

Appendices

Prevalence of genetic susceptibility for breast and ovarian cancer in a non-cancer related study population: secondary germline findings from a Swiss single centre cohort

Dennis Kraemer, Silvia Azzarello-Burra, Katharina Steindl, Paranchai Boonsawat, Markus Zweier, Konstantin J. Dedes, Pascal Joset, Daniel Fink, Anita Rauch

Original article | doi:10.4414/smw.2019.20092

Cite this as: Swiss Med Wkly. 2019;149:w20092

Appendix 1

Table S1: Individuals with documentation of family history of cancer.		
	n	%
Total no. of individuals	28/400	7.0
Carrier ID	Known family history of cancer	
41653	Uncle pat: lung cancer (smoker, D/O ~65); cousin pat: leukaemia (Dx nk)	
63408	Brother: brain tumour (D/O 43)	
53804	Father: lung cancer (smoker, Dx nk)	
53805	Niece: ovarian cancer (Dx 12/13, parents 1st cousins); mother: liver cancer (Dx ~85)	
57429	Grandmother pat: intestinal cancer (D/O 66)	
60545	Brother: testicular cancer (D/O 31)	
60546	Uncle pat: other (D/O >60); grandmother mat: oesophageal cancer (smoker, D/O >80)	
62040	Father: lung cancer (Dx nk)	
65390	Mother: benign breast cancer (Dx nk)	
65391	Mother: intestinal cancer (Dx nk); father: prostate cancer (Dx ~60-70)	
65760	Grandmother mat: intestinal cancer (Dx 72)	
67255	Mother: non-Hodgkin lymphoma (Dx nk)	
68567/68568	Son (brother of NDD index): astrocytoma (Dx 3)	
71741	Father: other (D/O nk)	
71136	Mother: breast cancer (Dx nk)	
72678	Grandmother mat: recurrent breast cancer (exposition to radioactive material, Dx ~50)	
73328	Father: liver cancer (D/O nk)	
74232	Aunt pat: breast cancer (D/O ~40), grandmother mat: breast cancer (D/O 49)	
74275	Father: benign thyroid cancer; aunt pt: lung cancer? (non-smoker, D/O ~40)	
74623	Grandfather mat: pancreatic cancer (Dx nk)	
74624	Mother: breast cancer (D/O ~20)	
74639	Uncle mat: intestinal cancer (D/O 45)	
74657	Grandfather mat: lung cancer (non-smoker, D/O 42); grandmother mat: colon cancer (D/O ~70)	
74658	Grandmother mat: breast cancer/leukemia (D/O ~60)	
74659	Grandmother pat: pancreatic cancer (D/O ~85)	
76029	Several uncles and aunts: other (D/O nk)	
78686	Father: glioblastoma (D/O 58)	
D/O = (age of) death of diagnosis (years); Dx = (age at) diagnosis (years); mat = maternal; NDD = neurodevelopmental delay; nk = not known; pat = paternal		

Appendix 2

Table S2: Synopsis of all detected secondary variants including annotations and criteria for pathogenicity assessment.

Variant Specification										Population Databases						Computational Evidence								Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity	
Carrier ID (quality parameters of the individual variant: Cov./Score/SRL)	Gene	Mutation HGVS ∇	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count (#/# hom)	SIFT v6.2.0 \uparrow	MutTaster v2013 \uparrow	PolyPhen-2 v2.2.21 Hum/Var	CADD Phred	GERP+ \uparrow RS	Align-GVGD v2007 \uparrow S	UMD predictor	Prediction CONSENSUS \uparrow	HGMD PRO v2017.3: variant/class/acc.	Locus specific databases (LSDB, assessed by the LOVD) \uparrow	NCBI-ClinVarE	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION	
65137 (143/17/42.66)	BRCA1	c.21C>T	het	syn	E2	chr17:41276093	rs149402012	p.R7+	—	—	0.00	52.2/63/1	56.72/157/1; AFR: 0.60%	334.0/2/0	na	na	na	na	na	na	poly	na	na	not listed	benign/LCS; inconsistent*: 7/7(4), 1/1(1); 1-neutral*	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
72266 (342/20.2/33.92)	BRCA1	c.135-12delT #	het	nonc	I3	chr17:41258562	—	nonc	—	—	—	—	—	—	na	na	na	na	na	na	na	na	na	not listed	not listed	not listed	novel; no evident splicing effect <i>in silico</i> ^(BP7)	VUS
67202 (474/21.2/42.41)	BRCA1	c.181T>G	het	miss	E5	chr17:41258504	rs28897672	p.C61G	IPR018957	—	—	6.722/8/0	3.255/8/0	—	del	path	B	25.0	5.17	C6S	path	6+	dam	DM/CM940172	pathogenic; inconsistent*: +/+ (>>30), +/- (>30), +/?(3), +/?(3), 7/(3), 7/(2), 7/(8); 5-causal*; class 5 [†] ; class 5 [†]	path	classified as "pathogenic" by expert panel; recurrent variant with established pathogenicity	PATHOGENIC
75128 (571/22.0/41.86)	BRCA1	c.532G>A #	het	miss	E8	chr17:41251807	—	p.V178I	—	—	—	—	—	—	tol	poly	B	21.2	4.19	CO	poly	2+	undet	not listed	not listed	not listed	novel	VUS
39649 (494/21.4/54.66)	BRCA1	c.536A>G	het	miss	E8	chr17:41251803	rs56187033	p.Y179C	—	0.02	0.03	27.18/33/0	25.97/72/0	50.6/5/0	del	path	PD	25.9	5.16	C3S	path	7+	dam	DM7/CM03786	benign/LCS; inconsistent*: -/(8), 7/(6), -/(14), +/?(1); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
58993 (498/21.4/47.79)	BRCA1	c.536A>G	het	miss	E8	chr17:41251803	rs56187033	p.Y179C	—	0.02	0.03	27.18/33/0	25.97/72/0	50.6/5/0	del	path	PD	25.9	5.16	C3S	path	7+	dam	DM7/CM03786	benign/LCS; inconsistent*: -/(8), 7/(6), -/(14), +/?(1); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
66650 (214/18.6/60.28)	BRCA1	c.693G>A	het	syn	E11	chr17:41246855	rs62625298	p.T231=	—	—	—	4.004/4/0	8.01/22/0	10.1/0/0	na	na	na	na	na	na	poly	na	na	DM7/C5125434	likely benign; inconclusive*; probably neutral*: -/(4); 1-neutral*	LB	MAF within pathogenic range (PM2); functional studies: BRCA1a11 increased [1-3], clinical relevance unclear (P337)	VUS
68840 (545/21.8/49.72)	BRCA1	c.693G>A	het	syn	E11	chr17:41246855	rs62625298	p.T231=	—	—	—	4.004/4/0	8.01/22/0	10.1/0/0	na	na	na	na	na	na	poly	na	na	DM7/C5125434	likely benign; inconclusive*; probably neutral*: -/(4); 1-neutral*	LB	MAF within pathogenic range (PM2); functional studies: BRCA1a11 increased [1-3], clinical relevance unclear (P337)	VUS
74275 (353/20.3/47.88)	BRCA1	c.736T>G	het	miss	E11	chr17:41246812	rs28897675	p.L246V	—	0.02	0.03	21.81/26/0	29.71/82/0	60.7/5/0	tol	poly	PvD	8.0	2.26	CO	poly	2+	undet	DM7/CM045534, DM/CS042532	benign/LCS; inconsistent*: -/(4), 7/(1), 7/(3), +/(3); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel; detected in trans with deleterious BRCA1 variants [4-5, UMD database] (BP2); various functional studies show no deleterious effect (6-7), inconsistency of splicing studies (8-9) (BS3)	LIKELY BENIGN
75894 (443/21.0/45.60) [#]	BRCA1	c.823G>A	het	miss	E11	chr17:41246725	rs8176153	p.G275S	—	0.04	—	66.91/81/1	59.55/146/2; SAS: 0.48%	—	tol	poly	PvD	18.0	3.98	CO	prob path	3+	undet	DM/CM0760330	not yet reviewed; inconclusive*; 1-neutral*	conf.: B(1), LB(6), VUS(1)	high to very high MAF in SAS, gnomAD 2 homozygous individuals; no statistical increased prevalence in affected individuals in a case-control study from a multi-ethnic South Asian cohort [10]	LIKELY BENIGN
75895 (415/20.8/58.31) [#]	BRCA1	c.823G>A	het	miss	E11	chr17:41246725	rs8176153	p.G275S	—	0.04	—	66.91/81/1	59.55/146/2; SAS: 0.48%	—	tol	poly	PvD	18.0	3.98	CO	prob path	3+	undet	DM/CM0760330	not yet reviewed; inconclusive*; 1-neutral*	conf.: B(1), LB(6), VUS(1)	high to very high MAF in SAS, gnomAD 2 homozygous individuals; no statistical increased prevalence in affected individuals in a case-control study from a multi-ethnic South Asian cohort [10]	LIKELY BENIGN
72979 (527/21.6/51.99)	BRCA1	c.981A>G	het	syn	E11	chr17:41246567	rs18000663	p.T327=	—	0.06	0.06	84.84/103/1	90.56/251/1; ASI: 1.08%	182.0/18/0	na	na	na	na	na	na	poly	na	na	not listed	benign/LCS; inconsistent*: 7/7(17), -/(2), -/(2); 1-neutral*	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
74409 (613/22.2/44.86)	BRCA1	c.1418A>T	het	miss	E11	chr17:41246130	rs80357057	p.N473I	IPR025994	—	—	1.648/2/0	2.166/6/0	—	tol	poly	PvD	17.8	2.21	CO	path	3+	undet	not listed	not yet reviewed; inconclusive*; 3-VUS [†]	unc.	MAF within pathogenic range (PM2); not yet reviewed by expert panel, consistently classified as "VUS" in LSDB and NCBI-ClinVar	VUS
61859 (260/19.3/47.69)	BRCA1	c.1418A>T	het	miss	E11	chr17:41246130	rs80357057	p.N473I	IPR025994	—	—	1.648/2/0	2.166/6/0	—	tol	poly	PvD	17.8	2.21	CO	path	3+	undet	not listed	not yet reviewed; inconclusive*; 3-VUS [†]	unc.	MAF within pathogenic range (PM2); not yet reviewed by expert panel, consistently classified as "VUS" in LSDB and NCBI-ClinVar	VUS
39649 (217/18.7/38.25)	BRCA1	c.1456T>C	het	miss	E11	chr17:41246092	rs55906931	p.F486L	IPR025994	0.02	0.03	29.66/36/0	27.79/77/0	50.6/5/0	tol	poly	B	0.0	-3.69	CO	poly	0+	B	not listed	benign/LCS; inconsistent*: -/(4), -/(10), 7/(3), 7/7(1); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
58993 (189/18.1/46.03)	BRCA1	c.1456T>C	het	miss	E11	chr17:41246092	rs55906931	p.F486L	IPR025994	0.02	0.03	29.66/36/0	27.79/77/0	50.6/5/0	tol	poly	B	0.0	-3.69	CO	poly	0+	B	not listed	benign/LCS; inconsistent*: -/(4), -/(10), 7/(3), 7/7(1); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
66650 (110/16.2/36.36)	BRCA1	c.1456T>C	het	miss	E11	chr17:41246092	rs55906931	p.F486L	IPR025994	0.02	0.03	29.66/36/0	27.79/77/0	50.6/5/0	tol	poly	B	0.0	-3.69	CO	poly	0+	B	not listed	benign/LCS; inconsistent*: -/(4), -/(10), 7/(3), 7/7(1); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
39649 (231/18.8/52.38)	BRCA1	c.1648A>C	het	miss	E11	chr17:41245900	rs56012641	p.N550H	—	0.02	0.03	27.27/33/0	25.66/71/0	50.6/5/0	tol	poly	PD	21.8	1.32	CO	poly	2+	undet	DM7/CM0252188	benign/LCS; inconsistent*: -/(4), -/(10), 7/(3), 7/7(1); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
58993 (276/19.4/48.55)	BRCA1	c.1648A>C	het	miss	E11	chr17:41245900	rs56012641	p.N550H	—	0.02	0.03	27.27/33/0	25.66/71/0	50.6/5/0	tol	poly	PD	21.8	1.32	CO	poly	2+	undet	DM7/CM0252188	benign/LCS; inconsistent*: -/(4), -/(10), 7/(3), 7/7(1); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
66650 (210/18.5/48.57)	BRCA1	c.1648A>C	het	miss	E11	chr17:41245900	rs56012641	p.N550H	—	0.02	0.03	27.27/33/0	25.66/71/0	50.6/5/0	tol	poly	PD	21.8	1.32	CO	poly	2+	undet	DM7/CM0252188	benign/LCS; inconsistent*: -/(4), -/(10), 7/(3), 7/7(1); 1-neutral*; class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
74985 (301/19.7/45.18)	BRCA1	c.1881C>G	het	syn	E11	chr17:41245667	rs80356838	p.V627=	—	—	—	6.596/8/0	3.972/11/0	—	na	na	na	na	na	na	poly	na	na	not listed	not yet reviewed; inconclusive*	unc.	MAF within pathogenic range (PM2); not yet reviewed by expert panel, consistently classified as "VUS" in NCBI-ClinVar; predicted δ gnom. CSDS ² (PP3)	VUS
70207 (272/19.4/48.53)	BRCA1	c.2171C>T	het	miss	E11	chr17:41245377	rs751104940	p.P724L	—	—	—	—	0.8139/2/0	—	tol	poly	PD	23.7	3.41	CO	poly	3+	undet	DM7/CM1715334	not yet reviewed	not listed	MAF within pathogenic range (PM2); not yet reviewed by expert panel; CB: OC-affected female suspected of HBOC (Dx 19; FIGO I, mucinous), FH: father diagnosed with gastric cancer, seg n/d [11]	VUS
74844 (477/21.3/49.06)	BRCA1	c.2268G>C	het	miss	E11	chr17:41245280	rs80356884	p.R756S	—	—	—	—	1.805/5/0	—	tol	poly	B	8.2	0.56	CO	poly	0+	B	not listed	not yet reviewed; probably neutral*: -/(1); 3-VUS*	conf.: LB(1), VUS(5)	MAF within pathogenic range (PM2); not yet reviewed by expert panel, inconsistently classified in LSDB and NCBI-ClinVar (predominantly classified as "VUS"); CB: Portuguese BC-affected female suspected of HBOC, FH: \geq 2 BC-affected relatives; seg n/d (classified as "VUS") [12-13]	VUS
73075 (1201/24.5/44.63)	BRCA1	c.2584A>G	het	miss	E11	chr17:41244964	rs80356927	p.X862E	—	—	—	9.891/12/0	6.141/17/0	—	tol	poly	PD	15.9	4.09	CO	prob poly	2+	undet	not listed	benign/LCS; inconsistent*: -/(1), -/(2), 7/(1), 7/7(2); 2-likely neutral*, class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
75045 (491/21.5/45.82)	BRCA1	c.2719G>A ∇	het	miss	E11	chr17:41244829	—	p.E907K	—	—	—	—	—	—	tol	poly	PD	22.6	3.65	CO	poly	3+	undet	not listed	not listed	not listed	novel	VUS
74409 (372/20.5/41.13)	BRCA1	c.2733A>G	het	syn	E11	chr17:41244815	rs1800740	p.G911=	—	0.06	0.06	84.87/103/1	90.78/251/1; ASI: 1.09%	182.0/18/0	na	na	na	na	na	na	poly	na	na	not listed	likely benign; inconsistent*: 7/7(14), -/(1); -/(2); 1-neutral*	LB	classified as "benign/LCS" by expert panel	LIKELY BENIGN
74742 (392/20.7/45.41)	BRCA1	c.2746A>G	het	miss	E11	chr17:41244802	rs398122666	p.N916D	—	—	—	—	—	—	tol	poly	B	1.3	1.44	CO	poly	0+	B	not listed	not listed	unc.	absent in population databases (PM2); insufficient evidence	VUS
68618 (223/18.5/58.74)	BRCA1	c.2883C>T	het	syn	E11	chr17:41244665	rs201190540	p.N961=	—	—	0.00	1.649/2/0	1.083/3/0	—	na	na	na	na	na	na	poly	na	na	not listed	likely benign; inconsistent*: 7/(1), 1/1(1); 3-VUS [†]	LB	classified as "likely benign" by expert panel; no evident splicing effect <i>in silico</i> (BP7); nonsegregation with disease [14] (BS4); co-occurrence with pathogenic BRCA1 variant (phase unknown) (UMD database) (BP2)	LIKELY BENIGN
72979 (300/19.7/56.67)	BRCA1	c.3024G>A	het	miss	E11	chr17:41244524	rs1800704	p.M1008I	—	0.06	0.06	85.81/104/1	91.02/252/1; ASI: 1.08%	182.0/18/0	tol	poly	B	0.0	-4.11	CO	poly	0+	B	DM7/CM0867198	benign/LCS; inconsistent*: -/(7), -/(19), 7/(1), 7/7(1); 1-neutral*; class 1 [†] ; class 1 [†]	LB	classified as "benign/LCS" by expert panel	LIKELY BENIGN
74409 (359/20.3/43.45)	BRCA1	c.3024G>A	het	miss	E11	chr17:41244524	rs1800704	p.M1008I	—	0.06	0.06	85.81/104/1	91.02/252/1; ASI: 1.08%	182.0/18/0	tol	poly	B	0.0	-4.11	CO	poly	0+	B	DM7/CM0867198	benign/LCS; inconsistent*: -/(7), -/(19), 7/(1), 7/7(1); 1-neutral*; class 1 [†] ; class 1 [†]	LB	classified as "benign/LCS" by expert panel	LIKELY BENIGN
75676 (261/19.3/47.13)	BRCA1	c.3083G>A	het	miss	E11	chr17:41244465	rs80357459	p.R1028H	—	0.08	—	17.3/21/0	48.77/135/0; LAT: 0.35%	182.0/18/0	tol	poly	PD	10.9	-4.10	CO	poly	0+	B	not listed	benign/LCS; inconsistent*: -/(2), -/(3), -/(2), 7/(1), 7/7(1); 2-likely neutral*, class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
73106 (267/19.5/44.57)	BRCA1	c.3302G>A	het	miss	E11	chr17:41244246	rs41293447	p.S1101N	—	—	0.02	15.68/19/0	15.20/42/0	30.4/3/0	tol	poly	B	7.2	-0.43	CO	poly	0+	B	not listed	benign/LCS; inconsistent*: -/(2), -/(7), -/(3), 7/7(2), 7/7(2); 1-neutral*, class 1 [†] ; class 1 [†]	B	classified as "benign/LCS" by expert panel	LIKELY BENIGN
66199 (941/23.7/44.00)	BRCA1	c.3597T>A	het	syn	E11	chr17:41243951	—	p.A1199=	—	—	—	—	—	—	na	na	na	na	na	na	na	na	na	not listed	not listed	LB	consistently classified as "likely benign" in NCBI ClinVar (BP6); no evident splicing effect <i>in silico</i> ^(BP7)	LIKELY BENIGN
62239 (1030/24.0/46.12)	BRCA1	c.3657G>C	het	miss	E11	chr17:41243891	rs80356876	p.E1219D	—	—	0.01	2.473/3/0	2.032/5/0															

Variant Specification											Population Databases					Computational Evidence							Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity			
Carrier ID (quality parameters of the individual variant: Cnv, S, P, O, A)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count/# hom	SIFT v6.2.0 ¶	MutTaster v2013*	PolyPhen-2 v2.2.1 HumVar	CADD Phred	GERP+ +_RS	Align-GVD v200715	UMD predictor	Prediction CONSENSUS¶	HGMDB PRO v2017.3: variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD)§	NCBI-ClinVar¶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION		
65760 (124/15/7/29/84) 71655 (509/21.5/46.56) 72497 (322/20.1/39.13) 73799 (173/17.9/52.02) 74115 (924/73.7/43.51)	BRCA1	c.4535G>T	het	miss	E15	chr17:41226488	rs1800744	p.S1521	—	0.06	0.40	215.1/261/1	232.4/644/1	455.0/44/0	del	poly	B	9.0	3.98	CO	poly	2+	undet	DM7/CM09601838	benign/LCS; inconsistent: -/(-11), -/(-30), 7/7(1), 7/4(1); 1-neutral; class 1 [§]	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN	
74925 (1445/25.2/51.97)	BRCA1	c.4883T>C	het	miss	E16	chr17:41223048	rs4986854	p.M1628T	—	0.26	0.03	152.4/185/0	143.6/398/0	70.8/7/0	tol	poly	B	-2.3	0.00	CO	poly	0+	B	DM7/CM06500009	benign/LCS; inconsistent: -/(-2), -/(-7), 7/1(1); 1-neutral; class 1 [§]	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN	
75672 (377/20/3/55.70)	BRCA1	c.5022C>T	het	syn	E17	chr17:41219677	rs786203868	p.I1674+	IPR001357	—	—	—	1.219/3/0	—	na	na	na	na	na	na	na	na	na	na	not listed	likely benign; inconclusive; 3-VUS*	LB	classified as "benign/LCS" by expert panel; no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN
75672 (351/20/2/38.75)	BRCA1	c.5468-10C>A	het	nonc	I23	chr17:41197829	rs8176316	nonc	—	0.56	0.02	140.9/171/3	146.6/405/3; AFR: 1.46%	890.0/6/0	na	na	na	na	na	na	na	na	na	na	DM7/CS086718	benign/LCS; inconsistent: -/(-1), -/(-4), -/(-7)(1), 7/7(1); 1-neutral*	B	classified as "benign/LCS" by expert panel; functional studies show no splicing impact [17] (BS3)	(LIKELY) BENIGN
59805 (327/20.0/44.04) 71052 (238/18.9/42.02)	BRCA2	c.68-7T>A	het	nonc	I2	chr13:32893207	rs81002830	nonc	—	0.12	0.15	238.2/282/0	286.5/787/3; NFE:0.24%; ASI: 1.37%	425.0/41/0	na	na	na	na	na	na	na	na	na	na	DM7/CS033491	not yet reviewed; inconsistent: 7/7(13), /(-1), 7/4), -/(-1); 3-VUS; class 1 [§]	confli.: B(8), LB(9), VUS(4)	high to very high MAF in population databases/Flossies; gnomAD: 3 homozygous individuals; recent case-control study shows no association with BC risk [18]; nonsegregation with disease [14]	(LIKELY) BENIGN
53805 (301/19.7/48.50)	BRCA2	c.198A>G	het	syn	E3	chr13:32893344	rs28897700	p.Q66+	—	0.02	0.03	107.2/130/2	99.93/277/5; SAS: 0.77%	20.2/2/0	na	na	na	na	na	na	poly	na	na	na	DM7/CM1735838	benign/LCS; inconsistent: -/(-4), -/(-6), -/(-7)(-30), /(-1); 2-likely neutral; class 3 [§]	B	classified as "benign/LCS" by expert panel, <i>in silico</i> predicted de novo CSAs [§]	(LIKELY) BENIGN
41390 (170/17.7/42.94)	BRCA2	c.201G>A	het	syn	E3	chr13:32893347	—	p.R67+	—	—	—	—	—	—	na	na	na	na	na	na	poly	na	na	na	not listed	not yet reviewed	LB	consistently classified as "likely benign" in NCBI-ClinVar (BP6); no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN
75548 (198/18.2/51.01)	BRCA2	c.223G>C	het	miss	E3	chr13:32893369	rs28897701	p.A75P	—	0.02	0.05	16.5/20/0	24.18/67/0	70.8/7/0	tol	path	PtD	20.2	5.59	CO	prob poly	4+	undet	DM7/CM0455358	benign/LCS; inconsistent: -/(-7), -/(-7), 7/3), 7/7(1); 1-neutral; class 1 [§] , class 3 [§]	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN	
75387 (463/21.1/43.63)	BRCA2	c.339A>G	het	syn	E4	chr13:3289235	rs786203060	p.R113+	—	—	—	—	0.4068/1/0	—	na	na	na	na	na	na	na	na	na	na	not listed	likely benign	LB	classified as "likely benign" by expert panel (BP6); no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN
72585 (253/18.8/100.00)	BRCA2	c.631+7A>G	hom	nonc	I7	chr13:32900757	rs431825339	nonc	—	—	—	—	—	—	na	na	na	na	na	na	na	na	na	na	not listed	not yet reviewed; inconclusive; 3-VUS*	confli.: LB(1), VUS(4)	absent in population databases (PM2); not yet reviewed by expert panel, inconsistently classified in NCBI ClinVar (predominantly classified as "VUS"); no evident splicing effect <i>in silico</i> (BP7); CB: BC-affected NW European female (Dx <50), FH: "low risk" (also carrying ATM VUS c.3154-4G>A [19]); insufficient/conflicting evidence	VUS
59803 (36/12.6/38.89) 71742 (178/18.0/35.96) 73869 (NW/18.0/41.95)	BRCA2	c.978C>A	het	miss	E10	chr13:32906593	rs28897706	p.S326R	—	0.02	0.12	80.77/97/1	93.12/241/1	182.0/16/0	tol	poly	B	7.8	-2.86	CO	poly	0+	B	DM7/CM0947368	benign/LCS; inconsistent: -/(-6), -/(-10), -/(-1), 7/7(1); 1-neutral; class 1 [§] , class 3 [§]	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN	
75150 (413/20.9/44.07)	BRCA2	c.1011C>T	het	syn	E10	chr13:32906626	rs41293473	p.N337+	—	0.02	—	3.325/4/0	3.674/10/0	—	na	na	na	na	na	na	na	poly	na	na	not listed	benign/LCS; 1-neutral; PM*	LB	classified as "benign/LCS" by expert panel; no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN
71979 (725/22.7/45.93)	BRCA2	c.1151T>C	het	miss	E10	chr13:32906766	rs41293475	p.S384F	—	—	0.15	67.89/82/0	75.43/209/0	192.0/18/0	tol	poly	PD	23.0	3.52	CO	poly	3+	undet	DM7/CM065036	benign/LCS; inconsistent: -/(-3), -/(-19), 7/1(1), 7/7(1); 1-neutral; class 1 [§] , class 3 [§]	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN	
76771 (1506/25.2/49.73)	BRCA2	c.1166C>A	het	miss	E10	chr13:32906781	rs397507263	p.P389Q	—	—	—	49.67/60/2	41.88/103/3; SAS: 0.33%	—	tol	poly	B	1.4	-0.63	CO	poly	0+	B	not listed	not yet reviewed; 3-VUS*	LB	classified as "likely benign" by expert panel	(LIKELY) BENIGN	
66137 (422/20.8/45.97)	BRCA2	c.1167G>A	het	syn	E10	chr13:32906782	rs397507263	p.P389+	—	—	0.00	4.967/6/0	6.497/18/0	10.1/1/0	na	na	na	na	na	na	na	poly	na	na	not listed	likely benign; inconclusive; 3-VUS*	LB	classified as "likely benign" by expert panel; no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN
68840 (449/21.3/47.66)	BRCA2	c.1292C>T	het	miss	E10	chr13:32906907	—	p.T431I	—	—	—	—	—	—	tol	poly	B	14.0	0.70	CO	poly	0+	B	not listed	not yet reviewed; 3-VUS*	unc.	absent in population databases (PM2); not yet reviewed by expert panel, consistently classified as "VUS" in LSDb and NCBI ClinVar; CB: Southern German BC-affected, FH: 22 BC-cases (including one case with Dx <50 y), seg n/d [20]	VUS	
65137 (191/18.2/54.45) 73799 (176/18.0/56.82)	BRCA2	c.1788T>C	het	syn	E10	chr13:32907403	rs11571642	p.D596+	—	0.82	0.03	215.5/256/3	263.7/716/11; AFR: 2.47%	1570.0/21/2	na	na	na	na	na	na	na	na	na	na	not listed	benign/LCS; inconsistent: -/(-1), -/(-6), -/(-5), 7/7(8); 1-neutral*	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN
69177 (291/19.6/43.99) 69864 (238/19.1/45.80)	BRCA2	c.1792A>G	het	miss	E10	chr13:32907407	rs28897710	p.T598A	—	0.06	0.17	230.9/274/0	224.9/608/1; NFE: 0.27%; FIN: 0.79%	324.0/30/0	tol	poly	B	0.5	-2.76	CO	poly	0+	B	DM7/CM0356899	not yet reviewed (BIC: no clinical importance); neutral: -/(-9), -/(-14); 1-neutral; class 1 [§]	confli.: B(7), LB(2), VUS(1)	classified as of "no clinical importance" by expert panel (BIC), high to very high MAF in NFE/FIN/Flossies; gnomAD: 2 homozygous individuals; nonsegregation with disease [5] (BS4); co-occurrence with different pathogenic BRCA2 variants [5] (BP2)	(LIKELY) BENIGN	
72876 (159/17.5/37.74)	BRCA2	c.2538A>C	het	syn	E11	chr13:32911030	rs11571654	p.S846+	—	0.10	0.02	81.24/98/2	59.11/161/3; SAS: 0.48%	20.2/2/0	na	na	na	na	na	na	na	poly	na	na	not listed	benign/LCS; inconsistent: 7/7(5), -/(-11); 3-VUS*	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN
72876 (246/18.9/52.85)	BRCA2	c.2782G>A	het	miss	E11	chr13:32911274	—	p.V928I	—	—	—	—	—	—	tol	poly	B	8.9	3.50	CO	poly	1+	B	not listed	not yet reviewed	not listed	absent in population databases (PM2); not yet reviewed by expert panel; insufficient evidence	VUS	
60770 (139/17.1/58.27)	BRCA2	c.2883G>A	het	syn	E11	chr13:32911375	rs11571655	p.Q061+	—	0.02	0.17	78.78/95/0	89.88/247/0; NFE: 0.17%	263.0/24/0	na	na	na	na	na	na	na	poly	na	na	not listed	benign/LCS; inconsistent: -/(-2), -/(-4), -/(-12), 7/7 (>30), /(-3), 7/1(1); 1-neutral; class 1 [§]	B	classified as "benign/LCS" by expert panel (BP6); no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN
64753 (79/15.2/29.11) 72405 (171/17.8/33.33)	BRCA2	c.3032C>G	het	miss	E11	chr13:32911524	rs80358548	p.T1011R	IPR002093	—	0.01	2.494/3/0	4.478/11/0	—	del	path	PvD	29.2	5.89	CO	path	6+	dam	DM7/CM035690	not yet reviewed; inconsistent: 7/7(2), 7/1(1), 7/1(1); 3-VUS*	confli.: LB(4), VUS(4)	MAF within pathogenic range (PM2); deleterious <i>in silico</i> prediction consensus (PP3); not yet reviewed by expert panel, conflicting classifications in LSDb and NCBI ClinVar; conflicting functional studies [21-23]; CB: female affected with early-onset BC (Dx 39), no familial cancer history known [24]; HBOC-affected individual from SE Spain (classified as "VUS") [25]; OC-affected Australian female (classified as "VUS") [26]; conflicting evidence	VUS	
72158 (40/12.6/42.50)	BRCA2	c.3055C>G	het	miss	E11	chr13:32911547	rs55638633	p.L1019V	IPR002093	0.02	0.02	16.63/20/0	11.94/93/0	—	tol	poly	B	11.5	3.07	CO	prob poly	1+	B	DM7/CM035694B	benign/LCS; inconsistent: -/(-3), -/(-7), -/(-4), 7/7(1); 1-neutral; class 1 [§]	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN	
77075 (279/19.5/48.03)	BRCA2	c.3302A>G	het	miss	E11	chr13:32911794	rs398122761	p.H1101R	—	—	—	—	0.443/1/0	—	tol	poly	B	16.3	1.89	CO	path	1+	B	DM7/CM173958	not yet reviewed; inconsistent: 7/7(6), 7/7(1); 3-VUS*	confli.: LB(1), VUS(5)	MAF within pathogenic range (PM2); not yet reviewed by expert panel, conflicting classification in LSDb and NCBI ClinVar (predominantly classified as "VUS"); CB: Cypriot BC-affected female suspected of HBOC [27]	VUS	
65523 (284/19.4/51.06)	BRCA2	c.3516G>A	het	syn	E11	chr13:32912008	rs1799952	p.S1172+	—	0.16	0.41	296.1/359/0	271.2/750/4; NFE: 0.31%; ASI: 1.51%	597.0/56/0	na	na	na	na	na	na	poly	na	na	DM7/CM173524B	benign/LCS; inconsistent: -/(-1), -/(-17), -/(-1), 7/7(7), 7/1(1); 2-likely neutral; class 1 [§] , class 3 [§]	B	classified as "benign/LCS" by expert panel; no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN	
55969 (323/20.0/41.49)	BRCA2	c.3711T>C	het	syn	E11	chr13:32912203	rs745588537	p.A1237+	IPR002093	—	—	—	1.092/3/0	—	na	na	na	na	na	na	poly	na	na	na	not listed	likely benign; inconclusive; 3-VUS*	LB	classified as "likely benign" by expert panel; no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN
73949 (75/14.9/48.00) 75150 (319/20.0/34.80) 71144 (109/18.3/53.27) 74996 (288/19.6/37.15) 76300 (66/14.5/50.00)	BRCA2	c.3869G>A	het	miss	E11	chr13:32912361	rs41293485	p.C1290Y	—	0.34	0.01	100.1/88/1	109.1/243/2; AFR: 1.06%	708.0/3/1	tol	poly	B	15.0	2.52	CO	poly	1+	B	DM7/CM118435B	benign/LCS; inconsistent: -/(-1), -/(-3), -/(-2), 7/7(3); 1-neutral*	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN	
	BRCA2	c.4068G>A	het	syn	E11	chr13:32912560	rs28897724	p.L1356+	—	0.04	0.47	304.9/368/2	292.1/706/3; ASI: 0.60%; NFE: 0.43%	607.0/57/0	na	na	na	na	na	na	CO	poly	na	na	DM7/CM173521B	benign/LCS; inconclusive; 1-neutral; class 1 [§]	B	classified as "likely benign" by expert panel	(LIKELY) BENIGN

Variant Specification										Population Databases				Computational Evidence							Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity				
Carrier ID (quality parameters of the individual variant: <i>Cov./Score/S&L</i>)	Gene	Mutation HGVS †	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.1 freq./allele count/# hom	FLOSSIES freq./allele count (#/hom)	SIFT v6.2.0 ‡	MutTaster v2013‡	PolyPhen-2 v2.2.1 HumVar	CADD Phred	GERP+ †_RS	Align-GVGD v20071§	UMD predictor	Prediction CONSENSUS¶	HGMDB PRO v2017.3; variant class/acc.	Locus specific databases (LSDB, assessed by the LOVD)§	NCBI-ClinVar§	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION	
72266 (232/18.8/43.97)	<i>BRCA2</i>	c.4241C>T	het	miss	E11	chr13:32912733	rs70953664	p.T1414M	—	0.24	0.00	70.17/84/0	77.57/209/0; AFR: 0.79%	455.0/4/0	tol	poly	B	0.0	-4.98	CO	poly	0+	B	not listed	benign/LCS ; inconsistent*: 2/?(7), -/(3), -/(1), -/(2); 1-neutral*	B	classified as "benign/LCS" by expert panel	(<u>LIKELY BENIGN</u>)
47478 (264/19.1/57.95)	<i>BRCA2</i>	c.4284dup	het	fs	E11	chr13:32912771	rs80359439	p.Q14295F*9	IPR002093	—	0.01	—	3.232/1/0	—	na	na	na	na	na	na	na	na	na	DM/C1011227	pathogenic ; pathogenic†: +/(4), +/(17); 5-causal†; class 5*	path	classified as "pathogenic" by expert panel	(<u>PATHOGENIC</u>)
75475 (486/21.3/48.77)	<i>BRCA2</i>	c.4719dup	het	fs	E11	chr13:32913211	—	p.K1574*	—	—	—	—	—	—	na	na	na	na	na	na	na	na	na	not listed	5-causal*	not listed	absent in population database (PM2); predicted LoF-variant (PVS1); known to the UMD database as causal (submission ID 19464) (PP5)	(<u>PATHOGENIC</u>)
68241 (325/20.1/47.38)	<i>BRCA2</i>	c.51307C>#	het	syn	E11	chr13:32913622	rs80359485	p.Y1710=	—	—	—	—	—	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	not listed	novel; no evident splicing effect <i>in silico</i> (BP7)	(<u>VUS</u>)
57429 (248/19.0/52.82) 75035 (191/18.1/54.45) 76367 (80/15.0/43.75)	<i>BRCA2</i>	c.5199C>T	het	syn	E11	chr13:32913691	rs2889734	p.S173=	—	0.16	0.54	450.4/538/3	493.9/1348/6; FIN: 1.07%	971.0/87/0	na	na	na	na	na	na	poly	na	na	DM7/CM1735208	benign/LCS , inconclusive*: -/(4), -/(3), -/(1), 2/?(1); 1-neutral* [‡]	B	classified as "benign/LCS" by expert panel;	(<u>LIKELY BENIGN</u>)
53539 (189/18.1/53.44)	<i>BRCA2</i>	c.5312G>A	het	miss	E11	chr13:32913804	rs80358755	p.G1771D	—	0.02	0.06	30.7/37/1	33.64/93/0; ASI: 0.11%	30.4/3/0	tol	poly	B	6.2	-0.34	CO	poly	0+	B	DM7/CM0417318	benign/LCS ; inconsistent*: -/(5), -/(12), -/(4), 2/?(2); 1-neutral*, class 1*	B	classified as "benign/LCS" by expert panel	(<u>LIKELY BENIGN</u>)
75956 (120/16.6/37.50) [¶] 75957 (227/18.7/43.61) [¶]	<i>BRCA2</i>	c.5640T>G	het	miss	E11	chr13:32914132	rs11571657	p.M1880K	—	0.22	0.00	76.29/92/0	94.20/259/1; AFR: 0.90%	526.0/3/0	tol	poly	B	15.4	1.84	CO	poly	0+	B	DM7/CM10169	not yet reviewed ; inconclusive*: 2/?(2), -/(1), -/(3), -/(1); 2-likely neutral*	conf.: B(10), LB(5), VUS(1)	very high MAF in AFR; gnomAD: 1 homozygous individual; benign <i>in silico</i> prediction consensus (BP4); predominantly classified as "likely benign" in LSDB and NCBI ClinVar	(<u>LIKELY BENIGN</u>)
74215 (387/20.5/45.99)	<i>BRCA2</i>	c.5652T>C	het	syn	E11	chr13:32914144	rs76607138	p.L1884=	—	—	—	—	0.8173/2/0	—	na	na	na	na	na	poly	na	na	na	not listed	likely benign ; 3-VUS*	LB	classified as "likely benign" by expert panel; no evident splicing effect <i>in silico</i> (BP7)	(<u>LIKELY BENIGN</u>)
72266 (515/21.5/55.34)	<i>BRCA2</i>	c.5704G>A	het	miss	E11	chr13:32914196	rs4987048	p.D1902N	—	0.62	0.01	166.4/201/0	194.9/539/5; AFR: 2.15%	1170.0/7/2	del	poly	B	13.2	3.98	CO	poly	2+	undet	not listed	benign/LCS , inconsistent*: 2/?(6), -/(6), -/(1), -/(3); 1-neutral*	B	classified as benign/LCS by expert panel	(<u>LIKELY BENIGN</u>)
72875 (175/17.8/43.43)	<i>BRCA2</i>	c.5986G>A	het	miss	E11	chr13:32914478	rs80358833	p.A1996T	—	0.14	—	52.28/63/0	43.36/120/2; SAS: 0.37%	—	del	path	PD	24.5	3.95	C5S	prob path	7+	dam	DM7/CM1427348	not yet reviewed ; inconclusive*: 3-VUS*	conf.: B(2), LB(4), VUS(2)	high MAF in SAS; gnomAD: 2 homozygous individuals; no statistical increased prevalence in affected subjects in a case-control study from a multi-ethnic South Asian cohort [10]	(<u>LIKELY BENIGN</u>)
76300 (60/14.0/60.00)	<i>BRCA2</i>	c.6057C>T	het	syn	E11	chr13:32914549	rs147961615	p.N2019=	—	0.24	0.00	49.75/60/0	41.20/114/0; AFR: 0.46%	223.0/6/0	na	na	na	na	na	poly	na	na	na	not listed	benign/LCS , inconsistent*: 2/?(3), -/(1); 3-VUS*	B	classified as "benign/LCS" by expert panel; no evident splicing effect <i>in silico</i> *	(<u>LIKELY BENIGN</u>)
43268 (269/19.3/49.44)	<i>BRCA2</i>	c.6080G>A	het	miss	E11	chr13:32914572	rs431825337	p.R2027K	—	—	—	—	—	—	tol	poly	B	8.0	-4.10	CO	poly	0+	B	not listed	not yet reviewed	unc.	absent in population databases (PM2); not yet reviewed by expert panel; insufficient evidence	(<u>VUS</u>)
67256 (39/12.7/33.33) 71619 (354/20.4/51.98) 72925 (122/16.5/42.62) 72825 (115/16.3/47.83) 75475 (116/18.2/47.86)	<i>BRCA2</i>	c.6100C>T	het	miss	E11	chr13:32914592	rs1799954	p.R2034C	—	0.14	0.51	324.6/392/0	306.8/849/2	921.0/85/0	tol	poly	B	22.2	1.77	CO	poly	1+	B	DP/M994286	benign/LCS , inconsistent*: -/(15), -/(30), -/(1), 2/?(1), 2/?(5); 1-neutral* [‡] ; class 1*	B	classified as "benign/LCS" by expert panel	(<u>LIKELY BENIGN</u>)
72204 (144/17.1/52.08)	<i>BRCA2</i>	c.6347A>G	het	miss	E11	chr13:32914839	rs55953736	p.H2116R	—	0.68	0.05	133.0/159/1	136.4/371/4; AFR: 1.15%	799.0/4/1	tol	poly	B	20.8	4.33	CO	poly	2+	undet	DM7/CM0223338	benign/LCS ; inconsistent*: -/(3), -/(10), -/(1), 2/?(1); 1-neutral*	B	classified as "benign/LCS" by expert panel	(<u>LIKELY BENIGN</u>)
64604 (97/15.8/37.11)	<i>BRCA2</i>	c.6853A>G	het	miss	E12	chr13:32918706	rs56272235	p.L2285V	—	—	0.02	28.71/33/0	38.09/104/1	60.7/6/0	tol	poly	B	24.7	4.95	CO	prob poly	2+	undet	FP/CM1110951	benign/LCS , inconsistent*: -/(2), -/(7), -/(3), 2/?(1); 2-likely neutral*, class 1*	B	classified as "benign/LCS" by expert panel	(<u>LIKELY BENIGN</u>)
73877 (337/20.1/35.01)	<i>BRCA2</i>	c.6953G>A	het	miss	E13	chr13:32920979	rs80358921	p.R2318Q	—	—	—	1.699/2/0	0.817/2/0	10.1/1/0	del	path	PvD	34.0	5.03	CO	path	6+	dam	DM7/CM065024	not yet reviewed ; inconsistent*: 2/?(2), 2/?(2), +/(1), 3-VUS*; class 2*, class 1*	conf.: LB(4), VUS(3)	multifactorial likelihood models implicate no pathogenicity [28-29]; co-occurrence with pathogenic BRCA2 variants (phase unknown) [26; UMD database] (BP2); nonsegregation with disease [30] (BS4)	(<u>LIKELY BENIGN</u>)
75895 (189/18.2/32.28)	<i>BRCA2</i>	c.7331A>T	het	miss	E14	chr13:65760321	rs431825352	p.D2444V	—	—	—	12.38/15/0	8.957/2/0	—	tol	poly	B	0.8	-0.76	CO	prob path	1+	B	not listed	not yet reviewed	unc.	not yet reviewed by expert panel, consistently classified as "VUS" in NCBI ClinVar; predicted de novo CSDS* (PP3); EB: Indian BC-OC affected female, FA: "familial" or "sporadic" (classified as "VUS" [31])	(<u>VUS</u>)
74742 (428/20.9/52.34)	<i>BRCA2</i>	c.7464A>C	het	miss	E15	chr13:32930593	rs80358969	p.R2488S	IPR015252	—	—	—	0.406/1/0	—	del	path	PvD	25.1	1.70	C3S	path	6+	dam	not listed	not yet reviewed ; inconclusive*	unc.	MAF within pathogenic range (PM2); mutational hot spot (DBD domain) (PM1); deleterious <i>in silico</i> prediction consensus (PP3); functional study implicates no significant HDR activity impairment [32] (BS3?); conflicting/insufficient evidence	(<u>VUS</u>)
75817 (215/18.6/40.00) [¶] 75818 (162/17.5/46.91) [¶]	<i>BRCA2</i>	c.7477A>T	het	miss	E15	chr13:32930606	—	p.M2493L	IPR015252	—	—	—	—	—	tol	path	B	22.2	3.08	CO	poly	3+	undet	not listed	not listed	unc.	absent from population databases (PM2); mutational hot spot (DBD domain) (PM1); consistently classified as "VUS" in NCBI ClinVar	(<u>VUS</u>)
76110 (231/18.7/44.59)	<i>BRCA2</i>	c.7481G>A	het	miss	E15	chr13:32930610	rs80358973	p.R2494Q	IPR015252	—	—	—	0.812/2/0	—	del	path	B	31.0	4.64	C3S	prob path	6+	dam	not listed	not yet reviewed ; pathogenic*: +/(1); 3-VUS*	conf.: LB(2), VUS(2)	MAF within pathogenic range (PM2); mutational hot spot (DBD domain) (PM1); not yet reviewed by expert panel, inconsistently classified in LSDB and NCBI ClinVar (predominantly classified as "VUS"); deleterious <i>in silico</i> prediction consensus (PP3); functional study implies no significant HDR activity impairment [32] (BS3?); EB: Italian HBOC family, seg n/d [33]; <i>in silico</i> prediction model: classified as "VUS" [34]	(<u>VUS</u>)
42566 (229/18.7/46.29) 73776 (626/22.1/48.88) 75547 (274/19.3/54.01) 77729 (624/22.2/46.31)	<i>BRCA2</i>	c.7544C>T	het	miss	E15	chr13:32930673	rs28897744	p.T251S	IPR015252	—	0.06	75.31/91/1	61.37/170/2	121.0/12/0	del	poly	PD	27.5	4.64	CO	poly	4+	undet	DM7/CM9942878	benign/LCS ; inconsistent*: -/(4), -/(12), 2/?(4), +/(1); 2-likely neutral*, class 1*, class 1*	B	classified as "benign/LCS" by expert panel	(<u>LIKELY BENIGN</u>)
80686 (54/13.8/46.3)	<i>BRCA2</i>	c.7626G>A	het	syn	E16	chr13:32931887	rs61754138	p.T254=	IPR015252	0.42	0.00	72.99/88/0	75.54/209/0; AFR: 0.76%	567.0/8/0	na	na	na	na	na	poly	na	na	na	not listed	benign/LCS , inconclusive*: 2/?(2), -/(2), -/(1), -/(2); 1-likely neutral*	B	classified as "benign/LCS" by expert panel	(<u>LIKELY BENIGN</u>)
67043 (220/18.6/52.27)	<i>BRCA2</i>	c.7775A>G ‡	het	miss	E16	chr13:32932036	—	p.D2592G	IPR015252	—	—	—	—	—	del	poly	PD	26.3	2.58	CO	path	5+	dam	not listed	not listed	not listed	absent in population databases (PM2); mutational hot spot (DBD domain) (PM1); insufficient evidence	(<u>VUS</u>)
72969 (590/22.1/45.08)	<i>BRCA2</i>	c.8149G>T	het	miss	E18	chr13:32937488	rs28897747	p.A271S	IPR015187	0.10	0.22	116.1/141/0	113.0/313/0	212.0/20/0	tol	poly	na	na	na	CO	poly	na	na	DM7/CM0439848	benign/LCS , inconclusive*: -/(5), -/(11), 2/?(3); 1-neutral*, class 1*, class 1*	B	classified as "benign/LCS" by expert panel	(<u>LIKELY BENIGN</u>)
35678 (424/20.9/47.41)	<i>BRCA2</i>	c.8182G>A	het	miss	E18	chr13:32937521	rs28897749	p.V2728I	IPR015187	0.06	0.45	203.5/247/1	210.0/581/2; NFE: 0.40%	617.0/58/0	tol	poly	B	0.0	-7.77	CO	poly	0+	B	DM7/CM004715	not yet reviewed (BIC; no clinical importance) ; inconsistent*: -/(9), -/(1), 2/?(2), 2/?(1); 1-neutral*, class 1*	(<u>LB</u>)	classified as of "no clinical importance" by expert panel (BIC); high to very high MAF in NFE/Flossies; benign <i>in silico</i> prediction consensus (BP4); nonsegregation with disease [5] (BS4); co-occurrence with different pathogenic BRCA2 variants [5] (BP2)	(<u>LIKELY BENIGN</u>)
62240 (370/20.4/43.24)	<i>BRCA2</i>	c.8187G>T	het	miss	E18	chr13:32937526	rs80359065	p.K2729N	IPR015187	0.26	—	82.37/100/0	73.08/202/0; EAS: 0.92%	10.1/1/0	del	poly	PvD	21.5	1.54	CO	prob path	4+	undet	DM7/CM0219578	benign/LCS ; inconsistent*: -/(1), -/(1), -/(2), 2/?(1), 2/?(8), +/(1); 3-VUS*, class 1*	B	classified as "benign/LCS" by expert panel; no statistical increased prevalence in affected individuals in a case-control study from a multi-ethnic South Asian cohort [10]	(<u>LIKELY BENIGN</u>)
63408 (478/21.3/52.3)	<i>BRCA2</i>	c.8386C>T	het	miss	E19	chr13:32944593	rs146120136	p.P2796S	—	—	0.01	1.647/2/0	1.625/4/0	10.1/1/0	tol	poly	B	14.5	2.02	CO	benign	1+	B	not listed	not yet reviewed ; 3-VUS*	conf.: LB(3), VUS(3)	MAF within pathogenic range (PM2); not yet reviewed by expert panel, conflicting classification in LSDB and NCBI ClinVar; conflicting/insufficient evidence	(<u>VUS</u>)

Variant Specification										Population Databases					Computational Evidence							Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity										
Carrier ID (quality parameters of the individual variant: Cnv./Score/SB)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count/# hom	SIFT v6.2.0 ¶	MutTaster v2013*	PolyPhen-2 v2.2.21 HumVar	CADD Phred	GERP+*_RS	Align-GVGD v200715	UMD predictor	Prediction CONSENSUS¶	HGMDB PRO v2017.3: variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD)§	NCBI-ClinVar¶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION								
68948 (208/18.5/36.06) 71642 (270/19.2/49.26)	BRCA2	c.8567A>C	het	miss	E20	chr13:32945172	rs11571747	p.E2856A	IPR015205	0.02	0.20	88.21/107/0	112.7/312/0	395.0/37/0	tol	path	PvD	26.6	5.28	C0	prob path	5+	undet	not listed	not yet reviewed (BIC: no clinical importance); inconsistent: -/-(8), /-(5), -/-(5), +/(1); 1-neutral; class 2 ¹ , class 3 ¹	conf.: B(13), LB(10), VUS(1)	classified as of "no clinical importance" by expert panel (BIC); high MAF in NFE/Flossies; predominantly classified as "likely benign" in LSDb and NCBI ClinVar; functional study show no deleterious effect [32] (B5)	(LIKELY) BENIGN							
60824 (700/22.6/43.00)	BRCA2	c.8723T>G	het	miss	E21	chr13:32950897	rs28897753	p.V2908G	—	—	—	1.667/2/0	1.625/4/0	40.5/4/0	del	path	PvD	26.8	5.32	C35	prob path	7+	dam	not listed	not yet reviewed; inconsistent: ?/?(5), -/-(9), ?/-(1); 3-VUS ¹ ; class 2 ¹	conf.: LB(10), VUS(1)	multifactorial likelihood model predicts neutrality [28,35]; functional studies consistently show no deleterious effect [32,36-37] (B5); predominantly classified as "likely benign" in LSDb and NCBI ClinVar	(LIKELY) BENIGN							
74812 (1496/25.2/54.01)	BRCA2	c.8844T>G	het	miss	E22	chr13:32953543	—	p.I2948M	—	—	—	—	—	—	del	poly	B	21.5	3.88	C0	poly	3+	undet	not listed	not yet reviewed	unc.	absent in population databases (PM2); not yet reviewed by expert panel, consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS							
53887 (293/19.6/47.44)	BRCA2	c.9038C>T	het	miss	E23	chr13:32953971	rs28897755	p.T3013I	—	—	0.06	23.26/28/0	23.53/65/1	132.0/12/0	tol	poly	B	17.0	3.91	C0	poly	1+	B	DM7/CM004193B	not yet reviewed (BIC: no clinical importance); inconsistent: -/-(2), -/-(3), ?/-(1), ?/-(1); 1-neutral; class 2 ¹ , class 1 ¹	conf.: B(7), LB(7), VUS(2)	classified as of "no clinical importance" by expert panel (BIC)	(LIKELY) BENIGN							
63623 (405/20.7/49.14)	BRCA2	c.9155G>A	het	miss	E24	chr13:32954181	rs80359171	p.R3052Q	IPR015188	—	—	3.312/4/0	2.032/5/0	—	del	path	PvD	22.3	5.50	C35	path	7+	dam	DM7/CM082513	not yet reviewed; inconsistent: ?/?(4), -/-(4), ?/-(3); 3-VUS ¹ ; class 2 ¹	conf.: LB(4), VUS(4)	mutational hot spot (DBD) (PM1); MAF within pathogenic range (PM2); not yet reviewed by expert panel, conflicting classification in LSDb and NCBI ClinVar; same amino acid change as established pathogenic variant (R3052W) (PM5); deleterious <i>in silico</i> prediction consensus (PP3); conflicting functional data [38-39]; multifactorial likelihood analyses/algorithms based on co-segregation; occurrence analyses and clinical features implicate low clinical significance [28,35,40-41]; conflicting evidence	VUS							
74275 (465/21.1/49.89)	BRCA2	c.9592T>C	het	miss	E26	chr13:32971125	rs80359229	p.C3198R	—	0.008	0.01	4.118/5/0	5.686/14/0	40.5/4/0	tol	poly	B	6.1	2.96	C0	prob poly	1+	B	not listed	benign/LCS; neutral ¹ ; -/-(2), -/-(1); class 1 ¹	B	classified as "benign/LCS" by expert panel	(LIKELY) BENIGN							
47171 (545/21.9/30.83)	BRCA2	c.9965T>G †	het	miss	E27	chr13:32972615	—	p.M3322R	—	—	—	—	—	—	tol	poly	B	13.5	1.43	C0	prob path	1+	B	not listed	not listed	not listed	novel	VUS							
60577 (215/18.6/41.86) 67256 (64/14.3/48.44) 68134 (413/20.9/52.30) 69162 (394/20.7/51.02) 69486 (237/18.9/48.52) 69538 (332/20.1/46.08) 73879 (237/18.9/45.57) 75036 (95/15.8/50.53) 76029 (131/16.8/42.75) 76111 (211/18.6/51.66) 76382 (334/20.1/42.81)	BRCA2	c.9976A>T	het	nons	E27	chr13:32972626	rs11571833	p.K3326*	—	0.44	0.84	701.7/848/8	644.0/1782/13	1240.0/113/1	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	DP/CM993644	benign/LCS, inconsistent ¹ : -/-(14), -/-(13-30); ?/-(1); ?/-(7); 1-neutral; class 1 ¹ ; class 1 ¹	B	case-control studies implicate a slight pleiotropic cancer risk elevation [42-44]	HYPOMORPHIC
68367 (567/19.7/32.45)	BRCA2	c.10095delCins11	het	fs	E27	chr13:32972746	rs276174803	p.S3366Nfs*4	—	—	—	—	—	80.94/8/0	na	na	na	na	na	na	na	na	na	na	na	na	DM7/CK033308B	not yet reviewed (BIC: no clinical importance); inconsistent: ?/?(14), -/-(12); 1-neutral ¹	conf.: B(5), LB(2), VUS(2)	classified as of "no clinical importance" by expert panel (BIC); no case-control/GWAS study available	(LIKELY) BENIGN				
63314 (711/22.6/49.23)	BRCA2	t10110G>A	het	syn	E27	chr13:32972746	rs28897762	p.R3370=	—	0.08	0.28	146.9/178/0	139.4/385/0; NFE: 0.18%	344.0/33/0	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	DM7/CM173607	benign/LCS, inconsistent ¹ : -/-(4), -/-(12), ?/-(2); 1-neutral; class 1 ¹	B	classified as "benign/LCS" by expert panel; high MAF in NFE/Flossies	(LIKELY) BENIGN	
74985 (154/17.5/46.75)	ATM	c.162T>C	het	syn	E3	chr11:108098592	rs3218690	p.Y54=	IP021668	0.12	0.26	166.9/202/1	175.5/486/1; NFE: 0.28%	405.0/40/0/0	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	conf.: B(5), LB(4), VUS(1)	high MAF in NFE/Flossies; gnomAD: 1 homozygous individual; predominantly classified as "likely benign" in NCBI ClinVar; no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN					
75579 (661/22.4/50.53)	ATM	c.670A>G	het	miss	E7	chr11:108115522	rs145053092	p.X224E	—	—	0.02	5.776/7/0	9.031/25/0	20.2/0/0	del	path	PD	23.9	5.36	C15	prob poly	6+	dam	DM7/CM006050	inconclusive*	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" by NCBI ClinVar database; deleterious prediction consensus (PP3); reported with a second deleterious ATM variant in an individual affected with A-T [45] (PM3); cB; TNCB-affected female (Dx S0). FH: relatives affected with pancreas and cervix carcinoma (classified as "VUS"), seg n/d [46]	VUS							
76919 (149/17.3/59.73)	ATM	c.978A>G †	het	miss	E8	chr11:108117767	—	p.I326M	—	—	—	—	—	—	tol	path	PD	23.1	4.56	C0	prob poly	4+	undet	not listed	not listed	not listed	novel	VUS							
65391 (108/16.2/45.37)	ATM	c.998C>T	het	miss	E8	chr11:108117787	rs28904919	p.S333F	—	0.14	0.17	128.1/155/0	158.5/439/1; AMR: 0.32%; FIN: 0.34%	243.0/24/0	del	path	B	25.1	3.85	C15	prob poly	5+	undet	DM7/CM152767B	not listed	(/likely) B	high MAF in AMR/FIN/Flossies; gnomAD: 1 homozygous individual; no statistical association with BC risk in case-control study/nonsignificant with disease (B54) [47]; consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN							
68424 (61/14.2/47.54)	ATM	c.1066-GT>G	het	nons	I8	chr11:108119654	rs20186625	nons	—	0.04	0.26	130.1/146/1	134.0/357/2; NFE: 0.23%	344.0/33/0	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	DM7/CK000846B	inconsistent ¹ : +/(1), -/-(1), -/-(3)	conf.: B(3), LB(4), VUS(6)	high MAF in NFE/Flossies; gnomAD: 2 homozygous individuals; no statistical association with BC risk in case-control studies [47-50]; conflicting segregation data [47,51]; functional <i>in vitro</i> studies imply a "leaky" skipping of exon 11 [51-52]; inconsistent functional data for ATM kinase activity [51,53]; reported in presumptive A-T patients in homozygous constellation [52] and <i>in trans</i> with a second pathogenic ATM variant [53-54] (PM3); conflicting classification in LSDb and NCBI ClinVar; conflicting evidence, potential hypomorphic effect [55]	VUS	
65579 (141/17.1/53.19) 69307 (299/19.7/50.17) 73313 (1377/20.5/50.40)	ATM	c.1229T>C	het	miss	E9	chr11:108119823	rs56128736	p.V410A	—	0.08	0.22	216.6/262/2	210.2/582/3; NFE: 0.32%; ASI: 0.40%	587.0/55/0	del	path	B	23.4	5.07	C25	poly	5+	undet	DM7/CM035762B	inconclusive*	conf.: B(4), LB(2), VUS(2)	high to very high MAF in NFE/ASI/Latino/Flossies; gnomAD: 3 homozygous individuals; no association with BC in case-control studies [56-57]	(LIKELY) BENIGN							
75152 (274/19.5/35.40)	ATM	c.1272T>C	het	syn	E10	chr11:108121464	rs35587848	p.P424=	—	—	0.06	30.02/36/0	27.65/76/0	40.5/4/0	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	conf.: B(2), LB(3), VUS(1)	no evident splicing effect <i>in silico</i> (BP7); predominantly classified as "likely benign" in NCBI ClinVar; co-occurrence with two pathogenic variants [ClinVar, submission SCV000694176.1] (BP2)	(LIKELY) BENIGN					
73949 (115/16.3/42.61)	ATM	c.1370G>T	het	miss	E10	chr11:108121562	—	p.R457L	—	—	—	—	0.8125/2/0	—	tol	path	B	24.1	5.04	C0	path	4+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS							
68617 (150/17.2/49.33)	ATM	c.1744T>C	het	miss	E11	chr11:108122700	rs2235006	p.F582L	—	0.26	0.09	98.23/119/1	92.83/257/1; AMR: 0.13%; SAS: 0.18%	101.0/10/0	tol	poly	B	10.3	1.13	C0	poly	0+	B	DM7/CM023329B	not listed	(/B)	high MAF in AMR/SAS/Flossies; gnomAD: 1 homozygous individual; benign <i>in silico</i> prediction consensus (BP4); consistently classified as "likely benign" in NCBI ClinVar (BP6); functional studies show no deleterious effect [58] (B5)	(LIKELY) BENIGN							
68969 (356/20.2/46.35) 75407 (75/14.8/46.67)	ATM	c.1810C>T	het	miss	E12	chr11:108123551	rs2227922	p.P604S	—	0.26	0.29	309.0/345/5	321.4/887/15; ASI: 3.28%; AFR: 0.67%	860.0/48/1	tol	path	B	24.5	5.54	C0	prob poly	3+	undet	DM7/CM045888B	not listed	(/B)	very high MAF in AFR/ASI/Flossies; gnomAD: 15 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN							

Variant Specification										Population Databases					Computational Evidence								Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity		
Carrier ID (quality parameters of the individual variant: Cnv/Score/SB)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count (#/# hom)	SIFT v6.2.0 ¶	MutTaster v2013*	PolyPhen-2 v2.2.21 HumVar	CADD Phred	GERP+_*_RS	Align-GVD v200715	UMD predictor	Prediction CONSENSUS†	HGMD PRO v2017.3: variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD)§	NCBI-ClinVar‡	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION	
76678 (253/19.2/50.2)	ATM	c.1837G>T	het	miss	E12	chr11:108123578	rs200124136	p.V613L	—	—	—	4.265/5/0	2.442/6/0	10.1/1/0	tol	path	PD	24.0	5.66	C0	prob path	5+	undet	DM7/CM0910486	not listed	unc.	MAF within pathogenic range (PM2); <i>in silico</i> predicted CDS deactivation [†] (PP3); consistently classified as "VUS" in NCBI ClinVar; reported in 1/4112 BC cases (vs 0/2399 controls) in case-control study [56]; insufficient evidence	VUS
63722 (513/21.5/46.78)	ATM	c.2040C>T	het	syn	E13	chr11:108124682	rs587780855	p.F680=	—	—	—	5.286/13/0	10.1/1/0	na	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN
73106 (207/18.4/46.38)	ATM	c.2275A>G	het	miss	E15	chr11:108128232	rs148705269	p.S759G	—	—	0.03	2.475/3/0	2.889/8/0	20.2/2/0	tol	poly	B	na	3.73	C0	prob path	2+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); <i>in silico</i> predicted de novo CSAS [†] (PP3); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS
62277 (309/20.7/42.86)	ATM	c.2805G>C	het	syn	E18	chr11:108139303	rs55934812	p.T935=	—	0.04	0.06	28.01/34/1	29.23/81/1	20.2/0/0	na	na	na	na	na	na	poly	na	na	not listed	not listed	conf.: B(1), LB(3), VUS(1)	MAF somewhat high; gnomAD: 1 homozygous individual; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (SCV000694235.1: "VUS-possibly benign"); no association with BC in case-control study (ranked as "neutral") [59]	(LIKELY) BENIGN
60720 (185/18.1/44.32)	ATM	c.3154>G>A	het	nonc	I21	chr11:108143445	rs199543313	nonc	—	0.02	0.03	22.38/27/0	19.5/54/0	70.8/7/0	na	na	na	na	na	na	na	na	na	not listed	not listed	conf.: B(1), LB(3), VUS(1)	no evident splicing effect <i>in silico</i> (BP7), not yet confirmed by functional studies; inconsistently classified in NCBI ClinVar; EB: individual affected with pancreatic cancer (classified as "VUS") [60]; CRC-affected patient suspected of LS (classified as "VUS") [61]; insufficient evidence	VUS
76725 (289/19.6/60.9)	ATM	c.3240C>A	het	miss	E22	chr11:108143535	rs149911447	p.D1080E	—	0.04	0.00	2.474/3/0	2.439/6/0	—	del	poly	PvD	23.5	2.04	C35	prob path	6+	dam	not listed	not listed	unc.	MAF within pathogenic range (PM2); deleterious <i>in silico</i> prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar; CB: BC-affected individual (classified as "VUS"), seg n/d [62]; male adolescent (Dx 17) affected with concurrent megakaryoblastic leukemia and mediastinal germ cell tumor [63]	VUS
73535 (374/20.5/39.04)	ATM	c.3772C>A	het	miss	E26	chr11:108154979	rs587782741	p.H1258N	—	—	—	—	—	—	del	path	B	25.3	5.68	C0	prob path	5+	undet	not listed	not listed	unc.	absent in population databases (PM2); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS
62670 (792/23.3/49.12) 64885 (239/18.8/40.59) 73106 (328/19.9/41.77) 73325 (482/21.3/35.27)	ATM	c.3925G>A	het	miss	E26	chr11:108155132	rs149711770	p.A1309T	—	0.02	0.15	61.83/75/0	68.96/191/0; NFE 0.12%	243.0/22/0	tol	path	B	21.8	3.41	C0	prob poly	3+	undet	not listed	not listed	conf.: LB(6), VUS(3)	high MAF in NFE/Flossies; no association with BC in large meta-analysis case-control study [56]	(LIKELY) BENIGN
62041 (511/21.5/38.55)	ATM	c.4060C>A	het	miss	E27	chr11:108158393	rs145119475	p.P1354T	—	—	0.03	20.66/25/0	18.22/50/0	60.7/6/0	tol	poly	B	19.2	4.13	C0	prob path	2+	B	not listed	not listed	conf.: LB(1), VUS(3)	predominantly classified as "VUS" in NCBI ClinVar; no association with BC in case-control study (1/2531 BC affected patients vs. 1/2245 controls in large meta-analysis [56]); insufficient evidence	VUS
71230 (53/13.8/49.06)	ATM	c.4244A>G	het	miss	E29	chr11:108160336	—	p.Y1415C	—	—	—	—	—	—	tol	path	B	28.0	3.99	C45	path	5+	undet	not listed	not listed	unc.	absent from population databases (PM2); insufficient evidence	VUS
63408 (1149/24.3/44.73) 72969 (1552/25.4/49.87)	ATM	c.4473C>T	het	syn	E30	chr11:108163382	rs4988008	p.F1491=	—	0.10	0.29	138.4/168/0	120.2/333/0; NFE 0.21%; AS: 0.22%	314.0/29/0	na	na	na	na	na	na	poly	na	na	not listed	probably neutral [†] : -?/(2) (likely benign)	conf.: B(5), LB(3), VUS(1)	high MAF in NFE/Flossies; no evident splicing effect <i>in silico</i> (BP6); predominantly classified as "likely benign" in LSDb and NCBI ClinVar	(LIKELY) BENIGN
68134 (57/13.9/50.88)	ATM	c.4768C>T	het	miss	E31	chr11:108164196	rs35962982	p.L1590F	—	—	0.01	20.7/25/0	18.46/51/0	30.4/3/0	del	path	PvD	33.0	5.31	C15	path	7+	dam	DM7/CM177886	not listed	unc.	deleterious <i>in silico</i> prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar; EB: affected individual with early-onset sigmoid CRC (Dx 44); MMR proficient (classified as "VUS") [64]; CRC-affected patient suspected of LS (classified as "VUS") [61]; insufficient evidence	VUS
65523 (137/17/45.99)	ATM	c.4794C>G †	het	syn	E32	chr11:108165671	—	p.L1598=	—	—	—	—	—	—	na	na	na	na	na	na	prob path	na	na	not listed	not listed	not listed	novel; no evident splicing effect <i>in silico</i> (BP7)	VUS
74232 (32/11.9/50)	ATM	c.5009C>T	het	miss	E34	chr11:108170444	rs375131360	p.A1670V	—	—	0.01	—	1.220/3/0	—	tol	path	PvD	33.0	5.47	C0	path	5+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; NCBI ClinVar submission SCV000261480.3 (Invitae, Apr. 2017): altered RNA splicing suggested <i>in silico</i> [†] ; insufficient evidence	VUS
72497 (121/16.4/44.63)	ATM	c.5071A>C	het	miss	E34	chr11:108170506	rs1800059	p.S1691R	—	0.02	0.29	201.9/245/1	178.0/493/3; NFE 0.29%	364.0/32/0	tol	poly	B	13.7	2.65	C0	poly	1+	B	DM7/CM980141	inconsistent [†] : ?/(1), -?/(4)	(L)B	high MAF in NFE/Flossies; benign <i>in silico</i> prediction consensus (BP4); consistently classified as "likely benign" in NCBI ClinVar (BP6); functional studies implicate no impaired kinase activity [65] (B3)	(LIKELY) BENIGN
63408 (504/21.4/49.60)	ATM	c.5189G>A	het	miss	E35	chr11:108172386	rs373789346	p.R1730Q	—	—	0.01	3.297/4/0	1.806/5/0	10.1/1/0	tol	path	PvD	26.2	4.90	C0	path	5+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS
74657 (476/21.3/50.00) 59803 (241/18.9/54.36) 60769 (584/21.9/52.74) 61859 (413/20.6/51.09) 67161 (396/20.6/47.73) 71694 (170/17.9/34.27) 72168 (273/19.3/46.89)	ATM	c.5271A>G †	het	syn	E35	chr11:108172468	—	p.T1757=	—	—	—	—	—	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN
61859 (413/20.6/51.09) 67161 (396/20.6/47.73) 71694 (170/17.9/34.27) 72168 (273/19.3/46.89)	ATM	c.5558A>T	het	miss	E37	chr11:108175463	rs1801673	p.D1853V	—	0.18	0.69	518.6/627/2	491.5/1360/6; NFE: 0.69%; AS: 0.75%	1010.0/97/1	del	path	B	19.3	5.52	C15	path	5+	undet	DP/CM808359	neutral [†] : -?/(1)	(L)B	very high MAF in NFE/AS/Flossies; gnomAD: 6 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6); significantly decreased risk for contralateral BC in [66]	(LIKELY) BENIGN
70829 (66/14.5/31.82) 72926 (484/21.3/48.97)	ATM	c.5793T>C	het	syn	E39	chr11:108180917	rs3092910	p.A1931=	—	0.62	0.78	520.9/629/1	505.7/1400/6; EAS: 1.13%	1470.0/101/0	na	na	na	na	na	na	poly	na	na	not listed	probably neutral [†] : -?/(2)	(L)B	very high MAF in EAS/Flossies; gnomAD: 6 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar	(LIKELY) BENIGN
66396 (318/20.0/45.91) 71741 (225/18.7/41.78)	ATM	c.5890A>G	het	miss	E39	chr11:108181014	rs201963507	p.K1964E	IPR003151	—	—	10.74/13/0	9.031/25/1	10.1/1/0	tol	path	B	20.0	4.57	C0	prob poly	3+	undet	DM7/CM0910514	not listed	conf.: LB(1), VUS(5)	mutational hot spot (PIK-related kinase, FAT) (PM1); predominantly classified as "VUS" in NCBI ClinVar; EB: HBOC-affected female [67]; CRC-affected patient suspected of LS (classified as "VUS") [61]; two BC-affected females [56,68]; insufficient evidence	VUS
60546 (154/17.4/39.61) 68948 (276/19.5/44.57) 73281 (205/18.3/47.32)	ATM	c.6067G>A	het	miss	E41	chr11:108186610	rs11212587	p.G2023R	IPR003151	0.12	0.31	15.75/191/0	14.32/397/1; NFE 0.24%	263.0/24/0	del	path	PvD	22.0	5.33	C25	path	7+	dam	DM7/CM092585	inconclusive [†]	conf.: B(2), LB(4), VUS(1)	high MAF in NFE/Flossies; gnomAD: 1 homozygous individual; co-occurrence with pathogenic ATM and BRCA1 variants (BP2) (ClinVar submission SCV000694314.1); very recently classified as "poly-morphism" in the literature [69]	(LIKELY) BENIGN
76725 (277/19.5/42.60)	ATM	c.6088A>G	het	miss	E41	chr11:108186631	rs145847315	p.I2030V	IPR003151	0.66	0.00	160.8/195/1	160.2/444/6; AFR: 1.74%	1150.0/7/2	tol	poly	B	18.8	4.41	C0	poly	1+	B	DM7/CM014793	not listed	(L)B	very high MAF in AFR/Flossies; gnomAD: 6 homozygous individuals; benign <i>in silico</i> prediction consensus (BP4); consistently classified as "benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN
68424 (211/18.4/49.76)	ATM	c.6114C>T	het	syn	E42	chr11:108186756	rs774993357	p.H2038=	IPR003151	—	—	—	3.656/9/0	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN
77365 (569/21.9/46.75)	ATM	c.6282A>C†	het	miss	E43	chr11:108188183	—	p.E2094D	IPR003151	—	—	—	—	—	tol	path	PD	11.5	-2.98	C0	poly	2+	undet	not listed	not listed	not listed	novel	VUS

Variant Specification										Population Databases					Computational Evidence							Gene/Disease specific Databases				Final Assessment of Variant Pathogenicity		
Carrier ID (quality parameters of the individual variant: Cnv/Score/SB)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_ref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count (Eur/# hom)	SIFT v6.2.0 ¶	MutTaster v2013*	PolyPhen-2 v2.2.21 HumVar	CADD Phred	GERP+*_RS	Align-GVDG v200715	UMD predictor	Prediction CONSENSUS¶	HGMDB PRO v2017.3: variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD)§	NCBI-ClinVar¶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION	
62542 (91/15.5/39.56)	ATM	c.6385T>G	het	miss	E44	chr11:108190718	—	p.Y2129D	IPR003151	—	—	—	—	—	del	path	PrD	22.1	5.59	C55	path	7+	dam	not listed	not listed	conf.: LP(1), VUS(1)	absent in population databases (PM2); mutational hot spot (PIK-related kinase/FAT domain) (PM1); detected in trans with a pathogenic variant in an A-T patient (ClinVar Submission SCV000537715.1, HUG GeneVet) (PM3); deleterious <i>in silico</i> prediction consensus (PP3)	LIKELY PATHOGENIC
67514 (374/20.5/45.99)	ATM	c.6466G>T †	het	nons	E45	chr11:108192041	—	p.E2156*	IPR003151	—	—	—	—	—	na	na	na	na	na	na	path	na	na	not listed	not listed	not listed	predicted LoF-Variant (PVS1); absent in population databases (PM2)	LIKELY PATHOGENIC
65390 (178/17.9/43.26)	ATM	c.6860G>C	het	miss	E47	chr11:108196837	rs1800061	p.G2287A	IPR003151	—	0.01	19.79/24/0	27.08/75/0	40.5/4/0	tol	path	B	17.1	3.62	C0	poly	2+	undet	DM7/CM016182	not listed	conf.: LB(4), VUS(1)	functional data show no deleterious effect (70); tumor analysis in one BC patient shows loss of variant allele (71) (B53); consistently classified as "likely benign" in NCBI ClinVar (submission SCV000694336.1; "VUS-possibly benign") (BP6)	LIKELY BENIGN
4162 (1111/24.2/47.61) 61748 (621/22.2/50.56)	ATM	c.7475T>G	het	miss	E50	chr11:108201108	rs56399857	p.L2492R	IPR003151	—	0.01	5.77/7/0	10.11/28/0	50.6/5/0	del	path	PrD	22.0	4.83	C45	path	7+	dam	not listed	not listed	unc.	MAF in pathogenic range (PM2); mutational hot spot (PIK-related kinase/FAT domain) (PM1); consistently classified as "VUS" in NCBI ClinVar; deleterious <i>in silico</i> prediction consensus (PP3); CR: CRC-affected patient suspected of LS (classified as "VUS") [61]	VUS
67185 (317/19.9/51.10) 75407 (93/15.6/64.52)	ATM	c.7521C>T	hom	syn	E51	chr11:108202176	rs751234924	p.D2507=	IPR003151	—	—	—	7.599/21/0; EAS: 0.060%	10.1/1/0	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
70207 (161/17.6/96.27)	ATM	c.7602C>T	het	syn	E51	chr11:108202257	rs562264499	p.G2534=	IPR003151	0.04	—	9.108/11/0	6.504/16/0; SAS: 0.052%	—	na	na	na	na	na	na	prob path	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
66198 (717/22.7/40.31) 72970 (831/23.1/54.27)	ATM	c.8495G>A	het	miss	E58	chr11:108216546	rs529296539	p.R2832H	IPR000403	0.04	—	16.49/20/1	11.19/31/0	—	tol	path	B	22.2	5.45	C0	path	4+	undet	not listed	not listed	unc.	mutation hot spot (PI3/P4 kinase, catalytic domain) (PM1); novel missense change at an amino acid residue where a different pathogenic missense change has been seen before (R2832C) (PM5); consistently classified as "VUS" in NCBI ClinVar (BP6); individuals affected with BC and lung cancer [15]	VUS
71978 (396/20.6/51.52)	ATM	c.8592C>T	het	syn	E59	chr11:108218013	rs56025670	p.Y2864=	IPR000403	0.04	0.06	41.74/50/0	44.99/124/0	111.0/11/0	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
52609 (352/20.2/48.86)	ATM	c.8730C>G	het	syn	E60	chr11:108224551	rs551041839	p.L2910=	IPR000403	0.12	—	75.78/92/1	62.14/153/1; SAS: 0.49%	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	high to very high MAF in SAS, gnomAD: 1 homozygous individual; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
70581 (517/21.5/46.03)	ATM	c.9086G>A	het	miss	E63	chr11:108236150	rs201199629	p.G3029D	IPR000403	—	0.05	14.83/18/0	14.07/39/0	101.0/8/0	del	path	B	15.4	4.18	C0	path	4+	undet	DM7/CM177897	not listed	unc.	mutation hot spot (PI3/P4 kinase, catalytic domain) (PM1); consistently classified as "VUS" in NCBI ClinVar; observed in BC-patients and controls (1/2531 cases vs. 2/2245 controls [56]); CR: male affected with MMR proficient rectal cancer (Dx 39) [64]; CRC-affected patient (classified as "VUS") [72]; insufficient evidence	VUS
71642 (917/23.5/41.11)	ATM	c.9111_9112 delInsAA †	het	indel	E63	chr11:108236175	—	p.Q3038K	IPR000403	—	—	—	—	—	tol	path	PrD	22.1	5.09	C0	na	4+	undet	not listed	not listed	not listed	absent in population databases (PM2); mutation hotspot (PI3/P4 kinase, catalytic domain) (PM1); <i>in silico</i> predicted CSAS deactivation (PP3)	VUS
62926 (519/21.6/46.24) 71230 (148/17.2/47.30)	BRIP1	c.139C>G	het	miss	E3	chr17:5993723	rs28903098	p.P47A	IPR014001 IPR005554 IPR014013	—	0.03	23.90/29/1	24.90/69/1	50.6/5/0	del	path	PrD	24.1	5.26	C25	path	7+	dam	DM/CM014756	inconclusive ^b	conf.: P(1), VUS(8)	case-control studies implicate a slight pleiotropic cancer risk elevation [73-75]	HYPMORPHIC
71655 (245/19.0/53.06) 73906 (173/17.7/50.87) 74232 (82/15.2/46.34) 74983 (336/20.0/46.73)	BRIP1	c.517C>T	het	miss	E6	chr17:59924572	rs4988345	p.R173C	IPR014001 IPR006554 IPR014013	0.16	0.49	270.3/328/1	266.0/737/2; NFE 0.46%	900.0/84/0	del	path	PrD	28.0	5.26	C55	path	7+	dam	DM7/CM035889	inconsistent ^b : ?/?(4), +?(/2)	(L)B	high to very high MAF in NFE/Flossies, gnomAD: two homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar database (BP6); no association with BC and OC in large case-control studies [76-77]	LIKELY BENIGN
47478 (5/1/21.3/50.60) 52150 (633/22.2/43.60) 61860 (274/19.4/46.35) 68184 (495/21.3/51.72) 71430 (436/20.9/52.29) 71978 (418/20.8/50.24) 72168 (221/18.6/49.32) 74662 (310/19.8/46.13) 74742 (415/20.8/50.60) 75035 (354/20.2/57.63)	BRIP1	c.577G>A	het	miss	E6	chr17:59924512	rs4988346	p.V193I	IPR014001 IPR006554 IPR014013	0.14	0.56	396.4/481/5	355.8/986/9; NFE 0.51%	749.0/71/0	tol	poly	B	0.0	-8.22	C0	poly	0+	B	not listed	not listed	B	very high MAF in NFE/Flossies, gnomAD: 9 homozygous individuals; consistently classified as "benign" in NCBI ClinVar (BP6); benign <i>in silico</i> prediction consensus (BP4)	LIKELY BENIGN
68914 (275/19.2/53.09) 66416 (524/21.6/44.66) 68948 (283/19.4/40.64)	BRIP1	c.584T>C	het	miss	E6	chr17:59924505	rs4988347	p.L195P	IPR014001 IPR006554 IPR014013	0.08	0.19	159.9/194/1	193.8/537/2; NFE: 0.20%; FIN: 0.88%	304.0/27/0	tol	path	B	9.3	-0.01	C0	poly	1+	B	not listed	probably neutral ^b : -?(/2); inconsistent ^b : ?/?(4), -?(/1), +?(/1)	(L)B	high to very high MAF in NFE/FIN/Flossies, gnomAD: 2 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar; benign <i>in silico</i> prediction consensus (BP4)	LIKELY BENIGN
67161 (665/22.4/49.47) 64566 (188/18.0/46.81)	BRIP1	c.890A>G	het	miss	E7	chr17:59885856	rs28997570	p.K297R	IPR014001 IPR006554 IPR014013	0.04	0.16	110.4/134/0	133.0/285/0; NFE 0.17%	202.0/18/0	tol	poly	B	19.0	5.29	C0	prob path	2+	undet	not listed	inconsistent ^b : +?(/1), ?/?(1)	(L)B	high MAF in NFE/Flossies; consistently classified as "likely benign" in NCBI ClinVar (BP6); no association with BC and OC in large case-control studies [77-78]	LIKELY BENIGN
65579 (168/17.8/53.57)	BRIP1	c.1356C>T	het	syn	E10	chr17:59871075	rs730881640	p.N452=	—	—	—	—	6.594/16/0; LAT: 0.036%	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
52150 (396/20.7/43.18)	BRIP1	c.1357G>A	het	miss	E10	chr17:59871074	rs587780227	p.A453T	—	—	—	—	2.061/5/0	—	tol	poly	B	17.1	-0.40	C0	poly	0+	B	not listed	not listed	unc.	MAF within pathogenic range/absent in ExAC population database (PM2); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS
62976 (348/20.2/57.18) 76380 (338/20.0/59.47)	BRIP1	c.1629-T>C	het	nons	I11	chr17:59858369	rs587780828	nons	—	—	—	4.989/6/0	5.418/15/0	20.2/2/0	na	na	na	na	na	na	na	na	na	not listed	not listed	conf.: B(1), LB(1), VUS(3)	MAF within pathogenic range (PM2); no evident splicing effect <i>in silico</i> (BP7); not yet confirmed by functional splicing studies; conflicting classification in NCBI ClinVar; insufficient evidence	VUS
4162 (358/20.2/59.50) 60770 (283/19.5/56.54) 62902 (259/19.3/43.63) 65761 (429/21.0/43.92)	BRIP1	c.2097+7G>A	het	nons	I14	chr17:59853755	rs4988352	nons	—	0.22	0.33	253.6/307/1	232.5/644/2; NFE: 0.41%	—	na	na	na	na	na	na	na	na	na	not listed	inconclusive ^b	conf.: B(2), LB(4), VUS(2)	high MAF in NFE, gnomAD: 2 homozygous individuals; no evident splicing effect <i>in silico</i> (BP7)	LIKELY BENIGN
73281 (375/20.4/48.27)	BRIP1	c.2097+8A>C	het	nons	I14	chr17:59853754	rs730881642	nons	—	—	—	—	0.4064/1/0	—	na	na	na	na	na	na	na	na	na	not listed	not listed	(L)B	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
68160 (410/20.8/42.20)	BRIP1	c.2684_2687del	het	fs	E19	chr17:59763415	rs760551339	p.S895*	—	—	—	—	1.444/4/0	—	na	na	na	na	na	na	na	na	na	DM/CD159813	not listed	(likely) path	predicted LoF-Variant (PVS1); MAF in population database within pathogenic range (PM2), known to HGMD and ClinVar databases as (likely) pathogenic (PP5); CR: reported in two HBOC-affected females [79-80]	LIKELY PATHOGENIC
75672 (356/20.4/36.24)	BRIP1	c.3042T>C	het	syn	E20	chr17:59761365	rs188258913	p.G1014=	—	0.02	0.01	4.12/5/0	3.969/11/0	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	MAF within pathogenic range (PM2); <i>in silico</i> predicted CSAS deactivation (PP3); consistently classified as "likely benign" in NCBI ClinVar (BP6); conflicting/insufficient evidence	VUS
75956 (132/17/65.15)	BRIP1	c.3459T>C	het	syn	E20	chr17:59760948	rs4987050	p.D1153=	—	0.02	0.07	79.42/96/0	72.84/201/0; AMR: 0.10%; AS: 0.14%	111.0/11/0	na	na	na	na	na	na	poly	na	na	not listed	not listed	conf.: B(2), LB(6), VUS(2)	high MAF in AMR/AS/Flossies; no evident splicing effect <i>in silico</i> (BP7); predominantly classified as "likely benign" in NCBI ClinVar	LIKELY BENIGN

Variant Specification										Population Databases					Computational Evidence							Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity			
Carrier ID (quality parameters of the individual variant: Cnv./Scnp/SL)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] Eur/Am	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count (Eur/# hom)	SIFT v6.2.0 ¶	MutTaster v2013*	PolyPhen-2 v2.2.1 Hum/Var	CADD Phred	GERP+_*_RS	Align-GVD v200715	UMD predictor	Prediction CONSENSUS†	HGMD PRO v2017.3: variant class/acc.	Locus specific databases (LSDB, assessed by the LOVD)§	NCBI-ClinVar¶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION	
66309 (181/17.9/56.35)	CDH1	c.69G>A	het	syn	E2	chr16:68772220	rs786202657	p.Q23=	—	—	—	—	—	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	conf.: LB(2), VUS(1)	absent in population database (PM2); <i>in silico</i> predicted CSDS deactivation [¶] (PP3); conflicting classification in NCBI ClinVar; insufficient/conflicting evidence	VUS
73285 (110/16.1/50.00) 73879 (188/18.1/35.11)	CDH1	c.88C>A	het	miss	E2	chr16:68772301	rs139866691	p.P30T	IPR014868	0.04	0.16	93.8/19/0	129.9/232/0; NFE: 0.25%	243.0/24/0	tol	poly	PD	14.8	3.81	CO	poly	2+	undet	DM7/CM130987	inconclusive [¶] ; inconsistent [¶] : ?/+7(1), +7(1)	conf.: B(2), LB(8), VUS(2)	high MAF in NFE/Flossies; benign <i>in silico</i> prediction consensus (BP4); co-occurrence with multiple pathogenic variants [61,81] (BP2); functional studies implicate a possible deleterious effect but clinical relevance remains unclear [82]	LIKELY BENIGN
72970 (123/16.5/55.28)	CDH1	c.150C>A	het	syn	E2	chr16:68772301	rs786201262	p.R50=	IPR014868	—	—	—	0.6805/1/0	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	conf.: LB(3), VUS(1)	absent in ExAC population database/MAF within pathogenic range (PM2); <i>in silico</i> predicted CSAS deactivation [¶] (PP3); inconsistent predictions in NCBI ClinVar; insufficient evidence	VUS
80688 (150/17.3/39.33)	CDH1	c.261G>T †	het	miss	E3	chr16:68835670	—	p.R87S	IPR014868	—	—	—	—	—	del	path	B	21.7	-0.13	CO	prob path	4+	undet	not listed	not listed	not listed	novel	VUS
53539 (68/14.5/55.88)	CDH1	c.303C>T	het	syn	E3	chr16:68835712	rs150789339	p.Y101=	IPR014868	0.04	0.01	4.119/5/0	7.582/21/0; AFR: 0.07%	40.5/0/0	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
76771 (1019/24.0/50.44)	CDH1	c.322A>G	het	miss	E3	chr16:68835731	rs58778172	p.R108G	IPR014868	—	—	2.472/3/0	2.033/5/0	—	tol	poly	B	13.2	1.66	CO	path	1+	B	not listed	not listed	unc.	MAF within pathogenic range (PM2); <i>in silico</i> predicted CSAS deactivation [¶] (PP3); insufficient evidence	VUS
41553 (74/3.4/47.30) 64721 (295/19.6/62.71) 68567 (282/19.6/53.55) 72824 (236/19.0/48.31) 72981 (215/18.6/49.30) 80686 (84/15.3/54.76)	CDH1	c.345G>A	het	syn	E3	chr16:68835754	rs1801023	p.T115=	IPR014868	0.26	0.42	391.9/475/4	358.0/991/5; AS: 1.08%	587.0/54/1	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	very high MAF in population databases/Flossies; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
71620 (179/18/48.04)	CDH1	c.671G>A	het	miss	E5	chr16:68842735	rs201511530	p.R224H	IPR014868	—	—	3.311/4/0	3.257/8/0	10.1/1/0	tol	poly	B	4.8	-2.90	CO	poly	0+	B	not listed	inconclusive [¶]	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; CB: patient affected with prostate cancer [15]; insufficient evidence	VUS
64721 (216/18.6/53.24)	CDH1	c.892G>A	het	miss	E7	chr16:68845646	rs142822590	p.A298T	IPR002126	0.04	0.02	53.54/65/0	41.13/114/0; SAS: 0.13%	60.7/6/0	del	path	PvD	22.0	5.19	CO	path	6+	dam	DM/CM041745	inconsistent [¶] : +/(1), -(1); inconsistent [¶] : ?/+7(2), +7(1)	conf.: B(1), LB(1), VUS(4)	(somewhat) high MAF in SAS/Flossies; deleterious <i>in silico</i> prediction consensus (PP3); conflicting functional and structural analyses [83-88]; inconsistent classification in LSDB and NCBI ClinVar; CB: patient affected with diffuse gastric cancer (Dx 36), FH: 2 relatives with gastric cancer (Dx 32, Dx 33), seg n/d [85]; patient affected with concurrent bilateral BC and endometrial adenocarcinoma (concomitant pathogenic TP53 variant) [89]	VUS
47171 (467/21.3/20.34) 74993 (326/20.0/42.94)	CDH1	c.957T>A	het	syn	E7	chr16:68845711	rs549252135	p.I319=	IPR002126	—	—	8.239/1/0	1.804/5/0	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	MAF within pathogenic range (PM2); <i>in silico</i> predicted CSAS deactivation [¶] (PP3); consistently classified as "likely benign" in NCBI ClinVar; conflicting/insufficient evidence	VUS
67601 (326/20.0/43.56)	CDH1	c.1273G>A	het	miss	E9	chr16:68847351	rs570930882	p.V425I	IPR002126	0.04	—	1.647/2/0	3.246/9/0	—	tol	poly	B	8.7	4.09	CO	poly	1+	B	DM7/CM1516921	not listed	conf.: B(1), VUS(2)	MAF within pathogenic range (PM2); inconsistent classification in NCBI ClinVar (predominantly classified as "VUS"); insufficient evidence	VUS
73799 (290/19.5/46.9)	CDH1	c.1297G>A	het	miss	E9	chr16:68847375	rs199886166	p.D433N	IPR002126	—	—	2.471/3/0	4.873/12/0	—	tol	poly	B	15.0	2.84	CO	poly	1+	B	DM7/CM11011	inconclusive [¶]	conf.: LB(1), VUS(6)	MAF within pathogenic range (PM2); inconsistently classified in NCBI ClinVar (predominantly classified as "VUS"); CB: BC-affected female (Dx 41), FH: lung cancer/mouth cancer mat., intestinal cancer pat, seg n/d [90]; females affected with BC [62] and gastric adenocarcinoma (Dx 70) [91]; classified as "VUS" in [92]; insufficient/conflicting evidence	VUS
41553 (107/15.9/47.66) 53539 (106/16.2/40.57) 70233 (108/16.1/46.30) 70375 (186/18.0/41.94) 73877 (138/17.1/44.20) 75407 (324/20.0/40.12) 65300 (459/21.3/53.16) 69644 (382/20.5/51.05) 72013 (204/18.3/44.12) 72981 (492/21.4/44.51) 74997 (482/21.3/52.70) 76028 (402/20.8/49.50)	CDH1	c.1680G>C	het	syn	E11	chr16:68853297	rs35741240	p.T560=	IPR002126	0.18	0.29	372.3/452/3	333.7/925/4; NFE: 0.45%; SAS: 0.69%	617.0/57/0	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	high to very high MAF in NFE/SAS/Flossies; gnomAD: 4 homozygous individuals; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
72013 (204/18.3/44.12) 72981 (492/21.4/44.51) 74997 (482/21.3/52.70) 76028 (402/20.8/49.50)	CDH1	c.1774G>A	het	miss	E12	chr16:68855966	rs35187787	p.A592T	IPR002126	0.12	0.63	321.2/390/1	322.1/893/4; NFE: 0.48%; SAS: 0.33%	759.0/65/0	del	na	B	15.5	5.56	CO	poly	2+	undet	DM7/CM994192	probably neutral [¶] : -/(2); probably pathogenic [¶] : ?/+7(2), +7(1)	(L)B	high to very high MAF in NFE/SAS/Flossies; gnomAD: 4 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar	LIKELY BENIGN
74846 (427/21.0/38.41)	CDH1	c.2165-12C>G	het	nonc	I13	chr16:68862065	rs760834250	nonc	—	—	—	0.8236/1/0	0.4064/1/0	—	na	na	na	na	na	na	na	na	na	not listed	not listed	LB	MAF within pathogenic range (PM2); <i>in silico</i> predicted deactivation of canonical SAS [¶] (PP3); insufficient evidence	VUS
70337 (136/16.9/55.88) 67197 (206/18.5/50.00)	CDH1	c.2177T>C	het	miss	E14	chr16:68862089	—	p.L726P	—	—	—	—	—	del	path	PvD	22.5	6.07	C2S	path	7+	dam	not listed	not listed	not listed	novel	VUS	
71694 (175/17.9/58.29) 70976 (410/20.8/40.00) 72168 (252/19.0/51.98)	CDH1	c.2292C>T	het	syn	E14	chr16:68862204	rs61747636	p.O764=	IPR000233	0.18	0.28	154.1/187/0	166.7/462/0; NFE: 0.23%; SAS: 0.27%	344.0/30/0	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	high MAF in NFE/SAS/Flossies; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
70207 (197/18.2/44.67)	CDH1	c.2399G>A	het	miss	E15	chr16:68863660	rs370345996	p.R800H	IPR000233	—	0.01	1.657/2/0	1.626/4/0	10.1/1/0	del	path	PvD	34.0	6.05	CO	path	6+	dam	not listed	not listed	unc.	MAF within pathogenic range (PM2); deleterious <i>in silico</i> prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar; CB: patient affected with intestinal-type gastric cancer (Dx 32), FH: gastric cancer (Dx 46), seg n/d (classified as "VUS") [81]; patient affected with "advanced cancer" (classified as "VUS") [93]	VUS
62239 (298/19.7/56.04)	CDH1	c.2439+10C>T	het	nonc	I15	chr16:68863710	rs35236080	nonc	—	—	0.16	55.78/67/0	51.41/142/1; NFE: 0.10%	—	na	na	na	na	na	na	na	na	na	not listed	probably neutral [¶] : -/(2)	(L)B	high MAF in NFE; gnomAD: 1 homozygous individual; consistently classified as "likely benign" in NCBI ClinVar (BP6); <i>in silico</i> predicted de novo CSDS [¶] (PP3); no functional splicing studies published yet	LIKELY BENIGN
75549 (212/18.6/48.11)	CDH1	c.2440-C>G	het	nonc	I15	chr16:68867187	rs139757930	nonc	—	0.08	0.30	179.8/218/1	163.4/453/1; NFE: 0.17%; AS: 0.72%	—	na	na	na	na	na	na	na	na	na	DM7/CS071158	pathogenic [¶] : +/(1); inconclusive [¶] : +/-7(1)	(L)B	high to very high MAF in NFE/AS; gnomAD: 1 homozygous individual; functional studies show no consistent splicing effect [46,94-95]; consistently classified as "likely benign" in NCBI ClinVar	LIKELY BENIGN
66151 (183/18.0/44.26)	CDH1	c.2520C>T	het	syn	E16	chr16:68867273	rs140328601	p.S840=	IPR000233	0.02	0.01	32.95/40/0	37.87/105/0; NFE: 0.17%; AMR: 0.11%	70.8/2/0	na	na	na	na	na	na	poly	na	na	not listed	inconclusive [¶]	(L)B	high MAF in AFR/AMR; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
68859 (265/19.3/40.75)	CHEK2	c.319+7C>A	het	nonc	I2	chr22:29130384	—	nonc	—	—	—	—	0.4067/1/0	—	na	na	na	na	na	na	na	na	na	not listed	not listed	(L)B	no evident splicing <i>in silico</i> [¶] (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	LIKELY BENIGN
67184 (552/21.8/50.91) 75475 (457/21.2/50.55)	CHEK2	c.320>T>A	het	nonc	I2	chr22:29121360	rs121908700	nonc	—	0.08	0.05	52.06/63/0	54.61/151/1; AS: 0.39%	10.1/0/0	na	na	na	na	na	na	na	na	na	DM7/CS086685	VUS [¶] : ?/ (1)	conf.: B(1), LB(3), VUS(3)	case-control study implicate slight elevated BC risk [96]; functional studies implicate leaky splicing [¶] [46]	HYPOMORPHIC

Variant Specification										Population Databases							Computational Evidence								Gene/Disease specific Databases				Final Assessment of Variant Pathogenicity	
Carrier ID (quality parameters of the individual variant: <i>Cov./Score/SB</i>)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count (Eur/# hom)	SIFT v6.2.0 ¶	MutTaster v2013*	PolyPhen-2 v2.2.1 HumVar	CADD Phred	GERP+*_RS	Allgn-GVG0 v200715	UMD predictor	Prediction CONSENSUS¶	HGMDB PRO v2017.3: variant class/acc.	Locus specific databases (LSDB, assessed by the LOVD)§	NCBI-ClinVar¶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION			
73184 (661/22.4/44.33) 73281 (427/20.9/50.59)	CHEK2	c.349A>G	het	miss	E3	chr22:29121326	rs28909982	p.R117G	IPR000253	—	0.01	13.2/16/0	11.19/31/0	20.2/2/0	del	path	PvD	26.2	4.81	C65	path	7+	dam	DM/CM023898	inconclusive ¹ ; inconsistent ² ; +?/?(3), ?/?(1)	confil.: LP(5), P(2), VUS(1)	established recurrent pathogenic variant associated with BC [97]	PATHOGENIC		
68159 (291/19.5/50.52)	CHEK2	c.538C>T	het	miss	E4	chr22:29121019	rs77130927	p.R180C	IPR000253	0.20	0.13	136.0/165/0	94.17/261/0	91.1/9/0	del	path	B	23.6	5.87	C0	prob poly	4+	undet	DM/CM030417	inconclusive ¹ ; inconsistent ² ; +?/?(1), ?/?(1)	confil.: B(2), LB(2), VUS(5)	case-control studies implicate slight BC risk elevation [97]	HYPMORPHIC		
64604 (121/16.6/46.28)	CHEK2	c.715G>A	het	miss	E6	chr22:29107974	rs121908702	p.E29K	IPR000719	—	0.02	8.242/10/0	8.662/24/0	20.2/2/0	tol	path	PvD	20.5	5.27	C0	prob path	5+	undet	DM/CM030421	inconsistent ² ; ?/?(1), +?/?(1)	unc.	mutational hot spot (protein kinase domain) (PM1); functional studies show a potential deleterious impact [98-99]; consistently classified as "VUS" in NCBI ClinVar; no association with increased risk for BC, OC, and prostate cancer in case-control study [97]; conflicting evidence	VUS		
70337 (88/15.5/36.36)	CHEK2	c.846+4_846+7 del	het	nonc	I7	chr22:29105587	rs764884641	nonc	—	—	—	2.026/2/0	2.93/8/0	—	na	na	na	na	na	na	na	na	na	na	DM/CD119707	not listed	unc.	MAF within pathogenic range (PM2); in silico predicted deactivation of canonical SAS ³ (PP3); consistently classified as "VUS" in NCBI ClinVar; CB : patient with individual and familial BC history (considered as "deleterious"), seg n/d [100]	VUS	
73325 (330/20.0/46.67) 74925 (659/22.5/46.89)	CHEK2	c.1336A>G	het	miss	E12	chr22:29091154	rs121908705	p.N446D	IPR000719	—	—	5.788/7/0	6.863/19/0	20.2/2/0	tol	poly	B	15.7	4.86	C0	prob poly	1+	B	DM7/CM1511948	not listed	unc.	MAF within pathogenic range (PM2); mutational hot spot (protein kinase domain) (PM1); consistently classified as "VUS" in NCBI ClinVar; CB : BC-affected female (Dx 59), FH: BC [46]; rectal cancer affected female (Dx 38), MMR proficient [64]; patients affected with (early-onset) BC and NHL [101-103]	VUS		
72814 (415/20.8/40.00)	CHEK2	c.1421G>A	het	miss	E13	chr22:29090060	rs121908706	p.R474H	IPR000719	—	0.02	7.05/8/0	7.304/19/0	10.1/1/0	del	path	PvD	35.0	5.46	C25	prob path	7+	dam	DM/CM1511949	not listed	unc.	MAF within pathogenic range (PM2); mutational hotspot (protein kinase domain) (PM1); deleterious in silico prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar; CB : two TNBC-affected females [104]; patients affected with NHL and stomach cancer [103,105]	VUS		
68618 (71/14.8/42.25)	CHEK2	c.1525C>T	het	miss	E14	chr22:29085140	rs587780179	p.P509S	—	—	—	—	8.294/19/0; NFE: 0.02%	30.35/3/0	poly	tol	B	3.1	-2.34	C0	poly	0+	B	not listed	probably neutral ¹ ; -?/?(2); probably neutral ² ; -?/?(1)	unc.	MAF absent from ExAC database (PM2); consistently classified as "VUS" in NCBI ClinVar; co-occurrence with deleterious BARID1 variant [106] (BP2?); CB : male ASI affected with prostate cancer [107]; two CRC-affected individuals suspected of LS [61]; conflicting/insufficient evidence	VUS		
75150 (571/22.1/51.66)	CHEK2	c.1556G>T	het	miss	E15	chr22:29083961	rs587780180	p.R519L	—	—	—	23.15/25/0	20.41/53/0	10.1/1/0	del	path	PD	23.5	-2.75	C0	path	5+	undet	not listed	inconclusive ¹	unc.	consistently classified as "VUS" in NCBI ClinVar; CB : one early-onset BC case (Dx <45) [101]; insufficient evidence	VUS		
74656 (433/20.8/48.04)	CHEK2	c.*2dup	het	nonc	3'UTR	chr22:29083883	rs749257861	nonc	—	—	0.02	—	—	—	na	na	na	na	na	na	na	na	na	na	not listed	not listed	unc.	3'UTR; insufficient evidence	VUS	
75407 (391/20.6/58.82)	MSH2	c.128A>G	het	miss	E1	chr2:47630458	rs17217723	p.Y43C	IPR007695	—	0.01	2.778/2/0	7.024/18/0	na	del	path	PvD	17.0	5.49	C55	path	6+	dam	DM/CM068366	3-VUS; 3-VUS ¹	unc.	classified as "class 3-VUS" by expert panel; MAF within pathogenic range (PM2); deleterious in silico prediction consensus (PP3)	VUS		
70798 (288/19.6/48.96) 71654 (114/16.4/42.11)	MSH2	c.339G>A	het	syn	E2	chr2:47635667	rs35898375	p.K113>	IPR007695	0.10	0.52	273.1/331/2	283.3/785/3	na	na	na	na	na	na	na	poly	na	na	not listed	1-benign; (probably) neutral ¹ ; -/(4); -?/?(1); neutral ² ; -/?: 1-neutral ³	B	classified as "class 1-benign" by expert panel; no evident splicing effect in silico (BP7)	(LIKELY) BENIGN		
73282 (653/22.4/45.02)	MSH2	c.435T>G	het	miss	E3	chr2:47637301	rs63750124	p.I145M	—	0.02	0.06	33.77/41/0	29.58/82/0	na	tol	poly	B	16.9	3.36	C0	poly	1+	B	DM7/CM011416	3-VUS; inconclusive ¹ ; inconclusive ² ; 3-VUS ³	unc.	classified as "class 3-VUS" by expert panel	VUS		
73949 (198/18.3/51.52)	MSH2	c.775C>T	het	miss	E4	chr2:47639682	rs587781294	p.P259S	IPR007860	—	—	0.8276/1/0	0.4066/1/0	na	tol	path	PD	22.9	4.65	C0	path	5+	undet	DM7/CM117423	not listed	unc.	MAF within pathogenic range (PM2); mutational hot spot (connector domain) (PM1); consistently classified as "VUS" in NCBI ClinVar; CB : two LS families (classified as "VUS" in n/d [108]; patient meeting modified Amsterdam criteria [109]); BC-affected female [62]	VUS		
74925 (397/20.7/34.01)	MSH2	c.984C>T	het	syn	E6	chr2:47643476	rs4987189	p.A328>	IPR007696	0.78	0.14	543.3/659/14	458.2/1270/26; SAS: 3.01%	na	na	na	na	na	na	na	na	na	na	na	not listed	2-likely benign; (probably) neutral ¹ ; -/(3), -?/?(3); probably neutral ² ; -?/?; 1-neutral ³	LB	classified as "class 2-likely benign" by expert panel; very high MAF in population databases, gnomAD: 26 homozygous individuals	(LIKELY) BENIGN	
70798 (1628/25.5/54.30)	MSH2	c.1131A>G	het	syn	E7	chr2:47656935	rs181852377	p.Q377>	IPR007696	0.02	0.01	7.424/9/0	4.873/12/0	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	(L/B)	no evident splicing in silico ¹ (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN	
68068 (54/13.7/50.00) 62001 (60/14.2/50.00) 72157 (51/13.7/43.14)	MSH2	c.1387-8G>T	het	nonc	I8	chr2:47690162	rs187525243	nonc	—	0.10	0.19	194.4/235/0	204.0/565/2; NFE: 0.19%; ASI: 0.95%	na	na	na	na	na	na	na	na	na	na	na	not listed	2-Hkely benign; (probably) neutral ¹ ; -?/?(3); -/(1); probably neutral ² ; -?/?; 1-neutral ³	LB	classified as "class 2-likely benign" by expert panel; high to very high MAF in population databases; functional studies show no splicing effect [110] (BS3)	(LIKELY) BENIGN	
72266 (599/22.1/50.58)	MSH2	c.1489A>G	het	miss	E9	chr2:47690272	rs755501968	p.I497V	IPR007696 IPR007861	—	—	1.65/2/0	0.8125/2/0	na	tol	poly	B	0.1	-6.90	C0	prob poly	0+	B	not listed	not listed	confil.: LB(1), VUS(2)	MAF within pathogenic range (PM2); in silico predicted de novo CSDS ² (PP3); conflicting classification in NCBI ClinVar; insufficient/conflicting evidence	VUS		
69413 (96/15.7/59.38) 73463 (34/12.2/29.41) 35678 (120/16.5/44.17) 55035 (187/18.1/51.34) 73800 (218/18.6/50.46) 72428 (246/19.0/41.46)	MSH2	c.1662-9G>A	het	nonc	I10	chr2:47698095	rs17218356	nonc	—	0.68	0.03	157.3/187/2	168.3/465/4; AFR: 1.61%	na	na	na	na	na	na	na	na	na	na	na	not listed	1-benign; neutral ¹ ; -/(2); neutral ² ; -/?: 1-neutral ³	B	classified as "class 1-benign" by expert panel; very high MAF in AFR, gnomAD: 4 homozygous individuals	(LIKELY) BENIGN	
68068 (72/14.6/40.28) 72157 (30/11.6/50.00)	MSH2	c.1666T>C	het	syn	E11	chr2:47698108	rs61756466	p.L556>	IPR007696 IPR007861	0.22	0.80	452.4/544/3	430.5/1189/6; NFE: 0.70%	na	na	na	na	na	na	na	poly	na	na	DM7/CM036021	1-benign; (probably) neutral ¹ ; -/(12); -?/?(2); neutral ² ; -/?: 1-neutral ³	B	classified as "class 1-benign" by expert panel; very high MAF in NFE, gnomAD: 6 homozygous individuals; no evident splicing effect in silico (BP7);	(LIKELY) BENIGN		
60824 (175/17.9/42.29) 74116 (263/19.2/40.68)	MSH2	c.1681G>A	het	miss	E11	chr2:47698123	rs63750328	p.E561K	IPR007696 IPR007861	—	—	1.657/2/0	1.631/4/0	na	tol	path	B	25.1	5.86	C0	prob path	4+	undet	DM7/CM068371	3-VUS; 3-VUS ¹	unc.	classified as "class 3-VUS" by expert panel; MAF within pathogenic range (PM2); mutational hot spot (clamp) (PM1)	VUS		
62001 (67/14.3/40.30) 68068 (72/14.6/40.28) 72157 (30/11.6/50.00)	MSH2	c.1737A>G	het	syn	E11	chr2:47698179	rs61756467	p.K579>	IPR007696	0.10	0.19	193.0/233/0	204.1/565/2	na	na	na	na	na	na	na	poly	na	na	not listed	2-Hkely benign; neutral ¹ ; -/(1); neutral ² ; -?/?; 1-neutral ³	LB	classified as "class 2-likely benign" by expert panel; high MAF in population databases, gnomAD: 2 homozygous individuals; functional studies show no splicing effect [110-111] (BS3)	(LIKELY) BENIGN		
65761 (54/21.7/54.80)	MSH2	c.1787A>G	het	miss	E12	chr2:47702191	rs41295288	p.N596S	IPR007696	—	0.02	25.58/31/0	29.58/82/0	na	tol	path	B	21.0	5.61	C0	path	4+	undet	DM7/CM994603	3-VUS; probably neutral ¹ ; -?/?(1); inconclusive ² ; 3-VUS ³	unc.	classified as "class 3-VUS" by expert panel; mutational hot spot (lever domain) (PM1)	VUS		
76918 (188/18.2/48.40)	MSH2	c.2043A>T	het	miss	E13	chr2:47703543	rs790881763	p.Q681H	IPR000432	—	—	0.8242/1/0	0.4061/1/0	na	del	path	PvD	15.7	-9.68	C15	path	5+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); mutational hot spot (ATPase domain) (PM1); consistently classified as "VUS" in NCBI ClinVar Database; insufficient evidence	VUS		
75894 (139/17.1/65.47)	MSH2	c.2205C>T	het	syn	E13	chr2:47703705	rs53355381	p.I735>	IPR000432	0.26	—	152.4/185/2	133.1/369/5; SAS: 1.17%	na	na	na	na	na	na	na	poly	na	na	not listed	inconclusive ¹ ; ?/?(1)	confil.: B(6), LB(3), VUS(1)	very high MAF in SAS, gnomAD: 5 homozygous individuals; no evident splicing effect in silico (BP7); predominantly classified as "likely benign" in NCBI ClinVar	(LIKELY) BENIGN		
75711 (262/19.3/44.66)	MSH2	c.2595C>T	het	syn	E15	chr2:47707971	rs547695133	p.R865>	—	0.04	—	12.35/15/0	11.78/29/0	na	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect in silico ¹ (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
68067 (178/17.8/48.88)	MLH1	c.221A>T	het	miss	E3	chr3:37042459	rs751894165	p.D74V	IPR002099 IPR003594	—	—	0.8246/1/0	0.4062/1/0	na	del	path	B	23.5	3.46	C0	path	5+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); mutational hot spot (histidine kinase, ATPase domain) (PM1); not yet reviewed by expert panel, consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS		
41652 (370/20.3/45.68)	MLH1	c.277A>G	het	miss	E3	chr3:37042515	rs78852840	p.S93G	IPR002099 IPR003594	—	0.01	3.297/4/0	2.165/6/0	na	del	poly	B	16.1	0.36	C0	path	2+	undet	DM7/CM981289	3-VUS; inconclusive ¹ ; inconclusive ² ; 3-VUS ³	unc.	classified as "class 3-VUS" by expert panel; MAF within pathogenic range (PM2); mutational hot spot (histidine kinase, ATPase domain) (PM1); functional studies show no obvious deleterious effect ¹ [112-114]	VUS		

Variant Specification										Population Databases							Computational Evidence							Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity			
Carrier ID (quality parameters of the individual variant: Cnv/Score/SB)	Gene	Mutation HGVS	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_ref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] Eur/Am	ExAC v0.3.1 freq./allele count/# hom	gnomad v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count (#Eur/#hom)	SIFT v6.2.0	MutTaster v2013	PolyPhen-2 v2.2.1 HumVar	CADD Phred	GERP++_RS	Align-GVD v200715	UMD predictor	Prediction CONSENSUS	HGMDB PRO v2017.3; variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD)	NCBI-ClinVar	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION			
72876 (111/16.3/56.76)	MLH1	c.303T>G	het	syn	E3	chr3:37042541	rs4647220	p.G101=	IPR002099 IPR003594	0.64	—	273.5/331/5	227.7/631/11; SAS: 2.00%	na	na	na	na	na	na	poly	na	na	not listed	2-likely benign; probably neutral ^a ; -?/-?; probably neutral ^b ; ?/?; 3-VUS ^c	LB	classified as "class 2-likely benign" by expert panel; very high MAF in SAS, gnomAD: 11 homozygous individuals	(LIKELY) BENIGN			
73215 (229/18.7/48.47)	MLH1	c.652T>C	het	miss	E8	chr3:37053565	rs750650349	p.S218P	IPR002099 IPR013507	—	—	0.8244/1/0	0.4067/1/0	na	tol	path	PD	22.0	5.76	CO	path	5+	undet	not listed	not listed	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS			
4162 (233/18.9/47.21)	MLH1	c.702G>A	het	syn	E9	chr3:37055947	rs35908749	p.E234=	IPR013507	0.02	0.07	38.79/46/0	39.72/110/0	na	na	na	na	na	na	prob poly	na	na	not listed	2-likely benign; probably neutral ^a ; -?/-?; probably neutral ^b ; ?/?; 1-neutral ^c	LB	classified as "class 2-likely benign" by expert panel; functional studies showed no impact on mRNA processing or stability [115] (BS3)	(LIKELY) BENIGN			
68159 (208/18.4/56.73)	MLH1	c.790+10A>G	het	nonc	I9	chr3:37056045	rs182733777	nonc	—	0.02	0.22	194.4/220/1	186.2/512/2; NFE: 0.36%	na	na	na	na	na	na	na	na	na	DM7/SC086116	1-benign; neutral ^a ; -?/-; neutral ^b ; -?/-; 1-neutral ^c	B	classified as "class 1-benign" by expert panel; high MAF in NFE, gnomAD: 2 homozygous individuals; no evident splicing effect in silico (BP7)	(LIKELY) BENIGN			
63624 (304/19.8/57.89)	MLH1	c.1217G>A	het	miss	E12	chr3:37067306	rs41294980	p.S406N	—	0.04	0.20	93.08/113/0	89.96/249/0; NFE: 0.14%	na	tol	poly	B	12.8	2.94	CO	poly	1+	B	DM7/CM014585	1-benign; neutral ^a ; -?/-; neutral ^b ; -?/-; 1-neutral ^c	B	classified as "class 1-benign" by expert panel; high MAF in NFE	(LIKELY) BENIGN		
66137 (134/16.8/52.24)	MLH1	c.1401C>T	het	syn	E12	chr3:37067490	rs587778910	p.S467=	—	—	—	—	0.8128/2/0	na	na	na	na	na	na	na	prob path	na	na	not listed	3-VUS; inconclusive ^a	unc.	classified as "class 3-VUS" by expert panel; absent from ExAC population database/MAF within pathogenic range (PM2); no evident splicing effect in silico ² (BP7)	VUS		
73326 (170/17.7/61.18)	MLH1	c.1587C>T	het	syn	E14	chr3:37081705	rs767089159	p.S529=	IPR032189	—	—	0.8244/1/0	0.4066/1/0	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splice effect in silico ² (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN			
67184 (848/23.2/55.31)	MLH1	c.1732G>A	het	miss	E16	chr3:37089010	rs863224635	p.E578K	IPR032189	—	—	—	0.4065/1/0	na	tol	path	B	23.1	5.56	CO	path	4+	undet	not listed	not listed	unc.	absent from ExAC population database/MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar database; no significant splice effect in silico ² (last exonic base at splice junction) (BP7); insufficient/conflicting evidence	VUS		
63315 (403/20.7/48.64)	MLH1	c.1852_1853 delinsGC	het	miss	E16	chr3:37089130	rs63750449	p.K618A	IPR032189	—	—	na	na	na	del	na	PrD	na	na	C35	na	3+	undet	DM7/CX973308	1-benign; neutral ^a ; -?/(1); -?/(1); neutral ^b ; -?/-; 1-neutral ^c	B	classified as "class 1-benign" by expert panel; most recent large case-control study implicate no association with CRC risk [116]	(LIKELY) BENIGN		
71229 (200/18.2/47.00)	MLH1	c.1852_1853 delinsGC	het	miss	E16	chr3:37089130	rs63750449	p.K618A	IPR032189	—	—	na	na	na	del	na	PrD	na	na	C35	na	3+	undet	DM7/CX973308	1-benign; neutral ^a ; -?/(1); -?/(1); neutral ^b ; -?/-; 1-neutral ^c	B	classified as "class 1-benign" by expert panel; most recent large case-control study implicate no association with CRC risk [116]	(LIKELY) BENIGN		
67184 (403/20.6/39.95)	MLH1	c.1935C>G	het	miss	E17	chr3:37090046	rs863224636	p.N645K	IPR032189	—	—	—	—	na	tol	path	B	20.5	2.06	CO	path	4+	undet	not listed	not listed	unc.	absent from population databases (PM2); mutational hot spot (interaction domain) (PM1); in silico predicted de novo CSDS ² (PP3); insufficient evidence	VUS		
74409 (224/18.7/55.8)	MLH1	c.2103+9G>A	het	nonc	I18	chr3:37090517	—	nonc	—	—	—	—	—	na	na	na	na	na	na	na	na	na	na	not listed	not listed	LB	absent from population databases (PM2); no evident splicing effect in silico ² (BP7); insufficient evidence	VUS		
71655 (266/19.2/53.01)	MLH1	c.2146G>A	het	miss	E19	chr3:37092019	rs35831931	p.V716M	IPR032189	0.04	0.21	122.1/148/0	126.4/350/1; NFE 0.20%; FIN: 0.16%	na	del	path	PD	22.1	5.41	CO	prob poly	5+	undet	DM7/CM981295	1-benign; (probably) neutral ^a ; -?/(2); -?/(3); -?/(1); neutral ^b ; -?/-; 1-neutral ^c	B	classified as "class 1-benign" by expert panel; high MAF in NFE, gnomAD: 1 homozygous individual	(LIKELY) BENIGN		
71136 (124/16.7/37.9)	MSH6	c.73G>T	het	miss	E1	chr2:48010445	rs26768026	p.A25S	—	—	0.02	15.06/17/0	13.75/37/0	na	tol	poly	B	10.1	0.56	CO	poly	0+	B	DM7/CM0910272	3-VUS; inconclusive ^a ; neutral ^b	unc.	classified as "class 3-VUS" by expert panel; no significant association with CRC in case-control study [117]	VUS		
66151 (223/18.7/44.39)	MSH6	c.178T>C	het	syn	E1	chr2:48010550	rs35819209	p.L60=	—	—	—	22.94/5/0	6.366/10/0	na	na	na	na	na	na	poly	na	na	not listed	not classified; -?/(2); inconclusive ^a	(likely) B	no evident splicing effect in silico (BP6); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN			
65761 (92/15.7/44.57)	MSH6	c.660A>C	het	miss	E4	chr2:48025782	rs1800938	p.E220D	—	—	—	15.06/18/0	11.64/32/0	na	tol	path	B	18.2	3.44	CO	prob poly	2+	undet	not listed	2-likely benign; probably neutral ^a ; -?/-?; 1-neutral ^b	LB	classified as "class 2-likely benign" by expert panel	(LIKELY) BENIGN		
74115 (414/20.8/50.00)	MSH6	c.663A>C	het	miss	E4	chr2:48025785	rs41557217	p.E221D	—	—	0.13	62.68/75/0	68.70/189/0; NFE: 0.11%	na	tol	poly	B	16.0	-0.72	CO	prob poly	0+	B	not listed	3-VUS; inconclusive ^a ; 3-VUS ^b	unc.	classified as "class 3-VUS" by expert panel	VUS		
76747 (375/20.4/51.06)	MSH6	c.663A>C	het	miss	E4	chr2:48025785	rs41557217	p.E221D	—	—	0.13	62.68/75/0	68.70/189/0; NFE: 0.11%	na	tol	poly	B	16.0	-0.72	CO	prob poly	0+	B	not listed	3-VUS; inconclusive ^a ; 3-VUS ^b	unc.	classified as "class 3-VUS" by expert panel	VUS		
75045 (348/20.3/44.25)	MSH6	c.942C>T	het	syn	E4	chr2:48026064	—	p.S314=	—	—	—	—	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	absent from population database (PM2); no evident splicing effect in silico ² (BP7); insufficient evidence	VUS			
74215 (309/19.8/50.16)	MSH6	c.998C>T	het	miss	E4	chr2:48026120	rs587781983	p.T333I	—	—	—	—	0.3228/1/0	na	del	path	B	22.0	4.41	CO	path	5+	undet	not listed	3-VUS ^a	unc.	absent from ExAC population database/MAF within pathogenic range (PM2); consistently classified as "VUS" in LSDb and NCBI ClinVar; LB: LS-affected patient (concomitant to a pathogenic MLH1 variant) (classified as "VUS" [118]); insufficient evidence	VUS		
75035 (376/20.5/48.4)	MSH6	c.1144C>T	het	miss	E4	chr2:48026266	rs58779207	p.H382Y	—	—	—	1.649/2/0	1.446/4/0	na	tol	poly	B	16.0	1.14	CO	prob poly	0+	B	not listed	3-VUS; inconclusive ^a	unc.	classified as "class 3-VUS" by expert panel; MAF within pathogenic range (PM2)	VUS		
60770 (409/20.8/48.9)	MSH6	c.1186C>G	het	miss	E4	chr2:48026308	rs2020908	p.L396V	—	0.20	0.65	518.5/629/1	561.9/1556/9; NFE: 0.73%; FIN: 2.05%	na	tol	path	B	17.6	1.71	CO	poly	1+	B	FP/CM101608	1-benign; neutral ^a ; -?/(6); -?/(1); neutral ^b ; -?/-; 1-neutral ^c	B	classified as "class 1-benign" by expert panel; very high MAF in NFE/FRN, gnomAD: 9 homozygous individuals; in silico predicted de novo CSDS ² (PP4)	(LIKELY) BENIGN		
67044 (186/18.0/40.86)	MSH6	c.1331T>C	het	miss	E4	chr2:48026453	—	p.V444A	IPR007695	—	—	—	—	na	del	path	PD	21.2	5.15	C25	prob poly	6+	dam	not listed	not listed	not listed	novel	(likely) B	no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN
62976 (156/17.5/37.18)	MSH6	c.1449G>T	het	syn	E4	chr2:48026571	rs35590297	p.V483=	IPR007695	0.04	0.13	28.02/34/0	33.23/92/0	na	na	na	na	na	na	poly	na	na	not listed	not classified; -?/(1); inconsistent ^a ; -?/(4); ?/(1); 3-VUS ^b	(likely) B	no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN			
41652 (100/15.8/55.00)	MSH6	c.1768C>T	het	miss	E4	chr2:48026890	—	p.P590S	IPR007860	—	—	—	—	na	tol	path	B	18.3	3.30	CO	path	3+	undet	not listed	not listed	not listed	novel; no evident splicing effect in silico ² (BP7)	VUS		
53539 (62/14.3/41.94)	MSH6	c.1907C>G	het	miss	E4	chr2:48027029	—	p.T636S	IPR007860	—	—	—	—	na	tol	path	B	16.9	3.52	CO	prob poly	2+	undet	not listed	not listed	unc.	absent from population databases (PM2); insufficient evidence	VUS		
53804 (174/17.8/48.28)	MSH6	c.2633T>C	het	miss	E4	chr2:48027755	rs2020912	p.V878A	IPR007696	0.40	0.77	527.8/635/4	495.1/1369/10; NFE: 0.70%; ASI: 1.01%	na	tol	path	B	7.8	1.99	CO	poly	1+	B	DM7/CM003461	1-benign; (probably) neutral ^a ; -?/(2); -?/(5); -?/(1); neutral ^b ; -?/-; 1-neutral ^c	B	classified as "class 1-benign" by expert panel; very high MAF in NFE, gnomAD: 10 homozygous individuals	(LIKELY) BENIGN		
68185 (332/20.1/45.18)																														
72585 (149/17.2/48.32) ⁹																														
73183 (227/18.8/41.85)																														
75600 (139/17.1/43.17) ⁹	MSH6	c.2883A>G	het	syn	E4	chr2:48028005	—	p.R961=	IPR007696 IPR007861	—	—	—	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect in silico ² (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN			
75739 (220/18.7/50.00)																														
67514 (294/19.7/52.72)																														
75894 (243/18.9/43.21)																														
73776 (641/22.3/51.48)	MSH6	c.3246G>T	het	syn	E4	chr2:48030632	rs3136351	p.P1082=	IPR007696	0.14	0.53	345.3/419/0	332.7/922/2; NFE: 0.56%	na	na	na	na	na	na	poly	na	na	not listed	2-likely benign; (probably) neutral ^a ; -?/(3); -?/(2); -?/(1); -?/(1); probably neutral ^b ; -?/?; 1-neutral ^c	LB	classified as "class 2-likely benign" by expert panel; very high MAF in NFE, gnomAD: 2 homozygous individuals; functional ex vivo studies show no splicing effect (BS3) (UMD database)	(LIKELY) BENIGN			
73878 (723/22.7/47.99)																														
76367 (264/19.3/43.56)																														
74742 (321/20.0/57.32)	MSH6	c.3758T>A	het	miss	E8	chr2:48033454	rs202066386	p.V1253E	IPR000432	0.02	0.02	18.97/23/0	14.80/41/0	na	del	path	PrD	22.7	5.50	C65	path	7+	dam	DM7/CM148415	inconclusive ^a ; 3-VUS ^b	unc.	deleterious in silico prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar; LB: reported in a CRC-affected patient, MSS/HIC-prior/BRAF V600E wild-type [119]; CRC-patient suspected of LS (classified as "VUS" [61]; patients affected with BC and renal cell cancer [15]); insufficient evidence	VUS		
75579 (326/20.0/46.75)	MSH6	c.4001+12_4001+15 del	het	nonc	I9	chr2:48033792	rs267608132	nonc	—	—	0.13	—	122.1/330/0	na	na	na	na	na	na	na	na	na	not listed	3-VUS; inconsistent ^a ; -?/(1); ?/(1); 1-neutral ^b	unc.	classified as "class 3-VUS" by expert panel; no evident splicing in silico ² (BP7)	VUS			
70861 (293/19.6/34.47)	MSH6	c.4001+4_4001+8 dup	het	nonc	I9	chr2:48033793	rs587782853	nonc	—	—	—	3.575/4/0	3.712/10/0	na	na	na	na	na	na	na	na	na	not listed	inconsistent ^a ; +?/(1); -?/(1) (clinical class: likely benign); 3-VUS ^b	confi.: B(1), LB(3), VUS(2)	clinical class in InSIGHT database: "likely benign" (BP6); no evident splicing in silico ² (BP7);	(LIKELY) BENIGN			

Carrier ID (quality parameters of the individual variant: CrV/Score/SL)		Variant Specification										Population Databases							Computational Evidence										Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity	
Carrier ID	Gene	Mutation HGVS λ	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_ref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] Eur/Am	ExAC v0.3 freq/allele count/# hom	gnomAD v2.0.2 freq/allele count/# hom	FLOSSIES freq/allele count (#/# hom)	SIFT v6.2.0 λ	MutTaster v2013*	PolyPhen-2 v2.2.1 HumVar	CADD Phred	GERP+*_RS	Align-GVGD v200715	UMD predictor	Prediction CONSENSUS ¹	HGMD PRO v2017.3: variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD) ⁵	NCBI-ClinVar ⁶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION						
71230 (39/12.8/20.51)	MSH6	c.4002-8A>T	het	nonc	I9	chr2:48033910	rs778957100	nonc	—	—	—	—	na	na	na	na	na	na	na	na	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> ² (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN						
75152 (286/19.8/53.85)	MSH6	c.4022G>A †	het	syn	E10	chr2:48033942	—	p.R1342=	—	—	—	—	na	na	na	na	na	na	na	na	poly	na	na	not listed	not listed	not listed	novel, <i>in silico</i> predicted CSAS deactivation ⁷ (PP3)	VUS					
47172 (667/22.5/43.18)	MSH6	c.4068_4071dup	het	fs	E10	chr2:48033982	rs55470729	p.K1358Dfs*2	—	0.80	—	232.7/281/5	229.5/635/11; EAS: 3.2%	na	na	na	na	na	na	na	na	na	DM7/C148414	2-likely benign; probably neutral ⁸ : -?/-	LB	classified as "class 2-likely benign" by expert panel; very high MAF in EAS, gnomAD: 11 homozygous individuals; functional study show no deleterious effect (termination codon only two codons before normal stop) (L20) (BS3)	(LIKELY) BENIGN						
75580 (1306/24.8/37.60)	MSH6	c.4068G>A	het	syn	E10	chr2:48033984	rs192740549	p.L1356=	—	0.02	0.01	1.656/2/0	2.170/6/0	na	na	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> ² (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN				
72678 (244/18.8/45.90)	PMS2	c.-7T>C	het	nonc	S'UTR	chr7:6048657	rs199660792	nonc	—	—	0.01	13.45/16/0	15.57/43/0	na	na	na	na	na	na	na	na	na	DM7/CR171499	not listed	conf.: LB(2), VUS(3)	conflicting classification in NCBI ClinVar; $\underline{C\#}$; detected in 3 CRC-affected patients (classified as "VUS") [2]; insufficient evidence	VUS						
64721 (75/14.8/56.00)	PMS2	c.23+10G>C	het	nonc	I1	chr7:6048618	rs192027828	nonc	—	0.10	0.31	189.3/226/2	179.4/496/2; NFE: 0.29%	na	na	na	na	na	na	na	na	na	na	not listed	not classified: -?/(1); (probably) neutral ⁹ : -/(2), -/(4)	(likely) B	high MAF in NFE, gnomAD: 2 homozygous individuals; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN					
74658 (608/22.2/41.94)	PMS2	c.376C>G	het	miss	E5	chr7:6042245	rs774135207	p.H126D	IPR002099 IPR003594	—	—	—	—	na	tol	path	PrD	14.7	5.82	C15	path	5+	undet	not listed	not listed	not listed	absent from population databases (PM2); insufficient evidence	VUS					
66138 (163/17.5/53.37)	PMS2	c.988+11T>C	het	nonc	I9	chr7:6031593	rs139969671	nonc	—	0.04	—	58.24/68/1	58.95/163/1; FIN: 0.47%	na	na	na	na	na	na	na	na	na	na	not listed	not listed	B	high to very high MAF in FIN, gnomAD: 1 homozygous individual; no evident splicing effect <i>in silico</i> ² (BP7); consistently classified as "benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN					
63328 (490/21.4/48.57)	PMS2	c.1032G>A	het	syn	E10	chr7:6029543	—	p.L344L	IPR013507	—	—	—	—	na	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> ² (BP7); consistently classified as "benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN					
68968 (329/20.1/45.59) 70860 (334/20.1/50.00)	PMS2	c.1243G>A	het	miss	E11	chr7:6027153	rs138387687	p.V415M	—	0.02	0.02	24.1/29/0	15.88/44/0	na	tol	poly	B	9.6	1.60	CO	poly	0+	B	not listed	not classified: -?/(1); inconclusive ⁹	conf.: LB(1), VUS(3)	not classified by InsIGHT; inconsistent classification in NCBI ClinVar (predominantly classified as "VUS"); $\underline{C\#}$; patients affected with pancreatic cancer [121] and pediatric acute megakaryoblastic leukemia [122]; HBOC-suspected female (classified as "VUS") [123]; OC-affected female, no LOH in tumour tissue [15]; insufficient evidence	VUS					
71052 (53/13.5/64.15)	PMS2	c.1437C>G	het	miss	E11	chr7:6026959	rs63750685	p.H479Q	—	0.28	0.28	—	462.1/1281/8; NFE: 0.39%; FIN: 1.12%	na	tol	poly	B	2.1	2.17	CO	poly	1+	B	DM7/CM1612932	3-VUS; inconsistent ⁹ : ?/(1), -/(4), ?/(2)	unc.	classified as "class 3-VUS" by expert panel	VUS					
71742 (168/17.8/50.00) 74214 (275/19.3/65.82)	PMS2	c.1569G>C	het	syn	E11	chr7:6026827	rs141548772	p.S523=	—	0.08	0.29	508.8/612/15	621.5/1721/31; FIN: 4.13%; NFE: 0.4%	na	na	na	na	na	na	na	poly	na	na	not listed	2-likely benign; probably neutral ⁸ : ?/-?/(1), -?/-?/(1), -?/(5)	LB	classified as "likely benign" by expert panel; no evident splicing effect <i>in silico</i> (BP7)	(LIKELY) BENIGN					
73328 (308/19.8/44.48)	PMS2	c.1595A>G	het	miss	E11	chr7:6026801	—	p.H532R	—	—	—	—	—	na	tol	poly	B	0.0	-6.67	CO	poly	0+	B	not listed	not listed	unc.	absent from population databases (PM2); consistently classified as "VUS" by NCBI ClinVar database; insufficient evidence	VUS					
70460 (482/21.4/42.74) 71145 (238/18.9/33.76) 76207 (560/21.9/51.43)	PMS2	c.1688G>T	het	miss	E11	chr7:6026708	rs63750668	p.R563L	—	0.30	1.00	581.3/703/2	638.0/1767/3; NFE: 0.91%	na	tol	poly	B	12.7	-0.27	CO	poly	0+	B	DM7/CM061908	2-likely benign; inconsistent ⁹ : -?/(4), -/(1), ?/(1), +/(1)	LB	classified as "class 2-likely benign" by expert panel; very high MAF in NFE, gnomAD: 3 homozygous individuals	(LIKELY) BENIGN					
68068 (438/21.0/41.78)	PMS2	c.1711C>A	het	miss	E11	chr7:6026685	rs63750055	p.L571I	—	0.56	0.08	243.7/295/3	274.2/760/10; AFR: 2.11%	na	tol	poly	B	0.0	-3.33	CO	poly	0+	B	not listed	2-likely benign, inconsistent ⁹ : -?/(4), -/(1), ?/(1), +/(1)	LB	classified as "class 2-likely benign" by expert panel; very high MAF in AFR, gnomAD: 10 homozygous individuals	(LIKELY) BENIGN					
75817 (234/18.9/46.58)	PMS2	c.1864A>G	het	miss	E11	chr7:6026532	rs370853512	p.M622V	—	0.10	0.01	37.9/46/0	35.74/88/0; SAS: 0.28%	na	tol	poly	B	1.8	2.02	CO	prob path	2+	undet	DM7/CM1115096	not listed	conf.: LB(2), VUS(2)	<i>in silico</i> predicted <i>de novo</i> CSAS ⁵ (PP3); functional studies implicate a possible damaging effect (concomitant to a pathogenic PMS2 variant of unknown phase in two siblings with childhood gliosarcomas) [124]; $\underline{C\#}$; CRC-affected patient suspected of LS [61]; conflicting classification in NCBI ClinVar; conflicting/insufficient evidence	VUS					
55969 (233/18.3/66.95)	PMS2	c.2012C>T	het	miss	E12	chr7:6022617	rs587780046	p.T671M	—	—	—	—	17.43/34/0	na	tol	poly	B	26.3	3.71	CO	path	3+	undet	DM7/CM1613756	not listed	conf.: B(1), VUS(7)	predominantly classified as "VUS" in NCBI ClinVar; $\underline{C\#}$; two patients affected with pancreatic cancer [121,125]; CRC-affected patient (classified as "VUS") [72]; insufficient evidence	VUS					
53804 (132/16.7/63.64) ⁹ 53805 (184/17.8/69.57) ⁹	PMS2	c.2068A>C	het	miss	E12	chr7:6022561	rs587781909	p.K690Q	IPR014790	—	—	—	4.096/10/0	na	del	path	B	24.0	4.74	CO	prob path	5+	undet	not listed	not listed	unc.	absent from ExAC population database (PM2); consistently classified as "VUS" in NCBI ClinVar; $\underline{C\#}$; patient affected with endometrial cancer [126]	VUS					
73484 (132/17.1/67.42)	PMS2	c.2149G>A	het	miss	E12	chr7:6022480	rs201671325	p.V717M	IPR014790	0.02	0.02	90.54/73/0	69.80/184/1; ASI: 0.71%	na	del	path	PD	20.6	3.82	CO	prob poly	5+	undet	DM7/CM144762	not classified: ?/(1), ?/(1); inconclusive ⁹	conf.: B(1), LB(3), VUS(7)	very high MAF in ASI, gnomAD: 1 homozygous individual; functional studies and segregation studies implicate no deleterious effect (BS3, BS4) [127]; multiple co-occurrences with pathogenic LS associated gene variants [64,72,128] (BP2)	(LIKELY) BENIGN					
52069 (179/17.9/54.19) ⁹ 69938 (268/19.3/52.99) ⁹	PMS2	c.2350G>A	het	miss	E14	chr7:6017314	rs143340522	p.D784N	IPR014790	—	0.00	141.6/170/7	113.5/278/9; AFR: 0.70%; SAS: 0.49%	na	tol	path	PD	32.0	5.75	CO	poly	4+	undet	not listed	not listed	conf.: LB(1), VUS(4)	very high MAF in SAS/AFR, gnomAD: 9 homozygous individuals; ClinVar classifications inconcurrent to provided summary evidence; (strong pseudogene homology)	(LIKELY) BENIGN					
74410 (358/20.3/34.36)	PMS2	c.2356C>A	het	miss	E14	chr7:6017308	rs576055272	p.L786M	IPR014790	0.18	—	127.2/152/7	117.2/287/10; SAS: 0.87%	na	tol	path	PD	22.9	2.71	CO	prob poly	4+	undet	not listed	not listed	conf.: B(2), LB(2), VUS(1)	very high MAF in SAS, gnomAD: 10 homozygous individuals; predominantly classified as "likely benign" in NCBI ClinVar database; (strong pseudogene homology);	(LIKELY) BENIGN					
66416 (67/14.7/49.25) 73791 (65/14.2/95.38)	EPCAM	c.5C>T	het	miss	E1	chr2:47596649	rs201402370	p.A2V	—	0.04	0.17	613.3/109/2	218.2/397/3; NFE: 0.18%; ASI: 2.39%	na	tol	poly	B	22.2	3.97	CO	prob poly	2+	undet	not listed	not listed	(likely) B	high to very high MAF in ASI/NFE including 3 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar database; <i>in silico</i> predicted CSAS activation ⁷	(LIKELY) BENIGN					
68134 (357/20.3/45.38) 71430 (164/17.7/63.41) 76208 (191/18.1/58.12)	EPCAM	c.267G>C	het	miss	E3	chr2:47601029	rs146480420	p.O89H	IPR000716	0.10	0.58	257.9/313/2	270.2/749/5; NFE: 0.48%	na	tol	path	PD	13.9	1.39	CO	prob poly	2+	undet	not listed	inconsistent ⁹ : +/(1), -?/(1); inconclusive ⁹	conf.: B(2), LB(3), VUS(1)	very high MAF in NFE, gnomAD: 5 homozygous individuals; predominantly classified as "likely benign" in NCBI ClinVar	(LIKELY) BENIGN					
62976 (152/17.5/40.79)	EPCAM	c.345G>A	het	miss	E3	chr2:47601107	rs115212523	p.M15I	IPR000716	0.10	—	101.3/123/0	103.2/286/1; AFR: 0.94%	na	del	poly	B	14.76	-4.2	CO	poly	1+	B	not listed	inconclusive ⁸	not listed	not listed	very high MAF in AFR, gnomAD: 1 homozygous individual; benign <i>in silico</i> prediction consensus (BP4)	(LIKELY) BENIGN				
72982 (263/19.2/46.01)	EPCAM	c.401C>G †	het	miss	E3	chr2:47601163	—	p.T134S	IPR000716	—	—	—	—	na	tol	poly	B	15.1	0.63	CO	prob poly	0+	B	not listed	not listed	not listed	novel	not listed	VUS				
76087 (253/19.2/46.64)	EPCAM	c.493G>A	het	miss	E5	chr2:47604154	rs146685071	p.A165T	—	0.02	0.02	7.429/9/0	5.282/13/0	na	tol	path	B	15.8	4.98	CO	poly	2+	undet	not listed	inconclusive ⁸	LB	no evident splicing effect <i>in silico</i> (penultimate exonic nucleotide before splice junction) (BP7); insufficient evidence	VUS					
62001 (166/17.6/48.19) 72157 (149/17.3/42.28)	EPCAM	c.831A>G	het	miss	E7	chr2:47607081	rs115283528	p.I277M	—	0.08	0.22	234.4/249/0	205.3/566/1; ASI: 0.84%; NFE: 0.20%	na	del	poly	B	11.9	-0.51	CO	poly	1+	B	not listed	VUS ⁹ : ?/(1)	conf.: B(1), LB(1), VUS(1)	high to very high MAF in NFE/SAS/ASI, gnomAD: 1 homozygous individual; benign <i>in silico</i> prediction consensus (BP4)	(LIKELY) BENIGN					
68241 (247/19.1/46.15)	EPCAM	c.904-G>C †	het	nonc	I8	chr2:47613702	rs377687304	nonc	—	—	—	—	—	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	not listed	novel; no evident splicing effect <i>in silico</i> ² (BP7)	VUS				
60577 (79/15.1/40.51)	NBN	c.37+5G>A	het	nonc	I1	chr8:90996748	rs116735828	nonc	—	0.90	0.10	268.7/302/7	277.4/755/12; AFR: 2.34%	1430.0/22/1	na	na	na	na	na	na	na	na	na	DM/CS1410391	not listed	(likely) B	very high MAF in AFR/Flossies database, gnomAD: 12 homozygous individuals; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN					

Variant Specification										Population Databases					Computational Evidence							Gene/Disease specific Databases				Final Assessment of Variant Pathogenicity				
Carrier ID (quality parameters of the individual variant: Cov./Score/Phred)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (#.67.0)	1000G [%]	ESP6500 [%] Eur/Am	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count (# hom)	SIFT v6.2.0 ¶	MutTaster v2013*	PolyPhen-2 v2.2.1 HumVar	CADD Phred	GERP+ +_RS	Align-GVD v200715	UMD predictor	Prediction CONSENSUS§	HGMD PRO v2017.3: variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD)§	NCBI-ClinVar¶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION			
73235 (27/15.4/43.68) 73877 (201/18.3/35.82) 78586 (119/16.3/57.14)	NBN	c.283G>A	het	miss	E3	chr8:90993640	rs61753720	p.D95N	IPR000253	0.08	0.26	185.8/225/0	172.1/477/1; AS1: 0.39%; NFE: 0.29%	476.0/43/0	tol	path	PvD	25.8	4.83	CO	poly	4+	undet	DM/066927	inconclusive ^a ; inconsistent ^b ; +7/+7 (1), ?/+7(1), ?/7(1)	conf.: B(3), LB(3), VUS(1)	high MAF in NFE/ASI, gnomAD: 1 homozygous individual; no association with BC and cancer in meta-analyses [129-130]	(LIKELY) BENIGN		
64604 (129/16.7/57.36)	NBN	c.353_355delCTT	het	In-Frame	E4	chr8:90993087	rs730881841	p.S118del	IPR001357	—	—	3.302/4/0	2.890/8/0	—	na	na	na	na	na	na	na	na	na	na	not listed	not listed	unc.	MAF within pathogenic range (PM2); protein length changing variant (PM4); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS	
74742 (449/21.0/47.66) 75388 (507/21.4/46.35)	NBN	c.381T>C	het	syn	E4	chr8:90993061	rs61754795	p.A127=	IPR001357	0.22	0.45	321.6/390/4	309.8/858/2; SAS: 0.78%; NFE: 0.39%	607.0/54/0	na	na	na	na	na	na	poly	na	na	na	not listed	not listed	(L)B	high to very high MAF in SAS/NFE, gnomAD: 4 homozygous individuals; no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6); no association with BC in case-control study [129]	(LIKELY) BENIGN	
57429 (161/17.5/49.07) 77074 (123/16.6/71.54) 77745 (197/18.2/39.09)	NBN	c.511A>G	het	miss	E5	chr8:90990521	rs61754966	p.I171V	IPR001357	0.04	0.16	139.4/169/0	150.0/418/0; NFE: 0.26%	293.0/28/0	del	path	PvD	16.8	4.81	CO	prob path	5+	undet	DM/CM011800	inconclusive ^a ; probably pathogenic ^b ; +7/+7(3), +7/+7(2)	conf.: or risk factor: B(1), P(1), VUS(8)	case-control studies implicate a pleomorphic cancer risk elevation [130]	HYPOMORPHIC		
66310 (300/19.6/46.67)	NBN	c.643C>T	het	miss	E6	chr8:90983460	rs34767364	p.R215W	—	0.10	0.37	295.3/353/3	242.5/671/3; NFE: 0.40%	405.0/37/0	tol	poly	PvD	25.9	4.96	CO	path	4+	undet	DM/CM044022	inconclusive ^a ; probably pathogenic ^b ; +7/+7(4)	conf.: B(2), LB(2), P(2), VUS(5)	case-control studies implicate a pleomorphic cancer risk elevation [130]	HYPOMORPHIC		
62542 (121/16.6/49.59)	NBN	c.1231T>C †	het	miss	E10	chr8:90967677	—	p.S411P	—	—	—	—	—	—	tol	poly	PD	11.3	3.99	CO	poly	2+	undet	not listed	not listed	not listed	novel	VUS		
65137 (271/19.3/53.51)	NBN	c.1317A>G	het	miss	E10	chr8:90967591	rs28538230	p.I439M	—	0.04	0.00	38.73/47/0	34.65/96/0; AFR: 0.40%	243.0/1/0	tol	poly	B	0.0	-1.03	CO	poly	0+	B	not listed	inconclusive ^b	LB	high MAF in AFR/FLOSSIES; consistently classified as "likely benign" in NCBI ClinVar (BP6); in silico predicted de novo CSDS† (PP3)	(LIKELY) BENIGN		
68840 (791/23.0/49.81)	NBN	c.1526C>A	het	miss	E11	chr8:90965791	—	p.S509Y	—	—	—	—	—	—	tol	poly	B	12.5	3.46	CO	poly	1+	undet	not listed	not listed	unc.	absent from population database (PM2); consistently classified as "VUS" in NCBI ClinVar database; insufficient evidence	VUS		
73800 (277/19.4/53.43)	NBN	c.2202A>G	het	miss	E11	chr8:90949286	rs200452212	p.A734=	—	—	0.02	18.37/21/0	15.97/44/0; NFE: 0.031%	10.12/1/0	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	B(1), LB(3), VUS(1)	no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (ClinVar submission SCV000697963.1: classification "VUS-likely benign" (BP6); CB: patient affected with larynx cancer [131])	(LIKELY) BENIGN
73184 (205/18.4/44.88)	NF1	c.475A>G	het	miss	E4	chr17:29490390	rs371192107	p.T159A	—	—	0.01	3.306/4/0	2.439/6/0	na	tol	path	B	23.5	5.84	CO	path	4+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS		
62926 (124/16.5/45.97) 63408 (259/19.2/48.26) 65391 (72/14.6/59.72) 69307 (322/19.8/50.93) 76382 (352/20.1/43.18) 73215 (125/16.6/43.20)	NF1	c.528T>A	het	miss	E5	chr17:29496957	rs112306990	p.D176E	—	0.08	0.49	328.6/397/3	368.6/1021/7; FIN: 1.07%; NFE: 0.50%	na	tol	path	PD	18.1	3.38	CO	poly	3+	undet	not listed	neutral ^a ; -(1), -(1)	(L)B	very high MAF in NFE/FIN, gnomAD: 7 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6); nonseregation with disease [132] (BS4); in silico predicted CSAS deactivation ^d	(LIKELY) BENIGN		
72585 (87/15.5/50.57)	NF1	c.696A>G	het	syn	E7	chr17:29508769	rs368691517	p.T232=	—	—	0.01	7.426/9/0	6.094/15/0	na	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing in silico ^c (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
60545 (522/21.7/40.23) 68567 (414/20.8/47.58) 75407 (162/17.6/43.83)	NF1	c.731.6A>C	het	nonc	I7	chr17:29509520	rs369366499	nonc	—	—	0.05	35.9/42/0	32.15/89/0	na	na	na	na	na	na	na	na	na	na	na	not listed	neutral ^a ; -(1)	(L)B	functional studies show no splicing effect [133] (BS3); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN	
74925 (1076/24.2/46.47)	NF1	c.825C>T †	het	syn	E8	chr17:29509620	—	p.I275=	—	—	—	—	—	na	na	na	na	na	na	na	poly	na	na	na	not listed	not listed	not listed	novel; no evident splicing effect in silico ^c (BP7)	VUS	
43268 (385/20.5/99.22) 53804 (309/19.7/47.25) 64997 (759/22.9/47.96) 68241 (452/21.1/48.23) 73313 (911/23.5/45.77) 74925 (952/23.8/53.80)	NF1	c.846G>A	het	syn	E8	chr17:29509641	rs138840528	p.Q282=	—	0.62	0.26	605.2/706/53	501.2/1387/29; SAS: 3.25%	na	na	na	na	na	na	poly	na	na	na	not listed	(probably) neutral ^a ; -(1), -(1), -(1), -(1)	(L)B	very high MAF in SAS, gnomAD: 29 homozygous individuals; no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
65761 (36/12.3/36.11)	NF1	c.*11C>T ψ	het	nonc	3'UTR	chr17:29549019	rs369651443	nonc	—	0.02	—	179.1/43/0	142.0/232/0; NFE: 0.26%	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	not listed	high MAF in NFE; 3'UTR	(LIKELY) BENIGN	
42566 (203/18.2/49.75)	NF1	c.1900A>G	het	miss	E17	chr17:29552167	rs745906742	p.I634V	—	—	—	3.299/4/0	2.439/6/0	na	tol	poly	B	0.4	0.96	CO	poly	0+	B	not listed	not listed	conf.: LB(1), VUS(1)	MAF within pathogenic range (PM2); benign in silico prediction consensus (BP4); conflicting classification in NCBI ClinVar; insufficient/conflicting evidence	VUS		
73808 (651/22.3/48.85)	NF1	c.1901T>C	het	miss	E17	chr17:29552168	rs752763505	p.I634T	—	0.06	—	17.32/21/0	14.08/39/0; SAS: 0.12%	na	del	poly	B	17.8	4.14	C2S	poly	3+	undet	not listed	not listed	LB	high MAF in SAS; consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
75676 (473/21.3/38.27)	NF1	c.2985G>C	het	syn	E22	chr17:29556987	rs17881467	p.L995=	—	0.26	0.00	118.9/143/0	124.8/345/1; AFR: 1.34%	na	na	na	na	na	na	poly	na	na	na	not listed	neutral ^a ; -(1)	(L)B	very high MAF in AFR, gnomAD: 1 homozygous individual; consistently classified as "likely benign" in NCBI ClinVar (BP6); no evident splicing effect in silico ^c (BP7)	(LIKELY) BENIGN		
78686 (192/18.2/53.12)	NF1	c.3468C>T	het	syn	E26	chr17:29559871	rs147955381	p.N1156=	—	0.10	0.13	70.92/86/0	68.21/189/0; NFE: 0.12%	na	na	na	na	na	na	poly	na	na	na	not listed	(probably) neutral ^a ; -(1), -(1), -(1), -(1)	(L)B	high MAF in NFE; no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
72013 (191/18.2/46.07)	NF1	c.3867C>T	het	syn	E28	chr17:29562787	rs138186428	p.F1289=	IPR001936	0.02	0.16	147.5/179/3	116.4/322/3; NFE: 0.20%	na	na	na	na	na	na	poly	na	na	DM7/CM077210	neutral ^a ; -(1)	conf.: B(3), LB(4), VUS(1)	high MAF in NFE, gnomAD: 3 homozygous individuals; no evident splicing effect in silico (BP7); functional analysis implicate no NMD effect [134]; co-occurrence with a pathogenic NF1 variant (BP2) [135]	(LIKELY) BENIGN			
72092 (378/20.4/46.3)	NF1	c.4174.8_4174.6del	het	nonc	I31	chr17:29585352	rs751729752	nonc	—	—	0.29	55.28/67/0	43.34/120/0	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	(L)B	no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN	
55035 (458/21.1/63.59) 59803 (689/21.6/48.04) 73484 (540/21.7/53.33) 80688 (105/16.0/39.05)	NF1	c.4577+11C>G	het	nonc	I34	chr17:29587544	rs190614908	nonc	—	0.10	0.09	88.99/108/0	108.7/301/0; ASI: 0.70%	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	LB	very high MAF in ASI; no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6);	(LIKELY) BENIGN	
72266 (719/22.7/46.59)	NF1	c.4577+12C>T	het	nonc	I34	chr17:29587545	rs17878332	nonc	—	0.24	0	92.29/112/1	112.4/311/2; AFR: 1.22%	na	na	na	na	na	na	na	na	na	na	na	not listed	not listed	(L)B	very high MAF in AFR, gnomAD: 2 homozygous individuals; no evident splicing effect in silico (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN	
75387 (550/21.8/48)	NF1	c.4749A>G	het	syn	E36	chr17:29592271	rs144091165	p.E1583=	IPR001251	0.02	—	22.39/27/0	22.74/63/0	na	na	na	na	na	na	na	poly	na	na	na	not listed	not listed	conf.: LB(3), VUS(4)	no evident splicing effect in silico (BP7); conflicting classification in NCBI ClinVar; CB: subject with individual or familial history of NF1, seg. n/d [136]; insufficient evidence	VUS	
71620 (316/19.8/50.00) 75424 (389/20.6/45.50)	NF1	c.5235G>A	het	syn	E37	chr17:29653237	rs17887014	p.K1745=	—	0.20	0.49	340.9/408/1	324.6/889/3; SAS: 0.29%; NFE: 0.52%	na	na	na	na	na	na	poly	na	na	na	not listed	not listed	(L)B	very high MAF in SAS/NFE, gnomAD: 3 homozygous individuals; functional studies show no obvious splicing effect [132] (BS3); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
62541 (119/16.5/52.10)	NF1	c.6033A>G	het	syn	E41	chr17:29663377	rs147995863	p.L2011=	—	—	0.00	4.946/6/0	6.134/17/0	na	na	na	na	na	na	poly	na	na	na	not listed	not listed	LB	no evident splicing effect in silico ^c (BP6); consistently classified as "likely benign" in NCBI ClinVar (BP7)	(LIKELY) BENIGN		
75045 (560/21.8/53.93)	NF1	c.6345G>A	het	syn	E42	chr17:29663850	rs779475182	p.P2115=	—	—	—	0.8238/1/0	1.626/4/0	na	na	na	na	na	na	poly	na	na	na	not listed	not listed	LB	MAF within pathogenic range (PM2); in silico predicted CDS activation† (PP3); consistently classified as "likely benign" in NCBI ClinVar; conflicting evidence	VUS		
75818 (164/17.7/42.68)	NF1	c.6940G>T †	het	miss	E47	chr17:29667541	—	p.A2314S	—	—	—	—	—	na	tol	path	B	22.3	6.08	CO	path	4+	undet	not listed	not listed	not listed	novel	VUS		

Variant Specification											Population Databases						Computational Evidence									Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity	
Carrier ID (quality parameters of the individual variant: Cnv /Score/SI)	Gene	Mutation HGVS V	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_ref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq%/allele count/# hom	gnomAD v2.0.2 freq%/allele count/# hom	FLOSSIES freq%/allele count (Eur/# hom)	SIFT v6.2.0 %	MutTaster v2013*	PolyPhen-2 v2.2.1 HumVar	CADD Phred	GERP+*_RS	Allegro v200715	UMD predictor	Prediction CONSENSUS[1]	HGMDB PRO v2017.3: variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD)§	NCBI-ClinVar¶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION			
62805 (439/21.0/53.30)	NF1	c.6942C>T	het	syn	E47	chr17:29667543	—	p.A2314+	—	—	—	—	na	na	na	na	na	na	na	na	poly	na	na	not listed	not listed	not listed	novel; no evident splicing effect <i>in silico</i> ^a (BP6)	VUS		
55035 (325/20.1/43.08)	NF1	c.7584A>G	het	syn	E51	chr17:29679401	rs55865524	p.Q2528=	—	0.10	0.09	91.14/110/0	110.1/305/0; AMR 0.19%; ASI: 0.70%	na	na	na	na	na	na	poly	na	na	not listed	not listed	conf.: B(1), LB(4), VUS(1)	high to very MAF in AMR/ASI; no evident splicing effect <i>in silico</i> (BP6)	(LIKELY) BENIGN			
73484 (245/19.0/47.76)	NF1	c.7623G>A	het	syn	E52	chr17:29683485	—	p.R2541+	—	—	—	1.794/2/0	na	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> ^a (BP6); consistently classified as "likely benign" in NCBI ClinVar (BP7)	(LIKELY) BENIGN			
80688 (91/15.7/34.07)	NF1	c.8041A>G	het	miss	E55	chr17:29685568	rs146315101	p.I2681V	—	—	0.02	17.33/21/0	17.68/49/0; ASI: 0.11%	na	tol	path	B	10.7	3.44	C0	prob path	3+	undet	not listed	inconclusive ^a	LB	<i>in silico</i> predicted de novo CSA [§] (PP3); consistently classified as "likely benign" in NCBI ClinVar (BP6); conflicting evidence	VUS		
39649 (337/20.1/46.59)	NF1	c.8151G>A	het	syn	E56	chr17:29686024	rs2285895	p.P2717=	—	0.52	—	166.0/198/2	127.3/352/6; EAS: 1.59%	na	na	na	na	na	na	poly	na	na	not listed	not listed	(L)B	very high MAF in EAS; gnomAD: 6 homozygous individuals; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN			
58893 (338/20.3/51.48)	NF1	c.8499T>C	het	syn	E58	chr17:29701152	rs142636150	p.N2833=	—	0.06	0.05	32.16/39/1	27.79/77/1; SAS: 0.12%	na	na	na	na	na	na	poly	na	na	not listed	not listed	conf.: B(1), LB(5), VUS(4)	high MAF in SAS; gnomAD: 1 homozygous individual; no evident splicing effect <i>in silico</i> ^a (BP7); CB: subject with individual or familial history of NF1 (classified as "benign" [137])	(LIKELY) BENIGN			
75895 (165/17.6/47.88)	NF1	c.*4T>C	het	nonc	3'UTR	chr17:29701177	rs201044568	nonc	—	0.58	—	285.4/346/6	224.8/623/5; SAS: 1.99%	na	na	na	na	na	na	na	na	na	not listed	not listed	(L)B	very high MAF in SAS; gnomAD: 5 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN			
71979 (827/23.2/48.13)	PALB2	c.656A>G	het	miss	E4	chr16:23647211	rs45594034	p.D219G	—	0.02	0.01	17.32/21/0	19.12/53/0	30.4/2/0	tol	poly	B	0.0	-5.08	C0	poly	0+	B	DM7/CM1314596	probably neutral ^a ; -7/7(1); inconclusive ^a	conf.: LB(2), VUS(4)	inconsistent classification in NCBI ClinVar (predominantly classified as "VUS"); CB: reported in multiple individuals with a personal and/or family history of BC [19,62,138-145]; occurrence in a control subject and concomitant with a pathogenic BRCA2 variant [62,78,146]	VUS		
70796 (810/23/48.64)	PALB2	c.833_834delinsAT	het	miss	E4	chr16:23647034	rs587778582	p.L278H	—	—	—	—	—	—	tol	na	PD	na	na	C0	na	na	na	not listed	not listed	unc.	absent from population database (PM2); consistently classified as "VUS" in NCBI ClinVar database; insufficient evidence	VUS		
75817 (195/18.2/42.56)	PALB2	c.899C>T	het	miss	E4	chr16:23646968	rs528541334	p.T300I	—	0.12	—	52.75/64/2	39.69/110/1; SAS: 0.34%	—	tol	poly	B	5.2	1.88	C0	poly	0+	B	DM7/CM108903	inconsistent ^a ; ?/?(1); -7/7(1)	conf.: B(1), LB(1), VUS(4)	high MAF in SAS; gnomAD: 1 homozygous individual; benign <i>in silico</i> prediction consensus (BP4); <i>in silico</i> predicted CSA deactivation ^a	(LIKELY) BENIGN		
73791 (251/19.1/39.04)	PALB2	c.1194G>A	het	syn	E4	chr16:23646673	rs61755173	p.V398=	—	0.08	0.23	72.62/88/0	76.64/212/0; NFE: 0.13%	182/17/0	na	na	na	na	na	poly	na	na	na	not listed	(probably) neutral ^a ; -7/7(3); -7/7(1); ?/?(1); -7/?(1)	(L)B	high MAF in NFE/Flossies database; no evident splicing effect <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
76367 (165/17.6/52.73)	PALB2	c.1470C>T	het	syn	E4	chr16:23646397	rs45612837	p.P490=	—	0.02	0.00	28.83/35/0	27.06/75/0	91.1/9/0	na	na	na	na	na	na	poly	na	na	not listed	(probably) neutral ^a ; -7/7(3); -7/7(1); ?/?(1); -7/?(1); inconsistent ^a ; -7/?(1); ?/?(1)	(L)B	no evident splicing effect <i>in silico</i> (BP6); consistently classified as "likely benign" in NCBI ClinVar (BP7)	(LIKELY) BENIGN		
44325 (267/19.3/46.07)	PALB2	c.1544A>G	het	miss	E4	chr16:23646323	rs515726072	p.K515R	—	—	—	4.942/6/0	8.296/23/0	20.2/2/0	tol	poly	B	15.5	3.30	C0	poly	1+	B	DM7/CM1612928	probably neutral ^a ; -7/?(1)	conf.: LB(1), VUS(6)	MAF within pathogenic range (PM2); predominantly classified as "VUS" in NCBI ClinVar; CB: BC-affected females [147,141]; BC-affected females suspected of HBOC [145,148] (classified as "VUS" in [148]); CB: BC-affected female (Dx 60), FA: BC-affected relative (classified as "VUS" [146]); BC- or OC-affected Polish/West-Ukrainian female, suspected of HBOC [149]	VUS		
61860 (505/21.5/44.16)	PALB2	c.1572A>G	het	syn	E4	chr16:23646295	rs45472400	p.S524=	—	0.22	0.45	312.2/379/1	324.3/899/2; SAS: 0.36%; NFE: 0.49%	—	na	na	na	na	na	poly	na	na	na	not listed	(probably) neutral ^a ; -7/7(15); -7/7(2); ?/7(1); -7/7(3); probably neutral ^a ; -7/7(1); ?/7(1)	(L)B	high MAF in SAS/NFE; gnomAD: 2 homozygous individuals; no evident splicing <i>in silico</i> (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
75580 (849/23.3/45.47)	PALB2	c.2235A>G	het	syn	E5	chr16:23641240	rs765854776	p.K745=	—	—	—	1.647/2/0	0.812/2/0	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> ^a (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN		
64604 (312/19.8/50.32)	PALB2	c.2590C>T	het	miss	E7	chr16:23637715	rs45568339	p.P864S	IPR031920	0.12	0.31	266.1/323/2	272.3/755/2; ASI: 1.11%; NFE: 0.39%	678.0/62/1	tol	poly	B	20.9	2.82	C0	prob poly	2+	undet	DP/CM105610	inconsistent ^a ; -7/7(14); ?/7(3); -7/7(3); ?/?(1); inconclusive ^a	(L)B	high to very high MAF in ASI/NFE/Flossies; gnomAD: 2 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6); no association with BC in case-control study [145]	(LIKELY) BENIGN		
73784 (950/23.6/47.89)	PALB2	c.2656T>A	het	miss	E7	chr16:23637649	—	p.C886S	IPR031920	—	—	—	—	—	del	path	PvD	20.2	5.93	C6S	prob poly	6+	dam	not listed	not listed	unc.	absent from population databases (PM2); deleterious <i>in silico</i> prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS		
60577 (278/19.4/40.65)	PALB2	c.2794G>A	het	miss	E8	chr16:23635370	rs45624036	p.V932M	IPR031920	0.10	0.59	597.2/708/3	520.8/1441/4; NFE: 1.66%; NFE: 0.64%	799.0/70/0	tol	path	PvD	25.8	4.85	C0	poly	4+	undet	DM7/CM112100	inconsistent ^a ; -7/7(12); ?/7(1); -7/?(1); ?/7(2); ?/7(2); -7/7(2); -7/7(1); inconclusive ^a	(likely) B	very high MAF in population databases/Flossies; gnomAD: 4 homozygous individuals in gnomAD database; consistently classified as "likely benign" in NCBI ClinVar (BP6); <i>in silico</i> predicted CDS deactivation ^a	(LIKELY) BENIGN		
73791 (360/20.2/46.67)	PALB2	c.2816T>G	het	miss	E8	chr16:23635348	rs45478192	p.L939W	IPR031920	0.08	0.59	96.98/114/0	97.94/271/0; ASI: 0.18%; NFE: 0.17%	223.0/21/0	del	path	PvD	29.9	5.81	C5S	path	7+	dam	DM7/CM105609	inconsistent ^a ; -7/7(12); ?/7(3); ?/7(1); ?/7(3); inconclusive ^a	conf.: B(4), LB(4), VUS(5)	high MAF in NFE/ASI/Flossies; no association with BC, prostate cancer, and OC in large case-control study [97]	(LIKELY) BENIGN		
76028 (238/18.9/44.54)	PALB2	c.3059A>G	het	miss	E10	chr16:23632737	rs776221283	p.Q1020R	IPR031920	—	—	1.648/2/0	1.218/3/0	—	del	path	PD	20.2	5.31	C0	path	6+	dam	not listed	not listed	unc.	MAF within pathogenic range (PM2); deleterious <i>in silico</i> prediction consensus (PP3); <i>in silico</i> predicted de novo CDS [§] ; insufficient evidence	VUS		
76367 (188/18.0/60.11)	PALB2	c.3128G>C	het	miss	E11	chr16:23625398	rs377713277	p.G1043A	IPR031920	—	0.01	1.797/2/0	2.035/5/0	—	del	path	PvD	21.8	5.95	C5S	prob path	7+	dam	DM7/CM113829	inconsistent ^a ; ?/?(2); -7/?(2); inconclusive ^a	unc.	MAF within pathogenic range (PM2); deleterious <i>in silico</i> prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar; CB: early-onset BC-affected female (Dx <40), FH; grandfather pat affected with pancreatic cancer, seg n/d [150]; BC-affected female [141] (suspected of HBOC [145]); female affected with BC and other cancer (Dx 40), FH; "low", seg n/d [19]; female affected with serous OC [78]; 51 yo female control without family history of cancer [144]	VUS		
75388 (510/21.6/47.45)	PALB2	c.3251C>T	het	miss	E12	chr16:23619284	rs62625271	p.S1084L	IPR031920	—	—	7.414/9/0	9.018/25/0	40.5/4/0	tol	poly	B	12.0	0.40	C0	poly	0+	B	not listed	inconsistent ^a ; -7/7(1); ?/7(1); ?/7(1)	unc.	consistently classified as "VUS" in NCBI ClinVar; CB: detected in individuals affected by TNBC and serous OC as well as unaffected individuals, seg n/d [78,151]; insufficient evidence	VUS		
60824 (563/21.9/39.79)	PALB2	c.3296C>G	het	miss	E12	chr16:23619239	rs142132127	p.T1099R	IPR031920	0.02	—	6.59/8/0	6.132/17/0	10.1/1/0	del	path	PvD	20.7	6.14	C1S	path	7+	dam	DM7/CM1512729	probably neutral ^a ; -7/7(1); inconclusive ^a	unc.	MAF in ExAC database within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; deleterious <i>in silico</i> prediction consensus (PP3); CB: individuals affected by BC and serous OC, seg n/d [62,78]	VUS		

Variant Specification										Population Databases					Computational Evidence							Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity				
Carrier ID (quality parameters of the individual variant: Cov./Score/SB)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_ref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count (Eur)/# hom	SIFT v6.2.0 ¶	MutTaster v2013*	PolyPhen-2 v2.2.21 HumVar	CADD Phred	GERP+_*_RS	Align-GVGD v200715	UMD predictor	Prediction CONSENSUS†	HGMDB PRO v2017.3: variant class/acc.	Locus specific databases (LSDB, assessed by the LOVD)§	NCBI-ClinVar¶	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION		
75957 (407/20.6/43.00)	PALB2	c.3428T>A	het	miss	E13	chr16:23614913	rs6265284	p.L1143H	IPR031920	—	0.01	20.61/25/0	15.51/43/0	—	tol	path	PD	20.2	5.77	C0	path	5+	undet	not listed	inconsistent*: 7/7(3), 7/-7(1), -7/7(1), /-1(1)	unc.	consistently classified as "VUS" in NCBI ClinVar; <i>in silico</i> predicted CSAS deactivation ² (PP3); CR: BC-affected individuals suspected of HBOOC (152-155); BC-affected (Dx 67), FH: 1st-relative affected with BC (Dx 54), three 2nd-relatives affected with BC (Dx 21; Dx 50; Dx 80) [156]; female affected with serous OC [78]; BC-affected females [19; 144-145], FH: "low" in [19]; individual affected with pancreatic cancer (classified as "VUS") [60]	VUS	
63672 (345/20.2/44.93) 74555 (263/19.2/47.15)	PALB2	c.3495G>A	het	syn	E13	chr16:23614846	rs45439097	p.S1165=	IPR031920	—	0.13	65.9/80/0	69.27/192/0	465.0/35/0	na	na	na	na	na	na	poly	na	na	not listed	probably neutral ¹ : -7/3(3), -7/-7(2), 7/-7(1); probably neutral ² : -7/7(1)	(L)B	high MAF in AFR/NFE/Flossies database; consistently classified as "likely benign" in NCBI ClinVar (BP6); <i>in silico</i> predicted <i>de novo</i> CSAS ² , not yet confirmed by functional studies	(LIKELY) BENIGN	
47172 (288/19.6/44.44)	PTEEN	c.-9C>G	het	nonc	5'UTR	chr10:89624218	rs11202592	nonc	—	1.10	0.02	362.4/440/12	360.7/1000/24; EAS: 4.79%	—	na	na	na	na	na	na	na	na	na	DP/CR033149	inconclusive ³ ; inconclusive ⁴ : 7/4(71)	(L)B	very high MAF in EAS, gnomAD: 24 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN	
60720 (109/16.2/33.03) 73799 (100/15.8/37.00)	PTEEN	c.132C>T	het	syn	E2	chr10:89653834	rs150651961	p.G44=	IPR029023 IPR003595	0.02	0.22	156.9/190/1	167.3/463/3; AS: 0.33%; NFE: 0.23%	344.0/34/0	na	na	na	na	na	na	poly	na	na	not listed	inconclusive ³ : -7/2(2), /-1(1), 7/7(1)	(L)B	high MAF in NFE/FHN/AS/Flossies, gnomAD: 3 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6); <i>in silico</i> predicted CSAS deactivation ²	(LIKELY) BENIGN	
74818 (441/21.0/46.03)	RAD51C	c.106G>A	het	miss	E1	chr17:56770110	rs77398134	p.E36K	—	—	—	1.649/2/0	1.625/4/0	—	tol	path	B	22.5	3.69	C0	prob poly	3+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; CR: detected in affected females with BC/OC [157-160]; HBOOC-suspected in [158]; high risk Jewish patient in [159]; high risk, Claus score>70% in [160]; insufficient evidence	VUS	
78686 (146/17.3/40.41)	RAD51C	c.145+12T>G	het	nonc	I1	chr17:56770161	rs377297129	nonc	—	—	0.03	13.22/16/0	14.09/39/0	—	na	na	na	na	na	na	na	na	na	not listed	inconclusive ³	(L)B	no evident splicing effect <i>in silico</i> ² (BP7); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN	
68134 (318/19.9/43.08)	RAD51C	c.335G>C	het	miss	E2	chr17:56772481	rs370212314	p.G112A	IPR033925 IPR020588	—	0.01	0.8272/1/0	0.4064/1/0	—	del	path	PvD	21.8	5.41	C5S	prob poly	6+	dam	not listed	not listed	unc.	MAF within pathogenic range (PM2); deleterious <i>in silico</i> prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar database; CR: Czech subject with individual and/or family history of cancer [161]	VUS	
73135 (367/20.4/44.96) 75579 (896/23.5/50.00) 77116 (1696/25.8/60.32)	RAD51C	c.376G>A	het	miss	E2	chr17:56772522	rs61758784	p.A126T	IPR033925 IPR020588	0.20	0.64	352.9/422/0	346.2/955/3; AS: 0.34%; NFE: 0.54%; AS: 0.43%	1100.0/101/0	tol	path	B	21.7	3.35	C0	prob path	4+	undet	not listed	(probably) neutral ¹ : -7/4(6), 7/3(3), 7/2(2), /-1(1); inconclusive ²	(L)B	very high MAF in NFE/Flossies, gnomAD: 3 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN	
76918 (328/19.9/42.38) 60577 (381/20.4/48.29) 68968 (687/22.5/45.85) 70861 (732/22.7/45.22)	RAD51C	c.433C>A	het	miss	E3	chr17:56774082	—	p.P145T	IPR033925 IPR020588	—	—	—	—	—	del	path	PvD	22.3	4.69	C3S	path	7+	dam	not listed	not listed	not listed	novel	case-control studies imply a potential slight OC risk elevation [159,162]; functional studies implicate a partially defective HDR activity [162-164]	VUS
72824 (155/17.1/100.00) 73906 (143/17.0/46.85) 74984 (175/17.8/45.71)	RAD51C	c.859A>G	het	miss	E6	chr17:56798128	rs28363317	p.T287A	IPR033925	0.40	1.02	546.3/658/3	556.7/1542/6; NFE: 0.96%	1390.0/121/0	tol	path	PvD	25.5	5.07	C0	prob poly	4+	dam	DM7/CM1010198	inconsistent*: -7/4(6), 7/3(3); inconclusive ³	(likely) B	very high MAF in NFE/Flossies, gnomAD: 6 homozygous individuals; consistently classified as "likely benign" in NCBI ClinVar (BP6); no association with BC and OC in case-control study [162]	(LIKELY) BENIGN	
75152 (365/20.2/55.89)	RAD51C	c.1008A>G	het	syn	E8	chr17:56809887	—	p.T336=	IPR033925	—	—	—	—	—	na	na	na	na	na	na	na	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> ² (BP7); consistently classified as "likely benign" in NCBI ClinVar database (BP6)	(LIKELY) BENIGN	
74846 (735/22.8/40.95)	RAD51D	c.212C>T	het	miss	E3	chr17:33443989	rs572710839	p.S71L	—	—	—	4.215/5/0	4.068/10/0	—	tol	poly	B	0.3	-5.90	C0	poly	0+	B	not listed	not listed	not listed	MAF within pathogenic range (PM2); benign <i>in silico</i> prediction consensus (PP3); insufficient evidence	VUS	
71417 (364/20.4/49.73)	RAD51D	c.225C>T†	het	syn	E3	chr17:33443976	—	p.V75=	IPR033925	—	—	—	—	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	not listed	novel; no evident splicing effect <i>in silico</i> ² (BP7)	VUS	
72092 (151/17.2/50.99)	RAD51D	c.286G>A	het	miss	E3	chr17:33443915	rs147933658	p.A96T	IPR033925 IPR020588	0.02	0.03	66.59/27/0	32.90/81/0	—	tol	poly	B	4.8	-1.42	C0	poly	0+	B	not listed	not listed	(L)B	benign <i>in silico</i> prediction consensus (BP4); consistently classified as "likely benign" in NCBI ClinVar (BP6)	(LIKELY) BENIGN	
67161 (225/18.7/48.44)	RAD51D	c.853G>A	het	miss	E9	chr17:33428330	rs140285068	p.G285R	IPR033925	—	0.02	4.122/5/0	4.874/12/0	—	del	path	PvD	22.3	4.92	C6S	path	7+	dam	not listed	not listed	unc.	MAF within pathogenic range (PM2); deleterious <i>in silico</i> prediction consensus (PP3); consistently classified as "VUS" in NCBI ClinVar database; CR: reported in individual affected with BC and in a HBOOC family, but with incomplete segregation and in control subjects [165-168]; two TNBC-affected females [169]; ClinVar Submission SCV000287725.3 (Invitae; Feb, 2017): altered RNA splicing suggested <i>in silico</i> , not yet confirmed in the literature ²	VUS	
67601 (255/19.1/52.55)	STX11	c.31A>G	het	miss	E1	chr19:1206943	rs753834428	p.M11V	—	—	—	—	0.446/1/0	—	tol	poly	B	19.0	0.15	C0	poly	0+	B	DM7/CM1516526	inconclusive ³	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar database; CR: TNBC-affected female [104]; insufficient evidence	VUS	
69177 (72/14.5/68.06)	STX11	c.42G>A	het	syn	E1	chr19:1206954	rs758769888	p.E14=	—	—	—	8.398/5/0	3.808/10/0	—	na	na	na	na	na	na	poly	na	na	not listed	not listed	LB	no evident splicing effect <i>in silico</i> ² (BP7); consistently classified as "likely benign" in NCBI ClinVar database (BP6)	(LIKELY) BENIGN	
78685 (66/14.7/51.52)	STX11	c.277G>A	het	miss	E1	chr19:1207189	—	p.A93T	IPR000719	—	—	—	3.233/1/0	—	tol	path	B	22.4	3.90	C0	path	4+	undet	not listed	not listed	not listed	MAF within pathogenic range (PM2); insufficient evidence	VUS	
69176 (156/17.2/51.92) 69177 (89/15.5/41.57)	STX11	c.310A>T	het	miss	E2	chr19:1218435	rs587782783	p.R104W	IPR000719	—	—	—	3.232/1/0	10.1/0/0	del	path	PvD	13.2	1.90	C2S	path	5+	undet	not listed	not listed	unc.	MAF within pathogenic range (PM2); <i>in silico</i> predicted <i>de novo</i> CSAS ² (PP3); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS	
68914 (410/20.7/44.15)	STX11	c.1039G>A	het	miss	E8	chr19:1223102	rs369744528	p.A347T	—	—	0.01	7.384/7/0	6.619/16/0	—	tol	poly	B	12.2	3.68	C0	poly	1+	B	not listed	not listed	conf.: LB(1), VUS(5)	MAF within pathogenic range (PM2); predominantly classified as "VUS" in NCBI ClinVar database; benign <i>in silico</i> prediction consensus (PP3); insufficient/conflicting evidence	VUS	
77365 (85/15.3/50.59)	STX11	c.1225C>T	het	miss	E9	chr19:1226569	rs368466538	p.R409W	—	—	0.01	14.7/6/0	8.421/16/0	—	del	path	PD	12.9	-2.87	C0	poly	3+	undet	DM7/CM1516525	not listed	unc.	MAF within pathogenic range (PM2); consistently classified as "VUS" in NCBI ClinVar; CR: identified in TNBC-patient [104]; male BC-patient (Dx 49), FH: "low" [19]; 3 BC-affected females meeting NCCN criteria classified as "VUS" [170]	VUS	
74847 (60/14.1/50)	STX11	c.1225C>G	het	miss	E9	chr19:1226569	rs368466538	p.R409G	—	—	—	—	—	—	tol	poly	B	12.4	-2.87	C0	poly	0+	B	not listed	not listed	unc.	absent in population databases (PM2); consistently classified as "VUS" in NCBI ClinVar; insufficient evidence	VUS	
68948 (57/13.7/57.89)	STX11	c.1265G>T †	het	miss	E9	chr19:1226609	—	p.S422I	—	—	—	—	—	—	tol	path	B	20.5	2.18	C0	path	4+	undet	not listed	not listed	not listed	novel	VUS	
63671 (34/12.4/55.88) 76086 (33/12.1/75.76)	STX11	c.*8C>T	het	nonc	3'UTR	chr19:1226654	rs587782259	nonc	—	—	—	11.34/1/0	30.27/42/0	80.9/8/0	na	na	na	na	na	na	na	na	na	not listed	not listed	conf.: B(1), LB(1), VUS(2)	MAF within pathogenic range in ExAC database (PM2); conflicting classification in NCBI ClinVar; insufficient evidence	VUS	
75710 (158/17.5/48.1)	TP53	c.1096T>G	het	miss	E10	chr17:7573931	rs17881470	p.S366A	—	0.02	—	5.56/6/0	5.730/14/0	—	tol	poly	B	13.1	1.77	C0	prob poly	0+	B	DM7/CM078492	validated polymorphism	conf.: LB(3); VUS(1)	classified as "validated polymorphism" by expert panel; benign <i>in silico</i> prediction consensus (BP4); no consistent functional impairment [171-172] (BS3)	(LIKELY) BENIGN	

Variant Specification										Population Databases					Computational Evidence							Gene/Disease specific Databases			Final Assessment of Variant Pathogenicity		
Carrier ID (quality parameters of the individual variant: Cnv/Score/SB)	Gene	Mutation HGVS ¶	het/hom	Function	Loc.	Genomic Pos. (hg19)	SNP db_xref	Predicted AA Change	InterPro domain ID (v.67.0)	1000G [%]	ESP6500 [%] EurAm	ExAC v0.3 freq./allele count/# hom	gnomAD v2.0.2 freq./allele count/# hom	FLOSSIES freq./allele count /Eur/# hom	SIFT v6.2.0 †	MutTaster v2013‡	PolyPhen-2 v2.2.2† HumVar	CADD Phred	GERP+ *_RS	Align-GVGD v20071§	UMD predictor	Prediction CONSENSUS¶	HGMD PRO v2017.3: variant class/acc.	Locus specific databases (LSDb, assessed by the LOVD)§	NCBI-ClinVar‡	Rationale for Classification (ACMG evidence category if meeting)	final CLASSIFICATION

Appendix 2

Legend to table S2: Synopsis of all detected secondary variants including annotations and criteria for pathogenicity assessment.

¹NM_007294.3:c.4358-2725T>C;

²see table S3;

@variant shared by consanguineous carriers;

‡novel variant, unreported in LSDBs and reference populations;

Φreferring to NM_007300.3

Ψreferring to NM_001128147.2

¥ Reference transcripts: *BRCA1*, NM_007294.3; *BRCA2*, NM_000059.3; *ATM*, NM_000051.3; *BRIP1*, NM_032043.2; *CDH1*, NM_004360.3; *CHEK2*, NM_007194.3; *MSH2*, NM_000251.1; *MLH1*, NM_000249.3; *MSH6*, NM_000179.2; *PMS2*, NM_000535.5; *EPCAM*, NM_002354.2; *NBN*, NM_002485.4; *NF1*, NM_001042492.2; *PALB2*, NM_024675.3; *PTEN*, NM_000314.4; *RAD51C*, NM_058216.1; *RAD51D*, NM_001152571.1; *STK11*, NM_000455.4; *TP53*, NM_000546.4

¶E-05 notation;

†assessed by Alamut Visual v.2.10;

‡prediction consensus is considered as "damaging" if at least 6 out of the 7 used *in-silico* predictions indicate a deleterious functional effect (SIFT: "deleterious"; MutationTaster: "pathogenic"; PolyPhen-2 "possibly damaging" or "probably damaging" for the HumVar algorithm; CADD Phred Score ≥ 20 ; GERP++_RS score > 2 ; Align-GVGD $\geq C15$; UMD predictor: "probably pathogenic" or "pathogenic"). Accordingly, the prediction consensus is considered as "benign" if $\geq 6/7$ *in-silico* predictions are benign; in any other cases, "indetermined" is used.

§Align-GVGD: C0, C15, C25, C35, C45, C55, and C65, with C65 being supposed to show the most likely deleterious functional effect;

§LOVD annotated pathogenicity interpretations are indicated in the format "reported in the literature/concluded by curators" with figures in brackets corresponding to the number of identical pathogenicity tags ("+" = affects function, "+?" = probably affects function, "-" = does not affect function, "-?" = probably does not affect function, "?" = effect unknown, "." = effect not classified). Following LOVD overall classifiers adapted from Plon *et al* [174] were used: class 1 = not pathogenic or of no clinical significance/neutral/benign/polymorphism (PM), class 2 = likely not pathogenic or of little clinical significance (LCS)/probably neutral/likely benign, class 3 = uncertain/VUS (UV), class 4 = likely pathogenic, class 5-pathogenic/causal. The significance classifier "inconsistent" is used if mixed pathogenicity tags are given.

£"one star" NCBI ClinVar classifiers (review status "criteria provided, single submitter") are normal font; "two-star" variants ("criteria provided, multiple submitters, no conflicts") are italicized; "three-star" variants (reviewed by expert panel) are bolded.

Abbreviations

= count; AA = amino acid; acc. = accession; ACMG = American College of Medical Genetics and Genomics; Afr. Am. = African American; AFR = African/African American; AMR = American (Latino); ASJ = Ashkenazi Jewish; A-T = Ataxia-teleangiectasia (MIM #208900); B = benign; BC = breast cancer; BIC = Breast Cancer Information Core; conflicting = confl.; CR = case report (clinical observation); CRC = colorectal cancer; CSAS = cryptic splice-acceptor site; CSDS = cryptic splice-donor site; D/O (age of death) of diagnosis (years); dam = damaging; DBD = DNA-binding domain; del = deleterious; DFP = disease-associated polymorphism with supporting functional evidence; DM = disease-causing mutation; DM? = questionable disease-causing mutation; DP = disease-associated polymorphism; Dx = (age at) first diagnosis (years); E = exon; EAS = East Asian; ENIGMA = Evidence-based Network for the Interpretation of Germline Mutant Alleles; Eur. Am. = European American; FH = family history; FIN = Finnish; FP = in-vitro/laboratory functional polymorphism; frameshift = fs; frequ = frequency; GWAS = genome-wide association study; HBOC = hereditary breast and ovarian cancer; HDR = homology directed repair; het = heterozygous, HGVS = Human Genome Variation Society; hom = homozygous or homozygotes; HUG = Hôpitaux Universitaires de Genève; I = intron; IHC = immunohistochemistry; Indel = insertion-deletion; indet. = indetermined; LCS = low clinical significance; LoF = loss-of-function; LOH = loss-of-heterozygosity; LOVD = Leiden Open Variation Database; LS = Lynch syndrome; LSDB = locus-specific database; MAF = minor allele frequency; mat = maternal; missense = miss; MMR = DNA mismatch repair; MSI = microsatellite instable; MSS = microsatellite stable; n/d = not done; na = not applicable; NFE = Non-Finnish European; NGS = next-generation sequencing; NHL = Non-Hodgkin lymphoma; NMD = nonsense-mediated mRNA decay; noncoding = nonc; nonsense = nons; NW = North Western; OC = ovarian cancer; pat = paternal; path = pathogenic; poly = polymorphism; PD = possibly damaging; PrD = probably damaging; SAS = South Asian; SE = South Eastern; seg = segregation; SNP = single-nucleotide polymorphism; SR = supporting reads; synonymous = syn; TNBC = triple-negative breast cancer; tol = tolerated; uncertain = unc.; VUS = variant of unclear (clinical) significance

Web Resources

Align-Grantham Variation Grantham Deviation (GVGD) (<http://agvgd.hci.utah.edu/>); ClinVar (<https://www.ncbi.nlm.nih.gov/clinvar/>);

Combined Annotation Dependent Depletion (CADD) Score (<http://cadd.gs.washington.edu/score/>); Database of Single Nucleotide

Polymorphism (dbSNP) (<https://www.ncbi.nlm.nih.gov/SNP/>); Exome Aggregation Consortium (ExAC) Browser (<http://exac.broadinstitute.org/>);

Fabulous Ladies Over Seventy (FLOSSIES) database (<https://whi.color.com/>); Genomic Evolutionary Rate Profiling (GERP++)_ Rejected

Substitution (RS) (<http://mendel.stanford.edu/SidowLab/downloads/gerp/>); Genome Aggregation Database (gnomAD)

(<http://gnomad.broadinstitute.org/>); Human Gene Mutation Database (HGMD) (<https://www.hgmd.org/>); Human Genome Variation Society

(HGVS) (<http://varnomen.hgvs.org/>); MutationTaster (MutatTaster) (<http://www.mutationtaster.org/>); NHLBI Exome Sequencing Project (ESP)

Exome Variant Server (<http://evs.gs.washington.edu/EVS/>); Polymorphism Phenotyping (PolyPhen)-2 algorithm

(<http://genetics.bwh.harvard.edu/pph2/>); Sorting Intolerant From Tolerant (SIFT) algorithm (<http://sift.jcvi.org/>); 1000 Genomes (1000G) Project

(<http://www.1000genomes.org/>); Universal Mutation Database (UMD) predictor (<http://umd-predictor.eu/>)

Locus specific (mutation) databases (LSDBs): BRCA Exchange Database (<http://brcaexchange.org/>)*; NHGRI Breast Cancer Information Core (BIC)

database (<https://research.nhgri.nih.gov/bic/>)*; International Society for Gastrointestinal Hereditary Tumours (InSight) databases

(<http://www.insight-database.org/genes/>)*; International Agency for Research on Cancer (IARC) TP53 Database (<http://p53.iarc.fr/>)*; ^aGlobal

Variome shared LOVD (<https://databases.lovd.nl/shared/genes/>); ^bZhejiang University Center for Genetic and Genomic Medicine (ZJU-CGGM)

database (<http://www.genomed.org/lovd2/home.php>); ^cMismatch Repair Genes Variant Database (<http://www.med.mun.ca/mmrvariants/>);

^dLeiden Open Variation Database (LOVD) - human mismatch repair genes (<http://HCI-LOVD.hci.utah.edu/home.php>); ^eUniversal Mutation

Databases (UMD) (INSERM, University of Aix-Marseille) (<http://www.umd.be/>); ^fARUP BRCA Mutation Database (Huntsman Cancer Institute,

University of Utah, US) (<http://www.arup.utah.edu/database/>); ^gKathleen Cunningham Foundation Consortium for Research into Familial Breast

Cancer (kConFab) database (<http://www.kconfab.org>). *pathogenicity classifications reviewed by expert panels are bolded, respectively.

Appendix 3

Table S3: Synopsis of the <i>in-silico</i> predictions of potentially splice-affecting variants.						
Variant	Loc. *	Effect on proximal canonical splice site (SS)	Effect on predicted proximal cryptic splice acceptor sites (CSAS) or donor sites (CSDS)	predicted proximal CSAS/CSDS <i>de novo</i>	PREDICTION CONSENSUS‡	relevant references/database submissions
Wildtype (WT)->Mutant ($\pm\%$ WT)[†]						
BRCA1 (NM_007294.3)						
c.135-12del	I3	SSF 82.9->80.1 (-3.4%) MES 8.2->7.6 (-7.3%) NNS 1.0 ($\pm 0\%$) HSF 77.8 ($\pm 0\%$)			negative	none
c.693G>A p.(Thr231=)	E11	SSF 87.3 ($\pm 0\%$) MES 8.9 ($\pm 0\%$) NNS 0.9 ($\pm 0\%$) HSF 85.1 ($\pm 0\%$)	CSAS (c.691): HSF 72.2 ($\pm 0\%$)	CSAS (c.695): HSF +84.9, MES +2.7	negative	BRCA1Δ11 increased (RT-PCR, PBL/Puromycin [1], minigene splicing assay [2]), clinical relevance unclear
c.1881C>G p.(Val627=)	E11			CSDS (c.1878): SSF +71.9 MES +5.8 NNS +0.7 HSF 77.9->81.8 (+5.0%)	de novo CSDS	none

c.3597T>A p.(Ala1199=)	E11		CSAS (c.3601): HSF 77.3 ($\pm 0\%$) MES 4.0->3.6 (-10%) HSF 86.0->86.1 (-0.1%)		negative	none
BRCA2 (NM_000059.3)						
c.198A>G p.(Gln66=)	E3			CSAS (c.199): SSF +74.5 MES +6.3 HSF +80.7	<i>de novo</i> CSAS	none
c.201G>A p.(Arg67=)	E3		CSAS (c.201): MES 2.3->0.0 HSF 77.0->73.9 (-4.0%) CSAS (c.220): SSF 74.4 ($\pm 0\%$) MES 0.7->2.0 (+186%) HSF 83.3 ($\pm 0\%$)		negative	none
c.631+7A>G	I7	SSF 78.2 ($\pm 0\%$) MES 6.8 ($\pm 0\%$) NNS 0.4->0.0 HSF 83.4 ($\pm 0\%$)			negative	none
c.5130T>C p.(Tyr170=)	E11			CSDS (c.5130): MES +1.3 HSF 76.5->76.3 (-0.3%)	negative	none

c.6057C>T p.(Asn2019=)	E11		CSDS (c.6053): SSF +70.1 MES 2.9->1.2 (-58.6%) HSF 74.5->74.2 (-0.4%)		negative	none
c.7331A>T p.(Asp2444Val)	E14			CSDS (c.7330): SSF +74.5 NNS +0.5 HSF +82.3	de novo CSDS	none
c.8386C>T p.(Pro2796Ser)	E19		CSAS (c.8397): SSF 76.9->81.0 (+5.3%) MES 7.0->7.2 (+2.9%) NNS 0.8 (±0%) HSF 79.8->81.6 (+2.3%)		negative	none
c.9965T>G p.(Met3322Arg)	E27		CSAS (c.9963): MES 5.5->4.2 (-23.6%) NNS 0.6->0.0 HSF 87.6->87.0 (-0.7%)		negative	none
ATM (NM_000051.3)						
c.1272T>C p.(Pro424=)	E10		CSAS (c.1272): SSF 75.4 (±0%)	CSAS (c.1265): MES +0.4 (±0%) HSF +65.5 (±0%)	negative	none
c.1837G>T p.(Val613Leu)	E12		CSDS (c.1837): SSF 74.5->0.0 MES 7.2->0.0 NNS 0.9 ->0.0 HSF 83.2->0.0		CSDS deactivated	none

c.2275A>G p.(Ser759Gly)	E15			CSAS (c.2275): SSF +71.5 MES +7.2 HSF 65.3->75.9 (+16.2%)	de novo CSAS	none
c.3154-4G>A	I21	SSF 88.0 (±0%) MES 8.3 (±0%) NNS 1.0 (±0%) HSF 88.1->88.2 (+0.1%)	CSAS (c.3154-4): MES 0.7->0.0 HSF 73.7->0.0		negative	none
c.4794C>G p.(Leu1598=)	E32		CSDS (c.4799): SSF 84.4->84.1 (-0.4%) MES 3.8->2.5 (-34.2%) HSF 88.8->86.0 (-3.2%)		negative	none
c.5009C>T p.(Ala1670Val)	E34 (4 bps to SAS)	SSF 80.5 (±0%) MES 2.5 (±0%) HSF 80.8 (±0%)	CSAS (c.5008): SSF 79.1 (±0%) HSF 77.3->78.2 (+1.2%)		negative	ClinVar submission SCV000261480.3 (Invitae, Apr, 2017): splicing defect suggested <i>in silico</i> , not yet confirmed in the literature
c.5271A>G p.(Thr1757=)	E35		CSAS (c.5296): SSF 78.2 (±0%) MES 4.1 (±0%) HSF 85.7 (±0%)		negative	none
c.9111_9112delinsAA p.(Gln3038Lys)	E63		CSAS (c.9112): SSF 83.1->0.0 MES 2.3->0.0 HSF 86.2->0.0		CSAS deactivated	none

BRIP1 (NM_032043.2)						
c.1629-3T>C	I11	SSF 84.4->90.6 (+7.3%) MES 6.9->6.8 (-1.4%) NNS 0.9->0.9 (±0%) HSF 82.0->89.7 (+9.4%)			negative	none
c.2097+8A>C	I14	SSF 94.7 (±0%) MES 10.5 (±0%) NNS 1.0 (±0%) HSF 97.1 (±0%)			negative	none
c.3042T>C p.(Gly1014=)	E20		CSDS (c.3041): SSF 74.0->0.0 MES 4.8->0.0 NNS 0.6->0.0 HSF 80.7->0.0		CSDS deactivated	none
CDH1 (NM_004360.3)						
c.69G>A p.(Gln23=)	E2		CSDS (c.70): SSF 84.4->0.0 MES 7.9->0.0 NNS 0.7->0.0 HSF 86.4->0.0		CSDS deactivated	ClinVar submission SCV000545385.1 (Invitae; Apr, 2017): splicing defect suggested <i>in silico</i> , not yet confirmed in the literature

c.150C>A p.(Arg50=)	E2		CSAS (c.162): SSF 71.4->0.0 MES 2.5->0.0 HSF 82.0->79.9 (-2.6%)		CSAS deactivated	none
c.322A>G p.(Arg108Gly)	E3		CSAS (c.324): SSF 77.3->0.0 MES 5.6->0.0 HSF 89.8->0.0		CSAS deactivated	none
c.957T>A p.(Ile319=)	E7		CSAS (c.963): SSF 82.8->76.8 (-7.2%) MES 6.0->5.3 (-11.7%) HSF 84.4->81.6 (-3.3%)		CSAS deactivated	none
c.2165-12C>G	I13	SSF 71.5->0.0 MES 6.4->5.0 (-21.9%) HSF 84.1->82.2 (-2.3%)			canonical SAS deactivated	none
c.2439+10C>T	I15			CSDS (c.2439+5): SSF +71.3 MES +1.8 HSF 72.9->75.1 (+3.0%)	de novo CSDS	none
CHEK2 (NM_007194.3)						
c.319+7C>A	I2	SSF 82.0->82.0 ($\pm 0\%$) MES 8.8->8.8 ($\pm 0\%$) NNS 1.0->1.0 ($\pm 0\%$) HSF 90.9->90.9 ($\pm 0\%$)			negative	none

c.320-5T>A	I3	SSSF 92.9->86.5 (-6.9%) MES 7.7->6.0 (-22.1%) NNS 0.9->0.6 (-33.3%) HSF 88.5->84.9 (4.1%)			canonical SAS deactivated	partial expression of in-frame Δ3,4 transcript in one individual with BC/OC (RT-PCR blood analysis) [46]
c.846+4_846+7del	I8	SSSF 87.4->0.0 MES 8.3->0.0 NNS 1.0->0.0 HSF 89.1->65.7 (-26.3%)			canonical SDS deactivated	ClinVar submissions SCV000545385.1 (Invitae; Apr, 2017) & SCV000329279.5 (GeneDx, Jun, 2017): splicing defect suggested <i>in silico</i> (natural SDS destroyed), not yet confirmed in the literature
MSH2 (NM_000251.1)						
c.1131A>G p.(Gln377=)	E7		CSDS (c.1157): SSSF 79.77 (±0%) MES 7.47 (±0%) NNS 0.87 (±0%) HSF 85.37 (±0%)		negative	none
c.1489A>G p.(Ile497Val)	E9			CSDS (c.1489): SSSF +75.2 MES +7.8 NNS +1.0 HSF +82.7	de novo CSDS	ClinVar submission SCV000567758.3 (GeneDx, Mar, 2016): splicing defect suggested <i>in silico</i> (CSDS creation upstream of the natural splice donor), not yet confirmed in the literature
c.2595C>T p.(Ile865=)	E15		CSDS (c.2606): SSSF 0.1->0.0 HSF 77.9->79.7 (+2.3%)		negative	none

MLH1 (NM_000249.3)

c.277A>G p.(Ser93Gly)	E3			CSDS (c.277): MES +4.6 NNS +0.5 HSF +74.1	de novo CSDS	no aberrant splicing in minigene assay (not proven by using patient RNA) (overall classification as VUS) [178]. MMR proficiency in <i>in-vitro</i> approaches [179-182, 113].
c.1401C>T p.(Ser467=)	E12		CSDS (c.1401): SSF 73.6->73.1 (-0.7%) HSF 85.9->85.8 (-0.1%)		negative	none
c.1587C>T p.(Ser529=)	E14		CSDS (c.1612): SSF 70.5 (±0%) MES 4.4 (±0%) HSF 81.1 (±0%)		negative	none
c.1732G>A p.(Glu578Lys)	E16 (SAS, 1 st exonic bp)	SSF 86.2 (±0%) MES 9.3->7.8 (-16.1%) NNS 1.0 (±0%) HSF 84.6->81.4 (-3.8%)			negative	none
c.1935C>G p.(Asn645Lys)	E17			CSDS (c.1935): SSF +77.7 MES +7.4 NNS +0.7 HSF +80.6	de novo CSDS	ClinVar submission SCV000254363.3 (Invitae; May, 2017): splicing defect suggested <i>in silico</i> , not yet confirmed in the literature

c.2103+9G>A	I18		SSF 72.0 (±0%) MES 8.7 (±0%) NNS 0.9 (±0%) HSF 77.1 (±0%)		negative	none
MSH6 (NM_000179.2)						
c.942C>T p.(Ser314=)	E4		CSDS (c.936): SSF 74.4 (±0%) MES 4.3 (±0%) HSF 82.7 (±0%)		negative	none
c.1186C>G p.(Leu396Val)	E4			CSAS (c.1187): SSF +76.5 MES +3.9 HSF +83.7	de novo CSAS	none
c.1768C>T p.(Pro590Ser)	E4		CSDS (c.1775): SSF 72.6->74.1 (+2.1%) MES 3.2->2.4 (-25.0%) HSF 85.0->84.6 (-0.5%)		negative	none
c.2883A>G p.(Arg961=)	E4		CSDS (c.2867): MES 1.0 (±0%) HSF 71.3 (±0%)		negative	none
c.4001+4_4001+8dup	I9				n/d via †	none
c.4001+12_4001+15del	I9				n/d via †	none

c.4002-8A>T	I9	SSSF 89.5->89.6 (+0.1%) MES 10.1->11.0 (+8.9%) NNS 0.9->1.0 (+11.1%) HSF 82.5->84.5 (+2.4%)			canonical SAS activated	none
c.4026G>A p.(Arg1342=)	E10		CSAS (c.4026): SSF 71.9->0.0 MES 2.2->0.0 HSF 79.7->0.0		CSAS deactivated	none
c.4068G>A p.(Leu1356=)	E10		CSAS (c.4075): SSF 73.5->73.8 (+0.4%) MES 3.3->3.0 (-9.1%) HSF 77.3->77.4 (+0.1%)		negative	none
PMS2 (NM_000535.5)						
c.988+11T>C	I9	SSSF 100.0 (±0%) MES 10.9 (±0%) NNS 1.0 (±0%) HSF 100.0 (±0%)			negative	none
c.1032G>A p.(Leu344=)	E10		CSAS (c.1040): SSF 72.0 (±0%) HSF 80.1 (±0%)		negative	none
c.1864A>G p.(Met622Val)	E11			CSDS (c.1864): MES +7.0 NNS +0.6 HSF 81.2	de novo CSDS	ClinVar submission SCV000566510.3 (GeneDx, Aug, 2017): splicing defect suggested <i>in silico</i> (creation of a CSDS upstream of the natural splice donor), not yet confirmed in the literature

EPCAM (NM_002354.2)						
c.5C>T p.(Ala2Val)	E1		CSAS (c.16): SSF 76.8->80.9 (+5.3%) MES 5.2->6.2 (+19.2%) NNS 0.6->0.7 (+16.7%) HSF 89.2->91.1 (+2.1%)	CSDS (c.5): MES 0.6 HSF 70.1	CSAS activated	none
c.904-9C>G	I8	SSF 92.5->92.4 (-0.1%) MES 12.5->11.6 (-7.2%) NNS 1.0 (±0%) HSF 90.4->88.5 (-2.1%)			negative	none
NBN (NM_002485.4)						
c.1317A>G p.(Ile439Met)	E10			CSDS (c.1313): SSF +72.4 MES +4.7 HSF 66.1->78.3 (+18.5%)	de novo CSDS	none
NF1 (NM_001042492.2)						
c.528T>A p.(Asp176Glu)			CSAS (c.533): SSF 74.7->0.0 MES 4.6->3.5 (-31.4%) HSF 77.3->73.7 (-4.9%)		CSAS deactivated	none
c.696A>G p.(Thr232=)	E7		CSAS (c.709): MES 2.0->2.3 (-15%) HSF 77.8 (±0%)		negative	none

c.825C>T p.(Ile275=)	E8		CSAS (c.836): SSF 85.5->89.6 (+4.8%) MES 7.9->7.8 (-1.3%) NNS 0.8->0.9 (+12.5%) HSF 87.8->89.7 (+2.2%)		negative	none
c.2985G>C p.(Leu995=)	E22		CSDS (c.2986): SSF 76.6->0.0 MES 3.7->0.0 HSF 88.3->77.3 (-12.5%)		negative	none
c.6033A>G p.(Leu2011=)	E41		CSAS (c.6035->c.6039): SSF 70.9->72.6 (+2.4%) MES 3.9->4.4 (+12.8%) HSF 74.5->80.7 (8.3%)		negative	none
c.6345G>A p.(Pro2115=)	E42		CSDS (c.6341): SSF 73.6->0.0 MES 5.1->0.0 NNS 0.7->0.0 HSF 84.0->71.8 (-14.5%)		CSDS deactivated	none
c.6942C>T p.(Ala2314=)	E47		CSAS (c.6941): MES 1.3->1.9 (+46.2) HSF 76.2->77.1 (+1.2%)		negative	none

c.7623G>A p.(Arg2541=)	E52	SSF 90.3 (±0%) MES 9.2 (±0%) NNS 1.0 (±0%) HSF 87.4 (±0%)			negative	none
c.8041A>G p.(Ile 2681Val)	E55			CSAS (c.8042): SSF +81.6 MES +3.5 HSF +82.6	de novo CSAS	none
c.8499T>C p.(Asn2833=)	E58		CSDS (c.8495): MES 2.1->4.0 (+90.5%) HSF 73.4->73.7 (+0.4%)		negative	none
PALB2 (NM_024675.3)						
c.899C>T p.(Thr300Ile)	E4		CSAS (c.903): SSF 82.1->76.8 (-6.5%) MES 7.1->6.0 (-15.5%) NNS 0.5 (±0%) HSF 91.6->83.9 (-8.4%)		CSAS deactivated	none
c.2235A>G p.(Lys745=)	E5		CSAS (c.2236): HSF 68.6->76.6 (+11.7%)	CSDS (c.2236): SSF 76.9	negative	none
c.2794G>A p.(Val932Met)	E8		CSDS (c.2796): SSF +72.8 MES 1.3->2.6 (+100.0%) HSF 74.3->79.2 (+6.6%)		CSDS activated	none

c.3059A>G p.(Gln1020Arg)	E10			CSDS (c.3055): SSF +70.9 MES +1.6 HSF 69.9->82.1 (+17.5%)	de novo CSDS	none
c.3428T>A p.(Leu1143His)	E13		CSAS (c.3439): SSF 78.4->71.6 (-8.8%) MES 3.7->2.1 (-28.6%) HSF 84.3->80.4 (-4.6%)		CSAS deactivated	none
c.3495G>A p.(Ser1165=)	E13			CSDS (c.3497): SSF +72.0 MES 4.2->8.7 (+107.1%) NNS +0.8 HSF 72.2->77.1 (+6.8%) CSAS (c.3497): MES +3.1 HSF +79.1 CSDS (c.3492): SSF +76.3 MES +2.9 HSF 79.0->87.3 (+10.5%)	de novo CSDS	none
PTEN (NM_000314.4)						
c.132C>T p.(Gly44=)	E2		CSDS (c.131): SSF +72.0 MES 4.2->8.7 (+107.1%) NNS +0.8 HSF 72.2->77.1 (+6.8%)		CSDS activated	none

RAD51C (NM_058216.1)						
c.145+12T>G	I1	SSF 82.0 (±0%) MES 10.2 (±0%) NNS 1.0 (±0%) HSF 85.1 (±0%)			negative	none
c.1008A>G p.(Thr336=)	E8			CSDS (c.1009): MES +5.9 HSF +71.2	negative	none
RAD51D (NM_001142571.1)						
c.225C>T p.(Val75=)	E3		CSDS (c.222): SSF 73.1->0.0 MES 0.4->0.0 HSF 86.4 (±0%)		negative	none
c.853G>A p.(Gly285Arg)	E9			CSAS (c.855): MES +3.5 HSF +86.0	negative	ClinVar submission SCV000287725.3 (Invitae; Feb, 2017): splicing defect suggested <i>in silico</i> , not yet confirmed in the literature
STK11 (NM_000455.4)						
c.42G>A p.(Glu14=)	E1			CSDS (c.44): SSF +80.1	negative	none
c.310A>T p.(Arg104Trp)	E2			CSDS (c.308): SSF +70.1 MES +0.8 HSF +76.8	de novo CSDS	none

†prediction algorithms (score range; cut off \pm % WT): SpliceSiteFinder (SSF)-like (0-100; 5%); MaxEntScan (MES) (0-16; 10%); NNSplice (NNS) (0-1; 5%); Human Splicing Finder (HSF) (0-100; 2%); cut-off values according to Tang *et al* [175] and Baert *et al* [176] (assessed by Alamut Visual v.2.10);

*juxta-splice junction consensus region (11 bases at the SDS [+3 to -8], 14 bases at the SAS [-12 to +2] according to Cartegni *et al* [177];

‡Splice consensus prediction is considered positive if at least three algorithms scored above the relative cut-off values established for the score differences between the wild-type and variant sequence;

CSAS = cryptic splice acceptor sites; CSDS = cryptic splice donor sites; E = exon; I = intron; Loc. = localization; MMR = DNA mismatch repair; PBL = peripheral blood lymphocytes; RT-PCR = reverse transcription polymerase chain reaction; SAS = splice acceptor site; SDS = splice donor site; SS = splice site; WT = wild-type

Appendix 4

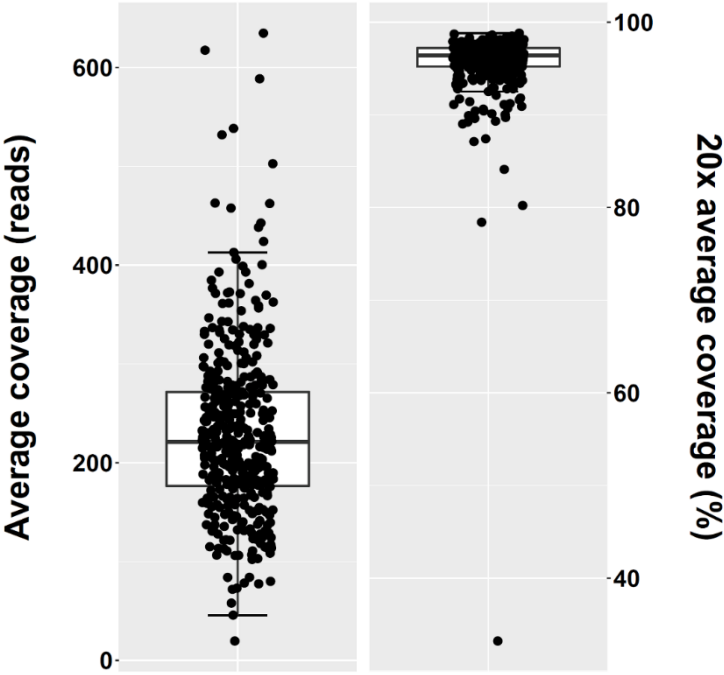


Figure S1: Box plot of the coverage data of all individual WES analyses. Each dot represents one individual WES data set. The dots representing the four WES data sets excluded due to insufficient data quality (<85% 20x average coverage) are indicated for completeness. For one WES data set, overall coverage data were not available, but all targeted genes were sufficiently covered.

Appendix 5

References for supplementary data appendices

- 1 Brandão RD, van Roozendaal K, Tserpelis D, Gómez García E, Blok MJ. Characterisation of unclassified variants in the BRCA1/2 genes with a putative effect on splicing. *Breast Cancer Res Treat.* 2011;129(3):971–82. doi:https://doi.org/10.1007/s10549-011-1599-7.
- 2 Raponi M, Douglas AG, Tammaro C, Wilson DI, Baralle D. Evolutionary constraint helps unmask a splicing regulatory region in BRCA1 exon 11. *PLoS One.* 2012;7(5):e37255. doi:https://doi.org/10.1371/journal.pone.0037255.
- 3 Tammaro C, Raponi M, Wilson DI, Baralle D. BRCA1 EXON 11, a CERES (composite regulatory element of splicing) element involved in splice regulation. *Int J Mol Sci.* 2014;15(7):13045–59. doi:https://doi.org/10.3390/ijms150713045.
- 4 Judkins T, Hendrickson BC, Deffenbaugh AM, Eliason K, Leclair B, Norton MJ, et al. Application of embryonic lethal or other obvious phenotypes to characterize the clinical significance of genetic variants found in trans with known deleterious mutations. *Cancer Res.* 2005;65(21):10096–103. doi:https://doi.org/10.1158/0008-5472.CAN-05-1241.
- 5 Olfson E, Cottrell CE, Davidson NO, Gurnett CA, Heusel JW, Stitzel NO, et al. Identification of Medically Actionable Secondary Findings in the 1000 Genomes. *PLoS One.* 2015;10(9):e0135193. doi:https://doi.org/10.1371/journal.pone.0135193.
- 6 Cochran RL, Cidado J, Kim M, Zabransky DJ, Croessmann S, Chu D, et al. Functional isogenic modeling of BRCA1 alleles reveals distinct carrier phenotypes. *Oncotarget.* 2015;6(28):25240–51. doi:https://doi.org/10.18632/oncotarget.4595.
- 7 Bouwman P, van der Gulden H, van der Heijden I, Drost R, Klijn CN, Prasetyanti P, et al. A high-throughput functional complementation assay for classification of BRCA1 missense variants. *Cancer Discov.* 2013;3(10):1142–55. doi:https://doi.org/10.1158/2159-8290.CD-13-0094.
- 8 Anczuków O, Buisson M, Salles MJ, Triboulet S, Longy M, Lidereau R, et al. Unclassified variants identified in BRCA1 exon 11: Consequences on splicing. *Genes Chromosomes Cancer.* 2008;47(5):418–26. doi:https://doi.org/10.1002/gcc.20546.
- 9 Sharp A, Pichert G, Lucassen A, Eccles D. RNA analysis reveals splicing mutations and loss of expression defects in MLH1 and BRCA1. *Hum Mutat.* 2004;24(3):272. doi:https://doi.org/10.1002/humu.9267.
- 10 Lai KN, Ho WK, Kang IN, Kang PC, Phuah SY, Mariapun S, et al. Characterization of BRCA1 and BRCA2 variants in multi-ethnic Asian cohort from a Malaysian case-control study. *BMC Cancer.* 2017;17(1):149. doi:https://doi.org/10.1186/s12885-017-3099-6.
- 11 Eoh KJ, Kim JE, Park HS, Lee ST, Park JS, Han JW, et al. Detection of Germline Mutations in Patients with Epithelial Ovarian Cancer Using Multi-gene Panels: Beyond BRCA1/2. *Cancer Res Treat.* 2018;50(3):917–25. doi:https://doi.org/10.4143/crt.2017.220.
- 12 Peixoto A, Salgueiro N, Santos C, Varzim G, Rocha P, Soares MJ, et al. BRCA1 and BRCA2 germline mutational spectrum and evidence for genetic anticipation in Portuguese breast/ovarian cancer families. *Fam Cancer.* 2006;5(4):379–87. doi:https://doi.org/10.1007/s10689-006-0009-5.
- 13 Peixoto A, Santos C, Pinto P, Pinheiro M, Rocha P, Pinto C, et al. The role of targeted BRCA1/BRCA2 mutation analysis in hereditary breast/ovarian cancer families of Portuguese ancestry. *Clin Genet.* 2015;88(1):41–8. doi:https://doi.org/10.1111/cge.12441.
- 14 Santos C, Peixoto A, Rocha P, Pinto P, Bizarro S, Pinheiro M, et al. Pathogenicity evaluation of BRCA1 and BRCA2 unclassified variants identified in Portuguese breast/ovarian cancer families. *J Mol Diagn.* 2014;16(3):324–34. doi:https://doi.org/10.1016/j.jmoldx.2014.01.005.
- 15 Lu C, Xie M, Wendl MC, Wang J, McLellan MD, Leiserson MD, et al. Patterns and functional implications of rare germline variants across 12 cancer types. *Nat Commun.* 2015;6(1):10086. doi:https://doi.org/10.1038/ncomms10086.
- 16 Durocher F, Shattuck-Eidens D, McClure M, Labrie F, Skolnick MH, Goldgar DE, et al. Comparison of BRCA1 polymorphisms, rare sequence variants and/or missense mutations in unaffected and breast/ovarian cancer populations. *Hum Mol Genet.* 1996;5(6):835–42. doi:https://doi.org/10.1093/hmg/5.6.835.
- 17 Houdayer C, Caux-Moncoutier V, Krieger S, Barrois M, Bonnet F, Bourdon V, et al. Guidelines for splicing analysis in molecular diagnosis derived from a set of 327 combined in-silico/in vitro studies on BRCA1 and BRCA2 variants. *Hum Mutat.* 2012;33(8):1228–38. doi:https://doi.org/10.1002/humu.22101.
- 18 Colombo M, López-Perolio I, Meeks HD, Caleca L, Parsons MT, Li H, et al. kConFab/AOCS Investigators. The BRCA2 c.68-7T > A variant is not pathogenic: A model for clinical calibration of spliceogenicity. *Hum Mutat.* 2018;39(5):729–41. doi:https://doi.org/10.1002/humu.23411.
- 19 Tung N, Battelli C, Allen B, Kaldate R, Bhatnagar S, Bowles K, et al. Frequency of mutations in individuals with breast cancer referred for BRCA1 and BRCA2 testing using next-generation sequencing with a 25-gene panel. *Cancer.* 2015;121(1):25–33. doi:https://doi.org/10.1002/cncr.29010.
- 20 Meyer P, Voigtlaender T, Bartram CR, Klaes R. Twenty-three novel BRCA1 and BRCA2 sequence alterations in breast and/or ovarian cancer families in Southern Germany. *Hum Mutat.* 2003;22(3):259. doi:https://doi.org/10.1002/humu.9174.
- 21 Balia C, Galli A, Caligo MA. Effect of the overexpression of BRCA2 unclassified missense variants on spontaneous homologous recombination in human cells. *Breast Cancer Res Treat.* 2011;129(3):1001–9. doi:https://doi.org/10.1007/s10549-011-1607-y.
- 22 Spugnési L, Balia C, Collavoli A, Falaschi E, Quercioli V, Caligo MA, et al. Effect of the expression of BRCA2 on spontaneous homologous recombination and DNA damage-induced nuclear foci in *Saccharomyces cerevisiae*. *Mutagenesis.* 2013;28(2):187–95. doi:https://doi.org/10.1093/mutage/ges069.
- 23 Brough R, Bajrami I, Vatcheva R, Natrajan R, Reis-Filho JS, Lord CJ, et al. APRIN is a cell cycle specific BRCA2-interacting protein required for genome integrity and a predictor of outcome after chemotherapy in breast cancer. *EMBO J.* 2012;31(5):1160–76. doi:https://doi.org/10.1038/emboj.2011.490.
- 24 de Sanjosé S, Leóné M, Bérez V, Izquierdo A, Font R, Brunet JM, et al. Prevalence of BRCA1 and BRCA2 germline mutations in young breast cancer patients: a population-based study. *Int J Cancer.* 2003;106(4):588–93. doi:https://doi.org/10.1002/ijc.11271.
- 25 Gabaldó Barrios X, Sarabia Meseguer MD, Marín Vera M, Sánchez Bermúdez AI, Macías Cerrrolaza JA, Sánchez Henarejos P, et al. Molecular characterization and clinical interpretation of BRCA1/BRCA2 variants in families from Murcia (south-eastern Spain) with hereditary breast and ovarian cancer: clinical-pathological features in BRCA carriers and non-carriers. *Fam Cancer.* 2017;16(4):477–89. doi:https://doi.org/10.1007/s10689-017-9985-x.
- 26 Alsop K, Fereday S, Meldrum C, deFazio A, Emmanuel C, George J, et al. BRCA mutation frequency and patterns of treatment response in BRCA mutation-positive women with ovarian cancer: a report from the Australian Ovarian Cancer Study Group. *J Clin Oncol.* 2012;30(21):2654–63. doi:https://doi.org/10.1200/JCO.2011.39.8545.
- 27 Loizidou MA, Hadjisavvas A, Pirpa P, Spanou E, Delikurt T, Tanteles GA, et al. BRCA1 and BRCA2 mutation testing in Cyprus; a population based study. *Clin Genet.* 2017;91(4):611–5. doi:https://doi.org/10.1111/cge.12886.
- 28 Lindor NM, Guidugli L, Wang X, Vallée MP, Monteiro AN, Tavtigian S, et al. A review of a multifactorial probability-based model for classification of BRCA1 and BRCA2 variants of uncertain significance (VUS). *Hum Mutat.* 2012;33(1):8–21. doi:https://doi.org/10.1002/humu.21627.
- 29 Chenevix-Trench G, Healey S, Lakhani S, Waring P, Cummings M, Brinkworth R, et al. kConFab Investigators. Genetic and histopathologic evaluation of BRCA1 and BRCA2 DNA sequence variants of unknown clinical significance. *Cancer Res.* 2006;66(4):2019–27. doi:https://doi.org/10.1158/0008-5472.CAN-05-3546.
- 30 Maxwell KN, Hart SN, Vijai J, Schrader KA, Slavina TP, Thomas T, et al. Evaluation of ACMG-Guideline-Based Variant Classification of Cancer Susceptibility and Non-Cancer-Associated Genes in Families Affected by Breast Cancer. *Am J Hum Genet.* 2016;98(5):801–17. doi:https://doi.org/10.1016/j.ajhg.2016.02.024.
- 31 Singh J, Thota N, Singh S, Padhi S, Mohan P, Deshwal S, et al. Screening of over 1000 Indian patients with breast and/or ovarian cancer with a multi-gene panel: prevalence of BRCA1/2 and non-BRCA mutations. *Breast Cancer Res Treat.* 2018;170(1):189–96. doi:https://doi.org/10.1007/s10549-018-4726-x.
- 32 Guidugli L, Shimelis H, Masica DL, Pankratz VS, Lipton GB, Singh N, et al. Assessment of the Clinical Relevance of BRCA2 Missense Variants by Functional and Computational Approaches. *Am J Hum Genet.* 2018;102(2):233–48. doi:https://doi.org/10.1016/j.ajhg.2017.12.013.
- 33 Santarosa M, Dolcetti R, Magri MD, Crivellari D, Tibiletti MG, Gallo A, et al. BRCA1 and BRCA2 genes: role in hereditary breast and ovarian cancer in Italy. *Int J Cancer.* 1999;83(1):5–9. doi:https://doi.org/10.1002/(SICI)1097-0215(19990924)83:1<5::AID-IJC>3.0.CO;2-U.
- 34 Karchin R, Agarwal M, Sali A, Couch F, Beattie MS. Classifying Variants of Undetermined Significance in BRCA2 with protein likelihood ratios. *Cancer Inform.* 2008;6:203–16. doi:https://doi.org/10.4137/CIN.5618.
- 35 Easton DF, Deffenbaugh AM, Pruss D, Frye C, Wenstrup RJ, Allen-Brady K, et al. A systematic genetic assessment of 1,433 sequence variants of unknown clinical significance in the BRCA1 and BRCA2 breast cancer-predisposition genes. *Am J Hum Genet.* 2007;81(5):873–83. doi:https://doi.org/10.1086/521032.
- 36 Wu K, Hinson SR, Ohashi A, Farrugia D, Wendt P, Tavtigian SV, et al. Functional evaluation and cancer risk assessment of BRCA2 unclassified variants. *Cancer Res.* 2005;65(2):417–26.
- 37 Farrugia DJ, Agarwal MK, Pankratz VS, Deffenbaugh AM, Pruss D, Frye C, et al. Functional assays for classification of BRCA2 variants of uncertain significance. *Cancer Res.* 2008;68(9):3523–31. doi:https://doi.org/10.1158/0008-5472.CAN-07-1587.
- 38 Kuznetsov SG, Liu P, Sharan SK. Mouse embryonic stem cell-based functional assay to evaluate mutations in BRCA2. *Nat Med.* 2008;14(8):875–81.

- doi:<https://doi.org/10.1038/nm.1719>.
- 39 Hendriks G, Morolli B, Calleja FM, Plomp A, Mesman RL, Meijers M, et al. An efficient pipeline for the generation and functional analysis of human BRCA2 variants of uncertain significance. *Hum Mutat.* 2014;35(11):1382–91.
- 40 Gómez García EB, Oosterwijk JC, Timmermans M, van Asperen CJ, Hogervorst FB, Hoogerbrugge N, et al. A method to assess the clinical significance of unclassified variants in the BRCA1 and BRCA2 genes based on cancer family history. *Breast Cancer Res.* 2009;11(1):R8. doi:<https://doi.org/10.1186/bcr2223>.
- 41 Mohammadi L, Vreeswijk MP, Oldenburg R, van den Ouweland A, Oosterwijk JC, van der Hout AH, et al. A simple method for co-segregation analysis to evaluate the pathogenicity of unclassified variants; BRCA1 and BRCA2 as an example. *BMC Cancer.* 2009;9(1):211. doi:<https://doi.org/10.1186/1471-2407-9-211>.
- 42 Thompson ER, Goringe KL, Rowley SM, Li N, McInerney S, Wong-Brown MW, et al.; Lifepool Investigators. Reevaluation of the BRCA2 truncating allele c.9976A > T (p.Lys3326Ter) in a familial breast cancer context. *Sci Rep.* 2015;5(1):14800. doi:<https://doi.org/10.1038/srep14800>.
- 43 Meeks HD, Song H, Michailidou K, Bolla MK, Dennis J, Wang Q, et al.; EMBRACE; kConFab Investigators; Australia Ovarian Cancer Study Group; HEBON; GEMO Study Collaborators; OCGN; Prostate cancer Association group To Investigate Cancer Associated alterations in the genome. BRCA2 Polymorphic Stop Codon K3326X and the Risk of Breast, Prostate, and Ovarian Cancers. *J Natl Cancer Inst.* 2016;108(2):djv315. doi:<https://doi.org/10.1093/jnci/djv315>.
- 44 Rafnar T, Sigurjonsdottir GR, Stacey SN, Halldorsson G, Sulem P, Pardo LM, et al. Association of BRCA2 K3326* With Small Cell Lung Cancer and Squamous Cell Cancer of the Skin. *J Natl Cancer Inst.* 2018;110(9):967–74. doi:<https://doi.org/10.1093/jnci/djy002>.
- 45 Li A, Swift M. Mutations at the ataxia-telangiectasia locus and clinical phenotypes of A-T patients. *Am J Med Genet.* 2000;92(3):170–7. doi:[https://doi.org/10.1002/\(SICI\)1096-8628\(20000529\)92:3<170::AID-AJMG3>3.0.CO;2-#](https://doi.org/10.1002/(SICI)1096-8628(20000529)92:3<170::AID-AJMG3>3.0.CO;2-#).
- 46 Kraus C, Hoyer J, Vasileiou G, Wunderle M, Lux MP, Fasching PA, et al. Gene panel sequencing in familial breast/ovarian cancer patients identifies multiple novel mutations also in genes others than BRCA1/2. *Int J Cancer.* 2017;140(1):95–102. doi:<https://doi.org/10.1002/ijc.30428>.
- 47 Tommiska J, Jansen L, Kilpivaara O, Edvardsen H, Kristensen V, Tamminen A, et al. ATM variants and cancer risk in breast cancer patients from Southern Finland. *BMC Cancer.* 2006;6(1):209. doi:<https://doi.org/10.1186/1471-2407-6-209>.
- 48 Zhang B, Beeghly-Fadiel A, Long J, Zheng W. Genetic variants associated with breast-cancer risk: comprehensive research synopsis, meta-analysis, and epidemiological evidence. *Lancet Oncol.* 2011;12(5):477–88. doi:[https://doi.org/10.1016/S1470-2045\(11\)70076-6](https://doi.org/10.1016/S1470-2045(11)70076-6).
- 49 Bernstein JL, Teraoka S, Southey MC, Jenkins MA, Andrulis IL, Knight JA, et al. Population-based estimates of breast cancer risks associated with ATM gene variants c.7271T>G and c.1066-6T>G (IVS10-6T>G) from the Breast Cancer Family Registry. *Hum Mutat.* 2006;27(11):1122–8. doi:<https://doi.org/10.1002/humu.20415>.
- 50 Ding H, Mao C, Li SM, Liu Q, Lin L, Chen Q. Lack of association between ATM C.1066-6T > G mutation and breast cancer risk: a meta-analysis of 8,831 cases and 4,957 controls. *Breast Cancer Res Treat.* 2011;125(2):473–7. doi:<https://doi.org/10.1007/s10549-010-0977-x>.
- 51 Chenevix-Trench G, Spurdle AB, Gatei M, Kelly H, Marsh A, Chen X, et al. Dominant negative ATM mutations in breast cancer families. *J Natl Cancer Inst.* 2002;94(3):205–15. doi:<https://doi.org/10.1093/jnci/94.3.205>.
- 52 Dörk T, Bendix R, Bremer M, Rades D, Klöpffer K, Nicke M, et al. Spectrum of ATM gene mutations in a hospital-based series of unselected breast cancer patients. *Cancer Res.* 2001;61(20):7608–15.
- 53 Fang Z, Kozlov S, McKay MJ, Woods R, Birrell G, Sprung CN, et al. Low levels of ATM in breast cancer patients with clinical radiosensitivity. *Genome Integr.* 2010;1(1):9. doi:<https://doi.org/10.1186/2041-9414-1-9>.
- 54 Austen B, Barone G, Reiman A, Byrd PJ, Baker C, Starczynski J, et al. Pathogenic ATM mutations occur rarely in a subset of multiple myeloma patients. *Br J Haematol.* 2008;142(6):925–33. doi:<https://doi.org/10.1111/j.1365-2141.2008.07281.x>.
- 55 Tiao G, Impropio MR, Kasar S, Poh W, Kamburov A, Landau DA, et al. Rare germline variants in ATM are associated with chronic lymphocytic leukemia. *Leukemia.* 2017;31(10):2244–7. doi:<https://doi.org/10.1038/leu.2017.201>.
- 56 Tavtigian SV, Oefner PJ, Babikyan D, Hartmann A, Healey S, Le Calvez-Kelm F, et al.; Australian Cancer Study; Breast Cancer Family Registries (BCFR); Kathleen Cuningham Foundation Consortium for Research into Familial Aspects of Breast Cancer (kConFab). Rare, evolutionarily unlikely missense substitutions in ATM confer increased risk of breast cancer. *Am J Hum Genet.* 2009;85(4):427–46. doi:<https://doi.org/10.1016/j.ajhg.2009.08.018>.
- 57 Haiman CA, Han Y, Feng Y, Xia L, Hsu C, Sheng X, et al. Genome-wide testing of putative functional exonic variants in relationship with breast and prostate cancer risk in a multiethnic population. *PLoS Genet.* 2013;9(3):e1003419. doi:<https://doi.org/10.1371/journal.pgen.1003419>.
- 58 Mitui M, Nahas SA, Du LT, Yang Z, Lai CH, Nakamura K, et al. Functional and computational assessment of missense variants in the ataxia-telangiectasia mutated (ATM) gene: mutations with increased cancer risk. *Hum Mutat.* 2009;30(1):12–21. doi:<https://doi.org/10.1002/humu.20805>.
- 59 Mangone FR, Miracca EC, Feilletter HE, Mulligan LM, Nagai MA. ATM gene mutations in sporadic breast cancer patients from Brazil. *Springerplus.* 2015;4(1):23. doi:<https://doi.org/10.1186/s40064-015-0787-z>.
- 60 Grant RC, Selander I, Connor AA, Selvarajah S, Borgida A, Briollais L, et al. Prevalence of germline mutations in cancer predisposition genes in patients with pancreatic cancer. *Gastroenterology.* 2015;148(3):556–64. doi:<https://doi.org/10.1053/j.gastro.2014.11.042>.
- 61 Yurgelun MB, Allen B, Kaldate RR, Bowles KR, Judkins T, Kaushik P, et al. Identification of a Variety of Mutations in Cancer Predisposition Genes in Patients With Suspected Lynch Syndrome. *Gastroenterology.* 2015;149(3):604–13.e20. doi:<https://doi.org/10.1053/j.gastro.2015.05.006>.
- 62 Tung N, Lin NU, Kidd J, Allen BA, Singh N, Wenstrup RJ, et al. Frequency of Germline Mutations in 25 Cancer Susceptibility Genes in a Sequential Series of Patients With Breast Cancer. *J Clin Oncol.* 2016;34(13):1460–8. doi:<https://doi.org/10.1200/JCO.2015.65.0747>.
- 63 Oshrine BR, Olsen MN, Heneghan M, Wertheim G, Daber R, Wilmoth DM, et al. Acquired isochromosome 12p, somatic TP53 and PTEN mutations, and a germline ATM variant in an adolescent male with concurrent acute megakaryoblastic leukemia and mediastinal germ cell tumor. *Cancer Genet.* 2014;207(4):153–9. doi:<https://doi.org/10.1016/j.cancergen.2014.03.009>.
- 64 Pearlman R, Frankel WL, Swanson B, Zhao W, Yilmaz A, Miller K, et al.; Ohio Colorectal Cancer Prevention Initiative Study Group. Prevalence and Spectrum of Germline Cancer Susceptibility Gene Mutations Among Patients With Early-Onset Colorectal Cancer. *JAMA Oncol.* 2017;3(4):464–71. doi:<https://doi.org/10.1001/jamaoncol.2016.5194>.
- 65 Barone G, Groom A, Reiman A, Srinivasan V, Byrd PJ, Taylor AM. Modeling ATM mutant proteins from missense changes confirms retained kinase activity. *Hum Mutat.* 2009;30(8):1222–30. doi:<https://doi.org/10.1002/humu.21034>.
- 66 Concannon P, Haile RW, Børresen-Dale AL, Rosenstein BS, Gatti RA, Teraoka SN, et al.; Women’s Environment, Cancer, and Radiation Epidemiology Study Collaborative Group. Variants in the ATM gene associated with a reduced risk of contralateral breast cancer. *Cancer Res.* 2008;68(16):6486–91. doi:<https://doi.org/10.1158/0008-5472.CAN-08-0134>.
- 67 Thorstenson YR, Roxas A, Kroiss R, Jenkins MA, Yu KM, Bachrich T, et al. Contributions of ATM mutations to familial breast and ovarian cancer. *Cancer Res.* 2003;63(12):3325–33.
- 68 Goldgar DE, Healey S, Dowty JG, Da Silva L, Chen X, Spurdle AB, et al.; BCFR; kConFab. Rare variants in the ATM gene and risk of breast cancer. *Breast Cancer Res.* 2011;13(4):R73. doi:<https://doi.org/10.1186/bcr2919>.
- 69 Hampel H, Pearlman R, Beightol M, Zhao W, Jones D, Frankel WL, et al.; Ohio Colorectal Cancer Prevention Initiative Study Group. Assessment of Tumor Sequencing as a Replacement for Lynch Syndrome Screening and Current Molecular Tests for Patients With Colorectal Cancer. *JAMA Oncol.* 2018;4(6):806–13. doi:<https://doi.org/10.1001/jamaoncol.2018.0104>.
- 70 Scott SP, Bendix R, Chen P, Clark R, Dork T, Lavin MF. Missense mutations but not allelic variants alter the function of ATM by dominant interference in patients with breast cancer. *Proc Natl Acad Sci USA.* 2002;99(2):925–30. doi:<https://doi.org/10.1073/pnas.012329699>.
- 71 Vorechovský J, Rasio D, Luo L, Monaco C, Hammarström L, Webster AD, et al. The ATM gene and susceptibility to breast cancer: analysis of 38 breast tumors reveals no evidence for mutation. *Cancer Res.* 1996;56(12):2726–32.
- 72 Yurgelun MB, Kulke MH, Fuchs CS, Allen BA, Uno H, Hornick JL, et al. Cancer Susceptibility Gene Mutations in Individuals With Colorectal Cancer. *J Clin Oncol.* 2017;35(10):1086–95. doi:<https://doi.org/10.1200/JCO.2016.71.0012>.
- 73 Kinnerley B, Kamatani Y, Labussière M, Wang Y, Galan P, Mokhtari K, et al. Search for new loci and low-frequency variants influencing glioma risk by exome-array analysis. *Eur J Hum Genet.* 2016;24(5):717–24. doi:<https://doi.org/10.1038/ejhg.2015.170>.
- 74 Seal S, Thompson D, Renwick A, Elliott A, Kelly P, Barfoot R, et al.; Breast Cancer Susceptibility Collaboration (UK). Truncating mutations in the Fanconi anemia J gene BRIP1 are low-penetrance breast cancer susceptibility alleles. *Nat Genet.* 2006;38(11):1239–41. doi:<https://doi.org/10.1038/ng1902>.
- 75 Cantor SB, Bell DW, Ganesan S, Kass EM, Drapkin R, Grossman S, et al. BACH1, a novel helicase-like protein, interacts directly with BRCA1 and contributes to its DNA repair function. *Cell.* 2001;105(1):149–60. doi:[https://doi.org/10.1016/S0092-8674\(01\)00304-X](https://doi.org/10.1016/S0092-8674(01)00304-X).
- 76 Rafnar T, Gudbjartsson DF, Sulem P, Jonasdottir A, Sigurdsson A, Jonasdottir A, et al. Mutations in BRIP1 confer high risk of ovarian cancer. *Nat Genet.* 2011;43(11):1104–7. doi:<https://doi.org/10.1038/ng.955>.
- 77 Easton DF, Lesueur F, Decker B, Michailidou K, Li J, Allen J, et al.; Australian Ovarian Cancer Study Group; kConFab Investigators; Lifepool Investigators; NBCS

- Investigators. No evidence that protein truncating variants in BRIP1 are associated with breast cancer risk: implications for gene panel testing. *J Med Genet.* 2016;53(5):298–309. doi:https://doi.org/10.1136/jmedgenet-2015-103529.
- 78 Ramus SJ, Song H, Dicks E, Tyrer JP, Rosenthal AN, Intermaggio MP, et al.; AOCs Study Group; Ovarian Cancer Association Consortium. Germline Mutations in the BRIP1, BARD1, PALB2, and NBN Genes in Women With Ovarian Cancer. *J Natl Cancer Inst.* 2015;107(11):djv214. doi:https://doi.org/10.1093/jnci/djv214.
- 79 Cybulski C, Lubiński J, Wokolorczyk D, Kuźniak W, Kashyap A, Sopiak V, et al. Mutations predisposing to breast cancer in 12 candidate genes in breast cancer patients from Poland. *Clin Genet.* 2015;88(4):366–70. doi:https://doi.org/10.1111/cge.12524.
- 80 Weber-Lassalle N, Hauke J, Ramsler J, Richters L, Groß E, Blümcke B, et al. BRIP1 loss-of-function mutations confer high risk for familial ovarian cancer, but not familial breast cancer. *Breast Cancer Res.* 2018;20(1):7. doi:https://doi.org/10.1186/s13058-018-0935-9.
- 81 van der Post RS, Vogelaar IP, Manders P, van der Kolk LE, Cats A, van Hest LP, et al. Accuracy of Hereditary Diffuse Gastric Cancer Testing Criteria and Outcomes in Patients With a Germline Mutation in CDH1. *Gastroenterology.* 2015;149(4):897–906.e19. doi:https://doi.org/10.1053/j.gastro.2015.06.003.
- 82 Vogelaar IP, Figueiredo J, van Rooij IA, Simões-Correia J, van der Post RS, Melo S, et al. Identification of germline mutations in the cancer predisposing gene CDH1 in patients with orofacial clefts. *Hum Mol Genet.* 2013;22(5):919–26. doi:https://doi.org/10.1093/hmg/dds497.
- 83 Mateus AR, Simões-Correia J, Figueiredo J, Heindl S, Alves CC, Suriano G, et al. E-cadherin mutations and cell motility: a genotype-phenotype correlation. *Exp Cell Res.* 2009;315(8):1393–402. doi:https://doi.org/10.1016/j.yexcr.2009.02.020.
- 84 Garziera M, Canzonieri V, Cannizzaro R, Geremia S, Caggiari L, De Zorzi M, et al. Identification and characterization of CDH1 germline variants in sporadic gastric cancer patients and in individuals at risk of gastric cancer. *PLoS One.* 2013;8(10):e77035. doi:https://doi.org/10.1371/journal.pone.0077035.
- 85 Brooks-Wilson AR, Kaurah P, Suriano G, Leach S, Senz J, Grehan N, et al. Germline E-cadherin mutations in hereditary diffuse gastric cancer: assessment of 42 new families and review of genetic screening criteria. *J Med Genet.* 2004;41(7):508–17. doi:https://doi.org/10.1136/jmg.2004.018275.
- 86 Suriano G, Seixas S, Rocha J, Seruca R. A model to infer the pathogenic significance of CDH1 germline missense variants. *J Mol Med (Berl).* 2006;84(12):1023–31. doi:https://doi.org/10.1007/s00109-006-0091-z.
- 87 Petrova YI, Schecterson L, Gumbiner BM. Roles for E-cadherin cell surface regulation in cancer. *Mol Biol Cell.* 2016;27(21):3233–44. doi:https://doi.org/10.1091/mbc.E16-01-0058.
- 88 Simões-Correia J, Figueiredo J, Lopes R, Stricher F, Oliveira C, Serrano L, et al. E-cadherin destabilization accounts for the pathogenicity of missense mutations in hereditary diffuse gastric cancer. *PLoS One.* 2012;7(3):e33783. doi:https://doi.org/10.1371/journal.pone.0033783.
- 89 Heitzer E, Lax S, Lafer I, Müller SM, Pristauz G, Ulz P, et al. Multiplex genetic cancer testing identifies pathogenic mutations in TP53 and CDH1 in a patient with bilateral breast and endometrial adenocarcinoma. *BMC Med Genet.* 2013;14(1):129. doi:https://doi.org/10.1186/1471-2350-14-129.
- 90 Schrader KA, Masciari S, Boyd N, Salamanca C, Senz J, Saunders DN, et al.; kConFab. Germline mutations in CDH1 are infrequent in women with early-onset or familial lobular breast cancers. *J Med Genet.* 2011;48(1):64–8. doi:https://doi.org/10.1136/jmg.2010.079814.
- 91 Li X, Gao Y, Pan Y, Pan Y, Wang L, Xiao N, et al. Mutation screen and RNA analysis disclose the changed splicing of the E-cadherin transcription in gastric cancer. *Fam Cancer.* 2013;12(3):547–54. doi:https://doi.org/10.1007/s10689-013-9619-x.
- 92 Hansford S, Kaurah P, Li-Chang H, Woo M, Senz J, Pinheiro H, et al. Hereditary Diffuse Gastric Cancer Syndrome: CDH1 Mutations and Beyond. *JAMA Oncol.* 2015;1(1):23–32. doi:https://doi.org/10.1001/jamaoncol.2014.168.
- 93 Mandelker D, Zhang L, Kemel Y, Stadler ZK, Joseph V, Zehir A, et al. Mutation Detection in Patients With Advanced Cancer by Universal Sequencing of Cancer-Related Genes in Tumor and Normal DNA vs Guideline-Based Germline Testing. *JAMA.* 2017;318(9):825–35. doi:https://doi.org/10.1001/jama.2017.11137.
- 94 Molinaro V, Pensotti V, Marabelli M, Feroce I, Barile M, Pozzi S, et al. Complementary molecular approaches reveal heterogeneous CDH1 germline defects in Italian patients with hereditary diffuse gastric cancer (HDGC) syndrome. *Genes Chromosomes Cancer.* 2014;53(5):432–45. doi:https://doi.org/10.1002/gcc.22155.
- 95 Grodecká L, Kramárek M, Lockerová P, Kováčová T, Ravčuková B, Richterová R, et al. No major effect of the CDH1 c.2440-6C>G mutation on splicing detected in last exon-specific splicing minigene assay. *Genes Chromosomes Cancer.* 2014;53(9):798–801. doi:https://doi.org/10.1002/gcc.22186.
- 96 Decker B, Allen J, Luccarini C, Pooley KA, Shah M, Bolla MK, et al. Rare, protein-truncating variants in ATM, CHEK2 and PALB2, but not XRCC2, are associated with increased breast cancer risks. *J Med Genet.* 2017;54(11):732–41. doi:https://doi.org/10.1136/jmedgenet-2017-104588.
- 97 Southey MC, Goldgar DE, Winqvist R, Pylkäs K, Couch F, Tischkowitz M, et al.; Australian Ovarian Cancer Study Group. PALB2, CHEK2 and ATM rare variants and cancer risk: data from COGS. *J Med Genet.* 2016;53(12):800–11. doi:https://doi.org/10.1136/jmedgenet-2016-103839.
- 98 Wu X, Dong X, Liu W, Chen J. Characterization of CHEK2 mutations in prostate cancer. *Hum Mutat.* 2006;27(8):742–7. doi:https://doi.org/10.1002/humu.20321.
- 99 Roeb W, Higgins J, King MC. Response to DNA damage of CHEK2 missense mutations in familial breast cancer. *Hum Mol Genet.* 2012;21(12):2738–44. doi:https://doi.org/10.1093/hmg/dds101.
- 100 Desrichard A, Bidet Y, Uhrhammer N, Bignon YJ. CHEK2 contribution to hereditary breast cancer in non-BRCA families. *Breast Cancer Res.* 2011;13(6):R119. doi:https://doi.org/10.1186/bcr3062.
- 101 Young EL, Feng BJ, Stark AW, Damiola F, Durand G, Forey N, et al.; Breast Cancer Family Registry. Multigene testing of moderate-risk genes: be mindful of the missense. *J Med Genet.* 2016;53(6):366–76. doi:https://doi.org/10.1136/jmedgenet-2015-103398.
- 102 Le Calvez-Kelm F, Lesueur F, Damiola F, Vallée M, Voegele C, Babikian D, et al.; Breast Cancer Family Registry. Rare, evolutionarily unlikely missense substitutions in CHEK2 contribute to breast cancer susceptibility: results from a breast cancer family registry case-control mutation-screening study. *Breast Cancer Res.* 2011;13(1):R6. doi:https://doi.org/10.1186/bcr2810.
- 103 Havranek O, Kleiblova P, Hojny J, Lhota F, Soucek P, Trneny M, et al. Association of Germline CHEK2 Gene Variants with Risk and Prognosis of Non-Hodgkin Lymphoma. *PLoS One.* 2015;10(10):e0140819. doi:https://doi.org/10.1371/journal.pone.0140819.
- 104 Couch FJ, Hart SN, Sharma P, Toland AE, Wang X, Miron P, et al. Inherited mutations in 17 breast cancer susceptibility genes among a large triple-negative breast cancer cohort unselected for family history of breast cancer. *J Clin Oncol.* 2015;33(4):304–11. doi:https://doi.org/10.1200/JCO.2014.57.1414.
- 105 Guaque-Olarte S, Rivera-Herrera AL, Cifuentes-C L. Mutations of the CHEK2 gene in patients with cancer and their presence in the Latin American population. *PLoS Res.* 2016;5:2791. doi:https://doi.org/10.12688/f1000research.9932.1.
- 106 Castellanos E, Gel B, Rosas I, Tornero E, Santín S, Pluvinet R, et al. A comprehensive custom panel design for routine hereditary cancer testing: preserving control, improving diagnostics and revealing a complex variation landscape. *Sci Rep.* 2017;7(1):39348. doi:https://doi.org/10.1038/srep39348.
- 107 Tischkowitz MD, Yilmaz A, Chen LQ, Karyadi DM, Novak D, Kirchoff T, et al. Identification and characterization of novel SNPs in CHEK2 in Ashkenazi Jewish men with prostate cancer. *Cancer Lett.* 2008;270(1):173–80. doi:https://doi.org/10.1016/j.canlet.2008.05.006.
- 108 Bonadona V, Bonaïti B, Olschwang S, Grandjouan S, Huiart L, Longy M, et al.; French Cancer Genetics Network. Cancer risks associated with germline mutations in MLH1, MSH2, and MSH6 genes in Lynch syndrome. *JAMA.* 2011;305(22):2304–10. doi:https://doi.org/10.1001/jama.2011.743.
- 109 Parc Y, Boisson C, Thomas G, Olschwang S. Cancer risk in 348 French MSH2 or MLH1 gene carriers. *J Med Genet.* 2003;40(3):208–13. doi:https://doi.org/10.1136/jmg.40.3.208.
- 110 Tournier I, Vezain M, Martins A, Charbonnier F, Baert-Desurmont S, Olschwang S, et al. A large fraction of unclassified variants of the mismatch repair genes MLH1 and MSH2 is associated with splicing defects. *Hum Mutat.* 2008;29(12):1412–24. doi:https://doi.org/10.1002/humu.20796.
- 111 Auclair J, Busine MP, Navarro C, Ruano E, Montmain G, Desseigne F, et al. Systematic mRNA analysis for the effect of MLH1 and MSH2 missense and silent mutations on aberrant splicing. *Hum Mutat.* 2006;27(2):145–54. doi:https://doi.org/10.1002/humu.20280.
- 112 Lucci-Cordisco E, Boccutto L, Neri G, Genuardi M. The use of microsatellite instability, immunohistochemistry and other variables in determining the clinical significance of MLH1 and MSH2 unclassified variants in Lynch syndrome. *Cancer Biomark.* 2006;2(1-2):11–27. doi:https://doi.org/10.3233/CBM-2006-21-203.
- 113 Wanat JJ, Singh N, Alani E. The effect of genetic background on the function of *Saccharomyces cerevisiae* mlh1 alleles that correspond to HNPCC missense mutations. *Hum Mol Genet.* 2007;16(4):445–52. doi:https://doi.org/10.1093/hmg/ddl479.
- 114 Chan PA, Duraisamy S, Miller PJ, Newell JA, McBride C, Bond JP, et al. Interpreting missense variants: comparing computational methods in human disease genes CDKN2A, MLH1, MSH2, MECP2, and tyrosinase (TYR). *Hum Mutat.* 2007;28(7):683–93. doi:https://doi.org/10.1002/humu.20492.
- 115 Borrás E, Pineda M, Brieger A, Hinrichsen I, Gómez C, Navarro M, et al. Comprehensive functional assessment of MLH1 variants of unknown significance. *Hum Mutat.* 2012;33(11):1576–88. doi:https://doi.org/10.1002/humu.22142.
- 116 Abulí A, Bujanda L, Muñoz J, Buch S, Schafmayer C, Valeria Maiorana M, et al.; EPICOLON Consortium. The MLH1 c.1852_1853delinsGC (p.K618A) variant in colorectal cancer: genetic association study in 18,723 individuals. *PLoS One.* 2014;9(4):e95022. doi:https://doi.org/10.1371/journal.pone.0095022.
- 117 Haraldsdóttir S, Rafnar T, Einarsson WL, Sigurdsson A, Hampel H, et al. Comprehensive population-wide analysis of Lynch syndrome in Iceland reveals founder mutations in MSH6 and PMS2. *Nat Commun.* 2017;8:14755. doi:https://doi.org/10.1038/ncomms14755.

- 118 Simbolo M, Mafficini A, Agostini M, Pedrazzani C, Bedin C, Urso ED, et al. Next-generation sequencing for genetic testing of familial colorectal cancer syndromes. *Hered Cancer Clin Pract*. 2015;13(1):18. doi:https://doi.org/10.1186/s13053-015-0039-9.
- 119 Kraus C, Rau TT, Lux P, Erlenbach-Wünsch K, Löhr S, Krumbiegel M, et al. Comprehensive screening for mutations associated with colorectal cancer in unselected cases reveals penetrant and nonpenetrant mutations. *Int J Cancer*. 2015;136(6):E559–68. doi:https://doi.org/10.1002/ijc.29149.
- 120 Martinez SL, Kolodner RD. Functional analysis of human mismatch repair gene mutations identifies weak alleles and polymorphisms capable of polygenic interactions. *Proc Natl Acad Sci USA*. 2010;107(11):5070–5. doi:https://doi.org/10.1073/pnas.1000798107.
- 121 Hu C, Hart SN, Bamlet WR, Moore RM, Nandakumar K, Eckloff BW, et al. Prevalence of Pathogenic Mutations in Cancer Predisposition Genes among Pancreatic Cancer Patients. *Cancer Epidemiol Biomarkers Prev*. 2016;25(1):207–11. doi:https://doi.org/10.1158/1055-9965.EPI-15-0455.
- 122 Zhang J, Nichols KE, Downing JR. Germline Mutations in Predisposition Genes in Pediatric Cancer. *N Engl J Med*. 2016;374(14):1391.
- 123 Cock-Rada AM, Ossa CA, Garcia HI, Gomez LR. A multi-gene panel study in hereditary breast and ovarian cancer in Colombia. *Fam Cancer*. 2018;17(1):23–30. doi:https://doi.org/10.1007/s10689-017-0004-z.
- 124 Plon SE, Wheeler DA, Strong LC, Tomlinson GE, Pirics M, Meng Q, et al. Identification of genetic susceptibility to childhood cancer through analysis of genes in parallel. *Cancer Genet*. 2011;204(1):19–25. doi:https://doi.org/10.1016/j.cancergen.2010.11.001.
- 125 Yang XR, Rotunno M, Xiao Y, Ingvar C, Helgadottir H, Pastorino L, et al. Multiple rare variants in high-risk pancreatic cancer-related genes may increase risk for pancreatic cancer in a subset of patients with and without germline CDKN2A mutations. *Hum Genet*. 2016;135(11):1241–9. doi:https://doi.org/10.1007/s00439-016-1715-1.
- 126 Ring KL, Bruegl AS, Allen BA, Elkin EP, Singh N, Hartman AR, et al. Germline multi-gene hereditary cancer panel testing in an unselected endometrial cancer cohort. *Mod Pathol*. 2016;29(11):1381–9. doi:https://doi.org/10.1038/modpathol.2016.135.
- 127 González-Acosta M, Del Valle J, Navarro M, Thompson BA, Iglesias S, Sanjuan X, et al. Elucidating the clinical significance of two PMS2 missense variants coexisting in a family fulfilling hereditary cancer criteria. *Fam Cancer*. 2017;16(4):501–7. doi:https://doi.org/10.1007/s10689-017-9981-1.
- 128 Brea-Fernández AJ, Cameselle-Teijeiro JM, Alenda C, Fernández-Rozadilla C, Cubiella J, Clófent J, et al. High incidence of large deletions in the PMS2 gene in Spanish Lynch syndrome families. *Clin Genet*. 2014;85(6):583–8. doi:https://doi.org/10.1111/cge.12232.
- 129 Desjardins S, Beauparlant JC, Labrie Y, Ouellette G, Durocher F; INHERIT BRCA. Variations in the NBN/NBS1 gene and the risk of breast cancer in non-BRCA1/2 French Canadian families with high risk of breast cancer. *BMC Cancer*. 2009;9(1):181. doi:https://doi.org/10.1186/1471-2407-9-181.
- 130 Gao P, Ma N, Li M, Tian QB, Liu DW. Functional variants in NBS1 and cancer risk: evidence from a meta-analysis of 60 publications with 111 individual studies. *Mutagenesis*. 2013;28(6):683–97. doi:https://doi.org/10.1093/mutage/get048.
- 131 Ziólkowska I, Mosor M, Wierzbicka M, Rydzanicz M, Pernak-Schwarz M, Nowak J. Increased risk of larynx cancer in heterozygous carriers of the 171V mutation of the NBS1 gene. *Cancer Sci*. 2007;98(11):1701–5. doi:https://doi.org/10.1111/j.1349-7006.2007.00594.x.
- 132 Nemethova M, Bolcekova A, Ilencikova D, Durovcikova D, Hlinkova K, Hlavata A, et al. Thirty-nine novel neurofibromatosis 1 (NF1) gene mutations identified in Slovak patients. *Ann Hum Genet*. 2013;77(5):364–79. doi:https://doi.org/10.1111/ahg.12026.
- 133 De Luca A, Buccino A, Gianni D, Mangino M, Giustini S, Richetta A, et al. NF1 gene analysis based on DHPLC. *Hum Mutat*. 2003;21(2):171–2. doi:https://doi.org/10.1002/humu.9111.
- 134 Brinckmann A, Mischung C, Bässmann I, Kühnisch J, Schuelke M, Tinschert S, et al. Detection of novel NF1 mutations and rapid mutation prescreening with Pyrosequencing. *Electrophoresis*. 2007;28(23):4295–301. doi:https://doi.org/10.1002/elps.200700118.
- 135 Mattocks C, Baralle D, Tarpey P, French-Constant C, Bobrow M, Whittaker J. Automated comparative sequence analysis identifies mutations in 89% of NF1 patients and confirms a mutation cluster in exons 11–17 distinct from the GAP related domain. *J Med Genet*. 2004;41(4):e48. doi:https://doi.org/10.1136/jmg.2003.011890.
- 136 Valero MC, Martín Y, Hernández-Imaz E, Marina Hernández A, Meleán G, Valero AM, et al. A highly sensitive genetic protocol to detect NF1 mutations. *J Mol Diagn*. 2011;13(2):113–22. doi:https://doi.org/10.1016/j.jmoldx.2010.09.002.
- 137 Bianchessi D, Morosini S, Saletti V, Ibba MC, Natacci F, Esposito S, et al. 126 novel mutations in Italian patients with neurofibromatosis type 1. *Mol Genet Genomic Med*. 2015;3(6):513–25. doi:https://doi.org/10.1002/mgg3.161.
- 138 Rahman N, Seal S, Thompson D, Kelly P, Renwick A, Elliott A, et al.; Breast Cancer Susceptibility Collaboration (UK). PALB2, which encodes a BRCA2-interacting protein, is a breast cancer susceptibility gene. *Nat Genet*. 2007;39(2):165–7. doi:https://doi.org/10.1038/ng1959.
- 139 Guénard F, Pedneault CS, Ouellette G, Labrie Y, Simard J, Durocher F; INHERIT. Evaluation of the contribution of the three breast cancer susceptibility genes CHEK2, STK11, and PALB2 in non-BRCA1/2 French Canadian families with high risk of breast cancer. *Genet Test Mol Biomarkers*. 2010;14(4):515–26. doi:https://doi.org/10.1089/gtmb.2010.0027.
- 140 Papi L, Putignano AL, Congregati C, Piaceri I, Zanna I, Sera F, et al. A PALB2 germline mutation associated with hereditary breast cancer in Italy. *Fam Cancer*. 2010;9(2):181–5. doi:https://doi.org/10.1007/s10689-009-9295-z.
- 141 Hellebrand H, Sutter C, Honisch E, Gross E, Wappenschmidt B, Schem C, et al. Germline mutations in the PALB2 gene are population specific and occur with low frequencies in familial breast cancer. *Hum Mutat*. 2011;32(6):E2176–88. doi:https://doi.org/10.1002/humu.21478.
- 142 Blanco A, de la Hoya M, Osorio A, Diez O, Miramar MD, Infante M, et al. Analysis of PALB2 gene in BRCA1/BRCA2 negative Spanish hereditary breast/ovarian cancer families with pancreatic cancer cases. *PLoS One*. 2013;8(7):e67538. doi:https://doi.org/10.1371/journal.pone.0067538.
- 143 Teo ZL, Park DJ, Provenzano E, Chatfield CA, Odefrey FA, Nguyen-Dumont T, et al.; kConFab. Prevalence of PALB2 mutations in Australasian multiple-case breast cancer families. *Breast Cancer Res*. 2013;15(1):R17. doi:https://doi.org/10.1186/bcr3392.
- 144 Damiola F, Schultz I, Barjhoux L, Sornin V, Dondon MG, Eon-Marchais S, et al.; GENESIS Study Investigators. Mutation analysis of PALB2 gene in French breast cancer families. *Breast Cancer Res Treat*. 2015;154(3):463–71. doi:https://doi.org/10.1007/s10549-015-3625-7.
- 145 Thompson ER, Gorringer KL, Rowley SM, Wong-Brown MW, McInerney S, Li N, et al.; LifePool Investigators. Prevalence of PALB2 mutations in Australian familial breast cancer cases and controls. *Breast Cancer Res*. 2015;17(1):111. doi:https://doi.org/10.1186/s13058-015-0627-7.
- 146 Dansonka-Mieszkowska A, Kluska A, Moes J, Dabrowska M, Nowakowska D, Niwinska A, et al. A novel germline PALB2 deletion in Polish breast and ovarian cancer patients. *BMC Med Genet*. 2010;11(1):20. doi:https://doi.org/10.1186/1471-2350-11-20.
- 147 Tischkowitz M, Capanu M, Sabbaghian N, Li L, Liang X, Vallée MP, et al.; WECARE Study Collaborative Group. Rare germline mutations in PALB2 and breast cancer risk: a population-based study. *Hum Mutat*. 2012;33(4):674–80. doi:https://doi.org/10.1002/humu.22022.
- 148 Maxwell KN, Wubbenhorst B, D'Andrea K, Garman B, Long JM, Powers J, et al. Prevalence of mutations in a panel of breast cancer susceptibility genes in BRCA1/2-negative patients with early-onset breast cancer. *Genet Med*. 2015;17(8):630–8. doi:https://doi.org/10.1038/gim.2014.176.
- 149 Myszk A, Nguyen-Dumont T, Karpinski P, Sasiadek MM, Akopyan H, Hammet F, et al. Targeted massively parallel sequencing characterises the mutation spectrum of PALB2 in breast and ovarian cancer cases from Poland and Ukraine. *Fam Cancer*. 2018;17(3):345–9. doi:https://doi.org/10.1007/s10689-017-0050-6.
- 150 Hofstatter EW, Domchek SM, Miron A, Garber J, Wang M, Compositeschi K, et al. PALB2 mutations in familial breast and pancreatic cancer. *Fam Cancer*. 2011;10(2):225–31. doi:https://doi.org/10.1007/s10689-011-9426-1.
- 151 Wong-Brown MW, Avery-Kiejda KA, Bowden NA, Scott RJ. Low prevalence of germline PALB2 mutations in Australian triple-negative breast cancer. *Int J Cancer*. 2014;134(2):301–5. doi:https://doi.org/10.1002/ijc.28361.
- 152 Balia C, Sensi E, Lombardi G, Roncella M, Bevilacqua G, Caligo MA. PALB2: a novel inactivating mutation in an Italian breast cancer family. *Fam Cancer*. 2010;9(4):531–6. doi:https://doi.org/10.1007/s10689-010-9382-1.
- 153 Catucci I, Milgrom R, Kushnir A, Laitman Y, Paluch-Shimon S, Volorio S, et al. Germline mutations in BRIP1 and PALB2 in Jewish high cancer risk families. *Fam Cancer*. 2012;11(3):483–91. doi:https://doi.org/10.1007/s10689-012-9540-8.
- 154 Catucci I, Peterlongo P, Ciceri S, Colombo M, Pasquini G, Barile M, et al. PALB2 sequencing in Italian familial breast cancer cases reveals a high-risk mutation recurrent in the province of Bergamo. *Genet Med*. 2014;16(9):688–94. doi:https://doi.org/10.1038/gim.2014.13.
- 155 Yadav S, Reeves A, Campian S, Paine A, Zakalik D. Outcomes of retesting BRCA negative patients using multigene panels. *Fam Cancer*. 2017;16(3):319–28. doi:https://doi.org/10.1007/s10689-016-9956-7.
- 156 Caminsky NG, Mucaki EJ, Perri AM, Lu R, Knoll JH, Rogan PK. Prioritizing Variants in Complete Hereditary Breast and Ovarian Cancer Genes in Patients Lacking Known BRCA Mutations. *Hum Mutat*. 2016;37(7):640–52. doi:https://doi.org/10.1002/humu.22972.
- 157 Romero A, Pérez-Segura P, Tosar A, García-Saenz JA, Díaz-Rubio E, Caldés T, et al. A HRM-based screening method detects RAD51C germ-line deleterious mutations in Spanish breast and ovarian cancer families. *Breast Cancer Res Treat*. 2011;129(3):939–46. doi:https://doi.org/10.1007/s10549-011-1543-x.
- 158 Osorio A, Endt D, Fernández F, Eirich K, de la Hoya M, Schmutzler R, et al. Predominance of pathogenic missense variants in the RAD51C gene occurring in breast and ovarian cancer families. *Hum Mol Genet*. 2012;21(13):2889–98. doi:https://doi.org/10.1093/hmg/dds115.
- 159 Kushnir A, Laitman Y, Shimon SP, Berger R, Friedman E. Germline mutations in RAD51C in Jewish high cancer risk families. *Breast Cancer Res Treat*.

- 2012;136(3):869–74. doi:<https://doi.org/10.1007/s10549-012-2317-9>.
- 160 Golmard L, Caux-Moncoutier V, Davy G, Al Ageeli E, Poirot B, Tirapo C, et al. Germline mutation in the RAD51B gene confers predisposition to breast cancer. *BMC Cancer*. 2013;13(1):484. doi:<https://doi.org/10.1186/1471-2407-13-484>.
- 161 Macháčková E, Hazova J, Stahlová Hrabincová E, Vašíčková P, Navrátilová M, Svoboda M, et al. Retrospektivní NGS studie u vysoce rizikových pacientů s hereditární predispozicí k nádorovému onemocnění v Masarykově onkologickém ústavu [Retrospective NGS Study in High-risk Hereditary Cancer Patients at Masaryk Memorial Cancer Institute]. *Klin Onkol*. 2016;29(Suppl 1):S35–45. Article in Czech. doi:<https://doi.org/10.14735/amko2016S35>.
- 162 Meindl A, Hellebrand H, Wiek C, Erven V, Wappenschmidt B, Niederacher D, et al. Germline mutations in breast and ovarian cancer pedigrees establish RAD51C as a human cancer susceptibility gene. *Nat Genet*. 2010;42(5):410–4. doi:<https://doi.org/10.1038/ng.569>.
- 163 Somyajit K, Mishra A, Jameel A, Nagaraju G. Enhanced non-homologous end joining contributes toward synthetic lethality of pathological RAD51C mutants with poly (ADP-ribose) polymerase. *Carcinogenesis*. 2015;36(1):13–24. doi:<https://doi.org/10.1093/carcin/bgu211>.
- 164 Somyajit K, Subramanya S, Nagaraju G. Distinct roles of FANCO/RAD51C protein in DNA damage signaling and repair: implications for Fanconi anemia and breast cancer susceptibility. *J Biol Chem*. 2012;287(5):3366–80. doi:<https://doi.org/10.1074/jbc.M111.311241>.
- 165 Loveday C, Turnbull C, Ruark E, Xicola RM, Ramsay E, Hughes D, et al.; Breast Cancer Susceptibility Collaboration (UK). Germline RAD51C mutations confer susceptibility to ovarian cancer. *Nat Genet*. 2012;44(5):475–6, author reply 476. doi:<https://doi.org/10.1038/ng.2224>.
- 166 Osher DJ, De Leeneer K, Michils G, Hamel N, Tomiak E, Poppe B, et al. Mutation analysis of RAD51D in non-BRCA1/2 ovarian and breast cancer families. *Br J Cancer*. 2012;106(8):1460–3. doi:<https://doi.org/10.1038/bjc.2012.87>.
- 167 Thompson ER, Rowley SM, Sawyer S, kConfab, Eccles DM, Trainer AH, et al. Analysis of RAD51D in ovarian cancer patients and families with a history of ovarian or breast cancer. *PLoS One*. 2013;8(1):e54772. doi:<https://doi.org/10.1371/journal.pone.0054772>.
- 168 Song H, Dicks E, Ramus SJ, Tyrer JP, Intermaggio MP, Hayward J, et al. Contribution of Germline Mutations in the RAD51B, RAD51C, and RAD51D Genes to Ovarian Cancer in the Population. *J Clin Oncol*. 2015;33(26):2901–7. doi:<https://doi.org/10.1200/JCO.2015.61.2408>.
- 169 Ollier M, Radosevic-Robin N, Kwiatkowski F, Ponelle F, Viala S, Privat M, et al. DNA repair genes implicated in triple negative familial non-BRCA1/2 breast cancer predisposition. *Am J Cancer Res*. 2015;5(7):2113–26.
- 170 Goideanu IG, Caracostea G, Eniu DT, Stamatian FV. Prevalence of deleterious mutations among patients with breast cancer referred for multigene panel testing in a Romanian population. *Clujul Med*. 2018;91(2):157–65.
- 171 Monti P, Perfumo C, Bisio A, Ciribilli Y, Menichini P, Russo D, et al. Dominant-negative features of mutant TP53 in germline carriers have limited impact on cancer outcomes. *Mol Cancer Res*. 2011;9(3):271–9. doi:<https://doi.org/10.1158/1541-7786.MCR-10-0496>.
- 172 Soussi T, Leroy B, Taschner PE. Recommendations for analyzing and reporting TP53 gene variants in the high-throughput sequencing era. *Hum Mutat*. 2014;35(6):766–78. doi:<https://doi.org/10.1002/humu.22561>.
- 173 Chandrasekharappa SC, Chinn SB, Donovan FX, Chowdhury NI, Kamat A, Adeyemo AA, et al. Assessing the spectrum of germline variation in Fanconi anemia genes among patients with head and neck carcinoma before age 50. *Cancer*. 2017;123(20):3943–54. doi:<https://doi.org/10.1002/cncr.30802>.
- 174 Plon SE, Eccles DM, Easton D, Foulkes WD, Genuardi M, Greenblatt MS, et al.; IARC Unclassified Genetic Variants Working Group. Sequence variant classification and reporting: recommendations for improving the interpretation of cancer susceptibility genetic test results. *Hum Mutat*. 2008;29(11):1282–91. doi:<https://doi.org/10.1002/humu.20880>.
- 175 Tang R, Prosser DO, Love DR. Evaluation of Bioinformatic Programmes for the Analysis of Variants within Splice Site Consensus Regions. *Adv Bioinforma*. 2016;2016:5614058. doi:<https://doi.org/10.1155/2016/5614058>.
- 176 Baert A, Machackova E, Coene I, Cremin C, Turner K, Portugal-Todd C, et al. Thorough in silico and in vitro cDNA analysis of 21 putative BRCA1 and BRCA2 splice variants and a complex tandem duplication in BRCA2 allowing the identification of activated cryptic splice donor sites in BRCA2 exon 11. *Hum Mutat*. 2018;39(4):515–26. doi:<https://doi.org/10.1002/humu.23390>.
- 177 Cartegni L, Chew SL, Krainer AR. Listening to silence and understanding nonsense: exonic mutations that affect splicing. *Nat Rev Genet*. 2002;3(4):285–98. doi:<https://doi.org/10.1038/nrg775>.
- 178 van der Klift HM, Jansen AM, van der Steenstraten N, Bik EC, Tops CM, Devilee P, et al. Splicing analysis for exonic and intronic mismatch repair gene variants associated with Lynch syndrome confirms high concordance between minigene assays and patient RNA analyses. *Mol Genet Genomic Med*. 2015;3(4):327–45. doi:<https://doi.org/10.1002/mgg3.145>.
- 179 Drost M, Zonneveld J, van Dijk L, Morreau H, Tops CM, Vasen HF, et al. A cell-free assay for the functional analysis of variants of the mismatch repair protein MLH1. *Hum Mutat*. 2010;31(3):247–53. doi:<https://doi.org/10.1002/humu.21180>.
- 180 Takahashi M, Shimodaira H, Andreutti-Zaugg C, Iggo R, Kolodner RD, Ishioka C. Functional analysis of human MLH1 variants using yeast and in vitro mismatch repair assays. *Cancer Res*. 2007;67(10):4595–604. doi:<https://doi.org/10.1158/0008-5472.CAN-06-3509>.
- 181 Raevaara TE, Korhonen MK, Lohi H, Hampel H, Lynch E, Lönnqvist KE, et al. Functional significance and clinical phenotype of nontruncating mismatch repair variants of MLH1. *Gastroenterology*. 2005;129(2):537–49. doi:<https://doi.org/10.1053/j.gastro.2005.06.005>.
- 182 Nyström-Lahti M, Perrera C, Räschle M, Panyushkina-Seiler E, Marra G, Curci A, et al. Functional analysis of MLH1 mutations linked to hereditary nonpolyposis colon cancer. *Genes Chromosomes Cancer*. 2002;33(2):160–7. doi:<https://doi.org/10.1002/gcc.1225>.