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### **Supplemental Data**

### Episignatures Stratifying Helsmoortel-Van Der Aa

#### Syndrome Show Modest Correlation with Phenotype

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Differentially methylated probes in Bend et al (2019) only Shared differentially mehylated probes 



1.00

1.00

R=-0.14

0.50

### Α

5S c.339delC p.Phe114Serfs\*47

# CCCCTACTGTACCTTCAATGCAGACA

CCCCTACTGTACTTCAATGCAGAACA

14S c.1106\_1108delTACinsCTGT p.Leu369Serfs\*30

CTGTAAAGCAGT**TAC**TTCCAAGTGG CTGTAAAGCAGT**CTGT**TTCCAAGTG

#### 33S c.2239G>T p.Glu747\*

# Man Maria Maria

GAAGAGAAGCCTGAAGAGCCTGTTG GAAGAGAAGCCTTAAGAGCCTGTTG

12S c.1046\_1047delTG p.Leu349Argfs\*49

# MAMMA AM

AGTCAATGAGAC**TG**GGTCTAGGTGG AGTCAATGAGACGGTCTAGGTGGCA

18S c.2157C>A p.Tyr719\*

# GAAGCGCACTTACGAGCAAATGGAAT

GAAGCGCACTTAAGAGCAAATGGAAT GAAGCGCACTTAAGAGCAAATGGAAT

# В

18S [RNA-sequencing]





Reference Mutant





#### Supplemental Figures and Tables legend

**Figure S1. Strong reproducibility across methylation batches. (A)** Sample-to-sample Pearson's correlation across the three methylation batches. **(B)** Frequency distribution of  $\beta$ -values for all probes across the three batches. Significance was tested with a Wilcoxon rank sum test. **(C)** The linear mixed modeling frame work of the variancePartition R package was used to partitioned the fraction of genome-wide methylation variance explained by known factors in the dataset, including family (for probands and siblings), age, sex, methylation batch, and mutational class (class I vs. class II). Median variance explained in displayed below each factor in brackets. **(D)** Fraction of variance explained on differentially methylated probes that can be attributed to key variables in the dataset, including family (for probands and siblings), age, sex, methylation batch, and mutational class (class I vs. class II).

**Figure S2. Strong correlation between chronological age and methylation-inferred (DNAm) age. (A)** Chronological (green) and DNAm age (purple) across the four sample groups: *ADNP* class I mutations, *ADNP* class II mutations, unaffected siblings, and unaffected age-matched controls. **(B)** Correlation between chronological and DNAm age across the four sample groups: *ADNP* class I cases (purple), *ADNP* class II cases (green), unaffected siblings (blue), and unaffected age-matched controls (pink).

**Figure S3. Robust convergence between the episignatures found in this study and in a previous study. (A)** Scatterplot showing the methylation difference (mean  $\beta$ -values<sub>cases</sub> – mean  $\beta$ -values<sub>controls</sub>) detected by Bend and colleagues (2019) <sup>1</sup> (Y-axis) and by this study (X-axis) for the probes found differentially methylated in class I individuals only by Bend and colleagues (2019) <sup>1</sup> (red) or by both studies (green). **(B)** Scatterplot showing the methylation difference (mean  $\beta$ -values<sub>cases</sub> – mean  $\beta$ -values<sub>controls</sub>) detected by Bend and colleagues (2019) <sup>1</sup> (Y-axis) and by this study (X-axis) for the probes found differentially methylated in class I individuals only by Bend and by this study (X-axis) for the probes found differentially methylated in class II individuals only by Bend and colleagues <sup>1</sup> (red) or by both studies (green).

**Figure S4. (A)** Frequency distribution of the p-values for all the probes detected in class I cases (top panel) and class II cases (bottom panel). **(B)** Frequency distribution of the mean  $\beta$ -values for the 888 differentially methylated CpGs shared between the two classes for individuals with class I mutations (top panel) or class II mutations (bottom panel). **(C)** Correlation between (mean  $\beta$ -values<sub>cases</sub> – mean  $\beta$ -values<sub>controls</sub>) class I (X-axis) and (mean  $\beta$ -values<sub>cases</sub> – mean  $\beta$ -values<sub>case</sub> – mean  $\beta$ -valu

**Figure S5.** Biallelic expression of *ADNP* mutant mRNAs for (**A**) three class I mutations (p.Phe114Serfs\*47, p.Leu349Argfs\*49, and pLeu369Serfs\*30) and two class II mutations (p.Tyr719\* and p.Glu747\*). The Sanger sequencing traces, alongside the cDNA sequence for reference (top) and mutant (bottom) alleles are shown. (**B**) RNA-sequencing pile-up of class II mutation p.Tyr719\* (sample 18S) displaying coverage and number of mutant reads (red) and reference (*i.e.* healthy) reads (grey). (**C**) RNA-sequencing quantified the total fraction of *ADNP* mutant alleles and reference alleles present for each sample. Note, sample 1S was not included in this analysis (Table S1). (**D**) The distribution of expression (FPKM) for all mutated reads aggregated together relative to reference reads of *ADNP* across all samples. We observed lower expression of the mutant allele (Mann-Whitney U Test, *P*=0.01).

**Figure S6.** (**A**) Principal component analysis (PCA) on the RNAseq data from 17 *ADNP* cases (class I, red; class II green) and 19 unaffected sibling controls (blue), showing no distinct separation between mutational classes or controls. PCA was constructed using only genes harboring significant differentially methylated CpGs within their respective gene body. Competitive gene-set enrichment analysis examined over- and under-expression of genes harboring differentially methylated CpGs in their respective promoters. The analysis is partitioned to evaluate hypomethylated CpGs relative to over-expressed genes and hypermethylated CpGs relative to under-expressed genes, respectively for (**B**) class I cases and (**C**) and class II cases. Hypomethylated CpGs mapped to over-expressed genes in individuals with class II mutations (*P*=0.0003). No other significant associations were detected. (**D**) Supervised GO enrichment of pathways found to be significantly enriched for differentially methylated CpGs (labeled as DNAm) assessed three ways using

transcriptome data: *i*) using all cases versus controls (all); *ii*) class I mutations versus controls (class I); and, *iii*) class II mutations versus controls (class II). (**E**) Exploratory GO enrichment analysis and the top enrichment terms for individuals with class I and class II mutations.

**Table S1.** Genetic and demographic information about the 43 *ADNP* individuals included in the study. For each patient, the position of the genetic mutation on cDNA, protein and genomic DNA, coding exon location, effect, inheritance, classification of pathogenicity, mutation class, data availability, and the methylation batch are shown. Demographic information includes sex and country of origin.

**Table S2.** Differentially methylated CpGs, differentially methylated regions (defined as three or more differentially methylated CpGs within 1 kb of each other), and differentially expressed genes in individuals with class I and class II *ADNP* mutations.

**Table S3.** Extended version of Table 1, with separate and combined analyses of cohorts S and W across all clinical measures.

#### **Supplemental Subjects and Methods**

#### Cohorts, patients and genetic information

The study comprises four cohorts. Cohort A was collected as part of the Autism Sequencing Consortium<sup>2; 3</sup>. Cohort R was collected at the Medical Genetics Laboratory of Ospedale San Camillo-Forlanini<sup>4</sup> or Ospedale Pediatrico Bambino Gesù, Rome, Italy. Cohort S was collected at the Seaver Autism Center for Research and Treatment, Icahn School of Medicine at Mount Sinai. Cohort W was collected at the University of Washington. Mutations in Cohort A were identified through research-based whole-exome sequencing <sup>2; 3</sup> and validated by Sanger sequencing. Mutations in Cohort R, S, and W were identified and validated in Clinical Laboratory Improvement Amendments (CLIA)-certified laboratories. Participation was approved by the Institutional Review Boards of participating sites. All caregivers provided informed written consent and assent was obtained when appropriate. The methylation analyses were performed on cohorts A, R and part of S because of DNA sample availability. The transcriptomic analyses were performed on part of S because this was the only cohort with RNA samples available. The phenotypic analyses were performed on cohorts S and W because they were the only two collected prospectively. Columns M-O of Table S1 reports the analyses performed on each of the 43 individuals. Specifically, we used 24 cases (cohorts A, R, and part of S) for methylation analyses; 30 cases (S and W) for phenotypic analyses; and, 17 cases (part of cohort S) for RNA-sequencing analysis. The 19 unaffected age-matched and 14 unaffected sibling controls were from cohort S. All mutations are described according to the Human Genome Variation Society (HGVS) guidelines for mutation nomenclature. The cDNA and amino acid positions are annotated according to RefSeg mRNA and protein sequence (NM 015339.4 and NP 056154.1). Nucleotide numbering referring to cDNA uses +1 as the A of the ATG translation initiation codon in the reference sequence, with the initiation codon as codon 1. ADNP contains five exons, of which three are coding (Fig. 1A, Table S1). Our dataset includes a p.Gln67His missense mutation (individual 3S, see Table 1) that was clinically evaluated as likely pathogenic by Ambry Genetics. In addition to being *de novo*, absent in population databases, and located at a conserved amino acid and nucleotide position, Ambry's Translational Genomics laboratory pursued RNA studies that showed that the variant impacts splicing and causes the in-frame skipping of coding exon 2, leading to a p.Glu37 Gln67del in-frame deletion.

#### Annotation of ADNP protein domains

To verify that the ADNP domains annotated in the literature have strong support and probe the existence of additional domains, we used the ELM resource <sup>5</sup> to predict linear motifs. We found that the proteins contain eight zinc finger domains instead of the nine originally annotated using Pfam in 2001 <sup>6</sup>. All eight zinc fingers in ADNP are of the cysteine-cysteine-histidine-histidine (C2H2) type. Also, ELM re-mapped the boundaries of the homeobox domain (see table below) and identified eight low complexity regions. Information on the re-annotation used in Figure 1A is in the table below:

Domain	Start	End	Method
Zinc Finger 1	74	97	ELM prediction
Zinc Finger 2	107	129	ELM prediction
Low Complexity Region	130	141	ELM prediction
Zinc Finger 3	165	188	ELM prediction
Zinc Finger 4	221	244	ELM prediction
Low Complexity Region	393	418	ELM prediction
Low Complexity Region	424	441	ELM prediction
Zinc Finger 5	447	469	ELM prediction
Zinc Finger 6	489	510	ELM prediction
Zinc Finger 7	512	535	ELM prediction
Low Complexity Region	584	597	ELM prediction

Zinc Finger 8	622	647	ELM prediction
Nuclear Localization Sequence (NLS)	714	733	Literature 7
Low Complexity Region	725	749	ELM prediction
Homeobox	769	810	ELM prediction
HP1-binding site	820	824	Literature 7;8
Low Complexity Region	871	889	ELM prediction
Low Complexity Region	953	964	ELM prediction
Low Complexity Region	1006	1017	ELM prediction

#### **Clinical evaluation**

Prospective clinical and psychological characterization was completed for 22 individuals seen at the Seaver Autism Center (cohort S) and 10 individuals seen at the University of Washington (cohort W). A battery of standardized assessments was used to examine ASD, intellectual functioning, adaptive behavior, language, motor skills, and sensory processing (see below). The medical evaluation included psychiatric, neurological, and clinical genetics examinations, and medical record review.

ASD phenotype. Gold-standard ASD diagnostic testing included the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)<sup>9</sup>, the Autism Diagnostic Interview-Revised (ADI-R)<sup>10</sup>, and a clinical evaluation to assess Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5) criteria for ASD<sup>11</sup>. A consensus diagnosis was determined based on results from the ADOS-2, ADI-R, and the clinical evaluation. The ADOS-2 and ADI-R were administered and scored by research reliable raters and the psychiatric evaluation was completed by a board-certified child and adolescent psychiatrist or licensed psychologist. The ADOS-2 is a semi-structured observational assessment that provides scores in the domains of Social Affect. Restricted and Repetitive Behavior, and a total score. A comparison score ranging from 1-10, with higher scores reflecting a greater number of symptoms, was calculated to examine symptom severity within each ADOS-2 domain and in total <sup>12</sup>. Twenty-one individuals received Module 1 of the ADOS, for children who are nonverbal or communicate using single words. Eight individuals received Module 2, for individuals who communicate using phrase speech. One individual received Module 3, for children who are verbally fluent. The ADI-R is a structured caregiver interview that assesses ASD symptomatology within the domains of socialization, communication, and repetitive and restricted interests and behavior. A consensus diagnosis was determined for each participant based on results from the ADOS-2, ADI-R and clinical evaluation using DSM-5. Intellectual functioning. Global cognitive ability was measured using the Mullen Scales of Early Learning <sup>13</sup>, the Stanford Binet Intelligence Scales, Fifth Edition<sup>14</sup>, or the Differential Ability Scales, Second Edition (DAS-II)<sup>15</sup>, depending on age and verbal ability. The Mullen is validated for children from birth to 68 months, but is commonly used for older individuals with ID<sup>16</sup>. Developmental quotients were calculated using age equivalents divided by chronological age as has been done in previous studies <sup>17</sup>. For example, a nonverbal developmental quotient was computed by dividing the mean age equivalents on the visual reception and fine motor scales by the child's chronological age and then multiplying by 100. The DAS-II is a measure of cognitive functioning that assesses a child's verbal reasoning, nonverbal reasoning, and spatial abilities. A general conceptual ability index can be calculated to assess overall intellectual functioning. The Stanford-Binet Intelligence Scales, Fifth Edition is an intelligence test that produces a nonverbal intellectual quotient (IQ), verbal IQ, and full scale IQ based on performance across five scales: fluid reasoning, knowledge, guantitative reasoning, visual-spatial, and working memory.

<u>Adaptive behavior.</u> The Vineland Adaptive Behavior Scales, Second Edition, Survey Interview Form (Vineland-II) <sup>18</sup> and the Vineland Adaptive Behavior Scales, Third Edition, Comprehensive Interview Form (Vineland-3) are clinician-administered interviews that assesses adaptive behavior in the domains of communication, daily living skills, socialization, and motor skills. The Vineland-II was completed for 13 individuals. The Vineland-3 was completed for 19 individuals. The motor domain is intended for children ages six years and under, but was

assessed in 19 individuals given significant motor delays in this population. The Vineland-II and Vineland-3 were also used in conjunction with cognitive testing to identify the presence and severity of ID.

<u>Language skills.</u> Language milestones were assessed during the ADI-R and the psychiatric evaluation. Current expressive and receptive language abilities were assessed using the Mullen, Vineland-II, MacArthur-Bates Communicative Development Inventories <sup>19</sup>, Peabody Picture Vocabulary Test, Fourth Edition <sup>20</sup>, and Expressive Vocabulary Test <sup>21</sup> as appropriate.

<u>Motor skills.</u> Motor milestones were assessed during the ADI-R and the psychiatric evaluation. Current motor skills were assessed using the Vineland-II and Mullen fine and gross motor skills domains. The Beery Visual-Motor Integration Test, 6<sup>th</sup> Edition <sup>22</sup> was completed when appropriate.

<u>Caregiver questionnaires</u>. To further assess everyday behavior, caregiver questionnaires were completed in the domains of sensory processing (Sensory Profile <sup>23</sup>), aberrant behavior (Aberrant Behavior Checklist <sup>24</sup>), repetitive behavior (Repetitive Behavior Scale-Revised <sup>25</sup>), socialization (Social Responsiveness Scale, 2<sup>nd</sup> Edition <sup>26</sup>), and coordination (Developmental Coordination Disorder Questionnaire <sup>27</sup>).

#### Genome-wide methylation arrays and data quality control

For the methylation analyses, genomic DNA was isolated from the peripheral blood of 24 ADNP cases, 19 unaffected age-matched, and 14 unaffected siblings from cohorts S, A and R. DNA methylation analysis was performed using the Ilumina EPIC 850K methylation arrays, according to the manufacturer's protocol. Wholeblood genomic DNA samples for methylation analyses were prepared at each collecting site of the four cohorts described above and then further harmonized at the Seaver Autism Center. The methylation assays were performed in three batches, each including cases from multiple cohorts and controls. Column P of Table S1 reports the batch number for each sample. Batches 1 and 2 were run at the New York Genome Center, while batch 3 was run at NXT-Dx. In each batch, we included a number of controls present in previous batches as internal controls. All the methylation data in this paper are available at the Gene Expression Omnibus under accession number GSE152428. To ensure that batch effects have minimal influence on the current analysis, we performed a standardized multistep analytic approach (Figure S1). First, we computed genome-wide pairwise Pearson correlation coefficients across all possible pairs of samples and confirm that the highest correlations are amongst technical replicates included in separate batches (R > 0.98) (Figure S1A). Second, we evaluated whether any large shifts in the distribution of normalized  $\beta$ -values were observed across batches, and found no significant differences in the distributions of  $\beta$ -values across batches (Figure S1B). Third, we applied a mixed linear model from the variancePartition R package<sup>28</sup> to compute the fraction of genome-wide methylation variance explained by differences in batch, mutational class, family status, sex and age (Figure S1C). Collectively, these factors explained ~35% of methylation variation, with family as a repeated measure having the largest genome-wide effect that explained a median 25.7% of the observed variation. The remaining factors, including batch, had a limited effect on methylation variance. Fourth, we analyzed all batches together for the joint analysis presented in this study and included batch as a covariate in our regression model. By properly covarying for known sources of methylation variation, it is possible to (partially) correct for some variables. Finally, following differential methylation analyses, we once again applied a mixed linear model to quantify variance explained using only differentially methylated probes that were found to be significantly associated with ADNP mutational classes. As expected, the differences in mutational classes had the largest effect and explained a median 65.35% of the variance, whereas batch had a minor contribution to the variance on these probes (< 0.001 median variance) (Fig. S1D).

The sex of the individuals included in the study was inferred both by the number of probes on chromosome Y (chrY) with detection p>0.01, and the mean  $\beta$ -value of probes on chromosome X (chrX) per sample. Samples with high failure rate for chrY probes and high mean  $\beta$ -value for chrX probes were inferred as females, while samples with low failure rate for chrY probes and low mean  $\beta$ -value for chrX probes were inferred as males.

Epigenetic age (DNAm age) was predicted using the online tool published by Horvath, 2013 <sup>29</sup>. The chronological and DNAm age for cases and controls are as follows:

Group	Chronological age (yrs)	Age inferred from methylation data (DNAm age) (yrs)
ADNP class I cases	8.03 ± 0.94	7.10 ± 1.24
ADNP class II cases	11.85 ± 3.50	10.57 ± 3.44
Unaffected siblings	12.18 ± 1.51	10.73 ± 1.35
Unaffected controls	8.36 ± 0.91	7.87 ± 0.97

The fraction of circulating peripheral blood cell types were predicted for each sample using the method of Houseman et al. 2012 <sup>30</sup>. Predictions for the following cell types were obtained: CD4+ T cells, CD8+ T cells, natural killer cells, B lymphocytes, monocytes and granulocytes.

Data from *ADNP* cases and controls were normalized as described in previous studies <sup>31; 32</sup>. In short, 862,927 probe sequences (50-mer oligonucleotides) were remapped to the reference human genome hg19 (NCBI37) using BSMAP, allowing up to 2 mismatches and 3 gaps, to retain uniquely mapped autosomal probes. We removed any probe that overlapped SNPs with MAF  $\geq$ 5% identified by the 1000 Genomes Project within 5 bp upstream of the targeted CpG. Further, we removed probes with a detection p>0.01 in each individual. After filtering, we retained 820,167 autosomal probes, which were subjected to background correction, two color channel normalization and quantile normalization using the *lumi* package in R<sup>33</sup>. The distributions of Infinium I and Infinium II probes were adjusted using *BMIQ*<sup>34</sup>. Probes were then annotated based on their position relative to RefSeq genes using BEDTools v2.17<sup>35</sup>. We defined promoter regions as ±2 kb from transcriptional start sites, gene body regions as transcription start to transcription end, and intergenic regions not annotated by the preceding categories. We also annotated individual CpG based on their overlap with CpG islands based on annotations in the UCSC genome browser, CpG shore (±2 kb of island), CpG shelf (±2 kb of shore), and CpG sea (regions outside the previous three categories).

#### Identification of an episignature in ADNP cases

We performed linear regression using age, sex, predicted blood cell composition and *ADNP* mutation status as independent variables (Test Model: Methylation ~ Disease status + Age + Sex + CD4T + natural killer cells + B cells + Monocytes + Granulocytes + Batch). Regression analysis was completed separately for class I and class II *ADNP* mutations. We did not include CD8T cell composition in the model due to very low abundance across all samples. We selected probes associated with disease status at 1% FDR and with minimum  $\beta$ -value difference between *ADNP* cases and controls ≥0.1. Principal component analysis and unsupervised clustering of episignatures was performed on methylation data following Combat batch adjustment <sup>36</sup> to remove systematic sources of variability related to batches without introducing false signal. The differentially methylated probes are listed in Table S2. To identify differentially methylated regions, we have selected differentially methylated regions are also listed in Table S2.

#### Comparison of episignatures found here and in Bend et al (2019).

We extracted the 5,987 and 1,374 differentially methylated CpGs (class I and class II, respectively) in Bend et al (2019) <sup>1</sup> and crossed with our lists of differentially methylated CpGs. Of the 6,448 sites we detected as differentially methylated in *ADNP* cases in class I, 4,143 were also found differentially methylated in Bend et al (2019) <sup>1</sup>. Of the 2,582 sites we detected as differentially methylated in *ADNP* cases in class II, 1,007 were also found differentially methylated in Bend et al (2019) <sup>1</sup>.

Also, the differentially methylated probes overlapping between our study and Bend et al (2019) <sup>1</sup> completely agree in terms of directionality of change. Of the 4,143 class I probes in common between the two analyses,

3,974 were hypomethylated in both studies and the remaining were hypermethylated in both studies. Of the 1,007 overlapping probes for class II, 771 were found hypermethylated in both studies and the remaining were hypomethylated in both studies.

Further, we examined the number of differentially methylated probes that lie in the gene promoter ( $\pm$  2 kb from the transcriptional start sites) or in the gene body (transcription start to transcription end) across the two studies. The stratification is as follows:

Mutational class	Genomic location	Bend et al (2019)	This study	Overlapping probes
Class I	Promoter	1,662 (27.7%)	1,839 (28.5%)	1,144 (27.6%)
	Gene body	2,953 (49.3%)	3,282 (50.9%)	2,089 (50.4%)
Class II	Promoter	449 (32.7%)	897 (34.7%)	322 (31.9%)
	Gene body	856 (62.3%)	1,558 (60.3%)	647 (64.3%)

#### RNA isolation, library preparation, and quantification of gene expression

Blood was collected for 17 *ADNP* cases and 19 unaffected siblings using PAXgene RNA tubes (Qiagen, Valencia, CA, USA) and total RNA was extracted and purified in accordance with the PAX gene RNA kit per manufacturer's instructions. Globin mRNA was depleted from samples using the GLOBINclear Human Kit (Life Technologies, Carlsbad, CA, USA). The quantity of purified RNA was measured on a Nanodrop 2000 Spectrophotomerter (Thermo Scientific;  $61.4 \pm 24.1 \text{ ng }\mu\text{I}^{-1}$ ) and RNA integrity numbers (RIN) measured with the Agilent 2100 Bioanalyzer (Agilent, Santa Clara, CA, USA;  $8.31 \pm 0.68$ ). The Illumina TruSeq Total RNA kit (Illumina, San Diego, CA, USA) was used for library preparation accordingly to manufacturer instructions without any modifications. The 36 indexed RNA libraries were pooled and sequenced using long paired-end chemistry (2x150 bp) at an average read depth of 10M reads per sample using the Illumina HiSeq2500. Illumina adapter sequences were trimmed from all fragmented reads using TrimGalore (options –paired – illumina) (https://www.bioinformatics.babraham.ac.uk/projects/trim\_galore/). All high-quality trimmed reads were mapped to UCSC *Homo sapiens* reference genome (build hg37) using default STAR v2.4.0 parameters <sup>37</sup>. Samtools was used to convert bamfiles to samfiles and featureCounts <sup>38</sup> was used to quantify gene expression levels for each individual sample using default paired-end parameters.

#### **RNA-seq data quality control**

Raw count data measured 56,632 genes across 36 subjects. Unspecific filtering removed lowly expressed genes that did not meet the requirement of a minimum of 1 count per million (cpm) in at least 8 subjects (40% of subjects). A total of 20,491 genes were retained, then subjected to edgeR VOOM normalization <sup>39</sup>, a variance-stabilization transformation method. Normalized data were inspected for outlying samples using unsupervised hierarchical clustering of subjects (based on Pearson coefficient and average distance metric) and principal component analysis to identify potential outliers outside two standard deviations from these averages. No outliers were present in these data.

#### Mutant allele abundance

We took measures to reduce the likelihood of false positives and biases in quantification of relative allele abundances at each mutation location. RNA-seq reads were filtered and mapped to retain only uniquely mapped reads, using STAR <sup>35</sup> and SAMtools, and then further removed potential PCR duplicates using the MarkDuplicates function in Picard tools with default parameters (http://broadinstitute.github.io/picard/faq.html). Allelic counts were computed at each single-nucleotide variant position in each sample using the SAMtools mpileup function. Next, we recorded the number of overlapping sequences containing the mutant and reference allele. The mutant allele frequency was defined as the number of covering RNA-seq reads

containing the mutant allele at that position, divided by the total number of RNA-seq reads overlapping that position.

#### Differential gene expression and concordance with methylation changes

A moderated *t*-test, implemented through the *limma* package <sup>39</sup>, assessed differential gene expression between unaffected siblings and ADNP cases with class I and class II mutations, respectively. The analysis covaried for the possible influence of sex, gender, RIN and sequencing batch on gene expression differences. Significance threshold was set to a Benjamini-Hochberg multiple test corrected P-value < 0.05. Correlation adjusted mean rank (CAMERA) gene set enrichment <sup>40</sup> was performed using the two sets of resulting summary statistics for ADNP cases with class I and class II mutations. CAMERA performs a competitive gene set rank test to assess whether the genes in a given set are highly ranked in terms of differential expression relative to genes that are not in the set. The test ranks gene expression differences in ADNP cases with class I and class II mutations relative to unaffected siblings, respectively, to test whether gene sets are over-represented towards the extreme ends of these ranked lists. It uses limma's linear model framework and accommodates the observational-level weights from *voom* in the testing procedure. After adjusting the variance of the resulting gene set test statistic by a variance inflation factor that depends on the gene-wise correlation (which we set to default parameters, 0.01) and the size of the set, a P-value is returned and adjusted for multiple testing. We used this function to test whether ADNP-associated changes in gene expression were indeed enriched for genes with significant differentially methylated CpGs. We specifically focused on the enrichment of i) hypermethylated CpGs among the reported under-expressed genes and ii) hypo-methylated CpGs among the reported over-expressed genes in ADNP cases. In this fashion, we can further gauge the distribution of differentially methylated CpGs across a ranked list of differentially expressed genes.

#### **Enrichment analyses**

We assessed enrichment of differentially methylated CpG and differentially expressed genes using five gene lists: *a*) 914 genes implicated in developmental delay/intellectual disability (DD/ID), based on the Developmental Disorders Genotype-Phenotype Database (DDG2P) (<u>https://decipher.sanger.ac.uk/info/ddg2p</u>); *b*) 102 ASD risk genes defined by the Autism Sequencing Consortium <sup>3</sup>; *c*) 145 risk genes for CHD built in house; *d*) Gene ontology (GO) molecular functions and cellular processes; and *e*) REACTOME pathway gene sets. For DNA methylation analyses, we utilized a background gene set comprising 25,141 genes that overlapped 606,904 probes covered by the Illumina 850K EPIC methylation arrays. For transcriptome analyses, we utilized a background gene set of 20,491 genes that were defined as 'expressed' in the current data set (described above). For each comparison between the differentially methylated and differentially expressed genes in the input set, we first constructed the empirical distribution by randomly sampling the same number of genes as in the input set from the background gene set 10,000 times, using a custom script in R. Enrichment *P*-values were computed by calculating the number of sampled gene lists that had at least as many overlapping genes with the target sets as the input set, divided by 10,000 permutations.

#### Data availability

All methylation and RNA-sequencing raw data files are made available at the Gene Expression Omnibus (GEO) under SuperSeries accession number GSE152428.

#### **RT-PCR and Sanger sequencing**

Reverse transcription was performed on DNAseI-treated 50ng of RNA using High Capacity cDNA Reverse Transcription Kit (Applied Biosystems, California, USA) according to the manufacturer's protocol. PCR was performed using FastStart PCR Master (Roche, Mannheim, Germany) or Phusion High-Fidelity PCR Kit (New England BioLabs, Ipswich, Massachusetts), using primers indicated below:

Sample	Forward primer	Reverse primer
5S	ACGAAAAACCAGGACTATCGGA	AAACAGCTTGCTCTACACTGTCA
12S	ATCGGTTCCCTTGCTTCTGG	TGGCCCGATGAGAGAGAAGA
14S	TGCAGCAGAACAACTATGGAGT	CTGCAGCAGGTTTGGAACTG
18S	ATACCAGCAACATGACCGCC	TGGTGGGATAGGGCTGTTTG
33S	CACCCTCTCGGCTTAATCAGT	TAAACTGGCTGCTAGCTTCTCAA

PCR products were purified using a MultiScreen PCR filter plate (Millipore Sigma, Burlington, Massachusetts) and submitted for Sanger Sequencing at Genewiz with the primers indicated above.

#### Supplemental references

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