# **SUPPLEMENTARY APPENDIX**

#### Lack of splice factor and cohesin complex mutations in pediatric myelodysplastic syndrome

Julia C. Obenauer,<sup>1,2</sup> François G. Kavelaars,<sup>1</sup> Mathijs A. Sanders,<sup>1</sup> Remco M. Hoogenboezem,<sup>1</sup> Andrica C. H. de Vries,<sup>2</sup> Paulina M. H. van Strien,<sup>1</sup> Valerie de Haas,<sup>3</sup> Franco Locatelli,<sup>4</sup> Henrik Hasle,<sup>5</sup> Peter J. M. Valk,<sup>1</sup> Ivo P. Touw<sup>1\*</sup> and Marry M. van den Heuvel-Eibrink<sup>2,6,\*</sup>
\*IPT and MMH-E contributed equally to this work.

<sup>1</sup>Department of Hematology, Erasmus University Medical Center, Rotterdam, the Netherlands; <sup>2</sup>Department of Pediatric Hemato-Oncology, Erasmus University Medical Center / Sophia Children's Hospital, Rotterdam, the Netherlands; <sup>3</sup>Dutch Childhood Oncology Group (DCOG/SKION), The Hague, the Netherlands; <sup>4</sup>Department of Pediatric Hematology-Oncology, IRCCS Bambino Gesù Children's Hospital, University of Pavia, Rome, Italy; <sup>5</sup>Department of Pediatrics, Aarhus University Hospital Skejby, Aarhus, Denmark and <sup>6</sup>Princess Màxima Center for Pediatric Oncology (PMC), Utrecht, the Netherlands

Correspondence: m.m.vandenheuvel-eibrink@prinsesmaximacentrum.nl or i.touw@erasmusmc.nl doi:10.3324/haematol.2016.151753

#### **Supplementary Methods**

### **Patient material**

Samples taken at time of diagnosis from 38 pediatric patients with MDS were studied; defined as being under the age of 19 years. 24 were Dutch (Dutch Childhood Oncology Group, The Hague, the Netherlands), 7 German (University Hospital Freiburg, Freiburg, Germany), 3 Italian (IRCCS Ospedale Bambino Gesù, Rome, Italy), 2 Czech (University Hospital Motol, Prague, Czech Republic) and 2 Danish (Aarhus University Hospital Skejby, Aarhus, Denmark). Informed consent was obtained from each participant, or their legal guardians, as part of sample collection by the European working group (EWOG). Institutional review board approval was obtained in all participating centers. The cohort comprised 24 primary and 14 secondary MDS cases. Secondary MDS occurred after aplastic anemia (N=2), acute lymphoid leukemia (N=3), chemotherapy (N=1), Burkitt non-Hodgkin lymphoma (N=1), Diamond-Blackfan Anemia (N=1), Ewing sarcoma (N=2), Fanconi anemia (N=1) and acute myeloid leukemia (N=2). The primary disease was unknown in one case. Material was obtained from bone marrow aspirates, and mononuclear cells were obtained using Ficoll gradient separation. Further patient details are provided in Supplementary table 1.

## **DNA** sequencing

Next generation DNA sequencing was performed for 37 patients on the MiSeq platform (Illumina, San Diego, CA). The TruSight Myeloid Sequencing Panel (Illumina) was used to generate libraries and prepared according to the TruSight DNA Amplicon Sequencing Panel Guide Part#15054779Rev.B (Illumina). Patient 5 was sequenced by whole exome sequencing (WES). WES sample preparation was performed as described previously by Beekman *et al*<sup>1</sup>.

### **Bioinformatics**

MiSeq data analysis was performed using a pipeline developed at the Erasmus Medical Center (M.A.S., R.M.H.): reads were decompressed using gunzip, and resulting fastq files controlled for quality using fastQC (Babraham Institute, Cambridgeshire, UK). Reads were subsequently aligned using bbmap, using genome build hg19. The resulting sam and bam files were sorted and controlled for quality using Picard tools (Broad Institute, Cambridge, MA). Adapter reads were trimmed using an in-house developed algorithm, and read re-alignment and base re-calibration performed using GATK (Broad Institute). Finally, variants were called with multiple programs: Samtools (Genome Research Ltd, UK), MuTect and GATK unified genotyper (Broad Institute), Pindel and VarScan (McDonnell Genome Institute, St. Louis, MO); the resulting lists were combined using an in-house developed program and variants annotated using ANNOVAR (University of Southern California) and an in-house developed program, as described previously<sup>2</sup>. In brief, the algorithm determined the variant allele frequency (VAF), local read statistics and mutation likelihood for each variant. In addition, recurrence of the variant is given from the catalogue of somatic mutations in cancer (COSMIC)<sup>3</sup> and from population-based sequencing studies (1000 genomes, ESP6500 and ExAC)<sup>4, 5</sup>. Variants were further annotated for entries in dbSNP137, 138 and 144 databases, and for the predicted pathogenicity using PolyPhen<sup>6</sup>, SIFT<sup>7-10</sup> and MutationTaster<sup>11</sup>. Variant lists were further minimally scrutinized using the Integrative Genomics Viewer (Broad Institute) for artifact exclusion, and the remaining variants filtered using a VAF threshold at 2% as well as for coverage at the mutation location and systematic bias in the strand. Mutations were selected when at least 10 high-quality reads were present at the variant site, the variant was not present in all population-based sequencing data and the variant function was found to be deleterious by at least 2 independent prediction programs. All data for each variant are provided in Supplementary Table 2. A graphical summary of the described data analysis pipeline is shown in Supplementary Figure 1. WES data analysis was performed as described previously<sup>1</sup>.

## **Legend Supplementary Figure 1**

MiSeq data analysis workflow. Schematic representation of the major data analysis steps (from top to bottom), as outlined in the Supplementary methods section and in Gröschel *et al*<sup>2</sup>.

## **Supplementary Figure 1**

### Read decompression

gunzip quality control: fast QC

### Read alignment

bbmap (hg19) quality control: Picard tools

### Adapter trimming

in-house developed algorithm
Read re-alignment and base re-calibration (GATK)

## Variant calling

Samtools, MuTect, GATK, Pindel, VarScan Combination of results with in-house algorithm

#### Variant annotation

**ANNOVAR** 

In-house algorithm: VAF, local read statistics, variant likelihood recurrence (COSMIC, 1000genomes, ESP6500, dbSNP) pathogenicity (SIFT, PolyPhen, MutationTaster)

### Manual filtering

Integrative Genomics Viewer
Exclusion of artefacts, variants with VAF<2%, insufficient coverage and systematic strand bias

**Supplementary Table 1: Clinical characteristics of the total cohort** 

Number of patients (%)	38 (100)
Gender	
Male (%)	23 (61)
Female (%)	13 (33)
MDS type	· · ·
Primary (%)	24 (65)
Secondary (%)	14 (34)
MDS subtype	
RC (%)	7 (19)
Advanced (%)	29 (76)
Other (%)	2 (5)
Median age at diagnosis (years)	10.2
Range	0.8 - 18.8
Karyotype	
Normal	9 (24)
Monosomy 7	8 (21)
Trisomy 8	1 (2)
Complex / other	17 (45)
unknown	3 (8)
Outcome	
Alive (%)	21 (55)
Deceased (%)	14 (37)
Median blast % bone marrow	10
Range	0-29
Median blast % peripheral blood	1
Range	0 – 18
Median hemoglobin (mmol)	5.5
Range	2.5 - 9.8
Median white blood cell count (x109)	3.6
Range	1.1 – 47.0
Mean platelet count	77
Range	3 - 215
Median MCV	99
Range	71 - 114
Treatment	
SCT (%)	32 (84)
Other (%)	3 (8)
Unknown (%)	3 (8)

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# **Supplementary Table 2**

pati ent num ber	Gene nam e	Chromo some	positio n	reference sequence	HQ Total read cover age	HQ Muta ted read cover age	varian t allele frequ ency	stra nd bias	nucleotide change	amino acid change	mutat ion type	pathwa Y	COSMIC	ESP6 500	1000gen omes	Ex AC	PolyP hen score	PolyP hen predic tion	SIF T sco re	SIFT predic tion	Mutation Taster score	Mutation Taster predictio n
1	TP53	chr17	75766 26	NM_0011 26116	1445	666	46	0.5 1	c.A629C	p.X210S	stoplo ss	other		0	0	0					0.758	D
	BCOR	chrX	39933 244	NM_0011 23383	1428	31	2	0.5 0	c.C1355T	p.A452V	nsSNV	chroma tin modific ation		0	0	0	0.994	D	0	D	1	D
2																						
3																						
4																						
5	STAG 2	chrX	12318 4039	NM_0010 42749	159	31	20	0.5 0	c.G902insG	p.A300fs	frame shift inserti on	cohesin comple x		0	0	0					1	D
	GATA 2	chr3	12820 5776	NM_0011 45662	57	10	18	0.5 0	c.T96insAGT T	p.N32_Y3 3insfsX	stopg ain	transcri ption		0	0	0					1	D
6	ASXL 1	chr20	31022 441	NM_0153 38	2674	580	21	0.5	c.1927dupG	p.G642fs	frame shift inserti on	chroma tin modific ation	COSM14 11076	0	0	0					1	D
	RUN X1	chr21	36231 783	NM_0010 01890	3953	446	11	0.5 2	c.C520T	p.R174X	stopg ain	transcri ption	COSM24 771	0	0	0					1	D
7																						
8																						
9																						
10	WT1	chr11	32417 907	NM_0003 78	939	212	23	0.5	c.1093_1094i nsTCGG	p.A365fs	frame shift inserti on	transcri ption	COSM21 392, COSM11 66613	0	0	0					1	D
11	GATA 2	chr3	12820 4640	NM_0011 45662	1078	570	53	0.5 7	c.801delC	p.P267fs	frame shift deleti on	transcri ption		0	0	0						
	IKZF1	chr7	50444 401	NM_0012 20765	1244	811	65	0.5 2	c.C331T	p.R111X	stopg ain	transcri ption	COSM30 3891	0	0	0					1	D
	ASXL 1	chr20	31022 441	NM_0153 38	1606	484	30	0.5 0	c.1927dupG	p.G642fs	frame shift inserti on	chroma tin modific ation	COSM14 11076	0	0	0					1	D
12	_									p											-	
13	CSF3 R	chr1	36932 108	NM_0007 60	533	39	7	0.4 6	c.T2361G	p.Y787X	stopg ain	signalin g		0	0	0					1	D

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pati ent num ber	Gene nam e	Chromo some	positio n	reference sequence	HQ Total read cover age	HQ Muta ted read cover age	varian t allele frequ ency	stra nd bias	nucleotide change	amino acid change	mutat ion type	pathwa V	COSMIC	ESP6 500	1000gen omes	Ex AC	PolyP hen score	PolyP hen predic tion	SIF T sco re	SIFT predic tion	Mutation Taster score	Mutation Taster predictio n
14	CUX1	chr7	10188 2719	NM_0012 02543	1534	741	48	0.5 1	c.C3775T	p.R1259W	nsSNV	transcri ption	COSM10 83478	0	0	0	1	D	0	D	1	D
14	PTPN		11288	NM_0028				0.5				signalin	COSM13									
	11	chr12	8210 13354	34 NM 0010	1921	195	10	0.5	c.G226C	p.E76Q	nsSNV stopg	g transcri	016 COSM14	0	0	0	0.967	D	0	D	1	D
	PHF6	chrX	9124	15877	577	525	91	0	c.C808T	p.Q270X	ain	ption	4566	0	0	0					1	D
15																						
16																						
	DNM		25470	NM_1537				0.5				DNA methyl										
17	T3A	chr2	596	59	109	6	6	0.5	c.G311A	p.G104E	nsSNV	ation		0	0	0	0.999	D	0	D	1	D
18																						
19																						
	PTPN		11288	NM_0028				0.5				signalin	COSM13	_	_			_		_	_	
20	11	chr12	8199	34	3566	1304	37	0	c.C215T	p.A72V	nsSNV	g chroma	015	0	0	0	0.819	Р	0	D	1	D
			39933	NM 0011				0.4				tin modific										
21	BCOR	chrX	565	23383	1012	1006	99	9	c.T1034A	p.L345H	nsSNV	ation		0	0	0	0.999	D	0	D	1	D
22																						
23	TP53	chr17	75782 63	NM_0011 26116	641	599	93	0.5 2	с.С190Т	p.R64X	stopg ain	other	COSM99 665, COSM16 40847, COSM99 666, COSM99 668, COSM10 705, COSM99 667	0	0	0					1	D
24																						
25	BCOR	chrX	39930 359	NM_0011 23383	76	16	21	0.5 0	c.C3051A	p.H1017Q	nsSNV	chroma tin modific ation		0	0	0	0.992	D	0.0	D	1	D
	ATRX	chrX	76778 870	NM_1382 70	169	10	6	0.5 3	c.C6595A	p.L2199I	nsSNV	chroma tin modific ation		0	0	0	0.996	D	0.0	D	1	D
26																						
27	RUN X1	chr21	36252 880	NM_0010 01890	590	315	53	0.5 0	c.T401C	p.L134P	nsSNV	transcri ption	COSM44 4417	0	0	0	1	D	0	D	1	D
28	CBL	chr11	11914 9328	NM_0051 88	688	16	2	0.5 0	c.G1336A	p.G446R	nsSNV	signalin g		0	0	0	0.944	D	0.0 1	D	1	D
	002	022	3320		555	10	-	Ť	3.02000.1	p.c.ron	1133111	ь		Ť	Ĭ		0.5.7				-	
29					<u> </u>	l		<u> </u>						L	<u> </u>			<u> </u>	<u> </u>	l		

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pati ent num ber	Gene nam e	Chromo some	positio n	reference sequence	HQ Total read cover age	HQ Muta ted read cover age	varian t allele frequ ency	stra nd bias	nucleotide change	amino acid change	mutat ion type	pathwa Y	COSMIC	ESP6 500	1000gen omes	Ex AC	PolyP hen score	PolyP hen predic tion	SIF T sco re	SIFT predic tion	Mutation Taster score	Mutation Taster predictio n
30																						
31																						
32	RUN X1	chr21	36231 872	NM_0010 01890	1710	1074	63	0.5 3	c.A431T	p.K144l	nsSNV	transcri ption		0	0	0	0.997	D	0	D	1	D
	EZH2	chr7	14852 6829	NM_1529 98	550	185	34	0.5 0	c.G358A	p.G120R	nsSNV	chroma tin modific ation	COSM14 49032, COSM96 480	0	0	0	1	D	0	D	1	D
33																						
34																						
35	IDH2	chr15	90631 935	NM_0021 68	1498	209	14	0.5 1	c.C418T	p.R140W	nsSNV	DNA methyl ation	COSM41 877	0	0	0	1	D	0	D	1	D
36																						
37	CDKN 2A	chr9	21974 825	NM_0000 77	93	60	65	0.4 5	c.T2A	p.M1K	nsSNV	other		0	0	0	0.722	Р	0	D	1	D
	TP53	chr17	75794 27	NM_0011 26116	327	11	4	0.5 2	c.C143A	p.P48Q	nsSNV	other	COSM43 544	0	0	0	1	D	0.0	D	0.996	D
38																						

## **Legend Supplementary Table 1:**

Overview of the clinical characteristics. Included are the patient numbers and percentage (of total, in brackets) for the gender, MDS type (primary or secondary MDS), the MDS subtype (RC: refractory cytopenia, advanced: RAEB (refractory anemia with excess blasts) and RAEB-t (RAEB in transformation), and other (including RARS (refractory anemia with ring sideroblasts), MDS-PNH (non-hemolytic MDS with a large (60%) paroxysmal nocturnal hemoglobinuria clone, previously described by van den Heuvel-Eibrink *et al*<sup>12</sup>) and t-MDS (therapy-related MDS)), the median age at diagnosis in years, cytogenetics (complex: 2 or more cytogenetic abnormalities found, other: single cytogenetic abnormality other than monosomy 7 or trisomy 8), outcome, blood count details (median hemoglobin levels, white blood cells (WBC) counts, platelet counts, blast percentages in bone marrow (BM) and peripheral blood (PB), and the mean corpuscular volume (MCV)), treatment (IST: immunosuppressive therapy, SCT: hematopoietic stem cell transplantation, chemo: chemotherapy) and treatment.

## **Legend supplementary Table 2:**

Overview of the mutational status in each patient. Details on patient number, gene name, chromosome position, reference sequence, nucleotide and amino acid changes, mutation type (nsSNV: nonsynonymous single nucleotide variation), pathway attribution, total and mutated high quality (HQ) read counts, VAF, strand bias, frequency in population-based sequencing efforts (ESP6500, 1000 genomes, ExAC), COSMIC entry as well as PolyPhen, SIFT and MutationTaster scores and prediction are provided (D: damaging, P: probably damaging, B:benign).

### **References:**

- 1. Beekman R, Valkhof MG, Sanders MA, et al. Sequential gain of mutations in severe congenital neutropenia progressing to acute myeloid leukemia. Blood. 2012;119(22):5071-5077.
- 2. Groschel S, Sanders MA, Hoogenboezem R, et al. Mutational spectrum of myeloid malignancies with inv(3)/t(3;3) reveals a predominant involvement of RAS/RTK signaling pathways. Blood. 2015;125(1):133-139.
- 3. Forbes SA, Bhamra G, Bamford S, et al. The Catalogue of Somatic Mutations in Cancer (COSMIC). Curr Protoc Hum Genet. 2008;Chapter 10(Unit 10 11.
- 4. Exome Variant Server NGESPE, Seattle, WA. [cited 2016 April]; Available from: <a href="http://evs.gs.washington.edu/EVS/">http://evs.gs.washington.edu/EVS/</a>
- 5. Sudmant PH, Rausch T, Gardner EJ, et al. An integrated map of structural variation in 2,504 human genomes. Nature. 2015;526(7571):75-81.
- 6. Adzhubei IA, Schmidt S, Peshkin L, et al. A method and server for predicting damaging missense mutations. 2010;7(4):248-249.
- 7. Kumar P, Henikoff S, Ng PC. Predicting the effects of coding non-synonymous variants on protein function using the SIFT algorithm. Nat Protoc. 2009;4(7):1073-1081.
- 8. Ng PC, Henikoff S. Predicting deleterious amino acid substitutions. Genome Res. 2001;11(5):863-874.
- 9. Ng PC, Henikoff S. Accounting for human polymorphisms predicted to affect protein function. Genome Res. 2002;12(3):436-446.
- 10. Ng PC, Henikoff S. SIFT: Predicting amino acid changes that affect protein function. Nucleic Acids Res. 2003;31(13):3812-3814.
- 11. Schwarz JM, Cooper DN, Schuelke M, Seelow D. MutationTaster2: mutation prediction for the deep-sequencing age. Nat Methods. 2014;11(4):361-362.
- 12. van den Heuvel-Eibrink MM, Bredius RG, te Winkel ML, et al. Childhood paroxysmal nocturnal haemoglobinuria (PNH), a report of 11 cases in the Netherlands. Br J Haematol. 2005;128(4):571-577.