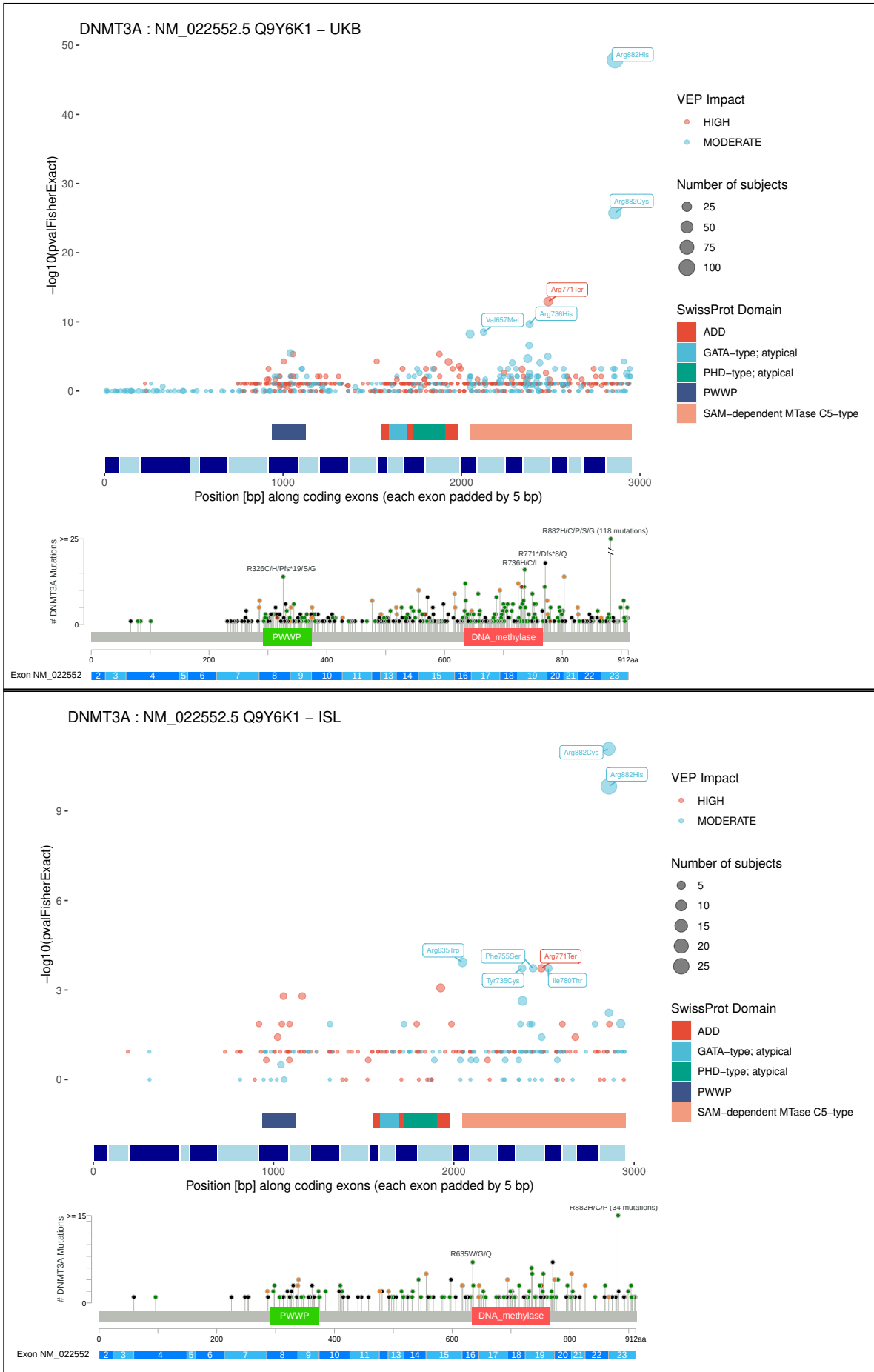




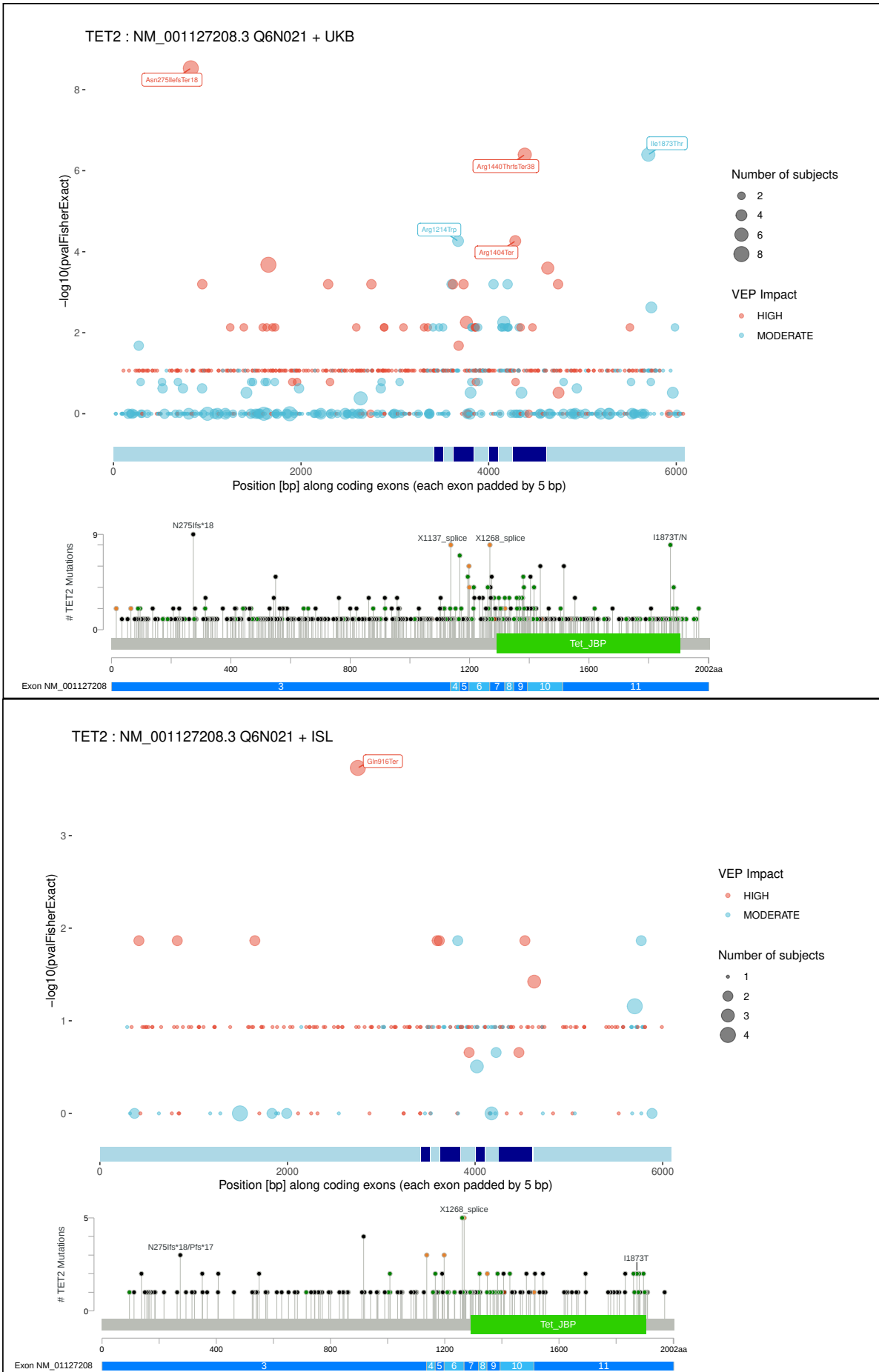
Genetics and epidemiology of mutational barcode-defined clonal hematopoiesis

In the format provided by the authors and unedited

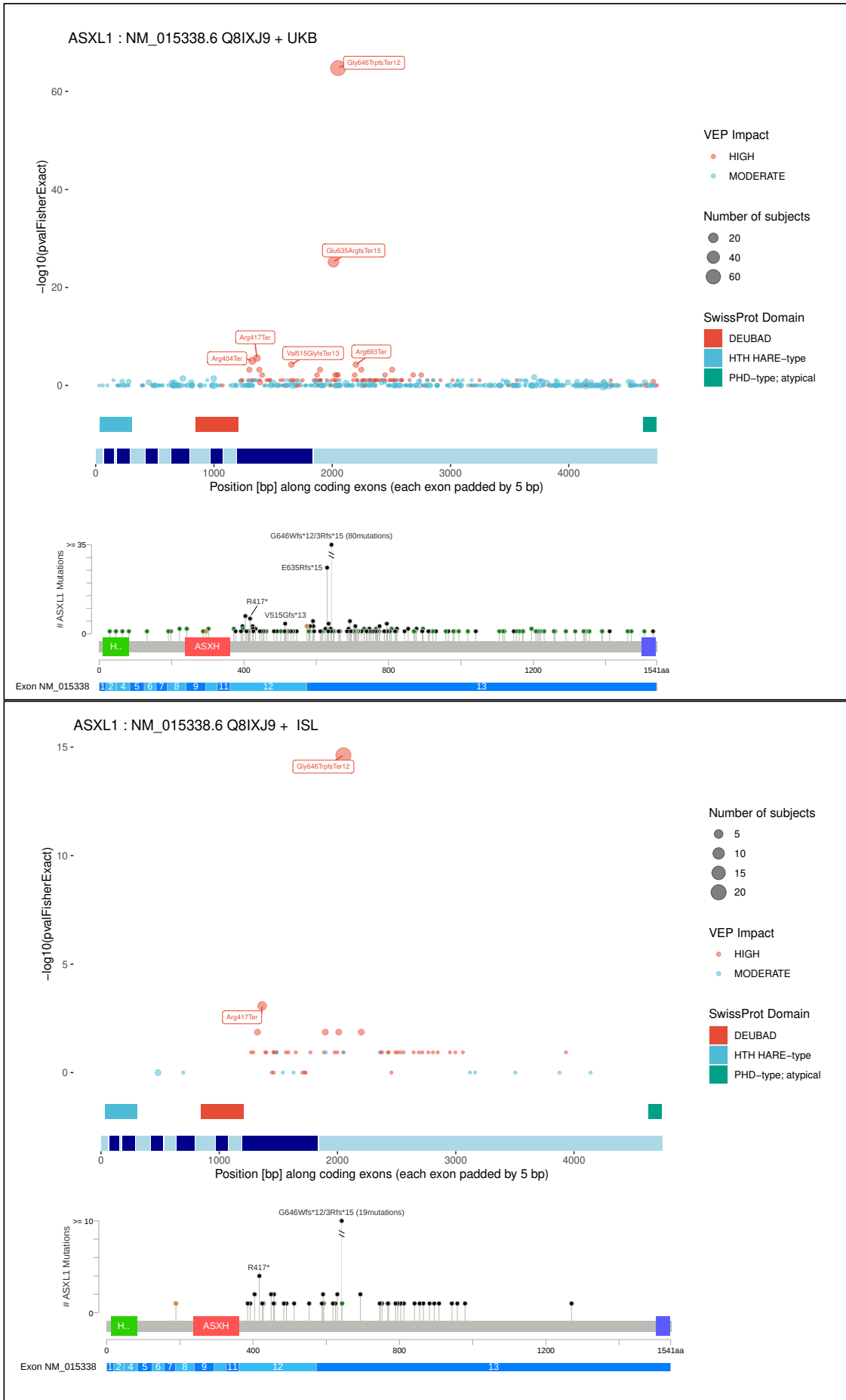
Panel A



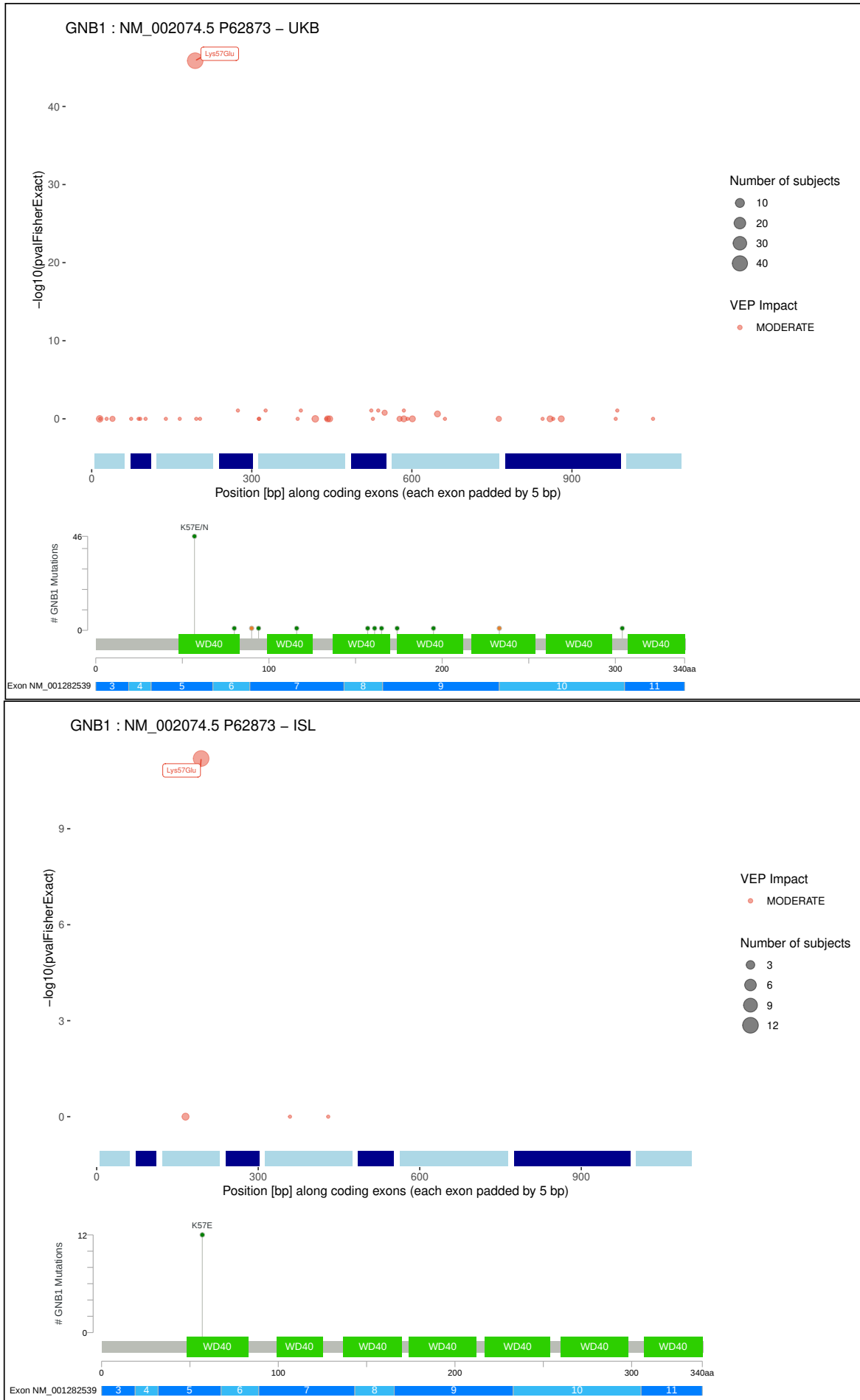
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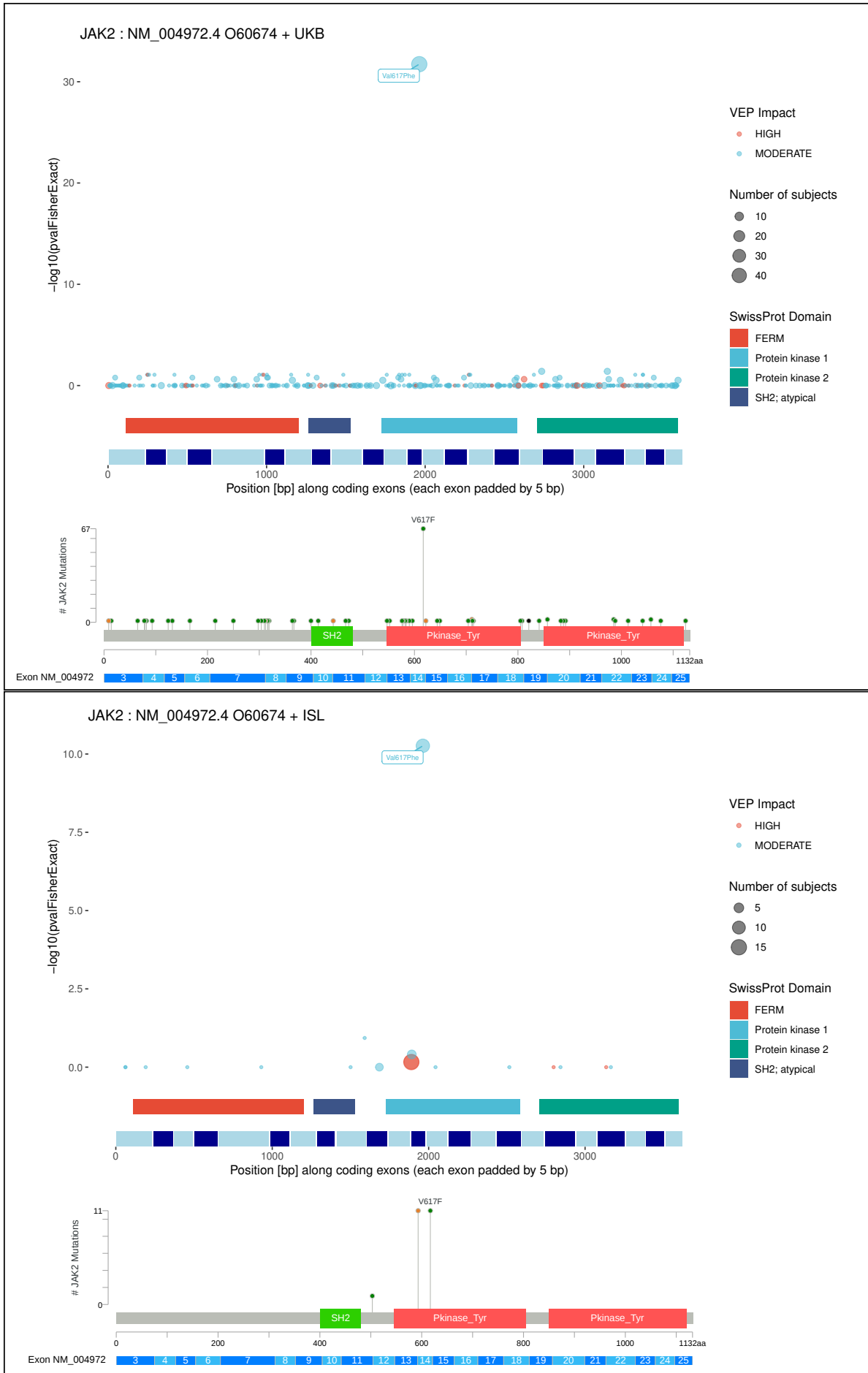
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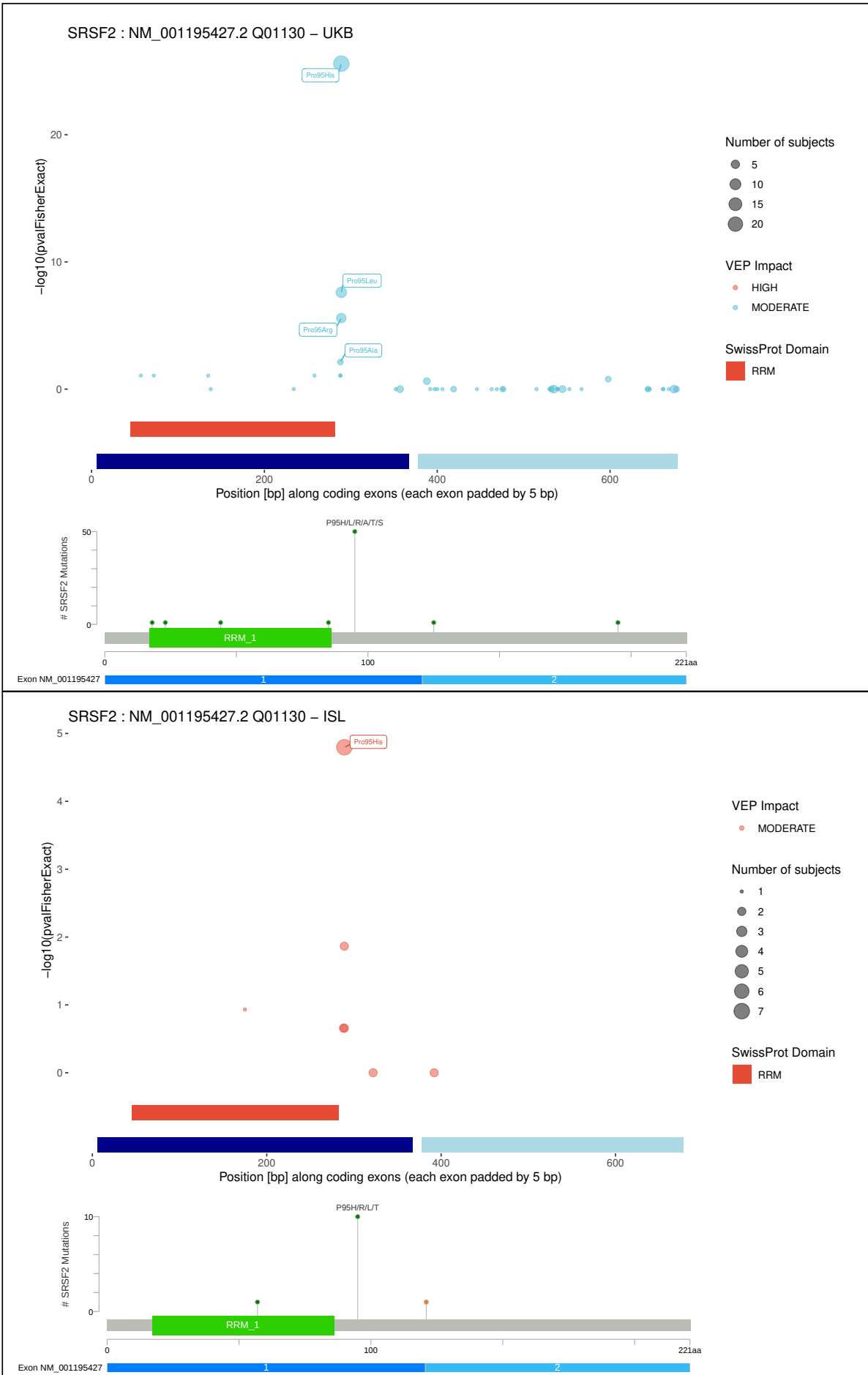
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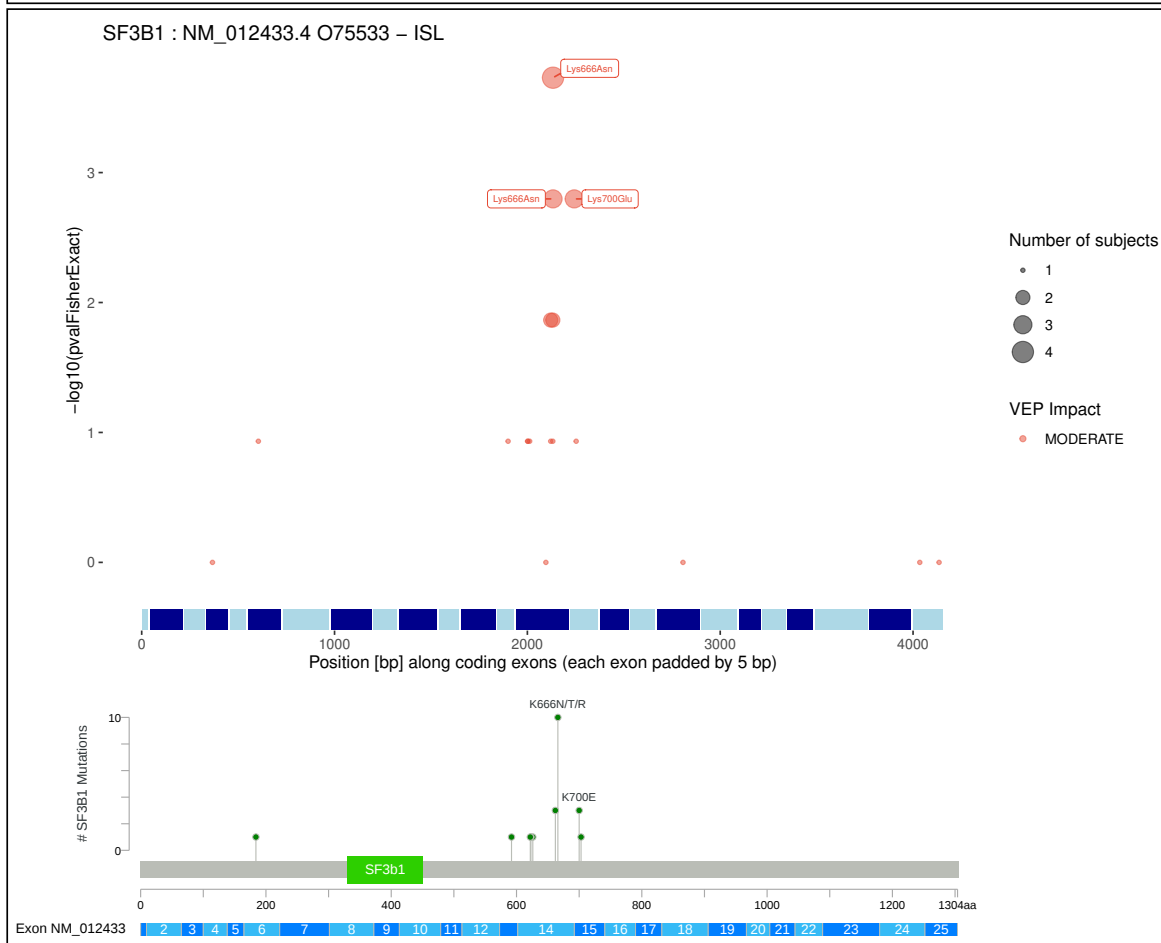
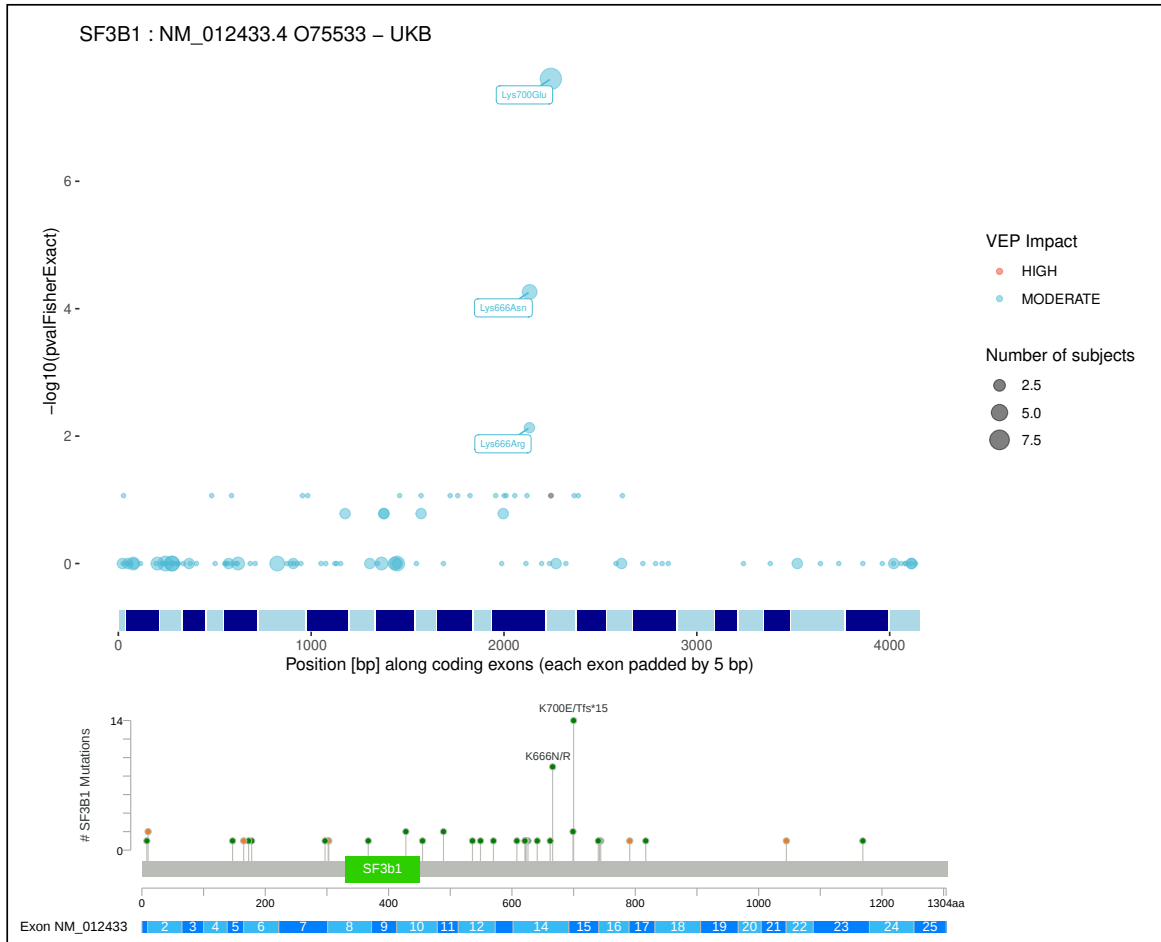
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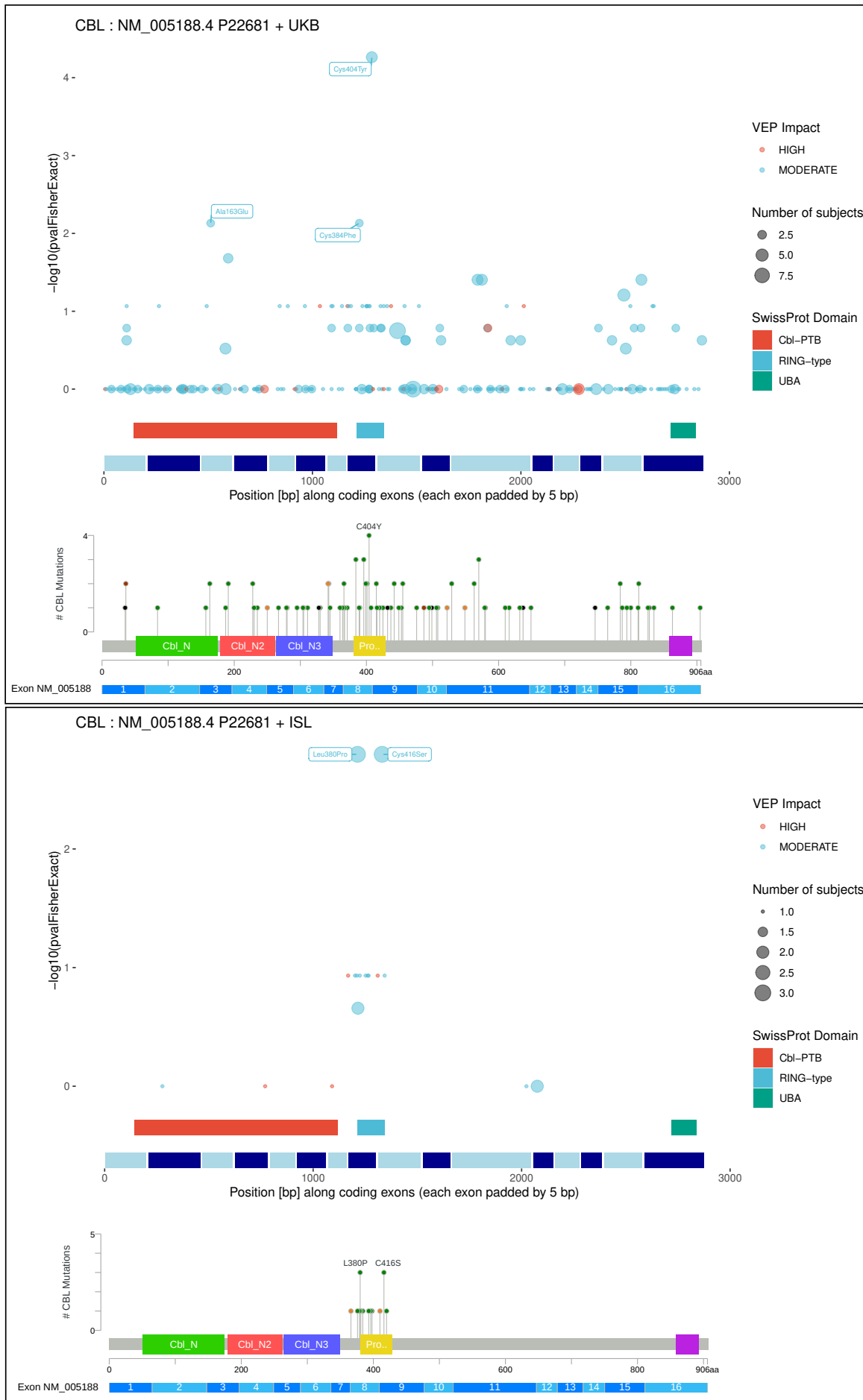
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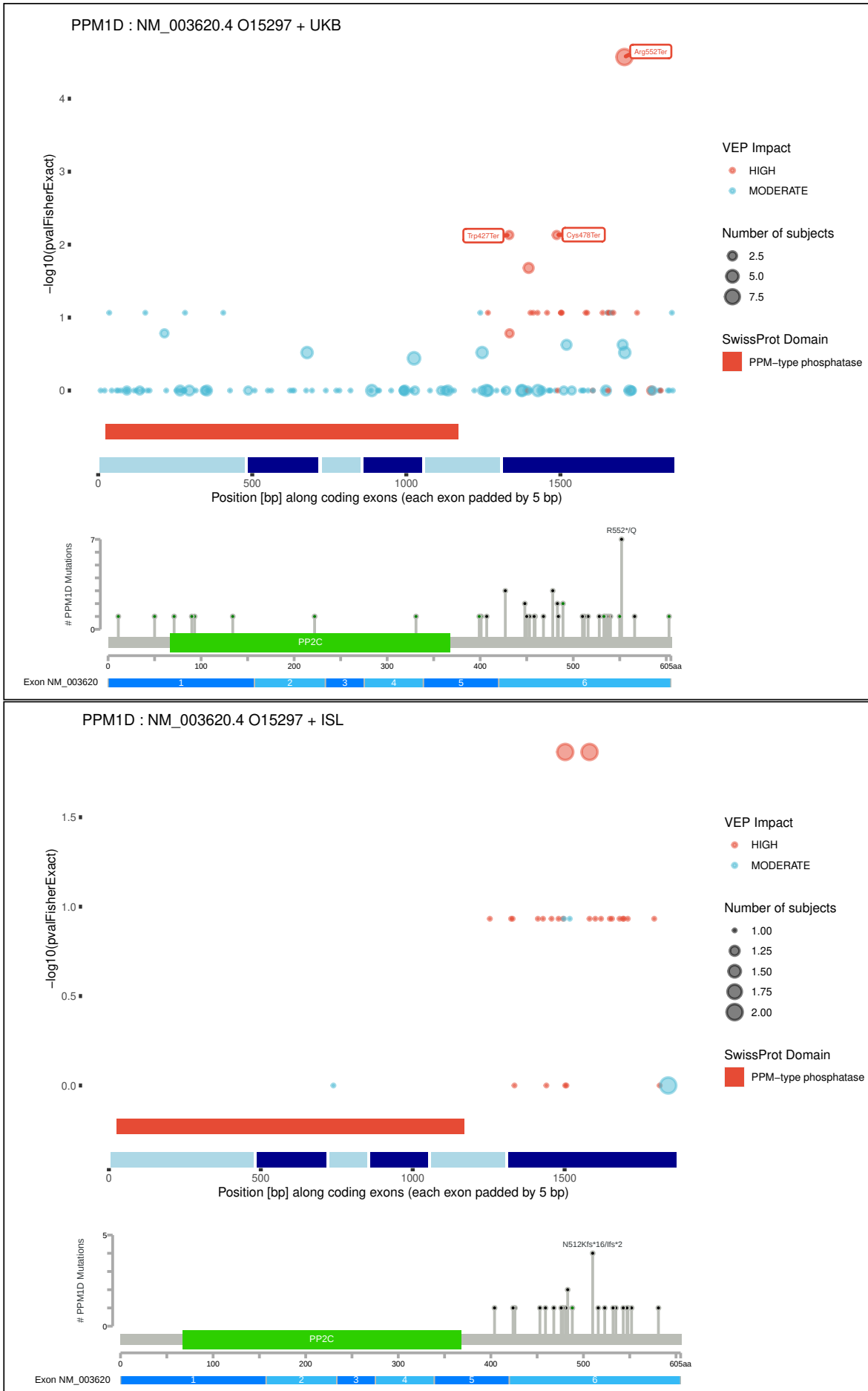
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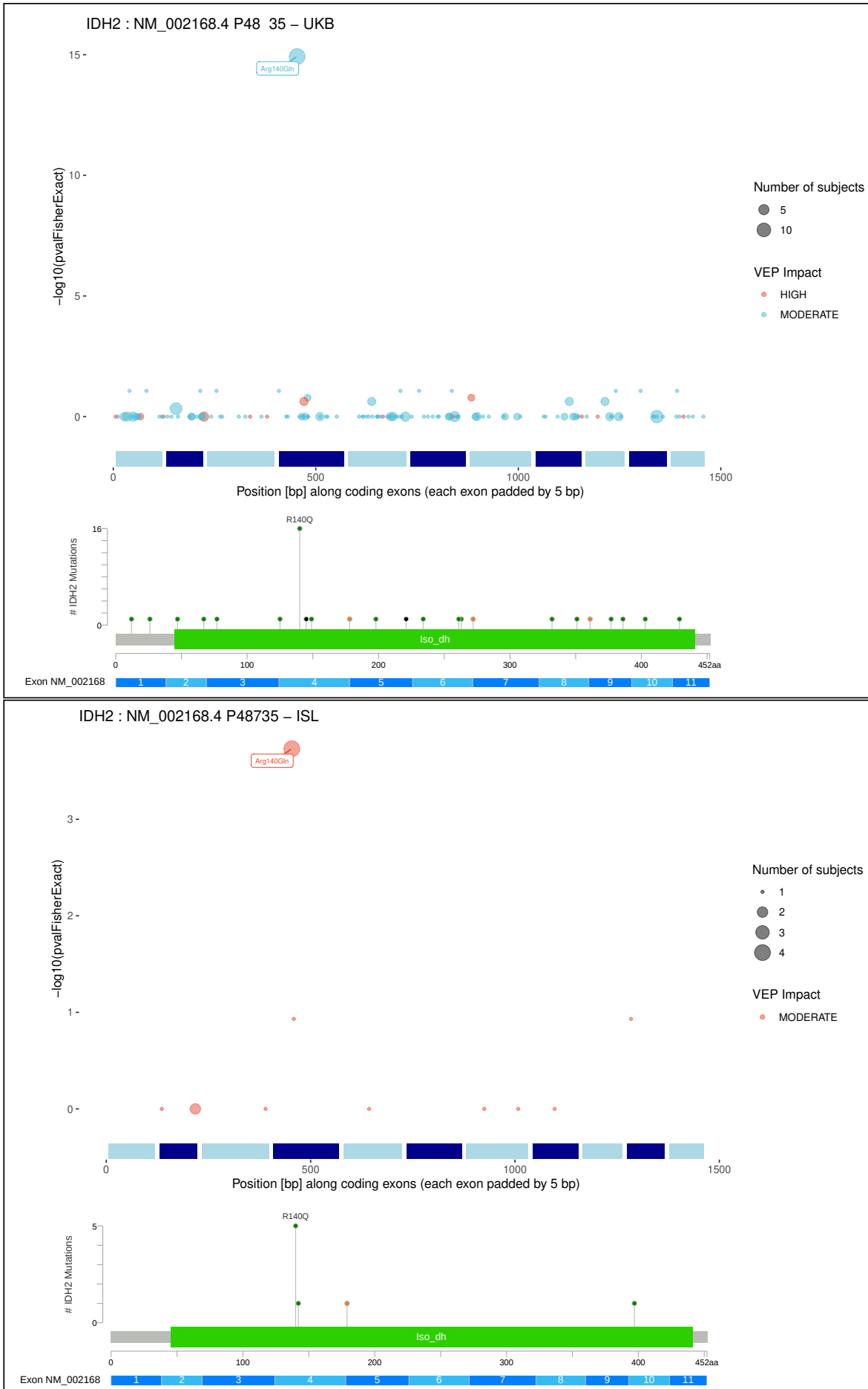
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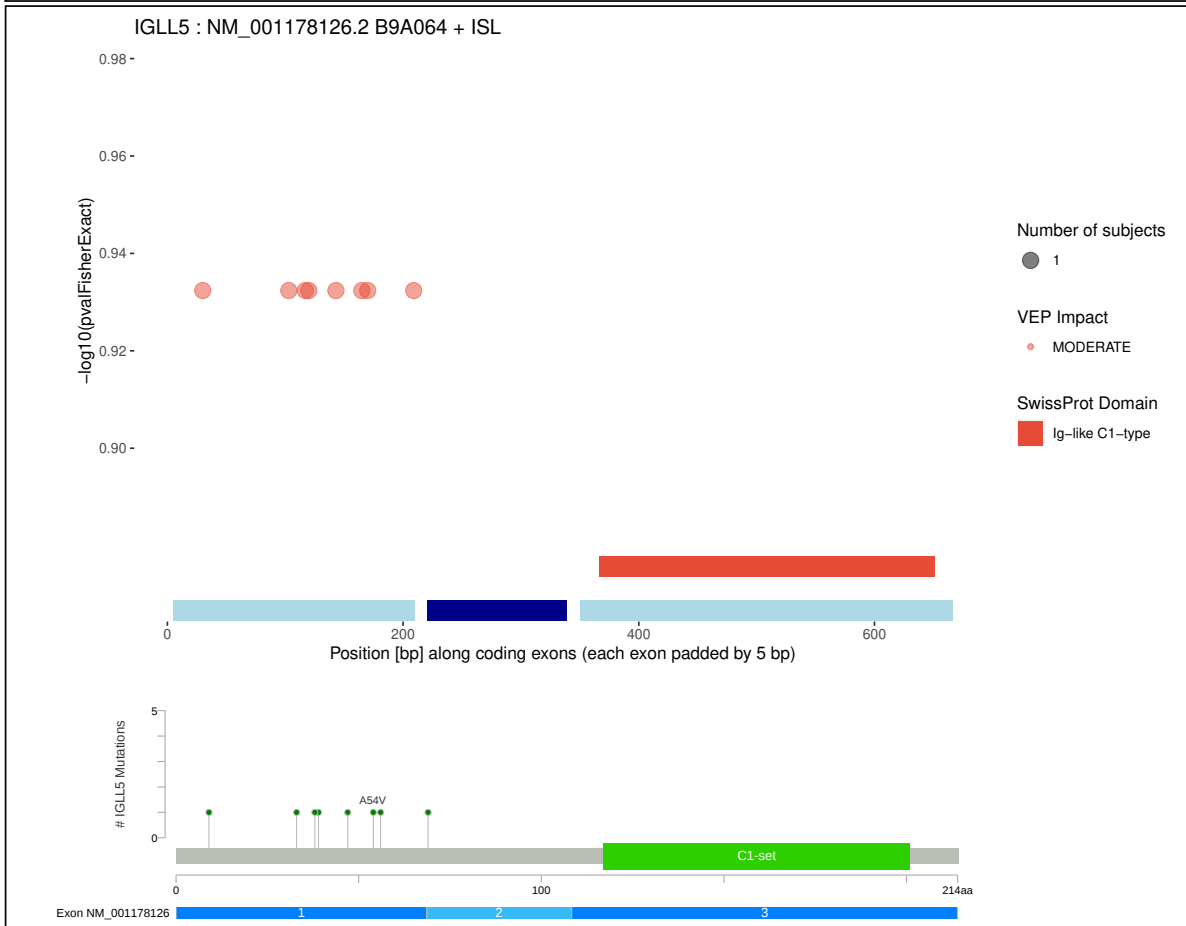
Panel I



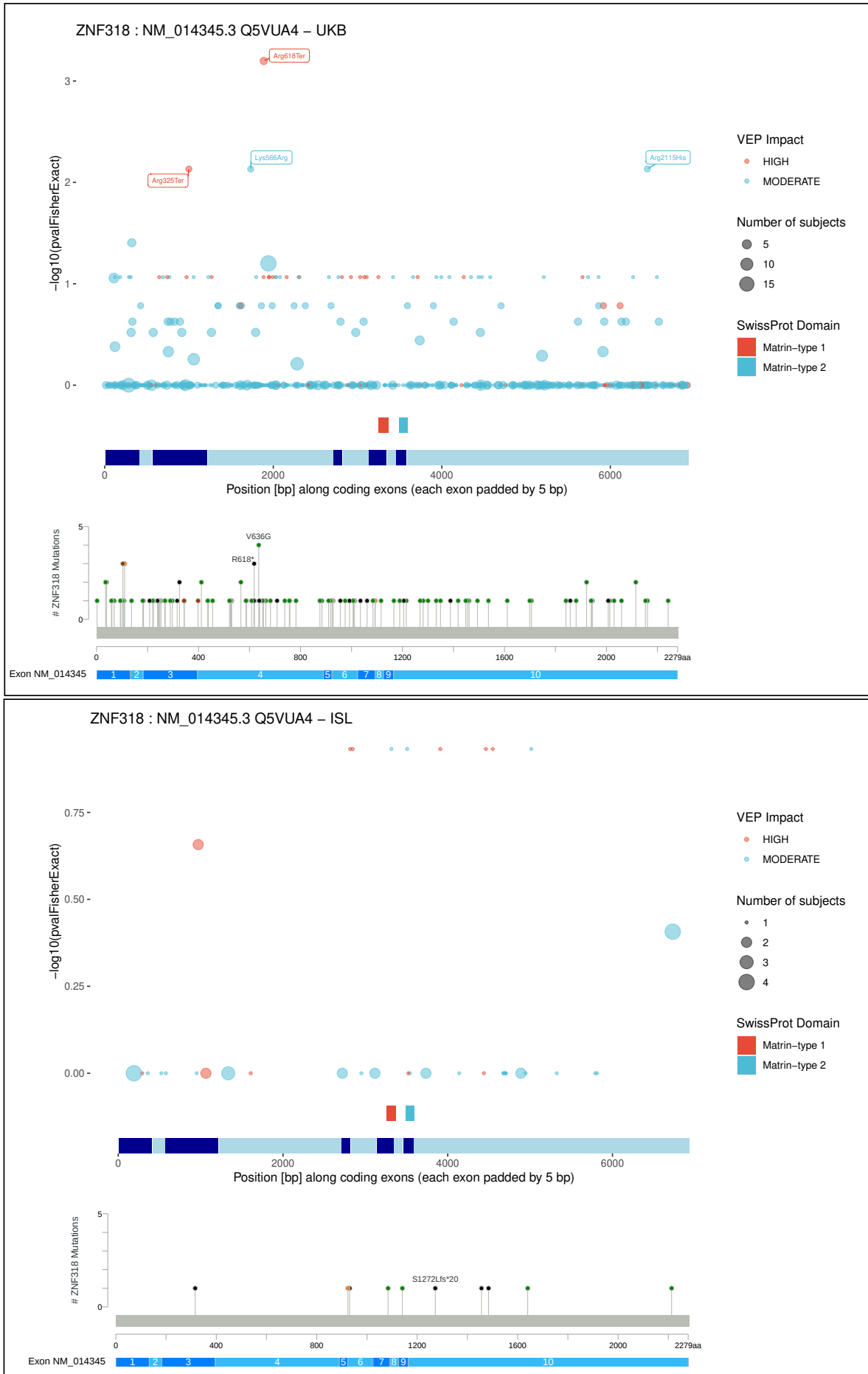
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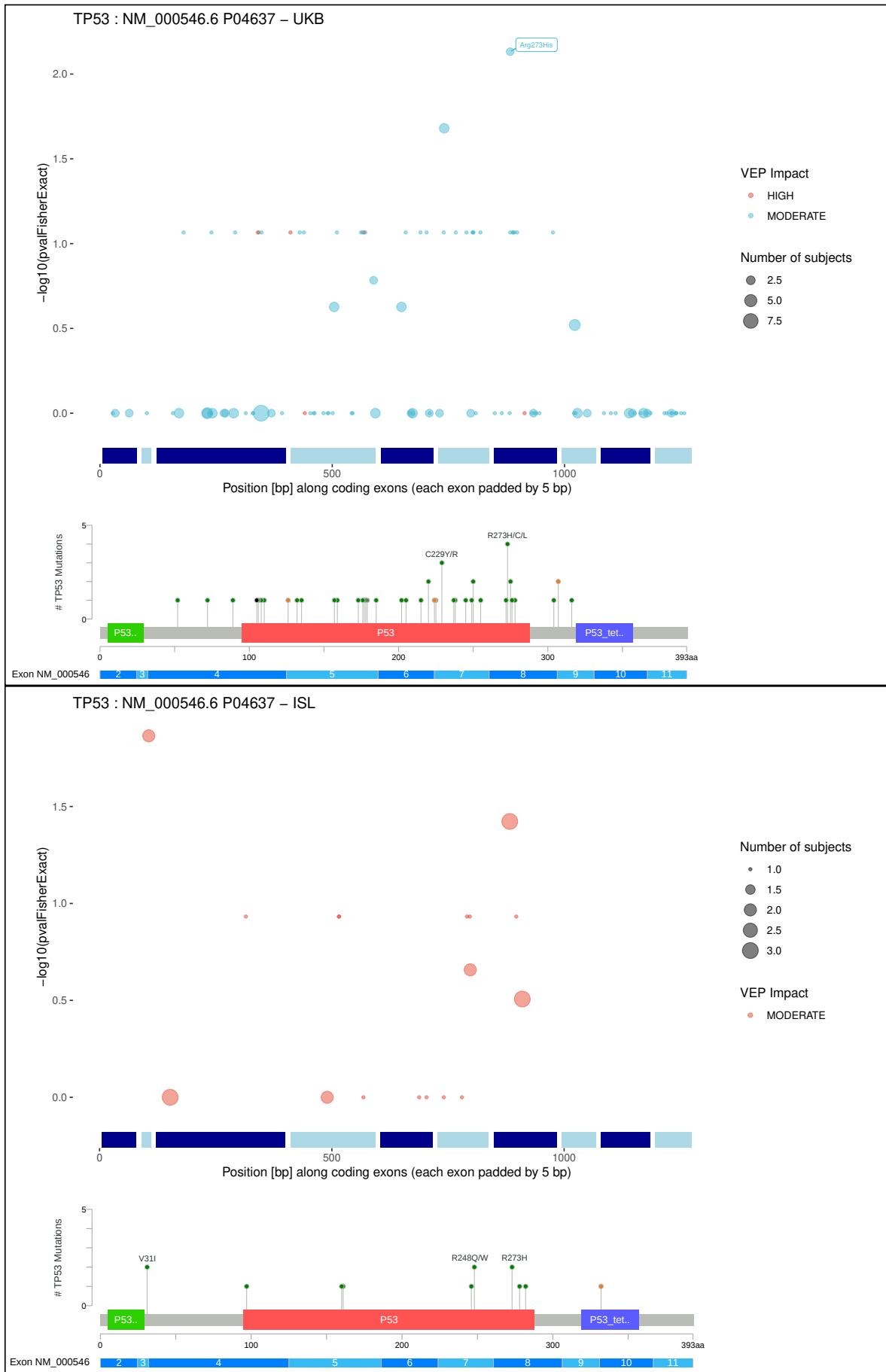
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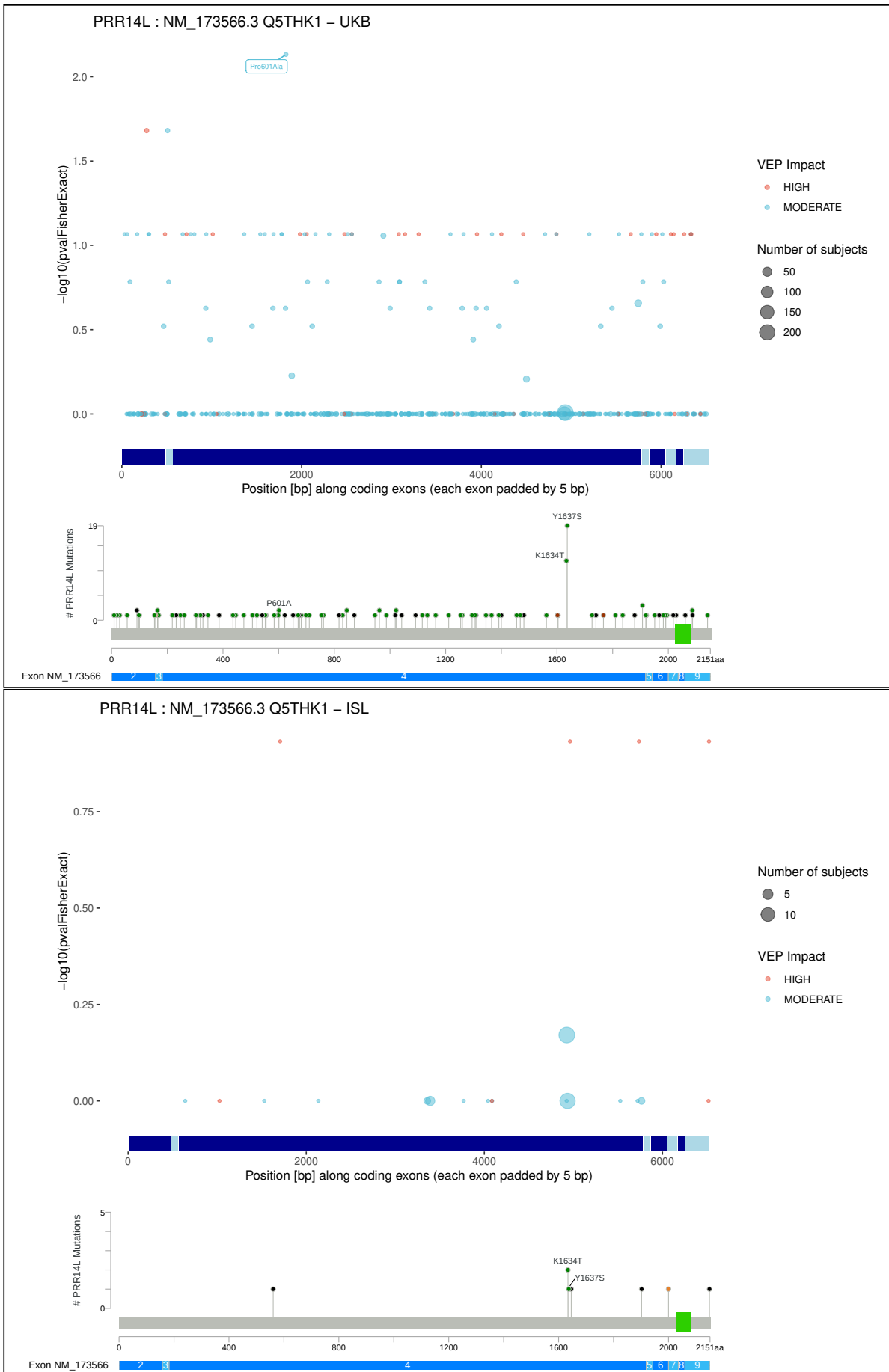
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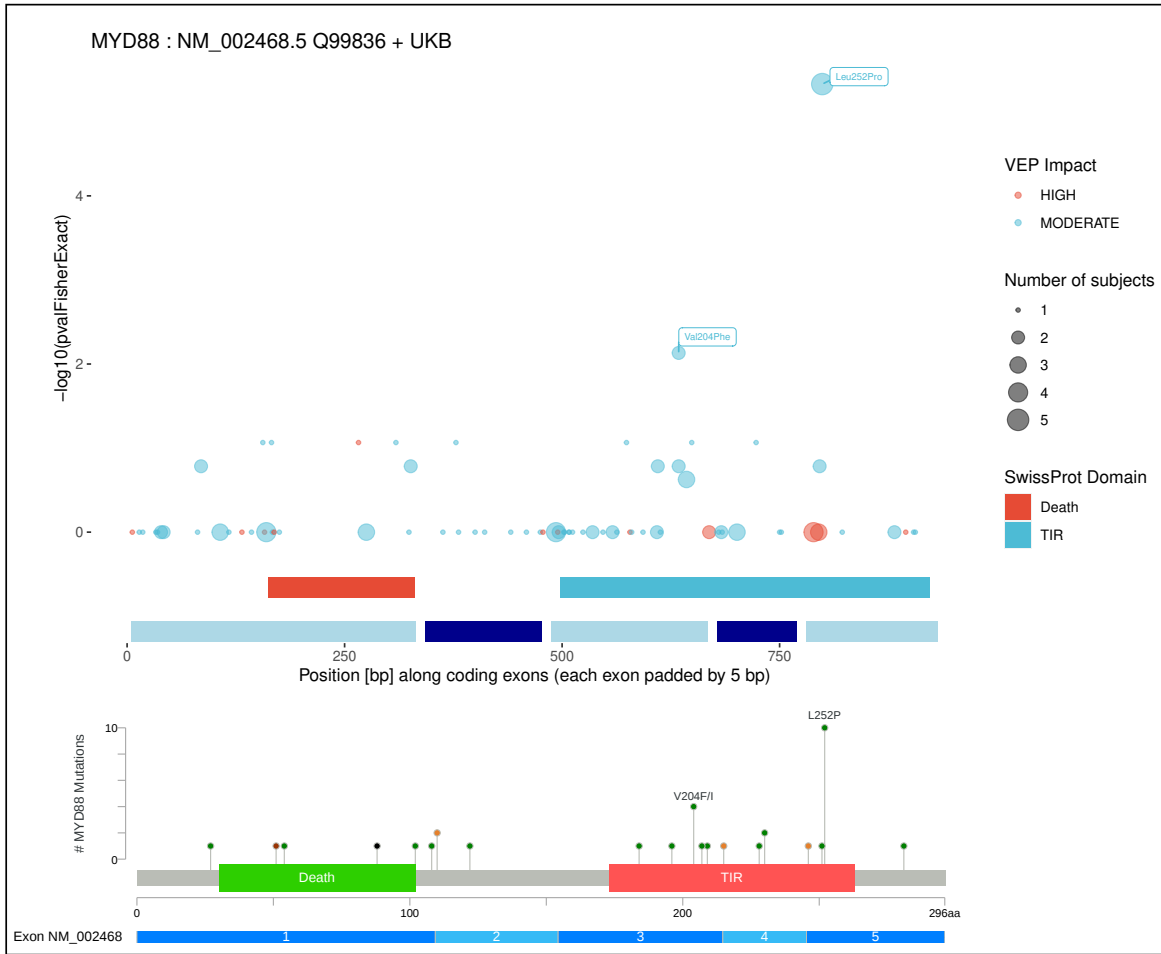
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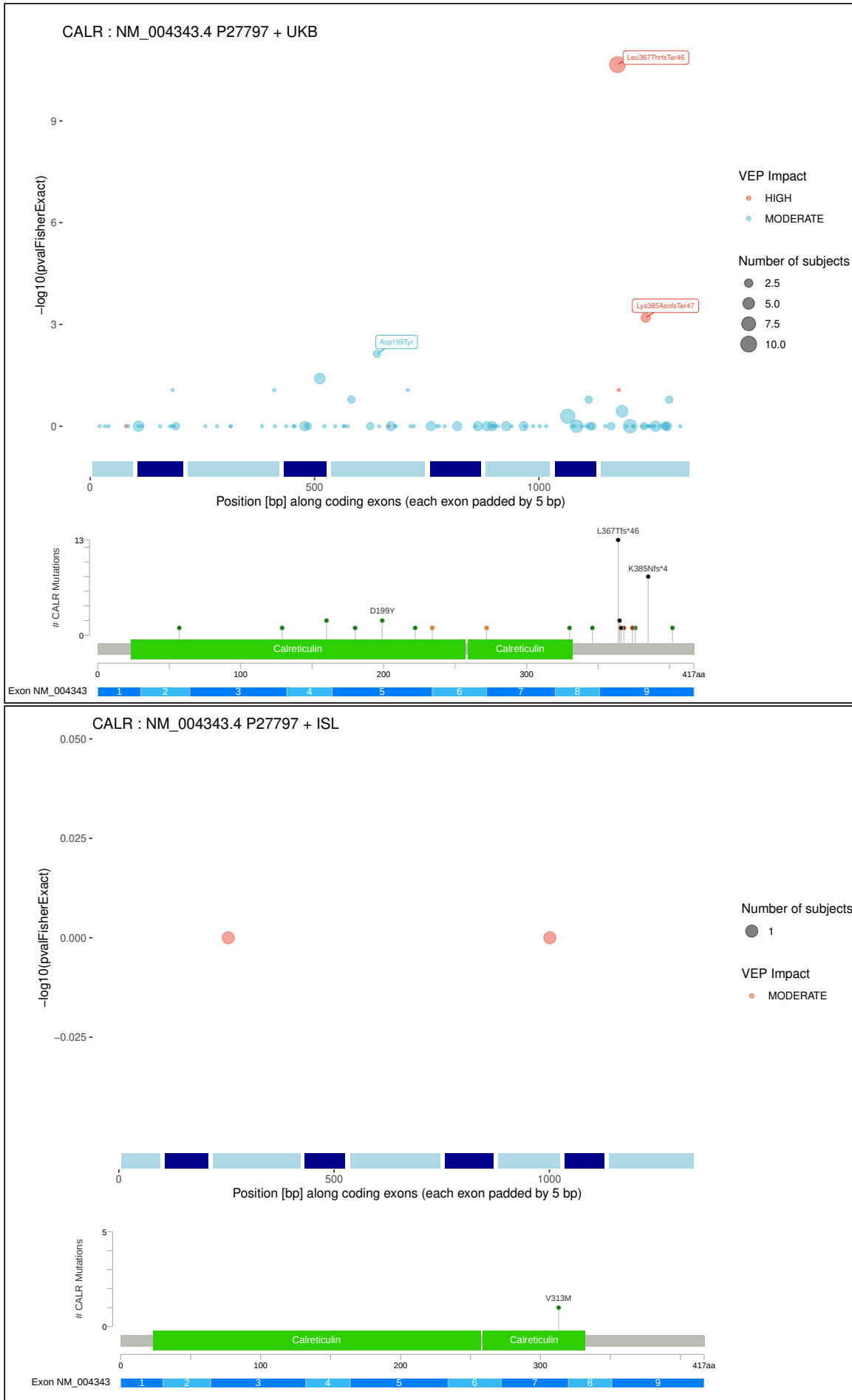
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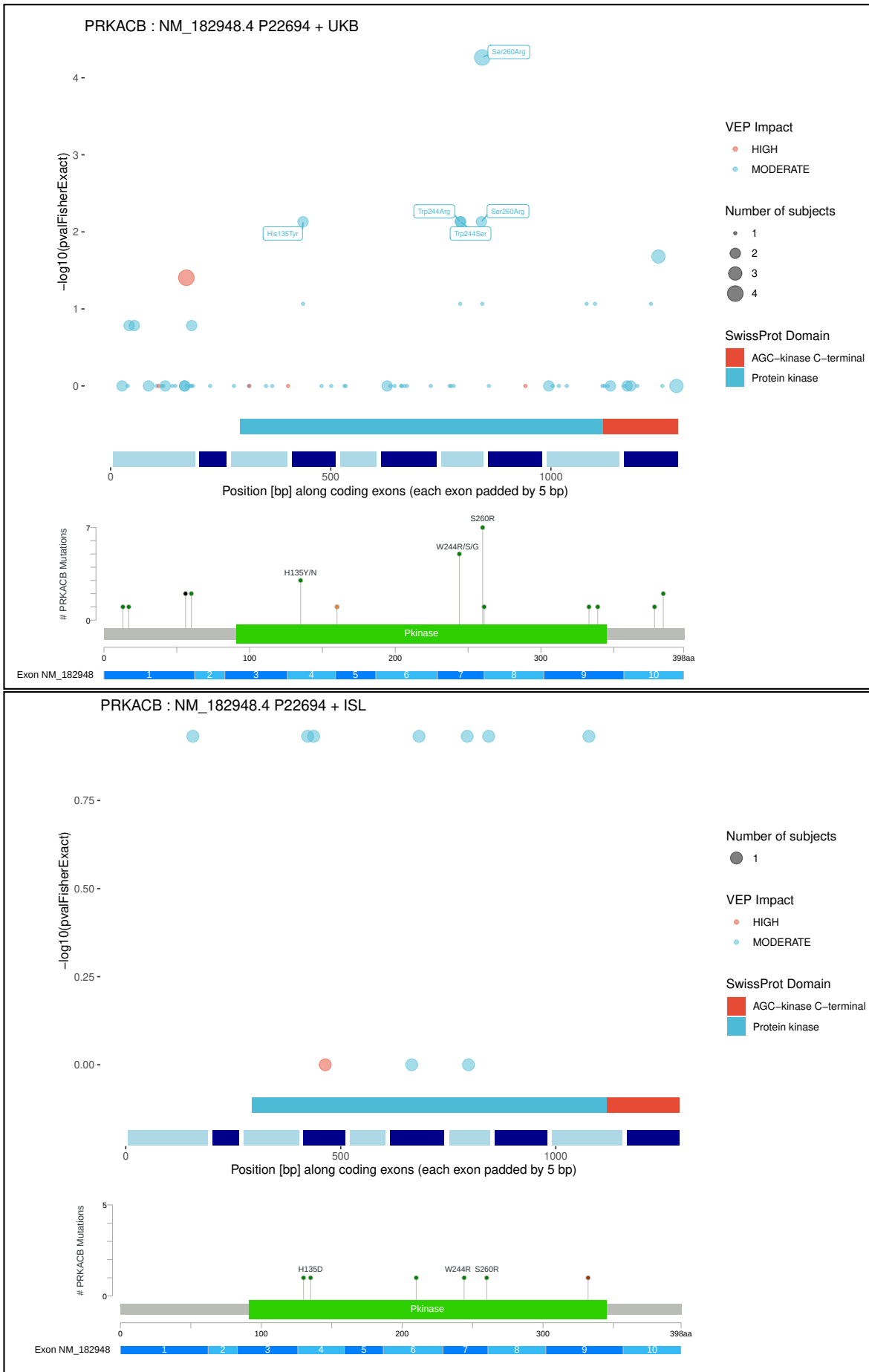
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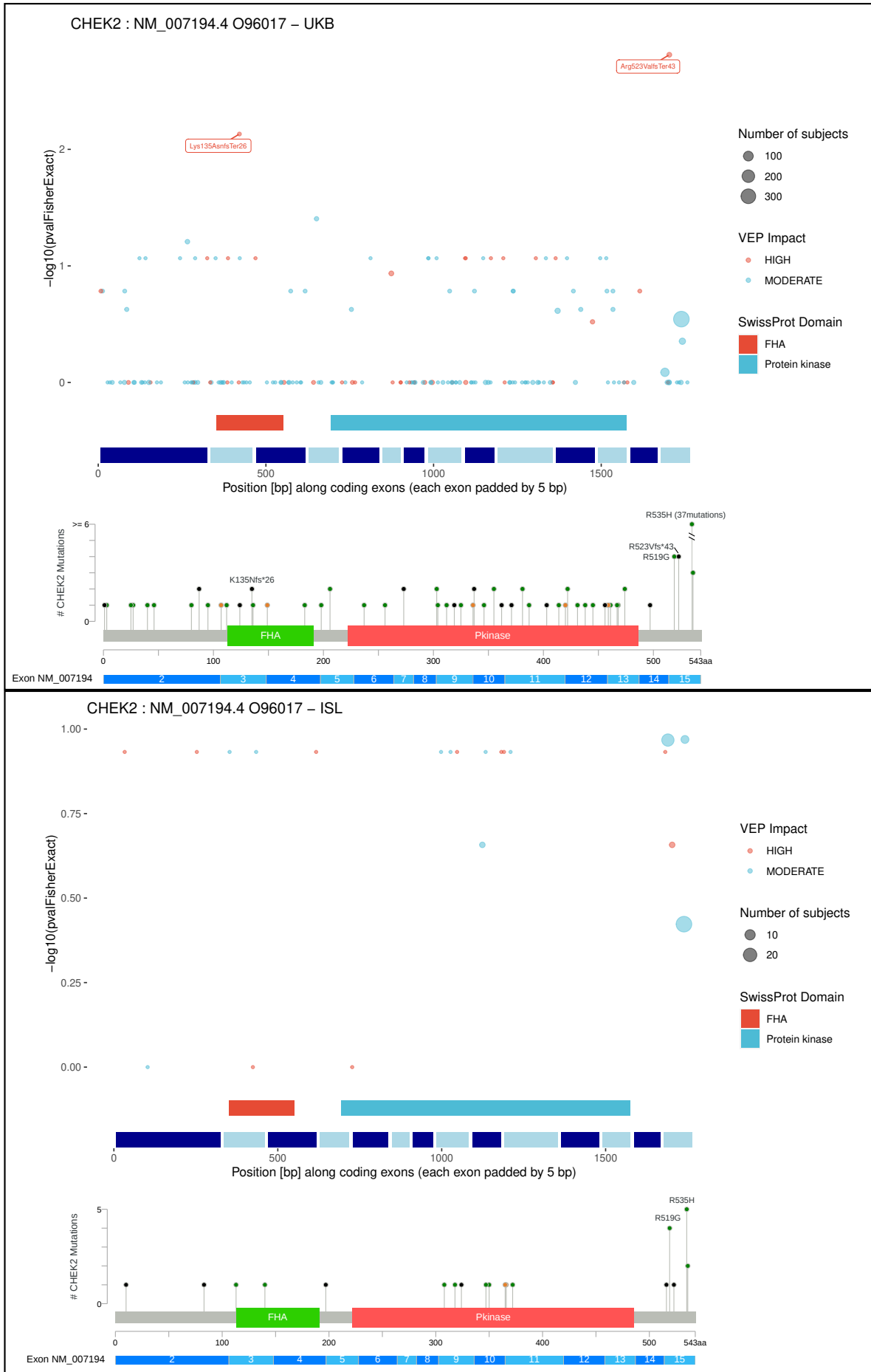
Panel P



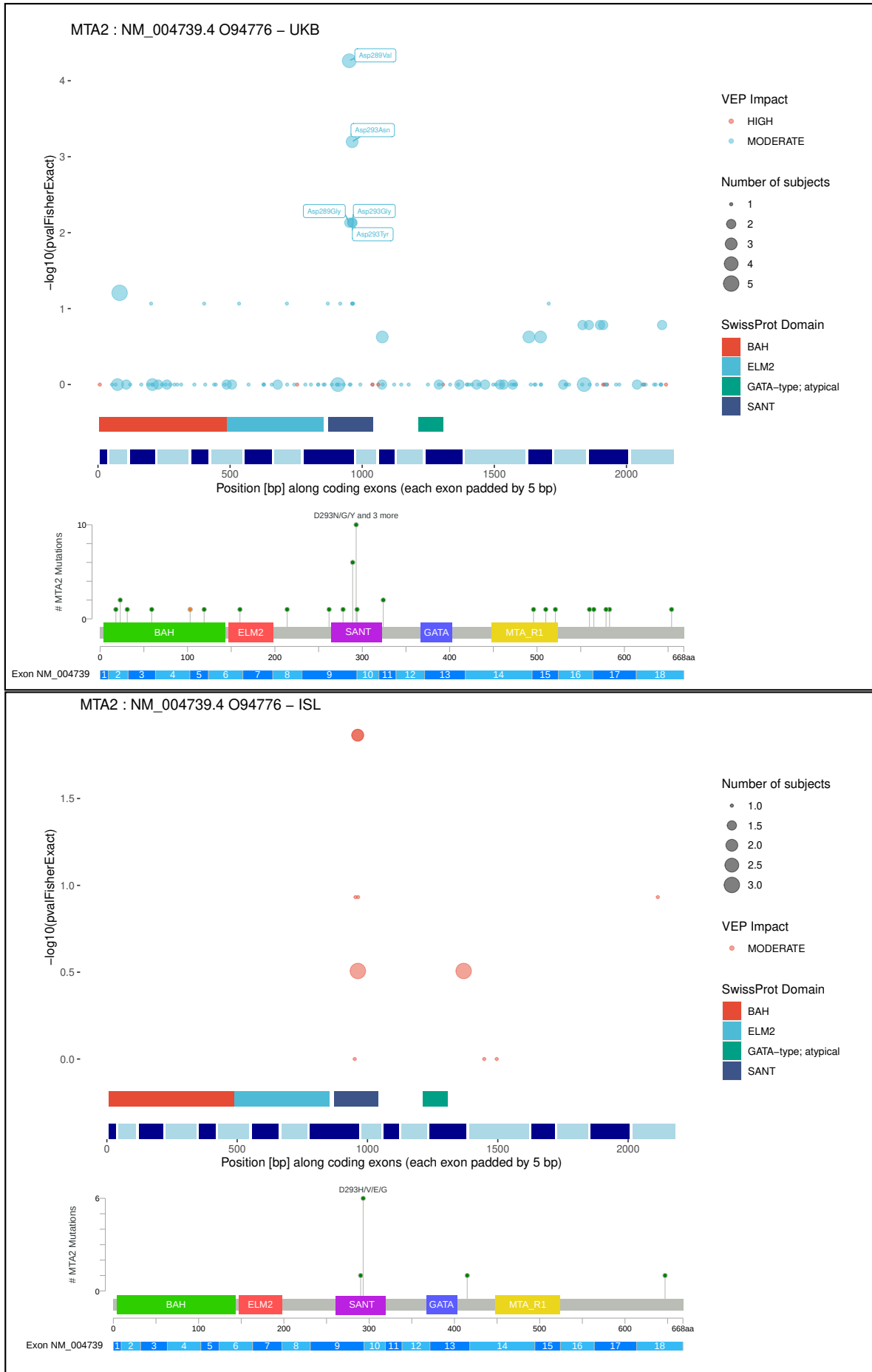
Panel Q



Panel R



Panel S



Supplementary Figure 1 | Association of somatic mutations with CH.

The upper section of each box shows a plot of Fisher Exact association test results for individual mutations in the gene indicated. The y-axis corresponds to the $-\log_{10}$ P-values. Diameter of the circles indicates the total number of subjects with the mutation (CH cases + controls). SwissProt domain and exon structure of the gene shown below the plot. The lower section of each box shows Lollipop plots of the counts of somatic mutations seen in CH cases. Green lollipops are missense, black are frameshifts and orange are splice mutations. PFAM domain and exon structures are shown below each plot. For each gene, data from UKB and ISL are shown on separate plots. In addition to what is mentioned in the main text, we note that the pattern of mutations in *TET2* was dominated by nonsense/frameshift mutations spread throughout the gene (Panel B). Nevertheless there were recurrent missense mutations concentrated in or near the Tet_JBP Oxygenase domain, notably at Ile1873 ($P=4.0 \times 10^{-7}$ for Ile1873Thr, UKB, FE). For *JAK2*, the CH association was entirely driven by Val617Phe ($P=1.9 \times 10^{-32}$, UKB, FE, Panel E) which has a known, strong association with Myeloproliferative Neoplasia (MPN)¹.

We note that germline *CHEK2* mutations predispose to MPN and CLL²⁻⁴, but somatic *CHEK2* mutations are not well recognized as CH drivers. We saw CH associations with both high and moderate impact somatic mutations in *CHEK2* in both ISL and UKB (Panel R and Supplementary Table 5). The individual mutations giving the strongest signals were the frameshifts Arg523ValfsTer43 and Lys135AsnfsTer26. These are different from the germline CH predisposition variant (Thr367MetfsTer15 [i.e. 1100delC]) that we found in the CH GWAS and they occurred in different individuals.

Supplementary Figure References

1. Szybinski, J. & Meyer, S. C. Genetics of Myeloproliferative Neoplasms. *Hematol. Oncol. Clin. North Am.* **35**, 217–236 (2021).
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3. Janiszewska, H. *et al.* A risk of essential thrombocythemia in carriers of constitutional CHEK2 gene mutations. *Haematologica* **97**, 366–370 (2012).
4. Rudd, M. F., Sellick, G. S., Webb, E. L., Catovsky, D. & Houlston, R. S. Variants in the ATM-BRCA2-CHEK2 axis predispose to chronic lymphocytic leukemia. *Blood* **108**, 638–644 (2006).