

Serial profiling of circulating tumor DNA identifies dynamic evolution of clinically actionable genomic alterations in high-risk neuroblastoma

Kristopher R. Bosse^{1,2}; Anna Maria Giudice¹; Maria V. Lane¹; Brendan McIntyre¹; Patrick M. Schürch¹; Guillem Pascual-Pasto¹; Samantha N. Buongervino¹; Sriyaa Suresh¹; Alana Fitzsimmons¹; Adam Hyman¹; Maria Gemino-Borromeo¹; Jennifer Saggio¹; Esther R. Berko¹; Alexander A. Daniels¹; Jennifer Stundon¹; Megan Friedrichsen³; Xin Liu³; Matthew L. Margolis³; Marilyn M. Li⁴; Marni Brisson Tierno³; Geoffrey R. Oxnard³; John M. Maris^{1,2}; Yael P. Mossé^{1,2}

¹Division of Oncology and Center for Childhood Cancer Research, Children's Hospital of Philadelphia; Philadelphia, PA, 19104; USA

²Department of Pediatrics, Perelman School of Medicine at the University of Pennsylvania; Philadelphia, PA, 19104; USA

³Foundation Medicine, Inc. Cambridge, MA, 02141; USA

⁴Department of Pathology and Laboratory Medicine, Perelman School of Medicine at the University of Pennsylvania and the Children's Hospital of Philadelphia; Philadelphia, PA, 19104; USA

Supplementary Methods

Tumor sequencing

The CHOP Comprehensive NGS Solid Tumor Panel interrogates 238 cancer genes for sequence and copy number alterations (CNA) and 110 cancer genes for fusion genes as previously described (1-3). For sequence variant and CNA analysis, genomic DNA was extracted from the tumor samples. Libraries were prepared using custom-designed probes targeting the coding sequences, exon/intron boundaries, and selected promoter and intronic regions of the 238 genes (SureSelect, Agilent Technologies, Santa Clara, CA). For fusion analysis, target-specific primers covering 673 exons of the 110 genes were custom-designed to identify known or novel fusions using Anchored Multiplex PCR (AMP™) technology (ArcherDX, Inc. Boulder, CO). Total RNA (or total nucleic acid from FFPE samples) was extracted from the tumor samples and reverse-transcribed into cDNA. Libraries were constructed using Archer™ Universal RNA Reagent Kit v2 for Illumina. Barcoded libraries were pooled and sequenced on the Illumina HiSeq platform using 150 bp paired-end sequencing (Illumina, San Diego, CA). DNA sequence data were analyzed using the homebrew software ConcordS v2 for SNVs/indels and NextGENe v2 NGS Analysis Software for CNAs (SoftGenetics, LLC, State College, PA). RNA sequence data were analyzed using Archer Analysis software and visualized with the JBrowse genome browser (Evolutionary Software Foundation, Berkeley, CA).

***ERRFI1* expression profiling**

ERRFI1 mRNA expression data from neuroblastomas was accessed via the Genomics Analysis and Visualization Platform (R2; <http://r2.amc.nl>; Kocak; n = 649, SEQC; n = 498; and Westermann; n=579) (4-6).

Event-free survival (EFS) analysis

EFS analyses were performed utilizing the Kaplan Meier Scanner function in the Genomics Analysis and Visualization Platform (R2; <http://r2.amc.nl>; Kocak; n = 649, SEQC; n = 498; Cangelos; n=768; Oberthuer; n=251; and Westermann; n=144) (4-8).

Supplementary Tables

Supplementary Table 1. Summary of genes covered by the FoundationACT oligonucleotide baitset.

GENES WITH COMPLETE EXON COVERAGE		
GENE	EXONS	AMPLIFICATIONS CALLED?*
<i>BRCA1</i>	All exons	No
<i>BRCA2</i>	All exons	No
<i>CCND1</i>	All exons	Yes
<i>CD274</i>	All exons	Yes
<i>CDH1</i>	All exons	No
<i>CDK4</i>	All exons	Yes
<i>CDK6</i>	All exons	Yes
<i>CDKN2A</i>	All exons	No
<i>CRKL</i>	All exons	Yes (3 target regions)
<i>EGFR</i>	All exons	Yes
<i>ERBB2</i>	All exons	Yes
<i>ERRFI1</i>	All exons	No
<i>FGFR1</i>	All exons	Yes
<i>FGFR2</i>	All exons	Yes
<i>FOXL2</i>	All exons	No
<i>KRAS</i>	All exons	Yes
<i>MDM2</i>	All exons	Yes
<i>MET</i>	All exons	Yes
<i>MYC</i>	All exons	Yes (3 target regions)
<i>MYCN</i>	All exons	Yes
<i>NF1</i>	All exons	No
<i>PDCD1LG2</i>	All exons	Yes
<i>PTEN</i>	All exons	No
<i>PTPN11</i>	All exons	No
<i>SMO</i>	All exons	No
<i>TP53</i>	All exons	No
<i>VEGFA</i>	All exons	Yes
GENES WITH SELECT EXON COVERAGE		
GENE	EXONS	AMPLIFICATIONS CALLED?*
<i>ABL1</i>	exon 4-9	No
<i>AKT1</i>	exon 3	No
<i>ALK</i>	exon 20-29	Yes
<i>ARAF</i>	exon 4, 5, 7, 11, 13, 15, 16	Yes
<i>BRAF</i>	exon 11-18	Yes
<i>BTK</i>	exon 2, 15	No

<i>CTNNB1</i>	exon 3	No
<i>DDR2</i>	exon 5, 17, 18	Yes (3 target regions)
<i>ESR1</i>	exon 4-8	Yes
<i>EZH2</i>	exon 16	No
<i>FGFR3</i>	exon 7, 9, 14	Yes (3 target regions)
<i>FLT3</i>	exon 14, 15, 20	Yes (3 target regions)
<i>GNA11</i>	exon 4, 5	No
<i>GNAQ</i>	exon 4, 5	No
<i>GNAS</i>	exon 1	No
<i>HRAS</i>	exon 2, 3	No
<i>IDH1</i>	exon 4	No
<i>IDH2</i>	exon 4	No
<i>JAK2</i>	exon 14	No
<i>JAK3</i>	exon 5, 11, 12, 13, 15, 16	No
<i>KIT</i>	exon 8, 11, 12, 17	Yes
<i>MAP2K1</i>	exon 2, 3	No
<i>MAP2K2</i>	exon 2-4, 6, 7	Yes
<i>MPL</i>	exon 10	No
<i>MTOR</i>	exon 19, 30, 39, 40, 43-45, 47, 48, 53, 56	Yes
<i>MYD88</i>	exon 4	No
<i>NPM1</i>	exon 4-6, 8, 10	No
<i>NRAS</i>	exon 2, 3	No
<i>PDGFRA</i>	exon 18	No
<i>PDGFRB</i>	exon 12-21, 23	Yes
<i>PIK3CA</i>	exon 2, 3, 5-8, 10, 14, 19, 21	Yes
<i>RAF1</i>	exon 3, 4, 6, 7, 10, 14, 15, 17	Yes
<i>RET</i>	exon 11, 13-16	Yes
<i>TERT</i>	promoter	No
GENES WITH SELECT INTRON COVERAGE		
GENE	INTRONS	
<i>ALK</i>	intron 18, 19	
<i>EGFR</i>	intron 7	
<i>FGFR3</i>	intron 17	
<i>PDGFRA</i>	intron 7, 9	
<i>RET</i>	intron 9, 10, 11	
<i>ROS1</i>	intron 32, 33, 34	
*Amplifications are called for select genes. Genes with ≥ 4 target regions are called; genes with three target regions are called and detected at lower sensitivity.		

Supplementary Table 2. Patient demographics and clinical covariates.

Patient characteristics Number of patients (%)	Sex 24 (50%) Female 24 (50%) Male
	Age 46 (96%) >18 months 2 (4%) <18 months Median age 89.4 months Range 0-405 months
	Disease status 42 (88%) Relapse 4 (8%) New diagnosis 2 (4%) Disease progression
	MYCN status 33 (69%) Not amplified 12 (25%) Amplified 3 (6%) Unknown
	Samples/patient Total samples = 167 Median 3 samples/patient Range 1-10 samples/patient
	ALK inhibitor therapy 8 (17%) ceritinib 5 (10%) lorlatinib 1 (2%) alectinib 1 (2%) crizotinib

Supplementary Table 3. Complete ctDNA profiling data - see excel sheet.

*Several *MYCN* “Novel rearrangements of unknown significance” are noted in column L of Supplementary Table 3 (denoted in italics) which could be related to the complex *MYCN* amplicon structure as previously reported (9,10).

Supplementary Table 4. ctDNA TP53 variant characteristics and associated clinical details.

Patient #	Sample	# Variants	Variant (AA change)	Recent therapy	Days between therapy/ctDNA sequencing
1	A	1	V143A	¹³¹ I-MIBG	46
3	A	4	E258D G244C T125M G105C	¹³¹ I-MIBG	57
7	B	1	P151H	HDM201	5
7	C	1	E271G	¹³¹ I-MIBG	117
7	F,G	1	P322fs*23	¹³¹ I-MIBG	36
13	I	3	A161T C176F R280S	dinutuximab/ irinotecan/ temozolomide	16
14	A	1	C135F	nivolumab	14
18	B	2	G279W R248Q	¹³¹ I-MIBG	40
23	A	1	R158C	crizotinib	0
30	B	1	D281N	¹³¹ I-MIBG	41
38	C	3	R248Q V218M P177S	¹³¹ I-MIBG	53
41	A-F	1	V157fs*13	Irino./Tem.	17
41	D-F	1	G334V	dinutuximab/ irinotecan/ temozolomide	19
41	F	1	C277Y	pazopanib	0
48	B	2	P98S splice site c.375+1G>A	¹³¹ I-MIBG	48

Supplementary Table 5. Summary of patients with ctDNA-tumor paired sequencing.

Patient #	Disease status	ctDNA sequencing	Tumor sequencing (bolded genes not in ctDNA panel)	Tumor panel	Days between ctDNA/tumor sequencing	ctDNA/tumor discordance	ctDNA unique variants	Tumor sequencing supporting reads for ctDNA unique variants
1	Relapsed	<i>MYCN</i> amp., TP53 V143A	<i>MYCN</i> amp., <i>RPTOR</i> amp.	FM	53	Yes	TP53 V143A	No
3	Relapsed	ALK F1245V, <i>TERT</i> promoter -124C>T, TP53 E258D, TP53 G244C, TP53 T125M, TP53 G105C	ALK F1245V, <i>TERT</i> promoter -124C>T	FM	63	Yes	TP53 E258D, TP53 G244C, TP53 T125M, TP53 G105C	No
5	New diagnosis	<i>MYCN</i> amp., ALK R1275Q, ALK F1245L, ALK F1174L	<i>MYCN</i> amp.	CHOP	4	Yes	ALK R1275Q, ALK F1245L, ALK F1174L	Yes ALK F1245L (1 of 2774 reads)
6	Relapsed	ALK R1275Q	ALK R1275Q	FM	32		none	-
7	Relapsed	FLT3 D586G, PIK3CA H1047R	ARID2 splice site 1716-1G>A	FM	57	Yes	FLT3 D586G, PIK3CA H1047R	No
8	New diagnosis	none	none	CHOP	1		none	-
10	Progressive disease	<i>MYCN</i> amp., <i>ALK</i> amp., ERBB2 G776C	<i>MYCN</i> amp., <i>ALK</i> amp., ERBB2 G776C, <i>CHEK2</i> truncation exon 10, <i>ERBB4-ALMS1</i> rearrangement	FM	1		none	-
11	Relapsed	NF1 P2246fs*11	1L7R V253A , TP53 A347T	FM	21	Yes	NF1 P2246fs*11	No
12	Relapsed	none	MLH1 E679*	FM	1		none	-
13	Relapsed	CDKN2A p14ARF Q57*	CDKN2A p14ARF Q57*	FM	3		none	-
16	Relapsed	none	ATR Q1108*	FM	38		none	-
17	Relapsed	none	ASXL1 R774*	FM	56		none	-
19	Relapsed	<i>MYCN</i> amp., <i>ALK</i> amp.	<i>MYCN</i> amp., <i>ALK</i> amp.	FM	4		none	-
20	Relapsed	none	none	FM	0		none	-
21	Relapsed	none	none	FM	5		none	-
22	Relapsed	BRCA2 E1773*	BRCA2 E1773*	FM	0		none	-
23	Relapsed	ALK F1174I, TP53 R158C, <i>TERT</i> promoter -124C>T	ALK F1174I, TP53 R158C	FM	0	Yes	<i>TERT</i> promoter -124C>T	No
24	Relapsed	<i>MYCN</i> amp., <i>ALK</i> amp.	<i>MYCN</i> amp. <i>ALK</i> amp., <i>CDKN2A/B</i> loss	FM	13		none	-
31	Relapsed	none	ATRX G859fs*4	FM	11		none	-
33	Relapsed	PTPN11 E76G	none	FM	0	Yes	PTPN11 E76G	No
34	Relapsed	NF1 G2392*, CDKN2A splice site c.151-1 G>A	NF1 G2392*, <i>CDKN2A/B</i> loss, ERBB4 R782P	FM	1	Yes	CDKN2A splice site c.151-1 G>A	No
38	Relapsed	<i>MYCN</i> amp.	<i>MYCN</i> amp., ARID1A N814fs*19, ASXL1 M1402fs*17, <i>CIC</i> loss, FANCA Q1307fs*2	FM	34		none	-
39	Relapsed	<i>MYCN</i> amp.	<i>MYCN</i> amp.	FM	70		none	-
41	Relapsed	TP53 V157fs*13	ATRX E1447* , <i>SDHA</i> splice site 457-2_457delAGC	FM	0	Yes	TP53 V157fs*13	No
42	Relapsed	<i>MYCN</i> amp., ALK F1174L, ALK L1196M	<i>MYCN</i> amp., ALK F1174L	FM	20	Yes	ALK L1196M	No
44	Relapsed	<i>MYCN</i> amp., KIT D816V, NF1 splice site c.6643-1 G>C	<i>MYCN</i> amp., KIT D816V	FM	2	Yes	NF1 splice site c.6643-1 G>C	No
47	Relapsed	ALK R1275Q	ALK R1275Q	FM	53		none	-
49	New diagnosis	none	none	CHOP	10		none	-

Amp., amplification; FM, Foundation Medicine FoundationOne® CDx assay; CHOP, Children's Hospital of Philadelphia NGS assay.

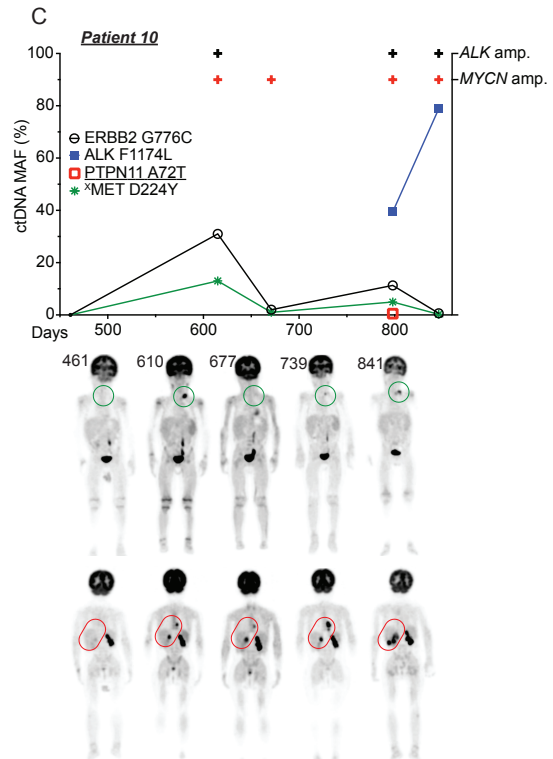
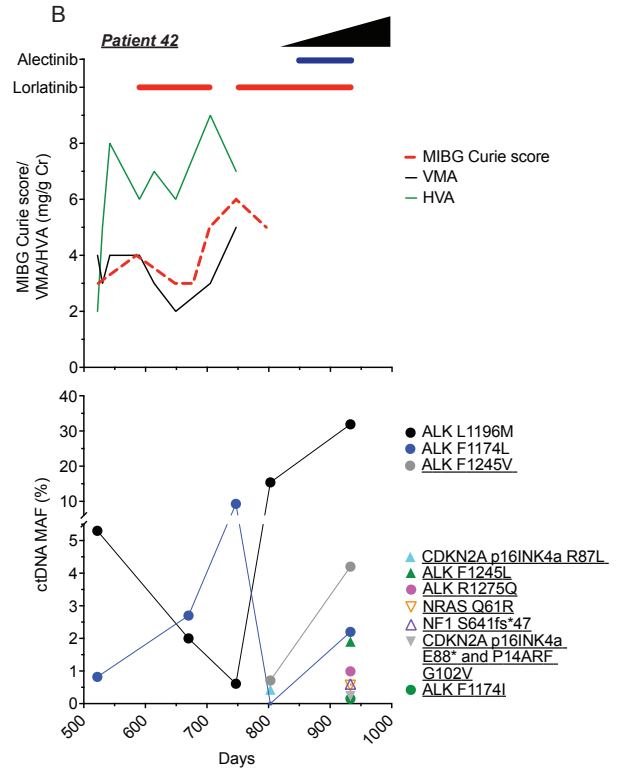
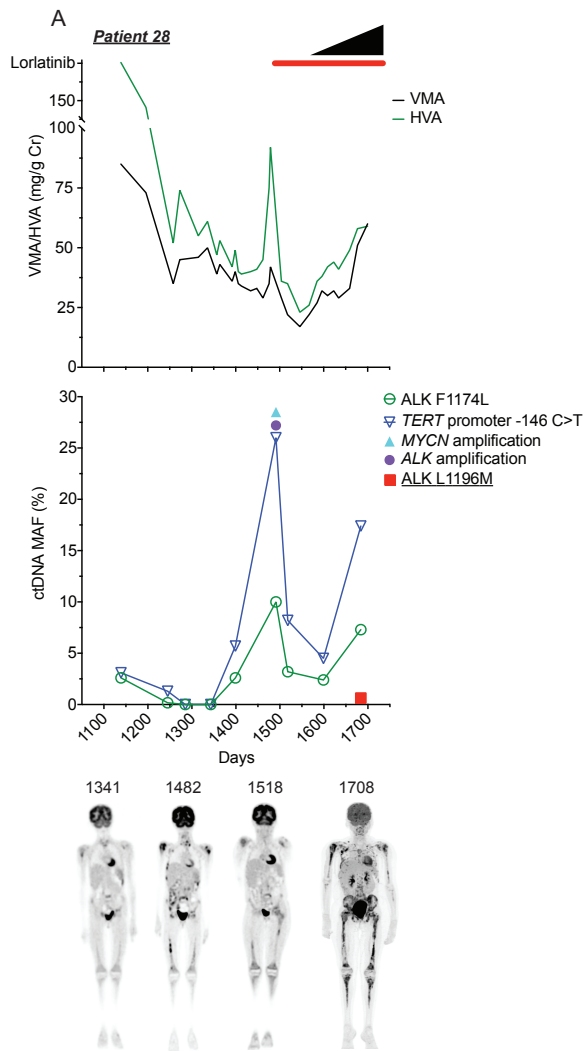
Supplementary Table 6. Summary of ctDNA identified genomic variants.

Patient #	ctDNA identified variants (Bolded variants found in both ctDNA and tumor sequencing, variants in brackets represents data from standard clinical care ctDNA assays)	ctDNA identified variants (all/ctDNA unique)	ALK-RAS-MAPK variants (all/ctDNA unique)	DNA damage variants (all/ctDNA unique)	Targetable variants (all/ctDNA unique)	Potential therapy
1	TP53 V143A, BRCA2 E2301*, ERBB2 amp. , MYCN amp.	4/2	0/0	2/2	0/0	-
3	TP53 E258D, TP53 G244C , TP53 T125M, TP53 G105C, ^aALK F1245V , TERT promoter -124C>T	6/3	1/0	4/3	1/0	^a ALKi
5	^a ALK R1275Q, ^a ALK F1245L, ^a ALK F1174L, MYCN amp.	4/3	3/3	0/0	3/3	^a ALKi
6	ERBB2 amp. , ^a ALK R1275Q	2/1	1/0	0/0	1/0	^a ALKi
7	FLT3 D586G, ^c PIK3CA H1047R, TP53 P151H, ^b NRAS Q61K, TP53 E271G, TP53 P322fs*23, ^c PTEN D297fs*9, ^d MET amp., BRAF amp. , ^e CDKN2A-LDLRAD4 truncation	10/10	2/2	3/3	5/5	^b MEKi, ^c PI3Ki, ^d METi, ^e CDK4/6i
10	^b PTPN11 A72T, ^a ALK F1174L, ERBB2 G776C , MYCN amp. , ^a ALK amp.	5/1	3/1	0/0	3/1	^a ALKi, ^b MEKi
11	^b NF1 P2246fs*11	1/1	1/1	0/0	1/1	^b MEKi
13	^b PTPN11 G503E, BRCA2 I481fs*30, TP53 A161T, TP53 C176F, TP53 R280S, ERBB2 amp. , ^d MET amp., BRAF amp. , ^e CDKN2A p14ARF Q57*	9/7	2/2	4/4	3/1	^b MEKi, ^d METi, ^e CDK4/6i
14	TP53 C135F , ^b NF1 Y1369*, ^b NF1 G1699fs*11, ¹ ALK rearrangement, MYCN amp.	5/3	3/3	1/0	2/2	^b MEKi
15	ERRF1 R247fs*16	1/1	0/0	0/0	0/0	-
16	^b NF1 truncation	1/1	1/1	0/0	1/1	^b MEKi
18	TP53 G279W, TP53 R248Q, EZH2-TRIM24 truncation	3/3	0/0	2/2	0/0	-
19	^a ALK amp., MYCN amp.	2/0	1/0	0/0	1/0	^a ALKi
21	CDH1 P127fs*41, BRCA1 C1225*, ERRF1 E108fs*7, BRAF amp. , ¹ RAF1 rearrangement	5/5	2/2	1/1	0/0	-
22	BRCA2 E1773*	1/0	0/0	1/0	0/0	-
23	^a ALK F1174L, TP53 R158C , TERT promoter -124C>T	3/1	1/0	1/0	1/0	^a ALKi
24	^a ALK amp., MYCN amp.	2/0	1/0	0/0	1/0	^a ALKi
25	^a ALK F1245L	1/0	1/0	0/0	1/0	^a ALKi
28	MYCN amp. , TERT promoter -146C>T , ^a ALK F1174L, ^a ALK amp., [^a ALK L1196M]	5/1	3/1	0/0	3/1	^a ALKi
30	TP53 D281N	1/1	0/0	1/1	0/0	-
32	^b NRAS Q61R, ^a ALK F1174L, ^b FGFR1 N546K, ^b NRAS Q61K, ^b BRAF V600E, ^a ALK R1275Q	6/5	6/5	0/0	6/5	^a ALKi, ^b MEKi, ^f BRAFi
33	^b PTPN11 E76G, ^a ALK R1275Q, ABL1 F317L, ERBB2 amp.	4/4	2/2	0/0	2/2	^a ALKi, ^b MEKi
34	^e CDKN2A splice site c.151-1G>A, ^b NF1 G2392*	2/1	1/0	0/0	2/1	^b MEKi, ^e CDK4/6i
35	^b BRAF V600E, ERBB2 amp. , ^a ALK R1275Q, MYCN amp.	4/2	2/1	0/0	2/1	^a ALKi, ^b MEKi, ^f BRAFi
36	^f BRAF G469A	1/0	1/0	0/0	1/0	^f BRAFi
38	TP53 R248Q, TP53 V218M, TP53 P177S, MYCN amp.	4/3	0/0	3/3	0/0	-
39	MYCN amp.	1/0	0/0	0/0	0/0	-
41	TP53 G334V, TP53 C277Y, TP53 V157fs*13	3/3	0/0	3/3	0/0	-
42	^a ALK F1174L, ^a ALK L1196M, MYCN amp. , [^e CDKN2A p16INK4a R87L, ^a ALK R1275Q, ^a ALK F1245V, ^a ALK F1245L, ^a ALK F1174L, ^b NF1 S641fs*47, ^b NRAS Q61R, ^e CDKN2A p16INK4a E88* and P14ARF G102V]	12/9	8/6	0/0	11/9	^a ALKi, ^b MEKi, ^e CDK4/6i
43	^b FGFR1 N546K, ^b NRAS Q61R, ^b BRAF V600E, ^b NRAS Q61K, ^a ALK G1128A, ^a ALK L1196M, ^a ALK R1275Q, [ATM splice site c.5918+1G>A, ATM S614N, ^a ALK I1171N, ^a ALK G1202R, MTOR L1460P, ^b NRAS Q61L]	13/12	10/9	0/0	10/9	^a ALKi, ^b MEKi, ^f BRAFi
44	^b NF1 splice site c.6643-1 G>C, MYCN amp. , KIT D816V	3/1	1/1	0/0	1/1	^b MEKi
45	BRCA2 Y1655*	1/1	0/0	1/1	0/0	-
46	BRCA2 L638fs*9	1/1	0/0	1/1	0/0	-
47	^a ALK R1275Q	1/0	1/0	0/0	1/0	^a ALKi
48	TP53 P98S, TP53 splice site c.375+1G>A	2/2	0/0	2/2	0/0	-

^aALKi, ALK inhibition (11-16); ^bMEKi, MEK inhibition (16-24); ^cPI3Ki, PI3K inhibition (25-30); ^dMETi, MET inhibition (31-33); ^eCDK4/6i, CDK4/6 inhibition (12,21,34-37); ^fBRAFi, BRAF inhibition (16). ¹Biological significance and potential clinical targetability of ALK and RAF1 rearrangements unclear. Amp, amplification. Patients 2,4,8,9,12,17, 20, 26, 27, 31, 37, and 49 had no ctDNA identified variants.

Supplementary Figures

Supplementary Figure 1



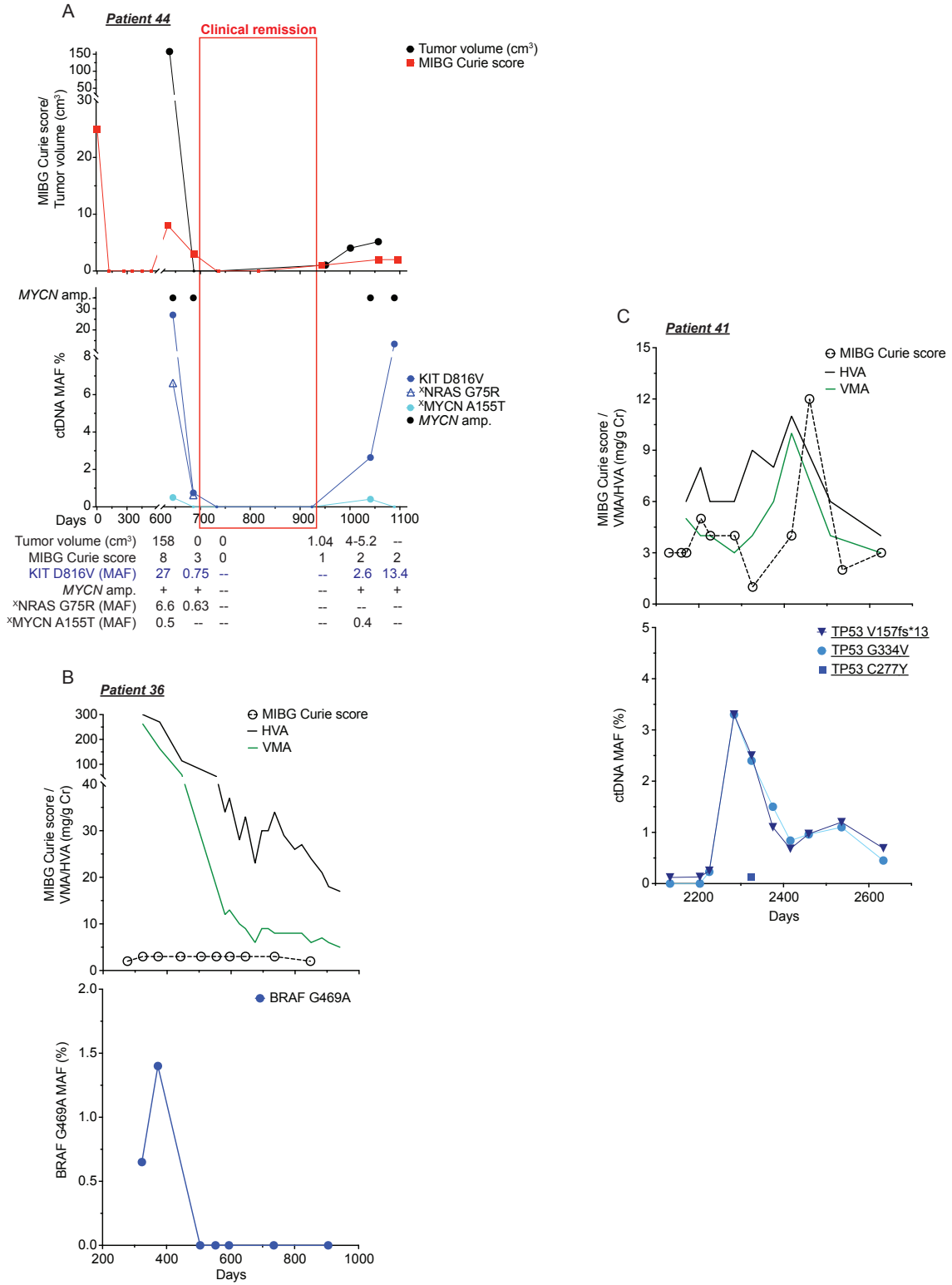
Supplementary Figure 1. Serial profiling of ctDNA complements other disease surveillance approaches for patients with ALK-mutated neuroblastomas.

(A) Serial ctDNA and clinical disease evaluation correlation plot for patient 28 showing relationship between VMA/HVA levels (top), ctDNA profiling data (middle), and representative coronal PET/CT and PET/MRI images (bottom, day of PET noted at top, day 1708 represents a PET/MRI vs. PET/CTs for the other time points). Black triangle and red line at top indicate approximate timing of clinical progression and lorlatinib treatment, respectively.

(B) Serial ctDNA and clinical disease evaluation correlation plot for patient 42 showing relationship between ¹²³I-MIBG Curie scores and VMA/HVA levels (top) and ctDNA data (bottom). Black triangle, blue line, and red line at top indicate approximate timing of clinical progression (pathologic fracture and death), alectinib treatment, and lorlatinib treatment, respectively.

(C) Serial ctDNA and clinical disease evaluation correlation plot for patient 10 showing relationship between ctDNA data (top) and representative coronal PET images [bottom, day of PET noted at top of images; both anterior (top) and posterior (bottom) PET views shown]. The green circles on anterior PET images (top) identify the left neck tumor likely harboring an *ALK* amplification and an *ERBB2* G776C variant, the size of which generally tracks with presence of those ctDNA variants in the blood. Conversely, the red circle in the posterior PET images (bottom) likely represent the tumor lesions that contain the *ALK* F1174L variant based on prior biopsy of this specific tumor showing an *ALK* F1174L variant and *MYCN* amplification. The *ALK* F1174L variant is identified in the blood when this specific tumor increases significantly in size (day 841). Underlined variants denote those unique to ctDNA. ctDNA samples 8 and 9 in **A** for patient 28 and 2-5 in **B** for patient 42 are from ctDNA profiling done as part of routine clinical care.

Supplementary Figure 2



Supplementary Figure 2. ctDNA profiling can augment standard disease surveillance practices in neuroblastoma.

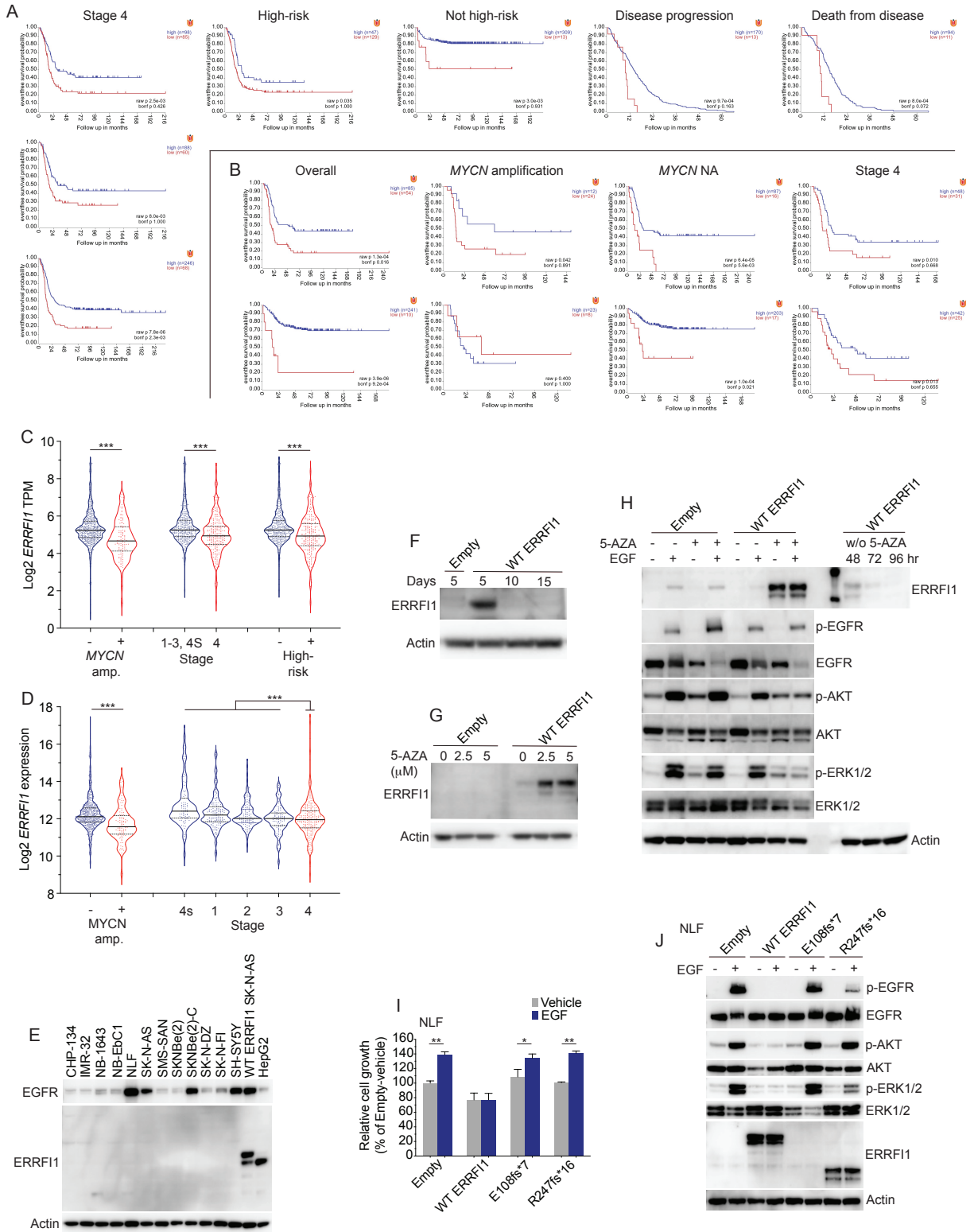
(A) Serial ctDNA and clinical disease evaluation correlation plot for patient 44 showing relationship between MRI tumor volumes and ^{123}I -MIBG Curie scores (top) and ctDNA data (bottom). Clinical remission time frame denoted with red box. Imaging and ctDNA variant MAF summary shown in bottom table.

(B) Serial ctDNA and clinical disease evaluation correlation plot for patient 36 showing relationship between ^{123}I -MIBG Curie scores and urine VMA/HVA levels (top) and BRAF G469A ctDNA MAFs (bottom).

(C) Serial ctDNA and clinical disease evaluation correlation plot for patient 41 showing limited correlation between ^{123}I -MIBG Curie scores and urine VMA/HVA levels (top) and ctDNA data (bottom).

Amp, amplification. Underlined variants denote those unique to ctDNA and (^x) denotes variants of unknown significance (VUS).

Supplementary Figure 3



Supplementary Figure 3. Low *ERRF1* expression is associated with a clinically aggressive phenotype and a worse prognosis in neuroblastoma.

(A) Neuroblastoma event-free survival (EFS) plots for patients with stage 4 tumors (left) or other clinical features as noted in 3 large neuroblastoma data sets, SEQC (n=498, top), Kocak (n=649; middle), and Cangelosi (n=786; bottom). EFS plots were generated in the Genomics Analysis and Visualization Platform (R2; <https://hgserver1.amc.nl/cgi-bin/r2/main.cgi>).

(B) Neuroblastoma event-free survival (EFS) plots for all patients (left), patients with *MYCN* amplified tumors (middle left), patients with *MYCN* non-amplified (NA) tumors (middle right), and for patients with stage 4 tumors (right) in 2 additional neuroblastoma data sets: Westermann, (n=144; top) and Oberthuer (n=251; bottom). EFS plots were generated in the Genomics Analysis and Visualization Platform (R2; <https://hgserver1.amc.nl/cgi-bin/r2/main.cgi>).

(C, D) *ERRF1* expression in neuroblastoma tumors stratified by several clinical covariates (**C**; Westermann; n=579 and **D**; Kocak; n=649 data sets).

(E) *ERRF1* and EGFR western blot of neuroblastoma cell lines.

(F-H) Western blots of SK-N-AS *ERRF1* isogenic neuroblastoma cells over time (**F**), with and without 5-azacytidine treatment (**G**) and/or EGF treatment (**H**).

(I) Relative cell growth plots of the *ERRF1* isogenic NLF neuroblastoma cell lines after EGF stimulation (50 ng/mL).

(J) Western blot of the *ERRF1* isogenic NLF neuroblastoma cell lines after EGF stimulation (50 ng/mL).

*, p<0.05; **, p<0.001; ***, p<0.0001.

Supplementary References

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