

## Relevance of ID3-TCF3-CCND3 pathway mutations in pediatric aggressive B-cell lymphoma treated according to the non-Hodgkin Lymphoma Berlin-Frankfurt-Münster protocols

Marius Rohde,<sup>1</sup> Bettina R. Bonn,<sup>1</sup> Martin Zimmermann,<sup>1</sup> Jonas Lange,<sup>2,3</sup>  
Anja Möricke,<sup>4</sup> Wolfram Klapper,<sup>5</sup> Ilske Oschlies,<sup>5</sup> Monika Szczepanowski,<sup>5</sup> Inga Nagel,<sup>6</sup> Martin Schrappe,<sup>4</sup> MMML-MYC-SYS Project,<sup>7</sup> ICGC MMML-Seq Project,<sup>6,8</sup> Markus Loeffler,<sup>7</sup> Reiner Siebert,<sup>6,8</sup> Alfred Reiter<sup>1</sup> and Birgit Burkhardt<sup>2</sup>

<sup>1</sup>Department of Pediatric Hematology and Oncology, Justus-Liebig-University Giessen; <sup>2</sup>Pediatric Hematology and Oncology, University Hospital Münster; <sup>3</sup>Translational Oncology, Department of Medicine A, University Hospital Münster; Cluster of Excellence EXC 1003, Cells in Motion, Münster; <sup>4</sup>Pediatric Hematology and Oncology, University Medical Center Schleswig-Holstein, Campus Kiel; <sup>5</sup>Department of Pathology, Hematopathology Section and Lymph Node Registry, University Hospital Schleswig-Holstein, Campus Kiel/Christian-Albrecht University, Kiel; <sup>6</sup>Institute of Human Genetics, Christian-Albrechts-University Kiel & University Hospital Schleswig-Holstein, Campus Kiel; <sup>7</sup>Institute for Medical Informatics Statistics and Epidemiology, University Leipzig and <sup>8</sup>Institute of Human Genetics, University of Ulm and University Medical Center Ulm, Germany

©2017 Ferrata Storti Foundation. This is an open-access paper. doi:10.3324/haematol.2016.156885

Received: September 27, 2016.

Accepted: February 7, 2017.

Pre-published: February 16, 2017.

Correspondence: birgit.burkhardt@ukmuenster.de

---

## **Relevance of *ID3-TCF3-CCND3* pathway mutations in pediatric aggressive B-cell lymphoma treated according to the NHL-BFM protocols**

### A) Supplemental Lists

List of the members of the MMML-MYC-SYS project

List of the members of the ICGC MMML-Seq project

### B) Supplemental Methods

### C) Supplemental Figures

Supplemental Figure 1: *TCF3* plot with annotated mutations of the study cohort

Supplemental Figure 2: *CCND3* plot with annotated mutations of the study cohort

### D) Supplemental Tables

Supplemental Table 1: Frequency of *ID3* mutations and proportion of pediatric patients with Burkitt lymphoma in previously published studies.

Supplemental Table 2: *ID3*, *TCF3* and *CCND3* sequencing results on 84 B-NHL patients from the study cohort, 10 B-NHL patients from the extended cohort and 96 pB-ALL cases

Supplemental Table 3: Clinical characteristics of 61 patients with reference diagnosis "BL/B-AL" and positive *MYC* rearrangement regarding *ID3*, *TCF3* and *CCND3* mutation status

## **A) Supplemental Lists**

### **List of the members of the MMML-MYC-SYS project:**

*Modeling genetic evolution (AP1):* Sietse Aukema<sup>1</sup>, Arndt Borkhardt<sup>2</sup>, Birgit Burkhardt<sup>3</sup>, Nina Habermann<sup>4</sup>, Jessica Hoell<sup>2</sup>, Jan Korbel<sup>4</sup>, Jonas Lange<sup>3</sup>, Inga Nagel<sup>1</sup>, Reiner Siebert<sup>1,5</sup>, Stefanie Sungalee<sup>4</sup>

*Analysis of MYC-activation profiles (AP2):* Michael Altenbuchinger<sup>6</sup>, Katja Dettmer-Wilde<sup>6</sup>, Lora Dimitrova<sup>7</sup>, Julia Engelmann<sup>6</sup>, Maren Feist<sup>8</sup>, Wolfram Gronwald<sup>6</sup>, Michael Hummel<sup>7</sup>, Karsten Kleo<sup>7</sup>, Dieter Kube<sup>8</sup>, Peter Oefner<sup>6</sup>, Phillip Schwarzfischer<sup>6</sup>, Reiner Spang<sup>6</sup>, Franziska Taruttis<sup>6</sup>

*Tumour profiling (AP3):* Arndt Borkhardt<sup>2</sup>, Birgit Burkhardt<sup>3</sup>, Jessica Hoell<sup>2</sup>, Wolfram Klapper<sup>9</sup>, Jonas Lange<sup>3</sup>, Monika Szczepanowski<sup>9</sup>, Lorenz Trümper<sup>8</sup>

*Multiscale tumour model (AP4):* Hans Binder<sup>10</sup>, Matthias Horn<sup>11</sup>, Markus Kreuz<sup>11</sup>, Markus Loeffler<sup>11</sup>, Henry Löffler-Wirth<sup>10</sup>

*Coordination (AP5):* Markus Loeffler<sup>11</sup>

<sup>1</sup>Institute of Human Genetics, University Hospital Schleswig-Holstein Campus Kiel/ Christian-Albrechts University Kiel, Kiel, Germany;

<sup>2</sup>Department of Pediatric Oncology, Hematology and Clinical Immunology, Heinrich-Heine-University, Düsseldorf, Germany;

<sup>3</sup>Department of Pediatric Hematology and Oncology, University Hospital Münster, Münster, Germany;

<sup>4</sup>EMBL Heidelberg, Genome Biology, Heidelberg, Germany;

<sup>5</sup>Institute of Human Genetics, University Hospital Ulm, Ulm, Germany;

<sup>6</sup>Institute of Functional Genomics, University of Regensburg, Regensburg, Germany;

<sup>7</sup>Institute of Pathology, Charité – University Medicine Berlin, Berlin, Germany;

<sup>8</sup>Department of Hematology and Oncology, Georg-August-University of Göttingen, Göttingen, Germany;

<sup>9</sup>Hematopathology Section, University Hospital Schleswig-Holstein Campus Kiel/ Christian-Albrechts University Kiel, Kiel, Germany;

<sup>10</sup>Interdisciplinary Center for Bioinformatics, University of Leipzig, Leipzig, Germany;

<sup>11</sup>Institute for Medical Informatics Statistics and Epidemiology, Leipzig, Germany

**List of the members of the ICGC MMML-Seq project:**

*Coordination (C1):* Gesine Richter<sup>1</sup>, Reiner Siebert<sup>1</sup>, Susanne Wagner<sup>1</sup>, Andrea Haake<sup>1</sup>, Julia Richter<sup>1</sup>

*Data Center (C2):* Roland Eils<sup>2,3</sup>, Chris Lawrenz<sup>2</sup>, Sylwester Radomski<sup>2</sup>, Ingrid Scholz<sup>2</sup>

*Clinical Centers (WP1):* Anke Bergmann<sup>1</sup>, Christoph Borst<sup>4</sup>, Birgit Burkhardt<sup>5,6</sup>, Alexander Claviez<sup>7</sup>, Martin

Dreyling<sup>8</sup>, Sonja Eberth<sup>9</sup>, Hermann Einsele<sup>10</sup>, Norbert Frickhofen<sup>11</sup>, Siegfried Haas<sup>4</sup>, Martin-Leo Hansmann<sup>12</sup>, Dennis Karsch<sup>13</sup>, Michael Kneba<sup>13</sup>, Jasmin Lisfeld<sup>6</sup>, Luisa Mantovani-Löffler<sup>14</sup>, Marius Rohde<sup>5</sup>, Christina Stadler<sup>9</sup>, Peter Staib<sup>15</sup>, Stephan Stilgenbauer<sup>16</sup>, German Ott<sup>17</sup>, Lorenz Trümper<sup>9</sup>, Thorsen Zenz<sup>35</sup>

*Normal Cells (WPN):* Martin-Leo Hansmann<sup>12</sup>, Dieter Kube<sup>9</sup>, Ralf Küppers<sup>18</sup>, Marc Weniger<sup>18</sup>

*Pathology and Analyte Preparation (WP2-3):* Michael Hummel<sup>19</sup>, Wolfram

Klapper<sup>20</sup>, Ulrike Kostezka<sup>21</sup>, Dido Lenze<sup>19</sup>, Peter Möller<sup>22</sup>, Andreas Rosenwald<sup>23</sup>, Monika Szczepanowski<sup>20</sup>

*Sequencing and genomics (WP4-7):* Ole Ammerpohl<sup>1</sup>, Sietse Aukema<sup>1</sup>, Vera Binder<sup>24</sup>, Arndt Borkhardt<sup>24</sup>, Andrea Haake<sup>1</sup>, Kebria Hezaveh<sup>24</sup>, Jessica Hoell<sup>24</sup>, Ellen Leich<sup>23</sup>, Peter Lichter<sup>2</sup>, Christina Lopez<sup>1</sup>, Inga Nagel<sup>1</sup>, Jordan Pischimariov<sup>23</sup>, Bernhard Radlwimmer<sup>2</sup>, Julia Richter<sup>1</sup>, Philip Rosenstiel<sup>25</sup>, Andreas Rosenwald<sup>23</sup>, Markus Schilhabel<sup>25</sup>, Stefan Schreiber<sup>26</sup>, Inga Vater<sup>1</sup>, Rabea Wagner<sup>1</sup>, Reiner Siebert<sup>1</sup>

*Bioinformatics (WP8-9):* Stephan H. Bernhart<sup>27-29</sup>, Hans Binder<sup>28</sup>, Benedikt Brors<sup>2</sup>, Gero Doose<sup>27-29</sup>, Jürgen Eils<sup>2</sup>, Roland Eils<sup>2,3</sup>, Steve Hoffmann<sup>27-29</sup>, Lydia Hopp<sup>28</sup>, Helene Kretzmer<sup>27-29</sup>, Markus Kreuz<sup>30</sup>, Jan Korbel<sup>31</sup>, David Langenberger<sup>27-29</sup>, Markus Loeffler<sup>30</sup>, Sylwester Radomski<sup>2</sup>, Maciej Rosolowski<sup>30</sup>, Matthias Schlesner<sup>2</sup>, Peter F. Stadler<sup>27-29,32-34</sup>, Stefanie Sungalee<sup>31</sup>

<sup>1</sup>Institute of Human Genetics, University Hospital Schleswig-Holstein Campus Kiel/ Christian-Albrechts University Kiel, Kiel, Germany;

<sup>2</sup>German Cancer Research Center (DKFZ), Division Theoretical Bioinformatics, Heidelberg, Germany;

<sup>3</sup>Department for Bioinformatics and Functional Genomics, Institute for Pharmacy and Molecular Biotechnology and Bioquant, University of Heidelberg, Heidelberg, Germany;

<sup>4</sup>Friedrich-Ebert Hospital Neumünster, Clinics for Hematology, Oncology and Nephrology, Neumünster, Germany;

<sup>5</sup>Department of Pediatric Hematology and Oncology, University Hospital Münster, Münster, Germany;

<sup>6</sup>Department of Pediatric Hematology and Oncology University Hospital Giessen, Giessen, Germany;

<sup>7</sup>Department of Pediatrics, University Hospital Schleswig-Holstein, Campus Kiel, Germany;

<sup>8</sup>Department of Medicine III - Campus Grosshadern, University Hospital Munich, Munich, Germany;

<sup>9</sup>Department of Hematology and Oncology, Georg-August-University of Göttingen, Göttingen, Germany;

<sup>10</sup>University Hospital Würzburg, Department of Medicine and Poliklinik II, University of Würzburg, Würzburg, Germany;

<sup>11</sup>Department of Medicine III, Hematology and Oncology, Dr. Horst-Schmidt-Kliniken of Wiesbaden, Wiesbaden, Germany;

<sup>12</sup>Senckenberg Institute of Pathology, University of Frankfurt Medical School, Frankfurt am Main, Germany;

<sup>13</sup>Department of Internal Medicine II: Hematology and Oncology, University Medical Centre, Campus Kiel, Kiel,

Germany;

<sup>14</sup>Hospital of Internal Medicine II, Hematology and Oncology, St-Georg Hospital Leipzig, Leipzig, Germany;

<sup>15</sup>University Hospital Aachen, St.-Antonius Hospital, Department of Oncology, Hematology and stem cell transplantation, University of Aachen, Aachen, Germany;

<sup>16</sup>Department of Internal Medicine III, University of Ulm, Ulm, Germany;

<sup>17</sup>Robert-Bosch Hospital Stuttgart, Department of Pathology, Stuttgart, Germany;

<sup>18</sup>Institute of Cell Biology (Cancer Research), University of Duisburg-Essen, Essen, Germany;

<sup>19</sup>Institute of Pathology, Charité – University Medicine Berlin, Berlin, Germany;

<sup>20</sup>Hematopathology Section, University Hospital Schleswig-Holstein Campus Kiel/ Christian-Albrechts University Kiel, Kiel, Germany;

<sup>21</sup>Comprehensive Cancer Center Ulm (CCCU), University Hospital Ulm, Ulm, Germany;

<sup>22</sup>Institute of Pathology, Medical Faculty of the Ulm University, Ulm, Germany;

<sup>23</sup>Institute of Pathology, University of Würzburg, Würzburg, Germany;

<sup>24</sup>Department of Pediatric Oncology, Hematology and Clinical Immunology, Heinrich-Heine-University, Düsseldorf, Germany;

<sup>25</sup>Institute of Clinical Molecular Biology, University Hospital Schleswig-Holstein Campus Kiel/ Christian-Albrechts University Kiel, Kiel, Germany;

<sup>26</sup>Department of General Internal Medicine, University Hospital Schleswig-Holstein Campus Kiel/ Christian-Albrechts University Kiel, Kiel, Germany;

<sup>27</sup>Transcriptome Bioinformatics Group, LIFE Research Center for Civilization Diseases, Leipzig, Germany;

<sup>28</sup>Interdisciplinary Center for Bioinformatics, University of Leipzig, Leipzig, Germany;

<sup>29</sup>Bioinformatics Group, Department of Computer, University of Leipzig, Leipzig, Germany

<sup>30</sup>Institute for Medical Informatics Statistics and Epidemiology, Leipzig, Germany;

<sup>31</sup>EMBL Heidelberg, Genome Biology, Heidelberg, Germany;

<sup>32</sup>RNomics Group, Fraunhofer Institute for Cell Therapy and Immunology IZI, Leipzig, Germany

<sup>33</sup>Santa Fe Institute, Santa Fe, New Mexico, United States of America

<sup>34</sup>Max-Planck-Institute for Mathematics in Sciences, Leipzig, Germany

<sup>35</sup>Department of Medicine V, University of Heidelberg, Heidelberg, Germany

**B) Supplemental Methods**

*Patient samples from pB-ALL cases.* Tumor DNA samples from 96 pediatric patients diagnosed with precursor B-cell acute lymphoblastic leukemia (pB-ALL) were kindly provided by the ALL-BFM study center, University of Kiel, Germany. All patients have previously been diagnosed between 2000 and 2006 and were diagnosed and treated according to the ALL-BFM 2000 protocol. Tumor cell content of tumor samples was previously checked to be at least 60%.

*Characteristics of pB-ALL patient cohort*

Characteristics		ALL patients (n=96)	
Gender	male	59	61%
	female	38	39%
Age (years)	min, max	1, 17	
	median	4	
	mean	5,9	
Leukocyte count (per microliter)	min, max	1500, 284000	
	median	13600	
	mean	27243	
CNS involvement	yes	1	1%
Immunophenotype	pro-B	3	3%
	common	62	65%
	pre-B	31	32%
Risk group	standard	33	34%
	middle	52	54%
	high	11	11%

*Tumor DNA isolation in B-NHL cases.* Tumor cell DNA was extracted using the High Pure PCR Template Preparation Kit (Roche, Mannheim, Germany). Tumor cell content of tumor samples was previously checked to be at least 60%.

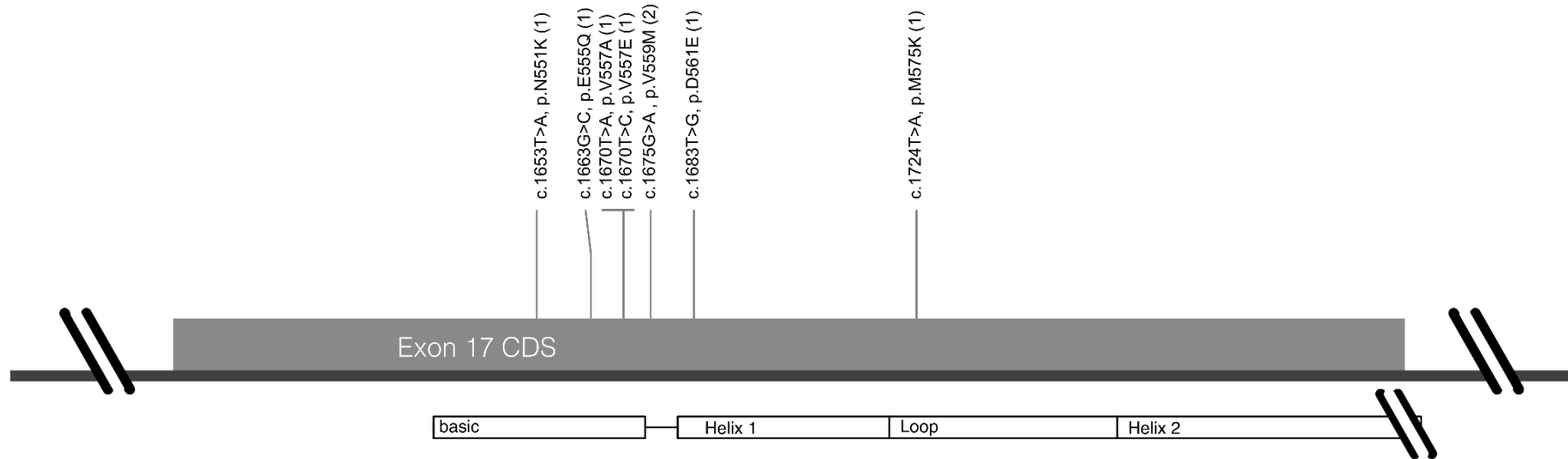
*Primer Pairs*

Gene	Accession number	Forward primer	Reverse primer	as published in
<i>ID3</i>	NM_002167.4	5'-TCCAGGCAGGCTCTATAAGTG-3'	5'-CCGAGTGAGTGGCAATTTTT-3'	Richter et al.
<i>TCF3</i> , exon 17	NM_001136139.2	5'-TGCTGTGCCACCAATGTAAGCCATG-3'	5'-GTGGAGGCTTGTAAGAAGAGAGTGG-3'	Schmitz et al.
<i>CCND3</i> , coding region exon 5	NM_001760.3	5'-CCATGTGTTGGGAGCTGTC-3'	5'-CTGGAGGCAGGGAGGTG-3'	Richter et al.

*PCR amplification.* PCR was amplified using OneTaq Polymerase 2x MM with Standard Buffer (New England BioLabs, Frankfurt am Main, Germany).

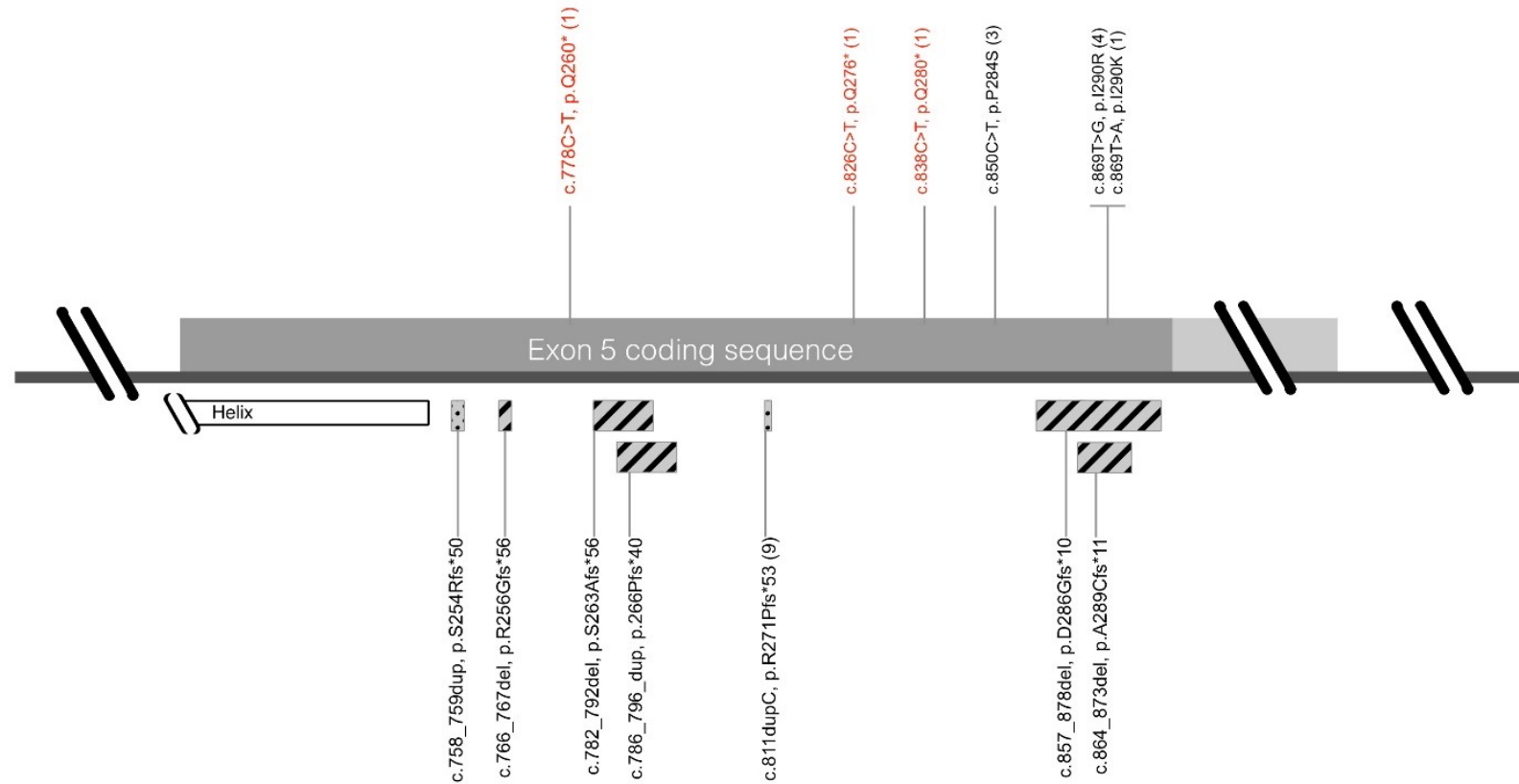
*Sanger sequencing.* PCR products were subjected to Sanger sequencing using the same primers and the ABI BigDye® Terminator v3.1 Cycle Sequencing Kit. Sequence analysis was performed using an ABI 3130XL sequencer.

*Data analysis and interpretation.* Cases presenting with mutations were confirmed within a repetition experiment. Variants and mutations were described using the reference sequence of the corresponding coding DNA available from NCBI database. Previously published short nuclear polymorphisms were annotated and excluded from analysis using dbSNP (NCBI dbSNP database, Build ID: 137). Change on protein level was determined by using a RNA codon table, amino-acid changes were annotated according to the reference accession numbers: *ID3*, NP\_002158; *TCF3*, NP\_001129611; *CCND3*, NP\_001751.1.

**C) Supplemental Figures**

**Supplemental Figure 1. *TCF3* (E47) plot with annotated mutations of the study cohort.** The coding region of *TCF3* exon 17 is illustrated. Each substitution is labeled with correspondent description on genomic and protein level, as well as the absolute frequency of occurrence in brackets. The functional basic-Helix-Loop-Helix domain is mapped according to the description of the functional sites in UniProt (P15923-2).





**Supplemental Figure 2. CCND3 plot with annotated mutations of the study cohort.** The coding region of *CCND3* exon 5 is illustrated, with substitutions on the upper and more complex alterations (insertions, deletions, indels, duplications) on the lower site. Substitutions resulting in a nonsense mutation are depicted in red. Hatched bars delineate deletions and indels, dotted bars characterize insertions and duplications. Each mutation is labeled with correspondent description on genomic and protein level, as well as the absolute frequency of occurrence in brackets. A part of a functional helix domain is mapped according to the description of the functional sites in UniProt (P30281).

**D) Supplemental Tables****Supplemental Table 1: Frequency of *ID3* mutations and proportion of pediatric patients with Burkitt lymphoma in previously published studies.**

Publication	Frequency of <i>ID3</i> mutations in BL cohort	Number of patients with the diagnosis BL	Number of pediatric (<18y) patients in the studied cohort
Love et al. <sup>1</sup>	35%	51*	13 <sup>†</sup> (25%)
Schmitz et al. <sup>2</sup>	58%	78	29 <sup>‡</sup> (37%)
Richter et al. <sup>3</sup>	68%	53 <sup>§</sup>	36 (68%)
Havelange et al. <sup>4</sup>	65%	24	13 (54%)
Forero-Castro et al. <sup>5</sup>	47%	40	0 (0%)
<i>Current study</i>	78%	64	64 (100%)

Data as given in the publication or derived from appendix data.

\*Cell lines not counted, diagnosis “*MYC*-rearrangement positive BL”.

<sup>†</sup>Age not available for 24 cases.

<sup>‡</sup>Calculated from given relative value.

<sup>§</sup> Diagnosis “molecular BL”.

**Supplemental Table 2. *ID3*, *TCF3* and *CCND3* sequencing results on 84 B-NHL patients from the study cohort, 10 B-NHL patients from the extended cohort and 96 pB-ALL cases.**

case	diagnosis	MYC rearr.	DNA origin	c.ID3 <sup>1</sup>	p.ID3 <sup>2</sup>	c.TCF3 <sup>3</sup>	p.TCF3 <sup>4</sup>	c.CCND3 <sup>5</sup>	p.CCND3 <sup>6</sup>
1	BL	yes	ascites	c.[198_199insCTAAG];[c.194G>A]	p.[V67fs*16];[S65N]	wt	wt	c.[850C>T]	p.[P284S]
2	BL	yes	tissue	wt	wt	c.[1724T>A]	p.[M575K]	c.[811dupC]	p.[R271Pfs*53]
3	BL	yes	tissue	wt	wt	wt	wt	wt	wt
4	BL	yes	tissue	wt	wt	wt	wt	wt	wt
5	BL	yes	tissue	c.[141C>A(;):144C>T(;):166C>T]	p.[C47*(;):P56S]	wt	wt	c.[758_759dupAG]	p.[S254Rfs*50]
6	DLBCL	N/A	tissue	wt	wt	wt	wt	wt	wt
7	B-AL	yes	tissue	c.[241C>T]	p.[Q81*]	wt	wt	c.[869T>G]	p.[I290R]
8	BL	yes	tissue	c.[144C>G;243G>C];[236_243delACCTGCAG]	p.[Y48*;Q81H];[D79GfsSPGRASPWTP*]	wt	wt	wt	wt
9	BL	yes	tissue	c.[180_190delAGGCACTCAGC]	p.[R60Sfs*]	wt	wt	c.[811dupC]	p.[R271Pfs*53]
10	BL	yes	pleura	c.[153_164delGCGGGAAGTGGT];[256_266delGAGCCAGCCCC]	p.[R52_V55del];[E86WfsTP*]	wt	wt	wt	wt
11	BL	yes	ascites	c.[144C>G];[300+1G>C]	p.[Y48*];[splice site]	wt	wt	wt	wt
12	BL	yes	tissue	c.[236_247delACCTGCAGGTAG]	p.[L80PfsGRASPWTP*]	c.[1675G>A]	p.[V559M]	c.[857_878delATGTCACAGCCATACACCTGTA]	p.[D286GfsPGEALWSGH*]
13	BL	yes	ascites	c.[142T>A]	p.[Y48N]	wt	wt	wt	wt
14	B-AL	yes	bm	c.[241C>T]	p.[Q81*]	wt	wt	c.[778C>T]	p.[Q260*]
15	BL	yes	tissue	c.[120delG(;):166C>T]	p.[L40FfsWTT*(;):P56S]	wt	wt	wt	wt
16	B-AL	yes	tissue	c.[211C>T(;):241C>T]	p.[Q71*(;):Q81*]	wt	wt	wt	wt
17	DLBCL	no	tissue	wt	wt	wt	wt	wt	wt
18	DLBCL	N/A	tissue	wt	wt	wt	wt	wt	wt
19	B-NFC	yes	tissue	wt	wt	wt	wt	c.[786_796dup]	p.[A266Pfs*40]
20	BL	yes	tissue	wt	wt	wt	wt	wt	wt
21	DLBCL	no	tissue	wt	wt	wt	wt	wt	wt
22	BL	yes	tissue	wt	wt	wt	wt	wt	wt
23	BL	yes	tissue	c.[236_251delinsC];[300+1G>C]	p.[D79Gfs*?];[splice site]	c.[1663G>C]	p.[E555Q]	wt	wt
24	BL	yes	tissue	c.[190C>T]	p.[L64F]	wt	wt	c.[811dupC]	p.[R271Pfs*53]
25	BL	yes	tissue	c.[143A>G]	p.[Y48C]	wt	wt	wt	wt
26	BL	yes	tissue	c.[189delG]	p.[Q63HfsLARWKSYSASSTTFSTCR*]	wt	wt	wt	wt
27	B-NFC	yes	tissue	c.[152T>C(;):228C>G]	p.[L51P(;):Y76*]	wt	wt	wt	wt
28	DLBCL	no	tissue	wt	wt	wt	wt	wt	wt

case	diagnosis	MYC rearr.	DNA origin	c.ID3 <sup>1</sup>	p.ID3 <sup>2</sup>	c.TCF3 <sup>3</sup>	p.TCF3 <sup>4</sup>	c.CCND3 <sup>5</sup>	p.CCND3 <sup>6</sup>
29	BL	no	tissue	wt	wt	wt	wt	wt	wt
30	B-NFC	yes	tissue	wt	wt	wt	wt	wt	wt
31	DLBCL	yes	ascites	c.[166C>T(;)211C>T]	p.[P56S(;)Q71*]	wt	wt	c.[811dupC]	p.[R271Pfs*53]
32	BL	yes	tissue	c.[190C>T]	p.[L64F]	c.[1653T>A]	p.[N551K]	wt	wt
33	BL	yes	tissue	c.[190C>T]	p.[L64F]	c.[1675G>A]	p.[V559M]	c.[766_767delAG]	p.[R256Gfs*56]
34	BL	yes	tissue	wt	wt	wt	wt	wt	wt
35	BL	yes	tissue	c.[167C>T];[181_209delGGCACTCAGC TTAGCCAGGTGAAATCCT]	p.[P56L];[G61WfsKSYSASSTTFSTCR*]	wt	wt	wt	wt
36	BL	yes	pleura	c.[167C>T(;)190C>T]	p.[P56L(;)L64F]	wt	wt	wt	wt
37	BL	yes	tissue	c.[166_167delinsTT]	p.[P56F]	wt	wt	wt	wt
38	BL	yes	tissue	wt	wt	wt	wt	c.[869T>G]	p.[I290R]
39	BL	yes	pleura	c.[191_195delTTAGC]	p.[L64PfsGGNPTARHRLHSRPA GSPGRASPWTP*]	wt	wt	wt	wt
40	B-AL	yes	bm	c.[300+1G>T]	p.[splice site]	wt	wt	c.[782_792delCC AGCTCCAGC]	p.[S263Afs*56]
41	DLBCL	no	tissue	wt	wt	wt	wt	wt	wt
42	B-NFC	no	tissue	wt	wt	wt	wt	wt	wt
43	BL	yes	tissue	c.[27_40delCTGCTACGAGGCGG; 202delG];[202delG];[27_40delCTGCTACGAG GCGG]	p.[C10VfsLPVGTQSGHRPGPREGPGS* ;E68KfsSYSASSTTFSTCR*];[E68KfsSY SASSTTFSTCR*];[C10VfsLPVGTQSGH RPGPREGPGS*]	wt	wt	c.[811dupC]	p.[R271Pfs*53]
44	B-AL	yes	bm	c.[137A>C(;)241C>T]	p.[H45P(;)Q81*]	wt	wt	c.[869T>A]	p.[I290K]
45	BL	yes	tissue	c.[190C>T(;)233T>C]	p.[L64F(;)L78P]	wt	wt	wt	wt
46	DLBCL	no	tissue	wt	wt	wt	wt	wt	wt
47	BL	yes	tissue	c.[241C>T]	p.[Q81*]	wt	wt	wt	wt
48	B-AL	yes	bm	c.[181_270del]	p.[G61_G90del]	wt	wt	c.[850C>T]	p.[P284S]
49	BL	yes	tissue	c.[116_delG]	p.[S36Tfs*5]	wt	wt	wt	wt
50	B-AL	yes	tissue	c.[166C>T(;)209T>C]	p.[P56F(;)L70P]	wt	wt	c.[869T>G]	p.[I290R]
51	DLBCL	no	tissue	wt	wt	wt	wt	wt	wt
52	B-AL	yes	bm	wt	wt	c.[1670T>C]	p.[V557A]	wt	wt
53	BL	yes	tissue	c.[134_140dupACCACTG];[209T>C]	p.[C48*];[L70P]	wt	wt	wt	wt
54	BL	yes	pleura	c.[214_243del;(214_243del)]	p.[R72_Q81del;(R72_Q81del)]	wt	wt	c.[811dupC]	p.[R271Pfs*53]
55	BL	yes	tissue	c.[144C>G;(144C>G)]	p.[Y48*;(Y48*)]	wt	wt	c.[811dupC]	p.[R271Pfs*53]

case	diagnosis	MYC rearr.	DNA origin	c.ID3 <sup>1</sup>	p.ID3 <sup>2</sup>	c.TCF3 <sup>3</sup>	p.TCF3 <sup>4</sup>	c.CCND3 <sup>5</sup>	p.CCND3 <sup>6</sup>
56	B-NFC	yes	tissue	c.[137A>C(;):161T>A(;):300+44T>C(;):300+85C>T]	p.[H45P(;):L54Q]	wt	wt	wt	wt
57	BL	N/A	tissue	c.[190C>T(;):230T>A]	p.[L64F(;):I77N]	wt	wt	c.[811dupC]	p.[R271Pfs*53]
58	DLBCL	no	tissue	wt	wt	wt	wt	wt	wt
59	BL	yes	tissue	c.[167C>G]	p.[P56R]	wt	wt	c.[850C>T]	p.[P284S]
60	DLBCL	N/A	tissue	wt	wt	wt	wt	c.[864_873delAG CCATACAC]	p.[A289CfsSPGE ALWSGH*]
61	BL	yes	pleura	c.[141C>A(;):190C>T]	p.[C47*(;):L64F]	wt	wt	wt	wt
62	DLBCL	no	tissue	wt	wt	wt	wt	wt	wt
63	BL	yes	ascites	wt	wt	c.[1683T>G]	p.[D561E]	wt	wt
64	B-AL	yes	bm	c.[167C>G]	p.[P56R]	wt	wt	c.[869T>G]	p.[I290R]
65	BL	yes	tissue	wt	wt	wt	wt	wt	wt
66	B-AL	yes	bm	c.[135C>G(;):166C>T(;):190C>T]	p.[N45K(;):P56S(;):L64F]	c.[1670T>A]	p.[V557E]	wt	wt
67	BL	yes	tissue	c.[142T>G(;):166C>G(;):190C>G]	p.[Y48D(;):P56A(;):L64V]	wt	wt	wt	wt
68	B-NFC	no	pleura	c.[20T>A(;):164T>A]	p.[V7E(;):V55E]	wt	wt	wt	wt
69	BL	yes	tissue	c.[190C>T]	p.[L64F]	wt	wt	wt	wt
70	DLBCL	N/A	tissue	c.[152_174dup(;):209T>G]	p.[P59Cfs*32(;):L70R]	wt	wt	wt	wt
71	BL	yes	ascites	c.[122_140delTTGGACGACATGAACCA CTG_insC;(122_140delTTGGACGACAT GAACCACTG_insC)]	p.[L41Pfs*73;(L41Pfs*73)]	wt	wt	c.[826C>T]	p.[Q276*]
72	BL	yes	ascites	c.[242dupA]	p.[V82Gfs*11]	wt	wt	wt	wt
73	BL	yes	pleura	c.[81delC];[247_248insTCTACAGCGCG TCATCGACTACATTCTCGACCTGCAG GTAG]	p.[R28EfsGRARQLRSR*];[L84Yfs*12]	wt	wt	wt	wt
74	BL	yes	pleura	wt	wt	wt	wt	c.[838C>T]	p.[Q280*]
75	BL	yes	tissue	c.[166C>T]	p.[P56S]	wt	wt	wt	wt
76	B-AL	yes	bm	c.[167_182dupCCGGAGTCCCAGAGAG G]	p.[T62RfsSPERHSA*]	wt	wt	c.[811dupC]	p.[R271Pfs*53]
77	BL	yes	tissue	wt	wt	wt	wt	wt	wt
78	B-AL	yes	bm	c.[189dedelG;193A>T];[190C>T]	p.[Q63HfsFARWKSYSASSTTFSTCR*];[ L64F]	wt	wt	wt	wt
79	B-AL	yes	bm	c.[160C>G(;):164T>C]	p.[L54V(;):V55A]	wt	wt	wt	wt
80	B-NFC	N/A	tissue	c.[160C>G];[165_166insG]	p.[L54V];[P56AfsRSPERHSA*]	wt	wt	wt	wt
81	B-AL	yes	bm	c.[166C>G];[190C>G;206T>C;229A>G]	p.[P56A];[L64V(;):I69T(;):I77V]	wt	wt	wt	wt

case	diagnosis	MYC rearr.	DNA origin	c.ID3 <sup>1</sup>	p.ID3 <sup>2</sup>	c.TCF3 <sup>3</sup>	p.TCF3 <sup>4</sup>	c.CCND3 <sup>5</sup>	p.CCND3 <sup>6</sup>
82	BL	no	tissue	wt	wt	wt	wt	wt	wt
83	BL	yes	tissue	c.[166C>T(;):190C>T]	p.[P56S(;):L64F]	wt	wt	wt	wt
84	BL	yes	tissue	c.[157delG(;):166C>G(;):209T>A]	p.[P56A(;):E53NfsWYPESREALSLARW KSYSASSTTFSTCR*(;):L70Q]	wt	wt	wt	wt
<b>extended cohort (cases 85-94)</b>									
case ID	diag.	MYC rearr.	tumor origin	c.ID3 <sup>1</sup>	p.ID3 <sup>2</sup>	c.TCF3 <sup>3</sup>	p.TCF3 <sup>4</sup>	c.CCND3 <sup>5</sup>	p.CCND3 <sup>6</sup>
85	BL	yes	ascites	c.[190C>T(;):300+1G>A]	p.[L64F(;):splice site]	wt	wt	wt	wt
86	BL	yes	tissue	wt	wt	wt	wt	wt	wt
87	BL	yes	tissue	c.[166C>T(;):202IG]	p.[P56S(;):E68KfsSYSASSTTFSTCR*]	wt	wt	wt	wt
88	B-AL	yes	pleura	wt	wt	wt	wt	wt	wt
89	BL	yes	ascites	c.[167C>G(;):167C>G]]	p.[P56R;(P56R)]	wt	wt	wt	wt
90	BL	yes	tissue	c.[241C>T(;):300G>A(;):310C>T]	p.[Q81*(;):Q100Q(;):L103F]	c.[1675G>A]	p.[V559M]	wt	wt
91	BL	yes	tissue	c.[92_dupG;(92_dupG)]	p.[G31fsPGS*(;):G31fsPGS*]]	wt	wt	c.[856_857dupGA]	p.[D286Efs*18]
92	B-NFC	yes	tissue	c.[122_130ITGGACGACinsA;(122_130IT GGACGACinsA)]	p.[L41Hfs*21;(L41Hfs*21)]	wt	wt	wt	wt
93	B-AL	yes	bm	c.[45C>A(;):202G>T]	p.[C15*(;):E68*]	wt	wt	wt	wt
94	B-AL	yes	tissue	c.[190C>T(;):298C>T]	p.[L64F(;):Q100*]	wt	wt	c.[811dupC]	p.[R271Pfs*53]

BL indicates Burkitt lymphoma; B-AL, Burkitt leukemia; DLBCL, Diffuse large B cell lymphoma; B-NFC, B cell lymphoma with features intermediate between BL and DLBCL; wt, wildtype; bm, bone marrow; MYC rearr.: MYC-rearrangement; and N/A, not available.

<sup>1</sup>Annotated according to NM\_002167.4

<sup>2</sup>Annotated according to NP\_002158

<sup>3</sup>Annotated according to NM\_001136139.2

<sup>4</sup>Annotated according to NP\_001129611

<sup>5</sup>Annotated according to NM\_001760.3

<sup>6</sup>Annotated according to NP\_001751.1

**Supplemental Table 3. Clinical characteristics of 61 patients with reference diagnosis “BL/B-AL” and positive MYC rearrangement regarding *ID3*, *TCF3* and *CCND3* mutation status**

Characteristics		<i>ID3</i> <sup>mutated</sup>		<i>ID3</i> <sup>wt</sup>		<i>P</i>	<i>TCF3</i> <sup>mutated</sup>		<i>TCF3</i> <sup>wt</sup>		<i>P</i>	<i>CCND3</i> <sup>mutated</sup>		<i>CCND3</i> <sup>wt</sup>		<i>P</i>
All		49		12			8		53			22		39		
Gender	male	41	84%	12	100%		6	75%	47	89%		17	77%	36	92%	
	female	8	16%	0	0%	.13	2	25%	6	11%	.29	5	23%	3	8%	.09
Age	< 10 y	30	61%	6	50%		7	88%	29	55%		15	68%	21	54%	
	10-14 y	13	27%	5	42%		1	13%	17	32%		4	18%	14	36%	
	> 14 y	6	12%	1	8%	.58	0	0%	7	13%	.20	3	13%	4	10%	.35
Stage of disease	I	1	2%	1	8%		0	0%	2	4%		0	0%	2	6%	
	II	7	16%	3	25%		4	50%	6	12%		5	23%	5	14%	
	III	23	51%	6	50%		2	25%	27	55%		7	32%	22	63%	
	IV	1	2%	1	8%		0	0%	2	4%		2	9%	0	0%	
	B-AL	13	29%	1	8%	.39	2	25%	12	25%	.11	8	36%	6	17%	.04
BM involvement	yes	13	27%	1	8%	.18	2	25%	12	23%	0.88	8	36%	6	15%	.06
CNS involvement	yes	6	12%	1	8%	.70	1	13%	6	11%	0.92	5	23%	2	5%	.04
LDH	< 500 U/l	15	31%	8	67%		4	50%	19	36%		7	32%	16	41%	
	500-1000 U/l	10	20%	0	0%		2	25%	8	15%		4	18%	6	15%	
	> 1000 U/l	24	49%	4	33%	.04	2	25%	26	49%	.44	11	50%	17	44%	.78
Diagnosis	BL	36	74%	11	92%		6	75%	41	77%		14	64%	33	85%	
	B-AL	13	26%	1	8%	.18	2	25%	12	23%	.88	8	36%	6	15%	.06
Outcome	pEFS (2y)	86 ± 5%		100%		.18 (LR)	88 ± 12%		89 ± 4%		.87 (LR)	82 ± 8%		92 ± 4%		.25 (LR)
	pOS (2y)	88 ± 5%		100%		.21 (LR)	88 ± 12%		91 ± 4%		.74 (LR)	87 ± 7%		92 ± 4%		.50 (LR)

Wt indicates wildtype; y, years; BM, bone marrow; CNS, central nervous system; LDH, lactate dehydrogenase serum level; BL, Burkitt lymphoma; B-AL, Burkitt leukemia; DLBCL, Diffuse large B cell lymphoma; B-NHL nfc; B cell Non-Hodgkin-lymphoma with features intermediate between BL and DLBCL; pEFS, probability of event free survival; pOS, probability of overall survival; and LR, log-rank.

**References**

1. Love C, Sun Z, Jima D, Li G, Zhang J, Miles R, *et al.* The genetic landscape of mutations in Burkitt lymphoma. *Nature genetics* 2012 Nov 11.
2. Schmitz R, Young RM, Ceribelli M, Jhavar S, Xiao W, Zhang M, *et al.* Burkitt lymphoma pathogenesis and therapeutic targets from structural and functional genomics. *Nature* 2012 Oct 4; 490(7418): 116-120.
3. Richter J, Schlesner M, Hoffmann S, Kreuz M, Leich E, Burkhardt B, *et al.* Recurrent mutation of the ID3 gene in Burkitt lymphoma identified by integrated genome, exome and transcriptome sequencing. *Nature genetics* 2012 Nov 11.
4. Havelange V, Pepermans X, Ameye G, Theate I, Callet-Bauchu E, Barin C, *et al.* Genetic differences between paediatric and adult Burkitt lymphomas. *British journal of haematology* 2016 Feb 16.
5. Forero-Castro M, Robledo C, Lumbreras E, Benito R, Hernandez-Sanchez JM, Hernandez-Sanchez M, *et al.* The presence of genomic imbalances is associated with poor outcome in patients with burkitt lymphoma treated with dose-intensive chemotherapy including rituximab. *British journal of haematology* 2016 Feb; 172(3): 428-438.