SUPPLEMENTAL DATA

SUPPLEMENTAL METHODS

Patient materials and cell line

We collected lymphoma/leukemia samples of the collaborating centers including four previously published cases¹⁻³. The study includes a total of 12 patients who were diagnosed as precursor B-cell lymphoblastic lymphoma/leukemia (range 3-75 years at diagnosis) with IG-MYC translocation (preBLL) without noticed synchronous or asynchronous mature B-cell lymphoma. Of note is that from Case10, two biopsies from initial diagnosis were available and included in this analysis (10.1 and 10.2). Three patients (cases 1, 4, and 11) suffered from a relapse after initial diagnosis. Hence, three preBLL pairs entered the study of which material from initial diagnosis as well as relapse was available. All samples from initial diagnosis were confirmed by fluorescence in situ hybridization (FISH) and/or conventional cytogenetics analysis to carry an IG-MYC translocation or respective cytogenetic translocation. Furthermore, using immunohistochemistry, at least the initial diagnosis samples were shown to express Terminal Deoxynucleotidyl Transferase (TdT). The immunophenotypic characterization by immunohistochemistry and/or flow cytometry (FACS) of the cases was performed by the individual centers submitting the cases. Table 1 shows an overview of the clinical, cytogenetic and immunophenotypic characteristics of the preBLL samples herein studied. Supplemental Table 1 gives an overview of materials available and techniques performed in each case.

In addition, we studied the cell line 380, which was obtained from the Leibniz Institute DSMZ-German Collection of Microorganisms and Cell Culture. This cell line was established from the peripheral blood of a 15-year-old boy with acute lymphoblastic leukemia at relapse⁴, showing an immature phenotype and carrying an IGH-MYC (t(8;14)) as well as an IGH-BCL2 (t(14;18)) chromosomal translocations. Details on the cell line and both translocations have been published previously⁵⁻⁷. The cell line was tested negative for mycoplasma contamination and its authenticity was confirmed by STR analysis using StemElite ID System (Promega).

This study was approved by local review boards and performed in line with the regulations of the Institutional Review Board of the Medical Faculty of the University Kiel (D447/10 and D443/14).

DNA extraction

Extraction of DNA from formalin-fixed paraffin-embedded (FFPE) tissue was performed using either the truXTRAC FFPE DNA micro Tube Kit (Covaris) or the Qiagen FFPE DNA extraction kit (Qiagen) according to manufacturers' protocols. DNA extraction from cryo-preserved material or from cells frozen in DMSO was performed using the PUREGENE DNA Isolation Kit (Qiagen) according to manufacturers´ protocol. To test the quality of the DNA, we performed the High Sensitivity DNA Assay on the 2100 Bioanalyzer (Agilent). Heavily degraded DNA with a main peak below 200bp size, was not considered for exome sequencing. The quantity of the DNA was measured using Qubit fluorometer together with the Quant-iT dsDNA BR Assay Kit (Life Technologies).

Conventional cytogenetics and molecular cytogenetics

If not obtained from previous publications or from the original data from the centers, conventional cytogenetics and FISH analyses were performed as previously described⁸. Karyotypes were described according to ISCN guidelines (2013). FISH was done on 11 of the 12 cases using frozen tissue, FFPE tissues, and/or bone marrow smears as previously described^{9,10}. Moreover, for the cell line 380, FISH was done on fixed cells from cell culture. The probes LSI BCL6, LSI MYC, LSI IGH/MYC, CEP8 Tricolor, LSI IGH and LSI BCL2 were applied. All probes were obtained from Abbott Molecular Diagnostics. In addition, for the detection of IGK-MYC and IGL-MYC translocations non-commercial probes were used¹¹. At least 100 nuclei were examined for each probe whenever possible. Digital image acquisition, processing, and evaluation were performed using ISIS digital image analysis version 5.0 (MetaSystems).

Whole exome sequencing

Exome sequencing of six preBLL samples (5 patients) was performed using the Agilent SureSelect v6 exome target enrichment kit. A total of 200 ng of DNA were applied and the standard protocol SureSelectXT Automated Target Enrichment for Illumina paired-end multiplexed sequencing as well as the Agilent Bravo automated liquid handling platform has been used. Since the DNA from the cases was extracted from FFPE tissue, we treated the DNA with NEBNext FFPE DNA Repair Mix (New England Biolabs) according to the manufacturer's instructions to increase the utility for library preparation. Pools of three libraries were generated after validation (2200 TapeStation; Agilent Technologies) and quantification (Qubit System; Invitrogen). These pools were quantified using the KAPA Library Quantification kit (Peqlab) and the 7900HT Sequence Detection System (Applied Biosystems). The library was subsequently sequenced on an Illumina HiSeq 4000 sequencing instrument (Illumina) using a paired-end 2×75 bp protocol and an allocation of one pool with three exomes per lane.

Whole genome sequencing

Whole-genome sequencing (WGS) of the cell line 380 was performed within the framework of the ICGC MMML-Seq project. Experimental procedures for whole-genome sequencing of the ICGC MML-Seq have been published previously¹². WGS data has been deposited in the European Genome-Phenome Archive (EGA) under accession number EGAS00001002968.

WES and WGS data processing

Alignment

Sequences were mapped to hs37d5 NCBI build 37.1 (ftp://ftp.1000genomes.ebi.ac.uk/vol1/ftp/technical/reference/phase2_reference_assembly_sequence/ hs37d5.fa.gz) with bwa-mem (version 0.7.8, minimum base quality threshold set to zero [-T 0], remaining settings left to default)¹³. Coordinates were sorted with bamsort (compression option set to fast ¹⁴) and duplicate read pairs were marked with bammarkduplicates (compression option set to best, both are part of the biobambam package (version 0.0148).

Single nucleotide variant/Indel calling

Single nucleotide variants (SNVs) and indels were called from tumor samples with the internal DKFZ pipeline based on samtools/bcftools 0.1.19 and custom filters (optimized for somatic variant calling by deactivating the pval-threshod in bcftools) and Platypus 0.8.1, respectively as described by Jabs et al¹⁵. Genes were annotated with Annovar (Feb 2016). A 'confidence score' was calculated for each mutation. The maximum allowed allele frequency in ExAC¹⁶ was lowered to 0.0001% (non-TCGA variants). Furthermore, variants with possibly base quality bias or a mapping quality bias (corresponding PV4 pvalue < 0.01) were excluded from analysis. More cohort-based filtering criteria were applied downstream of the individual variant calling. In order to remove recurrent artifacts and misclassified germline events, somatic indels, that were identified as germline in at least two patients of the ICGC MMML-Seq WGS cohort were excluded.

Finally, variants in artifact prone regions were removed. These artifact prone regions were identified in an in-house lymphoma exome cohort. Variants in regions with between two and four variants with maximum intermutation distance of 100 bp that were recurrently found in three or more patients were considered artifacts, unless these regions overlapped with recurrent Kataegis regions¹⁷ defined by an in-house whole genome sequencing lymphoma cohort. Of note is, that even thorough filtering was performed, some germline variants most likely remained in the final data set.

IGHV mutation analysis

We subjected 14 samples to IGHV sequence analysis which was performed as described by Kröber et al¹⁸. Of note is that we took a cutoff of 2% mutations to define an IGHV sequence as mutated or unmutated. Cases without evidence for ongoing mutations were not cloned and classified as not harboring ongoing somatic hypermutation. Nevertheless, potential subclone sequences with intraclonal diversity which might constitute 10% of all tumor cells might not be detected by conventional Sanger sequencing. Hence, we cannot conclude for sure that none of the cases harbors a minor subclone with ongoing SHM. Nevertheless, the PCR products for two cases (Case11-ID and Case11-R) showing more than 2% mutations were cloned and at least 5 clones sequenced. Based on those cases we have no evidence for ongoing SHM. Thus, we conclude that the cases do not harbor mutations due to ongoing SHM.

Detection of IG-MYC breakpoint junctions

The IG-MYC and IG-BCL2 translocations were called using the SOPHIA algorithm (manuscript in preparation) by a workflow previously described in Sahm et al¹⁹ using the whole-genome sequencing data of the cell line 380. For details refer to López et al in preparation.

The IG-MYC translocation using the exome sequencing data were identified after uploading the bam files to the IGV viewer (IGV 2.4.9.) and visual screening of the MYC and IG loci for reads, which have a mate read on the translocated allele. The mate read sequences were exported and the breakpoint junction retrieved.

Mutation and breakpoint validation by Sanger sequencing

The IG-MYC breakpoints identified by WES were validated using Sanger sequencing with primers flanking the breakpoints (Supplemental Table 11). To validate the mutations in NRAS and KRAS identified by WES and WGS as well as to identify mutations in samples without sequencing data, primers were designed to cover the mutations which are located in the described mutational hotspots affecting codons 12, 13 and 146 of the respective proteins. PCR primers and PCR conditions for Sanger sequencing of NRAS and KRAS are listed in Supplemental Table 12. PCR products were subjected to Sanger sequencing using the Big Dye Terminator v1.1 Cycle Sequencing Kit (Life Technologies). Sequence analysis was performed using an ABI PRISM 3130 Genetic Analyzer.

Pyrosequencing of KRAS hot spot mutations at codon 146

In two cases (Case7-ID and Case8-ID) we were not able to screen for occurrence of a mutation within codon 146 in KRAS by Sanger sequencing. Hence, we used a pyrosequencing assay for detection of the mutations. PCR primers and PCR conditions are listed in Supplemental Table 13. After PCR which was performed using the Pyromark PCR Kit (Qiagen), the product size was verified by gel electrophoresis. Single-strands were prepared using the Vacuum Prep Tool (Qiagen), followed by a denaturation step at 85 °C for 2 min and final sequencing primer hybridization. Pyrosequencing was performed using the PyroMark Q96 ID instrument (Qiagen). Sequencing results were analyzed using the PyroMark Q96 ID software (version 2.5.10, Qiagen).

OncoScanTM CNV FFPE Assay

Copy number analysis was performed on a total of 11 patients (13 samples) using the OncoScanTM CNV FFPE Assay Kit according to standard protocols (Affymetrix). Regions of gain, loss and copy number neutral loss of heterozygosity (CNN-LOH) were evaluated and visually inspected using OncoScan Console 1.3 (Affymetrix) and Nexus Express for OncoScan 3 (Biodiscovery). Human reference genome was GRCh37/hg19. Chromosomal imbalances encompassing at least 20 informative probes and having a minimum size of 100 kb as well as CNN-LOH larger than 5 Mb were considered informative.

DNA methylation analysis

About 0.5-1.0 µg genomic DNA of two preBLL (Supplemental Table 9) was applied for bisulfite conversion using the EZ DNA Methylation kit (ZymoResearch) according to manufacturers' instructions. Genome-wide DNA methylation analysis was performed using the Infinium MethylationEPIC BeadChip (EPIC) (Illumina) according to manufacturers' instruction. Arrays were scanned using the Illumina iScan. The raw DNA methylation data from the EPIC array were processed using the GenomeStudio software (v2011.1; methylation module 1.9.0; Illumina) applying the default settings. For data normalization, the intrinsic controls present on the array were used. Only hybridizations harboring a loci call rate higher than 95 % were further considered for analysis. Loci having a detection p-value >0.01 were excluded from further analysis. DNA methylation data of the preBLL cases is available in a MIAMI compliant format from Gene Expression Omnibus (GSE114210).

Phylogenetic tree based on DNA methylation level

The aim of the DNA methylation analysis was to identify the cell of origin of the preBLL samples based on the DNA methylation pattern. For classification of the cell of origin we used the approach recently described by Oakes et al²⁰, who showed that specific loci become differentially methylated during B-cell development. To this end, we used the Infinium HumanMethylationEPIC BeadChip array data from two preBLL and eight BL samples (Supplemental Table 9) and extracted those loci which were defined by Oakes et al.²⁰ to monitor B-cell development, ending up with 1404 CpG loci. The DNA methylation pattern of these 1404 CpG loci was compared to published HumanMethylation450 BeadChip array data sets of a total of 80 benign B-cell subpopulations²⁰⁻²² as well as to 26 pediatric acute lymphoblastic leukemias (ALL) carrying KMT2A rearrangements²³. In addition, we downloaded 183 data sets from representative pediatric ALL samples, corresponding to 10 ALL subsets, from published B-ALL cases (GSE49031)²⁴ (Supplemental Table 10).

For reasons of clarity and comprehensibility, we calculated the mean methylation for each of the 1,404 loci for each ALL subgroup. The diversification of the benign as well as tumor samples was displayed in a phylogenetic tree using the ape package for $R²⁵$.

SUPPLEMENTAL RESULTS AND DISCUSSION

IG-MYC- and IGH-BCL2-translocation analysis

We performed WES in six samples (five patients) with suitable DNA quality and WGS of the cell line 380⁴ . The breakpoint junctions of the IG-MYC translocations could be identified in 4/5 cases with exome (except for Case6) and genome (cell line 380) sequencing data, and were verified by PCR-based Sanger sequencing in three cases (Figure 1A). The breakpoints in the MYC locus were located in intron 1 in case 1 (identical in ID and R samples), and upstream of MYC in Case2 (~108 kb) and Case3 (~1.7 kb) as well as in the cell line 380 (~142 kb) as reported previously⁷ (Supplemental Table 2). Moreover, the breakpoint in Case4 (identical in ID and R samples) was located downstream of MYC as typical for the IG-MYC variant translocations. The breakpoints within the IGH locus were located within the VDJ region, and showed evidence that a mislead VDJ recombination caused the IGH-MYC rearrangement (see Supplemental Figure 1 for details). In addition, in Case4 harboring an IGK-MYC translocation, the breakpoint was located in JK4 region mediated also by mistake during V-J-recombination. Given that DJ and VDJ recombination occurs in the bone marrow during an early stage of B cell development, in which MYC is expressed²⁶ which is considered to be a prerequisite for a translocation to occur, these findings in preBLL contrasts the situation in BL. The IG-MYC translocations in BL arise due to aberrant somatic hypermutation (SHM) or class switch recombination during the germinal center reaction (unpublished data, 27). In line, we also failed in the six preBLL samples subjected to WES to observe MYC mutations which are introduced in around 70% of BL due to somatic hypermutation activity (unpublished data, 28). Nevertheless, for cases 7 and 8 MYC expression could be shown by immunohistochemistry¹.

The IGH-BCL2 translocation in the cell line 380, which was also identified by WGS, showed two breakpoints 15 kb and 30 kb downstream of BCL2 and affecting JH-DH genes (Supplemental Table 3 and Supplemental Figure 2 and 3) as described previously⁶. Thus, this translocation also derived from a mistaken VDJ recombination in precursor B-cells of the bone marrow²⁷. The simultaneous presence of MYC translocations and BCL2 rearrangements as present in some preBLL is also observed in a subset of mature aggressive B-cell lymphomas which constitute a provisional entity frequently abbreviated as double hit (DH) lymphomas^{29,30}. However, the latter entity is restricted to germinal center B cell derived (GCB) lymphomas³⁰ in which the MYC-translocation arises in the germinal center again due to aberrant SHM or CSR (Hübschmann et al. in preparation). Hence, VDJ associated DH preBLL should be differentiated from SHM/CSR associated DH GCB lymphoma.

SUPPLEMENTAL TABLES

Supplemental Table 1

* of this case only aCGH data as published by Roug et al.³ are available

Diagnosis: ID: initial diagnosis, Material for DNA extraction: Refers to the material type from which the DNA was extracted, FFPE: formalin fixed paraffin embedded, DMSO: viable cells frozen in media dosed with dimethylsulfoxide; WGS: whole-genome sequencing, WES: whole-exome sequencing, OncoScan: SNP array, EPIC: HumanMethylationEPIC BeadChip Array, IGHV: Sequence analysis of immunoglobulin heavy chain locus; n.a.: not available, failure: data not available due to technical failure, not possible: no DNA left for analysis

IG-MYC breakpoints which could be retrieved from WES and WGS in four preBLL cases as well as the cell line model which were verified by PCR and Sanger sequencing in four samples (Cases1-ID and -R, Case3-ID and Case4-ID). In addition, we used the breakpoint sequence detected in Case4-ID to check if the same breakpoints were detectable by Sanger sequencing in the corresponding relapse (Case4-R). Genomic coordinates are given in bp according to hg19. The breakpoints of the cell line 380 have been previously described⁷.

§ based on MYC transcript NM_002467.4.

IGH-BCL2 breakpoints detected by WGS in cell line 380. Genomic coordinates are given in bp based on hg19. The breakpoints of the IGH-BCL2 translocation were previously described^{5,6}.

§ based on BCL2 transcript NM_000633.2

Supplemental Table 4

Results of the IGHV gene analysis. In none of the analyzed cases Sanger sequencing of the clonal VDJ rearrangement of the IGH locus indicated ongoing somatic hypermutation.

* Less than 2% mutations in IGHV sequence are considered as not mutated

"Original V-gene rearrangement": indicates the productivity of the original V(D)J rearrangement. As the rearrangements of cases 3 and 10 lack point mutations, it is highly likely that the non-productivity stemmed from the rearrangement process, which generated an out-of-frame rearrangement. For cases 5 and 11, the original IGH rearrangements were in-frame and without stop codons in CDRIII, and hence productive. In these cases, mutations within the IGHV genes caused a frameshift (Case5) and a stopgain (Case11).

Overview of the chromosomal imbalances and mutations affecting the IG-loci as well as expression of surface immunoglobulin.

n.a.: not available, IGH-BCL2 status: negative: no IGH-BCL2 translocation, positive: IGH-BCL2 translocation detected, failure: data not available due to technical failure; Expression of surface immunoglobulin (sIg): positive: sIg expression detected, negative: no sIg expression detected; trans.: translocation.

Supplemental Table 6

Overview of identified unique and shared nonsynonymous exonic variants in initial diagnosis and relapse of Case1.

Overview of NRAS and KRAS mutations detected in preBLL.

Gene: NRAS: ENST00000369535.4, KRAS: ENST00000311936.3; detected by: WES: whole-exome sequencing, WGS: whole-genome sequencing, Sanger: Sanger sequencing, VAF: variant allele frequency as determined by WES or WGS, this value was no corrected for purity of the sample.

Copy number alterations in preBLL cases as identified by OncoScan analysis.

CN: copy number, CNN-LOH: copy number neutral loss of heterozygosity

Supplemental Table 9

Overview of cases with HumanMethylationEPIC BeadChip array data included in the DNA methylation analysis.

Overview of cases with HumanMethylation450 BeadChip Array data included in the DNA methylation analysis.

Overview of PCR primers and PCR conditions for Sanger sequencing of IG-MYC breakpoints in three preBLL cases.

¹ Annealing temperature in °C
² Length of PCR product in base pairs (bp)

Supplemental Table 12

PCR primers and PCR conditions for Sanger sequencing of hotspot mutations at protein codons 12 and 13 in NRAS and codons 12, 13 as well as 146 in KRAS.

¹ Annealing temperature in $°C$, ² Length of PCR product in base pairs (bp)

Supplemental Table 13

PCR primers and sequencing primer for pyrosequencing of the hotspot mutation in codon 146 of KRAS gene.

¹ Annealing temperature in $°C$, ² Length of PCR product in base pairs (bp)

SUPPLEMENTAL FIGURES

Supplemental Figure 1: Detailed breakpoint analyses of IGH-MYC translocations in preBLL cases. The sequences in red correspond to chromosome 8, the sequences in green to IG loci, and the sequences in black indicate the presence of N nucleotides. In Case1 the breakpoint affects the 3' end of the IGHV gene. In Case2 the breakpoint maps to the middle of IGHD2-15, the heptamer sequence of the 5' RSS of IGHD2-15 is highlighted in bold green. In Case3 the breakpoint is located at the 5' end of IGHJ4, with loss of some bases from the 5' end, as typical for JH rearrangements. There are N nucleotides at the breakpoint. Case4 exhibits the breakpoint at the 5' end of IGKJ4. The first 2 bases with homology to the IGK locus (TG, labeled in bold) represent the 5' end of the RSS of IGKJ4, followed by the intron between IGKJ3 and IGKJ4. The breaks in all the cases do not fall into full VDJ rearrangements, but seemed rather to have occurred during a DH to JH recombination in a pro B cell or during IGK rearrangement.

Supplemental Figure 2: Detailed breakpoint analysis of the IGH-MYC and IGH-BCL2 translocations in cell line 380. The sequences for chromosome 8 are labeled in red, the sequences for chromosome 14 (IGH locus) in green, the sequences for chromosome 18 (BCL2 locus) in blue, and N nucleotides are represented in black. IGHD genes have heptamer and nonamer sequences highlighted in bold letters. In both translocations one break is at the 5' end of JH with typical removal of some bases and addition of some N nucleotides; the reciprocal breaks in both are at the 3' end of an IGHD gene, also here with removal of some bases and addition of N nucleotides. The breakpoints identified in cell line 380 for IGH-MYC and IGH-BCL2 translocations are in line with the previous published studies^{6,7} (Supplemental Figure 3) and occurred during IGHD to IGHJ recombination in a pro B cell, as mistakes of VDJ recombination.

Supplemental Figure 3: Alignment of published and detected breakpoint sequence of the IGH-MYC and IGH-BCL2 translocations in cell line 380⁵⁻⁷. The sequence of the IGH-MYC translocation shows 100% identity to the previously published breakpoint sequence in chromosome 8 (upstream of MYC locus), including the sequence of the observed N nucleotides. The sequence of the IGHJ6 breakpoints observed by WGS shows 96.6% identity to the published sequence, differing only in one nucleotide (highlighted with the red box). The sequence determined by WGS of the IGH-BCL2 translocation, shows 91.7% identity in the IGHJ5 sequence to the published sequence, differing in two nucleotides (highlighted with the red box) and 100% identity to the sequence of chromosome 18 (downstream of BCL2 locus) as well as to the N nucleotides.

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Supplemental Figure 4: Overview on potentially protein-changing variants in Case1. Plotted are the variant allele frequencies (VAF) of the mutations identified in the ID and the relapse. Of note is, that the VAF was not corrected for the tumor cell content. Mutations which are not identified in the ID or relapse (R), i.e. are unique, have a VAF of 0. Mutations unique to ID are colored in green, mutations unique to the relapse are blue and shared mutations in grey. Highlighted in red is the NRAS mutation shared by ID and relapse sample.

Supplemental Figure 5: Comparison of frequently mutated genes in BL (grey) and preBLL (blue, based on 7 cases (6 patients) with sequencing data) showing no overlap of recurrently affected genes between both lymphoma subgroups. Included were those genes which are mutated in more than 2/5 preBLL patients (NRAS, KRAS) and the 13 genes recurrently mutated in 6/39 BL patients (based on unpublished data which are accessible at www.icgc.org).

Supplemental Figure 6: Comparison of frequently mutated genes in preBLL (blue, based on 7 cases (6 patients) with sequencing data) and in BL (in green and brown). Included are those genes which were reported by Schmitz et al²⁸ (A) and Love et al³² (B) to be recurrently mutated in at least 15% of cases in the respective studies as well as NRAS and KRAS (mutated in more than 2/5 preBLL patients). Using the published mutational landscapes of BL, highly recurrently mutated genes in BL were not altered in preBLL which is in agreement with the findings of the yet unpublished data (Supplemental Figure 5).

Supplemental Figure 7: Overview on recurrently mutated genes in preBLL cases. Recurrence was defined as a gene being mutated in at least 2/5 primary patients (excluding the cell line). Note that within the oncoprint Case1 is displayed with the samples of the initial diagnose as well as the relapse. DNAH2 encoding Dynein Axonemal Heavy Chain 2 and FAM83H encoding Family With Sequence Similarity 83 Member H are both large genes and mutations affecting those genes might represent passenger mutations.

Supplemental Figure 8: Overview on the clonal evolution of the three preBLL pairs for which samples from initial diagnosis (ID) and relapse were available.

Case1, harboring an IGH-MYC translocation developed a relapse eight months after ID. Both, ID and relapse, share the same IGH-MYC translocation as well as 70 nonsynonymous mutations as identified by exome sequencing, whereas ID harbors 7 (in red) unique mutations and the relapse 20 (in red). Refer to Supplemental Table 6 for an overview on the mutated genes.

Case4, harboring an IGK-MYC translocation developed a relapse 14 months after ID. The NRAS mutations differ in ID and relapse; in addition, ID harbors a KRAS mutation which was not observed in the relapse. This indicates a divergent clonal evolution of case 4 as well as that the IG-MYC translocation occurred prior to the RAS mutations.

Case11, harboring an IGL-MYC translocation developed a relapse 142 days after ID. The IGHV rearrangement is the same for ID and relapse (refer to Supplemental Table 4) and they share the same copy number alterations.

Supplemental Figure 9: Overview on the copy number alterations in preBLL cases analyzed by OncoScan array. The top panel depicts the recurrent alterations found in the twelve preBLL samples and the cell line 380. In the lower panel, each line corresponds to one case. Blue bars depict copy number gains, red bards copy number losses and yellow bars copy number neutral loss of heterozygosity. The most recurrently altered regions are gains in 1q as well as trisomy 7 and 21.

Supplemental Figure 10: Overview on focal copy number alterations (CNA, 100 kb – 3 Mb) as well as large alterations (>3 Mb, highlighted by #) in genes described to harbor recurrent focal CNA in ALL³³. In addition, the mutation status of these genes was checked for cases in which WES data were available. Of note is that if a gene is indicated as not altered, this is limited due to the fact that of Case1-ID and Case6 only WES data and for cases 7 to 11 only OncoScan data are available. This analysis shows that the primary preBLL do not harbor focal alterations in genes recurrently altered in ALL. Checking the mutation status of those genes revealed only in 2/5 preBLL cases mutations affecting IKZF1 and PAX5 in each one preBLL.

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