

**Online Data Supplement:
Effects of Gender and Age of Diagnosis on Disease Progression in Long-term Cystic
Fibrosis Survivors**

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Genotype, phenotype, and demographic characteristics of the NJH population of CF patients over age 40 years

A retrospective chart review was conducted to identify older CF patients diagnosed, evaluated or followed within the Colorado CF Center and at National Jewish Health (formerly National Jewish Medical and Research Center, Denver, Colorado). Clinical records of the Adult CF Program between 1992 and 2008 (475 patients) and the Infectious Disease Division (2822 patients) were reviewed. A cohort of 156 individuals over age 40 years at the time of last contact was analyzed. All patients included in the analysis were referred due to chronic airway infection and/or bronchiectasis, which is a characteristic clinical features of CF lung disease(1). All patients also had sweat chloride measurements diagnostic for CF (on two separate occasions) or identification of two *CFTR* mutations or variants. *CFTR* genotyping was performed in the context of clinical care over a span of nearly 20 years, thus a variety of different screens were utilized, although many patients had full sequencing of the gene. Of patients included in the Colorado database, 43.6% had two of the 23 *CFTR* mutations conclusively identified as disease causing (2), 35.9% had one disease causing mutation in association with a second variant of unknown significance, 5.1% had two mutations or variants of unknown significance, 9.6% had only a single *CFTR* mutation identified, and 5.8% did not undergo genotyping (**Supplemental Table E1**). For the purpose of analysis based on age of diagnosis, the childhood diagnosis (CD) was defined as patients diagnosed at age 10 or younger, while the adult diagnosis (AD) was defined as diagnosis at age 18 or older. Patients diagnosed between the ages of 10 and 18 (n=6) were not included in further analysis.

Phenotypic consequence of 5T splicing variants in long-term CF survivors

An abbreviated tract of five contiguous thymidines (5T) within the polythymidine locus (Tn) of intron 8 (IVS8) in *CFTR* occurs in nearly 10% of the population. When the 5T allele causes skipping of exon 9 transcription, reduced functional *CFTR* protein is formed (3), occasionally resulting in non-classic CF

when *in trans* with a disease causing *CFTR* mutation (4-8). The level of normal *CFTR* transcripts has been shown to correlate with the severity of pulmonary disease (9). However, penetrance of the 5T is incomplete and varies significantly between individuals (10), and even between organs of the same individual (9). In particular, the level of normal transcripts in epididymal epithelial cells is lower than the nasal epithelium, consistent with the presentation of CBAVD in the setting of subclinical lung airway disease (9). In populations of children and young adults, the presence of a 5T allele *in trans* with a known CF-causing mutation has been associated with a wide range of disease severity, but in the vast majority of cases appears to be clinically inconsequential. In the Colorado database, 20 individuals were identified with a 5T allele (**Supplemental Table E2**). From the CFF Registry, only 12 additional patients were identified, and were less completely characterized (not shown). The most common accompanying mutation was DF508 (10/20). It is known that the DF508 mutation occurs exclusively on a 9T-10TG background (11), thus patients who are carriers for DF508 and have the IVS-8 genotype 5T/9T have the 5T *in trans* with DF508 (12). In 11 of the NJH subjects, the presence of additional exonic mutations was ruled out by direct sequence analysis of all the coding exons and their corresponding splice junction sites, as well as the promoter region of the *CFTR* gene. In the remainder of the samples, the presence of common *CFTR* mutations was ruled out by various commercially available screening tests. All of these patients were diagnosed as adults (median age 54.5 yrs). Each patient had phenotypic evidence of airway disease, predominantly bronchiectasis (17/20), or sinusitis (11/20), and all underwent extensive testing to eliminate a range of other immunodeficiency disorders. In addition, all had at least one respiratory tract pathogen, including characteristic CF infections such as mucoid or nonmucoid *P. aeruginosa* (9/20) and *S. aureus* (9/20), as well as nontuberculous mycobacteria (14/20).

Four individuals in the NJH cohort were found by screening to have a 5T and 7T in combination with R117H (**Supplemental Table E2**). The age of diagnosis for these subjects ranged from 52-75 years,

and all had bronchiectasis. None of these four patients had direct sequence analysis, thus the potential exists that for any of the individuals, the R117H and 5T could be *in trans* with another (rare) *CFTR* mutation not detected by standard screening. The genotype of R117H/“Unknown” in the presence of 5T/7T has been reported in the setting of CF lung disease (13). The presence of R117H and 5T on the same allele can clearly function as a disease causing CF mutation, while R117H with 7T has variable effects when occurring *in trans* with another mutation (2, 13). In another patient, the 5T was *in trans* with a 5T allele and the R117H mutation. The genotype of 5T/5T has also been reported to result in CF lung disease in an AD patient (4).

Questions concerning the effect of gender on 5T penetrance have risen from *CFTR* screening of large populations, where penetrance of the 5T in young females has been reported to be both higher (14) and lower (11, 12) than males. In an analysis of mutation screening of 320,000 individuals, 3.8% of females compared to 42.9% of men compound heterozygous for 5T and DF508 were reported to have symptoms suggestive of non-classic CF (11, 12). The relatively low incidence of associated symptoms prompted speculation that the 5T allele has higher penetrance in males and may represent a benign variant in females (11, 12). However, an analysis of over 20,000 asymptomatic young adults presenting for pre-reproductive screening found fewer women with a 5T allele in combination with a *CFTR* mutation than predicted based on independent assembling of the two traits (14). One possible interpretation of this finding is that the penetrance of the 5T allele in combination with a *CFTR* mutation is *higher* in women, and results in a phenotype sufficiently severe to reduce the percentage of women addressing reproductive diagnostics (14).

In the 20 CF patients with a 5T over age 40 years in the NJH cohort, 80% (16/20) were women (**Supplemental Table E2**). The potential for the 5T allele to result in adult diagnosed CF was

apparent, even when the second CFTR defect was another 5T allele (n=1) or a low risk class IV or V mutation.

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TABLE E1: COLORADO DATABASE OF CF PATIENTS OLDER THEN 40 YEARS (1992-2008)

Diagnosis Group ¹	Age of Diagnosis ²	Greatest Age ²	Sex	Outcome ³	CFTR Mutations ⁴		IVS-8	Genotype Risk Category ⁵	Sweat Chloride ⁶	Pancreatic Function ⁷
CD	0-10	40-50	M	A	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	F	A	G542X*	F508del*	Unknown	HR		PI
CD	0-10	40-50	M	A	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	M	TD	F508del*	F508del*	9T/9T	HR	71	PI
CD	0-10	40-50	M	TD	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	F	A	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	M	A	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	M	D	F508del*	R347P*	Unknown	LR		PI
CD	0-10	40-50	M	A	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	F	D	F508del*	F508del*	9T/9T	HR	110	PI
CD	0-10	40-50	F	A	F508del*	Unknown	Unknown	Unknown		PI
CD	0-10	40-50	F	A	F508del*	I507del*	Unknown	HR		PI
CD	0-10	40-50	F	A	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	M	D	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	M	D	F508del*	Unknown	Unknown	Unknown	106	PI
CD	0-10	40-50	F	TD	Unknown	Unknown	Unknown	Unknown	118	PI
CD	0-10	40-50	M	A	F508del*	L206W	Unknown	HR		PS
CD	0-10	40-50	M	A	F508del*	G551D*	9T/9T	HR		PI
CD	0-10	40-50	F	D	F508del*	R117H	Unknown	LR		PS
CD	0-10	40-50	M	TD	F508del*	F508del*	9T/9T	HR	118	PI
CD	0-10	40-50	F	D	F508del*	F508del*	9T/9T	HR	101	PI
CD	0-10	40-50	F	A	F508del*	A455E*	9T/9T	LR		PS
CD	0-10	40-50	F	A	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	M	D	F508del*	Unknown	Unknown	Unknown	119	PI
CD	0-10	40-50	F	A	F508del*	F508del*	9T/9T	HR	108	PI
CD	0-10	40-50	F	A	W1282X*	F508del*	Unknown	HR		PI
CD	0-10	40-50	M	A	F508del*	2789+5G>A*	Unknown	LR		PS
CD	0-10	40-50	F	A	F508del*	2789+5G>A*	Unknown	LR		PI
CD	0-10	40-50	M	A	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	40-50	F	D	Unknown	Unknown	Unknown	Unknown		PI
CD	0-10	51-60	M	A	W1282X*	F508del*	Unknown	HR	81	PI
CD	0-10	51-60	M	A	F508del*	F508del*	9T/9T	HR	129	PI
CD	0-10	51-60	M	TD	F508del*	F508del*	9T/9T	HR	108	PI
CD	0-10	51-60	M	A	F508del*	F508del*	9T/9T	HR	123	PI
CD	0-10	51-60	F	D	F508del*	G551D*	9T/9T	HR		PI
CD	0-10	51-60	M	A	621+1G>T*	F508del*	Unknown	HR	118	PI
CD	0-10	51-60	M	T	F508del*	3849+10kbC>T*	Unknown	LR		PS
CD	0-10	51-60	F	A	F508del*	S945L	Unknown	HR		PS

CD	0-10	51-60	F	D	W1282X*	1717-1G>A*	Unknown	HR		PI
CD	0-10	51-60	F	T	F508del*	F508del*	9T/9T	HR		PI
CD	0-10	61-70	M	T	3120+1G>A*	F508del*	Unknown	HR	68	PS
N/A	11-18	40-50	F	A	F508del*	F508del*	9T/9T	HR		PI
N/A	11-18	40-50	F	A	F508del*	F508del*	9T/9T	HR		PI
N/A	11-18	40-50	M	TD	F508del*	F508del*	9T/9T	HR		PI
N/A	11-18	51-60	M	D	F508del*	F508del*	9T/9T	HR		PI
N/A	11-18	51-60	M	D	F508del*	I507del*	Unknown	HR		PI
N/A	11-18	61-70	F	A	F508del*	P67L	Unknown	LR	68	PS
AD	18-30	40-50	F	A	Unknown	Unknown	Unknown	Unknown	133	PS
AD	18-30	40-50	F	A	F508del*	F508del*	9T/9T	HR		PI
AD	18-30	40-50	F	A	F508del*	2789+5G>A*	Unknown	LR		PS
AD	18-30	40-50	F	A	F508del*	D1152H	Unknown	LR		PS
AD	18-30	40-50	M	D	Unknown	Unknown	Unknown	Unknown		PI
AD	18-30	40-50	F	A	1078delT	S492F	7T/9T	LR		PS
AD	18-30	51-60	F	A	F508del*	R347P*	Unknown	LR	96	PS
AD	18-30	51-60	F	TD	F508del*	2789+5G>A*	Unknown	LR		PS
AD	31-40	40-50	M	A	F508del*	L206W	Unknown	HR	64	PI
AD	31-40	40-50	F	A	W1282X*	D1152H	Unknown	LR	33	PS
AD	31-40	40-50	F	A	R1162X	Unknown	Unknown			PI
AD	31-40	40-50	F	D	F508del*	D1152H	Unknown	LR	32	PS
AD	31-40	40-50	F	A	F508del*	E384R	Unknown	LR		PS
AD	31-40	40-50	F	A	F508del*	D1152H	Unknown	LR		PS
AD	31-40	40-50	F	A	F508del*		5T/9T	LR	21	PS
AD	31-40	40-50	F	D	F508del*	D1152H	Unknown	LR		PI
AD	31-40	40-50	F	A	F508del*	D1152H	Unknown	LR		PS
AD	31-40	40-50	M	A	F508del*		5T/9T	LR		PS
AD	31-40	40-50	M	D	F508del*	F508del*	9T/9T	HR		PI
AD	31-40	40-50	M	A	F508del*	M1101K	Unknown	LR	115	PI
AD	31-40	40-50	M	D	F508del*	F508del*	9T/9T	HR		PI
AD	31-40	40-50	M	D	F508del*	M1101K	Unknown	LR		PI
AD	31-40	40-50	M	A	F508del*	R117H	Unknown	LR		PS
AD	31-40	40-50	M	A	R553x	R347H	Unknown	LR	71	PS
AD	31-40	40-50	F	A	F508del*	A455E*	Unknown	LR	94	0
AD	31-40	51-60	M	A	F508del*	R117H	Unknown	LR	78	PI
AD	31-40	61-70	M	A	F508del*	R347H	Unknown	LR		PS
AD	41-50	40-50	F	A	F508del*	D1152H	Unknown	LR		PS
AD	41-50	40-50	F	A	F508del*	R117H	Unknown	LR	39	PS
AD	41-50	40-50	F	A	F508del*	2789+5G>A*	Unknown	LR		PS
AD	41-50	40-50	M	A	F508del*		5T/9T	LR		PS
AD	41-50	40-50	F	A	W1282X*	D1152H	Unknown	LR		PS
AD	41-50	40-50	F	A	S1235R	R668C	Unknown	LR		PS
AD	41-50	40-50	M	A	F508del*	2789+5G>A*	Unknown	LR	49	PS
AD	41-50	40-50	M	D	F508del*	3849+10kbC>T*	Unknown	LR	120	PS
AD	41-50	40-50	F	TD	F508del*	2789+5G>A*	Unknown	LR	95	PS

AD	41-50	40-50	F	A	F508del*	R117H	Unknown	LR	40.2	PS
AD	41-50	40-50	F	A	F508del*	3849+10kbC>T*	Unknown	LR		PS
AD	41-50	51-60	F	A	F508del*		5T/9T	LR		PS
AD	41-50	51-60	F	A	F508del*	R347H	Unknown	LR	44	PS
AD	41-50	51-60	M	A	S1235R	R668C	Unknown	LR		PS
AD	41-50	51-60	F	A	F508del*	D1152H	Unknown	LR		PS
AD	41-50	51-60	F	A	F508del*	R933G	7T/9T	LR		PS
AD	41-50	51-60	F	A	G542X*	A455E*	Unknown	LR		PS
AD	41-50	51-60	F	A	G551D*	R117H	Unknown	LR		PS
AD	41-50	51-60	M	A	Unknown	Unknown	Unknown	Unknown	79	PS
AD	41-50	51-60	F	A	F508del*	R347H	Unknown	LR		PS
AD	41-50	51-60	F	A	S1251N	D1152H	Unknown	LR		PI
AD	41-50	51-60	F	A	F508del*	A455E*	Unknown	LR	97	PS
AD	41-50	51-60	F	A	Unknown	Unknown	Unknown	Unknown	>60	PI
AD	41-50	61-70	M	A	F508del*	R347P*	Unknown	LR	118	PS
AD	51-60	51-60	F	A	"-816C->T		5T/7T	LR		PS
AD	51-60	51-60	F	A	F508del*	Unknown	Unknown	Unknown	116	PS
AD	51-60	51-60	M	D	R117H		5T/5T	LR		PS
AD	51-60	51-60	F	A	621+1G>T*		5T/9T	LR		PS
AD	51-60	51-60	F	A	F508del*		5T/9T	LR		PS
AD	51-60	51-60	F	A	F508del*	R117H	7T/9T	LR		PS
AD	51-60	51-60	M	A	W1282X*	D1152H	Unknown	LR		PS
AD	51-60	51-60	F	A	F508del*		5T/9T	LR		PS
AD	51-60	51-60	M	A	W1282X*	L997F	Unknown	LR		PS
AD	51-60	51-60	F	A	R117H		5T/7T	LR	43	PS
AD	51-60	51-60	F	A	R1162X	1717-1G>A*	7T/9T	LR		PS
AD	51-60	51-60	F	A	F508del*		5T/9T	LR		PS
AD	51-60	51-60	F	D	F508del*	Y109N	7T/9T	LR	72	PI
AD	51-60	51-60	F	D	F508del*	I1027T	Unknown	LR		PS
AD	51-60	61-70	M	A	F508del*	Unknown	7T/9T	Unknown	78	PS
AD	51-60	61-70	F	A	G542X*	A455V	7T/9T	LR		PS
AD	51-60	61-70	F	A	G576A	R668C	Unknown	Unknown		PS
AD	51-60	61-70	F	A	F508del*	A455E*	Unknown	LR		PS
AD	51-60	61-70	F	D	F508del*	F508del*	9T/9T	HR	117	PS
AD	51-60	61-70	M	A	F508del*	D1152H	7T/9T	LR		PS
AD	51-60	61-70	F	D	F508del*	Unknown	Unknown	Unknown	42	PS
AD	51-60	61-70	F	A	R117H		5T/7T	LR		PS
AD	51-60	61-70	F	A	W1282X*	D1152H	Unknown	LR		PS
AD	51-60	61-70	F	A	W1282X*	D1152H	Unknown	LR		PS
AD	51-60	61-70	M	A	F508del*		5T/9T	LR		PS
AD	51-60	61-70	F	D	F508del*	I148T	Unknown	LR		PS
AD	51-60	61-70	F	A	W1282X*		5T/7T	LR		PS
AD	51-60	61-70	F	A	F508del*	Unknown	Unknown	Unknown	60.7	PS
AD	51-60	61-70	M	A	F508del*	R117C	7T/9T	LR	96	PS
AD	51-60	61-70	F	A	F508del*	2789+5G>A*	Unknown	LR		PS

AD	51-60	61-70	F	A	q493x	I148t	Unknown	LR	71.2	PS
AD	61-70	61-70	F	A	F508del*	406-6T>C	7T/9T	LR		PS
AD	61-70	61-70	F	A	F508del*	1717-1G>A*	7T/9T	LR		PS
AD	61-70	61-70	M	D	F508del*	A455E*	Unknown	LR	129	PI
AD	61-70	61-70	M	A	G542X*	D1152H	7T/9T	LR		PS
AD	61-70	61-70	F	A	F508del*	I119V	Unknown	LR		PS
AD	61-70	61-70	F	D	F508del*	I1027T	Unknown	LR		PS
AD	61-70	61-70	F	A	F508del*	Unknown	Unknown	LR	74.5	PS
AD	61-70	61-70	F	A	G551D*	R117H	Unknown	LR		PS
AD	61-70	61-70	F	A	R117H		5T/7T	LR		PS
AD	61-70	61-70	F	A	R334W*		5T/7T	LR		PS
AD	61-70	61-70	F	A	F508del*	C76W	7T/9T	LR		PS
AD	61-70	61-70	F	A	F508del*	R117H	Unknown	LR		PS
AD	61-70	61-70	M	D	F508del*		5T/9T	LR	44.7	PS
AD	61-70	71-80	F	D	R560T*	D1152H	Unknown	LR	35	PS
AD	61-70	71-80	F	D	3659delC*	Unknown	Unknown	LR	77	PS
AD	61-70	71-80	F	A	F508del*	R347H	Unknown	LR	67	PS
AD	61-70	71-80	F	A	W1282X*		5T/7T	LR		PS
AD	61-70	71-80	F	A	F508del*	R117H	Unknown	LR		PS
AD	61-70	71-80	F	A	Unknown	Unknown	Unknown	Unknown	67	PS
AD	61-70	71-80	F	A	Unknown	Unknown	Unknown	Unknown	115	PS
AD	71-80	71-80	M	D	1898+1G>A*	R117H	Unknown	LR		PS
AD	71-80	71-80	F	A	Unknown	Unknown	7T/9T		61	PS
AD	71-80	71-80	M	D	G542X*	R117C	Unknown	LR	63	PS
AD	71-80	81-90	F	A	R117H		5T/7T	LR		PS
AD	71-80	81-90	F	A	F508del*	Unknown	Unknown	Unknown	64	PS
AD	71-80	81-90	M	A	F508del*	D1152H	Unknown	LR		PS
AD	>80	81-90	F	D	F508del*		5T/9T	LR		PS

¹Diagnosis Group: CD= Childhood diagnosis (10 years or less), AD= Adult diagnosis (18 years or greater), N/A= Diagnosed between 10-18 years, not included in analysis.

²Ages are expressed as a range to protect subject anonymity.

³Outcome: A= Alive, D= Deceased, T= Transplanted and still living, TD= Transplanted and Deceased.

⁴CFTR Mutations: *mutations conclusively determined to be disease-causing.

⁵Genotype Risk Category: HR= High Risk genotype, with both CFTR mutations in Class I-III, LR= Low Risk genotype, with one or both of mutations in Class IV-V.

⁶Sweat Chloride: Mean value (mmol/L).

⁷Pancreatic Function: PI= Pancreatic Insufficient, PS= Pancreatic Sufficient.

TABLE E2: 5T ALLELE IN LONG-TERM SURVIVORS WITH THE ADULT DIAGNOSIS OF CF (COLORADO DATABASE)

Sex	Age of		CFTR			FEV1 (%)	Clinical features	Fungal Infections								
	Age ¹	Dx ¹	IV8T	Mutation	9T			10	P. aeruginosa	P.A. (mucoid)	S. aureus	Stenotrophomonas	Serratia	NTM	Aspergillus maltophilia	Aspergillus marcescens
F	40-49	30-39	5T-(TG)	9T-(TG)	10	F508	47.4	Bronchiectasis, sinusitis	X							
M	40-49	30-39	5T	9T		F508	97	Bronchiectasis, sinusitis, DIOS ³								6
F	40-49	40-49	5T-(TG)	9T-(TG)	10	F508	108	Sinusitis		X			X			
F	50-59	50-59	5T-(TG)	7T-(TG)	10	5'UTR-755	91	Bronchiolitis, sinusitis	X							
F	50-59	40-49	5T	9T		F508	39	Bronchiectasis, sinusitis, ABPA ⁴	X	X	X		X	X	X	7
M	50-59	50-59	5T	5T		R117H	22	Bronchiectasis, sinusitis	X	X						
F	50-59	50-59	5T	9T		621+1G>T	52	Bronchiectasis			X			X		
F	50-59	50-59	5T-(TG)	9T-(TG)	10	F508	103	Bronchiolitis, sinusitis						X		
F	50-59	50-59	5T	9T		F508	66	Bronchiectasis, sinusitis	X	X						
F	50-59	50-59	5T	7T		R117H	80	Bronchiectasis				X	X			
F	50-59	50-59	5T	9T		F508	77	Bronchiectasis	X	X				X	X	
F	60-69	50-59	5T	7T		R117H	72	Bronchiectasis, sinusitis	X					X		
M	60-69	50-59	5T	9T		F508	100	Bronchiectasis, sinusitis, CBA ⁵	X	X	X	X				1
F	60-69	50-59	5T	7T		W1282X	58	Bronchiectasis				X	X			2
F	60-69	60-69	5T	7T		R334W	109	Bronchiectasis					X			
F	70-79	60-69	5T	7T		R117H	85	Bronchiectasis								5
M	70-79	60-69	5T	9T		F508	77	Bronchiectasis	X	X			X	X		
F	70-79	60-69	5T-(TG)	7T-(TG)	10	W1282X	68	Bronchiectasis, sinusitis					X			1
F	80-89	70-79	5T	7T		R117H	81	Bronchiectasis					X			3,4
F	80-89	80-89	5T	9T		F508	82	Bronchiectasis		X			X			

¹Ages are expressed as a range to protect subject anonymity

²Other: (1)*Klebsiella* species, (2) *E. coli*, (3)*Pseudomonas putida*, (4)*Enterobacter* species, (5)*Citrobacter freundii*, (6)*H. influenza*, (7)*Alcaligenes xylosoxidans*

³DIOS: Distal Intestinal Obstruction Syndrome

⁴ABPA: Allergic bronchopulmonary aspergillosis

⁵CBAVD: Congenital bilateral absence of the vas deferens