

# **SUPPLEMENTAL MATERIAL**

**Table S1. Cardiomyopathy gene testing panels.**

Panel	DCM-pnlA	DCM-pnlB	PCM-pnlD	DCM-pnlC	PCM-pnlCv2	PCM-pnlA	PCM-pnlAv2	PCM-pnlCv3	PCM-pnlAv3
Genes	MYBPC3	LDB3	CASQ2	ABCC9	ABCC9	ABCC9	ABCC9	ABCC9	ABCC9
	MYH7	LMNA	DSC2	ACTC1	ACTC1	ACTC1	ACTC1	ACTC1	ACTC1
	TNNI3	ACTC1	DSG2	ACTN2	ACTN2	ACTN2	ACTN2	ACTN2	ACTN2
	TNNT2	PLN	DSP	CSRP3	BAG3	ANKRD1	ANKRD1	BAG3	ANKRD1
	TPM1	TAZ	JUP	CTF1	CSRP3	CASQ2	BAG3	CASQ2	BAG3
			PKP2	DES	CTF1	CAV3	CASQ2	CHRM2	CASQ2
			RYR2	EMD	DES	CRYAB	CAV3	CRYAB	CAV3
			TMEM43	LDB3	EMD	CSRP3	CRYAB	CSRP3	CHRM2
				LMNA	GATAD1	CTF1	CSRP3	DES	CRYAB
				MYBPC3	LAMP2	DES	CTF1	DMD	CSRP3
				MYH7	LDB3	DSC2	DES	DOLK	DES
				PLN	LMNA	DSG2	DSC2	DSC2	DMD
				SGCD	MYBPC3	DSP	DSG2	DSG2	DOLK
				TAZ	MYH7	DTNA	DSP	DSP	DSC2
				TCAP	NEXN	EMD	DTNA	DTNA	DSG2
				TNNI3	PLN	FHL2	EMD	EMD	DSP
				TNNT2	RBM20	GLA	FHL2	GATAD1	DTNA
				TPM1	SCN5A	JUP	GATAD1	GLA	EMD
				VCL	SGCD	LAMA4	GLA	JUP	FHL2
					TAZ	LAMP2	JUP	LAMP2	GATAD1
					TCAP	LDB3	LAMA4	LDB3	GLA
					TNNC1	LMNA	LAMP2	LMNA	ILK
					TNNI3	MYBPC3	LDB3	MURC	JPH2
					TNNT2	MYH6	LMNA	MYBPC3	JUP
					TPM1	MYH7	MYBPC3	MYH6	LAMA4
					TTN	MYL2	MYH6	MYH7	LAMP2
					VCL	MYL3	MYH7	MYL2	LDB3
						MYLK2	MYL2	MYL3	LMNA
						MYOZ2	MYL3	MYOZ2	MURC
						NEXN	MYLK2	MYPN	MYBPC3
						PKP2	MYOZ2	NEBL	MYH6
						PLN	NEBL	NEXN	MYH7
						PRKAG2	NEXN	PKP2	MYL2
						RBM20	PKP2	PLN	MYL3
						RYR2	PLN	PRDM16	MYLK2
						SGCD	PRKAG2	PRKAG2	MYOM1
						TAZ	RBM20	PTPN11	MYOZ2
						TCAP	RYR2	RAF1	MYPN
						TMEM43	SCN5A	RBM20	NEBL
						TNNC1	SGCD	RYR2	NEXN

						<i>TNNI3</i>	<i>TAZ</i>	<i>SCN5A</i>	<i>PDLIM3</i>
						<i>TNNT2</i>	<i>TCAP</i>	<i>SGCD</i>	<i>PKP2</i>
						<i>TPM1</i>	<i>TMEM43</i>	<i>TAZ</i>	<i>PLN</i>
						<i>TTN</i>	<i>TMPO</i>	<i>TCAP</i>	<i>PRDM16</i>
						<i>TTR</i>	<i>TNNC1</i>	<i>TMEM43</i>	<i>PRKAG2</i>
						<i>VCL</i>	<i>TNNI3</i>	<i>TNNC1</i>	<i>PTPN11</i>
							<i>TNNT2</i>	<i>TNNI3</i>	<i>RAF1</i>
							<i>TPM1</i>	<i>TNNT2</i>	<i>RBM20</i>
							<i>TTN</i>	<i>TPM1</i>	<i>RYR2</i>
							<i>TTR</i>	<i>TRDN</i>	<i>SCN5A</i>
							<i>VCL</i>	<i>TTN</i>	<i>SGCD</i>
								<i>TTR</i>	<i>TAZ</i>
								<i>VCL</i>	<i>TCAP</i>
									<i>TMEM43</i>
									<i>TNNC1</i>
									<i>TNNI3</i>
									<i>TNNT2</i>
									<i>TPM1</i>
									<i>TRDN</i>
									<i>TTN</i>
									<i>TTR</i>
									<i>VCL</i>

Genes included in cardiomyopathy sequencing panels. Testing panels expanded from 5 to 62 genes over the study period.

**Table S2. Relationship between number of genes tested and test result.**

Test Result		Positive		Inconclusive		Negative	
Re-classification status		Before	After	Before	After	Before	After
Number of genes tested	<b>&lt;= 10</b>	1/6	3/6	3/6	1/6	2/6	1/6
	<b>&gt; 10 - 50</b>	4/24	3/24	13/24	11/24	7/24	10/24
	<b>&gt; 50</b>	11/33	9/33	22/33	20/33	0/33	4/33
	<b>All</b>	16/63	15/63	38/63	32/63	9/63	15/63

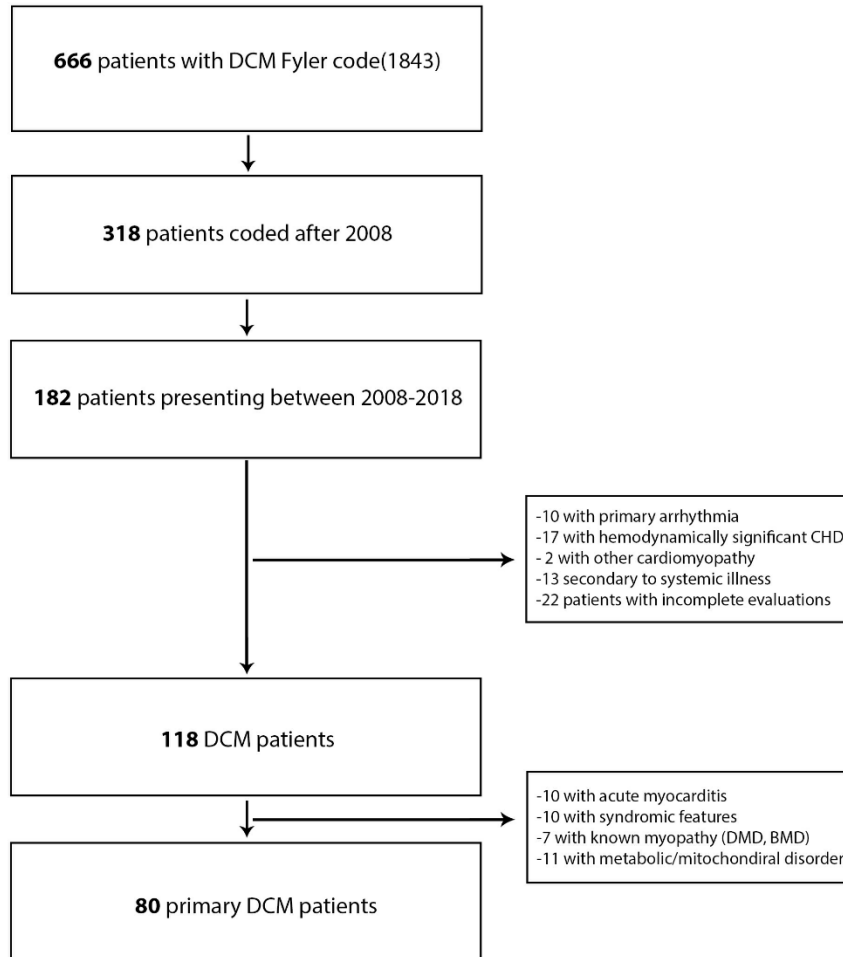
Test results before and after variant reclassification as a proportion of the total number of tests are shown. Tests are grouped by number of genes tested. Positive tests include those with pathogenic or likely pathogenic variants. Negative tests include those with benign or likely benign variants. Inconclusive tests include those with VUS's that do not meet positive test criteria. Variants that were ultimately determined to be disease causing at the discretion of the clinician are grouped with their original testing result as issued by the laboratory.

**Table S3. Number of variants identified by genetic testing panel.**

<b>Panel(s) Tested</b>	<b>DCM- pnlA</b>	<b>DCM- pnlB</b>	<b>PCM- pnlD</b>	<b>DCM- pnlA, DCM- pnlB</b>	<b>DCM- pnlC</b>	<b>PCM- pnlCv2</b>	<b>PCM- pnlA</b>	<b>PCM- pnlAv2</b>	<b>PCM- pnlCv3</b>	<b>PCM- pnlAv3</b>
<b>Number of genes tested</b>	5	5	8	10	19	27	46	51	53	62
<b>Number of tests performed</b>	1	1	1	3	18	5	1	9	1	23
<b>Number of causal variants* identified</b>	0	1	0	2	5	1	0	4	0	6

Genetic testing by gene panel. A list of genes for each panel can be found in Table S2. \*includes Likely pathogenic and pathogenic variants as per ACMG/AMP classification criteria, as well as those classified as VUS favor pathogenic where clinical judgement was used to override the initial variant classification following clinical assessment

**Figure S1. Patient selection scheme.**



80 patients with primary DCM were identified within the study period. 73 patients were probands without prior genetic evaluations, and 63 probands that underwent genetic testing included in this study.