Highly sensitive methods are required to detect mutations in histiocytoses

Sarah Melloul,[1] Zofia Hélias-Rodzewicz,[1,2]* Fleur Cohen-Aubart,[3,4]* Frédéric Charlotte,[3,5] Sylvie Fraitag,[6] Nathalie Terrones,[1,2] Quentin Riller,[4] Thibaud Chazal,[4] Sébastien Héritier,[1,7] Anne Moreau,[8] Marianne Kambouchner,[9] Marie Christine Copin,[10] Jean Donadieu,[1,7] Valérie Taly,[11] Zahir Amoura,[3,4] Julien Haroche[3,4] and Jean François Emile[1,2]*

[1]EA4340, Versailles University, Paris-Saclay university, Boulogne; [2]Department of Pathology, APHP (Assistance Publique Hôpitaux de Paris), University Hospital Ambroise Paré, Boulogne; [3]Pierre et Marie Curie University, Paris; [4]Department of Internal Medicine, APHP, Centre de référence des histiocytoses, University Hospital La Pitié-Salpêtrière Paris; [5]Department of Pathology, APHP, University Hospital La Pitié-Salpêtrière, Paris; [6]Department of Pathology, APHP, Necker Hospital, Paris; [7]Department of Haematology, AP-HP, Trousseau Hospital, Paris; [8]Department of Pathology, Hôtel Dieu, Nantes; [9]Department of Pathology, APHP, Avicenne Hospital, Bobigny; [10]Regional University Hospital Center of Lille and [11]INSERM UMR-S1147, CNRS SNC5014; Paris Descartes University, France

**SM, ZH-R and FC-C contributed equally to this work.*

Correspondence: JEAN FRANÇOIS EMILE - jean-francois.emile@uvsq.fr

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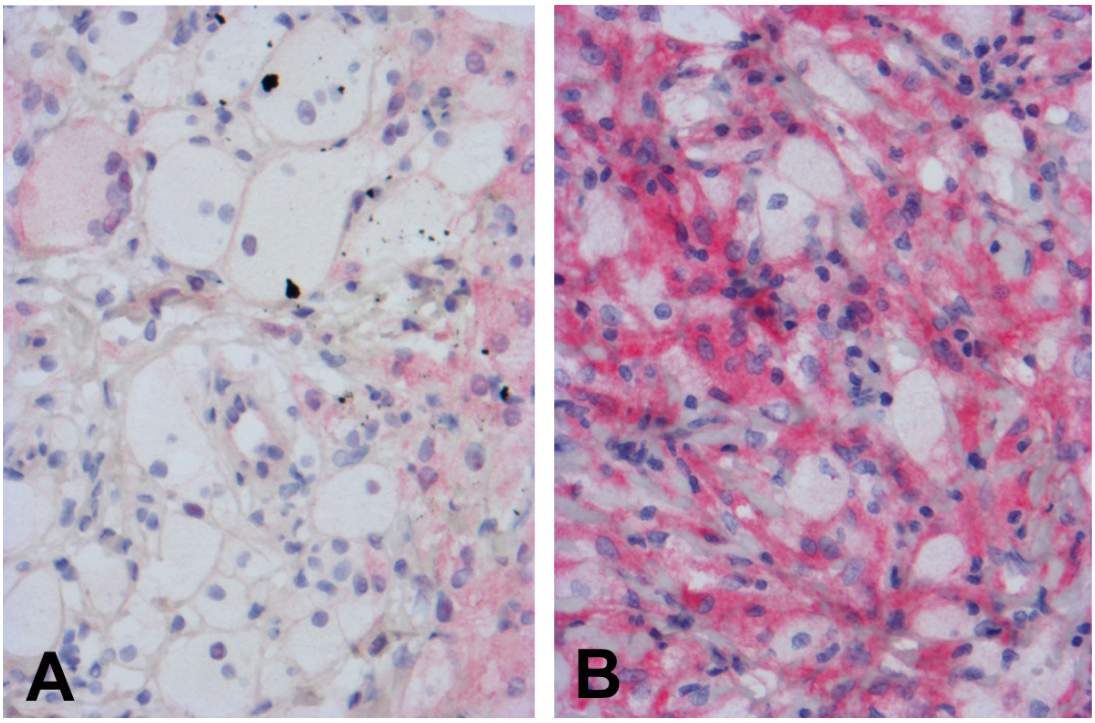
Supplementary figure 1



Legends:

VE1 staining with only few (A) or abundant (B) positive histiocytes.

Characteristics of the analyzed patients

Table 1. Clinical characteristics of 474 adults patients with histiocytosis of the L group (577 samples)	
Sex	150 females, 270 males and 54 undetermined
Median age at diagnosis, range	54.1 (18.03-90.67)
Diagnostic	
ECD	236
LCH	152
Mixed histiocytosis (ECD+LCH)	44
Unclassified	42
Localization	
central nervous system	16
skin and mucous membrane	114
lung and pleura	43
kidney and peri renal	107
bone	161
others	108
undertermined	28
Distribution of 287 patients regarding their mutational status- Within L Group H (without non informative) :	
V600E pyrosequençage	114
V600E droplet	63
WT	85
Others mutations : MAP2K1, NRAS, KRAS, PTPN11, BRAF deletion	25

Samples which turned out to be positive with the highly sensitive pddPCR: table and flowshart

Combined analysis Pyrosequencing and PddPCR						
		PddPCR results				
		WT	V600E	Equivoval	Total	% sauvés par catégorie
Pyrosequencing results	WT	79	17	6	102	16,67%
	WT limit	37	20	5	62	32,26%
	Probably V600E	0	4	2	6	66,67%
	V600E	1	7	2	10	10,00%
		117	48	15	180	

Legends:

The saved correspond to the green boxes. These are those found mutated in pddPCR while they was not mutated in pyrosequencing. In our figures we saved 41 out of 173 (23.69%).

Global algorithm of the study :