Elisabetta Flex^{1,24}, Mamta Jaiswal^{2,24}, Francesca Pantaleoni^{1,25}, Simone Martinelli^{1,25}, Marion Strullu^{3,4,25}, Eyad K. Fansa^{2,25}, Aurélie Caye^{3,4}, Alessandro De Luca⁵, Francesca Lepri⁶, Radovan Dvorsky², Luca Pannone¹, Stefano Paolacci¹, Si-Cai Zhang², Valentina Fodale¹, Gianfranco Bocchinfuso⁷, Cesare Rossi⁸, Emma M.M. Burkitt-Wright⁹, Andrea Farrotti⁷, Emilia Stellacci¹, Serena Cecchetti¹⁰, Rosangela Ferese⁵, Lisabianca Bottero¹, Silvana Castro¹¹, Odile Fenneteau¹², Benoît Brethon¹³, Massimo Sanchez¹⁰, Amy E. Roberts¹⁴, Helger G. Yntema¹⁵, Ineke van der Burgt¹⁵, Paola Cianci¹⁶, Marie-Louise Bondeson¹⁷, Maria Cristina Digilio⁶, Giuseppe Zampino¹⁸, Bronwyn Kerr⁹, Yoko Aoki¹⁹, Mignon L. Loh²⁰, Antonio Palleschi⁷, Elia Di Schiavi¹¹, Alessandra Carè¹, Angelo Selicorni¹⁶, Bruno Dallapiccola⁶, Ion C. Cirstea^{2,21}, Lorenzo Stella⁷, Martin Zenker²², Bruce D. Gelb²³, Hélène Cavé^{3,4,26}, Mohammad R. Ahmadian^{2,26} & Marco Tartaglia^{1,26}

¹Dipartimento di Ematologia, Oncologia e Medicina Molecolare, Istituto Superiore di Sanità, Rome, Italy. ²Institut für Biochemie und Molekularbiologie II, Medizinische Fakultät der Heinrich-Heine Universitat, Düsseldorf, Germany. ³Genetics Department, Robert Debré Hospital, Paris, France. ⁴INSERM UMR S940, Institut Universitaire d'Hématologie (IUH), Université Paris-Diderot Sorbonne-Paris-Cité, Paris, France. ⁵Laboratorio Mendel, Istituto di Ricovero e Cura a Carattere Scientifico-Casa Sollievo della Sofferenza, Rome, Italy. ⁶Ospedale Pediatrico "Bambino Gesù", Rome, Italy. ⁷Dipartimento di Scienze e Tecnologie Chimiche, Università "Tor Vergata", Rome, Italy. ⁸UO Genetica Medica, Policlinico S.Orsola-Malpighi, Bologna, Italy. ⁹Genetic Medicine, Academic Health Science Centre, Central Manchester University Hospitals NHS Foundation Trust, Manchester, UK. ¹⁰Dipartimento di Biologia Cellulare e Neuroscienze, Istituto Superiore di Sanità, Rome, Italy. ¹¹Istituto di Genetica e Biofisica "A. Buzzati Traverso", Consiglio Nazionale delle Ricerche, Naples, Italy. ¹²Biological Hematology Department, Robert Debré Hospital, Paris, France. ¹³Pediatric Hematology Department, Robert Debré Hospital, Paris, France. ¹⁴Department of Cardiology and Division of Genetics, and Department of Medicine, Boston Children's Hospital, Boston, MA. ¹⁵Department of Human Genetics, Radboud University Medical Centre, and Nijmegen Centre for Molecular Life Sciences, Radboud University, Nijmegen, The Netherlands. ¹⁶Genetica Clinica Pediatrica, Clinica Pediatrica Università Milano Bicocca, Fondazione MBBM, A.O. S. Gerardo, Monza, Italy. ¹⁷Department of Immunology, Genetics and Pathology, Uppsala University, Uppsala, Sweden. ¹⁸Istituto di Clinica Pediatrica, Università Cattolica del Sacro Cuore, Rome, Italy. ¹⁹Department of Medical Genetics, Tohoku University School of Medicine, Sendai, Japan. ²⁰Department of Pediatrics, Benioff Children's Hospital, University of California School of Medicine, and the Helen Diller Family Comprehensive Cancer Center, San Francisco, CA. ²¹Leibniz Institute for Age Research, Jena, Germany. ²²Institute of Human Genetics, University Hospital of Magdeburg, Otto-von-Guericke-University, Magdeburg, Germany. ²³Mindich Child Health and Development Institute and Departments of Pediatrics and Genetics and Genomic Sciences, Icahn School of Medicine at Mount Sinai, New York, NY.²⁴These authors contributed equally to this project. ²⁵These authors contributed equally to this project. ²⁶These authors contributed equally as the senior investigators for this project.

SUPPLEMENTARY MATERIAL

Supplementary Table S1. Leading RASopathy gene candidates predicted by mammalian protein interaction/functional association network analysis.

Supplementary Table S2. Clinical features of the subjects heterozygous for germline *RRAS* mutations.

Supplementary Table S3. Haematological features associated with germline or somatically acquired *RRAS* mutations.

Supplementary Table S4. *In silico* prediction of the functional impact of *RRAS* disease-associated mutations.

Supplementary Table S5. Molecular dynamics (MD) analyses.

Supplementary Table S6. *C. elegans* phenotypes resulting from expression of wild-type RAS-1 or the disease-associated RAS-1 G27dup mutant.

Supplementary Figure S1. Mammalian protein interaction/functional association network analysis constructed by using proteins known to be mutated in RASopathies as seed proteins.

Supplementary Figure S2. Germline and somatic disease-associated *RRAS* mutations.

Supplementary Figure S3. May-Grünwald-Giemsa stained bone marrow smears from *RRAS* mutation-positive patients at diagnosis of myeloid malignancies.

Supplementary Figure S4. Partial amino acid sequence alignment of human RRAS, KRAS, NRAS and HRAS proteins, together with representative RRAS orthologs showing conservation of mutated residues.

Supplementary Figure S5. Abolished GAP-stimulated GTP hydrolysis of the RRAS^{G39dup} mutant.

Supplementary Table S1. Leading RASopathy gene candidates predicted by mammalian protein interaction/functional association network analysis.

Supplementary Table S2. Clinical features of the subjects heterozygous for germline *RRAS* mutations.

NA, not available.

 $10th$ centile.

²Congenital, surgically treated.

³Borderline cognitive abilities.

⁴Unspecified bone tumour (left leg) diagnosed during childhood.

⁵AML suspected to be secondary to JMML, with onset at 13 years (Supplementary Table S3). The condition was not associated with any germline/somatic mutation affecting previously identified RASopathy genes. Several complications occurred during treatment (renal failure, pulmonar infection, vein-occlusive disease), without complete remission. Death occurred at age of 16 by recurrence of the disease after 2 years of palliative treatment.

Supplementary Table S3. Haematological features associated with germline or somatically acquired *RRAS* mutations. Mutations characterise a subset of myeloid neoplasms with classical features of JMML (*i.e.*, monocytosis, low blast counts, presence of circulating myeloid progenitors, and elevated basophil counts) combined with atypical features, including late onset and rapid progression to AML. The latter, along with monosomy 7, are reminiscent of AML with myelodysplasia-related changes.

NA, not available.

¹Secondary to JMML.

²Rapidly progressed to AML.

³The clonal architecture was investigated by sequencing the somatic *RRAS* and *NRAS* mutations in 62 individual colonies obtained by *in vitro* culture of myeloid precursors (30 CFU-GM and 32 CFU-M). All colonies exhibited both mutations.

Supplementary Table S4. *In silico* prediction of the functional impact of *RRAS* disease-associated mutations.

Supplementary Table S5. Molecular dynamics (MD) analyses. Structural properties of the p.Val55Met RRAS mutant (V55M) assessed before and after the structural transition observed in the MD simulation. Comparison with corresponding parameters of wild-type RRAS (WT) documents that the mutation affects the H-bonding network stabilising the GDP-RRAS complex, increases the solvent accessibility of the mutated residue, and promotes formation of a stable cluster involving Met⁵⁵, Tyr⁵⁸ and Ile⁵⁰ (Fig. 2).

SAS, solvent accessible surface.

¹Average number of the H-bonds between residues Val^{55}/Met^{55} , and Ser⁵⁶ and GDP.

²The solvent accessible surface of the side-chain for residue Val⁵⁵ (wild-type) or Met⁵⁵ (mutant) is normalised as percentage with respect to the maximum values of 117 \hat{A}^2 (valine) and 160 \hat{A}^2 (methionine).

³ Percentage of the simulation time with the two residues at a minimum distance lower than 4 Å.

Supplementary Table S6. *C. elegans* phenotypes resulting from expression of wild-type RAS-1 or the disease-associated RAS-1^{G27dup} mutant.

Injections were carried out on N2 worms (wild-type background).

Strains: $ras-I^{WT}$ and $ras-I^{G27dup}$ indicate $hsp-16.41::ras-I^{WT}$ and $hsp-16.41::ras-I^{G27dup}$, respectively; $ras - I^{G27dup}$ results from the three-nucleotide insertion, c.82_83insGCG, corresponding to the RASopathy causative c.116_118dup in *RRAS*.

The concentration at which the plasmid has been injected is reported in parenthesis.

Worms were grown at 20 °C and heat-shocked at early L3 stage. Isogenic worms that had lost the transgene were cloned separately and used as controls.

N indicates the number of animals scored.

Pvl is the percent of adult worms with a protruding vulva.

Egl is the percent of animals with an increased number of eggs retained in the uterus $(N > 22)$.

Bag is the percent of bag-of-worms animals counted up to 6 days post-fertilisation.

¹⁻⁴Statistical significance of comparisons with worms expressing $ras-1^{WT}$ at the corresponding dose of injection $({}^{1}P < 0.05; {}^{2}P < 0.005; {}^{3}P < 0.0005; {}^{4}P < 0.01)$. *P* values were calculated using 2-Tail Fisher's Exact Test.

Supplementary Figure S1. Mammalian protein interaction/functional association network analysis constructed by using proteins known to be mutated in RASopathies as seed proteins. The analysis was performed by using Genes2FANs (15) [\(http://actin.pharm.mssm.edu/genes2FANs\)](http://actin.pharm.mssm.edu/genes2FANs). Connections are based on Protein-Protein Interaction (PPI) and Connectivity Map (CMAP) networks, Mammalian Phenotype (MP) Browser, and Gene Ontology (GO), ChIP Enrichment Analysis (ChEA) and TRANSFAC databases. Connections involving RRAS are highlighted. Purple lines indicate protein-protein interactions; magenta lines indicate GO-biological process links. RASopathy genes are in blue. Leading candidates and relative z-scores are reported in Supplementary Table S1.

14385

mother

(circulating leukocytes)

b

TAC TTC GTG TCT GAC

A

Circulating leukocytes

Hair bulb epithelial cells

Met **TAC** TTC GTG TCT GAC A

Tyr Phe Val Ser Asp

Supplementary Figure S2. Germline and somatic disease-associated *RRAS* **mutations.** (**a**) Electropherograms showing the *de novo*, germline origin of the c.116_118dup change (p.Gly39dup) in sporadic case 9802 (RASopathy with AML), and the somatic origin of the same in-frame duplication and the c.260A>T missense substitution (p.Gln87Leu) in subjects 7615 and 14385 (nonsyndromic JMML). (**b**) Electropherograms of the germline c.163G>A missense substitution (p.Val55Met) in subject NS1166.

Supplementary Figure S3. May-Grünwald-Giemsa stained bone marrow smears from *RRAS* mutationpositive patients at diagnosis of myeloid malignancy.(**a**, **b**) Patient 9802 at the time of AML. (**c**, **d**) Patient 7615 with JMML. (**e**, **f**) patient 14385 with JMML. Morphological evidence of multilineage dysplasia together with excess of undifferentiated myeloid blasts is observed in all patients. Red arrowheads show undifferentiated myeloid blasts, while green arrowheads and black asterisks indicate dysplastic granulocytes and dysplastic micromegakaryocytes, respectively.

Supplementary Figure S4. Partial amino acid sequence alignment of human RRAS, KRAS, NRAS and HRAS proteins, together with representative RRAS orthologs showing conservation of the RRAS mutated residues. Blue arrows on top of the alignment mark amino acids affected by diseaseassociated *RRAS* mutations, while the red asterisks below the alignment indicate the positions of the cancer-associated mutation hot spots in RAS proteins.

Activating mutations in *RRAS* underlie a phenotype within the RASopathy spectrum and contribute to leukaemogenesis Flex *et al.*

Supplementary Figure S5. Abolished GAP-stimulated GTP hydrolysis of RRAS^{G39dup} mutant. (a) Kinetics of mantGTP hydrolysis of mantGTP-bound RRAS^{WT}, RRAS^{V55M}, and RRAS^{G39dup} in presence of the GAP domain of neurofibromin. The decrease in fluorescence is directly correlated with the stimulated GTP hydrolysis reaction with an observed rate constant k_{obs} obtained by single exponential fitting and represented here as a bar chart (b) . For comparison, the k_{obs} value for the GAP stimulated GTP hydrolysis of HRAS is shown.