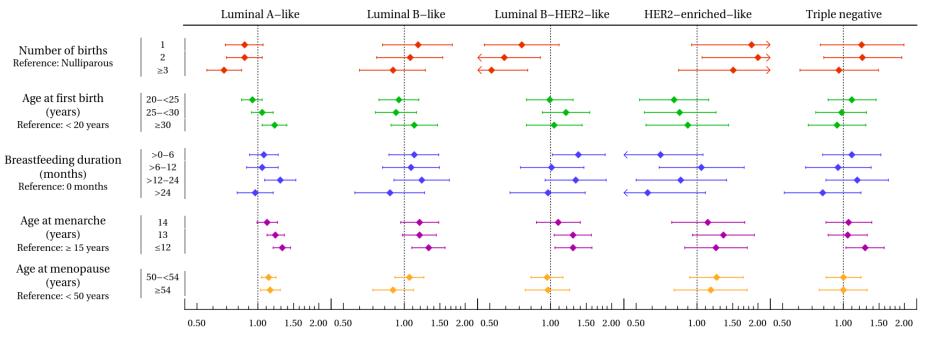
- \* Controls is the reference.
- <sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.



**Supplementary Figure S15**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses† of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and ER subtypes and *in situ* in population-based case-control studies.

\* Controls is the reference.

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.

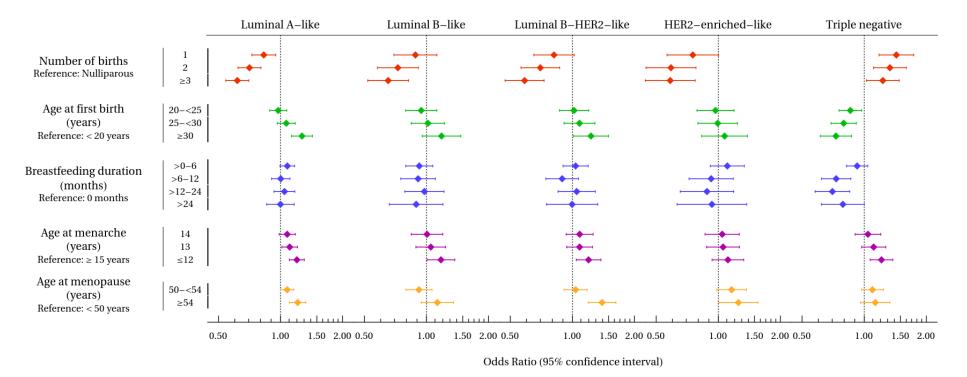


Odds Ratio (95% confidence interval)

**Supplementary Figure S16**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses<sup>†</sup> of associations between reproductive factors (number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes<sup>‡</sup> in prospective cohort studies.

\* Controls is the reference.

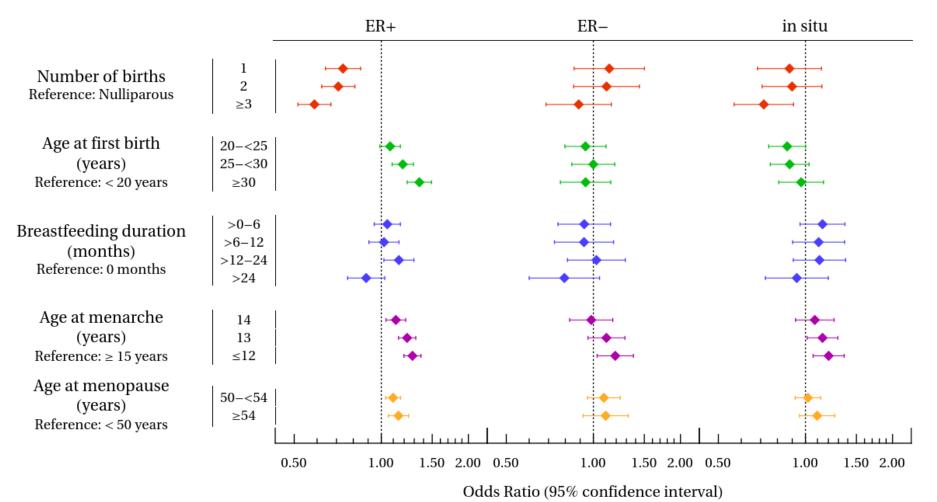
<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.



**Supplementary Figure S17**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses† of associations between reproductive factors (number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes‡ in population-based case-control studies.

\* Controls is the reference.

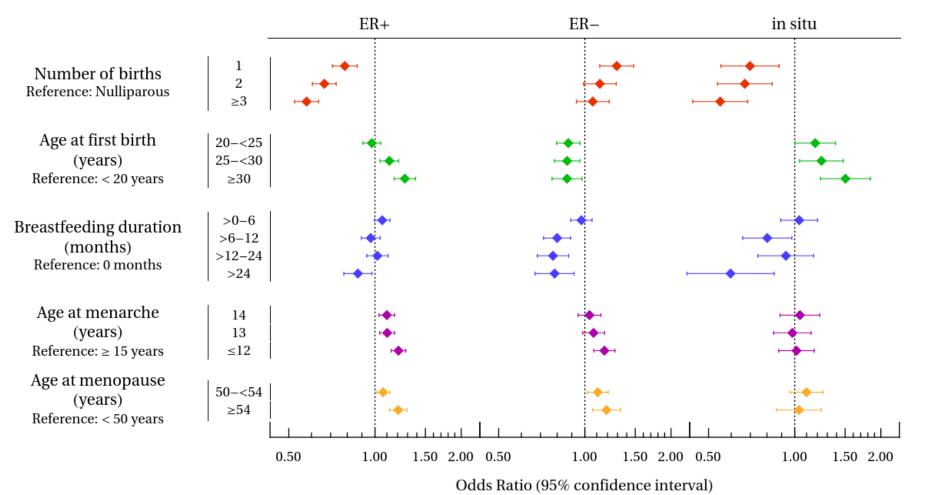
<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.



**Supplementary Figure S18**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses<sup>†</sup> of associations between reproductive factors (number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and ER subtypes and *in situ* in prospective cohort studies.

\* Controls is the reference.

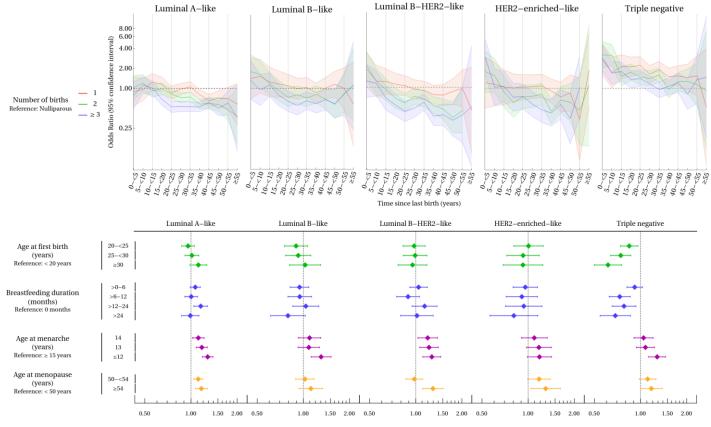
<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.



**Supplementary Figure S19**. ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses<sup>†</sup> of associations between reproductive factors (number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and ER subtypes and *in situ* in population-based case-control studies.

\* Controls is the reference.

<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.



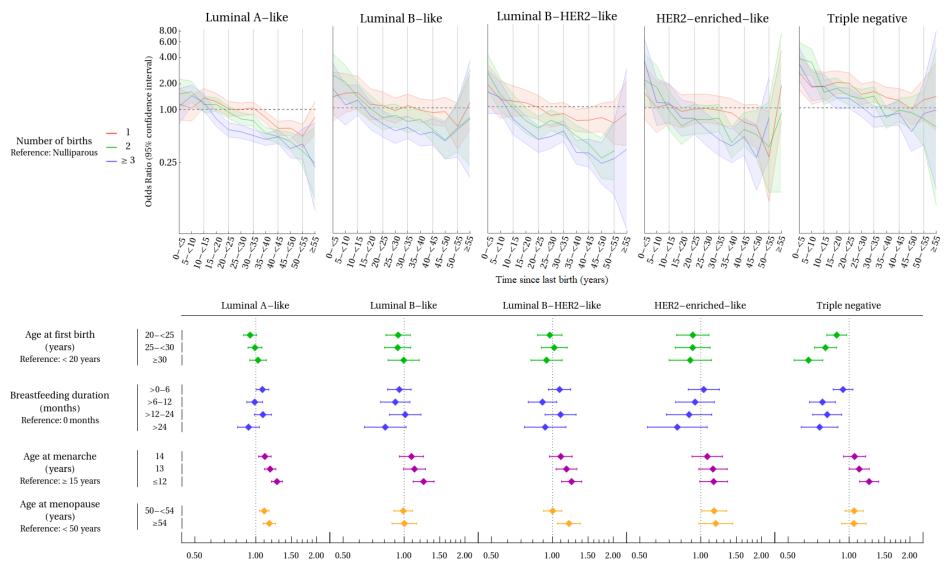
Odds Ratio (95% confidence interval)

**Supplementary Figure S20**. Sensitivity analyses showing ORs (colored dots) and 95%CIs (colored horizontal lines) for case-control\* analyses<sup>†</sup> of associations between reproductive factors (time since last birth by number of births, age at first birth, breastfeeding duration, age at menarche, and age at menopause) and intrinsic-like subtypes<sup>‡</sup>, after excluding studies with missing data on time since last birth or breastfeeding duration for >90% of cases or controls.

\* Controls is the reference.

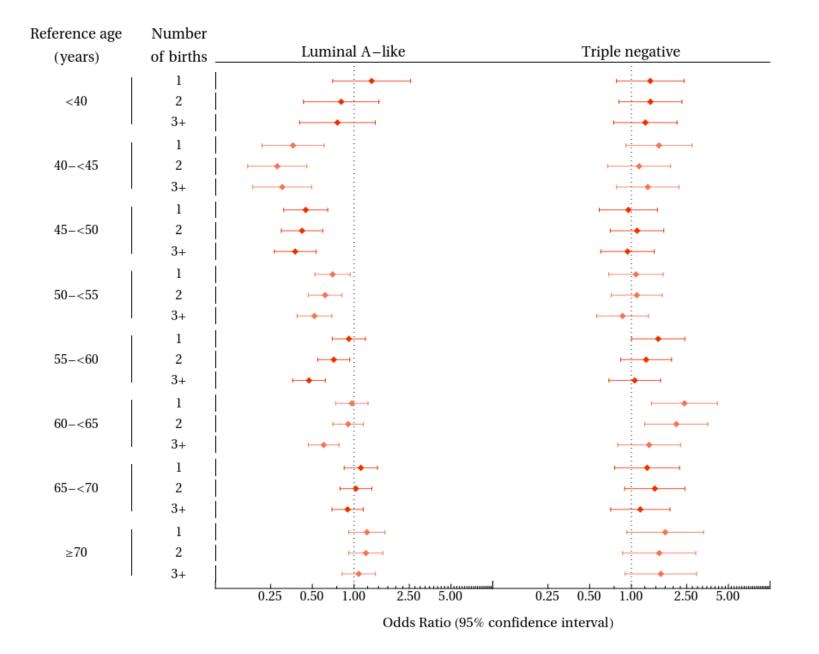
<sup>†</sup> The model was also adjusted for reference age (age at diagnosis for cases) and study.

## Figure 1

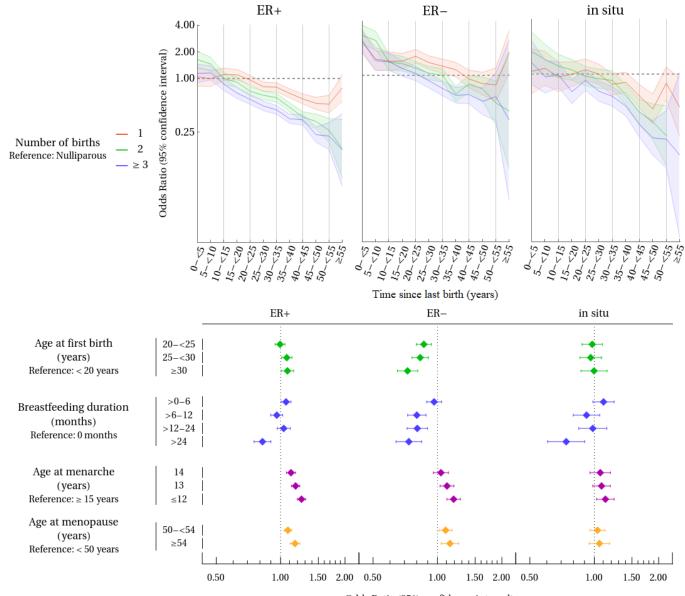


Odds Ratio (95% confidence interval)





1



Odds Ratio (95% confidence interval)