

Supplementary Information

Gene	5'SE (% of alteration)	SIL-TAL1 (% of alteration)	Other (% of alteration)	5'SE vs. Other (Fisher Test)	5'SE vs SIL-TAL1 (Fisher Test)
AKT1	0	0	1	1,000	1,000
ASXL1	6	4	5	0,609	0,567
BCL11B	17	7	19	1,000	0,348
CDKN2A	100	86	66	0,001	0,186
CTCF	0	2	6	0,612	1,000
DNM2	0	0	19	0,052	1,000
DNMT3A	0	0	5	1,000	1,000
EED	0	2	5	1,000	1,000
EP300	0	2	5	1,000	1,000
ETV6	0	0	4	1,000	1,000
EZH2	0	4	9	0,384	1,000
FBXW7	11	16	21	0,386	1,000
FLT3	0	0	1	1,000	1,000
GATA3	0	0	1	1,000	1,000
IDH1	0	0	1	1,000	1,000
IDH2	6	0	2	0,337	0,240
IKZF1	0	4	7	0,617	1,000
IL7R	6	0	12	0,706	0,240
JAK1	0	2	8	0,381	1,000
JAK3	6	4	19	0,216	0,567
KMT2A	0	5	3	1,000	1,000

Gene	5'SE (% of alteration)	SIL-TAL1 (% of alteration)	Other (% of alteration)	5'SE vs. Other (Fisher Test)	5'SE vs. SIL-TAL1 (Fisher Test)
KMT2D	0	2	4	1,000	1,000
KRAS	0	0	5	1,000	1,000
LEF1	17	19	12	0,459	1,000
NF1	6	2	10	1,000	0,425
NOTCH1	39	56	76	0,001	0,280
NRAS	6	0	10	1,000	0,240
PHF6	0	7	39	< 0,001	0,567
PIK3CA	6	0	2	0,337	0,240
PIK3R1	6	7	3	0,433	1,000
PTEN	17	49	10	0,418	0,026
PTPN11	0	2	1	1,000	1,000
PTPN2	0	2	9	0,382	1,000
RUNX1	0	0	8	0,380	1,000
SETD2	0	0	5	1,000	1,000
SH2B3	0	0	5	1,000	1,000
STAT5B	11	0	8	0,659	0,055
SUZ12	6	2	16	0,328	0,425
TET2	11	4	2	0,083	0,242
TET3	0	4	2	1,000	1,000
TP53	0	2	5	1,000	1,000
WT1	0	0	12	0,239	1,000

Supplementary Table 1. Frequency of gene alterations according to TAL1 status

Genes in red have been reported as associated with poor prognosis in T-ALL

Total: n = 443	n = 60 (14%)	SIL-TAL1 vs. 5'SE	n = 20 (5%)	5'SE vs. Other T-ALL	n = 363
Variable	SIL-TAL1	p-value ²	5'SE	p-value ²	Other T-ALLs
Male	47 / 60 (78%)	>0.9	16 / 20 (80%)	0.6	265 / 363 (73%)
Age (y) ¹	12.8 (3.0-51.8)	0.5	12.0 (2.8-27.7)	0.015	16.5 (1.1-59.1)
WBC (G/l) ¹	165 (4-770)	0.15	250 (26-980)	<0.001	47 (0-788)
CNS Involvement	7 / 59 (12%)	0.7	3 / 20 (15%)	0.5	40 / 361 (11%)
Immunophenotype					
ETP phenotype	1 / 39 (3%)	>0.9	0 / 11 (0%)	0.13	52 / 255 (20%)
Immature (IM0/δ/γ)	0 / 53 (0%)	0.3	1 / 18 (6%)	0.09	83 / 325 (26%)
Cortical (IMB, preαβ)	29 / 53 (55%)	0.4	12 / 18 (67%)	0.15	156 / 325 (48%)
Mature TCRαβ	24 / 53 (45%)	0.3	5 / 18 (28%)	0.07	39 / 325 (12%)
αβ lineage	53 / 53 (100%)	0.2	17 / 18 (94%)	0.002	195 / 325 (60%)
Mature TCRγδ	0 / 53 (0%)	>0.9	0 / 18 (0%)	0.15	47 / 325 (14%)
Oncogenetic classification					
TLX1	0 / 60 (0%)	>0.9	0 / 20 (0%)	0.09	49 / 321 (15%)
TLX3	0 / 60 (0%)	>0.9	0 / 20 (0%)	0.02	68 / 321 (21%)
CALM-AF10	0 / 60 (0%)	>0.9	0 / 20 (0%)	>0.9	11 / 321 (3%)
High Risk Classifier	39 / 58 (67%)	0.6	12 / 20 (60%)	0.10	145 / 360 (40%)
Treatment Response					
Prednisone response	18 / 56 (32%)	0.6	8 / 19 (42%)	0.2	203 / 359 (57%)
Chemosensitivity	54 / 59 (92%)	0.11	15 / 20 (75%)	0.6	238 / 355 (67%)
MRD1 > 10 ⁻⁴	21 / 49 (43%)	0.4	5 / 17 (29%)	0.5	103 / 256 (40%)
Complete Remission	57 / 60 (95%)	0.6	18 / 20 (90%)	0.7	335 / 363 (92%)
Allograft	7 / 59 (12%)	0.7	1 / 19 (5%)	0.03	97 / 347 (28%)
Outcome					
5-year CIR [95% CI]	36% [25;50]	0.04	50% [30;74]	0.003	28% [23;33]
5-year OS [95% CI]	63% [49;74]	0.02	45% [23;65]	0.001	72% [67;76]

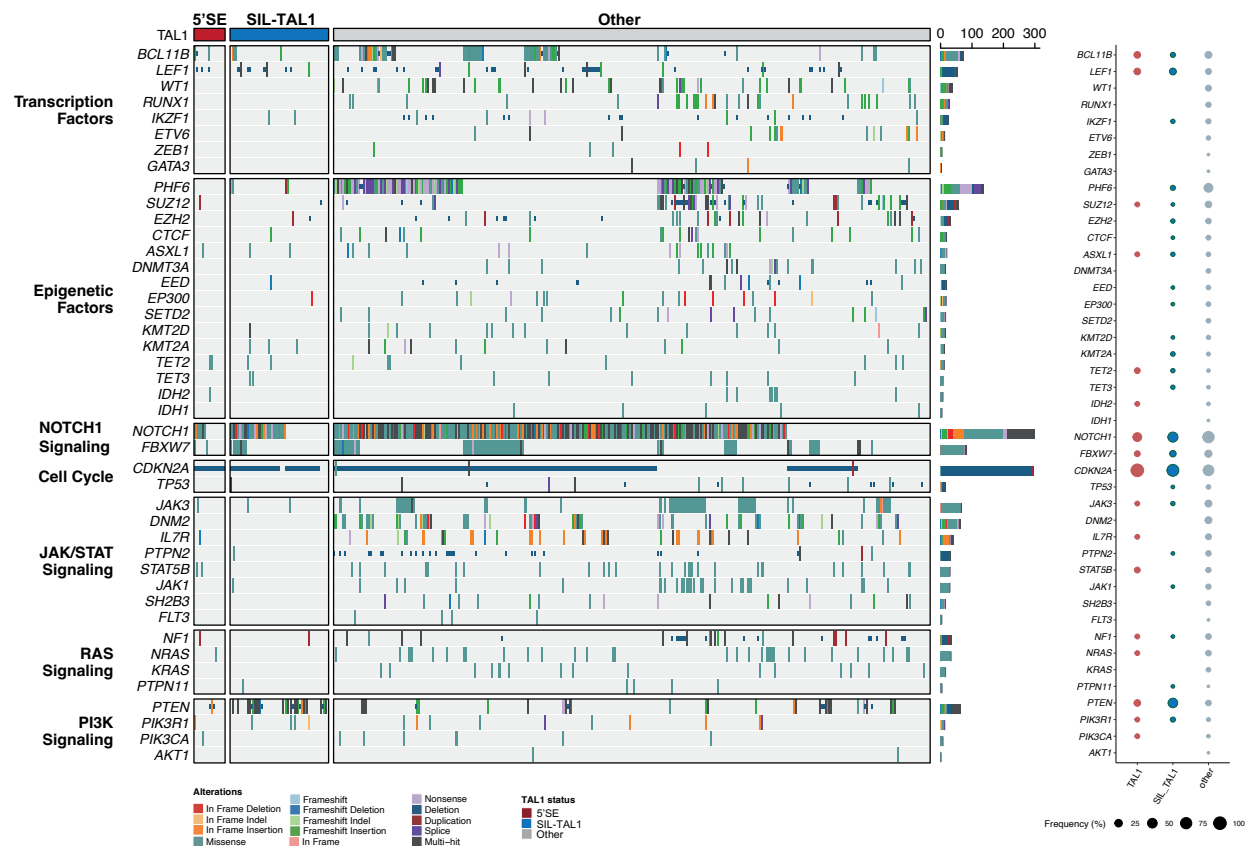
Supplementary Table 2. Clinical features of 5'SE mutated T-ALL vs. SIL-TAL1 vs.

Other T-ALL

¹ Statistics presented: Median (Minimum-Maximum)

² Statistical tests performed: Fisher's exact test; Wilcoxon rank-sum test. *p*-values <0.05 are indicated in bold WBC, White blood count; CNS, central nervous system; ETP, early thymic precursor; High Risk classifier, NOTCH1/FBXW7-RAS/ PTEN classifier ¹; CR, complete remission; MRD, minimal residual disease; Allo-HSCT, allogeneic hematopoietic stem cell transplantation; CIR, cumulative incidence of relapse; OS, overall survival, CI: confidence interval.

A



B

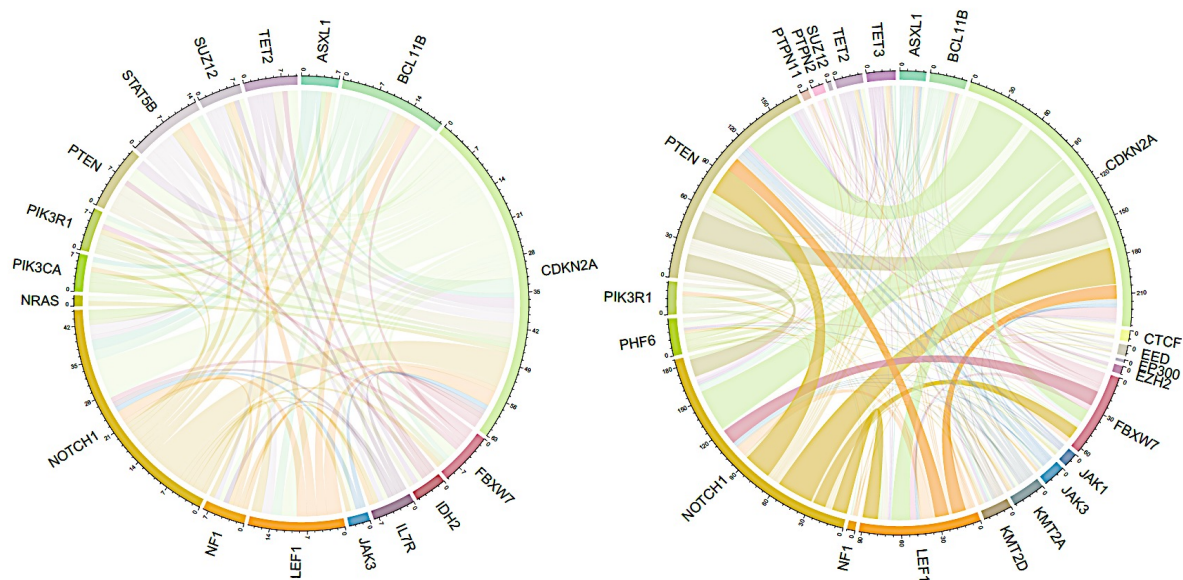


Fig. S1.

A) Oncoplot showing the mutation profiles of 5'SE, SIL-TAL1 and other T-ALL and their relative mutation frequencies.

B) Circos plot demonstrating the mutational co-occurrences in 5'SE T-ALL (left) and SIL-TAL1 T-ALL (right).

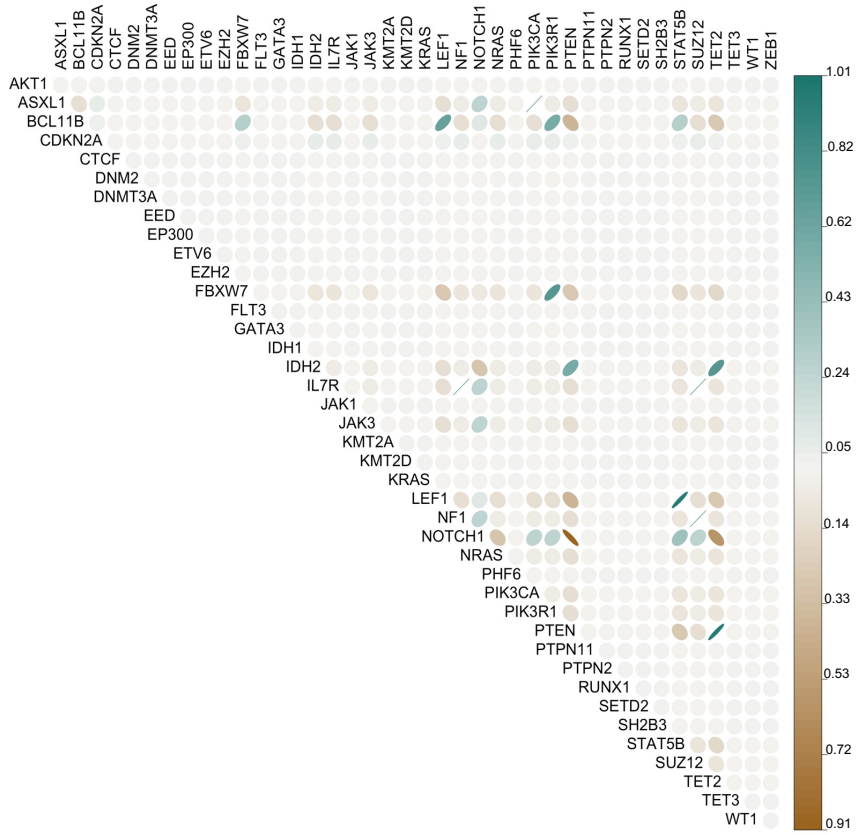
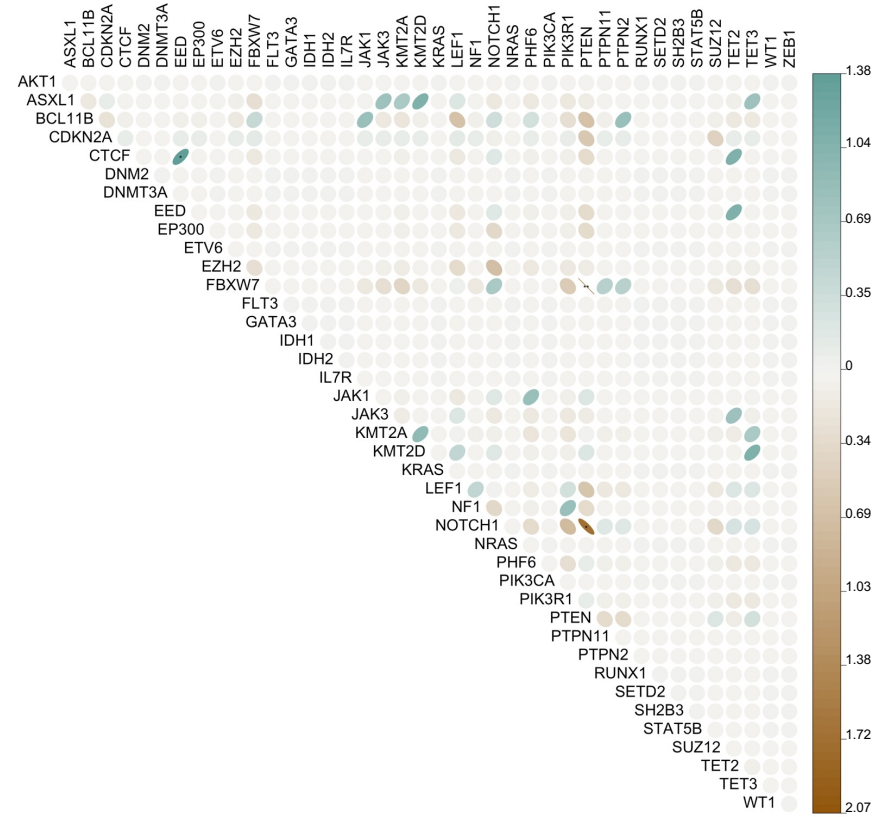
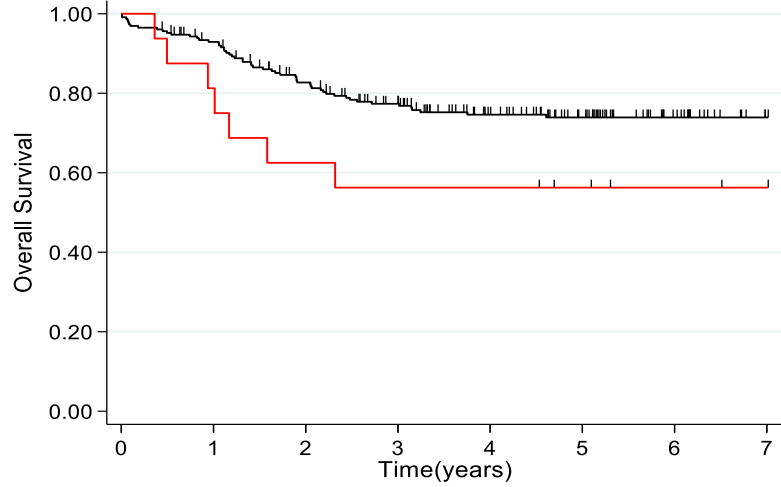
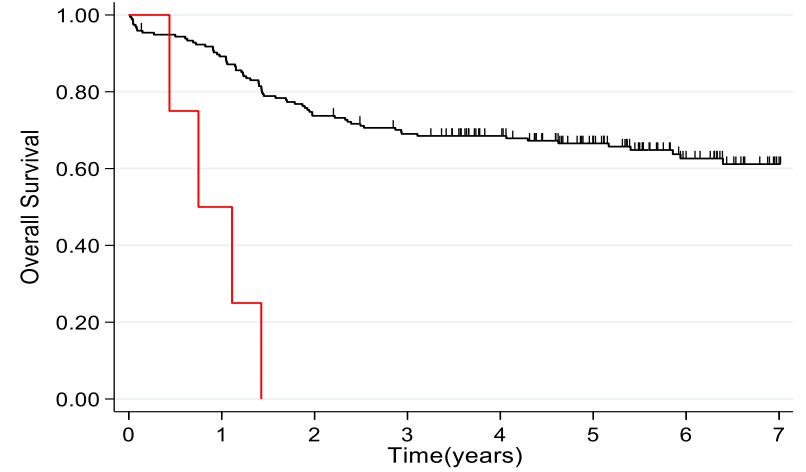
A**B**

Fig. S2

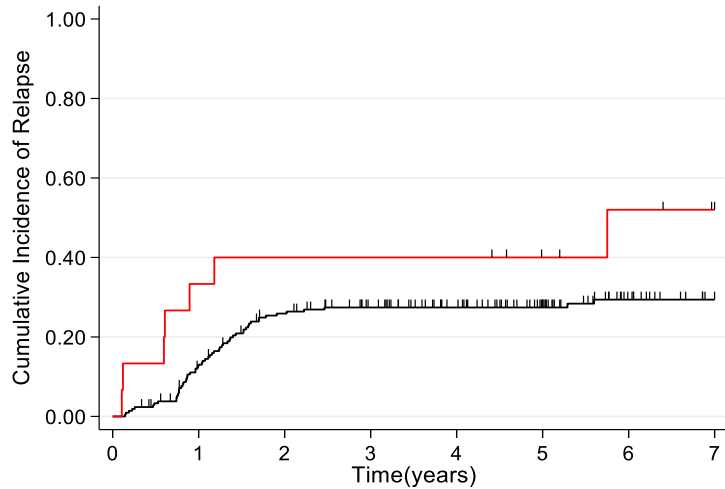
A) Corroplot showing co-mutations in 5'SE patients and (B) SIL-TAL1 patients. Co-occurrences and mutual exclusions in 5'SE and SIL-TAL1 T-ALL were computed with the DISCOVER algorithm. Strong correlations are indicated by large ellipses whereas weak correlations are indicated by small ellipses. The colors of the scale bar denote the nature of the correlation, with +1 indicating a perfect positive correlation (blue) and -1 indicating a perfect negative correlation (brown) between two genetic alterations.

A

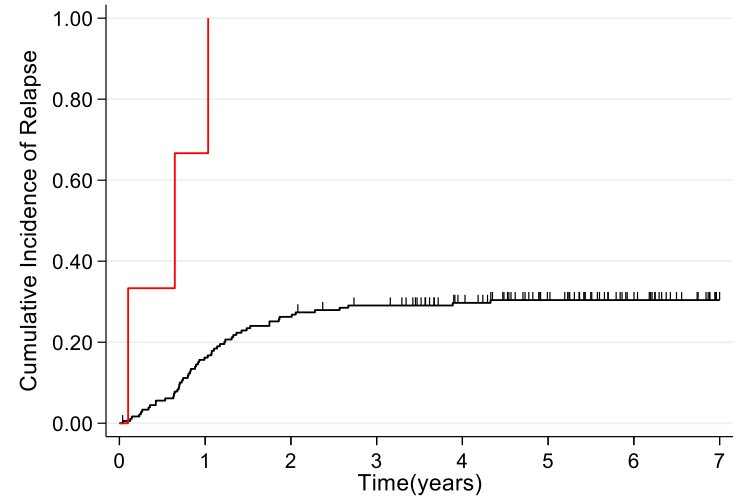
Number at risk		0	1	2	3	4	5	6	7
Not 5'SE	5'SE	228	204	173	149	119	96	66	48
		16	13	10	9	9	7	5	4

B

Number at risk		0	1	2	3	4	5	6	7
Not 5'SE	5'SE	195	173	143	131	113	85	52	29
		4	2	0	0	0	0	0	0



Number at risk		0	1	2	3	4	5	6	7
Not 5'SE	5'SE	212	178	147	131	112	88	61	47
		15	10	9	9	9	6	4	2



Number at risk		0	1	2	3	4	5	6	7
Not 5'SE	5'SE	180	150	132	124	106	84	61	39
		3	1	0	0	0	0	0	0

Fig. S3.

A) Kaplan Meier survival curve (top panel) and cumulative incidence of relapse (bottom panel) for pediatric FRALLE 2000 T-ALL

B) Kaplan Meier survival curve (top panel) and cumulative incidence of relapse (bottom panel) for adult GRAALL 2003-2005 T-ALL

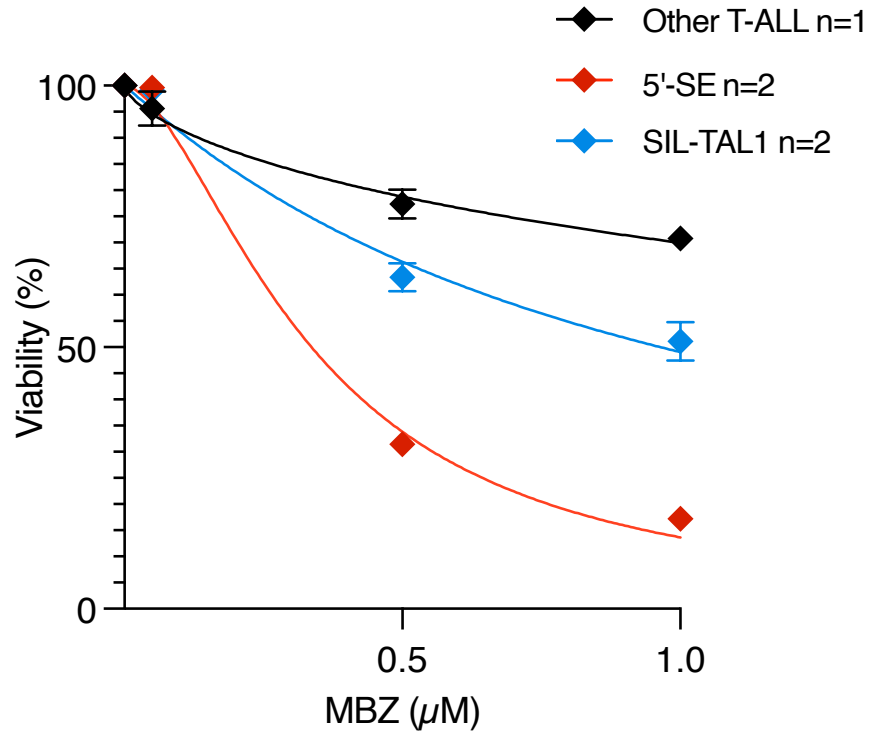
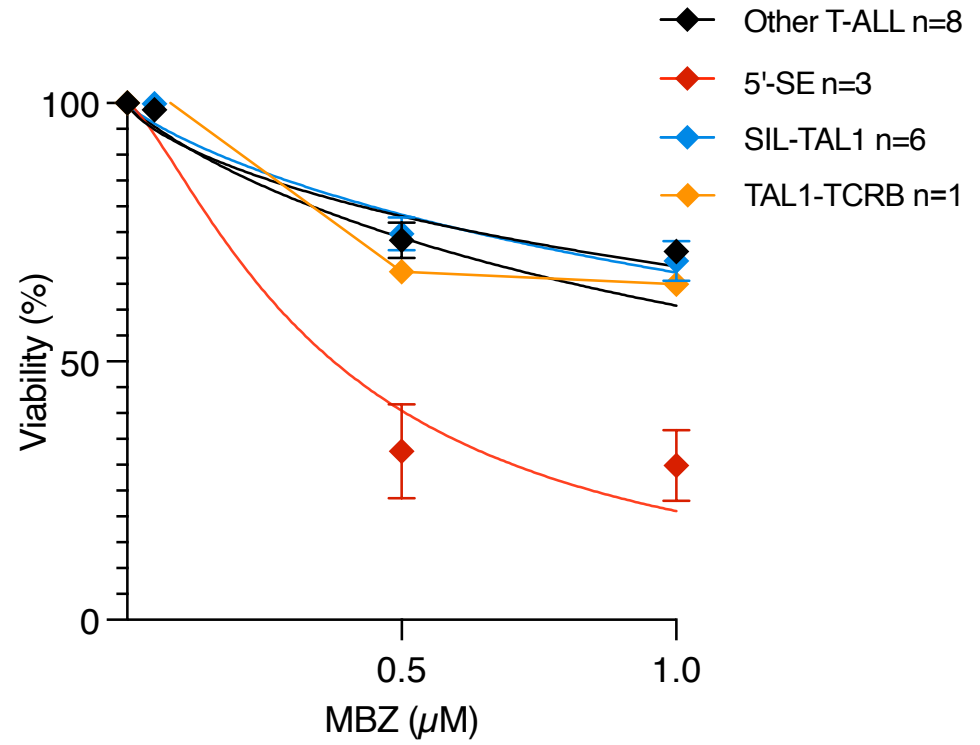
A**B**

Fig S4.

Viability curves of 5'SE, SIL-TAL1, and Other T-ALL Cell lines (A) and PDX (B) at increasing Mebendazole concentrations. Viability was normalized to DMSO controls. The Mean and SEM are shown of duplicate samples. (Two-way ANOVA; 5'SE vs. SIL-TAL1 and Other T-ALL $p < 0.0001$. IC50s 5'SE cell lines = $0.34\mu\text{M}$, SIL-TAL1 cell lines – $0.97\mu\text{M}$, Other T-ALL cell line = $3.52\mu\text{M}$. IC50s for 5'SE PDXs = $0.38\mu\text{M}$, SIL-TAL1 PDXs = $2.39\mu\text{M}$, TAL1-TCRB PDX = $1.66\mu\text{M}$, Other T-ALL PDXs = $2.94\mu\text{M}$.

Supplementary References

- 1 Trinquand A, Tanguy-Schmidt A, Ben Abdelali R, Lambert J, Beldjord K, Lengliné E *et al.* Toward a NOTCH1/FBXW7/RAS/PTEN–Based Oncogenetic Risk Classification of Adult T-Cell Acute Lymphoblastic Leukemia: A Group for Research in Adult Acute Lymphoblastic Leukemia Study. *J Clin Oncol* 2013; **31**: 4333–4342.