

**Supplemental online file**

**Zufferey et al,**

**A 600 kb deletion syndrome at 16p11.2 leads to energy imbalance and neuropsychiatric disorders**

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Supplementary data: 16p11.2 clinical paper

Supplementary Table S1: A: Influence of co-variates on FSIQ, BMI, HC and height

	FSIQ		BMI Z-score		HC Z-score		Height Z-score	
	Mean (n)	P-value	Mean (n)	P-value	Mean (n)	P-value	Mean (n)	P-value
Inherited	74.0 (14)	0.1	1.8(42)	0.7	0.2(36)	0.3	-0.3 (43)	0.8
<i>De novo</i>	81.4 (30)		1.6(69)		0.6(69)		-0.2 (67)	
Male	76.6 (38)	0.2	1.7(116)	0.3	0.8(99)	0.05	-0.4 (118)	0.9
Female	71.3 (29)		2.1(84)		0.2(56)		-0.4 (78)	
Children	76.2 (55)	0.3	1.7(151)	$1.05 \times 10^{-02}$	0.5(138)	0.9	<b>-0.2 (150)</b>	$2.74 \times 10^{-04}$
Adults	70.6 (9)		2.6 (52)		0.6(18)		<b>-1.1 (48)</b>	
"Neurological" cases*	75.8 (21)	0.8	1.6(50)	0.4	0.6(49)	0.8	0 (51)	0.07
"Non neurological" cases	76.8 (37)		1.9(139)		0.5(97)		-0.5 (133)	
Proband	76.1 (59)	0.8	1.8 (186)	0.1	0.6 (146)	0.6	-0.3 (182)	0.08
Relatives	74.6 (9)		2.6 (27)		0.8 (17)		-0.9 (26)	
Total group	76.1 (71)	NA	1.9(221)	NA	0.6(170)	NA	-0.4 (216)	NA

**B: Without double hits and point mutations:**

	FSIQ		BMI Z-score		HC Z-score		Height Z-score	
	Mean (n)	P-value	Mean (n)	P-value	Mean (n)	P-value	Mean (n)	P-value
Inherited	74.0 (14)	0.1	1.9(39)	0.7	0.3(34)	0.5	-0.1 (40)	0.7
<i>De novo</i>	81.4 (30)		1.7(68)		0.5(68)		-0.2 (66)	
Male	76.6 (38)	0.2	1.8(113)	0.3	0.8(97)	$2.66 \times 10^{-02}$	-0.3 (115)	0.7
Female	71.3 (29)		2.1(83)		0.1(55)		-0.4 (77)	
Children	76.2 (55)	0.3	1.7(147)	$1.38 \times 10^{-02}$	0.6(135)	0.9	<b>-0.1 (146)</b>	$7.73 \times 10^{-05}$
Adults	70.6 (9)		2.6 (52)		0.6(18)		<b>-1.1 (48)</b>	
"Neurological" cases*	75.8 (21)	0.8	1.5(49)	0.3	0.6(48)	0.8	0 (50)	0.1
"Non neurological" cases	76.8 (37)		1.9(136)		0.5(95)		-0.4 (130)	
Proband	76.1 (59)	0.8	1.8 (182)	$6.22 \times 10^{-02}$	0.6 (143)	0.8	-0.3 (182)	$1.05 \times 10^{-02}$
Relatives	74.6 (9)		2.7 (26)		0.7 (16)		-0.9 (25)	
Total group	76.1 (71)	NA	2.0(216)	NA	0.6(166)	NA	-0.4 (211)	NA

Relatives were excluded when more than one family member was present in the same group. Significant results surviving Bonferroni correction<sup>1</sup> (threshold = 0.01) are shown in bold.

\* A subgroup of patients with significant neurological symptoms was defined by the presence of at least one of the following: seizures (excluding febrile seizures), significant hypotonia and gait, coordination or movement disorders.



**Supplementary Table S2: Neurological features**

Neurological features		Probands			Relatives	All
		Questionnaire N=76	Full assessment N=54	Literature N=65*	N=38	N=233 (%)
<b>Seizures<sup>1</sup></b>	Unspecified	6	9	11	3	52 (22.3%)
	Generalized	3	7	1	1	
	Partial	1	6	1	1	
	Infantile spasms	2	0	0	0	
<b>Tone</b>	Spasticity/Hyperreflexia	4	3	1	1	38 (16.3%)
	Hypotonia	9	6	11	3	
<b>Gait, coordination, movements disorders</b>	Dysmetria	1	7	1	0	45 (19.3%)
	Gait disorder/ataxia	5	18	0	1	
	Paroxysmal movements disorder (chorea, athetosis, tremor)	1	7	1	3	
<b>Cranial nerve anomaly</b>	Left abducens nerve aplasia	1	1	0	0	4 (1.7%)
	Unilateral facial palsy	1	1	0	0	
<b>MRI features</b>		<b>N=24</b>	<b>N=34</b>	<b>N= unknown **</b>	<b>N= 7</b>	<b>N=65**</b>
<b>CNS anomalies</b>	Meningocele/spina bifida occulta	2	0	0	0	57 (87.7%)
	Syringomyelia	0	1	2	0	
	Abnormal corpus callosum/septum pellucidum	2	4	2	0	
	Cerebral atrophy	2	0	1	0	
	Myelination defect/ unspecific white matter signal changes or decreased white matter volume	2	4	1	0	
	Craniocervical junction abnormalities ***	1	16	2	3	
	Abnormal pituitary	0	6	0	1	
	Abnormal hippocampus	0	3	0	0	
	Others****	0	1	1	0	

<sup>1</sup> Febrile seizures (n=7, not shown), \* Cases with available data, \*\* We excluded literature cases from the frequency due to unknown count of MRIs, \*\*\* Platybasia, abnormal angulation of dens, cerebellar tonsillar ectopia (n=9) and Chiari I malformation (n=4), \*\*\*\* Polymicrogyria (n=1), arachnoid cyst with partial left temporal lobe agenesis (n=1).

**Supplementary Table S3: Malformations and other medical conditions**

Congenital malformations/medical conditions		Probands			Relatives	All
		Questionnaire N=76	Full assessment N=54	Literature N=65*	N=38	N=233 (%)
Osteo- articular	Hemivertebrae, vertebrae agenesis or fusions, additional, fused rib, Kypho/scoliosis or torticollis	10	28	4	7	59 (25.3%)
	<i>Talipes varus</i>	1	1	0	0	
	Craniosynostosis	0	2	2	1	
	Limb anomaly**	1	1	1	0	
Ophthalmic	Microphthalmia/coloboma/optic nerve hypoplasia/cataract	4	0	1	0	5 (2.1%)
Genitalia	Cryptorchidism, Shawl scrotum, Hypospadias, Micropenis,	6	2	2	0	10 (4.3%)
Urinary tract	Vesico-ureteral reflux/hydronephrosis	2	4	0	0	8 (3.4%)
	Renal agenesis/dysplasia	1	0	1	0	
Digestive	Hypertrophic pyloric stenosis	4	1	2	1	11 (4.7%)
	Hirschprung disease	0	1	1	0	
	Diaphragmatic hernia	0	0	1	0	
Cardiac	Structural***	6	4	3	0	14 (6.0%)
	Cardiomyopathy****	1	0	0	0	
Orofacial	Cleft palate/velopharyngeal insufficiency	1/0	2/1	1/0	0	8 (3.4%)
	Microtia/preauricular tag, cyst	1/2	0	0	0	
Hearing	Sensorineural/ conductive loss	1/2	1/18	1/1	2	26 (11.2%)
Tumor	Seminoma, cholesteatoma, desmoïd tumor, Wilms tumor	2	1	1	0	4 (1.7%)
Infections	Recurrent pneumonia	0	4	0	0	4 (1.7%)

\*Cases with available data \*\*Right radius and 1<sup>st</sup> metacarpals agenesis/polydactyly \*\*\*Ventricular/atrial septal defect (VSD/ASD) (n=2), double outlet right ventricle and severe pulmonary stenosis (n=2), supraaortic stenosis/coarctation (n=5), dextrocardia (n=1), tricuspid insufficiency (n=1), endocardial fibroelastosis (n=1), pulmonic stenosis (n=1), \*\*\*\*Hypertrophic.

Conditions seen in a single patient are not present in the table and include: Hashimotos thyroiditis, inflammatory bowel disease, Mullerian agenesis with absent uterus and vaginal atresia, hyperthyroidism and spontaneous pneumothorax. We did not include minor observed medical conditions such as: benign recurrent upper ways infections (n=25) (otitis media, etc.), visual disorders such as strabismus (n=15) and refractive errors (hypermetropia, myopia, astigmatism) (n=37), minor skeletal anomalies (n=10) (pectus excavatum, pes cavus or planus) and gastroesophageal reflux disease (n=20).

**Supplementary Table S4: Neonatal data**

Mean gestational age	38.8 weeks (n=131 <sup>*</sup> )
Premature births <sup>**</sup>	10.7% (n=14/131)
Weight at mean gestational age	3048.7 g (n=124; Z-score=-0.61; $p=3.3 \times 10^{-11}$ )
Height at mean gestational age	48.9 cm (n=88; Z-score=-0.49; $p=1.3 \times 10^{-3}$ )
HC at mean gestational age	33.5 cm (n=58; Z-score=-0.57; $p=2.6 \times 10^{-5}$ )
Neonatal complications <sup>***</sup>	14.9% (n=29/195)

<sup>\*</sup> Including literature cases <sup>\*\*</sup> Less than 37 weeks of amenorrhea <sup>\*\*\*</sup> Include: respiratory distress requiring supplemental oxygen/intubation (n=22) and hypotonia (n=7). Z-scores for weight, height and HC at birth were calculated according to gestational ages<sup>2</sup>.

**Supplementary Table S5: Spearman correlations**

	HC		Height		Weight		FSIQ	
	rho	P-value	rho	P-value	rho	P-value	rho	P-value
BMI	0.45	<b><math>2.82 \times 10^{-08}</math></b>	0.26	<b><math>4.03 \times 10^{-04}</math></b>	0.89	<b><math>1.75 \times 10^{-60}</math></b>	-0.05	0.746
HC			0.36	<b><math>1.26 \times 10^{-05}</math></b>	0.50	<b><math>1.71 \times 10^{-10}</math></b>	-0.09	0.524
Height					0.51	<b><math>2.93 \times 10^{-13}</math></b>	-0.13	0.350
Weight							-0.09	0.517

The Spearman correlation values (rho) between FSIQ and anthropometric traits are indicated together with their corresponding P-values. Significant results surviving Bonferroni correction<sup>1</sup> (threshold =  $5 \times 10^{-03}$ ) are shown in bold.

**Supplementary Table S6: Deletion carriers with multiple medical conditions**

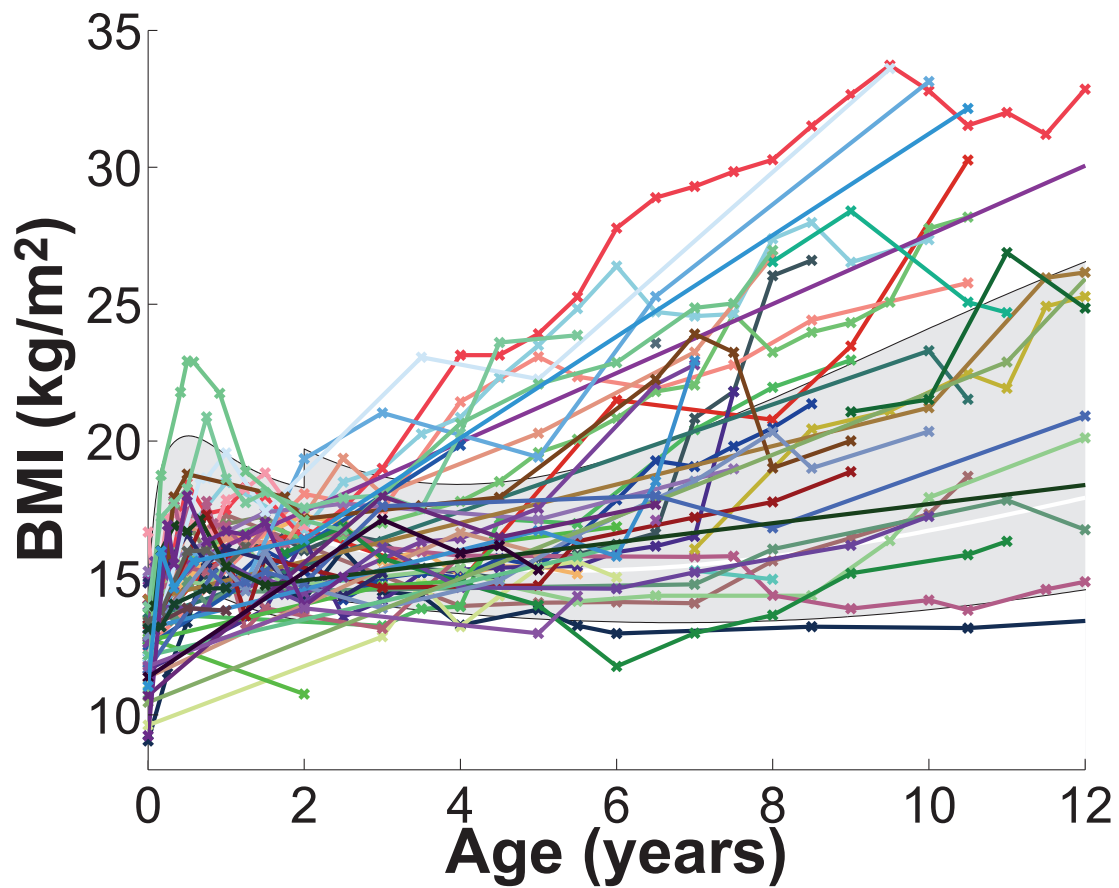
SYSTEMS	Osteo-articular	Cardio-pulmonary	Ophthalmic	Genital	Urinary tract	Digestive	Face	Sensori-neural*	Tumor	Neuro**
Osteo-articular		4	2	3	4	1	0	0	0	3
Cardio-pulmonary	2		1	1	3	1	1	0	1	1
Ophthalmic	0	0		1	1	0	0	1	0	1
Genital	2	0	0		1	0	0	1	0	0
Urinary tract	1	0	0	0		0	0	0	0	0
Digestive	0	0	0	0	0		0	0	0	1
Face	0	0	0	0	0	0		0	1	0
Sensori-neural	0	0	0	0	0	0	0		0	0
Tumor	0	0	0	0	0	0	0	0		0
Neuro**	0	0	0	0	1	0	0	0	0	

\*Sensorineural deafness; \*\* Include seizures (excluding febrile seizures), gait, coordination or movements disorders and CNS or medullary malformations

Numbers indicate probands presenting 2 or more major medical conditions (according to Supplementary Table S5) affecting various systems. Probands from the European consortium (n=85) and Simons VIP (n=45) series are represented, respectively, in the upper right and lower left parts. In both series, 76/130 patients (58%) had at

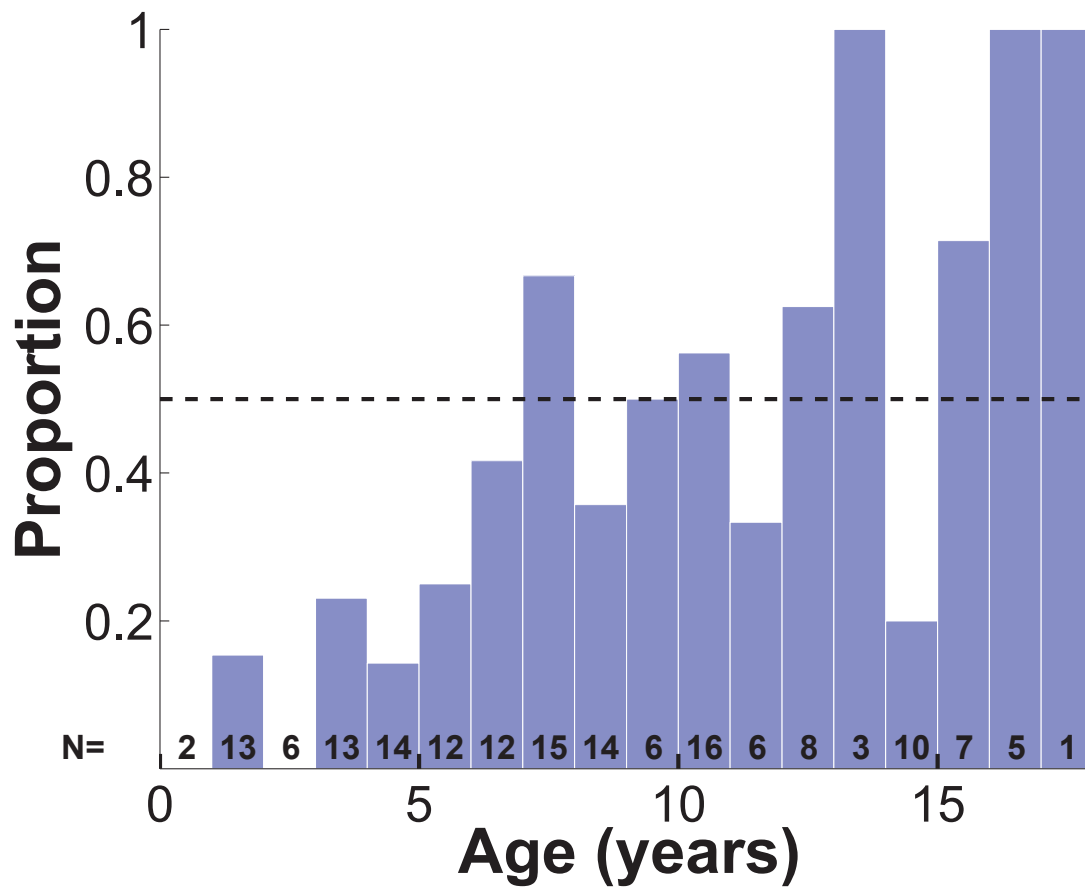
least one malformation or medical problem. Among those, the majority (n=53/76; 70%) had only one. 21% (16/76) had 2, 7.9% (6/76) had 3 and one patient presented 4 (~1%). No recurrent malformation sequence or multisystem involvement is observed.

Supplementary Figure S1: Longitudinal BMI evolution



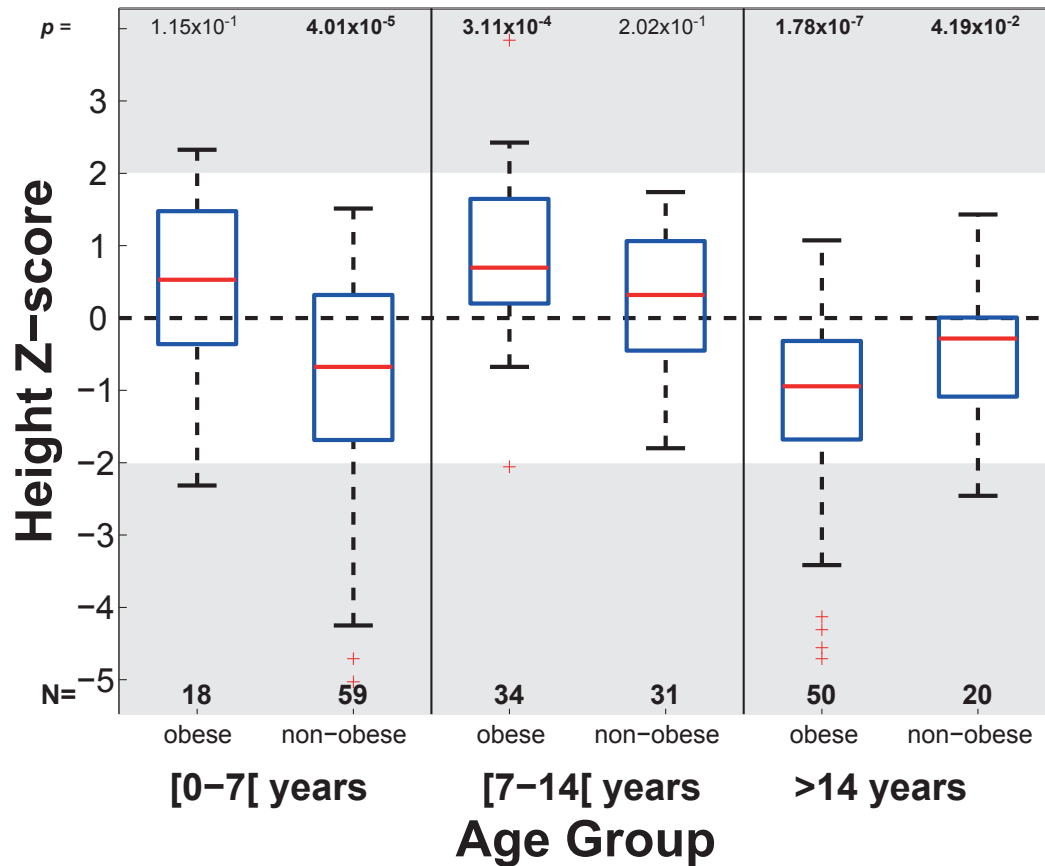
Longitudinal measures of BMI from birth to 12 years of age in 59 carriers of the 16p11.2 BP4-BP5 deletion. Note that BMI acceleration takes place at different ages. The grey area (in background) represents the interval between the 3<sup>rd</sup> and 97<sup>th</sup> percentiles using the WHO data ([www.who.int/childgrowth/en](http://www.who.int/childgrowth/en)) between 0-2 years and the Center for Disease Control data above 2 years<sup>3</sup>. The white line is the 50<sup>th</sup> percentile.

Supplementary Figure S2: Proportion of obese deletion carriers in function of age



Histogram of cross-sectional data showing the proportion of obese 16p11.2 deletion carriers. Number of cases (N) is indicated for each age category above the x axis. The dashed line, which represents 50%, is reached at 7 years of age.

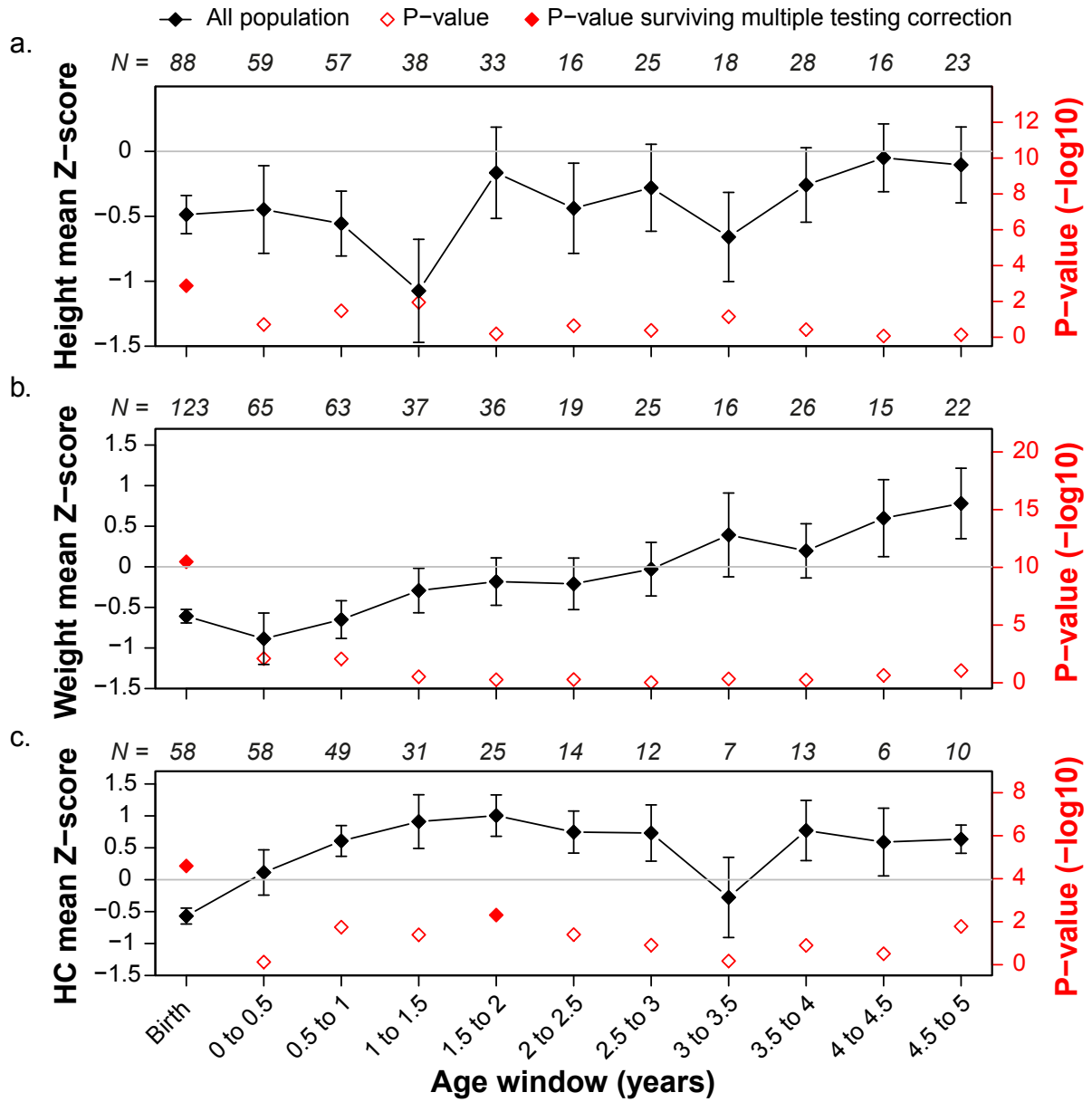
**Supplementary Figure S3: Distribution of height in obese and non-obese deletion carriers**



Distribution of cross sectional height Z-scores for 3 age groups. Z-scores, taking into account age and sex, were calculated based on reference population data (cf. methods).

Deletion carriers were stratified as obese, or non-obese. Boxplots represent the 5<sup>th</sup>, 25<sup>th</sup>, median, 75<sup>th</sup> and 95<sup>th</sup> percentile. Grey backgrounds represent  $\pm 2$  Z-scores. Two-sided T-tests were performed probing whether mean Z-score is significantly different from 0 (P-values and sample sizes are shown, respectively above and below the boxplots). We observe that (i) non-obese children are significantly smaller than the general population within the 0-7 years window of development, (ii) obese children are taller than the general population within the 7-14 years window and, (iii) all groups above 14 years are significantly smaller than the general population.

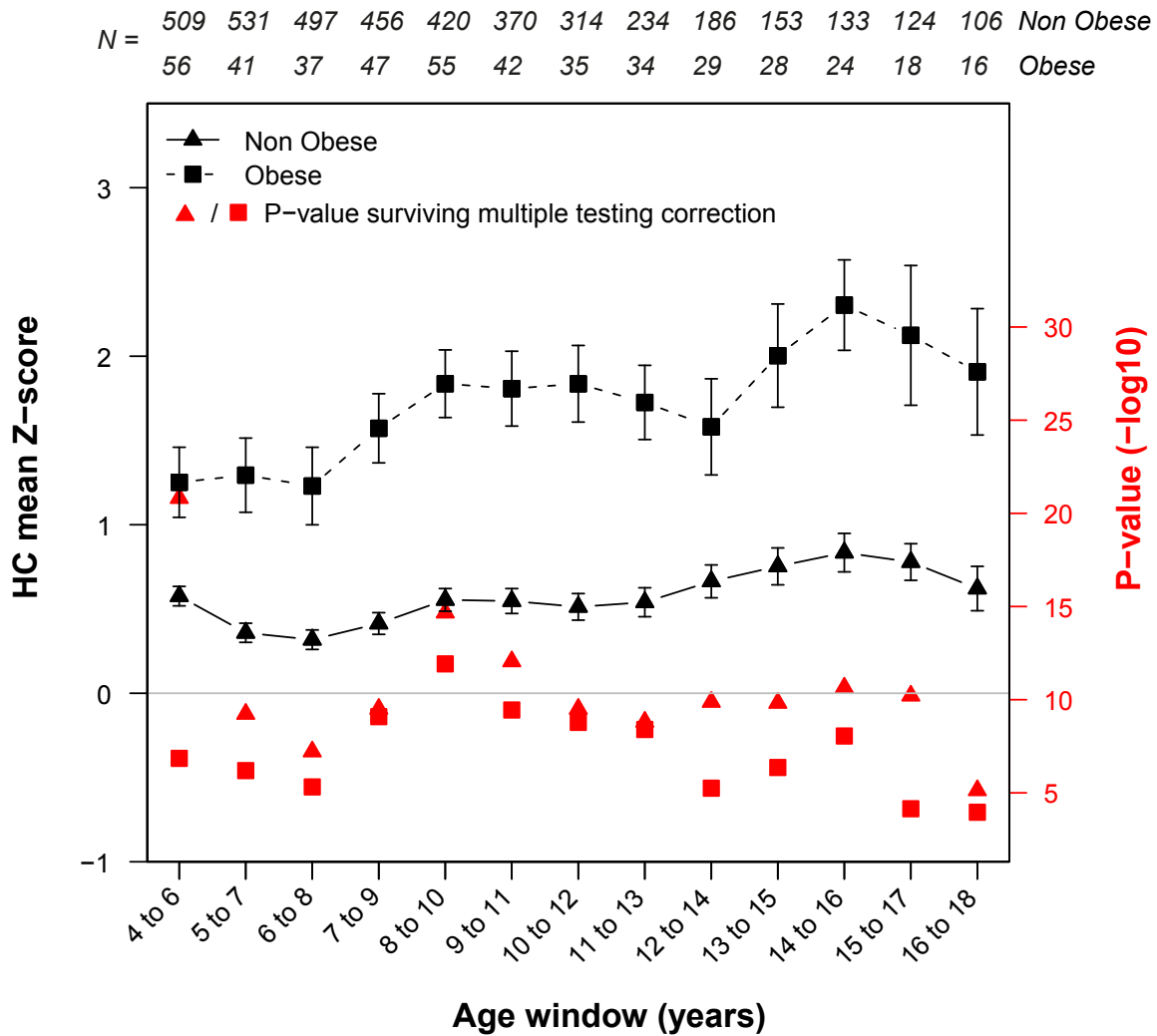
Supplementary Figure S4: Early growth parameters



Height (panel a), weight (panel b) and HC (panel c) mean Z-scores and associated P-values as a function of age. Z-scores normalize for the effect of gender and age in the general population (cf methods). Number of cases (N=) is indicated for each age category. A mixed model was used to analyze longitudinal and cross-sectional data together. P-values represent a two-sided T-test. Full red dots are P-values surviving multiple testing correction (significance's threshold at  $5.6 \times 10^{-3}$  for height, at  $5.6 \times 10^{-3}$  for weight and at  $5.0 \times 10^{-3}$  for HC) as opposed to empty red dots. A: HC shows a significant increase during infancy and peaks around the age of 2.25 years. B and C: Height and weight are both significantly decreased at birth



Supplementary Figure S5: Head circumference in the Simon Simplex Collection (SSC)



Mean HC Z-scores as a function of age in patients with ASD from the SSC cohort<sup>4</sup>. Obese (n= 252, black squares) and non-obese (n=2166, black triangles) cases are presented separately. Both categories show increased HC throughout childhood and adolescence. P-values surviving multiple testing corrections are shown in red for each age window and both categories (significance's threshold at  $3.9 \times 10^{-3}$  for both obese and non-obese). Number of cases (N=) is indicated for each age category. Macrocephaly (HC  $\geq 2$  Z-scores) is present in 41.3% of obese individuals and 12.5% of non-obese ASD individuals.

### **Supplementary references**

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4. Fischbach GD, Lord C (2010) The Simons Simplex Collection: a resource for identification of autism genetic risk factors. *Neuron* 68:192-195