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## Supplemental information

# Calibration of computational tools

## for missense variant pathogenicity classification

### and ClinGen recommendations for PP3/BP4 criteria

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#### SUPPLEMENTAL FIGURES



**Figure S1.** Pairwise correlations among all methods on the *gnomAD* data set. The Pearson correlation coefficients are shown for all pairs of tools. Darker squares indicate higher coefficients. Note that the figure accounts for the fact that SIFT and FATHMM output scores in an inverted scale (higher scores indicating benignity).

### SUPPLEMENTAL TABLES

**Table S1. Estimated thresholds for all tools in this study corresponding to the four pathogenic and four benign intervals.** The Confidence Interval (CI) column indicates the one-sided 95% confidence bound. For the selection of thresholds, the confidence bounds were chosen (except for FATHMM and SIFT, these would be higher than the point estimates for PP3 and these would be lower than the point estimates for BP4). In this manner, the recommended thresholds were more stringent and accounted for uncertainty to the best extent possible. A "–" implies that the given tool did not meet the posterior probability (likelihood ratio) threshold.

Method	PP3_VeryStrong		PP3_Strong		PP3_Moderate		PP3_Supporting	
	Estimate	CI	Estimate	CI	Estimate	CI	Estimate	CI
BayesDel	-	-	0.49	0.50	0.24	0.27	0.11	0.13
CADD	-	-	-	-	26.7	28.1	25.0	25.3
EA1.0	-	-	0.981	-	0.787	0.821	0.628	0.685
FATHMM	-	-	-	-	-4.79	-5.04	-4.05	-4.14
GERP++	-	-	-	-	-	-	-	-
MPC	-	-	-	-	1.735	1.828	1.314	1.36
MutPred2	-	-	0.924	0.932	0.793	0.829	0.683	0.737
PhyloP	-	-	-	-	9.664	9.741	7.085	7.367
PolyPhen-2	-	-	-	-	0.998	0.999	0.97	0.978
PrimateAl	-	-	-	-	0.844	0.867	0.766	0.790
REVEL	-	-	0.918	0.932	0.736	0.773	0.629	0.644
SIFT	-	-	-	-	0.000	0.000	0.002	0.001
VEST4	-	-	0.958	0.965	0.838	0.861	0.747	0.764
Method	BP4_Supporting		BP4_Moderate		BP4_Strong		BP4_VeryStrong	
	Estimate	CI	Estimate	CI	Estimate	CI	Estimate	CI
BayesDel	-0.16	-0.18	-0.27	-0.36	-0.54	-	-	-
CADD	23.0	22.7	20.4	17.33	1.898	0.154	-	-
EA1.0	0.286	0.262	0.149	0.069	-	-	-	-
FATHMM	2.20	3.32	4.12	4.69	-	-	-	-
GERP++	3.11	2.70	1.36	-4.54	-	-	-	-
MPC	-	-	-	-	-	-	-	-
MutPred2	0.408	0.391	0.208	0.197	0.023	0.01	-	-
PhlyoP	0.054	4 0 7 0	0 222	0.021	_	-	_	-
	2.054	1.879	0.323	0.021	-		-	
PolyPhen-2	0.158	0.113	0.025	0.0021	-	-	-	-
PolyPhen-2 PrimateAl	0.158 0.541	0.113 0.483	0.323	0.009	-	-	-	-
PolyPhen-2 PrimateAl REVEL	0.158 0.541 0.348	0.113 0.483 0.290	0.323 0.025 0.393 0.238	0.009 0.362 0.183	- - 0.046	- - 0.016	- - 0.003	- - 0.003
PolyPhen-2 PrimateAI REVEL SIFT	2.054 0.158 0.541 0.348 0.061	0.113 0.483 0.290 0.08	0.323 0.025 0.393 0.238 0.235	0.009 0.362 0.183 0.327	- - 0.046 -	- - 0.016 -	- - 0.003 -	- - 0.003 -

Table S2. Percentage of missing predictions for all tools for the three data sets in	this
study.	

Method	ClinVar 2019	gnomAD	ClinVar 2020
BayesDel	0.0	0.0	0.0
CADD	0.6	0.0	0.0
EA1.0	16.1	11.0	10.3
FATHMM	14.0	13.4	13.1
GERP++	2.3	1.5	1.7
MPC	29.5	23.5	25.5
MutPred2	6.5	0.0	0.6
PhyloP	2.3	1.5	1.7
PolyPhen-2	19.4	16.7	14.9
PrimateAl	8.7	5.3	5.7
REVEL	4.0	2.2	2.5
SIFT	21.5	15.3	15.1
VEST4	8.8	6.6	6.8

#### SUPPLEMENTAL METHODS

#### Alternative strategies for interval definition

We also investigated two other strategies to define intervals corresponding to the relevant evidential support. The first strategy used the global likelihood ratio and defined the threshold for the supporting level of evidence as

$$\tau_{Su}^{P} = \min\{\tau \colon \forall t \ge \tau, LR^{+}(t, \infty) \ge 2.406\},\$$

where  $LR^+(\tau, \infty)$  is the positive likelihood ratio obtained when predictions  $s \in [\tau, \infty)$  are considered pathogenic and used to compute the posterior odds of pathogenicity using equations 1 and 2 in the main text. The remaining thresholds from  $\mathcal{T}_P$  were defined as in the equation above except that the likelihood ratio levels were selected from Table 1. The same procedure was repeated for the benignity set  $\mathcal{T}_B$  using the negative likelihood ratio to define levels of evidential support. All intervals  $I^P$ (evidence level) and  $I^B$ (evidence level), where evidence level  $\in$ {Su, Mo, St, VSt}, were therefore established from the threshold sets  $\mathcal{T}_P$  and  $\mathcal{T}_B$ .

The second strategy for selecting threshold sets defined all thresholds simultaneously by satisfying LR<sup>+</sup>( $\tau_{Su}^{P}, \tau_{Mo}^{P}$ )  $\geq$  2.406, LR<sup>+</sup>( $\tau_{Mo}^{P}, \tau_{St}^{P}$ )  $\geq$  5.790, LR<sup>+</sup>( $\tau_{St}^{P}, \tau_{VSt}^{P}$ )  $\geq$  33.53, and LR<sup>+</sup>( $\tau_{VSt}^{P}, \infty$ )  $\geq$  1124.000, where LR<sup>+</sup>( $\tau_{Su}^{P}, \tau_{Mo}^{P}$ ) was obtained when predictions  $s \in [\tau_{Su}^{P}, \tau_{Mo}^{P})$  were considered pathogenic and used to compute the posterior odds of pathogenicity. Since this approach may not have a unique solution, a greedy approach was used to optimize threshold intervals.

#### Suggested modification to Tavtigian et al. framework

To use BP4\_Moderate with other evidence we propose a modification to Equation 2 in Tavtigian *et al.:* 

$$OP = O_{PVSt} \frac{\frac{N_{BSu}}{X^3} \frac{N_{BMo}}{X^2} \frac{N_{BSt}}{X}}{X}$$

where *OP* is the Odds of pathogenicity,  $O_{PVSt}$  is the Odds of pathogenicity corresponding to Very Strong evidence for pathogenicity, *N* is the number of lines of evidence for benignity (with the subscript indicating the strength levels) and *X* is a scaling factor. While this equation is presented this way here to preserve the notation of Tavtigian *et al.*, there is a one-to-one correspondence between this equation and Equation 5 of this study. *OP* corresponds to the positive likelihood ratio (LR<sup>+</sup>),  $O_{PVSt}$  corresponds to *c*, *N* is corresponds to *n*, and *X* is set to 2 (as in the original Tavtigian *et al.* framework).