# **Supplemental Material to:**

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# **HDAC isoenzyme expression is deregulated in chronic lymphocytic leukemia B-cells and has a complex prognostic significance**

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## **ONLINE SUPPLEMENTAL APPENDIX**

# **Supplemental Data Text 1**

# *ZAP70 and LPL assessment by real-time PCR analysis*

We used 25 ng of cDNA (produced by standard reverse transcription) in a qPCR assay with SYBR® Green PCR Master Mix (Applied Biosystems) and 0.32 mol/L of gene-specific forward and reverse primers (Invitrogen). We standardized all of the results using cyclophilin A (PPI) gene expression. The primer sequences used to amplify ZAP70, PPI and LPL are listed in the table below. Standard real-time PCR was performed with an ABI Prism 7900 HT (Applied Biosystems). A calibrator sample (cDNA from the Namalwa cell line, a human Blymphoid leukemia cell line that expresses ZAP70 at a low level; ATCC) was included as a control in each experiment. In all cases, we created dissociation curves to confirm PCR specificity. Data were analyzed using the comparative ΔΔCt method.



## *CD38 assessment by flow cytometry (FC)*

We evaluated the cell surface expression of CD38 by FC in a CD19+ gate with a panel of fluorochrome-labeled monoclonal antibodies (phycoerythrin-conjugated CD38, cyanine-5 conjugated CD19, Immunotech). CD38 expression was deemed positive if 7% of the cells stained positive in a standard 3-color FC analysis. This cut-off was calculated using ROC curve analysis, maximizing the concordance with IgVH mutational status.

## *sCD23 and β2-microglobulin ELISAs*

sCD23 and β2-microglobulin serum levels were determined using commercial immunoassay kits. Standards were used to fully quantify the sCD23 or β2-microglobulin level, and the provided controls were included in each experiment to monitor the assay performance and the inter-assay variability.

#### *Lymphocyte doubling time assessment*

Lymphocyte doubling time was determined as described by Montserrat et al. and is defined as the time needed to double the peripheral lymphocyte count.

#### *Cytogenetic abnormality assessment*

For conventional cytogenetic analysis, culture conditions, harvesting, slide preparation, and G-banding were carried out as described previously. Additional cytogenetic abnormalities were investigated with the Chromoprobe Multiprobe® - CLL System. Fresh or frozen CLL cells were washed twice with PBS and incubated in KCl (0.075 M, pH 7) for 10 min. Cells were then fixed with Carnoy's fixative (3:1 methanol:glacial acetic acid). Hybridization was performed according to the manufacturer's recommendation. The cells (100 to 200) were counted to generate representative results. A CLL FISH panel allowed for the detection of trisomy of 12, deletions in 13q14 ATM (11q22.3), TP53 (17p13.1) and MYB (6q23.3) and translocation involving IGH fission (14q32), IGH/CCND1 (14q32/11q13.3) and IGH/BCL2 (14q32/18q21.3).

#### *IgVH gene mutational analysis*

IgVH gene mutational analysis was performed as previously described, and the sequences were aligned with those in the international ImMunoGeneTics information system database (http://imgt.cines.fr). Sequences with ≤2% deviation from any germline IgVH sequence were considered unmutated.

# **Supplemental Data Text 2**

# *HDAC score 5-fold cross-validation*

Cross-validation is the statistical practice of partitioning a sample of data into subsets such that the analysis is initially performed on a single subset, while the other subsets are retained for subsequent use in confirming and validating the initial analysis (http://en.wikipedia.org/wiki/Cross-validation). The initial subset of data is called the training set; the other subsets are called the validation sets (Supplemental Data Figure 4A).

In a 5-fold cross-validation, the original sample is partitioned into 5 subsamples (5 subsamples of 40 patients in our study). Of the 5 subsamples, a single subsample is retained as the validation data for testing the model, and the remaining 4 subsamples are used as training data. The cross-validation process is then repeated 5 times (see figure below), with each of the 5 subsamples used exactly once as the validation data. The 5 results from the folds are then combined to produce a single estimation and correlated to survival data (TFS and OS in our study). The advantage of this method over repeated random sub-sampling is that all observations are used for both training and validation, and each observation is used for validation exactly once. The 5-fold cross-validation method is commonly used to estimate the prediction accuracy of a classification model.

Supplemental Data Figures 4B and 4E show the variation of the cut-off in the 5 subsamples of the 5-fold cross-validation. These scores were stable when they lost 20% of the population (70.5 and 79.5% for TFS and OS, respectively), as shown in the confusion tables (Supplemental Data Figures 4C and 4F). The score computed by the cross-validation model remained significant to predict TFS and OS (Supplemental Data Figures 4D and 4G).



# **Supplemental Data Table S1. HDAC expression in CLL, PB and UCB B cells.**

# (Supplemental data Table S2 – part I)



# (Supplemental Data Table S2 – Part II)



<sup>a</sup> Mutational status is based on a 98% cut-off value.

<sup>b</sup> The cut-off determined using ROC curve analysis maximising the concordance with the IgVH status

 $\cdot$  Among patients with unfavorable cytogenetic abnormalities (n=61), we found 11 patients with a del(17p) (7.6%), 16 with a del(11q) (11.1%), 10 with del(6q) (6.9%), and 22 with a trisomy-12 (15.3%). Furthermore, 2 patient presents a complex karyotype associated with poor prognosis (1.4%). Among patients with favorable cytogenetic abnormalities (n=83), we found 38 patients with del(13q) (26.4%) and 7 patients with other(s) abnormalities (del(16q), translocation t(13,14), tri7 or tri18) (4.9%). 38 patients had a normal karyotype (26.4%).

# **Supplemental Data Table S2. Patient characteristics and HDAC expression in different prognostic subgroups.**



 $^{\rm a}$  Cut-off were calculated using KOC curve maximising the concordance between HDAC expression and ZAP70 status and minimising the number of false negative

**Supplemental Data Table S3. Prognostic power of HDAC expression**



<sup>a</sup> Mutational status is based on a 98% cut-off value.

 $^{\rm b}$  The cut-off determined using ROC curve analys is maximising the concordance with the IgVH status

 $\cdot$  Among patients with unfavorable cytogenetic abnormalities (n=61), we found 11 patients with a del(17p)  $(7.6%)$ , 16 with a del $(11q)$  (11.1%), 10 with del $(6q)$  (6.9%), and 22 with a tris omy-12 (15.3%). Furthermore, 2 patient presents a complex karyotype associated with poor prognosis (1.4%). Among patients with favorable cytogenetic abnormalities (n=83), we found 38 patients with del(13q) (26.4%) and 7 patients with other(s) abnormalities (del(16q), translocation t(13,14), tri7 or tri18) (4.9%). 38 patients had a normal karyotype (26.4%).

## **Supplemental Data Table S4. Prognostic power of classical prognostic factors**

#### **Supplemental Data Figure Legend**

**Supplemental Data Figure S1. Prognostic power of HDAC expression in terms of TFS.**  TFS values for HDAC1 (A), HDAC2 (B), HDAC3 (C), HDAC4 (D), HDAC5 (E), HDAC6 (F), HDAC7 (G), HDAC8 (H), HDAC9 (I), HDAC10 (J), HDAC11 (K), SIRT1 (L), SIRT2 (M), SIRT3 (N), SIRT4 (O), SIRT5 (P), SIRT6 (O), and SIRT7 (R) were plotted using Kaplan-Meier estimates. ROC curves were used to determine HDAC cut-off values that best distinguished ZAP70+ and ZAP70- cases and minimized the number of false negatives. Significant differences between curves were calculated using the log-rank test. Statistical details can be found in Supplemental Data Table S3.

**Supplemental Data Figure S2. Prognostic power of HDAC expression in terms of OS.**  OS values for HDAC1 (A), HDAC2 (B), HDAC3 (C), HDAC4 (D), HDAC5 (E), HDAC6 (F), HDAC7 (G), HDAC8 (H), HDAC9 (I), HDAC10 (J), HDAC11 (K), SIRT1 (L), SIRT2 (M), SIRT3 (N), SIRT4 (O), SIRT5 (P), SIRT6 (Q), and SIRT7 (R) were plotted using Kaplan-Meier estimates. ROC curves were used to determine HDAC cut-off values that best distinguished ZAP70+ and ZAP70- cases and minimized the number of false negatives. Significant differences between curves were calculated using univariate Cox regression analysis. Statistical details can be found in Supplemental Data Table S3.

**Supplemental Data Figure S3. Five-fold cross-validation study of TFS and OS score.** (A) Five-fold cross-validation model. (B) and (E) present the cut-off variation for the 5 parts of the cross-validation for each element of the TFS and OS score, respectively. (C) and (F) show the concordance between the real score and the cross-validated score for TFS and OS, respectively. (D) and (G) show Kaplan-Meier estimates of the cross-validated score for TFS and OS, respectively. Significant differences between curves were calculated using univariate Cox regression analysis.

**Supplemental Data Figure S4. Prognostic power of classical prognostic factors.** (A and J) TFS and OS curves for Binet stage A vs. B-C (n=200); (B and K) IgVH mutational status  $(n=135)$ ; (C and L) LDT  $(n=172)$ ; (D and M) ZAP70 by qPCR  $(n=200)$ ; (E and N) LPL by  $qPCR$  (n=200); (F and O) CD38 (n=190); (G and P) cytogenetic abnormalities detected by classical karyotype analysis or by FISH (normal/del(13q)/other) vs.  $(del(17p)/(11q)/(6q)/+12/complex)$  (n=144); (H and Q) sCD23 (n=139); (I and R) β2-M (n=163). ROC curves were used to determine the ZAP70, LPL, CD38, miR-29c, miR-223, sCD23 and β2-M expression cut-off values that best distinguished mutated and unmutated cases. IgHV mutational status is based on a 98% cut-off value. Significant differences between curves were calculated using the log-rank test. Statistical details can be found in Supplemental Data Table S4.



**Supplemental Data Figure S1. Prognostic power of HDAC expression in terms of TFS**



**Supplemental Data Figure S2. Prognostic power of HDAC expression in terms of OS**



**TFS** 

**OS** 



 $\overline{\phantom{a}}$ **Cut-off variation** 

#### **Confusion table**



### **Cross-validation study**



**Supplemental Data Figure S3. Five-fold cross-validation study of TFS and OS score**



**Supplemental Data Figure S4. Prognostic power of classical prognostic factors**