

SUPPLEMENTARY MATERIALS

Rare genetic variants in *CX3CR1* and their contribution to the increased risk of schizophrenia and autism spectrum disorders

Kanako Ishizuka¹, Yuki Fujita², Takeshi Kawabata³, Hiroki Kimura¹, Yoshimi Iwayama⁴, Toshiya Inada¹, Yuko Okahisa⁵, Jun Egawa⁶, Masahide Usami⁷, Itaru Kushima¹, Yota Uno^{1,8}, Takashi Okada¹, Masashi Ikeda⁹, Aleksic Branko^{1*}, Daisuke Mori^{1,10}, Takeo Yoshikawa⁴, Nakao Iwata⁹, Haruki Nakamura³, Toshihide Yamashita², Norio Ozaki¹

¹ Department of Psychiatry, Nagoya University Graduate School of Medicine, Nagoya, Aichi 4668550, Japan

² Department of Molecular Neuroscience, Osaka University Graduate School of Medicine, Osaka 5650871, Japan

³ Institute for Protein Research, Osaka University, Osaka 5650871, Japan

⁴ Laboratory for Molecular Psychiatry, RIKEN Brain Science Institute, Wako, Saitama 3510198, Japan

⁵ Department of Neuropsychiatry, Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama 7008558, Japan

⁶ Department of Psychiatry, Niigata University Graduate School of Medical and Dental Sciences, Niigata 9518510, Japan

⁷ Department of Child and Adolescent Psychiatry, National Center for Global Health and Medicine Kohnodai Hospital, Ichikawa, Chiba 2728516, Japan

⁸ Laboratory for Psychiatric and Molecular Neuroscience, McLean Hospital, Belmont, Massachusetts 02478, USA

⁹ Department of Psychiatry, Fujita Health University School of Medicine, Toyoake, Aichi 4701192, Japan

¹⁰ Brain and Mind Research Center, Nagoya University, Nagoya, Aichi 4668550, Japan

***Corresponding author**

Branko Aleksic, MD, PhD

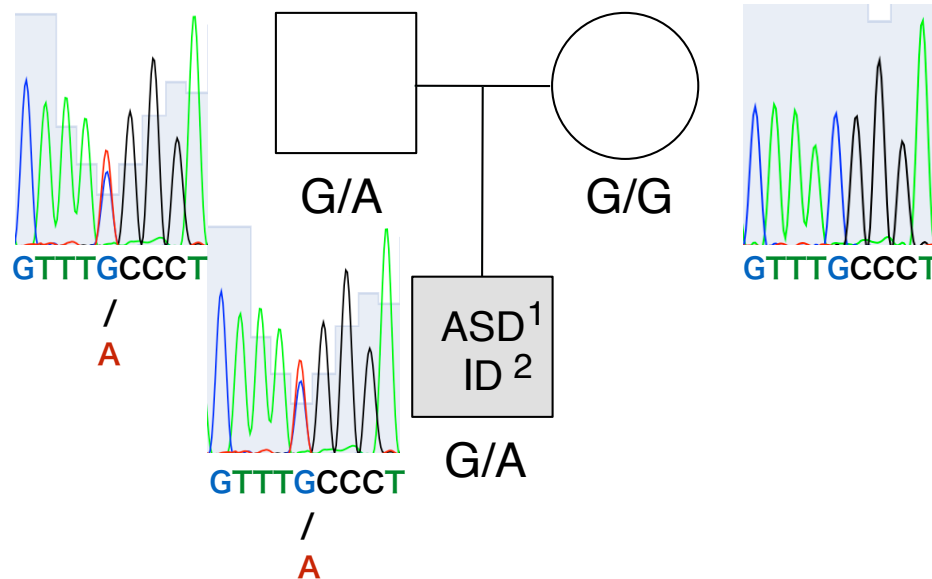
Department of Psychiatry, Nagoya University Graduate School of Medicine

65 Tsurumai-cho, Showa-ku, Nagoya, Aichi 466-8550, Japan

Tel: +81 52 7442282; Fax: +81 52 7442293

E-mail: branko@med.nagoya-u.ac.jp

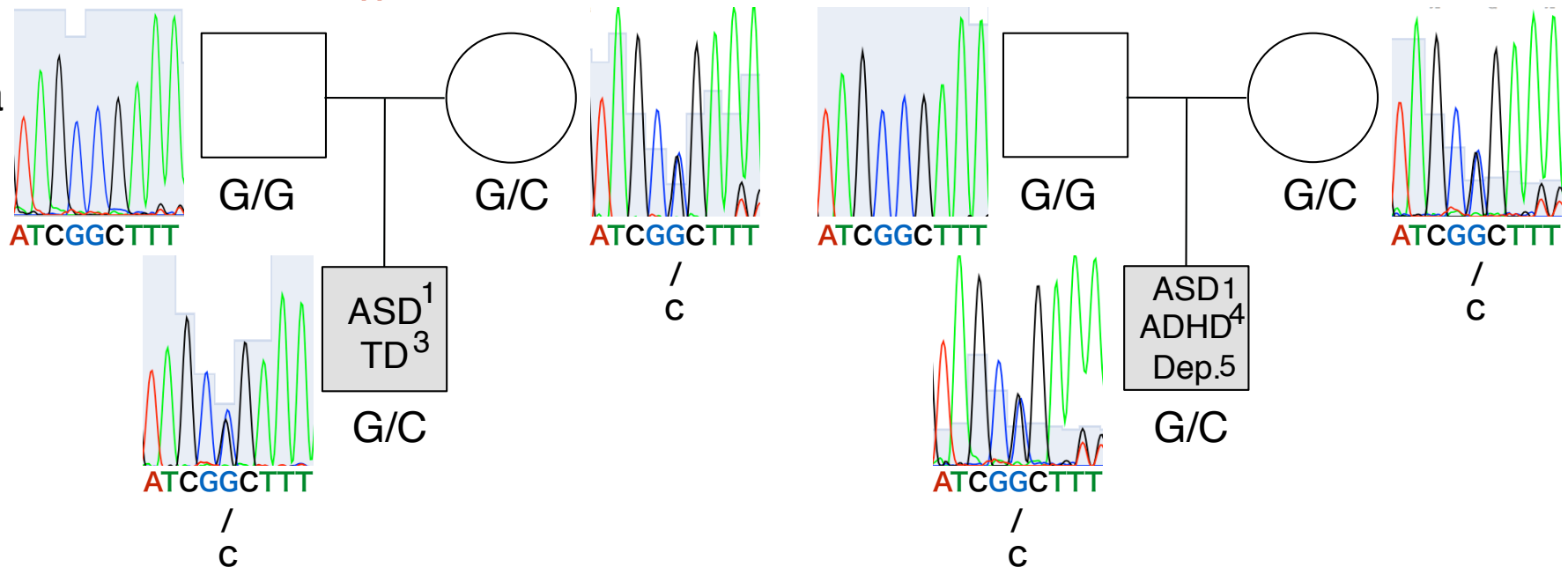
c.163G>A
p.Ala55Thr



Probands

Parents with no history of mental disorders

c.335G>C
p.Gly112Ala



S1 Fig. Family-trio analysis with parental genotype data

Note: The genotypes of the tested individuals are indicated on the lower-side.

All comorbidities were diagnosed by experienced psychiatrists according to *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) criteria.

c, coding DNA; p, protein

¹Autism spectrum disorder; ²Intellectual disability; ³Tic disorder; ⁴Attention deficit hyperactivity disorder; ⁵Depression

S1 Table. Association results for each phenotype

Exon	Ref	Val	Position	Variant	ASD				SCZ				Control	
					Allele Count ^a	MAF	Odds Ratio	P value ^b	Allele Count ^a	MAF	Odds Ratio	P value ^b	Allele Count ^a	MAF
2	G	A	3:39266347	p.Ala55Thr	2/1148	0.0017	13.3 [1.04-Inf]	0.047	5/5306	0.00099	7.2 [1.04-Inf]	0.045	1/7652	0.00013

Note: Genomic position based on NCBI builds GRCh38 (Ensembl Transcript ID ENST000000399220).

Amino acid position is based on NCBI reference sequence NP_001328.1.

Ref, reference; Val, variant; MAF, minor allele frequency; ASD, autism spectrum disorders;

SCZ, schizophrenia; p, protein

^aminor allele / major allele; ^bP values were calculated by one-tailed Fisher's exact test

S2 Table. Clinical characteristics in individuals with CX3CR1-Ala55Thr

Diagnosis	SCZ	SCZ	SCZ	SCZ	SCZ	ASD	ASD	HC
Age of evaluation (years)	45	52	62	65	67	19	31	34
Gender	M	M	M	M	M	M	F	F
Congenital and developmental phenotypes								
Developmental delay	-	NA	-	-	NA	+	-	NA
Autistic-like symptoms	-	NA	-	-	NA	+	+	NA
Seizures	-	NA	-	-	NA	-	-	NA
Educational years	16	NA	8	9	NA	12 (Special needs)	14	NA
Occupation	Office worker	NA	Office worker	-	Office worker	-	Temporary worker (employee with a disability)	NA
Marriage	-	-	-	-	+	-	-	NA
Age at psychosis onset (years)	35	19	19	14	30	-	14	-
Core symptoms								
Persecutory and grandiose delusions	+	+	-	-	+	-	-	-
Disorganized speech	+	+	+	+	+	-	-	-
Grossly disorganized behavior	+	+	-	+	+	-	-	-
Catatonic behavior with mutism and stupor	-	-	+	-	-	-	-	-
Cognitive decline	+	NA	+	+	+	-	-	-
Other neuropsychiatric features	Risperidone-induced dyskinesia	-	-	-	-	Firesetting behavior	-	-
Hospitalizations	Three times 1.6 years	Two time 13 years	Two times 12 years	Two times 49 years	Three times 30 years	-	-	-
Treatment	Perospirone 40mg/d	NA	Electroconvulsive therapy Insulin shock therapy	Chlorpromazine 150mg/d	NA	-	-	-
Brain imaging	No significant findings	NA	NA	NA	NA	NA	NA	NA
Other physiological features	DM, HT, HC	NA	-	-	NA	-	Irritable bowel syndrome Premenstrual syndrome	-
Psychiatric disorders in first-degree relatives	Depression (Mother)	SCZ (Brother)	-	-	-	NA	-	-

Note: SCZ, schizophrenia; ASD, autism spectrum disorders; HC, healthy control; M, male; F, female; +, feature present; -, feature absent; NA, not assessed

S3 Table. Primer sequences for validating each variant

Variant	Forward primer (5'-3')	Reverse primer (3'-5')
p.Ala55Thr p.Gly112Ala	AATGCTGATGACGGTGATGAAGAA	TCTACTCCGTCATCTTTGCCATTG
p.Met138Ile	GGGTAGTCACCAAGGCATTCATT	GCCTTCTTCTTCATCGGCTTTT

S4 Table. Probe sequences for TaqMan SNP assays

Variant	Forward primer (5'-3')	Reverse primer (3'-5')	Reporter 1 (5'-3')	Reporter 2 (5'-3')
p.Ala55Thr	CATTGGCCTGGTGGGAAATTTG	CTCTTGGGCTTCTTGCTGTTG	VIC-TTGGTAGTGTTTGCCCTCAC-NFQ	FAM-TTGGTAGTGTTTACCCTCAC-NFQ

Note: A TaqMan probe consists with a FAM or VIC dye label on the 5' end, and nonfluorescent quencher (NFQ) on the 3' end