

Supplementary Information

Recessive *TMOD1* mutation causes childhood cardiomyopathy

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Supplementary Table 1. Dissociation constants (K_d , μM or nM) for inhibition of pointed end polymerization or depolymerization of actin filaments in the absence (-) or presence (+) of TPM1 by TMOD1^{wt} or $\text{TMOD1}^{\text{R189W}}$ when filament barbed ends are capped by gelsolin at a gelsolin-to-actin molar ratio of 1:10. Data are presented as mean \pm standard deviation ($n=3$ independent experiments). Statistically significant differences are highlighted in bold (Student's t-test, $*p<0.05$, $*p<0.01$).

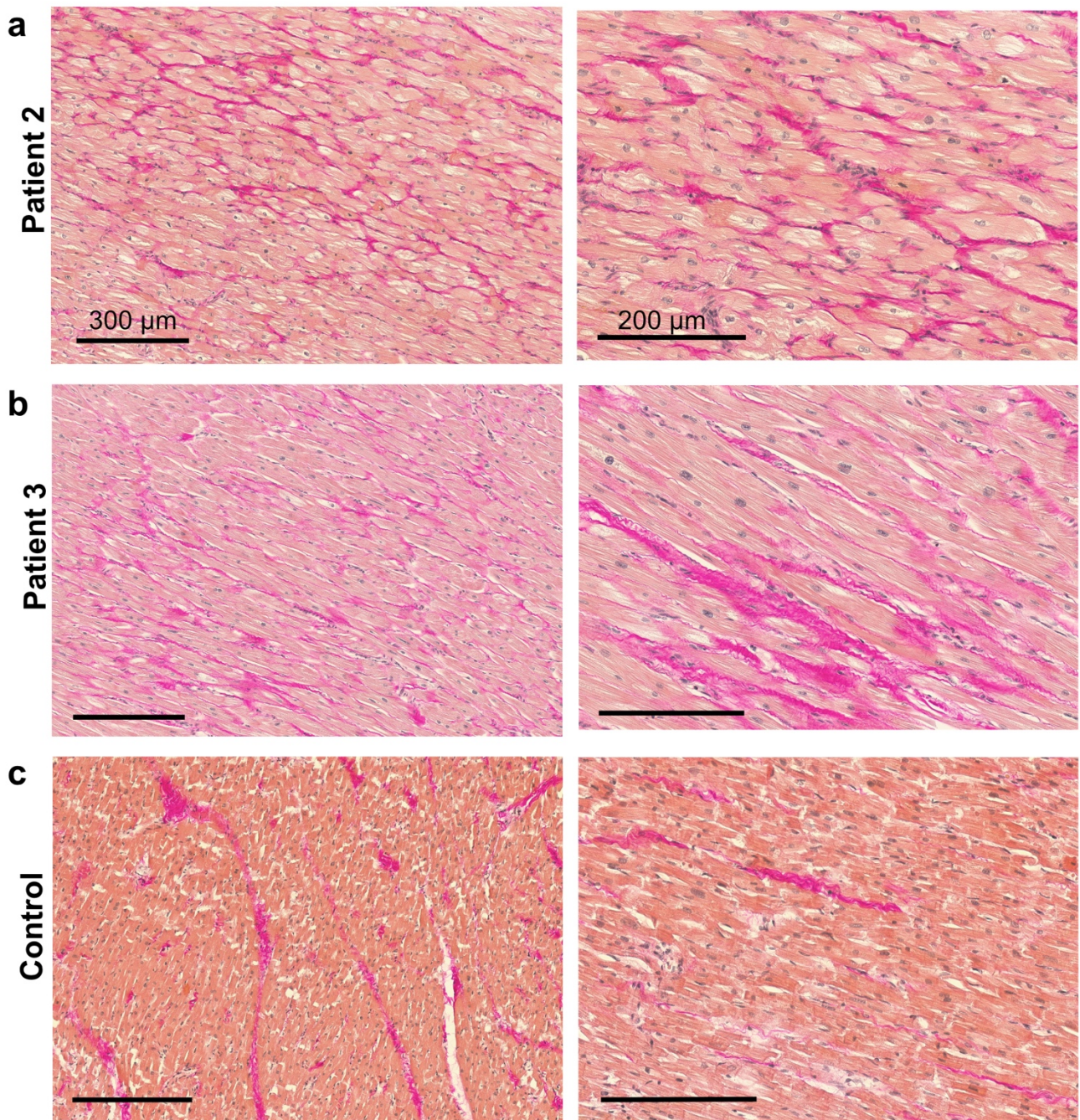
	TPM1	TMOD1^{wt}	$\text{TMOD1}^{\text{R189W}}$	p -value	Fold difference	Source Figure
Pyrene-actin polymerization	-	$0.49 \pm 0.09 \mu\text{M}$	$1.06 \pm 0.10 \mu\text{M}^{**}$	0.0019	~2.2	Fig. 4b
	+	$6.63 \pm 0.07 \text{nM}$	$9.88 \pm 0.72 \text{nM}^{**}$	0.0014	~1.5	Fig. 4d
Pyrene-actin depolymerization	-	$0.24 \pm 0.06 \mu\text{M}$	$1.13 \pm 0.19 \mu\text{M}^{**}$	0.0016	~4.7	Fig. 4f
	+	$25.3 \pm 5.8 \text{nM}$	$79.4 \pm 25.6 \text{nM}^*$	0.0233	~3.2	Fig. 4h

Supplementary Table 2. Dissociation constants (K_d , μM or nM) for inhibition of pointed end polymerization or depolymerization of actin filaments in the absence (-) of TPM1 by TMOD1^{wt} or TMOD1^{R189W} when filament barbed ends are capped by gelsolin at a gelsolin-to-actin molar ratio of 1:100. Data are presented as mean \pm standard deviation (n=3 independent experiments). Statistically significant differences are highlighted in bold (Student's t-test, * $p < 0.05$, ** $p < 0.01$).

	TPM1	TMOD1 ^{wt}	TMOD1 ^{R189W}	<i>p</i> -value	Fold difference	Source Figure
Pyrene-actin polymerization	-	1.03 \pm 0.31 μM	1.99 \pm 0.18 μM**	0.0099	~2.0	Supp. Fig. 6b
Pyrene-actin depolymerization	-	0.73 \pm 0.09 μM	2.00 \pm 0.58 μM*	0.0192	~2.8	Supp. Fig. 6d

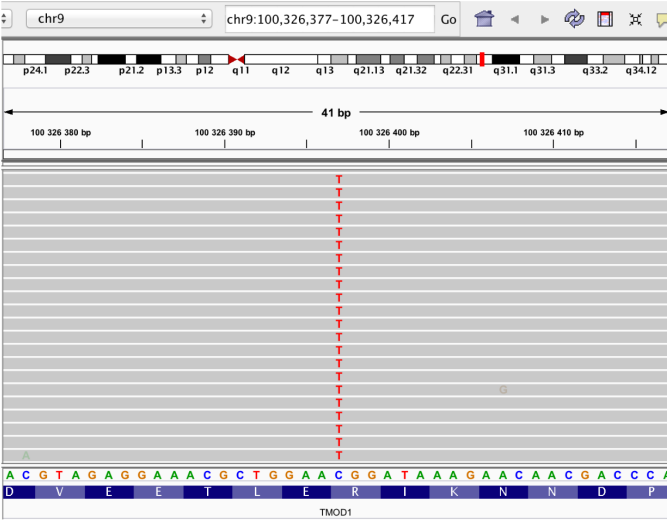
Supplementary Table 3. The concentration required for 50% inhibition of Lat A-induced actin pointed end depolymerization in the presence (+) of TPM1 by TMOD1^{wt} or TMOD1^{R189W} (IC₅₀) when filament barbed ends are capped by gelsolin. The IC₅₀ values were calculated from actin band densities of pellet and supernatant samples following sedimentation of filaments. Data are presented as mean ± standard deviation (n=3 or 4 independent experiments). Statistically significant differences are highlighted in bold (Student's t-test, **p*<0.05).

	TPM1	TMOD1 ^{wt}	TMOD1 ^{R189W}	<i>p</i> -value	Fold difference	Source Figure
Pellet	+	9.8 ± 2.1 nM	23.0 ± 7.6 nM*	0.0160	~2.4	Supp. Fig. 7b
Supernatant	+	11.1 ± 3.2 nM	35.1 ± 14.2 nM*	0.0455	~3.2	Supp. Fig. 7d

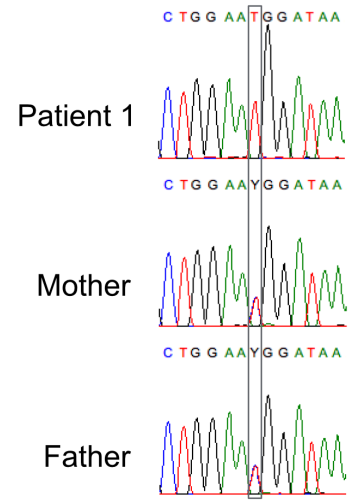


Supplementary Figure 1. Herovici staining of cardiac tissue at 100x (left) and 200x (right) magnification. a Patient 2, operated on at the age 13 years. **b** Patient 3, operated on at the age of 12.5 years. **c** Control heart tissue, autopsy at the age of 10 years. In patients, areas of perimyocytic fibrosis as well as wavy-arranged myocardium are observed. There is a variation in the size and shape of nuclei, enlarged in the patients, with focally perinuclear clearing. Perimyocytic fibrosis and myodegeneration were more prominent in Patient 2 than in Patient 3.

a Patient 1, Whole-Exome Sequencing
chr9:100326397, *TMOD1*, c.565C>T, p.(Arg189Trp)

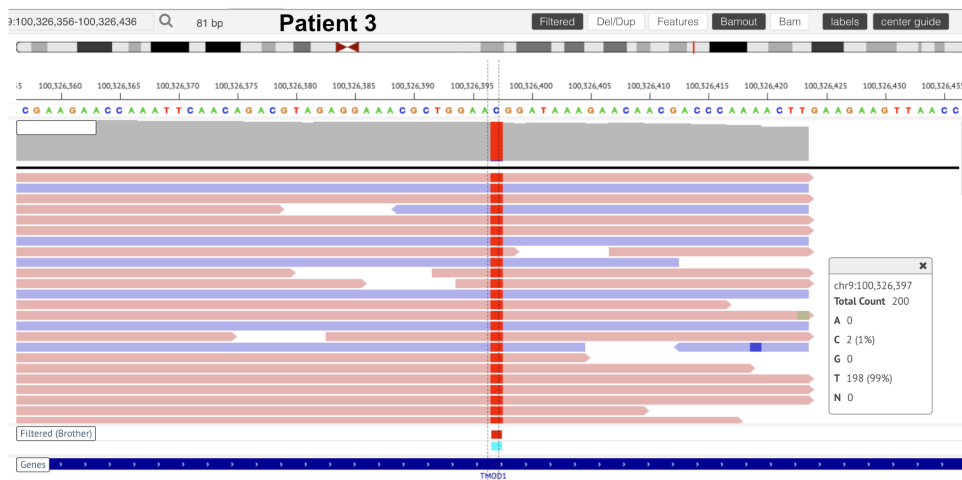
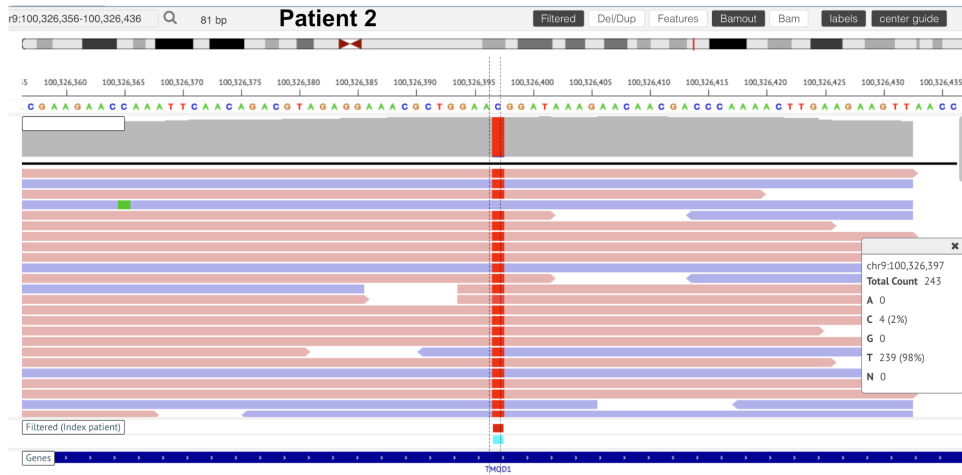


b *TMOD1*
c.565C>T, p.(Arg189Trp)

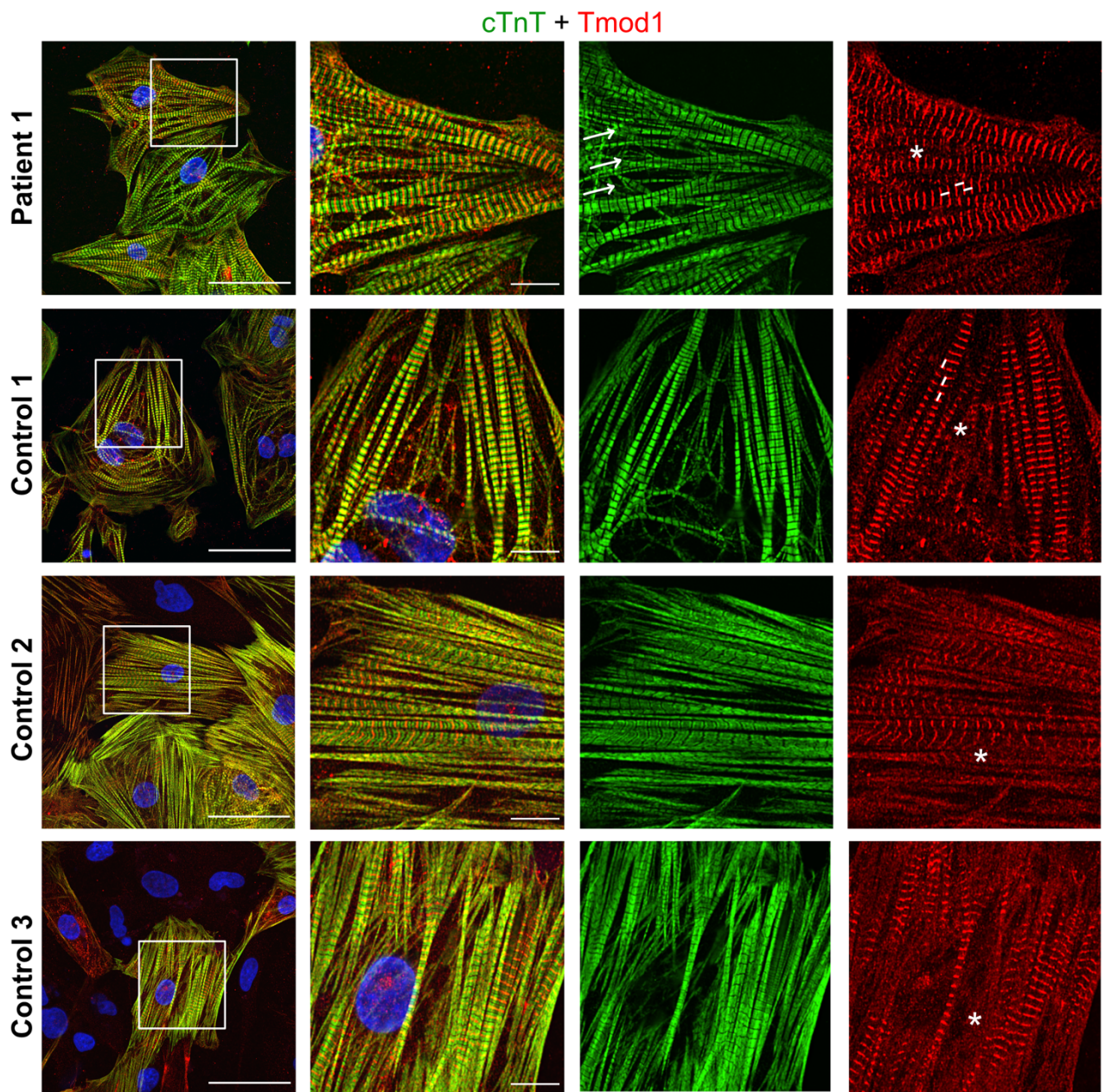


Supplementary Figure 2. Homozygous variant c.565C>T, p.Arg189Trp in *TMOD1*, Family 1. a Whole-exome data of Patient 1 showing the variant position, visualized with Integrated Genome Viewer. **b** Sanger chromatograms of the variant segregation in Family 1. The peaks for A, T, G and C are shown in green, red, black and blue, respectively.

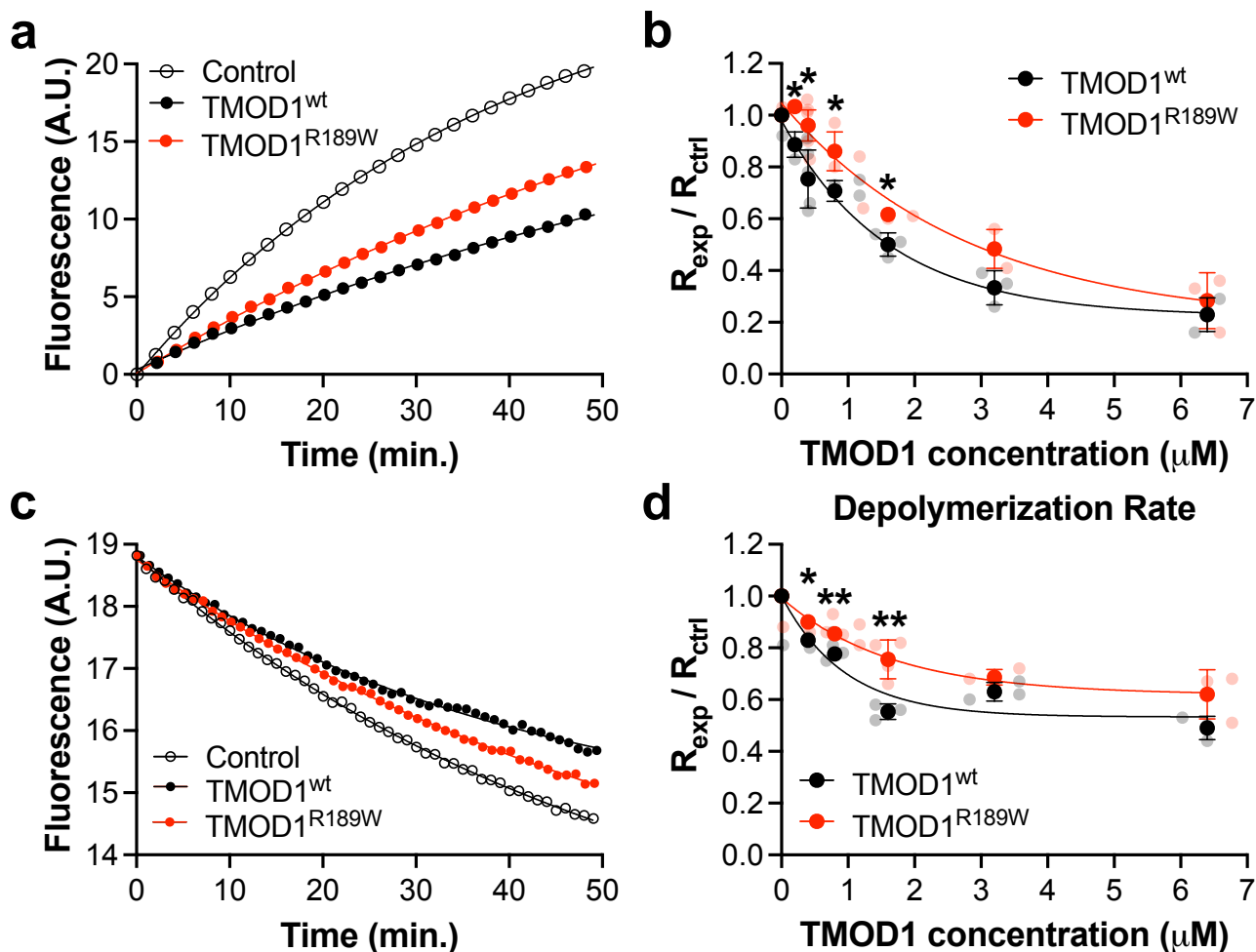
Family 2, Whole-Exome Sequencing
 chr9:100326397, *TMOD1*, c.565C>T, p.Arg189Trp



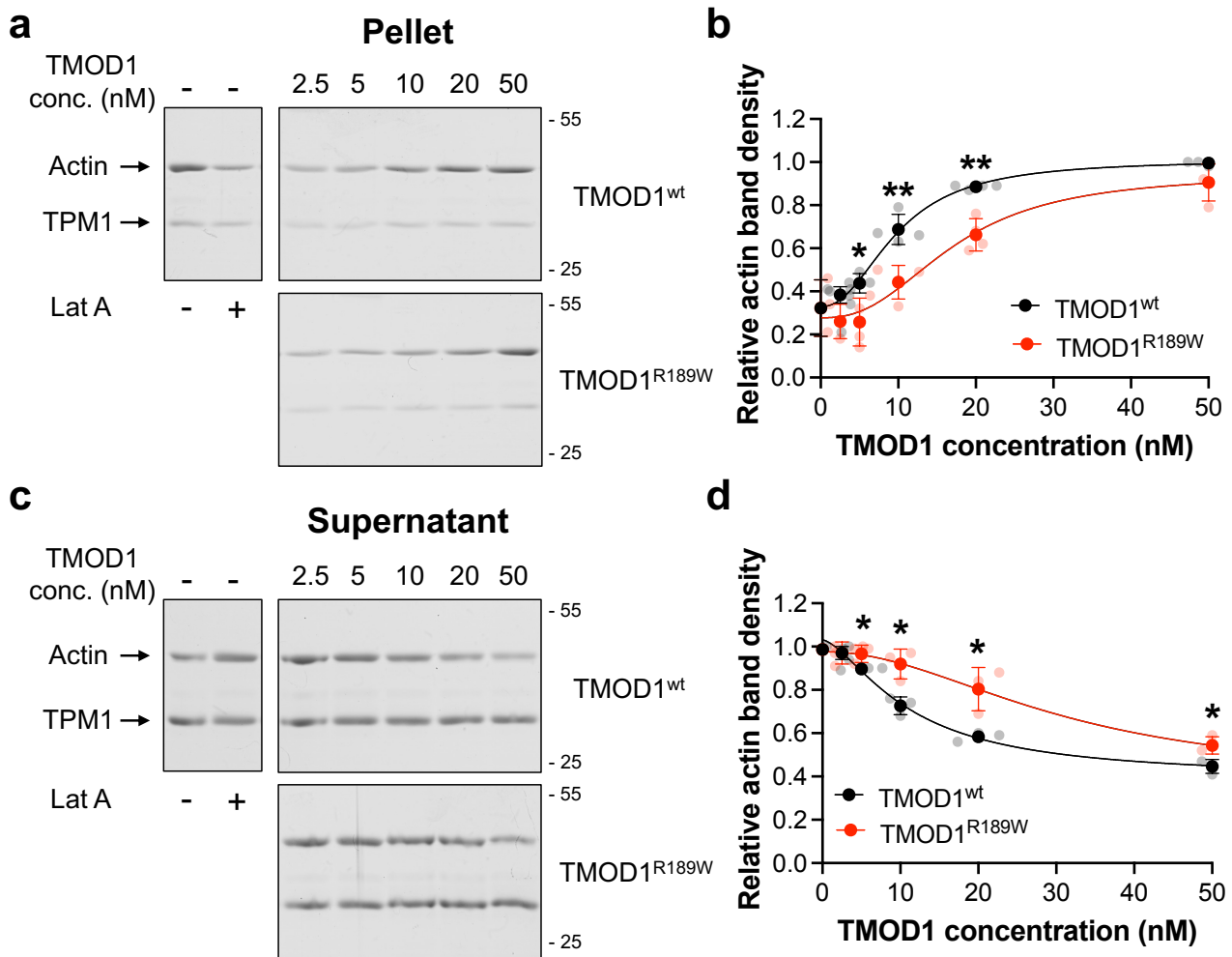
Supplementary Figure 3. Whole-exome sequencing data of Family 2. Integrated Genome Viewer visualization of WES data showing the *TMOD1* variant in Family 2. Patients 2 and 3 are homozygous for *TMOD1* variant c.565C>T, p.Arg189Trp. The parents are heterozygous carriers.



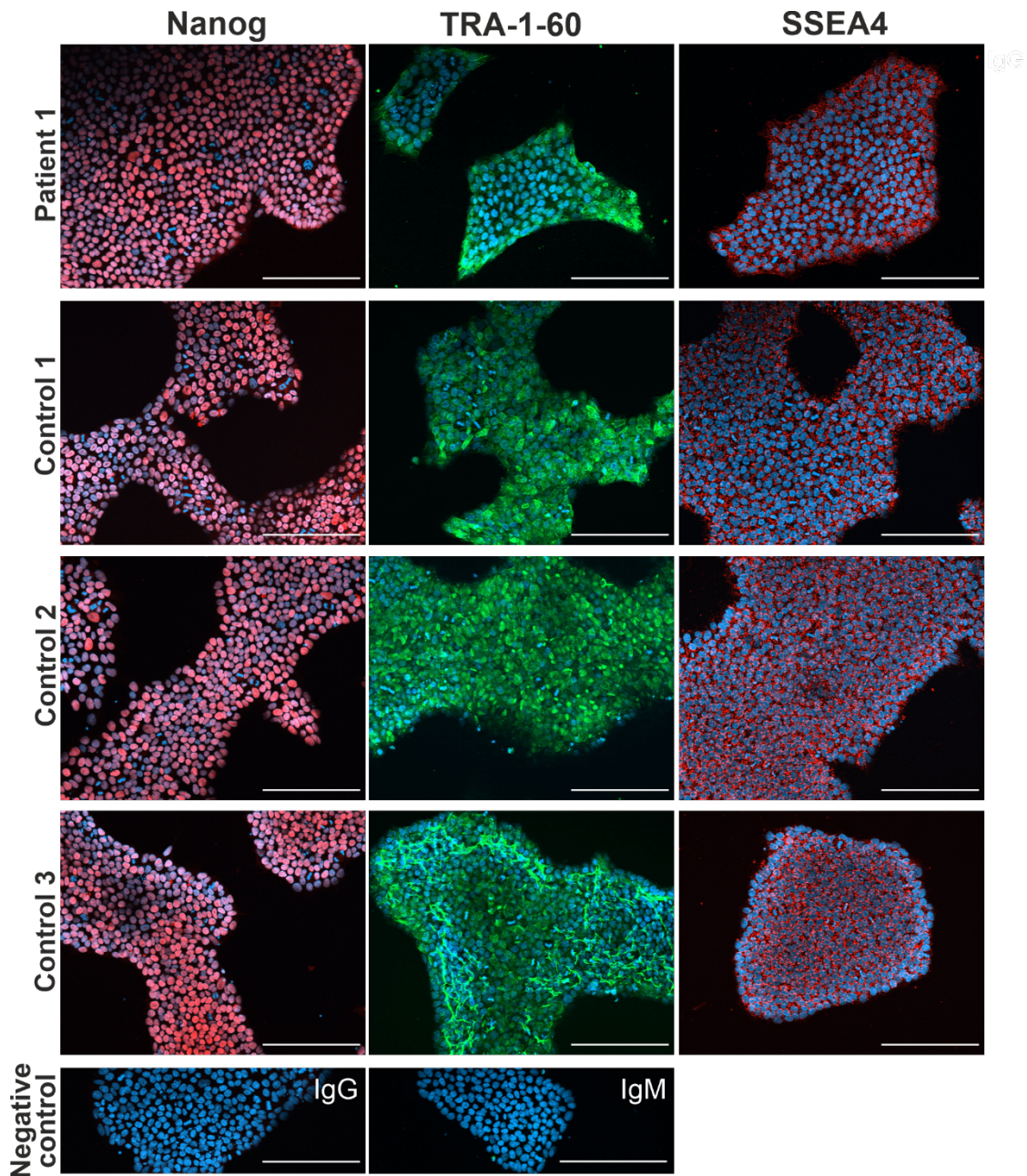
Supplementary Figure 4. Intracellular localization of TMOD1 does not disrupt the sarcomeric structure in iPSC-cardiomyocytes. TMOD1 localization in red in relation to cardiac troponin T (cTnT) in green in the Patient 1 and in control iPSC-cardiomyocytes. Scale bar = 50 μm and 10 μm . The white sarcomeric bars are drawn in controls at the same size as in the patient, to highlight approximately similar sarcomeric lengths. Asterisk: non-sarcomeric TMOD1.



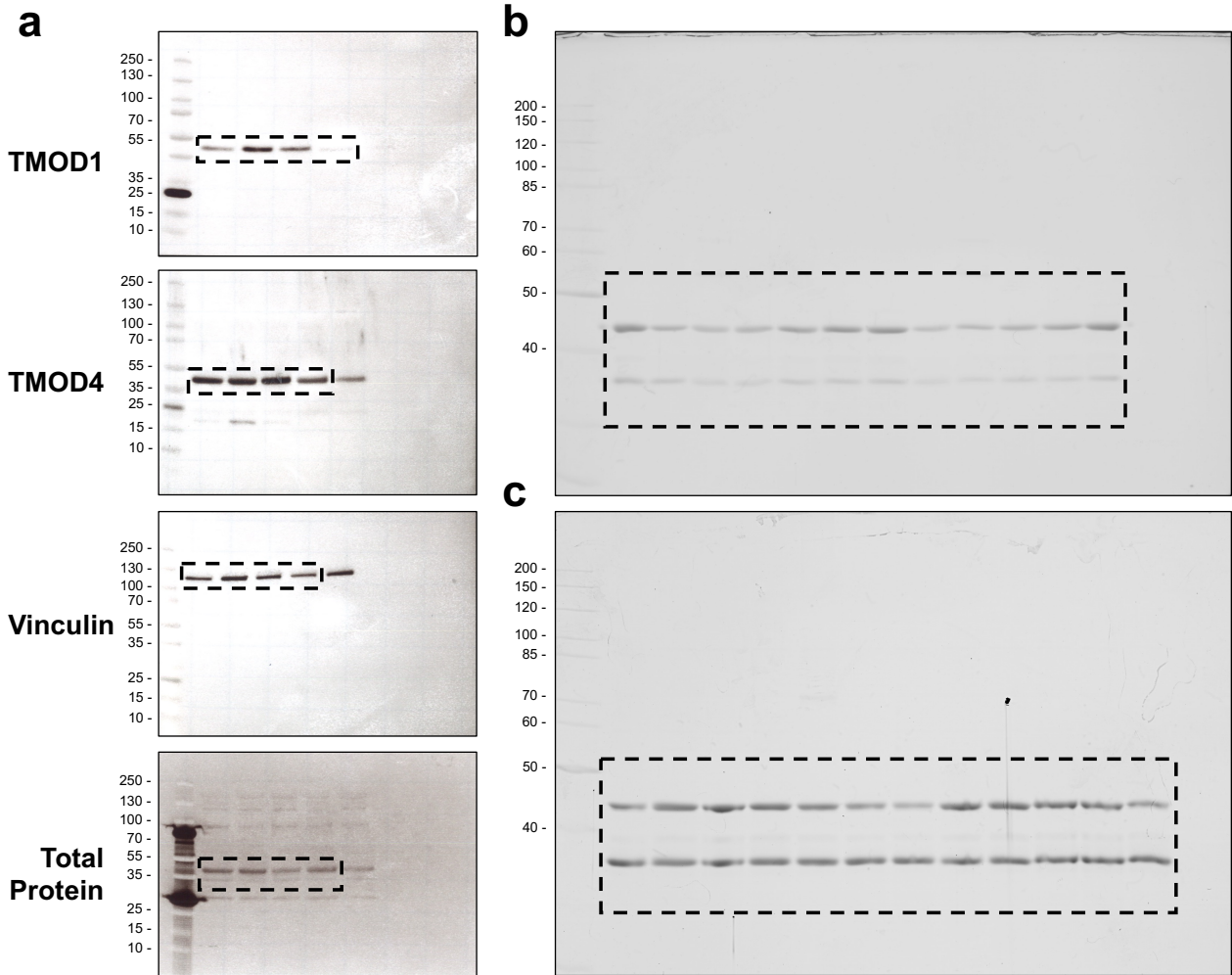
Supplementary Figure 5. The p.R189W variant weakens TMOD1's ability to cap the pointed ends of long actin filaments in the absence of TPM1. **a** Representative curves of pyrene-actin fluorescence (A.U.: arbitrary units) from pointed ends of gelsolin-capped actin filaments (1:100 gelsolin:actin molar ratio) over time (min) in the presence of 0.8 μM TMOD1^{wt} or TMOD1^{R189W} (control: spontaneous actin pointed end polymerization) **b** Concentration-dependent inhibition of actin polymerization in the presence of TMOD1^{wt} or TMOD1^{R189W} (p -values = 0.0101, 0.0483, 0.0118, 0.0495, 0.0607, 0.2809, respectively). **c** Representative curves of decrease in pyrene-actin fluorescence (A.U.) resulting from depolymerization from the pointed ends of gelsolin-capped actin filaments (1:100 gelsolin:actin molar ratio) over time (min) in the presence of 1.6 μM TMOD1^{wt} or TMOD1^{R189W} (control: spontaneous actin pointed end depolymerization) **d** Concentration-dependent inhibition of actin depolymerization in the presence of TMOD1^{wt} or TMOD1^{R189W} (p -values = 0.0152, 0.0087, 0.0076, 0.1064, 0.1005, respectively). Actin polymerization or depolymerization rates relative to the control ($R_{\text{exp}} / R_{\text{control}}$) were calculated as the first derivatives at time zero after exponential fit. Data shown are mean \pm standard deviation ($n=3$ independent experiments, $*p<0.05$, $**p<0.01$, Student's t-test). Control, TMOD1^{wt} and TMOD1^{R189W} are shown in white, black and red circles, respectively.



Supplementary Figure 6. The p.R189W variant weakens TMOD1's ability to inhibit Lat A-induced actin depolymerization from filament pointed ends. Coomassie-stained sodium dodecyl sulfate-polyacrylamide gels for **a** F-actin-containing pellet or **c** G-actin-containing supernatant samples resulting from ultracentrifugation of actin filaments after depolymerization by Lat A in the presence of tropomyosin (TPM1) and increasing concentrations of TMOD1. Concentration-dependent inhibition of actin depolymerization in the presence of TMOD1^{wt} or TMOD1^{R189W} was calculated from actin band densities from the **b** pellet (p -values = 0.0733, 0.0242, 0.0035, 0.0011, 0.0845, respectively) and **d** supernatant (p -values = >0.0999, 0.0412, 0.0147, 0.0204, 0.03016 respectively) samples quantified from sodium dodecyl sulfate-polyacrylamide gel electrophoresis. Data shown are mean \pm standard deviation ($n=3$ or 4 independent experiments, * $p<0.05$, ** $p<0.01$, Student's t-test). TMOD1^{wt} and TMOD1^{R189W} are shown in black and red circles, respectively.



Supplementary Figure 7. Characterization of iPSCs by immunocytochemistry. iPSC lines derived from the fibroblasts of Patient 1 and three controls stained for the pluripotency markers Nanog (nuclear localization), TRA-1-60, and SSEA4 (stage-specific embryonic antigen 4) (surface markers). Scale bar = 500 μ m.



Supplementary Figure 8. Uncropped gels and blots for all figures. The areas used in **a** Fig. 2e, **b** Supplementary Fig. 6a, and **c** Supplementary Fig. 6c are marked by dashed boxes.