

Genetic subtyping of breast implant-associated anaplastic large cell lymphomas

N. Oishi, et al.

Supplemental Material

Supplemental Methods

Immunohistochemistry and fluorescence *in situ* hybridization (FISH)

Immunohistochemistry for ALK and p63 was performed as previously described.^{1,2} Other phenotypic markers were evaluated when performed for diagnostic purposes or when sufficient material was available for additional immunohistochemistry, as previously reported.^{1,3} Activation of STAT3 was assessed using immunohistochemistry for tyrosine 705-phosphorylated STAT3 (pSTAT3^{Y705}; clone D3A7, 1:400; Cell Signaling) in 25 available cases. Presence of *DUSP22* rearrangement was evaluated by FISH using a break-apart probe as published.¹ Presence of *TP63* rearrangement was evaluated by FISH using a *TP63* break-apart probe and a dual-fusion probe for *TBLIXR1-TP63* as previously published.² Both break-apart and dual-fusion probes were employed because the partner of *TP63* (3q28) is often the nearby gene *TBLIXR1* (3q26) and break-apart FISH alone can be difficult to interpret and may miss *inv(3)(q26q28)*.⁴ The distribution of genetic subtypes in BIA-ALCL was compared to that of other types of ALCL based on frequencies of ALK positivity in systemic ALCL (n=159),⁵ *DUSP22* rearrangements in systemic ALK-negative (n=73)¹ and primary cutaneous (n=82)⁶⁻⁸ ALCL, and *TP63* rearrangements in systemic ALK-negative (n=73)¹ and primary cutaneous (n=41)^{4,9} ALCL.

DNA sequencing and analysis

Genomic DNA was extracted from FFPE tissue sections macrodissected to enrich for tumor content using the Qiagen (Germantown, MD) AllPrep FFPE Kit. BIA-ALCL samples with adequate DNA (n=15) were interrogated for mutations of *JAK1*, *JAK3*, *STAT3*, *STAT5A*, and *STAT5B* using

targeted capture of the complete coding regions. Libraries were prepared from 200 ng of DNA per sample using baits designed with SureSelect (Agilent, Santa Clara, CA) software and the SureSelectXT Reagent Kit (Agilent). Libraries were pooled at equimolar concentrations and sequenced at 2x150 bp on an Illumina (San Diego, CA) MiSeq instrument using the 300-cycle MiSeq Reagent Kit V2 (Illumina). Raw sequence reads were extracted and de-multiplexed with Illumina CASAVA (Consensus Assessment of Sequence And VARIation) version 1.8.2 and FASTQ files were aligned to human genome build hg19 using CLC Genomics Workbench (Qiagen). Average coverage (read depth) for each gene was: *JAK1*, 740; *JAK3*, 536; *STAT3*, 724; *STAT5A*, 745; and *STAT5B*, 763. Orthogonal sequencing was performed on an Ion Torrent (Thermo Fisher, Waltham, MA), and variants identified on both platforms were visually evaluated using Alamut (Interactive Biosoftware, Rouen, France). Germline variants were excluded based on data in ExAC,¹⁰ dbSNP,¹¹ and 1000 Genomes.¹² Functional annotation was derived from the literature or predicted using PolyPhen-2¹³ and SIFT.¹⁴ All reported variants had a variant base quality score >30, a minor allele frequency of >5%, and coverage of >95x.

Supplemental Tables

Supplemental Table 1. Phenotype of breast-implant-associated anaplastic large cell lymphoma (BIA-ALCL)

	Marker																		
	CD2	CD3	CD4	CD5	CD7	CD8	CD30	CD43	CD45	CD56	EMA	TIA1	GrzB	Perf.	TCRβF1	TCRγδ	p63	EBER*	
Total% †	55	31	75	34	6	9	100	86	44	28	48	58	63	50	19	0	12	0	
N tested	22	36	36	29	18	33	36	29	32	18	25	24	24	2	21	20	33	21	
<u>Patient</u>																			
1	.	-	+	+	.	.	+	+	-	.	.	.	.	.	.	.	-	.	.
2	-	-	+	.	.	-	+	.	.	.	-	-	+	.	.	.	-	.	.
3	.	+	+	-	.	-	+	+	+	.	-	+	+	.	.	.	-	.	.
4 ‡	-	-	+	+	-	-	+	-	+	-	-	+	-	.	-	-	-	-	-
5	+	+	+	+	.	-	+	+	+	.	.	.	.	.	.	.	-	-	-
6	+	-	+	-	-	-	+	+/-	.	.	+/-	-	-	.	.	.	+	.	.
7	+	+	+	+	-/+	-	+	+	-	-	-	-/+	+/-	.	.	.	-	.	.
8	+	+	+	-	.	-	+	.	+	.	-	.	.	.	.	.	-	.	.
9	-	-	+	-	.	-	+	+	-/+	.	-/+	-/+	-/+	.	-	-	-	-	-
10	+	+	-	-	-	-	+	.	-	.	-/+	-	-	.	.	.	-	.	.
11	.	-	-	-	-	-	+	-	-	.	-/+	+	-	.	+/-	-	-	-	-
12	-	-	+	-	-	.	+	+	-	.	.	.	.	.	-	.	.	.	-
13	+	+	+	-	.	-	+	.	+	.	.	+	+	.	.	.	-	.	.
14	-	-	+	-	.	-	+	.	-	.	+	.	.	.	.	.	-	.	.
15	.	-	-	-	.	.	+	.	.	.	.	.	.	.	.	.	+	.	.
16	-	-	-	.	.	-	+	+	-	.	.	.	.	.	.	.	-	-	-
17	.	+	+	+	+/-	-	+	.	+	.	.	.	.	.	.	.	.	.	.
18	-	-	+	-	-	-	+	-	-	.	-	.	.	.	-	-	-	-	.
19	+/-	-/+	+	-	-/+	-	+	+/-	-	.	.	.	.	.	-	-	-	-	.
20	.	-	+	+	.	-	+	+	-	+	+	+	+	.	-	-	-	-	-
21	.	-	+	.	.	-	+	+	-	-	+	-	+	.	+	-	-	-	-
22	+	+	+	+	.	-	+	+	+	-	+	+	+	.	-	-	-	-	-

23	+	-	-	+	-	+	+	+	-	+	-	.	+	.	+	-	-	-
24	-	-	+	-	-	-	+	+	+	-	+	+	+	.	-	-	-	-
25	.	+	+	.	.	+	+	+	+	-	+	+	+	.	-	-	-	-
26	+	-	+	-	-	-	+	+	-	+	-	+	+	.	-	-	-	-
27	.	-	-	-	-	+	+	+	-	+	-	-	+	.	-	-	-	-
28	.	-	-	.	-	-	+	+	.	-	.	.	+	.	-	-	+	-
29	.	+	+	+	.	-	+	+	-	-	+	+	+	.	-	-	-	-
30	.	-	+	+	-	-	+	+	+	-	-	-	-	.	-	-	-	-
31	+	+	+	.	.	-	+	+	-	+	.	+	.	.	.	.	-	.
32	.	-	-	.	.	-	+	+	-	-	+	-	+	.	-	-	-	-
33	+	-	+	-	-	-	+	+	+	-	.	-	-	-	+	-	-	-
34	.	-	+	-	.	-	+	+	+	-	+	+	-	.	-	-	+/-	-
35	-	-	-	-	-	-	+	-	+	-	+	+	-	+	-	-	-	-
36	-	-	+	-	-	-	+	+	+/-	.	+	+	.	.	.	.	.	.

Abbreviations: EBER, Epstein-Barr virus-encoded small RNA; EMA, epithelial membrane antigen; GrzB, granzyme B; Perf., perforin; TCR, T-cell receptor; TIA1, T-cell intracellular antigen-1.

*EBER analyzed by *in situ* hybridization; all other results based on immunohistochemistry.

†Total% represents percentage of cases tested with at least partial staining based on the following scoring system: +, positive ($\geq 30\%$ tumor cells staining); +/-, partial (10-29%); -/+ , focal (1-9%); -, negative (0%); ., not done.

‡Clinical data on Patient 4 and Patients 20-35 have been previously published by Miranda et al.¹⁵

Supplemental Table 2. Staging, pSTAT3, and genetic data by case

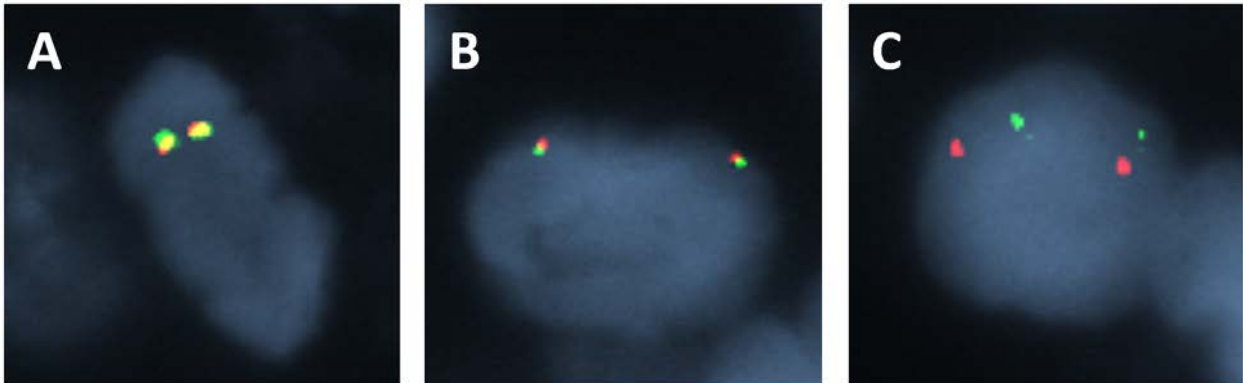
Patient	Stage*	pSTAT3†	Gene	Variant	VAF (%)
1	n/a	90	.	.	.
2	IA	n/a	.	.	.
3	IA	90	<i>STAT3</i>	c.1842C>G_p.Ser614Arg	42
4	IA	50	.	.	.
5	IA	60	.	.	.
6	IA	30	.	.	.
7	n/a	90	.	.	.
8	n/a	90	<i>STAT3</i>	c.1919A>T_p.Tyr640Phe	6
9	n/a	70	.	.	.
10	n/a	50	.	.	.
11	n/a	70	.	.	.
12	IIA	n/a	.	.	.
13	IA	70	.	.	.
14	IA	100	.	.	.
15	III	100	<i>STAT3</i>	c.1919A>T_p.Tyr640Phe	27
16	IA	80	.	.	.
17	n/a	n/a	.	.	.
18	n/a	80	.	.	.
19	IA	n/a	.	.	.
20	IC	90	.	.	.
21	IIA	60	.	.	.
22	IIA	70	.	.	.
23	IA	30	<i>JAK1</i>	c.3290G>A_p.Gly1097Asp	55
24	IC	90	.	.	.
25	IB	100	.	.	.
26	IB	100	.	.	.
27	IB	100	.	.	.
28	IA	80	.	.	.
29	IIA	70	.	.	.
30	IIA	n/a	.	.	.
31	IB	70	.	.	.
32	IC	60	.	.	.
33	IIA	n/a	.	.	.
34	IB	n/a	.	.	.
35	IIA	n/a	.	.	.
36	III	n/a	.	.	.

Abbreviations: n/a, not available; VAF, variant allele frequency.

*Based on the TNM staging system of Clemens et al.¹⁶

†Percentage of tumor cells with nuclear staining for pSTAT3^{Y705}, scored to the nearest decile.

Supplemental Figure



Supplemental Figure 1. Representative fluorescence *in situ* hybridization (FISH) in BIA-ALCL. (A) FISH using a breakapart probe to the *DUSP22-IRF4* gene region on 6p25.3 shows 2 intact red-green fusion signals, indicating the absence of a rearrangement. (B) FISH using a breakapart probe to the *TP63* gene region on 3q28 shows 2 intact red-green fusion signals, indicating the absence of a rearrangement. (C) FISH using a dual-fusion probe to the *TBLIXR1* gene region on 3q26 and the *TP63* gene region on 3q28 shows 2 copies of both gene regions without evidence of fusion. (All: original magnification, $\times 600$).

Supplemental References

1. Parrilla Castellar ER, Jaffe ES, Said JW, et al. ALK-negative anaplastic large cell lymphoma is a genetically heterogeneous disease with widely disparate clinical outcomes. *Blood*. 2014;124:1473-80.
2. Wang X, Boddicker RL, Dasari S, et al. Expression of p63 protein in anaplastic large cell lymphoma: implications for genetic subtyping. *Hum Pathol*. 2017;64:19-27.
3. Feldman AL, Law ME, Inwards DJ, Dogan A, McClure RF, Macon WR. PAX5-positive T-cell anaplastic large cell lymphomas associated with extra copies of the PAX5 gene locus. *Mod Pathol*. 2010;23:593-602.
4. Vasmatazis G, Johnson SH, Knudson RA, et al. Genome-wide analysis reveals recurrent structural abnormalities of TP63 and other p53-related genes in peripheral T-cell lymphomas. *Blood*. 2012;120:2280-9.
5. Savage KJ, Harris NL, Vose JM, et al. ALK- anaplastic large-cell lymphoma is clinically and immunophenotypically different from both ALK+ ALCL and peripheral T-cell lymphoma, not otherwise specified: report from the International Peripheral T-Cell Lymphoma Project. *Blood*. 2008;111:5496-504.
6. Pham-Ledard A, Prochazkova-Carlotti M, Laharanne E, et al. IRF4 Gene Rearrangements Define a Subgroup of CD30-Positive Cutaneous T-Cell Lymphoma: A Study of 54 Cases. *J Invest Dermatol*. 2010;130:816-25.
7. Feldman AL, Dogan A, Smith DI, et al. Discovery of recurrent t(6;7)(p25.3;q32.3) translocations in ALK-negative anaplastic large cell lymphomas by massively-parallel genomic sequencing. *Blood*. 2011;117:915-9.

8. Wada DA, Law ME, Hsi ED, et al. Specificity of IRF4 translocations for primary cutaneous anaplastic large cell lymphoma: a multicenter study of 204 skin biopsies. *Mod Pathol*. 2011;24:596-605.
9. Chavan RN, Bridges AG, Knudson RA, et al. Somatic rearrangement of the TP63 gene preceding development of mycosis fungoides with aggressive clinical course. *Blood Cancer J*. 2014;4:e253.
10. Lek M, Karczewski KJ, Minikel EV, et al. Analysis of protein-coding genetic variation in 60,706 humans. *Nature*. 2016;536:285-91.
11. Sherry ST, Ward MH, Kholodov M, et al. dbSNP: the NCBI database of genetic variation. *Nucleic Acids Res*. 2001;29:308-11.
12. Auton A, Brooks LD, Durbin RM, et al. A global reference for human genetic variation. *Nature*. 2015;526:68-74.
13. Adzhubei I, Jordan DM, Sunyaev SR. Predicting functional effect of human missense mutations using PolyPhen-2. *Curr Protoc Hum Genet*. 2013;Chapter 7:Unit7 20.
14. Sim NL, Kumar P, Hu J, Henikoff S, Schneider G, Ng PC. SIFT web server: predicting effects of amino acid substitutions on proteins. *Nucleic Acids Res*. 2012;40:W452-7.
15. Miranda RN, Aladily TN, Prince HM, et al. Breast implant-associated anaplastic large-cell lymphoma: long-term follow-up of 60 patients. *J Clin Oncol*. 2014;32:114-20.
16. Clemens MW, Medeiros LJ, Butler CE, et al. Complete Surgical Excision Is Essential for the Management of Patients With Breast Implant-Associated Anaplastic Large-Cell Lymphoma. *J Clin Oncol*. 2016;34:160-8.