

Pediatric T-cell lymphoblastic leukemia evolves into relapse by clonal selection, acquisition of mutations and promoter hypomethylation

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Supplemental Methods

Isolation of DNA

Bone marrow or, in one patient with a high proportion of blasts in the periphery, blood samples were enriched for mononuclear cells by Ficoll density gradient centrifugation. DNA was purified from mononuclear cells using the Gentra Puregene Cell Kit (Qiagen, Hilden, Germany).

Exome capture and Illumina sequencing

The Agilent SureSelect Target Enrichment Kit (Agilent, Santa Clara, California; vendor's protocol version 2.0.1) was used to capture all human exons for sequencing of corresponding patient samples obtained at first diagnosis, remission, and relapse. The SureSelect All Exon Kit targets regions of 50 Mb in total size, approximately 1.7% of the human genome. Briefly, 3 µg of genomic DNA was sheared with a Covaris S2 instrument to a mean size of 150 bp. Five hundred nanograms of library was hybridized for 24 hours at 65°C with the SureSelect baits. The captured fragments of the sample were sequenced as 100 bp paired reads using an Illumina HiSeq2000 instrument (based on v3 sequencing chemistry; Illumina, San Diego, California).

Analysis of the whole exome sequencing data

Sequenced DNA reads were preprocessed using Trimmomatic¹ to clip and filter adapter contaminations and to trim reads for low quality bases. The remaining reads > 36bp were mapped to build hg19 of the human reference genome with Stampy² v1.0.17 using default parameters, and processed with an adapted version of the EMBL in-house somatic variant analysis pipeline³. The number of mapped reads was >98% for all samples, indicating an efficient filtering and preprocessing of DNA reads. The fraction of targets covered >20 fold was >85% for all samples. The mean exome coverage ranged between 68 fold and 304 fold, depending on the efficiency of the capture-based enrichment. Somatic single-nucleotide variants (SNVs) were initially identified using SAMtools mpileup⁴ and the Genome Analysis Toolkit (GATK)⁵. To facilitate a fast classification and identification of candidate driver mutations, all identified coding SNVs were comprehensively annotated using the ANNOVAR framework⁶. The annotation features included variants documented in dbSNP v135 (<http://www.ncbi.nlm.nih.gov/projects/SNP/>), the April 2012 SNV release of the 1000 Genomes Project (<http://1000genomes.org>), and the NHLBI-ESP project (<https://esp.gs.washington.edu>). All non-synonymous coding changes were annotated with the corresponding amino acid change, including a computational prediction of the functional impact on the structure and function of the respective protein using SIFT and PolyPhen-2^{7,8}. All SNVs were further annotated with GERP conservation scores⁹ and the presence or absence of segmental duplications. To identify possible somatic driver mutations, candidate SNVs were filtered for non-synonymous, stopgain or stoploss SNVs, requiring a SAMtools mpileup SNV quality greater or equal to 50, and requiring absence of segmental duplications. We further removed all inferred somatic SNV sites corresponding to SNPs identified in the 1000 Genomes Project¹⁰ with an allele frequency >1% as well as SNPs present in our EMBL in-house sequencing database of germline genomes, which include sites that are commonly identified as false positive SNVs. Leukemia-specific mutations were identified by filtering

against the corresponding remission sample. For somatic insertion and deletion detection, the initial Stampy alignments were realigned using GATK's IndelRealigner and a list of curated known InDels¹¹. InDel calling was done with two separate tools, Platypus v0.2.3¹² and the GATK HaplotypeCaller v2.5⁵. InDels identified by both methods were annotated using ANNOVAR⁶ and filtered for exonic insertions and deletions. Using short reads, the insertion and deletion discovery is limited to small variants of usually less than 10bp although greater InDels can be detected if there is a unique prefix and suffix alignment for a split-read. In the present study the longest detected InDel was 15 bp. Leukemia-specific InDels were identified by removing InDels predicted to be present in the corresponding remission sample. Leukemia-specific SNVs and InDels were validated by Sanger sequencing following PCR amplification.

Targeted deep sequencing

The HaloPlex Target Enrichment Kit (Agilent, Santa Clara, California; vendor's protocol version D.5, May 2013) was used according to the manufacturer's instructions. Starting material was 225 ng of genomic DNA. The captured fragments of the sample were sequenced as 100 bp paired reads using an Illumina HiSeq instrument (Illumina, San Diego, California). As we had started target capture experiments before the results of WES were fully available, two slightly different target capture designs were used, see Supplemental Table 4: Single nucleotide variants (SNVs) and InDels that had been detected during WES (see Supplemental Table 1) were included. Each target region was defined to include 50 bases upstream and downstream of a variant. The total number of target regions was 495, and together they spanned 47.2 kb. The design obtained from Agilent had a total size of 45.4 kb and covered 96.2% of the region of interest (see Supplemental Table 4).

Analysis of the targeted deep sequencing data

Raw DNA sequencing reads were preprocessed using cutadapt¹³ to remove the HaloPlex-specific adapter sequences. Trimmomatic¹ was used to filter and trim low quality bases and to crop the first 5bp that can be reference-biased due to the HaloPlex restriction enzyme footprint. All trimmed reads shorter than 36bp were discarded. The remaining pairs were aligned to build hg19 of the human reference genome with bwa mem v0.7.7¹⁴. A custom python script was used to annotate all somatic SNVs identified previously by WES with the minor allele frequency in the deep coverage targeted sequencing data.

In order to identify subclonal SNVs that were selected for during treatment, leukemia specific SNVs were filtered for an allele frequency of <0.05 in primary disease and remission and of >0.05 in relapse. For the remaining SNVs, the allele frequency in a sample of interest was compared to the background frequency that was calculated as average allele frequencies in the samples from all other patients that did not, by chance, carry the same mutation. Samples with an allele frequency that exceeded the background frequency by more than 3 standard deviations were considered to carry that specific allele at a subclonal level. No further correction for multiple testing was applied.

Because in most patients we were restricted to few mutations in order to define a subclone, we defined all mutations to belong to the major clone that had an allele frequency of at least one third of the most abundant heterozygous mutation in this patient.

DNA Methylation Analysis Using 450k BeadChip Arrays

Genomic DNA (200 ng) was bisulfite converted using the EZ DNA Methylation Gold Kit (Zymo Research). The Infinium methylation assay (Illumina) was carried out as previously described¹⁵. Data from the 450k Human Methylation Array were normalized by the Beta Mixture Quantile (BMIQ) method¹⁶ using the RnBeads analysis software package¹⁷. The methylation level of a CpG locus is expressed as beta value (β) which represents the proportion of methylated alleles of all alleles. A gene promoter was defined as the region spanning 1.5 kilobases (Kb) upstream and 0.5 Kb downstream of the respective transcription start site.

Integrated analysis

In order to evaluate functions that were altered at relapse, an integrated pathway analysis was performed using Ingenuity Pathway Analysis (IPA, Version 21249400). This tool provides information about diseases, molecular function and biological process categories, as well as biological pathways related to genes. In addition, IPA maps each gene within a global molecular network developed from information contained in the Ingenuity Pathways Knowledge Base. Gene networks are generated algorithmically based on their connectivity in terms of expression, activation, transcription, and/or inhibition. A network in IPA is defined as a graphical representation of the molecular relationships between genes, represented with nodes, and the biological relationship between them represented by connecting lines. All connections are supported by published data stored in the Ingenuity Pathways Knowledge Base. IPA ranks all genes based on their connectivity, using a generalization of the concept of node degree, which measures the number of single genes to which a gene is connected. For analysis of mutations, the list of genetic changes (detected either by MLPA or by WES) that were present in the major clone at both primary leukemia and relapse was compared to the list of genes that were mutated in a relapse-specific manner. If one gene in the same patient carried different mutations in primary disease and in relapse, this was considered as a single change that was not relapse specific.

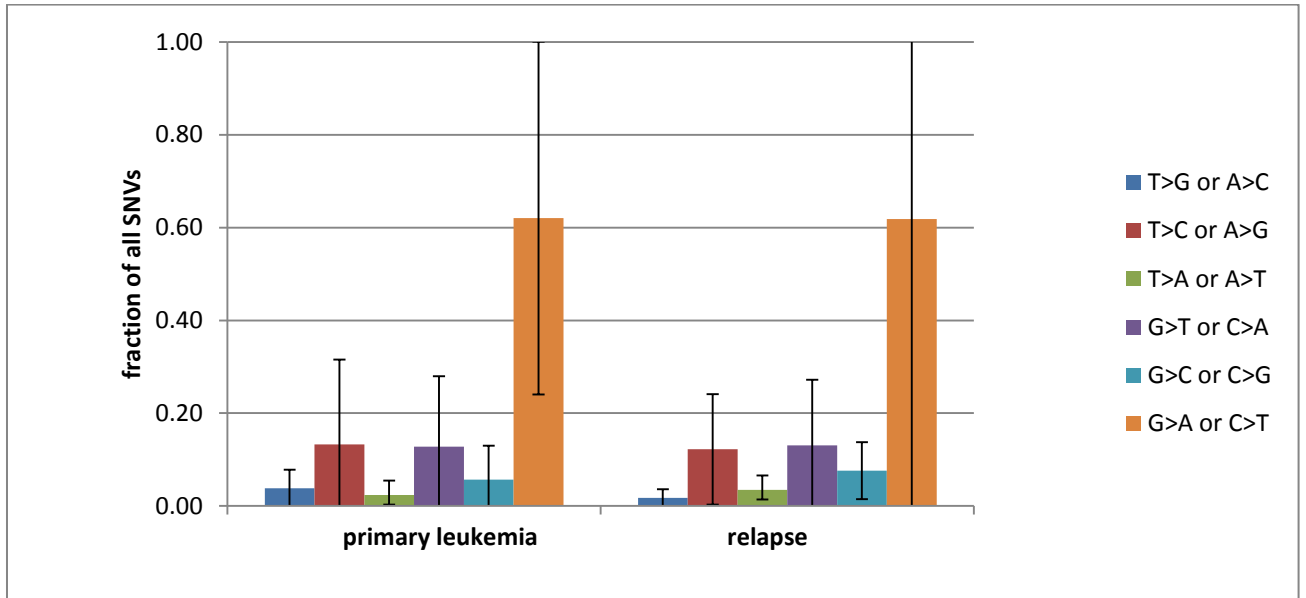
For analysis of genes somatically mutated or deleted in leukemia, genetic alterations detected by WES and MLPA were combined. The list of genes that was altered at both time points (primary disease and relapse) was compared to the list of genes altered only in relapse. As a reference set the Ingenuity Knowledge Base (genes only) was selected.

After methylation analysis by Illumina 450k array, promoters that were represented by at least 3 probes on the 450k array and that had a gene symbol assigned were analyzed (in total promoters of 8297 genes). Promoters that were hypomethylated (β in relapse < β in primary – 0.2) in at least 3 different patients at relapse were included in Ingenuity Pathway Analysis, as a reference set the total 8297 genes entering the analysis were selected.

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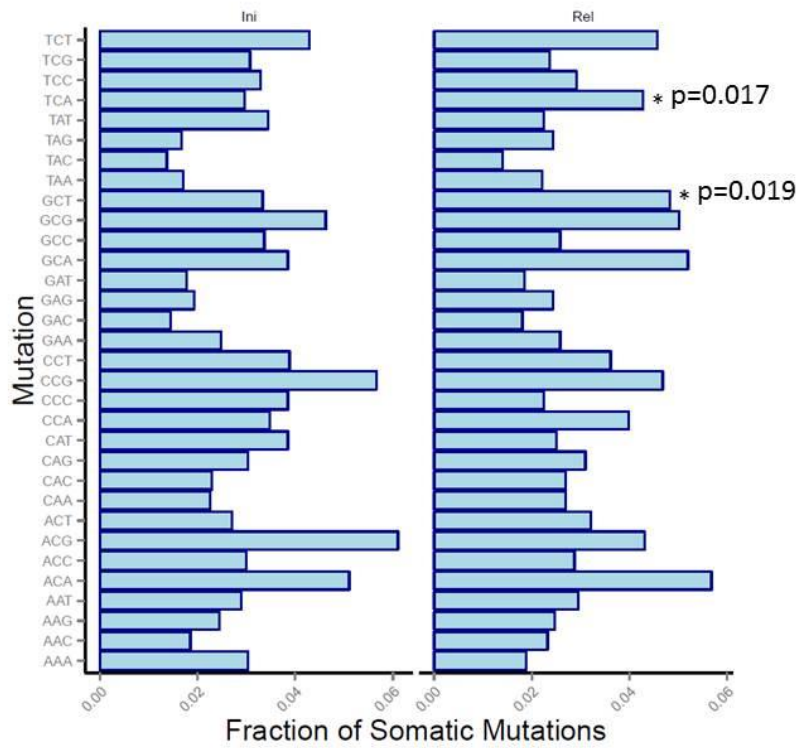
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Supplemental Figure 1 A



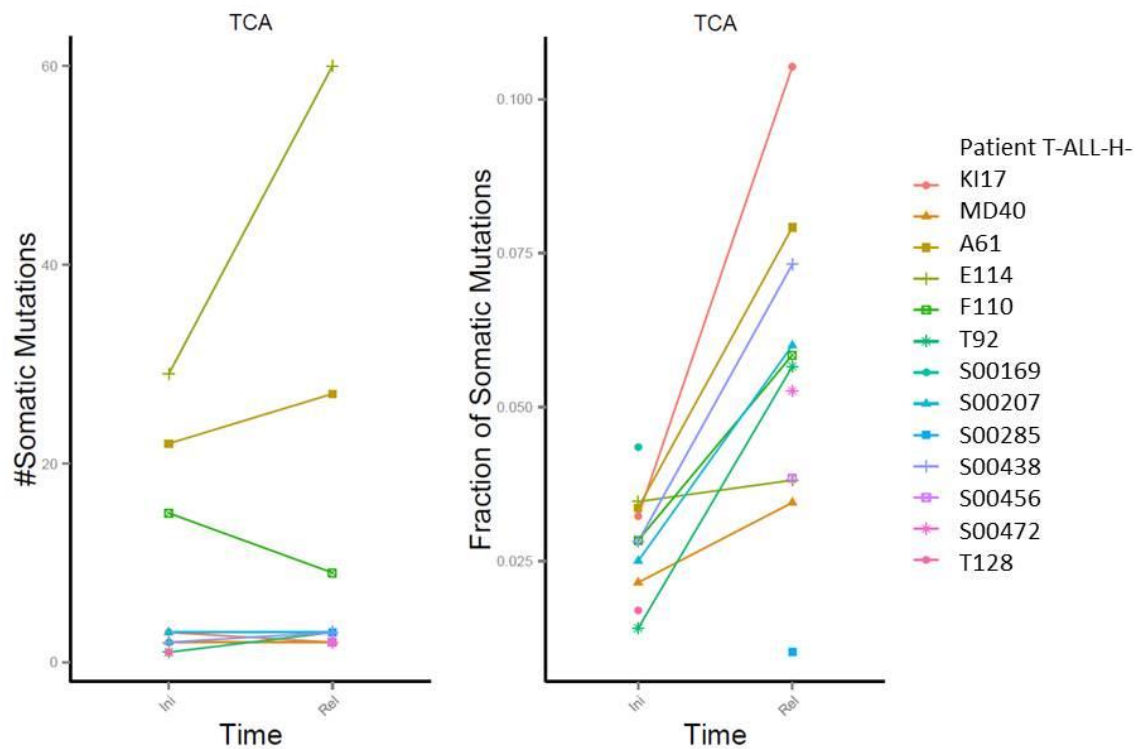
Distribution of mutation types does not differ between primary and relapsed leukemia: The fractions of each type of somatic SNV (both synonymous and non-synonymous) for all 13 patients are given in average. Error bars denote standard deviations.

Supplemental Figure 1 B



Distribution of mutation types in primary and relapsed leukemia: All genomic mutations (exonic, intronic, intergenic) were called and the fraction of mutations occurring at the central position of each possible trinucleotide sequence was determined. Left panel, mutations in primary leukemia; right panel, mutations specific for relapse. p-values (t-test) below 0.02 are reported.

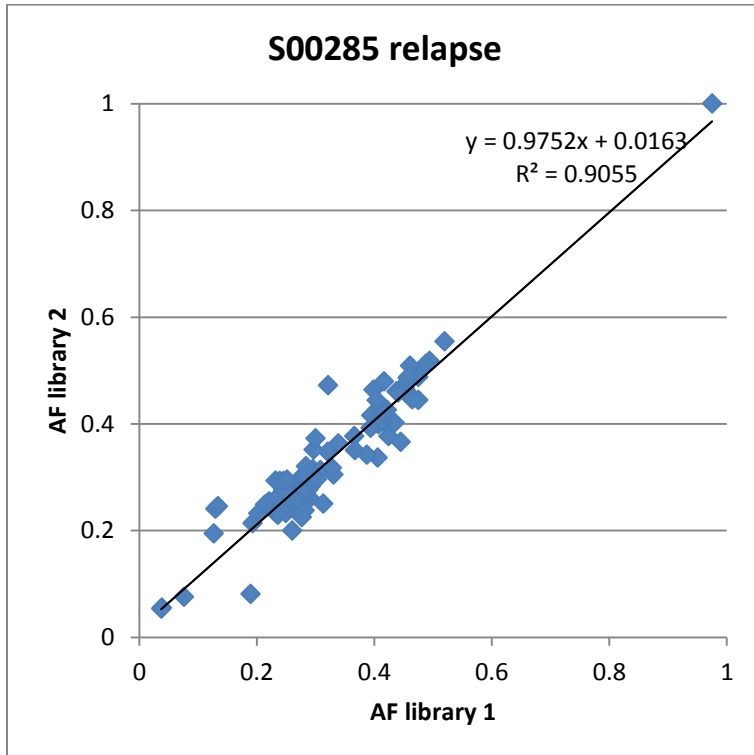
Supplemental Figure 1 C



Frequency of somatic mutations at the central base of the trinucleotide sequence

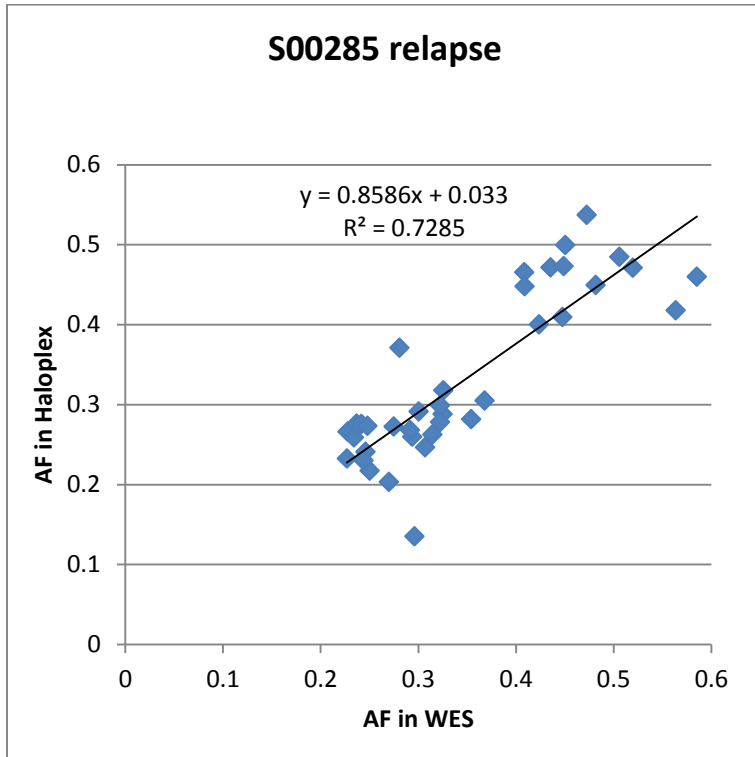
$5'$ TpCpA $3'$ / $5'$ TpGpA $3'$ in primary leukemia and in relapse. The number (left panel) and fraction (right panel) of somatic mutations occurring at the central position of the trinucleotide sequence $5'$ TpCpA $3'$ / $5'$ TpGpA $3'$ were determined. The numbers for initial diagnosis were compared to the numbers of relapse-specific mutations. Because of different capture efficiencies, the number of genomic mutations that can be analyzed varies much more between patients than exonic mutations.

Supplemental Figure 2 A



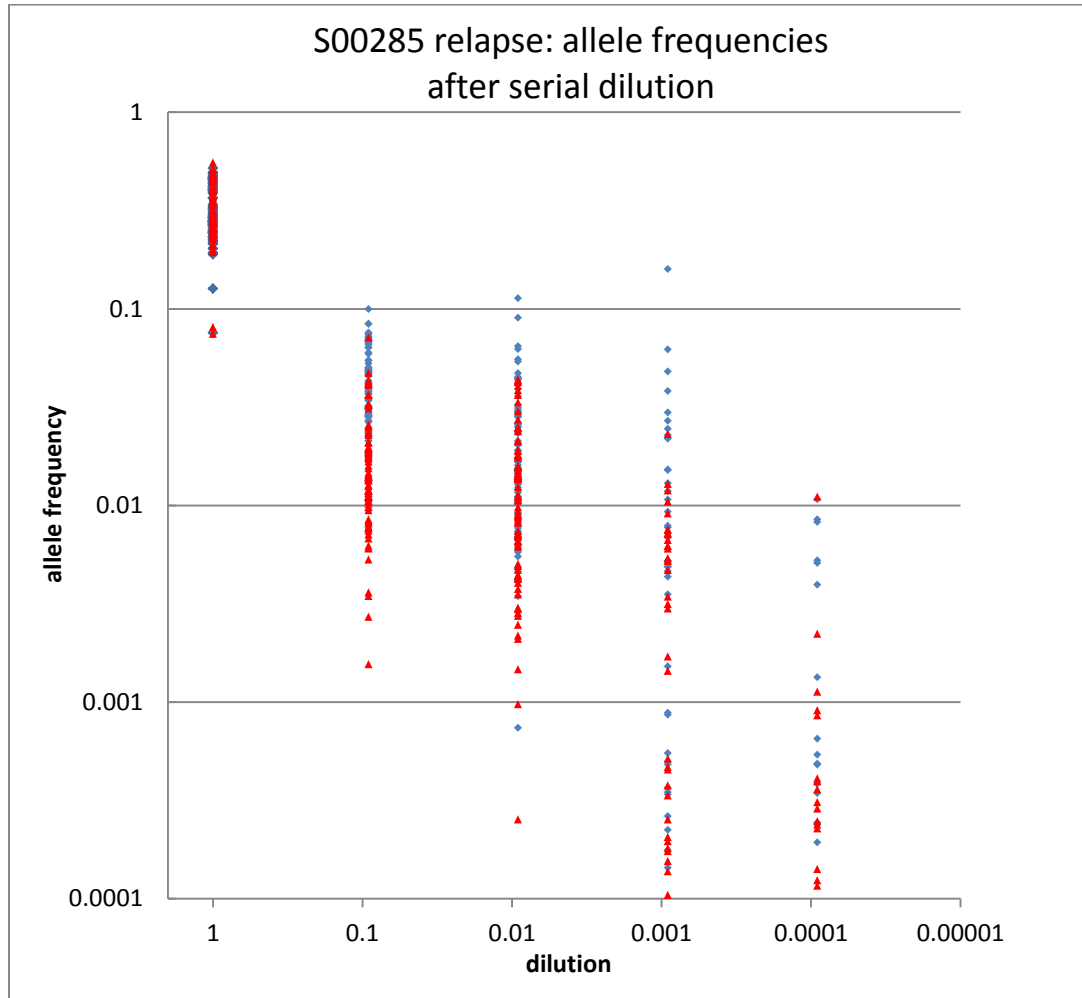
Deep sequencing after target capture with HaloPlex is reproducible: The same DNA sample (patient S-00285, relapse) was subjected to target capture by HaloPlex two times independently. For all SNVs that reached an allele frequency (AF) of >0.05 in one of the libraries, AFs in library 2 were plotted over AF in library 1.

Supplemental Figure 2 B



HaloPlex reproduces allele frequencies found in well covered loci in WES: For all loci that were covered more than 150x in WES, allele frequencies found by HaloPlex were plotted over allele frequencies found by WES.

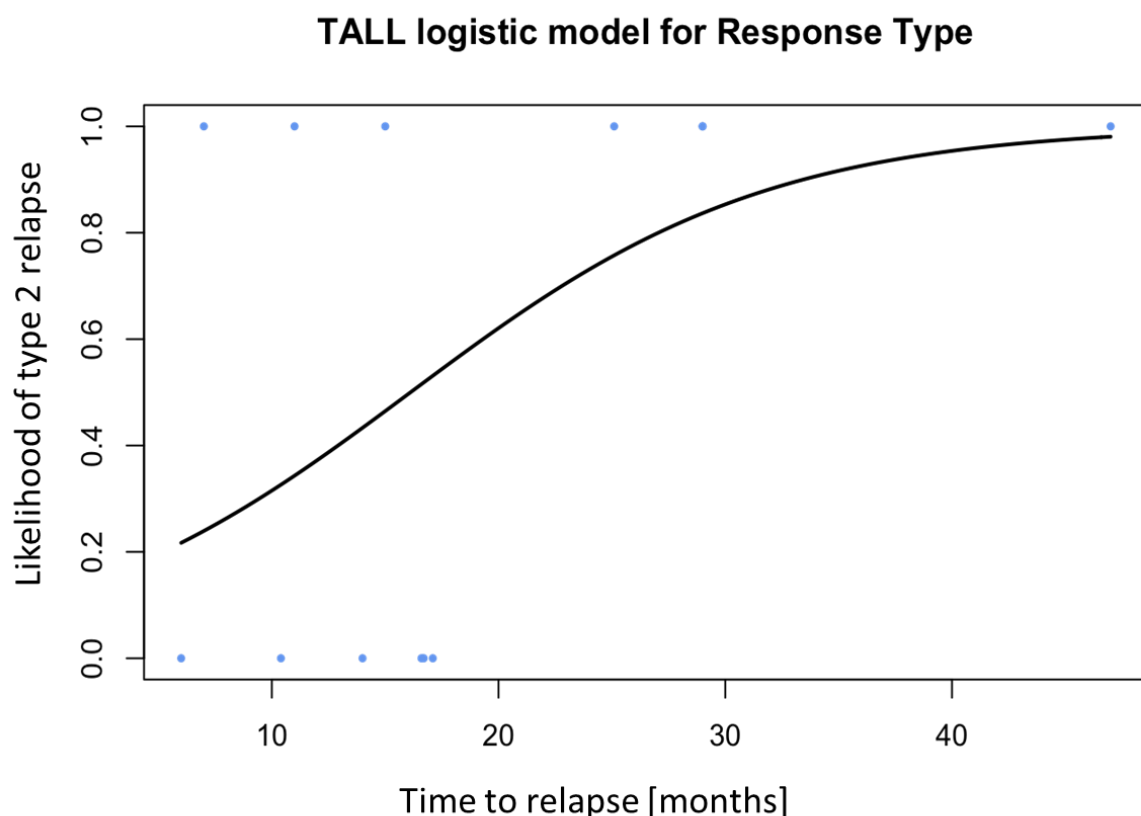
Supplemental Figure 2 C



HaloPlex results are consistent after serial dilution: DNA samples from relapse were diluted by mixing 11 samples from different patients in equal amounts. This mix was further serially diluted by mixing with DNA from a healthy control in a ratio of 1 in 10. Background allele frequencies (AF) detected in the healthy control DNA were subtracted. Here, AFs for all SNVs that were detected in the relapse sample from patient S00285 (AF > 0.05) were plotted over the dilution factor. The average Pearson correlation coefficient after logarithmic transformation was 0.91 (standard deviation 0.13), indicating that the dilution factor was truly reflected in the allele frequencies. The experiment was done in duplicate (blue squares/ red triangles). Please note that all allele frequencies that were determined are reported, including those that did not exceed the threshold of specific detection (see Supplemental Figure 2 D).

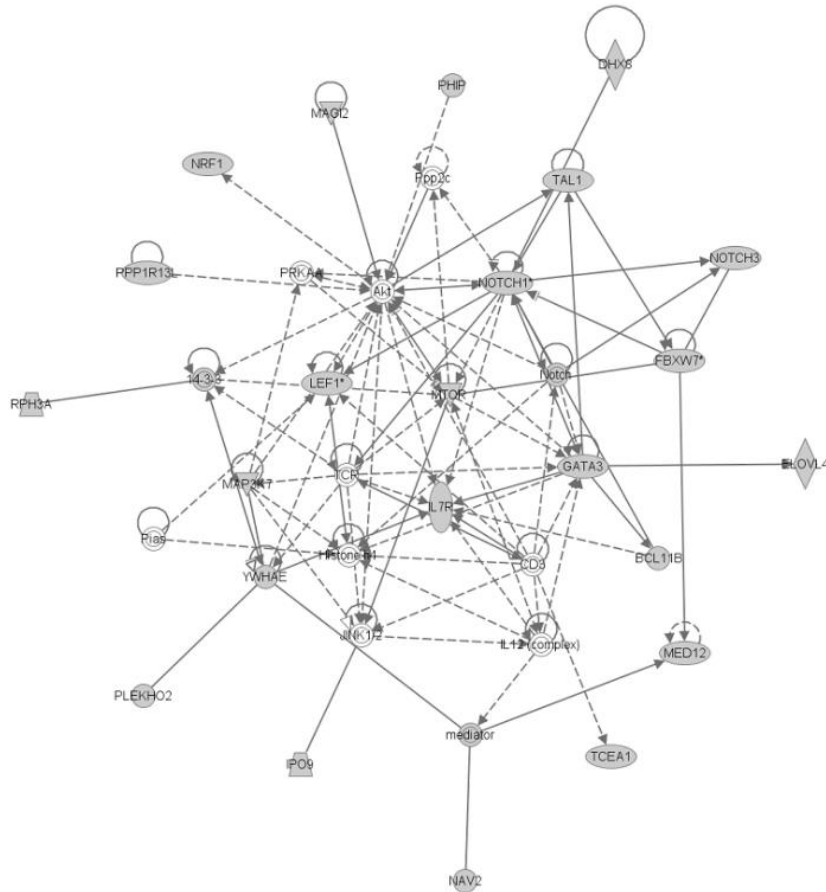
SNVs can be detected by HaloPlex ultradeep sequencing in dilutions of up to 1:11.000. Here, AFs for all SNVs that were detected in the relapse sample from patient S00285 (AF > 0.05; see also Supplemental Fig. 2C) are compared to the average AFs of all other, unrelated samples. The threshold of detection was set to the average allele frequency of unrelated samples plus three standard deviations. AFs exceeding the threshold for detection are marked in orange. The experiment was done in duplicate (dilution series A/B). At least 91% of leukemia-specific SNVs were detected after diluting leukemia DNA in control DNA in a ratio of 1:110, 25% were detected in a dilution of 1:1.100 and 3% in a dilution of 1:11.000. The rate of mutations that were detected as false positives is 1.8 % (35 false positives in 1.863 comparisons, rightmost column).

Supplemental Figure 3

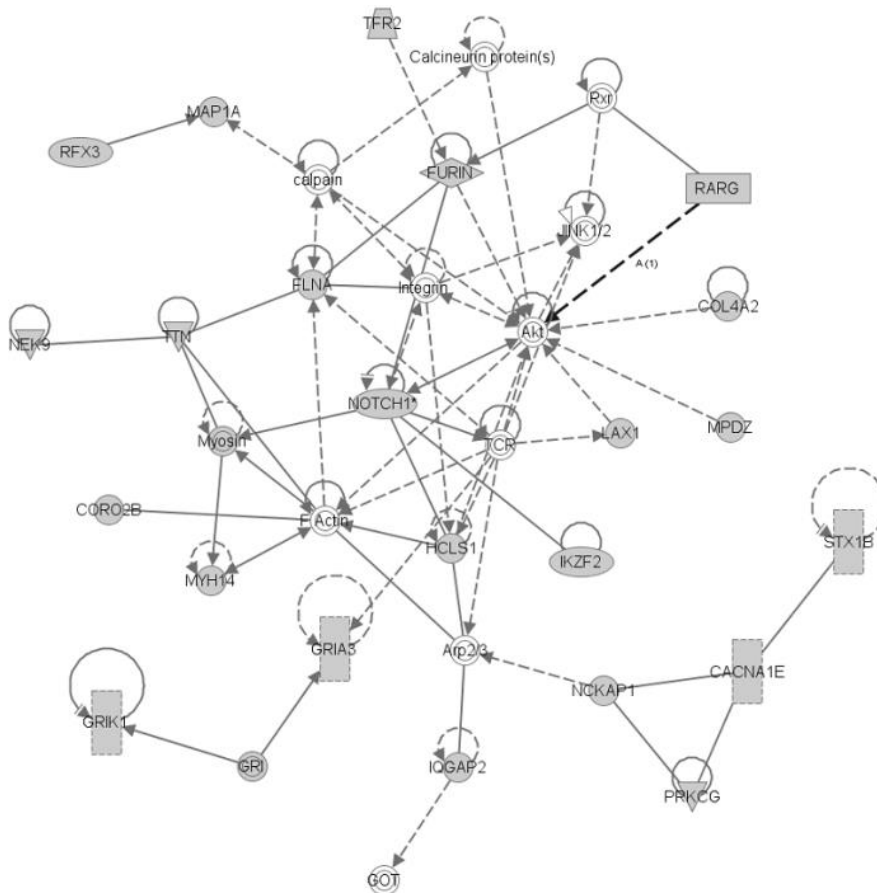


Logit Model for type of relapse dependent on time to relapse: Logistic regression was used to fit the time to relapse in months to type 1 and type 2 relapse. For every increase in month, the odds ratio of type 2 increases by a factor of 1.135 (coefficients as odds-ratios). Blue dots- observed data.

Supplemental Figure 4 A



Supplemental Figure 4 B



Ingenuity Pathway Analysis Key regulatory networks: Genes are represented as nodes, and the biological relationship between nodes is represented as an edge (line). Grey nodes signify genes that are mutated, colorless nodes are “missing links” added by the software. All edges are supported by at least 1 reference from the Ingenuity Knowledge Base.

A Network was constructed from genes that were mutated both in primary leukemia and in relapse.

B Network was constructed from genes that were mutated in relapse only.

All supplemental tables are provided in a single Supplemental Excel file.

Supplemental Table 1: WES results

Leukemia-specific mutations detected by WES: Mutations detected in primary disease are in black, mutations detected in relapse in red, mutations detected at both time points additionally in green. For loci poorly covered by WES but well covered in HaloPlex, allele frequencies from HaloPlex sequencing (see Supplemental Table 5) are reported and marked with an asterix*.

Supplemental Table 2: Copy number variants detected by MLPA

Copy numbers detected with the MRC Holland P383-A1 probemix are reported. Because of contamination of some samples with nonleukemic cells, zygosity cannot be safely determined in all samples (see footnotes below table).

Supplemental Table 3: MRD markers of BFM patients

For all patients that have been analysed for MRD markers (rearrangements of T-cell receptor and immunoglobulin genes), the markers that have been identified and the corresponding junctional regions in primary leukemia and in relapse are reported.

Supplemental Table 4: HaloPlex design

Loci that were identified as mutated by WES were included in the HaloPlex design. As WES results became available sequentially, two slightly differing designs were used (design 1 and 2).

Supplemental Table 5: HaloPlex results

For each locus included in the HaloPlex design, coverage, nucleotide distribution and allele frequencies are given. For HaloPlex design 1, a dilution curve of DNAs from relapse of 11 patients was included. This dilution curve was the basis for Supplemental Figure 2 C and D.

Supplemental Table 6: Mutations detected in remission

All mutations that were detected in a remission sample are reported. A mutation was considered to be present if its allele frequency (AF) was higher in the sample of interest than the average of unrelated samples plus three standard deviations (SD).

Supplemental Table 7: Mutations undergoing selection

All mutations that were detected in a primary disease sample with a minor (<0.05) allele frequency (AF) are reported. A mutation was considered to be present if its allele frequency was higher in the sample of interest than the average of unrelated samples plus three standard deviations (SD).

Supplemental Table 8: Gene lists analyzed by Ingenuity Pathway Analysis

The lists of genes subjected to Ingenuity Pathway Analysis, which was the basis for Table 4 and Figure 3: Column A, all genes mutated both in primary leukemia and relapse of the same patient; column B, all genes mutated only in relapse in at least one patient; column C, all genes with promoters that are hypomethylated in at least 3 patients.