Genomically Complex Human Angiosarcoma and Canine Hemangiosarcoma Establish Convergent Angiogenic Transcriptional Programs

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One Sentence Summary: This study shows that, while drive events of malignant vasoformative tumors of humans and dogs include diverse mutations and stochastic rearrangements that create novel fusion genes, convergent transcriptional programs govern the highly conserved morphological organization and biological behavior of these tumors in both species.

Abstract

Sporadic angiosarcomas (ASs) are aggressive vascular sarcomas whose rarity and genomic

complexity present significant obstacles in deciphering the pathogenic significance of individual

genetic alterations. Numerous fusion genes have been identified across multiple types of cancers,

but their existence and significance remain unclear in sporadic ASs. In this study, we leveraged

RNA sequencing data from thirteen human ASs and 76 spontaneous canine hemangiosarcomas

(HSAs) to identify fusion genes associated with spontaneous vascular malignancies. Ten novel

protein-coding fusion genes, including *TEX2-PECAM1* and *ATP8A2-FLT1*, were identified in

seven of the thirteen human tumors, with two tumors showing mutations of *TP53*. *HRAS* and

NRAS mutations were found in ASs without fusions or *TP53* mutations. We found fifteen novel

protein-coding fusion genes including *MYO16-PTK2*, *GABRA3-FLT1*, and *AKT3-XPNPEP1* in

eleven of the 76 canine HSAs; these fusion genes were seen exclusively in tumors of the

angiogenic molecular subtype that contained recurrent mutations in *TP53*, *PIK3CA*, *PIK3R1*, and

NRAS. In particular, fusion genes and mutations of *TP53* co-occurred in tumors with higher

frequency than expected by random chance, and they enriched gene signatures predicting

activation of angiogenic pathways. Comparative transcriptomic analysis of human ASs and

canine HSAs identified shared molecular signatures associated with activation of

PI3K/AKT/mTOR pathways. Our data suggest that genomic instability induced by *TP53*

mutations might create a predisposition for fusion events that may contribute to tumor

progression by promoting selection and/or enhancing fitness through activation of convergent

angiogenic pathways in this vascular malignancy.

Keywords: Angiosarcoma, chromosome translocation, fusion gene, hemangiosarcoma, *TP53*

Introduction

Sarcomas are diverse tumors that arise from cells of mesenchymal origin in soft tissues such as blood and lymphatic vessels, fat, bone, cartilage, muscle, and connective tissues. The heterogeneity of sarcomas has provided an impetus for developing molecular approaches to classify these tumors (*1, 2*), leading to their categorization into genomically simple and genomically complex sarcomas (*1, 3*). Angiosarcomas (ASs) are rare, highly aggressive, genomically complex sarcomas of blood vessel-forming cells (*3, 4*). The five-year survival rate of AS is approximately 40% (*5-7*), but half of patients have metastatic or unresectable disease with a median overall survival of less than 6 months (*8*). The events that drive progression are incompletely understood; previous studies have identified recurrent mutations of *RAS*, *PTPRB*, *PLCG1*, *KDR* (kinase insert domain receptor, also known as *VEGFR2*), *TP53*, *PIK3CA*, and *FLT4* (*VEGFR3*) in human ASs (*9-12*). *MYC* gene amplification and alterations in the TP53, CDKN2, NF-κB/IL-6, PIK3CA/AKT/mTOR pathways have also been reported (*13*); however, these studies represent a small case series, precluding definitive conclusions regarding pathogenic mechanisms that contribute to the genetic cause and to the progression of the disease.

Hemangiosarcoma (HSA) is a malignant vascular tumor that is common in dogs with an estimated tens of thousands of cases diagnosed each year (*14-16*). Canine HSA shares clinical and morphological features with human AS, as well as aspects of its mutational landscape (*17-20*). We previously documented three molecular subtypes of HSA, characterized by angiogenic, inflammatory, and adipogenic transcriptomic signatures (*21*). These gene expression signatures are conserved in HSA progenitor cells that show multipotency and self-renewal (*21*). Nevertheless, the transcriptional state of these HSA progenitor cells seems to be somewhat malleable, regulated by immune and metabolic reprogramming (*22*). Mutations in genes that

regulate genomic integrity, such as *TP53,* can alter the intrinsic transcriptional program of tumor

cells; however, genomic instability in the tumor can create even more dramatic changes by

modulating transcriptional programs of heterotypic stromal cells in the tumor tissue, as well as in

the composition of the niche (*23, 24*).

Chromosome translocations and the resulting fusion genes are important contributors to

the pathogenesis of cancer, particularly in sarcomas and hematopoietic malignancies (*25*).

However, the nature and frequency of these events in canine HSA and human AS remains

unclear. Here, we used next generation RNA sequencing (RNA-Seq) data to identify fusion

genes in thirteen human ASs and 76 visceral HSAs originating from 74 dogs, and we

investigated the relationship of these fusions to the mutational landscape of the tumor. We

identified ten novel protein-coding fusion genes including *TEX2-PECAM1* and *ATP8A2-FLT1* in

seven of thirteen human ASs, and two of the fusion-detected tumors showed mutations of *TP53*

(R248Q and P250L). In canine HSAs, we found novel protein-coding fusion genes in a subset of

the tumors of the angiogenic subtype. These fusion genes co-occurred with *TP53* mutations and

were associated with gene enrichment for activated angiogenic pathways in the tumors. Our data

suggest that genomic instability induced by mutations of *TP53* creates a permissive environment

for fusion genes, with selection for angiogenic molecular programs in malignant vasoformative

tumors. Our data also demonstrate that human AS and canine HSA maintain molecular programs

that activate convergent signaling pathways to establish angiogenic phenotypes despite their

genomic complexity.

Results

Novel protein-coding fusion genes are identified in human ASs and canine HSAs

Putative fusion gene events were identified from RNA-Seq data as paired-end sequence reads that mapped connecting two distant genes (**fig. S1A**). We identified novel in-frame protein-coding fusion transcripts for ten fusion events in 7 of 13 (53.8%) human ASs (**Fig. 1A** and **Table 1**). Two of the fusions were inter-chromosomal events and eight were intra-chromosomal events. The fusions included *TEX2-PECAM1*, which contained the gene that encodes CD31, and *ATP8A2-FLT1*, a kinase fusion gene that encodes the vascular endothelial growth factor receptor 1 (VEGFR1). None of the ten fusion events was seen in more than one tumor, and three of the seven fusion-positive tumors contained two distinct fusion events each.

In canine HSA, we found fifteen novel protein-coding fusion genes in eleven of 76 tumors (14.5%) (**Table 2** and **Fig. 1B**). Ten of the fusions were inter-chromosomal events and five were intra-chromosomal events. None of the fifteen fusion events was seen in more than one tumor, and four of the eleven fusion-positive tumors involved two distinct fusion genes each. One fusion partner in four of the translocations encoded either a protein kinase or a protein phosphatase associated with angiogenic signaling (*MYO16-PTK2, GABRA3-FLT1*, *AKT3-XPNPEP1,* and *PTPRB-NOL10*). Eight of the fusion genes were associated with kinase signaling or kinase binding activity, such as PI3 kinase signaling, a MAP kinase, a receptor tyrosine kinase, a protein serine/threonine kinase, and an NAD+ kinase. Gene ontology annotations of the fusion partners for every translocation are described in **table S4** for human AS and **table S5** for canine HSA. Fusion genes were not present in any of the human non-malignant tissues ($N = 6$) or canine hematomas ($N = 10$) examined. Conserved driver translocations such as *BCR-ABL* and *MYC-IGH* that are present in both human and canine chronic myelogenous leukemia and Burkitt lymphoma, respectively (*26*), were not identified in human AS and canine HSA. That is, all the

fusion events identified in the seven human ASs and eleven canine HSAs involved different gene

pairs, with the exception of the *FLT1* gene, which created fusions with a different partner gene in

one case from each species.

To determine whether the non-tumor components in the tumor tissue affected the

detection of fusion genes, we quantified tumor content histologically and bioinformatically in

canine HSAs **(fig. S2A-E)**. Seventy of the 76 HSA samples were histologically evaluated, and

the tumor content was not different between HSA samples with fusion events ($N = 11$) and those

without fusion events ($N = 59$). We used two independent bioinformatic tools, *xCell* and

ESTIMATE, to predict stromal and immune cell components, and these algorithms generated

consistent output scores (Pearson's $R = 0.84$; $R^2 = 0.71$; $P < 0.00001$) that showed the presence of

fusion genes was not associated with tumor purity. The detection of fusion genes was also

independent of sequencing depth **(fig. S2F)**. To rule out artifacts from the computational process,

we validated four representative fusion transcripts found in canine HSAs (*MYO16-PTK2*; *AKT3-*

XPNPEP1; *AP4E1-BAIAP2*; *NOL10-PTPRB*) by RT-PCR. PCR primer pairs were designed to

amplify putative split sequences (up to 200 base pairs) involving the breakpoints identified by

deFuse **(fig. S3A)**. We confirmed that the junction sequences between the two genes producing

the new fusion event were amplified by PCR in each case **(fig. S3B-C)**, with each PCR

amplification product verified by Sanger sequencing. We then used RT-PCR to evaluate RNA-

Seq data from 63 canine tissue samples (53 HSAs and 10 hematomas) for the presence of the

four fusion transcripts. The results were consistent between RNA-Seq and PCR, as we found

neither false-positive nor false-negative events in the samples tested **(table S6)**.

Fusion genes are associated with DNA copy number variations

We then determined if any of the fusion partner genes identified in our analysis were associated

with DNA copy number alterations. Publicly available whole Exome-sequencing data generated

from an independent data set of 36 human patients with ASs was used (*12*). Copy number

variations were found in twelve of the twenty (60%) fusion partner genes: nine genes were

amplified, and five genes were deleted (**Fig. 1C** and **fig. S4**). *TEX2* (39%), *STEAP1B* (25%) and

PECAM1 (25%) were the top three genes where copy number gains occurred most frequently.

For canine HSA, we used oligonucleotide array comparative genomic hybridization (oaCGH) in

a larger HSA dataset (*N* = 123) (*19*). Copy number gains were observed in 29 of the 30 (96.7%)

fusion partners, and copy number losses were observed in 27 of the 30 (90.0%) fusion partners.

Protein kinase-encoding genes, *PTK2*, *FLT1*, and *AKT*3 revealed a higher frequency of copy

number gain: 15.5% gain vs 0.8% loss for *PTK2*; 4.9% gain vs 0.8% loss for *FLT1*; and 4.1%

gain vs 0.8% loss for *AKT3*, suggesting that copy number alterations leading to dysregulation of

downstream kinase signaling contribute at least partly to the angiogenic program in a subset of

canine HSAs (**Fig. 1D**).

Chromosomal translocations resulting in fusion genes are detectable in canine HSAs

We performed fluorescence *in situ* hybridization (FISH) to confirm that fusion genes were

generated by chromosome translocations. We chose representative inter-chromosomal fusions,

MYO16-PTK2 and *GABRA3-FLT1* for cytogenetic validation because PTK2 and VEGFR1 are

key molecules that regulate pathogenic signaling in vascular cancers, including canine HSA (*27*).

Fig. 2A illustrates the predicted structure of *MYO16-PTK2* inter-chromosomal fusion between

CFA 22 and CFA 13, based on deFuse and Sanger sequencing data (**Fig. 2B**). The predicted

fusion gene comprises exons 1-32 of *MYO16* (CFA 22) and exons 12-31 of *PTK2* (CFA 13),

with the putative junction joining *MYO16* exon 32 and *PTK2* exon 12. Breakage occurs between

exons 32 and 33 of *MYO16* at CFA 22:57,750,807 bp, and between exons 11 and 12 of *PTK2* at

CFA 13:35,397,284 bp. Independent FISH probes identifying the association between proximal

and distal *MYO16* and the breakpoint of *PTK2* (**Fig. 2C**) confirmed the presence of the *MYO16-*

PTK2 fusion gene between CFA 22 and 13 in archival formalin fixed paraffin embedded (FFPE)

samples from the same dog tumor. The *MYO16-PTK2* fusion was identified by deFuse and RT-

PCR (**Fig. 2D**). The t(CFA 13;CFA 22) translocation was present in interphase nuclei of 16.8%

of the tumor cells, with a smaller subpopulation showing amplification of the fusion (**Fig. 2E**).

We used break-apart FISH to validate the presence of the *GABRA3-FLT1* fusion gene

(**Fig. 2F**). Split *FLT1* probes were found in 36.7% of tumor cells in archival FFPE samples from

the dog tumor in which the *GABRA3-FLT1* fusion was identified by deFuse and RT-PCR.

Interestingly, in this tumor the intact *FLT1* gene showed consistent amplification (up to four

copies), suggesting Flt-1 (also known as VEGFR1) activation in this tumor might have occurred

through multiple mechanisms (**Fig. 2G**). We next used FISH analysis to assess recurrence of the

MYO16-PTK2 fusion in a tissue microarray (TMA) comprised of 45 visceral HSAs and eight

non-malignant tissues (six spleens; two livers). The *MYO16-PTK2* fusion was once again present

in the sample from the canine tumor in which it was discovered, but it was not seen in any other

sample on the TMA. We also performed FISH to detect the *ATP8A2-FLT1* fusion in human AS

using a break-apart *FLT1* probe, but the fusion was undetectable in our FFPE sample. This might

have been due to the small number of tumor cells that were likely to contain the fusion event in a

heterogeneous clonal population. Since none of the fusion transcripts identified in our cohorts of

human and canine tumors were recurrent, we sought to determine if the fusion events were

associated with other genetic and molecular programs.

Fusion genes and somatic variants in human ASs enrich angiogenic gene signatures

To examine genomic aberrations associated with the fusion genes, we determined somatic

variations and gene expression profiles using RNA-Seq data. In human ASs, *TP53* mutations

(R248Q and P250L) were observed in two of thirteen human ASs, which also had fusion genes

(*SMURF1-TMEM139* and *AGO2-TRAPPC9* in one tumor, *IRF9-THTPA* in the other tumor).

NRAS (Q61L; $N = 1$) or *HRAS* (Q61L; $N = 1$) mutations were also detected, and both were

present in tumors that did not have fusion genes or *TP53* mutations (**Fig. 3A** and **Table 1**). The

RNA-Seq data did not provide evidence of mutations in *PIK3CA, PTEN*, or *KRAS* in this group

of thirteen ASs.

We established transcriptomic profiles of human ASs to identify molecular traits that

regulate global gene expression. We identified 1,237 differentially expressed genes between ASs

($N = 13$) and non-malignant controls ($N = 6$) (FDR *P*-value < 0.05): 490 genes were upregulated

and 747 genes were downregulated in ASs. Biological functions and pathway analysis revealed

that upregulated genes in ASs were associated with cancer, angiogenesis, vasculogenesis, and

development of vasculature ($P < 0.00001$) (**table S7**). Additionally, we performed cell type

enrichment analysis using the *xCell* tool (*28*) to predict relative populations of cellular

components that comprised the AS tissues (**fig. S5**). We compared the cell type signature of AS

with that of sarcomas ($N = 263$) from The Cancer Genome Atlas (TCGA) database, which did

not include AS. The results showed that gene signatures associated with endothelial cells and

activated dendritic cells were highly enriched in ASs, while other sarcomas in the TCGA

revealed gene enrichment of smooth muscle cells. Gene expression profiles of non-malignant

samples indicated distinct tissue-specific patterns of submandibular gland, skin, breast adipose

tissue, thigh skeletal muscle, spleen, and lung. The ASs showed upregulation of key angiogenic

genes such as *PECAM1* (*CD31*), *FLT1* (*VEGFR1*), *KDR* (*VEGFR2)*, and *FLT4* (*VEGFR3)*

compared to non-malignant tissues (**Fig. 3B**). In addition, 6 of 20 (30.0%) fusion partners

(including *PECAM1*) showed a higher level of expression in the tumors compared to non-

malignant tissues ($P < 0.05$; fold change in a range from 1.9 to 35.0) (**Fig. 3C**). Collectively, our

data showed enriched angiogenic molecular programs were present in human ASs. Furthermore,

both tumors with *TP53* mutations also harbored fusion genes.

Fusion genes that co-occur with mutations of *TP53* are present exclusively in angiogenic

canine HSAs

In canine HSAs, *TP53* ($N = 24/74$; 32.4%), *PIK3CA* ($N = 16/74$; 21.6%), *PIK3R1* ($N = 5/74$;

6.8%), and *NRAS* ($N = 4/74$; 5.4%) transcripts showed recurrent mutations that were consistent

with those identified using tumor:normal Exome-sequencing (*17*). We found associations

between mutations of *TP53* (*TP53*^{mt}) and *PIK3CA* (*PIK3CA*^{mt}) and fusion genes (Fusion^{+}) (**table**

S8). Specifically, *TP53*^{mt} commonly co-occurred with *PIK3CA*^{mt} ($P = 0.004$) and with fusion

genes ($P = 0.004$); and Fusion^{+} tumors were seen in the tumors with *TP53*^{mt} or *PIK3CA*^{mt} ($P =$

0.005) more frequently than would be expected by random chance. When fusion genes co-

occurred with *PIK3CA*^{mt}, they invariably co-occurred with mutations of *TP53* ($P = 0.037$), and

they were not associated with *PIK3CA*^{mt} alone ($P = 0.324$).

Next, we sought to determine if fusion genes were preferentially associated with specific

molecular subtypes of canine HSA. We previously defined distinct angiogenic, inflammatory,

and adipogenic molecular subtypes of canine HSA (*21*). To further validate this classification,

we applied unsupervised principal component analysis (PCA) and hierarchical clustering to

identify distinct groups in the sample cohort from this study (**fig. S6**). Our results show that the

three molecular subtypes (58 angiogenic, 14 inflammatory, and 4 adipogenic) were reproducibly

identified in the current dataset, as illustrated in the heatmap of 1,477 differently expressed genes

(DEGs) (FDR $P < 0.001$; fold change > |3|) shown in **Fig. 3D**. Interestingly, fusion genes were

present only in tumors of the angiogenic HSA subtype ($P = 0.046$). Likewise, *TP53* mutations

were identified in 23 of 56 (41.1%) angiogenic HSAs, and in one of 18 tumors from the two

other molecular subtypes ($P = 0.008$). The somatic variants of *TP53*, *PIK3CA*, *PIK3R1*, and

NRAS were found in 33 of 56 (58.9%) angiogenic HSAs, and in 3 of 18 (16.7%) tumors from the

two other subtypes ($P = 0.002$). The angiogenic subtype of HSA also showed upregulation of

PECAM1 (*CD31*), *FLT1* (*VEGFR1*), *KDR* (*VEGFR2)*, and *FLT4* (*VEGFR3)* compared to the

other two HSA subtypes and to non-malignant hematomas (**Fig. 3E**). We found that five of 32

dogs (16%) with angiogenic HSA lived longer than five months, while four of 10 dogs (40%)

with inflammatory HSA survived longer than that (**fig. S7**). Eighteen of 30 (60.0%) fusion

partners, including protein kinase-encoding genes such as *FLT1*, *PTK2*, and *AKT3,* showed

higher levels of expression in HSAs compared to non-malignant controls ($P < 0.05$; fold change

in a range from 1.3 to 6.0) (**Fig. 3F**). Neither breed, sex, neuter status, age, nor affected organs

were associated with the presence of fusion genes (**fig. S8**). There was also no association

between the fusion events and histological subtype or mitotic index (**table S9**).

Next, we analyzed DEGs (FDR $P < 0.05$; fold change > |2|) and gene pathways to

examine gene signatures enriched in HSAs that had both fusion genes and *TP53* mutations. We

classified tumors according to their mutations as summarized in **table S10**. Co-occurrence of

fusion genes with *TP53* mutations (i.e., *TP53*^{mt}/Fusion^{+}/*PIK3CA*^{wt} or PF tumors) was associated

with angiogenic and vascular signaling with enrichment of genes in pathways such as PI3K,

VEGF, and PDGF (**tables S11-S13**). Thirteen genes that were commonly enriched in PF tumors

were associated with activation of WNT3A as an upstream regulator (**fig. S9**). **Fig. 4** illustrates a

model integrating the data from these findings to highlight potential pathogenetic contributions

of fusion genes and recurrent mutations in canine HSA.

Human ASs and canine HSAs establish molecular programs that activate convergent

signaling pathways

To determine if the genetic and molecular features of human AS and canine HSAs contributed to

the activation of functional pathways, we performed immunohistochemistry (IHC) in eleven

human AS tissues and in 44 canine HSAs (**Fig. 5; tables S14 - S15**). First, we evaluated the

effects of *TP53* mutation on the presence and location of p53, phospho-p53 (Ser15), and

phospho-p53 (Ser20) (**Fig. 5A-B**). In human ASs, nuclear expression of p53 was found in all of

eleven (100%) tumors, showing various levels of expression. Nuclear expression of phospho-p53

(Ser15) was seen in seven of eleven (63.6%) tumors, showing low expression in five of seven

(71%) tumors (IHC score ≤ 3). Nuclear and cytoplasmic expression of phospho-p53 (Ser20)

protein was detected in all eleven (100%) tumors, and seven of those showed high expression

(IHC score ≥ 7). In canine HSAs, p53 protein was localized to the nucleus in 34 of 44 (77%)

tumors with various levels of expression. Immunoreactivity of phospho-p53 (Ser15) was

observed in the nuclei of tumor cells in 38 of 40 (95%) cases, with 34 (90%) showing low or

medium expression (IHC score ≤ 6). Nuclear and cytoplasmic expression of phospho-p53

(Ser20) was seen in all of 40 HSAs (100%), with 32 tumors (80%) showing high levels of

expression. These data revealed that patterns of p53 and activated p53 were comparable in

human ASs and canine HSAs; especially, p53 was strongly phosphorylated at residue Ser20 in

tumors from both species. We found no association between phosphorylated p53 and *TP53*

mutations or fusion genes (**fig. S10**), suggesting that DNA damage and cellular stress are

widespread among these tumors, and they are likely to activate p53-mediated repair mechanisms

independent of these genetic alterations.

The PI3K/AKT/mTOR signaling pathway is important for regulation of angiogenic,

vascular, and energetic functions. To assess whether PI3K mutations resulted in higher levels of

downstream pathway activation, we evaluated expression of AKT and phospho-AKT proteins in

human ASs and canine HSAs (**Fig. 5C-D**). Expression of nuclear and cytoplasmic AKT protein

was observed in all eleven human ASs (100%) with eight of eleven (73%) tumors showing

medium or high expression. Expression of phospho-AKT (Thr308) was evaluated in eight

tumors; all of them (100%) showed weak or medium levels of expression. Similarly, AKT

protein was detectable in the nucleus and cytoplasm of all forty (100%) canine HSAs with 37

(93%) showing medium or high expression. Phospho-AKT (Thr308) was detected in the nuclei

and cytoplasm of all evaluable 39 (100%) canine HSAs, with 34 (87%) expressing medium or

high level of the protein. Strong AKT immunoreactivity was also seen in scattered stromal cells

in both human AS and canine HSA. Neither mutations of *TP53*, *PIK3CA*, *PIK3R1* nor the

presence of fusion genes were associated with expression of AKT and phospho-AKT in human

or canine tumors (**fig. S11**). Since *PIK3CA* and *PIK3R1* mutations were undetectable in this set

of eleven human ASs, we examined expression of mTOR and phospho-mTOR (Ser2448)

proteins as surrogates to confirm activation of their downstream pathways in these tumors.

mTOR protein was observed in the nuclei and cytoplasm of all eleven tumors (IHC score ≥ 6),

and it was not associated with the presence of *TP53* mutations or fusions (**fig. S12A-B**).

However, nuclear and cytoplasmic expression of phospho-mTOR was higher in ASs that had

TP53 mutations or that had fusion genes than it was in tumors without one of these genetic

changes (**Fig. S12C-D**).

In summary, the immunostaining data suggest that human AS and canine HSA have comparable

activation of the p53 and PI3K/AKT/mTOR pathways, and these events are largely independent

of their mutational states. Our results further suggest that these vasoformative tumors from both

species activate convergent signaling pathways that contribute to their final architecture and

organization with predictable enrichment of angiogenic gene signatures.

Discussion

For this study, our objective was to identify novel fusion genes in human ASs and spontaneous

canine HSAs. We showed that novel protein-coding fusion genes were identified in

approximately 50% of human ASs of which two had *TP53* mutations. In canine HSAs, protein-

coding fusion genes were detectable in ~15% of tumors, and those were associated with p53

deficiency and enrichment of angiogenic gene signatures. Our data suggest that convergent

molecular mechanisms associated with p53 inactivation and enhanced PI3K/AKT/mTOR

signaling pathways are operational in genomically complex human ASs and canine HSAs.

In the past decade, advances in next-generation sequencing and bioinformatics have

enabled genome-wide identification of unbiased cancer-associated fusion transcripts in a variety

of tumor types. Previous studies have reported 7,887 fusion transcripts identified across thirteen

tumor types in TCGA datasets and 9,928 fusion genes with a 3% recurrence rate in the Mitelman

Database of Chromosome Aberrations and Gene Fusions in Cancer (*29-31*). These findings

illustrate the complexity of the cancer-associated fusion gene landscape, showing a relatively

high rate of fusions with low recurrence, possibly arising from catastrophic chromosome

rearrangements by chromothripsis (*32*) and chromoplexy (*33*). Despite this relatively high

frequency of fusion genes, a solution to define their pathogenic significance remains elusive.

One key finding from this work was that protein-coding fusion genes co-occurred with mutations

of *TP53* in the angiogenic molecular subtype of canine HSA, suggesting that genomic instability

might create a predisposition for translocations and the resultant fusion genes and that, in turn,

these fusion genes create unique transcriptional programs that promote angiogenic phenotypes in

these p53-deficient backgrounds.

Specifically, kinase fusion genes involving *FLT1*, *PTK2*, and *AKT3* can activate key

convergent gene pathways associated with blood vessel formation and remodeling (*34*), and they

represent potential therapeutic targets for kinase inhibitors (*35, 36*). When we consider that

sarcomas have the highest frequency of kinase fusions in TCGA datasets (*35*), but that they also

have extremely low recurrence, a more rational approach might be to develop agents that target

these convergent angiogenic pathways instead of the products from the individual fusion genes

themselves (*37*).

The two fusion genes that we confirmed by genomic structural evaluation in canine

HSAs were present in approximately 20 - 40% of cells in the tumor, both genes showing chaotic

amplification. Several explanations could account for these observations. One is that histology

and bioinformatics assays overestimated tumor content and tumor purity. Another is that fusions

are epiphenomena arising from chaotic genomes with no influence on selection. A third, which

we believe is most likely, is that translocation and the resulting fusion events occur stochastically

in genomically unstable cells late in the course of tumor evolution. However, the enrichment of

fusion genes and angiogenic transcriptional programs suggests that these traits endow tumor cells

with selective growth and/or survival advantages that contribute to tumor progression by

promoting proangiogenic environments. It is worth noting that the selective pressures in the AS

milieu favor not only fusion-positive clones, but also fusion-negative clones, as the establishment

of a proangiogenic environment could improve survival of all the subpopulations within the

tumor. Indeed, a similar mechanism might be operative in alveolar rhabdomyosarcomas, where

PAX3-FOXO1A fusions are necessary for tumor initiation but have no effect on tumor recurrence

(*38, 39*). Further work will be necessary to distinguish which among these non-mutually

exclusive possibilities are operative, and to better understand the role of fusion genes in tumor

evolution of human AS and canine HSA and, potentially, in promoting clonal heterogeneity

through the creation of a permissive niche.

Fusion genes have been reported in human ASs (*10, 40-42*). For instance, one study

found a *CIC-LEUTX* fusion in one of 120 (0.8%) FFPE ASs examined (*10*); another found a

CEP85L-ROS1 fusion in one of 34 (3.0%) ASs examined (*40*); and a third found an *EWSR1-*

ATF1 fusion in one case of AS (*42*). A *NUP160-SLC43A3* fusion has also been reported in the

ISO-HAS AS cell line (*41*). However, none of these fusion genes has been identified recurrently

in subsequent studies of AS samples. While these observations are consistent with our stochastic

hypothesis, we cannot completely exclude the possibility that fusion genes in human ASs, or for

that matter in canine HSAs, are non-pathogenic passenger aberrations.

A larger case series will be required to define the fusion gene landscape in human AS,

but canine HSA provides potential insights for what might be expected. Mutations of *TP53* are

largely mutually exclusive of mutations in *KDR*, *PIK3CA*, and *RAS* gene family in human AS,

and the mutational patterns seem to be associated with the location of the primary tumor (*12, 17*).

We see a similar pattern emerge in a subset of canine HSA, and from our data we propose a

model that can be used as a foundation to test mechanistic links between the mutational and

transcriptional landscapes in malignant vascular tumors (**Fig. 4**) and determine their roles in

tumor progression. In this model, inflammatory HSAs harbor no mutations of *PIK3CA*, and only

rarely of *TP53*, maintaining sufficient genomic stability that disfavors formation of fusion genes.

Furthermore, the transcriptional programs in these inflammatory HSAs are weakly angiogenic,

and their permissive inflammatory environments restrain growth and metastasis. Conversely,

angiogenic HSAs harbor frequent mutations of *PIK3CA* and *TP53*, and fusion events. Mutations

of *PIK3CA* in p53-proficient backgrounds promote pro-angiogenic environments, while in p53-

deficient backgrounds, these mutations promote altered chromatin regulation and

immunomodulatory transcriptional programs. Finally, mutations of *TP53* enable genomic

instability with formation of fusion genes. These events are stochastic, but fusion genes that

promote pro-angiogenic transcriptional programs can enhance or even supplant the effects of

PIK3CA mutations and create environments that accelerate tumor growth and metastatic

propensity. Validation of this model could alter the paradigms for diagnosis and treatment of

human AS and canine HSA, as well as of other aggressive, genomically complex sarcomas that

affect humans and dogs alike.

Materials and Methods

Dog tissue samples

Seventy-six snap frozen and FFPE tissue samples were obtained from 74 dogs with HSAs.

Frozen and FFPE tissues samples from 10 dogs with splenic hematomas, which are benign

lesions with enlarged vascular spaces lined by endothelial cells, were used as controls. Samples

were obtained as part of medically necessary diagnostic procedures and were used for research

with owner consent. The origin of these samples was reported previously (*14, 21, 43-45*), or they

were collected from dogs with HSA or with splenic hematomas at the Veterinary Medical

Center, University of Minnesota. Procedures involving animal use were done with approval and

under the supervision of the University of Minnesota Animal Care and Use Committee

(protocols 1110A06186, 1507-32804A, 0802A27363, 1101A94713, 1312-31131A, and 1702-

34548A). The demographic characteristics of dogs ($N = 74$) from whom we acquired HSA and

non-malignant splenic hematomas ($N = 10$) are summarized in **table S1**.

Human tissue samples

Snap frozen and FFPE tissues for human biospecimens were obtained from the University of

Minnesota Biological Materials Procurement Network (UMN BioNet) and from the Cooperative

Human Tissue Network (CHTN) under their standardized patient consent protocols. The

demographic characteristics of human patients from whom we obtained ASs ($N = 13$) and normal

tissue samples ($N = 6$) are summarized in **table S2**.

Histological assessment

FFPE sections (4 µm) were stained with hematoxylin and eosin (H&E) and examined by

veterinary pathologists to assign a histological diagnosis of canine HSA. Solid, capillary,

cavernous, or mixed histological subtypes were assigned using accepted criteria (*46*); mitotic

index (MI) was calculated per 1,000 cells in 5-10 random fields under 400X magnification (*47*).

H&E slides were further reviewed for tumor content by two board-certified medical pathologists

(ML and PM) (*48*), with the percent of sample containing viable nucleated cells corresponding to

tumor recorded in a range of 0 to > 90% based on the planar surface of the sections. Diagnostic

and histopathology reports of human tissues were provided by the specimen providers, the UMN

BioNet and the CHTN.

RNA isolation and generation of RNA-Seq libraries

Total RNA was isolated from tissue samples using the TriPure Isolation Reagent (Roche Applied

Science, Indianapolis, IN, USA). The RNeasy Mini Kit (Qiagen, Valencia, CA, USA) was used

for clean-up according to the manufacturer's instructions. RNA-Seq from 74 canine HSA tissues

is published (*17, 21, 49, 50*) and available through the Gene Expression Omnibus

(http://www.ncbi.nlm. nih.gov/geo; accession number GSE95183) and the NCBI Sequence Read

Archive (accession number PRJNA562916). Also included was an additional data set generated

from two canine HSA tissues and from 10 non-malignant splenic hematoma tissues that had not

been published previously. Total RNA was also extracted from 13 human AS tissues and from

six normal tissues. Two μg of total RNA from each sample were quantified and assessed for

quality; RNA-Seq libraries were generated as described (*21*) using the TruSeq RNA sample

preparation kit (Illumina Inc., San Diego, CA). Sequencing was performed using HiSeq 2000 or

2500 systems (Illumina Inc.). Each sample was sequenced to a targeted depth of 20 – 80 million

paired-end reads with mate-pair distance of 50 bp. Primary analysis and demultiplexing were

performed using CASAVA software version 1.8.2 (Illumina Inc.) to verify the quality of the

sequence data. The end result of the CASAVA workflow was demultiplexed into FASTQ files

for analysis. Bioanalyzer quality control and RNA-Seq were performed at the University of

Minnesota Genomics Center (UMGC) or at the Broad Institute.

Bioinformatics analysis

The original FASTQ files generated from 76 canine HSAs and ten non-malignant splenic

hematomas were mapped to the dog reference genome (Canfam3.1). The FASTQ files prepared

from thirteen human ASs and six non-malignant tissues were mapped to the human reference

genome (GRCh38). Sequencing quality was assessed by FastQC. The deFuse algorithm (*51*)

was used to identify putative fusion events. To discriminate true fusion candidates from artifacts,

we included fusion events with exon boundaries in both fusion partners and excluded events

created from adjacent genes that showed breakpoint homology (>1). We also filtered highly

recurrent fusion events that were found at implausible frequencies across tumor and non-

malignant tissue samples (*35*) and transcription-induced chimeras. The split sequences of the

fusion genes were validated by *de novo* assembly using Trinity (*52*). TranscriptsToOrfs and

deFuse-Trinity tools verified the deFuse fusion predictions with Trinity-assembled transcripts

and open reading frames. TopHat2 was used to generate BAM files, and the Integrative

Genomics Viewer (IGV 2.3; Broad Institute, Cambridge, MA) was used to visualize the mate

pair sequences of fusion genes. A protein translation tool in Expert Protein Analysis System

(ExPASy; SIB Swiss Institute of Bioinformatics, Lausanne, Switzerland) was used to determine

in-frame fusion proteins. Tumor purity and microenvironment scores were assessed using the

bioinformatics tools ESTIMATE (*53*) and *xCell* (*28*).

Reverse transcription polymerase chain reaction (RT-PCR) and Sanger sequencing

RT-PCR was performed to validate fusion transcripts identified by deFuse (*54*). Briefly, cDNA

was synthesized using SuperScript® VILO cDNA Synthesis Kit and Master Mix (Invitrogen).

PCR amplification was performed using a conventional thermocycler with HotStarTaq DNA

polymerase (Qiagen) or using a LightCycler® 96 (Roche Applied Science, Indianapolis, IN,

USA) with FastStart SYBR Green Master Mix (Roche Applied Science). PCR primer pairs used

for fusion gene amplification are presented in the Results section. *GAPDH* was used as a control

for RNA integrity and for the RT-PCR reactions. The forward and reverse primer sequences for

GAPDH were 5'-GGA GTC CAC TGG CGT CTT CAC-3' and 5'-GAG GCA TTG CTG ATG

ATC TTG AGG-3', respectively. Relative mRNA values were expressed as delta-Ct values

normalized to *GAPDH*. Sanger sequencing was performed at the UMGC.

FISH

FISH was performed to detect *MYO16-PTK2* and *GABRA3-FLT1* fusion genes by designing

FISH probes derived from the genome-anchored canine CHORI-82 bacterial artificial

chromosome (BAC) library (*55*). Single locus probes were used for proximal *MYO16* at dog

chromosome (CFA) 22:57,565,917-57,750,789 (clone 183H20), distal *MYO16* at CFA

22:57,750,801-57,967,880 (clone 385H13), and *PTK2* at CFA 13:35,302,679-35,483,060 (clone

451H13) with distinct fluorescent tags. For *GABRA3-FLT1* fusion*,* break-apart FISH probes

were used for proximal *FLT1* at CFA 25:11,057,892-11,263,935 (clone 363B20) and distal *FLT1*

at CFA 25:11,274,078-11,471,538 (clone 235H9). The PureLink® HiPure Plasmid Maxiprep Kit

(Invitrogen) was used for BAC DNA extraction. For preparation and hybridization of FISH

probes, BAC DNA probes were labeled by Nick Translation Kit (Abbott Molecular) using

Green-500 dUTP, Orange-552 dUTP and Aqua-431 dUTP (Enzo Life Science). Labeled DNA

was precipitated in COT-1 DNA, salmon sperm DNA, sodium acetate and 95% ethanol, then

dried and resuspended in 50% formamide hybridization buffer. The Red-proximal *MYO16*,

Green-distal *MYO16* and Aqua-*PTK2* probes were combined into one 3-color FISH probe for

MYO16-PTK2 fusion. The Red-proximal *FLT1* and Green-distal *FLT1* break-apart probes were

applied for the split *FLT1* gene.

FFPE sections (4 µm) were processed according to the Dako IQFISH protocol; probes

were applied to the slide and hybridized for 24 hours at 37°C in a humidified chamber. After

hybridization, slides were washed and counterstained with DAPI. Fluorescent signals were

visualized on an Olympus BX61 microscope workstation (Applied Spectral Imaging, Vista, CA)

with DAPI, FITC, Texas Red and Aqua filter sets. FISH images were captured using an

interferometer-based CCD cooled camera (ASI) and FISHView ASI software. A total of 200

interphase cells were examined for each sample. Non-malignant canine spleen tissues were used

as controls for the FISH experiment.

Validation of somatic mutations using RNA-Seq data

A pipeline was developed to identify the bases present at locations defined as somatic mutations

in the Tumor-Normal exome calls (*17*). Briefly, RNA-Seq data were mapped using the STAR-

Mapper (*56*) with STAR-FUSION mapping settings (*57*) to the Canfam3.1 or GRCh38 genome.

BAM files generated by STAR were sorted and indexed using Samtools (*58*). Starting from a file

containing somatic mutation locations and a file containing a list of BAM file locations, the

pipeline uses Samtools (*58*) functions to identify the bases present at each location at each file

and then reports whether a variant is found at that location. For inclusion within the variant file,

at least one sample must have at least 3 reads that support the variant and that represent greater

than 10% of all reads at that location.

Gene expression profiling

CLC Bio Genomics Workbench 10 (CLC Bio, Aarhus, Denmark) and DESeq2 R packages were

used to quantify gene expression and differential gene expression analysis as described (*59*).

Briefly, paired-end RNA-Seq data with mate-pair distance of 50 bp in FASTQ format were

imported, and sequencing quality was determined. Transcriptomics analysis was then performed

to generate the expression level of each gene presented as total reads by mapping the sequencing

reads to Canfam3.1 or GRCh38. Heatmaps and hierarchical clustering based on average linkage

were visualized using Cluster 3.0, Morpheus (https://clue.io/morpheus), or R packages. GO

Enrichment Analysis (*60-62*) or Ingenuity® Pathway Analysis software version 8.6 (Qiagen,

Redwood City, CA) were used to define biological functions, canonical pathways, and upstream

regulators associated with DEGs between groups using Benjamini-Hochberg multiple testing

corrections to evaluate significance. For gene expression profiling, unsupervised PCA and

hierarchical clustering were performed to define subtypes of canine HSAs as described

previously (*21*). Gene expression data of human sarcomas in TCGA database

(https://www.cancer.gov/tcga) were also compared with our data sets.

TMA generation and IHC

Canine TMA blocks were generated from 45 HSA tissues, including 32 tumors used for RNA-

Seq and eight non-tumor tissues (six splenic hematomas and two non-malignant liver samples).

Tissue cores of 1-mm diameter in quadruplicate from each sample were assembled in random

order in four TMA blocks. One TMA block with mouse tissues was generated for staining

controls. Immunostaining with CD31, Vimentin and Pan-Cytokeratin antibodies was evaluated to

support tumor content estimates. A human TMA block was generated from ten AS tissues and

six non-malignant tissues (submandibular gland, skin, breast adipose tissue, thigh skeletal

muscle, spleen, and lung).

Unstained TMA sections (4 µm) were de-paraffinized and rehydrated using standard

methods for IHC. All of the immunohistochemical assays, including validation for antibodies,

were performed and optimized at the UMN BioNet Histology Laboratory or the Veterinary

Diagnostic Laboratory at the University of Minnesota. Antibodies used for IHC are summarized

in **table S3**. The percentage of positive cells with immunostaining was scored from 0 to 3+,

where 0 reflects specific staining in <1% of the cells, 1+ reflects specific staining in <25% of the

cells, 2+ reflects specific staining in 25–75% of the cells, and 3+ reflects specific staining in

>75% of the cells. The intensity was assessed as weak, moderate, or strong. Immunostaining

results were scored by multiplying the percentage of positive cells by the intensity.

Statistical analysis

Chi-square or Fisher's exact test, was performed for contingency tables analysis. Continuous

values were analyzed by Welch's (Heteroscedastic) T-test or Mann-Whitney U test. Statistical

analysis was performed using GraphPad Prism 6 (GraphPad Software, Inc., San Diego, CA).

P-values are reported without inference of significance, consistent with the American Statistical

Association's Statement on Statistical Significance and P-Values (*63*).

Supplementary Materials

Fig. S1. Representative putative inter-chromosomal fusion transcripts in human AS and canine

HSA.

Fig. S2. Fusion genes and their association with tumor content and sequencing depth in canine

HSA tissues.

Fig. S3. Detection of representative fusion genes in canine HSA.

Fig. S4. Genetic alterations of fusion partner genes identified in human AS.

Fig. S5. Cell type enrichment analysis in human ASs and TCGA sarcomas.

Fig. S6. Three distinct molecular groups of canine HSAs.

Fig. S7. Kaplan-Meier probability of survival for dogs with angiogenic and inflammatory HSA.

Fig. S8. Association of the fusion events with demographic and histopathologic features in

canine HSA.

Fig. S9. Gene pathways associated with commonly enriched genes in tumors with fusion genes

and *TP53* mutations in canine HSA.

Fig. S10. Violin plots display IHC scores of p53, p-p53 (Ser15), and p-p53 (Ser20) in human AS

and canine HSA.

Fig. S11. Violin plots present IHC scores of AKT and p-AKT (Thr308) in human AS and canine

HSA.

Fig. S12. IHC scores of mTOR and p-mTOR (Ser2448) in human AS.

Table S1. Demographic and pathological features of dogs with HSA.

Table S2. Demographic and pathological features of human patients with AS.

Table S3. Primary antibodies for immunohistochemical evaluation.

Table S4. Gene ontology and biological functions of fusion partner genes in human ASs.

Table S5. Gene ontology and biological functions of fusion partner genes in canine HSAs.

Table S6. Detection of fusion genes in canine HSAs by RT-PCR.

Table S7. Biological functions associated with 490 upregulated genes in human ASs.

Table S8. Association of frequency between fusion genes, *TP53* and *PIK3CA* mutations.

Table S9. Association of fusion genes with dog signalment and tumor histology.

Table S10. Association of frequency between fusion genes, *TP53* and *PIK3CA* mutations.

Table S11. 41 differentially expressed genes in PF ($N = 4$) compared to P ($N = 9$) group.

Table S12. 212 differentially expressed genes in PF ($N = 4$) compared to PK ($N = 6$) group.

Table S13. 377 differentially expressed genes in PF ($N = 4$) compared to PFK ($N = 4$) group.

Table S14. Immunohistochemical features of human ASs.

Table S15. Immunohistochemical features of canine HSAs.

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Figures

 Fig. 1. Identification of novel putative protein-coding fusion transcripts in human AS and canine

 HSA

Fig. 1. Identification of novel putative protein-coding fusion transcripts in human AS and canine

HSA. The *Circos* plots visualize fusion genes identified in human ASs (**A**, $N = 13$) and canine

HSA (**B**, $N = 76$). Bar graphs show DNA copy number alterations for each fusion partner gene

using publicly available Exome-sequencing data in an independent dataset of human AS (**C**, $N =$

36; data retrieved from Ref [*12*]) and using oaCGH in a larger HSA dataset (**D**, $N = 123$; data

retrieved from Ref [*19*]).

Fig. 2. Validation of fusion genes in canine HSA

Fig. 2. Validation of fusion genes in canine HSA. **A,** *MYO16-PTK2* fusion gene track and

visualization of the breakpoint in UCSC Genome Browser (Canfam3.1). **B,** Sanger sequencing

result of the PCR product for *MYO16-PTK2* fusion gene. **C,** Schematic illustration of the

putative *MYO16-PTK2* fusion gene and designed FISH probes. **D,** Detection of the *MYO16-*

PTK2 fusion gene on primary canine HSA tissue by FISH. In wild type cells an association

between BAC clones 183H20 (red) and 385H13 (green) can be appreciated, both showing

independent localization from 451H13 (aqua). A portion of tumor cells shows a breakage

within 451H13, with one half of that signal associating with 183H20, and independent of the

localization of 385H13 indicating the existence of the *MYO16-PTK2* fusion at the genomic level.

E, Arrows indicate the amplification of the *MYO16-PTK2* fusion gene. **F,** Detection of the

GABRA3-FLT1 fusion gene by FISH. The *GABRA3-FLT1* fusion is identified by break-apart

FISH probes for proximal *FLT1* (clone 363B20; red) at CFA 25 and distal *FLT1* at CFA 25

(clone 235H9; green). Split *FLT1* genes indicate the fusion event identified by single color signal

(white arrows). Dual colors represent the intact *FLT1* gene (grey arrows). **G,** DNA amplification

of *FLT1* gene.

Fig. 3. Fusion genes, mutations of somatic variants, and molecular subtypes of human AS and

 canine HSA

Fig. 3. Fusion genes, mutations of somatic variants, and molecular subtypes of human AS (A-C)

and canine HSA (D-F). **A,** 1,237 differentially expressed genes were identified between human

ASs ($N = 13$) and non-malignant tissue samples ($N = 6$) (False Discovery Rate or FDR $P < 0.05$):

490 genes were upregulated and 747 genes were downregulated in ASs. Ten fusion genes are

marked as yellow bars in seven AS samples. Somatic variations in *TP53* ($N = 2$), *NRAS* ($N = 1$),

and *HRAS* ($N = 1$) were found in four ASs. **B,** Box plots show gene expression of *PECAM1,*

FLT1, *KDR*, and *FLT4* representing vasculogenic and angiogenic functions in human ASs and

non-malignant tissues (Mann-Whitney test). ***, $P < 0.001$. **C**, Bar graphs show the relative

expression of genes in human ASs normalized to the expression of non-malignant tissues. Six of

20 genes where the *P*-value was less than 0.05 are displayed (Welch's T-test). **D,** Heatmap

illustrates 1,477 significant differentially expressed genes among three subtypes of canine HSA

($N = 76$) (FDR $P < 0.001$; Fold change > 3). Somatic variant analysis identified mutations in

TP53 ($N = 24$), *PIK3CA* ($N = 16$), *PIK3R1* ($N = 5$), *NRAS* ($N = 4$), and *ARPC1A* ($N = 1$). Grey

bars indicate unavailable somatic variants data. Fifteen fusion genes are marked as yellow bars in

11 HSA samples. **E,** Box plots display gene expression of *PECAM1, FLT1, KDR,* and *FLT4*

representing vasculogenic and angiogenic functions in subtypes of HSA and non-malignant

hematomas (Mann-Whitney test). ****, $P < 0.0001$; ***, $P < 0.001$; **, $P < 0.01$; *, $P < 0.05$. **F,**

Bar graphs show the relative expression of genes in canine HSA normalized to the expression of

hematomas. Eighteen of 30 genes where the P-value is less than 0.05 are displayed (Welch's T-

test). Heatmaps (**A** and **D**) show unsupervised hierarchical clustering (average linkage). Heatmap

colors display mean-centered fold change expression following $\log_2$ transformation. Upregulated

genes are presented in red and downregulated genes are shown in green.

Fig. 4. Hypothetical model for angiogenic pathogenesis of canine HSA

Fig. 5. Immunohistochemical expression of p53 and AKT proteins in human AS and canine

HSA.

Fig. 5. Immunohistochemical expression of p53 and AKT proteins in human AS and canine

HSA. **A,** Bar graphs show the number of cases (y-axis) plotted as a function of IHC scores (x-

axis) for staining with anti-p53, anti-phosphorylated (p)-p53 (Ser15), and anti-p-p53 (Ser20)

antibodies in human ASs (Left panel) and canine HSAs (Right panel). **B,** Representative

photomicrographs show IHC staining of p53, p-p53 (Ser15), and p-p53 (Ser20) in human AS

(Left panel) and canine HSA tissues (Right panel). Bar graphs (**C**) for IHC scores of AKT and p-

AKT (Thr308) proteins and representative photomicrographs (**D**) are also displayed for human

ASs and canine HSAs. H&E = hematoxylin and eosin stain. IHC staining (Horseradish

peroxidase and hematoxylin counterstain). 200X magnification.

Tables

Table 1. Putative fusion genes identified in transcriptomic data of human ASs.

Table 2. Putative fusion genes identified in transcriptomic data of canine HSAs.

Table 1. Putative fusion genes identified in transcriptomic data of human ASs

Patient ID	Gene 1	Gene 2	Putative fusion gene	Gene 1 chromosome	Gene 2 chromosome	Gene 1 fusion location	Gene 2 fusion location	Fusion Type	Gene 1 Ensembl ID	Gene 2 Ensembl ID	Genomic break position in gene 1	Genomic break position in gene 2	Somatic variants
Patient 1	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient 2	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient 3	VKORC1L1	STEAP1B	VKORC1L1-STEAP1B	7	7	coding	coding	Intra-chromosomal	ENSG00000196715	ENSG00000105889	65873565	22419836	-
	PPP1R13B	ATP5MPL	PPP1R13B-ATP5MPL	14	14	coding	coding	Intra-chromosomal	ENSG00000088808	ENSG00000156411	103847299	103915189	
Patient 4	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient 5	-	-	-	-	-	-	-	-	-	-	-	-	HRAS
Patient 6	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient 7	SMURF1	TMEM139	SMURF1-TMEM139	7	7	coding	intron	Intra-chromosomal	ENSG00000198742	ENSG00000178826	99143726	143286424	TP53
	AGO2	TRAPPC9	AGO2-TRAPPC9	8	8	coding	coding	Intra-chromosomal	ENSG00000123908	ENSG00000167632	140635485	140451383	
Patient 8	-	-	-	-	-	-	-	-	-	-	-	-	NRAS
Patient 9	PEMT	ANKRD6	PEMT-ANKRD6	17	6	coding	utr5p	Inter-chromosomal	ENSG00000133027	ENSG00000135299	17577027	89433375	-
	CPD	NSRP1	CPD-NSRP1	17	17	coding	coding	Intra-chromosomal	ENSG00000108582	ENSG00000126653	30461311	30172542	
Patient 10	SCLT1	NIPBL	SCLT1-NIPBL	4	5	coding	coding	Inter-chromosomal	ENSG00000151466	ENSG00000164190	128888679	37057186	-
Patient 11	TEX2	PECAM1	TEX2-PECAM1	17	17	utr5p	utr5p	Intra-chromosomal	ENSG00000136478	ENSG00000261371	64263168	64390763	-
Patient 12	ATP8A2	FLT1	ATP8A2-FLT1	13	13	coding	coding	Intra-chromosomal	ENSG00000132932	ENSG00000102755	25968679	28357685	-
Patient 13	IRF9	THTPA	IRF9-THTPA	14	14	coding	coding	Intra-chromosomal	ENSG00000213928	ENSG00000259431	24164134	23558695	TP53

Table 2. Putative fusion genes identified in transcriptomic data of canine HSAs

Dog sample ID	Gene 1	Gene 2	Putative fusion gene	Gene 1 chromosome	Gene 2 chromosome	Gene 1 fusion location	Gene 2 fusion location	Fusion type	Gene 1 Ensembl ID	Gene 2 Ensembl ID	Genomic break position in gene 1	Genomic break position in gene 2	Somatic variants	
CHAD-B7	PREX2	LPCAT1	*PREX2-LPCAT1*	29	34	coding	coding	Inter-chromosomal	ENSCAFG00000007620	ENSCAFG00000010491	17653781	11166324	*TP53*	-
DHSA-1204	AP4E1	BAIAP2	*AP4E1-BAIAP2*	30	9	coding	coding	Inter-chromosomal	ENSCAFG00000015318	ENSCAFG00000005700	16748493	968509	*TP53*	-
	NOL10	PTPRB	*NOL10-PTPRB*	17	10	coding	coding	Inter-chromosomal	ENSCAFG00000003435	ENSCAFG00000000446	7515966	12372230		
DHSA-0906	MYO16	PTK2	*MYO16-PTK2*	22	13	coding	coding	Inter-chromosomal	ENSCAFG00000006050	ENSCAFG00000001217	57750807	35397284	*TP53*	-
	ATP9A	SNX5	*ATP9A-SNX5*	24	24	coding	coding	Intra-chromosomal	ENSCAFG00000011659	ENSCAFG00000005463	37856900	5096627		
DHSA1101	GABRA3	FLT1	*GABRA3-FLT1*	X	25	utr5p	coding	Inter-chromosomal	ENSCAFG00000019161	ENSCAFG00000006701	120379631	11232377	*TP53*	-
DHSA1407	ANKH	ATG16L1	*ANKH-ATG16L1*	4	25	coding	coding	Inter-chromosomal	ENSCAFG00000014290	ENSCAFG00000011752	88259666	44761299	-	-
DHSA1416	LAMB1	CBLB	*LAMB1-CBLB*	18	33	coding	coding	Inter-chromosomal	ENSCAFG00000025057	ENSCAFG00000009793	12675054	11259031	*TP53*	*PIK3CA*
DHSA1513	PIK3AP1	REV3L	*PIK3AP1-REV3L*	28	12	coding	coding	Inter-chromosomal	ENSCAFG00000008880	ENSCAFG00000003942	10085967	67953124	*TP53*	*PIK3CA*
	AKT3	XPNPEP1	*AKT3-XPNPEP1*	7	28	coding	coding	Inter-chromosomal	ENSCAFG00000015806	ENSCAFG00000010661	34778111	21321899		
DHSA-1015	MRPS35	CACNA1C	*MRPS35-CACNA1C*	27	27	coding	coding	Intra-chromosomal	ENSCAFG00000010963	ENSCAFG00000016051	20003244	44487698	-	*PIK3CA*
	CCDC172	ABLIM1	*CCDC172-ABLIM1*	28	28	coding	coding	Intra-chromosomal	ENSCAFG00000011803	ENSCAFG00000011513	26980198	25377079		
DHSA-0803	COPS5	NCOA2	*COPS5-NCOA2*	29	29	utr5p	utr5p	Intra-chromosomal	ENSCAFG00000007386	ENSCAFG00000007775	16578975	19448341	*TP53*	*PIK3CA*
DHSA-0805	MSN	LUC7L2	*MSN-LUC7L2*	X	16	coding	coding	Inter-chromosomal	ENSCAFG00000016607	ENSCAFG00000004069	50748329	9413652	*TP53*	*PIK3CA*
DHSA-1113	RANBP3L	ARL15	*RANBP3L-ARL15*	4	4	coding	coding	Intra-chromosomal	ENSCAFG00000018711	ENSCAFG00000018394	72325076	61484049	-	-