

1 **Gene discoveries in autism are biased towards comorbidity with intellectual**
2 **disability**

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21 **Abstract**

22 Autism typically presents with a highly heterogeneous set of features, including frequent
23 comorbidity with intellectual disability (ID). The overlap between these two phenotypes has
24 confounded the accurate diagnosis and discovery of genetic factors associated with autism. We
25 analyzed genetic variants in 2,290 individuals with autism from the Simons Simplex Collection
26 (SSC) who have either ID or normal cognitive function to determine whether genes associated
27 with autism also contribute towards ID comorbidity. We found that individuals who carried
28 variants in a set of 173 reported autism-associated genes showed decreased IQ ($p=5.49 \times 10^{-6}$) and
29 increased autism severity ($p=0.013$) compared with individuals without such variants. A subset
30 of autism-associated genes also showed strong evidence for ID comorbidity in published case
31 reports. We also found that individuals with high-functioning autism ($IQ > 100$) had lower
32 frequencies of CNVs ($p=0.065$) and LGD variants ($p=0.021$) compared with individuals who
33 manifested both autism and ID ($IQ < 70$). These data indicated that *de novo* LGD variants
34 conferred a 1.53-fold higher risk ($p=0.035$) towards comorbid ID, while LGD mutations
35 specifically disrupting autism-associated genes conferred a 4.85-fold increased risk ($p=0.011$) for
36 comorbid ID. Furthermore, *de novo* LGD variants in individuals with high-functioning autism
37 were more likely to disrupt genes with little functional relevance towards neurodevelopment, as
38 demonstrated by evidence from pathogenicity metrics, expression patterns in the developing
39 brain, and mouse model phenotypes. Overall, our data suggest that *de novo* pathogenic variants
40 disrupting genes associated with autism contribute towards autism and ID comorbidity, while
41 other genetic factors are likely to be causal for high-functioning autism.

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43 Autism spectrum disorder, which presents in children with social communication difficulties,
44 repetitive behavior, and restricted interests¹, is a highly heterogeneous neurodevelopmental
45 disorder characterized by complex genetic etiology and strong comorbidity with other
46 developmental disorders². For example, approximately 30% of individuals with autism also
47 manifest with intellectual disability (ID)³, defined¹ by IQ scores <70. The high degree of co-
48 occurrence of autism with ID has been shown to confound accurate diagnosis of autism. In fact,
49 we recently showed that 69% of individuals diagnosed with ID are likely to be recategorized and
50 diagnosed with autism⁴. The diagnostic overlap between autism and ID suggests that *de novo*
51 gene disruptive variants and copy-number variants (CNVs) identified in individuals ascertained
52 for autism in large-scale studies could also be confounded by ID comorbidity. Here, using
53 genetic and phenotypic data from 2,290 individuals with autism from the Simons Simplex
54 Collection (SSC)⁵, we show that gene discoveries in autism are biased towards genes that
55 contribute towards both autism and comorbid ID.

56 We analyzed rare *de novo* likely-gene disruptive (LGD) variants from exome sequencing
57 data^{6,7}, disease-associated copy-number variants (CNVs) from microarrays⁸, and Full-scale IQ
58 and Social Responsiveness Scale (SRS) T-scores for SSC probands that were obtained from the
59 Simons Foundation Autism Research Initiative⁵. As these data were de-identified, they were
60 exempt from IRB review and conformed to the Helsinki Declaration. We first compared the
61 phenotypes of 288 individuals with *de novo* LGD variants and 81 individuals with pathogenic
62 CNVs to 1,921 individuals without such variants obtained from the SSC cohort. Similar to
63 previous autism studies that identified correlations between *de novo* variants and IQ scores⁹⁻¹²,
64 we found that individuals with *de novo* LGD variants (IQ=77.7, p=0.031, two-tailed Mann-
65 Whitney test) or pathogenic CNVs (IQ=76.3, p=0.002) had a significant decrease in IQ scores
66 compared with individuals without such variants (IQ=82.3) (**Figure 1A**). However, no
67 differences in autism severity, measured using SRS T-scores, were observed between groups of
68 individuals with and without pathogenic variants (p=0.104 for LGD variants and 0.963 for
69 CNVs) (**Figure 1A**). This suggests that pathogenic variants in general contribute to ID
70 independent of autism severity, although this could also be due to an ascertainment bias in the
71 SSC cohort towards individuals with severe autism.

72 We further identified individuals carrying *de novo* LGD variants in 173 autism-associated
73 genes, defined as genes with recurrent *de novo* variants reported in multiple databases of

74 sequencing studies (**Table S1**). These genes included tier 1 genes (>2 *de novo* LGD variants)
75 from the Developing Brain Disorders Gene Database¹³, genes with >5 non-SSC *de novo* LGD
76 variants from denovo-db¹⁴, and SFARI Gene tiers 1 and 2 (<https://gene.sfari.org/>). We found that
77 individuals carrying *de novo* LGD variants in autism-associated genes had decreased IQ ($n=74$,
78 $IQ=69.1$, $p=5.49 \times 10^{-6}$, two-tailed Mann-Whitney test) and increased SRS T-scores (SRS=82.4,
79 $p=0.013$) compared with individuals without LGD variants ($n=2,216$, $IQ=81.9$, SRS=79.6),
80 implying that candidate autism genes contribute to both autism and ID phenotypes (**Figure 1B**).
81 To validate this finding, we examined 76 published case reports of affected individuals with
82 pathogenic variants in a subset of 22 autism genes that appeared in all three autism gene
83 databases (**Table 1**, **Table S2**). For example, recent case studies have identified autism co-
84 occurring with ID in 21 individuals with *de novo SHANK3* variants¹⁵, 19 individuals with
85 *NRXN1* variants¹⁶, and 18 individuals with *TCF20* variants¹⁷. Overall, 460/497 (92.6%)
86 individuals with autism described in these studies had ID features, emphasizing that variants in
87 these genes contribute to a severe form of autism with comorbid ID (**Table 1**).

88 We next compared genetic data from 397 SSC individuals (17.3% of the SSC cohort)
89 with “high-functioning autism”, defined as having severe autism and average or above-average
90 IQ scores (SRS >75 and IQ >100), to 562 individuals (24.5%) with both autism and ID (SRS >75
91 and IQ <70). Individuals with high-functioning autism had a significantly lower ($p=0.021$, one-
92 tailed Fisher’s Exact test) frequency of *de novo* LGD variants (42/397, 10.6%) than individuals
93 with autism and ID (86/562, 15.3%). Similarly, individuals with high-functioning autism were
94 less likely ($p=0.065$) to carry pathogenic CNVs (9/397, 2.3%) than individuals with autism and
95 ID (24/562, 4.3%). In fact, *de novo* LGD variants conferred a 1.53-fold higher likelihood of
96 manifesting ID among individuals with autism ($p=0.035$, 95% confidence interval 1.03-2.26),
97 and pathogenic CNVs similarly conferred a 1.92-fold increased risk for co-occurrence of ID
98 among individuals with autism ($p=0.099$, 95% CI 0.88-4.18). We replicated these observations
99 by analyzing an additional combined cohort of 2,357 individuals from both the SSC and the
100 Autism Sequencing Collection¹⁸. Here, individuals with autism and ID had a significantly higher
101 rate ($p=3.04 \times 10^{-6}$, one-tailed Student’s t-test) of *de novo* variants in genes intolerant to variation,
102 as measured by probability of Loss-of-function Intolerant (pLI) score >0.9 (70/643, 10.8%), than
103 individuals manifesting autism but not ID (114/1747, 6.65%). We also found that only 3/397
104 (0.8%) individuals in the SSC cohort with high-functioning autism carried *de novo* LGD variants

105 in autism-associated genes, including *ANK2*, *HIVEP3*, and *BAZ2B*. This frequency was not
106 significantly different from the expected frequency of *de novo* variants in the general population
107 ($p=0.095$, one-tailed Student's T-test), as calculated from gene-specific probabilities of *de novo*
108 nonsense and frameshift variants from a sequence context-dependent model⁹. In contrast, 20/562
109 (3.6%) individuals with autism comorbid with ID carried *de novo* LGD variants in autism-
110 associated genes, such as *CHD8*, *SCN2A*, and *SYNGAP1*, representing a 19.2-fold enrichment of
111 variants compared with the expected rate in the general population ($p=9.48\times 10^{-6}$). Thus, *de novo*
112 LGD variants in autism genes conferred a 4.85-fold increased risk ($p=0.011$, 95% CI 1.43-16.42)
113 towards comorbid ID in individuals with autism.

114 We further sought to determine the biological relevance of the 42 genes with *de novo*
115 LGD variants identified in individuals with high-functioning autism, and found that these genes
116 in aggregate had less functional relevance towards neurodevelopment than the reported autism-
117 associated genes. For example, genes with *de novo* LGD variants in individuals with high-
118 functioning autism were less resistant to genetic variation than reported autism-associated genes,
119 as measured by Residual Variation Intolerance Score (RVIS) ($p=4.00\times 10^{-4}$, Mann-Whitney two-
120 tailed test) and pLI percentile ($p=9.77\times 10^{-7}$) gene metrics^{19,20} (**Figure 2A**). In fact, while the
121 RVIS and pLI percentiles of the reported autism genes were clustered below the thresholds for
122 pathogenicity (RVIS <20th percentile and pLI <18th percentile, or raw score >0.9), genes
123 disrupted among individuals with high-functioning autism were evenly distributed across the
124 range of percentiles. Additionally, we tested the enrichment of each gene set for specific
125 expression in brain regions during development, based on expression data derived from the
126 BrainSpan Atlas²¹, using the Specific-Expression Analysis (SEA) online tool²². While autism
127 genes were enriched for specific expression in the cortex ($p=3.13\times 10^{-4}$, Fisher's Exact test with
128 Benjamini-Hochsberg correction) and cerebellum ($p=0.020$) during early fetal development²²,
129 genes with *de novo* LGD variants in high-functioning autism individuals were not enriched for
130 any specific expression patterns in the developing brain (**Figure 2B**). Furthermore, mouse
131 models of genes identified in individuals with high-functioning autism, whose phenotypic data
132 were obtained from the Mouse Genome Informatics database²⁴, were significantly less likely to
133 manifest nervous system ($p=4.90\times 10^{-3}$, one-tailed Fisher's Exact test with Benjamini-Hochsberg
134 correction) and behavioral/neurological ($p=0.037$) phenotypes than mouse models of reported
135 autism-associated genes (**Figure 2C**). These findings suggest that genes with *de novo* LGD

136 variants in individuals with high-functioning autism are less pathogenic in humans and model
137 organisms, and therefore may not necessarily contribute towards the specific high-functioning
138 autism phenotype.

139 Our data indicate that pathogenic variants such as *de novo* LGD variants and CNVs
140 contribute to autism phenotypes primarily in individuals with comorbid ID, especially if the
141 variants disrupt a gene previously associated with autism. Several themes regarding the study of
142 high-functioning autism have emerged from these findings. *First*, the consistently high degree of
143 comorbidity between autism and ID has led to an ascertainment bias towards individuals who
144 manifest both disorders in large-scale sequencing cohorts, as it is difficult to exclude all
145 individuals with comorbid disorders and still have adequate power to identify recurrent variants.
146 Indeed, more than 80% of the SSC cohort had an IQ score less than 100, and the average IQ of
147 the cohort (81.5) was 18.5 points below the population average. This bias has contributed to the
148 identification of genes and CNV regions related to both autism and ID, as evidenced by the
149 decreased IQ among carriers of variants in these genes as well as a high incidence of comorbid
150 phenotypes reported in published case studies. Large-scale sequencing studies still hold a high
151 value in uncovering shared biological mechanisms that could underlie both disorders²³.
152 However, understanding the biology of the core autism phenotypes would require concerted
153 efforts to recruit individuals who specifically manifest high-functioning autism without ID.

154 *Second*, individuals with high-functioning autism are less likely to carry *de novo* LGD
155 variants in candidate autism genes, and *de novo* variants in individuals with high-functioning
156 autism tend to disrupt genes with less functional relevance towards neurodevelopment. These
157 genes likely carry non-recurrent variants that either confer a small effect size towards autism risk
158 on their own, or are not associated at all with neurodevelopment. We therefore propose that
159 multiple genomic factors with varying effect sizes, such as missense variants, common variants,
160 variants in regulatory and non-coding regions, or the combinatorial effects of inherited variants,
161 contribute towards autism phenotypes without ID. For example, Schaaf and colleagues
162 performed targeted sequencing of 21 candidate autism genes in 339 individuals with high-
163 functioning autism²⁵. They found that 2% of individuals carried *de novo* missense variants in
164 candidate autism genes, such as *PTEN* and *FOXP2*, suggesting that allelic variants of differing
165 severity within the same gene might contribute to distinct neurodevelopmental trajectories.
166 Interestingly, the same study also found that 7% of individuals with high-functioning autism

167 carried multiple inherited missense variants in candidate autism genes, potentially contributing to
168 an oligogenic model for high-functioning autism phenotypes. Similarly, common variants have
169 been found to contribute towards increased autism risk in individuals without ID^{26,27}. For
170 example, Grove and colleagues recently reported that the heritability attributed to common
171 variants, including those primarily associated with cognitive ability and educational attainment,
172 was three times lower in individuals with autism and ID compared with those without ID²⁷.
173 Finally, variants that may not contribute directly towards autism phenotypes themselves,
174 including the *de novo* LGD variants observed in individuals with high-functioning autism, could
175 still be responsible for subtler modification of the severity of autism or ID phenotypes.

176 Overall, our results emphasize the importance of dissecting phenotypic heterogeneity in
177 family-based sequencing studies of complex diseases, especially those with a high frequency of
178 comorbid disorders. While a larger cohort of individuals recruited specifically for high-
179 functioning autism could identify associations with recurrent genes or different types of variants,
180 these findings should be validated using functional studies to more fully differentiate the genetic
181 causes for high-functioning autism from those for autism with comorbid ID.

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183 **Supplemental data**

184 Supplemental data include two supplemental tables in Excel file format.

185

186 **Declaration of Interests**

187 The authors declare that they have no conflicts of interest.

188

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199 to phenotypic data on the Simons Foundation Autism Research Initiative (SFARI) Base.
200 Approved researchers can obtain the SSC data sets described in this study by applying at
201 <https://www.base.sfari.org>.

202

203 **Author Contributions**

204 M.J. and S.G. conceptualized the study, and M.J. and C.S. analyzed the data. M.J. and S.G. wrote
205 the manuscript with input from all authors.

206

207 **References**

208

209 1. American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental
210 Disorders (American Psychiatric Association).

211

212 2. Vorstman, J.A.S., Parr, J.R., Moreno-De-Luca, D., Anney, R.J.L., Nurnberger Jr, J.I., and
213 Hallmayer, J.F. (2017). Autism genetics: opportunities and challenges for clinical translation.
214 *Nat. Rev. Genet.* 18, 362–376.

215

216 3. Baio, J., Wiggins, L., Christensen, D.L., Maenner, M.J., Daniels, J., Warren, Z., Kurzius-
217 Spencer, M., Zahorodny, W., Robinson, C., Rosenberg, et al. (2018). Prevalence of Autism
218 Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities
219 Monitoring Network, 11 Sites, United States, 2014. *MMWR. Surveill. Summ.* 67, 1–23.

220

221 4. Polyak, A., Kubina, R.M., and Girirajan, S. (2015). Comorbidity of intellectual disability
222 confounds ascertainment of autism: implications for genetic diagnosis. *Am. J. Med. Genet. Part*
223 *B Neuropsychiatr. Genet.* 168, 600–608.

224

225 5. Fischbach, G.D., and Lord, C. (2010). The Simons Simplex Collection: A Resource for
226 Identification of Autism Genetic Risk Factors. *Neuron* 68, 192–195.

227

228 6. Iossifov, I., O’Roak, B.J., Sanders, S.J., Ronemus, M., Krumm, N., Levy, D., Stessman, H.A.,
229 Witherspoon, K.T., Vives, L., Patterson, K.E., et al. (2014). The contribution of de novo coding
230 mutations to autism spectrum disorder. *Nature* 515, 216–221.

231

232 7. Krumm, N., Turner, T.N., Baker, C., Vives, L., Mohajeri, K., Witherspoon, K., Raja, A., Coe,
233 B.P., Stessman, H.A., He, Z.X., et al. (2015). Excess of rare, inherited truncating mutations in
234 autism. *Nat. Genet.* 47, 582–588.

235

236 8. Sanders, S.J., He, X., Willsey, A.J., Ercan-Sencicek, A.G., Samocha, K.E., Cicek, A.E.,
237 Murtha, M.T., Bal, V.H., Bishop, S.L., Dong, S., et al. (2015). Insights into Autism Spectrum

- 238 Disorder Genomic Architecture and Biology from 71 Risk Loci. *Neuron* 87, 1215–1233.
239
- 240 9. Samocha, K.E., Robinson, E.B., Sanders, S.J., Stevens, C., Sabo, A., McGrath, L.M.,
241 Kosmicki, J.A., Rehnström, K., Mallick, S., Kirby, A., et al. (2014). A framework for the
242 interpretation of de novo mutation in human disease. *Nat. Genet.* 46, 944–950.
243
- 244 10. Robinson, E.B., Samocha, K.E., Kosmicki, J.A., McGrath, L., Neale, B.M., Perlis, R.H., and
245 Daly, M.J. (2014). Autism spectrum disorder severity reflects the average contribution of de
246 novo and familial influences. *Proc. Natl. Acad. Sci.* 111, 15161–15165.
247
- 248 11. Yuen, R.K.C., Merico, D., Bookman, M., Howe, J.L., Thiruvahindrapuram, B., Patel, R. V,
249 Whitney, J., Deflaux, N., Bingham, J., Wang, Z., et al. (2017). Whole genome sequencing
250 resource identifies 18 new candidate genes for autism spectrum disorder. *Nat. Neurosci.* 20, 602–
251 611.
252
- 253 12. Pizzo, L., Jensen, M., Polyak, A., Rosenfeld, J.A., Mannik, K., Krishnan, A., McCready, E.,
254 Pichon, O., Le Caignec, C., Van Dijck, A., et al. (2019). Rare variants in the genetic background
255 modulate cognitive and developmental phenotypes in individuals carrying disease-associated
256 variants. *Genet. Med.* 21, 816–825.
257
- 258 13. Gonzalez-Mantilla, A.J., Moreno-De-Luca, A., Ledbetter, D.H., and Martin, C.L. (2016). A
259 cross-disorder method to identify novel candidate genes for developmental brain disorders.
260 *JAMA Psychiatry* 73, 275–283.
261
- 262 14. Turner, T.N., Yi, Q., Krumm, N., Huddleston, J., Hoekzema, K., F Stessman, H.A., Doebley,
263 A.-L., Bernier, R.A., Nickerson, D.A., and Eichler, E.E. (2017). denovo-db: a compendium of
264 human de novo variants. *Nucleic Acids Res.* 45, D804–D811.
265
- 266 15. Li, Y., Jia, X., Wu, H., Xun, G., Ou, J., Zhang, Q., Li, H., Bai, T., Hu, Z., Zou, X., et al.
267 (2018). Genotype and phenotype correlations for SHANK3 de novo mutations in
268 neurodevelopmental disorders. *Am. J. Med. Genet. Part A* 176, 2668–2676.

- 269
- 270 16. Al Shehhi, M., Forman, E.B., Fitzgerald, J.E., McInerney, V., Krawczyk, J., Shen, S., Betts,
271 D.R., Ardle, L.M., Gorman, K.M., King, M.D., et al. (2019). NRXN1 deletion syndrome;
272 phenotypic and penetrance data from 34 families. *Eur. J. Med. Genet.* *62*, 204–209.
273
- 274 17. Torti, E., Keren, B., Palmer, E.E., Zhu, Z., Afenjar, A., Anderson, I.J., Andrews, M. V.,
275 Atkinson, C., Au, M., Berry, S.A., et al. (2019). Variants in TCF20 in neurodevelopmental
276 disability: description of 27 new patients and review of literature. *Genet. Med.* ePub ahead of
277 print.
278
- 279 18. Kosmicki, J.A., Samocha, K.E., Howrigan, D.P., Sanders, S.J., Slowikowski, K., Lek, M.,
280 Karczewski, K.J., Cutler, D.J., Devlin, B., Roeder, K., et al. (2017). Refining the role of de novo
281 protein-truncating variants in neurodevelopmental disorders by using population reference
282 samples. *Nat. Genet.* *49*, 504–510.
283
- 284 19. Petrovski, S., Wang, Q., Heinzen, E.L., Allen, A.S., and Goldstein, D.B. (2013). Genic
285 Intolerance to Functional Variation and the Interpretation of Personal Genomes. *PLoS Genet.* *9*,
286 e1003709.
287
- 288 20. Lek, M., Karczewski, K.J., Minikel, E. V., Samocha, K.E., Banks, E., Fennell, T.,
289 O'Donnell-Luria, A.H., Ware, J.S., Hill, A.J., Cummings, B.B., et al. (2016). Analysis of
290 protein-coding genetic variation in 60,706 humans. *Nature* *536*, 285–291.
291
- 292 21. Miller, J.A., Ding, S.-L., Sunkin, S.M., Smith, K.A., Ng, L., Szafer, A., Ebbert, A., Riley,
293 Z.L., Royall, J.J., Aiona, K., et al. (2014). Transcriptional landscape of the prenatal human brain.
294 *Nature* *508*, 199–206.
295
- 296 22. Dougherty, J.D., Schmidt, E.F., Nakajima, M., and Heintz, N. (2010). Analytical approaches
297 to RNA profiling data for the identification of genes enriched in specific cells. *Nucleic Acids*
298 *Res.* *38*, 4218–4230.
299

- 300 23. Jensen, M., and Girirajan, S. (2017). Mapping a shared genetic basis for neurodevelopmental
301 disorders. *Genome Med.* *9*, 109.
302
- 303 24. Smith, C.L., Blake, J.A., Kadin, J.A., Richardson, J.E., Bult, C.J., and Mouse Genome
304 Database Group (2018). Mouse Genome Database (MGD)-2018: knowledgebase for the
305 laboratory mouse. *Nucleic Acids Res.* *46*, D836–D842.
306
- 307 25. Schaaf, C.P., Sabo, A., Sakai, Y., Crosby, J., Muzny, D., Hawes, A., Lewis, L., Akbar, H.,
308 Varghese, R., Boerwinkle, E., et al. (2011). Oligogenic heterozygosity in individuals with high-
309 functioning autism spectrum disorders. *Hum. Mol. Genet.* *20*, 3366–3375.
310
- 311 26. Weiner, D.J., Wigdor, E.M., Ripke, S., Walters, R.K., Kosmicki, J.A., Grove, J., Samocha,
312 K.E., Goldstein, J.I., Okbay, A., Bybjerg-Grauholm, J., et al. (2017). Polygenic transmission
313 disequilibrium confirms that common and rare variation act additively to create risk for autism
314 spectrum disorders. *Nat. Genet.* *49*, 978–985.
315
- 316 27. Grove, J., Ripke, S., Als, T.D., Mattheisen, M., Walters, R.K., Won, H., Pallesen, J., Agerbo,
317 E., Andreassen, O.A., Anney, R., et al. (2019). Identification of common genetic risk variants for
318 autism spectrum disorder. *Nat. Genet.* *51*, 431–444.
319

320 **Figure Legends**

321 **Figure 1.** Phenotypic comparison of individuals with autism from the SSC cohort with and
322 without pathogenic variants. **(A)** Individuals with pathogenic variants (*de novo* LGD and CNV)
323 had a significantly lower IQ than individuals without pathogenic variants, but no change in
324 autism severity (SRS T-score) was observed between the three groups. **(B)** Individuals with *de*
325 *nov*o LGD variants in candidate autism genes had a lower IQ and more severe autism phenotypes
326 than individuals without such variants. n indicates sample size, p-values were derived from two-
327 tailed Mann-Whitney tests, and dotted lines within each plot indicate the median and first and
328 third quartiles. All statistics were calculated using R v.3.4.2 (R Foundation for Statistical
329 Computing, Vienna, Austria).

330
331 **Figure 2.** Functional analysis of genes with *de novo* LGD variants in individuals with high-
332 functioning autism. **(A)** Genes with *de novo* LGD variants in individuals with high-functioning
333 autism had lower average RVIS (left) and pLI (right) percentile scores than those for reported
334 autism-associated genes. Thick dotted lines across the violin plots indicate thresholds for gene
335 pathogenicity: <20th percentile for RVIS and <18th percentile for pLI (>0.9 raw score). Thin lines
336 within the violin plots indicate the median and first and third quartiles. p-values were derived
337 from two-tailed Mann-Whitney tests. **(B)** Expression of genes with *de novo* variants in
338 individuals with high-functioning autism and autism-associated genes in the developing human
339 brain. Autism-associated genes were enriched for specific expression in the cortex and
340 cerebellum during early development, while no enrichment was seen in the genes identified in
341 individuals with high-function autism. Hexagon sizes represent the number of genes
342 preferentially expressed in each brain tissue and timepoint, while colors of the hexagons
343 represents p-values for the enrichment of autism genes among each set of preferentially-
344 expressed genes. **(C)** Frequency of phenotypes observed in mouse knockout models for genes
345 with *de novo* LGD variants in individuals with high-functioning autism compared with reported
346 autism-associated genes. * indicates p<0.05 with Benjamini-Hochsberg correction.

347

348 **Table 1. Individuals carrying variants in autism-associated genes with comorbid ID.**

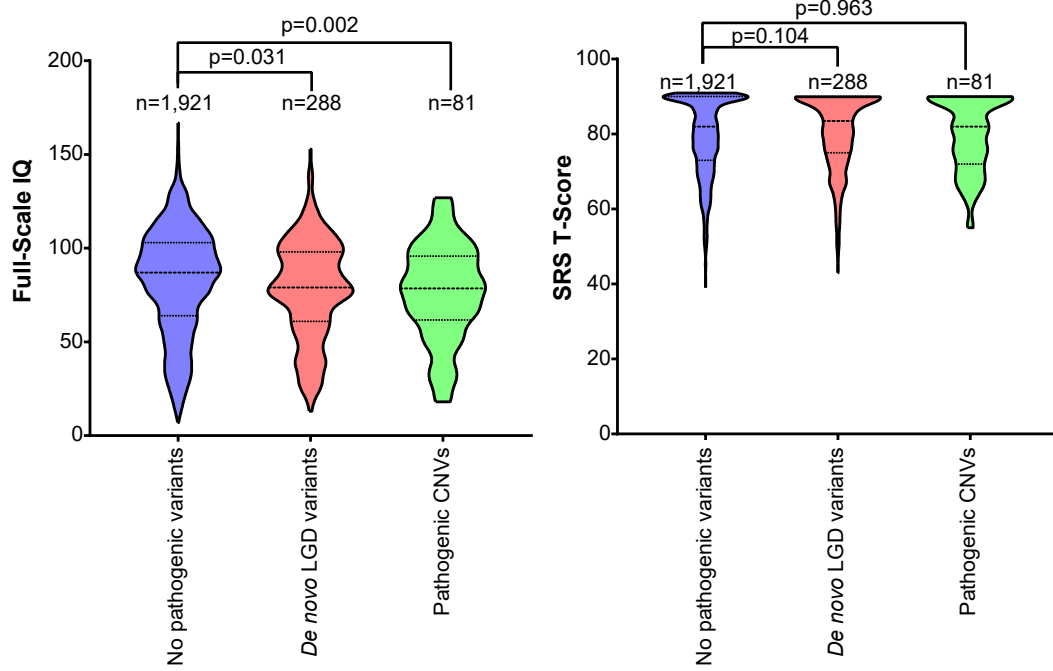
Autism-associated genes	Cases with ID	Autism cases with or without ID	Autism cases with comorbid ID
<i>ADNP</i>	134/134	114/134	114/114
<i>ANK2</i>	1/1	1/1	1/1
<i>ANKRD11</i>	10/10	9/10	9/9
<i>ARID1B</i>	137/153	80/153	80/80
<i>ASH1L</i>	14/14	4/14	4/4
<i>ASXL3</i>	18/19	16/19	15/16
<i>BCL11A</i>	11/16	4/16	3/4
<i>CHD2</i>	3/3	3/3	3/3
<i>CHD8</i>	56/75	61/75	46/61
<i>CUL3</i>	1/1	1/1	1/1
<i>DDX3X</i>	97/97	33/97	33/33
<i>DYRK1A</i>	7/26	9/26	7/9
<i>KMT2A</i>	76/99	12/99	10/12
<i>MECP2</i>	1/1	1/1	1/1
<i>MYT1L</i>	1/1	1/1	1/1
<i>NRXN1</i>	45/60	34/60	23/34
<i>POGZ</i>	48/49	29/49	29/29
<i>SCN2A</i>	19/33	9/33	7/9
<i>SETD5</i>	15/16	7/16	7/7
<i>SHANK3</i>	35/37	26/37	24/26
<i>SYNGAP1</i>	11/23	11/23	11/11
<i>TCF20</i>	47/48	32/48	31/32
Total	787/916 (85.9%)	497/916 (54.3%)	460/497 (92.6%)

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Figure 1

A

Phenotypic severity of individuals with autism carrying pathogenic variants



B

Phenotypic severity of individuals carrying variants in autism genes

