

The role of ZAP70 kinase in acute lymphoblastic leukemia infiltration into the central nervous system

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Supplementary Figure and Table Legends

Supplementary Figure 1: *In vivo* effects of Zap-70 downregulation. A: Percentage of blasts in BM in 697, REH and JURKAT cells with and without knockdown of Zap-70 (unpaired t-test, two-sided p-value, n. s. = not significant). B: Survival of xenografts bearing 697-shGFP and -shZap-70 cells (Kaplan-Meier log rank test). C: Survival of xenografts bearing JURKAT-shGFP and -shZap-70 cells (Kaplan-Meier log rank test).

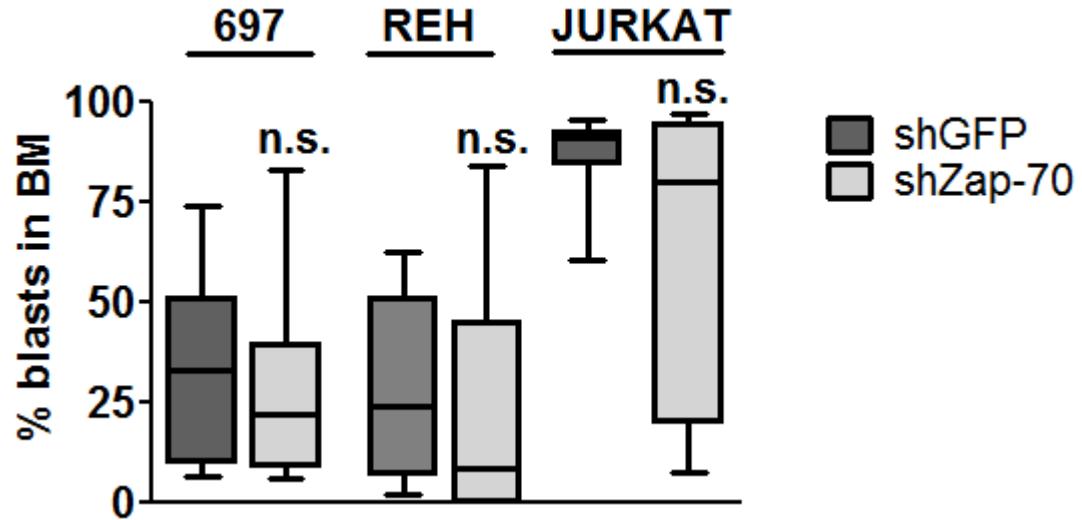
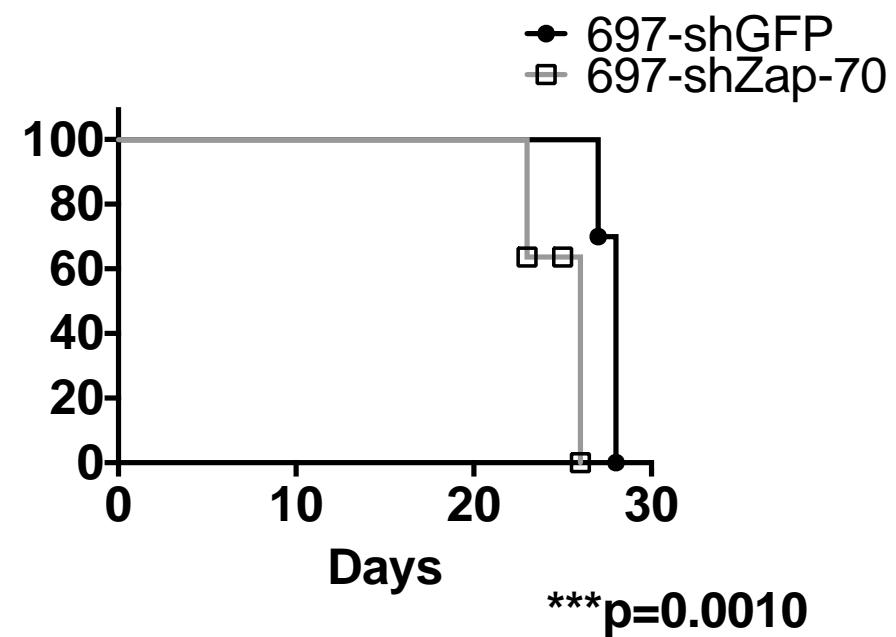
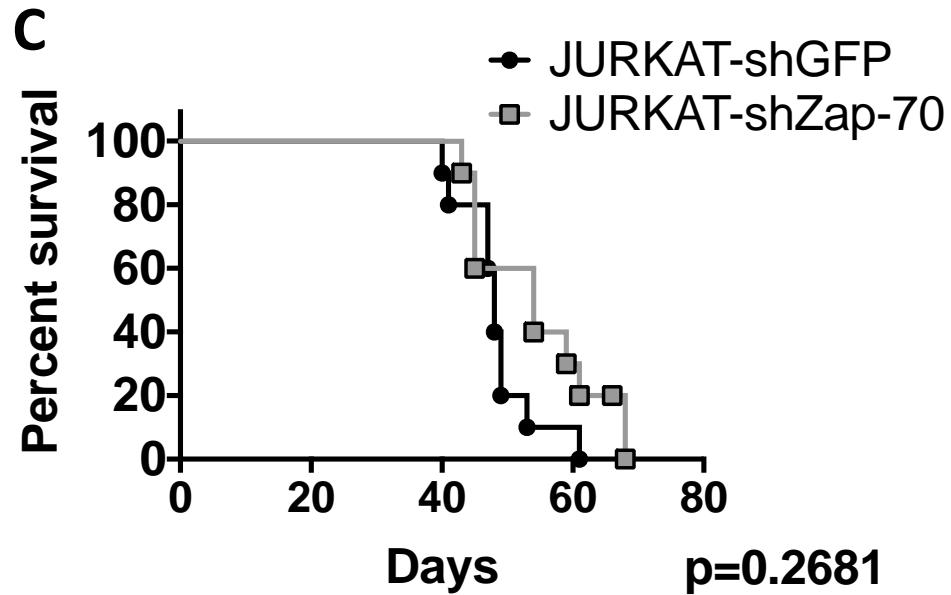
Supplementary Figure 2: CCL19 and CXCL12 induce Erk phosphorylation: A: Primary leukemic blasts from 4 BCP-ALL xenograft spleens were treated with anti-IgM and/or CCL19 as indicated and analyzed for Erk-phosphorylation. B: 697 and JURKAT cells were treated with CCL19 or CXCL12 as indicated and analyzed for Erk-phosphorylation. C: Primary leukemic blasts from 3 BCP-ALL xenograft spleens were treated with CXCL12 or left untreated and analyzed for Erk-phosphorylation. Blots were quantified using densitometry (Image J software). PV = Pervanadate, positive control.

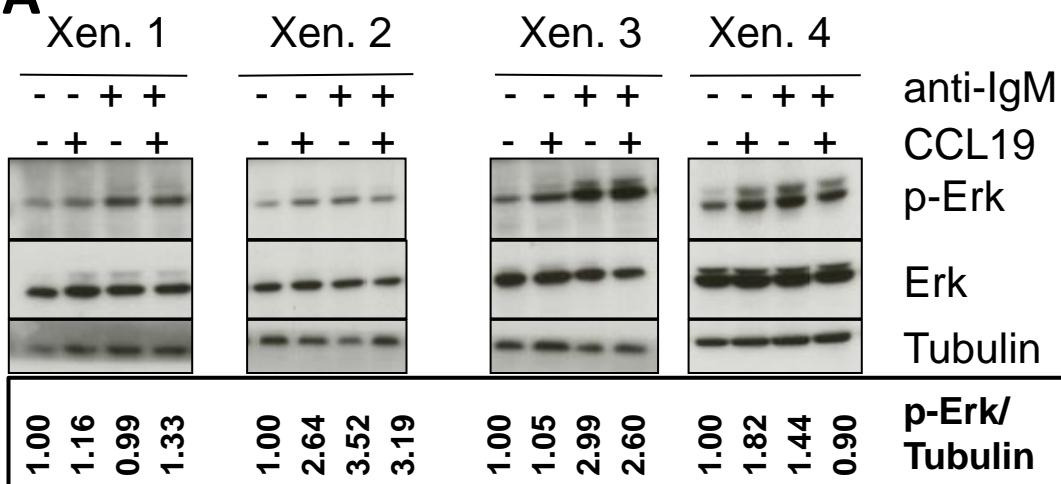
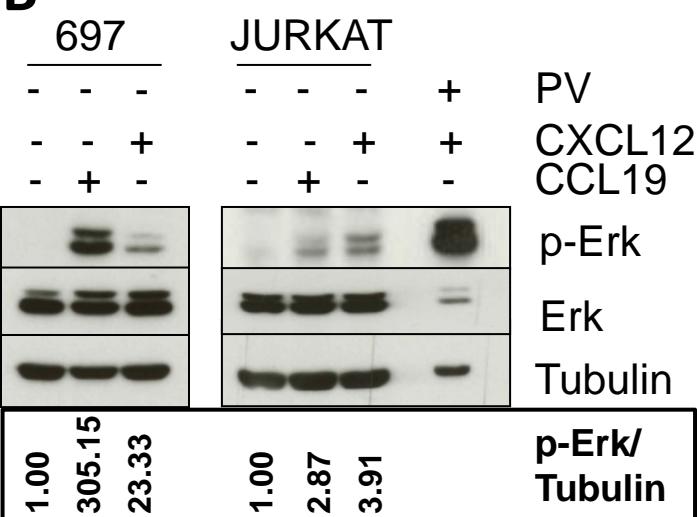
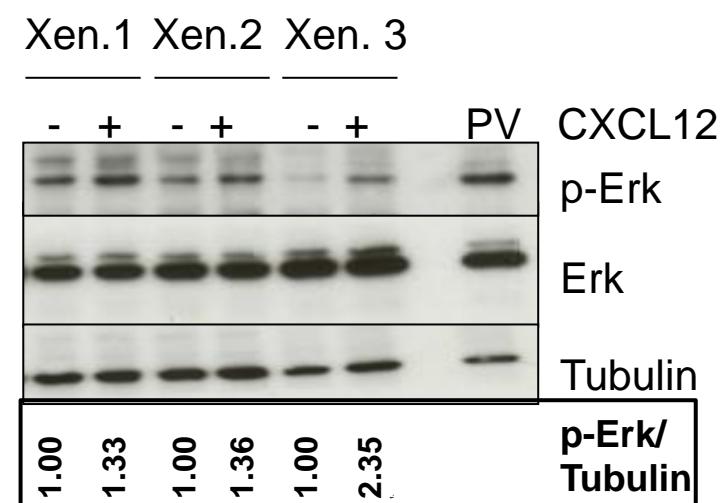
Supplementary Figure 3: Correlation of Zap-70 mRNA and protein expression in 9 xenograft samples (Spearman's rank correlation).

Supplementary Figure 4: Correlation between Zap-70 expression levels in T-ALL patients (A), CCR7 (B) and CXCR4 (C) expression levels in BCP-ALL patients and CNS group (CNS neg./no rel., CNS pos./no rel., CNS neg./rel., CNS pos./rel.). Further definitions are provided in Supplementary Table 2.

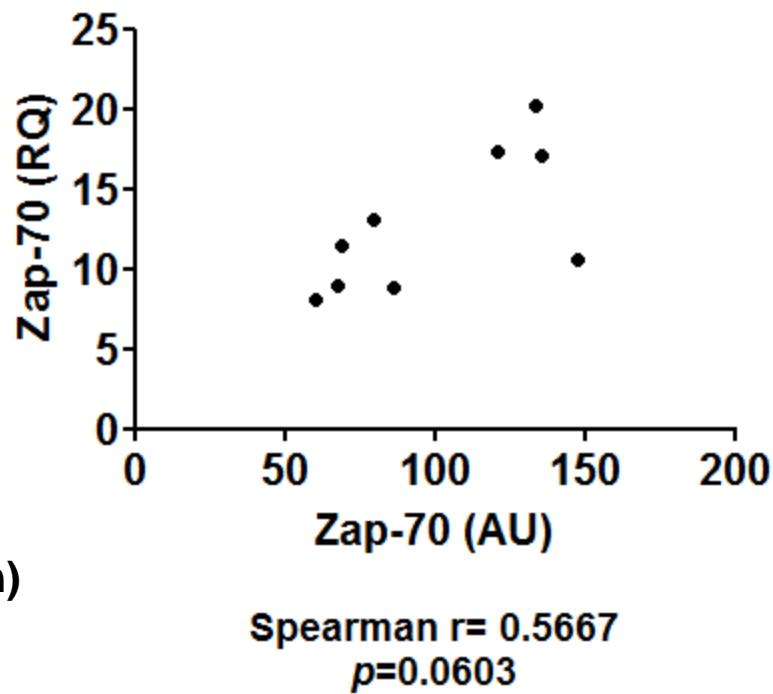
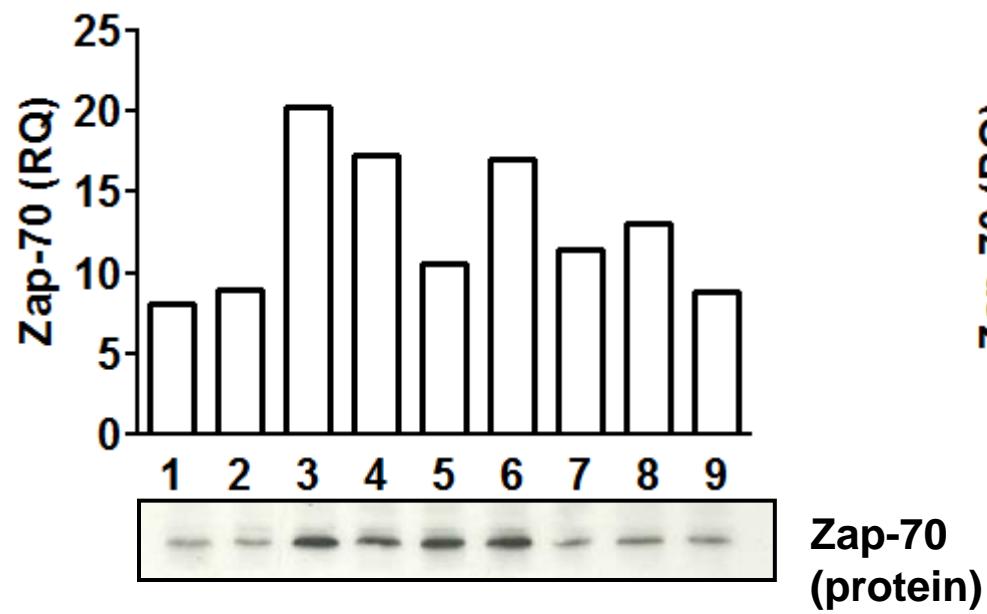
Supplementary Table 1: Basic characteristics of 10 t(1;19) positive BCP-ALL patients injected into NSG mice. Zap-70 mRNA levels are shown in reference to expression levels in 697 cells. Further definitions of patient CNS status are provided in Supplementary Table 2.

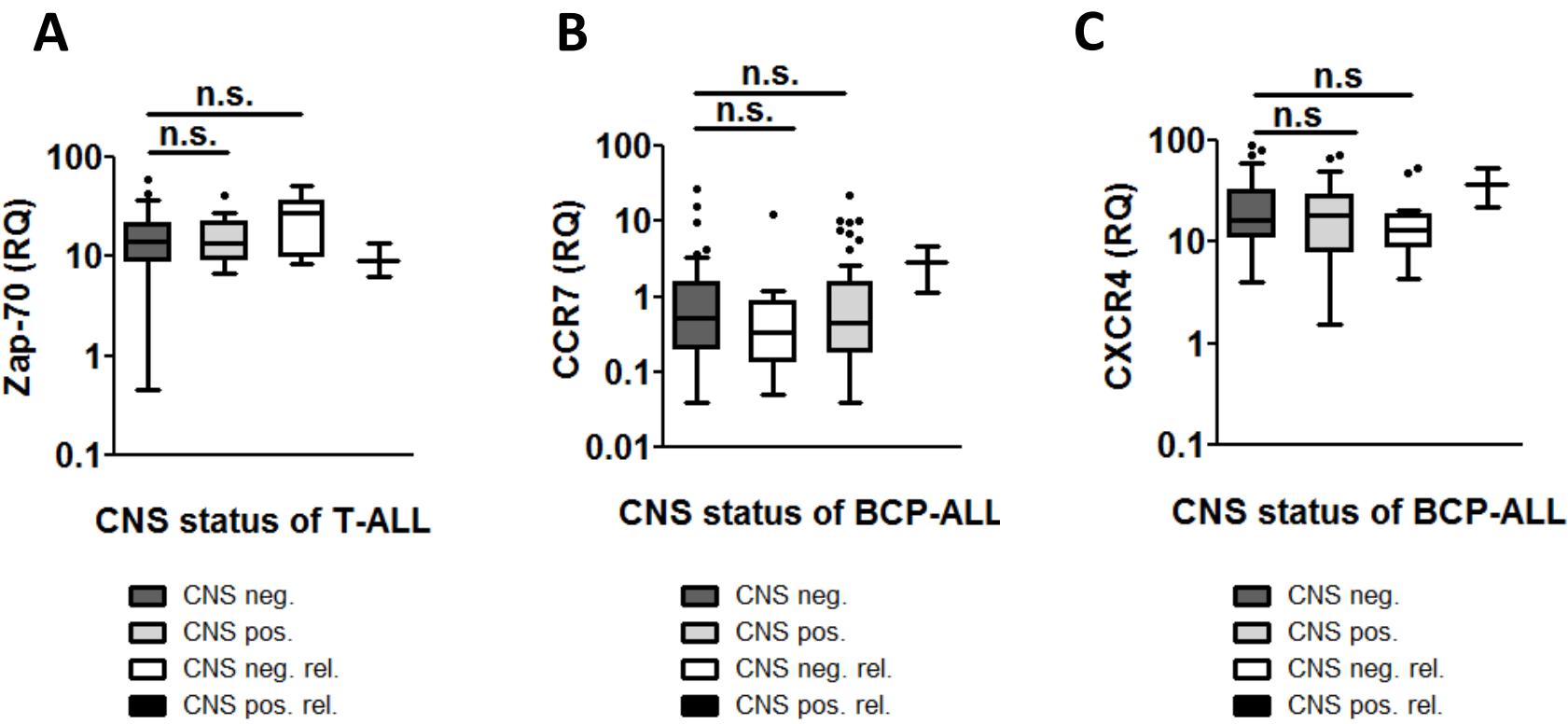
Supplementary Table 2: Characteristics of 130 BCP-ALL and 117 T-ALL pediatric patients at initial diagnosis.

A**B****C**

A**B****C**

Correlation Zap-70(protein)/Zap-70(mRNA)





Supplementary Table 1. Basic characteristics of the 10 t(1;19) positive patients injected into NSG mice to measure CNS infiltration.

Patient	Age (y)	Sex	WBC	Patient CNS ¹	MRD Risk ¹	PR ²	Zap-70 ³	Zap-70 group	Engraftment ⁴	% BM blasts	Survival (days)	Xenograft CNS ⁵
1	4	F	≥100.000	3b	2	g	12.05	Hi	1, 1	80, N/A	71, 79	3,2
2	10.3	M	≥100.000	2a	1	g	10.56	Hi	3, 2	97, 94	103, 79	3,3
3	14.6	M	≥10.000 <50.000	1	1	g	10.03	Hi	1, 2	80, 95	94, 104	3,2
4	4	F	≥100.000	2b	2	g	7.26	Hi	2, 3	95, 86	71, 72	1,1
5	8.3	F	≥10.000 <50.000	2b	1	g	10.7	Hi	68, 46	100, 99	44, 55	1,3
6	12.4	F	≥100.000	3c	3	p	2.31	Lo	1, 1	96, N/A	76, 224	1,1
7	14.5	F	≥10.000 <50.000	1	2	g	2.84	Lo	20, 19	93, 85	49, 49	1,1
8	3.7	M	≥100.000	3b	2	g	6.48	Lo	1, 3	87, 99	71, 72	1,2
9	11.3	M	≥10.000 <50.000	3c	1	g	4.31	Lo	1, 3	91, 100	76, 76	1,1
10	12.8	F	≥10.000 <50.000	1	1	g	4.05	Lo	21, 23	99, 99	45, 44	1,1

¹Definitions of patient CNS status and MRD risk groups are described in Supplementary Table 2.

²PR: Prednisone response; g: good (less than 1000 leukemic blasts/μl blood on treatment day 8); p: poor (more than 1000/μl on day 8)

³Zap-70 mRNA expression levels were normalized to 697 cells

⁴Percentage of blasts in the peripheral blood 6 weeks after the injection

⁵CNS status in xenografted animals as shown in Figure 1F and defined in Materials and Methods

N/A Data not available

WBC: White blood cell count at initial diagnosis

Supplementary Table 2: Characteristics of 130 BCP-ALL and 117 T-ALL patients at initial diagnosis.

	CNS neg./no rel.*		CNS pos./no rel.*		CNS neg./rel.*		CNS pos./rel.*		Statistics [†]	
	No.	%	No.	%	No.	%	No.	%	P ¹	P ²
BCP-ALL	64	100	46	100	18	100	2	100		
Sex									0.5642	0.2823
Male	36	56.3	23	50	13	72.2	1	50.0		
Female	28	43.7	23	50	5	27.8	1	50.0		
Age, years									0.8263	0.9999
< 10 years	47	73.4	32	69.6	13	72.2	2	100.0		
≥ 10 years	17	26.4	14	30.4	5	27.8	0	0		
WBC count									0.9773	0.7683
< 10 000/ μ l	14	21.9	9	19.6	5	27.8	0	0		
≥10,000,<50,000/ μ l	26	40.6	18	39.1	5	27.8	0	0		
≥50,000,<100,000/ μ l	10	15.6	7	15.2	3	16.6	0	0		
≥ 100,000	14	21.9	12	26.1	5	27.8	2	100.0		
Risk group[‡]									0.3913	0.0035
SR	25	39.1	13	29.5	2	11.1	0	0		
IR	18	28.1	18	41	13	72.2	0	0		
HR	21	32.8	13	29.5	3	16.7	1	100.0		
Prednisone Response**									0.8108	0.4237
Good	51	81.0	36	78.3	16	94.1	0	0		
Poor	12	19.0	10	21.7	1	5.9	1	100.0		
Cytogenetics									0.8397	0.2200
BCR-ABL	1	1.5	2	4.3	2	11.1	0	0		
TEL-AML1	6	9.4	5	10.9	3	16.7	0	0		
MLL-rearranged	2	3.1	2	4.3	0	0	0	0		
E2A-PBX1	3	4.7	1	2.2	0	0	0	0		
Others/None	52	81.3	36	78.3	13	72.2	2	100		

T-ALL	84	100	24	100	6	100	3	100		
Sex									1.0000	1.0000
Male	61	72.6	17	70.8	5	83.3	2	33.3		
Female	23	27.4	7	29.2	1	16.7	1	66.7		
Age, years									0.1625	0.3935
< 10 years	50	59.5	10	41.7	2	33.3	1	33.3		
≥ 10 years	34	40.5	14	58.3	4	33.7	2	66.7		
WBC count									0.0179	0.4661
< 10 000/ μ l	5	6.0	3	12.5	1	16.7	0	0		
10,000<50,000/ μ l	20	23.8	3	12.5	1	16.7	0	0		
50,000< 100,000/ μ l	16	19.0	0	0	0	0	3	100.0		
≥ 100,000	43	51.2	18	75.0	4	66.6	0	0		
Risk group[‡]									0.8408	0.2831
SR	9	10.7	2	8.3	0	0	0	0		
IR	37	44.0	8	33.3	1	16.7	1	33.3		
HR	38	45.2	14	58.3	5	83.3	2	66.7		
Prednisone Response**									0.3493	0.2127
Good	52	61.9	12	50.0	2	33.3	1	33.3		
Poor	32	38.1	12	50.0	4	66.7	2	66.7		

SR – standard risk, IR – intermediate risk, HR – high risk

WBC – white blood cell count in the peripheral blood at initial diagnosis

RBC – red blood cells

***CNS status is defined as follows:**

CNS neg.:

CNS1: neither clinical nor radiological signs of CNS involvement AND no blasts in the cerebrospinal fluid (CSF) cytopspin.

CNS2: neither clinical nor radiological signs of CNS involvement AND CNS2a: <10 per microliter RBC and no macroscopic blood; ≤ 5 per microliter WBC; positive blasts in cytopspin.

CNS2b: macroscopic blood and/or ≥ 10 per microliter RBC; ≤ 5 per microliter WBC; positive blasts in cytopspin.

CNS2c: macroscopic blood and/or ≥ 10 per microliter RBC; >5 per microliter WBC; positive blasts in cytopsin; negative according to algorithm $(WBC_L/RBC_L)/(WBC_B/RBC_B) >2$.

CNS pos.:

CNS3-CNS3a: <10 per microliter RBC and no macroscopic blood; >5 per microliter WBC; positive blasts in cytopsin.

CNS3b: macroscopic blood and/or ≥ 10 per microliter RBC; >5 per microliter WBC; positive according to algorithm $(WBC_L/RBC_L)/(WBC_B/RBC_B) >2$.

CNS3c: clinical signs of CNS involvement, radiologically detectable cerebral lesion, retinal infiltrations.

CNS neg./rel.: patients CNS neg. at initial diagnosis but with subsequent CNS relapse.

CNS pos./rel.: patients CNS pos. at initial diagnosis but with subsequent CNS relapse.

[†]Fisher's exact test, 2-sided p-value; For "Cytogenetics", a Chi-squared test was performed, 2-sided p-value; P¹: Comparison between CNS pos./no rel. and CNS neg./no rel., P²: Comparison between CNS neg./rel. and CNS neg./no rel.

[‡]Risk stratification according to minimal residual disease (MRD) risk groups: MRD-SR: TP1+2 negative, MRD-IR: TP1 and/or TP2 $<10^{-3}$, MRD-HR: TP2 $\geq 10^{-3}$. In the BCP-ALL cohort, the MRD risk group was missing for 2 patients in the CNS pos./no rel. group and in 1 patient in the CNS pos./rel. group. Prednisone poor responders were stratified into the HR treatment group.

**Prednisone response was missing for 3 patients in the BCP-ALL cohort: 1 in the CNS neg./no rel., 1 in the CNS neg./rel. and 1 in the CNS pos./rel. groups.