

# Spliceosome mutations exhibit specific associations with epigenetic modifiers and proto-oncogenes mutated in myelodysplastic syndrome

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## Online Supplementary Methods

### Amplicon sequencing

Amplicon sequencing was used to perform a mutation screen in 154 cases of MDS using a 22-gene panel. We sequenced all coding exons for *ZRSR2*, *TP53*, *DNMT3A*, *EZH2*, *RUNX1*, *CEBPA* and *TET2*. This included mutation data for *TET2* for 142 cases that were available from our previously published study.<sup>1</sup> Mutational hotspots were specifically sequenced for *SF3B1*, *SRSF2*, *U2AF1*, *ASXL1*, *CCBL*, *FLT3*, *NRAS*, *KRAS*, *JAK2* exon12/14, *IDH1*, *IDH2*, *BRAF*, *MPL*, *C-KIT* and *NPM1* in all cases. Gene hotspot regions were selected based on previously published data and frequency of the mutations shown in the COSMIC database (*Online Supplementary Table S2*). In addition, all coding exons of *SF3B1* were sequenced for all 24 RARS/RCMD-RS patients. *SRSF2*, *U2AF1* and *ZRSR2* genes were amplified by using polymerase chain reaction (PCR) primers published previously.<sup>2</sup> PCR primers for all the genes are shown in *Online Supplementary Table S3*. The PCR and sequencing methodology have been described previously.<sup>1</sup> The average sequencing coverage across all genes was 200X and >90% of the coding regions had a coverage of >100X. This coverage enabled us to reliably detect mutant clones down to ≥5-10% mutant allele burden, defined as the proportion of sequence reads containing the mutation. All mutations were confirmed through independent PCR and GS FLX sequencing/Sanger sequencing experiments. For data relating to samples at/prior to transformation to acute myeloid leukemia (AML), for which 454-amplicon sequencing data were not available, relative peak intensity from Sanger sequencing was used to estimate mutant allele burden. The acquired status of novel mutations was also confirmed in 48/54 cases for whom constitutional source of DNA was available: skin biopsy (n=27), CD3<sup>+</sup> T cells (n=18) and buccal swab (n=3) (*Online Supplementary Table S6*).

### Exome sequencing

Eight patients (5 RARS, 1 RARS-T, 1 RCMD-RS and 1 tMDS) with >50% ringed sideroblasts were selected for whole-exome sequencing, using DNA from CD34<sup>+</sup> cells in all cases and paired constitutional source [skin (n=3), CD3<sup>+</sup> T

cells (n=3) and CD34<sup>+</sup>CD235<sup>+</sup> (n=1)] (*Online Supplementary Table S3*). The exomic regions of the genome were enriched using Agilent SureSelect Human All Exon Kit covering approximately 50 Mb of the genome. This was followed by paired-end sequencing with a read length of 75 bp using Illumina HiSeq 2000 and version 3 chemistry. The base calls generated by the real time analysis (RTA) or the off-line base-caller (OLB) software were de-multiplexed and converted to fastq format using Casava 1.8. Alignment (NCBI37/Hg19) and variant calling for single nucleotide polymorphisms (SNP) and Indels was performed using both Casava 1.8 (Illumina), and BWA/GATK according to the Broad Institute best practices. Annovar software<sup>3</sup> was used for functional annotation of all variants and also to remove SNP reported in the 1000 Genomes Project, dbSNP132, and genomic super duplications databases. For Casava, remaining variants with a quality score of >QSNP 25 and with a mutant read depth of >1 (total read depth >6) were passed for further analysis. A repeat sequencing run was also used to filter out sequencing artefacts in case of which candidate mutations supported in both runs were passed. For GATK, variants were selected that passed standard filtering. Additionally, variations present in available paired skin and CD3<sup>+</sup> T-cell samples at greater than 20% or 50% the level found in CD34<sup>+</sup> tissue were designated germline and excluded from subsequent analysis of acquired mutations. Data from both pipelines were largely in agreement for filter-passed variants and variant depth >1. Any discrepancies between the two pipelines at this level were later confirmed to be artefactual calls.

PCR and Sanger sequencing were used to validate selected candidate mutations. An ExoSAP-IT purification kit was used for the purification of PCR products. Sequencing was performed using a Big Dye Terminator V 3.1 kit, according to the manufacturer's protocol. Sanger sequencing was performed using an ABI3010xl (Applied Biosystems) and the sequencing results were analyzed by SeqScape software.

### Statistical analysis

The characteristics of the study population were studied with appropriate statistical methods (Mann-Whitney test for continuous variables and Fisher's exact test for categorical

variables) comparing patients with specific mutations *versus* cases without mutations. Clinical characteristics, survival and time to progression to AML were updated to January 2012 and measured from time of sample collection (N=123) or diagnosis (N=31) at King's College Hospital. The median disease duration prior to sample analysis for 123 patients was 11 months (range, 1-119 months): during this period 29 patients showed disease progression (upstaging of WHO category) of whom 10 were treated with either intensive chemotherapy or 5-azacitidine.

The Kaplan-Meier estimate was used to evaluate time to survival and time to progression. The log-rank test was used to assess potential differences in outcome between subgroups. A *P*-value of  $\leq 0.05$  was considered statistically significant.

## Online Supplementary Results

### Exome sequencing reveals common *SF3B1* mutations in patients with refractory anemia and ringed sideroblasts

Whole exome sequencing (Illumina) was performed on CD34<sup>+</sup> cells from eight patients all of whom had >50% ringed sideroblasts: five with RARS, one with RARS-T, one with RCMD-RS and one with therapy-related MDS (*Online Supplementary Table S3*). Paired constitutional DNA from skin (3 cases) or CD3<sup>+</sup> T cells (3 cases) was similarly sequenced. An average of 8 Gbp of sequence data was generated per patient exome and processed using both the Casava 1.8 (Illumina) and Broad Institute 'Best practise' pipelines, supplemented with additional software tools as detailed in the Design and Methods. Functional variants not found in dbSNP132 or 1000 genomes databases were subsequently collated.

Aberrations in one particular gene, splicing factor 3b subunit 1 (*SF3B1*), a component of the major and minor spliceosomes,

initially stood out because of its high frequency across all patients (7 of 8 cases). Importantly, a *TP53* mutation was observed in a single case with therapy-related MDS who had wild-type *SF3B1*. Furthermore, mutations in epigenetic factors including *TET2* and *DNMT3A* were found in three cases with *SF3B1* aberrations. Validation of these selected mutations in available paired skin biopsy or CD3<sup>+</sup> T-cell samples by Sanger sequencing led to the confirmation of the acquired nature of these mutations. For six patients with paired samples, an additional 61 patient-specific mutation candidates (10 per patient exome on average) were identified and selectively validated via Sanger sequencing (*Online Supplementary Tables S4 and S5*).

### *SF3B1* mutations persist through differentiation

Initially CD34<sup>+</sup> cell samples (n=8) were subjected to exome sequencing and subsequent screening/confirmation of *SF3B1* mutations was performed on total bone marrow cells. We also quantified the mutation load in CD34<sup>+</sup>, total CD3<sup>+</sup> T cells, CD3<sup>+</sup>CD4<sup>+</sup> T cells, CD19<sup>+</sup> B cells, CD235<sup>+</sup>CD71<sup>+</sup> erythroblasts and CD34<sup>+</sup>CD3<sup>+</sup>CD235<sup>-</sup> for three additional patients in whom *SF3B1* mutations were detected in total bone marrow cells. CD235<sup>+</sup>CD71<sup>+</sup> erythroblasts and CD34<sup>+</sup>CD3<sup>+</sup>CD235<sup>-</sup> cells showed approximately the same *SF3B1* mutant allele burden (according to Sanger sequencing) as seen for paired total bone marrow and CD34<sup>+</sup> cells. Importantly, no *SF3B1* mutation was detected above background in CD3<sup>+</sup> T cells, CD3<sup>+</sup>CD4<sup>+</sup> T-cells or CD19<sup>+</sup> B cells according to Sanger sequencing (3/3 mutant patients), indicating that the mutant clone has a growth advantage only in the myeloid lineage in MDS. Mutant *SF3B1* was not detected in any available paired skin biopsy samples, confirming the acquired nature of these mutations.

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**Online Supplementary Table S1.** Treatments received by 154 patients. †Denotes other treatments which include: lenalidomide, thalidomide, cyclosporine and antithymocyte globulin (ATG). \*Includes 13 patients who had HSCT after receiving 5-azacitidine.

Treatment	No of Cases
5-Azacitidine	68
Other Treatments†	14
HSCT*	35
No treatment	37

**Online Supplementary Table S2.** Genes screened for hotspot mutations. Mutation frequency within the hotspot regions was obtained from the Cosmic database (Wellcome Trust Sanger Institute, <http://www.sanger.ac.uk/genetics/CGP/cosmic/>).

Gene	Total Frequency of Mutations in MDS	Hot Spot Regions Sequenced	Previous Publications	COSMIC Database (Wellcome Trust Sanger Institute, <a href="http://www.sanger.ac.uk/genetics/CGP/cosmic/">http://www.sanger.ac.uk/genetics/CGP/cosmic/</a> )
<i>SF3B1</i>	30%	Exon 12 - 16	Yoshida, et al Nature (2011); Papaemmanuil, et al. NEJM (2011)	Shows 99% of SF3B1 somatic mutations in haematopoietic neoplasms within this region (out of 344 reported mutant cases; 2668 sequenced samples)
<i>SRSF2</i>	15%	Exon 1	Yoshida, et al. Nature (2011)	Shows 100% of SRSF2 somatic mutations in haematopoietic neoplasms within this region (out of 279 reported mutant cases; 1872 sequenced samples)
<i>ASXL1</i>	15%	Exon 12	Gelsi-Boyer, et al. BJH (2009); Carbuccia, et al. LEukemia (2009); Metzeler, et al. Blood (2011)	Shows 99% of ASXL1 somatic mutations in haematopoietic neoplasms within this region (out of 472 reported mutant cases; 3590 sequenced samples)
<i>U2AF1</i>	12%	Exon 2, 6	Yoshida, et al. Nature (2011)	Shows 99% of U2AF1 somatic mutations in haematopoietic neoplasms within this region (out of 96 reported mutant cases; 1518 sequenced samples)
<i>FLT3</i>	6%	Exon 14, 15	Nakao, et al. Leukemia (1996); Thiede, et al. Blood (2002); Jiang et al. Blood (2004); Loriaux et al. Blood (2008)	Shows 100% of FLT3 somatic mutations in haematopoietic neoplasms within this region (out of 11816 reported mutant cases; 51551 sequenced samples)
<i>NRAS</i>	3.6%	Exon 2, 3	Hirai, et al. Nature (1987); Bacher, et al. Haematologica (2007); Tyner, et al. Blood (2008)	Shows 99% of NRAS somatic mutations in haematopoietic neoplasms within this region (out of 676 reported mutant cases; 6473 sequenced samples)
<i>JAK2</i>	3%	Exon 12, 14	Baxter et al. Lancet (2005); Kralovics, et al. NEJM (2005)	Shows 100 % of JAK2 somatic mutations in haematopoietic neoplasms within this region (out of 32218 reported mutant cases; 76213 sequenced samples)
<i>CCBL</i>	2.3%	Exon 7, 8, 9	Sanada, et al. (2009); Makishima, et al. (2009)	Shows 99% of CCBL somatic mutations in haematopoietic neoplasms within this region (out of 163 reported mutant cases; 3577 sequenced samples)
<i>IDH2</i>	2.1%	Exon 4	Mardis, et al. NEJM (2009)	Shows 100 % of IDH2 somatic mutations in haematopoietic neoplasms within this region (out of 905 reported mutant cases; 13777 sequenced samples)
<i>NPM1</i>	1.8%	Exon 12	Falini, et al. NEJM (2005)	Shows ≥ 97 % of NPM1 somatic mutations in haematopoietic neoplasms within this region (4181 reported mutant cases; 14167 sequenced samples)
<i>IDH1</i>	1.4	Exon 4	Mardis, et al. NEJM (2009)	Shows 100 % of IDH1 somatic mutations in haematopoietic neoplasms within this region (out of 778 reported mutant cases; 16301 sequenced samples)
<i>KRAS</i>	0.9%	Exon 2, 3	Tyner, et al. Blood (2008)	Shows >97% of KRAS somatic mutations in haematopoietic neoplasms within this region (out of 152 reported mutant cases ; 3716 sequenced samples)
<i>BRAF</i>	0.5%	Exon 11, 15		Shows 100 % of BRAF somatic mutations in haematopoietic neoplasms within this region (6 reported mutant cases; 581 sequenced samples)
<i>MPL</i>	Rare	Exon 10	Pardanani et al. Blood (2006); Beer, et al. Haematologica (2010); Patnaik et al. Leukemia (2010)	Shows ≥ 97 % of MPL somatic mutations in haematopoietic neoplasms within this region (534 reported mutant cases; 14202 sequenced samples)
<i>C-KIT</i>	Rare	Exon 17	Bowen, et al. Leukemia (1993); Lorenzo, et al. Leukemia Research (2006)	Shows 40 % of C-KIT somatic mutations in haematopoietic neoplasms within this region (1672 reported mutant cases; 7734 sequenced samples)

Online Supplementary Table S3. Primers for 22 genes used for 454-sequencing. Primer names reflect exons being sequenced. Universal sequencing primers for 2<sup>nd</sup> round PCR and Sanger sequencing are in lower case.

Genes	Primer Sequence
CMPL_F	gtagtgcgatgccagtAGCCTGGATCTCCTTGGTGAC
CMPL_R	cagtgtgcagcgcgatgacCGAGTCCCAGAGGTGACGT
JAK2_E12F	gtagtgcgatgccagtCAGAACGAATGGTGTCTTCTGA
JAK2_E12R	cagtgtgcagcgcgatgacCCAATGTCACATGAATGTAATCAA
JAK2_E14F	gtagtgcgatgccagtTCCTCATCTATAGTCATGCTGAAA
JAK2_E14R	cagtgtgcagcgcgatgacCTGACACCTAGCTGTGATCCTG
IDH1_F	gtagtgcgatgccagtGCGTCAAATGTGCCACTATC
IDH1_R	cagtgtgcagcgcgatgacTTCATACCTTGCTTAATGGGTGT
IDH2_F	gtagtgcgatgccagtAATTTTAGGACCCCCGCTCTG
IDH2_R	cagtgtgcagcgcgatgacTGTGGCCTTGTACTGCAGAG
FLT3/KTD_F	gtagtgcgatgccagtCCGCCAGGAACGTGCTTG
FLT3/KTD_R	cagtgtgcagcgcgatgacGCAGCCTCACATTGCCCC
FLT3/ITD_F	gtagtgcgatgccagtCAATTTAGGTATGAAAGCCAGCTA
FLT3/ITD_R	cagtgtgcagcgcgatgacCTTTCAGCATTTTGACGGCAACC
CKIT_F	gtagtgcgatgccagtGTTTCTTTTCTCTCCAACC
CKIT_R	cagtgtgcagcgcgatgacGGACTGTCAAGCAGAG
NPM1_F	gtagtgcgatgccagtATTTCTTTTTTTTTTTTCCAGGCTATTCAAG
NPM1_R	cagtgtgcagcgcgatgacGGTAGGAAAGTTCTCACTCTGC
NRAS2_F	gtagtgcgatgccagtGATGTGGCTCGCAATTA
NRAS2_R	cagtgtgcagcgcgatgacGATTGTCAGTGCCTTTTCC
NRAS3_F	gtagtgcgatgccagtATAGGCAGAAAATGGGCTTGAATA
NRAS3_R	cagtgtgcagcgcgatgacGTATTGGTCTCTCATGGCACTGTA
KRAS2_F	gtagtgcgatgccagtGCCTGCTGAAAATGACTGAA
KRAS2_R	cagtgtgcagcgcgatgacGAATGGTCTGCACCAAGTAA
KRAS3_F	gtagtgcgatgccagtCCAGACTGTGTTTCTCCCTTC
KRAS3_R	cagtgtgcagcgcgatgacAAAGAAAGCCCTCCCCAGT
BRAF_11_F	gtagtgcgatgccagtTTTTCTGTTGGCTTGACTTGA
BRAF_11_R	cagtgtgcagcgcgatgacACTTGTACAATGTCACCACA
BRAF_15_F	gtagtgcgatgccagtTGCTTGCTCTGATAGGAAAATG
BRAF_15_R	cagtgtgcagcgcgatgacTGGAAAAATAGCCTCAATTCTTA
CCBL_E7_F	gtagtgcgatgccagtACACCACGTTGCCCTTTTAG
CCBL_E7_R	cagtgtgcagcgcgatgacAAGCTTGTGTCCAGTGATATGG
CCBL_E8_F	gtagtgcgatgccagtGAAAACAAGTCTTCACTTTTCTGT
CCBL_E8_R	cagtgtgcagcgcgatgacAAAAAAGTCGCTGTTAGATCCGTA
CCBL_E9_F	gtagtgcgatgccagtTGCATCTGTTACTATCTTTTGCTTC
CCBL_E9_R	cagtgtgcagcgcgatgacCTCACAATGGATTTTGCCA
DNMT3A_E2_F	gtagtgcgatgccagtGCCTCCAAAGACCACGATAA
DNMT3A_E2_R	cagtgtgcagcgcgatgacCGGCTGTATCATATAGGG
DNMT3A_E3_F	gtagtgcgatgccagtGGTGGGGGCATATTACACAG
DNMT3A_E3_R	cagtgtgcagcgcgatgacTCCTGCAGGACATACATCA
DNMT3A_E4a_F	gtagtgcgatgccagtAGAATTTAGAGCGGTCAATG
DNMT3A_E4a_R	cagtgtgcagcgcgatgacCAGCCATTTTCCACTGCTCT
DNMT3A_E4b_F	gtagtgcgatgccagtATTACCAATGGGGACTTGG
DNMT3A_E4b_R	cagtgtgcagcgcgatgacAAGCAGACCTTAGCCACGA
DNMT3A_E5_F	gtagtgcgatgccagtGAAACAGTAAACGGCCAGAG
DNMT3A_E5_R	cagtgtgcagcgcgatgacCTTCCACAGAGGGATGTGT
DNMT3A_E6_F	gtagtgcgatgccagtCATTGTGTTTGAGGCGAGTG
DNMT3A_E6_R	cagtgtgcagcgcgatgacTAGCCTGAAGGGGAACTGA
DNMT3A_E7_F	gtagtgcgatgccagtTTCCTGGAGAGGTCAAGGTG
DNMT3A_E7_R	cagtgtgcagcgcgatgacTGAGAGAGGAGAGCAGGAC
DNMT3A_E8_F	gtagtgcgatgccagtTCTTGCCTCATTAGATGGA
DNMT3A_E8_R	cagtgtgcagcgcgatgacCCTGGGATCAAGAACCCTCC
DNMT3A_E9_F	gtagtgcgatgccagtCTCCAGGGCTGAGACTGACT
DNMT3A_E9_R	cagtgtgcagcgcgatgacACTGCACTCCAACCTCCAG
DNMT3A_E10_F	gtagtgcgatgccagtCCTGTGCCACCTCACTACT
DNMT3A_E10_R	cagtgtgcagcgcgatgacCTCCCTAAGCATGGCTTTCC
DNMT3A_E11_F	gtagtgcgatgccagtAGGTGGGAAACAAGTTGGAGA
DNMT3A_E11_R	cagtgtgcagcgcgatgacAGAGCTGGCGTCAGAGGAG
DNMT3A_E12_F	gtagtgcgatgccagtTAGTTGGCCTGCTTCTGGAG
DNMT3A_E12_R	cagtgtgcagcgcgatgacGAGTCCCACACCTGAAGAC
DNMT3A_E13_F	gtagtgcgatgccagtAGATGATGGCGTTCGAGACT
DNMT3A_E13_R	cagtgtgcagcgcgatgacTGGACACAGTCAGCCAGAAG

continued on the next page

Genes	Primer Sequence
DNMT3A_E14_F	gtagtgcgatgccagtCTCTGTGAGGCCAGGTGTG
DNMT3A_E14_R	cagtgtagcagcgcgatgacAGGTGTGCTACCTGGAATGG
DNMT3A_E15F	gtagtgcgatgccagtACCAGGGCTGAGAGTCTCCT
DNMT3A_E15_R	cagtgtagcagcgcgatgacAGGCTCCTAGACCCACACAC
DNMT3A_E16F	gtagtgcgatgccagtCAGGGTGTGTGGGTCTAGGA
DNMT3A_E16_R	cagtgtagcagcgcgatgacAAGCTTCCCCTTTGGGATAA
DNMT3A_E17_F	gtagtgcgatgccagtGACTTGGGCCCTACAGCTGAC
DNMT3A_E17_R	cagtgtagcagcgcgatgacAAAATGAAAGGAGGCAAGG
DNMT3A_E18_F	gtagtgcgatgccagtCAACTTGGTCCCCTTCTTGT
DNMT3A_E18_R	cagtgtagcagcgcgatgacCAAGGAGGAAGCCTATGTGC
DNMT3A_E19_F	gtagtgcgatgccagtGACAGCTATTCCCAGTGACC
DNMT3A_E19_R	cagtgtagcagcgcgatgacGCTCCACAATCGAGATGAGA
DNMT3A_E20_F	gtagtgcgatgccagtCAGCTTGTGGAATGTGGCTA
DNMT3A_E20_R	cagtgtagcagcgcgatgacCACTATGGGTATCCCACCT
DNMT3A_E21_F	gtagtgcgatgccagtATGACGTGTGTGCGTGATTT
DNMT3A_E21_R	cagtgtagcagcgcgatgacCCACACTAGCTGGAGAAGCA
DNMT3A_E22_F	gtagtgcgatgccagtTTTGGTAGACGCATGACCAG
DNMT3A_E22_R	cagtgtagcagcgcgatgacCAGGACGTTTGTGGAAAAACA
DNMT3A_E23_F	gtagtgcgatgccagtTCTGTCTGTGTGGTTAGACG
DNMT3A_E23_R	cagtgtagcagcgcgatgacTTTTTCTTCTGGGTGCTGA
DNMT3A_E24_F	gtagtgcgatgccagtTGAAGGAGTATTTTGGTGTG
DNMT3A_E24_R	cagtgtagcagcgcgatgacCAGAAAACCCCTCTGAAAAGA
ASXL1_E12_1F	gtagtgcgatgccagtGTTACACAGTCCCACCAGAAA
ASXL1_E12_1R	cagtgtagcagcgcgatgacACTCTATGGCAGTGGTGACCT
ASXL1_E12_2F	gtagtgcgatgccagtGTGGACCCTCGCAGACATTAAA
ASXL1_E12_2R	cagtgtagcagcgcgatgacACTTGGGAGGCATCTCTAGC
ASXL1_E12_3F	gtagtgcgatgccagtGTGGACTCACAGATGGGCTAGG
ASXL1_E12_3R	cagtgtagcagcgcgatgacACCCAAGCCCTAATTCGTATC
ASXL1_E12_4F	gtagtgcgatgccagtGTAATCCTCACCAGCTGATTGC
ASXL1_E12_4R	cagtgtagcagcgcgatgacACTGCTTCAAGTCTCCGTTGA
ASXL1_E12_5F	gtagtgcgatgccagtGTTCACTCTGGACTGTGCCATC
ASXL1_E12_5R	cagtgtagcagcgcgatgacACGCAGCAACTGCATACAAGT
ASXL1_E12_6F	gtagtgcgatgccagtGTTCCACAGATTCCTACTGCTG
ASXL1_E12_6R	cagtgtagcagcgcgatgacACCTGGATGGAGGGAGTCAAAA
ASXL1_E12_7F	gtagtgcgatgccagtGTAAGGCAGTCCCAAGTTTGA
ASXL1_E12_7R	cagtgtagcagcgcgatgacACGTTTGTGCTTGGTCCCAACT
ASXL1_E12_8F	gtagtgcgatgccagtGTGATGCCTTCTCTGCTGAGA
ASXL1_E12_8R	cagtgtagcagcgcgatgacACAGCTGGTGGAACTCAGTTGG
ASXL1_E12_9F	gtagtgcgatgccagtGTCTTCTCTCCCCTCCCAACTC
ASXL1_E12_9R	cagtgtagcagcgcgatgacACACAGAGCTTGGAGGTCCAA
RUNX1_E3_F	gtagtgcgatgccagtAGCTGTTTGCAGGGTCCTAA
RUNX1_E3_R	cagtgtagcagcgcgatgacCATCCCAAGCTAGGAAGACCGA
RUNX1_E4_F	gtagtgcgatgccagtGTATAACATCCCTGATGTCTGCA
RUNX1_E4_R	cagtgtagcagcgcgatgacCCATGAAACGTGTTTCAAGC
RUNX1_E5_F	gtagtgcgatgccagtATGTTCAAGGCCACCAACCTCAT
RUNX1_E5_R	cagtgtagcagcgcgatgacGACATGGTCCCTGAGTATACCAG
RUNX1_E6_F	gtagtgcgatgccagtCGAGTCTATGTTGGGGTGAGGGGA
RUNX1_E6_R	cagtgtagcagcgcgatgacGAAACCCAGTTGGTCTGGGA
RUNX1_E7B_F	gtagtgcgatgccagtATTTGAACAAGGGCCACTCAT
RUNX1_E7B_R	cagtgtagcagcgcgatgacCTCAGCTGCAAGAATGTGT
RUNX1_E8A_F	gtagtgcgatgccagtGGAAGAGCTGTGGCCTCCGCAA
RUNX1_E8A_R	cagtgtagcagcgcgatgacTACAGGTGGTAGGAGGGCAGCTG
RUNX1_E8B_F	gtagtgcgatgccagtTCGTGCAAGCGCAGGGAGG
RUNX1_E8B_R	cagtgtagcagcgcgatgacGGGCTTGTGCGGAACAGGAGG
CEBPA_1F	gtagtgcgatgccagtGTTCCGATGCCGGGAGAACTCTAAC
CEBPA_CEBPA AC	cagtgtagcagcgcgatgacACCTGCTGCCGGCTGTGCTGGAAC
CEBPA_PP4F	gtagtgcgatgccagtGTCTTCAACGACGAGTTCTGGCCGA
CEBPA_PP4R	cagtgtagcagcgcgatgacACAGCTGCTTGGCTTCATCTCTCT
CEBPA_PP5F	gtagtgcgatgccagtGTCCGCTGGTGTATCAAGCAGGA
CEBPA_PP5R	cagtgtagcagcgcgatgacACCCGGTACTCGTTGCTGTCTT
CEBPA_CEBPA C	gtagtgcgatgccagtGTCAAGGCCAAGAAGTCGGTGGACA
CEBPA_PP6RBN	cagtgtagcagcgcgatgacACGGAGCAGGCCAGGCTTTCAG
P53_E2_F	gtagtgcgatgccagtCTGGATCCCCACTTTTCTCTC
P53_E2_R	cagtgtagcagcgcgatgacTCCACAGGTCTCTGCTAGG
P53_E3_F	gtagtgcgatgccagtAGCGAAAAATTCATGGGACTG
P53_E3_R	cagtgtagcagcgcgatgacGGGGACTGTAGATGGGTGAA

Genes	Primer Sequence
P53_E4A_F	gtagtgcgatggccagtCCTGGTCTCTGACTGCTCT
P53_E4A_R	cagtgtgcagcggatgacTTCTGGGAAGGGACAGAAGA
P53_E4B_F	gtagtgcgatggccagtGTCCAGATGAAGCTCCCAGA
P53_E4B_R	cagtgtgcagcggatgacCAGGCATTGAAGTCTCATGG
P53_E5_F	gtagtgcgatggccagtTTTCAACTCTGTCTCCTTCTCTT
P53_E5_R	cagtgtgcagcggatgacAGCCCTGTCTGTCTTCCAG
P53_E6_F	gtagtgcgatggccagtCAGGCCTCTGATTCCTCACT
P53_E6_R	cagtgtgcagcggatgacCTTAACCCCTCTCCCAGAG
P53_E7_F	gtagtgcgatggccagtTCATCTTGGGCCTGTGTTATC
P53_EX7_R	cagtgtgcagcggatgacAGTGTGCAGGGTGGCAAG
P53_EX8_F	gtagtgcgatggccagtGCCTCTTGTCTTCTTTTCC
P53_EX8_R	cagtgtgcagcggatgacAACTGCACCCTTGGTCTCC
P53_EX9_F	gtagtgcgatggccagtGGAGACCAAGGGTGCAGTTA
P53_EX9_R	cagtgtgcagcggatgacAAAACGGCATTGTGAGTGT
P53_EX10_F	gtagtgcgatggccagtACTTCTCCCCCTCTCTGTT
P53_EX10_R	cagtgtgcagcggatgacGAAGGCAGGATGAGAATGGA
P53_EX11_F	gtagtgcgatggccagtTGTCATCTCTCCCTCTGCT
P53_EX11_R	cagtgtgcagcggatgacCAAGGGTTCAAAGACCCAAA
EZH2_E2_F	gtagtgcgatggccagtGGTGATCATATTCAGGCTGGT
EZH2_E2_R	cagtgtgcagcggatgacTTGAAGTTAGGAGGGGAAAAA
EZH2_E3_F	gtagtgcgatggccagtTTTCTCTTTCCTCTCTTCA
EZH2_E3_R	cagtgtgcagcggatgacTCTCCCAATAACCAAAACAAA
EZH2_E4_F	gtagtgcgatggccagtTGGGTAGGCAGCATCTCTTT
EZH2_E4_R	cagtgtgcagcggatgacCTGTCTTGATTCACCTTGACAAT
EZH2_E5_F	gtagtgcgatggccagtTCTGGAGAAGTGGTAAAGACA
EZH2_E5_R	cagtgtgcagcggatgacGCCCTTTTTCCAAGAGAAG
EZH2_E6_F	gtagtgcgatggccagtGCTATGCCTGTTTGTCCAAG
EZH2_E6_R	cagtgtgcagcggatgacGCTGTAATGGCTACACAGAATCC
EZH2_E7_F	gtagtgcgatggccagtTGGGTAGAGAAAATGAAAGATCAA
EZH2_E7_R	cagtgtgcagcggatgacGCAAGATTGCCTCAAAGGAA
EZH2_E8_F	gtagtgcgatggccagtCATCAAAAAGTAACACATGGAAACC
EZH2_E8_R	cagtgtgcagcggatgacAGCACTCTCCAAGCTGCTTTA
EZH2_E9_F	gtagtgcgatggccagtCCAGTGGAACTGGAAGAGTGA
EZH2_E9_R	cagtgtgcagcggatgacACCTCCACCAAAAGTGCAAAG
EZH2_E10_F	gtagtgcgatggccagtTGATGTGACATTTTTCATTTTCG
EZH2_E10_R	cagtgtgcagcggatgacCAGTAAAACCCAGTTATTAGACGTG
EZH2_E11_F	gtagtgcgatggccagtTCCAATCATTTCTTGACCAGTG
EZH2_E11R	cagtgtgcagcggatgacTTTTCTTTGTTTGGACAACGAGT
EZH2_E12F	gtagtgcgatggccagtCTGTCTCATGGCTCTGTGA
EZH2_E12R	cagtgtgcagcggatgacGCCTTGCTGCAGTGTCTAT
EZH2_E13F	gtagtgcgatggccagtTTGTAGCTTCCCGCAGAAAT
EZH2_E13R	cagtgtgcagcggatgacCGTCTCCATTCAAAATGGT
EZH2_E14F	gtagtgcgatggccagtCATCTCCCTGGATTCATTGG
EZH2_E14R	cagtgtgcagcggatgacGCAATTGCATCAAAGCAACA
EZH2_E15F	gtagtgcgatggccagtGTACAGCCCTGCCACGTAT
EZH2_E15R	cagtgtgcagcggatgacAAGGCAATCCTGACATTTGC
EZH2_E16F	gtagtgcgatggccagtTCCATTTTACCCTCTTTTTT
EZH2_E16R	cagtgtgcagcggatgacCATTTCCAATCAAACCCACA
EZH2_E17F	gtagtgcgatggccagtTATTCACTCTGTGCGCTTTTG
EZH2_E17R	cagtgtgcagcggatgacCCTCCAGCTCTGAAACATAC
EZH2_E18F	gtagtgcgatggccagtAGGCAAACCTGAAGAAGACTG
EZH2_E18R	cagtgtgcagcggatgacGGACTGAAAAGGGAGTTCCA
EZH2_E19F	gtagtgcgatggccagtCCGTCTCATGCTCACTGAC
EZH2_E19R	cagtgtgcagcggatgacAAAAACCTCTTTGTCCAGA
EZH2_E20F	gtagtgcgatggccagtGCCATCCAGCGGACATCTCC
EZH2_E20R	cagtgtgcagcggatgacCTAAATTGCCACACGACTCTGAGG
U2AF1_ex2f	gtagtgcgatggccagtTCATGCTGCTGACATATTCC
U2AF1_ex2r	cagtgtgcagcggatgacCACTTATGAACACAAATGGAAA
U2AF1_ex6f	gtagtgcgatggccagtCCTGAGTGTGTATATCTCTCTCTGAT
U2AF1_ex6r	cagtgtgcagcggatgacTGGGTTGGAAGGAGACATTT
SRSF2_ex1f	gtagtgcgatggccagtGTCGGCGACGTGTACATCC
SRSF2_ex1r	cagtgtgcagcggatgacCGCGGACCTTTGTGAGGT
ZRSR2_ex1f	gtagtgcgatggccagtCGTTTCAAGTCCCACGCT
ZRSR2_ex1r	cagtgtgcagcggatgacTTCTGCCACCACATCCT
ZRSR2_ex2f	gtagtgcgatggccagtCTGCATTGTAGCCGCTGA
ZRSR2_ex2r	cagtgtgcagcggatgacGCTGGAGTGGACAGAGCAA

Genes	Primer Sequence
ZRSR2_ex3f	gtagtgcgatgccagtTTGACCAAGGATTTCAGC
ZRSR2_ex3r	cagtgtgcagcgcgatgacGACTGGTACTGGTTAGTAAAGGTTGA
ZRSR2_ex4f	gtagtgcgatgccagtTGTGGATTAATGCCCATTTTC
ZRSR2_ex4r	cagtgtgcagcgcgatgacCCAACCTCCAAGATAGGC
ZRSR2_ex5f	gtagtgcgatgccagtTGTGCGCTGTATGTGAAATG
ZRSR2_ex5r	cagtgtgcagcgcgatgacCCCAAACCTGACATGCCT
ZRSR2_ex6f	gtagtgcgatgccagtTGTGTGCGTGTGTGTGTTTT
ZRSR2_ex6r	cagtgtgcagcgcgatgacCCACGAAACTAACATTACTGGAAC
ZRSR2_ex7f	gtagtgcgatgccagtTCATGGGTTTTACTCCACCA
ZRSR2_ex7r	cagtgtgcagcgcgatgacCCTCTCCAAAAGGGGAA
ZRSR2_ex8f	gtagtgcgatgccagtCCACCATGCCTGGTCTAAAG
ZRSR2_ex8r	cagtgtgcagcgcgatgacTGTGTCCAGCTCTCTTGTG
ZRSR2_ex9f	gtagtgcgatgccagtGGGGAATGTTAGCCTGGA
ZRSR2_ex9r	cagtgtgcagcgcgatgacCAGGAAGACATCCACAAGCA
ZRSR2_ex10f	gtagtgcgatgccagtCAGTGAACCTGGTGGTCTACA
ZRSR2_ex10r	cagtgtgcagcgcgatgacACTGGGTTTCCCCAAAG
ZRSR2_ex11Af	gtagtgcgatgccagtTTCGGAAAAGGATAAAGTAGCA
ZRSR2_ex11Ar	cagtgtgcagcgcgatgacCTTCCCCCTGTGACGACTAC
ZRSR2_ex11Bf	gtagtgcgatgccagtAACCTAGTCCAGACCCTCC
ZRSR2_ex11Br	cagtgtgcagcgcgatgacGCCTTCTATCCGAGTATGTAGCA
SF3B1_1f	gtagtgcgatgccagtAGCCCCAGCTATTTTTCTC
SF3B1_1r	cagtgtgcagcgcgatgacTGTAAGAGGAGGACGCCATT
SF3B1_2f	gtagtgcgatgccagtGAAATGCATTTGTGTGGGAGT
SF3B1_2r	cagtgtgcagcgcgatgacTAAACCAGATGGCTGCAACA
SF3B1_3f	gtagtgcgatgccagtTGAAGGAGGGCTTAGACATCA
SF3B1_3r	cagtgtgcagcgcgatgacTGGGAACTCAGACATTCACTTTT
SF3B1_4f	gtagtgcgatgccagtGGCATGTATTAACATTTGTGCTT
SF3B1_4r	cagtgtgcagcgcgatgacAATTCAGAAGCATGCCAAAAA
SF3B1_5f	gtagtgcgatgccagtGCAGGGCAGATAAATCAGTTG
SF3B1_5r	cagtgtgcagcgcgatgacTGGGGTAAGATTCTTTCTCAG
SF3B1_6f	gtagtgcgatgccagtGGAAGTGATTGCGCTAATGG
SF3B1_6r	cagtgtgcagcgcgatgacCTATGGCAACCAAGCAGAC
SF3B1_7f	gtagtgcgatgccagtTTCGTGTGGGTGTGTGAAA
SF3B1_7r	cagtgtgcagcgcgatgacATACGTGTCCACCAGGAAT
SF3B1_8f	gtagtgcgatgccagtAATTGTGGTTTTACTCACTTTCTTT
SF3B1_8r	cagtgtgcagcgcgatgacAACAAATTATGTCCAATGAGACAGTTC
SF3B1_9f	gtagtgcgatgccagtAAATTAAGTCTTGGTTGCGTIT
SF3B1_9r	cagtgtgcagcgcgatgacTCCTAAATACCACCTCATTCAA
SF3B1_10f	gtagtgcgatgccagtTGCAAAATTTGTTTATTATGCTGTT
SF3B1_10r	cagtgtgcagcgcgatgacAAAAATGTTAAGGGAAGTTGAAATG
SF3B1_11f	gtagtgcgatgccagtAATGACCAGCCATCTGGAAA
SF3B1_11r	cagtgtgcagcgcgatgacTGACAATTAACAACTGGGACTT
SF3B1_12f	gtagtgcgatgccagtGAAACCACACTATTACTCTGCTC
SF3B1_12r	cagtgtgcagcgcgatgacAAGGAAAAGGTCTAGGAGAATATGT
SF3B1_13f	gtagtgcgatgccagtCATGAGCATTTCATCAGTAATTG
SF3B1_13r	cagtgtgcagcgcgatgacGTAGCCAGACCAGCAGCCTA
SF3B1_14f	gtagtgcgatgccagtCCAACCTCATGACTGTCTTTCTT
SF3B1_14r	cagtgtgcagcgcgatgacGGGCAACATAGTAAGACCCTGT
SF3B1_15f	gtagtgcgatgccagtTTGGGGCATAGTAAAACTTG
SF3B1_15r	cagtgtgcagcgcgatgacTTCAAAGAAAGCAGCCAAACC
SF3B1_16f	gtagtgcgatgccagtGTATCCGCCAACACAGAGGA
SF3B1_16r	cagtgtgcagcgcgatgacTGTTAGAACCATGAAACATATCCA
SF3B1_17f	gtagtgcgatgccagtTCTCTTCAATTCAGGTCAGTTG
SF3B1_17r	cagtgtgcagcgcgatgacTCCATCTCTTTCATAATCAAGC
SF3B1_18f	gtagtgcgatgccagtTGCTTTATTTCTTTGGAAAAGC
SF3B1_18r	cagtgtgcagcgcgatgacGCAATGTGCCATAATAGITTTTCAT
SF3B1_19f	gtagtgcgatgccagtGCAACAGATGTTTGGGTGGT
SF3B1_19r	cagtgtgcagcgcgatgacTTTGGGGAAGAAGTAAGAATTG
SF3B1_20f	gtagtgcgatgccagtTGTGATGAAGACTGTCAAGAGG
SF3B1_20r	cagtgtgcagcgcgatgacAACAAAAACCTCCCACTCC
SF3B1_21f	gtagtgcgatgccagtATCTGGGGCTTTCTCTTTCC
SF3B1_21r	cagtgtgcagcgcgatgacATTGAATACAAAGTGCCAAA
SF3B1_22f	gtagtgcgatgccagtTCATGTTTTAGAACTGAATTTGC
SF3B1_22r	cagtgtgcagcgcgatgacTCAGACCATGCCTCAAAGA
SF3B1_23f	gtagtgcgatgccagtCAGCTTGTGACCCATTTGTT
SF3B1_23r	cagtgtgcagcgcgatgacTTCACGATGTTCTAAAATGAAGGA
SF3B1_24f	gtagtgcgatgccagtCCGCATCTTAAAGACTTTTT
SF3B1_24r	cagtgtgcagcgcgatgacATGCATGCAGGGCTTAAAAC
SF3B1_25f	gtagtgcgatgccagtCCCCAAGGGAAATAATTTTGA
SF3B1_25r	cagtgtgcagcgcgatgacAGGTGTGAAGTAGCTGTGCATT





Online Supplementary Table S5. Exome data processed through BWA/GATK (Broad Institute best practices pipeline) showing a complete list of somatic mutations in six MDS exomes. † SNV filtered out during the analysis as a result of low quality read or low read numbers.

PATIENT ID	WHO DIAGNOSIS	GENE NAME	ENS_GENE	CHROMOSOME	CHROMOSOME LOCATION	READ DEPTH	MUTANT READS	QUALITY	FILTER	CODON CHANGE	CODON CHANGE	CASAVA PIPELINE	CONSTITUTIONAL DNA SOURCE
RC-06-0256	MDS RARS	COG5	ENSG00000164597	7	107194778	28	11	311.59	PASS	Agg/Gga	R113G	Yes	Skin
RC-06-0256	MDS RARS	IKBKE	ENSG00000143466	1	206658341	38	11	238.34	PASS	Age/Ggc	S479G	Yes	Skin
RC-06-0256	MDS RARS	OC90	ENSG00000253117	8	133036862	41	15	409.99	PASS	Gea/Aca	A434T	Yes	Skin
RC-06-0256	MDS RARS	SF3B1	ENSG00000115524	2	198266494	74	28	848.12	PASS	gA/gGt	D781G	Yes	Skin
RC-06-0275	MDS RCMD-RS	NAGS	ENSG00000161653	17	42082405	6	3	63.08	PASS	aCg/aAg	T125K	Yes	Skin
RC-06-0275	MDS RCMD-RS	IL2RA	ENSG00000134460	10	6060053	17	8	225.67	PASS	Gtc/Atc	V253I	NO†	Skin
RC-06-0275	MDS RCMD-RS	SF3B1	ENSG00000115524	2	198267491	65	28	1621.88	PASS	gag/gat	E622D	Yes	Skin
RC-06-0278	MDS RARS	ENSG00000248602	ENSG00000397266	7	150721444	9	4	74.58	PASS	-	G/R	NO	Skin
RC-06-0278	MDS RARS	MC2R	ENSG00000185231	18	13885474	43	27	789.9	PASS	gCa/gTa	A15V	Yes	Skin
RC-06-0278	MDS RARS	FITM2	ENSG00000197296	20	42935567	48	24	664.06	PASS	Gcc/Acc	A163T	Yes	Skin
RC-06-0278	MDS RARS	CEP110	ENSG00000119397	9	123860787	63	16	388.87	PASS	Agg/Ggt	S249G	Yes	Skin
RC-06-0278	MDS RARS	ZC3H18	ENSG00000158545	16	88694342	77	34	1053.25	PASS	Gaa/Aaa	E762K	Yes	Skin
RC-06-0278	MDS RARS	PCNT	ENSG00000160299	21	47836271	81	32	722.23	PASS	Ata/Gta	I2147V	Yes	Skin
RC-06-0278	MDS RARS	SF3B1	ENSG00000115524	2	198267371	90	33	2937.78	PASS	caC/caG	H662Q	Yes	Skin
RC-06-0278	MDS RARS	PKHD1	ENSG00000170927	6	51947297	144	53	1678.62	PASS	ttG/tT	L58F	Yes	Skin
RC-10-0089	MDS RARS	RAPGEF3	ENSG00000079337	12	48151789	8	4	81.45	PASS	Cgg/Tgg	R27W	Yes	CD3+ T-cells
RC-10-0089	MDS RARS	DNM13A	ENSG00000119772	2	25457242	39	21	1678.95	PASS	cGc/cAc	R882H	Yes	CD3+ T-cells
RC-10-0089	MDS RARS	SF3B1	ENSG00000115524	2	198266834	56	22	2355.32	PASS	Aaa/Gaa	K700E	Yes	CD3+ T-cells
RC-10-0089	MDS RARS	SLC7A2	ENSG0000003989	8	17417899	75	31	957.57	PASS	tCg/tTg	S493L	Yes	CD3+ T-cells
RC-08-0010	MDS RARS	MICALL2	ENSG00000164877	7	1484556	7	6	170.48	PASS	Gtg/Atg	V384M	NO†	CD3+ T-cells
RC-08-0010	MDS RARS	BH4GALNT4	ENSG00000182272	11	376345	13	6	302.17	PASS	Ceg/Tcg	P431S	Yes	CD3+ T-cells
RC-08-0010	MDS RARS	DONSON	ENSG00000159147	21	34960634	15	5	404.27	PASS	cCg/cCg	P105R	Yes	CD3+ T-cells
RC-08-0010	MDS RARS	ENSG00000180044	ENSG00000326474	3	159943822	22	10	236.76	PASS	Ccg/Gcg	P134A	Yes	CD3+ T-cells
RC-08-0010	MDS RARS	SYCP2	ENSG00000196074	20	58461000	40	24	1202.94	PASS	Gtu/Ctu	V838L	Yes	CD3+ T-cells
RC-08-0010	MDS RARS	VAV3	ENSG00000134215	1	108507419	46	26	1020.97	PASS	Tgg/Cgg	W25R	yes	CD3+ T-cells
RC-08-0010	MDS RARS	PKHD1L1	ENSG00000205038	8	110465039	116	57	2381.04	PASS	atT/aTG	I2200M	Yes	CD3+ T-cells
RC-08-0010	MDS RARS	COL6A6	ENSG00000206384	3	130287289	193	92	5156.23	PASS	Gaa/Aaa	E748K	Yes	CD3+ T-cells
RC-08-0182	MDS RARS	GPR112	ENSG00000156920	X	135455180	107	27	585.01	PASS	aTg/aCg	M2578T	Yes	CD3+ T-cells
RC-08-0182	MDS RARS	SF3B1	ENSG00000115524	2	198267371	97	40	2937.78	PASS	caC/caG	H662Q	Yes	CD3+ T-cells
RC-08-0182	MDS RARS	WDR62	ENSG00000075702	19	36545988	13	9	284.2	PASS	Cea/Aca	P39T	NO†	CD3+ T-cells

**Online Supplementary Table S6.** A complete list of somatic missense and nonsense mutations in 117 MDS patients detected by 454-Roche NGS sequencing. †Denotes confirmed novel somatic mutations found in our cohort of patients.\*Denotes novel nonsense/splicesite mutations found in samples in which a paired constitutional source of DNA was not available. ‡Denotes previously confirmed somatic mutations in the TP53 gene according to the International Agency for Research on Cancer (IARC) TP53 database.

Patient ID	Diagnosis	IPSS	Constitutional Source of DNA	Splicing Factor Mutations	Epigenetic Modifier Mutations	Cell signaling pathway/Transcription regulator and Other Gene Mutations
040015	MDS RARS	Low		SF3B1 K700E <sup>†</sup> 51%	DNMT3A Q816X <sup>†</sup> 36%	
050024	MDS RCMD	Int-I	CD3+ T-Cells		ASXL1 E635G <sup>†</sup> 47% EZH2 C548X <sup>†</sup> 73%	
050145	MDS RAEB-II	Int-II			ASXL1 G635R <sup>†</sup> 17% IDH2 R140Q <sup>‡</sup>	
050187	MDS RCMD-RS	Int-I			IDH2 R140W <sup>‡</sup> 24%	
050196	MDS RAEB-II	Int-II		ZRSR2 E133G <sup>†</sup> 54%		MPL W515K <sup>†</sup> 41%
050218	AML/MDS	N/A		UZAF1 Q157P <sup>†</sup> 41%	ASXL1 E635G <sup>†</sup> 36% IDH2 R140Q <sup>‡</sup> 37%	TP53 T253G <sup>†</sup> 80%
050231	MDS RAEB-I	Int-I		UZAF1 S34F <sup>†</sup> 10%	TET2 G127H <sup>†</sup> 68% TET2 G128D <sup>†</sup> 68% TET2 D184G <sup>†</sup> 68%	
050237	MDS RCMD	Int-II				TP53 K132Q <sup>†</sup> 42% TP53 G262V <sup>†</sup> 35%
050276	MDS RAEB-II	Int-II		SRSF2 P95L <sup>†</sup> 39%		NRAS G13V <sup>†</sup> 11%
050278	MDS/MPD	N/A	CD3+ T-Cells	SRSF2 Y936X <sup>†</sup> 16%		NRAS G12S <sup>†</sup> 42%
060007	MDS RCMD-RS	Low		SF3B1 K666R <sup>†</sup> 49%		CCBL R420Q <sup>†</sup> 13%
060009	MDS RAEB-II	Int-II			IDH2 R140Q <sup>‡</sup> 33%	TP53 K164E <sup>†</sup> 7% RUNX1 S322X <sup>†</sup> 20%
060017	MDS RARS	Low		SF3B1 K700E <sup>†</sup> 51%	TET2 S149X <sup>†</sup> 40%	
060018	MDS RCMD-RS	Low		SF3B1 K666Q <sup>†</sup> 43%	DNMT3A SA 3' Exon 19 <sup>†</sup> 33%	CERPA G100_G101del <sup>†</sup> 6%
06-0031	MDS RARS	Low		SF3B1 E622D <sup>†</sup> 60%		
060039	MDS RCMD	Int-I	Skin		DNMT3A W313X <sup>†</sup> 32%	
060070	AML/MDS	N/A			ASXL1 R7746X <sup>†</sup> 10%	RUNX1 R162K <sup>†</sup> 72%
060075	MDS RCMD	Int-I	CD3+ T-Cells	SRSF2 Y936X <sup>†</sup> 24%		
060084	MDS RCMD	Int-I	Skin	SRSF2 Y936X <sup>†</sup> 35%	IDH2 R140Q <sup>‡</sup> 34%	
060103	AML/MDS	N/A	CD3+ T-Cells		IDH2 R140Q <sup>‡</sup> 12%	RUNX1 S369X <sup>†</sup> 11%
060114	AML/MDS	N/A	CD3+ T-Cells			FLT3 L601_K602In99 <sup>†</sup> 40% CCBL V368S <sup>†</sup> 8%
060129	MDS RARS	Low		SF3B1 K700E <sup>†</sup> 41%		JAK2 V617F <sup>†</sup> 24%
060145	MDS RCMD	Int-I		SRSF2 P95L <sup>†</sup> 49%	TET2 L371X <sup>†</sup> 47.3% TET2 Y1509G <sup>†</sup> 37%	
060152	MDS RAEB I	Int-I		SRSF2 P95L <sup>†</sup> 50%	ASXL1 R693X <sup>†</sup> 26%	
060158	MDS RAEB-II	High				TP53 R273P <sup>†</sup> 18%
060160	MDS RAEB-II	High	CD3+ T-Cells		DNMT3A F751V <sup>†</sup> 25% DNMT3A P964S <sup>†</sup> 20%	
060187	MDS RCMD	Low			TET2 C1193W <sup>†</sup> 49% EZH2 R690H <sup>†</sup> 39%	
060188	MDS RARS	Low	CD3+ T-Cells		ASXL1 G643V <sup>†</sup> 32%	
060199	vMDS	Int-II	CD3+ T-Cells			TP53 V220C <sup>†</sup> 42% TP53 Q331F <sup>†</sup> 41% CERPA P183_P185del <sup>†</sup> 7%
060219	MDS RAEB I	Int-I	CD3+ T-Cells	SRSF2 P95L <sup>†</sup> 41%	ASXL1 Q760X <sup>†</sup> 37%	RUNX1 SA 3' Exon4 <sup>†</sup> 32%
060237	CMMI	N/A		SRSF2 P95H <sup>†</sup> 34%	TET2 G128V <sup>†</sup> 43% TET2 Q1699X <sup>†</sup> 49%	CK1T D816V <sup>†</sup> 35%
060247	MDS RAEB-II	High		SRSF2 P95H <sup>†</sup> 45%	ASXL1 G646W <sup>†</sup> 22%	FLT3 R395_G12dup <sup>†</sup> 3% NRAS Q61R <sup>†</sup> 11%
060256	MDS RARS	Low	Skin	SF3B1 D781G <sup>†</sup> 45%		
060261	MDS RAEB-II	High				JAK2 V617F <sup>†</sup> 58%
060262	MDS/MPD	Low	Skin	UZAF1 Q157P <sup>†</sup> 45%	DNMT3A S551S <sup>†</sup> 12% ASXL1 W583X <sup>†</sup> 11% TET2 R1216X <sup>†</sup> 41%	
060264	MDS RAEB I	Int-II			TET2 R1878I <sup>†</sup> 6%	TP53 L43C <sup>†</sup> 40% TP53 C258Y <sup>†</sup> 41%
060265	MDS RAEB I	Int-II	Skin		DNMT3A R350H <sup>†</sup> 22% ASXL1 G646W <sup>†</sup> 18% EZH2 R583X <sup>†</sup> 38%	
060266	MDS RCMD	Low		UZAF1 Q157P <sup>†</sup> 27%		
060270	AML/MDS	N/A	CD3+ T-Cells	SF3B1 K666N <sup>†</sup> 34%		
060272	MDS RAEB I	Int-I		SRSF2 P95L <sup>†</sup> 56%	TET2 Q88X <sup>†</sup> 45% TET2 R1465X <sup>†</sup> 35%	
060273	MDS RCMD	Int-I		SRSF2 P95L <sup>†</sup> 63%	TET2 S716X <sup>†</sup> 45%	
060275	MDS RCMD-RS	Int-I	Skin	SF3B1 E622D <sup>†</sup> 40%		
060278	MDS RARS	Int-I	Skin	SF3B1 H662Q <sup>†</sup> 37%	TET2 L12456G/CT16X22 <sup>†</sup> 45%	
060282	MDS RCMD	Int-II			DNMT3A A741V <sup>†</sup> 44% ASXL1 G646W <sup>†</sup> 17%	
060285	MDS RCMD	Int-I			TET2 I1195V <sup>†</sup> 47%	
060286	CMMI	N/A			ASXL1 Q1234X <sup>†</sup> 10% TET2 N174316X <sup>†</sup> 17.46%	NRAS G12S <sup>†</sup> 41%
060290	MDS RAEB-II	N/A		UZAF1 Q157P <sup>†</sup> 28%		
060297	MDS RCMD	Low			TET2 Y1529X <sup>†</sup> 38%	
060309	MDS RAEB I	Int-II	CD3+ T-Cells		TET2 L33226X <sup>†</sup> 22%	
060329	CMMI	N/A		SF3B1 K666R <sup>†</sup> 50%	ASXL1 E635G <sup>†</sup> 27%	
060331	AML/MDS	Int-II		UZAF1S Q157P <sup>†</sup> 34%	IDH2 R140Q <sup>‡</sup> 37%	
060335	MDS RAEB I	Int-II				TP53 V157I <sup>†</sup> 24%
060336	MDS RAEB I	Int-II			TET2 Y1148C <sup>†</sup> 29%	TP53 G264E <sup>†</sup> 28% TP53 G3256X <sup>†</sup> 28%
060337*	MDS RCMD-RS	Low	Skin	SF3B1 R625C <sup>†</sup> 39%	TET2 S835X <sup>†</sup> 60%	
060337**	MDS RCMD-RS	Skin		SF3B1 R625C <sup>†</sup> 42%	TET2 S835X <sup>†</sup>	FLT3 F590_W603dupIn9 <sup>†</sup> RUNX1 F163Y <sup>†</sup> 39%
060337**	MDS RCMD-RS	Skin		SF3B1 R625C <sup>†</sup> 46%	TET2 S583X <sup>†</sup> 45%	FLT3 F590_W603dupIn9 <sup>†</sup> RUNX1 F163Y <sup>†</sup> 40%
060338	MDS RCMD-RS	Int-I	Skin		IDH2 R140Q <sup>‡</sup>	CERPA P183_P185del <sup>†</sup> 8%
060339	MDS RCMD	Int-I	Skin	UZAF1 R156I <sup>†</sup> 36%	DNMT3A R882P <sup>†</sup> 35%	

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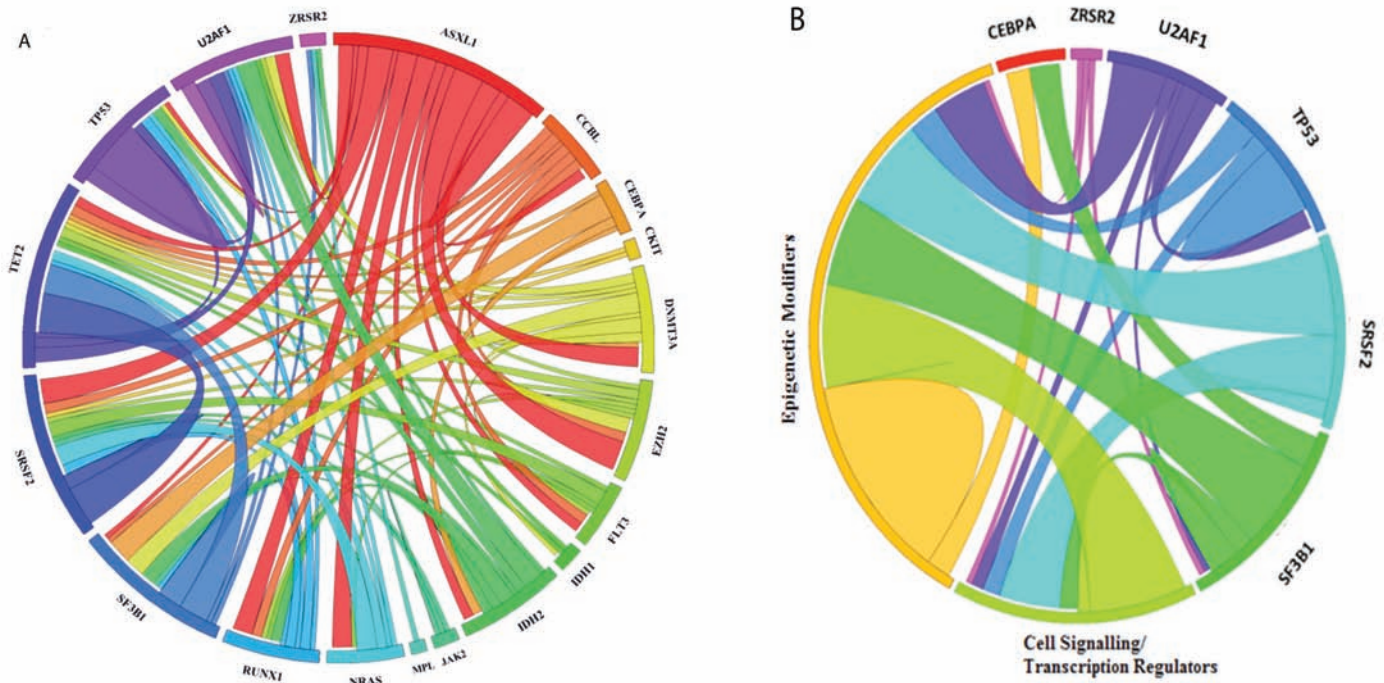
Patient ID	Diagnosis	IPSS	Constitutional Source of DNA	Splicing Factor Mutations	Epigenetic Modifier Mutations	Cell signalling pathway/Transcription regulator and Other Gene Mutations
060342	MDS RA	Low			TET2 V1862fsX24 <sup>98%</sup>	
060361	MDS RCMD	Low			TET2 Q644X <sup>30%</sup> TET2 I1366R <sup>36%</sup> TET2 P1962L <sup>40%</sup>	
060365	MDS RCMD	Int-II	CD3+ T-Cells		ASXL1 R660X <sup>34%</sup>	RUNX1 R201Q <sup>31%</sup>
070066	MDS RAEB-II	Int-II			TET2 A1355P <sup>20%</sup> TET2 V1666A <sup>227</sup> 19%	
070071	CMML	N/A			TET2 SD 3 exon 10 <sup>42%</sup> TET2 Y1610fsX28 <sup>51%</sup>	NRAS G12D <sup>35%</sup>
070076	MDS RAEB-I	Int-II		U2AF1 S34F <sup>44%</sup>		NRAS G12D <sup>44%</sup>
070077	MDS RARS	Low	Skin	SF3B1 K700E <sup>38%</sup>		CERPA P183_P183del <sup>12%</sup>
070088	MDS RCMD	Int-I			TET2 T1139I <sup>39%</sup>	
070093	MDSMPD	N/A	Skin		EZH2 G686D <sup>22%</sup>	
070095	MDS RCMD-RS	Int-II				TP53 V173M <sup>24%</sup> TP53 H214R <sup>13%</sup>
070104	MDS RCMD	Low			TET2 P1962L <sup>50%</sup>	
070141	MDS RAEB-I	Int-I		SF3B1 K666R <sup>28%</sup> U2AF1 Q157R <sup>28%</sup>	IDH2 R140Q <sup>16%</sup>	
070148	MDSMPD	N/A		SRSF2 P95R <sup>30%</sup>		
070180	AML/MDS	High	Buccal	U2AF1 Q157P <sup>27%</sup>		TP53 R248Q <sup>57%</sup> RUNX1 G163R <sup>28%</sup>
070186	MDSMPD	N/A	Skin		ASXL1 E635fsX15 <sup>23%</sup> EZH2 N693I <sup>50%</sup>	CCBL Y368S <sup>37%</sup>
070192	MDSMPD	N/A	Buccal		TET2 I1273T <sup>71%</sup> TET2 R1452X <sup>30%</sup> EZH2 SD 5' Exon 19 <sup>20%</sup>	
070203	MDS RAEB-II	High				TP53 SD Exon 3 <sup>235%</sup> TP53 H178P <sup>46%</sup>
070207	MDSMPD	N/A		SRSF2 P95H <sup>44%</sup>		JAK2 V617F <sup>32%</sup>
070217	MDS RAEB-II	Int-II			ASXL1 G646WfsX12 <sup>22%</sup>	
070221	AML/MDS	N/A		U2AF1 Q157P <sup>27%</sup>	IDH2 R172R <sup>11%</sup>	
070222	MDS RCMD	Int-I	Skin	U2AF1 Q157P <sup>16%</sup>	ASXL1 W898X <sup>13%</sup> EZH2 G743V <sup>16%</sup>	
070226	MDS RCMD	Int-I		SRSF2 P95L <sup>48%</sup>	TET2 Q1687X <sup>41%</sup> TET2 T1873N <sup>39%</sup>	
070259	CMML	N/A		SRSF2 P95R <sup>42%</sup>	TET2 H1380Y <sup>50%</sup>	FLT3 F395_D600dupInF <sup>44%</sup>
070280	MDS RCMD	Int-I	Skin		DNMT3A A376T <sup>34%</sup> EZH2 V626M <sup>40%</sup>	
070297	MDS RCMD	Int-I		U2AF1 S34F <sup>10%</sup>		
070301	MDS RCMD	Int-II	Skin		TET2 C1135R <sup>12%</sup>	
070311	MDS RCMD	Int-I	Skin	SRSF2 Y936X121 <sup>13%</sup>		
070317	MDS RAEB-I	Int-II				TP53 L287Q <sup>60%</sup>
070319	MDS RAEB-II	Int-II			IDH2 R140Q <sup>2</sup>	
070329	MDS RAEB-II	High	Skin	SRSF2 P95L <sup>38%</sup>	TET2 Q255R <sup>35%</sup> TET2 R1452X <sup>33%</sup>	
080010	MDS RARS	Int-I	CD3+ T-Cells	SF3B1 K700E <sup>43%</sup>		
080027	CMML	High	CD3+ T-Cells	SRSF2 P95H <sup>32%</sup>	ASXL1 S665fsX221 <sup>40%</sup> EZH2 G564fsX1071 <sup>40%</sup> EZH2 V679L <sup>43%</sup>	FLT3 E596_Y597Ins141 <sup>15%</sup> CCBL R348X <sup>10%</sup> CCBL K396Y <sup>40%</sup> RUNX1 R166S <sup>30%</sup>
080040	MDS	Int-II				TP53 V173L <sup>93%</sup>
080046	MDS RAEB-I	Int-II	Skin		DNMT3A T835A <sup>22%</sup>	TP53 V160C <sup>25%</sup> TP53 C275Y <sup>47%</sup>
080077	AML/MDS	High				TP53 P152fsX28 <sup>70%</sup>
080117	MDS RAEB-II	Int-II	CD3+ T-Cells		ASXL1 G646WfsX12 <sup>10%</sup> EZH2 N136I <sup>9%</sup>	
080129	MDS RAEB-I	Int-II				TP53 S1496X20 <sup>90%</sup>
080161	MDS RCMD-RS	Int-I	Skin		TET2 G654X <sup>34%</sup> TET2 Q916X <sup>42%</sup>	
080169	MDS RAEB-II	Int-II	Skin		TET2 S1369P <sup>23%</sup>	CCBL SD del Exon-8 <sup>5%</sup> RUNX1 R166Q <sup>32%</sup>
080171	MDS RARS	Low	Skin	SF3B1 K700E <sup>42%</sup>		CERPA G109del <sup>13%</sup> CERPA P183_P183del <sup>8%</sup>
080182	MDS RARS	Low	CD3+ T-Cells	SF3B1 H662Q <sup>45%</sup>		
080186	MDS RAEB-II	High	CD3+ T-Cells		DNMT3A R360H <sup>22%</sup> ASXL1 R661V <sup>2</sup>	
080194	MDS RAEB-II	High			DNMT3A R882C <sup>34%</sup> EZH2 V626M <sup>78%</sup>	
080215	MDS RAEB-I	Int-II			ASXL1 G646WfsX12 <sup>15%</sup>	NRAS G12V <sup>23%</sup>
080223	MDS RAEB-II	High				TP53 SD Exon 3 <sup>28%</sup> TP53 R348W <sup>14%</sup> NRAS G12D <sup>33%</sup>
080236	MDS RAEB-II	High	Skin		ASXL1 Q708X <sup>1</sup>	
080260	MDS RCMD-RS	Int-I	Skin	SF3B1 K700E <sup>40%</sup>	IDH2 R140Q <sup>35%</sup>	CERPA G100del <sup>6%</sup>
090066 <sup>4</sup>	MDS RARS	Low		SF3B1 H662Q <sup>42%</sup>		RUNX1 Y281X <sup>50%</sup>
090066 <sup>4</sup>	MDS RARS	Low		SF3B1 H662Q <sup>42%</sup>		RUNX1 Y281X <sup>50%</sup>
090035	MDS RCMD	Int-II			ASXL1 G646WfsX12 <sup>9%</sup>	
090045	MDS RAEB-II	High		U2AF1 S34F <sup>29%</sup>		TP53 F134L <sup>14%</sup>
090083	MDS	Int-II				TP53 V160C <sup>45%</sup> TP53 Y234C <sup>33%</sup>
090152	CMML	Int-II		SRSF2 P95R <sup>42%</sup>	TET2 R1465X <sup>50%</sup>	CCBL C404Y <sup>80%</sup>
090182	MDS RCMD-RS	Int-I	CD3+ T-Cells	SF3B1 H662Q <sup>30%</sup>	DNMT3A W818I <sup>22%</sup>	
090214	MDS RAEB-II	High	Skin	U2AF1 Q157P <sup>23%</sup>	TET2 R1878I <sup>27%</sup> IDH1 R132I <sup>11</sup>	
090251	MDS RAEB-II	High			ASXL1 E635fsX15 <sup>40%</sup>	
090296	MDS RAEB-II	High		SRSF2 P95R <sup>25%</sup>	ASXL1 G647X <sup>30%</sup>	NRAS G12D <sup>34%</sup>
090387	MDS RAEB-I	Int-II			DNMT3A SA T Exon 18 <sup>43%</sup> IDH1 R132I <sup>11</sup>	
100089	MDS RARS	Low		SF3B1 K700E <sup>40%</sup>	DNMT3A R882I <sup>50%</sup>	
100101	AML/MDS	N/A	Skin	SF3B1 K700E <sup>35%</sup> ZRSR2 S479_R440del <sup>64%</sup>	IDH2 R140Q <sup>21%</sup>	
100135	MDS RARS	Low	Buccal	SF3B1 K700E <sup>43%</sup>	TET2 R350X <sup>84%</sup>	CERPA P183del <sup>9%</sup>
100162	MDS RARS	Int-I	Skin	SF3B1 K700E <sup>30%</sup>	TET2 Q652X <sup>34%</sup>	

**Table S7.** Summary of mutations coexisting with mutant and wild-type spliceosome components in 117 patients. Mutations were grouped according to their functional relevance; splicing factor mutations, *SF3B1*, *SRSF2*, *U2AF1* and *ZRSR2*; epigenetic modifier mutations, *TET2*, *IDH1/2*, *ASXL1*, *EZH2*, and *DNMT3A*; Cell signaling/transcription regulator mutations, *FLT3*, *NRAS*, *C-KIT*, *RUNX1*, *CCBL*, *JAK2* and *MPL*; mutations in tumor suppressor *TP53*. The top half of the table compares mutations in the grouped genes. The bottom half of the table indicates individual gene mutations coexisting with splicing factor mutations, 37 patients were wild-type for all genes present in our panel screen. Table cells indicate number of patients within mutant (white cells) or non-mutant (shaded cells) spliceosome groups, followed by the percentage where appropriate.

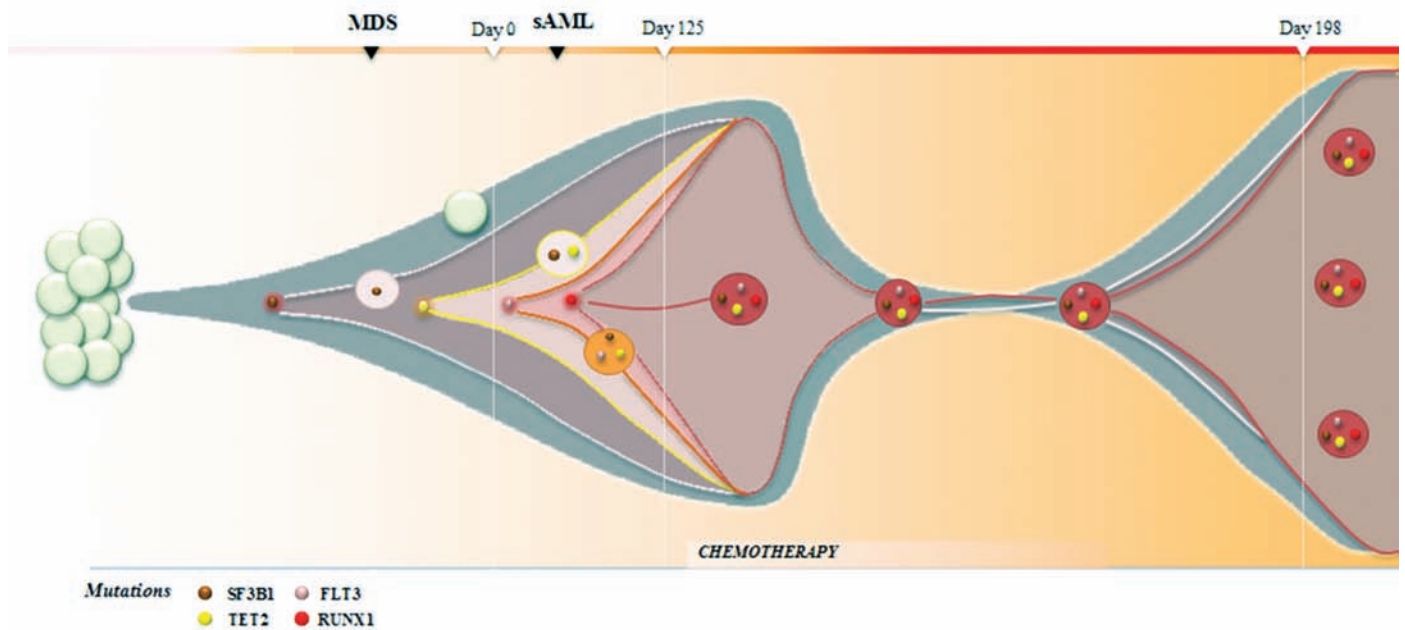
	Mutant Spliceosome	SF3B1	SRSF2	U2AF1	ZRSR2	Wild Type Spliceosome With Other Mutations
Total mutant cases	59	24	20	15	2	58
Cases with additional co-existing non-splice factor mutations	48 (81%)	19 (79%)	17 (85%)	12 (80%)	2 (100%)	27 (47%)
Cases with >1 additional co-existing non-splice factor mutations	15 (25%)	3 (13%)	7 (35%)	5 (33%)	0	5 (9%)
Cases with co-existing <i>TP53</i> mutations	3 (5%)	0	0	3 (20%)	0	16 (28%)
Cases with co-existing Cell Signalling /Transcription regulator mutations	16 (27%)	3 (13%)	10 (50%)	2 (13%)	1 (50%)	12 (21%)
Cases with co-existing Epigenetic modifier mutations	36 (61%)	14 (58%)	14 (70%)	9 (60%)	1 (50%)	44 (76%)
CO-EXISTING GENE MUTATIONS						
<i>TP53</i>	3 (5%)	0	0	3 (20%)	0	16 (28%)
<i>FLT3</i>	3 (5%)	0	3 (15%)	0	0	1 (2%)
<i>NRAS</i>	5 (8%)	0	4 (20%)	1 (7%)	0	4 (7%)
<i>RUNX1</i>	4 (7%)	1 (4%)	2 (10%)	1 (7%)	0	5 (9%)
<i>CCBL</i>	3 (5%)	1 (4%)	2 (10%)	0	0	3 (5%)
<i>C-KIT</i>	1 (2%)	0	1 (5%)	0	0	0
<i>JAK2</i>	2 (3%)	1 (4%)	1 (5%)	0	0	1 (2%)
<i>MPL</i>	1 (2%)	0	0	0	1 (50%)	0
<i>ASXL1</i>	9 (15%)	1 (4%)	5 (25%)	3 (20%)	0	17 (29%)
<i>DNMT3A</i>	6 (10%)	4 (17%)	0	2 (13%)	0	9 (16%)
<i>EZH2</i>	2 (3%)	0	1 (5%)	1 (7%)	0	9 (16%)
<i>TET2</i>	17 (29%)	6 (25%)	8 (40%)	3 (20%)	0	17 (30%)
<i>IDH2</i>	7 (12%)	3 (13%)	1 (5%)	4 (27%)	1 (50%)	6 (11%)
<i>IDH1</i>	1 (2%)	0	0	1 (7%)	0	1 (2%)
<i>CEBPA</i>	5 (8%)	5 (21%)	0	0	0	1 (2%)

**Online Supplementary Table S8.** Multivariable analysis of overall survival. The variables included are age, WHO category, bone marrow blasts, IPSS cytogenetic risk groups, transfusion dependency, *SF3B1* mutations, *NRAS* mutations and *TP53* mutations.

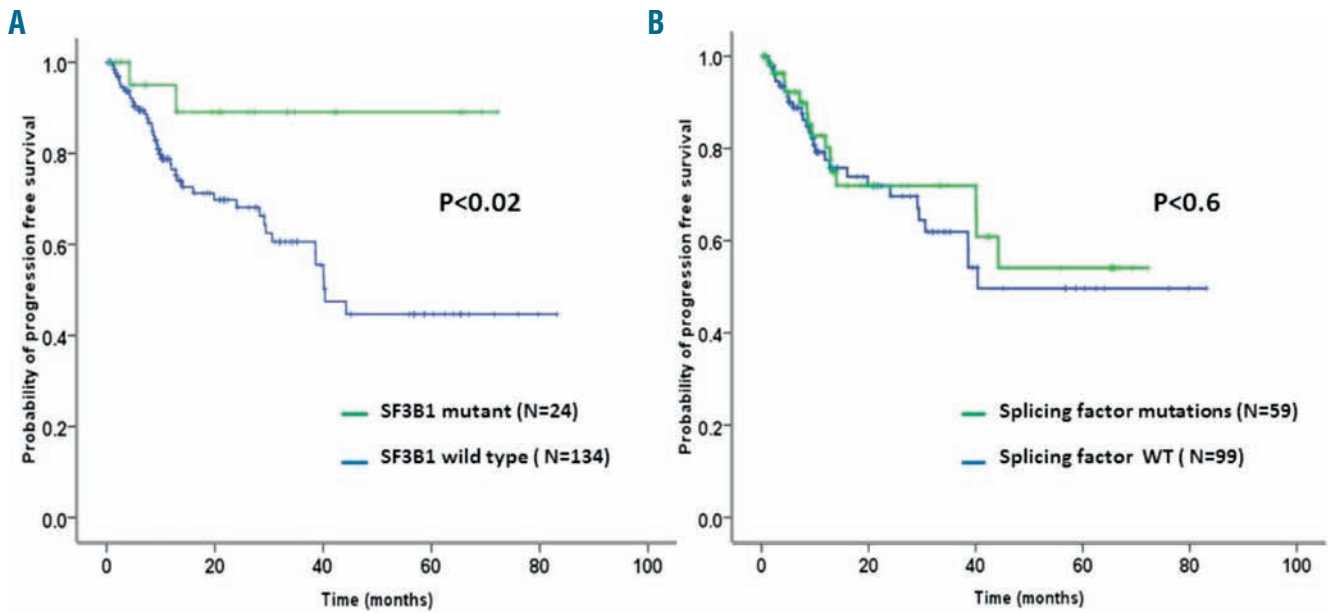
Variable	OS		
	Hazard Ratio	95% CI	p value
Age	1.0	1-1.1	0.05
WHO category	1.1	0.9-1.3	0.12
IPSS Cytogenetic	1.9	1.3-2.6	0.001
Medullary blast count	1	0.9-1	0.2
Transfusion dependency	1.7	0.9-3	0.08
SF3B1	0.2	0.1-0.8	0.03
TP53	2.1	1.1-4.4	0.04



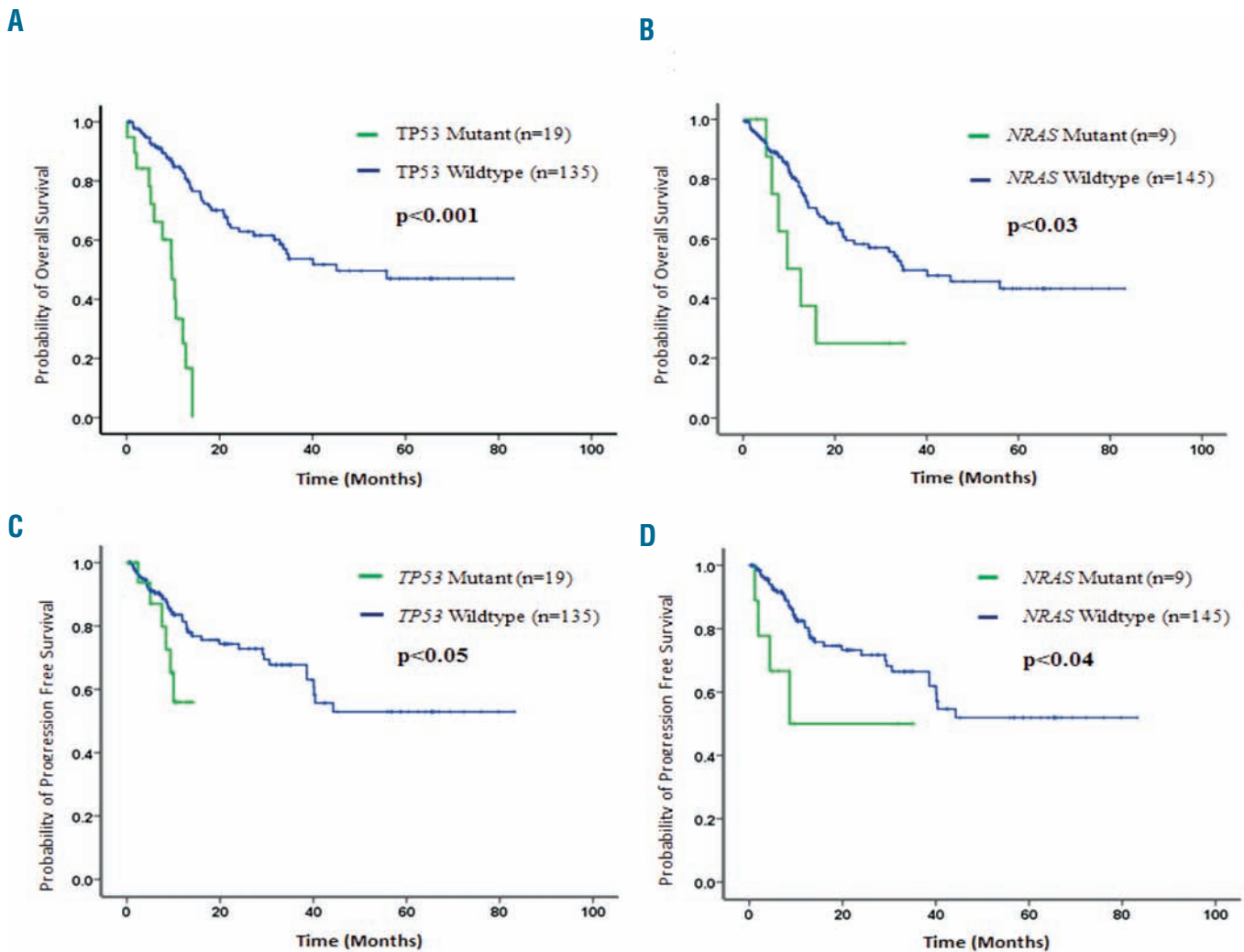
Online Supplementary Figure S1. Frequency and distribution of various gene mutations in MDS patients as depicted by circos diagrams.<sup>9</sup> The arc length corresponds to the frequency of mutations in the relevant gene and the ribbon width corresponds to the percentage of the patients who have other coexisting mutations. Diagram showing the coexistent mutations between 22 individual genes (A). Diagram showing the coexistent mutations between splicing factor genes (SF3B1, SRSF2, U2AF1, ZRSR2), epigenetic modifiers, cell signalling/transcription regulators, TP53 and CEBPA (B).



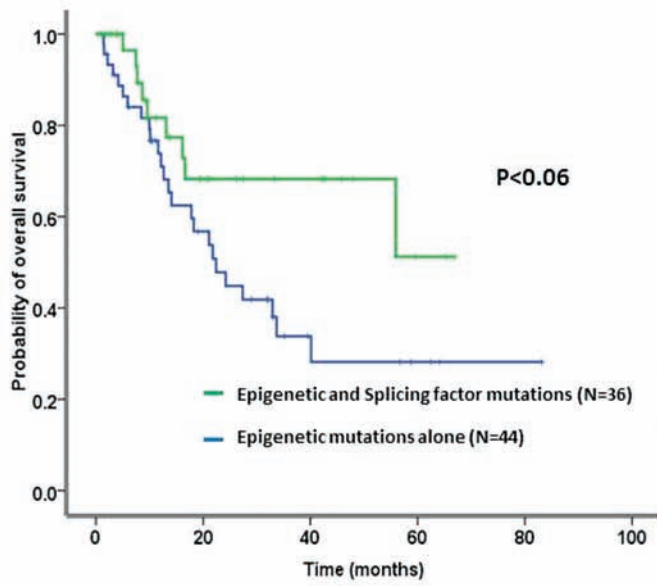
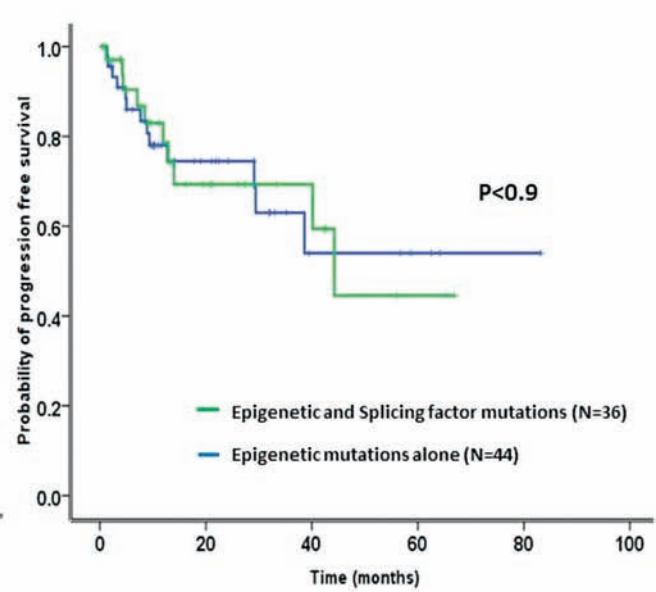
Online Supplementary Figure S2. Clonal evolution from MDS to AML with sequential acquisition of mutations. A normal hematopoietic stem cell (green cell) acquires mutations in SF3B1 and TET2 genes during the early phase of MDS. Subsequently, one sub-clone harboring SF3B1 and TET2 mutations acquires additional mutations in FLT3 and RUNX1 genes and evolves to become the dominant clone at transformation to AML. This is followed by further clonal expansion during subsequent progression with an accompanying rise in blast count. There was a period of a transient morphological remission between day 125 and 198 due to chemotherapy, although samples were not available at the time of the transient remission. The internal areas are representative of disease sub-clone size. Sample time points are indicated by vertical white lines representing time of diagnosis (day 0), transformation to AML (day 125) and further disease progression after a short duration of morphological remission (day 198). The order in which SF3B1 and TET2 mutations occur is unknown and only exemplified here.



Online Supplementary Figure S3. Progression-free survival for patients with *SF3B1* mutations (n=24) compared with wild type *SF3B1* (n=130) (A) and progression-free survival for patients with spliceosome mutations (n=59) compared with patients without splicing factor mutations (n=99) (B).



Online Supplementary Figure S4. Overall survival (A) and progression-free survival (C) for patients with *TP53* mutations (n=19) compared with wild-type *TP53* (n=135). Overall survival (B) and progression-free survival (D) for patients with *NRAS* (n=9) compared with patients without *NRAS* mutations (n=145).

**A****B**

Online Supplementary Figure S5. Overall survival (A) and progression-free survival (B) for patients with epigenetic modifier mutations stratified according to coexistence of splicing factor mutations with epigenetic modifier mutations (n=36) or epigenetic modifier mutations alone (n=44).