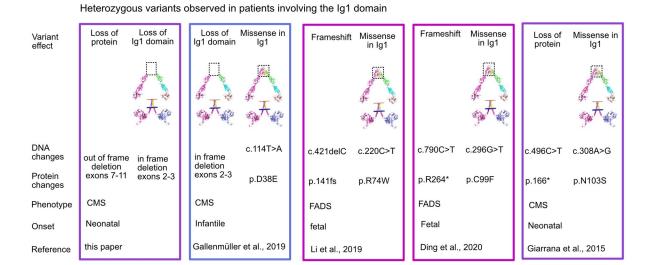
#### **Supplemental information**

### The severity of MUSK pathogenic variants

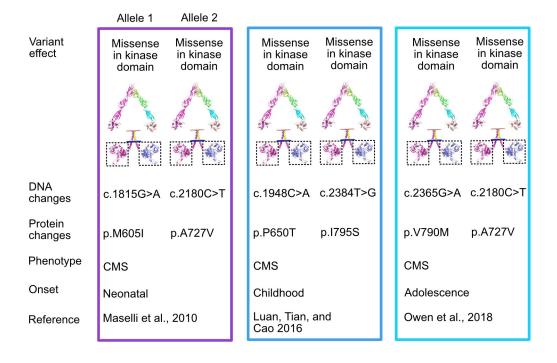
### is predicted by the protein domain they disrupt

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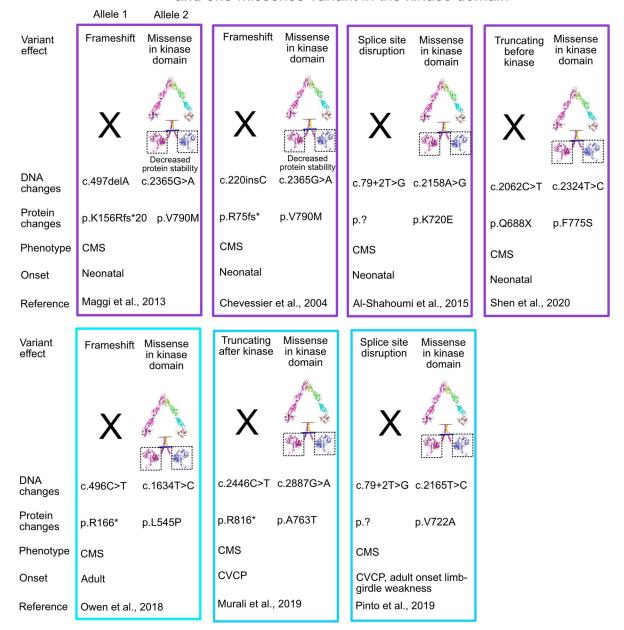
Supplemental Figure 1: Compound heterozygous allele combinations with missense variants in the Ig1 domain. Five allele combinations in compound heterozygosity involve the Ig1 domain. They all result in fetal or neonatal presentation, with the exception of the p.N103S which has a variable presentation (observed as neonatal, infantile, adolescent, and adult). Two cases have been reported with the in-frame deletion of Ig1. The p.R74W and p.C99F allele, when in combination with a null allele, result in FADS. The p.N103s allele is the most variable and most common pathogenic allele observed in the cohort.

## Compound heterozygous variants observed in patients with biallelic missense variants in the kinase domain



**Supplemental Figure 2: Compound heterozygous allele combinations with missense variants in the kinase domain.** Three combinations of variants were observed with two separate missense variants in the kinase domain. The p.A727V appeared in both a neonatal case in combination with p.M605I and an adolescent case with p.V790M, suggesting that either (1) the p.M605I is a more severe variant or (2) additional genetic or environmental modifiers were present in the patients reported. The p.V790M, when paired with a null allele, leads to neonatal onset CMS (Supplemental Figure 3).

### Heterozygous variants observed in patients with one loss of MuSK and one missense variant in the kinase domain



# Supplemental Figure 3: Compound heterozygous allele combinations with one null and one missense variant. The most common allele class observed in compound heterozygous patients is one

null and one missense allele (11/15 observations). Patients with one null allele and one kinase missense variant had variable phenotypes from neonatal CMS to isolated CVCP. Even residues that are very close in space (p.V722A and p.K720E) had disparate clinical presentations.

Gene	DNA	Protein	Zygosity	dbSNP rsID	Variant	Related
	change	change			interpretat	Disease
					ion	(inheritance)
MUSK	Deletion	Premature	Heterozygous	N/A	Pathogenic	Congenital
	exons 7-11	stop codon			(maternally	Myasthenic
					inherited)	Syndrome (AR)
MUSK	Deletion	In frame	Heterozygous	N/A	Pathogenic	Congenital
	exons 2-3				(paternally	Myasthenic
					inherited)	Syndrome (AR)
MUSK	c.667G>A	p.Val223lle	Heterozygous	rs774463260	Uncertain	Congenital
					significance	Myasthenic
					(paternally	Syndrome (AR)
					inherited)	
CHRND	c.68A>T	p.Asn23lle	Heterozygous	Not reported	Uncertain	Congenital
					significance	Myasthenic
						Syndrome (AR)
HNRNPDL	c.273A>G	Silent	Heterozygous	rs372961029	Uncertain	Limb girdle
		mutation			significance	muscular
						dystrophy (AD)
SPEG	c.3017G>A	p.Arg1006His	Heterozygous	rs571127512	Uncertain	Centronuclear
					significance	myopathy (AR)
GAA	c.2065G>A	p.Glu689Lys	Heterozygous	rs1800309	Benign	Pompe Disease
					(Pseudodefic	(AR)
					iency allele)	

**Supplemental Table 1:** Results from a comprehensive neuromuscular panel revealed two pathogenic variants in *MUSK*, four variants of uncertain significance, and a benign pseudodeficiency allele in *GAA* were detected. This result is consistent with a diagnosis of *MUSK*-related CMS.