

Rare protein-altering telomere-related gene variants in patients with chronic hypersensitivity pneumonitis

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ONLINE DATA SUPPLEMENT

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SUPPLEMENTAL METHODS

Clinical Data Collection:

Clinical data collection included demographics, pulmonary function tests, and radiologic, and histopathologic studies. Race and ethnicity were self-reported on enrollment questionnaires. Family history of interstitial lung disease was self-reported on enrollment questionnaires and verified by review of ILD clinical notes. The date of death was recorded clinically and confirmed using the United States Social Security Death Index. Lung transplants and date of lung transplants were recorded clinically. HRCTs were scored by expert chest radiologists (B.M.E. or T.S.H.) using a structured data collection form that included assessment of 2011 ATS/ERS/JRS/ALAT criteria for UIP patterns, semi-quantitative extent of fibrosis, and individual morphologic features (Figure E1). Surgical lung biopsies were scored prospectively in the UCSF cases only, at the time of multidisciplinary team discussion, by an expert lung pathologist (K.J.D.) using a structured pathology data collection form (Figure E2).

DNA Sequencing:

Sequencing was performed on DNA isolated from peripheral blood in both cohorts. Whole genome sequencing data was generated in the discovery cohort to a read depth of 30X using the Illumina HiSeq X Ten sequencer (Human Longevity Inc, San Diego, CA, USA) and KAPA Hyper Library Kit (Roche Sequencing, Pleasanton, CA, USA). Whole exome sequencing data was generated in the replication cohort to a read depth of 50X using the Illumina Novaseq 6000 S4 Flowcell sequencer (Novogene, Sacramento, CA, USA) and the SureSelect Human All Exome V6 capture kit (Agilent, Santa Clara, CA, USA).

Variant discovery

Discovery cohort: Detailed variant discovery methods for this cohort are as described in [E1].

Replication cohort: Raw Illumina paired-end 150bp reads were first subjected to quality control. Adapters were removed from the sequencing reads using scythe (<https://github.com/vsbuffalo/scythe>, version 0.994 beta). Base quality was controlled using a window-based method, sickle (<https://github.com/najoshi/sickle>, version 1.33), with the cutoff set at 30. Reads that are less than 30bp in length were discarded. Next, reads that have passed the quality control were mapped to GRCh38 reference genome using BWA-MEM[E2] with parameter -M for downstream analysis compatibility. PCR duplicates were removed using Picard-tools (<http://broadinstitute.github.io/picard/>, version 2.18.4). Variants were identified using HaplotypeCaller function in GATK[E3] (version 4.0.5.2), followed by variant recalibration using the recommendations from GATK developers.

Variants were annotated for genomic effect using snpEff (v4.3q) and identifiers using dbSNP build 150 (release July 10, 2017).

Samples in both cohorts were excluded for call rates less than 90% (no samples were excluded), identity by descent analysis (patient relatedness), π 0.125 or greater (i.e. third-degree relatives), or sex mismatch. Variant sites were excluded for call rates less than 95%.

Principle Component Analysis

Principal component analysis (PCA) was performed in Plink version 1.9 (see Figures E3-E6). A European subgroup was selected using the first two principal components corresponding to the cluster of self-reported non-Hispanic white patients (discovery cohort: PC1 range -0.05 to -0.022, PC2 range -0.025 to 0.025; replication cohort: PC1 and range 0.0-0.05). PCA was then repeated in this subgroup and outliers greater than 3 standard deviations of the mean of PC1 or in the restricted PCA were further excluded.

Case-Control Analysis

Discovery Cohort: Discovery cohort cases were age- and sex-matched to age-related macular degeneration (AMD) and asthma samples that were sequenced on the same platform during the same calendar years as described in reference [E1]. Cases and controls of European ancestry (EUR admixture ≥ 0.8) were included in the analysis:

Variable	CHP cases	Controls
N	117	351

Age in years, mean (sd)	63.5 (11.2)	63.6 (10.8)
Female, N (%)	68 (58.1)	180 (51.3)
N AMD	NA	124
N Asthma	NA	227

The frequency of qualifying variants in cases and controls (per individual) were compared using the odds ratio and Fischer's exact p-values.

Replication Cohort: Qualifying variants were identified in the entire Exome Aggregation Consortium (v0.3.1) (ExAC) dataset (n=60,706) and the ExAC non-Finnish European (NFE) sub-population (n=33,370) using the same criteria as CHP cases. The frequency of qualifying variants in cases and controls (per individual) were compared using the odds ratio and Fischer's exact p-values. This was done for all CHP cases compared to the entire ExAC cohort and again restricted to the CHP cases of non-Hispanic white race/ethnicity compared to the ExAC NFE sub-population.

References

- [E1] Dressen A, Abbas AR, Cabanski C, et al. Analysis of protein-altering variants in telomerase genes and their association with MUC5B common variant status in patients with idiopathic pulmonary fibrosis: a candidate gene sequencing study. *The Lancet Respiratory medicine* (2018).
- [E2] L. H., Aligning sequence reads, clone sequences and assembly contigs with BWA-MEM, arXiv:1303.3997 (2013).
- [E3] R. Poplin, V. Ruano-Rubio, M.A. DePristo, T.J. Fennell, M.O. Carneiro, G.A. Van der Auwera, D.E. Kling, L.D. Gauthier, A. Levy-Moonshine, D. Roazen, K. Shakir, J. Thibault, S. Chandran, C. Whelan, M. Lek, S. Gabriel, M.J. Daly, B. Neale, D.G. MacArthur, E. Banks, Scaling accurate genetic variant discovery to tens of thousands of samples, *bioRxiv* (2018).

SUPPLEMENTAL TABLES AND FIGURES

Figure E1. Computed tomography of the chest data collection form

Radiology Scoring and HRCT Classification Form		Biopsy Date		Review Date		Reviewer	
Name	MRN	ILD #	Clinic Date				
1. CT scan attributes							
Date		No CT Available <input type="checkbox"/> Yes					
Min Section Thickness							
Skipped or full chest <input type="checkbox"/> Skipped <input type="checkbox"/> Full chest							
Supine images <input type="checkbox"/> No <input type="checkbox"/> Yes							
Prone images <input type="checkbox"/> No <input type="checkbox"/> Yes							
Expiratory Images <input type="checkbox"/> No <input type="checkbox"/> Yes							
Edge Enhanced <input type="checkbox"/> No <input type="checkbox"/> Yes							
Scanned-in films <input type="checkbox"/> No <input type="checkbox"/> Yes							
2. Fibrosis <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
Irregular reticulation <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Traction bronchiectasis <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Honeycombing <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Craniocaudal distribution <input type="checkbox"/> Lower <input type="checkbox"/> Middle <input type="checkbox"/> Upper <input type="checkbox"/> Diffuse							
Axial distribution <input type="checkbox"/> Peripheral <input type="checkbox"/> Central <input type="checkbox"/> Diffuse							
PMF-like opacities <input type="checkbox"/> No <input type="checkbox"/> Yes							
PPFE-like opacities <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Analysis not performed							
Assoc. pulm. ossification <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Analysis not performed							
3. Ground glass opacity <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
Severity <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Craniocaudal distribution <input type="checkbox"/> Lower <input type="checkbox"/> Middle <input type="checkbox"/> Upper <input type="checkbox"/> Diffuse							
Axial distribution <input type="checkbox"/> Peripheral <input type="checkbox"/> Central <input type="checkbox"/> Diffuse							
4. Consolidation <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
Severity <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Craniocaudal distribution <input type="checkbox"/> Lower <input type="checkbox"/> Middle <input type="checkbox"/> Upper <input type="checkbox"/> Diffuse							
Axial distribution <input type="checkbox"/> Peripheral <input type="checkbox"/> Central <input type="checkbox"/> Diffuse							
5. Airways disease <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
Mosaic/Perfusion <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Air Trapping <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/A							
Airways inflammation <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Non-traction bronchiectasis <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
6. Nodules <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
Severity <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Definition <input type="checkbox"/> Ground glass <input type="checkbox"/> Dense							
Size <input type="checkbox"/> <5 mm <input type="checkbox"/> 5-10 mm <input type="checkbox"/> >10-30 mm <input type="checkbox"/> >30 mm							
Calcification <input type="checkbox"/> No <input type="checkbox"/> Yes							
Craniocaudal distribution <input type="checkbox"/> Lower <input type="checkbox"/> Middle <input type="checkbox"/> Upper <input type="checkbox"/> Diffuse							
Distribution <input type="checkbox"/> Perilymphatic <input type="checkbox"/> Random <input type="checkbox"/> Centrilobular							
Tree-in-bud <input type="checkbox"/> No <input type="checkbox"/> Yes							
7. Emphysema <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
Centrilobular <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Paraseptal <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Panlobular <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
8. Misc. Lung Findings <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
Cysts <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Interlobular septal thick. <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Crazy Paving <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe							
Subpleural Sparing <input type="checkbox"/> No <input type="checkbox"/> Yes							
Reversed Halo <input type="checkbox"/> No <input type="checkbox"/> Yes							
Perilobular Opacities <input type="checkbox"/> No <input type="checkbox"/> Yes							
9. Non-lung findings <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Analysis not performed							
Extensive LAD <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Analysis not performed							
Pleural disease <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Analysis not performed							
Esophageal dilation <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Analysis not performed							
10. Summary							
UIP designation (new) <input type="checkbox"/> UIP <input type="checkbox"/> Indeterminate for UIP							
<input type="checkbox"/> Probable UIP <input type="checkbox"/> Alternative diagnosis							
UIP designation (old) <input type="checkbox"/> Definite <input type="checkbox"/> Possible <input type="checkbox"/> Inconsistent							
Leading Diagnosis							
Alt. diagnosis 1							
Alt. diagnosis 2							
Confidence in diagnosis <input type="checkbox"/> High <input type="checkbox"/> Intermediate <input type="checkbox"/> Low							
Notes							
Empty Fields 13							
UIP discrepancy? 0							
>1 check selected 0							
Actual Diagnosis							
DEFINITIONS							
<p>Ground glass opacity: Confluent areas of opacity that do not obscure the underlying vessels. This is in the absence of significant associated irregular reticulation.</p> <p>Consolidation: Confluent areas of opacity that do obscure the underlying vessels.</p> <p>Irregular reticulation: Linear opacities that do not represent smooth or nodular interlobular septal thickening.</p> <p>Traction bronchiectasis: Dilated and irregular bronchi due to adjacent fibrosis with a lack of inflammatory thickening or mucous impaction.</p> <p>Honeycombing: Air density cysts with relatively thick walls that are first seen in the subpleural lung and then become stacked into multiple layers. At least 3 air density cysts lined up in the subpleural lung in a single row must be present. Also, at least one supportive sign of fibrosis must be present.</p> <p>Mosaic perfusion: Geographic areas of decreased lung attenuation with sharp margins seen on inspiratory CT.</p> <p>Air trapping: On expiratory images, the presence of areas of lung that do not significantly increase in attenuation when compared to the inspiratory images.</p> <p>Nodules: Multiple rounded opacities.</p> <p>Emphysema: Centrilobular emphysema are focal, air density lucencies without a wall typically predominating in the central portions of the upper lobes. Paraseptal emphysema are focal, air density lucencies with a thin wall located in the subpleural lung in a single layer. Panlobular emphysema is diffuse lung lucency with a lower lung predominance.</p> <p>Cysts: Focal air attenuation lucencies with a thin, but perceptible wall that typically predominate in the central lung, however occasionally may be subpleural in location.</p>							
OTHER DEFINITIONS							
<p>Severity:</p> <p>Mild: <10% lung involvement</p> <p>Moderate: 10-50% lung involvement</p> <p>Severe: >50% lung involvement</p> <p>For mosaic perfusion and air trapping to be moderate or severe they must also be present bilaterally and in at least 3 lobes</p> <p>Bronchiectasis (traction or non-traction) severity:</p> <p>Calculate severity in each lobe as (0=none, 1=mild, 2=moderate, 3=severe)</p> <p>The sum of all lobes determines overall severity:</p> <p>Mild ≤3</p> <p>Moderate 4-7</p> <p>Severe ≥8</p> <p>Confidence in diagnosis:</p> <p>High: ≥90% likelihood</p> <p>Intermediate: 51-89% likelihood</p> <p>Low: ≤50% likelihood</p>							

Figure E2. Histopathology data collection form

ILD HISTOPATHOLOGIC SCORING FORM

Name: _____
 Last First

Biopsy date: _____ Biopsy site(s): RUL LUL TBBx
 RML Lingula Unknown
Pathologist: Jones Other: _____ RLL LLL Other _____

GENERAL OBSERVATIONS

Low Magnification

1. Heterogeneous distribution of abnormal areas	Yes	No	N/A
2. Accentuation of fibrosis at the pleural surface	Yes	No	N/A
3. Abnormalities airway centered	Yes	No	N/A
4. Diffuse alveolar septal thickening is present	Yes	No	N/A

High Magnification

1. Temporal heterogeneity	Yes	No	N/A
2. Inflammation confined to areas of fibrosis	Yes	No	N/A
3. Microscopic honeycombing	Yes	No	N/A
4. Areas of normal lung	Yes	No	N/A

SPECIFIC FINDINGS (0 = ABSENT, 1 = MILD, 2 = MODERATE, 3 = MARKED)

1. Fibroblast foci (interstitial young connective tissue)	0	1	2	3
2. Organizing pneumonia (airway luminal granulation tissue)	0	1	2	3
3. Lymphocytic interstitial infiltrate in areas on non-fibrotic lung	0	1	2	3
4. Alveolar macrophages	0	1	2	3
5. Dense collagen fibrosis	0	1	2	3
6. Granuloma/Giant cells	0	1	2	3
7. Germinal centers	0	1	2	3
8. Inorganic dust deposits	0	1	2	3
9. Hemosiderin laden macrophages and intra-alveolar blood	0	1	2	3
10. Eosinophilia/Eosinophilic abscess	0	1	2	3
11. Airway-centered inflammation	0	1	2	3
12. Small airways disease	0	1	2	3
13. Emphysema	0	1	2	3
14. Acute lung injury (hyaline membranes)	0	1	2	3

Figure E3. Principal component analysis, discovery cohort. Black lines define the European subgroup.

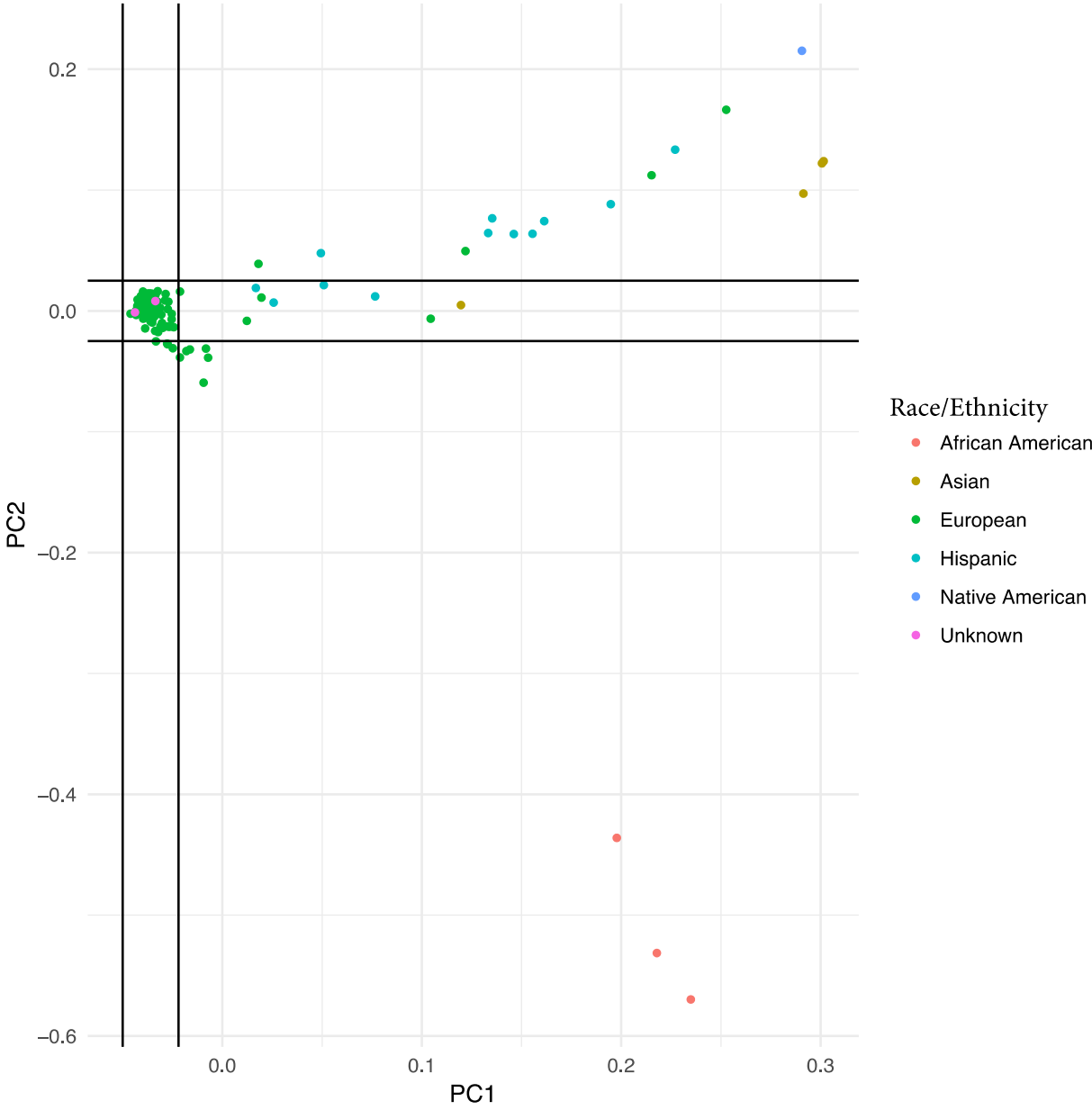


Figure E4. Principal component analysis, discovery cohort, restricted to the European subgroup, after excluding outliers.

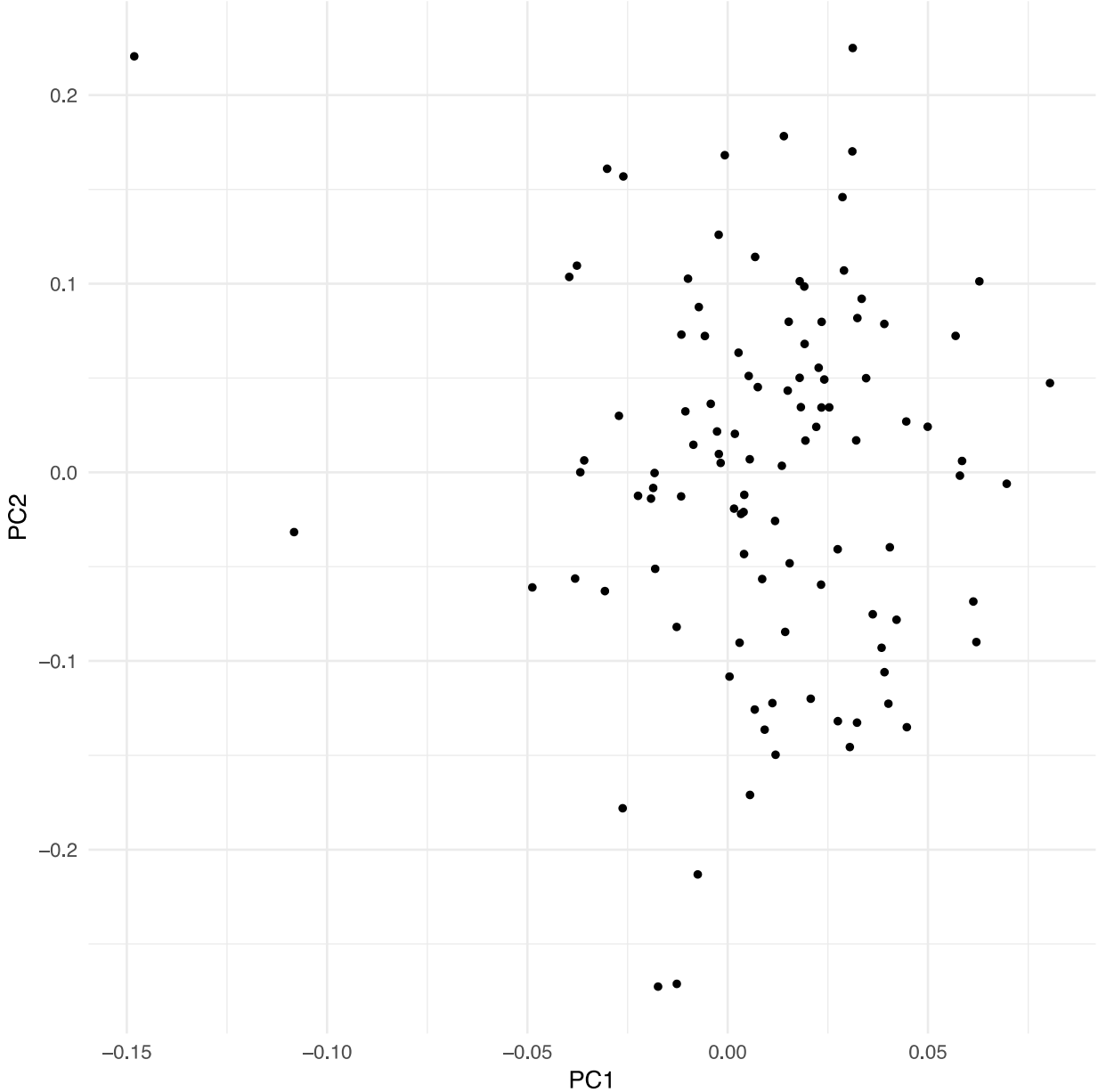


Figure E5. Principal component analysis, replication cohort. Black lines define the European subgroup.

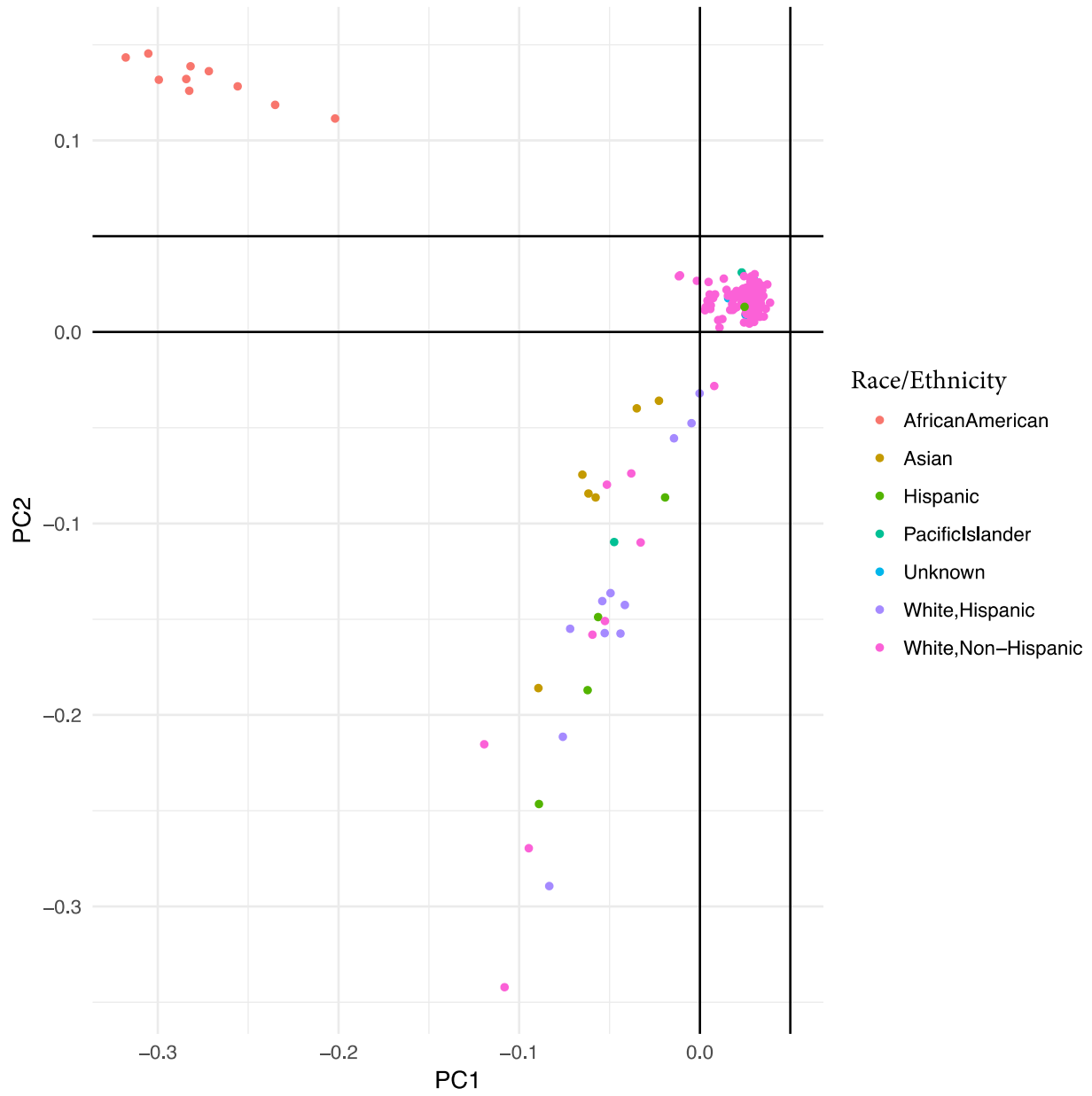


Figure E6. Principal component analysis, discovery cohort, restricted to the European subgroup, after excluding outliers.

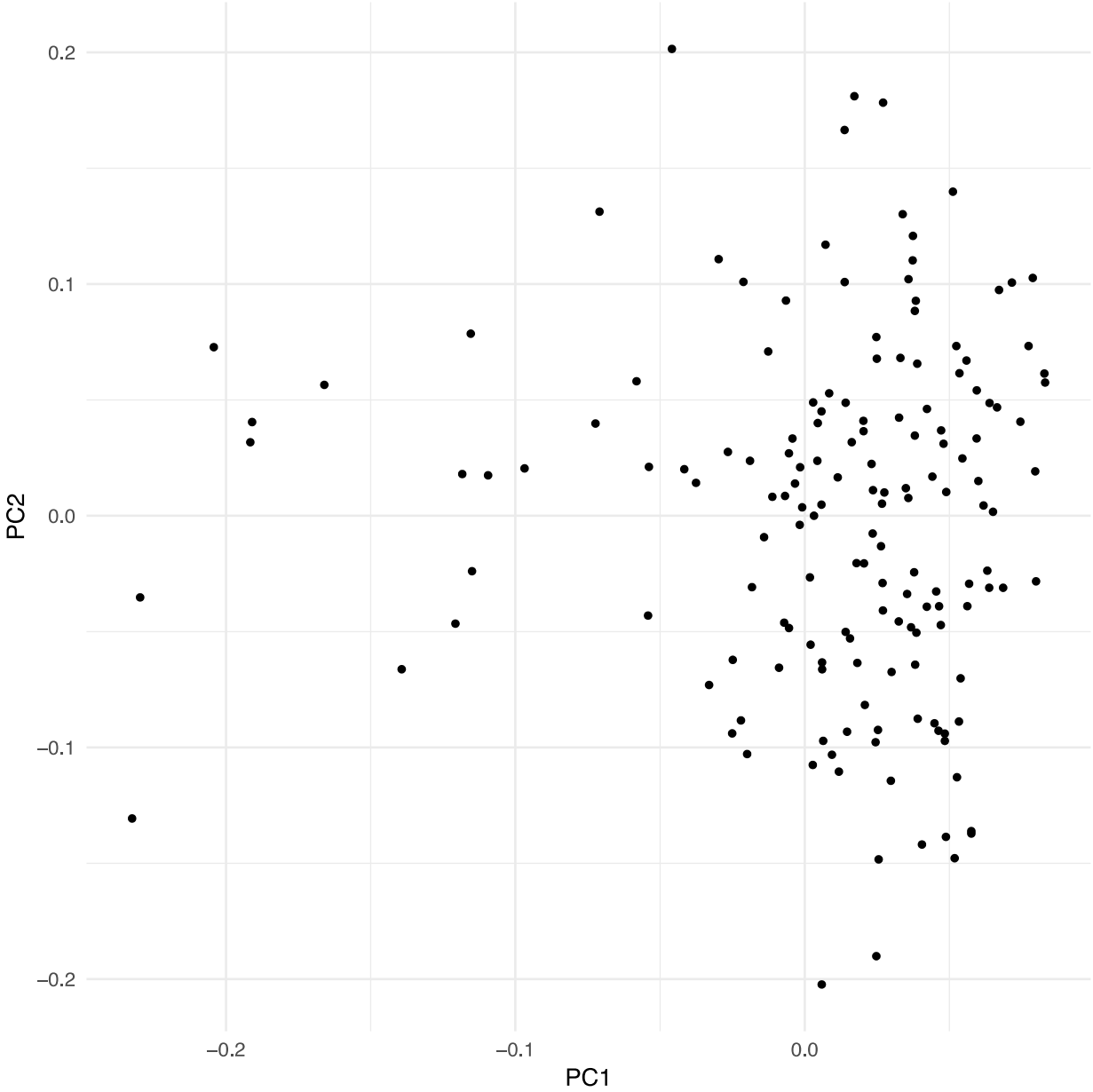


Table E8. Comparison of pathologic features by telomere variant status

Feature	Total	All		p-value	European		p-value*
		No Variant	Variant		No Variant	Variant	
N	110	98	12		78	8	
Microscopic honeycombing	24 (22.0%)	20 (21%)	4 (33%)	0.30	16 (21%)	3 (38%)	0.37
Heterogenous distribution	75 (68.2%)	65 (66%)	10 (83%)	0.33	52 (67%)	8 (100%)	0.099
Subpleural accentuation	28 (25.9%)	23 (24%)	5 (42%)	0.29	19 (25%)	4 (50%)	0.21
Airway centered	80 (73.4%)	70 (72%)	10 (83%)	0.51	55 (71%)	7 (88%)	0.44
<u>Dense collagen fibrosis</u>				0.66			0.92
None	26 (23.6%)	24 (24%)	2 (17%)		19 (24%)	1 (12%)	
Mild	36 (32.7%)	33 (34%)	3 (25%)		28 (36%)	3 (38%)	
Moderate	20 (18.2%)	18 (18%)	2 (17%)		12 (15%)	1 (12%)	
Marked	28 (25.5%)	23 (23%)	5 (42%)		19 (24%)	3 (38%)	
Any	84 (76.4%)	74 (76%)	10 (83%)	0.73	59 (76%)	7 (88%)	0.67
Moderate-Marked	48 (43.6%)	41 (42%)	7 (58%)	0.36	31 (40%)	4 (50%)	0.71
<u>Interstitial granulomas</u>				0.97			0.84
None	32 (29.1%)	29 (30%)	3 (25%)		21 (27%)	1 (12%)	
Mild	19 (17.3%)	17 (17%)	2 (17%)		12 (15%)	1 (12%)	
Moderate	29 (26.4%)	26 (27%)	3 (25%)		23 (29%)	3 (38%)	
Marked	30 (27.3%)	26 (27%)	4 (33%)		22 (28%)	3 (38%)	
Any	78 (70.9%)	69 (70%)	9 (75%)	1.00	57 (73%)	7 (88%)	0.67
Moderate-Marked	59 (53.6%)	52 (53%)	7 (58%)	0.77	45 (58%)	6 (75%)	0.46
<u>Lymphocytic infiltration</u>				0.96			1.00
None	16 (14.8%)	15 (16%)	1 (8%)		9 (12%)	1 (12%)	
Mild	34 (31.5%)	30 (31%)	4 (33%)		24 (32%)	3 (38%)	
Moderate	52 (48.1%)	45 (47%)	7 (58%)		37 (49%)	4 (50%)	
Marked	6 (5.6%)	6 (6%)	0 (0%)		6 (8%)	0 (0%)	
Any	92 (85.2%)	81 (84%)	11 (92%)	0.69	67 (88%)	7 (88%)	1.00
Moderate-Marked	58 (53.7%)	51 (53%)	7 (58%)	0.77	43 (57%)	4 (50%)	0.73
<u>Fibroblastic foci</u>				0.004			0.019
None	69 (63.3%)	65 (67%)	4 (33%)		54 (70%)	3 (38%)	
Mild	31 (28.4%)	27 (28%)	4 (33%)		21 (27%)	3 (38%)	
Moderate	8 (7.3%)	5 (5%)	3 (25%)		2 (3%)	1 (12%)	
Marked	1 (0.9%)	0 (0%)	1 (8%)		0 (0%)	1 (12%)	
Any	40 (36.7%)	32 (33%)	8 (67%)	0.029	23 (30%)	5 (62%)	0.11
Moderate-Marked	9 (8.3%)	5 (5%)	4 (33%)	0.008	2 (3%)	2 (25%)	0.043
<u>Small airway disease</u>				0.75			0.22
None	15 (14.0%)	14 (15%)	1 (9%)		11 (14%)	1 (12%)	
Mild	50 (46.7%)	43 (45%)	7 (64%)		37 (49%)	6 (75%)	
Moderate	32 (29.9%)	30 (31%)	2 (18%)		22 (29%)	0 (0%)	
Marked	10 (9.3%)	9 (9%)	1 (9%)		6 (8%)	1 (12%)	
Any	92 (86.0%)	82 (85%)	10 (91%)	1.00	65 (86%)	7 (88%)	1.00
Moderate-Marked	42 (39.3%)	39 (41%)	3 (27%)	0.52	28 (37%)	1 (12%)	0.25

*Trends in associations between variant status and semi-quantitative categories were evaluated using a multinomial logistic regression model.

Table E9. Coverage statistics for candidate genes

GENE	Discovery Cohort		Replication Cohort	
	Median	Minimum	Median	Minimum
DKC1	28	8	35	29
PARN	28	20	29	25
RTEL1	37	23	35	30
TERC	32	22	51	15
TERT	36	23	40	30
TINF2	29	20	44	31

Footnote:

1. Median = median of median coverage per exon across samples in read depth
2. Minimum = median of minimum coverage per exon across samples in read depth

Table E10. Comparison of variant inclusion criteria and variant frequencies between the current study and prior studies of telomere-related gene variants in idiopathic pulmonary fibrosis and rheumatoid arthritis-associated interstitial lung disease

Study	Genes included	MAF cut-off	Predicted effects	Frequency in Cases from Reference Study	Frequency in Controls from Reference Study	Frequency in non-Hispanic White Cases from Discovery Cohort in Current Study	Frequency in non-Hispanic White Cases from Replication Cohort in Current Study
Ley et al (current study)	TERT, TERC, PARN, RTEL1, TINF2, DKC1	0.005	1. LoF 2. PP2 – at least possibly damaging 3. SIFT- deleterious	n/a	n/a	n/a	n/a
Petrovski et al (Reference 29)	Whole Exome	0.0005 cases/controls AND absent in Exome Variant Server and ExAC	1. LoF 2. PP2- at least probably damaging	TERT = 0.0496 RTEL1 = 0.0229 PARN = 0.0267 Combined = 9.9%	TERT = 0.0014 RTEL1 = 0.0 PARN = 0.0012 Combined = 0.26%	TERT = 0.0248 RTEL1 = 0.0083 PARN = 0.0 Combined = 3.3%	TERT = 0.0237 RTEL1 = 0.0059 PARN = 0.0059 Combined = 3.6%
Juge et al (Reference 31)	ABCA3, PARN, RTEL1, SFTPA2, SFTPC, TERT	0.01	1. PP2 probably damaging or SIFT deleterious 2. GERP >=2 3. CADD >=10	TERT = 0.0741 RTEL1 = 0.0370 PARN = 0.123 Combined = 12.3%	TERT = 0.0168 RTEL1 = 0.0139 PARN = 0.0069 Combined = 3.8%	TERT = 0.0413 RTEL1 = 0.0413 PARN = 0.0083 Combined = 8.3%	TERT = 0.0355 RTEL1 = 0.0296 PARN = 0.0118 Combined = 7.7%
Dressen et al (Reference 30)	Whole Genome	0.01	PP2 >=0.5 OR high-impact	TERT = 0.0424 RTEL1 = 0.0305 PARN = 0.0124 Combined = 8.5%	TERT = 0.01 RTEL1 = 0.0176 PARN = 0.001 Combined = 2.9%	TERT = 0.0496 RTEL1 = 0.0331 PARN = 0.0165 Combined = 9.9%	TERT = 0.0355 RTEL1 = 0.0355 PARN = 0.0118 Combined = 8.3%

Abbreviations: MAF = minor allele frequency, ExAC = Exome Aggregation Consortium, LoF = loss of function, PP2 = polyphen-2, SIFT = Sorting Intolerant from Tolerant, GERP = Genomic Evolutionary Rate Profiling score, CADD = Combined Annotation Dependent Depletion score