

**The modular network structure of the mutational landscape of Acute Myeloid Leukemia**

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## **Supporting information**

**S1 File. Extended Experimental Procedures.**

**S1 File. Extended Experimental Procedures.***Patients*

Patients with *de novo* AML with intermediate cytogenetic risk were included in this project. The only limiting criterion for including patients in our study was the availability of the DNA sample for each given time. In all patients, routine tests were performed, such as conventional cytogenetics, FISH and NGS, as well as tests for the detection of *FLT3*-ITD and D835 mutations as previously described [14]. Every patient was enrolled in consecutive PETHEMA trials. On December 2017 was performed the last update on clinical data, treatment outcome and follow-up, which was collected prospectively. In accordance with the Declaration of Helsinki, this study was approved by the Research Ethics Board of our hospital (No.2012/0175).

Whole-exome sequencing (WES) was done on matched samples from 7 *de novo* AML patients under the age of 60 years who lacked cytogenetically abnormalities and well known molecular features (*NPM1*, *CEBPA* and *FLT3*-ITD), as our “discovery cohort” (S1 Table). For each patient, we obtained DNA sample from bone marrow aspiration at diagnosis time. A paired DNA sample from saliva or from bone marrow at complete molecular remission was taken from each patient. Available matched DNA samples was the only limiting criterion. In all cases, Biobank La Fe provided DNA samples.

Additionally, 100 AML intermediate-risk (IR) category patients were selected for the extended analysis as “validation cohort” (S4 Table). Among them, 77% did not harbor cytogenetic abnormalities ( $n = 77$ ), being 31% with the same molecular characteristics than the discovery cohort ( $n = 24$ ). All samples were provided by the Biobank La Fe.

DNA extraction and molecular analysis were performed as previously was described by Ibáñez M. *et al.* [14].

*Construction of DNA libraries and sequencing data analysis*

In a NextSeq Illumina platform, WES was performed following the manufacturer recommendations. To aim the identification of acquired deleterious variations at coding sequence, WES data was analyzed using a bioinformatics pipeline designed in-house by our group [14]. With this purpose, data from each paired sample was compared to detect somatic variations.

### *Validation of mutations from candidate genes*

Data obtained from our WES analyses was validated by targeted sequencing using an Ion AmpliSeq™ analysed in an Ion Proton™ System as recommended by the manufacturer. This assay allowed us confirm point and indels variations to establish candidate genes. Sequencing data was analyzed using an in-house bioinformatics pipeline as it has been described previously [14].

### *Targeted resequencing using Haloplex technology and sequence analysis*

The Haloplex target enrichment system (Agilent) was performed on an extended cohort (n=100) of patients. We designed a custom panel of 87 genes (S5 Table) using SureDesign Tool (Agilent) for next-generation sequencing, according to the manufacturer's instructions. Fifty five genes were selected from in-house results and 32 genes from previously published AML series [10]. The analyzed genes were: *ACTN2, ASXL1, ATP6AP1, BCOR, BTNL3, C12orf51, CCNL2, CD22, CEBPA, CHD4, CHI3L2, CIC, COL12A1, CSMD1, DGCR2, DLG1, DNAH8, DNAH9, DNMT3A, EPHB1, EPX, ERG, EZH2, FAM5C, FAM69B, FAM70B, FCGBP, FLT3, GATA2, GIT1, GNAS, GPR6, GRID1, HK2, HNRNPK, HYDIN, IDH1, IDH2, IGF1, INTS12, KCNU1, KDM6A, KIT, KRAS, MAGI1, NRAS, NEDD9, NFATC2, NLRP5, NPM1, NSD1, OR8H3, OTUD7A, PARD3B, PCDHA7, PCMTD1, PHF6, PIK3R1, PKD1L2, PLA1A, PLCE1, PTGIS, PTPN11, RAD21, RUNX1, SIPA1L2, SMC1A, SMC3, STAG2, STC2, SUV39H1, TEK4, TET2, TP53, TRIM67, TSPAN5, U2AF1, USP34, USP9X, VPS37C, WT1, ZCCHC14, ZCCHC16, ZMYND17, ZNF234, ZNF253* and *ZSWIM1*. Selected variants were annotated as described in Ibáñez M *et al.* PlosOne 2016 [14].

### *Next-generation sequencing data from other AML series*

We compared our results with AML cases as our discovery cohort from The Cancer Genome Atlas Network (TCGA) [10].

### *Network analysis*

Network analysis of the candidate gene products was carried out as it has been previously reported by our group [14].

### *Statistical methods*

Data were summarized using mean (standard deviation) and median (1st and 3rd quartile) in the case of continuous variables and with relative and absolute frequencies in the case of

categorical variables. Unadjusted time-to-event analysis were performed using the Kaplan-Meier estimate and for comparisons, long-rank tests. All P values reported are two-sided. Multivariable time-to-event analyses were performed using elastic net penalized cox regression models. For the elastic net analyses, an initial alpha value of 0.1 was selected and 500 replicates of 10-fold cross validation were used to estimate the penalization parameter following the one-standard-error rule. Alternative alpha values were used to assess the stability and robustness of the estimates. All statistical analyses were performed using R (version 3.3.3) and the R-package glmnet (version 2.0-5).