

Quantification of measurable residual disease using duplex sequencing in adults with acute myeloid leukemia

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SUPPLEMENTARY INFORMATION

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Supplementary Methods

DNA Extraction and Quantification

Genomic DNA (gDNA) from cryopreserved patient bone marrow or peripheral blood mononuclear cells was extracted with the Qiagen PureGene kit. gDNA from a separate young, healthy donor was extracted from a Leukopak purchased from AllCells using an Agilent Genomic DNA extraction kit. For technical spike-in mixtures, gDNA from HCC827, AN3-CA, SW1271, MDA-MB-453, SW48, HCT-15, and SW620 cells was purchased from ATCC and gDNA from OCI-AML3, MOLM-14-L1, and K-562 cells was a gift from Dr. Jerald Radich. All gDNA concentrations were quantified with the Qubit dsDNA High Sensitivity kit and quality assessed on an Agilent TapeStation 2200 using a Genomic DNA Screen Tape.

Duplex Sequencing

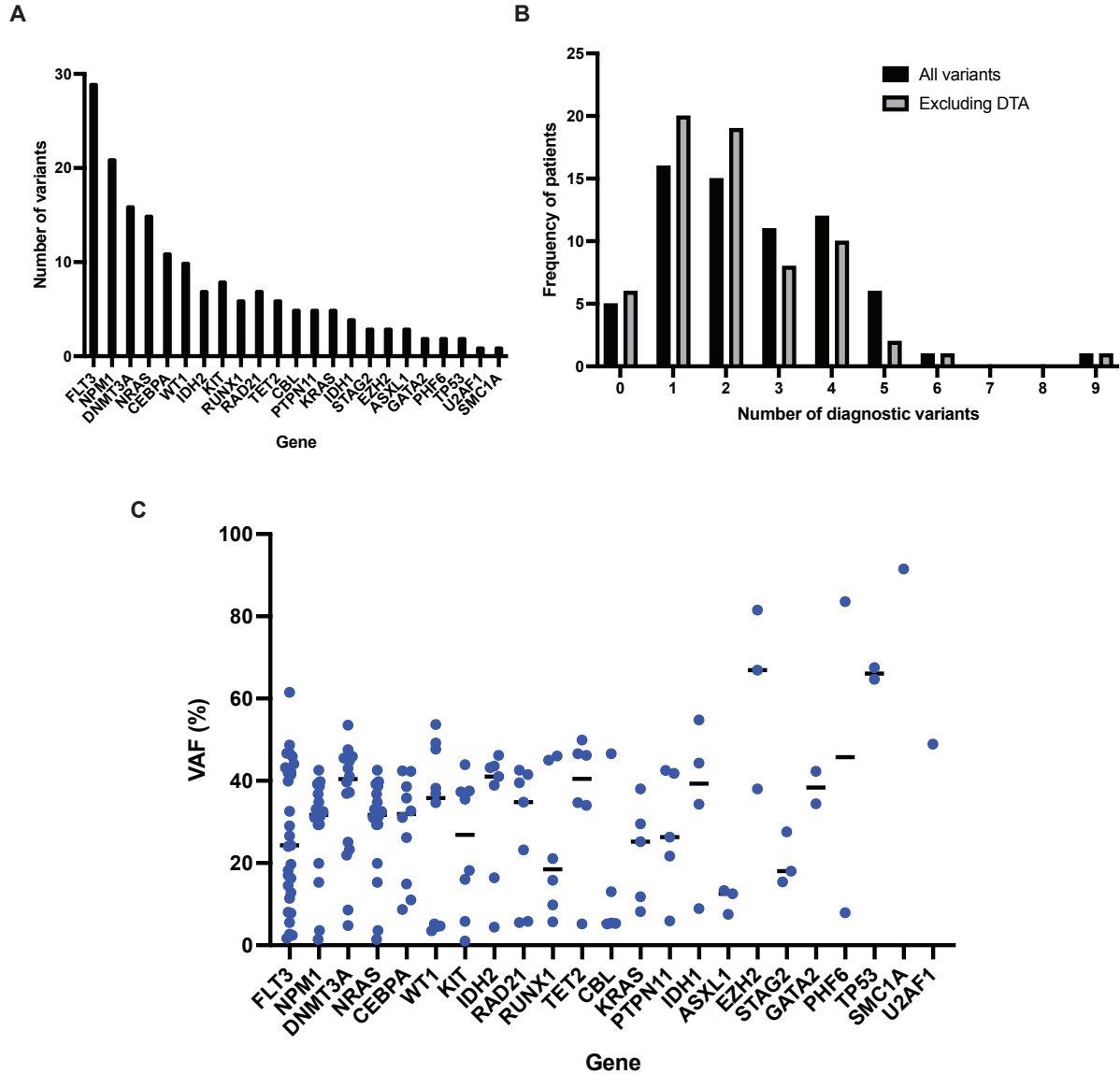
Retrospective targeted DNA sequencing of 29 genes recurrently mutated in adult AML was performed on paired diagnostic and remission bone marrow or peripheral blood samples utilizing the TwinStrand Duplex Sequencing™ AML-29 Panel (**Supplementary Table S1**). Non-error corrected sequencing was performed on diagnostic samples (500ng gDNA) and error-corrected duplex sequencing (DS) was performed on remission samples (1µg gDNA). Briefly, gDNA was sheared to a peak fragment size of 300 bp using a Covaris ultrasonicator. End repair, A-tailing and DuplexSeq™ adapter ligation were performed prior to library conditioning with a cocktail of glycosylases to remove damaged DNA molecules prior to amplification. Following indexing PCR, libraries were hybridized with biotinylated 120-mer DNA probes and purified with streptavidin magnetic beads. Following washes additional PCR was performed, followed by another round of hybridization, capture, washes, and final PCR. Libraries were sequenced using paired-end 150bp sequencing on an Illumina NextSeq 500 (diagnostic samples) or a NovaSeq 6000 (remission samples).

For technical assessment of the 29 gene panel with the DS assay, mutant cell line DNA was spiked into healthy donor DNA at predicted VAFs ranging from 1.0×10^{-2} to 3.9×10^{-6} . Mutant DNA samples harboring a total of 21 unique variants across 13 genes were combined into mutation mixes. Fifteen single nucleotide variants (SNV) were combined into an “SNV mix” and 4 insertions/deletions (indel) were combined into an “indel mix”. A serial dilution of *FLT3*-ITD (21 bp) and *NPM1* insertion (4 bp) variants was also generated (1%, 0.1%, 0.01% and 0.003% VAF for each). Four replicate libraries were prepared for each mutation mix, with 1.5 μ g gDNA input for each library except 50ng for 1% *FLT3/NPM1* and 250ng for 0.1% *FLT3/NPM1*, and pure healthy donor DNA at each DNA input mass. Expected VAFs were based on COSMIC reported zygosity and dilution factors and were adjusted based on DS analysis of SNVs in pure cell line DNA and 1:1 mixes of cell line and healthy donor DNA. Libraries were prepared as above and sequenced on a NovaSeq 6000.

Raw FASTQ files are available in the NCBI Small Reads Archive (SRA) (Accession: PRJNA945188).

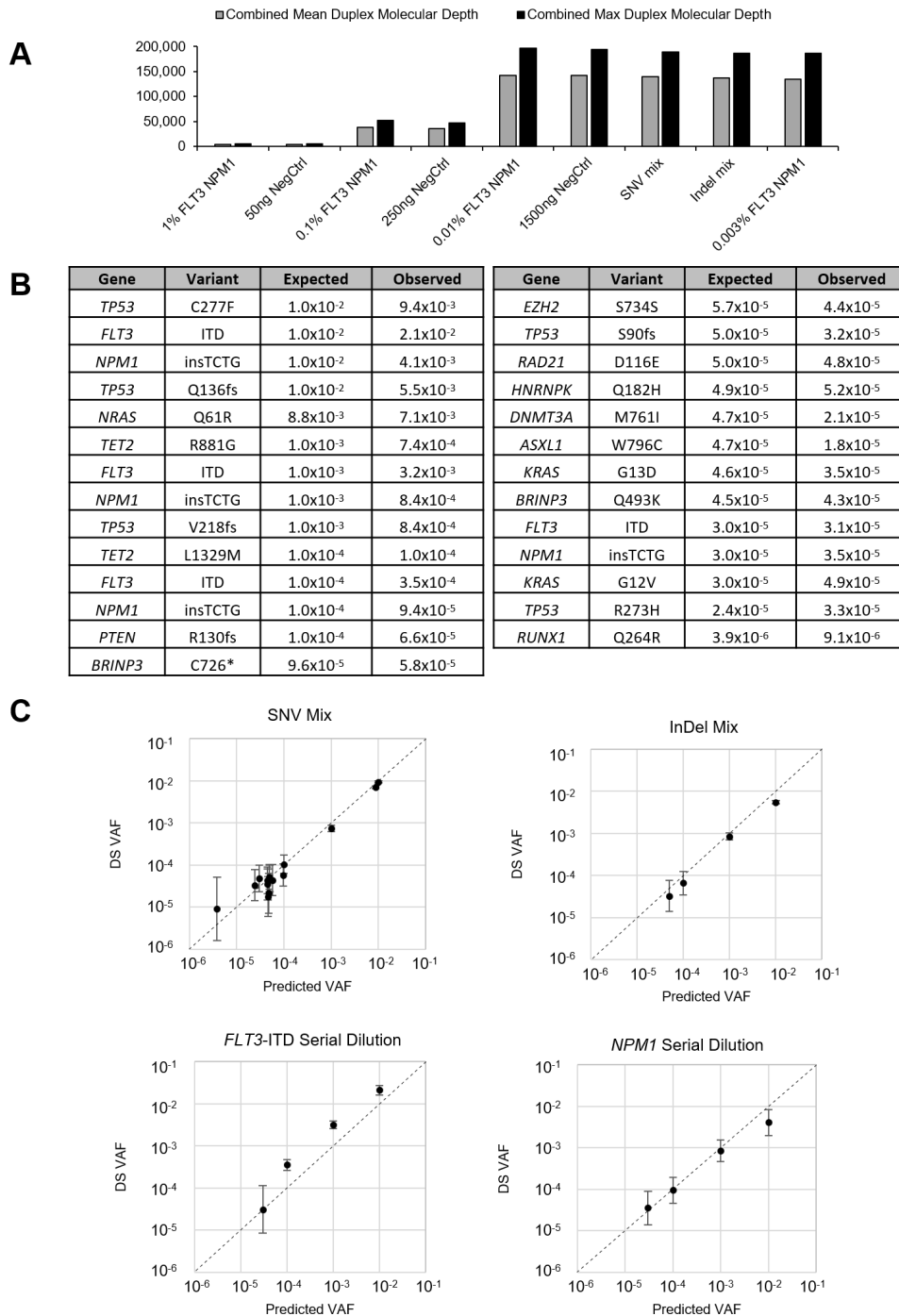
Supplementary Figure S1. Detection of mutations at AML diagnosis.

The (A) total number of variants per gene, (B) number of variants per patient (with or without inclusion of *DNMT3A*, *TET2* or *ASXL1* (DTA) genes), and (C) variant allele fraction (VAF) of variants detected in diagnostic samples from 67 acute myeloid leukemia (AML) patients screened for inclusion in this study.



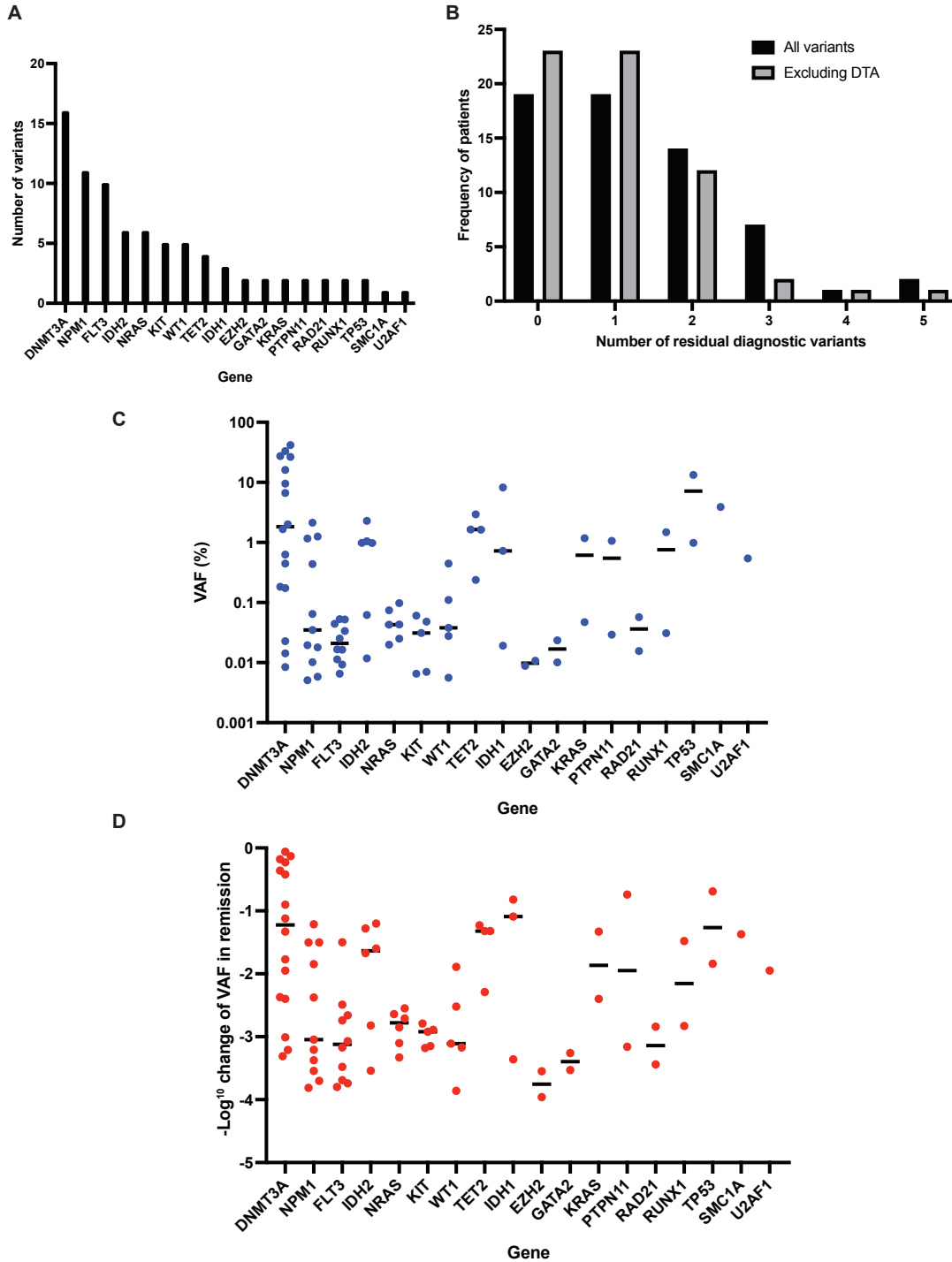
Supplementary Figure S2. Technical assessment of the duplex sequencing assay.

(A) Data from 4 technical replicate libraries were merged for each of the mutation mixes or negative controls. Mean and maximum panel-wide duplex molecular depth are plotted for each. (B) The expected vs. observed variant allele fractions (VAFs) are listed for each variant in the cell line DNA spike-in mixtures. *FLT3*-ITD and *NPM1* insTCTG each appear 4 times to reflect the serial dilutions of those mutations. (C) Observed vs. expected VAFs are plotted for each mutation mix, and correlations are calculated and inset. Error bars represent Wilson binomial 95% confidence intervals.



Supplementary Figure S3. Detection of residual diagnostic mutations in remission.

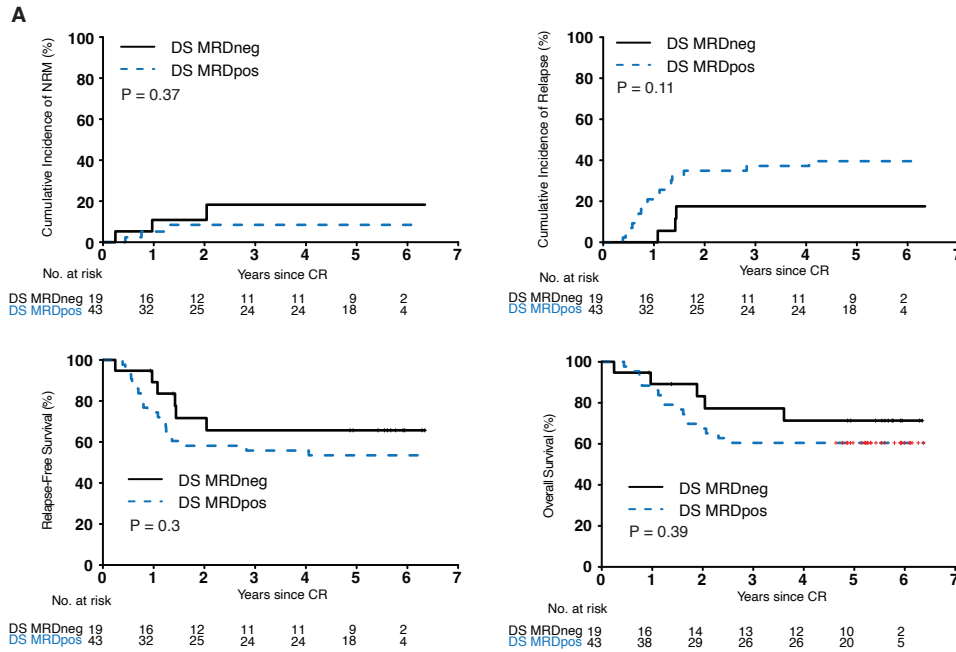
The (A) total number of variants per gene, (B) number of variants per patient (with or without inclusion of *DNMT3A*, *TET2* or *ASXL1* (DTA) genes), (C) variant allele fraction (VAF), and (D) $-\log^{10}$ change in VAF between diagnosis and remission of diagnostic variants detected at the time of remission from 62 acute myeloid leukemia (AML) patients included in this study.



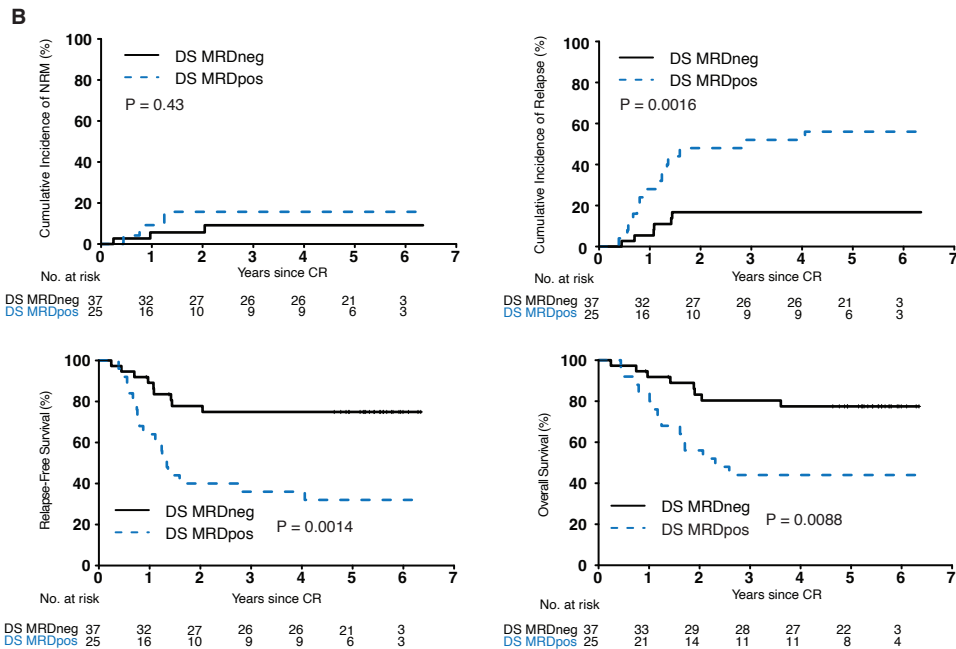
Supplementary Figure S4. Association of different DS MRD status on clinical outcomes.

Rates of non-relapse mortality (NRM, top left), relapse (top right), relapse-free survival (bottom left), and overall survival (bottom right) are shown by remission DS MRD status as defined by: (A) any residual diagnostic variant (RDV), (B) RDV with VAF $\geq 0.1\%$, (C) RDV with VAF $\geq 0.1\%$, excluding *DNMT3A*, *TET2*, and *ASXL1* (DTA), (D) RDV with no greater than $2 \log^{10}$ reduction in VAF between diagnosis and remission, (E) RDV with no greater than $2 \log^{10}$ reduction in VAF between diagnosis and remission, excluding DTA, and (F) deleterious variant with VAF $\geq 0.1\%$, or $\geq 0.01\%$ for *NPM1/FLT3-ITD*, excluding DTA, agnostic to diagnosis.

Duplex Sequencing - Any Residual Diagnostic Variant

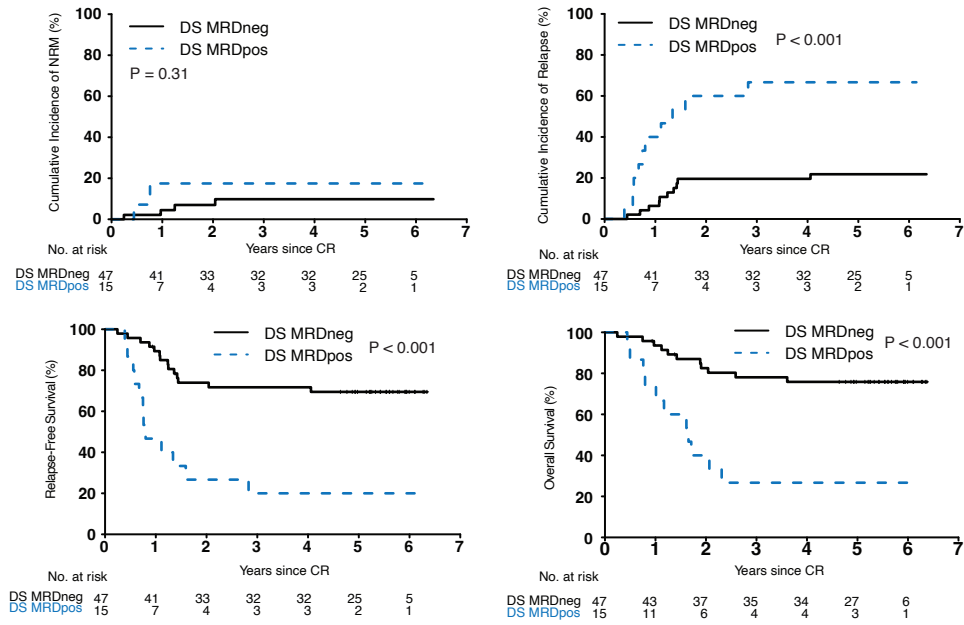


Duplex Sequencing - Residual Diagnostic Variant with VAF $\geq 0.1\%$



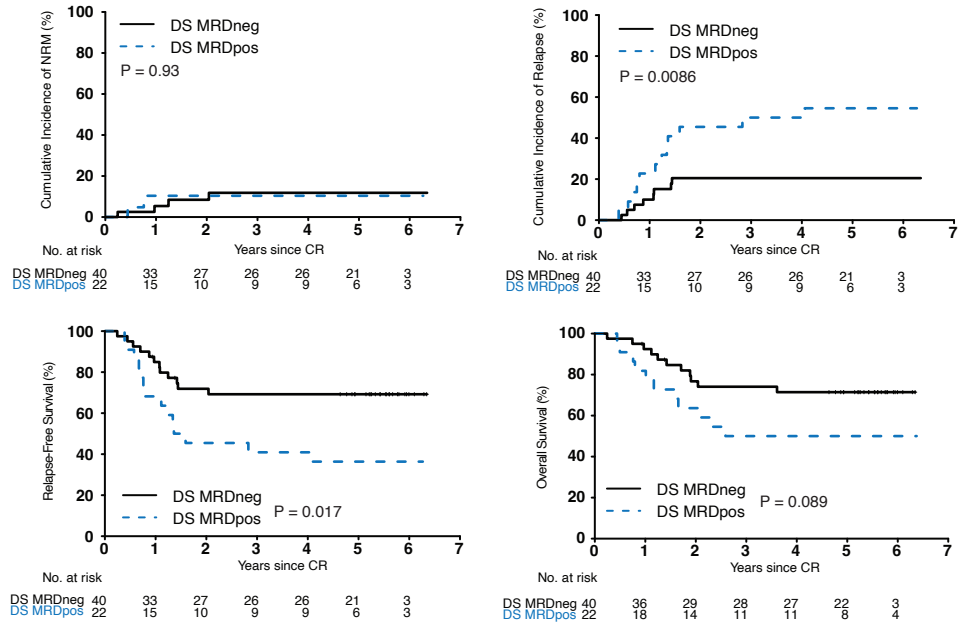
Duplex Sequencing - Residual Diagnostic Variant with VAF $\geq 0.1\%$, no DTA

C

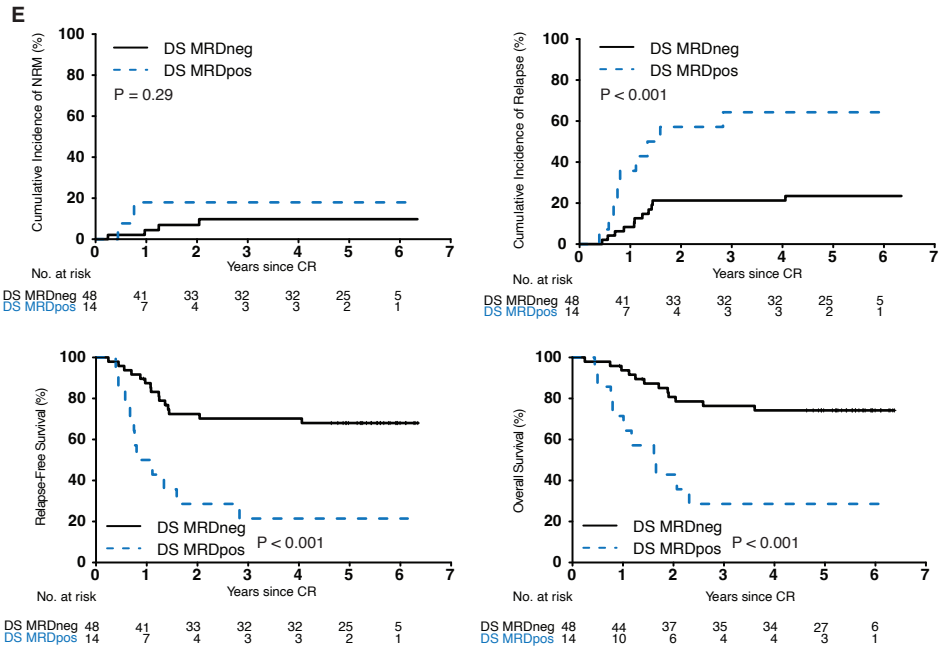


Duplex Sequencing - Residual Diagnostic Variant VAF $\leq 2 \text{ Log}^{10}$ Decrease

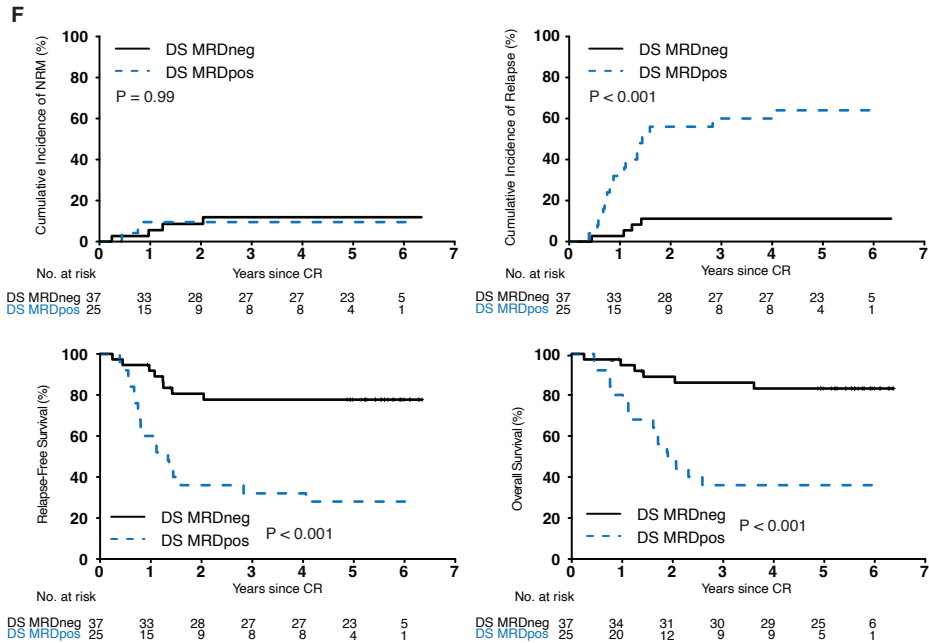
D



Duplex Sequencing - Residual Diagnostic Variant VAF $\leq 2 \text{ Log}^{10}$ Decrease, No DTA

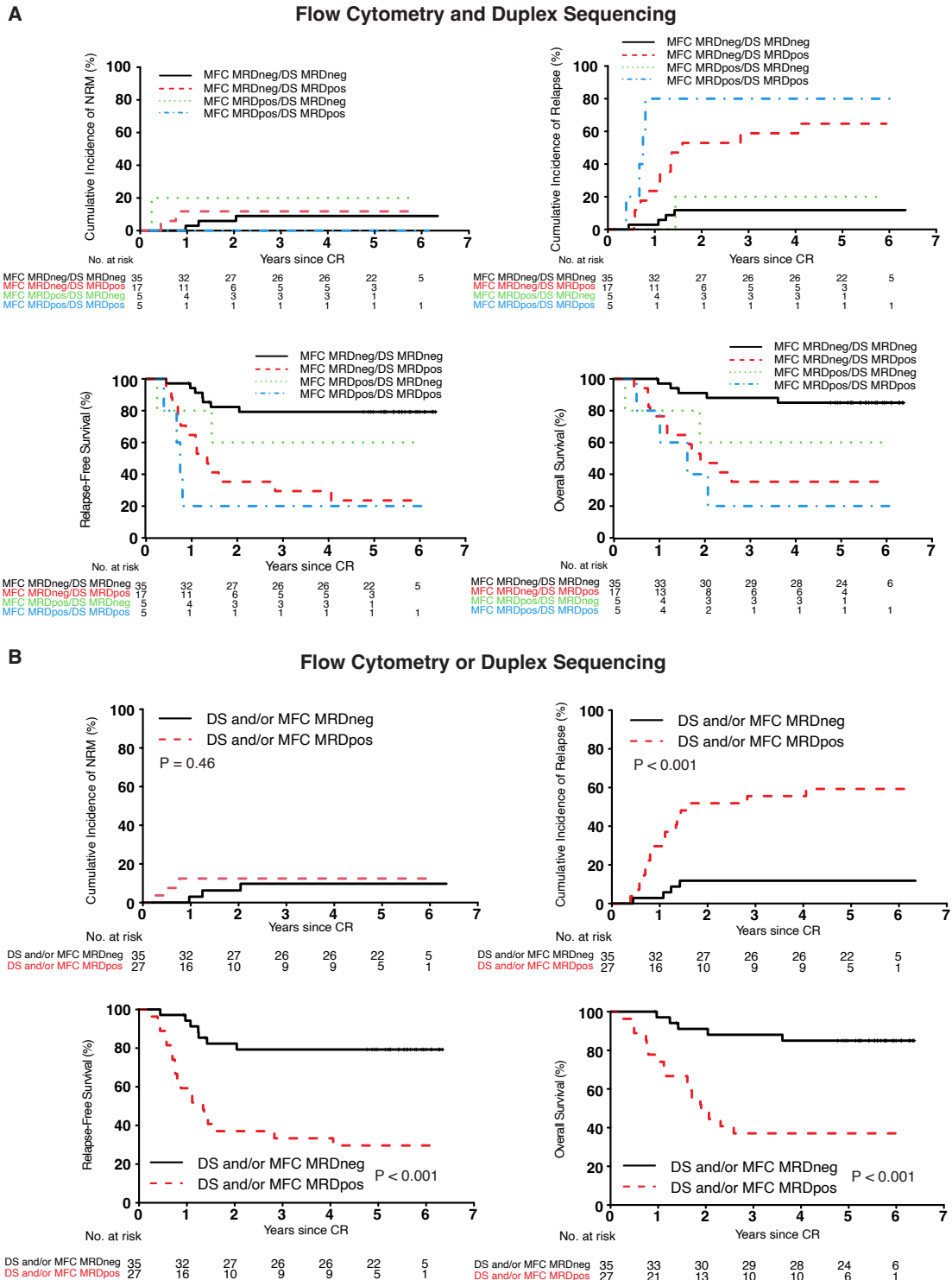


Duplex Sequencing - VAF $\geq 0.1\%$ or $\geq 0.01\%$ for *NPM1/FLT3-ITD*, No DTA, agnostic



Supplementary Figure S5. Association of DS and/or flow cytometry MRD status on clinical outcomes.

Rates of non-relapse mortality (NRM, top left), relapse (top right), relapse-free survival (bottom left), and overall survival (bottom right) are shown by remission MRD status as determined by (A) DS and multiparametric flow cytometry (MFC) and (B) DS or MFC. Positive, pos; Negative, neg.



Supplementary Table S1. Duplex sequencing panel target regions

Gene	Accession #	Target Region (amino acid)	Exon
<i>ASXL1</i>	NM_015338	363-1542	12-13
<i>CBL</i>	NM_005188	366-477	8-9
<i>CEBPA</i>	NM_001287424	full CDS	1
<i>DNMT3A</i>	NM_022552	286-913	8-23
<i>EZH2</i>	NM_004456	87-208, 244-302, 503-752	4-6, 8, 13-20
<i>FAM5C (BRINP3)</i>	NM_199051	80-142, 396-767	3, 8
<i>FLT3</i>	NM_004119	569-647, 807-847	14-15, 20
<i>GATA2</i>	NM_032638	77-481	3-6
<i>HNRNPK</i>	NM_002140	21-85, 173-215, 319-336, 371-453	4-6, 10, 12, 15-16
<i>IDH1</i>	NM_005896	106-138	4 (partial)
<i>IDH2</i>	NM_002168	126-178	4
<i>KIT</i>	NM_000222	412-448, 788-828	8, 17
<i>KRAS</i>	NM_004985	1-96	2-3
<i>MLL-X (KMT2A-X)</i>	NM_005933 (<i>KMT2A</i>)	<i>MLL</i> intron 9	intron 9
<i>MYH11-CBFB</i>	NM_022844 (<i>MYH11</i>)	<i>MYH11</i> intron 30, exon 31	intron 30, exon 31
<i>NPM1</i>	NM_002520	258-282, 283-295	10-11
<i>NRAS</i>	NM_002524	1-96	2-3
<i>PHF6</i>	NM_032458	full CDS	2-10
<i>PTEN</i>	NM_001304717	258-337, 385-440	6, 8
<i>PTPN11</i>	NM_002834	47-110, 484-533	3, 13
<i>RAD21</i>	NM_006265	full CDS	2-14
<i>RUNX1</i>	NM_001754	full CDS	2-9
<i>SMC1A</i>	NM_006306	38-99, 447-515, 578-637, 687-732, 772-902, 1096-1145	2, 9, 11, 13, 15, 16-17, 22
<i>SMC3</i>	NM_005445	184-268, 365-435, 656-705, 882-1035, 1100-1158	9-10, 13, 19, 24-25, 27
<i>STAG2</i>	NM_001282418	42-128, 155-297, 436-472, 513-546, 578-675, 787-844, 892-1155	5-6, 8-10, 15, 17, 19-20, 25, 27-31
<i>TET2</i>	NM_001127208	full CDS	3-11
<i>TP53</i>	NM_000546	full CDS	2-11 + alt. exons
<i>U2AF1</i>	NM_006758	16-44	2
<i>WT1</i>	NM_024426	372-523	7-10

CDS, coding sequence

Supplementary Table S2. Patient clinical characteristics.

Covariate	Trial population	Achieved CR	MRD flow data available	Screened by NGS for molecular targets at diagnosis	Molecular target identified at diagnosis and DS data available
Number of patients	595	416	184	67	62
Randomized arm					
DA	300 (50%)	210 (50%)	89 (48%)	35(52%)	32 (52%)
DA+GO	295 (50%)	206 (50%)	95 (52%)	32 (48%)	30 (48%)
Age					
Median (range)	47 (18-60)	47 (18-60)	47 (18-60)	47 (18-60)	48 (18-60)
Sex					
Female	282 (47%)	193 (46%)	95 (52%)	30 (45%)	28 (45%)
Male	313 (53%)	224 (54%)	89 (48%)	37 (55%)	34 (55%)
Performance status					
0-1	518 (88%)	367 (89%)	155 (85%)	56 (84%)	58 (84%)
2-3	74 (12%)	47 (11%)	28 (15%)	11 (16%)	11 (16%)
Cytogenetic risk					
Favorable	77 (17%)	67 (21%)	34 (21%)	16 (26%)	13 (23%)
Intermediate	263 (58%)	196 (63%)	92 (58%)	31 (51%)	30 (54%)
Adverse	117 (26%)	50 (19%)	34 (21%)	14 (23%)	13 (23%)
Missing	138	93	24	6	6
WBC (x10³)					
Median (range)	11.4 (0.2-545)	11.3 (0.2-545)	13.5 (0.2-214)	18.7 (0.2-214)	18.0 (0.2-214)
Platelets (x10³)					
Median (range)	54 (2-9300)	54 (5-9300)	55 (5-9300)	44 (10-449)	48.5 (10-449)
Hemoglobin (g%)					
Median (range)	9.1 (3.5-29.1)	9.1 (3.5-28.5)	9.2 (3.5-28.5)	9.4 (3.5-13.6)	9.4 (3.5-13.6)
Race					
Asian	26 (4%)	12 (3%)	3 (2%)	1 (2%)	1 (2%)
Black	38 (6%)	24 (6%)	12 (7%)	4 (6%)	4 (6%)
Native American/Alaskan	6 (1%)	3 (1%)	3 (2%)	1 (2%)	1 (2%)
Pacific Islander	4 (1%)	2 (1%)	2 (1%)	0	0
White	497 (83%)	357 (86%)	156 (85%)	49 (88%)	54 (87%)
Unknown	24 (4%)	18 (4%)	8 (4%)	2 (3%)	2 (3%)

WBC, white blood cell count; DA, daunorubicin and cytarabine; GO, gemtuzumab ozogamicin; CR, complete remission; MRD, measurable residual disease; NGS, next generation sequencing; DS, duplex sequencing

Supplementary Table S4. Flow cytometry MRD.

Patient	Flow MRD (%)
SAATHG	0.28
SAATLN	0.002
SAATTR	0.6
SAAUCW	0.01
SAAUEE	2.3
SAAUEG	0.21
SAAUFE	6.2
SAAUFU	0.01
SAAUKF	0.2
SAAVJP	0.85

Supplementary Table S5. Univariate cox regression analysis for clinical outcomes based on various duplex sequencing MRD definitions.

MRD Definition	Relapse		Relapse-Free Survival		Overall Survival	
	HR (95% CI)	p-value	HR (95% CI)	p-value	HR (95% CI)	p-value
DS - any RDV	2.8 (0.8-9.4)	0.11	1.6 (0.7-4)	0.3	1.5 (0.6-4.2)	0.39
DS - RDV with VAF ≥0.1%	4.7 (1.8-12.3)	0.0016	3.8 (1.7-8.5)	0.0014	3.2 (1.3-7.7)	0.0088
DS - RDV with VAF ≥0.1%, no DTA	5.5 (2.3-13.3)	<0.001	4.6 (2.1-10)	<0.001	4.8 (2-11.1)	<0.001
DS - RDV ≤2 log ¹⁰ reduction in VAF between diagnosis and remission	3.3 (1.4-8.2)	0.0086	2.6 (1.2-5.6)	0.017	2.1 (0.9-4.8)	0.089
DS - RDV ≤2 log ¹⁰ reduction in VAF between diagnosis and remission, no DTA	4.5 (1.9-11)	<0.001	4 (1.8-8.7)	<0.001	4.3 (1.8-10.1)	<0.001
DS - VAF ≥0.1% or ≥0.01% for <i>NPM1/FLT3-ITD</i> , no DTA, agnostic to diagnosis	8.7 (2.9-26.1)	<0.001	4.8 (2.1-11.1)	<0.001	5.4 (2.1-13.8)	<0.001

MRD, measurable residual disease; HR, hazard ratio; CI, confidence interval; DS, duplex sequencing; RDV, residual diagnostic variant; VAF, variant allele frequency; DTA, *DNMT3A* *TET2* *ASXL1*