

Trypsin-encoding *PRSS1-PRSS2* variations influence the risk of asparaginase-associated pancreatitis in children with acute lymphoblastic leukemia: a Ponte di Legno toxicity working group report

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Appendix

Supplemental table 1

Baseline data, acute complications and risk of re-exposure in 10 participating trial groups.

Trial group name	Trials	N	Male sex	Age (years)	B-cell precursor ALL	WBC at ALL diagnosis (10 ⁹ /L)	Time from ALL diagnosis to AAP (days)	Assisted ventilation (yes [n]/available data [N])	Acute insulin therapy (yes [n]/available data [N])	Pseudocysts (yes [n]/available data [N])	Second AAP if re-exposed (yes [n]/re-exposed patients [N])	Death due to AAP (n)
Associazione Italiana Ematologia Oncologia Pediatrica	AIEOP-BFM ALL 2009	18	61% (11/18)	9.8 (4.3–13.1)	94% (16/17)	10.7 (4.3–28) (n=17)	117 (43–215) (n=16)	13% (2/15)	13% (2/15)	21% (3/14)	0% (0/1)	2
Berlin-Frankfurt-Münster Austria	AIEOP-BFM ALL 2009	7	86% (6/7)	15.1 (10.4–16.5)	71% (5/7)	11.6 (6.5–15) (n=7)	55 (45–123) (n=7)	0% (0/6)	0% (0/7)	14% (1/7)	33% (1/3)	0
Berlin-Frankfurt-Münster	ALL-BFM 2000 AIEOP-BFM ALL 2009	49	55% (27/49)	9.7 (5.4–14.7)	76% (37/49)	12.1 (3.4–23.8) (n=49)	37 (30–161) (n=49)	8% (4/49)	17% (8/48)	20% (9/44)	25% (2/8)	1
The Cooperative ALL Study Group	CoALL 97/08-09	4	50% (2/4)	10.1 (8–12)	100% (4/4)	4.1 (3.1–5.7) (n=4)	231 (159–273) (n=3)	0% (0/1)	0% (0/1)	0% (0/1)	0% (0/2)	0
Czech Republic	ALL-BFM 2000 ALL-IC-BFM 2002 AIEOP-BFM ALL 2009	4	0% (0/4)	7.1 (2.5–12.3)	100% (4/4)	25.5 (4.8–98.8) (n=4)	149.5 (72–228) (n=4)	0% (0/4)	0% (0/4)	25% (1/4)	0% (0/1)	0
Dutch Childhood Oncology Group	DCOG-ALL10/11	25	44% (11/25)	8.2 (5.2–13.6)	80% (20/25)	8.1 (3.8–31.2) (n=24)	203 (46–295) (n=25)	12% (3/25)	30% (7/23)	28% (7/25)	50% (2/4)	1
Israel	INS 2010 AIEOP-BFM ALL 2009	10	70% (7/10)	11.2 (8.1–15.3)	56% (5/9)	41 (6.3–104) (n=9)	38 (31–113) (n=9)	0% (0/9)	22% (2/9)	33% (3/9)	0% (0/1)	0
Nordic Society of Pediatric Haematology and Oncology	NOPHO ALL 2008	92	55% (51/92)	6.3 (3.4–10.9)	86% (65/76)	20.6 (6.5–50) (n=76)	110 (75–144) (n=76)	4% (3/76)	22% (17/76)	28% (21/76)	53% (10/19)	0
Taiwan Pediatric Oncology Group	TPOG-ALL-97/2002/2013	5	60% (3/5)	6.9 (6.6–8.2)	100% (5/5)	26 (1.2–79.8) (n=5)	34 (31–150) (n=5)	0% (0/5)	50% (2/4)	40% (2/5)	50% (1/2)	0
United Kingdom ALL Working Party	UKALL2003	30	50% (15/30)	9.4 (4.7–13.3)	83% (24/29)	7.3 (3–41.1) (n=30)	146 (82–225) (n=30)	0% (0/30)	100% (3/3)	28% (8/29)	20% (1/5)	0
10 Groups	14 Trials	244	55% (133/244)	8.1 years (4.3–13.1)	82% (185/225)	15.3 (4–41) (n=225)	99.5 (41–182) (n=224)	5% (12/220)	22% (41/190)	26% (55/214)	37% (17/46)	1.8% (4/224)

Legend

Baseline data, acute complications and risk of re-exposure in 10 participating trial groups. Data are n, median (IQR), %(n/N), unless indicated otherwise.

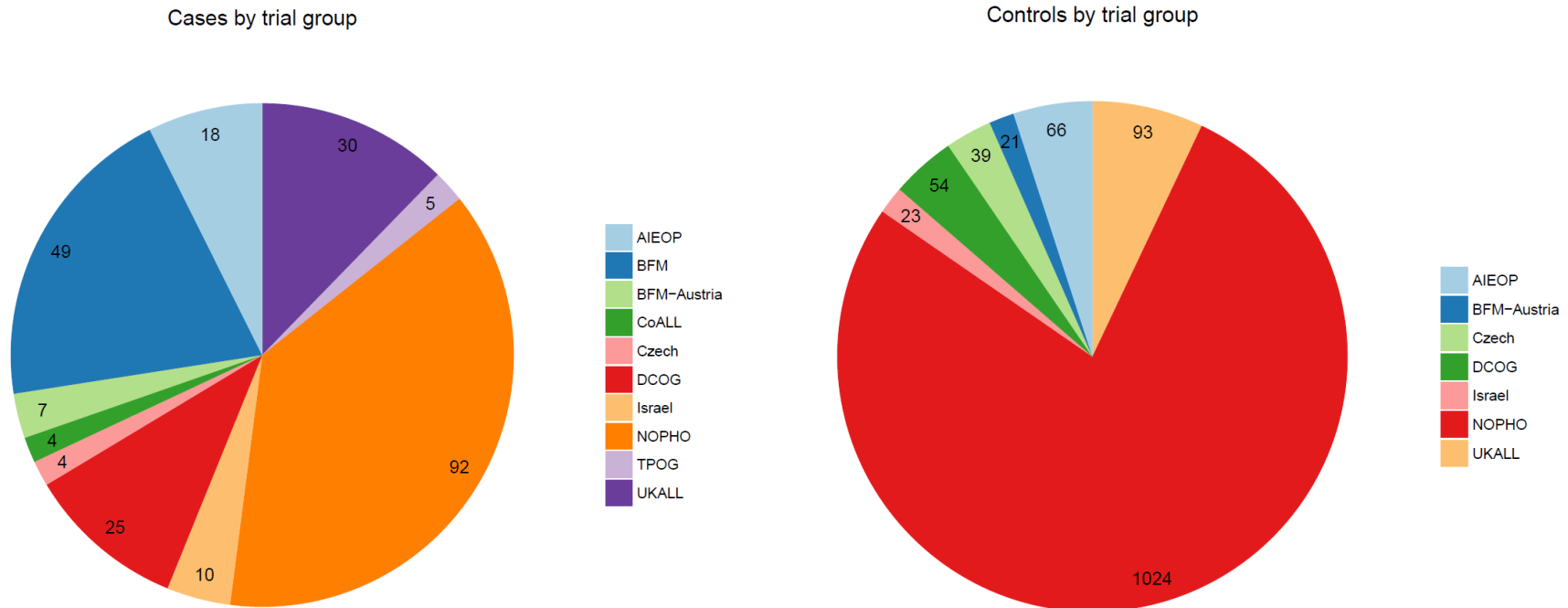
*Number of re-exposed patients with data on second AAP.

Note: BCP refers to percentage with B-cell precursor acute lymphoblastic leukemia, the remaining group had T-cell leukemia.

Abbreviations: AAP, asparaginase-associated pancreatitis; IQR, interquartile range (25th/75th centiles); BCP ALL, B-cell precursor acute lymphoblastic leukemia; WBC, white blood cell count.

Supplemental figure 1

Pie charts showing the distribution of cases and controls according to trialgroup

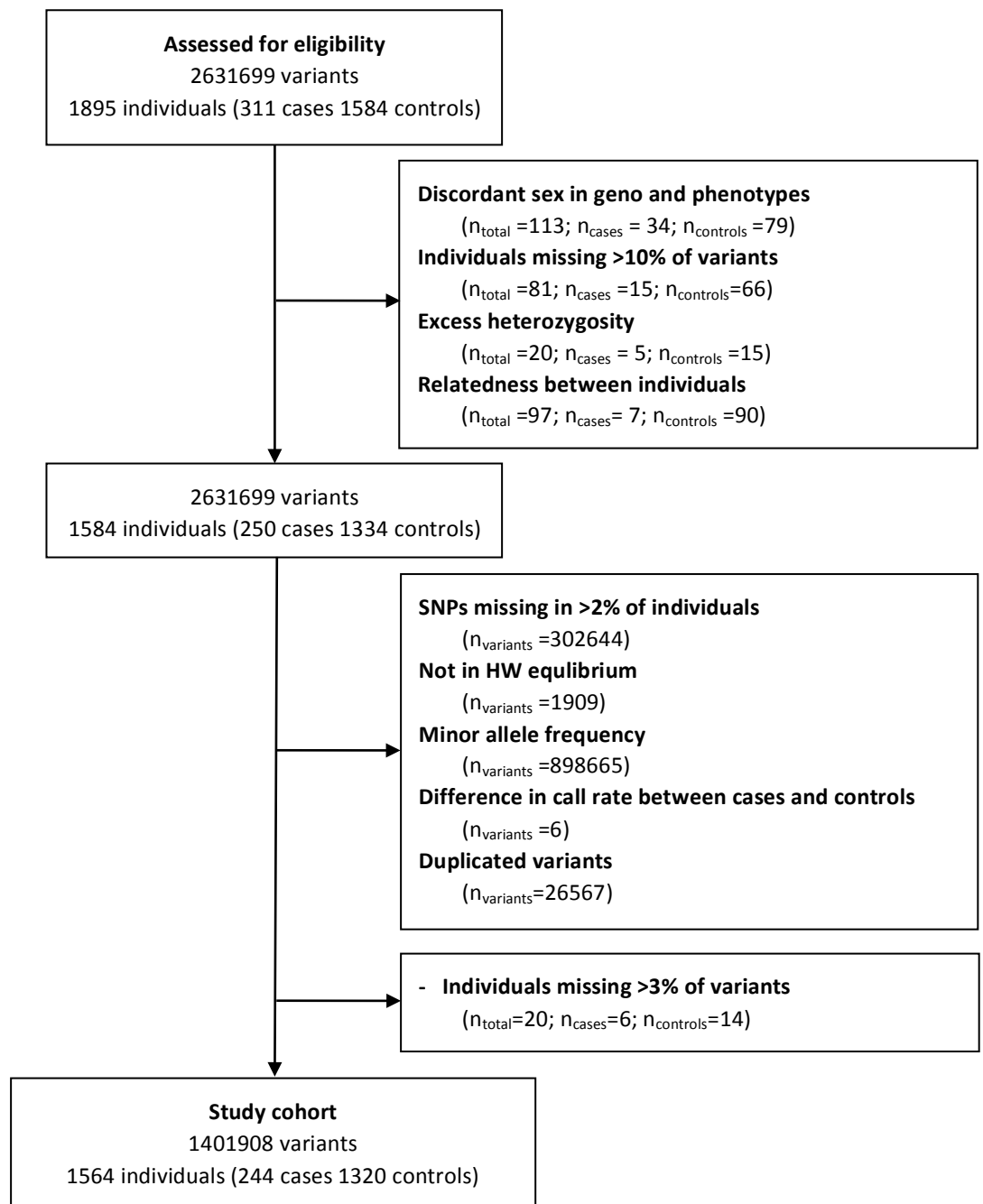


Legend

Pie charts showing the distribution of 244 AAP cases and 1320 controls according to childhood acute lymphoblastic leukemia trial group. Abbreviations: AIEOP, Associazione Italiana Ematologia Oncologia Pediatrica; BFM, Berlin-Frankfurt-Münster (Germany) ; BFM-Austria, Berlin-Frankfurt-Münster Austria; CoALL, The Cooperative ALL Study Group (Germany); Czech, Czech Working Group for Paediatric Haematology; DCOG, Dutch Childhood Oncology Group; DFCI, Dana Farber Cancer Institute (US); Israel, Israeli childhood cancer group; NOPHO, Nordic Society of Pediatric Haematology and Oncology (Denmark, Estonia, Finland, Iceland, Lithuania, Norway, Sweden); TOPG, Taiwan Pediatric Oncology Group; UKALL, United Kingdom ALL Working Party.

Supplemental figure 2

Quality control flowchart

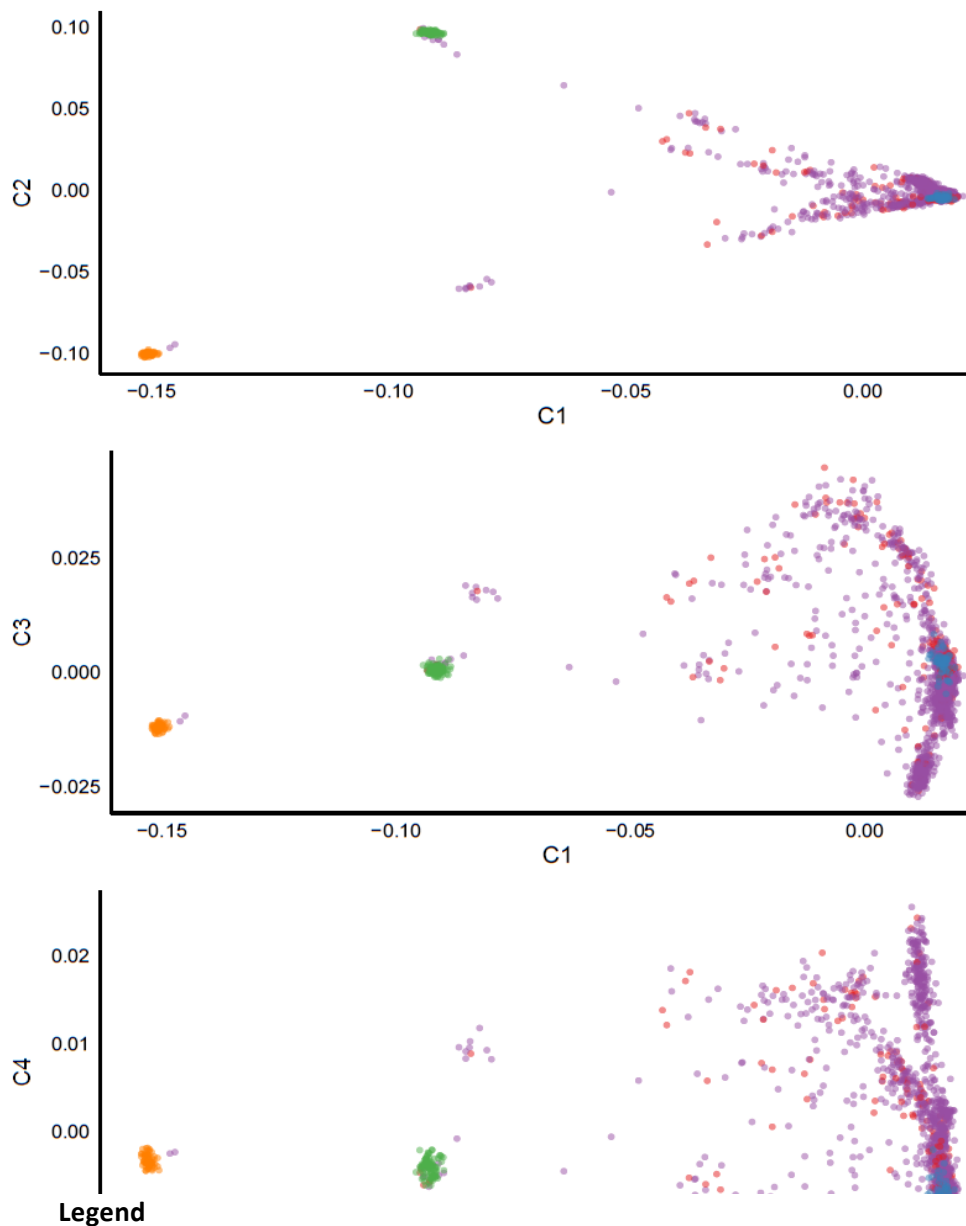


Legend

Flow diagram illustrating the quality control of individual and single nucleotide polymorphism data.

Supplemental figure 3

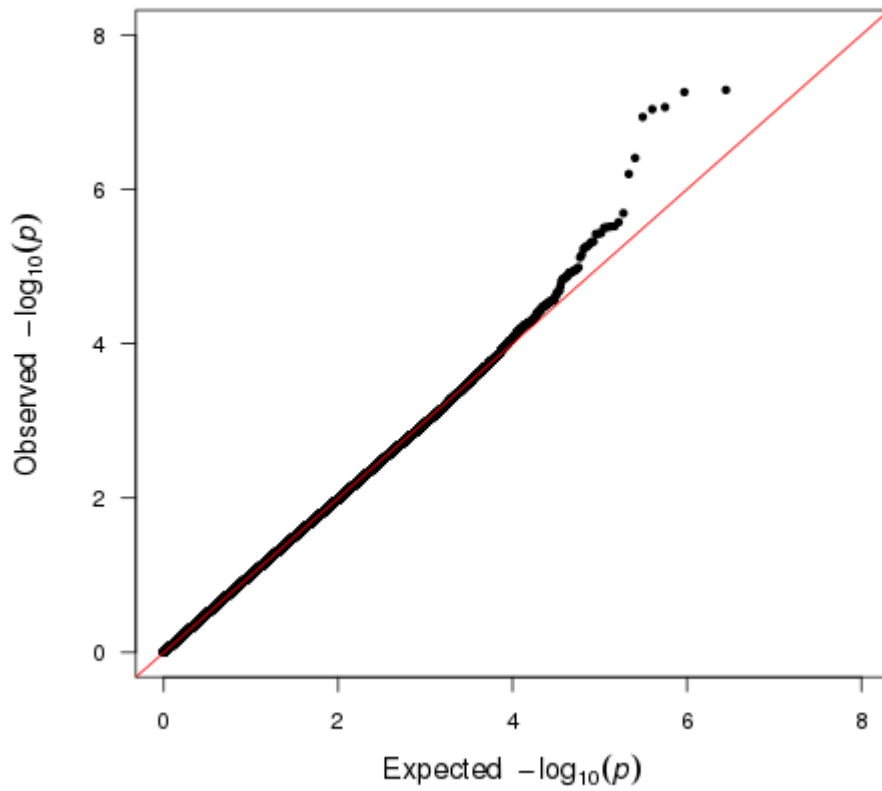
Multidimensional scaling plots of genetic ancestry in study population



Multidimensional scaling plots plot of genetic ancestry of AAP cases, controls and HAPMAP controls for reference. Abbreviations: CEU, Utah residents with Northern and Western European ancestry; CHB, Han Chinese in Beijing, China; JPT, Japanese in Tokyo, Japan; YRI, Yoruba in Ibadan, Nigeria.

Supplemental figure 4

Quartile-quartile plot



Legend

Quartile-quartile plot showing the expected vs the observed p-values in the cohort of 244 cases and 1320 controls. The logistic regression analysis was adjusted for age and genetic ancestry, with a lambda of 1.02 there was no evidence of population substructure.

Description of validation cohort

Replication of results in the Children’s Oncology Group AALL0232 cohort

All data is provided from Liu *et al.* “Clinical and Genetic Risk Factors for Acute Pancreatitis in Patients With Acute Lymphoblastic Leukemia”; Journal of Clinical Oncology 2016.

The AALL0232 trial was used for validation. This cohort constitutes the largest cohort, with significant duration of asparaginase treatment (~16 weeks) previously published (Liu et al. Journal of Clinical Oncology, 2016). The trial included 3058 patients, out of which genotyping data was available in 76 cases diagnosed using National Cancer Institute’s Common Terminology Criteria for Adverse Events, and 2577 controls. The cohort was included, in the only other GWAS published on pancreatitis in children with ALL¹. The AALL0232 cohort was genotyped on the Affymetrix Genome-Wide Human SNP 6.0 (or GeneChip Human Mapping 500K) Array, and linkage disequilibrium (LD) between SNPs in the investigation and validation study was assessed by the National Cancer Institute LDassoc tool.

Diagnostic criteria for pancreatitis

National Cancer Institute’s Common Terminology Criteria for Adverse Events for Pancreatitis (https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/ctcae3.pdf) grade 2-4 were included as cases in the analysis:

Adverse Event	Short Name	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Pancreatitis	Pancreatitis	Asymptomatic, enzyme elevation and/or radiographic findings	Symptomatic, medical intervention indicated	Interventional radiology or operative intervention indicated	Life-threatening consequences (e.g., circulatory failure, hemorrhage, sepsis)	Death

Asparaginase exposure in protocol AALL0232

Induction	Extended Induction ^a	Consolidation	Interim Maintenance and Delayed Intensification	Total ASP dose ^b U/m ² (excluding Extended induction)	Total ASP weeks ^c (excluding Extended induction)	N (%) of patients developing pancreatitis
PEG 2500 U/m ² x1	PEG 2500 U/m ² x1	PEG 2500 U/m ² x 2	DH/PH: PEG 2500 U/m ² x 2 (single IM/DI) or PEG 2500 U/m ² x 6 (double IM/DI)	250,000–450,000	10–18	32/1359 (2.4%)
			DC/PC: PEG 2500 U/m ² x 4 (single IM/DI) or x 6 (double IM/DI)	350,000–550,000	14–22	44/1294 (3.4%)

All asparaginase was given intramuscularly. ^aDepends on patients' bone marrow blast percent during induction or minimal residual disease (MRD) status at the end of Induction. ^bTotal dose and ^ctotal weeks of PEG-asparaginase during therapy, excluded the extended Induction. Abbreviations: ASP, asparaginase; PEG, pegylated; DH/PH, dexamethasone/prednisone during induction therapy and high-dose methotrexate/leucovorin during the first interim maintenance; DC/PC, dexamethasone/prednisone during induction therapy and escalating methotrexate/leucovorin during the first interim maintenance.

Baseline data in 2653 patients included in the AALL0232 genome-wide association study cohort

AALL0232 (n=2653)	
Age	
1–10 years old	907 (34.2%)
10–30 years old	1746 (65.8%)
Gender	
Male	1468 (55.3%)
Female	1185 (44.7%)
Race	
White	1455 (54.8%)
Black	134 (5.1%)
Hispanic	710 (26.8%)
Asian	60 (2.3%)
Other	294 (11.1%)
Immunophenotype	
B-lineage	2653 (100%)
T-lineage	0 (0%)

Association analysis

Time-dependent analysis (Cox proportional hazards regression) was performed adjusting for age and ancestry.

<u>AALL0232 (high asparaginase dose) All patients. N=2653, 76 cases</u>			
	Major>minor allele	HR (95% CI)	P
rs13228878	A>G	0.68 (0.48–0.96)	0.03
rs10273639	C>T	0.69 (0.49–0.98)	0.04

Legend

The table shows results from the replication study.

Genotypes

	rs13228878		
	CC	CT	TT
Controls	585	1227	765
Cases with pancreatitis	11	35	30
% pan	0.02	0.03	0.04

Legend

Genotype of rs13228878. The table shows the rs13228878 genotype in cases with pancreatitis and controls without pancreatitis.

Genotypes

	rs10273639		
	CC	CT	TT
Controls	561	1253	763
Cases with pancreatitis	11	35	30
% pan	0.02	0.03	0.04

Legend

Genotype of rs10273639. The table shows the rs10273639 genotype in cases with pancreatitis and controls without pancreatitis.

Replication of results in the Dana Farber Cancer Institute consortium 87-01, 91-01, 95-01 and 00-01

ALL cohort

A cohort of ALL children recruited from the Dana Farber Cancer Institute (DFCI) were used for the validation of the rs62228256 polymorphism on 20q13.2. Patients were treated according to DFCI ALL Consortium protocols DFCI 87-01, 91-01, 95-01, or 00-01 between January, 1987 and July, 2005 receiving variable asparaginase exposure²⁻⁴. This cohort is further referred to as DFCI. Genotyping was performed on a total of 318 patients, out of which 33 were cases of pancreatitis diagnosed according to the CTCAE criteria and 285 were controls. Cases were identified by retrospective evaluation of medical charts. This cohort was genotyped by allele-specific oligonucleotide hybridization as described elsewhere.⁵ Briefly, while in DFCI 95-01 and DFCI 00-01, one dose of asparaginase was administered during remission induction, asparaginase was administered for 20 to 30 consecutive weeks during consolidation phase in all protocols.

Asparaginase exposure in Dana Farber Cancer Institute protocols

Asparaginase according to protocol	
Induction (4 weeks)	
Protocol 87-01	<i>E. coli</i> , <i>Erwinia</i> or PEG ASP × 1 dose (randomized; investigational window; 5 days pre-day 0)
Protocol 91-01	None
Protocol 95-01	<i>E. coli</i> or <i>Erwinia</i> ASP 25 000 IU/m ² × 1 dose (randomized; day 4)
Protocol 00-01	<i>E. coli</i> ASP 25,000 IU/m ² IM × 1 dose
Intensification (20–30 weeks) every 3-week cycle	
Protocol 87-01	<i>E. coli</i> ASP 25 000 IU/m ² weekly
Protocol 91-01	Randomized to <i>E. coli</i> ASP 25 000 IU/m ² weekly or PEG ASP 2500 IU/m ² every 2 weeks
Protocol 95-01	Randomized to <i>E. coli</i> ASP 25 000 IU/m ² weekly or <i>Erwinia</i> ASP 25 000 IU/m ² weekly
Protocol 00-01	Randomized to fixed dosing of <i>E. coli</i> ASP (based upon BSA) and individualized dosing (based upon NSAA every 3 weeks)

Abbreviations: ASP, asparaginase; PEG, pegylated; BSA, body surface area; NSAA, nadir serum asparaginase activity.

Baseline data in 318 patients included in the Dana Farber Cancer Institute cohort

Dana Farber Cancer Institute Cohort (n=318)	
Age	
1–10 years old	254 (79,9%)
10–18 years old	64 (20,1%)
Gender	
Male	167 (52,5%)
Female	151 (47,5%)
Immunophenotype	
B-lineage	294 (92,5%)
T-lineage	24 (7,5%)
Source of ASP	
Native <i>E. Coli</i>	289 (90,9%)
<i>Erwinia</i>	29 (9,1%)
DFCI protocol	
00-01	125 (39,3%)
95-01	122 (38,4%)
91-01	55 (17,3%)
87-01	16 (5%)

Association analysis

Binary logistic regression analysis was performed adjusting for age.

DFCI ALL cohort. N=318, 33 cases			
	Major>minor allele	OR (95% CI)	P
rs62228256	C>T	1.19 (0.35–4.03)	0.77

Legend

The table shows results from the replication study of rs62228256.

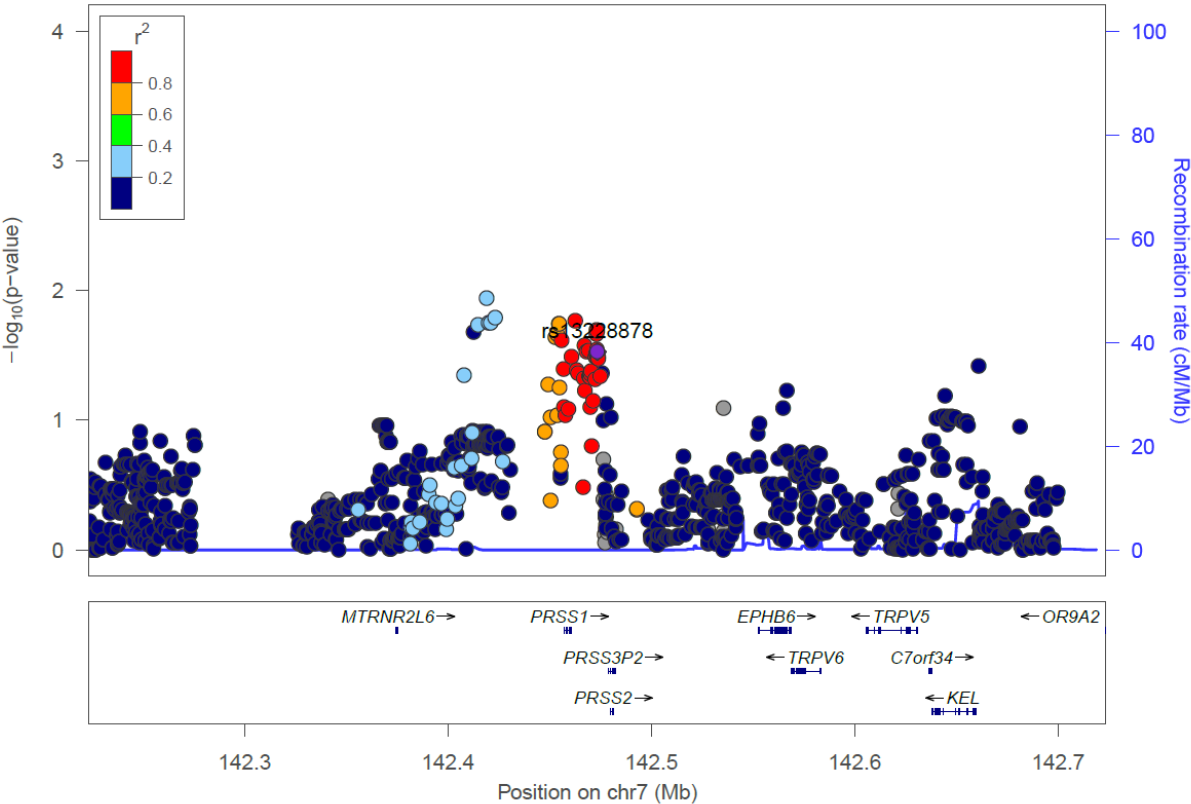
Genotypes

	rs62228256		
	CC	CT	TT
Controls	264	20	1
Cases with pancreatitis	30	3	0
% pan	0.10	0.13	0

Legend

Genotype of rs62228256. The table shows the rs62228256 genotype in cases with pancreatitis and controls without pancreatitis.

Regional association plot of the PRSS1 and PRSS2 loci on chromosome 7 in AALL0232

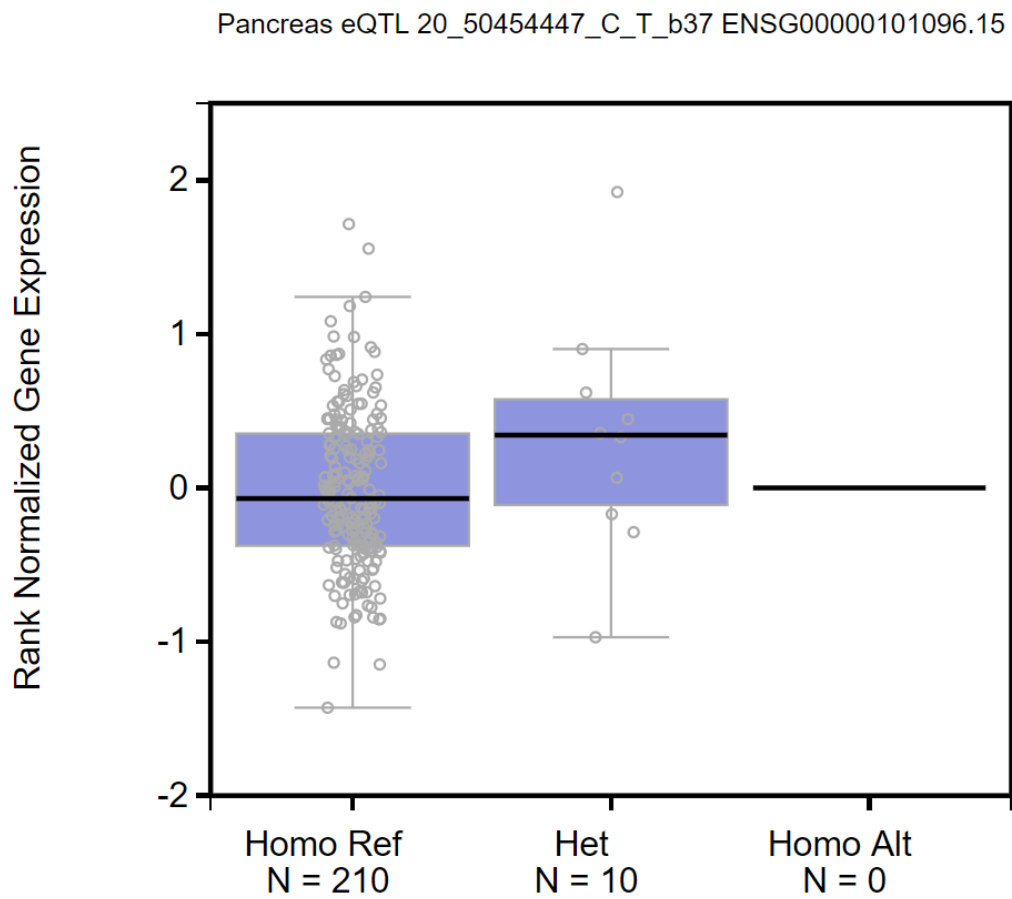


Legend

Regional association plot showing SNPs associated with asparaginase-associated pancreatitis in 76 cases and 2570 controls. The x axis represents genomic location, and the y axis represents the P value for the SNP's association calculated using logistic regression adjusting for age and ancestry. The color of the dots reflects the linkage disequilibrium of the genotyped SNPs and rs13228878. LD is based on 1000 genomes European CEU samples, November 2014. The human assembly GRCh37 was used for reference.

Supplemental figure 5

Rs62228256 and Nuclear factor of activated T cells (*NFATC2*)

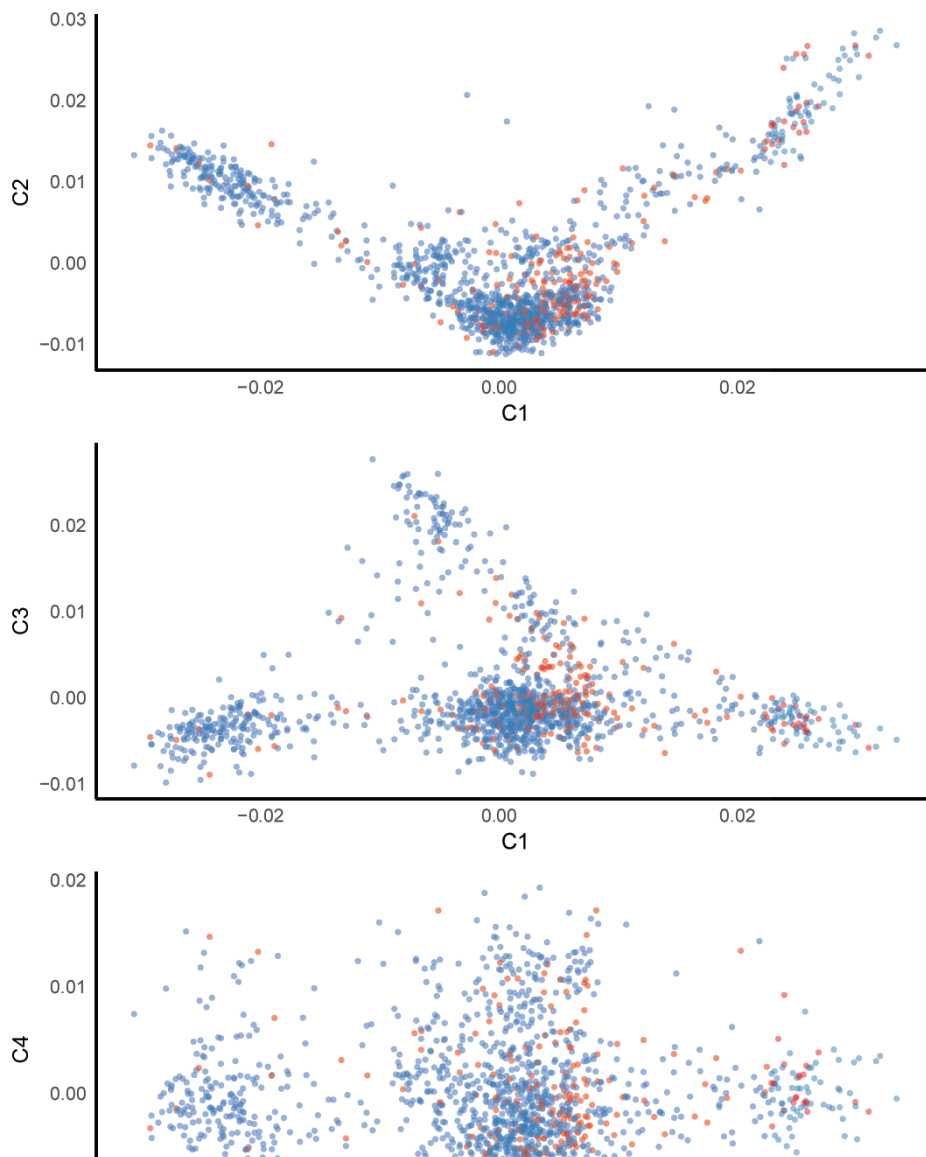


Legend

NFATC2 gene expression according to rs62228256 genotype. Homo Ref refers to the major C allele, Homo Alt refers to the minor T allele. The difference between groups is statistically significant, $P=0.045$. Plot is downloaded from www.gtexportal.org/home/.

Supplemental figure 6

Multidimensional scaling plots of genetic ancestry from CEU cohort

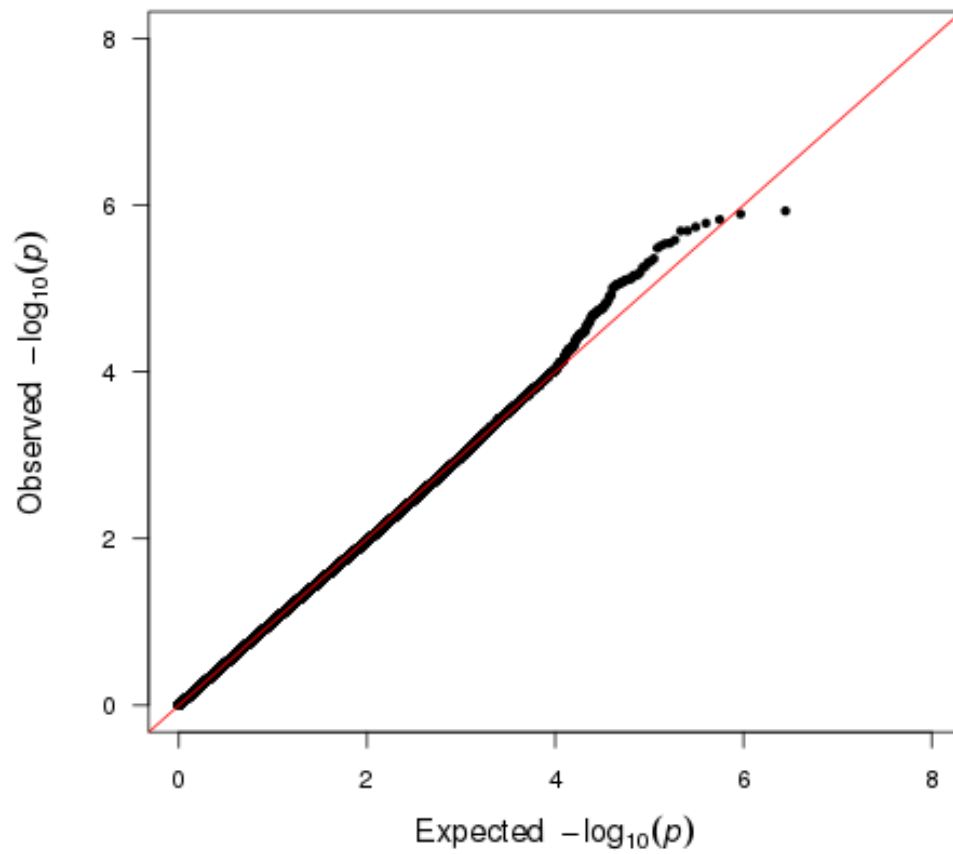


Legend

Multidimensional scaling plots plot of genetic ancestry in AAP cases and controls from the CEU population. Defined as individuals >16 standard deviations away from the HapMap-defined CEU (Northern and Western European) centroid mean.

Supplemental figure 7

Quartile-quartile plot of CEU cohort

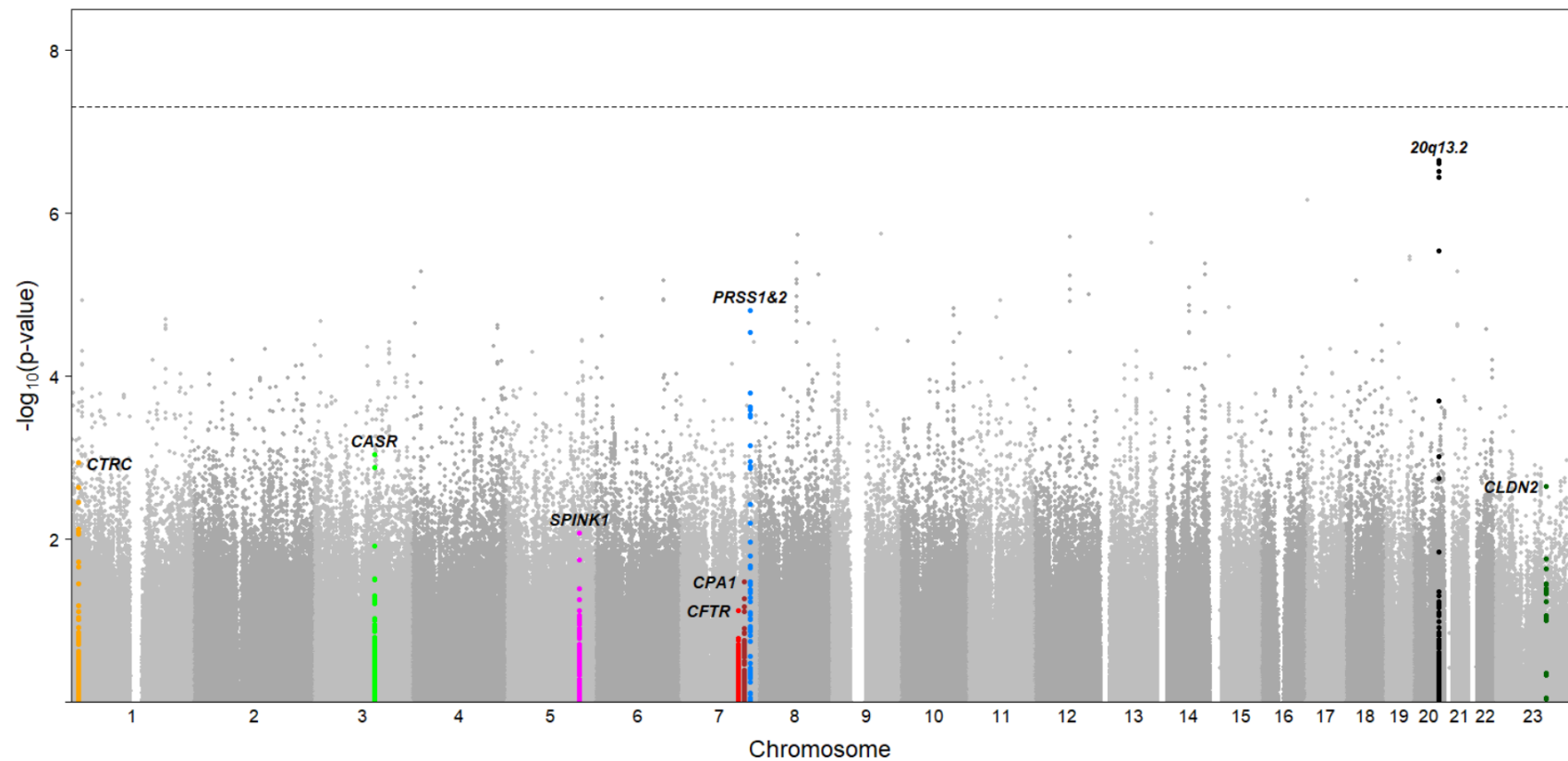


Legend

Quartile-quartile plot showing the expected vs the observed p-values in the CEU cohort of 205 cases and 1185 controls. The logistic regression analysis was adjusted for age and genetic ancestry, with a lambda of 1.02 there was no evidence of population substructure.

Supplemental figure 8

Manhattanplot of CEU cohort



Legend

Manhattanplot showing SNPs associated with asparaginase-associated pancreatitis in 205 cases and 1185 controls in the CEU cohort. The x axis represents genomic location, and the y axis represents the P value for the SNP's association calculated using logistic regression adjusting for age and ancestry. Genes previously associated to pancreatitis are marked in color. SNPs are annotated to genes based on genomic location (10 kb

Supplemental table 2

Top SNPs in genes previously associated with risk of pancreatitis in CEU cohort

Gene	CHR	BP	SNP	Major>minor allele	MAF Cases	MAF Controls	OR (95%CI)	P
<i>CASR</i>	3	121913370	rs937627	G>T	0.17	0.23	0.73 (0.55–0.97)	0.03
<i>CASR</i>	3	121908434	rs4678029	T>C	0.17	0.23	0.73 (0.55–0.97)	0.03
<i>CASR</i>	3	121919740	rs16832787	G>A	0.17	0.23	0.73 (0.55–0.97)	0.03
<i>CASR</i>	3	121936323	rs13320637	G>A	0.22	0.27	0.76 (0.59–0.98)	0.04
<i>CASR</i>	3	121936370	rs13327652	A>G	0.22	0.27	0.76 (0.59–0.99)	0.04
<i>CFTR</i>	7	117145102	rs56296320	T>C	0.007	0.02	0.34 (0.11–1.11)	0.07
<i>CFTR</i>	7	117178754	rs17449197	A>G	0.11	0.14	0.79 (0.57–1.09)	0.15
<i>CFTR</i>	7	117119183	rs4148682	T>G	0.1	0.08	1.26 (0.88–1.82)	0.21
<i>CFTR</i>	7	117181509	rs4148703	G>A	0.1	0.09	1.26 (0.87–1.81)	0.22
<i>CFTR</i>	7	117219835	rs1469486	C>T	0.13	0.12	1.22 (0.88–1.68)	0.23
<i>CLDN2</i>	23	106134938	rs12853674	C>T	0.12	0.08	1.67 (1.11–2.53)	0.01
<i>CLDN2</i>	23	106140325	rs4409525	G>A	0.34	0.28	1.4 (1.06–1.83)	0.02
<i>CLDN2</i>	23	106160702	rs12008279	A>G	0.51	0.44	1.31 (1.02–1.69)	0.03
<i>CLDN2</i>	23	106183670	rs12014762	C>T	0.22	0.17	1.32 (0.97–1.8)	0.07
<i>CLDN2</i>	23	106136910	rs5962770	T>C	0.28	0.3	0.98 (0.74–1.3)	0.87
<i>CPA1</i>	7	130037805	rs73152870	A>G	0.039	0.02	1.67 (0.92–3.01)	0.09
<i>CPA1</i>	7	130018863	rs10954269	C>T	0.09	0.1	0.77 (0.53–1.12)	0.18
<i>CPA1</i>	7	130033556	rs17389898	T>C	0.07	0.05	1.36 (0.87–2.12)	0.18
<i>CPA1</i>	7	130019491	rs13226219	T>C	0.09	0.1	0.79 (0.54–1.15)	0.21
<i>CPA1</i>	7	130028089	rs17330508	C>T	0.037	0.03	1.3 (0.71–2.36)	0.39
<i>CTRB1-2</i>	16	75254970	rs57833904	C>T	0.015	0.005	2.56 (0.92–7.16)	0.07
<i>CTRB1-2</i>	16	75230638	rs1019537	C>T	0.13	0.15	0.74 (0.54–1.03)	0.07
<i>CTRB1-2</i>	16	75230739	rs1019539	C>T	0.12	0.15	0.74 (0.54–1.03)	0.08
<i>CTRB1-2</i>	16	75230230	rs1559362	T>C	0.32	0.34	0.85 (0.67–1.07)	0.16
<i>CTRB1-2</i>	16	75263661	rs7190458	G>A	0.06	0.05	1.39 (0.87–2.24)	0.17
<i>CTRC</i>	1	15758963	rs35994710	C>T	0.16	0.23	0.63 (0.47–0.84)	0.002
<i>CTRC</i>	1	15768304	rs10436957	G>A	0.17	0.24	0.65 (0.49–0.86)	0.003
<i>CTRC</i>	1	15757666	rs10754889	G>A	0.30	0.36	0.71 (0.56–0.9)	0.004
<i>CTRC</i>	1	15760092	rs7541863	C>T	0.31	0.37	0.71 (0.56–0.9)	0.005
<i>CTRC</i>	1	15763340	rs6693417	A>G	0.33	0.4	0.72 (0.57–0.91)	0.005
<i>PRSS1-2</i>	7	142473466	rs13228878	A>G	0.31	0.42	0.6 (0.48–0.76)	2.1 x 10 ⁻⁵
<i>PRSS1-2</i>	7	142456928	rs10273639	C>T	0.32	0.43	0.62 (0.49–0.78)	3.8 x 10 ⁻⁵
<i>PRSS1-2</i>	7	142487836	rs2734222	C>T	0.38	0.47	0.66 (0.53–0.82)	0.0002
<i>PRSS1-2</i>	7	142455538	rs3757377	G>A	0.3	0.39	0.65(0.52–0.83)	0.0004
<i>PRSS1-2</i>	7	142488688	rs2734224	G>A	0.39	0.47	0.7(0.56–0.87)	0.001
<i>SPINK1</i>	5	147207678	rs17107315	A>G	0.02	0.01	2.78(1.29–5.97)	0.009
<i>SPINK1</i>	5	147220041	rs4705045	T>G	0.11	0.14	0.73(0.52–1.02)	0.07
<i>SPINK1</i>	5	147211393	rs4705203	A>G	0.12	0.14	0.78(0.56–1.08)	0.13
<i>SPINK1</i>	5	147204192	rs11319	C>T	0.05	0.05	1.35(0.82–2.2)	0.23
<i>SPINK1</i>	5	147205839	rs17703305	G>T	0.46	0.43	1.13(0.91–1.41)	0.27

Legend

Top-five SNPs associated with asparaginase-associated pancreatitis in the CEU cohort of 205 cases and 1185 controls. SNPs were annotated to genes if ≤ 10 kb upstream or downstream from transcription start site or transcription terminator, respectively. Gene functions below are defined by Genecards (www.genecards.org) and UniPort (www.uniprot.org).

Abbreviations: SNP, single nucleotide polymorphism; Chr, chromosome; MAF, minor allele frequency; OR, odds ratio; CI, confidence interval; *CASR*, calcium-sensing receptor (G protein-coupled receptor, small changes in circulating calcium concentration are monitored affecting intracellular signaling pathways); *CFTR*, cystic fibrosis transmembrane conductance regulator (cAMP-regulated cell channel, conducting chloride and thiocyanate ions across epithelial membranes); *CLDN2*, claudin-2 (Major integral membrane protein localized exclusively at tight junctions); *CPA1*: Carboxypeptidase A1 (Member of the serine protease family, A1 form of the pancreatic procarboxypeptidase produced in pancreatic acinar cells, preferentially cleaves C-terminal branched-chain and aromatic amino acids from dietary proteins); *CTRB1-2m*, chymotrypsin B1-B2 (member of the serine protease family of enzymes, regulating activation and degradation of trypsinogens and procarboxypeptidases by targeting specific cleavage sites within their zymogen precursors); *CTRC*: chymotrypsin C (serum calcium-decreasing factor with chymotrypsin-like protease activity, regulating activation and degradation of trypsinogens and procarboxypeptidases by targeting specific cleavage sites within their zymogen precursors); *PRSS1-2*, protease, serine, 2 (encoding for cationic and anionic trypsinogen); *SPINK1*, serine peptidase inhibitor, kazal type 1 (Prevention of trypsin-catalyzed premature activation of zymogens within the pancreas and the pancreatic duct).

Supplemental table 3

Top SNPs in genes previously associated with risk of pancreatitis in the total cohort

Gene	CHR	BP	SNP	Major>minor allele	MAF Cases	MAF Controls	OR (95% CI)	P
<i>CASR</i>	3	121965199	rs9859381	G>T	0.18	0.13	1.3 (0.99-1.71)	0.06
<i>CASR</i>	3	121913370	rs937627	G>T	0.19	0.23	0.78 (0.61-1.01)	0.063
<i>CASR</i>	3	121919740	rs16832787	G>A	0.19	0.23	0.78 (0.61-1.01)	0.064
<i>CASR</i>	3	121908434	rs4678029	T>C	0.19	0.23	0.79 (0.61-1.02)	0.067
<i>CASR</i>	3	121971512	rs937625	T>G	0.11	0.08	1.37 (0.98-1.92)	0.068
<i>CFTR</i>	7	117145102	rs56296320	T>C	0.01	0.02	0.3 (0.09-0.97)	0.044
<i>CFTR</i>	7	117178754	rs17449197	A>G	0.11	0.14	0.77 (0.56-1.04)	0.09
<i>CFTR</i>	7	117181509	rs4148703	G>A	0.12	0.09	1.3 (0.94-1.79)	0.11
<i>CFTR</i>	7	117119183	rs4148682	T>G	0.12	0.09	1.28 (0.92-1.76)	0.14
<i>CFTR</i>	7	117279147	rs6466615	G>A	0.01	0.01	0.4 (0.12-1.39)	0.15
<i>CLDN2</i>	X	106134938	rs12853674	C>T	0.11	0.08	1.71 (1.16-2.52)	0.007
<i>CLDN2</i>	X	106140325	rs4409525	G>A	0.34	0.28	1.35 (1.05-1.73)	0.02
<i>CLDN2</i>	X	106160702	rs12008279	A>G	0.53	0.45	1.28 (1.01-1.62)	0.04
<i>CLDN2</i>	X	106183670	rs12014762	C>T	0.21	0.17	1.3 (0.97-1.74)	0.08
<i>CLDN2</i>	X	106136910	rs5962770	T>C	0.26	0.29	0.99 (0.76-1.3)	0.1
<i>CPA1</i>	7	130037805	rs73152870	A>G	0.04	0.02	1.88 (1.08-3.27)	0.03
<i>CPA1</i>	7	130028089	rs17330508	C>T	0.04	0.03	1.59 (0.92-2.74)	0.1
<i>CPA1</i>	7	130018863	rs10954269	C>T	0.09	0.10	0.75 (0.53-1.06)	0.1
<i>CPA1</i>	7	130019491	rs13226219	T>C	0.10	0.11	0.77 (0.55-1.09)	0.14
<i>CPA1</i>	7	130033556	rs17389898	T>C	0.07	0.05	1.36 (0.89-2.06)	0.16
<i>CTRB1-2</i>	16	75252306	rs8056797	G>T	0.03	0.01	2.63 (1.22-5.69)	0.01
<i>CTRB1-2</i>	16	75254970	rs57833904	C>T	0.03	0.01	2.46 (1.17-5.16)	0.02
<i>CTRB1-2</i>	16	75230638	rs1019537	C>T	0.12	0.14	0.74 (0.54-1)	0.05
<i>CTRB1-2</i>	16	75230739	rs1019539	C>T	0.12	0.14	0.75 (0.55-1.01)	0.06
<i>CTRB1-2</i>	16	75263661	rs7190458	G>A	0.06	0.04	1.45 (0.93-2.26)	0.1
<i>CTRC</i>	1	15768304	rs10436957	G>A	0.17	0.23	0.69 (0.53-0.89)	0.005
<i>CTRC</i>	1	15758963	rs35994710	C>T	0.16	0.22	0.68 (0.52-0.89)	0.005
<i>CTRC</i>	1	15760092	rs7541863	C>T	0.33	0.38	0.76 (0.61-0.94)	0.01
<i>CTRC</i>	1	15763340	rs6693417	A>G	0.35	0.41	0.77 (0.62-0.95)	0.01
<i>CTRC</i>	1	15757666	rs10754889	G>A	0.32	0.37	0.77 (0.62-0.96)	0.02
<i>PRSS1-2</i>	7	142473466	rs13228878	A>G	0.35	0.44	0.61 (0.5-0.76)	7.1 x 10 ⁻⁶
<i>PRSS1-2</i>	7	142456928	rs10273639	C>T	0.35	0.44	0.62 (0.5-0.77)	1.1 x 10 ⁻⁵
<i>PRSS1-2</i>	7	142487836	rs2734222	C>T	0.40	0.48	0.65 (0.53-0.8)	4.8 x 10 ⁻⁵
<i>PRSS1-2</i>	7	142488688	rs2734224	G>A	0.41	0.49	0.68 (0.55-0.83)	0.0002
<i>PRSS1-2</i>	7	142455538	rs3757377	G>A	0.33	0.40	0.67 (0.54-0.83)	0.0002
<i>SPINK1</i>	5	147207678	rs17107315	A>G	0.02	0.01	2.86 (1.4-5.85)	0.004
<i>SPINK1</i>	5	147220041	rs4705045	T>G	0.12	0.14	0.73 (0.54-1)	0.05
<i>SPINK1</i>	5	147215120	rs4705204	T>G	0.23	0.18	1.23 (0.96-1.57)	0.1

<i>SPINK1</i>	5	147211393	rs4705203	A>G	0.13	0.15	0.78 (0.58-1.06)	0.11
<i>SPINK1</i>	5	147205839	rs17703305	G>T	0.46	0.42	1.18 (0.96-1.44)	0.12

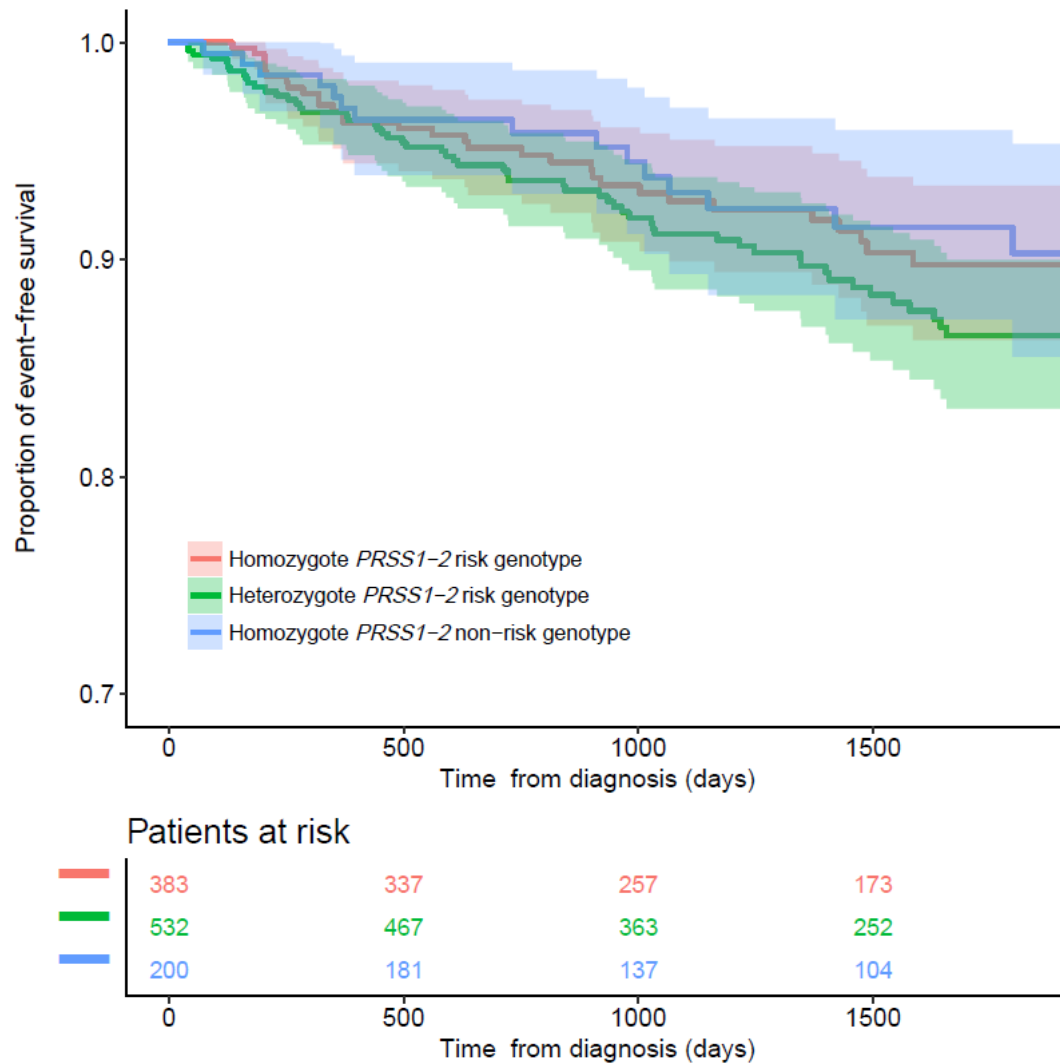
Legend

Top-five SNPs associated with asparaginase-associated pancreatitis in 244 cases and 1320 controls. SNPs were annotated to genes if ≤ 10 kb upstream or downstream from transcription start site or transcription terminator, respectively. SNPs and genes were identified from literature search (see methods section), gene functions are defined by GeneCards (www.genecards.org) and UniPort (www.uniprot.org).

Abbreviations: SNP, single nucleotide polymorphism; Chr, chromosome; MAF, minor allele frequency; OR, odds ratio; CI, confidence interval; *CASR*, calcium-sensing receptor (G protein-coupled receptor, small changes in circulating calcium concentration are monitored affecting intracellular signaling pathways); *CFTR*, cystic fibrosis transmembrane conductance regulator (cAMP-regulated cell channel, conducting chloride and thiocyanate ions across epithelial membranes); *CLDN2*, claudin-2 (Major integral membrane protein localized exclusively at tight junctions); *CPA1*: Carboxypeptidase A1 (Member of the serine protease family, A1 form of the pancreatic procarboxypeptidase produced in pancreatic acinar cells, preferentially cleaves C-terminal branched-chain and aromatic amino acids from dietary proteins); *CTRB1-2*, chymotrypsin B1-B2 (member of the serine protease family of enzymes, regulating activation and degradation of trypsinogens and procarboxypeptidases by targeting specific cleavage sites within their zymogen precursors); *CTRC*: chymotrypsin C (serum calcium-decreasing factor with chymotrypsin-like protease activity, regulating activation and degradation of trypsinogens and procarboxypeptidases by targeting specific cleavage sites within their zymogen precursors); *PRSS1-2*, protease, serine, 2 (encoding for cationic and anionic trypsinogen); *SPINK1*, serine peptidase inhibitor, kazal type 1 (Prevention of trypsin-catalyzed premature activation of zymogens within the pancreas and the pancreatic duct).

Supplemental figure 9

5-year event free survival according to *PRSS1-PRSS2* genotype



Legend

Five-year event free survival in the Nordic subset of cases (n=92) and controls (n=1024) grouped according to *PRSS1-2* genotype (rs13228878). Event was defined as death, relapse or second malignant neoplasm. No difference in five-years event-free survival was found using the 2-sided log-rank test ($P=0.4$). See through colors denote 95% confidence intervals.