## 1 Supplementary:

## 2 Table S1. Retrospective clinical diagnostic prediction scoring of genetically confirmed PMD 3

**patients**. A score of  $\geq 2$  indicates the likeliness of a PMD, which is used clinically to initiate follow up

4 of biochemical and genetic testing. Abbreviations: CC, corpus callosum; CSF: cerebrospinal fluid; 5 EMG, electromyogram; FTT, failure to thrive; GI, gastrointestinal; MRS, magnetic resonance

6 spectroscopy; WM: white matter.

I dentifier #	Mutated gene or complex	Mvonathy	Abnormale EMG	Motor developmental delay	Exercise intolerance	Total	Maximum out of 2		Developmental delay	Speech delay	Dystonia	Ataxia Snashcity	Neuropathy	Seizures or encephalopathy	Total	Maximum out of 2	GI tract	Growth delay or FTT	Endocrine	Immune	Eye & auditory	Renal tubular acidosis	Cardiomyopathy	Total	Maximum out of 3	Total	Maximum out of 4		T a alasta	Lactate Alanine	Krebs cycle intermediates	Ethyl or methly malonic	actuuria 3 methyl glutaconic acid	CSF lactate, alanine	Leigh like	Stroke like episodes	Lactate on MRS	brain stem and spinal cord	involvement Cavitating	leuko encephalopathy	Leukoencephalopathy with thalamus involvement	Deep cerebral WM involvement and CC agenesis	Total	Maximum out of 4		Maximum out of 8
45	TMEM126B	1	0	0	1	2	2		0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	-2	2 2	2		2 1	0	0	0	1	0	0	0	0	0		0	0	4	6	~	6
	ACAD9		0	0	1	1	1		0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	1	1	1	-2	2 2	2		2 1	1	0	1	0	0	0	0	0	0		0	0	5	6		6
33	MT-ND1		0		0				1	1	0	0 0	0	1	3		0	1	0	0	0	0	1	2	2		2 4	<del>1</del>		2 1	1	0		1	0	0		0	0		0	0	- 5	8		8
48	ND6				· · · · ·		- <u>1</u>		1	1		0 1			4	2		1		0	1	-0	0	<u>.</u>	- <u>1</u>		4 4	±			1	0			2	0	0	0		+	0	0				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2736	NDUES2				10					-				1						10								*	~					1	2		1			+					~	 6
2497	NDUFA13	0		1	0	1	1		1	1	1	0 1	0	1	5	2	0	1	0	0	1	0	0	2	2	5	5 4	4		2 1	0	0	0	1	2	0	1	0	0		0	0	5	8		8
	AND PGM1											1																																		
52	SUKF1		0	1	0	2	2		0	1	0	1 1	0	1	2	2	0	1	0	0	0	1	1	3	3	-	4	1		2 0	1	1	0	1	2	0		0			0	0	6	8		8
2264	MT_ATP6	0		1	0	1	$\frac{1}{1}$		1	0	0	1 1	0	1	3	2	1	0	0	0	0	1	0	3	3	-	1 4	1		$\frac{2}{2}$	1	0	0	1	2	0	0	0		-+	0	0	4	8	-	8
47	AGK			1	10	2	2		1	1	0	0 0	10		2	2	0	1	0	0	1	0	1	3	3		7 4	1	-	2 1	0	0	10	1	10	0	0	0		+		0	4	8		8
	EARS2		0	1	0	1	1		1	1	0	1 0	0	0	3	2	0	0	0	0	0	0	0	0	0		3 3	3		2 0	0	0		1	0	0	1	0		+	0	0	4	7		7
43	MRPL44	1	0	0	1	2	2		0	0	0	1 0	0	1	2	2	1	0	0	1	1	0	1	4	3	7	7 4	4		0 0	0	0	0	0	0	0	0	1	0		0	0	1	5		5
	Large mtDNA												-													~		~																	~	
42	deletion	1	1	0	0	2	2		0	e	0	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	_2	2 2	2	aging	0 0	0	0	0	0	0	0	0	0		<u> </u>	0	0	0	2		.2
41	deletion	- 1 - 1	1	0	0	2	2	gical	0	0	0	0 0	0	0	0	o stem	0	0	0	0	1	0	1	2	2	4	1 4	4		0 0	0	1	1	0	0	0	0	0	0		0	0	2	6		6
50	MT-TD	Snj 1	1	0	1	3	2	rolc	0	0	0	0 0	0	0	0	0 3	0	0	0	0	0	0	0	0	0	2	2 2	2	i i	2 1	1	0	0	0	0	0	0	0	0		0	0	4	6		6
36	MT-TE	2 0	0	1	1	2	2	Veu	1	1	0	0 0	1	0	3	2	0	1	1	0	0	0	0	2	2 4	e	5 4	4	abo	0 0	0	0	0	0	0	0	0	0	0	<u></u>	0	0	0	4	-	4
57	MT-TE	1	0	1	1	3	2	[	0	0	0	0 0	0	0	0	0	0	0	1	0	0	0	0	1	1 3		3 3	3	Met	2 1	0	0	1	0	0	0	0	0	0		0	0	4	7		7
58	MT-TL1		0	0	1	2				0	0	0 0	1	1	2		0	0		1	1	1	1	5	3			1		0 0	0	0		0	0	0	.0	0	0		0	0	0	4		4
123	MI-ILI MT TLI		0		1	3	2		0	0	0	0 0	0	0	0		0	1	0	0	0	0	1	2	2	4	4	1		2 1	0	0		0	0	0	0	0	- 0		0	0	3	- 7		·····
53	MI-ILI MT TL1	1	1	0	1	3	2		0	0	0		1	1	2	2	0	0	1	0	1	0	1	3	3	-	4	1	-	$\frac{2}{2}$	0	0	0	0	0	0	0	0	0		0	0	4	8	-	8
72	MT_TI 1		1	- 0	1	1	1		0		0	1 0	10	1	2	2		10	1	0	1	0	1	2	2		4	1	;	2 0	0	1-0		1	10	2		0			1	0	6	8		
40	MT-TL1		1	0	10	1	1	ŀ	0	0	0	0 0	10	0	0	0	0	1	1	0	1	1	1	5	3		1 4	1			10	1-0		0	0	0		0	-+				0	4		4
51	MT-TN	1	0	0	0	1	1		1	ŏ	0	0 1	0	1	3	2	0	1	1	0	0	1	0	3	3	e	5 4	4		2 0	0	0	0	1	0	0	0	1	0		0	0	4	8	-	8
124	TWNK	1	1	0	0	2	2		0	0	0	0 0	1	0	1	1	0	0	0	0	0	0	0	0	0	3	3 3	3	(	0 0	0	0	0	0	0	0	0	0	0	, , ,	0	0	0	3		3
35	POLG	C	0	0	0	0	0		0	0	0	1 1	0	0	2	2	1	1	0	0	0	0	0	2	2	4	4 4	4	(	0 0	1	1	0	0	0	0	0	1	0		0	0	3	7	1	7
38	POLG	C	0 0	0	0	0	0		0	0	0	0 0	0	1	1	1	1	1	0	1	0	0	0	3	3	4	1 4	4	1	2 0	0	0	0	0	0	0	0	0	1		0	0	3	7	1	7
120	POLG	1	1	0	1	3	2		0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2 2	2	(	0 0	0	1	0	0	0	0	0	0	0		0	0	1	3		3
59	ATAD3	C	0 0	1	0	1	1		1	1	0	0 1	1	0	4	2	0	1	0	1	0	0	0	2	2	5	5 4	4	(	0 0	1	0	1	0	0	0	0	0	0		0	0	2	6	~	6
2130	PDHA1	C	0	1	0	1	1		1	1	1	0 1	0	1	5	2	0	0	0	0	0	0	0	0	0	3	3 3	3	1	2 1	0	0	0	0	0	0	0	0	0	1	0	0	3	6		6
31	PDHA1	0	0	1	0	1	1		1	1	0	0 0	0	1	3	2	1	0	0	0	1	0	0	2	2	. 5	5 4	4		2 1	1	0	0	1	0	0	0	0	0		0	1	6	8		8
128	SLC25A42	1	1	0	1	3	2		0	0	0	0 0	0	0	0	0	1	0	0	0	0	0	1	2	2		4 4	1		2 1	0	0	0	0	0	0	0	0	0		0	0	3	7		7
2738	SLC25A42	1	0	1	0	2	2		0	1	0	1 1	1	0	4	2		0	1	0	0	0	0	1	1	5	5 4	1	1	2 0	0	0	0	0	0	0	0	0	0		0	0	2	6		6

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Figure S1. Technical replicates for oxygraphy testing in control fibroblasts cells. Resting, coupled,
uncoupled rates of respiration and derived values. Mean is displayed for each control, and error bars
show range of technical replicates, Abbreviations: C1-19, controls 1-19; CI-V, OXPHOS complexes I V; CCR, coupling control ratio; Gp, glycerophosphate; G, glutamate; M, malate; Py, pyruvate; S,
succinate.



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16 Figure S2. Principal component and heat map analysis of enzymology and oxygraphy results. (a) 17 Enzymology and (b) oxygraphy results were analysed using the ClustVis tool [1], and presented here 18 as PCA plots and heat maps. For PCA plots, unit variance scaling is applied to rows; SVD with 19 imputation is used to calculate principal components. X and Y axis show principal component 1 and 20 principal component 2 that explain (a) 31.3% and 25% and (b) 47.3% and 22.8% of the total variance, 21 respectively. Prediction ellipses are such that with probability 0.95, a new observation from the same 22 group will fall inside the ellipse. For heat maps, rows are centred; unit variance scaling is applied to 23 rows. Imputation is used for missing value estimation. Both rows and columns are clustered using 24 correlation distance and average linkage.



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Figure S3. Biochemical correlations with disease characteristics. The disease predictions made through the enzymological and oxygraphy methods on PMD patient fibroblasts (subdivided into mtDNA or nDNA encoded mutations) based on the Z scores (see materials and methods) were converted to scores: Unlikely, 0; possible, 1; likely, 2; and very likely, 3. These were then correlated against the age of onset of disease, the clinical diagnostic score or the age of death (if applicable). R square values for correlations are displayed as generated in Prism 8.

## 32 References

33	1.	Metsalu, T.; Vilo, J. ClustVis: a web tool for visualizing clustering of multivariate data using Principal
34		Component Analysis and heatmap. Nucleic Acids Res 2015, 43, W566-570, doi:10.1093/nar/gkv468.

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