Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

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Supplementary Methods

Research participants and whole-exome sequencing of blood cell-derived DNA

A total of 12,380 Swedish research participants with psychiatric diagnoses were ascertained from the Swedish National Hospital Discharge Register, which captures all inpatient hospitalizations. Controls were randomly selected from population registers. We treated cases and controls as a single cohort for all analyses presented below, as none of the mutational variables analyzed below showed any relationship to psychiatric diagnosis after controlling for other factors such as age and smoking. Research participation and DNA sampling took place from 2005 to 2013.

Excluding bipolar subjects, medical histories (from 1965 to 2011) of 11,164 of the subjects enrolled in the study were extracted from the Swedish national in- and outpatient register (median follow-up was 32 months). Information about vital status (from 2006 to 2012) was extracted from the population register and the Cause of Death register (median follow-up was 42 months). To identify individuals with hematologic malignancies, we included diagnoses within ICD10 code groups C81–C96 (malignant neoplasms of lymphoid, hematopoietic and related tissue), D45 (polycythemia vera), D46 (myelodysplastic syndromes), D47 (other neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue), and D7581 (myelofibrosis) and the same diagnoses within the corresponding ICD9 and ICD8 groups.

The 12,380 samples collected were sequenced in twelve separate waves. The first wave employed an earlier version of the hybrid-capture procedure (Agilent SureSelect Human All Exon Kit), which targets \sim 28 million base pairs of the human genome, partitioned in \sim 160,000 intervals, whereas the samples from the other waves used a newer version (Agilent SureSelect Human All Exon v.2 Kit), which targets \sim 32 million base pairs of the human genome, partitioned in \sim 190,000 intervals. The first wave was sequenced using Illumina GAII instruments and the remaining waves were sequenced using Illumina HiSeq 2000 and HiSeq 2500 instruments, with pair ended sequencing reads of 76 base pairs across all waves. Sequencing was performed at the Broad Institute of MIT and Harvard across the period of time from 2010 to 2013.

Sequencing data were aligned against the GRCh37 human genome reference using BWA ALN version $0.5.9¹$ On average across samples each base pair of the target intervals was observed 95 times. Genotypes and allelic counts were computed across the genome using the Haplotype Caller from the Genome Analysis Toolkit version 3.1 -1,² which generated genotypes for 1,812,331 variant sites across 12,380 subjects. Due to the specific default parameters used by the Haplotype Caller and aimed at genotyping inherited mutations, we recognized that several mutations present in sequencing reads in the 5-10% allele fraction range, and that could have been called, were not reported. To mitigate this issue, we used the Unified Genotyper from the Genome Analysis Toolkit to genotype 208 variants reported as seen seven or more times in hematopoietic or lymphoid cancers in the Catalogue Of Somatic Mutations In Cancer (COSMIC) database³ v69 (released June 2nd, 2014), with the exception of a few that we deemed inherited mutations or PCR sequencing artifacts⁴ rather than somatic events (**Table S2**). We kept all mutations for which the alternate allele was observed on at least three sequencing reads in an individual's sequencing data. These thresholds yielded 26 additional mutations that were not called by the Haplotype Caller. We did not use these mutations for our unbiased analysis of enrichment of disruptive mutations.

Definition of putative, inclusive, and candidate driver somatic mutations

Due to the higher likelihood of misalignment and PCR artifacts, we excluded from analysis somatic mutations in the following regions:

1) Low complexity regions and sites harboring markers failing Hardy Weinberg equilibrium tests in the 1000 Genomes Project phase 1⁵ (https://github.com/lh3/varcmp/blob/master/scripts/LCR-

hs37d5.bed.gz and https://github.com/lh3/varcmp/blob/master/scripts/1000g.hwe-bad.bed)

2) Sites with excess coverage within the 1000 Genomes Project phase $1⁶$

3) Segmental duplications of the human genome^{7,8}

(http://hgdownload.cse.ucsc.edu/goldenPath/hg19/database/genomicSuperDups.txt.gz)

4) Regions harboring common large insertions in 1000 Genomes Project Phase1 samples (data unpublished)

5) Regions excluded from the strict mask of the 1000 Genomes Project phase 1^9

(ftp://ftp.1000genomes.ebi.ac.uk/vol1/ftp/phase1/analysis_results/supporting/accessible_genome_mask s/20120824_strict_mask.bed)

These filters defined regions covering $~60\%$ of the GRCh37 human genome reference and $~70\%$ of the coding regions and they excluded 161,158 out of the 1,812,331 variants called in the cohort.

Due to enrichment bias in exome libraries, allelic fractions for inherited heterozygous mutations are not expected to be centered around 50% . The average expected allelic fraction for the alternate allele of a heterozygous single nucleotide polymorphisms (SNPs) is actually 47%±4% (**Fig. S2**). For indels, this value is even lower, likely due to a mix of enrichment bias, sequence misalignment, and improper reporting of allelic counts for some complicated indels from the Haplotype Caller from the Genome Analysis Toolkit prior to version 3.2 (**Fig. S3A,B**). Therefore we decided to apply different thresholds for SNPs and indels for the purpose of identifying putative somatic mutations.

We define as putative somatic mutations those alleles satisfying the following criteria: 1) SNPs

2) Observed once or twice (minor allele frequency less than 0.01%) in the cohort

3) Allelic fraction above 10%

4) Failed the hypothesis that the alternate allelic count was distributed as a binomial process with mean 45% with a designed false positive rate of 10-5

We define as inclusive somatic mutations those alleles satisfying the following criteria:

1) SNPs or indels of length one or two base pairs

2) Observed at most six times (minor allele frequency less than 0.025%) in the cohort

3) Allelic fraction above 5%

4) Failed the hypothesis that the alternate allelic count was distributed as a binomial process with mean 47% for SNPs and 40% for indels with a designed false positive rate of 0.01

These definitions yielded 4,275 putative somatic mutations and 53,474 inclusive somatic mutations across 12,380 subjects. Upon further analysis, a large fraction of these mutations originated from the first two sequencing waves (**Fig. S4A,B**). This likely reflected older capture and sequencing technologies used during the first two waves. We also observed a single outlier subject from the sixth sequencing wave, with 193 putative somatic mutations and 1,207 inclusive somatic mutations. Putative somatic mutations from this outlier failed to validate in an independent experiment.

We excluded the 534 subjects from the first two waves and the outlier subject from any subsequent analyses in which putative or inclusive somatic mutations were used. This resulted in a refined set of 3,111 putative somatic mutations and 42,282 inclusive somatic mutations from 11,845 subjects. Mutational profiles for inherited mutations (**Fig. S5A**) resemble mutational profiles for inclusive and putative somatic mutation sets (**Fig. S5B,C**) suggesting that technical artifacts, rather than genuine somatic and inherited mutations, must constitute a small fraction of the two sets. By contrast, the mutational profiles for inclusive somatic mutations from the first two sequencing waves (**Fig. S5D,E**) were quite different, and so were the mutational profiles for inclusive somatic mutations in the outlier subject from the sixth sequencing wave (**Fig. S5F**), further suggesting that these were library preparation or sequencing artifacts rather than real biological events.

Finally, we define as candidate driver somatic mutations those alleles satisfying the following criteria: 1) Disruptive and missense mutations in gene *DNMT3A* localized in exons 7 to 23

2) Disruptive mutations in gene *ASXL1* with the exclusion of *ASXL1* p.G646fsX12 and p.G645fsX58

- 3) Disruptive mutations in gene *TET2*
- 4) Disruptive mutations in gene *PPM1D*
- 5) Missense mutation *JAK2* p.V617F

6) Mutations reported at least seven times in hematopoietic and lymphoid malignancies using the Catalogue of Somatic Mutations in Cancer³ with the exclusions of inherited mutations and potential PCR artifacts (**Table S2**)

Notice that this definition does not take allelic fractions into account.

Due to low coverage in one small region of *ASXL1* (**Fig. S6B**) we were not able to discern mutation *ASXL1* p.G646fsX12, known to account for >50% of mutations in *ASXL1* in myeloid malignancies, from potential PCR artifacts.⁴ Moreover the exome enrichment reagent we used does not capture some exons of *TET2* accounting for almost half of the coding region in which other studies have identified mutations¹⁰ (Fig. S6C). Therefore mutations in *TET2* and *ASXL1* were likely under-ascertained in this study.

Molecular validation of putative and candidate driver somatic mutations

We performed a validation experiment for 65 mutations selected among putative somatic mutations and candidate driver somatic mutations from 12 subjects. A library preparation method utilizing a tworound tailed amplicon PCR strategy was used to create targeted sequencing libraries for sequencing at high coverage on an Illumina MiSeq instrument. Alignment of sequencing reads against the GRCh37 human genome reference was performed using BWA MEM version $0.7.7¹¹$ and allelic fractions were computed using the Unified Genotyper from the Genome Analysis Toolkit version 3.2 -2.² Each putative somatic mutation that we attempted to validate was confirmed as somatic (**Fig. S7**).

We further performed validation for 30 candidate driver somatic mutations from two well-known recurrently mutated sites, *DNMT3A* p.R882H and *JAK2* p.V617F. These were genotyped using TaqMan fluorescent assays in a droplet-based digital PCR system.¹² Relative concentrations of each allele were quantitated through multiplexed fluorophores counted across approximately 15,000 nanoliter-sized droplets. Each somatic mutation that we attempted to validate was confirmed as somatic, including five *JAK2* p.V617F mutations mutations showing at allelic fractions close to or above 50% (**Fig. S8**), as would be expected as a consequence of a loss-of-heterozygosity event.¹³

DNMT3A **mutations**

A total of 190 mutations across 185 subjects were identified in the *DNMT3A* gene (**Table S4**). Studies of mutations in hematologic malignancies have found *DNMT3A* mutations to be more common in cancers from females than in cancers from males.14–16 We found that *DNMT3A* somatic mutations were also more common in females than in males (104/5780 vs. 81/6600; P=0.016 after adjusting for age using a linear regression model).

We observed 48 disruptive mutations, and 142 in-frame indels or missense mutations including 23 mutations affecting the R882 aminoacid of which 15 are R882H mutations known to dominantly inhibit wild-type *DNMT3A*. ¹⁷ We also observed an enrichment within the *DNMT3A* FF interface region bounded by amino acid F732 and amino acid F772,¹⁸ similarly to what seen in *DNMT3A* mutations in acute myeloid leukemia (see http://cancergenome.broadinstitute.org/index.php?gene=DNMT3A).¹⁹

Of the 20 missense mutations within the FF interface region, 10 generated new cysteine residues (**Fig. S9A,B**). We posited that these new cysteine residues might inactivate *DNMT3A* protein function by inappropriately forming disulfide bonds if the protein were exposed to oxidizing environment during its biogenesis or function. We then used the DiANNA disulfide bond prediction tool²⁰ to predict disulfide bond formation for each of the mutant proteins containing a new cysteine residue. Out of 10 different cysteine forming mutations, 8 were predicted to form new disulfide bonds to other native cysteine residues located in the ADD, cysteine-rich, catalytic domain of *DNMT3A*²¹ which spans amino acids 472-610 with high prediction scores (0.85±0.24, mean±S.D.) (**Table S4**). We then used a threedimensional structure prediction tool²² and were able to predict 51% of *DNMT3A* sequence (from R476 to F909), including the catalytic domain as well as the FF and RD domains, which are required in oligomerization of *DNMT3A*. Based on the three-dimensional structure of *DNMT3A*, most of the predicted *de novo* disulfide bonds in mutant proteins would lead to severe structural change in the protein by disrupting the catalytic domain or influencing the oligomerization process (**Fig. S10A,B**). Our analysis identifies previously unknown cysteine forming mutations in *DNMT3A* in a cohort of patients, which we predict would lead to loss of enzymatic function.

Somatic loss-of-Y chromosome

Somatic loss of chromosome Y (LOY) is a known marker for clonal hematopoiesis.²³ To evaluate LOY from blood cell-derived whole-exome sequencing data we measured relative sequencing coverage over the Y chromosome. Aligned sequencing reads are assigned mapping quality equal to 0 by BWA $ALN¹$ when an alternative equally good alignment was identified by the aligner. Such reads on the sex chromosomes paralogous regions (PAR) have less predictive value to estimate LOY as they might come from the X chromosome even when aligned to the Y chromosome. We therefore measured for each subject:

1) number of sequencing reads over the Y chromosome with mapping quality greater than 0 2) number of sequencing reads over regions X:1-2699520 (GRCh37 PAR1), X:154931044-155270560 (GRCh37 PAR2), and over regions X:88456802-92375509 and Y:2917959-6616600 (GRCh37 PAR3) with mapping quality equal to 0

We then computed the relative amount of sequencing reads for each subject by dividing those number by the total number of aligned reads over the GRCh37 human genome reference for each subject (**Fig. S12**). Although measurements were quite noisy, likely due to differences in library preparations and sequencing across samples, we could still observe that male subjects with CH-UD had overall less relative coverage over the Y-chromosome than male subjects without clonal hematopoiesis (P<0.001,

Mann-Whitney test) and than male subjects with CH-CD (P=0.0089, Mann-Whitney test). Therefore LOY is either a candidate driver mutation itself, possibly due to the presence of a tumor suppressor gene in the Y chromosome, or some other event itself leading to clonal hematopoiesis is a risk factor for LOY. Interestingly, although not statistically significant, coverage for three CH-UD female subjects was also depleted over the sex chromosomes paralogous regions, possibly indicating a loss of chromosome X, an event previously observed in old women.²⁴

Relationship between schizophrenia, smoking, and clonal hematopoiesis

Using a linear regression model for clonal hematopoiesis using age, sex, and schizophrenia as covariates further showed that subjects with schizophrenia had increased risk for clonal hematopoiesis (OR=1.3; 95% CI 1.1 to 1.6; P=0.0066). However, it is known that people with schizophrenia are significantly more likely to smoke and smoking is a known risk factor for several hematologic malignancies.^{25–27} For less than half of the subjects with age information, 2,738 controls and 1,938 subjects with schizophrenia, we had self reported information related to whether they smoked and whether they smoked more in the past. As expected, schizophrenia was a strong risk factor for smoking (OR=7.6; 95% CI 6.2-9.3). Once smoking was included in the linear regression model, the association with schizophrenia was not observed anymore ($OR=1.0$; 95% CI 0.71 to 1.4). Using a linear regression model for clonal hematopoiesis using age, sex, and smoking status for subjects that stated that they either smoke and smoked more in the past or they never smoked, a statistically significant association with smoking emerged ($OR=2.2$; 95% CI 1.4 to 3.4; $P<0.001$). However, the importance of this observation needs to be further investigated, as many other variables inaccessible to us such as, for example, drinking and blood pressure, might mediate this association.

High coverage whole-genome sequencing of blood cell-derived DNA

High coverage whole-genome sequencing data were generated for Subject #1 and Subject #2 who were diagnosed with a myeloid malignancy two months after DNA sampling. Sequencing data were generated using four lanes from an Illumina HiSeq X Ten instrument for each subject with pair ended sequencing reads of 151 base pairs each and aligned against the GRCh37 human genome reference using BWA MEM version 0.7.7.¹¹ Base pairs across the genome were sequenced on average 108 times per subject. Genotypes and allelic counts were computed across the genome using the Haplotype Caller from the Genome Analysis Toolkit version 3.2-2. Mutations of interest were further filtered out if: 1) already in the 1000 Genomes Project phase 1 dataset⁹

(ftp://ftp.1000genomes.ebi.ac.uk/vol1/ftp/phase1/analysis_results/integrated_call_sets/ALL.wgs.integra ted_phase1_v3.20101123.snps_indels_sv.sites.vcf.gz)

2) excluded from high confidence regions for the Genome in a Bottle genotype calls for $NA12878^{28}$ (ftp://ftp.ncbi.nih.gov/giab/ftp/data/NA12878/variant_calls/NIST/union13callableMQonlymerged_addc ert nouncert excludesimplerep_excludesegdups_excludedecoy_excludeRepSeqSTRs_noCNVs_v2.18 _2mindatasets_5minYesNoRatio.bed.gz)

3) excluded from the strict mask of the 1000 Genomes Project phase $1⁹$

(ftp://ftp.1000genomes.ebi.ac.uk/vol1/ftp/phase1/analysis_results/supporting/accessible_genome_mask s/20120824_strict_mask.bed)

4) within low complexity regions⁵ (https://github.com/lh3/varcmp/blob/master/scripts/LCRhs37d5.bed.gz)

6) present in more than two percent of the reads from each subject

These filters defined a dataset of 69,104 mutations across ~50% of the GRCh37 human genome reference and ~60% of the coding regions. When looking at mutations that failed the hypothesis that

the alternate allelic count was distributed as a binomial process with mean 0.5 with a designed false positive rate of 0.01 or mutations at loci sequenced on average more than 200 times per subject, we observed that several of these mutations were clustering in hotspots. Upon further inspection, most of these calls were due to misalignment due to a paralogous region that was partially deleted in the human genome reference. We therefore further filtered out these mutations whenever they were found to be less than 1,000bp from each other, further defining a refined dataset of 67,919 mutations across the two subjects.

This refined set of mutations had a median allelic fraction of 49% and was consistent for each subject with two clusters of mutations, one of rare inherited mutations, and one of somatic mutations from one or more hematopoietic clones. We identified 1,153 putative somatic mutations in Subject #1 and 660 putative somatic mutations in Subject #2 failing the hypothesis that the alternate allelic count was distributed as a binomial process with mean 0.5 and with a designed false positive rate of 10^{-5} , overall consistent with previously estimated numbers.^{29–34} In whole-exome sequencing data we had previously observed, respectively, 13 and 3 putative somatic mutations, consistent with the larger amount of somatic mutations observed in the first subject in whole-genome sequencing data. This observation was overall consistent with either the clone from Subject #1 being at higher frequency than the clone from Subject #2, or having multiple sub-clones, or having a clone which accumulated more mutations at the time of DNA sampling. All putative somatic mutations were confirmed in whole-genome sequencing data.

Whole-exome and whole-genome sequencing of bone marrow biopsies

Whole-exome sequencing data and low coverage whole-genome sequencing data of bone marrow biopsies were generated for Subject #2 and Subject #3. DNA was obtained from the diagnostic specimen available at the Clinical Genetics Department at Uppsala University (biobank application Bba-827-2014-064). 85 ng/µl and 88 ng/µl were obtained for, respectively, Subject #2 and Subject #3 in 10 µl water. The ThruPLEX-FD kit (Rubicon Genonics) was used to prepare three separate sequencing libraries from each subject starting from 2 µl of DNA. The three libraries were then pooled and subjected to exome capture using the SeqCap EZ Human Exome Library v3.0 kit according to standard protocols. Additionally, a fourth library was prepared with a separate index to perform lowpass whole-genome sequencing to assess the karyotypic profile of each subject. The pool of the three exome captured sequencing libraries for each individual was sequenced on one third of an Illumina Rapid Run flowcell (Hiseq 2500) at the Science for Life Laboratory in Sweden. The low-pass wholegenome libraries were spiked in at a concentration of 1 % each yielding 2.9 million read-pairs for Subject #2 and 3.2 million read-pairs for Subject #3. Sequencing reads of 101 base pairs each were aligned against the GRCh37 human genome reference using BWA MEM version 0.7.7.¹¹ Genotypes and allelic counts were computed across the genome using the Haplotype Caller from the Genome Analysis Toolkit version 3.2-2. Mutations of interest were further filtered out if:

1) excluded from high confidence regions for the Genome in a Bottle genotype calls for $NA12878^{28}$ (ftp://ftp.ncbi.nih.gov/giab/ftp/data/NA12878/variant_calls/NIST/union13callableMQonlymerged_addc ert_nouncert_excludesimplerep_excludesegdups_excludedecoy_excludeRepSeqSTRs_noCNVs_v2.18 _2mindatasets_5minYesNoRatio.bed.gz)

2) excluded from the strict mask of the 1000 Genomes Project phase $1⁹$

(ftp://ftp.1000genomes.ebi.ac.uk/vol1/ftp/phase1/analysis_results/supporting/accessible_genome_mask s/20120824_strict_mask.bed)

3) within low complexity regions⁵ (https://github.com/lh3/varcmp/blob/master/scripts/LCRhs37d5.bed.gz)

Subject #1

85-years old male, diagnosed with myelodysplastic syndrome 2 months after DNA sampling. Died of unspecified leukemia 15 months after first diagnosis.

Searching for mutations in genes previously observed as significantly mutated in acute myeloid leukemia^{19,33} in high coverage whole-genome sequencing data at the time of DNA sampling revealed recurrent somatic mutations *ASXL1* p.G646fsX12 and *RUNX1* p.L98fsX24, as well as somatic mutations *TET2* p.Y1148fsX5, *TET2* p.N1266S, and *STAG2* p.E472_splice and further confirmed previously identified somatic mutation *SRSF2* p.P95H (**Table S9**). Mutations in *ASXL1* and *TET2* were localized in regions of low coverage or no coverage and could not be detected in whole-exome sequencing data. Mutations in *RUNX1* and *STAG2* were not called in whole-exome sequencing data because observed in, respectively, only three and two sequencing reads. The somatic mutation *ASXL1* p.G646fsX12 was at higher allelic fraction than the other candidate drivers, suggesting that this might have been the initiating lesion. Interestingly, mutations in *ASXL1* have been shown to often co-occur in myelodysplastic syndromes with mutations in genes *RUNX1* and *SRSF2*. ³⁵ Copy number analysis of whole-genome sequencing data revealed a normal karyotype.

Subject #2

64-year-old male, diagnosed with acute leukemia 2 months after DNA sampling. Previous history unremarkable, was referred to the hematology unit due to fatigue and pancytopenia. Bone marrow examination showed a hypercellular marrow with 50% blast cells expressing CD34, CD117, CD13 and cytoplasmic MPO, i.e. AML FAB M0. Cytogenetics showed a normal karyotype. Following intense remission induction and consolidation chemotherapy, the patient obtained sustained complete remission. Four years later, he successfully underwent cystectomy due to a low differentiated urothelial cancer in the urinary bladder.

High coverage whole-genome sequencing data at the time of DNA sampling revealed a 33 base pairs somatic insertion *CEBPA* p.K313_V314ins11 in the basic leucine zipper domain of the protein and previously observed in a different subject.³⁶ The mutation in *CEBPA* was not called from whole-exome sequencing data due to the shorter 76 base pairs reads used. Upon further inspection of the data through the Integrative Genomics Viewer³⁷ we also observed a 1 base pair frameshift deletion *CEBPA* p.P70fsX90 at lower allelic fraction of ~7%, in agreement with the observation that in-frame Cterminal mutations, usually occurring in the basic-leucine zipper (bZIP) domain, are associated with frameshift N-terminal mutations in *CEBPA*. ³⁸ This mutation was not automatically called by the Haplotype Caller from the Genome Analysis Toolkit due to low allelic counts. Copy number analysis of whole-genome sequencing data both at the time of DNA sampling and at the time of diagnosis confirmed a normal karyotype (**Fig. S15**).

Whole-exome sequencing data of the bone marrow biopsy further confirmed the presence of the two *CEBPA* mutations and of three previously identified putative somatic mutations (**Table S10**). Estimated collective allelic fractions for these three putative somatic mutations increased in frequency between DNA sampling and first diagnosis (15.5% vs. 20.5%; P=0.037, left-tailed Fisher exact test).

Subject #3

75-year-old female, diagnosed with AML 34 months after DNA sampling. SLE with mainly cutaneous manifestations since 15 years which had been treated with steroids but not chemotherapy. Referred to the hematology unit due to pancytopenia, fatigue and pulmonary infection. Bone marrow examination showed a hypercellular marrow with 86% blast cells with no maturation and expressing CD34, CD117, CD13 and cytoplasmic MPO, i.e. AML FAB M0. Cytogenetics showed a complex karyotype including

monosomy 17 and 5q-. The patient received palliative treatment with hydroxyurea and died one month later due to the leukemia.

Whole-exome sequencing data at the time of DNA sampling revealed somatic mutation *TP53* p.R248Q at an estimated allelic fraction of 24%. Whole-exome sequencing data of the bone marrow biopsy confirmed this somatic mutation at a much higher estimated allelic fraction of 86% (**Table S11**). Copy number analysis from low coverage whole-genome sequencing data confirmed that the malignancy was monosomy for chromosome $17³⁹$ had a partial loss of chromosome arm 5q,⁴⁰ and a complex karyotype pattern involving chromosomes 12, 13, 16, and 19 (**Fig. S15**), events that tend to co-occur in myeloid malignancies with *TP53* mutations.⁴¹

To test if these events were already present at the time of DNA sampling, we analyzed allelic fractions for the following six regions deleted in the malignancy:

- 1) chromosome 17 (**Fig. S16A**)
- 2) chromosome arm 5q from Mbp 72 to Mbp 155 (**Fig. S16B**)
- 3) chromosome arm 12p up to Mbp 26 (**Fig. S16C**)
- 4) chromosome arm 13q from Mbp 91 (**Fig. S16D**)
- 5) chromosome arm 16q (**Fig. S16E**)
- 6) chromosome arm 19q up to Mbp 35 (**Fig. S16F**)

For each region we tested if allelic fractions for alleles retained in the malignancy and alleles lost in the malignancy were significantly different at the time of DNA sampling using a Mann-Whitney test. This test resulted significant for chromosome 17 (45.5% vs. 48.3%; P<0.001, **Fig. S16B**), for the chromosome arm 5q region (43.0% vs. 51.6%; P<0.001, **Fig. S16A**), but not for each of the remaining regions (**Fig. S16C**–**F**). High allelic fractions for these events in the biopsy shows that they needed to co-exist in the same sub-clone, this analysis suggests a most likely sequence of events of first loss of chromosome arm 5q, then loss of chromosome 17, and last the complex karyotype pattern of gains and losses on chromosomes 12, 13, 16, and 19. Therefore, while karyotyping abnormalities for chromosomes 5 and 17 must have already been present at the time of DNA sampling, 34 months before AML diagnosis, abnormalities at chromosomes 12, 13, 16, and 19 either developed later or were at undetectable frequency at the time of DNA sampling.

Statistics and figures

Cox proportional hazards analyses and Kaplan–Meier plots were performed and generated using the R **survival** package (http://cran.r-project.org/web/packages/survival/). Forest plots were generated using the R **metafor** package (http://cran.r-project.org/web/packages/metafor/). All remaining figures were generated using the R **ggplot2** package (http://cran.r-project.org/web/packages/ggplot2/) and Google Drawings (https://docs.google.com/drawings/).

Figures

Figure S1

Age distribution for the 11,164 subjects for whom age at sampling information was available, stratified by sex. Because many samples were ascertained for schizophrenia and bipolar phenotypes, males in this cohort tended to be younger.

Average allelic fractions and 95% confidence interval computed for each common variant with minor allele count greater than 1000 across 12,380 subjects (minor allele frequency >4%) as a function of coverage.

Average allelic fractions for variants with minor allele count less than 10 (minor allele frequency <0.04%) detected in the Sweden cohort using the Haplotype Caller walker from the Genome Analysis Toolkit without applying any filters. Panel A shows average allelic fractions for SNPs (in red) and indels (in black) and stratified by minor allele count. Panel B shows average allelic fractions for singletons (in red) and non-singletons (in black) alleles stratified by indel size, with positive size representing insertions and negative size representing deletions.

Putative somatic mutations detected across sequencing waves. Panel A and B show, respectively putative and inclusive somatic mutations stratified by sequencing waves. The first two waves exhibit an increase in detection of somatic mutations likely due to older protocols used for library preparation and sequencing.

Mutation profiles for different mutation groups. Panel A shows the profile for mutations observed once or twice (minor allele frequency <0.01%) in the cohort. Panel B shows profile for putative somatic mutations from waves 3 to 12 excluding one outlier from wave 6. Panel C shows profile for inclusive somatic mutations from waves 3 to 12 excluding one outlier from wave 6. Panel D shows profile for inclusive somatic mutations from wave 1. Panel E shows profile for inclusive somatic mutations from wave 2. Panel F shows profile for inclusive somatic mutations from the outlier from wave 6.

Average sequencing coverage across the coding regions for genes (A) *DNMT3A*, (B) *ASXL1*, (C) *TET2*, and (D) *PPM1D* across sequencing data from the 12,380 subjects from this study. Libraries were enriched with Agilent SureSelect Human All Exon v.2 Kit. Consecutive exons are displayed with alternating colors. Vertical gray lines show the localization of recurrent mutations *DNMT3A* p.R882H and *ASXL1* p.G646fsX12. For *DNMT3A*, exon 2 (amino acids 1–24) and exon 16 (amino acids 618–646) were sequenced on average less than 5 times per subject. The eight base-pair mononucleotide guanine nucleotide repeat giving rise to the recurrent *ASXL1* p.G646fsX12 frameshift mutation was sequenced on average less than 20 times per subject. For *TET2*, only exon 3 (amino acids 1–1166) shows coverage, most likely because only the *TET2* short isoform (NM_017628) was baited but not the *TET2* long isoform (NM_001127208).

Validation experiment for 65 putative somatic mutations and candidate driver somatic mutations from 12 subjects selected for carrying one or more candidate driver somatic mutations using an Illumina MiSeq instrument. Pearson's correlation coefficient for the allelic fractions in the two experiments was r^2 0.25 (P<0.001).

Figure S8

Validation experiment for 30 candidate driver somatic mutations, 18 *JAK2* p.V617F mutations, and 12 *DNMT3A* p.R882H mutations, using a droplet-based digital PCR (ddPCR) system. Pearson's correlation coefficient for the allelic fractions in the two experiments was r^2 0.90 (P<0.001).

Mutations observed in the *DNMT3A* gene. Mutations across the 12,380 subjects in the cohort are visualized in Panel A as a jitterplot and in Panel B as a histogram. Amino acid regions from the FF interface (from F732 to F772) and the RD interfact (from D876 to R885) are highlighted in gray.

Tertiary structure for *DNMT3A* and cysteines introduced by mutations. In Panel A we show the predicted tertiary structure of *DNMT3A* (51% of the protein sequence, from R476 to F909) showing wild-type cysteine residues (in blue) and amino acid residues substituted into cysteine (in red) found in our analysis. In Panel B we show an example of a predicted disulfide bond in the mutant *DNMT3A* (F732C) using the DiANNA tool whereby the mutant C732 is predicted to form a disulfide bond with C497 (cyan). Alternatively, these de novo cysteine-forming mutations may also influence the oligomerization dynamics of *DNMT3A* due to their propensity to exist in the FF and RD domains.

Subjects with candidate driver somatic mutations. Panel A and panel B show, respectively, average number of additional putative somatic mutations and average age for individuals carrying candidate driver somatic mutations (CD), together with 95% confidence intervals, in the most commonly mutated genes *DNMT3A*, *ASXL1*, *TET2*, *PPM1D*, *JAK2*, and other candidate driver genes grouped together. Subjects with multiple candidate driver somatic mutations or with no such mutations are separately indicated.

Scatterplot for sequencing reads coverage over Y chromosome. For each subject we plotted the percentage of reads aligned to the paralogous regions of the X and Y chromosomes against the percentage of reads uniquely aligned to the Y chromosome. Subjects with clonal hematopoiesis with candidate drivers (CH-CD) and with unknown drivers (CH-UD) are colored, respectively, in red and black.

Prevalence of clonal hematopoiesis as a function of age. Percentage of subjects with clonal hematopoiesis with candidate drivers (CH-CD, in black), subjects carrying exactly one putative somatic mutation and no candidate drivers (one mut., in blue), subjects with exactly two putative somatic mutations and no candidate drivers (two muts., in green), subjects with three or more detectable somatic mutations and no candidate drivers (CH-UD, in gray), and subjects with clonal hematopoiesis with candidate or unknown drivers (CH-CD or CH-UD, in red) within 5-year age bins. Colored bands represent 95% confidence intervals.

Average number of putative somatic mutations in subjects with clonal hematopoiesis as a function of age. Numbers were computed separately for non-CpG (in black) and CpG (in red) mutations within 5 year age bins. Numbers were computed for the 455 subjects with detected clonal hematopoeisis for whom age at sampling information was available. Colored bands represent 95% confidence intervals.

Copy number variants analysis of low coverage whole-genome sequencing data of bone marrow biopsy of Subject #2, in red, and Subject #3, in blue, at the time of first diagnosis for chromosomes 5, 12, 13, 16, 17, and 19. Copy number estimates near centromeres are overestimated due to misalignment of satellite sequence which is under-represented in the GRCh37 human genome reference. While data for Subject #2 shows a normal karyotype, Subject #3 shows loss of part of chromosome arm 5q, approximately from 5q13 to 5q33, monosomy for chromosome 17, and complex rearrangements involving chromosomes 12, 13, 16, and 19.

Allelic fraction analysis of alleles from Subject #3 localized on deleted regions. For each heterozygous allele, allelic fractions from whole-exome sequencing data of blood at DNA sampling and bone marrow biopsy at diagnosis are shown. Heterozygous alleles for which allelic fractions in blood are below 20% are excluded as these are enriched for sequencing or alignment artifacts. Panels A, B, C, D, E, F show heterozygous alleles from deleted regions in chromosomes, respectively, 17, 5, 12, 13, 16, and 19. Pvalues for comparing allelic fractions in blood between alleles retained (i.e. at more than 50% allelic fraction in bone marrow biopsy) and allelels lost (i.e. at less than 50% allelic fraction in bone marrow biopsy) using a Mann-Whitney test are reported.

Tables

Table S1

Mean age and standard deviation of different groups ascertained in the cohort.

Mutations observed at least seven times in hematologic and lymphoid cancers in the Catalogue Of Somatic Mutations In Cancer (COSMIC) database v69 (released June 2nd, 2014) and excluded from analysis in this study. Mutation *ASXL1* p.G646fsX12 is a genuine recurrent somatic mutation but due to low coverage at the site of the mutation it was impossible to distinguish true positives from PCR artifacts.

List of candidate driver somatic mutations detected in the cohort.

Chrom osome	Position (GRCh37)	dbSNP 138 ID	Reference Allele	Allele	Alternate Reference Alternate COSMIC COSMIC Count	Count	ID	Count	Gene	Annotation
2	25,457,164	NA	$\mathbf T$	C	31	28	NA	$\mathbf 0$	DNMT3A	NM_022552:exon23:c.A2723G:p.Y908C
$\overline{2}$	25,457,164	NA	$\mathbf T$	C	81	19	NA	$\bf{0}$	DNMT3A	NM_022552:exon23:c.A2723G:p.Y908C
$\overline{2}$	25,457,164	NA	$\mathbf T$	C	94	29	NA	$\bf{0}$	DNMT3A	NM_022552:exon23:c.A2723G:p.Y908C
$\overline{2}$	25,457,168	NA	C	$\mathbf T$	65	41	NA	$\bf{0}$	DNMT3A	NM_022552:exon23:c.G2719A:p.E907K
$\overline{2}$	25,457,173	NA	A	C	121	35	NA	$\bf{0}$	DNMT3A	NM_022552:exon23:c.T2714G:p.L905R
$\overline{2}$	25,457,173	NA	A	$\mathbf T$	97	30	NA	$\bf{0}$	DNMT3A	NM_022552:exon23:c.T2714A:p.L905Q
$\overline{2}$		25,457,176 rs149095705	G	A	55	6	87007	6	DNMT3A	NM_022552:exon23:c.C2711T:p.P904L
$\overline{2}$		25,457,176 rs149095705	G	A	65	21	87007	6	DNMT3A	NM_022552:exon23:c.C2711T:p.P904L
2		25,457,176 rs149095705	G	A	81	13	87007	6	DNMT3A	NM_022552:exon23:c.C2711T:p.P904L
$\overline{2}$		25,457,176 rs149095705	G	A	88	11	87007	6	DNMT3A	NM_022552:exon23:c.C2711T:p.P904L
$\overline{2}$	25,457,192	NA	G	A	67	40	NA	$\boldsymbol{0}$	DNMT3A	NM_022552:exon23:c.C2695T:p.R899C
$\overline{2}$	25,457,204	NA	C	T	82	23	335620 335621	0	DNMT3A	NM_022552:exon23:c.G2683A:p.V895M
$\overline{2}$	25,457,209	NA	C	$\mathbf T$	72	25	NA	$\bf{0}$	DNMT3A	NM_022552:exon23:c.G2678A:p.W893X
$\overline{2}$	25,457,215	NA	CG	C	51	12	NA	$\bf{0}$	DNMT3A	NM 022552:exon23:c.2671 2672G
$\overline{2}$	25,457,218	NA	C	T	59	13	1482984 256042	$\mathbf{1}$	DNMT3A	NM 022552:exon23:c.G2669A:p.G890D
2		25,457,242 rs147001633	C	G	50	5	3356083 99740	14	DNMT3A	NM_022552:exon23:c.G2645C:p.R882P
$\overline{2}$		25,457,242 rs147001633	C	G	75	9	3356083 99740	14	DNMT3A	NM_022552:exon23:c.G2645C:p.R882P
2		25,457,242 rs147001633	C	T	27	3	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
$\overline{2}$		25,457,242 rs147001633	C	$\mathbf T$	30	12	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
$\overline{2}$		25,457,242 rs147001633	C	$\mathbf T$	44	5	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
2		25,457,242 rs147001633	C	T	45	5	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
$\overline{2}$		25,457,242 rs147001633	C	T	47	7	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
2		25,457,242 rs147001633	C	$\mathbf T$	48	10	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
2		25,457,242 rs147001633	C	T	48	15	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
$\overline{2}$		25,457,242 rs147001633	C	T	48	$\overline{7}$	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
2		25,457,242 rs147001633	C	T	50	$\sqrt{2}$	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
2		25,457,242 rs147001633	C	$\mathbf T$	51	16	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
2		25,457,242 rs147001633	C	T	52	6	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
2		25,457,242 rs147001633	C	T	53	8	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
$\overline{2}$		25,457,242 rs147001633	С	T	56	17	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
$\overline{2}$		25,457,242 rs147001633	C	$\mathbf T$	60	10	442676 52944	392	DNMT3A	NM_022552:exon23:c.G2645A:p.R882H
2		25,457,242 rs147001633	С	T	63	8	442676 52944	392	DNMT3A	NM 022552:exon23:c.G2645A:p.R882H
2		25,457,243 rs377577594	G	A	29	3	1166704 53042	164	DNMT3A	NM_022552:exon23:c.C2644T:p.R882C
$\overline{2}$		25,457,243 rs377577594	G	A	29	8	1166704 53042	164	DNMT3A	NM 022552:exon23:c.C2644T:p.R882C
2		25,457,243 rs377577594	G	A	31	$\overline{4}$	1166704 53042	164	DNMT3A	NM_022552:exon23:c.C2644T:p.R882C

Cysteine mutations in the *DNMT3A* gene. *DNMT3A* mutations leading to the formation of new cysteine residues and predicted de novo disulfide bond formation.

* http://clavius.bc.edu/~clotelab/DiANNA/

Note: Catalytic ADD-Domain amino acids 472-610

Counts for subjects with one putative somatic mutation and no candidate drivers (one mut.), subjects with exactly two putative somatic mutations and no candidate drivers (two muts.), subjects with clonal hematopoiesis with unknown drivers (CH-UD), subjects with clonal hematopoiesis with candidate drivers (CH-CD), and subjects with clonal hematopoiesis with candidate or unknown drivers (CH). Subjects were counted across all individuals for whom both age at sampling information and sequencing data of sufficient quality for detection of putative somatic mutations were available, with the exception of subject with CH-CD for whom only age at sampling information was required.

Subjects with clonal hematopoiesis and a diagnosis of hematologic malignancy after DNA sampling. There were 37 subjects diagnosed with hematologic malignancies after DNA sampling. Of these, 15 had showed clonal hematopoiesis in their initial DNA sample. Diagnoses of hematologic malignancies in these subjects followed DNA sampling by an average of 17 months (range: 2–36 months). Subjects with additional sequence generated to identify the malignancy are highlighted in bold.

 1 Subject #1

 2 Subject #2 (later progressed to acute myeloblastic leukemia)

³Subject #3

Subjects with clonal hematopoiesis and a diagnosis of hematologic malignancy before DNA sampling. There were 55 subjects with a previous diagnosis of hematologic malignancy up to 12 years before DNA sampling. Of these, 14 showed clonal hematopoiesis. Previous history of hematologic malignancy was a strong risk factor for clonal hematopoiesis (OR=6.0; 95% CI 3.1 to 12; P<0.001, adjusting for age and sex using a linear regression model).

Subject		Mutations		Death			
Sex	Age	Candidate Drivers		Passengers Months after	Cause		
Male	73	NA	3	7	Malignant neoplasm of sigmoid colon		
Male	67	DNMT3A p.Y908C	$\boldsymbol{0}$	65	Malignant neoplasm of prostate		
Male	74	ASXL1 p.Q803X	$\mathbf{1}$	30	Malignant neoplasm of prostate		
Male	76	NA	3	17	Unspecified B-cell lymphoma		
Female	72	NA	18	3	Unspecified Non-Hodgkin lymphoma		
Female	61	DNMT3A p.P904L	$\mathbf{1}$	18	Acute myeloblastic leukaemia [AML]		
Female	72	TP53 p.R248Q	3	36	Acute myeloblastic leukaemia [AML]		
Male	73	SRSF2 p.P95R	6	26	Acute myeloblastic leukaemia [AML]		
Male	85	SRSF2 p.P95H	13	16	Unspecified leukemia		
Male	77	CBL p.Y371H	9	16	Myelodysplastic syndrome, unspecified		
		U2AF1 p.S34F					
Male	78	NA	3	19	Anemia, unspecified		
Male	63	DNMT3A frameshift	0	6	Haemophagocytic syndrome, infection-associated		
Male	68	NA	4	14	Diabetes mellitus type 2 with renal complications		
Male	76	NA	5	6	Unspecified diabetes mellitus with multiple		
					complications		
Male	59	ASXL1 frameshift	0	6	Unspecified diabetes mellitus without complications		
Male	72	PPM1D p.E540X	5	$\overline{4}$	Parkinson disease		
Male	66	NA	3	5	Anoxic brain damage, not elsewhere classified		
Female	64	JAK2 p.V617F	$\overline{4}$	45	Acute myocardial infarction, unspecified		
Female	82	NA	5	37	Acute myocardial infarction, unspecified		
Male	59	DNMT3A p.E599D	0	30	Acute myocardial infarction, unspecified		
Female	74	NA	3	9	Atherosclerotic heart disease		
Female	64	DNMT3A p.F751C	$\overline{2}$	40	Pulmonary heart disease, unspecified		
Male	73	SF3B1 p.K666T TET2 frameshift	8	12	Acute and subacute infective endocarditis		
Male	77	NA	5	10	Endocarditis, valve unspecified		
Male	77	NA	7	27	Heart failure, unspecified		
Female	80	NA	$\overline{4}$	10	Heart failure, unspecified		
Female	65	PPM1D p.R458X	0	10	Cardiomegaly		
Female	75	TET2 frameshift	$\overline{2}$	19	Subarachnoid haemorrhage, unspecified		
Female	88	ASXL1 p.R965X	3	7	Intracerebral haemorrhage, unspecified		
Male	67	NA	$\overline{4}$	34	Stroke, not specified as haemorrhage or infarction		
Female 64		DNMT3A p.C520X	3	24	Other specified cerebrovascular diseases		
Male	81	DNMT3A p.L344P	$\boldsymbol{0}$	42	Sequelae of other and unspecified cerebrovascular diseases		
Female	70	DNMT3A p.R882H	$\boldsymbol{0}$	48	Generalized and unspecified atherosclerosis		
Male	54	NA	3	39	Generalized and unspecified atherosclerosis		
Male	66	DNMT3A p.I681M	$\overline{4}$	32	Generalized and unspecified atherosclerosis		
Female	75	DNMT3A p.Q816X	$\boldsymbol{0}$	7	Unspecified chronic bronchitis		
Male	68	NA	3	11	Chronic obstructive pulmonary disease, unspecified		
Female	62	ASXL1 frameshift	$\overline{2}$	57	Chronic obstructive pulmonary disease, unspecified		
Male	74	NA	5	39	Chronic obstructive pulmonary disease, unspecified		
Female	65	DNMT3A p.E733G	$\overline{7}$	26	Chronic obstructive pulmonary disease, unspecified		

Subjects with clonal hematopoiesis at DNA sampling who died during follow-up. Subjects with additional sequence generated to identify the malignancy are highlighted in bold.

Somatic mutations for Subject #1. List of putative somatic mutations and candidate driver somatic mutations from whole-exome sequencing (WES) data and high coverage whole-genome sequencing (WGS) data of blood. Candidate driver somatic mutations are highlighted in bold.

Subject #1 (diagnosed with myeloid malignancy 2 months after DNA sampling)

Somatic mutations for Subject #2. List of putative somatic mutations and candidate driver somatic mutations from whole-exome sequencing (WES) data of blood, high coverage whole-genome sequencing (WGS) data of blood, and whole-exome sequencing data for bone marrow biopsy at the time of first diagnosis. Candidate driver somatic mutations are highlighted in bold.

* due to the size of this insertion, alternate allele count is dependent on sequencing reads length, 76 for WES blood, 151 for WGS blood, and 101 for WES bone marrow

^ this mutation was not automatically genotyped by the Haplotype Caller from the Genome Analysis Toolkit due to low allelic count

Somatic mutations for Subject #3. List of putative somatic mutations and candidate driver somatic mutations from whole-exome sequencing (WES) data of blood and whole-exome sequencing data for bone marrow biopsy at the time of first diagnosis. Candidate drivers are highlighted in bold.

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