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# Germline mutations in the new E1' cryptic exon of the $V H L$ gene in patients with tumours of von HippelLindau disease spectrum or with paraganglioma 

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#### Abstract

Backgrounds The incidence of germline mutations in the newly discovered cryptic exon ( $E 1^{\prime}$ ) of $V H L$ gene in patients with von Hippel-Lindau (VHL) disease and in patients with paraganglioma or pheochromocytoma (PPGL) is not currently known. Methods We studied a large international multicentre cohort of 1167 patients with a previous negative genetic testing. Germline DNA from 75 patients with a single tumour of the VHL spectrum ('Single VHL tumour' cohort), 70 patients with multiple tumours of the VHL spectrum ('Multiple VHL tumours' cohort), 76 patients with a VHL disease as described in the literature ('VHL-like' cohort) and 946 patients with a PPGL were screened for E1' genetic variants. Results Six different genetic variants in E1' were detected in 12 patients. Two were classified as pathogenic, 3 as variants of unknown significance and 1 as benign. The rs 139622356 was found in seven unrelated patients but described in only 16 patients out of the 31390 of the Genome Aggregation Database ( $\mathrm{p}<0.0001$ ) suggesting that this variant might be either a recurrent mutation or a modifier mutation conferring a risk for the development of tumours and cancers of the VHL spectrum. Conclusions VHL E1' cryptic exon mutations contribute to $1.32 \%$ (1/76) of 'VHL-like' cohort and to $0.11 \%$ ( $1 / 946$ ) of PPGL cohort and should be screened in patients with clinical suspicion of VHL, and added to panels for Next Generation Sequencing (NGS) diagnostic testing of hereditary PPGL. Our data highlight the importance of studying variants identified in deep intronic sequences, which would have been missed by examining only coding sequences of genes/exomes. These variants will likely be more frequently detected and studied with the upcoming implementation of wholegenome sequencing into clinical practice.


## INTRODUCTION

Von Hippel-Lindau (VHL) disease is an autosomaldominant renal cancer predisposition syndrome ${ }^{1}$
responsible for the development in affected patients of renal cysts or clear cell carcinomas, and other features as retinal or central nervous system haemangioblastomas, pancreatic cysts or neuroendocrine tumours, endolymphatic sac tumours and pheochromocytomas and/or paragangliomas (PPGLs). A germline mutation (including gross deletion) is identified in one of the three exons of VHL in almost all affected patients. ${ }^{2}$ Nevertheless, some patients with clinically diagnosed VHL disease, but without identified VHL germline mutation, have been reported. ${ }^{3}$ One of the tumour types of the VHL tumour spectrum, PPGL, are rare neuroendocrine tumours with a great genetic heterogeneity and the highest heritability rate with about $40 \%$ of genetically determined forms. ${ }^{45}$ Indeed, to date, approximately 17 susceptibility genes have been reported but two thirds of identified mutations are found in $S D H B, S D H D$ and VHL genes. ${ }^{67}$

Recently, a cryptic exon of VHL gene, named E1', has been discovered. A germline mutation in the first intronic region which results in creation of a cryptic exon designated E1' was found in one large family with a typical VHL disease and without any alteration in the other VHL exons. ${ }^{8}$ VHL gene is one of the major PPGL susceptibility genes but, to date, E1' exon has not been included in PPGL target gene panels.

Hence, our objective was to assess the prevalence of E1' germline mutations in two international cohorts of patients: first, in 221 patients with a single or multiple tumours suggesting a VHL disease and then in 946 with a PPGL but without an identified mutation in the three VHL exons or in the main PPGL susceptibility genes, respectively.

## METHODS

## Patient's selection

A total of 1167 patients were analysed, divided into four different groups:

| Table 1 <br> cohorts | Main clinical and tumour characteristics of the different |
| :--- | :--- |
| Total patients n=1167 |  |
| VHL-like, $\mathrm{n}=76$ patients |  |
| Age at first diagnosis mean (min-max) | $45.4(20-76)$ |
| Multiple haemangioblastomas | $16(21 \%)$ |
| Haemangioblastoma with another VHL tumour | $28(37 \%)$ |
| One VHL tumour and family history of VHL tumour | $32(42 \%)$ |
| Multiple VHL tumours, n=70 patients |  |
| Age at first diagnosis mean, (min-max) | $55(11-81)$ |
| Three or more VHL tumours | $3(4 \%)$ |
| Two VHL tumours | $67(96 \%)$ |
| Single VHL tumour, n=75 patients |  |
| Age at first diagnosis mean (min-max) | $34.6(11-78)$ |
| Clear cell renal cell carcinoma | $3(4 \%)$ |
| Cerebral haemangioblastoma | $27(36 \%)$ |
| Retinal haemangioblastoma | $10(13.3 \%)$ |
| Other tumours | $35(46.6 \%)$ |
| PPGL, n=946 patients |  |
| Age at first diagnosis mean (min-max) | $43(8-94)$ |
| Benign PPGL | $869(92 \%)$ |
| Single benign PPGL | $771(82 \%)$ |
| Multiple benign PPGL | $98(10 \%)$ |
| Metastatic PPGL | $77(8 \%)$ |
| Single metastatic PPGL | $67(7 \%)$ |
| Multiple metastatic PPGL | $10(1 \%)$ |
| Familial PPGL |  |

PPGL, paraganglioma; VHL, von Hippel-Lindau.

- 946 patients with PPGL but without germline mutation in major PPGL susceptibility genes ('PPGL' cohort) (table 1 and online supplementary table S 1 ).
- 76 patients with a VHL disease as defined in the literature, ${ }^{29}$ that is, patients with multiple haemangioblastomas, or a single haemangioblastoma with another tumour of the VHL spectrum, or one tumour of the VHL spectrum (excepted epididymal and renal cysts) and family history of VHL tumour but no germline VHL gene mutation ('VHLlike' cohort).
- 70 patients with multiple tumours of the clinical spectrum of VHL disease but who did not fill the definition of a VHL disease and who had no germline VHL mutation ('Multiple VHL tumours' cohort).
- 75 patients with a single tumour of the VHL spectrum without VHL mutation occurring at a young age ('Single VHL tumour' cohort) (table 1 and online supplementary table S2).
Germline DNA from 'VHL-like', 'Multiple VHL tumours' and 'Single VHL tumour' cohorts had been previously tested for VHL gene by Sanger sequencing or Next Generation Sequencing and large rearrangements by MLPA or QMPSF. The procedures used for PPGL diagnosis were in accordance with international guidelines. ${ }^{1011}$

Moreover, a control cohort of 198 European subjects without VHL manifestation was analysed in order to determine the frequency of variant in the general population.

Each patient signed a written informed consent for genetic analyses.

## Direct sequencing of the E1' cryptic exon of VHL on germline DNA

Sanger sequencing on germline DNA of E1' was performed as previously described. ${ }^{8}$ Variants interpretation was performed by using different criterions: ACMG criteria, ${ }^{12}$ allele frequency in databases, phenotype of patients and tumour analysis as described below.

## VHL gene analysis in tumour

Tumour DNA was extracted from frozen or paraffin embedded tumour by the QIAamp DNA minikit (Qiagen). Loss of heterozygosity (LOH) was evaluated by (1) Sanger sequencing of the E1' cryptic exon of VHL by mutation-specific primers and (2) microsatellite analysis on D3S1537, D3S1038, D3S1317 D3S3547, D3S3727 as previously described. ${ }^{1314}$ VHL gene deletion on tumour DNA was assessed with the SALSA MLPA P016 VHL probemix (MRC-Holland).

## CA9 immunochemistry

Immunohistochemistry was performed as previously described on $6 \mu \mathrm{~m}$ slides cut from paraffin-embedded tumours with anti CA9 antibody ( $1 / 1500$, ab15086, Abcam). ${ }^{15}$ Antigen retrieval was performed by boiling slides in Tris-EDTA buffer (pH9) for 45 min . Revelation was performed using Histogreen as a chromogen. Images were acquired with a Leica DM400B microscope with Leica Application Suite software V.2.8.1 and a Leica DFC420C camera.

## PNMT and VHL RT-qPCR

RNA was extracted from paraffin embedded tumours of six control PPGL (3 NF1-related, 2 RET-related and 1 TMEM127related PPGL), 5 VHL - related PPGL (all carrying a missense mutation in VHL gene) and patients \#3 and \#10 PPGL by using the Maxwell 16 LEV RNA FFPE Purification Kit (Promega). RNA was quantified and its purity assessed with a NanoDrop ND-1000 spectrophotometer (Labtech). RT PCR was performed on 1000 ng of RNA with iScript cDNA Synthesis Kit iScript (BioRad). Then, as described in, ${ }^{16}$ pre amplification of PNMT, VHL, GAPDH and $18 S$ on complementary DNA was performed with SsoAdvanced PreAmp Supermix (BioRad). Because of RNA fragmentation, all primers were designed to amplify amplicons smaller than 100 bp . We used two VHL primer sets. The first set amplified the VHL transcript including exons 1 and 2 (E1-E2) (F: 5'- CATCCACAGCTACCGAGGTC-3' overlapping exons 1 and 2 and R: 5'-GTGTGTCCCTGCATCTCTGA-3' located on exon 2). The second set amplified the VHL transcript with exon 1 and the cryptic exon (E1-E1') (F: 5'-GCATCCACAGC-TACCGAGTC-3' overlapping exon 1 and the cryptic exon and R: 5'-AGTCTCCCCAGGAGGAATGT-3' located on the cryptic exon). Quantitative PCR was performed on VHL (E1-E2), PNMT, GAPDH and $18 S$ by SYBR Green Master MixSybrGreen (BioRad) on the C1000 Touch (BioRad) and VHL (E1-E1') was amplified by PCR in parallel with GAPDH. All experiments were performed in duplicate three times.

## Statistical analysis

Statistical analysis was carried out with GraphPad software. Differences between allele's frequency in gnomAD and our cohort of patients and relative risk were assessed by $\chi^{2}$ tests. A $\mathrm{p}<0.05$ was considered significant.

## RESULTS

We analysed the germline DNA of 1167 patients from France, Spain, Canada and the USA. We identified a rare germline
Table 2 Patients with a genetic variant in the E1' cryptic exon of VHL gene



Figure 1 VHL E1' variants identified: mutations identified in patient \#10 on the germline DNA and somatic DNA (A); location of germline variants found in VHL E1'(B).
genetic variant (minor allele frequency $<1 \%$ ) in the E1' VHL cryptic exon in 12 patients ( $1 \%$ ). One of these patients was classified as 'VHL-like' ( 1 of 76 patients, $1.3 \%$ ), 2 as 'Multiple VHL tumours' (2/70 patients, $2.9 \%$ ), 1 as 'Single VHL tumour' (1/75 patients, $1.3 \%$ ) and 8 belonged to the 'PPGL' cohort (8/946, $0.8 \%$ ) (table 2). Among these 12 patients, we identified 6 different variants, 4 in the E1' and 2 at the intron-exon junction and we considered only two variants as pathogenic mutations (figure 1). None of these variants was found in a control cohort of 198 European subjects without VHL manifestations.

Seven patients (patients \#2 to \#8) ( $0.6 \%$ ) carried the same rare variant of uncertain significance (VUS), c. $340+578 \mathrm{C}>\mathrm{T}$ which is referenced in dbSNP as rs139622356 and has been previously reported in the Genome Aggregation Database (gnomAD). The five remaining patients carried different E1' variants. One of them (patient \#9) harbours the c. $340+617 \mathrm{C}>\mathrm{G}$ mutation previously described in the original paper. ${ }^{8}$ Patient \#12 carried the $\mathrm{c} .340+866 \mathrm{C}>$ A VUS, which is referenced in dbSNP (rs536631685) and 1000 Genomes, but not in the Genome Aggregation Database (gnomAD). Finally, three novel VUS of the E1' VHL cryptic exon were discovered in the three remaining patients. None of the four patients with a PPGL and an E1' VUS have developed VHL spectrum tumour(s) during their follow-up and none of them had family history of VHL disease (table 2); however, segregation analysis was only performed in patient \#9. The proband's mother did carry the variant and had a pancreatic cyst and multiple vertebral body haemangiomas which both are evocating of VHL disease. ${ }^{17}$

Among the remaining 11 patients, 3 tumours were available, 2 as paraffin embedded samples (patients \#1, \#10) and 1 as a frozen tumour (patient \#3). None of them presented a LOH at VHL locus and the mutated allele was lost as determined by

Sanger sequencing in tumour \#1. In tumour DNA of patient \#10, which harbours the $c .340+682 \mathrm{~T}>\mathrm{C}$ variant, we identified a second variant in the exon 3 of $V H L$ (c. $482 \mathrm{G}>\mathrm{A}$; p.Arg161Gln), known to be pathogenic (figure 1). This somatic mutation was previously described in this patient. ${ }^{18}$ In the absence of LOH , this exon 3 variant may function as the second VHL hit in this tumour. No other mutation of the VHL gene was identified in tumour DNA of patient \#3.

To validate and classify these different VUS, we carried out different functional studies on available tumour tissues. We first performed immunohistochemistry to study the expression of CA9, known to be expressed at the membrane of tumour cells in case of VHL inactivation. ${ }^{19}$ A membranous positive CA9 immunostaining has been previously reported in VHL-related PPGL, haemangioblastoma, endolymphatic tumours and ccRCC. ${ }^{15} 2021$ We observed a cluster of tumour cells with a positive membranous CA9 immunostaining only in the PPGL of patient \#10 (figure 2A) which can be seen in VHL-related PPGL. ${ }^{15}$ Then, we assessed the expression of PNMT gene, which is one of the most downregulated genes in VHL-related PPGL, ${ }^{22}{ }^{23}$ by RT-qPCR. As expected, the PPGL of patient \#10 exhibited a significant low expression of PNMT mRNA, comparable to the VHL-tumours used as controls. On the contrary, the level of PNMT expression was equivalent to control tumours in the PPGL of patient \#3, which produced both epinephrine and norepinephrine. Finally, we analysed the expression of VHL gene by RT-qPCR. We assessed the expression of two different VHL mRNA: the mRNA containing the exons 1 and 2 (E1-E2), which will lead with the exon 3 to the expression of the two main VHL proteins (pVHL213 and pVHL160) and VHL mRNA containing the exon 1 and E1' (E1-E1'), which was previously described as increased in tumour or in lymphoblastoid cell lines

of patients with E1' mutation. In normal condition, this VHL E1-E1' mRNA is degraded by nonsense-mediated decay (NMD), and in this pathological condition, NMD may be overwhelmed. The PPGL of patients \#3 and \#10 showed expression of VHL E1-E1' mRNA which was absent in controls, suggesting that the two variants change the VHL mRNA splicing (figure 3). Moreover, the PPGL of patient \#10 showed a low expression of VHL E1-E2 mRNA comparable to the VHL-related PPGL used as control (figure 2B). Altogether, these data provide evidence that this VHL E1' mutation (c. $340+682 \mathrm{~T}>\mathrm{C}$ ) is a pathogenic mutation that combined with the second mutation (c. $482 \mathrm{G}>\mathrm{A}$; p. $\operatorname{Arg} 161 \mathrm{Gln}$ ) induce tumorigenesis.

Finally, 23 patients carry the c. $340+648 \mathrm{~T}>\mathrm{C}($ rs73024533) variant, previously described in dbSNP, at an heterozygous state. The allele frequency of rs73024533 in our cohort is comparable to that of the gnomAD database and of our control cohort of 198 European subjects ( $1.9 \%$ vs $1.3 \%$ and $1.3 \%$, respectively, $\mathrm{p}=0.0536$ ).

## DISCUSSION

E1' mutations were previously described by Lenglet et al in eight families, either with erythrocytosis or VHL disease. These mutations led to an abnormal VHL mRNA with the insertion of the


Figure 3 Expression of E1-E1' transcript of VHL gene showed expression only in patients \#3 and \#10.

E1' in the transcript and to mRNA degradation by NMD and to global defect in VHL protein expression. ${ }^{8}$
In our large international study, we identified four new germline variants in E1' VHL gene and we classified two of them as pathogenic, representing $1.3 \%$ of 'VHL-like' cohort (1/76 patients) and $0.11 \%$ of 'PPGL' cohort (1/946 patients). Our patients did not have all the manifestation of VHL disease. However, in the single patient in whom a familial genetic screening was performed (patient \#9), the proband's mother had her first screening (cerebral and medullary MRI and abdominal CT scan) at the age of 70 years old, which diagnosed one pancreatic cyst and multiple vertebral body haemangiomas. Interestingly, multiple vertebral body haemangiomas are rare in VHL disease but have been described in patients with Chuvash polycythemia, a disease secondary to a recurrent germline biallelic mutation in VHL gene (c.598C>T, p.Arg200Trp). ${ }^{24}$ Our data suggest incomplete penetrance of E1' VHL mutations, as it was previously described for the SDHA gene-another PPGL susceptibility gene- mutations that exhibit a relatively high allele frequency in gnomAD. ${ }^{25}$

We have identified the same variant c.340+578C $>$ T (rs139622356) in seven patients, but our tumour analyses were not able lead to the classification of this variant in a pathogenic variant. Indeed in one tumour with this variant, we identified the E1-E1' mRNA which suggest that the variant is pathogenic. However, epinephrine secretion and PNMT expression of this tumour are strong indicator against the diagnosis of VHL -related PPGL. ${ }^{26}$ Moreover, we identified this variant in $0.6 \%$ of our
cohort, which is 10 times more frequent in our cohort than in reference databases. Indeed, this variant is described in $0.05 \%$ of gnomAD subjects ( $7 / 1167$ vs $16 / 31390, \mathrm{p}<0.0001$ ). It is noteworthy that in Tuscan and Iberian subjects reported in the 1000 Genomes project, the frequency of this rs139622356 is $0.9 \%$. All these data suggest that this variant could be either a pathogenic variant that is not implicated in the PPGL of our patient because of the lack of $\mathrm{LOH} /$ second VHL mutation, or a modifier variant contributing potentially to an 8.5 -fold risk ( $95 \%$ CI 4.4 to $14.3, \mathrm{p}<0.0001$ ) for development of PPGL or VHL tumours. Hence, more functional analyses and more tumours analyses will be required to achieve a definitive conclusion.

Our study demonstrates that E1' VHL variants are rare events in 'VHL-like' and 'PPGL' patients, but nearly as frequent as the VHL mutation rate in exons 1 and 2 in patients with PPGL (in the molecular genetic laboratory of Hôpital Européen Georges Pompidou-Paris-France VHL mutation rate in exon 1 has been reported to be $0.74 \%(p=0.062)$, in exon 2: $0.18 \%(p=0.99)$ and in exon 3: $0.92 \%(\mathrm{p}=0.0264),{ }^{27}$ or as frequent as in exons of other PPGL susceptibility genes (for instance, the mutation rate in exon 1 of SDHD is $0.43 \%)$. However, because patients with well-established VHL pathogenic mutations were excluded from our cohort, the current frequency may be an underestimation. As the identification of VHL variants has important implications for management and follow-up of patients and relatives, we suggest that E1' cryptic exon should be added to NGS diagnostic panels. Considering the genetic heterogeneity of PPGLs and the high rate of detectable driver mutations in these tumours, ${ }^{10}$ a low frequency of variants in any given new gene/ exons is not unexpected. However, the interpretation of these E1' variants might be difficult and more functional analyses has to be designed in order to validate these variants. Finally, our study underlines the importance of variants identified in deep intronic sequences, which would have been missed by examining only coding sequences of genes/exomes. These variants will likely be more frequently detected and studied in the next future with the upcoming implementation of whole-genome sequencing into clinical practice.

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## REFERENCES

1 Latif F, Tory K, Gnarra J, Yao M, Duh FM, Orcutt ML, Stackhouse T, Kuzmin I, Modi W, Geil L. Identification of the von Hippel-Lindau disease tumor suppressor gene. Science 1993;260:1317-20.
2 Lonser RR, Glenn GM, Walther M, Chew EY, Libutti SK, Linehan WM, Oldfield EH, disease vonH-L. Von Hippel-Lindau disease. Lancet 2003;361:2059-67.
3 Binderup MLM, Galanakis M, Budtz-Jørgensen E, Kosteljanetz M, Luise Bisgaard M, Prevalence LBM. Prevalence, birth incidence, and penetrance of von Hippel-Lindau disease (vHL) in Denmark. Eur J Hum Genet 2017;25:301-7.
4 Favier J, Amar L, Gimenez-Roqueplo A-P. Paraganglioma and phaeochromocytoma: from genetics to personalized medicine. Nat Rev Endocrinol 2015;11:101-11.
5 Gimenez-Roqueplo A-P, Dahia PL, Robledo M. An update on the genetics of paraganglioma, pheochromocytoma, and associated hereditary syndromes. Horm Metab Res 2012;44:328-33.

6 Amar L, Bertherat J, Baudin E, Aizenberg C, Bressac-de Paillerets B, Chabre 0, Chamontin B, Delemer B, Giraud S, Murat A, Niccoli-Sire P, Richard S, Rohmer V, Sadoul J-L, Strompf L, Schlumberger M, Bertagna X, Plouin P-F, Jeunemaitre $X$, Gimenez-Roqueplo A-P. Genetic testing in pheochromocytoma or functional paraganglioma. J Clin Oncol 2005;23:8812-8.
7 Currás-Freixes M, Piñeiro-Yañez E, Montero-Conde C, Apellániz-Ruiz M, Calsina B, Mancikova V, Remacha L, Richter S, Ercolino T, Rogowski-Lehmann N, Deutschbein T, Calatayud M, Guadalix S, Álvarez-Escolá C, Lamas C, Aller J, Sastre-Marcos J, Lázaro C, Galofré JC, Patiño-García A, Meoro-Avilés A, Balmaña-Gelpi J, De Miguel-Novoa P, Balbín M, Matías-Guiu X, Letón R, Inglada-Pérez L, Torres-Pérez R, Roldán-Romero JM, Rodríguez-Antona C, Fliedner SMJ, Opocher G, Pacak K, Korpershoek E, de Krijger RR, Vroonen L, Mannelli M, Fassnacht M, Beuschlein F, Eisenhofer G, Cascón A, Al-Shahrour F, Robledo M. PheoSeq: a targeted next-generation sequencing assay for pheochromocytoma and paraganglioma diagnostics. J Mol Diagn 2017;19:575-88.
8 Lenglet M, Robriquet F, Schwarz K, Camps C, Couturier A, Hoogewijs D, Buffet A, Knight SJL, Gad S, Couvé S, Chesnel F, Pacault M, Lindenbaum P, Job S, Dumont S, Besnard T, Cornec M, Dreau H, Pentony M, Kvikstad E, Deveaux S, Burnichon N, Ferlicot S, Vilaine M, Mazzella J-M, Airaud F, Garrec C, Heidet L, Irtan S, Mantadakis E, Bouchireb K, Debatin K-M, Redon R, Bezieau S, Bressacde Paillerets B, Teh BT, Girodon F, Randi M-L, Putti MC, Bours V, Van Wijk R, Göthert JR, Kattamis A, Janin N, Bento C, Taylor JC, Arlot-Bonnemains Y, Richard S, Gimenez-Roqueplo A-P, Cario H, Gardie B. Identification of a new VHL exon and complex splicing alterations in familial erythrocytosis or von Hippel-Lindau disease. Blood 2018;132:469-83.
9 Maher ER, Neumann HP, Richard S. Von Hippel-Lindau disease: a clinical and scientific review. Eur J Hum Genet 2011;19:617-23.
10 Toledo RA, Burnichon N, Cascon A, Benn DE, Bayley J-P, Welander J, Tops CM, Firth H, Dwight T, Ercolino T, Mannelli M, Opocher G, Clifton-Bligh R, Gimm O, Maher ER, Robledo M, Gimenez-Roqueplo A-P, Dahia PLM, NGS in PPGL (NGSnPPGL) Study Group. Consensus statement on next-generation-sequencing-based diagnostic testing of hereditary phaeochromocytomas and paragangliomas. Nat Rev Endocrinol 2017;13:233-47.
11 Lenders JWM, Duh Q-Y, Eisenhofer G, Gimenez-Roqueplo A-P, Grebe SKG, Murad MH, Naruse M, Pacak K, Young WF, Endocrine Society. Pheochromocytoma and paraganglioma: an endocrine Society clinical practice guideline. J Clin Endocrinol Metab 2014;99:1915-42.
12 Richards S, Aziz N, Bale S, Bick D, Das S, Gastier-Foster J, Grody WW, Hegde M, Lyon E, Spector E, Voelkerding K, Rehm HL, ACMG Laboratory Quality Assurance Committee. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of medical genetics and genomics and the association for molecular pathology. Genet Med 2015;17:405-23.
13 Hoefling C, Schmidt H, Meinhardt M, Lohse A, Taubert H, Fuessel S, Schmidt U, Schuster K, Baretton G, Wirth MP, Meye A. Comparative evaluation of microsatellite marker, AP-PCR and CGH studies in primary renal cell carcinoma. Int J Mol Med 2004;13:835-42.
14 Girolami F, Passerini I, Gargano D, Frusconi S, Villari D, Nicita G, Torricelli F. Microsatellite analysis of chromosome 3p region in sporadic renal cell carcinomas. Pathol Oncol Res 2002;8:241-4.
15 Favier J, Meatchi T, Robidel E, Badoual C, Sibony M, Nguyen AT, Gimenez-Roqueplo A-P, Burnichon N. Carbonic anhydrase 9 immunohistochemistry as a tool to predict or validate germline and somatic VHL mutations in pheochromocytoma and paraganglioma-a retrospective and prospective study. Mod Pathol 2020;33:57-64.
16 Zeka F, Vanderheyden K, De Smet E, Cuvelier CA, Mestdagh P, Vandesompele J. Straightforward and sensitive RT-qPCR based gene expression analysis of FFPE samples. Sci Rep 2016;6:21418.
17 van Asselt SJ, de Vries EG, van Dullemen HM, Brouwers AH, Walenkamp AM, Giles RH, Links TP. Pancreatic cyst development: insights from von Hippel-Lindau disease. Cilia 2013;2:3.
18 Mircescu H, Wilkin F, Paquette J, Oligny LL, Decaluwe H, Gaboury L, Nolet S, Van Vliet G, Deal C. Molecular characterization of a pediatric pheochromocytoma with suspected bilateral disease. J Pediatr 2001;138:269-73.
19 Ivanov SV, Kuzmin I, Wei MH, Pack S, Geil L, Johnson BE, Stanbridge EJ, Lerman MI. Down-Regulation of transmembrane carbonic anhydrases in renal cell carcinoma cell lines by wild-type von Hippel-Lindau transgenes. Proc Natl Acad Sci U SA 1998;95:12596-601.
20 Pinato DJ, Ramachandran R, Toussi STK, Vergine M, Ngo N, Sharma R, Lloyd T, Meeran K, Palazzo F, Martin N, Khoo B, Dina R, Tan TM. Immunohistochemical markers of the hypoxic response can identify malignancy in phaeochromocytomas and paragangliomas and optimize the detection of tumours with VHL germline mutations. Br J Cancer 2013;108:429-37.
21 Stillebroer AB, Mulders PFA, Boerman OC, Oyen WJG, Oosterwijk E. Carbonic anhydrase IX in renal cell carcinoma: implications for prognosis, diagnosis, and therapy. Eur Urol 2010;58:75-83.
22 Castro-Vega LJ, Letouzé E, Burnichon N, Buffet A, Disderot P-H, Khalifa E, Loriot C, Elarouci N, Morin A, Menara M, Lepoutre-Lussey C, Badoual C, Sibony M, Dousset B, Libé R, Zinzindohoue F, Plouin PF, Bertherat J, Amar L, de Reyniès A, Favier J, Gimenez-Roqueplo A-P. Multi-Omics analysis defines core genomic alterations in pheochromocytomas and paragangliomas. Nat Commun 2015;6:6044.

23 López-Jiménez E, Gómez-López G, Leandro-García LJ, Muñoz I, Schiavi F, MonteroConde C, de Cubas AA, Ramires R, Landa I, Leskelä S, Maliszewska A, Inglada-Pérez L, de la Vega L, Rodríguez-Antona C, Letón R, Bernal C, de Campos JM, Diez-Tascón C, Fraga MF, Boullosa C, Pisano DG, Opocher G, Robledo M, Cascón A. Research resource: transcriptional profiling reveals different pseudohypoxic signatures in SDHB and VHL-related pheochromocytomas. Mol Endocrinol 2010;24:2382-91.
24 Gordeuk VR, Sergueeva AI, Miasnikova GY, Okhotin D, Voloshin Y, Choyke PL, Butman JA, Jedlickova K, Prchal JT, Polyakova LA. Congenital disorder of oxygen sensing: association of the homozygous Chuvash polycythemia VHL mutation with thrombosis and vascular abnormalities but not tumors. Blood 2004;103:3924-32.
25 van der Tuin K, Mensenkamp AR, Tops CMJ, Corssmit EPM, Dinjens WN, van de HorstSchrivers ANA, Jansen JC, de Jong MM, Kunst HPM, Kusters B, Leter EM, Morreau H,
van Nesselrooij BMP, Oldenburg RA, Spruijt L, Hes FJ, Timmers HJLM. Clinical aspects of SDHA-Related pheochromocytoma and paraganglioma: a nationwide study. J Clin Endocrinol Metab 2018;103:438-45.
26 Eisenhofer G, Lenders JWM, Timmers H, Mannelli M, Grebe SK, Hofbauer LC, Bornstein SR, Tiebel O, Adams K, Bratslavsky G, Linehan WM, Pacak K. Measurements of plasma methoxytyramine, normetanephrine, and metanephrine as discriminators of different hereditary forms of pheochromocytoma. Clin Chem 2011;57:411-20.
27 Ben Aim L, Pigny P, Castro-Vega LJ, Buffet A, Amar L, Bertherat J, Drui D, Guilhem I, Baudin E, Lussey-Lepoutre C, Corsini C, Chabrier G, Briet C, Faivre L, Cardot-Bauters C, Favier J, Gimenez-Roqueplo A-P, Burnichon N. Targeted next-generation sequencing detects rare genetic events in pheochromocytoma and paraganglioma. J Med Genet 2019;56:513-20.

Supplementary Table S1: Individual clinical and tumor characteristics of patients in "PPGL" cohort. M: male, F: female, HN: head and neck PPGL, TAP: thoracic, abdominal or pelvic PPGL, PCC: pheochromocytoma, NA: not available.

| Number | Age at diagnostic | Sex | Single or multiple PPGL | Malignant PPGL | Localization of PPGL | Family history of PPGL |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| PPGL1 | 54 | NA | Single |  | HN |  |
| PPGL2 | NA | NA | Multiple |  | PCC |  |
| PPGL3 | 16 | NA | Single |  | TAP |  |
| PPGL4 | 76 | NA | Single |  | PCC |  |
| PPGL5 | 44 | NA | Single |  | PCC |  |
| PPGL6 | 47 | NA | Single |  | PCC |  |
| PPGL7 | 47 | NA | Single |  | PCC |  |
| PPGL8 | 38 | NA | Single |  | HN |  |
| PPGL9 | 59 | NA | Single |  | PCC |  |
| PPGL10 | 74 | NA | Single |  | HN |  |
| PPGL11 | 42 | NA | Single |  | PCC |  |
| PPGL12 | 52 | NA | Single |  | PCC |  |
| PPGL13 | 13 | NA | Multiple |  | TAP |  |
| PPGL14 | 8 | NA | Single |  | PCC |  |
| PPGL15 | 45 | NA | Single |  | PCC |  |
| PPGL16 | 47 | NA | Single |  | PCC |  |
| PPGL17 | 26 | NA | Single |  | PCC |  |
| PPGL18 | 45 | NA | Single |  | PCC |  |
| PPGL19 | 44 | NA | Single |  | PCC |  |
| PPGL20 | 35 | NA | Single | Yes | HN |  |
| PPGL21 | 44 | NA | Single |  | PCC |  |
| PPGL22 | 33 | NA | Single |  | PCC |  |
| PPGL23 | 60 | NA | Single |  | TAP |  |
| PPGL24 | 48 | NA | Single |  | TAP |  |
| PPGL25 | 59 | NA | Single |  | PCC |  |
| PPGL26 | 47 | NA | Single |  | PCC |  |
| PPGL27 | 22 | NA | Single |  | PCC |  |
| PPGL28 | 54 | NA | Single |  | PCC |  |
| PPGL29 | 66 | NA | Single |  | PCC |  |
| PPGL30 | 24 | NA | Multiple |  | TAP |  |
| PPGL31 | 42 | NA | Single | Yes | TAP |  |
| PPGL32 | 59 | NA | Single |  | TAP |  |
| PPGL33 | 59 | NA | Single |  | TAP |  |
| PPGL34 | 70 | NA | Single |  | HN |  |
| PPGL35 | 38 | NA | Single |  | TAP |  |
| PPGL36 | 80 | NA | Single |  | PCC |  |
| PPGL37 | 57 | NA | Single |  | PCC |  |
| PPGL38 | 60 | NA | Single |  | PCC |  |
| PPGL39 | 32 | NA | Single |  | PCC |  |
| PPGL40 | 75 | NA | Single |  | HN |  |
| PPGL41 | 64 | NA | Single |  | TAP |  |
| PPGL42 | 35 | NA | Single |  | PCC |  |
| PPGL43 | 35 | NA | Single | Yes | TAP |  |
| PPGL44 | 47 | NA | Single |  | PCC |  |
| PPGL45 | 59 | NA | Single |  | PCC |  |
| PPGL46 | 51 | NA | Single |  | HN |  |
| PPGL47 | 30 | NA | Single |  | TAP |  |
| PPGL48 | 36 | NA | Single |  | PCC |  |
| PPGL49 | 75 | NA | Single |  | HN |  |
| PPGL50 | 67 | NA | Single |  | TAP |  |
| PPGL51 | 62 | NA | Single |  | PCC |  |
| PPGL52 | 66 | NA | Single |  | PCC |  |
| PPGL53 | 35 | NA | Single |  | TAP |  |
| PPGL54 | 69 | NA | Single |  | PCC |  |
| PPGL55 | 32 | NA | Single |  | PCC |  |
| PPGL56 | 64 | NA | Single |  | PCC |  |
| PPGL57 | 38 | NA | Single |  | HN |  |
| PPGL58 | 67 | NA | Single |  | PCC |  |
| PPGL59 | 55 | NA | Single |  | PCC |  |
| PPGL60 | 18 | NA | Single |  | TAP |  |
| PPGL61 | 36 | NA | Single |  | PCC |  |
| PPGL62 | 47 | NA | Single |  | HN |  |
| PPGL63 | 80 | NA | Single |  | HN |  |
| PPGL64 | 43 | NA | Single |  | HN |  |
| PPGL65 | 67 | NA | Single |  | PCC |  |
| PPGL66 | 78 | NA | Single |  | HN |  |
| PPGL67 | 66 | NA | Single |  | TAP |  |
| PPGL68 | 78 | NA | Single |  | PCC |  |
| PPGL69 | 47 | NA | Single |  | PCC |  |
| PPGL70 | 35 | NA | Single |  | PCC |  |
| PPGL71 | 64 | NA | Single |  | TAP |  |
| PPGL72 | NA | NA | Single |  | PCC |  |
| PPGL73 | 44 | NA | Single |  | PCC |  |
| PPGL74 | 43 | NA | Single |  | PCC |  |
| PPGL75 | 58 | NA | Single |  | PCC |  |
| PPGL76 | 75 | NA | Single |  | HN |  |
| PPGL77 | 51 | NA | Single |  | PCC |  |
| PPGL78 | 70 | NA | Single |  | PCC |  |
| PPGL79 | 70 | NA | Single |  | PCC |  |
| PPGL80 | 46 | NA | Single |  | HN |  |
| PPGL81 | 36 | NA | Single |  | PCC |  |
| PPGL82 | 68 | NA | Single |  | HN |  |
| PPGL83 | 52 | NA | Single |  | PCC |  |
| PPGL84 | 45 | NA | Single |  | TAP |  |
| PPGL85 | 47 | NA | Single |  | PCC |  |
| PPGL86 | 28 | NA | Single |  | HN |  |
| PPGL87 | 41 | NA | Single |  | PCC |  |
| PPGL88 | 42 | NA | Single |  | TAP |  |
| PPGL89 | 52 | NA | Single |  | PCC | Yes |



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |










| Number | Age at diagnostic | Sex | Family history of VHL tumors | Localization (1) | Localization (2) | Localization (3) | Localization (4) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Multiple VHL tumors1 | 69 | NA | No | PCC | RCC |  |  |
| Multiple VHL tumors2 | 53 | F | No | PCC | PET |  |  |
| Multiple VHL tumors3 | 66 | F | No | PCC | PET |  |  |
| Multiple VHL tumors ${ }^{\text {a }}$ | 44 | M | No | RCC | PET |  |  |
| Multiple VHL tumors5 | 26 | м | No | Multiple RCC |  |  |  |
| Multiple VHL tumors6 | 47 | M | No | PCC | RCC |  |  |
| Multiple VHL tumors7 | 23 | M | No | PCC | RCC |  |  |
| Multiple VHL tumors8 | 26 | M | No | Multiple RCC |  |  |  |
| Multiple VHL tumors9 | 31 | F | No | PCC | RCC |  |  |
| Multiple VHL tumors10 | 48 | M | No | RCC | Epididymal cystadenoma |  |  |
| Multipl VHL tumors1 | 49 | NA | No | Multiple RCC |  |  |  |
| Multiple VHL tumors12 | 49 | NA | No | Multiple RCC |  |  |  |
| Multiple VHL tumors13 | 48 | NA | No | Multiple RCC |  |  |  |
| Multiple VHL tumors14 | 81 | NA | No | Multiple RCC | Renal cyst |  |  |
| Multiple VHL tumors15 | 53 | NA | No | Multiple RCC |  |  |  |
| Multiple VHL tumors16 | 57 | NA | No | Multiple RCC |  |  |  |
| Multiple VHL tumors17 | 47 | NA | No | Multiple RCC |  |  |  |
| Multipl VHL tumors18 | 44 | NA | No | Multiple RCC |  |  |  |
| Multiple VHL tumors19 | 29 | NA | No | RCC | Multiple renal cysts | Multiple pancreatic cysts |  |
| Multipl VHL tumors20 | 63 | NA | No | Multiple RCC | Pancreatic cyst |  |  |
| Multiple VHL tumors21 | 61 | NA | No | PET | Multiple RCC. |  |  |
| Multiple VHL tumors22 | NA | F | No | RCC | Multiple pancreatic cysts |  |  |
| Multiple VHL tumors23 | NA | M | No | RCC | Polycythemia |  |  |
| Multiple VHL tumors24 | na | NA | No | RCC | Polycythemia |  |  |
| Multiple VHL tumors25 | 81 | M | No | PGL | RCC |  |  |
| Multiple VHL tumors26 | 65 | M | No | PGL TAP | Multiple renal cysts |  |  |
| Multiple VHL tumors27 | 39 | F | No | PCC | Pancreatic cyst |  |  |
| Multiple VHL tumors28 | 47 | M | No | PGL TAP | PET |  |  |
| Multiple VHL tumors29 | 41 | M | No | PCC | RCC |  |  |
| Multiple VHL tumors30 | 55 | M | No | PCC | Multiple renal cysts |  |  |
| Multiple VHL tumors31 | 47 | F | No | PCC | PET |  |  |
| Multiple VHL tumors32 | 78 | F | No | PCC | Multiple renal cysts | PET | Pancreatic cyst |
| Multiple VHL tumors33 | 57 | F | No | PCC | RcC | PET |  |
| Multiple VHL tumors34 | NA | м | No | PCC | РET |  |  |
| Multiple VHL tumors35 | 63 | M | No | PCC | ${ }^{\text {RCC }}$ |  |  |
| Multiple VHL tumors36 | 58 | M | No | PCC | RCC |  |  |
| Multiple VHL tumors37 | 61 | F | No | PCC | Pancreatic cyst |  |  |
| Multiple VHL tumors38 | 51 | M | No | PCC | ${ }^{\text {RCC }}$ |  |  |
| Multiple VHL tumors39 | 63 | M | No | Multiple RCC | PET |  |  |
| Multiple VHL tumors40 | 69 | M | No | RCC | PET |  |  |
| Multiple VHL tumors41 | ${ }^{43}$ | F | No | Multiple pancreatic cysts |  |  |  |
| Multiple VHL tumors42 | NA | M | No | Multiple RCC | ${ }_{\text {PET }}$ |  |  |
| Multiple VHL tumors43 | NA | F | No | RCC | PET |  |  |
| Multiple VHLL tumors44 | 58 | ${ }_{\text {F }}$ | No | Multiple PET |  |  |  |
| Multiple VHL tumors45 Multiple VHL tumors46 | ${ }_{\text {NA }}$ | $\stackrel{\text { F }}{\text { M }}$ | No No | Multiple PET Multiple renal cysts | PET |  |  |
| Multiple VHL tumors47 | 56 | M | No | Multiple renal cysts | Multiple PET |  |  |
| Multiple VHL tumors48 | NA | F | No | Multiple pancreatic cysts |  |  |  |
| Multiple VHL tumors49 | 70 | ${ }_{\text {F }}$ | No | Multiple pancreatic cysts |  |  |  |
| Multiple VHL tumors50 | 64 | F | No | Multiple pancreatic cysts |  |  |  |
| Multiple VHL tumors51 | NA | F | No | PET | Pancreatic cyst |  |  |
| Multiple VHL tumors52 | 49 | F | No | RCC | PET |  |  |
| Multiple VHL tumors53 | 63 | F | No | Multiple PET |  |  |  |
| Multiple VHL tumors54 | 58 | M | No | RCC | PET |  |  |
| Multiple VHL tumors55 | ${ }_{64}^{61}$ | M | No | ${ }_{\text {PET }}^{\text {RCC }}$ | ${ }_{\text {PeT }}^{\text {Pet }}$ |  |  |
| Multiple VHL tumors56 Multiple VHH tumors57 | 64 79 | M | No No | PET PCC | $\underset{\text { Pancreatic cyst }}{\text { RCC }}$ |  |  |
| Multiple VHL tumors57 | $\begin{aligned} & 79 \\ & \mathrm{NA} \end{aligned}$ | ${ }_{M}^{M}$ | No No | $\underset{\text { Multiple eET }}{\text { PEC }}$ | RCC |  |  |
| Multiple VHL tumors59 | 59 | F | No | Multiple PET |  |  |  |
| Multiple VHL tumors60 | na | м | No | Multiple PET |  |  |  |
| Multiple VHL tumors61 | NA | M | No | Multiple PET |  |  |  |
| Multiple VHL tumors62 | 64 | M | No | Multiple PET |  |  |  |
| Multiple VHL tumors63 | 58 | ${ }_{F}^{\text {F }}$ | No | Multiple renal cysts | ${ }_{\text {PET }}$ |  |  |
| Multiple VHL Lumors64 | NA 61 | ${ }_{\text {F }}^{\text {F }}$ | $\begin{aligned} & \text { No } \\ & \text { No } \end{aligned}$ | Multiple renal cysts | PET |  |  |
| Multiple VHL tumors66 | 76 | F | No | RCC | Multiple PET |  |  |
| Multiple VHL tumors67 | 52 | F | No | ${ }^{\text {RCC }}$ | PET |  |  |
| Multiple VHL tumors68 | ${ }_{69}^{11}$ | ${ }_{\text {F }}$ | Yes (Pancreatic cyst) | PET | ${ }^{\text {Pancreatic cyst }}$ |  |  |
| Multiple VHL tumors69 | 69 55 | $\stackrel{N}{\text { NA }}$ | No | PGL TAP PGITAP | Polycythemia Polycythemia |  |  |
| Multiple VHL Lumors70 Single VHL tumor1 | 55 51 | $\mathrm{F}_{\mathrm{F}}^{\mathrm{F}}$ | No |  |  |  |  |
| Single VHL tumor2 | 54 | M | No | Multiple renal cysts |  |  |  |
| Single VHL tumor3 | 12 | ${ }_{\text {F }}$ | No | ${ }_{\text {RCC }}^{\text {RCC }}$ |  |  |  |
| Single VHL tumor4 Single VHL tumor5 | ${ }_{25}^{42}$ | M NA | No No | RCC <br> Retinal hemangioblastoma |  |  |  |
| Single VHL tumor6 | 14 | NA | No | Retinal hemangioblastoma |  |  |  |
| Single VHL tumor7 | 50 | NA | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor8 | 35 | NA | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor9 Single VHL tumor 10 | ${ }_{21}^{32}$ | NA | No | Medulla hemangioblastoma CNS hemangioblastoma |  |  |  |
| Single VHL tumor11 | 17 | NA | No | CNS Semangioblastoma CNS hemangioblastoma |  |  |  |
| Single VHL tumor 12 | 36 | NA | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor ${ }^{\text {a }}$ S | 22 | NA | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor14 Single VHL tumor15 | ${ }^{22}$ | NA | No | ${ }^{\text {CNS }}$ Cemangioblastoma |  |  |  |
| Single VHL tumor15 | 14 30 | NA NA | No No | CNS hemangioblastoma CNS hemangioblastoma |  |  |  |
| Single VHL tumor17 | 35 | NA | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor 18 | 22 | NA | No | Retinal hemangioblastoma |  |  |  |
| Single VHL tumor19 | 33 | NA | No | Retinal hemangioblastoma |  |  |  |
| Single VHL L umor20 Single VHL tumor21 | 37 23 | NA NA | No No | CNS hemangioblastoma CNS hemangioblastoma |  |  |  |
| Single VHL tumor22 | 16 | NA | No | CNS hemangioblastoma |  |  |  |
| Single VYL tumor23 | 17 | NA | No | Retinal hemangioblastoma |  |  |  |
| Single VHL tumor24 | ${ }_{\text {NA }}^{19}$ | NA NA | No No | CNS hemangioblastoma CNS hemangioblastoma |  |  |  |
| Single VHL tumor26 | 29 | M | No | Retinal hemangioblastoma |  |  |  |
| Single VHL tumor 27 | na | F | No | Endolymphatic sac tumor |  |  |  |
| Single VHL tumor28 | 39 | M | No | RCC |  |  |  |
| Single VHL tumor29 Single VHL tumor30 | 25 | ${ }_{\text {F }}$ | No | Endolymphatic sac tumor |  |  |  |
| Single VHL t umor30 Single VHL tumor31 | 66 14 | $\stackrel{\mathrm{F}}{\mathrm{F}}$ | No No | Multiple pancreatic cysts PET |  |  |  |
| Single VHL tumor32 | 41 | F | No | Multiple pancreatic cysts |  |  |  |
| Single VHL tumor33 | 22 | ${ }_{5}^{\text {F }}$ | No | Endolymphatic sac umor |  |  |  |
| Single VHL tumor34 | 34 | M | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor35 | 18 | M |  | Pancreatic cyst |  |  |  |
| Single VHL Lumor36 Single VHL tumor37 | 67 58 | ${ }_{M}^{M}$ | No No | Multiple pancreatic cysts Multiple renal cysts |  |  |  |
| Single VHL tumor38 | 38 | F | No | Retinal hemangioblastoma |  |  |  |
| Single VHL tumor 39 | ${ }^{60}$ | F | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor40 Single VHL tumor 41 | 30 | F | No | Pancreatic cyst |  |  |  |
| Single VHL tumor ${ }^{\text {a }}$ | 59 40 | ${ }_{\text {M }}^{\text {F }}$ | No No | $\underset{\text { Retinal hemangioblastoma }}{\text { PET }}$ |  |  |  |
| Single VHL tumor 43 | 27 | F | No | Retinal hemangioblastoma |  |  |  |
| Single VHL tumor 44 | 71 | F | No | Pancreatic cyst |  |  |  |
| Single VHL tumor45 Single VHL tumor46 | 59 11 | ${ }_{\text {F }}^{\text {F }}$ | No No | $\underset{\text { CNS hemangioblastoma }}{\text { Retinal hemangioblastoma }}$ |  |  |  |
| Single VHL tumor46 Single VHL tumor47 | 11 43 | ${ }_{\text {F }}^{\text {F }}$ | No No | Retinal hemangioblastoma PET |  |  |  |
| Single VHL tumor 48 | 34 | F | No | PET |  |  |  |
| Single VHL tumor49 | ${ }^{23}$ | F | No | ${ }^{\text {CNS }}$ hemangioblastoma |  |  |  |
| Single VHL tumor50 Single VHL tumor51 | 31 NA | ${ }_{\text {M }}$ | ${ }_{\text {No }}^{\text {No }}$ | $\underset{\text { CNS hemangioblastoma }}{\text { Medull hemangioblastoma }}$ |  |  |  |


| Single VHL tumor52 | 78 | F | No | CNS hemangioblastoma |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Single VHL tumor53 | NA | F | No | PET |  |  |  |
| Single VHL tumor54 | NA | м | No | PET |  |  |  |
| Single VHL tumor55 | NA | M | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor56 | NA | F | No | Multiple pancreatic cysts |  |  |  |
| Single VHL tumor57 | NA | F | No | Pancreatic cyst |  |  |  |
| Single VHL tumor58 | 42 | F | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor59 | NA | M | No | Endolymphatic sac tumor |  |  |  |
| Single VHL tumor60 | 35 | M | No | CNS hemangioblastoma |  |  |  |
| Single VHL tumor61 | 25 | F | No | Multiple pancreatic cysts |  |  |  |
| Single VHL tumor62 | NA | F | No | PET |  |  |  |
| Single VHL tumor63 | 37 | M | No | Endolymphatic sac tumor |  |  |  |
| Single VHL tumor64 | NA | M | No | Multiple pancreatic cysts |  |  |  |
| Single VHL tumor65 | 45 | F | No | PET |  |  |  |
| Single VHL tumor66 | 40 | M | No | Pancreatic cyst |  |  |  |
| Single VHL tumor67 | 37 | F | No | Multiple pancreatic cysts |  |  |  |
| Single VHL tumor68 | 38 | M | No | Multiple pancreatic cysts |  |  |  |
| Single VHL tumor69 | 33 | F | No | Pancreatic cyst |  |  |  |
| Single VHL tumor70 | 37 | M | No | Epididymal cystadenoma |  |  |  |
| Single VHL tumor71 | 42 | F | No | Polycythemia |  |  |  |
| Single VHL tumor72 | 14 | F | No | Polycythemia |  |  |  |
| Single VHL tumor73 | 14 | M | No | Polycythemia |  |  |  |
| Single VHL tumor74 | 43 | M | No | Polycythemia |  |  |  |
| Single VHL tumor75 | NA | M | No | Polycythemia |  |  |  |
| vHL-like1 | 53 | NA | Yes (RCC) | PCC |  |  |  |
| vHL-like2 | 35 | F | Yes (CNS hemangioblastoma) | RCC |  |  |  |
| vHL-like3 | 73 | F | Yes (RCC) | RCC |  |  |  |
| vHL-like4 | 64 | F | Yes (RCC) | RCC |  |  |  |
| vHL-like5 | 34 | F | Yes (RCC) | RCC |  |  |  |
| vHL-like6 | 28 |  | Yes (RCC) | RCC |  |  |  |
| vHL-like7 | 42 | M | Yes (RCC) | RCC |  |  |  |
| vHL-like8 | 55 | F | Yes | CNS hemangioblastoma |  |  |  |
| VHL-like9 | 45 | M | Yes (RCC) | PET |  |  |  |
| VHL-like 10 | 70 | F | Yes (RCC) | PCC |  |  |  |
| VHL-like 11 | NA | F | Yes (PET) | PGL HN |  |  |  |
| VHL-like 12 | 21 | F | Yes (RCC) | Bilateral PCC |  |  |  |
| VHL-like 13 | 24 | F | No | Retinal hemangioblastoma | RCC | PCC |  |
| VHL-like 14 | 35 | NA | No | CNS hemangioblastoma | RCC |  |  |
| VHL-like 15 | 54 | NA | No | Medulla hemangioblastoma | Multiple RCC | PGL TAP |  |
| VHL-like 16 | 34 | NA | Yes (CNS hemangioblastoma) | CNS hemangioblastoma |  |  |  |
| VHL-like 17 | 42 | NA | No | Multiple medulla hemangioblastomas |  |  |  |
| VHL-like 18 | 35 | NA | Yes (RCC) | RCC |  |  |  |
| VHL-like 19 | 56 | NA | Yes (RCC) | RCC |  |  |  |
| VHL-like 20 | 56 | NA | No | Multiple CNS hemangioblastomas |  |  |  |
| VHL-like 21 | 38 | NA | No | Multiple CNS hemangioblastomas | RCC |  |  |
| VHL-like22 | 67 | NA | No | Multiple CNS hemangioblastomas |  |  |  |
| VHL-like 23 | 20 | NA | No | Multiple CNS hemangioblastomas | PET |  |  |
| VHL-like 24 | NA | NA | No | Multiple retinal hemangioblastomas | RCC | Pancreatic cyst |  |
| VHL-like 25 | 43 | NA | Yes (CNS hemangioblastoma) | CNS hemangioblastoma |  |  |  |
| VHL-like 26 | NA | F | No | CNS hemangioblastoma | Retinal hemangioblastoma |  |  |
| VHL-like 27 | NA | F | No | Multiple retinal hemangioblastomas |  |  |  |
| VHL-like 28 | NA | M | No | CNS hemangioblastoma | PCC |  |  |
| VHL-like 29 | NA | NA | No | CNS hemangioblastoma | PCC | Renal cyst |  |
| VHL-like 30 | NA | NA | No | Multiple CNS hemangioblastomas |  |  |  |
| VHL-like 31 | NA | NA | No | CNS hemangioblastoma | Retinal hemangioblastoma | Multiple pancreatic cysts |  |
| VHL-like 32 | NA | NA | Yes (RCC) | RCC |  |  |  |
| VHL-like 33 | NA | M | Yes (RCC) | ${ }_{\text {RCC }}$ |  |  |  |
| VHL-like 34 | NA | F | Yes (RCC) | RCC |  |  |  |
| VHL-like35 | NA | NA | Yes | CNS hemangioblastoma |  |  |  |
| VHL-like 36 | NA | F | Yes | CNS hemangioblastoma |  |  |  |
| VHL-like 37 | NA | NA | No | CNS hemangioblastoma | RCC |  |  |
| VHL-like 38 | 36 | F | No | Multiple retinal hemangioblastomas |  |  |  |
| VHL-like 39 | NA | F | Yes | CNS hemangioblastoma | Multiple retinal hemangioblastomas | PCC | Multiple RCC |
| VHL-like 40 | NA | M | Yes | CNS hemangioblastoma | Multiple retinal hemangioblastomas | Multiple RCC |  |
| VHL-like 41 | NA | F | No | CNS hemangioblastoma | Multiple pancreatic cysts |  |  |
| VHL-like 42 | NA | F | No | Multiple retinal hemangioblastomas |  |  |  |
| VHL-like 43 | NA | NA | No | CNS hemangioblastoma | Retinal hemangioblastoma |  |  |
| VHL-like 44 | NA | NA | No | CNS hemangioblastoma | Retinal hemangioblastoma | PCC |  |
| VHL-like 45 | NA | NA | No | Multiple CNS hemangioblastomas |  |  |  |
| VHL-like 46 | NA | F | No | CNS hemangioblastoma | Multiple retinal hemangioblastomas | Multiple RCC | Multiple pancreatic cysts |
| VHL-like47 | 37 | F | Yes (RCC) | RCC |  |  |  |
| VHL-like 48 | 47 | M | No | CNS hemangioblastoma | RCC |  |  |
| VHL-like 49 | 53 | M | Yes (RCC) | RCC |  |  |  |
| VHL-like 50 | 42 | F | No | Medulla hemangioblastoma | RCC |  |  |
| VHL-like 51 | NA | F | No | Retinal hemangioblastoma | PCC |  |  |
| VHL-like 52 | 69 | M | No | CNS hemangioblastoma | RCC |  |  |
| VHL-like53 | 44 | F | No | Retinal hemangioblastoma | Pancreatic cyst |  |  |
| VHL-like54 | 78 | M | No | CNS hemangioblastoma | PCC |  |  |
| VHL-like55 | 55 | F | No | CNS hemangioblastoma | RCC |  |  |
| VHL-like56 | 50 | F | No | CNS hemangioblastoma | PGL TAP |  |  |
| VHL-like 57 | 36 | F | No | CNS hemangioblastoma | PGL TAP | PET | Pancreatic cyst |
| VHL-like58 | 56 | M | No | CNS hemangioblastoma | PGL TAP |  |  |
| VHL-like59 | 49 59 | ${ }_{\text {F }}$ | No | Medulla hemangioblastoma | PCC |  |  |
| VHL--ike 60 | 59 | M | No | CNS hemangioblastoma | PCC |  |  |
| VHL-like61 | 59 | M | No | CNS hemangioblastoma | PCC |  |  |
| VHL-like 62 | 66 | F | No | Medulla hemangioblastoma | PCC |  |  |
| VHL-like63 | 67 | F | No | CNS hemangioblastoma | PCC |  |  |
| VHL-like 64 | $\begin{array}{r}33 \\ \hline\end{array}$ | M | Yes (RCC) | PCC |  |  |  |
| VHL-like 65 | 29 | F | Yes (RCC) | PCC |  |  |  |
| VHL--ike 66 | 15 | F | No | CNS hemangioblastoma | ${ }_{\text {RCC }}$ |  |  |
| VHL-like 67 | NA | M | No | CNS hemangioblastoma | PET |  |  |
| VHL-like68 | NA | M | No | CNS hemangioblastoma | PCC |  |  |
| VHL-like69 | 52 |  | Yes (RCC) | PGL HN |  |  |  |
| VHL-like 70 | 50 | M | Yes (RCC) | PCC |  |  |  |
| VHL-like71 | 30 | M | Yes (RCC) | PCC |  |  |  |
| VHL-like72 | ${ }^{48}$ | M | Yes (RCC) | PCC |  |  |  |
| VHL-like73 | 32 | ${ }_{\text {F }}$ | No | CNS hemangioblastoma | PGL hn | Renal cyst |  |
| VHL-like74 | ${ }^{42}$ | M | No | CNS hemangioblastoma | PCC |  |  |
| VHL-like75 VHL-like76 | 38 20 | $\stackrel{\mathrm{F}}{\mathrm{F}}$ | Yes (RCC) No | PGL HN CNS hemangioblastoma | PGL TAP |  |  |

