Comprehensive genetic analysis reveals complexity of monogenic urinary stone disease

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SUPPLEMENTAL METHODS

NGS library generation and sequencing: We employed the SureSelect (Agilent) method (capture probes designed using SureDesign) to capture coding exons, plus 50bp flanking IVS regions and the UTRs of the selected genes. A tiling density of 5 probes overlapping with every base was used to improve the capture efficiencies and the least stringent masking of repeat regions to include repeats shorter than the length of the sequencing libraries (~250bp fragments). In addition, the appropriate boosting parameters were set to different levels of probe replications in different regions to minimize the local coverage differences (e.g. between regions of different GC contents).

Paired-end indexed libraries were prepared using the NEBNext Ultra library preparation kit with Illumina barcode adaptors. Targeted sequence was captured using the SureSelect Custom capture protocol on an Agilent Bravo liquid handler (RKSC Mayo Laboratory) following the manufacturer's protocol, with the captured DNA fragmented using the Covaris E-220 sonicator. Adapter ligated DNA fragments were size selected to enrich for ~350bp fragments using a double SPRI bead purification. The concentration and size distribution of the libraries were determined on an Agilent Bioanalyzer DNA 1000 chip. Individual patient samples (n=24) were pooled before capture and two pools (48 samples) sequenced on a HiSeq4000 system lane (Illumina). The degree of multiplexing resulted in an average sequencing depth per base of ~800 reads.

Variant identification: Read QC and alignment, variant calling, and variant/gene annotation were performed using the Mayo in-house analytic pipeline GenomeGPS (GGPS). The Accession numbers of the transcripts and proteins are shown in Table S3. Specifically**,** read qualities were examined by FastQC (http://www.bioinformatics.bbsrc.ac.uk/projects/fastqc) and reads aligned to the reference genome (hg19) using alignment tools BWA and Samtools, duplicate reads eliminated using Picard, and realignment and recalibration performed through GATK before variant calling. The obtained VCF files were then analyzed by the RKSC SVS pipeline (Golden Helix: Version 8.9.0). A series of filters were applied: quality filter of read depth ≥10x and genotype quality ≥20, removal of Genome Aggregation Database (gnomAD)¹ variants with a minor allele frequency >1%, characterization of coding and non-coding SNVs within +6 and -20bp of the splice site (in secondary analysis some deeper intronic changes were assessed), and subsequent removal of SNPs predicted to be neutral by 4/6 dbNSFP tools (SIFT, PolyPhen-2 HVAR, MutationTaster, Mutation Assessor, FATHMM, and FATHMM MKL). CNV screening by LOG2 ratio of reads of the NGS was applied to all genes in the panel². Microarray analysis (ThermoFisher Cytoscan HD) was employed to further characterize large CNV abnormalities.

Variant evaluation: Possible pathogenic variants were verified by Sanger sequencing, or multiplex ligation-dependent probe amplification (MLPA) for CNV, and traced in families where possible. Variants of unknown significance (VUS) were further assessed for previous description (HGMD³, ClinVar⁴ and the literature), frequency in gnomAD¹, ortholog and domain conservation evaluated by multisequence alignments, and evaluation for splicing using the Berkeley Drosophila Genome Project (BDGP) Splice Site Prediction by Neural Network and Genomnis Human Splice Finder (HSF) sites^{5, 6}.

Reporting of results was according to the ACMG guidelines (https://www.medschool.umaryland.edu/genetic_variant interpretation_tool1.html/)⁷.

References

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SUPPLEMENTAL FIGURE

Figure S1

DDN26: SLC34A3 \overline{A} EX6 **Splice score (BDGP):** IVS5 Arg Ala Phe Ser 0.76 to <0.1, New 0.74 c.561-8G>A Normal GCCCACTCTCTGCGGCCACAGGGCTTTCAGC (p.Glu186_Arg187insSerHis) c.561-8G>A GCCCACTCTCTGCAGCCACAGGGCTTTCAGC (p.Glu186_Arg187insSerHis) Ser His Arg Ala Phe Ser IVS5 EX₆

FIGURE S1: DDN26 has an inframe duplication of *SLC34A1* (**A**) DDN26 has an inframe duplication of *SLC34A1,* c.460_480dup (p.Ile154_Val160dup). In addition, we detected a possible novel atypical splicing change of *SLC34A3*, c.561- 8G>A that may result in the insertion of two amino acids, p.Glu186_Arg187insSerHis, and has been classed as a VUS.

Table S1: Genes on the 90 gene and 102 gene panels SUPPLEMENTAL TABLES

Shaded genes are only present on the 102 gene panel

Table S2: Details of novel Sanger detected PH and DD gene pathogenic variants

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NA = not applicable. Variant Description: #, c.358G>A (p.G120R) occurs at the last coding base of exon 2 and is predicted to weaken the donor site. ##c.212G>T (p.G71V) occurs at the first coding base of exon 2 and is predicted to weaken the acceptor site. **Variant Type**: L Del, large deletion; Mis, missense, Nons = nonsense; I/F Del, inframe deletion; F/S Del, frameshifting deletion; F/S Dup, frameshifting duplication; F/S InDel, , frameshifting deletion/insertion; Non Stop, stop codon variant. **GnomAD frequency**: frequency in the gnomAD database of "normal individuals". **ClinVar:** times described; PATH, pathogenic; LP, likely pathogenic; VUS, variant of uncertain significance. **Splicing evaluation: HSF** = Human Splice Finder, UC, unchanged; **BDGP** = Berkley Drosophila Gene Project, for both normal and variant score shown, and where appropriate N = score of novel site generated; **Missense evaluation**: **Pre** = fraction of predicted damaging pathogenicity scores from: SIFT, PolyPhen-2, Align GVGD; **Ortho** = fraction matching the human sequence in a multisequence alignment (MSA) of orthologs from mammals to fish; **Dom** = fraction matching the human sequence in MSA of conserved domains, NCBI database. **ACMG evaluation**: **Class** = pathogenic classification based on the American College of Medical Genetics (ACMG) guidelines for interpretation of sequence variants: Path = pathogenic, LP = likely pathogenic, VUS = variant of uncertain significance, with subclasses shown; **Evidence** = ACMG evidence supporting the interpretation of sequence variant classification. The evidence is classed as: PVS1 = pathogenic very strong; PS, pathogenic strong, PM, pathogenic moderate; PP, pathogenic supportive (see 18 for details). Phenotype: An, anemia; Au, anuria; B, bilateral; C, Consanguineous; CHF, congestive heart failure; COD/COM, calcium oxalate dihydrate/calcium oxalate monohydrate stones; CaOX, calcium oxalate stones; CDE, calcium deposits in eye; CC, congenital cataracts; dCS, duplex collecting system; EK, echogenic kidneys; ESKD, end stage kidney disease; F, female; FSGS, focal segmental glomerular sclerosis; GHD, growth hormone deficiency, Hm, Hematuria; HTN, hypertension; Hyp, hypotonia; KC, kidney cysts; KTx, kidney transplant, LTx, liver transplant; M, male; MBD, mineral bone disease; MC, macular crystals; Neph, nephrectomy; NC, nephrocalcinosis; NL, nephrolithiasis; On, age at disease onset; PN, peripheral neuropathy; Pr, proteinuria; RD, renal dysplasia, SC, staghorn calculus; SS, struvite stones; >U/Ox, high urinary oxalate; Ur, uremia; VitD def, VitD deficiency.

Table S3: Genes with transcript and protein accession numbers

