## Clonal evolution in chronic lymphocytic leukemia is scant in relapsed but accelerated in refractory cases after chemo(immune) therapy

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## Supplementary Methods

## Alignment and variant calling

Alignment and variant calling were performed as described in ${ }^{1}$. In summary, paired-end DNA sequencing reads were mapped to the hg19 assembly (NCBI build 37.1, downloaded from the UCSC genome browser at http://genome.ucsc.edu/) of the human reference genome using BWA version $0 \cdot 5 \cdot 10^{2}$ and processed with samtools (version 0.1.17) and Picard tools (version 1.61, http://broadinstitute.github.io/picard). Single nucleotide variants (SNVs) and small insertions or deletions (indels) were identified based on our in-house analysis pipeline using samtools mpileup and bcftools. For patients without germline sample we called variants using samtools mpileup and bcftools. SNVs with a genotype quality lower than 80 and with no genotype change between consecutive samples were filtered.

## CNV calling and calculation of absolute copy numbers

Estimation of the copy number state based on the exome sequencing data was achieved using Varscan 2 on the target regions ${ }^{3}$. Counting the uniquely mapped reads, $\log 2$ ratios were calculated for all segments against the respective germline control. Absolute copy numbers were calculated following ${ }^{4}$. In summary, first the ploidy was identified manually based on the FISH results available (see supplementary figures 3 , for depiction of the exome sequencing based $\log 2$ ratios in regions analyzed by FISH). Incorporating the clinically assessed sample purity measured using FACS, the $\log 2$ ratio derived from the read counts of the exome sequencing were transformed into absolute copy numbers for the respective segments of the individual genomes.

## Estimation of clonal composition by TrAP

Changes in clonal tumor composition were calculated integrating the CCF at the respective time points using TrAP ${ }^{5}$. In summary, the individual cancer cell fractions across samples per
patient were hierarchically clustered (R: hclust, complete linkage). The CCF profiles were grouped into six clusters ( R : cutree $\mathrm{k}=6$ ). The resulting mean centroids for the six clusters across timepoints were used as input data for TrAP (datatype GAUSSIAN, the error is estimated based on a normal approximation, see ${ }^{5}$ for details). For the cluster the median error was calculated for the TrAP based estimation of the subclonal tumor composition. From the possible solutions the solution with the best fit was selected for each patient.

## Quantification of DNA methylation and estimation of correlation between time points

DNA from the first and second time point of 10 patient phases (3 long-term untreated, 2 relapsed and 5 refractory) was bisulfite-converted using the EZ DNA Methylation Kit (Zymo Research) and then whole-genome amplified, fragmented and hybridized to Illumina Infinium HumanMethylation450 BeadChips according to the manufacturer's protocol. After singlebase extension and staining, the BeadChips were scanned using an Illumina iScan reader. Quality control of the raw data, preprocessing and basic analysis were performed using R/Bioconductor with the RnBeads package ${ }^{6}$. Illumina probes known to be cross-reactive or overlapping known SNPs ${ }^{7}$ were excluded from analysis. This was also done for probes giving unreliable measurements as determined by the Greedycut algorithm implemented in RnBeads. The data from the remaining probes were subjected to background subtraction using the Noob method ${ }^{8}$ and beta-mixture quantile normalization (BMIQ ${ }^{9}$ ). In a subsequent step, probes of non-CpG context, probes binding to sequences on sex chromosomes and probes with low standard deviation were filtered out. The data obtained by the remaining probes were used in downstream analyses. Methylation levels of CpG sites were calculated as $\beta$-values ( $\beta=$ intensity of the methylated allele (M)/[intensity of the unmethylated allele (U) + intensity of the methylated allele $(M)+100]$. For each patient, the shift in overall methylation was estimated by calculating the square of the Pearson correlation coefficient $\left(\mathrm{R}^{2}\right)$ between time points using the 40,000 most variable probes in all available samples. Differential methylation analysis between time points for each of the patient groups was performed using the limma
method as implemented in the RnBeads package. For downstream enrichment analyses, we used only differentially methylated CpGs with absolute difference in mean $\beta$-values of at least 0.1 at FDR 0.05. Possible enrichment of hypomethylated and hypermethylated CpGs within particular chromatin states was assessed using the R/Bioconductor package LOLA (Locus Overlap Analysis) ${ }^{10}$ and published reference CLL epigenomes $1^{11}$. Before the analysis, the genomic coordinates of the reference chromatin state regions were lifted over from hg38 to hg19 using liftOver. Enrichment analyses at the individual patient level were performed using CpGs with absolute difference in $\beta$-values between the two time points of at least 0.3 .

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## Supplementary Information

## Supplementary tables

## Suppl. table 1:

Clinical information for the patient samples

## Suppl. table 2:

Treatment and sampling information

## Suppl. table 3:

Table of driver events

## Suppl. table 4:

Evolution types across clinical phases

## Suppl. table 5:

Table of SNVs identified

## Suppl. table 6:

Representation of samples and figures explaining which samples were used in the different analyses

## Supplementary figures

Suppl. figure 1: Graphical representation of clinical course of analyzed patients. Three patients are lost to follow-up (HU-1-09, -13, -15). (Black box: sample collection for WES; Grey box: under treatment; Red box: Death, Green box: last follow up; Transparent boxes: therapy response (CR = complete response; PR: partial response; SD: stable disease; PD: progressive disease) and Richter syndrome (= Richter); Therapy information: $\mathrm{R}=$ Rituximab; 0 = Ofatumumab; $\mathrm{F}=$ Fludarabin; $\mathrm{C}=$ Cyclophoshamid; CBL=Chlorambucil; $\mathrm{B}=$ Bendamustin; $\mathrm{A}=$ Alemtuzumab; $\mathrm{M}=$ Mitoxantron; $\mathrm{CHOP}=$ Cyclophosphamid + Doxorubicin + Vincristin + Prednisolon; MCP = Melphalan + Cyclophosphamid + Prednisolon; PCR = Rituximab + Pentostatin + Cyclophosphamid; RLB = Rituximab + Lenalidomide + Bendamustin; RBM= Rituximab + Bendamustin + Mitoxantron; DBEAM $=$ Dexamethason + Carmustin + Etoposid + AraC + Melphalan; Ibr = Ibrutinib; allo = allogeneic transplant, auto = autologous transplant, DLI = Donor lymphocyte infusion)


Suppl. figure 2: Scatter plot of variant allele frequency changes between consecutive time points. Known cancer and CLL driver genes (Landau et al. 2015, Bailey et al. 2018) are highlighted in lightred if their change in allele frequency is significant based on Fisher's test on the reference and alternative allele counts other SNVs presented in blue. Excluded are SNVs which are in dbSNP, have a coverage below 20 or a higher frequency than $5 \%$ in 1000 genomes. Gray lines represent error bars for the allele frequency calculation estimated from the read counts.































Suppl. figure 3: Copy number estimation based on read counts from exome sequencing. First panel genome wide $\log 2$ ratio of tumor vs. control counts. Second panel copy number $\log 2$ ratio plot for regions analyzed by FISH. Third panel presenting density of $\log 2$ ratio regions. Fourth panel presenting genome wide $\log 2$ copy number.

HU-1-03_normal6_untr


Density Curve


HU-1-03_normal6_ref


Density Curves



HU-1-06_CD19neg_untr


Density Curves


Window



HU-1-06_CD19neg_untr2


HU-1-07_normal6_untr





HU-1-07_normal6_rel


Density Curves


Window
Data
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HU-1-08_normal6_untr


HU-1-08_CD19neg_untr2

Density Curve


HU-1-09_CD19neg_untr


HU-1-09_CD19neg_untr2


Density Curves


Window


HU-1-10_CD19neg_untr




Window
Data


HU-1-10_CD19neg_rel





HU-1-11_CD19neg_untr



Window

## Density Curves



HU-1-11_CD19neg_rel


## Density Curves



Window


Data


HU-1-13_normal6_untr




HU-1-13_CD19neg_rel



Window

Density Curves


Data


HU-1-14_CD19neg_untr



Window

## Density Curves




HU-1-14_CD19neg_rel


Density Curves


Window



HU-1-15_CD19neg_untr




Data

HU-1-15_CD19neg_untr2



Density Curves


Window



HU-1-15_CD19neg_ref




Window

HU-1-13_CD19neg_rel2



Density Curves




HU-1-19_CD19neg_untr



Window

## Density Curves




HU-1-19_CD19neg_untr2


HU-1-19_CD19neg_tr


## Density Curves



Window


Data


HU-1-21_normal24_untr





HU-1-21_normal24_ref



Window
Density Curves



Suppl. figure 4: Changes in cancer cell fraction (CCF) with annotation of genes listed in the Catalogue of Somatic Mutations in Cancer (COSMIC). Significant changes in CCF are highlighted by red (reduced CCF) or green color (increased CCF). Genes represented in COSMIC are highlighted in purple.

HU-1-06


HU-1-07
MYH2

time point

HU-1-08
RIMBP2


HU-1-09


HU-1-10

time point

HU-1-11

time point

HU-1-13
EGFR; ANO1; NLRP13

time point

HU-1-14
BTBD3

time point

HU-1-15
ABCC9; KIF4A


HU-1-19
SLC22A2; EGR2; MAP3K12


time point

HU-1-23
DNAH8; EGR2
MED19
OGR1Q1
GUCY1A:
SVDH18
SVIL
SLITRK5

CCF

time point

Suppl. figure 5: Density contour plots of methylation values at two consecutive time points for long-term untreated, relapsed and refractory CLL cases. For each patient, the methylation values of the overall 40,000 most variable CpGs were used to calculate the square of the Pearson correlation coefficient $\left(R^{2}\right)$ between time points.

Long-term untreated phases


Relapsed phases


Refractory phases


