Supplementary Online Content

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eReferences

This supplementary material has been provided by the authors to give readers additional information about their work.

eMethods. Study Population, Whole-Exome Sequencing, Pathogenicity Scoring and In Silico Analysis, and Statistical Analyses

Study Population

Osteosarcoma patients. 1,244 cases were assembled from participating studies described in **Supplemental Table 1**. 782 osteosarcoma cases were previously reported in a genome-wide association study $(GWAS)^{1,2}$, including 48 cases from the Instituto de Oncologia Pediátrica GRAACC/UNIFESP and Universidade Federal de Sao Paulo, Brazil², and a total of 462 additional cases were included, drawn from the Childhood Cancer Survivor Study (CCSS)³, USA, the NCI Bone Disease and Injury Study of Osteosarcoma (BDISO)⁴, USA, the Hospital Infantil Manuel De Jesus Rivera, Nicaragua, and from the Unidad Nacional de Oncologia Pediatrica (UNOP), Guatemala⁵. 1,004 osteosarcoma cases with WES performed at the NCI were included as a primary discovery set, and 240 additional (non-overlapping) osteosarcoma cases⁶ for replication had WES (N=100) or targeted sequencing (N=140) performed at the University of Minnesota. Neither family history nor tumor sequence data were available. 360 cases in the current study were also included in our prior study of *TP53* targeted sequencing and evaluation of P/LP variants⁷; this is noted in the results.

Population controls. 1,062 in-house, cancer-free adult controls were assembled from participating studies in **Supplemental Table 1**. 994 European DCEG control subjects were adults (mean age at study enrollment: 64.6, SD 7.2) drawn from three large studies: the Prostate, Lung, Colon and Ovarian Cancer Prevention Trial (PLCO)⁸, the American Cancer Society Cancer Prevention Study-II (CPSII)⁹, and the Environment and Genes in Lung cancer Etiology $(EAGLE)$ study¹⁰. Additionally, 68 controls from the Instituto de Oncologia Pediátrica GRAACC/UNIFESP and Universidade Federal de Sao Paulo, Brazil drawn from the same Brazilian population as the 48 osteosarcoma cases from Brazil.

The in-house, cancer-free adult controls and the discovery set cases had comparable wholeexome sequencing methods, coverage, variant calling, quality control filtering, and ancestry assessment. SNP GWAS microarray or WES data was used to determine the underlying population substructure of the cases and controls based on STRUCTURE and principal components analyses (PCA) with outliers removed. Individuals with >80% European ancestry were considered European (EUR).

All participating subjects provided informed consent under the auspices of local Institutional Review Boards.

Whole-Exome Sequencing

WES was performed on a discovery set of 1,004 confirmed osteosarcoma cases and 1,062 DCEG controls on germline DNA extracted from either leukocytes or buccal samples. WES detailed methods have been previously described. 11-13 In brief, NimbleGen's SeqCap EZ Human Exome Library, Exome+UTR (Roche NimbleGen, Inc., Madison, WI, USA), capture kit was used for all cases and controls, and sequencing was performed on an Illumina HiSeq2500 (with 125bp paired end reads) with the Bioo Nextflex (Perkin Elmer, Inc., Austin, TX) library prep (all DCEG controls and 721 cases) or on an Illumina HiSeq4000 (with 150bp paired end reads) with Kapa

HyperPlus (Roche Sequencing and Life Science, Kapa Biosystems, Wilmington, MA) library prep (285 cases). For all samples, library fragmentation was performed with parameters optimized to obtain insert sizes of 250bp-350bp. The human reference genome and the "known gene" transcript annotation were downloaded from the UCSC database, version hg19. Reads were trimmed and aligned to the hg19 reference genome using the Novoalign software (v3.00.05). High-quality alignments for each individual were created, local realignments refined, and BAM file level recalibrations were done with modules from the Genome Analysis Toolkit $(GATK v3.1)^{14}$.

Variant discovery and genotype calling of multi-allelic substitutions, insertions and deletions were performed on all individuals using the UnifiedGenotyper and HaplotypeCaller modules from Genome Analysis Toolkit (GATK v3.1) as well as the FreeBayes variant caller (v9.9.2). The Ensembl variant calling pipeline (bcbio V0.2.2:

[https://github.com/chapmanb/bcbio.variation/releases/tag/v0.2.2\)](https://github.com/chapmanb/bcbio.variation/releases/tag/v0.2.2) was used to integrate variant calling results from the above three callers, and all variants were included in the analyses after the Ensembl calling. Insertions and deletions were left-aligned at both post-alignment (BAM) and post-variant-calling (VCF) levels using GATK's LeftAlignIndels and LeftAlignVariants modules, respectively. Annotation and variant dissemination was performed using an in-house custom software annotation pipeline.

Exome analyses were conducted on samples that passed established in house quality control and variant filters^{11,12,15}. Poor quality and contaminated samples were excluded, and variants were excluded if they did not pass our pipeline quality control metrics (*e.g.*, CScorefilter), had read depth of <5, heterozygous allele fraction <0.25, and if the minor allele frequency (MAF) was $>1\%$ in our population (cases and controls combined) or in any population within 1,000 Genomes Project¹⁶, NHLBI ESP¹⁷ or ExAC¹⁸.

The average WES coverage was >15 reads in 99.8% of the cases and 99.7% of the controls, with median coverage of 53X and 52X in cases and controls, respectively (**Supplemental Figure 1**).

WES and targeted sequencing of 240 replication set cases. WES of 100 osteosarcoma cases (replication set 1) and targeted sequencing of the 238 cancer-susceptibility genes for 140 additional osteosarcoma cases (replication set 2) was conducted on germline DNA extracted from buccal samples by standard methods at the University of Minnesota. WES Libraries were created using the Agilent SureSelect All Exon V5+UTRs kit and were sequenced by the University of Minnesota Genomics Center (UMGC) using a HiSeq2000 that generated 100bp paired end reads with an average on-target insert size of 188.7bp. We implemented the best practices as delineated in the Genome Analysis Toolkit (GATK) pipeline¹⁹, including using BWA-MEM²⁰ for alignment, GATK for quality recalibration and indel realignment, and GATK HaplotypeCaller for genotyping. On average, 48.3 million reads were delivered per sample, with 35.0 million on target. The average read depth was 46.7x across the 100 case samples.

Genes for targeted sequencing were selected based on genes identified in the 100 osteosarcoma cases (noted above, replication set 1) with a P/LP variant, plus genes identified as cancerpredisposing genes based on previous reports^{21,22} and genes reported in COSMIC²³ with germline effects; the 238 cancer-susceptibility genes assessed in the discovery set were targeted. Targeted sequencing was conducted at UMGC using a HiSeq2500 that generated 125bp paired

end reads with an average on-target insert size of 195.4bp. Best practices were implemented as delineated in the GATK pipeline^{$19,20$}. On average, 6.8 million reads were delivered per sample, with 4.4 million on target. The average read depth was 206.6x across 140 case samples.

Pathogenicity Scoring and In Silico Analysis

Rare variants passing quality control and variant filters were evaluated for pathogenicity. A stepwise pipeline was constructed to evaluate each rare variant identified above in the genes of interest. Variants were classified as "Pathogenic" (P), "Likely Pathogenic" (LP), "Variant of Uncertain Significance" (VUS), "Likely Benign" (LB), or "Benign". The classification of variants was based on previous reports^{22,24} and on the guidelines recommended by the American College of Medical Genetics and Genomics and the Association for Molecular Pathology²⁵ and adapted as follows: Step 1: variants matching a known variant annotated by a badged laboratory in ClinVar²⁶ were categorized as the designated pathogenicity category given by the badged ClinVar laboratory (P, LP, VUS, LB or B). The ClinVar badged laboratory classification was based on clinical laboratories meeting minimum requirements for data sharing to support quality assurance by ClinGen [\(https://www.clinicalgenome.org/lablist/\)](https://www.clinicalgenome.org/lablist/); the variant scores from laboratories that were not-badged were disregarded using the archive database downloaded on $5/20/2018^{26}$. At least one score was needed to classify variants, and a majority rule was applied. Step 2: variants not included in ClinVar were evaluated using InterVar version 2.1.2 (default settings)²⁷, and categorized by its designated pathogenicity category (P, LP, VUS, LB or B). Step 3: variants of uncertain significance, as determined by either ClinVar or InterVar, that were a high impact variant (frameshift indels, stop gain/loss, or known splice sites) and classified as a disease-causing mutation (DM) by $H\text{GMD}^{28}$ (2018.1) were categorized as LP. Variants classified as a high impact variant or HGMD DM in established cancer predisposition syndrome genes²⁹ were manually reviewed based on the published literature to determine/confirm pathogenicity and categorized as LP or VUS. Step 4: all P and LP variants were further filtered by population frequency (public database populations¹⁶⁻¹⁸ and our total case/control frequency), for AR genes the variant allele frequency had to be ≤ 0.005 and ≤ 0.001 for non-AR genes otherwise the variants were down-graded to VUS. The VUS category was further divided into *in silico* predicted damaging (VUS_D) or not-damaging (VUS_ND), described below (see *in silico* prediction algorithm). The final step was a manual review of all P and LP designated variants, and review of the high impact and HGMD DM variants for a final designation of P, LP, or VUS D. Manual review included review of literature for confirmation of pathogenicity, gene specific database review, confirmation of the phenotype within the spectrum of the associated syndrome or cancer, evaluation of the mutation impact on gene function and the mechanism of action associated with that gene. **Supplemental Table 4** summarizes the cancer-susceptibility gene variant classification schema.

Detailed manual review of the P/LP variants, high impact and HGMD DM variants, as described, was performed for the 1,004 discovery set cases and 1,062 DCEG controls. For both the 240 replication set cases and the 27,173 ExAC NFE resource, Steps 1-4 were identical with an equivalent minimal manual review at the final step of the classification schema (**Supplemental Table 4**). It is not possible to determine whether individuals in ExAC carry more than one variant of interest due to the lack of individual level data. This could result in an overestimation of MAFs in this dataset.

An *in silico* prediction algorithm was used to further filter the VUS category for all of the cancer-susceptibility genes, and for the candidate genes, in order to categorize VUS variants as 'damaging' or 'not damaging'. Three programs were used to assign variants as *in silico* deleterious: if MetaSVM³⁰ (predicted Damaging), $REVEL^{31}$ (score ≥ 0.5) and CADD³² (score ≥20) predicted a variant deleterious, the variant was categorized as "VUS_D", or otherwise as "VUS ND". For candidate and somatic genes, variants were further classified as 'VUS D' if they were a high impact variant (frameshift indels, stop gain/loss, or known splice sites) or pathogenic or likely pathogenic (P/LP) by ClinVar²⁶. The variant population frequency for VUS D variants had to be ≤ 0.005 in public database populations¹⁶⁻¹⁸ and in our total population (cases and controls), otherwise variants were down-graded to VUS_ND.

Variant calls for all P/LP indels and approximately 50% of SNVs were manually reviewed by an experienced reviewer, and 3.6% of the indels were excluded due to potentially being a false positive based on the following criteria. The sequencing reads (BAM files) in the genomic regions surrounding the variant calls were reviewed using the Integrative Genomics Viewer (IGV) to exclude sequencing and analysis artifacts, and thus false positive findings, following the recommendations/criteria outlined in Robinson et al. $2017³³$ and in the IGV user guide (http://www.broadinstitute.org/igv). Briefly, visual inspection for potential errors in indel or SNV calls was performed by manually reviewing the specific indel/variant aligned reads for: (1) highlighted mismatched bases in individual reads; (2) highlighted ambiguously mapped reads (mapping quality = 0); (3) shaded bases with low read base quality (shaded when quality ≤ 20); (4) forward and reverse strands for strand bias; and (5) the alignment, sequencing, and platform meta-data.

Statistical Analyses

We compared the 1,004 osteosarcoma cases (discovery set) with the 1,062 DCEG controls (994 controls of EUR ancestry and 67 controls drawn from the same Brazilian population as the studied included 48 osteosarcoma cases from Brazil). For replication, we evaluated 240 osteosarcoma cases with germline WES (replication set 1) or targeted sequencing (replication set 2) data from the University of Minnesota, and we compared the total of the cases to the public resource of ExAC NFE18.

Rare variant burden tests were conducted between the EUR cases (N=732) and EUR DCEG controls (N=994) using the burden and SKAT-O tests³⁴. To adjust for multiple comparisons, a Bonferroni significance threshold of 0.0002 was used for 238 cancer-susceptibility gene tests, and *P*-values that remained significant based on this threshold were noted. Burden tests were performed in three ways: (1) comparing the burden of only the P/LP cancer-susceptibility gene variants (termed "pathogenic variant burden"), (2) comparing the burden of all potentially deleterious variants (including P, LP and VUS D variants and termed "deleterious variant burden"), (3) comparing the burden of all rare variants, applying a MAF threshold of 0.01 as the definition of rare variation (no pathogenicity criteria, termed "rare variant burden"). Comparisons among cases with and without P/LP cancer-susceptibility gene variants were performed using Chi-squared (χ^2) or Fisher's exact tests for categorical variables, and Mann-Whitney U (MWU) tests for continuous variables (i.e., age). A subregion-based burden test $(REBET)^{35}$ was used to determine the *TP53* protein/functional domain that was significantly

enriched for P/LP variants in the cases compared to the controls, while adjusting for multiple comparisons. Lollipop plots of P/LP variants by gene with publicly available somatic mutation pediatric data were visualized in the ProteinPaint genome browser³⁶.

The ExAC NFE case-control comparisons were only performed for the genes that were identified as significantly different between the primary discovery set cases and DCEG controls that had comparable WES at NCI. Carrier frequencies from ExAC NFE were only used as secondary comparisons because the methods are not directly comparable to our cases due to potential differences in both the sequencing methods (e.g., capture kit, sequencing chemistries) and bioinformatic analyses (*e.g.,* variants in ExAC were only called using HaplotypeCaller and utilized different quality control filters). Exact binomial tests were used to compare the frequencies of variants in select cancer-susceptibility genes in the cases versus those in the ExAC NFE resource; burden tests could not be performed for ExAC comparisons because ExAC does not provide individual level data. We used logistic regression to assess associations between case-control status and the presence of P/LP cancer-susceptibility gene variants. All statistical tests were two-sided and performed with R version 3.3.2 and SPSS version 23.

We conducted a time-to-event analysis in 407 osteosarcoma cases from the discovery set with survival data to investigate the effect of carrying P/LP variants on overall survival. The overall survival time was calculated as the time from the date of osteosarcoma diagnosis until the date of death for those deceased or the last date known to be alive; patients were censored at the last date known to be alive or when lost to follow-up. Cause of death was not available for all cases. We compared overall survival for cases carrying P/LP variants to cases without P/LP variants for all cancer-susceptibility genes, and for *TP53*, using Cox proportional hazards regression and estimated hazard ratios (HR) and 95% confidence intervals (CI). Cox models were adjusted for age at diagnosis, gender, and tumor location (i.e., axial vs. extremity location).

We conducted a pathway enrichment analysis for the 101 cancer-susceptibility genes with one or more pathogenic or likely pathogenic variant identified in the discovery set of 1,004 osteosarcoma cases using algorithms from the webtools KOBAS 3.0^{37} [\(http://kobas.cbi.pku.edu.cn\)](http://kobas.cbi.pku.edu.cn/) and PathDIP³⁸ [\(http://ophid.utoronto.ca/pathDIP/\)](http://ophid.utoronto.ca/pathDIP/). Both algorithms used a hypergeometric approach to test pathways that are over represented given a gene set. For this analysis we used: (1) as input, all genes that have at least one P/LP variant in the cases; (2) as background, *Homo sapien* genes provided by each algorithm; and, (3) as pathway databases, KEGG and Reactome. For the network analysis, protein-protein interactions were retrieved from the Integrated Interactions Database (IID)³⁹ and visualized in Network Analysis, Visualization, & Graphing TORonto (Navigator) 40 .

eTable 1. Description of Participating Studies

†Ancestry based on GWAS data; EUR, European ancestry; AFR, African ancestry; ADM, admixed ancestry; ASN, Asian ancestry; HIS, Hispanic ancestry; Brazil, cases/controls from Brazil.

Age data was not available for the cancer-free controls from Brazil.

eTable 2. Description of 238 Cancer-Susceptibility Genes Evaluated

Syndromes known to be associated with the occurrence of osteosarcoma are shaded.

AD, autosomal dominant; AR, autosomal recessive; unk, unknown inheritance; de novo, de novo mutation.

eTable 3. Osteosarcoma Candidate Genes and Known Pediatric/Osteosarcoma Somatically Altered Genes Evaluated

† Genes lists do not overlap; candidate genes that were also known somatically altered genes were included as a candidate gene.

eTable 4. Details of Criteria for Classification of Pathogenicity Categories

P = pathogenic, LP = likely pathogenic, VUS_D = variant of uncertain significance (VUS) *in silico* predicted damaging, VUS_ND = VUS *in silico* predicted not damaging, $LB =$ likely benign, $B =$ benign.

 \textsterling Damaging *in silico* is REVEL \geq 0.5 and CADD \geq 20 and MetaSVM = D.

† PopMax ≤ 0.005 for AR genes and ≤ 0.001 for non-AR genes; TotalCount ≤ 10.

Ŧ Based on review of literature confirming pathogenicity, gene specific database review, phenotype within the spectrum of associated syndrome or cancer, mutation impact on gene function and mechanism of action.

Path. Score	No. cases	Chr	Position	REF	ALT	Gene	Gene Inher.	HGVS.c	HGVS.p	CytoBand	Effect	Impact	Pop Max Freq
LP		chr1	100316614	CAG	\overline{C}	AGL	AR	c.18 19delG A	p.Gln6fs	1p21.2	frameshift variant	HIGH	0.01%
LP		chr1	100366273	$\mathbf C$	\mathbf{A}	AGL	AR	c.3444C>A; c.3396C $>A$	p.Tyr1148*;p. $Tyr1132$ [*] ;p.Ty $r1132$ *;p.Tyr1 $131*$	1p21.2	stop_gaine d	HIGH	0.00%
$\, {\bf p}$		chr1	241675301	$\mathbf G$	$\mathbf C$	FH	AD/AR	c.521C>G		1q43	structural i nteraction variant	HIGH	0.05%
$\, {\bf P}$	1	chr1	241671943	$\mathbf C$	$\mathbf T$	$FH% \begin{pmatrix} \left\vert \gamma \right\vert & \gamma \\ \gamma \right\vert \leq \gamma \leq \gamma \leq \gamma. \end{pmatrix}$	AD/AR	c.698G $>A$		1q43	structural i nteraction variant	HIGH	0.02%
LP	$\mathbf{1}$	chr1	155208361	$\mathbf C$	$\mathbf G$	GBA	AR	c.535G>Cc. 388G>C;c.1 96G>C;c.27 4G > C	p.Asp179His;p Asp179His;p. Asp130His;p. Asp66His;p.A sp92His	1q22	missense_v ariant	MODERATE	0.02%
$\, {\bf p}$	1	chr1	155210420	$\mathbf C$	$\mathbf T$	GBA	AR	$c.115+1G$ An.234+1G $>A; n.453+1$ $G > A; n.436+$ 1G > A; n.420 $+1G > A; n.24$ $6+1G>A$	1q22	splice_don or variant &intron_va riant	HIGH	0.10%	
${\bf P}$	1	chr1	43804234	CCT	${\bf C}$	MPL	AD/AR	c.235_236de 1CT	p.Leu79fs	1p34.2	frameshift variant	HIGH	0.01%
LP		chr1	43814627	$\mathbf G$	\mathbf{A}	MPL	AD/AR	c.1422G>A	p.Trp474*	1p34.2	stop_gaine	HIGH	0.00%
${\bf P}$	$\overline{2}$	chr1	43804305	${\bf G}$	$\mathbf C$	MPL	AD/AR	c.305G>C	p.Arg102Pro	1p34.2	missense v ariant	MODERATE	0.10%
$\, {\bf p}$		chr1	43804396	$\mathbf G$	$\mathbf C$	MPL	AD/AR	$c.391 + 5G > C$		1p34.2	splice_regi on variant	LOW	0.03%

eTable 5. Details of Pathogenic and Likely Pathogenic Variants in 1004 Patients With Osteosarcoma in Discovery Set

 $P =$ pathogenic, $LP =$ likely pathogenic, $VUS =$ variant of uncertain significance, $LB =$ likely benign.

AD, autosomal dominant; AR, autosomal recessive; XLR, X-linked recessive; UNK, unknown inheritance. DM, disease-causing mutation.

DM, disease-causing mutation.

Gene inher., gene inheritance.

eTable 6. Prevalence of Potentially Pathogenic Variants in 238 Cancer-Susceptibility Genes in 1244 Patients With Osteosarcoma Compared With 28 235 Individuals Without Cancer

Abbreviations: AD, autosomal dominant; AR, autosomal recessive; XLR, X-linked recessive; WES, whole exome sequencing; P, pathogenic; LP, likely pathogenic; NFE, non-Finnish European.

*, unknown inheritance P/LP variants (N=3) are included with AD, AD/AR.

eTable 7. Top Statistically Significant Cancer-Susceptibility Genes With a Higher Burden of Variants

Higher burden of variance in European (EUR) patients with osteosarcoma ($n = 732$) and European in-house individuals in the control group ($n = 994$) for the specified burden test, subsequently compared with individuals of non-Finnish European ancestry in the ExAC group ($n = 27173$).

Abbreviations: AD, autosomal dominant; AR, autosomal recessive; P, pathogenic; LP, likely pathogenic; VUS_D = variant of uncertain significance (VUS) *in silico* predicted damaging; NFE, non-Finnish European; N, number of individuals with the specified rare variants.

†, *TP53* was the top most significant gene in all burden analyses, it is shown only once.

‡, exact binomial test P value, tests if the proportion of cases with variants is the same as observed in the ExAC NFE controls.

Bolded values remains significant at 0.0002 if a Bonferroni correction for multiple tests is used.

*, EUR cases vs. ExAC NFE, odds of cases carrying a mutation in the specified gene.

eTable 8. Characteristics of Individuals With *TP53* Pathogenic/Likely Pathogenic Variants and All Pathogenic/Likely Pathogenic Cancer-Susceptibility Gene Variants in 1004 Patients With Osteosarcoma in the Discovery Set

dx, diagnosis; EUR, European ancestry; AFR, African ancestry; ADM, admixed; HIS, Hispanic; ASN, Asian; P, pathogenic; LP, likely pathogenic.

P values for the difference between cases with the specified P/LP variants and cases without these variants using a Chi-Square test.

† Not all cases had all variable data, counts (% of total) are given for the cases with these data.

€ Includes cases with all pathogenic/likely pathogenic variants, and both AD and AR inheritance gene variants.

¥ Ancestry based on GWAS data.

§ Based on the presence of a death date or last known alive date.

eTable 9. Pathways Significantly Enriched for 101 Cancer-Susceptibility Genes With 1 or More Pathogenic/Likely Pathogenic Variants in 1004 Patients With Osteosarcoma

*Fisher exact test.

†Shown for pathways significant at 0.0002 after Bonferroni correction for multiple tests.

eTable 10. Number of Rare Variants by Pathogenicity Score in 1004 Patients With Osteosarcoma and 1062 Individuals Without Cancer for 238 Cancer-Susceptibility Genes and Pathogenic/Likely Pathogenic Variants in 240 Patients in the Replication Set

Abbreviations: P, pathogenic; LP, likely pathogenic

†Rare variants of uncertain significance but predicted damaging based on in silico predictions (MetaSVM, REVEL, and CADD scores).

Disc, 1,004 discovery set cases; Rep., 240 total independent replication set cases.

*Overall pathogenic variant prevalence appears a little higher here due to some people carrying more than one pathogenic gene variant and counted more than once here.

 \overline{P} = pathogenic, LP = likely pathogenic, VUS = variant of uncertain significance, LB = likely benign.

AD, autosomal dominant; AR, autosomal recessive; XLR, X-linked recessive; UNK, unknown inheritance; DM, disease-causing mutation; WES, whole exome sequencing.

*TP53** variant at this position present in the IARC germline mutation TP53 database (R20) in Li-Fraumeni syndrome, Li-Fraumeni-like syndrome, or *TP53* Chompret classified families/individuals.

TP53† variant present in an osteosarcoma case in the discovery and replication set and also in an individual in the IARC germline mutation TP53 database (R20) with osteosarcoma.

eTable 12. Top Statistically Significant Candidate Genes With a Higher Burden of Variants

European patients ($n = 732$) compared with European individuals in the control group ($n = 994$) for the specified burden test.

N, number of individuals with the specified rare variants.

¥ only the top significant genes are shown.

eFigure 1. Mean Whole-Exome Sequencing Coverage per Sample

Coverage across the 238 cancer-susceptibility genes for the 1004 patients in the primary discovery set and 1062 individuals the control group. Depth of coverage was estimated after excluding the duplicate reads generated during sequencing. The mean coverage for all participant samples was 57.13 (standard deviation 16.16) and 53.18 for all control group samples (standard deviation 12.94).

eFigure 2. Frequency of Rare Pathogenic/Likely Pathogenic Variants in the *TP53* Gene and the Other Cancer-Susceptibility Genes

Frequency compared with individuals without a pathogenic/likely pathogenic variant by age at diagnosis. Mann-Whitney U (MWU) test *P* value for the distribution of age at osteosarcoma diagnosis for individuals with and without pathogenic/likely pathogenic variants for all cancer-susceptibility genes (1) and for *TP53* (2). Not all patients had age at diagnosis data. The all pathogenic/likely pathogenic variant (1) category in red excludes the individuals with *TP53* P/LP variants (2) shown in green.

eFigure 3. Pathway Enrichment Illustrated With a Network Analysis and Protein-Protein Interactions for 101 Cancer-Susceptibility Genes With 1 or More Pathogenic/Likely Pathogenic Variant Identified in Discovery Set of 1004 Patients With Osteosarcoma

Node size represents the number of protein-protein interactions within the network, with a maximum of 51 and minimum of 1. Pathway enrichment analyses were performed using algorithms from the web tools, KOBAS 3.0 and PathDIP. Both algorithms used a hypergeometric approach to test pathways that are overrepresented given a gene set.

eFigure 4. Lollipop Plots Illustrating Location of Variants Within the Specified Genes That Contain a Significantly Increased Burden (Number) of Rare Pathogenic/Likely Pathogenic Variants in Patients Compared With the Control Group by Protein/Functional Domain

A. *TP53*

Pathogenic/likely pathogenic variants observed in the 1004 patients with osteosarcoma are shown above each plot. † Published somatic variants from the Therapeutically Applicable Research To Generate Effective Treatments (TARGET) osteosarcoma study and the Pediatric Cancer Genome Project (PCGP) osteosarcoma study and from COSMIC bone cancers visualized in the ProteinPaint genome browser. Published somatic variants from all the pediatric cancer data in TARGET and PCGP and from COSMIC bone cancers were retrieved with the ProteinPaint genome browser. The number of patients with a specific variant are shown within each circle if more than 1.

Pathogenic/likely pathogenic variants observed in the 1004 patients with osteosarcoma are shown above each plot. † Published somatic variants from the Therapeutically Applicable Research To Generate Effective Treatments (TARGET) osteosarcoma study and the Pediatric Cancer Genome Project (PCGP) osteosarcoma study and from COSMIC bone cancers visualized in the ProteinPaint genome browser. Published somatic variants from all the pediatric cancer data in TARGET and PCGP and from COSMIC bone cancers were retrieved with the ProteinPaint genome browser. The number of patients with a specific variant are shown within each circle if more than 1.

C. *RECQL4*

Pathogenic/likely pathogenic variants observed in the 1004 patients with osteosarcoma are shown above each plot. † Published somatic variants from the Therapeutically Applicable Research To Generate Effective Treatments (TARGET) osteosarcoma study and the Pediatric Cancer Genome Project (PCGP) osteosarcoma study and from COSMIC bone cancers visualized in the ProteinPaint genome browser. Published somatic variants from all the pediatric cancer data in TARGET and PCGP and from COSMIC bone cancers were retrieved with the ProteinPaint genome browser. The number of patients with a specific variant are shown within each circle if more than 1.
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