## Germline susceptibility variants impact clinical outcome and

## therapeutic strategies for stage III colorectal cancer

Peng-Chan Lin<sup>1,4</sup>, Yu-Min Yeh<sup>1,2</sup>, Pei-Ying Wu<sup>3</sup>, Keng-Fu Hsu<sup>3</sup>,

Jang-Yang Chang<sup>1,5</sup>, Meng-Ru Shen<sup>3,6</sup>

<sup>1</sup>Department of Internal Medicine, <sup>2</sup>Graduate Institute of Clinical Medicine, <sup>3</sup>Department of Obstetrics and Gynecology, <sup>6</sup>Department of Pharmacology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Taiwan; <sup>4</sup>Department of Computer Science and Information Engineering, College of Electrical Engineering and Computer Science, National Cheng Kung University; <sup>5</sup>National Institute of Cancer Research, National Health Research Institutes, Taiwan

## **Supplementary information**

**Supplementary Figure S1.** Workflow for variant discovery and ClinVar annotations. Detailed description in Materials and Methods.

**Supplementary Figure S2.** Patients with or without cancer-associated genetic variants and their family cancer history pedigrees.

**Supplementary Figure S3.** Mutational signature in patients with cancer-associated genetic variants (CAG(+)) or without cancer associated genetic variants (CAG(-)).

Supplementary Table 1. Patients' clinical characteristics.

**Supplementary Table 2.** ACMG SF v2.0 genetic variants in cancer patients and normal subjects.

Supplementary Table 3. Ethnic-specific genetic variants in cancer patients and normal subjects.

Supplementary Table 4. Germline cancer-associated genetic variants in cancer patients.

**Supplementary Table 5.** Primary and recurrent tumor mutation variant allele frequency (VAF) and clusters.



**Supplementary Figure S1.** Workflow for variant discovery and ClinVar annotations. Detailed description in Materials and Methods.



**Supplementary Figure S2**. Patients with or without cancer-associated genetic variants and their family cancer history pedigrees. Lynch syndrome was diagnosed in (A) one CRC patient and (B) one endometrial cancer patient. Both patients had a germline pathogenic variant of MLH1 c.1852\_1854delAAG. (C) A germline pathogenic variant of BRCA1 c.122A>G was detected in one ovarian cancer patient. (D). A MLH1 pathogenic variant was detected in one CRC patient without cancer family history. (E) No well-known cancer-associated genetic variants is identified. Arrows indicate the patients enrolled in this study. A square represents a male and a circle represents a female. A solid square or circle indicates the person has cancer.



**Supplementary Figure S3**. Mutational signature in patients with cancer-associated genetic variants (CAG(+)) or without cancer associated genetic variants (CAG(-)). Mutational signature frequency (y-axis) in individual cancer patients (x-axis). Each color indicates a different mutational signature. Signatures 1B, 11, and 19 are predominant in patients without cancer-associated genetic variants.

Characteristics	Patients number (%)
Total	159 (100)
Median age, y/o (range)	57 (23-82)
Gender	
Male	54 (34)
Female	105 (66)
Tumor type	
Colorectal	104 (65.4)
Ovarian	31 (19.5)
Endometrial	24 (15.1)
Cancer family history	
No relatives	77 (48.4)
First-degree relatives	63 (39.6)
Second-degree relatives	19 (11.9)

## Supplementary table 1. Patients' clinical characteristics