# **Supplemental information**

## **Frequent reconstitution of IDH2R140Q mutant clonal multilineage hematopoiesis following chemotherapy for acute myeloid leukemia**

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**Figure S1. Sequential** *IDH1* **mutant allele frequencies in AML patients achieving morphologic CR.** *IDH1* MAFs at presentation, at complete morphologic remission and following completion of intensive chemotherapy in six *IDH1*mut AML patients treated with chemotherapy alone. Remission status is indicated (CR1, first complete remission; Rel, relapsed). MAFs were determined by digital PCR. Biobank identifiers are shown.



**Figure S2. Mutation heat map.** Concomitantly mutated genes in presentation samples of AML (n=21) or RAEB (n=2) patients exhibiting an *IDH1* or *IDH2* mutation who achieved complete morphologic remission following chemotherapy.



**Figure S3. Concordance of digital PCR and targeted next generation sequencing (TruSight Myeloid Panel) for measurement of** *IDH* **mutant allele frequency.** Eighty BM or blood samples were tested by both methods.  $R^2$  = Pearson correlation coefficient. Digital PCR assays were previously demonstrated as quantitative to ≤0.1%.<sup>8</sup> Loss of concordance at lower MAFs reflects the impact of systematic high throughput sequencing noise.<sup>S1</sup>



**Figure S4. Somatic mutations identified by targeted next generation sequencing (TruSight Myeloid Panel) at presentation and onset of complete morphological remission in** *IDH1***-mutated patients.** Red circles show MAFs at presentation. Blue squares show MAFs at CR1 following one or two cycles of chemotherapy. [X] indicates location of gene on the X chromosome.



**Figure S5. Somatic mutations identified by targeted next generation sequencing (TruSight Myeloid Panel) at presentation and onset of complete morphological remission in** *IDH2***-mutated patients.** Red circles show MAFs at presentation. Blue squares show MAFs at CR1 following one or two cycles of chemotherapy. [X] indicates location of gene on the X chromosome.



**Figure S6. Sequential mutant allele frequencies in selected IDH2R140Q mutated patients in CR1.**  Graphs show MAFs for somatic mutations identified by targeted next generation sequencing (TruSight Myeloid Panel) at presentation, onset of complete morphological remission and at the indicated follow up time points during sustained remissions in *IDH2*-mutated patients.



**Figure S7. Gating strategies and outcomes for flow sorting experiments.** Flow cytometry plots show gating strategies for sorting experiments with (a) blood mononuclear cells, (b) bone marrow CD34- cells and (c) bone marrow immunophenotypic hematopoietic stem cells (HSC) and multipotent progenitor cells (MPP). Purities of sorted populations from (a) and (b) were 97-100%, as determined by morphological analysis of cytospin preparations and post-sort immunophenotypic analyses. In view of the small number of sorted cells in (c) post-sort analyses were not possible.



**Figure S8. Multilineage contribution of IDH1R132G mutant clonal hematopoiesis in remission.** Graphs show IDH1<sup>R132G</sup> versus NPM1 MAFs at the indicated time points and in the indicated cell populations in patient BB355. The remission sample was collected 22 months following presentation.



**Table S1. Characteristics and outcome data for an** *IDH***-mutant AML/RAEB cohort achieving complete morphologic remission (n=23).**



For blast percentages and IDH mutant allele frequencies (MAF) the results from the presentation bone marrow (<sup>M</sup>) or blood sample (<sup>B</sup>) are shown. Blood samples were used for analyses only where a bone marrow test was not performed at presentation, or where there was insufficient surplus bone marrow sample for biobanking. Blast percentages are from morphologic analysis of bone marrow or blood smears. IDH MAF was determined by digital PCR. Treatment regimens: ADE: cytarabine, daunorubicin, etoposide; DA: daunorubicin, cytarabine; HDAC: high dose cytarabine; LDAC: low dose cytarabine; FLAGIda: fludarabine, cytarabine, idarubicin, granulocyte-colony stimulating factor; GO: gemtuzumab ozogamicin; HSCT: hematopoietic stem cell transplant. Disease status is recorded on 1<sup>st</sup> February 2016. All deaths were due to relapsed/refractory disease unless indicated. Other abbreviations: AML = acute myeloid leukemia; RAEB = refractory anemia with excess blasts; CR = complete remission; Rel = relapsed disease.

**Table S2. Blood counts of individuals with** *IDH***-mutant clonal hematopoiesis during sustained remission, at the latest time point indicated in Figure 1f.** All values are within age and sex specific reference ranges except those in pink colored boxes, where normal ranges are shown.



## **Table S3: Putative somatic mutations identified in 23 RAEB/AML genomes by targeted resequencing using Illumina TruSight Myeloid Panel.**

Shown for each genomic variant are genomic location, the consequence of the base change on the protein coding sequence, the COSMIC ID (if found in the Catalogue of Somatic Mutations in Cancer Database) <sup>S2</sup> and the calculated mutant allele frequency (MAF%) at presentation and remission (after one or two cycles of induction chemotherapy).









## **Table S4. Flow sorting antibody combinations**







#### **Materials and methods**

#### **Study design, genotyping, digital PCR and plasma 2-HG measurements**

The 23 *IDH* mutant cases were from a cohort of 241 adult patients with MDS or AML presenting to The Christie NHS Foundation Trust, Manchester, UK, of whom 46 were genotyped by Sanger sequencing as IDH1- or IDH2-mutated. IDH genotyping was performed as described.<sup>8</sup> Tissue and plasma samples were from the Manchester Cancer Research Centre Biobank, instituted with the approval of the South Manchester Research Ethics Committee. Analyses and experiments were ethically approved by the Biobank's scientific sub-committee. Bone marrow (BM) and blood mononuclear cells (MNCs) and platelet-poor plasma samples were cryopreserved at presentation and multiple time points during follow up, as described.<sup>S3,S4</sup> All *IDH*mutated patients for whom at least presentation and remission samples were available, and who received chemotherapy to complete remission (CR) (n=23), were included in the study. *IDH* (and *NPM1*, where present) mutant allele frequency (MAF) was determined for each serial MNC sample in the study cohort by quantitative digital PCR (dPCR), as previously described.<sup>8</sup> Plasma 2-hydroxyglutarate was assayed as previously described.<sup>8,S5</sup>

### **Flow sorting of hematopoietic stem/progenitor and downstream lineage populations**

Fresh BM and blood were obtained from two cases with residual clonal IDH2 $R140Q$  hematopoiesis (BB161. BB287) at remission time points 40 and 18 months following presentation, respectively. Analyses were also performed on cryopreserved remission material from BB161 20 months following presentation. Fresh blood was also obtained from one case with residual clonal IDH1<sup>R132G</sup> hematopoiesis (BB355) 22 months after presentation. For BM experiments, MNCs were isolated by density gradient centrifugation (Lymphoprep, Stem Cell Technologies, Cambridge, UK). The CD34<sup>+</sup> compartment was isolated by magnetic bead separation using an autoMACS Pro (Miltenyi Biotec, Bisley, UK), according to manufacturer protocols. Blood leukocytes were isolated by buffy coat separation to preserve neutrophil content. The CD34 enriched BM, CD34-depleted BM and peripheral blood cell fractions were each separately sorted by fluorescence activated cell sorting (FACS) on a BD FACSAria<sup>™</sup> III cell sorter (BD Biosciences, Oxford, UK). Live-dead discrimination was by inspection of forward/side scatter and 7-AAD incorporation. Antibody panels and gating strategies are indicated in Table S4 and Figure S7 respectively. Population purities were confirmed, where cell numbers permitted, by post-sort flow analyses and inspection of morphology on cytospin preparations.

#### **Colony forming assays, single colony expansion and colony genotyping**

Fresh CD34<sup>+</sup> BM cells from BB161 and BB287 were harvested and plated in Methocult H4230 (Stem Cell Technologies) (2000 cells/ml, in triplicate) supplemented with the following cytokines: IL-3 20ng/mL, IL-6 20ng/mL, IL-11 10ng/mL, FLT3L 50ng/mL, SCF 50ng/mL, TPO 50ng/mL (all from Peprotech, London, UK), G-CSF 50ng/mL (Chugai, London, UK) and EPO 4U/mL (Janssen Cilag, High Wycombe, UK). For single cell sorting of immunophenotypic HSCs, CD34<sup>+</sup>38'90<sup>+</sup>Lin<sup>-</sup> cells were flow sorted directly into U-bottom 96 well plates containing 100uL of Methocult per well supplemented with cytokines. Plates were incubated at 37°C

and  $5\%$  CO<sub>2</sub> for 14 days. Colonies were typed by inverted microscopy, plucked and genomic DNA extracted using the Taqman<sup>®</sup> Sample-To-SNP Kit (Life Technologies, Paisley, UK) according to manufacturer's instructions. DNA was pre-amplified using Taqman<sup>®</sup> PreAmp MasterMix (Life Technologies), according to the manufacturer's protocol. Amplified DNA was genotyped by allelic discrimination dPCR. 5μL reaction mixes containing 1μL DNA with 2.5μL 2X Taqman<sup>®</sup> GTXpress Master Mix, 0.25μL 20X Taqman<sup>®</sup> IDH2<sup>R140Q</sup> SNP genotyping assay and 1.25μL water were subjected to the following thermal cycling conditions on an ABI Prism 7900HT (Applied Biosystems): 95°C for 20s, followed by 40 cycles of 95°C for 3s and 60°C for 20s. ROX was used as passive reference.

#### **Targeted next generation sequencing**

#### *Illumina TruSight Myeloid Panel*

Genomic DNA from BM or blood MNCs collected at presentation and remission time points was subjected to targeted next generation sequencing (NGS) using a NextSeq 500 sequencer (Illumina, San Diego, CA, USA). Illumina's amplicon-based TruSight Myeloid Sequencing Panel interrogates 56 genes recurrently mutated in myeloid neoplasms (Table S5), using a proprietary multiplexed oligonucleotide pool covering each region of interest. Each primer includes universal adaptor sequences, subsequently incorporated in the amplification reaction. Amplicons are of standardized length (~250bp) for an overall library size of 141 kb. Libraries were generated according to the manufacturer's protocol. Briefly, genomic DNA was quantified using a Qubit DNA BR assay kit (Life Technologies, Carlsbad, CA, USA) and diluted to 50ng in 96 well plates. Oligonucleotides were hybridized to regions of interest, followed by an extension-ligation reaction and PCR amplification, incorporating unique combinations of i5/i7 index sequences to permit multiplexing up to 96 samples per sequencing run. Successful amplification was confirmed using a DNA 1000 kit and the 2100 Bioanalyzer system (Agilent Technologies, CA, USA). Libraries were purified using AMPure magnetic beads (Agencourt, Brea, CA, USA) and bead-normalized according to the TruSight protocol. Libraries were pooled (5uL per library, 96 per pool) and quantified by PCR to determine molarity for loading onto the NextSeq flow cell to achieve optimal cluster density (170-220k/m<sup>2</sup>). The pooled library was denatured, diluted and loaded onto a reagent cartridge according to Illumina's protocol. Paired end (150bp) sequencing was performed on the NextSeq 500 sequencer (Illumina) with 96 samples multiplexed on a single NextSeq 500 High Output run (300 cycles).

#### *Alignments, variant calling and annotation*

Data analysis was performed within Illumina's online BaseSpace genomics analysis platform. FASTQ files were aligned to human genome reference GRCh37/hg19 by the TruSeq Amplicon App (v2.0; Illumina; [https://basespace.illumina.com/apps/2005003/TruSeq-Amplicon\)](https://basespace.illumina.com/apps/2005003/TruSeq-Amplicon) using a banded Smith-Waterman algorithm. Variant calling was performed by Somatic Variant Caller (v4.0.13.1; Illumina) using default parameters. The resulting gVCF files were uploaded to Variant Studio (v2.2.3; Illumina; [https://basespace.illumina.com/apps/639639/VariantStudio-App\)](https://basespace.illumina.com/apps/639639/VariantStudio-App?preferredversion) for downstream filtering and annotation (from RefSeq database) of high confidence variants. Integrative Genomics Viewer (v2.1.2; Broad

Institute/Illumina; [https://basespace.illumina.com/apps/1886885/Integrative-Genomics-Viewer\)](https://basespace.illumina.com/apps/1886885/Integrative-Genomics-Viewer) <sup>S6</sup> was used to confirm regional coverage, visualize read alignments and confirm variant calls.

Variant allele frequency was calculated as the fraction of mutated reads versus total number of reads covering that base. For mutation discovery on presentation samples, sequencing coverage of 250X (bi-directional) and minimum variant frequency of 5% were used as lower thresholds for variant calling, as employed previously.<sup>S7</sup> Filters were applied to exclude known germline SNPs with population frequency >1%. However, since unequivocally pathogenic/somatic SNVs also have dbSNP database entries (including all common AML-associated IDH1/2 mutations), presence on dbSNP was not itself an exclusion criterion. All variants passing initial filtering were manually interrogated and those suspicious for germline polymorphisms were excluded. To screen for lower frequency variants, all those detected at 1-5% frequency were manually interrogated and included if they (a) corresponded to a COSMIC database entry  $s<sup>1</sup>$  with multiple reports in hematopoietic tissue of a confirmed somatic variant; (b) were supported by >40 individual variant reads; and (c) were convincingly absent (or present at <20% of the presentation sample level) in the corresponding remission sample. Among the six additional variants included by this approach were two known sub-clonal IDH1 mutations (BB253: IDH1<sup>R132C</sup> 1.9%; BB485: IDH1<sup>R132H</sup> 2.9%), both previously detected and quantitated to a similar level by highly sensitive digital PCR and both of which had been initially excluded by the TruSight analysis pipeline. A single presentation sample (BB85) displayed significantly lower coverage (total 0.89 million reads vs average 3.69 million reads per sample), and yielded an unusually high number of variants passing the standard filters (n=16, versus median of four high confidence mutations for the remainder of the cohort). For this case more stringent, manual filtering was applied to minimize false positive calls leading to exclusion of seven possible variants.

*FLT3* internal tandem duplications (ITDs) are not detected by the standard alignment and variant calling pipelines for the TruSight Myeloid Panel. Paired reads were re-aligned using BWA-MEM (v0.7.12; [https://basespace.illumina.com/apps/2084082/BWA-Aligner\)](https://basespace.illumina.com/apps/2084082/BWA-Aligner)<sup>S8</sup> and the revised BAM files were uploaded to two alternative variant callers: Pindel (v0.2.4) <sup>S9</sup> and ITDseek,<sup>S10</sup> both of which have been reported to call *FLT3*-ITD successfully from TruSight/TruSeq targeted sequencing data.<sup>S7,S10</sup> ITDseek outperformed Pindel. calling all *FLT3*-ITDs that were concurrently identified through standard PCR and gel electrophoresis on corresponding presentation gDNA samples, as previously described.<sup>S11</sup> FLT3-ITD burden was quantified by running PCR products on a Bioanalyzer 2100 High Sensitivity DNA chip (Agilent Technologies, CA, USA), as previously described. S12

### **Supplemental references**

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