Supplemental Material

Table S1: List of features for each variant, along with description, type and whether the feature is exploited in the A or A+B approach.

Table S2: Logistic Regression A (LR-A) approach: coefficients estimated

Table S3: Logistic regression B (LR-B) approach: coefficients estimates. Features written in red have estimated betas equal to zero.

Metrics for Classification Performance

Several metrics are reported for comparing tool performances. These metrics are computed based on the confusion matrix, that collects raw counts of correctly and incorrectly classified variants known to be pathogenic or benign. We indicate as Positive those variants known to be Pathogenic, while the Negative class is composed of benign variants. Therefore, the confusion matrix for a tool on a given dataset is the following:

where:

- TN (True Negative) is the number of benign variants correctly classified as benign from the tool.
- FP (False Positive) is the number of benign variants incorrectly classified as pathogenic from the tool.
- TP (True Positive) is the number of pathogenic variants correctly classified as pathogenic from the tool.
- FN (False Negative) is the number of pathogenic variants incorrectly classified as benign from the tool.

From the confusion matrix, it is possible to compute several metrics such as:

- $Accuracy = \frac{TP + TN}{TP + TN + FN}$ $\frac{11+11}{TP+TN+FN+FP}$, that is the proportion of correctly classified examples in a test set. Accuracy is a widely used metrics, but it can lead to misinterpreted results when classes are imbalanced, i.e. when the number of TN is much greater than the number of TP, or viceversa.
- Recall = $\frac{TP}{TP+FN}$. The recall, or sensitivity, is the proportion of positive instances correctly classified (in our case, it represents the ability to correctly identify pathogenic variants).
- Specificity = $\frac{TN}{TN+FP}$ which is the proportion of benign variants correctly identified
- Precision = $\frac{TP}{TP+FP}$ measures the fraction of variants that are actually pathogenic among all the predicted pathogenic variants
- $F1 = \frac{2TP}{2TP + FP + FN}$ which represents the harmonic mean between precision and recall
- Balanced Accuracy $=$ $\frac{Recall + Specificity}{2}$
- *ℎ, -- .*--/ = × 1 ×
 $\sqrt{(TP+FP)(TP+FN)(TN+FP)(TN+FN)}$: this metric is more reliable when dealing with unbalanced dataset compared to the F1 score or accuracy³.
- ROC AUC (Receiver Operating Curve Area Under the Curve) is the area under the curve that illustrates different values of true positive rate against the false negative rate when different thresholds for classification are used. A perfect ROC has AUC close to 1.
- PRC AUC (Precision-Recall Area Under the Curve): area under the curve computed for different values of precision and recall when classification threshold varies. The PRC is more informative when the dataset in imbalanced ⁴ .

$F_β$ measure approach

Machine learning classifiers, such as the Logistic Regression, compute the probability that an instance belongs to a class given its attributes' profile. In our case, the Logistic Regression gives us the probability that a variant is pathogenic given the variant's features (A or B approach). Since the classification problem is binary, the probability that the variant is benign will be 1 minus the pathogenic probability. Probabilities are translated into the binary classification by simply putting a threshold: usually, if a variant has pathogenic probability equal or greater than the benign probability then the predicted class is "Pathogenic". This means that the threshold for classification is 0.5, and the two classes have the same weight. However, in some cases we may want to be more precise in detecting one of the two classes. For instance, in a population screening for a severe pathology that can be easily treated at the initial stage, we want to detect the higher number of positives as possible, even if this would lead to increase the number of False Positive. Classification threshold can be adjusted also to deal with imbalanced dataset, where the number of instances in one class is much greater than the number of instances in the other class⁵.

We changed the classification thresholds based on the following considerations: in our specific case, we are training ML based on a dataset (Clinvitae Training) which is not highly imbalanced but has a much higher proportion of pathogenic variants compared to a real case scenario, as shown in Fig. 1A and Fig. 1C. In fact, since a patient usually harbors very few pathogenic variants, we want to assure that the model applied to a real case will not provide a high number of False Positive, that may slow the screening process made by the user. Therefore, we want to be *precise* in pathogenicity detection

(see the definition of precision above). The F_β combines precision and recall in a single measure that can weights the two terms through the β factor ⁶:

$$
F_{\beta} = \frac{(\beta^2 + 1) \times Precision \times Recall}{\beta^2 \times Precision + Recall}
$$

When $\beta = 1$ then recall and precision are equally important. For $\beta > 1$, recall weight more than precision, while for β < 1 precision weights more. For instance, if β = 0.5 precision weights twice the recall. We chose $\beta = 0.35$, and we calculate the corresponding $F_{0.5}$ for different thresholds value. Then we chose the threshold corresponding to the highest value of $F_{0.5}$, which for LR-A corresponds to 0.865 and for LR-B to 0.79. With these thresholds, the values of precision and recall for LR-A and LR-B on Clinvitae Probability Tuning Set are shown on the Precision-Recall Curves (PRC) reported in Figure S1.

Figure S1: A) PRC of LR-A on Clinvitae Probability Set. B) PRC of LR-B on Clinvitae Probability Test Set. Red circles represent the values of precision and recall for the selected thresholds.

Table S4 Results of Logistic Regression A approach (LR-A), Logistic Regression B approach (LR-B), Pathogenicity score (PS), the Bayesian approach (BS), CADD and VVP on the ICR639 validation set

Table S5: Confusion Matrix of LR-A on ICR639 variants

Table S6: Confusion Matrix of LR-B on ICR639 variants

Table S7: Confusion Matrix of PS on ICR639 variants

Table S8: Confusion Matrix of BS on ICR639 variants

Table S9: Confusion Matrix of LR-A on ICR639 variants predicted as VUS according to the ACMG/AMP guidelines

Table S10: Confusion Matrix of LR-B on ICR639 variants predicted as VUS according to the ACMG/AMP guidelines

Table S11: Confusion Matrix of PS on ICR639 variants predicted as VUS according to the ACMG/AMP guidelines

Table S12: Confusion Matrix of BS on ICR639 variants predicted as VUS according to the ACMG/AMP guidelines

Table S13: Confusion Matrix of CADD on ICR639 variants predicted as VUS according to the ACMG/AMP guidelines

	Benign	Pathogenic
Predicted	5494	
Benign		
Predicted	6342	26
Pathogenic		

Table S14: Confusion Matrix of VVP on ICR639 variants predicted as VUS according to the ACMG/AMP guidelines

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