

Supplemental Figures

Figure S1

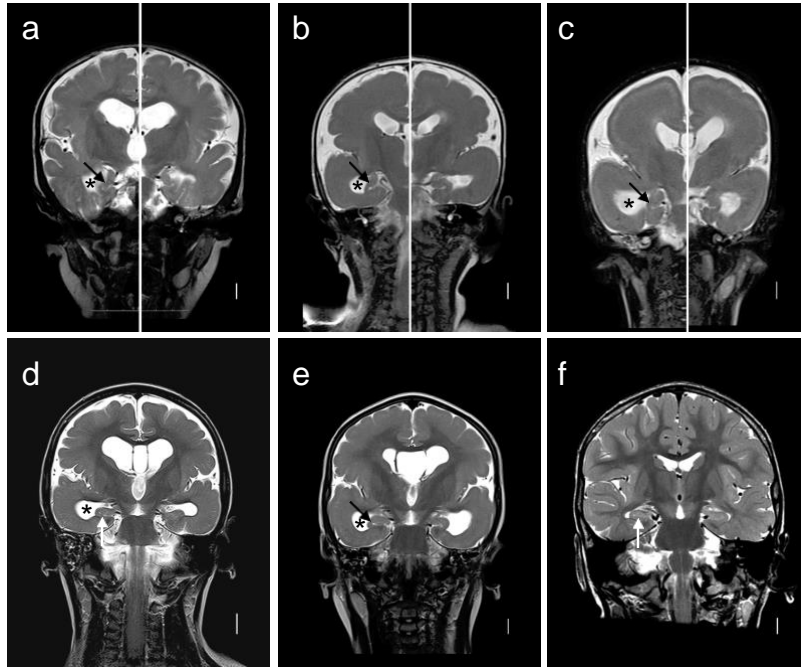


Figure S1. Brain imaging in *APC2*-lissencephaly in 5 children highlighting hippocampal malformations. Subjects 5-II-1 (a), 6-III-1 (b), 6-III-2 (c), 7-III-3 (d), 7-III-4 (e), and a normal control (f). The T2-weighted coronal images through the posterior frontal lobes and hippocampi showed globular and open hippocampi (a-c, e) that were usually under developed (a-c). The hippocampi in one child appear normal on these images (d), but all five subjects have moderately enlarged temporal horns (asterisks in a-e), which is commonly seen with hippocampal malformations associated with lissencephaly. All images are T2-weighted.

Table S1. High impact homozygous variants returned from whole exome sequencing of Families 1-4. In each family, a homozygous damaging mutation in *APC2* was determined to be most likely causative based upon objective filtering criteria (yellow).

Supplemental Methods

Study samples

We performed whole exome sequencing (WES) in 8 families with affected(s) displaying features consistent with lissencephaly, where prior gene panels and microarray studies proved negative at identifying a cause of disease. Subjects were enrolled in IRB-approved research studies at the University of California, San Diego or their home institution (Institute for Clinical Genetics, TU Dresden, Germany, University of Washington, National Research Center Egypt, St. George's University of London, Erasmus University, Istanbul University, The George Washington University and Mashhad University).

Exome sequencing and variant calling

Blood was acquired from informed, consenting individuals or their surrogates, according to institutional guidelines, and DNA extracted using established protocols. In solution exome capture was performed using the SureSelect Human All Exome 50 Mb Kit (Agilent Technologies, USA) or xGen exome research panel (Integrated DNA Technologies, USA) with 100- or 150-bp paired-end read sequences generated on a HiSeq4000 or NextSeq500 instruments (Illumina, Inc. USA). Sequences were aligned to hg19 and variants identified through the GATK pipeline or CLC Biomedical Genomics Workbench (Qiagen, Hilden, Germany). Variations were annotated with in-house software, Annovar, Variant Effect Prediction software or CLC Biomedical Genomics Workbench to define population-specific allele frequencies from 1000 Genomes, the Greater Middle East Variome, dbSNP, and gnomAD, along with the transcript-specific predicted effect on the protein. All variants were prioritized by allele frequency, conservation, and predicted effect on protein function.

Variant prioritization

Variants were prioritized for each family using the following criteria:

1. The variant was predicted to perturb protein function. All synonymous and intronic variants were excluded unless the variant was within a predicted splice site (+ or -2 bp from splice junction). Any variation that was predicted to alter gene expression or protein function was included. These included nonsynonymous variations in coding regions (i.e. missense) or

alterations resulting in frameshifts, premature stop codons, loss of stop codons, coding INDELS, and splice sites (i.e. ± 2 nucleotides from an exon junction).

2. The variant was rare as defined by allele frequency of less than 0.1% in either gnomAD or GME variomes.
3. The variant was present in a region of homozygosity as defined by HomozygosityMapper or parametric linkage analysis for consanguineous families.
4. The variant was conserved evolutionary as determined by a number of conservation scores including GERP, PhastCons, and PolyPhen2. Variations with negative GERP scores or vertebrate PhastCons scores less than 0.8 were excluded. Typical conservation criteria for the candidate genes provided in this study were $GERP > 4$ and vertebrate $PhastCons > 0.9$.
5. The variant was confirmed using Sanger sequencing and segregated with the disease in the family pedigree according to a strictly recessive mode of inheritance with full expressivity and absent phenotype in heterozygous carriers.

All variants following the above criteria were considered for each family independent of its predicted severity (i.e. no variants were excluded based upon type of mutation).

Sanger sequencing

Primers for Sanger sequencing were designed using the Primer3 program (U. Massachusetts) and tested for specificity using the Alamut Visual 2.7.1 software. PCR products were treated with Exonuclease I (Fermentas) and Shrimp Alkaline Phosphatase (USB Corp) and sequenced using the Big Dye terminator cycle sequencing kit v.3.1 (Applied Biosystems) on an ABI DNA analyzer (Applied Biosystems). Sequence data were analyzed using ApE1® software.