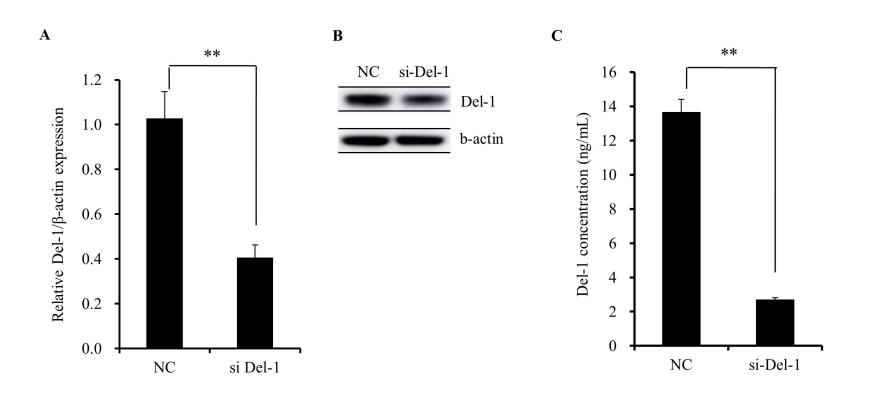
Case	Period of tamoxifen	Clinical history	Initial tumor type	Final tumor type after	Immunohistochem
no.	medication			progression during	istry
				tamoxifen treatment	
F/65	39 months	The patient was diagnosed with bilateral breast cancer. The cancer on both sides was ductal	Ductal carcinoma in	Invasive ductal	ER+/PR+/HER2-
		carcinoma in situ and showed hormone receptor positivity. Because the patient refused surgery,	situ	carcinoma (left)	
		hormone treatment with tamoxifen was initiated in October 2013. Both breast tumors shrank			
		during the course of treatment. However, in January 2017, the cancer in the left breast increased			
		from 2.8 to 3.8 cm, as determined by ultrasound. The patient underwent surgery on both breasts			
		with sentinel lymph node biopsies.			
F/77	65 months	A patient visited our hospital due to a 0.8-cm microlobulated mass on her right breast. The mass	Ductal carcinoma in	Invasive ductal	ER+/PR+/HER2-
		was diagnosed as ductal carcinoma in situ and showed hormone receptor positivity. Due to her	situ	carcinoma	
		severe comorbidities, she and her family refused surgery. Hormone treatment with tamoxifen was			
		initiated in May 2012. After 65 months, the breast cancer had increased from 0.8 to 1.4 cm, as			
		determined by ultrasound. The patient underwent conservative breast surgery under local			
		anesthesia without sentinel lymph nodes biopsy.			

Supplementary Table 1. Clinical history and characteristics of tamoxifen-resistant primary breast cancer in two patients who received only endocrine treatment with tamoxifen



Supplementary Figure 1. Del-1 knockdown reduces Del-1 mRNA and protein levels in TAM-R cells. (A, B) The efficacy of Del-1 mRNA and protein knockdown was evaluated by RT-PCR (A) and western blotting (B), respectively. (C) Effect of Del-1 knockdown in TAM-R MCF-7 cells on secretion of Del-1 protein was evaluated by ELISA (\*p < 0.05, \*\*p < 0.01).