

Supplementary Table 3. Clinical features of our two patients with UPD(16)mat and phenotypical comparison between patients with UPD(16)mat and 11p15 LOM or UPD(7)mat.

Patient	UPD(16)mat					SRS		P value ^a	
	Patient 1	Patient 2	Our patients	Previously reported patients	Total	11p15 LOM	UPD(7)mat	UPD(16)mat vs. 11p15 LOM	UPD(16)mat vs. UPD(7)mat
Sex	Male	Female							
Karyotype	46,XY	46,XX							
Present age (years)	5	11							
Gestational age (weeks)	27.3	29.3	27.3, 29.3	35.1 (28.0~40.0) (n=33)	35.0 (27.3~40.0) (n=35)	38.0 (34.4~40.0) (n=36)	38.0 (34.6~40.0) (n=9)		
Preterm birth	+	+	2/2	23/36 ^b	25/38				
Birth length in cm (SDS) ^c	31.0 (-1.96)	33.0 (-2.38)	(-2.38, -1.96)	...	...	(-4.13 ± 2.01) (n=31)	(-3.18 ± 1.16) (n=9)		
Birth weight in g (SDS) ^c	698 (-2.38)	806 (-2.60)	(-2.60, -2.38)	...	...	(-3.50 ± 0.85) (n=42)	(-2.90 ± 0.64) (n=9)		
Birth OFC in cm (SDS) ^c	23.0 (-1.02)	25.2 (-0.84)	(-1.02, -0.84)	...	...	(-0.54 ± 1.22) (n=29)	(-1.44 ± 0.47) (n=9)		
Height at 24 months in cm (SDS) ^{d,e}	71.7 (-5.24)	72.6 (-3.98)	(-5.24, -3.98)	...	...	...	...
BMI at 24 months (SDS) ^{d,e}	-2.68	-2.14	-2.68, -2.14	...	...	...	...
Present height in cm (SDS) ^d	89.9 (-4.24)	133.3 (-1.72)	(-4.24, -1.72)	...	...	(-3.58 ± 1.65) (n=35)	(-3.77 ± 1.13) (n=9)		
Present weight in kg (SDS) ^d	11.0 (-5.03)	28.4 (-1.48)	(-5.03, -1.48)	...	...	(-3.15 ± 1.16) (n=32)	(-2.77 ± 0.76) (n=9)		
GH treatment	3 years~	3 years~							
SGA ^f	+	+	2/2	24/38	26/40	43/43	9/9	0.000	0.045
Postnatal growth failure ^g	+	+	2/2	...	...	29/35	8/9		
Relative macrocephaly at birth ^h	-	+	1/2	...	...	29/29	7/9		
Protruding forehead	+	+	2/2	...	...	31/37	7/9		
Body asymmetry	-	-	0/2	...	...	30/37	3/9		
Feeding difficulties and/or low BMI	+	+	2/2	...	...	16/34	6/9		
NH-CSS	4/6	5/6							
Triangular face	+	+	2/2	...	...	42/43	8/9		
Fifth finger clinodactyly	-	+	1/2	...	...	29/37	5/9		
Fifth finger brachydactyly	-	+	1/2	...	...	30/38	2/9		
Congenital heart disease	VSD	-	1/2	10/31	11/33	8/145	0/17	0.000	0.009
Development									
Motor developmental delay	+	-	1/2	...	...	18/37	6/9		
Age at head control (months) ⁱ	12	4							
Age at sitting without support (months) ⁱ	17	7							
Age at walking without support (months) ⁱ	21	15							
Speech delay	+	-	1/2	...	...	8/31	6/9		
IQ/DQ (age at examination)	51 (3 years)	67 (6 years)		...	...		
Hypospadias and/or cryptorchidism	+	NA	1/1	6/17	7/18	12/22	2/7	0.360	1.000
Other features	Tube feeding, Retinopathy of prematurity	-							
Paternal age at childbirth (years)	40	30	30, 40	35, 36 (n=2)	35.5 (30~40) (n=4)	32 (19~52) (n=24)	35 (27~48) (n=9)		
Maternal age at childbirth (years)	44	36	36, 44	34 (21~42) (n=31)	34 (21~44) (n=33)	32 (19~43) (n=25)	33 (25~42) (n=9)		
Paternal height in cm (SDS)	166.0 (-0.82)	170.0 (-0.14)	...	...	...	...	...
Maternal height in cm (SDS)	138.0 (-3.83)	150.0 (-1.54)	...	...	...	...	...
Reference				[1-3]		[4-6] ^j	[4-6] ^j		

UPD(16)mat: maternal uniparental disomy of chromosome 16; 11p15 LOM: loss of methylation on chromosome 11p15; UPD(7)mat: maternal uniparental disomy of chromosome 7; SRS: Silver-Russell syndrome; SDS: SD score; OFC: occipitofrontal circumference; BMI: body mass index; GH: growth hormone; SGA: small for gestational age; NH-CSS: Netchine-Harbitson clinical scoring system; VSD: ventricular septal defect; DQ: developmental quotient; NA: not applicable.

^a Because there was no individual clinical data about SRS patients in the literature,^[4] we performed statistical analyses between patients with UPD(16)mat and SRS only about frequencies of SGA, congenital heart diseases and hypospadias and/or cryptorchidism. Significant p values (<0.05) are boldfaced.

^b In addition to 33 previously reported UPD(16)mat patients with information about gestational age, three term UPD(16)mat patients were reported in the literature.

^c Birth length, weight and OFC were evaluated by the sex- and the gestational age-matched Japanese reference data (http://jspe.umin.jp/medical/chart_dl.html).

^d Postnatal height, BMI and weight were evaluated by the sex- and the age-matched Japanese reference data (http://jspe.umin.jp/medical/chart_dl.html).

^e If we did not get information at 24 ± 1 months, we used the data at the nearest measure available older than 25 months.

^f Birth length and/or birth weight ≤ -2 SDS. For previously reported UPD(16)mat patients with information about percentile without SDS, patients whose birth length and/or birth weight < 3rd centile or 5th centile were classified as SGA.

For previously reported UPD(16)mat patients without information about SDS nor percentile, patients whose birth length and/or birth weight were ≤ -2 SDS using the sex- and the gestational age-matched Japanese reference data (http://jspe.umin.jp/medical/chart_dl.html).

were classified as SGA.

^g Height at 24 ±1 months ≤−2 SDS or height ≤−2 SDS below mid-parental target height. Mid-parental target height was calculated as follows: ((father's height+mother's height)/2) +6.5 cm for boys and −6.5 cm for girls.

^h Head circumference at birth ≥1.5 SDS above birth length and/or weight SDS.

ⁱ Corrected age.

^j All the clinical data was referred from [4], except the frequency of congenital heart diseases (from [5]) and the frequency of hypospadias and/or cryptorchidism (from [6]).

References

- 1 Scheuvens R, Begemann M, Soellner L, Meschede D, Raabe-Meyer G, Elbracht M, Schubert R, Eggermann T. Maternal uniparental disomy of chromosome 16 [upd(16)mat]: clinical features are rather caused by (hidden) trisomy 16 mosaicism than by upd(16)mat itself. *Clin Genet* 2017;92:45–51.
- 2 Helm BM, Willer JR, Sadeghpour A, Golzio C, Crouch E, Vergano SS, Katsanis N, Davis EE. Partial uniparental isodisomy of chromosome 16 unmasks a deleterious biallelic mutation in IFT140 that causes Mainzer-Saldino syndrome. *Hum Genomics* 2017;11:16.
- 3 Bravo García-Morato M, Nevado J, González-Granado LI, Sastre Urgelles A, Rodríguez Pena R, Ferreira Cerdán A. Chronic granulomatous disease caused by maternal uniparental isodisomy of chromosome 16. *J Allergy Clin Immunol Pract* 2017;5:1146–8.
- 4 Fuke T, Mizuno S, Nagai T, Hasegawa T, Horikawa R, Miyoshi Y, Muroya K, Kondoh T, Numakura C, Sato S, Nakabayashi K, Tayama C, Hata K, Sano S, Matsubara K, Kagami M, Yamazawa K, Ogata T. Molecular and clinical studies in 138 Japanese patients with Silver-Russell syndrome. *PLoS One* 2013;8:e60105.
- 5 Ghanim M, Rossignol S, Delobel B, Irving M, Miller O, Devisme L, Plennevaux JL, Lucidarme-Rossi S, Manouvrier S, Salah A, Chivu O, Netchine I, Vincent-Delorme C. Possible association between complex congenital heart defects and 11p15 hypomethylation in three patients with severe Silver-Russell syndrome. *Am J Med Genet A* 2013;161A:572–7.
- 6 Azzi S, Salem J, Thibaud N, Chantot-Bastaraud S, Lieber E, Netchine I, Harbison. A prospective study validating a clinical scoring system and demonstrating phenotypical-genotypical correlations in Silver-Russell syndrome. *J Med Genet* 2015;52:446–53.