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# Integrative approach to interpret DYRK1A variants, leading to a frequent neurodevelopmental disorder

Jeremie Courraud<sup>1,2,3,4</sup>, Eric Chater-Diehl<sup>5</sup>, Benjamin Durand<sup>1,2,3,4</sup>, Marie Vincent<sup>6</sup>, Maria del Mar Muniz Moreno<sup>1,2,3,4</sup>, Imène Boujelbene<sup>1,2,3,4,7</sup>, Nathalie Drouot<sup>1,2,3,4</sup>, Loréline Genschik<sup>1,2,3,4</sup>, Elise Schaefer<sup>8</sup>, Mathilde Nizon<sup>6</sup>, Bénédicte Gerard<sup>7</sup>, Marc Abramowicz<sup>9</sup>, Benjamin Cogné<sup>6</sup>, Lucas Bronicki<sup>10</sup>, Lydie Burglen<sup>11</sup>, Magalie Barth<sup>12</sup>, Perrine Charles<sup>13</sup>, Estelle Colin<sup>12</sup>, Christine Coubes<sup>14</sup>, Albert David<sup>6</sup>, Bruno Delobel<sup>15</sup>, Florence Demurger<sup>16</sup>, Sandrine Passemard<sup>17</sup>, Anne-Sophie Denommé<sup>18</sup>, Laurence Faivre<sup>18</sup>, Claire Feger<sup>7</sup>, Mélanie Fradin<sup>20</sup>, Christine Francannet<sup>21</sup>, David Genevieve<sup>14</sup>, Alice Goldenberg<sup>22</sup>, Anne-Marie Guerrot<sup>22</sup>, Bertrand Isidor<sup>6</sup>, Katrine M. Johannessen<sup>24,25</sup>, Boris Keren<sup>13</sup>, Maria Kibæk<sup>23</sup>, Paul Kuentz<sup>18</sup>, Michele Mathieu-Dramard<sup>26</sup>, Bénédicte Demeir<sup>26</sup>, Julia Metreau<sup>27</sup>, Rikke Steensbjerre Møller<sup>24,25</sup>, Sébastien Moutton<sup>18</sup>, Laurent Pasquier<sup>20</sup>, Kristina Pilekær Sørensen<sup>23</sup>, Laurence Perrin<sup>28</sup>, Mathilde Renaud<sup>29</sup>, Pascale Saugier<sup>22</sup>, Marlene Rio<sup>30</sup>, Joane Svane<sup>23</sup>, Julien Thevenon<sup>31</sup>, Frederic Tran Mau Them<sup>18</sup>, Cathrine Elisabeth Tronhjem<sup>23</sup>, Antonio Vitobello<sup>18</sup>, Valerie Layet<sup>32</sup>, Stéphane Auvin<sup>33</sup>, Khaoula Khachnaoui<sup>34</sup>, Marie-Christine Birling<sup>35</sup>, Severine Drunat<sup>36</sup>, Allan Bayat<sup>23</sup>, Christèle Dubourg<sup>37</sup>, Salima El Chehadeh<sup>7</sup>, Christina Fagerberg<sup>23</sup>, Cyril Mignot<sup>12</sup>, Michel Guipponi<sup>9</sup>, Thierry Bienvenu<sup>38</sup>, Yann Herault<sup>1,2,3,4</sup>, Julie Thompson<sup>39</sup>, Marjolaine Willems<sup>14</sup>, Jean-Louis Mandel<sup>1,2,3,4</sup>, Rosanna Weksberg<sup>5,40,41,42,43</sup>, \*Amélie Piton<sup>1,2,3,4,7,44</sup>

## AFFILIATIONS

<sup>1</sup> Institut de Génétique et de Biologie Moléculaire et Cellulaire, Illkirch 67400, France

<sup>2</sup> Centre National de la Recherche Scientifique, UMR7104, Illkirch 67400, France

<sup>3</sup> Institut National de la Santé et de la Recherche Médicale, U964, Illkirch 67400, France

<sup>4</sup> Université de Strasbourg, Illkirch 67400, France

<sup>5</sup> Genetics and Genome Biology, The Hospital for Sick Children, Toronto, ON M5G 1X8, Canada

<sup>6</sup> Service de Génétique Médicale, CHU de Nantes & Inserm, CNRS, Université de Nantes, l'institut du thorax, 44000 Nantes, France

<sup>7</sup> Unité de Génétique Moléculaire, IGMA, Hôpitaux Universitaire de Strasbourg, Strasbourg, France

<sup>8</sup> Service de Génétique Médicale, IGMA, Hôpitaux Universitaires de Strasbourg, Strasbourg, France

<sup>9</sup> Service of Genetic Medicine, University Hospitals of Geneva, Geneva, Switzerland

<sup>10</sup> Department of Genetics, CHEO, Ottawa, ON, Canada.

<sup>11</sup> Centre de référence des malformations et maladies congénitales du cervelet et Département de génétique et embryologie médicale, APHP, Sorbonne Université, Hôpital Armand Trousseau, 75012 Paris, France

<sup>12</sup> Pediatrics & Biochemistry and Genetics, Department, Angers Hospital, Angers, France.

<sup>13</sup> Genetic Department, University Hospital Pitié-Salpêtrière, AP-HP, Paris, France

<sup>14</sup> Département de Génétique Médicale maladies rares et médecine personnalisée, Centre de Référence Maladies Rares Anomalies du Développement, Hôpital Arnaud de Villeneuve, Université Montpellier, France

<sup>15</sup> Centre de Génétique Chromosomique, GHICL, Hôpital Saint Vincent de Paul, Lille, France

<sup>16</sup> Service de Génétique, CH Bretagne Atlantique- Vannes

<sup>17</sup> Département de Génétique, Hôpital Universitaire Robert Debré, APHP, Paris, France.

<sup>18</sup> Centre de Génétique et Centre de Référence Anomalies du développement et Syndromes malformatifs, Hôpital d'Enfants and INSERM UMR1231 GAD, FUH TRANSLAD, CHU de Dijon, Dijon, France

<sup>19</sup> Unité Fonctionnelle d'Innovation en Diagnostique Génomique des Maladies Rares, Pôle de Biologie, FUH-TRANSLAD, CHU Dijon Bourgogne, F-21000, Dijon, France

<sup>20</sup> Centre de Référence Maladies Rares, Unité Fonctionnelle de Génétique Médicale, CHU, Rennes, France

<sup>21</sup> Service de Génétique médicale, CHU de Clermont-Ferrand, Clermont-Ferrand, France

<sup>22</sup> Normandie Univ, UNIROUEN, Inserm U1245 and Rouen University Hospital, Department of Genetics and Reference Center for Developmental Disorders , F 76000, Normandy Center for Genomic and Personalized Medicine, Rouen, France

<sup>23</sup> Department of Clinical Genetics, Odense Denmark Hospital, Odense University Hospital, Odense, Denmark

<sup>24</sup> Department of Epilepsy Genetics and Personalized Treatment, The Danish Epilepsy Centre, Dianalund, Denmark

<sup>25</sup> Institute for Regional Health Services, University of Southern Denmark, Odense Denmark

<sup>26</sup> Service de Génétique Clinique, Centre de référence maladies rares, CHU d'Amiens-site Sud, Amiens, France

<sup>27</sup> APHP, Service de neurologie pédiatrique, Hôpital Universitaire Bicêtre, Le Kremlin-Bicêtre, France

<sup>28</sup> Department of Genetics, Robert Debré Hospital, AP-HP, Paris, France

<sup>29</sup> Service de Génétique Clinique et de Neurologie, Hôpital Brabois Enfants, Nancy, France

<sup>30</sup> Department of medical genetics and reference centre for rare intellectual disabilities. INSERM UMR 1163, Paris Descartes-Sorbonne Paris Cité University, Imagine Institute, Necker Enfants Malades Hospital, Paris, France

<sup>31</sup>Department of Genetics and Reproduction, Centre Hospitalo-Universitaire Grenoble-Alpes, Grenoble, France

<sup>32</sup>Consultations de génétique, Groupe Hospitalier du Havre, Le Havre, France

<sup>33</sup>Center for rare epilepsies & epilepsy unit Robert-Debré Hospital, APHP, & INSERM NeuroDiderot, Université de Paris, Paris, France

<sup>34</sup>Université Côte d'Azur, Inserm U1081, CNRS UMR7284, IRCAN, CHU de Nice, Nice, France

<sup>35</sup>ICS, Mouse Clinical Institute, Illkirch-Graffenstaden, France

<sup>36</sup>Département de Génétique, Hôpital Universitaire Robert Debré, Paris

<sup>37</sup>Laboratoire de Génétique Moléculaire, CHU Pontchaillou, UMR 6290 CNRS, IGDR, Faculté de Médecine, Université de Rennes 1, Rennes, France

<sup>38</sup>Molecular Genetics Laboratory, Cochin Hospital, APHP.Centre-Université de Paris, and INSERM UMR 1266, Institut de Psychiatrie et de Neurosciences de Paris, 75014 Paris, France

<sup>39</sup>Complex Systems and Translational Bioinformatics (CSTB), ICube laboratory - CNRS, Fédération de Médecine Translationnelle de Strasbourg (FMTS), University of Strasbourg, Strasbourg, France

<sup>40</sup>Division of Clinical and Metabolic Genetics, The Hospital for Sick Children, Toronto, Ontario, M5G 1X8, Canada

<sup>41</sup>Department of Molecular Genetics, University of Toronto, Toronto, Ontario, M5S 1A1, Canada-RBW

<sup>42</sup>Department of Pediatrics, University of Toronto, Toronto, ON, Canada

<sup>43</sup>Institute of Medical Science, School of Graduate Studies, University of Toronto, Toronto, Ontario, Canada

<sup>44</sup>Institut Universitaire de France

The authors declare no conflict of interest.

\*Address for correspondence and material request:

Amélie Piton, PhD

Laboratoire "Mécanismes génétiques des maladies neurodéveloppementales", IGBMC, Illkirch, France

Tel : +33369551652

E-mail: [piton@igbmc.fr](mailto:piton@igbmc.fr)

## Competing interests

None.

## ABSTRACT

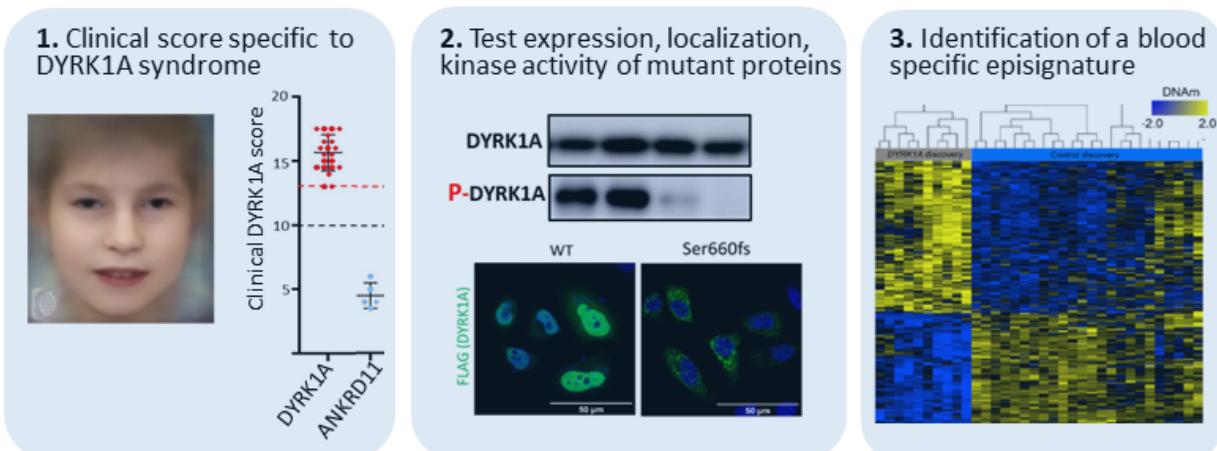
**PURPOSE:** *DYRK1A* syndrome is among the most frequent monogenic forms of intellectual disability (ID). We refined the molecular and clinical description of this disorder and developed tools to improve interpretation of missense variants, which remains a major challenge in human genetics.

**METHODS:** We reported clinical and molecular data for fifty individuals with ID harboring *DYRK1A* variants and developed i) a specific *DYRK1A* clinical score, ii) amino acid conservation data generated from one hundred of *DYRK1A* sequences across different taxa, iii) *in vitro* overexpression assays to study level, cellular localization, and kinase activity of *DYRK1A* mutant proteins, and iv) a specific blood DNA methylation signature.

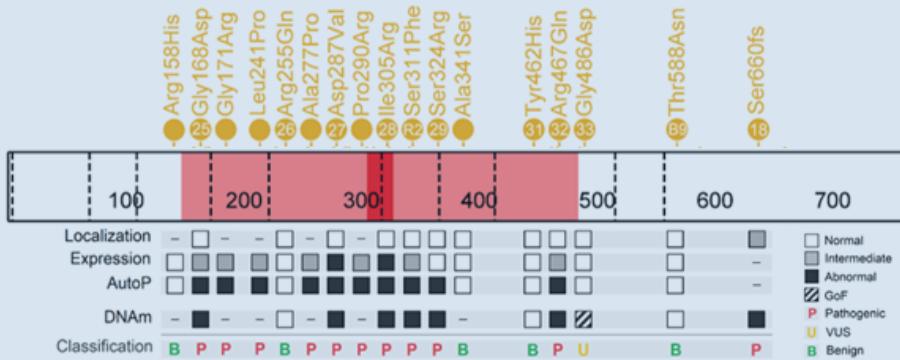
**RESULTS:** This integrative approach was successful to reclassify several variants as pathogenic. However, we questioned the involvement of some others, such as p.Thr588Asn, still reported as likely pathogenic, and showed it does not cause an obvious phenotype in mice.

**CONCLUSION:** Our study demonstrated the need for caution when interpreting variants in *DYRK1A*, even those occurring *de novo*. The tools developed will be useful to interpret accurately the variants identified in the future in this gene.

# Integrative tools to interpret variants causing DYRK1A syndrome



**Conclusion:** Integration of the different tools to interpret variants in *DYRK1A*



## INTRODUCTION

Intellectual disability (ID) and autism spectrum disorder (ASD) are two highly heterogeneous groups of neurodevelopmental disorders (NDD) with substantial genetic contributions which overlap strongly both at the clinical and genetic levels. More than one thousand genes have been implicated in monogenic forms of NDD, with an important contribution of autosomal dominant forms caused by *de novo* variants<sup>1</sup>. One of these genes, *DYRK1A* (*dual-specificity-tyrosine-phosphorylation-regulated-kinase-1A*)<sup>2</sup>, located on chromosome 21, is among the genes the most frequently mutated in individuals with ID<sup>1</sup>.

The first *DYRK1A* disruptions were identified in individuals with intrauterine growth restriction (IUGR), primary microcephaly and epilepsy<sup>3</sup>. Few years later, the first frameshift variant was described in a patient with similar features<sup>4</sup>. The clinical spectrum associated with *DYRK1A* pathogenic variants (*MRD7 for Mental Retardation 7* in OMIM) was further refined with the publication of additional patients, presenting suggestive facial dysmorphism, severe speech impairment and feeding difficulty, while epilepsy and prenatal microcephaly were not always present<sup>5-9</sup>. Pathogenic variants were also identified in cohorts of individuals with ASD<sup>10</sup>, but all have ID<sup>11</sup>. The *DYRK1A* gene encodes a dual tyrosine-serine/threonine (Tyr-Ser/Thr) kinase composed of a central catalytic domain including Tyrosine-321, involved in *DYRK1A* activation by autophosphorylation<sup>12</sup>, two nuclear localization signal sequence (NLS), and additional functional domains. *DYRK1A* is ubiquitously expressed during embryonic development and in adult tissues. Its location is both cytoplasmic and nuclear and varies by cell type and stage of development<sup>13</sup>. By the

number and diversity of its proposed protein targets, DYRK1A regulates numerous cellular functions (reviews<sup>14,15</sup>), among them the MAPT (Tau) protein phosphorylated by DYRK1A on its Thr212 position<sup>16</sup>.

High Throughput Sequencing (HTS) has revolutionized the identification of genetic variants for diagnostic applications but a major challenge remains in the interpretation of the vast number of variants, especially for highly heterogeneous disease such ID. A combination of genetic, clinical and functional approaches, summarized by the American College of Medical Genetics and the Association for Molecular Pathology (ACMG/AMP), are commonly used to interpret these variants<sup>17</sup>. A significant proportion of the variants, especially the missense variants, remain classified as variants of unknown significance (VUS, according to ACMG/AMP) after the primary analysis. For autosomal dominant diseases with complete penetrance such as *DYRK1A* syndrome, the *de novo* occurrence of a variant is a strong but not absolute argument for pathogenicity, and the parents' genotype is not always available. Clinical observations are useful but could also lead to misinterpretation, as numerous ID-associated manifestations are unspecific. Many tools have been developed to predict *in silico* the pathogenicity of missense variants but they remain predictions and protein-specific functional tests are useful to confirm variants effect. DNA methylation (DNAm) is also a powerful tool to test variant pathogenicity in disorders associated with epigenetic regulatory genes. We discovered that pathogenic variants in these genes can exhibit disorder-specific DNAm signatures comprised of consistent, multilocus DNAm alterations in peripheral blood, useful for classifying variants in these genes as pathogenic or benign<sup>18-21</sup>. *DYRK1A* has numerous targets, and while it is not well-described as an epigenetic regulator, it has been shown to phosphorylate histone H3 and histone acetyltransferase proteins<sup>22,23</sup>. Therefore, we hypothesized that pathogenic variants in *DYRK1A* might generate a specific DNAm signature in blood.

We reviewed the clinical signs present in 34 individuals never reported and carrying deletions or clearly pathogenic variants in *DYRK1A* to refine the clinical spectrum of *DYRK1A* syndrome. Based on these data, we developed a score to help to recognize affected individuals and to interpret variants (reverse phenotyping). In parallel, we developed *in silico* and *in vitro* approaches to assess variant effects on *DYRK1A* function. Finally, we defined a DNAm signature specific to *DYRK1A* syndrome in patient blood. We used this multifaceted approach to interpret 17 variants identified in patients with ID/NDD and demonstrated its efficiency in optimizing accurate interpretation of variants.

## METHODS

### *Patients and molecular analysis*

Variants in *DYRK1A* (NM\_001396.4) were identified during routine genetic analyses in individuals referred to clinical genetic services for intellectual disability in France, Denmark and Switzerland: CGH-array, *DYRK1A* coding regions sanger sequencing, targeted next generation sequencing of ID genes (TES)<sup>24-26</sup>, trio or simplex clinical exome sequencing (CES) or exome sequencing (ES), and confirmed by an additional method. Combined Annotation Dependent Depletion (CADD) and Nns splice were used to predict the effect of missense and splice variants respectively. Fibroblasts were established from skin biopsies for Ind #1, #11, #22, #24, Bronicki#9 and Bronicki#10 and cultivated as previously described<sup>27</sup>. Paxgene blood samples were collected for Ind #9, #18, #19 and #30. mRNA extraction, RNA sequencing, RT-PCR or qPCR (primers available on request) were performed as previously described<sup>28</sup>.

## **Phenotypic analysis and clinical scoring**

Clinical information and photographs were provided by the referring clinicians for the 44 individuals reported here (**Table S1**) as well as for six individuals previously published (individuals Bronicki#2, #3, #8, #9 and #10 and Ruaud#2)<sup>6,7</sup>(n=50 individuals in total). Based on the most frequent signs and the morphometric characteristics presented by the 34 individuals with truncating variants in *DYRK1A*, a clinical score out of 20 was established (DYRK1A\_I, n=21 individuals with photographs available **Table S2**). Clinical scores were calculated for this initial cohort plus a second cohort (replication cohort, DYRK1A\_R, n=13) with individuals already described in previous publications<sup>5-7</sup> by experienced clinical geneticists, as well as for individuals with other frequent monogenic forms of ID, caused by pathogenic variants in *DDX3X* (n=5), *ANKRD11* (n=5), *ARID1B* (n=8), *KMT2A* (n=6), *MED13L* (n=5), *SHANK3* (n=6) or *TCF4* (n=6) genes.

## **Definition of sets of missense variants and conservation analysis**

To evaluate which tools are pertinent to predict effect of missense variants on the *DYRK1A* protein, we used different sets of variants : 1) variants presumed to be benign (negative N-set, n=115) including missense variants reported “benign” in ClinVar plus variants found more than once in GnomAD (november 2019 release), 2) variants reported as “pathogenic”/“likely pathogenic” in Clinvar (positive P-set, n=16), and 3) other variants reported here, in literature, or as VUS in Clinvar (test T-set, n=44)(**Table S3**). 123 orthologous sequences of human *DYRK1A* were extracted from the OrthoInspector database version 3.0. and a multiple sequence alignment (MSA) was constructed using the Clustal Omega software. The MSA was then manually refined to correct local alignment errors using the Jalview MSA editor<sup>29</sup>. The refined MSA was used as input to the PROBE software<sup>30</sup>, in order to identify conserved regions in the sequences. The sequences in the MSA were divided into five separate clades: Vertebrates, Metazoans, Protists, Plants and Fungi.

## **In vitro analysis of variant effect on *DYRK1A* protein**

*DYRK1A* expression plasmids (addgene #101770, Huen lab) were generated from the pMH-SFB-*DYRK1A* vector containing the N-terminal FLAG-tagged human *DYRK1A* cDNA sequence (NM\_001396.4). Variant sequences were obtained by site-directed mutagenesis as described<sup>31</sup>. Antibodies used are listed in **Supplementary Methods**. HeLa, HEK293 and COS1 cells were maintained and transfected for 24h with *DYRK1A* plasmids (for immunofluorescence) or *DYRK1A* plasmids plus pEGFP-N1 plasmid (for Western Blot) as previously done<sup>31,32</sup>. For autophosphorylation analysis and DCFA7 (WDR68) interaction, proteins were extracted from transfected HEK293 cells and immunoprecipitated with anti-FLAG antibody as described<sup>31</sup>. Phosphorylated Tyr321 *DYRK1A* was visualized as described<sup>33</sup> and normalized by the level of total *DYRK1A* protein. Kinase activity was investigated by co-transfected *DYRK1A* and *MAPT* plasmids (MAPT\_OHu28029C\_pcDNA3.1(+)-C-HA, geneScript) in HEK293 cells, adapted from<sup>34</sup>. The level of *DYRK1A*, *MAPT* and p*MAPT* (Thr212) proteins were normalized with GAPDH.

## **DNA methylation signature**

Methylation analysis was performed using blood DNA from individuals with *DYRK1A* LoF variants (n=16), split into signature discovery (n=10) and validation (n=6) cohorts, based primarily on whether age at time of blood collection was available, and age- and sex-matched neurotypical controls (n=24). Whole blood DNA samples were prepared, hybridized to the Illumina Infinium Human MethylationEPIC BeadChip

and analyzed as previously described<sup>20</sup>, a total of n=774,590 probes were analyzed for differential methylation. Standard quality control metrics showed good data quality for all samples except Ind#20. Briefly, *limma* regression with covariates age, sex, and five predicted blood cell types identified a DNAm signature with a Benjamini-Hochberg adjusted *p*-value<0.05 and 10% methylation difference. Next, we developed a support vector machine (SVM) model with linear kernel trained on including non-redundant CpG sites<sup>20</sup> using the methylation values for the discovery cases vs. controls. The model generated scores ranging between 0 and 1 for tested samples, classifying samples as “positive” (*score*>0.5) or “negative” (*score*<0.5). Additional neurotypical controls (n=94) and *DYRK1A* LoF validation samples (n=6) were scored to test model specificity and sensitivity respectively, and samples with pathogenic *KMT2A* (n=8) and *ARID1B* (n=4) variants and *DYRK1A* missense and distal frameshift (n=11) variants were tested.

## RESULTS

### *Identification of genetic variants in DYRK1A in individuals with ID*

We collected molecular and clinical information from 50 individuals with ID (44 never reported and six previously reported<sup>6,7</sup>) carrying a variant in *DYRK1A* identified in clinical and diagnostic laboratories: structural variants deleting or interrupting *DYRK1A* and recurrent or novel nonsense, frameshift, splice and missense variants (**Table 1**, **Figure S1**). When blood or fibroblast samples were available, we characterized the consequences of these variants on *DYRK1A* mRNA by RNA-sequencing and RT-qPCR (**Figure S2**, **Supplementary Text**). For one variant, c.1978del, occurring in the last exon of the gene (**Ind #18**), the mutant transcripts escape to nonsense mRNA mediated decay (NMD) and result in a truncated protein p.Ser660fs (or p.Ser660Profs\*43) retaining its entire kinase domain (**Figure S2F**). The variants occurred *de novo* in most of the cases (36/44), one was inherited from a mosaic father and parental DNA was not available for the seven others.

### *Clinical manifestations in individuals with pathogenic variants in DYRK1A and definition of a clinical score*

We reviewed the clinical manifestations of the patients with truncating variants, except p.(Ser660fs)(**Table S1**, **Supplementary text**). Recurrent features include, consistently with what was reported<sup>5,6,8,11</sup>: moderate to severe ID, prenatal or postnatal progressive microcephaly, major speech impairment, feeding difficulties, seizures and especially history of febrile seizures, autistic traits and anxiety, delayed gross motor development with unstable gait, brain MRI abnormalities including dilated ventricles and corpus callosum hypoplasia and recurrent facial features (**Figure 1A**, **Figure S3**). We found genital abnormalities as reported<sup>35</sup> but no obvious renal anomalies. We noted the importance of skin manifestations and especially atopic dermatitis. We used recurrent features to establish a “*DYRK1A*- clinical score” (CS<sub>DYRK1A</sub>) on a 20 point scale (**Figure 1A**), which aims to reflect specificity rather than severity of the phenotype. High scores, ranging from 13 to 18.5 (mean=15.5), were obtained for the individuals having a pathogenic variant in *DYRK1A* described here (DYRK1A\_I) or previously (DYRK1A\_R) (**Table S2**, **Figure 1B**). The threshold of CS<sub>DYRK1A</sub> >=13 appears to be discriminant between individuals with LoF variants in *DYRK1A* (all  $\geq 13$ ) and individuals suffering from another form of ID (all<13) and is considered as “highly suggestive” (13>CS<sub>DYRK1A</sub>>10: “intermediate”; CS<sub>DYRK1A</sub><10:“poorly evocative”). A clinical score on 15 points without photograph is less discriminative (**Figure S4**).

## *In silico analysis of missense variant effects*

We evaluated the discriminative power of the CADD score, commonly used in medical genetics<sup>36</sup> to interpret missense variants in *DYRK1A*. If a significant difference in the CADD score distribution is observed between the “benign” variants (N-set, see **Methods**) and those reported as “pathogenic” (P-set, see **Methods**) (*p*-value<0.0001), a substantial proportion of the N-set variants still have a CADD score above thresholds (20 or 25) usually used to define pathogenicity (**Figure S5A**). This could be explained by the high degree of amino acid conservation of *DYRK1A* among vertebrates, and this could lead to over-interpretation of pathogenicity. We performed sequence alignment with orthologs from different taxon (**Figure S6**) and confirmed that using sequences from vertebrates only is not efficient to classify missense variants, as one third of the N-set variants affect amino acids conserved in all species (**Figure S5B**, V=100%). Considering conservation parameters going beyond vertebrates appears more discriminant (13/16 P-set and 1/115 N-set variants are conserved in 100% of vertebrates, 90% of metazoan and 80% of other animals) (**Figure S5B**).

## *In vitro characterization of consequences of missense variants on *DYRK1A* protein*

In order to test the consequences of the missense variants *in vitro*, we overexpressed wild-type (WT) and mutant *DYRK1A* proteins in three different cell lines (HEK293, HeLa, COS1) including a truncating pathogenic variant Arg413fs and a benign missense variant from gnomAD, Ala341Ser. A significant and drastic decrease in *DYRK1A* protein level (**Figure 2A**), due to a reduction of protein stability (**Figure S7A**), was observed for the truncating Arg413fs and missense Asp287Val, Ser311Phe, Arg467Gln, Gly168Asp and Ile305Arg variants in each cell type. None of the variants affects *DYRK1A* interaction with DCAF7 (WDR68) (**Figure S7B**). To be active, *DYRK1A* has to undergo an autophosphorylation on Tyrosine 321<sup>12</sup>. To measure the level of active *DYRK1A* protein, we detected phospho-*DYRK1A* (Tyr321) by immunoprecipitation followed by immunoblot using anti-phospho-HIPK2, as previously described<sup>33</sup> (**Figure 2B**). We confirmed that the three variants previously tested (Asp287Val, Ser311Phe and Arg467Gln) abolish autophosphorylation<sup>33,37</sup>, as do the Gly168Ap and Ile305Arg variants. The Ser324Arg *DYRK1A* variant showed only residual autophosphorylation. No effect on autophosphorylation was observed for Arg255Gln, Tyr462His, Gly486Asp and Thr588Asn. No effect was detected either for the Glu366Asp amino acid change, but the analysis of patient’s blood mRNA showed that this variant (c.1098G>T) affects splicing leading to a deletion of 49 amino acids p.Ile318\_Glu366del (**Figure S2G**). We used this strategy to test additional variants reported in databases and showed that Arg158His, affecting a highly conserved amino acid position but reported twice in GnomAD, does not affect *DYRK1A* protein. Ala277Pro, reported as pathogenic in ClinVar, as well as Gly171Arg, Leu241Pro and Pro290Arg, reported initially as VUS in ClinVar, affect both *DYRK1A* level and autophosphorylation (**Figure S8A-B, Table S3, Figure S5B**). None of the missense variants appears to affect *DYRK1A* cellular localization, contrary to Arg413fs variant or changes in NLS domains (**Supplementary Text, Figure S8C**). However, we observed an aggregation of *DYRK1A* proteins with the distal frameshift variant Ser660fs (**Figure 2C**), preventing a correct measure of the protein and autophosphorylation levels.

## *Identification of a DNAm signature associated with *DYRK1A* pathogenic variants*

To determine if *DYRK1A* is associated with specific changes in genome-wide DNA methylation (DNAm) in blood, we used methylation array analysis. We compared DNAm in blood for a subset (*discovery*) of our cohort carrying pathogenic LoF variants in *DYRK1A* with age- and sex-matched neurotypical controls and identified n=402 differentially methylated CpG sites corresponding to 165 RefSeq genes (**Table S4, Figure 3A-B**). The sensibility and specificity of the score (0-1) derived from this signature

was validated using additional individuals with *DYRK1A* truncating variants (*validation*), additional controls and individuals with pathogenic variants in other genes (**Table S5; Figure 3C**). Next, we scored the samples with missense variants and found that six classified positively (p.Asp287Val, p.Ser311Phe, p.Arg467Gln, p.Gly168Asp, p.Ile305Arg and p.Ser324Arg) and three negatively (p.Arg255Gln, p.Tyr462His, p.Thr588Asn) (**Figure 3B-C, Table S5, Figure S9**). The sample with the distal frameshift variant p.Ser660fs classified as DNAm positive, with a high score (0.92). The sample with the p.Gly486Asp variant clustered out from both *DYRK1A* cases and controls and its methylation profile was even opposite to *DYRK1A* LoF cases (increased methylation at sites decreased in LoF cases and vice versa, **Figure S9, S11**), suggesting this variant might have a gain-of-function (GoF) effect. A notable feature of these GoF CpG sites is that they tended to cluster together, as for instance in the *HIST1H3E* promoter (**Table S4**).

### **Integration of the different tools to reclassify variants**

We integrated the clinical score, *in silico* predictions, functional assays results and DNAm score to evaluate the pathogenicity of the variants and reclassify them according to ACMG/AMP categories (**Figure 4, Table S6**). We found that variants p.Gly168Asp, p.Asp287Val, p.Ile305Arg, p.Ser311Phe and p.Arg467Gln, identified in individuals with intermediate to high CS<sub>DYRK1A</sub> scores, led to reduced protein level as well as an absence of autophosphorylation activity, which was previously described for three of them<sup>33,37</sup>. All classified as DNAm-positive, definitively supporting their pathogenicity. For the p.Ser324Arg variant, identified *de novo* in a patient with an intermediate CS<sub>DYRK1A</sub> score, we observed only a slight decrease of *DYRK1A* stability and a partial decrease of its autophosphorylation ability. The binary nature of the DNAm signature, showing a positive score, definitively supports its pathogenic effect.

The p.Arg255Gln and p.Tyr462His variants were identified in individuals with low CS<sub>DYRK1A</sub> score, they had relatively high CADD score (24 and 29.6) but affect amino acids not highly conserved. They had no effect on protein level, autophosphorylation and cellular localization of *DYRK1A* and classified DNAm-negative, and were therefore both considered as likely benign. While parental DNA was not available to test the inheritance of p.Arg255Gln, the variant p.Tyr462His occurred *de novo*. This individual has an affected brother who does not carry the variant, and exome sequencing of the whole family failed to identify additional promising variants, even taken into account the possibility of two different origins for the brothers. This remains puzzling and WGS is ongoing for both to go further. Another *de novo* variant affecting the same position p.Tyr462Cys was identified in a girl with mild developmental delay, hypotonia and hypermobility without facial dysmorphia, who finally obtained another molecular diagnosis (personal communication Sander Stegmann, Maastricht University Medical Center). The p.Thr588Asn variant, previously reported as likely pathogenic<sup>6</sup>, affects a mildly conserved amino acid and appears to have no effect on mRNA or protein level and function, as described by others<sup>33,37</sup>. To go further, we tested the ability of the mutant Thr588Asn *DYRK1A* to phosphorylate MAPT on its Thr212 and confirmed it does not affect its kinase activity (**Figure S10**). Moreover, a knock-in mouse model generated for Thr588Asn failed to present any decrease of kinase activity and any obvious behavioral phenotype (**Supplementary Text, Figure S12**). In addition, if this variant was not reported in gnomAD, two other amino acid changes are reported at the same position: p.Thr588Pro, (44 times including once at the homozygote state) and p.Thr588Ala (once). All these arguments plus the fact that the patient's DNAm signature was negative were convincing enough to reclassify this variant as likely benign. The fact that it occurred *de novo* in a girl with a high CS<sub>DYRK1A</sub> (15.5/20) remains puzzling, while no additional promising variants were identified in trio-exome sequencing data and no positive classification was found using ~20 DNAm signatures available. However, the girl also presents additional manifestations unusual for *DYRK1A* syndrome such as truncal obesity.

Only one sample showed a DNAm profile different from both controls and individuals with DYRK1A syndrome (**Figure 3A**, **Figure S9 and S11**). This individual has a low CS<sub>DYRK1A</sub>, presenting relative macrocephaly and ASD without ID and carries a *de novo* p.Gly486Asp variant. This variant was previously reported in another individual with NDD<sup>38</sup>, but it was not possible to obtain DNA, clinical or inheritance information. No significant change in protein and autophosphorylation level was observed for this variant and analysis of MAPT Thr212 phosphorylation failed to confirm the potential GoF effect (**Figure S10**).

We characterized the consequences of a distal frameshift *de novo* variant, p.Ser660fs. Its overexpression leads to cytoplasmic aggregation of DYRK1A, which makes it difficult to quantify the real effect on protein level, autophosphorylation or kinase activity (**Figure S8 and S10**). However, its DNAm overlaps those of other individuals with truncating variants located further upstream in the protein, confirming its pathogenic effect (**Figure S9**). To test if these aggregations could be driven by the novel C-terminal extension added by the frameshift variant (43 amino acids), we introduced nonsense variants at the same position (Ser660\* and Ser661\*). As no aggregate was detected (**Figure 2C & S8D**), we concluded that the C-terminal extension is responsible for the self-aggregation of the mutant DYRK1A protein. Interestingly, the two truncating variants Ser660\* and Ser661\* did not affect DYRK1A level, localization or autophosphorylation (**Figure S8A-B**).

## DISCUSSION

Here we report clinical manifestations of 34 novel patients with clear loss-of-function (LoF) variants in *DYRK1A*, refining the clinical spectrum associated with *DYRK1A* syndrome. We used recurrent signs present in individuals to establish a clinical score, which may seem outdated in the era of pangenomic approaches but is in fact very useful to interpret variants of unknown significance identified by these approaches. Indeed, here we demonstrated that the combination of clinical data together with *in silico* and *in vitro* observations are essential to interpret variants accurately.

Since *DYRK1A* is a highly conserved gene in vertebrates, we assumed that *in silico* predictive tools using conservation calculated mainly from vertebrates might overestimate the potential pathogenicity of missense variants. We showed that deeper conservation analyses using additional taxa are useful to improve the predictions for missense variants. However, *in silico* analyses have their limitations, and functional assays are essential to assess variant effect conclusively. We therefore tested the effect of 17 variants and showed that ten of them decreased both DYRK1A protein level and DYRK1A autophosphorylation level. The remaining variants showed no effect on protein function (**Figure 4**). However, the absence of effects observed during series of functional tests does not totally exclude a potential effect.

Over the past five years, several studies have found patients with specific monogenic disorders involving genes encoding epigenetic regulatory proteins are associated with DNAm signatures in blood. The advantage of such signatures is the high rate of clear classification (positive/pathogenic vs negative/benign) they provide for variants. Considering the potential role played by DYRK1A in epigenetic regulation<sup>22,23,39</sup>, we tested whether *DYRK1A* LoF leads to such a DNAm profil and identified a *DYRK1A* DNAm signature with high sensitivity and specificity (**Figure 3**). We undertook this work in whole-blood (as most signature work is done) due its clinically availability and *in silico* tools to account for cell proportion differences. We expect many of these changes to be blood-specific in patients with DYRK1A pathogenic variants. However, enough DNAm changes may overlap other tissues for the blood signature to have cross-tissue utility for variant classification, as we found for fibroblasts in Sotos Syndrome<sup>18</sup>. The combination of clinical score (CS<sub>DYRK1A</sub>), *in silico* predictions, functional assays and DNAm signature allow to reclassify ten missense

variants as pathogenic. Three variants were considered as likely benign: a variant located in the catalytic domain whose inheritance was unknown, p.Arg255Gln, and two *de novo* variants located at the end or outside of this domain: p.Tyr462His and p.Thr588Asn.

Still based on methylation data, we suspected a gain-of-function (GoF) effect for another *de novo* variant located outside the catalytic domain: p.Gly486Asp. We have already shown that DNAm profiles at gene-specific signature sites provide a functional readout of each variants effect, GoF activity. Indeed, in previous work, we found the same pattern for a patient with a missense variant in *EZH2*, typically associated with Weaver syndrome. The patient, presenting undergrowth rather than overgrowth characteristic of Weaver syndrome, had an opposite DNAm profile to *EZH2* cases relative to controls and carried a missense variant which was demonstrated to increase *EZH2* activity<sup>19</sup>. In our case, we could not confirm the putative GoF effect of Gly486Asp by measuring MAPT-Thr212 phosphorylation. Arranz et al. observed on the contrary an increase of DYRK1A kinase activity<sup>37</sup> for this variant, but they reported significant increase for five additional variants, including one present four times in GnomAD (Arg528Trp), which might question the sensitivity of the test.

We identified a *de novo* distal frameshift variant in the last exon of *DYRK1A* leading to DYRK1A aggregation *in vitro*, which needs to be confirmed *in vivo*. Interestingly, nonsense changes introduced at this position (aa660 and 661) lead to the expression of a protein which seems to be stable, does not aggregate, and maintains its autophosphorylation capacity and ability to phosphorylate MAPT (**Figure 2C, S8C-D, S10**). Therefore, we think that distal truncating variants should be interpreted with caution, especially when they escape to NMD. Three additional such distal variants are reported in individuals with ID/NDD in ClinVar/literature (**Table S8**) for which DNAm analysis on blood samples would be interesting to perform.

In conclusion, we developed a combination of tools efficient to interpret variants identified in *DYRK1A*. We showed that missense variants located outside and inside the catalytic domain as well as variants leading to distal premature stop codon are not necessarily pathogenic. These results illustrate that variants in *DYRK1A*, as well as in other NDD causative genes, should be interpreted with caution, even if they occur *de novo*. In the future, we recommend performing DNAm analysis if blood DNA sample is available or, if not, *in vitro* testing of variant effect on DYRK1A autophosphorylation.

## DATA AVAILABILITY

Variants were submitted to ClinVar or to Decipher database (as indicated in Table 1). Additional data are available upon request.

## ACKNOWLEDGEMENTS

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## CONFLICTS OF INTEREST

None

## ETHICS DECLARATION

Individuals were referred by clinical geneticists for genetic testings as part of routine clinical care. All patients enrolled and/or their legal representative have signed informed consent for research use and authorization for publication, including for photograph publication for those included in **Figure S3**. All the institutions received local IRB approval to use these data in research purpose. The main IRB approval was obtained from the Ethics Committee of the Strasbourg University Hospital (CCPPRB). For experiments performed in animal, they were all done in compliance with the ARRIVE Guidelines and were non-invasive procedures approved by Com'Eth, the local ethic committee.

## WEB RESSOURCES

The URLs for online tools and data presented herein are:

CADD: <https://cadd.gs.washington.edu/>

ClinVar: <http://www.ncbi.nlm.nih.gov/clinvar/>

Clustal Omega: <https://www.ebi.ac.uk/Tools/msa/clustalo/>

dbSNP: <http://www.ncbi.nlm.nih.gov/projects/SNP/>

Decipher: <https://decipher.sanger.ac.uk/>

GnomAD: <http://gnomad.broadinstitute.org/>

Integrative Genomics Viewer (IGV): <http://www.broadinstitute.org/igv/>

Mutation Nomenclature: <http://www.hgvs.org/mutnomen/recs.html>

Nns splice: [https://www.fruitfly.org/seq\\_tools/splice.html](https://www.fruitfly.org/seq_tools/splice.html)

OMIM: <http://www.omim.org/>

UCSC: <http://genome.ucsc.edu/>

CADD score: <https://cadd.gs.washington.edu/>

OrthoInspector database: <https://www.lbgi.fr/orthoinspectory3/databases>

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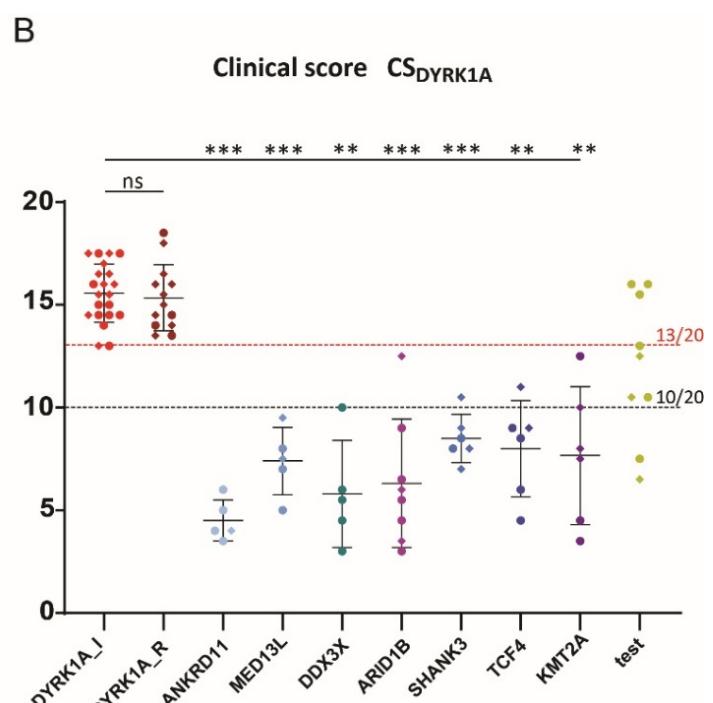
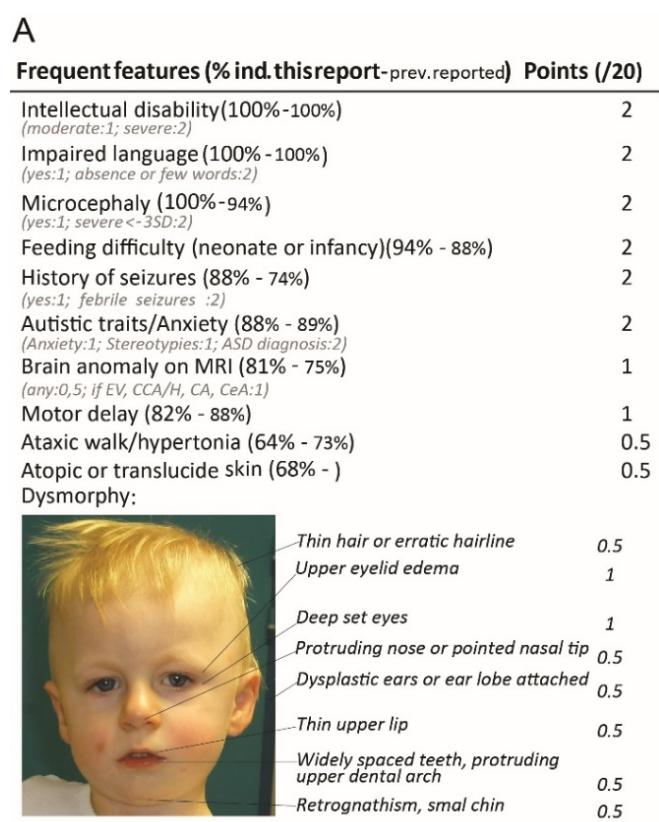
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## FIGURE LEGENDS

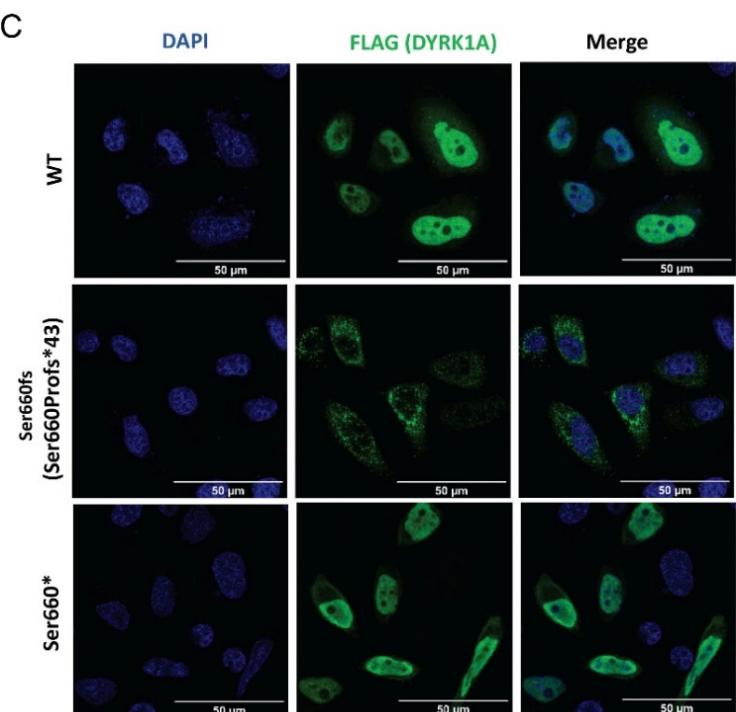
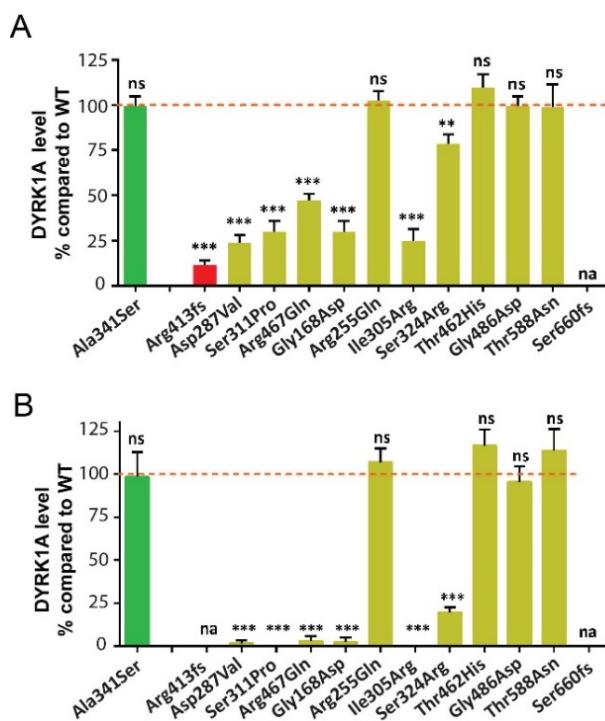
**Figure 1. Clinical score for Intellectual Disability associated to *DYRK1A* haploinsufficiency**

(A) Clinical score out of 20 points established according to the most recurrent clinical features presented by patients (the weight assigned to each symptom being based on its recurrence): clinical symptoms are out of 15 points, while the facial appearance is out of 5 points. EV: enlarged ventricles; CCA/H: corpus callosum agenesis or hypoplasia, CA: cerebral atrophy, CeA: cerebellar atrophy (B) Clinical scores calculated for individuals carrying pathogenic variants in *DYRK1A* reported here and for whom photographs were available (n=21)(initial cohort, *DYRK1A\_I*, scores 13- 17.5 with a mean of 15.5), the previously published individuals (replication cohort, *DYRK1A\_R*, scores 13.5-18.5, mean=15.3) and the individuals affected with other frequent monogenic forms of ID, associated to variants in *ANKRD11*, *MED13L*, *DDX3X*, *ARID1B*, *SHANK3*, *TCF4* or *KMT2A* (scores 3-12.5, mean=7). The clinical score for the individuals carrying missense or distal frameshift variants are indicated in yellow (test); the threshold of  $CS_{DYRK1A} \geq 13$  appeared to be discriminant between individuals with LoF variants in *DYRK1A* (all  $\geq 13$ ) and individuals suffering from another form of ID (all <13). A score above this threshold was therefore considered “highly suggestive”. We classified individuals with  $CS_{DYRK1A} < 10$  as “poorly evocative” and individuals with a  $CS_{DYRK1A}$  comprised between 10 and 13 as “intermediate”. Brown-Forsythe and Welsh ANOVA tests with Dunnett’s T 3 multiple comparisons test were performed. ns: not significant; \*\* p<0.01; \*\*\* p<0.001, error bars represent SD.



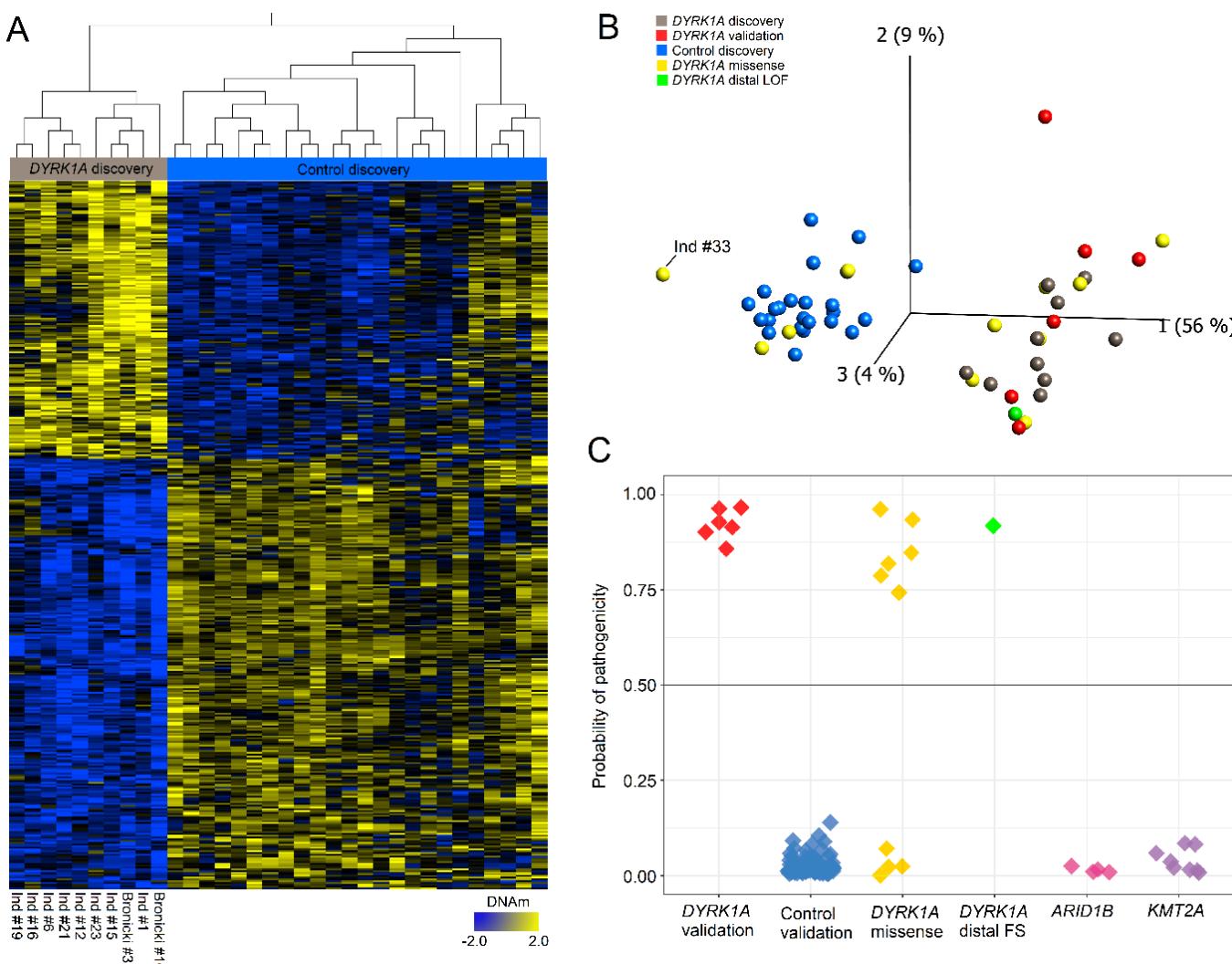
**Figure 2. Expression, localization and Tyr321 phosphorylation of DYRK1A mutant proteins**

(A) Level of variant DYRK1A proteins expressed in HeLa, HEK293 and COS cells transiently transfected with DYRK1A constructs. Protein levels were normalized on the level of GFP proteins (expressed from a cotransfected pEGFP plasmid). Quantifications were performed on a total of n >= 9 series of cells (n>=3 Hela cells, n>= 3 HEK293 and n >= 3 COS cells) using ImageJ software. One-way ANOVA with multiple comparison test was performed to compare the level of variant DYRK1A proteins to the level of wild-type DYRK1A protein (orange dashes), applying Bonferroni's correction: ns: not significant; \*p<0.05; \*\*p < 0.01; \*\*\*p<0.001; error bars represent SEM, standard error of the mean; in green, the variant from gnomAD, in red, a truncating variant and in gold, the variants tested in this study (B) DYRK1A's ability to autophosphorylate on Tyr321 was tested in HEK293 cells (n=3) by immunoprecipitations with anti-DYRK1A followed by an immunoblot using anti-phospho-HIPK2 as described in Widowati et al. DYRK1A phospho-Tyr321 levels were normalized with DYRK1A total level (orange dashes). Variant DYRK1A phospho-Tyr321 levels were normalized with total DYRK1A protein levels and expressed as percentage of wild-type level. One-way ANOVA test was performed to compare variants to wild-type DYRK1A levels. ns: not significant; \*\*\*p<0.001; error bars represent SEM, standard error of the mean (C) Immunofluorescence experiment showing that Ser660fs (alias Ser660Profs\*43) variant leads to DYRK1A protein aggregation when overexpressed in HeLa cells, using a FLAG-tagged DYRK1A proteins carrying Ser660Profs43. No aggregation was observed for the Ser660\* variant.



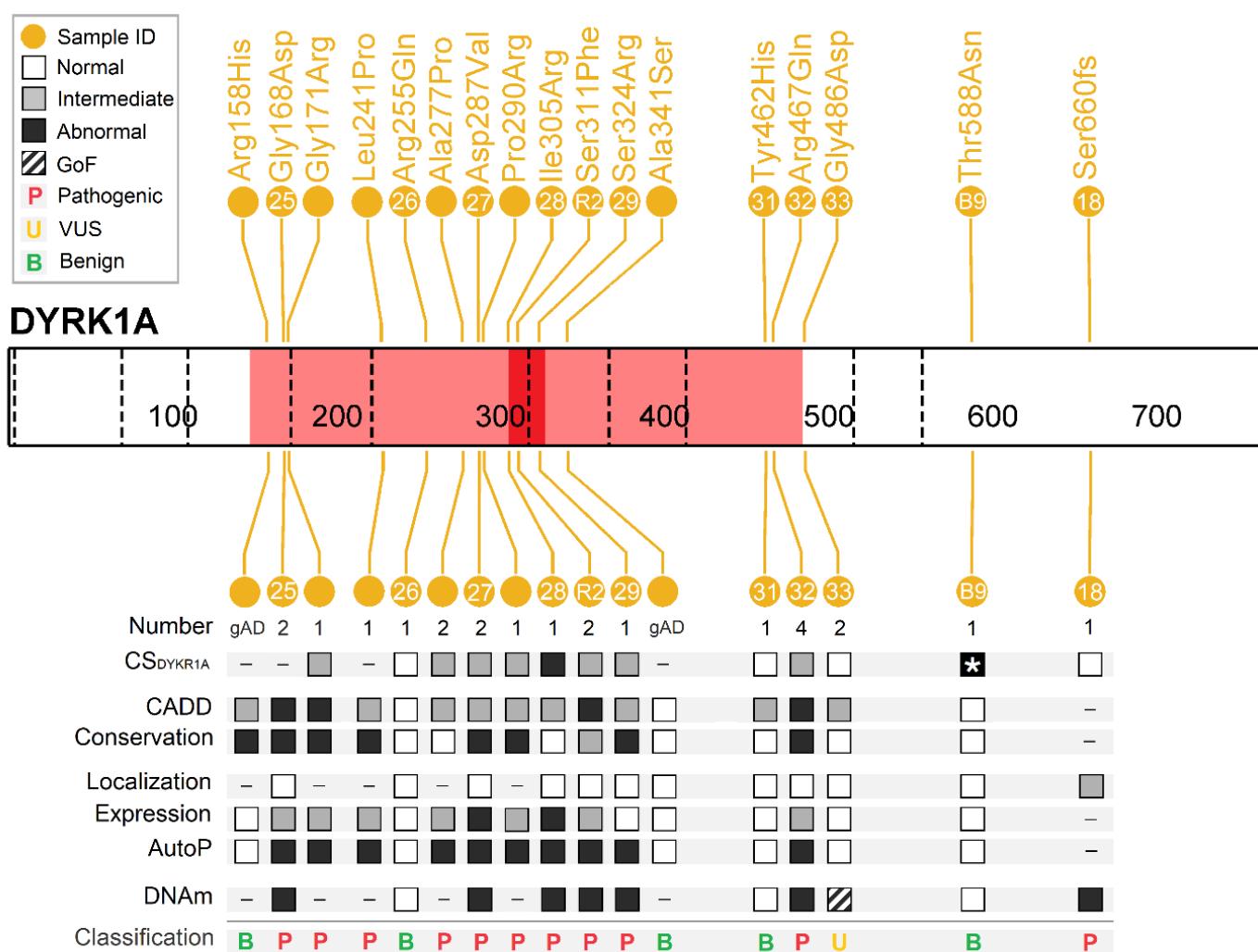
**Figure 3. DNA methylation signature of DYRK1A loss-of-function functionally classifies DYRK1A VUS.**

**(A)** Heatmap showing the hierarchical clustering of discovery *DYRK1A* LoF cases ( $n = 10$ ) and age- and sex-matched neurotypical discovery controls ( $n = 24$ ) used to identify the 402 differentially methylated signature sites shown. Each row corresponds to a CpG site differentially methylated (DM) and the color gradient represents the normalized DNA methylation value from -2.0 (blue) to 2.0 (yellow) at each site. DNA methylation at these sites clearly separate discovery cases (grey) from discovery controls (blue). Euclidian distance metric is used for the clustering dendrogram. **(B)** Principal components analysis (PCA) visualizing the DNAm profiles of the study cohort at the 402 signature sites. Validation of *DYRK1A* LoF cases (not used to define the signature sites; red) cluster with discovery cases, while missense (yellow) and distal LoF (green) variants cluster with either cases or controls. Ind #33 (Gly486Asp) has an opposite DNAm profile to *DYRK1A* LoF cases at these sites, suggesting a GoF. **(C)** Support vector machine (SVM) classification model based on the DNA methylation values in the discovery groups. Each sample is plotted based on its scoring by the model. All samples are clearly positive ( $>0.5$ ) or negative ( $<0.5$ ). All *DYRK1A* validation cases from our cohort ( $n=6$ ) classified positively, all control validation cases ( $n=94$ ) classified negatively. Missense variants classified clearly positively or negatively (yellow), the distal frameshift variant (Ind #18, c.1978del)(green), analyzed in duplicate, classified positively. Pathogenic *ARID1B* (Coffin-Siris syndrome) and *KMT2A* (Wiedemann Steiner syndrome) also classified negatively.



**Figure 4. Summary of the analysis performed to reclassify variants in DYRK1A**

Representation of the DYRK1A protein (the kinase domain is indicated in red and the catalytic domain in dark red) with the positions of the different variants tested with the sample #ID of the individuals indicated inside the circles. Number: number of individuals with ID reported with the variant; gAD: variant reported in individuals from gnomAD; CS<sub>DYRK1A</sub> poorly (white), intermediate (grey) or highly (black) evocative, or unknown (-); the white star indicates that the individual presents a high CS<sub>DYRK1A</sub> score but also additional clinical manifestations unusual for *DYRK1A* syndrome; CADD below 25 (white), between 25 and 30 (grey) or above 30 (black); conservation: highly conserved V=100%, M>90%, O>80% (black), moderately V=100%, M>90%, O<80% (grey) or mildly V=100%, M<90%, O<80% (white); Expression or autophosphorylation being normal (white), intermediate decreased (grey), strongly decreased (black); Localization was normal (white), affected (grey) or not tested (-); DNAmethylation positive (black), negative (white), suggestive of a GoF effect (hashed) or not tested (-). Final classification: Pathogenic (P), Benign/Likely benign (B), Unknown significance (U).



**Table 1. List of variants identified in *DYRK1A* in individuals with intellectual disability**

This list includes variants identified in the 44 individuals never reported as well as variants previously reported in six individuals<sup>6,7</sup> for whom we collected biological samples and additional clinical information. The truncating variants clearly pathogenic are represented in red; the missense variants and the distal frameshift variant to test are in gold. Variants are reported according to standardized nomenclature defined by the reference human genome GRCh37/hg19 and the *DYRK1A* isoform NM\_001396.4; del: deletion of the gene ; Trans.: translocation interrupting the gene ; Ns: nonsense ; Fs: frameshift, Spl: splice ; Ms: missense variants; Infr.: inframe deletion; TES: targeted exome sequencing of ID genes TES<sup>1</sup> : panel of ID genes from Carion et al.<sup>47</sup>; TES<sup>2</sup> : panel of ID gene adapted from Redin et al.<sup>46</sup> ;TES<sup>3</sup> : panel of 44 ID genes; TES<sup>4</sup>: panel of microcephaly genes from Nasser et al.<sup>48</sup> ; CES: clinical exome sequencing, ES: exome sequencing, Sanger: Sanger sequencing, CGH-array: comparative genomic hybridization-array. <sup>a</sup>: the consequences of c.1098G>T is p.Ile318\_Glu366del instead of p.Glu366Asp; M : male ; F : female ; DYRK1A\_I : initial cohort used to establish DYRK1A clinical score (CS<sub>DYRK1A</sub>) ; DYRK1A\_R : replication cohort used to confirm the relevance of the CS<sub>DYRK1A</sub> ; Disc : discovery cohort used to establish DNA methylation signature (DNAm) ; Valid: validation cohort used to confirm DNA methylation signature (DNAm); test : variants tested for pathogenicity using DNAm.

Variant					Individual			Reporting		Analyses performed				
GRCh37 (Chr21)	NM_001396.4	NP_001387.2	Type	Method	Ind. number	Sex	Inheritance	this individual	Additional ind. (ClinVar)	CS_DYRK1A	In silico	mRNA	in vitro	DNAm
g.38481804_40190458del (DYRK1A; >10 other genes)	NA	NA	del.	CGH-array	Ind #1	M	de novo	NA	NA	DYRK1A_I	-	yes	-	Disc.
g.38722881_39426450del (DYRK1A; KCNJ2)	NA	NA	del.	CGH-array	Ind #2	F	de novo	NA	NA	DYRK1A_I	-	-	-	-
g.38302140_40041414del (DYRK1A; >5 other genes)	NA	NA	del.	CGH-array	Ind #40	M	de novo	NA	NA	DYRK1A_I	-	-	-	-
t(9;21)(p12;q22)	between exon 2 & 3	NA	trans.	CGH-array	Ind #3	M	de novo	NA	NA	DYRK1A_I	-	-	-	-
g.38852961C>T	c.349C>T	p.Arg117*	Ns	ES	Ind #4	M	NA	NA	(5x) vcv000373087	DYRK1A_I	-	-	-	-
				ES	Ind #5	F	father mosaic	NA		DYRK1A_I	-	-	-	-
				ES	Ind #6	M	de novo	NA		DYRK1A_I	-	-	-	Disc.
g.38858865C>T	c.613C>T	p.Arg205*	Ns	TES <sup>2</sup>	Bronicki_#2	M	de novo	PMID: 25920557 (ClinVar_SCV000281731=SCV000196058)	(x7) vcv000162153	DYRK1A_R	-	-	-	-
				TES <sup>4</sup>	Ind #44	M	NA	ClinVar_SCV001432338		DYRK1A_I	-	-	-	-
g.38862575C>T	c.763C>T	p.Arg255*	Ns	TES <sup>1</sup>	Ind #7	M	de novo	ClinVar_SCV001712097	(5x) vcv000162152	DYRK1A_I	-	-	-	Valid.
				NA	Ind #43	F	NA	ClinVar_SCV001432353		DYRK1A_I	-	-	-	-
g.38862611C>T	c.799C>T	p.Gln267*	Ns	ES	Ind# 35	M	de novo	Clinvar_SUB9815736	no	DYRK1A_I	-	-	-	-
g.38862748T>A	c.936T>A	p.Cys312*	Ns	CES	Ind #37	F	de novo	Clinvar_SCV001712105	no	DYRK1A_I				
g.38877655C>T	c.1309C>T	p.Arg437*	Ns	TES <sup>4</sup>	Ind #34	F	not in mother	NA	(7x) vcv000162158	DYRK1A_I	-	-	-	-
g.38877745C>T	c.1399C>T	p.Arg467*	Ns	TES <sup>4</sup>	Ind#42	F	de novo	ClinVar_SCV001432351	(3x) vcv000204005	DYRK1A_I	-	-	-	-
g.38850510dup	c.235dup	p.Arg79fs	Fs	TES <sup>4</sup>	Ind #41	F	de novo	ClinVar_SCV001432470	no	DYRK1A_I	-	-	-	-
g.38850565_38850566del	c.290_291 del	p.Ser97fs	Fs	CES	Ind #8	M	de novo	ClinVar_SCV001712106	(2x) vcv000418949	DYRK1A_I	-	-	-	-
g.38850572_38850576del	c.297_301del	p.Leu100fs	Fs	NA	Ind #9	M	de novo	ClinVar_SCV000485020	no	DYRK1A_I	-	-	-	-
g.38853089del	c.477del	p.Tyr159*	Fs	ES	Ind #10	F	de novo	Clinvar_SCV001712094	no	DYRK1A_I	-	-	-	-
g.38862514_38862515del	c.702_703del	p.Cys235fs	Fs	ES	Ind #11	M	de novo	ClinVar_SCV000965742	no	DYRK1A_I	-	yes	-	Valid.
g.38858873_38858876delinsGAA	c.621_624 delinsGAA	p.Glu208fs	Fs	TES <sup>2</sup>	Bronicki_#3	M	de novo	PMID: 25920557 (ClinVar_SCV000281736 = SCV000196059)	no	DYRK1A_R	-	-	-	Disc.
g.38862594del	c.782del	p.Leu261fs	Fs	TES <sup>2</sup>	Ind #12	F	de novo	ClinVar_SCV001437790	no	DYRK1A_I	-	-	-	Disc.
g.38862656dup	c.844dup	p.Ser282fs	Fs	TES <sup>1</sup>	Bronicki_#8	M	de novo	PMID: 25920557 (ClinVar_SCV000196064)	no	DYRK1A_R	-	-	-	-
g.38865371del	c.1004del	p.Gly335fs	Fs	TES <sup>1</sup>	Ind #13	F	not in mother	Clinvar_SCV001712087	no	DYRK1A_I	-	-	-	Valid.
g.38865375dup	c.1008dup	p.Pro337fs	Fs	ES	Ind #14	F	de novo	Decipher_351807	no	DYRK1A_I	-	-	-	-
g.38865400del	c.1033del	p.Trp345fs	Fs	CES	Ind #15	F	de novo	Clinvar_SCV001712108	no	DYRK1A_I	-	-	-	Disc.

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g.38868553dup	c.1232dup	p.Arg413fs	Fs	TES <sup>2</sup>	Bronicki_#10	F	de novo	PMID: 25920557 (ClinVar_SCV000196066)	no	DYRK1A_R	-	yes	yes	Disc.
g.38877616del	c.1270del	p.His424fs	Fs	ES	Ind #39	F	de novo	Clinvar_SCV001712090	no	DYRK1A_I	-	-	-	-
g.38877679dup	c.1333dup	p.Thr445fs	Fs	ES	Ind #16	F	de novo	Clinvar_SCV000778256	no	DYRK1A_I	-	-	-	Disc.
g.38877837del	c.1491delC	p.Ala498fs	Fs	ES	Ind #17	F	de novo	Clinvar_SCV000494645	SCV000056592	DYRK1A_I	-	-	-	Valid.
g.38884520del	c.1978del	p.Ser660fs= p.Ser660Profs*43	Fs	TES <sup>1</sup>	Ind #18	F	de novo	Clinvar_SCV001712088	no	test	-	yes	yes	test
g.38852939G>T	c.328-1G>T	p.?	Spl.	TES <sup>2</sup>	Ind #19	F	de novo	Clinvar_SCV001437768	no	DYRK1A_I	-	yes	-	Disc.
g.38862475A>G	c.665-2A>G	p.?	Spl.	Sanger	Ind #20	M	de novo	Clinvar_SCV001712086	SCV000492145	DYRK1A_I	-	-	-	Valid.
g.38862468_38862472del	c.665-9_665-5del	p.?	Spl.	Sanger	Ind #21	M	de novo	Clinvar_SCV001437772	SCV000677027	DYRK1A_I	-	-	-	Disc.
			Spl.	TES <sup>2</sup>	Ind #36	M	de novo			DYRK1A_I	-	-	-	-
g.38862764G>C	951+1G>C	p.?	Spl.	TES <sup>1</sup>	Ind #38	M	de novo	Clinvar_SCV001712091	no	DYRK1A_I	-	-	-	Valid.
g.38862767_38862770del	c.951+4_951+7del	p.?	Spl.	ES	Ind #22	M	de novo	Clinvar_SCV000965731	SCV000709803	DYRK1A_I	-	yes	-	-
g.38877584A>G	c.1240-2A>G	p?	Spl.	ES	Ind #23	M	de novo	Clinvar_SCV000966166	no	DYRK1A_I	-	-	-	Disc.
g.38877585_38877586insTAA	c.1240-1_1240insTAA	p.Glu414*	Spl.	TES <sup>4</sup>	Ind #24	F	de novo	Clinvar_SCV001432455	no	DYRK1A_I	-	yes	-	-
g.38853115G>A	c.503G>A	p.Gly168Asp	Mis.	TES <sup>1</sup>	Ind #25	F	de novo	Clinvar_SCV001712092	SCV000573105	test	yes	-	yes	test
g.38862576G>A	c.764G>A	p.Arg255Gln	Mis.	TES <sup>1</sup>	Ind #26	F	NA	Clinvar_SCV001712093	no	test	yes	-	yes	test
g.38862672A>T	c.860A>T	p.Asp287Val	Mis.	ES	Ind #27	M	de novo	Clinvar_SCV000598121	SCV001446739	test	yes	-	yes	test
g.38862726T>G	c.914T>G	p.Ile305Arg	Mis.	Sanger	Ind #28	F	de novo	Clinvar_SCV001712110	no	test	yes	-	yes	test
g.38862744C>T	c.932C>T	p.Ser311Phe	Mis	NA	Ruaud_#2	M	de novo	PMID: 25641759 (Clinvar_SCV000586742)	SCV000520979	test	yes	-	yes	test
g.38865339T>A	c.972T>A	p.Ser324Arg	Mis.	TES <sup>3</sup>	Ind #29	M	de novo	Clinvar_SCV000902439	no	test	yes	-	yes	test
g.38865465G>T	c.1098G>T <sup>a</sup>	p.Ile318_Glu366del	Infr.	ES	Ind #30	F	de novo	Decipher_434484	no	test	yes	yes	yes	-
g.38877730T>C	c.1384T>C	p.Tyr462His	Mis.	TES <sup>2</sup>	Ind #31	M	de novo	Clinvar_SCV001437769	no	test	yes	-	yes	test
g.38877746G>A	c.1400G>A	p.Arg467Gln	Mis.	TES <sup>2</sup>	Ind #32	F	de novo	Clinvar_SCV001437771	(3x) vcv000209150	test	yes	-	yes	test
g.38877803G>A	c.1457G>A	p.Gly486Asp	Mis.	ES	Ind #33	M	de novo	Clinvar_SCV000747759	no	test	yes	-	yes	test
g.38884305C>A	c.1763C>A	p.Thr588Asn	Mis	ES	Bronicki_#9	F	de novo	PMID: 25920557 (ClinVar_SCV000965705= SCV000196065)	no	test	yes	yes	yes	test

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## SUPPLEMENTARIES

### Supplementary methods - Antibodies

DYRK1A protein quantification (Western Blot)	mouse anti-FLAG antibody (1:1:000; Sigma Aldrich #F1804) mouse anti-GFP antibody (in house)
DYRK1A localization (Immunocytochemistry)	mouse anti-FLAG antibody (1:1:000; Sigma Aldrich #F1804)
Immunoprecipitation	rabbit anti-DYRK1A antibody (1:1000; Cohesion Biosciences #CPA1357)
Interaction with DCAF7	anti-WDR68 antibody (1:2500; abcam ab138490)
DYRK1A autophosphorylation	rabbit anti-phospho-HIPK2 antibody (1:1000, Thermofisher #PA5-13045) rabbit anti-DYRK1A antibody (1:1000; Cohesion Biosciences #CPA1357)
MAPT phosphorylation	mouse anti-TAU-5 antibody (Thermofisher #MA5-12808) rabbit anti-pTAU-T212 antibody (Thermofisher #44-740G) mouse anti-FLAG antibody (1:1:000; Sigma Aldrich #F1804) Mouse anti-GAPDH (Sigma #MAB374)

### Supplementary text

#### Details on splice and frameshift variants and their consequences on *DYRK1A* mRNA

Deletions encompassing *DYRK1A* and chromosomal rearrangement t(9;21)(p12;q22) interrupting the gene were reported in four individuals (**Ind #1-3, 40**). We identified recurrent nonsense variants p.Arg117\* (**Ind #4, #5, #6**), p.Arg205\* (**Ind #44**), p.Arg255\* (**Ind #7, #43**), p.Arg437\* (**Ind#34**) and p. p.Thr467\* (**Ind#42**) as well as novel nonsense variants (**Ind#35, #37**) or small indels (**Ind #8-17, #39, #41**), one of them occurring in the last exon affecting the distal region of the protein: p.Ser660fs (**Ind #18**). Seven of the variants identified are predicted to affect splice sites, half of them previously reported elsewhere (**Ind #19-24, #36, #38**). The remaining individuals (**Ind #25-33**) carry missense variants, three of them already reported: p.Gly168Asp, p.Asp287Val and p.Arg467Gln. We tested the consequences of splice variants identified on *DYRK1A* mRNA (**Figure S2**) when possible (blood or fibroblasts available) by RNA-sequencing (**Ind #19, 22, 24**) or RT-qPCR (**Ind #18**). We found that c.328-1G>T (**Ind #19**) leads to abnormal splicing events between exons 4 and 5 including intron 4 retention and use of alternative cryptic acceptor sites in exon 5 (**Figure S2A**). The c.951+4\_951+7 del (**Ind #22**) leads to retention of intron 7 or skipping of exon 7, both resulting in a premature truncation (**Figure S2B**). RNA sequencing performed on mRNA extracted from **Ind #24** fibroblasts revealed that the TAA insertion at the beginning of exon 10 was included in the transcripts, leading to a stop codon p.Glu414\*. *DYRK1A* mRNA levels were only slightly decreased in **Ind #22** and **#24** when compared to individual carrying truncating variant (**Ind #11**), suggesting that the aberrant transcripts escape nonsense mediated mRNA decay (NMD), at least partially (**Figure S2D**). The variant previously reported c.1232dup, p.Arg413fs (**Bronicki #10**)<sup>1</sup> is subjected to NMD as illustrated by the decrease of *DYRK1A* mRNA level in patient's fibroblasts, and the low level of mutant allele in cells, restored by NMD blocking agent (**Figure S2E**). However, it is worth noting that mutant transcripts carrying the distal frameshift c.1978del (**Ind #18**), located in the last exon of the gene, escape to NMD and therefore result in a truncated protein p.Ser660fs having its entire kinase domain (**Figure S2F**).

## Clinical manifestations in individuals with pathogenic variant in *DYRK1A*

All the individuals with clearly loss-of-function variants in *DYRK1A* present with moderate to severe ID except two (**Ind #3, #34**). Language was affected in all individuals, severely in most (no speech, or only few words or short sentences). Individuals tend to present failure to thrive, even sometimes from the uterine stage (20/32), especially on the weight gain (from -1 to -4SD). The size is less affected comprised between -0.5 to -2SD. Microcephaly is however a constant trait, although not always present from birth. All individuals except two (31/33) had feeding difficulties during the neonatal period (poor sucking, gastrostomy, etc), which can be very severe during infancy and can persist during childhood and even into adulthood (selective, smashed food only, etc). The large majority of individuals present a history of seizures (29/33) mainly including febrile episodes (n=18). Hypotonia was noted in only half of the individuals (16/29), but a majority had motor delay with a walk acquired after 18 months of age (27/33)(mean = 23 months), and the gait could continue to be unstable and ataxic (9). Hypereflexia and hypertonia have been observed in some patients (12). Sleep disorders were reported in some patients (10). Behavioral manifestations observed in patients included anxiety (13) and autistic traits with stereotyped behaviours (24). A diagnosis of autism spectrum disorder (ASD) has been established in only four patients, but few have had the appropriate tests. Other behavioral manifestations such as water fascination (5), absence of fear (5) were noted. MRI revealed ventricular dilation (9), thin corpus callosum (9), as well as cortical or cerebellar atrophy (9). Other manifestations include gastrointestinal manifestations such as constipation (14) or gastroesophageal reflux (10), intestinal anomalies such as inguinal hernia (4) and urogenital anomalies already reported to be frequent<sup>2</sup>, including cryptorchidism (4). No obvious kidney anomalies have been reported but not all the individuals underwent a renal ultrasound. We observed a thin skin in a high frequency of patients (15), often associated with dermatitis or atopic skin after birth or during infancy (11), sometimes very pronounced. After reanalysis of literature, we found that atopic dermatitis was also reported in additional individuals. Vision anomalies include myopia (6), hypermetropia (8) and astigmatism (6). An optic nerve hypoplasia was noticed in at least three individuals. A papillary pallor was reported in some individuals (6). Individuals shared common facial appearance including erratic hairline with thin hair, deep set eyes with upper eyelid edema, protruding nose or pointed nasal tip, dysplastic ears, thin upper lip, widely spaced teeth with protruding upper dental arch, retro/micrognathism (**Figure 1**, **Figure S3**).

## Effect of missense variants on *DYRK1A* subcellular localization

The cellular localization of overexpressed WT and variant *DYRK1A* proteins in Hela cells, studied by immunostaining, revealed three types of cellular distributions: 1) mainly nuclear (N), 2) nuclear and cytoplasmic (N+C) and 3) mainly cytoplasmic (C) (**Figure S8C**). WT *DYRK1A* protein is mainly localized in the nucleus (80% N; 20% N+C), and this localization is affected when we mutated, separately or combined, the two nuclear localization signals NLS1 (aa 117-134) and NLS2 (aa 389-395) confirming that each NLS contributes to the nuclear localization of *DYRK1A*, as previously reported<sup>3</sup>. We observed a significant decrease of nuclear localization for Arg413fs, but none of the missense variants tested seems to affect *DYRK1A* localization.

## Generating and phenotyping analysis of the DYRK1A Thr588Asn Mutant mouse line

The *Dyrk1a*<sup>T588N</sup> mutant mouse line was established for YH at the Institut Clinique de la Souris-(PHENOMIN-ICS, Illkirch, France; <http://www.phenomin.fr>) and breed in our animal facility at the PHENOMIN-ICS (Agreement C67-218-40). The targeting vector was constructed as follows. A 3.4 kb fragment encompassing part of intron 11 and corresponding to the 5' homology arm was amplified by PCR on C57BL/6N ES cell genomic DNA and subcloned in an MCI proprietary vector containing two multiple cloning sites, three repeated SV40 polyA sequences as well as a flipped Neomycin resistance cassette surrounded by 2 LoxP sites. The variant (ACC > AAC) leading to the threonine to asparagine change at position 588 (T588N) was introduced in a second cloning step by fusion of 2 PCR products. Finally, a 3.6 kb fragment corresponding to the 3' homology was cloned in a third cloning step to obtain the final targeting construct. The linearized construct was electroporated in C57BL/6N mouse embryonic stem (ES) cells (ICS proprietary line S3). After G418 selection, targeted clones were identified by long-range PCR and further confirmed by Southern blot with an internal (Neo) probe and a 3' external probe. Two positive ES clones were validated by karyotype spreading and microinjected into BALB/cN blastocysts. Resulting male chimeras were bred with Flp deleter females showing maternal contribution<sup>4</sup>. Germline transmission with the direct excision of the selection cassette was achieved in the first litter. The mouse line was bred on a pure C57BL/6N genetic background in a specific pathogen free environment at the PHENOMIN-ICS animal mouse, with poplar wood granulate bedding (SAFE, Augis, France) and access to normal diet (D03 and D04; SAFE, Augis, France) and tap water treated with Chlorine dioxide (0,8ppm) ad libitum under a classical 12-12 light dark cycle (dark 7pm to 7am during phenotyping). We found a close to mendelian transmission ratio for the segregation of the variant both in heterozygotes and homozygotes. The female to male ratio was as expected.

The expression of the Thr588Asn allele of *Dyrk1a* in heterozygous was studied by Western blot at 7 weeks of age in 5 wild type and 5 *Dyrk1a*<sup>T588N/+</sup> animals. Twenty micrograms of proteins per sample were separated by classical electrophoresis and transferred on a membrane (BIO-RAD, Schiltigheim, Fr). Incubation with primary antibody Anti-Dyrk1a (Abnova, 1/1000) was followed with an incubation with a secondary antibody Anti-mouse (Abnova; 1/5000). We used B-Actin as an internal control that was detected with an anti-mouse B-actin-HRP (Sigma, 1/150000). For revelation, we used the Clarity™ Western ECL Substrate (BIO-RAD-#170-5061). No statistically meaningful difference was observed between the genotypes (Student t.test=0.33; **Figure S12B**). We performed a functional characterization of DYRK1A kinase activity following the protocol already published<sup>5</sup>, using 13 *Dyrk1a*<sup>T588N/+</sup> and 17 control littermate brains (**Figure S12B**). No difference in DYRK1A kinase activity was found regarding the sex or genotype. We raised a cohort with mutant and control littermates from both sex (12 wt male, 12 *Dyrk1a*<sup>T588N/+</sup> male, 12 wt females and 11 *Dyrk1a*<sup>T588N/+</sup> females) to test the cognition, memory, locomotor activity, and assess the anxiety and autism like stereotypies on these animals. We performed the battery of tests as shown in (**Figure S12D**) following the pipeline and protocols previously described<sup>6-9</sup>. All the animal experiments were done in compliance with the ARRIVE Guidelines<sup>10,11</sup> in accordance with the Directive of the European Parliament: 2010/63/EU, revising/replacing Directive 86/609/EEC and with French Law (Decret n° 2013-118 01 and its supporting annexes entered into legislation 01February 2013) relative to the protection of animals used in scientific experimentation and supervised by the Com'eth our local ethical committee. The tests were administered in the following order: open field, novel object recognition (noted NOR, performed 24h after the open field), Y-maze, repetitive behaviour, sociability 3 chambers test and reciprocal tests. In the open field test we assessed the locomotor activity, exploratory drive and anxiety; and we have taken into account randomization of the animals, blinding of the experimenter during the animal research. With the EthoVision system (Noldus, the Netherlands), we measured the total distance, time spend on each of the three areas centre, periphery and walls. Sex was not affecting any of these

parameters, so the downstream statistical assessments was done pooling all the animals together divided just by genotype and not considering the sex, increasing the sampling size. We found no difference or effect between the control and mutant *Dyrk1a*<sup>T588N/+</sup> mice in the total distance travelled or time spend on each area. All the animals performed the test and did not show anxiety as they spent quite a high amount of time travelling over all the arena. The novel object recognition test (NOR) was used to study the memory of the animals to discriminate and explore novel objects over familiar ones. We did not identify a deficit in object recognition between the two genotypes (**Figure S12E**). We evaluated the motor activity and the working memory in the Y maze. There was no difference in the percentage of visits done to each arm, no defect in the spontaneous alternation (**Figure S12F**) or delay leaving the initial arm. Repetitive behaviour is one of the 3 main clinical manifestations of autism, together with deficits in social interaction and communication. Thus, we analysed in a 10 min test the number and time spend climbing, digging, and rearing by the mutant animals and control littermates but we did not observe any special stereotypic of repetitive behaviour in the *Dyrk1a*<sup>T588N/+</sup> mice except a slight increase in climbing frequency (**Figure S12G**). In the three chambers test, we analysed both the time spent in proximity of the empty cage during the presentation, or for the familiar and then the new congener in the discrimination phase. No phenotype was detected in the presentation phase and a significant difference in exploration was observed for the Thr588Asn mutant in the discrimination phase (**Figure S12H**). For the reciprocal sociability test where the social interactions between pairs of mice is analyzed, always using congeners that were not cage mates and in the case of both mutants and control mice in the cohort adding an unknown wild-type animal of the same sex and similar age and size to assess the interactions. We analysed both the time spend in proximity nose to nose or proximity nose to tail but no difference in interaction was observed for *Dyrk1a*<sup>T588N/+</sup>. Although is worthy to mention that the Gardner-Altman effect size plots show a slight tendency on the *Dyrk1a*<sup>T588N/+</sup> mice to decrease the number of contacts and increase the distance with the congener (**Figure S12I**).

## Supplementary acknowledgements

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## Supplementary Figures

### Figure S1. Variants identified in DYRK1A in individuals with ID

Schematic representation of DYRK1A protein secondary structure with its different domains: Nuclear localization sequence 1 and 2 (NLS1 and NLS2); DYRK Homology box (DH); catalytic domain; PEST domain (PEST); His rich domain (His) and Serine Threonine (S/T) repeat domain. Variants identified in the cohort are represented with the number of individuals (Ind#) carrying them (**A**) truncating variants (nonsense, frameshift, splice variants) (**B**) missense variants. The variants identified tested in this study are indicated in gold.

## Figure S2. Consequences of variants on *DYRK1A* mRNA

Sashimi plot from Integrative Genome Viewer (IGV) showing consequences of the splice variants identified by RNA-Seq in mRNA extracted from (A) **Ind #19** blood, showing that c.328-1G>T generate different abnormal transcripts with a) intron 4 retention, leading to a premature stop codon (p.Tyr111Argfs\*6), b) use of an alternative acceptor site 18bps or c) 21pbs downstream the regular one, leading to deletion of few amino acids (p.Val110\_Lys115del or p.Val110Lys116del) (B) **Ind #22** fibroblasts, showing that c.951+4\_951+7del variant leads to a skipping of exon 7 in half of the mutated transcripts (p.Val222Aspfs\*22) and a retention of intron 7 in the other half (p.Ile318fs\*10); (C) IGV view of RNA-seq obtained from **Ind #24** fibroblasts, showing c.1240-1\_1240insTAA causes the insertion of these 3 nucleotides in the mRNA at the beginning of exon 10 leading to a premature stop codon p.(Glu414\*) (D) Quantitative expression of *DYRK1A* mRNA (normalized by the expression of two reference genes, *GAPDH* and *YWHAZ*) (E) Sequencing of *DYRK1A* mRNA in Individual Bronicki#10 cells (c.1232dup, p.(Arg413fs)) treated or not with a NMD blocking agent (emetine). Sequencing of blood *DYRK1A* cDNA in (F) Ind #18 showing an equal amount of transcripts carrying the c.1978del variant compared to wild-type allele, suggesting that mutated transcripts escape to NMD, and in (G) Ind #30, carrying the variant c.1098G>T, showing the skipping of exon 8 induced by this variant r.952\_1098del) leading to the deletion of 49 amino acids p.Ile318\_Glu366del instead of one amino acid substitution p.Glu366Asp as first predicted (the probability of using exon 8 donor splice site was decreased by the variant: MaxEnt: -72.7%; NNSPLICE: -54.1%).

## Figure S3. Photographs of individuals with variant in *DYRK1A*

Photographs of individuals with variants in *DYRK1A*, showing that they share similar facial features.

## Figure S4. Distribution of the clinical scores calculated without photograph (on 15 points)

Clinical scores calculated without photograph for individuals carrying pathogenic variants in *DYRK1A* from the initial cohort (DYRK1A\_I), the replication cohort (DYRK1A\_R) and the individuals affected with other frequent monogenic forms of ID, associated to pathogenic variants in *ANKRD11*, *MED13L*, *DDX3X*, *ARID1B*, *SHANK3*, *TCF4* or *KMT2A*. Brown-Forsythe and Welsh ANOVA tests with Dunnett's T 3 multiple comparisons test were performed. ns: not significant; \*\* p<0.01; \*\*\*< p<0.001, error bars represent SD.

## Figure S5. Predictions of effect of missense variants and conservation of *DYRK1A* protein

(A) Distribution of the CADD score for missense variants a) not presumed to be not disease-causing (negative set, N-set, n=115, see **Methods**), b) presumed to be pathogenic (positive set, P-set, n=16) and c) other missense variants (test set, T-set, n = 41). A CADD score  $\geq 20$  means that the variant belongs to the top 1% of variants predicted to be the most deleterious,  $\geq 25$  that the variant belongs to the top 0.3% of variants predicted the most deleterious $\geq 30$  the variant belongs to the top 0.1% of variants predicted the most deleterious. Brown-Forsythe and Welsh ANOVA tests with Dunnett's T 3 multiple comparisons test were performed. ns: not significant; \*\* p<0.01; \*\*\*< p<0.001, error bars represent SD (B) Percentage of variants from the N-set (presumably benign), P-set (presumably pathogenic) and T-set (to test) having a CADD score  $\geq 20$ ,  $\geq 25$

or >=30, or conserved across 100% of Vertebrate species (V=100%), conserved in at least 90% of Metazoan species (M>=90%), and at least 80% of other animals (O>=80%). <sup>a</sup>p.Arg158His variant (V=100% ; M=96% ; O=92%); <sup>b</sup> all variants except p.Ser311Phe variant (100% ; 100% ; 71%), p.Thr588Asn (V= 85%) and p.Ala277Pro (100%; 12%; 27%); variants ; <sup>c</sup> p.Gly171Arg (100%; 100% ; 86%), p.Lys188Arg (100%; 96%; 97%), p.Leu207Pro (100% ; 93% ; 93%), p.Leu241Pro (100% ; 100% ; 97%), p.Leu245Arg (100% ; 100% ; 97%), p.Asp287Tyr (100% ; 100% ; 97%), p.Asp287Asn (100% ; 100% ; 97%), p.Pro290Arg (100%; 100%; 97%), p.Arg328Trp (100%; 100%; 95%), p.Leu347Arg (100% ; 96% ; 84%).

### **Figure S6. Conservation of DYRK1A proteins across the different taxons**

Schematic view of the Multiple Sequence Alignment (MSA) of DYRK1A protein orthologs from Vertebrates, Metazoans, Protists, Fungi and Plants. MSA positions are numbered according to the human protein and colored by a red gradient according to the level of amino acid conservation in each group.

### **Figure S7. Effect of variants on DYRK1A half-life and interaction with DCAF7**

Investigation of variants consequences on DYRK1A protein stability and interaction with its partner DCAF7. **(A)** Stability of DYRK1A proteins in HEK293 transfected with DYRK1A plasmids and treated with cycloheximide 40 $\mu$ g/mL (stopped at 1, 2, 4 and 8 hours after treatment). Constructs was detected by SDS-PAGE by immunoblotting whole cell lyses using an anti-FLAG antibody and quantification realized with GAPDH **(B)** Co-immunoprecipitation of DYRK1A in HEK293 cells transfected with *DYRK1A* plasmids using an anti-FLAG antibody, without antibody (Empty) or with Mouse against Rabbit antibody (MAR) as negative and species isotype controls. DCAF7 (WDR68) interaction was detected by SDS-page immunoblotting with a specific antibody (1:2500; abcam anti-WDR68 antibody ab138490).

### **Figure S8. *In vitro* effects of additional variants on DYRK1A proteins and cellular localization of variant proteins**

**(A-B)** Effect of additional variants on DYRK1A level and ability to autophosphorylate: one variant from the N-set (reported twice in gnomAD) but affecting an highly conserved amino acid position, Arg158His, one variant from the P-set but affecting a position poorly conserved after vertebrates, Ala277Pro, and three variants initially reported as VUS in ClinVar (the last one was reclassified as Likely Pathogenic during the course of this study) and affecting highly conserved positions : p.Gly171Arg, p.Leu241Pro and p.Pro290Arg. We also tested the functional effet of two nonsense changes we created for the need of this study : Ser660\* and Ser661\*. **(A)** Level of variant DYRK1A proteins expressed in HEK293 (n=3 series) cells transiently transfected with DYRK1A constructs. Protein levels were normalized on the level of GFP proteins (expressed from a cotransfected pEGFP plasmid). One-way ANOVA with multiple comparison test was performed to compare the level of variant DYRK1A proteins to the level of wild-type DYRK1A protein (orange dashes), applying Bonferroni's correction: ns: not significant; \*p < 0.05; \*\*p < 0.01; \*\*\*p<0.001; error bars represent SEM, standard error of the mean, **(B)** DYRK1A's ability to autophosphorylate on Tyr321 was tested in HEK293 cells (n=3) by immunoprecipitations with anti-DYRK1A followed by an immunoblot using an anti-phospho-HIPK2 as described in Widowati et al. DYRK1A phospho-Tyr321 levels were normalized with DYRK1A total DYRK1A protein levels (orange dashes), and expressed as percentage of WT level. One-way ANOVA test was performed to compare variants to wild-type DYRK1A levels. ns: not significant;

\*\*\*p<0.001; error bars represent SEM, standard error of the mean **(C)** Cellular localization of DYRK1A variant proteins observed in HeLa cells after overexpression of FLAG-tagged wild-type and variant DYRK1A constructs (n=3 series of Hela cells; 50 cells minimum counted per series ; scale bars of illustrative images correspond to 10 $\mu$ m). Three types of localization of DYRK1A protein in cells have been observed: DYRK1A located mostly in the nucleus (N), in both nucleus and cytoplasm (N+C), or mostly in the cytoplasm (C). Scale bars: 50 $\mu$ m. WT protein is mainly localized in the nucleus (N/N+C/C: 80/20/0%). The shift into cytoplasmic localization of DYRK1A is stronger when NLS1 is disrupted (0/63/37%) compared to NLS2 (22/71/7%), and even more drastic when both are mutated, with DYRK1A stacked in the cytoplasm in a large majority of cells (0/26/74%). Chi-square test was performed to compare localization of variant DYRK1A proteins to wild-type DYRK1A protein ns: not significant; \*\*\*p<0.001; error bars represent SEM, standard error of the mean. **(D)** Immunofluorescence experiment showing that the Ser661\* variant does not lead to DYRK1A protein aggregation when overexpressed in HeLa cells.

#### **Figure S9. DNAm profile of all DYRK1A cases DYRK1A DNAm signature sites.**

Heatmap showing the hierarchical clustering of discovery *DYRK1A* LoF cases (n = 10; grey) and age- and sex-matched neurotypical discovery controls (n = 24; blue) used to identify the 402 differentially methylated (DM) signature sites shown (each row corresponds to a CpG site). The DNAm values for *DYRK1A* LoF validation cases (n=6, red), missense variants (n=10, yellow) and distal LoF variant (n=1, green) are shown. The colour gradient represents the normalized DNA methylation value from -2.0 (blue) to 2.0 (yellow) at each site. Ind #33 (Gly486Asp) has an opposite DNAm values to other *DYRK1A* cases at these sites, also clustering out from controls. Euclidean distance metric is use for the clustering dendrogram.

#### **Figure S10. Effect of variants on DYRK1A kinase activity regarding MAPT (TAU) Thr212 phosphorylation levels.**

MAPT Thr212 phosphorylation assays performed to test variants with particular profiles : Ser324Arg (partial autophosphorylation), Gly486Asp (potential GoF), Thr588Asn (potential phenocopy), Ser660fs (protein aggregates) as well as Ser660\* and Ser661\*. Immunoblots on total protein extracts from HEK293 cells transfected with DYRK1A and MAPT plasmids using anti-FLAG, anti TAU-5 and anti-pT212-TAU antibodies **(A)** Transfection of different quantities of DYRK1A WT plasmid and 1 $\mu$ g of MAPT plasmid **(B)** Transfection of DYRK1A proteins harboring the distal truncating variant Ser660fs or the two nonsense changes Ser660\* and Ser661\* and 1 $\mu$ g of MAPT plasmid **(C)** Transfection of other DYRK1A variants : Ser311Phe (known to abolish kinase activity), Ser324Arg, Gly486Asp and Thr588Asn and 1 $\mu$ g of MAPT plasmid.

#### **Figure S11. DNAm profile of Ind #33 with DYRK1A Gly486Asp variant displays an opposite DNAm profile at individual signature CpGs.**

DNA methylation values are shown at the 25 most hypermethylated and hypomethylated CpG sites in the signature. Red bars show the average delta beta value at each site in *DYRK1A* LoF discovery cases (n=10), error bar represents the standard error of the mean (SEM). Yellow bars represent the delta beta value Ind #33

at these sites (the beta value of Ind #33 minus the average beta of discovery controls). At most sites, the delta beta for Ind #33 is opposite that of *DYRK1A* cases, indicating DNA levels in the opposite direction of *DYRK1A* LoF cases relative to controls. Importantly, this is a different phenomenon than Ind #33 having control-like DNA values, in which case the bars would be near 0.

**Figure S12. Generation, characterisation and behavioural analysis of the heterozygous mouse mutant line carrying a Thr588Asn variant in *Dyrk1a*.** (A) Generating the Thr588Asn (T588N) allele. The T588N allele phenotyped is named ‘T588N with a WT potential allele’ and was obtained by homologous recombination in embryonic stem cells using a targeting vector. LoxP and Flp sites are indicated respectively in green and grey (B) No difference in western blot quantification of DYRK1A level, normalized to b-actin level, in 5 hippocampal protein extracts isolated from *Dyrk1a*<sup>T588N/+</sup> individuals and 5 control littermates (C) Similarly no changes was observed in the phosphorylation of a specific DYRK1A-phosphorylation peptide (-tyde) using brain extract isolated from the hippocampi of *Dyrk1a*<sup>T588N/+</sup> and control littermates (respectively n=13 and 17) (D) schematic representation of the behavioural pipeline used to study 23 *Dyrk1a*<sup>T588N/+</sup> and 24 wild-type (wt) littermates from both sexes at the starting age of 10 weeks (E) In the novel object recognition, a preference was found in the percentage of time exploring the novel object (NO) compared to the familiar object (FO) in the *Dyrk1a*<sup>T588N/+</sup> (F) Spontaneous alternation in the Y maze was not affected by the variant (one single t test with 50% chance level). (G) A significant difference was observed in specific repetitive behaviour climbing, but not in digging or rearing activities analysed during the repetitive behavioral test (H) In the three-chamber sociability test, the percentage of time exploring the familiar stranger (F) versus the novel stranger (N) was significantly different in the mutant T588N heterozygotes (I) During freely moving social interaction we did not detect any anomaly. The statistical significance is noted as followed \*adj P.value=< 0.05, \*\* 0.05 <adj P.value < 0.01, \*\*\* adj P.value < 0.001

**Table S1. Clinical information and summary of recurrent clinical signs observed in individuals with pathogenic variants in *DYRK1A***

M: male; F: female; IUGR: Intrauterine growth restriction; CMV: research for cytomegalovirus infection; BW: birth weight; BS: birth size; BOFC: birth occipitofrontal head circumference; A/FW: absence/few words; ID: intellectual disability, ASD: Autism spectrum disorder; M/S: moderate/severe; mo: months old; SD: standard deviation; AtSD: atrial septal defect; VSD: ventricular septal defect; GER: Gastroesophageal reflux; MRI: Magnetic resonance imaging; EV: enlarged ventricles, CCA/H: corpus callosum agenesis/hypoplasia, CA: cortical or subcortical atrophy, CeA: cerebellar atrophy; NA: not available; <sup>a</sup> Previously reported: Individuals with truncating variants in *DYRK1A* reported in literature (n=80)<sup>1,2,12-36</sup>

**Table S2. Calculation of the clinical score CS<sub>DYRK1A</sub> in the different cohorts**

NA: not available; DYRK1A\_I: Initial cohort of individuals with variants disrupting *DYRK1A* (nonsense, frameshift, splice, deletions or translocations) reported in this study, used to set up the clinical score ; DYRK1A\_R: Cohort of replication including individuals with variants disrupting *DYRK1A* who were previously described with enough clinical information and photographs available (n=12)<sup>1,12,18</sup> \* mild macrocephaly

**Table S3. List of *DYRK1A* missense variants reported in databases (gnomAD, ClinVar, Decipher) and literature and identified in this report (N-set, P-set and T-set)**

training sets: N-set: variants not presumed to be disease-causing, i.e missense variants annotated as “benign”/“likely benign” in ClinVar as well as variants reported more than once in GnomAD (november 2019 release) (n=115); P-set: missense variants reported as “pathogenic”/“likely pathogenic” in Clinvar (n=16) T-set: missense variants reported here, in literature, or as VUS in Clinvar (n=44); FreqRefV, FreqRefM, FreqRefO, FreqRefP, FreqRefF: frequency of the reference amino acid among Vertebrates, Metazoans, Other protist animals, Plants or Fungi; FreqSubV, FreqSubM, FreqSubO, FreqSubP, FreqSubF : frequency of the novel amino acid among Vertebrates, Metazoans, Other animals, Plants or Fungi;

**Table S4. List of CpG sites included in *DYRK1A* DNAm signature**

GoF: gain-of-function. One third of the signature sites (134/402) the  $\beta$  value for p.Gly486Asp was outside the range observed for that of all discovery controls.

**Table S5. SVM score associated with the different variants**

SVM: Support Vector Machine classification and scores

**Table S6. Summary of the analysis performed to reclassify variants in *DYRK1A***

<sup>1</sup>Highly conserved : V=100% M>=90% O>=80% \* The consequences of c.1098G>T is p.Ile318\_Glu366del instead of p.Glu366Asp ; \*\* same individual submitted twice \*\*\* : this amino acid change is not reported in gnomAD, but Thr588Pro is reported 44 times (including in one homozygote) and Thr588Ala is reported once ; DD: developmental delay, ID: intellectual disability ; clinical information reported in ClinVar and/or in littérature for the individual <sup>a</sup>: "Abnormality of the frontal hairline, abnormality of the skin, cataract, cerebellar atrophy, feeding difficulties in infancy, intrauterine growth retardation, microcephaly, proportionate short stature, single transverse palmar crease, specific learning disability, ventriculomegaly" ; <sup>b</sup>: « Short chin, Truncal obesity » ; <sup>c</sup>: « Developmental regression, intellectual disability, hypotonia, mild ataxia, intention tremor, dysmorphisms, primary microcephaly, failure to thrive, demyelination, sun sensitivity, incontinence and anxiety » ; <sup>d</sup>: « ASD, learning disorder and macrocephaly » ; <sup>e</sup>: « Abnormal facial shape, Down-sloping shoulders, Genu valgum, Global developmental delay, Hypoplastic toenails » in an individual carrying an additional nonsense variant in *DYRK1A* ; <sup>f</sup>: « Decreased facial expression, Global developmental delay, Hypoplastic left heart, Micrognathia, Postnatal microcephaly, Retinal dystrophy » ; <sup>g</sup>: DYRK1A-related » ; <sup>h</sup>: « MR/ID/DD; Seizures; Brain MRI positive, Dysmorphic features, Cardiovascular; Craniofacial; Hematologic (child onset), Gastrointestinal (child onset); Musculoskeletal/Structural; Neurologic (child onset), Ophthalmologic, Renal conditions » ; <sup>i</sup>: « Brachycephaly, Intellectual disability, Seizures, Muscular hypotonia, Global developmental delay » ; dn : *de novo* ; ACMG/AMP Criteria : PS2 : *De novo* confirmed ; PS3 : *in vitro* or *in vivo* functional studies supportive of a damaging effect on the gene or gene product; PM2 :Absent from controls ; in Exome Sequencing Project, 1000 Genomes or ExAC ; PP3 : *in silico* analysis support a deleterious effect on the gene product ; PP4 :Patient's phenotype is highly specific for gene ; BS1: Allele frequency is greater than expected for disorder ; BS3 :Well-established *in vitro* or *in vivo* functional studies shows no damaging effect on protein function or splicing ; BP4 :*in silico* analysis suggest no impact on gene or gene product.

**Table S7. Summary of functional studies previously performed for additional missense variants in DYRK1A**

<sup>1</sup>Highly conserved : V=100% M>=90% O>=80% \* The consequences of c.1098G>T is p.Ile318\_Glu366del instead of p.Glu366Asp ; DD: developmental delay, ID: intellectual disability ; Clinical information reported in ClinVar and/or in litterature : <sup>a</sup>: “speech delay, motor delay, moto coordination disorder, seizures and mild physical dysmorphia”; <sup>b</sup>: “mild ID, infantile spasms, speech delay, social interaction and repetitive behaviors, anxiety”; <sup>c</sup>: “Abnormality of the palmar creases, abnormality of the skeletal system, amblyopia, astigmatism, cleft soft palate, constipation, delayed speech and language development, global developmental delay, intrauterine growth retardation, microcephaly”; <sup>d</sup>: “IUGR, DD, microcephaly, ID, severe speech delay”; <sup>e</sup>: “ASD+ID, anxiety, perseveration and additional upsets and aggressive behavior”; <sup>f</sup>: “Severe ID, seizures febrile + generalized tonic-clonic”; <sup>g</sup>: “ID, seizures and microcephaly”; <sup>h</sup>: “Intellectual disability, microcephaly, feeding difficulties; absent or delayed speech development; seizures; deeply set eye”; <sup>i</sup>: “Global developmental delay, Microcephaly, Seizures”; <sup>j</sup>: “Microcephaly, ID, seizures, spasticity, global developmental delay, motor delay, hypertonia, abnormal facial shape, cortical dysplasia, short stature, cortical gyral simplification”; dn : de novo ; ACMG/AMP Criteria : PS2 : De novo confirmed ; PS3 : in vitro or in vivo functional studies supportive of a damaging effect on the gene or gene product; PM2 :Absent from controls ; in Exome Sequencing Project, 1000 Genomes or ExAC ; PP3 : in silico analysis support a deleterious effect on the gene product ; PP4 :Patient’s phenotype is highly specific for gene ; BS1: Allele frequency is greater than expected for disorder ; BS3 :Well-established in vitro or in vivo functional studies shows no damaging effect on protein function or splicing ; BP4 :in silico analysis suggest no impact on gene or gene product.

**Table S8. Distal frameshift variants (last exon) identified in individuals with NDD**

Three distal frameshift variants are reported in Clinvar and in literature<sup>16</sup>. Their clinical interpretation remains ambiguous, especially for c.1726C>T p.Gln576\* and c.2040C>A p.Tyr680\*, for which inheritance is unknown and clinical manifestations do not really overlap those of *DYRK1A* syndrome. <sup>a</sup>: “Severe psychomotor delay, no walk aquisition and no language, severe amblyopia, self-injurious behavior, ASD, dysmorphic features (frontal bossing, hypertelorism, nystagmus, epicanthal folds, a flat nasal bridge, bilateral low-set ears, down-slanting palpebral fissures, a short philtrum, a high arched palate, downturned mouth and micrognathia). Relative macrocephaly (OFC: 52 cm, +0.6 SD; weight: 14.6 kg, -2.2 SD; height: 103.5 cm, -3.1 SD)” <sup>16</sup>; <sup>b</sup>: “Infantile spasms, west syndrome, ASD, aggression, hyperactivity” (personal communication Aida Telegrafi, Genedx); However, the most distal variant ever reported in *DYRK1A*, c.2213\_2218delinsAGAG p.Thr738fs, occurred *de novo* in an individual with clinical features consistent with *DYRK1A* syndrome. <sup>c</sup>: “Autism, microcephaly, seizures, history of failure to thrive and IUGR, mitochondrial complex IV deficiency noted on muscle biopsy” (personal communication Aida Telegrafi, Genedx).

## References

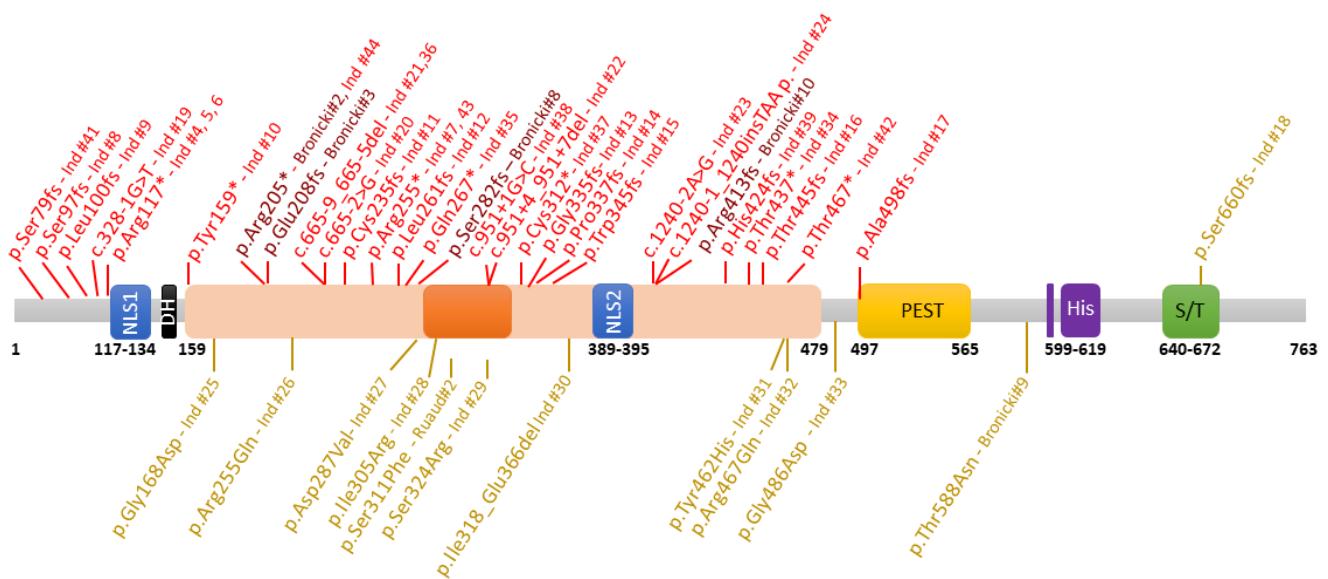
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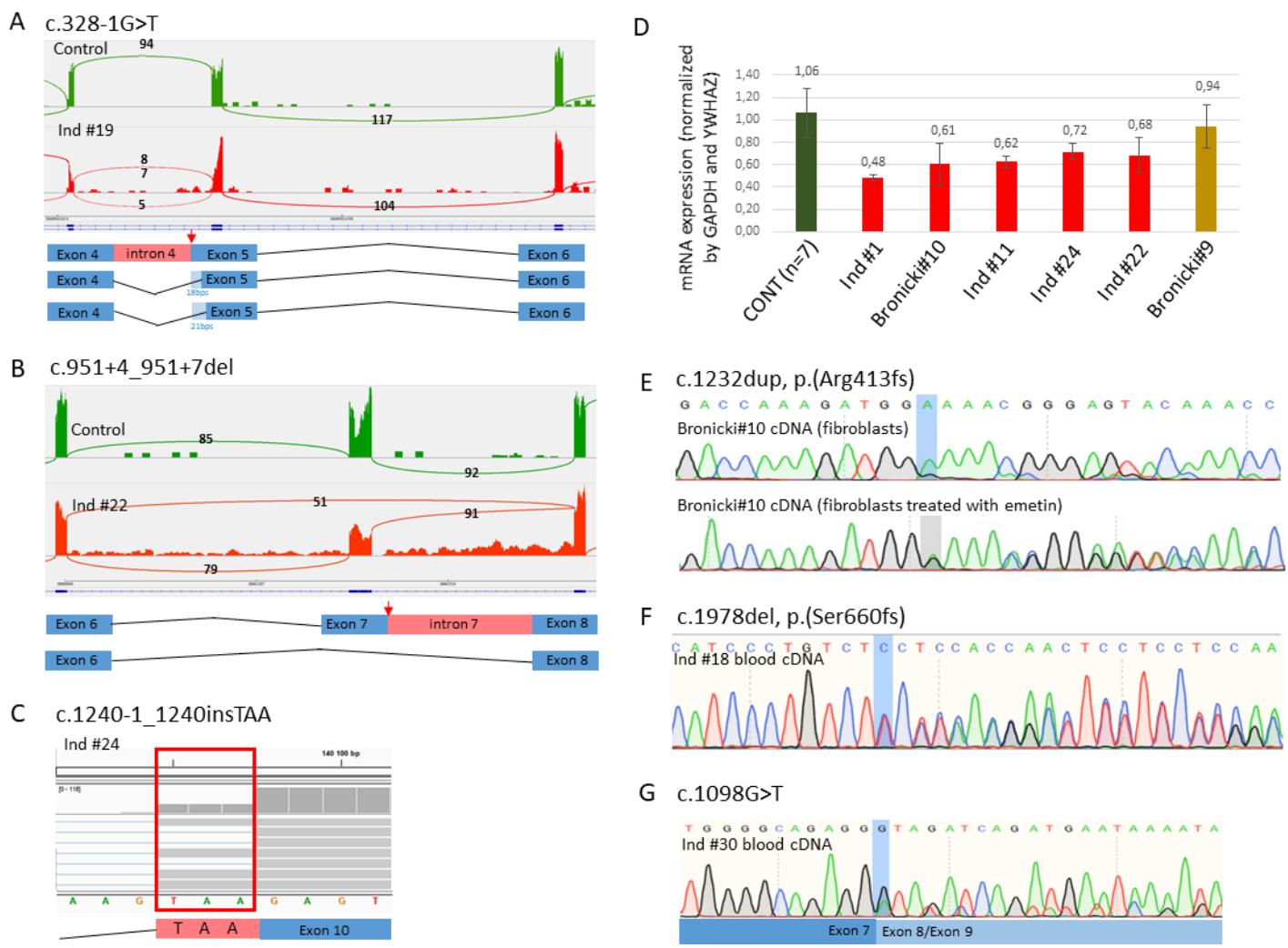
A



B

- List of mutations shown in the diagram:
- p.Gly168Asp - Ind #25
  - p.Arg255Gln - Ind #26
  - p.Asp287Val - Ind #27
  - p.Ile305Arg - Ind #28
  - p.Ser311Phe - Ruaudi#2
  - p.Ser324Arg - Ind #29
  - p.Ile318\_Glu366delInd #30
  - c.1240\_2A>G - Ind #23
  - c.1240\_1\_1240insTAAp - Ind #24
  - p.Arg113S - Bronicki#10
  - p.His424S\* - Ind #39
  - p.Thr437\* - Ind #34
  - p.Thr445fs - Ind #16
  - p.Ala498S - Ind #42
  - p.Thr467\* - Ind #17
  - p.Thr588Asn - Bronicki#9
  - p.Ser660fs - Ind #18
  - p.Gly462Hic - Ind #31
  - p.Arg467Gln - Ind #32
  - p.Gly486Asp - Ind #33

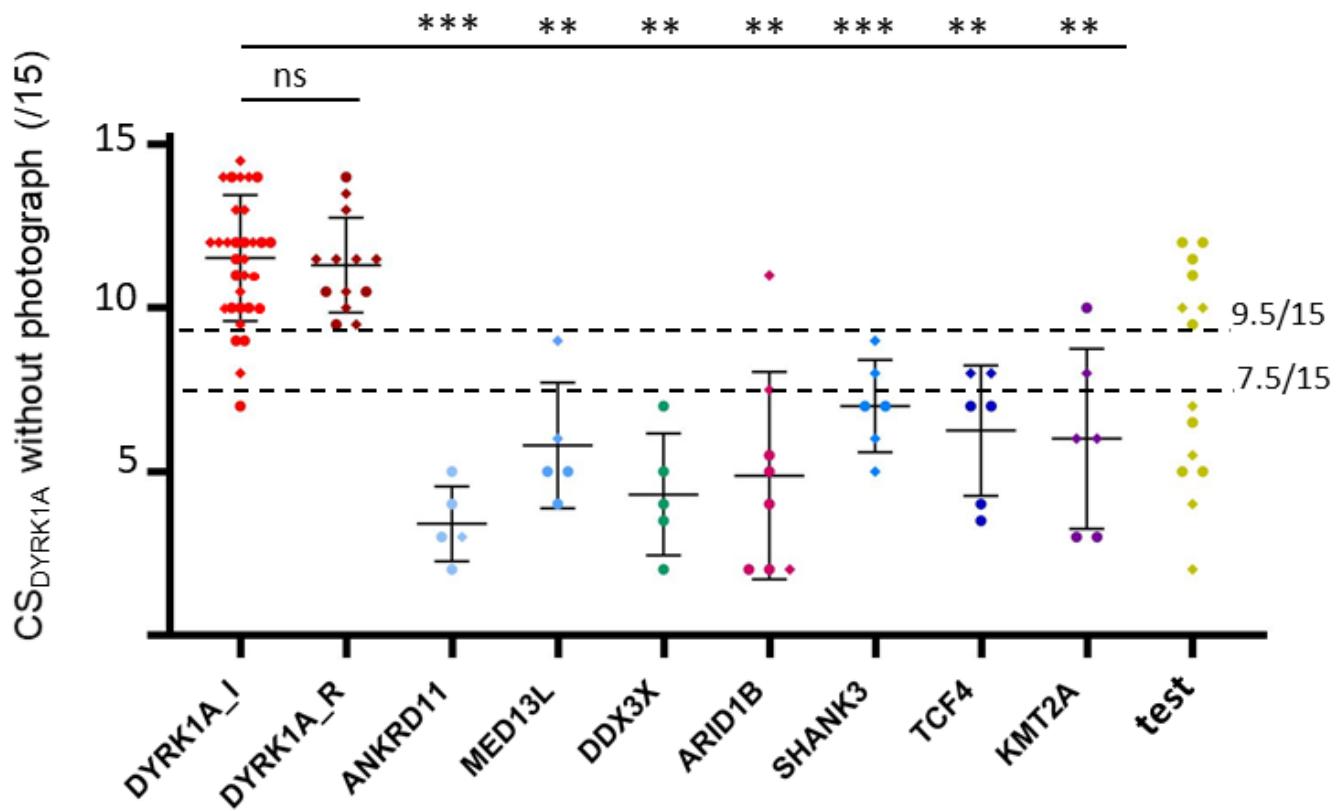
**Figure S1**



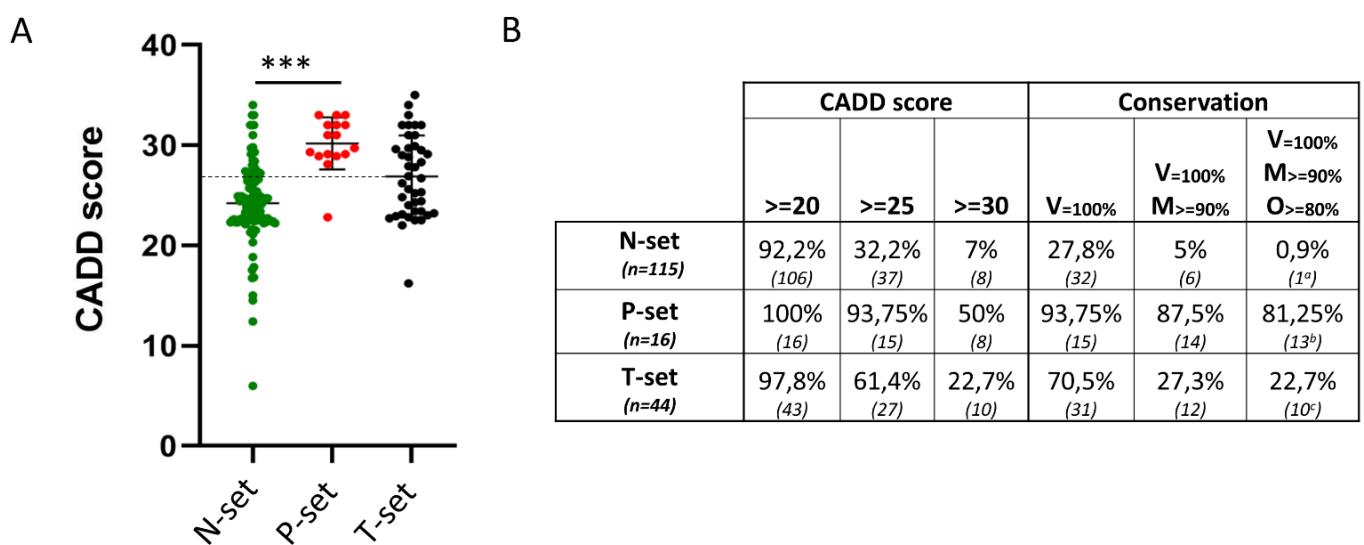
**Figure S2**



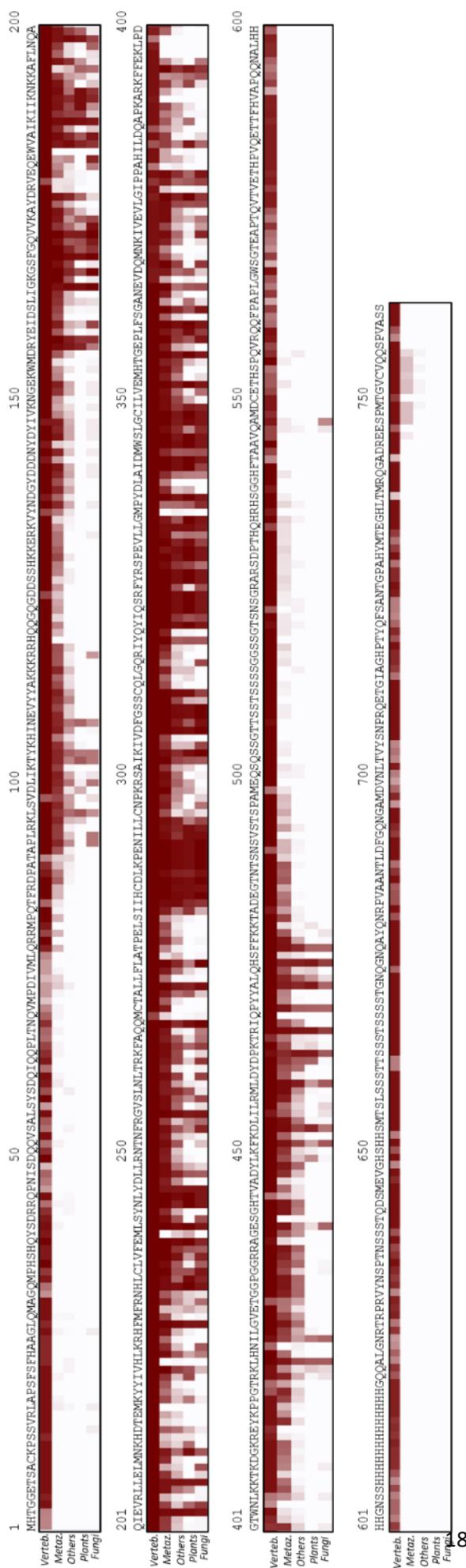
**Figure S3**



**Figure S4**

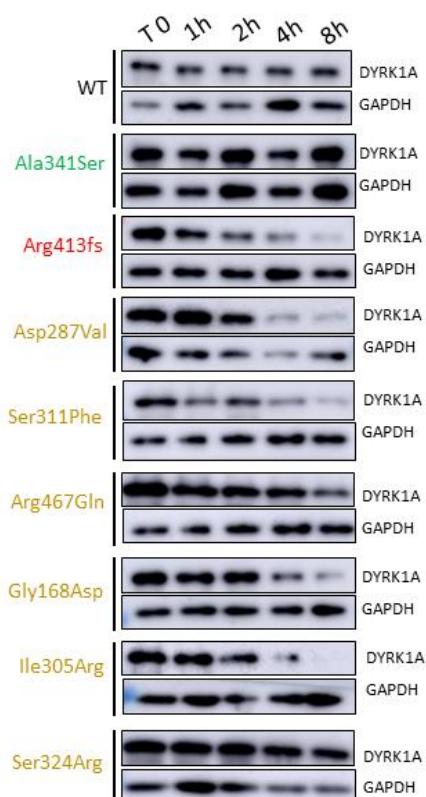


**Figure S5**

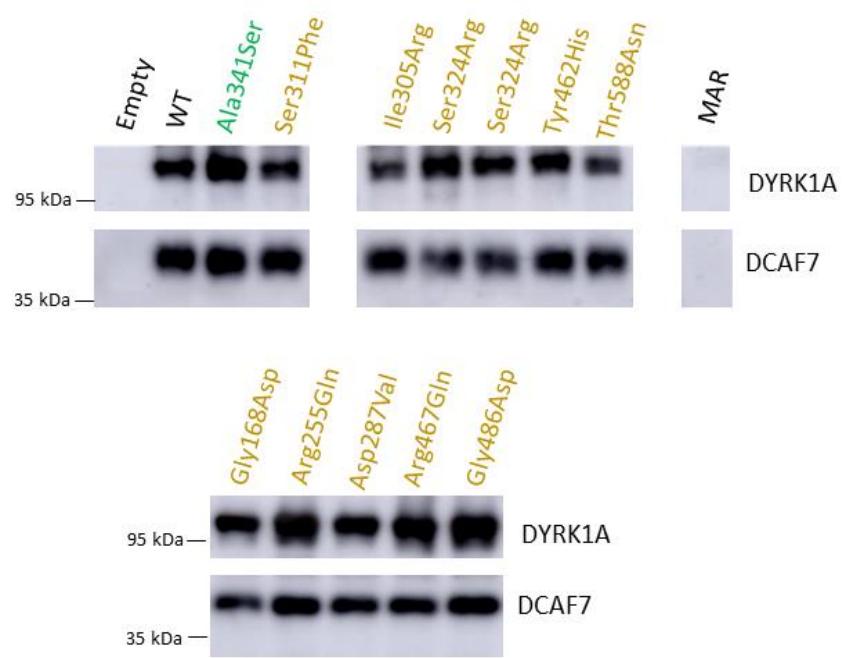


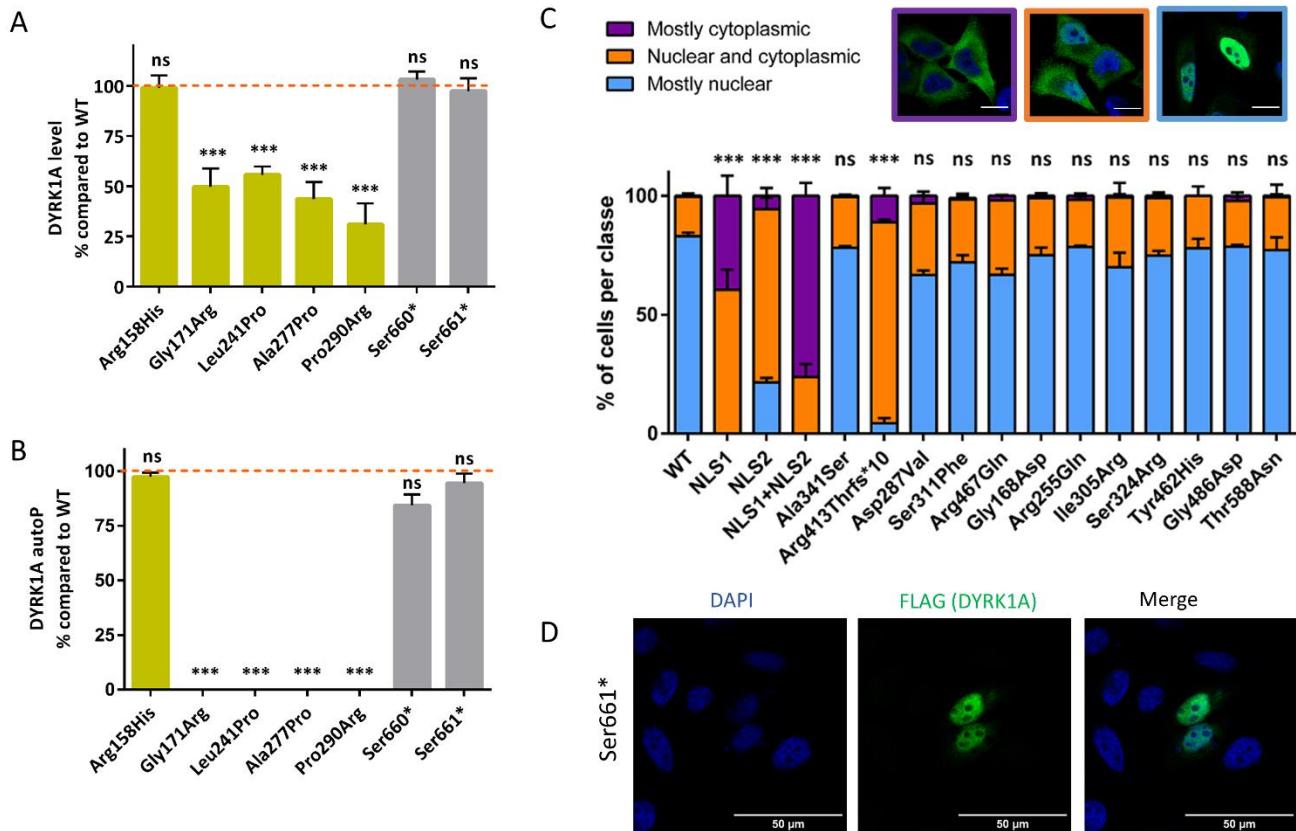
**Figure S6**

A

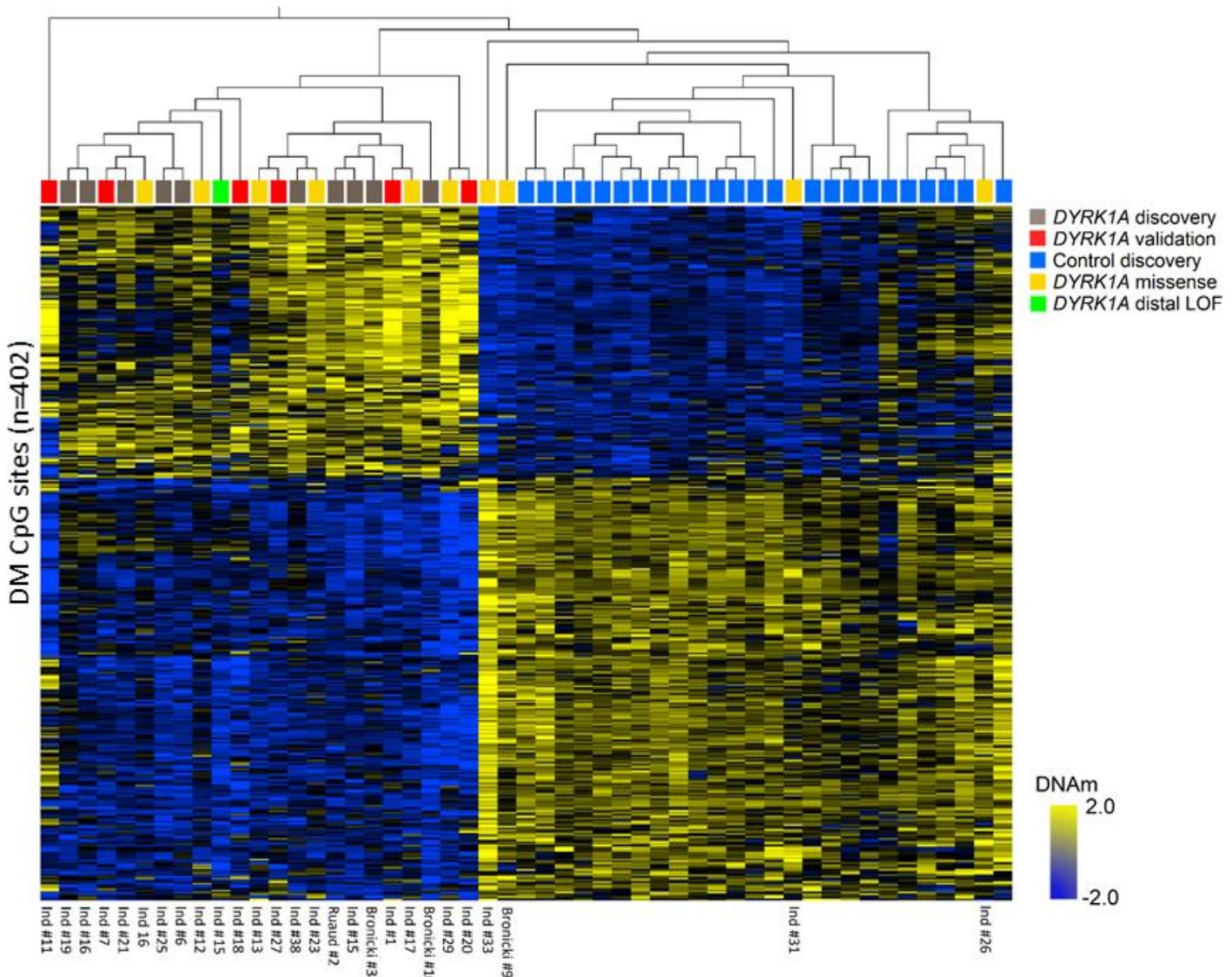


B

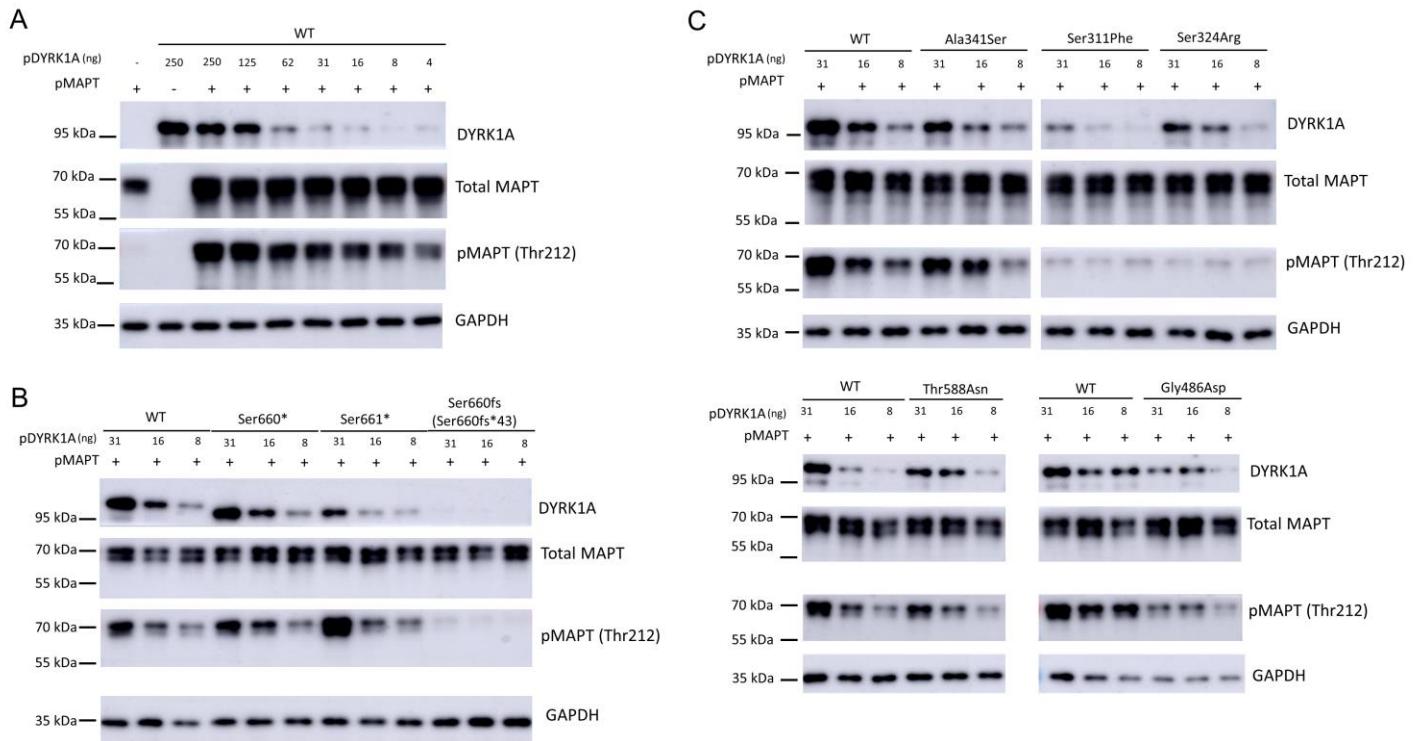
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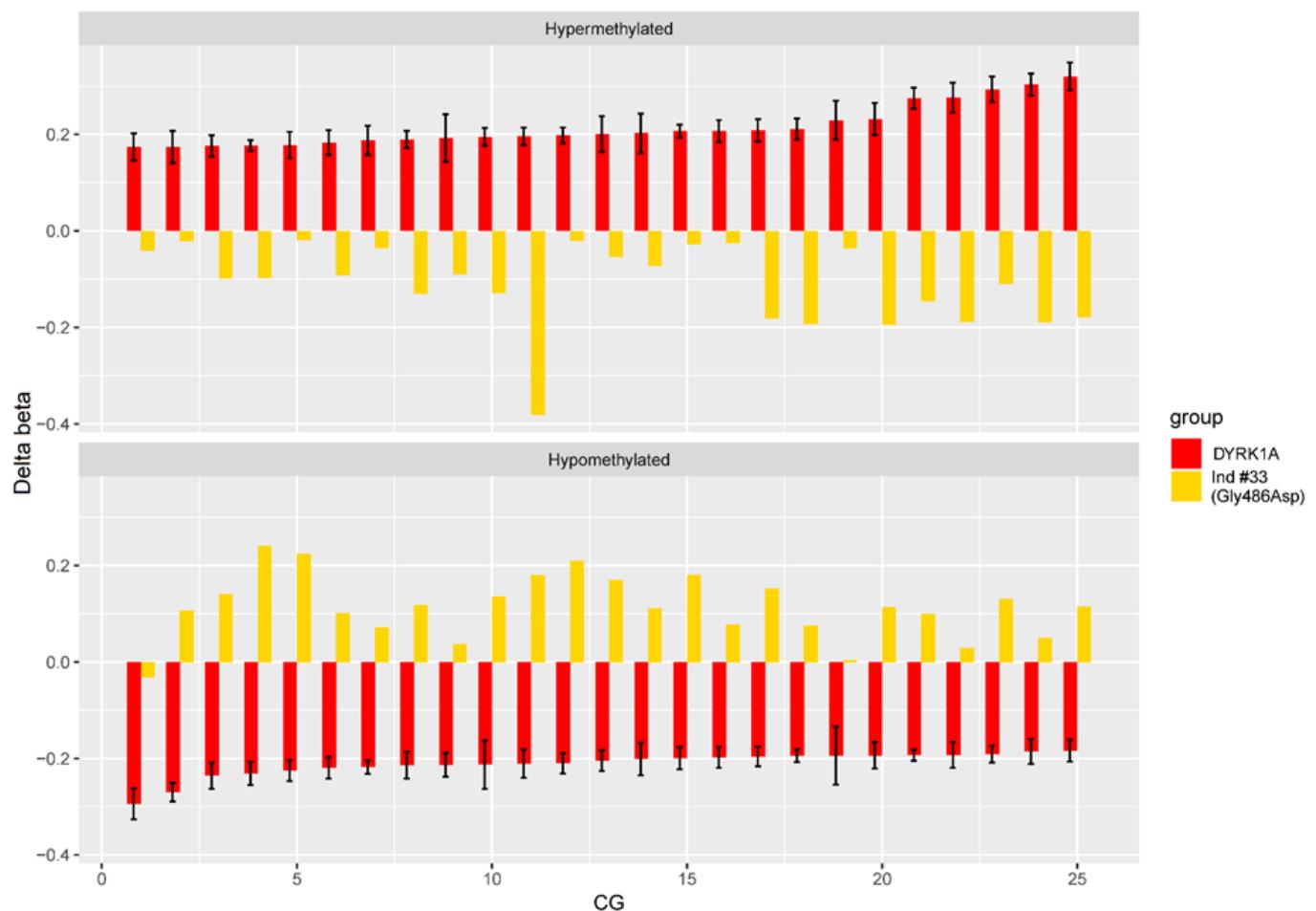
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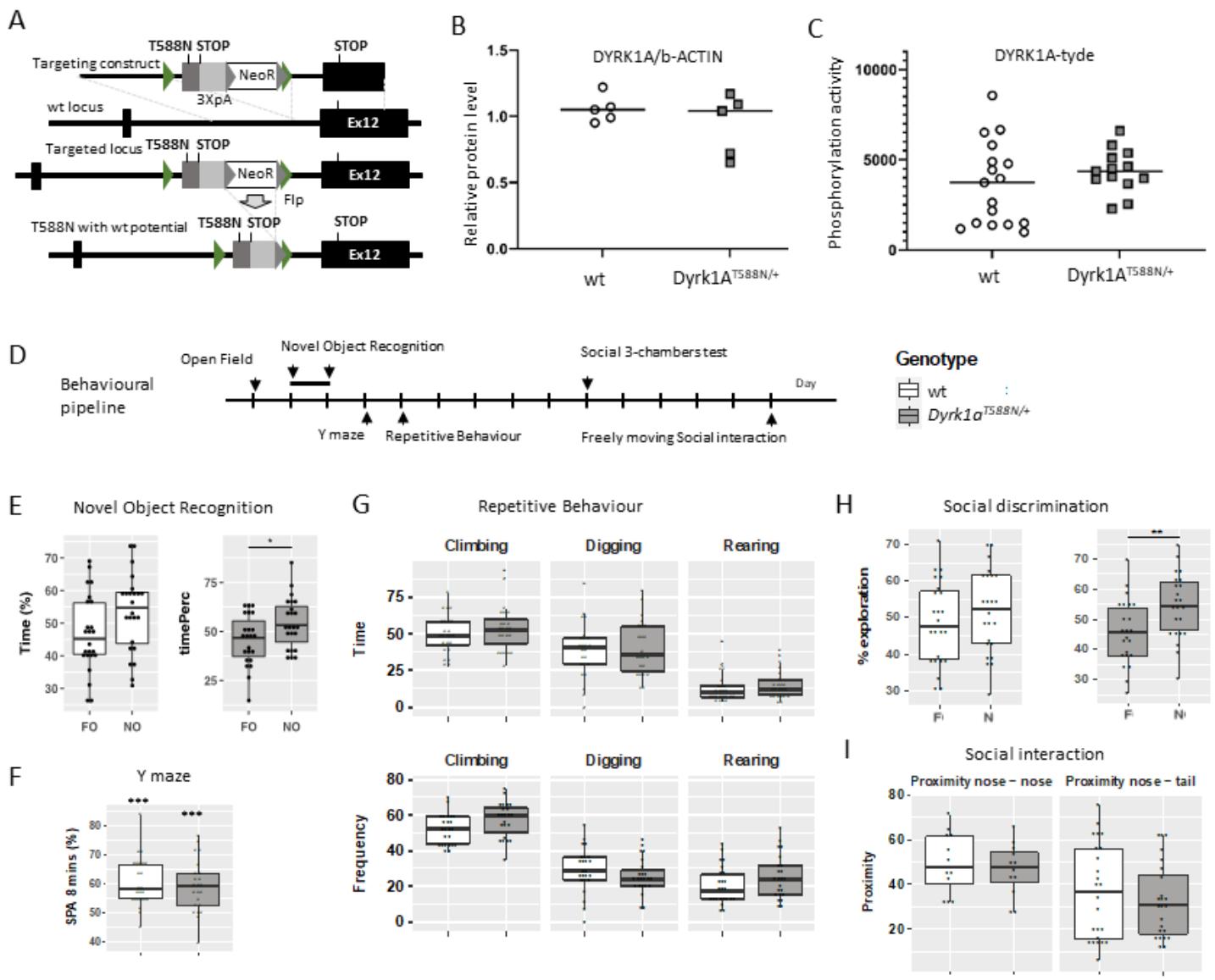
**Figure S9**



**Figure S10**



**Figure S11**



**Figure S12**

		Clinical and Molecular Findings										
		Ind #1 M	Ind #2 F	Ind #3 M	Ind #4 M	Ind #5 F	Ind #6 M	Ind #7 M	Ind #8 M	Ind #9 M	Ind #10 F	Ind #11 M
<b>DYRK1A variant</b>	nomenclature (NM_001396.4) nomenclature (NP_001387.2) variant type inheritance	g:38481804_4019 g.38722881_394 t(9;21)(p12;q22)c.349C>T -	- deletion de novo	- deletion de novo	p.Arg117* translocation? NA	p.Arg117* nonsense mosaic father	p.Arg117* nonsense nonsense	p.Arg255* frameshift NA	p.Ser97fs frameshift de novo	p.Leu100fs frameshift de novo	p.Tyr159* nonsense de novo	p.Cys235fs frameshift de novo
<b>Pregnancy and birth</b>	IUGR other delivery APGAR BW BS BOFC	yes NA 42 10/10 2710 47.5 32	no NA term 10/10 3430 48 33	no NA antnatal anom: NA NA low NA NA NA	NA NA 35 9/10 2060 47.5 29.5 31.3	NA NA term 9/10 3060 45 NA	NA NA term 9/10 3150 51 30	NA NA term 10/10 3780 43 35	NA NA term 10/10 2290 46 32	NA NA term 10/10 2710 48 31	NA NA term 10/10 2780 48 33	
<b>Development</b>	<b>speech ID level (estimated)</b> <b>History of seizures</b> comment hypotonia <b>motor delay walk acquisition &gt;=1 year</b> <b>motor manifestations</b> <b>stereotypies/autistic traits/anxiety</b> other	absence moderate yes tonico-clonic no yes (19.5 mo) hyporeflexia anxiety	NA NA yes febrile, typical at febrile, tonico-clabsence, tonico no NA no no	few words mild severe severe no yes (24 mo) no stereotypies	few words severe severe severe yes yes (18 mo) hyporeflexia, Bab stereotypies, anx anxiety	few sentences severe severe severe no yes (36 mo) hyporeflexia, Bab stereotypies, anx anxiety	few words severe severe severe yes yes (30 mo) ataxic walk	absence moderate severe severe no yes (18 mo) ataxic walk	absence severe severe severe no yes (18 mo) ataxic walk	few sentences severe severe severe no yes (18 mo) hyporeflexia	few words moderate/severe yes febrile yes no (17 mo) ataxic walk, dysmetria	
<b>General exam</b>	age weight (kg) weight (SD) size (cm) size (SD) OFC (cm) <b>OFC (SD)</b> <b>skin</b> member anomalies cardiac anomalies skeletal anomalies urogenital anomalies other anomalies vision problems other ophtalmic problems <b>feeding problems</b> comments constipation GER	10 22 -3.2 128 -1 47 <4	0.5 7.85 NA NA NA 38 <4	12 26.8 NA 141 NA 47.4 <4	3 14.4 N 99 N 43.5 <4	NA NA NA NA NA NA NA	13 23 -2.5 142 -1.5 48 -4.5	18 66 NA 168 NA 53 -2	11 24.5 -3.5 129.5 -1.5 47.5 -4	11.5 22.5 <2 133 -1.8 47.5 -4	17 49.5 -2 148 -2 49.5 -3.5	9 26.3 -1 135.2 N 46.5 -3.5
<b>MRI</b>	<b>performed</b> <b>comment</b>	done EV, CA	done EV, CCH, gyration CA, CCH	done hypersignal T2,  nothing	done EV, gyration ano NA	done EV	done EV, ECC	done nothing	done CA	done done	done done	done done

ACCEPTED MANUSCRIPT - CLEAN COPY

DYRK1A_I												
Ind #12	Ind #13	Ind #14	Ind #15	Ind #16	Ind #17	Ind #19	Ind #20	Ind #21	Ind #22	Ind #23	Ind #24	Ind #34
F	F	F	F	F	F	M	M	M	M	F	F	
c.782del	c.1004del	c.1008dup	c.1033del	c.1333dup	c.1491delC	c.328-1G>T	c.665-2A>G	c.665-9_665-5delTT(c.951+4_951+7delG)c.1240-2A>G	c.1240-1_1240insTA.c.1309C>T			
p.Leu261fs	p.Gly335fs	p.Pro337fs	p.Trp345fs	p.Thr445fs	p.Ala498fs	p.?	p.?	p.?	p.?	p.Glu414*	p.Arg437*	
frameshift	Frameshift	frameshift	frameshift	frameshift	frameshift	splice	splice	splice	splice	nonsense	nonsense	
de novo	absent in the mother	de novo	de novo	de novo	de novo	de novo	de novo	de novo	de novo	de novo	NA	
no	yes	no	yes	yes	yes	no	no	yes	yes	yes	yes	yes
cerebellar anomaly	NA	NA	CGH-array + CMV + MRI	NA	NA	NA	NA	NA	NA	caesarian	single umbilical arter	
term	38	term	term	37	36	term	term	39	NA	term	term	
10/10	NA	NA	NA	10/10	9	10	NA	10/10	NA	10/10	10/10	
3030	2400	3550	1865	1970	1990	3450	3110	3085	2690	3160	2410 2450	
46	42	52	42	43,5	43	49	52	50	47	48	45 47	
32	30,5	NA	29,5	30	28,5	32	33	34	NA	33	31 31	
absence	few words	few words	few words/few sentences	few words	few sentences	few words	absence	few sentences	few words	absence	few sentences	few sentences
severe	severe	moderate	moderate to severe	severe	severe	severe	moderate	moderate	severe	severe	moderate	mild
yes	yes	yes	no	yes	no	yes	yes	yes	yes	yes	yes	yes
NA	atonic	febrile seizures	NA	febrile, then tonic-clonic	NA	febrile	febrile	tonic-clonic	febrile	febrile	febrile seizures + other febrile	
no	no	no	yes	yes	yes	yes	yes	no	NA	no	NA	yes
yes (19 mo)	yes (>36mo)	yes (>36mo)	yes (24 mo)	yes (28 mo)	no (16 mo)	yes (36 mo)	yes (31 mo)	no (16,5 mo)	yes (18 mo)	yes (18 mo)	yes (22 mo)	yes (23 mo)
no	no	ataxic walk	hyporeflexia	hyporeflexia	NA	ataxic walk, hyporeflexia	NA	ataxic walk, hyporeflexia	NA	no	hyporeflexia	no
stereotypies	stereotypies	stereotypies	stereotypies	stereotypies, anxiety	stereotypies	stereotypies	stereotypies	stereotypies (ASD di stereotypies, anxiety)	stereotypies (ASD di stereotypies, anxiety)	stereotypies (ASD di stereotypies, anxiety)	stereotypies, anxiety	
sleep disorder, behav	no	no	sleep disorder	behavioral problem	NA	behavioral problem, water fascination	behavioral problem, water fascination	behavioral problem	no	sleep disorder, anxiety	sleep disorder, behavior	NA
7.5	27	18,5	2	12,5	3,5	11	1,5	20	NA	7	NA	13
16,5	67	47,3	7,6	30	10,9	28,1	11,6	41	NA	18,1	11	27
-2	NA	-2,7	NA	-2	-2,5	NA	1	-4	NA	-2	-3	-2
118	150	164	76	140	93,5	149	82	172,5	NA	114,5	NA	130
-1	NA	-0,88	NA	-2	-2	NA	0	-0,5	NA	-1,3	-2	-2
46	48,5	50,5	40,5	48	44,5	47,5	45	51	NA	45	43	47
<-4	-3,5	<-3	-4	<-4	<-4	<-4	<-4	<-4	<-4	<-4	<-5	<-5
no	NA	thin skin	no	thin skin	thin skin, dermatitis	thin skin, dermatitis at birth	thin skin	thin skin, dermatitis no	thin skin	thin skin	thin skin	thin skin, dermatitis
no	no	short 5th metatars, 5th toe (adductus thumb)	no	NA	no	no	yes. Bilateral postaxial	no	NA	NA	NA	no
no	NA	no	no	yes (AtSD)	NA	no	NA	no	no	no	NA	no
no	scoliosis, equinus feet	abnormalities of the	no	no	NA	no	no	no	no	no	NA	no
NA	anal malposition	no	no	no	NA	NA	NA	no	cryptorchidism	no	NA	grade II vesicoureter
inguinal hernia, vaso	hiatal hernia	Acrocyanosis – hand	NA	NA	NA	NA	NA	NA	inguinal hernia	NA	NA	velopatine insuffici
astigmatism	NA	myopia	NA	myopia	hypermetropia	no	NA	myopia, astigmatism	myopia	NA	NA	NA
no	NA	no	no	no	NA	papillary pallor	papillary pallor	hypoplasia optic nerve	no	no	no	hypoplasia optic nerv
yes	yes	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	yes
difficult in infancy	gastrostomy	breast, additional	NA	important feeding difficulties	very difficult between first months	low appetite	NA	highly selective	very selective	NA	very selective	
no	no	no	yes	yes	yes	yes	no	yes	no	yes	yes	
no	yes	NA	NA	no	NA	yes	NA	no	NA	no	NA	yes
done	done	done	done	done	done	done	done	not done	done	done	done	done
CCH, CeA (pre and p EV)		nothing	NA	CCH, atrophy	CSE	delayed myelination	CCH, CA, EV	EV, CA	EV	NA	CA, CeA	nothing
												enlarged pericerebral

										Total (n=34)		Previously reported <sup>a</sup> (n=80)		
Ind#35 M	Ind#36 M	Ind #37 F	Ind #38 M	Ind#39 F	Ind #40 M	Ind #41 F	Ind #42 F	Ind #43 F	Ind #44 M	Total 17 F/ 17 M	%	Total	%	
c.799C>T	c.665-9_665-5delTT(c.936T>A	951+1G>C	c.1270del	g.38302140_400414 c.235dupA	c.1399C>T	c.763C>T	c.613C>T							
p.Gln267*	p.?	p.Cys312*	p.?	p.His424fs	-	p.Arg79fs	p.Arg467*	p.Arg255*	p.Arg205*					
nonsense	splice	nonsense	splice	frameshift	deletion	frameshift	nonsense	nonsense	nonsense					
de novo	de novo	de novo	de novo	de novo	de novo	de novo	de novo	NA	NA					
no	yes	yes	no	yes	yes	yes	yes	yes	yes	20/32	63%	22/32	69%	
NA	NA	NA	NA	NA	NA	NA	NA	NA	kidney asymetry					
term	term	term	term	term	term	term	term	35	term					
NA	10/10	NA	10/10	9/10	10/10	10/10	9/10	NA	NA					
	2880	2580	2175	2810	2700	3395	2160	2530	1695	2590				
	50	44	43	49	47	46	43.6	43	43.5	44				
	34	33	30,2	33	31.5	NA	30	31.5	28.5	32				
few sentences	absence	few words	NA	few sentences	absence	NA	few words	few words	absence	30/30 (A/FW: 22/31)	100% (71%)	74/74	100%	
moderate	severe	NA	NA	moderate/severe	severe	NA	severe	severe	severe	32/32 (M/S:28/30)	100% (93%)	73/73	100%	
yes	yes	yes	NA	yes	yes	yes	yes	yes	no	29/33 (febrile: 18)	88%	56/76 (febrili	74%	
febrile	febrile + tonicoclonic febrile		NA	febrile, absence, myo febrile, tonico-clonic	NA	NA	absence, tonico-clon	NA	NA					
yes	yes	yes	yes	no	NA	yes	no	no	NA	16/29	55%			
yes (19 mo)	yes (21 mo)	yes (25 mo)	yes (>26 mo)	yes (24 mo)	yes (28 mo)	yes (21 mo)	no (17 mo)	yes (20 mo)	yes (>36 mo)	27/33	82%	59/67	88%	
no	NA	digitigrade walk	hypereflexia	no	pyramidal signs	pyramidal signs, hyp	hypertonia	NA	NA	18/28	64%	32/44	73%	
stereotypies	stereotypies, anxiety	stereotypies	NA	anxiety	stereotypies, anxiety	NA	anxiety	no	no	28/32	88%	40/45	89%	
sleep disorder	behavioral problem	water fascination, be	NA	NA	sleep disorder, wate	sleep disorders	sleep disorders, wat	absence of fear	no					
23	18	3	NA	13	8.5	5	15	6	4					
63	40,5	12	NA	31.6	19	16.7	36.6	15.8	13.1					
N	NA	-1	NA	-1.3	-2	NA	-2.5	-1.4	-1.7					
173	159,5	87	NA	139	120	102	150.5	113	95					
N	NA	-2	NA	-1.7	-1.5	NA	-2	N	-2					
52.5	52	44	NA	50	45.5	45	49.3	44	44.5					
-3	-3	-3,5	NA	-2	-6	<3	<3	<4	<4	32/32	100%	72/77	94%	
no	no	thin skin	NA	NA	thin skin	NA	thin skin	no	NA	19/28	68%	10/?		
no	no	yes	NA	long fingers, small th	no	NA	no	no	no	7				
no	no	NA	NA	pulmonary valve dys	no	NA	no	no	no	3				
cyphosis	scoliosis	pectus	NA	no	no	NA	no	no	no	7				
testicular ectopia	no	ovarian hernia	NA	no	NA	NA	no	no	micropenis	10/23	43%	13/?		
NA	NA	NA	NA	no	nail dystrophy	NA	no	no						
myopia	hypermetropia	no	NA	hypermetropia	NA	NA	hypermetropia	no	hypermetropia, astig	15/21	71%			
no	no	no	strabism	nystagmus	hypoplasia optic nerv	NA	no	strabism	no					
no	yes	yes	yes	yes	yes	NA	yes	yes	yes	31/33	94%	50/57	88%	
NA	smashed food	NA	NA	first months	poor eating	NA	NA	very selective	NA					
yes	no	no	NA	NA	no	NA	yes	no	yes			12/?		
no	no	yes	yes	yes	no	NA	yes	no	NA			11/?		
not done	done	done	NA	NA	done	done	done	done	done					
NA	periventricular whit	NA	NA	NA	CCH, enlarged cister	enlarged pericerebr:	nothing	CA	CCH	22/27	81%	39/52	75%	

DYRK1A_R (Bronicki et al., 2014)				Individuals with variants to test														
Bronicki_#2 M	Bronicki_#3 M	Bronicki_#8 M	Bronicki_#10 F	Ind #18 c.613C>T	Ind #25 c.621_624 delin:c.844dupA	Ind #26 c.1232dup	Ruaud #2 c.1978del	Ind #29 c.503G>A	Ind #31 c.764G>A	Ind #30 c.932C >T	Ind #28 c.972T>A	Ind #32 c.1384T>C	Ind #27 c.1098G>T	Ind #33 c.914T>G	Ind #227 c.1400G>A	Ind #33 c.860A>T	Ind #33 c.1457G>A	Bronicki_#9 c.1763C>A
p.Arg205* nonsense de novo	p.Glu208fs frameshift de novo	p.(Ser282Lysfs*1p.Arg413fs frameshift de novo	c.1232dup frameshift de novo	p.Ser660fs frameshift	p.Gly168Asp missense	p.Arg255Gln missense	p.Ser311Phe missense	p.Ser324Arg missense	p.Tyr462His missense	p.Ile318_Glu366p.Ile305Arg inframe del	p.Arg467Gln missense	p.Asp287Val missense	p.Gly486Asp missense	p.Thr588Asn missense	p.Thr588Asn missense	p.Thr588Asn missense		
NA	NA	no	yes	yes	NA	no	yes	yes	NA	yes	yes	NA	yes	NA	yes	NA	no	
NA	NA	NA	NA	heart ventricula	NA	NA	artery	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
term	term	term	term	term	NA	term	term	term	term	term	term	term	term	NA	prematurity	NA	term	
10/10	10/10	8/10/10	10/10	10/10	NA	10/10	NA	NA	7/10	9/10	NA	NA	NA	NA	NA	NA	8/3	
2720	3280	3290	2215	2660	NA	3490	3170	2575	3440	2570	2550	NA	2200	NA	NA	NA	3000	
47	49	47	46	46	NA	51,5	49	46	50,5	48	47	NA	NA	NA	NA	NA	48	
32	33	34	32	31	NA	36	33,5	33	37	31	31,5	NA	NA	NA	NA	NA	32	
few words	few words	absence	few words	few sentences/i	NA	few words	few words	few sentences	normal	absence	few words	NA	few words	normal	absence	absence	absence	
moderate	moderate	moderate/severe	moderate/severe	moderate	NA	NA	moderate	mild	mild	severe	severe	NA	severe	no ID	severe	severe	severe	
yes	absence?	yes	yes	no	NA	no	yes	yes	yes	yes	yes	no	yes	no	yes	no	yes	
NA	NA	febrile, tonic-clonic	febrile, myoclon	NA	NA	NA	febrile	tonic	febrile	febrile, tonic-clonic	febrile	NA	febrile	NA	NA	absence, tonic	absence, tonic	
NA	NA	yes	NA	no	NA	no	NA	yes	no	yes	NA	NA	no	NA	NA	yes	yes	
yes	yes (23 mo)	no (16 mo)	yes (20 mo)	yes (18 mo)	NA	yes (18 mo)	yes	yes (22 mo)	no (13 mo)	yes (36 mo)	yes	NA	yes (20 mo)	no	yes (>36 mo)	yes (>36 mo)	yes (>36 mo)	
NA	hypertonia	hypereflexia	NA	no	NA	no	NA	no	normal	no	ataxic walk, hyp	NA	NA	no	no	ataxia	ataxia	
anxiety	stereotypies	ASD diagnosis	flapping	anxiety	NA	stereotypies	stereotypies	ASD, anxiety	anxiety	stereotypies	stereotypies	stereotypies	stereotypies	ASD	stereotypies	stereotypies	stereotypies	
NA	sleep disorders	water fascinatio	NA	NA	NA	behavioral prob	NA	sleep disorder,b	aggressivity	sleep disorder, water fascinatio	behavioral prob	NA	NA	NA	sleep disorder, w	sleep disorder, w	sleep disorder, w	
15	3	NA	NA	12	NA	3	NA	5	22,5	16	NA	NA	6	10	38			
43,8	13,5	NA	NA	39	NA	15,7	NA	11,5	89	44	NA	NA	21	39,4	75			
NA	-1	NA	-2	N	NA	N	NA	+1,2	NA	-2,3	-1,5	NA	NA	NA	NA	+3,5		
167	94	NA	NA	154	NA	NA	NA	101,5	181	162	NA	NA	117	156	170			
NA	-1	NA	-0,5	+1,7	NA	NA	NA	-1,5	NA	-1	NA	NA	NA	NA	NA	1		
43,8	46	NA	NA	50	NA	NA	NA	52	60,5	47	NA	NA	46,5	58,5	NA			
-3	-4	<-3	-3,5	-2,5	NA	2	<-4	+1	NA	<-3	-4	NA	<-3	NA	-3			
thin skin	NA	no	thin skin	no	NA	no	NA	no	no	no	NA	dermatitis	NA	+2	thin skin	thin skin	thin skin	
no	NA	no	NA	no	NA	no	no	clinodactyly	5th no	long fingers, can	NA	flat feet	NA	no	no	no	no	
no	NA	VSD	NA	no	NA	no	no	no	no	NA	NA	NA	NA	NA	NA	NA	NA	
pectus excavatu	NA	scoliosis	NA	NA	NA	no	no	no	scoliosis	NA	NA	NA	NA	NA	NA	NA	NA	
no	NA	NA	no	no	NA	no	no	no	no	NA	NA	NA	micropenis	NA	no	no	no	
no	NA	NA	NA	NA	NA	no	no	no	no	NA	NA	NA	NA	NA	NA	NA	NA	
hypermetropia	hypermetropia, hypermyopia	hypermetropia	NA	hypermetropia	NA	no	NA	NA	hypermyopia	NA	NA	NA	NA	NA	NA	NA	NA	
NA	NA	NA	NA	no	NA	NA	no	NA	no	NA	NA	NA	NA	NA	NA	NA	NA	
yes	yes	yes	yes	no	NA	no	yes	no	yes	NA	yes	NA	yes	NA	NA	yes	yes	
NA	NA	gastrostomy	NA	NA	NA	no	NA	NA	NA	difficulty during	no	NA	NA	NA	NA	mild		
NA	yes	yes	NA	no	NA	no	NA	yes	no	yes	NA	NA	yes	NA	yes	yes		
NA	NA	yes	NA	no	NA	no	NA	yes	no	no	NA	NA	NA	NA	NA	no		
done	done	done	done	done	NA	done	done	done	done	done	done	done	done	NA	NA	not done		
EV, plagiocepha	EV	EV	CCA	thin optic nerve	NA	nothing	EV	nothing	EV	CA, EV	CCH	normal	NA	NA	NA	NA		

ACCEPTED MANUSCRIPT - CLEAN COPY











cg05346619	0.000152344	0.0452	0.2760 Included	chr7	8857497 -	OpenSea	THSD7A	NM 015204	Body			
cg00640055	3.53E-06	0.0090	-0.1427 Included	chr7	11665547 +	OpenSea				Yes		
cg19800032	0.00014758	0.0445	-0.1221 Included	chr7	12134189 +	OpenSea						
cg27705	2.91E-07	0.0024	0.1346 Included	chr7	2074742 -	OpenSea						
cg20846872	1.20E-05	0.0151	-0.1126 Included	chr7	4300484 +	OpenSea						
cg03873694	0.000107783	0.0399	-0.1016 Included	chr7	43118672 +	OpenSea						
cg14251509	3.68E-05	0.0250	0.1346 Included	chr7	43239400 +	OpenSea	HECW1;HECW1	NM 001287059;NM 015052	S'UTR;S'UTR			
cg17800668	0.000127911	0.0424	-0.1121 Included	chr7	73456886 -	OpenSea	ELN;ELN:ELN:ELN:ELN:ELN:ELN:ELN:	NM 001278918;NM 001278939;NM	Body;Body;Body;Body;Body;Body;Body;Body			
cg27367516	2.30E-05	0.0113	-0.1220 Included	chr7	73462080 -	OpenSea	ELN:ELN:ELN:ELN:ELN:ELN:ELN:ELN:	NM 001278918;NM 001278939;NM	Body;Body;Body;Body;Body;Body;Body;Body			
cg05489385	8.01E-06	0.0120	-0.1107 Included	chr7	88421049 +	chr7:89840813-89841491	S' Shore	STEAP2;STEAP2;STEAP2	NM 001040665;NM 001040665;NM	S'UTR;TS1500;S'UTR	Yes	
cg26424649	8.91E-05	0.0368	-0.1475 Included	chr7	90307521 -	OpenSea	STEAP2;	NR 110029;NM 001040666;NM 132	TS1500;TS1500;S'UTR;S'UTR;S'UTR	Yes		
cg23810564	1.21E-05	0.0053	-0.1269 Included	chr7	90338935 -	OpenSea	CDK14;CDK14;CDK14;CDK14	NM 001287137;NM 001287136;NM	TSS200;TSS200;Body;Body	Yes		
cg14004043	4.60E-06	0.0069	-0.1220 Included	chr7	9311447 +	OpenSea	CALCR;CALCR;CALCR	NM 001164738;NM 001164737;NM	S'UTR;Body;S'UTR	Yes		
cg13900525	4.07E-05	0.0161	0.1198 Included	chr7	94430374 -	OpenSea						
cg22055479	1.30E-05	0.0157	-0.1191 Included	chr7	110082468 +	OpenSea						
cg0453847	3.03E-05	0.0229	0.2266 Included	chr7	11492046 +	OpenSea						
cg09251068	1.78E-05	0.0180	0.1022 Included	chr7	117421001 -	OpenSea	CTTNBP2	NM 033427	Body			
cg14934042	2.49E-05	0.0105	-0.1273 Included	chr7	137223417 -	OpenSea				Yes		
cg0023246	5.03E-06	0.0104	0.1198 Included	chr7	137223417 -	OpenSea	DGK1	NM 004717	Body			
cg22846800	6.99E-06	0.0118	0.1035 Included	chr7	157004540 +	OpenSea	UBE3C	NM 014671	Body			
cg24237626	9.35E-05	0.0373	0.1043 Included	chr8	24540195 -	OpenSea						
cg05913846	3.22E-05	0.0011	0.1809 Included	chr8	50139926 +	OpenSea						
cg010805	1.10E-07	0.0020	0.2020 Included	chr8	50140100 -	OpenSea						
cg05702849	5.23E-05	0.0294	0.0119 Included	chr8	52650007 -	OpenSea	PXDNL	NM 144651	Body			
cg14689479	7.45E-05	0.0341	-0.1251 Included	chr8	53326518 +	OpenSea						
cg0340116	1.61E-05	0.0172	0.1183 Included	chr8	54089593 +	OpenSea						
cg06574311	5.59E-06	0.0107	-0.1531 Included	chr8	58740949 +	OpenSea						
cg0240394	0.0001664	0.0224	0.1368 Included	chr8	59840349 +	OpenSea						
cg15242423	3.50E-06	0.0009	0.6320	chr8	75015350 -	OpenSea						
cg07571020	5.12E-07	0.0034	0.1300 Included	chr8	75015421 +	OpenSea				Yes		
cg06997118	0.000174681	0.0481	0.1054 Included	chr8	75015687 +	OpenSea						
cg07146298	1.04E-05	0.0140	-0.1174 Included	chr8	86333246 -	OpenSea	STMN2;STMN2	NM 001199214;NM 007029	Body;Body	Yes		
cg020519373	1.69E-05	0.0168	-0.1102 Included	chr8	8282957 -	OpenSea						
cg22718061	0.000102325	0.0389	0.1160 Included	chr8	84860061 -	OpenSea						
cg13002622	7.07E-05	0.0119	-0.1128 Included	chr8	87737054 +	OpenSea	CNGB3	NM 019098	Body	Yes		
cg19493634	1.89E-05	0.0185	-0.1170 Included	chr8	94551463 +	OpenSea				Yes		
cg24280820	0.000188429	0.0496	0.1021 Included	chr8	98226672 +	OpenSea	LOC101927066	NR 125390	Body			
cg271938	3.17E-06	0.0084	0.1384 Included	chr8	10078615 +	OpenSea						
cg13539678	1.39E-06	0.0057	-0.1059	chr8	119394582 -	OpenSea	SAMD12;SAMD12:SAMD12	NR 109794;NM 001101676;NM 207	Body;Body;Body			
cg20519373	2.96E-07	0.0025	-0.2019	chr8	119456570 -	OpenSea	SAMD12;SAMD12	NM 001101676;NM 207506	Body;Body			
cg16692227	2.81E-05	0.0221	-0.1162 Included	chr8	119567541 -	OpenSea	SAMD12;SAMD12	NM 001101676;NM 207506	Body;Body			
cg11957261	8.27E-07	0.0044	-0.1195 Included	chr8	119727631 +	OpenSea						
cg128544	9.69E-06	0.0138	0.1380 Included	chr8	12087996 -	OpenSea						
cg21390512	4.19E-05	0.0264	-0.1340	chr8	127568850 +	chr8:127568676-127570873	Island	FAM84B	NM 174911	Body		
cg02925049	8.95E-05	0.0369	-0.1186	chr8	127568854 +	chr8:127568676-127570873	Island	FAM84B	NM 174911	Body		
cg13636699	0.000133833	0.0433	-0.1089 Included	chr8	127569019 +	chr8:127568676-127570873	Island	FAM84B	NM 174911	Body		
cg08673945	2.63E-05	0.0214	0.1024 Included	chr9	127569577 -	OpenSea	MLLT3;MLLT3	NM 001286691;NM 004529	Body;Body			
cg02873347	3.14E-05	0.0236	-0.1306 Included	chr9	12967939 +	OpenSea	LINC01239;LINC01239	NR 038977;NR 038977	ExonBnd;Body	Yes		
cg09235765	6.62E-05	0.0324	-0.1026 Included	chr9	70145989 -	OpenSea						
cg05484220	1.59E-05	0.0171	-0.1091 Included	chr9	89900174 +	OpenSea						
cg05371159	0.000130281	0.0427	0.1287 Included	chr9	94342441 +	OpenSea						
cg20404850	8.19E-06	0.0126	0.1156	chr9	99374660 +	OpenSea						
cg16107559	2.53E-06	0.0075	-0.1965	chr9	116225834 -	chr9:116225763-116226133	Island	CDC14B;CDC14B	NM 003571;NM 033331	Body;Body		
cg15823733	2.33E-07	0.0024	-0.1534 Included	chr9	116225992 +	chr9:116225763-116226133	Island	RG53;RG53;RG53	NM 017790;NM 001282932;NM 14	TSS200;TSS200;Body		
									RG53;RG53;RG53;RG53	NM 017790;NM 017790;NM 00128	S'UTR;1stExon;1stExon;S'UTR;Body	

Sample_Group	Cohort #	DYRK1A variant	SVM	SVM score
test	Ind #25	p.Gly168Asp	positive	0,7430
test	Ind #26	p.Arg255Gln	negative	0,0709
test	Ind #27	p.Asp287Val	positive	0,8478
test	Ind #28	p.Ile305Arg	positive	0,9347
test	Ruaud_#2	p.Ser311Phe	positive	0,8190
test	Ind #29	p.Ser324Arg	positive	0,9613
test	Ind #31	p.Tyr462His	negative	0,0242
test	Ind #32	p.Arg467Gln	positive	0,7874
test	Ind #33	p.Gly486Asp	GoF?	0,0008
test	Bronicki_#9	p.Thr588Asn	negative	0,0233
test	Ind #18	p.Ser660fs	positive	0,9275
test_rep	Ind #18_repl	p.Ser660fs_repl	positive	0,9247
KMT2A	-	-	negative	0,0849
KMT2A	-	-	negative	0,0822
KMT2A	-	-	negative	0,0590
KMT2A	-	-	negative	0,0365
KMT2A	-	-	negative	0,0216
KMT2A	-	-	negative	0,0162
KMT2A	-	-	negative	0,0137
KMT2A	-	-	negative	0,0080
ARID1B	-	-	negative	0,0254
ARID1B	-	-	negative	0,0166
ARID1B	-	-	negative	0,0104
ARID1B	-	-	negative	0,0092
Control	-	-	negative	0,1394
Control	-	-	negative	0,1052
Control	-	-	negative	0,0920
Control	-	-	negative	0,0892
Control	-	-	negative	0,0827
Control	-	-	negative	0,0720
Control	-	-	negative	0,0682
Control	-	-	negative	0,0657
Control	-	-	negative	0,0583
Control	-	-	negative	0,0563
Control	-	-	negative	0,0509
Control	-	-	negative	0,0504
Control	-	-	negative	0,0501
Control	-	-	negative	0,0495
Control	-	-	negative	0,0483
Control	-	-	negative	0,0439
Control	-	-	negative	0,0403
Control	-	-	negative	0,0391
Control	-	-	negative	0,0372
Control	-	-	negative	0,0353
Control	-	-	negative	0,0351
Control	-	-	negative	0,0349
Control	-	-	negative	0,0345
Control	-	-	negative	0,0343
Control	-	-	negative	0,0309
Control	-	-	negative	0,0292
Control	-	-	negative	0,0289
Control	-	-	negative	0,0286
Control	-	-	negative	0,0286
Control	-	-	negative	0,0277
Control	-	-	negative	0,0270
Control	-	-	negative	0,0260
Control	-	-	negative	0,0258
Control	-	-	negative	0,0254
Control	-	-	negative	0,0251
Control	-	-	negative	0,0240
Control	-	-	negative	0,0223

Control	-	-	negative	0,0218
Control	-	-	negative	0,0215
Control	-	-	negative	0,0214
Control	-	-	negative	0,0212
Control	-	-	negative	0,0210
Control	-	-	negative	0,0210
Control	-	-	negative	0,0204
Control	-	-	negative	0,0196
Control	-	-	negative	0,0196
Control	-	-	negative	0,0190
Control	-	-	negative	0,0190
Control	-	-	negative	0,0186
Control	-	-	negative	0,0184
Control	-	-	negative	0,0183
Control	-	-	negative	0,0177
Control	-	-	negative	0,0168
Control	-	-	negative	0,0167
Control	-	-	negative	0,0162
Control	-	-	negative	0,0162
Control	-	-	negative	0,0159
Control	-	-	negative	0,0158
Control	-	-	negative	0,0152
Control	-	-	negative	0,0148
Control	-	-	negative	0,0147
Control	-	-	negative	0,0142
Control	-	-	negative	0,0138
Control	-	-	negative	0,0137
Control	-	-	negative	0,0137
Control	-	-	negative	0,0125
Control	-	-	negative	0,0125
Control	-	-	negative	0,0120
Control	-	-	negative	0,0120
Control	-	-	negative	0,0119
Control	-	-	negative	0,0115
Control	-	-	negative	0,0114
Control	-	-	negative	0,0112
Control	-	-	negative	0,0112
Control	-	-	negative	0,0110
Control	-	-	negative	0,0110
Control	-	-	negative	0,0103
Control	-	-	negative	0,0103
Control	-	-	negative	0,0099
Control	-	-	negative	0,0099
Control	-	-	negative	0,0096
Control	-	-	negative	0,0092
Control	-	-	negative	0,0089
Control	-	-	negative	0,0089
Control	-	-	negative	0,0088
Control	-	-	negative	0,0083
Control	-	-	negative	0,0081
Control	-	-	negative	0,0073
Control	-	-	negative	0,0072
Control	-	-	negative	0,0069
Control	-	-	negative	0,0067
Control	-	-	negative	0,0061
Control	-	-	negative	0,0056
Control	-	-	negative	0,0049

Variant			In silico		In vitro studies				Individuals				Final classification	
Variant	Nb patients	Nb gnomad	CADD	Conserved <sup>1</sup>	Expression	AutoP	Localization	Results previously reported	Report	Clinical features (CS <sub>DYRK1A</sub> )	Inheritance	DNAm profil	ACMG/AMP criteria	Final classification
p.Ser660fs	1	0		NA	NA	NA	Aggr.	NA	this report Ind #18	poorly (7.5/20)	dn	positive		Lik Patho
p.Ala341Ser	0	89	24,9	midly	100%	100%	ns	NA	-	-	-	-	BS1, BS2, BS3, BP4	Benign
p.Gly168Asp	2	0	31	highly	<50%	0%	ns	NA	this report Ind #25	NA	dn	positive	PS2, PS3, PM2, PP3	Patho
									GeneDx (clinvar SCV00057310)	NA	NA	NA		
p.Arg255Gln	1	0	24	midly	100%	100%	ns	NA	this report Ind #26	poorly (5/15)	?	negative	BS3, BP4	Lik Benign
p.Asp287Val	3	0	28,9	highly	<25%	0%	ns	drastic decrease of autoP and kinase activity (1)	DDD (Decipher 258963)	highly <sup>a</sup>	dn	NA	PS2, PS3, PM2, PP3, PP4	Patho
									this report Ind #27 (Geneva Hospital, SCV000598121)	interm. (10/15)	dn	positive		
									Tubingen (clinvar SCV00144673)	intermediate <sup>i</sup>	NA	NA		
p.Ile305Arg	1	0	26,9	midly	<25%	0%	ns	NA	this report Ind #28	highly (16/20)	dn	positive	PS2, PS3, PM2, PP4	Patho
p.Ser311Phe	2	0	33	moderate	<50%	0%	ns	drastic decrease of autoP and kinase activity (1,2)	Ruauud_#2 (clinvar SCV000586742)	interm. (12,5/20)	dn	positive	PS2, PS3, PM2, PP3	Patho
									GeneDx (clinvar SCV000520979)	NA	NA	NA		
p.Ser324Arg	1	0	28,1	highly	80%	<25%	ns	NA	this report Ind #29 (SCV000902439)	interm. (10,5/20)	dn	positive	PS2, PS3, PM2, PP3	Patho
p.Glu366Asp*	1	0	35*	midly	100%	100%	ns	NA	this report Ind #30	highly (16/20)	dn	NA	PS2, PS3, PM2, PP4, PP3	Patho *
p.Tyr462His	1	0	29,6	midly	100%	100%	ns	NA	this report Ind #31	poorly (6,5/20)	dn	negative	PS2, PM2, BS3,	Lik Benign
p.Arg467Gln	4	0	33	highly	<50%	0%	ns	drastic decrease of autoP and kinase activity (1,2)	DDD (Decipher 270174)	poorly <sup>b</sup>	dn	NA	PS2, PS3, PM1, PM2, PP3	Patho
									Posey et al., 2016 (clinvar SCV000245477)	interm. <sup>c</sup>	dn	NA		
									GeneDx (clinvar SCV000534701)	NA	NA	NA		
									this report Ind #32	interm. (10,5/20)	dn	positive		
p.Gly486Asp	2	0	29,1	midly	100%	100%	ns	no decrease of kinase acti	Dang et al., 2018	NA	NA	NA	PS2, PM2, BS3	VUS
									this report Ind #33 (Geneva Hospital, SCV000747759)	poorly (2/15) <sup>d</sup>	dn	GoF?		
p.Thr588Asn	1**	0***	22,8	midly	100%	100%	ns	no effect on autoP and P	Bronicki_#9 (clinvar SCV000196065 = SCV000965705)**	highly (15,5/20)	dn	negative	PS2, PM2, PP4, BS3, BP4	Lik Benign
p.Arg158His	1	2	29,8	highly	100%	100%	NA	NA	DDD (Deciper_LikBenign)	NA <sup>e</sup>	dn	NA	PS2, PP3, BS2, BS3	Benign
p.Ala277Pro	2	0	28,9	midly	50%	0%	NA	drastic decrease of autoP	DDD (Deciper_Patho)	interm. <sup>f</sup>	dn	NA	PS2, PS3, PM2	Patho
									GeneDx (SCV000571206)	NA	NA	NA		
p.Gly171Arg	1	0	32	highly	50%	0%	NA	NA	Invitae (clinvar SCV000952112.2_LikelyPatho)	interm. <sup>g</sup>	dn	NA	PS2, PS3, PM2, PP3	Patho
p.Leu241Pro	1	0	29,7	highly	~50%	0%	NA	NA	EGL diagnostic (clinvar SCV000703832.2_VUS)	NA	NA	NA	PS3, PM2, PP3	Lik Patho
p.Pro290Arg	1	0	28,3	highly	<50%	0%	NA	NA	Ambry (clinvar SCV000741841.1_VUS)	interm. <sup>h</sup>	NA	NA	PS3, PM2, PP3	Lik Patho

Variant			In silico		In vitro studies		Individuals			Final classification	
Variant	Nb patients	Nb gnomad	CADD	Highly Conserved <sup>1</sup>	Results previously reported	Report	Clinical features (CS <sub>DYRK1A</sub> )	Inheritance	ACMG/AMP criteria	Final classification	
His119Tyr	1	0	22,8	no	no effect on neurite outgrowth (Dang et al.)	Dang et al., 2018	intermediate <sup>a</sup>	NA	PM2, BS3	Lik benign	
Lys188Ile	1	0	31	yes	drastic decrease of autoP and kinase activity (Arranz)	Ji et al., 2015 (clinvar SCV000206791_LikPatho)	highly (13/20)	dn	PS2,PS3, PM2, PP3, PP4	Patho	
Ala195Thr	1	0	23,4	no	Increase kinase activity (Arranz et al.)?, no effect on neurite outgrowth (Dang et al.)	Dang et al., 2018	poorly <sup>b</sup>	NA	PM2, BS3, BP4	Lik benign	
Leu207Pro	1	0	29,5	yes	drastic decrease of autoP and kinase activity (Arranz)	DDD (Decipher 259211_Patho)	intermediate <sup>c</sup>	dn	PS2,PS3, PM2, PP3	Patho	
His223Arg	1	0	22,0	no	Increase kinase activity (Arranz) et al.?	GeneDx (clinvar SCV000620751_VUS)	NA	NA	PM2, BS3, BP4	Lik benign	
Leu245Arg	2	0	29	yes	drastic decrease of autoP and kinase activity (Widowati et al., Arranz et al.)	Ji et al., 2015 (clinvar SCV000206792_LikPatho)	highly (12/15)	dn	PS2,PS3, PM2, PP4, PP3	Patho	
						Baylor college (clinvar SCV000807304_VUS)	intermediate <sup>d</sup>	dn			
Leu259Phe	1	0	24,8	no	Increase kinase activity (Arranz et al.) ?, no effect on neurite outgrowth (Dang et al.)	Dang et al., 2018	poorly <sup>e</sup>	NA	PM2, BS3, BP4	Lik benign	
Asp287Tyr	1	0	32	yes	drastic decrease of autoP and kinase activity (Arranz et al.)	Zhang et al., 2015	intermediate <sup>f</sup>	dn	PS2,PS3, PM2, PP3	VUS	
Leu295Phe	2	0	29,1	yes	slight decrease kinase activity (Widowati et al., Arranz et al.)	Ji et al., 2015 = SCV000206793 (UCLA_LikPatho)	poorly (5.5/15)	dn	PS2,PS3, PM2, PP3	VUS	
						GeneDx Clinvar SCV000321572_Patho)	NA	NA			
Phe308Val	1	0	29,1	yes	drastic decrease of autoP and kinase activity (Widowati et al., Arranz et al.)	Chicago Hospital (clinvar SCV000247240_LikPatho)	NA	NA	PS3, PM2, PM2, PP3	Lik patho	
Gln313His	0	2	14,5	no	slight decrease kinase activity (Widowati et al., Arranz et al.)	-	-	-	-	-	
Arg325His	1	0	33	yes	drastic decrease of autoP and kinase activity (Arranz et al.)	GeneDx (clinvar SCV000574147_LikPatho)	NA	dn	PS2,PS3, PM2, PP3	Lik patho	
Tyr327Cys	1	0	29,3	yes	drastic decrease of autoP and kinase activity (Arranz et al.)	BC Hospital (clinvar SCV000599256_LikPatho)	NA	dn	PS2,PS3, PM2, PP3	Lik patho	
Arg328Trp	1	0	34	yes	drastic decrease of autoP and kinase activity (Arranz et al.)	GeneDx (clinvar SCV000492371_VUS)	NA	NA	PS3, PM2, PP3	Lik patho	
Ser346Phe	1	0	32	yes	drastic decrease of autoP and kinase activity (Arranz et al.)	LMM Cambridge (Clinvar SCV000712522_LikPatho)	intermediate <sup>g</sup>	dn	PS2,PS3, PM2, PP3	Patho	
Ser346Pro	2	0	29,7	yes	drastic decrease of autoP and kinase activity (Widowati et al., Arranz et al.)	Bronicki et al., 2015 (Clinvar SCV000196060_LikPatho)	highly <sup>h</sup>	dn	PS2,PS3, PM2, PP3, PP4	Patho	
						DDD (decipher 260956_Patho)	intermediate <sup>i</sup>	dn			
Leu347Arg	1	0	31	yes	drastic decrease of autoP and kinase activity (Arranz et al.)	Trujillano et al., 2017	highly <sup>j</sup>	dn	PS2,PS3, PM2, PP3, PP4	Patho	
Arg438His	1	1	33	no	slight decrease in kinase activity (Arranz et al.)?	Wang et al., 2016	NA	dn	PS2, BS1, BS3	Lik benign	
Arg458Met	1	0	32	no	Increase kinase activity (Arranz et al.)?	Dang et al., 2018	NA	NA	BS3, PM2	VUS	
Arg528Trp	1	4	24	no	Increase kinase activity (Arranz et al.)?	Chicago Hospital (clinvar SCV000594478_VUS)	NA	NA	BS1, BS3, BP4	Benign	

Name	Identifier	Classification	Inheritance	Clinical features
c.1726C>T p.Gln576*	Okamoto et al. 2014	considered as disease causing	NA	poorly <sup>a</sup>
c.2040C>A p.Tyr680*	ClinVar (Genedx, SCV000779549.2)	Likely pathogenic	NA	poorly to intermediate <sup>b</sup>
c.2213_2218delinsAGAG p.Thr738fs	ClinVar (Genedx, SCV000570988.4)	Likely pathogenic	<i>de novo</i>	intermediate <sup>c</sup>