Supplemental Materials for

Utility of Whole Genome Sequencing in Assessing Risk and Clinically-Relevant Outcomes for Pulmonary Fibrosis

Methods

- **Table S1. Telomere length associated SNPs and effect sizes on telomere length**
- **Table S2. Demographic characteristics of patient cohorts**
- **Table S3. Clinical and Genomic Characteristics by QV carrier gene**
- **Table S4. Rare qualifying variants identified in IPF/FPF**
- **Table S5. Baseline characteristics of subgroup with clinical outcomes**
- **Table S6. Baseline characteristics of subgroup with spirometric data**
- **Figure S1. Principal component plot of predicted ethnicity**
- **Figure S2. Telomere length of qualifying variant carriers by variant type**
- **Figure S3. Telomere length of telomere-related qualifying variant carriers by ACMG class**
- **Figure S4. STROBE diagram of genetic, survival, and progression analyses**
- **Figure S5. Forced vital capacity decline by genomic factors**

Methods

Genome Sequencing and Variant Calling

WGS was performed at the Institute for Genomic Medicine according to standard protocols on Illumina's NovaSeq 6000 platform with 150 bp paired-end reads(1). All samples were processed using the same bioinformatic pipeline for variant calling as previously described(2). Illumina lane-level FASTQ files were aligned to Human Reference Genome (NCBI Build 37) using DRAGEN(3). Sample-level BAM files were archived for bioinformatic telomere length analysis. Picard (http://broadinstitute.github.io/picard) was used to mark duplicates and variant calling was done per the Genome Analysis Toolkit (GATK) Best Practices recommendations (https://gatk.broadinstitute.org/). ClinEff(4) and ATAV(5) (https://github.com/nickzren/atav) was used to further annotate gnomAD frequencies and variant pathogenicity predictors. Samples with >2% contamination by VerifyBamID(6), and those with more than third-degree relatedness were excluded.

Ethnicity Prediction

Using a set of predefined variants previously described(7), we used FlashPCA(8) to perform principal component analysis to define population structure. Principal components 1 and 2 were plotted with overlaying predicted ethnicity (**Figure S1**).

Qualifying Variant Definitions and Annotation

We identified rare telomere-related qualifying variants (QV), restricted to single nucleotide and insertion-deletion (indel) variants from a preset list of telomere-related genes (*TERT, TERC, RTEL1, PARN, DKC1, TINF2, NAF1 and ZCCHC8*). We also identified QVs in non-telomere disease-related genes: *SFTPC*, *SFTPA1, SFTPA2,* and *KIF15*(1, 9). Variants were filtered for rarity: ExAC (Exome Aggregation Consortium release 0.3) or gnomAD (Genome Aggregation Database v2.1) population-specific allele frequency <0.0005 for

African/African-American, Latino/Admixed American, Ashkenazi Jewish, East Asian, South Asian, Finnish, and Non-Finnish European subpopulations. Qualifying deleterious variants comprise protein-truncating variants, including frameshift, stop gained, start lost, or a change in the invariant splice acceptor (GU) or splice donor (AG) sequences, and missense variants with predicted damaging effects from the majority consensus of three *in silico* predictors: Polyphen-2 Humdiv(10) damaging, REVEL(11) > 0.5, and PrimateAI(12) > 0.8. Since the *TERC* gene encodes an RNA template as opposed a translatable transcript, rare *TERC* qualifying variants were annotated as "deleterious" if they had previously been reported to be disease-causing or if the variant has a population-specific allele frequency of <0.0005 and disrupts intramolecular base pairing. All variants were cross-referenced with variant databases in ClinVar(13), Human Gene Mutation Database (HGMD)(14), Online Mendelian Inheritance in Man (OMIM)(15). American College of Medical Genetics and Genomics (ACMG) pathogenicity classification(16) was included in ClinVar.

WGS Telomere Length Estimation

To obtain estimates of telomere length from WGS BAM files (WGS-TL), we used Telseq(17) to quantify telomere repeat containing transcripts while adjusting for GC nucleotide content and total number of sequenced reads.

Polygenic risk score (PRS) calculations

To explore contributions of common variants to WGS-TL, we derived polygenic risk scores from 20 common SNPs previously associated with leukocyte telomere lengths(18) using the following formula:

$$
S = \sum_{i=1}^{n} \beta_i X_i
$$

In the weighted score, β*ⁱ* represents the beta coefficient from regression analyses of *n* conditionally independent signals described previously. *Xi* represents the number of effect alleles (1 for heterozygous and 2 for homozygous effect alleles, **Table S4**). Since the original coefficients positively correlated with telomere length, we used the additive inverse (*-1 * S*) to denote risk score for having shortened telomere length. Raw polygenic risk scores ranged from -0.4 to 0.4 and followed a normal distribution with higher scores predicting shorter telomere lengths. Since the raw scores have no intrinsic value they were z-transformed to allow for interpretation of each unit increase in standardized score as one standard deviation increase in raw score.

Generalized Additive Models

We created generalized additive models (GAMs) to test adjusted associations between WGS estimated telomere length (WGS-TL) and common variant polygenic risk scores (PRS) for shortened telomere length. Z-transformed standardized PRS scores were used such that one unit increase corresponded to one standard deviation increase in raw PRS. Each GAM was adjusted for genomic and clinical baseline covariates including age, gender, first two principal components of ethnicity, and presence of rare telomere-related variant (yes/no). We did not make assumptions of linearity of associations between continuous polygenic score and WGS-TL and estimated associations using a nonparametric locally weighted smoothing spline (LOESS). ANOVA for non-parametric effects was used to determine criteria for non-linearity. For independent variables without statistically significant non-linear associations with WGS or qPCR estimated telomere length, a multivariate linear regression was used to estimate effect sizes.

Table S1: Telomere length associated SNPs and effect sizes on telomere length

Summary statistics including beta and p-values from published GWAS on telomere length (https://doi.org/10.1016/j.ajhg.2020.02.006).

Table S2: Demographic characteristics of patient cohorts

ND: No data

*All non-IPF cases had familial pulmonary fibrosis
[#]Asbestosis (1), sarcoidosis (1)

Table S3. Clinical and Genomic Characteristics by QV carrier gene

Abbreviations: WGS-TL (Whole genome sequencing derived telomere length); IPF (Idiopathic pulmonary fibrosis); MAF (minor allele frequency); NS (not significant)

*****Three individuals carry both a telomere-related QV and a non-telomere QV (*SFTPC/TINF2, SFTPC/PARN, KIF15/TERT*) and included in both groups; For privacy reasons, demographic information for one *SFTPA1/2* QV carrier and one *TINF2* QV carrier not shown

† Number of subjects and proportion for each category restricted to the subjects with known family histories: All (n=717), *TERT* carriers (n=53), *TERC* carriers (n=9), *RTEL1* carriers (n=16), *PARN* carriers (n=14), *DKC1* carriers (n=2), *TINF2* carriers (n=1), *NAF1* carriers (n=3), *SFTPC* carriers (n=7), *SFTPA1/2* carriers (n=1), *KIF15* carriers (n=10), No QV (n=603)

Table S4: Rare qualifying variants identified in IPF/FPF

Abbreviations: TL, telomere length; HGVS, Human Genome Variation Society; WGS, whole genome sequencing; HGMD, Human Gene Mutation Database

*Variant found in homozygous state; all other variants are heterozygous
[&]gnomAD v2.1.1 genomes global allele frequency; NA – not found in database
^{\$}Max allele frequency in gnomAD v2.1.1 exomes and ExAC subpopulations: Latino/Admixed American, East Asian, European (Finnish), South Asian; NA – not found in database

ACMG classification of variant in ClinVar; NA – not found in database

^HGMD classification; DM, disease-causing; DM?, probable/possible pathogenic mutation

Three subjects had both a telomere-related QV and a non-telomere-related QV (*TINF2/SFTPC*, *PARN/SFTPC*, *TERT/KIF15*); Both carriers of *DKC1* were male

Human reference genome hg19 used for genomic coordinates

Table S5: Baseline characteristics of subgroup with clinical outcomes

Table S6: Baseline characteristics of subgroup with spirometric data

Figure S1. Predicted ethnicity estimated from principal components of 12k ancestrally informative SNPs. Classification based on probabilities of > 0.75 for each predicted ethnicity. Admixed samples did not reach > 0.75 probability for any specific ethnicity.

Figure S2. Telomere length of qualifying variant carriers by variant type. qPCR in units of ln(t/s). Protein truncating variants includes stop gained, start lost, frameshift, and splice donor/acceptor site variation. Compared to non-carriers ***p<0.001, **p<0.01, *p<0.05 by Dunnett's test for pairwise comparison with multiple comparison correction.

Figure S3. Telomere length of telomere-related qualifying variant carriers by ACMG classification. Genes included are *TERT, TERC, RTEL1, PARN, DKC1, TINF2, NAF1*. Compared to non-carriers ***p<0.001 by Dunnett's test for pairwise comparison with multiple comparison correction.

Figure S4. STROBE diagram of genetic, survival, and progression analyses.

Figure S5. Forced vital capacity decline by genomic factors. The first quartile (Q1) for the WGS-TL and qPCR-TL represents those with the shortest telomere lengths. The first quartile (Q1) for the polygenic risk score represents those genetically predicted to have the shortest telomere lengths.

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