Supplemental Information

GENOMIC LANDSCAPE OF PATIENTS WITH *FLT3***-MUTATED ACUTE MYELOID LEUKEMIA (AML) TREATED WITHIN THE CALGB 10603/RATIFY TRIAL**

AUTHORS

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SUPPLEMENTAL METHODS

Library Enrichment and Sequencing

The library enrichment was performed using the commercially available SureSelectXT in-solution capture technology from Agilent Technologies (Santa Clara, CA, USA). The library comprised the entire coding region of 262 candidate genes involved in hematological malignancies including 20 kinases targeted by midostaurin. For library design Agilent's online tool SureDesign was used. Only exons with a consensus annotation in the RefSeq, Ensembl, CCDS, Gencode, and SNP databases were considered relevant. The UCSC human genome 19 (H. sapiens, hg19, GRCh37, February 2009) served as reference genome for design and determination of genomic coordinates.

Genomic DNA (200ng per sample) extracted from pre-treatment bone marrow (409, 86%) or peripheral blood (66, 14%) specimens was used for molecular screening. SureSelect library preparation and indexing were performed following the manufacturer's instructions for Illumina paired-end sequencing. Samples were then transferred to a cBot (Illumina, San Diego, CA, USA) to create clonal clusters on a flow cell by bridge amplification (Illumina reagent kit: TruSeq PE Cluster Kit v3-cBot-HS). Finally, 2x 100 bp paired-end sequencing by synthesis was carried out on a HiSeq2000 (Illumina, San Diego, CA, USA) using Illumina's TruSeq SBS Kit v3-HS reagents.

Variant calling

The sequencing quality of each sample was assessed using the NGS QC toolkit (2.3.3) and, where necessary, adapter and read end trimming were performed using cutadapt (1.8.3) and in-house scripting respectively.

Paired-end reads were then aligned to the hg19 reference using BWA-MEM (0.7.10). Alignments are sorted and indexed by Picard (1.138) and locally realigned using GATK (3.4.46). For each sample, coverage statistics were calculated using BEDTools (2.24.0) and processed by SAMtools (0.1.19). VarScan2 (2.3.9) was then used for variant calling within the target regions sequenced. All variants were annotated by Annovar (release 22Mar2015) but only non-synonymous mutations affecting exons or splice sites were retained. These were further filtered to remove calls within known regions of segmental duplication, variants annotated in dbSNP (138) but not COSMIC (70) and variants with a minor allele frequency (MAF) above 0.01 in either the 1000 Genomes Project or the Exome Sequencing Project (ESP 6500).

Curation of oncogenic variants

All calls yielded by the computational annotation workflow were subject to further curation. Only variants considered oncogenic were included in the subsequent analyses. The algorithm for mutation reporting is as follows:

a) Removal of all variants that are annotated in SNP databases and occur with a minor allele frequency (MAF) >0.001 in the 1000 Genomes Project, dbSNP150 or the Exome Sequencing Project (ESP 6500).

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- b) Removal of variants present within regions prone to sequence context specific artifacts, including regions of high depth, enriched for reads of low mapping quality that harbor multiple mismatches
- c) Removal of all one bp insertions or deletions present adjacent to regions of more than 5 homopolymer bases (for example insG adjacent to GGGGG) and a variant allele frequency of ≤0.1
- d) Removal of all missense variants with a variant allele frequency between ≥0.45 and ≤0.55 or ≥0.9 and 1.0, indicative of polymorphisms, unless they are present with ≥5 counts in COSMIC database (v85) and with ≥1 confirmed somatic.
- e) Retention of all frameshift, nonsense or splicing variants with a variant allele frequency ≥0.03
- f) Retention of all missense variants with a variant allele frequency between 0.03 and <0.45 or >0.55 and <0.9, indicative of (likely) oncogenic variants.

SUPPLEMENTAL TABLES

Supplemental Table S1: Comparison of clinical characteristics of patients included and excluded into this analysis of entire CALGB 10603/RATIFY trial cohort (N=717).

*²***Wilcoxon rank sum test; Pearson's Chi-squared test**

Supplemental Table S2: List of all genes targeted by custom sequencing panel

Supplemental Table S3: Genes targeted by midostaurin (Midostaurin kinome)

Supplemental Table S4: Frequency of gene mutations overall and by *FLT3* mutational subgroups

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1 n (%)

2 Fisher's exact test (p-value not adjusted for multiple testing)

Supplemental Table S5: Functional categorization of recurrently mutated genes (>1%).

Supplemental Table S6: Genomic classes according to Papaemmanuil E, Gerstung M et al NEJM 2016.

* Patients with two different mutations in *CEBPA*

Classification in this subgroup requires *TP53* mutation, complex karyotype [3 or more abnormalities, in the absence of 1 of the WHO-designated recurring translocations or inversions, that is, t(8;21), inv(16) or t(16;16), t(9;11),t(v;11)(v;q23.3), t(6;9), inv(3) or t(3;3); AML with t(9;22)], or in the absence of other class-defining lesions, one or more of the following: −7/7q, −5/5q, −4/4q, −9q, −12/12p, −17/−17p, −18/18q, −20/20q, +11/11q, +13, +21, or +22.

+ Classification in this subgroup requires one or more driver mutations in *RUNX1*, *ASXL1*, *BCOR*, *STAG2*, *EZH2*, *SRSF2*, *SF3B1*, *U2AF1*, *ZRSR2*, or *MLL*-PTD. In the presence of other class-defining lesions — namely, inv(16), t(15;17), t(8;21), t(6;9), inv(3), MLL fusion genes, or complex karyotype or driver mutations in *TP53*, *NPM1*, or *CEBPA*biallelic — two or more chromatin–spliceosome mutations are required.

Supplemental Table S7: Baseline characteristics of genomic AML classes in the cohort of 451 of 475 patients, in which subcategorization into genomic AML classes was possible.

Supplemental Table S8: Impact of 12 most frequent gene mutations on overall and event-free survival. Log rank test p-values from the univariate tests are indicated without (raw) and with adjustment (adj) for multiple testing via the Bonferroni-Holm procedure (FDR). See corresponding Kaplan Meier estimates in Supplemental Figure 2 and 3). Abbreviations: CI, confidence interval; HR, hazard ratio.

Supplemental Table S9: 4-year overall survival rates by genomic AML classes in the cohort of 451 of 475 patients, in which subcategorization into genomic AML classes was possible.

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Supplemental Table S10: 4-year event-free survival rates by genomic AML classes in the cohort of 451 of 475 patients, in which subcategorization into genomic AML classes was possible.

Supplemental Table S11: Cox proportional hazard model for predictive impact of *FLT3* mutation type on hazard of death or event after treatment with midostaurin in cohort of 451 of 475 patients, in which subcategorization into genomic AML classes was possible. A hazard ratio of >1 indicates a higher and a hazard ratio of <1 a lower risk of death, respectively. Abbreviations: CBF, Core-binding factor AML; CI.95, 95% confidence interval; CR1, first complete remission; ECOG, Eastern Cooperative Oncology Group; HR, hazard ratio; HCT, hematopoietic cell transplantation; WBC, white blood cell count.

SUPPLEMENTAL FIGURES

Supplemental Figure S1: Mutational exclusivity and co-occurrence of recurrently (>5% of cases) mutated genes. A) Gene pairs that co-occurred more frequently are indicated by blue colors, gene pairs that cooccurred seldom by orange colors. The top 12 genes were tested for mutual exclusivity (66 possible combinations) resulting in 21 significant pairs before adjustment for multiple testing and 5 significant pairs after FDR adjustment: *NPM1*-*RUNX1* (p<.001), *DNMT3A*-*WT1* (p<.001), *DNMT3A*-*RUNX1* (p=.003), *NPM1*- *WT1* (p=.008) and *IDH2*-*TET2* (p=.021). Similarly, all combinations were tested for co-occurrence resulting in 2 significant pairs before adjustment for multiple testing: *NPM1*-*DNMT3A* and *IDH1*-*PTPN11*, which were not significant after FDR adjustment B) Width of bands reflects the number of cases in which mutations of corresponding genes co-occurred.

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Supplemental Figure S2: Impact of gene mutations on overall survival. Log rank test p-values from the univariate tests are indicated without adjustment for multiple testing. Adjusted p-values are given in Supplemental Table S8.

Supplemental Figure S3: Impact of gene mutations on event-free survival. Log rank test p-values from the univariate tests are indicated without adjustment for multiple testing. Adjusted p-values are given in Supplemental Table S8.

Supplemental Figure S4: Impact of *WT1* mutations on overall survival stratified by ELN2017 risk groups.

Supplemental Figure S5: Impact of *WT1* mutations on event-free survival stratified by ELN2017 risk groups.

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Supplemental Figure S6: Prognostic and possibly predictive impact of pairwise interactions of clinical and/or genetic variables in 475 patients on A) overall and B) event-free survival using random survival forests. The prognostic impact of a variable is measured via "vimp" (variable importance). This measure determines the loss in prediction accuracy using a permuted/noisy version of each variable for model fitting and predicting out-of-bag samples. The assessment of pairwise interactions between variables was based on the comparison of the joint ('paired') VIMP to the sum of their individual VIMPs (called 'additive' importance). Fitting 1000 trees per forest, we constructed 100 forests with different seeds. The following graphic depicts the variable importance for all varibles across these 100 runs in terms of variability (box plots). Higher positive or negative difference between additive and paired vimp values indicate that a variable combination may have prognostic or predictive impact on the survival endpoint.

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Supplemental Figure S7: The top 10 most interesting interactions regarding overall survival as determined by random survival forests were selected for further inspection. The following Kaplan Meier curves depict the marginal distribution of first variable (left) and the second variable (middle) as well as the combination of the two (right).

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Supplemental Figure S8: The top 10 most interesting interactions regarding event-free survival as determined by random survival forests were selected for further inspection. The following Kaplan Meier curves depict the marginal distribution of first variable (left) and the second variable (middle) as well as the combination of the two (right).

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Supplemental Figure S9: Kaplan Meier estimates of impact of *NPM1*, *DNMT3A*, and combined genotypes on overall (A) and event-free (B) survival and according to *FLT3* mutation type.

Supplemental Figure S10: Kaplan-Meier estimated A) overall and B) event-free survival curves, and number of events by genomic AML classes and log rank test p-values in cohort of 451 of 475 patients, in which subcategorization into genomic AML classes was possible. Abbreviations: OS, overall survival; EFS, event-free survival.

Supplemental Figure S11: Kaplan-Meier plots for the marginal overall survival (OS) distribution in the corresponding genomic AML classes (pCat) and treatment (trt) subgroups. Abbreviations: C-S, chromatinspliceosome; Mdst, midostaurin; Plcb, placebo; TP53an, TP53-aneuploidy.

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Supplemental Figure S12: Kaplan-Meier plots for the marginal event-free survival (EFS) distribution in the corresponding genomic AML classes (pCat) and treatment (trt) subgroups. Abbreviations: C-S, chromatinspliceosome; Mdst, midostaurin; Plcb, placebo; TP53an, TP53-aneuploidy.

Supplemental Figure S13: Kaplan-Meier estimates for A) overall and B) event-free survival according to *FLT3* mutation type and treatment of 451 patients included into the Cox proportional hazard model.

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Supplemental Figure S14: Kaplan Meier estimates for A) overall and C) event-free survival by midostaurin kinome mutation status in entire cohort. Effect of treatment on B) overall and D) event-free survival in subgroup of patients harboring midostaurin kinome mutations.

Supplemental Figure S15: Kaplan Meier estimator for overall (OS) and event-free survival (EFS) according to *FLT3* exon 16 mutation status.

