#### *Article*

## **Integrated genomic analysis of chromosomal alterations and mutations in B-cell acute lymphoblastic leukemia reveals distinct genetic profiles at relapse**

Maribel Forero-Castro 1†, Adrián Montaño 2†, Cristina Robledo <sup>2</sup> , Alfonso García de Coca <sup>3</sup> , José Luis Fuster 4, Natalia de las Heras 5, José Antonio Queizán 6, María Hernández-Sánchez 2, Luis A. Corchete-Sánchez 2.7, Marta Martín-Izquierdo <sup>2</sup>, Jordi Ribera 8, José-María Ribera 9, Rocío Benito 2\*, Jesús M. Hernández-Rivas 2.7.10\*

- <sup>1</sup>Escuela de Ciencias Biológicas, Universidad Pedagógica y Tecnológica de Colombia. Avenida Central del Norte 39-115, 150003, Tunja, Boyacá, Colombia; maribel.forero@uptc.edu.co
- 2 IBSAL, IBMCC, Universidad de Salamanca-CSIC, Cancer Research Center, Campus Miguel de Unamuno, 37007 Salamanca, Spain; adrianmo18@gmail.com (A.M.); crisrmontero@hotmail.com (C.R.); mahesa2504@hotmail.com (M.H.S); lacorsan@hotmail.com (L.A.C.S); marta.martini@usal.es (M.M.I); beniroc@usal.es (R.B.); jmhr@usal.es  $(I.M.H.R)$
- <sup>3</sup>Servicio de Hematología, Hospital Clínico de Valladolid, Av. Ramón y Cajal, 3, 47003 Valladolid, Spain; agarciaco@saludcastillayleon.es
- <sup>4</sup>Servicio de Oncohematología Pediátrica, Hospital Universitario Virgen de la Arrixaca, Murcia, Ctra. Madrid-Cartagena, s/n, 30120 El Palmar, Murcia, Spain; josel.fuster@carm.es
- <sup>5</sup>Servicio de Hematología, Hospital Virgen Blanca, Altos de Nava s/n, 24071 León, Spain; ndelasheras22@hotmail.com
- <sup>6</sup>Servicio de Hematología, Hospital General de Segovia, C/ Luis Erik Clavería Neurólogo S/N, 40002 Segovia, Spain; jqueizan@saludcastillayleon.es

<sup>7</sup>Servicio de Hematología, Hospital Universitario de Salamanca, Paseo de San Vicente, 88-182, 37007 Salamanca, Spain; lacorsan@hotmail.com (L.A.C.S); jmhr@usal.es (J.M.H.R)

- <sup>8</sup>Acute Lymphoblastic Leukemia Group, Josep Carreras Leukaemia Research Institute, Carretera de Canyet, s/n, 08916 Badalona, Barcelona, Spain; jribera@carrerasresearch.org
- <sup>9</sup>Servicio de Hematología Clínica, Institut Català d'Oncologia, Hospital Germans Trias i Pujol, Josep Carreras Research Institute, Universitat Autònoma de Barcelona, Carretera de Canyet, s/n, 08916 Badalona, Barcelona, Spain; jribera@iconcologia.net
- <sup>10</sup>Departamento de Medicina, Universidad de Salamanca, Campus Miguel de Unamuno. C/ Alfonso X El Sabio s/n. 37007-Salamanca; jmhr@usal.es (J.M.H.R)

† M.F.-C. and A.M. contributed equally to this work.

#### \*Sharing senior authorship

\*Correspondence: jmhr@usal.es (J.M.H.R.) and beniroc@usal.es (R.B.); Tel.: Phone: + 34 923291384 (J.M.H.R.) and + 34 923294812 (R.B.).

## **Table of contents of supplementary patients and methods**



## **List of supplementary tables**



## **List of supplementary figures**

Figure S1. Location of the probes in the X/Y PAR1 region provided in the MLPA probemix and NimbleGen high-density microarray platform …………………………………………………..........13

**Figure S2.** Patterns and frequencies of DNA copy alterations observed in 13 paired diagnostic/relapse samples………………………………………………………………………………………………….….14

**References for supplementary information**

## **DNA isolation**

Genomic DNA was extracted from frozen bone marrow or peripheral blood fixed cell samples using a QIAamp DNA Mini Kit (Qiagen, Valencia, CA, USA) following the manufacturer's instructions. DNA quality was assessed as the A260/A280 ratio with a NanoDrop ND-1000 spectrophotometer (NanoDrop Technologies, Wilmington, DE, USA) and by 1% agarose gel electrophoresis. A260/A280  $\geq$  1.8 and A260/A230  $\geq$  1.9 ratios were required for optimal labeling of DNA samples.

#### **Oligonucleotide array comparative genomic hybridizations**

In brief, patient DNA and normal control DNA (Human Genomic DNA: Male/Female, Promega, Madison, WI, USA) samples were denatured and labeled in parallel with Cy3 for the test group and Cy5 for the control group, each through a random priming method, using Klenow fragments (NimbleGen Dual-Color DNA Labeling Kit, Roche NimbleGen, Inc., Madison, WI, USA). Following cleanup and quantification, the test and sex-matched reference DNA samples were combined in equimolar amounts and loaded into one of the twelve filled ports on the microarray slide. Hybridization was carried out in a NimbleGen Hybridization Chamber for 16-20 hours at 42°C. Subsequently, the microarray slide was washed, dried and scanned at 2-μm resolution using a NimbleGen MS 200 microarray scanner. To avoid slide batch spotting bias, samples were hybridized in random order.

### **Array-CGH data analysis methods**

Array image files (532.tif and 635.tif) generated by the MS 200 Data Collection Software were imported into Nexus Copy Number software (version 4.1) (Biodiscovery, Inc., Hawthorne, CA, USA) for analysis. Log2 values of the raw data were normalized using the loess algorithm implemented in the affy R package (version 1.50.0). Quality control measures involved checking the consistency of signal distributions across samples; unsupervised clustering was performed to check outlier samples using SIMFIT statistical software (www.simfit.org.uk) (data not shown). Each genomic region exhibiting a copy number change was examined using the University of California at Santa Cruz Genome Browser (http://genome.cse.ucsc.edu) tool to determine the location and significance of the change. Normalized log2 ratios were processed for outlier removal though winsorization and segmented by piecewise constant segmentation (PCF) using the copynumber R package (version 1.20.0). Statistically significant regions in common between cases were assessed by Genomic Identification of Significant Targets in Cancer (GISTIC) analysis [1] with a confidence level of 0.90. The statistical significance of the aberrations was displayed as the FDR (false-discovery rate) *q*-values obtained for each region. The method accounts for multiple-hypothesis testing using the FDR framework and assigns a value of *q* to each result, reflecting the probability that the event is due to chance [1]. Values of  $q < 0.05$  were considered to represent statistically significant amplification and deletion peaks in children and adult patients. The Database of Genomic Variants from Toronto (DGV, http://dgv.tcag.ca/dgv/app/home) was used to exclude DNA variations located in regions with defined copy number variations. Thus, all copy number changes with more than 50% overlap with respect to those reported in DGV were excluded. Sex chromosomes were included from array-CGH data analysis. CNAs ≥ 0.5 Mb and detected by at least five consecutive aCGH probes were retained for copy number analysis. Large-scale or broad copy number alterations corresponded to regions larger than 50% of a chromosome arm. All genome-based data reported in this manuscript correspond to NCBI build 36 (hg18- Mar. 2006).

### **Amplicon library preparation**

A sensitive next-generation amplicon deep-sequencing assay (NGS) was applied, using the Titanium amplicon chemistry (454 Life Sciences, Branford, CT, USA). For this approach, two preconfigured 96-well primer plates containing lyophilized primer pairs (Roche, Branford, CT, USA) were used to prepare the amplicon library following the procedures used in the IRON-II Study (European Leukemia Network group). The first PCR plate (termed B-ALL SeqPlate) was designed to amplify *JAK2* (exons 12 to 16), *PAX5* (exons 2 and 3), *LEF1* (exons 2 and 3), *CRLF2* (exon 6) and *IL7R* (exon 5) genes, while the second plate (*TP53* SeqPlate) was designed to amplify the *TP53* (exons 4 to E11) gene. Thus, in total, 19 amplicon preparations across 26 samples, involving 494 individual PCR reactions, were carried out. The B-ALL SeqPlate was used to generate 11 amplicons from up to eight individual samples while the *TP53* SeqPlate was used to generate eight amplicons from up to 11 individual samples, thus 88 amplicons per run were obtained of each plate. In *TP53* SeqPlate the size range of the amplified products was 404-431bp including the adaptor sequences, while in the B-ALL SeqPlate the size range was 304-427bp. The above-mentioned genes were selected due to their welldefined role as mutational hot spots in BCP-ALL [2-12].

#### **Amplicon library pooling and purification**

After generating the amplicons, amplicon library pooling in equivalent amounts was carried out. The pooled libraries could be either different amplicons of the same sample, of the same amplicon in different samples, or any combination of these. The pooled libraries were purified with Agencourt AMPure magnetic beads (Beckman Coulter, Krefeld, Germany) in order to remove small amplicons (< 100 bp) and separating only those amplicons with optimal size for high-throughput sequencing. The purified amplicon pooling was quantified by dsDNA HS Qubit® Fluorometric Quantitation Assay Kit (Life Technologies). The quality of the amplicon pool was evaluated with an Agilent 2100 Bioanalyzer.

#### **Emulsion PCR and sequencing**

The amplicon library pooling was subsequently diluted to a concentration of  $2x10<sup>6</sup>$  molecules per µl and subjected to emulsion PCR using GS Junior Titanium emPCR Kit (Lib-A) (Roche Applied Science). Forward (A beads) and reverse (B beads) reactions were carried out using 2 000 000 beads per emulsion oil tube. The copy per bead ratio used was 1:1. The diluted PCR amplicons were mixed with beads under conditions that favored one fragment per bead. The amplification reaction, breaking of the emulsions and enrichment of beads carrying amplified DNA was performed using the workflow as recommended by the manufacturer (Roche Applied Science, M Penzberg, Germany). The bidirectional sequencing was carried out for 200 cycles using full processing mode for amplicons on a GS Junior platform (454 Life Sciences, Branford, CT, USA).

#### **Data processing and analysis**

Sequencing reads in SFF (standard flowgram format) file format obtained from the 454 GS Junior sequencing run were analyzed using the GS Variant Analyzer Software 2.5.3 (454 Life Sciences, Roche Applied Science) and Sequence Pilot version 3.4.2 (JSI Medical Systems, Kippenheim, Germany) software. Sequence alignment and variant detection were performed using the following reference sequences: *JAK2:* Transcript-ID: ENST00000381652, *PAX5*:ENST00000358127, *LEF1*:ENST00000265165,*CRLF2*:ENST00000400841, *IL7R:* ENST00000303115 and *TP53*: ENST00000269305. Quality control (QC) was included to provide coverage of more than 140 reads per amplicon (70 minimum reads in both forward and reverse directions). The variants were filtered to display sequence variants occurring in more than 2% of bidirectional reads per amplicon in at least one patient [13-15]. All somatic mutations were searched in the online COSMIC database (http://cancer.sanger.ac.uk/cancergenome/projects/cosmic) and the IARC *TP53* database (http://p53.iarc.fr/p53Sequences.aspx) [16]. Variants previously reported as germline polymorphisms in the Single Nucleotide Polymorphism database (dbSNP build 138) were excluded. Sequence variations identified by NGS were independently validated using conventional Sanger sequencing from a second PCR using the original DNA and/or a separate setup of NGS PCR, emPCR and re-sequencing run.

### **MLPA**

Variable quantities of sample DNA (50-250 ng) were subjected to MLPA reactions using SALSA MLPA P335-B1 ALL-IKZF1 probemix (MRC-Holland, Amsterdam, Netherlands) according to the manufacturer's instructions. DNA from three healthy donors was used as control samples. The P335-B1 probemix contains probes for the following genes: *IKZF1*  (8 probes at 7p12.2), *CDKN2A/B* (3 probes at 9p21.3), *PAX5* (7 probes at 9p13.2), *EBF1* (4 probes at 5q33.3), *ETV6* (6 probes at 12p13.2), 4 probes for *BTG1* and the *BTG1* downstream region (at 12q21.33), *RB1* (5 probes at 13q14.2), as well as genes from the X/Y PAR1 region (*CRLF2, CSF2RA, IL3RA* and *P2RY8*) (5 probes at Xp22.33). Additionally, one probe at Yp11.31 (*ZFY*) and one at 9p24.1 (*JAK2*) were included to facilitate the determination of the extent of a deletion/duplication detected in patient samples. Finally, 13 reference probes were included targeting chromosomal regions that are relatively stable in ALL. The design of this MLPA-kit allows the identification of deletions and duplications of one or more chromosomal regions in each DNA sample. MLPA amplification products were analyzed on a ABI 3130xl Genetic Analyzer (Applied Biosystems/Hitachi) with the GeneMapper software V.3.7, using the Genescan 500LIZ internal size standard (Applied Biosystems). Each peak in the electropherogram corresponded to the amplification product of a specific amplicon. Each patient's electropherogram was compared with three controls. Coffalyzer MLPA DAT (MRC-Holland) software was used to analyze MLPA data. The copy number at each locus was estimated according to method of Schwab et al. [17], whereby values above 1.3, between 1.3 and 0.75, between 0.75 and 0.25, and below 0.25 were considered as gain, normal, hemizygous loss, and homozygous loss, respectively.

# **Supplementary tables**

**Table S1. Frontline risk-adapted protocols, outcome, clinical status, karyotype, FISH, NGS, aCGH and MLPA analysis in matched diagnosis-relapse B-ALL patients.**









Table S2. Regions of significant recurrent amplification and deletion retained at relapse (*q-value* <0.05). This table shows the MCR identified at diagnosis (part a) that were retained at relapse (part b).



# **Table S3.** Regions of significant recurrent deletion lost at relapse (*q-value* < 0.05).





**Table S4.** Regions of significant recurrent amplification and deletion acquired at relapse (*q-value* < 0.05).



#### **Supplementary figures**

**Figure S1. Location of the probes on X/Y PAR1 region provided in the MLPA probemix and NimbleGen High density microarray platform**. X/Y PAR1 region (*CRLF2, CSF2RA, IL3RA* and *P2RY8*) (5 probes at Xp22.33).







#### **References for supplementary information**

- 1. Beroukhim, R.; Getz, G.; Nghiemphu, L.; Barretina, J.; Hsueh, T.; Linhart, D.; Vivanco, I.; Lee, J.C.; Huang, J.H.; Alexander, S., et al. Assessing the significance of chromosomal aberrations in cancer: methodology and application to glioma. *Proc Natl Acad Sci U S A* **2007**, *104*, 20007-20012, doi:10.1073/pnas.0710052104.
- 2. Harrison, C.J. Key pathways as therapeutic targets. *Blood* **2011**, *118*, 2935-2936, doi:118/11/2935 [pii]10.1182/blood-2011-07-362723.
- 3. Chiaretti, S.; Zini, G.; Bassan, R. Diagnosis and subclassification of acute lymphoblastic leukemia. *Mediterranean journal of hematology and infectious diseases* **2014**, *6*, e2014073, doi:10.4084/MJHID.2014.073.
- 4. Chiaretti, S.; Gianfelici, V.; Ceglie, G.; Foa, R. Genomic characterization of acute leukemias. *Medical principles and practice : international journal of the Kuwait University, Health Science Centre* **2014**, *23*, 487-506, doi:10.1159/000362793.
- 5. Gowda, C.; Dovat, S. Genetic targets in pediatric acute lymphoblastic leukemia. *Adv Exp Med Biol* **2013**, *779*, 327-340, doi:10.1007/978-1-4614-6176-0\_15.
- 6. Iacobucci, I.; Papayannidis, C.; Lonetti, A.; Ferrari, A.; Baccarani, M.; Martinelli, G. Cytogenetic and molecular predictors of outcome in acute lymphocytic leukemia: recent developments. *Curr Hematol Malig Rep* **2012**, *7*, 133-143, doi:10.1007/s11899-012-0122-5.
- 7. Loh, M.L.; Mullighan, C.G. Advances in the genetics of high-risk childhood B-progenitor acute lymphoblastic leukemia and juvenile myelomonocytic leukemia: implications for therapy. *Clin Cancer Res* **2012**, *18*, 2754-2767, doi:10.1158/1078-0432.CCR-11-1936.
- 8. Mullighan, C.G. Genomic profiling of B-progenitor acute lymphoblastic leukemia. *Best Pract Res Clin Haematol*  **2011**, *24*, 489-503, doi:S1521-6926(11)00084-3 [pii]10.1016/j.beha.2011.09.004.
- 9. Roberts, K.G.; Mullighan, C.G. How new advances in genetic analysis are influencing the understanding and treatment of childhood acute leukemia. *Curr Opin Pediatr* **2011**, *23*, 34-40, doi:10.1097/MOP.0b013e3283426260.
- 10. Woo, J.S.; Alberti, M.O.; Tirado, C.A. Childhood B-acute lymphoblastic leukemia: a genetic update. *Experimental hematology & oncology* **2014**, *3*, 16, doi:10.1186/2162-3619-3-16.
- 11. Inaba, H.; Greaves, M.; Mullighan, C.G. Acute lymphoblastic leukaemia. *Lancet* **2013**, *381*, 1943-1955, doi:10.1016/S0140-6736(12)62187-4.
- 12. Pui, C.H.; Carroll, W.L.; Meshinchi, S.; Arceci, R.J. Biology, risk stratification, and therapy of pediatric acute leukemias: an update. *J Clin Oncol* **2011**, *29*, 551-565, doi:JCO.2010.30.7405 [pii]10.1200/JCO.2010.30.7405.
- 13. Weissmann, S.; Roller, A.; Jeromin, S.; Hernandez, M.; Abaigar, M.; Hernandez-Rivas, J.M.; Grossmann, V.; Haferlach, C.; Kern, W.; Haferlach, T., et al. Prognostic impact and landscape of NOTCH1 mutations in chronic lymphocytic leukemia (CLL): a study on 852 patients. *Leukemia* **2013**, *27*, 2393-2396, doi:10.1038/leu.2013.218.
- 14. Kohlmann, A.; Klein, H.U.; Weissmann, S.; Bresolin, S.; Chaplin, T.; Cuppens, H.; Haschke-Becher, E.; Garicochea, B.; Grossmann, V.; Hanczaruk, B., et al. The Interlaboratory RObustness of Next-generation sequencing (IRON) study: a deep sequencing investigation of TET2, CBL and KRAS mutations by an international consortium involving 10 laboratories. *Leukemia* **2011**, *25*, 1840-1848, doi:10.1038/leu.2011.155.
- 15. Grossmann, V.; Roller, A.; Klein, H.U.; Weissmann, S.; Kern, W.; Haferlach, C.; Dugas, M.; Haferlach, T.; Schnittger, S.; Kohlmann, A. Robustness of amplicon deep sequencing underlines its utility in clinical applications. *The Journal of molecular diagnostics : JMD* **2013**, *15*, 473-484, doi:10.1016/j.jmoldx.2013.03.003.
- 16. Leroy, B.; Anderson, M.; Soussi, T. TP53 mutations in human cancer: database reassessment and prospects for the next decade. *Human mutation* **2014**, *35*, 672-688, doi:10.1002/humu.22552.
- 17. Schwab, C.J.; Jones, L.R.; Morrison, H.; Ryan, S.L.; Yigittop, H.; Schouten, J.P.; Harrison, C.J. Evaluation of multiplex ligation-dependent probe amplification as a method for the detection of copy number abnormalities in B-cell precursor acute lymphoblastic leukemia. *Genes Chromosomes Cancer* **2010**, *49*, 1104-1113, doi:10.1002/gcc.20818.