

SUPPLEMENTAL INFORMATION

Pulmonary hypertension associated genetic variants in sarcoidosis associated pulmonary hypertension

Supplemental Information S1. Methods

Variant filtering

Variant call files were uploaded into QIAGEN Clinical Insight Interpret Translational (QCI; Qiagen) software for filtering. Only variants were kept with a call quality of ≥ 20 , read depth ≥ 10 , genotype quality ≥ 30 and allele fraction ≥ 25 in any case or in any control. Variants observed with an allele frequency of at least 1 in 100 in gnomAD were excluded. Only variants no more than 20 bases into an intron were kept. Variants were filtered on predicted deleteriousness whereby variants were included if 1) they are listed in HGMD; or 2) if they are pathogenic, likely pathogenic or of uncertain significance according to computed ACMG classification guidelines; or 3) if they are associated with loss of function of a gene by causing a frameshift, in-frame indel, or start/stop codon change, a missense variant, or lead to splice site loss up to 2 bases into intron as predicted by MaxEntScan. Any remaining variants with a Combined Annotation-Dependent Depletion (CADD v1.6) score < 15 were excluded.

Additional predictions of variant pathogenicity by the PolyPhen-2 (v2.2.2[19]), SIFT (BSIFT 2016-02-23)[18], Mutation Assessor (release 3)[21] and Mutation Taster2021[20] software are displayed for information but were not used as filtering criteria. These tools predict the effect of variants based on evolutionary conservation and the effect on protein structure and function. CADD, SIFT and PolyPhen-2 predictions are incorporated in the QCI software, whereas Mutation Assessor and MutationTaster2021 were accessed through their web-based software. CADD integrates various different annotations into one Phred-based score of deleteriousness for single nucleotide variants (SNVs) and indels[17]. Predicted variant classification according to American College of Medical Genetics and Genomics (ACMG) 2015 guidelines[22] was also extracted from QCI software.

Variants resulting from probable sequencing artefacts were excluded by means of visual inspection of the raw BAM file in IGV v2.8. Three variants were excluded from further analysis after visual examination in IGV (all deletions or insertions in a series of trinucleotide repeats in the *BMP2* 5'UTR region)

Clinical gene panel for P(A)H

The clinical panel was composed based on the information from the Pulmonary Arterial Hypertension of Genomics England PanelApp version 2.16[14]. It consists of seven genes that were rated as diagnostic level of evidence (listed as 'Green') on the Pulmonary Arterial Hypertension of Genomics England PanelApp version 2.16 (i.e. *ACVRL1*, *ATP13A3*, *BMP2*, *EIF2AK4*, *ENG*, *GDF2*, *KCNK3*, *SMAD9*, *SOX17*, *TBX4*). Additionally, two genes listed as 'Amber' (evidence for gene-disease association is moderate) were included because Expert reviews state there is now sufficient evidence to classify the genes as 'Green' (*ABCC8* and *KDR*)[14]. *KCNA5* did not meet above-mentioned criteria but was included because a potentially pathogenic mutation in this gene was previously identified in a patient with sarcoidosis and PH[13].

Biologically relevant genes with variants in $\geq 15\%$ of SAPH patients

Initial filtering steps were the same as the clinical panel, with the exception of the clinical panel itself. Instead, several steps were taken in QCI to yield a list of genes in which at least six SAPH patients carry a variant and a maximum of two SA patients. First, the Biological Context tool in the QCI software was used to select variants in 572 genes that are implicated in pulmonary hypertension disease (see SI.1 for

list of genes). From this list of genes, a list was created of genes in which at least three SA patients carry a variant. This was done with the Genetic Analysis tool that can select genes with a (homo-, hetero-, or hemizygous, or het-ambiguous) variant in at least three SA patients on the gene level. To yield the genes of interest, after initial filtering 1) only variants in 572 PH-associated genes were selected (Biological Context tool); 2) genes with three or more variant carriers among SA patients were excluded (by uploading the previously created list in a second Biological Context tool); and 3) genes in which at least 6 SAPH patients carry a (homo-, hetero-, or hemizygous, or het-ambiguous) variant on the gene level were selected using the Genetic Analysis tool. The remaining genes are the genes of interest with variants in $\geq 15\%$ of SAPH patients and maximally two of the SA patients. The complete list of variants is then obtained by 1) initial filtering; 2) selecting variants in 572 PH-associated genes (Biological Context tool); and 3) selecting the genes of interest in a separate Biological Context tool).

572 genes implicated in pulmonary hypertension according to QCI software

A4GNT	BBS4	CHD7	DHX38	FLT1	GUCY2D
ABCA3	BBS5	CHID1	DNAAF2	FLT4	GUCY2F
ABCC1	BBS7	CHRNA1	DNAH5	FOSL2	GZMB
ABCC8	BCL2L1	CHRNA10	DNMT3A	FOXC2	H1-2
ABCC9	BICC1	CHRNA2	DOCK6	FOXD3	HBB
ABL1	BIRC5	CHRNA3	DRC1	FOXF1	HBP1
ACTA2	BMP10	CHRNA4	DYNC2H1	FOXO1	HGF
ACTC1	BMP2	CHRNA5	DYNC211	FREM2	HIRA
ACVR2B	BMP4	CHRNA6	DYNC212	FRZB	HLA-DQA1
ACVRL1	BMP8A	CHRNA7	ECE1	FTSJ3	HLA-DQB1
ADA	BMPR1A	CHRNA9	EDN1	G6PC3	HLA-DRB1
ADAMTS1	BMPR1B	CHRNA1	EDNRA	GAB1	HLA-DRB5
ADAMTS18	BMPR2	CHRNA2	EDNRB	GABRA1	HRG
ADAMTS6	BRAP	CHRNA3	EFTUD2	GABRA2	HTR2A
ADORA2A	BRME1	CHRNA4	EGFR	GABRA3	HTR2B
ADORA2B	BROX	CHRNA5	EGLN1	GABRA4	IFNA1/IFNA13
ADRA2A	BRWD3	CHRNA6	EID1	GABRA5	IFNA10
ADRA2B	C3orf18	CHRNA7	EIF2AK4	GABRA6	IFNA14
ADRA2C	C7orf31	CHRNA8	ELL	GABRB1	IFNA16
ADRB1	C9	CHRNA9	ELN	GABRB2	IFNA17
ADRB2	CA1	CHRNA10	EMC8	GABRB3	IFNA2
AFF2	CA10	CHRNA11	EMID1	GABRD	IFNA21
AGT	CA11	CHRNA12	ENG	GABRE	IFNA4
AGTR1	CA12	CHRNA13	ENPP6	GABRG1	IFNA5
AGTR2	CA13	CHRNA14	EOGT	GABRG2	IFNA6
AHR	CA14	CNTN1	EP300	GABRG3	IFNA7
ALDH9A1	CA2	CNTN2	EPAS1	GABRP	IFNA8
ALG3	CA3	CNTN3	EPC1	GAMT	IFNAR1
ALPG	CA4	CNTN4	EPHB4	GDE1	IFNB1
ALS2	CA5A	CNTN5	ERG	GDF2	IFNE
AMOT	CA5B	CNTN6	ESRRA	GDPD1	IFNG
ANGPT1	CA6	CNTN7	EXOC6B	GDPD3	IFNK
ANK3	CA7	CNTN8	EZH1	GDPD4	IFNW1
APEX1	CA8	CNTN9	F2	GGCX	IFT140
APOE	CA9	CNTN10	F5	GIPC2	IL12B
AQP1	CACNA1C	CNTN11	F8	GLRA1	IL18
AR	CARNS1	CNTN12	FA2H	GLRA2	IL1R1
ARG1	CAV1	CNTN13	FAM149A	GLRA3	IL1RN
ARG2	CBLN2	CNTN14	FARSA	GLRA4	IMMT
ASH2L	CCDC39	CNTN15	FBLN2	GLRB	INHBA
ASS1	CCDC40	CNTN16	FBN1	GPR174	INHBB
ATF6	CCDC50	CNTN17	FBN2	GPSM2	INHBC
ATG10	CCL2	CNTN18	FCN2	GRHL2	INHBE
ATP13A3	CCR7	CNTN19	FGA	GRIA1	INVS
ATP2C1	CCRL2	CNTN20	FGB	GRM8	ITGAM
ATP6V0A2	CD22	CNTN21	FGF12	GUCY1A1	ITPR1
BAZ1B	CD248	CNTN22	FHL1	GUCY1A2	ITPR3
BBS10	CFTR	CNTN23	FICD	GUCY1B1	ITSN1
BBS2	CHD4	CNTN24	FLNA	GUCY2C	JAG1

KCNA5	MRTFA	PDE12	PRICKLE1	SMAD6	TOPBP1
KCNH2	MSH2	PDE1A	PRKG1	SMAD7	TOR1B
KCNK3	MST1	PDE1B	PRMT2	SMAD9	TRH
KDM3B	MTHFR	PDE1C	PSMC4	SMARCA2	TRPC1
KDR	MUC5B	PDE2A	PTGDR2	SMARCA4	TRPC6
KEAP1	MYH2	PDE3A	PTGER1	SMARCAL1	TSC1
KIAA2026	MYH6	PDE3B	PTGIR	SMPDL3A	TSC2
KIF21A	MYO16	PDE4A	PTGIS	SMPDL3B	TSHZ1
KIF24	MYO5C	PDE4B	PTPN11	SMS	TTLL3
KIF7	NAPEPLD	PDE4C	PTPN14	SMYD4	TUBB6
KIT	NCK1	PDE4D	RAB23	SOD1	TULP2
KLB	NDST1	PDE5A	RAF1	SOX17	VANGL1
KLF2	NEK1	PDE6A	RAI1	SPATC1	VCAN
KLK1	NEK8	PDE6B	RARS2	SPTA1	VCL
KMT2D	NEU1	PDE6C	RASA2	SRC	VHL
L1CAM	NF1	PDE6D	RBL2	SS18	VIM
LAMA1	NFKBIA	PDE6G	RET	TAF13	VIP
LAMA4	NIPBL	PDE6H	REV3L	TBC1D10B	WDFY4
LAMC1	NKX2-5	PDE7A	RNF213	TBX20	WDR5
LIFR	NKX2-6	PDE7B	ROBO1	TBX4	WNK1
LIN7A	NOB1	PDE8A	ROBO2	TCN2	WNT1
LIPH	NOS2	PDE8B	ROR2	TDP2	WRN
LLGL1	NOS3	PDE9A	RPTOR	TEK	ZADH2
LOXL3	NOTCH1	PDGFD	RYR2	TET2	ZMYM2
LRP1	NOTCH2	PDGFRA	S100A1	TF	ZNF146
LRP2	NOTCH3	PDGFRB	SAMHD1	TGFB1	ZNF280B
LTBP1	NOX4	PEX1	SARS2	TGFBI	ZNF620
LZTR1	NPPA	PEX13	SCAF11	THBD	ZSWIM9
MAP2K1	NPPB	PFKFB3	SCN10A	THBS1	
MAP4	NPR1	PGS1	SCN1A	THSD7A	
MAPK6	NPR2	PHF12	SCN1B	THYN1	
MAT2A	NPR3	PHF20L1	SCN5A	TM4SF20	
MBTPS1	NR3C2	PIM1	SCN9A	TMEM67	
MCAM	NSD1	PITX2	SEC23IP	TMEM70	
MCM3AP	NSDHL	PLA2G2D	SELP	TNC	
MEFV	NSMAF	PLAG1	SEMA6D	TNF	
MEIS1	NUCB1	PLAT	SERPINE1	TNFAIP3	
MESD	NUDCD1	PLD6	SH3TC2	TNFAIP6	
MIF	NVL	PLG	SHH	TNFRSF13B	
MIR204	OPA3	PLOD1	SIRT3	TNFSF10	
MIR21	OPLAH	POLG	SLC25A24	TNFSF4	
MIR424	OR2T34	POU5F1	SLC2A1	TNNC1	
MIR503	OSGEPL1	PPARD	SLC2A10	TNNC2	
MKKS	OTC	PPIA	SLC2A4	TNNI1	
MMACHC	P2RY12	PPL	SLC6A17	TNNI2	
MME	PCARE	PPP1R13L	SLC6A4	TNNI3	
MMP21	PCOLCE2	PPP2R3A	SLC8A1	TNNT1	
MN1	PDCD4	PRDM1	SLC9A1	TNNT2	
MPPE1	PDE10A	PRDM9	SMAD1	TNNT3	
MPPED2	PDE11A	PREX1	SMAD4	TOP1	

SUPPLEMENTAL DATA

Supplemental Table S1 Baseline characteristics of SAPH patients with a variant in diagnostic gene panel compared to SAPH patients without a variant

		SAPH – no variant in diagnostic gene panel (n=25)	SAPH – with variant in diagnostic gene panel (n=14)	p-value
Male, n (%)		12 (48.0)	7 (50.0)	0.90
Age mean (SD), y (n=25; n=13)		59.9 (10.4)	59.7 (11.9)	0.96
Ancestry %	White, n (%)	14 (56.0)	13 (92.9)	0.018
	Black, n (%)	9 (36.0)	0 (0.0)	
	Hindustan, n (%)	2 (8.0)	1 (7.1)	
Scadding stage (n=24; n=14)	0, n (%)	2 (8.3)	0 (0.0)	0.55
	1, n (%)	3 (12.5)	1 (7.1)	
	2, n (%)	1 (4.2)	3 (21.4)	
	3, n (%)	1 (4.2)	1 (7.1)	
	4, n (%)	17 (70.8)	9 (64.3)	
Lung fibrosis score	< 5%, n (%)	5 (20.8)	4 (28.6)	0.50
	5-20%, n (%)	0 (0.0)	1 (7.1)	
	>20%, n (%)	19 (79.2)	9 (64.3)	
FVC % predicted, mean (SD) (n=24; n=13)		65.3 (19.1)	69.0 (20.6)	0.22
DLCO SB% predicted, mean, mean (SD) (n=20; n=12)		49.0 (17.4)	45.8 (20.8)	0.64
Mean PAP mmHg, mean (SD)		38.3 (11.6)	36.0 (9.8)	0.59
PVR Wood units, mean (SD) (n=24; n=12)		6.0 (3.3)	4.8 (2.5)	0.56
Cardiac output L·min⁻¹, mean (SD) (n=25; n=13)		5.8 (2.0)	5.6 (1.3)	0.88
PCWP mmHg, mean (SD) (n=24; n=13)		9.9 (3.8)	9.4 (3.5)	0.65

Comparison of baseline statistics between patients of the SAPH group where a variant in the diagnostic gene panel was identified (n=14) compared to patients without such a variant (n=25).

Supplemental Table S2 Baseline characteristics of SA patients with a variant in diagnostic gene panel compared to SA patients without a variant

		SA – no variant in diagnostic gene panel (n=34)	SA – with variant in diagnostic gene panel (n=5)	p-value
Male, n (%)		18 (52.9)	1 (20.0)	0.34
Age mean (SD), y		61.4 (11.1)	57.7 (9.6)	0.47
Ancestry %	White, n (%)	24 (70.6)	3 (60.0)	0.40
	Black, n (%)	8 (23.5)	1 (20.0)	
	Hindustan, n (%)	2 (5.9)	1 (20.0)	
	United States, n (%)	-	-	
Scadding stage	0, n (%)	7 (20.6)	1 (20.0)	1.00
	1, n (%)	3 (8.8)	0 (0.0)	
	2, n (%)	8 (23.5)	1 (20.0)	
	3, n (%)	5 (14.7)	1 (20.0)	
	4, n (%)	11 (32.4)	2 (40.0)	
Lung fibrosis score	< 5%, n (%)	19 (55.9)	3 (60.0)	0.89
	5-20%, n (%)	7 (20.6)	0 (0.0)	
	>20%, n (%)	8 (23.5)	2 (40.0)	
FVC % predicted, mean (SD) (n=31; n=5)		96.7 (21.8)	79.1 (27.7)	0.32
DLCO SB% predicted, mean, mean (SD) (n=28; n=4)		69.3 (15.9)	62.3 (7.7)	0.25

Comparison of baseline statistics between subjects of the SA group where a variant in the diagnostic panel was identified (n=5) compared to subjects without such variant (n=34). Hemodynamics are not available for this group. *All subjects in this group were from the Dutch cohort

Supplemental Table S3 Overview of rare variants in biologically relevant genes in which $\geq 15\%$ of the SA patients carry a rare variant

Gene	Transcript	Nucleotide change	Amino acid change	dbSNP	gnomAD frequency	CADD	SIFT	PPH2	Mutation Taster	Mutation Assessor
<i>PDE4A</i>	NM_001111307.2	c.-129C>T		rs879405688	0.0004	18.4	-	-	B	-
<i>PDE4A</i>	NM_001111309.1	c.388G>A	p.(V130I)	rs1234243707	0.0000	23.3	<u>D</u>	<u>PoD</u>	B	<u>M</u>
<i>PDE4A</i>	NM_006202.3	c.487C>T	p.(R163W)	rs144901748	0.0001	28.6	<u>D</u>	<u>PrD</u>	<u>D</u>	<u>M</u>
<i>PDE4A</i>	NM_006202.3	c.748+1G>T			-	34.0	-	-	<u>D</u>	-
<i>PDE4A</i>	NM_006202.3	c.871C>T	p.(R291W)	rs146986676	0.0006	25.6	T	<u>PoD</u>	B	L
<i>PDE4A</i>	NM_006202.3	c.883C>T	p.(R295C)	rs951423867	-	31.0	<u>D</u>	<u>PrD</u>	B*	<u>H</u>
<i>PDE4A</i>	NM_006202.3	c.1018C>T	p.(R340C)	rs200220469	-	31.0	<u>D</u>	<u>PrD</u>	B**	<u>H</u>
<i>PDE4A</i>	NM_006202.3	c.1357G>A	p.(E453K)	rs139163380	0.0001	23.1	T	<u>PoD</u>	B	L

a) SIFT: T= Tolerated; D = Damaging; A = Activating; b) PolyPhen-2: B= Benign; PrD = Probably Damaging; PoD = Possibly Damaging; c) Mutation Taster: D=Deleterious; B=Benign; d) Mutation Assessor functional impact: N= Neutral; L= Low; M= Medium; H= High; Predicted functional impact high or medium is predicted functional, low or neutral is predicted non-functional. Predictions by SIFT, PolyPhen-2, Mutation Taster or Mutation Assessor indicating deleterious consequences are underlined. * but predicted D in all other transcripts;** but predicted D in most other transcripts