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Supplemental information

**A homozygous variant in cardiac
troponin I3, TNNI3, causes severe
pediatric restrictive cardiomyopathy**

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45 Table 1: Summary of cases with homozygous, compound heterozygous *TNNI3* variants (full version including References)

Case	Phenotype	Sex	Age initial diagnosis	Outcome	TNNI3 variant protein	TNNI3 variant transcript	TNNI3 exon	Zygoty	ClinVar ID pathogenicity	Parents	Reference
#1	DCM	M F	27 years 29 years	HTX no	p.Ala2Val	c.5C>T*	Exon 1	hom	VUS [#]	no HP	1
#2	DCM	F	1 year	deceased	p.Ala8Ala splice effect/ TNNI3_ex1-8del ^{\$}	c.24G>A/ TNNI3_ex1-8del ^{\$}	Exon 2	comp. het ^{\$}	no	n.d.	2
#3	LVNC	F	12 months	deceased	splice effect	c.24+2T>A	Intron 2	hom	P, VUS [#]	n.d.	3
#4	DCM	F	12 months	n.d.	splice effect	c.24+2T>A	Intron 2	hom	P, VUS [#]	n.d.	4
#5	DCM, myocarditis	-	3 years, 2 years	HTX, HTX	p.Lys50Lys, splice effect	c.150G>A	Exon 4	hom	VUS	no HP	5
#6	DCM, myocarditis	F	3 years	deceased	p.Lys50Lys, splice effect	c.150G>A	Exon 4	hom	VUS	n.d.	6
#7	DCM	F	3 years	HTX	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, LP, VUS [#]	n.d.	5
#8	DCM	F	2 months	HTX	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, LP, VUS [#]	mother no HP father HP	5
#9	DCM	M M	6 months 7 months	deceased deceased	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, LP, VUS [#]	no HP	5
#10	DCM	F	11 months	deceased	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, LP, VUS [#]	n.d.	5
#11	DCM	M	14 months	HTX	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, LP, VUS [#]	n.d.	3,7
#12	DCM	F	9 months	n.d.	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, LP, VUS [#]	n.d.	4
#13	DCM	F	10 months	n.d.	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, LP, VUS [#]	n.d.	4
#14	DCM	M	6 months	HTX	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, LP, VUS [#]	n.d.	8
#15	DCM	F F F	12 months 13 months 13 months	deceased deceased deceased	p.Arg69Alafs*8	c.204del	Exon 5	hom	P, VUS [#]	no HP	9
#16	HCM	M	38 years	no	p.Arg79Cys	c.235C>T	Exon 5	hom	B, LB, VUS [#]	n.d.	10
#17	HCM	F M	n.d. n.d.	n.d.	p.Arg79Cys/ p.Ala157Val	c.235C>T/ c.470C>T	Exon 5/7	comp. het	B, LB, VUS [#] P	n.d.	11
#18	DCM/LVNC	M	6 months	n.d.	p.Leu88Trpfs*27	c.258del	Exon 5	hom	P, VUS [#]	no HP	12
#19	DCM (myocarditis)	F	7 months	HTX	p.Arg98*	c.292C>T	Exon 6	hom	P, VUS [#]	n.d.	8
#20	RCM	F	24 months	HTX, LTX deceased	p.Arg136*	c.406C>T	Exon 7	hom	VUS	n.d.	this study

#21	HCM	n.d.	n.d.	n.d.	p.Arg141Gln	n.d.	Exon 7	hom	LP, P [#]	n.d.	13
#22	HCM	F	17 years	-	p.Arg162Trp	n.d.	Exon 7	hom	LP, P [#]	no HP	14
	HCM	M	15 years	ICD							
#23	HCM	F	17 years	ICD	p.Arg162Trp	n.d.	Exon 7	hom	LP, P [#]	no HP	15
#24	DCM	M	1 month	deceased	p.Glu182Lys	c.544G>A	Exon 7	hom	LP, P [#]	n.d.	16
#25	HCM	M	42 years	no	p.Asp196His	c.586G>C	Exon 8	hom	VUS	no HP	17
	RCM	F [§]	41 years								
	RCM	F [§]	45 years								
#26	DCM	F	14 month	deceased with 19 months	-	11 kb deletion at 19q13.42 comprising <i>TNNI1</i> exons 1-9, <i>TNNI3</i> exon 8	Exon 8	hom	no	n.d.	18

46 * This variant was in the original publication ¹ described as c.4C>T. The triplet at this position is GCG coding for alanine. We corrected this typo according to the published amino acid exchange
47 p.Ala2Val. [§] Individuals are dizygotic twin sister. [§] The variant p.Ala8Ala occurs compound heterozygous with a deletion of *TNNI3* exon 1-8. The variant interrupts the canonical donor splice site of
48 *TNNI3* intron 2 inducing premature stop of translation. [#] Conflicting interpretations in ClinVar. HTX - heart transplantation. LTX - liver transplantation. ICD - implantable cardioverter defibrillator. n.d.
49 - not determined. HP - heart phenotype. B - benign. LB - likely benign, VUS - variant of unknown significance, LP - likely pathogenic, P - pathogenic.
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51

52 **Additional clinical details**

53 *The homozygous SERPINA1 p.Glu366Lys variant induces alpha-1 antitrypsin deficiency*

54 The patient 1-III:1 was diagnosed with AATD terminally resulting in LTX. Genetic
55 analysis identified the variant SERPINA1/AAT p.E366K in patient 1-III:1 homozygously.
56 SERPINA1 is synthesized in the liver and serves as serine proteases inhibitor (SerPIn)
57 inactivating for instance elastase, plasmin, or thrombin. SERPINA1 protects tissues from
58 uncontrolled damage due to serine proteases, e.g. neutrophil elastase. Only recently, a
59 functional study systematically assessed the biochemistry of AATD associated SERPINA1
60 variants.¹⁹ The variant SERPINA1 p.E366K (or Z-allele) lacks neutrophil elastase inhibitory
61 activity, polymerizes/aggregates in the hepatocyte endoplasmic reticulum, and shows low
62 monomer abundance after hepatocyte secretion.¹⁹ These biochemical properties make the
63 SERPINA1 p.E366K highly pathogenic. Clinically, this variant is associated with chronic
64 obstructive pulmonary disease (COPD) and liver cirrhosis. Thus, the homozygous state of the
65 SERPINA1 p.E366K variant is highly pathogenic and explains liver disease in patient 1-III:1.²⁰
66 Of note, the available enzyme replacement therapy is not effective in patients with the
67 SERPINA1 p.E366K variant due to pathological intracellular aggregation in hepatocytes.²¹
68 Development of personalized therapies will help to handle such severe cases of AATD in the
69 future.¹⁹

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